

DATE: _____

FLOWERS & OTHER ORNAMENTALS SOIL INFORMATION SHEET

For Office Use Only:
 Lab Sample No.

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ County: _____ E-mail _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%; text-align: center;">1</th> <th style="width: 95%;">TEST REQUESTED:</th> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> Package #1 (pH, Buffer pH, P, K) <input type="radio"/> Package #2 (pH, Buffer pH, P, K, O.M., NO₃) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Zn) <input type="radio"/> Other _____ </td> <td></td> </tr> </table>	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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%; text-align: center;">2</th> <th style="width: 95%;">SOIL TYPE:</th> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay </td> <td></td> </tr> </table>	2	SOIL TYPE:	<input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%; text-align: center;">3</th> <th style="width: 95%;">SAMPLE NAME:</th> </tr> <tr> <td style="text-align: center;"> (i.e. Flowers, Shrubs, Etc.) _____ </td> <td></td> </tr> </table>	3	SAMPLE NAME:	(i.e. Flowers, Shrubs, Etc.) _____								
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. Flowers, Shrubs, Etc.) _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">4</td> <td style="width: 20%;">SAMPLE AREA:</td> <td>Was the sample made from a mix of 4 or more areas? ____ Yes ____ No</td> </tr> </table>				4	SAMPLE AREA:	Was the sample made from a mix of 4 or more areas? ____ Yes ____ No																
4	SAMPLE AREA:	Was the sample made from a mix of 4 or more areas? ____ Yes ____ No																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">5</td> <td colspan="3">RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):</td> </tr> <tr> <td style="width: 35%; vertical-align: top;"> 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.) </td> <td style="width: 30%; vertical-align: top;"> <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 </td> <td style="width: 30%; vertical-align: top;"> Woody Plants <input type="radio"/> Roses <input type="radio"/> Shrubs (list types) _____ _____ <input type="radio"/> Trees (list types) _____ _____ <input type="radio"/> Other _____ _____ </td> <td style="width: 5%;"></td> </tr> </table>				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 _____ _____												
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 _____ _____																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">6</td> <td colspan="3">CONDITION OF PLANT(S)</td> </tr> <tr> <td style="width: 45%; vertical-align: top;"> Plant growth in sampled area: <input type="radio"/> Normal <input type="radio"/> Abnormal _____ (describe) <input type="radio"/> Not planted yet </td> <td colspan="3" style="vertical-align: top;"> If only a few plants show abnormal growth, list which type(s): _____ _____ </td> </tr> </table>				6	CONDITION OF PLANT(S)			Plant growth in sampled area: <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): _____ _____													
6	CONDITION OF PLANT(S)																					
Plant growth in sampled area: <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): _____ _____																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">7</td> <td colspan="3">CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):</td> </tr> <tr> <td style="width: 25%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a</td> <td>How often do you fertilize?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table> </td> <td style="width: 25%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">b</td> <td>When do you fertilize?</td> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____ </td> <td></td> </tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">c</td> <td>What kinds of fertilizer do you use?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table> </td> </tr> </table>				7	CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a</td> <td>How often do you fertilize?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table>	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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">b</td> <td>When do you fertilize?</td> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____ </td> <td></td> </tr> </table>	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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">c</td> <td>What kinds of fertilizer do you use?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table>	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 _____	
7	CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a</td> <td>How often do you fertilize?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table>	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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">b</td> <td>When do you fertilize?</td> </tr> <tr> <td style="text-align: center;"> <input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____ </td> <td></td> </tr> </table>	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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">c</td> <td>What kinds of fertilizer do you use?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table>	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 _____									
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 _____																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">d</td> <td>How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc)?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table> <p>Has manure or compost recently been applied? ____ Yes ____ No</p> </td> <td style="width: 60%; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">8</td> <td>INDICATE SPECIAL PROBLEMS:</td> </tr> <tr> <td style="text-align: center;"> <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) _____ </td> <td></td> </tr> </table> </td> </tr> </table>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">d</td> <td>How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc)?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table> <p>Has manure or compost recently been applied? ____ Yes ____ No</p>	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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">8</td> <td>INDICATE SPECIAL PROBLEMS:</td> </tr> <tr> <td style="text-align: center;"> <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) _____ </td> <td></td> </tr> </table>	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) _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">d</td> <td>How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc)?</td> </tr> <tr> <td style="text-align: center;"> <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 _____ </td> <td></td> </tr> </table> <p>Has manure or compost recently been applied? ____ Yes ____ No</p>	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 _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">8</td> <td>INDICATE SPECIAL PROBLEMS:</td> </tr> <tr> <td style="text-align: center;"> <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) _____ </td> <td></td> </tr> </table>	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) _____														
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 _____																						
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.