



# Soil Observation Log

Project ID:

v 03.15.2023

Client:

Location / Address:

Soil parent material(s): (Check all that apply)  Outwash  Lacustrine  Loess  Till  Alluvium  Bedrock  Organic Matter  Disturbed/Fill

Landscape Position:

Slope %:

Slope shape:

Flooding/Run-On potential:

Vegetation:

Soil survey map units:

Surface Elevation-Relative to benchmark:

Date/Time of Day/Weather Conditions:

Limiting Layer Elevation:

Observation #/Location:

Observation Type:

Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	I----- Structure -----I		
							Shape	Grade	Consistence
							Granular Plat	Loose	Weak
							Blocky Prism.	Moderate	Strong
							Single Grain	Extremely Firm	Rigid
								Massive	
							Granular Plat	Loose	Weak
							Blocky Prism.	Moderate	Strong
							Single Grain	Massive	
							Granular Plat	Loose	Weak
							Blocky Prism.	Moderate	Strong
							Single Grain	Extremely Firm	Rigid
							Granular Plat	Loose	Weak
							Blocky Prism.	Moderate	Strong
							Single Grain	Extremely Firm	Rigid
							Granular Plat	Loose	Weak
							Blocky Prism.	Moderate	Strong
							Single Grain	Extremely Firm	Rigid
							Granular Plat	Loose	Weak
							Blocky Prism.	Moderate	Strong
							Single Grain	Extremely Firm	Rigid

Comments:

I hereby certify that I have completed this work in accordance with all applicable ordinances, rules and laws.

(Designer/Inspector)

(Signature)

(License #)

(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/Designer/Inspector)

(Signature)

(Cert #)

(Date)

# Additional Soil Observation Logs

Project ID:



Client/ Address:		Legal Description/ GPS:							
Soil parent material(s): (Check all that apply) <input 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: (check one) <input type="checkbox"/> Summit <input type="checkbox"/> Shoulder <input type="checkbox"/> Back/Side Slope <input type="checkbox"/> Foot Slope <input type="checkbox"/> Toe Slope         Slope shape									
Vegetation			Soil survey map units		Slope%		Elevation:		
Weather Conditions/Time of Day:						Date			
Observation #/Location:						Observation Type:			
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	----- Structure -----		
							Shape	Grade	Consistence
Comments									
Observation #/Location:						Observation Type:			
Depth (in)	Texture	Rock Frag. %	Matrix Color(s)	Mottle Color(s)	Redox Kind(s)	Indicator(s)	----- Structure -----		
							Shape	Grade	Consistence
Comments									