

**WEBB COUNTY UTILITIES: SETTLEMENT AGREEMENT SAMPLING RESULTS**

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
8	1/6/2015	Rio Bravo	1404	Margarita	0.24	2.70	Normal	Absent
8	1/6/2015	Rio Bravo	1541	Centeno	0.27	2.52	Normal	Absent
8	1/6/2015	Rio Bravo	1234	Paseo de Tiber	1.20	0.19	Low	Absent
8	1/6/2015	Rio Bravo	503	Rio Amur	0.39	2.12	Normal	Absent
8	1/6/2015	El Cenizo	3510	Tays	1.20	1.95	Normal	Absent
8	1/6/2015	El Cenizo	3519	Cecilia	1.68	2.56	Normal	Absent
8	1/6/2015	El Cenizo	454	Morales	4.40	2.04	Normal	Absent
8	1/6/2015	El Cenizo	543	Rodriguez	2.48	2.42	Normal	Absent

Notes:

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? <i>1.6</i> °C		Temperature Device ID <i>D</i>		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros)		<i>2</i>		<i>4</i>		<i>0</i>		<i>0</i>		<i>0</i>		<i>2</i>		<i>2</i>		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE					
Public Water System Name:		<i>Water Utilities Rio Bravo Trt Plant</i>										Relinquished By:		<i>Melanie Fox</i>		Date		<i>1-7-15</i>			
County		<i>Webb</i>										Received By:		<i>M. Sauter</i>		Time		<i>0815</i>			
Send Results To:	Name:		<i>Melanie Fox - Turnstone EHS</i>										Relinquished By:				Date				
	Address:		<i>226 Enterprise Pkwy. Ste 116</i>										Received By:				Time				
	City:		<i>Corpus Christi</i>										Tested By:				Date				
	State:		<i>TX</i>		Zip:		<i>78405</i>						Reported By:				Time				
Phone #:		<i>361-289-2510</i>				Fax #:		<i>361-289-2511</i>				Report Approved By:				Date:					
Sampler Name:		<i>Melanie Fox mfox@turnstonechs.com</i>										Title:				Date:					
Sampler Contact #:		<i>361-738-9226</i>				Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other		<input checked="" type="checkbox"/>					
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended				Water Source: <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Groundwater with Surface Water Influence				Other: <input type="checkbox"/>				Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number	
Sample Identification/Location				Collected			Sample Type: <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat					Free mg/L		Rejection Criteria #		Total Coliform		E. coli			
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A				Date	Time		Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	<input type="checkbox"/> Free mg/L	<input checked="" type="checkbox"/> Total mg/L			Present	Absent	Present	Absent	
<i>1404</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1111</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2.70</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>1541</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1133</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2.52</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>1234</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1154</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>0.19</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>503</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1210</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2.12</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>3510</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1230</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>1.95</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>3519</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1309</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2.520</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>454</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1325</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2.04</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>543</i>				<i>1</i>	<i>6</i>	<i>15</i>	<i>1348</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>2.42</i>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)									
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:									

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40146 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 1404 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 11:11
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131								
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.6 °C		NELAP Certificate # T104704386-13-8								
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Temperature Device ID D										
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Test results meet all requirements of NELAP unless stated otherwise			LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
County		Webb										Relinquished By: Melanie Loo		Date 1-7-15								
Send Results To:		Name:		Melanie Fox - Turnstone EHS										Received By: M. Sautam		Time 0815						
		Address:		226 Enterprise Pkwy. Ste 116										Relinquished By:		Date 1-7-15						
		City:		Corpus Christi										Received By:		Time 0815						
		State:		TX		Zip:		78405								Tested By:		Date				
		Phone #:		361-289-2510				Fax #:		361-289-2511						Reported By:		Time				
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:										
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Other:		Title:				Date:										
System Type: (✓)		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		<input type="checkbox"/> Groundwater with Surface Water Influence				Water Source: (✓)										
Sample Identification/Location		Collected			Sample Type: (✓)							Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number		
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time		Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Free mg/L	Rejection Criteria #	Total Coliform		E. coli		Present	Absent	Present	Absent
Month	Day	Year	Please circle AM or PM								Total mg/L		Present	Absent	Present	Absent						
1404	1	6	15	1111	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.70		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40146				
1541	1	6	15	1133	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.52		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40147				
1234	1	6	15	1154	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40148				
503	1	6	15	1210	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40149				
3510	1	6	15	1230	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.95		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40150				
3519	1	6	15	1309	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.56		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40151				
454	1	6	15	1325	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.04		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40152				
543	1	6	15	1348	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.42		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40153				
					AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
					PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

TCEQ Form: 10525 6/2009	*Unsuitable Sample Analysis	1) Holding time - Analysis not initiated within 30 hours of collection	3) Excessive chlorine residual (>10mg/L)	5) Form incomplete / Data discrepancy (Circle Errors)
	Rejection Criteria # Definitions	2) Quantity insufficient for analysis (100ml required)	4) Heavy silt / Turbidity present	6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40147 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 1541 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 11:33
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					

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Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.6 °C		NELAP Certificate # T104704386-13-8								
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Temperature Device ID D										
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Test results meet all requirements of NELAP unless stated otherwise			LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
County		Webb										Relinquished By: Melanie Loo		Date 1-7-15								
Name:		Melanie Fox - Turnstone EHS										Received By: M. Sautam		Time 0815								
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City:		Corpus Christi										Received By:		Time 0815								
State:		TX										Tested By:		Date								
Phone #:		361-289-2510				Fax #:						361-289-2511		Reported By:		Date						
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:		Date:								
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Other:						Title:		Date:								
System Type: (✓)		Water Source: (✓)										Chlorine Residual		Lab Results				Laboratory Sample ID Number				
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water								<input type="checkbox"/> Free mg/L		Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.						
<input type="checkbox"/> Other:		<input type="checkbox"/> Groundwater with Surface Water Influence		Sample Identification/Location		Collected				Sample Type: (✓)				<input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Test Method: SM 9222B				
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Present		Absent		Present		Absent	
		Month	Day	Year	Please circle AM or PM										Total Coliform		E. coli					
1404		1	6	15	1111	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40146				
1541		1	6	15	1133	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40147				
1234		1	6	15	1154	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40148				
503		1	6	15	1210	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40149				
3510		1	6	15	1230	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40150				
3519		1	6	15	1309	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40151				
454		1	6	15	1325	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40152				
543		1	6	15	1348	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40153				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

