



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

2. Soil Survey

Source _____

Soil Map Unit _____

Soil Series _____

Landform _____

Soil Limitations _____

Soil Parent material _____

3. Surficial Geological Report

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):

Month/Day/ Year _____

Range: Above Normal

Normal

Below Normal

8. Other references reviewed:

(Zone II, IWPA, Zone A, EEA Data Portal, etc.) _____



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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, Plain) _____

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 to Weeping in Hole

_____ Depth to 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			
					Cnc :						
					Dpl:						
					Cnc :						
					Dpl:						
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Additional Notes: _____



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D. Determination of High Groundwater Elevation

1. Method Used (Choose one):

Depth to soil redoximorphic features

Obs. Hole # _____

Obs. Hole # _____

_____ inches

_____ inches

Depth to observed standing water in observation hole

_____ inches

_____ inches

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 _____

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 O, A, and E Horizons)?

Upper boundary: _____

Lower boundary: _____

_____ inches

_____ inches

c. If no, at what depth was impervious material observed?

Upper boundary: _____

Lower boundary: _____

_____ inches

_____ inches



Commonwealth of Massachusetts
 City/Town of

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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: