**Soil pH Test**

|  |  |
| --- | --- |
| Name | Preferred contact:Email \_\_\_\_\_Phone\_\_\_\_\_ |
| City |
| Phone |
| Email (Please print clearly) |

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete **location** and **what will be grown** in the location for each sample

Sample 1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample 2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sample 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost $2.00 each sample. Cash only please. Amount paid: \_\_\_\_\_\_\_\_\_\_\_

* Follow directions on the OSU website to collect your soil. <https://beav.es/5rS>
* Be sure your sample is labeled with your name, date and soil location. Bring this form and your sample to a soil pH testing event at OSU Extension Service, 996 Jefferson St, Eugene, OR 97402. Please dry the sample in advance and remove sticks, stones, and grass or excess mulch.
* Approximately one cup of soil for each sample is necessary for an accurate test.
* You will be contacted with the pH results within two weeks. If you don’t hear from us, check your spam filter, and call the Plant Clinic at 531-344-0265.

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|  |  |  |  |
| --- | --- | --- | --- |
|  | Sample 1 | Sample 2 | Sample 3 |
| Result i |  |  |  |
| Result ii |  |  |  |
| Result iii |  |  |  |
| Ideal Range |  |  |  |

Notes:

Date client notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (circle) email phone

01/31/2024-VH