

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/

VEGETABLES, FRUITS AND NUTS
 SOIL INFORMATION SHEET

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

Name		1 TEST REQUESTED:	2 SOIL TYPE: 3 SAMPLE NAME:			
Address	Name					
Buffer pH, P, K, O.M., NO.)   Package #3 (pH, Buffer pH, P, K, Zn.)   Other		pH. P. K)	o Loam Grapes, etc.)			
ST Zip	Address		, o Clay			
Phone	C'. CT. Z'.					
Phone	City S1 Zip					
SAMPLE AREA:   Was the sample made from a mix of 4 or more areas?	Phone County					
SAMPLE AREA:   Was the sample made from a mix of 4 or more areas?   Yes   No	Thonecounty					
Second   Composition   Compo	E-mail					
Second   Composition   Compo						
O Leafy Greens (lettuce, spinach, etc.) O Legumes (beans, peas, etc.) O Root Crops (carrots, beets, etc.) O Root Crops (carrots, beets, etc.) O Watermelon O Colle Crops (squash, cukes, etc.) O Colle Crops (squash, cukes, etc.) O Colle Crops (carbots, beets, etc.) O Colle Crops (squash, cukes, etc.) O Colle Crops (carbots, beets, etc.) O Colle Crops (carbots, beets, etc.) O Colle Crops (squash, cukes, etc.) O Colle Crops (carbots, beets, etc.) O Colle Crops (carbots, etc.) O Colle Crops (cabase, etc.) O Colle Crop	4 SAMPLE AREA: Was the sample	made from a mix of 4 or more ar	eas? Yes No			
Capumes (beans, peas, etc.)   O Tomatoes   O Stone Fruits (peaches, cher.)   O Rost Crops (carrots, beets, etc.)   O Peppers   O Grapes   O Cole Crops' (squash, cukes, etc.)   O Eggplant   O Raspberries & Blackberries   O Other "Vine Crops' (squash, cukes, etc.)   O Irish Potatoes   O Currants & Gooseberries	5 RECOMMENDATIONS REQUESTED	FOR (CHECK ALL THAT A	PPLY):			
Notermelon Other "Vine Crops" (squash, cukes, etc.)   O Peppers   O Eggplant   Other "Vine Crops" (squash, cukes, etc.)   O Irish Potatoes   Other "Other "Other "Other   Other   Oth	o Leafy Greens (lettuce, spinach, etc.)	o Okra	o Apples & Pears			
Other "Vine Crops" (squash, cukes, etc.) Other "Vine Are these fruit or nut plants already planted? Other "Yes No Number of years since planting?  If only a few plants show abnormal growth, list which type(s):  Vipe(s):  Over 1,0,000 square feet			•			
Other "Vine Crops" (squash, cukes, etc.) Other "Sweet Polatoes Sweet Corn/Pop Corn Syavet Polatoes Sweet Corn/Pop Corn Syavet Rotation Syariagus Syavet Rotation Syavet Rota						
Cole Crops (cabbage, broccoli, etc.) Sweet Corn/Pop Corn Bulb Crops (onions, garlic, etc.) Other  Cole Crops (cabbage, broccoli, etc.) Other  Crops Crops Crops (cabbage, broccoli, etc.) Other  Crops Crops Crops (cabbage, broccoli, etc.) Other  Crops Cro						
Sweet Corn/Po Corn Bulb Crops (onions, garlic, etc.) Other    Content						
Other Other Other Other Are these fruit or nut plants already planted? Yes No Number of years since planting?  CONDITION OF PLANT(S)  Less than 100 square feet 100 to 1,000 square feet Over 10,000 square feet Over 10,						
Other						
Are these fruit or nut plants already planted?YesNoNumber of years since planting?YesNo		o Other				
Planted?	o Otner		And those finition put plants already			
Yes No   Number of years since planting?	-		- · · · · · · · · · · · · · · · · · · ·			
Number of years since planting?   Number of years since planting?						
6 SIZE OF AREA 7 CONDITION OF PLANT(S)  • Less than 100 square feet 100 to 1,000 square feet 1,000 to 10,000 square feet 1,000 to 10,000 square feet 1 Indicate size:			105100			
6 SIZE OF AREA 7 CONDITION OF PLANT(S)  • Less than 100 square feet 100 to 1,000 square feet 1,000 to 10,000 square feet 1,000 to 10,000 square feet 1 Indicate size:			Number of years since planting?			
Current provided to the first provided	Trumber of years since planting?					
Current provided to the first provided						
O 100 to 1,000 square feet 1,000 to 10,000 square feet Over 10,000 square feet Indicate size:  B CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):  a How often do you fertilize?  B When do you fertilize?  Prior to planting During growing season During growing season Every other Year Other Other  Other  DIRING TERTILIZER PROGRAM (CHECK ALL THAT APPLY):  a How often do you dad organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)  DIRING TERTILIZER PROGRAM (CHECK ALL THAT APPLY):  a How often do you fertilize?  b When do you fertilize?  C What kinds of fertilizer do you use?  High phosphorus (5-10-5, 18-46-0, etc) Balanced (10-10-10, 13-13-13, etc.)  High Nitrogen (33-0-0, 20-4-8, etc.)  Organic O'starter Fertilizer" for transplants Other  Other  Disease Severy year  Disease Broadleaf Weeds  Twice a year Other Note: If you check insects Or disease, please describe						
Other		- · · · · · · · · · · · · · · · · · · ·	few plants show abnormal growth, list which			
Over 10,000 square feet Indicate size:		<b>31</b> \ /				
S 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?     5   Every Year		ormal (describe)				
S   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?     5   Every Year		-1				
How often do you fertilize?   b   When do you fertilize?   c   What kinds of fertilizer do you use?   Every Year	indicate size: o Not p	5 Not pranted yet				
How often do you fertilize?   b   When do you fertilize?   c   What kinds of fertilizer do you use?   Every Year	8 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):					
O Every Year O Twice a Year O During growing season O Never O Other O Ther O Twice a Year O During dormant season O Other O Ther O During dormant season O Other O Ther	a How often do you fertilize? b Wi	Then do you fertilize?	c What kinds of fertilizer do you use?			
O Twice a Year O During growing season O High Nitrogen (33-0-0, 20-4-8, etc.) O Never O Other  How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)  D INDICATE SPECIAL PROBLEMS:  O Insects O Disease O Balanced (10-10-10, 13-13-13, etc.) O Organic O Organic O Other O Ther  O Insects O Grassy Weeds O Broadleaf Weeds O Broadleaf Weeds O Other O Other O Other O Twice a year O Other O Never O Other O Rever O Other O Insects O Broadleaf Weeds O Other (Describe) O Other (Describe) O Other						
O Every other Year O Other O High Nitrogen (33-0-0, 20-4-8, etc.) O Organic O Other O Other O Other  How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)  INDICATE SPECIAL PROBLEMS:  O Grassy Weeds O Every year O Disease O Every other year O Disease O Foor drainage O Other O Other O Other O Never O Other O Insects O Foor drainage O Other (Describe) O Other (Describe) O Other						
Other						
Other  d How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)  Every year  Every other year  Twice a year  Never  Never  Other  Never  Other  Note: If you check insects  or disease, please describe  Other  Note: If you check insects  or disease, please describe			o Organic			
d How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)  o Every year o Every other year o Every other year o Twice a year o Never o Never o Other Note: If you check insects or disease, please describe						
manure, grass clippings leaves, peat moss etc?)  o Every year o Every other year o Disease o Twice a year o Never o Other Other Has manure or compost recently been applied?  o Every other moss etc?)  o Insects o Disease o Broadleaf Weeds o Other (Describe)  o Shade Note: If you check insects or disease, please describe			=			
manure, grass clippings leaves, peat moss etc?)  o Every year o Every other year o Disease o Twice a year o Never o Other Other Has manure or compost recently been applied?  o Every other moss etc?)  o Insects o Disease o Broadleaf Weeds o Other (Describe) o Other (Describe) or disease, please describe						
<ul> <li>Every year</li> <li>Every other year</li> <li>Twice a year</li> <li>Never</li> <li>Other</li></ul>			PECIAL PROBLEMS:			
<ul> <li>Every other year</li> <li>Twice a year</li> <li>Never</li> <li>Other</li></ul>			Gracey Woods			
<ul> <li>Twice a year</li> <li>Never</li> <li>Other</li></ul>	• •					
<ul> <li>Never</li> <li>Other</li> <li>Has manure or compost recently been applied?</li> <li>O Shade</li> <li>Note: If you check insects or disease, please describe</li> </ul>						
Other Note: If you check insects or disease, please describe			Outer (Describe)			
Has manure or compost recently been applied? or disease, please describe			insects			