# Private Well Water Collection Form

## Collectors Information
<table>
<thead>
<tr>
<th>Collector Name (Last, First):</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
</tr>
<tr>
<td></td>
<td>State:</td>
</tr>
</tbody>
</table>

## Collection Information
| Collection Date: | Collection Time: |

## Shipping Guidelines
1. **Samples are not accepted on Fridays.**
2. This test kit is for private home **well water testing only.**
3. Collect and ship the sample to ensure **arrival at the laboratory within 30 hours of collection.**
4. Mail samples on a Monday-Wednesday excluding state and federal holidays. Check with your shipper, you may need to ship express. Use the enclosed mailing label and add proper postage.
5. Samples can be dropped off by 4:00 PM daily at the laboratory Monday through Thursday. Samples that exceed holding time are not tested.

**Ship To:** North Dakota Department of Health  
Division of Microbiology  
2635 East Main Ave.  
Bismarck, ND 58506

## Collection Guidelines
6. Do not rinse the sample bottles. It is sterile and contains a chemical additive.
7. Open the tap fully and allow the water to run for 3 to 5 minutes.
8. Restrict the flow to allow the collection of the sample without splashing.
9. Fill the sample bottle to the “fill line” on the bottle.
10. **Enclose payment of $20.00. Testing will not be performed without payment.**  
    Please use exact change or write check.  
    □ ___________Cash □ ___________ Check
11. We will mail report to address listed above. If you would like report emailed, please indicate below.  
    □ I would like my report emailed to: _______________________