

DATE: _____

VEGETABLES, FRUITS AND NUTS
SOIL INFORMATION SHEET

For Office Use Only: Lab
Sample No. _____

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ County _____ E-mail _____	1 TEST REQUESTED:	2 SOIL TYPE:	3 SAMPLE NAME:
	<input type="radio"/> Package #1 (pH, Buffer pH, P, K) <input type="radio"/> Gardener's Package (pH, Buffer pH, P, K, O.M., NO ₃) <input type="radio"/> Package #2 (pH, Buffer pH, P, K, Zn) <input type="radio"/> Other _____	<input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	(i.e. Vegetable Garden, Grapes, 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):

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

Are these fruit or nut plants already planted?
_____ Yes _____ No

Number of years since planting? _____

6 SIZE OF AREA	7 CONDITION OF PLANT(S)
<input type="radio"/> Less than 100 square feet <input type="radio"/> 100 to 1,000 square feet <input type="radio"/> 1,000 to 10,000 square feet <input type="radio"/> Over 10,000 square feet Indicate size: _____	Plant growth in sampled area: If only a few plants show abnormal growth, list which type(s): <input type="radio"/> Normal <input type="radio"/> Abnormal (describe) _____ <input type="radio"/> Not planted yet

8 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):

a How often do you fertilize? <input type="radio"/> Every Year <input type="radio"/> Twice a Year <input type="radio"/> Every other Year <input type="radio"/> Never <input type="radio"/> Other _____	b When do you fertilize? <input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____	c What kinds of fertilizer do you use? <input type="radio"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="radio"/> Balanced (10-10-10, 13-13-13, etc.) <input type="radio"/> High Nitrogen (33-0-0, 20-4-8, etc.) <input type="radio"/> Organic (manure) <input type="radio"/> "Starter Fertilizer" for transplants <input type="radio"/> Other _____
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d How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?) <input type="radio"/> Every year <input type="radio"/> Every other year <input type="radio"/> Twice a year <input type="radio"/> Never <input type="radio"/> Other _____	9 INDICATE SPECIAL PROBLEMS:
Has manure or compost recently been applied? _____ Yes _____ No	<input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor drainage <input type="radio"/> Shade <input type="radio"/> Grassy Weeds <input type="radio"/> Broadleaf Weeds <input type="radio"/> Other (Describe) _____ Note: If you check insects or disease, please describe the specific problems. _____ _____