

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

Sampling Event	Date	City	House Number	Street	Turbidity (NTU)	Chlorine (mg/L)	Chlorine Value Range	Bacteriological Results
9	1/20/2015	Rio Bravo	1404	Margarita	0.50	2.20	Normal	Absent
9	1/20/2015	Rio Bravo	1541	Centeno	0.38	1.71	Normal	Absent
9	1/20/2015	Rio Bravo	1234	Paseo de Tiber	0.78	1.45	Normal	Absent
9	1/20/2015	Rio Bravo	503	Rio Amur	0.41	1.83	Normal	Absent
9	1/20/2015	El Cenizo	3510	Tays	0.78	1.67	Normal	Absent
9	1/20/2015	El Cenizo	3519	Cecilia	0.87	1.63	Normal	Absent
9	1/20/2015	El Cenizo	454	Morales	1.29	1.61	Normal	Absent
9	1/20/2015	El Cenizo	543	Rodriguez	0.45	1.79	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? 20°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		Test results meet all requirements of NELAP unless stated otherwise		
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE						
County:		Webb										Relinquished By: Melanie Fox		Date: 1-21-15				
Send Results To:	Name:		Melanie Fox - Turnstone EHS										Received By: M. Sultana		Time: 0825			
	Address:		226 Enterprize Pkwy. Ste. 116										Relinquished By:		Date: 1-21-15			
	City:		Corpus Christi, TX										Received By:		Time: 0825			
	State:		TX		Zip:		7		8		4		0		5		Date:	
Phone #:		361-289-2510				Fax #:		361-289-2511				Tested By:		Date:				
Sampler Name:		Melanie Fox mfox@turnstonechs.com										Reported By:		Time:				
Sampler Contact #:		361-738-9226				Owner:		Operator:		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 checked="" type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence								Chlorine Residual		Lab Results				
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					Unsuitable Sample - Please Resubmit		Note: All test results relate only to the samples as received				Laboratory Sample ID Number
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		Free mg/L		Rejection Criteria #		Total Coliform		E. coli		
				Month	Day	Year	Please circle AM or PM					Present	Absent	Present	Absent			
1404				01	20	15	1043	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"/>
1941				01	20	15	1055	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.71	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1234				01	20	15	1114	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
503				01	20	15	1133	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.83	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3510				01	20	15	1152	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3519				01	20	15	1205	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
454				01	20	15	1218	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
543				01	20	15	1238	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.79	<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**

<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> AA40846 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 1404 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <b>Time:</b> 10:43
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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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

<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? 20°C		Temperature Device ID D		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										Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE						
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Relinquished By: Melanie Fox		Date	1-21-15					
County		Webb										Received By: M. Sultan		Time	0825					
Send Results To:	Name:	Melanie Fox - Turnstone EH# 5										Relinquished By:		Date	1-21-15					
	Address:	226 Enterprize Pkwy. Ste. 114										Received By:		Time	0825					
	City:	Corpus Christi, TX										Relinquished By:		Date						
	State:	TX										Received By:		Time						
Phone #:	361-289-2510			Zip:	78405			Tested By:		Date										
Samplers Name:	Melanie Fox mfox@turnstonechs.com										Reported By:		Date							
Samplers Contact #:	361-738-9226			Owner	<input type="checkbox"/>			Operator	<input type="checkbox"/>			Other	<input type="checkbox"/>							
System Type: (✓)				Water Source: (✓)								Title:		Date:						
<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																
Sample Identification/Location		Collected			Sample Type: (✓)					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		
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time Please circle AM or PM	Distribution	Construction	Raw Well	Special	Repeat	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			
1404		01	20	15	1043 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"/>	AA40846	
1941		01	20	15	1055 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.71			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40847	
1234		01	20	15	1114 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.45			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40848	
503		01	20	15	1133 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.83			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40849	
3510		01	20	15	1152 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.67			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40850	
3519		01	20	15	1205 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.63			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40851	
454		01	20	15	1218 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.61			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40852	
543		01	20	15	1238 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.79			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40853	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<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> AA40847 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 1541 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <b>Time:</b> 10:55
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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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

