



NORTH COAST LABORATORIES LTD
5680 West End Rd, Arcata, California 95521 (707)822-4649

Please complete the following sample information:

POTABLE WATER SOURCE WATER WASTEWATER

System # CA 0800548 Sampling Time 6:30 AM

Location 241 Salmon Ave Sampled by WJL/PL

Sampling Date 12-13-23 Res L1 _____ mg/L

Routine Sample Repeat Replacement Special

Payment is due at time of service. We are pleased to accept the following (please check one):

Rec # _____ AMT \$ _____

If you are paying by credit card and are not submitting samples in person
please use the enclosed form to provide credit card information

Name: Margaret Caldwell

Phone #: 707-482-0723

Email: klamathcsd@gmail.com

City/State/Zip klamath ca 95548

DATE CLIENT NOTIFIED _____ INITIALS _____

DATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (C) 8.0 ON ICE? Y N H 21

REC'D BY sc TIME REC'D 10:35

DATE REC'D 12/13/23 INOC 1257 ORC 12/13/23

SAMPLE # 231236 READ 1306 ORC 12/14/23

TESTS REQUESTED:	RESULTS: (MPN/100ml)	Analyst Notes:
<input checked="" type="checkbox"/> Presence / Absence	<input checked="" type="checkbox"/> Total Coliform <u>A</u>	
<input type="checkbox"/> QUANTI-TRAY	<input type="checkbox"/> Fecal Coliform	
<input type="checkbox"/> 3 X 5 MIF	<input checked="" type="checkbox"/> E.coli <u>A</u>	
<input type="checkbox"/> HPC	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Quanti-Tray/2000: Total coliform _____ / (large/small) E. coli _____ / (large/small)

Bacterial Examination Report													All microbiology data will be destroyed after 6 years		
Hrs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
24															
48															
24															
48															
24															

*Free Chlorine Residual at the tap

SCJ
Quality Assurance Unit