Bell Helicopter TEXTRON
Division of Textron Inc

INTER-OFFICE MEMO

PLAINTIFF'S EXHIBIT
BELL-15

October 17, 1979
12-IMG:hb-357

MEMO TO: Mr. J. A. Moriarty, Jr.

SUBJECT: OSHA Inspections - Plant 1 & Plant 2, October 3-5, 1979

Attached is the scenario relative to our OSHA inspection of the potable water supply at Plant 2 and the pressure paint pot and large degreaser at Plant 1.

We will have to await their results of sampling to see if a citation will be forthcoming, this may take as long as four to six weeks. Results of our samples is indicitave that we are well within the limits of OSHA standards.

I. Mike Gross
Chief, Industrial
Safety & Hygiene

Atch 4

Bell Helicopter TEXTRON
Division of Textron Inc

INTER-OFFICE MEMO

October 12, 1979
12-NB:hb-356

MEMO TO: Mr. I. Mike Gross

SUBJECT: OSHA Inspections

At 11:10 a.m. on October 3, 1979, Mr. Paul Vogelgesang, OSHA Industrial Hygienist, and Mr. James Webster, OSHA Compliance Officer, arrived at Bell Helicopter and presented three written complaints to Messrs. Moriarty, Lewis and Blatnick. The first complaint concerned an accident involving a pressure paint pot, Dept. 55. The second concerned the large degreaser just north of Dept. 51 and the dust in Dept. 40-6, Bldg. 21. These complaints concerned Plant 1, while the third complaint concerned the potable water supply at Plant 2. Mr. Webster departed and did not participate in the inspection. Mr. Vogelgesang inspected our OSHA record keeping. The union was represented during all his inspections.

B. Lewis and N. Blatnick escorted Mr. Vogelgesang to the paint mix room, Dept. 55, where Mr. Vogelgesang questioned the employee involved. The employee admitted that he had forgotten to relieve pressure from the pot before he loosened the air hose disconnect. He said the paint came out of the connection and hit him in the face. The worker has many years of experience in this position. Afterwards Mr. Vogelgesang told us that since this was an isolated incident involving employee error with no resulting serious injury, that he would consider this complaint closed.

Mr. Vogelgesang was escorted to the degreaser in Dept. 51. The degreaser is in the state of being dismantled and has been shut down for about three months. Mr. Vogelgesang took pictures and said that if we could document exposure levels, that he could close out that part of the complaint.

Next we went to Dept. 40-6, where Mr. Vogelgesang inspected the general area, the plaster mix room,and the dust room and questioned several employees. He commented that he felt he could close the complaint if we provided documented dust exposures. He was escorted from the plant at about 3:45 p.m.

N. Blatnick and J. Tiner, Dept. 36, met Mr. Vogelgesang at Plant 2 at 10:00 a.m. on October 4, 1979. We examined the water records at the pump station and Mr. Vogelgesang recorded inspection dates and when the system was changed over to city of Saginaw water. Both Messrs Vogelgesang and Tiner took water samples from the cafeteria. We met Mr. Jodray who later measured the chlorine

residual of the water with Mr. Tiner. Mr. Vogelgesang and N. Blatnick left Plant 2 at about 11:15 a.m. At this time Mr. Vogelgesang said that he would return on Friday to run an asbestos sample in Dept. 40-6, Plant 1, after discussing the presence of asbestos with his supervisor.

At about 8:15 a.m. on October 5, 1979, Mr. Vogelgesang and N. Blatnick met and went to Dept. 40-6. Sampling was performed on two employees sanding on small areas of EA 934, an epoxy material containing asbestos. The two personal samples lasted about 30 minutes and 77 minutes, respectively, while an area sample for 95 minutes was taken for our documentation. Mr. Vogelgesang made a request for the following documents.

A) Sampling on
   1) Degreasers - perchloroethylene
   2) Asbestos - dust room
   3) Total Dust - dust room and plaster room
   4) Water report from city of Fort Worth on Plant 2 complaint.
B) Written respirator program
C) Written emergency procedure for degreasers and clean out procedure.

He said he would contact us on October 9, 1979, to set a time for his exit interview. He was escorted from the plant at about 11:45 a.m. On October 9, 1979, Mr. Vogelgesang called to confirm the exit interview at 10:00 a.m. on October 11, 1979. At this time he said they would notify the union of the exit interview date.

At 10:00 a.m. on October 11, 1979, Messrs. Vogelgesang and Dean McDaniel, OSHA Industrial Hygiene supervisor, met with Messrs. Moriarty, Lewis and Blatnick for the exit interview. They reviewed the complaints, their sampling and how it will be used, compliance steps needed for the different concentrations of asbestos if found in Dept. 40-6 and conclusions for the complaints concerning the pressure paint pots and the degreaser. They said they were waiting on their water analysis. We gave them the requested documents, except for the water report that we did not have. We recommended that they obtain the water analysis from the city of Fort Worth. They were escorted to Mr. Bill Carter, Union Safety, for their exit interview. After this, N. Blatnick escorted them from the premises at about 11:30 a.m.

Neil Blatnick
Industrial Hygienist

INTER-OFFICE MEMO

October 12, 1979
12-NB:hb-356

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SUBJECT: OSHA Inspections

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Neil Blatnick
Industrial Hygienist

[redacted]

TARRANT COUNTY HEALTH DEPARTMENT
1800 University Drive
Fort Worth, Texas 76107
PH# 335-8551

TRANSMITTAL SLIP DATE: 10-15-79

TO: Paul Vogelsang, US Dept. of Labor, OSHA
4900 Hemphill Ave, Bldg 24, FW, Tx 76115

FROM: John L. Graham, R.S.
TCHD-1800 University Dr, F.W.

- ☐ Note and file
- ☐ Note and return
- ☐ Note and see me
- ☐ Return with more details
- ☐ For your review and approval
- ☐ For your review and comment
- ☑ As requested
- ☐ For your information
- ☐ Take appropriate action
- ☐ Investigate and report
- ☐ Please answer
- ☐ Prepare reply for signature of:

COMMENTS

Our antiquated reproduction equipment is an embarrassment over which we have no control —

H-9 GPC-1001

[redacted]

over

4:10

17277 OCT 10 1979 OCT 11 1979

City of Saginaw — Tarrant
Name of Water System — County

Cafeteria — J.C.P. — 10-10-79 — 3:00 AM
Point — Collected by — Date (Mo., Day, Yr.) — Time

NAME Bell Helicopter Textron

STREET Watauga-Smithfield Rd.

CITY Saginaw TEXAS (Zip Code)

Water System Identification Number

☐ ALTERNATE TEST

TYPE OF SYSTEM — ☒ [illegible] ☐ [illegible] ☐ [illegible] ☐ Bottled Water ☐ School ☐ Swimming Pool

Ownership or other information:

SAMPLE IS (Public Systems Only): ☐ Distribution ☐ Raw ☐ Check ☐ Construction ☒ Special

WATER SOURCE: ☐ River ☐ Lake ☐ Well — Well depth — Chlorine residual

☐ Preliminary Report ☑ Final Report — Lab. Ident. No. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml
MF Coliform Count (verified) /100 ml

Coliform Organisms ☐ Found ☑ Not Found

Unsuitable for analysis:

☐ Form incomplete (See starred item)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis (100 ml minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Water System Identification Number when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by [signature]

4:05

17276 OCT 10 1979 OCT 11 1979

City of Saginaw — Tarrant
Name of Water System — County

out door hydrant near Water tower — J.C.B. — 10-10-79 — 3:00 AM
Point — Collected by — Date (Mo., Day, Yr.) — Time

NAME Bell Helicopter Textron (Hold for TCH)

STREET Watauga-Smithfield Rd.

