Soil Analysis Submission Form
West Virginia Department of Agriculture
www.wvagriculture.org
Moorefield Field Office
60B Moorefield Industrial Park Road
Mooresfield, WV 26836
Phone: 304-538-2397 Fax: 304-538-7088
BLUE OR BLACK INK ONLY

PRODUCER INFORMATION
First Name: __________________________ Last Name: __________________________
Street Address: __________________________________________
City: __________________________ State: ______ Zip: __________
Phone: __________________________ email: __________________________

SAMELPER INFORMATION
Same as above: □
Sampler: __________________________ Agency: __________________________
Sampler Phone: __________________________ email: __________________________

SOIL SAMPLE IDENTIFICATION
Sample Tract & Field ID: __________________________
Date Sampled (MM/DD/YYYY): __________________________ County: __________________________
Farm/Land Area: __________________________ Soil Name: __________________________
□ acres □ sq feet
Has soil been limed in previous 12 months? □ Yes □ No
Previous Crop: __________________________

Crop Codes
101 - Tall grass hay (<30% legume)
102 - Tall grass hay (>30% legume)
103 - Tall grass pasture (<30% legume)
104 - Tall grass pasture (>30% legume)
105 - Tall blue grass and white clover pasture (>30% legume)
106 - Alfalfa or alfalfa and grass hay
107 - Grass or grass and legume seeding
108 - Alfalfa or clover seeding
109 - Corn (grain)
110 - Corn (silage)
111 - Sorghum, sudan, millet
112 - Orchard, apples & peaches
113 - Small grains
114 - Soybeans
115 - Strawberries
116 - Home gardens
117 - New lawn seeding
118 - Established lawns or turf
119 - Potatoes

Crop to be Grown
Crop Code: __________________________ (write code)
Other (if not listed): __________________________ (write out crop)

Other information/comments: __________________________________________

DO NOT WRITE BELOW
For Official Use Only
Date Received (MM/DD/YYYY): __________________________ Laboratory #: __________________________
Time Received: __________________________ Initials: __________________________