



CERTIFICATE OF TITLE 5 INSPECTION

Inspection requested by:

Name: Ed Dehoratius

Address: 89 Sherburne Ave

City, State & Zip: Tyngsboro MA 01879

Report preference: ☒ Email ☒ Mail

Inspection Location:

Street Address: 89 Sherburne Ave

City, State & Zip: Tyngsboro MA 01879

System Type: Tank/SAS System size: 1500

of Compartments 1 No Filter:

Date of Inspection: 10/06/2020

NOTE: This inspection report is valid for 3 years from the date of the inspection, if the tank is pumped annually.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

89 Sherburne Ave

Property Address

Ed Dehoratius

Owner's Name

Tyngsboro

City/Town

MA

State

01879

Zip Code

10/06/2020

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

Jason I. Gauthier

Name of Inspector

Northboro Septic Service, Inc. dba Curtis Septic

Company Name

124 Main Street

Company Address

Northboro

City/Town

(508) 393-7234

Telephone Number

MA

State

01532

Zip Code

SI4239

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

10/06/2020

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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Commonwealth of Massachusetts

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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:

System appears to be functioning properly under its prior usage. There is a garbage grinder in the kitchen sink. It is recommended that it be removed as the system is not designed for the use of one. The backwash from the water softener drains in to the septic system. It is recommended that it be removed.

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):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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Property Address

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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). The 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:



Commonwealth of Massachusetts

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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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89 Sherburne Ave

Property Address

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C. Inspection Summary (cont.)

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

Yes No

☐☒

Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool

☐☒

Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

☐☒

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 water supply 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 2000 gpd-10,000 gpd.

☐☒

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

☐☐

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



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89 Sherburne Ave

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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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" 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)] |



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D. System Information

1. Residential Flow Conditions:

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

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

Description:

1500 gallon septic tank/distribution box/soil absorption system

Number of current residents: 0

Does residence have a garbage grinder? NOT RECOMMENDED ☒ Yes ☐ No

Does residence have a water treatment unit? ☒ Yes ☐ No

If yes, discharges to: Septic system-NOT RECOMMENDED

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)): Private Well

Detail:

Well is 100'+ to the SAS

Sump pump? ☐ Yes ☒ No

Last date of occupancy: December 2019
Date



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Property Address

Ed Dehoratius

Owner's Name

Tyngsboro

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State

01879

Zip Code

10/06/2020

Date of Inspection

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:

Last pumping is unknown

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

Gauge on the truck and tank measurements

Reason for pumping:

Remove solids and check the integrity of the tank



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Owner's Name

Tyngsboro

MA

State

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Zip Code

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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):

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

Installed 10/28/02 per as built plan

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

4' Below Sill

feet

Material of construction:



cast iron

☐ 40 PVC

☐ other (explain):

4"

Distance from private water supply well or suction line:

25'+ from suction line

feet

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

It appears as the end cleanout cap is leaking. It was wrapped in plastic.



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Ed Dehoratius

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D. System Information (cont.)

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

31" with a riser on inlet to 7" of grade

Depth below grade:

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

10'6"L x 5'8"W x 5'D

Dimensions:

4"

Sludge depth:

30"

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

1"

Scum thickness

5"

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

13"

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

Visual Inspection

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.):

Recommend yearly pumping. Tank is a 1500 gallon tank. Inlet and outlet tees are PVC and of good working condition. Tank is structurally sound with no evidence of any leakage. Liquid level is at the base of the outlet invert.



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89 Sherburne Ave

Property Address

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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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Property Address

Ed Dehoratius

Owner's Name

Tyngsboro

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State

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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.):

Box is level with equal distribution to all 4 outlets. No evidence of any solids carryover. No evidence of any leakage in to or out of the box. Box is 38" below grade with a riser to 21" of grade.



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

89 Sherburne Ave

Property Address

Ed Dehoratius

Owner's Name

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10/06/2020

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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.):

* 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:

☐

leaching pits

number:

☐

leaching chambers

number:

☐

leaching galleries

number:

☐

leaching trenches

number, length:

1 @ 20'W x 40'L per
plan

☒

leaching fields

number, dimensions:

☐

overflow cesspool

number:

☐

innovative/alternative system

Type/name of technology:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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89 Sherburne Ave

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Owner's Name

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10/06/2020

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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.):

Dry gravel soil with no signs of any hydraulic failure. No ponding. Normal grass vegetation.

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.):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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City/Town

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Zip Code

10/06/2020

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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.):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

89 Sherburne Ave

Property Address

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Owner's Name

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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

AS-BUILT

CURTIS SEPTIC SERVICE

Date: 10/6/20 Service Rep: Jay #33

JOB TYPE:

☐ D-Box ☐ Pipe ☐ Tank ☐ New System ☐ Sewer Line ☐ Pump ☒ T5 Inspection
☐ Other

(NOT TO SCALE)

Customer Name: _____
Address: 89 Sherburne Ave
Tyngsborough
Mailing Address: _____

Depths		A	B	C	D
7'10 3/4"	Tank Inlet	37'	25'		
	Tank Outlet				
	PC				
21'10 1/2"	D-Box	54.5'	78'		
	LP				
	Clean Out				



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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:

120"+
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:

4/9/02
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:

Soil testing info dated 3/20/02 on design plan dated 4/9/02 lists no groundwater to 120" and 126".

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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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

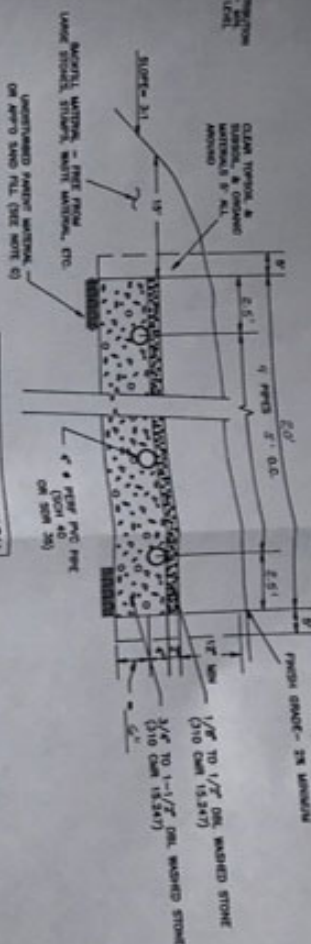
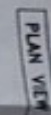
☒ D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 15: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 16: Explanation of estimated depth to high groundwater included

LEACH FIELD DETAILS



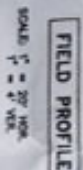
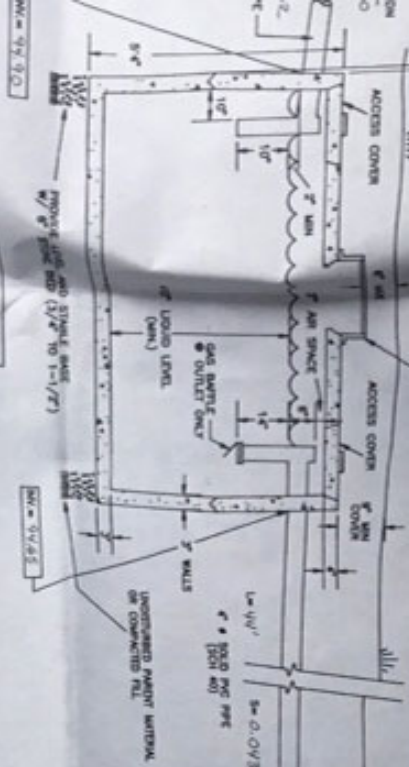
TANK PROFILE

RAINS ARE 2/4 ALLOWED
TESTS HAVE BEEN PERFORMED IN
ANCE WITH TITLE 5 OF THE STATE
INITIAL CODE

NATIONAL CODE RESPONSIBILITY OF THE OWNER TO INSURE COMPLIANCE WITH ALL LOCAL ZONING REGULATIONS.

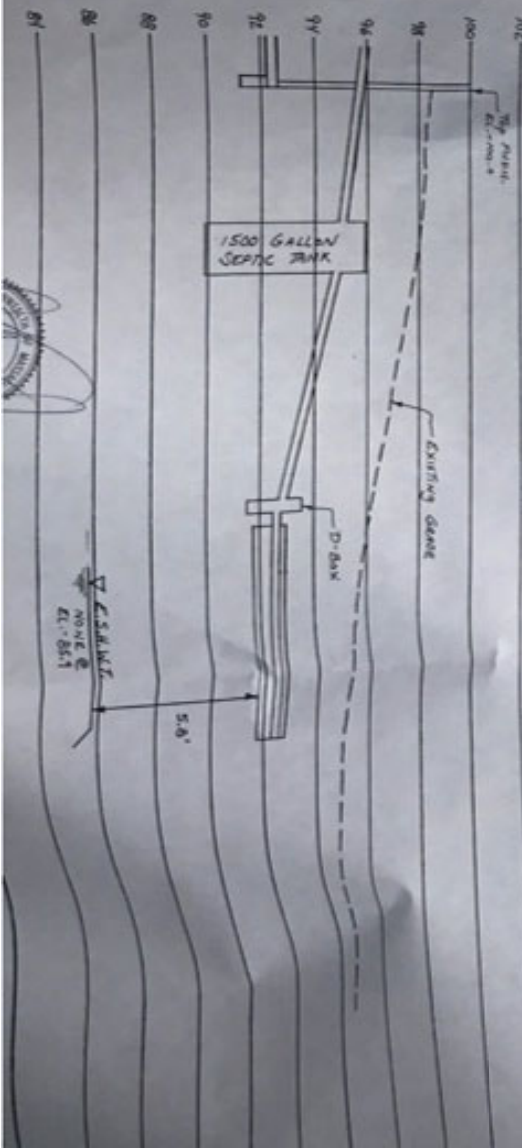
DESIGNED THAT SEPTIC TANKS SHOULD BE PAIRED AND CHANGED EVERY TWO YEARS.

WATER FILTRATION SYSTEMS MUST BE INSTALLED ONCE HOME ABSEORPTION SYSTEM IS COMPLETED TO THE SOIL



SCALE: 1" = 20' HORIZ.
1" = 4' VERT.

CALCULATIONS



INV. = 94.90

PROVIDE LEVEL AND STABLE BASE
W/ 6" STONE BED (3/4" TO 1-1/2")

INV. = 94.6

TANK PROFILE

NOTES

GENERAL

- 1) ANY WETLANDS SHOWN HAVE BEEN DELINEATED IN ACCORDANCE WITH THE WETLANDS PROTECTION ACT.
- 2) ANY WELLS OR WATER SUPPLIES WITHIN 200 FEET OF THE SYSTEM HAVE BEEN SHOWN ON THE PLAN
- 3) NO PERMANENT STRUCTURES ALLOWED ON RESERVE AREA
- 4) NO GARBAGE GRINDERS ALLOWED
- 5) CELLAR DRAINS ARE N/A ALLOWED
- 6) ALL SOIL TESTS HAVE BEEN PERFORMED IN ACCORDANCE WITH TITLE 5 OF THE STATE ENVIRONMENTAL CODE
- 7) IT IS THE RESPONSIBILITY OF THE OWNER TO ENSURE COMPLIANCE OF THIS DESIGN WITH ALL LOCAL ZONING REGULATIONS.
- 8) IT IS RECOMMENDED THAT SEPTIC TANKS SHOULD BE PUMPED OUT AT LEAST ONCE EVERY TWO YEARS.
- 9) THE DISCHARGE BACKWASH FROM HOME WATER FILTRATION SYSTEMS SHALL NOT BE CONVEYED TO THE SOIL ABSORPTION SYSTEM.

CONSTRUCTION

- A) ELEVATIONS REFER TO BENCHMARK ON PLAN, ELEVATION = 100.00
- B) ALL TOPSOIL, SUBSOIL, AND ORGANIC MATERIALS TO BE REMOVED FOR FIVE FEET AROUND SYSTEM
- C) NO HEAVY EQUIPMENT TO BE ALLOWED OVER INSTALLED SYSTEM
- D) FINISH GRADE AS PER PLAN
- E) IF FIELD CONDITIONS VARY FROM PLAN, NOTIFY DESIGNER IMMEDIATELY
- F) ALL PIPE HAS TO BE 4" DIA. TIGHT JOINTED POLYVINAL CHLORIDE UNLESS OTHERWISE NOTED
- G) FILL SHALL HAVE A PERCOLATION RATE OF LESS THAN 2 MINUTES PER INCH AND CONFORM TO 310 CMR: 15,255
- H) IT IS THE RESPONSIBILITY OF THE OWNER TO ENSURE THAT ALL EASEMENTS ONTO ADJACENT LOTS AS REQUIRED FOR EXCAVATION, GRADING, OR FILLING, AS SHOWN ON THIS DESIGN ARE PROPERLY RECORDED

SOIL TEST DATA

DEEP TEST	TH-1	TH-2
DATE	3/20/02	3/20/02
GROUND ELEV.	95.9	95.1
A	0"-8" FSL 10YR3/2	0"-7" FSL 10YR4/3
Bw	8"-18" LS 10YR5/6	7"-18" LS 10YR6/8
C1	18"-54" COARSE S&G 2.5Y6/4	18"-60" F-M SAND 2.5Y7/3
	LOOSE-SINGLE GRAIN	MASSIVE-VERY FRIABLE
C2	54"-126" F-M SAND 2.5Y7/3	60"-120" COARSE S&G 2.5Y6/4
	MASSIVE-VERY FRIABLE	LOOSE-SINGLE GRAIN
	NO E.S.H.W.T.	NO E.S.H.W.T.
	NO WEEPING	NO WEEPING
	NO OBS. WATER	NO OBS. WATER

WITNESSED BY K. FITZPATRICK - T.B.O.H.
 CONDUCTED BY JEFF HANNAFORD - NORSE ENVIRONMENTAL SERVICES INC.

DEEP TEST
 DATE
 GROUND ELEV.

WITNESSED BY
 CONDUCTED BY

NORSE ENVIRONMENTAL SERVICES INC.

PERCOLATION TEST

DATE

SATURATION

12" - 9"

9" - 6"

STABILIZED RATE

DEPTH

WITNESSED BY

CONDUCTED BY

P-1
 3/20/02
 24 GAL.<15 MIN.

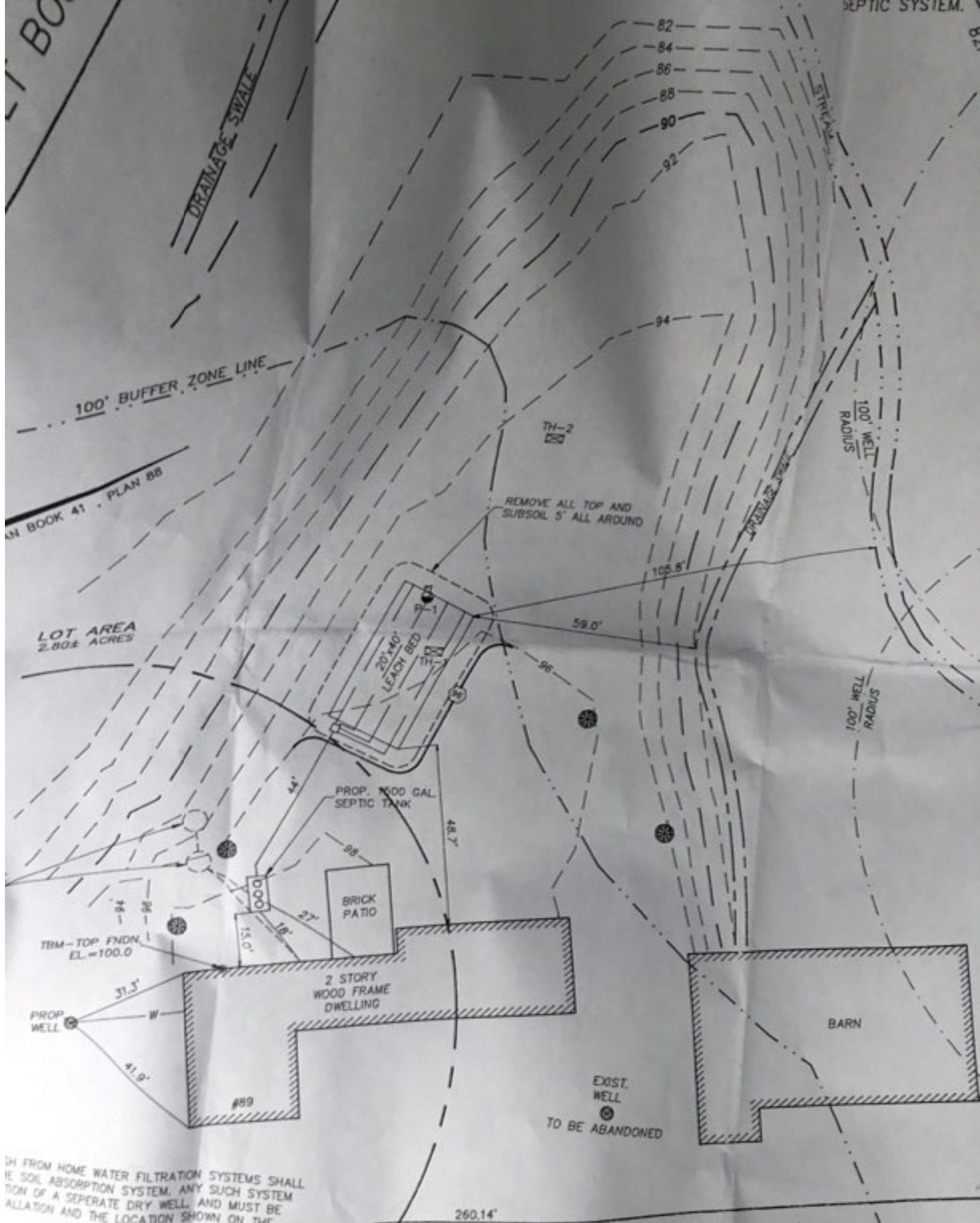
<2 MIN./INCH

48"

K. FITZPATRICK - T.B.O.H.
 JEFF HANNAFORD - NORSE ENVIRONMENTAL SERVICES INC.

SCHEDULE OF ELEVATIONS

78



DN FROM HOME WATER FILTRATION SYSTEMS SHALL
IE SOIL ABSORPTION SYSTEM. ANY SUCH SYSTEM
TION OF A SEPARATE DRY WELL, AND MUST BE
ALLATION AND THE LOCATION SHOWN ON THE

~~time should be~~
two years.

SHERBURNE AVENUE

I CERTIFY THAT ON SEPT 96
APPROVED BY THE DEPARTMENT ON
THAT THE ABOVE ANALYSIS HAS B
WITH THE REQUIRED TRAINING, EXP
IN 310 CMR 15.018 (2).

WITNESSED BY
CONDUCTED BY

NORSE ENVIRONMENTAL SERVICES INC.

PERCOLATION TEST

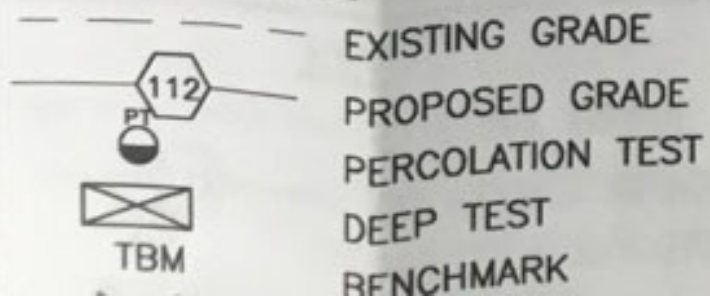
DATE 3/20/02
SATURATION 24 GAL.<15 MIN.
12" - 9"
9" - 6"
STABILIZED RATE <2 MIN./INCH
DEPTH 48"

WITNESSED BY K. FITZPATRICK - T.B.O.H.
CONDUCTED BY JEFF HANNAFORD - NORSE ENVIRONMENTAL SERVICES INC.

SCHEDULE OF ELEVATIONS

LOCATION	PROPOSED	AS-BUILT
TOP OF FOUNDATION	100.00	100.00
FOUNDATION OUT INVERT	95.5±	95.5±
CLEANOUT INVERT		95.22
SEPTIC TANK IN INVERT	94.90	94.96
SEPTIC TANK OUT INVERT	94.65	94.60
DISTRIBUTION BOX IN INVERT	92.72	92.86
DISTRIBUTION BOX OUT INVERT	92.55	92.69
BEGINING OF LATERALS INVERT	92.45	92.61
		92.62
		92.69
		92.61
END OF LATERALS INVERT	92.25	92.36
		92.39
		92.38
		92.38
BOTTOM OF BED ELEV.	91.75	91.86

KEY



LOCUS



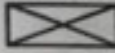



RECEIVED

OCT 29 2002

FOR THE HEALTH

SEPTIC TANK IN INVERT	94.90	94.96
SEPTIC TANK OUT INVERT	94.65	94.60
DISTRIBUTION BOX IN INVERT	92.72	92.86
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		92.39
		92.38
		92.38
BOTTOM OF BED ELEV.	91.75	91.86

KEY

- EXISTING GRADE
-  PROPOSED GRADE
-  PERCOLATION TEST
-  DEEP TEST
-  TBM
-  BENCHMARK
-  WETLAND

LOCUS

RECEIVED

OCT 28 2002

BOARD OF HEALTH

SUBSURFACE SEWAGE DISPOSAL SYSTEM



Norse Environmental Services Inc.
3 Pondview Place
Tyngsborough, MA 01879
(978) 649-9932

LOCATION:

#89 SHERBURNE AVE
 TYNGSBORO, MA.

OWNER:

RICHARD BOYLE
 #89 SHERBURNE AVE
 TYNGSBORO, MA.

ASSESSORS MAP #27 PARCEL #12

DATE 4/09/02

SCALE 1" = 20'

DWG-NO 3635

SHEET 1 OF 2

CALCULATIONS

ESTIMATED HYDRAULIC LOADING

4 BEDROOMS AT 110 GALLONS PER DAY PER BEDROOM = 440 GPD

SEPTIC TANK

AVERAGE DAILY FLOW = 440 GALLONS PER DAY X 200% = 880 GAL. MIN.
SEPTIC TANK PROVIDED = 1500 GALLON

DESIGN CRITERIA

PERCOLATION RATE = <2 MINUTES PER INCH (CLASS I)

LEACHING CAPACITY = (0.74 GALS./S.F.) (40' LENGTH) (20' WIDTH)

TOTAL CAPACITY = 592 GALS. PER DAY

DRAWN J.E.P.

BOULEVARD

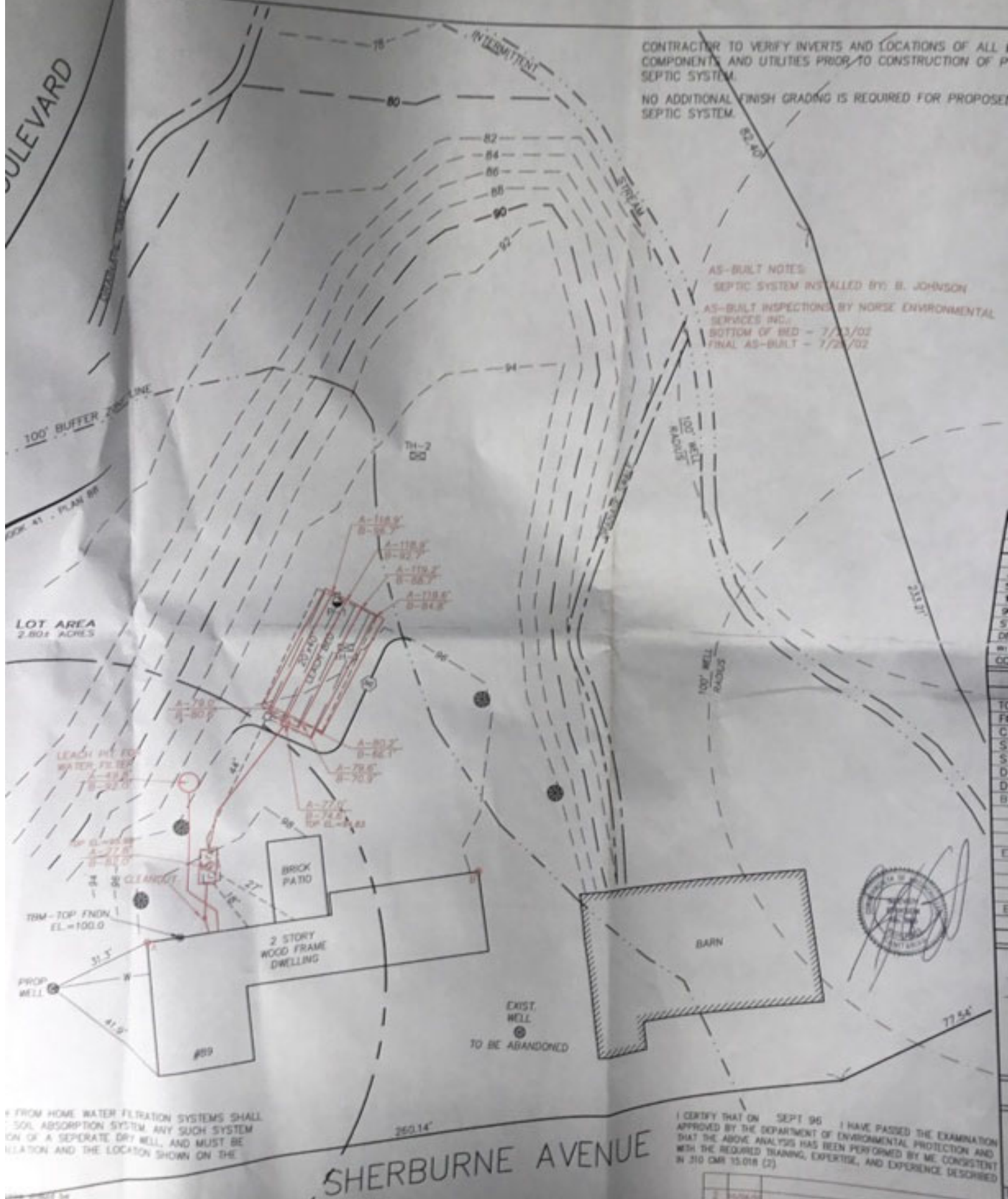
CONTRACTOR TO VERIFY INVERTS AND LOCATIONS OF ALL COMPONENTS AND UTILITIES PRIOR TO CONSTRUCTION OF PROPOSED SEPTIC SYSTEM.
NO ADDITIONAL FINISH GRADING IS REQUIRED FOR PROPOSED SEPTIC SYSTEM.

AS-BUILT NOTES:
SEPTIC SYSTEM INSTALLED BY: B. JOHNSON
AS-BUILT INSPECTIONS BY NORSE ENVIRONMENTAL SERVICES INC.
BOTTOM OF BED - 7/13/02
FINAL AS-BUILT - 7/26/02

100' BUFFER ZONE LINE

PER 41 - PLAN 88

LOT AREA
2.804 ACRES



* FROM HOME WATER FILTRATION SYSTEMS SHALL SOIL ABSORPTION SYSTEM. ANY SUCH SYSTEM ON OF A SEPARATE DRY WELL, AND MUST BE ILLATION AND THE LOCATION SHOWN ON THE

SHERBURNE AVENUE

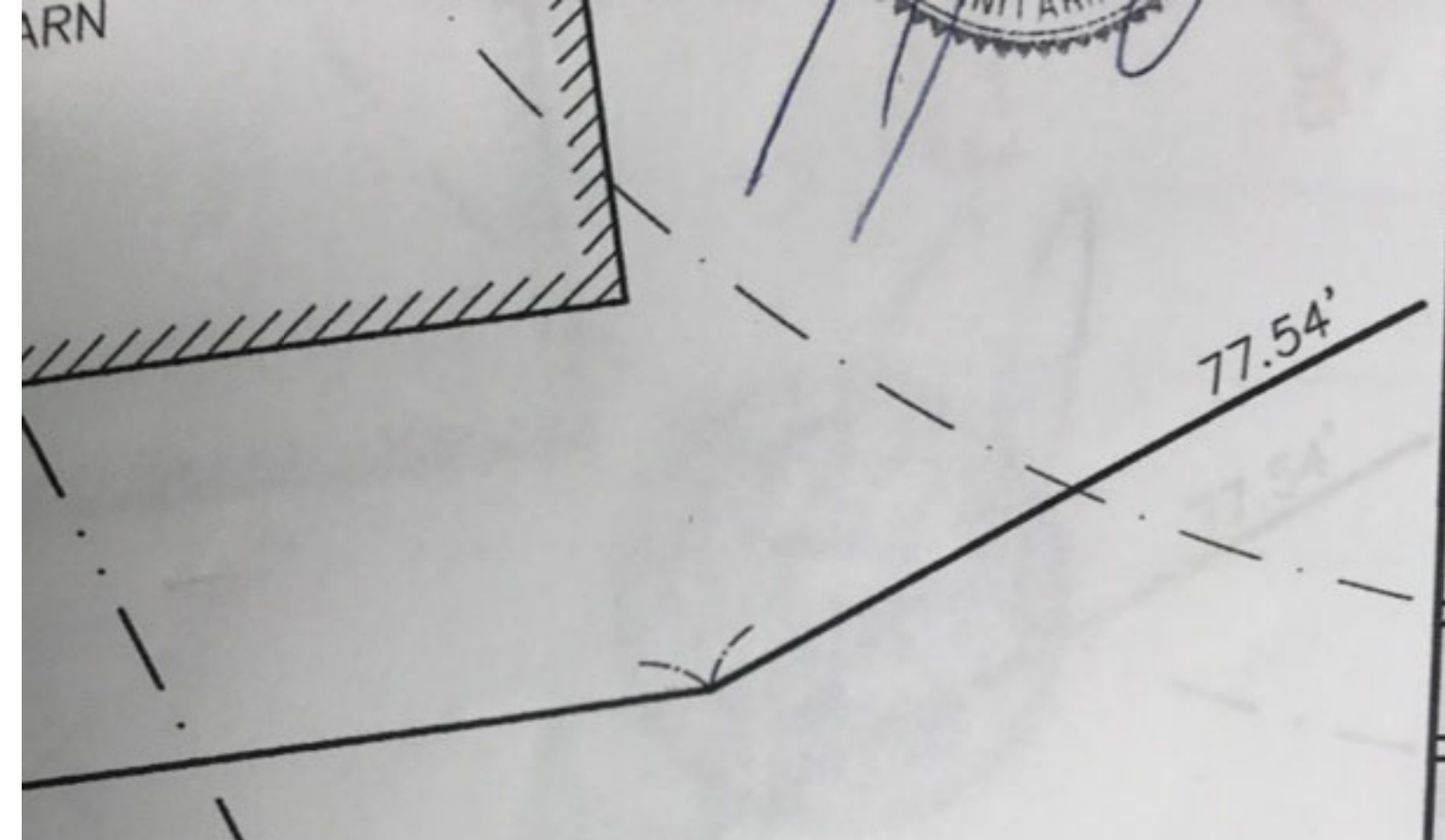
I CERTIFY THAT ON SEPT 95 I HAVE PASSED THE EXAMINATION APPROVED BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION AND THAT THE ABOVE ANALYSIS HAS BEEN PERFORMED BY ME CONSISTENT WITH THE REQUIRED TRAINING, EXPERTISE, AND EXPERIENCE DESCRIBED IN 310 CMR 15.018 (2)

NO.	DATE	REVISION
1	5/15/02	AS-BUILT
2	5/15/02	PER BOH REVIEW DATED 5/15/02

DRW J.E.P.

JP

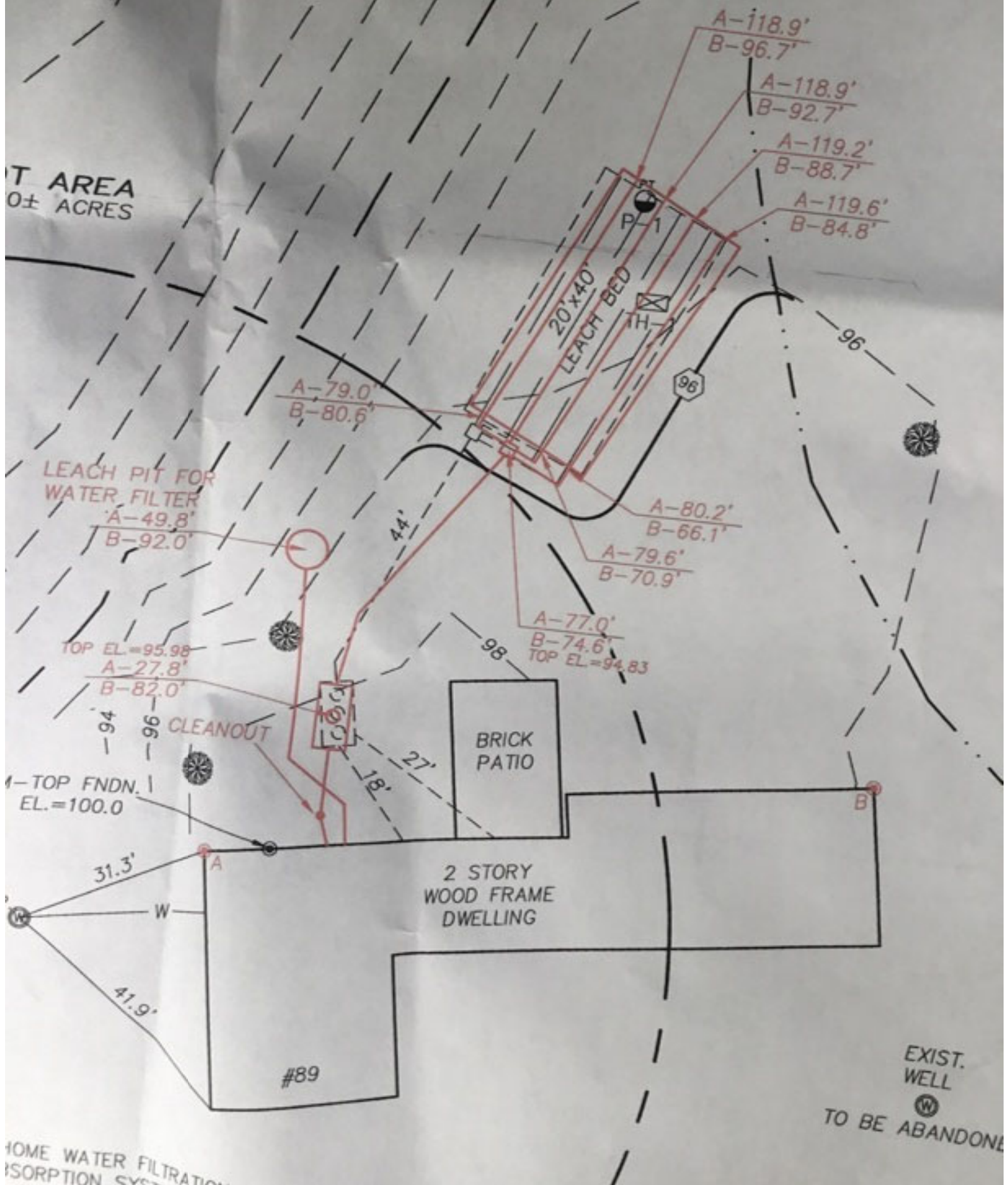
ARN



IFY THAT ON SEPT 96 I HAVE PASSED THE EXAMINATION
OVED BY THE DEPARTMENT OF ENVIRONMENTAL PROTECTION AND
THE ABOVE ANALYSIS HAS BEEN PERFORMED BY ME CONSISTENT
THE REQUIRED TRAINING, EXPERTISE, AND EXPERIENCE DESCRIBED
CMR 15.018 (2).

2	10/28/02	AS-BUILT	JP
1	5/16/02	PER BOH REVIEW DATED 5/15/02	JP
NO.	DATE	REVISION	BY

T AREA
0± ACRES



EXIST.
WELL
Ⓜ
TO BE ABANDONED

HOME WATER FILTRATION SYSTEMS CHALLENGE





