

# COMMERCIAL SOIL TESTING **N.C. ONLY**



[Crop Codes](#)

## NCD&CS Agronomic Division [Soil Testing Lab](#)

Mailing Address (USPS): 1040 Mail Service Center, Raleigh NC 27699-1040  
 Physical Address (UPS/FedEx/DHS): 4300 Reedy Creek Rd, Raleigh NC 27607  
 Phone: (919) 664-1600

Peak Season Fee: **\$5**  
 Check our [website](#) for peak season dates

### \* REQUIRED FIELDS

		CLIENT			ADVISOR		
Farm ID	Amt Due \$ _____ Amt Paid \$ _____	* Last Name	* First Name	Last Name	First Name		
Sampling Date	Payment method: Check Online Escrow Account (Provide account name or #)	Mailing Address		Mailing Address			
* N.C. County (Where Collected)		City	State	Zip	City	State	Zip
Number of Samples	* Party Responsible for Payment : _____	* Email			Email		
		Phone	<a href="#">PALS Account #</a>		Phone	<a href="#">PALS Account #</a>	

LAB NUMBER <i>(lab use only)</i>	* Sample ID (Must match soil box)	Lime Applied Within Past 12 Month			* First Crop	* Crop Code 1 (Scan QR Code or see page 2)	Second Crop	Crop Code 2
		ton/ac	Month	Year				

By submitting this form, permission is granted (per N.C.G.S. 106-24.1) to release information & laboratory results associated with analysis of these samples to the following people/entities only: (1) the advisor, and (2) NC State Univ. / NC Cooperative Extension Service. I attest that these samples were collected in NC.