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K-STATE
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**Lawns & Other Turfgrass
 Soil Information Sheet**

Date: _____
 Label #: _____

For Official Lab Use Only
 Lab Sample Number:

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ County: _____ E-mail: _____		TEST REQUESTED: <input type="radio"/> Package #2 (pH, Buffer pH, NO ₃ , P, K, O.M.) <input type="radio"/> Other _____	1 SAMPLE (i.e. Lawn Front, Back, Etc.) _____
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2 SAMPLE AREA:	Was the sample made from a mix of 8 or more areas? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3 RECOMMENDATIONS REQUESTED (Please Select Only ONE Category Below):	4 SIZE OF AREA	5 TURF SPECIES
New Turf <input type="radio"/> Before Seeding or sodding Existing Turf <input type="radio"/> Home Lawn <input type="radio"/> Commercial Property <input type="radio"/> Athletic Field <input type="radio"/> Park <input type="radio"/> Cemetery <input type="radio"/> Other _____ Do You Plant To Overseed?: <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Less than 1,000 sq. ft. <input type="radio"/> 1,000 to 5,000 sq. ft. <input type="radio"/> 5,001 to 10,000 sq. ft. <input type="radio"/> Over 10,001 sq. ft. Indicate Size: _____	<input type="radio"/> Tall Fescue <input type="radio"/> Bermudagrass <input type="radio"/> Zoysiagrass <input type="radio"/> Buffalograss <input type="radio"/> Bluegrass <input type="radio"/> Ryegrass <input type="radio"/> Other _____
	6 CONDITION OF TURF	7 QUALITY EXPECTED
	<input type="radio"/> Not Yet Planted <input type="radio"/> Normal <input type="radio"/> Abnormal (<i>Describe</i>) _____ _____	Type of Maintenance & Quality Desired For Turf Area: <input type="radio"/> Low (Adequate) <input type="radio"/> Medium <input type="radio"/> High

8 KIND OF FERTILIZER USED	9 # OF FERTILIZER APPLICATIONS	10 TIMES OF FERTILIZATION
<input type="radio"/> Straight Nitrogen (34-0-0, 46-0-0, etc.) <input type="radio"/> High nitrogen (20-4-8, 37-9-5, etc.) <input type="radio"/> Balanced (10-10-10, 13-13-13, etc.) <input type="radio"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="radio"/> Organic (Milorganite, manure, etc.) <input type="radio"/> Other: _____ Has manure or compost recently been applied? <input type="radio"/> Yes <input type="radio"/> No	How often do you usually fertilize each year? <input type="radio"/> 0 <input type="radio"/> Never <input type="radio"/> 1 <input type="radio"/> Every Other Year <input type="radio"/> 2 <input type="radio"/> Other: _____ <input type="radio"/> 3 _____ <input type="radio"/> 4 _____ <input type="radio"/> 5 _____ <input type="radio"/> 6 _____	<input type="radio"/> March <input type="radio"/> August <input type="radio"/> April <input type="radio"/> September <input type="radio"/> May <input type="radio"/> October <input type="radio"/> June <input type="radio"/> November <input type="radio"/> July <input type="radio"/> Other: _____

11 IRRIGATION	12 HEIGHT OF CUT (INCHES)	13 TURFGRASS CLIPPINGS	14 INDICATE SPECIAL PROBLEMS
Is the turf watered? <input type="radio"/> Regularly (as needed) <input type="radio"/> Occasionally <input type="radio"/> Seldom <input type="radio"/> Never <input type="radio"/> Other: _____	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 1½ <input type="radio"/> 3½ <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 2½ <input type="radio"/> Other: _____	Are the clippings removed? <input type="radio"/> Usually <input type="radio"/> Seldom <input type="radio"/> Occasionally <input type="radio"/> Never	<input type="radio"/> Insects <input type="radio"/> Thatch <input type="radio"/> Disease <input type="radio"/> Crabgrass <input type="radio"/> Poor Drainage <input type="radio"/> Compacted Soils <input type="radio"/> Shade <input type="radio"/> Other (<i>Describe Below</i>): <input type="radio"/> Broadleaf Weeds _____ <input type="radio"/> Moss or Algae _____

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: _____