



<b>TCEQ Microbial Reporting Form</b>										TCEQ Form 10525 Rev. 11 / 2016		 <b>ENVIRODYNE LABORATORIES, INC</b> 11011 BROOKLET DR, STE 230 HOUSTON, TX 77099 (281) 568-7880 <b>NELAP Certificate # T104704265</b>				 <b>ENVIRODYNE LABORATORIES, INC.</b> TCEQ Accreditation ID: <b>TX-288</b>								
Water System Identification & Sample Collection Information (Please type or use block print)																								
Public Water System ID: <small>(Must be 7 digits; include all zeros)</small>			TX																					
Public Water System Name:										<i>Test Results must meet all accreditation / certification requirements unless stated otherwise.</i>				TX-288										
County:										SHADED AREA FOR LABORATORY USE ONLY														
Report Results To:	Name:									Sample Iced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relinquished By (Sampler):				Date / Time:								
	Address:									Temperature		Received By (Courier, if applicable):				Date / Time:								
	City:									°C		Relinquished By (Courier):				Date / Time:								
	State:		TX		Zip Code:					Corrected Temp		Received By (Lab):				Date / Time:								
	Phone #:				Email :					Lab Comments:														
Sampler Name (Print):					License #:					Tested By:					Date / Time:									
Sampler Signature:					<input type="checkbox"/> Owner		<input checked="" type="checkbox"/> Operator		Other:			Report to Client By:					Date / Time:							
<i>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 the samples were collected as indicated, and that the information submitted is accurate.</i>										Chlorine Residual		Rejection Code (if applicable) - Please Resubmit		Lab Results								Laboratory Sample ID Number		
Sample Identification/Location			Collected			Sample Type : (v)				Sample ID & Date of Originating Sample (All Repeat, Replacement, & Triggered Raw Samples)				Test Method:		Total Coliform		E. coli						
Use Specific Address / Location <i>DO NOT USE SITE #</i>												Circle "F" for Free, "T" for Total. (mg/L)												
Raw Wells Use Source ID for Well Sampled Example: G1234567A			Month	Day	Year	Please circle AM or PM		Distribution	Repeat	Raw Well	Special *	Construction *												
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\* Special and Contruction samples are NOT FOR COMPLIANCE

Lab Rejected (LR) - Document Reason: