

Instructions for Completion of Water Work Request Form

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. Company Name**
The billing entity.
- 2. Address**
Billing address.
- 3. 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.
- 4. Copy To** (Optional)
Provide additional e-mails if you would like someone other than yourself to receive a copy of the results.
- 5. Project** (Optional but suggested)
Examples: Ranch name, field name, address where sample was taken, etc.
- 6. Crop** (If applicable)
List the crop to receive a table for interpretation included with your results that indicate typical low, normal/adequate, or high levels.
- 7. Description of Sample** (Required)
The description you provide will appear on the report and must match the description on the bottle.
- 8. 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.
- 9. Date Sampled and Sampled By** (Required)
For water samples, the date and time sampled is very important.
- 10. 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-N, or the analytical package.
- 11. 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 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

Please be sure to complete all highlighted fields

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

Results Need By _____

Company Name: _____

Address: _____

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

Telephone: _____

Email: _____

COPY TO: _____

REQUESTED BY: _____

PROJECT: _____

CROP: _____

No. 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 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 _____	Out _____
Miles _____	\$ _____		
Consulting _____			
Amt Paid	Rec By	Check #	Date

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