



Commonwealth of Massachusetts

Title 5 Official Inspection Form

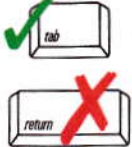
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

245 Blackstone St.
Property Address
Camilla Czupryna
Owner's Name
Uxbridge
City/Town
Ma.
State
01569
Zip Code
9/11/2015
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:
Harry Stewart
Name of Inspector
Stewart Contracting
Company Name
508 Quaker Hwy.
Company Address
Uxbridge, Ma.
City/Town
508 243 0583
Telephone Number
Ma.
State
01569
Zip Code
901
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
Date
9/13/2015

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:

[X] 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:

Four horizontal lines for writing comments.

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):

Four horizontal lines for explaining the ND response.





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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
obstruction is removed
distribution box is leveled or replaced

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):

- broken pipe(s) are replaced
obstruction is removed

C) 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.

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:

- 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



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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 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 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:

Four horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns 'Yes' and 'No' and four rows of failure criteria regarding sewage backup, effluent discharge, liquid level, and cesspool depth.





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B. Certification (cont.)

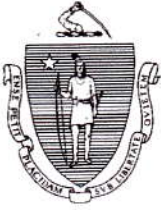
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary 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 questions about pumping information, system components, flows, water volumes, plans, sewage back up, site inspection, system components, septic tank manholes, facility owner information, and existing information.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): no design Number of bedrooms (actual): 4

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





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## D. System Information

Description:  
cesspoole

Number of current residents:

0

Does residence have a garbage grinder?

Yes  No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

Yes  No

Laundry system inspected?

Yes  No

Seasonal use?

Yes  No

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

4.62 G.P.D.

Detail:

Report enclosed

Sump pump?

Yes  No

Last date of occupancy:

vacant /2 years  
Date

### 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

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:

see water report 2 years plus Date

Other (describe below):

General Information

Pumping Records:

Source of information:

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

cesspool was dry 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:

60 to 70 years

Were sewage odors detected when arriving at the site?

Yes  No

**Building Sewer** (locate on site plan):

Depth below grade:

feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

feet

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

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**Septic Tank** (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

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If tank is metal, list age:

years

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

Yes  No

Dimensions:

Sludge depth:

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D. System Information (cont.)

Septic Tank (cont.)

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

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

How were dimensions determined?

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

Yearly tank cleaning recommended call J.L. Darling 508 278 9699

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





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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.):

Contact J.I. Darling 508 278 9699 for pumping. Anual pumping recomended

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

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



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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 \_\_\_\_\_

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.):

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**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.):

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

If SAS not located, explain why:

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## D. System Information (cont.)

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- 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.):

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

Number and configuration	1- 4 x 10
Depth – top of liquid to inlet invert	0
Depth of solids layer	0
Depth of scum layer	0
Dimensions of cesspool	4 x 10
Materials of construction	stone
Indication of groundwater inflow	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.):

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Privy (locate on site plan):

Materials of construction:

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Dimensions

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Depth of solids

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

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**Commonwealth of Massachusetts**  
**Title 5 Official Inspection Form**  
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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

The sketch shows a rectangular structure with 'A' at the bottom-left corner and 'B' at the bottom-right corner. Below the rectangle is a small circle. To the right of the circle, the text 'Cover TO Grade ST 16 17' is written, with 'A' and 'B' positioned above the numbers '16' and '17' respectively.



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## D. System Information (cont.)

### Site Exam:

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

Estimated depth to high ground water: > 1 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:

deep hole test report enclosed

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**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

