



FIELD DEPOSIT TEST REPORT

Number: _____ Date _____

Customer: _____

Address: _____

Attention: _____

United Representative: _____

Sample Source: _____

Sample Description Before Testing (Check all boxes that apply)

Soft Crumbly Hard Granular
 White Grey Red Brown Black
 Magnetic Non-Magnetic Average Thickness _____ inch

Effect of UNITED 817 or 917

Vigorous Foam Slight Foam No Foam

Effect of UNITED 417 (Immediate)

Vigorous Foam Slight Foam No Foam

Effect of UNITED 817 or 917 (after 2 hours)

Dissolved Partially Dissolved Softened
 Broken Up No Effect

United Laboratories product recommended as a result of these tests:
