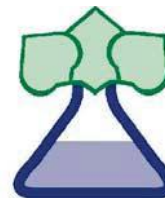


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Limestone Sample Submittal Form

Account Number, Name & Address Name Address City, State Zip Phone #		Bill To		
		Extra Copies To		
		e-Mail (PDF) Copies To		
		e-Mail Address		
		FAX To		
		FAX No.		
Growers Name	Sample Identification	Type of Sample		Lab Tests
		Liquid	Solid	
LAB TESTS		Request Limestone Sample Supplies		LAB USE ONLY
Calcium Carbonate Equivalent (CCE)		Quantity	Item	_____ ARS _____ MRL _____ None
Effective Calcium Carbonate (ECC)		_____	Limestone Sample Submittal Forms	
Calcium (Ca) plus Magnesium (Mg)		_____	Limestone Sample Bottle (liquid)	
Moisture (H2O)		_____	Limestone Zip Lock Bag (dry)	
		_____	Small Shipping Boxes	
		_____	ARS / UPS Labels	
		_____	MRL / USPS Labels	
		_____	Pre-addressed Labels	

PLEASE SUBMIT WHITE COPY WITH SAMPLES AND RETAIN PINK COPY FOR YOUR FILES