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