



July 10, 2025

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

RE: DRINKING WATER MONITORING

Enclosed are the results of analyses for samples received by our laboratory on 7/9/2025. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Bryan Ervin'.

Bryan Ervin 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  
PO Box 9062  
RED BLUFF, CA 96080  
**Attention:** AUTUMN WALKER  
**Project:** DRINKING WATER MONITORING

**Lab No:** 25G0165  
**Reported:** 07/10/25  
**Phone:** 530-209-2748

The following pages contain the laboratory results for Work Order 25G0165, received on 07/09/25. 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 |
|------------|-------------------|----------------|--------------|---------------|
| 25G0165-01 | 120 GURNSEY DRIVE | Drinking Water | 07/09/2025   | 07/09/2025    |
| 25G0165-02 | WELL 1            | Drinking Water | 07/09/2025   | 07/09/2025    |



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# Analytical Report

## Sample Results

|                       |                          |                  |                |
|-----------------------|--------------------------|------------------|----------------|
| <b>Description:</b>   | 120 GURNSEY DRIVE        | <b>Sampled:</b>  | 07/09/25 07:23 |
| <b>Matrix / Type:</b> | Drinking Water (Routine) | <b>Lab ID:</b>   | 25G0165-01     |
|                       |                          | <b>Received:</b> | 07/09/25 14:53 |

### Microbiology - Redding Location

| Analyte         | Units          | Results | Qualifier | MDL | RL | Method                   | Analyzed       | Prepared       | Batch / Analyst |
|-----------------|----------------|---------|-----------|-----|----|--------------------------|----------------|----------------|-----------------|
| Total Coliforms | Present/Absent | Absent  |           |     |    | SM 9223 B<br>Colilert-18 | 07/10/25 09:56 | 07/09/25 15:56 | B5G1675 / CPY   |
| E. Coli         | Present/Absent | Absent  |           |     |    | SM 9223 B<br>Colilert-18 | 07/10/25 09:56 | 07/09/25 15:56 | B5G1675 / CPY   |



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# Analytical Report

**Description:** WELL 1  
**Matrix / Type:** Raw Water (Source)

**Lab ID:** 25G0165-02

**Sampled:** 07/09/25 07:34  
**Received:** 07/09/25 14:53

## Microbiology - Redding Location

| Analyte         | Units      | Results | Qualifier | MDL | RL | Method                   | Analyzed       | Prepared       | Batch / Analyst |
|-----------------|------------|---------|-----------|-----|----|--------------------------|----------------|----------------|-----------------|
| Total Coliforms | MPN/100 ml | <1      |           |     | 1  | SM 9223 B<br>Colilert-18 | 07/10/25 09:56 | 07/09/25 15:56 | B5G1674 / CPY   |
| E. Coli         | MPN/100 ml | <1      |           |     | 1  | SM 9223 B<br>Colilert-18 | 07/10/25 09:56 | 07/09/25 15:56 | B5G1674 / 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: \_\_\_\_\_

Bryan Ervin For Nikki Aceituno, Client Services Manager

Pace Analytical Services LLC - Redding CA

*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  
PO Box 9062  
RED BLUFF CA 96080

Report Date: 07/10/25  
Lab Sample ID: 25G0165-01

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: 07/09/25 07:23  
Sample Received: 07/09/25 14:53  
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<br>MCL / AL | SECONDARY<br>MCL |
|------|-----------------|---------|----------------|----|-----|---------------------|------------------|
|      | Total Coliforms | Absent  | Present/Absent |    |     |                     |                  |
|      | E. Coli         | Absent  | Present/Absent |    |     |                     |                  |



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# Analytical Report

BREESE II WATER SYSTEM  
AUTUMN WALKER  
PO Box 9062  
RED BLUFF CA 96080

Report Date: 07/10/25  
Lab Sample ID: 25G0165-02

System Name: BREESE SUBDIVISION 2  
PS Code: CA5200008\_001\_001  
Client Sample ID: WELL 1  
Sampled By: Michael Hetzler  
Sample Type: Source

Field Chlorine (mg/l): 0.00  
Sample Date: 07/09/25 07:34  
Sample Received: 07/09/25 14:53  
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<br>MCL / AL | SECONDARY<br>MCL |
|------|-----------------|---------|------------|----|-----|---------------------|------------------|
|      | Total Coliforms | <1      | MPN/100 ml | 1  |     |                     |                  |
|      | E. Coli         | <1      | MPN/100 ml | 1  |     |                     |                  |

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.

