Sedgwick County
Abbey Draut: (316)-660-0142
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Horticulture Extension Agents
www.sedgwick.ksu.edu

K-STATE Research and Extension

Lawns & Other Turfgrass Soil Information Sheet

K-State Research and Extension
Soil Testing Laboratory
2308 Throckmorton Hall
Manhattan, Ks 66506-5503
Tel: 785-532-7897
Fax: 785-532-7414
www.agronomy.ksu.edu/soiltesting

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, NO_3, P, K, O.M.)
- o Other _____

1 SAMPLE

(i.e. Lawn Front, Back, Etc.)

_____

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

3 RECOMMENDATIONS REQUESTED (Please Select Only ONE Category Below):

New Turf
- o Before Seeding or sodding

Existing Turf
- o Home Lawn
- o Commercial Property
- o Athletic Field
- o Park
- o Cemetery
- o Other _____

Existing Golf Course
- o Tee
- o Fairway
- o Green
- o Rough

Do You Plan To Overseed?: o Yes o No

4 SIZE OF AREA

- o Less than 1,000 sq. ft.
- o 1,000 to 5,000 sq. ft.
- o 5,001 to 10,000 sq. ft.
- o Over 10,001 sq. ft.

Indicate Size: _____

5 TURF SPECIES

- o Tall Fescue
- o Bermudagrass
- o Zoysiagrass
- o Buffalograss
- o Bluegrass
- o Ryegrass
- o Other _____

6 CONDITION OF TURF

- o Not Yet Planted
- o Normal
- o Abnormal (*Describe*)

_____

_____

7 QUALITY EXPECTED

Type of Maintenance & Quality Desired For Turf Area:
- o Low (Adequate)
- o Medium
- o High

8 KIND OF FERTILIZER USED

- o Straight Nitrogen (34-0-0, 46-0-0, etc.)
- o High nitrogen (20-4-8, 37-9-5, etc.)
- o Balanced (10-10-10, 13-13-13, etc.)
- o High phosphorus (5-10-5, 18-46-0, etc.)
- o Organic (Milorganite, manure, etc.)
- o Other: _____

Has manure or compost recently been applied?
o Yes o No

9 # OF FERTILIZER APPLICATIONS

How often do you usually fertilize each year?
- o 0
- o 1
- o 2
- o 3
- o 4
- o 5
- o 6
- o Never
- o Every Other Year
- o Other:_____

_____

10 TIMES OF FERTILIZATION

- o March
- o April
- o May
- o June
- o July
- o August
- o September
- o October
- o November
- o Other:_____

_____

11 IRRIGATION

Is the turf watered?
- o Regularly (as needed)
- o Occasionally
- o Seldom
- o Never
- o Other:_____

12 HEIGHT OF CUT (INCHES)

- o 1
- o 1½
- o 2
- o 2½
- o 3
- o 3½
- o 4
- o Other:_____

13 TURFGRASS CLIPPINGS

Are the clippings removed?
- o Usually
- o Occasionally
- o Seldom
- o Never

14 INDICATE SPECIAL PROBLEMS

- o Insects
- o Disease
- o Poor Drainage
- o Shade
- o Broadleaf Weeds
- o Moss or Algae
- o Thatch
- o Crabgrass
- o Compacted Soils
- o Other (*Describe Below*):

_____

_____

_____

NOTE: If you checked insects or disease, please describe the specific problem above.

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: _____