



BACTERIOLOGICAL WATER ANALYSIS
Teton County Health Department Water Lab
460 East Pearl Ave PO Box 937 Jackson, WY 83001
(307)732-8490

Drinking Water Tests: Due Mon/Tues by 2pm. \$20.00 each
 Pool/Spa Water Tests: Due Tues by 12pm. \$20.00 each

TYPE PUBL PRIVAT USFS NPS

WELL#- WELL SPRING POOL SPA

PWS# (IF PUBLIC) _____ **REGULATORY AUTHORITY** _____

U h- \ 7o' U hO ROUTINE REPEAT TRIGGERED SPECIAL _____

NAME/ FACILITY _____

PHYSICAL ADDRESS _____

SAMPLE LOCATION SPECIFICS (Kitchen, bathroom, etc...) _____

CHLORINE RESIDUAL _____ ppm **pH** _____

COLLECTED BY _____ **DATE** _____ **TIME** _____

*** SAMPLES CANNOT BE MORE THAN 30 HOURS OLD AT THE TIME OF ANALYSIS ***

EMAIL RESULTS TO: _____

PHONE NUMBER FOR UNSAFE SAMPLES: _____

FOR LABORATORY USE ONLY

PAYMENT CASH CREDIT CARD CHECK # _____ ACCT

SAMPLE CONDITION: **GOOD** **INSUFFICIENT** **OLD**

SAMPLE ID# _____ **DATE RECEIVED** _____ **TIME** _____

ANALYSIS DATE _____ **TIME** _____

COLILERT-18 **SPC** **OTHER** _____

VERIFIED COUNT _____

FINAL ANALYSIS: **SAFE/ABSENCE** **UNSAFE/PRESENCE** **RE-SAMPLE**

REMARKS _____ **ANALYST** _____



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