



Lab Code

2026 DRINKING WATER FIELD SERVICE REQUEST FORM

Please submit completed order form to WATERTEST@RMBEL.COM

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

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

***Field Services are only available from Detroit Lakes location.**

<p><u>Property Information:</u></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><u>Order Information:</u></p> <p>Individual Ordering Test: _____</p> <p>Business Name: _____</p> <p>Address: Street _____ City _____ St _____ Zip _____</p> <p>Phone Number: (_____) _____</p> <p>Email Address: _____</p> <p>Person to contact to schedule collection: _____</p> <p>Number to call to schedule collection: (_____) _____</p>
<p><u>Report To:</u> 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><u>Bill To:</u> 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>

Select Tests To Be Completed:

Bacteria Testing (Select Only One)

- Bacteria Series (Pres./Abs.) (Total Coliform & E. coli Bacteria) \$35.00
- Bacteria Series (Count) (Total Coliform & E. coli Bacteria) \$40.00

Nitrate Testing (Select Only One)

- Nitrate Nitrogen \$35.00
- Nitrogen Series (Nitrate, Nitrite, Nitrate + Nitrite Nitrogen reported) \$40.00

- Arsenic \$40.00
- Iron \$40.00
- Manganese \$40.00
- Copper \$40.00
- Flow-Existing Well \$200.00
- Other _____
- Lead \$40.00
- Hardness \$70.00
- Fluoride \$40.00
- Calcium \$40.00
- Flow-New Well \$250.00
- Mail Report \$5.00

Field Service Fees: Rates begin at \$100.00 and increase based upon distance from lab; fee schedule attached.
Rush Analytical Fees: The rates for all selected analysis will DOUBLE for rush service.
Credit/Debit Card Fees: A 4% convenience fee will be applied to all credit and debit card payments.

Field Technician Use Only:

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

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

Sampling Point: _____ Notes: _____

Lab Use Only:

Mileage: _____ Field Services Charge: _____

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

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

Notes

Scheduled Collection Date: _____ Time: _____ : _____ Additional Info: _____

Nitric Acid Preservation

Date: _____ / _____ / _____ Time: _____

Staff: _____ Lab: DL / HB / BL

Drinking Water Field Sampling Fees

These charges are for the coordination and 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 22796 County Highway 6, Detroit Lakes.

<u>Mileage (round trip)</u>	<u>Fee</u>
0-30	\$125.00
31-45	\$150.00
46-60	\$175.00
61-75	\$200.00
76-90	\$250.00
91-105	\$250.00
106-120	\$275.00
121-135	\$300.00
136-150	\$325.00
151-165	\$350.00
166-180	\$375.00
181-195	\$400.00
196-210	\$425.00

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