



NORTH COAST LABORATORIES LTD

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 Sampled By NLPK

Sampling Date 1-14-25 * 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: klamatheso@gmail.com

City/State/Zip Klamath Ca 95548

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

For Office Use Only

SAMPLE TEMP (°C) 5.8-110 ON ICE? Y N H/I
REC'D BY KMG TIME REC'D 10:50
DATE REC'D 1/14/25 INOC 1330 SC 1-14-25
SAMPLE # 02501325 READ 1332 SC 1-15-25

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 _____ / _____ (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

amw
Quality Assurance Unit