

Commonwealth of Massachusetts
Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#20 Metell's Way Edgartown Map 36 Lot 42

Property Address

Peter & Ellen Blommer 481 St. David Av.

Owner information is required for every page.

Owner's Name

Wayne

City/Town

PA

State

19087

Zip Code

4/30/24

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:

Douglas E. Cooper

Name of Inspector

Cooper Environmental Services, LLC

Company Name

#33 Old Dunham's Corner Way

Company Address

Edgartown

City/Town

MA

State

02539

Zip Code

508-627-9586

Telephone Number

2857

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

Douglas E Cooper

Inspector's Signature

4/30/24

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.**

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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:

THIS SYSTEM WAS FOUND IN SOUND OPERATIONAL CONDITION.

A MAINTENANCE PUMPING IS REQUIRED AT THIS TIME. SYSTEM HAS

ADVANCED TREATMENT (MICRO-FAST) EQUIPMENT WHICH MUST BE

OPERATED UNDER A MAINTENANCE AGREEMENT BY A CERTIFIED OPERATOR.

B) System Conditionally Passes: N/A

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.)

B) System Conditionally Passes (cont.): N/A

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: N/A

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:

- 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 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:

D) System Failure Criteria Applicable to All Systems: N/A

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

Yes No

- 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
- Yes No Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- Yes No Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow

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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. N/A

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.

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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:

- | 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 type="checkbox"/> | <input checked="" 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:

5

5

Number of bedrooms (design):

Number of bedrooms (actual):

550 GPD

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

note: System design flows and bedroom count are based on best available information and may be subject to the review and approval of the local board of health.

* 4 bedroom permit but no design plan on file

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D. System Information

Description:

Number of current residents: 0

Does residence have a garbage grinder? Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

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

Detail:

Sump pump? Yes No

Last date of occupancy: unknown
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:

NO RECENT PUMP OUT AS PER TOWN FILES

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):

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D. System Information (cont.)

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

THE SYSTEM WAS INSTALLED C. 2019 AS PER TOWN FILES

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

2

Depth below grade:

feet

Material of construction:

cast iron

40 PVC

other (explain):

> 100

Distance from private water supply well or suction line:

feet

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

PIPING APPEARS TO BE IN SOUND CONDITION.

Septic Tank (locate on site plan):

1

Depth below 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:

1500 gal. FAST tank

10"

Sludge depth:

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D. System Information (cont.)

Septic Tank (cont.)

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

18"

Scum thickness

12" (very dense)

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

4"

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

12"

How were dimensions determined?

GRADUATED DIPSTICK

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 AND BAFFLES WERE FOUND IN SOUND CONDITION.

A MAINTENANCE PUMPING IS REQUIRED AT THIS TIME.

Grease Trap (locate on site plan): N/A

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): **N/A**

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"

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 D-BOX WAS FOUND IN SOUND AND LEVEL CONDITION.

IT MAY BE PRUDENT TO PROVIDE A LIGHT WEIGHT COVER TO GRADE

TO FACILITATE PERIODIC INSPECTION BY CERTIFIED OPERATOR.

Pump Chamber (locate on site plan): N/A

Pumps in working order:

Yes

No

Alarms in working order:

Yes

No

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

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: _____
- leaching fields number, dimensions: 14' x 44' bed
- 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.):

THE LEACHING SYSTEM WAS EVALUATED BASED ON OBSERVATIONS
 MADE AT THE D-BOX. NO EVIDENCE OF HYDRAULIC FAILURE WAS OBSERVED.
 SOILS ARE WELL DRAINED SAND. VEGETATION WAS NORMAL.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan): **N/A**

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): N/A

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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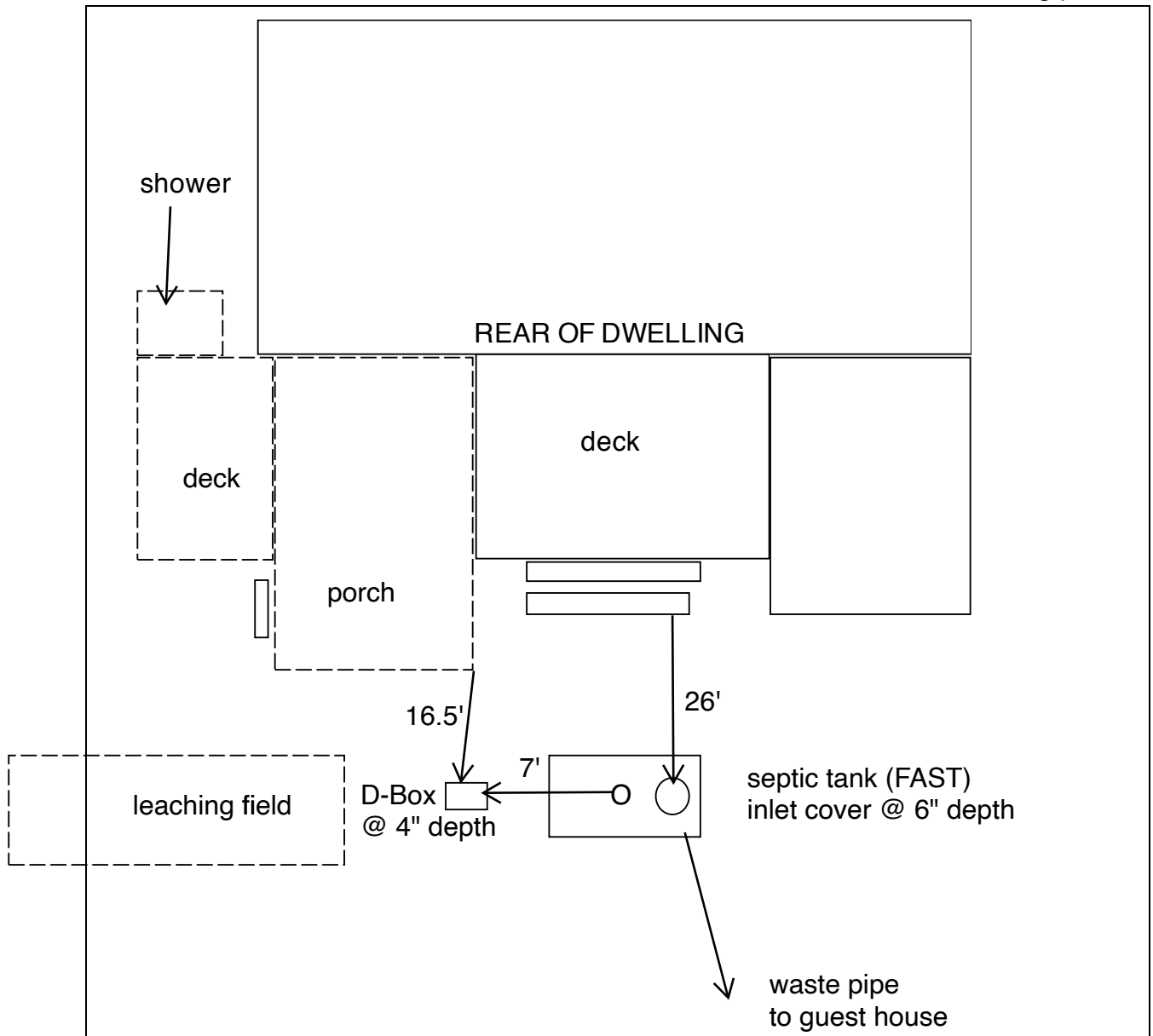
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D. System Information (cont.)

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

Note: no wells found within 100' of leaching pit



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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

15

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:

2019 (Schofield)

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:

USGS GROUNDWATER CONDITIONS WEBSITE IS CHECKED REGULARLY

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

THE SITE RESIDES AT AN ELEVATION OF APPROX. 20 FT. MSL.

USGS GROUNDWATER DATA FOR THE AREA (DELANEY, 1981)

INDICATES GROUNDWATER AT APPROX. 5 FT. MSL.

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