SAMPLE ACKNOWLEDGEMENT

Pace

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

Report To:

Phone:

BREESE II WATER SYSTEM

AUTUMN WALKER PO Box 9062

RED BLUFF, CA 96080

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] Pace Analytical Project ID: 25H0302

 Client PO#:
 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 |
| rip 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 precatuions 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 |

| PACE® - CHAIN OF CUSTODY | (FC | R DRIN | (FOR DRINKING WATER - MICROBIOLOGY) | OLOGY) | | | | LABORALORY WORK OKUEK# | K OKDE | # * | | |
|---|---------------------|-----------------|---|---|--|----------|-----------------------|---|----------|--|---------------------------|----------------|
| X 2218 Railroad Avenue, Redding, CA 96001 | | (530) 243-7234 | FAX (530) 243-7494 | | | | | んれつものに | () () | | | |
| 3860 Morrow Lane, Suite F Chico, CA | 95928 | (530) 894-8966 | 66 FAX: (530) 894-5143 | | | | PAGE | E 1 OF | - | | Ć | ********* |
| CLIENT NAME | | | PROJECT NAME | PROJECT | ECT | PWS | PWS # (If Applicable) | | | T | Parp | <u>^</u> |
| BREESE II WATER SYSTEM | TEM | | DRINKING WATER MONITORING | NITORING | | | 520000 | 5200008 TEHAMA | MA | | 202 | |
| MAILING ADDRESS | | Conta | Contact for positive results; | REPORT TO | X Email Mail Hardcopy | | TURN AROU | TURN AROUND TIME REGUESTED | FSTED | -T- | | |
| PO BOX 9062 | | Name | Name: Autumn Walker | NAME / ATTENTION | | × | | Rush | | l | | |
| RED BLUFF, CA 96080 | | Phone | Phone: 530-209-2748 | Autumn Walker | alker | L, | | ANALYSES REQUESTED | SREOU | ESTED | | |
| INVOICE TO | | Name | Name: Storm Crain | 530-527-0170 | 70 | | ٦/6u | | | | | ····· |
| SAME | | Phone | Phone: 530-736-5947 | EMAIL | | SAE | ···· | | 'Anıı | | | |
| SPECIAL INSTRUCTIONS / PO# | | Week | Weekend contact for positive results: | breesewate | breesewater@gmail.com | INIAT | | t) E. coli | | | | |
| CC REPORTS TO MIKE BUILER | Y. | Name: Phone: | . Mike Butler :: 530-680-7079 | REGULATORY AGENCY Tehama Co Envi | REGULATORY AGENCY Tehama Co Envrionmental Health | DE CON. | | Absent 3 \ smic | nm na | | | |
| ID # DATE TIME (Lab Use DATE TIME Only) SAMPLED SAMPLED | SAMPLE TYPE* | Comp Grab | SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION | ATION / | REGULATORY ID / SOURCE CODE (if Applicable) | NUMBER (| Field Chlo | (Present / Total Colification (Colification) | MHTT | SAAH | | |
| | AM PM 1 | 1 | 120 Gurnsey Drive | | | - | 1000 | 1 | | 1 | | - |
| 4 | AM PW | ۸ > | Well 01 Treatment Plant | | CA5200008_002_002 | 4 | | | > | > | | T |
| -0.3 08/1505 083/ | AМ PM 5A | 5 | Well 1 | | CA5200008_001_001 | - | 0.00 | > | | • | | Ţ- |
| 10 | AM PM BLK | _ | Trip Blank | | | 2 | | | > | - | | T |
| | AM PM | | | | | | | | • | | | _ |
| | AM PM | | | | | | | | | | | \top |
| | AM PM | | | | | | | | - | + | | Τ- |
| | AM PM | | | | The state of the s | | | | | - | | Τ |
| | AM PM | | | | | | - | | | - | | Т |
| | AM PM | | | | | | | | | - | | - T |
| SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding | ace Analytical - Re | dding | SAMPLING / ANALYSIS COMMENTS Total Coliform / Coliform | S COMMENTS | TO COO NO CI POO |] ; | | | | | _ | Т |
| RELINQUISHED DATE / TIME: 08 (3 3 | | | 167 | : כסוו בופוווסמ יי | otal comonine: con metrod used is sixi 9223B, unless otherwise noted. | ome | wise noted | i | | | | |
| ☐ I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS. | d tests. By signing | l agree to | the Pace® TERMS and CONDITION | S. | | | | | | *SAMPI | *SAMPLE TYPE CODES | T., |
| AGREMENT | 5 | Š | SNATURE | | DATE | | | | | (NR = Non-R | (NR = Non-Regulated) | |
| RECEIVED BY | | DATE/TIME | | COLUMNIA TO DE DE COLUMNIA DE | | | | | | • | | |
| | | | | ניסיטקוביט פּיל | | | DATE/TIME | ш | | 2 - Repeat3 - Replacement | eat acement | |
| RECEIVED BY | | DATE/TIME | | RELINOUISHED BY | | | DATE/TIME | | | 5A - Sol | 5A - Source Groundwater | |
| | | | | | | | | ı | | 5B - Sot | 5B - Source Surface Water | |
| Acceived By LAB | 1 | DATE/TIMI | 7 | LOGGED BY LAB | | | DATE/TIME | ш | | 6 - Other (Sent to Regulator) | (Sent to rlator) | ···· |
| or Official Lab Comments Only | | | | 2 | 3 | | | | | | | Т |
| FRM-002.2 - Chain of Custody (rev 1.1) | | | | | | | | | | | | |

