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# Analytical Report

**Report To:** BREESE II WATER SYSTEM  
PO BOX 9062  
RED BLUFF, CA.96080

**Attention:** SHELBY CARVER

**Project:** DRINKING WATER MONITORING

**Lab No:** 22E0972  
**Reported:** 05/20/22  
**Phone:** (541) 778-1447

Included in this report are laboratory results for work order 22E0972, received on 05/19/22. 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.

**System Name:** BREESE SUBDIVISION 2  
**System Number:** CA5200008

**Sampled By:** Tony Casados  
**Employed By:** BASIC LABORATORY, INC

## Sample Results

**Sample ID:** 120 GURNSEY DRIVE (22E0972-01)  
**Sample Type:** Routine  
**Source Name:**

**Sampled:** 05/19/22 07:00  
**Received:** 05/19/22 12:29  
**Receipt Temp (c):** 6.8  
**Chlorine (mg/l):** 1.34

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent		SM 9223 B Colliert-18	05/20/22 08:10	05/19/22 14:10	B2E1343 / CPY
E. Coli	-	Absent					

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: Nikki Aceituno  
Nikki Aceituno, Microbiologist  
Pace Analytical Services LLC - Redding CA  
California ELAP Cert #1677

cc: Tehama County Environmental Health

The data included in this report relate only to the specific items as received. 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.

22E0972

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basic  
LABORATORY

2216 Railroad Avenue, Redding, CA 96001 (530) 243-7234 FAX (530) 243-7494  
 3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8968 FAX: (530) 894-5143

**BRESEE II WATER SYSTEM**

DRINKING WATER MONITORING

PROJECT / PO #

PWS # (if applicable)  
5200008 TEHAMA

MAILING ADDRESS  
PO BOX 9062  
RED BLUFF, CA 96080

Contact for positive results:  
Name: MIKE BUTLER  
Phone: 530-680-7079

REPORT TO  Email  Mail/Handcopy  
NAME / ATTENTION  
SHELBY CARVER

TURN AROUND TIME REQUESTED  
 Standard  Rush

INVOICE TO  
NAME:  
PHONE:

PHONE  
541-778-1447

ANALYSES REQUESTED

SPECIAL INSTRUCTIONS / PO#

Weekend contact for positive results:  
Name: MIKE BUTLER  
Phone: 530-680-7079

EMAIL  
breesewater@gmail.com

REGULATORY AGENCY  
Tehama Co Environmental Health

**CC REPORTS TO MIKE BUTLER**

NAME: MIKE BUTLER  
PHONE: 530-680-7079

REGULATORY AGENCY  
Tehama Co Environmental Health

ID # (Lab Use Only)	DATE SAMPLED	TIME SAMPLED	SAMPLE TYPE	REGULATORY ID / SOURCE CODE (if Applicable)	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	REGULATORY ID / SOURCE CODE (if Applicable)	ANALYSES REQUESTED			
							NUMBER OF CONTAINERS	Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quanti-Tray)
1	5-19-22	0700	AM PM	1	120 GUNNISEY DRIVE		1	1.34	✓	
			AM PM							
			AM PM							
			AM PM							
			AM PM							
			AM PM							
			AM PM							
			AM PM							
			AM PM							
			AM PM							
			AM PM							
			AM PM							

SAMPLED BY: (please print) TONY CASADOS / PACE ANALYTICAL - REDDING

SAMPLING / ANALYSIS COMMENTS

RELINQUISHED DATE / TIME: 5-19-22 1200

**PER AUTHORIZATION AGREEMENT**

NAME: PER AUTHORIZATION SIGNATURE

DATE

RECEIVED BY: DATE/TIME

RELINQUISHED BY: DATE/TIME

RECEIVED BY LAB: DATE/TIME

LOGGED BY LAB: DATE/TIME

For Official Lab Comments Only

DATE

DATE/TIME

DATE/TIME

DATE/TIME

DATE/TIME

RECEIVED BY: *Michael Hinkle*

RELINQUISHED BY: *[Signature]*

DATE/TIME: 5-19-22 1229

DATE/TIME: 5/19/22

DATE/TIME: 1353

DATE/TIME

- \*SAMPLE TYPE CODES (N/A = Non-Required)
- 1. Residue
  - 2. Repeat
  - 3. Redirection
  - 4. Special (Not sent to Regulatory)
  - 5A. Source
  - 5B. Source Contaminant
  - 6. Source Water Other (Sent to Regulatory)



# SAMPLE RECEIPT CHECKLIST

WO NUMBER 22E0972

SHIPPING INFORMATION	
Walk-in	<input type="checkbox"/>
Counter	<input type="checkbox"/>
FedEx	<input type="checkbox"/>
UPS	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>
Cooler Present?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Samples Received By: RH Date: 5-19-22

Samples received on ice?  Yes  No

Samples received the same day collected?  Yes  No

Ice type?  Wet  Blue  Other

SAMPLE TEMPERATURES AT RECEIPT Therm. ID (Circle one): Therm-36 Therm-37 Therm-59 Other: \_\_\_\_\_

Sample ID	Corr Temp (°C)	Sample ID	Corr Temp (°C)	Sample ID	Corr Temp (°C)	Sample ID	Corr Temp (°C)
-01	<u>6.8</u>	-06		-11		-16	
-02		-07		-12		-17	
-03		-08		-13		-18	
-04		-09		-14		-19	
-05		-10		-15		-20	

### SAMPLE CONDITION AND PROCESSING

Samples Processed and Labeled By: RH Date: 5-19-22

Custody seals present?  Yes  No  NA

Samples in proper containers?  Yes  No  NA

Sample containers damaged?  Yes  No  NA

Sufficient sample volume for indicated tests?  Yes  No  NA

Samples received within holding times?  Yes  No  NA

Are VOA vials free of headspace?  Yes  No  NA

Dechlor. agent labels present (i.e., collert, TTHMs)?  Yes  No  NA

### SAMPLE PRESERVATION NA

Preserved in the field?  Yes  No  NA

Preserved in the lab?  Yes  No  NA

Lab Preservation Date & Time \_\_\_\_\_

H2SO4 (ID \_\_\_\_\_)  HNO3 (ID \_\_\_\_\_)  NaOH (ID \_\_\_\_\_)

Other (ID \_\_\_\_\_)  Other (ID \_\_\_\_\_)  Other (ID \_\_\_\_\_)

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)?

Hexavalent Chromium (DW) preserved samples confirmed to pH >8 & Chlorine <0.1 mg/l?

Hexavalent Chromium (W) preserved samples confirmed to pH 9.3 - 9.7?

Are proper preservation labels present?

Yes No NA

By: \_\_\_\_\_ Meter ID: \_\_\_\_\_

Preservation checked at Lab? Date & Time \_\_\_\_\_ Test Strip (ID \_\_\_\_\_)

Preservation and Preservation Checks performed by: \_\_\_\_\_

### COMMENTS, DISCREPANCIES, ANOMALIES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_