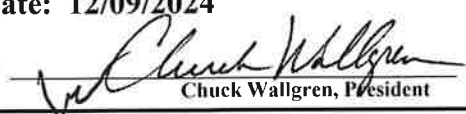


POLLUTION CONTROL SERVICES



Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
Steven Sreen V K Knowlton Const. & Utility Co. 18225 FM 2252 San Antonio, TX 78266	Project Name: Gates Subdivision Sample ID: Blow Off Matrix: Drinking Water Date/Time Taken: 12/06/2024 0930	PCS Sample #: 784149 Page 1 of 1 Date/Time Received: 12/06/2024 09:57 Report Date: 12/09/2024 Approved by:  Chuck Wallgren, President

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Coliform, Total / E.coli	Absent	N/A	N/A	12/06/2024 14:10	9223 IDEXX	CLH/LMW
Sample PASSED criteria for bacteriological test.						

Quality Statement: All supporting quality data adhered to data quality objectives and test results meet the requirements of NELAC unless otherwise noted as flagged exceptions or in a case narrative attachment. Reports with full quality data deliverables are available on request.

These analytical results relate only to the sample tested.
All data is reported on an 'As Is' basis unless designated as 'Dry Wt'.
RL = Reporting Limits

POLLUTION CONTROL SERVICES

Chain of Custody Number

784149

MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1st sample and COC as same number

CUSTOMER INFORMATION				REPORT INFORMATION																	
Name: <u>V.K. NOLTON</u>				Attention: <u>MARISA</u>						Phone: <u>210-782-1768</u> Fax: _____											
SAMPLE INFORMATION				Requested Analysis								Instructions/Comments:									
Project Information: <u>GATES SUBDIVISION</u> Report "Soils" ☐ As Is ☐ Dry Wt.				Collected By: _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">Field Chlorine Residual mg/L</th> <th rowspan="2">Composite or Grab</th> <th>Matrix</th> <th>Type</th> <th>Number</th> <th>Container</th> </tr> <tr> <th> DW-Drinking Water; NPW-Non-potable water; WW-Wastewater; LW-Liquid Waste </th> <th></th> <th></th> <th>Preservative</th> </tr> </table>												Field Chlorine Residual mg/L	Composite or Grab	Matrix	Type	Number	Container
Field Chlorine Residual mg/L	Composite or Grab	Matrix	Type	Number	Container																
		DW-Drinking Water; NPW-Non-potable water; WW-Wastewater; LW-Liquid Waste			Preservative																
Client / Field Sample ID	Collected		Field Chlorine Residual mg/L	Composite or Grab	Matrix	Type	Number	Container	Preservative	PA							PCS Sample Number				
	Date	Time																			
Effluent <u>BOOFF</u>	Start:	Start: <u>9:00</u>		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE	<u>X</u>							<u>784149</u>				
	End:	End: <u>9:30</u>																			
	Start:	Start:		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE								☐ S ☐ B ☐ N ☐ HEM Other:				
	Start:	Start:		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE								☐ S ☐ B ☐ N ☐ HEM Other:				
	Start:	Start:		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE								☐ S ☐ B ☐ N ☐ HEM Other:				
	Start:	Start:		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE								☐ S ☐ B ☐ N ☐ HEM Other:				
	Start:	Start:		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE								☐ S ☐ B ☐ N ☐ HEM Other:				
	Start:	Start:		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE								☐ S ☐ B ☐ N ☐ HEM Other:				
	Start:	Start:		☐ C ☐ G	☐ DW ☐ NPW ☐ WW ☐ Soil ☐ Sludge ☐ LW ☐ Other	☐ P ☐ G ☐ O			☐ H ₂ SO ₄ ☐ HNO ₃ ☐ H ₃ PO ₄ ☐ NaOH ☐ ICE								☐ S ☐ B ☐ N ☐ HEM Other:				

Required Turnaround: ☐ Routine (6-10 days) ☐ EXPEDITE: (See Surcharge Schedule) ☐ < 8 Hrs. ☐ < 16 Hrs. ☐ < 24 Hrs. ☐ 5 days ☐ Other: _____ Rush Charges Authorized by: _____

Sample Archive/Disposal: ☐ Laboratory Standard ☐ Hold for client pick up Container Type: P = Plastic, G = Glass, O = Other _____ Carrier ID: _____

Relinquished By: <u>GWR-QUE Bondin</u>	Date: <u>12-6-24</u>	Time: <u>9:57</u>	Received By: _____	Date: _____	Time: _____
Relinquished By: _____	Date: _____	Time: _____	Received By: <u>Jason Aguilar</u>	Date: <u>12-6-24</u>	Time: <u>0957</u>

Rev: Multiple Sample COC_20180628

1532 Universal City Blvd., Ste. 100, Universal City, Texas 78148
P (210) 340-0343 or (800) 880-4616 - F (210) 658-7903

Login at www.pcslab.net

Pollution Control Services

Sample Log-In Checklist

784149

PCS Sample No(s) 784149 COC No. _____

Client/Company Name: VK Knowledge Checklist Completed by: DA4

Sample Delivery to Lab Via:

Client Drop Off ☒ Commercial Carrier: Bus _____ UPS _____ Lone Star _____ FedEx _____ USPS _____
PCS Field Services: Collection/Pick Up _____ Other: _____

Sample Kit/Coolers

Sample Kit/Cooler? Yes ☒ No _____ Sample Kit/Cooler: Intact? Yes ☒ No _____
Custody Seals on Sample Kit/Cooler: Not Present ☒ If Present, Intact _____ Broken _____
Sample Containers Intact; Unbroken and Not Leaking? Yes ☒ No _____
Custody Seals on Sample Bottles: Not Present ☒ If Present, Intact _____ Broken _____
COC Present with Shipment or Delivery or Completed at Drop Off? Yes ☒ No _____
Has COC sample date/time and other pertinent information been provided by client/sampler? Yes: ☒ No: _____
Has COC been properly Signed when Received/Relinquished? Yes ☒ No _____
Does COC agree with Sample Bottle Information, Bottle Types, Preservation, etc.? Yes ☒ No _____
All Samples Received before Hold Time Expiration? Yes ☒ No _____
Sufficient Sample Volumes for Analysis Requested? Yes ☒ No _____
Zero Headspace in VOA Vial? Yes _____ No _____

Sample Preservation:

* Cooling: Not Required ☒ or Required _____
If cooling required, record temperature of submitted samples Observed/Corrected 19.16 °C
Is Ice Present in Sample Kit/Cooler? Yes ☒ No _____ Samples received same day as collected? Yes ☒ No _____
Lab Thermometer Make and Serial Number: Vaughan 1807009583 Other: _____

Acid Preserved Sample - If present, is pH <2? Yes _____ No ☒ H₂SO₄ _____ HNO₃ _____ H₃PO₄ _____

Base Preserved Sample - If present, is pH >12? Yes _____ No ☒ NaOH _____

Other Preservation: _____ If Present, Meets Requirements? Yes _____ No _____

Sample Preservations Checked by: _____ Date _____ Time _____

pH paper used to check sample preservation (PCS log #): _____ (HEM pH checked at analysis).

Samples Preserved/Adjusted by Lab: Lab # _____ Parameters Preserved _____ Preservative Used _____ Log # _____

Adjusted by Tech/Analyst: _____ Date: _____ Time: _____

Client Notification/ Documentation for "No" Responses Above/ Discrepancies/ Revision Comments

Person Notified: _____ Contacted by: _____

Notified Date: _____ Time: _____

Method of Contact: At Drop Off: _____ Phone _____ Left Voice Mail _____ E-Mail _____ Fax _____ (Lab Director)

Unable to Contact _____ Authorized Laboratory to Proceed: _____

Regarding / Comments: _____

Actions taken to correct problems/discrepancies: _____

Receiving qualifier needed (*requires client notification above*) Temp. _____ Holding Time _____ Initials: _____

Receiving qualifier entered into LIMS at login Initial/Date: _____

Revision Comments: _____