SUBMITTED BY: Results will be mailed to this address ONLY

brought to you by I CORE

Oldan and Homeowner

County where sampled

Phone

Name

Address

Soil Sample Information Form

(7-07)

TEXAS AGRILIFE EXTENSION SERVICE THE TEXAS A&M UNIVERSITY SYSTEM

Soil, Water and Forage Testing Laboratory

See sampling procedures and mailing instructions on the back of this form. (PLEASE DO NOT SEND CASH)

City		State	Zip				
		of this form can b rebsite at soiltestir			Payment (DO NOT SEND CASH). Check Money Order Credit Card-See back page Amount Paid \$		
Tell us about y	your soil san	nples				il Testing Laboratory	
Laboratory # (For Lab Use Only)	My Sample ID	Square feet of sampled area	Last Time Fertilized		usly used s/organics	I am growing (see below)*	Analysis Test
Example	front yard	2500 sqft	5/3/03	I	5 lbs of 21-0-0 per 1000 sqft		□1 □11 □2 □9
							□1 □11 □2 □9
							□1 □11 □2 □9
							□ 1 □ 11 □ 2 □ 9
Annuals, Flowers and Gardens A. Azaleas and Camelias B. Roses C. Annuals D. Vegetable Garden E. Other		. •		Trees and Woody Ornamentals M. Pecan trees N. Fruit trees O. Shrubs and Ornamentals P. Shade trees Q. Other trees * Select the letter representing your planting and enter above under "I am growing".			
Describe any specific pi	roblems you have ol	oserved or want to corre	ct:				
Choose one analys 1. Routine (R) (pH, NO, P, K, Ca,		mple (check boxes i	•	-	est above)	Matter—	\$20 per sample
2. R + Micronutrients ((routine analysis plu	(Micro)	\$15 per sa	mple	1	1. R + Micro+	Organic Matter–	\$25 per sample
							FORM S2-7

TAKING A SOIL SAMPLE FOR FERTILIZER RECOMMENDATIONS

Where to sample

- A soil sample should represent a given area of your lawn or garden that is treated or used similarly (for example, front yard, back yard, planting bed, garden and etc.).
- Sample areas separately if you observe distinct differences in slope, soil texture (for example sandy areas verses clayey) or water drainage.

Collecting a soil sample

- Using a trowel or similar tool, scrape away any non-decomposed plant tissue and materials.
- Next, cut a core or divot 6 inches deep into the soil and place soil in a clean plastic container. Repeat this step 8 to 10 times in the lawn or garden which is being considered for testing.
- Mix all collected soil thoroughly, removing any roots or other visible plant materials and place 2-3 cups of soil in a quart-sized re-sealable plastic bag. Air-dry soil if sample feels wet to the touch.
- Label the bag with a permanent marker, using the sample sample ID as listed on the front of this form.

Mailing your soil sample

- Complete the information form on the front page (this information is required for you to receive fertilizer recommendations that are based on your soil test results). Incomplete information (e.g., lack of name, address, crop information and etc.) may result in delay of testing or receipt of results.
- Please include payment with the sample. Please note that the price is per sample. Send check or money order made out to Soil Testing Laboratory. DO NOT SEND CASH. For credit card payment, complete form below.
- Place the plastic sample bag, completed submittal form, and your check or money order for the appropriate fees in a box or padded envelope and send to:

Soil, Water and Forage Testing Laboratory 2474 TAMU 345 Heep Center College Station, TX 77843-2474

For further information please contact:
Your local Texas AgriLife Extension Service County Office
or
Soil, Water and Forage Testing Laboratory
Phone: 979-845-4816



Texas AriLife Extension Service Soil, Water & Forage Testing Laboratory Room 343 Soil & Crop Sciences – Heep Center 2474 TAMU College Station, TX. 77843-2474 (979) 845-4816



Payments (979) 862-3797 CREDIT CARD AUTHORIZATION FORM

Payment by credit card must be completed by filling out below or contacting our office by phone for each transaction. Indicate the type of card being used, CARDHOLDER name, address & zip code; credit card #, expiration date, 3 digit security code on back of card, amount and invoice numbers being paid. ALL areas below are required to process this payment (exceptions would be Amount and Invoice #'s if you have not yet had a new invoice generated and are sending this in with a new sample(s). Please provide a daytime phone #.

Master Card	• Visa	Cardholde	Cardholder's Name (Printed)		
Cardholder's Address:			City		State Zip Code
Credit Card #:			Exp Date:		Security Code (3 digit on back)
Amount \$	Invoice number(s) to be paid:				Daytime Phone #