



# Criterion Water Labs, LLC

329 E. Firmin St., Kokomo, IN 46902 | www.criterionwaterlabs.com  
water@criterionwaterlabs.com | (765) 438-4995, (765) 883-7681 | Fax: (765) 854-0438

## 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 Collected \_\_\_\_\_ Number of Samples \_\_\_\_\_

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

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

Sample 1 Source	Sample 2 Source	Sample 3 Source	Sample 4 Source
_____	_____	_____	_____
Time Collected	Time Collected	Time Collected	Time Collected
_____	_____	_____	_____
AM PM	AM PM	AM PM	AM PM
Collected by	Collected by	Collected by	Collected by
_____	_____	_____	_____
Print	Print	Print	Print
_____	_____	_____	_____
Signature	Signature	Signature	Signature

**RESULTS**

Analyst

**RESULTS**

Lab ID _____	Lab ID _____	Lab ID _____	Lab ID _____
Total Coliform Test	Total Coliform Test	Total Coliform Test	Total Coliform Test
Day/Time In: _____	Day/Time In: _____	Day/Time In: _____	Day/Time In: _____
Day/Time Out: _____	Day/Time Out: _____	Day/Time Out: _____	Day/Time Out: _____
PRESENCE ABSENCE	PRESENCE ABSENCE	PRESENCE ABSENCE	PRESENCE ABSENCE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E.coli	E.coli	E.coli	E.coli
PRESENCE ABSENCE	PRESENCE ABSENCE	PRESENCE ABSENCE	PRESENCE ABSENCE
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Heterotrophic Plate Count	Heterotrophic Plate Count	Heterotrophic Plate Count	Heterotrophic Plate Count
Day/Time In: _____	Day/Time In: _____	Day/Time In: _____	Day/Time In: _____
Day/Time Out: _____	Day/Time Out: _____	Day/Time Out: _____	Day/Time Out: _____
HPC _____cfu/ml	HPC _____cfu/ml	HPC _____cfu/ml	HPC _____cfu/ml
Satisfactory Unsatisfactory	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>