FLOWERS & OTHER ORNAMENTALS
SOIL INFORMATION SHEET

<table>
<thead>
<tr>
<th>Name___________________________</th>
<th>1</th>
<th>TEST REQUESTED:</th>
<th>2</th>
<th>SOIL TYPE:</th>
<th>3</th>
<th>SAMPLE NAME:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Package #1 (pH, Buffer pH, P, K)</td>
<td></td>
<td>Sandy</td>
<td></td>
<td>(i.e. Flowers, Shrubs, Etc.)</td>
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<td></td>
<td>Gardeners Package #2 (pH, Buffer pH, P, K, O.M., NO₃)</td>
<td></td>
<td>Loam</td>
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<td>Package #3 (pH, Buffer pH, P, K, Zn)</td>
<td></td>
<td>Clay</td>
<td></td>
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<td>Other</td>
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<tr>
<th>4</th>
<th>SAMPLE AREA:</th>
<th>Was the sample made from a mix of 4 or more areas?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
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<th>5</th>
<th>RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):</th>
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**Flowers**
- Annual Flowers (marigolds, zinnias, etc.)
- Spring-flowering Bulbs (Tulip, Hyacinth, etc.)

- Are these flowers or other ornamentals already planted? ____________________________
- How old are they? ________________ (i.e. number of years since planting.)

**Woody Plants**
- Roses
- Shrubs (list types)

- Trees (list types)
- Other

**6 | CONDITION OF PLANT(S)**

Plant growth in sampled area:
- Normal
- Abnormal (describe) ____________________________
- Not planted yet

**7 | CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):**

**a** How often do you fertilize?
- Every Year
- Twice a Year
- Never
- Other ____________________________

**b** When do you fertilize?
- Prior to planting
- During growing season
- During dormant season
- Other ____________________________

**c** 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, etc.)
- Other ____________________________

**d** 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 ____________________________

**8 | INDICATE SPECIAL PROBLEMS:**

- Insects
- Disease
- Poor drainage
- Shade
- Grassy Weeds
- Broadleaf Weeds
- Other (Describe) ____________________________

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

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.