

WEBB COUNTY UTILITIES: SETTLEMENT AGREEMENT SAMPLING RESULTS

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
12	3/4/2015	Rio Bravo	1404	Margarita	0.50	1.34	Normal	Absent
12	3/4/2015	Rio Bravo	1541	Centeno	0.99	1.22	Normal	Absent
12	3/4/2015	Rio Bravo	1234	Paseo de Tiber	0.95	1.06	Normal	Absent
12	3/4/2015	Rio Bravo	503	Rio Amur	1.29	1.23	Normal	Absent
12	3/4/2015	El Cenizo	3510	Tays	N/A ¹	N/A ¹	N/A ¹	N/A ¹
12	3/4/2015	El Cenizo	3519	Cecilia	1.72	1.11	Normal	Absent
12	3/4/2015	El Cenizo	454	Morales	0.73	1.10	Normal	Absent
12	3/4/2015	El Cenizo	543	Rodriguez	0.55	1.25	Normal	Absent
12	3/4/2015	El Cenizo	533	Morales ²	0.80	1.21	Normal	Absent

Notes:

¹ No samples collected/analyzed for 3510 Tays - no water flowing from hose bib.

² Sample collected from 533 Morales as alternate to 3510 Tays.

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? <u>23</u>		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-B					
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		2		Temperature Device ID <u>D</u>		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: <u>Melanie Fox</u>		Date <u>3-9-15</u>							
County:		Webb										Received By: <u>[Signature]</u>		Time <u>0825</u>							
Send Results To:	Name:	Melanie Fox - Turnstone EH & S										Relinquished By:		Date							
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time							
	City:	Corpus Christi										Relinquished By:		Date							
	State:	TX		Zip:		78405		Received By:		Time											
Phone #:	361-289-2510			Fax #:		361-289-2511			Tested By:		Date										
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Reported By:		Time							
Sampler Contact #:		361-738-9226		Owner		Operator		Other:		Report Approved By:		Date									
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								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				Month	Day	Year	Date	Time	Include Sample ID of Originating Position on all Repeat/Raw Triggered Samples					mg/L		Criteria #		Present	Absent	Present	Absent
1404				03	04	15	1048	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.34				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1541				03	04	15	1100	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.22				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1234				03	04	15	1119	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.06				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
503				03	04	15	1134	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.23				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3819				03	04	15	1157	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.11				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
454				03	04	15	1209	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.10				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
533				03	04	15	1232	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
543				03	04	15	1238	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.25				<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"/>
								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

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#: AA43125 Report Date: 3/6/15 Sample Name: 1404 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 10:48
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO					

<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"> 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.
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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? <u>23°C</u>		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8					
Public Water System ID: (Must be 7 digits; include all zeros)		2400022										Temperature Device ID <u>D</u>		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:		Date <u>3-4-15</u>		Time <u>0825</u>					
County:		Webb										Received By:		Date <u>3-5-15</u>		Time <u>0825</u>					
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date		Time					
	Address:	226 Enterprize 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:		Title:		Date:					
Sampler Name:	Melanie Fox mfox@turnstonechs.com										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		
Sampler Contact #:	361-738-9226				<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other:		Free mg/L		Rejection Criteria #		Total Coliform		E. coli								
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:		Water Source: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence										<input type="checkbox"/> Total mg/L		Present		Absent		Present		Absent	
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		Total Coliform		E. coli		Laboratory Sample ID Number			
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time	Please circle AM or PM	Distribution	Construction	Raw Well	Special	Repeat	Free mg/L	Total mg/L	Rejection Criteria #	Present	Absent	Present	Absent	Laboratory Sample ID Number		
1404		03	04	15	1048	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.34	1.34		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43125		
1541		03	04	15	1100	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.22	1.22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43126		
1234		03	04	15	1119	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.06	1.06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43127		
503		03	04	15	1134	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.23	1.23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43128		
3519		03	04	15	1157	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.11	1.11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43129		
454		03	04	15	1209	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.10	1.10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43130		
533		03	04	15	1237	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.21	1.21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43131		
543		03	04	15	1238	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.25	1.25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA 43132		
						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"/>			
						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"/>			
						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"/>			
						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"/>			
						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"/>			
						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

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#: AA43126 Report Date: 3/6/15 Sample Name: 1541 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 11:00
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						

<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"> 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.
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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? <u>23°C</u>		Temperature Device ID <u>D</u>		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)		2400022										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date <u>3-4-15</u> Time <u>0825</u>												
Public Water System Name:		Water Utilities Rio Bravo Trt. Plant										Relinquished By: <u>Melanie Fox</u>		Date <u>3-5-15</u> Time <u>0825</u>														
County		Webb										Received By: <u>[Signature]</u>		Date Time														
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date Time														
	Address:	226 Enterprize 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:																
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Title:				Date:													
Sampler Contact #:	361-738-9226				System Type: (✓)		Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other <input type="checkbox"/>		Water Source: (✓)		Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Groundwater with Surface Water Influence <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: (✓)										Free mg/L		Total mg/L		Rejection Criteria #		Total Coliform		E. coli		Present		Absent	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time	Please circle AM or PM	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples																
1404		03	04	15	1048	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.34												AA 43125			
1541		03	04	15	1100	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.22												AA 43126			
1234		03	04	15	1119	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.06												AA 43127			
503		03	04	15	1134	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.23												AA 43128			
3519		03	04	15	1157	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.11												AA 43129			
454		03	04	15	1209	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.10												AA 43130			
533		03	04	15	1237	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.21												AA 43131			
543		03	04	15	1238	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.25												AA 43132			
							<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"/>	<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

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#: AA43127 Report Date: 3/6/15 Sample Name: 1234 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 11:19
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						

<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"> 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.
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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? <u>23°C</u>		Temperature Device ID <u>D</u>		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)		<u>2 4 0 0 0 2 2</u>										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE									
Public Water System Name:		<u>Water Utilities Rio Bravo Trt. Plant</u>										Relinquished By:		<u>Melanie Fox</u>		Date <u>3-4-15</u>					
County:		<u>Webb</u>										Received By:		<u>[Signature]</u>		Time <u>0825</u>					
Send Results To:	Name:		<u>Melanie Fox - Turnstone EH'S</u>										Relinquished By:				Date				
	Address:		<u>226 Enterprize Pkwy. Ste 116</u>										Received By:				Time				
	City:		<u>Corpus Christi</u>										Relinquished By:				Date				
	State:		<u>TX</u>										Received By:				Time				
Phone #:		<u>361-289-2510</u>				Fax #:		<u>361-289-2511</u>				Tested By:				Date					
Sampler Name:		<u>Melanie Fox mfox@turnstonechs.com</u>										Reported By:				Time					
Sampler Contact #:		<u>361-738-9226</u>				Owner		Operator		Other		Report Approved By:				Date:					
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								Title:		Date:							
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					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			Month	Day	Year	Time Please circle AM or PM	Distribution	Construction	Raw Well	Special	Repeat	Free mg/L	Total mg/L	Rejection Criteria #	Total Coliform		E. coli				
														Present	Absent	Present	Absent				
<u>1404</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1048</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.34</u>	<u>1.34</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43125</u>		
<u>1541</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1100</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.22</u>	<u>1.22</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43126</u>		
<u>1234</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1119</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.06</u>	<u>1.06</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43127</u>		
<u>503</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1134</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.23</u>	<u>1.23</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43128</u>		
<u>3519</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1157</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.11</u>	<u>1.11</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43129</u>		
<u>454</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1209</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.10</u>	<u>1.10</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43130</u>		
<u>533</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1237</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.21</u>	<u>1.21</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43131</u>		
<u>543</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>1238</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.25</u>	<u>1.25</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43132</u>		
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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#: AA43128 Report Date: 3/6/15 Sample Name: 503 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 11:34
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						

