

Soil Sample Information Sheet

Sample #: _____
Date: _____

Name: _____

Email: _____ Cell #: _____ Phone #: _____

Physical Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

Location: (ex. Local community, milepost, etc.)

mail results

email results

Is this sample for a USDA Cost Share Program? Yes No

Homeowner Samples (Check Only One)

- Vegetable Garden Flower Garden
 Lawn area Greenhouse
 ___ Bed ___ bench
 ___ container
 Potted Plants Berries

Farm Samples

Crop(s) to be planted _____
 Irrigated Non-irrigated
type of irrigation system _____

Cultural Information

Is this newly cleared land (first time planted)? Yes No What year was land cleared? _____

Please provide history for this area below:

	Two Years Ago	Last Year	Planning This Year
Crops or plants Grown			
Crop Rotation/Long term Goals?			
Yield or Results			
Fertilizer Applied (example: 10 lbs 8-32-16)			

Check here if this recommendation is for an organic system

Has lime been applied? _____ If yes: year _____ formulation _____ rate _____

Do have a fertilizer blend or source you prefer? Or do you have fertilizer on hand you would like to use? List and include (N-P-K) : _____

Do you band fertilizer? Yes No Would you like to consider it? Yes No

How would you like your recommendation?

- ___ Linear ft. of row please provide *Row Width*: _____ ft *Length of row*: _____ ft # of rows _____
- ___ Total area of field/garden/high tunnel *Area*: _____ sq. ft
- ___ per acre or 100 sq. ft. or 1000 sq. ft.

Please put any additional information on the back of this form.



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