

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

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
5	11/12/2014	Rio Bravo	1404	Margarita	0.44	2.11	Normal	Absent
5	11/12/2014	Rio Bravo	1541	Centeno	0.34	1.73	Normal	Absent
5	11/12/2014	Rio Bravo	1234	Paseo de Tiber	0.39	0.24	Low	Absent
5	11/12/2014	Rio Bravo	503	Rio Amur	0.56	1.14	Normal	Absent
5	11/12/2014	El Cenizo	3510	Tays	0.65	1.27	Normal	Absent
5	11/12/2014	El Cenizo	3519	Cecilia	0.30	1.44	Normal	Absent
5	11/12/2014	El Cenizo	454	Morales	0.27	1.31	Normal	Absent
5	11/12/2014	El Cenizo	543	Rodriguez	0.19	1.53	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? 1.7 °C		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8					
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
County: Webb		Relinquished By: Melanie Fox		Date: 11-13-14		Time: 0920		Received By: M. Santan		Date: 11-13-14		Time: 0920		Date:		Time:					
Name: Melanie Fox - Turnstone EH&S		Relinquished By:		Date:		Time:		Received By:		Date:		Time:		Date:		Time:					
Address: 226 Enterprize Pkwy. Ste 116		Received By:		Date:		Time:		Received By:		Date:		Time:		Date:		Time:					
City: Corpus Christi		Received By:		Date:		Time:		Received By:		Date:		Time:		Date:		Time:					
State: TX		Tested By:		Date:		Time:		Tested By:		Date:		Time:		Date:		Time:					
Zip: 78405		Reported By:		Date:		Time:		Reported By:		Date:		Time:		Date:		Time:					
Phone #: 361-289-2510		Fax #: 361-289-2511		Report Approved By:		Date:		Title:		Date:		Date:		Date:		Date:					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Other <input type="checkbox"/>		Title:		Date:		Title:		Date:		Date:		Date:		Date:					
Sampler Contact #: 361-738-9226		System Type: (✓) Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/>		Water Source: (✓) Surface Water <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/>		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number							
Other: <input type="checkbox"/>		Groundwater with Surface Water Influence <input type="checkbox"/>		Free mg/L		Rejection Criteria #		Note: All test results relate only to the samples as received.				Total Coliform		E. coli							
Sample Identification/Location		Collected			Sample Type: (✓)					Total mg/L		Present		Absent		Present		Absent			
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					Total Coliform		E. coli		Laboratory Sample ID Number				
		Month	Day	Year	Please circle AM or PM			Distribution	Construction	Raw Well	Special	Repeat									
1404		11	12	14	10	28	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37487			
1541		11	12	14	10	45	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37488			
1234		11	12	14	11	10	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37489			
503		11	12	14	11	25	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37490			
3510		11	12	14	11	50	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37491			
3519		11	12	14	12	05	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37492			
454		11	12	14	12	25	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37493			
543		11	12	14	12	45	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37494			
							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

2) Quantity insufficient for analysis (100ml required)

3) Excessive chlorine residual (>10mg/L)

4) Heavy silt / Turbidity present

5) Form incomplete / Data discrepancy (Circle Errors)

6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA37487 <b>Report Date:</b> 11/14/14 <b>Sample Name:</b> 1404 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/13/2014 <b>Time:</b> 09:20 <b>Date Sampled:</b> 11/12/2014 <b>Time:</b> 10:28
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					

<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"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.7 °C		Temperature Device ID D		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8			
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
County: Webb		Relinquished By: Melanie Fox		Date: 11-13-14		Time: 0920		Received By: M. Santan		Date: 11-13-14		Time: 0920									
Send Results To:		Name: Melanie Fox - Turnstone EH&S		Address: 226 Enterprize Pkwy. Ste 116		City: Corpus Christi		State: TX		Zip: 78405		Reported By:									
Phone #: 361-289-2510		Fax #: 361-289-2511		Report Approved By:		Title:		Date:													
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:		System Type: (✓)		Water Source: (✓)													
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water		<input type="checkbox"/> Other: <input type="checkbox"/> Groundwater with Surface Water Influence		Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number							
Sample Identification/Location		Collected			Sample Type: (✓)					Free mg/L		Note: All test results relate only to the samples as received.									
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date			Time			Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					Total mg/L		Rejection Criteria #		Test Method: SM 9222B				
		Month	Day	Year	Please circle AM or PM			Distribution	Construction	Raw Well	Special	Repeat					Total Coliform		E. coli		
													Present	Absent	Present	Absent					
1404		11	12	14	1028	AM							2.11					AA37487			
1541		11	12	14	1045	AM							1.73					AA37488			
1234		11	12	14	1110	AM							0.24					AA37489			
503		11	12	14	1125	AM							1.14					AA37490			
3510		11	12	14	1150	AM							1.27					AA37491			
3519		11	12	14	1205	AM							1.44					AA37492			
454		11	12	14	1225	AM							1.31					AA37493			
543		11	12	14	1245	AM							1.53					AA37494			
						AM															
						PM															
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
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Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.7 °C		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8			
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE	
County: Webb		Relinquished By: Melanie Fox		Date: 11-13-14		Time: 0920		Received By: M. Santan		Date: 11-13-14		Time: 0920							
Name: Melanie Fox - Turnstone EH&S		Relinquished By:		Date:		Time:		Received By:		Date:		Time:							
Address: 226 Enterprize Pkwy. Ste 116		Relinquished By:		Date:		Time:		Received By:		Date:		Time:							
City: Corpus Christi		Relinquished By:		Date:		Time:		Received By:		Date:		Time:							
State: TX		Relinquished By:		Date:		Time:		Received By:		Date:		Time:							
Zip: 78405		Relinquished By:		Date:		Time:		Received By:		Date:		Time:							
Phone #: 361-289-2510		Reported By:		Date:		Time:		Received By:		Date:		Time:							
Fax #: 361-289-2511		Reported By:		Date:		Time:		Received By:		Date:		Time:							
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Report Approved By:		Date:		Time:		Received By:		Date:		Time:							
Sampler Contact #: 361-738-9226		Title:		Date:		Time:		Received By:		Date:		Time:							
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		Water Source: <input checked="" type="checkbox"/> Surface Water		Date:		Time:		Received By:		Date:		Time:							
<input type="checkbox"/> Other:		<input type="checkbox"/> Groundwater		Date:		Time:		Received By:		Date:		Time:							
<input type="checkbox"/> Groundwater with Surface Water Influence		Chlorine Residual		Date:		Time:		Received By:		Date:		Time:							
Sample Identification/Location		Collected		Sample Type: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		Date:		Time:		Date:		Time:							
Use Specific Address/Location NOT SITE #		Date		Time		Date		Time		Date		Time							
Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month Day Year		Please circle AM or PM		Distribution Construction Raw Well Special Repeat		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Free mg/L		Total mg/L							
										Total Coliform		E. coli							
										Present Absent		Present Absent							
1404		11	12	14	1028	AM					2.11				AA37487				
1541		11	12	14	1045	AM					1.73				AA37488				
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3519		11	12	14	1205	AM					1.44				AA37492				
454		11	12	14	1225	AM					1.31				AA37493				
543		11	12	14	1245	AM					1.53				AA37494				
						AM													
						PM													
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					

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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					

<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"> <li>1. Quality assurance data for the sample batch which included this sample.</li> <li>2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results.</li> <li>3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample.</li> <li>4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte.</li> <li>5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method.</li> <li>6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</li> </ol>
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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410					
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.7 °C		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8			
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE	
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Relinquished By: Melanie Fox		Date	11-13-14				
County:		Webb										Received By: M. Santan		Time	0920				
Send Results To:	Name:	Melanie Fox - Turnstone EH&S										Relinquished By:		Date	11-13-14				
	Address:	226 Enterprize Pkwy. Ste 116										Received By:		Time	0920				
	City:	Corpus Christi												Date					
	State:	TX												Time					
Phone #:	361-289-2510				Zip:	78405				Tested By:		Date							
Sampl. Name:	Melanie Fox mfox@turnstoneehs.com										Reported By:		Date						
Sampl. Contact #:	361-7389226				Fax #:		361-289-2511				Report Approved By:		Date						
System Type: (✓) <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other: _____												Water Source: (✓) <input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence <input type="checkbox"/> Other: _____		Title:		Date:			
Sample Identification/Location												Chlorine Residual		Lab Results				Laboratory Sample ID Number	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A												Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received. Test Method: SM 9222B					
Sample Type: (✓) <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat												Free mg/L		Rejection Criteria #		Total Coliform			
Date Collected												Total mg/L				Present		Absent	
Time																			
Please circle AM or PM																			
Distribution																			
Construction																			
Raw Well																			
Special																			
Repeat																			
Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples																			
1404		11	12	14	1028	AM													AA37487
1541		11	12	14	1045	AM													AA37488
1234		11	12	14	1110	AM													AA37489
503		11	12	14	1125	AM													AA37490
3510		11	12	14	1150	AM													AA37491
3519		11	12	14	1205	AM													AA37492
454		11	12	14	1225	AM													AA37493
543		11	12	14	1245	AM													AA37494
						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

2) Quantity insufficient for analysis (100ml required)

3) Excessive chlorine residual (>10mg/L)

4) Heavy silt / Turbidity present

5) Form incomplete / Data discrepancy (Circle Errors)

6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA37491 <b>Report Date:</b> 11/14/14 <b>Sample Name:</b> 3510 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/13/2014 <b>Time:</b> 09:20 <b>Date Sampled:</b> 11/12/2014 <b>Time:</b> 11:50
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					

<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							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.7 °C		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8					
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
County: Webb		Relinquished By: Melanie Fox		Date: 11-13-14		Time: 0920		Received By: M. Santan		Date: 11-13-14		Time: 0920		Date:		Time:					
Send Results To:		Name: Melanie Fox - Turnstone EH&S		Address: 226 Enterprize Pkwy. Ste 116		City: Corpus Christi		State: TX		Zip: 78405		Date:		Time:		Date:		Time:			
Phone #: 361-289-2510		Fax #: 361-289-2511		Reported By:		Date:		Time:		Date:		Time:		Date:		Time:					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:		Report Approved By:		Title:		Date:		Date:		Time:		Time:					
System Type: (✓)				Water Source: (✓)				Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number					
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended				<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water				<input type="checkbox"/> Free mg/L		Note: All test results relate only to the samples as received.		Test Method: SM 9222B				Total Coliform		E. coli			
<input type="checkbox"/> Other: <input type="checkbox"/> Groundwater with Surface Water Influence				Sample Type: (✓)				<input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Present		Absent							
Sample Identification/Location		Collected			Sample Type: (✓)				Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Total Coliform		E. coli		Present		Absent				
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Date	Time	Distribution	Construction	Raw Well	Special	Repeat	Present	Absent	Present	Absent	Present	Absent				
1404		11	12	14	1028	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37487				
1541		11	12	14	1045	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.73	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37488				
1234		11	12	14	1110	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37489				
503		11	12	14	1125	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37490				
3510		11	12	14	1150	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37491				
3519		11	12	14	1205	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37492				
454		11	12	14	1225	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37493				
543		11	12	14	1245	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37494				
						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

2) Quantity insufficient for analysis (100ml required)

3) Excessive chlorine residual (>10mg/L)

4) Heavy silt / Turbidity present

5) Form incomplete / Data discrepancy (Circle Errors)

6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA37492 <b>Report Date:</b> 11/14/14 <b>Sample Name:</b> 3519 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/13/2014 <b>Time:</b> 09:20 <b>Date Sampled:</b> 11/12/2014 <b>Time:</b> 12:05
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					

<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							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.7 °C		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8					
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
County: Webb		Relinquished By: Melanie Fox		Date: 11-13-14		Time: 0920		Received By: M. Santan		Date: 11-13-14		Time: 0920									
Send Results To:		Name: Melanie Fox - Turnstone EH&S		Date:		Time:		Relinquished By:		Date:		Time:									
Address: 226 Enterprize Pkwy. Ste 116		City: Corpus Christi		Date:		Time:		Received By:		Date:		Time:									
State: TX		Zip: 78405		Date:		Time:		Tested By:		Date:		Time:									
Phone #: 361-289-2510		Fax #: 361-289-2511		Date:		Time:		Reported By:		Date:		Time:									
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Report Approved By:		Date:		Time:		Title:		Date:		Time:									
Sampler Contact #: 361-738-9226		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:		Date:		Time:		Title:		Date:		Time:									
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended				Water Source: <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater <input type="checkbox"/> Groundwater with Surface Water Influence				Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results									
Sample Identification/Location				Collected				Sample Type: <input checked="" type="checkbox"/> Free mg/L <input type="checkbox"/> Total mg/L				Note: All test results relate only to the samples as received.									
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A				Date			Time			Test Method: SM 9222B				Laboratory Sample ID Number							
				Month Day Year			Please circle AM or PM			Total Coliform		E. coli									
										Present Absent		Present Absent									
1404				11	12	14	1028	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37487					
1541				11	12	14	1045	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37488					
1234				11	12	14	1110	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37489					
503				11	12	14	1125	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37490					
3510				11	12	14	1150	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37491					
3519				11	12	14	1205	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37492					
454				11	12	14	1225	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37493					
543				11	12	14	1245	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37494					
								AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
								PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
								AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
								PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
								AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
								PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

TCEQ Form: 10525 6/2009

\*Unsuitable Sample Analysis

1) Holding time - Analysis not initiated within 30 hours of collection

2) Quantity insufficient for analysis (100ml required)

3) Excessive chlorine residual (>10mg/L)

4) Heavy silt / Turbidity present

5) Form incomplete / Data discrepancy (Circle Errors)

6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA37493 <b>Report Date:</b> 11/14/14 <b>Sample Name:</b> 454 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/13/2014 <b>Time:</b> 09:20 <b>Date Sampled:</b> 11/12/2014 <b>Time:</b> 12:25
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					

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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 1.7 °C		Phone (361) 826-1200; Fax (361) 242-9131		NELAP Certificate # T104704386-13-8					
Public Water System Name: Water Utilities Rio Bravo Treatment Plant												Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
County: Webb		Relinquished By: Melanie Fox		Date: 11-13-14		Time: 0920		Received By: M. Santan		Date: 11-13-14		Time: 0920		Date:		Time:					
Send Results To:		Name: Melanie Fox - Turnstone EH&S		Address: 226 Enterprize Pkwy. Ste 116		City: Corpus Christi		State: TX		Zip: 78405		Date:		Time:		Date:		Time:			
Phone #: 361-289-2510		Fax #: 361-289-2511		Reported By:		Date:		Time:		Date:		Time:		Date:		Time:					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226		<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Other:		Report Approved By:		Date:		Title:		Date:		Time:		Time:					
System Type: (✓)				Water Source: (✓)				Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number					
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended				<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water				<input type="checkbox"/> Free mg/L		Note: All test results relate only to the samples as received.		Test Method: SM 9222B				Total Coliform		E. coli			
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Groundwater with Surface Water Influence				<input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Present		Absent						Present	
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		Month	Day	Year	Date	Time	Distribution	Construction	Raw Well	Special	Repeat	Free mg/L	Total mg/L	Rejection Criteria #	Present	Absent	Present	Absent	Laboratory Sample ID Number		
1404		11	12	14	1028	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37487			
1541		11	12	14	1045	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.73		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37488			
1234		11	12	14	1110	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37489			
503		11	12	14	1125	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37490			
3510		11	12	14	1150	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.27		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37491			
3519		11	12	14	1205	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.44		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37492			
454		11	12	14	1225	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.31		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37493			
543		11	12	14	1245	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.53		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA37494			
						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

2) Quantity insufficient for analysis (100ml required)

3) Excessive chlorine residual (>10mg/L)

4) Heavy silt / Turbidity present

5) Form incomplete / Data discrepancy (Circle Errors)

6) Other:

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA37494 <b>Report Date:</b> 11/14/14 <b>Sample Name:</b> 543 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/13/2014 <b>Time:</b> 09:20 <b>Date Sampled:</b> 11/12/2014 <b>Time:</b> 12:45
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					
Total Coliform	ABSENT			1	11/13/14 09:45	SM 9223B	VALERIEC					

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Public Water System Name: Water Utilities Rio Bravo Treatment Plant												Temperature Device ID: D		Test results meet all requirements of NELAP unless stated otherwise				LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
County: Webb		Relinquished By: Melanie Fox		Date: 11-13-14		Time: 0920		Received By: M. Santan		Date: 11-13-14		Time: 0920		Date:		Time:					
Name: Melanie Fox - Turnstone EH&S		Relinquished By:		Date:		Time:		Received By:		Date:		Time:		Date:		Time:					
Address: 226 Enterprize Pkwy. Ste 116		Received By:		Date:		Time:		Received By:		Date:		Time:		Date:		Time:					
City: Corpus Christi		Received By:		Date:		Time:		Received By:		Date:		Time:		Date:		Time:					
State: TX		Tested By:		Date:		Time:		Tested By:		Date:		Time:		Date:		Time:					
Zip: 78405		Reported By:		Date:		Time:		Reported By:		Date:		Time:		Date:		Time:					
Phone #: 361-289-2510		Fax #: 361-289-2511		Reported By:		Date:		Reported By:		Date:		Time:		Date:		Time:					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Report Approved By:		Date:		Time:		Report Approved By:		Date:		Time:		Date:		Time:					
Sampler Contact #: 361-738-9226		Title:		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
System Type: (✓) Public		Water Source: (✓) Surface Water		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Public		Groundwater		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Private		Groundwater with Surface Water Influence		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Bottled/Vended		Sample Type: (✓)		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Other		Distribution		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Construction		Raw Well		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Special		Repeat		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples		Chlorine Residual		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Free mg/L		Unsuitable Sample - Please Resubmit		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Total mg/L		Rejection Criteria #		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Total Coliform		E. coli		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
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Present		Absent		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
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Present		Absent		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Present		Absent		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Present		Absent		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Present		Absent		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Present		Absent		Date:		Time:		Title:		Date:		Time:		Date:		Time:					
Present		Absent		Date:		Time:															







## Certificate of Compliance and Calibration

<b>Certificate Number</b> 10/31/2014 - 622	
<b>Order#</b> 03009464	<b>Make/Model</b> HACH/2100Q
<b>Customer#</b> 1018067	<b>Asset #</b> 1118074
<b>Customer Name</b> TURNSTONE EHS	<b>Serial Number</b> 10050C002836

<b>Sensor Installed and Calibrated</b> TRUBIDITY			
<b>Temperature:</b>	75F		
<b>Set Point 1</b>	10.0 NTU	<b>Set Point 3</b>	100.0 NTU
<b>Lot Number</b>	C468794	<b>Lot Number</b>	C468757
<b>Span Value</b>	9.73 NTU	<b>Span Value3:</b>	100.0 NTU
<b>Set Point 2</b>	20.0 NTU	<b>Set Point 4</b>	800.0 NTU
<b>Lot Number</b>	C471684	<b>Lot Number</b>	C365055
<b>Span Value</b>	20.0 NTU	<b>Span Value</b>	798.0 NTU

### Notes

**Location** Dallas, TX

**Asset Released In Tolerance**

**Technician** AA

**All Tests Passed**

**Date** 10/31/2014

**Time** 10:11

**SOP#**

**Quality Control:**

**Date:**

10/31/2014

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**

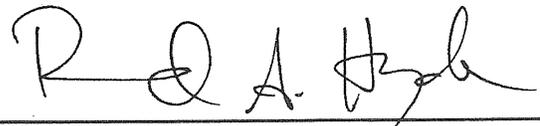
*has fulfilled the requirements in accordance with the  
laws of the State of Texas for*

**CLASS D WATER OPERATOR**

*License Number:* WO0009174

*Issue Date:* 09/08/2014

*Expiration Date:* 10/18/2017



*Executive Director*

*Texas Commission on Environmental Quality*