

Sample Info: Potable Source Waste

System #: CA-0800548

Location: 241 Salmon Ave

Sample Date: 12-16-25 Time: NOD

Sampled By: NJPH *Res Cl: _____ mg/L

Routine Repeat Replacement Special

Client Name: Klamath Community Services

Phone #: 707-482-0723 707-460-3335

Email: KlamathCSD@gmail.com

Payment: Check Credit Card Call

Client Notes:

Sample Temp (°C): 9.2 Therm: +100 Ice: N H, Z

Rec: BAS 12-16-25 140 Sample #: 2512474-01

Inoc: 1521 SL 12-16-25 2nd Inoc: _____

Read: 1530 SL 12-17-25 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: SCS