



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 Peterson
(530) 243-7234
reddingclientservices@pacelabs.com

Client Project ID: [none]
Client PO#:

Pace Analytical Project ID: 26B0196
Samples Received: 02/11/2026 10:57 AM
Estimated Completion: 02/12/2026 17:00 PM

CC:
Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 Gurnsey Drive	26B0196-01	Drinking Water	02/11/2026 08:27 AM	Field Sampling Fee Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
Well 1	26B0196-02	Ground Water	02/11/2026 09:08 AM	SM 9223 B Colilert-18 Total Coliform / E.coli. Quantitray - Colilert-18

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.



SAMPLE ACKNOWLEDGEMENT

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

Please contact your project manager if you recognize any discrepancy in this form or have any questions about your project.

PACE® - CHAIN OF CUSTODY

(FOR DRINKING WATER - MICROBIOLOGY)

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

LABORATORY WORK ORDER #

20650196

PAGE 1 OF 1



CLIENT NAME

BREESE II WATER SYSTEM

MAILING ADDRESS

PO BOX 9062
 RED BLUFF, CA 96080

PROJECT

DRINKING WATER MONITORING

PWS # (If Applicable)

5200008 TEHAMA

Contact for positive results:

Name: Autumn Walker
 Phone: 530-209-2748
 Alt. contact for positive results
 Name: Storm Craig
 Phone: 530-736-5947
 Weekend contact for positive results:
 Name: Mike Butler
 Phone: 530-680-7079

INVOICE TO

SAME

SPECIAL INSTRUCTIONS / PO#

CC REPORTS TO MIKE BUTLER

REPORT TO

Email
 Mail Hardcopy
 NAME / ATTENTION
 Autumn Walker
 PHONE
 530-527-0170
 EMAIL
 breeewater@gmail.com
 REGULATORY AGENCY
 Tehama Co Environmental Health

TURN AROUND TIME REQUESTED

Standard Rush

ID # (Lab Use Only)	DATE SAMPLED	TIME SAMPLED	SAMPLE TYPE	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	02/12/06	0827	1	120 Gurnsey Drive		1	✓		
02			5A	Well 1 could not get rw sample, Res came out to 0.07. 02/12/06 02/12/06	CAS200008_001_001	1	✓		

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

SAMPLING / ANALYSIS COMMENTS

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

RELINQUISHED DATE / TIME: 02/12/06 1057

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

RECEIVED BY LAB

DATE/TIME

LOGGED BY LAB

DATE/TIME

For Official Lab Comments Only

FRM-002.2 - Chain of Custody (rev 1.1)

339A



SAMPLE RECEIPT CHECKLIST

WO NUMBER 26B0196

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"/>

Samples Received By: OL Date: 2/11/26 Time: 1057
 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 10.2 Correction °C +0.5 Corrected Temp °C 10.7
 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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HNO3 preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Added upon sample receipt? Yes <input type="checkbox"/> No <input type="checkbox"/>
NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

