

WEBB COUNTY UTILITIES: SETTLEMENT AGREEMENT SAMPLING RESULTS

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
7	12/10/2014	Rio Bravo	1404	Margarita	0.30	2.12	Normal	Absent
7	12/10/2014	Rio Bravo	1541	Centeno	0.46	1.32	Normal	Absent
7	12/10/2014	Rio Bravo	1234	Paseo de Tiber	0.31	0.62	Normal	Absent
7	12/10/2014	Rio Bravo	503	Rio Amur	0.27	1.33	Normal	Absent
7	12/10/2014	El Cenizo	3510	Tays	0.28	1.17	Normal	Absent
7	12/10/2014	El Cenizo	3519	Cecilia	0.29	1.21	Normal	Absent
7	12/10/2014	El Cenizo	454	Morales	0.23	1.23	Normal	Absent
7	12/10/2014	El Cenizo	543	Rodriguez	0.19	1.41	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 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Public Water System Name: Water Utilities Rio Bravo Trt. Plant		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		Date 12-11-14		Time 0801			
County: Webb												Relinquished By: Melanie Fox		Date 12-4-14		Time 0801					
Send Results To:	Name: Melanie Fox - Turnstone EH # 5											Received By: [Signature]		Date		Time					
	Address: 226 Enterprize Pkwy Ste 116											Relinquished By:		Date		Time					
	City: Corpus Christi											Received By:		Date		Time					
	State: TX Zip: 78405											Tested By:		Date		Time					
Phone #: 361-289-2510		Fax #: 361-289-2511										Reported By:		Date		Time					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226										Report Approved By:		Date:		Time:					
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								Title:		Date:							
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat							Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples							<input type="checkbox"/> Free mg/L	<input checked="" type="checkbox"/> Total mg/L	Rejection Criteria #	Total Coliform		E. coli		
					Please circle AM or PM										Present	Absent	Present	Absent			
1404		12	10	14	1354	AM									2.12					AA38893	
1541		12	10	14	1412	AM									1.32					AA38894	
1234		12	10	14	1430	AM									0.62					AA38895	
503		12	10	14	1450	AM									1.33					AA38896	
3510		12	10	14	1509	AM									1.17					AA38897	
3519		12	10	14	1524	AM									1.21					AA38898	
454		12	10	14	1543	AM									1.23					AA38899	
543		12	10	14	1602	AM									1.41					AA38900	
						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:

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38893 Report Date: 12/12/14 Sample Name: 1404 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 13:54
--	---

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> 1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.
--	---

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131													
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8							
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Public Water System Name: Water Utilities Rio Bravo Trt. Plant		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		Date 12-11-14		Time 0801									
County: Webb												Relinquished By: Melanie Fox		Date 12-4-14		Time 0801											
Send Results To:	Name: Melanie Fox - Turnstone EH # 5											Received By: [Signature]		Date		Time											
	Address: 226 Enterprize Pkwy Ste 116											Relinquished By:		Date		Time											
	City: Corpus Christi											Received By:		Date		Time											
	State: TX Zip: 78405											Tested By:		Date		Time											
Phone #: 361-289-2510		Fax #: 361-289-2511										Reported By:		Date		Time											
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226										Report Approved By:		Date:		Time:											
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								Title:		Date:													
Sample Identification/Location			Collected			Sample Type: <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat						Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				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		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples						<input type="checkbox"/> Free mg/L <input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Note: All test results relate only to the samples as received. Test Method: SM 9222B				Total Coliform		E. coli	
1404			12	10	14	1354	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.12			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38893						
1541			12	10	14	1412	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.32			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38894						
1234			12	10	14	1430	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.62			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38895						
503			12	10	14	1450	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.33			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38896						
3510			12	10	14	1509	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.17			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38897						
3519			12	10	14	1524	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.21			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38898						
454			12	10	14	1543	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38899						
543			12	10	14	1602	AM	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.41			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38900						
							AM	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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"/>								

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38894 Report Date: 12/12/14 Sample Name: 1541 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 14:12
--	---

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<ol style="list-style-type: none"> 1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.
--	---

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131						
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		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								
Public Water System Name:		Water Utilities Rio Bravo Trt. Plant										Test results meet all requirements of NELAP unless stated otherwise								
County:		Webb										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE								
Send Results To:	Name:	Melanie Fox - Turnstone EH # 5										Relinquished By:	Melanie Fox		Date:	12-11-14				
	Address:	226 Enterprize Pkwy Ste 116										Received By:	Dale Deled		Time:	301				
	City:	Corpus Christi										Relinquished By:			Date:	12-4-14				
	State:	TX		Zip:	78405		Received By:			Time:	0801									
	Phone #:	361-289-2510			Fax #:	361-289-2511			Tested By:			Date:								
Sampler Name:	Melanie Fox mfox@turnstoneehs.com										Reported By:			Time:						
Sampler Contact #:	361-738-9226			<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other:			Report Approved By:				Title:		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								Chlorine Residual		Lab Results				Laboratory Sample ID Number		
Sample Identification/Location				Collected				Sample Type: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM				<input type="checkbox"/> Free mg/L	Unsuitable Sample - Please Resubmit	Note: All test results relate only to the samples as received. Test Method: SM 9222B						
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A				Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples	<input checked="" type="checkbox"/> Total mg/L	Rejection Criteria #	Total Coliform			E. coli	
1404				12	10	14	1354	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38893
1541				12	10	14	1412	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.32		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38894
1234				12	10	14	1430	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.62		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38895
503				12	10	14	1450	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.33		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38896
3510				12	10	14	1509	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38897
3519				12	10	14	1524	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38898
454				12	10	14	1543	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38899
543				12	10	14	1602	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.41		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38900
								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
Rejection Criteria # Definitions:

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

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38895 Report Date: 12/12/14 Sample Name: 1234 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 14:30
--	---

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
--	--

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Public Water System Name: Water Utilities Rio Bravo Trt. Plant		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		Date 12-11-14		Time 0801			
County: Webb												Relinquished By: Melanie Fox		Date 12-4-14		Time 0801					
Send Results To:	Name: Melanie Fox - Turnstone EH # 5											Received By: [Signature]		Date		Time					
	Address: 226 Enterprize Pkwy Ste 116											Relinquished By:		Date		Time					
	City: Corpus Christi											Received By:		Date		Time					
	State: TX Zip: 78405											Tested By:		Date		Time					
Phone #: 361-289-2510		Fax #: 361-289-2511										Reported By:		Date		Time					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226										Report Approved By:		Date:		Time:					
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								Title:		Date:							
Sample Identification/Location		Collected			Sample Type: <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat							Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples							<input type="checkbox"/> Free mg/L	<input checked="" type="checkbox"/> Total mg/L	Rejection Criteria #	Total Coliform		E. coli		
					Please circle AM or PM										Present	Absent	Present	Absent			
1404		12	10	14	1354	AM														AA38893	
1541		12	10	14	1412	AM														AA38894	
1234		12	10	14	1430	AM														AA38895	
503		12	10	14	1450	AM														AA38896	
3510		12	10	14	1509	AM														AA38897	
3519		12	10	14	1524	AM														AA38898	
454		12	10	14	1543	AM														AA38899	
543		12	10	14	1602	AM														AA38900	
						AM															
						PM															
						AM															
						PM															
						AM															
						PM															
						AM															
						PM															

TCEQ Form: 10525 6/2009

*Unsuitable Sample Analysis
Rejection Criteria # Definitions:

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

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38896 Report Date: 12/12/14 Sample Name: 503 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 14:50
--	--

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
--	--

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38897 Report Date: 12/12/14 Sample Name: 3510 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 15:09
--	---

