

# Soil Testing Information Sheets



## SOIL SAMPLE SUBMITTAL FORM

Account # \_\_\_\_\_

A&L Eastern Agricultural Laboratories, Inc.

7621 Whitepine Road Richmond VA 23237 Tel: 804-743-9401 Fax: 804-271-6446

Email: office@al-labs-eastern.com Website: www.al-labs-eastern.com

Grower Information										Customer Information										
Grower Name					Submitted By					Charge To										
Field ID	Farm ID				Copy to: ___ Grower ___ Submitter															
<b>Fill in This Section if Recommendations are needed</b>																				
Sample ID	Lab Number (Lab Use Only)	S1A	S10	MES 1	MES 2	MES 3	S2	S3	S4	S5	S6	Text-ure	Individual Elements (mark chemical symbols)	Crop to be Grown	Yield Goal	Previous Crop/Yield	Lime Yr.-T	Sample Depth	Check if irrigated	
<p><b>S1A</b> - Organic matter, estimated nitrogen release, phosphorus(P1,P2), potassium, magnesium, calcium, pH buffer pH, hydrogen, cation exchange capacity, and % base saturation.</p> <p><b>S10</b> - Same as S1A without P2 phosphorus.</p> <p><b>S2</b> - S1A plus soluble salts and sodium.</p> <p><b>S3</b> - Sulfur(S), boron(B), zinc(Zn), manganese(Mn), copper(Cu), and iron(Fe).</p> <p><b>S4</b> - Zinc(Zn), manganese(Mn), copper(Cu), and iron(Fe).</p> <p><b>S5</b> - Sulfur(S) and zinc(Zn)</p> <p><b>S6</b> - Sulfur(S), boron(B), zinc(Zn), and manganese(Mn)</p> <p><b>Mehlich 3 options:</b>  <b>MES1</b> - Same as S1A without P2  <b>MES2</b> - MES1 plus sodium and soluble salts  <b>MES3</b> - MES1 plus sulfur(S), boron(B), zinc(Zn), manganese(Mn), copper(Cu), and iron(Fe).</p>															<b>Special Instructions or Remarks</b>					

## AGRI ANALYSIS, INC.

PO BOX 483 LEOLA, PA 17540 \* 717-656-9326

## SOIL TEST INFORMATION FORM

SUBMITTED BY: \_\_\_\_\_

INVOICE TO:

GROWER:

_____	_____
_____	_____
_____	_____

**MARYLAND GROWERS**

\_\_\_ Provide Maryland Fertilizer Index Values (FIV) on regular soil report format.

\_\_\_ Provide data to load into Maryland Nutrient Management software format (NuManMD).

SEND RESULTS BY: \_\_\_ MAIL FAX: # \_\_\_\_\_ E-MAIL \_\_\_\_\_ ON FILE \_\_\_\_\_

Circle a **SOIL TEST CODE**: **SBA \* TSBA \* SBOM \* SBMIN \* SB4 \* SB4OM \* SB6 \* SB6OM \* SPH \* SPS \* SMT**

**NOTE: See REVERSE side for CROP and SOIL TEST CODE description.**

For **SBMIN, SB4 AND SB6**: Circle TRACE MINERAL(S) TO TEST - **Cu, Zn, Mn, Fe, B, S**

If a sample requires testing other than what is circled. **WRITE** test code in column next to the sample I.D.

OFFICE USE	TEST CODE	SAMPLE I.D.	ACRES	LAST CROP CODES ON REVERSE SIDE	NEXT CROP CODES ON REVERSE SIDE	YIELD GOAL

Date Sent: \_\_\_\_\_ Date Received: \_\_\_\_\_ COPY TO: \_\_\_\_\_

# Soil Testing Information Sheets

*Index 130* Page \_\_\_\_ of \_\_\_\_

**BROOKSIDE LABORATORIES, INC., 308 S. Main St. New Knoxville, OH 45871**  
**FIELD WORKSHEET**  
 For: All Soil, Manure, Fertilizer, Lime, Herbicide/Pesticide Tests

**Date Submitted:** \_\_\_\_\_ **File #:** \_\_\_\_\_  
**Client Name:** \_\_\_\_\_ **Consultant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Number of Samples Submitted:** \_\_\_\_\_ **Sampled By:** \_\_\_\_\_

**OFFICE USE**

Form#: \_\_\_\_\_  
 No. Samples Rec'd: \_\_\_\_\_  
 Date Rec'd: \_\_\_\_\_  
 Rec'd By: \_\_\_\_\_  
 Due Date: \_\_\_\_\_

Check box if data is to be:  Transmit  Fax # \_\_\_\_\_  e-mail: (address) \_\_\_\_\_

