

Soil Sample Information Sheet

Name _____

Farm Name _____

Physical Address _____

Email _____

City, State, Zip Code _____

Phone # _____

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

How would you like to pay the fee? Cash Check Bill Online

Sample Location (Check Only One)

- | | | | |
|---|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Outdoor Vegetable Garden (planted in ground) | <input type="checkbox"/> Greenhouse Bed/Bench | <input type="checkbox"/> Berry Bushes | <input type="checkbox"/> Perennials |
| <input type="checkbox"/> Outdoor Vegetable Garden (raised beds) | <input type="checkbox"/> Greenhouse Containers | <input type="checkbox"/> Fruit Trees | <input type="checkbox"/> Peonies |
| <input type="checkbox"/> Outdoor Vegetable Garden (containers) | <input type="checkbox"/> High Tunnel | <input type="checkbox"/> Fruit Shrubs | <input type="checkbox"/> Lawn |
| <input type="checkbox"/> Hay/Forage Grasses | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Cereal Crops | <input type="checkbox"/> Other _____ |

Is this an irrigated system? Yes No

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			
Yield or Results			

Select your recommendations for an organic system synthetic system OR both

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) : _____

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. _____ acre(s)
- __ per acre or 100 sq. ft. or 1000 sq. ft.

Office Use Only

Sample #: _____
 Date: _____
 Received by: _____
 Paid (Y/N) via: _____

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

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