



# First District Health Unit

**Environmental Laboratory**  
 P. O. Box 1268 Minot, ND 58702-1268  
 801 11th Ave SW, Minot ND 58701  
 Main Phone: (701) 852-1376 or  
 Direct Lab (701) 837-5119  
 www.fdh.u.org

# Water Testing Sample Submission

Name/Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Contact: \_\_\_\_\_ Email: (Optional for results) \_\_\_\_\_

Mailing: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing (if different): \_\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_ Collector: \_\_\_\_\_

Collection Point: \_\_\_\_\_

\*Samples must arrive to lab within 30 hours of filling the bottle. Older samples will be voided.\*

## Source

Indicate the water source by checking the appropriate box on the left and filling in the corresponding information.

**Public Water System #** \_\_\_\_\_ **RTCR** \_\_\_\_\_

Well/Source ID's in use during routine TCR Sample Collection \_\_\_\_\_

Ground Water  Purchased Ground Water  Surface Water  Purchased Surface Water

### Reason for Sample:

Routine  Replacement  Repeat (Original Location)  Repeat Upstream  Repeat Downstream

Special Purpose \_\_\_\_\_  Construction \_\_\_\_\_  Agency Req'd \_\_\_\_\_

### Private Supply

Well  Cistern  Spring  Other \_\_\_\_\_

### Recreational Water

Pool  Spa  Wading  Other \_\_\_\_\_

### Wastewater

ID#/Site: \_\_\_\_\_

**Other** (explain): \_\_\_\_\_

On-Site Measurements	
Free Chlorine mg/L	Total Chlorine mg/L
pH	Other
Well Depth	Diameter
<input type="checkbox"/> Filter <input type="checkbox"/> Softener <input type="checkbox"/> RO <input type="checkbox"/> Other	

## Analysis Requested (See back for more information)

- Bacteriological Presence/Absence (routine drinking - bottle provided) \$ 22.00
- Bacteriological Quantification \$ 35.00
- Recreational Water (pool, spa, splash pad) \$ 27.00
- Routine Chemistry: (minimum quart of water required - bottle not provided) \$ 50.00
  - pH, conductivity, total dissolved solids, total hardness, iron, manganese, nitrates, sodium, sulfates
  - Individual Chemistries: From Routine list above; please indicate: \_\_\_\_\_ \$ 7.00 each
    - Calcium/Magnesium  Chloride  Chlorine  Fluoride  Potassium
    - Calcium/Magnesium  Chloride  Chlorine  Fluoride  Potassium \$ 7.00 each

### ~ Notice ~

~ Testing days for bacteriological samples are Monday, Tuesday and Wednesday by 4:00 p.m.  
 ~ Samples submitted on non-testing days may have additional charges.

**For Laboratory  
Use Only**

Sample # \_\_\_\_\_

Total: \_\_\_\_\_

Cash

Check# \_\_\_\_\_

Received by: \_\_\_\_\_

CC \_\_\_\_\_

## **SAMPLE COLLECTION INSTRUCTIONS**

Care must be taken to collect samples that are representative of the water system being tested and to avoid contamination of the sample at the time of collection.

### **BACTERIOLOGICAL TESTING**

The sample tap must be free of any aerator, strainer, or hose attachment. Leaking taps that allow water to flow over the outside of the tap must be avoided as sampling points.

SPECIFIC SAMPLING INSTRUCTIONS ARE AS FOLLOWS:

1. Do not rinse the sample bottle. It is sterile and contains a chemical additive.
2. Open the sample tap fully and allow the water to run 4-5 minutes.
3. Restrict the flow to allow the collection of the sample without splashing.
4. Fill the sample to the shoulder, above the line, leaving a small air space.
5. Collect and ship the sample to ensure arrival at the laboratory within 30 hours of collection. All samples received during the weekend or that are more than 30 hours old will be rejected.
6. Complete the paperwork and return the sample to the lab on an approved testing day.

### **CHEMISTRY TESTING**

Samples submitted for Routine Chemistry Water Analysis

- Must include at least one quart of water
- The container must be clean, made of glass or plastic, and be a container that has not previously been used to store bleach, soap, or
- Do not use a metal container.
- Rinse the container several times with the sample water before filling and capping.

### **COMPLETING THE REPORT FORM**

Carefully complete the Sample Submission Form as fully and completely as possible. Any and all information applicable to the sample should be included.

Errors or omissions on this form may cause reporting errors, errors in the permanent record, and may cause the sample to be rejected.

### **FEE FOR SERVICE**

The laboratory will charge for each water analysis performed. Please submit payment with your sample. Make checks payable to First District Health Unit. Questions regarding billing, testing procedures, or test results should be directed to the Environmental Health Division at 701-852-1376.