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
--	--

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Public Water System Name: Water Utilities Rio Bravo Trt. Plant		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		Date 12-11-14		Time 0801			
County: Webb												Relinquished By: Melanie Fox		Date 12-4-14		Time 0801					
Send Results To:	Name: Melanie Fox - Turnstone EH # 5											Received By: [Signature]		Date		Time					
	Address: 226 Enterprize Pkwy Ste 116											Relinquished By:		Date		Time					
	City: Corpus Christi											Received By:		Date		Time					
	State: TX Zip: 78405											Tested By:		Date		Time					
Phone #: 361-289-2510		Fax #: 361-289-2511										Reported By:		Date		Time					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226										Report Approved By:		Date:		Time:					
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								Title:		Date:							
Sample Identification/Location			Collected			Sample Type: <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat					Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number		
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A			Month	Day	Year	Time		Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples					<input type="checkbox"/> Free mg/L	<input checked="" type="checkbox"/> Total mg/L	Rejection Criteria #	Total Coliform		E. coli			
						Please circle AM or PM									Present	Absent	Present	Absent			
1404			12	10	14	1354	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38893		
1541			12	10	14	1412	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.32		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38894		
1234			12	10	14	1430	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.62		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38895		
503			12	10	14	1450	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.33		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38896		
3510			12	10	14	1509	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38897		
3519			12	10	14	1524	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38898		
454			12	10	14	1543	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38899		
543			12	10	14	1602	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.41		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38900		
							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
Rejection Criteria # Definitions:

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

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38898 Report Date: 12/12/14 Sample Name: 3519 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 15:24
--	---

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
--	--

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Public Water System Name: Water Utilities Rio Bravo Trt. Plant		County: Webb		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE					
Send Results To:	Name: Melanie Fox - Turnstone EH # 5											Relinquished By: Melanie Fox		Date: 12-11-14							
	Address: 226 Enterprize Pkwy Ste 116											Received By: [Signature]		Time: 301							
	City: Corpus Christi											Relinquished By:		Date: 12-4-14							
	State: TX Zip: 78405											Received By:		Time: 0801							
	Phone #: 361-289-2510 Fax #: 361-289-2511											Tested By:		Date:							
Sampler Name: Melanie Fox mfox@turnstoneehs.com											Reported By:		Date:								
Sampler Contact #: 361-738-9226 <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other:											Report Approved By:		Date:								
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:											Title:		Date:								
Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence											Chlorine Residual		Lab Results				Laboratory Sample ID Number				
Sample Identification/Location											Unsuitable Sample - Please Resubmit		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											Rejection Criteria #		Total Coliform		E. coli						
Sample Type: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM											Free mg/L		Present		Absent						
Collected											Total mg/L		Present		Absent						
Date																					
Time																					
Please circle AM or PM																					
Distribution																					
Construction																					
Raw Well																					
Special																					
Repeat																					
Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples																					
1404		12	10	14	1354	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38893				
1541		12	10	14	1412	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38894				
1234		12	10	14	1430	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.62	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38895				
503		12	10	14	1450	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38896				
3510		12	10	14	1509	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38897				
3519		12	10	14	1524	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38898				
454		12	10	14	1543	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38899				
543		12	10	14	1602	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38900				
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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

Analytical Report

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38899 Report Date: 12/12/14 Sample Name: 454 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 15:43
--	--

