

CDOT 5 digit
 Construction Code

Horticulture Soil Sample Submittal Form

Report and Billing To					Sample Information				
Name: Consultant Business Name and Contact					Sampling Date:				
Address: Consultant conducting topsoil sampling					Mailing Date: Fill in this entire section				
City:		State:		Zip:	Sample Received Date:				
Email: Consultant conducting topsoil sampling					County:				
Tel: Consultant conducting topsoil sampling					Location GPS:				
Lab Number (Lab Use Only)	Sample ID	Sample Depth (inches)	Horticulture Crop					Test Code	Comments
			Lawn/Turf	Vegetable Garden	Flower Beds	Orchard	Trees		
	^	6"						X*	S1 + SAR, Texture
Fertilizer rate recommendations			Yes	No					

* Native grasses and forbs
 ^ Use a separate line for each revegetation unit/sample submitted.
 (Please refer to CDOT Topsoil Testing Procedure)