

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

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
6	11/25/2014	Rio Bravo	1404	Margarita	0.26	> 2.20	Normal	Absent
6	11/25/2014	Rio Bravo	1541	Centeno	0.28	1.80	Normal	Absent
6	11/25/2014	Rio Bravo	1234	Paseo de Tiber	0.39	1.27	Normal	Absent
6	11/25/2014	Rio Bravo	503	Rio Amur	0.35	2.06	Normal	Absent
6	11/25/2014	El Cenizo	3510	Tays	0.46	1.70	Normal	Absent
6	11/25/2014	El Cenizo	3519	Cecilia	0.45	1.70	Normal	Absent
6	11/25/2014	El Cenizo	454	Morales	0.61	1.52	Normal	Absent
6	11/25/2014	El Cenizo	543	Rodriguez	0.40	1.48	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-B				
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		NELAP Certificate # T104704386-13-B		
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE								
County		Webb										Relinquished By:		Date 11-26-14		Time 0825				
Send Results To:	Name:		Melanie Fox - Turnstone EH'S										Received By:		Date 11/26/14		Time 0825			
	Address:		226 Enterprize Pkwy. Ste 116										Relinquished By:		Date		Time			
	City:		Corpus Christi, TX										Received By:		Date		Time			
	State:		TX		Zip:		78405						Tested By:		Date		Time			
Phone #:		361-289-2510				Fax #:		361-289-2511						Reported By:		Date		Time		
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Report Approved By:								
Sampler Contact #:		361-738-9226				Owner		Operator		Other:		Title:		Date:						
System Type: (✓)				Water Source: (✓) <th colspan="2">Chlorine Residual</th> <th colspan="2">Unsuitable Sample - Please Resubmit</th> <th colspan="4">Lab Results</th> <th rowspan="4">Laboratory Sample ID Number</th>								Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number
<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water		<input type="checkbox"/> Groundwater with Surface Water Influence		<input type="checkbox"/> Free mg/L		<input type="checkbox"/> Rejection Criteria #		Note: All test results relate only to the samples as received.				
<input type="checkbox"/> Other:										<input checked="" type="checkbox"/> Total mg/L				Test Method: SM 9222B						
Sample Identification/Location				Collected			Sample Type: (✓)							Total Coliform		E. coli				
Use Specific Address/Location NOT SITE # 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		Present	Absent	Present	Absent	
1404				11	25	14	1020	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>2.20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1541				11	25	14	1050	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1234				11	25	14	1106	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"/>	
563				11	25	14	1125	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3510				11	25	14	1148	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"/>	
3519				11	25	14	1205	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"/>	
454				11	25	14	1222	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.52		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
543				11	25	14	1245	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.48		<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**

<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> AA38198 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <b>Time:</b> 10:20
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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	11/26/14 09:15	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<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 ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Temperature Device ID						D		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Relinquished By:		Melanie Fox				Date		11-21-14			
County		Webb										Received By:		[Signature]				Date		11/26/14			
Send Results To:	Name:		Melanie Fox - Turnstone EH'S										Relinquished By:						Date				
	Address:		226 Enterprize Pkwy. Ste 116										Received By:						Date				
	City:		Corpus Christi, TX										Tested By:						Date				
	State:		TX		Zip:		78405						Reported By:						Date				
Phone #:		361-289-2510				Fax #:		361-289-2511						Report Approved By:						Date:			
Sampler Name:		Melanie Fox mfox@turnstonccchs.com										Title:						Date:					
Sampler Contact #:		361-738-9226				Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other:		<input checked="" type="checkbox"/>							
System Type: (✓)				Water Source: (✓)								Chlorine Residual		Lab Results				Laboratory Sample ID Number					
<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water				Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.									
<input type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence		Free mg/L		Total mg/L		Rejection Criteria #		Total Coliform		E. coli									
Sample Identification/Location			Collected			Sample Type: (✓)							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		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					
1404			11	25	14	1020	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38198				
1541			11	25	14	1050	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38199				
1234			11	25	14	1106	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38200				
503			11	25	14	1125	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38201				
3510			11	25	14	1148	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38202				
3519			11	25	14	1205	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38203				
454			11	25	14	1222	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38204				
543			11	25	14	1245	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						AA38205				
							AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
							PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
							AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
							PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
							AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
							PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
							AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
							PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)											
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:											

