



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

*Raw*

Please complete the following sample information:

POTABLE WATER  SOURCE WATER  WASTEWATER

System # CA 0800548 Sampling Time 6 AM  
Location GRAN DIAMOND Sampled By NULPH  
Sampling Date 3-12-25 \* 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 #: 702-482-0123 707-462-3335  
 Email: klamachess@gmail.com  
 City/State/Zip Klamath Ca 95548

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

For Office Use Only

SAMPLE TEMP (°C) 10.6 T110 ON ICE?  Y  N #12  
REC'D BY KMG TIME REC'D 10:30  
DATE REC'D 3/12/25 INOC 1330 LNM 3/12/25  
SAMPLE # 2503384-01 READ 1600 LNM 3/13/25

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



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 AM

Location 241 Salmon Ave   Sampled By NULPH

Sampling Date 3-12-25   \* 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 #: 787-482-0723   707-460-3935

Email: KlamathESD@gmail.com

City/State/Zip Klamath Ca 95548

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

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

For Office Use Only

SAMPLE TEMP (°C) 10.16 T110   ON ICE?  Y    N   H/2

REC'D BY KMG   TIME REC'D 10:30

DATE REC'D 3/12/25   INOC 1380 LNM 3/12/25

SAMPLE # 2503384-02   READ 1600 LNM 3/13/25

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: \_\_\_\_\_ / \_\_\_\_\_ (large/small)   E. coli \_\_\_\_\_ / \_\_\_\_\_ (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