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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: 21A0910
Reported: 01/26/21
Phone: (541) 778-1447

Included in this report are laboratory results for work order 21A0910, received on 01/25/21. 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 (21A0910-01)	Sampled:	01/25/21 07:50
Sample Type:	Routine	Received:	01/25/21 13:49
Source Name:		Receipt Temp (c):	2.9
Source Number:		Chlorine (mg/l):	0.94

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent		SM 9223 B Colilert-18	01/26/21 08:33	01/25/21 14:33	B1A1431 / NSA
E. Coli	"	Absent		"	"	"	"

Sample ID:	WELL 1 RAW (21A0910-02)	Sampled:	01/25/21 08:00
Sample Type:	Source	Received:	01/25/21 13:49
Source Name:	5200008-001 WELL 1	Receipt Temp (c):	3.0
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	01/26/21 08:44	01/25/21 14:44	B1A1432 / NSA
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: _____
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 21A0910

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

Samples Received By: SMU Date: 1-25-21

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

Ice type? ☐ Wet ☒ Blue ☐ Other _____

SAMPLE TEMPERATURES AT RECEIPT

Therm. ID (Circle one): Therm-36 Therm-37 Other: _____

Sample ID	Meas Temp (°C)	Corr Factor	Corr Temp (°C)	Sample ID	Meas Temp (°C)	Corr Factor	Corr Temp (°C)
-01	2.8°C	+0.1°C	2.9°C	-06			
-02	2.9°C	↓	3.0°C	-07			
-03				-08			
-04				-09			
-05				-10			

SAMPLE CONDITION AND PROCESSING

Samples Processed and Labeled By: SMU Date: 1-25-21

	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"/>

SAMPLE PRESERVATION N/A

	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 _____

<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 <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?

Dechlorinating agent labels present (i.e., collilert, TTHMs)?

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 checked="" 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