



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

26 Tower Brook Road

Property Address

Brian Stackpole

Owner's Name

Hingham

City/Town

MA

State

02043

Zip Code

August 4, 2020

Date of Inspection

Owner information is required for every page.

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. Margeffs & Sons Inc

Company Name

Off 97 Ward Street

Company Address

Hingham

City/Town

781-749-0559

Telephone Number

M.A.

State

02043

Zip Code

SI4517

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

Aug 4, 2020  
Date

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

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



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## B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / *always* complete all of Section D

### A) System Passes:

- I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

RECOMMEND YEARLY PUMPING .  
 3 BEDROOMS, PERMIT#3575 SOIL LOGS BY BRIAN McSWEENEY  
 1000 GAL TANK, DISTRIBUTION BOX AND LEACHING AREA

### 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:

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## 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

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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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



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## D. System Information

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of current residents: 3

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: \_\_\_\_\_ 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:

HOME OWNER AND E.L. MARGETTS & SONS INC.

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

1000

gallons

How was quantity pumped determined?

SITE GLASS ON TANKER

Reason for pumping:

PROPERTY 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):





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## D. System Information (cont.)

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

SYSTEM INSTALLED 1971 PERMIT#3575, D-BOX WAS REPLACED IN 2001 PERMIT#83-01

Were sewage odors detected when arriving at the site?

Yes  No

**Building Sewer** (locate on site plan):

Depth below grade:

40" 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:

32" INCHES  
feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

1000 GAL TANK. COVERS BUILT UP. 6 INCHES BELOW GRADE

If tank is metal, list age:

years

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

Yes  No

Dimensions:

8L X 4W X 4D

Sludge depth:

2" INCHES



THE COMMONWEALTH OF MASSACHUSETTS  
Hughes BOARD OF HEALTH  
**CERTIFICATE OF COMPLIANCE**

# 6477

No. 83-01

INDIVIDUAL COMPONENT REPAIR  
(NOT A COMPLETE SYSTEM)

Description of Work:  Individual Component(s)  Complete System  
The undersigned hereby certifies that the Disposal System: Constructed ( ) Repaired ( ) Upgraded ( ) Abandoned ( )

By: Joan Entella  
at: 26 Tower Brook Rd  
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built  
plans showing a design flow of 33-01 dated 7/16/01 Approved Design Flow 330 (gpd)  
Design: [Signature] Inspector: Bruce V. Caproni Date: 7/16/01

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**

THE COMMONWEALTH OF MASSACHUSETTS  
Hughes BOARD OF HEALTH

FEE 725.00  
# 6477

No. 83-01

**DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permission is hereby granted to Construct (  ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage  
disposal system at 26 Tower Brook Rd as described

in the application for Disposal System Construction Permit No. 83-01 dated 7/16/01

Provided: Construction shall be completed within two years of the date of this permit. All local conditions must be met.

Date: 7/16/01 Board of Health: Bruce V. Caproni

**FORM 2 - DSCP DEP APPROVED FORM 5/96**

INDIVIDUAL COMPONENT REPAIR  
(NOT A COMPLETE SYSTEM)

FORM 1255 (REV 5/96)

H&W HOBBS & WARREN™

PUBLISHERS - BOSTON



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## D. System Information (cont.)

### Septic Tank (cont.)

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

30" INCHES

Scum thickness

2" 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

12" 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. INLET T AND OUTLET T INTACT. LIQUID LEVELS WERE ZERO RELATED TO OUTLET INVERT. NO EVIDENCE OF LEAKAGE.

### 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



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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.):

BOX WAS LEVEL WITH EQUAL DISTRIBUTION. NO EVIDENCE OF SOLIDS OR CARRYOVER. SOME SCALING ON SIDE WALLS BUT STILL WATER TIGHT AT TIME OF INSPECTION. COVER DOWN 12" INCHES BELOW GRADE

**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.):

AREA WAS DRY. NO SIGN OF HYDRAULIC FAILURE OR PONDING. 800 SQFT OF LEACHING

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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.):

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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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## 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

