



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 # LA-0800548 Sampling Time 6:30 AM
 Location Green Diamond Well Sampled By NVPL
 Sampling Date 9-18-24 *Res Cl 0 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 707-460-3535
 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) 8.8 7100 ON ICE? Y N H/2
 REC'D BY ALC TIME REC'D 10:45
 DATE REC'D 9-18-24 INOC 1311 WNM 9/18/24
 SAMPLE # 2409314-02 READ 1343 WNM 9/19/24

TESTS REQUESTED: <input checked="" type="checkbox"/> Presence / Absence <input type="checkbox"/> QUANTI-TRAY <input type="checkbox"/> 3 X 5 MTF <input type="checkbox"/> HPC <input type="checkbox"/> _____	RESULTS: (MPN/100mL) <input type="checkbox"/> Total Coliform <u>A</u> <input type="checkbox"/> Fecal Coliform _____ <input type="checkbox"/> E.coli <u>A</u> <input type="checkbox"/> _____	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

dmw
Quality Assurance Unit