



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

TYPE PUBLIC PRIVATE USFS NPS

SOURCE WELL SPRING POOL SPA

h# (if public) _____ REGULATORY AUTHORITY _____

TYPE SAMPLE ROUTINE REPEAT SPECIAL _____

NAME/ FACILITY _____

PHYSICAL ADDRESS _____

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

CHLORINE RESIDUAL ppm _____ pH _____

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

(SAMPLES MORE THAN 30 HOURS OLD WILL NOT BE TESTED)

SEND RESULTS TO: EMAIL or MAIL or BOTH

EMAIL: _____

MAILING ADDRESS: _____

PHONE NUMBER FOR UNSAFE SAMPLES: _____

FOR LABORATORY USE ONLY

SAMPLE CONDITION: GOOD INSUFFICIENT OLD

SAMPLE ID# _____ DATE RECEIVED _____ TIME _____

ANALYSIS DATE _____ TIME _____

MF SPC COLILERT-18 OTHER _____

VERIFIED COUNT _____

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

REMARKS _____ ANALYST _____



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