

**Advanced Training Workshop for Soil Evaluators**  
**Review/Update**  
**Soil Science and Geology for Soil Evaluators**  
**Workshop Number: T514-0002**

**Southeastern Massachusetts (Wareham/Sandwich Area)**  
**Friday, April 28, 2017**

**Presented by:**  
**Peter C. Fletcher, Certified Professional Soil Scientist (02703),**  
**Soil Evaluator (SE3027) and Title 5 System Inspector (SI2975)**

**Workshop Description**

This is a 4 hour lecture plus hands-on exercise workshop. The workshop is designed for professionals who are seasoned Soil Evaluators with field experience. It is being presented in different regions throughout Massachusetts. Participants completing this workshop will receive 4 Soil Evaluator Training Credit Hours and 2 Title 5 System Inspector Training Credit Hours.

The focus of the course is a review and update of soil science and geology as it relates to describing, documenting, and interpreting soil conditions within deep observation holes and completing a Form 11 – Soil Suitability Assessment for On-site Sewage Disposal. This workshop is presented as a series of lectures and PowerPoint presentations. There will be hands-on-exercises using reference materials and soil samples.

**Lecture and Hands-on Exercises**

**Date:** Friday, April 28, 2017  
**Meeting Location:** To be announced (Wareham/Sandwich Area)  
**Lecture Time:** 12:30 PM to 4:30 PM

**Review and Update of Geology and Soil Science:**

- Researching reference materials on the Internet and completing a Form 11
- Glacial geology of Southern New England
- Common landscapes and landforms found within Massachusetts
- Effects of soil formation within Southern New England
- Logging a deep hole
- Identifying and interpreting soil horizons and layers
- Field methodology for determining soil texture

- Documenting soil colors
- Understanding the different groundwater systems common to New England
- Estimating the depth to seasonal high water table using soil features (redoximorphic features)
- Field methodology for determining soil consistence (firm, very firm, extremely firm) and soil structure

**Hands-on exercises will include:** identifying different geologic sediments (parent material) using field samples, determining the soil texture using field techniques, interpreting contours on USGS topographic maps to identify different landforms, etc.

**Course Materials:** Each participant will receive handouts and a field guide.

**Refreshments:** Snacks and drinks will be provided.

**Attendance:** All participants are required to be present during the entire workshop. Attendance will be taken at the start and close of the workshop.

**Limited Enrollment:** To allow for small group instruction/discussion, enrollment for this workshop is limited to 30 participants.

**Certificate of Completion:** A Certificate will be awarded to each participant who successfully completes the workshop verifying the completion of 4 Soil Evaluator Training Credit Hours and 2 Title 5 System Inspector Training Credit Hours. Participants should keep the Certificate in a safe place as it may be needed by NEIWPC to verify attendance at the workshop.

**All LSP participants:** A Standard Course Continuing Education Attendance Certification Form that will be given to each LSP participant who successfully completes the workshop. Complete the LSP form and send to the LSP Board.

**Lost Certificate Policy:** There will be a \$50 fee for researching records and the reissue of a Certificate of Completion. The request and the fee must be received by mail addressed to: Peter Fletcher, PO Box 87103, South Dartmouth, MA 02748.

**The Registration Form and the Liability Agreement are found on the following two pages and must be completed.**

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Print Name: \_\_\_\_\_  
Name as shown on Official State Soil Evaluator List (please print):

Soil Evaluator Number: SE \_\_\_\_\_

Title 5 System Inspector Number: SI \_\_\_\_\_

Organization/Business: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check the box for  SE (4 TCH),  SI (2 TCH) and/or  LSP (CEC) Credit.**

**Fee for workshop is \$135.00, please make checks payable to Peter Fletcher. We are unable to accept credit cards.**

**Liability Form  
Release of Liability Agreement (ROL)**

For Peter C. Fletcher training, workshop, courses, and etc.

In consideration of being allowed participation, I agree, on behalf of myself, my assigns, executors, and heirs, to release and indemnify and hold harmless Peter C.

Fletcher from any cause or action, claims or demands, or any nature whatsoever, including but not limited to any claims of negligence, which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against Peter C. Fletcher on account of personal injury, property, damage, death or accident of any kind arising out of or in any way related to my presence at or participation in any activity, event or workshop, including traveling to, training for, being instructed in or participation in any of the above named events, workshops, or activities. I understand that I am releasing Peter C. Fletcher for any and all claims for injuries or damages arising out of Peter C. Fletcher's negligence including, but not limited to the temporary or permanent muscle strain or soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, fractures, spinal injuries, head injuries, eye injuries, disfigurement, paralysis, internal injuries, organ damage or death. I recognize that there are other risks of injury that may occur by my participation, which are not possible to specifically list.

It is the clear intent of this release agreement that the participator is releasing Peter C. Fletcher, his trustees, officers, agents, employees or instructors from any and all liability for any personal injury or property damage caused by Peter C. Fletcher's negligence of any and all agents, employees or instructors.

I understand, have read this release and, understand its terms.

**I have read the attached Liability Form and agree with the terms stated:**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail check for \$135, completed registration form and signed liability form in the same envelope to:**

**Peter Fletcher  
PO Box 87103  
South Dartmouth, MA. 02748**

**Confirmation notice: Upon receipt of the forms and check, you will receive an email confirming your registration**