



5680 West End Rd, Arcata, California 95521 (707) 822-4649

Please complete the following sample information:

 POTABLE WATER SOURCE WATER WASTEWATERSystem # EA0800548 Sampling Time 8 AMLocation 241 Salmon Ave Sampled By NVLPSampling Date 10-16-24 * Res Cl .39 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 Community Service DistrictPhone #: 707-482-0723 707-460-3335Email: KlamathCSD@gmail.comCity/State/Zip Klamath Ca 95548

For Office Use Only

SAMPLE TEMP (°C) 10.07110 ON ICE? Y N #11
REC'D BY KMG TIME REC'D 11:00
DATE REC'D 10/16/24 INOC 1301 LNM 10/16/24
SAMPLE # 2410319 READ 1327 LNM 10/17/24

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 _____ / _____ E. coli _____ / _____
(large/small) (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

KMG

Quality Assurance Unit

DATE CLIENT NOTIFIED _____ INITIALS _____

DATE REGULATOR NOTIFIED _____ INITIALS _____