TCEQ Form: 10525 6/2009	*Unsuitable Sample Analysis	1) Holding time - Analysis not initiated within 30 hours of collection	3) Excessive chlorine residual (>10mg/L)	5) Form incomplete / Data discrepancy (Circle Errors)
	Rejection Criteria # Definitions	2) Quantity insufficient for analysis (100ml required)	4) Heavy silt / Turbidity present	6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40148 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 1234 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 11:54
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410																	
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.6 °C		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8															
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		2		2		Temperature Device ID		D		Test results meet all requirements of NELAP unless stated otherwise													
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		Date		1-7-15															
County		Webb										Relinquished By:		Time <td colspan="2">0815</td>		0815															
Send Results To:	Name:		Melanie Fox - Turnstone EHS										Received By:		Date <td colspan="2">1-7-15</td>		1-7-15														
	Address:		226 Enterprize Pkwy. Ste 116										Relinquished By:		Time <td colspan="2">0815</td>		0815														
	City:		Corpus Christi										Received By:		Date <td colspan="2"></td>																
	State:		TX		Zip:		78405		Tested By:		Date <td colspan="2"></td> <th colspan="2">Time</th> <td colspan="2"></td>				Time																
Phone #:		361-289-2510				Fax #:		361-289-2511				Reported By:		Date <td colspan="2"></td>																	
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:		Date <td colspan="2"></td>																	
Sampler Contact #:		361-738-9226				Owner		Operator		Other <th colspan="2">Title:</th> <td colspan="2">Date:</td> <td colspan="2"></td>		Title:		Date:																	
System Type: (✓)		Public <input checked="" type="checkbox"/>		Private <input type="checkbox"/>		Bottled/Vended <input type="checkbox"/>		Groundwater <input type="checkbox"/>		Surface Water <input checked="" type="checkbox"/>		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number											
Other: <input type="checkbox"/>		Groundwater with Surface Water Influence <input type="checkbox"/> <th colspan="2">Sample Identification/Location</th> <th colspan="3">Collected</th> <th colspan="3">Sample Type: (✓)</th> <th colspan="2">Free mg/L</th> <th colspan="2">Rejection Criteria #</th> <th colspan="4">Note: All test results relate only to the samples as received.</th>		Sample Identification/Location		Collected			Sample Type: (✓)			Free mg/L		Rejection Criteria #		Note: All test results relate only to the samples as received.															
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Distribution			Construction			Raw Well			Special			Repeat			Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples			Total mg/L		Test Method: SM 9222B			
		Month	Day	Year	Please circle AM or PM			Distribution	Construction	Raw Well	Special	Repeat							Total Coliform		E. coli										
1404		1	6	15	1111			AM					2.70					Present		Absent		AA40146									
1541		1	6	15	1133			AM					2.52					Present		Absent		AA40147									
1234		1	6	15	1154			AM					0.19					Present		Absent		AA40148									
503		1	6	15	1210			PM					2.12					Present		Absent		AA40149									
3510		1	6	15	1230			PM					1.95					Present		Absent		AA40150									
3519		1	6	15	1309			AM					2.56					Present		Absent		AA40151									
454		1	6	15	1325			AM					2.04					Present		Absent		AA40152									
543		1	6	15	1348			AM					2.42					Present		Absent		AA40153									
								PM										Present		Absent											
								AM										Present		Absent											
								PM										Present		Absent											
								AM										Present		Absent											
								PM										Present		Absent											
								AM										Present		Absent											
								PM										Present		Absent											
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)																			
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:																			

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40149 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 503 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 12:10
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410											
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.6 °C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8							
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE											
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Relinquished By: Melanie Loo		Date 1-7-15		Time 0815									
County		Webb										Received By: M. Sautam		Date 1-7-15		Time 0815									
Send Results To:	Name:	Melanie Fox - Turnstone EHS										Relinquished By:		Date		Time									
	Address:	226 Enterprise Pkwy. Ste 116										Received By:		Date		Time									
	City:	Corpus Christi										Tested By:		Date		Time									
	State:	TX		Zip:	78405								Reported By:		Date		Time								
Phone #:	361-289-2510				Fax #:	361-289-2511						Report Approved By:		Date:											
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Title:		Date:												
Sampler Contact #:	361-738-9226				Owner		Operator		Other:		Title:		Date:												
System Type: (✓)		Water Source: (✓)										Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number					
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water								<input type="checkbox"/> Free mg/L		Note: All test results relate only to the samples as received.		Test Method: SM 9222B				Laboratory Sample ID Number					
<input type="checkbox"/> Other:		<input type="checkbox"/> Groundwater with Surface Water Influence		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		<input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #				Total Coliform		E. coli	
Sample Identification/Location		Collected			Sample Type: (✓)										Present		Absent		Present		Absent				
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Distribution		Construction		Raw Well		Special		Repeat		Present		Absent		Present		Absent	
		Month	Day	Year	Please circle AM or PM																				
1404		1	6	15	1111	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						2.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40146			
1541		1	6	15	1133	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						2.52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40147			
1234		1	6	15	1154	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						0.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40148			
503		1	6	15	1210	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						2.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40149			
3510		1	6	15	1230	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						1.95	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40150			
3519		1	6	15	1309	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						2.56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40151			
454		1	6	15	1325	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						2.04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40152			
543		1	6	15	1348	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						2.42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40153			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

TCEQ Form: 10525 6/2009	*Unsuitable Sample Analysis	1) Holding time - Analysis not initiated within 30 hours of collection	3) Excessive chlorine residual (>10mg/L)	5) Form incomplete / Data discrepancy (Circle Errors)
	Rejection Criteria # Definitions	2) Quantity insufficient for analysis (100ml required)	4) Heavy silt / Turbidity present	6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40150 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 3510 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 12:30
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					

