



Criterion Water Labs, LLC
 Indiana State Department of Health Certified Microbiology Lab
 M-34-03

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PRIVATE SAMPLE SUBMITTAL FORM

Sample

LOCATION _____ DATE Collected _____

Did you read the sample collection document (can be obtained from the website)? Yes No

If not, please describe how the sample was collected: _____

Faucet Description _____ PHONE _____

Email _____ and/or FAX _____

Applicable Environment Information & Known Contaminants: _____

Time Collected _____ Delivered (Time/Date) _____ / _____ By (Print) _____

Sample Collector Signature _____ Print Name _____

Sample Delivered by Signature _____ County _____ Relinquished to _____

#	TEST ORDERED	RESULTS
1		
2		
3		
4		
5		
	According to the results of the tests performed on this sample and measured against EPA standards	SATISFACTORY UNSATISFACTORY

SAMPLE STORAGE INSTRUCTIONS

() Room Temperature Upon Arrival () Refrigerate Upon Arrival

All samples will be discarded after testing unless/otherwise indicated

() Discard Samples () Retain Samples

For Lab Use Only	Sample Condition	
Sample Inspected and Logged By		Date
Sample Tested By		Date
Sample ID		