



holmes and mcgrath, inc.

civil engineers and land surveyors
205 worcester court · suite a4 · falmouth, ma · 02540
508-548-3564 · 800-874-7373 · fax 508-548-9672
tsantos@holmesandmcgrath.com

RECEIVED

NOV 08 2021

Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532

November 4, 2021

Bourne Board of Health
24 Perry Avenue
Buzzards Bay, MA 02532

PAID
11-8-21 JNBH
Pd ck # 1557

Dear Board Members:

RE: #72 Circuit Avenue, Bourne

Please find enclosed six (6) copies of the Existing Conditions Plan (full size) and one reduced sized for the above referenced address, architectural plans, recent Title 5 inspection report and a check for \$125.00 to cover the filing fees. Please accept these plans and letter as an application for a "Waiver Request" for the continued use of the existing septic system while performing renovations the existing.

The applicant is proposing renovations to the existing 2 bedroom dwelling and is requesting to continue the use of the septic system at #72 Circuit Avenue in Bourne. The existing septic system consists of a 1,000 gallon septic tank and 6' diameter leaching pit located to the east of the house in the back yard lawn area. The leaching pit is located approximately 168' away from the nearest wetland resource area on the west side of Circuit Avenue.

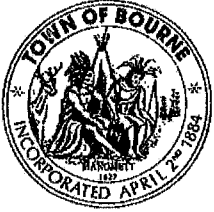
Please review the enclosed design plans and place us on the December 8, 2021 public hearing. We have notified all abutters as required and will bring proof of mailings to the public hearing.

If you have any questions or concerns, please contact me.

Sincerely,
HOLMES AND McGRATH, INC.

Timothy M. Santos, P.E.
Vice President

enclosures



Bourne Board of Health
Application for Septic
Variance or Waiver Requests



In accordance with the established procedures of the Bourne Board of Health, this application is for septic variances and waivers which have not been approved administratively and require approval at a public meeting. Please use the following application form for guidance on how to apply for variances and waivers which serve new construction, changes in use, or increases in flow to on-site sewage disposal systems with design flows of less than 10,000 gallons/ day.

1. Facility Name and Address:

Owner's Name: John and Christina Bonvouloir

Facility's Street Address: #72 Circuit Avenue

Owner's Telephone Number: 1-781- 504-6967

Owner's E-mail Address: john_bonvouloir@yahoo.com

Owner's Mailing Address: #37 Fuller Road, Needham, MA 02492

2. Applicant or Preparer's Name and Address (if different from above):

Preparer's Name: Timothy Santos

Company: Holmes and McGrath, Inc.

Telephone Number: 1-50-548-3564

E-mail Address: tsantos@holmesandmcgrath.com

Mailing Address: 205 Worcester Court, Suite A4, Falmouth

State/ Zip Code: MA 02540

3. Type of Facility (check all that apply):

Residential Commercial Institutional School Industrial

4. Describe Facility (i.e. single-family dwelling, 45 seat restaurant): Existing 2 Bedroom Single Family Dwelling to be renovated (no increase in flow)

5. Type of System (check all that apply): Conventional Title 5 I/A System

Pumped System Gravity System Pressure Dosed Existing Proposed

6. Describe the existing/ proposed septic system components: 1,000 gallon septic tank and 6' diameter leaching pit

7. Design Flow per 310 CMR 15.203 (in gallons/ day):

Design flow of system: 2 bedrooms

Total design flow of facility: 220 gallons per day

8. Enclose a **letter of request for variances/ waivers** which makes reference to the specific provisions of Title 5 and/ or the Board Bourne of Health Regulations for which a variance is sought. Please use this opportunity to demonstrate compliance with 310 CMR 15.410, and to justify the relevant facts and circumstances of the individual case. Note that with regard to variances for new construction, enforcement of the provision from which a variance is sought must be shown to deprive the applicant of substantially all beneficial use of the subject property in order to be manifestly unjust. Be sure to explain why full compliance with the applicable regulations is not feasible, and how a level of environmental protection that is at least equivalent to that provided under Title 5 and the Board of Health Regulations can be achieved without strict application of said regulations.

9. In order for this Application to be deemed complete, it must be accompanied by the following:

- Application Fees paid to the Town of Bourne.
- Letter of request describing nature of variances (see samples)
- Six sets of complete plans and specifications. One with original stamp of design engineer.
- Nitrogen Loading Calculation Sheet(s) if applicable
- If abutter notification is required, one of each of the following must be submitted:
 - A copy of the certified list of abutters from the Assessor's Department
 - Sample letter for abutter notification postmarked 10 days prior to meeting date
 - Proof of certified mailing (receipts) meeting requirements of 310 CMR 15.405(2)
- Proposals for installation of Innovative/ Alternative septic systems must be accompanied by:
 - A copy of the Certification for Use including technology specific conditions
 - Draft disclosure notice for the I/A technology to be recorded in the deed
- Hydrogeologic data for all leaching facilities proposed within 100ft of a wetland/ watercourse
- Percentage of Increase Worksheet may be required for waivers or increases in flow

10. Certification:

"I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Facility Owner's Signature 

Date: October 19, 2021

Print Name: John Bonvouloir

Signature of Preparer 

Date: October 19, 2021

Print Name: Timothy Santos

For Office Use Only

Completed Application Received: _____

Reviewed By: _____

Hearing Date: _____

Permit #: _____

Circle all that apply:

Approved

Continued

Disapproved

Other

Notes: _____

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER - SEE REVERSE SIDE FOR COMPLETE SECURITY FEATURES

HOLMES AND MCGRATH, INC.
LAND SURVEYORS AND CIVIL ENGINEERS
205 WORCESTER COURT, UNIT A4
FALMOUTH, MA 02540
PH: 508-548-3564

1557

53-7164/2113

DATE	INVOICE	AMOUNT
	BAH	
	RECON	
	FRABOURN	

PAY One Hundred Twenty Five and 00/100

DATE	TO THE ORDER OF	GROSS AMOUNT	DISC.	DESCRIPTION	NET AMOUNT
11/4/21	Town of Bourne				125

DOLLARS

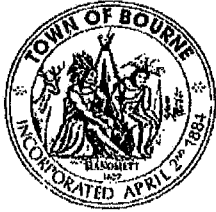


Clay J. Roche

THE COOPERATIVE BANK OF CAPE COD

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS HERE - RED IMAGE DISAPPEARS WITH HEAT.





Terri A. Guarino
Health Agent

TOWN OF BOURNE BOARD OF HEALTH

24 Perry Avenue
Buzzards Bay, MA 02532
www.townofbourne.com/health
Phone (508) 759-0600 ext. 1513
Fax (508) 759-0679



Percentage of Increase Worksheet

Subject Address: #72 Circuit Avenue

Request for variances or waivers that include renovations, alterations, or additions to the existing dwelling, architectural of the existing house and the proposed house must be submitted to the Board of health at the time of the variance or waiver request and shall include the following:

	EXISTING	PROPOSED	% INCREASE
Bedroom Square Footage (any labeled bedroom and or room which provides minimum seclusion as per Board of Health definition)	216 SF	349 SF	61.5%
Non-Bedroom Space (living room, kitchen, bathrooms, closets, hallways etc.)	1,044 SF	1,149 SF	10.0%

Percentage of Total Increase _____

For the purpose of any variances or waiver requests for a reduction in the 150 foot setback to the wetlands/top of coastal bank, which includes a proposal for renovations, alterations or additions to the existing dwelling, the following guidelines shall apply:

For projects where the renovations, alterations or additions result in an increase of bedroom space by Board of Health definition, of 25% or greater, a septic system which includes nitrogen removal, i.e. some type of Alternative Technology System with pressure dosing shall be required

For projects where the renovations, alterations or additions result in an increase of non-bedroom space such as kitchen, living room, bathroom etc. of 50% or greater an Alternative Technology system may be required.

Formula for total increase percentage:

Subtract existing from proposed = square footage added
Divide square footage added by existing = % increase

800 existing 1200 proposed
1200 - 800 = 400 square footage added
400 / 800 = 50% increase



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tsantos@holmesandmcgrath.com

Property Owner within 100 feet of the proposed project:

RE: Board of Health Hearing
for **John and Christina Bonvouloir**
#72 Circuit Avenue, Bourne
Waiver Request to use Existing Septic System

The Bourne Board of Health will conduct a public hearing on the application of **John and Christina Bonvouloir** to perform interior renovations to the existing dwelling and to continue using the existing septic system.

The hearing will be held at the Bourne Veteran's Memorial Community Building in Conference Room #2 on **Wednesday, December 8, 2021, beginning at 5:30 p.m.** The application and plans for the above referenced public hearing are available for review at the Bourne Board of Health Department.

Sincerely,
HOLMES AND McGRATH, INC.

Timothy M. Santos, PE
Vice President

100-FOOT ABUTTERS LIST

prepared for

John & Christina Bonvouloir
#72 Circuit Avenue, Bourne
Job Number 217383

LOCUS:

MAP 43.3 PARCEL 239
JOHN & CHRISTINA BONVOULOIR
37 FULLER ROAD
NEEDHAM, MA 02492

ABUTTERS:

MAP 43.3 PARCEL 238
STEPHEN & SARAH DOUCHETTE
134 ANAWAN ROAD
NORTH ATTLEBORO, MA 02760

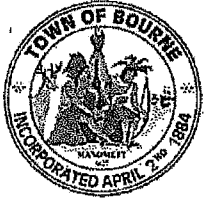
MAP 43.3 PARCEL 240
ERIC WEST
68 CIRCUIT AVENUE
POCASSET, MA 02559

MAP 43.3 PARCEL 268
TOWN OF BOURNE
24 PERRY AVENUE
BUZZARDS BAY, MA 02532

MAP 43.3 PARCEL 275
CATHLEEN & EDWARD O'SULLIVAN
4255 GULF SHORE BLVD NORTH UNIT #705
NAPLES, FL 34103

MAP 43.4 PARCEL 38
GARY & NANCY GOODHILE
P.O. BOX 661
POCASSET, MA 02559

MAP 43.4 PARCEL 41
AMY GARDNER
C/O MARK GARDNER
412 GROTON ROAD
WESTFORD, MA 01886



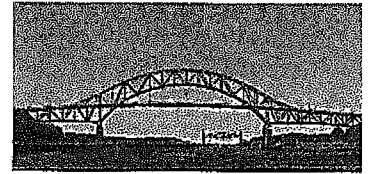
TOWN OF BOURNE

Board of Assessors

24 Perry Avenue

Buzzards Bay, MA 02532

(508) 759-0600 Ext. 1510 ♦ Fax (508) 759-8026



Michael Leitzel, Chairperson
Ellen Doyle Sullivan, Clerk
Donna Barakauskas, Member

Rui Pereira, MAA
Director of Assessing

October 20, 2021

Holmes & McGrath Inc.
Nate Goshgarian
205 Worcester Ct.
Falmouth, MA 02540

Re: Abutters List for Map 43.3 Parcel 239
Subject Property: 72 Circuit Ave.

As required by the Bourne Board of Health, pursuant with section 310 CMR 15.411(1), this is to certify that the attached list of names and addresses constitutes all of the parties in interest as shown on the most recent tax list of the Town of Bourne.

Abutting properties are: Map 43.3 Parcels 238, 240, 268 & 275; Map 43.4 Parcels 38 & 41.

Your payment of \$10.00 has been received by the Bourne Assessor's Office.

Please be advised that this abutters list is only good for 30 days from the date on this letter. Expired abutters list can be recertified for an additional filing fee.

See enclosed for abutters mailing addresses.

Board of Assessors

*Ellen Doyle Sullivan -
Donna Barakauskas
Michael Leitzel*

1 Abutters List
 LIVE
 Key IN 9511,9509,9537,9543,9581,9584
 Report #24: Owner Listing Report
 Fiscal Year 2022
 Bourne MA

Key	Parcel ID	Owner	Location	LO/CI	Bk-Pct(Cert) /Dt	Mailing Street	Mailing City	ST	Zip	County
9509	43.3-238-0	DOUCETTE STEPHEN R & SARAH L DOUCETTE	41 SACO AVE N 1010	N	31750/262 12/27/2018	134 ANAWANDA ROAD	NORTH ATTLEBORO	MA	02760	MA
9511	43.3-240-0	WEST ERIC	98 CIRCUIT AVE N 1010	N	20470/57 11/14/2005	68 CIRCUIT AVE	FOCASSET	MA	02559	MA
9537	43.3-288-0	TOWN OF BOURNE BEACH AREA OFF CIRCUIT AVE	0 CIRCUIT AVE N 9300	N	N/A/N/A	24 PERRY AVE	BUZZARDS BAY	MA	02592	MA
9543	43.3-275-0	OSULLIVAN CATHLEEN C & EDWARD TRS CC OSULLIVAN REV TRUST	76 CIRCUIT AVE N 1010	N	32702/150 2/20/2020	4255 GULF SHORE BLVD N UNIT #705	NAPLES	FL	34103	FL
9581	43.4-38-0	GOODHILL GARY R & NANCY M GOODHILL	39 SACO AVE N 1010	N	8224/82 9/28/1992	PO BOX 651	FOCASSET	MA	02559	MA
9584	43.4-41-0	GARDNER AMY R	56 CIRCUIT AVE N 1090	N	737/15 12/15/1949	C/O MARK I GARDNER .412 GROTON RD.	WESTFORD	MA	01886	MA

