

# HOME LAWN, GARDEN AND LANDSCAPE INFORMATION SHEET

SOIL TESTING PROGRAM - UNIVERSITY OF DELAWARE - 531 SOUTH COLLEGE AVENUE - 152 TOWNSEND HALL -NEWARK, DE 19716-2170 - 302-831-1392

1. NAMES AND	1. NAMES AND ADDRESSES													LAB USE ONLY		
NAME (PRINT)							SEND ADDITIONAL COPY TO:						LAB :	#		
							SEND ADDITIONAL COPY TO:									
ADDRESS							COMPANY NAME						BAG#	<u> </u>		
													DEOU	_		
CITY STATE ZIP						P	ADDRESS						RECA	D		
PHONE NO.							CITY				STATE ZIP					
E-MAIL ADDRESS							E-MAIL /				ADDRESS					
2. SAMPLE DESCRIPTION																
											SAM	PLE DEPTH				
											NUMBER OF INCHES					
			-	UMBER							DATE SAMPLED					
3. PLANTS GRO	(Up	o to 15	characters	,								(month/day/year)				
						4. L	AST LIN	IE APP	LICATION	I						
								IS since lime was								
from bottom of sheet in blocks below. <i>Note - Requests for plants others than those</i>							last applied (X)					AMOUNT	APPLIED (X)			
listed may de	n mose															
						□ 0-6 months										
	1.									Pounds per			Pounds per			
						□ 7-12 months			100 square feet				1000 square feet			
	2.					□ 13-18 months			□ 1-4			□ 10-40				
						[	□ 18+ months			□ 5-8			□ 50-80			
						[	□ Never			□ 9-12			□ 90-120			
3.						[	🗆 Unknown			□ 12+			□ 120+			
5. SOIL TESTS REQUESTED:																
											1_					
Routine fertility with lead and recommendations\$22     (Includes pH, lime requirement, organic matter, and plant nutrients)										2.50 □Soluble Salts\$10.00						
(Includes pH, lime requirement, organic matter, and plant nutrients) Payment should be made in advance (e.g., when kits are purchased) or should accompany the sample. Cash, checks (payable to the																
"University o	f Delaw	are"), I	money	order	s and cred	dit ca	rds are a	accepte	ed. To pay k	by cr	edit card, co	mplete the fo	rm on i	the back of this sheet.		
"University of Delaware"), money orders and credit cards are accepted. To pay by credit card, complete the form on the back of this sheet. PLANT CODE LIST																
CODE NAME	E								CODE	NAME						
	LAWNS									SHRUBS AND TREES						
	BFE New Seeding / Sodding - Bluegrass/Fescue/Ryegrass Lawns												as, rho	dodendrons, andromeda,		
	BFM Maintaining Established Bluegrass/Fescue/ Ryegrass Lawns BZE New Planting - Bermudagrass / Zoysiagrass Lawns SH									leucothoe, laurels, etc Other Shrubs - lilac, forsythia, cotoneaster, boxwood, etc						
	5 5 5									Evergreen Trees and shrubs - yew, hemlock, pine, holly, etc						
	New Seeding / Sodding - Industrial Lawns and Athletic Fields							ds -		Flowering Trees - crabapple, ch				agnolia, dogwood, etc		
	Bluegrass / Fescue									Shade Trees - maple, oak, ash, et						
	ILM Maintaining Established Industrial Lawns and Athletic Fie Bluegrass / Fescue									Grou	ind Covers - p	bachysandra, i	vy, etc			
							G			GAR	GARDEN					
FRUI	FRUITS							0			etable Garden					
	Apples									Flower Beds						
CHY Cherries ROS PCH Peaches, Nectarines										Roses						
	PRS Pears									SOIL BASED GOLF COURSES						
	Plums										Golf Course - Bentgrass Greens and Tees					
	Blueberries								GBL	Golf	olf Courses - Bluegrass Tees and Fairways					
	•								GBF	Golf Courses - Bentgrass Fairways						
	RSP Raspberries, Blackberries STY Strawberries OTHER															
STT Straw										Horse Pastures						
										Wildlife Food Plot - Please specify type in comments (e.g., Deer)						

# INSTRUCTIONS FOR COMPLETING SOIL TEST

## Completing the Information Sheet

Please fill out the information sheet as completely as possible. The more information provided, the better. When submitting multiple samples, use one information sheet per sample and included all information on **each** sheet.

