

DownEast Title V Inspections
PO Box 81
Rowley, MA 01969
jamie@downeastsepticinspections.com
(351) 444-7672

December 26, 2024

Guy Lopes
743 Main Street
West Newbury, MA 01985

Dear Guy,

Thank you for allowing me to conduct the recent inspection of your septic system. I have completed my assessment and would like to highlight the following key points:

1. **Report Filing:** We will file the inspection report with the Board of Health (BOH) as required. This ensures that the results are officially documented and accessible for any future reference.
2. **Report Validity:** The inspection report is valid for two years from the date of the inspection. During this time, the report will serve as a certified record of the system's condition at the time of inspection.
3. **Extension Option:** The report's validity can be extended to 3 years from the original inspection date if the system is pumped annually before the anniversary date of the inspection. This option provides continued assurance of the system's condition without the need for a new full inspection.

Best,



Benjamin "Jamie" Prescott
Owner / Inspector #SI13851
DownEast Title V Inspections

What is a septic system?

A septic system is an underground wastewater treatment system commonly used in areas without centralized sewer systems. It consists of a septic tank and a drainfield. Wastewater from your home flows into the septic tank where solids settle out and bacteria begin to break down the waste. The partially treated effluent then flows into the drainfield, where it percolates through the soil, which further treats the wastewater before it returns to the groundwater.

How can I tell if my septic system is functioning properly?

Signs of a malfunctioning septic system include:

Slow Drains: Water backing up in sinks or toilets.

Odors: Foul smells around your yard or near the septic system.

Pooling Water: Unusually wet areas or standing water over the drainfield.

Lush Vegetation: Greener grass or excessive plant growth above the drainfield.

How often should I have my septic tank pumped?

Typically, septic tanks should be pumped every 3 to 5 years. However, the frequency may vary based on tank size, household size, and wastewater usage. Regular inspections can help determine the optimal pumping schedule for your system.

What should I avoid flushing or putting down the drain?

To keep your septic system functioning properly:

Avoid flushing non-biodegradable items like wipes, sanitary products, or cotton swabs.

Don't pour grease, oils, or chemicals down the drain.

Minimize the use of harsh chemicals or cleaning agents that can kill beneficial bacteria in the tank.

Can I use a garbage disposal with a septic system?

Yes, but it requires careful consideration. Garbage disposals can add extra food waste to the septic system, which might not be ideal depending on your system's design. If your septic system was not originally designed to handle the additional load from a garbage disposal, it can lead to premature system problems or even failure. Some towns or municipalities have regulations that may require the removal of garbage disposals if the system design does not support them.

How can I maintain my septic system?

Regular Inspections: Have your system inspected by a professional every 1 to 2 years.

Proper Pumping: Pump the tank as recommended based on your household size and usage.

Water Conservation: Use water efficiently to avoid overloading the system. Fix leaks and avoid running multiple appliances simultaneously.

Protect the Drainfield: Avoid driving or placing heavy objects over the drainfield, and keep it clear of vegetation.

What happens if I neglect my septic system?

Neglecting your septic system can lead to:

System Failure: Overflows, backups, or complete failure, which can be costly to repair.

Environmental Damage: Contamination of groundwater or surface water, which can harm the environment and pose health risks.

Property Damage: Damage to landscaping or structural damage from wastewater pooling.

If you have additional questions or concerns specific to your septic system, it's always a good idea to consult with a professional who can provide tailored advice based on your system's design and your property's needs.



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

743 Main Street
 Property Address

Lopes
 Owner's Name

West Newbury MA 01985 December 21, 2024
 City/Town State Zip Code 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

Benjamin "Jamie" Prescott
 Name of Inspector

DownEast Title V Inspections, LLC
 Company Name

PO Box 81
 Company Address

Rowley MA 01969
 City/Town State Zip Code

(351) 444-7672 SI13851
 Telephone Number 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:

1. Passes
2. Conditionally Passes
3. Needs Further Evaluation by the Local Approving Authority
4. Fails

Benjamin D Prescott
 Inspector's Signature

December 21, 2024
 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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C. Inspection Summary

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

1) System Passes:

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

Comments:

This system meets all criteria for a passing Title V inspection per the guidelines laid forth in 310 CMR 15.303.

2) System Conditionally Passes:

One or more system components as described in the "ConditionalPass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old*or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

Y N ND (Explain below):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

obstruction is removed Y N ND (Explain below):

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

The system required pumping more than 4 times a year due to broken or obstructed pipe(s). 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:



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C. Inspection Summary (cont.)

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

b. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

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

Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

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



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C. Inspection Summary (cont.)

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

- Table with 2 columns: Yes, No. Rows include criteria such as 'Static liquid level in the distribution box above outlet invert...', 'Liquid depth in cesspool is less than 6" below invert...', 'Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s)...', '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...', '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...'.

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.

- Table with 2 columns: Yes, No. Rows include criteria such as '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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C. Inspection Summary (cont.)

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

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

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



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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): Three (3) Number of bedrooms (actual): Four (4)

DESIGN flowbased on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 450 gpd

Description:

Per design plan dated March 11, 2003 (rev. April 7 and 16, 2003) prepared by William Holt.

Number of current residents: One (1)

Does residence have a garbage grinder? Yes No

Does residence have a water treatment unit? Yes No

If yes, discharges to: _____

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): 122 gpd

Detail:

The water consumption report states that there were 75,365 gallons of water used between April 3, 2023 and December 9, 2024 (616 days) which equals 122 gpd.

Sump pump? Yes No

Last date of occupancy: Currently Occupied



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D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____ Gallons per day (gpd)

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

Grease trap present? Yes No

Water treatment unit present? Yes No

If yes, discharges to: _____

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____

Last date of occupancy/use: _____ Date

Other (describe below):

3. Pumping Records:

Source of information: No record of pumping on file. Per the previous Title V the system was last pumped in 2013.

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

Reason for pumping: _____



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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:

The As-built on file with the Board of Health is dated June 10, 2003.

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

5. Building Sewer (locate on site plan):

Depth below grade: 1.67 at the inlets for both building sewer pipes

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: N/A feet

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

This system has two (2) building sewer pipes, both are in good condition with no evidence of leakage.



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D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

.92 feet

Material of construction:

[x] 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' L x 5' W x 4' D (effective)

Sludge depth:

8"

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

23"

Scum thickness

6"

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

5"

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

11"

How were dimensions determined?

Tape Measure and Sludge Judge

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

The septic tank is 11" below the current grade. The liquid level is normal and equals the outlet invert. The inlet and outlet PVC tee's are in place. There is a filter present in the outlet tee which was cleaned as part of the inspection. There is no evidence of leakage and the tank appears to be structurally sound. Pumping is not required per 310 CMR 15.351.



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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.):

The distribution box is 15" below the current grade. The liquid level is normal and equals the outlet inverts. There is equal distribution between the outlets with speed levelers in place. There is no evidence of leakage or infiltration and the box appears to be structurally sound. There is evidence of solids carryover. The depth to the outlet inverts is 23" below the current grade.



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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: _____
- leaching fields number, dimensions: One @ 10' W x 100' L x 12" D
- overflow cesspool number: _____
- 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.):

There is no ponding over or signs of hydraulic failure within the SAS. The SAS was under snow at the time of inspection. The SAS consists of a 10' x 100' leachig field with an effective depth of 12". The bottom of the SAS is 35" below the current grade and there is no evidence of interfacing between the SAS and ESHGW.

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.):

Four horizontal lines for handwritten comments.



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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:

[X] Check Slope

[X] Surface water

[X] Check cellar

[X] Shallow wells

Estimated depth to high ground water:

1.33 feet

Please indicate all methods used to determine the high ground water elevation:

[X] Obtained from system design plans on record

If checked, date of design plan reviewed:

March 11, 2003 (rev. April 7 and 16, 2003) 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 was performed on September 26, 1996 and March 6, 2003. Five (5) test pits were dug and observed. ESHGW was determining to be 22" in 1-96, 16" in 2-96, 20" in 03-03, 22" in 03-04 and 23" in 03-05. Per the design plan there is 4' of separation between the bottom of the SAS at elevation 96.2 and ESHGW at elevation 92.2. At the time of inspection there was no surface water observed, no shallow wells encountered and the basement was dry with no sump pumps. The grade is flat over the system.

