Mail & Email information for report date: 1/18/19 17:04

C002518

We at ATL appreciate your business and thank you for allowing us to partner in servicing your environmental needs.

Call or email us today at samplingbryan@aqua-techlabs.com for more information or to set up an event.

Sincerely, June M. Brien **Executive Technical** Director

> Sunset Valley, City Attn: Daniel Pepin 3205 Jones Road

dpepin@sunsetvalley.org

Sunset Valley, TX 78745

CORPORATE OFFICE

635 Phil Gramm Boulevard Bryan, TX 77807

Phone: (979) 778-3707 Fax: (979) 778-3193



AUSTIN OFFICE

7500 Hwy 71 W, Suite 105 Austin, TX 78735 Phone: (512) 301-9559

TCEQ DW Lab ID TX 239

Fax: (512) 301-9552

The analyses summarized in this report were performed by Aqua-Tech Laboratories, Inc. unless otherwise noted. Agua-Tech Laboratories, Inc. holds accreditation from the State of Texas in accordance with TNI and/or through the TCEQ Drinking Water Commercial Laboratory Approval Program.

The following abbreviations indicate certification status:

TNI accredited parameter.

ANR Accreditation not required by the State of Texas.

DWP Accreditation through the TCEQ Drinking Water Commercial

Laboratory Approval Program.

INF Agua-Tech Laboratories, Inc. is not accredited for this parameter. It is reported on an informational basis only.

Subcontracted data summarized in this report is indicated by "Sub" in the Lab column.

General Definitions:

NR Not Reported.

RPD Relative Percent Difference.

% R Percent Recovery.

Results with the "dry" unit designation are reported on a "dry weight" basis. drv

SQL The Sample Quantitation Limit is the value below which the parameter cannot reliably be detected. The SQL

includes all sample preparations, dilutions and / or concentrations.

Adj MDL The Adjusted Method Detection Limit is the MDL value adjusted for any sample dilutions or concentrations .

The Method Detection Limit is the lowest theoretical value that is statistically different from zero for a specific

method, taking into account all preparation steps and instrument settings.

All samples are reported on an "as received" basis unless the designation "dry" is added to the reported unit.

Copies of Aqua-Tech Laboratories, Inc. procedures and individual sampling plans are available upon request. samples are collected by Aqua-Tech Laboratories, Inc. personnel unless otherwise noted in the "Sample Collected" field of this report as "Client" or "CLT".

Samples included in this report were received in acceptable condition according to Aqua-Tech Laboratories, Inc. procedures and 40 CFR, Chapter I, Subchapter D, Part 136.3, TABLE II. - Required containers, preservation techniques, and holding times, unless otherwise noted in this report.

Record Retention:

All reports, raw data, and associated quality control data are kept on file for 10 years before being destroyed. Any client that would like copies of records must contact Aqua-Tech Laboratories, Inc. no later than six months prior to the scheduled disposal. An administrative fee for retrieval and distribution will apply.

This report was approved by:

kine M. Buin

June M. Brien, Technical Director

The results in this report apply only to the samples analyzed. This analytical report must be reproduced in its entirety unless written permission is granted by Agua-Tech Laboratories, Inc.

corp@agua-techlabs.com

www.agua-techlabs.com

Page 1 of 3 C002518 3 ATL 011119 FIN Is 01 18 19 1703

CORPORATE OFFICE

635 Phil Gramm Boulevard Bryan, TX 77807 Phone: (979) 778-3707 Fax: (979) 778-3193



AUSTIN OFFICE

7500 Hwy 71 W, Suite 105 Austin, TX 78735 Phone: (512) 301-9559

Fax: (512) 301-9552

Drinking Water Report

Sunset Valley, City of

Report Printed: 1/18/19

18/19 17:04

C002518

	ter System Name SUNSET VALLEY			Count TRAVI	•	Ту	pe of System Public	Public Water System ID TX2270004			
Distribution Sample Name	Sample Collection	Chlorine (mo		Lab Chlorine Check	Total Coliform	E. coli	Received C-O-C #	Analyzed SM9223 B 2004	Laboratory ID	JAN19 Reject Codes and Qualifiers	
26 YELLOW TAIL	1/15/19 10:45 Daniel Coupe		2.2	А	Absent	Absent	01/15/19 11:05 290453	01/15/19 16:15 JAM (Austin)	C002518-01		

Notes & Explanation of Qualifiers

Drinking Water - Quality Control Report Sample Name Laboratory ID **QC Sample Result** Source Result **QC Status** QC Check Analyzed Qualifier(s) Blank M094099-BLK1 Total Coliform Absent N/A Acceptable Blk = Absent 01/15/19 16:15 JAM E. coli Absent N/A Acceptable

