

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

## FLOWERS & OTHER ORNAMENTALS SOIL INFORMATION SHEET

For Office Use Only:  
Lab Sample No. \_\_\_\_\_

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ E-mail _____	<b>1 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 _____	<b>2 SOIL TYPE:</b> <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	<b>3 SAMPLE NAME:</b> (i.e. Flowers, Shrubs, Etc.) _____			
<b>4 SAMPLE AREA:</b> Was the sample made from a mix of 4 or more areas? ____ Yes ____ No						
<b>5 RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):</b>						
<table style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <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.)         </td> <td style="width: 33%; vertical-align: top;"> <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 _____         </td> <td style="width: 33%; vertical-align: top;"> <b>Woody Plants</b>  <input type="radio"/> Roses  <input type="radio"/> Shrubs (list types) _____  <input type="radio"/> Trees (list types) _____  <input type="radio"/> Other _____         </td> </tr> </table>				<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 _____
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<b>6 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 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):</b>						
<b>a</b> How often do you fertilize? <input type="radio"/> Every Year <input type="radio"/> Twice a Year <input type="radio"/> Never <input type="radio"/> Other _____	<b>b</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 _____	<b>c</b> 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, 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?) <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		<b>8 INDICATE SPECIAL PROBLEMS:</b> <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 recommendation will be to you.