

Read directions on reverse side. Return completed form and sample tags with sample(s).

1. Mailing address
 Name Christian D. Gaudy
 Address Rt 1 Box 671
Walpole N.H. 03608
 Town and zip _____
 Phone 603-445-5104
 FAX _____
 e-mail _____

Reports will be sent by e-mail or FAX (dedicated line only) if you supply e-mail or FAX information, otherwise reports are mailed to you.

Copies of all commercial reports are sent to the county Cooperative Extension office. Note below any individuals to whom additional copies should be sent:

Commercial Soil Test Information

Corn/Forage/Pasture, Vegetable, Fruit, Turf and Nursery

Mail or deliver samples to:

University of New Hampshire
 Analytical Services Lab
 Spaulding Life Science Center, Room G-54
 Durham, New Hampshire 03824
 603-862-3210, <http://aslan.unh.edu/unhsoiltesting>
 e-mail Soil.Testing@unh.edu



SAMPLE INFORMATION: Fill in information below for each soil sample. See directions, crop codes, etc. on reverse side. Check box if **Diagnosing crop problem** or for **Organic certification** . These reports will be reviewed by Cooperative Extension prior to mailing.

LAB NUMBER (leave blank)	2. YOUR SAMPLE NUMBER or ID	3. ACRES	4. SOILTYPE	5. CROP CODES		6. Manure applied in past 12 months			7. Previous Applications of Manure		8. OTHER (Biosolids, variety, cuttings, yield goal, etc. See back for instructions.)	9. TEST CODES (See list below)	10. FEE (See below)
				Prior crop in year	Crop for year	Type Code	Month #	Tons/Acre	# Years	Tons/Acre			
				98	99								
2081	BFFA	3		1-2	Field Peas Triticale ¹⁹⁹	5	4	3-5	2	36		B2	10
2082	BFF B.	3		1-2	Brassicas ¹⁹⁹	5	4	3-5	2	36		B2	10

Test Codes and fees*				Method of payment				TOTAL FEE <u>\$20</u>	
B2 Basic (pH, SMPpH, texture, Ca, Mg, K, P)	\$10.00	Cu Copper	5.00	<input type="checkbox"/> Cash (do not send cash through the mail)				20. Total ch 12-14-98	
OM Organic matter	5.00	Zn Zinc	5.00	<input checked="" type="checkbox"/> Check (payable to UNH)	<input type="checkbox"/> Existing Account				
SS Soluble salts	4.00	Fe Iron	5.00	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard				
TC Texture class		Mn Manganese	5.00	Card number	_____				
(%sand, silt, clay)	12.00	B Boron	5.00	Expiration date	_____				
NO3 Nitrate	6.00			Cardholder's name	_____				
				Signature	_____				

*In effect until 1/1/2000, call for changes after this date