



Lab Code

DRINKING WATER FIELD SERVICE REQUEST FORM

Please submit order form to WATERTEST@RMBEL.INFO

Date of Request: _____ / _____ / _____ Request Results by: _____ / _____ / _____

Rush Service: (There are additional costs for rush services. Information is included under analytical cost.)

Please indicate nearest RMB Field Service Center: Detroit Lakes Alexandria Hibbing Mora Cambridge Albany

<p>Property Information:</p> <p>Name of Property Owner: _____</p> <p>Property Address: Street _____ City _____ Zip _____</p> <p>Name of Current Resident: _____</p> <p>Is the property vacant?: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, when was the water last run? _____</p> <p>Is there a lock box available?: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there a reverse osmosis system?: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Order Information:</p> <p>Individual Ordering Test: _____</p> <p>Business Name: _____</p> <p>Address: Street _____ City _____ St _____ Zip _____</p> <p>Phone Number: (_____) _____</p> <p>Person to contact to schedule collection: _____</p> <p>Number to call to schedule collection: (_____) _____</p> <p>*Collections will be scheduled within 2 business days of order receipt.</p>
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<p>Report To: Same as Order Information <input type="checkbox"/></p> <p>Business Name: _____</p> <p>Attn To: _____</p> <p>Mailing Address: Street _____ City _____ St _____ Zip _____</p> <p>Phone Number: (_____) _____</p> <p>Email Address: _____</p> <p>*Reports will be sent via email.</p>	<p>Bill To: Same as Report To <input type="checkbox"/></p> <p>Business Name: _____</p> <p>Attn To: _____</p> <p>Mailing Address: Street _____ City _____ St _____ Zip _____</p> <p>Phone Number: (_____) _____</p> <p>Email Address: _____</p> <p>*Payment MUST be received prior to releasing the results.</p>
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Analysis To Be Completed:

<input type="checkbox"/> Total Coliform Bacteria (Presence / Absence) \$20.00	<input type="checkbox"/> Arsenic \$25.00	<input type="checkbox"/> Fluoride \$25.00	<input type="checkbox"/> Iron \$25.00
<input type="checkbox"/> Total Coliform Bacteria (Count) \$20.00	<input type="checkbox"/> Lead \$25.00	<input type="checkbox"/> Manganese \$25.00	
<input type="checkbox"/> Nitrate Nitrogen \$20.00	<input type="checkbox"/> Hardness \$35.00	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Bacteria Series (Total Coliform & E. coli Bacteria reported separately) \$25.00	<input type="checkbox"/> Flow Test - Existing Well \$50.00		
<input type="checkbox"/> Nitrogen Series (Nitrate, Nitrite, Nitrate + Nitrite Nitrogen reported separately) \$25.00	<input type="checkbox"/> Flow Test - New Well \$150.00		

Field Service Fees: Rates begin at \$75.00 and increase based upon distance from lab; fee schedule attached.
Rush Service Fees: An additional \$30.00 rush fee will be applied if 2 day field service is requested.
Rush Analytical Fees: The rates for analysis will DOUBLE for rush analytical service
Credit/Debit Card Fees: A 4% convenience fee will be applied to all credit and debit card payments.
 Standard turnaround times for the Nitrogen and Bacteria analyses are 2-3 business days. Standard turnaround times for additional analyses are 5-7 business days.

Lab Use Only:

Date/Time Sample Collected: _____ / _____ / _____ at _____ : _____ (am / pm) Collected by: _____

Sampling Point: _____ Water Type: Conditioned Raw Unknown Other: _____

Depth of well: _____ Well Type: Sandpoint Drilled Unknown New

Rcvd same day as collected Rcvd in good condition Rcvd on Ice Temp Blank _____ °C LTG _____ Chlorine Check: Absent Present

Sample Received on : _____ at _____ Rcvd by: _____ Check \$ _____ # _____ Cash \$ _____ CC Type _____ \$ _____

<p>NO₃:</p> <p>Date / Time / Analyst _____ / _____ / _____ mg/L</p> <p>Dilution: _____</p>	<p>TC:</p> <p>Date / Time / Analyst _____ / _____ / _____</p> <p>Coliform: Absent _____ Present _____</p> <p>E. coli: Absent _____ Present _____</p>	<p>Arsenic</p> <p>Date / Time / Analyst _____ / _____ / _____ µg/L</p> <p>Dilution: _____</p>	<p>Lead</p> <p>Date / Time / Analyst _____ / _____ / _____ µg/L</p> <p>Dilution: _____</p>	<p>Other:</p> <p>Notes: _____</p> <p>Mileage: _____ Field Services Charge: _____</p>
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Drinking Water Field Sampling Fees

effective November 13, 2019

These charges are for the collection of drinking water samples by RMBEL field staff. The cost of the tests is in addition to these fees. Round trip mileage will be calculated from the nearest RMB Field Service Center.

<u>Mileage (round trip)</u>	<u>Fee</u>
0-30	\$75.00
31-45	\$100.00
46-60	\$125.00
61-75	\$150.00
76-90	\$175.00
91-105	\$200.00
106-120	\$225.00
121-135	\$250.00
136-150	\$275.00
151-165	\$300.00
166-180	\$325.00
181-195	\$350.00
196-210	\$375.00

RMB Minnesota Field Service Centers located in:

Detroit Lakes : Alexandria : Hibbing : Mora : Cambridge : Albany