



Report of Analysis



For: 422935 - City of Buda

Attn:

525 Garison Rd
Buda, TX 78610

Michelle M. Robertson

Released By: Michelle Robertson

Title: Quality Assurance Officer

I am the laboratory manager, or his/her designee, and I am responsible for the release of this data package. This laboratory data package has been reviewed and is complete and technically compliant with the requirements of the methods used, except where noted in the attached reports. I affirm, to the best of my knowledge that all problems/anomalies observed by this laboratory (and if applicable, any and all laboratories subcontracted through this laboratory) that might affect the quality of the data, have been identified in the report, and that no information or data have been knowingly withheld that would affect the quality of the data.

This Laboratory is NELAP accredited. Scope: Non-potable water, potable water.

Lab Sample ID: 210221.02-01

Site: 204 San Antonio St.

Collection Date/Time: 2/21/2021 09:45 AM

Receive Date/Time: 2/21/2021 11:14 AM

Sample Matrix: Drinking Water

Sample Type: Special

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
Total coliform (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ
E. coli (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ

Lab Sample ID: 210221.02-02

Site: 450 South Loop 4

Collection Date/Time: 2/21/2021 09:56 AM

Receive Date/Time: 2/21/2021 11:14 AM

Sample Matrix: Drinking Water

Sample Type: Special

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
Total coliform (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ
E. coli (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ

¹ Parameter not available for NELAP accreditation at the GBRA

NA = not analyzed

Lab Sample ID: 210221.02-03
Site: 830 Faircrest

Collection Date/Time: 2/21/2021 10:10 AM
Receive Date/Time: 2/21/2021 11:14 AM

Sample Matrix: Drinking Water
Sample Type: Special

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
Total coliform (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ
E. coli (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ

Lab Sample ID: 210221.02-04
Site: 225-221 Dr.

Collection Date/Time: 2/21/2021 10:21 AM
Receive Date/Time: 2/21/2021 11:14 AM

Sample Matrix: Drinking Water
Sample Type: Special

Analyte	Method	Sample Result	DF	RPL	Qualifier	Test Date/Time	Analyst	Read Date/Time	Analyst
Total coliform (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ
E. coli (P/A)	IDEXX Colilert 18 hr	Absent -	1			2/21/2021 11:30 AM	SL	2/22/2021 05:30 AM	SJ

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 NA = not analyzed

LABORATORY TERM AND QUALIFIER DEFINITION REPORT

General Term Definition

%REC	Percent Recovery	LOQ	Limit of Quantitation
%RPD	Relative Percent Difference	LR	Low Range
CCB	Continuing Calibration Verification	MBLK	Method Blank
CCV	Continuing Calibration Verification	MDL	Method Detection Limit
D.F.	Dilution Factor	MS	Matrix Spike
HR	High Range	MSD	Matrix Spike Duplicate
ICB	Initial Calibration Blank	ND	Not Detected
ICV	Initial Calibration Verification	QC	Quality Control
LCS	Laboratory Control Spike	RPL	Reporting Limit
LCSD	Laboratory Control Spike Duplicate		

Qualifier Definition

Order Comments

210221.02 N/A

¹ Parameter not available for NELAP accreditation at the GBRA

NA = not analyzed

*****It is the clients responsibility to fill out this form correctly. *** SAMPLES ARE NOT ACCEPTED ON FRIDAYS****

TCEQ Microbial Reporting Form										TCEQ Form 925 08/2017		TEXAS STATE UNIVERSITY Edwards Aquifer Research and Data Center Texas State University University Dr San Marcos, TX 78666-2669 Phone: 512-245-2329		CGBRA LAB TCEQ Laboratory ID: 48136 TCEQ License No: 161-021212021											
Water System Identification & Sample Collection Information (Please type or use block print)										Public Water System ID: (Must be 7 digits; include all zeros)		TX		1050012		TCEQ License # 48131		Email: jg13@txstate.edu or mail5@txstate.edu							
Public Water System Name:										City of Buda		Account # 422935		County: Hays		SHADED AREA FOR LABORATORY USE ONLY									
Name:										City of Buda		Address: 525 Garrison Rd		City: Buda		State: Texas		Zip Code: 78610		Hard Copy: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N					
Phone #: 512-563-0244										Email (Y or N): mclark@ci.buda.tx.us		Temp. w/ Vincent: 10.3/10.3		Requisitioned By (Sampler): Marty Clark		Date / Time: 2-21-21 / 10:23 AM									
Sampler Name (Print): Marty Clark										Signature: Marty Clark		Requisitioned By (Courier): Jeff Wright		Date / Time: 2-21-21 10:23 AM											
Operator License #: WG 0000 486										Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Other: <input type="checkbox"/>		Corrected Temp °C: 120420-38		Received By (Lab): [Signature]		Date / Time: 2/21/21 11:14 AM									
Lab Comments:										Incubation Date & Time		Tested By:		Date:		Time:									
Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10) By signing this form, the sampler acknowledges that samples were collected according to the systems established sample collection procedures, and that all information is accurate.										Chlorine Residual		Lab Results		Date:		Time:									
Sample Identification/Location										Sample Type: (N one)		Collected		Sample ID & Date of Ongoing Sample (All Repeat, Replacement, & Ingressed Raw Samples)		Test Method: IDEXX Coli-ert 18 SM9223-2011		Date: 02/21/2021							
Use Specific Address / Location Identified in Sample Siting Plan										Routine (Distribution)		Date		Time		Chlorine v		Total Coliform		E. Coli					
Raw Wells - Use Source ID for Well Sampled (Example: G1234567A)										Repeat		Month		Day		Year		Absent		Present		Absent		Present	
										Raw Well		Please circle AM or PM		Replacement		Rejection Code (if applicable) - Please Resubmit								Laboratory Sample ID Number	
#1 204 San Antonio St												2		21		21		9:45		09		F		-01	
#2 450 South Loop 4												2		21		21		9:56		1.0		F		-02	
#3 830 Faircrest												2		21		21		10:10		1.1		F		-03	
#4 225-221 Dr												2		21		21		10:21		1.6		F		-04	
Form Instructions: www.tceq.texas.gov/drinkingwater/microbiol-revised-total-coliform-rule																									
Client notification for unsuitable or positive samples:										Date Mailed/By:		Payment Type:		TCEQ Data Base:		Lab Rejected Code (LR) - Document Reason:									
Person contacted: _____										Date/Time Notified: _____															