

1. Sample Soil from both Deep and Shallow layers and place **EACH SEPARATELY** into **individually labeled plastic bags**:
 - Shallow: The Active Rooting Zone (See chart below for depth according to crop height)
 - Deep: The Passive Rooting Zone (See chart below for depth according to crop height)
2. Use a **clean soil probe (or tape measure and shovel)** and **two buckets** to take a representative sample of each block. Split the core sample from each probe into deep and shallow layers (see photo below) and place into separate buckets. Break up and mix the soil in each bucket.
3. Sample 1-2 cups from each bucket (deep and shallow) into **SEPARATE BAGS**.
4. Complete sampling labels (pictured below) with all applicable information, then affix labels to the **outside** of **sealed** bags and mail samples (**including payment if paying by check or money order**) to:

Apical Crop Science LLC
1382 SE 3rd Ave, Suite 4
Canby, OR 97013

DO NOT SEND ANY INTERNATIONAL LEAF, SOIL, OR WATER SAMPLES WITHOUT PRIOR WRITTEN APPROVAL FROM APICAL.



TIPS FOR BEST RESULTS:

For a representative sample, take 4-6 samples that reflect average soil conditions across each block. Split deep and shallow soil into separate containers (as per depth chart below), mix each well, and send 1-2 cups from each container to Apical for testing.

- Use a clean bucket, clean hands or gloves, and sterilize the probe or shovel with rubbing alcohol.
- Take soil samples when the soil is at Field Capacity (not saturated or overly dry).
- Sample weak or troubled areas separately.

BE SURE TO ASK APICAL ABOUT THESE ADDITIONAL AGRONOMY SERVICES

- Target Range Charting: Crop-specific graphic representation of lab report data compared to target nutrient ranges
- Detailed Recommendations: Prescribed nutritional and biological plan based on lab reports

 <small>Know more.</small> SOIL ANALYSIS	Mail to: Apical Crop Science 1382 SE 3 rd Ave, Suite 4 Canby, OR 97013 <small>(503) 479-8407 info@apical-ag.com www.apical-ag.com</small>
NAME	
EMAIL	
CC	
CLIENT NAME	
CLIENT EMAIL & ZIP	
SAMPLE DATE	
FIELD ID	
BLOCK	
CROP	
CULTIVAR	
LEAF LOCATION	<input type="radio"/> new <input type="radio"/> old <input type="radio"/> other: _____
<input type="checkbox"/> Detailed Recommendations (Recs).....\$25 <input type="checkbox"/> Recs + Product Suggestions\$25 • Preferred Brand? _____ <input type="checkbox"/> Crop Specific Target Range Charting.....\$10 <input type="checkbox"/> No Agronomy Services	
 <small>(Release Photo only)</small> <small>*Detailed Recs and Recs + Product Suggestions include Nutrient Sufficiency Chart*</small>	



Crop Height	Shallow Sample	Deep Sample
1-3 "	0-2 "	2-4 "
3-6 "	0-3 "	3-6 "
6-12 "	0-4 "	4-8 "
12-24 "	0-5 "	5-10 "
24-36 "	0-6 "	6-12 "
36-48 "	0-8 "	8-16 "
48 " +	0-12 "	12-24 "