



TIMBERLEAF SOIL TESTING

SOIL SAMPLE INFORMATION FORM

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Grower: _____	Sample #: _____	Soil Test Request: Please Check Basic: <input type="checkbox"/> Trace Mineral: <input type="checkbox"/> Basic, TM. W/ Particle Size Analysis: <input type="checkbox"/> Other Tests: _____ Total Amount Enclosed: _____
Farm/Garden Name: _____		
Address: _____		
City: _____ State: _____ Zip: _____		
County: _____ Phone: _____ Email: _____		

This is a: Family Garden Mini Farm Farm Demo Lawn Landscape Other _____

Background Information (Complete in as much detail as possible)

Size of Garden: _____	Date of Last Soil Test: _____	Soil Name / Type: _____
Sampling Depth: _____	Organic Gardener ? Yes <input type="checkbox"/> No <input type="checkbox"/>	Predominate Weeds: _____
Depth to Bedrock: _____	Drainage: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Topsoil Depth: 6" or less <input type="checkbox"/> 6" - 10" <input type="checkbox"/> Over 10" <input type="checkbox"/>
Bottom Land <input type="checkbox"/> Level <input type="checkbox"/> Rolling Upland <input type="checkbox"/>	Degree of Slope: Level <input type="checkbox"/> Gentle <input type="checkbox"/> Steep <input type="checkbox"/>	
River Terrace <input type="checkbox"/> Steep <input type="checkbox"/> Sloping Upland <input type="checkbox"/>	Slope Faces: North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>	
This is Natural Soil <input type="checkbox"/> New Fill <input type="checkbox"/> Old Fill <input type="checkbox"/>	Average Annual Precipitation in Your Area in Inches: _____	
Average Last Frost Date in the Spring? _____	Average First Frost Date in the Fall? _____	

Have you ever used chemical fertilizers, insecticides, or fungicides on your garden?
(if yes, please list chemicals used and approximate dates)

Do you normally use: Compost Mulch Sludge Other _____

Do you normally use Manure: Yes No Types _____

List all lime applications in the last 3 years (state amount and type used)

List all non-chemical (organic / non-synthetic) fertilizers applied in the last 3 years:

State any problems (including insects) you are having with your garden:

How quickly do you wish to get your garden into maximum production?

How thick is your lawn thatch (Lawn samples only) ?

Crops: (List crops you will be growing this year)

Tillage Method: Conventional Raised Beds Double Dug Beds Other _____

Irrigation Used: Drip Sprinkler Gravity Hand Watering Other _____

Equipment Used: Lawn and garden Tractor Roto-Tiller Plow Disc
Hand Digging Tools Hand Cultivator Sprayer Other Equip. _____

How long has the garden represented by this sample been in production (state total years)?

Other Comments and Questions:

Use the reverse side for extra comments and a garden diagram

NOTE: The accuracy and usefulness of your soil report will depend on your completing this form in detail