



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

16 Crooked Meadow Lane

Property Address

Kristin Catalfano

Owner's Name

Hingham

City/Town

M.A.  
State02043  
Zip CodeDecember 30, 2023  
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:

Paul J Foisy

Name of Inspector

E.L. Margetts &amp; Sons Inc

Company Name

Off 97 Ward Street

Company Address

Hingham

City/Town

781-749-0559

Telephone Number

M.A.  
State02043  
Zip CodeSI4517  
License Number

## B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

☒ Passes☐ Conditionally Passes☐ Fails☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

Date

12/30/2023

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:

RECOMMEND YEARLY PUMPING AND FILTER CLEANED. 4 BEDROOMS, SOIL LOGS BY GRADY CONSULTING 1500 GAL TANK , D-BOX, AND LEACHING INFILTRATORS. SYSTEM INSTALLED 2020. RECOMMEND REMOVAL OF GARBAGE DISPOSAL

#### 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):

☐ 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.

☐ System will pass only if 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 10 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.)

- ☐ 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):

- |  |                            |                            |  |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced             | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed                  | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> distribution box is leveled or replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |

This system passes if   
 custom has been installed and   
 to or less than 5 ppm, provided that   
 be attached to this form

### 3. Other:

- ☐ 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):

- |  |                            |                            |  |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed      | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> 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:**

- |   |
|---|
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a surface water                               |
| <input type="checkbox"/> 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:

- ☐ The system is a cesspool serving a facility with a design flow of 2500 gpd to 10,000 gpd.
- ☐ 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 13,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

## D) System Failure Criteria Applicable to All Systems:

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

Yes No

☐ ☒

the system is within 200 feet of a tributary to a surface drinking water supply

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

☐ ☒

Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool

☐ ☒

Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool

☐ ☒

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.

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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Yes No

- ☒ ☐ Pumping information was provided by the owner, occupant, or Board of Health
- ☐ ☒ Were any of the system components pumped out in the previous two weeks?
- ☒ ☐ Has the system received normal flows in the previous two week period?
- ☐ ☒ Have large volumes of water been introduced to the system recently or as part of this inspection?
- ☒ ☐ Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- ☒ ☐ Was the facility or dwelling inspected for signs of sewage back up?
- ☒ ☐ Was the site inspected for signs of break out?
- ☒ ☐ Were all system components, excluding the SAS, located on site?
- ☒ ☐ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
- ☒ ☐ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?
- The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:
- ☒ ☐ Existing information. For example, a plan at the Board of Health.
- ☒ ☐ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

**D. System Information****Residential Flow Conditions:**

Number of bedrooms (design):

4

Number of bedrooms (actual):

4

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

440

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☐ No

Water meter readings, if available

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**D. System Information (cont.)**

Description:

4

(Describe system)

Number of current residents:

4

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? (Inspected as part of this inspection?)

☒ Yes ☐ Yes ☒ No

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

N.A.

Detail:

How was quantity pumped determined?

SITE GLASS ON TANKER

Reason for pumping:

PROPERTY TRANSFER

Type of System:

Sump pump?

Septic tank, distribution box, soil absorption system

☐ Yes ☒ No

Last date of occupancy:

esspool

CURRENTLY  
Date**Commercial/Industrial Flow Conditions:**

Type of Establishment:

Design flow (based on 310 CMR 15.203):

(if yes, attach previous inspection report, if any)

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): \_\_\_\_\_

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Building Sewer (locate on site plan): \_\_\_\_\_

Depth of main pipe: 18" INCHES

Material of construction: \_\_\_\_\_

### General Information

Pumping Records: ☒ 40 PVO ☐ other (explain): \_\_\_\_\_

Source of information: E.L. MARGETTS & SONS INC

Was system pumped as part of the inspection? ☒ Yes ☐ No

If yes, volume pumped: 1500

gallons

How was quantity pumped determined? SITE GLASS ON TANKER

Reason for pumping: PROPRTY TRANSFER

### Type of System:

☒ Below ground: Septic tank, distribution box, soil absorption system

☐ Above ground: Single cesspool

☐ Above ground: Overflow cesspool

☐ Above ground: 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:

SYSTEM INSTALLED 2020 BY E.L MARGETTS AND SONS PERMIT ON FILE AT BOH

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No**Building Sewer** (locate on site plan):

Depth below grade:

16" INCHES

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.):

NO EVIDENCE OF LEAKAGE OR VENTING PROBLEMS,

**Septic Tank** (locate on site plan):

Depth below grade:

12" INCHES

feet

Material of construction:

☐ concrete☐ metal☐ fiberglass☒ polyethylene☐ other (explain)

1500 GAL TANK AND FILTER

If tank is metal, list age:

years

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

☐ Yes ☐ No

Dimensions:

10L X 5D X 5W

Sludge depth:

3" INCHES

29-20

THE COMMONWEALTH OF MASSACHUSETTS

FEE 200

Hingham BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work:

☐ Individual Component(s)

☒ Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded (☒) Abandoned ( )

by: Margetta's Sons, Hingham MA

at 16 Crooked Meadow Lane, Hingham, MA

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 29-20 dated                      Approved Design Flow 1122 (gpd)

Installer Revised David Margetta's signature - via email 9/3/20 - see attached

Designer Attached - Darren Grady's signature Inspector E. A. Nee

Date 9/3/20

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

FORM 3 - CERTIFICATE OF COMPLIANCE

DEP APPROVED FORM 5/96

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**D. System Information (cont.)****Septic Tank (cont.)**

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

33" INCHES

Scum thickness

3" INCHES

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

6" INCHES

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

11" INCHES

How were dimensions determined?

ON SITE MEASUREMENTS

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

RECOMMEND YEARLY PUMPING AND FILTER CLEANED. NO EVIDENCE OF LEAKAGE. LIQUID LEVELS ZERO RELATED TO OUTLET INVERT. OUTLET COVER BUILT UP.

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Dimensions:

Capacity:

Design Flow:

**Grease Trap (locate on site plan):**☐ Yes ☐ No

Depth below grade:

As shown in work \_\_\_\_\_ 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.):

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.):

BOX IS LEVEL WITH NORMAL FLOW

**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.):

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

Subsidence System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

\* 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.):

BOX IS LEVEL WITH EQUAL FLOW

**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.):

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

Number and configuration

\* 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:

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes

☐ No



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## D. System Information (cont.)

Type:

☐

leaching pits

number:

☒

leaching chambers

number:

36 CHAMBERS

☐

leaching galleries

number:

☐

leaching trenches

number, length:

☐

(locate c leaching fields

number, dimensions:

☐

Materials of bo overflow cesspool

number:

☐

Dimensions innovative/alternative system

Depth of solids Type/name of technology:

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

NO SIGN OF HYDRAULIC FAILURE OR PONDING. SYSYTEM LOCATED IN FRONT OF PROPERTY.

**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.):

☐ Field notes on the area below

☐ Drawing attached separately

**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.):

# SEPTIC SYSTEM AS-BUILT

## 16 CROOKED MEADOW LANE

### HINGHAM, MASSACHUSETTS

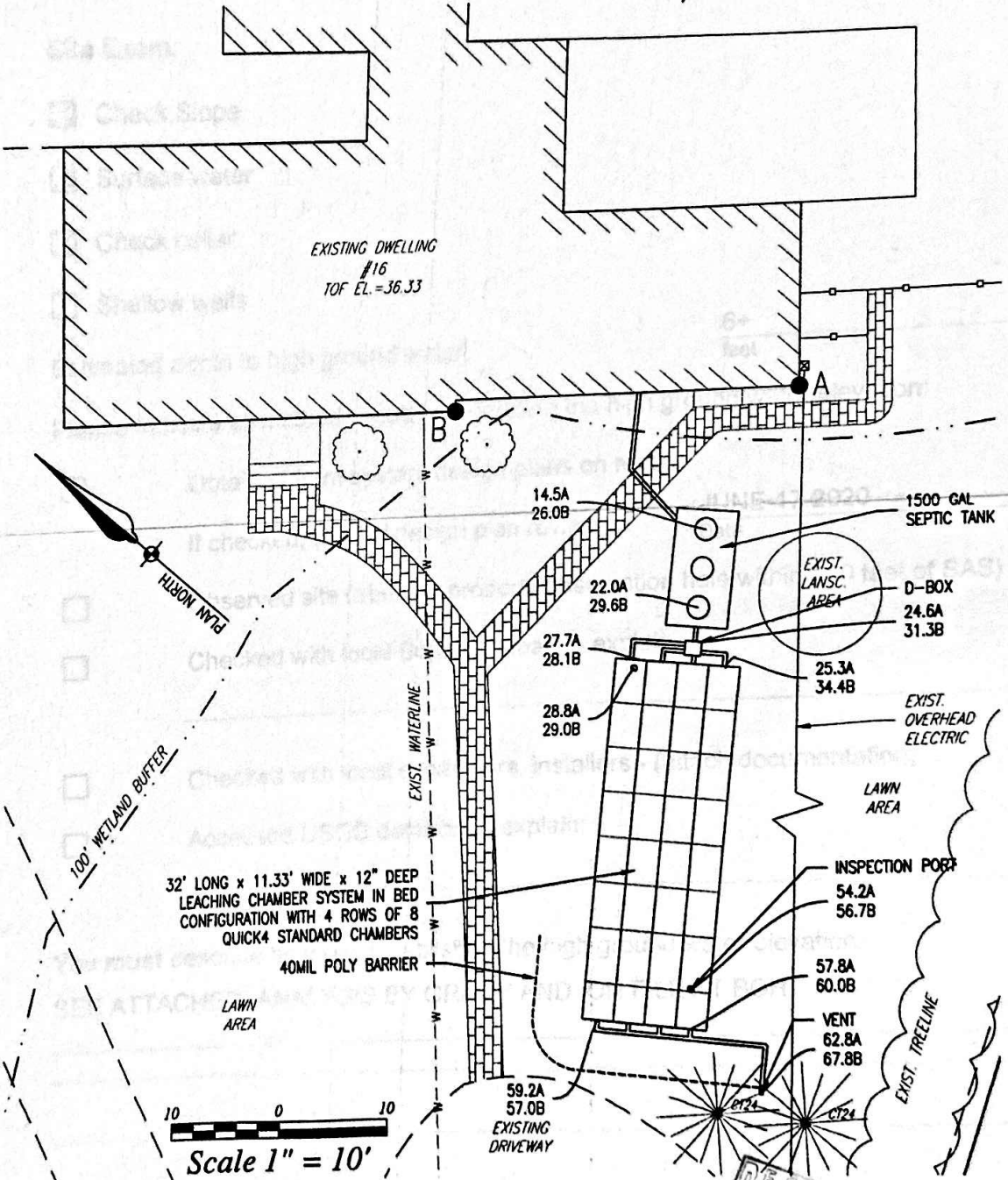
#### ELEVATIONS

TOP OF FOUNDATION	=36.33
BLDG OUT	=33.78
SEPTIC TANK IN	=33.06
SEPTIC TANK OUT	=32.85
D-BOX IN	=32.80
D-BOX OUT	=32.63
TOP OF CHAMBER	=32.74



INSTALLER:  
E.L. MARGETTS & SONS, INC.  
97 WARD STREET  
HINGHAM, MA 02043

*Darren Grady*



GRADY CONSULTING, L.L.C.

Applicant/Owner  
WILLIAM & ELLEN ROE  
16 CROOKED MEADOW LANE  
HINGHAM, MA 02043

Civil Engineers Land Surveyors & Landscape Architects

71 EVERGREEN STREET - KINGSTON, MA 02364  
Tel. (781)585-2300 - Fax. (781) 585-2378



AUGUST 21, 2020  
SCALE: 1" = 10'  
JOB NO. 20-181



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## D. System Information (cont.)

### Site Exam:

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

Estimated depth to high ground water:

6+  
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: JUNE-17-2020  
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:  
\_\_\_\_\_

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

SEE ATTACHED ANALYSIS BY GRADY AND ON FILE AT BOH

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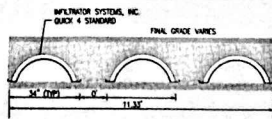
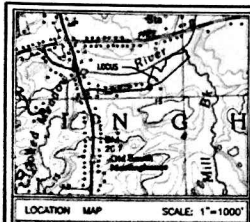
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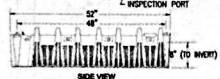
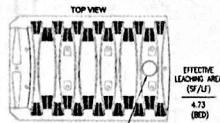
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**Before filing this Inspection Report, please see Report Completeness Checklist on next page.**



QUICK 4 STANDARD BED X-SECTION  
(NOT TO SCALE)

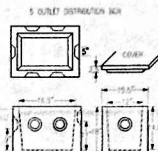
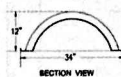


QUICK 4 STANDARD  
CHAMBER DETAIL  
(NOT TO SCALE)

#### LOCAL VARIANCE REQUEST

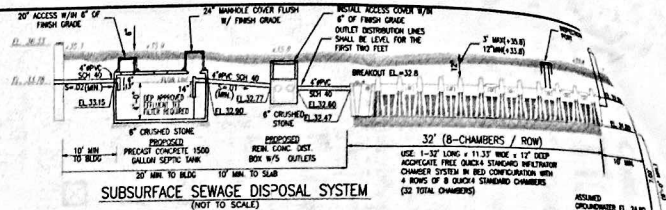
WILL SIX FEET OF NATURALLY OCCURRING PERMEABLE MATERIAL BETWEEN THE BOTTOM OF THE SOIL ABSORPTION SYSTEM AND THE MAXIMUM GROUNDWATER ELEVATION. VULNCONSTRUCTION OF SOIL ABSORPTION SYSTEM IN CLEAN GRANULAR FILL.

#### CLEANOUT DETAIL



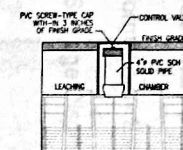
#### D-BOX DETAIL

(NOT TO SCALE)



#### REQUIRED INSPECTIONS

1. AFTER EXCAVATION OF LEACHING AREA PRIOR TO INSTALLING SAND.
2. AFTER SYSTEM CONSTRUCTION PRIOR TO BACKFILLING.
- (ADDITIONAL INSPECTIONS MAY BE REQUIRED BY THE BOARD OF HEALTH)



#### INSPECTION PORT DETAIL

(NOT TO SCALE)

#### SEPTIC DESIGN

(NOT DESIGNED FOR GARAGE CRAWLER)

1. DESIGN DAILY FLOW: 4 BR. x 110 GPD = 440 GPD
2. SEPTIC TANK: 440 GPD x 2 = 880 GAL. USE: 1500 GAL (180)
3. LEACHING CHAMBERS: P.R. < 2 MIN/IN CLASS I

USE: 1-32" LONG X 11.33" WIDE X 12" DEEP LEACHING CHAMBER SYSTEM IN BED CONFIGURATION WITH 32 - 4" LONG INFILTRATOR QUICK4 STANDARD LEACHING CHAMBERS IN 4 ROWS OF 8.

#### TABLE 5

(PER MODIFIED CERTIFICATION FOR GENERAL USE DESIGN STANDARD ITEM 6.)  
EFFECTIVE LEACHING AREA: 128 LF x 4.73 SF/LF = 605 SF  
CAPACITY: 605 SF x 0.74 GPD/SF = 448 > 440 GPD(D.F.)

#### SEPTIC NOTES

1. PROPERTY LINE DATA FROM "PLAN OF ROAD AND LOTS CROOKED MEADOW LANE HINGHAM, MASS." RECORDED WITH PLYMOUTH COUNTY REGISTRY OF DEEDS PLAN BOOK 15, PAGE 810.
2. TOPOGRAPHIC SURVEY BY GRADY CONSULTING, LLC, DATED JUNE 17, 2020.
3. SOILS TESTING BY SCOTT FARRAR, GRADY CONSULTING, WITNESSED BY BETTY NEE, JUNE 17, 2020.
4. CALL DIG SAFE 1-888-344-7233 AT LEAST 4 DAYS PRIOR TO COMMENCEMENT OF CONSTRUCTION.
5. NOTIFY TOWN AND GRADY CONSULTING PRIOR TO BACKFILLING OF SYSTEM.
6. NO KNOWN WELLS EXIST WITHIN 500' OF THE PROPOSED SYSTEM.
7. THE SITE IS LOCATED IN AN AQUIFER PROTECTION ZONE II.
8. ALL SYSTEM COMPONENTS SHALL BE MARKED WITH WAREHOUSING MARKING TAPE OR A COMPARABLE MEANS IN ORDER TO LOCATE THEM ONCE BURIED (310 CMR 15.22(12)).
9. NO STREAMS, SURFACE & SUBSURFACE DRAINAGE AND WETLANDS EXIST WITHIN 100 FT OF THE PROPOSED SYSTEM, EXCEPT AS SHOWN.
10. THE SITE IS LOCATED IN A FLOOD PLAIN DISTRICT ZONE AE (EL.=28.50).
11. NO KNOWN EASEMENTS ARE IN THE AREA OF THE PROPOSED SYSTEM.
12. EXCAVATE ALL MATERIAL (FILL, A & Bw LAYERS) TO FINE LOAMY SAND C LAYER (40"), 5' AROUND SYSTEM. REPLACE WITH CLEAN CORNED SAND IN ACCORDANCE WITH 310 CMR 15.255 (3). EXCAVATION TO BE INSPECTED BY GRADY CONSULTING, LLC, AND TOWN PRIOR TO SOIL REPLACEMENT.

APPROXIMATE PERC SAND VOLUME = 42 X 21.3 X (32.8 - 30.6) / 27 + 20K = 87.2 CY.

#### INFILTRATOR SYSTEM NOTES

THIS SYSTEM HAS BEEN DESIGNED IN ACCORDANCE WITH THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION MODIFIED CERTIFICATION FOR GENERAL USE, PURSUANT TO TITLE 8, 310 CMR 15.000, REVISED JUNE 12, 2023, AND STANDARD CONDITIONS FOR ALTERNATIVE SOIL ABSORPTION SYSTEMS WITH GENERAL USE CERTIFICATION AND/OR APPROVAL FOR RECREATION USE, REVISED JUNE 12, 2023. A DISCLOSURE NOTICE IN THE DEED TO THE PROPERTY IS REQUIRED FOR SYSTEMS INSTALLED UNDER THE GENERAL USE APPROVAL.

NO STONE AROUND OR BELOW CHAMBERS IS REQUIRED.

BACKFILL CHAMBERS WITH ON SITE SAND SOIL OR CLEAN CORNED SAND IN ACCORDANCE WITH 310 CMR 15.255(3).

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ASSESSORS LOT 118-0-02  
193,800± S.F.



Scott Farnham  
Professional Engineer  
State of Massachusetts

#### SEPTIC TANK DETAIL

(NOT TO SCALE)

APPROVED  
Scott Farnham  
Professional Engineer  
State of Massachusetts

#### SEPTIC REPAIR PEAN

#16 CROOKED MEADOW LANE  
HINGHAM, MASSACHUSETTS

RECEIVED  
JUNE 24, 2020  
WILLIAM & ELLEN ROE  
18 CROOKED MEADOW LANE  
HINGHAM, MA 02043  
FOR APPROVAL  
JUNE 24, 2020  
JOS 20-181

#### GRADY CONSULTING, L.L.C.

Civil Engineers, Land Surveyors &  
Landscape Architects  
71 Evergreen Street, Suite 1, Hingham, MA 02043  
Phone (781) 585-2300 Fax (781) 585-2378

HEALTH DEPT.

Scale 1" = 60'

Scale 1" = 10'



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

16 Crooked Meadow Lane

Property Address

Kristin Catalfano

Owner's Name

Hingham

City/Town

M.A.

State

02043

Zip Code

December 30, 2023

Date of Inspection

Owner  
information is  
required for every  
page.

## 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