

Sedgwick County  
 Abbey Draut  
 Horticulture Extension Agent  
 316-660-0142  
 www.sedgwick.ksu.edu



K-State Research and Extension  
 Soil Testing Laboratory  
 2308 Throckmorton Hall  
 Manhattan, Ks 66506-5503  
 Tel: 785-532-7897  
 Fax: 785-532-7414  
 www.agronomy.ksu.edu/soiltesting

## Vegetables, Fruits, & Nuts Soil Information Sheet

Date: \_\_\_\_\_  
 Label #: \_\_\_\_\_

For Official Lab Use Only  
 Lab Sample Number: \_\_\_\_\_

Name: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone: _____ County: _____ E-mail: _____	<b>1 TEST REQUESTED:</b> <input type="radio"/> Gardener's Package (pH, Buffer pH, P, K, O.M., NO <sub>3</sub> )  <input type="radio"/> Other _____	<b>2 SOIL TYPE:</b> <input type="radio"/> Sandy <input type="radio"/> Loam <input type="radio"/> Clay	<b>3 SAMPLE NAME:</b> (i.e. Vegetable Garden, Grapes, etc.)  _____
--	---	--	--

<b>4 SAMPLE AREA:</b>	Was the sample made from a mix of 8 or more areas?    ___ Yes    ___ No
-----------------------	---

<b>5 RECOMMENDATIONS REQUESTED FOR (CHECK ALL THAT APPLY):</b>		
<input type="radio"/> Leafy Greens (lettuce, spinach, etc.) <input type="radio"/> Legumes (beans, peas, etc.) <input type="radio"/> Root Crops (carrots, beets, etc.) <input type="radio"/> Watermelon <input type="radio"/> Other "Vine Crops" (squash, cukes, etc.) <input type="radio"/> Cole Crops (cabbage, broccoli, etc.) <input type="radio"/> Sweet Corn/Pop Corn <input type="radio"/> Bulb Crops (onions, garlic, etc.) <input type="radio"/> Other _____ _____ _____	<input type="radio"/> Okra <input type="radio"/> Tomatoes <input type="radio"/> Peppers <input type="radio"/> Eggplant <input type="radio"/> Irish Potatoes <input type="radio"/> Sweet Potatoes <input type="radio"/> Asparagus <input type="radio"/> Rhubarb	<input type="radio"/> Apples & Pears <input type="radio"/> Stone Fruits (peaches, cherries, etc.) <input type="radio"/> Grapes <input type="radio"/> Raspberries & Blackberries <input type="radio"/> Currants & Gooseberries <input type="radio"/> Strawberries <input type="radio"/> Pecans & Walnuts <input type="radio"/> Other _____
<input type="radio"/> I prefer organic soil amendment recommendations <input type="radio"/> I am a commercial fruit/vegetable producer.		Are these fruit or nut plants already planted? ___ Yes    ___ No  Number of years since planting? _____

<b>6 SIZE OF AREA</b>	<b>7 CONDITION OF PLANT(S)</b>
<input type="radio"/> Less than 100 square feet <input type="radio"/> 100 to 1,000 square feet <input type="radio"/> 1,000 to 10,000 square feet <input type="radio"/> Over 10,000 square feet Indicate size: _____	Plant growth in sampled area:    If only a few plants show abnormal growth, list which type(s): <input type="radio"/> Normal <input type="radio"/> Abnormal (describe) _____ _____ <input type="radio"/> Not planted yet

<b>8 CURRENT FERTILIZER PROGRAM (CHECK ALL THAT APPLY):</b>		
<b>a How often do you fertilize?</b> <input type="radio"/> Every Year <input type="radio"/> Twice a Year <input type="radio"/> Every other Year <input type="radio"/> Never <input type="radio"/> Other _____	<b>b When do you fertilize?</b> <input type="radio"/> Prior to planting <input type="radio"/> During growing season <input type="radio"/> During dormant season <input type="radio"/> Other _____	<b>c What kinds of fertilizer do you use?</b> <input type="radio"/> High phosphorus (5-10-5, 18-46-0, etc.) <input type="radio"/> Balanced (10-10-10, 13-13-13, etc.) <input type="radio"/> High Nitrogen (33-0-0, 20-4-8, etc.) <input type="radio"/> Organic (manure) <input type="radio"/> "Starter Fertilizer" for transplants <input type="radio"/> Other _____

<b>d How often do you add organic matter (i.e. compost, manure, grass clippings leaves, peat moss etc?)</b> <input type="radio"/> Every year <input type="radio"/> Every other year <input type="radio"/> Twice a year <input type="radio"/> Never <input type="radio"/> Other _____  <b>Has manure or compost recently been applied?</b> ___ Yes    ___ No	<b>9 INDICATE SPECIAL PROBLEMS:</b> <input type="radio"/> Insects <input type="radio"/> Disease <input type="radio"/> Poor drainage <input type="radio"/> Shade <input type="radio"/> Grassy Weeds <input type="radio"/> Broadleaf Weeds <input type="radio"/> Other (Describe) _____ _____ _____ Note: If you check insects or disease, please describe the specific problems.
---	---