



ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwid4.com

Laboratory #: 15-10263
 Sample Identification 800 W Main
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 4/8/2015 @ 8.04
 Collected By MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	4/8/2015	8:04	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

4/10/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



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 LABORATORY SERVICES
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 TELEPHONE (915) 594-5725 FAX (915) 594-5430

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Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-10264
 Sample Identification: 720 River SE
 Client Project #.
 Sampling Source:
 Sample Type: Grab

Date/Time Collected 4/8/2015 @ 8:41
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.8	1	0.1	mg/L	4/8/2015	8:41	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

 4/10/2015

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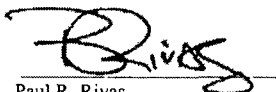
Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory # 15-10265
 Sample Identification. 1001 Camp St NE
 Client Project #:
 Sampling Source
 Sample Type. Grab

Date/Time Collected 4/8/2015 @ 8:51
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	4/8/2015	8:51	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC

Notes


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Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-10266
 Sample Identification: 1254 Powell Ln
 Client Project #:
 Sampling Source
 Sample Type: Grab

Date/Time Collected: 4/8/2015 @ 9 01
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.6	1	0.1	mg/L	4/8/2015	9.01	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16.15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16.15	JHA/NCL at MIC

Notes

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 Laboratory Services Manager

4/10/2015

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 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwid4.com

Laboratory #: 15-10267
 Sample Identification: 409 Lettunich
 Client Project #:
 Sampling Source
 Sample Type: Grab

Date/Time Collected: 4/8/2015 @ 9:11
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	4/8/2015	9.11	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16.15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16.15	JHA/NCL at MIC

Notes


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 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-10268
 Sample Identification: 801 2nd St NE
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 4/8/2015 @ 9:19
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	4/8/2015	9:19	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

4/10/2015
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Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory #: 15-10269
 Sample Identification: 820 5th St NW
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 4/8/2015 @ 9:27
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.0	1	0.1	mg/L	4/8/2015	9:27	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC

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Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory #: 15-10270
 Sample Identification: 401 1st SW
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 4/8/2015 @ 8:29
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.1	1	0.1	mg/L	4/8/2015	8:29	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

4/10/2015

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 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-10271
 Sample Identification: 148 Potasio
 Client Project #.
 Sampling Source.
 Sample Type: Grab

Date/Time Collected: 4/8/2015 @ 7:52
 Collected By: MM
 Date Received: 4/8/2015
 Report Date: 4/10/2015


Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.9	1	0.1	mg/L	4/8/2015	7:52	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	4/8/2015	16:15	JHA/NCL at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	4/8/2015	16.15	JHA/NCL at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

4/10/2015
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TCEQ		MICROBIAL MONITORING FORM														 ACCREDITED IN ACCORDANCE WITH NELAC NELAC Certificate #: T10470436-09-TX Test results meet all requirements of NELAC unless stated otherwise.			
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)																			
Public Water System ID: (Must be 7 digits; include all zeros)		0	7	1	0	0	1	8							TCEQ Lab ID: 48134				
Public Water System Name:		EL PASO COUNTY WCID #4																	
County:		EL PASO																	
Send Results To:	Name:	MARTIN MADRID										Sample Iced?	Received By:	Date/Time Received:					
	Address:	117 E. MAIN										Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	GQG	GQG 5/6/15 1112					
	City:	FABENS										If no, temperature at receipt?	Tested By:	Date/Time Tested:					
	State:	Texas	Zip:	7	9	8	3	8	-			°C	Reported By:	Date/Time Reported:					
Phone #:	(915) 764-2212			Fax #:	(915) 764-4840			Report Approval Signature/Title: <i>[Signature]</i> MICROBIOLOGIST											
Sampler Name:		Fernando Escobar										Approving Technical Director:	<input checked="" type="checkbox"/>	Date of Approval:	MAY 8 2015				
Sampler Contact #:		(915) 204-7906			Owner:	<input type="checkbox"/>	Operator:	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>									
System Type: (N)		<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		Water Source: (N)		<input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water		<input type="checkbox"/> Other <input type="checkbox"/> Groundwater with Surface Water Influence											
Samples Identification/Location		Collect Date		Time		Sample Type: (N)		Include Lab ID or Originating Positive on all Repeat Samples		Chlorine Residual		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	Please specify AM or PM	Distribution	Construction	Raw Well	Special	Repeat	Free mg/L	Unsuitable Sample Please Resubmit	Rejection Criteria #	Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent		
300 W. MAIN		5	6	15	9:15 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.58						15-13744		
700 River		5	6	15	8:50 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.02						15-13745		
1001 Camp St. NE		5	6	15	8:00 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.31						15-13746		
1254 Powell Ave		5	6	15	8:12 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.12						15-13747		
419 Jethrich		5	6	15	8:20 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.42						15-13748		
901 2nd St		5	6	15	8:30 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.45						15-13749		
50 1st St		5	6	15	8:40 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.20						15-13750		
148 Phasio		5	6	15	9:05 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.87						15-13751		
820 5th St		5	6	15	9:40 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.18						15-13752		
TCEQ Form: 10525 6/2009		Unsuitable Sample Analysis			1) Sample Too old. Analysis not initiated within 96 hours of collection			3) Excessive Chlorine Residual (>10 mg/L)			5) Form Incomplete / Data Discrepancy (Errors Circled)								
Rejection Criteria # Definitions		2) Quantity Insufficient for analysis (100ml. required)			4) Heavy Silt/Turbidity Present			6) Other:											

DIST 00030



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-13744
 Sample Identification: 800 W Main
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 5/6/2015 @ 9.15
 Collected By: Fernando Escobar
 Date Received: 5/6/2015
 Report Date: 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.6	1	0.1	mg/L	5/6/2015	9:15	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16.10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16.10	GQG at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

5/15/2015

 Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-13745
 Sample Identification: 720 River
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 5/6/2015 @ 8.50
 Collected By: Fernando Escobar
 Date Received: 5/6/2015
 Report Date: 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.0	1	0.1	mg/L	5/6/2015	8:50	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

5/15/2015

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-13746
 Sample Identification: 1001 Camp ST NF
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected: 5/6/2015 @ 8:00
 Collected By: Fernando Escobar
 Date Received: 5/6/2015
 Report Date: 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	5/6/2015	8:00	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

5/15/2015

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Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epwcid4.com

Laboratory #: 15-13747
 Sample Identification: 1254 Power Lane
 Client Project #.
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 5/6/2015 @ 8:12
 Collected By: Fernando Escobar
 Date Received: 5/6/2015
 Report Date: 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.1	1	0.1	mg/L	5/6/2015	8:12	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC

Notes

*


 Paul R. Rivas
 Laboratory Services Manager

5/15/2015

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Sampling Location. Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epwcid4.com

Laboratory #: 15-13748
 Sample Identification 409 Lettunich
 Client Project #.
 Sampling Source:
 Sample Type: Grab

Date/Time Collected. 5/6/2015 @ 8.20
 Collected By: Fernando Escobar
 Date Received 5/6/2015
 Report Date. 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	5/6/2015	8.20	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC

Notes


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 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #. 15-13749
 Sample Identification. 801 2nd. St
 Client Project #.
 Sampling Source:
 Sample Type. Grab

Date/Time Collected: 5/6/2015 @ 8.30
 Collected By. Fernando Escobar
 Date Received 5/6/2015
 Report Date. 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	5/6/2015	8:30	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16.10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16.10	GQG at MIC

Notes


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 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-13750
 Sample Identification: 401 1st. St.
 Client Project #:
 Sampling Source.
 Sample Type: Grab

Date/Time Collected: 5/6/2015 @ 8:40
 Collected By: Fernando Escobar
 Date Received: 5/6/2015
 Report Date: 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	5/6/2015	8:40	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

5/15/2015
 Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-13751
 Sample Identification: 148 Potasio
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 5/6/2015 @ 9:05
 Collected By: Fernando Escobar
 Date Received: 5/6/2015
 Report Date: 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.9	1	0.1	mg/L	5/6/2015	9.05	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16.10	GQG at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

5/15/2015

 Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epewcid4.com

Laboratory #: 15-13752
 Sample Identification: 820 5 th. St.
 Client Project #
 Sampling Source.
 Sample Type: Grab

Date/Time Collected: 5/6/2015 @ 9:40
 Collected By: Fernando Escobar
 Date Received: 5/6/2015
 Report Date: 5/15/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	5/6/2015	9:40	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	5/6/2015	16:10	GQG at MIC

Notes


 Paul R. Rivas
 Laboratory Services Manager

5/15/2015
 Date

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TCEQ		MICROBIAL MONITORING FORM										ACCREDITED IN ACCORDANCE WITH nelac NELAC Certificate #: T10470436-09-TX Test results meet all requirements of NELAC unless stated otherwise.					
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												TCEQ Lab ID: 48134					
Public Water System ID: (Must be 7 digits; include all zeros)		0	7	1	0	0	1	8									
Public Water System Name:		EL PASO COUNTY WCID #4															
County:		EL PASO										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE					
Send Results To:	Name:	MARTIN MADRID										Sample Iced? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Received By: <i>MAD</i>	Date/Time Received: <i>6/16/15 1110</i>			
	Address:	117 E. MAIN										If no, temperature at receipt?	Tested By: <i>JHA</i>	Date/Time Tested: <i>6-16-15 1615</i>			
	City:	FABENS										°C	Reported By: <i>JHA</i>	Date/Time Reported: <i>6-17-15 1107</i>			
	State:	Texas		Zip:	7	9	8	3	8				Report Approval Signature/Title: <i>D. Hernandez, Microbiologist</i>				
Phone #:		(915) 764-2212			Fax #:		(915) 764-4840					Approving Technical Director: <i>raw</i>		Date of Approval: <i>6-18-15</i>			
Sampler Name:		<i>Fernando Escobar</i>										Chlorine Residual: <input checked="" type="checkbox"/> Free mg/L <input type="checkbox"/> Total mg/L		Lab Results: Note: All test results relate only to the samples as received. Test Method: Total Coliform E. coli			
Sampler Contact #:		<i>204-9906</i>		Owner: <input type="checkbox"/>		Operator: <input checked="" type="checkbox"/>		Other: <input type="checkbox"/>			Rejection Criteria #		Laboratory Sample ID Number				
System Type: (V)		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other		Water Source: (V)		<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence		Sample Identification/Location		Collected: Date Time		Sample Type: (V)					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex: G1234567A		Month	Day	Year	Please specify AM or PM	Distribution	Construction	Raw Well	Special	Repeat	Include Lab ID of Originating Positive on all Repeat Samples	Free mg/L	Total mg/L	Present	Absent	Present	Absent
<i>800 W MAIN</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>7:56 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.74</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18989</i>
<i>720 RIVER S.E.</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>8:27 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.11</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18990</i>
<i>1001 Camp St. N.E.</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>8:39 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.30</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18991</i>
<i>1254 Powell Ln.</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>8:48 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.35</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18992</i>
<i>409 Letunich</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>8:57 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.42</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18993</i>
<i>801 2nd St. N.E.</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>9:05 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.43</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18994</i>
<i>820 5th St. N.W.</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>9:13 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.10</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18995</i>
<i>401 7th St. S.W.</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>8:18 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.95</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18996</i>
<i>148 Potasio</i>		<i>6</i>	<i>16</i>	<i>15</i>	<i>7:47 AM</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.77</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<i>15-18997</i>
TCEQ Form: 10525 6/2009		Unsuitable Sample Analysis		1) Sample Too old. Analysis not initiated within 30 hours of collection				3) Excessive Chlorine Residual (>10 mg/L)				5) Form Incomplete / Data Discrepancy (Errors Circled)					
		Rejection Criteria & Definitions		2) Quantity insufficient for analysis (100mL required)				4) Heavy Silt/Turbidity Present				5) Other:					

DISTRICT



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-18989
 Sample Identification 800 W Main
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected: 6/16/2015 @ 7.56
 Collected By Fernando Escobar
 Date Received: 6/16/2015
 Report Date: 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.7	1	0.1	mg/L	6/16/2015	7.56	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16.15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16.15	JHA at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-18990
 Sample Identification 720 River SE
 Client Project #
 Sampling Source
 Sample Type: Grab

Date/Time Collected: 6/16/2015 @ 8:27
 Collected By Fernando Escobar
 Date Received 6/16/2015
 Report Date: 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date Time		Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.1	1	0.1	mg/L	6/16/2015	8:27	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC

Notes

Paul R. Rivas

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epwcid4.com

Laboratory #. 15-18991
 Sample Identification 1001 Camp St NE
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 6/16/2015 @ 8.39
 Collected By Fernando Escobar
 Date Received 6/16/2015
 Report Date 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date Time		Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	6/16/2015	8.39	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16.15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16.15	JHA at MIC

Notes

Paul R. Rivas

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory # 15-18992
 Sample Identification 1254 Powell Ln
 Client Project #
 Sampling Source
 Sample Type: Grab

Date/Time Collected: 6/16/2015 @ 8:48
 Collected By: Fernando Escobar
 Date Received: 6/16/2015
 Report Date: 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	6/16/2015	8:48	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-18993
 Sample Identification 409 Lettunich
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 6/16/2015 @ 8:57
 Collected By Fernando Escobar
 Date Received 6/16/2015
 Report Date 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	6/16/2015	8:57	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory # 15-18994
 Sample Identification 801 2nd St NE
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 6/16/2015 @ 9.05
 Collected By Fernando Escobar
 Date Received 6/16/2015
 Report Date: 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	6/16/2015	9 05	FE at Field
E Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16 15	JHA at MIC

Notes

*

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-18995
 Sample Identification 820 5th St NW
 Client Project #
 Sampling Source
 Sample Type: Grab

Date/Time Collected 6/16/2015 @ 9 13
 Collected By Fernando Escobar
 Date Received 6/16/2015
 Report Date: 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.1	1	0.1	mg/L	6/16/2015	9 13	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16.15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16 15	JHA at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-18996
 Sample Identification 401 1st St SW
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 6/16/2015 @ 8:18
 Collected By Fernando Escobar
 Date Received 6/16/2015
 Report Date 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.0	1	0.1	mg/L	6/16/2015	8:18	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC

Notes

6/19/2015

Paul R. Rivas
 Laboratory Services Manager

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-18997
 Sample Identification 148 Potasio
 Client Project #
 Sampling Source.
 Sample Type Grab

Date/Time Collected 6/16/2015 @ 7:47
 Collected By Fernando Escobar
 Date Received 6/16/2015
 Report Date 6/19/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	6/16/2015	7:47	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	6/16/2015	16:15	JHA at MIC


Notes

Paul R. Rivas
 Laboratory Services Manager

6/19/2015

Date

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TCEQ		MICROBIAL MONITORING FORM										APPROVED IN ACCORDANCE WITH  NELAC Certificate #: T10470436-09-TX Test results meet all requirements of NELAC unless stated otherwise.				
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)																
Public Water System ID: (Must be 7 digits; include all zeros)		0	7	1	0	0	1	8					TCEQ Lab ID: 48134			
Public Water System Name:		EL PASO COUNTY WCID #4														
County:		EL PASO										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE				
Send Results To:	Name:	MARTIN MADRID										Sample Iced?	Received By:	Date/Time Received:		
	Address:	117 E. MAIN										Yes	GOG	7/1/15 1029		
	City:	FABENS										No				
	State:	Texas	Zip:	7	9	8	3	8	-			°C	Reported By:	Date/Time Reported:		
Phone #:	(915) 764-2212			Fax #:	(915) 764-4840			Report Approval Signature/Title: <i>C. Herrera, MICROBIOLOGIST</i>								
Sampler Name:		FERNANDO ESCOBAR										Approving Technical Director:	<input checked="" type="checkbox"/>	Date of Approval:		
Sampler Contact #:		(915) 204-9906			Owner	<input type="checkbox"/>	Operator	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>			7-6-15			
System Type: (N)		Water Source: (N)										Chlorine Residual:	<input checked="" type="checkbox"/>	Lab Results		
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Bottled/Vended	<input checked="" type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water										Unsuitable Sample Please Resubmit	Note: All test results relate only to the samples as received.	
<input type="checkbox"/> Other			<input type="checkbox"/> Groundwater with Surface Water Influence											Free mg/L	Total Coliform	
Sample Identification/Location		Collected:			Sample Type: (N)					Total mg/L	Rejection Criteria #	Present	Absent	E. coli	Laboratory Sample ID Number	
Use Specific Address/Location		Month	Day	Year	Time	Distillation	Concentration	Raw Well	Special	Repeat	Include Lab ID of Originating Position on all Repeat Samples			Present	Absent	
Raw Wells Use Source ID for Well Sampled Ex: G1234567A					Please specify AM or PM											
800 W. MAIN		7	1	15	8:10 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0.89				15-21362
720 RIVER S.E.		7	1	15	9:10 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0.73				15-21363
100 CAMP ST. N.E.		7	1	15	9:05 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0.83				15-21364
1254 PINE LANE		7	1	15	8:55 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.33				15-21365
409 Lettunich		7	1	15	8:45 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.35				15-21366
801 2nd St N.E.		7	1	15	8:37 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		1.40				15-21367
820 5th St N.W.		7	1	15	8:30 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0.79				15-21368
401 1st S.W.		7	1	15	9:21 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0.82				15-21369
148 POTOSI		7	1	15	8:17 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		0.84				15-21370
TCEQ Form: 10525 6/2009		Unsuitable Sample Analysis			1) Sample Too old. Analysis not initiated within 30 hours of collection			3) Excessive Chlorine Residual (>10 mg/L)			5) Form Incomplete / Date Discrepancy (Errors Circled)					
Rejection Criteria # Definitions		2) Quantity Insufficient for analysis (100mL required)			4) Heavy Silt/Turbidity Present			6) Other:								



ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-21362
 Sample Identification 800 W Main
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 8:10
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.9	1	0.1	mg/L	7/1/2015	8:10	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16:15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16:15	GQG at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-21363
 Sample Identification 720 River S.E
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 9 10
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.7	1	0.1	mg/L	7/1/2015	9:10	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16:15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16:15	GQG at MIC

Notes

Paul R. Rivas

Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117E Main
 Fabens, TX 79838-3880
 Email mmadrid@epwcid4.com

Laboratory #: 15-21364
 Sample Identification: 1001 Camp ST NE
 Client Project #:
 Sampling Source:
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 9:05
 Collected By: Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	7/1/2015	9:05	FE at Field
E. Coli	SM 9223 A,B	Absent	1		MPN	7/1/2015	16:15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		MPN	7/1/2015	16:15	GQG at MIC

Notes

Paul R. Rivas

Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-21365
 Sample Identification 1254 Powell aue
 Client Project #.
 Sampling Source.
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 8 55
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	7/1/2015	8:55	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC

Notes

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Paul R Rivas
 Laboratory Services Manager

7/9/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epwcid4.com

Laboratory # 15-21366
 Sample Identification 409 Lettunch
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 8:45
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	7/1/2015	8:45	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16:15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16:15	GQG at MIC

Notes

*

Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epewcid4.com

Laboratory # 15-21367
 Sample Identification 801 2nd ST NE
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 8 37
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	7/1/2015	8 37	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16.15	GQG at MIC

Notes

Paul R. Rivas

Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-21368
 Sample Identification 820 5 Th ST. NW.
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 8 30
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	7/1/2015	8 30	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #. 15-21369
 Sample Identification. 401 1 st SW.
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 9 21
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	7/1/2015	9 21	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC

Notes

Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory # 15-21370
 Sample Identification 148 Potasio
 Client Project #
 Sampling Source
 Sample Type Grab

Date/Time Collected 7/1/2015 @ 8 17
 Collected By Fernando Escobar
 Date Received 7/1/2015
 Report Date 7/9/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	7/1/2015	8 17	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	7/1/2015	16 15	GQG at MIC

Notes


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Paul R. Rivas
 Laboratory Services Manager

7/9/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.

TCEQ		MICROBIAL MONITORING FORM										ACREDITED IN ACCORDANCE WITH  NELAC Certificate #: T10470436-09-TX Test results meet all requirements of NELAC unless stated otherwise.																					
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												TCEQ Lab ID: 48134																					
Public Water System ID: (Must be 7 digits; include all zeros)		0	7	1	0	0	1	8																									
Public Water System Name:		EL PASO COUNTY WCID #4																															
County:		EL PASO										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE																					
Send Results To:	Name:	MARTIN MADRID										Sample load? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Received By: <i>JHA</i>	Date/Time Received: <i>8-6-15 835</i>																			
	Address:	117 E. MAIN										If no, temperature at receipt?	Tested By: <i>OG</i>	Date/Time Tested: <i>8/6/15 1005</i>																			
	City:	FABENS										°C	Reported By: <i>JHA</i>	Date/Time Reported: <i>8-7-15 1020</i>																			
	State:	Texas	Zip:	7	9	8	3	8	-				Report Approval Signature/Title: <i>Fernando Escobar</i>																				
Phone #:	(915) 764-2212			Fax #:	(915) 764-4840			Sampler Name: <i>Fernando Escobar</i>					Approving Technical Director: <input checked="" type="checkbox"/> <i>JHA</i> <input type="checkbox"/>	Date of Approval: <i>8/7/15</i>																			
Sampler Contact #:		<i>(915) 204-9906</i>			Owner	<input type="checkbox"/>	Operator	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>																							
System Type: (N)		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other		Water Source: (N)		<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water <input type="checkbox"/> Groundwater with Surface Water Influence		Chlorine Residual: <input checked="" type="checkbox"/> Free mg/L <input type="checkbox"/> Total mg/L <input type="checkbox"/> Unsuitable Sample Please Resubmit					Lab Results: Note: All test results relate only to the samples received. Test Method: <table border="1"><thead><tr><th colspan="2">Total Coliform</th><th colspan="2">E. coli</th></tr><tr><th>Present</th><th>Absent</th><th>Present</th><th>Absent</th></tr></thead></table>		Total Coliform		E. coli		Present	Absent	Present	Absent	Laboratory Sample ID Number:										
Total Coliform		E. coli																															
Present	Absent	Present	Absent																														
Sample Identification/Location Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex G1234567A		Collected:		Date		Time		Sample Type: (N)		Distribution		Conservation		Raw Well		Special		Repeat		Include Lab ID of Originating Positive on all Repeat Samples		Free mg/L		Total mg/L		Rejection Criteria #		Total Coliform		E. coli		Laboratory Sample ID Number	
		Month	Day	Year	Please specify AM or PM																												
<i>500 W. MAIN</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.89</i>				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26429</i>			
<i>720 RILEY</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.84</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26430</i>				
<i>1001 CAMP ST</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.62</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26431</i>				
<i>1254 POWELL LANE</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.32</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26432</i>				
<i>409 KETTNER</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.33</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26433</i>				
<i>801 2ND ST</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.45</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26434</i>				
<i>820 5TH ST</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.25</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26435</i>				
<i>401 1ST</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.92</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26436</i>				
<i>148 POTASIO</i>		<i>8</i>	<i>6</i>	<i>15</i>	<i>AM</i>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.84</i>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>15-26437</i>				
TCEQ Form: 10525 6/2009		Unsuitable Sample Analysis		1) Sample Too old. Analysis not initiated within 30 hours of collection				3) Excessive Chlorine Residual (>10 mg/L)				5) Form Incomplete / Data Discrepancy (Errors Circled)																					
Rejection Criteria & Definitions		2) Quantity insufficient for analysis (100mL required)				4) Heavy Silt/Turbidity Present				6) Other:																							

DST000831



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-26429
 Sample Identification: 800 W Main
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7.32
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.9	1	0.1	mg/L	8/6/2015	7:32	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory #: 15-26430
 Sample Identification: 720 River
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected 8/6/2015 @ 7:33
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	8/6/2015	7:33	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-26431
 Sample Identification: 1001 Camp St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7:36
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.6	1	0.1	mg/L	8/6/2015	7:36	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16.05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16.05	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epwcid4.com

Laboratory #: 15-26432
 Sample Identification: 1254 Powell Lane
 Client Project #.
 Sampling Source.
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7:40
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	8/6/2015	7:40	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC

Notes

*


 Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

 Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-26433
 Sample Identification: 409 Lettunich
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7:42
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	8/6/2015	7:42	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epwcid4.com

Laboratory #: 15-26434
 Sample Identification: 801 2nd St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7:47
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	8/6/2015	7:47	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC

Notes

[Signature]

Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-26435
 Sample Identification: 820 5th St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7:50
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	8/6/2015	7:50	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-26436
 Sample Identification: 401 1st
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7:52
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.9	1	0.1	mg/L	8/6/2015	7:52	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC

Notes

*

Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-26437
 Sample Identification: 148 Potasio
 Client Project #.
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 8/6/2015 @ 7.54
 Collected By: Fernando Escobar
 Date Received: 8/6/2015
 Report Date: 8/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.8	1	0.1	mg/L	8/6/2015	7:54	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	8/6/2015	16:05	GQG at MIC


Notes

[Signature]
 Paul R. Rivas
 Acting Environmental Compliance Manager

8/12/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.

TCEQ		MICROBIAL MONITORING FORM										 ACCREDITED IN ACCORDANCE WITH NELAC Certificate #: T10470436-09-TX Test results meet all requirements of NELAC unless stated otherwise.							
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)												TCEQ Lab ID: 48134							
Public Water System ID: (Must be 7 digits; include all zeros)		0	7	1	0	0	1	8											
Public Water System Name:		EL PASO COUNTY WCID #4																	
County:		EL PASO										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
Send Results To:	Name:	MARTIN MADRID										Sample Iced?	Received By:	Date/Time Received:					
	Address:	117 E. MAIN										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>JHA</i>	9-1-15 1115					
	City:	FABENS										If no, temperature at receipt?	Tested By:	Date/Time Tested:					
	State:	Texas	Zip:	7	9	8	3	8	-				<i>GOG</i>	9/1/15 1018					
Phone #:	(915) 764-2212			Fax #:	(915) 764-4840			Report Approval Signature/Title:		<i>J.A. UNDA, MICROBIOLOGIST</i>									
Sampler Name:		<i>Fernando Escobar</i>										Approving Technical Director:	Date of Approval:						
Sampler Contact #:		<i>(915) 204-9906</i>			Owner:	<input type="checkbox"/>	Operator:	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>	<i>Law</i>	9-3-15							
System Type: (N)		Water Source: (N)										Chlorine Residual:	Lab Results:						
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Bottled/Vended	<input checked="" type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water								<input type="checkbox"/> Free mg/L	Unsuitable Sample Please Resubmit:	Note: All test results relate only to the samples as received.					
<input type="checkbox"/> Other			<input type="checkbox"/> Groundwater with Surface Water Influence								Total mg/L	Rejection Criteria #	Total Coliform	E. coli					
Sample Identification/Location		Date		Time		Distribution		Construction		Raw Well		Special		Repeat		Include Lab ID of Originating Positive on all Repeat Samples		Laboratory Sample ID Number	
Use Specific Address/Location		Month	Day	Year	Please specify AM or PM														
Raw Wells Use Source ID for Well Sampled Ex G1234567A																			
<i>806 W MAIN</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>8:50</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>0.90</i>		<i>15-29955</i>
<i>726 River</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>9:10</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>0.38</i>		<i>15-29956</i>
<i>1601 CAMP</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>10:00</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1.24</i>		<i>15-29957</i>
<i>1254 Powell LN</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>9:30</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1.43</i>		<i>15-29958</i>
<i>409 Lettunich</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>9:40</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1.48</i>		<i>15-29959</i>
<i>361 2nd N.E.</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>9:18</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1.57</i>		<i>15-29960</i>
<i>525 5th N.W.</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>8:38</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1.07</i>		<i>15-29961</i>
<i>461 1st S.W.</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>9:00</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1.04</i>		<i>15-29962</i>
<i>148 Potasio</i>		<i>9</i>	<i>1</i>	<i>15</i>	<i>8:26</i>	<i>AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>1.68</i>		<i>15-29963</i>
							<input type="checkbox"/>	<input type="checkbox"/>	<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 8/2009		Unsuitable Sample Analysis		1) Sample Too old. Analysis not initiated within 30 hours of collection		3) Excessive Chlorine Residual (>10 mg/L)		5) Form Incomplete / Data Discrepancy (Errors Circled)		Rejection Criteria & Definitions		2) Quantity Insufficient for analysis (100mL required)		4) Heavy Silt/Turbidity Present		6) Other:			

D:\ST008



ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-29955
 Sample Identification: 800 W Main
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 9/1/2015 @ 8:50
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date Time		Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.9	1	0.1	mg/L	9/1/2015	8:50	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC

Notes


 Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

 Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email. mmadrid@epcwcid4.com

Laboratory #: 15-29956
 Sample Identification: 720 River
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 9/1/2015 @ 9.10
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.4	1	0.1	mg/L	9/1/2015	9:10	FE at Field
E Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email. mmadrid@epcwcid4.com

Laboratory #: 15-29957
 Sample Identification: 1001 Camp
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected 9/1/2015 @ 10:00
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	9/1/2015	10:00	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC

Notes


 Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

 Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epewcid4.com

Laboratory #: 15-29958
 Sample Identification: 1254 Powell Ln
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 9/1/2015 @ 9:30
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	9/1/2015	9:30	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-29959
 Sample Identification: 409 Lettunch
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 9/1/2015 @ 9:40
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.5	1	0.1	mg/L	9/1/2015	9:40	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC

Notes

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 Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

 Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-29960
 Sample Identification: 801 2nd NE
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 9/1/2015 @ 9.18
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.6	1	0.1	mg/L	9/1/2015	9:18	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-29961
 Sample Identification: 820 5th NW
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 9/1/2015 @ 8:38
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.1	1	0.1	mg/L	9/1/2015	8:38	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC

Notes

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Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location. Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-29962
 Sample Identification: 401 1st SW
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected. 9/1/2015 @ 9:00
 Collected By. Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.0	1	0.1	mg/L	9/1/2015	9:00	FE at Field
E Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16.12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16.12	GQG at MIC

Notes


 Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory # 15-29963
 Sample Identification 148 Potasio
 Client Project #
 Sampling Source:
 Sample Type Grab

Date/Time Collected: 9/1/2015 @ 8:26
 Collected By: Fernando Escobar
 Date Received: 9/1/2015
 Report Date: 9/3/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.1	1	0.1	mg/L	9/1/2015	8:26	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	9/1/2015	16:12	GQG at MIC


Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

9/3/2015

Date

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TCEQ		MICROBIAL MONITORING FORM														 ACCREDITED IN ACCORDANCE WITH NELAC NELAC Certificate #: T10470436-09-TX Test results meet all requirements of NELAC unless stated otherwise.			
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)																			
Public Water System ID: (Must be 7 digits; include all zeros)		0	7	1	0	0	1	8							TCEQ Lab ID: 48134				
Public Water System Name:		EL PASO COUNTY WCID #4																	
County:		EL PASO										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
Send Results To:	Name:	MARTIN MADRID										Sample Used?	Received By:	Date/Time Received:	10/2/15 1050				
	Address:	117 E. MAIN										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Tested By:	Date/Time Tested:	10/9/15 1600				
	City:	FABENS										If no, temperature at receipt?	Reported By:	Date/Time Reported:	10/3/15 1015				
	State:	Texas	Zip:	7	9	8	3	8				°C							
Phone #:	(915) 764-2212				Fax #:	(915) 764-4840				Report Approval Signature/Title: <i>[Signature]</i> MICROBIOLOGIST									
Sampler Name:		Fernando Escobar										Approving Technical Director:	<input checked="" type="checkbox"/> <i>[Signature]</i>	Date of Approval:	10-5-15				
Sampler Contact #:		(915) 264-9906				Owner:	<input type="checkbox"/>	Operator:	<input checked="" type="checkbox"/>	Other:									
System Type: (X)		Water Source: (X)										Chlorine Residual:		Lab Results:		Laboratory Sample ID Number:			
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended		<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water										<input checked="" type="checkbox"/> Free mg/L		Note: All test results refer only to the samples as received.					
<input type="checkbox"/> Other		<input type="checkbox"/> Groundwater with Surface Water Influence										<input type="checkbox"/> Total mg/L		Rejection Criteria #		Total Coliform Present Absent		E. coli Present Absent	
Sampled Identification/Location		Date			Time		Distribution	Construction	Raw Well	Special	Repeat	Include Lab ID of Originating Positive on all Repeat Samples							
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex: G1234567A		Month	Day	Year	Please specify AM or PM		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
805 W MAIN		10	2	15	8:25	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.64				15-33875		
720 River		10	2	15	8:00	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.54				15-33876		
1001 Camp St		10	2	15	9:40	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.74				15-33877		
1254 Powell Ln		10	2	15	9:00	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1.20				15-33878		
409 Lettman St		10	2	15	9:10	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1.24				15-33879		
801 2nd St		10	2	15	9:30	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			1.29				15-33880		
820 5th St		10	2	15	9:20	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.49				15-33881		
1461 1st St		10	2	15	7:45	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.69				15-33882		
148 Potasio		10	2	15	8:34	AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0.51				15-33883		
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
TCEQ Form: 10525 6/2009		Unsuitable Sample Analysis:				1) Sample Too old. Analysis not initiated within 30 hours of collection				3) Excessive Chlorine Residual (>10 mg/L)				5) Form Incomplete / Date Discrepancy (Errors Circled)					
		Rejection Criteria # Definitions:				2) Quantity insufficient for analysis (100mL required)				4) Heavy Silt/Turbidity Present				6) Other: 7-11-4-15 14169					

DIST00385



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwid4.com

Laboratory #: 15-33875
 Sample Identification: 800 W Main
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 8 25
 Collected By: Fernando Escobar
 Date Received: 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.6	1	0.1	mg/L	10/2/2015	8.25	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16.00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16.00	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-33876
 Sample Identification: 720 River
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 8:00
 Collected By: Fernando Escobar
 Date Received: 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.5	1	0.1	mg/L	10/2/2015	8:00	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC

Notes

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Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-33877
 Sample Identification: 1001 Camp St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 9.40
 Collected By: Fernando Escobar
 Date Received: 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.7	1	0.1	mg/L	10/2/2015	9 40	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16.00	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-33878
 Sample Identification: 1254 Powell Ln
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 9.00
 Collected By: Fernando Escobar
 Date Received: 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	10/2/2015	9:00	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-33879
 Sample Identification: 409 Lettunich
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 9:10
 Collected By: Fernando Escobar
 Date Received: 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	10/2/2015	9.10	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16.00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC

Notes

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Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory #: 15-33880
 Sample Identification: 801 2nd St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 9:30
 Collected By: Fernando Escobar
 Date Received: 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	10/2/2015	9 30	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwcid4.com

Laboratory #: 15-33881
 Sample Identification: 820 5th St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 9:20
 Collected By: Fernando Escobar
 Date Received: 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date Time		Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.5	1	0.1	mg/L	10/2/2015	9:20	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC

Notes

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Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epwcid4.com

Laboratory #: 15-33882
 Sample Identification 401 1st St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 10/2/2015 @ 7:45
 Collected By: Fernando Escobar
 Date Received 10/2/2015
 Report Date: 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.7	1	0.1	mg/L	10/2/2015	7:45	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-33883
 Sample Identification: 148 Potasio
 Client Project #:
 Sampling Source.
 Sample Type: Grab

Date/Time Collected. 10/2/2015 @ 8:34
 Collected By. Fernando Escobar
 Date Received: 10/2/2015
 Report Date. 10/12/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	0.5	1	0.1	mg/L	10/2/2015	8:34	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	10/2/2015	16:00	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

10/12/2015

Date

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TCEQ MICROBIAL MONITORING FORM

Public Water System ID: 0 7 1 0 0 1 8
 (Must be 7 digits; include all zeros)

Public Water System Name: EL PASO COUNTY WCID #4

County: EL PASO

Name: MARTIN MADRID
 Address: 117 E. MAIN
 City: FABENS
 State: Texas Zip: 7 9 8 3 8 -

Phone #: (915) 764-2212 Fax #: (915) 764-4840

Sampler Name: MARTIN MADRID
 Sampler Contact #: 915-764-9877

System Type: (N) Public Private Bottled/Vended
 Water Source: (N) Groundwater Surface Water
 Groundwater with Surface Water Influence

Sample Identification/Location: NOT SITE #
 Raw Wells Use Source ID for Well Sampled Ex G1234567A

Sample Identification/Location	Date Collected			Time	Distribution	Concentration	Raw Well	Special	Repeat	Free Chlorine Residual (mg/L)	Total mg/L	Rejection Criteria #	Lab Results				
	Month	Day	Year										Total Coliform		E. coli		
800 E. MAIN	11	10	15	7:10 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.50			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37450
7th RIVER S.E	11	10	15	8:25 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.60			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37451
10-1 CAMP ST. N.E	11	10	15	8:30 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.68			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37452
1254 POWELL LN	11	10	15	8:45 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.50			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37453
409 LETONIA	11	10	15	9:00 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.62			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37454
801 2nd ST. N.W	11	10	15	9:10 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.60			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37455
320 5th ST. N.W	11	10	15	9:25 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.49			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37456
4th 10th ST S.W	11	10	15	9:15 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.62			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37457
148 PETA	11	10	15	9:00 AM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.57			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15-37458

TCEQ Lab ID: 48134

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Sample Used? Yes No

Received By: JHA Date/Time Received: 11/10/15 10:50

If no, temperature at receipt? °C

Tested By: GGG Date/Time Tested: 11/10/15 16:04

Reported By: GGG Date/Time Reported: 11/11/15 10:30

Report Approval Signature/Title: [Signature] MICROBIOLOGIST

Approving Technical Director: [Signature] Date of Approval: 11-11-15

TCEQ Form: 10525 6/2009

Unsuitable Sample Analysis: 1) Sample Too old. Analysis not initiated within 30 hours of collection

Rejection Criteria - Definitions: 2) Quantity insufficient for analysis (100mL required)

3) Excessive Chlorine Residual (>10 mg/L)

4) Heavy Silt/Turbidity Present

5) Form Incomplete / Date Discrepancy (Errors Circled)

6) Other:

Acc. No. NE1 T1

Test i. all requirem. of NELAC unless stated otherwise.



ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory # 15-37450
 Sample Identification: 800 W 42nd
 Client: J...
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 11/10/2015 @ 7:50
 Collected By: MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual	SM 4500-Cl G	1.5	1	0.1	mg/L	11/10/2015	7:50	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates.



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epwcid4.com

Laboratory #: 15-37451
 Sample Identification: 720 River St
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 11/10/2015 @ 8:25
 Collected By: MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual	SM 4500-Cl G	1.6	1	0.1	mg/L	11/10/2015	8:25	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

*

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcvcid4.com

Laboratory # 15-37452
 Sample Identification 100 Camp St NE
 City of El Paso
 Sampling Source
 Sample Type: Grab

Date/Time Collected 11/10/2015 @ 8:35
 Collected By: MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine P	SM 4500-Cl G	1.7	1	0.1	mg/L	11/10/2015	8:35	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory # 15-1745
 Sample Identification 1524 Powell Ln
 City El Paso
 Sampling Source
 Sample Type Grab

Date/Time Collected: 11/10/2015 @ 8:45
 Collected By MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual	SM 4500-Cl G	1.5	1	0.1	mg/L	11/10/2015	8:45	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9222 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory 157-7454
 Sample Identification 419-167-167
 Sampling Source
 Sample Type Grab

Date/Time Collected: 11/10/2015 @ 9:00
 Collected By: MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual	SM 4500-Cl G	1.6	1	0.1	mg/L	11/10/2015	9:00	MM at Field
F. Coli	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contact Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epwcid4.com

Laboratory: 15-37455
 Sample Identification: 891-16-514
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 11/10/2015 @ 9:10
 Collected By: MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Resid	SM 4500-Cl G	1.6	1	0.1	mg/L	11/10/2015	9:10	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

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Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contact Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email mmadrid@epcwid4.com

Laboratory 1537406
 Sampling Location 8'0" SW St NW
 City Del Rio
 Sampling Source
 Sample Type Grab

Date/Time Collected 11/10/2015 @ 9.25
 Collected By MM
 Date Received 11/10/2015
 Report Date 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual	SM 4500-Cl G	1.5	1	0.1	mg/L	11/10/2015	9:25	MM at Field
E. Coli	SM 9223 A B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9222 A B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contact Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcw/cid4.com

Lab no. 01717613
 Sample name: 18-10-150
 Date: 11/10/2015
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 11/10/2015 @ 8:00
 Collected By: MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Analysis Time	Analyzed By
Chlorine Residual	SM 4500-Cl G	1.6	1	0.1	mg/L	11/10/2015	8:00	MM at Field
E. Coli	SM 5213 A B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 5211 A B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory: 157411
 Sample Location: 4101st St SW
 Sample Source:
 Sample Type: Grab

Date/Time Collected: 11/10/2015 @ 8:15
 Collected By: MM
 Date Received: 11/10/2015
 Report Date: 11/20/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual	SM 4500-Cl G	1.6	1	0.1	mg/L	11/10/2015	8:15	MM at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	11/10/2015	16:04	GQG at MIC


Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

11/20/2015

Date

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TCEQ		MICROBIAL MONITORING FORM														 ACCREDITED IN ACCORDANCE WITH NELAC NELAC Certificate #: T10470436-09-TX Test results meet all requirements of NELAC unless stated otherwise.			
Public/Private Water System Identification & Sample Collection Information (Please Type or Use Block Printing)																			
Public Water System ID: (Must be 7 digits; include all zeros)		0	7	1	0	0	1	8							TCEQ Lab ID: 48134				
Public Water System Name:		EL PASO COUNTY WCID #4																	
Country:		EL PASO										LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE							
Send Results To:	Name:	MARTIN MADRID										Sample Iced?	Received By:	Date/Time Received:					
	Address:	117 E. MAIN										<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>AAA</i>	<i>12/8/15</i>	<i>1100</i>				
	City:	FABENS										If no, temperature at receipt?	Tested By:	Date/Time Tested:					
	State:	Texas	Zip:	7	9	8	3	8	-			°C	Reported By:	Date/Time Reported:					
Phone #:	(915) 764-2212			Fax #:	(915) 764-4840					Report Approval Signature/Title:		<i>[Signature] MICROBIOLOGIST</i>							
Sampler Name:		<i>Fernanda Escobedo</i>										Approving Technical Director:	<input checked="" type="checkbox"/> <i>www</i>	Date of Approval:	<i>12-11-15</i>				
Sampler Contact #:		<i>(915) 264-9906</i>			Owner	<input type="checkbox"/>	Operator	<input checked="" type="checkbox"/>	Other:	<input type="checkbox"/>									
System Type: (N)		<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other		Water Source: (N)		<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water		<input type="checkbox"/> Groundwater with Surface Water Influence		Chlorine Residual:		Unsuitable Sample Please Resubmit:		Lab Results: Note: All test results relate only to the samples received.		Laboratory Sample ID Number			
Sample Identification/Location		Collect:		Sample Type: (N)		Free mg/L		Total mg/L		Rejection Criteria #		Total Coliform		E. coli					
Use Specific Address/Location NOT SITE # Raw Wells Use Source ID for Well Sampled Ex G1234567A		Month	Day	Year	Time	Distribution	Construction	Raw Well	Special	Repeat	Includes Lab ID of Originating Positive on all Repeat Samples	Present	Absent	Present	Absent				
<i>800 W. MAIN</i>		<i>12</i>	<i>5</i>	<i>15</i>	<i>8:00 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.04</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40398</i>			
<i>726 River</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>8:35 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.46</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40399</i>			
<i>1601 CAMP</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>8:25 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.40</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40400</i>			
<i>1254 POWELL LAVE</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>8:45 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.48</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40401</i>			
<i>409 Lettunich</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>8:55 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.28</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40402</i>			
<i>801 2nd ST N.E.</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>9:10 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.24</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40403</i>			
<i>800 5th ST N.W.</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>9:22 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.00</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40404</i>			
<i>401 1st S.W.</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>8:15 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>1.04</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40405</i>			
<i>148 POTASIO</i>		<i>12</i>	<i>8</i>	<i>15</i>	<i>8:05 AM</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<i>0.88</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>15-40406</i>			
TCEQ Form: 10525 6/2009		Unsuitable Sample Analysis		1) Sample Too old. Analysis not initiated within 30 hours of collection		3) Excessive Chlorine Residual (>10 mg/L)		5) Form incomplete / Date Discrepancy (Errors Circled)		Rejection Criteria & Definitions		2) Quantity insufficient for analysis (100mL required)		4) Heavy Silt/Turbidity Present		6) Other:			

DIST00087



ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory # 15-40398
 Sample Identification: 800 W Main
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 12/8/2015 @ 8.00
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis Date	Time	Analyzed By
Chlorine Residual, Free	SM 4500-Cl G	1.0	1	0.1	mg/L	12/8/2015	8.00	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes



Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location. Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email. mmadrid@epwcid4.com

Laboratory #: 15-40399
 Sample Identification: 720 River
 Client Project #
 Sampling Source.
 Sample Type Grab

Date/Time Collected. 12/8/2015 @ 8.35
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.5	1	0.1	mg/L	12/8/2015	8:35	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-40400
 Sample Identification: 1001 Camp
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 12/8/2015 @ 8:25
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.4	1	0.1	mg/L	12/8/2015	8.25	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015

Date

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ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email. mmadrid@epcwcid4.com

Laboratory # 15-40401
 Sample Identification 1254 Powell Lane
 Client Project #.
 Sampling Source.
 Sample Type Grab

Date/Time Collected: 12/8/2015 @ 8:45
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.5	1	0.1	mg/L	12/8/2015	8.45	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes

[Signature]

Paul R Rivas
 Acting Environmental Compliance Manager

12/11/2015

Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates



ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-40402
 Sample Identification: 409 Lettunich
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 12/8/2015 @ 8:55
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.3	1	0.1	mg/L	12/8/2015	8:55	FE at Field
E Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes


 Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015
 Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-40403
 Sample Identification: 801 2nd St NE
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 12/8/2015 @ 9:10
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.2	1	0.1	mg/L	12/8/2015	9:10	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes

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Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-40404
 Sample Identification: 820 5th St NW
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 12/8/2015 @ 9:22
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.0	1	0.1	mg/L	12/8/2015	9:22	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes

Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015

Date

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ANALYTICAL REPORT
 LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax. (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwid4.com

Laboratory #: 15-40405
 Sample Identification: 401 1st SW
 Client Project #
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 12/8/2015 @ 8:15
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	1.0	1	0.1	mg/L	12/8/2015	8:15	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16:06	GQG at MIC

Notes


 Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015
 Date

Analyses performed utilizing procedures published in Standard Methods for the Examination of Water and Wastewater, 21st Edition 2005 or EPA Methods for the Chemical Analysis of Water and Wastes [EPA-600/4-79-020], March 1983 and the latest promulgated updates



ANALYTICAL REPORT

LABORATORY SERVICES
 4100-L DELTA DRIVE
 TELEPHONE (915) 594-5725 FAX (915) 594-5430

Sampling Location: Contract Analysis

Requested By: Martin Madrid (915) 764-2212
 El Paso County WCID #4 Fax: (915) 764-4840
 117 E Main
 Fabens, TX 79838-3880
 Email: mmadrid@epcwcid4.com

Laboratory #: 15-40406
 Sample Identification: 148 Potasio
 Client Project #:
 Sampling Source:
 Sample Type: Grab

Date/Time Collected: 12/8/2015 @ 8:05
 Collected By: Fernando Escobar
 Date Received: 12/8/2015
 Report Date: 12/11/2015

Analysis	Analytical Method	Result	Dilution	Reporting Limit	Units	Analysis		Analyzed By
						Date	Time	
Chlorine Residual, Free	SM 4500-Cl G	0.9	1	0.1	mg/L	12/8/2015	8.05	FE at Field
E. Coli	SM 9223 A,B	Absent	1		P/A	12/8/2015	16.06	GQG at MIC
Total Coliforms	SM 9223 A,B	Absent	1		P/A	12/8/2015	16.06	GQG at MIC

Notes


 Paul R. Rivas
 Acting Environmental Compliance Manager

12/11/2015

 Date

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District's Response to No. 2-8

Staff 2-8-i

EL PASO COUNTY WCID #4

DISTRICT MONTHLY WATER PUMPAGE / BILLING
JAN - DEC 2015

MTH	WELL PUMP	NON-POT ST PIPE	TOT WL PUMP	FAB FL/JT	CUAD FL/JT	SL/MN BRK/LK	WWTP	FIRE DEPT	OVR FLO	ADJ PUMP	BILLING	CR ADJ	DR ADJ	ADJ BILL	DIFF	%	WELL BKFL
JAN	19,258,000	36,400	19,294,400	2,100	4,000	0	343,800	0	0	18,944,500	17,138,988	3,500	0	17,135,488	1,809,012	9.5%	49,700
FEB	16,256,000	0	16,256,000	900	3,500	50,000	165,500	2,800	0	16,033,300	14,140,480	10,300	0	14,130,180	1,903,120	11.9%	35,500
MAR	20,017,000	2,200	20,019,200	900	5,400	1,000	273,000	3,700	0	19,735,200	18,683,739	75,400	0	18,608,339	1,126,861	5.7%	57,200
APR	22,779,000	0	22,779,000	0	3,400	4,700	274,900	4,700	0	22,491,300	20,195,287	3,500	0	20,191,787	2,299,513	10.2%	45,300
MAY	22,422,000	0	22,422,000	4,200	4,700	1,200	213,500	1,200	0	22,197,200	19,752,280	53,200	0	19,699,080	2,498,120	11.3%	40,800
JUN	27,259,000	2,400	27,261,400	51,000	4,300	150	214,000	4,700	0	26,987,250	24,065,150	5,000	0	24,060,150	2,927,100	10.8%	33,400
JUL	29,337,000	15,600	29,352,600	0	3,700	1,000	30,300	4,000	0	29,313,600	26,299,907	4,500	0	26,295,407	3,018,193	10.3%	39,500
AUG	25,483,000	2,800	25,485,800	3,500	3,700	1,450	143,900	5,500	0	25,327,750	22,324,880	0	0	22,324,880	3,002,870	11.9%	39,300
SEP	24,011,000	43,400	24,054,400	0	5,400	1,500	104,000	8,700	0	23,934,800	21,773,507	28,100	0	21,745,407	2,189,393	9.1%	37,047
OCT	20,437,000	0	20,437,000	1,400	0	1,500	108,700	0	0	20,325,400	18,531,940	0	0	18,531,940	1,793,460	8.8%	60,700
NOV	15,124,000	0	15,124,000	0	0	1,600	80,000	0	0	15,042,400	13,871,067	0	0	13,871,067	1,171,333	7.8%	30,000
DEC	15,573,000	0	15,573,000	0	0	0	179,900	58,250	0	15,334,850	14,183,242	2,000	0	14,181,242	1,153,608	7.5%	37,200
TOT:	257,956,000	102,800	258,058,800	64,000	38,100	64,100	2,131,500	93,550	0	255,667,550	230,960,467	185,500	0	230,774,967	24,892,583	9.7%	505,647

