



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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

	Reservation Road		" X	ist. griv	÷v¢.			
	perty Address		Sv:	sten not	حافي دريرو	<i>J</i> - (-		
	naid Hunt		~ ′a	rinder	· ·			
Own	er's Name	- Send letter of non-c						
	dover	MA	01810	7-25-2	2017			
City	Town	State	Zip Code		Inspection			
ins; way	pection results must be sui /. Please see completeness	omitted on this form. In checklist at the end o	nspection form.	orms may no	t be altered	l in any		
	General Information	n		FRED CO				
1.	Inspector:							
	Neil J. Bateson			JUL :	28 2017	and the same of th		
	Name of Inspector		Y FOR IN LOCAL PROPERTY OF THE					
	Bateson Enterprises Inc.			<u>OARD (</u>)FHEA	["]" [!		
	Company Name		5475-1655		- A Command W	Sona 5 6 2		
	111 Argilla Road							
	Company Address					-2717/17		
	Andover		MA		01810			
	City/Town		State	V-2- A-10	Zip Code			
	978-475-4786		SI-15					
	Telephone Number		License Numbe	ar .				
cen ifon vas ewa	Certification tify that I have personally inspendion reported below is true performed based on my traininge disposal systems. I am a 5 (310 CMR 15.000). The sy	, accurate and complete ing and experience in th DEP approved system	as of the tire	ne of the insp ection and ma	ection. The	inspection		
	☑ Passes	☐ Conditionally f	Passes	☐ Fails	;			
<u> </u>	Needs Further Evaluation Needs Further Evaluation Spector's Signature	tean	Authority -25-2017					
*11	species a dignature		ate					
U	he system inspector shall suif f Health or DEP) within 30 da 0,000 gpd or greater, the insp	VS Of completing this ins	inection If th	ta evetam had	e a danian fi			

****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.

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.



Commonwealth of Massachusetts

THE COURT AS	CONTRACTOR AND PROPERTY.		tion Road					
		Addres Hunt	8					
		Name			**************************************			**************************************
	dove					MA	01810	7-25-2017
	Tow				Address de la constante de la	State	Zip Code	Date of Inspection
В.	Ce	ertifi	cation	(cont.)				THE PARTY OF THE P
	ins	pectio	n Summar	y: Check A,E	3,C,D or E /	always	complete all of	Section D
A)	Sys	stem F	asses:					
	Ø	in 310	e not found CMR 15. Ited below	303 or in 310	tion which i CMR 15.3	ndicates 04 exist.	that any of the Any failure crit	failure criteria described eria not evaluated are
	Cor	nment	ts:					
								- 1944 -
								7,30
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		V Parke A - Establishment	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
B)	Sve	tem C	onditions:	Illy Passes:		mv		
_,	oy.	·com o	Ondiciona	my rasses.				
		replac	ed or repa	stem compone ired. The systalth, will pass.	tem, upon c	cribed in completio	the "Condition n of the replac	al Pass" section need to be ement or repair, as approved by
{	Che dete	ck the rmine	box for "y d," please	es", "no" or "n explain.	ot determin	ned" (Y, N	I, ND) for the f	ollowing statements. If "not
i	ınsc	ouna, e ection	exnidits su	ostantiai intiiti	ration or ex	filtration (or tank failure i	hether metal or not) is structurally s imminent. System will pass k as approved by the Board of
*	A n	netai s iplianc	eptic tank e indicatin	will pass insp g that the tan	ection if it i k is less tha	s structui an 20 yea	rally sound, no ers old is availa	t leaking and if a Certificate of ble.
	_ \	1	□N	□ N	D (Explain t	below):		
_				71874144444				
					PONTAL ALLE			17. Pillet 4.
ma.	·					·		



Commonwealth of Massachusetts

111 R		vation Road							**************************************
Donal	d Hu	nt							
Owner's Andov		е	MΔ		01	94A			7 95 9047
City/To		MA	State						
B. C	erti	fication (cont.)			MULLENI				11-11-2-2-1100-0-0-1-110-2-1-1-1-1-1-1-1
	Pu pui	mp Chamber pumps/alarms not c mps/alarms are repaired.	perational.	Sys	tem	ı will į	oass	wit	h Board of Health approval if
B)	Sy	stem Conditionally Passes (cor	nt.):						
	to t	proken or obstructed pipe(s) or du	⊧e to a brok	en, s	etti	tic wa led or	ater une	leve sven	l in the distribution box due distribution box. System will
		broken pipe(s) are replaced			Υ		N		ND (Explain below):
		obstruction is removed			Υ		N		ND (Explain below):
		distribution box is leveled or	replaced		Υ		N		ND (Explain below):
		0, VP VP V V V AND	PLOTE / TERMANDANA / No.				h."-d		
		PRINTED TRANSFERMANCES	-/*//W*/#-/4-#W*/\						
		2793 T. Visson		707471/704/A					\$ 100,470,470,470,
_					<u></u>				P-Mahama P-Mh
	The	system required pumping more tem will pass inspection if (with an	than 4 times	say ne Bo	ear	due t	to ba	roke	n or obstructed pipe(s). The
		broken pipe(s) are replaced	· p· · · · · · · · · · ·						ND (Explain below):
		obstruction is removed			Υ		N		ND (Explain below):
	TOTAL SECURITY SECURITY								
1499		1979-2000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				Will A	114 W.A.L.		\$\frac{1}{2}\ldots\frac
	Markla	rtification (cont.) Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired. System Conditionally Passes (cont.): Disservation 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							
C)	obstruction is removed								
	Cont	ditions exist which require further system is failing to protect public h	evaluation realth, safe	State Zip Code Date of Inspection tional. System will pass with Board of Health approval if but or high static water level in the distribution box due a broken, settled or uneven distribution box. System will of Health): Y					
	1. S 15.3	ystem will pass unless Board o 03(1)(b) that the system is not f	of Health de	eten	nin	es in	acc	ord	ance with 310 CMD
		Cesspool or privy is within 50	feet of a su	rface	e Wi	ater			
		Cesspool or privy is within 50	feet of a bo	rder	ing	vege	tate	d we	etland or a sait marsh



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	1 Reserva					
	peny Addres					
	ner's Name			-W45-N-47-W-6	THE PROPERTY OF THE PROPERTY O	78/4/18/19/19/19/19 and an about 19/4/19/19/19/19/19/19/19/19/19/19/19/19/19/
	dover			MA	01810	7-25-2017
	y/Town			State	Zip Code	Dete of Inspection
В	. Certifi	ication	(cont.)			
	dete safe	rmines th ty and en	vironment:	oning in a	manner that	Vater Supplier, if any) protects the public health, AS) and the SAS is within
	100 t	feet of a s The systen ly.	urface water supply or tri n has a septic tank and S	butary to a SAS and th	surface water ie SAS is withi	
	☐ The :	from a pr	s a septic tank and SAS ivate water supply well** o determine distance:		AS is less than	100 feet but 50 feet or
	coliform to or less	pacteria in than 5 pp ed to this	dicates absent and the p im, provided that no othe	resence o	f ammonia nitr	P certified laboratory, for fecal ogen and nitrate nitrogen is equal ered. A copy of the analysis must
)			iteria Applicable to All : "Yes" or "No" to each	_	lowing for <u>all</u>	inspections:
	Yes	No				
		\boxtimes	 clogged SAS or cessper 	ool		onent due to overloaded or
		\boxtimes	Discharge or ponding of due to an overloaded of	of effluent or clogged	to the surface SAS or cesspo	of the ground or surface waters
		\boxtimes		distribution		outlet invert due to an overloaded
		\boxtimes	Liquid depth in cesspo than 1/2 day flow	ol is less ti	han 6" below ir	nvert or available volume is less

D)



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	r Keserva perty Addres		1			
	nald Hunt	·-	•			
	ner's Name					
	dover			MA	01810	7-25-2017
	/Town			State	Zip Code	Date of Inspection
В.	Certifi	cation	(cont.)			
	Yes	No				
		\boxtimes	Required pumping robstructed pipe(s).	more than 4 Number of t	times in the la imes pumped:	st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the S	AS, cesspo	ol or privy is be	elow high ground water elevation.
		\boxtimes	Any portion of cessportion tributary to a surface			eet of a surface water supply or
		\boxtimes	Any portion of a ces	spool or pri	vy is within a Z	one 1 of a public well.
		\boxtimes	Any portion of a ces	spool or pri	vy is within 50	feet of a private water supply well
			from a private water system passes if the laboratory, for fec- of ammonia nitroge	supply well he well wat al coliform i en and nitra ther failure	i with no accep er analysis, po bacteria indica ate nitrogen is criteria are tri	100 feet but greater than 50 feet table water quality analysis. [This erformed at a DEP certified ates absent and the presence equal to or less than 5 ppm, iggered. A copy of the analysis his form.]
		\boxtimes	The system is a cest 10,000gpd.	spool servin	ig a facility with	a design flow of 2000gpd-
		⊠	criteria exist as desc	ribed in 310 d contact th	CMR 15.303,	or more of the above failure therefore the system fails. The alth to determine what will be
E)	Large Sy: design fic	stems: 7 ow of 10,	o be considered a lar 000 gpd to 15,000 gpd	ge system i.	the system m	ust serve a facility with a
	For large : questions	systems, in Sectio	you must indicate eithe n D.	r "yes" or "n	o" to each of th	ne following, in addition to the
	Yes	No				
			the system is within 4	400 feet of a	s surface drinki	ng water supply
			the system is within 2	200 feet of a	tributary to a	surface drinking water supply
			the system is located Area – IWPA) or a m	l in a nitroge apped Zone	en sensitive are Il of a public v	ea (Interim Wellhead Protection vater supply well
9	or answere System co:	ed "yes" ii nsidered	n Section D above the I a significant threat unde	arge system er Section E	n has failed. The or failed unde	s considered a significant threat, se owner or operator of any large r Section D shall upgrade the ald contact the appropriate

regional office of the Department.