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
--	--

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Public Water System Name: Water Utilities Rio Bravo Trt. Plant		County: Webb		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE					
Send Results To:	Name: Melanie Fox - Turnstone EH # 5											Relinquished By: Melanie Fox		Date: 12-11-14							
	Address: 226 Enterprize Pkwy Ste 116											Received By: [Signature]		Time: 301							
	City: Corpus Christi											Relinquished By:		Date: 12-4-14							
	State: TX Zip: 78405											Received By:		Time: 0801							
	Phone #: 361-289-2510 Fax #: 361-289-2511											Tested By:		Date:							
Sampler Name: Melanie Fox mfox@turnstoneehs.com												Report Approved By:		Date:							
Sampler Contact #: 361-738-9226 <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Other:												Title:		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								Chlorine Residual		Lab Results				Laboratory Sample ID Number			
Sample Identification/Location				Collected				Sample Type: <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM				Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received. Test Method: SM 9222B							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A				Date			Time			Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples				<input type="checkbox"/> Free mg/L <input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Total Coliform		E. coli	
				Month	Day	Year	Please circle AM or PM			Distribution	Construction	Raw Well	Special	Repeat			Present	Absent	Present	Absent	
1404				12	10	14	1354	AM							2.12						AA38893
1541				12	10	14	1412	AM							1.32						AA38894
1234				12	10	14	1430	AM							0.62						AA38895
503				12	10	14	1450	AM							1.33						AA38896
3510				12	10	14	1509	AM							1.17						AA38897
3519				12	10	14	1524	AM							1.21						AA38898
454				12	10	14	1543	AM							1.23						AA38899
543				12	10	14	1602	AM							1.41						AA38900
								AM													
								PM													
								AM													
								PM													
								AM													
								PM													
								AM													
								PM													
								AM													
								PM													

TCEQ Form: 10525 6/2009

*Unsuitable Sample Analysis
Rejection Criteria # Definitions:

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

Client Info Address: Turnstone EH&S 226 Enterprise Pkwy. Suite 226 Corpus Christi, TX 78405 Phone: 361-289-2510 EMAIL: mfox@turnstoneehs.com	Report# /Lab ID#: AA38900 Report Date: 12/12/14 Sample Name: 543 Project ID: Sample Matrix: Date Received: 12/11/2014 Time: 08:01 Date Sampled: 12/10/2014 Time: 16:02
--	--

Parameter	Result	Unit	FLAG	RL _s	Date/Time Analyzed	Method	Analyst	Quality Assurance Data				
								Data flag 6	Prec 2	Recov 3	LCS 4	Blank
E. coli	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					
Total Coliform	ABSENT			1	12/11/14 08:45	SM 9223B	BRITTANYM					

<p>This analytical report is respectfully submitted by the Water Utilities Laboratory. The enclosed results reflect only the sample(s) identified above. The results have been carefully reviewed and, unless otherwise indicated, meet the NELAC requirements as described by the Water Utilities Lab's QA/QC program. No part of this report shall be reproduced or transmitted in any form or by any means without the written consent of the City of Corpus Christi-Water Utilities Lab.</p> <p style="text-align: center;">Respectfully Submitted,</p> <p style="text-align: center;"></p> <p style="text-align: center;">Technical Director (or designee)</p>	<p>1. Quality assurance data for the sample batch which included this sample. 2. Precision (PREC) is the absolute value of the relative percent difference between duplicate results. 3. Recovery (RECOV) is the percent of analyte recovered from a spiked sample. 4. Laboratory Control Sample (LCS) results are expressed as the percent recovery of analyte. 5. Reporting Limit (RL), typically at or above the Limit of Quantitation (LOQ) of the analytical method. 6. Data Qualifiers: N=Analysis not performed as per client request. H=Sample exceeded holding time. P=Analysis is from an unpreserved sample. J=Value reported is less than the RL but greater than the MDL. X=MS/MSD recovery or duplicates analysis exceeded the acceptance limit or Standard failed. LA=Lab accident. LE=Lab error. OA=Outside the scope of the lab's NELAC accreditation. U=Unsuitable; sample turned turbid after incubation. T=Sample below temp requirement; not on ice. I=Information on sample bottle and COC does not match. S=Slow to filter; sample contains floc and/or large amount of residue on filter. O=Analysis performed by an outside NELAC accredited lab; O^=Analysis flagged by outside laboratory. Z=Too many colonies present to provide a result (TNTC). A=Value reported is the mean of two or more determinations. R=Reagent water contamination suspected. NI=Not analyzed due to interferences. EQ=Equipment failure. K=BOD result estimated due to blank exceeding the allowable oxygen depletion. SC=BOD/CBOD calculated using a seed correction factor not within acceptable range. D=Sample dilution required for analysis/ quality control. B=Sample broken in transit. QB=No QC data assigned to sample; sample result not affected.</p>
--	--

TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 21 °C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise				NELAP Certificate # T104704386-13-8	
Public Water System ID: (Must be 7 digits; include all zeros) 2 4 0 0 0 2 2												Public Water System Name: Water Utilities Rio Bravo Trt. Plant		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE		Date 12-11-14		Time 0801			
County: Webb												Relinquished By: Melanie Fox		Date 12-4-14		Time 0801					
Send Results To:	Name: Melanie Fox - Turnstone EH # 5											Received By: [Signature]		Date		Time					
	Address: 226 Enterprize Pkwy Ste 116											Relinquished By:		Date		Time					
	City: Corpus Christi											Received By:		Date		Time					
	State: TX Zip: 78405											Tested By:		Date		Time					
Phone #: 361-289-2510		Fax #: 361-289-2511										Reported By:		Date		Time					
Sampler Name: Melanie Fox mfox@turnstoneehs.com		Sampler Contact #: 361-738-9226										Report Approved By:		Date:		Time:					
System Type: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:				Water Source: <input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								Title:		Date:							
Sample Identification/Location			Collected			Sample Type: <input checked="" type="checkbox"/> Distribution <input type="checkbox"/> Construction <input type="checkbox"/> Raw Well <input type="checkbox"/> Special <input type="checkbox"/> Repeat					Chlorine Residual		Unsuitable Sample - Please Resubmit		Lab Results				Laboratory Sample ID Number		
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A			Date			Time					<input type="checkbox"/> Free mg/L <input checked="" type="checkbox"/> Total mg/L		Rejection Criteria #		Total Coliform		E. coli				
			Please circle AM or PM			Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples							Present Absent		Present Absent						
1404			12	10	14	1354	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38893		
1541			12	10	14	1412	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.32		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38894		
1234			12	10	14	1430	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.62		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38895		
503			12	10	14	1450	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.33		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38896		
3510			12	10	14	1509	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38897		
3519			12	10	14	1524	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38898		
454			12	10	14	1543	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38899		
543			12	10	14	1602	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.41		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA38900		
							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 Rejection Criteria # Definitions:

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

2) Quantity insufficient for analysis (100ml required)

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

4) Heavy silt / Turbidity present

5) Form incomplete / Data discrepancy (Circle Errors)

6) Other:



Certificate of Compliance and Calibration

Certificate Number		12/5/2014 - 678	
Order#	03009729	Make/Model	HACH/2100Q TURBIDI
Customer#	1018067	Asset #	1118074
Customer Name	TURNSTONE EHS	Serial Number	10050C002836

Sensor Installed and Calibrated		TURBIDITY	
Temperature:		77 F	
Set Point 1	10.0	Set Point 3	100
Lot Number	C468794	Lot Number	C468757
Span Value	9.72	Span Value3:	99.8
Set Point 2	20.0	Set Point 4	800
Lot Number	C471684	Lot Number	C365055
Span Value	20.0	Span Value	802

Notes

Location Dallas, TX
Technician JD
Date 12/5/2014
Time 16:15
SOP#

Asset Released In Tolerance
All Tests Passed

Quality Control:  **Date:** 12/5/14

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

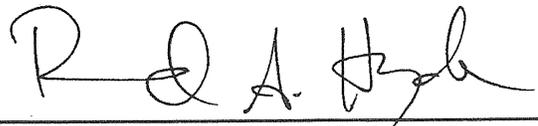
*has fulfilled the requirements in accordance with the
laws of the State of Texas for*

CLASS D WATER OPERATOR

License Number: WO0009174

Issue Date: 09/08/2014

Expiration Date: 10/18/2017



Executive Director

Texas Commission on Environmental Quality