



SOIL VERIFICATION TO PERIODICALLY SATURATED SOIL - No: _____

Name: _____	P.I.D. #: _____
Contractor: _____	Location: _____

Location		Elevation:		Location		Elevation:	
Lat	Long			Lat	Long		
Depth (Inches)	Texture	Color	Structure	Depth (Inches)	Texture	Color	Structure
			<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None				<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
			<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None				<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
			<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None				<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
			<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None				<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None
			<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None				<input type="checkbox"/> Blocky <input type="checkbox"/> Platy <input type="checkbox"/> Prismatic <input type="checkbox"/> None

Has septic contractor provided site protection for primary and secondary sites: _____

I, _____, and _____ verified that the restricting (seasonal saturation) layer in the soil to be at _____ inches. The soil treatment area (drainfield) will be designed according to this agreed upon depth.

County Employee Signature

Lic #

Date

Septic Contractor Signature

Lic #

Date

Drainfield Location:

Lat:	Lat:	Lat:	Lat:
Long:	Long:	Long:	Long:

Alternative Site:

Lat:	Lat:	Lat:	Lat:
Long:	Long:	Long:	Long: