

Soil Test Order Form

Use the list below to tell us what you are growing in each sample area:

Crop List:

1. Vegetables
2. Flowers (annual)
3. Lawn (new construction)
4. Lawn (established)
5. Fruit (specify)
6. Perennials (specify)
7. Evergreens (specify)
8. Deciduous shrubs and/or trees (specify)
9. Ground covers (specify)
10. Commercial horticulture crops (specify)
11. Commercial agronomic crops (specify)
12. Other (specify) _____

Test	Fee
A: pH test only	\$3.00
B: Standard Soil Test (includes pH and extractable nutrients)	\$8.00
C: Standard Soil Test plus organic matter	\$12.00
D: Soil Texture Only	\$30.00

If more than one sample is being tested, please label each sample on the outside of each container

Soil Sample	Crop Code (from list)	Test Requested (circle one--all include pH test)	Fee
1	_____	A B C D	-----
2	_____	A B C D	-----
3	_____	A B C D	-----
4	_____	A B C D	-----

Total: _____

NAME: _____

ADDRESS: _____

CITY/STATE _____

ZIP CODE _____ PHONE NUMBER _____

Please return completed order form with your soil sample(s) and a check made payable to the University of Massachusetts to:

Soil Testing Laboratory, West Experiment Station
North Pleasant Street
University of Massachusetts
Amherst, MA, 01003

For more information or questions regarding soil testing, call the Soil Testing Laboratory at (413) 545-2311