


# POLLUTION CONTROL SERVICES



## Report of Sample Analysis

Client Information	Sample Information	Laboratory Information
<b>Steven Sreen</b> <b>V K Knowlton Const. &amp; Utility Co.</b> <b>18225 FM 2252</b> <b>San Antonio, TX 78266</b>	<b>Project Name: Miralomas Garden Unit #3</b> <b>Sample ID: Blow Off #1</b> <b>Matrix: Drinking Water</b> <b>Date/Time Taken: 10/8/2025 1000</b>	<b>PCS Sample #: 818975</b> <b>Page 1 of 1</b> <b>Date/Time Received: 10/8/2025 11:56</b> <b>Report Date: 10/9/2025</b> Approved by:  Chuck Wallgren, President

Test Description	Result	Units	RL	Analysis Date/Time	Method	Analyst
Coliform, Total / E.coli	Absent	N/A	N/A	10/8/2025 14:40	9223 IDEXX	BMW
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

818975

## MULTIPLE SAMPLE ANALYSIS REQUEST AND CHAIN OF CUSTODY FORM

Stamp 1<sup>st</sup> sample and COC as same number

CUSTOMER INFORMATION				REPORT INFORMATION							
Name: <u>V. K. KNOWLTON</u>				Attention: <u>MARISA CASTOR</u>		Phone: <u>210-782-1788</u>					
SAMPLE INFORMATION				Requested Analysis							
Project Information: <u>MIDALOMAS GARDEN UNITED #3</u>			Collected By:				Instructions/Comments:  <b>PCS Sample Number</b> <b>818975</b> <input type="checkbox"/> S <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> HEM Other:				
Report "Soils" <input type="checkbox"/> As Is <input type="checkbox"/> Dry Wt.			Field Chlorine Residual mg/L	Composite or Grab	Matrix			Container			
Client / Field Sample ID		Collected			Type	Number		Preservative			
	Date	Time		DW-Drinking Water; NPW-Non-potable water; WW-Wastewater; LW-Liquid Waste							
<u>BLOW OFF #1</u>	Start: <u>10-8-05</u> End:	Start: <u>10:00 AM</u> End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O		<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>	PA		
	Start: End:	Start: End:		<input type="checkbox"/> C <input type="checkbox"/> G	<input type="checkbox"/> DW <input type="checkbox"/> NPW <input type="checkbox"/> WW <input type="checkbox"/> Soil <input type="checkbox"/> Sludge <input type="checkbox"/> LW <input type="checkbox"/> Other	<input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> O		<input type="checkbox"/> H <sub>2</sub> SO <sub>4</sub> <input type="checkbox"/> HNO <sub>3</sub> <input type="checkbox"/> H <sub>3</sub> PO <sub>4</sub> <input type="checkbox"/> NaOH <input type="checkbox"/> ICE <input type="checkbox"/>			
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Required Turnaround: <input type="checkbox"/> Routine (6-10 days) <input checked="" type="checkbox"/> EXPEDITE: (See Surcharge Schedule) <input type="checkbox"/> < 8 Hrs. <input type="checkbox"/> < 16 Hrs. <input type="checkbox"/> < 24 Hrs. <input type="checkbox"/> 5 days <input type="checkbox"/> Other: _____				Rush Charges Authorized by: _____							
Sample Archive/Disposal: <input type="checkbox"/> Laboratory Standard <input type="checkbox"/> Hold for client pick up				Container Type: P = Plastic, G = Glass, O = Other _____ Carrier ID: _____							
Relinquished By:	<u>FORICUE BENUM</u>	Date:	<u>10-8-05</u>	Time:	<u>11:56</u>	Received By:		Date:		Time:	
Relinquished By:		Date:		Time:		Received By:	<u>[Signature]</u>	Date:	<u>10-8-05</u>	Time:	<u>1156</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](http://www.pcslab.net)

# Pollution Control Services Sample Log-In Checklist

PCS Sample No(s) 818975 COC No. 818975

Client/Company Name: VK KADWATA Checklist Completed by: JAA

**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:**  or Required

\* **Cooling:**  or Required  If cooling required, record temperature of submitted samples Observed/Corrected 29.3, 29.7 °C

Is Ice Present in Sample Kit/Cooler? Yes  No  Samples received same day as collected? Yes  No

Lab Thermometer Make and Serial Number: ennoLogic HDHC000015629 Other:

**Acid Preserved Sample - If present, is pH <2?** Yes  No  \*\* H<sub>2</sub>SO<sub>4</sub>  HNO<sub>3</sub>  H<sub>3</sub>PO<sub>4</sub>

**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  (HEM pH checked at analysis).

pH paper used to check sample preservation (PCS log #):

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

Unable to Contact  Authorized Laboratory to Proceed:  (Lab Director)

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:**