

	MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES ONSITE WASTEWATER TREATMENT PROGRAM <b>ONSITE SOIL EVALUATOR</b> <i>CEU EXERCISE</i>	FOR DHSS USE ONLY
		Date Paid:
		Check # and Amount:

**\$45.00 CEU FEE**

**OWTS Onsite Soil Evaluator Exercise – Questionnaire #118**  
**FEBRUARY 2013**

<p>Using this website: <a href="#">Soils Missouri Series</a>, find the following soil series descriptions: Menfro, Mexico and Wilderness. For full credit, select two of the three official soil series and descriptions and complete a detailed profile description, a site classification and provide comments recommendation on the last page. Use the official series description for the series to complete the standard state onsite soil evaluation form (<a href="http://health.mo.gov/living/environment/onsite/pdf/SiteEval.pdf">http://health.mo.gov/living/environment/onsite/pdf/SiteEval.pdf</a>).</p>		
<ul style="list-style-type: none"> <li>To receive <b>3.0 CEUs</b> credited, you <i>must</i> complete two Soil Profile Descriptions.</li> </ul>		
<b>Soil Profile Description</b>	<b>Select Onsite Soil Evaluator CEU</b>	<b>TOTAL COST</b>
Menfro - Soil Profile Description		<b>\$45.00</b>
Mexico - Soil Profile Description		
Wilderness - Soil Profile Description		

We will accept business or personal checks, or money orders for payment. We cannot accept credit cards or purchase orders. **Make check or money order payable to the Missouri Department of Health & Senior Services** and mail to:

**Missouri Department of Health and Senior Services**  
**Attention: Fee Receipts**  
**P.O. Box 570**  
**Jefferson City, MO 65102-0570**

I, \_\_\_\_\_  
 Last First Middle Initial Professional ID Number(s)

*have used the documents listed above to complete the standard soil evaluation forms:*

\_\_\_\_\_  
 Signature Contact Phone Number Date

**#118** \_\_\_\_\_  
Last First Middle Initial ID Number

Please complete and return this sheet only if you want #118 answers sent to you (after exercise is taken offline).

Email Address \_\_\_\_\_

Fax Number \_\_\_\_\_

If fax number is not available, confirm your mailing address:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_