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112 © 12715 LEWIS BUSINESS FORMS, INC., JAX, FLA. 4 3 2 1

1. KEEP FORMS DRY
2. PRINT INFORMATION CLEARLY
3. COMPLETELY IDENTIFY SUPPLY AND SAMPLING POINTS
4. FORWARD ALL COPIES OF FORM TO LABORATORY WITH WATER SAMPLES.

BEAR DOWN — YOU ARE MAKING 5 COPIES

State of Florida • Department of Health and Rehabilitative Services • Division of Health

BUREAU OF LABORATORIES
N. J. SCHNEIDER, PHD, MPH, CHIEF

DATE COLLECTED	COUNTY	COLLECTOR	DATE REC'D	DATE TESTED
6/6/71	Hillsboro	RM Blanner		6-8-71

TYPE OF SUPPLY	CITY-TOWN	S/D	TRLR. PK.	INST.	SCHOOL	BOTTLED	MOTEL	REST	DAIRY	POOL	HOME	OTHER
												Swimming Area

NAME OF S/D OR LOCALITY BEING SAMPLED

NAME OR LOCATION OF WATER PLANT

TYPE OF SAMPLE	ROUTINE	RE-CHECK	MAIN CLEARANCE	WELL SURVEY	OTHER

LAB	JAX	MIAMI	TAMPA	TALLA.	PENSA.	ORL.	W. P. B.	APAL.	COUNTY
			✓						Hillsboro.

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

☒ Lake Rainbow
Boy Scout Camp
Odessa.

REMARKS

Swimming Area

LAB. NO.	COLL. NO.	SAMPLING POINT	APPEARANCE	CI RES'D	PH	LB. 48	BG 48	MPN 100 MLS	MF 100 MLS	NON-COLIFORM
19419	#1	Bathside Lake.						110		
19420	#2	East side Lake						49		

WATER BACTERIOLOGY

REPORTS MAY BE DISCARDED AFTER SIX MONTHS

INTERPRETATIONS-RECOMMENDATIONS

BY:

L 529 (REV. 70). NAME_____ TITLE_____ BUREAU OF SANITARY ENGINEERING