



Soil Health Testing Submission



Cass County Soil Conservation District

1665 43rd Street South Suite 103, Fargo, ND 58103

Phone: 701.282.2175 ext.3 Fax: 701.282.9203 www.cassscd.org

Applicant contact information:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Location of sample:

Flower Bed

Vegetable Garden

Lawn

Check here if you:

Irrigate your lawn _____

Bag lawn clippings _____

All soil tests will include pH, Potassium (K), Phosphorous (P), and Nitrogen (N) levels. General recommendations for remediation will be included in the results. Referrals can be made for a more in-depth soil health evaluation.

Sample ID	Date	Fertilizer	Predominant	Special Situations	Reason for Test

Sample ID—If submitting multiple samples please assign an ID to each sample to ensure they do not get contaminated or mixed with other samples as it will affect the results.

Fertilizer application— List any applications of fertilizer used in the past year, additionally any remediation made to the soil such as topsoil, compost, mulch, lime, sulfur, etc.

Predominant vegetation— Primary vegetation planted (garden turf grass, flowers) this will assist in the interpretation of pH results.

Special situations— Specify if the area has abundant shade, poor or excessive drainage, moss or algae, etc.

Reason for test— Is there a specific issue you would like addressed or do you simply want to know the condition of your soil?

* The Soil Health Testing Program is not intended for use in large scale operations such as agricultural fields and golf courses or to settle landowner