



Town of Dudley Board of Health

Office Use Only
Payment: _____
Perc #: _____
Date: _____

Soil Suitability Assessment for On-site Sewage Disposal

Date: _____

Street Address:	Owner's Name:
Builder Lot#:	Address:
Assessor's Map & Parcel #:	Telephone:

New Construction Repair

DEEP OBSERVATION HOLE LOG

Depth	Soil Horizon	Soil Color	Soil Mottling	Soil Description

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LOG Parent Material (geologic) _____ **Depth to Bedrock** _____

Standing Water in the Hole _____ **Weeping from Pit Face** _____

PERCOLATION TEST

Observation Hole #				
Depth of Perc				
Start Pre-Soak				
End Pre-Soak				
Time at 12"				
Time at 9"				
Time at 6"				
Time (9"-6")				
Rate minutes/Inches				

Site Passed Site Failed –Date: _____

Performed By: _____ Witnessed By: _____

Notes: _____

