Soil Sampling Form

Name:_____Date: _____

Address of sample site: _____

Phone number:_____ Email:_____

How many acres total?_____How many fields? _____

How many soil types?_____Number of tests? _____

Service Fee Rate = **$50.00 + $20.00 per additional test** **Total Cost $_____**

Total Test	Cost including standard test
1	**$50.00**
2	$70.00
3	**$90.00**
4	$110.00
5	**$130.00**
6	$150.00
7	**$170.00**
8	$190.00
9	**$210.00**
10	$230.00

*Each test not to exceed 10 acres

Field # or Name	# of Acres	Current Crop	Next Crop	Test 1	Test 2	Test 3