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA38199 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <b>Time:</b> 10:50
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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	11/26/14 09:15	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					

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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		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE					
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Relinquished By:		Date 11-21-14 Time 0825							
County		Webb										Received By:		Date 11/26/14 Time 0825							
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, TX										Tested By:		Date Time							
	State:	TX		Zip:	78405								Reported By:		Date Time						
Phone #:	361-289-2510			Fax #:	361-289-2511							Report Approved By:		Date							
Sampler Name:	Melanie Fox mfox@turnstonccchs.com										Title:		Date:								
Sampler Contact #:	361-738-9226			Owner		Operator		Other:		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			
System Type: (✓)				Water Source: (✓)								Free mg/L		Rejection Criteria #		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		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples										
1404		11	25	14	1020	AM						2.20							AA38198		
1541		11	25	14	1050	PM						1.80							AA38199		
1234		11	25	14	1106	AM						1.27							AA38200		
503		11	25	14	1125	PM						2.06							AA38201		
3510		11	25	14	1148	AM						1.70							AA38202		
3519		11	25	14	1205	PM						1.70							AA38203		
454		11	25	14	1222	AM						1.52							AA38204		
543		11	25	14	1245	PM						1.48							AA38205		
						AM															
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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:									

**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> AA38200 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <b>Time:</b> 11:06
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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	11/26/14 09:15	SM 9223B	CHRISTINEB						
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB						

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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		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE	
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Relinquished By:		Melanie Fox				Date		11-21-14	
County		Webb										Received By:		[Signature]				Date		11/26/14	
Send Results To:	Name:	Melanie Fox - Turnstone EH'S										Relinquished By:						Date			
	Address:	226 Enterprize Pkwy. Ste 116										Received By:						Date			
	City:	Corpus Christi, TX										Tested By:						Date			
	State:	TX		Zip:	78405								Reported By:						Date		
Phone #:	361-289-2510			Fax #:	361-289-2511							Report Approved By:						Date:			
Sampler Name:	Melanie Fox mfox@turnstonccchs.com										Title:						Date:				
Sampler Contact #:	361-738-9226			Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other:		<input checked="" type="checkbox"/>							
System Type: (✓)				Water Source: (✓)								Chlorine Residual		Lab Results				Laboratory Sample ID Number			
<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water				Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.							
<input type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence				Free mg/L		Rejection Criteria #		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		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples										
1404		11	25	14	1020	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38198			
1541		11	25	14	1050	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38199			
1234		11	25	14	1106	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38200			
503		11	25	14	1125	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38201			
3510		11	25	14	1148	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38202			
3519		11	25	14	1205	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38203			
454		11	25	14	1222	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38204			
543		11	25	14	1245	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38205			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)									
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:									

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA38201 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <b>Time:</b> 11:25
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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	11/26/14 09:15	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<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 ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Temperature Device ID						D		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE	
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Relinquished By:		Melanie Fox				Date		11-21-14	
County		Webb										Received By:		[Signature]				Date		11/26/14	
Send Results To:	Name:	Melanie Fox - Turnstone EN'S										Relinquished By:						Date			
	Address:	226 Enterprize Pkwy. Ste 116										Received By:						Date			
	City:	Corpus Christi, TX										Tested By:						Date			
	State:	TX		Zip:	78405								Reported By:						Date		
Phone #:	361-289-2510				Fax #:	361-289-2511						Report Approved By:						Date:			
Sampler Name:	Melanie Fox mfox@turnstonccchs.com										Title:						Date:				
Sampler Contact #:	361-738-9226				Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other:		<input checked="" type="checkbox"/>						
System Type: (✓)				Water Source: (✓)								Chlorine Residual		Lab Results				Laboratory Sample ID Number			
<input checked="" type="checkbox"/> Public		<input type="checkbox"/> Private		<input type="checkbox"/> Bottled/Vended		<input type="checkbox"/> Groundwater		<input checked="" type="checkbox"/> Surface Water				Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received.							
<input type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence				Free mg/L		Rejection Criteria #		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		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples										
1404		11	25	14	1020	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38198		
1541		11	25	14	1050	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.80	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38199		
1234		11	25	14	1106	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38200		
503		11	25	14	1125	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38201		
3510		11	25	14	1148	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38202		
3519		11	25	14	1205	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38203		
454		11	25	14	1222	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38204		
543		11	25	14	1245	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38205		
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)									
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:									

