

SOIL EVALUATION - STORM

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and percent slope, scale or dimensions, north arrow, and BM referenced to nearest road.

Please print all information.

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)).

County	
Parcel I.D.	
Reviewed by	Date

Property Owner				Property Location						
Property Owner's Mailing Address				Govt. Lot	1/4	1/4 S	T	N	R	E (or) W
City				State	Zip Code	Phone Number				
				<input type="checkbox"/> City	<input type="checkbox"/> Village	<input type="checkbox"/> Town	Nearest Road			

Drainage area _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres Optional: Test Site Suitable for (check all that apply) <input type="checkbox"/> Irrigation <input type="checkbox"/> Bioretention trench <input type="checkbox"/> Trench(es) <input type="checkbox"/> Rain garden <input type="checkbox"/> Grassed swale <input type="checkbox"/> Reuse <input type="checkbox"/> Infiltration trench <input type="checkbox"/> SDS (> 15' wide) <input type="checkbox"/> Other _____	Hydraulic Application Test Method: <input type="checkbox"/> Morphological Evaluation <input type="checkbox"/> Double-Ring Infiltrometer <input type="checkbox"/> Other (specify) _____
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<input type="checkbox"/>	Obs. #	<input type="checkbox"/>	Boring	<input type="checkbox"/>	Pit	Ground surface elev. _____ ft.	Depth to limiting factor _____ in.		
									Hydraulic App. Rate
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	% Rock Frag.	Inches/Hr

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CST/PSS Name (Please Print)	Signature	CST/PSS Number
Address	Date Evaluation Conducted	Telephone Number

