6

2. PRINT INFORMATION CLEARLY

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, PHD, MPH, CHIEF

| DATE COLLECTED | COUNTY | COLLECTOR | DATE REC'D | DATE TESTED |
|---|---|---|---|---|
| 6/8/71 | Hillsborough | Mary Blanco | 6-8-71 | 6-8-71 |

| TYPE OF SUPPLY | CITY-TOWN | S/D | TRLR. PK. | INST. | SCHOOL | BOTTLED | MOTEL | REST | DAIRY | POOL | HOME | OTHER |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | Mary Blanco's Home |

NAME OF S/D OR LOCALITY BEING SAMPLED

NAME OR LOCATION OF WATER PLANT 5 Swimming Pool.

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

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

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Lake Byrant
Dentz

REMARKS

| LAB. NO. | COLL. NO. | SAMPLING POINT | APPEARANCE | CI RES'D | PH | LB. 48 | BG 48 | MPN 100 MLS | MF 100 MLS | NON-COLIFORM |
|---|---|---|---|---|---|---|---|---|---|---|
| 1951 | #1 | Mary's Home on Lake | | | | | | 4.5 | | |
| | | | | | | | | | | |
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## WATER BACTERIOLOGY

REPORTS MAY BE DISCARDED AFTER SIX MONTHS

INTERPRETATIONS-RECOMMENDATIONS

BY:

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

Private Lake