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



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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

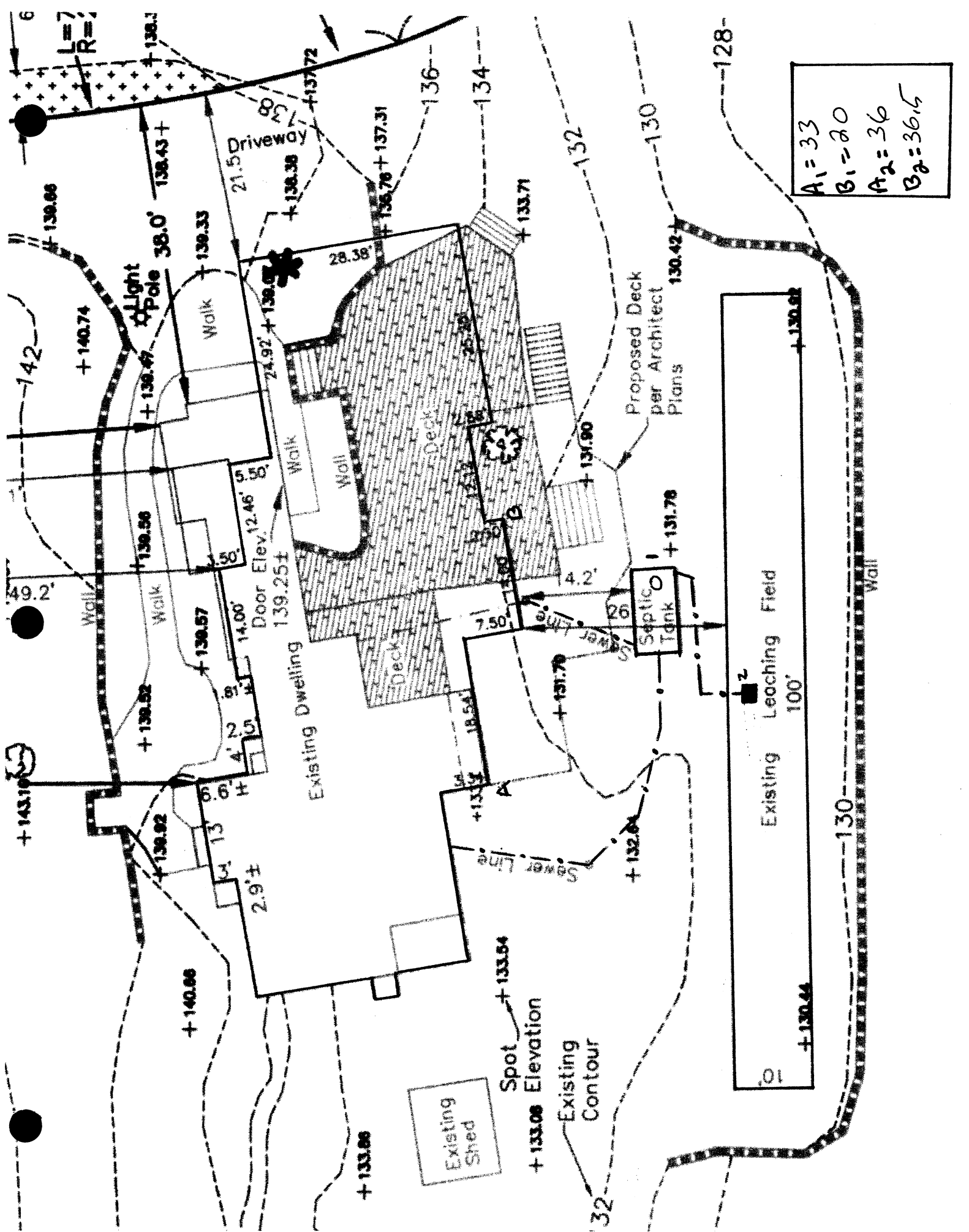
4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

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

For 15: Explanation of estimated depth to high groundwater included



$A_1 = 33$
 $B_1 = 20$
 $A_2 = 36$
 $B_2 = 36.5$