

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

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
2	9/23/2014	Rio Bravo	1404	Margarita	0.47	0.89	Normal	Absent
2	9/23/2014	Rio Bravo	1541	Centeno	0.47	1.06	Normal	Absent
2	9/23/2014	Rio Bravo	1234	Paseo de Tiber	0.52	0.25	Low	Absent
2	9/23/2014	Rio Bravo	503	Rio Amur	0.51	0.18	Low	Absent
2	9/23/2014	El Cenizo	3510	Tays	0.32	0.30	Low	Absent
2	9/23/2014	El Cenizo	3519	Cecilia	0.4	0.59	Normal	Absent
2	9/23/2014	El Cenizo	454	Morales	2.54	0.63	Normal	Absent
2	9/23/2014	El Cenizo	543	Rodriguez	0.48	0.81	Normal	Absent

Notes:

TCEQ		<b>MICROBIAL MONITORING FORM</b>										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							
<b>Public/Private Water System Identification &amp; Sample Collection Information (Please type or use block print)</b>														Temperature at receipt? 35°C						NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 @ 2 2												Temperature Device ID D							
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Test results meet all requirements of NELAP unless stated otherwise				<b>LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE</b>					
County		Webb										Relinquished By:		Date 9-24-14		Time 0815					
Send Results To:	Name:		Melanie Fox - Turnstone EH#5										Received By:		Date 9-24-14		Time 0815				
	Address:		226 Enterprize Pkwy. Ste 116										Relinquished By:		Date		Time				
	City:		Corpus Christi, TX										Received By:		Date		Time				
	State:		TX										Tested By:		Date		Time				
Phone #:		361-289-2510				Fax #:		361-289-2511				Reported By:		Date		Time					
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:				Date:					
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Other:		Title:		Date:							
<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		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number			
<input type="checkbox"/> Other:		<input type="checkbox"/> Groundwater with Surface Water Influence		<input type="checkbox"/> Distribution		<input type="checkbox"/> Construction		<input type="checkbox"/> Raw Well		<input type="checkbox"/> Free mg/L										Rejection Criteria #	
Sample Identification/Location Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Collected			Sample Type: (✓)							<input checked="" type="checkbox"/> Total mg/L		Present		Absent		Present		Absent	
		Month	Day	Year	Date		Time		Please circle AM or PM		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Criteria #								
1404		09	23	14	1300	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.89		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
1541		09	23	14	1148	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"/>				
1234		09	23	14	1215	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
503		09	23	14	1240	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3510		09	23	14	1300	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.30		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3519		09	23	14	1320	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.59		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
454		09	23	14	1340	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.63		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
543		09	23	14	1400	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.81		<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**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA34974 <b>Report Date:</b> 9/25/14 <b>Sample Name:</b> 1404 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 09/24/2014 <b>Time:</b> 08:15 <b>Date Sampled:</b> 09/23/2014 <b>Time:</b> 11:30
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"><i>Cristal Ybanez</i></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131																		
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8												
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815														
County: Webb		Name: Melanie Fox - Turnstone EH#5		Address: 226 Enterprize Pkwy. Ste 116		City: Corpus Christi, TX		State: TX		Zip: 78405		Relinquished By: Melanie Loo		Date 9-24-14		Time 0815																
Phone #: 361-289-2510		Fax #: 361-289-2511		Sampler Name: Melanie Fox mfox@turnstonechs.com		Sampler Contact #: 361-738-9226		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:		Report Approved By:		Title:		Date:																		
System Type: (✓)				Water Source: (✓)								Chlorine Residual		Lab Results				Laboratory Sample ID Number														
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended				<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water				<input type="checkbox"/> Other: <input type="checkbox"/> Groundwater with Surface Water Influence				<input type="checkbox"/> Free mg/L		Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.				Laboratory Sample ID Number												
Sample Identification/Location				Collected				Sample Type: (✓)				<input checked="" type="checkbox"/> Total 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		Present		Absent		Present		Absent				
1404				09	23	14	1130	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																AA34974		
1541				09	23	14	1148	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																AA34975		
1234				09	23	14	1216	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	AA34976	
503				09	23	14	1240	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	AA34977	
3510				09	23	14	1300	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	AA34978	
3519				09	23	14	1320	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	AA34979	
454				09	23	14	1340	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	AA34980	
543				09	23	14	1400	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																	AA34981	
								AM	<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"/>																		
								AM	<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"/>																		
								AM	<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"/>																		
								AM	<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"/>																		

