

Soil Sample Information & Screening Request Form (H-401)

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: _____

Analyze for: Nutrient analysis (*phosphorus, potassium, organic matter, pH & conductivity*)
 Lead screening
 Both

Sample 2

Description: _____ ID Label: _____

Collection Date: _____ Collection Time: _____

Analyze for: Nutrient analysis (*phosphorus, potassium, organic matter, pH & conductivity*)
 Lead screening
 Both

Sample 3

Description: _____ ID Label: _____

Collection Date: _____ Collection Time: _____

Analyze for: Nutrient analysis (*phosphorus, potassium, organic matter, pH & conductivity*)
 Lead screening
 Both

Sample 4

Description: _____ ID Label: _____

Collection Date: _____ Collection Time: _____

Analyze for: Nutrient analysis (*phosphorus, potassium, organic matter, pH & conductivity*)
 Lead screening
 Both

Do not write in section below.

Testing Fees & Payment Information

Nutrient analysis fees: _____ x \$15/sample = \$ _____
samples total

Lead screening fees: _____ x \$10/sample = \$ _____
samples total

Both (Nutrient & Lead): _____ x \$25/sample = \$ _____
samples total

Received by: _____ Date: _____

Total DUE:	\$ _____
Total PAID:	\$ _____
<input type="checkbox"/> cash <input type="checkbox"/> credit card	