CITY Saginaw TEXAS (Zip Code)

Water System Identification Number

☐ ALTERNATE TEST

TYPE OF SYSTEM — ☒ Public ☐ [illegible] ☐ Individual ☐ Bottled Water ☐ School ☐ Swimming Pool

Ownership or other information:

SAMPLE IS (Public Systems Only): ☐ Distribution ☐ Raw ☐ Check ☐ Construction ☒ Special

WATER SOURCE: ☐ River ☐ Lake ☐ Well — Well depth — Chlorine

☐ Preliminary Report ☑ Final Report — Lab. Ident. No. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 100 ml
MF Coliform Count (verified) 100 ml

Coliform Organisms ☐ Found ☑ Not Found

Unsuitable for analysis:

☐ Form incomplete (See starred item)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis (100 ml minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Water System Identification Number when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by [signature]

WATER BACTERIOLOGY

Sample # 17277 — Date Collected: OCT 10 1979 — Date Received: OCT 11 1979

City of Saginaw — Name of Water System — Tarrant — County

Cafeteria — Point of Collection — 10 — Collected by — 10-10-79 — Date (Mo., Day, Yr.) — 3:30 AM — Time

NAME Bell Helicopter Textron

STREET Watauga-Smithfield Rd.

CITY Saginaw — TEXAS — (Zip Code)

Water System Identification Number

☐ ALTERNATE TEST

TYPE OF SYSTEM: ☒ Public ☐ Dairy ☐ Individual ☐ Bottled Water ☐ School ☐ Swimming Pool

Ownership or other information:

SAMPLE IS (Public Systems Only): ☐ Distribution ☐ Raw ☐ Check ☐ Construction ☒ Special

WATER SOURCE: ☐ River ☐ Lake ☐ Well

Well depth:

Chlorine residual:

☐ Preliminary Report ☒ Final Report

Lab. Ident. No. and Name:

MPN Confirmed Test:

MPN Completed Test:

MF Coliform Count (presumptive): 0 /100 ml.

MF Coliform Count (verified): /100 ml.

Coliform Organisms: ☐ Found ☒ Not Found

Unsatisfactory for Analysis

- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours of collection.
- ☐ Excessive chlorine present in sample.
- ☐ Broken in shipment.
- ☐ Date discrepancy.
- ☐ Quantity too great to permit agitation.
- ☐ Quantity insufficient for analysis. (100 ml. minimum.)
- ☐ Bottle not provided by this laboratory.
- ☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Water System Identification Number when resubmitting.)
- ☐ Only one sample per time and point of collection required.
- ☐ Other

Approved by

BHT 00385

WATER BACTERIOLOGY

Sample # 16500 — Date Collected: OCT 9 1979 — Time Rec. — Date Reported

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT

BELL HELICOPTER (Plant) TARRAN

(CAFETERIA) (THREE) 10-9-79

Name of Water System — County — Point of Collection — Collected by — Date — Time

Send report to: ATT: R.H. YOUNG

NAME

STREET P.O. BOX 482

CITY FT WORTH — TEXAS

Water System Identification Number

TYPE OF SYSTEM: ☒ Public ☐ Dairy ☐ Individual ☐ Bottled Water ☐ School ☐ Swimming Pool

Ownership or other information: ☐ Alternate Test

SAMPLE IS (Public Systems Only): ☒ Distribution ☐ Raw ☐ Check ☐ Construction ☐ Special

Chlor

☐ Preliminary Report ☒ Final Report

Lab. Ident. No. and Name: FORT WO... EPARTM

MPN Confirmed Test:

MPN Completed Test:

MF Coliform Count (presumptive):

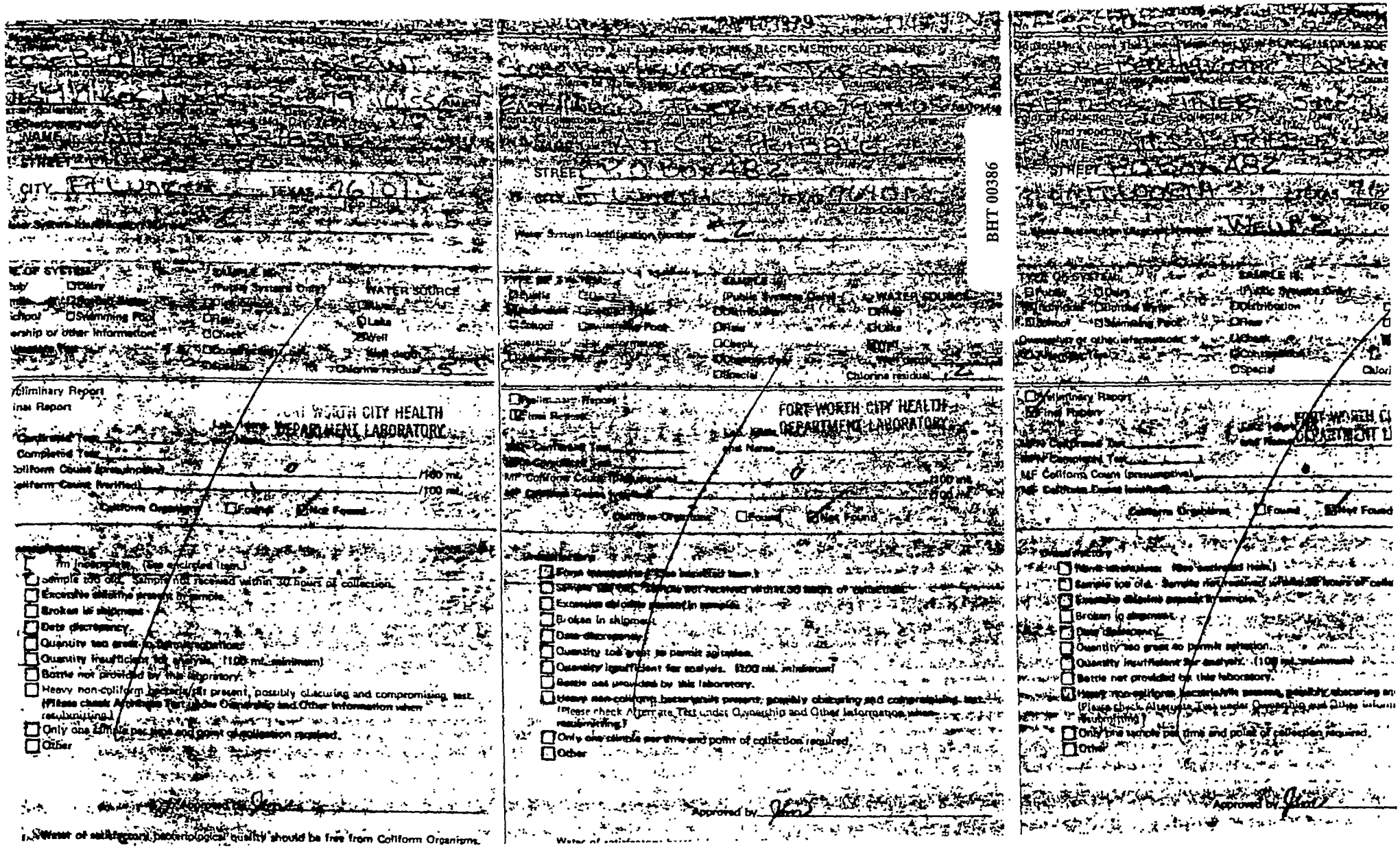
MF Coliform Count (verified):

Coliform Organisms: ☐ Found ☐ Not Found

Unsatisfactory

- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours of collection.
- ☐ Excessive chlorine present in sample.
- ☐ Broken in shipment.
- ☐ Date discrepancy.
- ☐ Quantity too great to permit agitation.
- ☐ Quantity insufficient for analysis. (100 ml. minimum)
- ☐ Bottle not provided by this laboratory.
- ☐ Heavy non-coliform bacteria/silt present, possibly obscuring a
- (Please check Alternate Test under Water System Identification Number when resubmitting.)
- ☐ Only one sample per time and point of collection required.
- ☐ Other

Satisfactory bacteriological quality should be free from Coliform Organisms.



