



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 # KA-0900548 Sampling Time 6:30 am
 Location 241 Salmon Ave Sampled By NULPL
 Sampling Date 9-18-24 * Res Cl 38 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 District
 Phone #: 707-482-0723
 Email: klamathcsd@gmail.com
 City/State/Zip Klamath Ca 95548

DATE CLIENT NOTIFIED _____ INITIALS _____
 DATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (C) 8.8 T100 ON ICE? N H/2
 REC'D BY ALC TIME REC'D 10:45
 DATE REC'D 9-18-24 INOC 1310 LNM 9/18/24
 SAMPLE # 2409314-01 READ 1342 LNM 9/19/24

TESTS REQUESTED: <input checked="" type="checkbox"/> Presence / Absence <input type="checkbox"/> QUANTI-TRAY <input type="checkbox"/> 3 X 5 MTF <input type="checkbox"/> HPC <input type="checkbox"/> _____	RESULTS: (MPN/100mL) <input checked="" type="checkbox"/> Total Coliform <u>A</u> <input type="checkbox"/> Fecal Coliform _____ <input type="checkbox"/> E.coli <u>A</u> <input type="checkbox"/> _____	Analyst Notes:
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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

amw
Quality Assurance Unit