

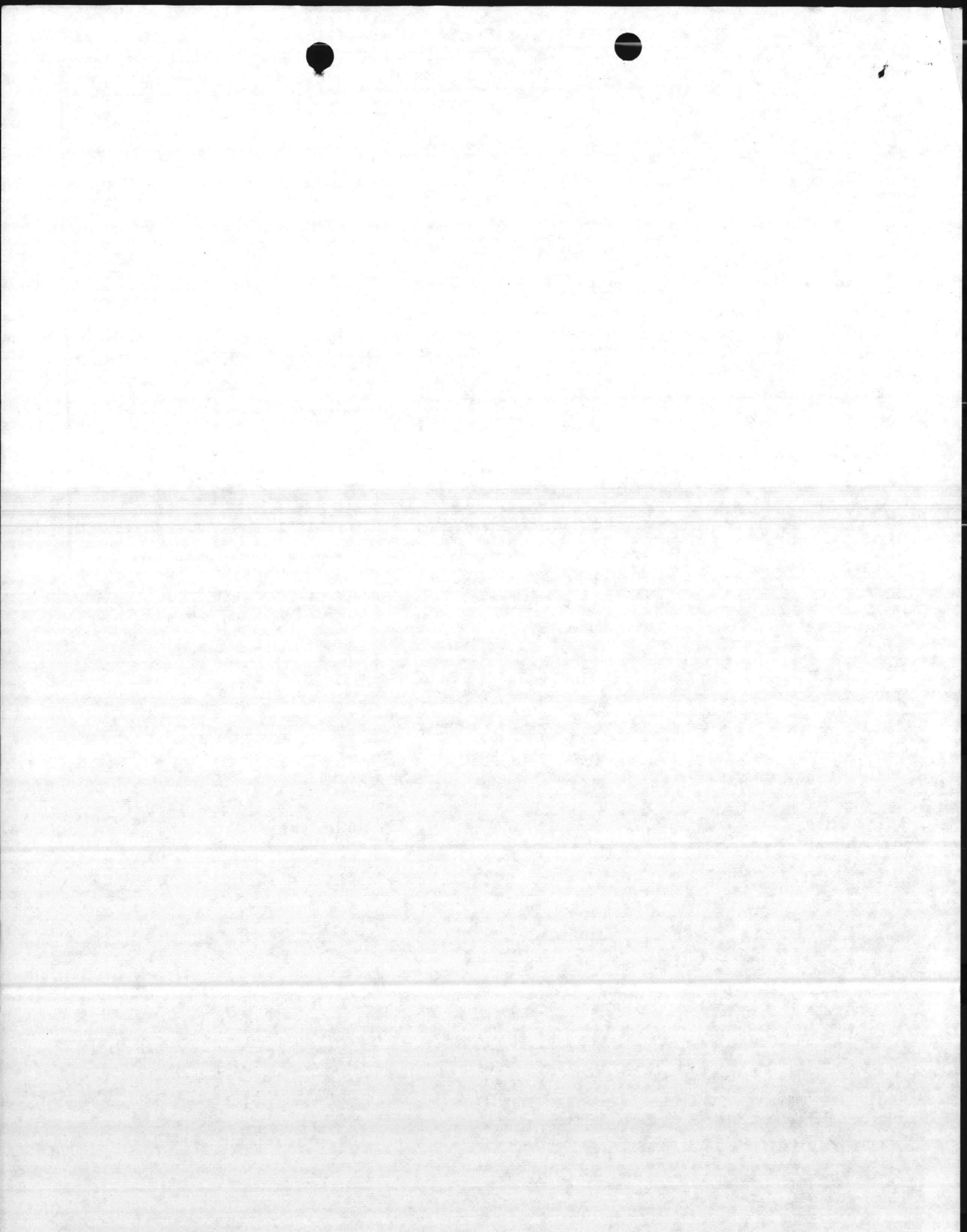
REQUISITION FOR LOCAL DUPLICATING SERVICE			DATE OF REQUEST 6 Aug 1987	REQUIRED ASAP	JOB NUMBER
TO: Base Printing Plant			Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195			3a. DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Chemical Analysis-Water Treatment Plants MGBCL 11330/3			b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMEO <input type="checkbox"/> OTHER <small>Specify</small>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER	8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <small>(Specify)</small> <input type="checkbox"/> 8 x 10 1/2 <input type="checkbox"/> 8 x 12 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <small>(Specify)</small> <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER 11" x 8 1/2" <small>(Specify)</small>			11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOM <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER			14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir, NREAD		
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) See attached Sheet			15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY					
16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE	
19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY			

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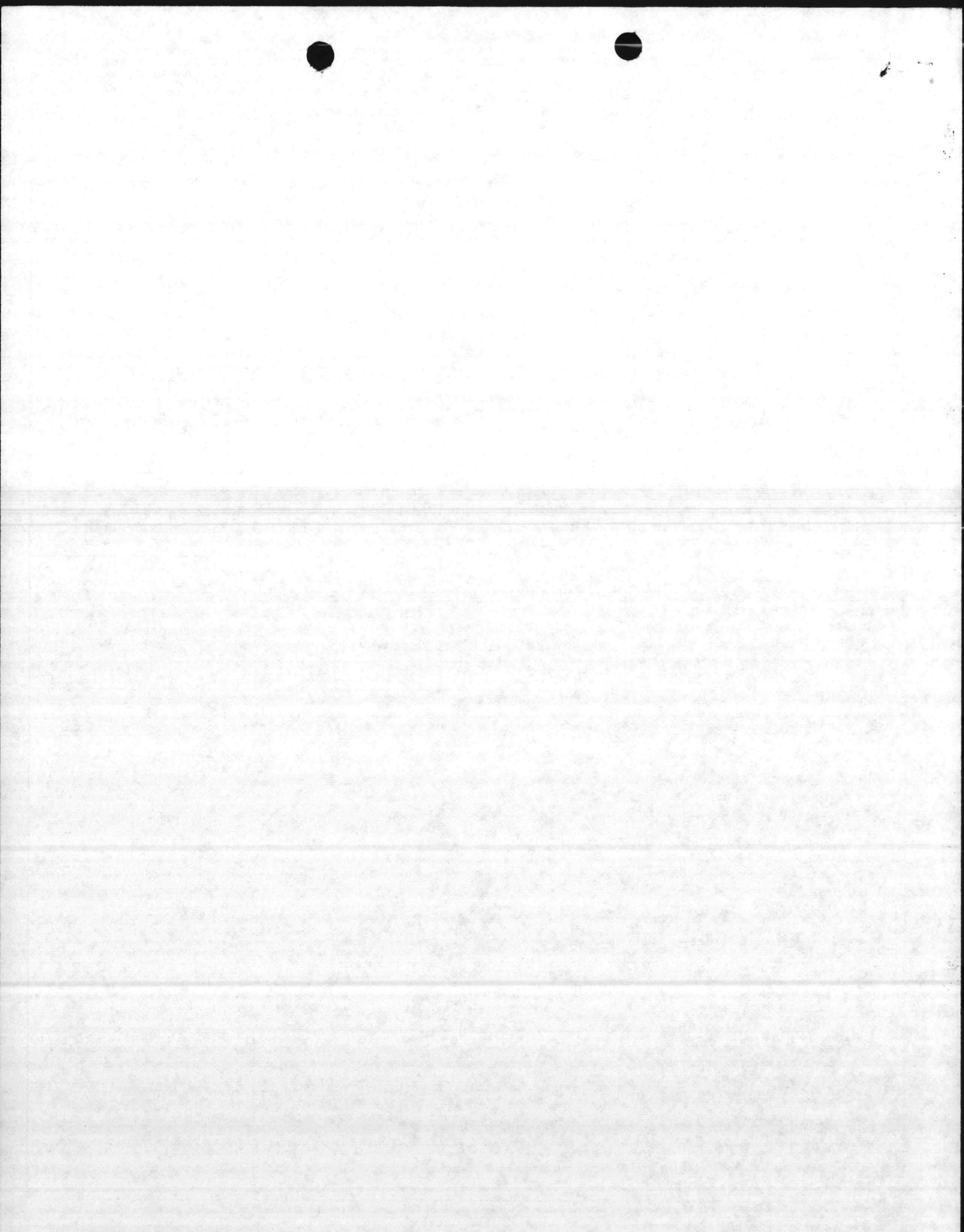
PREVIOUS EDITION WILL BE USED

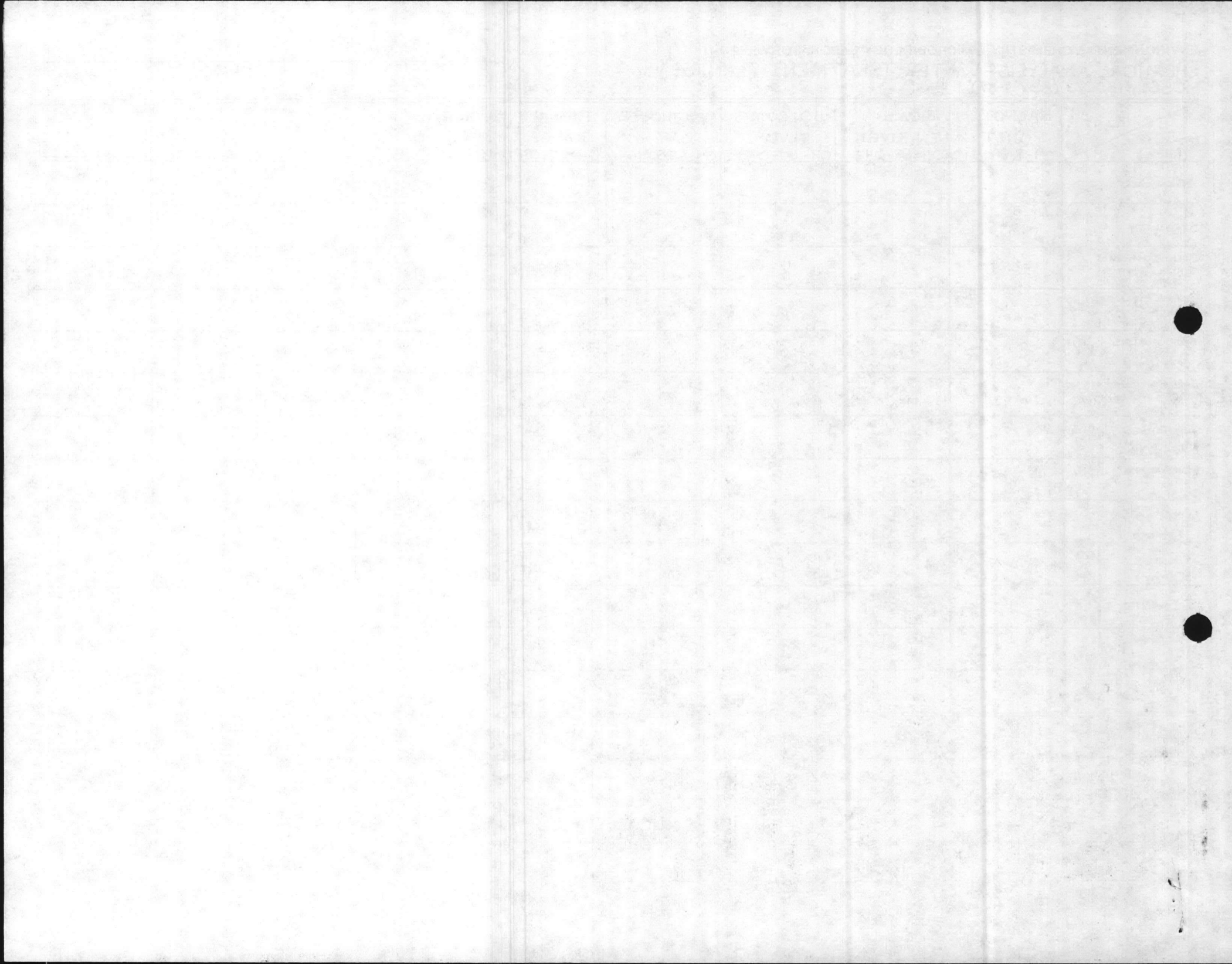
★ U.S. Government Printing Office: 1982-505-106/8414 2-1

S/N 0102-LF-000-8440



REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 Aug 1987	2. FORM NO. (If revision) MCBCL 11330/3	
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		3. DATE FORM REQUIRED ASAP	4. SSIC	
6. TITLE OF FORM Chemical Analysis- Water Treatment Plants		5. REQUIRING DIRECTIVE (Attach copy)		
8. RCS NO.	9. RELATED FORMS	7. SUPERSEDED FORMS		
11. PURPOSE OF FORM To Report Chemical Analysis Data To Utilities &PMU		10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE			
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input checked="" type="checkbox"/> Both	d. NO. OF COPIES PREPARED AT ONE WRITING 5
			e. NUMBER OF USING ACTIVITIES 4	
			f. ANNUAL USAGE 1000	
			g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	h. MANHOURS REQUIRED TO COMPLETE 1 FORM 2
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____	d. SIZE (List width first) 11 x 8 1/2
	(If multi-part, list by copy no. and color in "remarks")		(Other than black must be justified in "remarks")	e. NO. OF PAGES 1
15. REMARKS				
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOLLEN, GS-12, Director, NREAD		b. OFFICE CODE	
	c. SIGNATURE		d. PHONE NUMBER x2083	
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE	





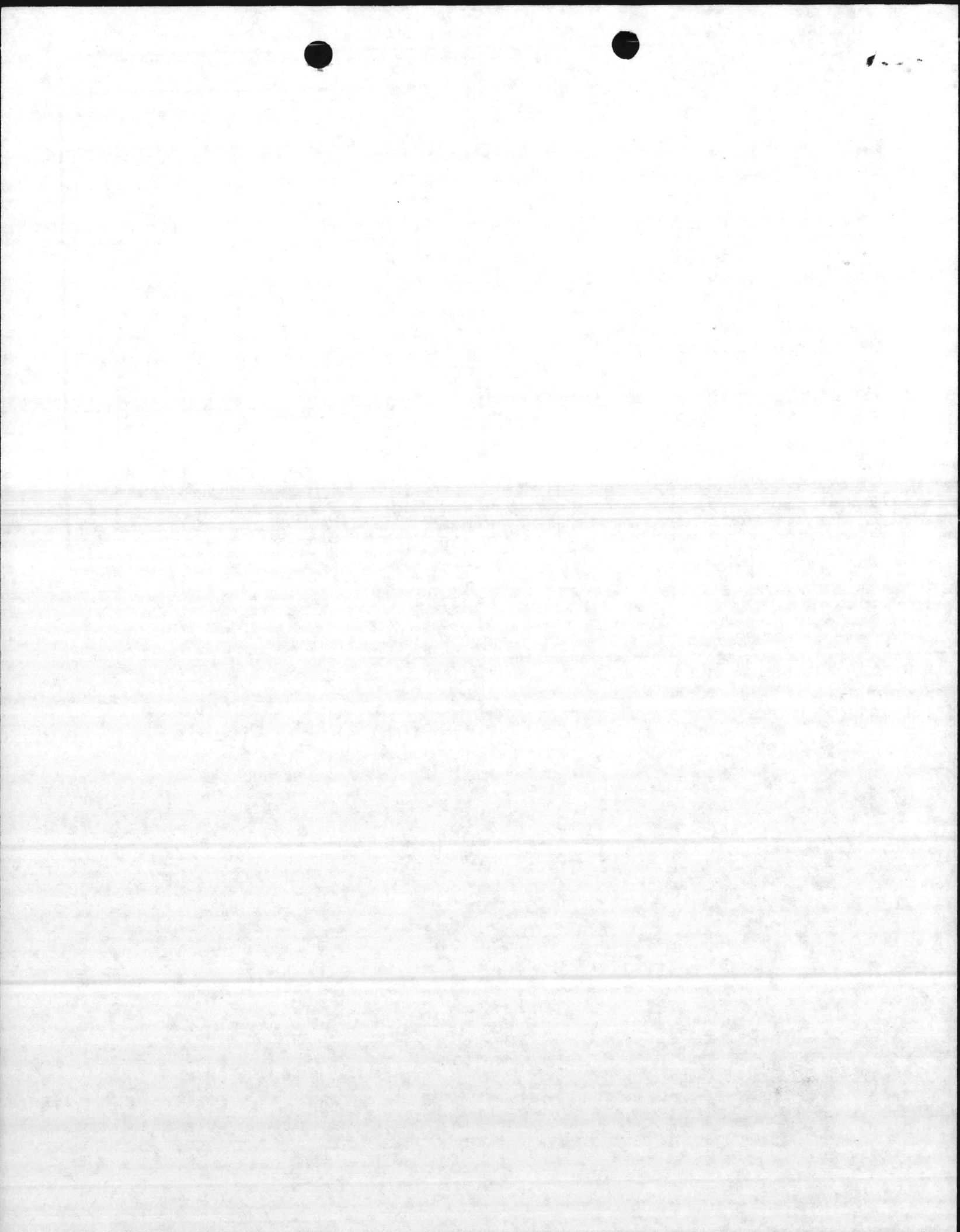
REQUISITION FOR LOCAL DUPLICATING SERVICE			DATE OF REQUEST 6 Aug 1987	REQUIRED ASAP	JOB NUMBER
TO: Base Printing Plant			FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Temperature Control Record			3a. DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Twylah Hardison, x2195			b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO. COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMEO <input type="checkbox"/> OTHER <i>Specify</i>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER	
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> 8 x 10 1/4 <input type="checkbox"/> 8 x 12 1/4 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER 5 1/2 x 8 1/2 <i>(Specify)</i>			11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOH <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER			12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) See attached Sheet			14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copyright release) J. I. WOOTEN, Dir, NREAD		
			15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY					
10. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE	
19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY			

