CURRY COUNTY MASTER GARDENER**™** ASSOCIATION

REQUEST FOR SOIL pH TEST

OSU Extension Office 29390 Ellensburg Ave. Gold Beach

(541)247-6672 ext 7

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Telephone No:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sampling Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW TO TAKE A SOIL SAMPLE**

* Decide on a sampling area all within the same landform (raised bed, hilltop, hillside, valley bottom) and dig 3 separate holes putting the soil into a common container. Avoid altered sites.
* Before digging the 6-inch-deep holes, brush aside any ground cover. Try to use a straight sided digging implement, such as a garden trowel, and dig straight down so that the top inch of soil, in each shovelful, is the same volume as the last inch of soil.
* Mix up the soil in the common container, breaking up any dirt clods and removing any rocks and foreign matter from the soil.
* If the soil is not dry, let it dry. Put one quarter cup (2 fl. oz.) of soil in sealed plastic bag (quart zip lock works) pre-marked with requestor’s name and date of packaging. Deliver the soil sample, the fee and this completed request form to the OSU Extension office at the fairgrounds.

**COST AND RESPONSE TIME**

The cost of a single test is $10.00 payable in cash or check (payable to CCMGA) along with the delivery of the soil sample to the Extension Office. The cost of succeeding samples from the same person and same date is $5.00. Results are typically available within one week.

***MASTER GARDENER VOLUNTEER USE ONLY***

|  |  |  |
| --- | --- | --- |
| *Action* | *Date* | *Person* |
| Fee collected |  |  |
| Fee to Treasurer |  |  |
| Requestor notified |  |  |

|  |  |  |
| --- | --- | --- |
| *Analyst* | *Date* | *pH Test result \** |
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