

**PUBLIC** 

WELL

ROUTINE

PRIVATE

SPRING

REPEAT

**TYPE** 

SOURCE

h‡ o# (if public) \_

**TYPE SAMPLE** 

## **BACTERIOLOGICAL WATER ANALYSIS**

NPS

SPA

REGULATORY AUTHORITY

SPECIAL\_

## Teton County Public Health Water Lab 460 East Pearl St. PO Box 937 Jackson, WY 83001 (307)732-8463 or (307)732-8490

USFS

POOL

NAME/ FACILITY										
PHYSICAL ADDRESS										
SAMPLE LOCATION SPI	CIFICS (Kitchen,	Bathroom,etc	.)							
CHLORINE RESIDUAL ppmpH										
COLLECTED BY		DATE_	TIME							
(SAMPLES MORE THAN 30 HOURS OLD WILL NOT BE TESTED)										
SEND RESULTS TO:	EMAIL	or MA	L or	вотн						
EMAIL:										
MAILING ADDRESS:										
	JNSAFE SAMPLE									
	JNSAFE SAMPLE	LABORATORY	JSE ONLY							
PHONE NUMBER FOR U	JNSAFE SAMPLE FOR GOOD	LABORATORY I	JSE ONLY		OLD					
PHONE NUMBER FOR I	JNSAFE SAMPLE FOR GOOD DAT	LABORATORY I INSUF	JSE ONLY	TIME_	OLD					
PHONE NUMBER FOR I	FOR GOOD ANA	LABORATORY I  INSUF  TE RECEIVED  ALYSIS DATE	JSE ONLY	TIME_	OLD					
SAMPLE CONDITION: SAMPLE ID#	FOR GOOD ANA	LABORATORY I  INSUF TE RECEIVED  ALYSIS DATE  COLILERT-18	JSE ONLY	TIME_	OLD					
PHONE NUMBER FOR I	FOR GOOD ANA	LABORATORY I  INSUF  TE RECEIVED  ALYSIS DATE  COLILERT-18	JSE ONLY FICIENT OTHER_	TIME_	OLD					



## **BACTERIOLOGICAL WATER ANALYSIS**

## Teton County Public Health Water Lab 460 East Pearl St. PO Box 937 Jackson, WY 83001 (307)732-8463 or (307)732-8490

ТҮРЕ	PUBLIC	PRIVATE	USFS	N	PS							
SOURCE	WELL	SPRING	POOL	SPA	4							
h‡ o# (if public)	REGULATORY AUTHORITY											
TYPE SAMPLE	ROUTINE	REPEAT		SPECIAL								
NAME/ FACILITY _												
PHYSICAL ADDRESS												
SAMPLE LOCATION SPECIFICS (Kitchen, Bathroom, etc)												
CHLORINE RESIDUAL ppmpH												
COLLECTED BY			DATE		тп	ME						
(SAMPLES MORE THAN 30 HOURS OLD WILL NOT BE TESTED)												
SEND RESULTS TO	EMA	L or	MAIL	or	вотн							
EMAIL:												
MAILING ADDRESS:												
PHONE NUMBER FOR UNSAFE SAMPLES:												
FOR LABORATORY USE ONLY												
SAMPLE CONDITIO	N: GC	OOD	INSUFFIC	CIENT		OLD						
SAMPLE ID#		DATE RECEI\	/ED		_TIME							
		ANALYSIS D	ATE		_TIME_							
MF	SPC	COLILERT	Г-18	OTHER								
VERIFIED COUNT _												
FINAL ANALYSIS:	SAFE/ABSI	ENCE	UNSAFE/	PRESENCE		RE-SAMPLE						
REMARKS	KSANALYST											