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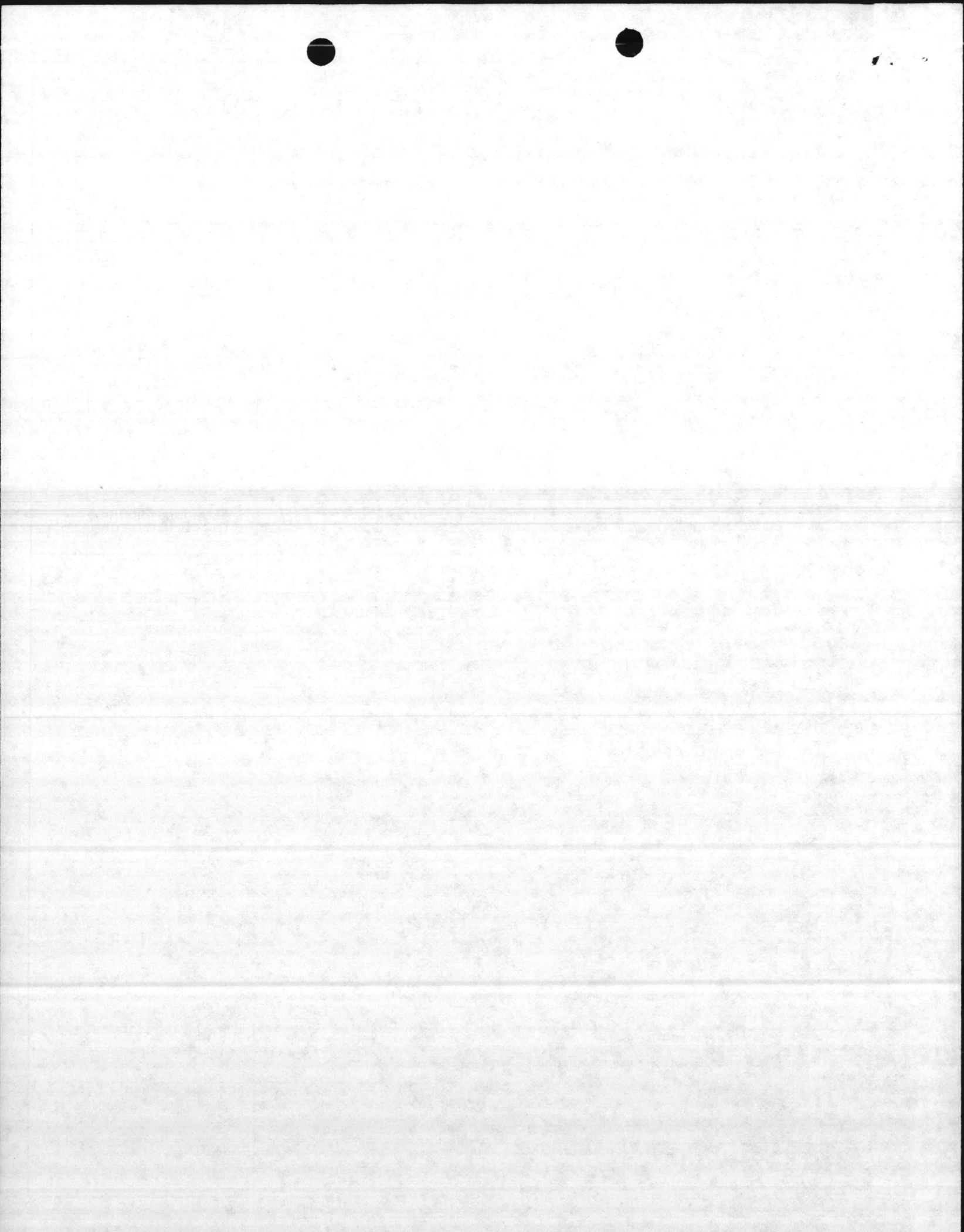
PREVIOUS EDITION WILL BE USED

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S/N 0102-LF-000-8440

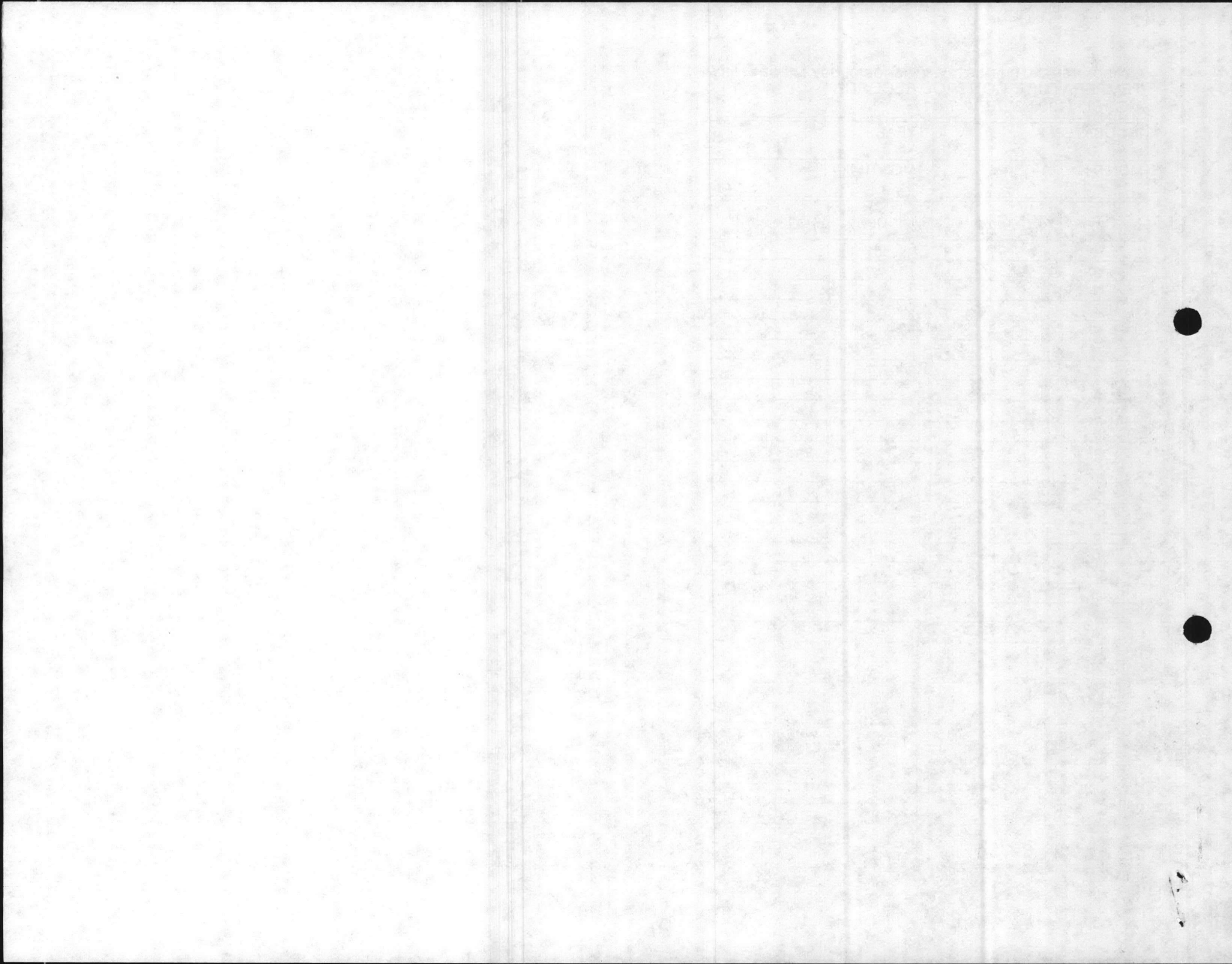


REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 Aug 1987	2. FORM NO. (If revision) MCBCL 11300/3
		3. DATE FORM REQUIRED ASAP	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)	
6. TITLE OF FORM Temperature Control Record		7. SUPERSEDED FORMS	
8. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Record Daily Temperature Readings For Incubators			
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input checked="" type="checkbox"/> HAND <input type="checkbox"/> _____
	d. NO. OF COPIES PREPARED AT ONE WRITING		1
	e. NUMBER OF USING ACTIVITIES		1
f. ANNUAL USAGE		1000	
g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO		h. MANHOURS REQUIRED TO COMPLETE 1 FORM	
1			
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 5 1/2 x 8 1/2		e. NO. OF PAGES 1
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOTEN, GS-12, Director, Nread		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY
 TEMPERATURE CONTROL RECORD
 MCBCL 11300/3 (REV. 7-87)

INCUBATOR #		YEAR	
MONTH		MONTH	
Day	Temp.	Day	Temp.
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13		13	
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
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26		26	
27		27	
28		28	
29		29	
30		30	
31		31	



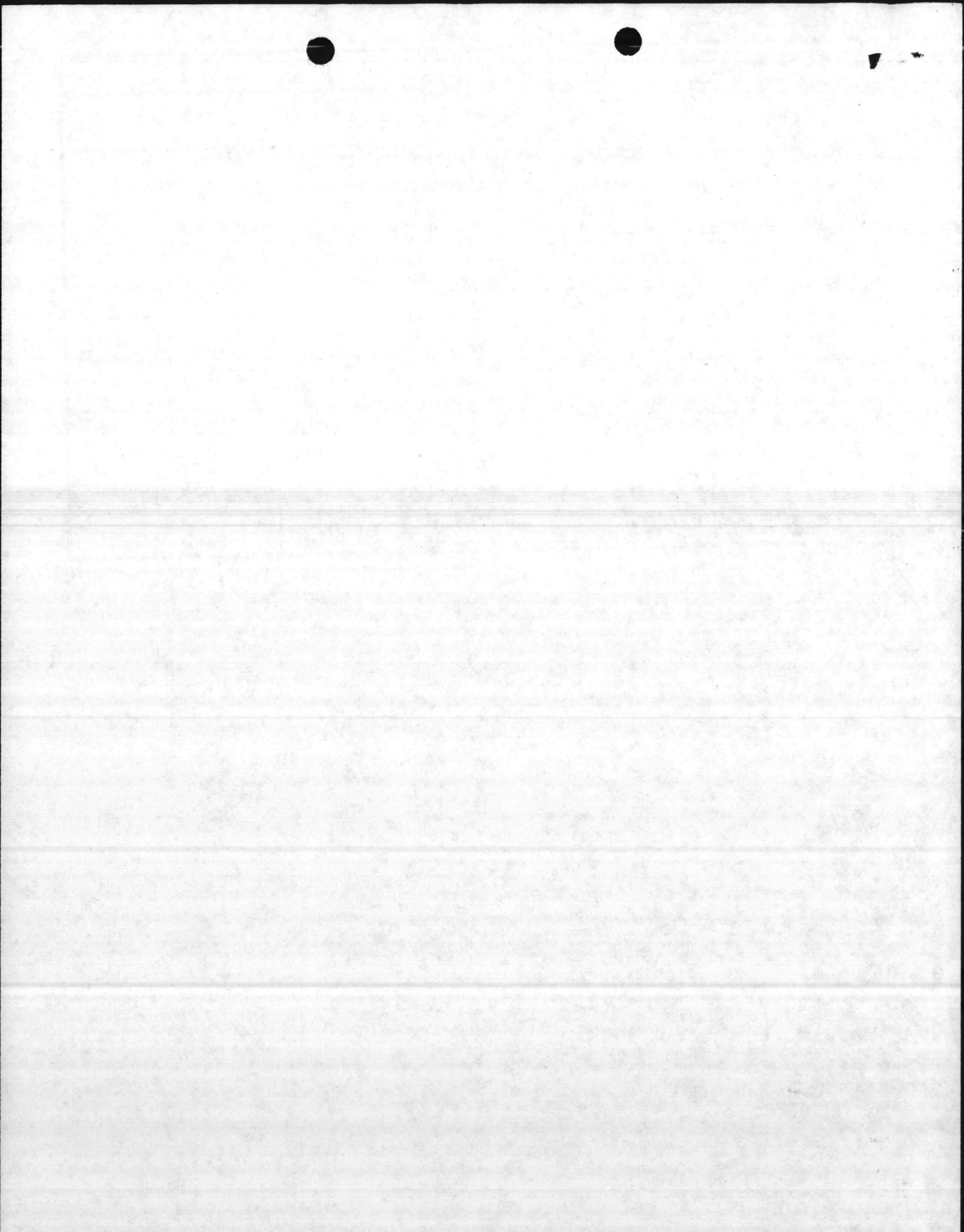
REQUISITION FOR LOCAL DUPLICATING SERVICE		DATE OF REQUEST 6 Aug 1987	TIME REQUIRED ASAP	JOB NUMBER
TO: Base Printing Plant		FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195		3a. DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Daily Fluoride&Turbidity Report		b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMED <input type="checkbox"/> OTHER <small>Specify</small>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <small>(Specify)</small> <input type="checkbox"/> 8 x 10 1/2 <input type="checkbox"/> 8 x 12 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <small>(Specify)</small> <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER 5 1/2 x 8 1/2" <small>(Specify)</small>		11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOM <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER		12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) See attached Sheet		14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir, NREAD		
		15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY				
16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE
19. NO OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY		

