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 Aceituno

(530) 243-7234

reddingclientservices@pacelabs.com

Client Project ID: [none] Pace Analytical Project ID: 25E0568

 Client PO#:
 Samples Received:
 05/21/2025 15:37 PM

 Estimated Completion:
 06/06/2025 23:00 PM

CC:

Client Specified QC Sample(s):

	Pace Analytical		Date/Time	
Customer Sample ID	Lab ID	Matrix	Collected	Method
120 GURNSEY DRIVE	25E0568-01	Drinking Water	05/21/2025 07:26 AM	Fees Only
				Route Sampling Fee
				SM 9223 B Colilert-18
				Colilert-18 Total Coliform & E.coli
				P/A
WELL 1	25E0568-02	Raw Water	05/21/2025 00:00 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 precatuions 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

PACE® - CHAIN OF CUSTODY	SUSTODY	(FC	Ä	(FOR DRINKING WATER - MICROBIOLOGY)	MICROBIOLO	GY)			Š (LABORATORY WORK ORDER #	UKK UKUEL	# *		
X 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234	, Redding, CA 96	3001 (530)	243-	7234 FAX (530) 243-7494	494				7	SOEOSCE!	% 9 10		(
3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8966	ite F Chico, CA 9	5928 (53	0) 89	9	4-5143				PA	PAGE_1_(oF 1		7	
CLIENT NAME				PROJECT NAME	111	PROJECT	CT	PW	PWS # (If Applicable)	le)		<u> </u>	Face	<u> </u>
BREESE II WATER SYSTEM	ER SYSTE	Σ		DRINKING V	DRINKING WATER MONITORING	RING			52000	5200008 TEHAMA	HAMA			
MAILING ADDRESS PO BOX 9062				Contact for positive results: Name: Autumn Walker		REPORT TO X Email NAME / ATTENTION	Email Mail Hardcopy		TURN ARO	TURN AROUND TIME REQUESTED Standard	QUESTED	ı		
RED BLUFF, CA 96080				Phone: 530-209-2748 Alt. contact for positive results	<u> </u>	Autumn Walker	lker	L	(٦/	ANAL	ANALYSES REQUESTED	ESTED		
INVOICE TO SAME				Name: Storm Craig Phone: 530-736-5947	<u>, "</u>	530-527-0170 EMAIL	02	ERS	/6w) jen					
SPECIAL INSTRUCTIONS / PO#				Weekend contact for positive results:		reesewate	breesewater@gmail.com	NIAT	pisə	(11				
CC REPORTS TO MIKE BUTLER	IKE BUTLER			Name: Mike Butler Phone: 530-680-7079	RE TE	REGULATORY AGENCY Tehama Co Envi	ъесистову абемсу Tehama Co Envrionmental Health	OE CON	R enitol	nəsdA l				
ID# DATE (Lab Use DATE Only) SAMPLED	TIME SAMPLED	SAMPLE TYPE*	дшоЭ	SAMPLE LOCATIO	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	ž	REGULATORY ID / SOURCE CODE (if Applicable)	NUMBER	Field Ch	loO lstoT tnesen9) 	nemun∃)			
-01 052126	0726 AM F	P.W		120 Gurnsey Drive				-	0.33	`				
	AM	ы 5А		Well 1 Grubed	Wrown Ke		CA5200008_001_001	-			`			
	AM F	PM		-	mos or all	B.								
	MA PM	M			11									
	AM PM	M,												
	AM PM	W												
	AM PM	W						_						
	AM PM	N.												
	AM PM	We												
	AM PM	Me												
SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding	chael Hetzler / Pace	Analytical - F	Reddir	<u>δ</u> Γ	sampling / analysis comments Total Coliform/E. coli meth	MMENTS oli method u	ampling / Analysis comments otal Coliform/E. coli method used is SM 9223B, unless otherwise noted.	soth	erwise not	ted.				
RELINQUISHED DATE / TIME:	05/2/2	,		1537										
☐ I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TEINAME PFRAINS	ize Pace® to perform the indicated tests. PFR AITHORIZATION	its. By signir IN∫	ig laç	ree to the Pace® TERMS and SIGNATURE	RMS and CONDITIONS.		DATE					*SAMPI (NR = NC	*SAMPLE TYPE CODES (NR = Non-Regulated)	εS
AGR	AGREMENT .	<u> </u>										1 - Routine	tine	
RECEIVED BY			ă	DATE/TIME	RELINQUISHED BY	HED BY			DATE/TIME	TIME		2 - Repeat 3 - Replace	2 - Repeat3 - Replacement	
RECEIVED BY			MA .	DATE/TIME	RELINOUISHED BY	НЕО ВУ			DATE/TIME	TIME		5A - So	5A - Source Groundwater 5B - Source Surface Water	L is
RECEIVED BY LAB	2 Lid	1	DA ,	DATE/TIME 5/21/25 153	37 SWV	(LAB / C			DATE/TIME	TIME		6 - Othe	6 - Other (Sent to Regulator)	
For Official Lab Comments Only	ıly			•	:									
FRM-002 2 - Chain of Clistody (rev	7.1.1)		l											1

Samples Received By:

Are samples for regulatory compliance?

Samples Received By:

No

Samples Received By:

Value S 12 125

Time: 15 3 7

Yes No

No

Time: 15 3 7

	Samples Received Via:
Fed-Ex □	Courier 🗆 ,Courier
UPS 🗆	Pace Field Service 🕕 Other 🗆

THERMAL PRESERVATION
Were samples received in a cooler? Yes No I If no, take temperature of representative sample container and record below.
If no, do they require thermal preservation? Yes \(\Boxed{\omega} \) No \(\Boxed{\omega} \) If no, why not? Non-regulatory \(\Boxed{\omega} \) Not Required by Method \(\Boxed{\omega} \)
Samples received on ice? Yes No D Ice type? Wet L Ice Packs Other
Samples received the same day collected? Yes V No
Therm. ID (Circle one): Therm-36(IR) Therm-59(IR) Therm-72(IR) Therm-C01(IR) Therm-C01(IR) Other:
Cooler #1 Init. Temp °C YZ. T Correction °C +O.\ Corrected Temp °C 12.8
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 N/A
Samples in proper containers? Yes V No V
Sample containers damaged? Yes No 🗹
Sufficient sample volume for indicated tests? Yes No
Samples received with sufficient holding time? Yes Yo No
Are VOA vials free of headspace? Yes No N/A W
CHEMICAL PRESERVATION
Were the sample containers received with labels that indicate that appropriate preservatives were present for the indicated tests? Yes \(\sqrt{N} \) No \(\sqrt{N} \) N/A-\(\sqrt{N} \)
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)?
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 \(\square\) No \(\square\) Were additional preservatives added on the date of sampling Yes \(\square\) No \(\square\)
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
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