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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: 21C0854
Reported: 03/19/21
Phone: (541) 778-1447

Included in this report are laboratory results for work order 21C0854, received on 03/18/21. 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 (21C0854-01)	Sampled:	03/18/21 08:01
Sample Type:	Routine	Received:	03/18/21 13:03
Source Name:		Receipt Temp (c):	3.9
Source Number:		Chlorine (mg/l):	1.20

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent		SM 9223 B Colilert-18	03/19/21 08:44	03/18/21 14:44	B1C1426 / NSA
E. Coli	"	Absent		"	"	"	"

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.

BASIC LABORATORY, INC. - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)										LABORATORY WORK ORDER # 21C0854									
<div><div><input checked="" type="checkbox"/> 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234 FAX (530) 243-7494 <input type="checkbox"/> 3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8966 FAX: (530) 894-5143</div><div>CLIENT NAME BREESE II WATER SYSTEM</div></div>										PROJECT NAME DRINKING WATER MONITORING		PROJECT / PO #		PWS # (If Applicable) 5200008 TEHAMA		TURN AROUND TIME REQUESTED <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush		PAGE 1 OF 1	
<div><div>MAILING ADDRESS PO BOX 9062 RED BLUFF, CA 96080</div><div>INVOICE TO SAME</div><div>SPECIAL INSTRUCTIONS / PO# CC REPORTS TO MIKE BUTLER</div></div>										Contact for positive results: Name: MIKE BUTLER Phone: 530-680-7079 Alt. contact for positive results Name: _____ Phone: _____		REPORT TO <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail Hardcopy NAME / ATTENTION SHELBY CARVER PHONE 541-778-1447 EMAIL breesewater@gmail.com REGULATORY AGENCY Tehama Co Environmental Health		REGULATORY ID / SOURCE CODE (If Applicable)		NUMBER OF CONTAINERS		ANALYSES REQUESTED	
ID # (Lab Use Only)		DATE SAMPLED		TIME SAMPLED		SAMPLE TYPE*		SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION		FIELD CHORINE RESIDUAL (mg/L)		TOTAL COLIFORMS / E. coli (Present / Absent)		TOTAL COLIFORMS / E. coli (Enumerated - Quanti-Tray)					
1		3-18-21		0801		1		120 GURNEY DRIVE		1		✓							
SAMPLED BY: (please print) TONY CASADOS / BASIC LAB										SAMPLING / ANALYSIS COMMENTS									
RELINQUISHED DATE / TIME: 3-18-21 1240																			
<input type="checkbox"/> I authorize Basic Laboratory to perform the indicated tests. By signing I agree to the TERMS and CONDITIONS. (www.basiclab.com/terms)										DATE									
NAME										SIGNATURE									
PER AUTHORIZATION AGREEMENT																			
RECEIVED BY		DATE/TIME		RELINQUISHED BY		DATE/TIME				DATE/TIME									
RECEIVED BY		DATE/TIME		RELINQUISHED BY		DATE/TIME				DATE/TIME									
RECEIVED BY LAB		DATE/TIME		LOGGED BY LAB		DATE/TIME				DATE/TIME									
SM		3-18-21 13:03		SM		3-18-21 14:22				DATE/TIME									
For Official Lab Comments Only																			



SAMPLE RECEIPT CHECKLIST

WO NUMBER 210854

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: SM Date: 3.18.21

	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	3.8°C	+0.1°C	3.9°C	-06			
-02				-07			
-03				-08			
-04				-09			
-05				-10			

SAMPLE CONDITION AND PROCESSING

Samples Processed and Labeled By: SM Date: 3.18.21

	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? ☐ ☐ ☐ 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., colilert, 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