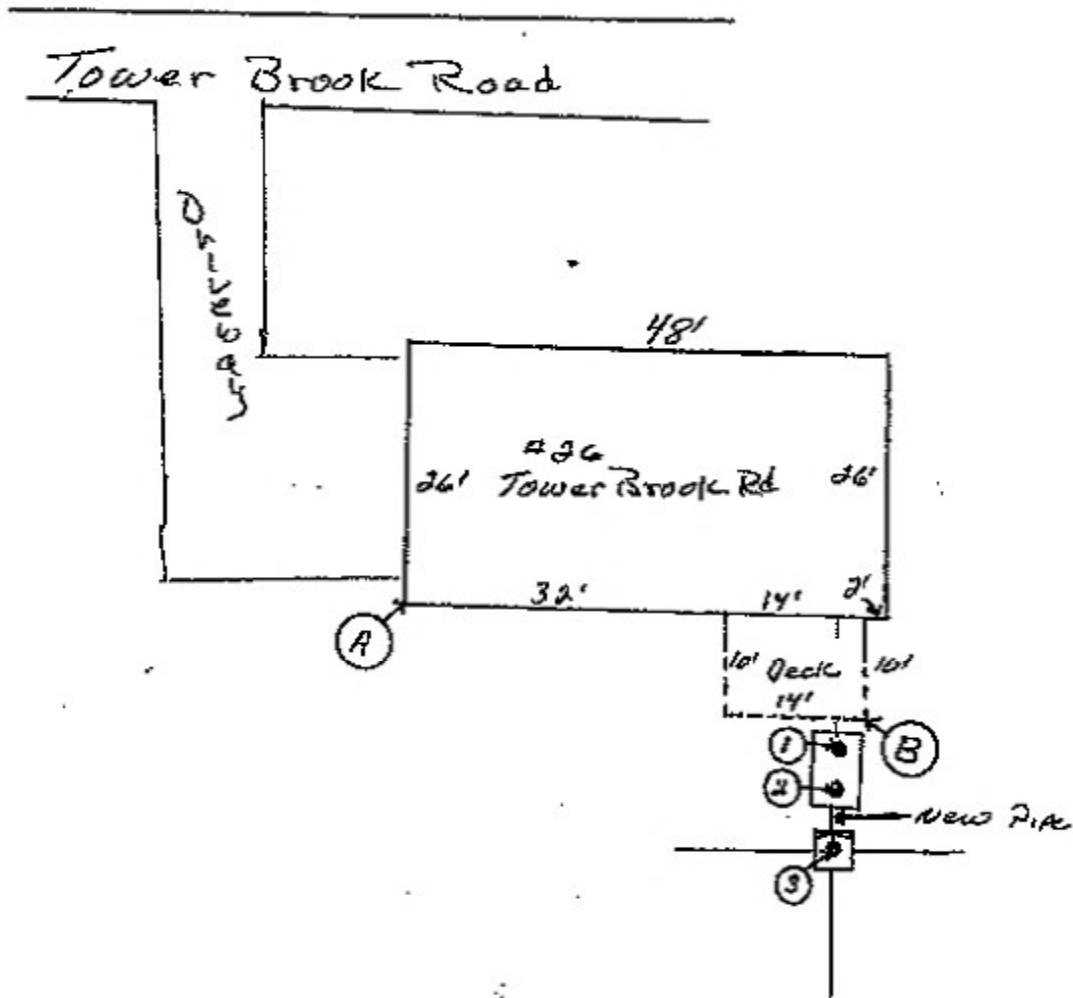
E. L. MARGETTS & SONS, INC.