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**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> AA40848 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 1234 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <b>Time:</b> 11:14
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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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

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TCEQ		MICROBIAL MONITORING FORM										Sample on Ice? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		City of Corpus Christi Water Utilities Laboratory 13101 Leopard St Corpus Christi, TX 78410 Phone (361) 826-1200; Fax (361) 242-9131									
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												Temperature at receipt? 20°C		Temperature Device ID D		Test results meet all requirements of NELAP unless stated otherwise							
Public Water System ID: (Must be 7 digits; include all zeros)		2 4 0 0 0 2 2										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE											
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Relinquished By:		Date 1-21-15 Time 0825									
County:		Webb										Received By:		Date 1-21-15 Time 0825									
Send Results To:	Name:	Melanie Fox - Turnstone EH# 5										Relinquished By:		Date									
	Address:	226 Enterprize Pkwy. Ste. 114										Received By:		Time									
	City:	Corpus Christi, TX										Relinquished By:		Date									
	State:	TX										Received By:		Time									
Phone #:	361-289-2510				Zip:	78405				Reported By:	Date		Time										
Samplers Name:	Melanie Fox mfox@turnstonechs.com										Report Approved By:		Date		Time								
Sampler Contact #:	361-738-9226				Owner	<input type="checkbox"/>	Operator	<input type="checkbox"/>	Other:	<input type="checkbox"/>		Title:		Date:									
System Type: (✓)				Water Source: (✓)								Lab Results											
<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				<input type="checkbox"/> Groundwater with Surface Water Influence				<input type="checkbox"/> Chlorine Residual				<input type="checkbox"/> Unsuitable Sample - Please Resubmit							
Sample Identification/Location		Collected		Sample Type: (✓)								Note: All test results relate only to the samples as received.				Laboratory Sample ID Number							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time		Please circle AM or PM								Test Method: SM 9222B								
					Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples				Total Coliform		E. coli							
										Free mg/L	Rejection Criteria #	Present	Absent	Present	Absent								
1404		01	20	15	1043	AM											AA40846						
1941		01	20	15	1055	AM											AA40847						
1234		01	20	15	1114	AM											AA40848						
503		01	20	15	1133	AM											AA40849						
3510		01	20	15	1152	AM											AA40850						
3519		01	20	15	1205	AM											AA40851						
454		01	20	15	1218	AM											AA40852						
543		01	20	15	1238	AM											AA40853						
						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**

<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> AA40849 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 503 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <b>Time:</b> 11:33
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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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

<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? 20°C		Temperature Device ID D		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										Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE					
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Relinquished By: Melanie Fox		Date	1-21-15				
County		Webb										Received By: M. Sultan		Time	0825				
Send Results To:	Name:	Melanie Fox - Turnstone EH# 5										Relinquished By:		Date	1-21-15				
	Address:	226 Enterprize Pkwy. Ste. 114										Received By:		Time	0825				
	City:	Corpus Christi, TX										Relinquished By:		Date					
	State:	TX										Received By:		Time					
Phone #:	361-289-2510			Zip:	78405			Tested By:		Date									
Samplers Name:	Melanie Fox mfox@turnstonechs.com										Reported By:		Date						
Samplers Contact #:	361-738-9226			Owner	<input type="checkbox"/>			Operator	<input type="checkbox"/>			Other	<input type="checkbox"/>						
System Type: (✓)				Water Source: (✓)								Title:		Date:					
<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															
Sample Identification/Location		Collected			Sample Type: (✓)					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	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Date		Time	Please circle AM or PM					Free mg/L	Total mg/L	Rejection Criteria #	Total Coliform		E. coli				
Month	Day	Year		Distribution	Construction	Raw Well	Special	Repeat	Include Sample ID of Originating Positive on all Repeat/Raw Triggered Samples				Present	Absent	Present	Absent			
	01	20	15	1043	AM						2.20							AA40846	
	01	20	15	1055	AM						1.71							AA40847	
	01	20	15	1114	AM						1.45							AA40848	
	01	20	15	1133	AM						1.83							AA40849	
	01	20	15	1152	AM						1.67							AA40850	
	01	20	15	1205	AM						1.63							AA40851	
	01	20	15	1218	AM						1.61							AA40852	
	01	20	15	1238	AM						1.79							AA40853	
					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**

