

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: <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, O.M., Zn) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC) <input type="radio"/> Other _____	2 SOIL TYPE: <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	3 SAMPLE NAME: (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): <table style="width:100%;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="radio"/> Leafy Greens (lettuce, spinach, etc.) <input type="radio"/> Legumes (beans, peas, etc.) <input type="radio"/> Root Crops (carrots, beets, etc.) <input type="radio"/> Watermelon <input type="radio"/> Other "Vine Crops" (squash, cukes, etc.) <input type="radio"/> Cole Crops (cabbage, broccoli, etc.) <input type="radio"/> Sweet Corn/Pop Corn <input type="radio"/> Bulb Crops (onions, garlic, etc.) <input type="radio"/> Other _____ _____ _____ _____ </td> <td style="width:33%; vertical-align: top;"> <input type="radio"/> Okra <input type="radio"/> Tomatoes <input type="radio"/> Peppers <input type="radio"/> Eggplant <input type="radio"/> Irish Potatoes <input type="radio"/> Sweet Potatoes <input type="radio"/> Asparagus <input type="radio"/> Rhubarb </td> <td style="width:33%; vertical-align: top;"> <input type="radio"/> Apples & Pears <input type="radio"/> Stone Fruits (peaches, cherries, etc.) <input type="radio"/> Grapes <input type="radio"/> Raspberries & Blackberries <input type="radio"/> Currants & Gooseberries <input type="radio"/> Strawberries <input type="radio"/> Pecans & Walnuts <input type="radio"/> Other _____ </td> </tr> </table> <p style="text-align: right;">Are these fruit or nut plants already planted? _____ Yes _____ No</p> <p style="text-align: right;">Number of years since planting? _____</p>				<input type="radio"/> Leafy Greens (lettuce, spinach, etc.) <input type="radio"/> Legumes (beans, peas, etc.) <input type="radio"/> Root Crops (carrots, beets, etc.) <input type="radio"/> Watermelon <input type="radio"/> Other "Vine Crops" (squash, cukes, etc.) <input type="radio"/> Cole Crops (cabbage, broccoli, etc.) <input type="radio"/> Sweet Corn/Pop Corn <input type="radio"/> Bulb Crops (onions, garlic, etc.) <input type="radio"/> Other _____ _____ _____ _____	<input type="radio"/> Okra <input type="radio"/> Tomatoes <input type="radio"/> Peppers <input type="radio"/> Eggplant <input type="radio"/> Irish Potatoes <input type="radio"/> Sweet Potatoes <input type="radio"/> Asparagus <input type="radio"/> Rhubarb	<input type="radio"/> Apples & Pears <input type="radio"/> Stone Fruits (peaches, cherries, etc.) <input type="radio"/> Grapes <input type="radio"/> Raspberries & Blackberries <input type="radio"/> Currants & Gooseberries <input type="radio"/> Strawberries <input type="radio"/> Pecans & Walnuts <input type="radio"/> Other _____
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6 SIZE OF AREA <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: _____		7 CONDITION OF PLANT(S) 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 _____				
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 _____ Has manure or compost recently been applied? _____ Yes _____ No		9 INDICATE SPECIAL PROBLEMS: <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor drainage <input type="radio"/> Shade Note: If you check insects or disease, please describe the specific problems. _____ _____ </td> <td style="width:50%; vertical-align: top;"> <input type="radio"/> Grassy Weeds <input type="radio"/> Broadleaf Weeds <input type="radio"/> Other (Describe) _____ _____ </td> </tr> </table>		<input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor drainage <input type="radio"/> Shade Note: If you check insects or disease, please describe the specific problems. _____ _____	<input type="radio"/> Grassy Weeds <input type="radio"/> Broadleaf Weeds <input type="radio"/> Other (Describe) _____ _____	
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Submitted by: Butler County Extension - Calla Edwards - callae@ksu.edu Please provide soil recommendations

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