WORK REQUEST

Amt Paid

Rec By

Check #

Date

DELLAVALLE LABORATORY, INC.

1910 W. McKinley Avenue, Suite 110 • Fresno, CA 93728 <u>www.dellavallelab.com</u> 559 233-6129 • 800 228-9896 • Fax 559 268-8174

No. of Samples ______ No. of Bottles _____

D 1 N 1 1			undwater [] Monitoring W	ell
Results Needed By L TO: Acct#/Cons. Purchase Order No		[] Supply Water Other:		
Cons. Purcha	ise Order No			
Fax				
		COPIES TO:		
Intended				
included				
	Dog'd			Doo'd
Description of Sample Date/Time Sampled Temp °C		Description of Sample	e Date/Time Sampled	Rec'd Temp °
		6.		
		/		
		8		
		9		
		10		
Cianatura			Palinguished (Data/Time)	
Signature	Company	Received (Date/Time)	Reiniquisiled (Date/Tillie)	
	_			
	Intended	Intended Rec'd mple Date/Time Sampled Temp °C CHAIN OF	Analysis and Bottles Ro	Analysis and Bottles Required: Fix