

Turfgrass Diagnostic Lab Homeowner Turfgrass Sample Submission Form

HOMEOWNER TURF SUBMISSION FEE \$20.00

County Extension Info:

County: _____

Agent: _____

Address: _____

City/State/Zip _____

Phone: (____) _____

Client Info:

Name: _____

Address: _____

City/State/Zip _____

Daytime Phone: (____) _____

Email: _____

Send invoice to: ☐ County Extension Office ☐ Client

Sent results to: ☐ County Extension Office ☐ Client and cc county Extension Office

What do you want the sample evaluated for? ____ Disease ____ Insects ____ Weed ID ____ Uncertain

The lawn is ____ years old. Established from seed ____ or sod ____?

When was the problem first noticed?

How much of the lawn is affected? ____ One or few patches ____ Most of the lawn

What are the size, shape, and color of the affected turf? (pictures or drawings are very helpful) _____

When was the lawn last fertilized? ____/____/____ Fertilizer formulation ____ - ____ - ____

How many times a year is the lawn fertilized? ____

Have there been any pesticides applied recently? ____ If yes, what?

Is the lawn irrigated: No ____ By garden hose ____ In ground system ____

What time of day is the lawn irrigated?

Amount of daily sunshine for the area where the sample was collected is:

____ Sunshine more than 60 % of the day ____ Shade more than 40% of the day

The sample should be approximately six inches across with three inches of soil. It is important that the sample includes both affected and healthy turf, so collect at the outer margin of the affected area. If the sample is mail or parcel service, wrap it in tinfoil (**not in plastic**).

For further inquiries please contact lab manager Kurt Hockemeyer at hockemeyer@wisc.edu or 608-845-2535.



Turfgrass Diagnostic Lab
2502 Highway M
Verona, WI 53593
608-845-2535
www.tdl.wisc.edu

