

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

## FLOWERS & OTHER ORNAMENTALS SOIL INFORMATION SHEET

For Office Use Only: Lab Sample No. _____
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Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ E-mail _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>1</b></td> <td style="width: 75%;"><b>TEST REQUESTED:</b></td> </tr> <tr> <td></td> <td> <input type="radio"/> Package #1 (pH, Buffer pH, P, K)  <input type="radio"/> Package #2 (pH, Buffer pH, P, K, O.M., NO<sub>3</sub>)  <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Zn)  <input type="radio"/> Other _____         </td> </tr> </table>	<b>1</b>	<b>TEST REQUESTED:</b>		<input type="radio"/> Package #1 (pH, Buffer pH, P, K) <input type="radio"/> Package #2 (pH, Buffer pH, P, K, O.M., NO <sub>3</sub> ) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Zn) <input type="radio"/> Other _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>2</b></td> <td style="width: 75%;"><b>SOIL TYPE:</b></td> </tr> <tr> <td></td> <td> <input type="radio"/> Sandy  <input type="radio"/> Loam  <input type="radio"/> Clay         </td> </tr> </table>	<b>2</b>	<b>SOIL TYPE:</b>		<input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>3</b></td> <td style="width: 95%;"><b>SAMPLE NAME:</b></td> </tr> <tr> <td></td> <td>(i.e. Flowers, Shrubs, Etc.) _____</td> </tr> </table>	<b>3</b>	<b>SAMPLE NAME:</b>		(i.e. Flowers, Shrubs, Etc.) _____
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<b>4</b>	<b>SAMPLE AREA:</b>	Was the sample made from a mix of 4 or more areas?    ____ Yes    ____ No													
<b>5</b>	<b>RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):</b>														
<b>Flowers</b> <input type="radio"/> Annual Flowers (marigolds, zinnias, etc.) <input type="radio"/> Spring-flowering Bulbs (Tulip, Hyacinth, etc.)  Are these flowers or other ornamentals already planted? _____  How old are they? _____ (i.e. number of years since planting.)		<input type="radio"/> Perennial flowers (list types below) _____ _____ <input type="radio"/> Cannas <input type="radio"/> Lilies <input type="radio"/> Iris <input type="radio"/> Peonies <input type="radio"/> Day Lilies <input type="radio"/> Wildflowers <input type="radio"/> Other _____	<b>Woody Plants</b> <input type="radio"/> Roses <input type="radio"/> Shrubs (list types) _____ _____ <input type="radio"/> Trees (list types) _____ _____ <input type="radio"/> Other _____												
<b>6</b>	<b>CONDITION OF PLANT(S)</b>														
Plant growth in sampled area: <input type="radio"/> Normal <input type="radio"/> Abnormal (describe) _____ <input type="radio"/> Not planted yet															
<b>7</b>	<b>CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):</b>														
<b>a</b>	How often do you fertilize?	<b>b</b>	When do you fertilize?	<b>c</b> What kinds of fertilizer do you use?											
	<input type="radio"/> Every Year <input type="radio"/> Twice a Year <input type="radio"/> Never <input type="radio"/> Other _____		<input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____	<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, etc.) <input type="radio"/> Other _____											
<b>d</b>	How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)	<b>8</b>	<b>INDICATE SPECIAL PROBLEMS:</b>												
	<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 _____  <b>Has manure or compost recently been applied?</b> ____ 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) _____												

Please fill in this sheet completely. The more information you provide on this form, the more complete and helpful your soil nendation will be to you.

Submitted By: Butler Co. Extension - Larry Crouse - 206 N Griffith - El Dorado, KS 67042