BHT 00386

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Preliminary Report

Final Report

Coliform Organisms: Found / Not Found

Sample too old. Sample not received within 30 hours of collection.

Excessive chlorine present in sample.

Broken in shipment.

Date discrepancy.

Quantity too great to permit agitation.

Quantity insufficient for analysis. (100 ml. minimum)

Bottle not provided by this laboratory.

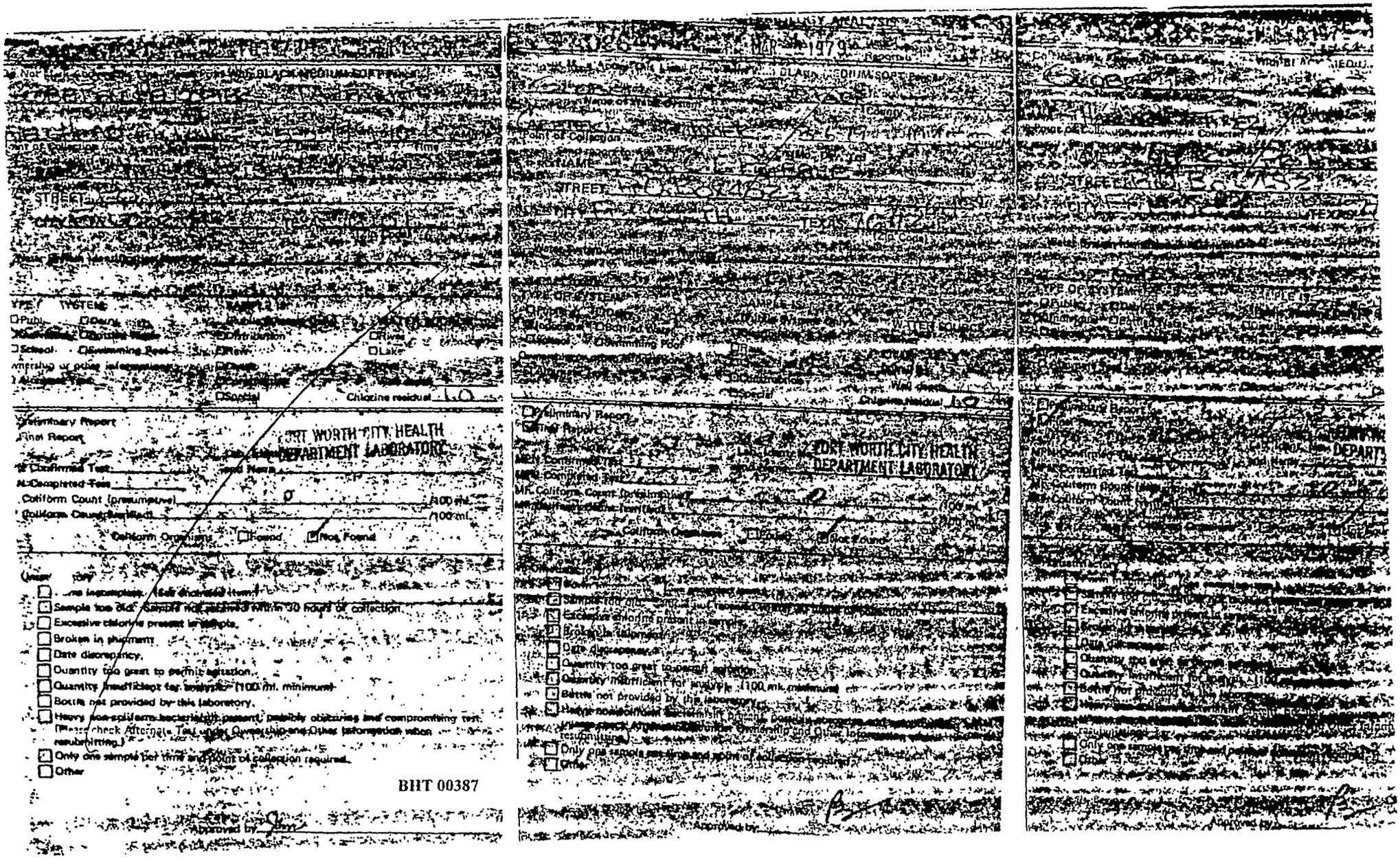
Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)

Only one sample per time and point of collection required.

Other

Approved by

Water of satisfactory bacteriological quality should be free from Coliform Organisms.



FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Preliminary Report
Final Report

Coliform Count (presumptive) 0 /100 ml.
Coliform Count (confirmed) /100 ml.
Coliform Organisms: Present Not Found

- Sample too old. Sample not received within 30 hours of collection.
- Excessive chlorine present in sample.
- Broken in shipment.
- Date discrepancy.
- Quantity too great to permit agitation.
- Quantity insufficient for analysis (100 ml. minimum).
- Bottle not provided by this laboratory.
- Heavy non-coliform bacteriological growth present, possibly obscuring and compromising test. (Please check Attorney's Tel. with Ownership and Other Information when resubmitting.)
- Only one sample per time and point of collection required.
- Other

BHT 00387

Approved by

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Preliminary Report
Final Report

Coliform Count (presumptive) 2 /100 ml.
Coliform Count (confirmed) /100 ml.
Coliform Organisms: Present Not Found

- Sample too old. Sample not received within 30 hours of collection.
- Excessive chlorine present in sample.
- Broken in shipment.
- Date discrepancy.
- Quantity too great to permit agitation.
- Quantity insufficient for analysis (100 ml. minimum).
- Bottle not provided by this laboratory.
- Heavy non-coliform bacteriological growth present, possibly obscuring and compromising test. (Please check Attorney's Tel. with Ownership and Other Information when resubmitting.)
- Only one sample per time and point of collection required.
- Other

Approved by

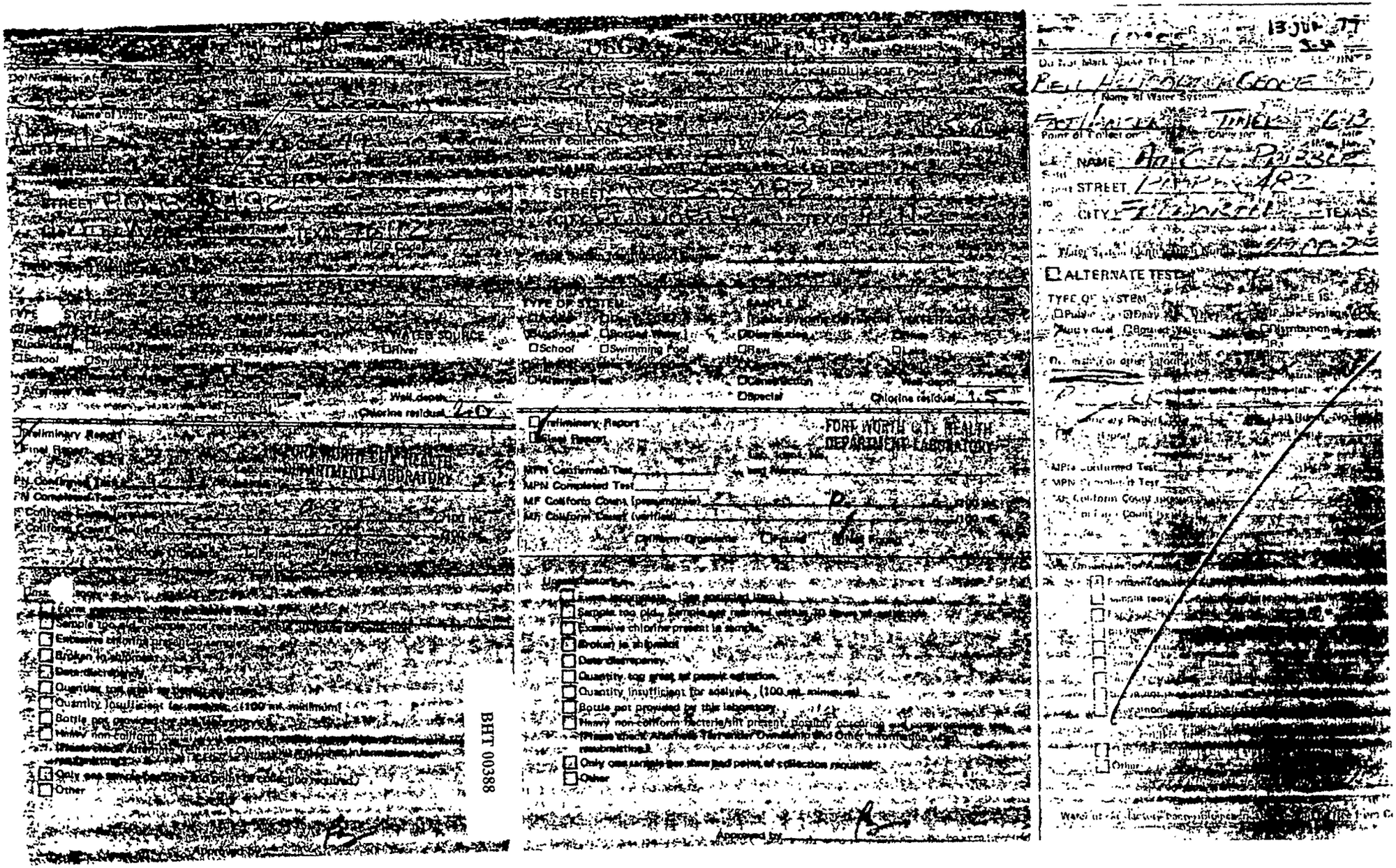
FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Preliminary Report
Final Report

Coliform Count (presumptive) /100 ml.
Coliform Count (confirmed) /100 ml.
Coliform Organisms: Present Not Found

- Sample too old. Sample not received within 30 hours of collection.
- Excessive chlorine present in sample.
- Broken in shipment.
- Date discrepancy.
- Quantity too great to permit agitation.
- Quantity insufficient for analysis (100 ml. minimum).
- Bottle not provided by this laboratory.
- Heavy non-coliform bacteriological growth present, possibly obscuring and compromising test. (Please check Attorney's Tel. with Ownership and Other Information when resubmitting.)
- Only one sample per time and point of collection required.
- Other

Approved by



BHT 00388

Lab No. CC533 — Date Rec. 13 JUN 79 — 14 JUN 79

Bell Helicopter Globe — Tarrant
Name of Water System — County

Fast Hanger — Tiner — 6-8-79 — 2:55 AM (PM)
Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

NAME Att C. L. Pribble
STREET P.O. Box 482
CITY Ft. Worth TEXAS 76101 (Zip Code)

Water System Identification Number 2200233

ALTERNATE TEST

TYPE OF SYSTEM: ☐Public ☐Dairy ☒Individual ☐Bottled Water ☐School ☐Swimming Pool

SAMPLE IS: (Public Systems Only) ☐Distribution ☐Raw ☐Check ☐Construction ☐Special

WATER SOURCE: ☐River ☐Lake ☒Well — Well depth — Chlorine residual 1.0

Preliminary Report — Final Report

Lab. Ident. — Fort Worth City Health Dept. Laboratory, 1800 University Drive, Fort Worth 7, Texas — Lab Name

MPN Confirmed Test — MPN Completed Test

Coliform Count (presumptive) 0 /100 ml — Coliform Count (verified) /100 ml

Coliform Organisms ☐Found ☒Not Found

Unsuitable for Analysis (See encircled item)

☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml minimum.)
☐ Bottle not owned by this laboratory
☐ Check Alternate Test under Water System Identification Number
☐ Only one sample per time and point of collection required.
☐ Other

Approved by A. T.

Lab No. CC267 — Time Rec. — Reported 12/13

Do Not Mark Above This Line. Please Print With BALLPOINT PEN OR TYPEWRITER

Bell Helicopter Globe — Tarrant
Name of Water System — County

Fast Hanger — Tiner — 6-29 — 1:25 AM (PM)
Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

NAME Att C. L. Pribble
STREET P.O. Box 482
CITY Ft. Worth TEXAS 76101 (Zip Code)

Water System Identification Number 2200233

ALTERNATE TEST

TYPE OF SYSTEM: ☐Public ☐Dairy ☐Individual ☐Bottled Water ☐School ☐Swimming Pool

SAMPLE IS: (Public Systems Only) ☐Distribution ☐Raw ☐Check ☐Construction ☐Special

WATER SOURCE: ☐River ☐Lake ☐Well — Well depth — Chlorine residual 1.0

Preliminary Report — Final Report

Lab. Ident. No. — and Name

MPN Confirmed Test — MPN Completed Test

Coliform Count (presumptive) /100 ml — Coliform Count (verified) /100 ml

Coliform Organisms ☐Found ☐Not Found

Unsuitable for Analysis (See encircled item)

☐ Form incomplete (See encircled item)
☐ Sample too old. Sample not received within 30 hours of collection
☐ Excessive chlorine present in sample
☐ Broken in shipment
☐ Date discrepancy
☐ Quantity too great to permit agitation
☐ Quantity insufficient for analysis
☐ Bottle not owned by this laboratory
☐ Only one sample per time and point of collection required
☐ Other

Approved by

Lab No. CC267 — Date and Time Rec.

Do Not Mark Above This Line. Please Print With BALLPOINT PEN OR TYPEWRITER

Bell Helicopter Globe — Tarrant
Name of Water System — County

Fast Hanger — Tiner — 6-29-79
Point of Collection — Collected by — Date (Mo., Day, Yr.)

