



# Town of Barnstable

## Department of Inspectional Services

### Public Health Division

PT # \_\_\_\_\_

200 Main Street, Hyannis MA 02601  
Office: 508-862-4644

Date Scheduled \_\_\_\_\_ Time \_\_\_\_\_

## *Soil Suitability Assessment for Sewage Disposal*

Performed By: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

### LOCATION & GENERAL INFORMATION

Location Address:	Owner's Name:
	Owner's Address:
Assessor's Map/Parcel:	Certified Soil Evaluators Name:
	Certified Soil Evaluators Email:
New Construction or Repair:	Certified Soil Evaluators Telephone #

Land Use \_\_\_\_\_ Slopes (%) \_\_\_\_\_ Surface Stones \_\_\_\_\_

Distances from: Open Water Body \_\_\_\_\_ ft Possible Wet Area \_\_\_\_\_ ft Drinking Water Well \_\_\_\_\_ ft  
Drainage Way \_\_\_\_\_ ft Property Line \_\_\_\_\_ ft Other \_\_\_\_\_ ft

Parent material (geologic) \_\_\_\_\_ Depth to Bedrock \_\_\_\_\_

Depth to Groundwater: Standing Water in Hole: \_\_\_\_\_ Weeping from Pit Face \_\_\_\_\_

Estimated Seasonal High Groundwater \_\_\_\_\_

### DETERMINATION FOR SEASONAL HIGH WATER TABLE

Method Used: \_\_\_\_\_  
 Depth Observed standing in obs. hole: \_\_\_\_\_ in. Depth to soil mottles: \_\_\_\_\_ in.  
 Depth to weeping from side of obs. hole: \_\_\_\_\_ in. Groundwater Adjustment \_\_\_\_\_ ft.  
 Index Well # \_\_\_\_\_ Reading Date: \_\_\_\_\_ Index Well level \_\_\_\_\_ Adj. factor \_\_\_\_\_ Adj. Groundwater Level \_\_\_\_\_

PERCOLATION TEST		Date	Time
Observation Hole #	_____	_____	_____
Depth of Perc	_____	_____	_____
Start Pre-soak Time @	_____	_____	_____
End Pre-soak	_____	_____	_____
Rate Min./Inch	_____	_____	_____

Site Suitability Assessment: Site Passed \_\_\_\_\_ Site Failed: \_\_\_\_\_ Additional Testing Needed (Y/N) \_\_\_\_\_



**Flood Insurance Rate Map:**

Above 500 year flood boundary    No \_\_\_\_            Yes \_\_\_\_

Within 500 year boundary            No \_\_\_\_            Yes \_\_\_\_

Within 100 year flood boundary    No \_\_\_\_            Yes \_\_\_\_

**Depth of Naturally Occurring Pervious Material**

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? \_\_\_\_\_

If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

**Certification**

I certify that on \_\_\_\_\_ (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SKETCH:**                    (Or you can attach a separate sheet)

(Street name, dimensions of lot, exact locations of test holes & perc tests, locate wetlands in proximity to holes)