

INFORMATION SHEET -- PRE-SIDEDRESS SOIL NITRATE TEST

SOIL TESTING LABORATORY - UNIVERSITY OF DELAWARE - NEWARK, DE 19717-1303

1. NAMES AND ADDRESSES				LAB USE ONLY	
NAME (PRINT)		NAME (OTHER)		LAB# _____	
ADDRESS		ADDRESS		BAG# _____	
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE NO.		PHONE NO.		REC'D: _____	
BEST TIME TO CONTACT:		BEST TIME TO CONTACT:		COMPLETED: _____	

2. SAMPLE AND FIELD IDENTIFICATION			
FIELD NAME OR NUMBER:	ACRES:	COUNTY:	DATE SAMPLED
_____	_____	_____	MM/DD/YY

3. SOIL IDENTIFICATION AND INFORMATION				
SOIL NAME	SOIL DRAINAGE	SOIL TEXTURE	SOIL COLOR	TILLAGE
FROM SOIL SURVEY OR CONSERVATION PLAN OBTAIN SOIL NAME OR MAPPING UNIT	<input type="checkbox"/> WELL	<input type="checkbox"/> LOAMY SAND	<input type="checkbox"/> NORMAL (LT. BROWN)	<input type="checkbox"/> CONVENTIONAL
	<input type="checkbox"/> MODERATELY WELL	<input type="checkbox"/> SANDY LOAM	<input type="checkbox"/> GRAY	<input type="checkbox"/> NO-TILL
	<input type="checkbox"/> SOMEWHAT POORLY	<input type="checkbox"/> LOAM	<input type="checkbox"/> BLACK	
	<input type="checkbox"/> POORLY	<input type="checkbox"/> SILT LOAM		

4. CROPPING INFORMATION	5. IRRIGATION	6. MANURE USE	7. FERTILIZER
REALISTIC YIELD GOAL (BU/AC): _____ PLANT STAND (PLANTS/AC): _____ DATE OF PLANTING: _____ PLANT HEIGHT AT SAMPLING (IN): _____	IS CROP TO BE IRRIGATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	MANURE: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE: <input type="checkbox"/> POULTRY <input type="checkbox"/> DAIRY <input type="checkbox"/> HORSE <input type="checkbox"/> SWINE <input type="checkbox"/> OTHER  SURF. APPL.: <input type="checkbox"/> Y <input type="checkbox"/> N INCORP.: <input type="checkbox"/> Y <input type="checkbox"/> N TIME TILL INCORP: _____ DAYS	N FERTILIZER APPLIED TO DATE: PREPLANT: <input type="checkbox"/> Y <input type="checkbox"/> N N RATE: _____ LB/AC DATE: _____ MM/DD/YY  STARTER: <input type="checkbox"/> Y <input type="checkbox"/> N N RATE: _____ LB/AC  N FERTILIZER PLANNED: SIDEDRESS: <input type="checkbox"/> Y <input type="checkbox"/> N FERTIGATION: <input type="checkbox"/> Y <input type="checkbox"/> N

8. LAB USE ONLY	9. OFFICE USE ONLY
SOIL NITRATE VALUE: _____	<u>TIME CALLED</u>
NITROGEN RECOMMENDATION: _____ LBS N / ACRE	<u>SUCCESSFUL</u>
	YES NO
	YES NO
	YES NO