

Actions Taken											
Address	Zone	Call Date	Facility Type Residence, Business, School, CDC, CDH, MDV	Complaint Description (sheen, taste, odor, other)	Sample Date	Samples Collected (Y/N)	Analytes Tested	Sample Results	Type of Testing	Resolution	Status (Pending/ Closed)
Address A	A3	6/5/2025	Residence	Requested sample	6/9/2025	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	Closed
Address B	A3	6/6/2025	Residence	Requested sample	6/10/2025	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	Closed
Address D	A3	6/6/2025	Residence	Requested sample	6/11/2025	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	Closed
Address C	A3	6/9/2025	Residence	Requested sample	6/12/2025	Y	TPH	ND (ND)	RRT (Certified)	No Further Action Needed	Closed
Address D	D4	6/18/2025	Facility	Requested sample	6/25/2025	Y	TPH	ND (Pending)	RRT (Certified)	Pending Validated Results*	Pending
Address E	A2	6/26/2025	Residence	Requested sample	6/27/2025	Y	TPH	ND (Pending)	RRT (Certified)	Pending Validated Results*	Pending