



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 9 AM
 Location 24 Salmon Ave Sampled By NLPY
 Sampling Date 3-20-21 * Res Cl 3/20/2024 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 Cedwell
 Phone #: 0707-482-0723
 Email: Klamath CSD@gmail.com
 City/State/Zip Klamath Ca 95548

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

For Office Use Only

SAMPLE TEMP (°C) 10.8 T/10 ON ICE? Y N IT
 REC'D BY 6 TIME REC'D 1053
 DATE REC'D 3-20-21 INOC 144 LNM 3/20/21
 SAMPLE # 2403401-01 READ 1543 LNM 3/21/21

TESTS-REQUESTED:	RESULTS: (MPN/100mL)	Analyst Notes:
<input checked="" type="checkbox"/> Presence / Absence	<input 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 type="checkbox"/> E.coli <u>A</u>	
<input type="checkbox"/> HPC	<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 _____ SCS
 Quality Assurance Unit