Commonwealth of Massachusetts

111 Reservation Road

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Pro	perty Addre	SS				CONTRACTOR		
	naid Hun ner's Name		ON CONTRACTOR OF THE PROPERTY		on the same productions, asset to the same pro-	ARAMINA MASSARIWAN TAND		
	dover				MA	01810	7-25-2017	
	//Town				State	Zip Code	Date of Inspection	on
C.	Chec	klist						
	Check if	the follo	wing have been	done. Yo	u must ind	licate "yes" or '	'no" as to each of	the following:
	Yes	No						
			Pumping info	ormation v	vas provide	ed by the owne	er, occupant, or B	oard of Health
		\boxtimes	Were any of	the system	m compon	ents pumped o	ut in the previous	two weeks?
	\boxtimes		Has the syst	em receiv	ed normal	flows in the pr	evious two week	period?
		\boxtimes	Have large v this inspection		f water bee	en introduced to	the system rece	ntly or as part of
	Were as built plans of the system obtained and examined? (If they were not available note as N/A)							
	☑							p?
	\boxtimes		Was the site	inspected	for signs	of break out?		
	\boxtimes		Were all syst	tem comp	onents, ex	cluding the SA	S, located on site	?
	\boxtimes		inspected for	the condi	ition of the	baffles or tees	ned, and the inter , material of cons l depth of scum?	ior of the tank truction,
	☒		information o	n the prop i location	er mainter of the So	nance of subsu	it from owner) pro irface sewage dis System (SAS) or	posal systems?
	\boxtimes		Existing infor	mation. Fo	or example	, a plan at the	Board of Health.	
	\boxtimes		Determined in approximation	n the field n of distar	(if any of t ace is unac	he failure criter ceptable) [310	ria related to Part CMR 15.302(5)]	C is at issue
Ō.	Syste	n Info	rmation		TATO WATER AND A STREET AND A STREET ASSESSMENT ASSESSM		- II - I	TO THE TOTAL WARRANCE AT ALL
	Resident	tial Flow	Conditions:					
	Number	of bedroo	oms (design):	N/A	***************************************	lumber of bedi	ooms (actual):	5
	DESIGN	flow bas	ed on 310 CMR	15.203 (fo	or example	: 110 gpd x # c	of bedrooms):	N/A

D.



Commonwealth of Massachusetts

111 Reservation Road	V41 V4				
Property Address					
Donald Hunt Owner's Name					
Andover	MA	01810	7-25-20	17	
City/Town	State	Zip Code	Date of In		
D. System Information	MAKAMANAN TERPETER T		THE PROPERTY OF LICENSES AND ADDRESS OF THE PROPERTY OF THE PR	40-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Description:				The state of the s	and the State of Market State
Number of current residents:	3		PAPPARA PERIODE AND PERIODE AND	2	
Does residence have a garbage grinder' Is laundry on a separate sewage system information in this report.)		undry system i	nspection	☐ Yes	∐ No ⊠ No
Laundry system inspected?				☐ Yes	Nc
Seasonal use?				☐ Yes	⊠ No
Water meter readings, if available (last 2 Detail:	years usage	(gpd)):		Yes	All land his nelson behavious as
Sump pump?		The second se	77 47 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	☐ Yes [⊠ No
Last date of occupancy:				Date	
Commercial/Industrial Flow Condition	s:				
Type of Establishment:		V		**************************************	
Design flow (based on 310 CMR 15.203)	:	Gallons p	er day (gpd)	**************************************	
Basis of design flow (seats/persons/sq.ft.	, etc.):		7///	- Mai / bhi	
Grease trap present?				☐ Yes [] No
Industrial waste holding tank present?				☐ Yes [] No
Non-sanitary waste discharged to the Title	e 5 system?			☐ Yes ☐] No
Water meter readings, if available:					



