



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

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. Inspector Information

Paul W. Davis

Name of Inspector

Rosano Davis Sanitary Pumping, Inc.

Company Name

9 Rocky Lane

Company Address

Cohasset

City/Town

781-383-8888

Telephone Number

MA

State

02025

Zip Code

SI 49

License Number

B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

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

Inspector's Signature

06/15/2021

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 form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Please note: 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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

1) 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:

2) 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):



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

☐ 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):

3) 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.

a. 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:



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

C. Inspection Summary (cont.)

- ☐ 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

b. 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.

c. Other:

4) System Failure Criteria Applicable to All Systems:

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

C. Inspection Summary (cont.)

4) System Failure Criteria Applicable to All Systems: (cont.)

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <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 |
| <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 water supply 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 2000 gpd-10,000 gpd. |
| <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. |

5) 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 C.4.

Yes No

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input checked="" 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 |



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

C. Inspection Summary (cont.)

If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

6. You must indicate "yes" or "no" for each of the following for *all* inspections:

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)] |



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3 per homeowner
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 gpd
Description:

Number of current residents: 2

Does residence have a garbage grinder? ☐ Yes ☒ No

Does residence have a water treatment unit? ☐ Yes ☒ No

If yes, discharges to: _____

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)): _____

Detail:

See attached water meter readings.

Sump pump? ☐ Yes ☒ No

Last date of occupancy: Current
Date



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

D. System Information (cont.)

2. 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

Water treatment unit present?

☐ Yes ☐ No

If yes, discharges to: _____

Industrial waste holding tank present?

☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☐ No

Water meter readings, if available: _____

Last date of occupancy/use: _____

Date

Other (describe below):

3. Pumping Records:

Source of information:

Rosano Davis pumped septic tank last on
07/08/2020.

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1,500 gallons
gallons

How was quantity pumped determined?

Sight glass on pump truck.

Reason for pumping:

Required and to determine structural integrity and
watertightness of septic tank.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

D. System Information (cont.)

4. 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):

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

As-Built dated 08/12/13.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

32"
feet

Material of construction:

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

Schedule 40 PVC inlet pipe.

Distance from private water supply well or suction line:

Homeowner indicated no known wells in immediate area.

Comments (on condition of joints, venting, evidence of leakage, etc.):

Inlet pipe appeared to be clean and flowing freely. No evidence of leakage.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

D. System Information (cont.)

6. Septic Tank (locate on site plan):

Depth below grade:

22" w/steel ring & cover on riser
6" below grade.

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

1,500-gallon precast concrete septic tank.

If tank is metal, list age:

_____ years

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

☐ Yes ☐ No

Dimensions:

5' wide x 5' deep x 10' long

Sludge depth:

4"

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

A-1800 Zabel filter in place.

Scum thickness

4"

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

A-1800 Zabel filter in place.

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

A-1800 Zabel filter in place.

How were dimensions determined?

Measured with a tape.

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

1,500-gallon septic tank was pumped at time of inspection. Tank was structurally sound and watertight and all effluent levels were at an appropriate height. Inlet tee and outlet tee with A-1800 Zabel filter in place. Recommend annual pumping or installing a larger A-100 Zabel filter.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

D. System Information (cont.)

7. 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

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

8. 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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

D. System Information (cont.)

8. Tight or Holding Tank (cont.)

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

9. 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 deteriorated at time of inspection so it was replaced. See attached picture. Box will now provide even distribution of effluent into SAS as speed levelers were installed. There are no other repairs recommended at this time.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

D. System Information (cont.)

10. 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.

11. Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

☐

leaching pits

number:

☒

leaching chambers

number:

12

☐

leaching galleries

number:

☐

leaching trenches

number, length:

☐

leaching fields

number, dimensions:

☐

overflow cesspool

number:

☐

innovative/alternative system

Type/name of technology:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

D. System Information (cont.)

11. Soil Absorption System (SAS) (cont.)

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

SAS consists of 2 - 37.5' long X 34" wide X 16" deep leaching chamber system in trench configuration with 12 High Capacity Biodiffuser chambers in 2 rows of 6. There was no surface wetness or breakout observed. There were no signs of hydraulic failure observed. SAS appeared to be in proper working order. There are no repairs recommended at this time.

