

TPS Lab

Since 1938 – Making Extraordinary Crops
For Growers Around The World.

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TPSLab.com • info@tpsl.biz

LAB USE ONLY

LAB N^{OS} FROM _____ TO _____

DATE RECEIVED: _____

BY: _____

CLIENT ID: _____

2016-05-WATER-MULT-4P 5/21/2016 20:15

WATER SAMPLE SUBMITTAL AND CHAIN OF CUSTODY

BILL / CHARGE CONSULTANT GROWER

CONSULTANT NAME:		P/O N ^o :
TELEPHONE N ^o :	E-MAIL:	
COMPANY:		
ADDRESS:		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

GROWER CONTACT NAME:		
TELEPHONE N ^o :	E-MAIL:	
GROWER / COMPANY:		P/O N ^o :
ADDRESS		
TOWN:	STATE / PROVINCE:	ZIP / POSTAL CODE:
COUNTRY (IF NOT U.S.A. OR CANADA):		

SEND REPORTS TO: CONSULTANT GROWER BOTH

WATER SAMPLING INSTRUCTIONS

See Fee Schedule for tests available, descriptions and prices.

MINIMUM VOLUMES OF SAMPLES:

20 Ounces (1 Litre) for most tests.

40 Ounces (2 Litres) for tests requiring biological assays (Domestic Suitability) and tests requiring Alkalinity (including Hydroponic Suitability).

CONTAINERS:

For Non-Biological Tests – a clean plastic water or soda bottle may be used. Be sure that it has been thoroughly washed and cleaned before filling. Tightly cap the bottle and pack it securely in the shipping container.

For Biological Tests – *A sterile container must be used!* A new unused bottled water bottle may be used. Empty out the original contents, **taking care not to touch the inside of the cap or the inside of the neck of the bottle.** Sterilize the bottle and cap with alcohol. Fill with the sample and tightly re-cap.

SPECIAL INSTRUCTIONS:

Irrigation Systems – Take the sample from an active system that is free of stagnant water and is representative of the water actually being applied to the soil.

Pond or Lake – Samples should be taken from several depths and locations. These are to be combined into one composite lab sample.

Deep Well or Lake – If deeper than 100 Feet (30 Metres), **Boron** testing is recommended, as Boron generally concentrates in deeper waters. If the source is a lake and the system intake is close to the bottom, submit a sample from only this depth.

TEST NOS. REQUESTED: WA- WA- WA- WA- WA- WA- WA- WA-

DATE SAMPLED:

YOUR SAMPLE I.D. / LOCATION (MAX. 6 CHARS.):

WATER SOURCE: MUNICIPAL / CO-OP - ORIGINAL SOURCE, IF KNOWN: _____ LAKE WELL RIVER
 WELL - DEPTH: _____ FT M
 LAKE - DEPTH: _____ FT M RIVER / CREEK EFFLUENT POND

LAB N^o:

IF THIS SAMPLE IS FOR IRRIGATION USE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

IF WE PERFORMED YOUR SOIL TEST, PLEASE PROVIDE THE LAB N^o:

IF WE DID **NOT** PERFORM YOUR TEST, PLEASE TELL US YOUR SOIL TYPE (AS BEST YOU CAN TELL):

- SAND LOAMY SAND SANDY LOAM SILTY LOAM SANDY CLAY LOAM
 CLAY LOAM SILTY CLAY LOAM SANDY CLAY CLAY SILTY CLAY

WATERING METHOD: DRIP PIVOT SPRINKLER FLOOD MICROJET
 OTHER - SPECIFY: _____

PROBLEMS OR COMMENTS: _____

TEST NOS. REQUESTED: WA- WA- WA- WA- WA- WA- WA- WA-

DATE SAMPLED:

YOUR SAMPLE I.D. / LOCATION (MAX. 6 CHARS.):

WATER SOURCE: MUNICIPAL / CO-OP - ORIGINAL SOURCE, IF KNOWN: _____ LAKE WELL RIVER
 WELL - DEPTH: _____ FT M
 LAKE - DEPTH: _____ FT M RIVER / CREEK EFFLUENT POND

LAB N^o:

IF THIS SAMPLE IS FOR IRRIGATION USE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

IF WE PERFORMED YOUR SOIL TEST, PLEASE PROVIDE THE LAB N^o:

IF WE DID **NOT** PERFORM YOUR TEST, PLEASE TELL US YOUR SOIL TYPE (AS BEST YOU CAN TELL):

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 CLAY LOAM SILTY CLAY LOAM SANDY CLAY CLAY SILTY CLAY

WATERING METHOD: DRIP PIVOT SPRINKLER FLOOD MICROJET
 OTHER - SPECIFY: _____

PROBLEMS OR COMMENTS: _____

YOUR ORDER

CLIENT I.D.:

PAGE	SAMPLE I.D.	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE	TEST NO.	PRICE
1			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
2			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
3			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
4			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
5			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
6			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
7			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
8			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
9			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
10			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$
			\$		\$		\$		\$

PAYMENT / CHARGE SHEET

TOTAL CHARGES: \$

PAYMENT METHOD:

CASH

CHECK

NUMBER:

CREDIT CARD ORDER

To help protect your privacy, the following may be telephoned or FAXed:

VISA

MasterCard

Discover

American Express

CARD Nº: EXP. DATE: / CODE:

NAME ON CARD:

BILLING ADDRESS:

TOWN:

STATE / PROVINCE: ZIP / POSTAL CODE:

COUNTRY (If not U.S.A. or Canada):