

**Sample Info:**  Potable  Source  Waste

System #: CA-0800548

Location: 241 Salmon Ave

Sample Date: 4-16-26 Time: 10 AM

Sampled By: NUPH \*Res Cl: .22 mg/L

Routine  Repeat  Replacement  Special

Client Name: Klamath Community Dev Dept

Phone #: 707-482-0723 707-466-3575

Email: KlamathESD@gmail.com

Payment:  Check  Credit Card  Call

Client Notes:

Sample Temp (°C): 11.8 Therm: T100 Ice:  Y /  N H 1 1

Rec: KMG 4/16/26 10:37 Sample #: 2604469

Inoc: 1526 SC 4-16-26 2nd Inoc: \_\_\_\_\_

Read: 1400 SC 4-17-26 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: JCS