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 Acituno
(530) 243-7234
reddingclientservices@pacelabs.com

Client Project ID: [none]
Client POff:

Pace Analytical Project ID: 24K0198
Samples Received: 11/19/2024 13:11 PM
Estimated Completion: 12/05/2024 23:00 PM

CC:

Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 GURNSEY DRIVE	24K0198-01	Drinking Water	11/19/2024 07:29 AM	Fees Only Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
WELL 1	24K0198-02	Raw Water	11/19/2024 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.

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(530) 243-7234

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.

Thank you for choosing Pace Analytical Services, LLC.

BASIC LABORATORY, INC. - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)

LABORATORY WORK ORDER # 24K0198

PAGE 1 OF 1

basic laboratory

☒ 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

PROJECT / PO #:

PWS # (If Applicable): 5200008 TEHAMA

MAILING ADDRESS: PO BOX 9062, RED BLUFF, CA 96080

INVOICE TO: SAME

SPECIAL INSTRUCTIONS / PO#: CC REPORTS TO MIKE BUTLER

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 ☒ Email ☐ Mail Hardcopy

NAME / ATTENTION: AUTUMN WALKER

PHONE: 530-527-0170

EMAIL: breesewater@gmail.com

REGULATORY AGENCY: Tehama Co Envrionmental Health

TURN AROUND TIME REQUESTED ☒ Standard ☐ Rush _____

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	ANALYSES REQUESTED: Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quanti-Tray)
-01	11/19/24	0724	AM PM	1			120 Gunsey Drive		1	1.17	✓	
-02	11/19/24	0748	AM PM	5A			Well 1	CA5200008_001_001	1	0.00		✓
			AM PM									
			AM PM									
			AM PM									
			AM PM									
			AM PM									
			AM PM									
			AM PM									
			AM PM									

SAMPLED BY: (please print) Reid Crutchfield / Pace Analytical - Redding

RELINQUISHED DATE / TIME: 11/19/24 1311

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

☐ I authorize Basic Laboratory to perform the indicated tests. By signing I agree to the TERMS and CONDITIONS. (www.basiclab.com/terms)

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: Teresa Cochran	DATE/TIME: 11/19/24 1311	LOGGED BY LAB: [signature]	DATE/TIME

For Official Lab Comments Only

*SAMPLE TYPE CODES (NR = Non-Regulated)
1 - Routine
2 - Repeat
3 - Replacement
4 - Special (Not sent to Regulator)
5A - Source Groundwater
5B - Source Surface Water
6 - Other (Sent to Regulator)

SAMPLE RECEIPT CHECKLIST

WO NUMBER 24K0198

Samples Received Via:
Fed-Ex ☐ Client Walk-In ☐ Courier ☐
UPS ☐ Pace Field Service ☑ Other ☐

Samples Received By: TC Date: 11/19/24 Time: 1311
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 3.0 Correction °C +0.4 Corrected Temp °C 3.4
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)?	☐	☐	☐	Added upon sample receipt? Yes ☐ No ☐
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: _____ Type: _____ Volume Added: _____ ID: _____
Type: _____ Volume Added: _____ ID: _____ Type: _____ Volume Added: _____ ID: _____

COMMENTS, DISCREPANCIES, ANOMALIES, NONCONFORMANCES