Soil Audit Format: ppm:  yes  no Report unit: pick one:  lb/ac  lbs/1000 sq. ft.  kg/ha Sample Depth: \_\_\_\_\_ inches

(16 Characters ea.) Sample Location	Sample 1 (8 characters ea.)		Sample 2 (8 characters ea.)		Sample 3 (8 characters ea.)		Sample 4 (8 characters ea.)		Sample 5 (8 characters ea.)	
	ID Space #1	ID Space #2	ID Space #1	ID Space #2	ID Space #1	ID Space #2	ID Space #1	ID Space #2	ID Space #1	ID Space #2

Please circle desired package S001 S001A S001B S001N S001AN S001BN S002 S003 S004 S005 S005A S005B S006 S007 S008 S009  
 Please circle desired package for manure, fertilizer or lime Z001 Z002 Z003 Z004 X001 X002 X003 L001 L002

Other \_\_\_\_\_ If other tests are required on certain samples, note the samples below and specify the test by index code. (See back side.)  
 \_\_\_\_\_  
 \_\_\_\_\_

## Soil Sample Information

**Grower**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date \_\_\_\_\_  GPS Field Name (if grid sampled) \_\_\_\_\_  
 No. Samples \_\_\_\_\_  Recommendations. Specify crops and yield goals below \_\_\_\_\_

**Company** *Spectrum Analytic Inc.*  
 1087 Jamison Road NW, Washington Court House, OH 43160


Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Contact Person \_\_\_\_\_

Sample Identification <small>Up to 12 characters</small>	Acres	Last Crop	1st Year			2nd Year			3rd Year			Packages			Additional Test Requested										Lab Use Only				
			Crop	Yield	Crop	Yield	Crop	Yield	S1	S2*	S3	S	B	Cu	Fe	Mn	Zn	P2	NO <sub>3</sub>	Na	Salt	Tex	Other						

Rev 1.102901 See Reverse Side For Test Package Explanation and Crop Codes \* Be sure to indicate three micros for S2 packages

# Soil Testing Information Sheets

— Read instructions on back before filling in information below. —  
**INFORMATION SHEET — COMMERCIAL CROPS**  
 SOIL TESTING LABORATORY — UNIVERSITY OF DELAWARE — NEWARK, DE 19717-1303



