



CERTIFICATE OF TITLE 5 INSPECTION

Inspection requested by:

Name: Yogesh Kapoor

Address: 80 Compass Cir

City, State & Zip: Boylston MA 01505-2050

Report preference: ☒ Email ☒ Mail

Inspection Location:

Street Address: 80 Compass Cir

City, State & Zip: Boylston MA 01505-2050

System Type: Tank/SAS System size: 1500

of Compartments 1 No
Filter:

Date of Inspection: 05/10/2022

NOTE: This inspection report is valid for 3 years from the date of the inspection, if the tank is pumped annually.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for every
page.

80 Compass Cir

Property Address

Yogesh Kapoor

Owner's Name

Boylston

City/Town

MA

State

01505-2

Zip Code

05/10/2022

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. Inspector Information

Jason I. Gauthier

Name of Inspector

Northboro Septic Service, Inc. dba Curtis Septic

Company Name

124 Main Street

Company Address

Northboro

City/Town

(508) 393-7234

Telephone Number

MA

State

01532

Zip Code

SI4239

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

05/10/2022

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system 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.



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Commonwealth of Massachusetts

Title 5 Official Inspection Form

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80 Compass Cir

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Boylston

MA

State

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Zip Code

05/10/2022

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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:

System appears to be functioning properly under its current usage.

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):



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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

80 Compass Cir

Property Address

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Owner's Name

Boylston

City/Town

MA

State

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Zip Code

05/10/2022

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:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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80 Compass Cir

Property Address

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Owner's Name

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State

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05/10/2022

Date of Inspection

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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



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80 Compass Cir

Property Address

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Owner's Name

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City/Town

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State

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Zip Code

05/10/2022

Date of Inspection

C. Inspection Summary (cont.)

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

Yes No

☐☒

Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool

☐☒

Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

☐☒

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 water supply 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 2000 gpd-10,000 gpd.

☐☒

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

☐☐

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



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80 Compass Cir

Property Address

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05/10/2022

Date of Inspection

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



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)]



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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80 Compass Cir

Property Address

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Owner's Name

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MA

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Zip Code

05/10/2022

Date of Inspection

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page.

D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Description:

1500 gallon septic tank/distribution box/soil absorption system

Number of current residents: 3

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)): Town Water

Detail:

Water usage report attached

Sump pump? ☐ Yes ☒ No

Last date of occupancy: Current
Date



Owner
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page.

Commonwealth of Massachusetts

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80 Compass Cir

Property Address

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Boylston

MA

State

01505-2

Zip Code

05/10/2022

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:

Last pumped by Northboro Septic on 6/11/20

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

Gauge on the truck and tank measurements

Reason for pumping:

Remove solids and check the integrity of the tank



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Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

80 Compass Cir

Property Address

Yogesh Kapoor

Owner's Name

Boylston

City/Town

MA

State

01505-2

Zip Code

05/10/2022

Date of Inspection

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:

Installed 4/13/17 per as built plan

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

5. Building Sewer (locate on site plan):

Depth below grade:

12" Below Sill

feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

4"

Distance from private water supply well or suction line:

Town Water

feet

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

All visible joints are of good condition with no evidence of any leakage. Appears to be vented properly.



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Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

80 Compass Cir

Property Address

Yogesh Kapoor

Owner's Name

Boylston

City/Town

MA

State

01505-2

Zip Code

05/10/2022

Date of Inspection

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D. System Information (cont.)

6. **Septic Tank** (locate on site plan):

4"

Depth below grade:

feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

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

☐ Yes

☐ No

10'6"L x 5'8"W x 5'D

Dimensions:

4"

Sludge depth:

30"

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

1"

Scum thickness

5"

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

13"

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

Visual Inspection

How were dimensions determined?

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

Recommend yearly pumping. Tank is a 1500 gallon tank. Inlet and outlet tees are PVC and of good working condition. Tank is structurally sound with no evidence of any leakage. Liquid level is at the base of the outlet invert.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

80 Compass Cir

Property Address

Yogesh Kapoor

Owner's Name

Boylston

City/Town

MA

State

01505-2

Zip Code

05/10/2022

Date of Inspection

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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

80 Compass Cir

Property Address

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State

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Zip Code

05/10/2022

Date of Inspection

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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 is level with equal distribution to all 3 outlets. No evidence of any solids carryover. No evidence of any leakage in to or out of the box. Box is 10" below grade.



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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

80 Compass Cir

Property Address

Yogesh Kapoor

Owner's Name

Boylston

City/Town

MA

State

01505-2

Zip Code

05/10/2022

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:

☐

leaching galleries

number:

3 @ 42'L per plan

☒

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

80 Compass Cir

Property Address

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State

01505-2

Zip Code

05/10/2022

Date of Inspection

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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.):

Dry gravel soil with no signs of any hydraulic failure. No ponding. Normal grass vegetation.

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

80 Compass Cir

Property Address

Yogesh Kapoor

Owner's Name

Boylston

City/Town

MA

State

01505-2

Zip Code

05/10/2022

Date of Inspection

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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

80 Compass Cir

Property Address

Yogesh Kapoor

Owner's Name

Boylston

City/Town

MA

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01505-2

Zip Code

05/10/2022

Date of Inspection

Owner
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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

AS-BUILT

CURTIS SEPTIC SERVICE

Date: 5/10/2022 Service Rep: Jay #33

JOB TYPE:

☐ D-Box ☐ Pipe ☐ Tank ☐ New System ☐ Sewer Line ☐ Pump ☒ T5 Inspection
☐ Other

(NOT TO SCALE)

1500 gallon tank

Depths		A	B	C	D
4"	Tank Inlet	156"	159"		
4"	Tank Outlet	20"	139"		
	PC				
10"	D-Box		206"	483"	
	I.P				
	Clean Out				

Customer Name: _____

Address: 80 Compass Cir

Boylston

Mailing Address: _____



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

80 Compass Cir

Property Address

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Owner's Name

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City/Town

MA

State

01505-2

Zip Code

05/10/2022

Date of Inspection

Owner
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D. System Information (cont.)

15. Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☒ Shallow wells

Estimated depth to high ground water:

120''+

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:

1/22/16

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:

Soil testing info dated 10/1/15 on design plan dated 1/22/16 lists no groundwater to a depth of 120''.

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



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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

80 Compass Cir

Property Address

Yogesh Kapoor

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State

01505-2

Zip Code

05/10/2022

Date of Inspection

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

For 16: Explanation of estimated depth to high groundwater included

SCHEDULE OF ELEVATIONS

FINISHED GRADE
ABOVE STRUCTURE

Top of SILL = 411.5
Invert of pipe at foundation = 408.55
Invert at septic tank inlet = 408.30
Invert at septic tank outlet = 408.05

410.7

Invert at distribution box inlet
Invert at distribution box outlets
LEACH TRENCHES Elev. of TRENCH Bottom ALL 405.50
Elev. of Leaching L 407.50

NAME OF APPROVING AUTHORITY:
TOWN OF BOSTON BOARD OF HEALTH

SOIL TEST DATA

TESTING PER
TESTING W

DEEP TEST PIT: 17B-1 (SURFACE ELEVATION = 410.5)

DATE OF TEST: 10/1/15

DEPTH	HORIZON	TEXTURE	COLOR	MOTTLING	OTHER
0-18"	A/B	COARSE SAND & GRAVEL			
18-55"	C1	COARSE SAND & GRAVEL			
55-66"	C2	LOOSE GF FS			
66-120"	C3	COARSE SAND & GRAVEL			

ESHCWT: NONE

DEEP TEST PIT: 17B-3 (SURFACE ELEVATION = 410.0)

DATE OF TEST: 10/1/15

DEPTH	HORIZON	TEXTURE	COLOR	MOTTLING	OTHER
0-18"	A/B				
18-55"	C1	COARSE SAND & GRAVEL			
55-66"	C2	LOOSE GF FS			
66-120"	C3	COARSE SAND & GRAVEL			

ESHCWT: NONE

DEEP TEST PIT: 17B-2 (SURFACE ELEVATION = 410.0)

DATE OF TEST: 10/1/15

DEPTH	HORIZON	TEXTURE	COLOR	MOTTLING	OTHER
0-18"	A/B	COARSE SAND & GRAVEL			
18-55"	C1	COARSE SAND & GRAVEL			
55-66"	C2	LOOSE GF FS			
66-120"	C3	COARSE SAND & GRAVEL			

ESHCWT: NONE

DEEP TEST PIT: 17B-4 (SURFACE ELEVATION = 410.0)

DATE OF TEST: 10/1/15

DEPTH	HORIZON	TEXTURE	COLOR	MOTTLING	OTHER
0-18"	A/B				
18-55"	C1	COARSE SAND & GRAVEL			
55-66"	C2	LOOSE GF FS			
66-120"	C3	COARSE SAND & GRAVEL			

ESHCWT: NONE

TEST PIT NO.

17B-1
17B-3

TITLE:

SEPTIC SYSTEM DESIGN PLAN
LOT 17B COMPASS CIRCLE
MAP 7 PARCEL 47
BOYLSTON, MASSACHUSETTS 01505

PREPARED FOR:

KREG, LLC
39 NOOSENECK HILL ROAD
WEST GREENWICH, RHODE ISLAND 02817

PREPARED BY:

J.M. GRENIER ASSOCIATES INC.
787 HARTFORD TURNPIKE
SHREWSBURY, MASSACHUSETTS 01545

TELE NO.: (508) 845-2500

FAX NO.: (508) 842-0800

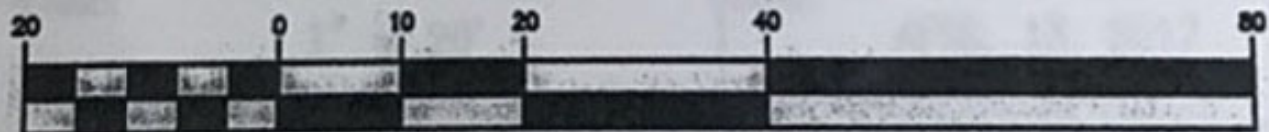
SCALE:

1" = 20'

DATE:

JANUARY 22, 2015

GRAPHIC SCALE



(IN FEET)

1 inch = 20 ft.

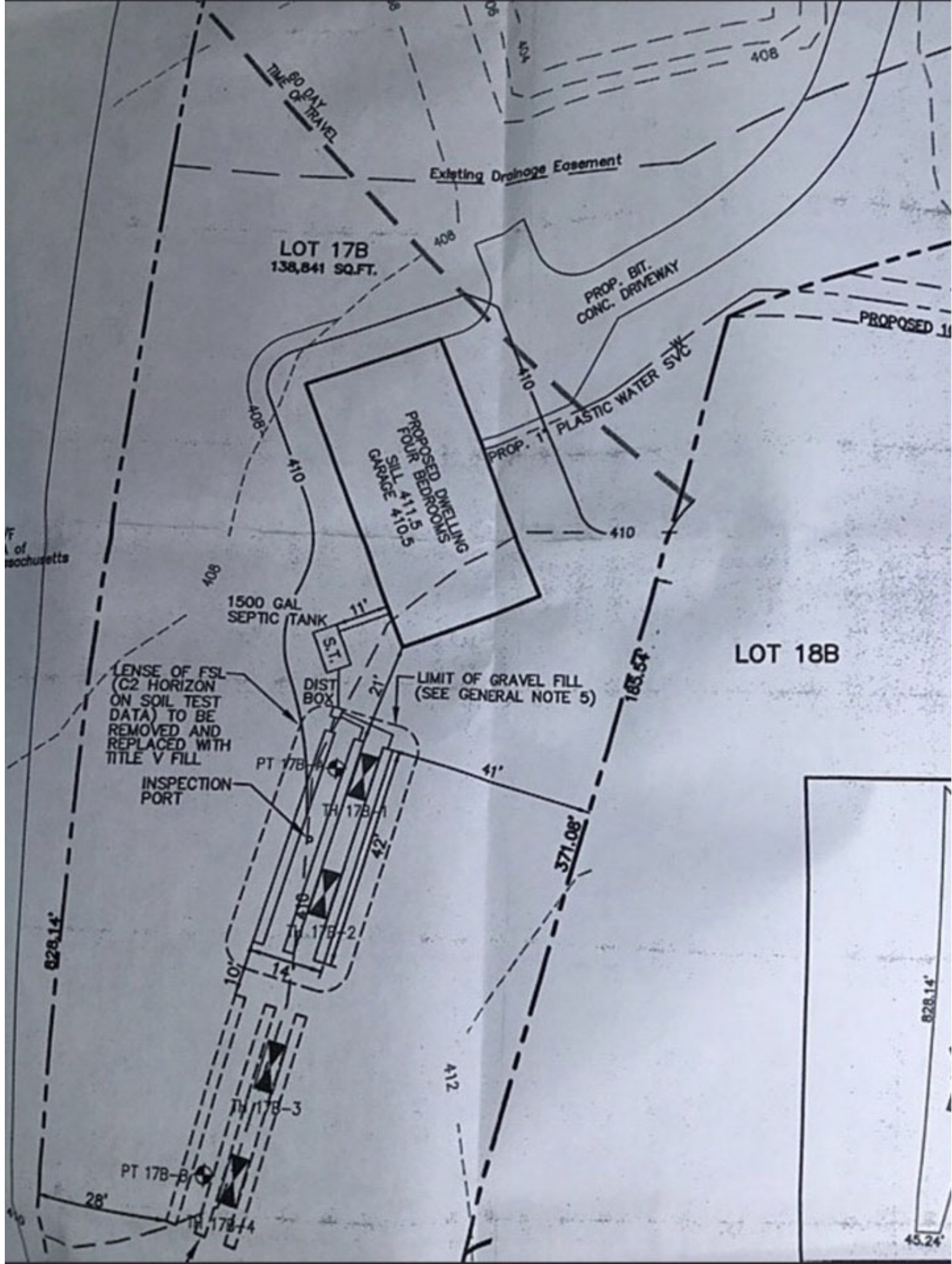
SHEET NO.:

