

WATER BACTERIOLOGY
Form No. G-19 (rev. 10-84)

Texas Department
Bureau of Laboratories

Date and Time Rec'd

Date

Sample No.

Reported

Do not mark above this line — Please print with ballpoint pen or typewriter

HATHAWAY WELL # 2
NAME OF WATER SYSTEM

BLANCO
COUNTY

JUN 12 8 00 AM '86

SEND RESULTS TO:

FRANK A HATHAWAY
NAME

RD-1 BOX 309
STREET ADDRESS (P.O. Box)

BLANCO Tx. 78606
CITY ZIP CODE

AT WELL # 2
POINT OF COLLECTION

FAH
COLLECTED BY

08 11 86
MONTH DAY YEAR

02 : 20 X
TIME AM/PM

Water System Identification Number

TYPE OF SYSTEM

- Public Dairy
- Individual Bottled
- School

SAMPLE IS
(Public Systems Only)

- Distribution Raw
- Construction Check
- Special

WATER SOURCE

- River Lake
- Well Well Depth 50'
- Chlorine Residual _____

Ownership or other information:

LABORATORY REPORT (Do not write below)

Water of satisfactory bacteriological quality should be free from Coliform organisms

Coliform Organisms Found Not Found

MF Coliform Count (presumptive) 0 /100ml.

MF Coliform Count (verified) _____ /100ml.

UNSUITABLE FOR ANALYSIS-PLEASE RESUBMIT

- Sample too old. Sample not received within 30 hours of collection
- Date discrepancy or form incomplete (See encircled item)
- Quantity insufficient for analysis (100 ml. minimum)
- Leaked in transit
- Not an approved container
- Only one sample per time and point of collection required
- Heavy (silt/bacterial growth) (with coliforms) present, possibly obscuring and compromising test results
- Quantity too great to permit agitation
- Other

Lower Well

WATER BACTERIOLOGY
Form No. G-19 (rev. 10-84)

Texas Department of Health
Bureau of Laboratories

Date and Time Rec'd _____ Date Reported _____
Sample No. _____

Do not mark above this line — Please print with ballpoint pen or typewriter

ATHAWAY WELL #1 BLANCO
NAME OF WATER SYSTEM COUNTY

SEND RESULTS TO:

FRANK WATER WORKS
NAME

1111 W ST BLANCO
STREET ADDRESS (P.O. Box)

BLANCO Tx. 78701
CITY ZIP CODE

WELL #1 FAH 7 7 87 7 00 8
POINT OF COLLECTION COLLECTED BY MONTH DAY YEAR TIME AM/PM
Water System Identification Number

TYPE OF SYSTEM Public Dairy Individual Bottled School
SAMPLE IS (Public Systems Only) Distribution Raw Construction Check Special
WATER SOURCE River Lake Well Well Depth _____
Chlorine Residual _____
Ownership or other information:

LABORATORY REPORT (Do not write below)

Water of satisfactory bacteriological quality should be free from Coliform organisms

Coliform Organisms Found Not Found

MF Coliform Count (presumptive) 70 /100ml.

MF Coliform Count (verified) _____ /100ml.

UNSUITABLE FOR ANALYSIS-PLEASE RESUBMIT

- Sample too old. Sample not received within 30 hours of collection
- Date discrepancy or form incomplete (See encircled item)
- Quantity insufficient for analysis (100 ml. minimum)
- Leaked in transit
- Not an approved container
- Only one sample per time and point of collection required
- Heavy (silt/bacterial growth) (with coliforms) present, possibly obscuring and compromising test results
- Quantity too great to permit agitation
- Other