

# 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 and Bottles Required: (Please indicate Analysis)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[ ] Co. Health Dept \_\_\_\_\_  
 [ ] RWQCB [ ] Copy of Chain  
 [ ] State Forms [ ] QA/QC Documents

Sampled By: \_\_\_\_\_

	Description of Samples	Date Sampled	Time Sampled	Rec'd Temp °C	Field EC
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

**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