

WATER WORK REQUEST

This is a online fillable form

DELLAVALLE LABORATORY, INC.

1910 W. McKinley Avenue, Suite 110 • Fresno, CA 93728

www.dellavallelab.com 559 233-6129 • 800 228-9896 • Fax 559 268-8174

Purchase Order No _____
 Bill To: Acct # _____ Cons # _____

Results Need By _____

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

Cell/Email: _____

COPY TO: _____

REQUESTED BY: _____

PROJECT: _____

CROP: _____

No. Samples: _____ **No of Bottles:** _____

Water Type: Drinking Wastewater
 Ag Water Groundwater Monitoring Well

Other: _____

Analysis: (please indicate analysis) All unpreserved 250mL bottle

Agricultural stability (pH, EC, Cl, HCO3+CO3, SO4, NO3-N, SAR, SARadj, Langelier Index, Ca, Mg, B, Na, Fe, Mn)

Homeowner (Alkalinity, EC, Ca, Cl, Fe, Mg, NO3, NO3-N, Na, Hardness, pH)

NO3-N Only

Co. Health Dept _____
 RWQCB Copy of Chain
 State Forms QA/QC Documents

Sampled By: _____

Description of Samples

| | |
|----|-------|
| 1 | _____ |
| 2 | _____ |
| 3 | _____ |
| 4 | _____ |
| 5 | _____ |
| 6 | _____ |
| 7 | _____ |
| 8 | _____ |
| 9 | _____ |
| 10 | _____ |

| Date Sampled | Time Sampled | Rec'd Temp °C | Field EC |
|--------------|--------------|---------------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CHAIN OF CUSTODY

| Carrier | Signature | Company | Received (Date/Time) | Relinquished (Date/Time) |
|---------|-----------|---------|----------------------|--------------------------|
| First | _____ | _____ | _____ | _____ |
| Second | _____ | _____ | _____ | _____ |
| Third | _____ | _____ | _____ | _____ |
| Fourth | _____ | _____ | _____ | _____ |

I guarantee that as the client, or on behalf of client named, I have the authority to contract the above requested services. Should it be found that I do not have such authority, I agree to be personally liable for all costs and, if there should be action against me for this breach, reasonable attorneys' fees. It is understood that payment is expected to be cash with samples unless terms have been previously arranged. Terms are net 30 days; overdue accounts will be charged a liquidated damage fee of 2% per month (annually 24%) or \$5.00 per month whichever is greater. If payment is not made when due and a legitimate dispute exists concerning the product or services of Dellavalle Laboratory, Inc., it will be submitted to mediation under the Rules and Procedures of Creative Alternative to Litigation, Inc. (cal). If the dispute is not resolved in mediation, then the dispute will be submitted to binding arbitration through cal under its Rules and Procedures. The parties will equally bear the costs of mediation/arbitration. If, however, the mediator declares that no legitimate dispute exists, then debtor will pay all mediation and arbitration costs, and in the event of arbitration, reasonable attorneys' fees of Dellavalle Laboratory.

| Invoicing Information: | | Shipping | |
|------------------------|--------|----------|-----------|
| Sampling hrs | _____ | \$ | _____ In |
| Miles | _____ | \$ | _____ Out |
| Consulting | _____ | | |
| Amt Paid | Rec By | Check # | Date |

Signature _____
 Sample received in cooler with ice (coolant)

Yes No