



2218 Railroad Avenue
Redding, California 96001

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3860 Morrow Lane, Suite F
Chico, California 95928

voice 530.894.8966
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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 REPEATS

Lab No: 21J1095
Reported: 10/27/21
Phone: (541) 778-1447

Included in this report are laboratory results for work order 21J1095, received on 10/26/21. 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: Merle McCullough
Employed By: BASIC LABORATORY, INC

Sample Results

Sample ID:	120 GURNSEY DRIVE (21J1095-01)	Sampled:	10/26/21 09:47
Sample Type:	Repeat	Received:	10/26/21 12:07
Source Name:		Receipt Temp (c):	5.0
Source Number:		Chlorine (mg/l):	1.26

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent		SM 9223 B Colilert-18	10/27/21 09:13	10/26/21 15:13	B1J1524 / NSA
E. Coli	"	Absent		"	"	"	"

Sample ID:	230 GURNSEY DRIVE (21J1095-02)	Sampled:	10/26/21 10:01
Sample Type:	Repeat	Received:	10/26/21 12:07
Source Name:		Receipt Temp (c):	7.9
Source Number:		Chlorine (mg/l):	1.36

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent		SM 9223 B Colilert-18	10/27/21 09:13	10/26/21 15:13	B1J1524 / NSA
E. Coli	"	Absent		"	"	"	"

Sample ID:	212 GURNSEY DRIVE (21J1095-03)	Sampled:	10/26/21 09:57
Sample Type:	Repeat	Received:	10/26/21 12:07
Source Name:		Receipt Temp (c):	5.8
Source Number:		Chlorine (mg/l):	1.06

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent		SM 9223 B Colilert-18	10/27/21 09:13	10/26/21 15:13	B1J1524 / NSA
E. Coli	"	Absent		"	"	"	"

Sample ID:	WELL 1 RAW (21J1095-04)	Sampled:	10/26/21 09:36
Sample Type:	Source	Received:	10/26/21 12:07



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Analytical Report


Source Name: 5200008-001 WELL 1
Source Number: 001

Receipt Temp (c): 4.8
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	10/27/21 09:13	10/26/21 15:13	B1J1522 / NSA
E. Coli	"	<1		"	"	"	"

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.

21J1095

BASIC LABORATORY, INC. - CHAIN OF CUSTODY

(FOR DRINKING WATER - MICROBIOLOGY)

☒ 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234 FAX (530) 243-7494
☐ 3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8966 FAX: (530) 894-5143

CLIENT NAME

BREESE II WATER SYSTEM

PROJECT NAME

DRINKING WATER MONITORING

PROJECT / PO #

REPEATS

MAILING ADDRESS

PO BOX 9062
RED BLUFF, CA 96080

Contact for positive results:

Name: MIKE BUTLER

Phone: 530-680-7079

Alt. contact for positive results

Name:

Phone:

SPECIAL INSTRUCTIONS / PO#

CC REPORTS TO MIKE BUTLER

Weekend contact for positive results:

Name: MIKE BUTLER

Phone: 530-680-7079

REPORT TO

☒ Email☐ Mail Hardcopy

NAME / ATTENTION

SHELBY CARVER

PHONE

541-778-1447

EMAIL

breesewater@gmail.com

REGULATORY AGENCY

Tehama Co Environmental Health

PWS # (if Applicable)

5200008 TEHAMA

TURN AROUND TIME REQUESTED

☒ Standard☐ Rush

LABORATORY WORK ORDER #

21J1095

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basic
laboratory

ANALYSES REQUESTED

Field Chlorine Residual (mg/L)

(Present / Absent)

Total Coliforms / E. coli

(Enumerated - Quanti-Tray)

NUMBER OF CONTAINERS

REGULATORY ID / SOURCE CODE (if Applicable)

SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION

SAMPLE TYPE*

TIME SAMPLED

DATE SAMPLED

ID # (Lab Use Only)

1

2

3

4

SAMPLING / ANALYSIS COMMENTS

SAMPLED BY: (please print) MERLE MCCULLOUGH / BASIC LAB

RELINQUISHED DATE / TIME: 10-26-21 11:59

I authorize Basic Laboratory to perform the indicated tests. By signing I agree to the TERMS and CONDITIONS. (www.basiclab.com/terms)

NAME PER AUTHORIZATION

SIGNATURE

DATE

RECEIVED BY

DATE/TIME

RELINQUISHED BY

DATE/TIME

RECEIVED BY LAB

DATE/TIME

10-26-21 12:07

LOGGED BY LAB

8m

For Official Lab Comments Only

*SAMPLE TYPE CODES (NR = Non-Regulated)

1 - Routine

2 - Repeat

3 - Replacement

4 - Special (Not sent to Regulator)

5A - Source Groundwater

5B - Source Surface Water

6 - Other (Sent to Regulator)



SAMPLE RECEIPT CHECKLIST

WO NUMBER 21J1095

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: SM Date: 10.26.21

Samples received on ice? Yes ☒ No ☐
Samples received the same day collected? Yes ☒ No ☐

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	5.0	-06		-11		-16	
-02	7.9	-07		-12		-17	
-03	5.8	-08		-13		-18	
-04	4.8	-09		-14		-19	
-05		-10		-15		-20	

SAMPLE CONDITION AND PROCESSING

Samples Processed and Labeled By: SM Date: 10.26.21

	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"/>

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
<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"/>

By: _____ Meter ID: _____

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

Preservation and Preservation Checks performed by: _____

COMMENTS, DISCREPANCIES, ANOMALIES