



September 22, 2023

AUTUMN WALKER
BREESE II WATER SYSTEM
209 GURNSEY DRIVE
RED BLUFF, CA 96080

RE: DRINKING WATER MONITORING

Enclosed are the results of analyses for samples received by our laboratory on 9/21/2023. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Chyna Yang', written over a light blue rectangular background.

Chyna Yang For Nikki Aceituno
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
209 GURNSEY DRIVE
RED BLUFF, CA 96080
Attention: AUTUMN WALKER
Project: DRINKING WATER MONITORING

Lab No: 2310751
Reported: 09/22/23
Phone: (530) 527-0170

The following pages contain the laboratory results for Work Order 2310751, received on 09/21/23. 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

Lab ID	Sample	Matrix	Date Sampled	Date Received
2310751-01	120 GURNSEY DRIVE	Drinking Water	09/21/2023	09/21/2023



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Analytical Report

Sample Results

Description: 120 GURNSEY DRIVE **Sampled:** 09/21/23 06:31
Matrix / Type: Drinking Water (Routine) **Lab ID:** 2310751-01 **Received:** 09/21/23 12:36

Microbiology - Redding Location

Analyte	Units	Results	Qualifier	MDL	RL	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent				SM 9223 B Colilert-18	09/22/23 09:34	09/21/23 15:34	B311720 / CPY
E. Coli	Present/Absent	Absent				SM 9223 B Colilert-18	09/22/23 09:34	09/21/23 15:34	B311720 / CPY

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: _____

Chyna Yang For Nikki Aceituno, Client Services Manager

Pace Analytical Services LLC - Redding CA



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Redding, California 96001
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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
 209 GURNSEY DRIVE
 RED BLUFF CA 96080

Report Date: 09/22/23
 Lab Sample ID: 2310751-01

System Name: BREESE SUBDIVISION 2
 PS Code:
 Client Sample ID: 120 GURNSEY DRIVE
 Sampled By: Michael Hetzler
 Sample Type: Routine

Field Chlorine (mg/l): 0.99
 Sample Date: 09/21/23 06:31
 Sample Received: 09/21/23 12:36
 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	Absent	Present/Absent				
	E. Coli	Absent	Present/Absent				

- 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.

BASIC LABORATORY, INC. - CHAIN OF CUSTODY

(FOR DRINKING WATER - MICROBIOLOGY)

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

LABORATORY WORK ORDER #

2510751

PAGE 1 OF 1



basic laboratory

PROJECT / PO #

DRINKING WATER MONITORING

PROJECT NAME

BREESE II WATER SYSTEM

MAILING ADDRESS
 PO BOX 9062
 RED BLUFF, CA 96080

Contact for positive results:

Name: MIKE BUTLER

Phone: 530-680-7079

Alt. contact for positive results

Name:

Phone:

Weekend contact for positive results:

Name: MIKE BUTLER

Phone: 530-680-7079

REPORT TO Email Mail Hardcopy

NAME / ATTENTION

AUTUMN WALKER

PHONE

530-527-170

EMAIL

breesewater@gmail.com

REGULATORY AGENCY

Tehama Co Environmental Health

PWS # (if Applicable)

520008 TEHAMA

TURN AROUND TIME REQUESTED

Standard Rush

ANALYSES REQUESTED

Total Coliforms / E. coli

(Present / Absent)

Total Coliforms / E. coli

(Enumerated - Quanti-Tray)

Field Chlorine Residual (mg/L)

1 0.99 ✓

NUMBER OF CONTAINERS

1

SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION
 120 Gurnsey Drive

REGULATORY ID / SOURCE CODE
 (if Applicable)

SAMPLING / ANALYSIS COMMENTS

SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding

RELINQUISHED DATE / TIME: 9/21/23 12:36

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)

SIGNATURE

DATE

PER AUTHORIZATION AGREEMENT

RECEIVED BY

DATE/TIME

RELINQUISHED BY

DATE/TIME

RECEIVED BY

DATE/TIME

RELINQUISHED BY

DATE/TIME

RECEIVED BY LAB

DATE/TIME

LOGGED BY LAB

DATE/TIME

9.21.23 12:36

M

*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

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"/>

WO NUMBER 23 I0751

Samples Received By: OM Date: 9.21.23 Time: 12:36
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-37(IR) Therm-59(IR) Therm-41(Stick) Therm-C01(IR) Therm-C02(IR) Other: _____
 Cooler #1 Init. Temp °C 13.3 Correction °C -2.5 Corrected Temp °C 10.8
 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
 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 _____)
 Dechlorination checked by Sample Receiving? Initials _____ Date & Time _____ Test Strip (ID _____)

	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

