

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

K-State Research and Extension **Soil Testing Laboratory** 2308 Throckmorton Plant Sciences Center Manhattan, KS 66506-5503 Tel: 785-532-7897 Fax:785-532-7412 www.agronomy.ksu.edu/soiltesting/

For Office Use Only:

OATE:SOIL IN			FORMATION SHEET			Lab Sample No.	
Nan	ne		Γ REQUESTED:		2 SOIL TYPE:	3 SAMPLE NAME:	
O Tack			age #1 (pH, Buffer p		o Sandy	(i.e. Flowers, Shrubs,	
Addross			ener's Package (pH,	Buffer	o Loam	Etc.)	
p11, 1		P, K, OM, NO <sub>3</sub> )		o Clay			
O.M		age #2 (pH, Buffer p , Zn)					
		age #3 (pH, Buffer p Mg, Na, CEC)	H, P, K,				
E-mail o Other		·					
4	SAMPLE AREA: Was the	sample made from	a mix of 4 or more a	reas?	Yes	No	
5 RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):							
	Flowers  O Perennial flowers (list Woody Plants						
0							
0	Spring-flowering Bulbs (Tulip, Hya						
Are these flowers or other ornamentals already o Cannas ——————————————————————————————————							
•			Caladiums				
			ahlias	o Trees (list types)			
How old are they? o			Lilies	· · · · · · · · · · · · · · · · · · ·			
	(i.e. number of years since planting	Iris					
			Peonies	o Other			
		oD	ay Lilies o				
			Wildflowers				
		0	Other				
6 CONDITION OF PLANT(S)							
Plant growth in sampled area: If only a few plants show abnormal growth, list which type(s):							
	o Normal						
o Abnormal(describe)							
o Not planted yet							
7 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY): a How often do you fertilize? b When do you fertilize? c What kinds of fertilizer do you use?							
			fertilize?				
	Every Year	oPrior to planting		o High phosphorus (5-10-5, 18-46-0, etc)			
	Twice a Year	ODuring growing s		o Balanced (10-10-10, 13-13-13, etc.)			
	Every other Year	During dorma			High Nitrogen (33-0-0, 20-4-8, etc.)		
0	Never	Other			ganic (manure, etc.)		
0	Other				ter Fertilizer" for tr	ansplants	
				o Othe	r		
d	How often do you add organic matte	er (i.e. compost,	8 INDICATE S	PECIAL I	PROBLEMS:		
	manure, grass clippings leaves, peat						
0	Every year	,	o Insects				
	Every other year	o Disease	o Disease				
o Twice a year			o Poor drainage				
o Never			o Shade				
o Other			o Grassy Weeds				
Has manure or compost recently been applied?			o Broadleaf Weeds				
Yes No			Other (Describe)				
<del></del>			`				

FLOWERS & OTHER ORNAMENTALS