

Fruit Growers Soil Submission Form

Date Sampled _____

Name _____

Address _____ City _____

State _____ ZIP _____ County _____

Account # _____

Email _____ Phone # _____

(If email address is provided, report will be sent in a PDF format to you.)

***DO NOT attach
payment with
this form!**

OFFICE USE ONLY	County Code _____
Laboratory Sample # _____	Date Received _____

FRUIT TYPE (Check Crop to be Planted)			
<input type="checkbox"/>	Apples	<input type="checkbox"/>	Strawberries
<input type="checkbox"/>	Blueberries	<input type="checkbox"/>	Brambles
<input type="checkbox"/>	Cherries	<input type="checkbox"/>	Grapes
<input type="checkbox"/>		<input type="checkbox"/>	Raspberries
<input type="checkbox"/>		<input type="checkbox"/>	Other (_____)

Fruit producers should use systematic, annual plant analysis combined with a coordinated soil testing program to identify the true nutrient needs of their trees. Please contact us for more information.

FIELD ID	SAMPLE NUMBER	PRE-PLANT TEST?	AGE OF ROTATION
<i>Example Lower Field</i>	1	Yes	3

SELECT DESIRED SOIL TEST PACKAGE	
<input type="checkbox"/> BASIC SOIL TEST PACKAGE	Phosphorus, Potassium, pH, Organic Matter, Lime Requirement
<input type="checkbox"/> ROUTINE SOIL TEST PACKAGE	Basic + Calcium, Magnesium and Fertilizer Recommendations
<input type="checkbox"/> COMPLETE SOIL TEST PACKAGE	Routine Soil Test + Sulfur, Boron, Zinc and Manganese.

ADDITIONAL TESTS REQUESTED		
<input type="checkbox"/> SOIL NITRATE	<input type="checkbox"/> SOLUBLE SALTS	<input type="checkbox"/> pH ONLY