

WEBB COUNTY UTILITIES: SETTLEMENT AGREEMENT SAMPLING RESULTS

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
1	9/8/2014	Rio Bravo	1404	Margarita	0.37	0.75	Normal	Absent
1	9/8/2014	Rio Bravo	1541	Centeno	0.27	0.66	Normal	Absent
1	9/8/2014	Rio Bravo	1234	Paseo de Tiber	0.56	0.72	Normal	Absent
1	9/8/2014	Rio Bravo	503	Rio Amur	0.64	0.55	Normal	Absent
1	9/8/2014	El Cenizo	3510	Tays	1.26	0.91	Normal	Absent
1	9/8/2014	El Cenizo	3519	Cecilia	0.32	0.67	Normal	Absent
1	9/8/2014	El Cenizo	454	Morales	0.36	0.58	Normal	Absent
1	9/8/2014	El Cenizo	543	Rodriguez	0.78	0.37	Low ¹	Absent

Notes:

¹ Chlorine Residual testing prior to sampling demonstrated low residual at 543 Rodriguez. Continued flushing of this location was completed to bring result to normal.

All other results normal

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? 23°C		Temperature Device ID D		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 9-9-14					
Public Water System Name:		Webb City Water Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox		Date 0925							
County		Webb City Water Utilities Rio Bravo Trt. Plant										Received By: M. Santam		Date 9-9-14							
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date							
	Address:	226 Enterprize Pkwy Ste 226										Received By:		Time							
	City:	Corpus Christi										Tested By:		Date							
	State:	TX		Zip:	78405								Reported By:		Date						
Phone #:	361-289-2510			Fax #:	361-289-2511							Report Approved By:		Date							
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Title:		Date:								
Sampler Contact #:	361-737-9226			Owner:	<input type="checkbox"/>		Operator:	<input checked="" type="checkbox"/>			Other:	<input type="checkbox"/>									
System Type: (✓)				Water Source: (✓)								Lab Results									
<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water				Chlorine Residual		Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.					
<input checked="" type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence								<input type="checkbox"/> Free mg/L		Rejection Criteria #		Test Method: SM 9222B					
Sample Identification/Location		Collected			Sample Type: (✓)						Total mg/L		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	Date		Time		Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Present	Absent		Present	Absent		
1404		09	08	14	10:00	AM									0.75						
1541		09	08	14	10:23	AM									0.66						
3510		09	08	14	12:32	PM									0.72						
3519		09	08	14	1:17	PM									0.55						
454		09	08	14	1:37	PM									0.91						
543		09	08	14	5:53	PM									0.67						
1449		09	08	14	2:00	PM									0.58						
503		09	08	14	6:40	PM									0.37						
						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:

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#: AA34251 Report Date: 9/10/14 Sample Name: 1404 Project ID: Sample Matrix: Date Received: 09/09/2014 Time: 09:25 Date Sampled: 09/08/2014 Time: 10:00
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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	9/9/14 10:26	SM 9223B	CHRISTINEB						
Total Coliform	ABSENT			1	9/9/14 10:26	SM 9223B	CHRISTINEB						

<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;"><i>Cristal Ybanez</i></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? 2.3°C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8							
Public Water System ID: (Must be 7 digits; include all zeros)		2400022										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:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Relinquished By: Melanie Fox		Date 9-9-14		Time 0925									
County:		Webb										Received By: M. Santam		Date 9-9-14		Time 0925									
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date		Time									
	Address:	226 Enterprize Pkwy Ste 226										Received By:		Date		Time									
	City:	Corpus Christi										Tested By:		Date		Time									
	State:	TX										Reported By:		Date		Time									
Phone #:	361-289-2510			Zip:	78405			Fax #:	361-289-2511			Report Approved By:		Date:		Title:									
Sampler Name:	Melanie Fox mfox@turnstoneehs.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			System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		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		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Free mg/L		Rejection Criteria #			Total Coliform		E. coli		
Other:												Total mg/L				Present		Absent		Present		Absent			
-		1404		09/08/14		10:20		AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.75		AA34251	
-		1541		09/08/14		10:23		AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.66		AA34252	
-		3510		09/08/14		12:32		AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.72		AA34253	
-		3519		09/08/14		1:17		AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.55		AA34254	
-		454		09/08/14		1:37		PM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.91		AA34255	
-		543		09/08/14		1:53		PM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.67		AA34256	
-		1449		09/08/14		6:00		AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.58		AA34257	
-		503		09/08/14		6:40		PM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		0.37		AA34258	
								AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					
								PM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					
								AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					
								PM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					
								AM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					
								PM		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					

