Wichita Falls-Wichita County Public Health District Laboratory

Date Reported: PLEASE Print Below with BALLPOINT Pen Water System ID No. Name of Water System head Point of Collection or Source Water Code County Submitter Phone No.: 940-682 -*(*o し 3 之 Submitter Fax No.: **SEND RESULTS** TO City, State, Zip TYPE OF SYSTEM: **Public** Individual/Private SAMPLE IS: Routine Raw Repeat Replacement Construction ___ Spa ___ Bottled __ Special ____ Pool WATER SOURCE: ___ River ___ Lake ____ Both River & Lake CHLORINE RESIDUAL: Free: Total: Sample on Ice: Sample Temperature: Collection 1101 Month - Day - Year Date & Time Collected By Received for Delivery by AM - PM Received By Received at Lab by AM - PM Received By CHLORINE: Total LABORATORY REPORT (Do Not Write in this Space) Test Method: Colilert None Found/Negative Found/Positive for: **Total Coliforms** Coliforms (E. Coli) Unsuitable for Analysis - PLEASE Resubmit Reason:

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