



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

Owner information is required for every page.

125 Winslow way
 Property Address
 Gregoire, Doug
 Owner's Name
 Swansea
 City/Town
 Ma
 State
 02777
 Zip Code
 May 21, 2026
 Date of Inspection

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

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



A. Inspector Information

Kevin S Orlando
 Name of Inspector
 Kevin Orlando Title V Inspection Services Inc
 Company Name
 61 Maple Street
 Company Address
 Raynham
 City/Town
 774-568-7106
 Telephone Number
 Mass
 State
 S12235
 License Number
 02767
 Zip Code

B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

1. Passes
2. Conditionally Passes
3. Needs Further Evaluation by the Local Approving Authority
4. Fails

Inspector's Signature

May 21, 2026
 Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

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



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C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

1) System Passes:

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

Comments:

When the inspection was performed we found all components to be in good working condition at the time of inspection. The outlet cover to tank is on surface secured with 5/16" screws.

2) System Conditionally Passes:

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

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

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

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

- Y N ND (Explain below):



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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):
 - broken pipe(s) are replaced Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):
 - distribution box is leveled or replaced Y N ND (Explain below):

- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):

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

- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.
 - a. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**



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C. Inspection Summary (cont.)

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

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

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

Method used to determine distance: _____

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

c. Other:

4) System Failure Criteria Applicable to All Systems:

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

- | | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |



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C. Inspection Summary (cont.)

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <i>NOT</i> due to clogged or obstructed pipe(s). Number of times pumped: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

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

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section C.4.

- | Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |



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If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

6. You must indicate "yes" or "no" for each of the following for all inspections:

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The 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)] |



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D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330

Description:
 System is a 1500 gallon septic tank with a Zable filter on outlet. A 5 outlet distribution box. The SAS is 6 rows x 5 = 30 Ads Arc chambers with an inspection port and vet at end of SAS.

Number of current residents: 2

Does residence have a garbage grinder? Yes No
 Does residence have a water treatment unit? Yes No

If yes, discharges to: _____

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

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

Detail:

- Water Consumption Summary
- Year 1: 62,090 gallons + 365 days = 170 GPD
- Year 2: 104,300 gallons + 365 days = 286 GPD
- > Two-Year Average: 166,390 gallons + 730 days = 228 GPD water report from water dept

Sump pump? Yes No
 Last date of occupancy: _____
 Present day. _____
 Date



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 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____ Gallons per day (gpd)

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

Grease trap present? Yes No

Water treatment unit present? Yes No

If yes, discharges to: _____

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____

Last date of occupancy/use: _____ Date

Other (describe below):

3. Pumping Records:

Source of information: System was serviced 8 weeks ago source owner.

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

Reason for pumping: _____



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D. System Information (cont.)

4. Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):

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

System was installed according to the information provided 7/2017 asbuilt

Were sewage odors detected when arriving at the site?

Yes No

5. Building Sewer (locate on site plan):

Depth below grade:

2'.3"
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

Over 100'
feet

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

Found system vent piping working well, the inlet line appears to have no defects present.



Inlet from home depth of cover 1'.5"



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D. System Information (cont.)

4. Type of System:

- Septic tank, distribution box, soil absorption system
Single cesspool
Overflow cesspool
Privy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract...
Tight tank. Attach a copy of the DEP approval.
Other (describe):

