



6656 Grant Way  
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 fax: 610-391-1337  
 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



**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. 17-4-17     |
| <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** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_