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA34975 <b>Report Date:</b> 9/25/14 <b>Sample Name:</b> 1541 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 09/24/2014 <b>Time:</b> 08:15 <b>Date Sampled:</b> 09/23/2014 <b>Time:</b> 11:48
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					

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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815			
County: Webb		Relinquished By: Melanie Loo		Date 9-24-14		Time 0815		Date 9-24-14		Time 0815		Date		Time							
Name: Melanie Fox - Turnstone EH#5		Received By: M. Santana		Date		Time		Date		Time		Date		Time							
Address: 2216 Enterprize Pkwy. Ste 116		Relinquished By:		Date		Time		Date		Time		Date		Time							
City: Corpus Christi, TX		Received By:		Date		Time		Date		Time		Date		Time							
State: TX		Tested By:		Date		Time		Date		Time		Date		Time							
Phone #: 361-289-2510		Reported By:		Date		Time		Date		Time		Date		Time							
Fax #: 361-289-2511		Report Approved By:		Date		Time		Date		Time		Date		Time							
Sampler Name: Melanie Fox mfox@turnstonechs.com		Title:		Date:		Time:		Date:		Time:		Date:		Time:							
Sampler Contact #: 361-738-9226		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:		Date:		Time:		Date:		Time:		Date:		Time:							
System Type: (✓)				Water Source: (✓)				Chlorine Residual				Lab Results				Laboratory Sample ID Number					
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended				<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water				<input type="checkbox"/> Free mg/L				Note: All test results relate only to the samples as received.				Laboratory Sample ID Number					
<input type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence				<input checked="" type="checkbox"/> Total mg/L				Test Method: SM 9222B									
Sample Identification/Location			Collected			Sample Type: (✓)			Rejection Criteria #				Total Coliform				E. coli				
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				Present				Absent				
			Month Day Year			Please circle AM or PM			Distribution Construction Raw Well Special Repeat				Present				Absent				
1404			09 23 14			1130			AM				0.89				AA34974				
1541			09 23 14			1148			AM				1.06				AA34975				
1234			09 23 14			1216			AM				0.25				AA34976				
503			09 23 14			1240			AM				0.18				AA34977				
3510			09 23 14			1300			AM				0.30				AA34978				
3519			09 23 14			1320			AM				0.59				AA34979				
454			09 23 14			1340			AM				0.63				AA34980				
543			09 23 14			1400			AM				0.81				AA34981				
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**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA34976 <b>Report Date:</b> 9/25/14 <b>Sample Name:</b> 1234 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 09/24/2014 <b>Time:</b> 08:15 <b>Date Sampled:</b> 09/23/2014 <b>Time:</b> 12:15
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM						
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM						

