



NORTH COAST LABORATORIES LTD
5680 West End Rd, Arcata, California 95521 (707)822-4649

Raw

Please complete the following sample information:

POTABLE WATER SOURCE WATER WASTEWATER **per BOTTLE*

System # CA-0800548 Sampling Time 6am*

Location 741 Salmon Ave Sampled By GDWELL

Sampling Date 12/20/23* * 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 \$ _____ *RAW*

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 Cardwell

Phone #: 707-482-0723

Email: klmathcsd@gmail.com

City/State/Zip Klamath Ca 95548

DATE CLIENT NOTIFIED _____ INITIALS _____

DATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (°C) 12.2 T-110 ON ICE? Y N H 1 1

REC'D BY X TIME REC'D 10:55

DATE REC'D 12/20/23 INOC 1314 LNM 12/20/23

SAMPLE # 236428 READ 1359 ORR 12/21/23

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 <u>A</u> <input checked="" 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 *509*

Quality Assurance Unit