

**Lab-Sample Number:** N00015577003  
**Project Name:**  
**Sample Description:** Rock Island Spring

**Field Determinations**  
**pH:**  
**Chlorine, residual:**  
**Conductivity:**  
**Temperature:**  
**Dissolved Oxygen:**  
**Other:**  
**Flow:** CFS

**Sampler Project Name:** UDWI  
**Project Site No.:**  
**Station No.:** 16UDWI#15  
**Date/Time Collected:** 06/14/2016 10:10  
**Sampler's Name:** Judy Manners  
**County:** WARREN - 89  
**Sample Matrix:** Water  
**EFO:** Nashville  
**Sampling Agency:** TDOH  
**Billing Code:** HL00017233  
**Send Report To:** TDOH  
**Priority Date:**  
**Date/Time Received:** 06/14/2016 12:56

**Agency Invoiced:** TDOH

**Received By:** N Ingalls

TEST: Escherichia Coli		METHOD:		
PERFORMING LAB: Nashville				
ANALYTE	RESULT	UNITS	ANALYZED BY:	DATE
Method Citation	SM 9223B		W Frye	6/14/2016
E. Coli Result	3	MPN/100ml	W Frye	6/14/2016

TEST: Total Coliform		METHOD:		
PERFORMING LAB: Nashville				
ANALYTE	RESULT	UNITS	ANALYZED BY:	DATE
Method Citation	SM 9223B		W Frye	6/14/2016
Total Coliform Result	>2420	MPN/100ml	W Frye	6/14/2016