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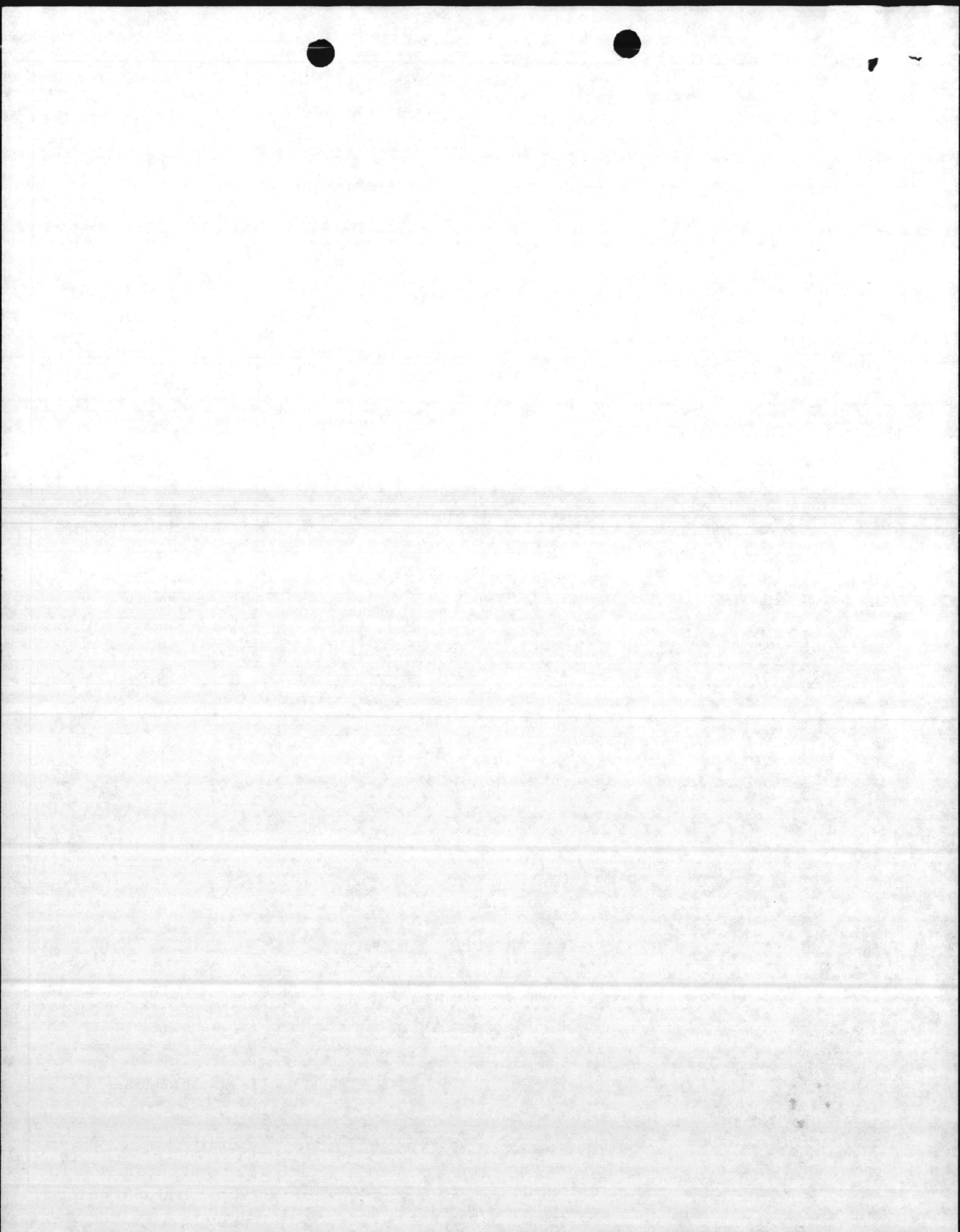
PREVIOUS EDITION WILL BE USED

★ U.S. Government Printing Office: 1982-505-106/8414 2-1

S/N 0102-LF-000-8440



REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 Aug 1987	2. FORM NO. (If revision)
		3. DATE FORM REQUIRED	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)	
6. TITLE OF FORM Daily Fluoride and Turbidity Report		7. SUPERSEDED FORMS	
8. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Relay Daily Fluoride&Turbidity Data to Utilities			
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input checked="" type="checkbox"/> HAND <input type="checkbox"/> _____
	d. NO. OF COPIES PREPARED AT ONE WRITING 3		e. NUMBER OF USING ACTIVITIES 2
	f. ANNUAL USAGE 1000		h. MANHOURS REQUIRED TO COMPLETE 1 FORM 0.5
	g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 5 1/2 x 8 1/2		e. NO. OF PAGES 1
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J.I.WOOTEN, GS-12. Director, NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



DAILY FLUORIDE AND TURBIDITY REPORT

FROM: ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY SECTION,

NATURAL RESOURCES AND ENVIRONMENTAL AFFAIRS DIVISION

TO: WATER TREATMENT FOREMAN, WATER AND WASTEWATER TREATMENT,

UTILITIES BRANCH, BASE MAINTENANCE DIVISION

SAMPLE DATE: _____

PLANT	FLUORIDE PPM		TURBIDITY NTUs	
	RAW	TREATED	RAW	TREATED
HADNOT POINT				
HOLCOMB BLVD				
TARANA TERRACE				

REMARKS: _____

ANALYSIS DATE: _____

ANALYST: _____

FLUORIDE PROCEDURE: PROBE

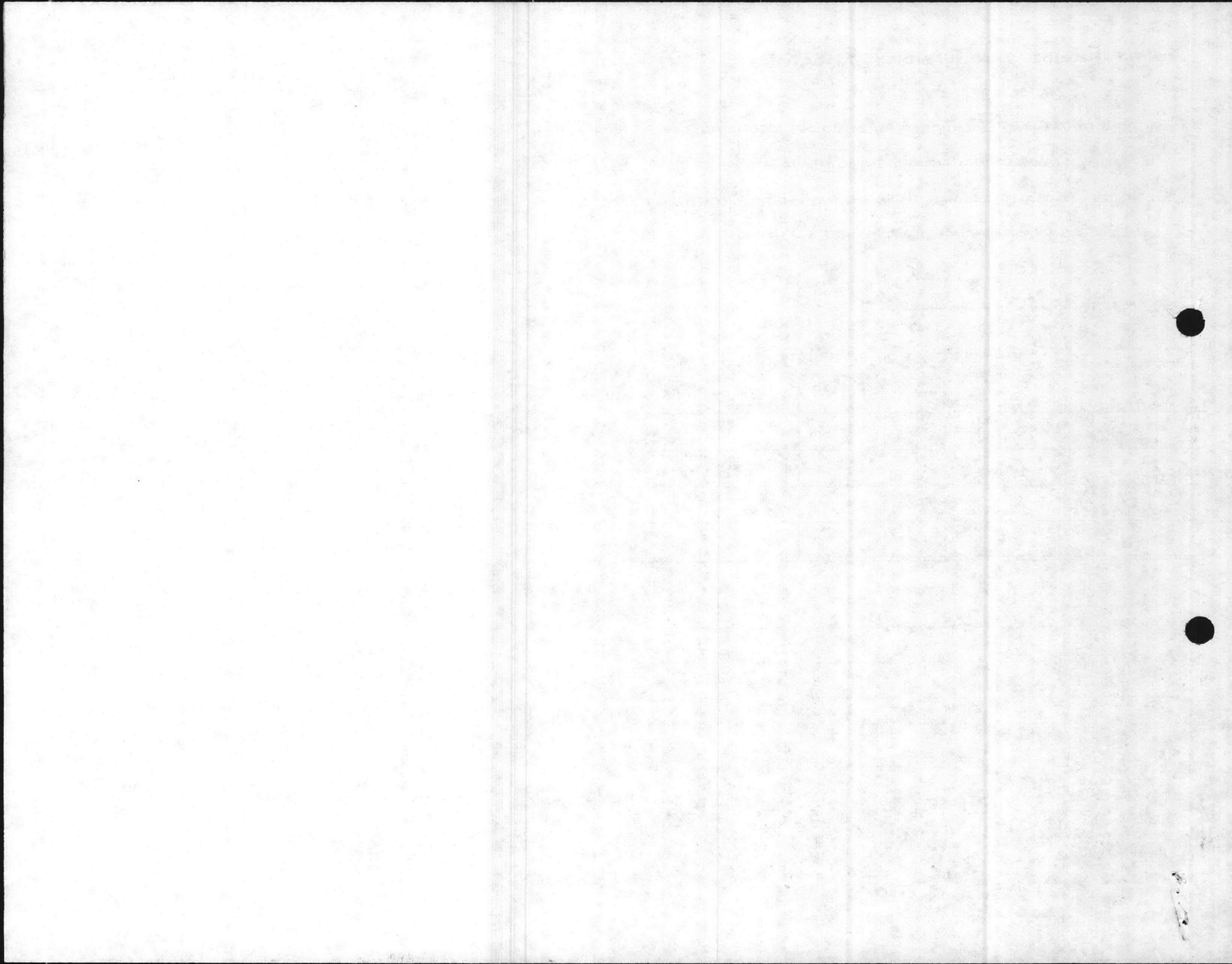
SPADNS

CALLED TO: _____

CALLED BY: _____

TIME: _____

DATE: _____



REQUISITION FOR LOCAL DUPLICATING SERVICE		DATE OF REQUEST 6 Aug 1987	REQUIRED ASAP	JOB NUMBER
TO: Base Printing Plant		FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195		3a. DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Requisition Data-NREAD		b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMED <input type="checkbox"/> OTHER <i>Specify</i>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> 8x10 1/2 <input type="checkbox"/> 8x12 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER <i>(Specify)</i> 5 1/2" x 8 1/2"		11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOM <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER		12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) See attached Sheet		14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir, NREAD		
		15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY				
16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE
19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY		

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PREVIOUS EDITION WILL BE USED

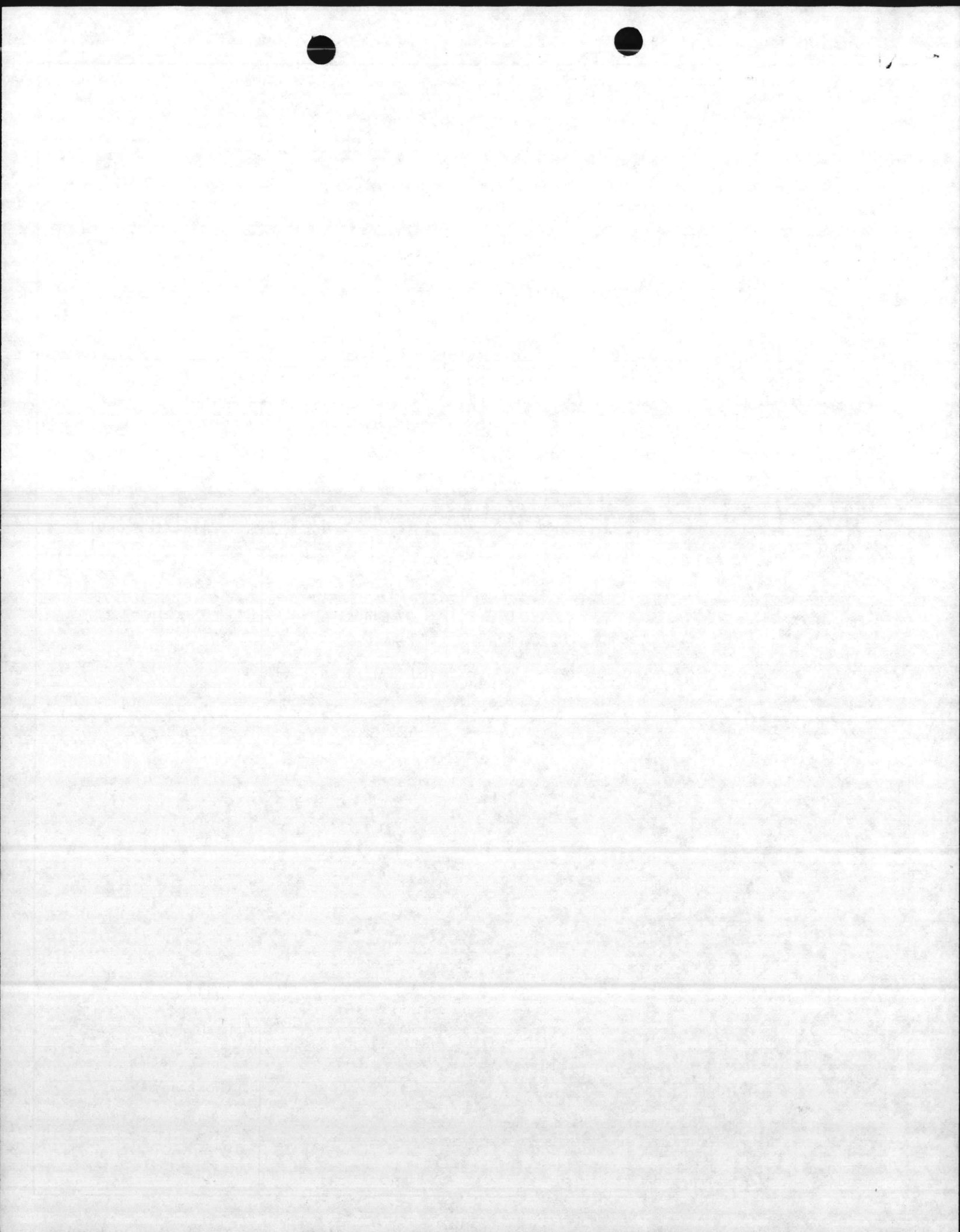
★ U.S. Government Printing Office: 1982-505-106/8414 2-1

S/N 0102-LF-000-8440



1

REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 Aug 1987	2. FORM NO. (If revision)
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		3. DATE FORM REQUIRED ASAP	4. SSIC
6. TITLE OF FORM Requisition Data-NREAD		5. REQUIRING DIRECTIVE (Attach copy)	
8. RCS NO.	9. RELATED FORMS	7. SUPERSEDED FORMS	
11. PURPOSE OF FORM To Provide Clerks with Information to Order and Reorder Supplies		10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
12. TYPE OF FORM	a. (Check all that apply) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input checked="" type="checkbox"/> TYPEWRITER <input checked="" type="checkbox"/> HAND <input type="checkbox"/> _____
	g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		d. NO. OF COPIES PREPARED AT ONE WRITING 1
			e. NUMBER OF USING ACTIVITIES 1
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____	f. ANNUAL USAGE 1000
	(If multi-part, list by copy no. and color in "remarks")	(Other than black must be justified in "remarks")	h. MANHOURS REQUIRED TO COMPLETE 1 FORM 1
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOTEN GS-12, Director NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



REQUISITION DATA - NREAD

Cat: _____ Unit: _____

Description: _____

JON: -23- -2392

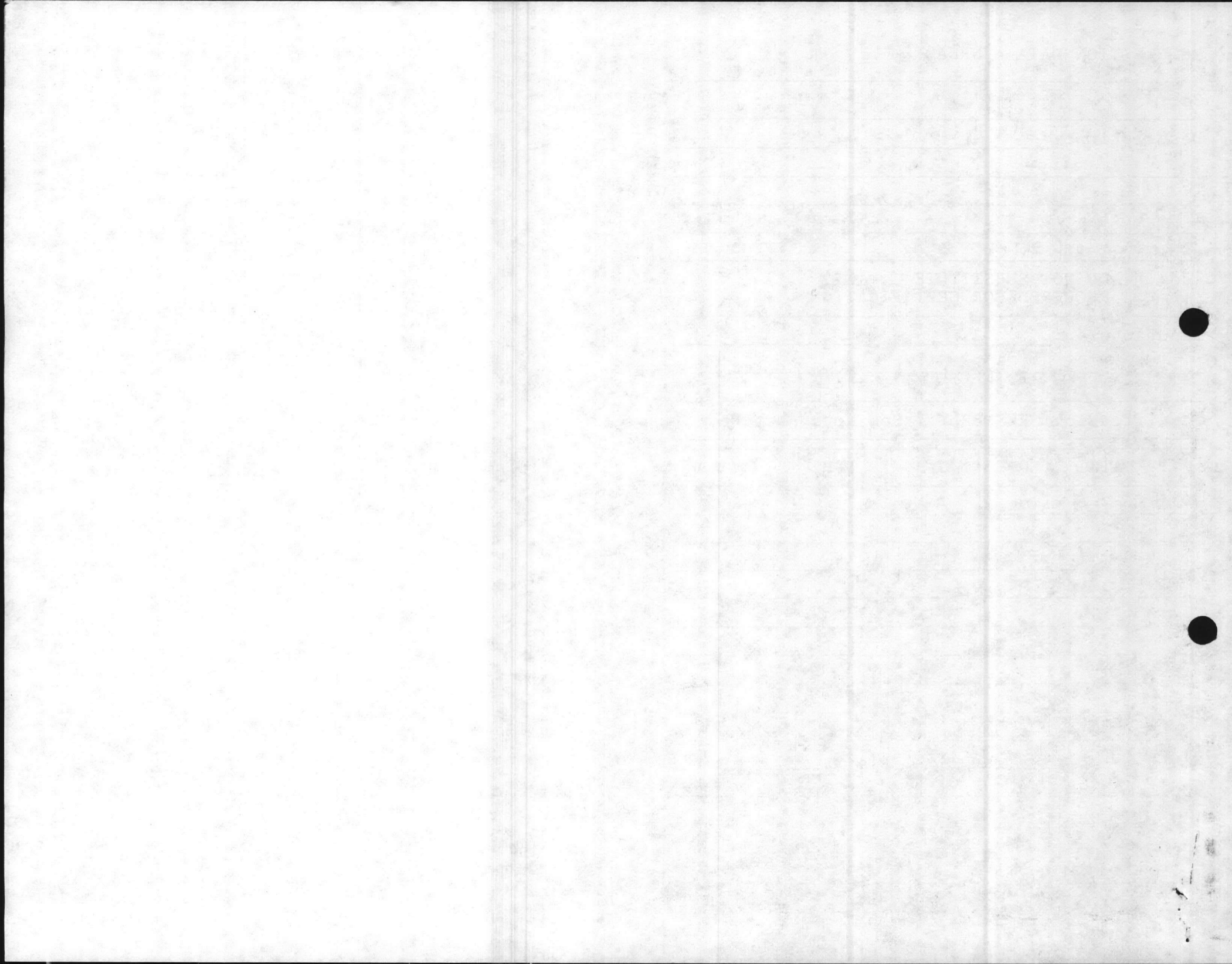
Add: DO NOT SUBSTITUTE - JUSTIFY
 REQUIRED FOR CERTIFICATION