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#: AA34252 Report Date: 9/10/14 Sample Name: 1541 Project ID: Sample Matrix: Date Received: 09/09/2014 Time: 09:25 Date Sampled: 09/08/2014 Time: 10:23
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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	9/9/14 10:26	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	9/9/14 10:26	SM 9223B	CHRISTINEB					

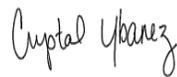
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Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 2.3°C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8								
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE										
Public Water System Name:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Relinquished By: Melanie Fox		Date 9-9-14		Time 0925										
County:		Webb Cty										Received By: M. Sautan		Date 9-9-14		Time 0925										
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date		Time										
	Address:	226 Enterprize Pkwy Ste 226										Received By:		Date		Time										
	City:	Corpus Christi										Relinquished By:		Date		Time										
	State:	TX										Received By:		Date		Time										
Phone #:	361-289-2510			Zip:	78405			Fax #:	361-289-2511			Tested By:		Date		Time										
Sampler Name:	Melanie Fox mfox@turnstoneehs.com										Report Approved By:		Date		Time											
Sampler Contact #:	361-738-9226			Owner:	<input type="checkbox"/>			Operator:	<input checked="" type="checkbox"/>			Other:	<input type="checkbox"/>													
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		Other: <input type="checkbox"/> Groundwater with Surface Water Influence																						
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/>					Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number								
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	<input type="checkbox"/> Free mg/L	<input checked="" type="checkbox"/> Total mg/L	Rejection Criteria #	Note: All test results relate only to the samples as received. Test Method: SM 9222B		Total Coliform		E. coli		Present	Absent	Present	Absent		
					Please circle AM or PM										Present	Absent	Present	Absent								
1404		09	08	14	10:20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.75				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34251
1541		09	08	14	10:23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.66				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34252
3510		09	08	14	12:32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.72				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34253
3519		09	08	14	1:17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.55				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34254
454		09	08	14	1:37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.91				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34255
543		09	08	14	1:53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.67				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34256
1449		09	08	14	2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.58				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34257
503		09	08	14	6:40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.37				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							AA34258
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
						<input type="checkbox"/>	<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)														
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
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Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 2.3°C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8		
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				
Public Water System Name:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Relinquished By: Melanie Fox		Date 9-9-14		Time 0925				
County:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Received By: M. Sautan		Date 9-9-14		Time 0925				
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date		Time				
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Phone #:	361-289-2510			Zip:	78405			Fax #:	361-289-2511			Tested By:		Date		Time				
Sampler Name:	Melanie Fox mfox@turnstoneehs.com										Report Approved By:		Date		Time					
Sampler Contact #:	361-738-9226			Owner:	<input type="checkbox"/>			Operator:	<input checked="" type="checkbox"/>			Other:	<input type="checkbox"/>			Title:		Date:		
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		Note: All test results relate only to the samples as received.																
Other: <input type="checkbox"/>		Groundwater with Surface Water Influence <input type="checkbox"/>		Test Method: SM 9222B																
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/>					Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number		
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time		Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Free mg/L	Rejection Criteria #	Total Coliform		E. coli		Laboratory Sample ID Number	
		Month	Day	Year	Please circle AM or PM										Present	Absent	Present	Absent	Laboratory Sample ID Number	
1404		09	08	14	10:20	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34251		
1541		09	08	14	10:23	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34252		
3510		09	08	14	12:32	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.72		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34253		
3519		09	08	14	1:17	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.55		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34254		
454		09	08	14	1:37	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34255		
543		09	08	14	1:53	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.67		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34256		
1449		09	08	14	2:00	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.58		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34257		
503		09	08	14	6:40	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.37		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34258		
						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#: AA34254 Report Date: 9/10/14 Sample Name: 3519 Project ID: Sample Matrix: Date Received: 09/09/2014 Time: 09:25 Date Sampled: 09/08/2014 Time: 13:17
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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	9/9/14 10:26	SM 9223B	CHRISTINEB						
Total Coliform	ABSENT			1	9/9/14 10:26	SM 9223B	CHRISTINEB						

