

DATE: _____

FLOWERS & OTHER ORNAMENTALS SOIL INFORMATION SHEET

For Office Use Only: Lab Sample No. _____

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ E-mail _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">1</th> <th style="width: 80%;">TEST REQUESTED:</th> </tr> <tr> <td style="text-align: center;">○</td> <td>Package #1 (pH, Buffer pH, P, K)</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Gardeners Package #2 (pH, Buffer pH, P, K, O.M., NO₃)</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Package #3 (pH, Buffer pH, P, K, Zn)</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Other _____</td> </tr> </table>	1	TEST REQUESTED:	○	Package #1 (pH, Buffer pH, P, K)	○	Gardeners Package #2 (pH, Buffer pH, P, K, O.M., NO ₃)	○	Package #3 (pH, Buffer pH, P, K, Zn)	○	Other _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">2</th> <th style="width: 90%;">SOIL TYPE:</th> </tr> <tr> <td style="text-align: center;">○</td> <td>Sandy</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Loam</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Clay</td> </tr> </table>	2	SOIL TYPE:	○	Sandy	○	Loam	○	Clay	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">3</th> <th style="width: 90%;">SAMPLE NAME:</th> </tr> <tr> <td style="text-align: center;">○</td> <td>(i.e. Flowers, Shrubs, Etc.) _____</td> </tr> </table>	3	SAMPLE NAME:	○	(i.e. Flowers, Shrubs, Etc.) _____									
1	TEST REQUESTED:																																	
○	Package #1 (pH, Buffer pH, P, K)																																	
○	Gardeners Package #2 (pH, Buffer pH, P, K, O.M., NO ₃)																																	
○	Package #3 (pH, Buffer pH, P, K, Zn)																																	
○	Other _____																																	
2	SOIL TYPE:																																	
○	Sandy																																	
○	Loam																																	
○	Clay																																	
3	SAMPLE NAME:																																	
○	(i.e. Flowers, Shrubs, Etc.) _____																																	
4	SAMPLE AREA:	Was the sample made from a mix of 4 or more areas? ____ Yes ____ No																																
5	RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):																																	
Flowers <input type="checkbox"/> Annual Flowers (marigolds, zinnias, etc.) <input type="checkbox"/> Spring-flowering Bulbs (Tulip, Hyacinth, etc.) Are these flowers or other ornamentals already planted? _____ How old are they? _____ (i.e. number of years since planting.)	<input type="checkbox"/> Perennial flowers (list types below) _____ <input type="checkbox"/> Cannas <input type="checkbox"/> Lilies <input type="checkbox"/> Iris <input type="checkbox"/> Peonies <input type="checkbox"/> Day Lilies <input type="checkbox"/> Wildflowers <input type="checkbox"/> Other _____	Woody Plants <input type="checkbox"/> Roses <input type="checkbox"/> Shrubs (list types) _____ <input type="checkbox"/> Trees (list types) _____ <input type="checkbox"/> Other _____																																
6	CONDITION OF PLANT(S)																																	
Plant growth in sampled area: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (describe) _____ <input type="checkbox"/> Not planted yet																																		
7	CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">a</th> <th style="width: 40%;">How often do you fertilize?</th> </tr> <tr> <td style="text-align: center;">○</td> <td>Every Year</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Twice a Year</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Never</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Other _____</td> </tr> </table>	a	How often do you fertilize?	○	Every Year	○	Twice a Year	○	Never	○	Other _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">b</th> <th style="width: 90%;">When do you fertilize?</th> </tr> <tr> <td style="text-align: center;">○</td> <td>Prior to planting</td> </tr> <tr> <td style="text-align: center;">○</td> <td>During growing season</td> </tr> <tr> <td style="text-align: center;">○</td> <td>During dormant season</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Other _____</td> </tr> </table>	b	When do you fertilize?	○	Prior to planting	○	During growing season	○	During dormant season	○	Other _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">c</th> <th style="width: 90%;">What kinds of fertilizer do you use?</th> </tr> <tr> <td style="text-align: center;">○</td> <td>High phosphorus (5-10-5, 18-46-0, etc)</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Balanced (10-10-10, 13-13-13, etc.)</td> </tr> <tr> <td style="text-align: center;">○</td> <td>High Nitrogen (33-0-0, 20-4-8, etc.)</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Organic (manure, etc.)</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Other _____</td> </tr> </table>	c	What kinds of fertilizer do you use?	○	High phosphorus (5-10-5, 18-46-0, etc)	○	Balanced (10-10-10, 13-13-13, etc.)	○	High Nitrogen (33-0-0, 20-4-8, etc.)	○	Organic (manure, etc.)	○	Other _____
a	How often do you fertilize?																																	
○	Every Year																																	
○	Twice a Year																																	
○	Never																																	
○	Other _____																																	
b	When do you fertilize?																																	
○	Prior to planting																																	
○	During growing season																																	
○	During dormant season																																	
○	Other _____																																	
c	What kinds of fertilizer do you use?																																	
○	High phosphorus (5-10-5, 18-46-0, etc)																																	
○	Balanced (10-10-10, 13-13-13, etc.)																																	
○	High Nitrogen (33-0-0, 20-4-8, etc.)																																	
○	Organic (manure, etc.)																																	
○	Other _____																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">d</th> <th style="width: 90%;">How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)</th> </tr> <tr> <td style="text-align: center;">○</td> <td>Every year</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Every other year</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Twice a year</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Never</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Other _____</td> </tr> </table> <p>Has manure or compost recently been applied? ____ Yes ____ No</p>	d	How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)	○	Every year	○	Every other year	○	Twice a year	○	Never	○	Other _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%; text-align: center;">8</th> <th style="width: 90%;">INDICATE SPECIAL PROBLEMS:</th> </tr> <tr> <td style="text-align: center;">○</td> <td>Insects</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Disease</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Poor drainage</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Shade</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Grassy Weeds</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Broadleaf Weeds</td> </tr> <tr> <td style="text-align: center;">○</td> <td>Other (Describe) _____</td> </tr> </table>	8	INDICATE SPECIAL PROBLEMS:	○	Insects	○	Disease	○	Poor drainage	○	Shade	○	Grassy Weeds	○	Broadleaf Weeds	○	Other (Describe) _____					
d	How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)																																	
○	Every year																																	
○	Every other year																																	
○	Twice a year																																	
○	Never																																	
○	Other _____																																	
8	INDICATE SPECIAL PROBLEMS:																																	
○	Insects																																	
○	Disease																																	
○	Poor drainage																																	
○	Shade																																	
○	Grassy Weeds																																	
○	Broadleaf Weeds																																	
○	Other (Describe) _____																																	

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