



Soil and Plant Nutrient Testing Laboratory

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USE THIS FORM FOR ROUTINE SOIL ANALYSIS FOR UMASS RECHARGE

Visit our website to download a copy of the Sampling Instructions sheet which includes a description of routine, and optional soil tests offered. Send your sample(s), completed submission form and payment information to the address listed above. Complete Recharge information requested below.

Main contact:		Principal Investigator:				Method of receiving results			
Name:		Name:				<input type="checkbox"/> US Mail (please include \$2 for postage & handling) <input type="checkbox"/> E-mail <input type="checkbox"/> Copy Results to PI			
UMass Department:		UMass Department:							
Address:		Address:							
City, State, and Zip		City, State, and Zip							
Phone:		Phone:							
E-mail address:		E-mail address:							
LAB # (Leave blank)	Sample ID (You create this)	Approx. area represented by sample (sq ft. or acres)	Crop Code, limit of 3 (See reverse side of this form)	Routine analysis (\$15.00)	Organic matter (\$6.00)	Soluble salts (\$6.00)	Nitrate (\$6.00)		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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GL Unit	Speed Type	Account Code	Fund Code	Amount	GL Unit	Speed Type	Account Code	Fund Code	Order #
A					A	104913	699900	51069	
Dept. ID:		Project/Grant:			Signature: _____				