



Please complete the following sample information:

POTABLE WATER SOURCE WATER WASTEWATER

System # CA-0800548 Sampling Time 10:AM

Location 241 Salmon Ave Sampled By NUTPH

Sampling Date 2-13-25 * 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: Klamath.CSD@gmail.com

City/State/Zip Klamath Co 95548

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

For Office Use Only

SAMPLE TEMP (°C) 7.0 71.0 ON ICE? Y N #1

REC'D BY AMW TIME REC'D 1140

DATE REC'D 2/13/25 INOC 1443 LNM 2/13/25

SAMPLE # 2502383 READ 1535 SK 2.14.0

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>	Analyst Notes:
	<input type="checkbox"/> Fecal Coliform _____	
	<input type="checkbox"/> E.coli <u>A</u>	
	<input type="checkbox"/> _____	
	<input type="checkbox"/> _____	

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
Quality Assurance Unit