



SOIL FOODWEB NEW YORK, INC.
 17 Clinton Street
 Center Moriches, NY 11934
Ph: (631) 750-1553 **Fax:** (631) 750-1554
 soilfoodwebny@aol.com

Compost

Submission Form

Instructions:

- Take several samples from 6-12” into the pile, halfway between the top and the ground.
- Mix the samples together.
- Place **2 cups** of this mixture in a sealable sandwich-size plastic bag.
- Send samples by **Next Day Mail** or similar service.
- See www.soilfoodwebnewyork.com for more detailed sampling instructions.

Certified Soil Foodweb Advisor _____

Mailing Address		Billing Address	<i>if different from mailing</i>
Contact Person		Contact Person	
Organization		Organization	
Address		Address	
City, State		City, State	
Zip, Country		Zip, Country	
Phone		Phone	
FAX		FAX	
e-mail		e-mail	

Report will be sent by e-mail or FAX.

- Check Enclosed
 Invoice Net 30
 Purchase Order # _____
 American Express
 MasterCard
 VISA Discover

Card# _____ - _____ - _____ - _____ Expires __ / __

Please note:

E.coli can not be performed on samples arriving on a Friday.



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Sample Identification			
Compost Type			
Compost Age			
Starting Materials			
Intended Crop			
High Temperature			
Watering Method			
Date Taken			

Compost Testing Packages

Quantity	Assay	price	subtotal	includes the following assays
_____	Total Foodweb	\$195.00	_____	TB-TF-AB-AF-Protos-Nematodes
_____	Bacteria and Fungi	\$ 98.00	_____	TB-TF-AB-AF
_____	Qualitative Package	\$ 75.00	_____	QA, E.coli, pH, soluble salts, %OM

Individual Assays

Quantity	Assay	price	subtotal	Quantity	Assay	price	subtotal
_____	Total Bac	\$ 29.00	_____	_____	Nematodes	\$ 73.00	_____
_____	Total Fungi	\$ 27.00	_____	_____	Protozoa	\$ 53.00	_____
_____	Active Bac	\$ 24.00	_____	_____	Qualitative	\$ 35.00	_____
_____	Active Fun	\$ 24.00	_____	_____	E. coli	\$ 35.00	_____
_____	pH, soluble salts, % Org Matter	\$11.00	_____				

Total of all the above \$ _____

If payment is included (check or CC# take 10% off) \$ _____

Total amount due \$ _____