



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

MassDEP has provided this form for use by on-site professionals and local Boards of Health. Other forms may be used, but the information must be substantially the same as provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information

Owner Name
Street Address
City
State
Zip Code
Map/Lot #

B. Site Information

1. (Check one) [] New Construction [] Upgrade [] Repair
2. Published Soil Survey Available? [] Yes [] No If yes: Year Published Publication Scale Soil Map Unit
3. Surficial Geological Report Available? [] Yes [] No If yes: Year Published Publication Scale Map Unit
4. Flood Rate Insurance Map
Above the 500-year flood boundary? [] Yes [] No Within the 100-year flood boundary? [] Yes [] No
Within the 500-year flood boundary? [] Yes [] No Within a velocity zone? [] Yes [] No
5. Wetland Area: National Wetland Inventory Map Wetlands Conservancy Program Map



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B. Site Information (Continued)

6. Current Water Resource Conditions (USGS): _____ Range: Above Normal Normal Below Normal

Month/Year

7. Other references reviewed: _____

C. On-Site Review (minimum of two holes required at every proposed primary and reserved disposal area)

Deep Observation Hole Number: _____ Date _____ Time _____ Weather _____

1. Location

Ground Elevation at Surface of Hole: _____ Location (identify on plan): _____

2. Land Use _____ (e.g., woodland, agricultural field, vacant lot, etc.) Surface Stones _____ Slope (%) _____

Vegetation _____ Landform _____ Position on Landscape (attach sheet) _____

3. Distances from: Open Water Body _____ feet Drainage Way _____ feet Possible Wet Area _____ feet

Property Line _____ feet Drinking Water Well _____ feet Other _____ feet

4. Parent Material: _____ Unsuitable Materials Present: Yes No

If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock

5. Groundwater Observed: Yes No If yes: _____ Depth Weeping from Pit _____ Depth Standing Water in Hole _____

Estimated Depth to High Groundwater: _____ inches _____ elevation



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C. On-Site Review (Continued)

Deep Observation Hole Number: _____

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			

Additional Notes:



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C. On-Site Review (Continued)

Deep Observation Hole Number: _____ Date _____ Time _____ Weather _____

1. Location

Ground Elevation at Surface of Hole: _____ Location (identify on plan): _____

2. Land Use _____ (e.g., woodland, agricultural field, vacant lot, etc.) Surface Stones _____ Slope (%) _____

Vegetation _____ Landform _____ Position on Landscape (attach sheet) _____

3. Distances from: Open Water Body _____ feet Drainage Way _____ feet Possible Wet Area _____ feet
Property Line _____ feet Drinking Water Well _____ feet Other _____ feet

4. Parent Material: _____ Unsuitable Materials Present: [] Yes [] No

If Yes: [] Disturbed Soil [] Fill Material [] Impervious Layer(s) [] Weathered/Fractured Rock [] Bedrock

5. Groundwater Observed: [] Yes [] No If yes: Depth Weeping from Pit _____ Depth Standing Water in Hole _____

Estimated Depth to High Groundwater: _____ inches _____ elevation



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C. On-Site Review (Continued)

Deep Observation Hole Number: _____

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			

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D. Determination of High Groundwater Elevation

1. Method Used:

- Depth observed standing water in observation hole A. _____ inches B. _____ inches
- Depth weeping from side of observation hole A. _____ inches B. _____ inches
- Depth to soil redoximorphic features (mottles) A. _____ inches B. _____ inches
- Groundwater adjustment (USGS methodology) A. _____ inches B. _____ inches

2.

Index Well Number _____ Reading Date _____ Index Well Level _____

Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system?

- Yes No

b. If yes, at what depth was it observed? Upper boundary: _____ inches Lower boundary: _____ inches



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F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator

Date

Typed or Printed Name of Soil Evaluator / License #

Date of Soil Evaluator Exam

Name of Board of Health Witness

Board of Health

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with [Percolation Test Form 12](#).



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Field Diagrams

Use this sheet for field diagrams: