Orchard Leaf Sample and Soil Sample Information Form

(FOR LAB USE ONLY)

Leaf sample lab no. _____

Topsoil sample lab no. _____

Subsoil sample lab no. _____

Grower/Orchard Name: _____

Complete Address: _____

_____

(OPTIONAL) Email Results: _____

IMPORTANT

Please give us a phone number where you can be reached during the day: _____

Sample or block name: _____

Topsoil and subsoil sample names: _____

Soil Classification name (if known): _____

Variety and strain this sample: (indicate spur or non-spur) _____

Average age: _____

Avg. spacing or no. trees per acre : _____

Average length new terminal growth: _____

Crop load:	Pruning:	Ground Cover:	Soil Drainage:
light ____	light ____	sod ____	good ____
normal ____	moderate ____	mulch ____	fair ____
heavy ____	heavy ____	herbicide ____	poor ____

Fertilizer and foliar sprays: (check if you applied)

	THIS YEAR	LAST YEAR
nitrogen fertilizer - grade and lbs. per tree (Example: 10#/tree 6-0-16)		
-lime		
magnesium: ground applied or sprays		
boron: ground applied or sprays		
manganese fungicides		
zinc chelate (EDTA) or zinc fungicide		
copper sprays		
urea sprays		

Check or list any problems:

biennial bearing _____

light fruit set _____

bitter pit _____

dieback _____

lack of fruit color _____

interveinal chlorosis _____

foliar injury (specify) _____

other _____