



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

27 Douglas Road

Property Address

PSS, LLC

Owner's Name

Webster

City/Town

MA

State

01570

Zip Code

12-14-2022

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. Inspector Information

David Ceppetelli

Name of Inspector

Jeff D Helgersen Excavating, Inc.

Company Name

79 Bay Path Road

Company Address

Charlton

City/Town

508-248-7242

Telephone Number

MA

State

01507

Zip Code

S114580

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

 Vice President

Inspector's Signature

Date

12-21-2022

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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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:

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):

See attached for additional information.



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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):
- | | |
|---|---|
| <input checked="" type="checkbox"/> broken pipe(s) are replaced | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input checked="" type="checkbox"/> obstruction is removed | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input checked="" type="checkbox"/> distribution box is leveled or replaced | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |

See attached for additional information.

- ☐ 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):
- | | |
|--|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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

☐☒

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

☐☒

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	
NA	<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 ½ 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.
NA	<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.
NA	<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.
NA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
NA	<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?
NA	<input type="checkbox"/>	<input checked="" 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)]



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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): _____ Number of bedrooms (actual): _____

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

Description:

Number of current residents: _____

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)): _____

Detail:

Sump pump? ☐ Yes ☐ No

Last date of occupancy: _____ Date



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment:

Office (1,508-sq.ft.)

Design flow (based on 310 CMR 15.203):

113.1 (Minimum allowable 200-gpd)

Gallons per day (gpd)

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

75 gpd/1,000-sq.ft.

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:

Private well

Last date of occupancy/use:

See below.

Date

Other (describe below):

Per owner, last use as office was in 2007. Since then, office is visited twice per week by one individual for a brief time.

3. Pumping Records:

Source of information:

From company files.

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1,000
gallons

How was quantity pumped determined?

Sight glass on truck, measurements of tank.

Reason for pumping:

For thorough review of septic tank and components.



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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):
Septic tank, pump chamber & system, distribution box, soil absorption system.

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

Per the design drawing, the design was completed in 1986. Per the property card the home was constructed in 1986. The system is estimated to be 36 years old. A pump was replaced in 2015.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

0.5 (at foundation) / 2.83 (at septic tank).

Material of construction:

☒ cast iron ☐ 40 PVC ☐ other (explain):

Distance from private water supply well or suction line:

28-ft from private water entry into bldg to sewer pipe exit of bldg.

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

Heavy with roots and significant sag observed at time of inspection.



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

0.75 to 1.0 (no risers)
feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

1,000-gallon concrete septic tank. 14" concrete outlet baffle.

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions:

8'L x 4.17'W x 4' liquid level

Sludge depth:

0" Heavy roots

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

34"

Scum thickness

0"

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

4"

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

14"

How were dimensions determined?

Measured and estimated.

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

The septic tanks' inlet and outlet concrete baffles were in fair condition at the time of inspection. There was evidence of tank infiltration through the covers at the time of inspection. Liquid level was above the outlet invert due to surface water intrusion.



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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

0"

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 was observed uneven at the time of inspection. The concrete box is in fair condition. The distribution box is 6" below grade located 200-ft north of the pump chamber in the wooded area of the property. The forcemain was observed in operation at the time of inspection. There is one (1) distribution outlet to the leaching trench.



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D. System Information (cont.)

10. 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.):

See attached for additional info. The pump chamber was choked with roots up to the the midpoint of the duplex pumping system.

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

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

If SAS not located, explain why:

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|-----------------|
| <input type="checkbox"/> | leaching pits | number: | <hr/> |
| <input type="checkbox"/> | leaching chambers | number: | <hr/> |
| <input type="checkbox"/> | leaching galleries | number: | <hr/> |
| <input checked="" type="checkbox"/> | leaching trenches | number, length: | 1, 70-ft |
| <input type="checkbox"/> | leaching fields | number, dimensions: | <hr/> |
| <input type="checkbox"/> | overflow cesspool | number: | <hr/> |
| <input type="checkbox"/> | innovative/alternative system | | |

Type/name of technology:



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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.):

One (1) leaching trench, approximately 70-ft in length per the design plan. Moderate obstructions observed at the time of inspection consisting of roots and debris obstructing a clear view of the full length of the 70-ft distribution line.

The area above the leaching trench has become overgrown with trees and saplings. These 30 to 40 trees and saplings should be removed as soon as possible.

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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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 Good

☒ Surface water NA

☒ Check cellar Good

☒ Shallow wells None

Estimated depth to high ground water:

2.17
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:

06-04-1986
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:

NRCS Website and SoilWeb website.

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

Per the design plans, Soil Test Data - Deep Hole #1, groundwater was not observed to 10' below grade. The soil test data does not reference observation of mottles, which is the indication of HIGH groundwater.

Also, the leaching trench was designed in a raised bed, approximately 2-ft above existing grade. Based on the design drawing and inspection, the bottom of the leaching trench (SAS) is estimated to be 2.5' below the raised bed finished grade. Therefore, the SAS bottom is 6" below existing grade.

Based on the websites listed, soils are Montauk fine sandy loam, with depths to high groundwater greater than 32" below existing grade.

Therefore, based on design plans, site observations and the websites, there is an estimated 2-ft 2-in (2.17') separation between the bottom of the SAS (leaching trench) and high groundwater.



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

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Section C.2 (Additional information)

- The **septic tank** was full of water into its two (2) access covers. There was surface water leakage through the access covers observed. Roots were observed along the interior bottom of the septic tank and wrapped around the inlet and outlet tees and baffles. Cleaning of the debris inside the septic tank and installation of watertight risers and covers above grade is recommended to remedy the situation.
- There was surface water leakage through the **pump chamber** access cover observed. Roots were observed along the interior bottom of the pump chamber and wrapped around the inlet tee and baffle. Cleaning of the debris and installation of a watertight riser and cover above grade is recommended to remedy the situation.
- The **area surrounding the septic tank and pump chamber** is thick with brush, saplings and grass. It is recommended to clear and maintain the area surrounding the tanks to limit excessive root intrusion.
- The **building sewer pipe** between the foundation and the septic tank was obstructed with roots and has a substantial sag. Replacement is recommended to remedy the situation.
- The **pipe between the septic tank and pump chamber** was obstructed with roots and has a substantial sag. Replacement is recommended to remedy the situation.
- The **distribution box** is not level. Removal and releveling or replacement of the distribution box is recommended to remedy the situation.
- The **one (1) leaching line (SAS)**, 70-ft long, has root and debris obstructions and debris along its length. Jetting and cleaning of the leaching line is recommended to remedy the situation.
- The **leaching area (SAS)** above the leaching line has 30 to 40 trees and saplings above. Removal and careful extraction of the trees, saplings and root masses are recommended to remedy the situation. These roots are affecting the leaching lines' ability to function properly.

Title 5 Official Inspection Form, Section D.14

Date: 12-14-2022

#27 Douglas Road, Webster

AC = 17'-0" BC = 55'-6"

AD = 38'-6" BD = 68'-0"

NOTES:

A,B - Swing tie points.

C - 1,000-gallon Septic Tank Outlet Cover (12" dig, no riser).

D - 1,000-gallon Pump Chamber (24" dig).

E - Distribution Box (6" dig).