| <b>PACE® - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                 |                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                                                                                                  | LABORATORY WORK ORDER #<br><div style="font-size: 24pt; font-family: cursive;">2560105</div> |                                                                                                          |                                                |                      |                                                                                                                                                                                     |                                                 |                                                         |  |                 |      |      |                                                   |                                                |                      |                                |                                                 |                                                         |  |  |  |  |  |  |     |        |      |       |   |  |  |                   |  |   |      |   |  |  |  |  |  |  |  |     |        |      |       |    |  |  |        |                   |   |      |  |   |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <input checked="" type="checkbox"/> 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234 FAX (530) 243-7494<br><input type="checkbox"/> 3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8966 FAX: (530) 894-5143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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        |  |                 |      |      |                                                   |                                                |                      |                                |                                                 |                                                         |  |  |  |  |  |  |     |        |      |       |   |  |  |                   |  |   |      |   |  |  |  |  |  |  |  |     |        |      |       |    |  |  |        |                   |   |      |  |   |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  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| CLIENT NAME<br><b>BREESE II WATER SYSTEM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                 | PROJECT NAME<br>DRINKING WATER MONITORING                                                                                                                                                                                                         |                 | PROJECT<br>PWS # (If Applicable)<br><b>5200008 TEHAMA</b>                                                                                                                                                                                        |                                                                                              |                                                                                                          |                                                |                      |                                                                                                                                                                                     |                                                 |                                                         |  |                 |      |      |                                                   |                                                |                      |                                |                                                 |                                                         |  |  |  |  |  |  |     |        |      |       |   |  |  |                   |  |   |      |   |  |  |  |  |  |  |  |     |        |      |       |    |  |  |        |                   |   |      |  |   |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MAILING ADDRESS<br>PO BOX 9062<br>RED BLUFF, CA 96080                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                 | Contact for positive results:<br>Name: Autumn Walker<br>Phone: 530-209-2748<br>Alt. contact for positive results<br>Name: Storm Craig<br>Phone: 530-736-5947<br>Weekend contact for positive results:<br>Name: Mike Butler<br>Phone: 530-680-7079 |                 | REPORT TO <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail Hardcopy<br>NAME / ATTENTION<br>Autumn Walker<br>PHONE<br>530-527-0170<br>EMAIL<br>breeewater@gmail.com<br>REGULATORY AGENCY<br>Tehama Co Environmental Health |                                                                                              | TURN AROUND TIME REQUESTED<br><input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush |                                                |                      |                                                                                                                                                                                     |                                                 |                                                         |  |                 |      |      |                                                   |                                                |                      |                                |                                                 |                                                         |  |  |  |  |  |  |     |        |      |       |   |  |  |                   |  |   |      |   |  |  |  |  |  |  |  |     |        |      |       |    |  |  |        |                   |   |      |  |   |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  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| INVOICE TO<br>SAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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                                                                                                                                                                                        |                 | ANALYSES REQUESTED                                                                                                                                                                                                                               |                                                                                              |                                                                                                          |                                                |                      |                                                                                                                                                                                     |                                                 |                                                 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| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>ID #<br/>(Lab Use Only)</th> <th>DATE<br/>SAMPLED</th> <th colspan="2">TIME<br/>SAMPLED</th> <th>SAMPLE<br/>TYPE*</th> <th>Comp</th> <th>Grab</th> <th>SAMPLE LOCATION / IDENTIFICATION /<br/>DESCRIPTION</th> <th>REGULATORY ID / SOURCE CODE<br/>(if Applicable)</th> <th>NUMBER OF CONTAINERS</th> <th>Field Chlorine Residual (mg/L)</th> <th>Total Coliforms / E. coli<br/>(Present / Absent)</th> <th>Total Coliforms / E. coli<br/>(Enumerated - Quanti-Tray)</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>-01</td> <td>070925</td> <td>0723</td> <td>AM PM</td> <td>1</td> <td></td> <td></td> <td>120 Gurnsey Drive</td> <td></td> <td>1</td> <td>0.99</td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>-02</td> <td>070925</td> <td>0724</td> <td>AM PM</td> <td>5A</td> <td></td> <td></td> <td>Well 1</td> <td>CA5200008_001_001</td> <td>1</td> <td>0.00</td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td>AM PM</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> |                 |                 |                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                                                                                                  |                                                                                              |                                                                                                          |                                                |                      | ID #<br>(Lab Use Only)                                                                                                                                                              | DATE<br>SAMPLED                                 | TIME<br>SAMPLED                                         |  | SAMPLE<br>TYPE* | Comp | Grab | SAMPLE LOCATION / IDENTIFICATION /<br>DESCRIPTION | REGULATORY ID / SOURCE CODE<br>(if Applicable) | NUMBER OF CONTAINERS | Field Chlorine Residual (mg/L) | Total Coliforms / E. coli<br>(Present / Absent) | Total Coliforms / E. coli<br>(Enumerated - Quanti-Tray) |  |  |  |  |  |  | -01 | 070925 | 0723 | AM PM | 1 |  |  | 120 Gurnsey Drive |  | 1 | 0.99 | ✓ |  |  |  |  |  |  |  | -02 | 070925 | 0724 | AM PM | 5A |  |  | Well 1 | CA5200008_001_001 | 1 | 0.00 |  | ✓ |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | AM PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| <input type="checkbox"/> I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                 |                                                                                                                                                                                                                                                   |                 |                                                                                                                                                                                                                                                  |                                                                                              |                                                                                                          |                                                |                      | *SAMPLE TYPE CODES<br>(NR = Non-Regulated)<br>1 - Routine<br>2 - Repeat<br>3 - Replacement<br>5A - Source Groundwater<br>5B - Source Surface Water<br>6 - Other (Sent to Regulator) |                                                 |                                                         |  |                 |      |      |                                                   |                                                |                      |                                |                                                 |                                                         |  |  |  |  |  |  |     |        |      |       |   |  |  |                   |  |   |      |   |  |  |  |  |  |  |  |     |        |      |       |    |  |  |        |                   |   |      |  |   |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME<br><div style="font-size: 24pt; font-weight: bold; text-align: center;">PER AUTHORIZATION AGREEMENT</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| RECEIVED BY LAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| For Official Lab Comments Only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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# 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 25 60145

Samples Received By: NSA Date: 3/9/25 Time: 153 1453

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 15.1 Correction °C -0.0 Corrected Temp °C 15.1

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)? ☐ ☐ ☐

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

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