



**Lawns & Other Turfgrass
 Soil Information Sheet**

For Official Lab Use Only
 Lab Sample Number: _____

Date: _____

Label #: _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ County: _____ E-mail: _____	TEST REQUESTED: <input type="radio"/> Gardener's Package (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		Existing Golf Course <input type="radio"/> Tee <input type="radio"/> Fairway <input type="radio"/> Green <input type="radio"/> Rough <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)	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: _____		<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 _____ _____	
		13	TURFGRASS CLIPPINGS		
		Are the clippings removed? <input type="radio"/> Usually <input type="radio"/> Seldom <input type="radio"/> Occasionally <input type="radio"/> Never			

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