

Recreational Water Bacterial Test

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

Company _____

Address _____ City _____ Zip _____

County _____ Phone _____

Email _____ Fax _____

Date Collected _____ Time Collected _____ AM PM

Collected by _____ Signature _____

Date Delivered _____ Time Delivered _____ AM PM

Delivered by _____ Signature _____

Source or ID _____

Lab Use Only

Sample Number _____ Analyst _____

Begin Date Begin Time End Date End Time

Total Coliforms & *E. coli* _____ _____ _____ _____

Heterotrophic Plate Count _____ _____ _____ _____

Results

Total Coliform Test (MMO-MUG)

Present Absent

***E. coli* Test** (MMO-MUG)

Present Absent

Heterotrophic Plate Count (SM9215)

Colony forming units per mL
(cfu/mL): _____

Other

- Please submit another sample
- Sample too old (> 24 hrs.)
- Incomplete information
- Other _____

OVERALL

- Satisfactory
- Unsatisfactory



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