



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED

MAY 09 2016

BOARD OF HEALTH

15, 17, 19, 18, 20, 22, Highfield Rd.

Property Address

Upham Farms Condominium

Owner's Name

Charlton

City/Town

Ma

State

01570

Zip Code

4-5-16

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

Jeff D. Helgerson

Name of Inspector

Jeff D. Helgerson Excavating, Inc.

Company Name

79 Bay Path Road

Company Address

Charlton

City/Town

508-248-7242

Telephone Number

Ma

State

01507

Zip Code

SI 3162

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

Jeff D. Helgerson Pres.
Inspector's Signature

5-3-16
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 is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

*****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**



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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

A) System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

Unit are serviced by "system B" phase 2 and 3

B) System Conditionally Passes:

One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

Y N ND (Explain below):



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B. Certification (cont.)

- Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

B) System Conditionally Passes (cont.):

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- broken pipe(s) are replaced Y N ND (Explain below):
- obstruction is removed Y N ND (Explain below):
- distribution box is leveled or replaced Y N ND (Explain below):

- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced Y N ND (Explain below):
- obstruction is removed Y N ND (Explain below):

C) Further Evaluation is Required by the Board of Health:

- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

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



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B. Certification (cont.)

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

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

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

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |



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B. Certification (cont.)

Yes No

- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____.
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

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

Yes No

- the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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



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C. Checklist

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

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

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 66 Number of bedrooms (actual): 36

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 7350



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D. System Information

Description:

Design flow=7350. Phase 2 loading=2640gpd. Phase 3 loading=1320gpd. Remaining capacity =3390gpd. Per plans dated 5/1/1996

Number of current residents:

Unknown

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.)

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

Water meter readings, if available (last 2 years usage (gpd)):

5200

Detail:

It is unknown if any units contain garbage disposals. See attached water and consumption information.

Sump pump?

Yes No

Last date of occupancy:

Occupied at time of inspection

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

Yes No

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:



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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

Pumping company

Was system pumped as part of the inspection?

[X] Yes [] No

If yes, volume pumped:

4000

gallons

How was quantity pumped determined?

Guge on truck

Reason for pumping:

Check tank integrity and baffles

Type of System:

- [X] 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.
[X] Other (describe):
Wth pump chamber and overflow tank



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D. System Information (cont.)

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

1987 per plans

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2-4, varies per unit feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

20-60, varies per unit feet

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

Appears to be functioning at time of inspection. Individual units not entered/observed

Septic Tank (locate on site plan):

Depth below grade:

Varies, all tanks have covers to grade

Material of construction:

concrete metal fiberglass polyethylene other (explain)

1-2000 ga. septic tank, 1-4000 ga septic tank, 1- 2000 ga overflow tank, and 1-3000 ga pump chamber.

If tank is metal, list age:

years

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

Yes No

Dimensions:

4000 ga 2000ga

Sludge depth:

12" 10"



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D. System Information (cont.)

Septic Tank (cont.)

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

~30"

~15"

Scum thickness

~12"

~6"

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

~9"

~9"

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

~18"

~14"

How were dimensions determined?

ruler

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

Continue present pumping intervals. Inlet/outlet baffles are intact on both tanks, and proper effluent levels were observed. Care should be taken to keep tank area clear of brush and debris for access to service.

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date



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D. System Information (cont.)

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

Three horizontal lines for handwritten comments.

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

Depth below grade:

Horizontal line for depth below grade.

Material of construction:

Concrete, metal, fiberglass, polyethylene, other (explain) checkboxes.

Dimensions:

Horizontal line for dimensions.

Capacity:

gallons

Horizontal line for capacity.

Design Flow:

gallons per day

Horizontal line for design flow.

Alarm present:

Yes No checkboxes.

Alarm level:

Horizontal line for alarm level.

Alarm in working order:

Yes No checkboxes.

Date of last pumping:

Date

Horizontal line for date of last pumping.

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

Four horizontal lines for handwritten comments.

* Attach copy of current pumping contract (required). Is copy attached?

