

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

5 TURNPIKE RD (BUILDING # 3)

Property Address

COUNTRY ESTATES CONDO TRUST

Owner's Name

TOWNSEND

City/Town

MA

State

01469

Zip Code

1/19/18

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:

TODD J. SILVA

Name of Inspector

BANCROFT SILVA SEPTIC

Company Name

P.O. BOX 620

Company Address

PEPPERELL

City/Town

MA

State

01463

Zip Code

978-433-6659 OR 978-486-9229

Telephone Number

SI13466

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

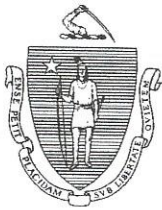

Inspector's Signature

1/19/18

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 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:

- 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 LEVELS NORMAL. WE RECOMMEND PUMPING EVERY 6 MONTHS.

B) System Conditionally Passes:

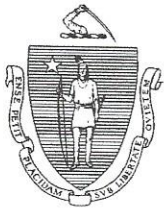
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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):



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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



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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 placement relative to surface water and private water supply wells.

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:

Four horizontal lines for handwritten notes.

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 for Yes/No and four failure criteria: Backup of sewage, Discharge or ponding, Static liquid level, and Liquid depth in cesspool.



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B. Certification (cont.)

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

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 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 checkboxes. Includes questions about pumping information, system components, normal flows, water volumes, plans, inspections, and soil absorption system.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 41 Number of bedrooms (actual): 36

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 4510



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D. System Information

Description:

Three horizontal lines for description.

Number of current residents:

37 +/-

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)):

1,795

Detail:

1,310,496 GALLONS /730=1795

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

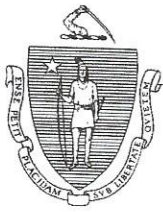
Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:



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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

2017

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

7000 BY BANCROFT SILVA SEPTIC 978 433-6659 gallons

How was quantity pumped determined?

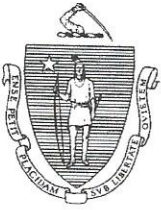
MEASURED

Reason for pumping:

MAINTAIN INSPECTION

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...
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:

1980

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

54" 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.):

ALL VISIBLE PIPES AND JOINTS IN GOOD CONDITION. NO SIGNS OF LEAKAGE.

Septic Tank (locate on site plan):

Depth below grade:

48" W/EXT TO 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)

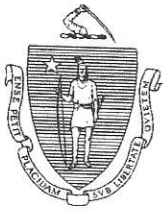
Yes No

Dimensions:

16'Lx8'Dx9'W

Sludge depth:

6"



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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 42"

Scum thickness 10"

Distance from top of scum to top of outlet tee or baffle 6"

Distance from bottom of scum to bottom of outlet tee or baffle 24"

How were dimensions determined? MEASURED

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

INLET TEE AND OUTLET TEE SHOW SMALL AMOUNT OF DECAY ON BOTH TEES -TANK IS IN GOOD CONDITION-LIQUID LEVELS ARE GOOD-NO LEAKAGE INTO OR OUT OF TANK.

Four horizontal lines for additional comments.

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.):

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 0" BOX F, 0" BOX G

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.):

D-BOXES LEVEL AND DISTRIBUTION EQUAL, NO EVIDENCE OF SOLID CARRYOVER OR LEAKAGE INTO OR OUT OF D-BOX.

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.):

PUMP CHAMBER IS 48" DEEP HAS COVER TO GRADE, PUMPS IN WORKING ORDER AT THIS TIME 1/19/18 CHAMBER IS CLEAN . PUMPS WERE SERVICED IN LATE FALL 2017.

* 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:



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D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: 12@80'
- 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.):

2" TOP SOIL DRY THEN SAND, NO SIGNS OF HYDRAULIC FAILURE, NO PONDING OR DAMP SOIL, FROZEN LAWN AREA.

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 _____

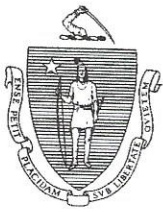
Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow

Yes No



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D. System Information (cont.)

