

Please complete the following sample information:

POTABLE WATER SOURCE WATER WASTEWATER

System # CA-08005-48 Sampling Time NOV

Location Green Diamond Sampled By W. P. L.

Sampling Date 12-16-25 * 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.esd@gmail.com

City/State/Zip Klamath, Ca 95548

DATE CLIENT NOTIFIED _____ INITIALS _____

DATE REGULATOR NOTIFIED _____ INITIALS _____

For Office Use Only

SAMPLE TEMP (°C) 9.2 +uo ON ICE? Y N H/2

REC'D BY: BAS TIME REC'D 1401

DATE REC'D 12-16-25 INOC 1528 SE 12/16/25

SAMPLE # 2512474-02 READ 1530 SE 12/17/25

TESTS REQUESTED: Presence / Absence Total Coliform A

QUANTI-TRAY Fecal Coliform A

3 X 5 MTF E.coli A

HPC _____

Analyst Notes: _____

Quanti-Tray/2000: Total coliforma _____ 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

JCS