UNIVERSITY OF  
DELAWARE

<b>1. NAME AND ADDRESSES</b>		<b>LAB USE ONLY</b>	
NAME (Print) _____		SEND ADDITIONAL REPORT TO: (Print) _____	
ADDRESS _____		COMPANY NAME _____	
CITY _____ STATE _____ ZIP _____		ADDRESS _____	
TELEPHONE NO. _____		CITY _____ STATE _____ ZIP _____	
<b>2. SAMPLE AND FIELD IDENTIFICATION</b>			
FIELD NAME OR NUMBER (Up to 15 characters) _____		FIELD LOCATION _____	
ACRES (to nearest acre) _____		DATE SAMPLED (Month/day/year) _____	
<b>3. SOIL IDENTIFICATION AND INFORMATION</b>			
SOIL NAME _____		SOIL DRAINAGE (X)	
From soil survey or conservation plan, obtain soil name (e.g., Woodstown sandy loam) (if map unit symbol (e.g., Ws) for soil occupying largest area of field)		<input type="checkbox"/> Well <input type="checkbox"/> Moderately Well <input type="checkbox"/> Somewhat Poorly <input type="checkbox"/> Poorly	
TEXTURE (X)		COLOR (X)	
<input type="checkbox"/> Loamy Sand <input type="checkbox"/> Sandy Loam <input type="checkbox"/> Loam <input type="checkbox"/> Silty Loam		<input type="checkbox"/> Normal (light brown) <input type="checkbox"/> Gray <input type="checkbox"/> Black	
SAMPLE DEPTH _____ (inches)		<input type="checkbox"/> Surface 2 inches for herbicide activity in no-till.	
<b>4. CROPS GROWN</b>		<b>5. TILLAGE AND COVER</b>	
Enter crop codes from back of sheet in blocks below.		TILLAGE (X)	
LAST CROP _____		<input type="checkbox"/> Conventional plow <input type="checkbox"/> Chisel plow <input type="checkbox"/> Disk only <input type="checkbox"/> No-till	
CROP TO BE GROWN _____		Is this crop TO BE IRRIGATED? (X) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimate YIELD OF LAST CROP (X) <input type="checkbox"/> Bushels <input type="checkbox"/> Boxes <input type="checkbox"/> Cwt. <input type="checkbox"/> Pounds <input type="checkbox"/> Tons		TYPE OF SYSTEM (X) <input type="checkbox"/> Pivot <input type="checkbox"/> Gun <input type="checkbox"/> Trickle <input type="checkbox"/> Other	
Enter additional crop code if an alternative recommendation is needed. 1. _____ 2. _____		INJECTION PUMP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Place COVER CODE from back of sheet in blocks below. _____		<b>7. MANURE</b>	
		TIME OF MANURE APPLICATION (X) <input type="checkbox"/> None <input type="checkbox"/> Fall <input type="checkbox"/> Spring	
		RATE (tons/acre) _____	
		TYPE OF MANURE (X) <input type="checkbox"/> Cow <input type="checkbox"/> Horse <input type="checkbox"/> Poultry, crusted <input type="checkbox"/> Poultry, clean-out <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	
<b>8. LAST FERTILIZER USE</b>		<b>9. PREVIOUS LIME USE</b>	
N _____ P <sub>2</sub> O <sub>5</sub> _____ K <sub>2</sub> O _____ <small>(lbs/acre)</small>		MONTHS since lime was last applied (X) <input type="checkbox"/> 0-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> 13-18 months <input type="checkbox"/> 18+ months <input type="checkbox"/> Never <input type="checkbox"/> Unknown	
OTHER NUTRIENTS applied (X) <input type="checkbox"/> Sulfur <input type="checkbox"/> Boron <input type="checkbox"/> Manganese <input type="checkbox"/> Zinc		RATE of last application _____ TONS/acre to nearest half ton TYPE of lime used (X) <input type="checkbox"/> High magnesium <input type="checkbox"/> High calcium <input type="checkbox"/> other	
<b>10. FERTILIZER APPLICATION METHODS</b>		<b>11. SOIL TESTS DESIRED — Enclose Proof of Purchase</b>	
Fertilizer will be applied AT OR BEFORE PLANTING (X) <input type="checkbox"/> Broadcast <input type="checkbox"/> Preemergence spray <input type="checkbox"/> Banded, dry <input type="checkbox"/> Banded, liquid <input type="checkbox"/> other		<input type="checkbox"/> Routine _____ \$7.50 (incl. Buffer pH, P, K, Mg, Ca, Mn, Zn, B, S, PSR, Organic Matter) <input type="checkbox"/> Soluble Salts _____ \$2.25	
<b>12. COMMENTS (see item 12 on back of sheet)</b>		<b>13. COMMENTS (see item 12 on back of sheet)</b>	
_____		_____	
_____		_____	
_____		_____	

<b>Waters Agricultural Laboratories, Inc.</b> 257 Newton Highway P.O. Box 382 Camilla, Georgia 31730-0382 (229) 336-7216 Fax (229) 336-7967		<b>Soil &amp; Plant Sample Information Sheet</b>										Store #:												
Date Submitted:		Total No. of Samples:				Phone #:						Grower:												
Charge To:												Customer #:												
												Field ID:												
												Harvest Year:												
												Fax #:												
		Sample No.	Lab Number	Planned	Soil Test Requested													Plant Test	Remarks					
					Individual																			
					RI	RII	RIII	RIIV	Zn	Mn	Pb	Cu	B	CSM	Soil Texture	Soluble Salts	Other	Soil	Plant	Basic	Other	Stage of Growth		
<b>Explanation of Soil Test:</b>				<b>Explanation of Nematode Test:</b>																				
<b>Routine Test 1:</b> Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements. PLUS ANY TWO OF: ZINC, MANGANESE, IRON, COPPER. (CHECK ELEMENTS DESIRED UNDER INDIVIDUAL)				<b>Nematode Assay:</b> Soil _____ Complete Parasitic Count; Root: Complete Parasitic Count.																				
<b>Basic Test 2:</b> Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements.				<b>Explanation of Plant Tissue Test:</b>																				
<b>Basic Test 3:</b> Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements. PLUS ANY FOUR OF: ZINC, MANGANESE, IRON, COPPER, BORON. (CHECK ELEMENTS DESIRED UNDER INDIVIDUAL)				<b>Basic Test:</b> Nitrogen, Phosphorus, Potassium, Magnesium, Calcium, Sulfur, Boron, Zinc, Manganese, Iron and Copper.																				
<b>Basic Test 4:</b> Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements. PLUS SULFATE SULFUR, BORON, ZINC, MANGANESE, IRON and COPPER.				<b>Other:</b> List any element from above or Aluminum, Sodium, Molybdenum or Chloride.																				
<b>Organic Matter:</b> % Organic Matter. <b>Soil Texture:</b> %Sand, %Clay, %Silt, and Soil Classification.																								
<b>Soluble Salts:</b> Soluble Salt Content. <b>Other:</b> List any element from above or Aluminum, Sodium or Nitrate Nitrogen.																								