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Flowers, Trees, Shrubs, & Other Ornamentals Soil Information Sheet

Date: _____
Label #: _____

For Official Lab Use Only
Lab Sample Number:
_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____

E-mail: _____

TEST REQUESTED:

- o Gardener's Package (pH, Buffer pH, P, K, O.M., NO_3)
- o Other _____

1 SAMPLE NAME:
(i.e. Flowers, Shrubs, Etc.)
_____

2 SAMPLE AREA: Was the sample made from a mix of 8 or more areas? _____Yes _____No

3 RECOMMENDATIONS REQUESTED FOR (Please Select Only One Category Below):

o Trees and/or Shrubs:
- o Roses
- o List Tree/Shrub Types Below:

_____
_____
_____
_____
_____
_____

o Flowers:
- o Annual Flowers (Marigold, Zinnia, etc.)

_____
_____
_____

- o Perennial Flowers

_____
_____
_____

o Ornamental Grasses:
- o List Types Below:

_____
_____

o Other:
_____
_____

4 CONDITION OF PLANT(S)

Plant growth in sampled area:
- o Not planted yet
- o Normal
- o Abnormal_____(describe)

If only a few plants show abnormal growth, list which type(s):
_____
_____

5 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):

a How often do you fertilize?
- o Every Year
- o Twice a Year
- o Every other Year
- o Never
- o Other _____

b When do you fertilize?
- o Prior to planting
- o During growing season
- o During dormant season
- o Other _____

c What kinds of fertilizer do you use?
- o High phosphorus (5-10-5, 18-46-0, etc)
- o Balanced (10-10-10, 13-13-13, etc.)
- o High Nitrogen (33-0-0, 20-4-8, etc.)
- o Organic (manure, etc.)
- o "Starter Fertilizer" for transplants
- o Other _____

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 Twice a year
- o Never
- o Other _____

Has manure or compost recently been applied?
_____ **Yes** _____**No**

6 INDICATE ANY SPECIFIC PROBLEMS:
- o Insects
- o Disease
- o Poor drainage
- o Shade
- o Grassy Weeds
- o Broadleaf Weeds
- o 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.

Billed: _____ Paid: _____