



First District Health Unit

Environmental Laboratory
P. O. Box 1268 Minot, ND 58702-1268
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www.fdh.u.org

WATER SAMPLE REQUEST PROPERTY SALE

SITE ADDRESS: _____

INCLUDE DIRECTIONS AND/OR MAP FOR PROPERTY

TESTS REQUESTED:

Bacteriological with Nitrate Lead Other _____

WATER SYSTEM: Treatment Type: None Softener RO Filter Other _____

Well Depth _____ Diameter _____ Well Head Location _____

Additional Information: _____

ON BACK Additional REQUIRED Information

Requested by:

Name(s): _____

Full Address: _____

Phone#: _____ Email: _____

Billing Information: SAME AS ABOVE

Name(s)/Company: _____

Full Address: _____

Phone#: _____ Email: _____

Contact Person:

Name(s)/Company: _____

Phone#: _____ Email: _____

Current Owner:

Purchaser:

ADDITIONAL INFORMATION: _____

OFFICE USE ONLY

DATE RECEIVED:

SAMPLE COLLECTION APPOINTMENT:

ADDITIONAL SAMPLES DATE/TIME:

NOTES: