Lawn/Garden Soil Information Sheet

Name: _______________________________ Phone: __________________________

Street Address: __________________________________________________________

City, State, Zip: __________________________________________________________

Sample Name: ___________________________ Date: ______________

Type of test desired (please check box that applies)

☐ Routine Soil Test – Package #1
☐ Routine Soil Test, organic matter, NO₃ – Package #2

Date Sent: ___________________________ Agent Email: _jr637@ksu.edu________

Soil Test for LAWN (Please check all that apply)

☐ Fescue
☐ Zoysia
☐ This test is for an ESTABLISHED lawn
☐ This test is for a NEW LAWN lawn

☐ Bermuda Grass
☐ Mixed Grasses

Soil Test for GARDEN (Please check all that apply)

☐ Will grow sweet corn
☐ Lime applied last year
☐ ORGANIC GARDENER  (Check the box to the left to receive “organic” fertility management recommendations.)

☐ Will grow Irish potatoes
☐ Manure applied last year

Soil Test for OTHER (Please check appropriate box)

☐ Tree Fruit
☐ Strawberry
☐ Flower Bed

☐ Shrub Fruit
☐ Blueberry
☐ Trees and Shrubs

NO RECOMMENDATION NEEDED