

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

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:

	Description of Samples
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

DELLAVALLE LABORATORY, INC.

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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:

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