



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

*Raw*

Please complete the following sample information:

POTABLE WATER    SOURCE WATER    WASTEWATER

System # CA-0800548   Sampling Time 8:10 AM

Location Green Diamond Well   Sampled By NVIPH

Sampling Date 6-19-24   \* 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 Dist

Phone #: 707-482-0723

Email: KlamathCSD@gmail.com

City/State/Zip Klamath OR 95548

DATE CLIENT NOTIFIED \_\_\_\_\_ INITIALS \_\_\_\_\_

DATE REGULATOR NOTIFIED \_\_\_\_\_ INITIALS \_\_\_\_\_

For Office Use Only

T10

SAMPLE TEMP (°C) 12.2   ON ICE? (Y) N H 12

REC'D BY amw   TIME REC'D 1030

DATE REC'D 6/19/24   INOC 1222 LNM 6/19/24

SAMPLE # 2406333-0102   READ 1459 LNM 6/20/24

TESTS REQUESTED:

Presence / Absence    Total Coliform A

QUANTI-TRAY    Fecal Coliform \_\_\_\_\_

3 X 5 MTF    E.coli A

HPC    \_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_

RESULTS: (MPN/100mL) 0   Analyst Notes: amw 6/20/24

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 \_\_\_\_\_

SCG  
Quality Assurance Unit