Orchard Foliar and Soil Sample Information Form

(for lab use only)

Leaf sample lab no. _______________________
Soil sample lab no. _______________________

Grower/Orchard Name:_____________________________________

**IMPORTANT**

Complete Mailing Address: ______________________________________
Please give us a phone number where you can be reached during the day:__________________

(sample or block name):

 Variety sampled: 

 Soil sampled also (Y or N): _______

 Average age : 

 Avg. spacing or no. trees per acre : 

 Avg. length new terminal growth :

Crop load:          Pruning:          Ground Cover:          Soil Drainage:
Light_____          Light_____          Sod_____          Good_____          Light fruit set _____
Normal_____         Moderate______       Mulch_____         Fair_____          Bitter pit _____
Heavy_____          Heavy_____          Heavy_____         Poor_____          Dieback _____

Fertilizer and foliar sprays: (Indicate if you applied)

THIS YEAR       LAST YEAR

Nitrogen fertilizer-
Blend and pounds 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 ______________________