Submit samples through your county Extension office.									
County Code:									

Soil Testing—Home Garden Submittal Form (HG)

Name _			En	nail				
Address								
		State Zip Code						
				er codes from below				
Numb	per of Samples:		Mul	tiple plants can be enter	ed for each	n sampl	e.	
County (Extra fee Sample # applies)		Owner Sample ID		Plant (Required)		Location	Shady o	
			+					
Optional Tests	(Extra fee applies)							
07 - Soil Texture 23 - Micronutri NR - No routine See our price list	e (Sand, Silt, Clay & T ents (Boron, Copper, test t for additional tests		soil/forms	SS - So PB - Le <u>/pricelist.pdf</u>	rganic Matte oluble Salts	-		
his information i	s needed to custon	mize recommendations.						
select Plant (Required)			select Location select		Shady or Sunny			
Azalea/Rhododeno Blueberries Blackberries Broadleaved Everg		Grapes Ground Covers Needled Evergreen Tree o Nut Tree		NEW - New Garden or Planting SUN - Sunny		-	y Location <7 hr y Location 7+ hr	
Deciduous Shrub		Other (no recommendati	ons)					
Deciduous Tree Flowers, Annual		Raspberries Roses						
Flowers, Perennial		Strawberries						
Fruit Tree		Vegetable Garden						
xtension office use: Re	eport sent:							
Date Received:	Rec	eived by:	Date	Entered:	Date Paid:			
Lab use:								
Date Received:	Rec	eived by:	Lab :	‡(s) :	Billing Code:		V2024	