



5680 West End Rd, Arcata, California 95521 (707) 822-4649

Please complete the following sample information:

 POTABLE WATER  SOURCE WATER  WASTEWATERSystem # CA-0800548 Sampling Time 6 AM  
Location 241 Salmon Ave Sampled By NULPH  
Sampling Date 5-25-25 \* 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 DistrictPhone #: 707-982-0723 907-460-3335Email: KlamathCSJ@gmail.comCity/State/Zip Klamath Ca 95548

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

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

For Office Use Only

SAMPLE TEMP (°C) 8.6 T100 ON ICE?  Y  N H / I  
REC'D BY KMG TIME REC'D 10:55  
DATE REC'D 4/9/25 INOC 13:53 JAA 4.9.25  
SAMPLE # 2504314 READ 1435 52 4-10-5

TESTS REQUESTED:

- 
- Presence / Absence
- 
- 
- QUANTI-TRAY
- 
- 
- 3 X 5 MTF
- 
- 
- HPC
- 
- 
- \_\_\_\_\_

RESULTS: (MPN/100mL)

- 
- Total Coliform
- A
- 
- 
- Fecal Coliform \_\_\_\_\_
- 
- 
- E.coli
- A
- 
- 
- \_\_\_\_\_

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

ALC

Quality Assurance Unit