**LAWNS AND OTHER TURF**

**SOIL INFORMATION SHEET**

For Office Use Only:
Lab Sample No. ________

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<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City ST Zip</th>
<th>Phone County</th>
<th>E-mail</th>
</tr>
</thead>
</table>

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**TEST REQUESTED**

- Package #1 (pH, Buffer pH, P, K)
- Gardener’s Package (pH, Buffer pH, P, K, OM, NO₃)
- Package #2 (pH, Buffer pH, OM, P, K, Zn)
- Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC)

**SOIL TYPE:**

- Sandy
- Loam
- Clay

**SAMPLE NAME:**

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

**SAMPLE AREA:**

Was the sample made from a mix of 4 or more areas?

- Yes
- No

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**RECOMMENDATIONS REQUESTED FOR (CHECK ONLY ONE):**

<table>
<thead>
<tr>
<th>New Turf</th>
<th>Existing Golf Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Before seeding or sodding</td>
<td>o Tee</td>
</tr>
<tr>
<td>o Existing Turf</td>
<td>o Fairway</td>
</tr>
<tr>
<td>o Home Lawn</td>
<td>o Green</td>
</tr>
<tr>
<td>o Institutional Grounds</td>
<td>o Rough</td>
</tr>
<tr>
<td>o Athletic field</td>
<td></td>
</tr>
<tr>
<td>o Park</td>
<td></td>
</tr>
<tr>
<td>o Cemetery</td>
<td></td>
</tr>
<tr>
<td>o Other</td>
<td></td>
</tr>
</tbody>
</table>

Do you plan to overseed? ____

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**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: ________

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**TURF SPECIES**

- K-31 Tall Fescue
- Turf-type Tall Fescue
- Bluegrass
- Ryegrass
- Bermuda grass
- Zoysia
- Buffalo grass
- Other

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**CONDITION OF TURF**

- Plant growth in turf area:
  - Normal
  - Abnormal (describe)

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**QUALITY EXPECTED**

Type of maintenance and quality desired for turf area:

- Low (adequate)
- Medium
- High

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**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.)

**NO. OF FERTILIZER APPLICATIONS**

- How often do you usually fertilize each year?
  - 0
  - 1
  - 2
  - 3
  - 4
  - 5

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**TIMES OF FERTILIZATION**

- March
- April
- May
- June
- July
- August
- September
- October
- November
- Other

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**IRRIGATION**

- Is turf watered?
  - Regularly (as needed)
  - Occasionally
  - Seldom
  - Never

- 1
- 1 ½
- 2
- 2 ½
- 3
- 3 ½
- Other

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**CLIPPINGS**

- Are clippings removed?
  - Usually
  - Occasionally
  - Seldom
  - Never

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**INDICATE SPECIAL PROBLEMS:**

- Insects
- Disease
- Poor Drainage
- Shade
- Broadleaf Weeds
- Moss or Algae
- Thatch
- Crabgrass
- Compacted Soil
- Other (Describe)

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