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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131													
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)																											
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2							Temperature at receipt? <i>1.6</i> °C		Temperature Device ID <i>D</i>		Test results meet all requirements of NELAP unless stated otherwise			NELAP Certificate # T104704386-13-8											
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE															
County:		Webb										Relinquished By: <i>Melanie Loo</i>		Date: <i>1-7-15</i>		Time: <i>0815</i>											
Send Results To:	Name:	Melanie Fox - Turnstone EHS										Received By: <i>M. Sautam</i>		Date: <i>1-7-15</i>		Time: <i>0815</i>											
	Address:	226 Enterprize Pkwy. Ste 116										Relinquished By:		Date:		Time:											
	City:	Corpus Christi										Received By:		Date:		Time:											
	State:	TX			Zip: 78405		Tested By:		Date:		Time:																
Phone #:	361-289-2510				Fax #:		361-289-2511				Reported By:		Date:		Time:												
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:				Date:											
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Other:		Title:				Date:															
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		Water Source: <input checked="" type="checkbox"/> Other:										Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number					
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							Free mg/L		Rejection Criteria #		Total Coliform		E. coli		Total mg/L							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date		Time		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Present		Absent		Present		Absent			
1404		1 6 15		1111		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.70								AA40146	
1541		1 6 15		1133		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.52								AA40147	
1234		1 6 15		1154		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				0.19								AA40148	
503		1 6 15		1210		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.12								AA40149	
3510		1 6 15		1230		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				1.95								AA40150	
3519		1 6 15		1309		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.56								AA40151	
454		1 6 15		1325		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.04								AA40152	
543		1 6 15		1348		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.42								AA40153	
						<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>													
						<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>													
						<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>													
						<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>													
						<input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>													
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)															
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:															

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40151 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 3519 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 13:09
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM						
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM						

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample.          2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.          3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.          4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.          5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.          6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410									
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)																							
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2							Temperature at receipt? <i>1.6</i> °C		Temperature Device ID <i>D</i>		Phone (361) 826-1200; Fax (361) 242-9131			NELAP Certificate # T104704386-13-8							
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Test results meet all requirements of NELAP unless stated otherwise					LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE						
County:		Webb										Relinquished By: <i>Melanie Loo</i>		Date: <i>1-7-15</i>		Time: <i>0815</i>							
Send Results To:	Name:	Melanie Fox - Turnstone EHS										Received By: <i>M. Sautam</i>		Date: <i>1-7-15</i>		Time: <i>0815</i>							
	Address:	226 Enterprize Pkwy. Ste 116										Relinquished By:		Date:		Time:							
	City:	Corpus Christi										Received By:		Date:		Time:							
	State:	TX			Zip: 78405		Tested By:		Date:		Time:												
Phone #:	361-289-2510				Fax #:		361-289-2511				Reported By:		Date:		Time:								
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:					Date:						
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Other:		Title:					Date:										
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		Water Source: <input checked="" type="checkbox"/> Other:										Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number	
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Free mg/L		Rejection Criteria #		Total Coliform		E. coli		Total mg/L			
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date	Time	Distribution	Construction	Raw Well	Special	Repeat	Total mg/L	Present	Absent	Present	Absent	Total Coliform		E. coli		Total mg/L					
		Month	Day	Year	Please circle AM or PM																		
1404		1	6	15	1111	<input checked="" type="checkbox"/> AM			2.70										AA40146				
1541		1	6	15	1133	<input checked="" type="checkbox"/> AM			2.52										AA40147				
1234		1	6	15	1154	<input checked="" type="checkbox"/> AM			0.19										AA40148				
503		1	6	15	1210	<input checked="" type="checkbox"/> PM			2.12										AA40149				
3510		1	6	15	1230	<input checked="" type="checkbox"/> PM			1.95										AA40150				
3519		1	6	15	1309	<input checked="" type="checkbox"/> PM			2.56										AA40151				
454		1	6	15	1325	<input checked="" type="checkbox"/> PM			2.04										AA40152				
543		1	6	15	1348	<input checked="" type="checkbox"/> PM			2.42										AA40153				
						AM																	
						PM																	
						AM																	
						PM																	
						AM																	
						PM																	
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection			3) Excessive chlorine residual (>10mg/L)			5) Form incomplete / Data discrepancy (Circle Errors)			Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)			4) Heavy silt / Turbidity present			6) Other:		

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40152 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 454 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 13:25
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample.          2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.          3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.          4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.          5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.          6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.6 °C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8			
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Relinquished By: Melanie Loo		Date	1-7-15						
County		Webb										Received By: M. Sautam		Time	0815						
Send Results To:	Name:	Melanie Fox - Turnstone EHS										Relinquished By:		Date	1-7-15						
	Address:	226 Enterprise Pkwy. Ste 116										Received By:		Time	0815						
	City:	Corpus Christi										Relinquished By:		Date							
	State:	TX										Received By:		Time							
Phone #:	361-289-2510			Zip:	78405			Tested By:		Date											
Fax #:	361-289-2511			Reported By:								Time									
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Report Approved By:										
Sampler Contact #:	361-738-9226			Owner		Operator		Other		Title:		Date:									
System Type: (✓)		Water Source: (✓)										Chlorine Residual		Lab Results				Laboratory Sample ID Number			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water						<input type="checkbox"/> Free mg/L		Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.							
<input type="checkbox"/> Other:		<input type="checkbox"/> Groundwater with Surface Water Influence		<input type="checkbox"/> Repeat		<input type="checkbox"/> Special		<input type="checkbox"/> Repeat		<input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Test Method: SM 9222B		Total Coliform					
Sample Identification/Location		Collected			Sample Type: (✓)							Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Present		Absent		Present		Absent	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Free mg/L	Total mg/L	Rejection Criteria #	Present	Absent	Present	Absent	Present	Absent		
1404		1	6	15	1111	AM					2.70								AA40146		
1541		1	6	15	1133	AM					2.52								AA40147		
1234		1	6	15	1154	AM					0.19								AA40148		
503		1	6	15	1210	PM					2.12								AA40149		
3510		1	6	15	1230	PM					1.95								AA40150		
3519		1	6	15	1309	PM					2.56								AA40151		
454		1	6	15	1325	PM					2.04								AA40152		
543		1	6	15	1348	PM					2.42								AA40153		
						AM															
						PM															
						AM															
						PM															
						AM															
						PM															
						AM															
						PM															

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA40153 <b>Report Date:</b> 1/8/15 <b>Sample Name:</b> 543 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/07/2015 <b>Time:</b> 08:15 <b>Date Sampled:</b> 01/06/2015 <b>Time:</b> 13:48
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	1/7/15 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample.          2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.          3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.          4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.          5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.          6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131											
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.6 °C		NELAP Certificate # T104704386-13-8											
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Temperature Device ID D													
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Test results meet all requirements of NELAP unless stated otherwise			LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE										
County		Webb										Relinquished By: Melanie Loo		Date 1-7-15											
Send Results To:		Name:		Melanie Fox - Turnstone EHS										Received By: M. Sautam		Time 0815									
		Address:		226 Enterprise Pkwy. Ste 116										Relinquished By:		Date 1-7-15									
		City:		Corpus Christi										Received By:		Time 0815									
		State:		TX		Zip:		78405								Tested By:		Date							
		Phone #:		361-289-2510				Fax #:		361-289-2511						Reported By:		Time							
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:													
Sampler Contact #:		361-738-9226				Owner		Operator		Other: <input checked="" type="checkbox"/>						Title:		Date:							
System Type: (✓)		Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>		Bottled/Vended <input type="checkbox"/>		Groundwater <input type="checkbox"/>		Surface Water <input checked="" type="checkbox"/>						Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number			
Other: <input type="checkbox"/>		Groundwater with Surface Water Influence <input type="checkbox"/>		Sample Identification/Location		Collected		Sample Type: (✓)						Free mg/L		Rejection Criteria #		Total Coliform		E. coli					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date		Time		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Total mg/L		Present		Absent			
		Month		Day		Year		Please circle AM or PM																	
		1		6		15		1111		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.70		<input type="checkbox"/>		<input type="checkbox"/>		AA40146	
		1		6		15		1133		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.52		<input type="checkbox"/>		<input type="checkbox"/>		AA40147	
		1		6		15		1154		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				0.19		<input type="checkbox"/>		<input type="checkbox"/>		AA40148	
		1		6		15		1210		PM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.12		<input type="checkbox"/>		<input type="checkbox"/>		AA40149	
		1		6		15		1230		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				1.95		<input type="checkbox"/>		<input type="checkbox"/>		AA40150	
		1		6		15		1309		PM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.56		<input type="checkbox"/>		<input type="checkbox"/>		AA40151	
		1		6		15		1325		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.04		<input type="checkbox"/>		<input type="checkbox"/>		AA40152	
		1		6		15		1348		PM		<input checked="" type="checkbox"/>		<input type="checkbox"/>				2.42		<input type="checkbox"/>		<input type="checkbox"/>		AA40153	
										AM		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>			
										PM		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>			
										AM		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>			
										PM		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>			
										AM		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>			
										PM		<input type="checkbox"/>		<input type="checkbox"/>						<input type="checkbox"/>		<input type="checkbox"/>			