- <u>Names and Addresses</u> Clearly PRINT your name, address and zipcode in the first box. If you wish to have a copy of your report sent to someone else (e.g., your landscaper), complete the information in the 2<sup>nd</sup> box.
- Sample Identification Record your sample name or number in the boxes provided – e.g., "Vegetable Garden" or "Front Lawn". Under SAMPLE DEPTH, write down how deep you took your sample – e.g., 6" if you sampled the top 6" of your garden's topsoil. Record the DATE SAMPLED in the appropriate boxes.
- Plants Grown Enter the 3 letter plant code from the list at the bottom of the sheet for the plants you are growing – e.g., VGG for vegetable garden – in the boxes provided. If your sample is from an area with more than one type of planting, you can select up to three plant codes. Recommendations will be generated for each one.

If no plant code is entered, you will receive a report of your results only with a note that no plant code was provided.

If, at a later date, you decide to add an additional plant code, a new report can be requested by calling the program office and providing the sample bag number or lab number and the desired plant to be grown.

- 4. <u>Last Lime Application –</u> To avoid over-liming which can cause nutrient deficiencies in some plants, lime application rates will be adjusted for any recent lime applications. Please indicate how recently the sampling area was limed and how much lime was applied by checking the appropriate boxes.
- 5. <u>Soil Tests Requested</u> Be sure the tests requested are checked in this section. Tests should either be ordered at the time of purchase or payment must accompany the sample. If tests other than the routine fertility with lead are purchased with the original kit (e.g., soluble salts), a receipt for those special tests will be issued and must be attached to this form and included in the envelope as proof of payment.

If you are submitting a sample and have not purchased a kit in advance (e.g., you have downloaded this form from our website and are submitting your sample in your own container), payment or payment instructions must be included with your sample or you will be invoiced upon receipt of your sample. Cash, checks (payable to "University of Delaware"), money orders and credit cards are accepted. To pay by credit card, complete the form below

6. <u>**Comments**</u> – Comments may be added below or attached as a note to this form. Use this space to include information you feel is important which has not been covered on the information sheet.

### Payment by Credit Card

□ I wish to pay by card.

Daytime phone number where I can be reached for my card information:

# Taking Soil Samples

A brochure, "How to take a soil sample for Homeowners", which describes the proper way to collect a representative soil sample is provided with each purchase of soil test kits from our office or the County Extension offices or with each Mailer kit. The brochure is also available on line at: https://www.udel.edu/Extension/soiltest

Proper sampling is critical to obtaining accurate soil test results – the test is only as good as the sample collected. The laboratory needs 1-2 cups of soil to perform the routine test. Be sure to fill your soil test kit to <u>at least</u> the line shown on the cloth bag to ensure that the laboratory has sufficient sample material.

## Submitting Samples

It is preferred that samples be submitted in the soil test kits provided by the UD Soil Testing Program. The two-part kits which consist of a cloth bag with plastic liner for the sample and an attached envelop for the information sheet, are self addressed for mailing to lab and have a serial number for easy tracking. However, we will accept samples submitted in other containers (e.g., ziplock bags, kits from other labs, etc) so long as they 1) are clearly labelled, 2) are accompanied by an information sheet of some type with your contact information, 3) contain enough sample (1-2 cups) and 4) are accompanied by payment or payment instructions.

Completed kits may be returned to the laboratory by dropping them at the Program office, any Delaware Cooperative Extension Office (see below), by US mail (~ \$3.00 per sample) or by any other delivery service (e.g., Fedex, UPS, etc)

## Soil Test Reports with Recommendations

Soil test reports are returned directly to the client. An additional copy will be mailed to the person/organization specified in the 2<sup>nd</sup> box if one has been specified by the client either on this form or at a later time in writing. For Delaware clients, a copy will also be provided to your local county office so that they may assist you with any questions / concerns that you have.

Normally, the soil test report is mailed within 10 business days of the sample's arrival at the laboratory. During peak periods of November-December and March -April, please allow 15 business days as these are very busy times in the laboratory. Requesting recommendations for plants other than those listed on this form and/or requesting additional special tests may delay your results beyond the normal turn-around times listed here.

Emailing of results is available by request. Contact the office at 302-831-1392 to request this service.

Rush processing is available for an additional charge of \$20 per sample and guarantees 5 business day turn-around for routine testing. Call the office to make arrangements for this service as special steps are required.

### **County Extension Offices**

New Castle County: 461 Wyoming Road, Newark, DE 19716, (302) 831-2506

Kent County: Paradee Center, 69 Transportation Circle, Dover, DE 19901 (302) 730-4000

Sussex County: Carvel Research and Education Center, 16483 County Seat Highway, Georgetown, DE 19947, (302) 856-7303

Comments:

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