

# Soil Sample Information Sheet

Farmer's Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (        ) \_\_\_\_\_

E-mail Address (if applicable) \_\_\_\_\_

Send BILL to:    Farmer    Company

Other \_\_\_\_\_

Company Name (or additional copy to:) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (        ) \_\_\_\_\_

Fax (if applicable) (        ) \_\_\_\_\_

E-mail Address (if applicable) \_\_\_\_\_

8-12 av

Date Sampled \_\_\_\_/\_\_\_\_/\_\_\_\_

County \_\_\_\_\_ Section \_\_\_\_ T \_\_\_\_ R \_\_\_\_

Acres in Field \_\_\_\_\_

Sample ID (4 digit max) \_\_\_\_ \_ \_\_\_\_ \_

Last crop or land use \_\_\_\_\_ Yield \_\_\_\_\_

**Crop to be grown (20\_\_\_\_)**

1st choice \_\_\_\_\_ Yield Goal \_\_\_\_\_

2nd choice \_\_\_\_\_ Yield Goal \_\_\_\_\_

Note any problems with field \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Sampled \_\_\_\_/\_\_\_\_/\_\_\_\_

County \_\_\_\_\_ Section \_\_\_\_ T \_\_\_\_ R \_\_\_\_

Acres in Field \_\_\_\_\_

Sample ID (4 digit max) \_\_\_\_ \_ \_\_\_\_ \_

Last crop or land use \_\_\_\_\_ Yield \_\_\_\_\_

**Crop to be grown (20\_\_\_\_)**

1st choice \_\_\_\_\_ Yield Goal \_\_\_\_\_

2nd choice \_\_\_\_\_ Yield Goal \_\_\_\_\_

Note any problems with field \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check tests requested	Depths required for a recommendation
<input type="checkbox"/> Nitrogen.....	0-6" and 6-24" or 0-24" and 24-48"
<input type="checkbox"/> Phosphorus .....	0-6"
<input type="checkbox"/> Potassium .....	0-6"
<input type="checkbox"/> pH.....	0-6"
<input type="checkbox"/> Soluble Salts .....	0-6" and 6-24" or 0-24"
<input type="checkbox"/> Organic Matter .....	0-6"
<input type="checkbox"/> Sulfur.....	0-6" and 6-24" or 0-24"
<input type="checkbox"/> Zinc.....	0-6"
<input type="checkbox"/> Iron .....	0-6"
<input type="checkbox"/> Copper .....	0-6"
<input type="checkbox"/> Manganese .....	0-6"
<input type="checkbox"/> Chloride.....	0-6" and 6-24" or 0-24"

Check tests requested	Depths required for a recommendation
<input type="checkbox"/> Nitrogen.....	0-6" and 6-24" or 0-24" and 24-48"
<input type="checkbox"/> Phosphorus .....	0-6"
<input type="checkbox"/> Potassium .....	0-6"
<input type="checkbox"/> pH.....	0-6"
<input type="checkbox"/> Soluble Salts .....	0-6" and 6-24" or 0-24"
<input type="checkbox"/> Organic Matter .....	0-6"
<input type="checkbox"/> Sulfur.....	0-6" and 6-24" or 0-24"
<input type="checkbox"/> Zinc.....	0-6"
<input type="checkbox"/> Iron .....	0-6"
<input type="checkbox"/> Copper .....	0-6"
<input type="checkbox"/> Manganese .....	0-6"
<input type="checkbox"/> Chloride.....	0-6" and 6-24" or 0-24"

**FOR LAB USE ONLY**

Laboratory No. \_\_\_\_\_ Date received \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR LAB USE ONLY**

Laboratory No. \_\_\_\_\_ Date received \_\_\_\_/\_\_\_\_/\_\_\_\_