

FRUIT GROWERS SOIL SUBMISSION FORM



Name _____ Account # _____

Address _____ City _____

State _____ ZIP _____ County _____

Email _____ Phone # _____

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

OFFICE USE ONLY	County Code _____
Laboratory ID Range _____	Date Received _____

Date Sampled _____

FRUIT TYPE <i>(Check Crop to be Planted)</i>				
<input type="checkbox"/>	Apples	<input type="checkbox"/>	Strawberries	<input type="checkbox"/>
<input type="checkbox"/>	Blueberries	<input type="checkbox"/>	Brambles	<input type="checkbox"/>
<input type="checkbox"/>	Cherries	<input type="checkbox"/>	Grapes	
				Strawberries
				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	
BASIC	pH, Buffer pH, Organic Matter, Potassium and Fertilizer Recommendations
ROUTINE	BASIC + Calcium, Magnesium and Fertilizer Recommendations
COMPLETE	ROUTINE + Sulfur, Boron, Zinc, Manganese and Fertilizer Recommendations

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