Manufacturer: _____

Justification: RESUPPLY / See Note Attached

P	DATE	QTY	U/P	T/P	

File Name:

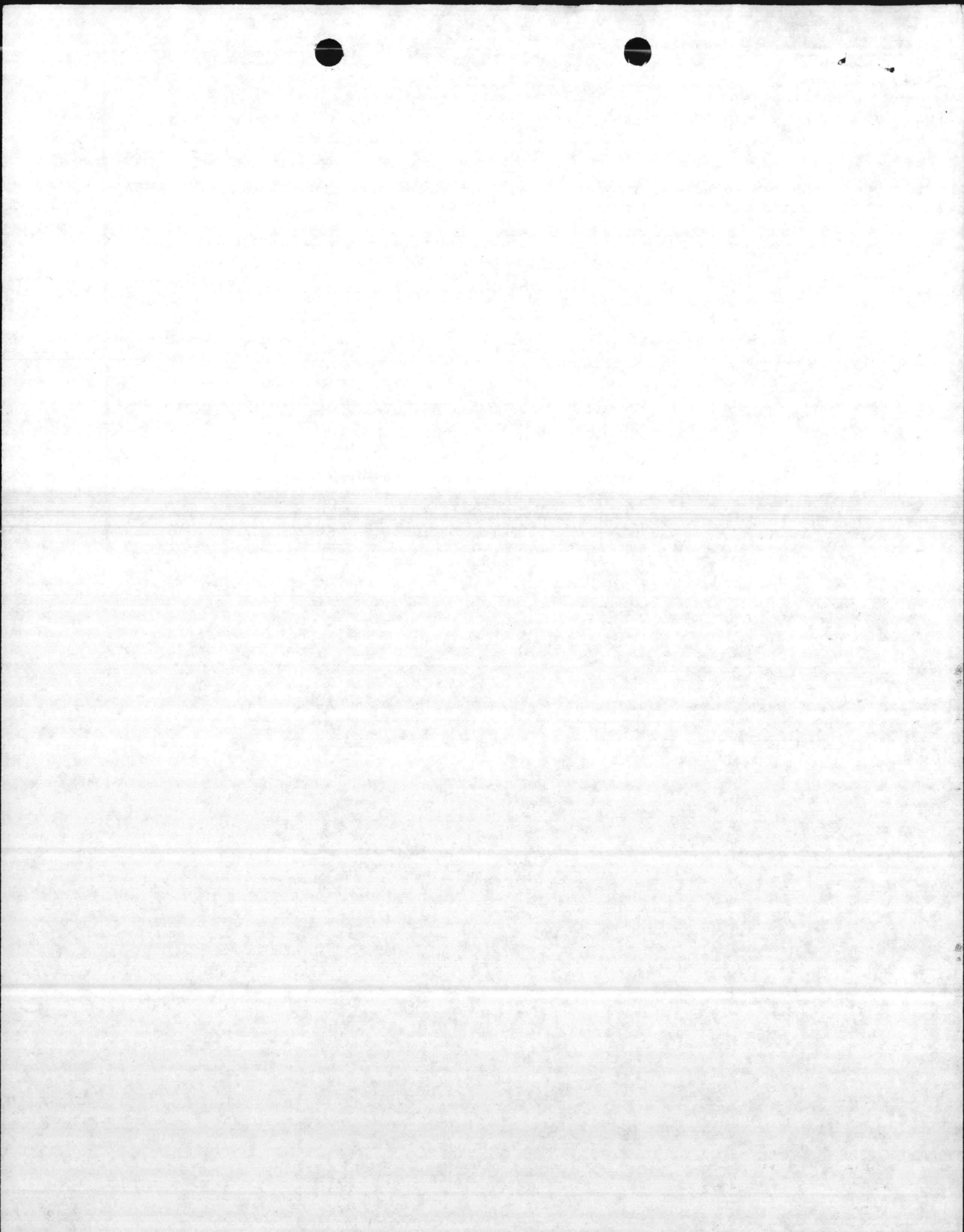


REQUISITION FOR LOCAL DUPLICATING SERVICE		DATE OF REQUEST 6 August 1987	DATE REQUIRED ASAP	JOB NUMBER MCBCL 11345/8
TO: Base Printing Plant		FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195		3a DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Monthly Report of Waste Treatment Plant Water Quality MCBCL 11345/8		b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Haridson, x2195		
4. NO. OF ORIGINALS	5. NO COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMEO <input type="checkbox"/> OTHER <i>Specify</i>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <input type="checkbox"/> 8x10 1/4 <input type="checkbox"/> 8x12 1/4 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER 8x11 1/2 <i>(Specify)</i>		11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOH <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER		12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. ADDITIONAL SPECIFICATIONS (including distribution, punching, padding, location of staples, etc.) See attached Sheet		14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN , Dir, NREAD		
		15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY				
16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE
19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY		

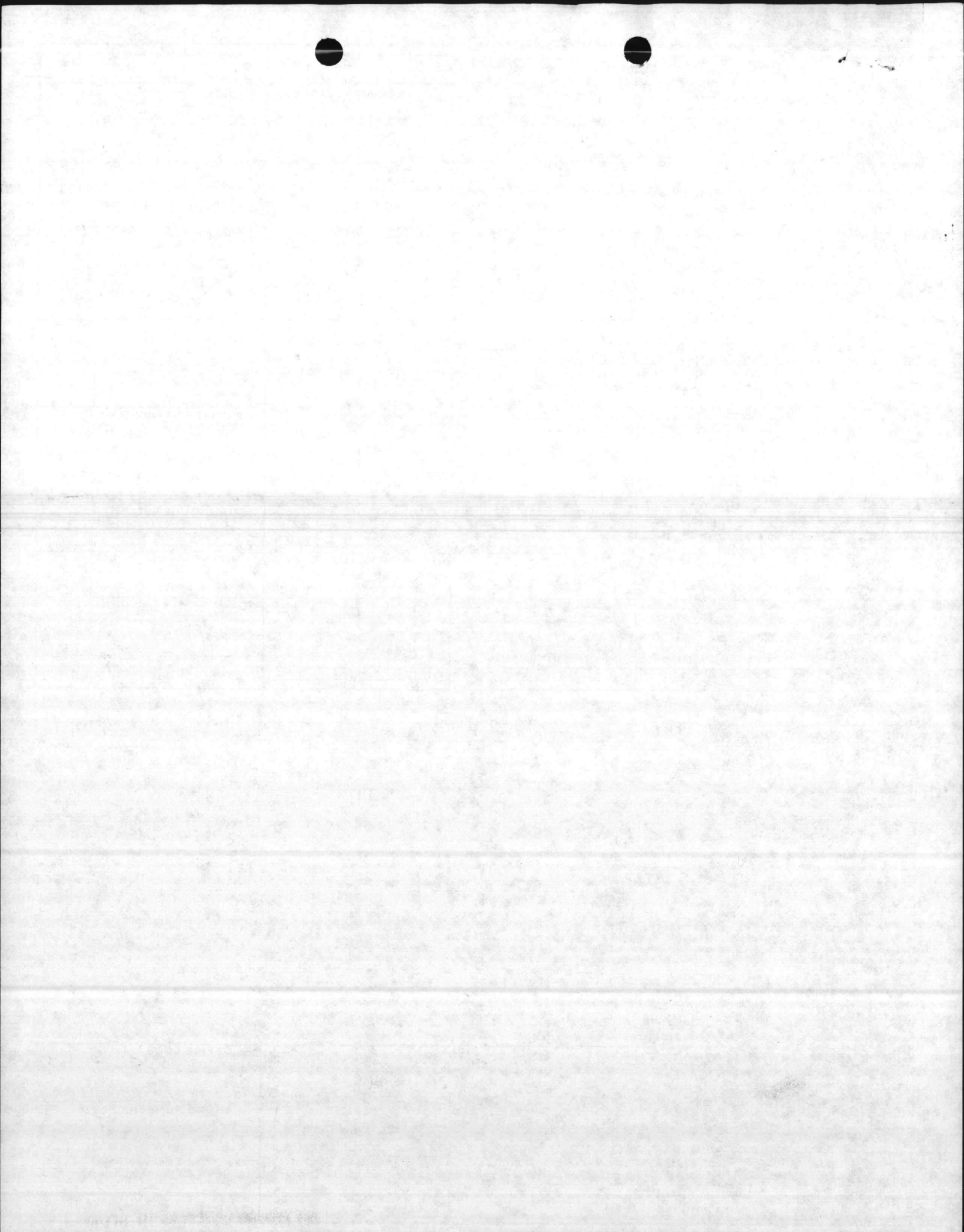
DD FORM 1 OCT 78 **844** PREVIOUS EDITION WILL BE USED

★ U.S. Government Printing Office: 1982-505-106/8414 2-1

S/N 0102-LF-000-8440



REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQ 6 August 1987	2. FORM NO. (If revision) MCBCL 11345/8
		3. DATE FORM REQUIRED ASAP	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)	
6. TITLE OF FORM Monthly Report of Waste Treatment Plant Water Quality		7. SUPERSEDED FORMS :	
8. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Summarize Daily Wastewater Data			
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input checked="" type="checkbox"/> Both
	d. NO. OF COPIES PREPARED AT ONE WRITING 4 e. NUMBER OF USING ACTIVITIES 2 f. ANNUAL USAGE 1000		g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO h. MANHOURS REQUIRED TO COMPLETE 1 FORM 2
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 8 x 11½ e. NO. OF PAGES 1		
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOTEN GS-12, Director, NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



ENVIRONMENTAL CHEMISTRY + MICROBIOLOGY LABORATORY
 MONTHLY REPORT OF WASTE TREATMENT PLANT WATER QUALITY
 MCBCL 11345/6 (REV. 9-86)

PLANT				NPDES PERMIT No.				MONTH		YEAR	
DATE	00310 5 DAY 20°C BOD			00610 AMMONIA	00520 TOTAL SUSPENDED RESIDUE			031616 FECAL COLIFORM	00856 OIL + GREASE	00600 TOTAL NITROGEN	00645 TOTAL PHOSPHORUS
	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MG/L	INFLUENT MG/L	EFFLUENT MG/L	%	EFFLUENT MP/100 ML	EFFLUENT MG/L	EFFLUENT MG/L	EFFLUENT MG/L
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
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19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
TOTAL											
AVERAGE											
MAXIMUM											
MINIMUM											
COMP (C) GEAR (G)	C	C		C	C	C		G	G	C	C
MONTHLY LIMIT						30			30		

INSTRUCTIONS:

1. Complete this form in ink, neatly and clearly or it will be typed.
2. Head the form with plant name, permit number, month & year. Indicate Total or Fecal in Coliform heading. Add the appropriate monthly limits at the bottom.
3. At the end of the month, calculate totals, averages, maximums and minimums.
4. Submit completed forms to laboratory supervisor by the 10th of the following month.

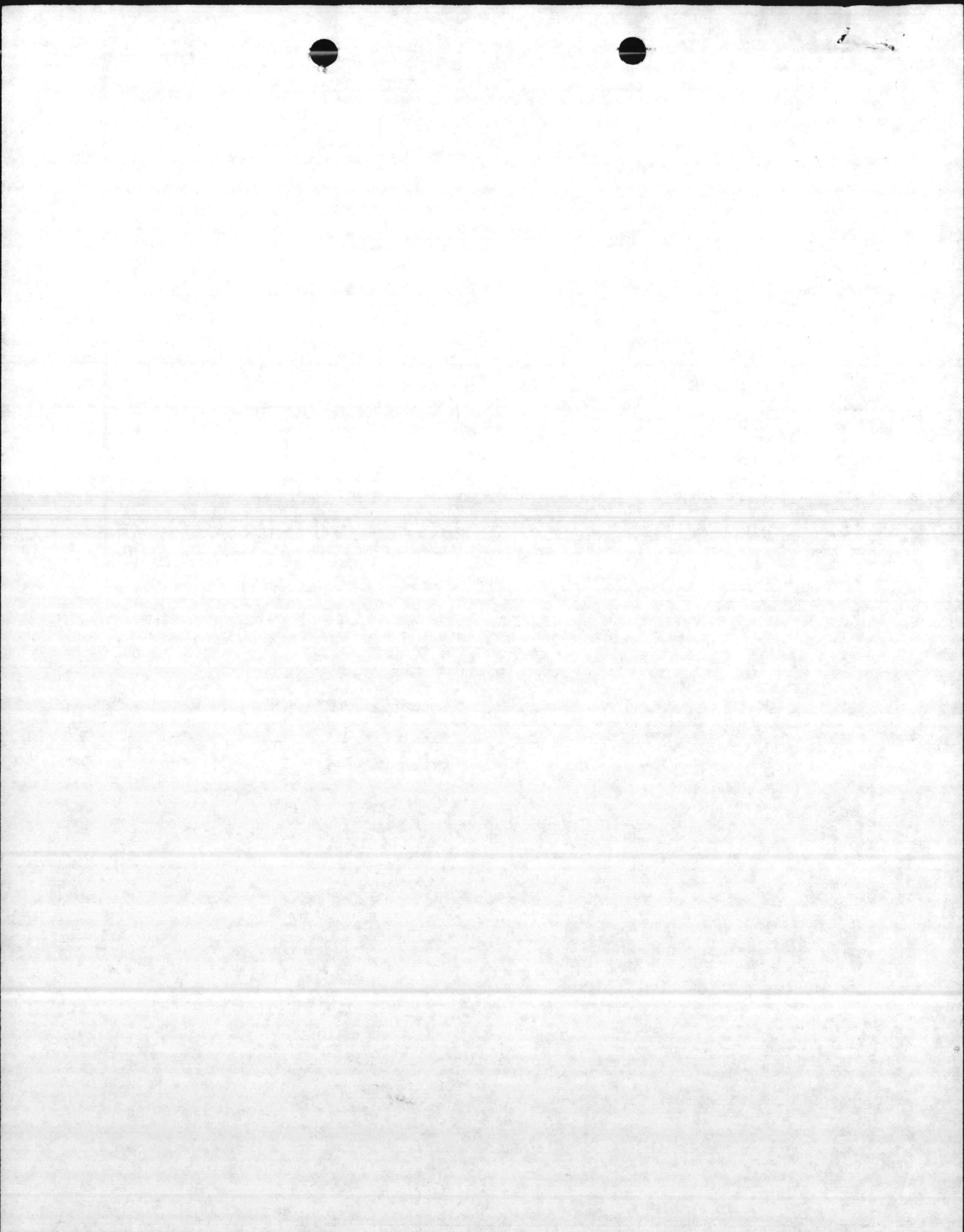
REQUISITION FOR LOCAL DUPLICATING SERVICE			DATE OF REQUEST 8-6-87	DATE RECEIVED ASAP	JOB NUMBER
TO: Base Printing Plant			FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195			3a. DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Waste Treatment Analysis Worksheet NCBCL 11345/5			b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO COPIES EACH 5000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMEO <input type="checkbox"/> OTHER <small>Specify</small>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER	
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <small>(Specify)</small> <input type="checkbox"/> 8x10 1/2 <input type="checkbox"/> 8x12 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <small>(Specify)</small> <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER <small>(Specify)</small> 8x11 1/2			11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOH <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER			12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. ADDITIONAL SPECIFICATIONS (including distribution, punching, padding, location of staples, etc.) See attached Sheet			14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir, NREAD		
			15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
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19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY			

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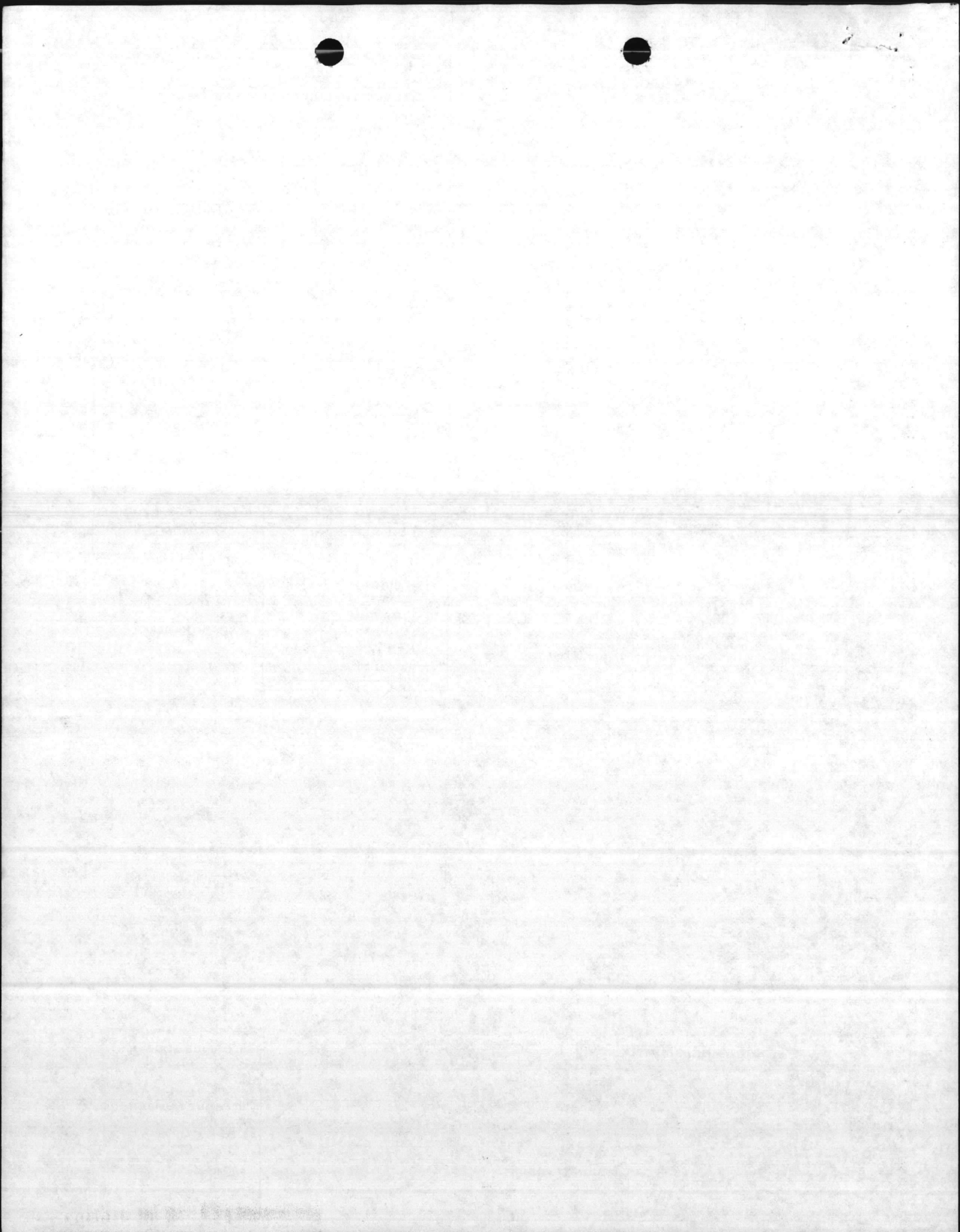
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S/N 0102-LF-000-8440



REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 August 1987	2. FORM NO. (If revision) MCBCL 113451/5
		3. DATE FORM REQUIRED ASAP	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)	
6. TITLE OF FORM Waste Treatment Analysis Worksheet		7. SUPERSEDED FORMS :	
8. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Log Daily Analysis of Wastewater Samples			
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY (7 days/week) <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input checked="" type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input checked="" type="checkbox"/> Both
	d. NO. OF COPIES PREPARED AT ONE WRITING 3		e. NUMBER OF USING ACTIVITIES 2
	f. ANNUAL USAGE 1000		h. MANHOURS REQUIRED TO COMPLETE 1 FORM 1
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 8 1/2" x 11"		e. NO. OF PAGES 1
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOLEN, GS-12, Director, NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



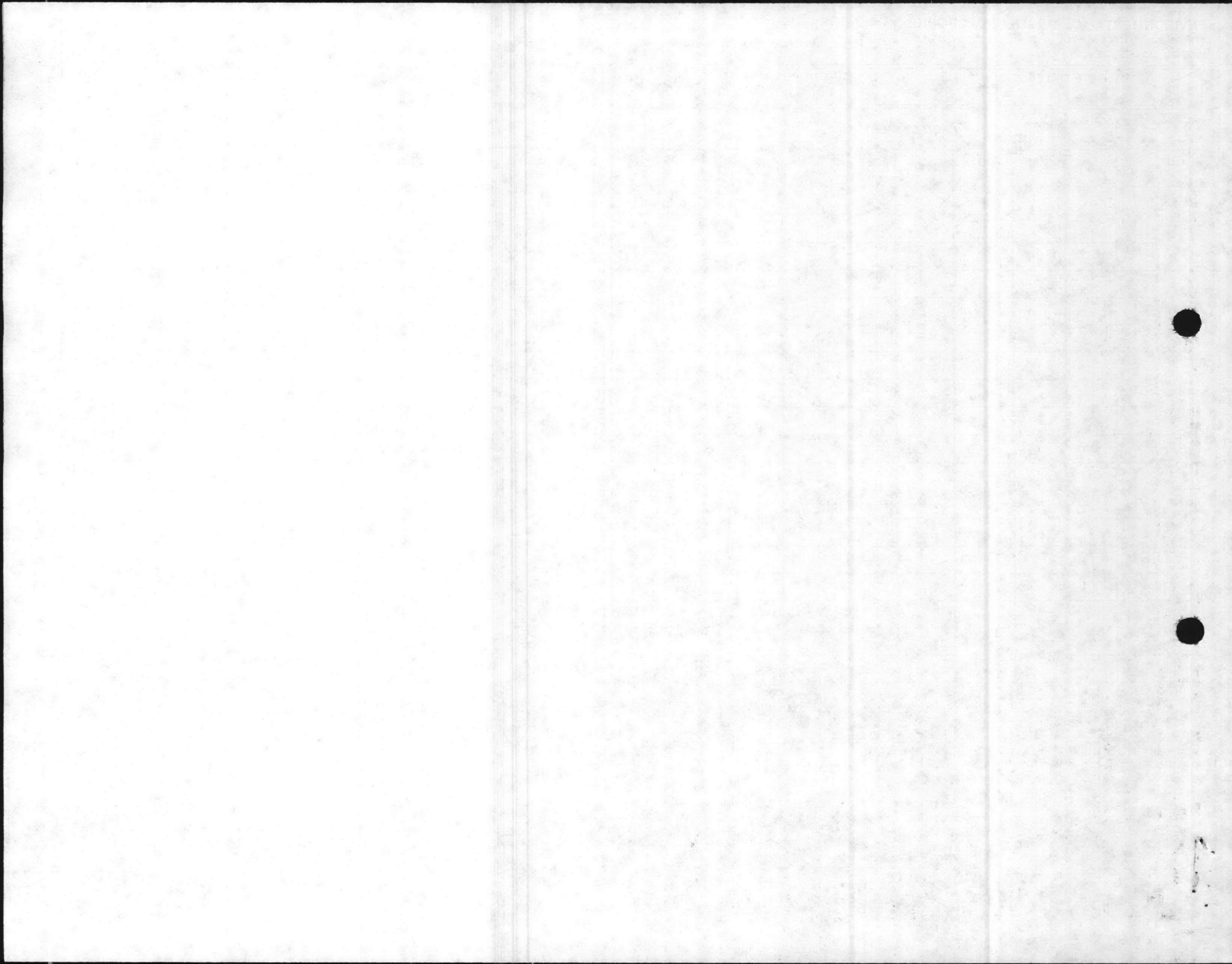
ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY
 WASTE TREATMENT ANALYSIS WORKSHEET
 MCBCL 11345/5 (REV. 7-87)

FILE: 6283/1

DATE COLLECTED		VERIFIED WINKLER				OVEN TEMP °		TIME		TIME									
		DO ₁ :	DO ₅ :	INITIAL:	FINAL:	IN:	OUT:	IN:	OUT:										
BOD ELEMENT 00310											SUSPENDED SOLIDS ELEMENT 00530						FECAL COLIFORM		CL ₂
PLANT	#	DIL	DO ₁	DO ₅	DEP	CORRECTED DEP	BOD mg/l	AVE. BOD	%	#	DISH & SOLID	DISH	SOLID	VOL	SOLIDS mg/l	%	DIL	MF/100 ML	
HP	R																		
	T																		
	T																		
TT	R																		
	T																		
	T																		
DUP	R																		
	T																		
	T																		
STD	6/10																		
BLK	A/B																		
INITIAL:		SEED COLLECTION FACTOR =				INITIAL:		FINAL:		INCUBATOR TEMP:									

PHONED INTO: _____ REMARKS _____
 TIME: _____
 DATE: _____
 BY: _____

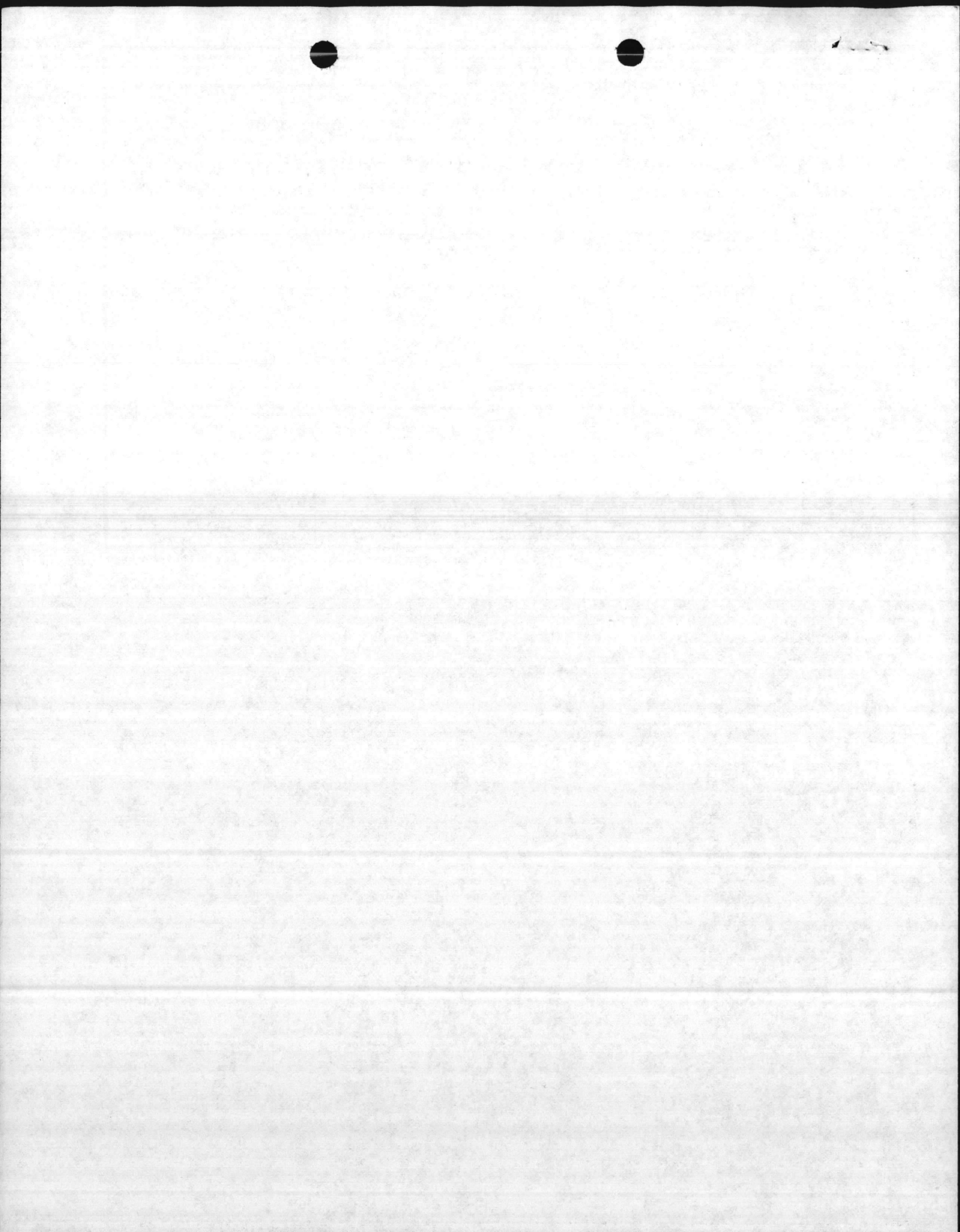
ALL DUPLICATES WILL BE AVERAGED TOGETHER AND REPORTED



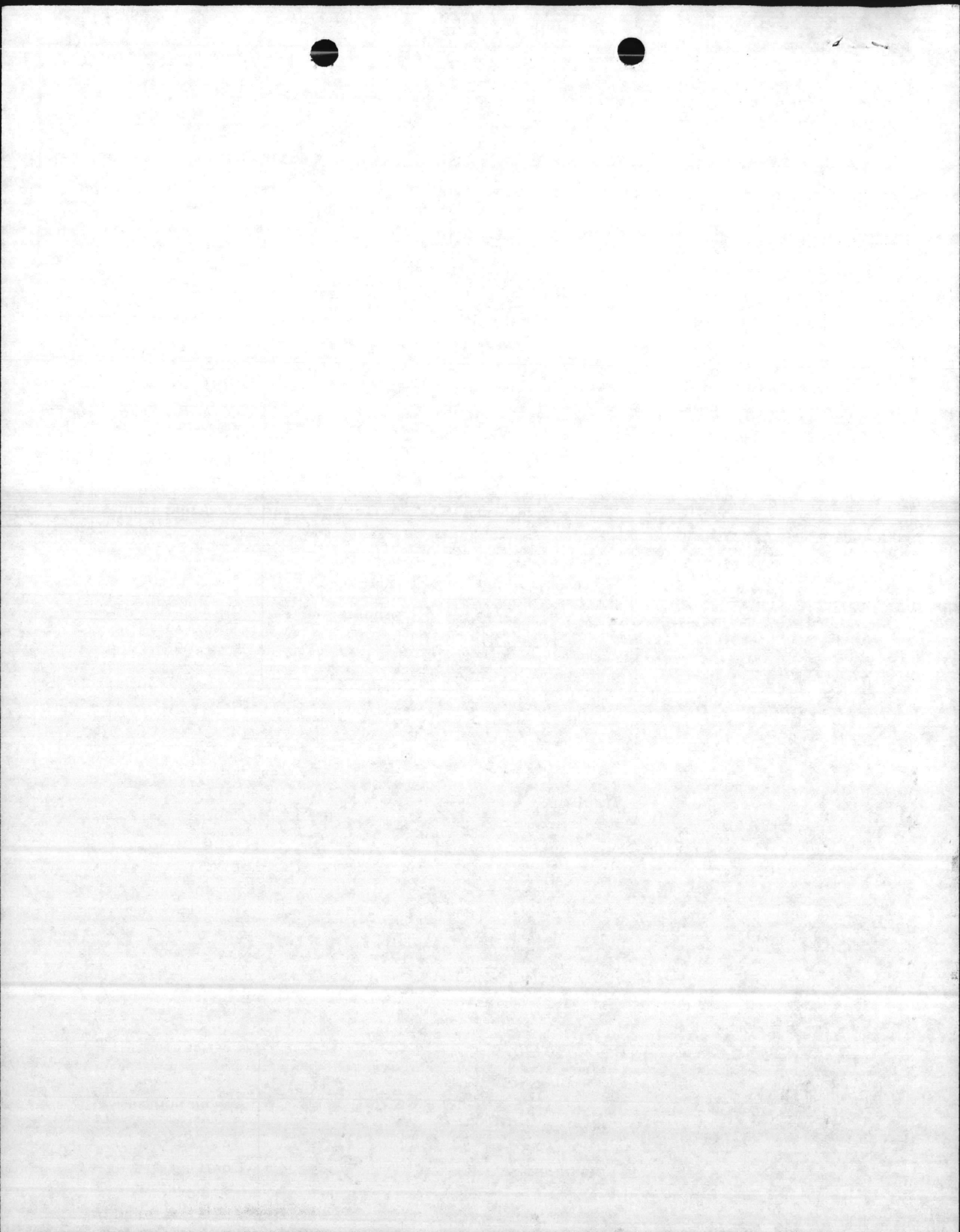
REQUISITION FOR LOCAL DUPLICATING SERVICE			DATE OF REQUEST 6 August 1987	DATE RECEIVED ASA	JOB NUMBER
TO: Base Printing Plant			FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195			3a DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Water Treatment Chemical Analysis Worksheet			b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO. COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMEO <input type="checkbox"/> OTHER <i>Specify</i>	7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER	8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY	
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> 8 x 10 1/2 <input type="checkbox"/> 8 x 12 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER 11" x 8 1/2" <i>(Specify)</i>			11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOH <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R	12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO	
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER			14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir NREAD		
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) See attached sheet			15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
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16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE	
19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY			