Yes No checkboxes.



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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert 0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Both boxes were normal. Pressure dosed/normal levels

Pump Chamber (locate on site plan):

Pumps in working order: [X] Yes [] No*

Alarms in working order: [X] Yes [] No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Both pumps were observed to run, operated from control room.

* If pumps or alarms are not in working order, system is a conditional pass.

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:



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D. System Information (cont.)

Type:

- 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 system

Type/name of technology: _____

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

Normal vegetation, grassy/area

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration _____

Depth – top of liquid to inlet invert _____

Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No



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D. System Information (cont.)

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

Four horizontal lines for handwritten comments.

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.):

Four horizontal lines for handwritten comments.



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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately



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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: 7 feet

Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record
If checked, date of design plan reviewed: 10/28/96
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:

B.O.H. file#'s 85-368 to 85-375 and 86-467 to 86-467 to 86-470

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



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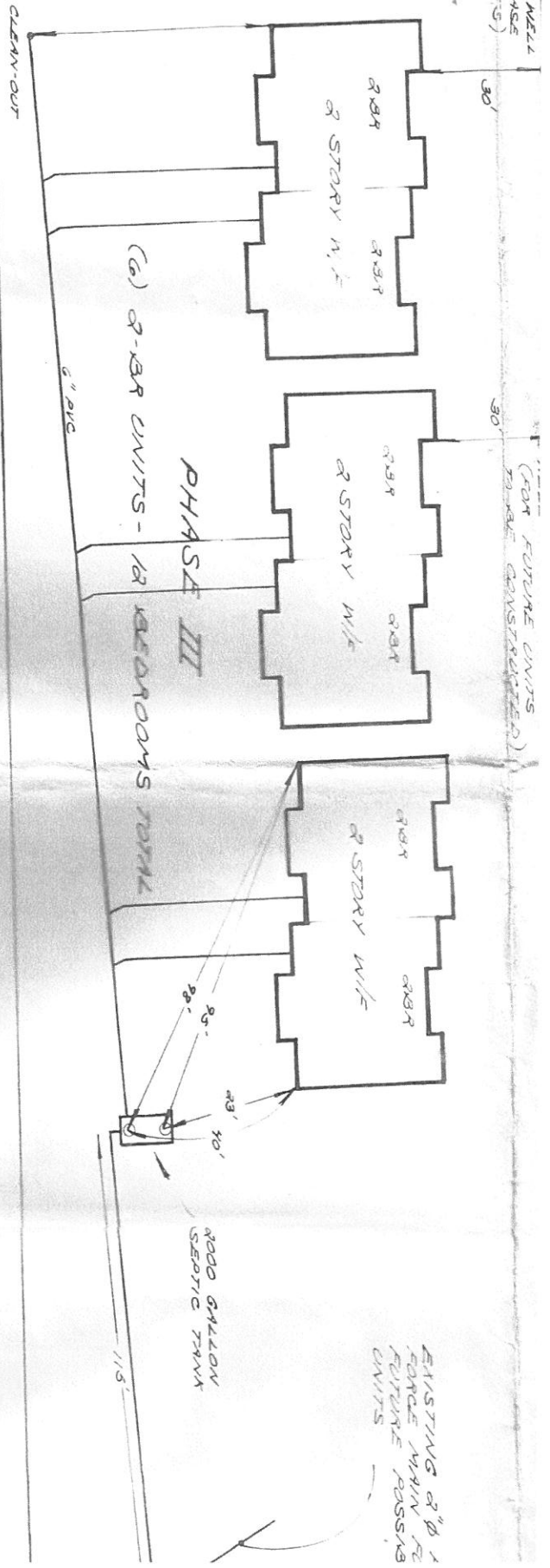
Owner information is required for every page.