NAME Att C. L. Pribble
STREET P.O. Box 482
CITY Ft. Worth TEXAS 76
Water System Identification Number 2200233

ALTERNATE TEST

TYPE OF SYSTEM: ☐Public ☐Dairy ☐Individual ☐Bottled Water ☐School ☐Swimming Pool

SAMPLE IS: (Public Systems Only) ☐Distribution ☐Raw ☐Check ☐Construction ☐Special

Preliminary Report — Final Report — Lab. Ident. No. — and Name

MPN Confirmed Test — MPN Completed Test

[redacted]

Coliform Count (verified)

[redacted] ☐Not Found

Unsuitable for Analysis (See encircled item)

☐ Form incomplete (See encircled item)
☐ Sample too old. Sample not received within 30 hours of collection
☐ Excessive chlorine present in sample
☐ Broken in shipment
☐ Data discrepancy
☐ Quantity too great to permit agitation
☐ Quantity insufficient for analysis. (100 ml minimum)
☐ Bottle not provided by this laboratory
☐ Does not conform bacteriological quality. Please check Alternate Test under Water System Identification Number
☒ Only one sample per time and point of collection required
☐ Other

Approved by

BHT 00389

Mark Above This Line - Please Print with BALLPOINT PEN OR TYPEWRITER

L. COPTER GLOBE — TARRANT
Name of Water System — County

TECH — TINER — 6-1-79 — 140 AM/PM
Collection — Collected by — Date (Mo., Day, Yr.) — Time

NAME Att C.L. PRIBBLE
STREET P.O. BOX 482
CITY Ft. Worth — TEXAS 76101 (Zip Code)

Water System Identification Number 2200233

ALTERNATE TEST

TYPE OF SYSTEM — SAMPLE IS: (Public Systems Only) — WATER SOURCE
Individual — Bottled Water — ☐Distribution — ☐River
School — ☐Swimming Pool — ☐Raw — ☐Lake
Ownership or other information — ☐Check — ☒Well
☐Construction — Well depth
☐Special — Chlorine residual 1.0

Summary Report — Lab. Ident. No.
Final Report — and Name

PN Confirmed Test
PN Completed Test
Coliform Count (presumptive) 0 /100 ml
Coliform Count (verified) /100 ml

Coliform Organisms ☐Found ☒Not Found

Unsuitable for Analysis
☐ Form incomplete (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml minimum.)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria present, possibly obscuring and compromising test. (Please check Alternate Test under Water System Identification Number when resubmitting.)
☐ Only one sample per time and point of collection required
☐ Other

Approved by AW

Drinking water quality should be free from Coliform Organisms

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ELI HELICOPTER GLOBE — TARRANT
Name of Water System — County

ELI-ICAL — TINER — 6-1-79 — 1:05 AM/PM
Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

NAME Att C.L. PRIBBLE
STREET P.O. BOX 482
CITY Ft. WORTH — TEXAS 76101 (Zip Code)

Water System Identification Number 2200233

ALTERNATE TEST

TYPE OF SYSTEM — SAMPLE IS: (Public Systems Only) — WATER SOURCE
☐Public ☐Dairy — ☐Distribution — ☐River
☐Individual ☐Bottled Water — ☐Raw — ☐Lake
☐School ☐Swimming Pool — ☐Check — ☒Well
Ownership or other information — ☐Construction — Well depth
☐Special — Chlorine residual 2.0

☐ Summary Report — Lab. Ident. No.
☐ Final Report — and Name

PN Confirmed Test
PN Completed Test
Coliform Count (presumptive) 0 /100 ml.
Coliform Count (verified) /100 ml.

Coliform Organisms ☐Found ☒Not Found

Unsuitable for Analysis
☐ Form incomplete (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml minimum.)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria present, possibly obscuring and compromising test. (Please check Alternate Test under Water System Identification Number when resubmitting.)
☐ Only one sample per time and point of collection required
☐ Other

Approved by 27 JW

Drinking water quality should be free from Coliform Organisms

---

Do Not Mark Above This Line - Please Print With BALLPOINT PEN OR TYPEWRITER

ELI HELICOPTER GLOBE — TARR[ANT]
Name of Water System — County

HANGER — TINER — 6-1-79
Point of Collection — Collected by — Date (Mo., Day, Yr.)

NAME Att C.L. PRIBBLE DEPT.
STREET P.O. BOX 482
CITY Ft. WORTH — TEXAS 76

Water System Identification Number 2200233

ALTERNATE TEST

TYPE OF SYSTEM — SAMPLE IS: (Public Systems Only)
☐Public ☐Dairy — ☐Distribution
☐Individual ☐Bottled Water — ☐Raw
☐School ☐Swimming Pool — ☐Check
Ownership or other information — ☐Construction
☐Special

Summary Report — Lab. Ident. No.
Final Report — and Name

PN Confirmed Test
PN Completed Test
F Coliform Count (presumptive) 0
F Coliform Count (verified)

Coliform Organisms ☐Found ☒Not Found

Unsuitable for Analysis
☐ Form incomplete (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis.
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria present... (Please check Alternate Test under Water System Identification Number when resubmitting.)
☐ Only one sample per time and point of collection required
☐ Other

Approved by

Drinking water quality should be free from Coliform Organisms

BHT 00390

TYPE OF SYSTEM

☐ Public ☐ Dairy (Public Systems Only) WATER SOURCE

☐ Distribution ☐ River

☐ School ☐ Swimming Pool ☐ Raw ☐ Lake

Ownership or other information ☐ Check

☐ Alternate Test ☐ Special

Chlorine residual 1.0

☐ Preliminary Report

☑ Final Report

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

MPN Completed Test

MF Coliform Count (presumptive) /100 ml.

MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☑ Not Found

Unsatisfactory

☐ Form incomplete. (See encircled item.)

☐ Sample too old. Sample not received within 48 hours of collection.

☐ Excessive chlorine present in sample.

☐ Broken in shipment.

☑ Date discrepancy.

☐ Quantity too great to permit agitation.

☐ Quantity insufficient for analysis. (100 ml minimum)

☐ Bottle not provided by this laboratory.

☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)

☐ Only one sample per time and point of collection required.

☐ Other

Approved by

Water of satisfactory bacteriological quality should ...

TYPE OF SYSTEM

☐ Public ☐ Dairy (Public Systems Only) WATER SOURCE

☐ Distribution ☐ Bottled Water ☐ Other

☐ School ☐ Swimming Pool ☐ Raw ☐ Lake

Ownership or other information: ☐ Check

☐ Alternate Test ☐ Special

Chlorine residual 1.0

☐ Preliminary Report

☑ Final Report

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

MPN Confirmed Test

MPN Completed Test

MF Coliform Count (presumptive) /100 ml.

MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☑ Not Found

Unsatisfactory

☐ Form incomplete. (See encircled item.)

☐ Sample too old. Sample not received within 48 hours of collection.

☐ Excessive chlorine present in sample.

☐ Broken in shipment.

☐ Date discrepancy.

☐ Quantity too great to permit agitation.

☐ Quantity insufficient for analysis. (100 ml. minimum)

☐ Bottle not provided by this laboratory.

☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)

☐ Only one sample per time and point of collection required.

☐ Other

Approved by

Water of satisfactory bacteriological quality should ...

BHT 00391

STREET P.O. BOX 482

TYPE OF SYSTEM

☐ Public ☐ Bottled Water

☐ School ☐ Swimming Pool ☐ Raw

Ownership or other information

☐ Alternate Test ☐ Special

☐ Preliminary Report

☐ Final Report

MPN Confirmed Test

MPN Completed Test

MF Coliform Count (presumptive)

MF Coliform Count (verified)

Unsatisfactory

☐ Form incomplete. (See encircled item.)

☐ Excessive chlorine present in sample.

☐ Broken in shipment.

☐ Date discrepancy.

☐ Quantity too great to permit agitation.

☐ Quantity insufficient for analysis.

☐ Bottle not provided by this laboratory.

☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)

☐ Only one sample per time and point of collection required.

