

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:

OFFICE USE ONLY

#Samples _____

Date Rec'd _____

Rec'd By _____

Due Date _____

____ 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.
