**Date:** 18-Aug-2026
**WorkOrder:** 2608249

# ANALYTICAL REPORT

**Client Sample ID:** 241 Salmon Ave
**Lab ID:** 2608249-01A

**Received:** 08/13/2026
**Collected:** 08/13/2026 09:30

**Test Name:** Coliform Presence/Absence
**Reference:** SM9223B, 2004.

| Parameter | Result | Flag | Limit | Units | DF | Prepared | Analyzed |
|---|---|---|---|---|---|---|---|
| Total Coliform | A | | N/A | P/A | 1.0 | 08/13/2026 | 08/14/2026 13:20 |
| E. coli | A | | N/A | P/A | 1.0 | 08/13/2026 | 08/14/2026 13:20 |

**Microbac - Arcata** | 5680 West End Road, Arcata, California 95521 | 707-822-4649 | **Microbiological Report** F002v02

**Sample Info:** ☒Potable ☐Source ☐Waste

System #: CA-C800548

Location: 241 Salmon Ave

Sample Date: 8-13-26 Time: 9:30 AM

Sampled By: NUPL *Res Cl: .31 mg/L

☒Routine ☐Repeat ☐Replacement ☐Special

Client Name: Klamath CSD

Phone #: 707-482-0723 707460-3335

Email: Klamathcsd@gmail.com

Payment: ☐Check ☐Credit Card ☐Call

Client Notes:

Client Notifed Date/By: _____

Regulator Notified Date/By: _____

*Free Residual Chlorine at the tap. QA'd: _____

Sample Temp (°C): 17.2°C Therm: 7100 Ice: (Y) / N H1

Rec: JM 8/13/26 @ 10:59 Sample #: 2608249

Inoc: _____ 2nd Inoc: _____

Read: _____ 2nd Read: _____

**Test:**
- ☒Pres / Abs
- ☐Quanti-Tray
- ☐3x5 MTF
- ☐HPC

**Results:** (MPN/100 ml)
- ☒Total Coliform _____
- ☐Fecal Coliform _____
- ☒E. coli _____
- ☐HPC _____

Analyst Notes:

**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 | | | | | | | | | | | | | | | |