



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

GREEN DIAMOND Well (RAW)
MC

Please complete the following sample information:

POTABLE WATER SOURCE WATER WASTEWATER
 System # CA0800548 Sampling Time 6 AM
 Location 745 7th St NW Sampled By NV/PH
 Sampling Date 9-19-23 *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 \$ _____

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 Cadwell
 Phone #: 707-482-0923
 Email: KlamathOSD@gmail.com
 City/State/Zip: Klamath Ca 95548

DATE: _____
 DATE RECEIVED: _____

INITIALS: _____
 INITIALS: _____

For Office Use Only

SAMPLE TEMP (°C) 15.4 with ON ICE? N H R
 REC'D BY MS TIME REC'D 12:00
 DATE REC'D 9/19/23 INOC 1303 ORR 9/19/23
 SAMPLE # 0309379-01 READ 1333 ORR 9/20/23

TESTS REQUESTED:

Presence / Absence
 QUANTI-TRAY
 3 X 5 MIF
 HPC

RESULTS: (MPN/100ml)

Total Coliform < 1.0
 Fecal Coliform
 E.coli < 1.0

Analyst Notes:

Quanti-Tray/2000: Total coliform 0,0 E. coli 0,0
(bars/small) (bars/small)

Bacterial Examination Report		All microbiology data will be destroyed after 6 yrs.													
1165	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
24															
48															
74															
48															
24															

*Free Chlorine Residual at the tap

Quality Assured