Submit samples through your county Extension office.											
County Code:											

Soil Testing—Home Garden Submittal Form (HG)

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

Name _	· · · · · · · · · · · · · · · · · · ·			_ Em	nail				
Address									
		State Zip Code							
				Ente	er codes from below				
Number of Samples:			Multiple plants can be entered for each sample.						
County Sample #	Optional Tests (Extra fee applies)	Owner Sample ID		Plant (Required)			Location	Shady o	
Optional Tests	(Extra fee applies)								
05 - Heavy Meta	ls (Cadmium, Chron	nium, Copper, Lead	l, Nickel, Zinc)	BO - B	oron			
07 - Soil Texture (Sand, Silt, Clay & Textural Class)		OM - Organic Matter							
23 - Micronutrients (Boron, Copper, Iron, Manganese)				SS - Soluble Salts					
NR - No routine	test for additional tests.	https://www.rc	ular odu/s oil/	forms	PB - Li	ead			
· ·	ubmittal instruction	•			• •				
This information is	s needed to custon	nize recommend	lations.						
select Plant (Required)				select Location	select	Shady or Su	ınny		
Azalea/Rhododend	ron	Grapes			EG - Existing Garden or Planting		hady Locati		
Blueberries		Ground Covers			NEW - New Garden or Planting RB - Raised Bed (Veg or Flowers onl		unny Locati	on 7+ hrs	
Blackberries		Needled Evergre	een Tree or Sh	rub	Kb - Kaiseu beu (veg of Flowers offi	Y)			
Broadleaved Everg	reen Tree or Shrub	Nut Tree							
Deciduous Shrub		Other (no recon	nmendations)						
Deciduous Tree		Raspberries							
Flowers, Annual		Roses							
Flowers, Perennial Fruit Tree		Strawberries Vegetable Garde	on						
Extension office use: Re	enort sent:	vegetable Galu	en						
Date Received:		eived by:		Date	Entered:	Date Paid:			
Lab use:		,							
Date Received:	Rec	eived by:		Lab #	t(s) :	Billing Code	e:	V2024-2	