



Commonwealth of Massachusetts

City/Town of

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

3. Surficial Geological Report Available? [ ] Yes [ ] No If yes: Year Published/Source Publication Scale Map Unit

Geologic/Parent Material

Landform

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: Wetlands Conservancy Program Map Map Unit Name

6. Current Water Resource Conditions (USGS): Month/Year Range: [ ] Above Normal [ ] Normal [ ] Below Normal

7. Other references reviewed:



Commonwealth of Massachusetts

City/Town of \_\_\_\_\_

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

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



**Commonwealth of Massachusetts**

City/Town of \_\_\_\_\_

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

**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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Commonwealth of Massachusetts**

City/Town of \_\_\_\_\_

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

**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:

---



---



---



---



**Commonwealth of Massachusetts**

City/Town of GROTON

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

**C. On-Site Review** (continued)

Deep Observation Hole Number: 824-3

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			
9	A	10YR 3/3				S.L.			CRUMB	FRIABLE	
14	B	10YR 5/4				L.S.			S.A.B.	FRIABLE	
66	C1	10YR 5/3				F-M S.			MASSIVE	FRIABLE	
96	C2	10YR 5/4	@84"			M.S.			MASSIVE	FRIABLE	

Additional Notes: NO GWO, NO REFUSAL

---



---



---



Commonwealth of Massachusetts

City/Town of

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

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



**Commonwealth of Massachusetts**

City/Town of

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

---

**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

\_\_\_\_\_  
WILLIAM J. "JACK" MALONEY, JR.

\_\_\_\_\_  
Typed or Printed Name of Soil Evaluator / License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
7/13 SE#13740

\_\_\_\_\_  
Date of Soil Evaluator Exam

\_\_\_\_\_  
Name of Board of Health Witness

\_\_\_\_\_  
Board of Health

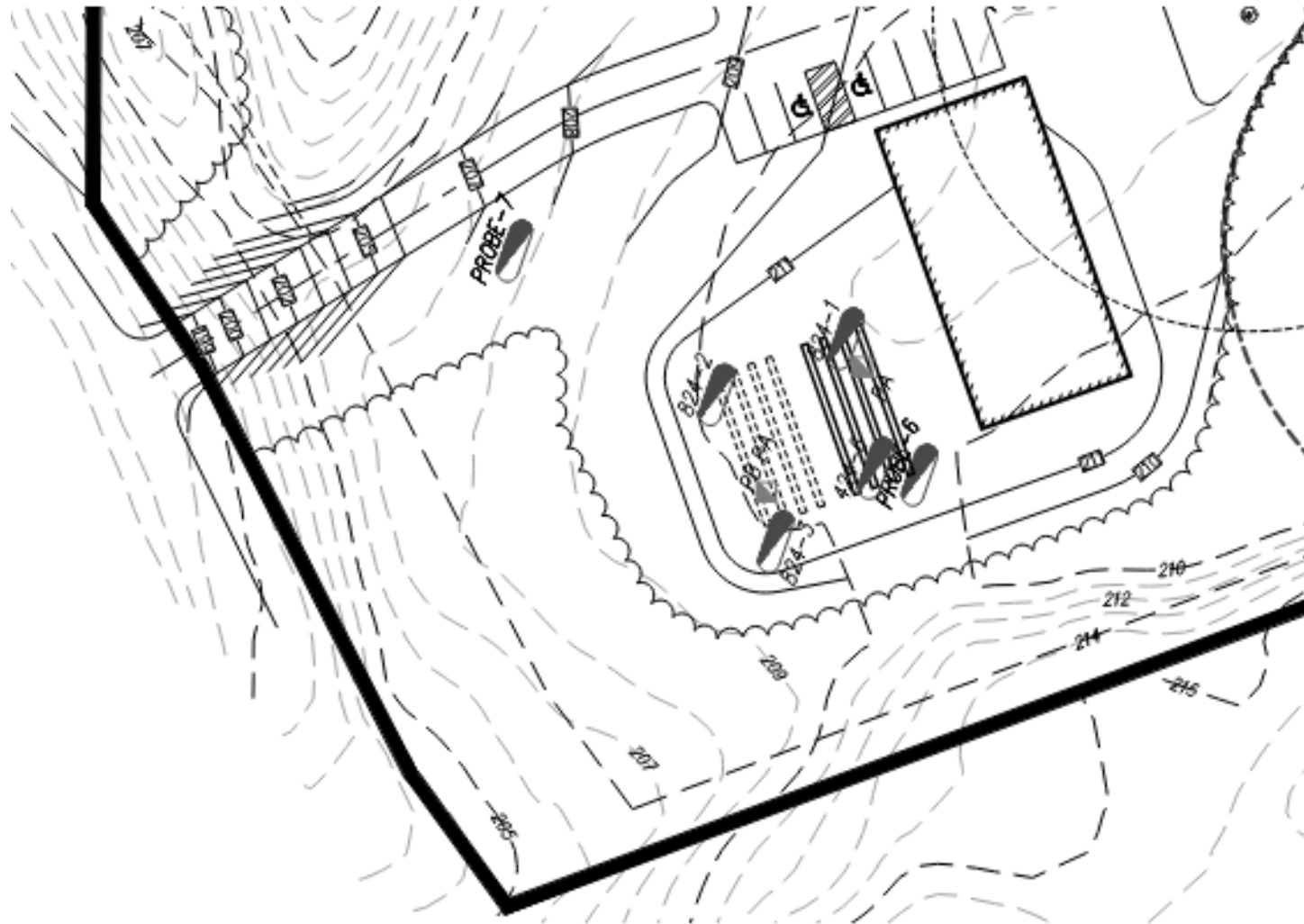
**Note:** In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with [Percolation Test Form 12](#).



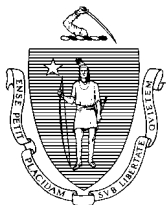
---

## Field Diagrams

Use this sheet for field diagrams:







# Commonwealth of Massachusetts

## City/Town of

### Percolation Test

#### Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### A. Site Information

Owner Name

Street Address or Lot #

City/Town

State

Zip Code

Contact Person (if different from Owner)

Telephone Number

### B. Test Results

	Date	Time	Date	Time
Observation Hole #	PA		PB	
Depth of Perc				
Start Pre-Soak				
End Pre-Soak				
Time at 12"				
Time at 9"				
Time at 6"				
Time (9"-6")				
Rate (Min./Inch)				
	Test Passed:	<input type="checkbox"/>	Test Passed:	<input type="checkbox"/>
	Test Failed:	<input type="checkbox"/>	Test Failed:	<input type="checkbox"/>

WILLIAM J. "JACK" MALONEY, JR

Test Performed By:

Witnessed By:

Comments: