



Soil Testing for
Precision Agriculture

23877 E 00 NORTH ROAD, CROPSEY, IL 61731 LAB 309.377.2851

Laboratory Information Sheet

Please complete as
much information as
possible.

The better the
information the better
the recommendations.

First Name _____ Last Name _____

Address _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address (for faster turnaround of recommendations) _____

GARDEN SECTION (Use this sheet for all gardens)

Type of Garden Vegetable _____ Flower _____
(Please list types) (Please list types)

Years as a garden _____

Approximate size in Sq. Ft. _____ or Acres _____

Have you applied any of the following in the past year? (Check Yes or No)

A. Phosphorus Yes ___ No ___ D. Limestone Yes ___ No ___

B. Potash Yes ___ No ___ E. Sulfur Yes ___ No ___

C. Nitrogen Yes ___ No ___ F. Peat Moss Yes ___ No ___

Any other nutrients (please list name,) _____

Condition of soil? Compacted Y/N Loose Y/N Poorly drained Y/N (circle one)

Cropping History (List Crops Grown or to be Grown) _____

Comments: Please list as much information as possible about the problems you are
having in this garden. (Please Write Legibly) Photos may be attached, please identify problem
areas.

Questions 1-877-315-6007 (Toll Free) *Payment Must Accompany Sample.

\$30.00 Ea. Sample

Fertility analysis only at this price,
see Heavy Metals Information

for more options.

