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Analytical Report

Report To: BREESE II WATER SYSTEM
PO BOX 9062
RED BLUFF, CA 96080
Attention: SHELBY CARVER
Project: DRINKING WATER MONITORING

Lab No: 21G0669
Reported: 07/16/21
Phone: (541) 778-1447

Included in this report are laboratory results for work order 21G0669, received on 07/15/21. All analyses were performed in strict adherence to our established Quality Manual. Any qualifications or abnormalities are listed in the Notes and Definitions and/or the Case Narrative section of this report. The project Chain of Custody and laboratory sample receipt record are included as attachments to this report.

System Name: BREESE SUBDIVISION 2
System Number: CA5200008

Sampled By: Tony Casados
Employed By: BASIC LABORATORY, INC

Sample Results

Sample ID:	120 GURNSEY DRIVE (21G0669-01)	Sampled:	07/15/21 07:08
Sample Type:	Routine	Received:	07/15/21 12:59
Source Name:		Receipt Temp (c):	7.1
Source Number:		Chlorine (mg/l):	1.42

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent		SM 9223 B Colilert-18	07/16/21 11:07	07/15/21 17:07	B1G1191 / TMN
E. Coli	"	Absent		"	"	"	"

Sample ID:	WELL 1 RAW (21G0669-02)	Sampled:	07/15/21 07:15
Sample Type:	Source	Received:	07/15/21 12:59
Source Name:	5200008-001 WELL 1	Receipt Temp (c):	8.1
Source Number:	001	Chlorine (mg/l):	0.00

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	MPN/100 ml	<1		SM 9223 B Colilert-18	07/16/21 09:10	07/15/21 15:10	B1G1184 / TMN
E. Coli	"	<1		"	"	"	"



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Analytical Report

Approved By

I certify that these results meet the requirements of the applicable accreditation standard, and were performed in compliance with the stated analytical methods unless otherwise noted in the qualifications or Case Narrative section of this report.

Approved By: Taylor Needham
Taylor Needham, Microbiologist
Basic Laboratory Inc
California ELAP Cert #1677

cc: Tehama County Environmental Health

The data included in this report relate only to the specific items as received. Interpretation and use of the information included in this report is the sole responsibility of the client. This report may not be reproduced except in full.



SAMPLE RECEIPT CHECKLIST

WO NUMBER 21 G06009

SHIPPING INFORMATION	
Walk-In	<input type="checkbox"/>
Courier	<input type="checkbox"/>
FedEx	<input type="checkbox"/>
UPS	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>
Cooler Present?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Samples Received By: SMU Date: 8.19.21

Yes No

Samples received on ice? ☒ ☐Samples received the same day collected? ☒ ☐Ice type? ☐ Wet ☒ Blue ☐ Other _____

SAMPLE TEMPERATURES AT RECEIPT

Therm. ID (Circle one):

Therm-36

Therm-37

Therm-59

Other: _____

Sample ID	Corr Temp (°C)	Sample ID	Corr Temp (°C)	Sample ID	Corr Temp (°C)	Sample ID	Corr Temp (°C)
-01	7.1°C	-06		-11		-16	
-02	8.1°C	-07		-12		-17	
-03		-08		-13		-18	
-04		-09		-14		-19	
-05		-10		-15		-20	

SAMPLE CONDITION AND PROCESSING

Samples Processed and Labeled By: SMU Date: 8.19.21

Yes No NA

Custody seals present? ☐ ☐ ☒Samples in proper containers? ☒ ☐Sample containers damaged? ☐ ☒Sufficient sample volume for indicated tests? ☒ ☐Samples received within holding times? ☒ ☐Are VOA vials free of headspace? ☐ ☐ ☒Dechlor. agent labels present (i.e., colilert, TTHMs)? ☒ ☐ ☐

SAMPLE PRESERVATION

NA

☒

Yes No NA

Preserved in the field? ☐ ☐ ☐Preserved in the lab? ☐ ☐ ☐

Lab Preservation

Date & Time _____

☐ H2SO4 (ID _____)☐ HNO3 (ID _____)☐ NaOH (ID _____)☐ Other (ID _____)☐ Other (ID _____)☐ Other (ID _____)

H2SO4 preserved samples confirmed to pH <2 (i.e., E350.1, SM5220, SM5310)?

HNO3 preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)?

NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)?

Hexavalent Chromium (DW) preserved samples confirmed to pH >8 & Chlorine <0.1 mg/l?

Hexavalent Chromium (W) preserved samples confirmed to pH 9.3 - 9.7?

Are proper preservation labels present?

Yes No NA

☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐☐ ☐ ☐

By: _____ Meter ID: _____

Preservation checked at Lab? Date & Time _____ Test Strip (ID _____)

Preservation and Preservation Checks performed by: _____

COMMENTS, DISCREPANCEIS, ANOMALIES