



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

Invoice To:

28-100059
BREESE II WATER SYSTEM
AUTUMN WALKER
PO Box 9062
RED BLUFF, CA 96080

Phone: 530-209-2748
Email: breeewater@gmail.com

Phone: 530-209-2748
Email: breeewater@gmail.com

Pace Project Manager: Nikki Aceituno
(530) 243-7234
reddingclientservices@pacelabs.com

Client Project ID: [none]
Client PO#:

Pace Analytical Project ID: 25H0302
Samples Received: 08/13/2025 16:17 PM
Estimated Completion: 09/05/2025 23:00 PM

CC:
Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 Gurnsey Drive	25H0302-01	Drinking Water	08/13/2025 08:12 AM	Fees Only Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
Well 01 Treatment Plant	25H0302-02	Drinking Water	08/13/2025 08:25 AM	EDD EDT - CLIP SUB-BAKE EPA 524.2 Subcontracted 524.2 TTHMs SUB-BAKE EPA 552.3 Subcontracted 552.3 - HAA5 SUB-BAKE
Well 1	25H0302-03	Ground Water	08/13/2025 08:31 AM	SM 9223 B Colilert-18 Total Coliform / E.coli. Quantitray - Colilert-18
Trip Blank	25H0302-04	Blank	08/13/2025 00:00 AM	EPA 524.2 Subcontracted 524.2 TTHMs SUB-BAKE

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 precautions 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.



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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

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[illegible]



SAMPLE RECEIPT CHECKLIST

WO NUMBER

25H0302

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

Samples Received By: NSA
Are samples for regulatory compliance? Yes ☒ No ☐

Date: 8/13/25 Time: 11:07

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 16.6 Correction °C +0.0 Corrected Temp °C 16.6

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 ☐

TB TC 8/13/25

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 _____

H2SO4 preserved samples confirmed to pH <2 (i.e., E350.1, SM5220, SM5310)?

Yes ☐ No ☐ NA ☐

HNO3 preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)?

Yes ☐ No ☐ NA ☐

NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)?

Yes ☐ No ☐ NA ☐

Added upon sample receipt? Yes ☐ No ☐

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