# 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]
**Client PO#:**

**Pace Analytical Project ID:** 25C0650
**Samples Received:** 03/28/2025 11:35 AM
**Estimated Completion:** 04/18/2025 23:00 PM

**CC:**

**Client Specified QC Sample(s):**

| Customer Sample ID | Pace Analytical Lab ID | Matrix | Date/Time Collected | Method |
|---|---|---|---|---|
| WELL 1 | 25C0650-01 | Raw Water | 03/28/2025 08:32 AM | EDD<br>EDT - CLIP SUB-EFN-POM<br>EPA 218.7<br>Subcontracted<br>218.7 Cr Hexavalent DW SUB-EFN-POM<br>Fees Only<br>Route Sampling Fee |

Please contact your project manager if you recognize any discrepancy in this form or have any questions about your project.

2218 Railroad Avenue
Redding, CA 96001-2504
(530) 243-7234

# SAMPLE ACKNOWLEDGEMENT

## Analyte List

| Customer Sample ID | Method | Compound | MRL | Units |
|---|---|---|---|---|

Please contact your project manager if you recognize any discrepancy in this form or have any questions about your project.

# PACE® - CHAIN OF CUSTODY (STANDARD)

LABORATORY WORK ORDER # 25C0650

PAGE 1 OF 1

☑ 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 | PROJECT NAME | PROJECT | PWS # (If Applicable) |
|---|---|---|---|
| BREESE II WATER SYSTEM | DRINKING WATER MONITORING | | 5200008 TEHAMA |

MAILING ADDRESS
PO BOX 9062
RED BLUFF, CA 96080

REPORT TO ☑ Email ☐ Mail Hardcopy
NAME / ATTENTION: AUTUMN WALKER
PHONE: 530-527-0170

TURN AROUND TIME REQUESTED
☑ Standard ☐ Rush _____

INVOICE TO: SAME

EMAIL: breesewater@gmail.com

SPECIAL INSTRUCTIONS / PO#: CC REPORTS TO MIKE BUTLER

☑ Regulatory ☐ Non-Regulatory

QC Reported? (check one) ☑ None ☐ STD ☐ Other

Do you require Electronic Data Deliverables (EDD)? ☑ Yes ☐ No What Type? CLIP

| 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: Hexavalent Cr |
|---|---|---|---|---|---|---|---|---|---|---|---|
| -01 | 032825 | 0837 | AM | PM | DWS | | ✓ | Well 1 | CA5200008_001_001 | 1 | ✓ |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |
| | | | AM | PM | | | | | | | |

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

RELINQUISHED DATE / TIME: 032825 1135 ~~032825 1335~~

SAMPLING / ANALYSIS COMMENTS

☐ I authorize Pace® to perform the indicated tests. By signing I agree to Pace® TERMS and CONDITIONS.

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: Tresa Cochran | DATE/TIME: 3/28/25 1135 | LOGGED BY LAB: ML / TC | DATE/TIME |

For Official Lab Comments Only

*SAMPLE TYPE CODES

DW = Drinking Water
DWS=Drinking Water Source
WW = Wastewater
GW = Groundwater
STW = Stormwater
SW = Surface Water
RW = Rain Water

SLG = Sludge
SO = Soil
SDW = Solid Waste
OL = Oil
OT = Other (Specify)



3

# SAMPLE RECEIPT CHECKLIST

WO NUMBER 25C0650

Samples Received Via:
Fed-Ex ☐ Client Walk-In ☑ TC 3/28/25 Courier ☐
UPS ☐ Pace Field Service ☑ Other ☐

Samples Received By: TC Date: 3/28/25 Time: 1135
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 6.9 Correction °C +0.4 Corrected Temp °C 7.3
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, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES**