**DATE:** __________

**VEGETABLES, FRUITS AND NUTS**

**SOIL INFORMATION SHEET**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City ________ ST ________ Zip ________</th>
<th>Phone ________</th>
<th>County ________</th>
<th>E-mail</th>
<th><strong>TEST REQUESTED:</strong></th>
<th><strong>SOIL TYPE:</strong></th>
<th><strong>SAMPLE NAME:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Package #1 (pH, Buffer pH, P, K)</td>
<td>Sandy</td>
<td>(i.e. Vegetable Garden, Grapes, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Gardener’s Package (pH, Buffer pH, P, K, O.M., NO₃)</td>
<td>Loam</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Package #2 (pH, Buffer pH, P, K, O.M., Zn)</td>
<td>Clay</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):**

- Leafy Greens (lettuce, spinach, etc.)
- Legumes (beans, peas, etc.)
- Root Crops (carrots, beets, etc.)
- Watermelon
- Other “Vine Crops” (squash, cucumbers, etc.)
- Cole Crops (cabbage, broccoli, etc.)
- Sweet Corn/Pop Corn
- Bulb Crops (onions, garlic, etc.)
- Other
- Okra
- Tomatoes
- Peppers
- Eggplant
- Irish Potatoes
- Sweet Potatoes
- Asparagus
- Rhubarb
- Apples & Pears
- Stone Fruits (peaches, cherries, etc.)
- Grapes
- Raspberries & Blackberries
- Currants & Gooseberries
- Strawberries
- Pecans & Walnuts
- Other

Are these fruit or nut plants already planted?

____ Yes  ____ No

Number of years since planting?

6 **SIZE OF AREA**

<table>
<thead>
<tr>
<th>Less than 100 square feet</th>
<th>100 to 1,000 square feet</th>
<th>1,000 to 10,000 square feet</th>
<th>Over 10,000 square feet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7 **CONDITION OF PLANT(S):**

Plant growth in sampled area:

- Normal
- Abnormal (describe)
- Not planted yet

If only a few plants show abnormal growth, list which type(s):

8 **CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):**

a) How often do you fertilize?

- Every Year
- Twice a Year
- Every other 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)
- “Starter Fertilizer” for transplants
- Other

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

9 **INDICATE SPECIAL PROBLEMS:**

- Insects
- Disease
- Poor drainage
- Shade
- Grassy Weeds
- Broadleaf Weeds
- Other (Describe)

Note: If you check insects or disease, please describe the specific problems.

Has manure or compost recently been applied?

____ Yes  ____ No

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.