

DATE: \_\_\_\_\_

## FLOWERS & OTHER ORNAMENTALS SOIL INFORMATION SHEET

For Office Use Only:

Lab Sample No.

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| Name _____  |  | <b>1 TEST REQUESTED:</b>  |  | <b>2 SOIL TYPE:</b>   |  | <b>3 SAMPLE NAME:</b>                          |  |
| Address _____   |  | <input type="radio"/> Package #1 (pH, Buffer pH, P, K)<br><input type="radio"/> Gardener's Package (pH, Buffer pH, P, K, OM, NO <sub>3</sub> )<br><input type="radio"/> Package #2 (pH, Buffer pH, P, K, O.M., Zn)<br><input type="radio"/> Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC)<br><input type="radio"/> Other _____  |  | <input type="radio"/> Sandy<br><input type="radio"/> Loam<br><input type="radio"/> Clay   |  | (i.e. Flowers, Shrubs, Etc.)<br>_____<br>_____ |  |
| City _____ ST <b>KS</b> Zip _____   |  |   |  |   |  |  |  |
| Phone _____ County: <b>DG</b>   |  |   |  |   |  |  |  |
| E-mail _____  |  |   |  |   |  |  |  |
| <b>4 SAMPLE AREA:</b>   |  | Was the sample made from a mix of 4 or more areas? _____ Yes _____ No   |  |   |  |  |  |
| <b>5 RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):</b>  |  |   |  |   |  |  |  |
| <b>Flowers</b><br><input type="radio"/> Annual Flowers (marigolds, zinnias, etc.)<br><input type="radio"/> Spring-flowering Bulbs (Tulip, Hyacinth, etc.)<br><br>Are these flowers or other ornamentals already planted? _____<br><br>How old are they? _____<br>(i.e. number of years since planting.) |  | <input type="radio"/> Perennial flowers (list types below)<br>_____<br>_____<br><input type="radio"/> Cannas<br><input type="radio"/> Caladiums<br><input type="radio"/> Dahlias<br><input type="radio"/> Lilies<br><input type="radio"/> Iris<br><input type="radio"/> Peonies<br><input type="radio"/> Day Lilies<br><input type="radio"/> Wildflowers<br><input type="radio"/> Other _____ |  | <b>Woody Plants</b><br><input type="radio"/> Roses<br><input type="radio"/> Shrubs (list types)<br>_____<br>_____<br><input type="radio"/> Trees (list types)<br>_____<br>_____<br><input type="radio"/> Other<br>_____<br>_____  |  |  |  |
| <b>6 CONDITION OF PLANT(S)</b>  |  |   |  |   |  |  |  |
| Plant growth in sampled area:   |  |   |  | If only a few plants show abnormal growth, list which type(s):  |  |  |  |
| <input type="radio"/> Normal<br><input type="radio"/> Abnormal _____ (describe)<br><input type="radio"/> Not planted yet  |  |   |  | _____<br>_____  |  |  |  |
| <b>7 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):</b>   |  |   |  |   |  |  |  |
| <b>a</b> How often do you fertilize?  |  | <b>b</b> When do you fertilize?   |  | <b>c</b> What kinds of fertilizer do you use?   |  |  |  |
| <input type="radio"/> Every Year<br><input type="radio"/> Twice a Year<br><input type="radio"/> Every other Year<br><input type="radio"/> Never<br><input type="radio"/> Other _____  |  | <input type="radio"/> Prior to planting<br><input type="radio"/> During growing season<br>During dormant season<br><input type="radio"/> Other _____  |  | <input type="radio"/> High phosphorus (5-10-5, 18-46-0, etc.)<br><input type="radio"/> Balanced (10-10-10, 13-13-13, etc.)<br><input type="radio"/> High Nitrogen (33-0-0, 20-4-8, etc.)<br><input type="radio"/> Organic (manure, etc.)<br><input type="radio"/> "Starter Fertilizer" for transplants<br><input type="radio"/> Other _____ |  |  |  |
| <b>d</b> How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)   |  | <b>8 INDICATE SPECIAL PROBLEMS:</b>   |  |   |  |  |  |
| <input type="radio"/> Every year<br><input type="radio"/> Every other year<br><input type="radio"/> Twice a year<br><input type="radio"/> Never<br><input type="radio"/> Other _____<br><br><b>Has manure or compost recently been applied?</b><br>_____ Yes _____ No                                   |  | <input type="radio"/> Insects<br><input type="radio"/> Disease<br><input type="radio"/> Poor drainage<br><input type="radio"/> Shade<br><input type="radio"/> Grassy Weeds<br><input type="radio"/> Broadleaf Weeds<br><input type="radio"/> Other (Describe) _____   |  |   |  |  |  |

Please fill in this sheet completely. The more information you provide on this form, the more complete and helpful your soil recommendation will be to you.