

DRINKING WATERS SYSTEM INFORMATION FORM

Instructions: This form should be completed for all regular customers. Laboratory staff should ensure all items are complete. 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 (Lab use only): _____

Report Address: (5x31 characters)

Invoicing Address: (5x31 characters)

Invoice sample: (Y/N) _____ or Purchase Order #: _____

Mail report?: (Y/N) _____ Mail Invoice?: _____

Email report? (Y/N) _____ Email invoice?: _____

List address(es): _____

REGULATORY SYSTEM INFORMATION

Well Identification:

System # _____ [] Not applicable

Source # _____ Source # _____

Send copies to regulatory agency? (Y/N) _____ If yes, specify:

[] Monterey County Environmental Health [] CCRWQCB / Drinking Water Division

[] Other _____ [] CCRWQCB / GEOTRACKER

Emergency notification contacts:

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

#2 _____

CCRWQCB: contact: _____ Phone: _____

EH contact: _____ Phone: _____