12. 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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

D. System Information (cont.)

13. **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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

D. System Information (cont.)

14. 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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

D. System Information (cont.)

15. Site Exam:

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

Estimated depth to high ground water:

SEE BELOW

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:

Revised plan dated 07/22/13.
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:

Percolation testing performed 01/04/12 by Darren Grady of Grady Consulting L.L.C. and witnessed by Tara Tradd, Health Agent for the Town of Cohasset, determined seasonal high ground water through soil mottles in various test pits in the area of the SAS. The system was then designed and installed to have separation. It was by that intrusive method that it was determined that separation exists from the bottom of the SAS to the seasonal high ground water elevation. Please see attached Soil Logs and system profile.

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

24 Forest Avenue, Cohasset, MA

Property Address

Debra Thompson

Owner's Name

24 Forest Avenue, Cohasset,

City/Town

MA

State

02025

Zip Code

06/14/2021

Date of Inspection

Owner
information is
required for every
page.

E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

☒ A. Inspector Information: Complete all fields in this section.

☒ B. Certification: Signed & Dated and 1, 2, 3, or 4 checked

☒ C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

☒ D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included

SEPTIC SYSTEM AS-BUILT

#24 FOREST AVENUE

COHASSET, MASSACHUSETTS

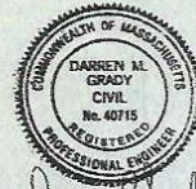
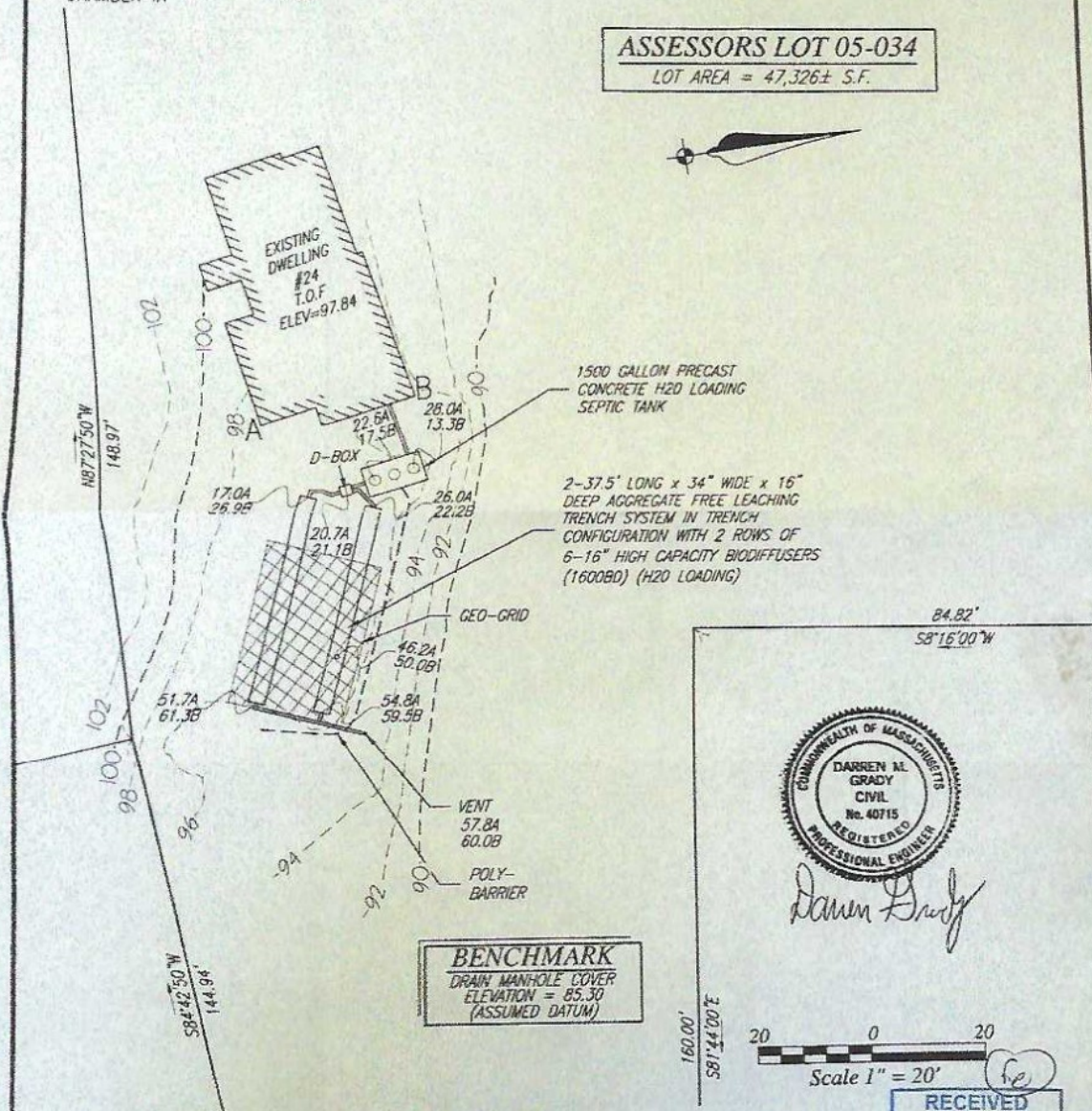
ELEVATIONS

