

002 K6 3/20/26

Sample Info:  Potable  Source  Waste

System #: 0800548

Location: 241 SALMON AVE

Sample Date: 3-12-26 Time: 11:AM

Sampled By: NV/PS \*Res Cl: .21 mg/L

Routine  Repeat  Replacement  Special

Client Name: Klamath CSD

Phone #: 707-482-0723

Email: KlamathCSD@gmail.com

Payment:  Check  Credit Card  Call

Client Notes:  
P/A

Sample Temp (°C): 12.4 Therm: T100 Ice:  Y / N H / 2

Rec: KMG 3/12/26 13:00 Sample #: 2603371-01

Inoc: 1400 SL 3-12-26 2nd Inoc: \_\_\_\_\_

Read: 1525231308 2nd Read: \_\_\_\_\_

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

002 KG  
3/20/26

Sample Info:  Potable  Source  Waste

System #: 0800548

Location: Green diamond well

Sample Date: 3-12-26 Time: 11:AM

Sampled By: NULPH \*Res Cl: RAW mg/L

Routine  Repeat  Replacement  Special

Client Name: KIAMATH CSD

Phone #: 707 482-0723

Email: kcsd@gmail.com

Payment:  Check  Credit Card  Call

Client Notes: RAW

Sample Temp (°C): 12.4 Therm: 1100 Ice:  Y /  N H 1 2

Rec: KMG 3/12/26 13:00 Sample #: 2603371-02

Inoc: 1400 SL 3-12-26 2nd Inoc: \_\_\_\_\_

Read: 525 SL 3-13-26 2nd Read: \_\_\_\_\_

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

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: SCG