

GREGG COUNTY HEALTH DEPARTMENT

OSSF SOIL & SITE EVALUATION

Date Performed: _____

Site Location: _____

Proposed Excavation Depth: _____

Evaluation Performed By: _____
(Printed)

Registration Number: _____

REQUIRMENTS:

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area.
 Locations of soil boring or dug pits must be shown on the site drawing.
 For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.
 Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring # _____

DEPTH (Feet)	TEXTURAL Class	STRUCTURE (If Applicable)	DRAINAGE (Mottles/ Water Table)	RESTRICTIVE Horizon	OBSERVATIONS
0-1 Ft					
1-2 Ft					
2-3 Ft					
3-4 Ft					
4-5 Ft					

Soil Boring # _____

DEPTH (Feet)	TEXTURAL Class	STRUCTURE (If Applicable)	DRAINAGE (Mottles/ Water Table)	RESTRICTIVE Horizon	OBSERVATIONS
0-1 Ft					
1-2 Ft					
2-3 Ft					
3-4 Ft					
4-5 Ft					

FEATURES OF SITE AREA

Presence of 100 year flood zone	Yes	No
Presence of upper water shed	Yes	No
Presence of adjacent ponds, streams, water impoundment's	Yes	No
Existing or proposed water well in nearby area (Within 150 feet)	Yes	No
Ground Slope	_____ %	

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

(Signature of Site Evaluator)

(Date) & (Seal)