



**US COMPOSTING  
COUNCIL**

*Seal of Testing  
Assurance*

**C&C PEAT CO**

Mike Wolfe  
1650 County Rd 470  
Okahumpka, FL 34762  
352-323-8213

Product Name: Compost  
Sample Date: 4/4/2015

## COMPOST TECHNICAL DATA SHEET

LABORATORY: Midwest Laboratories, Inc. 13611 B St. Omaha, NE 68144 (402)334-7770 ph (402)334-9121 fax

<i>Compost Parameters</i>	<i>Reported as (units of measure)</i>	<i>Test Results</i>	<i>Test Results</i>
Plant Nutrients:	%, weight basis	%, wet weight basis	%, dry weight basis
Nitrogen	Total N	0.33	0.89
Phosphorus	P <sub>2</sub> O <sub>5</sub>	0.32	0.86
Potassium	K <sub>2</sub> O	0.12	0.32
Calcium	Ca	0.85	2.30
Magnesium	Mg	0.10	0.27
Moisture Content	%, wet weight basis	62.98	
Organic Matter Content	%, dry weight basis		72.93
pH	pH units	8.1	
Soluble Salts <i>(electrical conductivity EC<sub>s</sub>)</i>	mS/cm	1.88	
Particle Size	% < 9.5 mm (¾ in.), dw basis		97
Stability Indicator ( <i>respirometry</i> )	mg CO <sub>2</sub> -C/g TS/day	0.16	
Maturity Indicator (bioassay)			
Percent Emergence	average % of control	95	
Relative Seedling Vigor	average % of control	95	
Select Pathogens	PASS/FAIL: per US EPA Class A standard, 40 CFR § 503.32(a)	PASS	
Trace Metals	PASS/FAIL: per US EPA Class A standard, 40 CFR § 503.13, Tables 1 and 3.	PASS	

*Participants in the US Composting Council's Seal of Testing Assurance Program have shown the commitment to test their compost products on a prescribed basis and provide this data, along with compost end use instructions, as a means to better serve the needs of their compost customers.*

*Directions for Product Use:*

NOTE: The USCC does not assess whether or not, or to what extent, these directions are sound, sufficient or otherwise appropriate. It is the participant's responsibility alone to ensure that they are.

*Compost Ingredients:*

This compost product has been sampled and tested as required by the Seal of Testing Assurance Program of the United States Composting Council (USCC), using certain methods from the "Test Methods for the Examination of Compost and Composting" manual. Test results are available upon request by calling C&C Peat Co at 352-323-8213 referencing MWL report 15-047-4178. The USCC makes no warranties regarding this product or its contents, quality, or suitability for any particular use.

*For additional information pertaining to compost use, the specific compost parameters tested for within the Seal of Testing Assurance Program, or the program in general, log on to the US Composting Council's TMECC web-site at <http://www.tmecc.org/sta/>.*



**US COMPOSTING COUNCIL**

**OFFICIAL Seal of Testing Assurance  
Compost Sample Chain of Custody Form**

<b>STA Laboratory:</b> Midwest Laboratories, Inc. Tel: 402-334-7770 Address: 13611 B. Street FAX: 402-334-9121 Email: jking@midwestlabs.com City, State Zip code: Omaha, NE 68144		<b>Storage Locations</b> Freezer _____ Cold Room _____ Storage Shelf _____ Sample Condition: _____ Temperature: _____ Moisture: _____ Sample Type: <input type="radio"/> POINT <input checked="" type="radio"/> COMPOSITE <input type="radio"/> STRATIFIED <input type="radio"/> INTERVAL P.O. Number: _____ USCC Member: <input type="radio"/> YES <input type="radio"/> NO	
<b>Client/Reporting Company:</b> C&C Peat Company, Inc. Tel: 352-323-8213 Contact Name: Michael Wolfe FAX: 352-365-0367 Billing Address: 1650 County Road 470 Email: m.wolfe@copeat.com City, State Zip code: Okahumpka, FL 34762		<b>SELECTION OF ANALYSIS.</b> Refer to <a href="http://www.lmacc.org/cap/methods.html">http://www.lmacc.org/cap/methods.html</a> for details. STA Suite, State DOT Tests (indicate State) A, B, C - Specify other tests in fields A through C. (e.g., tests required for regulated samples, etc.) NOTE! STA analytical results via the STA Compost Technical Data Sheet and this Chain of Custody form are submitted to STA program management.	
<b>Name of Person(s), Sample Collector(s):</b> Michael Wolfe Name or Source of Sample(s): Monthly Compost Sample City, State Zip code: _____		<b>LAB USE ONLY</b> Indicate Compost Analysis Requirements (Identify state)	
<b>Client Sample ID and Special Instructions</b> Compost 1. List Feedstocks 2. Check all that apply 3. List % by volume. (Optional)		<b>Shipping Temperature</b> Ambient <input type="radio"/> Wet Ice <input checked="" type="radio"/> Dry Ice <input type="radio"/>	
Green waste _____ Carcass _____ Manure _____ Fish Waste _____ Food _____ Grease, Fats _____ Biosolids _____ MSW _____ Wood _____		<b>State DOT</b> STA Suite _____ Identify State: A B C	
<b>Sample Matrix</b> Compost <input checked="" type="radio"/> Feedstock <input type="radio"/> Mulch <input type="radio"/> <input type="radio"/> <input type="radio"/>		<b>Composting Operation Type</b> Windrow <input checked="" type="radio"/> Static pile <input type="radio"/> In-Vessel <input type="radio"/>	
<b>Collection Date/Time</b> Date: 2/4/15 Time: 3:15 PM Initials: MW		<b>LAB USE ONLY</b> Job Number & Sample Status 2366145	
Inform the STA Laboratory and specify the required laboratory tests when submitting regulated compost samples (please use spaces A, B and C provided above). PLEASE PROVIDE SPECIFIC FEEDSTOCK AND OPERATIONAL DETAIL IN THE SPACE PROVIDED. YOUR VOLUNTEERED INFORMATION PROVIDES USCC STANDARDS AND PRACTICES COMMITTEE WITH CRITICAL DATA NEEDED TO BETTER UNDERSTAND THE COMPOSTING PROCESS AND COMPOST END USES.			
<b>Releasing Signature 1</b>  Date: 2/4/15 Time: 3:30 PM		<b>Receiving Signature 1</b> _____ Time: _____	
<b>Releasing Signature 2</b> _____ Date: _____ Time: _____		<b>Receiving Signature 2</b> _____ Time: _____	
<b>Releasing Signature 3</b> _____ Date: _____ Time: _____		<b>Receiving Signature 3</b> _____ Time: _____	
<b>Releasing Signature 4</b> _____ Date: _____ Time: _____		<b>Receiving Signature 4</b> _____ Time: _____	



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