<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> AA40850 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 3510 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <b>Time:</b> 11:52
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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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

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**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> AA40851 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 3519 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

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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? 20°C		Temperature Device ID D		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										Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE						
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Relinquished By: Melanie Fox		Date	1-21-15					
County		Webb										Received By: M. Sultan		Time	0825					
Send Results To:	Name:	Melanie Fox - Turnstone EH# 5										Relinquished By:		Date	1-21-15					
	Address:	226 Enterprize Pkwy. Ste. 114										Received By:		Time	0825					
	City:	Corpus Christi, TX										Relinquished By:		Date						
	State:	TX										Received By:		Time						
Phone #:	361-289-2510			Zip:	78405			Tested By:		Date										
Samplers Name:	Melanie Fox mfox@turnstonechs.com										Reported By:		Date							
Samplers Contact #:	361-738-9226			Owner	<input type="checkbox"/>			Operator	<input type="checkbox"/>			Other	<input type="checkbox"/>							
System Type: (✓)				Water Source: (✓)								Title:		Date:						
<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														
Sample Identification/Location			Collected			Sample Type: (✓)					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	
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A			Date			Time					Free mg/L		Rejection Criteria #		Total Coliform		E. coli			
			Month Day Year			Please circle AM or PM					Total mg/L				Present Absent		Present Absent			
1404			01 20 15			1043 AM					2.20				Present Absent		Present Absent		AA40846	
1941			01 20 15			1055 AM					1.71				Present Absent		Present Absent		AA40847	
1234			01 20 15			1114 AM					1.45				Present Absent		Present Absent		AA40848	
503			01 20 15			1133 AM					1.83				Present Absent		Present Absent		AA40849	
3510			01 20 15			1152 AM					1.67				Present Absent		Present Absent		AA40850	
3519			01 20 15			1205 PM					1.63				Present Absent		Present Absent		AA40851	
454			01 20 15			1218 PM					1.61				Present Absent		Present Absent		AA40852	
543			01 20 15			1238 PM					1.79				Present Absent		Present Absent		AA40853	
						AM									Present Absent		Present Absent			
						PM									Present Absent		Present Absent			
						AM									Present Absent		Present Absent			
						PM									Present Absent		Present Absent			
						AM									Present Absent		Present Absent			
						PM									Present Absent		Present Absent			
						AM									Present Absent		Present Absent			
						PM									Present Absent		Present Absent			
						AM									Present Absent		Present Absent			
						PM									Present Absent		Present Absent			
						AM									Present Absent		Present Absent			
						PM									Present Absent		Present Absent			

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**

<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> AA40852 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 454 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <b>Time:</b> 12:18
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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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

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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? 20°C		Temperature Device ID D		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										Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE						
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Relinquished By: Melanie Fox		Date	1-21-15					
County		Webb										Received By: M. Sultan		Time	0825					
Send Results To:	Name:	Melanie Fox - Turnstone EH# 5										Relinquished By:		Date	1-21-15					
	Address:	226 Enterprize Pkwy. Ste. 114										Received By:		Time	0825					
	City:	Corpus Christi, TX										Relinquished By:		Date						
	State:	TX										Received By:		Time						
Phone #:	361-289-2510			Zip:	78405			Tested By:		Date										
Samplers Name:	Melanie Fox mfox@turnstonechs.com										Reported By:		Date							
Samplers Contact #:	361-738-9226			Owner	<input type="checkbox"/>			Operator	<input type="checkbox"/>			Other	<input type="checkbox"/>							
System Type: (✓)				Water Source: (✓)								Title:		Date:						
<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																
Sample Identification/Location		Collected			Sample Type: (✓)					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		
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled. Ex: G1234567A		Month	Day	Year	Time Please circle AM or PM	Distribution	Construction	Raw Well	Special	Repeat	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			
1404		01	20	15	1043 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"/>	AA40846	
1941		01	20	15	1055 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.71			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40847	
1234		01	20	15	1114 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.45			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40848	
503		01	20	15	1133 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.83			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40849	
3510		01	20	15	1152 AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.67			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40850	
3519		01	20	15	1205 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.63			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40851	
454		01	20	15	1218 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.61			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40852	
543		01	20	15	1238 PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		1.79			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA40853	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<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> AA40853 <b>Report Date:</b> 1/22/15 <b>Sample Name:</b> 543 <b>Project ID:</b> <b>Sample Matrix:</b> <b>Date Received:</b> 01/21/2015 <b>Time:</b> 08:25 <b>Date Sampled:</b> 01/20/2015 <b>Time:</b> 12:38
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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	1/21/15 09:00	SM 9223B	LEANNEV					
Total Coliform	ABSENT			1	1/21/15 09:00	SM 9223B	LEANNEV					

