



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 6:30 AM

Location 241 Salmon Ave Sampled By NLP

Sampling Date 10-23-25 * 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 Services District

Phone #: 707-482-0723 707-400-3335

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) 11.4 THO ON ICE? N H / I

REC'D BY ALC TIME REC'D 10:26

DATE REC'D 10-23-25 INOC 1390 SC 10-23-25

SAMPLE # 2510545 READ 1356 KAM 10-24-25

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

ALC

Quality Assurance Unit