Accounts Receivable Summary

From 01/01/2015 Through 12/31/2015

<u>OPEN BALANCE</u>		<u>Balance</u>
	171,889.14	171,889.14

Revenue Class-IN RES

<u>MONTHLY-Adjustment</u>	<u>Amount</u>	<u>Usage</u>	<u>Count</u>	
WATER				
Regular	-473.19	-73,300.00	77	
Totals	<u>-473.19</u>	<u>-73,300.00</u>	<u>77</u>	171,415.95
WATER Miscellaneous				
Regular	68.45	0.00	1	
Totals	<u>68.45</u>	<u>0.00</u>	<u>1</u>	171,484.40
SEWER				
Regular	-1,118.70	0.00	85	
Totals	<u>-1,118.70</u>	<u>0.00</u>	<u>85</u>	170,365.70
CUST CHG				
Regular	-17.50	0.00	54	
Totals	<u>-17.50</u>	<u>0.00</u>	<u>54</u>	170,348.20
TWC FEE				
Regular	-8.64	0.00	87	
Totals	<u>-8.64</u>	<u>0.00</u>	<u>87</u>	170,339.56
***Total Adjustment	<u>-1,549.58</u>	<u>-73,300.00</u>	<u>304</u>	

<u>MONTHLY-Charge</u>	<u>Minimum</u>	<u>Overage</u>	<u>Usage</u>	<u>Count</u>	<u>Total</u>
WATER					
Regular	429,421.89	168,259.90	149,588,500.00	23,107	597,681.79
First	1,195.63	154.46	226,600.00	83	1,350.09
Last	960.63	160.24	209,300.00	91	1,120.87
Totals	<u>431,578.15</u>	<u>168,574.60</u>	<u>150,024,400.00</u>	<u>23,281</u>	<u>600,152.75</u>
SEWER					

Regular	669,049.69	168,930.58	145,828,600.00	22,562	837,980.27	
First	1,944.38	169.70	226,600.00	83	2,114.08	
Last	1,504.50	172.87	208,000.00	90	1,677.37	
Totals	<u>672,498.57</u>	<u>169,273.15</u>	<u>146,263,200.00</u>	<u>22,735</u>	<u>841,771.72</u>	<u>1,612,264.03</u>

CUST CHG						
Regular	57,690.00	0.00	0.00	23,076	57,690.00	
First	207.50	0.00	0.00	83	207.50	
Last	170.00	0.00	0.00	80	170.00	
Totals	<u>58,067.50</u>	<u>0.00</u>	<u>0.00</u>	<u>23,239</u>	<u>58,067.50</u>	<u>1,670,331.53</u>

TWC FEE						
Regular	7,189.71	0.00	0.00	23,095	7,189.71	
First	17.43	0.00	0.00	83	17.43	
Last	14.05	0.00	0.00	91	14.05	
Totals	<u>7,221.19</u>	<u>0.00</u>	<u>0.00</u>	<u>23,269</u>	<u>7,221.19</u>	<u>1,677,552.72</u>

***Total Charge 1,169,365.41 337,847.75 296,287,600.00 92,524 1,507,213.16

<u>MONTHLY-Miscellaneous</u>	<u>Amount</u>	<u>Count</u>	<u>Balance</u>
WATER Miscellaneous			
Regular	25,656.93	651	
Totals	<u>25,656.93</u>	<u>651</u>	<u>1,703,209.65</u>

SEWER Miscellaneous			
Regular	14,490.00	203	
Totals	<u>14,490.00</u>	<u>203</u>	<u>1,717,699.65</u>

***Total Miscellaneous 40,146.93 854

<u>MONTHLY-Payment</u>	<u>Amount</u>	<u>Count</u>	
WATER			
Regular	-595,340.56	23,727	
First	31.94	1	
Totals	<u>-595,308.62</u>	<u>23,728</u>	<u>1,122,391.03</u>

WATER Miscellaneous			
Regular	-25,965.38	441	
Totals	<u>-25,965.38</u>	<u>441</u>	<u>1,096,425.65</u>

SEWER			
Regular	-837,775.44	22,686	

First	-29.20	1	
Totals	<u>-837,804.64</u>	<u>22,687</u>	<u>258,621.01</u>
SEWER Miscellaneous			
Regular	-14,585.63	162	
Totals	<u>-14,585.63</u>	<u>162</u>	<u>244,035.38</u>
CUST CHG			
Regular	-57,736.42	23,066	
First	-2.50	1	
Totals	<u>-57,738.92</u>	<u>23,067</u>	<u>186,296.46</u>
TWC FEE			
Regular	-7,175.53	23,051	
First	-0.24	1	
Totals	<u>-7,175.77</u>	<u>23,052</u>	<u>179,120.69</u>
***Total Payments	<u>-1,538,578.96</u>	<u>93,137</u>	
MONTHLY-Return Check	Amount	Count	Balance
WATER			
Regular	404.65	12	
Totals	<u>404.65</u>	<u>12</u>	<u>179,525.34</u>
WATER Miscellaneous			
Regular	120.00	2	
Totals	<u>120.00</u>	<u>2</u>	<u>179,645.34</u>
SEWER			
Regular	403.10	10	
Totals	<u>403.10</u>	<u>10</u>	<u>180,048.44</u>
SEWER Miscellaneous			
Regular	60.00	1	
Totals	<u>60.00</u>	<u>1</u>	<u>180,108.44</u>
CUST CHG			
Regular	25.00	10	
Totals	<u>25.00</u>	<u>10</u>	<u>180,133.44</u>
TWC FEE			

Regular	3.42	10	
Totals	<u>3.42</u>	<u>10</u>	<u>180,136.86</u>
***Total Return Check	1,016.17	45	
MONTHLY-Write-Off	Amount	Count	Balance
WATER			
Regular	-28.06	3	
Totals	<u>-28.06</u>	<u>3</u>	<u>180,108.80</u>
SEWER			
Regular	-70.61	4	
Totals	<u>-70.61</u>	<u>4</u>	<u>180,038.19</u>
CUST CHG			
Regular	-12.50	5	
Totals	<u>-12.50</u>	<u>5</u>	<u>180,025.69</u>
TWC FEE			
Regular	-0.98	5	
Totals	<u>-0.98</u>	<u>5</u>	<u>180,024.71</u>
***Total Write-Off	<u>-112.15</u>	<u>17</u>	
MONTHLY-Deposit Applied	Amount	Count	
WATER			
Regular	-7,427.09	77	
Totals	<u>-7,427.09</u>	<u>77</u>	<u>172,597.62</u>
SEWER			
Regular	-3,683.55	74	
Totals	<u>-3,683.55</u>	<u>74</u>	<u>168,914.07</u>
CUST CHG			
Regular	-309.78	73	
Totals	<u>-309.78</u>	<u>73</u>	<u>168,604.29</u>
TWC FEE			
Regular	-29.58	72	
Totals	<u>-29.58</u>	<u>72</u>	<u>168,574.71</u>

***Total Deposit Applied	-11,450.00	296	
MONTHLY-Refund	Amount	Count	Balance
WATER			
Regular	4,922.62	70	
Totals	4,922.62	70	173,497.33
***Total Refund	4,922.62	70	

Revenue Class-IN COM SM

MONTHLY-Adjustment	Amount	Usage	Count	
WATER				
Regular	-415.40	-112,300.00	4	
Totals	-415.40	-112,300.00	4	173,081.93
SEWER				
Regular	-168.96	0.00	4	
Totals	-168.96	0.00	4	172,912.97
TWC FEE				
Regular	-2.91	0.00	5	
Totals	-2.91	0.00	5	172,910.06
***Total Adjustment	-587.27	-112,300.00	13	

