

## 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 # \_\_\_\_\_ 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:**

<u>Name</u>	<u>Title</u>	<u>Phone</u>	<u>Pager</u>	<u>Cell</u>
#1 _____	_____	_____	_____	_____

#2 \_\_\_\_\_

CDHS contact: \_\_\_\_\_ Phone: \_\_\_\_\_

MC EH contact: \_\_\_\_\_ Phone: \_\_\_\_\_