### Usage History Report

Account: 548

Location: 245 BLACKSTONE ST

Route: 1RR

Owner: CZUPRYNA CAMILLA

Meter #:	70585895	Read Date	Read Type	Reading	Usage	Bill Date	Comments
Serial #:	30016350	6/29/2015	ACTUAL	12,792	15	7/31/2015	Read Import on 7/10/201
Head #:		3/31/2015	ACTUAL	12,777	3	5/1/2015	Read Import on 4/9/2015
Head Type:		1/2/2015	ACTUAL	12,774	35	1/30/2015	Read Import on 1/14/201
Walk Seq.:	2400	10/2/2014	ACTUAL	12,739	58	10/31/2014	Read Import on 10/16/20
Dials:	6	7/1/2014	ACTUAL	12,681	6	8/1/2014	Read Import on 7/17/201
Brand:	M25	4/2/2014	ACTUAL	12,675	2	5/1/2014	Read Import on 4/11/201
Type:	Not Defined	1/6/2014	ACTUAL	12,673	126	2/3/2014	Read Import on 1/16/201
Size:	5/8"	10/1/2013	ACTUAL	12,547	204	11/1/2013	Read Import on 10/18/20
Exchange:	Standard	7/2/2013	ACTUAL	12,343	169	8/1/2013	Read Import on 7/23/201
Install Date	7/11/2005	4/2/2013	ACTUAL	12,174	127	5/1/2013	Read Import on 4/19/201
Replace Date:		1/2/2013	ACTUAL	12,047	138	2/1/2013	Read Import on 1/18/201
Status:	ACTIVE	9/27/2012	ACTUAL	11,909	1,001	10/18/2012	Read Import on 10/10/20
Location:		6/29/2012	ACTUAL	10,908	230	7/27/2012	Read Import on 7/6/2012
		3/29/2012	ACTUAL	10,678	201	4/20/2012	Read Import on 4/5/2012
		12/28/2011	ACTUAL	10,477	189	1/20/2012	Read Import on 1/4/2012
		9/30/2011	ACTUAL	10,288	281	10/25/2011	Read Import on 10/12/20
		6/29/2011	ACTUAL	10,007	209	7/21/2011	Read Import on 7/8/2011
		3/31/2011	ACTUAL	9,798	213	4/20/2011	Read Import on 4/7/2011
		12/28/2010	ACTUAL	9,585	273	1/21/2011	Read Import on 1/13/201
		9/28/2010	ACTUAL	9,312	198	10/21/2010	Read Import on 10/12/20
		6/29/2010	ACTUAL	9,114	293	8/3/2010	Read Import on 7/21/201
		3/30/2010	ACTUAL	8,821	258	5/3/2010	Read Import on 4/14/201
		12/30/2009	ACTUAL	8,563	396	1/29/2010	Read Import on 1/15/201
		9/29/2009	ACTUAL	8,167	496	11/10/2009	Read Import on 10/14/20
		6/30/2009	ACTUAL	7,671	411	7/31/2009	Read Import on 7/8/2009
		3/31/2009	ACTUAL	7,260	265	5/5/2009	Read Import on 4/22/200
		12/29/2008	ACTUAL	6,995	285	2/13/2009	Read Import on 1/16/200
		10/8/2008	ACTUAL	6,730	360	11/7/2008	Read Import on 10/28/20
		7/7/2008	ACTUAL	6,370	291	8/21/2008	Read Import on 8/13/200
		4/1/2008	ACTUAL	6,079	271	5/9/2008	
		1/7/2008	ACTUAL	5,808	327	2/7/2008	
		10/3/2007	ACTUAL	5,481	893	11/7/2007	
		6/29/2007	ACTUAL	4,588	639	8/9/2007	
		4/2/2007	ACTUAL	3,949	528	5/10/2007	
		1/2/2007	ACTUAL	3,421	398	2/6/2007	
		9/19/2006	ACTUAL	3,023	1,485	11/9/2006	
		3/20/2006	ACTUAL	1,538	1,219	4/28/2006	
		9/29/2005	ACTUAL	319	799	11/3/2005	
		7/11/2005	TRANSFER	0	0		Transfer meter.

*usage is  
cubic feet*



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

245 BLACKSTONE ST UXBIDGE MA

C. On-Site Review (continued)

#1

9-11-15

Deep Observation Hole Number:

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-7"	Ap	10YR 3/2		N/A		LS					
7-20"	Bw	2.5Y 4/8		N/A		LS					
20-41"	C1	2.5Y 4/4		N/A		SAND					
41"-111"	C2	2.5Y 6/3		N/A		GRAVEL		30%			LOOSE

Additional Notes:

NO REFUSAL

NO MOTTLES OBSERVED

OUTWASH

Lance Anderson  
SE # 27





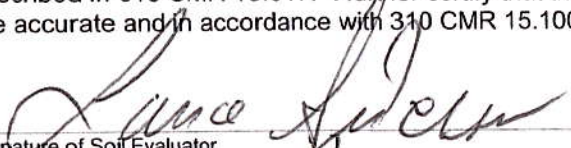
Commonwealth of Massachusetts

City/Town of

# Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

## F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

  
 Signature of Soil Evaluator  
 LANCE ANDERSON  
 Typed or Printed Name of Soil Evaluator / License #

9/11/15  
 Date  
 APRIL 95 SE#27  
 Date of Soil Evaluator Exam

Name of Board of Health Witness

Board of Health

**Note:** In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.