



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. Published Soil Survey Available? ☐ Yes ☐ No

If yes: Year Published Publication Scale Soil Map Unit

Soil Name

Soil Limitations

3. Surficial Geological Report Available? ☐ Yes ☐ No

If yes: Year Published Publication Scale Map Unit

Geologic 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: National Wetland Inventory Map

Map Unit Name

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: _____



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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)

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If yes:

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Estimated Depth to High Groundwater: _____

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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:

- | | | |
|--|--------------------|--------------------|
| <input type="checkbox"/> Depth observed standing water in observation hole | A. _____
inches | B. _____
inches |
| <input type="checkbox"/> Depth weeping from side of observation hole | A. _____
inches | B. _____
inches |
| <input type="checkbox"/> Depth to soil redoximorphic features (mottles) | A. _____
inches | B. _____
inches |
| <input type="checkbox"/> 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: