Yavapai County Cooperative Extension - Free Soil Test Request Form

Instructions
1. Collect soil samples from various sections of your garden or landscape
2. Composite samples are most desirable and need to come from your garden beds and/or other planting areas.
   a. Create the soil sample by digging down 2 - 6 inches, being sure to get mineral soil (native), not potting soil
   b. Collect soil from three areas and combine them in one plastic or paper bag.
3. Repeat process for up to three areas in your yard/beds.
4. Clearly label each bag with a reference number (i.e., 1,2,3).
5. Leave bags open so soil is completely dry before bringing it in for testing.
6. Bring this form and your soil samples to your nearest Cooperative Extension office. Results will be ready within two weeks.

Date: ______________ Name ___________________________  Phone # ___________________
E-mail: __________________________ Address or Town ____________________________
Provide results via:  Phone call __   E-mail __      U.S. Mail __

Help Us Understand your Gardening Problems
Sample #1 - Soil is from: Ground __   Raised bed __     Pot/Container __
Sample #2 - Soil is from: Ground __   Raised bed __     Pot/Container __
Sample #3 - Soil is from: Ground __   Raised bed __     Pot/Container __
What are you growing? _____________________________________________________________
When did you last fertilize? ____________________What fertilizer? __________________________
Have you amended the soil?_________  When and with what? ______________________________
Please describe the problems, e.g. slow growth, white crust on surface, seed germination problems, etc.? __________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Office use only:  pH Test __    EC Test __
Request Received by(MG) ___________________  EC Test Recommended by (MG) ___________________
Results sent on ________________ by__________________ via Phone call __ E-mail __ U.S. Mail __

Date   MG Name