

YOUR NAME		SAMPLE #
YOUR NAME FOR YOUR SAMPLE SITE:	SITE CHARACTERISTICS <input type="checkbox"/> Irrigated <input type="checkbox"/> Dryland <input type="checkbox"/> Zero Tillage <input type="checkbox"/> Reduced Tillage <input type="checkbox"/> Conventional Tillage <input type="checkbox"/> Organic growing methods <input type="checkbox"/> Conventional growing methods	GPS COORDINATES
FARM OR PROPERTY NAME:		
COLLECTION DATE:	CORE DEPTH	SOIL TEMP
EXPERIENCING DROUGHT? YES NO		DATE recent Precip/Irrigation :
TYPE of most recent tillage:		DATE of last tillage:
VARIETY of most recent crop:		PLANTING DATE:
		TERMINATION DATE:
TYPE of most recent soil amendment (fertilizer, compost, etc.)		APPLICATION DATE:

CIRCLE ALL THE WORDS IN EACH CATEGORY THAT DESCRIBE YOUR SOIL RIGHT NOW.						
COLOR	TEXTURE, FEEL	DENSITY	SMELL	BIOLOGY	MOISTURE	EROSION
White crust	Rocky	Dense, heavy	Earthy	Worms	Hot	Bare
Grey	Gravelly	Compacted	Rich	Plant parts	Dry	Gullied
Tan	Sandy	Hard	Sour	Roots	Powdery	Runnels, rills
Orange	Gritty	Cloddy, chunky	Rotten	Weeds	Moist	Pedestals
Light brown	Granular	Blocky	Odorless	Insects	Porous	Roots showing
Brown	Crusty	Platy thin layers	Dusty	No life	Spongy	Litter transport
Dark brown	Silty	Friable	Ammonia	Other:	Soggy	Sedimentation
Black	Sticky	Loose	Manure		Puddled	Cracked
	Crumbly	Soft	Acrid		Cool	Covered
	Silky	Fluffy	Mineral-y			No erosion

Do you want fertilizing recommendations from the Haney test? (No charge) YES NO If yes, please add----->	NEXT YEAR'S CROP: DESIRED YIELD:
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