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA38202 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <b>Time:</b> 11:48
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Parameter	Result	Unit	FLAG	RL <sub>s</sub>	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> <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		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE			
Public Water System Name:		Water Utilities Rio Bravo Trt Plant										Relinquished By:		Melanie Fox				Date		11-21-14			
County		Webb										Received By:		[Signature]				Date		11/26/14			
Send Results To:	Name:		Melanie Fox - Turnstone EN'S										Relinquished By:						Date				
	Address:		226 Enterprize Pkwy. Ste 116										Received By:						Date				
	City:		Corpus Christi, TX										Tested By:						Date				
	State:		TX		Zip:		78405						Reported By:						Date				
Phone #:		361-289-2510				Fax #:		361-289-2511						Report Approved By:						Date:			
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Title:						Date:					
Sampler Contact #:		361-738-9226				Owner		<input type="checkbox"/>		Operator		<input type="checkbox"/>		Other:		<input checked="" type="checkbox"/>							
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		<input type="checkbox"/> Rejection Criteria #		Note: All test results relate only to the samples as received. Test Method: SM 9222B							
<input type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence						<input checked="" type="checkbox"/> Total mg/L				Total Coliform		E. coli							
Sample Identification/Location		Collected			Sample Type: (✓)									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		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples						
1404		11	25	14	1020	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38198			
1541		11	25	14	1050	PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38199			
1234		11	25	14	1106	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38200			
503		11	25	14	1125	PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38201			
3510		11	25	14	1148	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38202			
3519		11	25	14	1205	PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38203			
454		11	25	14	1222	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38204			
543		11	25	14	1245	PM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38205			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
TCEQ Form: 10525 6/2009		*Unsuitable Sample Analysis		1) Holding time - Analysis not initiated within 30 hours of collection				3) Excessive chlorine residual (>10mg/L)				5) Form incomplete / Data discrepancy (Circle Errors)											
		Rejection Criteria # Definitions		2) Quantity insufficient for analysis (100ml required)				4) Heavy silt / Turbidity present				6) Other:											

**Analytical Report**

<b>Client Info</b>  <b>Address:</b> Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405  <b>Phone:</b> 361-289-2510 <b>EMAIL:</b> mfox@turnstoneehs.com	<b>Report# /Lab ID#:</b> AA38203 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <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	11/26/14 09:15	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<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 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							
Public Water System Name:		Water 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		11-21-14			
Send Results To:	Name:	Melanie Fox - Turnstone EH'S										Received By:		[Signature]				Date		11/26/14			
	Address:	226 Enterprize Pkwy. Ste 116										Relinquished By:						Date					
	City:	Corpus Christi, TX										Received By:						Date					
	State:	TX		Zip:	78405								Tested By:						Date				
Phone #:	361-289-2510				Fax #:	361-289-2511						Reported By:						Date					
Sampler Name:	Melanie Fox mfox@turnstonccchs.com										Report Approved By:												
Sampler Contact #:	361-738-9226				Owner		Operator		Other:		Title:		Date:										
System Type: (✓)				Water Source: (✓)								Chlorine Residual				Lab Results				Laboratory Sample ID Number			
Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other <input type="checkbox"/>				Groundwater <input type="checkbox"/> Surface Water <input checked="" type="checkbox"/>				Groundwater with Surface Water Influence <input type="checkbox"/>				Free mg/L		Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received. Test Method: SM 9222B							
Sample Identification/Location				Collected				Sample Type: (✓)				Total mg/L		Rejection Criteria #		Total Coliform		E. coli					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A				Date			Time			Distribution Construction Raw Well Special Repeat				Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples									
1404				11	25	14	1020	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38198		
1541				11	25	14	1050	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.80		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38199		
1234				11	25	14	1106	AM	<input checked="" 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"/>	AA38200		
503				11	25	14	1125	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		2.06		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38201		
3510				11	25	14	1148	AM	<input checked="" 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"/>	AA38202		
3519				11	25	14	1205	AM	<input checked="" 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"/>	AA38203		
454				11	25	14	1222	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.52		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38204		
543				11	25	14	1245	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.48		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38205		
								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**

