Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

43 South Pleasant
Property Address

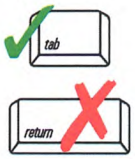
Stephanie Hubbard
Owner's Name

Owner information is required for every page.

Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	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 & Sons Inc
Company Name

Off 97 Ward Street
Company Address

Hingham	M.A.	02043
City/Town	State	Zip Code

781-749-0559	SI4517
Telephone Number	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

Paul J Foisy
Inspector's Signature

April 14, 2022.
Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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City/Town	State	Zip Code	Date of Inspection

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. 3 BEDROOMS, SOIL LOGS UPDATED BY COLLIN McSWEENEY ON 4-6-22. CESSPOOL AND OVERFLOW LEACHING PIT.

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):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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43 South Pleasant
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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

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 <u>must</u> indicate "Yes" or "No" to each of the following for <u>all</u> inspections:

Yes	No	
☐	☒	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 ½ day flow

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

43 South Pleasant
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Hingham	M.A.	02043	April 14, 2022
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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 <u>fails</u>.** 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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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43 South Pleasant
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Owner's Name

Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

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): 3 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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43 South Pleasant
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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

D. System Information

Description:

Number of current residents: 5

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)): N.A.

Detail:

Sump pump? ☐ Yes ☒ No

Last date of occupancy: CURRENTLY
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:

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Last date of occupancy/use: _____ Date

Other (describe below):

General Information

Pumping Records:

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

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

If yes, volume pumped: 2000 gallons

How was quantity pumped determined? SITE GLASS ON TANKER

Reason for pumping: PROPRTY TRANSFER

Type of System:

- ☐ Septic tank, distribution box, soil absorption system
- ☒ Single cesspool
- ☒ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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43 South Pleasant
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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

CESPPOOL ORIGINAL TO HOUSE, OVERFLOW INSTALLED 1979 PERMIT #4564

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

Building Sewer (locate on site plan):

Depth below grade: 37" INCHES feet

Material of construction:

☒ cast iron ☐ 40 PVC ☒ other (explain): ORANGBURG

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: _____ 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: _____

Sludge depth: _____

43 So. Pleasant St.

FEE ~~35.00~~ 10.

Date 8-3-79

TOWN OF HINGHAM

BOARD OF HEALTH

New Inst. .....

Alt. ....✓.....

Application For Permit For Construction of Sewage Disposal System

LOCATION — address 43 So Pleasant St. LOT NO. .....

APPLICANT Andrew G. Spirito ADDRESS 43 FRESH River Cir

OWNER John J. Fleming ADDRESS 43 So Pleasant St Hingham

INSTALLER C. SPIRITO INC. ADDRESS 43 FRESH RIVER City/Town Lic. No. .....

TYPE OF BUILDING (use) ..... LOT SIZE ..... sq. ft.

No. Bedrooms ..... Expansion Areas ..... Baths ..... Garbage Grinder.....

Other ..... No. Persons ..... Showers .....

SOIL OBSERVATION AND PERCOLATION RESULTS

Depth of obs. pit No. 1 ..... ft.

Depth of obs. pit No. 2 ..... ft.

Depth of test pits ..... ft.

Was impervious soils or ground water encountered? .....

Depth .....

Soil description .....

Percolation test results ..... Date .....

NATURE OF PROPOSED CONSTRUCTION

Septic tank capacity ..... gals. Seepage pit size 6 X 5

Leach bed — area ..... sq. ft. Length ..... Width .....

Leach trench — No. Length ..... Width ..... Total Area ..... sq. ft.

Other .....

Nature of repairs or alterations proposed: .....

.....

ALL WORK MUST BE INSPECTED BY THE HEALTH DEPT. PRIOR TO BACKFILLING

This application must be accompanied by the required engineering report and a plot plan showing the locations of the following: soil and observation test areas, proposed building, disposal system, lot lines, nearby water supplies, proposed water supplies, streams, drains, ledge, or unusual drainage conditions present.

Plot plan ..... Engr. report ..... Topo .....

The undersigned agrees to construct the aforedescribed sewage disposal system in accordance with Article XI of the Sanitary Code, Commonwealth of Massachusetts, and amendments thereto by the Hingham Board of Health.

SIGNATURE Andrew G. Spirito

DATE OF FINAL APPROVAL 8/10/79 PERMIT NO. 4564

REMARKS:

3-67

Commonwealth of Massachusetts

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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

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

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 _____

How were dimensions determined? _____

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

.

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: _____ Date

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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43 South Pleasant
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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

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

Commonwealth of Massachusetts

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Hingham	M.A.	02043	April 14, 2022
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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

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:

Commonwealth of Massachusetts

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City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Type:

☐	leaching pits	number:	6 X 8
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☐	leaching fields	number, dimensions:	
☒	overflow cesspool	number:	
☐	innovative/alternative system		

Type/name of technology:

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
NO SIGN OF HYDRAULIC FAILURE OR PONDING. AREA WAS DRY.

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

Number and configuration	1 ROUND
Depth – top of liquid to inlet invert	8" INCHES
Depth of solids layer	7" INCHES
Depth of scum layer	6" INCHES
Dimensions of cesspool	6 X 6
Materials of construction	STONE
Indication of groundwater inflow	☐ Yes ☒ No

Commonwealth of Massachusetts

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Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):
RECOMMEND YEARLY PUMPING. NO SIGNS OF HYDRAULIC FAILURE OR PONDING.

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.):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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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:

☐ hand-sketch in the area below
☒ drawing attached separately

E.L. MARGETTS & SONS, INC.

SEPTIC SYSTEM SERVICE SINCE 1912 ▪ FOUR GENERATIONS

P.O. BOX 639

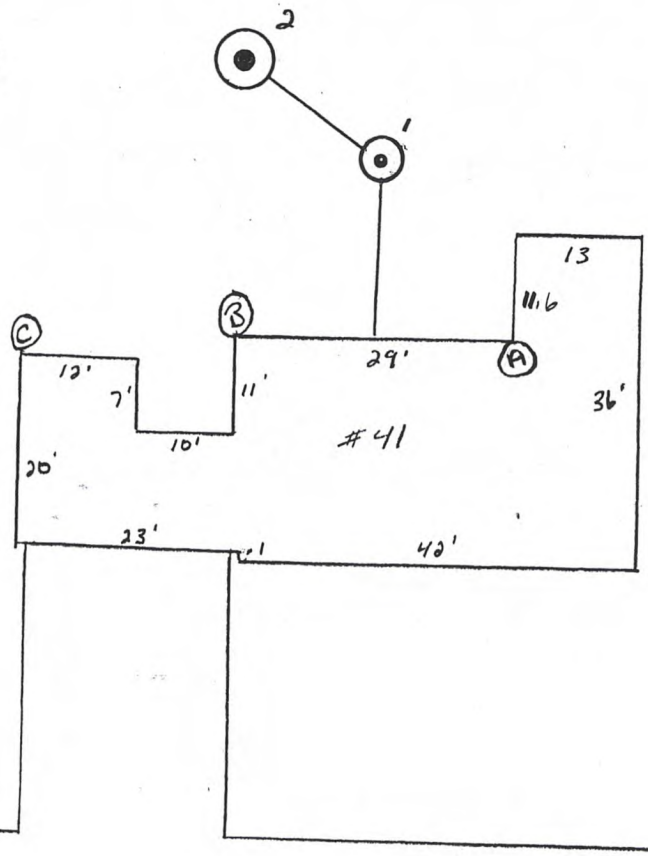
HINGHAM, MA 02043

TEL: (781) 749-0559

FAX: (781) 740-5049

41 So Pleasant st 1/20 Scale

	A	B	C
1. Cesspool	23	23.4	
2. Overflow		29	39



Commonwealth of Massachusetts

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D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water: 10+ feet

Please indicate all methods used to determine the high ground water elevation:

☐ Obtained from system design plans on record

If checked, date of design plan reviewed: _____ Date

☐ Observed site (abutting property/observation hole within 150 feet of SAS)

☒ Checked with local Board of Health - explain:
TV DONE 2007,2010, 2016

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:
SEE ATTACHED SOIL ANALYSIS BY COLLIN McSWEENEY UPDATED ON 4-6-2022 .

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

McS

McSweeney Associates, Inc. Environmental Engineering Services

Brian McSweeney
P.E., Soils Evaluator
150 Union Street
Hingham, MA 02043
(781) 749-2859

Terence McSweeney
R.S., Soils Evaluator
745 Winter Street
Hanson, MA 02341
(781) 826-4571

To:

E.L. Margetts & Sons, Inc.
Off Ward Street
Hingham, MA 02043 (by email at: judymargetts1912@gmail.com)

April 15, 2022

RE: 43 South Pleasant
Hingham, MA

Dear Ms. Sarni,

I completed a soils analysis at the referenced property, on 04/05/2022, using the procedures described at 310 CMR 15,00 et. seq., commonly known as "Title V" of the State Environmental Code. This inspection was completed in order to determine the elevation of historical high groundwater at the site, relative to the on-site wastewater disposal system. My evaluation was conducted utilizing a test hole installed immediately adjacent to, and at the same surface elevation than, the on-site disposal system.

In the summer of 2018, I was approved by the Massachusetts Department of Environmental Protection (MaDEP) as a Soils Evaluator; my evaluation in the referenced matter was conducted in accordance with the training, experience, and expertise described at 310 CMR 15.018(2). Summarized below are the results of my analysis; as indicated, no evidence for the presence of a watertable was encountered in the test hole, through the total depth of 108" below surface grade.

RESULTS OF SOILS ANALYSIS

43 South Pleasant, Hingham, Massachusetts

Depth (inches)	Horizon	Soil Texture	Soil Color	Mottle/Other
0-5	A	S/L	10 YR 4/6	No
5-35	C1	Grav. Sand	2.5Y 3/2	No
35-108	C2	Med Sand	2.5 Y 3/1	No

According to the information you provided to me, the System in place is a cesspool to an overflow. The lowest depth is 96" down from grade. The test hole that was conducted on site was the same elevation in grade than the field. Due to this the current soil absorption system in operation at the site is at least 12" above groundwater.

Please feel free to contact me if I may be of any further assistance in this matter.

Sincerely,
McSweeney Associates, Inc.
Colin McSweeney
Environmental Scientist
Massachusetts Approved Soil Evaluator (#SE14241)

RM 12 – TITLE 5 ON-SITE REPORT (Page 2&3 Combined)

Location Address or Lot #: 43 So. PLEASANT ST

Applicant/ Owner: _____ Job No. _____

DEEP HOLE #: 1 Date: 4-24-07 Time: 1:00 Weather: Sunny

Location (Identify on Site Plan): _____

Land Use: Residential Slope: 0-2 Surface Stones: yes Stone Walls: No

Vegetation: Lawn

Landform: _____

Distance From: Open Water Body: _____ Possible Wet Area: _____ Drinking Water Well: _____

Drainage Way: _____ Property Line: _____ Other: _____

Depth	Soil Horizon	Soil Texture	Soil Color	Soil Mottling	Other: Structures, Stones, Boulders, Consistancy, % Gravel
0-6"	A	Sandy Loam	10YR 4/3		
6"-16"	B	Sandy Loam	10YR 4/5		No soil mottles observed to a depth of 124" within the obs. hole.
16"-124"	C	Med Sand	2.5Y 6/4		

Parent Material (geologic): _____ Depth to Bedrock: _____

Depth to Groundwater: Standing Water in Hole: _____ Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____

PERCOLATION TEST*

Date:				
Observation Hole #:				
Depth of Perc:				
Start Presoak/ Time:				
Time @ 12":				
Time @ 9":				
Time @ 6":				
Time (9"-6")				
Rate Min./Inch:				

*Minimum of 1 percolation test must be performed in both the primary and reserve area.

Performed By: _____ Witnessed By: _____

Site Suitability: Passes: _____ Fails: _____ Additional Testing Needed: _____

COMMENTS:

Phillip Spatta PE
Soil Evaluator

DEP

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

43 South Pleasant
Property Address

Stephanie Hubbard
Owner's Name

Owner information is required for every page.

Hingham	M.A.	02043	April 14, 2022
City/Town	State	Zip Code	Date of Inspection

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