


**Chapter ATCP 50**

**APPENDIX A**

	<p><b>Application for Soil Testing Laboratory Certification</b> Wis. Stats. s. 92.05(3)(k) and Wis. Adm. Code s. ATCP 50.50</p> <p>Mail Application to:</p> <p>Wisconsin Department of Agriculture, Trade and Consumer Protection Division of Agricultural Resource Management – Nutrient Management PO Box 8911, Madison WI 53708-8911</p>	<p>For Office Use Only Certification No. _____</p> <p>Date Issued _____</p>
<p>Personal information on this application may be used for purposes other than laboratory certification (Wis. Stats. s. 15.04(1)(m)).</p>		
<p><b>1. Applicant (Laboratory Operator):</b></p> <p>Legal Name: _____</p> <p>Business Form (Check One):</p> <p><input type="checkbox"/> Individual   <input type="checkbox"/> Corporation   <input type="checkbox"/> Partnership   <input type="checkbox"/> Cooperative   <input type="checkbox"/> LLC   <input type="checkbox"/> LLP</p> <p><input type="checkbox"/> Other _____</p> <p>State of Formation (if other than individual): _____</p> <p>Trade Name (if different from legal name): _____</p>		
<p><b>2. Laboratory:</b></p> <p>Laboratory Administrator (Name of Individual): _____</p> <p>Mailing Address: _____ State: _____ Zip: _____</p> <p>Telephone Number: (____) _____ Fax Number (____) _____</p>		
<p><b>3. Soil Tests and Services that the Laboratory Can Provide (Check All that Apply):</b></p> <p>REQUIRED FOR CERTIFICATION:</p> <p><input type="checkbox"/> Soil pH   <input type="checkbox"/> Buffer pH   <input type="checkbox"/> Phosphorus(P)   <input type="checkbox"/> Potassium(K)   <input type="checkbox"/> Organic Matter(OM)</p> <p><input type="checkbox"/> Nutrient Recommendations (N, P, K)   <input type="checkbox"/> Lime Recommendations</p> <p>OTHER TESTS AND SERVICES:</p> <p><input type="checkbox"/> Other Plant Nutrient Tests   <input type="checkbox"/> Manure Analysis</p> <p><input type="checkbox"/> Other Tests or Services _____</p>		
<p><b>4. Laboratory Qualification to Perform Required Tests:</b></p> <p>The applicant certifies that the laboratory is qualified and able to perform all soil tests required for certification (see 3. above), and performs those tests according to applicable standards and methods specified in the following publications:</p> <p>a. <i>Nutrient Application Guidelines for Field, Vegetable and Fruit Crops, UW-Extension Publication A2809 (2006).</i></p> <p>b. <i>Wisconsin Procedures for Soil Testing, Plant Analysis and Feed &amp; Forage Analysis, Department of Soil Science, University of Wisconsin-Madison (December, 2006).</i> A copy can be found at the following web address: <a href="http://www.datcp.state.wi.us/arm/agriculture/land-water/conservation/nutrient-mngmt/planning.jsp">http://www.datcp.state.wi.us/arm/agriculture/land-water/conservation/nutrient-mngmt/planning.jsp</a></p>		

**5. Certification Conditions:**

The applicant agrees to the following certification conditions (failure to comply may result in de-certification):

- a. The laboratory will comply with applicable requirements in Wis. Adm. Code ch. ATCP 50, including s. ATCP 50.50 (4) to (6) related to nutrient recommendations, laboratory records and laboratory evaluation.
- b. Twice each year, in February and August, the laboratory will analyze check samples provided by the University of Wisconsin Soil and Plant Forage Analysis Laboratories (SPAL). The laboratory will assume all costs of the analyses. The laboratory will analyze the SPAL check samples for soil pH, buffer pH, phosphorus (P), potassium (K), and organic matter (OM). The laboratory may also submit additional soil test analysis for Ca, Mg, B, Mn, Zn, SO<sub>4</sub>-S, and NO<sub>3</sub>-N with required semi annual check sample results, but is not required to do so. Based on these analyses, and other information provided by SPAL, the laboratory will report all of the following to SPAL within the time period set by SPAL:
  - Test results for soil pH, buffer pH, phosphorus (P), potassium (K) and organic matter (OM).
  - Lime and nutrient recommendations (N, P, K) according to 4. above.
  - The laboratory may also submit additional soil test results for Ca, Mg, B, Mn, Zn, SO<sub>4</sub>-S, and NO<sub>3</sub>-N with required semi annual check sample results, but is not required to do so.
- c. At least 66% of the check sample results under par. b. must be within one standard deviation of the mean, and at least 40% of the check sample results for each parameter must be within one standard deviation of the mean.
- d. Each month, except in January, February and August, the laboratory will submit 5-10 of its own soil samples to SPAL, together with the results of its tests on those samples. Test results will include soil pH, buffer pH, phosphorus (P), potassium (K) and organic matter (OM). The laboratory may submit results for other plant nutrient tests, but is not required to do so. SPAL will analyze the samples and provide the laboratory with SPAL's test results for comparison.
- e. Laboratory staff will attend educational soil testing meetings sponsored by SPAL.
- f. SPAL representatives may visit the laboratory, and review laboratory procedures, as SPAL deems necessary. SPAL may send double blind soil samples to the laboratory, under the name of another lab client, to evaluate the accuracy of the laboratory's test results and recommendations. The laboratory will waive the cost of analyzing the double blind samples, if SPAL requests a waiver.
- g. The laboratory will submit periodic reports to SPAL, summarizing the results of all soil tests conducted by the laboratory since the end of the period covered by the last periodic report. The laboratory will submit the reports in a format, and according to a schedule, specified by SPAL. SPAL may include the soil test data in its statewide summary of soil test data.
- h. Upon request, the laboratory will make available to SPAL and the Department of Agriculture, Trade and Consumer Protection, for inspection and copying by SPAL or DATCP, copies of all test records that the laboratory is required to keep under Wis. Adm. Code s. ATCP 50.50(5).

**The applicant certifies that all information contained in this application is true, correct, and complete.**

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE	TITLE	DATE
<b>Recommendation of the UW Diagnostic Services Committee</b>	<b>Action By DATCP</b>	
I recommend ( ) approval ( ) disapproval (see attachment)	This request is ( ) approved ( ) disapproved (see attachment)	
Date and Authorized Signature	Date and Authorized Signature	

If you have any questions regarding this application, contact Sue Porter at (608) 224-4605.