

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"/> Package #2 (pH, Buffer pH, P, K, O.M., NO ₃) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Zn) <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%; border: none;"> <tr> <td style="width: 33%; border: none;"> <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%; border: none;"> <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%; border: none;"> <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%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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%; border: none;"> <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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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.