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"><i>Cristal Ybanez</i></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131																	
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8											
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815													
County: Webb												Relinquished By: Melanie Loo		Date 9-24-14		Time 0815		Date		Time											
Send Results To:	Name: Melanie Fox - Turnstone EH#5											Received By: M. Santana		Date		Time		Date		Time											
	Address: 2216 Enterprize Pkwy. Ste 116											Relinquished By:		Date		Time		Date		Time											
	City: Corpus Christi, TX											Received By:		Date		Time		Date		Time											
	State: TX Zip: 78405											Tested By:		Date		Time		Date		Time											
Phone #: 361-289-2510		Fax #: 361-289-2511										Reported By:		Date		Time		Date		Time											
Sampler Name: Melanie Fox mfox@turnstonechs.com		Sampler Contact #: 361-738-9226										Report Approved By:		Date		Time		Date		Time											
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 checked="" 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					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										
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A			Month	Day	Year	Date		Time		Please circle AM or PM		Distribution	Construction	Raw Well	Special	Repeat	Free mg/L	Rejection Criteria #	Present	Absent	Present	Absent	Laboratory Sample ID Number								
1404			09	23	14	1130	AM									0.89						AA34974									
1541			09	23	14	1148	AM									1.06						AA34975									
1234			09	23	14	1216	AM									0.25						AA34976									
503			09	23	14	1240	AM									0.18						AA34977									
3510			09	23	14	1300	AM									0.30						AA34978									
3519			09	23	14	1320	AM									0.59						AA34979									
454			09	23	14	1340	AM									0.63						AA34980									
543			09	23	14	1400	AM									0.81						AA34981									
							AM																								
							PM																								
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**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA34977 <b>Report Date:</b> 9/25/14 <b>Sample Name:</b> 503 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 09/24/2014 <b>Time:</b> 08:15 <b>Date Sampled:</b> 09/23/2014 <b>Time:</b> 12:40
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"><i>Cristal Ybanez</i></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815			
County: Webb		Relinquished By: Melanie Loo		Date 9-24-14		Time 0815		Received By: M. Santana		Date		Time									
Name: Melanie Fox - Turnstone EH#5		Relinquished By:		Date		Time		Received By:		Date		Time									
Address: 2216 Enterprize Pkwy. Ste 116		Received By:		Date		Time		Tested By:		Date		Time									
City: Corpus Christi, TX		Received By:		Date		Time		Reported By:		Date		Time									
State: TX		Tested By:		Date		Time		Reported By:		Date		Time									
Phone #: 361-289-2510		Fax #: 361-289-2511		Reported By:		Date		Reported By:		Date		Time									
Sampler Name: Melanie Fox mfox@turnstonechs.com		Report Approved By:		Date		Time		Reported By:		Date		Time									
Sampler Contact #: 361-738-9226		Title:		Date:		Time:		Reported By:		Date		Time									
System Type: (✓) Public		Water Source: (✓) Surface Water		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number									
Sample Identification/Location		Collected			Sample Type: (✓)			Note: All test results relate only to the samples as received.		Test Method: SM 9222B				Laboratory Sample ID Number							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Total Coliform		E. coli				Laboratory Sample ID Number							
		Month	Day	Year	Please circle AM or PM			Present	Absent	Present	Absent	Present	Absent	Laboratory Sample ID Number							
1404		09	23	14	1130	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34974							
1541		09	23	14	1148	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34975							
1234		09	23	14	1216	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34976							
503		09	23	14	1240	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34977							
3510		09	23	14	1300	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34978							
3519		09	23	14	1320	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34979							
454		09	23	14	1340	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34980							
543		09	23	14	1400	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34981							
						AM	<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"/>								
						AM	<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"/>								
						AM	<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"/>								

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA34978 <b>Report Date:</b> 9/25/14 <b>Sample Name:</b> 3510 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 09/24/2014 <b>Time:</b> 08:15 <b>Date Sampled:</b> 09/23/2014 <b>Time:</b> 13:00
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					

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Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815			
County: Webb		Relinquished By: Melanie Loo		Date 9-24-14		Time 0815		Received By: M. Santana		Date		Time									
Name: Melanie Fox - Turnstone EH#5		Relinquished By:		Date		Time		Received By:		Date		Time									
Address: 2216 Enterprize Pkwy. Ste 116		Received By:		Date		Time		Tested By:		Date		Time									
City: Corpus Christi, TX		Received By:		Date		Time		Reported By:		Date		Time									
State: TX		Tested By:		Date		Time		Reported By:		Date		Time									
Phone #: 361-289-2510		Fax #: 361-289-2511		Reported By:		Date		Reported By:		Date		Time									
Sampler Name: Melanie Fox mfox@turnstonechs.com		Report Approved By:		Date		Time		Reported By:		Date		Time									
Sampler Contact #: 361-738-9226		Title:		Date:		Time:		Reported By:		Date		Time									
System Type: (✓) Public		Water Source: (✓) Surface Water		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number									
Sample Identification/Location		Collected			Sample Type: (✓)			Note: All test results relate only to the samples as received.		Test Method: SM 9222B				Laboratory Sample ID Number							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			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	23	14	1130	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"/>	<input type="checkbox"/>	AA34974				
1541		09	23	14	1148	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"/>	<input type="checkbox"/>	AA34975				
1234		09	23	14	1216	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"/>	<input type="checkbox"/>	AA34976				
503		09	23	14	1240	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"/>	<input type="checkbox"/>	AA34977				
3510		09	23	14	1300	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"/>	<input type="checkbox"/>	AA34978				
3519		09	23	14	1320	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"/>	<input type="checkbox"/>	AA34979				
454		09	23	14	1340	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"/>	<input type="checkbox"/>	AA34980				
543		09	23	14	1400	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"/>	<input type="checkbox"/>	AA34981				
						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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>					

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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM						
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM						

