

WEBB COUNTY UTILITIES: SETTLEMENT AGREEMENT SAMPLING RESULTS

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
4	10/22/2014	Rio Bravo	1404	Margarita	0.53	1.70	Normal	Absent
4	10/22/2014	Rio Bravo	1541	Centeno	0.32	0.84	Normal	Absent
4	10/22/2014	Rio Bravo	1234	Paseo de Tiber	0.45	0.12	Low	Absent
4	10/22/2014	Rio Bravo	503	Rio Amur	0.36	0.26	Low	Absent
4	10/22/2014	El Cenizo	3510	Tays	0.38	0.66	Normal	Absent
4	10/22/2014	El Cenizo	3519	Cecilia	0.40	0.61	Normal	Absent
4	10/22/2014	El Cenizo	454	Morales	1.80	0.91	Normal	Absent
4	10/22/2014	El Cenizo	543	Rodriguez	0.59	1.19	Normal	Absent

Notes:

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 5.9°C		Phone (361) 826-1200; Fax (361) 242-9131		Test results meet all requirements of NELAP unless stated otherwise					
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Temperature Device ID D		NELAP Certificate # T104704386-13-8							
Public Water System Name: Webb Utilities Rio Bravo Trt. Plant												LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE									
County: Webb												Relinquished By: Melanie Fox		Date: 10-23-14		Time: 0852					
Send Results To:	Name: Melanie Fox - Turnstone EH&S											Received By: M. Santana		Date: 10-23-14		Time: 0852					
	Address: 226 Enterprize Pkwy. Ste 116											Relinquished By:		Date:		Time:					
	City: Corpus Christi											Received By:		Date:		Time:					
	State: TX Zip: 78405											Tested By:		Date:		Time:					
Phone #: 361-289-2510		Fax #:										Reported By:		Date:		Time:					
Sampler Name: Melanie Fox mfox@turnstonechs.com												Report Approved By:									
Sampler Contact #: 361-738-9226 <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Other:												Title:		Date:							
System Type: (✓) Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:						Water Source: (✓) Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/> Groundwater with Surface Water Influence <input type="checkbox"/>						Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number	
Sample Identification/Location			Collected			Sample Type: (✓)						Rejection Criteria #		Total Coliform		E. coli					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A			Month	Day	Year	Time	Please circle AM or PM						Free mg/L		Present		Absent				
1404			10	22	14	1040	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.70		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1541			10	22	14	1100	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.84		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1234			10	22	14	1115	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
503			10	22	14	1135	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3510			10	22	14	1155	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3519			10	22	14	1212	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.61		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
454			10	22	14	1230	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
543			10	22	14	1250	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.19		<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"/>			
							AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
							PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36418 Report Date: 10/24/14 Sample Name: 1404 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 10:40
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM						
Total Coliform	ABSENT			1	10/23/14 09:25	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;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> 1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131						
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 5.9°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise		NELAP Certificate # T104704386-13-8		
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		Date 10-23-14		Time 0852				
Public Water System Name:		Webb Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox <th colspan="2">Date 10-23-14</th> <th colspan="2">Time 0852</th>		Date 10-23-14		Time 0852				
County		Webb										Received By: M. Santana <th colspan="2">Date</th> <th colspan="2">Time</th>		Date		Time				
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date		Time				
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Date		Time				
	City:	Corpus Christi										Tested By:		Date		Time				
	State:	TX		Zip:	78405								Reported By:		Date		Time			
Phone #:	361-289-2510			Fax #:								Report Approved By:		Title:		Date:				
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number	
Sampler Contact #:	361-738-9226			Owner	<input type="checkbox"/>		Operator	<input type="checkbox"/>		Other	<input checked="" type="checkbox"/>		Free mg/L	Rejection Criteria #	Total Coliform		E. coli			
System Type: (✓)		<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		Total mg/L		Present	Absent	Present	Absent			
Other:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Total mg/L		Present	Absent	Present	Absent			
Sample Identification/Location		Collected			Sample Type: (✓)							Free mg/L		Total Coliform		E. coli		Laboratory Sample ID Number		
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time		Distribution	Construction	Raw Well	Special	Repeat	Total mg/L		Present	Absent	Present	Absent	Laboratory Sample ID Number		
		Month	Day	Year	Please circle AM or PM							Total mg/L		Present	Absent	Present	Absent	Laboratory Sample ID Number		
1404		10	22	14	1040	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.70		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36418		
1541		10	22	14	1100	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.84		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36419		
1234		10	22	14	1115	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36420		
503		10	22	14	1135	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36421		
3510		10	22	14	1155	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36422		
3519		10	22	14	1212	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.61		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36423		
454		10	22	14	1230	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36424		
543		10	22	14	1250	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36425		
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36419 Report Date: 10/24/14 Sample Name: 1541 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 11:00
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM					

