DRINKING WATERS SYSTEM INFORMATION FORM

Instructions: This form should be completed for all regular customers. Laboratory staff should complete all items. If customer will be collecting sample for regulatory purposes, be sure to complete regulatory system information section. Customer should complete a separate form for each sample program (e.g. programs having different reports address, invoice address, or default work order).

Client Code: (8 characters) __________________________________________

Default Sample Site:
[ ] None (site will vary with each sample)
[ ] Other (30 characters) __________________________________________

Overall hold days? (0-9999) _____ Use specification checking (Y/N) ________

Report Address: (5x31 characters) Invoicing Address: (5x31 characters)
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Invoice sample: (Y/N) ____________ Price list name: __________________________
Billing rate: (%) ______________ Purchase Order #: ________________________

REGULATORY SYSTEM INFORMATION

Well Identification:
System # __________________________ [ ] Not applicable
Source # __________________________
Source # __________________________
Source # __________________________

Hard copies: (0-3) ____________________ Disk copy? (Y/N) ____________

Send copies to regulatory agency? (Y/N) ____________ If yes, specify:
[ ] Monterey County Environmental Health [ ] California Department of Health Services
[ ] City of Salinas-Waste Water District [ ] CCRWQCB

Emergency notification contacts:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
<th>Pager</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
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<tr>
<td>#2</td>
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</tbody>
</table>

CDHS contact: __________________________ Phone: __________________________
MC EH contact: __________________________ Phone: __________________________

(See reverse)