

**Instructions:** Inspector must submit completed form to Local Governmental Unit (LGU) and system owner within 15 days of final determination of compliance or noncompliance. Instructions for filling out this form are located on the Minnesota Pollution Control Agency (MPCA) website at <https://www.pca.state.mn.us/sites/default/files/wq-wwists4-31a.pdf>.

### Property information

Local tracking number:

Parcel ID# or Sec/Twp/Range: 1202721320032 Reason for Inspection Property Transfer  
Local regulatory authority info: Washington County  
Property address: 7639 Laverne Ave S Cottage Grove, Mn. 55016  
Owner/representative: Alicia Egan Owner's phone: 651-216-0531  
Brief system description: 2 Septic tanks and 1 lift tank to pressure bed. System was installed with a permit from Washington County 8/18/2006

### System status

System status on date (mm/dd/yyyy): 1/6/2022

**Compliant – Certificate of compliance\***

**Noncompliant – Notice of noncompliance**

*(Valid for 3 years from report date unless evidence of an imminent threat to public health or safety requiring removal and abatement under section 145A.04, subdivision 8 is discovered or a shorter time frame exists in Local Ordinance.)*

*Systems failing to protect ground water must be upgraded, replaced, or use discontinued within the time required by local ordinance.*

**\*Note: Compliance indicates conformance with Minn. R. 7080.1500 as of system status date above and does not guarantee future performance.**

*An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance or under section 145A.04 subdivision 8.*

#### Reason(s) for noncompliance (check all applicable)

- Impact on public health (Compliance component #1) – *Imminent threat to public health and safety*
- Tank integrity (Compliance component #2) – *Failing to protect groundwater*
- Other Compliance Conditions (Compliance component #3) – *Imminent threat to public health and safety*
- Other Compliance Conditions (Compliance component #3) – *Failing to protect groundwater*
- System not abandoned according to Minn. R. 7080.2500 (Compliance component #3) – *Failing to protect groundwater*
- Soil separation (Compliance component #5) – *Failing to protect groundwater*
- Operating permit/monitoring plan requirements (Compliance component #4) – *Noncompliant - local ordinance applies*

#### Comments or recommendations

*Electrician to come in The Spring of 2022 to re-wire pump to house so as not to have to use an extension cord.*

### Certification

*I hereby certify that all the necessary information has been gathered to determine the compliance status of this system. No determination of future system performance has been nor can be made due to unknown conditions during system construction, possible abuse of the system, inadequate maintenance, or future water usage.*

**By typing my name below,** I certify the above statements to be true and correct, to the best of my knowledge, and that this information can be used for the purpose of processing this form.

Business name: David R Brown Certification number: 9370  
Inspector signature: DRB License number: 3649  
*(This document has been electronically signed)* Phone: 651-788-3296

### Necessary or locally required supporting documentation (must be attached)

- Soil observation logs
- System/As-Built
- Locally required forms
- Tank Integrity Assessment
- Operating Permit
- Other information (list):

Property Address: 7639 Laverne Ave S Cottage Grove, Mn. 55016

Business Name: David R Brown

Date: 1/6/2022

## 1. Impact on public health – Compliance component #1 of 5

### Compliance criteria:

System discharges sewage to the ground surface	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System discharges sewage to drain tile or surface waters.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
System causes sewage backup into dwelling or establishment.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

*Any "yes" answer above indicates the system is an imminent threat to public health and safety.*

**Describe verification methods and results:**

### Attached supporting documentation:

- Other: \_\_\_\_\_
- Not applicable

## 2. Tank integrity – Compliance component #2 of 5

### Compliance criteria:

System consists of a seepage pit, cesspool, drywell, leaching pit, or other pit?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
Sewage tank(s) leak below their designed operating depth?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
If yes, which sewage tank(s) leaks:	

*Any "yes" answer above indicates the system is failing to protect groundwater.*

**Describe verification methods and results:**

### Attached supporting documentation:

- Empty tank(s) viewed by inspector
- Name of maintenance business: Meryer's
- License number of maintenance business: 915
- Date of maintenance: 1/6/2022
- Existing tank integrity assessment (Attach)
- Date of maintenance (mm/dd/yyyy): \_\_\_\_\_ (must be within three years)
- (See form instructions to ensure assessment complies with Minn. R. 7082.0700 subp. 4 B (1))*
- Tank is Noncompliant (pumping not necessary – explain below)
- Other: \_\_\_\_\_



**3. Other compliance conditions – Compliance component #3 of 5**

3a. Maintenance hole covers appear to be structurally unsound (damaged, cracked, etc.), or unsecured?

Yes\*  No  Unknown

3b. Other issues (electrical hazards, etc.) to immediately and adversely impact public health or safety?  Yes\*  No  Unknown

*\*Yes to 3a or 3b - System is an imminent threat to public health and safety.*

3c. System is non-protective of ground water for other conditions as determined by inspector?  Yes\*  No

3d. System not abandoned in accordance with Minn. R. 7080.2500?  Yes\*  No

*\*Yes to 3c or 3d - System is failing to protect groundwater.*

**Describe verification methods and results:**

Attached supporting documentation:  Not applicable

**4. Operating permit and nitrogen BMP\* – Compliance component #4 of 5  Not applicable**

Is the system operated under an Operating Permit?  Yes  No **If "yes", A below is required**

Is the system required to employ a Nitrogen BMP specified in the system design?  Yes  No **If "yes", B below is required**

*BMP = Best Management Practice(s) specified in the system design*

**If the answer to both questions is "no", this section does not need to be completed.**

**Compliance criteria:**

a. Have the operating permit requirements been met?  Yes  No

b. Is the required nitrogen BMP in place and properly functioning?  Yes  No

**Any "no" answer indicates noncompliance.**

**Describe verification methods and results:**

Attached supporting documentation:  Operating permit (Attach)

## 5. Soil separation – Compliance component #5 of 5

Date of installation 8/18/2006  Unknown  
(mm/dd/yyyy)

Shoreland/Wellhead protection/Food beverage lodging?  Yes  No

**Compliance criteria (select one):**

5a. For systems built prior to April 1, 1996, and not located in Shoreland or Wellhead Protection Area or not serving a food, beverage or lodging establishment:  Yes  No\*  
 Drainfield has at least a two-foot vertical separation distance from periodically saturated soil or bedrock.

5b. Non-performance systems built April 1, 1996, or later or for non-performance systems located in Shoreland or Wellhead Protection Areas or serving a food, beverage, or lodging establishment:  Yes  No\*  
 Drainfield has a three-foot vertical separation distance from periodically saturated soil or bedrock.\*

5c. "Experimental", "Other", or "Performance" systems built under pre-2008 Rules; Type IV or V systems built under 2008 Rules 7080.2350 or 7080.2400 (Intermediate Inspector License required ≤ 2,500 gallons per day; Advanced Inspector License required > 2,500 gallons per day)  Yes  No\*  
 Drainfield meets the designed vertical separation distance from periodically saturated soil or bedrock.

**Attached supporting documentation:**

- Soil observation logs completed for the report
- Two previous verifications of required vertical separation
- Not applicable (No soil treatment area)
- \_\_\_\_\_

**Indicate depths or elevations**

A. Bottom of distribution media	24"
B. Periodically saturated soil/bedrock	72"
C. System separation	48"
D. Required compliance separation*	36"

\*May be reduced up to 15 percent if allowed by Local Ordinance.

