



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 6:30 AM
 Location 241 Salmon Creek Sampled By NULPH
 Sampling Date 1/18/24 * 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 Beckwell
 Phone #: 707-482-0723
 Email: KlamathASD@gmail.com
 City/State/Zip Klamath Ca 95548

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

For Office Use Only

SAMPLE TEMP (C) 9.8 T-110 ON ICE? Y N H 1 1
 REC'D BY SL TIME REC'D 10:55
 DATE REC'D 1-19-24 INOC 1309 LNM 1/18/24
 SAMPLE # 2401328 READ 1358 LNM 1/19/24

TESTS REQUESTED:	RESULTS: (MPN/100mL)	Analyst Notes:
<input checked="" type="checkbox"/> Presence / Absence	<input checked="" type="checkbox"/> Total Coliform <u>A</u>	
<input type="checkbox"/> QUANTI-TRAY	<input type="checkbox"/> Fecal Coliform _____	
<input type="checkbox"/> 3 X 5 MTF	<input checked="" type="checkbox"/> E.coli <u>A</u>	
<input type="checkbox"/> HPC	<input type="checkbox"/> _____	
<input type="checkbox"/> _____	<input type="checkbox"/> _____	

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

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Quality Assurance Unit