

Lawn and Garden Solutions

NDSU Soil Testing Laboratory – 701.231.8942

Rec _____

Sample # _____

Source _____

Charge _____

SOIL SERVICES REQUESTED: Routine soil check - \$25.00

Date sampled ____/____/____

 Nitrogen
 Phosphorus
 Potassium
 pH
 Soluble salt
 Organic matter

 Sulfur ----- \$3.50
 Zinc ----- \$4.00
 Iron ----- \$4.00
 Copper ----- \$4.00
 Manganese - \$4.00
 Chlorides (0-24" depth only)
 ----- \$4.00
www.ndsu.edu/agriculture/academics/academic-units/plant-pathology/soil-testing-lab NDSU.STL@ndsu.edu

To properly diagnose a problem or make a fertilizer recommendation, the soil should be tested for nitrate-nitrogen, phosphorus, potassium, organic material, pH and salts. For current prices, please call (701) 231-8942 or speak with an extension agent. Payment **should not** be included with sample. Billing will occur separately.

| | | |
|---|---|-----------------------|
| <input type="checkbox"/> Send results <input type="checkbox"/> Bill to | Please Print Legibly | |
| | Business name _____ | Phone () _____ |
| | Your name _____ | Fax () _____ |
| | Birthdate (for billing purposes) ____/____/____ | E-mail _____ |
| | Address _____ | |
| | City _____ County _____ | State _____ ZIP _____ |

| | | |
|---|---|-----------------------|
| <input type="checkbox"/> Send results <input type="checkbox"/> Bill to | Grower's name (if different than above) | |
| | Business name _____ | Phone () _____ |
| | Your name _____ | Fax () _____ |
| | Birthdate (for billing purposes) ____/____/____ | E-mail _____ |
| | Address _____ | |
| | City _____ County _____ | State _____ ZIP _____ |

BACKGROUND INFORMATION

Sample identification _____

This soil sample was taken from a: Lawn Flower garden
 (soil samples only) Vegetable garden Other

Specific flower/vegetable for which a recommendation is requested _____

The sampled area receives: Full sun Partial sun ShadeThe sampled area is: Well drained Poorly drained