Off 97 Ward Street

Hingham, MA 02043

FAX: 740-5049

Telephone: 749-0559

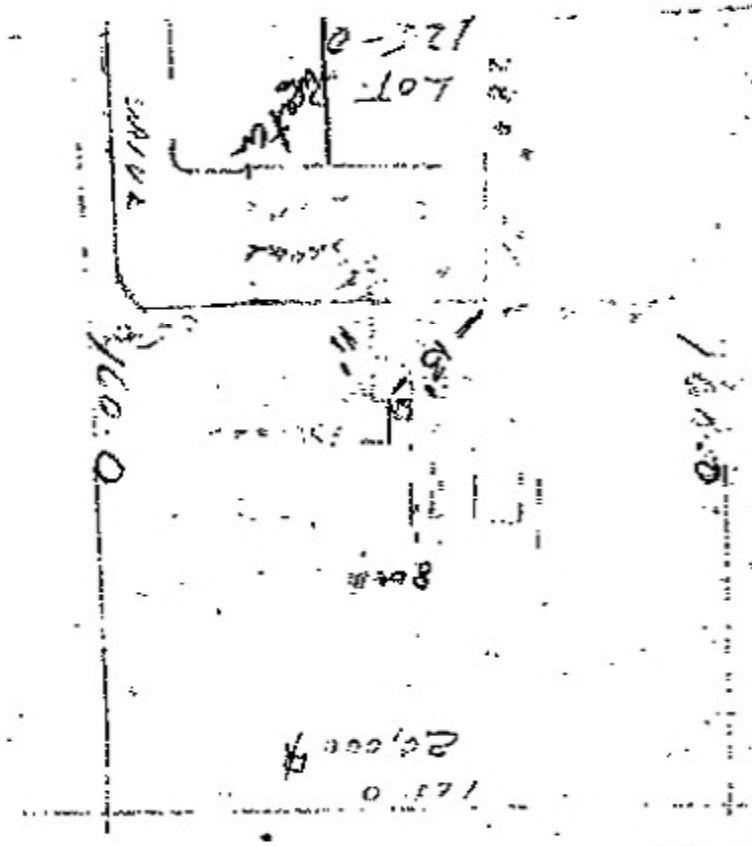


1-20 Scale	A	B
1 Tank inlet	45'	3.6'
2 Tank outlet	46.6'	8.6'
3 Distribution Box	49'	12.6'

AS BUILT 6-29-01  
Component Repair

PLAN OF HOUSE FOR  
SEVENEL INCORPORATED  
BY ANTHONY LINDLEY  
DATE 12-1-40

Jewell Brook Rd.  
H.S.  
P.L. 12-1-40





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## D. System Information (cont.)

### Site Exam:

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

Estimated depth to high ground water:

3+  
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 2001, 2018, 2019
- 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 LOGS BY BRIAN McSWEENEY ALSO ON FILE AT BOH.

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

Tereasa McSweeney  
L.S.P., Soils Evaluator  
745 Winter Street  
Hanson, MA 02341  
(781) 826-4571

E.L. Margetts & Sons Inc.  
Off Ward Street  
Hingham, MA.  
02043

July 1, 2001

Gentlemen

I have made a soil analysis on property at 26 Tower Brook Road in Hingham, Massachusetts in the manner prescribed in 310 CMR 15.00 Et. Seq., commonly known as Title 5 of the Massachusetts State Environmental Code, in an effort to establish high ground water on the site.

In April of 1995 I was approved by the State Department of Environmental Protection (DEP) as a soils evaluator and my determinations in this matter are based upon the training, experience and expertise described in 310 CMR 15.018 (2).

Soil Analysis - 26 Tower Brook Road - Hingham, MA - June 29, 2001

Depth from Surface (inches)	Horizon	Texture	Munsell Color
0" 18"	Crushed stone walkway		
18" 36'	C	Sand	10YR5/8

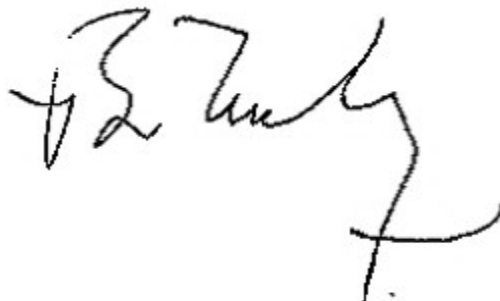
No water was encountered - No mottle was observed

The Soil Absorption System (SAS) portion of this septic system is two trenches in lawn area in back of the house. The test was made about twenty feet from the SAS in a gravel walkway in a flower garden. The ground surface in this area is on a downward slope from the lawn, through the garden to lowlands to the rear. The grade at the test was about five feet below the ground surface over the SAS.

From my observation of the soil, site, system and neighborhood it is my opinion that the, measured, bottom of the SAS is at least five feet above ground water level as determined by the Title 5 procedure.

Respectfully submitted

McSweeney Associates Inc.  
Brian McSweeney P.E.  
DEP approved Soil Evaluator





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

26 Tower Brook Road

Property Address

Brian Stackpole

Owner's Name

Hingham

City/Town

MA

State

02043

Zip Code

August 4, 2020

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