

ENVIRONMENTAL & AGRICULTURAL TESTING SERVICE REQUEST FORM
Soil Physical Properties

Department of Soil Science, North Carolina State University, Phone: 919-515-1459

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 |
|-------------------|----------------------------|-------------------------------------------------------------------------------------|--------------------|
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- 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: _____

