

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

For Office Use Only:

Lab Sample No. \_\_\_\_\_

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

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