

Commonwealth of Massachusetts

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

Date of Inspection

MAY **09** 2016

RECFIVED

Owner information is required for every page.

City/Town

15,17,19,18,20,22, Highfield Rd.			ROARD ()F HEALTH
Property Address				
Upham Farms Condominium				
Owner's Name				
Chariton	Ma	01570	4-5-16	

Zip Code

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





A.	General Information		:	
1.	Inspector:			
	Jeff D. Helgerson			
	Name of Inspector			
	Jeff D. Helgerson Excavating, Inc.			
	Company Name			
	79 Bay Path Road			
	Company Address			
	Charlton	Ma	01507	
	City/Town	State	Zip Code	
	508-248-7242	SI 3162		
	Telephone Number	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	
Inscripts Signature	Pres, 5-3-6	4

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.



Commonwealth of Massachusetts

	17,19,18 perty Addre	,20,22, Highfie	ld Rd.			
oc wants		ns Condominiu	ım			
	ner's Name					0.20.22
	arlton /Town			Ma State	01570 Zip Code	4-5-16 Date of Inspection
		ication (co	ont)	Otate	Zip 0000	Date of hispedion
υ.	OCI III	ication (co) iii.)			
	Inspection	on Summary: (Check A,B,C,D or	E / always	complete all of	Section D
A)	System	Passes:				
	in 3					failure criteria described eria not evaluated are
	Comme	nts:				
	Unit are	serviced by "s	ystem B" phase 2 a	and 3		
				•		
B)	System	Conditionally	Passes:			
	repla	or more syste aced or repaire Board of Healt	ed. The system, upo	described ir on completi	the "Condition on of the replac	nal Pass" section need to be cement or repair, as approved by
		ne box for "yes ned," please ex		rmined" (Y,	N, ND) for the	following statements. If "not
	unsound	I, exhibits subs	stantial infiltration of	r exfiltration	or tank failure	whether metal or not) is structurally is imminent. System will pass ak as approved by the Board of
			ill pass inspection it that the tank is less			ot leaking and if a Certificate of able.
	_ Y	□N	☐ ND (Expl	ain below):		
	-			The state of the s		



Commonwealth of Massachusetts

	15,17,19,18,20,22, Highfield Rd. Property Address									
Upham Farms Condominium Owner's Name										
2000										
	arlto /Towi	Annual Control		Ma State	_	570 Code		-5-16 ate of Inspection		
-	-		ation (cont.)	Otate	210			ato of mopositors	-	
Ο.	_				_				1.76	
			Chamber pumps/alarms not ope /alarms are repaired.	erational.	System	will pas	s with	Board of Health approv	al If	
	B)	B) System Conditionally Passes (cont.):								
		to broke	ation of sewage backup or brea en or obstructed pipe(s) or due spection if (with approval of Boa	to a brok	en, sett	tic water led or un	level leven	in the distribution box di distribution box. System	ue ı will	
			broken pipe(s) are replaced		□ Y	□ N		ND (Explain below):		
			obstruction is removed		□ Y	□ N		ND (Explain below):		
			distribution box is leveled or re	placed	□ Y	□ N		ND (Explain below):		
					His Control of the Co		20			
			stem required pumping more the will pass inspection if (with app					en or obstructed pipe(s).	The	
			broken pipe(s) are replaced		□ Y	\square N		ND (Explain below):		
			obstruction is removed		□ Y	□N		ND (Explain below):		
	C)	Furthe	r Evaluation is Required by th	ne Board	of Hea	lth:				
		Conditions exist which require further evaluation by the Board of Health in order to determine it the system is failing to protect public health, safety or the environment.							if	
		15.303	tem will pass unless Board of (1)(b) that the system is not fo and the environment:						alth,	
			Cesspool or privy is within 50 f	eet of a	surface	water				
	Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh							etland or a salt marsh		



Commonwealth of Massachusetts

	17,19,18 perty Addre	,20,22, Hig	hfield Rd.			
	S 550	ns Condon	ninium			
	ner's Name		THE STATE OF THE S			
	arlton			Ма	01570	4-5-16
_	/Town			State	Zip Code	Date of Inspection
В.	Certi	fication	(cont.)	(
	det saf	ermines the ety and end The systen	at the system is func vironment: In has a septic tank and	tioning in a	manner that	Vater Supplier, if any) protects the public health, (AS) and the SAS is within
	sup	The systen	<u>. 15</u>	I SAS and the	ne SAS is withi	r supply. in a Zone 1 of a public water in 50 feet of a private water
	☐ The	system ha	s a septic tank and SA ivate water supply wello determine distance:		AS is less than	n 100 feet but 50 feet or
	coliform to or les	bacteria in s than 5 pp hed to this	dicates absent and the om, provided that no ot	presence of	of ammonia niti	P certified laboratory, for fecal rogen and nitrate nitrogen is equal ered. A copy of the analysis must
D)	•		iteria Applicable to A "Yes" or "No" to ea	10.T		inspections:
	Yes	No				
		\boxtimes	Backup of sewage i clogged SAS or ces		r system comp	onent due to overloaded or
		\boxtimes		ng of effluen		e of the ground or surface waters
		\boxtimes		the distribut		outlet invert due to an overloaded
		\boxtimes			than 6" below	invert or available volume is less



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	17,19,18,2		nfield Rd.			
	perty Address ham Farms		inium			
Owr	ner's Name			Ма	01570	4-5-16
	arlton /Town			State	Zip Code	Date of Inspection
В.	Certifi	cation	(cont.)			
	Yes	No				
		\boxtimes	Required pumping obstructed pipe(s).			st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the S	SAS, cesspo	ol or privy is be	elow high ground water elevation.
		\boxtimes	Any portion of cess tributary to a surface			eet of a surface water supply or
		\boxtimes	Any portion of a ces	sspool or pri	vy is within a Z	one 1 of a public well.
		\boxtimes	Any portion of a ces	sspool or pri	vy is within 50	feet of a private water supply well
			from a private wate system passes if t laboratory, for fec of ammonia nitrog	r supply wel the well wat al coliform gen and nitr other failure	I with no accepter analysis, p bacteria indicate nitrogen is criteria are tr	100 feet but greater than 50 feet btable water quality analysis. [This erformed at a DEP certified ates absent and the presence s equal to or less than 5 ppm, iggered. A copy of the analysis this form.]
		\boxtimes	The system is a ces	sspool servi	ng a facility with	n a design flow of 2000gpd-
		\boxtimes	The system <u>fails</u> . I criteria exist as des	cribed in 31 ild contact th	0 CMR 15.303 ne Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be
E)			o be considered a la 000 gpd to 15,000 gp		the system n	nust serve a facility with a
	For large questions			er "yes" or "	no" to each of t	the following, in addition to the
	Yes	No				
			the system is within	400 feet of	a surface drink	king water supply
			the system is within	200 feet of	a tributary to a	surface drinking water supply
			the system is locate Area – IWPA) or a			rea (Interim Wellhead Protection 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