<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"> 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.
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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? <u>23°C</u>		Temperature Device ID <u>D</u>		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)		<u>2 4 0 0 0 2 2</u>										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date <u>3-4-15</u> Time <u>0825</u>					
Public Water System Name:		<u>Water Utilities Rio Bravo Trt. Plant</u>										Relinquished By: <u>Melanie Fox</u>		Date <u>3-5-15</u> Time <u>0825</u>							
County:		<u>Webb</u>										Received By: <u>[Signature]</u>		Date Time							
Send Results To:	Name:		<u>Melanie Fox - Turnstone EH'S</u>										Relinquished By:		Date Time						
	Address:		<u>226 Enterprize Pkwy. Ste 116</u>										Received By:		Date Time						
	City:		<u>Corpus Christi</u>										Tested By:		Date Time						
	State:		Zip:		<u>TX 78405</u>										Reported By:		Date Time				
Phone #:		<u>361-289-2510</u>				Fax #:		<u>361-289-2511</u>						Report Approved By:		Date:					
Sampler Name:		<u>Melanie Fox mfox@turnstonechs.com</u>										Title:		Lab Results				Laboratory Sample ID Number			
Sampler Contact #:		<u>361-738-9226</u>				<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other:		Chlorine Residual		Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received. Test Method: SM 9222B				Total Coliform		E. coli			
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:		Water Source: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence										<input type="checkbox"/> Free mg/L <input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Present		Absent			
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM																
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				
		Month	Day	Year	Please circle AM or PM																
<u>1404</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>10</u>	<u>48</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<u>1541</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<u>1234</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<u>503</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>34</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<u>3519</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>57</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<u>454</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>09</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<u>533</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>33</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>									
<u>543</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>38</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>									
							<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

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#: AA43129 Report Date: 3/6/15 Sample Name: 3519 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 11:57
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						

<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"> 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.
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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? <u>23°C</u>		Temperature Device ID <u>D</u>		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)		2400022										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date <u>3-4-15</u> Time <u>0825</u>												
Public Water System Name:		Water Utilities Rio Bravo Trt. Plant										Relinquished By: <u>Melanie Fox</u>		Date <u>3-5-15</u> Time <u>0825</u>														
County:		Webb										Received By: <u>[Signature]</u>		Date Time														
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date Time														
	Address:	226 Enterprize 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:																
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Title:				Date:													
Sampler Contact #:	361-738-9226				System Type: (✓)		Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other: <input type="checkbox"/>		Water Source: (✓)		Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Groundwater with Surface Water Influence <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: (✓)										Free mg/L		Total mg/L		Rejection Criteria #		Total Coliform		E. coli		Present		Absent	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time	Please circle AM or PM	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples																
1404		03	04	15	1048	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.34										AA 43125				
1541		03	04	15	1100	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.22										AA 43126				
1234		03	04	15	1119	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.06										AA 43127				
503		03	04	15	1134	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.23										AA 43128				
3519		03	04	15	1157	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.11										AA 43129				
454		03	04	15	1209	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.10										AA 43130				
533		03	04	15	1237	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.21										AA 43131				
543		03	04	15	1238	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.25										AA 43132				
						AM	<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"/>																	
						AM	<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"/>																	
						AM	<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"/>																	
						AM	<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"/>																	
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

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#: AA43130 Report Date: 3/6/15 Sample Name: 454 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 12:09
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO					

<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? <u>23°C</u>		Temperature Device ID <u>D</u>		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)		<u>2400022</u>										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE											
Public Water System Name:		<u>Water Utilities Rio Bravo Trt. Plant</u>										Relinquished By:		<u>Melanie Fox</u>				Date: <u>3-4-15</u>					
County:		<u>Webb</u>										Received By:		<u>[Signature]</u>				Time: <u>0825</u>					
Send Results To:	Name:	<u>Melanie Fox - Turnstone EH#5</u>										Relinquished By:						Date: <u>3-5-15</u>					
	Address:	<u>226 Enterprize Pkwy. Ste 116</u>										Received By:						Time: <u>0825</u>					
	City:	<u>Corpus Christi</u>										Tested By:						Date:					
	State:	<u>TX</u>										Reported By:						Time:					
Phone #:	<u>361-289-2510</u>				Fax #:	<u>361-289-2511</u>				Report Approved By:						Date:							
Sampler Name:	<u>Melanie Fox mfox@turnstonechs.com</u>										Title:						Date:						
Sampler Contact #:	<u>361-738-9226</u>				System Type: (✓)		Water Source: (✓) <th colspan="2">Chlorine Residual</th> <th colspan="2">Unsuitable Sample - Please Resubmit</th> <th colspan="4">Lab Results</th> <th colspan="2">Laboratory Sample ID Number</th>		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number						
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		Free mg/L		Note: All test results relate only to the samples as received.				Total Coliform		E. coli			
Water Source: (✓)		<input type="checkbox"/> Other:		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Groundwater with Surface Water Influence		Total mg/L		Rejection Criteria #		Present		Absent		Present						Absent	
Sample Identification/Location		Collected			Sample Type: (✓)							Total mg/L		Rejection Criteria #		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	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples												
<u>1404</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1048</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.34</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43125</u>	
<u>1541</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1100</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.22</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43126</u>	
<u>1234</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1119</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.06</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43127</u>	
<u>503</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1134</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.23</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43128</u>	
<u>3519</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1157</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.11</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43129</u>	
<u>454</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1209</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.10</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43130</u>	
<u>533</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1237</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.21</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43131</u>	
<u>543</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>1238</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<u>1.25</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43132</u>	
						<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"/>				<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"/>	<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

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#: AA43131 Report Date: 3/6/15 Sample Name: 533 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 12:25
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						

<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>
--	--

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? <u>23°C</u>		Temperature Device ID <u>D</u>		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)		<u>2 4 0 0 0 2 2</u>										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE									
Public Water System Name:		<u>Water Utilities Rio Bravo Trt. Plant</u>										Relinquished By:		<u>Melanie Fox</u>		Date <u>3-4-15</u>					
County:		<u>Webb</u>										Received By:		<u>[Signature]</u>		Time <u>0825</u>					
Send Results To:	Name:		<u>Melanie Fox - Turnstone EH'S</u>										Relinquished By:				Date				
	Address:		<u>226 Enterprize Pkwy. Ste 116</u>										Received By:				Time				
	City:		<u>Corpus Christi</u>										Tested By:				Date				
	State:		<u>TX</u>										Reported By:				Time				
Phone #:		<u>361-289-2510</u>				Fax #:		<u>361-289-2511</u>				Report Approved By:				Date					
Sampler Name:		<u>Melanie Fox mfox@turnstonechs.com</u>										Title:				Date:					
Sampler Contact #:		<u>361-738-9226</u>				System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:		Water Source: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence				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		Laboratory Sample ID Number	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Distribution				Total mg/L				Present		Absent			
		Month	Day	Year	Please circle AM or PM			Distribution	Construction	Raw Well	Special	Repeat									
<u>1404</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>10</u>	<u>48</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>1.34</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43125</u>			
<u>1541</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>00</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.22</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43126</u>			
<u>1234</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.06</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43127</u>			
<u>503</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>34</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.23</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43128</u>			
<u>3519</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>57</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.11</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43129</u>			
<u>454</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>09</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.10</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43130</u>			
<u>533</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>33</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.21</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43131</u>			
<u>543</u>		<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>38</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1.25</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>AA 43132</u>			
							<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"/>	<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

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#: AA43132 Report Date: 3/6/15 Sample Name: 543 Project ID: Sample Matrix: Date Received: 03/05/2015 Time: 08:25 Date Sampled: 03/04/2015 Time: 12:38
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						
Total Coliform	ABSENT			1	3/5/15 08:45	SM 9223B	LUKEO						

