



**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 AM

Location 245 Salmon Ave   Sampled By NLP

Sampling Date 8-28-24   \*Res Cl .30 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: Klamath CSD

Phone #: 707-482-0727

Email: klamath.csd@gmail.com

City/State/Zip Klamath Ca 95548

DATE CLIENT NOTIFIED \_\_\_\_\_ INITIALS \_\_\_\_\_

DATE REGULATOR NOTIFIED \_\_\_\_\_ INITIALS \_\_\_\_\_

For Office Use Only

SAMPLE TEMP (°C) 11.4   ON ICE?  N    H /  I

REC'D BY ALC   TIME REC'D 10:03

DATE REC'D 8-28-24   INOC 1352 LNM 8/28/24

SAMPLE # 2408512   READ 1435 LNM 8/29/24

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 MTF	<input 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 AMW  
Quality Assurance Unit