

# Soil Observation Log

Project ID: v 04.01.2020

Client: <u>Tricia Hilton</u>		Location / Address: <u>9191 JUSTEN TRL N, CITY OF GRANT</u>							
Soil parent material(s): (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									
Landscape Position: (select one) <u>Shoulder</u>		Slope shape: <u>Concave, Linear</u>							
Vegetation: <u>Grass</u>		Elevation-relative to benchmark: _____							
Weather Conditions/Time of Day: <u>Warm 3:30 pm</u>		Limiting Layer Elevation: _____							
Observation #/Location: <u>See Map</u>		Observation Type: <u>Auger</u>							
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	Shape	Grade	Consistence
0-12"	Loamy Fine Sand	<35%	7.5YR 3/3				Granular	Weak	Loose
13" - 25"	Loamy Fine Sand	<35%	7.5YR 4/6				Granular	Weak	Loose
26" - 39"	Fine Sand	<35%	7.5YR 5/4				Granular	Weak	Loose
40" - 63"	Very Fine Sand	<35%	10YR 5/6				Granular	Weak	Loose
I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.									
Shelley Schlomka (Designer/Inspector)							4137 (License #)		8/12/2022 (Date)
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.									
_____ (LGU Inspector)							_____ (Cert. #)		_____ (Date)