☐ Other

Approved by

BHT 00392

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT P

STREET P.O. BOX 432

TEXAS

CITY FT. WORTH

Water System Identification Number

TYPE OF SYSTEM:

☑ Public ☐ Dairy

☐ Individual ☐ Bottled Water

☐ School ☐ Swimming Pool

Ownership or other information:

☐ Alternate Test

SAMPLE IS:

☐ Distribution

☐ Raw

☐ Check

☐ Special

FORT WORTH PUBLIC HEALTH DEPARTMENT LABORATORY

☐ Preliminary Report

☑ Final Report

MPN Confirmed Test

MPN Completed Test

MF Coliform Count (presumptive)

MF Coliform Count Verified

Coliform Organisms

☐ Unsatisfactory

☐ Sample too old. Sample not received within 30 h

☐ Excessive chlorine present in sample.

☐ Broken in shipment.

☐ Data discrepancy.

☐ Quantity too great to permit agitation.

☐ Quantity insufficient for analysis. (100 ml. minimum)

☐ Bottle not provided by this laboratory.

☐ Heavy non-coliform bacterial growth present, possibly obscuring and compromising test.

(Please check Alternate Test under Ownership and Other Information when resubmitting.)

☐ Only one sample per time and point of collection required.

☐ Other

Approved by

BHT 00393

Sample No. 147 Date and Time Rec'd FEB 8 1979 Date and Time Reported FEB 8 1979

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

HELICOPTER WEST — TARRANT

Name of Water System — County

SE L — TINER — 2-8-79 — 8:30 AM/PM

Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

Send report to: AM C.M. McGEE

NAME

STREET P.O. BOX 482

CITY FT WORTH — TEXAS 76101 (Zip Code)

Water System Identification Number 2260085

TYPE OF SYSTEM: ☐ Public ☐ Dairy ☐ Individual ☐ Bottled Water ☐ School ☐ Swimming Pool

Ownership or other information:

☐ Alternate Test

SAMPLE IS: (Public Systems Only) ☐ Distribution ☐ Raw ☐ Check ☐ Construction ☐ Special

WATER SOURCE: ☐ River ☐ Lake ☐ Well

Well depth

Chlorine residual 5

☐ Preliminary Report
☐ Final Report

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Lab. Ident. No. and Name

☐ Confirmed Test
☐ Completed Test

Coliform Count (presumptive) 0 /100 ml.

Coliform Count (verified) /100 ml.

Coliform Organisms: ☐ Found ☑ Not Found

Unsatisfactory

☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by

Water of satisfactory bacteriological quality should be free from Coliform Organisms.

BHT 003394

Sample No. 148 Date and Time Rec'd FEB 8 1979 Date and Time Reported FEB 8 1979

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

BELL HELICOPTER WEST — TARRANT

Name of Water System — County

WELL HEAD — TINER — 2-8-79 — 8:50 AM/PM

Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

Send report to: AM C.M. McGEE

NAME

STREET P.O. BOX 482

CITY FT WORTH — TEXAS 76101 (Zip Code)

Water System Identification Number

TYPE OF SYSTEM: ☑ Public ☐ Dairy ☐ Individual ☐ Bottled Water ☐ School ☐ Swimming Pool

Ownership or other information:

☐ Alternate Test

SAMPLE IS: (Public Systems Only) ☐ Distribution ☐ Raw ☐ Check ☐ Construction ☐ Special

WATER SOURCE: ☐ River ☐ Lake ☑ Well

Well depth

Chlorine residual 2.0

☐ Preliminary Report
☑ Final Report

Lab. Ident. No. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified) /100 ml.

Coliform Organisms: ☐ Found ☑ Not Found

Unsatisfactory

☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by

Water of satisfactory bacteriological quality should be free from Coliform Organisms.

Sample No. 149 Date and Time Rec'd FEB 8 1979

Do Not Mark Above This Line—Please Print With BLACK MEDIUM

BELL HELICOPTER GLOBE — TARR

Name of Water System

CABETERA — TINER — 2-8-79

Point of Collection — Collected by — Date

Send report to: AM C.M. McGEE

NAME

STREET P.O. BOX 482

CITY FT WORTH — TEXAS

Water System Identification Number 2

TYPE OF SYSTEM: ☑ Public ☐ Dairy ☐ Individual ☐ Bottled Water ☐ School ☐ Swimming Pool

Ownership or other information:

☐ Alternate Test

SAMPLE IS: (Public Systems Only) ☐ Distribution ☐ Raw ☐ Check ☐ Construction ☐ Special

☐ Preliminary Report
☑ Final Report

Lab. Ident. No. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0
MF Coliform Count (verified)

Coliform Organisms: ☐ Found ☑ Not

Unsatisfactory

☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of
☐ Excessive chlorine present in sample.
☐ Broken in shipment
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present, possibly obscur (Please check Alternate Test under Ownership and Other resubmitting.)
☐ Only one sample per time and point of collection req
☐ Other

Approved by

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

BELL HELICOPTER WEST — TARRANT
Name of Water System — County

KLINGER — TINER — 2-8-79 — 8:10 AM/PM
Type of Collection — Collected by — Date (Mo., Day, Yr.) — Time

Send report to:
NAME ATT G.M. MCGEE
STREET P.O. BOX 482
CITY FT WORTH — TEXAS 76101 (Zip Code)

Water System Identification Number 2200085

TYPE OF SYSTEM:
☐ Public ☐ Dairy
☐ Individual ☐ Bottled Water
☐ School ☐ Swimming Pool
Ownership or other information:
☐ Alternate Test

SAMPLE IS: (Public Systems Only)
☐ Distribution
☐ Raw
☐ Check
☐ Construction
☐ Special

WATER SOURCE
☐ River
☐ Lake
☐ Well
Well depth
Chlorine residual = 5

☐ Preliminary Report
☑ Final Report

Lab. Ident. and Name: FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☑ Not Found

Unsatisfactory
☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by

Water of satisfactory bacteriological quality should be free from Coliform Organisms.

No. U-1551 — Date and Time Rec. FEB 8 1979 — Date Reported

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

BELL HELICOPTER GUIDE — TARRANT
Name of Water System — County

EAST LANGER — TINER — 2-8-79 — 10:20 AM/PM
Type of Collection — Collected by — Date (Mo., Day, Yr.) — Time

Send report to:
NAME ATT G.M. MCGEE
STREET P.O. BOX 482
CITY FT WORTH — TEXAS 76101 (Zip Code)

Water System Identification Number #2

TYPE OF SYSTEM:
☐ Public ☐ Dairy
☐ Individual ☐ Bottled Water
☐ School ☐ Swimming Pool
Ownership or other information:
☐ Alternate Test

SAMPLE IS: (Public Systems Only)
☐ Distribution
☐ Raw
☐ Check
☐ Construction
☐ Special

WATER SOURCE
☐ River
☐ Lake
☐ Well
Well depth
Chlorine residual = 5

☐ Preliminary Report
☑ Final Report

Lab. Ident. and Name: FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☑ Not Found

Unsatisfactory
☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by

BHT 00395

No. U-1552 — Date and Time Rec. FEB 8 1979

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

BELL HELICOPTER GUIDE — TAR
Name of Water System — County

TINER — TINER — 2-8-7
Type of Collection — Collected by — Date

Send report to:
NAME ATT G.M. MCGEE
STREET P.O. BOX 482
CITY FT WORTH — TEXAS

Water System Identification Number

TYPE OF SYSTEM:
☐ Public ☐ Dairy
☐ Individual ☐ Bottled Water
☐ School ☐ Swimming Pool
Ownership or other information:
☐ Alternate Test

SAMPLE IS: (Public Systems Only)
☐ Distribution
☐ Raw
☐ Check
☐ Construction
☐ Special

