

STUKENHOLTZ LABORATORY INC.

SOIL TEST REQUEST SHEET

Report #
Sample 1: _____

Report #
Sample 2 _____

Date Received _____

Customer Account # _____

Dealer Name: _____ Address: _____ City/State/Zip: _____ Telephone #: _____ Grower Name: _____	ADDITIONAL DELIVERY INSTRUCTIONS
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	SAMPLE 1	SAMPLE 2
TEST #	_____	_____
WATER SUPPLY Sprinkler _____ Gravity _____ Dryland _____	_____	_____
SAMPLE IDENTITY OR DESCRIPTION	_____	_____
CROP TO BE GROWN	_____	_____
YIELD GOAL/ACRE	_____	_____
ACRES	_____	_____
PREVIOUS CROP	_____	_____
T/A RESIDUE	_____	_____
MANURE TO BE APPLIED	YES / NO	YES / NO

FERTILIZER APPLIED FOR NEXT YEARS CROP	N-P205-K20 _____ S And E.S. _____ Zn-Mn-Cu-B _____	N-P205-K20 _____ S And E.S. _____ Zn-Mn-Cu-B _____
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TEST NUMBERS: Number 1 Salts, pH, Na, CEC, Lime, O.M., NO3, P, K, Ca, Mg, S, Zn, Fe, Mn, Cu, B	Number 3 Salts, pH, Na, CEC, Lime, O.M. NO3, P, K, Ca, Mg	Number 4 Salts, pH, Salts, Na, O.M., NO3, P, K, Ca, CEC, Lime, Mg, Zinc	Number 5 Salts, pH, Salts, Na, O.M., NO3, P, K, Ca, CEC, Lime, Mg, Sulfur	Number 6 N-P-K (pH, Salts, O.M., NO3)
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