WEBB COUNTY UTILITIES: SETTLEMENT AGREEMENT SAMPLING RESULTS

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
11	2/18/2015	Rio Bravo	1404	Margarita	0.29	1.87	N/A [1]	N/A [1]
11	2/18/2015	Rio Bravo	1541	Centeno	0.43	0.97	Normal	Absent
11	2/18/2015	Rio Bravo	1234	Paseo de Tiber	2.31	1.04	Normal	Absent
11	2/18/2015	Rio Bravo	503	Rio Amur	0.70	1.60	Normal	Absent
11	2/18/2015	El Cenizo	3510	Tays	N/A [2]	N/A [2]	N/A [2]	N/A [2]
11	2/18/2015	El Cenizo	3519	Cecilia	0.45	0.71	Normal	Absent
11	2/18/2015	El Cenizo	454	Morales	0.54	0.83	Normal	Absent
11	2/18/2015	El Cenizo	543	Rodriguez	0.36	0.74	Normal	Absent

Notes:

[1] Total Coliform sample not collected/analyzed for 1404 Margarita at request of homeowner.

[2] No samples collected/analyzed for 3510 Tays - no water flowing from hose bib.

TCEQ	MICROBIAL MONITORING FORM

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
Public Water System Name:	Water Utilities Rio Bravo Treatment Plant
County	Webb

Send Results To:

Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterprize Pkwy. Ste. 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstonechs.com
Sampler Contact #:	361-738-9226

☐ Owner ☐ Operator ☑ Other: _____

System Type : (✓) ☑ Public ☐ Private ☐ Bottled/Vended ☐ Other: _____

Water Source: (✓) ☐ Groundwater ☑ Surface Water ☐ Groundwater with Surface Water Influence

Sample on Ice?	☑ Yes ☐ No
Temperature at receipt?	1.3 °C
Temperature Device ID	D

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard St
Corpus Christi, TX 78410
Phone (361) 826-1200; Fax (361) 242-9131

NELAP ACCREDITED TNI LABORATORY

Test results meet all requirements of NELAP unless stated otherwise — NELAP Certificate # T104704386-13-8

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Relinquished By:	Melanie Fox	Date	2-19-15
		Time	0822
Received By:	M. Santana	Date	2-19-15
		Time	0822
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location (Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A)	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: (✓) Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1541	02	18	15	1048 AM	☐	☐	☐	☑	☐		0.97		☐	☐	☐	☐	
1234	2	18	15	1105 AM	☐	☐	☐	☑	☐		1.04		☐	☐	☐	☐	
503	2	18	15	1124 AM	☐	☐	☐	☑	☐		1.60		☐	☐	☐	☐	
3519	2	18	15	1152 AM	☐	☐	☐	☑	☐		0.71		☐	☐	☐	☐	
454	2	18	15	1210 PM	☐	☐	☐	☑	☐		0.83		☐	☐	☐	☐	
543	2	18	15	1228 PM	☐	☐	☐	☑	☐		0.74		☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard Street
361-826-1200 Fax: 361-242-9131

Analytical Report

Client Info

Address: Turnstone EH&S
226 Enterprise Pkwy. Suite 226
Corpus Christi, TX 78405

Phone: 361-289-2510 **EMAIL:** mfox@turnstoneehs.com

Report# /Lab ID#: AA42341 **Report Date:** 2/20/15
Sample Name: 1541
Project ID:
Sample Matrix:
Date Received: 02/19/2015 **Time:** 08:22
Date Sampled: 02/18/2015 **Time:** 10:48

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					

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Respectfully Submitted,

Technical Director (or designee)

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.
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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.

TCEQ	MICROBIAL MONITORING FORM

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
Public Water System Name:	Water Utilities Rio Bravo Treatment Plant
County	Webb

Send Results To:

Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterprize Pkwy. Ste. 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstonechs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

System Type : (✓) ☑ Public ☐ Private ☐ Bottled/Vended ☐ Other:

Water Source: (✓) ☐ Groundwater ☑ Surface Water ☐ Groundwater with Surface Water Influence

Sample on Ice?	☑ Yes ☐ No
Temperature at receipt?	1.3 °C
Temperature Device ID	D

City of Corpus Christi
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NELAP Certificate # T104704386-13-8

