

DATE: _____

For Office Use Only:
Lab Sample No. _____

Name _____ Address _____ City _____ ST ____ Zip _____ Phone _____ County _____ E-mail _____		1 TEST REQUESTED <input type="radio"/> Package #1 (pH, Buffer pH, P, K) <input type="radio"/> Gardener's Package (pH, Buffer pH, P, K, OM, NO ₃) <input type="radio"/> Package #2 (pH, Buffer pH, OM, P, K, Zn) <input type="radio"/> Package #3 (pH, Buffer pH, P, K, Ca, Mg, Na, CEC) <input type="radio"/> Other _____	2 SOIL TYPE: <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	3 SAMPLE NAME: (i.e. Lawn - Front, Back etc.) _____	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 <input type="radio"/> Before seeding or sodding Existing Turf <input type="radio"/> Home Lawn <input type="radio"/> Institutional Grounds <input type="radio"/> Athletic field <input type="radio"/> Park <input type="radio"/> Cemetery <input type="radio"/> Other _____ Do you plan to overseed? ____		6 SIZE OF AREA <input type="radio"/> Less than 1000 sq. ft. <input type="radio"/> 1000 to 5,000 sq. ft. <input type="radio"/> 5,001 to 10,000 sq. ft. <input type="radio"/> Over 10,001 sq. ft. Indicate size: _____	7 TURF SPECIES <input type="radio"/> K-31 Tall Fescue <input type="radio"/> Turf-type Tall Fescue <input type="radio"/> Bluegrass <input type="radio"/> Ryegrass <input type="radio"/> Bermudagrass <input type="radio"/> Zoysia <input type="radio"/> Buffalograss <input type="radio"/> Other _____		
		8 CONDITION OF TURF Plant growth in turf area: <input type="radio"/> Normal <input type="radio"/> Abnormal (describe) _____ <input type="radio"/> Not planted yet	9 QUALITY EXPECTED Type of maintenance and quality desired for turf area: <input type="radio"/> Low (adequate) <input type="radio"/> Medium <input type="radio"/> High		
10 KIND OF FERTILIZER USED <input type="radio"/> Straight nitrogen (34-0-0, 45-0-0, etc.) <input type="radio"/> High nitrogen (20-4-8, 37-9-5, etc.) <input type="radio"/> Balanced (10-10-10, 13-13-13, etc.) <input type="radio"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="radio"/> Organic (Milorganite, manure, etc.) Other _____ Has manure or compost recently been applied? ____ Yes ____ No		11 NO. OF FERTILIZER APPLICATIONS How often do you usually fertilize each year? <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> Never <input type="radio"/> Every other year <input type="radio"/> Other _____			
12 TIMES OF FERTILAZATION <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> Other _____		13 IRRIGATION Is turf watered? <input type="radio"/> Regularly (as needed) <input type="radio"/> Occasionally <input type="radio"/> Seldom <input type="radio"/> Never	14 HEIGHT OF CUT (INCHES) <input type="radio"/> 1 <input type="radio"/> 1 1/2 <input type="radio"/> 2 <input type="radio"/> 2 1/2 <input type="radio"/> 3 <input type="radio"/> 3 1/2 <input type="radio"/> Other _____		
15 CLIPPINGS Are clippings removed? <input type="radio"/> Usually <input type="radio"/> Occasionally <input type="radio"/> Seldom <input type="radio"/> Never		16 INDICATE SPECIAL PROBLEMS: <input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor Drainage <input type="radio"/> Shade <input type="radio"/> Broadleaf Weeds <input type="radio"/> Moss or Algae <input type="radio"/> Thatch <input type="radio"/> Crabgrass <input type="radio"/> Compacted Soil <input type="radio"/> Other (Describe) _____ Note: If you check insects or disease, please describe the specific problems above.			