

DATE: _____

LAWNS AND OTHER TURF SOIL INFORMATION SHEET 2308 Throckmorton Plant Sciences Center Manhattan, KS 66506-5503 Tel: 785-532-7897 Fax:785-532-7412

Lab Sample No.

K-State Research and Extension **Soil Testing Laboratory**

www.agronomy.ksu.edu/soiltesting/

Name		TEST R	REQUESTED	2 SOIL TYPE:	3	SAMPLE NAME:	4	SAMPLE AREA:		
· · · · · · · · · · · · · · · · · · ·		Package #1	(pH, Buffer pH, P, K)	o Sandy	(i e	. Lawn -	Wa	is the		
		_	Gardener's Package (pH, Buffer			ont, Back		nple made		
11441055	I	он, Р, К, О		LoamClay	etc			m a mix of		
			ackage #2 (pH, Buffer pH, OM, P,		eic	.)	4 or more			
		_	(pri, Bullet pri, Olvi, F,		-			areas?		
~		K, Zn)				a		as:		
		_	3 (pH, Buffer pH, P, K,							
F '1		Ca, Mg, Na				-1		Yes No		
E-mail o Oth		Other								
5 RECOMMENDATIONS REQUE	STED	6	SIZE OF AREA		7	TURF SPE	CIF	<u> </u>		
FOR (CHECK ONLY ONE):			GIZE OF AREA		,	/ TORE STECIES				
New Turf Existing Golf		0	Less than 1000 sq. ft.			o K-31 Tall Fescue				
	_				1					
o Before seeding or sodding Course			o 1000 to 5,000 sq. ft.			o Turf-type Tall Fescue				
o Tee			o 5,001 to 10,000 sq. ft.			o Bluegrass				
Existing Turf o Fairway			o Over 10,001 sq. ft.			o Ryegrass				
				Indicate size:			 Bermudagrass 			
 Institutional Grounds Re 	Grounds o Rough						o Zoysia			
o Athletic field						o Buffalograss				
o Park						o Other				
o Cemetery						o other				
Other		8	8 CONDITION OF TURF			9 QUALITY EXPECTED				
		Plat	nt growth in turf area	•	Tu	na of maintan	2000	and quality		
Do you plan to overseed?			37			Type of maintenance and quality desired for turf area:				
			1 / 1 / 1							
			Abnormal (describe)			o Low (adequate)				
						o Medium				
			o Not planted yet			o High				
10 KIND OF FERTILIZER USED			11 NO. OF FERTILIZER APPLICATIONS							
o Straight nitrogen (34-0-0, 45-0-0, etc.)			How often do you usually fertilize each year?							
o High nitrogen (20-4-8, 37-9-5, etc.)										
o Balanced (10-10-10, 13-13-13, etc.)			0	ver						
 High phosphorus (5-10-5, 18-46-0, etc.) 			o 1 o Every other year							
			o 2 o Other							
Other			0 4							
Has manure or compost recently been applied?			0 5							
Yes No										
10										
12 TIMES OF FERTILAZATION 1		13 I	3 IRRIGATION 1 HEIG		GHT (HT OF CUT (INCHES)				
			4							
o March o August		1	watered?	0 1		0 3	_			
AprilSeptember			egularly (as needed)	0 1 1/2	2	0 3 1/2	2			
o May o October	ber o		Occasionally o 2			 Other 				
o June o November			Seldom 0 2 ½							
o July o Other o		o Ne	3.7							
	T	~		-~						
15 CLIPPINGS 16			PECIAL PROBLEM							
Are clippings removed? o Insects o Thatch										
o Disease			Ç							
		r Drainag	rainage o Compacted Soil							
OccasionallyShade		de	Other (Describe)							
			af Weeds							
 Never Moss or Algae Note: If you check insects or disease, please 							ase			
describe the specific problems above.										
describe the specific process accide.										