QUA-TECH DRINKING WATER (P/A) COLIFORM SUBMISSION FORM											AP ACCREDIA	1	Aqua-Tech Laboratories, Inc. Austin Bryan			Work Ord	er / C-O-C
Public/Private Water System Identification & Sample Collection Information Public Water System ID (Must be 7 digits, include all zeros) Public Water System Name City of Sunset Valley											TNI	500 Hwy 71 W 635 Phili Gramm Suite 105 Blvd. ustin, TX 78735 Bryan, TX 77807 512.301.9559 979.778.3707		290453 Test results meet all			
County Travis										,	CORALG		TCEQ Lab ID: TX 239			accreditation/certifi unless state	cation requirements d otherwise.
Name City of Sunset Valley + DEFINITIONS CM / CTU - Custody Maintained by custody seal and-													San	ple Custo	dy		
t tion	Address 3205 Jones Rd							physical p	osession of samples and indicated by transfer	Custody Transfer	Relinquished	, ,	2411		Date & Time	1-15-19	On Ice +
Client Information	•	City Sunset Valley State / Zip TX 78745						"On Ic	e" requirement may al	so be satisfied	by (print & sign) Daniel	aype	Wal 1. 4	Sampler	Date &	11:05am	Custody Sealed
O	Phone # (512) 891-9103							by refrigerating san		Received by (print & sign)	V					On Ice + CM-F-CTU +	
	Other Contact					All :	samples an	e grab samples in 120 iosulfate unless other	mL sterile plastic wit	h Relinquished		Clie	ent ATL Field	Date &		On Ice +	
. 5	Name (Printed)	Λ	_		Siç	gnature		A.	A	wise floted below.	by (print & sign)		Clie	ent ATLEield	Time		CM / CTU +
mpler	Name (Printed) Daniel Coup e Operator License # Nome (Printed) Daniel Coup e Operator License # Owner Operator Other:										Received by (print & sign)		Cité	ATC MEDIC	Date &		On Ice +
S S S S S S S S S S S S S S S S S S S													Clie	nt ATL Field	1		CM / CTU +
Owner Operator Other: Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8,											Relinquished by (print & sign)		A		Date & Time		On Ice +
Chapter 37.10) By signing this form, the sampler sacknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.											Pacaivad by		Clie	nt ATL Field	Date &	1-15-19	Cond Good
Please write o	comments below		i	-							Received by Kelly Ku	ıkowski	41/0	Lab	Time	1105	CM / CTU+
											Cooler ID Sam	oles Iced?	Te	emperature (°	C)		meter ID
											(Yes) No	111.5	/ 1	1.5	0715	5570
	Sample Identificat	tion/Location	Sa	mple 1	Type (che	eck or	ie)		Collected	I E I	Originating Sample(s)	Chlori	ne Residual	ĺ		oratory Use On	V
			THE REAL PROPERTY.	TAXABLE PROPERTY.		-											
Client	Samp	ess/Location identifie le Siting Plan	d in dine	peat	v Well	ecial *	ruction *	Date	Time	Cle All Sam	Repeat, Replacement & Triggered Ran oples must include the originating posit information below.	ve Free	Total	Rejection Code (if applicable) -		Laboratory Sa ID Numbe	mple
Client Identifier	Samp Raw Wells Use Sc		utine	Repeat	Raw Well	Special *	Construction *		Time Please cir AM or P	cle Sam	ples must include the originating posit	ve	Total mg/L			Laboratory Sa	mple
	Samp Raw Wells Use Sc	le Siting Plan ource ID for Well Sam e: G1234567A	Special Policy (C)	Repeat	Raw Well	Special *	Construction *	Day		C/C A C C C C C C C C C C C C C C C C C	ples must include the originating posit information below. Q LAB ID:	ve Free		(if applicable) - Please		Laboratory Sa ID Numbe	mple r Bottle(s)
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Special *	Construction	Day	Please cir AM or P	- (m²)	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID	mple r Bottle(s)
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Special *	Construction *	Day	Please cir AM or P	pm am	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID	Bottle(s)
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Special *	Construction *	Day	Please cir AM or P	pm am pm am	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID	mple r Bottle(s)
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Special *	Construction *	Day	Please cir AM or P	pm am pm am pm am	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID	mple r Bottle(s) 01 A 02
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Special *	Construction * Month	Day	Please cir AM or P	empm ampm ampm ampm ampm ampm ampm ampm	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Number Sample ID	mple r Bottle(s) 01 A 02 03
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Special Specia	Construction • Month	Day	Please cir AM or P	empm am pm am am pm am am pm am am pm am am am pm am am am pm am	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Number Sample ID	mple r
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Opposition (Construction • Month	Day	Please cir AM or P	am pm am	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID -(mple r Bottle(s) 01 A 02 03 04 05 06
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Special .	Construction . Month	Day	Please cir AM or P	am pm	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID -(mple r Bottle(s) 01 A 02 03 04 05 06
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Opecial	Construction • Month	Day	Please cir AM or P	am pm am am am pm am	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID 3 5 1 8 -(mple r Bottle(s) 01 A 02 03 04 05 06 07 08
	Samp Raw Wells Use Sc Exampl	le Siting Plan ource ID for Well Sam e: G1234567A	. Routine	Repeat	Raw Well	Opecial	Construction • Month	Day	Please cir AM or P	am pm	ples must include the originating posit information below. Q LAB ID:	ve Free	mg/L	(if applicable) - Please		Laboratory Sa ID Numbe Sample ID 3 5 1 8 -(Bottle(s) 11 A 12