



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

5 TURNPIKE RD (BUILDING #2)

Property Address

COUNTRY ESTATES CONDO TRUST

Owner's Name

TOWNSEND

MA

State

01469

Zip Code

1/25/20

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

TODD J. SILVA

Name of Inspector

BANCROFT SILVA SEPTIC SERVICE

Company Name

P.O. BOX 620

Company Address

PEPPERELL

City/Town

MA

State

01463

Zip Code

978-433-6659--978-486-9229

Telephone Number

SI13466

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. [X] Passes
2. [] Conditionally Passes
3. [] Needs Further Evaluation by the Local Approving Authority
4. [] Fails

Inspector's Signature (handwritten signature)

1/25/20

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:

SYSTEM WORKING NORMAL

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):



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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:

Four horizontal lines for additional information.

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
Yes No 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.)

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <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 |
| <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 water supply 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 2000 gpd-10,000 gpd. |
| <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. |

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 | |
|--------------------------|--------------------------|--|
| <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 |



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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
Pumping information was provided by the owner, occupant, or Board of Health
Were any of the system components pumped out in the previous two weeks?
Has the system received normal flows in the previous two week period?
Have large volumes of water been introduced to the system recently or as part of this inspection?
Were as built plans of the system obtained and examined? (If they were not available note as N/A)
Was the facility or dwelling inspected for signs of sewage back up?
Was the site inspected for signs of break out?
Were all system components, excluding the SAS, located on site?
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?
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:
Existing information. For example, a plan at the Board of Health.
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 (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:

WINTER 2019

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

10,000 PRIMARY, 5000 SECONDARY

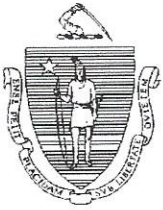
gallons

How was quantity pumped determined?

MEASURED

Reason for pumping:

MAINTAIN INSPECTION, CHECK INTEGRITY OF TANK.



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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)
Innovative/Alternative technology
Tight tank
Other (describe):

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

2016

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade: 56" 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. WATER FLOWS FREELY FROM BUILDING TO TANK AT TIME OF INSPECTION, THERE IS A FILTER ON OUTLET WE RECOMMEND IT TO BE CLEANED AT LEAST 4X A YEAR VERY IMPORTANT.



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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

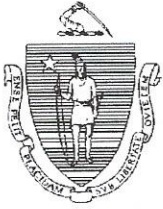
9. Distribution Box (if present must be opened) (locate on site plan):

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.):

DISTRIBUTION IS EQUAL, NO EVIDENCE OF SOLID CARRYOVER NO SIGN OF LEAKAGE INTO OR OUT OF D-BOX, D-BOX VERY CLEAN CAST IRON LID TO 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.):

PUMPS WORKING AT TIME OF INSPECTION, FLOATS GOOD, PUMP CHAMER LOOKS CLEAN .

* 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: 1@53.75'WX72'L

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.):

NO SIGNS OF HYDRAULIC FAILURE, NO PONDING, VEGITATION NORMAL. FROZEN SNOW COVERED.

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.):



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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:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water: 156" feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed: Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

PERMIT ON FILE DATED 3/14/16

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 PERMIT ON FILE DATED 3/14/16 SHOWING SAND , ESHWT>156"

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

INSTALLER'S AS-BUILT AND CERTIFICATION

	B	C	D	E	F	G	H	I	J	
A		60'	75'	96'	139'	115'	145'	154'	183'	INV IN.
B		30'	42'	51'	80'	58'	110'	199'	123'	93.86
C										
D										93.52
E										93.22
F										96.75
G										95.61
H										95.61
I										
J										

SKETCH (to include the driveway, well and or water line locations.)

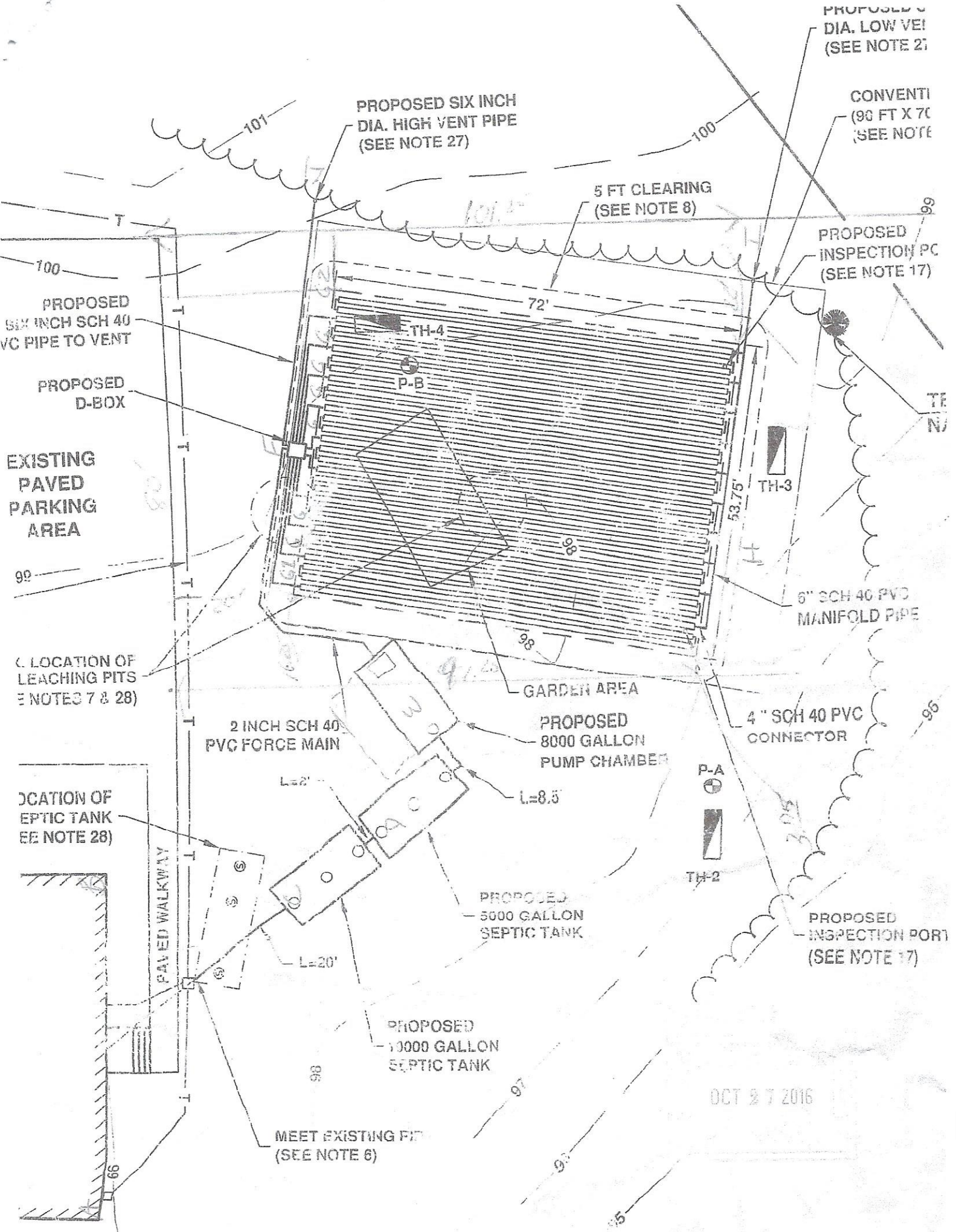
I Robert Ruggiero CERTIFY THAT ON 9/20, 2016 I INSTALLED
(Date)
 THE ABOVE SEPTIC SYSTEM FOR Country Estates Condo AT 5 Turnpike Rd.
(Owner's name) MAP Blocks (Street name)
 IN THE TOWN OF Townsend, ALSO KNOWN AS LOT 50-57-79 IN ACCORDANCE
 WITH TITLE 5, 310 CMR 15.000, THE APPROVED PLAN(S) 15-059 AND THE
(Plan #)

BOARD OF HEALTH REQUIREMENTS AND FURTHERMORE, I CERTIFY THAT THE SYSTEM HAS BEEN CONSTRUCTED IN COMPLIANCE WITH THE TERMS OF THE INNOVATIVE TECHNOLOGY SYSTEM APPROVAL, WHERE APPLICABLE.

Robert Ruggiero 10/11/16
 INSTALLER'S SIGNATURE & DATE

191
 LICENSE NUMBER

OCT 27 2016



PROPOSED SIX INCH DIA. HIGH VENT PIPE (SEE NOTE 27)

PROPOSED SIX INCH DIA. LOW VENT PIPE (SEE NOTE 27)

CONVENT (96 FT X 70 FT) (SEE NOTE 27)

5 FT CLEARING (SEE NOTE 8)

PROPOSED INSPECTION PC (SEE NOTE 17)

PROPOSED SIX INCH SCH 40 VC PIPE TO VENT

PROPOSED D-BOX

EXISTING PAVED PARKING AREA

LOCATION OF LEACHING PITS (SEE NOTES 7 & 28)

LOCATION OF SEPTIC TANK (SEE NOTE 28)

2 INCH SCH 40 PVC FORCE MAIN

GARDEN AREA

PROPOSED 8000 GALLON PUMP CHAMBER

4" SCH 40 PVC CONNECTOR

6" SCH 40 PVC MANIFOLD PIPE

PROPOSED 5000 GALLON SEPTIC TANK

PROPOSED 10000 GALLON SEPTIC TANK

MEET EXISTING FID (SEE NOTE 6)

OCT 27 2016

BANCROFT SILVA SEPTIC SERVICE

P.O BOX 620
PEPPERELL MA 01463
Ma 978-433-6659
Nh 603-673-9297



BANCROFTSILVASEPTIC.COM

customer info
COUNTRY ESTATES
5 TURNPIKE RD BLD # 2
TOWNSEND MA 01469

Statement

Date
1/25/20

Description	Quantity	Unit Price	Cost
10,000 GALLON TANK PUMPED, 5000 GALLON TANK PUMPED			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
INLET AND OUTLET TEES IN PLACE			\$0.00
			\$0.00
		Subtotal	\$0.00
Total			\$0.00

Please pay upon receipt.

Detailed Consumption Analysis Report With Charges

Townsend Water Department

01/22/2018 through 01/22/2020 INCLUDES ONLY CURRENTLY ACCOUNTS FROM Random Select TO Random Select

W09 from 0 to 999999999

Acct: 60477 COUNTRY ESTATES	Route: 99	Seq#: 345	Usage: 29700	Charge: 891.00
Totals for W09 from 0 to 999999999		Count:	1	194900

Grand Totals:	Count:	1	194900	5,847.00
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Cibola St.

5 Turnpike Rd

Bldg #2

1/2018 - 1/2020

$$194900 \times 7.48 = 1457852$$

gallons