Recreational Water *Laboratory Testing*

First District Health Unit
www.fdhu.org

Jayme Calavera, REHS
Environmental Health Division

FDHU CODE REQUIREMENTS

- LAB USED MUST BE APPROVED BY DEPARTMENT.
- IF LAB IS NOT FDHU LAB IN MINOT, APPROVAL TO USE THAT LAB MUST BE OBTAINED PRIOR TO USING THE LAB.
  - ADDITIONAL CRITERIA APPLY TO TESTS ANALYZED AT OTHER LABS, CONTACT YOUR INSPECTOR PRIOR TO GET DETAILS AND ESTABLISH A TESTING PROTOCOL.
- MICROBIOLOGICAL TESTING MUST CONSIST OF:
  - COLIFORMS/E.COLI PRESENCE/ABSENCE TEST, AND
  - HETEROTROPHIC PLATE COUNT (HPC).

FDHU CODE REQUIREMENTS

- ALL WATER CHEMISTRY PARAMETERS MUST BE IN COMPLIANCE WITH CODE PRIOR TO COLLECTING SAMPLE.
- MUST BE COLLECTED FROM THE PART OF THE VENUE WHERE PATRONS ARE EXPOSED TO THE WATER (EX. POOL OR SPA BASIN, SPRAY FROM SPLASH PAD FEATURES).
- EACH VENUE MUST HAVE A PASSING SAMPLE FOR EACH MONTH OF OPERATION.

FDHU CODE REQUIREMENTS

- AQUATIC VENUE SAMPLES MUST BE SUBMITTED BY THE 15TH OF THE MONTH.
- FAILURE TO HAVE SUBMITTED A SAMPLE BY THE 15TH SHALL RESULT IN THE AQUATIC VENUE BEING TAKEN OUT OF SERVICE AND REMAINING OUT OF SERVICE UNTIL A PASSING SAMPLE IS OBTAINED.

MUST HAVE A PASSING MICROBIOLOGICAL TEST:

- PRIOR TO PUTTING AN AQUATIC VENUE IN SERVICE AFTER ANY PERIOD OF BEING NOT IN SERVICE.
- FOR EACH MONTH OR FRACTION OF A MONTH THAT A VENUE IS IN SERVICE.
- PRIOR TO BEGINNING OF SEASON (FOR SEASONAL VENUES).
- AT LEAST 12 TIMES PER YEAR (FOR NON-SEASONAL VENUES).
- BEFORE PATRON USE IF THE CIRCULATION SYSTEM IS OFF FOR >24 HOURS.
- BEFORE PATRON USE IF ANY PART OF THE CIRCULATION SYSTEM IS REPAIRED OR REPLACED.

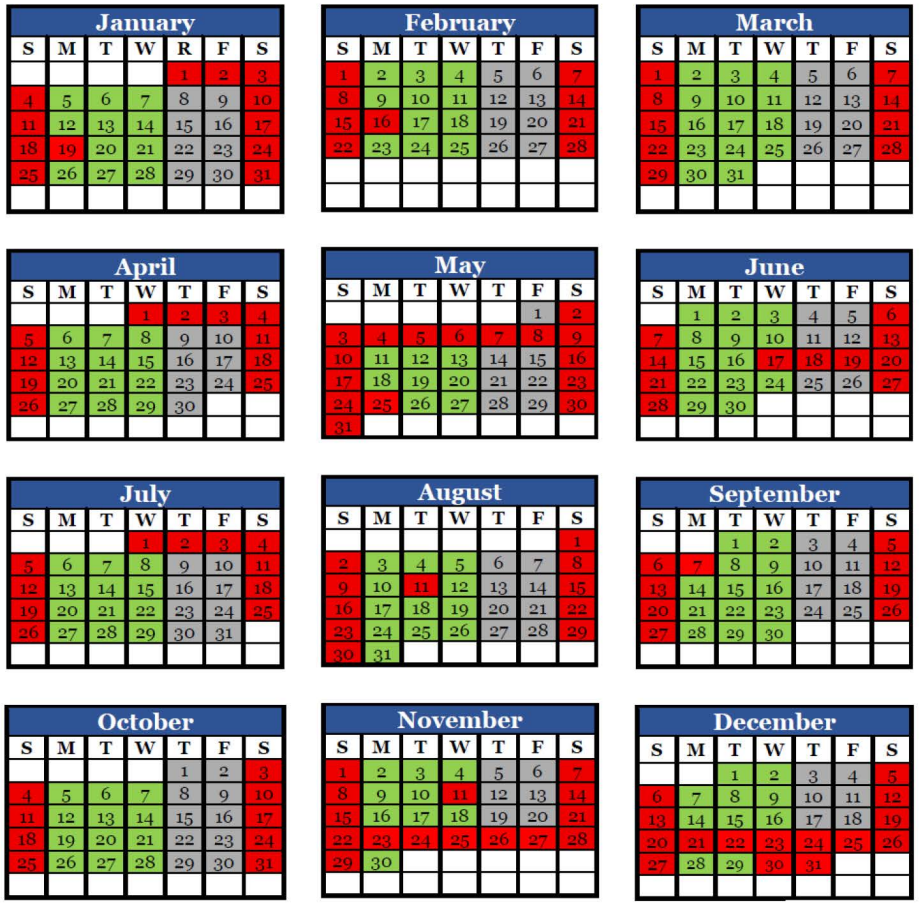
AQUATC VENUE MICROBIOLOGICAL TESTS

- COLIFORMS/E. COLI
  - CONFIRMS PRESENCE OR ABSENCE OF COLIFORM BACTERIA AND E. COLI.
  - 48 HOUR TEST.
  - ABSENCE OF BOTH IS A PASSING TEST.
- HETEROTROPHIC PLATE COUNT (HPC)
  - DETECTS PRESENCE OF AND GIVES A COUNT OF HETEROTROPHIC BACTERIA (EX. PSEUODOMONAS).
  - 48 HOUR TEST.
  - <200 CFU IS A PASSING TEST.

WATER SAMPLE KIT

- STYROFOAM CONTAINER.
- WATER SAMPLE SUBMISSION FORM/LAB CALENDAR.
- STERILE SEALED BOTTLE.

LAB CALENDAR



FDHU 2026 Water Lab Schedule

January
01-02: New Year Holiday
19: M. L. King Jr. Day
February
16: Presidents' Day
April
01-03: Good Friday
May
04-08: NDEHA Conference
25: Memorial Day
June
17-19: Juneteenth Holiday
July
1-3: Independence Day Holiday
August
11: Staff Development
September
07: Labor Day
November
11: Veterans Day
23-27: Thanksgiving Holiday
December
21-25: Christmas Holiday
30-31: New Year Holiday

DRINKING WATER, WASTE-WATER, AND AQUATIC VENUES BACTERIOLOGICAL TESTING:

- Contact lab at 837-5119 for testing options. Lab only accepts samples by appointment on these days. Additional charges will apply.
- Laboratory open to receive samples.
- Laboratory closed

First District Health Unit

First District Health Unit

Environmental Laboratory
801 11th Ave SW, Minot ND 58701
Main Phone: 852-1376; OR
Lab Direct: (701) 837-5119
www.fdhu.org

IGNORE LINE ON BOTTLE, FILL BOTTLE TO TOP

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

☐ Repeat After Failed Test ☐ Triggered Source ☐ 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
pH	Other

Water Treatment (Private Supplies Only) (Check All That Apply):

☐ Filter ☐ Softener ☐ RO ☐ Other

Analysis Requested (Check box of desired analysis) 2026

☐	Coliform/E. Coli Presence/Absence (standard test for drinking water - results available in 48 hours)	$ 30.00
☐	Coliform/E. Coli Quantification	$ 45.00
☐	Recreational Water (coliform presence/absence and heterotrophic plate count)	$ 35.00
☐	Rapid Coliform/E. Coli Presence/Absence (for drinking water - results available in 18-22 hours)	$ 45.00
	Chemistry Analysis: (NOTE: BOTTLE NOT PROVIDED; 1 QUART MINIMUM REQUIRED)	
☐	Routine (pH, conductivity, total dissolved solids, total hardness, iron, manganese, nitrates, sodium, sulfates, chloride)	$ 85.00
☐	Agricultural Water (pH, conductivity, total dissolved solids, hardness, calcium/magnesium, iron, sodium, chloride, nitrates)	$ 60.00
☐	Livestock Water (pH, conductivity, total dissolved solids, sulfates, nitrates)	$ 30.00
	Individual tests: pH/Conductivity/TDS Hardness Iron Manganese Nitrates Sulfates Chloride Potassium Fluoride Calcium/Magnesium	$ 15.00 EACH

~ Notice ~

~ Testing days for coliform or HPC 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 _____

Nov-24

First District Health Unit

First District Health Unit

Environmental Laboratory
801 11th Ave SW, Minot ND 58701
Main Phone: 852-1376; OR
Lab Direct: (701) 837-5119
www.fdhu.org
IGNORE LINE ON BOTTLE, FILL BOTTLE TO TOP

Water Testing
Sample Submission

Received _____

Name/Company: The Pool Facility Phone: (701) 721-0547

Contact: _____ Email: pool@srt.com

Mailing: 101 Main St City: Mylo State: ND Zip Code: 58353

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

Date Collected:* 5/28/26 Time Collected:* 11:00a Collector: Jim

Collection Point: Deep End

*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

☐ Repeat After Failed Test ☐ Triggered Source ☐ 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	3.0 mg/L	Total Chlorine	3.1 mg/L
pH	7.5	Other	

Water Treatment (Private Supplies Only) (Check All That Apply):
☐ Filter ☐ Softener ☐ RO ☐ Other

Analysis Requested (Check box of desired analysis)

		2026
☐	Coliform/E. Coli Presence/Absence (standard test for drinking water - results available in 48 hours)	$ 30.00
☐	Coliform/E. Coli Quantification	$ 45.00
☒	Recreational Water (coliform presence/absence and heterotrophic plate count)	$ 35.00
☐	Rapid Coliform/E. Coli Presence/Absence (for drinking water - results available in 18-22 hours)	$ 45.00
	Chemistry Analysis: (NOTE: BOTTLE NOT PROVIDED; 1 QUART MINIMUN REQUIRED)	
☐	Routine (pH, conductivity, total dissolved solids, total hardness, iron, manganese, nitrates, sodium, sulfates, chloride)	$ 85.00
☐	Agricultural Water (pH conductivity, tota dissolved solics, hardness, calcium/magnesium, iron, sodium, chloride, nitrates)	$ 60.00
☐	Livestock Water (pH, conductivity, total dissolved solids, sulfates, nitrates)	$ 30.00
	Individual tests: pH/Conductivity/TDS Hardness Iron Manganese Nitrates Sulfates Chloride Potassium Fluoride Calcium/Magnesium	$ 15.00 EACH

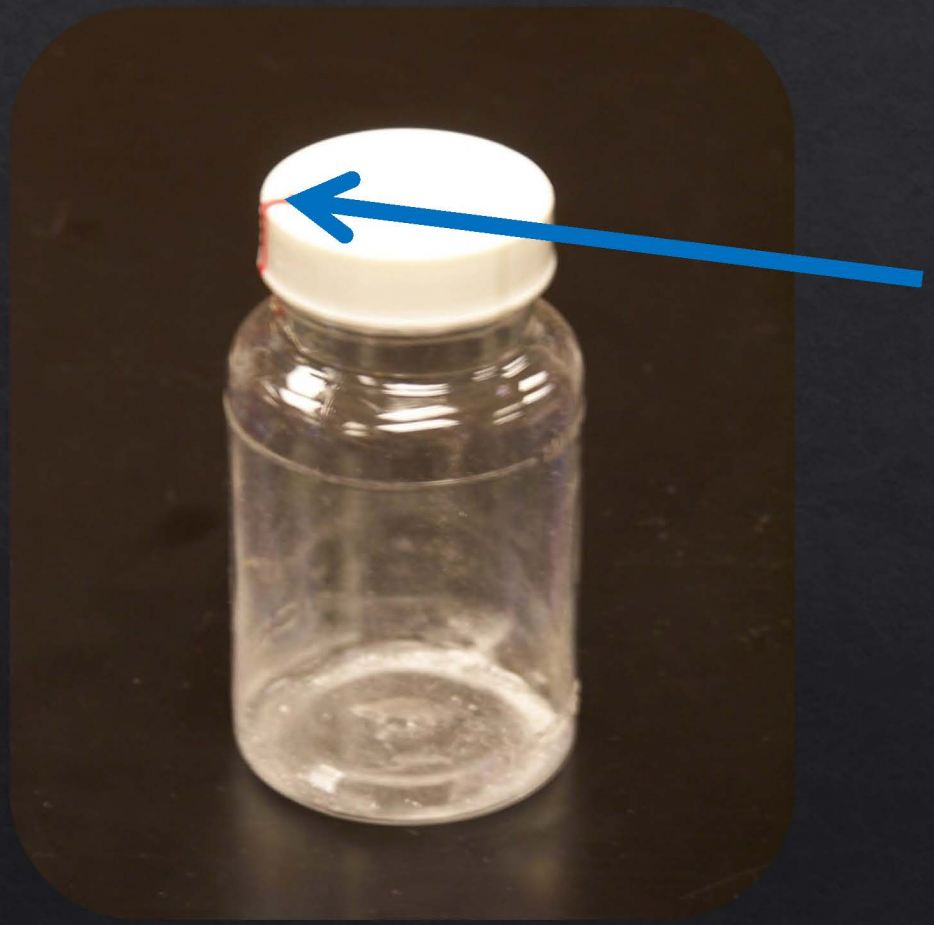
~ Notice ~

- Testing days for coliform or HPC 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 _____

Rev-24

STERILE BOTTLE



- KEEP BOTTLE SEALED UNTIL SAMPLE COLLLECTED.
- COMPLETELY REMOVE THE SEAL!
- DO NOT TOUCH INSIDE CAP OR BOTTLE.
- FILL THE BOTTLE TO THE TOP. DO NOT OVERFILL.
- CAP IMMEDIATELY.