<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? 20°C		Temperature Device ID D		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										Test results meet all requirements of NELAP unless stated otherwise		LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
Public Water System Name:		Water Utilities Rio Bravo Treatment Plant										Relinquished By: Melanie Fox		Date	1-21-15						
County		Webb										Received By: M. Sultan		Time	0825						
Send Results To:	Name:	Melanie Fox - Turnstone EH# 5										Relinquished By:		Date	1-21-15						
	Address:	226 Enterprize Pkwy. Ste. 114										Received By:		Time	0825						
	City:	Corpus Christi, TX										Relinquished By:		Date							
	State:	TX										Received By:		Time							
Phone #:	361-289-2510			Zip:	78405			Tested By:		Date											
Samplers Name:	Melanie Fox mfox@turnstonechs.com										Reported By:		Date								
Samplers Contact #:	361-738-9226			Owner	<input type="checkbox"/>			Operator	<input type="checkbox"/>			Other	<input type="checkbox"/>								
System Type: (✓)				Water Source: (✓)								Title:		Date:							
<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		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	
<input type="checkbox"/> Other:				<input type="checkbox"/> Groundwater with Surface Water Influence								<input type="checkbox"/> Free mg/L		Rejection Criteria #		Total Coliform		E. coli			
Sample Identification/Location		Collected			Sample Type: (✓)						<input checked="" type="checkbox"/> Total mg/L				Present		Absent				
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									
1404		01	20	15	1043	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"/>		AA40846	
1941		01	20	15	1055	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.71		<input type="checkbox"/>		<input type="checkbox"/>		AA40847	
1234		01	20	15	1114	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.45		<input type="checkbox"/>		<input type="checkbox"/>		AA40848	
503		01	20	15	1133	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.83		<input type="checkbox"/>		<input type="checkbox"/>		AA40849	
3510		01	20	15	1152	AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.67		<input type="checkbox"/>		<input type="checkbox"/>		AA40850	
3519		01	20	15	1205	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.63		<input type="checkbox"/>		<input type="checkbox"/>		AA40851	
454		01	20	15	1218	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.61		<input type="checkbox"/>		<input type="checkbox"/>		AA40852	
543		01	20	15	1238	PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			1.79		<input type="checkbox"/>		<input type="checkbox"/>		AA40853	
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
						AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			
						PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>		<input type="checkbox"/>			

TCEQ Form: 10525 6/2009

\*Unsuitable Sample Analysis

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:





**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY**

*Be it known that*

**MELANIE FOX**

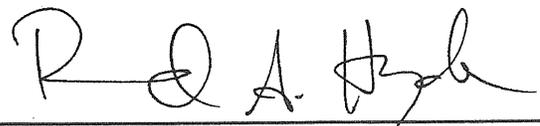
*has fulfilled the requirements in accordance with the  
laws of the State of Texas for*

**CLASS D WATER OPERATOR**

*License Number:* WO0009174

*Issue Date:* 09/08/2014

*Expiration Date:* 10/18/2017



*Executive Director*

*Texas Commission on Environmental Quality*