



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>
<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>

Analysis To Be Completed:

Total Coliform Bacteria \$20.00 Arsenic \$25.00 Iron \$25.00 Fluoride \$25.00

Nitrate Nitrogen \$20.00 Lead \$25.00 Hardness \$35.00 Other: _____

Bacteria Series (Total Coliform & E. coli Bacteria reported separately) \$25.00 Flow Test - Existing Well \$50.00

Nitrogen Series (Nitrate, Nitrite, Nitrate + Nitrite Nitrogen reported separately) \$25.00 Flow Test - New Well \$150.00

Field Service Fees: Rates begin at \$75.00 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>_____</p> <p>Notes:</p> <p>_____</p> <p>Mileage: _____ Field Services Charge: _____</p>
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Drinking Water Field Sampling Fees*

**effective October 1, 2018*

These charges are for the collection of drinking water samples by RMBEL field staff. The cost of the tests is in addition to these fees.

<u>Mileage (round trip)</u>	<u>Fee</u>
0-30	\$75.00
31-45	\$100.00
46-60	\$125.00
61-75	\$150.00
76-90	\$175.00
91-105	\$200.00
106-120	\$225.00
121-135	\$250.00
136-150	\$275.00
151-165	\$300.00
166-180	\$325.00
181-195	\$350.00
196-210	\$375.00