SOIL FIRST
CONSULTING

800-732-TURF (8873)

SOIL WORKSHEET

**Course/Client Name:* _____ *Please Mail Samples to:*

**Superintendent:* _____

Address: _____

_____

Phone: _____

**E-mail:* _____

Logan Labs
620 North Main Street
P.O. Box 326
Lakeview, OH 43331
Phone: 888-494-7645
Fax: 937-842-2433

OFFICE USE ONLY

Samples: _____

Date Received: _____

Received By: _____

Distributor/Rep: Dean Kinney

E-mail Address: dkinney@sierrapacificturf.com

Samples should be pulled to a 6" depth - *Please note depth if different* _____ *DEPTH*

***This form must be filled out completely. Mail samples to the above Logan Labs address.**

☐ NO RECOMMENDATIONS (Reports Only)

☐ PO Number (if applicable): _____

SAMPLE IDENTIFICATION

Sample ID	Standard	Paste Extract	*w/Provided Water*	Physical Analysis	Tissue	Nitrate Ammonia	Water	Other
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								