roperty Addre		ighfield Rd.				
Jpham Farr		ominium				
owner's Name Charlton			Ma	01570	4-5-16	
City/Town			State	Zip Code	Date of Inspection	ı
C. Chec	klist					
Check if	the follo	wing have been done. Yo	ou must ind	dicate "yes" or '	no" as to each of t	he following:
Yes	No					
\boxtimes		Pumping information	was provid	ed by the owne	er, occupant, or Bo	ard of Health
	\boxtimes	Were any of the syste	m compon	ents pumped o	out in the previous	two weeks?
\boxtimes		Has the system receiv	ved normal	flows in the pr	evious two week p	eriod?
	\boxtimes	Have large volumes o this inspection?	of water bee	en introduced t	o the system recer	itly or as part o
\boxtimes		Were as built plans of available note as N/A)		n obtained and	examined? (If the	y were not
\boxtimes		Was the facility or dwe	elling inspe	ected for signs	of sewage back up)?
\boxtimes		Was the site inspected	d for signs	of break out?		
\boxtimes		Were all system comp	onents, ex	cluding the SA	S, located on site?	>
\boxtimes		Were the septic tank r inspected for the cond dimensions, depth of	dition of the	baffles or tees	s, material of const	
		Was the facility owner information on the pro The size and location been determined base	per mainten of the So	enance of subs	urface sewage dis	posal systems
\boxtimes		Existing information. F	or exampl	le, a plan at the	Board of Health.	
		Determined in the field approximation of dista				C is at issue
		ormation				
		oms (design):		Number of bed	Irooms (actual):	36
		sed on 310 CMR 15.203 (7350



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15,17,19,18,20,22, Highfield Rd.				
Property Address				
Upham Farms Condominium Owner's Name				
Charlton	Ma	01570	4-5-16	
City/Town	State	Zip Code	Date of Insp	ection
D. System Information Description: Design flow=7350. Phase 2 loading=26 =3390gpd. Per plans dated 5/1/1996	40gpd. Phase	3 loading=13	20gpd. Remai	ning capacity
Number of current residents:				Unknown
Does residence have a garbage grinder	r?			☐ Yes ⊠ No
Is laundry on a separate sewage syster information in this report.)	m? (Include lau	indry system i	nspection	☐ Yes ⊠ N
Laundry system inspected?				☐ Yes ⊠ No
Seasonal use?				☐ Yes ⊠ No
Water meter readings, if available (last	2 years usage	(gpd)):		5200
Detail: It is unknown if any units contain garbaginformation.	ge disposals. S	See attached v	water and con	sumption
Sump pump?				☐ Yes ⊠ No
Last date of occupancy:				Occupied at tim of inspection
Commercial/Industrial Flow Conditio	ns:			
Type of Establishment:				
Design flow (based on 310 CMR 15.203	3):	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 T	itle 5 system?			☐ Yes ☐ No
Water meter readings, if available:				



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15,17,19,18,20,2	2, Highfield Rd.			
Property Address Upham Farms Co	ondominium			
Owner's Name				
Charlton		Ma State	01570 Zip Code	4-5-16 Date of Inspection
City/Town	nformation (cont.)	State	Zip Code	Date of hispection
D. System i	nformation (cont.)			
Last date of d	occupancy/use:		Date	
Other (descr	Other (describe below):			
	Gen	ieral Infor	mation	
Pumping Re	cords:			
Source of info	ormation:	Pum	ping company	
Was system	pumped as part of the inspec	tion?		⊠ Yes □ No
If yes, volume	e pumped:	4000 gallon		
How was qua	intity pumped determined?	•	on truck	
Reason for p		Chec	ck tank integrity	and baffles
Type of Syst	em:			
\boxtimes	Septic tank, distribution bo	ox, soil abs	sorption system	1
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no) (if yes, at	tach previous i	nspection records, if any)
	Innovative/Alternative tech maintenance contract (to I inspection of the I/A syste	be obtaine	d from system	owner) and a copy of latest
	Tight tank. Attach a copy	of the DEP	approval.	
\boxtimes	Other (describe):			
	Wth pump chamber and o	verflow tar	nk	



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5,17,19,18,20,22, Hig	hfield Rd.					
pham Farms Condon	ninium					
wner's Name		Ma	01570	4 5 16		
harlton ty/Town		Ma State	01570 Zip Code	4-5-16 Date of I	nspection	
). System Infor	mation (cont.)					
-						
Approximate age of	of all components, da	ite installed (if	known) and	source of info	ormation:	
1987 per plans						
Were sewage odor	rs detected when arr	iving at the site	?		☐ Yes ⊠ No	
Building Sewer (Id	ocate on site plan):					
Depth below grade	y:			2-4, varies pe	er unit	
Material of constru	ction:					
ast iron	⊠ 40 PVC	other (e	xplain):			
Distance from priva	ate water supply wel	or suction line) :	20-60, varies per unit feet		
Comments (on cor	dition of joints, vent	ng, evidence o	of leakage, e	etc.):		
	tioning at time of ins				served	
Septic Tank (locate	re on site plan).					
Depth below grade				Varies, all tar grade	nks have covers to	
Material of constru	ction:					
□ concrete	☐ metal	☐ fiberglas	ss 🔲	oolyethylene	other (explain)	
1-2000 ga. septic t chamber.	ank, 1-4000 ga sept	ic tank, 1- 2000	ga overflo	w tank, and 1-	-3000 ga pump	
If tank is metal, list	age:		2	years		
Is age confirmed b	y a Certificate of Co	mpliance? (atta	ach a copy o		☐ Yes ☐ No	
Dimensions:				4000 ga	2000ga	
Sludge depth:				12"	10"	



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15,17,19,18,20,22, High	field Rd.				
Property Address Upham Farms Condom	inium				
Owner's Name	illiulii				
Charlton		Ма	01570	4-5-16	
City/Town		State	Zip Code	Date of Ins	pection
D. System Information Septic Tank (cont.)		.)			
Distance from top o	f sludge to botton	n of outlet tee or	baffle	~30"	~15"
Scum thickness				~12"	~6"
Distance from top o	f scum to top of c	outlet tee or baffle	•	~9"	~9"
Distance from botto	m of scum to bot	tom of outlet tee	or baffle	~18"	~14"
How were dimensio	ns determined?			ruler	
liquid levels as relat Continue present pu levels were observe service.	umping intervals.	Inlet/outlet baffle	s are intact	on both tanks,	and proper effluent d debris for access to
Grease Trap (locate				feet	
Material of construc	tion:				
concrete	☐ metal	☐ fiberglas	ss 🗆	polyethylene	other (explain):
Dimensions:					
Scum thickness					
Distance from top o	f scum to top of c	outlet tee or baffle)		
Distance from botto	m of scum to bot	tom of outlet tee	or baffle		
Date of last pumping	g:			Date	



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,17,19,18,20,22, Highfield R					
perty Address					
ham Farms Condominium					
ner's Name	Ма	01570	4-5-16		
arlton //Town	State	Zip Code	Date of Ins	pection	
System Information					
Comments (on pumping re liquid levels as related to o	mmendations, inlet and	d outlet tee or eakage, etc.):	baffle condition	n, structur	al integrit
Tight or Holding Tank (ta	must be pumped at tin	ne of inspecti	on) (locate on s	site plan):	
Depth below grade:			0		
Material of construction:					
☐ concrete ☐ me	al [] fibergla	ass	polyethylene	Othe	er (explair
Dimensions:					
Capacity:		gallons			
Design Flow:		gallons per day	1		
Alarm present:		☐ Yes	☐ No		
Alarm level:		Alarm in work	king order:	Yes	☐ No
Date of last pumping:		Date			
Comments (condition of ala	n and float switches, et	c.):			



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,17,19,18,20,22, Highfield Rd.				
perty Address				
pham Farms Condominium vner's Name				
narlton	Ма	01570	4-5-16	
y/Town	State	Zip Code	Date of Inspec	tion
. System Information (cont.)				
		: ! \		
Distribution Box (if present must be of	pened) (locati			
Depth of liquid level above outlet invert		0"		
Comments (note if box is level and districted evidence of leakage into or out of box, and Both boxes were normal. Pressure doses	etc.):		evidence of sol	ids carryover, a
Pump Chamber (locate on site plan):				
Pumps in working order:				□ No*
Alarms in working order:				□ No*
Comments (note condition of pump cha	mber, conditi	on of pumps ar	nd appurtenance	es, etc.):
Both pumps were observed to run, open	rated from co	ntrol room.		
			-	
* If pumps or alarms are not in working	order, system	is a condition	al pass.	
Soil Absorption System (SAS) (locate	on site plan,	excavation no	t required):	
If SAS not located, explain why:				
nero contrata management (CA) (CA) (CA)				



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15,17,19,18,20 Property Address	22, Highfield Rd.				
Upham Farms	Condominium				
Owner's Name			0.4570	4.5.40	
Charlton City/Town		Ma State	01570 Zip Code	4-5-16 Date of Inspe	ction
	Information (seet)	Otate	2.6 0000	Date of mepe	
Type:	Information (cont.)				
	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries		number:		4.4.400
\boxtimes	leaching trenches		number, le	ength:	14-100'long ea.
	leaching fields		number, o	limensions:	
	overflow cesspool		number:		ines
	innovative/alternative sys				
	Type/name of technology	:			
vegetation,	(note condition of soil, signs etc.): pitation, grassy/area	of hydraulic	failure, level of p	oonding, damp	soil, condition of
Cesspools	(cesspool must be pumped a	as part of ins	pection) (locate	on site plan):	
,	d configuration	р-из	, (
Depth – top	o of liquid to inlet invert				
Depth of so	olids layer				
Depth of so	um layer				
Dimensions	s of cesspool				
Materials o	f construction				
Indication of	of groundwater inflow			☐ Yes	☐ No



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,17,19,18,20,22, Highfield Rd.			
perty Address			
ham Farms Condominium			
ner's Name			
arlton	Ma	01570	4-5-16
y/Town	State	Zip Code	Date of Inspection
. System Information (cont.))		
Comments (note condition of soil, signetc.):	ns of hydraulic	failure, level of	ponding, condition of vegetation,
Privy (locate on site plan):			
Materials of construction:			
Dimensions	-		
Depth of solids			
Comments (note condition of soil, signetc.):	ns of hydraulic	failure, level of	ponding, condition of vegetation,



Commonwealth of Massachusetts

Property Address Upham Farms Condominium	
Owner's Name	
<u>Ma</u> 01570 4-5-16	
City/Town State Zip Code Date of Inspection	
D. System Information (cont.)	
Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties 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:	to te
☐ hand-sketch in the area below☐ drawing attached separately	



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Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

15,17,19,18,20 Property Address	0,22, Highfield Rd.				
Upham Farms	Condominium				
Owner's Name Charlton		Ма	01570	4-5-16	
City/Town		State	Zip Code	Date of Inspection	
D. Systen	n Information (cont.)				
Site Exam	1:				
	Slope				
⊠ Surfac	ce water				
	cellar				
☐ Shallo	w wells				
Estimated	depth to high ground water:		7 feet		
Please inc	licate all methods used to dete	ermine the high	gh ground wate	er elevation:	
\boxtimes	Obtained from system desig	n plans on re	ecord		
	If checked, date of design pl	an reviewed	10/28/96 Date	3	
	Observed site (abutting prop	erty/observa	ation hole within	n 150 feet of SAS)	
	Checked with local Board of	Health - exp	olain:		
	Checked with local excavator	ors, installers	- (attach docu	mentation)	
	Accessed USGS database -	explain:			
	describe how you established #'s 85-368 to 85-375 and 86-4			ation:	

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



Commonwealth of Massachusetts

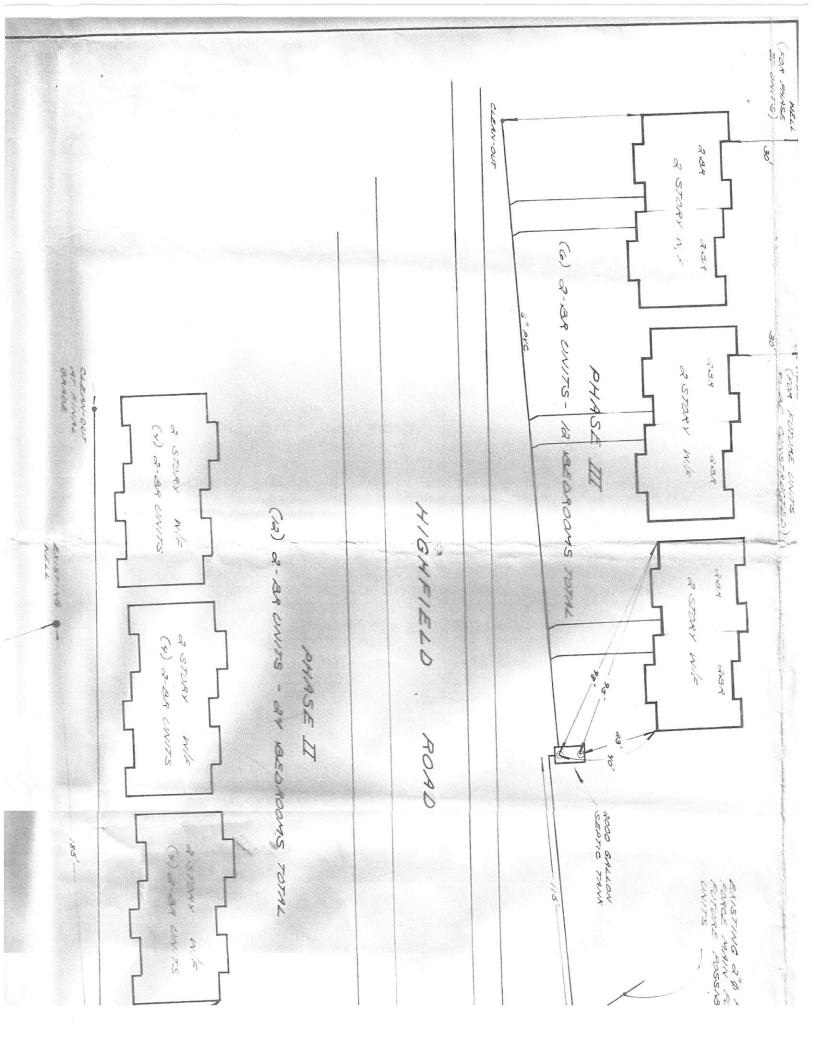
Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

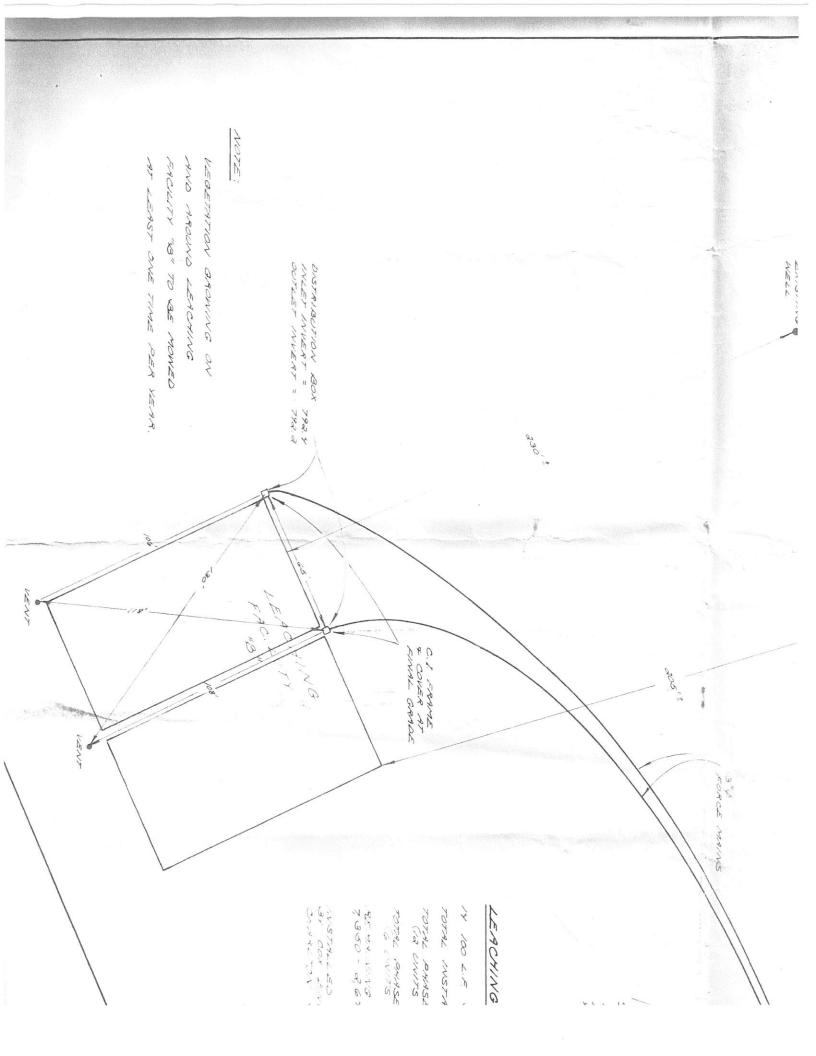
15,17,19,18,20,22, Highfield Rd.				
Property Address				
Upham Farms Condominium				
Owner's Name				
Charlton	Ma	01570	4-5-16	
City/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

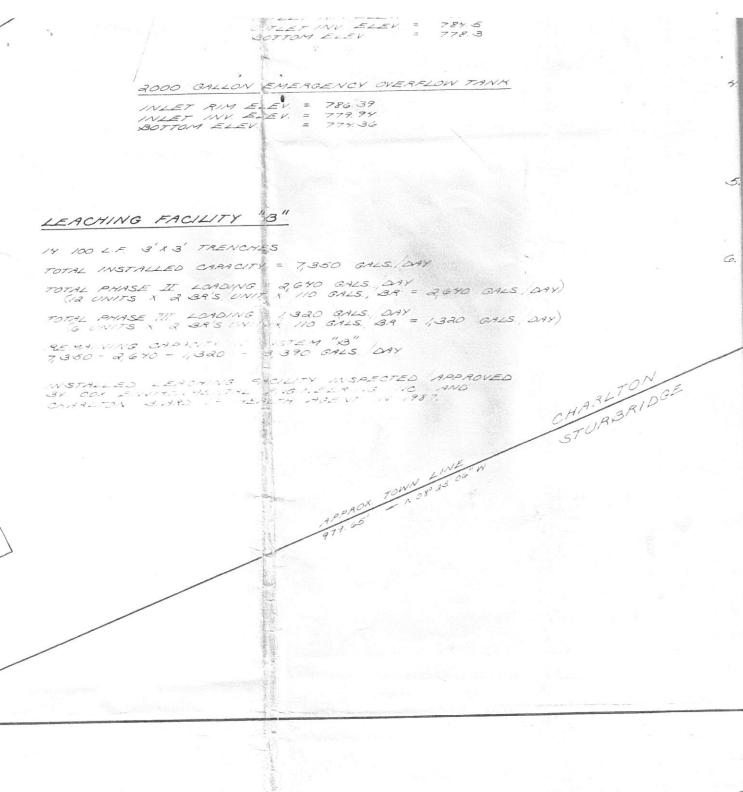
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



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NOTLAARD- 2

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Massachusetts Department of Environmental Protection
Bureau of Water Resources (BWR) – Drinking Water Program
Public Water Supply Annual Statistical Report
Reporting Year 2015

PWSID# 2054024

Name: UPHAM FARMS CONDOMINIUMS

City: CHARLTON

PWS Class COM

Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

When Converting gallons to Million gallons, decimal point moves 6 places to the left,

If R	eporting in Gallons (Gal) If Rep	orting in Million Gallons	(MG)
Example 1	45,562,100	•	45.5621	
Example 2	340.212		0 340212	3 3
Example 3	631,020,000		631.02	
Example 4	96,543		0 096543	

Volume Units
Gallons (GAL) Million Gallons (MG) No Meter

FINISHED Water Production and Consumption Summary for Reporting Year:

Finished Water means water that is introduced into the distribution system of a public water system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g. booster disinfection, addition of corrosion control chemicals).

Month	(1) Amount of finished water from own sources (GAL)	(2) Amount of finished water purchased from other systems (GAL)	(3) Amount of finished water sold to other systems (GAL)	(4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	95,970	0	0	95,970
February	116.340	0	0	116,340
March	143,610	0	0	143,610
April	119.270	0	0	119,270
May	144.570	0	0	144,570
June	136.140	C	0	136,140
July	159,730	C	0	153.730
August	166.700	0	0	166,700
September	137,070	0	0	137.070
October	118,700	0	0	118,700
November	121,080	0	0	121,080
December	128,410	0	0	128,410
TOTAL	1,587,590	0	0	1.587,590

Maximum Daily Finished Water Consumption:

Volume (GAL): 5,200

Date: 7/1/2015



Massachusetts Department of Environmental Protection Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2014 PWSID# 2054024

Name: UPHAM FARMS CONDOMINIUMS

City: CHARLTON PWS Class: COM

Water Production & Consumption Information

How to report in Gallons vs. Million Gallons

When Converting gallons to Million gallons, decimal point moves 6 places to the left.

If Reporting in Gallons (Gal) If Reporting in Million Gallons (MG)

Example 1	45,562,100		45.5621	
Example 2	340,212	* 3	0.340212	
Example 3	631,020,000		631.02	
Example 4	96,543		0.096543	

Volume Units

● Gallons (GAL) ← Million Gallons (MG) ← No Meter

FINISHED Water Production and Consumption Summary for Reporting Year:

Finished Water means water that is introduced into the distribution system of a public water system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g. booster disinfection, addition of corrosion control chemicals).

Month	(1) Amount of finished water from own sources (GAL)	(2) Amount of finished water purchased from other systems (GAL)	(3) Amount of finished water sold to other systems (GAL)	(4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	124.310	0	0	124,310
February	93,990	C	0	93,990
March	131,660	0	0	131.660
April	103.750	0	0	103.750
May	106,660	C	0	106.660
June	136,420	C	0	136.420
July	104,260	C	0	104.260
August	100,460	C	0	100.460
September	124,250	C	0	124,250
October	100,300	Ç	0	100.300
November	102,490	C	To	102,490
December	137.090	0	0	137.090
TOTAL	1,365,660	0	0	1,365,660

Maximum	Daily	Finished	Water	Consumption
	,			o o no ampiron

Volume	(GAL)	1: 3.	742

Date: 1/1/2014

	**



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	23, 25, 27, Highfield Rd.			DUARD OF HEALTH		
Mar a series	Property Address				-	
	Upham Farms Condominium					
Owner	Owner's Name					
information is required for every	Charlton	Ma	01507	4-5-16		
page.	City/Town	State	Zip Code	Date of Inspection		
	Inspection results must be sub way. Please see completeness	mitted on this form. Ir checklist at the end o	nspection form f the form.	ns may not be altered in any		
Important: When filling out forms on the computer,	A. General Information	1		,,		
use only the tab key to move your	1. Inspector:					
cursor - do not use the return	Jeff D. Helgerson					
key.	Name of Inspector					
8	Jeff D. Helgerson Excavating	, Inc.				
tab	Company Name					
4.0	79 Bay Path Road Company Address					
ratum	Charlton		Ma	01507		
Victoria .	City/Town		State	Zip Code		
	508-248-7242		SI 3162			
	Telephone Number		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	n by the Local Approvin	g Authority			
	Inspector's Signature	Pres.	5-3	-16		

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.



Commonwealth of Massachusetts

23	25, 27, Highfield Rd.							
-	perty Address							
	nam Farms Condominium							
	ner's Name							
Cha	ariton	Ma	01507	4-5-16				
City	Town	State	Zip Code	Date of Inspection				
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:							
	These units are serviced by "septic chamber and 3 "D" boxes after the topoint where cleaning should be done	ank and these st	ructures have a	accumulated some solids to a				
	<u></u>	•						
	3							
B)	System Conditionally Passes:							
	One or more system componen replaced or repaired. The system the Board of Health, will pass.	ts as described ir m, upon completi	n the "Condition on of the repla	nal Pass" section need to be cement or repair, as approved by				
	Check the box for "yes", "no" or "not determined," please explain.	determined" (Y,	N, ND) for the	following statements. If "not				
	The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structural 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

		27, High Address	nfield Rd.						
	•		Condominium						
-		Name		Mo	01	507	4-5-16		
_	arlto /Towi			Ma State	_	Code	Date of Inspe	ction	
			ation (cont.)						
		Pump (Chamber pumps/alarms not ope /alarms are repaired.	rational.	System	will pas	s with Board of	Health approval if	
	B)	Systen	n Conditionally Passes (cont.):						
		Observation of sewage backup or break out or high static water level in the distribution box to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System pass inspection if (with approval of Board of Health):							
			broken pipe(s) are replaced		□ Y	□ N	☐ ND (Expl	ain below):	
			obstruction is removed		□ Y	□ N	☐ ND (Expl	lain below):	
			distribution box is leveled or re	placed	□ Y	□ N	☐ ND (Expl	lain below):	
		The sys	stem required pumping more that will pass inspection if (with app	an 4 time	s a yea	r due to rd of Hea	broken or obsti alth):	ructed pipe(s). The	
			broken pipe(s) are replaced		□ Y	□ N	☐ ND (Expl	ain below):	
			obstruction is removed		□ Y	□N	☐ ND (Expl	lain below):	
	C)	Furthe	r Evaluation is Required by th	e Board	of Hea	lth:			
		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.							
		15.303	tem will pass unless Board of (1)(b) that the system is not fu and the environment:	Health Inctionin	determ ng in a	ines in a manner	iccordance wi which will pro	th 310 CMR stect public health,	
			Cesspool or privy is within 50 fe	eet of a	surface	water			
			Cesspool or privy is within 50 fe	eet of a l	oorderir	ng vegeta	ated wetland or	a salt marsh	



Commonwealth of Massachusetts

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

23,	25, 27,	Highfield R	d.			
Pro	perty Addr	ess				
		ms Condor	ninium			
Owi	ner's Name	Э				
	arlton			Ma	01507	4-5-16
City	/Town			State	Zip Code	Date of Inspection
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 feet coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis be attached to this form. 3. Other:						
D)			riteria Applicable to			
	You m		e "Yes" or "No" to e	each of the fo	ollowing for <u>all</u>	inspections:
	163	, 110				
		\boxtimes	clogged SAS or c	esspool		ponent due to overloaded or
			due to an overloa	ded or clogge	d SAS or cess	
			or clogged SAS o	r cesspool		outlet invert due to an overloaded
		\boxtimes	Liquid depth in ce than ½ day flow	sspool is less	than 6" below	invert or available volume is less



regional office of the Department.

Owner information is required for every page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	25, 27, Hi		d.					
V. C. C. C. C. C.	perty Address nam Farms		ninium					
	ner's Name	s Condon	iiiidiii					
Cha	ariton			Ма	01507	4-5-16		
City	/Town			State	Zip Code	Date of Inspection		
B.	Certific	cation	(cont.)					
	Yes	No						
		\boxtimes	Required pumping obstructed pipe(s)			ast year <i>NOT</i> due to clogged or		
		\boxtimes			17.1	elow high ground water elevation.		
		\boxtimes	Any portion of ces tributary to a surfa			feet of a surface water supply or		
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within a 2	Zone 1 of a public well.		
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within 50	feet of a private water supply well.		
			from a private wat system passes if laboratory, for fe of ammonia nitro provided that no	private water supply well with no acceptable water quality analysis. In passes if the well water analysis, performed at a DEP certified tory, for fecal coliform bacteria indicates absent and the present nonia nitrogen and nitrate nitrogen is equal to or less than 5 ppiled that no other failure criteria are triggered. A copy of the analysin of custody must be attached to this form.]				
		\boxtimes	10,000gpd.			h a design flow of 2000gpd-		
			criteria exist as de	scribed in 31 uld contact the	0 CMR 15.303 ne Board of He	e or more of the above failure s, therefore the system fails. The salth to determine what will be		
E)			To be considered a l 000 gpd to 15,000 g		n the system r	nust serve a facility with a		
For large systems, you must indicate either "yes" or "no" to each o questions in Section D.					no" to each of	the following, in addition to the		
	Yes	No						
			the system is withi	in 400 feet of	a surface drin	king water supply		
			the system is withi	in 200 feet of	a tributary to a	a surface drinking water supply		
			the system is local Area – IWPA) or a	ted in a nitrog mapped Zoi	gen sensitive a ne II of a public	rea (Interim Wellhead Protection water supply well		
	If you hav	e answer	ed "yes" to any quest in Section D above th	tion in Sectione large system	n E the systemem has failed.	is considered a significant threat, Γhe 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



Commonwealth of Massachusetts

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

		ighfield Ro	d					
	perty Addres nam Farm	s Is Condom	ninium					
Owr	ner's Name				0.4505			
-	arlton /Town			Ma State	01507 Zip Code	4-5-16 Date of Inspection		
	Check	dist					,	
	Check if	the followi	ng have been done	e. You must ind	licate "yes" or "	no" as to each of th	ne following:	
	Yes	No						
			Pumping informa	tion was provid	ed by the owne	er, occupant, or Boa	ard of Health	
		\boxtimes	Were any of the s	system compon	ents pumped o	ut in the previous t	wo weeks?	
	\boxtimes		Has the system re	eceived normal	flows in the pre	evious two week pe	eriod?	
		\boxtimes	Have large volum this inspection?	es of water bee	en introduced to	the system recen	tly or as part of	
	\boxtimes		Were as built plan available note as		n obtained and	examined? (If they	were not	
	\boxtimes		Was the facility o	r dwelling inspe	cted for signs of	of sewage back up	?	
	\boxtimes		Was the site insp	Was the site inspected for signs of break out?				
	\boxtimes		Were all system components, excluding the SAS, located on site?					
				condition of the	baffles or tees	ned, and the interior, material of constr d 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:					osal systems?		
	\boxtimes		Existing information	on. For example	e, a plan at the	Board of Health.		
	\boxtimes		Determined in the approximation of			ria related to Part 0 CMR 15.302(5)]	C is at issue	
D.	_		mation					
	Residen	tial Flow (Conditions:	ee			24	
	Number	of bedroon	ns (design):	66	Number of bed	rooms (actual):	24	
				200 (6	. 440	- (7350	

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



Commonwealth of Massachusetts

23, 25, 27, Highfield Rd.						100
Property Address						
Upham Farms Condominium						
Owner's Name		0.4507	1.5.40			
Charlton	<u>Ma</u>	01507	4-5-16	antian		
City/Town	State	Zip Code	Date of Insp	ection		
D. System Information Description: 12, 2 bedroom units,"phase 1". Desig from plan dated Feb. 5 1995.	n capacity=7350	0 gpd, phase 1	loading =264	0gpd. Inf	o takei	n
					know	
Number of current residents:				ur	nknowr	11
Does residence have a garbage grind		☐ Ye	es 🛚	No		
Is laundry on a separate sewage syst information in this report.)	em? (Include la	undry system	inspection	☐ Ye	es 🖂	No
Laundry system inspected?				☐ Ye	es 🖂	No
Seasonal use?					es 🛚	No
Water meter readings, if available (las	st 2 years usage	e (gpd)):		3742		
Detail: It is unknown if any units have garbag reports.	33900		ter production	and cons	sumpti	on
0					es 🏻	No
Sump pump?				S	oied at	
Last date of occupancy:				of insp	pection	1
Commercial/Industrial Flow Condit	ions:					
Type of Establishment:						
Design flow (based on 310 CMR 15.2	03):	Gallons	per day (gpd)			
Basis of design flow (seats/persons/se	q.ft., etc.):					
Grease trap present?				☐ Ye	es 🗌	No
Industrial waste holding tank present?	>			☐ Ye	es 🗌	No
Non-sanitary waste discharged to the	Title 5 system?			☐ Ye	es 🗌	No
Water meter readings, if available:						



Owner information is required for every

Commonwealth of Massachusetts

23, 25, 27, Highfie	eld Rd.							
Property Address Upham Farms Co	ndominium							
Owner's Name	TI COMMINICATION OF THE PROPERTY OF THE PROPER							
Charlton City/Town		Ma State	01507 Zip Code	4-5-16 Date of Inspection				
	nformation (cont.)		2.0000					
D. Cyclom I	(3311.)							
Last date of occupancy/use:			Date					
Other (describe below):								
	Gen	eral Infor	mation					
Pumping Re	cords:							
Source of information:			ping Company					
Was system pumped as part of the inspection				⊠ Yes □ No				
If yes, volume pumped:		4000 gallon						
How was quantity pumped determined? Reason for pumping:		GWu	ge on truck					
		Chec	Check tank integrity and baffles					
Type of Syst	em:							
\boxtimes	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.							
\boxtimes	Other (describe):							
	With dosing chamber							



Commonwealth of Massachusetts

23, 25, 27, Highfield R	d.				
Property Address Upham Farms Condon	ninium				
Owner's Name	THE CONTRACTOR OF THE CONTRACT				
Charlton		Ma	01507	4-5-16	onaction
City/Town		State	Zip Code	Date of In	spection
D. System Info	rmation (cont.)				
Approximate age of	of all components, d	ate installed (if	known) and	source of info	rmation:
2 2		ato motanoa (ii	mioni, and		
1987, per design p	naii				
Were sewage odo	rs detected when ar	riving at the sit	e?	[☐ Yes ⊠ No
Building Sewer (ocate on site plan):				
Depth below grade	e :			2-4, varies per	unit
Material of constru	ction:				
ast iron	⊠ 40 PVC	□ other (e	explain):		
	ate water supply we	•	• • • • • • • • • • • • • • • • • • • •	20-60, varies	per unit
Distance from privi	ate water supply we	in or saction link	J .	feet	
Comments (on cor	ndition of joints, ven	ting, evidence	of leakage, e	etc.):	
Appears to be fund	ctioning at time of in	spection, indivi	dual units no	ot entered/obse	erved
Septic Tank (local	te on site plan):				
Depth below grade	e:			4- cast iron co	vers to grade
				leet	
Material of constru	ction:				
	metal	☐ fibergla	ss 🗆	oolyethylene	other (explain)
1 					
(
If tank is metal, list	age:			years	
Is age confirmed b	y a Certificate of Co	mpliance? (atta	ach a copy o	of certificate)	☐ Yes ☐ No
, <u> </u>	, 50.11110010 01 00			14' x 8'	
Dimensions:					
Sludge depth:				12"	



Commonwealth of Massachusetts

23, 25, 27, Highfield Rd.		_			
Property Address Upham Farms Condominium					
Owner's Name					
Charlton	Ma State	01507 Zip Code	4-5-16 Date of Ins	nection	
City/Town D. System Information (cont.)	State	Zip Code	Date of fils	pection	
D. System Information (cont.)					
Septic Tank (cont.)					
			~30"		
Distance from top of sludge to bottom of	outlet tee or	рапте			
Scum thickness			10"		
Distance from the of course to how of quitlet	ttoo or boffl	•	9"		
Distance from top of scum to top of outlet	t tee or baπι	е	~18"		
Distance from bottom of scum to bottom	of outlet tee	or baffle			
the state of the s			ruler		
How were dimensions determined?				- structural into arity	
Comments (on pumping recommendation liquid levels as related to outlet invert, evi	ns, inlet and idence of lea	outiet tee of akage, etc.):	banne condition	n, structural integrity,	
Continue annual pumping. Inlet and outle	et baffles are	intact. Tank	appears sound	d with normal liquid	
levels.					
Grease Trap (locate on site plan):					
Depth below grade:			feet		
Material of construction:					
			and the dame	Cathan (avalain):	
concrete metal	☐ fibergla	ss 🗀	polyethylene	other (explain):	
Dimensions:					
Dimensions:					
Scum thickness					
Distance from top of scum to top of outlet	tee or baffle	e			
Distance from bottom of scum to bottom	of outlet tee	or baffle			
Date of last pumping:			Date		



Commonwealth of Massachusetts

3, 25, 27, Highfield Rd.					
pham Farms Condominium					
vner's Name		04507	4.5.40		
harlton ty/Town	Ma State	01507 Zip Code	4-5-16 Date of In	spection	
. System Information (cont.		<u> </u>			
Comments (on pumping recommenda liquid levels as related to outlet invert	ations, inlet and	outlet tee or bakage, etc.):	affle condition	on, structu	ral integrity,
Tight or Holding Tank (tank must be	e pumped at tim	e of inspection	n) (locate on	site plan):	
Depth below grade:		-			
Material of construction:					
☐ concrete ☐ metal	☐ fibergla	ass p	olyethylene	☐ oth	er (explain)
Dimensions:					
Capacity:		gallons			
Design Flow:		gallons per day			
Alarm present:		☐ Yes ☐] No		
Alarm level:		Alarm in workin	g order:	☐ Yes	☐ No
Date of last pumping:		Date			
Comments (condition of alarm and flo	oat switches, etc	c.):			
* Attach copy of current pumping con	tract (required).	Is copy attach	ed?	☐ Yes	☐ No



Commonwealth of Massachusetts

, 25, 27, Highfield Rd.			
operty Address			
pham Farms Condominium			
vner's Name	Ma	01507	4-5-16
nariton y/Town	State	Zip Code	Date of Inspection
	Otato	Zip Oddo	Date of mopositors
. System Information (cont.) Distribution Box (if present must be ope	ned) (locat		
Depth of liquid level above outlet invert		0"	
Comments (note if box is level and distrib evidence of leakage into or out of box, etc Boxes,(3) need cleaning of accumulated solic dose boxes because of accumulated solic	c.): solids carry	over, dosing ch	
Pump Chamber (locate on site plan): Pumps in working order:			☐ Yes ☐ No*
Alarms in working order:			☐ Yes ☐ No*
Comments (note condition of pump cham	ber, conditi	on of pumps ar	nd appurtenances, etc.):
* If pumps or alarms are not in working or	der, systen	n is a conditiona	al pass.
Soil Absorption System (SAS) (locate o	n site plan,	excavation not	required):
If SAS not located, explain why:			



Commonwealth of Massachusetts

23, 25, 27, Highfield Rd.

roperty Address Jpham Farms (Condominium				
Owner's Name	o o n d o n m m d n n		20.14.00/200.00	At 500 Miles	
Charlton		Ma	01507	4-5-16 Date of Inspe	oction
D. Svstem	Information (cont.)	State	Zip Code	Date of Hispe	COLOTI
	()				
Type:					
	leaching pits		number:		(**************************************
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number,	length:	14- 100' long ea
	leaching fields		number,	dimensions:	
	overflow cesspool		number:		
	innovative/alternative sys	stem			
	Type/name of technology	v:			
,					
-					
•	(cesspool must be pumped	as part of ins	spection) (locate	e on site plan):	
Number and	d configuration				
Depth - top	of liquid to inlet invert				
Depth of so	lids layer				
Depth of sc	um layer				
Dimensions	s of cesspool				
Materials of	fconstruction			-	
Indication o	f groundwater inflow			Yes	☐ No



Commonwealth of Massachusetts

25, 27, Highfield Rd.			
perty Address			
ham Farms Condominium			
ner's Name			
arlton	Ма	01507	4-5-16
/Town	State	Zip Code	Date of Inspection
System Information (cont.)			
Comments (note condition of soil, signs etc.):	of hydraulic	failure, level of	ponding, condition of vegetatio
Privy (locate on site plan):			
Materials of construction:			
Dimensions			
Depth of solids			
Comments (note condition of soil, signs etc.):	of hydraulic	failure, level of	ponding, condition of vegetation



Commonwealth of Massachusetts

23, 25, 27, Highfield Rd.			
Property Address			
Upham Farms Condominium			
Owner's Name	Ма	01507	4-5-16
Charlton City/Town	State	Zip Code	Date of Inspection
D. System Information (cont.)		***************************************	
· · · · · · · · · · · · · · · · · · ·			
Sketch Of Sewage Disposal System: Pr at least two permanent reference landm where public water supply enters the bu	arks or bencl	nmarks. Locate	e all wells within 100 feet. Locate
☐ 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

23, 25, 27, High					
	s Condominium				
Owner's Name			0.4507	4.5.40	
Charlton City/Town		Ma State	01507 Zip Code	4-5-16 Date of Inspection	
	n Information (cont.)				
Di Oyoto.	(00)				
Site Exar	n:				
□ Checl □	k Slope				
Surfa	ce water				
□ Checl □	k cellar				
☐ Shalld	ow wells				
Estimated	depth to high ground water:		7 feet		
Please inc	dicate all methods used to dete	rmine the hi	gh ground wate	er elevation:	
\boxtimes	Obtained from system design	n plans on re	ecord		
	If checked, date of design pla	an reviewed	10/28/96 Date	3	
	Observed site (abutting prop	erty/observa	2.52.52	n 150 feet of SAS)	
	Checked with local Board of	Health - exp	olain:		
	Checked with local excavato	rs, installers	- (attach docu	mentation)	
	Accessed USGS database -	explain:			
	t describe how you established e #'s 85-368 to 85-375 and 86-			ration:	

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



Commonwealth of Massachusetts

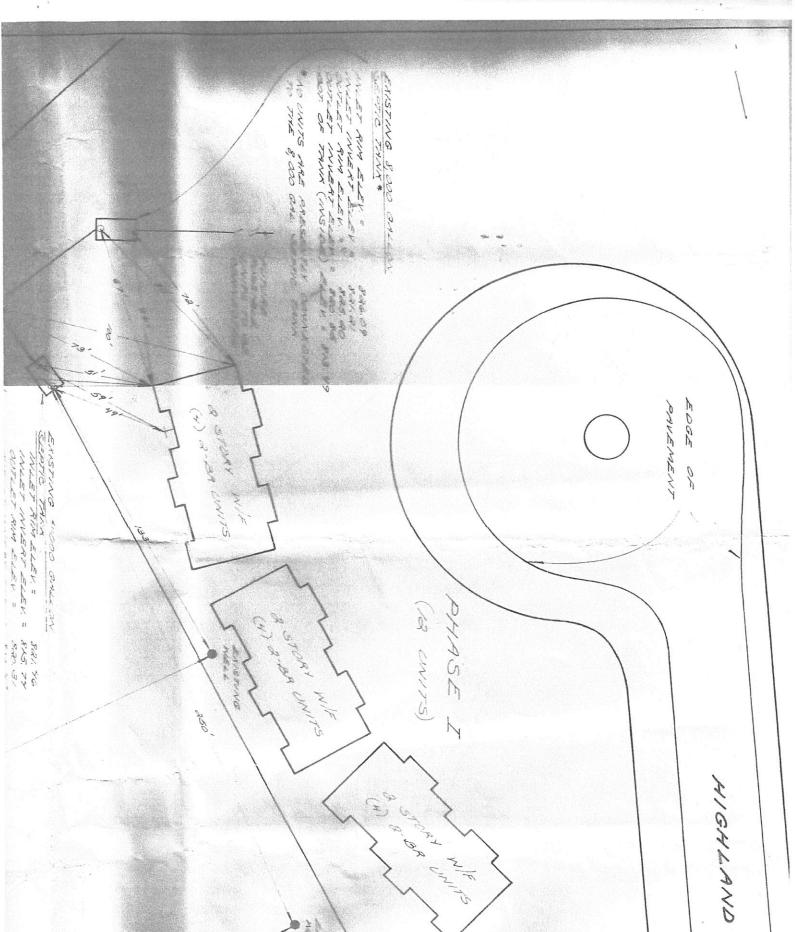
Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

