



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

Phone: 530-209-2748

Email: breeewater@gmail.com

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

Pace Project Manager:

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

Client Project ID: [none]

Client PO#:

Pace Analytical Project ID: 26G0180
Samples Received: 07/08/2026 16:36 PM
Estimated Completion: 07/30/2026 23:00 PM

CC:

Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 Gurnsey Drive	26G0180-01	Drinking Water	07/08/2026 09:51 AM	Field Sampling Fee Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
Well 1	26G0180-02	Ground Water	07/08/2026 10:07 AM	SM 9223 B Colilert-18 Total Coliform / E.coli. Quantitray - Colilert-18
Well 1	26G0180-03	Raw Water	07/06/2026 10:07 AM	EDD EDT - CLIP SUB-BAKE, EDT - CLIP SUB-EFN-POM EPA 515.4 Subcontracted 515.4 Herbicides SUB-EFN-POM EPA 525.2 Subcontracted 525.2 SUB-BAKE EPA 547 Subcontracted 547 Glyphosate SUB-EFN-POM

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.



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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

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[illegible]

4, 4A, 4B



SAMPLE RECEIPT CHECKLIST

WO NUMBER 26G0180

Samples Received Via:

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

Samples Received By: TF Date: 7/8/26 Time: 16:36Are samples for regulatory compliance? Yes ☒ No ☐

TF 7/8/26

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 11.3 Correction °C +0.5 Corrected Temp °C 11.8Cooler #2 Init. Temp °C 10.8 Correction °C +0.5 Corrected Temp °C 11.3

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 _____

H2SO4 preserved samples confirmed to pH <2 (i.e., E350.1, SM5220, SM5310)?

Yes ☐ No ☐ NA ☐

HNO3 preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)?

Yes ☐ No ☐ NA ☐

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

Yes ☐ No ☐ NA ☐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