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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:** 21J0945  
**Reported:** 10/22/21  
**Phone:** (541) 778-1447

Included in this report are laboratory results for work order 21J0945, received on 10/21/21. 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 (21J0945-01)	Sampled:	10/21/21 07:36
Sample Type:	Routine	Received:	10/21/21 12:33
Source Name:		Receipt Temp (c):	7.3
Source Number:		Chlorine (mg/l):	1.21

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Present		SM 9223 B Colilert-18	10/22/21 08:59	10/21/21 14:59	B1J1412 / NSA
E. Coli	"	Absent		"	"	"	"

Sample ID:	WELL 1 (21J0945-02)	Sampled:	10/21/21 07:45
Sample Type:	Source	Received:	10/21/21 12:33
Source Name:	5200008-001 WELL 1	Receipt Temp (c):	7.3
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	10/22/21 08:59	10/21/21 14:59	B1J1411 / NSA
E. Coli	"	<1		"	"	"	"



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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: \_\_\_\_\_  
Nikki Aceituno, 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 21J0945

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: CM Date: 10/21/21

Samples received on ice?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Samples received the same day collected?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

 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	<u>7.3</u>	-06		-11		-16	
-02	<u>7.3</u>	-07		-12		-17	
-03		-08		-13		-18	
-04		-09		-14		-19	
-05		-10		-15		-20	

## SAMPLE CONDITION AND PROCESSING

 Samples Processed and Labeled By: CM Date: 10/21/21

	Yes	No	NA
Custody seals present?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Samples in proper containers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sample containers damaged?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sufficient sample volume for indicated tests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Samples received within holding times?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are VOA vials free of headspace?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dechlor. agent labels present (i.e., colilert, TTHMs)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SAMPLE PRESERVATION NA ☒

	Yes	No	NA
Preserved in the field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserved in the lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> H2SO4 (ID _____)	<input type="checkbox"/> HNO3 (ID _____)	<input type="checkbox"/> NaOH (ID _____)
<input type="checkbox"/> Other (ID _____)	<input type="checkbox"/> Other (ID _____)	<input type="checkbox"/> Other (ID _____)

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

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

NaOH preserved samples confirmed to pH &gt;10 (cyanide) or &gt;9 (sulfide)?

Hexavalent Chromium (DW) preserved samples confirmed to pH &gt;8 &amp; Chlorine &lt;0.1 mg/l?

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

Are proper preservation labels present?

	Yes	No	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Preservation checked at Lab? Date &amp; Time \_\_\_\_\_ Test Strip (ID \_\_\_\_\_)

Preservation and Preservation Checks performed by: \_\_\_\_\_

## COMMENTS, DISCREPANCIES, ANOMALIES