Field Soil Verification Form
For Subsurface Treatment System

Preferred Date/Time to meet: _______________________(24hr notice required) or
□ New Construction □ Replacement system (Between 8:30 – 3:30 Mon-Friday) Please call to schedule □

Requested By: ___________________________ Ph# __________________

Company Name: __________________________________________

Site Location:
Owner’s Name __________________________________________

Pre-Treatment Device Proposed □ Yes □ No *If verification exceeds 30 minutes additional fees apply

Address: ______________________________________ PID# __________

□ Soil Boring#_____ □ Soil Pit #_____ □ Soil Boring#_____ □ Soil Pit #_____

Restricting Layer = _____________ Restricting Layer = _____________
(Depth to periodically saturated soil or bedrock) (Depth to periodically saturated soil or bedrock)

Maximum depth to the bottom of the proposed absorption area = _____________
SP/Boring #_______ was performed where the most limiting soil conditions occur in the site.

Department will contact Designer within 3 business days to confirm or schedule date/time to perform the soils verification. Department may postpone in the event of inclement weather.

*Boring locations must be accurately identified on the Design site plan drawing, staked and identifiers maintained until system constructed and Inspected.

Fee: $85.00
Payment due onsite unless paid prior to Soil Verification
Date Paid:
Receipt #

Signature Rice County Inspector ___________________________ Designer ___________________________ Date __________

SV2017