

Request for Soil Physical Property Analysis Services
 Soil Physical Properties Characterization Lab.
 North Carolina State University, Department of Soil Science

Project Leader/Client: _____ Telephone: _____ Date: _____

Department/ Company: _____ Campus/Business Address: _____

City: _____ State: _____ Zip Code: _____ E-Mail: _____

OUC # _____

In Analysis Requested Box use: PS = Particle Size; WR = Water Retention

# Of Soil Samples	Location Samples Came From	No. of samples requiring Organic Matter Removal: Mark OM Samples E.g. Sample # - OM	Analysis Requested

- Are samples to be done by the Particle Size Lab personnel? Yes:___ No:___
- If answer to question 1 is No: Name of individual doing analysis: _____
- Are there possible health hazards (e.g. Animal or human waste) associated with the soil sample:
Yes:___ No: ___
- If yes, provide the type of hazard and precautions and safety measures that you feel may be needed.
(Use separate sheet if necessary.)

- If the samples are contaminated then the project or company requesting the analysis must cover all cost of decontamination of all equipment in the lab. and cost of all PPE (Personal Protective Equipment).
- Particle Size Lab. Supervisor and Lab. Manager reserve the right to refuse hazardous samples due to Campus Environmental Health & Public Safety Division's Regulations.

Approval signatures:

Budget Code/Client Auth.#	Date:	Head, Requesting Department	Date:
Project Leader/ Client	Date:	Head, Soil Science Department	Date:

(For Department of Soil Science Use Only)

Approval No.: _____ Date: _____ Date Completed: _____

Cost: _____

Remarks: _____

