

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#29 Brook Hollow Rd. West Tisbury Map 3 Lot 66.4

Property Address

Edwin Merck P.O. Box 1415

Owner's Name

Owner information is required for every page.

City/Town

West Tisbury

State

MA

Zip Code

02575

Date of Inspection

2/7/23

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

RR 1 Box 306

Company Address

Edgartown

City/Town

State

MA

Zip Code

02539

508-627-9586

Telephone Number

License Number

2857

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:

[X] Passes [] Conditionally Passes [] Fails

[] Needs Further Evaluation by the Local Approving Authority

Douglas E Cooper

Inspector's Signature

2/7/23

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 RECOMMENDED AT THIS TIME.

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:

- Four checkbox options regarding septic tank and SAS proximity to surface water, public water supply, and private water supply wells. Includes a field for '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:

Four horizontal lines for additional notes.

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

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

- Table with columns 'Yes' and 'No' and four rows of failure criteria, each with a checked 'No' box.



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B. Certification (cont.)

- Table with 3 columns: Yes, No, N/A. Contains 7 rows of certification questions regarding pumping, ground water elevation, and system failure criteria.

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.

- Table with 2 columns: Yes, No. Contains 3 rows of questions regarding proximity to surface drinking water supply and nitrogen sensitive areas.

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.



Commonwealth of Massachusetts

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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, water flows, plans, sewage back up, break out, system components location, manholes, facility owner information, and field determination.

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): 440 gpd



Commonwealth of Massachusetts

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D. System Information

Description:

Blank lines for description

Number of current residents:

Blank line for number of residents

Does residence have a garbage grinder?

Yes No (No checked)

Is laundry on a separate sewage system? [if yes separate inspection required]

Yes No (No checked)

Laundry system inspected?

Yes No (No checked)

Seasonal use?

Yes No (Yes checked)

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

Blank line for water meter readings

Detail:

Blank lines for detail

Sump pump?

Yes No (No checked)

Last date of occupancy:

9/22 Date

Commercial/Industrial Flow Conditions:

N/A

Type of Establishment:

Blank line for type of establishment

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Blank line for basis of design flow

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:

Blank line for water meter readings



Commonwealth of Massachusetts

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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

TANK PUMPED 5/10/12 AS PER TOWN FILES

Source of information:

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)



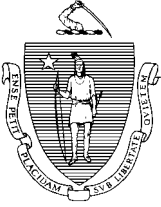
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract



Tight tank. Attach a copy of the DEP approval.



Other (describe):



Commonwealth of Massachusetts

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2/7/23 Date of Inspection

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D. System Information (cont.)

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

SYSTEM WAS INSTALLED C. 1994 AS PER TOWN FILES

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

3

Depth below grade:

feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

> 10 feet

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

PIPING APPEARS TO BE IN SOUND CONDITION

Septic Tank (locate on site plan):

2

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:

1000 gal.

8"

Sludge depth:



Commonwealth of Massachusetts

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Property Address Edwin Merck P.O. Box 1415

Owner's Name West Tisbury MA 02575 2/7/23

City/Town State Zip Code Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 18"
Scum thickness 8" (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 10"
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 RECOMMENDED 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



Commonwealth of Massachusetts

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City/Town State Zip Code Date of Inspection

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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.):

Four horizontal lines for entering comments.

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.): Four horizontal lines.

* Attach copy of current pumping contract (required). Is copy attached? Yes No



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City/Town State Zip Code Date of Inspection

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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

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.

MINOR ROOT PENETRATION WAS OBSERVED AND REMOVED.

PERIODIC CHECKING OF THE D-BOX FOR ROOTS IS RECOMMENDED.

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: 2-40 FT. LONG
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.):

THE LEACHING SYSTEM WAS EVALUATED BASED ON SITE EXAMINATION AND 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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Property Address Edwin Merck P.O. Box 1415

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City/Town West Tisbury State MA Zip Code 02575 Date of Inspection 2/7/23

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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.):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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Property Address

