

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

## VEGETABLES, FRUITS AND NUTS SOIL INFORMATION SHEET

For Office Use Only: Lab  
Sample No. \_\_\_\_\_

Name _____ Address _____ City _____ ST <b>KS</b> Zip _____ Phone _____ County <b>DG</b> E-mail _____		<b>1 TEST REQUESTED:</b> <input type="radio"/> Package #1 (pH, Buffer pH, P, K) <input type="radio"/> Gardener's Package (pH, Buffer pH, P, K, O.M., NO <sub>3</sub> ) <input type="radio"/> Package #2 (pH, Buffer pH, P, K, O.M., Zn) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC) <input type="radio"/> Other _____	<b>2 SOIL TYPE:</b> <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	<b>3 SAMPLE NAME:</b> (i.e. Vegetable Garden, Grapes, etc.)
<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>				
<input type="radio"/> Leafy Greens (lettuce, spinach, etc.) <input type="radio"/> Legumes (beans, peas, etc.) <input type="radio"/> Root Crops (carrots, beets, etc.) <input type="radio"/> Watermelon <input type="radio"/> Other "Vine Crops" (squash, cukes, etc.) <input type="radio"/> Cole Crops (cabbage, broccoli, etc.) <input type="radio"/> Sweet Corn/Pop Corn <input type="radio"/> Bulb Crops (onions, garlic, etc.) <input type="radio"/> Other _____				
<input type="radio"/> Okra <input type="radio"/> Tomatoes <input type="radio"/> Peppers <input type="radio"/> Eggplant <input type="radio"/> Irish Potatoes <input type="radio"/> Sweet Potatoes <input type="radio"/> Asparagus <input type="radio"/> Rhubarb				
<input type="radio"/> Apples & Pears <input type="radio"/> Stone Fruits (peaches, cherries, etc.) <input type="radio"/> Grapes <input type="radio"/> Raspberries & Blackberries <input type="radio"/> Currants & Gooseberries <input type="radio"/> Strawberries <input type="radio"/> Pecans & Walnuts <input type="radio"/> Other _____				
Are these fruit or nut plants already planted? _____ Yes _____ No  Number of years since planting? _____				
<b>6 SIZE OF AREA</b>		<b>7 CONDITION OF PLANT(S)</b>		
<input type="radio"/> Less than 100 square feet <input type="radio"/> 100 to 1,000 square feet <input type="radio"/> 1,000 to 10,000 square feet <input type="radio"/> Over 10,000 square feet Indicate size: _____		Plant growth in sampled area: If only a few plants show abnormal growth, list which type(s): <input type="radio"/> Normal <input type="radio"/> Abnormal (describe) _____ _____ <input type="radio"/> Not planted yet		
<b>8 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 <input type="radio"/> Twice a Year <input type="radio"/> Every other Year <input type="radio"/> Never <input type="radio"/> Other _____		<input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____		<input type="radio"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="radio"/> Balanced (10-10-10, 13-13-13, etc.) <input type="radio"/> High Nitrogen (33-0-0, 20-4-8, etc.) <input type="radio"/> Organic (manure) <input type="radio"/> "Starter Fertilizer" for transplants <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>9 INDICATE SPECIAL PROBLEMS:</b>		
<input type="radio"/> Every year <input type="radio"/> Every other year <input type="radio"/> Twice a year <input type="radio"/> Never <input type="radio"/> Other _____ <b>Has manure or compost recently been applied?</b> _____ Yes _____ No		<input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor drainage <input type="radio"/> Shade Note: If you check insects or disease, please describe the specific problems. <input type="radio"/> Grassy Weeds <input type="radio"/> Broadleaf Weeds <input type="radio"/> Other (Describe) _____ _____ _____		