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 Aceituno

(530) 243-7234

reddingclientservices@pacelabs.com

Client Project ID: [none] Pace Analytical Project ID: 25C0411

 Samples Received:
 03/19/2025 16:32 PM

 Estimated Completion:
 04/03/2025 23:00 PM

CC:

Client PO#:

Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 GURNSEY DRIVE	25C0411-01	Drinking Water	03/19/2025 07:28 AM	Fees Only Route Sampling Fee
				SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
WELL 1	25C0411-02	Raw Water	03/19/2025 07:39 AM	SM 9223 B Colilert-18 Total Coliform / E.coli. Quantitray - Colilert-18

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

Confidentiality Statement: The Parties agree that they will take all reasonable precatuions to prevent the unauthorized disclosure of any proprietary or confidential information of each other and that they will not disclose such information except to those employees, subcontractors, or agents who have expressly agreed to maintain confidentiality.



SAMPLE ACKNOWLEDGEMENT

Analyte List

Customer Sample ID	Method	Compound	MRL Units
120 GURNSEY DRIVE	SM 9223 B Colilert-18	E. Coli	Present/Absent
		Total Coliforms	Present/Absent
WELL 1		E. Coli	1 MPN/100 ml
		Total Coliforms	1 MPN/100 ml

ACE® - CHAIN OF CUSTODY	USTODY	_	FOR	DR	(FOR DRINKING WATER - MICROBIOLOGY)	BIOLOGY)					CONDER#		
X 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234	Redding, CA	96001 (5	30) 24	13-72	34 FAX (530) 243-7494) (22	1 tags	_		
3860 Morrow Lane, Suite F Chico, CA 95928	te F Chico, CA		(530) 894-8966	894-	ш.				PAGE	3E 1 OF	-		
LIENT NAME					PROJECT NAME	PROJECT	JECT	PWS	PWS # (If Applicable)	(6		Tace!	ָה ה
BREESE II WATER SYSTEM	ER SYST	EM			DRINKING WATER MONITORING	MONITORING			5200008	38 TEHAMA	MA)
IAILING ADDRESS PO BOX 9062				ο ž	Contact for positive results: Name: Autumn Walker	REPORT TO X Email NAME / ATTENTION	X Email Mail Hardcopy ON	X		TURN AROUND TIME REQUESTED Standard Rush	ESTED	T	
RED BLUFF, CA 96080				£ ¥	Phone: 530-209-2748 Alt. contact for positive results	Autumn Walker	alker		(٦/	ANALYSE	ANALYSES REQUESTED	тер	
vvoice to SAME	**************************************			<u> </u>	Name: Storm Craig Phone: 530-736-5947	530-527-0170 EMAIL	170	EBS		!	//		
PECIAL INSTRUCTIONS / PO#	L			_ <u>\$</u> _	Weekend contact for positive results:		breesewater@gmail.com	NIATI		nt) E. col			
CC REPORTS TO MIKE BUILER	KE BUILER			ž Ł	Name: Mike Butler Phone: 530-680-7079	REGULATORY AGENCY Tehama Co Envi	кесигатоку асемсу Tehama Co Envrionmental Health	OF COA	***	readA \	m - noir		
ID# (Lab Use DATE Only) SAMPLED	TIME SAMPLED	SAMPLE TYPE*		Comp	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	'IFICATION /	REGULATORY ID / SOURCE CODE (if Applicable)	NUMBER	Field Chi	floO lstoT freseng) freseng) froT lstoT snemena)	alomnia)		
01 03,925 10	0728 AM	P.M. 1			120 Gurnsey Drive			-	120.0	>			
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:AMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding	hael Hetzler / Pad	se Analytica	I-Rec	Iding	SAMPLING / ANAL Total Colifor	SAMPLING / ANALYSIS COMMENTS Total Coliform/F coli method	SAMPLING / ANALYSIS COMMENTS Total Coliform/F coli method used is SM 9223R unless otherwise noted	d to	rwise note				
RELINQUISHED DATE / TIME:	63192)	.			1632					;			
□ I authorize Pace® to perfor VAME DER AUTHO	m the indicated	ests. By sig	Jujug l	agre	☐ I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS IAME PER AUTHORITY SIGNATURE	TIONS.	DATE					*SAMPLE TYPE CODES (NR = Non-Regulated)	ODES
											-	1 - Routine	
RECEIVED BY				DATE/TIME		RELINQUISHED BY			DATE/TIME	IME	7 .	2 - Repeat	
SECEIVED BY				SATERINA		NO COLOR INCINITION	Prift and also be a second from the second frow the second from the second from the second from the second fro		TANTA	Ly	7 10	5 - Neplacellelii 5A - Source Groundwater	vater
				į					OA E	# # #	<u> </u>	5B - Source Surface Water	Water
RECEIVED BY LAB	in Roll	1		DATE/TIME	1/25 (632	LOGGED BY LAB	3		DATE/TIME	IME	6	6 - Other (Sent to Regulator)	
or Offigial Lab Comments Only	٨												
DM 003 2 Chair of Charles	7												7

Pace SAMPLE RECEIPT CHECKLIST 25(041)

WO MONIBER	
Kc	3/19/25

Samples Received By:	Date: 3/19/25	Time: 1632
Are samples for regulatory compliance?	? Yes 🗹 No 🗌	

	Samples Received Via:
Fed-Ex 🗆	Client Walk-In ☐ Courier ☐
UPS 🗆	Pace Field Service Other

THERMAL PRESERVATION
Were samples received in a cooler? Yes No I 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 V No C
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 5.5 Correction °C 10.4 Corrected Temp °C 5.9
Cooler #2 Init. Temp °C 7.1 Correction °C +0.4 Corrected Temp °C 8.3
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 W 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 \(\sum \) N/A \(\omega \)
Samples in proper containers? Yes 🗗 No 🗆
Sample containers damaged? Yes \(\square\) No \(\overline{\overl
Sufficient sample volume for indicated tests? Yes 🗸 No 🗆
Samples received with sufficient holding time? Yes No
Are VOA vials free of headspace? Yes No 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 No
Are any of the pH verification checks or dechlorination checks being performed by a subcontract laboratory? Yes \(\Bar{\substract} \) No \(\Bar{\substract} \) N/A
Preservation checked by Sample Receiving? Initials Date & Time Test Strip (ID)
f preservative(s) were added by Sample Receiving, where they added at the same time as pH verification? Yes No N/A II f no, Date & Time
Yes No NA +2\$04 preserved samples confirmed to pH <2 (i.e., E350.1, SM5220, SM5310)?
NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)?
Were any additional preservatives added after receipt because of a failed pH verification? Yes 🔲 No 🗌 Initial pH: Final pH
f yes, is addition of preservatives allowed by the method? Yes 🗆 No 🗆 Were additional preservatives added on the date of sampling Yes 🗀 No 🗀
ist preservatives added at receipt:
ype: Volume Added: ID: Type: Volume Added: ID:
/ype: Volume Added: ID: Type: Volume Added: ID:
COMMENTS, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES