



2218 Railroad Avenue
Redding, California 96001

voice 530.243.7234
fax 530.243.7494

3860 Morrow Lane, Suite F
Chico, California 95928

voice 530.894.8966
fax 530.894.5143

Analytical Report

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

Lab No: 22C0166
Reported: 03/07/22
Phone: (530) 256-3096

Included in this report are laboratory results for work order 22C0166, received on 03/02/22. 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: 462-820 CLEAR CREEK DRIVE (22C0166-01) Sampled: 03/02/22 09:00
Sample Type: Routine Received: 03/02/22 14:55
Source Name: Receipt Temp (c): 10.6
Chlorine (mg/l): 0.13

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	MPN/100 ml	<1.1 Absent		SM 9221B/E	03/04/22 15:29	03/02/22 15:58	B2C0976 / JPW
Fecal Coliforms	"	<1.1 Absent		"	"	"	"

Sample ID: CISTERN (22C0166-02) Sampled: 03/02/22 09:20
Sample Type: Source Received: 03/02/22 14:55
Source Name: CA1800512_001_001 Receipt Temp (c): 9.5
Chlorine (mg/l):

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	MPN/100 ml	<1.1 Absent		SM 9221B/E	03/04/22 15:29	03/02/22 15:58	B2C0976 / 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.


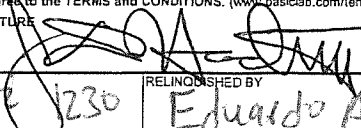
Approved By: 
Bryan Ervin, Chico Location Supervisor
Pace Analytical Services LLC - Redding CA
California ELAP Cert #2718

cc: Division of Drinking Water District 02 Lassen

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

2200166

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BASIC LABORATORY, INC. - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)						LABORATORY WORK ORDER #										
<input type="checkbox"/> 2218 Railroad Avenue, Redding, CA 96001 (530) 243-7234 FAX (530) 243-7494 <input checked="" type="checkbox"/> 3860 Morrow Lane, Suite F Chico, CA 95928 (530) 894-8966 FAX: (530) 894-5143						2200166										
CLIENT NAME			PROJECT NAME		PROJECT / PO #		PWS # (If Applicable)									
CLEAR CREEK CSD - WESTWOOD			DRINKING WATER MONITORING				CA1800512									
MAILING ADDRESS			Contact for positive results:		REPORT TO <input type="checkbox"/> Email <input type="checkbox"/> Mail Hardcopy		TURN AROUND TIME REQUESTED									
POST OFFICE BOX 833 WESTWOOD, CA 96137			Name: JD HACKETT Phone: 530-375-9004 All contact for positive results		NAME / ATTENTION NICOLETTE MORONEY PHONE 530-256-3096 EMAIL cccsdwater@frontiernet.net REGULATORY AGENCY DIVISION OF DRINKING WATER		<input type="checkbox"/> Standard <input type="checkbox"/> Rush									
INVOICE TO			Name: NICOLETTE MORONEY Phone: 530-256-3096				ANALYSES REQUESTED									
CLEAR CREEK CSD - WESTWOOD			Weekend contact for positive results:				<table border="1"> <thead> <tr> <th>Field Chlorine Residual (mg/L)</th> <th>Total Coliforms / E. coli (Present / Absent)</th> <th>Total Coliforms / E. coli (Enumerated - Quant- Tray)</th> <th>TC/FC MPN 10</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quant- Tray)	TC/FC MPN 10				
Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quant- Tray)	TC/FC MPN 10													
SPECIAL INSTRUCTIONS / PO#			Name:													
			Phone:													
ID # (Lab Use Only)	DATE SAMPLED	TIME SAMPLED	SAMPLE TYPE*	Cont. Grab	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	REGULATORY ID / SOURCE CODE (If Applicable)	NUMBER OF CONTAINERS	ANALYSES REQUESTED								
-13-2-29:00	3-2-22	9:00 AM	1		462-820 Clear		1	013								
-23-2-29:20	3-2-22	9:20 AM	5		Cistern		1	X								
SAMPLED BY: (please print) JD HACKETT					SAMPLING / ANALYSIS COMMENTS											
RELINQUISHED DATE / TIME: 3-2-22 / 12:25																
<input checked="" type="checkbox"/> I authorize Basic Laboratory to perform the indicated tests. By signing I agree to the TERMS and CONDITIONS. (www.basiclab.com/terms)								*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)								
NAME: JD HACKETT		SIGNATURE: 		DATE: 3-2-22												
RECEIVED BY: Eduardo Amezcua	DATE/TIME: 3-2-22 1230	RELINQUISHED BY: Eduardo Amezcua	DATE/TIME: 3-2-22 1447													
RECEIVED BY:	DATE/TIME:	RELINQUISHED BY:	DATE/TIME:													
RECEIVED BY LAB: M. Melton	DATE/TIME: 3-2-22 1455	LOGGED BY LAB: M. Melton	DATE/TIME: 3-2-22 1509													
For Official Lab Comments Only																



SAMPLE RECEIPT CHECKLIST

WO NUMBER 22C0166

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: MW Date: 3-2-22

Samples received on ice? Yes No Ice type? Wet Blue Other _____

Samples received the same day collected? Yes No

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>10.6</u>	-06		-11		-16	
-02	<u>9.5</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: MW Date: 3-2-22

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

SAMPLE PRESERVATION

NA

	Yes	No	NA
Preserved in the field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserved in the lab?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)?	<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"/>
NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexavalent Chromium (DW) preserved samples confirmed to pH >8 & Chlorine <0.1 mg/l?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hexavalent Chromium (W) preserved samples confirmed to pH 9.3 - 9.7?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are proper preservation lables present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By: _____ Meter ID: _____

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

Preservation and Preservation Checks performed by: _____

COMMENTS, DISCREPANCEIS, ANOMALIES

