NUTRIENT ANALYSIS SUBMISSION FORM

To be completed by Sampler and Producer

Date Sampled:___________________ Time Sampled:___________________

Sampled by (print):_____________________________________

Relinquished to agency or lab by (sign):_______________________________(Date)____________(Time)_______

Received in agency or lab by (sign):_______________________________(Date)____________(Time)________

Manure Type (check one)

___1- Broiler Litter  
___2- Breeder Litter  
___3- Layer  
___4- Turkey litter  
___5- Turkey (Lg. Toms)  
___6- Pullet litter  
___7- Liquid dairy  
___8- Semi-solid beef  
___9- Other (Specify)___________________

Storage Type (check one)

___A- House  
___B- Uncovered-Stack  
___C- Covered Stack  
___D- Roofed Storage  
___E- Earthen Liquid Dairy  
___F- Semi Solid Stack (Dairy or Beef)  
___G- Silo or Concrete Liquid Dairy  
___H- Other (Specify)

Producer Name and Address:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Phone / email

________________________________________________________________________

To be completed by Submitting Agency

Sample Submitted By:

Give complete mailing address of submitting agency. Analysis will be returned to this address. Add web address for results by email.

Individual or Agency____________________________________________________________

Street Address__________________________________________________________________

City, State, Zip________________________________________________________________

Phone / email:_________________________________________________________________

Relinquished by (sign):_______________________________(Date)____________(Time)_______

Received in lab by (sign):_______________________________(Date)____________(Time)_______

Send Samples To:

W.V. Department of Agriculture
Moorefield Field Office
60B Moorefield Industrial Park Rd.
Moorefield, WV 26836

For Lab Use Only:

Lab Number:___________________

Date Received:___________________