



Town of Oxford

325 Main Street
Oxford, Massachusetts

OFFICE USE ONLY
Check # _____
Amount Paid _____
PERC # _____

Soil Suitability Assessment for On-site Sewage Disposal

Street Address	Owner's Name
Assessor's Map and Parcel Number	Address
	Telephone

New Construction Repair Date: _____

DEEP OBSERVATION HOLE LOG

Depth	Soil Horizon	Soil Texture	Soil Color	Soil Mottling	Soil Description

Depth	Soil Horizon	Soil Texture	Soil Color	Soil Mottling	Soil Description

Parent Material (geologic) _____ Depth to Bedrock _____
 Standing Water in the Hole _____ Weeping from Pit Face _____

PERCOLATION TEST

					Below this line Board of Health Use Only
Observation Hole #					Site Passed <input type="checkbox"/>
Depth of Perc					Site Failed <input type="checkbox"/>
Start Pre-soak					Performed By: _____
End Pre-soak					
Time at 12"					Witnessed By: _____
Time at 9"					
Time at 6"					
Time (9"-6")					
Rate Minutes/Inch					