<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> AA38204 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <b>Time:</b> 12:22
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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	11/26/14 09:15	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<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 ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										Temperature Device ID 0						Test results meet all requirements of NELAP unless stated otherwise			
Public Water System Name:		Water 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 <td colspan="2">Date 11-21-14</td> <td colspan="2">Time 0825</td>		Date 11-21-14		Time 0825					
Send Results To:	Name:	Melanie Fox - Turnstone EN'S										Received By: [Signature]		Date 11/26/14		Time 0825					
	Address:	226 Enterprize Pkwy. Ste 116										Relinquished By:		Date		Time					
	City:	Corpus Christi, TX										Received By:		Date		Time					
	State:	TX		Zip:	78405								Tested By:		Date		Time				
Phone #:	361-289-2510			Fax #:	361-289-2511							Reported By:		Date		Time					
Sampler Name:	Melanie Fox mfox@turnstonccchs.com										Report Approved By:										
Sampler Contact #:	361-738-9226			Owner		Operator		Other: _____				Title:		Date:							
System Type: (✓)				Water Source: (✓)								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				Chlorine Residual				Note: All test results relate only to the samples as received.									
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Groundwater with Surface Water Influence				Free mg/L		Total mg/L		Rejection Criteria #		Test Method: SM 9222B							
Sample Identification/Location		Collected			Sample Type: (✓)					Total Coliform				E. coli							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples				Present		Absent				
1404		11	25	14	1020	AM												AA38198			
1541		11	25	14	1050	AM												AA38199			
1234		11	25	14	1106	AM												AA38200			
503		11	25	14	1125	AM												AA38201			
3510		11	25	14	1148	AM												AA38202			
3519		11	25	14	1205	AM												AA38203			
454		11	25	14	1222	AM												AA38204			
543		11	25	14	1245	AM												AA38205			
						AM															
						PM															
						AM															
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						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:									

**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> AA38205 <b>Report Date:</b> 12/1/14 <b>Sample Name:</b> <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 11/26/2014 <b>Time:</b> 08:25 <b>Date Sampled:</b> 11/25/2014 <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	11/26/14 09:15	SM 9223B	CHRISTINEB					
Total Coliform	ABSENT			1	11/26/14 09:15	SM 9223B	CHRISTINEB					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<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 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							
Public Water System Name:		Water 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		11-21-14			
Send Results To:	Name:	Melanie Fox - Turnstone EH'S										Received By:		[Signature]				Date		11/26/14			
	Address:	226 Enterprize Pkwy. Ste 116										Relinquished By:						Date					
	City:	Corpus Christi, TX										Received By:						Date					
	State:	TX		Zip:	78405								Tested By:						Date				
Phone #:	361-289-2510				Fax #:	361-289-2511						Reported By:						Date					
Sampler Name:	Melanie Fox mfox@turnstonccchs.com										Report Approved By:												
Sampler Contact #:	361-738-9226				Owner		Operator		Other:		Title:		Date:										
System Type: (✓)				Water Source: (✓)								Lab Results				Laboratory Sample ID Number							
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Other: <input type="checkbox"/> Groundwater with Surface Water Influence												Note: All test results relate only to the samples as received. Test Method: SM 9222B											
Sample Identification/Location		Collected			Sample Type: (✓)					Chlorine Residual		Unsuitable Sample - Please Resubmit		Total Coliform				E. coli					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	Free mg/L	Total mg/L	Rejection Criteria #	Present	Absent	Present	Absent					
1404		11	25	14	1020	AM						>2.20							AA38198				
1541		11	25	14	1050	PM						1.80							AA38199				
1234		11	25	14	1106	AM						1.27							AA38200				
503		11	25	14	1125	PM						2.06							AA38201				
3510		11	25	14	1148	AM						1.70							AA38202				
3519		11	25	14	1205	PM						1.70							AA38203				
454		11	25	14	1222	AM						1.52							AA38204				
543		11	25	14	1245	PM						1.48							AA38205				
						AM																	
						PM																	
						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:											







**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**

*Be it known that*

**MELANIE FOX**

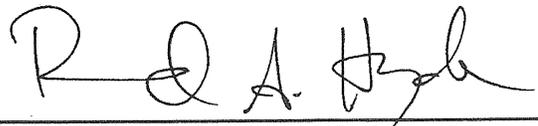
*has fulfilled the requirements in accordance with the  
laws of the State of Texas for*

**CLASS D WATER OPERATOR**

*License Number:* WO0009174

*Issue Date:* 09/08/2014

*Expiration Date:* 10/18/2017



*Executive Director*

*Texas Commission on Environmental Quality*