



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

247 Forest Street

Property Address

Sacquia Jean Michel

Owner's Name

Cohasset

City/Town

M.A.

State

02026

Zip Code

October 14, 2022

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

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

Date

Oct. 14, 2022

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. 1500 GAL TANK , D-BOX AND LEACHING FOR MAIN HOUSE. TIGHT TANK FOR INLAW ADDITION

### 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):

- |  |  |
|--|--|
| <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): |

- ☐ 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:**

- ☐ Cesspool or privy is within 50 feet of a surface water
- ☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh



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## B. Certification (cont.)

**2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: \_\_\_\_\_

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

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

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

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

Yes

No

☐

☒

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

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. <b>[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.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.   |

### E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

Yes No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well |

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



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## C. Checklist

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

Yes No

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

## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design):

5

Number of bedrooms (actual):

5

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

440



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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:

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:

\_\_\_\_\_



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## 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):



2019-10  
RECEIVED

APR 16 2019

COMMONWEALTH OF MASSACHUSETTS

FEE 50.00

CK. 7862

TOWN OF COHASSET  
BOARD OF HEALTH

Board of Health, Cohasset, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

COPY

Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) - ☐ Complete System ☒ Individual Components

Location	247 Forest Ave	Owner's Name	Will Charles
Map/Parcel#		Address	247 Forest Ave, Cohasset
Lot#		Telephone#	
Installer's Name	R.J. Gabriel Const.	Designer's Name	NONE
Address	785 Bedford St. Bridgewater, MA	Address	
Telephone#	508-697-6775	Telephone#	

Type of Building \_\_\_\_\_  
Dwelling - No. of Bedrooms 4 Lot Size \_\_\_\_\_ sq. ft.  
Other - Type of Building \_\_\_\_\_ Garbage grinder ( )  
Other Fixtures \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
Design Flow (min. required) \_\_\_\_\_ gpd Calculated design flow 440 Design flow provided \_\_\_\_\_ gpd  
Plan: Date \_\_\_\_\_ Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_  
Title \_\_\_\_\_  
Description of Soil(s) \_\_\_\_\_  
Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS Remove & Replace D'Box and pipe to Septic Tank

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 4/16/15

Inspections \_\_\_\_\_



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## D. System Information (cont.)

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

SYSTEM INSTALLED 1995 PER TV DONE 2018, TIGHT TANK UNKNOWN

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

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

Depth below grade:

13" 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:

6" 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:

6" INCHES



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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

8" 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

6" 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 . INLET T INTACT AND OUTLET  
FILTER INTACT. NO EVIDENCE OF LEAKAGE. RECOMMEND REMOVAL OG DISPOSAL

### 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.):

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**Tight or Holding Tank** (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

AT GRADE

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

10 X 5 X 5

Capacity:

1500

gallons

Design Flow:

50

gallons per day

Alarm present:

☒ Yes

☐ No

Alarm level:

48"

Alarm in working order:

☐ Yes

☐ No

Date of last pumping:

10/14/2022

Date

Comments (condition of alarm and float switches, etc.):

ON RISER IN DRIVEAWAY. ALL APPEAR TO BE WORKING PROPERLY AT TIME OF INSPECTION.

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\* 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 FLOW. NO EVIDENCE OF SOLIDS CARRYOVER OR LEAKAGE.  
D-BOX WAS REPLACED IN 2019 PERMIT#2019-10 ON FILE AT BOH.

**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:

- |                                     |                               |                     |       |
|-------------------------------------|-------------------------------|---------------------|-------|
| <input type="checkbox"/>            | leaching pits                 | number:             | _____ |
| <input type="checkbox"/>            | leaching chambers             | number:             | _____ |
| <input checked="" type="checkbox"/> | leaching galleries            | number:             | 3     |
| <input type="checkbox"/>            | leaching trenches             | number, length:     | _____ |
| <input type="checkbox"/>            | leaching fields               | number, dimensions: | _____ |
| <input type="checkbox"/>            | overflow cesspool             | number:             | _____ |
| <input type="checkbox"/>            | 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

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

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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

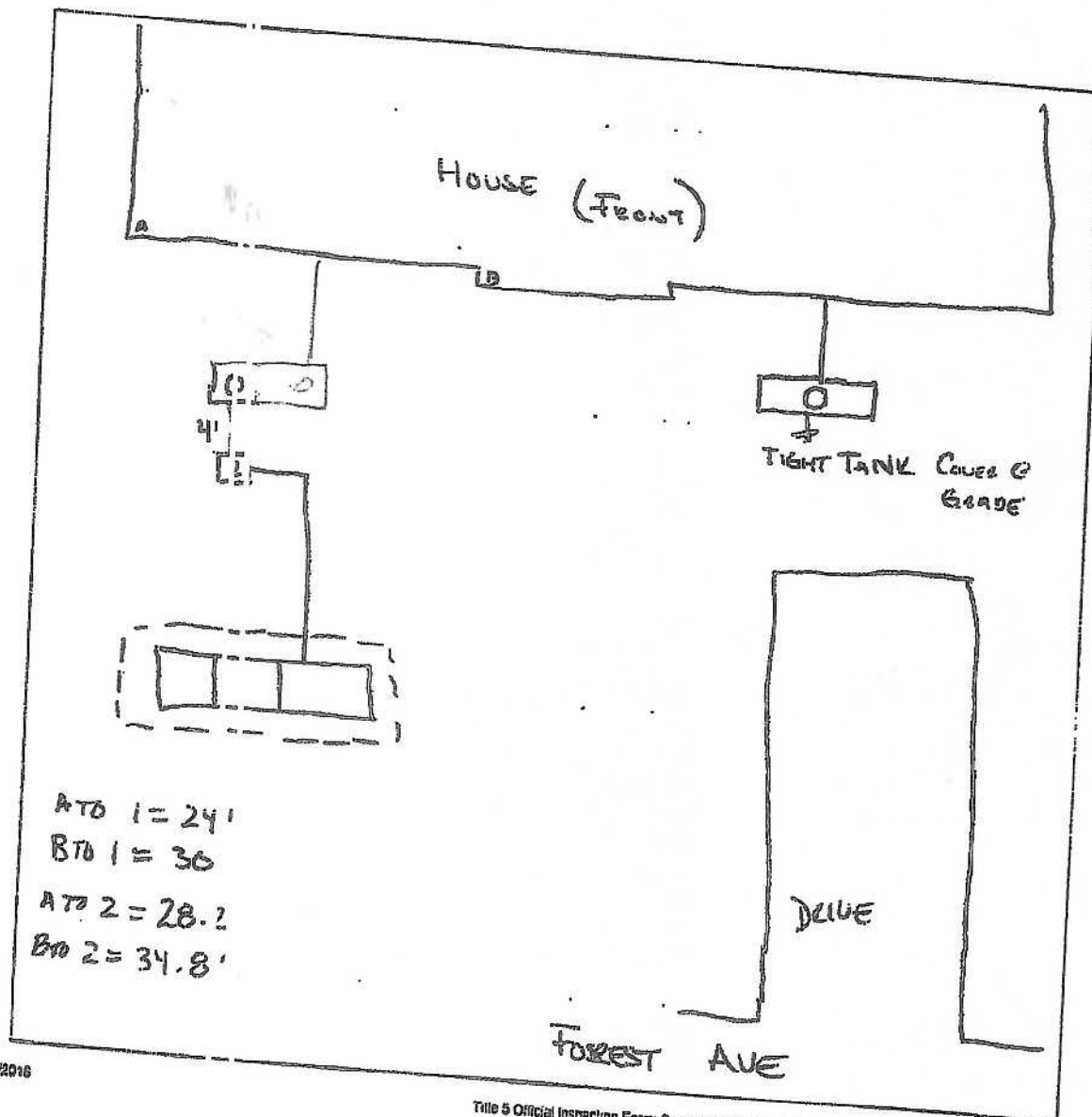
# E.I. MARGETTS & SONS, INC.

SEPTIC SYSTEM SERVICE SINCE 1912 - FOUR GENERATIONS  
Off 97 Ward Street

HINGHAM, MA 02043

TEL: (781) 749-0559 FAX: (781) 740-5049  
info@elmargetts.biz

☒ 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.

247 Forest Street

Property Address

Sacquia Jean Michel

Owner's Name

Cohasset

City/Town

M.A.  
State

02026  
Zip Code

October 14, 2022  
Date of Inspection

## D. System Information (cont.)

### Site Exam:

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

Estimated depth to high ground water:

7+  
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 2018
- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:

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

SEE SOIL ON FILE FROM TITLE FIVE DONE 11\*12/2018

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





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## 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