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www.agronomy.ksu.edu/soiltesting/

DATE: _____
LABEL # _____

VEGETABLES, FRUITS AND NUTS SOIL INFORMATION SHEET

For Office Use Only:
Lab Sample No. _____

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ County _____ E-mail _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 TEST REQUESTED:</td> <td style="width: 50%;">2 SOIL TYPE:</td> </tr> <tr> <td> <input checked="" type="checkbox"/> Package #2 (pH, Buffer pH, P, K, O.M., NO₃) <input type="checkbox"/> Other _____ </td> <td> <input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Clay </td> </tr> </table>	1 TEST REQUESTED:	2 SOIL TYPE:	<input checked="" type="checkbox"/> Package #2 (pH, Buffer pH, P, K, O.M., NO ₃) <input type="checkbox"/> Other _____	<input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Clay	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>3 SAMPLE NAME:</td> </tr> <tr> <td>(i.e. Vegetable Garden, Grapes, etc.) _____ _____</td> </tr> </table>	3 SAMPLE NAME:	(i.e. Vegetable Garden, Grapes, etc.) _____ _____			
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Please fill in this sheet completely. The more information you provide on this form, the more complete and helpful your soil recommendation will be to you.