| DOH SDG: |  |
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## INDIANA DEPARTMENT OF HEALTH ENVIRONMENTAL LEAD LABORATORY – LEAD SOIL SUBMISSION

| Collector's Contact     | ınjormation                          |                              | Sampling Information                  |           |          |          |              |  |
|-------------------------|--------------------------------------|------------------------------|---------------------------------------|-----------|----------|----------|--------------|--|
| Organization: *         |                                      |                              | Date Sampled: *                       |           |          |          |              |  |
| Address (1):            |                                      |                              | Property Address (1):*                |           |          |          |              |  |
| Address (2):            |                                      |                              | Property Address (2):                 |           |          |          |              |  |
| City, Zip Code:         |                                      |                              | City, Zip Code:                       |           |          |          |              |  |
| Phone:                  |                                      |                              | Collected By:*                        |           |          |          |              |  |
| Email for Results:*     |                                      |                              |                                       |           |          |          |              |  |
| Email for Results:      | Email for Results: Low Priority? Yes |                              |                                       |           | 0        | No       | 0            |  |
| Required Fields         |                                      |                              |                                       |           |          |          |              |  |
| YOUR                    |                                      |                              |                                       |           |          | L        | .ab          |  |
| SAMPLE                  |                                      | SAMPLE DESCRIPTION           |                                       |           |          | Assigned |              |  |
| ID                      | ID AREA OR LOCATION                  |                              |                                       |           |          | Number   |              |  |
|                         |                                      |                              |                                       |           |          |          |              |  |
|                         |                                      |                              |                                       |           |          |          |              |  |
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|                         |                                      |                              |                                       |           |          |          |              |  |
|                         |                                      |                              |                                       |           |          |          |              |  |
|                         | 400 nnn                              |                              | RESULTS LIMITS                        | , areas   |          |          |              |  |
|                         | 400 μμπ                              | 1 III piay areas, 1200 ppiii | average composite for non-pla         | y areas   |          |          |              |  |
| For questions, please   | contact: The Indiana Lea             | ad and Healthy Homes         | Division @ 317-233-1250 or            | The Indi  | iana De  | partmen  | nt of Health |  |
| Laboratory @ 317-921    | L-5500                               |                              |                                       |           |          |          |              |  |
|                         |                                      |                              | ies. The Laboratory will test samples |           |          |          | I            |  |
|                         | _                                    | turnaround time is 10 bເ     | isiness days, low priority turna      | round tin | ne is 15 | business |              |  |
| days based on sample v  | olume.                               |                              |                                       |           |          |          |              |  |
| Please mail or bring sa | mples with this form to:             | IDOH Environmenta            | al Lead Laboratory                    |           |          |          |              |  |
|                         | ,                                    | 550 W 16 <sup>t</sup>        |                                       |           |          |          |              |  |
|                         |                                      | Indianapolis,                |                                       |           |          |          |              |  |
|                         |                                      |                              |                                       |           |          |          |              |  |
| Custody Signature: R    | elinquished By:                      |                              | Date/Time:                            |           |          |          |              |  |
|                         |                                      |                              |                                       |           |          |          |              |  |
| Custody Signature: D    | asaiyad Pyr                          |                              | Data/Timo                             |           |          |          |              |  |
| custouy signature: R    | eceived By:                          |                              | Date/Time:                            |           |          |          |              |  |

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