SAMPLE ACKNOWLEDGEMENT

2218 Railroad Avenue
Redding, CA 96001-2504
(530) 243-7234

Report To:

BREESE II WATER SYSTEM
AUTUMN WALKER
PO Box 9062
RED BLUFF, CA 96080

Phone: 530-209-2748
Email: breesewater@gmail.com

Invoice To:

28-100059
BREESE II WATER SYSTEM
AUTUMN WALKER
PO Box 9062
RED BLUFF, CA 96080

Phone: 530-209-2748
Email: breesewater@gmail.com

Pace Project Manager: Nikki Peterson
(530) 243-7234
reddingclientservices@pacelabs.com

Client Project ID: [none]
Client PO#:

Pace Analytical Project ID: 26E0272
Samples Received: 05/13/2026 13:48 PM
Estimated Completion: 06/04/2026 23:00 PM

CC:

Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 Gurnsey Drive	26E0272-01	Drinking Water	05/13/2026 09:09 AM	Field Sampling Fee Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E P/A
Well 1	26E0272-02	Ground Water	05/13/2026 09:25 AM	SM 9223 B Colilert-18 Total Coliform / E.coli. Quanti - Colilert-18
Well 1	26E0272-03	Raw Water	05/13/2026 09:25 AM	EDD EDT - CLIP, EDT - CLIP SUB-BAKE EPA 200.7 Ca Total ICP 200.7, Fe Total I 200.7, Mg Total ICP 200.7, Na Total ICP 200.7 EPA 200.8 Mn Total ICPMS 200.8, Zn To ICPMS 200.8 EPA 300.0 Chloride 300.0, Nitrate 300.0, Sulfate 300.0 EPA 314.0 Subcontracted Perchlorate E314.0 SUB-BAK SM 2120B* Color 2120B

Please contact your project manager if you recognize any discrepancy in this form or have any questions about your project.

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Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
				SM 2130B Turbidity 2130B SM 2150B* Odor 2150B SM 2320B Alkalinity Series as CaCO3 2320B SM 2340C Hardness 2340C SM 2510B Conductivity 2510B SM 2540C TDS 2540C SM 4500-H+ B pH 4500-H+ SM 5540 C MBAS 5540

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Analyte List

Customer Sample ID	Method	Compound	MRL	Units
120 Gurnsey Drive	SM 9223 B Colilert-18	E. Coli		Presen
		Total Coliforms		Presen
Well 1		E. Coli	1	MPN/1(
		Total Coliforms	1	MPN/1(
	SM 2320B	Alkalinity as CaCO3	5	mg/l
		Bicarbonate as CaCO3	5	mg/l
		Carbonate as CaCO3	5	mg/l
		Hydroxide as CaCO3	5	mg/l
	EPA 200.7	Calcium	1	mg/l
	EPA 300.0	Chloride	0.5	mg/l
	SM 2120B*	Color	5	PC Uni
	SM 2510B	Conductivity @ 25°C	10	umhos/
	EPA 200.7	Iron	50	ug/l
	SM 2340C	Hardness as CaCO3	5	mg/l
	SM 5540 C	MBAS	0.05	mg/l
	EPA 200.7	Magnesium	1	mg/l
	EPA 200.8	Manganese	0.5	ug/l
	EPA 200.7	Sodium	1	mg/l
	EPA 300.0	Nitrate as N	0.1	mg/l
	SM 2150B*	Odor	1	T.O.N.
	SM 4500-H+ B	pH (see note 2)		pH Unit

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Analyte List

Customer Sample ID	Method	Compound	MRL	Units
	EPA 300.0	Sulfate as SO4	0.5	mg/l
	SM 2540C	Total Dissolved Solids	25	mg/l
	SM 2130B	Turbidity	0.5	NTU
	EPA 200.8	Zinc	2	ug/l

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PACE® - CHAIN OF CUSTODY **(FOR DRINKING WATER - MICROBIOLOGY)**

LABORATORY WORK ORDER # 26E0272

PAGE 1 OF 1

☒ 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:

PWS # (If Applicable): 5200008 TEHAMA

MAILING ADDRESS: PO BOX 9062, RED BLUFF, CA 96080

Contact for positive results:
Name: Autumn Walker
Phone: 530-209-2748
Alt. contact for positive results
Name: Storm Craig
Phone: 530-736-5947
Weekend contact for positive results:
Name: Mike Butler
Phone: 530-680-7079

REPORT TO ☒ Email ☐ Mail Hardcopy
NAME / ATTENTION: Autumn Walker
PHONE: 530-527-0170
EMAIL: breesewater@gmail.com
REGULATORY AGENCY: Tehama Co Envrionmental Health

TURN AROUND TIME REQUESTED
☒ Standard ☐ Rush _____

INVOICE TO: SAME

SPECIAL INSTRUCTIONS / PO#: CC REPORTS TO MIKE BUTLER

ID # (Lab Use Only)	DATE SAMPLED	TIME SAMPLED		SAMPLE TYPE*	Comp	Grab	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	REGULATORY ID / SOURCE CODE (if Applicable)	NUMBER OF CONTAINERS	ANALYSES REQUESTED: Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quanti-Tray)	Alk, Cl-, Color, MBAS,	Odor, pH, EC, SO4,	TDS, Turb, NO3	Total Metals[1] / Hard	Perchlorate
-01	051326	0909	AM PM	1			120 Gurnsey Drive		1	0.84	✔						
-02	051326	0925	AM PM	5A			Well 1	CA5200008_001_001	1	0.00		✔					
-03	051326	0925	AM PM	DWS		✔	Well 1	CA5200008_001_001	5				✔	✔	✔	✔	✔
			AM PM														
			AM PM														
			AM PM														
			AM PM														
			AM PM														
			AM PM														
			AM PM														

SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding

RELINQUISHED DATE / TIME: 051326 1348

SAMPLING / ANALYSIS COMMENTS
Total Coliform/E. coli method used is SM 9223B, unless otherwise noted.
[1]Metals: Ca, Fe, Mg, Mn, Na, Zn

☐ I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS.
NAME: PER AUTHORIZATION AGREEMENT SIGNATURE: DATE:

RECEIVED BY	DATE/TIME	RELINQUISHED BY	DATE/TIME
RECEIVED BY	DATE/TIME	RELINQUISHED BY	DATE/TIME
RECEIVED BY LAB	DATE/TIME	LOGGED BY LAB	DATE/TIME
[signature]	5/13/26 1348	ASP for SMC / TF	

For Official Lab Comments Only

*SAMPLE TYPE CODES (NR = Non-Regulated)
1 - Routine
2 - Repeat
3 - Replacement
5A - Source Groundwater
5B - Source Surface Water
6 - Other *(Sent to Regulator)*

FRM-002.2 - Chain of Custody (rev 1.1)

1, 3A, 5B

SAMPLE RECEIPT CHECKLIST

WO NUMBER 26E0272

Samples Received Via:

Fed-Ex ☐ Client Walk-In ☐ Courier ☐
UPS ☐ Pace Field Service ☒ Other ☐

Samples Received By: TF Date: 5/13/26 Time: 1348
Are samples for regulatory compliance? Yes ☒ No ☐

THERMAL PRESERVATION

Were samples received in a cooler? Yes ☒ No ☐ If no, take temperature of representative sample container and record below.
If no, do they require thermal preservation? Yes ☐ No ☐ If no, why not? Non-regulatory ☐ Not Required by Method ☐
Samples received on ice? Yes ☒ No ☐ Ice type? Wet ☐ Ice Packs ☒ Other _____
Samples received the same day collected? Yes ☒ No ☐

Therm. ID (Circle one): Therm-36(IR) Therm-59(IR) Therm-72(IR) Therm-73(IR) Therm-C01(IR) Therm-C02(IR) Other: _____

Cooler #1 Init. Temp °C 11.1 Correction °C +0.4 Corrected Temp °C 11.5
Cooler #2 Init. Temp °C _____ Correction °C _____ Corrected Temp °C _____
Cooler #3 Init. Temp °C _____ Correction °C _____ Corrected Temp °C _____
No Cooler - Representative Sample Temperature: Init. Temp °C _____ Correction °C _____ Corrected Temp °C _____

Do samples received meet thermal preservation requirements? Yes ☒ No ☐ N/A ☐

Thermal Preservation Notes/Discrepancies/Nonconformances:

SAMPLE CONDITION AND PROCESSING

Do all sample IDs on labels match the COC? Yes ☒ No ☐
Custody seals present? Yes ☐ No ☐ N/A ☒
Samples in proper containers? Yes ☒ No ☐
Sample containers damaged? Yes ☐ No ☒
Sufficient sample volume for indicated tests? Yes ☒ No ☐
Samples received with sufficient holding time? Yes ☒ No ☐
Are VOA vials free of headspace? Yes ☐ No ☐ N/A ☒

CHEMICAL PRESERVATION

Were the sample containers received with labels that indicate that appropriate preservatives were present for the indicated tests? Yes ☐ No ☒ N/A ☐
Were samples received properly dechlorinated? Yes ☐ No ☐ N/A ☐ For Dechlorination checks done by analysts, were dechlor. agent labels present? Yes ☒ No ☐
Are any of the pH verification checks or dechlorination checks being performed by a subcontract laboratory? Yes ☐ No ☐ N/A ☒
Preservation checked by Sample Receiving? Initials TF Date & Time 5/13/26 1603 Test Strip (ID 5G160446)
If preservative(s) were added by Sample Receiving, where they added at the same time as pH verification? Yes ☒ No ☐ N/A ☐ If no, Date & Time _____

	Yes	No	NA
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)?	☐	☐	☒

Added upon sample receipt? Yes ☒ No ☐

Were any additional preservatives added after receipt because of a failed pH verification? Yes ☐ No ☐ Initial pH: _____ Final pH _____
If yes, is addition of preservatives allowed by the method? Yes ☐ No ☐ Were additional preservatives added on the date of sampling Yes ☐ No ☐

List preservatives added at receipt:
Type: HNO3 Volume Added: 2mL ID: GA14014 Type: _____ Volume Added: _____ ID: _____
Type: _____ Volume Added: _____ ID: _____ Type: _____ Volume Added: _____ ID: _____

COMMENTS, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES