### VEGETABLES, FRUITS AND NUTS
### SOIL INFORMATION SHEET

**Name**

**Address**

**City** __________  **ST** ___  **Zip** __________

**Phone** __________  **County** __________

**E-mail** __________

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**TEST REQUESTED:**
- Package #1 (pH, Buffer pH, P, K)
- Gardener’s Package (pH, Buffer pH, P, K, O.M., NO₃)
- Package #2 (pH, Buffer pH, P, K, Zn)
- Other __________

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

**SAMPLE NAME:**
- (i.e. Vegetable Garden, Grapes, etc.)

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

**RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):**
- Leafy Greens (lettuce, spinach, etc.)
- Legumes (beans, peas, etc.)
- Root Crops (carrots, beets, etc.)
- Watermelon
- Other “Vine Crops” (squash, cuces, etc.)
- Cole Crops (cabbage, broccoli, etc.)
- Sweet Corn/Pop Corn
- Bulb Crops (onions, garlic, etc.)
- Other __________

**SIZE OF AREA**
- Less than 100 square feet
- 100 to 1,000 square feet
- 1,000 to 10,000 square feet
- Over 10,000 square feet

**CONDITION OF PLANT(S)**
- Plant growth in sampled area:
  - Normal
  - Abnormal (describe)
  - Not planted yet

**CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):**
- How often do you fertilize?
  - Every Year
  - Twice a Year
  - Every other Year
  - Never
  - Other __________

- When do you fertilize?
  - Prior to planting
  - During growing season
  - During dormant season
  - Other __________

- What kinds of fertilizer do you use?
  - High phosphorus (5-10-5, 18-46-0, etc)
  - Balanced (10-10-10, 13-13-13, etc.)
  - High Nitrogen (33-0-0, 20-4-8, etc.)
  - Organic (manure)
  - “Starter Fertilizer” for transplants
  - Other __________

- How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc.)?
  - Every year
  - Every other year
  - Twice a year
  - Never
  - Other __________

**INDICATE SPECIAL PROBLEMS:**
- Insects
- Disease
- Poor drainage
- Shade

- Grassy Weeds
- Broadleaf Weeds
- Other (Describe)

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Has manure or compost recently been applied?
- Yes  __________  No  __________

**Note:** If you check insects or disease, please describe the specific problems.

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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.