



Tobacco Float Water

Agricultural Service Laboratory
171 Old Cherry Road / Clemson, SC 29634
Phone: 864-656-2068 Fax: 864-656-2069
<http://www.clemson.edu/agsrvlb>

LAB USE ONLY

Lab No. _____

Name: _____ Date Sampled: _____
LAST, FIRST

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Account: _____ Phone Number: (____) _____ - _____

Email: _____

Sample Label: _____	Check Analysis	In-state Cost	Out-of-State	Enter Cost
Water Source (Check One):	<input type="checkbox"/> Special	\$25.00	\$50.00	_____
<input type="checkbox"/> Municipal	<input type="checkbox"/> Mailed Report	\$3.00	\$3.00	_____
<input type="checkbox"/> Well Depth _____ feet (leave blank for unknown)			Total	_____

Fertilizer Program (Check One):

- ☐ 20-10-20
☐ 20-5-20
☐ 16-5-16
☐ 16-4-16 or 16-4-13
☐ 15-5-15

Injection Pump

- ☐ Yes
☐ No

Tank Volume _____

Special Analysis includes pH, electrical conductivity (EC), calculated total dissolved solids (TDS), phosphorus, potassium, calcium, magnesium, iron, zinc, copper, manganese, sodium, chloride, boron, sulfur, nitrate nitrogen, bicarbonate, carbonate, and calculated sodium adsorption ratio.

Suspected Problems/Comments:

Make checks payable to Clemson University

Check Number: _____

Extension Approval: _____

Date Sample Received: _____ LAB USE ONLY