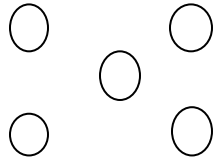# SOIL SAMPLING FOR LEAD

1. Determine location for soil sample. Samples should be taken from areas of <u>bare soil</u> that are frequented by the occupants and pets, including ALL play areas and obvious pathways from which soil could be tracked into house by humans or pets. Samples may also be collected from the drip line if soil is bare.
2. Visualize a sample area that is approximately one foot square (1'X1'). This is not a precise measurement and so does not require a specific, measured area.
3. Collect 5 spoonfuls of soil from the top ½" of soil and place in a plastic bag. (Avoid collecting rocks, twigs, etc. If there are paint chips in the soil sample collect them, but do not attempt to oversample paint chips.) Recommend using a pattern like that diagramed below. (The purpose of this test is to determine lead levels that can be tracked into the house or ingested during normal play. As such, the loose surface soil should be tested as much as possible. In frozen conditions, use a chisel or other device to loosen no more than the top ½").

Recommended soil sampling pattern:

If the drip line of a unit is to be tested, take between 5 and 10 subsamples along the line spaced every 6 inches. Note the size of the sample area. See following diagram:

4. Seal bag. Label with sample location, date, time, etc. Thoroughly mix soil so it is of uniform consistency.
5. Briefly sketch property and indicate sample locations on sketch using floor/plot plan grid provided.
6. Discard spoon. If soil is sampled at more than one location, you must use a different spoon and bag for each sample location.
7. Fill out chain of custody documentation and submit with samples & payment, to laboratory

8. You may <u>deliver</u> your samples directly to Mid-Atlantic Laboratories, Inc. at:
   224 Main St., Ste. 1, Port Royal, VA 22535
9. OR…You may <u>ship by UPS or FEDex</u> to:
   224 Main St., Ste. 1, Port Royal, VA 22535
10. OR…you may <u>mail</u> your samples by <u>US Mail</u> to:
    14294 Big Timber Rd.,King George, VA 22485

PAYMENT INFORMATION—(IF NOT PREPAID)

Please enclose your payment of _____ per sample X _____ samples = Total of $ _____
If more than 5 samples, call for volume pricing.)
Form of payment: check: # or money order#:_____ credit card _____call with card information: 804-742-5577

OR: Customer Account:_____ (Please make checks payable to: Mid-Atlantic Laboratories, Inc.)

********************************LAB USE ONLY********************************

DATE/TIME REC'D IN LAB:

_____BY:_____   PAID BY: Check #:_____ C/C: _____
LAB PROJECT #:

_____   OTHER: _____AMT. PD.:_____
DUE DATE:

_____ RUSH? _____   DATE PD.:_____REC'D BY: _____