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Owner's Name

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02575
Zip Code

2/7/23
Date of Inspection

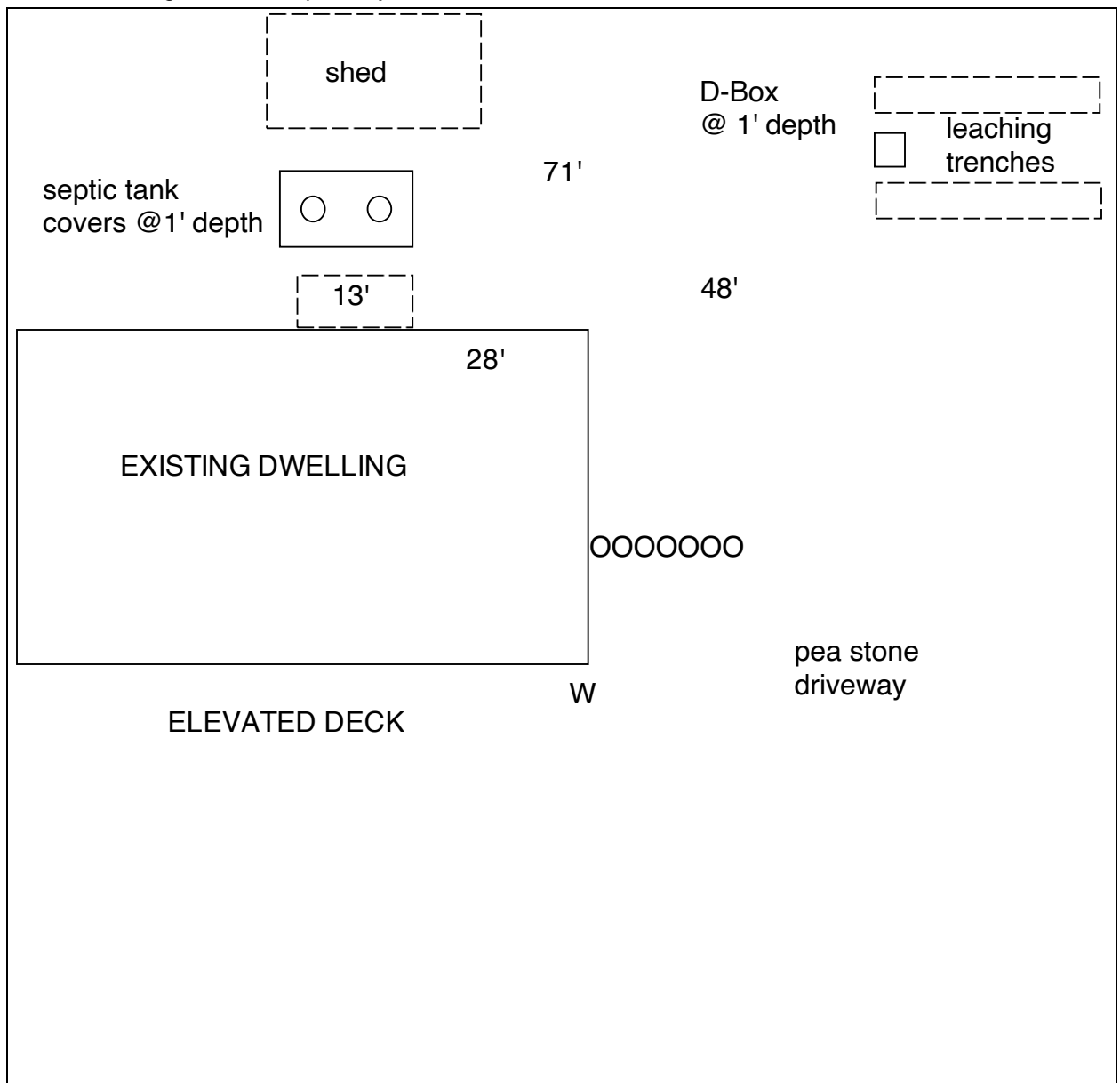
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D. System Information (cont.)

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



> 100' WELL TO SEPTIC



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City/Town State Zip Code Date of Inspection

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D. System Information (cont.)

Site Exam:

- Check Slope
Surface water
Check cellar
Shallow wells

Estimated depth to high ground water: > 10 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: 1994
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 WEBSITE IS CHECKED REGULARLY FOR GROUNDWATER CONDITIONS.

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

GROUNDWATER ELEVATION WAS ESTIMATED BASED ON SITE TOPOGRAPHY AND REFERENCE TO NEARBY WETLANDS AND BROOK.

Note: page 17 is a checklist for the inspector's use only and is intentionally omitted. Before filing this Inspection Report, please see Report Completeness Checklist on next page.