



K-State Research and Extension
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DATE: _____

VEGETABLES, FRUITS AND NUTS SOIL INFORMATION SHEET

For Office Use Only:
 Lab Sample No. _____

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ County _____ E-mail _____	1 TEST REQUESTED: <input type="checkbox"/> Package #1 (pH, Buffer pH, P, K) <input type="checkbox"/> Package #2 (pH, Buffer pH, P, K, O.M., NO ₃) <input type="checkbox"/> Package #3 (pH, Buffer pH, P, K, Zn) <input type="checkbox"/> Other _____	2 SOIL TYPE: <input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Clay	3 SAMPLE NAME: (i.e. Vegetable Garden, Grapes, etc.) _____ _____
4 SAMPLE AREA: Was the sample made from a mix of 4 or more areas? ____ Yes ____ No			
5 RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):			
<input type="checkbox"/> Leafy Greens (lettuce, spinach, etc.) <input type="checkbox"/> Legumes (beans, peas, etc.) <input type="checkbox"/> Root Crops (carrots, beets, etc.) <input type="checkbox"/> Watermelon <input type="checkbox"/> Other "Vine Crops" (squash, cukes, etc.) <input type="checkbox"/> Cole Crops (cabbage, broccoli, etc.) <input type="checkbox"/> Sweet Corn/Pop Corn <input type="checkbox"/> Bulb Crops (onions, garlic, etc.) <input type="checkbox"/> Other _____ _____ _____ _____		<input type="checkbox"/> Okra <input type="checkbox"/> Tomatoes <input type="checkbox"/> Peppers <input type="checkbox"/> Eggplant <input type="checkbox"/> Irish Potatoes <input type="checkbox"/> Sweet Potatoes <input type="checkbox"/> Asparagus <input type="checkbox"/> Rhubarb	
		<input type="checkbox"/> Apples & Pears <input type="checkbox"/> Stone Fruits (peaches, cherries, etc.) <input type="checkbox"/> Grapes <input type="checkbox"/> Raspberries & Blackberries <input type="checkbox"/> Currants & Gooseberries <input type="checkbox"/> Strawberries <input type="checkbox"/> Pecans & Walnuts <input type="checkbox"/> Other _____	
		Are these fruit or nut plants already planted? ____ Yes ____ No Number of years since planting? _____	
6 SIZE OF AREA <input type="checkbox"/> Less than 100 square feet <input type="checkbox"/> 100 to 1,000 square feet <input type="checkbox"/> 1,000 to 10,000 square feet <input type="checkbox"/> Over 10,000 square feet Indicate size: _____		7 CONDITION OF PLANT(S) Plant growth in sampled area: If only a few plants show abnormal growth, list which type(s): <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (describe) _____ <input type="checkbox"/> Not planted yet	
8 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):			
a How often do you fertilize? <input type="checkbox"/> Every Year <input type="checkbox"/> Twice a Year <input type="checkbox"/> Every other Year <input type="checkbox"/> Never <input type="checkbox"/> Other _____		b When do you fertilize? <input type="checkbox"/> Prior to planting <input type="checkbox"/> During growing season <input type="checkbox"/> During dormant season <input type="checkbox"/> Other _____	
		c What kinds of fertilizer do you use? <input type="checkbox"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="checkbox"/> Balanced (10-10-10, 13-13-13, etc.) <input type="checkbox"/> High Nitrogen (33-0-0, 20-4-8, etc.) <input type="checkbox"/> Organic (manure) <input type="checkbox"/> "Starter Fertilizer" for transplants <input type="checkbox"/> Other _____	
d How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?) <input type="checkbox"/> Every year <input type="checkbox"/> Every other year <input type="checkbox"/> Twice a year <input type="checkbox"/> Never <input type="checkbox"/> Other _____ Has manure or compost recently been applied? ____ Yes ____ No		9 INDICATE SPECIAL PROBLEMS: <input type="checkbox"/> Insects <input type="checkbox"/> Disease <input type="checkbox"/> Poor drainage <input type="checkbox"/> Shade <input type="checkbox"/> Grassy Weeds <input type="checkbox"/> Broadleaf Weeds <input type="checkbox"/> Other (Describe) _____ Note: If you check insects or disease, please describe the specific problems. _____ _____	

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.