KANSAS STATE
U N I V E R S I T Y

VEGETABLES, FRUITS AND NUTS
SOIL INFORMATION SHEET

DATE: _____

Your soil test results will be emailed to you.
If you prefer a hard copy mailed to you, check here _____

For Office Use Only: Lab Sample No. _____

Name _____

Address_____

City _____ ST ____ Zip _____

Phone _____County_____

E-mail _____

1 | TEST REQUESTED:

- Package #1 (pH, Buffer pH, P, K)
- Gardener's Package (pH, Buffer pH, P, K, O.M., NO_3)
- Package #2 (pH, Buffer pH, P, K, O.M., Zn)
- Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC)
- Other _____

2 | SOIL TYPE:

- Sandy
- Loam
- Clay

3 | SAMPLE NAME:

(i.e. Vegetable Garden, Grapes, etc.)

_____

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4 | SAMPLE AREA: Was the sample made from a mix of 4 or more areas? _____ Yes _____ No

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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, cukes, 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?
_____

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6 | SIZE OF AREA

- Less than 100 square feet
- 100 to 1,000 square feet
- 1,000 to 10,000 square feet
- Over 10,000 square feet
  Indicate size: _____

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):
_____
_____

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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 _____

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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 _____

Has manure or compost recently been applied?
_____ Yes _____ No

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.

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.