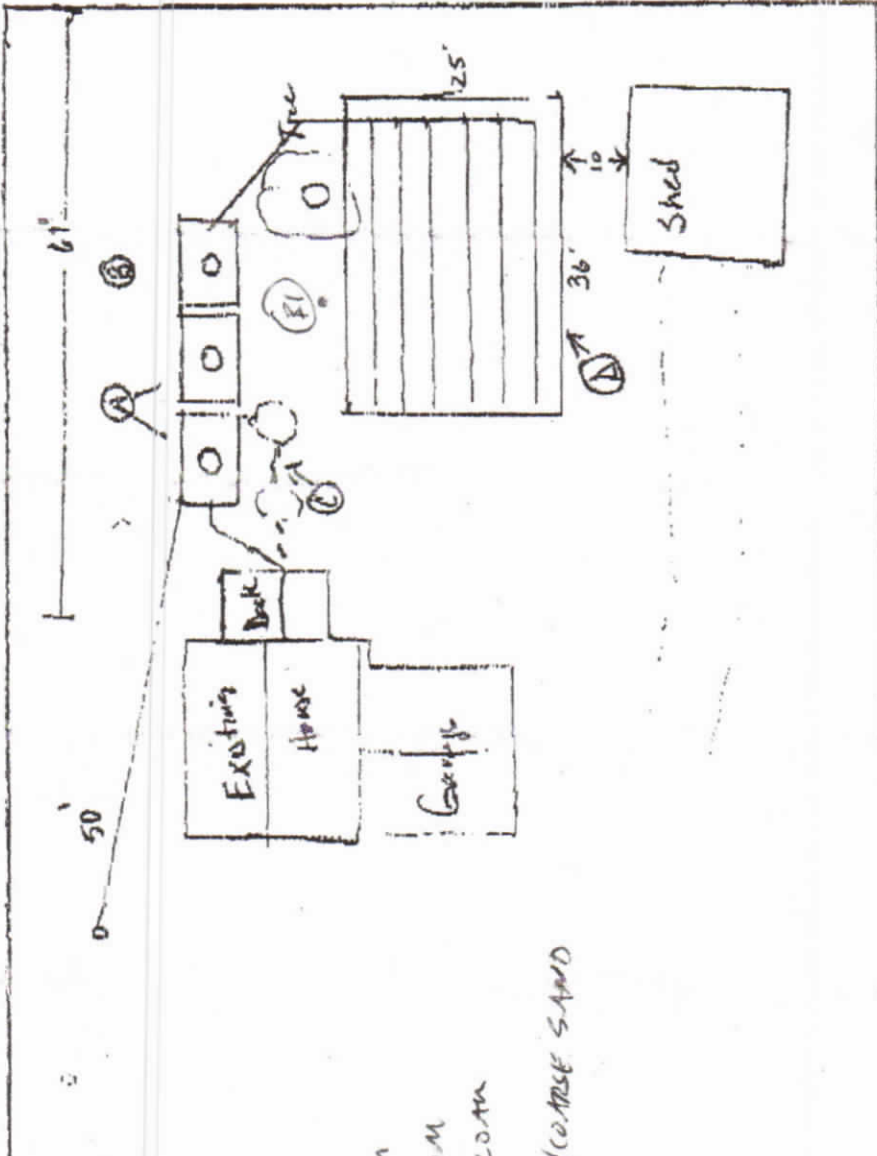
**\*Any "no" answer above indicates the system is failing to protect groundwater.**

**Describe verification methods and results:**

**Upgrade requirements:** (Minn. Stat. § 115.55) An imminent threat to public health and safety (ITPHS) must be upgraded, replaced, or its use discontinued within ten months of receipt of this notice or within a shorter period if required by local ordinance. If the system is failing to protect ground water, the system must be upgraded, replaced, or its use discontinued within the time required by local ordinance. If an existing system is not failing as defined in law, and has at least two feet of design soil separation, then the system need not be upgraded, repaired, replaced, or its use discontinued, notwithstanding any local ordinance that is more strict. This provision does not apply to systems in shoreland areas, Wellhead Protection Areas, or those used in connection with food, beverage, and lodging establishments as defined in law.

N ↑  
1" = 20'

7639 Latrine Ave So. Cottage Grove, 07-19-06



SOIL BORING LOG

- (B) 0" - 10" 10YR 3/2 LOAM
- 10" - 32" 10YR 4/3 SLT LOAM
- 32" - 36" 10YR 5/6 SANDY LOAM
- 36" - 72" 10YR 7/3 MEDIUM/COURSE SAND

- (A) 150' possibly depth latrine
- (B) (2) 1000 gallon septic tanks
- (C) (1) 1000 gallon pump tank
- (D) old tanks (to be filled)
- (E) Pressure head



