



2218 Railroad Avenue  
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Chico, California 95928

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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:** 22H0276  
**Reported:** 08/09/22  
**Phone:** (530) 256-3096

Included in this report are laboratory results for work order 22H0276, received on 08/03/22. 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 (22H0276-01)      Sampled: 08/03/22 08:15  
Sample Type: Routine      Received: 08/03/22 16:54  
Source Name:      Receipt Temp (c): 5.3  
Chlorine (mg/l): 0.20

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	MPN/100 ml	<1.1 Absent		SM 9221B/E	08/07/22 16:25	08/03/22 17:39	B2H1099 / JPW
Fecal Coliforms	"	<1.1 Absent		"	"	"	"

Sample ID: CISTERN (22H0276-02)      Sampled: 08/03/22 09:30  
Sample Type: Source      Received: 08/03/22 16:54  
Source Name: CA1800512\_001\_001      Receipt Temp (c): 6.2  
Chlorine (mg/l):

Analyte	Units	Results	Qualifier	Method	Analyzed	Prepared	Batch / Analyst
Total Coliforms	MPN/100 ml	1.1 Present		SM 9221B/E	08/07/22 16:25	08/03/22 17:39	B2H1099 / 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.


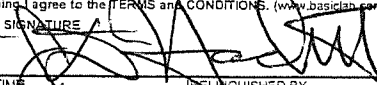
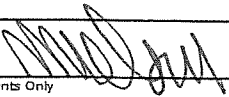
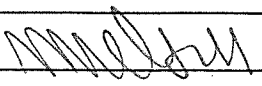
Approved By:   
Bryan Ervin, Chico Location Supervisor  
Pace Analytical Services LLC - Redding CA  
California ELAP Cert #2718

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.*

22H0276

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BASIC LABORATORY, INC. - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)						LABORATORY WORK ORDER #												
<input type="checkbox"/> 2213 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						22H0276												
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		NAME / ATTENTION NICOLETTE MORONEY		<input type="checkbox"/> Standard <input type="checkbox"/> Rush											
INVOICE TO			All contact for positive results		PHONE		ANALYSES REQUESTED <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">NUMBER OF CONTAINERS</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Field Chlorine Residual (mg/L)</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Coliforms / E. coli (Present / Absent)</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Total Coliforms / E. coli (Enumerated - Quinfil-Tray)</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">TC/FC MPN 10</th> </tr> <tr> <td style="text-align: center;">20</td> <td></td> <td></td> <td></td> <td style="text-align: center;">X</td> </tr> </table>		NUMBER OF CONTAINERS	Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quinfil-Tray)	TC/FC MPN 10	20				X
NUMBER OF CONTAINERS	Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quinfil-Tray)	TC/FC MPN 10														
20				X														
CLEAR CREEK CSD - WESTWOOD			Name: NICOLETTE MORONEY Phone: 530-256-3096		EMAIL cccswater@frontiernet.net													
SPECIAL INSTRUCTIONS / PO#			Weekend contact for positive results:		REGULATORY AGENCY													
			Name:		DIVISION OF DRINKING WATER													
Phone:																		
ID # (Lab Use Only)	DATE SAMPLED	TIME SAMPLED	SAMPLE TYPE*	Comp Grab	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	REGULATORY ID / SOURCE CODE (if Applicable)												
-1	8-3-22	0815	1		666-885 Park Forest													
-2	8-3-22	0920	5		CISTERN PARK													
SAMPLED BY: (please print) JD Hackett			SAMPLING / ANALYSIS COMMENTS															
RELINQUISHED DATE / TIME: 8-3-22 / 11:53 am																		
<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: 8-3-22														
RECEIVED BY: Edward Arnez		DATE/TIME: 8/3/22 1244		RELINQUISHED BY: Edward Arnez		DATE/TIME: 8/3/22 1650												
RECEIVED BY: 		DATE/TIME: 8-3-22 1654		LOGGED BY LAB: 		DATE/TIME: 8-4-22 1005												
For Official Lab Comments Only																		



# SAMPLE RECEIPT CHECKLIST

WO NUMBER 2240276

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Samples Received By: MN Date: 8.3.22

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>5.3</u>	-06		-11		-16	
-02	<u>6.2</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: Spec Date: 8.3.22

Custody seals present?  Yes  No  NA

Samples in proper containers?  Yes  No

Sample containers damaged?  Yes  No

Sufficient sample volume for indicated tests?  Yes  No

Samples received within holding times?  Yes  No

Are VOA vials free of headspace?  Yes  No  NA

Dechlor. agent labels present (i.e., colilert, TTHMs)?  Yes  No  NA

### SAMPLE PRESERVATION NA

Preserved in the field?  Yes  No  NA

Preserved in the lab?  Yes  No  NA Lab Preservation Date & Time \_\_\_\_\_

H2SO4 (ID \_\_\_\_\_)  HNO3 (ID \_\_\_\_\_)  NaOH (ID \_\_\_\_\_)

Other (ID \_\_\_\_\_)  Other (ID \_\_\_\_\_)  Other (ID \_\_\_\_\_)

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

Hexavalent Chromium (DW) preserved samples confirmed to pH >8 & Chlorine <0.1 mg/l?  Yes  No  NA

Hexavalent Chromium (W) preserved samples confirmed to pH 9.3 - 9.7?  Yes  No  NA By: \_\_\_\_\_ Meter ID: \_\_\_\_\_

Are proper preservation lables present?  Yes  No  NA

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

Preservation and Preservation Checks performed by: \_\_\_\_\_

### COMMENTS, DISCREPANCEIS, ANOMALIES