



Lead Analysis



Lead is particularly dangerous to children.

Food grown in lead contaminated soils are unlikely to accumulate enough lead to present a safety hazard - instead, the danger comes from accidentally ingesting lead-contaminated paint chips / dust that falls into soil or gardens around your home.

- Wash off any dirt or debris from your produce before eating.
- Prevent your kids from playing in bare soil, and wash their hands, toys, and clothes after playing outside.
- Be aware of potential lead hazards in and around your home.
- Take your shoes off at the door to prevent tracking dirt into your home



Why Should I Have My Soil Tested?

- Know your potential lead exposure
- Grow better and healthier produce
- Choose the right plants for your garden

1. Gather Your Supplies

- Trowel or shovel
- Garden gloves
- Measuring cup
- Clean plastic bucket or tray
- Clean gallon sized plastic zippered bag
- Label bag with your Name, Address, Sample description and date soil sample(s) collected

2. Sample Your Garden

Pick several random places in your garden to sample for each 25 sq. feet (5ft. x 5ft. section) of garden area. Use dry soil.

Muddy samples will be rejected.

- Small gardens: take 2 or 3 samples
- Larger gardens: take 4 or 5 samples

3. Dig

At each sample location:

- Remove surface plants or mulch
- Dig down 6 inches before taking the sample
- Put several scoops of soil in a clean plastic bucket
- You'll need at least 1 cup of soil from each garden.
- Repeat the above steps for all sample locations

4. Mix Well

Mix together all of the soil samples from your garden in the plastic bucket.

Please note, samples less than 1 cup in volume or that appear to contain mulch, surface vegetation, animal droppings, other foreign materials or have a muddy texture are **NOT** acceptable and will be rejected.

5. Fill and Label Your Sample(s)

- Put at least 1 cup of the mixed soil in a gallon-sized plastic zippered bag
- Label bag with name, address, sample description and date
- **DO NOT** use paper/brown bags, grocery bags or non-sealable containers

6. Submit Your Sample(s)

- Seal the bag
- Complete the soil sample information and screening request form included in this brochure
- Follow "Soil Screening: Drop-off Instructions" listed under form
- Include your payment

Testing reports will include specific remedies based on the specific conditions of your garden. Results will typically be sent within 10-15 business days.



Garden Soil Screening

Instructions and Submission Form

(414) 286 - 3526
mhdlab@milwaukee.gov
www.milwaukee.gov/healthlab

Soil Sample Information & Lead Screening Request Form

Soil Testing: Soil Sample Drop-Off Instructions

This form must be completed and submitted along with your samples. You can complete it at home and bring it with you, or you can fill out a copy at the City of Milwaukee Health Department (MHD). Drop off or mail your sample(s), paperwork, and payment to **MHD Laboratory** (841 N. Broadway 2nd floor). Samples can be dropped off Monday - Friday, 8am - 4:30pm

Contact Information

Name: _____
(Name must match the name on your soil sample bag.)

Address: _____

City: _____ State: _____ ZIP: _____

Are you the property owner? Yes No

Please list number of:

Household members: _____ Children: _____ Pregnant women: _____

Phone: _____ Email: _____

How should we send your results? by Mail by Email

Send to (if different from above): _____

Garden Soil Information

Number of samples being submitted: 1 2 3 4
(Give details of each sample in section at right.)

Acknowledgement Regarding Soil Sampling & Results

Please mark (✓), sign, and date after collecting your samples.

I collected samples from different locations in my garden/lawn, according to the sampling instructions.

I understand these results are *only an estimate*, and are provided for *informational purposes only* at the request of the property owner.

I understand that these results are provided on the condition that they shall not be used in any legal proceedings against the City, any property owner, or any other person or entity.

I understand that the City of Milwaukee Health Department Laboratory has no obligation beyond providing these results.

Signature: _____ Date: _____

Sample Information

Sample 1

Description: _____ ID Label: _____

Collection Date: _____ Collection Time: _____

Sample 2

Description: _____ ID Label: _____

Collection Date: _____ Collection Time: _____

Sample 3

Description: _____ ID Label: _____

Collection Date: _____ Collection Time: _____

Sample 4

Description: _____ ID Label: _____

Collection Date: _____ Collection Time: _____

Do not write in section below.

Testing Fees & Payment Information

Lead screening fees: _____ x \$30/sample = \$ _____
samples total

Received by: _____ Date: _____

Total DUE:
\$ _____

Total PAID:
\$ _____

cash
 credit card