DISTRICT BOARD OF HEALTH MAHONING COUNTY
SOIL EVALUATION REPORT

NAME_____

ADDRESS_____

SITE/LOCATION_____ TOWNSHIP_____

LOT_____SOIL BORING IDENTIFICATION_____SOIL SERIES NAME:_____

Depth (Inches)	Description	Texture	Permeability		Structure
			Min/inch	Inch/hour	

Depth to Seasonal High Water_____

Depth to Normal Ground Water Table_____

Depth to Bedrock_____ _____

Depth to Limiting Layer_____ Slope of Lot _____

Is the area subject to flooding and ponding? Yes No

Is the area located in a 100 year flood plain as identified by FEMA ? Yes No

Site/Soil Comments:

_____

_____

_____

Soil Professional:

Name_____ Address_____

Phone_____Certification:_____Signature_____

*** SITE MAP OF SOIL BORING LOCATIONS MUST BE ATTACHED AND BORING LOCATION FIELD STAKED AND IDENTIFIED.**