



SAMPLE ACKNOWLEDGEMENT

2218 Railroad Avenue
Redding, CA 96001-2504
(530) 243-7234

Report To:

TENNANT COMMUNITY SERVICES DIST
Andi McCarthy
13515 TENNANT ROAD
MACDOEL, CA 96058

Invoice To:

28-100564
TENNANT COMMUNITY SERVICES DIST
Andi McCarthy
13515 TENNANT ROAD
MACDOEL, CA 96058

Phone: (530) 398-4185

Email: generalmanager@ci.tennantcsd.ca.us

Phone: (530) 398-4185

Email: generalmanager@ci.tennantcsd.ca.us

Pace Project Manager:

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

Client Project ID: [none]

Client PO#:

Pace Analytical Project ID: 25C0068

Samples Received: 03/07/2025 17:48 PM

Estimated Completion: 03/11/2025 17:00 PM

CC:

Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
WELL HOUSE	25C0068-01	Drinking Water	03/07/2025 13:26 PM	Fees Only Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A

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
WELL HOUSE	SM 9223 B Colilert-18	E. Coli		Present/Absent
		Total Coliforms		Present/Absent

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 # 25600608

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CLIENT NAME: **TENNANT CSD**

PROJECT: DRINKING WATER MONITORING

PROJECT NAME: CA4700531

PWS # (If Applicable):

MILING ADDRESS: 13515 TENNANT ROAD, MACDOEL, CA 96058

INVOICE TO: SAME

SPECIAL INSTRUCTIONS / PO#: *Also notify Ernie Goff with any positive results

530-276-1460

REPORT TO: Email Mail Hardcopy

NAME / ATTENTION: Andi McCarthy

PHONE: 530-398-4185

Alt. contact for positive results: Name: Dave Horn, Phone: 530-398-4404

Weekend contact for positive results: Name: Andi McCarthy, Phone: 214-642-7348

REGULATORY AGENCY: DDW DIST 1 KLAMATH

REGULATORY ID / SOURCE CODE (if Applicable):

ID # (Lab Use Only)	DATE SAMPLED	TIME SAMPLED	SAMPLE TYPE*	SAMPLE #	SAMPLE LOCATION / IDENTIFICATION / DESCRIPTION	REGULATORY ID / SOURCE CODE (if Applicable)	ANALYSES REQUESTED		
							Field Chlorine Residual (mg/L)	Total Coliforms / E. coli (Present / Absent)	Total Coliforms / E. coli (Enumerated - Quanti-Tray)
-01	03/20	13:00	1		Well House		1	✓	

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

RELINQUISHED DATE / TIME: 03/25 1748

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

I authorize Pace® to perform the indicated tests. By signing I agree to the Pace® TERMS and CONDITIONS.

NAME: *Michael Hetzler*

SIGNATURE: *[Signature]*

DATE: *[Blank]*

RECEIVED BY	DATE/TIME	RELINQUISHED BY	DATE/TIME
RECEIVED BY LAB	DATE/TIME	LOGGED BY LAB	DATE/TIME
<i>Wanda Cochran</i>	<i>3/7/25 1748</i>	<i>[Signature]</i>	<i>[Blank]</i>

*SAMPLE TYPE CODES

- 1 - Routine
- 2 - Repeat
- 3 - Replacement
- 5A - Source Groundwater
- 5B - Source Surface Water
- 6 - Other (Sent to Regulator)



SAMPLE RECEIPT CHECKLIST

WO NUMBER 25C0048

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: TC Date: 3/7/25 Time: 1748
 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 5.2 Correction °C +0.4 Corrected Temp °C 5.6

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 _____

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 Added upon sample receipt? Yes No

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

Yes No NA

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
