WATER / FERTILIZER SAMPLE QUESTIONNAIRE

Name _____

Address _____

City, St, Zip _____

Phone _____

Email _____

Information Sheet Number: _____

If submitting plain water, skip to Question 1.
Complete Questions F - H *only* if submitting a fertilizer solution.

☐ **Water/Fert. Solutions Package: includes the following tests**
Soluble Salts (EC), pH, Alkalinity, Calcium, Magnesium, Sodium, Chloride, Boron, Fluoride, Iron, Manganese, Sulfur, Copper, Zinc, Molybdenum, Aluminum, Nitrate, Ammonium, Total Nitrogen, Phosphorus, Potassium.

☐ **Simple Laboratory Test: includes**
Soluble Salts (EC) and pH. (if this package is desired please check box)

A. **Please indicate your sample I.D. code/number: (Maximum 20 characters.)** _____

Date sample was taken: _____

B. **THIS SAMPLE IS:** ☐ 1. Water ☐ 2. Fertilizer Solution

C. **SOURCE OF WATER:**

- ☐ 1. Municipal
- ☐ 2. Well
- ☐ 3. Surface Water
  - ☐ a. Pond ☐ b. Lake ☐ c. River ☐ d. Stream
- ☐ 4. Other: _____

D. **IS WATER TREATED?**

- ☐ 1. No Treatment
- ☐ 2. Acidified
  - ☐ a. 93 or 96% Sulfuric
  - ☐ b. Battery Acid
  - ☐ c. 85% Phosphoric
  - ☐ d. 75% Phosphoric
  - ☐ e. Other _____

E. **ANY CONCERNS/PROBLEMS WITH WATER?**

- ☐ 1. Poor Plant Growth
- ☐ 2. Lime Deposites
- ☐ 3. Turns Walkways, etc., Brown or Red
- ☐ 4. No Concerns

F. **FERTILIZER SOLUTION SPECIFICS: (Select brand and formulation. Example: Peters 20-20-20 = 1.a.)**

- ☐ 1. Peters® Professional
- ☐ 2. Peters® EXCEL
- ☐ 3. MasterBlend®
- ☐ 4. Plantex®
- ☐ 5. Technigro®
- ☐ 6. Millers®
- ☐ 7. Plant Marvel®
- ☐ 8. Total Gro®
- ☐ 9. GreenCare®
- ☐ 10. Romeo

☐ a. 20-20-20 ☐ b. 20-10-20 ☐ c. 15-16-17 ☐ d. 15-15-15 ☐ e. 15-0-15 ☐ f. 21-5-20 ☐ g. 20-5-19 ☐ h. 15-5-15 ☐ i. 21-0-20 ☐ j. 20-9-20 ☐ k. 17-5-19 ☐ l. 14-0-14 ☐ m. 13-2-13 ☐ n. 21-7-7

If other, please list under "I. Other Comments"

G. **DESIRED FERTILIZER CONCENTRATION**

☐ a. 50 ppm ☐ b. 75 ppm ☐ c. 100 ppm ☐ d. 125 ppm ☐ e. 150 ppm ☐ f. 200 ppm ☐ g. 250 ppm ☐ h. 300 ppm ☐ i. 350 ppm

H. **INJECTOR/RATIO INFORMATION: (Example: Dosatron 1:100 = 2.b.)**

- ☐ 1. Hozon®
- ☐ 2. Dosaltron®
- ☐ 3. Smith®
- ☐ 4. Anderson®
- ☐ 5. Dosmatic®
- ☐ 6. GEWA®
- ☐ 7. No Injector

☐ a. 1:15 ☐ b. 1:100 ☐ c. 1:28 ☐ d. 1:200 ☐ e. 1:300

If other, please list under "I. Other Comments"

I. **OTHER COMMENTS:** _____