☐ Preliminary Report
☑ Final Report

Lab. Ident. and Name:

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0
MF Coliform Count (verified)

Coliform Organisms ☐ Found ☑ Not

Unsatisfactory
☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of
☐ Excessive chlorine present in sample.
☐ Broken in shipment.
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present, possibly obscuring
(Please check Alternate Test under Ownership and Other In
resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

Bell Helicopter Globe — Tarrant
Name of Water System — County

West Hanger — Tiner — 1-19-79 — 2:30 AM/PM
Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

Send report to:
NAME Art G. McGee
STREET P.O. Box 482
CITY Ft. Worth — TEXAS — 76101 (Zip Code)

Water System Identification Number Well #2

TYPE OF SYSTEM:
- ☐ Public
- ☐ Individual
- ☐ School
- ☐ Dairy
- ☐ Bottled Water
- ☐ Swimming Pool

Ownership or other information:
- ☐ Alternate Test

SAMPLE IS: (Public Systems Only)
- ☐ Distribution
- ☐ Raw
- ☐ Check
- ☐ Construction
- ☐ Special

WATER SOURCE
- ☐ River
- ☐ Lake
- ☒ Well

Well depth
Chlorine residual 1.0

☐ Preliminary Report
☒ Final Report

Lab. Ident. No. and Name: Fort Worth Department Laboratory

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☒ Not Found

Unsatisfactory
- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours of collection.
- ☐ Excessive chlorine present in sample.
- ☐ Broken in shipment
- ☐ Date discrepancy.
- ☐ Quantity too great to permit agitation.
- ☐ Quantity insufficient for analysis. (100 ml. minimum)
- ☐ Bottle not provided by this laboratory.
- ☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
- ☐ Only one sample per time and point of collection required.
- ☐ Other

Approved by

Water of satisfactory bacteriological quality should be free from Coliform Organisms.

BHT 00396

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

Bell Helicopter Globe — Tarrant
Name of Water System — County

West Hanger — Tiner — 1-19-79 — 2:30 AM/PM
Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

Send report to:
NAME Art G. McGee
STREET P.O. Box 482
CITY Ft. Worth — TEXAS — 76101 (Zip Code)

Water System Identification Number Well #2

TYPE OF SYSTEM:
- ☐ Public
- ☐ Individual
- ☐ School
- ☐ Dairy
- ☐ Bottled Water
- ☐ Swimming Pool

Ownership or other information:
- ☐ Alternate Test

SAMPLE IS: (Public Systems Only)
- ☐ Distribution
- ☐ Raw
- ☐ Check
- ☐ Construction
- ☐ Special

WATER SOURCE
- ☐ River
- ☐ Lake
- ☒ Well

Well depth
Chlorine residual 1.0

☐ Preliminary Report
☒ Final Report

Lab. Ident. No. and Name: Fort Worth Department Laboratory

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☒ Not Found

Unsatisfactory
- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours of collection.
- ☐ Excessive chlorine present in sample.
- ☐ Broken in shipment
- ☐ Date discrepancy.
- ☐ Quantity too great to permit agitation.
- ☐ Quantity insufficient for analysis. (100 ml. minimum)
- ☐ Bottle not provided by this laboratory.
- ☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
- ☐ Only one sample per time and point of collection required.
- ☐ Other

Approved by

WATER BACTERIOLOGY

Do Not Mark Above This Line—Please Print With BLACK MEDIUM

Bell Helicopter Globe — Tarrant
Name of Water System — County

West Hanger — Tiner — 1-8-79
Point of Collection — Collected by — Date (Mo., Day, Yr.)

Send report to:
NAME Art G. McGee
STREET P.O. Box 482
CITY Ft. Worth — TEXAS

Water System Identification Number 220008

TYPE OF SYSTEM:
- ☒ Public
- ☐ Individual
- ☐ School
- ☐ Dairy
- ☐ Bottled Water
- ☐ Swimming Pool

Ownership or other information:
- ☐ Alternate Test

SAMPLE IS: (Public Systems Only)
- ☐ Distribution
- ☐ Raw
- ☐ Check
- ☐ Construction
- ☐ Special

☐ Preliminary Report
☒ Final Report

Lab. Ident. No. and Name: FORT DEPAR

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0
MF Coliform Count (verified)

Coliform Organisms ☐ Found ☒ Not

Unsatisfactory
- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours
- ☐ Broken in shipment
- ☐ Date discrepancy.
- ☐ Quantity too great to permit agitation.
- ☐ Quantity insufficient for analysis. (100 ml. minimum)
- ☐ Bottle not provided by the laboratory.
- ☐ Heavy non-coliform bacteria/silt present, possibly obscur (Please check Alternate Test under Ownership and Other resubmitting.)
- ☐ Only one sample per time and point of collection required
- ☐ Other

Do Not Mark Above This Line—Please Print With BLACK MEDIUM SOFT Pencil

Bell Helicopter Co. — Tarrant
Name of Water System — County

Cafeteria — Tiner — 1-18-79 — 2:15 AM/PM
Point of Collection — Collected by — Date (Mo., Day, Yr.) — Time

Send report to:
NAME Att. G.M. McGee
STREET P.O. Box 482
CITY Ft. Worth — TEXAS 76101 (Zip Code)

Water System Identification Number WELL #2

TYPE OF SYSTEM:
☐ Public ☐ Dairy
☒ Individual ☐ Bottled Water
☐ School ☐ Swimming Pool
Ownership or other information:
☐ Alternate Test

SAMPLE IS: (Public Systems Only)
☐ Distribution
☐ Raw
☐ Check
☐ Construction
☐ Special

WATER SOURCE
☐ River
☐ Lake
☐ Well — Well depth
Chlorine residual 1.0

☐ Preliminary Report
☒ Final Report

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY
Lab. Ident. No. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified)
Coliform Organisms: ☐ Found ☒ Not Found

Unsatisfactory
☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present; possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other information when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other

Approved by

BHT 00397

Bell Helicopter Co. — Tarrant
Cafeteria — Tiner — 1-18-79
NAME Att. G.M. McGee
STREET P.O. Box 482
CITY Ft. Worth
WELL #2
Chlorine residual 1.0
☐ Preliminary Report
☒ Final Report
FORT WORTH CITY HEALTH DEPARTMENT LABORATORY
MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified)
Coliform Organisms: ☐ Found ☒ Not Found
Unsatisfactory
☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present; possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other information when resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other
Approved by

Bell Helicopter Co. — Tarr
Tiner — 1-18-79
NAME Att. G.M. McGee
STREET P.O. Box 482
CITY Ft. Worth
WELL #2
☐ Preliminary Report
☒ Final Report
FORT WO DEPARTMENT
MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0
MF Coliform Count (verified)
Coliform Organisms: ☐ Found ☒ Not Found
Unsatisfactory
☐ Form incomplete. (See encircled item.)
☐ Sample too old. Sample not received within 30 hours of collection.
☐ Excessive chlorine present in sample.
☐ Broken in shipment
☐ Date discrepancy.
☐ Quantity too great to permit agitation.
☐ Quantity insufficient for analysis. (100 ml. minimum)
☐ Bottle not provided by this laboratory.
☐ Heavy non-coliform bacteria/silt present, possibly obscuring and
(Please check Alternate Test under Ownership and Other Informa
resubmitting.)
☐ Only one sample per time and point of collection required.
☐ Other
Approved by

Do Not Mark Above This Line—Please Print With BLACK MEDIUM-SOFT Pencil

Bell Helicopter Globe — Tarrant
Name of Water System — County

Point of Collection — 12:15 AM/PM

NAME

STREET P.O. Box 482

CITY Ft Worth TEXAS 76101 (Zip Code)

