



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 4: AM
Location 241 Salmon Ave Sampled By NUPH
Sampling Date 12-9-24 * 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: Klamath Community Service District

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

Email: KlamathCSD@gmail.com

City/State/Zip Klamath Ca 95548

DATE CLIENT NOTIFIED _____ INITIALS _____

DATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (°C) 9.0 T110 ON ICE? Y N # 12
REC'D BY AMU TIME REC'D 8:00
DATE REC'D 12/9/24 INOC 1247 LNM 12/9/24
SAMPLE # 2412282-01 READ 1351 LNM 12/10/24

TESTS REQUESTED:

- Presence / Absence
 QUANTI-TRAY
 3 X 5 MTF
 HPC

RESULTS: (MPN/100mL)

- Total Coliform A
 Fecal Coliform _____
 E.coli A

Analyst Notes:

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

AMU

Quality Assurance Unit



Raw

Please complete the following sample information:

POTABLE WATER SOURCE WATER WASTEWATER

System # CA-0800048 Sampling Time 6 AM

Location Green Diamond Sampled By NV 12/24

Sampling Date 12-9-24 * 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: Klamath Community Services District

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

Email: klamathesd@gmail.com

City/State/Zip Klamath Ca 95548

DATE CLIENT NOTIFIED _____ INITIALS _____

DATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (°C) 9.0 T10 ON ICE? Y N 11/2

REC'D BY amw TIME REC'D 8:00

DATE REC'D 12/9/24 INOC 1247 LNM 12/9/24

SAMPLE # 2412282-07 READ 1356 LNM 12/10/24

TESTS REQUESTED:

- Presence / Absence
 QUANTI-TRAY
 3 X 5 MTF
 HPC

RESULTS: (MPN/100mL)

- Total Coliform A
 Fecal Coliform _____
 E.coli A

Analyst Notes:

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

amw