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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

Acton

City/Town

MA

State

01720

Zip Code

10-19-2018

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:

Tom O'Driscoll

Name of Inspector

ABC Cesspool Co. Inc.

Company Name

292 High St.

Company Address

Acton

City/Town

(978)263-5802

Telephone Number

RECEIVED
NOV 05 2018

ACTON BOARD OF HEALTH

MA

State

01720

Zip Code

SI13924

License Number

B. Certification

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

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

10-19-2018

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 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
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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave
 Property Address

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Acton	MA	01720	10-19-2018
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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:

system appears to be functioning properly at this time under its current usage

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 ACTON BOARD OF HEALTH

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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10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

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MA

01720

10-19-2018

City/Town

State

Zip Code

Date of Inspection

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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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

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MA

01720

10-19-2018

City/Town

State

Zip Code

Date of Inspection

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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:

- Four checkbox options regarding septic tank and SAS proximity to surface water, public water supply, and private water supply wells.

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.

3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns for Yes/No and four failure criteria: backup of sewage, discharge to surface, static liquid level, and liquid depth in cesspool.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

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City/Town

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State

01720

Zip Code

10-19-2018

Date of Inspection

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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.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

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Owner's Name

Acton

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01720

Zip Code

10-19-2018

Date of Inspection

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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:

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, normal flows, water volumes, built plans, sewage back up, site inspection, system components location, septic tank manholes, facility owner information, and existing information.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 71 Number of bedrooms (actual): 71

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 7810 gpd



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

10-16 Wampus Ave
 Property Address
 Somerset Hills Condo Association
 Owner's Name
 Acton MA 01720 10-19-2018
 City/Town State Zip Code Date of Inspection

D. System Information

Description:

Number of current residents: unknown

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)): _____

Detail:
2924 gpd

Sump pump? Yes No

Last date of occupancy: current
 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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

Acton

City/Town

MA

State

01720

Zip Code

10-19-2018

Date of Inspection

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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

last pumped 3/21/2018 by ABC Cesspool Co

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:

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...
Tight tank. Attach a copy of the DEP approval.
Other (describe): septic tank, pump chamber, S.A.S.



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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10-16 Wampus Ave
 Property Address
 Somerset Hills Condo Association
 Owner's Name
 Acton MA 01720 10-19-2018
 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:
 installed 5/97 per town records, tanks replaced 10/23/2006 per C.O.C.

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

Building Sewer (locate on site plan):

Depth below grade: 24" 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.):

all visible joints are of good condition with no evidence of any leakage. properly vented

Septic Tank (locate on site plan):

Depth below grade: all tanks have manhole covers to grade

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: 2@17'x9'x7'6", 2@17'x9'x4'

Sludge depth: bldg 10-12 19", bldg 14-16 7"



Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave
 Property Address

Somerset Hills Condo Association
 Owner's Name

Owner information is required for every page.

Acton MA 01720 10-19-2018
 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 bldg 10-12 38", bldg 14-16 25"

Scum thickness bldg 10-12 11" bldg 14-16 5"

Distance from top of scum to top of outlet tee or baffle bldg 10-12 3", bldg 14-16 1"

Distance from bottom of scum to bottom of outlet tee or baffle bldg 10-12 18", bldg 14-16 13"

How were dimensions determined? measured

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
each building has two tanks in series, 8000 gallon to 4000 gallon. All baffles are PVC and are intact. Tanks are structurally sound, no evidence of leakage, recommend yearly pumping.

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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

Acton

City/Town

MA

State

01720

Zip Code

10-19-2018

Date of Inspection

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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.):

Four horizontal lines for entering comments.

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

Depth below grade:

Horizontal line for depth below grade.

Material of construction:

- checkbox concrete, checkbox metal, checkbox fiberglass, checkbox polyethylene, checkbox other (explain):

Dimensions:

Horizontal line for dimensions.

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

checkbox Yes checkbox No

Alarm level:

Horizontal line for alarm level.

Alarm in working order: checkbox Yes checkbox No

Date of last pumping:

Date

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

Four horizontal lines for entering comments.

* Attach copy of current pumping contract (required). Is copy attached? checkbox Yes checkbox No



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

Acton

MA

01720

10-19-2018

City/Town

State

Zip Code

Date of Inspection

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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.):

N/A-no d-box

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.):

pump chamber is 10,500 gallons, cover to grade, pump and alarms appear to be working properly at this time

* 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

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

Acton

MA

01720

10-19-2018

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length: pressure dose - 20@88'
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 any hydraulic failure, dry soil. no ponding, normal vegetation

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

Acton

MA

01720

10-19-2018

City/Town

State

Zip Code

Date of Inspection

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D. System Information (cont.)

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

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

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

Acton MA 01720 10-19-2018

City/Town State Zip Code Date of Inspection

Owner information is required for every page.

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



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

10-16 Wampus Ave
 Property Address

Somerset Hills Condo Association
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Acton	MA	01720	10-19-2018
City/Town	State	Zip Code	Date of Inspection

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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: 6'8"
 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:

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

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

test hole data on file at BoH shows ground water @6'8"

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

10-16 Wampus Ave

Property Address

Somerset Hills Condo Association

Owner's Name

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Acton

MA

01720

10-19-2018

City/Town

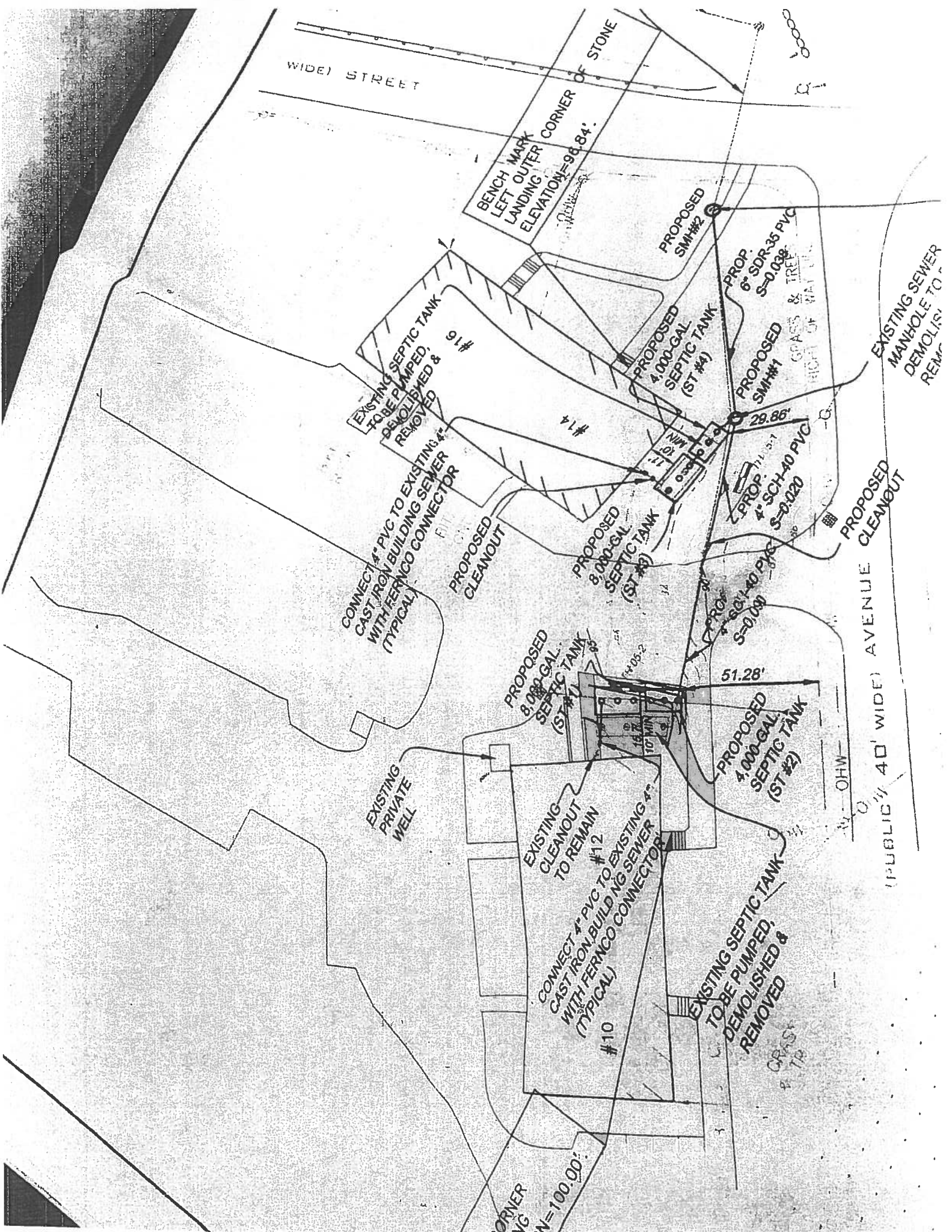
State

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



WIDE) STREET

BENCH MARK
LEFT OUTER CORNER OF STONE
ELEVATION=96.84'

PROPOSED
SMH#2

PROP.
6" SDR-35 PVC
S=0.008

PROPOSED
4,000-GAL
SEPTIC TANK
(ST #4)

PROPOSED
SMH#1

GRASS & TREE
RIGHT OF WAY

EXISTING SEWER
MANHOLE TO
DEMOLISH

EXISTING SEPTIC TANK
#16
TO BE PUMPED,
DEMOLISHED &
REMOVED

CONNECT 4" PVC TO EXISTING 4"
CAST IRON BUILDING SEWER
WITH FERNCO CONNECTOR
(TYPICAL)

PROPOSED
CLEANOUT

PROPOSED
8,000-GAL
SEPTIC TANK
(ST #3)

PROP.
4" SCH-40 PVC
S=0.020

PROPOSED
AVENUE
CLEANOUT

PROPOSED
8,000-GAL
SEPTIC TANK
(ST #1)

PROPOSED
4,000-GAL
SEPTIC TANK
(ST #2)

EXISTING
PRIVATE
WELL

EXISTING
CLEANOUT
TO REMAIN
#12

CONNECT 4" PVC TO EXISTING 4"
CAST IRON BUILDING SEWER
WITH FERNCO CONNECTOR
(TYPICAL)

EXISTING SEPTIC TANK
TO BE PUMPED,
DEMOLISHED &
REMOVED

OHW

(PUBLIC) 40' WIDE) AVENUE

CORNER
NG
2N=100.00'

WIDE STREET

BENCH MARK
LEFT OUTER
CORNER OF
STONE
ELEVATION = 96.84'

EXISTING SEPTIC TANK
#16
TO BE PUMPED,
DEMOLISHED &
REMOVED

PROPOSED
SM#2

PROPOSED
4,000 GAL
SEPTIC TANK
(ST #4)

PROP.
6" SDR-35 PVC
S-0.008
GRADES & TRF

PROPOSED
SM#1

CONNECT 4" PVC TO EXISTING 4"
CAST IRON BUILDING SEWER
WITH FERRO-CONCRETE CONNECTOR
(TYPICAL)

PROPOSED
CLEANOUT

PROPOSED
8,000 GAL
SEPTIC TANK
(ST #3)

PROP.
4" SCH-40 PVC
S-0.020

PROPOSED
CLEANOUT

EXISTING SEWER
MANHOLE TO
BE
DEMOLISHED

PROPOSED
8,000 GAL
SEPTIC TANK
(ST #1)

PROPOSED
4,000 GAL
SEPTIC TANK
(ST #2)

EXISTING
PRIVATE
WELL

EXISTING
CLEANOUT
TO REMAIN
#12
CONNECT 4" PVC TO EXISTING 4"
CAST IRON BUILDING SEWER
WITH FERRO-CONCRETE CONNECTOR
(TYPICAL)

