



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

PASS / GG YES

Owner information is required for every page.

111 Reservation Road

Property Address

- Exist. grinder

Donald Hunt

Owner's Name

- System not designed for grinder

Andover

City/Town

MA

State

01810

Zip Code

7-25-2017

Date of Inspection

- send letter of non-compt.

for

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:

Neil J. Bateson

Name of Inspector

Bateson Enterprises Inc.

Company Name

111 Argilla Road

Company Address

Andover

City/Town

978-475-4786

Telephone Number

MA

State

01810

Zip Code

SI-15

License Number

PASS RECEIVED

JUL 28 2017

BOARD OF HEALTH

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

Neil J. Bateson

Inspector's Signature

7-25-2017

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 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:

B) 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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B. Certification (cont.)

- Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

B) System Conditionally Passes (cont.):

- 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:

- 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 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.

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <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 |



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B. Certification (cont.)

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

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.

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

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

Number of bedrooms (design): N/A Number of bedrooms (actual): 5

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



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D. System Information

Description:

Number of current residents:

2

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? (include laundry system inspection information in this report.)

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

Yes _____

Detail:

Sump pump?

Yes No

Last date of occupancy:

Current
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

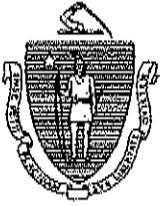
Industrial waste holding tank present?

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:

Pumped August 2016, owner

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1000

gallons

How was quantity pumped determined?

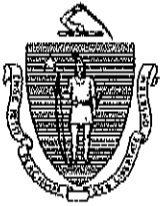
Measured tank.

Reason for pumping:

Inspect tank & tees.

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:

Tank and leach area 28 years old, 10-18-1989, as built plan. D-box & outlet tee was replaced 2011

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.3
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.):

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)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes No

Dimensions:

7' x 5' x 4'

Sludge depth:

1"



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D. System Information (cont.)

Septic Tank (cont.)

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

32"

Scum thickness

1"

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

8"

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

14"

How were dimensions determined?

Tape measure

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Inlet tee ok. Outlet tee ok. Depth of liquid at outlet invert. No evidence of leakage. Pumped septic tank.

Grease Trap (locate on site plan):

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:



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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):

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.):

D-box level & distribution equal, has flow levelers. No evidence of leakage. Evidence of light carryover, pumped d-box to clean. D-box has riser and is 4" deep.

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.):

* If pumps or alarms are not in working order, system is a conditional pass.

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: 20' x 40'
- 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.):

Soil ok. Vegetation ok. No sign of ponding to surface.

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



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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):

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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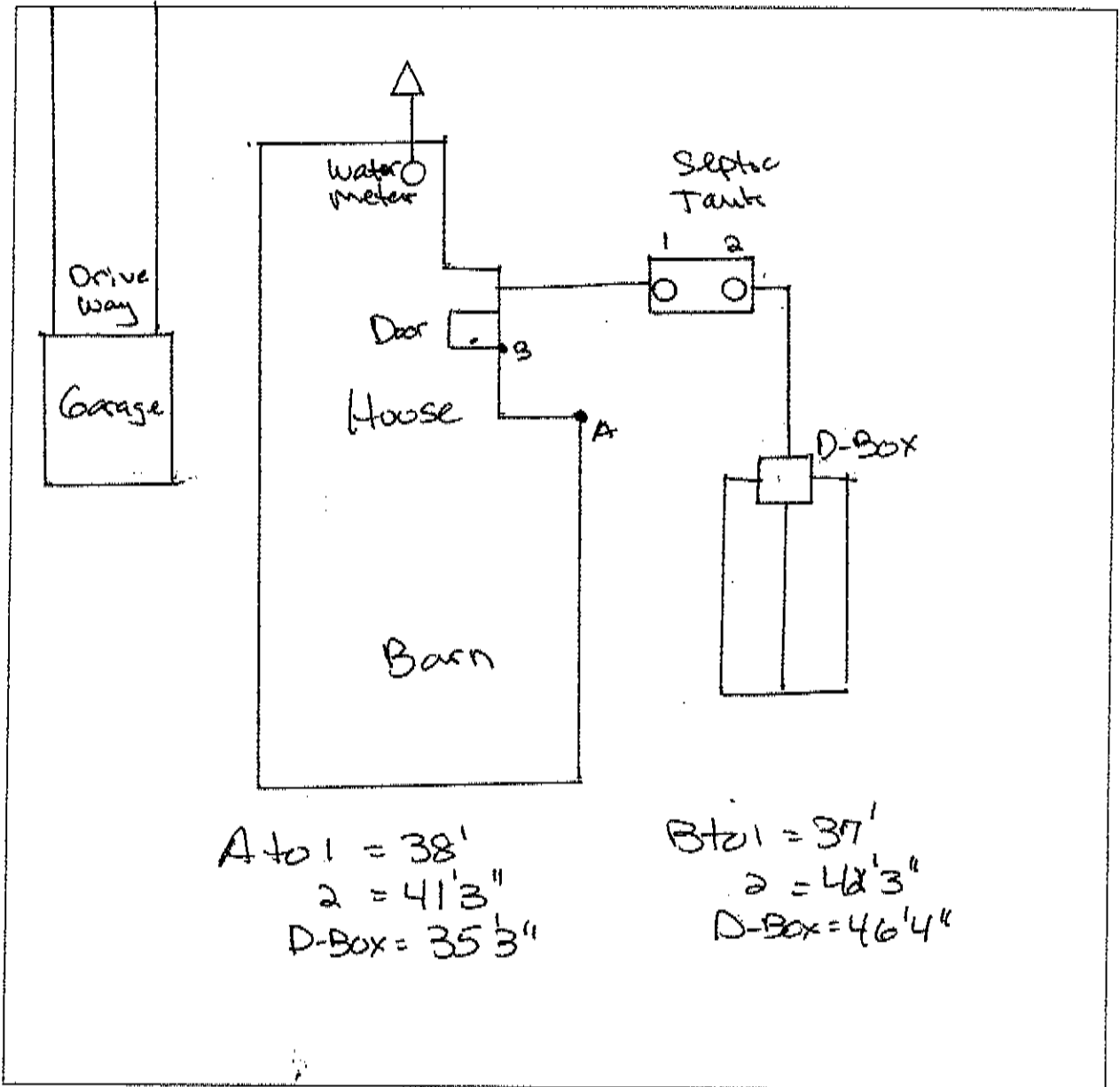
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D. System Information (cont.)

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





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D. System Information (cont.)

Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

>4
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:
No design plan
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:
Essex County Soil Map

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

Essex County Soil Map, Sheet #35, Hinckley Soil, Water >6 Deep

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

Usage Report

For 06138

Station No	Meter No.	Acct No.	Change Out	Size	Name	Service	Trans Date	Measure	Act Usage	Bill Usage	Adj Usage	Adj Amt	Charges	Prior Date	Current Date	Prior Read	Current Read	
																		Route
2409	0076146897	06138		5/8" METER	DONALD HUNT	WATER	11/30/2005	Cubic	10730.	10730.	0.	0.00	0.00		10/26/2005	39180	1026/2005	49910
	0076146897			5/8" METER		WATER	05/26/2006	Cubic	8440.	8440.	0.	0.00	0.00		04/13/2006	49910	04/13/2006	58350
	0076146897			5/8" METER		WATER	11/30/2006	Cubic	4860.	4860.	0.	0.00	0.00		04/13/2006	58350	10/20/2006	63210
	0076146897			5/8" METER		WATER	05/31/2007	Cubic	6650.	6650.	0.	0.00	0.00		10/20/2006	63210	04/18/2007	69860
	0076146897			5/8" METER		WATER	11/30/2007	Cubic	5200.	5200.	0.	0.00	131.04		04/18/2007	69860	10/29/2007	75060
	0076146897			5/8" METER		WATER	05/23/2008	Cubic	5920.	5920.	0.	0.00	149.18		10/29/2007	75060	04/15/2008	80980
	0076146897			5/8" METER		WATER	11/28/2008	Cubic	5560.	5560.	0.	0.00	147.34		04/15/2008	80980	11/25/2008	86540
	0076146897			5/8" METER		WATER	05/26/2009	Cubic	5740.	5740.	0.	0.00	152.11		11/25/2008	86540	05/18/2009	92280
	0076146897			5/8" METER		WATER	11/27/2009	Cubic	2160.	2160.	0.	0.00	57.24		05/18/2009	92280	11/17/2009	94440
	0076146897			5/8" METER		WATER	05/28/2010	Cubic	3950.	3950.	0.	0.00	115.34		11/17/2009	94440	05/21/2010	98390
	0076146897			5/8" METER		WATER	08/28/2010	Cubic	5675.	5675.	0.	0.00	165.71		05/21/2010	98390	08/05/2010	104065
	89254500			5/8" METER		WATER	11/29/2010	Cubic	1975.	1975.	0.	0.00	57.67		08/05/2010	104065	08/05/2010	1975
	0076146897			5/8" METER		WATER	11/29/2010	Cubic	0.	0.	0.	0.00	57.67		08/05/2010	104065	08/05/2010	104065
	89254500			5/8" METER		WATER	05/25/2011	Cubic	4410.	4410.	0.	0.00	128.77		11/17/2010	1975	04/27/2011	6385
	89254500			5/8" METER		WATER	11/29/2011	Cubic	6395.	6395.	0.	0.00	186.73		04/27/2011	6385	11/08/2011	12780
	89254500			5/8" METER		WATER	05/24/2012	Cubic	5390.	5390.	0.	0.00	157.39		11/08/2011	12780	05/04/2012	18170
	89254500			5/8" METER		WATER	11/29/2012	Cubic	5810.	5810.	0.	0.00	169.65		11/09/2012	18170	11/09/2012	23980
	89254500			5/8" METER		WATER	05/23/2013	Cubic	4790.	4790.	0.	0.00	139.87		11/09/2012	23980	05/08/2013	28770
	89254500			5/8" METER		WATER	11/29/2013	Cubic	4505.	4505.	0.	0.00	132.90		05/08/2013	28770	11/05/2013	33275
	89254500			5/8" METER		WATER	05/23/2014	Cubic	4820.	4820.	0.	0.00	142.19		11/05/2013	33275	05/12/2014	38095
	89254500			5/8" METER		WATER	08/21/2014	Cubic	2485.	2485.	0.	0.00	77.04		05/12/2014	38095	08/21/2014	40580
	89254500			5/8" METER		WATER	11/28/2014	Cubic	290.	290.	0.	0.00	8.99		08/21/2014	40580	11/10/2014	40870
	89254500			5/8" METER		WATER	05/22/2015	Cubic	4590.	4590.	0.	0.00	142.29		11/10/2014	40870	05/11/2015	45460
	89254500			5/8" METER		WATER	11/30/2015	Cubic	23810.	23810.	0.	0.00	738.11		05/11/2015	45460	11/09/2015	69270
	89254500			5/8" METER		WATER	05/24/2016	Cubic	4670.	4670.	0.	0.00	144.77		11/09/2015	69270	05/05/2016	73940
	89254500			5/8" METER		WATER	01/30/2017	Cubic	33050.	33050.	0.	0.00	1047.34		05/05/2016	73940	12/20/2016	106990
	89254500			5/8" METER		WATER	05/12/2017	Cubic	1755.	1755.	0.	0.00	50.90		12/20/2016	106990	04/28/2017	108745
				NO SIZE		MISC FEES	08/21/2014	Gallons	0.	0.	0.	0.00	0.00		08/21/2014	0	08/21/2014	0
				NO SIZE		MISC FEES	11/28/2014	Gallons	0.	0.	0.	0.00	0.00		11/28/2014	0	11/28/2014	0
				NO SIZE		MISC FEES	05/22/2015	Gallons	0.	0.	0.	0.00	0.00		05/22/2015	0	05/22/2015	0
				NO SIZE		MISC FEES	11/30/2015	Gallons	0.	0.	0.	0.00	0.00		11/30/2015	0	11/30/2015	0



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.

A. Facility Information

1. System Location: Left / Right front of house, Left / Right rear of house, Left / right side of house, Left / Right side of building, Left / Right front of building, Left / Right rear of building, Under deck

Address 111 Reservation Rd Andover
 City/Town _____ State _____ Zip Code _____

2. System Owner:

Name Hunt
 Address (if different from location) 105 Reservation Rd
Andover
 City/Town _____ State _____ Zip Code _____
 Telephone Number 474-0439

B. Pumping Record

1. Date of Pumping 7-25-17 2. Quantity Pumped: 1000
 Date _____ Gallons _____

3. Type of system: Cesspool(s) Septic Tank Tight Tank
 Other (describe): _____

4. Effluent Tee Filter present? Yes No If yes, was it cleaned? Yes No

5. Condition of System: Normal level in tank

6. System Pumped By:

Name Neil Bateson F5821
 Vehicle License Number
 Company Bateson Enterprises Inc

7. Location where contents were disposed:

G.L.S.D Lowell Waste Water
 Signature of Hauler Neil Bateson Date 7-26-17