



Commonwealth of Massachusetts
City/Town of Hubbardston

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			



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Additional Notes:

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

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Hole #

Date

Time

Weather

Latitude

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

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4. Unsuitable

Materials Present: ☐ Yes ☐ No If Yes: ☐ Disturbed Soil ☐ Fill Material ☐ Weathered/Fractured Rock ☐ Bedrock

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Additional Notes:

D. Determination of High Groundwater Elevation

1. Method Used:

- ☐ Depth observed standing water in observation hole
- ☐ Depth weeping from side of observation hole
- ☐ Depth to soil redoximorphic features (mottles)
- ☐ Depth to adjusted seasonal high groundwater (S_h) (USGS methodology)

Obs. Hole # _____

_____ inches

_____ inches

_____ inches

_____ inches

Obs. Hole # _____

_____ inches

_____ inches

_____ 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:



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