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Relinquished By:	Melanie Fox	Date	2-19-15
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		Time	0822
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: (✓) Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual: ☐ Free mg/L / ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Test Method: SM 9222B): Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1541	02	18	15	1048 AM	☐	☐	☐	☑	☐		0.97		☐	☐	☐	☐	AA42341
1234	2	18	15	1105 AM	☐	☐	☐	☑	☐		1.04		☐	☐	☐	☐	AA42342
503	2	18	15	1124 AM	☐	☐	☐	☑	☐		1.60		☐	☐	☐	☐	AA42343
3519	2	18	15	1152 AM	☐	☐	☐	☑	☐		0.71		☐	☐	☐	☐	AA42344
454	2	18	15	1210 PM	☐	☐	☐	☑	☐		0.83		☐	☐	☐	☐	AA42345
543	2	18	15	1228 PM	☐	☐	☐	☑	☐		0.74		☐	☐	☐	☐	AA42346
				AM / PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM / PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM / PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				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:

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard Street
361-826-1200 Fax: 361-242-9131

Analytical Report

Client Info

Address: Turnstone EH&S
226 Enterprise Pkwy. Suite 226
Corpus Christi, TX 78405

Phone: 361-289-2510 **EMAIL:** mfox@turnstoneehs.com

Report# /Lab ID#: AA42342 **Report Date:** 2/20/15
Sample Name: 1234
Project ID:
Sample Matrix:
Date Received: 02/19/2015 **Time:** 08:22
Date Sampled: 02/18/2015 **Time:** 11:05

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					

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Respectfully Submitted,

Technical Director (or designee)

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TCEQ	MICROBIAL MONITORING FORM

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
Public Water System Name:	Water Utilities Rio Bravo Treatment Plant
County	Webb

Send Results To:

Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterprize Pkwy. Ste. 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstonechs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

System Type : (✓) ☑ Public ☐ Private ☐ Bottled/Vended ☐ Other:

Water Source: (✓) ☐ Groundwater ☑ Surface Water ☐ Groundwater with Surface Water Influence

Sample on Ice?	☑ Yes ☐ No
Temperature at receipt?	1.3 °C
Temperature Device ID	D

Test results meet all requirements of NELAP unless stated otherwise

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard St
Corpus Christi, TX 78410
Phone (361) 826-1200; Fax (361) 242-9131

NELAP ACCREDITED TNI LABORATORY
NELAP Certificate # T104704386-13-8

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Relinquished By:	Melanie Fox	Date	2-19-15
		Time	0822
Received By:	M. Santana	Date	2-19-15
		Time	0822
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	

Report Approved By:

Title: Date:

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual: ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Test Method: SM 9222B): Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1541	02	18	15	1048 AM	☐	☐	☐	☑	☐		0.97		☐	☐	☐	☐	AA42341
1234	2	18	15	1105 AM	☐	☐	☐	☑	☐		1.04		☐	☐	☐	☐	AA42342
503	2	18	15	1124 AM	☐	☐	☐	☑	☐		1.60		☐	☐	☐	☐	AA42343
3519	2	18	15	1152 AM	☐	☐	☐	☑	☐		0.71		☐	☐	☐	☐	AA42344
454	2	18	15	1210 PM	☐	☐	☐	☑	☐		0.83		☐	☐	☐	☐	AA42345
543	2	18	15	1228 PM	☐	☐	☐	☑	☐		0.74		☐	☐	☐	☐	AA42346
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				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:

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard Street
361-826-1200 Fax: 361-242-9131

Analytical Report

Client Info

Address: Turnstone EH&S
226 Enterprise Pkwy. Suite 226
Corpus Christi, TX 78405

Phone: 361-289-2510 **EMAIL:** mfox@turnstoneehs.com

Report# /Lab ID#: AA42343 **Report Date:** 2/20/15
Sample Name: 503
Project ID:
Sample Matrix:
Date Received: 02/19/2015 **Time:** 08:22
Date Sampled: 02/18/2015 **Time:** 11:24

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					

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Technical Director (or designee)

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Public Water System Name:	Water Utilities Rio Bravo Treatment Plant
County	Webb

Send Results To:

Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterprize Pkwy. Ste. 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstonechs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

System Type : (✓) ☑ Public ☐ Private ☐ Bottled/Vended ☐ Other:

Water Source: (✓) ☐ Groundwater ☑ Surface Water ☐ Groundwater with Surface Water Influence

