



**FARGO CASS PUBLIC HEALTH
ENVIRONMENTAL LAB**

435 14th Ave. S.
Fargo, ND 58103

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2009

Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Phone: _____	Fax: _____	

COLLECTION REPORT

Sampling Location: _____	Chlorinated source? <input type="checkbox"/> Yes; <input type="checkbox"/> No
Date/ Time Collected: _____	Collected by: _____

Primary Use Of Water	Type of Water Source	Treatment Prior To Sampling Location	
<input type="checkbox"/> Domestic	<input type="checkbox"/> Community Supply	<input type="checkbox"/> None	<input type="checkbox"/> Water Softener
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Private Well	<input type="checkbox"/> Filtration	<input type="checkbox"/> Distillation
<input type="checkbox"/> Livestock		<input type="checkbox"/> Reverse Osmosis	

ANALYSIS NEEDED	WATER ANALYSIS PACKAGES <i>Make checks payable to: Fargo Cass Public Health</i>	COST
<input type="checkbox"/>	Coliform Bacteria	\$14.00
<input type="checkbox"/>	Nitrates	\$13.00
<input type="checkbox"/>	Fluoride	\$10.00
<input type="checkbox"/>	Hardness	\$10.00
<input type="checkbox"/>	Lead	\$20.00
<input type="checkbox"/>	Partial Potable Water: coliform bacteria and nitrates	\$27.00
<input type="checkbox"/>	Complete Potable Water: coliform bacteria, nitrates, calcium, sodium, potassium, iron, manganese, magnesium, total hardness	\$55.00
<input type="checkbox"/>	Partial Water Chemistry: calcium, sodium, magnesium, potassium, manganese, iron, total hardness	\$40.00
<input type="checkbox"/>	Complete Water Chemistry: pH, conductivity, total dissolved solids, turbidity, iron, calcium, sodium, magnesium, potassium, iron, manganese, total hardness, chloride, fluoride, nitrate, sulfate, P & M alkalinity	\$75.00
<input type="checkbox"/>	Irrigation Series: calcium, magnesium, sodium, SAR, conductivity	\$40.00
<input type="checkbox"/>	Trace Metals: 1 element: _____	\$20.00
<input type="checkbox"/>	2 elements: _____, _____	\$30.00
<input type="checkbox"/>	3 elements: _____, _____, _____	\$45.00
<input type="checkbox"/>	4 or more elements: _____, _____, _____, _____, _____	\$60.00
<input type="checkbox"/>	Other analyses are available; please contact the laboratory for details	

For Laboratory Use Only		
Sample #: _____	Order #: _____	Paid: Yes <input type="checkbox"/> NO <input type="checkbox"/>
Sample received by: _____		Date/Time: _____