



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:

ON SITE CONTACT PERSON

NAME AND PHONE NUMBER:

PERSON REQUESTING SAMPLE COLLECTION

NAME EMAIL

COMPLETE MAILING ADDRESS PHONE NUMBER

TESTS REQUESTED

COLIFORM AND E. COLI PRESENCE/ABSENCE

NITRATES

LEAD

OTHER (SUBJECT TO AVAILABILITY) SPECIFY EXACT TYPE: _____

MUST READ AND ATTEST TO THE FOLLOWING:

FAILURE TO ATTEST TO EACH SHALL RESULT IN REJECTION OF REQUEST.

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).

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.

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.

ALL ANIMALS SHALL BE SECURED PRIOR TO ARRIVAL OF LAB REPRESENTATIVE.

I AGREE TO FOLLOW ALL TEST PROTOCOLS AS DETAILED BY LAB FOR TESTS REQUESTED.

I CERTIFY THAT I AGREE TO ALL CONDITIONS CONTAINED HEREIN AND THAT ALL INFORMATION PROVIDED IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature:

Date:

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