



DATE: \_\_\_\_\_  
 FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
Street/PO Box  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 COUNTY: \_\_\_\_\_ SAMPLE ID: \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 CLIENT TYPE (Check One)  
 Homeowner  Nursery /Garden Center  
 Operator  Extension Agent  Dealers/Distributor  
 Consultant  Government/School  Lawn Care Company  
 Golf Course  Regulatory Agency  Other

By accepting service or goods, I agree to submit payment in full to Colorado State University upon receipt of invoice or University Billing Statement. Late Payment charges of 1.5% per month and other penalties specified may be assessed for late payment.

PLEASE CIRCLE  
**ANALYSIS REQUESTED**  
 Routine (pH, EC, organic matter, NO<sub>3</sub>, P, K, Zn, Fe, Cu, Mn, lime & texture estimate) PRICE PER SAMPLE  
 Routine + Sodium Evaluation (SAR) please call for prices  
 Routine + Boron, Molybdenum, Cadmium, Lead  
 Routine + Nitrate OR Salinity on Subsoil  
 Routine + Salinity + Nitrate on Subsoil  
**NOTE: A subsoil is a separate sample taken from the 8"-24" depth below your surface sample.**  
**MINIMUM CHARGE**  
**PRICES SUBJECT TO CHANGE WITHOUT NOTICE**  
**Please do not pay by check until you receive an invoice.**  
 If you are paying by credit card, please complete the following information.  
 Name on Card \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Mastercard \_\_\_\_\_ Expires \_\_\_\_\_  
 Visa \_\_\_\_\_ V Number \* \_\_\_\_\_  
 \* V number is located on the back of the card on the signature line, the last three numbers.

**PLEASE CIRCLE ALL THAT APPLY.**

The following information will help us give you a written explanation of the laboratory results:

- The sample is from:**  
 A. Lawn D. Greenhouse G. Reclamation site  
 B. Vegetable garden E. Golf course H. Other (please specify)  
 C. Flower bed F. Container plantings \_\_\_\_\_
- If yes which method?**  
 A. Sprinkler C. Drip  
 B. Flood D. Other please specify \_\_\_\_\_
- How often do you irrigate/water?** Daily \_\_\_\_\_ Once per week \_\_\_\_\_ Twice per week \_\_\_\_\_ Other \_\_\_\_\_
- If possible, indicate the types of previous crops or plants that grew at this site.** \_\_\_\_\_
- What have you added or plan to add to the soil?** \_\_\_\_\_
- Is there a specific problem with this site?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe the problem, what caused the problem and why you think it was the cause (use a separate sheet if necessary).
- If you wish to have a fertilizer recommendation based on organic fertilizers please answer the following questions.**  
 What is the type of material that will be used for organic fertilizer? \_\_\_\_\_

**See the reverse side for sampling information**

- What do you plan to grow at the site or what is currently growing at the site?**  
 A. Vegetables B. Flowers C. Turfgrass D. Trees E. Other \_\_\_\_\_
- Will this site be irrigated/watered? Yes \_\_\_\_\_ or No \_\_\_\_\_**  
 If you are growing turf please answer the following: Is this site to be Seeded \_\_\_\_\_ Sodded? \_\_\_\_\_  
 Is it an existing lawn? \_\_\_\_\_ If so, how old is the lawn? \_\_\_\_\_
- About how much water do you apply each time you irrigate/water?**  
 A. Less than 1 inch. B. 1-3 inches C. 4-6 inches D. More than 6 inches

**Do you know the nutrient levels in the organic fertilizer?** Yes \_\_\_\_\_ No \_\_\_\_\_ If so please supply the following information for the organic fertilizer.

% nitrogen	% phosphorus	% potassium	pH	Salts (mmhos/cm)
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MAILING ADDRESS: (U.S. Mail) CSU Soil, Water & Plant Testing Lab, NESB Room A-319, Ft. Collins CO 80523-1120 (Other Carriers) add: 200 W. Lake Street below lab name.