



January 15, 2026

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

RE: DRINKING WATER MONITORING

Enclosed are the results of analyses for samples received by our laboratory on 1/14/2026. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink that reads "Bryan Ervin".

Bryan Ervin For Nikki Peterson  
Client Services Manager



2218 Railroad Avenue  
Redding, California 96001  
voice 530.243.7234  
fax 530.243.7494

# Analytical Report

**Report To:** BREESE II WATER SYSTEM  
PO Box 9062  
RED BLUFF, CA 96080  
**Attention:** AUTUMN WALKER  
**Project:** DRINKING WATER MONITORING

**Lab No:** 26A0137  
**Reported:** 01/15/26  
**Phone:** 530-209-2748

The following pages contain the laboratory results for Work Order 26A0137, received on 01/14/26. 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.

## Samples in this Report

| Lab ID     | Sample            | Matrix         | Date Sampled | Date Received |
|------------|-------------------|----------------|--------------|---------------|
| 26A0137-01 | 120 Gurnsey Drive | Drinking Water | 01/14/2026   | 01/14/2026    |
| 26A0137-02 | Well 1            | Drinking Water | 01/14/2026   | 01/14/2026    |



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# Analytical Report

## Sample Results

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**Description:** 120 Gurnsey Drive **Sampled:** 01/14/26 08:42  
**Matrix / Type:** Drinking Water (Routine) **Lab ID:** 26A0137-01 **Received:** 01/14/26 12:58

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### Microbiology - Redding Location

| Analyte         | Units          | Results | Qualifier | MDL | RL | Method                   | Analyzed       | Prepared       | Batch / Analyst |
|-----------------|----------------|---------|-----------|-----|----|--------------------------|----------------|----------------|-----------------|
| Total Coliforms | Present/Absent | Absent  |           |     |    | SM 9223 B<br>Colilert-18 | 01/15/26 09:04 | 01/14/26 15:04 | B6A1576 / NBP   |
| E. Coli         | Present/Absent | Absent  |           |     |    | SM 9223 B<br>Colilert-18 | 01/15/26 09:04 | 01/14/26 15:04 | B6A1576 / NBP   |



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# Analytical Report

**Description:** Well 1 **Sampled:** 01/14/26 08:53  
**Matrix / Type:** Ground Water (Source) **Received:** 01/14/26 12:58  
**Lab ID:** 26A0137-02

## Microbiology - Redding Location

| Analyte         | Units      | Results | Qualifier | MDL | RL | Method                   | Analyzed       | Prepared       | Batch / Analyst |
|-----------------|------------|---------|-----------|-----|----|--------------------------|----------------|----------------|-----------------|
| Total Coliforms | MPN/100 ml | <1      |           |     | 1  | SM 9223 B<br>Colilert-18 | 01/15/26 09:04 | 01/14/26 15:04 | B6A1575 / NBP   |
| E. Coli         | MPN/100 ml | <1      |           |     | 1  | SM 9223 B<br>Colilert-18 | 01/15/26 09:04 | 01/14/26 15:04 | B6A1575 / NBP   |

## Notes and Definitions

- ND Analyte NOT DETECTED at or above the detection limit
- RPD Relative Percent Difference
- MDL Method Detection Limit
- RL Reporting Limit
- \* or # The laboratory does not hold CA-ELAP accreditation for this analyte or method. Accreditation may not be available from CA-ELAP for this analyte or method.
- \*\* The laboratory holds accreditation for this analyte or method with WA-ECY Lab ID: Lab ID C783. Accreditation is not offered for this method by CA-ELAP
- 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.

### Accreditations Held:

Redding Location: CA-ELAP - Cert # 1677  
 Chico Location: CA-ELAP - Cert # 2718

## 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: \_\_\_\_\_

Bryan Ervin For Nikki Peterson, Client Services Manager  
 Pace Analytical Services LLC - Redding CA

*The data included in this report relate only to the specific items as received, recorded on the Chain of Custody, and analyzed at the laboratory. All data is expressed on a wet-weight basis unless otherwise noted. 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, and may not be modified in any way without prior written approval from Pace Analytical. Use of this report in whole or part for public advertising or any other commercial purpose requires prior written authorization.*



