



Soil Sample Information Sheet

LAB USE ONLY

LANDOWNER CONTACT INFORMATION

Name			
Home Address			
Site Address Where Sampled (if different than above)			
City	State WA	Zip	
Phone	E-mail Address		

Please print clearly and complete entire form! Results will be e-mailed in about 3 weeks. Please check this box if you do not want to be added to KCD's e-mail list.

KCD USE ONLY Submitted to A&L on ____/____/____

King Conservation District
 1107 SW Grady Way, Suite 130
 Renton WA 98057
 425-282-1900 soiltests@kingcd.org

Office Hours: Monday-Friday 8:30am to 5:00pm

Each resident in the King Conservation District service area is eligible for up to five free soil tests, **lifetime per parcel number**. Additional tests are \$20 each. Deliver or mail soil samples to our office (address above). **If you need to submit more than 5 soil samples, please use an additional form.** Please see our website or contact our office to determine your eligibility. www.kingcd.org

Please label each sample with your last name and up to five characters. Each sample must be **2 CUPS**. More than 3 cups may cause problems with handling, less than 2 cups may cause problems getting an accurate analysis.

Graphics Report Email Report soiltests@kingcd.org

Recommendations required LBS PER ACRE LBS PER 1,000 SQ FEET

SAMPLE ID (up to 5 characters)	TEST PACKAGE (office use only)	Vegetable, perennials, pasture, raised bed, etc.	DETAILED DESCRIPTION (more detailed information information about what you are growing)	Please check one		Sample Depth
				Established	Pre-Plant	
-----				<input type="checkbox"/>	<input type="checkbox"/>	0-6"
-----				<input type="checkbox"/>	<input type="checkbox"/>	0-6"
-----				<input type="checkbox"/>	<input type="checkbox"/>	0-6"
-----				<input type="checkbox"/>	<input type="checkbox"/>	0-6"
-----				<input type="checkbox"/>	<input type="checkbox"/>	0-6"

Let us know how you learned about KCD's Soil Testing Program: _____