LOG OF SOIL BORINGS

7639 Laverne Ave Cottage Grove

Job: 07-10-06

Depth in Feet	B1	B2	B3	B4
N 440 50.297 W 92° 52.736	N 440 50.204 W 92° 52.728	N 440 50.314 W 92° 52.732	N 440 50.299 W 92° 52.739	
Black loam	Black loam topsoil	Black loam topsoil	Black loam	
9	10	14	16	
Medium brown silt loam to sandy silt loam	Medium brown silt loam 10 yr 4/3 Yellow brown sandy silt loam 10 yr 5/6	Medium brown silt loam 10 yr 4/3 Root restriction at 38"	Medium brown silt loam 10 yr 4/3	
10 yr 4/3	36	38	40	
40	40		48	
Medium brown medium to fine sand 10 yr 4/3	Medium brown medium to coarse sand 10 yr 4/3		Medium brown medium sand 10 yr 4/3	
Red brown coarse sand 5 yr 4/3	Red brown coarse sand 5 yr 4/3		Red brown coarse sand 5 yr 4/3	
72	72		72	
7				



# SEPTIC PERMIT APPLICATION

2006

Washington County Department of Public Health & Environment  
14949-62nd St N, P.O. Box 6, Stillwater MN 55082-0006  
651.430.6688 FAX: 651.430.6730

PERMIT NUMBER  
**2200-06-9**

## PROPERTY & APPLICANT INFORMATION

PROPERTY ADDRESS: <b>7639 Lavern Ave</b>		GEOCODE: <b>120272132 0032</b>
USE OF BUILDING: <input checked="" type="checkbox"/> SINGLE FAMILY HOME <input type="checkbox"/> NON-SINGLE FAMILY	APPLICATION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT	
APPLICANT		
NAME(S): <b>Capras Utilities Inc</b>	ADDRESS: <b>CITY 2382 Leibel St</b> <i>W.B.L. MN</i> ZIP: <b>55110</b>	PHONE NUMBER(S): <b>651-762-2500</b>
NAME(S)	ADDRESS CITY ZIP	PHONE NUMBER(S)

## SYSTEM TYPE

<input checked="" type="checkbox"/> STANDARD SYSTEM	<input type="checkbox"/> ALTERNATIVE SYSTEM	<input type="checkbox"/> EXPERIMENTAL SYSTEM	<input type="checkbox"/> SUBDIVISION REVIEW	<input type="checkbox"/> SOIL REVIEW
<input type="checkbox"/> DRAINFIELD	<input type="checkbox"/> PRESSURE BED	<input type="checkbox"/> MOUND	<input type="checkbox"/> AT-GRADE	<input type="checkbox"/> TANK REPLACEMENT
<input type="checkbox"/> CONSTRUCTED WETLAND	<input type="checkbox"/> COLLECTOR SYSTEM	<input type="checkbox"/> DRIP IRRIGATION	<input type="checkbox"/> HOLDING TANKS	<input type="checkbox"/> SAND FILTER
<input type="checkbox"/> FLOODPLAIN SYSTEM	<input type="checkbox"/> GREYWATER SYSTEM	<input type="checkbox"/> PRIVY	<input type="checkbox"/> AEROBIC TREATMENT UNIT SYSTEM	

## FEE SCHEDULE - 2006

<input checked="" type="checkbox"/> APPLICATION FEE/SOIL REVIEW	\$230	APPLICATION FEE	<u>230-</u>
<input checked="" type="checkbox"/> PERMIT FEE - DRAINFIELD OR PRESSURE BED	\$240	PERMIT FEE	<u>240-</u>
<input type="checkbox"/> PERMIT FEE - MOUND OR AT-GRADE	\$390	SUBDIVISION REVIEW BASE FEE:	_____
<input type="checkbox"/> PERMIT FEE - ALTERNATIVE SYSTEM	\$390	LOTS: _____ X \$70 PER LOT	_____
<input type="checkbox"/> PERMIT FEE - EXPERIMENTAL SYSTEM	\$390	PENALTY	_____
<input type="checkbox"/> PERMIT FEE - TANK REPLACEMENT	\$95	TOTAL PERMIT FEE	<u>470</u>
<input type="checkbox"/> PERMIT FEE - REISSUANCE OF EXPIRED PERMIT	\$115		
<input type="checkbox"/> SUBDIVISION REVIEW	\$160 + \$70 PER LOT		
<input type="checkbox"/> PENALTY FOR FAILURE TO OBTAIN PERMIT PRIOR TO INSTALLATION	\$225		

*#868*

Make Checks Payable to WASHINGTON COUNTY

The following exhibits are required as part of the application and shall be attached hereto: Percolation Test Reports; Soil Boring Logs; Site Plan drawn to scale showing location of buildings, lot lines, percolation test holes, soil boring holes, proposed location of system and location of well(s); one (1) copy of the System Design; and one (1) copy of the Final Building Plan. The house and drainfield areas must be staked. Inaccurate or incomplete information will result in delays in processing.