TCEQ Form: 10525 6/2009	*Unsuitable Sample Analysis	1) Holding time - Analysis not initiated within 30 hours of collection	3) Excessive chlorine residual (>10mg/L)	5) Form incomplete / Data discrepancy (Circle Errors)
	Rejection Criteria # Definitions	2) Quantity insufficient for analysis (100ml required)	4) Heavy silt / Turbidity present	6) Other:







## Certificate of Compliance and Calibration

<b>Certificate Number</b>		1/5/2015 - 695	
<b>Order#</b>	03009897-1	<b>Make/Model</b>	HACH/2100Q
<b>Customer#</b>	1018067	<b>Asset #</b>	1122665
<b>Customer Name</b>	TURNSTONE EHS	<b>Serial Number</b>	10110C006395

<b>Sensor Installed and Calibrated</b> TURBIDITY			
<b>Temperature:</b>			
<b>Set Point 1</b>	10.0	<b>Set Point 3</b>	100
<b>Lot Number</b>	C358938	<b>Lot Number</b>	C255595
<b>Span Value</b>	9.51	<b>Span Value3:</b>	100.0
<b>Set Point 2</b>	20.0	<b>Set Point 4</b>	800
<b>Lot Number</b>	C360632	<b>Lot Number</b>	C255596
<b>Span Value</b>	20.0	<b>Span Value</b>	802

### Notes

**Location** Dallas, TX      **Asset Released In Tolerance**   
**Technician** TC      **All Tests Passed**   
**Date** 1/5/2015  
**Time** 14:21  
**SOP#**

**Quality Control:** *Tom Coll*      **Date:** 1-5

Please Note: All tests performed with NIST Traceable Calibration Solutions at ambient room temperature, humidity, and pressure at the location listed above. Time in transit or any change in temperature, pressure, humidity, or elevation may result in changes to the calibration values listed. Performance of a bump test is recommended prior to each use; refer to owners manual for bump testing and calibration procedures. Use of this test sheet constitutes proof that the testing environment was within manufacturers' limitation and the instrument conforms to manufacturers' specification. For a copy of the calibration standard certificate of analysis or MSDS, contact us at 800-332-0435.

**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**

*Be it known that*

**MELANIE FOX**

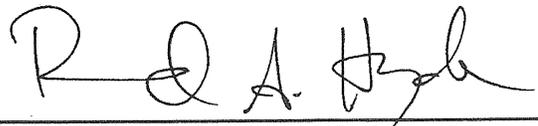
*has fulfilled the requirements in accordance with the  
laws of the State of Texas for*

**CLASS D WATER OPERATOR**

*License Number:* WO0009174

*Issue Date:* 09/08/2014

*Expiration Date:* 10/18/2017



*Executive Director*

*Texas Commission on Environmental Quality*