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Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36420 Report Date: 10/24/14 Sample Name: 1234 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 11:15
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data					
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank	
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM						
Total Coliform	ABSENT			1	10/23/14 09:25	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? 5.9°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise		NELAP Certificate # T104704386-13-8			
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		0		2		2		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE					
Public Water System Name:		Webb Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox <td colspan="2">Date 10-23-14</td>		Date 10-23-14							
County:		Webb										Received By: M. Santana <td colspan="2">Time 0852</td>		Time 0852							
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date 10-23-14							
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time 0852							
	City:	Corpus Christi										Tested By:		Date							
	State:	TX		Zip:	7		8		4		0		5		Time						
Phone #:	361-289-2510			Fax #:								Reported By:		Date							
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Report Approved By:		Date								
Sampler Contact #:	361-738-9226			Owner:	<input type="checkbox"/>		Operator:	<input type="checkbox"/>		Other:	<input checked="" type="checkbox"/>		Title:		Date:						
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water				Water Source: <input checked="" type="checkbox"/> Groundwater with Surface Water Influence <input type="checkbox"/> Other:								Chlorine Residual		Lab Results				Laboratory Sample ID Number			
Sample Identification/Location				Collected				Sample Type: <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat				<input type="checkbox"/> Free mg/L	Unsuitable Sample - Please Resubmit	Note: All test results relate only to the samples as received. Test Method: SM 9222B							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A				Date			Time	Please circle AM or PM	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	<input checked="" type="checkbox"/> Total mg/L	Rejection Criteria #	Total Coliform		E. coli		
1404				10	22	14	1040	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.70		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36418
1541				10	22	14	1100	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.84		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36419
1234				10	22	14	1115	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36420
503				10	22	14	1135	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36421
3510				10	22	14	1155	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36422
3519				10	22	14	1212	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.61		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36423
454				10	22	14	1230	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		0.91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36424
543				10	22	14	1250	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36425
								AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
								PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)									
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:									

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36421 Report Date: 10/24/14 Sample Name: 503 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 11:35
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	10/23/14 09:25	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;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> 1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131					
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 5.9°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise		NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		0		2		2		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
Public Water System Name:		Webb Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox <td colspan="2">Date 10-23-14</td>		Date 10-23-14					
County:		Webb										Received By: M. Santana <td colspan="2">Time 0852</td>		Time 0852					
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date 10-23-14					
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time 0852					
	City:	Corpus Christi										Tested By:		Date					
	State:	TX		Zip:	78405		Reported By:		Date										
Phone #:	361-289-2510			Fax #:								Report Approved By:		Date					
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Title:		Date:						
Sampler Contact #:	361-738-9226			Owner:	<input type="checkbox"/>		Operator:	<input type="checkbox"/>		Other:	<input checked="" type="checkbox"/>		Lab Results						
System Type: (✓)		<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		Note: All test results relate only to the samples as received.							
Other:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Test Method: SM 9222B							
Sample Identification/Location		Collected			Sample Type: (✓)					Chlorine Residual		Unsuitable Sample - Please Resubmit		Laboratory Sample ID Number					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date		Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	<input type="checkbox"/> Free mg/L	Rejection Criteria #	Total Coliform		E. coli				
		Month	Day	Year	Please circle AM or PM						<input checked="" type="checkbox"/> Total mg/L		Present	Absent	Present	Absent			
1404		10	22	14	1040 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		1.70		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36418		
1541		10	22	14	1100 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0.84		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36419		
1234		10	22	14	1115 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36420		
503		10	22	14	1135 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0.26		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36421		
3510		10	22	14	1155 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0.66		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36422		
3519		10	22	14	1212 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0.61		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36423		
454		10	22	14	1230 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		0.91		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36424		
543		10	22	14	1250 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		1.19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36425		
					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"/>			
					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"/>			
					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"/>			
					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"/>			
					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"/>			
					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"/>			

