

NORTH COAST LABORATORIES LTD

5680 West End Rd, Arcata, Californi	ia 95521 (707)822-4649						
Please complete the following sample inform	nation:						
☑POTABLE WATER ☐SOURCE	WATER WASTEWATER						
System # CA 0800548 Sampling Time 4: AM Location 241 Salmon (Mampled By NUIP4							
Repeat Replace							
Payment is due at time of service. We are plea	sed to accept the following (please check one):						
Rec # AMT \$							
NEC#AIVITŞ							
If you are paying by credit card and ar	re not submitting samples in person						
please use the enclosed form to p	provide credit card information						
0							
Name: Klamath Commen	ily Sewice District						
Phone #: 787-48Z-0723	707 460 - 3335						
Email: Klomath CSD City/State/Zip Klamath	@gnail-Con						
City/State/Zip Klamath	Ca 95548						
DATE CLIENT NOTIFIED	INITIALS						
DATE REGULATOR NOTIFIED	INITIALS						

SAMP DATE SAMP	BY_ REC	D_	(LC)_	200	0 12 2	7	110	TIN	NICE ME RI OC_A AD_	EC'D	7 4	N 8 NM VM	12/	19/2	2
3 X	ANTI-T	/ Abse TRAY TF	nce		Total (Fecal)	Colifo	rm_ rm_	A				Notes:			
Quant	I-Tray	//200	0: 10	otal co	Olitorn	n	(lar	/_ ge/sma	11)	с.	COIL		(large/	small)	
	erial			tion I	Repo	rt 6	7	All mid	robio	ogy do	ta wil	be des	13	after 14	6 years
Hrs 24	- 1	2	3	4	5	6	/	8	9	10	11	12	13	14	15
48															
				17					197						0
24															
48	4.5														

*Free Chlorine Residual at the tap

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Quality Assurance Unit

NORTH COAST LABORATORIES LTD	For Office Use Only
5680 West End Rd, Arcata, California 95521 (707)822-4649 Raw	SAMPLE TEMP (°C) 9. O. TILD ONICE? (Y) N 17/2
Please complete the following sayfiple information:	REC'D BY OM () TIME REC'D 8000
□POTABLE WATER □SOURCE WATER □WASTEWATER	DATE REC'D 12 924 INOC 1247 IMM 12/9/24
System # CA - 0800548 Sampling Time 6 AM	SAMPLE # 2012252:02 READ 1356 LNM 12/10/24
Location Green Diamond Sampled By NV/DY	
Sampling Date 12-9-24 *Res Cl mg/L	TESTS REQUESTED: RESULTS: (MPN/100mL) Analyst Notes:
Routine Sample Repeat Replacement Special	Presence / Absence Total Coliform A
Payment is due at time of service. We are pleased to accept the following (please check one):	QUANTI-TRAY Fecal Coliform
Dog #	HPC DE.coli A
Rec # AMT \$	
If you are paying by credit card and are not submitting samples in person	A PROPERTY OF THE PROPERTY OF
please use the enclosed form to provide credit card information	Quanti-Tray/2000: Total coliform/ E. coli/(large/small)
	Bacterial Examination Report All microbiology data will be destroyed after 6 years
Name: Klapath Community Lyricas Olis treet	Hrs 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
	24
Phone #: 707-482-0723 707-460-3335	48
Email: KlamathesD@gmad, Com	24
	48
City/State/Zip Klamath Ca 95548	
	24
DATE CLIENT NOTIFIED INITIALS DATE REGULATOR NOTIFIED INITIALS	*Free Chlorine Residual at the tap
	Quality Assurance Un