



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	Platy	Loose	Weak	Loose	Friable	Firm
							Blocky	Prism.	Moderate	Strong	Extremely	Firm	Rigid
							Single	Grain	Massive				
							Granular	Platy	Loose	Weak	Loose	Friable	Firm
							Blocky	Prism.	Moderate	Strong	Extremely	Firm	Rigid
							Single	Grain	Massive				
							Granular	Platy	Loose	Weak	Loose	Friable	Firm
							Blocky	Prism.	Moderate	Strong	Extremely	Firm	Rigid
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							Granular	Platy	Loose	Weak	Loose	Friable	Firm
							Blocky	Prism.	Moderate	Strong	Extremely	Firm	Rigid
							Single	Grain	Massive				

Comments: _____

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

_____ (Designer/Inspector)	_____ (Signature)	_____ (License #)	_____ (Date)
<p>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.</p>			
_____ (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)	I----- Structure-----I		
							Shape	Grade	Consistence
Comments _____									

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Comments _____									