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 # CASCOSSAB Sampling Time SYSTEM * SAMPLING TI	FOR Office Use Only SAMPLE TEMP (C) 15 4 W ON IGE? (V) N A 7 7 RECID, BY TIME RECID 12 8 INOC 1306 ODE 1/19/2 SAMPLE II 030/379-02 READ 1342 ORR 9/20) 2	\$
Location 291 GRAD X (LLL Sampled By Nu 1P ¹) Sampling Date 5-19-25 *Res Cl 2-7 mg/L Broutine Sample Repeat Replacement Special Payment is due at time of service. We are pleased to accept the following (please check one): Rec # AMT \$	TESTS REQUESTED: Presence / Absence	de Sinch Pa
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 E. coli (arge/small) E. coli (arge/small) Bacterial Examination Report Ali microbiology data will be destroyed after 6 ye	ears
Name: Hangeret Condealle Phone #: 1707-487-0723 Email: Klamathernologman. Com	Bacterial Examination Report All microbiology dollar wife ceasures of the control of the con	15
City/State/Zip Xlanath (1a 4554)	24	, ,
DATE CLIENT NOTIFIED INITIALS DATE REGULATOR NOTIFIED INITIALS	*Free Chlorine Residual at the tap Quality Assuran	ce U