

SOUTHWEST Soil Nutrient and Organic Matter Thresholds.
Tests from around native and exotic plants, from the top 2 inches of soil.

One full quart samples sifted through 1/4-inch mesh screen to remove rocks and roots, and tested by the Soil and Plant Lab in San Jose, California, and then the Waypoint Lab in Anaheim with their A-01 and A-19 soil tests.

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Nutrients are in PPM. **Organic matter** is percentage. **Ca/Mg** is the calcium/magnesium ratio. The thresholds for natives in **bold**. No vegetation, no grass, and no poppies mean that soil was tested where there was no vegetation, within two meters of existing plants.

Tests sorted by State and Locations

[illegible]

Nitrogen ppm sorted

St	Site	What test	pH	N	P	K	Ca	Mg	OM% Cu	Zn	Man	Fe	B	Sul	Ca/Mg
TX	Allamore	Sacaton	7.8	3	15	309	3020	160	5.0						19
TX	Allamore	No grass	7.9	4	20	508	3220	184	3.6						18
TX	Sierra Blanca	Sacaton	7.8	4	26	528	4200	173	x						24
TX	Fort Stockton	No vegetation	7.6	4	28	708	4560	166	x						27
AZ	Safford	Poppies	7.6	5	15	355	1100	139	x						8
NM	Dead mesquite	Sacaton	7.6	6	22	202	3100	116	2.9						27
AZ	Picacho Peak	Yellow wildfls.	7.5	6	23	248	936	133	x						7
AZ	Safford	No poppies	7.7	7	13	291	863	130	x						7
NM	Gage	Poppies	7.4	7	13	311	993	134	x						7
NM	Deming	Peganum soil	7.9	7	29	492	1170	261	x						4
TX	Sierra Blanca	No grass	7.1	8	32	528	3570	166	x						22
TX	Fort Stockton	Wildflowers	7.5	10	30	946	5190	174	x						30
NM	Gage	Native grasses	6.6	11	27	209	1040	144	x						7
NM	Dead mesquite	No vegetation	7.6	14	14	262	2400	110	2.9						22
NV	Biocrust+ Winnem	Top 1/2 inch	7.7	17	2	550	1230	159	2.6						8
NM	Gage	No poppies	7.3	60	15	315	1090	134	x						8

Phosphorus percentages sorted

St	Site	What test	pH	N	P	K	Ca	Mg	OM%	Cu	Zn	Man	Fe	B	Sul	Ca/Mg
NV	Biocrust+ Winnem	Top 1/2 inch	7.7	17	2	550	1230	159	2.6							8
AZ	Safford	No poppies	7.7	7	13	291	863	130	x							7
NM	Gage	Poppies	7.4	7	13	311	993	134	x							7
NM	Dead mesquite	No vegetation	7.6	14	14	262	2400	110	2.9							22
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AZ	Safford	Poppies	7.6	5	15	355	1100	139	x							8
NM	Gage	No poppies	7.3	60	15	315	1090	134	x							8
TX	Allamore	No grass	7.9	4	20	508	3220	184	3.6							18
NM	Dead mesquite	Sacaton	7.6	6	22	202	3100	116	2.9							27
AZ	Picacho Peak	Yellow wildfls.	7.5	6	23	248	936	133	x							7
TX	Sierra Blanca	Sacaton	7.8	4	26	528	4200	173	x							24
NM	Gage	Native grasses	6.6	11	27	209	1040	144	x							7
TX	Fort Stockton	No vegetation	7.6	4	28	708	4560	166	x							27
NM	Deming	Peganum soil	7.9	7	29	492	1170	261	x							4
TX	Fort Stockton	Wildflowers	7.5	10	30	946	5190	174	x							30
TX	Sierra Blanca	No grass	7.1	8	32	528	3570	166	x							22

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Bluebunch wheatgrass, sown for the Tuscarora gas pipeline, Lassen Co. along US 395. Did soil tests, and matched the native plant's Soil Nutrient Thresholds, by adding organic fertilizers and mulch with seeds when sown to produce 100% native cover.





SOIL SAMPLE SUBMITTAL FORM

4741 East Hunter Ave. Suite A, Anaheim, CA 92807
Phone (714) 282-8777 - ask for soil testing when you call

COMPANY / NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

ATTENTION: _____ PHONE #: _____

JOB NAME _____ DATE _____

♦ Please indicate your preferred mode of receiving data & reports. Mailed copy required? ☐

EMAIL: _____ or FAX: _____

Additional emails: _____ and _____

♦ payment by ☐ CHECK or credit card is required at the time of service ☐ Amer. Exp, M/C or VISA
If paying by credit card, we will call for your information.

**One quart samples taken from the top two inches, sifted through 1/4 inch
mesh screen to remove rocks and vegetable matter —**

Sample names/locations: Please put these names on your sample bags also!

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____

EXISTING LANDSCAPE: Maintenance or Troubleshooting

- ☐ A01 Partial fertility (A17 without micronutrients) -- \$32 each
☐ Organic matter test (optional) -- \$18 each

DATA ONLY, in a bar-graph format

Turnaround time: ☐ NORMAL: 5-7 working days.

(check one) ☐ **RUSH:** 3-5 working days at normal cost **plus 100% of the analytical fee.**

Authorized by : (signature) _____

(print) _____ Date: _____ Rev.