BEAR DOWN — [illegible]
ARE MAKING 5 COPIES

WITH WATER SAMPLES.

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
7/19/71	Hillsb.	Carr	7-19-71	7-19-71

TYPE OF SUPPLY	CITY-TOWN	S/D	TRLR. PK.	INST.	SCHOOL	BOTTLED	MOTEL	REST	DAIRY	POOL	HOME	OTHER
												Swim Area 7-23

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
			✓		Swim Area

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

H. C.
H. D.

REMARKS

LAB. NO.	COLL. NO.	SAMPLING POINT	APPEARANCE	CI RES'D	PH	LB. 48	BG 48	MPN 100 MLS	MF 100 MLS	NON-COLIFORM
9578	1.	Boy Scout Camp Rainbow Lake, West						110		
879	2	" " " East						110		

WATER BACTERIOLOGY

REPORTS MAY BE DISCARDED AFTER SIX MONTHS

INTERPRETATIONS-RECOMMENDATIONS

No. 1+2 (4) Satisfactory for swimming

HAC

BY:

L 529 (REV. 70) NAME Herman A. Cheatwood TITLE Eng. Tech. BUREAU OF SANITARY ENGINEERING