<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? <u>23°C</u>		Temperature Device ID <u>D</u>		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)		<u>2400022</u>										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE																				
Public Water System Name:		<u>Water Utilities Rio Bravo Trt. Plant</u>										Relinquished By:		<u>Melanie Fox</u>		Date		<u>3-4-15</u>														
County:		<u>Webb</u>										Received By:		<u>[Signature]</u>		Time		<u>0825</u>														
Send Results To:	Name:		<u>Melanie Fox - Turnstone EH'S</u>										Relinquished By:				Date		<u>3-5-15</u>													
	Address:		<u>226 Enterprize Pkwy. Ste 116</u>										Received By:				Time		<u>0825</u>													
	City:		<u>Corpus Christi</u>										Tested By:				Date															
	State:		<u>TX</u>										Reported By:				Time															
Phone #:		<u>361-289-2510</u>				Fax #:		<u>361-289-2511</u>				Report Approved By:				Date:																
Sampler Name:		<u>Melanie Fox mfox@turnstonechs.com</u>										Title:				Date:																
Sampler Contact #:		<u>361-738-9226</u>				Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other:		<input type="checkbox"/>																
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								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															
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		Present		Absent			
<u>1404</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>10</u>	<u>48</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.34</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43125</u>		
<u>1541</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>00</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.22</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43126</u>		
<u>1234</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>19</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.06</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43127</u>		
<u>503</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>34</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.23</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43128</u>		
<u>3519</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>11</u>	<u>57</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.11</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43129</u>		
<u>454</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>09</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.10</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43130</u>		
<u>533</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>33</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.21</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43131</u>		
<u>543</u>			<u>03</u>	<u>04</u>	<u>15</u>	<u>12</u>	<u>38</u>	<u>AM</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>								<u>1.25</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<u>AA 43132</u>		
								<u>AM</u>	<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"/>						
								<u>PM</u>	<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"/>						
								<u>AM</u>	<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"/>						
								<u>PM</u>	<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"/>						
								<u>AM</u>	<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"/>						
								<u>PM</u>	<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"/>						
								<u>AM</u>	<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"/>						
								<u>PM</u>	<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
Rejection Criteria # Definitions

1) Holding time - Analysis not initiated within 30 hours of collection
2) Quantity insufficient for analysis (100ml required)

3) Excessive chlorine residual (>10mg/L)
4) Heavy silt / Turbidity present

5) Form incomplete / Data discrepancy (Circle Errors)
6) Other:



Certificate of Compliance and Calibration

Certificate Number 2/27/2015 - 736

Order#	Make/Model	HACH/2100Q
Customer#	Asset #	1135292
Customer Name	Serial Number	11080C011534

Sensor Installed and Calibrated TURBIDITY			
Temperature:			
Set Point 1	10.0	Set Point 3	100
Lot Number	C468794	Lot Number	C468757
Span Value	9.57	Span Value3:	100
Set Point 2	20.0	Set Point 4	800
Lot Number	C471684	Lot Number	C365055
Span Value	19.5	Span Value	803

Notes

Location Dallas, TX
Technician TC
Date 2/27/2015
Time 13:11
SOP#

Asset Released In Tolerance
All Tests Passed

Quality Control: *For Coll* **Date:** 2-27

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

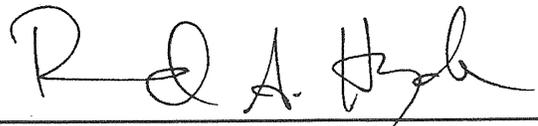
*has fulfilled the requirements in accordance with the
laws of the State of Texas for*

CLASS D WATER OPERATOR

License Number: WO0009174

Issue Date: 09/08/2014

Expiration Date: 10/18/2017



Executive Director

Texas Commission on Environmental Quality