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

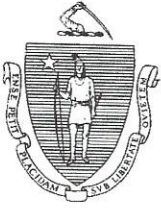
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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



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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



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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water:

114"

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:

4/1/80

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:

I HAVE REVIEWED DESIGN PLAN AND PERMIT ON RECORD DATED 4/1/80 OF (DTH)

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

Detailed Consumption Analysis Report

Townsend Water Department

01/01/2016 through 01/01/2018 INCLUDES ONLY CURRENTLY ACCOUNTS FROM Random Select TO Random Select

W09 from 0 to 999999999			
Acct: 60478 COUNTRY ESTATES	Route: 99	Seq#: 390	Usage: 16600
Totals for W09 from 0 to 999999999		Count:	1 175200
Grand Totals:		Count:	1 175200 Cubic FT

5 Turnpike

Bldg # 3

1/2016 - 1/2018

$$175200 \times 7.48 = 1,310,496 \text{ gallons}$$

DEEP TEST HOLE RESULTS (DTH)

D.T.H. #1 - GROUND EL. = 105.00
4/1/1980 DEPTH = 7'-6"
0" - 16" TOPSOIL & SUBSOIL
16" - 40" COARSE SAND
40" - 90" EXISTING LEACHING SYSTEM

D.T.H. #2 - GROUND EL. = 106.3
4/1/1980 DEPTH = 7'-8"
0" - 16" TOPSOIL & SUBSOIL
16" - 92" COARSE SAND

SEWAGE FLOWING FROM THE
DRAINAGE PRESERVED 4"

SEWAGE EFFLUENT NOTED
AT APPROX. 6'-0" BELOW
GROUND

D.T.H. #3 - GROUND EL. = 104.6
4/1/1980 DEPTH = 9'-6"
0" - 18" TOPSOIL & SUBSOIL
18" - 114" SAND

NO GROUND WATER ENCOUNTERED

PERCOLATION TEST RESULTS (PT)

PT #1 - GROUND EL. = 104.6
4/1/1980 DEPTH = 54"
0" - 18" TOPSOIL & SUBSOIL
18" - 114" SAND

- * FIRST THREE INCH DROP - 1 MPI
- * SECOND THREE INCH DROP - 1 MPI
- * TEST HOLE WAS PREPARED FOR 30 MINUTES BEFORE THE PERCOLATION TEST.

NASHOBA ASSOCIATED BOARDS OF HEALTH

ENVIRONMENTAL HEALTH DIVISION
AYER, MA 01432 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

- To install a new Sewage Disposal system
 To repair existing Sewage Disposal system

ISSUED FOR THE TOWNSEND BOARD OF HEALTH

OWNER COUNTRY ESTATE BLDG # 3
(NOT TRANSFERABLE)

LOCATION OF LOT OR INSTALLATION TURNPIKE ROAD LOT NO. _____

DATE PERMIT ISSUED 5-12-80 LOT SIZE _____

SOIL DESCRIPTION SAND + GRAVEL

PERC. RATE 2 MIN/IN

ENGINEERING OR SPECIAL PREPARATION: System to be installed according to engineered plan No.

by VICTOR G. PESEK REGISTERED PROFESSIONAL ENGINEER

SYSTEM DESIGNED FOR: 41 BEDROOM APT HOUSE WATER SUPPLY: Town Well

PRIMARY INSTALLATION SYSTEM TO BE INSTALLED ACCORDING

SECONDARY INSTALLATION TO PLAN SD-1 WITH REVISIONS FROM

DRAWING SK-1. THE ENGINEER IS TO SUPERVISE THE
INSTALLATION OF THIS SYSTEM WITH
THE DISTRICT SANITARIAN

PERMIT ISSUED FOR AGENT BY KEVIN R. JOHNSON

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system; and if I am the contractor for installing this system, I further agree to correct any fault caused by defective material or workmanship appearing in this system within one year from date of occupancy.

SIGNED Charles R. M. King Owner
 Contractor
 Sub-Contractor

CERTIFICATE OF COMPLIANCE

INSPECTIONS REQUIRED:

- Bed and trench excavation, before fill/stone
 Fill in place
 Completed system
 Engineer certification IN WRITING
 As built plan
 Water supply (if well)

 Inspections completed

Installer _____
Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____
Date: _____ By: _____

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL THIS CERTIFICATE IS COMPLETED.

IMPORTANT NOTES

1. INSTALLATION OR REPAIR MUST BE PERFORMED BY NASHOBA LICENSED INSTALLER.
2. FAILURE BY INSTALLER TO CONFORM TO ALL REQUIREMENTS OF THIS PERMIT MAY LEAD TO SUSPENSION OR REVOCATION OF INSTALLER'S PERMIT.
3. THE OWNER SHOULD BE AWARE OF WETLANDS PROTECTION REQUIREMENTS OF THE LOCAL CONSERVATION COMMISSION.
4. THE SYSTEM IS NOT DESIGNED FOR GARBAGE DISPOSAL.
5. THE SYSTEM IS DESIGNED FOR USE STATED ABOVE.
6. PERMIT IS VOID TWO YEARS AFTER DATE OF ISSUE.
7. LEACH SYSTEMS MUST BE KEPT 100 FEET FROM ALL WELLS.
8. PROPER MAINTENANCE OF A SYSTEM REQUIRES ANNUAL PUMPING.

NASH

