

Soil Sample Field Work Sheet

Date Submitted: _____ Consultant Larry G Strite File No # 598
 Division Manger: _____ Dealer : _____ Phone _____
 Client Name: _____ Clients phone : _____
 Client Address: _____
 Samples taken by: _____ Sampler Phone No: _____
 Number of samples submitted: _____

Field ID	Sample ID	Last Years Crop	Yield	Crop to be Grown	Sample Depth	Est'd Acreage

Please Note: Label all organic fields as O-Field Name. This will help us to better make Organic recommendations.
 Also please list Organic agency doing certification as well.

Important : Please mail a copy of this Field Worksheet to both of these address :

- Brookside Laboratories, Inc. 200 White Mountain Dr, New Bremen OH 45869
- Larry G. Strite POB 248, Pickens SC 29671 or email ryanstriterlm@gmail.com

Other Tests (*if other tests are required please call your Dealer above*).

For Office Use

Form # : _____

No. Samples Rec'd : _____

Date Rec'd : _____

Due Date : _____