

DATE REGULATOR NOTIFIED\_

## NORTH COAST LABORATORIES LTD

Please complete the following sample information:   POTABLE WATER	5680 West End Rd, Arcata, California 95521 (707)822-4649
System # KIAMATA CSD Sampling Time 6:50 AM Location JA   Salman Av Sampled By Null   la Sampling Date 7/37 (2007 *Res Cl , 15 mg/L PRoutine Sample   Repeat   Replacement   Special  Payment is due at time of service. We are pleased to accept the following (please check one):  Rec # AMT \$	
System # KIAMATA CSD Sampling Time 6 - 50 AM Location DA SALMON AV Sampled By NUIP In Sampling Date 7/17 (2024 *Res CI , 25 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 \$	☑POTABLE WATER   ☐SOURCE WATER   ☐WASTEWATER
Location JA SALMAN Sampled By NUIP A Sampling Date 7/17 (SDS 4 *Res CI , LS mg/L  Recultine 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: Rec   AMT \$  Phone #:  Email: Klamath CSD2 Cmail Com  City/State/Zip Klamath CA 95544	
Sampling Date 7/7/2024 *Res Cl	Location JAI SAIMAN AN Sampled By NUIPA
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: ## AMT \$  Phone #:  Email: ## AMA	Sampling Date 7/57/2020 *Res Cl , 15 mg
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: KIAMATH CSDE GMAIL COM  City/State/Zip KIAMATH CA 95547	Routine Sample Repeat Replacement Special
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: KIAMATH CSDE GMAIL COM  City/State/Zip KIAMATH CA 95547	Payment is due at time of service. We are pleased to accept the following (please check o
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: KIAMATH CSDE GMAIL COM  City/State/Zip KIAMATH CA 95547	
Phone #:  Email: Klamath CSDe Gmail Com  City/State/Zip Klamath CA 95547	Rec # AMT \$
Phone #:  Email: Klamath CSDe Gmail: Com  City/State/Zip Klamath CA 95547	If you are naving by credit card and are not submitting camples in person
Name: KIAMAH CSDE GMAIL COM City/State/Zip KIAMAH CA 95547	
Phone #: Email: Klamath CSDe Gmail Com City/State/Zip Klamath CA 95548	preuse use the enclosed form to provide credit card information
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DATE CLIENT NOTICIED INITIALS	DATE CLIENT NOTIFIED INITIALS

INITIALS

SAMP REC'D DATE SAMP	BY_ REC	D	HARDESON.	18	13	117	4	TIN		1	20				
QU/   3 X   HPG	ANTI-T S M	/ Abse RAY IF	ence		Total Fecal E.coli	Colifo	orm_ orm_ A	A	II)		nalyst l	Notes:	(large/	/ small)	
	erial	Exa		tion I			_	_		ogy do	_	_	-	_	-
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				1											
48														160	

\*Free Chlorine Residual at the tap

Quality Assurance Unit