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"><i>Cristal Ybanez</i></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131																
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8										
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815												
County: Webb		Relinquished By: Melanie Loo		Date 9-24-14		Time 0815		Received By: M. Santana		Date		Time																		
Name: Melanie Fox - Turnstone EH#5		Relinquished By:		Date		Time		Received By:		Date		Time																		
Address: 2216 Enterprize Pkwy. Ste 116		Received By:		Date		Time		Tested By:		Date		Time																		
City: Corpus Christi, TX		Received By:		Date		Time		Reported By:		Date		Time																		
State: TX		Tested By:		Date		Time		Reported By:		Date		Time																		
Zip: 78405		Reported By:		Date		Time		Report Approved By:		Date		Time																		
Phone #: 361-289-2510		Fax #: 361-289-2511		Title:		Date:		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results		Laboratory Sample ID Number																
Sampler Name: Melanie Fox mfox@turnstonechs.com		Sampler Contact #: 361-738-9226		System Type: (✓) Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other: <input type="checkbox"/>		Water Source: (✓) Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence <input type="checkbox"/>		Sample Type: (✓) Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat <input type="checkbox"/>		Free mg/L		Total Coliform		E. coli		Note: All test results relate only to the samples as received.														
Sample Identification/Location		Collected			Sample Type: (✓)							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		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/ Raw Triggered Samples		Free mg/L		Total Coliform		E. coli		Laboratory Sample ID Number					
		Month	Day	Year	Please circle AM or PM														mg/L		Present		Absent		Present		Absent		ID Number	
1404		09	23	14	1130	AM	<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"/>	0.89	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34974	
1541		09	23	14	1148	AM	<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"/>	1.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34975	
1234		09	23	14	1216	AM	<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"/>	0.25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34976	
503		09	23	14	1240	AM	<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"/>	0.18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34977	
3510		09	23	14	1300	AM	<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"/>	0.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34978	
3519		09	23	14	1320	AM	<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"/>	0.59	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34979	
454		09	23	14	1340	AM	<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"/>	0.63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34980	
543		09	23	14	1400	AM	<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"/>	0.81	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA34981	
						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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis				1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)																
		Rejection Criteria # Definitions				2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:																

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA34980 <b>Report Date:</b> 9/25/14 <b>Sample Name:</b> 454 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 09/24/2014 <b>Time:</b> 08:15 <b>Date Sampled:</b> 09/23/2014 <b>Time:</b> 13:40
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"><i>Cristal Ybanez</i></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815			
County: Webb		Relinquished By: Melanie Loo		Date 9-24-14		Time 0815		Received By: M. Santana		Date		Time									
Name: Melanie Fox - Turnstone EH#5		Relinquished By:		Date		Time		Received By:		Date		Time									
Address: 2216 Enterprize Pkwy. Ste 116		Received By:		Date		Time		Tested By:		Date		Time									
City: Corpus Christi, TX		Received By:		Date		Time		Reported By:		Date		Time									
State: TX		Tested By:		Date		Time		Reported By:		Date		Time									
Phone #: 361-289-2510		Fax #: 361-289-2511		Reported By:		Date		Reported By:		Date		Time									
Sampler Name: Melanie Fox mfox@turnstonechs.com		Report Approved By:		Date		Time		Reported By:		Date		Time									
Sampler Contact #: 361-738-9226		Title:		Date:		Time:		Reported By:		Date		Time									
System Type: (✓) Public		Water Source: (✓) Surface Water		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number									
Sample Identification/Location		Collected			Sample Type: (✓)			Note: All test results relate only to the samples as received.		Test Method: SM 9222B				Laboratory Sample ID Number							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			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	23	14	1130	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"/>	<input type="checkbox"/>	AA34974				
1541		09	23	14	1148	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"/>	<input type="checkbox"/>	AA34975				
1234		09	23	14	1216	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"/>	<input type="checkbox"/>	AA34976				
503		09	23	14	1240	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"/>	<input type="checkbox"/>	AA34977				
3510		09	23	14	1300	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"/>	<input type="checkbox"/>	AA34978				
3519		09	23	14	1320	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"/>	<input type="checkbox"/>	AA34979				
454		09	23	14	1340	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"/>	<input type="checkbox"/>	AA34980				
543		09	23	14	1400	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"/>	<input type="checkbox"/>	AA34981				
						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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>					

TCEQ Form: 10525 6/2009

\*Unsuitable Sample Analysis

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:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA34981 <b>Report Date:</b> 9/25/14 <b>Sample Name:</b> 543 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 09/24/2014 <b>Time:</b> 08:15 <b>Date Sampled:</b> 09/23/2014 <b>Time:</b> 14:00
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM						
Total Coliform	ABSENT			1	9/24/14 09:00	SM 9223B	BRITTANYM						