TOP OF FOUNDATION	=97.84
BLDG OUT	=94.84
SEPTIC TANK IN	=94.56
SEPTIC TANK OUT	=94.29
D-BOX IN	=94.26
D-BOX OUT	=94.10
CHAMBER IN	=93.94

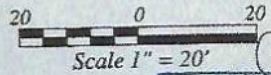
INSTALLER:
JAMIE MACKEWICH
3 WINDWARD WAY
SCITUATE, MA 02066-3513

ASSESSORS LOT 05-034

LOT AREA = 47,326± S.F.



Darren Grady



RECEIVED

AUG 21 2013

Cohasset Board of Health

G C GRADY CONSULTING, L.L.C.

◆ Registered Professional Civil Engineers ◆

Applicant
PHIL & MICHELLE ABERBACH
#38 FOREST AVENUE
COHASSET, MA 02025

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

AUGUST 12, 2013
SCALE: 1" = 20'
JOB NO. 11-190

Date: 06/15/2021

Town of Cohasset

from 05/01/2019 Page 1

Time: 11:33

wtrprtrh

WATER/SEWER READINGS HISTORY

BD

Account #: 2618 Book: 02 Folio: 2618 Seq#: 0

Updated 06/27/2016 by BD

Street: 24 FOREST AVENUE

Owner1 name: THOMPSON, DEBRA

Owner2 name:

Phone:

Mail Address: 24 FOREST AVENUE

:

: COHASSET, MA 02025

:

***** DO NOT *****

Demand? Lien?

Meter ID no.:	WSB Service: W	Section:	Bill-Code Qty
R/E parcel: C5-05-034	Service Type: SF S.F. Home	Units: 0	1.
Meter Loc: RADIO READ PIT	Rate code: 3 1	Discount?	2.
Hazard:	Meter size: 1	Disconnected?	3.
Meter ser#: 52640772	Summer svc:	Do not Est.?	4.
ARB/MXU no.: 1834305536	Municipal?	Water off?	
Meter Type: E	Mult rdg by: 1	Reversed?	Acct Status:
Meter mfg: Neptune	# of digits: 8	Broken Meter?	
Contractor:	Deduct acct#:	Irrigation?	B/F:
Install Date: 08/02/2013	Irrig acct#:	Has well?	
Memo:			

Billed Date	Reading Date	Reading	Codes	Water Usage	Sewer Usage	Water Bill	Sewer Bill	Service Bill
05/03/2021	04/01/2021	86000		1300		66.43		170.00
02/01/2021	01/04/2021	84700		1500		76.65		170.00
11/02/2020	10/01/2020	83200		5900		500.78		170.00
08/03/2020	07/01/2020	77300		2700		173.74		170.00
05/01/2020	04/01/2020	74600		5400		449.68		170.00
02/03/2020	01/02/2020	69200		5500		459.90		170.00
11/01/2019	10/01/2019	63700		4700		378.14		170.00
08/01/2019	07/01/2019	59000		3900		296.38		170.00
05/01/2019	04/01/2019	55100		2000		102.20		168.00

MISCELLANEOUS			ACTIVITY		
Date	Cd	Description	Reading	Usage	Amount
07/29/2013	XX	Hoadley did 1" tap/12" AC Main			
11/21/2013	BR	Change name to owner not blder			
01/19/2014	BR	Reading 0035 - 200 c.f. used			
01/19/2014	DT	C/O Fire Dept Broken Valve			
01/19/2014	OF	Water off to fix valve			
01/19/2014	ON	Water Back On			
01/19/2014	XX	Inside of house			
06/13/2016	DT	Appt F/R 6/23 am driveby			
06/23/2016	DT	FR 0287 - \$473.26			
06/15/2021	BR	Consumpt to Rosano-Davis			



24 Forest Ave.