

**HURON CONSERVATION DISTRICT**  
**1460 SOUTH VAN DYKE**  
**BAD AXE, MI 48413**  
**PHONE (989) 269-9540 EXT 3      FAX (989) 269-8421**

DATE \_\_\_/\_\_\_/\_\_\_

Lab ID Number (Office use only) \_\_\_\_\_

**INFORMATION SHEET FOR EACH SOIL NITRATE SAMPLE**  
**PLEASE PRINT**

A completed information sheet and payment must accompany each nitrate sample.

**NOTE:** Sidedress Nitrogen testing is only valid when pre-plant or planting Nitrogen was banded.

**DO NOT SIDEDRESS TEST IF THE PRE-PLANT NITROGEN WAS BROADCAST**

1. NAME \_\_\_\_\_

2. STREET \_\_\_\_\_

3. CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

4. TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX # \_\_\_\_\_

EMAIL \_\_\_\_\_

5. SAMPLE ID \_\_\_\_\_

6. DEPTH (in) \_\_\_\_\_

AC/SAMPLE \_\_\_\_\_

7. CROP GROWING \_\_\_\_\_

YIELD GOAL \_\_\_\_\_

8. PREVIOUS CROP \_\_\_\_\_

9. COVER CROP \_\_\_\_\_

10. WAS MANURE APPLIED  
IN THE PAST 3 YRS.: \_\_\_\_\_

**IF YES: HOW MUCH**  
(tons/A) or (gals./A) \_\_\_\_\_

WHEN APPLIED \_\_\_\_\_

SPECIES (circle all that apply) Beef Dairy Cow Heifer Hog Finishing Gestation  
Nursery Poultry

11. WAS NITROGEN BROADCAST THIS YEAR? (circle) YES NO

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\_\_\_\_\_ nitrate test(s) X \$7.25 \_\_\_\_\_

Make Checks Payable to: HURON CONSERVATION DISTRICT

Date Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Lab results:
_____
_____
_____
_____
_____