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

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36422 Report Date: 10/24/14 Sample Name: 3510 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 11:55
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	10/23/14 09:25	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? 5.9°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise		NELAP Certificate # T104704386-13-8								
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		0		2		2		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE										
Public Water System Name:		Webb Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox <td colspan="2">Date 10-23-14</td>		Date 10-23-14												
County:		Webb										Received By: M. Santana <td colspan="2">Time 0852</td>		Time 0852												
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date 10-23-14												
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time 0852												
	City:	Corpus Christi										Tested By:		Date												
	State:	TX		Zip:		78405		Reported By:		Time																
Phone #:	361-289-2510			Fax #:				Report Approved By:				Date:														
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Title:		Date:													
Sampler Contact #:	361-738-9226			Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other:		<input checked="" type="checkbox"/>												
System Type: (✓)		<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		Lab Results														
Other:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Note: All test results relate only to the samples as received.														
Sample Identification/Location		Collected			Sample Type: (✓)					Chlorine Residual		Unsuitable Sample - Please Resubmit		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		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Free mg/L		Rejection Criteria #		Total Coliform		E. coli		
		Month	Day	Year	Please circle AM or PM																	Present	Absent	Present	Absent	
1404		10	22	14	10	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							1.70				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36418
1541		10	22	14	11	00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							0.84				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36419
1234		10	22	14	11	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							0.12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36420
503		10	22	14	11	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							0.26				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36421
3510		10	22	14	11	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							0.66				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36422
3519		10	22	14	12	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							0.61				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36423
454		10	22	14	12	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							0.91				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36424
543		10	22	14	12	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>							1.19				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36425
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)														
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:														

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36423 Report Date: 10/24/14 Sample Name: 3519 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 12:12
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	10/23/14 09:25	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? 5.9°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise		NELAP Certificate # T104704386-13-8				
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		0		2		2		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE						
Public Water System Name:		Webb Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox <td colspan="2">Date 10-23-14</td>		Date 10-23-14								
County:		Webb										Received By: M. Santana <td colspan="2">Time 0852</td>		Time 0852								
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date 10-23-14								
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time 0852								
	City:	Corpus Christi										Tested By:		Date								
	State:	TX		Zip:		78405		Reported By:		Time		Date										
Phone #:	361-289-2510			Fax #:				Report Approved By:		Title:		Date:										
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number			
Sampler Contact #:	361-738-9226		Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other:		<input checked="" type="checkbox"/>		Note: All test results relate only to the samples as received.				Test Method: SM 9222B			
System Type: (✓)		<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		Free mg/L		Rejection Criteria #		Total Coliform		E. coli				
Other:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Total mg/L				Present		Absent				
Sample Identification/Location		Collected			Sample Type: (✓)					Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples				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								
		Month	Day	Year	Please circle AM or PM																	
1404		10	22	14	10	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					1.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36418	
1541		10	22	14	11	00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0.84	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36419	
1234		10	22	14	11	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36420	
503		10	22	14	11	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0.26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36421	
3510		10	22	14	11	55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0.66	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36422	
3519		10	22	14	12	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0.61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36423	
454		10	22	14	12	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					0.91	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36424	
543		10	22	14	12	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>					1.19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA36425	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)										
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:										

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36424 Report Date: 10/24/14 Sample Name: 454 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 12:30
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	10/23/14 09:25	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;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131					
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 5.9°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise		NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		0		2		2		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
Public Water System Name:		Webb Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox <td colspan="2">Date 10-23-14</td>		Date 10-23-14					
County:		Webb										Received By: M. Santana <td colspan="2">Time 0852</td>		Time 0852					
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date 10-23-14					
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time 0852					
	City:	Corpus Christi										Tested By:		Date					
	State:	TX		Zip:		78405		Reported By:		Time		Date							
Phone #:	361-289-2510			Fax #:				Report Approved By:		Title:		Date:							
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number
Sampler Contact #:	361-738-9226		Owner		Operator		Other		Free mg/L		Rejection Criteria #		Note: All test results relate only to the samples as received. Test Method: SM 9222B						
System Type: (✓)		<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		Total mg/L		Total Coliform		E. coli			
Other:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Present		Absent		Present		Absent	
Sample Identification/Location		Collected			Sample Type: (✓)							Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Total Coliform		E. coli		Laboratory Sample ID Number	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date		Time		Distribution	Construction	Raw Well	Special	Repeat	Total mg/L		Present		Absent		Laboratory Sample ID Number		
		Month	Day	Year	Please circle AM or PM							Present		Absent		Laboratory Sample ID Number			
1404		10	22	14	1040	AM					1.70						AA36418		
1541		10	22	14	1100	AM					0.84					AA36419			
1234		10	22	14	1115	AM					0.12					AA36420			
503		10	22	14	1135	AM					0.26					AA36421			
3510		10	22	14	1155	AM					0.66					AA36422			
3519		10	22	14	1212	AM					0.61					AA36423			
454		10	22	14	1230	AM					0.91					AA36424			
543		10	22	14	1250	AM					1.19					AA36425			
						AM													
						PM													
						AM													
						PM													
						AM													
						PM													
						AM													
						PM													

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

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA36425 Report Date: 10/24/14 Sample Name: 543 Project ID: Sample Matrix: Date Received: 10/23/2014 Time: 08:52 Date Sampled: 10/22/2014 Time: 12:50
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Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	10/23/14 09:25	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	10/23/14 09:25	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? 5.9°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise		NELAP Certificate # T104704386-13-8								
Public Water System ID: (Must be 7 digits; include all zeros)		2		4		0		0		0		2		2		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE										
Public Water System Name:		Webb Utilities Rio Bravo Trt. Plant										Relinquished By: Melanie Fox <td colspan="2">Date 10-23-14</td>		Date 10-23-14												
County:		Webb										Received By: M. Santana <td colspan="2">Time 0852</td>		Time 0852												
Send Results To:	Name:	Melanie Fox - Turnstone EH#5										Relinquished By:		Date 10-23-14												
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time 0852												
	City:	Corpus Christi										Tested By:		Date												
	State:	TX		Zip:		78405		Reported By:		Time		Date														
Phone #:	361-289-2510			Fax #:				Report Approved By:				Title:		Date:												
Sampler Name:	Melanie Fox mfox@turnstonechs.com										Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results Note: All test results relate only to the samples as received. Test Method: SM 9222B				Laboratory Sample ID Number							
Sampler Contact #:	361-738-9226		Owner		Operator		Other		Free mg/L		Rejection Criteria #		Total Coliform		E. coli											
System Type: (✓)		<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		Total mg/L		Present		Absent										
Other:		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Present		Absent												
Sample Identification/Location		Collected			Sample Type: (✓)							Free mg/L		Rejection Criteria #		Total Coliform		E. coli		Laboratory Sample ID Number						
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date		Time		Distribution		Construction		Raw Well		Special		Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Total mg/L			Rejection Criteria #		Total Coliform		E. coli	
		Month	Day	Year	Please circle AM or PM																					
1404		10	22	14	10	40	AM											1.70							AA36418	
1541		10	22	14	11	00	AM											0.84							AA36419	
1234		10	22	14	11	15	AM											0.12							AA36420	
503		10	22	14	11	35	AM											0.26							AA36421	
3510		10	22	14	11	55	AM											0.66							AA36422	
3519		10	22	14	12	12	AM											0.61							AA36423	
454		10	22	14	12	30	AM											0.91							AA36424	
543		10	22	14	12	50	AM											1.19							AA36425	
							AM																			
							PM																			
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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:

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Be it known that

MELANIE FOX

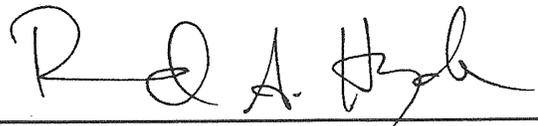
*has fulfilled the requirements in accordance with the
laws of the State of Texas for*

CLASS D WATER OPERATOR

License Number: WO0009174

Issue Date: 09/08/2014

Expiration Date: 10/18/2017



Executive Director

Texas Commission on Environmental Quality