



Soil/Compost Assessment Order Form

Please contact lab **PRIOR** to mailing your order form to ensure lab availability.

Questions? 970-314-0227

566 22 1/2 Road
Grand Junction, CO 81507

Name:	Organization:	Date:
Address:		
Email:	Telephone:	

Pricing		
# of samples	Rate:	
1-4	\$105/sample	
5-7	\$90/sample*	
8+	Call Lab	Total Enclosed: \$

Payment Method:
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit (pay via website) Make checks payable to Harmony Foodscapes
Preferred Report Delivery Method: <input type="checkbox"/> Email <input type="checkbox"/> Mail

Instructions for collecting your soil sample and packaging for shipping at harmonyfoodscapes.com. Results report includes explanation of data with suggestions for improvement. Your report will include biomass and quality assessments of each of the major soil trophic groups: Bacteria (aerobic/anaerobic, actinobacteria), Fungi (aerobic/anaerobic), Protozoa (flagellates, amoebae, ciliates), Nematodes (bacterial/fungal-feeding, omnivorous, predatory)

Sample ID:	Plants Present (if applicable) ie: bare soil, weeds, flowers, trees etc	Plants Desired (if applicable)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

By submitting an order form and samples, I attest that I have collected, labeled and shipped the samples as instructed. I acknowledge that improper collection, handling or shipping can result in inaccurate results and do not warrant a refund. All soil analysis are non-refundable. I understand that I will be receiving an overview of current sample biology numbers and how they relate to the minimum standard numbers for the type of plants you are looking to grow. See harmonyfoodscapes.com for report examples, soil sampling procedures and shipping instructions. * discounted sample rate only if paid for all at the same time. Thank you for your business!

Signature: _____

Date: _____