



FIRST DISTRICT HEALTH UNIT | ENVIRONMENTAL HEALTH DIVISION  
801 11TH AVE SW | MINOT, ND 58701  
PHONE 701-852-1376  
REVISED APRIL 2025

## WATER SAMPLE COLLECTION REQUEST

PROPERTY ADDRESS:		
<b>ON SITE CONTACT PERSON</b>		
NAME AND PHONE NUMBER:		
<b>PERSON REQUESTING SAMPLE COLLECTION</b>		
NAME		EMAIL
COMPLETE MAILING ADDRESS		PHONE NUMBER
<b>TESTS REQUESTED</b>		
<input type="checkbox"/> COLIFORM AND E. COLI PRESENCE/ABSENCE		
<input type="checkbox"/> NITRATES		
<input type="checkbox"/> LEAD		
<input type="checkbox"/> OTHER (SUBJECT TO AVAILABILITY) SPECIFY EXACT TYPE: _____		
<b>MUST READ AND ATTEST TO THE FOLLOWING:</b> <i>FAILURE TO ATTEST TO EACH SHALL RESULT IN REJECTION OF REQUEST.</i>		
<input type="checkbox"/> I AM REQUESTING THE ABOVE MARKED WATER SAMPLES AND DO AGREE TO PAY FOR THE TESTS AND ALL RELATED COSTS (MILEAGE AND HOURLY FEE AS PER CURRENT FDHU FEE SCHEDULE).		
<input type="checkbox"/> IF THE LAB REPRESENTATIVE TRAVELS TO THE SITE AND IS UNABLE TO COLLECT THE SAMPLE FOR ANY REASON, I AM STILL RESPONSIBLE FOR ALL RELATED COSTS INCLUDING USED LAB MATERIALS.		
<input type="checkbox"/> IF THE ONSITE CONTACT PERSON IS MORE THAN 15 MINUTES LATE FOR THE AGREED TIME OF SAMPLE COLLECTION, THE LAB REPRESENTATIVE WILL RETURN TO THE LAB AND I AM STILL RESPONSIBLE FOR ALL RELATED COSTS INCLUDING USED LAB MATERIALS.		
<input type="checkbox"/> ALL ANIMALS SHALL BE SECURED PRIOR TO ARRIVAL OF LAB REPRESENTATIVE.		
<input type="checkbox"/> I AGREE TO FOLLOW ALL TEST PROTOCOLS AS DETAILED BY LAB FOR TESTS REQUESTED.		
<i>I CERTIFY THAT I AGREE TO ALL CONDITIONS CONTAINED HEREIN AND THAT ALL INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.</i>		
Signature:		Date:

OFFICE USE ONLY	
DATE RECEIVED:	COLLECTION DATE AND TIME:
MILEAGE:	HOURS: