

pd RT# - 22-6 CB

Lab No. 004697

Date Rec'd APR 25 2019

Date Reported APR 26 2019

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

Water System I.D. No. (Required)

OAK TREE RANCH WS
NAME OF WATER SYSTEM

HENDERSON
COUNTY

KIT CAMPBELL
NAME

PO BOX 90
STREET ADDRESS (P.O. Box)

TO: BULLARD
CITY

TX 75757
ZIP CODE

- OWNER/PWS
- OPERATOR
- OTHER

SAMPLE SITE / COLLECTION DATE and TIME

Date/Time collected: 4 25 19 11:00
Month Day Year Time of Day am pm

Sample Site: 2341 BRIARWOOD HARBOR RD
(Address or other description not sample site number)

Sampler Name/Phone: KIT CAMPBELL 903 363 5280

| SYSTEM TYPE | SAMPLE TYPE (Public Systems Only) | WATER SOURCE |
|--|---|---|
| <input type="checkbox"/> Public | <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Raw: well # _____ | <input checked="" type="checkbox"/> Groundwater (Well) |
| <input checked="" type="checkbox"/> Private/Individual | <input type="checkbox"/> Construction <input type="checkbox"/> Special _____ | <input type="checkbox"/> Surface water (Lake, River) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Repeat for sample # _____ | |
| | <input type="checkbox"/> Other: _____ | |

DISINFECTANT RESIDUAL (Mandatory) NA mg/L

- Free Chlorine
- Chloramine (Total Chlorine)

(sample should not be collected if no residual is present)
Number of samples collected on this date _____

LABORATORY REPORT (Do not write below)

Water of satisfactory bacteriological quality must be free from Coliform organisms

TEST PERFORMED: COLILERT MTF OTHER _____

COLIFORM ORGANISMS:

Total Coliform group

Found Not Found

MPN Index _____

Fecal Coliform / Escherichia coli

Found Not Found

MPN Index _____

- Repeats (required for distribution samples only)
- Invalid—Results Indeterminate—Please resubmit
- Unsuitable for analysis (see below)

mm
04-26-19

UNSUITABLE FOR ANALYSIS - PLEASE RESUBMIT WITHIN 24 HRS

- Sample too old. Sample not received within 30 hours of collection
- Date discrepancy or form incomplete (See encircled item)
- Leaked in transit
- Other
- Quantity insufficient for analysis (100 ml. required)
- Heavy (silt/bacterial growth) present, possibly compromising test results
- Chlorine residual