SOIL HEALTH SUBMITTAL



Bill To: U	nderstand	ling Ag	Account: 105						1740 Hw easanto		6006	6	La	b Us	e To	tal:
Name:								PI	easanto	II, INE	0000	О				
Address:																
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Phone:									SELECTION OF THE PROPERTY OF T	NITA CO	34/	15	Or /	//		
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LAB	USE		GROWER													
LAB#	TEST	DEP1	H *If different from bill to	FIELD ID	SAMPLE ID		OIL HEAL	ГН РАС	CKAGES	BG	PHD	NAG	Ac P	ALK P	ARS	
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Comments:	*Depth defaults to 0-6 inches unless otherwise noted

List Other Test Here:	

Questions: 308-293-1605