

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

Purchase Order No. _____

Results Needed By _____

BILL TO: _____

Acct# _____

Cons# _____

Company Name: _____

Address: _____

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

Telephone: _____ **Fax:** _____

Cell/Email: _____

COPY TO: _____

Coalition Member ID# _____

REQUESTED BY _____

PROJECT RB5

SAMPLED BY _____

No. of Samples _____

Water Type: [x] Drinking Water



Analysis and Bottles Required:

Nitrate-N (NO₃-N) + nitrite-N (NO₂-N) w/GeoTracker

1-250 mL Plastic bottle, Unpreserved Per Sample

LAB NOTES:

- [X] Copy of Chain
- [X] QA/QC Documents

GEO TRACKER INFORMATION PROVIDED BY CLIENT AND

HAS NOT BEEN VERIFIED BY DELLAVALLE LABORATORY INC

| Well ID/Field Point Name <small>*10 characters or less*</small> | GPS Location Latitude/Longitude | Date Sampled | Time Sampled | Global ID | Rec'd Temp °C |
|--|------------------------------------|--------------|--------------|-----------|---------------|
| 1. _____ | Lat _____ Long _____ | _____ | _____ | AGW | _____ |
| 2. _____ | Lat _____ Long _____ | _____ | _____ | AGW | _____ |
| 3. _____ | Lat _____ Long _____ | _____ | _____ | AGW | _____ |
| 4. _____ | Lat _____ Long _____ | _____ | _____ | AGW | _____ |
| 5. _____ | Lat _____ Long _____ | _____ | _____ | AGW | _____ |

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 dated 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:

Sampling hrs _____ Miles _____ Consulting _____

Shipping
\$ _____ In
\$ _____ Out

_____ Amt Paid _____ Rec By _____ Check _____ Date

Signature _____

Sample received in cooler with ice (coolant)

[] Yes [] NO