



COMPANY / NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

ATTENTION: _____ PHONE #: _____

JOB NAME: _____ CITY: _____ JOB # _____

P.O. # _____ Please provide any **project specifications** that should be addressed.

◆ Please indicate your preferred mode of receiving data & reports.

EMAIL: _____ or FAX: _____ Mailed copy required?

◆ Unless a credit account has been established, payment by check or credit card is required at the time of service.

The following, most common analyses, prices include **analyses, evaluation, and recommendations**

This soil needs amendment recommendations **for new planting.**

And / Or

This area is **already planted** and needs maintenance recommendations.

FOR NEW PLANTING:

Evaluation of chemical suitability, available nutrients, texture, and organic matter content:

- A05-1 without micronutrients
- A05-2 complete
- A05-3 without organic content

What does the sample represent?

- Site soil. From what depth? _____
- Stockpile
- Potential import. Identify source as: _____ Placement depth? _____

EXISTING LANDSCAPE: Maintenance or Troubleshooting

- A17 Complete nutrient availability, salinity, pH, sodium, and boron.
- A01 Partial fertility (A17 without micronutrients)

Any particular problems or concerns? _____

Any specific plants affected? _____

What planting conditions should the report address?

- Turf... Sod or Seed Athletic field
- Groundcover Hydro-seeding **with or** **without** amending
- Tree and shrub backfill Specialty plants _____
- Prefer only organic fertilizers

Turnaround time: NORMAL: 5-7 working days.

(check one) **RUSH:** 3-5 working days at normal cost **plus 100% of the analytical fee.**

- Client should call to get the most updated fees.

Authorized by: (signature) _____ (print) _____ **Date:** _____ Rev. 1/07