

Record Sheet 14-A



Name: _____

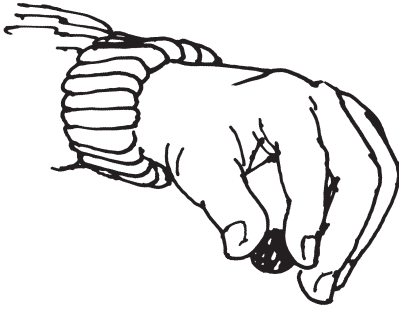
Date: _____

Look with a Hand Lens

Look at your local soil with a hand lens. What do you see?
Write and draw here.

What does this tell you about the soil?

Record Sheet 14-B



Name: _____

Date: _____

Touch and Roll the Local Soil

The dry soil feels

The wet soil feels

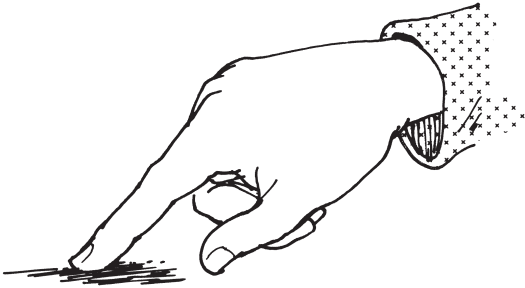
What does it do when you roll it?

What does this tell you about the soil?

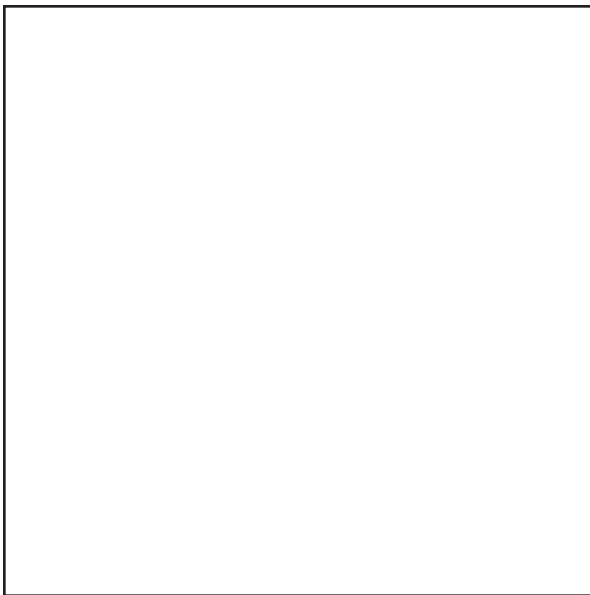
Record Sheet 14-C

Name: _____

Date: _____



Make a Smear



Make a smear
with your local
soil.

What does this tell you about the soil?

