

**Actions Taken**

Address	Zone	Call Date	Facility Type Residence, Business, School, CDC, CDH, MDV	Concern Description (sheen, taste, odor, other)	Sample Date	Samples Collected (Y/N)	Analytes Tested	Sample Results	Type of Testing	Resolution	Status (Pending/ Closed)
Address A	F2	1/2/2026	Residence	Requested sample	1/5/2026	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	<b>Closed</b>
Address B	D3	1/8/2026	Facility	Requested sample	1/9/2026	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	<b>Closed</b>
Address C	D1	1/21/2026	School	Requested sample	1/22/2026	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	<b>Closed</b>
Address D	D3	1/22/2026	Residence	Requested sample	1/28/2026	Y	TPH	ND (TBD)	RRT (Certified)	Pending Validated Results*	<b>Pending</b>
Address E	A2	1/23/2026	Residence	Requested sample	1/27/2026	Y	TPH	ND (TBD)	RRT (Certified)	Pending Validated Results*	<b>Pending</b>
Address F	C1	1/23/2026	Residence	Requested sample	1/23/2026	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	<b>Closed</b>

**\*Results pending due to ongoing validation of data**