



December 11, 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 12/10/2025. 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 Peterson  
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:** 25L0121  
**Reported:** 12/11/25  
**Phone:** 530-209-2748

The following pages contain the laboratory results for Work Order 25L0121, received on 12/10/25. 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
25L0121-01	120 Gurnsey Drive	Drinking Water	12/10/2025	12/10/2025
25L0121-02	Well 1	Drinking Water	12/10/2025	12/10/2025

## Sample Results

<b>Description:</b>	120 Gurnsey Drive	<b>Sampled:</b>	12/10/25 08:31
<b>Matrix / Type:</b>	Drinking Water (Routine)	<b>Received:</b>	12/10/25 14:20

### Microbiology - Redding Location

Analyte	Units	Results	Qualifier	MDL	RL	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	Present/Absent	Absent				SM 9223 B Colilert-18	12/11/25 09:33	12/10/25 15:33	B5L1709 / NBP
E. Coli	Present/Absent	Absent				SM 9223 B Colilert-18	12/11/25 09:33	12/10/25 15:33	B5L1709 / NBP

<b>Description:</b>	Well 1	<b>Sampled:</b>	12/10/25 08:43
<b>Matrix / Type:</b>	Ground Water (Source)	<b>Received:</b>	12/10/25 14:20

## 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	12/11/25 09:33	12/10/25 15:33	B5L1708 / NBP
E. Coli	MPN/100 ml	<1			1	SM 9223 B Colilert-18	12/11/25 09:33	12/10/25 15:33	B5L1708 / NBP

## 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 Peterson, 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.*



2218 Railroad Avenue  
Redding, California 96001  
voice 530.243.7234  
fax 530.243.7494

# Analytical Report

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

Report Date: 12/11/25  
Lab Sample ID: 25L0121-01

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

Field Chlorine (mg/l): 0.76  
Sample Date: 12/10/25 08:31  
Sample Received: 12/10/25 14:20  
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				

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

Report Date: 12/11/25  
Lab Sample ID: 25L0121-02

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: 12/10/25 08:43  
Sample Received: 12/10/25 14:20  
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 #	<i>Pace</i>		
<input checked="" type="checkbox"/> 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234 FAX (530) 243-7494 <input type="checkbox"/> 3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8966 FAX: (530) 894-5143										25L0121			
CLIENT NAME <b>BREESE II WATER SYSTEM</b>										PAGE 1 OF 1			
MAILING ADDRESS PO BOX 9062 RED BLUFF, CA 96080					PROJECT NAME PROJECT DRINKING WATER MONITORING					PWS # (If Applicable) <b>5200008 TEHAMA</b>			
INVOICE TO SAME					Contact for positive results: Name: Autumn Walker Phone: 530-209-2748		REPORT TO <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail Hardcopy NAME / ATTENTION Autumn Walker			TURN AROUND TIME REQUESTED <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Rush			
					Alt. contact for positive results Name: Storm Craig Phone: 530-736-5947		PHONE 530-527-0170 EMAIL breezewater@gmail.com			ANALYSES REQUESTED			
SPECIAL INSTRUCTIONS / PO# <b>CC REPORTS TO MIKE BUTLER</b>					Weekend contact for positive results: Name: Mike Butler Phone: 530-680-7079		REGULATORY AGENCY Tehama Co Environmental 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	Field Chlorine Residual (mg/L)		Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quanti-Tray)
-D1	12/10/25	0831	AM PM	1		120 Gurnsey Drive			1	0.76		✓	
-D2	12/10/25	0843	AM PM	5A		Well 1		CA5200008_001_001	1	0.00	✓		
SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding					SAMPLING / ANALYSIS COMMENTS Total Coliform/E. coli method used is SM 9223B, unless otherwise noted.								
RELINQUISHED DATE / TIME: 12/10/25 1420					<input type="checkbox"/> I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS. <b>NAME</b> <b>PER AUTHORIZATION AGREEMENT</b> <b>SIGNATURE</b> <b>DATE</b>								
RECEIVED BY			DATE/TIME		RELINQUISHED BY			DATE/TIME		<b>*SAMPLE TYPE CODES</b> (NR = Non-Regulated) 1 - Routine 2 - Repeat 3 - Replacement 5A - Source Groundwater 5B - Source Surface Water 6 - Other (Sent to Regulator)			
RECEIVED BY			DATE/TIME		RELINQUISHED BY			DATE/TIME					
RECEIVED BY LAB <i>M. Hetzler</i>			DATE/TIME 12/10/25 1420		LOGGED BY LAB NSP for SMC / NPP			DATE/TIME					
For Official Lab Comments Only													

# SAMPLE RECEIPT CHECKLIST

*Pace*  
WO NUMBER 8520121

Samples Received Via:	<input type="checkbox"/> Fed-Ex <input type="checkbox"/> UPS
Client Walk-In	<input type="checkbox"/> Courier
Pace Field Service	<input checked="" type="checkbox"/> Other

Samples Received By: JP  
Are samples for regulatory compliance?  Yes  No

Date: 11/01/15 Time: 1410

## 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-CO1(IR) Therm-CO2(IR) Other: \_\_\_\_\_

Cooler #1 Init. Temp °C 8.5 Correction °C -0.1 Corrected Temp °C 8.4

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  N/A

Custody seals present?  Yes  No  N/A

Samples in proper containers?  Yes  No  N/A

Sample containers damaged?  Yes  No  N/A

Sufficient sample volume for indicated tests?  Yes  No  N/A

Samples received with sufficient holding time?  Yes  No  N/A

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  N/A

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)?

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)?

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