

Grower: _____	Sample #: _____	Soil Test Request: Please Check
Farm/Garden Name: _____		Basic: <input type="radio"/> Trace Mineral: <input type="radio"/>
Address: _____		Basic, TM. W/ Particle Size Analysis: <input type="radio"/>
City: _____ State: _____ Zip: _____		Other Tests: _____
County: _____ Phone: _____ Email: _____		Total Amount Enclosed: _____
This is a: Family Garden <input type="radio"/> Mini Farm <input type="radio"/> Farm <input type="radio"/> Demo <input type="radio"/> Lawn <input type="radio"/> Landscape <input type="radio"/> Other _____		

## BACKGROUND INFORMATION (complete in as much detail as possible)

Size of Garden: _____	Date of Last Soil Test: _____	Soil Name / Type: _____
Sampling Depth: _____	Organic Gardener ? Yes <input type="radio"/> No <input type="radio"/>	Predominate Weeds: _____
Depth to Bedrock: _____	Drainage: Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/>	Topsoil Depth: 6" or less <input type="radio"/> 6" – 10" <input type="radio"/> Over 10" <input type="radio"/>
Bottom Land <input type="radio"/> Level <input type="radio"/> Rolling Upland <input type="radio"/>	Degree of Slope: Level <input type="radio"/> Gentle <input type="radio"/> Steep <input type="radio"/>	
River Terrace <input type="radio"/> Steep <input type="radio"/> Sloping Upland <input type="radio"/>	Slope Faces: North <input type="radio"/> South <input type="radio"/> East <input type="radio"/> West <input type="radio"/>	
This is Natural Soil <input type="radio"/> New Fill <input type="radio"/> Old Fill <input type="radio"/>	Average Annual Precipitation in Your Area in Inches: _____	
Average Last Frost Date in the Spring? _____	Average First Frost Date in the Fall? _____	
Have you ever used chemical fertilizers, insecticides, or fungicides on your garden? (if yes, please list chemicals used and approximate dates)		

Do you normally use: Compost ☐ Mulch ☐ Sludge ☐ Other \_\_\_\_\_

Do you normally use Manure: Yes ☐ No ☐ Types \_\_\_\_\_

List all lime applications in the last 3 years ( state amount and type used)

List all nonch emical (organic / nons ynthetic) fertilizers applied in the last 3 years:

State any problems (including insects) you are having with your garden:

How quickly do you wish to get your garden into maximum production?

How thick is your lawn thatch (Lawn samples only) ?

Crops: (List crops you will be growing this year)

Tillage Method: Conventional ☐ Raised Beds ☐ Double Dug Beds ☐ Other \_\_\_\_\_

Irrigation Used: Drip ☐ Sprinkler ☐ Gravity ☐ Hand Watering ☐ Other \_\_\_\_\_

Equipment Used: Lawn and garden Tractor ☐ Roto Tiller ☐ Plow ☐ Disc ☐  
Hand Digging Tools ☐ Hand Cultivator ☐ Sprayer ☐ Other Equip. \_\_\_\_\_

How long has the garden represented by this sample been in production (state total years)?

Other Comments and Questions:

Use the reverse side for extra comments and a garden diagram

**NOTE: The accuracy and usefulness of your soil report will depend on your completing this form in detail**