



Lab Code _____

DRINKING WATER FIELD SERVICE REQUEST FORM

Date of Request: _____ / _____ / _____ Request Results by: _____ / _____ / _____

Rush Service: (There are additional costs for rush services. Information is included under analytical cost.)

<p>Property Information:</p> <p>Name of Property Owner: _____</p> <p>Property Address: Street _____ City _____ St _____ Zip _____</p> <p>Name of Current Resident: _____</p> <p>Is the property vacant?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when was the water last run? _____</p> <p>Is there a lock box available?: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is there a reverse osmosis system?: Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Order Information:</p> <p>Individual Ordering Test: _____</p> <p>Business Name: _____</p> <p>Address: Street _____ City _____ St _____ Zip _____</p> <p>Phone Number: (_____) _____</p> <p>Person to contact to schedule collection: _____</p> <p>Number to call to schedule collection: (_____) _____</p> <p>*Collections will be scheduled within 2 business days of order receipt.</p>
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<p>Report To: Same as Order Information <input type="checkbox"/></p> <p>Business Name: _____</p> <p>Attn To: _____</p> <p>Mailing Address: Street _____ City _____ St _____ Zip _____</p> <p>Phone Number: (_____) _____</p> <p>Email Address: _____</p> <p>*Reports will be sent via email.</p>	<p>Bill To: Same as Report To <input type="checkbox"/></p> <p>Business Name: _____</p> <p>Attn To: _____</p> <p>Mailing Address: Street _____ City _____ St _____ Zip _____</p> <p>Phone Number: (_____) _____</p> <p>Email Address: _____</p> <p>*Payment MUST be received prior to releasing the results.</p>
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Analysis To Be Completed:

<input type="checkbox"/> Nitrate Nitrogen & Total Coliform Bacteria Package \$35.00	<input type="checkbox"/> Arsenic \$25.00	<input type="checkbox"/> Fluoride \$12.00
<input type="checkbox"/> Nitrate Nitrogen \$20.00	<input type="checkbox"/> Lead \$25.00	<input type="checkbox"/> Hardness \$27.00
<input type="checkbox"/> Total Coliform Bacteria \$20.00	<input type="checkbox"/> Iron \$20.00	<input type="checkbox"/> Flow Test - New Well \$150.00
<input type="checkbox"/> Bacteria Series (Total Coliform & E. coli Bacteria reported separately) \$25.00	<input type="checkbox"/> Flow Test - Existing Well \$50.00	
<input type="checkbox"/> Nitrogen Series (Nitrate, Nitrite, Nitrate + Nitrite Nitrogen reported separately) \$25.00	<input type="checkbox"/> Other: _____	

Field Service Fees: Rates begin at \$64.50 and increase based upon distance from lab; fee schedule attached.
Rush Service Fees: An additional \$20.00 rush fee will be applied if same day service is requested.
Rush Analytical Fees: The rates for analysis will DOUBLE for rush analytical service.
Credit/Debit Card Fees: A 4% convenience fee will be applied to all credit and debit card payments.

Lab Use Only:

Date/Time Sample Collected: _____ / _____ / _____ at _____ : _____ (am / pm) Collected by: _____

Sampling Point: _____ Water Type: Conditioned Raw Unknown Other: _____

Depth of well: _____ Well Type: Sandpoint Drilled Unknown New

Rcvd same day as collected Rcvd in good condition Rcvd on Ice Temp Blank _____ °C LTG _____ Chlorine Check: Absent Present

Sample Received on: _____ at _____ Rcvd by: _____ Check \$ _____ # _____ Cash \$ _____ CC Type _____ \$ _____

<p>NO₃:</p> <p>Date / Time / Analyst _____ / _____ / _____ mg/L</p> <p>Dilution: _____</p>	<p>TC:</p> <p>Date / Time / Analyst _____ / _____ / _____</p> <p>Coliform: Absent _____ Present _____</p> <p>E. coli: Absent _____ Present _____</p>	<p>Arsenic</p> <p>Date / Time / Analyst _____ / _____ / _____ µg/L</p> <p>Dilution: _____</p>	<p>Lead</p> <p>Date / Time / Analyst _____ / _____ / _____ µg/L</p> <p>Dilution: _____</p>	<p>Other:</p> <p>Notes: _____</p> <p>Mileage: _____ Field Services Charge: _____</p>
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