



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

Received _____

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.

Reason for Sample:

- Routine Replacement Repeat (Original Location) Repeat Upstream Repeat Downstream

Special Purpose: Construction _____ Agency Req'd _____ Other _____

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

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)

2020

<input type="checkbox"/> Bacteriological Presence/Absence (routine drinking - bottle provided)	\$ 25.00
<input type="checkbox"/> Bacteriological Quantification	\$ 40.00
<input type="checkbox"/> Recreational Water (pool, spa, splash pad)	\$ 30.00
<input type="checkbox"/> Routine Chemistry: (minimum quart of water required - bottle not provided)	\$ 65.00
pH, conductivity, total dissolved solids, total hardness, iron, manganese, nitrates, sodium, sulfates	
Individual Chemistries: From Routine list above; please indicate: _____	\$ 10.00 each
<input type="checkbox"/> Calcium/Magnesium <input type="checkbox"/> Chloride <input type="checkbox"/> Chlorine <input type="checkbox"/> Fluoride <input type="checkbox"/> Potassium	

~ 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: _____

Received by: _____

Cash

Check# _____

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 4pm.

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 vinegar. Do not use a metal container.
- Rinse the container several times with the sample water before filling and capping.

COMPLETING THE REPORT FORM

Fully complete the Sample Submission Form as fully and completely as possible. Add any applicable information.

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

FEE FOR SERVICE

The laboratory will charge for each water analysis performed. Make checks payable to First District Health Unit. Any questions should be directed to the Environmental Health Division at 701-852-1376

January						
S	M	T	W	R	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

FDHU 2020 Water Lab Schedule

January
01-03: New Year Holiday
20: M L King Day
February
17: Presidents' Day
March
April
10: Good Friday
May
25: Memorial Day
June
July
August
September
07: Labor Day
October
26-30: NDEHA Conference
November
11: Veterans Day
23-27: Thanksgiving Holiday
December
22-25: Christmas Holiday
30-Jan 1: New Year Holiday

RTCR coliform and <i>E. coli</i> sample Receipt Schedule
<input type="checkbox"/> Laboratory does not receive specimens. In an emergency, please contact the laboratory. Additional charges will apply.
<input type="checkbox"/> Laboratory open to receive samples.
<input type="checkbox"/> Holiday - Laboratory closed.