



**SAMPLE RECORDING FORM  
SCHOOL TESTING FOR LEAD IN  
DRINKING WATER**

NORTH DAKOTA DEPARTMENT OF  
ENVIRONMENTAL QUALITY  
(08 2020)  
DIVISION OF LABORATORY SERVICES -  
CHEMISTRY

<i>For Laboratory Use Only</i>	
Preservation: Yes <input type="checkbox"/> No <input type="checkbox"/>	Temp: Initials:
Account #:	
Date & Time Received:	

**Samples received without this completed form will be REJECTED  
and not analyzed. Please keep a copy for your records.**

<b>School Name:</b>		<b>School Number:</b>	
<b>School Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>School Contact Person/Sampler:</b>	<b>Phone:</b>	<b>Email:</b>	
<b>Lab Test Type:</b> X 42) Water-Lead			

Side ID #	Fixture Location/Description (Include building, room #, or other descriptors, also note if sink, drinking fountain [DF], bottle fill [BF], etc.)	Date Collected	Time Collected	Lab ID (Lab Use Only)
3T01				
3T02				
3T03				
3T04				
3T05				
3T06				

Side ID #	Fixture Location/Description (Include building, room #, or other descriptors, also note if sink, drinking fountain [DF], bottle fill [BF], etc.)	Date Collected	Time Collected	Lab ID (Lab Use Only)
3T07				
3T08				
3T09				
3T10				
3T11				
3T12				
3T13				
3T14				
3T15				
3T16				
3T17				
3T18				
3T19				
3T20				
3T21				

Side ID #	Fixture Location/Description (Include building, room #, or other descriptors, also note if sink, drinking fountain [DF], bottle fill [BF], etc.)	Date Collected	Time Collected	Lab ID (Lab Use Only)
3T22				
3T23				
3T24				
3T25				
3T26				
3T27				
3T28				
3T29				
3T30				
3T31				
3T32				
3T33				
3T34				
3T35				
3T36				

Side ID #	Fixture Location/Description (Include building, room #, or other descriptors, also note if sink, drinking fountain [DF], bottle fill [BF], etc.)	Date Collected	Time Collected	Lab ID (Lab Use Only)
3T37				
3T38				
3T39				
3T40				
3T41				
3T42				
3T43				
3T44				
3T45				
3T46				
3T47				
3T48				
3T49				
3T50				
3T51				

Side ID #	Fixture Location/Description (Include building, room #, or other descriptors, also note if sink, drinking fountain [DF], bottle fill [BF], etc.)	Date Collected	Time Collected	Lab ID (Lab Use Only)
3T52				
3T53				
3T54				
3T55				
3T56				
3T57				
3T58				
3T59				
3T60				
3T61				
3T62				
3T63				
3T64				
3T65				
3T66				

Side ID #	Fixture Location/Description (Include building, room #, or other descriptors, also note if sink, drinking fountain [DF], bottle fill [BF], etc.)	Date Collected	Time Collected	Lab ID (Lab Use Only)
3T67				
3T68				
3T69				
3T70				
3T71				
3T72				
3T73				
3T74				
3T75				
3T76				
3T77				
3T78				
3T79				
3T80				
3T81				

Side ID #	Fixture Location/Description (Include building, room #, or other descriptors, also note if sink, drinking fountain [DF], bottle fill [BF], etc.)	Date Collected	Time Collected	Lab ID (Lab Use Only)
3T82				
3T83				
3T84				
3T85				
3T86				
3T87				

*Return completed form with filled sampling bottles to:  
Division of Laboratory Services - Chemistry  
PO Box 5520  
Bismarck ND 58506-5520  
Telephone: 701-328-6140  
Fax: 701-328-6280*