

# Soil Sample Information Sheet

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

For billing purposes, we need your birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_

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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"              |

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|---|--------------------------------------|
| <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 \_\_\_\_/\_\_\_\_/\_\_\_\_