



Public Water System
 Private System

Preserved With Sodium Thiosulfate

TETON MICROBIOLOGY LABORATORY ID: ID00969
 300 S. Freeman Ave Idaho Falls, IDAHO 83401
 Office: 208-529-0077 -- Fax: 208-522-3797 tetonmicro.com

Water System Name: *Teton Reservoir* PWS ID no: *7410029*

Collector: *Allen* Collect Date: *2-9-22* County: *Teton*
8:30

Person Transporting Sample: *

Condition of Transport: * Cooled Carrier Mail Other For Lab Use:

Report Results To: *
WSS

Phone Number: * *208 847 3822* Fax Number:

Billing Address:
on file

Email:
 Phone:
 Fax:

* Required Fields

Client Sample Number	Lab Sample Number	Sample Type Code*	Sampling Location*	Time Collected*	Chlorine residual PPM	Original Sample Date	Total Coliforms		Escherichia Coli	
							Method Code #100ml	(P)resent (A)bsent	Method Code #100ml	(P)resent (A)bsent
	<i>220210701</i>	<i>S</i>	<i>211 Fox</i>	<i>2-9-22</i> <i>8:30</i>			<i>9223B-PA</i>	<i>A</i>	<i>9223B-PA</i>	<i>A</i>
							<i>9223B-PA</i>		<i>9223B-PA</i>	
							<i>9223B-PA</i>		<i>9223B-PA</i>	
							<i>9223B-PA</i>		<i>9223B-PA</i>	
							<i>9223B-PA</i>		<i>9223B-PA</i>	

S-Routine Sample **C**-Construction/Special **W**-Untreated(Source)
E-Enforcement (Chain of Custody Required)

P-Repeat Sample **U**-Upstream Repeat **D**-Downstream Repeat **X**-Other Repeat
 (At Original Tap)

Chain-of-Custody Information

Relinquished by: <i>[Signature]</i>	Date: <i>2-9-22</i>	Time: <i>11:45</i>	Received by: <i>[Signature]</i>	Relinquished by:	Date:	Time:	Received by:
Relinquished by:	Date:	Time:	Received by:	Relinquished by:	Date:	Time:	Received by:

DATE/TIME RECEIVED: *2/9/22 1145 acj* ANALYST: *[Signature]*

DATE/TIME ANALYZE: *2/9/22 1519 acj* SUPERVISOR: _____

DATE/TIME READ: *2/10/22 1112 acj* LAB ID #: **ID00969**

REMARKS: _____

Send Results To:
 DEQ DEQUIH
 Dist 7 Other
 Dist 6