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# Analytical Report

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

Report Date: 01/15/26  
 Lab Sample ID: 26A0137-01

System Name: BREESE SUBDIVISION 2  
 PS Code:  
 Client Sample ID: 120 Gurnsey Drive  
 Sampled By: Michael Hetzler  
 Sample Type: Routine

Field Chlorine (mg/l): 0.90  
 Sample Date: 01/14/26 08:42  
 Sample Received: 01/14/26 12:58  
 System Number: CA5200008

Test results listed below with a valid CLIP code will be electronically submitted the state's drinking water database via the California Laboratory Intake Portal (CLIP). A copy all of the results on this page (with or without a valid CLIP code) will also be submitted directly to the appropriate regulatory agency as required by law. If you believe any information on this report to be inaccurate, please let us know as soon as possible.

Regulatory Agency CC: Tehama County Environmental Health

| CLIP | MICROBIOLOGY    | RESULTS | UNITS          | RL | DLR | PRIMARY MCL / AL | SECONDARY MCL |
|------|-----------------|---------|----------------|----|-----|------------------|---------------|
|      | Total Coliforms | Absent  | Present/Absent |    |     |                  |               |
|      | E. Coli         | Absent  | Present/Absent |    |     |                  |               |



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# Analytical Report

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

Report Date: 01/15/26  
 Lab Sample ID: 26A0137-02

System Name: BREESE SUBDIVISION 2  
 PS Code: CA5200008\_001\_001  
 Client Sample ID: Well 1  
 Sampled By: Michael Hetzler  
 Sample Type: Source

Field Chlorine (mg/l): 0.00  
 Sample Date: 01/14/26 08:53  
 Sample Received: 01/14/26 12:58  
 System Number: CA5200008

Test results listed below with a valid CLIP code will be electronically submitted the state's drinking water database via the California Laboratory Intake Portal (CLIP). A copy all of the results on this page (with or without a valid CLIP code) will also be submitted directly to the appropriate regulatory agency as required by law. If you believe any information on this report to be inaccurate, please let us know as soon as possible.

Regulatory Agency CC: Tehama County Environmental Health

| CLIP | MICROBIOLOGY    | RESULTS | UNITS      | RL | DLR | PRIMARY MCL / AL | SECONDARY MCL |
|------|-----------------|---------|------------|----|-----|------------------|---------------|
|      | Total Coliforms | <1      | MPN/100 ml | 1  |     |                  |               |
|      | E. Coli         | <1      | MPN/100 ml | 1  |     |                  |               |

- 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
- DLR California's Detection Limit for the purpose of reporting
- RL Laboratory's Reporting Limit
- MCL / AL Maximum Contaminant Level or Action Level
- SECONDARY MCL California recognizes secondary MCLs, set to protect the odor, taste, and appearance of drinking water.



# SAMPLE RECEIPT CHECKLIST

*Pace*

WO NUMBER 210A0137

| Samples Received Via: |                          |                    |                                     |
|-----------------------|--------------------------|--------------------|-------------------------------------|
| Fed-Ex                | <input type="checkbox"/> | Client Walk-in     | <input type="checkbox"/>            |
| UPS                   | <input type="checkbox"/> | Pace Field Service | <input checked="" type="checkbox"/> |
|                       |                          | Courier            | <input type="checkbox"/>            |
|                       |                          | Other              | <input type="checkbox"/>            |

Samples Received By: JP Date: 11/14/10 Time: 12:58  
 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-CO1(IR) Therm-CO2(IR) Other: \_\_\_\_\_  
 Cooler #1 Init. Temp °C 9.10 Correction °C \_\_\_\_\_ Corrected Temp °C 10.1  
 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 \_\_\_\_\_ 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 \_\_\_\_\_

|   |                          |     |                          |    |                          |                            |  |
|---|--------------------------|-----|--------------------------|----|--------------------------|----------------------------|--|
| H2SO4 preserved samples confirmed to pH <2 (i.e., E350.1, SMS220, SMS5310)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | NA                         | <input type="checkbox"/>                                 |
| HNO3 preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)?     | <input type="checkbox"/> |     | <input type="checkbox"/> |    | <input type="checkbox"/> | Added upon sample receipt? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)?       | <input type="checkbox"/> |     | <input type="checkbox"/> |    | <input type="checkbox"/> |                            |  |

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, DISCREPANCIES, ANOMALIES, NONCONFORMANCES

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