

# SAMPLE INFORMATION SHEET

North Dakota Department of Environmental Quality  
**Fluoride Addition Program**  
 Contact: Stacey Herreid  
**701-328-5287**

<b>For Laboratory use only</b>
Lab ID:  
Preservation: Yes <input type="checkbox"/> Temp: Initials:

**ATTENTION SAMPLER:**

Follow the sampling instructions closely, collect the sample(s) from the site listed in Section 1, fully complete Section 2, and return this sheet with the sample(s). Sample(s) received without this sheet, or without Section 2 fully completed, will be REJECTED and not analyzed.

<p><b>SECTION 1: Public Water System Information</b></p> <p>PWS Name: PWS Number: Zip Code:</p>	<p><b>SECTION 2: Sample Collection Information</b></p> <p>Sampler Name:  Phone Number:</p>
<p><b>Operator Value:</b> _____</p> <p>Comments:</p>	<p>Date Collected:</p>

<i>For Department Use Only</i>	<b>Section 3:</b>	<i>For Department Use Only</i>
Sample Type: <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Response <input type="checkbox"/> Confirmation <input type="checkbox"/> Recollect <input type="checkbox"/> Non SDWA <input type="checkbox"/> Other		
<b>Analysis to be Performed</b>		
Fluoride Only		