SHEET 1 OF 1

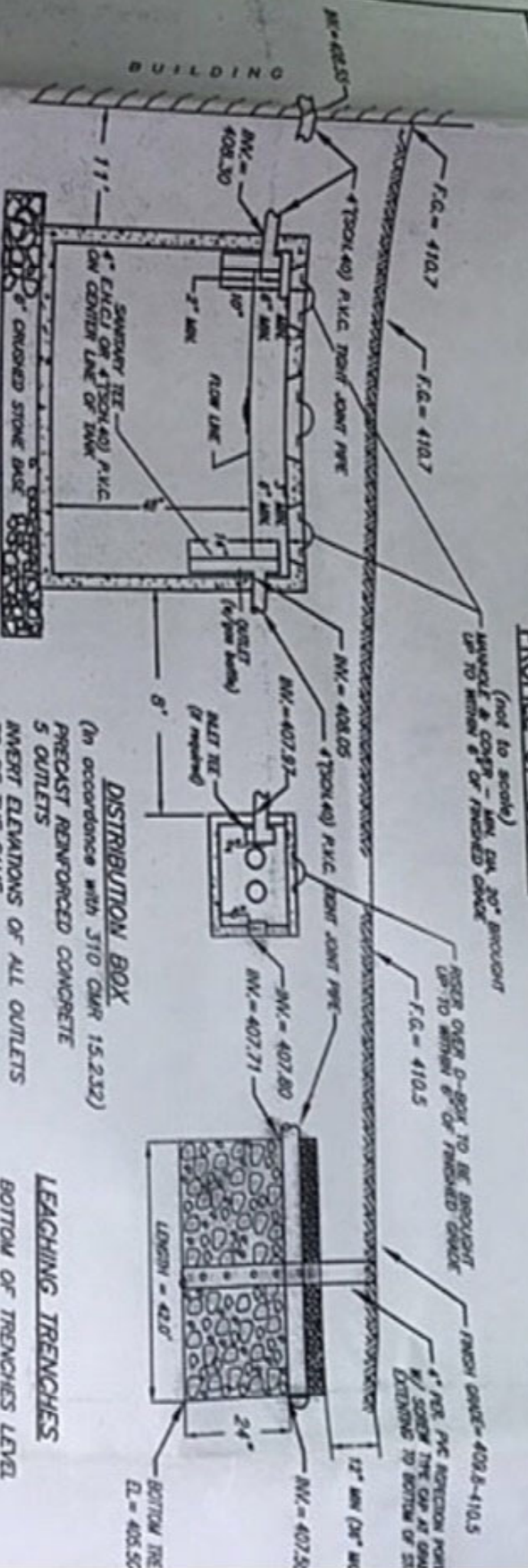
PROJECT NO.:

G-418-17B

RECEIVED
1/25/16



PROFILE OF SYSTEM

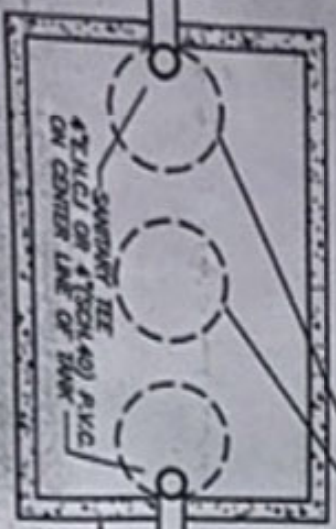


SEPTIC TANK

CAPACITY = 1500 GALLONS

4" P.V.C. (SCH. 40) TIGHT JOINT PIPE

MANHOLE FRAME & COVER MIN. DIA. 20"

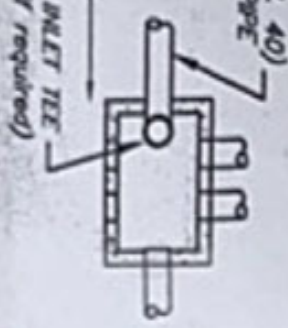


PLAN VIEW OF SYSTEM

(not to scale)

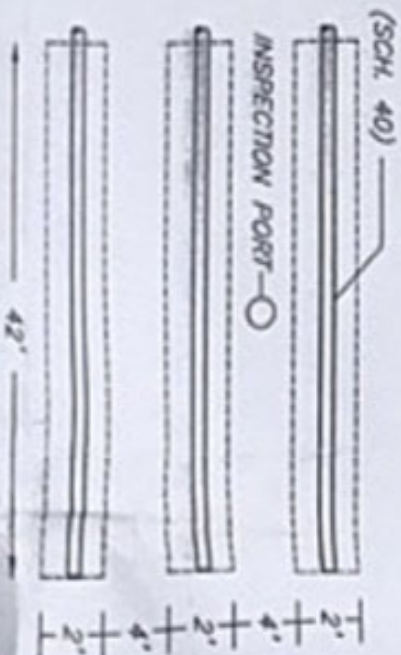
DISTRIBUTION BOX

(In accordance with 310 CMR 15.232)
 PRECAST REINFORCED CONCRETE
 5 OUTLETS
 INVERT ELEVATIONS OF ALL OUTLETS TO BE THE SAME
 2 OUTLETS TO BE PLUGGED FOR FUTURE EXPANSION PURPOSES (SEE PLOT PLAN FOR LOCATION)
 OUTLET PIPES SHALL BE LEVEL FOR AT LEAST TWO FEET



LEACHING TRENCHES

BOTTOM OF TRENCHES LEVEL FOR ENTIRE LENGTH
 3 TRENCH LINES REQUIRED @ 6' O.C.



LEACHING TRENCHES

3 TRENCH LINES REQUIRED @ 6' O.C.

SEPTIC TANK

PRECAST REINFORCED CONCRETE
 (In accordance with 310 CMR 15.223 to 15.228)

DISTRIBUTION BOX

PRECAST REINFORCED CONCRETE
 (In accordance with 310 CMR 15.232)

TITLE:

SEPTIC SYSTEM AS-BUILT
LOT 17B COMPASS CIRCLE
BOYLSTON, MASSACHUSETTS 01505

PREPARED FOR:

BOYLSTON CP, LLC
39 NOOSENECK HILL ROAD
WEST GREENWICH, RHODE ISLAND 02817

PREPARED BY:

J.M. GRENIER ASSOCIATES INC.
787 HARTFORD TURNPIKE
SHREWSBURY, MASSACHUSETTS 01545

TELE NO.: (508) 845-2500

FAX NO.: (508) 842-0800

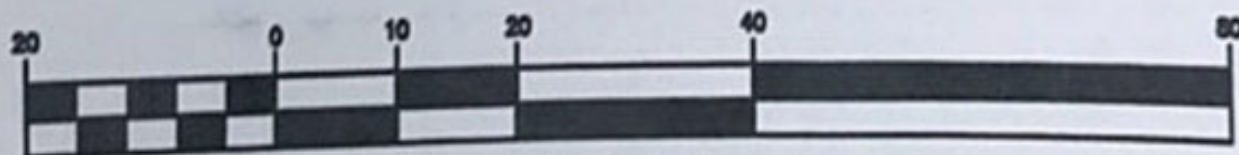
SCALE:

1" = 20'

DATE:

