IDOH SDG:_____

INDIANA DEPARTMENT OF HEALTH
ENVIRONMENTAL LEAD LABORATORY – LEAD SOIL SUBMISSION

Collector's Contact Information		***Sampling Information***	
Organization: *		Date Sampled: *	
Address (1):		Property Address (1):*	
Address (2):		Property Address (2):	
City, Zip Code:		City, Zip Code:	
Phone:		Collected By:*	
Email for Results:*		Assessor License #:	
Email for Results:		Low Priority?	Yes ○ No ●

***Required Fields**

YOUR SAMPLE ID	SAMPLE DESCRIPTION AREA OR LOCATION	Lab Assigned Number

SOIL TEST RESULTS LIMITS
200 ppm; 100 ppm if an additional source of lead is identified

For questions, please contact: The Indiana Lead and Healthy Homes Division @ 317-233-1250 or The Indiana Department of Health Laboratory @ 317-921-5500

Use of this form constitutes a contract between the submitter and the IDOH Laboratories. The Laboratory will test samples according to its EPA National Lead Laboratory Accreditation Program scope. ***Sample turnaround time is 10 business days, low priority turnaround time is 15 business days based on sample volume.***

Please mail or bring samples with this form to: **IDOH Environmental Lead Laboratory**
550 W 16th Street
Indianapolis, IN 46202

Custody Signature: Relinquished By: _____Date/Time:_____

Custody Signature: Received By: _____Date/Time:_____