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

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: 25/0500

 Samples Received:
 09/12/2025 11:37 AM

 Estimated Completion:
 09/26/2025 23:00 PM

CC:

Client PO#:

Phone:

Client Specified QC Sample(s):

	Pace Analytical		Date/Time	
Customer Sample ID	Lab ID	Matrix	Collected Method	
Well 1	2510500-01	Ground Water	09/12/2025 10:20 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.



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Analyte List

Customer Sample ID	Method	Compound	MRL	Units
Well 1	SM 9223 B Colilert-18	E. Coli	1	MPN/100 ml
		Total Coliforms	1	MPN/100 ml

PACE® - CHAIN OF	CHAIN OF CUSTODY	(FOR	DRINKING WA	(FOR DRINKING WATER - MICROBIOLOGY))LOGY)			LABORAT	LABORATORY WORK ORDER #	ER#	
X 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234	le, Redding, CA 960	01 (530) 2	43-7234 FAX (530)	30) 243-7494				T57-	0200	\bigcap	•
3860 Morrow Lane, Suite F Chico, CA 95928	Suite F Chico, CA 95:	928 (530)	(530) 894-8966 FAX: (530) 894-5143	(530) 894-5143				PAGE	1 OF 1		6
CLIENT NAME			PROJE	PROJECT NAME	PROJECT	JECT	PWS#(PWS # (If Applicable)			Pace
BREESE II WATER SYSTEM	TER SYSTEN	V	DRIF	DRINKING WATER MONITORING	VITORING			5200008	TEHAMA		3
MAILING ADDRESS			Contact for positive results:	ve results:	REPORT TO	X Email Mail Hardcopy		TURN AROUND 1	TURN AROUND TIME REQUESTED		
FU BUA 3062	ç		Name: Autumn Walker	ı Walker	NAME / ATTENTION	NO!	×	Standard	Rush		
יינה מבטיי, כא פסטר	2		Phone: 530-209-2748 Alt. contact for positive results	9-2748	PHONE	alker		(-	ANALYSES REQUESTED	UESTED	
INVOICE TO			Name: Storm Craig	raig	530-527-0170	170		7/6 ա)	λ)		
SAME			Phone: 530-736-5947	3-5947	EMAIL		EBS				
SPECIAL INSTRUCTIONS / PO#	#0	Y	Weekend contact	Weekend contact for positive results:	breesewate	breesewater@gmail.com	NIAT	E. col	E. col		
CC REPORTS TO MIRE BUILER	MIKE BOILER		Name: Mike Butler Phone: 530-680-7079	utler)-7079	REGULATORY AGENCY Tehama Co Envi	REGULATORY AGENCY Tehama Co Envrionmental Health	DE CON	- Smic			
	TIME	<u> </u>	SAMPLE SAMPLE	SAMPLE LOCATION / IDENTIFICATION /	ATION /	REGULATORY ID / SOURCE CODE	IMBER C	old Chlo tal Colifo resent /	tal Colife		
Only) SAMPLED	SAMPLED	TYPE*		DESCRIPTION		(if Applicable)	NN	οT	οT		
	AM PM										
-01 0A/12/25	1020 AM PM	5A	Well 1			CA5200008_001_001	1	20.0	>		
	AM PM										
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SAMPLED BY: (please print) Alex DeAvila / Pace Analytical - Redding	Alex DeAvila / Pace Ana	alytical - Red	ding	SAMPLING / ANALYSIS COMMENTS	SCOMMENTS						
RELINQUISHED DATE / TIME:	M	oahr/2	7511 St		. coll method (otal Colliofm/E. coll method used is SM 9223B, unless otherwise noted.	otherv	vise noted.			
☐ I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TEI	19/m the indicated tests.	. By signing l	agree to the Pace®]	TERMS and CONDITIONS.	S.					*SAMP	*SAMPLE TYPE CODES
NAME			SIGNATURE			DATE				NR " K	(NR = Non-Regulated)
PERAUE	PER AUTHORIZATION									1- Ro	Routine
RECEIVED BY AGPIE	AGREEMENT		DATE/TIME	RELINO	RELINQUISHED BY			DATE/TIME		2 - Repeat	peat
										3- Rep	3 - Replacement
RECEIVED BY			DATE/TIME	RELINO	RELINQUISHED BY	The state of the s		DATE/TIME		5A - So	5A - Source Groundwater
PECENTED DV I AB			الإعاراء ولر							5B - So	5B - Source Surface Water
Market Bi Lab	r Gobren	ن. دم	041E/11ME	134	LOGGED BY LAB	, manu-		DATE/TIME		6 - Othe Reg	6 - Other (Sent to Regulator)
For Official Lab Comments Only	ylık			Þ							
FRM-002.2 - Chain of Custody (rev 1.1)	ev 1.1)										

SAMPLE RECEIPT CHECKLIST

Pace
WO NUMBER 25 TOSOO

Samples Received By: TC Date: 9 12 25 Time: 137

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

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
Therm. ID (Circle one): Therm-36(IR) Therm-59(IR) Therm-72(IR) Therm-72(IR) Therm-CO1(IR) Therm-CO2(IR) Other: Cooler #1 Init. Temp °C Correction °C Corrected Temp °C Cooler #2 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 V No N/A
Thermal Preservation Notes/Discrepancies/Nonconformances:
SAMPLE CONDITION AND PROCESSING
Do all sample IDs on labels match the COC? Yes
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 Date & Time Test Strip (ID)
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)?
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: Volume Added: ID: Type: Volume Added: ID:
Type: Volume Added: ID: Type: Volume Added: ID: COMMENTS, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES