

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10 FORETOP ROAD

Property Address

Owner information is required for every page.

Owner's Name

BOURNE

City/Town

MA

State

02532

Zip Code

01/13/2014

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

JOHN GRACI

Name of Inspector

GRACI SEPTIC INSPECTIONS, LLC

Company Name

PO BOX 2119

Company Address

TEATICKET

City/Town

508-641-6694

Telephone Number

MA

State

02536

Zip Code

S1468

License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

Passes

Conditionally Passes

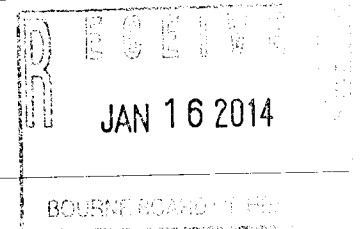
Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

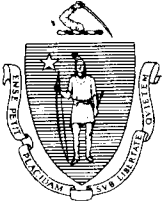
01/14/2014

Date



The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.



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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

A) System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

NA

B) System Conditionally Passes:

One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

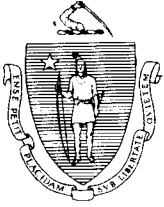
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

Y N ND (Explain below):

NA



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B. Certification (cont.)

- checkbox Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

B) System Conditionally Passes (cont.):

- checkbox Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- checkbox broken pipe(s) are replaced Y N ND (Explain below):
- checkbox obstruction is removed Y N ND (Explain below):
- checkbox distribution box is leveled or replaced Y N ND (Explain below):

NA

- checkbox The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- checkbox broken pipe(s) are replaced Y N ND (Explain below):
- checkbox obstruction is removed Y N ND (Explain below):

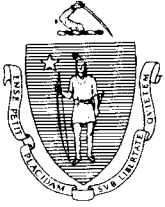
NA

C) Further Evaluation is Required by the Board of Health:

- checkbox Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

- checkbox Cesspool or privy is within 50 feet of a surface water
- checkbox Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh



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B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- Four checkbox options regarding septic tank and soil absorption system (SAS) proximity to surface water supply, public water supply, and private water supply well.

Method used to determine distance:

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

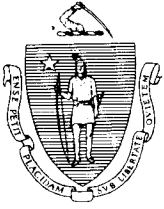
3. Other:

NA

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- Table with 2 columns: Yes, No. Four rows of failure criteria with checkboxes.



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B. Certification (cont.)

Yes No

Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: _____.

Any portion of the SAS, cesspool or privy is below high ground water elevation.

Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

Any portion of a cesspool or privy is within a Zone 1 of a public well.

Any portion of a cesspool or privy is within 50 feet of a private water supply well.

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes

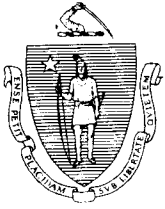
No

the system is within 400 feet of a surface drinking water supply

the system is within 200 feet of a tributary to a surface drinking water supply

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



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C. Checklist

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

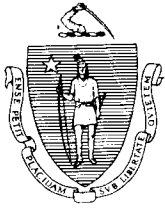
- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, water flows, plans, and inspections.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 9 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440



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D. System Information

Description:

1500 GALLON SEPTIC TANK, 3-500 LEACH CHAMBERS WITH STONE AND DISTRIBUTION BOX SEPTIC MUST BE PUMPED NOW AND EVERY 2 YEARS. THE SYTEM FAILS . THE SYSTEM IS NOT DESIGNED TO HANDLE THE NUMBER OF BEDROOM THAT ARE PRESENT

VACENT

Number of current residents:

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.)

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

Water meter readings, if available (last 2 years usage (gpd)):

TOWN

Detail:

2012 - 236,000 2013 - 196,000

Sump pump?

Yes No

Last date of occupancy:

VACENT

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

NA

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

Yes No

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:



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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

NA

General Information

Pumping Records:

Source of information:

NA

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):



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D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

05/07/2001

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2' feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

GREATER THAN 10+ FEET feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

NO COMMENT

Septic Tank (locate on site plan):

Depth below grade:

18" feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

SEPTIC TANK MUST BE PUMPED NOW AND EVERY 2 YEARS. THE TANK IS NOT DESIGNED FOR THE NUMBER THAT ARE IN THE HOUSE

If tank is metal, list age:

NA years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes No

Dimensions:

Sludge depth:

18"



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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle

16"

Scum thickness

16"

Distance from top of scum to top of outlet tee or baffle

6"

Distance from bottom of scum to bottom of outlet tee or baffle

How were dimensions determined?

MEASURED

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

SYSTEM FAILS AT TIME OF INSPECTION DOES NOT HAVE A HALF OF A DAYS FLOW. THE SYSTEM IS NOT DESIGNED TO HANDLE THE NUMBER OF BEDROOMS THAT ARE IN THE HOUSE. SEPTIC TANK MUST BE PUMED NOW AND EVERY 2 YEARS

Grease Trap (locate on site plan):

Depth below grade:

NA

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

NA

Scum thickness

NA

Distance from top of scum to top of outlet tee or baffle

NA

Distance from bottom of scum to bottom of outlet tee or baffle

NA

Date of last pumping:

NA

Date



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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

NA

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

NA

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

NA

Dimensions:

NA

Capacity:

NA

gallons

Design Flow:

NA

gallons per day

Alarm present:

Yes

No

Alarm level:

NA

Alarm in working order:

Yes

No

Date of last pumping:

NA

Date

Comments (condition of alarm and float switches, etc.):

NA

* Attach copy of current pumping contract (required). Is copy attached?

Yes

No



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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

BOTTOM OF PIPE

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

DISTRIBUTION BOX NEEDS TO BE REPLACED THE COVER IS BROKEN AND THE DBOX HAS CRACKS IN IT.

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No*

Alarms in working order:

Yes No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

NA

* If pumps or alarms are not in working order, system is a conditional pass.

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

NA



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D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: 3-500
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: _____
- overflow cesspool number: _____
- innovative/alternative system

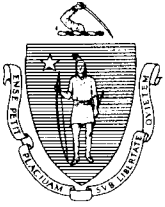
Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

SYSTEM FAILS AT TIME OF INSPECTION DOES NOT HAVE A HALF OF A DAYS FLOW.THE LEACH FIELD IS NOT DESIGNED FOR THE NUMBER OF BEDROOMS THAT ARE IN THE HOUSE

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

- Number and configuration NA
- Depth – top of liquid to inlet invert NA
- Depth of solids layer NA
- Depth of scum layer NA
- Dimensions of cesspool NA
- Materials of construction NA
- Indication of groundwater inflow Yes No



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D. System Information (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

NA

Privy (locate on site plan):

Materials of construction:

NA

Dimensions

NA

Depth of solids

NA

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):



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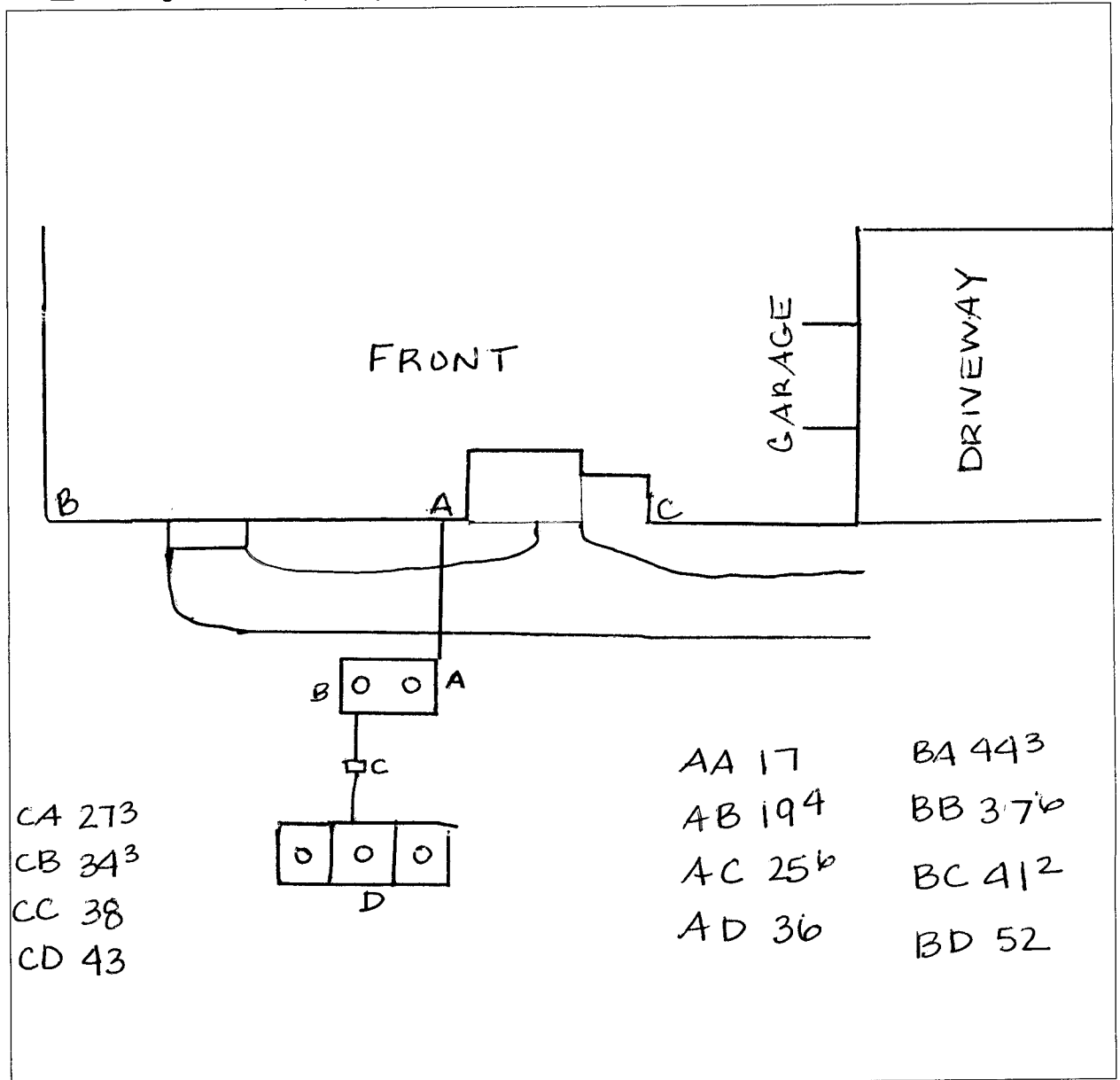
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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





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D. System Information (cont.)

Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

GREATER THE 12+ FEET
feet

Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record
If checked, date of design plan reviewed: _____ Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
REVIEWED PRIOR ASBUILT
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



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E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file