SAMPLE RECEIPT CHECKLIST WO NUMBER 25 H030

Samples Received By: 1054 Are samples for regulatory compliance?

| Date: S | 13 | 25 Time: | 1(0) | 17 |
|---------|----|----------|------|----|
| Yes 🖅 | No | 6 | | |

| | Samples Received Via: | |
|----------|-----------------------|-----------|
| Fed-Ex 🗆 | Client Walk-In 🗌 | Courier 🗌 |
| UPS 🗆 | Pace Field Service | Other 🗆 |

| 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 If no, why not? Non-regulatory Other Not Required by Method If No Samples received on ice? Yes No No No Not Non-regulatory Nother Not |
| Therm. ID (Circle one): Therm-36(IR) Therm-59(IR) Therm-72(IR) Therm-73(IR) Therm-CO1(IR) Therm-CO2(IR) Other: Cooler #1 Init. Temp *C Correction *C Corrected Temp *C Correc |
| SAMPLE CONDITION AND PROCESSING |
| Do all sample IDs on labels match the COC? Yes No TB TC 8 13 25 Custody seals present? Yes No No N/A B Samples in proper containers? Yes No Sample containers damaged? Yes No No Sample volume for indicated tests? Yes No Samples received with sufficient holding time? Yes No 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 \(\text{No} \) No \(\text{No} \) N/A \(\text{No} \) N/A \(\text{No} \) Were samples received properly dechlorinated? Yes \(\text{No} \) No \(\text{No} \) N/A \(\text{No} \) For Dechlorination checks done by analysts, were dechlor, agent labels present? Yes \(\text{No} \) No \(\text{No} \) Are any of the pH verification checks or dechlorination checks being performed by a subcontract laboratory? Yes \(\text{No} \) No \(\text{No} \) N/A \(\text{No} \) |
| Preservation checked by Sample Receiving? Initials Date & Time Test Strip (ID) f preservative(s) were added by Sample Receiving, where they added at the same time as pH verification? Yes \Boxedon NO \Boxedon N/A \Boxedon 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)? HNO4 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 f yes, is addition of preservatives allowed by the method? Yes No Were additional preservatives added on the date of sampling Yes No Is the preservatives added at receipt: |
| ype: Volume Added: ID: Type: Volume Added: ID: ype: Volume Added: ID: Type: Volume Added: ID: OMMENTS, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES |
| |
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| |