INDIANA DEPARTMENT OF HEALTH IDOH SDG:_____

ENVIRONMENTAL LEAD LABORATORY – LEAD IN DRINKING WATER 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:		Well Water:*	Yes ◯ No ◯
Email for Results:		Low Priority?	Yes ◯ No ◯

***Required Fields** **If well water, sample will be tested for Arsenic**

YOUR SAMPLE ID	SAMPLE DESCRIPTION INCLUDING DRAW AND LOCATION	Lab Assigned Number

EPA Drinking Water Maximum Contaminant Limit Goal for Lead: Zero **EPA Action Limit for Lead:** 10 ug/L

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 Laboratory Certification scope. ***Sample turnaround time is 10 business days, low priority turnaround time is 15 business days based on sample volume.***

Please mail 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:_____