MONTHLY-Charge	Minimum	Overage	Usage	Count	Total	
WATER						
Regular	44,521.98	24,146.96	11,702,100.00	1,584	68,668.94	
First	367.38	551.52	170,900.00	14	918.90	
Last	119.56	1.36	8,700.00	14	120.92	
Totals	45,008.92	24,699.84	11,881,700.00	1,612	69,708.76	242,618.82
SEWER						
Regular	85,222.93	22,360.52	10,906,400.00	1,440	107,583.45	
First	953.88	423.22	170,900.00	14	1,377.10	
Last	244.27	1.72	8,700.00	14	245.99	
Totals	86,421.08	22,785.46	11,086,000.00	1,468	109,206.54	351,825.36
CUST CHG						
Regular	3,930.00	0.00	0.00	1,572	3,930.00	

First	35.00	0.00	0.00	14	35.00	
Last	12.50	0.00	0.00	8	12.50	
Totals	<u>3,977.50</u>	<u>0.00</u>	<u>0.00</u>	<u>1,594</u>	<u>3,977.50</u>	<u>355,802.86</u>
TWC FEE						
Regular	879.41	0.00	0.00	1,572	879.41	
First	11.46	0.00	0.00	14	11.46	
Last	1.83	0.00	0.00	14	1.83	
Totals	<u>892.70</u>	<u>0.00</u>	<u>0.00</u>	<u>1,600</u>	<u>892.70</u>	<u>356,695.56</u>
***Total Charge	<u>136,300.20</u>	<u>47,485.30</u>	<u>22,967,700.00</u>	<u>6,274</u>	<u>183,785.50</u>	

<u>MONTHLY-Miscellaneous</u>	<u>Amount</u>	<u>Count</u>	<u>Balance</u>
WATER Miscellaneous			
Regular	4,965.00	68	
Totals	<u>4,965.00</u>	<u>68</u>	<u>361,660.56</u>
SEWER Miscellaneous			
Regular	750.00	13	
Totals	<u>750.00</u>	<u>13</u>	<u>362,410.56</u>
***Total Miscellaneous	<u>5,715.00</u>	<u>81</u>	

<u>MONTHLY-Payment</u>	<u>Amount</u>	<u>Count</u>	<u>Balance</u>
WATER			
Regular	-67,820.29	1,641	
Totals	<u>-67,820.29</u>	<u>1,641</u>	<u>294,590.27</u>
WATER Miscellaneous			
Regular	-5,105.00	40	
Totals	<u>-5,105.00</u>	<u>40</u>	<u>289,485.27</u>
SEWER			
Regular	-107,620.34	1,447	
Totals	<u>-107,620.34</u>	<u>1,447</u>	<u>181,864.93</u>
SEWER Miscellaneous			
Regular	-750.00	12	
Totals	<u>-750.00</u>	<u>12</u>	<u>181,114.93</u>

CUST CHG

Regular	-3,952.50	1,574	
Totals	<u>-3,952.50</u>	<u>1,574</u>	<u>177,162.43</u>
TWC FEE			
Regular	-876.42	1,571	
Totals	<u>-876.42</u>	<u>1,571</u>	<u>176,286.01</u>
***Total Payments	<u>-186,124.55</u>	<u>6,285</u>	
MONTHLY-Deposit Applied			
	Amount	Count	Balance
WATER			
Regular	-2,950.99	13	
Totals	<u>-2,950.99</u>	<u>13</u>	<u>173,335.02</u>
SEWER			
Regular	-2,158.99	12	
Totals	<u>-2,158.99</u>	<u>12</u>	<u>171,176.03</u>
CUST CHG			
Regular	-42.50	12	
Totals	<u>-42.50</u>	<u>12</u>	<u>171,133.53</u>
TWC FEE			
Regular	-17.52	12	
Totals	<u>-17.52</u>	<u>12</u>	<u>171,116.01</u>
***Total Deposit Applied	<u>-5,170.00</u>	<u>49</u>	
MONTHLY-Refund			
	Amount	Count	
WATER			
Regular	1,603.31	13	
Totals	<u>1,603.31</u>	<u>13</u>	<u>172,719.32</u>
***Total Refund	<u>1,603.31</u>	<u>13</u>	

Revenue Class-IN COM LG

MONTHLY-Adjustment	Amount	Usage	Count
WATER			
Regular	0.00	-600.00	2

Totals	<u>0.00</u>	<u>-600.00</u>	<u>2</u>	<u>172,719.32</u>
***Total Adjustment	<u>0.00</u>	<u>-600.00</u>	<u>2</u>	

<u>MONTHLY-Charge</u>	<u>Minimum</u>	<u>Overage</u>	<u>Usage</u>	<u>Count</u>	<u>Total</u>	<u>Balance</u>
WATER						
Regular	28,747.38	113,729.93	28,579,358.00	358	142,477.31	
Totals	<u>28,747.38</u>	<u>113,729.93</u>	<u>28,579,358.00</u>	<u>358</u>	<u>142,477.31</u>	<u>315,196.63</u>
SEWER						
Regular	91,715.28	59,900.34	20,968,036.00	228	151,615.62	
Totals	<u>91,715.28</u>	<u>59,900.34</u>	<u>20,968,036.00</u>	<u>228</u>	<u>151,615.62</u>	<u>466,812.25</u>
CUST CHG						
Regular	835.00	0.00	0.00	334	835.00	
Totals	<u>835.00</u>	<u>0.00</u>	<u>0.00</u>	<u>334</u>	<u>835.00</u>	<u>467,647.25</u>
TWC FEE						
Regular	1,470.45	0.00	0.00	334	1,470.45	
Totals	<u>1,470.45</u>	<u>0.00</u>	<u>0.00</u>	<u>334</u>	<u>1,470.45</u>	<u>469,117.70</u>
***Total Charge	<u>122,768.11</u>	<u>173,630.27</u>	<u>49,547,394.00</u>	<u>1,254</u>	<u>296,398.38</u>	

<u>MONTHLY-Miscellaneous</u>	<u>Amount</u>	<u>Count</u>	
WATER Miscellaneous			
Regular	640.00	8	
Totals	<u>640.00</u>	<u>8</u>	<u>469,757.70</u>
SEWER Miscellaneous			
Regular	240.00	3	
Totals	<u>240.00</u>	<u>3</u>	<u>469,997.70</u>
***Total Miscellaneous	<u>880.00</u>	<u>11</u>	

<u>MONTHLY-Payment</u>	<u>Amount</u>	<u>Count</u>	
WATER			
Regular	-141,464.87	336	
Totals	<u>-141,464.87</u>	<u>336</u>	<u>328,532.83</u>

WATER Miscellaneous	
Regular	-640.00

Totals	<u>-640.00</u>		<u>327,892.83</u>
SEWER			
Regular	<u>-151,476.67</u>	<u>229</u>	
Totals	<u>-151,476.67</u>	<u>229</u>	<u>176,416.16</u>
SEWER Miscellaneous			
Regular	<u>-120.00</u>		
Totals	<u>-120.00</u>		<u>176,296.16</u>
CUST CHG			
Regular	<u>-837.50</u>	<u>334</u>	
Totals	<u>-837.50</u>	<u>334</u>	<u>175,458.66</u>
TWC FEE			
Regular	<u>-1,464.69</u>	<u>334</u>	
Totals	<u>-1,464.69</u>	<u>334</u>	<u>173,993.97</u>
***Total Payments	<u>-296,003.73</u>	<u>1,233</u>	

Revenue Class-NO BILL

<u>MONTHLY-Adjustment</u>	<u>Amount</u>	<u>Usage</u>	<u>Count</u>	<u>Balance</u>	
WATER					
Regular	<u>0.00</u>	<u>-500.00</u>	<u>1</u>		
Totals	<u>0.00</u>	<u>-500.00</u>	<u>1</u>	<u>173,993.97</u>	
***Total Adjustment	<u>0.00</u>	<u>-500.00</u>	<u>1</u>		
<u>MONTHLY-Charge</u>	<u>Minimum</u>	<u>Overage</u>	<u>Usage</u>	<u>Count</u>	<u>Total</u>
WATER					
Regular	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>71</u>	<u>0.00</u>
Totals	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>71</u>	<u>0.00</u>
SEWER					
Regular	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2</u>	<u>0.00</u>
Totals	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>2</u>	<u>0.00</u>
CUST CHG					
Regular	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>29</u>	<u>0.00</u>