

# 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:** 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.



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## 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 #	
<input checked="" type="checkbox"/> 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234 FAX: (530) 243-7494 <input type="checkbox"/> 3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8966 FAX: (530) 894-5143		<input type="checkbox"/> PROJECT NAME <b>BREESE II WATER SYSTEM</b>		<b>15K0240</b> PAGE 1 OF 1 <b>5200008 TEHAMA</b>	
<b>MAILED ADDRESS</b> PO BOX 9062 RED BLUFF, CA 96080		<b>DRINKING WATER MONITORING</b> Contact for positive results: Name: Autumn Walker Phone: 530-209-2748 Alt. contact for positive results Name: Storm Craig Phone: 530-736-5947		<b>REPORT TO</b> <input checked="" type="checkbox"/> NAME / ATTENTION Autumn Walker <b>PHONE</b> 530-527-0170 <b>EMAIL</b> breesewater@gmail.com <b>REGULATORY AGENCY</b> Tehama Co Environmental Health	
<b>INVOICE TO</b> SAME		<b>SPECIAL INSTRUCTIONS / PO#</b> <b>CC REPORTS TO MIKE BUTLER</b> Weekend contact for positive results: Name: Mike Butler Phone: 530-680-7079		<b>REPORT TO</b> <input checked="" type="checkbox"/> NAME / ATTENTION Autumn Walker <b>PHONE</b> 530-527-0170 <b>EMAIL</b> breesewater@gmail.com <b>REGULATORY AGENCY</b> Tehama Co Environmental Health	
<b>PROJECT</b>		<b>PROJECT NAME</b>		<b>REPORT TO</b> <input checked="" type="checkbox"/> NAME / ATTENTION Autumn Walker <b>PHONE</b> 530-527-0170 <b>EMAIL</b> breesewater@gmail.com <b>REGULATORY AGENCY</b> Tehama Co Environmental Health	
<b>RECEIVED BY</b> <b>RECEIVED BY LAB</b> For Official Lab Comments Only		<b>DATE / TIME</b> 11/22/15 1459		<b>DATE / TIME</b> 11/22/15 1459	
<b>RELINQUISHED BY</b> <b>RELINQUISHED BY LAB</b>		<b>DATE / TIME</b> 11/22/15 1459		<b>DATE / TIME</b> 11/22/15 1459	
<b>SAMPLED BY:</b> (please print) Michael Hetzler / Pace Analytical - Redding		<b>SAMPLING / ANALYSIS COMMENTS</b> Total Coliform/E. coli method used is SM 9223B, unless otherwise noted.		<b>SAMPLE TYPE CODES</b> (NR = Non-Regulated) 1 - Routine 2 - Repeat 3 - Replacement 5A - Source Groundwater 5B - Source Surface Water 6 - Other (Sent to Regulator)	
<b>RELINQUISHED DATE / TIME:</b> <b>REAGREEMENT</b>		<b>DATE</b> 11/22/15 1459		<b>DATE</b> 11/22/15 1459	
<b>I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS.</b>		<b>SIGNATURE</b> 		<b>DATE</b> 11/22/15 1459	

# SAMPLE RECEIPT CHECKLIST

*Pace*

WO NUMBER 25K0240

Samples Received By: NSP Date: 11/12/15 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

Added upon sample receipt? Yes  No

H<sub>2</sub>SO<sub>4</sub> preserved samples confirmed to pH <2 (i.e., E350.1, SM5220, SM5310)?

HNO<sub>3</sub> preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)?

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: \_\_\_\_\_

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: \_\_\_\_\_

## COMMENTS, DISCREPANCIES, ANOMALIES, NONCONFORMANCES