

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, PH.D. MPH, CHIEF

DATE COLLECTED 6-7-71		COUNTY 3		COLLECTOR Blanco				DATE REC'D		DATE TESTED 6/8		
TYPE OF SUPPLY	CITY-TOWN	S/D	TRLR. PK.	INST.	SCHOOL	BOTTLED	MOTEL	REST	DAIRY	POOL	HOME	OTHER Swimming Lake 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			

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

[ LAKE CARROLL Beach ]  
[ TAMPA, FLA ]

REMARKS

LAB. NO.	COLL. NO.	SAMPLING POINT	APPEAR- ANCE	CI RES'D	PH	LB. 48	BG 48	MPN 100 MLS	MF 100 MLS	NON-COLIFORM
1844	#1	North end						2400+		
1845	#2	South end						350		

WATER BACTERIOLOGY

REPORTS MAY BE DISCARDED AFTER SIX MONTHS

INTERPRETATIONS-RECOMMENDATIONS

No. 1 (5) Unsatisfactory for swimming  
 No. 2 (4) Satisfactory for swimming

HAC

BY: H. A. Cheatwood

Engineering Technician