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. AC/SAMPLE _____ _____ _____ _____ _____ _____ _____ _____
7. MANURE APPLIED IN THE PAST 3 YRS:
   _____ _____ _____ _____ _____ _____ _____ _____
8. COVER CROP _____ _____ _____ _____ _____ _____ _____ _____
9. WAS NITROGEN BROADCAST THIS YEAR? (circle) YES NO

* *
* * _____ nitrate test(s) X $8.00 _____

Make Checks Payable to: HURON CONSERVATION DISTRICT

Date Paid_____

Check Number_____

Lab results:

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____
_____ _____