



# LAWNS AND OTHER TURF SOIL INFORMATION SHEET

Bill to: KSRE Chisholm Trail District  
712 S Buckeye St  
Abilene, KS 67410  
chisholmtrail@listserv.ksu.edu  
tonyw@ksu.edu

DATE: \_\_\_\_\_

For Office Use Only:  
Lab Sample No. \_\_\_\_\_

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