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Soil & Plant Information Sheet

Charge To: Anne Arundel Soil Conservation District
2662 Riva Rd.
Suite 150
Annapolis, MD 21401
kkirby@aaacd.org



Store #: _____
Grower: _____
Customer #: _____
Field ID: _____
Fax #: _____
Email: _____

Date Submitted: _____ Total No. of Samples: _____ Phone #: _____

S o i l I n f o r m a t i o n	Sample No.	Lab Number	Planned		Soil Test Requested		Individual	O.M.	Soil Texture	Soluble Salts	Nematode		Plant Test		Remarks
			Crop	Yield	BI	Other					Soil	Root	Basic	Other	

Explanation of Soil Test:
 Routine Test 1: Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements. PLUS ANY TWO OF: BORON, ZINC, MANGANESE, IRON, COPPER. (CHECK ELEMENTS DESIRED UNDER INDIVIDUAL)
 Basic Test 2: Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements.
 Basic Test 3: Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements. PLUS ANY FOUR OF: ZINC, MANGANESE, IRON, COPPER, BORON (CHECK ELEMENTS DESIRED UNDER INDIVIDUAL).
 Basic Test 4: Available Phosphorus, Exchangeable Potassium, Magnesium and Calcium, Soil pH (Water & Buffer), Cation Exchange Capacity and Percent Base Saturation of Cation Elements. PLUS SULFATE SULFUR, BORON, ZINC, MANGANESE, IRON and COPPER.
 Organic Matter: % Organic Matter. Soil Texture: % Sand, % Clay, % Silt, and Soil Classification.
 Soluble Salts: Soluble Salt Content. Other: List any element from above or Aluminum, Sodium or Nitrate Nitrogen.

Explanation of Nematode Test:
 Nematode Assay: Soil: Complete Parasitic Count.
 Roots: Complete Parasitic Count.

Explanation of Plant Tissue Test:
 Basic Test: Nitrogen, Phosphorus, Potassium, Magnesium, Calcium, Sulfur, Boron, Zinc, Manganese, Iron and Copper.
 Other: List any element from above or Aluminum, Sodium, Molybdenum or Chloride.

Customer Address (results will be mailed to this address)
 Name: _____
 Street: _____
 City, State, Zip Code: _____