FDHU WATER LAB

- DOOR B
- DROP SAMPLES IN BLUE DROP BOX
- PICK UP BOTTLES FOR THE NEXT MONTHS SAMPLES FROM RED CART.
- AQUATIC VENUE SAMPLES TESTED ONLY **MONDAYS, TUESDAYS, WEDNESDAYS.**
- NO LATER THAN 4 PM.
- MUST BE <30 HOURS AFTER COLLECTION.

WATER ANALYSIS RESULTS FORM

First District Health Unit

Environmental Laboratory
P.O. Box 1268 801 11th Ave SW
Minot ND 58702
Phone: (701) 852-1376
Fax: (701) 852-5043
www.fdhu.org

Water Analysis

TESTING
123 TEST ST
MINOT ND 58701

PWS Name:
PWS #:

Test #: 181433
Sample Date/Time: 05/01/2018 9:00 AM
Collection Point:
Site:
Source: Swimming Pool Public
Sampling Reason: Routine
Test Type: Colisure P/A + HPC

TESTING
Testing Date/Time: 05/01/2018 11:00 AM
Analysis Date/Time: 05/03/2018 9:00 AM
Analyst: LW

Results:
Coliforms per 100 mL: Absent - Satisfactory
E. Coli Coliforms per 100 mL: Absent - Satisfactory
HPC (cfu/mL): <2 - Satisfactory
Remarks:

Test #: 181434
Sample Date/Time: 05/01/2018 9:00 AM
Collection Point:
Site:
Source: Spa Public
Sampling Reason: Routine
Test Type: Colisure P/A + HPC

TESTING
Testing Date/Time: 05/01/2018 11:00 AM
Analysis Date/Time: 05/03/2018 9:00 AM
Analyst: LW

Results:
Coliforms per 100 mL: Absent - Satisfactory
E. Coli Coliforms per 100 mL: Absent - Satisfactory
HPC (cfu/mL): 275 - Unsatisfactory
Remarks:

Test #: 181435
Sample Date/Time: 05/01/2018 9:00 AM
Collection Point:
Site:
Source: Wading Pool Public
Sampling Reason: Routine
Test Type: Colisure P/A + HPC

TESTING
Testing Date/Time: 05/01/2018 11:00 AM
Analysis Date/Time: 05/03/2018 9:00 AM
Analyst: LW

Results:
Coliforms per 100 mL: Present - Unsatisfactory
E. Coli Coliforms per 100 mL: Absent - Satisfactory
HPC (cfu/mL): 311 - Unsatisfactory
Remarks:

Test #: 181436
Sample Date/Time: 05/01/2018 9:00 AM
Collection Point:
Site:
Source: Swimming Pool Public
Sampling Reason: Routine
Test Type: Colisure P/A + HPC

TESTING
Testing Date/Time: 05/01/2018 11:00 AM
Analysis Date/Time: 05/03/2018 9:00 AM
Analyst: LW

Results:
Coliforms per 100 mL: Present - Unsatisfactory
E. Coli Coliforms per 100 mL: Present - Unsatisfactory
HPC (cfu/mL): >738 - Unsatisfactory
Remarks:

IF YOR SAMPLE IS UNSATISFACTORY

- UNSATISFACTORY SAMPLE = FAIL.
  - HPC >200.
  - COLIFORM POSITIVE.
  - E. COLI POSITIVE.
- AQUATIC VENUES REGULATED BY FDHU:
  - TAKE VENUE OUT OF SERVICE IMMEDIATELY.
  - SUPERCHLORINATE AS PER CODE REQUIREMENTS.
  - RESTORE VENUE CHEMISTRY TO CODE REQUIREMENTS.
  - CHECK CALENDAR FOR NEXT LAB DAY.
  - COLLECT A NEW SAMPLE ON THAT LAB DAY AND SUBMIT.
  - WAIT FOR WRITTEN CONFIRMATION THAT SAMPLE PASSED AND APPROVAL FROM FDHU TO PUT VENUE BACK IN SERVICE.

THANK YOU FOR YOUR ATTENTION.

MICROBIOLOGICAL TESTING IS A TOOL THAT HELPS VERIFY THAT YOUR DISINFECTION PROCESS IS WORKING.

FOR ANY AQUATIC VENUE/WATER TESTING QUESTIONS:

JAYME CALAVERA

837-5119 or 721-0547