APRIL 13, 2017

GRAPHIC SCALE



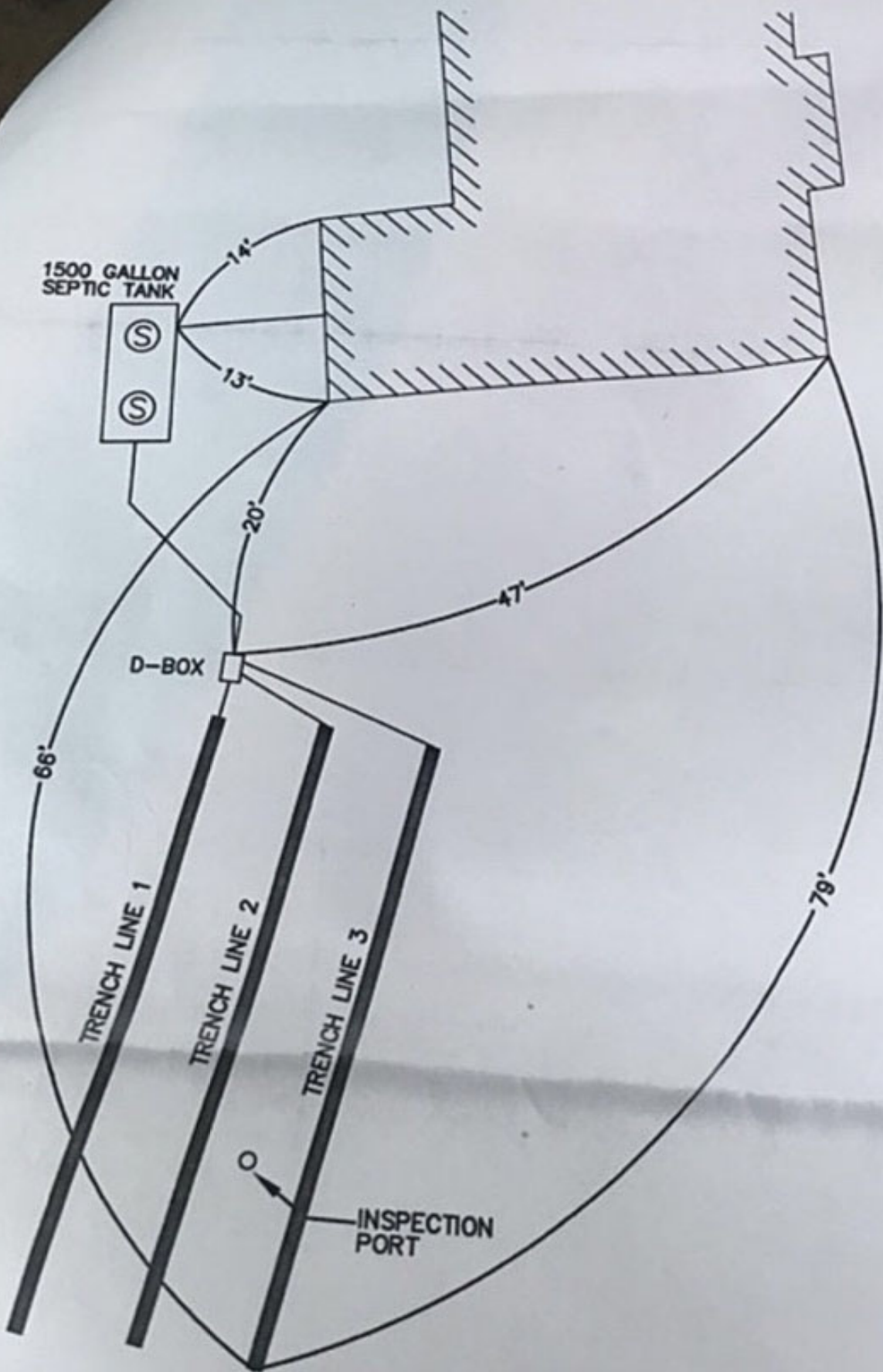
(IN FEET)
1 inch = 20 ft.

SHEET NO.:

SHEET 1 OF 1

PROJECT NO.:

G-418-AB-17B



DESIGN DATA:

1. Hydraulic Loading

4 BEDROOM RESIDENTIAL HOUSE. \times 110 GAL./DAY/BEDROOM. = 440 GAL./DAY

2. Septic Tank Size

Average daily flow = $440 \times 200\%$ = 880 gallons (minimum)

Septic tank provided = 1500 gals.

3. Design percolation rate= 2 M.P.I. (Soil Class 1)

Effluent Loading Rate = 1.35 SQ.FT./GPD = 595 SQ.FT.
MIN. AREA REQUIRED = 750 SQ.FT.

4. Leaching Area

Primary Leaching Area

Total area provided = $4 \text{ SQ.FT./1 FT. OF TRENCH} \times 42 \text{ FT} \times 3 \text{ TRENCHES (SIDEWALL AREA)}$
 $+ 2 \text{ SQ.FT./1 FT. OF TRENCH} \times 42 \text{ FT} \times 3 \text{ TRENCHES (BOTTOM AREA)}$

= 756 SQ FT

Reserve Leaching Area

Total area provided = $4 \text{ SQ.FT./1 FT. OF TRENCH} \times 42 \text{ FT} \times 3 \text{ TRENCHES (SIDEWALL AREA)}$
 $+ 2 \text{ SQ.FT./1 FT. OF TRENCH} \times 42 \text{ FT} \times 3 \text{ TRENCHES (BOTTOM AREA)}$

= 756 SQ FT

ACCOUNT NO.	NAME	SEQ. NO.	METER DEPOSIT DATE	DEPOSIT DATE	INTEREST	CHARGE	USAGE	METER 1	METER 2	CHARGE	INTEREST	MISC. CHARGE	TOTAL AMT BILLED	TOTAL AMT PAID	CO
BILL/PAY DATE	READ DATE	13040	0/00/00	0/00/00	0000000000	0000000000	0	0	0	0	0	0	0	0	0
02 050123	YOGESH KAPOOR	13040	4/03/20	13610	60.07	0	0.00	0.00	0.00	0.00	0.00	0.00	60.07	86.67	60.07 BI
02 050123	YOGESH KAPOOR	13040	7/14/20	108750	246.25	0	0.00	0.00	0.00	0.00	0.00	0.00	246.25	60.07	0.00 PD
02 050123	YOGESH KAPOOR	13040	10/07/20	114080	256.91	0	0.00	0.00	0.00	0.00	0.00	0.00	256.91	243.77	246.25 BI
02 050123	YOGESH KAPOOR	13040	1/01/21	9000	52.00	0	0.00	0.00	0.00	0.00	0.00	0.00	52.00	260.00	2.48 PD
02 050123	YOGESH KAPOOR	13040	4/01/21	7850	49.99	0	0.00	0.00	0.00	0.00	0.00	0.00	49.99	120.00	259.39 BI
02 050123	YOGESH KAPOOR	13040	7/02/21	43010	114.77	0	0.00	0.00	0.00	0.00	0.00	0.00	114.77	50.00	0.61 PD
02 050123	YOGESH KAPOOR	13040	10/03/21	60760	150.27	0	0.00	0.00	0.00	0.00	0.00	0.00	150.27	150.00	51.39 BI
02 050123	YOGESH KAPOOR	13040	1/04/22	10130	53.98	0	0.00	0.00	0.00	0.00	0.00	0.00	53.98	100.00	68.61 PD
02 050123	YOGESH KAPOOR	13040	4/02/22	7170	48.80	0	0.00	0.00	0.00	0.00	0.00	0.00	48.80	60.00	18.62 BI
02 050123	YOGESH KAPOOR	13040	4/19/22			0	0.00	0.00	0.00	0.00	0.00	0.00		50.00	46.15 BI
02 050123	YOGESH KAPOOR	13040				0	0.00	0.00	0.00	0.00	0.00	0.00		100.00	103.85 PD
02 050123	YOGESH KAPOOR	13040				0	0.00	0.00	0.00	0.00	0.00	0.00		100.00	46.42 BI
02 050123	YOGESH KAPOOR	13040				0	0.00	0.00	0.00	0.00	0.00	0.00		60.00	53.58 PD
02 050123	YOGESH KAPOOR	13040				0	0.00	0.00	0.00	0.00	0.00	0.00		50.00	0.40 BI
02 050123	YOGESH KAPOOR	13040				0	0.00	0.00	0.00	0.00	0.00	0.00		60.00	59.60 PD
02 050123	YOGESH KAPOOR	13040				0	0.00	0.00	0.00	0.00	0.00	0.00		50.00	10.80 BI
02 050123	YOGESH KAPOOR	13040				0	0.00	0.00	0.00	0.00	0.00	0.00		50.00	60.80 PD

gallons









