

Lawn and Garden Solutions

NDSU Soil Testing Laboratory – 701.231.8942

www.ndsu.edu/soils/services/soil_testing_lab/

ndsu.stl@ndsu.edu

FOR OFFICE USE ONLY: 4/1Gnd

Rec _____

Sample # _____

Source _____

Charge _____

SOIL SERVICES REQUESTED:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Routine soil check | <input type="checkbox"/> Sulfur |
| Nitrogen | <input type="checkbox"/> Zinc |
| Phosphorus | <input type="checkbox"/> Iron |
| Potassium | <input type="checkbox"/> Copper |
| pH | <input type="checkbox"/> Manganese |
| Soluble salt | <input type="checkbox"/> Chloride |
| Organic matter | |



Date sampled ____/____/____

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	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 Shade

- The sampled area is: Well drained Poorly drained