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REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 August 1987	2. FORM NO. (If revision)
		3. DATE FORM REQUIRED ASAP	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)	
6. TITLE OF FORM Water Treatment Chemical Analysis Worksheet		7. SUPERSEDED FORMS :	
8. RCS NO.	9. RELATED FORMS 11330/3	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Log Raw Data and Calculations on Chemical Analysis			
12. TYPE OF FORM	a. (Check all that apply) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input checked="" type="checkbox"/> HAND <input type="checkbox"/> _____
	d. NO. OF COPIES PREPARED AT ONE WRITING 2		e. NUMBER OF USING ACTIVITIES 1
	f. ANNUAL USAGE 1000		h. MANHOURS REQUIRED TO COMPLETE 1 FORM 2
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 11" x 8 1/4"		e. NO. OF PAGES 1
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOTEN, GS-12, Director, NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



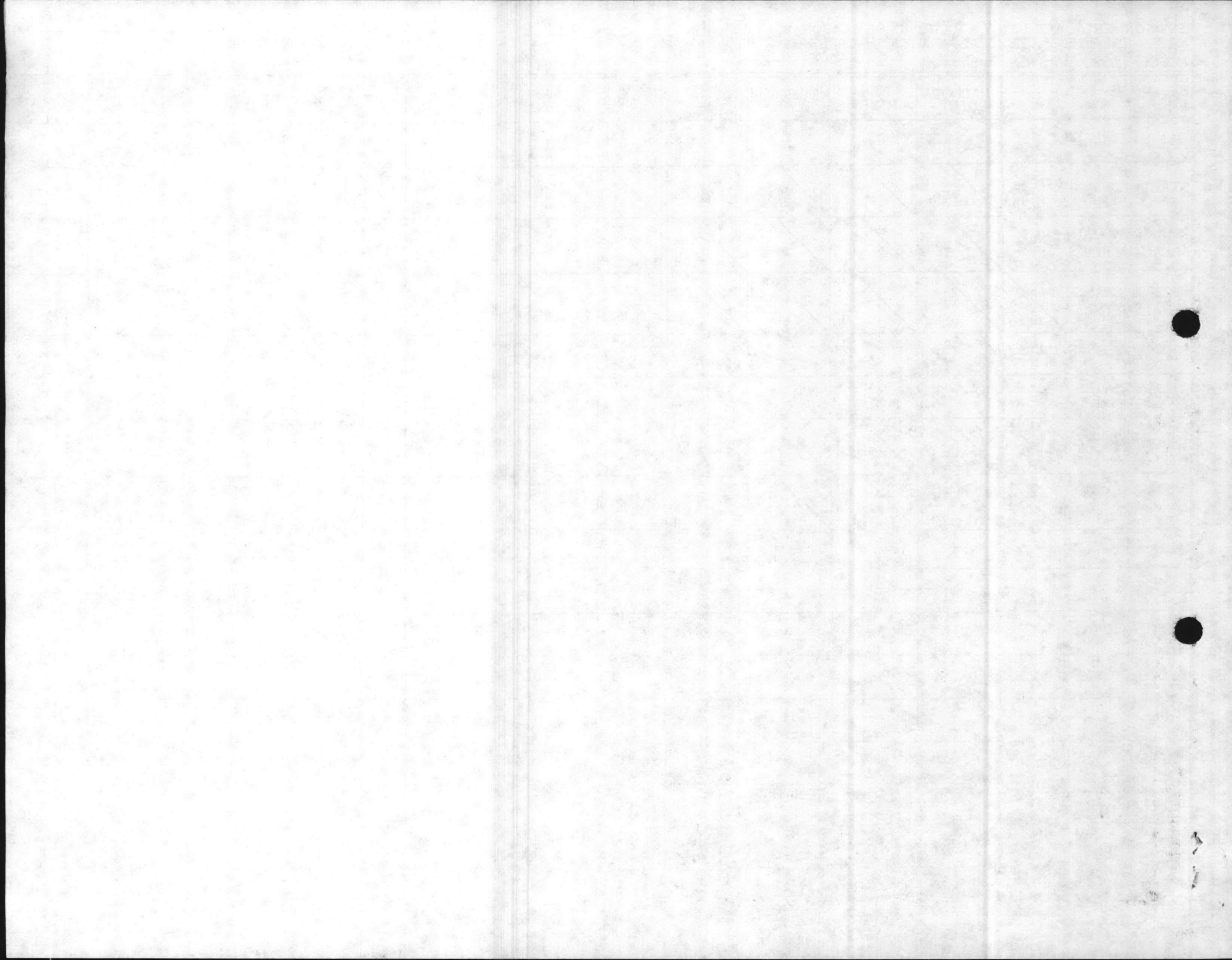
ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
 WATER TREATMENT CHEMICAL ANALYSIS WORKSHEET
 MCBCL 11330/3A (REV 7-87)

FILE 11332/1

DATE COLLECTED:

PARAMETER	HADNOT POINT	NEW RIVER	HOLCOMB BLVD	COURT HOUSE BAY	RIFLE RANGE	ONSLOW BEACH			QUALITY CONTROL	INITIALS
pH									METER:	
STABILITY	<i>pHs</i> <i>pH-pHs</i>	/	/	/	/	/	/	/	pH 4:	
PHENOLTHALEIN ALKALINITY	<i>mL</i> <i>mL x 20</i>	/	/	/	/	/	/	/	pH 9:	
METHYL ORANGE ALKALINITY	<i>mL</i> <i>mL x 20</i>	/	/	/	/	/	/	/	H ₂ SO ₄ DATE:	
CARBONATES AS CaCO ₃									PHENOL DATE:	
BICARBONATES AS CaCO ₃									BCMR DATE:	
CHLORIDES AS Cl	<i>mL</i> <i>mL x 20</i>	/	/	/	/	/	/	/	AgNO ₃ DATE:	
HARDNESS AS CaCO ₃	<i>mL</i> <i>mL x 20</i>	/	/	/	/	/	/	/	CHROMATE DATE:	
IRON AS Fe									EDTA DATE:	
FLUORIDE									BUFFER DATE:	
TURBIDITY									0.2 ppm:	
									0.5 ppm:	
CHLORINE RESIDUAL									0.1 ppm:	
									2.0 ppm:	
									WTP OPERATOR TOOK READING UPON COLLECTION	

REMARKS:

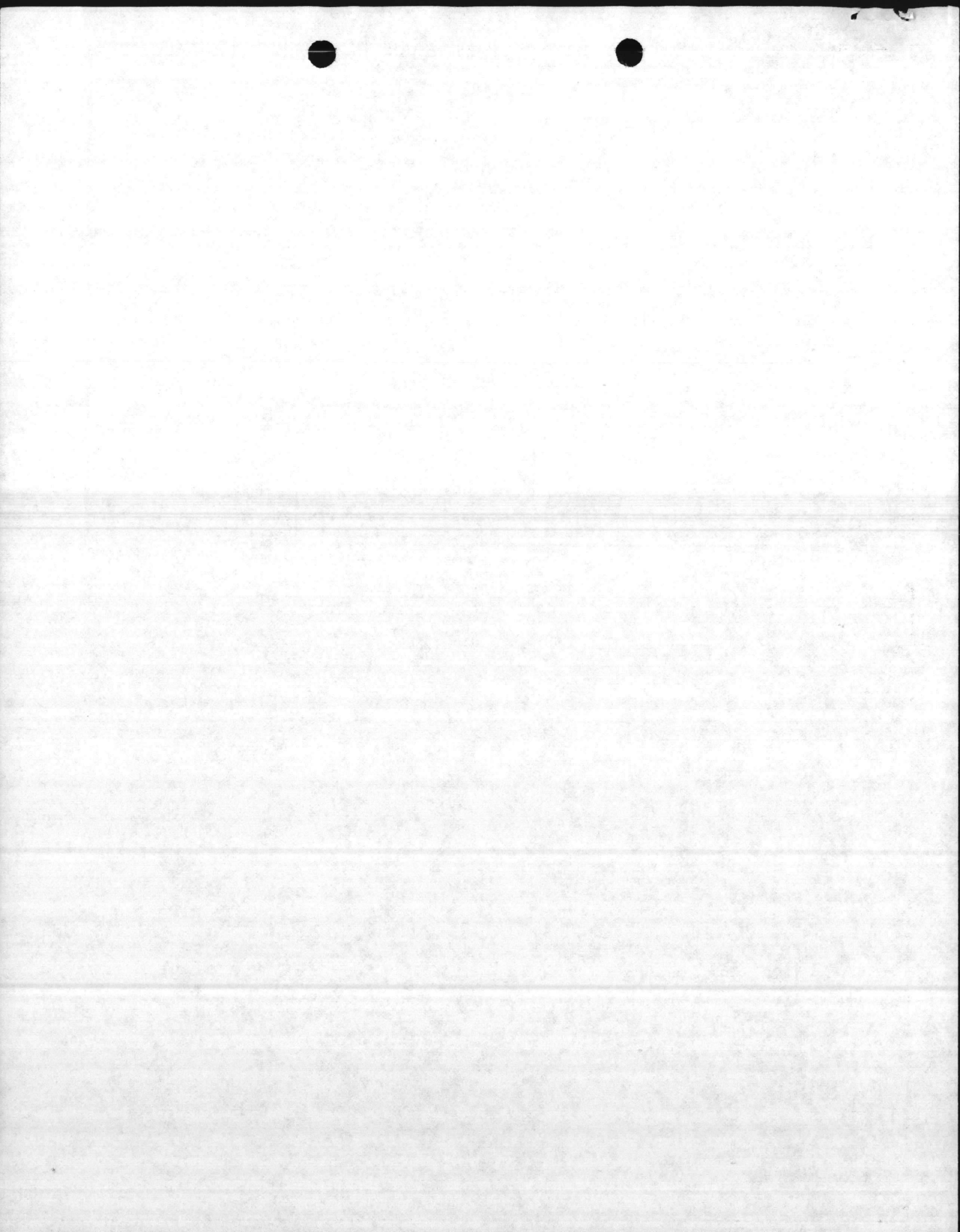


REQUISITION FOR LOCAL DUPLICATION SERVICE			DATE OF REQUEST 6 August 1987	DATE REQUIRED A.M.P.	JOB NUMBER
TO: Base Printing Plant			FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195			3a DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Miscellaneous Bacteriological Analysis of Water MCBCL 11330/8			b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMEO <input type="checkbox"/> OTHER <i>Specify</i>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER	8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> 8 x 10 1/2 <input type="checkbox"/> 8 x 12 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER <i>(Specify)</i> <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER 8 1/2" x 11" <i>(Specify)</i>			11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> H TO H <input type="checkbox"/> H TO F <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER			14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir, NREAD		
13. ADDITIONAL SPECIFICATIONS (including distribution, punching, padding, location of staples, etc.) See attached Sheet			15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY					
16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE	
19. NO OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY			

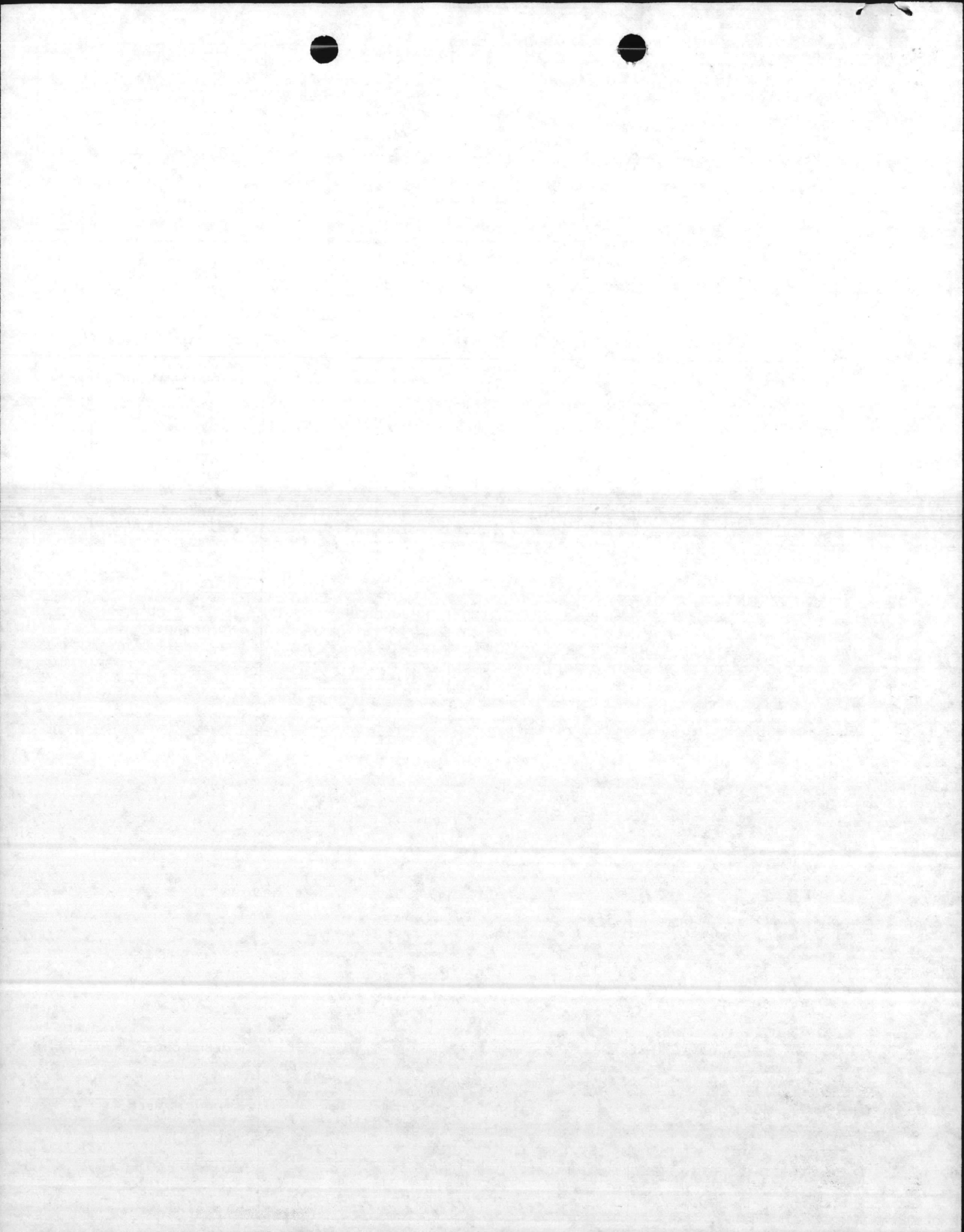
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S/N 0102-LF-000-8440



REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 August 1987	2. FORM NO. (If revision) MCBCL 11330/8
		3. DATE FORM REQUIRED	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)	
6. TITLE OF FORM Miscellaneous Bacteriological Analysis of Water		7. SUPERSEDED FORMS	
8. RCS NO.	9. RELATED FORMS	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Report Miscellaneous Bacteria Data			
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input type="checkbox"/> DAILY <input checked="" type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input checked="" type="checkbox"/> HAND <input type="checkbox"/> _____
	d. NO. OF COPIES PREPARED AT ONE WRITING 5		e. NUMBER OF USING ACTIVITIES 4
	f. ANNUAL USAGE 1000		h. MANHOURS REQUIRED TO COMPLETE 1 FORM 0.5
	g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 8 1/2" x 11"		e. NO. OF PAGES 1
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J.I. WOOTEN, GS-12 Director, NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
MISCELLANEOUS BACTERIOLOGICAL ANALYSIS OF WATER
 MCBCL 11330/8 (REV. 7-87)

