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MANURE SUBMISSION FORM

GROWER

Name _____
 Address _____
 City _____ State ____ Zip _____
 Telephone _____ Acct. # _____
 Email _____

SUBMITTING FIRM

Name _____
 Address _____
 City _____ State ____ Zip _____
 Telephone _____ Acct. # _____
 Email _____

(Report and Invoice Sent to this Address)

MANURE SAMPLE

MANURE TYPE

ANALYSIS

Date Received

Lab ID <i>(Lab Use Only)</i>	Sample ID <i>(Customer Use)</i>

Swine	Beef	Dairy	Poultry	Liquid	Solid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Essential Series

-
-
-
-
-
-

(If Other Please Comment)

Report Preferences

Email Paper Copy (\$1 Charge)

Essential Series \$45

K, P, S, Zn, Total N (%),
 Inorganic N (Ammonia),

**P- Phosphorus, K- Potassium,
 N- Nitrogen, S- Sulfur, Zn- Zinc*
**These tests conform to IA, MN and SD
 manure regulations*
**Consult us directly for unlisted
 services*
**Tax not included*

Comments _____