



Log in Time: _____

Sample #1 Number: _____
Begin XRF Time: _____

Sample #2 Number: _____
Begin XRF Time: _____

Sample #3 Number: _____
Begin XRF Time: _____

soilSHOP Log In Form

Closest Intersection _____

Closest Main Street _____

Collection Information *(You can bring one or multiple samples)*

<u>Sample #1</u>	<u>Sample #2</u>	<u>Sample #3</u>
Type of soil _____ppm	Type of soil _____ppm	Type of soil _____ppm
<input type="checkbox"/> Original Soil <input type="checkbox"/> Amended (mulch, compost, topsoil) <input type="checkbox"/> Raised Bed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Original Soil <input type="checkbox"/> Amended (mulch, compost, topsoil) <input type="checkbox"/> Raised Bed <input type="checkbox"/> Other: _____	<input type="checkbox"/> Original Soil <input type="checkbox"/> Amended (mulch, compost, topsoil) <input type="checkbox"/> Raised Bed <input type="checkbox"/> Other: _____
Current or planned use:	Current or planned use:	Current or planned use:
<input type="checkbox"/> Garden <input type="checkbox"/> Play Area <input type="checkbox"/> Other: _____	<input type="checkbox"/> Garden <input type="checkbox"/> Play Area <input type="checkbox"/> Other: _____	<input type="checkbox"/> Garden <input type="checkbox"/> Play Area <input type="checkbox"/> Other: _____
Was this sample taken from more than one spot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this sample taken from more than one spot? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this sample taken from more than one spot? <input type="checkbox"/> Yes <input type="checkbox"/> No
Depth (inches): _____	Depth (inches): _____	Depth (inches): _____
Was sample location less than 5 feet away from house or building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Was sample location less than 5 feet away from house or building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Was sample location less than 5 feet away from house or building? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Was sample location less than 5 feet away from street? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Was sample location less than 5 feet away from street? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	Was sample location less than 5 feet away from street? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure

Age of the nearest structure: _____ Structure type: House Fence Shed Other

Was structure painted before 1978? Yes No Not Sure

Was structure painted lead paint? Yes No Not Sure

Are there paint chips in the soil? Yes No Not Sure

Are there pieces of brick/debris in the soil? Yes No Not Sure

Are you using any treated wood products, such as railroad ties or other treated wood (children's play-sets can contain treated wood).

No Not Sure Yes *(if yes, was the wood there before 2003?)* Date: _____

Additional Comments: