



Soil Fertility Testing Program Application

\$20.00 per sample



Leadership in Resource Management Since 1946

Will South Cook Soil & Water Conservation District
 1201 South Gougar Road, New Lenox, Illinois 60451
 phone 815.462.3106 x3 fax 815.462.3176 www.will-scookswcd.org

For office use only: Lab number: _____
 County - Will _____ South Cook _____ Payment: \$ _____

Applicant contact information

Location of Soil Sample

Check each box that applies

Name: _____
 Address: _____
 City, State: _____
 Zip Code: _____ Ph. Number: _____
 Email: _____

Flower Bed
 Vegetable Garden
 Lawn
 Check here if you:
 Irrigate your lawn _____
 Bag lawn clippings _____

All soil tests will include pH, Potassium (K), Phosphorus (P), soil texture, soil structure, and soil color. General recommendations for remediation will be included in the results. These recommendations are based on University of Illinois Agronomy handbook.

Sample #	Date	Fertilizer Application	Predominant Vegetation	Special Situations	Reason for test

Sample # - If submitting multiple samples please assign a number 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 Fertility Testing Program not intended for use in large-scale operations such as agricultural fields and golf courses or to settle landowner disputes.