

Instructions for Completion of Water Work Request

Please fill out all highlighted sections and complete other sections as needed. Listed below you will find some guidelines to better assist you in filling out the form.

1. **E-mail** (Optional but suggested for optimal result delivery)
Provide an e-mail if you would like a digital copy of the results and chain of custody.
2. **Copy To** (Optional)
Provide additional e-mails if you would like someone other than yourself to receive a copy of the results.
3. **Project** (Optional but suggested)
Examples: Ranch name, field name, address where sample was taken, etc.
4. **Crop** (If applicable)
List the crop to receive a critical level chart with your results that indicate typical low, adequate, or high levels.
5. **Description of Sample** (Required)
The description you provide will appear on the report and must match the description on the bottle.
6. **Co. Health Dept., RWQCB, State Forms, QA/QC Document, Copy of Chain** (If applicable)
Check if needed. Regulated samples will require QA/QC document and copy of chain. Please note that results will not be sent to the state or county unless added to the work order.
7. **Date Sampled and Sampled By** (Required)
For waters date and time sampled is very important.
8. **Analysis** (Required)
When submitting your sample, be very clear about analyses needed. As an example, listing nitrogen is not enough information; specify TN, TKN, NH₄-N, NO₃ or NO₃-N.
9. **Chain of Custody** (Required)
Sign and fill in the date and time you relinquished your sample.

Please contact our office at (800) 228-9896 if you have any questions or would like to speak to a consultant.

WATER WORK REQUEST

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

Bill To: _____ / _____

Purchase Order No. _____ Acct# _____ Cons# _____

Company Name: _____

Address: _____

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

Telephone: _____ **Fax:** _____

Cell/Email: _____

COPY TO: _____

REQUESTED BY _____

PROJECT _____

CROP _____

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

Water Type: [] Drinking Water [] 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 Sample	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.

<i>Invoicing Information:</i>		<i>Shipping</i>	
Sampling hrs _____	Miles _____	Consulting _____	\$ _____ In
			\$ _____ Out
_____ Amt Paid	_____ Rec By	_____ Check #	_____ Date

Signature _____
 Sample received in cooler with ice (coolant)
 [] Yes [] NO