



BACTERIOLOGICAL WATER ANALYSIS – PUBLIC WATER SYSTEMS
NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF MUNICIPAL FACILITIES
SFN 53438 (3/2023)

See Reverse for Instructions

*LEFT SIDE OF FORM TO BE COMPLETED BY COLLECTOR		
Last Name of Collector Pond		
First Name of Collector Tasha	Telephone Number 701-440-0778	
Date Collected 9/9/25	Time Collected 8pm	
Collection Point and Address Kitchen Tony Roth Residence		
Remarks		
☐ PUBLIC WATER SYSTEM (Coliform Analysis)		
Name of Public Water System City of Ameria		
Enter Your Assigned Public Water System & Sampling Site ID Numbers		
ND 0900017 RTCR 003		
Send Report To Tasha Pond Auditor		
Address 203 Alley St		
City Ameria	State ND	Zip Code 58004
Type of Sample Check (Check One): ☒ Routine ☐ Replacement ☐ Repeat (Alt. Fixed) ☐ Repeat (same tap) ☐ Repeat (upstream) ☐ Repeat (downstream) ☐ Special Purpose (explain) _____		
Wells/Source ID's in use during routine RTCR Sample Collection ☒ Ground Water ☐ Surface Water ☐ Purchased Ground Water ☐ Purchased Surface Water		
One-Site Measurements		
Total Chlorine Residual 0.62 mg/l		
Other (explain)		
STOP! RIGHT SIDE OF FORM IS FOR LABORATORY USE ONLY.		

FOR LABORATORY USE ONLY	
Lab Name FARGO ENVIRONMENTAL LAB	
Lab Number 9792-25	
Date of Receipt SEP 10 2025	Time of Receipt 1245
Date on Analysis SEP 10 2025	Time of Analysis 1250
Date Results Reported SEP 11 2025	Date Results Completed SEP 11 2025
Analyst MS	
ANALYSIS METHOD	
☐ Colilert ☐ Membrane Filter ☒ Colisure ☐ Fermentation ☐ Colilert 18 ☐ Other _____ ☐ Colitag	
COLIFORM ANALYSIS	
☒ SATISFACTORY – No Coliforms Present ☐ UNSATISFACTORY – Coliforms Present ☐ No <i>E.coli</i> Found ☐ <i>E.coli</i> Present	
☐ SEND REPEAT SAMPLES	
SAMPLE REJECTED- Resubmit Sample	
☐ Sample Too Old ☐ Sample Frozen ☐ Sample Leaked in Transit ☐ Laboratory Accident ☐ Insufficient Sample Volume ☐ No Date/Time ☐ Other _____	
☐ SAMPLE VOIDED – Send Replacement Sample was invalidated according to method requirements and no coliform result reported.	