



6656 Grant Way
 Allentown, PA 18106
 phone: 866-522-5752
 fax: 610-395-0322
 www.jrpeters.com

company name: _____

submitted by: _____ account number: _____

address: _____

city: _____

state: _____ zip: _____

phone: _____ fax: _____

email: _____

I would like to receive my results via:

- fax mail email

SAMPLE ID Please identify each of your samples with a unique identification code. 20 characters max. (see instruction sheet) *Be sure to include your sample identification on the sample bag.*

Sample Identification Code/Number _____

A. Date Sample Taken _____

B. SAMPLE TYPE

1. Water 2. Fertilizer Solution 3. Hydroponic Nutrient Solution

C. SOURCE OF WATER

1. Municipal
 2. Well
 3. Surface Water
 a. Pond b. Lake c. River d. Stream
 4. Other _____

D. ANY CONCERNS/PROBLEMS WITH WATER?

1. Poor Plant Growth
 2. Lime Deposits
 3. Turns Walkways Brown or Red
 4. No Concerns

WATER/FERTILIZER

SAMPLE SUBMISSION FORM

Complete questions E-G only if you are submitting a fertilizer sample

E. FERTILIZER SOLUTION SPECIFICS (select brand and formulation)

Example: Jack's Professional® 20-20-20 = 1.a.)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> 1. Jack's Professional® | <input type="checkbox"/> a. 25-5-15 | <input type="checkbox"/> i. 15-5-15 |
| <input type="checkbox"/> 2. Everris Peters® | <input type="checkbox"/> b. 21-5-20 | <input type="checkbox"/> j. 15-0-15 |
| <input type="checkbox"/> 3. Masterblend® | <input type="checkbox"/> c. 20-20-20 | <input type="checkbox"/> k. 17-5-19 |
| <input type="checkbox"/> 4. Plantex® | <input type="checkbox"/> d. 20-10-20 | <input type="checkbox"/> l. 13-2-13 |
| <input type="checkbox"/> 5. Plant Marvel® | <input type="checkbox"/> e. 20-8-20 | <input type="checkbox"/> m. 5-12-26 |
| <input type="checkbox"/> 6. Other: _____ | <input type="checkbox"/> f. 20-3-19 | <input type="checkbox"/> n. Other _____ |
| | <input type="checkbox"/> g. 17-4-17 | |
| | <input type="checkbox"/> h. 15-15-15 | |

F. DESIRED FERTILIZER CONCENTRATION

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1. 50 ppm | <input type="checkbox"/> 4. 125 ppm | <input type="checkbox"/> 7. 250 ppm |
| <input type="checkbox"/> 2. 75 ppm | <input type="checkbox"/> 5. 150 ppm | <input type="checkbox"/> 8. 300 ppm |
| <input type="checkbox"/> 3. 100 ppm | <input type="checkbox"/> 6. 200 ppm | <input type="checkbox"/> 9. 350 ppm |

If other, please list under "H. Comments"

G. INJECTOR/RATIO INFORMATION

1. Injector at 1:15
 2. Injector at 1:100
 3. Injector at 1:128
 4. Injector at 1:200
 5. Injector at 1:300
 6. No Injector

H. Comments _____

