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 8:30 AM
Location 241 Jalmex Cove Sampled By Nulph
Sampling Date 8/16/2023 * Res Cl .30 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: Klamathcsd@gmail.com
Phone #: Margaret Cardwell
Email: ~~[illegible]~~ Klamathcsd@gmail.com
City/State/Zip PO Box 430 Klamath Ca 95548

ATE CLIENT NOTIFIED _____ INITIALS _____
ATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (°C) 5.6 ON ICE? (Y) N 4 / 1
REC'D BY amw TIME REC'D 1035
DATE REC'D 8/16/23 INOC 1317 ORR 8/16/23
SAMPLE # 2308317 READ 1325 ORR 8/17/23

TESTS REQUESTED:	RESULTS: (MPN/100mL)	Analyst Notes:
☒ Presence / Absence	☐ Total Coliform A	
☐ QUANTI-TRAY	☐ Fecal Coliform	
☐ 3 X 5 MTF	☐ E.coli A	
☐ HPC	☐	
☐		

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