Soil Sample Information Sheet

Farmer’s Name

Address

ZIP

Telephone ( )

For billing purposes, we need your birthdate _____/_____/_____

Send BILL to:  ☐ Farmer  ☐ Company

Other

______________________________

Company Name

Address

ZIP

Telephone ( )

Fax (if applicable) ( )

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__________________

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  

- 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"

Depths required for a recommendation

For lab use only

Fee paid ____________

Amount owed ____________

Date rec’d. ____________

Depth ____________

Cond. of sample ____________

Laboratory number ____________