

Sample Info: Potable Source Waste

System #: 0600548

Location: 211 SALMON AV

Sample Date: 1-14-26 Time: 10 AM

Sampled By: NUPH *Res Cl: .26 mg/L

Routine Repeat Replacement Special

Client Name: KIAMATH CSD

Phone #: 707-482-0283

Email: KIAMATHCSD@gmail

Payment: Check Credit Card Call

Client Notes:

Sample Temp (°C): 10.6 Therm: T110 Ice: Y N H 1 1

Rec: ALC 1-14-26 11:47 Sample #: 2401321

Inoc: 1230 SC 1-14-26 2nd Inoc: _____

Read: 1519 SC 1-15-26 2nd Read: _____

Test:	Results: (MPN/100 ml)	Analyst Notes:
<input checked="" type="checkbox"/> Pres / Abs	<input checked="" type="checkbox"/> Total Coliform <u>A</u>	
<input type="checkbox"/> Quanti-Tray	<input type="checkbox"/> Fecal Coliform _____	
<input type="checkbox"/> 3x5 MTF	<input checked="" type="checkbox"/> E. coli <u>A</u>	
<input type="checkbox"/> HPC	<input type="checkbox"/> HPC _____	

Quanti-Tray Data: (Lg / Sm) TC: 1 EC: 1

3x5 Data: Presumptive (1st 24/48) and Confirmed TC/EC (2nd 24/48) & Fecal (3rd 24)

Hrs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
24															
48															
24															
48															
24															

Client Notified Date/By: _____

Regulator Notified Date/By: _____

*Free Residual Chlorine at the tap.

QA'd: JCG