



Fillmore SWCD Water Quality Laboratory
 900 Washington St. NW
 Preston, MN 55965
 Phone: (507) 765-3878 ext. 3

We are ***not*** an accredited lab for the analysis of nitrates.

Testing Method:

Standard Methods 4500-NO₃⁻ B
 Hach DR 6000 UV-Vis Spectrophotometer
This a reliable, accurate screening method for determining if nitrates are present.

Request for Nitrate Screening in Well Water

OTHER LAB SERVICES:

A sample from the same source was submitted for bacteria testing, all necessary information will be carried over by lab personnel:

No Yes, Sample ID: Office Use Only

SEND REPORT TO:

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____
 Check box to have your report emailed (no print copy will be mailed)
 Other: _____

WELL INFORMATION:

Check box if Well Owner/Location is the same as above
 Well owner: _____ Phone: _____
 Well location: Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Township: _____ Section: _____
 Please complete if known:
 Parcel # : _____ Unique well #: _____
 Well ownership: Private ___ Shared ___ Community ___ Other _____
 Well Construction: Year drilled: _____ Depth: _____ feet
 Depth of casing: _____ feet, Casing diameter: _____ inches

ADDITIONAL WELL INFORMATION (Complete if known):

Check the following if they apply: Grouted casing _____ Cased only _____ Sandpoint _____ Dug _____
Well Location: Outside _____ Basement _____ Pump house _____ Pit _____ Other _____
Water Storage: Pressure tank _____ Cistern _____ Other _____
Water Treatment: Chlorination _____ Reverse osmosis _____ None: _____ Other _____

DISTANCE FROM WELL TO POTENTIAL CONTAMINATION SOURCES: (Optional information)

Septic system _____ feet; Fuel tank _____ feet; Sinkhole _____ feet; Silage _____ feet;
 Fertilizer/chemical storage or prep area _____ feet; Feedlot _____ feet; Other _____

By signing, I acknowledge that the Fillmore SWCD Lab is a public laboratory and my results are considered public data if requested. No confidential or contact information will be shared with third parties.

Nitrate: _____

SAMPLE INFORMATION:

Date Sampled: _____
Sampled by: _____;
 Owner ___ Realtor ___ Water Contractor ___
 Public Health ___ Other: _____
Reason for test: Routine ___ Financing ___
 Suspect contamination ___ New well ___
 Other: _____

SAMPLE ACCEPTANCE REQUIREMENTS

- Samples are accepted during regular office hours
- Samples must arrive to our office within 24 hours of collection
- Samples must be cooled immediately after collection (between 0°C and 10°C), not frozen. *Examples of cooling include refrigeration or placed in a cooler with ice if being delivered the same day.*
- Samples should be transported to our office on ice.

Signature _____

Date _____

Nitrate Sample Submission Instructions

1. Nitrate samples must be in a separate container. We cannot test nitrates using the bacteria sample.
2. Please use a bottle provided by our office if available (we recycle sterile water bottles from the lab). If we do not have bottles available, you can use any clean plastic or glass container (zip lock bags work if sealed tightly). Containers will not be returned unless requested, you are responsible for picking up any saved containers. We will keep containers for 6 months, then they will be discarded or recycled.
3. Run your cold tap (or outdoor hydrant/spigot) for five to ten minutes.
4. Fill your container with 50-100 mL (½ to 1 cup) of water. If you are also submitting a bacteria sample, take the bacteria sample first, then fill your nitrate sample container. Nitrate samples do not need to be sterile.
5. Keep the water cool until arrival at the Fillmore SWCD Laboratory
6. Nitrate results are provided as a free service. In order to reduce analysis costs, we typically run nitrate samples in batches as they arrive and as staff time allows. Please be patient. **Although we try to analyze nitrates as soon as possible, it may take up to 28 days to get your results.**

OFFICE/LAB USE ONLY: LOG OF CUSTOMER COMMUNICATION:

1. Sample analyzed on (date) _____ by (staff) _____

2. Nitrate results brochure was: mailed / emailed on (date) _____ by (staff) _____; was MDH brochure included? Y / N

3. Additional communications (if applicable): Date and time: _____

Type of communication: in-person / telephone / mail / email Name of staff: _____

Briefly describe what was communicated, the outcome and any follow-up needed: