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# Analytical Report

BREESE II WATER SYSTEM  
SHELBY CARVER  
PO BOX 9062  
RED BLUFF CA 96080

Report Date: 04/21/21  
Lab Sample ID: 21D0725-01

System Name: BREESE SUBDIVISION 2  
Source Name: 5200008-001 WELL 1  
Client Sample ID: WELL 1 RAW  
Sampled By: Tony Casados  
Employed By: BASIC LABORATORY, INC

Sample Date: 04/15/21 07:10  
Sample Received: 04/15/21 13:08  
User ID: 52C  
System Number: 5200008  
Source Code: 001

STORET	INORGANIC CHEMICAL	UNITS	RESULTS	MCL	DLR
00618	Nitrate as N	mg/l	5.48	10	0.45

Note 2: According to 40 CFR Part 136 Table II, the following tests should be analyzed in the field within 15 minutes of sampling: pH, chlorine, dissolved oxygen, and sulfite.

\* Stars denote tiered Maximum Contaminant and/or Action Levels (\* 250-500-600, \*\* 900-1600-2200, \*\*\* 500-1000-1500).

ND Not detected at the reporting limit.

DL Detection limit

MCL Maximum Contaminant Level

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: Ricky Jensen  
Ricky Jensen, Laboratory Director  
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 2100725

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"/>

2100725

Samples Received By: ES Date: 4

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 Other: \_\_\_\_\_

Sample ID	Meas Temp (°C)	Corr Factor	Corr Temp (°C)	Sample ID	Meas Temp (°C)	Corr Factor	Corr Temp (°C)
-01	11.0	+0.3	11.3	-06			
-02				-07			
-03				-08			
-04				-09			
-05				-10			

**SAMPLE CONDITION AND PROCESSING**Samples Processed and Labeled By: ES Date: 4.15.21

	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**

	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 &amp; 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 &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?

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By: \_\_\_\_\_ Meter ID: \_\_\_\_\_

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

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

**COMMENTS, DISCREPANCIES, ANOMALIES**

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