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 6 AM

Location 241 Salmon Lane Sampled By NVIPh

Sampling Date 7/19/23 per Klamath Res Cl .31 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 Services District

Phone #: 707-482-0723 or 460-3335

Email: klamathcsd@gmail.com

City/State/Zip PO Box 430 Klamath Ca 95548

DATE CLIENT NOTIFIED _____ INITIALS _____

DATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (°C) 9.8 ON ICE? (Y) N 4/1

REC'D BY 7/19/23 TIME REC'D 1030

DATE REC'D INOC 1232 ORR 7/19/23

SAMPLE # 2307350 READ 1315 ORR 7/20/23

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

Quality Assurance Unit