



2218 Railroad Avenue
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Analytical Report

Report To: CLEAR CREEK CSD - WESTWOOD
POST OFFICE BOX 833
WESTWOOD, CA 96137
Attention: NICOLETTE MORONEY
Project: DRINKING WATER MONITORING

Lab No: 22B0163
Reported: 02/09/22
Phone: (530) 256-3096

Included in this report are laboratory results for work order 22B0163, received on 02/02/22. 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.

System Name: CLEAR CREEK CSD-WESTWOOD
System Number: CA1800512

Sampled By: J D HACKETT
Employed By: CLEAR CREEK CSD - WESTWOOD

Sample Results

Sample ID: 666-885 FOREST PATH (22B0163-01) Sampled: 02/02/22 09:00
Sample Type: Routine Received: 02/02/22 15:01
Source Name: Receipt Temp (c): 2.9
Chlorine (mg/l): 0.14

| Analyte | Units | Results | Qualifier | Method | Analyzed | Prepared | Batch / Analyst |
|-----------------|------------|-------------|-----------|------------|----------------|----------------|-----------------|
| Total Coliforms | MPN/100 ml | <1.1 Absent | | SM 9221B/E | 02/04/22 15:03 | 02/02/22 16:17 | B2B0965 / JPW |
| Fecal Coliforms | " | <1.1 Absent | | " | " | " | " |

Sample ID: CISTERN (22B0163-02) Sampled: 02/02/22 09:25
Sample Type: Source Received: 02/02/22 15:01
Source Name: CA1800512_001_001 Receipt Temp (c): 1.3
Chlorine (mg/l):

| Analyte | Units | Results | Qualifier | Method | Analyzed | Prepared | Batch / Analyst |
|-----------------|------------|-------------|-----------|------------|----------------|----------------|-----------------|
| Total Coliforms | MPN/100 ml | <1.1 Absent | | SM 9221B/E | 02/04/22 15:03 | 02/02/22 16:17 | B2B0965 / JPW |
| Fecal Coliforms | " | <1.1 Absent | | " | " | " | " |



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Analytical Report

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, Laboratory Director
Pace Analytical Services LLC - Redding CA
California ELAP Cert #2718

cc: Division of Drinking Water District 02 Lassen

The data included in this report relate only to the specific items as received. 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.

BASIC LABORATORY, INC. - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)

22B0163

LABORATORY WORK ORDER # **22B0163**

22B0163

PAGE 1 OF 1

CLIENT NAME: **CLEAR CREEK CSD - WESTWOOD** PROJECT NAME: **DRINKING WATER MONITORING** PROJECT / PO #

MAILING ADDRESS: **POST OFFICE BOX 833 WESTWOOD, CA 96137**

INVOICE TO: **CLEAR CREEK CSD - WESTWOOD**

SPECIAL INSTRUCTIONS / PO#

CONTACT FOR POSITIVE RESULTS: **Name: JD HACKETT Phone: 530-375-9004**

REPORT TO: Email Mail Hardcopy **NAME / ATTENTION: NICOLETTE MORONEY PHONE: 530-256-3096 EMAIL: cccsdwater@frontiernet.net**

TURN AROUND TIME REQUESTED: Standard Rush

PWS # (If Applicable): **CA1800512**

REGULATORY AGENCY: **DIVISION OF DRINKING WATER**

| 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) | TC/FC MPN 10 | |
| -1 | 2-2-22 | 9:00 | AM PM | 1 | | 666-885 Forest | | 14 | | | | | |
| -2 | 2-2-22 | 9:25 | AM PM | 5 | | C6+oru Park | | | | | | | |
| | | | AM PM | | | | | | | | | | |
| | | | AM PM | | | | | | | | | | |
| | | | AM PM | | | | | | | | | | |
| | | | AM PM | | | | | | | | | | |
| | | | AM PM | | | | | | | | | | |
| | | | AM PM | | | | | | | | | | |
| | | | AM PM | | | | | | | | | | |
| | | | AM PM | | | | | | | | | | |

SAMPLED BY: (please print) **JD Hackett** SIGNATURE: *[Signature]* DATE: **2-2-22**

RELINQUISHED DATE / TIME: **2-2-22 / 12:30pm**

I authorize Basic Laboratory to perform the indicated tests. By signing I agree to the TERMS and CONDITIONS. (www.basiclab.com/terms)

| | | | |
|-------------------------------------|-------------------------------|---|-------------------------------|
| RECEIVED BY: Eduardo Amezcua | DATE/TIME: 2-2-22 1317 | RELINQUISHED BY: Eduardo Amezcua | DATE/TIME: 2-2-22 1500 |
| RECEIVED BY: | DATE/TIME: | RELINQUISHED BY: | DATE/TIME: |
| RECEIVED BY LAB: Melton | DATE/TIME: 2-2-22 1501 | LOGGED BY LAB: Melton | DATE/TIME: 2-2-22 1651 |

*SAMPLE TYPE CODES (NR = Non-Regulated)
 1 - Routine
 2 - Repeat
 3 - Replacement
 4 - Special (Not sent to Regulator)
 5A - Source Groundwater
 5B - Source Surface Water
 6 - Other (Sent to Regulator)

For Official Lab Comments Only



SAMPLE RECEIPT CHECKLIST

WO NUMBER 22B0163

| SHIPPING INFORMATION | |
|----------------------|---|
| Walk-In | <input checked="" type="checkbox"/> |
| Courier | <input type="checkbox"/> |
| FedEx | <input type="checkbox"/> |
| UPS | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Cooler Present? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Samples Received By: NW Date: 2-2-22

Samples received on ice? Yes No
 Samples received the same day collected? Yes No

Ice type? Wet Blue Other _____

SAMPLE TEMPERATURES AT RECEIPT

Therm. ID (Circle one): Therm-C01 Therm-C02 Other: _____

| Sample ID | Corr Temp (°C) | Sample ID | Corr Temp (°C) | Sample ID | Corr Temp (°C) | Sample ID | Corr Temp (°C) |
|-----------|----------------|-----------|----------------|-----------|----------------|-----------|----------------|
| -01 | <u>2.9</u> | -06 | | -11 | | -16 | |
| -02 | <u>1.3</u> | -07 | | -12 | | -17 | |
| -03 | | -08 | | -13 | | -18 | |
| -04 | | -09 | | -14 | | -19 | |
| -05 | | -10 | | -15 | | -20 | |

SAMPLE CONDITION AND PROCESSING

Samples Processed and Labeled By: NW Date: 2-2-22

Yes No NA
 Custody seals present?
 Samples in proper containers? _____
 Sample containers damaged? _____
 Sufficient sample volume for indicated tests? _____
 Samples received within holding times? _____
 Are VOA vials free of headspace? _____
 Dechlor. agent labels present (i.e., colilert, TTHMs)?

SAMPLE PRESERVATION NA

Yes No NA
 Preserved in the field?
 Preserved in the lab? Lab Preservation Date & Time _____
 H2SO4 (ID _____) HNO3 (ID _____) NaOH (ID _____)
 Other (ID _____) Other (ID _____) Other (ID _____)

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)?
 Hexavalent Chromium (DW) preserved samples confirmed to pH >8 & Chlorine <0.1 mg/l?
 Hexavalent Chromium (W) preserved samples confirmed to pH 9.3 - 9.7? By: _____ Meter ID: _____
 Are proper preservation labels present?

Preservation checked at Lab? Date & Time _____ Test Strip (ID _____)

Preservation and Preservation Checks performed by: _____

COMMENTS, DISCREPANCIES, ANOMALIES
