

Sample Info: Potable Source Waste

System #: CA-0800548

Location: 241 Salmon Ave

Sample Date: 5-13-26 Time: 10 AM

Sampled By: NU/PL *Res Cl: .23 mg/L

Routine Repeat Replacement Special

Client Name: Klamath Community Dev Dist

Phone #: 707-482-0923 707-482-3335

Email: klamathCSD@gmail.com

Payment: Check Credit Card Call

Client Notes:

Sample Temp (°C): 13.4 Therm: 7100 Ice: (Y) N H / I

Rec: ALC 5-13-26 11:53 Sample #: 2605326

Inoc: 1334 SL 5-13-26 2nd Inoc: _____

Read: 1600 & 5-14-26 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 type="checkbox"/> E. coli <u>A</u>	
<input type="checkbox"/> HPC	<input type="checkbox"/> HPC _____	

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

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: SCS