Total Records 6



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

72 Circuit Ave

Property Address

Christina Bonvouloir

Owner's Name

Pocasset

City/Town

MA

State

02559

Zip Code

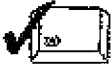
07/20/2021

Date of Inspection

Owner information is required for every page.

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. Inspector Information

Michael T Bistenere

Name of Inspector

Cape Septic Inspections

Company Name

52 Rivers End Road

Company Address

Tealicket

City/Town

508-280-3356

Telephone Number

Ma.

State

02536

Zip Code

S13938

License Number

B. Certification

I certify that I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature

07/22/2021

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 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 form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Please note: 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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07/20/2021

Date of Inspection

Owner information is required for every page.

C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

1) 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:

This 2 bedroom home has an H-10 1000 gallon septic tank feeding a precast leaching pit with stone. At the time of the inspection the leaching was dry and no visible failure criteria was found.

2) 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):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

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):

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

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

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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

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.

a. 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:



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C. Inspection Summary (cont.)

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

b. 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:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a 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.

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

- | | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |



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C. Inspection Summary (cont.)

4) System Failure Criteria Applicable to All Systems: (cont.)

- | Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |

5) 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 C.4.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 |



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C. Inspection Summary (cont.)

If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

6. You must indicate "yes" or "no" for each of the following for all inspections:

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): N/A Number of bedrooms (actual): 2

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

Description:

Number of current residents: 1

Does residence have a garbage grinder? Yes No

Does residence have a water treatment unit? Yes No

If yes, discharges to: _____

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 water

Detail:

In 2020 - 81,000 gallons were used and in 2019 - 63,000 gallons were used.

Sump pump? Yes No

Last date of occupancy: occupied
Date



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment: _____

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

Water treatment unit present?

Yes No

If yes, discharges to: _____

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available: _____

Last date of occupancy/use: _____

Date

Other (describe below):

3. Pumping Records:

Source of information: _____

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped: _____

gallons

How was quantity pumped determined? _____

Reason for pumping: _____



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

72 Circuit Ave

Property Address

Christina Bonvouloir

Owner's Name

Pocasset

City/Town

MA

State

02559

Zip Code

07/20/2021

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

4. 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):

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

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

21"

feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

town water

feet

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

Water was flushed and came freely.



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D. System Information (cont.)

8. Septic Tank (locate on site plan):

Depth below grade:

12"

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

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

Yes

No

Dimensions:

H-10 1000 gallon

Sludge depth:

2"

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

34"

Scum thickness

1"

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

5"

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

13"

How were dimensions determined?

sludge judge

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

I recommend the new owner put the septic tank on a maint. plan with a local septic pumping co. based on the future use of the home. At the time of inspection the liquid level was at working level and the tee's were in place.



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D. System Information (cont.)

7. Grease Trap (locate on site plan):

Depth below grade: _____

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain): _____

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping: _____

Date

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

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

Depth below grade: _____

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain): _____

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day



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D. System Information (cont.)

8. Tight or Holding Tank (cont.)

Alarm present:

Yes No

Alarm level: _____

Alarm in working order: Yes No

Date of last pumping: _____

Date

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

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

Yes No

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

Depth of liquid level above outlet invert

N/A

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.):

I ran a camera down the discharge pipe and did not see a D-Box.



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D. System Information (cont.)

11. Soil Absorption System (SAS) (cont.)

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

At the time of the inspection the leaching was dry and no visible failure criteria was found.

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

Number and configuration

Depth - top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No

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



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D. System Information (cont.)

13. Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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



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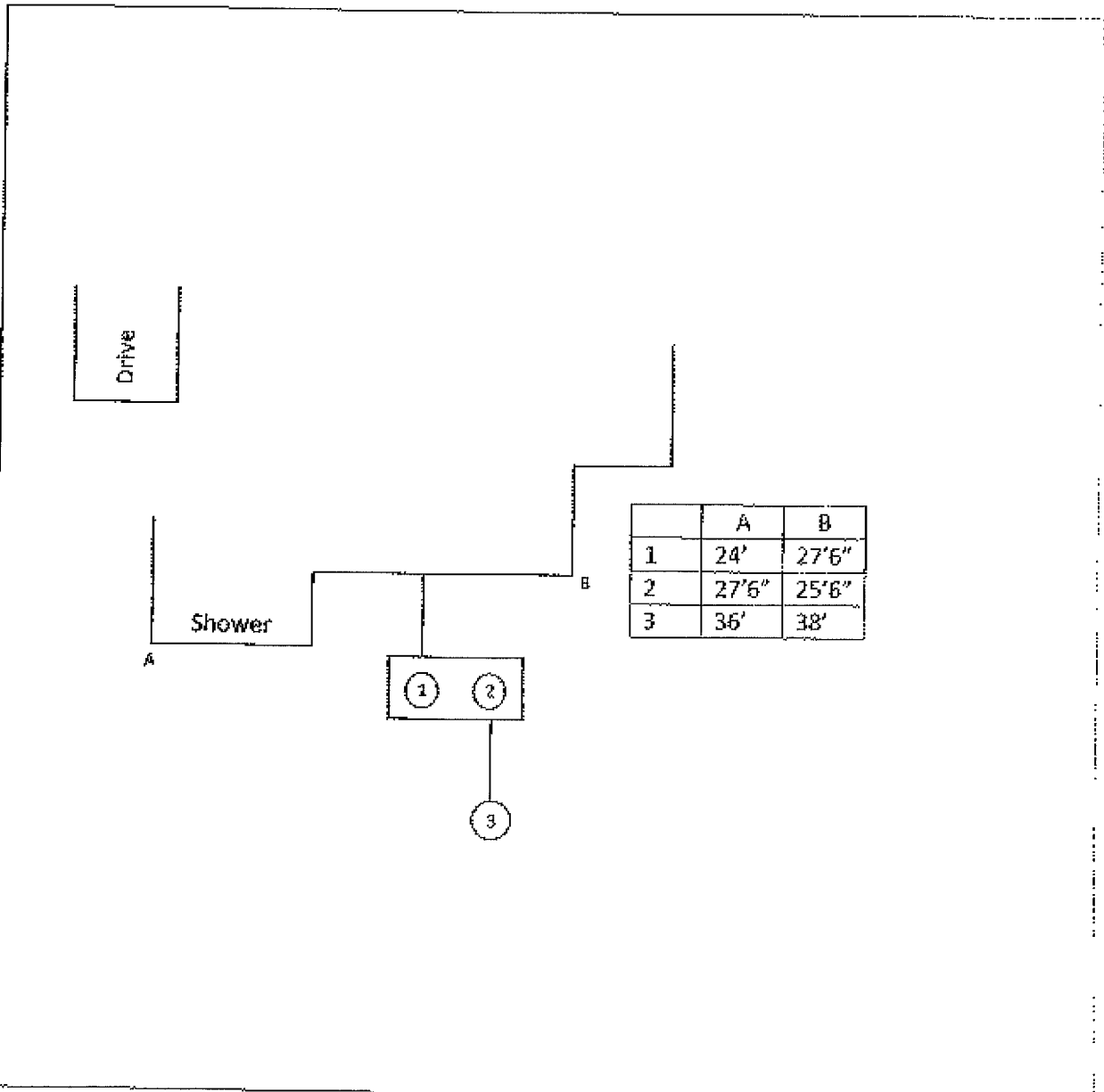
Owner information is required for every page.

D. System Information (cont.)

14. 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.)

15. Site Exam:

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

Estimated depth to high ground water:

126" plus
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:

- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

I augered a hole at a lower elevation and shot it with a transit to show 4 plus feet of separation.

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



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Owner
Information is
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page.

E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

A. Inspector Information: Complete all fields in this section.

B. Certification: Signed & Dated and 1, 2, 3, or 4 checked

C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included