



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

Invoice To:

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

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

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

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

Client Project ID: [none]
Client PO#:

Pace Analytical Project ID: 25K0240
Samples Received: 11/12/2025 14:59 PM
Estimated Completion: 12/01/2025 23:00 PM

CC:
Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 Gurnsey Drive	25K0240-01	Drinking Water	11/12/2025 07:35 AM	Fees Only Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
Well 1	25K0240-02	Ground Water	11/12/2025 07:48 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 precautions 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

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

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

LABORATORY WORK ORDER # 15K0240

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

REPORT TO NAME / ATTENTION Autumn Walker

PHONE 530-527-0170

EMAIL breeewater@gmail.com

REGULATORY AGENCY Tehama Co Environmental Health

Field Chlorine Residual (mg/L) 0.30

Total Coliforms / E. coli (Present / Absent) ✓

Total Coliforms / E. coli (Enumerated - Quanti-Tray) ✓

ANALYSES REQUESTED

TURN AROUND TIME REQUESTED Standard Rush

INVOICE TO SAME

SPECIAL INSTRUCTIONS / PO# CC REPORTS TO MIKE BUTLER

DATE SAMPLED 11/22/15

TIME SAMPLED 0735 AM

SAMPLE TYPE 1

11/22/15 0748 AM

5A

120 Gumsey Drive

Well 1

CA5200008_001_001

REGULATORY ID / SOURCE CODE (if Applicable)

SAMPLING / ANALYSIS COMMENTS Total Coliform/E. coli method used is SM 9223B, unless otherwise noted.

RELINQUISHED DATE / TIME: 11/22/15 1459

I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS.

NAME SIGNATURE DATE

RECEIVED BY DATE/TIME

RECEIVED BY DATE/TIME

RECEIVED BY LAB DATE/TIME 11/14/15 1459

For Official Lab Comments Only

NSP for SMC / NRP

*SAMPLE TYPE CODES (NR = Non-Regulated)

1 - Routine

2 - Repeat

3 - Replacement

5A - Source Groundwater

5B - Source Surface Water

6 - Other (Sent to Regulator)



SAMPLE RECEIPT CHECKLIST

WO NUMBER 25K0240

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

Samples Received By: NCP Date: 11/12/25 Time: 1459
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 8.9 Correction °C -0.1 Corrected Temp °C 8.8

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 _____

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: _____ Volume Added: _____ ID: _____

Type: _____ Volume Added: _____ ID: _____

Type: _____ Volume Added: _____ ID: _____

Type: _____ Volume Added: _____ ID: _____

COMMENTS, DISCREPANCIES, ANOMALIES, NONCONFORMANCES