



February 19, 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 2/18/2026. 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:** 26B0491  
**Reported:** 02/19/26  
**Phone:** 530-209-2748

The following pages contain the laboratory results for Work Order 26B0491, received on 02/18/26. 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

<u>Lab ID</u>	<u>Sample</u>	<u>Matrix</u>	<u>Date Sampled</u>	<u>Date Received</u>
26B0491-01	Well 1	Drinking Water	02/18/2026	02/18/2026



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# Analytical Report

## Sample Results

**Description:** Well 1 **Sampled:** 02/18/26 15:15  
**Matrix / Type:** Ground Water (Source) **Received:** 02/18/26 15:59  
**Lab ID:** 26B0491-01

### Microbiology - Redding Location

Analyte	Units	Results	Qualifier	MDL	RL	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	MPN/100 ml	<1			1	SM 9223 B Colilert-18	02/19/26 11:24	02/18/26 17:24	B6B1818 / NBP
E. Coli	MPN/100 ml	<1			1	SM 9223 B Colilert-18	02/19/26 11:24	02/18/26 17:24	B6B1818 / 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



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Redding, California 96001  
voice 530.243.7234  
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# Analytical Report

*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: 02/19/26  
 Lab Sample ID: 26B0491-01

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: 02/18/26 15:15  
 Sample Received: 02/18/26 15:59  
 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.

PACE® - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)						LABORATORY WORK ORDER # <b>26B0491</b>											
<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						PAGE <u>1</u> OF <u>1</u>											
CLIENT NAME <b>BREESE II WATER SYSTEM</b>			PROJECT NAME DRINKING WATER MONITORING		PROJECT TEHAMA		PWS # (If Applicable) <b>5200008</b>										
MAILING ADDRESS PO BOX 9062 RED BLUFF, CA 96080			Contact for positive results: Name: Autumn Walker Phone: 530-209-2748 Alt. contact for positive results Name: Storm Craig Phone: 530-736-5947 Weekend contact for positive results: Name: Mike Butler Phone: 530-680-7079		REPORT TO <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail Hardcopy NAME / ATTENTION Autumn Walker PHONE 530-527-0170 EMAIL breeseewater@gmail.com REGULATORY AGENCY Tehama Co Environmental Health		TURN AROUND TIME REQUESTED <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush										
INVOICE TO SAME			SPECIAL INSTRUCTIONS / PO# CC REPORTS TO MIKE BUTLER			ANALYSES REQUESTED											
ID # (Lab Use Only)	DATE SAMPLED	TIME SAMPLED	SAMPLE TYPE*	Comp Grab	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	REGULATORY ID / SOURCE CODE (if Applicable)	NUMBER OF CONTAINERS	Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quanti-Tray)							
-01	021826	1559	5A		Well 1 FIRST test at 1506 came out to 0.08 continued flushing. second sample with test came out to 0.00. 021826 MH	CA5200008_001_001	1	0.00		✓							
SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding					SAMPLING / ANALYSIS COMMENTS Total Coliform/E. coli method used is SM 9223B, unless otherwise noted.												
RELINQUISHED DATE / TIME: 021826 1559																	
<input type="checkbox"/> I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS.										*SAMPLE TYPE CODES (NR = Non-Regulated) 1 - Routine 2 - Repeat 3 - Replacement 5A - Source Groundwater 5B - Source Surface Water 6 - Other (Sent to Regulator)							
NAME PER AUTHORIZATION AGREEMENT			SIGNATURE			DATE											
RECEIVED BY			DATE/TIME		RELINQUISHED BY			DATE/TIME									
RECEIVED BY			DATE/TIME		RELINQUISHED BY			DATE/TIME									
RECEIVED BY LAB <i>Kevin Flaws</i>			DATE/TIME 2/18/26 1559		LOGGED BY LAB NSP for SMC / TF			DATE/TIME									
For Official Lab Comments Only																	

# SAMPLE RECEIPT CHECKLIST

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"/>

*Pace*

WO NUMBER 20B0491

Samples Received by: TF Date: 2/18/20 Time: 1559  
 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(RR) Therm-59(RR) Therm-72(RR) Therm-73(RR) Therm-C01(RR) Therm-C02(RR) Other: \_\_\_\_\_  
 Cooler #1 Init. Temp °C 10.5 Correction °C 7.0 Corrected Temp °C \_\_\_\_\_  
 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, SM5220, SM5310)? Yes  No  NA   
 HNO3 preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)? Yes  No   
 NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)? 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