

HOMEOWNER SOIL & WATER TEST INFORMATION FORM

PLEASE PRINT CLEARLY

Date: _____

Name: _____ Phone: _____

Address: _____

City: _____ Zip Code: _____ E-mail _____

Please Describe Problems Or Issues In Your Landscape:

TURF (please check one): ___ Bahia ___ St. Augustine ___ Bermuda ___ Zoysia
FRUIT TREES: ___ Citrus ___ Other (specify): _____ **VEGETABLES** _____

OFFICE USE ONLY

Sample# _____ S or W _____ pH _____ (ds/m) _____ (ppm)soluble salts

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of samples _____ @ \$5.00 Per Sample = \$ _____ Collected (___ check or ___ cash)

Received by _____ Office _____ Satellite _____