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DATE REGULATOR NOTIFIED

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 # 3 Sampling Time Am	REC'D DATE SAMPI	BY_ REC'	54		1-02	19	81	9	
Location 7 (Output) Que Sampled By NVIP h Sampling Date 8 Res Cl mg/L Res Cl mg/L Replacement Special Payment is due at time of service. We are pleased to accept the following (please check one): Rec # AMT \$	Presence / Absence Total Colif							rm_	R
If you are paying by credit card and are not submitting samples in person please use the enclosed form to provide credit card information	Quanti-Tray/2000: Total coliform(larg								rge
	Hrs	eriai 1	2	3	4	5	6	7	Í
Name: Margant Carkwell	24		1		1	18			T
Phone #: 707-48Z-07Z3	48	6	11			1	14		T
Email: Klapath At assamil Com	24	1	h.		400		19		T
City/State/Zip & lamath, Pa. 95548	48	6		W.	10/6	H			T
City states Elp Klashalle Ch 45570	24			1967			42	5	+
DATE CLIENT NOTIFIED INITIALS	*Free (Chlori	ne Res	idual	at the	tap			_

INITIALS

or Off	ice U	se Oi	nly	0		-	1 1 4			-		11 0000000		1)	1
SAMP REC'D DATE SAMP	BY_ REC	54	(°C)_	11-2	4	1- 81	110	TII	oc i	? (y EC'D 35	9	N 11 Sc nw	2/2	10/2	124
QU	ANTI-7	/ Abse TRAY TF	ence		Fecal E.coli	Colifo	orm_	/ ge/sma		E.	coli_		(large/s		
	erial			tion F				_	_	logy da	_				_
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