



**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 # 5301104                      Sampling Time 1:00 PM  
 Location LOT 147                      Sampled By MIKE CLINTON  
 Sampling Date 1-27-16                      Phone # 599-5643

Routine Sample    Repeat    Replacement    Special

Payment is due at time of service. We are pleased to accept the following (please check one):

Check \$ \_\_\_\_\_ # \_\_\_\_\_    Cash \$ \_\_\_\_\_  
 Visa    Mastercard    Am. Express    Discover \$ \_\_\_\_\_

If you are paying by credit card and are not submitting samples in person please use the enclosed form to provide credit card information

**1ST QTR**                      \*SCIENTIFIC SWIPE READING

Attn:/email: MCLINTON@CITYOFARCATA.ORG  
 Name MIKE CLINTON   Covington Mill B  
 Address LAKE FOREST DRIVE  
 City/State/Zip Covington Mill, CA.

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

For Office Use Only

SAMPLE TEMP (°C) 4.0                      ON ICE?  N 1/1  
 REC'D BY [Signature]                      TIME REC'D 10:40  
 DATE REC'D 1/28/16                      INOC 1206 1-28-16 STD  
 SAMPLE # 11201505-1                      READ 1227 1-29-16 STD

<b>TESTS REQUESTED:</b>	<b>RESULTS: (MPN/100mL)</b>	Analyst Notes:
<input checked="" type="checkbox"/> Presence / Absence	<input checked="" type="checkbox"/> Total Coliform <u>Absence</u>	
<input type="checkbox"/> QUANTI-TRAY	<input type="checkbox"/> Fecal Coliform _____	
<input type="checkbox"/> 3 X 5 MTF	<input type="checkbox"/> E.coli <u>Absence</u>	
<input type="checkbox"/> HPC	<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															

[Signature]  
Quality Assurance Unit