

Soil Testing Record Sheet

Follow along with the Soil Investigation Guide and record your answers below.

School Name: _____

Date: _____ Weather: _____

Area/Bed sampled: _____

1. Is the area in direct sunlight at 9am: _____ 12pm: _____ 2pm: _____
2. a. Soil Type (Hand Texture) : _____
b. Soil Type by layers: _____

3. Types of Insects Found: _____

4. a. Number of worms in sample hole: _____
b. Estimated number of worms in all raised beds/planting area: _____
5. Air bubbles in Sample 1: _____
Air bubbles in Sample 2: _____
6. Which soil sample was eroded most easily? _____
7. Soil pH: _____