

LABORATORY WORK REQUEST

LAB NUMBER \_\_\_\_\_ Logged By \_\_\_\_\_

DATE \_\_\_\_\_

BILL TO: 

Acct No.

Cons

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

SUBMITTED BY \_\_\_\_\_

RANCH \_\_\_\_\_

No. of Samples \_\_\_\_\_ MATERIAL Water

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

Date Sampled \_\_\_\_\_

DESCRIPTION OF SAMPLE	Time Sampled
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

CHAIN OF CUSTODY

\_\_\_\_\_  
Relinquished by/Company/Date/Time

\_\_\_\_\_  
Received by/Company/Date/Time

\_\_\_\_\_  
Relinquished by/Company/Date/Time

\_\_\_\_\_  
Received by/Company/Date/Time

Invoicing Information: 

Shipping

\$ \_\_\_\_\_ In

\$ \_\_\_\_\_ Out

Amt Paid

Rec By

Check #

Date

\_\_\_\_\_  
Purchase Order No.

\_\_\_\_\_  
Results Needed By

COPY TO: \_\_\_\_\_

Analysis Required:

[X] Total Coliform, if positive E. coli

If present, whom shall we contact:

\_\_\_\_\_  
Client Contact

\_\_\_\_\_  
Phone

\_\_\_\_\_  
DLI Employee

\_\_\_\_\_  
Date/Time Called

Laboratory Use Only

				-----Present/Absent-----
EPA SM9223	Rec'd Temp °C	Date/Time Test Started	Total Coliform /100 ml	E. coli /100 ml
Sample 1.	_____	_____	_____	_____
Sample 2.	_____	_____	_____	_____
Sample 3.	_____	_____	_____	_____
Sample 4.	_____	_____	_____	_____
Sample 5.	_____	_____	_____	_____

Analyst Name: \_\_\_\_\_

If present, who did I contact:

\_\_\_\_\_  
Contact at County Dept of Health

\_\_\_\_\_  
Date/Time Called

What County (ie Madera, Merced, etc.): \_\_\_\_\_

\_\_\_\_\_  
DLI Employee

\_\_\_\_\_  
Date/Time Called

RECORDS RETAINED FOR FIVE YEARS

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.

\_\_\_\_\_  
Signature