LOGAN LABS, LLC

SEND SAMPLES TO:
620 North Main Street   **OR**   PO Box 326
Lakeview, OH 43331
Ph # 937-842-6100 or 888-494-7645
Fax # 937-842-2433   www.loganlabs.com

WORKSHEET

Client Name: _____

Address: _____

City/State/Zip _____

Phone #: _____

Fax #: _____

E-Mail Address:

_____ Need Recommendations
(additional charge applies)

# of Samples Submitted: _____ **Depth of soil sample** _____ note if different than 6 inches

REPORT FORMAT

Page	Sample ID	Sample ID	Sample ID	Sample ID	Sample ID
1					
2					
3					
4					
5					
6					

ALL TESTS ARE STANDARD SOIL TEST
All other tests must be specified below.

_____

_____

_____