Sample on Ice?	☑ Yes ☐ No
Temperature at receipt?	1.3 °C
Temperature Device ID	D

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Relinquished By:	Melanie Fox	Date	2-19-15
		Time	0822
Received By:	M. Santana	Date	2-19-15
		Time	0822
Relinquished By:		Date	
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		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: (✓) Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1541	02	18	15	1048 AM	☐	☐	☐	☑	☐		0.97		☐	☐	☐	☐	AA42341
1234	2	18	15	1105 AM	☐	☐	☐	☑	☐		1.04		☐	☐	☐	☐	AA42342
503	2	18	15	1124 AM	☐	☐	☐	☑	☐		1.60		☐	☐	☐	☐	AA42343
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454	2	18	15	1210 PM	☐	☐	☐	☑	☐		0.83		☐	☐	☐	☐	AA42345
543	2	18	15	1228 PM	☐	☐	☐	☑	☐		0.74		☐	☐	☐	☐	AA42346
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				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:

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard Street
361-826-1200 Fax: 361-242-9131

Analytical Report

Client Info

Address: Turnstone EH&S
226 Enterprise Pkwy. Suite 226
Corpus Christi, TX 78405

Phone: 361-289-2510 **EMAIL:** mfox@turnstoneehs.com

Report# /Lab ID#: AA42344 **Report Date:** 2/20/15
Sample Name: 3519
Project ID:
Sample Matrix:
Date Received: 02/19/2015 **Time:** 08:22
Date Sampled: 02/18/2015 **Time:** 11:52

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					

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Respectfully Submitted,

Technical Director (or designee)

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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.

TCEQ	MICROBIAL MONITORING FORM

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
Public Water System Name:	Water Utilities Rio Bravo Treatment Plant
County	Webb

Send Results To:

Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterprize Pkwy. Ste. 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstonechs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

System Type : (✓) ☑ Public ☐ Private ☐ Bottled/Vended ☐ Other:

Water Source: (✓) ☐ Groundwater ☑ Surface Water ☐ Groundwater with Surface Water Influence

Sample on Ice?	☑ Yes ☐ No
Temperature at receipt?	1.3 °C
Temperature Device ID	D

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard St
Corpus Christi, TX 78410
Phone (361) 826-1200; Fax (361) 242-9131

Test results meet all requirements of NELAP unless stated otherwise

NELAP Certificate # T104704386-13-8

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Relinquished By:	Melanie Fox	Date	2-19-15
		Time	0822
Received By:	M. Santana	Date	2-19-15
		Time	0822
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: (✓) Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual: ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Test Method: SM 9222B): Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1541	02	18	15	1048 AM	☐	☐	☐	☑	☐		0.97		☐	☐	☐	☐	AA42341
1234	2	18	15	1105 AM	☐	☐	☐	☑	☐		1.04		☐	☐	☐	☐	AA42342
503	2	18	15	1124 AM	☐	☐	☐	☑	☐		1.60		☐	☐	☐	☐	AA42343
3519	2	18	15	1152 AM	☐	☐	☐	☑	☐		0.71		☐	☐	☐	☐	AA42344
454	2	18	15	1210 PM	☐	☐	☐	☑	☐		0.83		☐	☐	☐	☐	AA42345
543	2	18	15	1228 PM	☐	☐	☐	☑	☐		0.74		☐	☐	☐	☐	AA42346
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				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:

City of Corpus Christi
Water Utilities Laboratory
13101 Leopard Street
361-826-1200 Fax: 361-242-9131

Analytical Report

Client Info

Address: Turnstone EH&S
226 Enterprise Pkwy. Suite 226
Corpus Christi, TX 78405

Phone: 361-289-2510 **EMAIL:** mfox@turnstoneehs.com

Report# /Lab ID#: AA42345 **Report Date:** 2/20/15
Sample Name: 454
Project ID:
Sample Matrix:
Date Received: 02/19/2015 **Time:** 08:22
Date Sampled: 02/18/2015 **Time:** 12:10

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					

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Technical Director (or designee)

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TCEQ	MICROBIAL MONITORING FORM

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Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Treatment Plant
County	Webb

Send Results To:

Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterprize Pkwy. Ste. 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstonechs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

System Type : (✓) ☑ Public ☐ Private ☐ Bottled/Vended ☐ Other:

Water Source: (✓) ☐ Groundwater ☑ Surface Water ☐ Groundwater with Surface Water Influence

Sample on Ice?	☑ Yes ☐ No
Temperature at receipt?	1.3 °C
Temperature Device ID	D

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Relinquished By:	Melanie Fox	Date	2-19-15
		Time	0822
Received By:	M. Santana	Date	2-19-15
		Time	0822
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected: Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: (✓) Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual: ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Test Method: SM 9222B): Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
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543	2	18	15	1228 PM	☐	☐	☐	☑	☐		0.74		☐	☐	☐	☐	AA42346
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				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)
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Water Utilities Laboratory
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361-826-1200 Fax: 361-242-9131