Commonwealth of Massachusetts

111 Reservation	Road	Philadeline de mariede estado de Articologo	" CONTAINE ATTITLE "ALLEGA ALABA", ETHICAE	Nobel der 1950 A.A.A.A.A.A.A.a.a.a.a.a.a.a.a.a.a.a.a.a			
Donald Hunt							
Owner's Name				7F74V-C			
Andover City/Town	ikal kana kana adalah dianggan kana adalah kana adalah kanan kanan kanan dianggan anggan kanan kanan kanan kan	MA State	01810 Zip Code	7-25-2017 Date of Inspection			
	nformation (cont.)			The second secon			
Di Gyotoii.	(oone,						
Last date of	occupancy/use:		Date	TWANA CONTRACTOR OF THE CONTRA			
Other (descr	ibe below):						
,	·						
	P. 1977/16 1867-1868/17 1 T. 1877/17 A SAMPLE A STORY AND	LL*WLL&AAL&A		The state of the s			
		1910/000 G. G. W. W. W. G.	ti bada tha an an abada an	The state of the s			
Amende de contrata en la contrata e	TANKAN PARAMETER STANKE						
	Gene	ral Infor	nation				
Pumping Re	cords:						
Source of info	Pump	ped August 201	6, owner				
Was system	oumped as part of the inspection	on?		⊠ Yes □ No			
If yes, volume	pumped:	1000 gallons		The state of the s			
How was qua	ntity pumped determined?	Measured tank.					
Reason for pu		Inspect tank & tees.					
	· -						
Type of Syst	ėm:						
\boxtimes	Septic tank, distribution box,	, soil abs	orption system				
	Single cesspool						
	Overflow cesspool						
	Privy						
	Shared system (yes or no) (i	if yes, att	ach previous in:	spection records, if any)			
	Innovative/Alternative technomaintenance contract (to be inspection of the I/A system	obtained	from system or	wner) and a copy of latest			
	Tight tank. Attach a copy of t		·				
	Other (describe):						
_	- ···-· \						



Commonwealth of Massachusetts

Indover by Town MA State 01810 7-25-2017 DySystem Information (cont.) System Information (cont.) Approximate age of all components, date installed (if known) and source of information: Tank and leach area 28 years old, 10-18-1999, as built plan. D-box & outlet fee was replaced 2! Were sewage odors detected when arriving at the site? Yes No Building Sewer (locate on site plan): 1.3 / feet Depth below grade: 1.3 / feet Material of construction: cast iron	11 Reservation Road	<u> </u>				
were's Name ndover						
MA 01810 7-25-2017 Virtown State 21p Code 72-25-2017 Date of Inspection 1. System Information (cont.) Approximate age of all components, date installed (if known) and source of information: Tank and leach area 28 years old, 10-18-1989, as built plan. D-box & outlet tee was replaced 2! Were sewage odors detected when arriving at the site?		10	AND	11600-000-000-000-000-00-00-00-00-00-00-00		
System Information (cont.) Approximate age of all components, date installed (if known) and source of information: Tank and leach area 28 years old, 10-18-1989, as built plan. D-box & outlet tee was replaced 2! Were sewage odors detected when arriving at the site?			B. # A	0.000		_
Approximate age of all components, date installed (if known) and source of information: Tank and leach area 28 years old, 10-18-1989, as built plan. D-box & outlet tee was replaced 2! Were sewage odors detected when arriving at the site?						
Approximate age of all components, date installed (if known) and source of information: Tank and leach area 28 years old, 10-18-1989, as built plan. D-box & outlet tee was replaced 2: Were sewage odors detected when arriving at the site?				Zip Cod#	Date of Insp	ection
Building Sewer (locate on site plan): Depth below grade: Material of construction: Cast iron	Approximate age	of all components,	date installed (if l	•		
Depth below grade: Material of construction: ☐ cast iron ☐ 40 PVC ☐ other (explain): ☐ bistance from private water supply well or suction line: ☐ feet Comments (on condition of joints, venting, evidence of leakage, etc.): ☐ (Cast iron through wall, 4" PVC to tank. 2" & 3" PVC in house, no leaks visible. Septic Tank (locate on site plan): ☐ Depth below grade: ☐ (Interpretation):	Were sewage odo	rs detected when a	arriving at the site	?		Yes ⊠ No
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.): 4" Cast iron through wall, 4" PVC to tank. 2" & 3" PVC in house, no leaks visible. Septic Tank (locate on site plan): ☐ Depth below grade: ☐ 0.3 feet Material of construction: ☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain): ☐ It tank is metal, list age: ☐ years ☐ Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ Dimensions: ☐ 1" Six 4"	Building Sewer (I	locate on site plan)	:			
Septic Tank (locate on site plan): Depth below grade: 0.3 feet Material of construction: Sconcrete metal If tank is metal, list age: Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Distance from private water supply well or suction line: feet 6et Comments (on condition of joints, venting, evidence of leakage, etc.): 4" Cast iron through wall, 4" PVC to tank. 2" & 3" PVC in house, no leaks visible. Septic Tank (locate on site plan): 0.3 feet Material of construction: Septic Tank (locate on site plan): Users 0.3 feet Dimensions: years Try x 5' x 4'	Depth below grade	e :		1151 4 2117 222-1-161	TAN-09 4*1./ABA-1-1	
Distance from private water supply well or suction line: Comments (on condition of joints, venting, evidence of leakage, etc.): 4" Cast iron through wall, 4" PVC to tank. 2" & 3" PVC in house, no leaks visible. Septic Tank (locate on site plan): Depth below grade: Material of construction: Concrete metal fiberglass polyethylene other (experiments) If tank is metal, list age: Jeans age confirmed by a Certificate of Compliance? (attach a copy of certificate) T' x 5' x 4' Dimensions:	Material of constru	action:				
Comments (on condition of joints, venting, evidence of leakage, etc.): 4" Cast iron through wall, 4" PVC to tank. 2" & 3" PVC in house, no leaks visible. Septic Tank (locate on site plan): Depth below grade: Material of construction: Concrete	⊠ cast iron	⊠ 40 PVC	other (ex	plain):	h.	
4" Cast iron through wall, 4" PVC to tank. 2" & 3" PVC in house, no leaks visible. Septic Tank (locate on site plan): Depth below grade: Material of construction: Concrete metal fiberglass polyethylene other (experiments) If tank is metal, list age: Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) T' x 5' x 4'	Distance from priva	ate water supply w	elf or suction line:	feet		WIFE, WARRIES
Depth below grade: Material of construction: ☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (exp If tank is metal, list age: Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ Indicate ☐ Yes ☐ Yes ☐ Indicate ☐ Yes ☐ Yes ☐ Indicate ☐ Yes	·	- ·		•		
Material of construction: ☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (exp ☐ tank is metal, list age: ☐ years ☐ years ☐ years ☐ years ☐ yes ☐ ☐ T' x 5' x 4' ☐ T' x 5' x 5' x 4' ☐ T' x 5' x 5' ☐ T' x	Septic Tank (focat	te on site plan):	elekti 19 dilak ka 19 dilak da 19 dilak da 18 dilak da	Problem in the Control of Control	N. C. P. L. Filds	
Material of construction: Concrete	Depth below grade) ;				
If tank is metal, list age: years s age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes Dimensions: 7' x 5' x 4'	•			teet		
Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes 7' x 5' x 4'	⊠ concrete	metal	☐ fiberglass	☐ polye	thylene	other (explain
Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes 7' x 5' x 4'	7.777.777.777.4°-118 samela samel	97150-14 8647-8711	- 1-1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/			77-44-57-76-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Dimensions: 7' x 5' x 4'	If tank is metal, list	age:		years	TV-Villal/A subsection	190-00-00-0
	Is age confirmed by	a Certificate of Co	ompliance? (attac	h a copy of cer	tificate)	☐ Yes ☐ No
Sludge depth: 1"	Dimensions:			<u>7' x</u>	5' x 4'	
	Sludge depth:			1"	··	



Commonwealth of Massachusetts

111 Reservation Ro Property Address)30				
Donald Hunt					
Owner's Name					rans na i rana ann'i Viddid mandi dana amami ba'i Yenn'a na na na 1 1969 44 1975 a 74 5 mare
Andover		MA	01810	7-25-20	
City/Town		State	Zip Code	Date of In	spection
D. System in	formation (cor	it.)			
Septic Tank (c	ont.)				
D:	#_!! t_ b_!!		L _ 60 _	32"	
Distance from t	op of sludge to botto	m or outlet tee or	ратте	WI WATER BOATER	
Scum thickness	3			1"	
Distance from to	op of scum to top of	outlet tee or baffle	•	8"	10 m provings, egy, propagation, and all the contract of the c
				14"	
Distance from b	ottom of scum to bo	ttom of outlet tee	or baffle	1-4	
How were dime	nsions determined?			Tape measu	re
Comments (on	pumpina recommen	dations, inlet and	outlet tee or	baffle condition	n, structural integrity
liquid levels as	related to outlet inve	rt, evidence of lea	kage, etc.):		****
Inlet tee ok tank.	. Outlet tee ok. Dept	h of liquid at outle	t invert. No	evidence of lea	akage. Pumped sept
ank.					
the the tensor of the tensor o					
					The state of the s
MATERIAL PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPER				La reterioration .	
					//3/19/10/4/// //// /// /// /// //////////////
				PARTIES AND	
O T (1-					
Grease (rap (io	cate on site plan):				
Depth below gra	ide:			feet	
Material of consi	ta estica:				
	a action.				
concrete concrete	metal metal	☐ fiberglas	s 🗌	polyethylene	🔲 other (explain)
A-PU-RALLAI-					
Dimensions:				100000	WAS ALL PARKET PARKET
Scum thickness				1,040,454	
Dietanna from to	n of cours to tax of				
Distance nom (0	p of scum to top of c	nuter tee or Dame			1,00,11
Distance from bo	ottom of scum to bott	om of outlet tee o	r baffle	TO THE PERSON OF	V.504 M L. V.
Date of last pum	pina:				
	ra.				



Commonwealth of Massachusetts

11 Reservation Road roperty Address					L-P-A	- January (1984) - 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984 1984	
onald Hunt							
wner's Name		and a second sec					
ndover		MA State	01810		25-2017 Ite of Inspection		
ity/Town			Zip Cod	e Date	of inspection		
Comments (on pur liquid levels as rela	nping recommen	dations, inlet and			dition, struct	ural integrity	
Tight or Holding T	ank (tank must l	be pumped at tim	e of inspec	ction) (locate	on site plan)	The Address de Shine and a second a second as a second	
Depth below grade	:						
Material of construc	ction:						
☐ concrete	☐ metal	☐ fibergla	ss [polyethyle	ne 🗌 oti	ner (explain)	
Dimensions:				/m/	TOTAL TO A STATE OF THE STATE O	PATTO P. S. S. S. L. W. (P. S.	
Capacity:		-	gallons			**************************************	
Design Flow:		-	gallons per d	ay	**************************************		
Alarm present:			Yes	□ No			
Alarm level:		tud tud talanda tuda tuda an	Alarm in wo	rking order:	Yes	□ No	
Date of last pumping	g:	Ī	Date			TAPE TELEVISION OF THE STATE OF	
Comments (condition	on of alarm and fl	oat switches, etc.) :				
,			,				
		7 ** 11 V A! ** // A. BIT AS ** P b.			IP-nl-k		
		۸	,,,v		15///	ARA	
WPPPERANTIAN AND AND AND AND AND AND AND AND AND A		PI TIN- VALUE AVAILABLE AND				olds Par Vis and the second second second	
9.47000 AVA WAS all 15.770 as les				anned burden and a blid play of the same party and		19/7	
* Attach copy of curr	rent pumping cor	ntract (required). I	s copy atta	ached?	☐ Yes	□ No	



Commonwealth of Massachusetts

perty Address	anne de la company de la compa		
nald Hunt			
ner's Name			
dover	MA State	01810 Zip Code	7-25-2017 Date of Inspection
System Information (cont.)		ANNO.	Date of Hispedian
Distribution Box (if present must be ope	ened) (locate	e on site plan):	
Depth of liquid level above outlet invert		0	
Comments (note if box is level and distrib evidence of leakage into or out of box, etc D-box level & distribution equal, has flow carryover, pumped d-box to clean. D-box	c.): levelers, N o	evidence of le	_
Pump Chamber (locate on site plan):		The second secon	
Pumps in working order:			☐ Yes ☐ No*
Alarms in working order:			☐ Yes ☐ No*
Comments (note condition of pump chamle	ber, conditio	on of pumps an	d appurtenances, etc.):
	And Mr. Ann		V (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
* If pumps or alarms are not in working ord	ier system	is a conditions	Inace
Soil Absorption System (SAS) (locate or			
If SAS not located, explain why:	, one pian, e	-Augustion not	regalica),
, and an in the same of the sa			
		1310777	
	/\	W-1017ATA	The state of the s



Commonwealth of Massachusetts

vner's Name					
ndover ity/Town	TO SHAPE OF THE STATE OF THE ST	MA State	01810 Zip Code	7-25-201 Date of Insp	
	Information (cont.)	UIBIO	Zip Gode	Date of this	ection
Туре:					
	leaching pits		number:		
	leaching chambers		number:		FMA
	leaching galleries		number:		*#*A*11**
	leaching trenches		number, l	ength:	
\boxtimes	leaching fields		number, d	imensions:	20' x 40'
	overflow cesspool		number:		
	innovative/alternative system	n			
	Type/name of technology:				·
vegetation,	(note condition of soil, signs of tetc.): tok. Vegetation ok. No sign of p			onding, damp) soil, condi
Soil	etc.): I ok. Vegetation ok. No sign of p	eonding to	surface.) soil, condi
Cesspools (eic.):	eonding to	surface.		
Cesspools (cc.); l ok. Vegetation ok. No sign of p	eonding to	surface.	on site plan):	
Cesspools (cesspool must be pumped as p configuration of liquid to inlet invert	eonding to	surface.	on site plan):	
Cesspools (Number and Depth – top o	cc.); lok. Vegetation ok. No sign of p (cesspool must be pumped as p configuration of liquid to inlet invert ds layer	eonding to	surface.	on site plan):	
Cesspools (Number and Depth – top o	cesspool must be pumped as p configuration of liquid to inlet invert ds layer m layer	eonding to	surface.	on site plan):	
Cesspools (Number and Depth – top of Depth of solid	cesspool must be pumped as p configuration of liquid to inlet invert ds layer m layer of cesspool	eonding to	surface.	on site plan):	



Commonwealth of Massachusetts

11 Reservation Road			
operty Address			#*************************************
onald Hunt			
wner's Name		· · · · · · · · · · · · · · · · · · ·	// / / / / / / / / / / / / / / / / / /
ndover	MA	01810	7-25-2017
ty/Town	State	Zip Code	Date of Inspection
. System Information (cont.	.)		TO THE PART AND THE PART OF TH
Comments (note condition of soil, sig etc.):	ns of hydraulic t	failure, level of	ponding, condition of vegetation
		ANTAMA TO THE PROPERTY OF THE	7444
		**************************************	100 A
Privy (locate on site plan):			
Materials of construction:			701/000 March 2016
Dimensions		PPRAIS-	
Depth of solids			The second secon
Comments (note condition of soil, signetc.):	ns of hydraulic fa	ailure, level of p	conding, condition of vegetation,
- Volume			
	331,472571	1-1/1-1/	MACCA
			AAA MAAA
PAUM / 3		N. P.	
		Mrs.P	North State Control of the Control o

Commonwealth of Massachusetts

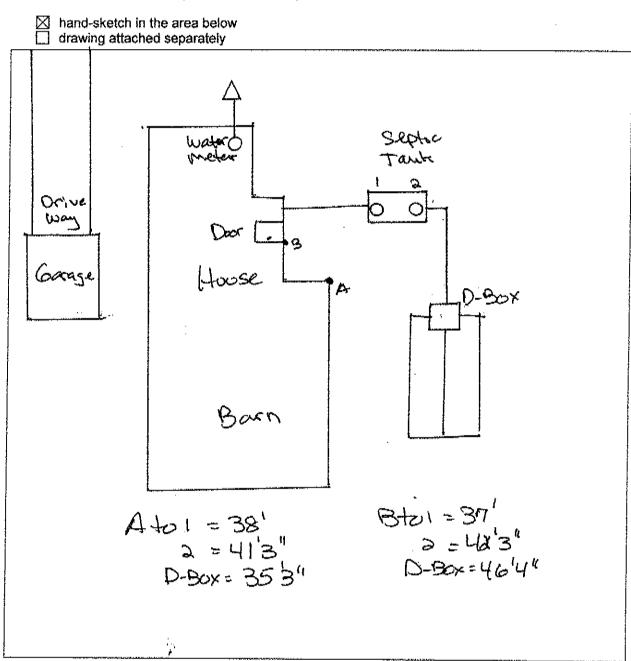
Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

111 Reservation Road			
Property Address			
Donald Hunt Owner's Name			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Andover	MA	01810	7-25-2017
City/Town	State	Zip Code	Date of Inspection

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:





Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

111 Reser Property Add	vation Road		A. 4	
Donald Hu	ınt			
Owner's Nan Andover	ne	***	04040	7.05.0045
City/Town		MA State	01810 Zip Code	7-25-2017 Date of Inspection
D. Syst	em Information (cont.)			** ***********************************
Site E	xam:			
⊠ ch	eck Slope			
_	rface water			
	eck cellar			
	allow wells			
******	ted depth to high ground water:		>4	•
	- 		feet	The state of the s
Please	indicate all methods used to determ	mine the hig	gh ground wate	r elevation;
	Obtained from system design	plans on re	ecord	
	If checked, date of design plan	n reviewed:	Date	APPEL Industrial Control of the Cont
	Observed site (abutting prope	rty/observa	tion hole within	150 feet of SAS)
\boxtimes	Checked with local Board of H	lealth - exp	lain:	
	No design plan		A.VL.	A/A.
	Checked with local excavators	, installers	- (attach docun	nentation)
\boxtimes	Accessed USGS database - e	xplain:		
	Essex County Soil Map			
				783/484
	st describe how you established th			tion:
Essex (County Soil Map, Sheet #35, Hincki	ley Soil, Wa	ater >6 Deep	
	1991 ANA	Wilder		
***************************************	PURIONAL.	75_\	A 71\/Y''	The state of the s
1-7-774/4	p = 17 = 100 = 1	W-1/4	· (P80%) \ \ - \ /	9.7%
		- PryertW-60-		

Before filing this Inspection Report, please see Report Completeness Checklist on next page.

نسه	
<u></u>	
$\overline{}$	
\equiv	
$\overline{\mathbf{C}}$	
بَق	
~	
41	
<u>د</u>	
ON)	
Sag	
č	

For 06138

		Nemo			Service	Service Address		Roufe				
ation No	Acct :No.	INABAC								Prior	Ç	Current
Meter No.	Out Size	Service	Fran Date	Measure	Act Usage	Bill Usage	Adj Usage	Adj Amt	Charges	Date	Read Date	Kesu
7400	04139	DONAL SHIPM			111 RESER	111 RESERVATION RD		ч				
0076146897	S/8" METER	WATER	11/30/2005	Cubic	10730.	10730.	Ö	0.00	00'0		3918010/26/2005	•
6075146907	S/R" METER	WATER	05/26/2006	Cubic	8440.	8440.	0.	00.00	0.00	10/26/2005	4991004/13/2006	
00076146607	5/8" METER	WATER	11/30/2006	Cubic	4860.	4860.	0	0.00	00'0	04/13/2006	58350 10/20/2006	
0076146007	S/R" MFTPR	WATER	05/31/2007	Cubic	6650.	6650.	0	0.00	0.00	10/20/2006	63210 04/18/2007	1 69860
00101010091	AS METER	WATER	1170/2007	Cabic	5200.	5200.	0.	00'0	131.04	04/18/2007	69860 10/29/2007	75060
00/6140697	S/O METER	WATER	050372008	Cubic	5920.	5920.	Ó	00.00	149.18	10/29/2007	75060 04/15/2008	80980
0074146997	SOR" METER	WATER	11/28/2008	Cubic	5560.	5560.	Û,	0.00	147,34	04/15/2008	80980 11/25/2008	
0070140677	5/8" METER	WATER	05/26/2009	Cubic	5740.	5740.	Ó	000	152.11	11/25/2008	86540 05/18/2009	
0076146807	5/8" METER	WATER	11/27/2009	Cubic	2160.	2160.	0	0.00	57.24	05/18/2009	92280 11/17/2009	
0076146897	SAR" METER	WATER	05/28/2010	Cubic	3950.	3950.	Ó	0.00	115.34	11/11/2009	94440 05/21/2010	
0076146897	5/8" METER	WATER	08/28/2010	Cubic	5675.	5675.	Ö	0.00	165.71	05/21/2010	98390 08/05/2010	2
89754500	5.18" METER	WATER	11,79,2010	Cubic	1975.	1975.	Ġ	0.00	57.67	08/05/2010	0.11/1/2010	
0076146897	5/8" METER	WATER	11/29/2010	Cubic	0	0	Ð	00'0	57.67	08/05/2010	104065 08/05/2010	10
89754500	S/8" METER	WATER	05/25/2011	Cubic	4410.	4410.	Ó	0.00	128.77	11/17/2010	1975 04/27/2011	
89254500	5/8" METER	WATER	11/29/2011	Cubic	6395.	6395.	Û	0.00	186.73	04/27/2011	6385 11/08/2011	
89254500	518" METER	WATER	05/24/2012	Cubic	5390.	5390.	0	0.00	157.39	11/08/2011	12780 05/04/2012	
89254500	5/8" METER	WATER	11/29/2012	Cubic	5810.	5810.	Ö	0.00	169.65	05/04/2012	181.70 11/09/2012	
80254500	5/8" METER	WATER	05/23/2013	Cubic	4790.	4790.	0.	0.00	139.87	11/09/2012	23980 05/08/2013	
80254500	5.8" METER	WATER	11/29/2013	Cubic	4505.	4505.	0	0.00	132.90	05/08/2013	2877011/05/2013	
00040708	SOR" METER	WATER	05/23/2014	Cubic	4820.	4820.	0	0.00	142.19	11/05/2013	33275 05/12/2014	
09257500	SAR* METER		08/21/2014	Cubic	2485.	2485.		0.00	17,04	05/12/2014	38095 08/21/2014	
89254500	5/8" METER		11/28/2014	Cubic	290.	290.	Ö	0.00	8.99	08/21/2014	4058011/10/2014	
89254500	5.8" METER		05/22/2015	Cubic	4590.	4590.	0.	0.00	142.29	11/10/2014	40870 05/11/2015	
89754500	S/8" METER		11/30/2015	Cubic	23810.	23810.	Đ.	0.00	738.11	05/11/2015	4546011/09/2015	
89254500	5/8" METER		05/24/2016	Cubic	4670.	4670.	Ą	0.00	14.77	11/09/2015	69270 05/05/2016	
86754500	5/8" METER		01/30/2017	Cubic	33050.	33050.	9	0.00	1047.34	05/05/2016	73940 12/20/2016	
80254500	5/8" METER		05/12/2017	Cubic	1755.	1755.	0	0.00	50.90	12/20/2016	106990 04/28/2017	17 108745
000000000000000000000000000000000000000	NO SIZE		08/21/2014	Gallons	ó	Ö	Ö	0.00	00.00	08/21/2014	0.08/21/2014	14
	NO SIZE	MISC FEES	11/28/2014	Callons	0.	Ċ.	Ö	00'0	00'0	08/21/2014	011/28/2014	14
	EZIS ON	MISC FEES	_	Gallons	ð	.O	Ģ	0.00	0.00	11/28/2014	0.05/22/2015	5
	NO SIZE	MISCFEES	11/30/2015	Gallons	ć	ő	ợ	0.00	0.00	05/22/2015	0.11.30.2015	15

Page Number:

Usage Report

07/24/2017 11:07:03 AM



Commonwealth of Massachusetts City/Town of System Pumping Record Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority.

	The state of the s	Charles - Telegraphy of the contract of the co
1.	System Location: Left / Right front of house Left)/ Right side of building, Left / Right front of building,	Left / Right rear of building, Under deck
	Address III Reservation (Pd Autours
	City/Town	State Zip Code
2.	System Owner:	tent
٠	Name 105 De	servation Pr
	Address (if different from location)	~
	City/Town	State
	A Commence of the Commence of	Telephone Number
3.	Pumping Record	(or a)
	Date of Pumping Date 2.	. Quantity Pumped: Gallons
	Type of system: Cesspool(s)	eptic Tank
1	Other (describe):	
į	Effluent Tee Filter present? Yes No	If yes, was it cleaned?
	Condition of System: Normal (eu	sel in tank
5	System Pumped By:	,
	Neil Bateson	F5821
N	Name Bateson Enterprises Inc	Vehicle License Number
	company .ocatiop.w/nere contents were disposed:	
Ţ.	overstancie contenta were disposed.	
L ر	G.L.S.D Lowell Waste Water	