



**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 # CA0800548   Sampling Time 6:30 AM  
 Location 241 Salmon Ave   Sampled By \_\_\_\_\_  
 Sampling Date 5/14/2024   \* Res Cl \_\_\_\_\_ 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 CALDWELL  
 Phone #: 707-482-8723 — 707-460-3335  
 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) 13.8   ON ICE?  Y    N   A  
 REC'D BY AMW   TIME REC'D 1015  
 DATE REC'D 5/14/24   INOC 1306 WNM 5/14/24  
 SAMPLE # 2405278   READ 1314 WNM 5/15/24

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 \_\_\_\_\_ / \_\_\_\_\_ (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

509

Quality Assurance Unit