Analytical Report

Client Info

Address: Turnstone EH&S
226 Enterprise Pkwy. Suite 226
Corpus Christi, TX 78405

Phone: 361-289-2510 **EMAIL:** mfox@turnstoneehs.com

Report# /Lab ID#: AA42346 **Report Date:** 2/20/15
Sample Name: 543
Project ID:
Sample Matrix:
Date Received: 02/19/2015 **Time:** 08:22
Date Sampled: 02/18/2015 **Time:** 12:28

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	2/19/15 10:15	SM 9223B	VALERIEC					

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State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstonechs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

System Type : (✓) ☑ Public ☐ Private ☐ Bottled/Vended ☐ Other:

Water Source: (✓) ☐ Groundwater ☑ Surface Water ☐ Groundwater with Surface Water Influence

Sample on Ice?	☑ Yes ☐ No
Temperature at receipt?	1.3 °C
Temperature Device ID	D

Test results meet all requirements of NELAP unless stated otherwise

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Water Utilities Laboratory
13101 Leopard St
Corpus Christi, TX 78410
Phone (361) 826-1200; Fax (361) 242-9131

NELAP ACCREDITED TNI LABORATORY
NELAP Certificate # T104704386-13-8

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Relinquished By:	Melanie Fox	Date	2-19-15
		Time	0822
Received By:	M. Santana	Date	2-19-15
		Time	0822
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual Free mg/L	Total mg/L	Unsuitable Sample - Please Resubmit Rejection Criteria #	Lab Results (Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
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1234	2	18	15	1105 AM	☐	☐	☐	☑	☐			1.04		☐	☐	☐	☐	AA42342
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				AM PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				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:

Public Water Supply - Residual Chlorine Calibration and Measurement

			Blank	Std. 1	Std. 2	Std. 3			Free Chlorine	Free Chlorine	Total Chlorine	Total Chlorine
			Value=0.00	Value=0.22	Value=0.90	Value=1.59		Pressure	Sample	Sample	Sample	Sample
Date	Time	Tech.	mg/L	mg/L	mg/L	mg/L	Location	Lbs.	mg/L	mg/L	mg/L	mg/L
2-18-15	10:15	TM	0.00	0.23	0.93	1.65	—				1.87	1.86
2-18-15	10:25	TM					1404				↓	↓
2-18-15	10:46	TM					1541				0.97	0.96
2-18-15	11:02	TM					1234				1.04	1.07
2-18-15	11:20	TM					503				1.60	1.53
2-18-15	11:35	TM	No water				3510				—	—
2-18-15	11:47	TM					3519				0.71	0.78
2-18-15	1205	TM					454				0.83	0.75
2-18-15	1224	TM					543				0.74	~~0.78~~ 0.71 TM

Revision 2/6/13

TURBIDITY MEASUREMENTS

Sample Location	Date	Time	Tech.	Reading	Wind Speed
				NTU	
1404 Margarita	2-18-15	1027	MY	0.29	3.7
1541 Centeno	2-18-15	1047	MK	0.43	2.8
1234 Paseo de Tiber	2-18-15	1103	MK	2.31	6.6
503 Rio Amur	2-18-15	1121	MK	0.70	8.8
3510 Tays	2-18-15	No H_2O	MK		
3519 Cecilia In	2-18-15	1150	MK	0.45	7.5
454 Morales	2-18-15	1207	MK	0.54	9.6
543 Rodriguez	2-18-15	1224	MK	0.36	4.7

ARGUS-HAZCO

Certificate of Compliance and Calibration

	Certificate Number	**2/13/2015 - 723**	
Order#	03010182-1	***Make/Model***	HACH/2100Q
Customer#	1018067	***Asset #***	1118071
Customer Name	TURNSTONE EHS	***Serial Number***	10100C005002

Sensor Installed and Calibrated TURBIDITY

Temperature:

Set Point 1	10.0	**Set Point 3**	100.0
Lot Number	C468794	**Lot Number**	C468757
Span Value	9.78	**Span Value3:**	99.3
Set Point 2	20.0	**Set Point 4**	800
Lot Number	C471684	**Lot Number**	C365055
Span Value	20.0	**Span Value**	799

Notes

Location	Dallas, TX	***Asset Released In Tolerance***	☑
Technician	TC	***All Tests Passed***	☑
Date	2/13/2015		
Time	11:03		
SOP#			

Quality Control: Tom Collins **Date:** 2-13

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