



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-0300548 Sampling Time 8:40 am

Location 241 Jumbo Ave Sampled By NVIPh

Sampling Date 6/19/24 * 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 Pedersen

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

Email: klamathesd@gmail.com

City/State/Zip Klamath Co. 95548

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

For Office Use Only

SAMPLE TEMP (C) 12.2 ON ICE? N # 12

REC'D BY amw TIME REC'D 1030

DATE REC'D 6/19/24 INOC 1220 INM 6/19/24

SAMPLE # 24063338201 READ 1500 INM 6/20/24

TESTS REQUESTED: RESULTS: (MPN/100ml) 689 amw notes: 6/21/24

Presence / Absence Total Coliform A

QUANTI-TRAY Fecal Coliform _____

3 X 5 MTF E.coli A

HPC _____

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

SCG

Quality Assurance Unit