



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

A. Facility Information

Owner Name _____

Street Address _____

Map/Lot # _____

City _____

State _____

Zip Code _____

B. Site Information

1. (Check one) New Construction Upgrade Repair

2. Soil Survey Available? Yes No If yes: _____
Source Soil Map Unit

Soil Name _____ Soil Limitations _____

Soil Parent material _____ Landform _____

3. Surficial Geological Report Available? Yes No If yes: _____
Year Published/Source Map Unit

Description of Geologic Map Unit: _____

4. Flood Rate Insurance Map Within a regulatory floodway? Yes No

5. Within a velocity zone? Yes No

6. Within a Mapped Wetland Area? Yes No If yes, MassGIS Wetland Data Layer: _____
Wetland Type

7. Current Water Resource Conditions (USGS): _____ Range: Above Normal Normal Below Normal
Month/Day/ Year

8. Other references reviewed: _____



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

Deep Observation Hole Number: _____

Hole # _____

Date _____

Time _____

Weather _____

Latitude _____

Longitude: _____

1. Land Use _____ (e.g., woodland, agricultural field, vacant lot, etc.)
Vegetation _____ Surface Stones (e.g., cobbles, stones, boulders, etc.) _____ Slope (%) _____

Description of Location: _____

2. Soil Parent Material: _____
Landform _____ Position on Landscape (SU, SH, BS, FS, TS) _____

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

4. Unsuitable Materials Present: Yes No If Yes: Disturbed Soil Fill Material Weathered/Fractured Rock Bedrock

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

Soil Log

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

Additional Notes: _____



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D. Determination of High Groundwater Elevation

- | | | |
|------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| 1. Method Used: | Obs. Hole # _____ | Obs. Hole # _____ |
| <input type="checkbox"/> Depth observed standing water in observation hole | _____ inches | _____ inches |
| <input type="checkbox"/> Depth weeping from side of observation hole | _____ inches | _____ inches |
| <input type="checkbox"/> Depth to soil redoximorphic features (mottles) | _____ inches | _____ inches |
| <input type="checkbox"/> Depth to adjusted seasonal high groundwater (S_h)
(USGS methodology) | _____ inches | _____ inches |

_____ Index Well Number

_____ Reading Date

$$S_h = S_c - [S_r \times (OW_c - OW_{max}) / OW_r]$$

Obs. Hole/Well# _____ S_c _____ S_r _____ OW_c _____ OW_{max} _____ OW_r _____ S_h _____

2. Estimated Depth to High Groundwater: _____ inches

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 (exclude A and O Horizons)?

Upper boundary: _____ inches Lower boundary: _____ inches

c. If no, at what depth was impervious material 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 #

Expiration Date of License

Name of Approving Authority Witness

Approving Authority

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](#).

Field Diagrams: Use this area for field diagrams: