



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address
 John Zrebiec
 Owner's Name
 North Andover MA 01845 10/18/2016
 City/Town State Zip Code Date of Inspection

B. Certification (cont.)

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

A) System Passes:

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

Comments:

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):

Tank liquid level 3" from outlet invert.



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address
 John Zrebiec
 Owner's Name
 North Andover MA 01845 10/18/2016
 City/Town State Zip Code Date of Inspection

B. Certification (cont.)

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

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 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):

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



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane

Property Address

John Zrebiec

Owner's Name

North Andover

City/Town

MA

State

01845

Zip Code

10/18/2016

Date of Inspection

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:

- 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.

3. Other:

Inlet pipe to septic tank, septic tank & d-box needs to be replaced.

D) 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 |
| <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 |



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

36 Hawkins Lane

Property Address

John Zrebiec

Owner's Name

North Andover

City/Town

MA

State

01845

Zip Code

10/18/2016

Date of Inspection

Owner information is required for every page.

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.



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address
 John Zrebiec
 Owner's Name
 North Andover MA 01845 10/18/2016
 City/Town State Zip Code Date of Inspection

C. Checklist

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

- | 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)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 3
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane

Property Address

John Zrebiec

Owner's Name

North Andover

City/Town

MA

State

01845

Zip Code

10/18/2016

Date of Inspection

D. System Information

Description:

Number of current residents:

2

Does residence have a garbage grinder?

Yes No

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

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

Yes _____

Detail:

Sump pump?

Yes No

Last date of occupancy:

Current
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:



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane

Property Address

John Zrebiec

Owner's Name

North Andover

City/Town

MA

State

01845

Zip Code

10/18/2016

Date of Inspection

D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

Pumped 2011, owner

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

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



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address
 John Zrebiec
 Owner's Name
 North Andover MA 01845 10/18/2016
 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

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

27 years old, 1/31/1989, as built plan

Were sewage odors detected when arriving at the site? Yes No

Building Sewer (locate on site plan):

Depth below grade: 2 feet

Material of construction:

cast iron 40 PVC other (explain): _____

Distance from private water supply well or suction line: _____ feet

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

4" Cast Iron through wall, 3" PVC in house, no leaks visible. Soil pipe to septic tank has a dip in it, needs to be replaced.

Septic Tank (locate on site plan):

Depth below grade: 1 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: 10' x 5' x 4'

Sludge depth: 2"



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane

Property Address

John Zrebiec

Owner's Name

North Andover

City/Town

MA

State

01845

Zip Code

10/18/2016

Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle N/A

Scum thickness 2

Distance from top of scum to top of outlet tee or baffle N/A = Tank leaking

Distance from bottom of scum to bottom of outlet tee or baffle N/A

How were dimensions determined? Tape Measure

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

Liquid level 3" below outlet invert, evidence of leakage. inlet tee ok. Outlet tee ok.

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



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address
 John Zrebiec
 Owner's Name
 North Andover MA 01845 10/18/2016
 City/Town State Zip Code Date of Inspection

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.):

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



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address
 John Zrebiec
 Owner's Name
 North Andover MA 01845 10/18/2016
 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

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

Depth of liquid level above outlet invert -1"

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.):

Liquid level in d-box 1" below outlet inverts. No evidence of carryover.

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.

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

If SAS not located, explain why:



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

36 Hawkins Lane

Property Address

John Zrebiec

Owner's Name

North Andover

City/Town

MA

State

01845

Zip Code

10/18/2016

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 1 field 20' x 50'
- 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.):

Soil ok. Vegetation ok. No sign of ponding to surface.

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



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address

John Zrebiec
 Owner's Name

<u>North Andover</u>	<u>MA</u>	<u>01845</u>	<u>10/18/2016</u>
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

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

36 Hawkins Lane
 Property Address

John Zrebiec
 Owner's Name

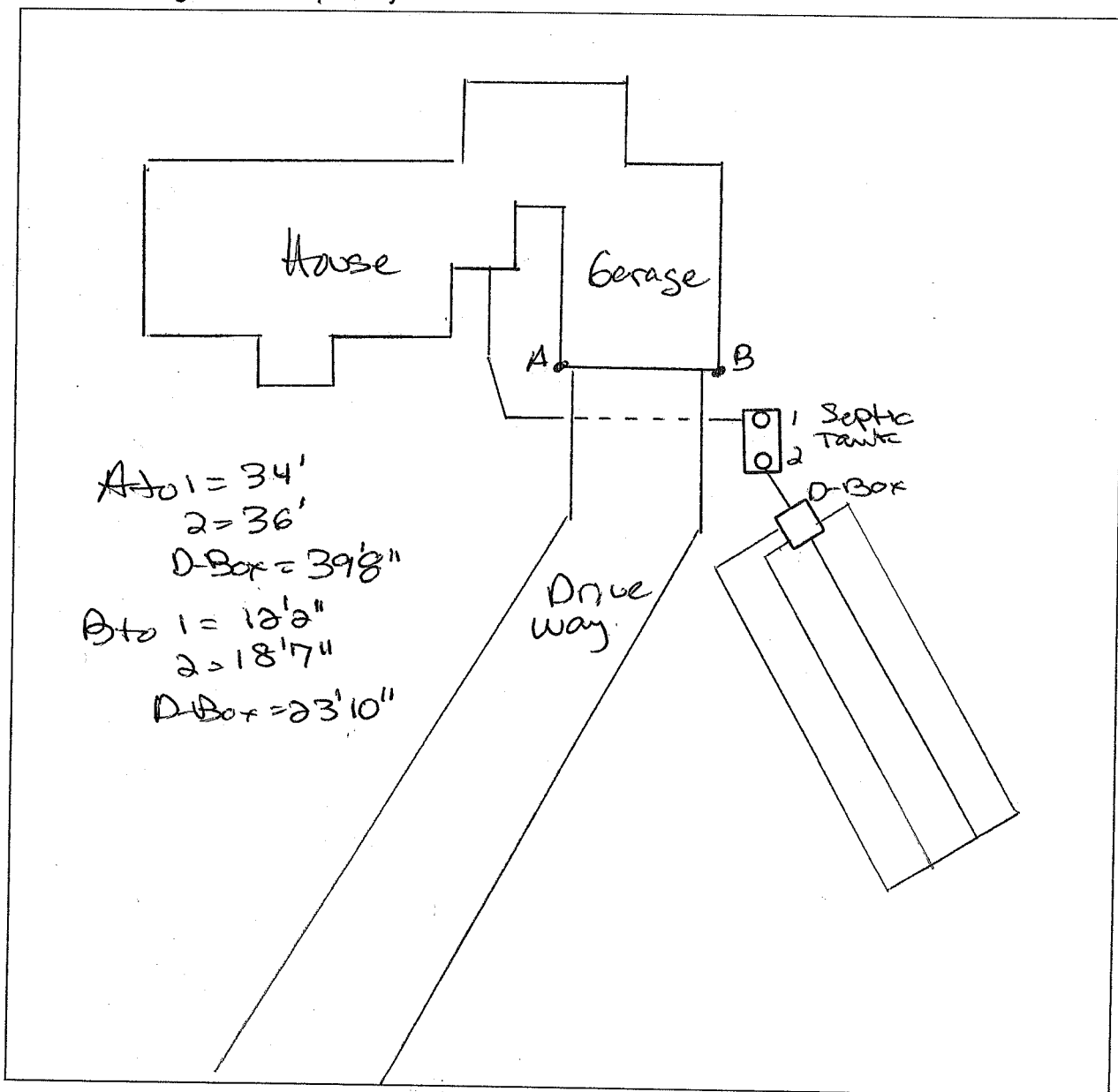
North Andover MA 01845 10/18/2016
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

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





Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address
 John Zrebiec
 Owner's Name
 North Andover
 City/Town
 MA
 State
 01845
 Zip Code
 10/18/2016
 Date of Inspection

D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: 6
 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: 4/19/1985
 Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
Design plan
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

As per test pit data on design plan.

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



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

36 Hawkins Lane
 Property Address

John Zrebiec
 Owner's Name

North Andover City/Town	MA State	01845 Zip Code	10/18/2016 Date of Inspection
----------------------------	-------------	-------------------	----------------------------------

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