

File: Lake GASS

BEAR DOWN—YOU
ARE MAKING 5 COPIES

4. FORWARD ALL COPIES OF FORM TO LABORATORY
WITH WATER SAMPLES.

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

BUREAU OF LABORATORIES
N. J. SCHNEIDER, PH.D., MPH, CHIEF

DATE COLLECTED 7-12-71		COUNTY Hillsboro			COLLECTOR PARKS, STEPHEN					DATE REC'D		DATE TESTED 7/12	
TYPE OF SUPPLY	CITY-TOWN	S/D	TRLR. PK.	INST.	SCHOOL	BOTTLED	MOTEL	REST	DAIRY	POOL	HOME	OTHER SWIM AREA	

NAME OF S/D OR LOCALITY BEING SAMPLED							NAME OR LOCATION OF WATER PLANT						
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TYPE OF SAMPLE	ROUTINE	RE-CHECK	MAIN CLEARANCE		WELL SURVEY		OTHER						
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LAB	JAX	MIAMI	TAMPA	TALLA.	PENSA.	ORL.	W. P. B.	APAL.	COUNTY	HILLSBOROUGH COUNTY		
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NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT [HC HD]										REMARKS JUL 23 1971 POLLUTION CONTROL		
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LAB. NO.	COLL. NO.	SAMPLING POINT	APPEAR- ANCE	CI RES'D	PH	LB. 48	BG 48	MPN 100 MLS	MF 100 MLS	NON- COLIFORM
2727	H1	KEYSTONE LAKE NORTH						23		
28	#2	KEYSTONE " SOUTH						170		
29	#1	LAKE GASS SOUTH BAPTIST ASSEMBLY G.						240		

WATER BACTERIOLOGY REPORTS MAY BE DISCARDED
AFTER SIX MONTHS

INTERPRETATIONS-RECOMMENDATIONS

BY: _____ NAME _____ TITLE _____ BUREAU OF SANITARY ENGINEERING