





13611 B Street • Omaha, Nebraska 68144-3693 • (402) 334-7770 • FAX (402) 334-9121 • www.midwestlabs.com

Lab #	2527263	Report of Analysis		Report Number: 16-145-4104																																																																																																																																																	
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Compost Results Interpretations

Page 1

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DATE RECEIVED:

2016-05-12

Organic Matter %		Greater than 20% indicates a desirable range for compost on a dry weight basis.
29.00	As Received	
72.37	Dry Weight	

Compost is a significant source of Organic Matter, which is an important supplier of carbon. Organic Matter improves soil and plant efficiency by improving soil physical properties, providing a source of energy to beneficial organisms, and enhancing the reservoir of soil nutrients.

C/N Ratio		20-30 indicates an ideal range for the initial compost process. 10-20 indicates an ideal range for a finished compost.
22.5:1		

All organic matter is made up of substantial amounts of carbon with lesser amounts of nitrogen. The balance of these two elements is called the Carbon/Nitrogen Ratio. For the best performance, the compost pile requires the correct proportion of carbon for energy and nitrogen for protein production. If the C:N ratio is too high (excess carbon) decomposition slows down. If the C:N ratio is too low (excess Nitrogen) the compost pile could be difficult to manage.

Moisture %		<35% = Indicates overly dry compost >55% = Indicates overly wet compost
59.93		

Moisture Percent is the measure of water present in the compost and expressed as a percentage of total weight. Moisture present affects handling and transport. Overly dry will be light and dusty while overly wet will be heavy and clumpy. A desirable moisture content of finished compost will range between 40 to 50%.

Compost Results Interpretations

Page 2

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Conductivity or Soluble Salts measures the conductance of electrical current in a liquid compost slurry. Excessive soluble salt content in a compost can prevent or delay seed germination and proper root growth. Conductivity analysis is done on a 1:5 basis.

Conductivity 1:5
7.0

Conductivity Level	Interpretation
Greater than 10	Very High nutrient content. Use for Ag Applications
5 - 10	High nutrient content. Use for Ag Applications
3 - 5	Higher than desirable for salt sensitive plants, some loss of vigor
0.6 - 3	Desirable range for most plants
0.3 - 0.6	Ideal range for greenhouse growth media
0.0 - 0.3	Very Low: Indicates very low nutrient status: plants may show deficiencies.

Compost Results Interpretations

Page 3

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pH Value

7.6

0 to 14 scale with 6 to 8 as normal pH levels for compost

A pH in the 6 to 8 pH range indicates a more mature compost

pH measures the acidity or alkalinity of the compost, and is a measurement of the hydrogen ion activity of a soil or compost on a logarithmic scale. The pH scale ranges from 0 to 14 and 7 indicates a neutral pH. Growing media with a higher pH or pH greater than 7 can benefit from a compost that has a more acidic pH or pH below 7. This type of application will possibly lower the soil pH making the soil more conducive to plants that thrive in a more acidic soil condition.

Nutrient Index (Ag Index)

9.0

The Nutrient Index normally runs between 1 and 10.

The Nutrient Index is obtained by dividing the total nutrients (N,P,K) by the amount of salt (Sodium and Chloride). The higher the Nutrient Index the less chance of having a toxic buildup of Sodium (salt) in the soil.

AG INDEX CHART										
<i>salt injury possible</i>	<i>use on soils with excellent drainage characteristics, good water quality and low salts</i>				<i>you may use on soils with poor drainage, poor water quality, or high salts</i>				<i>for all soils</i>	
1	2	3	4	5	6	7	8	9	10	> 10

Nutrients (N+P205+K20)

8.78

Average Nutrient Content Dry Weight

<2 = Low, >5 = High

0.5-2-1

Rating As Received

The most commonly used compost data is the amount of Nitrogen, Phosphate, and Potash (abbreviated as N,P,K) present and the information is similar to that found in common fertilizers. If a compost result has the rating 1-2-2 it means that the compost has 1% Nitrogen, 2% Phosphate and 2% Potash. Most compost tests will have a average nutrient level (N+P+K) of < 5%.

**C AND C PEAT COMPANY
MIKE WOLFE
1650 CR 470
OKAHUMPKA FL 34762**

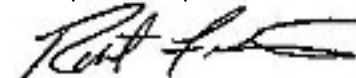
REPORT OF ANALYSIS

For: (28674) C AND C PEAT COMPANY
MONTHLY COMPOST SAMPLE

Analysis	Level Found		Units	Reporting		Analyst- Date	Verified- Date
	As Received	Dry Weight		Limit	Method		
Sample ID: COMPOST	Lab Number: 2527263		Date Sampled: 2016-05-11 1530				
Cadmium (total)	n.d.	n.d.	mg/kg	0.50	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Chromium (total)	3.58	8.93	mg/kg	1.00	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Mercury (total)	n.d.	n.d.	mg/kg	0.05	EPA 7471 *	ccm2-2016/05/13	kkh9-2016/05/17
Lead (total)	n.d.	n.d.	mg/kg	5.0	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Molybdenum (total)	1.2	3.0	mg/kg	1.0	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Nickel (total)	1.6	4.0	mg/kg	1.0	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Selenium (total)	n.d.	n.d.	mg/kg	10.0	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Zinc (total)	73.3	182.9	mg/kg	2.0	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Copper (total)	35.6	88.8	mg/kg	1	EPA 6010 *	ras7-2016/05/13	kkh9-2016/05/17
Arsenic (total)	0.53	1.32	mg/kg	0.5	EPA 6020	akj2-2016/05/16	kkh9-2016/05/17

n.d. = not detected , ppm = parts per million, ppm = mg/kg

For questions please contact:



Rob Ferris
Account Manager
raf4@midwestlabs.com (402)829-9871

The result(s) issued on this report only reflect the analysis of the sample(s) submitted.

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US COMPOSTING COUNCIL



2527263-263
 Samples: Page:
 1 1/2
 Lara L. Mikels
 2016 05 12 12:24

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

STA Laboratory: Midwest Laboratories, Inc. Tel: 402-334-7770
 Address: 13611 B. Street FAX: 402-334-9121
 City, State Zip code: Omaha, NE 68144 Email: jking@midwestlabs.com

Client/Reporting Company: 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@ccpeat.com
 City, State Zip code: Okahumpka, FL 34762

Send Results to: _____
 City, State Zip code: _____

Name or Source of Sample(s): Monthly Compost Sample
 Name of Person(s), Sample Collector(s): Michael Wolfe

LABORATORY USE ONLY Storage Locations
 Freezer _____ Cold Room _____ Storage Shelf _____

Sample Condition: _____
 Temperature: _____ Malodor: _____ Moisture: _____

Sample Type: POINT COMPOSITE STRATIFIED INTERVAL
 P.O. Number: _____

USCC Member: YES NO

SELECTION OF ANALYSIS. Refer to <http://www.tmecc.org/cap/methods.html> 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.

A _____ B _____ C _____

Client Sample ID and Special Instructions	1. List Feedstocks 2. Check all that apply 3. List % by volume. (Optional)		Collection Date/Time	Sample Matrix	Composting Operation Type	Shipping Temperature	Indicate Compost Analysis Requirements (*Identify state)			LAB USE ONLY Job Number & Sample Status
	Green waste	Carcass					State DOT Identify State	A	B	
Compost	<input checked="" type="checkbox"/> Manure	<input type="checkbox"/> Fish Waste	Date: <u>5/11/16</u>	Compost <input checked="" type="radio"/>	Windrow <input checked="" type="radio"/>	Ambient <input type="radio"/>	STA Suite	State DOT Identify State	A B C	2527263
	<input checked="" type="checkbox"/> Food	<input type="checkbox"/> Grease, Fats	Time: <u>3:30 pm</u>	Feedstock <input type="radio"/>	Static pile <input type="radio"/>	Wet Ice <input checked="" type="radio"/>				
	<input checked="" type="checkbox"/> Biosolids		Initials: <u>MM</u>	Mulch <input type="radio"/>	In-Vessel <input type="radio"/>	Dry Ice <input type="radio"/>				
	<input type="checkbox"/> MSW			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				
	<input checked="" type="checkbox"/> Wood			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

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 CRUTIAL DATA NEEDED TO BETTER UNDERSTAND THE COMPOSTING PROCESS AND COMPOST END USES.

Releasing Signature 1		Date	<u>5/11/16</u>	Time	<u>3:45 pm</u>	Receiving Signature 1		Date	<u>5-12-16</u>	Time	<u>1220</u>
Releasing Signature 2		Date		Time		Receiving Signature 2		Date		Time	
Releasing Signature 3		Date		Time		Receiving Signature 3		Date		Time	
Releasing Signature 4		Date		Time		Receiving Signature 4		Date		Time	

5.6



2527263-263
 Samples: Page:
 1 2/2
 Lara L. Mikels
 2016 05 12 12:24

Lab Number: _____

Thermometer Used: Therm Fisher IR 13

Cooler Intact: Yes No
 Received on Ice: Yes No
 Hand Delivered: Yes No

Sample Temperature (°C): 5.6

Date & Initials of person accepting samples: 5.6 DETK 5-12-16 TK

Comments:

Chain of Custody present?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Chain of Custody complete?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Sample ID(s):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Sample Location(s):	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Client Contact:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Analysis Requested:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Sampler name on COC?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Date & Time of collection:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Sample labels match COC?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Written in indelible ink?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Labels indicate proper preservation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Chain of Custody relinquished with signature?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Samples arrived within hold time?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Sufficient volume?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Appropriate containers used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Filtered volume received for dissolved tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Headspace in VOA vials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	
Trip Blank present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	
Temperature Blank present?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	

Client Notification/Resolution: _____ Date/Time Contacted: _____

Person Contacted: _____ Contacted By: _____

Comments/Resolution: _____

