



## Soil and Site Evaluation – Stormwater Infiltration

In accordance with SPS 382.365, 385, Wis. Adm. Code, and WDNR Standard 1002

Attach a complete site plan on paper not less than 8 ½ x 11 inches in size. Plan must include, but is not limited to: vertical and horizontal reference point (BM); direction and percent of slope; scale or dimensions; north arrow; and BM referenced to nearest road.  <p style="text-align: center;"><b>PLEASE PRINT ALL INFORMATION</b></p> Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]				County	
				Parcel I.D.	
				Reviewed By: Reviewed Date:	
Property Owner		PROPERTY LOCATION Govt. Lot ____ ¼ ____ ¼ ____ S ____ T ____ N ____ R ____ E (or) W Lot #, Block #, Subd. Name or CSM #: _____ Municipality: _____ <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Nearest Road: _____			
Property Owner's Mailing Address					
City	State	Zip Code	Phone Number		HYDRAULIC APPLICATION TEST METHOD <input type="checkbox"/> Morphological Evaluation <input type="checkbox"/> Double Ring Infiltrometer <input type="checkbox"/> Other: (specify) _____
Drainage area _____ <input type="checkbox"/> sq. ft <input type="checkbox"/> acres		Test site suitable for (check all that apply):		SOIL MOISTURE Date of soilborings: _____  USDA-NRCS WETS Value: <input type="checkbox"/> Dry = 1 <input type="checkbox"/> Normal = 2 <input type="checkbox"/> Wet = 3	
<input type="checkbox"/> Site not suitable	<input type="checkbox"/> Bioretention	<input type="checkbox"/> Subsurface Dispersal System			
<input type="checkbox"/> Reuse	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Other _____			

#OBS.     Pit     Boring    Ground Surface Elevation \_\_\_\_\_ ft.    Elevation of Limiting Factor \_\_\_\_\_ ft.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	% Rock Frags.	% Fines	Hydraulic App Rate Inches/Hr

Comments:

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Comments:

Overall Site Comments:

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Credential Number \_\_\_\_\_

Address \_\_\_\_\_ Date Evaluation Conducted \_\_\_\_\_ Phone Number \_\_\_\_\_