



LAWNS AND OTHER TURF SOIL INFORMATION SHEET

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DATE: _____

For Office Use Only:
Lab Sample No. _____

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ County _____ E-mail _____	1 TEST REQUESTED <input type="checkbox"/> Package #1 (pH, Buffer pH, P, K) <input type="checkbox"/> Package #2 (pH, Buffer pH, P, K, O.M., NO ₃) <input type="checkbox"/> Package #3 (pH, Buffer pH, P, K, Zn) <input type="checkbox"/> Other _____	2 SOIL TYPE:	<input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Clay	3 SAMPLE NAME: (i.e. Lawn - Front, Back etc.) _____	4 SAMPLE AREA: Was the sample made from a mix of 4 or more areas? ___ Yes ___ No
5 RECOMMENDATIONS REQUESTED FOR (CHECK ONLY ONE): New Turf <input type="checkbox"/> Before seeding or sodding Existing Turf <input type="checkbox"/> Home Lawn <input type="checkbox"/> Institutional Grounds <input type="checkbox"/> Athletic field <input type="checkbox"/> Park <input type="checkbox"/> Cemetery <input type="checkbox"/> Other _____ Existing Golf Course <input type="checkbox"/> Tee <input type="checkbox"/> Fairway <input type="checkbox"/> Green <input type="checkbox"/> Rough		6 SIZE OF AREA <input type="checkbox"/> Less than 1000 sq. ft. <input type="checkbox"/> 1000 to 5,000 sq. ft. <input type="checkbox"/> 5,001 to 10,000 sq. ft. <input type="checkbox"/> Over 10,001 sq. ft. Indicate size: _____		7 TURF SPECIES <input type="checkbox"/> K-31 Tall Fescue <input type="checkbox"/> Turf-type Tall Fescue <input type="checkbox"/> Bluegrass <input type="checkbox"/> Ryegrass <input type="checkbox"/> Bermudagrass <input type="checkbox"/> Zoysia <input type="checkbox"/> Buffalograss <input type="checkbox"/> Other _____	
Do you plan to overseed? ____		8 CONDITION OF TURF Plant growth in turf area: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (describe) _____ <input type="checkbox"/> Not planted yet		9 QUALITY EXPECTED Type of maintenance and quality desired for turf area: <input type="checkbox"/> Low (adequate) <input type="checkbox"/> Medium <input type="checkbox"/> High	
10 KIND OF FERTILIZER USED <input type="checkbox"/> Straight nitrogen (34-0-0, 45-0-0, etc.) <input type="checkbox"/> High nitrogen (20-4-8, 37-9-5, etc.) <input type="checkbox"/> Balanced (10-10-10, 13-13-13, etc.) <input type="checkbox"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="checkbox"/> Organic (Milorganite, manure, etc.) Other _____ Has manure or compost recently been applied? ____ Yes ____ No		11 NO. OF FERTILIZER APPLICATIONS How often do you usually fertilize each year? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Never <input type="checkbox"/> Every other year <input type="checkbox"/> Other _____			
12 TIMES OF FERTILAZATION <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> Other _____		13 IRRIGATION Is turf watered? <input type="checkbox"/> Regularly (as needed) <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never		14 HEIGHT OF CUT (INCHES) <input type="checkbox"/> 1 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 1/2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 1/2 <input type="checkbox"/> Other _____	
15 CLIPPINGS Are clippings removed? <input type="checkbox"/> Usually <input type="checkbox"/> Occasionally <input type="checkbox"/> Seldom <input type="checkbox"/> Never		16 INDICATE SPECIAL PROBLEMS: <input type="checkbox"/> Insects <input type="checkbox"/> Disease <input type="checkbox"/> Poor Drainage <input type="checkbox"/> Shade <input type="checkbox"/> Broadleaf Weeds <input type="checkbox"/> Moss or Algae <input type="checkbox"/> Thatch <input type="checkbox"/> Crabgrass <input type="checkbox"/> Compacted Soil <input type="checkbox"/> Other (Describe) _____ Note: If you check insects or disease, please describe the specific problems above.			