

# Soil Observation Log

Project ID:

v 04.01.2020

<b>Client:</b> Theresa Simms		<b>Location / Address:</b> 219 Indian Trail South Afton							
<b>Soil parent material(s):</b> (Check all that apply) <input checked="" type="checkbox"/> Outwash <input type="checkbox"/> Lacustrine <input type="checkbox"/> Loess <input type="checkbox"/> Till <input type="checkbox"/> Alluvium <input type="checkbox"/> Bedrock <input type="checkbox"/> Organic Matter									
<b>Landscape Position:</b> (select one) Shoulder		<b>Slope shape:</b> Convex, Convex							
<b>Vegetation:</b> Grass		<b>Soil survey map units:</b> 454C & 301B							
<b>Weather Conditions/Time of Day:</b> 12:00 pm Sun		<b>Date:</b> 10/01/21							
<b>Observation #/Location:</b> See map		<b>Observation Type:</b> Auger							
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence
0-18"	Loam	<35%	7.5YR 4/3				Blocky	Weak	Friable
18-36"	Loamy Sand	<35%	7.5YR 4/4				Granular	Weak	Loose
36-60"	Sand	<35%	7.5YR 4/4				Granular	Weak	Loose
<p>I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.</p> <p>Shelley Schlomka (Designer/Inspector) _____ (Signature) _____ 4137 (License #) _____ 10/1/2021 (Date)</p>									
<p>Optional Verification: I hereby certify that this soil observation was verified according to Minn. R. 7082.0500 subp. 3 A. The signature below represents an infield verification of the periodically saturated soil or bedrock at the proposed soil treatment and dispersal site.</p> <p>_____ (LGU Inspector) _____ (Signature) _____ (Cert. #) _____ (Date)</p>									