<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;"><i>Cristal Ybanez</i></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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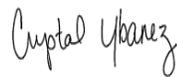
TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410					
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 2.3°C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Test results meet all requirements of NELAP unless stated otherwise							
Public Water System Name:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
County		Webb Cty										Relinquished By: Melanie Fox		Date: 9-9-14					
Name:		Melanie Fox - Turnstone EH&S										Received By: M. Sautan		Time: 0925					
Address:		226 Enterprize Pkwy Ste 226										Relinquished By:		Date: 9-9-14					
City:		Corpus Christi										Received By:		Time: 0925					
State:		TX										Tested By:		Date:					
Phone #:		361-289-2510				Zip: 78405						Reported By:		Time:					
Fax #:		361-289-2511										Report Approved By:							
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Title:		Date:					
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:													
System Type: (✓)		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		Water Source: (✓)						Chlorine Residual		Lab Results				Laboratory Sample ID Number	
Other:		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		<input type="checkbox"/> Groundwater with Surface Water Influence		Free mg/L		Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.							
Sample Identification/Location		Collected			Sample Type: (✓)						Total mg/L		Rejection Criteria #		Test Method: SM 9222B				
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Total Coliform		E. coli		
		Month	Day	Year	Please circle AM or PM									Present	Absent	Present	Absent		
1404		09	08	14	10:20	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34251
1541		09	08	14	10:23	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34252
3510		09	08	14	12:32	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.72		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34253
3519		09	08	14	1:17	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.55		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34254
454		09	08	14	1:37	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34255
543		09	08	14	1:53	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.67		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34256
1449		09	08	14	2:00	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.58		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34257
503		09	08	14	6:40	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.37		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34258
						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#: AA34255 Report Date: 9/10/14 Sample Name: 454 Project ID: Sample Matrix: Date Received: 09/09/2014 Time: 09:25 Date Sampled: 09/08/2014 Time: 13:37
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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	9/9/14 10:26	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	9/9/14 10:26	SM 9223B	CHRISTINEB					

<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? 2.3°C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8			
Public Water System ID: (Must be 7 digits; include all zeros)		2400022										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:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Relinquished By: Melanie Fox <td colspan="2">Date 9-9-14</td> <td colspan="2">Time 0925</td>		Date 9-9-14		Time 0925					
County:		Webb										Received By: M. Sautan <td colspan="2">Date 9-9-14</td> <td colspan="2">Time 0925</td>		Date 9-9-14		Time 0925					
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date		Time					
	Address:	226 Enterprize Pkwy Ste 226										Received By:		Date		Time					
	City:	Corpus Christi										Relinquished By:		Date		Time					
	State:	TX										Received By:		Date		Time					
Phone #:	361-289-2510			Zip:	78405			Fax #:	361-289-2511			Tested By:		Date		Time					
Sampler Name:	Melanie Fox mfox@turnstoneehs.com										Report Approved By:		Date		Time						
Sampler Contact #:	361-738-9226			Owner:	<input type="checkbox"/>			Operator:	<input checked="" type="checkbox"/>			Other:	<input type="checkbox"/>			Title:		Date:			
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		Note: All test results relate only to the samples as received.																	
Other: <input type="checkbox"/>		Groundwater with Surface Water Influence <input type="checkbox"/>		Test Method: SM 9222B																	
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/>							Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date	Time		Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	<input type="checkbox"/> Free mg/L	<input checked="" type="checkbox"/> Total mg/L	Rejection Criteria #	Total Coliform		E. coli		Present Absent Present Absent			
1404		09	08	14	10:20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.75			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34251			
1541		09	08	14	10:23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.66			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34252			
3510		09	08	14	12:32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.72			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34253			
3519		09	08	14	1:17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.55			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34254			
454		09	08	14	1:37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.91			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34255			
543		09	08	14	1:53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.67			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34256			
1449		09	08	14	6:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.58			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34257			
503		09	08	14	6:40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.37			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34258			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						<input type="checkbox"/>	<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#: AA34256 Report Date: 9/10/14 Sample Name: 543 Project ID: Sample Matrix: Date Received: 09/09/2014 Time: 09:25 Date Sampled: 09/08/2014 Time: 14:00
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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	9/9/14 10:26	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	9/9/14 10:26	SM 9223B	CHRISTINEB					

<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;"><i>Cristal Ybanez</i></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? 2.3°C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8					
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
Public Water System Name:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Relinquished By: Melanie Fox		Date 9-9-14		Time 0925							
County:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Received By: M. Sautan		Date 9-9-14		Time 0925							
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date		Time							
	Address:	226 Enterprize Pkwy Ste 226										Received By:		Date		Time							
	City:	Corpus Christi										Tested By:		Date		Time							
	State:	TX										Reported By:		Date		Time							
Phone #:	361-289-2510			Zip:	78405			Fax #:	361-289-2511			Report Approved By:		Date:									
Sampler Name:	Melanie Fox mfox@turnstoneehs.com										Title:		Date:										
Sampler Contact #:	361-738-9226			Owner:	<input type="checkbox"/>			Operator:	<input checked="" type="checkbox"/>			Other:	<input type="checkbox"/>										
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		Other: <input type="checkbox"/> Groundwater with Surface Water Influence																			
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				Laboratory Sample ID Number					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					Free mg/L		Rejection Criteria #		Note: All test results relate only to the samples as received. Test Method: SM 9222B				Total Coliform		E. coli	
		Month	Day	Year	Please circle AM or PM							Total mg/L				Present		Absent					
1404		09	08	14	10:20	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.75		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34251					
1541		09	08	14	10:23	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34252					
3510		09	08	14	12:32	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.72		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34253					
3519		09	08	14	1:17	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.55		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34254					
454		09	08	14	1:37	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34255					
543		09	08	14	1:53	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.67		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34256					
1449		09	08	14	2:00	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.58		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34257					
503		09	08	14	6:40	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.37		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34258					
						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#: AA34257 Report Date: 9/10/14 Sample Name: 1449 Project ID: Sample Matrix: Date Received: 09/09/2014 Time: 09:25 Date Sampled: 09/08/2014 Time: 18:05
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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	9/9/14 10:26	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	9/9/14 10:26	SM 9223B	CHRISTINEB					

