

# Recreational Water Bacterial Test

Sample must be submitted within 6 hours of collection if not refrigerated,  
or within 24 hours of collection if refrigerated

## PLEASE COMPLETE THE FOLLOWING

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Date Delivered \_\_\_\_\_ Time Delivered \_\_\_\_\_ AM PM

Delivered by \_\_\_\_\_ Signature \_\_\_\_\_

## RESULTS

### SAMPLE 1

Date Collected \_\_\_\_\_

Time Collected \_\_\_\_\_ AM PM

Collected by \_\_\_\_\_

Print \_\_\_\_\_

Signature \_\_\_\_\_

Analyst \_\_\_\_\_

Source \_\_\_\_\_

Lab ID \_\_\_\_\_

### SAMPLE 2

Date Collected \_\_\_\_\_

Time Collected \_\_\_\_\_ AM PM

Collected by \_\_\_\_\_

Print \_\_\_\_\_

Signature \_\_\_\_\_

Analyst \_\_\_\_\_

Source \_\_\_\_\_

Lab ID \_\_\_\_\_

### Total Coliform

Day/Time In: \_\_\_\_\_

Day/Time Out: \_\_\_\_\_

PRESENT  ABSENT

### Total Coliform

Day/Time In: \_\_\_\_\_

Day/Time Out: \_\_\_\_\_

PRESENT  ABSENT

### *E. coli*

PRESENT  ABSENT

### *E. coli*

PRESENT  ABSENT

### Heterotrophic Plate Count

Day/Time In: \_\_\_\_\_

Day/Time Out: \_\_\_\_\_

HPC \_\_\_\_\_ cfu/mL

### Heterotrophic Plate Count

Day/Time In: \_\_\_\_\_

Day/Time Out: \_\_\_\_\_

HPC \_\_\_\_\_ cfu/mL

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UNSATISFACTORY  SATISFACTORY



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