WEBB COUNTY UTILITIES: SETTLEMENT AGREEMENT SAMPLING RESULTS

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
3	10/9/2014	Rio Bravo	1404	Margarita	0.33	2.88	Normal	Absent
3	10/9/2014	Rio Bravo	1541	Centeno	0.34	0.60	Normal	Absent
3	10/9/2014	Rio Bravo	1234	Paseo de Tiber	0.31	0.40	Low	Absent
3	10/9/2014	Rio Bravo	503	Rio Amur	0.36	0.55	Normal	Absent
3	10/9/2014	El Cenizo	3510	Tays	0.74	0.79	Normal	Absent
3	10/9/2014	El Cenizo	3519	Cecilia	0.35	0.76	Normal	Absent
3	10/9/2014	El Cenizo	454	Morales	0.34	1.29	Normal	Absent
3	10/9/2014	El Cenizo	543	Rodriguez	0.35	0.62	Normal	Absent

Notes:

TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	24°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1404	10	09	14	1020 AM	☐	☐	☐	☑	☐		2.88		☐	☐	☐	☐	AA35789
1541	10	09	14	1040 AM	☐	☐	☐	☑	☐		0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐		0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐		0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐		0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐		0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐		1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐		0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35789 **Report Date:** 10/13/14
Sample Name: 1404
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 10:20

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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Respectfully Submitted,

Crystal Ybanez

Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.
2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.
3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.

TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	24°C
Temperature Device ID	D

City of Corpus Christi
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NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1404	10	09	14	1020 AM	☐	☐	☐	☑	☐		2.88		☐	☐	☐	☐	AA35789
1541	10	09	14	1040 AM	☐	☐	☐	☑	☐		0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐		0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐		0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐		0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐		0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐		1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐		0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35790 **Report Date:** 10/13/14
Sample Name: 1541
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 10:40

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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Respectfully Submitted,

Crystal Ybanez

Technical Director (or designee)

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TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	24°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1404	10	09	14	1020 AM	☐	☐	☐	☑	☐		2.88		☐	☐	☐	☐	AA35789
1541	10	09	14	1040 AM	☐	☐	☐	☑	☐		0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐		0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐		0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐		0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐		0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐		1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐		0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35791 **Report Date:** 10/13/14
Sample Name: 1234
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 10:55

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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Respectfully Submitted,

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Technical Director (or designee)

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TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	2.4°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
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1541	10	09	14	1040 AM	☐	☐	☐	☑	☐		0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐		0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐		0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐		0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐		0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐		1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐		0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35792 **Report Date:** 10/13/14
Sample Name: 503
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 11:15

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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.

Respectfully Submitted,

Crystal Ybanez

Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.
2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.
3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.

TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	24°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1404	10	09	14	1020 AM	☐	☐	☐	☑	☐		2.88		☐	☐	☐	☐	AA35789
1541	10	09	14	1040 AM	☐	☐	☐	☑	☐		0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐		0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐		0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐		0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐		0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐		1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐		0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35793 **Report Date:** 10/13/14
Sample Name: 3510
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 11:35

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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.

Respectfully Submitted,

Crystal Ybanez

Technical Director (or designee)

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2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.
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TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	24°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1404	10	09	14	1020 AM	☐	☐	☐	☑	☐		2.88		☐	☐	☐	☐	AA35789
1541	10	09	14	1040 AM	☐	☐	☐	☑	☐		0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐		0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐		0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐		0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐		0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐		1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐		0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35794 **Report Date:** 10/13/14
Sample Name: 3519
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 12:15

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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Respectfully Submitted,

Crystal Ybanez

Technical Director (or designee)

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TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	24°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location (Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A)	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual Free mg/L	Total mg/L	Unsuitable Sample - Please Resubmit / Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1404	10	09	14	1020 AM	☐	☐	☐	☑	☐			2.88		☐	☐	☐	☐	AA35789
1541	10	09	14	1040 AM	☐	☐	☐	☑	☐			0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐			0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐			0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐			0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐			0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐			1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐			0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35795 **Report Date:** 10/13/14
Sample Name: 454
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 11:58

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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.

Respectfully Submitted,

Crystal Ybanez

Technical Director (or designee)

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TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	24°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location (Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A)	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual Free mg/L	Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
1404	10	09	14	1020 AM	☐	☐	☐	☑	☐			2.88		☐	☐	☐	☐	AA35789
1541	10	09	14	1040 AM	☐	☐	☐	☑	☐			0.60		☐	☐	☐	☐	AA35790
1234	10	09	14	1055 AM	☐	☐	☐	☑	☐			0.40		☐	☐	☐	☐	AA35791
503	10	09	14	1115 AM	☐	☐	☐	☑	☐			0.55		☐	☐	☐	☐	AA35792
3510	10	09	14	1135 AM	☐	☐	☐	☑	☐			0.79		☐	☐	☐	☐	AA35793
3519	10	09	14	1215 PM	☐	☐	☐	☑	☐			0.76		☐	☐	☐	☐	AA35794
454	10	09	14	1158 AM	☐	☐	☐	☑	☐			1.29		☐	☐	☐	☐	AA35795
543	10	09	14	1230 PM	☐	☐	☐	☑	☐			0.62		☐	☐	☐	☐	AA35796
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐					☐	☐	☐	☐	

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

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

Analytical Report

Client Info

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

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

Report# /Lab ID#: AA35796 **Report Date:** 10/13/14
Sample Name: 543
Project ID:
Sample Matrix:
Date Received: 10/10/2014 **Time:** 08:55
Date Sampled: 10/09/2014 **Time:** 12:30

Parameter	Result	Unit	FLAG	RL 5	Date/Time Analyzed	Method	Analyst	Quality Assurance Data 1				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					
Total Coliform	ABSENT			1	10/10/14 09:50	SM 9223B	LUKEO					

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.

Respectfully Submitted,

Crystal Ybanez

Technical Director (or designee)

1. Quality assurance data for the sample batch which included this sample.
2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.
3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.
4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.
5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.
6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.

TCEQ	MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: (Must be 7 digits; include all zeros)	2 4 0 0 0 2 2
Public Water System Name:	Water Utilities Rio Bravo Trt. Plant
County	Webb
Send Results To: Name:	Melanie Fox - Turnstone EH&S
Address:	226 Enterpize Pkwy. Ste 116
City:	Corpus Christi
State:	TX
Zip:	78405 -
Phone #:	361-289-2510
Fax #:	361-289-2511
Sampler Name:	Melanie Fox mfox@turnstoneehs.com
Sampler Contact #:	361-738-9226 ☐ Owner ☐ Operator ☑ Other:

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

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

Sample on Ice?	☒ Yes ☐ No
Temperature at receipt?	2.4°C
Temperature Device ID	D

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

NELAP ACCREDITED TNI LABORATORY

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

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

Relinquished By:	Melanie Fox	Date	10-10-14
		Time	0855
Received By:	Valerie Chilton	Date	10-10-14
		Time	0855
Relinquished By:		Date	
		Time	
Received By:		Date	
		Time	
Tested By:		Date	
		Time	
Reported By:		Date	
		Time	
Report Approved By:			
Title:		Date:	

Sample Identification/Location: Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A	Collected Date Month	Day	Year	Time (Please circle AM or PM)	Sample Type: Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Chlorine Residual ☐ Free mg/L ☑ Total mg/L	Unsuitable Sample - Please Resubmit: Rejection Criteria #	Lab Results (Note: All test results relate only to the samples as received. Test Method: SM 9222B) Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
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				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	
				AM/PM	☐	☐	☐	☐	☐				☐	☐	☐	☐	

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Public Water Supply - Residual Chlorine Calibration and Measurement

Date	Time	Tech.	Blank Value=0.00 mg/L	Std. 1 Value=0.22 mg/L	Std. 2 Value=0.90 mg/L	Std. 3 Value=1.59 mg/L	Location	Pressure Lbs.	Free Chlorine Sample mg/L	Free Chlorine Sample mg/L	Total Chlorine Sample mg/L	Total Chlorine Sample mg/L
10-7-14	1600	TM	0.0	0.18	0.89	1.60					1.44 x 2	1.34 x 2
10-9-14	1010	TM					1404		—	—	2.88	2.68
10-9-14	1035	TM					1541		—	—	0.60	0.54
10-9-14	1050	TM					1234		—	—	0.40	0.36
10-9-14	1110	TM					503		—	—	0.55	0.56
10-9-14	1130	TM					3510		—	—	0.79	0.73
10-9-14	1210	TM					3519		—	—	0.76	0.71
10-9-14	1150	TM					454		—	—	1.29	1.03
10-9-14	1225	TM					543				0.62	0.65

TURBIDITY MEASUREMENTS

Sample Location	Date	Time	Tech.	Reading	Wind Speed
				NTU	
1404 Margarita	10-9-14	1008	MG	0.33	6.5
1541 Centeno	10-9-14	1032	MG	0.34	1.6
1234 Paseo de Tiber	10-9-14	1048	MG	0.31	8.5
503 Rio Amur	10-9-14	1108	MG	0.36	9.3
3510 Tays	10-9-14	1128	MG	0.74	9.8
3519 Cecilia In	10-9-14	1208	MG	0.35	10.1
454 Morales	10-9-14	1155	MG	0.34	5.2
543 Rodriguez	10-9-14	1223	MG	0.35	7.5

ARGUS-HAZCO

Certificate of Compliance and Calibration

	Certificate Number	**10/3/2014 - 590**	
Order#	03009190-1	***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	C361865	**Lot Number**	C255596
Span Value	20.0	**Span Value3:**	798
Set Point 2	100.0	**Set Point 4**	
Lot Number	C255595	**Lot Number**	
Span Value	99.9	**Span Value**	

Notes

Location	Dallas, TX	***Asset Released In Tolerance***	☑
Technician	TC	***All Tests Passed***	☑
Date	10/3/2014		
Time	10:44		
SOP#			

Quality Control: Ton Colli **Date:** 10-3

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