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

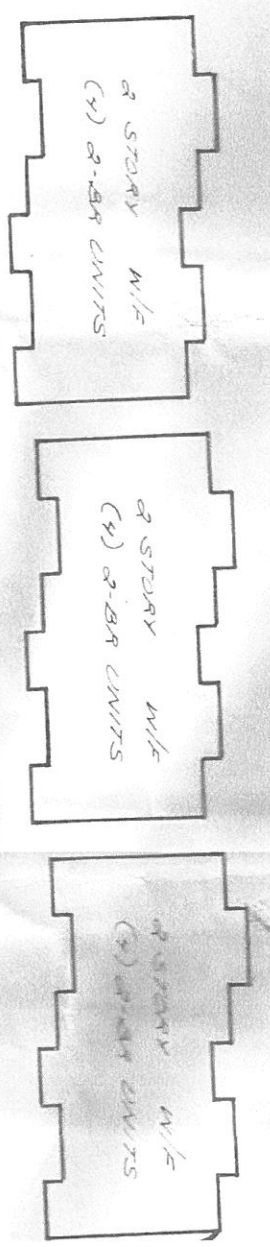
(FOR PHASE II UNITS)
WELL

(FOR FUTURE UNITS TO BE CONSIDERED)



HIGHFIELD ROAD

PHASE II
12) 2-BR UNITS - 24 BEDROOMS TOTAL



CLEAN-OUT AT MAIN DRAIN

EXISTING WELL

EXISTING WELL

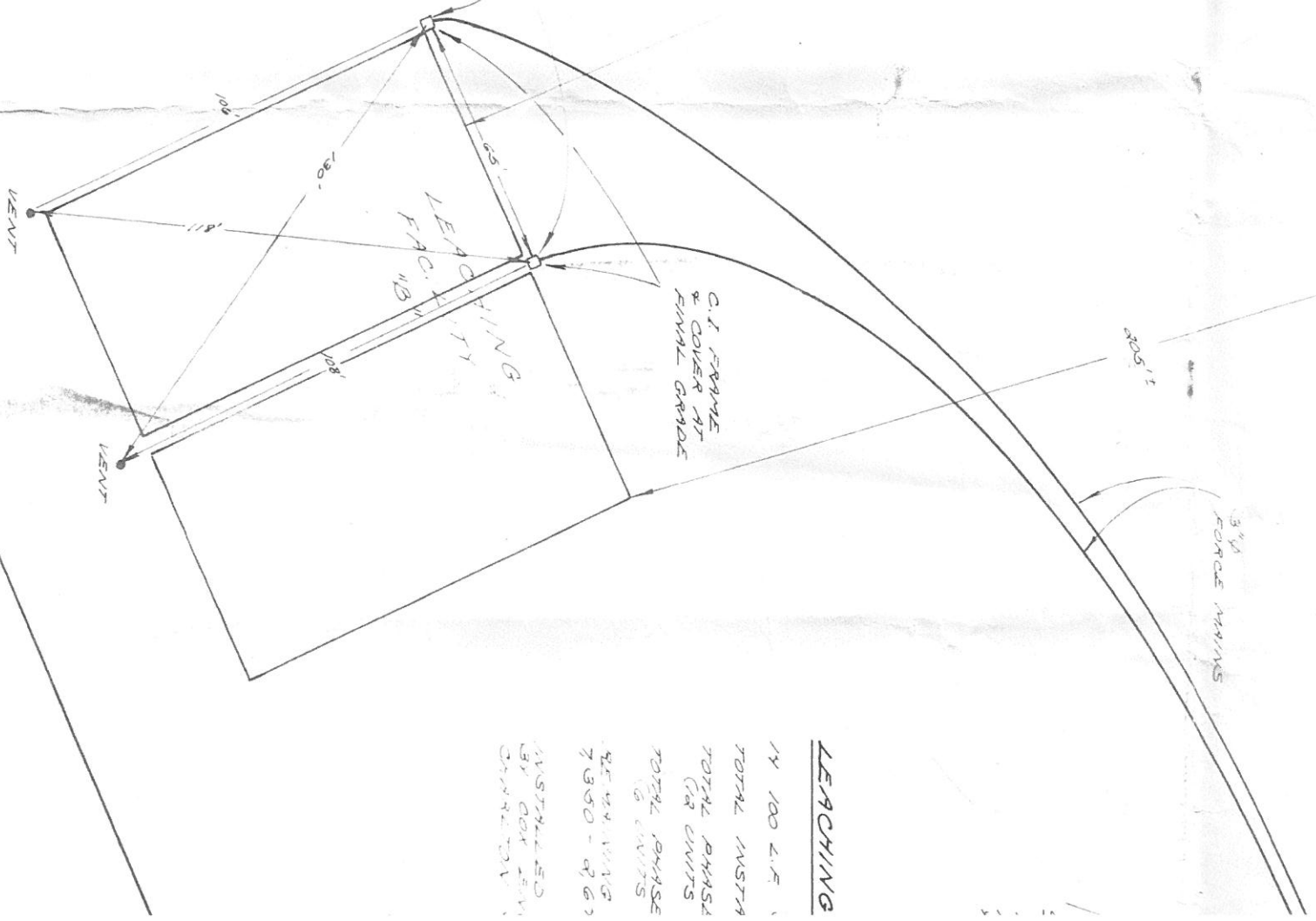
330'

