

GPS SOIL SAMPLING WORK ORDER



Date _____ Account # or Location to Bill _____

Contact/Agronomist _____ Grower Name _____

Phone # _____ Email _____

Send SST Package to _____

Field Data

Farm Name _____ Field Name _____

Total # of Acres _____ Previous Crop _____

Field Status _____ Collect Boundary YES NO *(If no, please include shape files)

Grid Size 1 2.5 3.3 4.4 5 Other _____

Location

Town of _____ County _____

SPECIAL INSTRUCTIONS

VRT REC'S (If yes, list fields below)

TESTS (Additional tests requested outside of your typical test selection)

DIRECTIONS

*(Please attach a detailed map showing road names, closest intersection and area(s) to sample or not to sample)

Email completed form to your local AgSource GPS contact or bonduel@agsource.com

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