



Soil Analysis

Agricultural Service Laboratory
 171 Old Cherry Road / Clemson, SC 29634
 Phone: 864-656-2068 Fax: 864-656-2069
<http://www.clemson.edu/agsrvlb>

Record Sheet ___ of ___

Date Sampled _____

Name: _____
 LAST , FIRST

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Account: _____

Phone Number: (____) _____ - _____

Email: _____

Standard Soil Test – Includes pH buffer pH lime requirement and extractable P, K, Mg, Ca, Zn, Mn, Cu, B, Na, CEC, and % Base Saturation _____ \$6.00	
OM – Organic Matter _____	\$7.00 (out-of-state \$10.00)
NN – Nitrate Nitrogen _____	\$5.00
SSS – Soluble Salts for mineral soils _____	\$3.00
SSU – Extractable Sulfate Sulfur _____	\$5.00
SPH – pH Only _____	\$3.00
SPB – Pond Bottom – fish production (includes lime) _____	\$3.00
SSP – Shrimp Pond _____	\$3.00
SSM – Soilless Mixes – at least 1 quart media is needed for this test. Soluble salts, pH P K Ca Mg and nitrates will be determined on a saturated water extract. _____ \$10.00	
SBD – Bulk Density _____	\$10.00

Lab Number	Grower Sample ID	Soil Code	Crop Code	Crops to be Grown	Standard	Other Tests	Fee
LAB USE ONLY	-----	---			<input type="checkbox"/>	<input type="checkbox"/> OM <input type="checkbox"/> SSU <input type="checkbox"/> SSP <input type="checkbox"/> NN <input type="checkbox"/> SPH <input type="checkbox"/> SSM <input type="checkbox"/> SSS <input type="checkbox"/> SPB <input type="checkbox"/> SBD	
	-----	---			<input type="checkbox"/>	<input type="checkbox"/> OM <input type="checkbox"/> SSU <input type="checkbox"/> SSP <input type="checkbox"/> NN <input type="checkbox"/> SPH <input type="checkbox"/> SSM <input type="checkbox"/> SSS <input type="checkbox"/> SPB <input type="checkbox"/> SBD	
	-----	---			<input type="checkbox"/>	<input type="checkbox"/> OM <input type="checkbox"/> SSU <input type="checkbox"/> SSP <input type="checkbox"/> NN <input type="checkbox"/> SPH <input type="checkbox"/> SSM <input type="checkbox"/> SSS <input type="checkbox"/> SPB <input type="checkbox"/> SBD	
	-----	---			<input type="checkbox"/>	<input type="checkbox"/> OM <input type="checkbox"/> SSU <input type="checkbox"/> SSP <input type="checkbox"/> NN <input type="checkbox"/> SPH <input type="checkbox"/> SSM <input type="checkbox"/> SSS <input type="checkbox"/> SPB <input type="checkbox"/> SBD	
	-----	---			<input type="checkbox"/>	<input type="checkbox"/> OM <input type="checkbox"/> SSU <input type="checkbox"/> SSP <input type="checkbox"/> NN <input type="checkbox"/> SPH <input type="checkbox"/> SSM <input type="checkbox"/> SSS <input type="checkbox"/> SPB <input type="checkbox"/> SBD	
	-----	---			<input type="checkbox"/>	<input type="checkbox"/> OM <input type="checkbox"/> SSU <input type="checkbox"/> SSP <input type="checkbox"/> NN <input type="checkbox"/> SPH <input type="checkbox"/> SSM <input type="checkbox"/> SSS <input type="checkbox"/> SPB <input type="checkbox"/> SBD	
	-----	---			<input type="checkbox"/>	<input type="checkbox"/> OM <input type="checkbox"/> SSU <input type="checkbox"/> SSP <input type="checkbox"/> NN <input type="checkbox"/> SPH <input type="checkbox"/> SSM <input type="checkbox"/> SSS <input type="checkbox"/> SPB <input type="checkbox"/> SBD	

Mailed report \$3.00 Page Total (\$): _____

Extension Approval: _____

Receipt Number: _____ LAB USE ONLY

Make checks payable to Clemson University
 Check Number: _____ Cty Rec # _____

Date Received: _____ LAB USE ONLY