300'

3" FORCE MAINS

DISTRIBUTION BOX
INLET INVERT = 79.2
OUTLET INVERT = 78.8

NOTE:
VEGETATION GROWING ON
AND AROUND LEACHING
FACILITY "B" TO BE REMOVED
AT LEAST ONE TIME PER YEAR.



LEACHING

14 100 L.F.
 TOTAL INSTA
 TOTAL PHASE
 (2) UNITS
 TOTAL PHASE
 (6) UNITS
 25' WIDING
 7350 - (46)

INSTALLED
 BY G&S
 CIVIL 10/1

INLET INV. ELEV. = 784.5
BOTTOM ELEV. = 778.3

2000 GALLON EMERGENCY OVERFLOW TANK

INLET RIM ELEV. = 786.39
INLET INV. ELEV. = 779.74
BOTTOM ELEV. = 774.36

LEACHING FACILITY "B"

14 100 L.F. 3' X 3' TRENCHES

TOTAL INSTALLED CAPACITY = 7,350 GALS./DAY

TOTAL PHASE II LOADING = 2,670 GALS./DAY
(2 UNITS X 2 BR'S UNIT X 110 GALS./BR = 2,670 GALS./DAY)

TOTAL PHASE III LOADING = 1,320 GALS./DAY
(6 UNITS X 2 BR'S UNIT X 110 GALS./BR = 1,320 GALS./DAY)

REMAINING CAPACITY IN SYSTEM "B"
7,350 - 2,670 - 1,320 = 3,360 GALS./DAY

INSTALLED LEACHING FACILITY INSPECTED APPROVED
BY COX ENVIRONMENTAL ENGINEERS, INC. AND
CHARLTON BOARD OF HEALTH AGENT IN 1987.

CHARLTON
STURBRIDGE

APPROX TOWN LINE
977.65' - N 08° 35' 06" W

S-CHARLTON



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	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	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	0	0	136,140
July	159,730	0	0	159,730
August	166,700	0	0	166,700
September	137,070	0	0	137,070
October	118,700	0	0	118,700
November	121,060	0	0	121,060
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



Water Production & Consumption Information

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Example 1	45,562,100	45.5621
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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	0	0	93,990
March	131,660	0	0	131,660
April	103,750	0	0	103,750
May	106,660	0	0	106,660
June	136,420	0	0	136,420
July	104,260	0	0	104,260
August	100,460	0	0	100,460
September	124,250	0	0	124,250
October	100,300	0	0	100,300
November	102,490	0	0	102,490
December	137,090	0	0	137,090
TOTAL	1,365,660	0	0	1,365,660

Maximum Daily Finished Water Consumption:

Volume (GAL): 3,742

Date: 1/1/2014



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED

MAY 09 2016

BOARD OF HEALTH

23, 25, 27, Highfield Rd.

Property Address

Upham Farms Condominium

Owner's Name

Charlton

Ma
State

01507
Zip Code

4-5-16
Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

Jeff D. Helgerson

Name of Inspector

Jeff D. Helgerson Excavating, Inc.

Company Name

79 Bay Path Road

Company Address

Charlton

City/Town

508-248-7242

Telephone Number

Ma
State

01507
Zip Code

SI 3162

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

Jeff D. Helgerson Pres.
Inspector's Signature

5-3-16
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 is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.



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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

A) System Passes:

- I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

These units are serviced by "septic system A", Phase 1 construction. This system has a dosing chamber and 3 "D" boxes after the tank and these structures have accumulated some solids to a point where cleaning should be done. The solids carryover noted is interfering with proper dosing.

B) System Conditionally Passes:

- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

- Y N ND (Explain below):



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B. Certification (cont.)

- Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

B) System Conditionally Passes (cont.):

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- broken pipe(s) are replaced Y N ND (Explain below):
- obstruction is removed Y N ND (Explain below):
- distribution box is leveled or replaced Y N ND (Explain below):

- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced Y N ND (Explain below):
- obstruction is removed Y N ND (Explain below):

C) Further Evaluation is Required by the Board of Health:

- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

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



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B. Certification (cont.)

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

- Four checkbox options regarding SAS location relative to surface water, public water supply, and private water supply wells.

Method used to determine distance:

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

3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns for Yes/No and four failure criteria: Backup of sewage, Discharge or ponding, Static liquid level, and Liquid depth in cesspool.



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B. Certification (cont.)

- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

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

- Yes No the system is within 400 feet of a surface drinking water supply the system is within 200 feet of a tributary to a surface drinking water supply the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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



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C. Checklist

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 66 Number of bedrooms (actual): 24

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 7350



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D. System Information

Description:

12, 2 bedroom units, "phase 1". Design capacity=7350 gpd, phase 1 loading =2640gpd. Info taken from plan dated Feb. 5 1995.

Number of current residents:

unknown

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.)

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

Water meter readings, if available (last 2 years usage (gpd)):

3742

Detail:

It is unknown if any units have garbage disposals. See attached water production and consumption reports.

Sump pump?

Yes No

Last date of occupancy:

Occupied at time of inspection

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

Yes No

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Owner's Name

Charlton _____	Ma _____	01507 _____	4-5-16 _____
City/Town	State	Zip Code	Date of Inspection

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D. System Information (cont.)

Last date of occupancy/use: _____
Date

Other (describe below):

General Information

Pumping Records:

Source of information: _____
Pumping Company

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: 4000 _____
gallons

How was quantity pumped determined? GWuge on truck _____

Reason for pumping: Check tank integrity and baffles _____

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):
With dosing chamber _____



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D. System Information (cont.)

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

1987, per design plan

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

Building Sewer (locate on site plan):

Depth below grade:

2-4, varies per unit feet

Material of construction:

[] cast iron [X] 40 PVC [] other (explain):

Distance from private water supply well or suction line:

20-60, varies per unit feet

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

Appears to be functioning at time of inspection, individual units not entered/observed

Septic Tank (locate on site plan):

Depth below grade:

4- cast iron covers to grade feet

Material of construction:

[X] 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:

14' x 8'

Sludge depth:

12"



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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle ~30"

Scum thickness 10"

Distance from top of scum to top of outlet tee or baffle 9"

Distance from bottom of scum to bottom of outlet tee or baffle ~18"

How were dimensions determined? ruler

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): Continue annual pumping. Inlet and outlet baffles are intact. Tank appears sound with normal liquid levels.

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

- concrete metal fiberglass polyethylene other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping: Date



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D. System Information (cont.)

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

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

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



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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert 0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Boxes,(3) need cleaning of accumulated solids carryover, dosing chamber is not able to properly dose boxes because of accumulated solids in chamber.

Pump Chamber (locate on site plan):

Pumps in working order: Yes No*

Alarms in working order: Yes No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

* If pumps or alarms are not in working order, system is a conditional pass.

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:



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D. System Information (cont.)

Type:

- 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 system

Type/name of technology: _____

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

Area is maintained, grassy vegetation. No defects noted.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration _____

Depth – top of liquid to inlet invert _____

Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No



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D. System Information (cont.)

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

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.)

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.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

7

feet

Please indicate all methods used to determine the high ground water elevation:

Obtained from system design plans on record

If checked, date of design plan reviewed:

10/28/96

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:

B.O.H. file #'s 85-368 to 85-375 and 86-467 to 86-470

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



Commonwealth of Massachusetts

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E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

HIGHLAND ROAD

EDGE OF PAVEMENT

PHASE I
(18 UNITS)

8 STORY W/F
(4) 8-BR UNITS

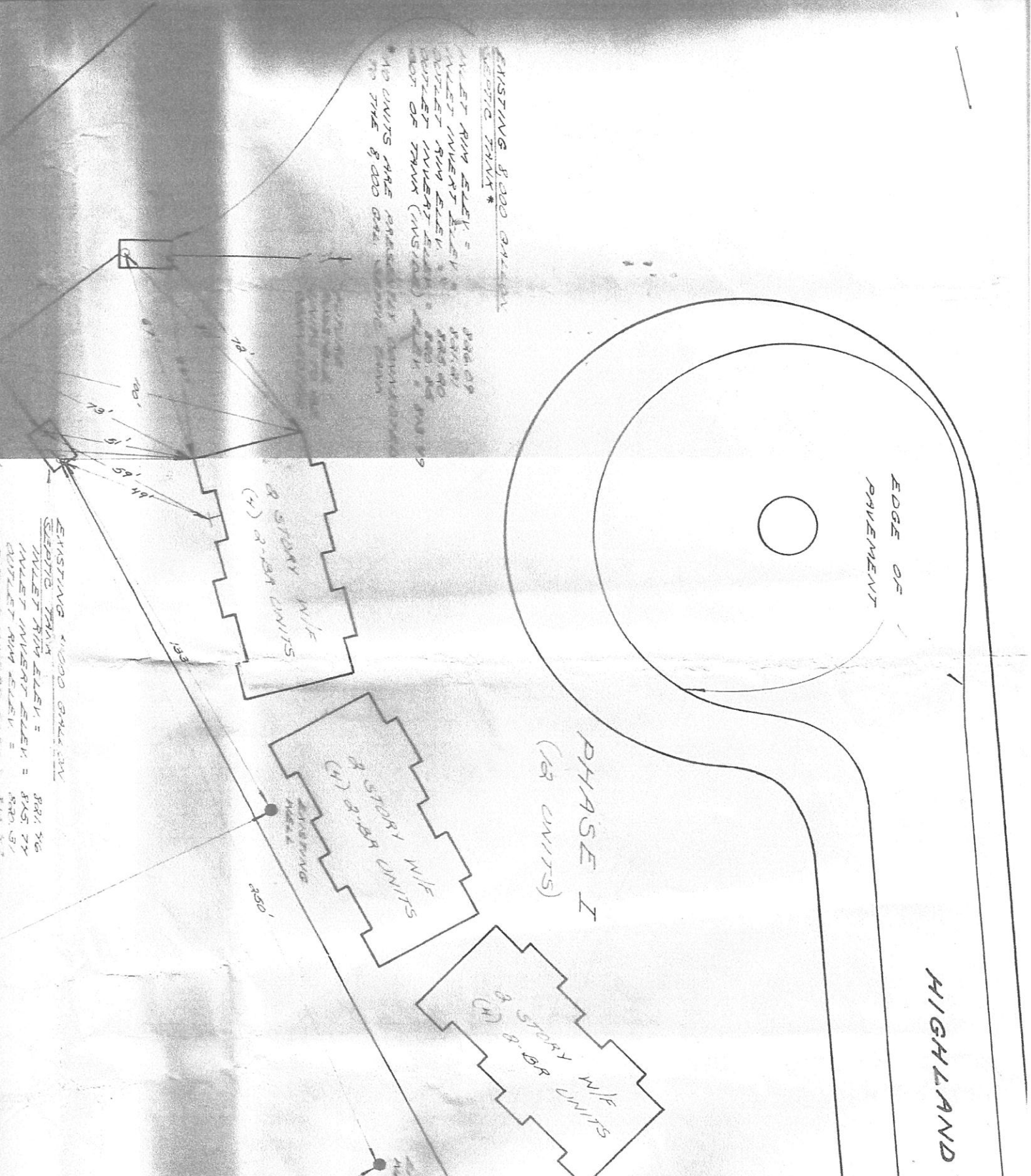
8 STORY W/F
(4) 8-BR UNITS

8 STORY W/F
(4) 8-BR UNITS

EXISTING 8,000 GALLON
SEPTIC TANK *

INLET RIM ELEV. =
OUTLET RIM ELEV. =
INLET RIM ELEV. =
OUTLET RIM ELEV. =
NO UNITS ARE PROPOSED FOR CONSTRUCTION
IN THE 8,000 GALLON SEPTIC TANK

EXISTING 11,000 GALLON
SEPTIC TANK
INLET RIM ELEV. = 824.76
OUTLET RIM ELEV. = 825.77
INLET RIM ELEV. = 820.51



EXISTING ROAD GRADE
 EXISTING MAIN
 INLET RIM ELEV. = 821.26
 INLET INVERT ELEV. = 815.21
 OUTLET RIM ELEV. = 820.31
 OUTLET INVERT ELEV. = 815.27
 BOT. OF MAIN (INSIDE) ELEV. = 808.82

DOSING CHAMBER
 RIM ELEV. = 810.88
 INLET INVERT ELEV. = 808.21
 BOTTOM OF CHAMBER (INSIDE) ELEV. = 808.21

MAIN FENCE

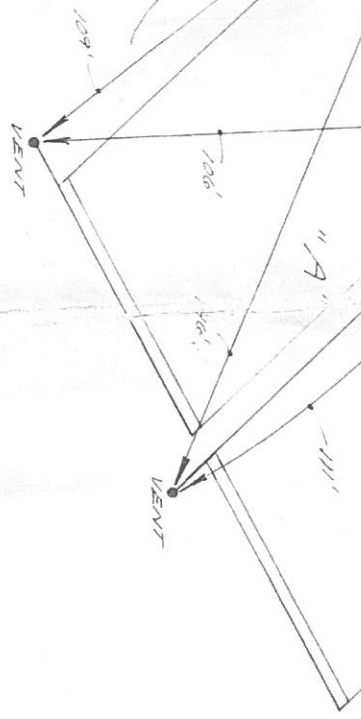
250' ±

DISTRIBUTION
 BOXES
 INLET INV. EL. = 801.1
 OUTLET INV. EL. = 801.2

INSTALLED LEACHING
 FACILITY INSPECTED/
 APPROVED BY COA
 ENVIRONMENTAL
 ENGINEERING INC.
 AND CHELTON BOARD
 OF HEALTH DEPT
 IN 1987

C.I. FRAME & COVER
 AT FINAL GRADE

SYSTEM
 "A"



SEVEN (7) 3' X 3' LEACHING TRENCHES (EACH
 INTERMITTENTLY DOSED BY DOSING CHAMBER)
 DESIGN CAPACITY = 7350 GALS/DAY
 PHASE I LOADING = 2150 GALS/DAY



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	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	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	0	0	136,140
July	159,730	0	0	159,730
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



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	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	0	0	93,990
March	131,660	0	0	131,660
April	103,750	0	0	103,750
May	106,660	0	0	106,660
June	136,420	0	0	136,420
July	104,260	0	0	104,260
August	100,460	0	0	100,460
September	124,250	0	0	124,250
October	100,300	0	0	100,300
November	102,480	0	0	102,480
December	137,090	0	0	137,090
TOTAL	1,365,660	0	0	1,365,660

Maximum Daily Finished Water Consumption:

Volume (GAL): 3,742

Date: 1/1/2014

