

BACTERIOLOGICAL WATER ANALYSIS - PUBLIC WATER SYSTEMS

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF MUNICIPAL FACILITIES SFN 53438 (3/2023)

| *LEET SIDE OF FORM TO BE SOLVE | e for instructions |
|---|--|
| *LEFT SIDE OF FORM TO BE COMPLETED BY COLLECTOR Last Name of Collector First Name of Collector Telephone Number | FOR LABORATORY USE ONLY |
| Telephone Number 10500 701-440-0778 Date Collected Time Collected 5:30 pm Collection Point and Address Tollected 5:30 pm | |
| Pitt 88 224 S. Woodard Ave | |
| Remarks | |
| | FARGO ENVIRONMENTAL LAB |
| Name of Public Water System Name of Public Water System | Lab Number 9645-25 |
| City of Ameria | Date of Receipt Time of Receipt |
| Enter Your Assigned Public Water System & Sampling Site ID Numbers | 1040 |
| ND 0900017 RTCR 001 | AUG 1 4 2025 Date on Analysis Time of Analysis |
| | AUG 1 4 2025 1040 |
| Send Report To 10Sha Pond-City Auditor | Date Results Reported AUG 1 5 2025 Date Results Completed AUG 1 5 2025 |
| Address 203 Allty St | Analyst |
| City State Zip Code City NO 68004 Type of Sample Check (Check One): Repeat (Alt.Fixed) Repeat (upstream) Repeat (downstream) | ANALYSIS METHOD □ Colilert □ Membrane Filter □ Fermentation □ Colilert 18 □ Colitag |
| ☐ Special Purpose (explain) | COLIFORM ANALYSIS |
| Wells/Source ID's in use during routine RTCR Sample | SATISFACTORY - No Coliforms Present |
| Collection | □ UNSATISFACTORY – Coliforms Present |
| Ground Water Surface Water | □ No <u>E.coli</u> Found □ <u>E.coli</u> Present |
| □ Purchased Ground Water | □ SEND REPEAT SAMPLES |
| ☐ Purchased Surface Water | |
| | SAMPLE REJECTED- Resubmit Sample Sample Too Old Sample Frozen |
| One-Site Measurements Total Chlorine Residual | ☐ Sample Leaked in Transit ☐ Laboratory Accident |
| 0.52 	 mg/l | ☐ Insufficient Sample Volume ☐ No Date/Time |
| Other (explain) | □ Other |
| STOP! RIGHT SIDE OF FORM IS FOR LABORATORY USE ONLY. | Sample was invalidated according to method requirements and no coliform result reported. |