**LAWNS AND OTHER TURF**

**SOIL INFORMATION SHEET**

1. **TEST REQUESTED**
   - Package #1 (pH, Buffer pH, P, K)
   - Package #2 (pH, Buffer pH, P, K, O.M., NO₃)
   - Package #3 (pH, Buffer pH, P, K, Zn)
   - Other

2. **SOIL TYPE:**
   - Sandy
   - Loam
   - Clay

   (i.e. Lawn - Front, Back etc.)

3. **SAMPLE NAME:**

4. **SAMPLE AREA:**
   - *Was the sample made from a mix of 4 or more areas?*
   - Yes
   - No

5. **RECOMMENDATIONS REQUESTED FOR (CHECK ONLY ONE):**
   - New Turf
     - Existing Golf Course
     - Tee
     - Fairway
     - Green
     - Rough
   - Existing Turf
     - Home Lawn
     - Institutional Grounds
     - Athletic field
     - Park
     - Cemetery
     - Other

6. **SIZE OF AREA**
   - Less than 1000 sq. ft.
   - 1000 to 5,000 sq. ft.
   - 5,001 to 10,000 sq. ft.
   - Over 10,001 sq. ft.
   - Indicate size: _____

7. **TURF SPECIES**
   - K-31 Tall Fescue
   - Turf-type Tall Fescue
   - Bluegrass
   - Ryegrass
   - Bermudagrass
   - Zoysia
   - Buffalo grass
   - Other

8. **CONDITION OF TURF**
   - Plant growth in turf area:
     - Normal
     - Abnormal (describe)
     - Not planted yet

9. **QUALITY EXPECTED**
   - Type of maintenance and quality desired for turf area:
     - Low (adequate)
     - Medium
     - High

10. **KIND OF FERTILIZER USED**
    - Straight nitrogen (34-0-0, 45-0-0, etc.)
    - High nitrogen (20-4-8, 37-9-5, etc.)
    - Balanced (10-10-10, 13-13-13, etc.)
    - High phosphorus (5-10-5, 18-46-0, etc.)
    - Organic (Milorganite, manure, etc.)
    - Other

11. **NO. OF FERTILIZER APPLICATIONS**
    - How often do you usually fertilize each year?
      - 0
      - 1
      - 2
      - 3
      - 4
      - 5
      - Never
      - Every other year
      - Other

12. **TIMES OF FERTILIZATION**
    - March
    - April
    - May
    - June
    - July
    - August
    - September
    - October
    - November
    - Other

13. **IRRIGATION**
    - Is turf watered?
      - Regularly (as needed)
      - Occasionally
      - Seldom
      - Never
      - 1
      - 1 ½
      - 3 ½
      - 2
      - Other

14. **HEIGHT OF CUT (INCHES)**
    - 1
    - 2
    - 3
    - 3 ½
    - 2 ½

15. **CLIPPINGS**
    - Are clippings removed?
      - Usually
      - Occasionally
      - Seldom
      - Never
      - Insects
      - Disease
      - Poor Drainage
      - Shade
      - Broadleaf Weeds
      - Moss or Algae
      - Thatch
      - Crabgrass
      - Compacted Soil
      - Other (Describe)

16. **INDICATE SPECIAL PROBLEMS:**
    - Note: If you check insects or disease, please describe the specific problems above.