



**SUMMARY OF SOILS REPORT FOR LAND APPLICATION OF TREATED WASTEWATER**

**1.0 PURPOSE**

- Soils report for a surface land application system with an application rate greater than 24-inches per year.
- Soils report for a subsurface system. Type:  Conventional  Mound  Low-pressure pipe  Drip
- Other: \_\_\_\_\_

**2.0 WASTEWATER TREATMENT FACILITY INFORMATION**

NAME		MISSOURI STATE OPERATING PERMIT #	
Seasonal Flow? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESIGN FLOW	PEAK FLOW	

**3.0 SOILS REPORT INFORMATION**

- A. Soils Report Date: \_\_\_\_\_
- B. Application Rate: Surface land application rate: \_\_\_\_\_ inches/year; \_\_\_\_\_ inches/week; \_\_\_\_\_ inches/day.  
Subsurface application (loading) rate: \_\_\_\_\_ gallons per day per square foot.  
Does this apply to entire application area?  Yes  No
- C. Total area available for the soil treatment area: \_\_\_\_\_ acres.
- D. Is there a reserve or replacement soil treatment area available?  Yes  No If yes, how much? \_\_\_\_\_ acres
- E. Is there a discussion concerning the potential groundwater mounding below the subsurface soil dispersal system?  Yes  No
- F. Site percent slope: \_\_\_\_\_
- G. Soil profile descriptions from each observation pit and supplemental soil boring included (i.e. amount of acceptable area, landscape position, depth to limiting layer, depth to bedrock, rock outcrops, flooding and/or ponding frequency an duration, geological risks, setback distances, etc.)?  Yes  No
- H. Is there a site drawing identifying locations of the soil treatment area, observation pits, soil borings, and extent of different soil properties clearly delineated and applicable site features?  Yes  No
- I. Setback distances from residences, water supply sources, losing streams, and other site features identified?  Yes  No
- J. Does the site require imported soils? If yes, include those soil characteristics.  Yes  No
- K. Recommendation for overcoming limitations included?  Yes  No  N/A

**4.0 GEOHYDROLOGIC EVALUATION**

Geohydrologic Evaluation of Liquid-Waste Treatment Facility/Site conducted by the Missouri Geologic Survey and included?  
 Yes  No  N/A Report Date: \_\_\_\_\_

**5.0 PROJECT OWNER**

NAME	TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE

**6.0 QUALIFIED INDIVIDUAL:** I hereby certify that I am familiar with the information contained in this form and to the best of my knowledge and belief such information is true, complete, and accurate. I hereby certify that I prepared, finalized, signed, and dated the attached soils report and that I am a qualified individual that has successfully completed at least fifteen semester credit hours of soil science course work, including at least three hours of course work in soil morphology and interpretations in accordance with section 701.040.1.(2), RSMo 2016 .

NAME	TELEPHONE NUMBER WITH AREA CODE	EMAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
AUTHORIZED SIGNATURE	TITLE OR CORPORATE POSITION	DATE	

If there are any questions concerning this form, contact the Department of Natural Resources, Water Protection Program at 800-361-4827 or 573-751-1300 or visit [dnr.mo.gov/env/wpp/permits/ww-construction-permitting.htm](http://dnr.mo.gov/env/wpp/permits/ww-construction-permitting.htm).

Include completed form with the facility plan or engineering report.

## INSTRUCTIONS

This form is to assist consultants who are soliciting and evaluating soils reports from qualified individuals. Submit this form as part of a facility plan or engineering report. No fee is necessary.

- 1.0 Check the applicable box. If selecting "Other," provide an explanation.
- 2.0 Complete the wastewater treatment facility information. Provide the name and Missouri State Operating Permit, or MSOP, number, and the facility flows.
- 3.0 Provide the information within the soils report.
  - A. Date the soils report developed.
  - B. Provide design information in the units specified.
  - C. Provide design information in the units specified.
  - D. Check the applicable box.
  - E. Check the applicable box.
  - F. Provide design information in the units specified.
  - G. Check the applicable box.
  - H. Check the applicable box. Maps that may be useful are available online at <http://websoilsurvey.nrcs.usda.gov/app/> and <http://nationalmap.gov/ustopo/>.
  - I. Check the applicable box.
  - J. Check the applicable box.
  - K. Check the applicable box.
- 4.0 A copy of a geological site evaluation from the Missouri Geologic Survey must be included for all new surface and subsurface land application sites. The Request for Geohydrologic Evaluation of Liquid-Waste Treatment Facility/Site, Form—MO 780-1688 is available online at [dnr.mo.gov/forms/780-1688-f.pdf](http://dnr.mo.gov/forms/780-1688-f.pdf).
- 5.0 Complete the Project Owner contact information. Include the name, address, phone number with area code and email address.
- 6.0 Complete the Qualified Individual contact information and certification. A qualified individual shall have a minimum of at least fifteen semester credit hours of soils science course work, including at least three hours of course work in soil morphology and interpretations. Include the name, address, phone number with area code, email address and signature.