#10

EXISTING SEPTIC TANK
TO BE PUMP D,
DEMOLISHED &
REMOVED

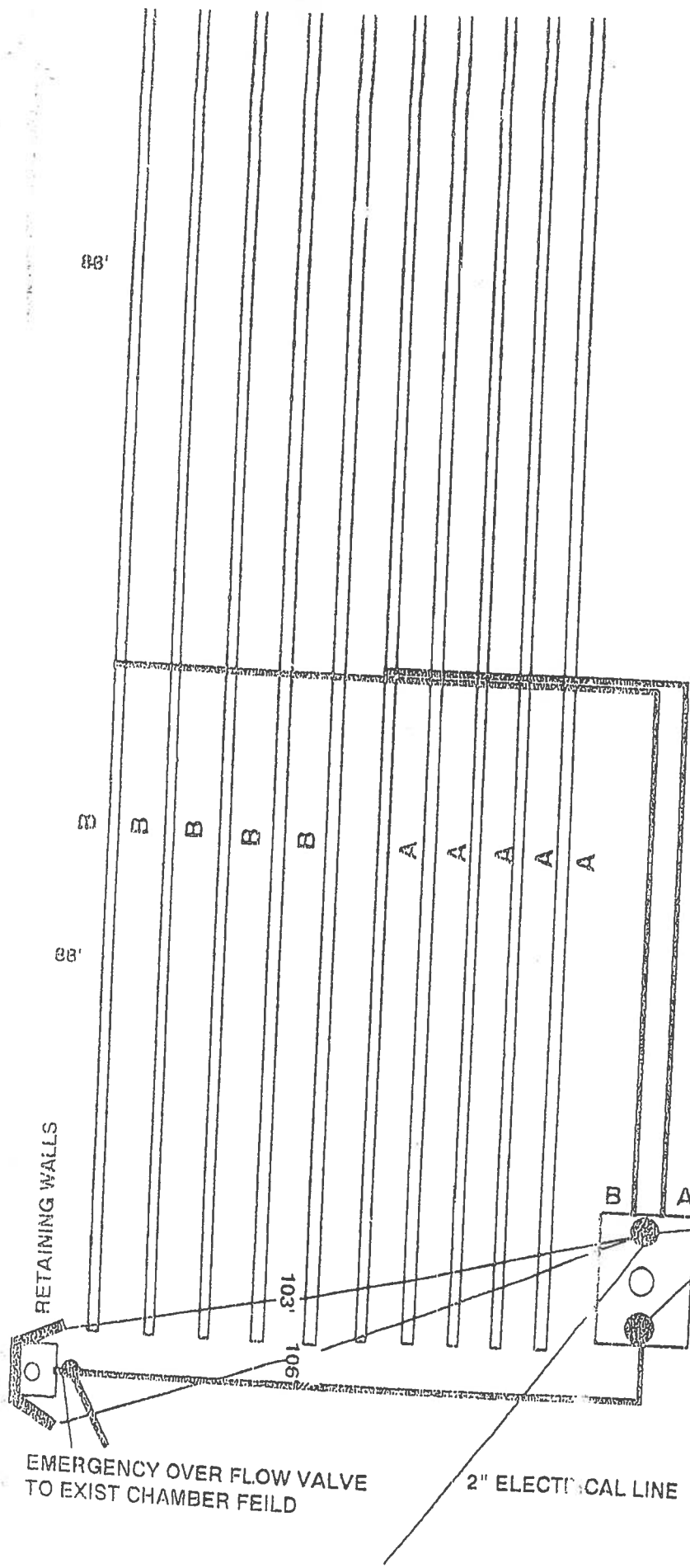
OHW

PROPOSED
40' WIDE
AVENUE
CLEANOUT

CORNER
ON = 100.00'

68 53
78 45

WAMPUS AVE APARTMENTS
MAY 12, 1997



96-73 RR
10-16 Wampus Ave
1 of 7
G. NICHOLS CONST INC
(508)263-7058



**Town of Acton
Land Use Department
Health Division**

472 Main Street, Acton, MA 01720
Phone: (978) 929-6632 Email: Health@acton-ma.gov

Board of Health Title 5 Review Form


Property Address: 10-16 Wampus Ave Date of Inspection 10/19/2018
 Inspector/License Number: Tom O'Driscoll. SI13924
 Company Name/Address: ABC Cesspool Co, 292 High Street, Acton, MA 01720
 Telephone: 978-263-5802 Status: Pass Fail Cond. Pass
 Reviewing Agent: Evan Carloni

	Title 5	Division Review	Status
System design flow	7810 gpd	7810 gpd	✓
Number of bedrooms - actual	71	X	✓
Garbage grinder	No	X	✓
Water softener	No	X	✓
Leaching area	Trenches: 20 - 88'	Trenches: 20 - 88'	✓
Locations match as-built	X	Yes	✓
Water meter readings	2924 gpd	X	✓
Estimated high groundwater	6'8"	6'8"	✓
Sump pump	No	X	✓
Large Systems Only:			
System w/in 400 feet of surface drinking water supply			
System is w/in 200 feet of tributary to surface drinking water supply			
System in Zone II or IWPA			

Action Items:

1. _____
2. _____
3. _____
4. _____

Corrections needed? Yes No



 Health Agent Signature

11/8/2018

 Date

A copy of this form is sent to the Title 5 Inspector and to the property address inspected