

Lab No. 007418

Date Rec'd JUL 02 2019
7/2/19

Date Reported JUL 03 2019

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

Water System I.D. No. (Required)

OAK TREE RANCH
NAME OF WATER SYSTEM

HENDERSON
COUNTY

SEND

NAME

KIT CAMPBELL

RESULTS

STREET ADDRESS (P.O. Box)

PO Box 90

TO:

CITY

BULLARD

TX

ZIP CODE

75757

OWNER/PWS

OPERATOR

OTHER

SAMPLE SITE / COLLECTION DATE and TIME

Date/Time collected:

7 2 2019 2:00 PM

am

pm

Sample Site:

2341 BIRLAWOOD HARBOR
(Address or other description not sample site number)

Sampler Name/Phone:

KIT (403) 363-5280

SYSTEM TYPE

SAMPLE TYPE
(Public Systems Only)

WATER SOURCE

- Public
- Private/Individual
- Other _____

- Distribution Raw: well # _____
- Construction Special _____
- Repeat for sample # _____
- Other: _____

- Groundwater
(Well)
- Surface water
(Lake, River)

DISINFECTANT RESIDUAL (Mandatory) .5 mg/L

(sample should not be collected if no residual is present)

Free Chlorine

Chloramine (Total Chlorine)

Number of samples collected on this date 1

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)

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

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