FILE:

WATER TYPE	SAMPLE COLLECTED BY	DATE COLLECTED
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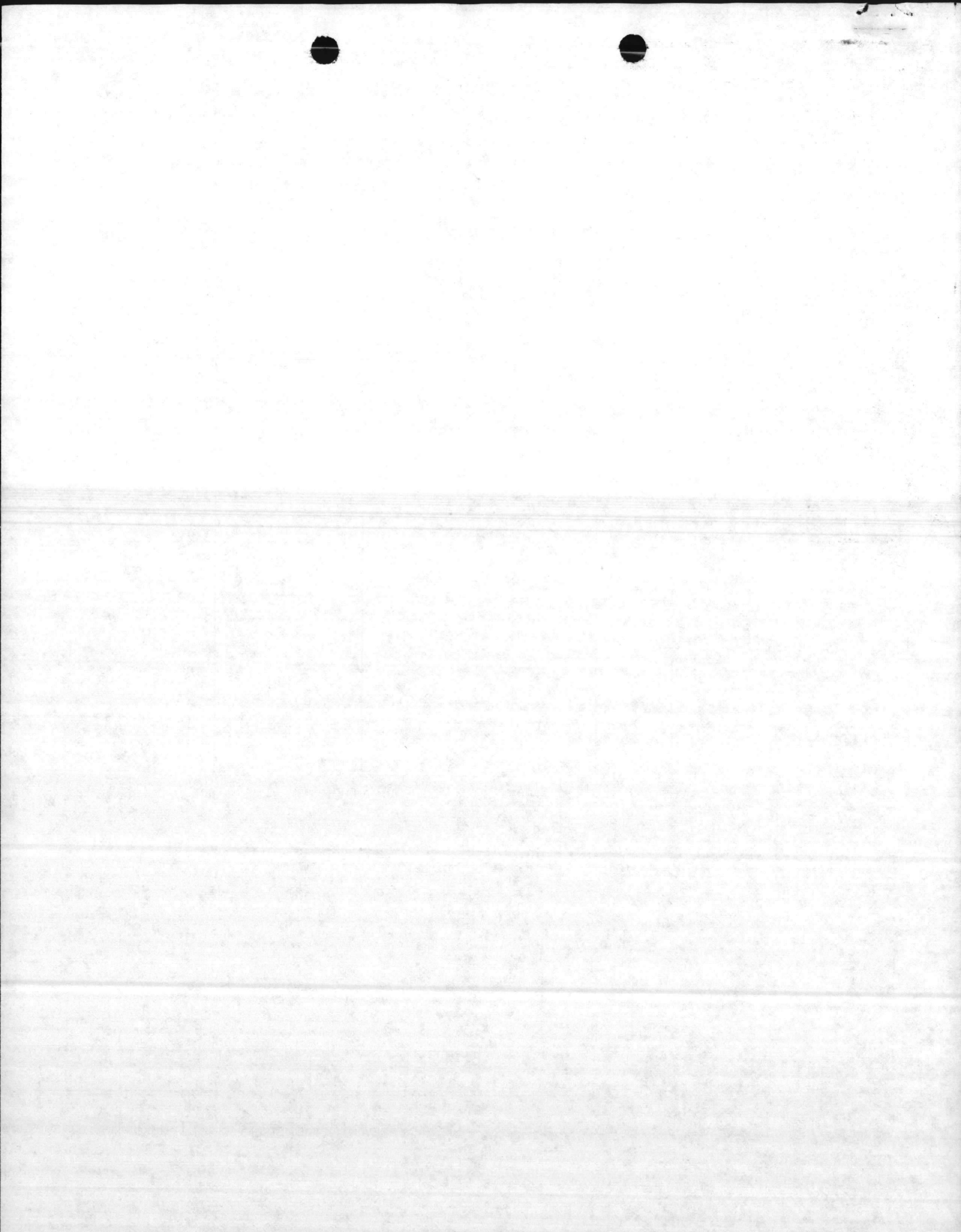
LOCATION	CL ₂	TIME	COLIFORM		
			TOTAL	FECAL	

	DATE	TIME	INITIALS	COLIFORM ANALYSIS BY: MF MPN
SAMPLES RECEIVED				DILUTIONS
SAMPLES ANALYZED				
REMARKS				

SIGNATURE	DATE
-----------	------

COPY TO

<input type="checkbox"/> LAB/FILE	<input type="checkbox"/> NREAD	<input type="checkbox"/> BASE PREVENTIVE MEDICINE	<input type="checkbox"/> MCAS PMU
<input type="checkbox"/> UTILITIES DIRECTOR		<input type="checkbox"/> _____	
<input type="checkbox"/> WATER/WASTEWATER (GENERAL FOREMAN)		<input type="checkbox"/> _____	



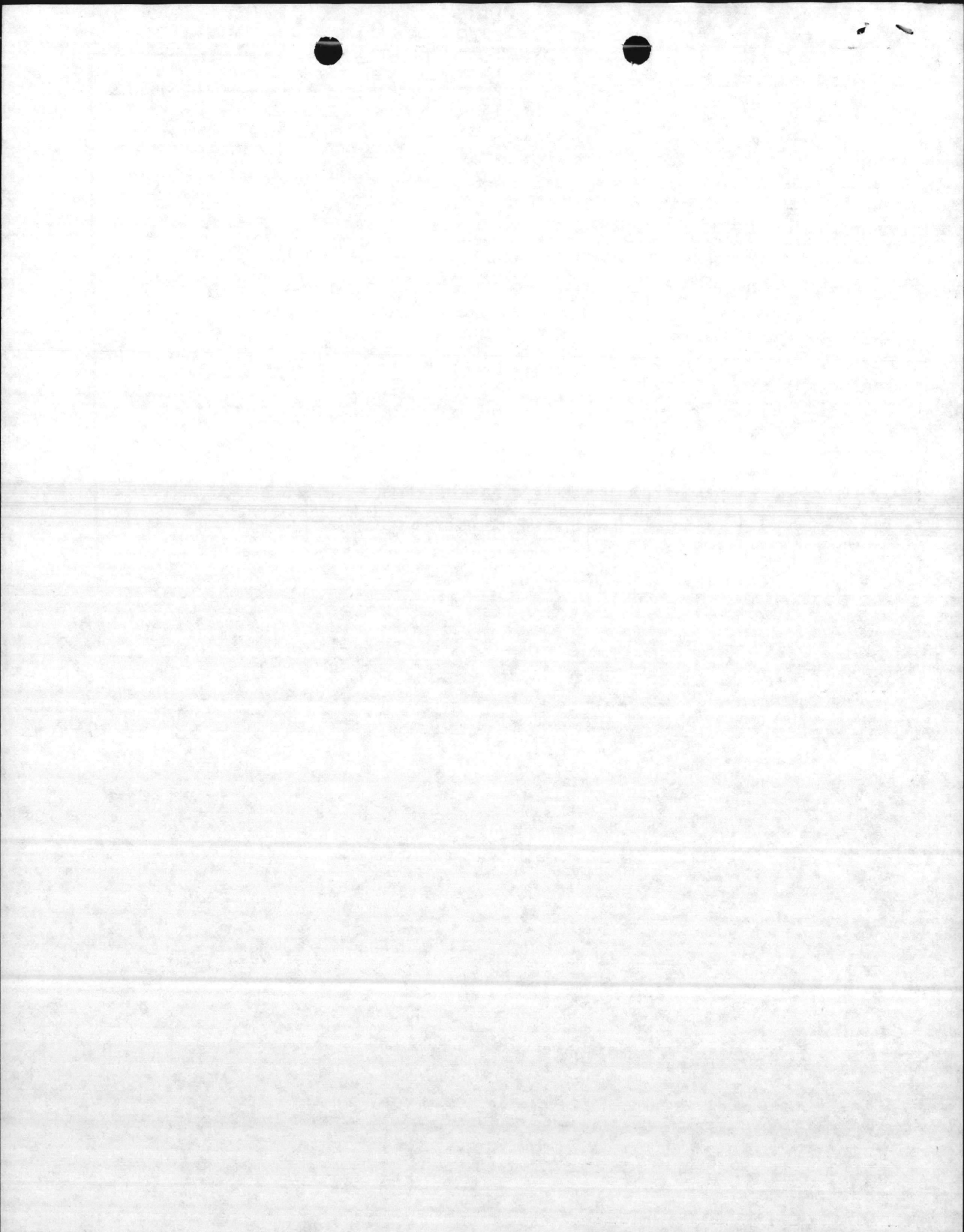
REQUISITION FOR LOCAL DUPLICATING SERVICE			DATE OF REQUEST 6 August 1987	DATE REQUIRED ASAP	JOB NUMBER
TO: Base Printing Plant			FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195			3a. DELIVERTO NREAD		
2. DESCRIPTION (Title, form number, etc.) Bacteriological Analysis Of Wells & Pools			b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO. COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> Mimeo <input type="checkbox"/> OTHER (Specify)		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER	8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> 8 x 10 1/4 <input type="checkbox"/> 8 x 12 1/4 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER (Specify) 8 1/2" x 5 1/2"			11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> HTOH <input type="checkbox"/> HTOF <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER			14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir, NREAD		
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) See attached Sheet			15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY					
16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE	
19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY			

DD FORM 1 OCT 78 844

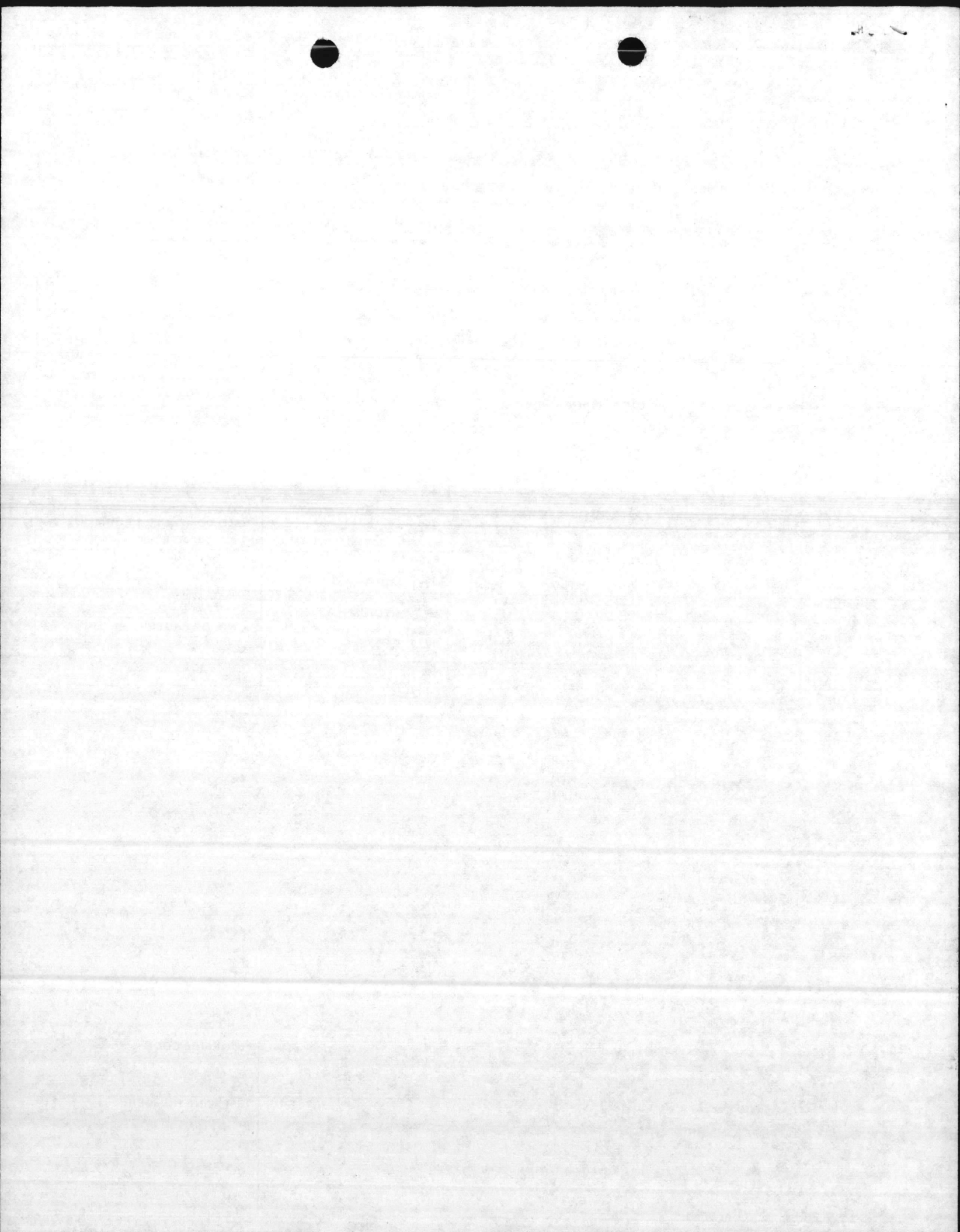
PREVIOUS EDITION WILL BE USED

★ U.S. Government Printing Office: 1982-605-106/8414 2-1

S/N 0102-LF-000-8440



REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 Aug 1987	2. FORM NO. (If revision) MCBCL 11330/4 (A)
		3. DATE FORM REQUIRED ASAP	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.			
6. TITLE OF FORM Bacteriological Analysis of Wells & Pools		5. REQUIRING DIRECTIVE (Attach copy)	
8. RCS NO.	9. RELATED FORMS MCBCL 11330/4	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Report Bacteria Data on Wells & Pools			
12. TYPE OF FORM	a. (Check all that apply) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> REVISED <input type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input type="checkbox"/> HAND <input checked="" type="checkbox"/> Both
	d. NO. OF COPIES PREPARED AT ONE WRITING 5		e. NUMBER OF USING ACTIVITIES 4
	f. ANNUAL USAGE 1000		h. MANHOURS REQUIRED TO COMPLETE 1 FORM 0.5
	g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 5 1/2" x 8 1/2"		e. NO. OF PAGES 1
15. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOTEN, GS-12, Director, NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



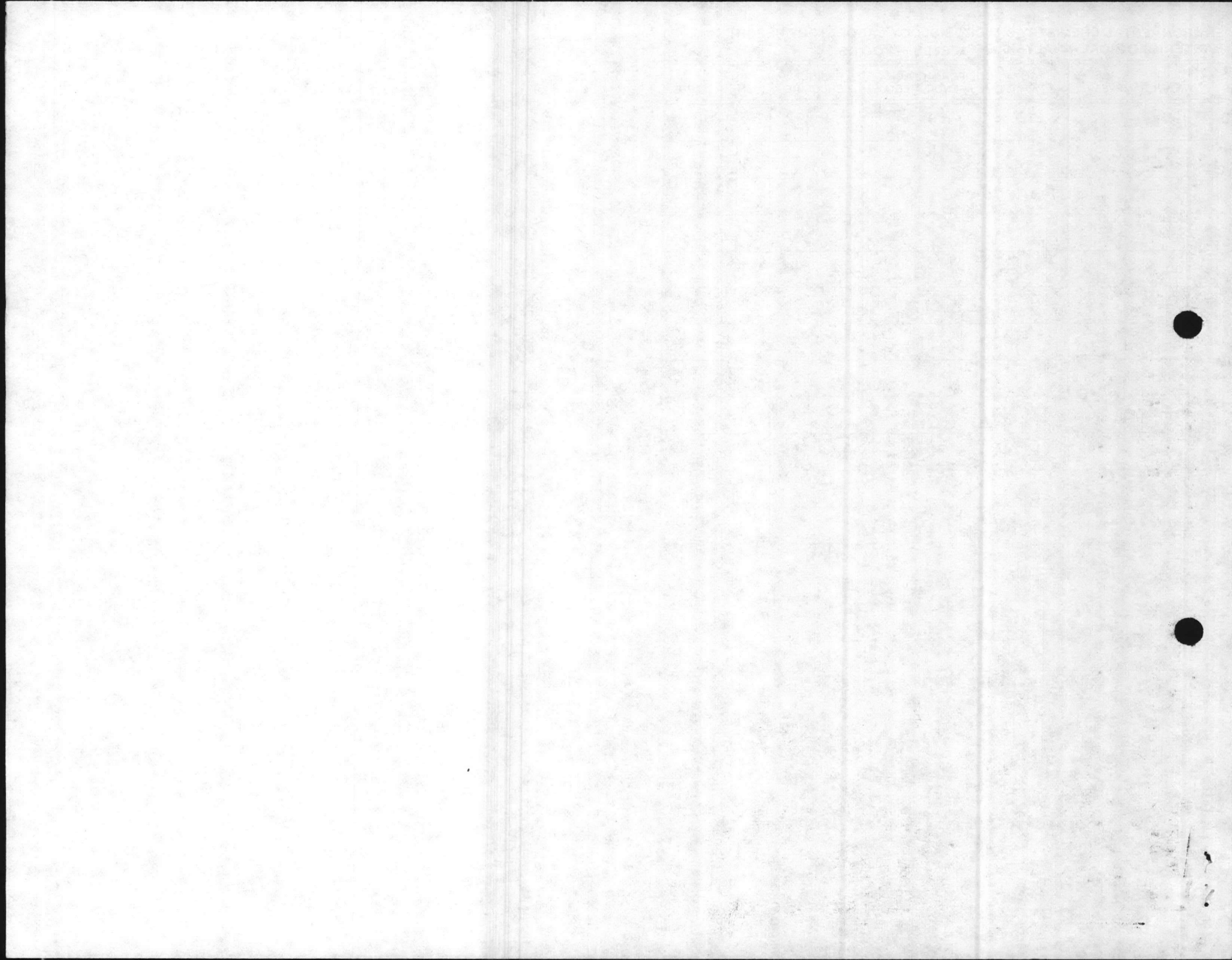
**ENVIRONMENTAL CHEMISTRY & MICROBIOLOGY LABORATORY REPORT
BACTERIOLOGICAL ANALYSIS OF WELLS + POOLS**

