



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

## Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

465 Newtown Road

Property Address

Maria Beck

Owner's Name

Littleton

City/Town

MA

State

01460

Zip Code

4/5/2022

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

Robert J. Lacombe II

Name of Inspector

R.J. Lacombe Septic Service

Company Name

20 Orr Road

Company Address

Groton

City/Town

978-692-3085

Telephone Number

MA

State

01450

Zip Code

S1522

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

*Robert J. Lacombe II*

Date

*4-10-22*

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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## 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):



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## 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:**



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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:

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

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

Yes No

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |



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## 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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## 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 <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 type="checkbox"/>            | <input checked="" 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)]   |



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## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550

Description:

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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)): Town Water

Detail:

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Sump pump? ☐ Yes ☒ No

Last date of occupancy: Current  
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## 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:

RJ Lacombe Septic Service 978-692-3085

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1500 Gallons  
gallons

How was quantity pumped determined?

Pump Truck Instruments

Reason for pumping:

Check Tank





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## 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:

1997

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

### 5. Building Sewer (locate on site plan):

Depth below grade:

8"  
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.):

Joints in good shape

Venting Normal

No Signs of Leaking



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## D. System Information (cont.)

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

Depth below grade:

6 Inches

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

Dimensions:

6' x 10'

Sludge depth:

3"

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

27"

Scum thickness

4"

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

7"

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

9"

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.):

TEES IN GOOD SHAPE

STRUCTURAL INTEGRITY OF TANK LOOKS NORMAL

LIQUID LEVEL IS NORMAL

NO SIGNS OF LEAKAGE



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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



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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.):

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\* 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

Level \_\_\_\_\_

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.):

No signs of Leakage

No signs of carryover

Distribution Box in Good shape

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## 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.):

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\* 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:

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Type:

☐

leaching pits

number:

☐

leaching chambers

number:

☐

leaching galleries

number:

☒

leaching trenches

number, length:

5 - 50'Lx2'Wx1'D

☐

leaching fields

number, dimensions:

☐

overflow cesspool

number:

☐

innovative/alternative system

Type/name of technology:



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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.):

NO SIGNS OF HYDRAULIC FAILURE

VEGETATION IS NORMAL

NO SIGNS OF DAMP SOIL

### 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.):



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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.):



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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





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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:

20 Inches / Sandy Loam  
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:  
Installation Permit on File
- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:

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

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



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## 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

# NASHOBA ASSOCIATED BOARDS OF HEALTH

ENVIRONMENTAL HEALTH DIVISION  
AYER, MA 01432 772-3338

## SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

☒ To install a new Sewage Disposal system  
☐ To repair existing Sewage Disposal system this permit is issued under the  
Emergency Section 11.05 of 310 CMR 11.00 Environmental Code, Title 1

ISSUED FOR THE Littleton BOARD OF HEALTH

OWNER Ken Beck  
(NOT TRANSFERABLE - FORMAL PERMIT TRANSFER MUST BE REQUESTED UPON CHANGE OF OWNERSHIP)

LOCATION OF LOT OR INSTALLATION Newtown Rd. LOT NO. 5

DATE PERMIT ISSUED JANUARY 28, 1997 LOT SIZE 3.22 ac.

SOIL DESCRIPTION 0-10" Ap sandy loam, 10-20" Bw sandy loam, 20-36" C1 sandy loam, 36-102" C2 sandy loam, BSHWT @ 20"  
PERC. RATE 12 min./in.

ENGINEERING OR SPECIAL PREPARATION: ☒ System to be installed according to engineered plan No. L-3979  
by David E. Ross Assoc.

\*Permit void if any violations of the Wetlands Protection Act.

SYSTEM DESIGNED FOR: five (5) bedroom dwelling WATER SUPPLY: ☒ Town ☐ Well

PRIMARY INSTALLATION 1,500 gal. septic tank

SECONDARY INSTALLATION five (5) - 50'L x 2'W x 1'D trenches

1/28/97 PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT

Edna Bell and  
BOARD OF HEALTH

Peter M. Casimiro  
BOARD OF HEALTH

John W. Hancock  
BOARD OF HEALTH

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system; and if I am the contractor installing this system, I further agree to correct any fault caused by defective material or workmanship appearing in this system within one year from date of occupancy.

SIGNED Mania E. Beck ☒ Owner ☐ Contractor ☐ Licensed Installer

### CERTIFICATE OF COMPLIANCE

#### INSPECTIONS REQUIRED:

- ☒ Bed and trench excavation, before fill, stone by eng. NABH  
☒ Fill in place by eng. NABH  
☒ Completed system prior to backfill  
☒ Final fill and grading by eng. NABH eng. as-built  
☒ Engineer certification in writing of completed system  
☒ As built plan ☒ By Design Engineer ☒ By Installer  
☐ Water supply (if well)  
☐ Recorded deed easements  
☒ Eng. to stake SIS prior to construction  
☐  
☒ Inspection completed

Installer Mark Const  
Date: 7-17-97 By: MAK  
Date: 11-25-97 By: MAK  
Date: 11-25-97 By: MAK  
Date: 12-11-97 By: MAK  
Date: 12-11-97 By: MAK  
Date: 12-11-97 By: MAK  
Date: 12-11-97 By: MAK  
Date: 12-11-97 By: MAK  
Date: 12-11-97 By: MAK

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL THIS CERTIFICATE IS COMPLETED.

### IMPORTANT NOTES

1. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED A GUARANTEE THAT THE SYSTEM WILL FUNCTION PROPERLY.
2. INSTALLATION OR REPAIR MUST BE PERFORMED BY NASHOBA LICENSED INSTALLER.
3. FAILURE BY INSTALLER TO CONFORM TO ALL REQUIREMENTS OF THIS PERMIT MAY LEAD TO SUSPENSION OR REVOCATION OF INSTALLER'S PERMIT.
4. THE OWNER SHOULD BE AWARE OF WETLANDS PROTECTION REQUIREMENTS OF THE LOCAL CONSERVATION COMMISSION.
5. THE SYSTEM IS NOT DESIGNED FOR GARBAGE DISPOSAL.
6. THE SYSTEM IS DESIGNED FOR USE STATED ABOVE.
7. PERMIT IS VOID TWO YEARS AFTER DATE OF ISSUE. & ONE YEAR WITH LITTLETON BD. OF HEALTH
8. LEACH SYSTEMS MUST BE KEPT 100 FEET FROM ALL WELLS.
9. PROPER MAINTENANCE OF A SYSTEM REQUIRES ANNUAL PUMPING.
- \*10. COLIFORM BACTERIA TEST REQUIRED, COMPLETE POTABILITY TEST RECOMMENDED.

# DAVID E. ROSS ASSOCIATES, INC.

*Civil Engineers, Land Surveyors, Environmental Consultants*

## CERTIFICATION OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

CLIENT: Ken Beck

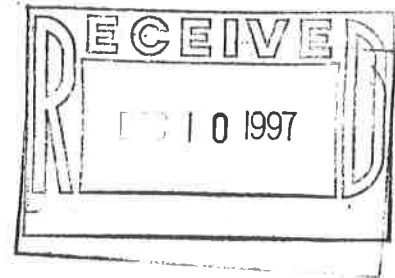
LOCATION OF SYSTEM    LOT #:        5  
                                 STREET:    Newtown Road  
                                 TOWN:      Littleton

PLAN #: L-3979      JOB #: 9020

DATE AND DESCRIPTION OF INSPECTION(S):

12/03/97: Completed system prior to backfill

12/03/97: Final fill and grading



Based on the inspections described above, it is my opinion, to the best of my knowledge, information and belief, that the above referenced subsurface sewage disposal system has been constructed within reasonably acceptable construction tolerances to the referenced design plan and the requirements of Title 5 of the State Environmental Code.

It should be noted that not all phases of construction were inspected.

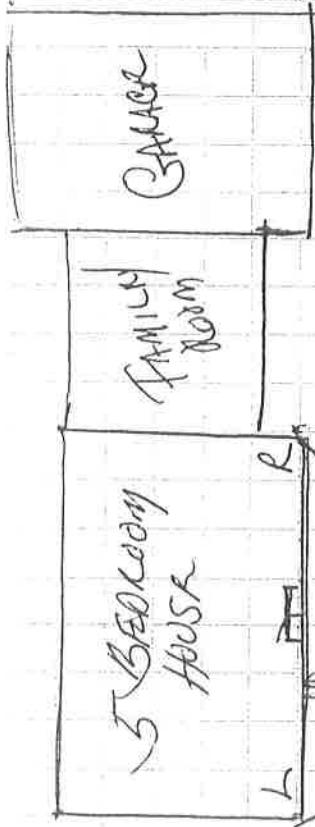
By:

*Daniel B Wolfe* 12-10-97

Daniel B. Wolfe, P.E.

Massachusetts Registration No. 36523

TOWN  
WATER



1500  
GAL. SEPTIC  
TANK

DIST BOX



DIMENSIONS FOR SYSTEM

Key Back  
New Town Dr  
LITTLETON, MASS

h. House Day. R. 33'

Stone 27' 33'

D-Box 45' 50'

SEPTIC SYSTEM PLAN

Installed by  
Mark Cross  
Lewiston, Mass

According to plan

by  
Davis Ross Assoc.  
Plan # L3979

11/24/97

LILLIAN, MA H34bb      90Day:      8.00      8.00  
                                  60Day:      8.00      8.00  
 LCC: 4136334-28 455 NEWJUN KK, IT      30Day:      8.00      8.00  
                                  10T, F/C:      0.00      0.00  
 LAST RECEIVED      1/3387      LIENS      0.00      0.00  
 LAST REF DATE      02/07/2022      P I:FN:      0.00      0.00  
                                  TCT, BAL:      0.00      0.00  
 LAST PYMT:      225.71  
 LAST DATE:      02/14/2022

DATE	USAGE	CHARGE	A/C USAGE	A/D CHARGE	BALANCE	DATE
02/27/2022	51878	225.71	228	2.85	0.00	96
11/22/2021	54956	1200.20	1104	15.11	0.00	83
04/04/2021	127690	1685.31	1213	17.37	0.00	91
05/04/2021	27821	224.17	255	2.52	0.00	09
02/04/2021	22153	217.67	257	2.82	0.00	06
11/10/2020	135478	1025.75	1111	20.27	0.00	96
02/05/2020	126527	1770.02	1231	10.15	0.00	98
04/00/2020	25499	241.42	233	2.78	0.00	87
22/02/2019	24497	231.01	238	2.55	0.00	91
11/04/2019	133892	1737.92	1471	19.10	0.00	91
28/05/2019	79782	945.21	835	10.00	0.00	98
05/07/2019	80358	338.50	403	3.07	0.00	98
02/06/2019	20914	188.00	224	1.83	0.00	93
11/05/2018	51020	831.57	1200	5.14	0.00	91
08/05/2018	168143	1854.82	1789	10.37	0.00	06
03/03/2018	21558	125.21	250	2.15	0.00	06
02/05/2018	24238	205.01	280	2.29	0.00	91
11/01/2017	121035	1068.95	1142	18.27	0.00	186
07/24/2017	19032	187.21	1832	167.21	0.00	1
07/11/2017	65572	582.21	590	8.13	0.00	119
22/20/2017	29434	241.24	312	3.05	0.00	91
12/10/2016	3900	225.37	49	2.85	0.00	79
12/01/2016	10400	932.21	213	12.77	0.00	73
07/28/2016	17300	1052.13	161	9.03	0.00	127
04/04/2016	2380	167.02	34	2.36	0.00	81
01/14/2016	3598	264.40	40	2.36	0.00	06
10/20/2015	19400	1106.51	105	11.95	0.00	95
07/13/2015	14000	851.62	150	4.68	0.00	08
04/16/2015	2600	145.31	20	1.02	0.00	91
01/15/2015	7200	155.34	98	2.44	0.00	80
10/01/2014	19000	875.02	211	9.55	0.00	88
07/10/2014	15000	878.32	290	9.42	0.00	93