Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

John & Jennifer Segal
Property Address

35A Pleasant Valley Road
Owner's Name

Owner information is required for every page.

Amesbury | MA | 01913 | 9/27/19
City/Town | State | Zip Code | 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.

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. Inspector:

Don Wilkinson
Name of Inspector

P.A. Wilkinson Inc.
Company Name

41 Low Street
Company Address

Newbury | MA | 01951
City/Town | State | Zip Code

978-462-3977
Telephone Number

SI13549
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 | 10/8/19
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 is a shared system or 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.**

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

John & Jennifer Segal
Property Address

35A Pleasant Valley Road
Owner's Name

Owner information is required for every page.

Amesbury | MA | 01913 | 9/27/19
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	
☒	☐	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)]

D. System Information

Residential Flow Conditions:

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

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 600