**AGREEMENT:** The undersigned hereby makes Application for Permit to Install or Extend the Sewage Treatment System herein specified, agreeing that all work shall be done in strict accordance with ordinances and regulations of the County of Washington, Minnesota. Applicant agrees that the Site Plan, Sketches, and Design submitted herewith, and which are reviewed by Washington County, together with any requirements and/or restrictions made necessary by conditions peculiar to a particular location, shall become part of the permit. Applicant further agrees to provide access, at reasonable times, to Washington County for the purpose of performing inspections required and that no part of the system shall be covered until it has been inspected and accepted. **APPLICATION IS FOR AN INSTALLATION AT A SPECIFIC LOCATION; ANY DEVIATION FROM THE APPROVED LOCATION WILL VOID THE PERMIT.** It shall be the responsibility of the applicant for the permit to notify the Office of the Washington County Department of Public Health & Environment that the installation is ready for inspection.

**PERMITS WILL NOT BE ISSUED ONCE FROZEN GROUND CONDITIONS EXIST** due to the inability to conduct soil reviews unless arrangements are made **BY THE APPLICANT** to provide a backhoe, geo-probe, or any other device that can penetrate the frozen soil to allow Washington County to conduct a soil review. In accordance with Minnesota Statute 15.99, Subdivision 2, Washington County has up to SIXTY (60) DAYS to review and approve or deny the permit application.

I hereby certify the above to be true and correct. I hereby give the Washington County Department of Public Health & Environment permission to enter upon my property during normal business hours for the purpose of determining the suitability of the location, design, and construction, which may include minor excavations or soil borings by the Department.

*M. Joyce*  
Signature of Applicant (Owner or Contractor)

7.26.06  
Date

RECEIVED  
JUL 27 2006  
PUBLIC HEALTH



Review Fee:	\$230.00
Permit Fee:	\$240.00
<b>Total Fee:</b>	<b>\$470.00</b>
Previous Payment	\$470.00
Balance Due	\$0.00

**Community:** Cottage Grove  
**Permit Number:** 2200-06-9  
**Owner:** Capra's Utilities  
 2382 Leibel ST  
 White Bear Lake MN 55110-  
**Applicant:** Capra's Utilities

*mailed  
8/4/06*



*scanned 8/5/08 om  
2-6-14*

**2200-06-9**

**PERMISSION IS HEREBY GRANTED**

To execute the work specified in this permit on the following identified property upon express condition that said persons and their agents, and employees shall conform in all respects to the provisions of Ordinance #128, Washington County Development Code, Chapter Four, Individual Sewage Treatment System Regulations. This permit may be revoked at any time upon violation of any of the provisions of said ordinance.

**Project Address:** 7639 Laverne AVE S  
**Geo Code:** 12-027-21-32-0032  
**Designer:** Brown's Soil Testing

Type of System: Standard Pressure Bed		Pressure Distribution	
		Number Of Laterals:	6
		Perforation Spacing:	3 Feet
		Perforation Diameter:	1/4 Inch
		Head Size:	1.0 Inch
		Total Head:	14.785
		Connection:	Center
		Length of Laterals:	34 Feet
		Perforations / Lateral:	12
		Total Perforations:	72
		Gallons Per Minute:	53.28
		Lateral Diameter:	1.25 Inches
<b>Tank Sizes</b>			
Tank 1: 1000	Tank 2: 1000	Tank 3: 0	Lift Station: 1000

**Authorized Work/Special Conditions**

1. Building sewer can be no closer than 20' to well and must be pressure tested within 50 feet of well.
2. Establish a vegetative cover over the soil treatment area within 30 days of the installation. Protect the soil treatment area from erosion until the vegetative cover is established.
3. Install individual sewage treatment system as per approved design in area tested and shown on the site plan.
4. Maximum trench depth 36 inches into natural soil.
5. Minimum 50 feet from septic tank to well.
6. Rock only. No chambers. No gravelless.
7. This system must be installed by a certified/licensed sewage treatment system installer holding a current license with the Minnesota Pollution Control Agency. (A list of installers is available at your request.)

