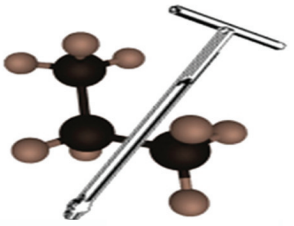

Prescription Soil Analysis

A different kind of test detailing nutrients that are actually available in the soil to promote healthy plant growth

Sample Number _____

The more information provided, the more specific the recommendations and better the results

This Test for: ❒ Lawn ❒ Ornamentals ❒ Fruits/Vegetables ❒ Agricultural Crops

IMPORTANT INFORMATION TO FILL OUT

Property Owner's Name: ❒Mr. ❒Mrs. ❒Ms. ❒Dr.

Street

City State ZIP Code

Email Address

Phone ___ ___ - ____

__/__/__ Sample Date

__/__/__ Last Liming

PROPERTY IS: ❒ Full Sun ❒ 80/20 ❒ 50/50 ❒30/70 ❒ Full Shade

WATERING METHOD (Check One)

❒ None (No Watering) ❒ Automatic Sprinkler System

❒ Manual (Hose & Sprinkler) ❒ Manual (Soaker Hoses)

LIFE STAGE

❒ New Seed ❒ Seedlings ❒ Plant(s) are approximately

❒ New Sod ❒ Transplant _____ years old

CORE DEPTH (Compaction Indicator) _____ inches

THATCH LAYER (Biological Indicator Lawns/Ornamentals) _____ inches

LAWNS (Additional Information for Best Recommendations)

Main Root Length _____inches Cutting Height _____ inches

Square Footage _____ sq.ft.

Grass Varieties: _____

ORNAMENTALS (Price includes 1st species ~ a $10 fee may be required for additional species using the same soil sample)

Species: _____

Species: _____

FRUITS/VEGETABLES (Price includes 1st species ~ a $10 fee may be required for additional species using the same soil sample)

Species: _____

Species: _____

Species: _____

CROP(S) Acres _____ (Price includes 1st species ~ a $10 fee may be required for additional species using the same soil sample)

Species: _____

Species: _____

SAMPLE NOTES:

"SCRATCH PAD" AREA

IMPORTANT: FAX this completed form to (866) 366-5401 OR EMAIL to Keith@PrescriptionSoilAnalysis.com

MAIL soil sample to: Prescription Soil Analysis Lab ~ 902 13th Street North ~ Benson, MN 56215