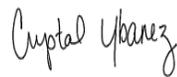
<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC 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? 2.3°C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Test results meet all requirements of NELAP unless stated otherwise							
Public Water System Name:		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
County		Webb Cty Water Utilities Rio Bravo ^{Surface Water} Trt. Plant										Relinquished By: Melanie Fox		Date: 9-9-14					
Name:		Melanie Fox - Turnstone EH&S										Received By: M. Santam		Time: 0925					
Address:		226 Enterprize Pkwy Ste 226										Relinquished By:		Date: 9-9-14					
City:		Corpus Christi										Received By:		Time: 0925					
State:		TX										Tested By:		Date:					
Phone #:		361-289-2510				Fax #:		361-289-2511				Reported By:		Time:					
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:							
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Operator		<input type="checkbox"/> Other:		Title:		Date:					
System Type: <input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		Water Source: <input checked="" type="checkbox"/> Groundwater				<input checked="" type="checkbox"/> Surface Water		Chlorine Residual							
Other:		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Groundwater with Surface Water Influence						<input type="checkbox"/> Free mg/L		Unsuitable Sample - Please Resubmit				Laboratory Sample ID Number			
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/>					<input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Test Method: SM 9222B					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Present	Absent	Present	Absent				
1404		09	08	14	10:20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34251		
1541		09	08	14	10:23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34252		
3510		09	08	14	12:32	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34253		
3519		09	08	14	1:17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34254		
454		09	08	14	1:37	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34255		
543		09	08	14	1:53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34256		
1449		09	08	14	2:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34257		
503		09	08	14	6:40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34258		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<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#: AA34258 Report Date: 9/10/14 Sample Name: 503 Project ID: Sample Matrix: Date Received: 09/09/2014 Time: 09:25 Date Sampled: 09/08/2014 Time: 18:40
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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	9/9/14 10:26	SM 9223B	CHRISTINEB						
Total Coliform	ABSENT			1	9/9/14 10:26	SM 9223B	CHRISTINEB						

<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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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
8-21-14	0730	TM	0.0	0.22	0.90	1.61	Had to reschedule					
9-8-14	0645	TM	0.0	0.20	0.88	1.59	1404		—	—	0.75	0.67
9-8-14	1015	TM					1541		—	—	0.66	0.65
9-8-14	1057	TM	flushed @ fire hydrant 1415				1734		—	—	0.51	
9-8-14	1140	TM	" " " had to flush more				503		—	—	0.51	
9-8-14	1225	TM					3510		—	—	0.72	0.74
9-8-14	1:15	TM	Community Ctr.				3519		—	—	0.55	0.57
9-8-14	1:32	TM					454		—	—	0.91	0.87
9-8-14	1:53	TM					543		—	—	0.67	0.69
9-8-14	6:00	TM					1449		—	—	0.58	0.50
9-8-14	6:25	TM					503		—	—	0.37	0.36



Certificate of Compliance and Calibration

Certificate Number		8/27/2014 - 551	
Order#	03008835-1	Make/Model	HACH/2100Q
Customer#	1018067	Asset #	1118074
Customer Name	TURNSTONE EHS	Serial Number	10050C002836

Sensor Installed and Calibrated TURBIDITY			
Temperature:			
Set Point 1	20.0	Set Point 3	800
Lot Number	C360632	Lot Number	C255596
Span Value	19.9	Span Value3:	801
Set Point 2	100	Set Point 4	
Lot Number	C255595	Lot Number	
Span Value	100	Span Value	

Notes

Location Dallas, TX
Technician TC
Date 8/27/2014
Time 15:56
SOP#

Asset Released In Tolerance
All Tests Passed

Quality Control: *TAC*

Date: *8-28*

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: 09/16/2011

Expiration Date: 10/18/2014



Executive Director

Texas Commission on Environmental Quality