

**\* REQUIRED****DIAGNOSTIC SOIL SAMPLE SUBMISSION N.C. ONLY****April—Thanksgiving: NO FEE****December – March: \$4 / sample****Check online for exact dates****NCDA&CS Agronomic Division Soil Testing Section**

Mailing Address (USPS): 1040 Mail Service Center, Raleigh NC 27699-1040

Physical Address (UPS/FedEx/DHS): 4300 Reedy Creek Rd, Raleigh NC 27607

Phone: (919) 664-1600 <https://www.ncagr.gov/divisions/agronomic-services>**PAYMENT****CLIENT****ADVISOR**

FARM ID	FEE TOTAL \$ _____ AMT PAID \$ _____	* LAST NAME	* FIRST NAME	LAST NAME	FIRST NAME		
SAMPLING DATE	METHOD OF PAYMENT : <input type="checkbox"/> CASH /CHECK <input type="checkbox"/> PAY ONLINE (CC) <input type="checkbox"/> ESCROW ACCOUNT: (provide Account Name or #) _____	MAILING ADDRESS		MAILING ADDRESS			
* N.C. COUNTY (WHERE COLLECTED)		CITY	STATE	ZIP	CITY	STATE	ZIP
		* EMAIL ADDRESS		EMAIL ADDRESS			
NUMBER OF SAMPLES	* Party Responsible for Payment : _____	* PHONE	PALS Client Account #	PHONE	PALS Client Account #		

By submitting this form, permission is granted (per N.C.G.S. 106-24.1) to release information & laboratory results associated with analysis of these samples to the following people/entities only: (1) the advisor, and (2) NC State Univ. / NC Cooperative Extension Service. I attest that these samples were collected in NC.

LAB NUMBER (lab use only)	* SAMPLE ID (Must match soil box)	LIME APPLIED IN PAST 12 MONTHS ton/ac Month Year	CROP	CROP CONDITION		GROWTH STAGE	CORRESPONDING SAMPLE		DROUGHTY		SOIL COMPACTED	
				Good	Bad		Plant Tissue	Nematode	Yes	No	Yes	No

**GROWTH AND COLOR OF ABNORMAL PLANTS**

New growth : ☐ Good ☐ Fair ☐ Poor ☐ Dead  
Root condition: ☐ Good ☐ Fair ☐ Poor ☐ Dead Legumes only: Nodulated? ☐ Yes ☐ No  
Symptoms: ☐ Stunted ☐ Distorted leaves ☐ Brittle leaves ☐ Discolored leaves  
Leaf color: ☐ Green ☐ Light green ☐ Yellow ☐ Purple/Red ☐ Brown  
Symptom location: ☐ Young leaves ☐ Old leaves ☐ Whole plant  
Symptom pattern: ☐ Whole leaf ☐ Veins ☐ Between veins ☐ Margins ☐ Tips

**MANAGEMENT AND FIELD CONDITIONS**

Planting date: \_\_\_\_\_ Prior crop affected?: ☐ Yes ☐ No  
Rainfall: ☐ Below normal ☐ Normal ☐ Above normal  
Temperature: ☐ Below normal ☐ Normal ☐ Above normal  
Tillage: ☐ Conventional ☐ No-till ☐ Strip-till ☐ Minimum Till ☐ Turbo till  
 Comments: \_\_\_\_\_

**Diagnostic testing is for problem samples only. Samples submitted without diagnostic information provided will be analyzed as routine/predictive.**  
**A complete soil sample submission includes a completely filled submission form and matching, labeled soil boxes. Incomplete submissions may be discarded.**

## Collecting and Submitting Soil Samples

- Use iron or stainless steel probes/tools & a clean plastic bucket.
- Avoid combining areas of different soil types & fertilizer histories; avoid fertilizer bands, & corners / ends of fields.
- Collect 15 to 20 cores per sample; sample 0 to 8 inches deep for plowed fields; 0 to 4 inches deep for no-till or pastures.
- Break up cores & mix soil in bucket.
- Label soil box with name, address, and sample IDs using a pencil or waterproof marker.
- Fill the sample box to red fill line; do not overfill.
- **DO NOT PUT SOIL IN PLASTIC BAGS.**
- **DO NOT TAPE BOXES.**
- Lime history is important; be sure to record lime applied in the past 12 months on page 1.
- Crop codes are required to receive a recommendation.  
Samples cannot be processed without a crop code.
- Ship samples in a well packed cardboard box so samples are tightly secured from within. Do not ship samples using flat mailers or envelopes.

## Crop Codes for Homeowners

**022 Lawn Centipede**

**026 Lawn (not centipede)**

**024 Vegetable Garden**

**025 Mtn. Laurel / Rhododendron**

**030 Berries / Fruits / Nuts (except blueberries)**

**032 Blueberries**

**031 Landscape Tree (deciduous and evergreen))**

**020 Azalea / Camelia**

**023 Flower Garden**

**028 Rose**

**029 Shrubs**