

STUKENHOLTZ LABORATORY INC.

SOIL TEST REQUEST SHEET

Lab Report #
(lab use only)

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Sent By: * _____ Address: * _____ City/State/Zip: * _____ Phone: * _____ Email: * _____ Fieldman: * _____ Grower Name: * _____		ADDITIONAL DELIVERY INSTRUCTIONS *required, if known		
	SAMPLE 1		SAMPLE 2	
TEST # REQUESTED	* _____		* _____	
WATER SUPPLY	Sprinkler _____ Gravity _____ Dryland _____		_____ _____ _____	
SAMPLE NAME OR DESCRIPTION	* _____		* _____	
CROP TO BE GROWN	* _____		* _____	
YIELD GOAL/ACRE	* _____		* _____	
ACRES	* _____		* _____	
PREVIOUS CROP	* _____		* _____	
TON /AC RESIDUE	* _____		* _____	
COMPOST TO BE APPLIED	YES / NO		YES / NO	
MANURE TO BE APPLIED	YES / NO		YES / NO	
FERTILIZER APPLIED FOR NEXT YEAR'S CROP	N-P205-K20 * _____ S And E.S. * _____ Zn-Mn-Cu-B * _____		N-P205-K20 * _____ S And E.S. * _____ Zn-Mn-Cu-B * _____	
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)