

DATE: _____

FLOWERS & OTHER ORNAMENTALS 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"/> Gardener's Package (pH, Buffer pH, P, K, OM, NO ₃) <input type="radio"/> Package #2 (pH, Buffer pH, P, K, O.M., Zn) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC) <input type="radio"/> Other _____	2 SOIL TYPE: <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	3 SAMPLE NAME: (i.e. Flowers, Shrubs, 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):			
Flowers <input type="radio"/> Annual Flowers (marigolds, zinnias, etc.) <input type="radio"/> Spring-flowering Bulbs (Tulip, Hyacinth, etc.) Are these flowers or other ornamentals already planted? _____ How old are they? _____ (i.e. number of years since planting.)	<input type="radio"/> Perennial flowers (list types below) _____ _____ <input type="radio"/> Cannas <input type="radio"/> Caladiums <input type="radio"/> Dahlias <input type="radio"/> Lilies <input type="radio"/> Iris <input type="radio"/> Peonies <input type="radio"/> Day Lilies <input type="radio"/> Wildflowers <input type="radio"/> Other	Woody Plants <input type="radio"/> Roses <input type="radio"/> Shrubs (list types) _____ _____ <input type="radio"/> Trees (list types) _____ _____ <input type="radio"/> Other _____ _____	
6 CONDITION OF PLANT(S) Plant growth in sampled area: <ul style="list-style-type: none"> <input type="radio"/> Normal <input type="radio"/> Abnormal _____ (describe) <input type="radio"/> Not planted yet If only a few plants show abnormal growth, list which type(s): _____			
7 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, etc.) <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	8 INDICATE SPECIAL PROBLEMS: <input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor drainage <input type="radio"/> Shade <input type="radio"/> Grassy Weeds <input type="radio"/> Broadleaf Weeds <input type="radio"/> 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.