Water System Identification Number WEL 482

TYPE OF SYSTEM:
- ☐ Public
- ☐ Dairy
- ☐ Individual
- ☐ Bottled Water
- ☐ School
- ☐ Swimming Pool

Ownership or other information:
- ☐ Alternate Test

SAMPLE IS: (Public Systems Only)
- ☐ Distribution
- ☐ Raw
- ☐ Check
- ☐ Construction
- ☐ Special

WATER SOURCE
- ☐ River
- ☐ Lake
- ☑ Well

Chlorine residual 0.0

☐ Preliminary Report
☑ Final Report

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Lab. Ident. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☑ Not Found

Unsatisfactory
- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours of collection.
- ☐ Excessive chlorine present in sample.
- ☐ Broken in shipment.
- ☐ Date discrepancy.
- ☐ Quantity too great to permit agitation.
- ☐ Quantity insufficient for analysis. (100 ml. minimum)
- ☐ Bottle not provided by this laboratory.
- ☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
- ☐ Only one sample per time and point of collection required.
- ☐ Other

Approved by ________

Water of satisfactory bacteriological quality should be free from Coliform Organisms

Do Not Mark Above This Line—Please Print With BLACK MEDIUM-SOFT Pencil

Bell Helicopter Globe — Tarrant
Name of Water System

Point of Collection — AM/PM

NAME

STREET P.O. Box 482

CITY Ft Worth TEXAS 76101 (Zip Code)

Water System Identification Number WEL 482

TYPE OF SYSTEM:
- ☑ Public
- ☐ Dairy
- ☐ Individual
- ☐ Bottled Water
- ☐ School
- ☐ Swimming Pool

Ownership or other information:
- ☐ Alternate Test

SAMPLE IS: (Public Systems Only)
- ☐ Distribution
- ☐ Raw
- ☐ Check
- ☐ Construction
- ☐ Special

WATER SOURCE
- ☐ River
- ☑ Lake
- ☐ Well

Chlorine residual 1.0

☐ Preliminary Report
☑ Final Report

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Lab. Ident. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0 /100 ml.
MF Coliform Count (verified) /100 ml.

Coliform Organisms ☐ Found ☑ Not Found

BHT 00398

Unsatisfactory
- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours of collection.
- ☐ Excessive chlorine present in sample.
- ☐ Broken in shipment.
- ☐ Date discrepancy.
- ☐ Quantity too great to permit agitation.
- ☐ Quantity insufficient for analysis. (100 ml. minimum)
- ☐ Bottle not provided by this laboratory.
- ☐ Heavy non-coliform bacteria/silt present, possibly obscuring and compromising test. (Please check Alternate Test under Ownership and Other Information when resubmitting.)
- ☐ Only one sample per time and point of collection required.
- ☐ Other

Approved by ________

Do Not Mark Above This Line—Please Print With BLACK MEDIUM-SOFT Pencil

Bell Helicopter Globe — Tarrant

Point of Collection

NAME

STREET P.O. Box 482

CITY Ft Worth TEXAS

Water System Identification Number WEL 482

TYPE OF SYSTEM:
- ☐ Public
- ☐ Dairy
- ☐ Individual
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- ☐ Distribution
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- ☐ Special

☐ Preliminary Report
☑ Final Report

FORT WORTH CITY HEALTH DEPARTMENT LABORATORY

Lab. Ident. and Name

MPN Confirmed Test
MPN Completed Test
MF Coliform Count (presumptive) 0
MF Coliform Count (verified)

Coliform Organisms ☐ Found ☑ Not Found

Unsatisfactory
- ☐ Form incomplete. (See encircled item.)
- ☐ Sample too old. Sample not received within 30 hours of collection.
- ☐ Excessive chlorine present in sample.
- ☐ Broken in shipment.
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- ☐ Other

Approved by ________

Water of satisfactory bacteriological quality should be free from Coliform Organisms

Occupational Safety and Health Administration — U.S. Department of Labor

Complaint

1:385

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Form Approved
O.M.B. No. 044R1449

Sec 8(f) (1) of the Williams Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable, to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11 (c) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

	For Official Use Only		
	Area	Date Received	Time
	2450	10/2/79	10:00 am
	Region	Received By	Formal ☒
	6	Mail	Non Formal ☐

The undersigned *(check one)*

☒ Employee ☐ Representative of Employees ☐ Other *(specify)* _____

believes that a violation at the following place of employment of an occupational safety or health standard exists which is a job safety or health hazard.

Employer's Name
Bell Helicopter, Plant #2

Employer's Address *(Street)* *(City)*
Blue Mound

State) *(Zip Code)* Telephone
Texas

Kind of business
Aircraft

Specify the particular building or worksite where the alleged violation is located, including address.

Specify the name and phone number of employer's agent(s) in charge.

Describe briefly the hazard which exists there including the approximate number of employees exposed to or threatened by such hazard.
Drinking water appears to be contaminated - non potable.

BHT 00399

Occupational Safety and Health Adr stration **U.S. Department o ibor**

Complaint

#385

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Form Approved
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Region	**Received By**	Formal ☒
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The undersigned *(check one)*

☒ Employee ☐ Representative of Employees ☐ Other *(specify)* _____

believes that a violation at the following place of employment of an occupational safety or health standard exists which is a job safety or health hazard.

Employer's Name
Bell Helicopter, Plant #2

Employer's Address *(Street)* *(City)*
Blue Mound

(State) *(Zip Code)* Telephone
Texas

1 Kind of business
Aircraft

2. Specify the particular building or worksite where the alleged violation is located, including address.

3 Specify the name and phone number of employer's agent(s) in charge.

4 Describe briefly the hazard which exists there including the approximate number of employees exposed to or threatened by such hazard.
Drinking water appears to be contaminated - non potable.

BHT 00400

OSHA 7 Rev. October 1977) CONTINUED ON REVERSE SIDE

5 (a) To your knowledge is this condition being considered by any other Government agency, or has it been considered by any other Government agency?

Yes ☐ No ☒

5 (b) If yes, and you know, which Government agency?

6. Has this condition been brought to the attention of the employer?

Yes ☒ No ☐ Don't know ☐

7. Please indicate your desire

☒ I *do not* want my name revealed to the employer ☐ My name *may be* revealed to the employer.

NOTE: **It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than $10,000, or by imprisonment of not more than six months, or by both. (Section 17(g))**

Signature _____ Date _____

Typed or Printed Name _____

Address *(Street)* _____ *(City)* _____

(State) _____ *(Zip Code)* _____ Telephone _____

If you are an authorized representative of employees affected by this complaint please give the name of your union and your title

BHT 00401

5. (a) To your knowledge is this condition being considered by any other Government agency, or has it been considered by any other Government agency?

Yes ☐ No ☒

5. (b) If yes, and you know, which Government agency?

6. Has this condition been brought to the attention of the employer?

Yes ☒ No ☐ Don't know ☐

7. Please indicate your desire:

☒ I *do not* want my name revealed to the employer. ☐ My name *may be* revealed to the employer.

NOTE: **It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than $10,000, or by imprisonment of not more than six months, or by both. (Section 17(g))**

Signature _____ Date _____

Typed or Printed Name _____

Address *(Street)* _____ *(City)* _____

(State) _____ *(Zip Code)* _____ Telephone _____

If you are an authorized representative of employees affected by this complaint, please state the name of your organization and your title _____

BHT 00402

GPO 923-242