



**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 7 AM  
 Location 241 Calaveras Ave    Sampled By Mary  
 Sampling Date 11/15/23    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 Coedwell  
 Phone #: 707-482-0723    707-460-3335  
 Email: klamathco@gmail.com  
 City/State/Zip Klamath Ca 95548

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

For Office Use Only

SAMPLE TEMP (°C) 12.4    ON ICE?  Y    N   
 REC'D BY AMU    TIME REC'D 10:50  
 DATE REC'D 11/15/23    INOC 1258 OR 11/15/23  
 SAMPLE # 2311264    READ 1326 OR 11/16/23

**TESTS REQUESTED:**  
 Presence / Absence  
 QUANTI-TRAY  
 3 X 5 MTF  
 HPC  
 \_\_\_\_\_

**RESULTS: (MPN/100mL)**  
 Total Coliform A  
 Fecal Coliform \_\_\_\_\_  
 E.coli A  
 \_\_\_\_\_

Analyst Notes: \_\_\_\_\_

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 \_\_\_\_\_ 5.9  
Quality Assurance Unit