

Lab No. 006523 Date Rec'd JUN 09 2022 Date Reported JUN 10 2022

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

Water System I.D. No. (Required)                      NAME OF WATER SYSTEM OAK TREE RANCH COUNTY HEMDEKSON

SEND NAME KIT CAMPBELL  
RESULTS STREET ADDRESS (P.O. Box) 189 DOGWOOD LAKES CIR  
TO: CITY BULLARD TX ZIP CODE 75757

OWNER/PWS  OPERATOR  OTHER

**SAMPLE SITE / COLLECTION DATE and TIME**

Date/Time collected: 6 9 2022 1:00  am  pm  
Month Day Year Time of Day

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

Sampler Name/Phone: 903-363-5280 MALAKOFF

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) 0.05 mg/L  Free Chlorine  
(sample should not be collected if no residual is present)  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	
<input type="checkbox"/> Found	<input checked="" type="checkbox"/> Not Found
MPN Index _____	

Fecal Coliform / Escherichia coli	
<input type="checkbox"/> Found	<input checked="" type="checkbox"/> 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
- Quantity insufficient for analysis (100 ml. required)
- Date discrepancy or form incomplete (See encircled item)
- Heavy (silt/bacterial growth) present, possibly compromising test results
- Leaked in transit
- Chlorine residual
- Other \_\_\_\_\_