WATER SAMPLES	TOTAL COLIFORM COUNT MF/100 ML M-ENDO MEDIA	RESIDUAL CHLORINE	pH	TIME
BB-97				
SH-8				
TT POOL				
M.P. POOL				
#2 POOL				
#5 POOL				
P. P. POOL				
P. P. BABY POOL				
MCAS E-POOL				
MCAS O-POOL				
MCAS BABY POOL				

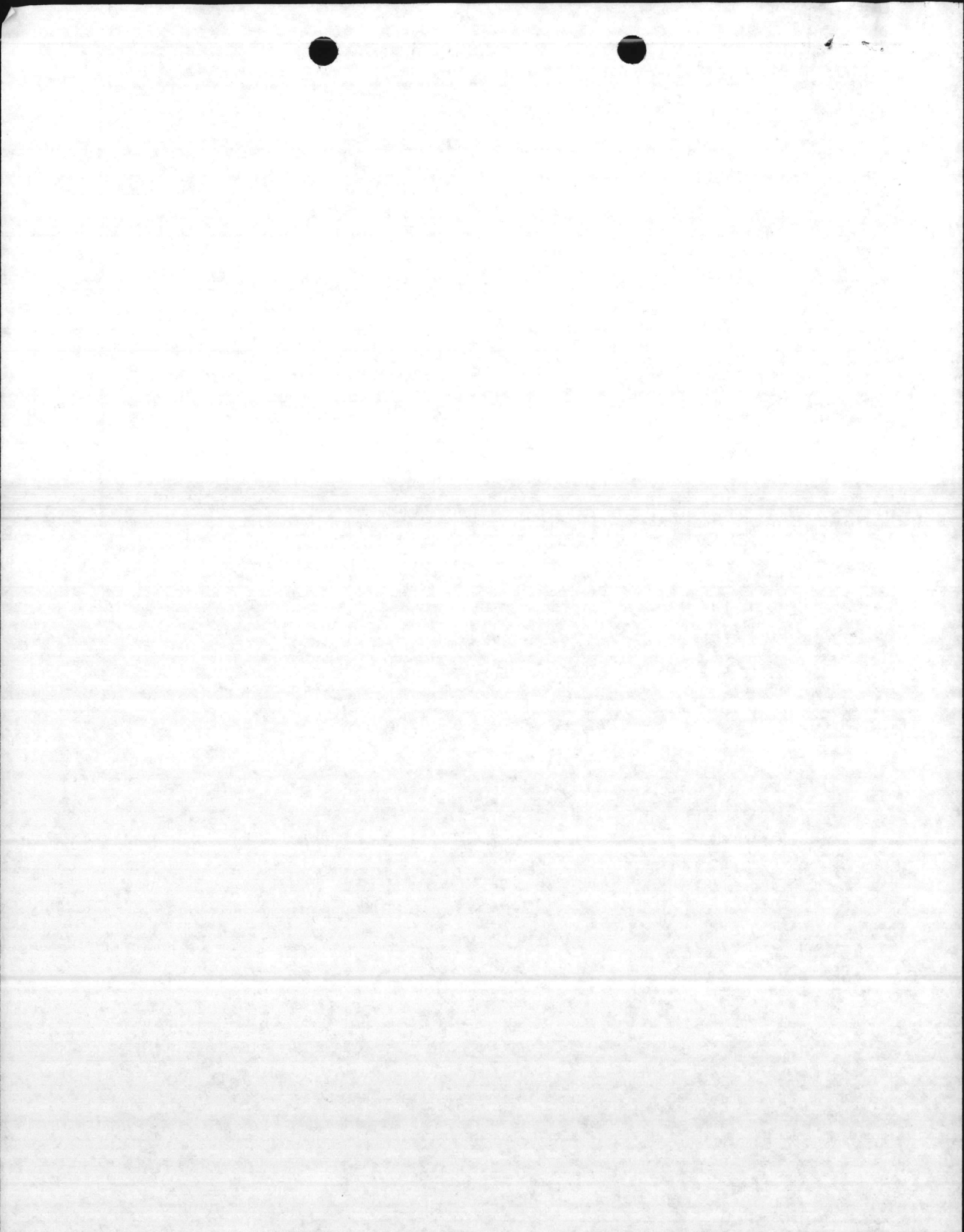
LABORATORY DATA

DATE COLLECTED	DATE ANALYZED	COPY TO: <input type="checkbox"/> UTIL DIR <input type="checkbox"/> WATER TREATMENT <input type="checkbox"/> PMU <input type="checkbox"/> MCAS PMU <input type="checkbox"/> NREAD <input type="checkbox"/> FILE <input type="checkbox"/> _____
COLLECTED BY	ANALYSIS STARTED	
TIME RECEIVED	ANALYSIS FINISHED	
DATE RECEIVED	INCUBATOR TEMP	
ACCEPTED BY	PROCESSED BY	
SIGNATURE		

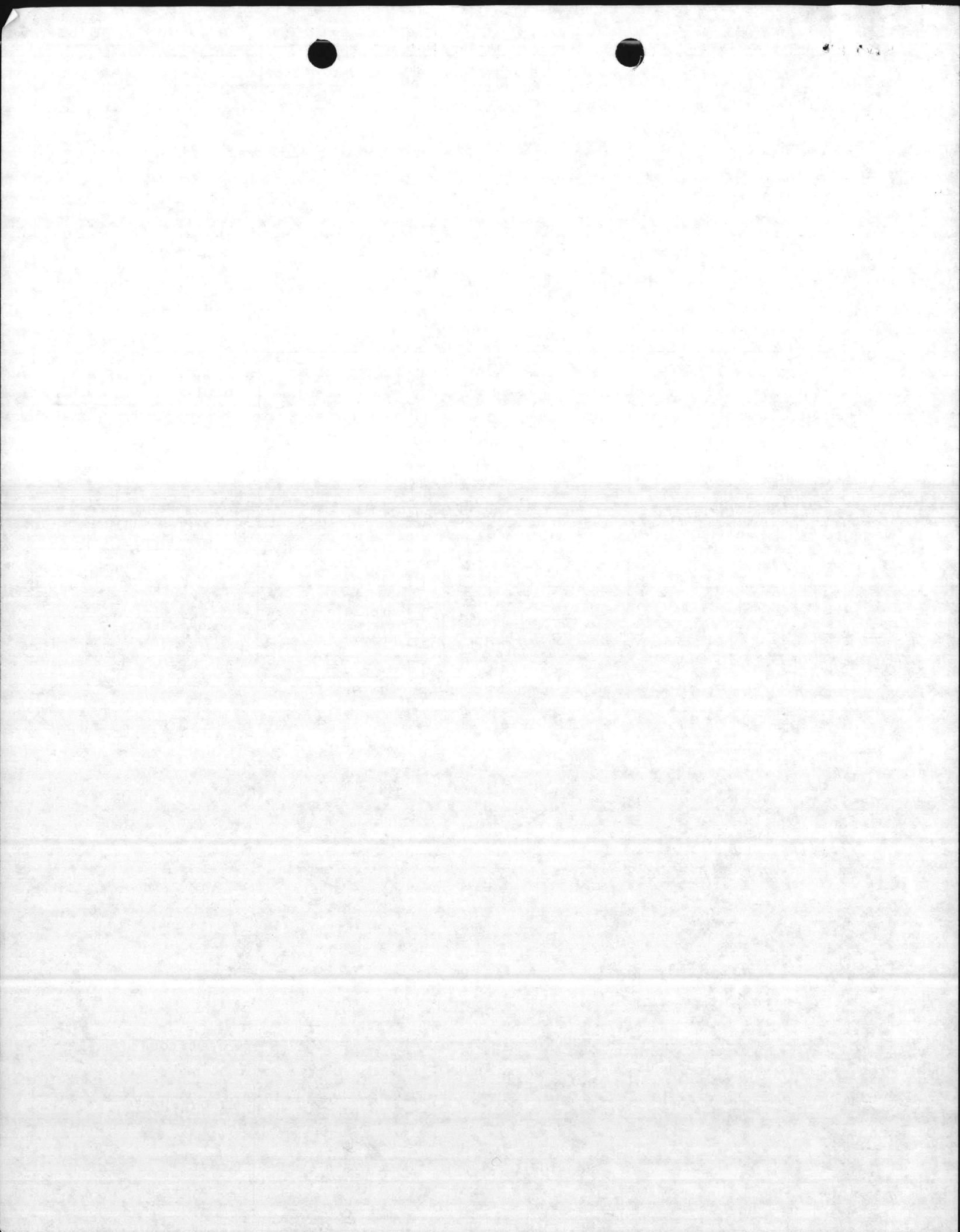
REMARKS



REQUISITION FOR LOCAL DUPLICATION SERVICE			DATE OF REQUEST 6 August 1987	DATE REQUIRED ASAP	JOB NUMBER
TO: Base Printing Plant			FROM: (Organization and room number) Dir, Natural Resources Division (NREAD)		
1. FOR REFERENCE CONSULT (Name and Phone No.) Twylah Hardison, x2195			3a. DELIVER TO NREAD		
2. DESCRIPTION (Title, form number, etc.) Bacteriological Analysis of Ice Machines			b. NAME AND PHONE NUMBER OF PERSON TO CALL IF TO BE PICKED UP Twylah Hardison, x2195		
4. NO. OF ORIGINALS 1	5. NO. COPIES EACH 1000	6. TYPE OF REPRODUCTION <input checked="" type="checkbox"/> OFF-SET <input type="checkbox"/> MIMEO <input type="checkbox"/> OTHER <i>Specify</i>		7. SECURITY CLASSIFICATION <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> OTHER	
9. PAPER SPECIFICATIONS <input type="checkbox"/> OFFSET DUPLICATION <input type="checkbox"/> SPIRIT DUPLICATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> 8 x 10 1/2 <input type="checkbox"/> 8 x 12 1/2 <input type="checkbox"/> 8 1/2 x 14 <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> OTHER 8 1/2" x 11" (Specify)			11. PRINT <input type="checkbox"/> 1 SIDE <input type="checkbox"/> H TO H <input type="checkbox"/> H TO F <input type="checkbox"/> HEAD TO <input type="checkbox"/> L <input type="checkbox"/> R		8. DISPOSITION OF ORIGINALS <input type="checkbox"/> RETURN <input type="checkbox"/> DESTROY
10. COLOR INK <input type="checkbox"/> BLACK <input type="checkbox"/> OTHER			12. COLLATE <input type="checkbox"/> YES <input type="checkbox"/> NO STAPLE <input type="checkbox"/> YES <input type="checkbox"/> NO		
13. ADDITIONAL SPECIFICATIONS (Including distribution, punching, padding, location of staples, etc.) See attached Sheet			14. SIGNATURE OF REQUESTER (This requisition contains no copyrighted material other than that indicated on attached copy right release) J. I. WOOTEN, Dir, NREAD		
			15. SIGNATURE OF APPROVING OFFICIAL J. I. WOOTEN, Dir, NREAD		
FOR REPRODUCTION UNIT USE ONLY					
16. DATE RECEIVED	17. PRIORITY	18. OPERATOR		22. DATE REQUESTER NOTIFIED JOB IS COMPLETE	
19. NO. OF COPIES RE-PRODUCED	20. DATE DELIVERED	21. JOB RECEIVED BY			



REQUEST FOR NEW OR REVISED FORM OPNAV 5213/19 (REV. 7-81) S/N-0107-LF-052-1397		1. DATE OF REQUEST 6 August 1987	2. FORM NO. (If revision)
		3. DATE FORM REQUIRED ASAP	4. SSIC
Complete all applicable items. Facts not known at time of request should be submitted as soon as available.		5. REQUIRING DIRECTIVE (Attach copy)	
6. TITLE OF FORM Bacteriological Analysis of Ice Machines		7. SUPERSEDED FORMS	
8. RCS NO.	9. RELATED FORMS MCBCL 11330/8	10. IS PRIVACY ACT STATEMENT REQUIRED ON FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. PURPOSE OF FORM To Report Bacteria Data on Ice Machines			
12. TYPE OF FORM	a. (Check all that apply) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISED <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> ONE-TIME <input type="checkbox"/> TEST <input type="checkbox"/> PUBLIC USE		
13. FORM USAGE	a. FREQUENCY OF USE <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SITUATIONAL	b. FORM COMPLETED BY <input type="checkbox"/> SYSCOMS/BUREAUS AND OFFICES <input checked="" type="checkbox"/> ASHORE <input type="checkbox"/> AFLOAT	c. HOW WILL DATA BE FILLED IN? <input type="checkbox"/> TYPEWRITER <input checked="" type="checkbox"/> HAND <input type="checkbox"/> _____
	d. NO. OF COPIES PREPARED AT ONE WRITING 3 e. NUMBER OF USING ACTIVITIES 3 f. ANNUAL USAGE 1000		g. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO h. MANHOURS REQUIRED TO COMPLETE 1 FORM 0.5
14. FORM SPECIFICATIONS	a. COLOR PAPER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> _____ <i>(If multi-part, list by copy no. and color in "remarks")</i>	b. COLOR INK <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> _____ <i>(Other than black must be justified in "remarks")</i>	c. FORM HANDLING <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> _____
	d. SIZE (List width first) 8 1/2" x 11"		e. NO. OF PAGES
16. REMARKS			
16. ORIGINATOR	a. NAME, RANK AND TITLE J. I. WOOTEN, GS-12, Director, NREAD		b. OFFICE CODE
	c. SIGNATURE		d. PHONE NUMBER x2083
17. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE	c. DATE



ENVIRONMENTAL CHEMISTRY MICROBIOLOGY LABORATORY REPORT
 BACTERIOLOGICAL ANALYSIS OF ICE MACHINES
 MCBCL 11330/8A (REV. 1-87)

File:11331/3

WATER TYPE ICE SAMPLES	SAMPLE COLLECTED BY	DATE COLLECTED
---------------------------	---------------------	----------------

DIRECTIONS: (1) Prepare form in triplicate. (2) Use sample # off sample jar for Column #1. (3) Fill in Bldg # and circle machine type. (4) Log in Serial #. (5) Log in time of collection. (6) Under Column #7 indicate if this is a resample or a sample of the water source (not ice).

SAMPLE #	LOCATION	SERIAL #	TIME	COLIFORM		
				TOTAL	FECAL	
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
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	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					
	BLDG #: MAKER / DISPENSER					

SAMPLES RECEIVED	DATE	TIME	INITIALS	COLIFORM ANALYSIS BY: MF MPN
				DILUTIONS
SAMPLES ANALYZED				

REMARKS

SIGNATURE _____ DATE _____

- COPY TO
- LAB/FILE
 - UTILITIES DIRECTOR
 - WATER/WASTEWATER (GENERAL FOREMAN)
 - NREAD
 - BASE PREVENTIVE MEDICINE
 - MCAS PMU