23, 25, 27, Highfield Rd.				
Property Address				
Upham Farms Condominium				
Owner's Name				
Charlton	Ma	01507	4-5-16	
City/Town	State	Zip Code	Date of Inspection	

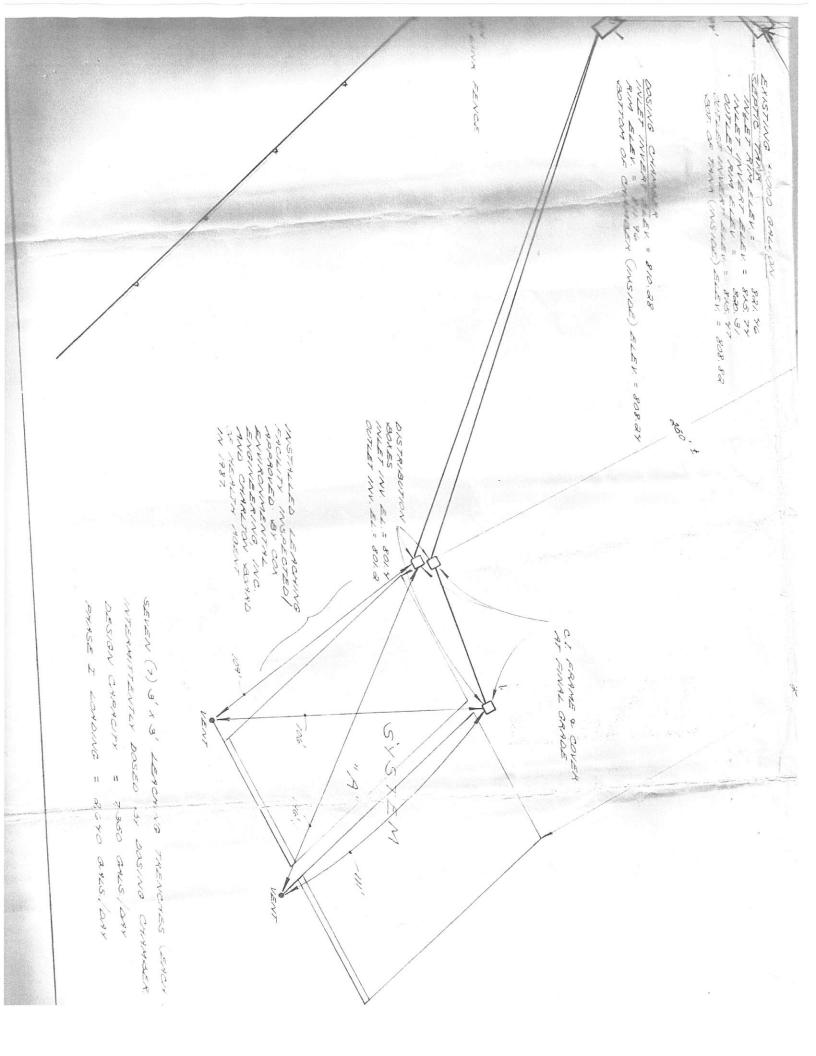
E. Report Completeness Checklist

- System Information − Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



HIGHLAND Road

• • ï



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Massachusetts Department of Environmental Protection Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2015

PWSID#. 2054024 Name: UPHAM FARMS CONDOMINIUMS City: CHARLTON PWS Class COM

Water Production & Consumption Information

How to report in Gallons vs. Million Gallons
When Converting gallons to Million gallons, decimal point moves 6 places to the left.

(f Reporting in Gallons (Gal) If Reporting in Million Gallons (MG)

11 15	eporary in Ganons (Car, ii itch	orang in militori Galleria	(
Example 1	45,562,100		45.5621	
Example 2	340,212	i	0 340212	
Example 3	631,020,000		631.02	
Example 4	96.543		0 096543	

Volume Units

Galfons (GAL) ☐ Million Galfons (MG) ☐ No Muter

FINISHED Water Production and Consumption Summary for Reporting Year :

Finished Water means water that is introduced into the distribution system of a public water system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g. booster disinfection, addition of corrosion control chemicals).

Month	(1) Amount of finished water from own sources (GAL)	(2) Amount of finished water purchased from other systems (GAL)	(3) Amount of finished water sold to other systems (GAL)	(4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	95,970	0	0	95.970
February	116.340	0	0	116,340
March	143,610	0	0	143,610
April	119.270	0	0	119,270
May	1:4.570	0	.0	144,570
June	136.140	0	0	136,140
July	159,730	0	0	159,730
August	166.700	C	0	166,700
September	137,070	0	0	137.070
October	118,700	0	0	118,700
November	121,080	0	0	121,080
December	128,410	0	0	128,410
TOTAL	1.587.590	0	0	1,587,599

Maximum Daily Finished Water Consumption:

Volume (GAL): 5.200

Date: 7/1/2015

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Massachusetts Department of Environmental Protection Bureau of Water Resources (BWR) – Drinking Water Program Public Water Supply Annual Statistical Report Reporting Year 2014 PWSID#: 2054024 Name: UPHAM FARMS CONDOMINIUMS City: CHARLTON PWS Class: COM

Water Production & Consumption Information

How to report in Gallons vs. Million Gallons When Converting gallons to Million gallons, decimal point moves 6 places to the left.

If Reporting in Gallons (Gal) If Reporting in Million Gallons (MG)

11 15	reperting in Canons (C	201, 11 110	Jorning III I IIII Ganone	,
Example 1	45,562,100		45.5621	
Example 2	340,212		0.340212	
Example 3	631,020,000		631.02	
Example 4	96.543		0.096543	

Volume Units

● Gallons (GAL) ← Million Gallons (MG) ← No Meter

FINISHED Water Production and Consumption Summary for Reporting Year:

Finished Water means water that is introduced into the distribution system of a public water system and is intended for distribution and consumption without further treatment, except as treatment necessary to maintain water quality in the distribution system (e.g. booster disinfection, addition of corrosion control chemicals).

Month	(1) Amount of finished water from own sources (GAL)	(2) Amount of finished water purchased from other systems (GAL)	(3) Amount of finished water sold to other systems (GAL)	(4) Net finished Water that entered your distribution system (1) + (2) - (3)= (4) (GAL)
January	124,310	0	0	124,310
February	93,990	U	0	93,990
March	131,660	C	0	131.660
April	103.750	0	0	103,750
May	106,680	C	0	106,660
June	136,420	C	0	136,420
July	104,260	G	0	104,280
August	100,460	C	0	100.460
September	124,250	C	jo	124.250
October	100,300	Ç	0	100.300
November	102,480	C	To	102,490
December	137.090	0	0	137.090
TOTAL	1.365,680	0	0	1,365,660

Maximum Daily Finished Water Consumption:

Volume (GAL): 3.742

Date: 1/1/2014

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