

UNIVERSITY OF KENTUCKY

Department of Agronomy

College of Agriculture Cooperative Extension Service

Division of Regulatory Services

AGRICULTURAL SOIL SAMPLE INFORMATION SHEET

Section I. Farmer I.D. No.

Date Sample Received by County: _____

Section VI. Lab Use Only

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ / _____ Acres: _____

Owner's Sample Identification

Section II. Test(s) to Be Made
(Mark only one group test)

01 Routine Soil Test (P, K, pH, buffer)
 pH, Ca, MG, Zn

In Addition to Above Only
 OM (Org. Matter) BO (Boron)
or
15 Triazine, AZ (Atrazine)
 and SZ (Simazine)

Section VII.
For County Use Only

County Code

County Sample #

Section IIIa. Crop Codes

NOTE: Mark only one in each column. See additional crop lists for other codes.

	Primary Crop	Alternate Crop	Previous Crop	
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alfalfa
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alfalfa — Grass
01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canola
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canola — Soybeans
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cool Season Grass
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corn
07	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fallow
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fescue
78	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fescue/Lespedeza*
76	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forage Crops*
74	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grain Crops*
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lespedeza
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lespedeza — Grass
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Red Clover
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Red Clover — Grass
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small Grains
46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small Grains — Corn
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small Grains — Soybeans
50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soybeans
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Beds
58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco, Burley
60	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco, Dark
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warm Season Grass
72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Clover — Grass
85	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buffer or Filter Strip
86	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wildlife Food Plot
87	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Native Grassland Restoration
98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

Section IIIb. Crop Management/Use

Part A. Management

		Primary Crop x one	Alternate Crop (if desired)	Previous Crop x one
Conventional Tillage	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Tillage	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay or Pasture less than 4 years	03	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hay or Pasture 5 years or longer	04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Doublecrop-Conventional	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doublecrop-No Till	06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Seeding	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Renovation	08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Top Dressing	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. Use

		x one	x one	x one
Grain	01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silage	02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay	04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasture	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seed Production	05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silage-Grain (double crop)	07	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grain-Grain (double crop)	08	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Silage-Silage (double crop)	09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover Crop	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	98	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VIII.
Lab Use Only

Billing Code

Section IX.
FSA

Check if copy is to be sent to FSA office.

Owner's Field Identifier (Descriptive Name)

Soil Series Name:

* Multiple lime and fertilizer computer recommendations without comments.
Forage Crops = Alfalfa/Bluegrass/Fescue/Orchardgrass.
Grain Crops = Corn/Grain Sorghum/Soybeans/Wheat
** Write in CROP NAME & CODE from memo.

Section IV. Fertilizer-Lime History

Fertilizer Applied In The Past 12 Months:
_____ lb/A _____ lb/A _____ lb/A
N P₂O₅ K₂O

Lime Applied in Past 3 Years: _____ T/A

Date Lime Applied: _____ Month _____ Year

Manure Applied Past 12 Months _____ T/A

Section Va.

For Tobacco Only:
What was there 2 years ago?

Good Sod 1

Medium Sod 2

Poor Sod 3

Tobacco 4

Other 5

Section Vb. Soil Drainage*

(x one)

Well 1

Moderately Well 2

Somewhat Poorly 3

Poorly 4

Poorly, but tiled 5

*Important for Corn and Tobacco Nitrogen Recommendations.

Paid

Signature of Extension Agent _____

Agricultural Soil Sample

INSTRUCTIONS

General:

1. Samples must be submitted through your County Extension Agent in bags or boxes furnished by the Agent. No sample will be tested unless it is in the pint bag/box and is accompanied by a properly completed form.
2. Explain any management or plant problems associated with the sample to the County Agent so he/she can consider this in any subsequent recommendations.
3. Sections I through V are to be completed by or for the farmer.
Section VI is for use by the Central Laboratory.
Section VII is to be completed by the County Agent.

Specific:

Section I — Farmer I.D. No. — can use up to 6 digits to identify each farmer.

— Print name and address; include zip code.

Owner's Sample Identification—any combination of numbers or letters that will identify the location of the sampled area, for example, TOB1, CORN, SB1, SB2, etc.

Section II—Mark (x) the box indicating the desired tests. Check with the County Agent for any special analyses needed.

Section IIIa—Crop.

Primary Crop—Mark (x) the box of the crop for which a recommendation is desired.

Alternate Crop, if Desired—Mark (x) the box of the crop you would grow if primary crop cannot be grown. (Not double cropping.) You will get a recommendation for this crop on a second report for the same soil analysis.

Previous Crop—Mark (x) the box of the crop grown on the sampled area last season. This is important for a good recommendation.

Section IIIb—Crop Management/Use.

Part A. Management—Mark (x) one box under each column that best describes the management practice relative to the crops selected in Section IIIa.

Part B. Use—Mark (x) one box under each column that best describes the use for the crops selected in Section IIIa.

Section IV—Fertilizer.

Write in the pounds of N, P₂O₅ and K₂O applied per acre to the sample area in the past 12 months.

Section V

For Tobacco Only—Mark (x) what was there 2 years ago.

Drainage—Mark (x) the box of the drainage code that describes the drainage of the sampled area. Write in the soil series if known.

Section VI—For Central Laboratory Use Only.

Section VII—For County Use Only.

Write in the county code and the county sample number.