

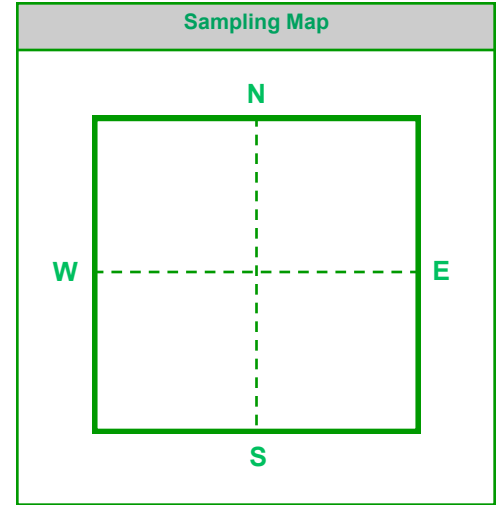


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Soil Health Sample Submittal Information

For APHIS information please use this [Link](#)

You will receive a billing invoice with your results. Payment is due net 30. PO # _____



Bill To Account:	
Name	
Address	
Phone	email

Sample Information	
Date	
Grower	
Field ID	

For Lab Use	Sample ID	Sample Depth (in / cm)	Crop Recommendation 1		Crop Recommendation 2		Live Stock Integration		Irrigate this Crop Year ?	Tillage (Yes / No)	Past Crop	Test Desired (use scroll bar to see all test options)
			Crop to be Grown	Yield Goal per Acre	Crop to be Grown	Yield Goal per Acre	YES	NO				

Comments:

Soil Health Analysis	
	PLFA
	Soil Health Assessment
	Soil Respiration Test
	Enzymes
	POX-C (ppm) Soil
	Wet Aggregate Stability
	Available Water Holding Capacity
	Total Nutrient Digest
Individual Soil Health Analysis	
	H2O Extract
	H3A Extract