Permit Issue Date: 8/4/2006  
 Permit Expiration Date: 8/4/2007

Christopher W. LeClair, REHS  
 Senior Environmental Specialist



## Individual Sewage Treatment System Inspection Form

<b>Project Address:</b> 7639 Laverne AVE S <b>Community:</b> Cottage Grove <b>Owner:</b> Capra's Utilities <b>Applicant:</b> Capra's Utilities	<b>Application ID:</b> 2200-06-9 <b>Geo Code:</b> 12-027-21-32-0032 <b>Type of System:</b> Standard Pressure Bed <b>Designer:</b> Brown's Soil Testing
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<b>Type of Installation:</b> <input type="checkbox"/> New <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Other	<b>Type of Inspection:</b> <input type="checkbox"/> Site Review <input type="checkbox"/> Tank <input type="checkbox"/> Rough-Up <input type="checkbox"/> Treatment Area <input checked="" type="checkbox"/> Final	<b>Inspector:</b> <input type="checkbox"/> Pete Ganzel <input checked="" type="checkbox"/> Chris LeClair <input type="checkbox"/> Other  <b>Inspection Dates:</b> 18 AUG 2006
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**Number of Bedrooms:** \_\_\_\_\_  
**Installer:** CAPRA'S UTILITIES

Site Review	Mounds / At-Grade
<b>Date:</b> _____ <input type="checkbox"/> Soil Boring <input type="checkbox"/> Soil Pit <b>Depth of Pit/Boring:</b> _____ <b>Comments:</b> _____ _____ _____	<input type="checkbox"/> Mound <input type="checkbox"/> At-Grade    Absorption Area _____ Percent Slope _____ Sand Below Bed _____ Upslope Width _____ Rock Below Pipe _____ Downslope Width _____ Perf Size/Spacing _____ Sideslope Width _____ Pipe Size/Spacing _____ Pressure Bed Dimensions: Length _____ Width _____

Sewage / Holding Tanks	Pump Information
Tank 1 <u>1000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing Tank 2 <u>1000</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing  Baffle Type <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> San-T <input type="checkbox"/> Concrete	Lift Station Capacity <u>1000</u> Feet of Head _____ Horsepower/GPM _____    Size of Discharge Line: _____ Gallons Per Cycle _____    Type/Location or Alarm _____ Gallons Per Minute _____

Trenches, Bed or Gravelless Drainfield	Setbacks																																				
<input type="checkbox"/> Drop Box <input type="checkbox"/> Distribution Box <input type="checkbox"/> Gravity <input type="checkbox"/> Pump Trench <input checked="" type="checkbox"/> Pressure Bed <input type="checkbox"/> Serial <input type="checkbox"/> Parallel <input type="checkbox"/> Chambers <input type="checkbox"/> Gravelless <input type="checkbox"/> 8" <input type="checkbox"/> 10"	Building(s) to tanks <u>10'</u> Building(s) to drainfield <u>20'</u> Surface Water <u>N/A</u> Property Lines <u>10'</u> Wells <input checked="" type="checkbox"/> 50' <input type="checkbox"/> 100'																																				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Trench Depth (in)</td> <td style="width:15%;">T1 _____</td> <td style="width:15%;">Trench Length (ft)</td> <td style="width:15%;">T1 _____</td> <td style="width:15%;">Trench Width</td> <td style="width:15%;">Rock Below Pipe</td> </tr> <tr> <td></td> <td>T2 _____</td> <td></td> <td>T2 _____</td> <td><input type="checkbox"/> 24"</td> <td><input type="checkbox"/> 6"</td> </tr> <tr> <td></td> <td>T3 _____</td> <td></td> <td>T3 _____</td> <td><input type="checkbox"/> 36"</td> <td><input type="checkbox"/> 12"</td> </tr> <tr> <td></td> <td>T4 _____</td> <td></td> <td>T4 _____</td> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> 18"</td> </tr> <tr> <td></td> <td>T5 _____</td> <td></td> <td>T5 _____</td> <td></td> <td><input type="checkbox"/> 24"</td> </tr> </table> Trench Spacing _____	Trench Depth (in)	T1 _____	Trench Length (ft)	T1 _____	Trench Width	Rock Below Pipe		T2 _____		T2 _____	<input type="checkbox"/> 24"	<input type="checkbox"/> 6"		T3 _____		T3 _____	<input type="checkbox"/> 36"	<input type="checkbox"/> 12"		T4 _____		T4 _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 18"		T5 _____		T5 _____		<input type="checkbox"/> 24"	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Pressure Test</th> </tr> <tr> <td>Time _____</td> <td>Time _____</td> </tr> <tr> <td>PSI _____</td> <td>PSI _____</td> </tr> </table>	Pressure Test		Time _____	Time _____	PSI _____	PSI _____
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Time _____	Time _____																																				
PSI _____	PSI _____																																				
Pressure Bed Dimensions: Length <u>36</u> Width <u>25</u> Absorption Area <u>900FR</u>																																					

