



# 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: \_\_\_\_\_

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

Send Results and Invoices By (Choose only one): ☐ Mail (paper copies) ☐ Email (electronic copies)

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

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

\*Samples must arrive to lab within 30 hours of filling the bottle. If sample is over 24 hours old, notify lab personnel.

### Reason for Sample (Check One Box):

☐ Routine ☐ Construction ☐ Repeat (Original Location) ☐ Repeat Upstream ☐ Repeat Downstream

Special Purpose: ☐ Repeat After Failed Test ☐ 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 \_\_\_\_\_

☐ Private Supply (Circle One):  
Well Cistern Spring Other \_\_\_\_\_

☐ Recreational Water (Circle One):  
Pool Spa Wading Other \_\_\_\_\_

☐ Wastewater  
ID#/Site: \_\_\_\_\_

☐ Other (explain): \_\_\_\_\_

### On-Site Measurements

Free Chlorine	mg/L	Total Chlorine	mg/L
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pH	Other
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Water Treatment (Private Supplies Only) (Check All That Apply):

<input type="checkbox"/> Filter	<input type="checkbox"/> Softener	<input type="checkbox"/> RO	<input type="checkbox"/> Other
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### Analysis Requested (Check box of desired analysis)

2023

<input type="checkbox"/>	Bacteriological Presence/Absence (standard test for drinking water - bottle provided)	\$ 30.00
<input type="checkbox"/>	Bacteriological Quantification	\$ 45.00
<input type="checkbox"/>	Recreational Water (pool, spa, splash pad)	\$ 35.00
<input type="checkbox"/>	18 Hour Bacterial Presence/Absence	\$ 45.00
Chemistry Analysis: (NOTE: BOTTLE NOT PROVIDED; 1 QUART MINIMUM REQUIRED)		
<input type="checkbox"/>	Routine (pH, conductivity, total dissolved solids, total hardness, iron, manganese, nitrates, sodium, sulfates, chloride)	\$ 85.00
<input type="checkbox"/>	Agricultural Water (pH, conductivity, total dissolved solids, hardness, calcium/magnesium, iron, sodium, chloride, nitrates)	\$ 60.00
<input type="checkbox"/>	Livestock Water (pH, conductivity, total dissolved solids, sulfates, nitrates)	\$ 30.00
Optional:	<input type="checkbox"/> Calcium/Magnesium <input type="checkbox"/> Chloride <input type="checkbox"/> Chlorine <input type="checkbox"/> Fluoride <input type="checkbox"/> Potassium	\$ 15.00 EACH

### ~ Notice ~

~ Testing days for bacteriological samples are Monday, Tuesday and Wednesday by 4:00 p.m.

~ Non-testing day fee is double standard fee. Non-testing day samples must have prior approval- call 837-5119

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. Samples received on non-testing days 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 before 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.
- Wash container, then rinse the container five times with the sample water before filling and capping.

## COMPLETING THE REPORT FORM

The Sample Submission Form must be fully and completely filled out. Add additional information if necessary.

Samples with incomplete forms will be rejected. Errors or omissions on this form may cause reporting errors.

## 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				

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 2023 Water Lab Schedule

January	
02:	New Year Holiday
16:	Martin Luther King Day
February	
20:	Presidents' Day
March	
April	
05-07:	Good Friday
May	
29:	Memorial Day
June	
July	
03-04:	Independence Day
August	
September	
04:	Labor Day
October	
16-20:	NDEHA Conference
November	
08-10:	Veterans Day
20-24:	Thanksgiving Holiday
December	
25:	Christmas Holiday

RTCR coliform and E coli sample Receipt Schedule	
<input type="checkbox"/>	Laboratory does not receive specimens. Contact lab at 837-5119 for submission options. Additional charges will apply.
<input checked="" type="checkbox"/>	Laboratory open to receive samples.
<input type="checkbox"/>	Laboratory closed