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  ☐ Bermuda Grass  ☐ Mixed Grasses
☐ Zoysia  ☐
☐ This test is for an ESTABLISHED lawn
☐ This test is for a NEW LAWN lawn

Soil Test for GARDEN (Please check all that apply)

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

Soil Test for OTHER (Please check appropriate box)

☐ Tree Fruit  ☐ Shrub Fruit
☐ Strawberry  ☐ Blueberry
☐ Flower Bed  ☐ Trees and Shrubs

NO RECOMMENDATION NEEDED