

A routine soil test will be conducted. Your report will show Phosphorus, Potassium, Calcium, Magnesium, Zinc, pH and buffer pH.

Soil Testing—Agricultural Row Crop Submittal Form (AR)

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____ Phone: _____

County Sample #	Owner Sample ID	Acres	Primary Crop Choose from list below	Primary Mgmt. CT: Conv Tillage DC: Double Crop-Conv DN: Double Crop-No Tillage NT: No Till	Primary Use Choose from list below	Soil Drainage (Corn or Tobacco Only) MW: Mod Well PD: Poorly, but Tiled PT: Poorly, but Tiled SP: Somewhat Poorly WD: Well	Previous Crop (Corn or Tobacco Only) Choose from list below	Previous Mgmt (Corn After Pasture Only) L4: Hay or pasture less than 4yr ago G4: Hay or pasture more than 4yr ago	Optional Tests (extra fee applies)

Primary Crop		
Grain Crops (multiple)*	Small Grains/Corn	Tobacco, Dark
Grain Sorghum	Small Grains/Soybeans	Wheat
Hemp	Sunflower	Wheat/Corn
Small Grains	Tobacco, Burley	Wheat/Soybeans
* Corn, Grains, Sorghum, Soybeans, and Wheat		

Previous Crop	
Alfalfa	Legume/Grass
Alfalfa/Grass	Small Grains
Cool Season Grass	Small Grains/Corn
Corn	Small Grains/Soybeans
Fallow	Soybeans
Forage Sorghum	Sunflower
Grain Sorghum	Tobacco
Hemp	Native Warm Season Grass
Legume	Warm Season Annual Grass

Primary Use	
CC – Cover Crop	SL – Silage
GR – Grain	SG – Silage-Grain (double crop)
GG – Grain-Grain (double crop)	SS – Silage-Silage (double crop)
SP – Seed Production	TB – Tobacco

Extension office use:

Date Received: _____ Received by: _____ Entered in KERS: _____ Mailed to Lab: _____

Returned from lab:

Date Received: _____ Mailed: _____ Emailed: _____