



OWNER (PLEASE PRINT)		ADVISER		DATE:	
Name		Name			
Address		Address			
		District Municipality:			
		Local Municipality:			
Telephone		Telephone			
Email		Email			
Sample ID		Sieve analysis (Y/N)	CaCO ₃ equivalent (Y/N)	Ca, Mg (Y/N)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
	Cost per sample	R160	R150	R150	