**Comments:** 6 LATERALS 3' APART 1/4" HOLES / 36" SPACING 16-24" FROM GRADE

Inspector \_\_\_\_\_

**SITE EVALUATION**

**COUNTY USE ONLY**

CHECK ALL THAT APPLY

EVALUATOR:

CHRIS LECLAIR

- NEW
- EXISTING
- DWELLING
- SHORELAND
- CLASS V
- COMMERCIAL ESTABLISHMENT
- FBL ESTABLISHMENT
- IN WELLHEAD PROTECTION AREA

PROPERTY ADDRESS:

7639 LAVERNE AVE S

GEOCODE:

DATE:

3 AUG 2006

TIME:

12:35

**SOIL REVIEW**

SOIL CLASSIFICATION:

PARENT MATERIAL:

SOIL BORING 1

SOIL BORING 2

ELEVATION OF BORING:

LOCATION:

B1 B2

ELEVATION OF BORING:

LOCATION:

GPS COORDINATES: LAT:

LON:

GPS COORDINATES: LAT:

LON:

BORING

PIT

PROBE

BORING

PIT

PROBE

SOIL HORIZON DEPTH (IN)	TEXTURE	COLOR	STRUCTURE	REDOXIMORPHIC FEATURES	SOIL HORIZON DEPTH (IN)	TEXTURE	COLOR	STRUCTURE	REDOXIMORPHIC FEATURES
0"-14"	SILT LOAM	10YR 3/2	BL	NO					
14"-30"	SILT LOAM	10YR 7/3	BL	NO					
30"-34"	LOAMY SAND	10YR 4/3	GR						
34"-72"	COARSE SAND	10YR 4/3	GR						

**SOIL REVIEW CONCLUSIONS**

<input checked="" type="checkbox"/> SITE SUITABLE <input type="checkbox"/> UNSUITABLE SOIL <input type="checkbox"/> DISTURBED SOIL <input type="checkbox"/> COMPACTED SOIL	DEPTH INFORMATION:		SOIL TEXTURE:
	STANDING WATER: NO	SATURATED SOIL: NO	SAND
	BEDROCK: NO	MAXIMUM DEPTH OF SYSTEM: 34"	SOIL SIZING FACTOR: 1.27
			LINEAR LOADING RATE:

**SITE REVIEW**

CHECK ALL THAT APPLY	EASEMENTS ON LOT:	SETBACKS
<input type="checkbox"/> WETLAND OR WETLAND VEGETATION <input type="checkbox"/> POND, LAKE, STREAM, RIVER <input type="checkbox"/> FLOODPLAIN <input type="checkbox"/> 10 YEAR FLOOD ELEVATION _____ <input type="checkbox"/> BLUFFLINE <input type="checkbox"/> WELL WELL CASING DEPTH: _____	<input type="checkbox"/> UTILITY <input type="checkbox"/> DRAINAGE <input type="checkbox"/> OTHER	BLUFFLINE RIVER POND, LAKE, STREAM, WETLAND WELL

COMMENTS/NOTES:

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