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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131											
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 35°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8					
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				Date 9-24-14		Time 0815							
County		Webb										Relinquished By: Melanie Loo		Date 9-24-14		Time 0815									
Send Results To:	Name:		Melanie Fox - Turnstone EH#5										Received By: M. Santana		Date		Time								
	Address:		2216 Enterprize Pkwy. Ste 116										Relinquished By:		Date		Time								
	City:		Corpus Christi, TX										Received By:		Date		Time								
	State:		TX		Zip:		78405								Tested By:		Date		Time						
Phone #:		361-289-2510				Fax #:		361-289-2511						Reported By:		Date		Time							
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:				Date		Time							
Sampler Contact #:		361-738-9226				<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:		Title:				Date:		Time:											
System Type: (✓)				Water Source: (✓)								Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number					
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended				<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water				<input type="checkbox"/> Groundwater with Surface Water Influence				<input type="checkbox"/> Free mg/L		Note: All test results relate only to the samples as received.		Test Method: SM 9222B				Laboratory Sample ID Number					
<input type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence				<input checked="" type="checkbox"/> Total mg/L				Rejection Criteria #		Total Coliform		E. coli									
Sample Identification/Location			Collected			Sample Type: (✓)							Include Sample ID of Originating Positive on all Repeat/ Raw Triggered Samples		Present		Absent		Present		Absent				
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A			Date			Time		Distribution		Construction		Raw Well		Special		Repeat		Present		Absent		Present		Absent	
			Month Day Year			Please circle AM or PM												Present		Absent		Present		Absent	
1404			09 23 14			1130		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		0.89		<input type="checkbox"/>		<input type="checkbox"/>		AA34974	
1541			09 23 14			1148		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1.06		<input type="checkbox"/>		<input type="checkbox"/>		AA34975	
1234			09 23 14			1216		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		0.25		<input type="checkbox"/>		<input type="checkbox"/>		AA34976	
503			09 23 14			1240		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		0.18		<input type="checkbox"/>		<input type="checkbox"/>		AA34977	
3510			09 23 14			1300		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		0.30		<input type="checkbox"/>		<input type="checkbox"/>		AA34978	
3519			09 23 14			1320		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		0.59		<input type="checkbox"/>		<input type="checkbox"/>		AA34979	
454			09 23 14			1340		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		0.63		<input type="checkbox"/>		<input type="checkbox"/>		AA34980	
543			09 23 14			1400		AM		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		0.81		<input type="checkbox"/>		<input type="checkbox"/>		AA34981	
								AM		<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"/>			
								AM		<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"/>			
								AM		<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"/>			
								AM		<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"/>			

TCEQ Form: 10525 6/2009

\*Unsuitable Sample Analysis

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

<b>Certificate Number</b>		9/22/2014 - 584	
<b>Order#</b>	03009074-1	<b>Make/Model</b>	HACH/2100Q
<b>Customer#</b>	1018067	<b>Asset #</b>	1122661
<b>Customer Name</b>	TURNSTONE EHS	<b>Serial Number</b>	10110C006392

<b>Sensor Installed and Calibrated</b> TURBIDITY			
<b>Temperature:</b>			
<b>Set Point 1</b>	20.0	<b>Set Point 3</b>	800
<b>Lot Number</b>	C361865	<b>Lot Number</b>	C255596
<b>Span Value</b>	19.8	<b>Span Value3:</b>	802
<b>Set Point 2</b>	100	<b>Set Point 4</b>	
<b>Lot Number</b>	C255595	<b>Lot Number</b>	
<b>Span Value</b>	99.8	<b>Span Value</b>	

**Notes**

**Location**      Dallas, TX  
**Technician**    TC  
**Date**            9/22/2014  
**Time**            16:42  
**SOP#**

**Asset Released In Tolerance**      
**All Tests Passed**                   

**Quality Control:** *Tom Celli*      **Date:** 9-22

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**

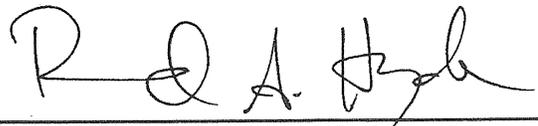
*has fulfilled the requirements in accordance with the  
laws of the State of Texas for*

**CLASS D WATER OPERATOR**

*License Number:* WO0009174

*Issue Date:* 09/08/2014

*Expiration Date:* 10/18/2017



*Executive Director*

*Texas Commission on Environmental Quality*