

# Soil Sample Information Sheet

NDSU Soil Testing Laboratory • NDSU Dept. 7680 • P.O. Box 6050 • Fargo, ND 58108-6050  
 (701) 231-8942 • Fax (701) 231-5689

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

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

ZIP \_\_\_\_\_

ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

For billing purposes, we need your birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Send BILL to:  Farmer  Company

Other \_\_\_\_\_

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

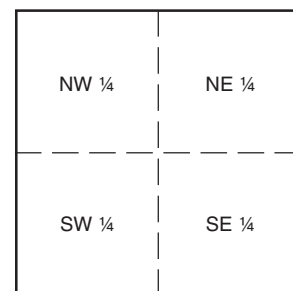
Date sampled \_\_\_\_/\_\_\_\_/\_\_\_\_ County \_\_\_\_\_ Section \_\_\_\_ T \_\_\_\_ R \_\_\_\_

Acres in this field \_\_\_\_\_ Sampled Identification (4 digit maximum) \_\_\_\_ \_ \_ \_

Last crop or land use in 20 \_\_\_\_ . Yield \_\_\_\_\_

Crop to be grown in 20 \_\_\_\_ . 1st Choice \_\_\_\_\_ Yield Goal \_\_\_\_\_

2nd Choice \_\_\_\_\_ Yield Goal \_\_\_\_\_



Locate field

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

**Soil sampling** – Take 20 subsamples per field, dry soil soon after sampling. See our website for more information.

**Depths to sample** – Opposite each test (see below) are the depths required to make a recommendation for that nutrient. For example, a phosphorus recommendation requires a 0-6" sample, while a nitrogen recommendation requires at least a 0-6" and a 6-24" or a 0-24" sample. Place each 0-6", 6-24" 0-24" or 24-48" composite sample in a separate container.

## Check tests requested

## Depths required for a recommendation

- Nitrogen ..... 0-6" and 6-24" or 0-24" and 24-48" if interested in deep N
- Phosphorus ..... 0-6"
- Potassium ..... 0-6"
- pH ..... 0-6"
- Soluble Salt ..... 0-6" and 6-24" or 0-24"
- Organic Matter ..... 0-6"
- Sulfur ..... 0-6" and 6-24" or 0-24"
- Zinc ..... 0-6"
- Iron ..... 0-6"
- Copper ..... 0-6"
- Manganese ..... 0-6"
- Chloride ..... 0-6" and 6-24" or 0-24"
- Calcium Carbonate Equivalent .... 0-6"

1-11

## For lab use only

Fee paid \_\_\_\_\_

Amount owed \_\_\_\_\_

Date rec'd. \_\_\_\_\_

Depth \_\_\_\_\_

Cond. of sample \_\_\_\_\_

Laboratory number \_\_\_\_\_