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

DATE COLLECTED: 6/10/71  •  COUNTY: Hillsborough  •  COLLECTOR: [Signature]

NAME OF S/D OR LOCALITY BEING SAMPLED: [Signature]

NAME OR LOCATION OF WATER PLANT: [Signature]

TYPE OF SAMPLE: ROUTINE  •  CITY-TOWN: [Signature]

RE-CHECK: [Signature]  •  MAIN CLEARANCE: [Signature]

WELL SURVEY: [Signature]  •  OTHER: [Signature]

LAB: JAX  •  S/D: [Signature]

Tampa  •  TRLR. PH: [Signature]

INST.  •  SCHOOL: [Signature]

BOTTLED: [Signature]  •  MOTEL: [Signature]

REST  •  DAIRY: [Signature]

POOL: [Signature]  •  HOME: [Signature]

OTHER: [Signature]  •  NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT: [Signature]

REPORTS MAY BE DISCARDED AFTER SIX MONTHS

WATER BACTERIOLOGY

LAB. NO.  •  COLL. NO.  •  SAMPLING POINT: Murray's Home on Dale

APPEARANCE  •  CI RES'D  •  PH  •  LB. 48  •  BG 48  •  MPN 100 MLS  •  MF 100 MLS  •  NON-COLIFORM

4.5

INTERPRETATIONS-RECOMMENDATIONS

BY: [Signature]

NAME  •  TITLE  •  BUREAU OF SANITARY ENGINEERING

L 529 (REV. 70)