



# Soil/Compost Biology Assessment Order Form (701-330-9788)

Name	Organization	Date
Address	E-mail	Telephone #

<b>Pricing</b>	
# of samples: _____	Rate: _____
1-4	\$110.00 /sample
5-7	\$98.00 /sample
8+	\$94.00 /sample
Total Enclosed: \$ _____	
# of Samples _____ X \$ _____ /sample = _____	

**Paying by:**  
 Check     Cashier's check/money order     Debit/Credit card

Please make check or money order payable to: TRECC, LLC  
 To pay by debit/credit card call (701)330-9788 or erik@cvrfs.com

**Delivery Preference:**     E-mail     Mail

Instructions for collecting your soil sample and packaging for shipping at 701-330-9788 or regensoil2020@gmail.com

Results report includes explanation of data with suggestions for improvement.

Your report will include biomass and quality assessments of each of the major soil trophic groups:

- Bacteria (aerobic/anaerobic, actinobacteria)
- Fungi (aerobic/anaerobic)
- Protozoa (flagellates, amoebae, ciliates)
- Nematodes (bacterial/fungal-feeding, omnivorous, predatory)
- Microarthropods

CVRFS 17434 County Rd 37 Altura MN 55910

Referred by: \_\_\_\_\_

Sample ID (limit 10)	Plants present (if applicable)	Plants desired (if applicable)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		