April 17, 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 4/16/2025. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

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: 25D0388
Reported: 04/17/25
Phone: 530-209-2748

The following pages contain the laboratory results for Work Order 25D0388, received on 04/16/25. 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
25D0388-01	120 GURNSEY DRIVE	Drinking Water	04/16/2025	04/16/2025
25D0388-02	WELL 1	Drinking Water	04/16/2025	04/16/2025

Pace ANALYTICAL SERVICES
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Analytical Report

Sample Results

Description: 120 GURNSEY DRIVE
Matrix / Type: Drinking Water (Routine)
Lab ID: 25D0388-01
Sampled: 04/16/25 07:26
Received: 04/16/25 15:57

Microbiology - Redding Location

Analyte	Units	Results	Qualifier	MDL	RL	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent				SM 9223 B Colilert-18	04/17/25 11:49	04/16/25 17:49	B5D1753 / CPY
E. Coli	Present/Absent	Absent				SM 9223 B Colilert-18	04/17/25 11:49	04/16/25 17:49	B5D1753 / CPY

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Analytical Report

Description: WELL 1 **Sampled:** 04/16/25 07:36
Matrix / Type: Raw Water (Source) **Lab ID:** 25D0388-02 **Received:** 04/16/25 15:57

Microbiology - Redding Location

Analyte	Units	Results	Qualifier	MDL	RL	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	MPN/100 ml	<1			1	SM 9223 B Colilert-18	04/17/25 11:49	04/16/25 17:49	B5D1752 / CPY
E. Coli	MPN/100 ml	<1			1	SM 9223 B Colilert-18	04/17/25 11:49	04/16/25 17:49	B5D1752 / 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 accreditiation 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

Pace ANALYTICAL SERVICES
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Redding, California 96001
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Analytical Report

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

Report Date: 04/17/25
Lab Sample ID: 25D0388-01

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

Field Chlorine (mg/l): 0.83
Sample Date: 04/16/25 07:26
Sample Received: 04/16/25 15:57
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				

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Analytical Report

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

Report Date: 04/17/25
Lab Sample ID: 25D0388-02

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: 04/16/25 07:36
Sample Received: 04/16/25 15:57
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	<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.

PACE® - CHAIN OF CUSTODY **(FOR DRINKING WATER - MICROBIOLOGY)**

LABORATORY WORK ORDER # 25D0388

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	Contact for positive results:	REPORT TO ☒ Email ☐ Mail Hardcopy	TURN AROUND TIME REQUESTED
PO BOX 9062 RED BLUFF, CA 96080	Name: Autumn Walker Phone: 530-209-2748	NAME / ATTENTION Autumn Walker	☒ Standard ☐ Rush _____
INVOICE TO SAME	Alt. contact for positive results Name: Storm Craig Phone: 530-736-5947	PHONE 530-527-0170	
SPECIAL INSTRUCTIONS / PO# CC REPORTS TO MIKE BUTLER	Weekend contact for positive results: Name: Mike Butler Phone: 530-680-7079	EMAIL breesewater@gmail.com REGULATORY AGENCY Tehama Co Envrionmental Health	

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: Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quanti-Tray)
-01	04/16/25	0726	AM PM	1			120 Gurnsey Drive		1	0.87	✓	
-02	04/16/25	0736	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									

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

RELINQUISHED DATE / TIME: 04/16/25 1557

SAMPLING / ANALYSIS COMMENTS

Total Coliform/E. coli method used is SM 9223B, unless otherwise noted.

☐ I authorize Pace® to perform the indicated tests. By signing I agree to the 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 Teresa Cochran	DATE/TIME 4/16/25 1557	LOGGED BY LAB SMH/TC	DATE/TIME

For Official Lab Comments Only

*SAMPLE TYPE CODES (NR = Non-Regulated)

1 - Routine
2 - Repeat
3 - Replacement
5A - Source Groundwater
5B - Source Surface Water
6 - Other *(Sent to Regulator)*

FRM-002.2 - Chain of Custody (rev 1.1)

1, 1A

SAMPLE RECEIPT CHECKLIST

WO NUMBER 25D0388

Samples Received Via:

Fed-Ex ☐ Client Walk-In ☐ Courier ☐
UPS ☐ Pace Field Service ☑ Other ☐

Samples Received By: TC Date: 4/16/25 Time: 1557
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 4.9 Correction °C +0.1 Corrected Temp °C 5.0
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, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES