



soiltest

farm consultants, inc.

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SOIL TEST REQUEST FORM

NAME _____ ADDRESS _____ CITY _____ STATE & ZIP _____ Phone _____	Date Rec. _____ Rpt.No. _____ Grower _____ Field I.D. _____ Sample Date _____ Sampled By _____
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FERTILIZER RECOMMENDATION:	Previous Crop: _____ Crop to be Grown: _____		<input type="checkbox"/> Dryland	<input type="checkbox"/> Irrigated
Yield Goal: _____	Fertilizer History: _____			

UNUSUAL SOIL CONDITIONS OR SPECIAL INSTRUCTIONS: _____

CHECK TEST GROUP REQUESTED

TEST GROUP

- TEST 1: pH, SS, NO3-N, NH4-N, OM, P, K, Ca, Mg, Na, S, B, Zn, Mn, Cu, Fe, Eff., Total Bases
- TEST 2: pH, SS, NO3-N, NH4-N, OM, P, K, Ca, Mg, Na, Eff., Total Bases
- TEST 3: pH, SS, NO3-N, NH4-N, OM, P, K, S, B, Zn, Mn, Cu, Fe
- TEST 4: NO3-N, NH4-N, P, K, S, B, Zn
- TEST 5: **Dryland profile:** NO3-N & Moisture 1-6 ft.; NH4-N, pH, O.M., P, K 1st foot; S 1-3 ft.
- TEST 6: **Spring Topdressing:** NO3-N & Moisture 1-6 ft.; NH4-N 1st ft.
- TEST 7: **West of Cascades:** pH, SS, NO3-N, NH4-N, OM, P, K, Ca, Mg, Na, S, B, Zn, Mn, Cu, Fe, CEC, Total Bases, % Base Saturation, Lime Req.
- TEST 8: **Irrigated Profile:** NO3-N 1-3 ft., S 1-2 ft., Ammonium-N, P, K, B, Zn, pH, O.M., Sol Salts, Eff. 1st ft.
- TEST 9: **West of Cascades:** pH, NO3-N, NH4-N, OM, P, K, Ca, Mg, Na, S, B, Zn, Lime Req.
- TEST 10: **West of Cascades:** pH, P, K, Ca, Mg, Na, Lime Req., Total Bases
- TEST 11: **West of Cascades:** pH, P, K, S, B, Zn, Mn, Cu, Fe, Lime Req.
- TEST 12: NO3-N, NH4-N
- TEST 13: **Organic package:** pH, NO3-N, NH4-N, OM, P, K, CEC, Total Cu
- TEST 14: **Manure Management Package:** NO3-N, NH4-N, P

INDICATE SAMPLE DEPTH AND INDIVIDUAL TESTS BELOW IF NO TEST GROUP IS CHOSEN

	1st FOOT (or _____ in.)	<input type="checkbox"/> NITRATE - NO3-N <input type="checkbox"/> PHOSPHATE - P <input type="checkbox"/> POTASSIUM - K <input type="checkbox"/> SULFATE - S <input type="checkbox"/> BORON - B <input type="checkbox"/> ZINC - Zn	<input type="checkbox"/> AMMONIUM - NH4-N <input type="checkbox"/> SODIUM - Na <input type="checkbox"/> CALCIUM - Ca <input type="checkbox"/> MAGNESIUM - Mg <input type="checkbox"/> TOTAL BASES <input type="checkbox"/> AVAILABLE MOISTURE	<input type="checkbox"/> pH <input type="checkbox"/> SOLUBLE SALTS <input type="checkbox"/> ORGANIC MATTER - O.M. <input type="checkbox"/> EFFERVESCENCE <input type="checkbox"/> LIME REQUIREMENT <input type="checkbox"/> CATION EXCHANGE CAPACITY-CEC	<input type="checkbox"/> MANGANESE - Mn <input type="checkbox"/> COPPER - Cu <input type="checkbox"/> IRON - Fe <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Nematode
	2nd FOOT (or _____ in.)	<input type="checkbox"/> NO3-N <input type="checkbox"/> AVAILABLE MOISTURE	<input type="checkbox"/> NH4-N TEST GROUP _____	<input type="checkbox"/> SULFATE-S Nematode	
	3rd FOOT (or _____ in.)	<input type="checkbox"/> NO3-N <input type="checkbox"/> AVAILABLE MOISTURE	<input type="checkbox"/> NH4-N TEST GROUP _____	<input type="checkbox"/> SULFATE-S Nematode	
	4th FOOT (or _____ in.)	<input type="checkbox"/> NO3-N <input type="checkbox"/> AVAILABLE MOISTURE	<input type="checkbox"/> SULFATE-S TEST GROUP _____	OTHER: _____	
	5th FOOT (or _____ in.)	<input type="checkbox"/> NO3-N <input type="checkbox"/> AVAILABLE MOISTURE	<input type="checkbox"/> SULFATE-S TEST GROUP _____	OTHER: _____	
	6th FOOT (or _____ in.)	<input type="checkbox"/> NO3-N <input type="checkbox"/> AVAILABLE MOISTURE	<input type="checkbox"/> SULFATE-S TEST GROUP _____	OTHER: _____	

We will make every effort to provide an accurate analysis of this sample. For reasonable cause, we will repeat the tests but, because of factors beyond our control in sampling procedures, and the inherent variability of soil, our liability is limited to the price of the tests. Recommendations are to be used as general guides and should be modified for specific field conditions and situations.