



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: 26D0107
Samples Received: 04/08/2026 15:49 PM
Estimated Completion: 04/23/2026 23:00 PM

CC:
Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 Gurnsey Drive	26D0107-01	Drinking Water	04/08/2026 08:03 AM	Field Sampling Fee Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
Well 1	26D0107-02	Ground Water	04/08/2026 08:14 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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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

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SAMPLE RECEIPT CHECKLIST

WO NUMBER 26D0107

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: TF Date: 4/8/26 Time: 1549
 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) TF 4/8/26 Therm-72(IR) Therm-73(IR) Therm-C01(IR) Therm-C02(IR) Other: _____

Cooler #1 Init. Temp °C 11.3 Correction °C +0.54 Corrected Temp °C 11.87
 Cooler #2 Init. Temp °C 5.6 Correction °C +0.4 Corrected Temp °C 6.0 TF 4/8/26
 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<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, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES