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

System was installed according to the information provided 7/2017 asbuilt

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

5. Building Sewer (locate on site plan):

Depth below grade: 2'.3" feet

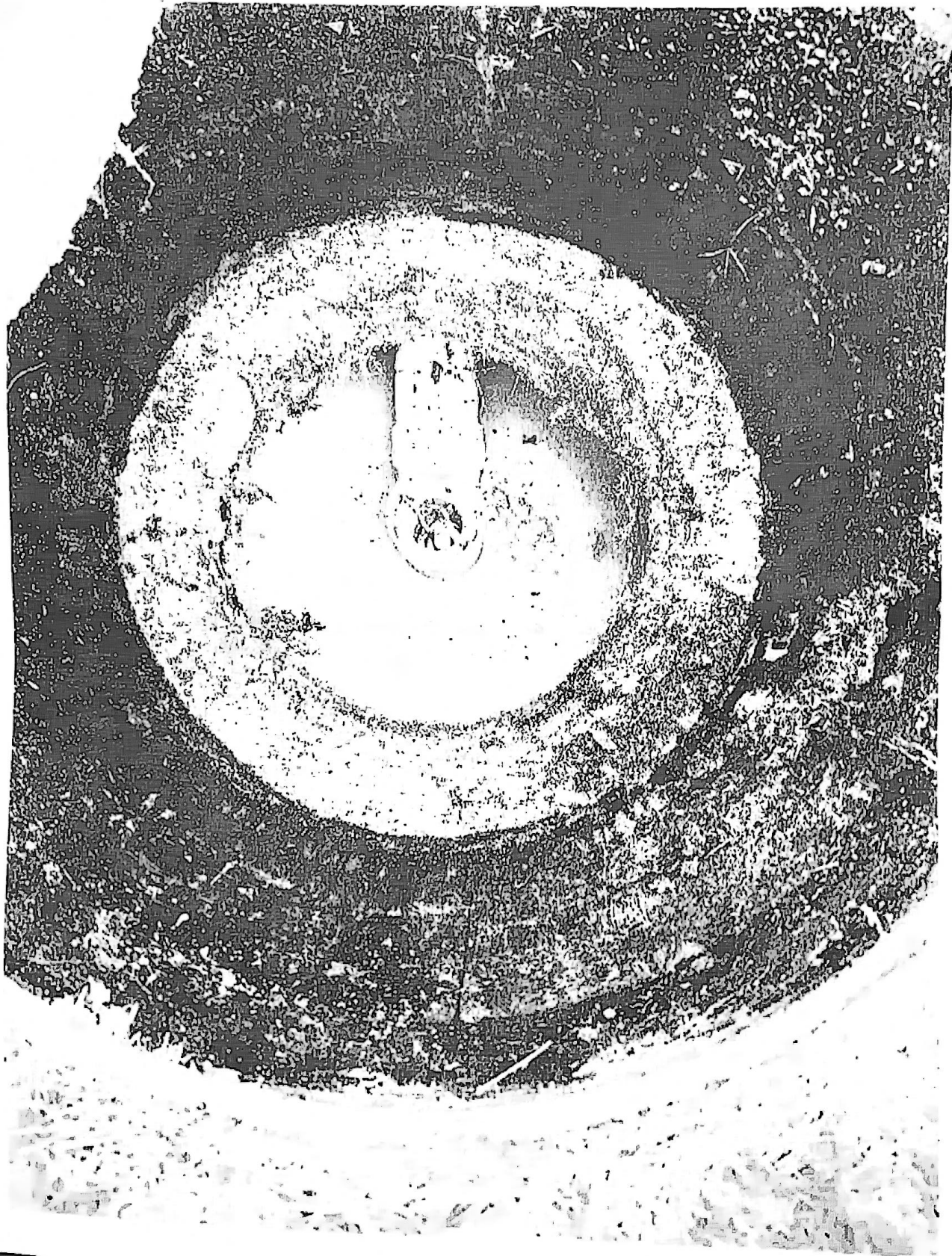
Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: Over 100' feet

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

Found system vent piping working well, the inlet line appears to have no defects present.



Outlet with Zable filter clean and reinstalled.



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 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

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

Depth below grade: _____
 Outlet cover at grade. _____
 feet

Material of construction:

- concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: _____

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: _____

1,500 gallons.

Sludge depth: _____

7"

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

22"

Scum thickness _____

5"

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

6"

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

21"

How were dimensions determined? _____

From previous inspection.

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

Upon opening the inlet and outlet covers we found the integrity of septic tank to be free of any defects. The inlet and outlet T's were intact. We recommend to service the septic tank at least once a year given observations today. The septic covers were free of any visible defects. There is also a Zable filter we recommend to clean once a year or at least each time the tank is serviced.



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125 Winslow way
 Property Address
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 Owner's Name
 Swansea Ma 02777 May 21, 2026
 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

7. **Grease Trap** (locate on site plan):

Depth below grade: _____ feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping: _____ Date

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

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

Depth below grade: _____

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day



5 Outlet distribution box 4 outlets used on system.



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125 Winslow way
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 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

8. Tight or Holding Tank (cont.)

Alarm present: Yes No
 Alarm level: _____ Alarm in working order: Yes No
 Date of last pumping: _____ Date
 Comments (condition of alarm and float switches, etc.):

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

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

Depth of liquid level above outlet invert _____ 0"
 Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):
 Level and distribution were equal to all the outlets, We did not observe any visible solids carry over at the time of inspection. the distribution box was in good shape.



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 Owner's Name
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D. System Information (cont.)

10. Pump Chamber (locate on site plan):

Pumps in working order: Yes No*

Alarms in working order: Yes No*

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

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

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

If SAS not located, explain why:

Type:

- leaching pits number: _____
- leaching chambers number: 6x5 rows = 30
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: _____
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____



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D. System Information (cont.)

11. Soil Absorption System (SAS) (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
 Upon excavation of the distribution box we found the soil 1' loam some stones, 2'-6' boney loose gravel loam mix. We found the soil clean and dry at time of inspection. There was no visible ponding observed on the property.

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

Number and configuration _____
 Depth – top of liquid to inlet invert _____
 Depth of solids layer _____
 Depth of scum layer _____
 Dimensions of cesspool _____
 Materials of construction _____

Yes No

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



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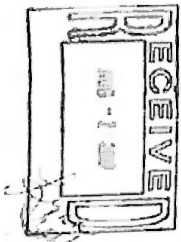
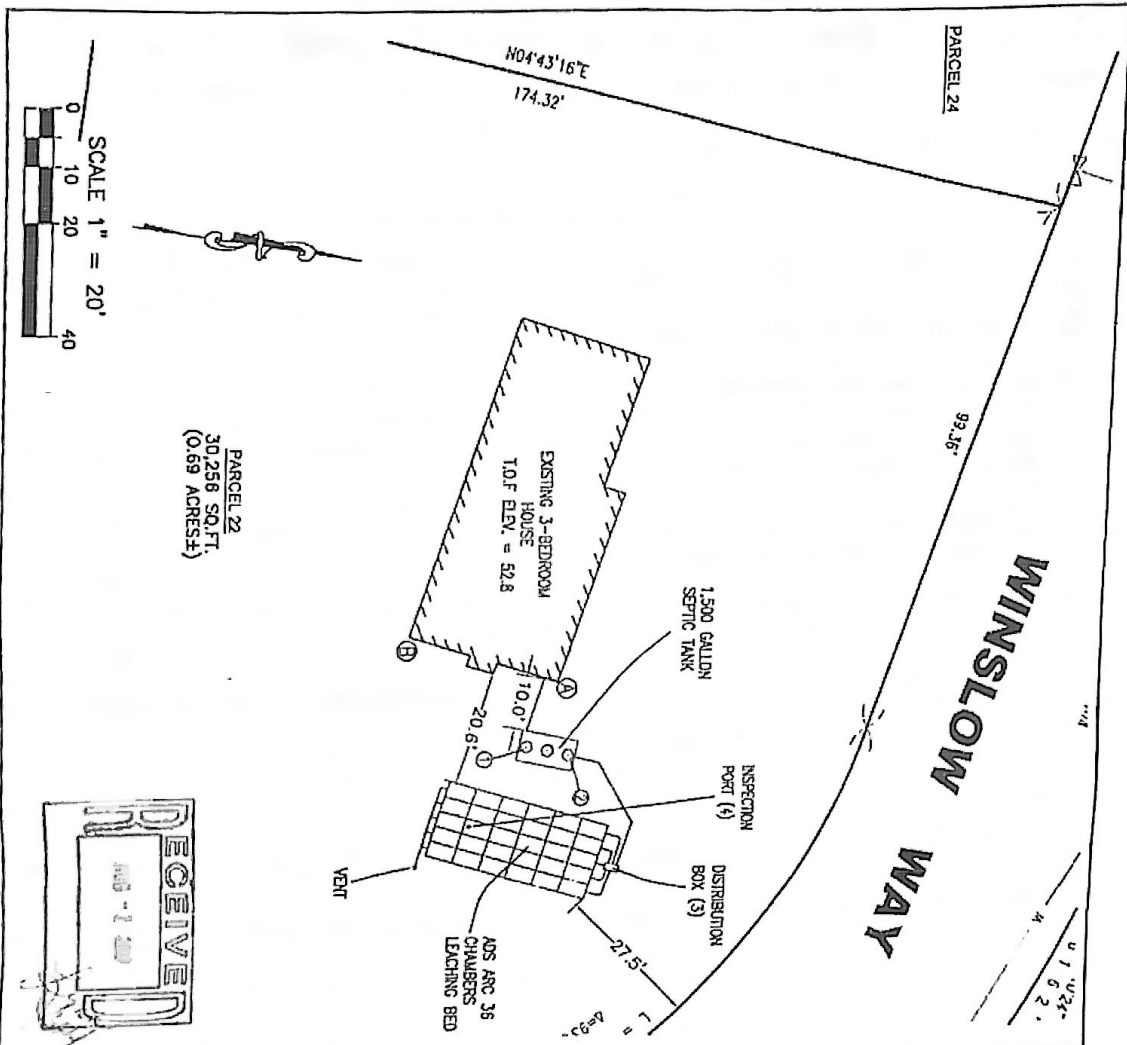
13. Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



ELEVATION AND SWING-TIE SCHEDULE:

DESCRIPTION	ELEVATION DESIGN	ELEVATION AS-BUILT	FROM (A) IN FEET	FROM (B) IN FEET
4" INV. OUT OF HOUSE	46.73	46.79	-	-
SEPTIC TANK M.H. (1)	-	-	12.9	29.8
4" INV. AT SEPTIC TANK (IN)	46.53	46.61	-	-
4" INV. AT SEPTIC TANK (OUT)	45.28	46.33	-	-
SEPTIC TANK M.H. (2)	-	-	13.5	36.3
4" INV. AT D-BOX (IN) (3)	45.26	45.37	-	-
4" INV. AT D-BOX (OUT)	45.09	45.18	-	-
4" INV. AT START FIELD	44.99	45.00	-	-
INSPECTION PORT (4)	-	-	30.3	35.7
BOTTOM OF SAS	44.4	44.41	-	-

NOTES:

1. THE SUBJECT PROPERTY IS A PORTION OF THE TOWN OF SWANSEA ASSESSORS MAP 44, LOT 66. FLOOD INSURANCE RATE MAP (FIRM) OF BERKSHIRE COUNTY, MASSACHUSETTS, MAP NUMBER 25005003266, EFFECTIVE DATE: JULY 16, 2014.
2. THE SUBJECT PROPERTY IS LOCATED IN ZONE X, AREA OF UNUSUAL FLOODING, AS SHOWN ON THE 25005003266, EFFECTIVE DATE: JULY 16, 2014.

1. RICHARD J. RHEAINE, P.E. OF PRIME ENGINEERING, INC., HEREBY CERTIFY THAT THE SUBSURFACE DISPOSAL SYSTEM HAS BEEN CONSTRUCTED IN COMPLIANCE WITH 310 CMR 15.000. THE APPROVED DESIGN PLANS AND ALL LOCAL REQUIREMENTS AND THAT ANY CHANGES TO THE DESIGN PLANS HAVE BEEN REFLECTED ON THE AS-BUILT WHICH IS HEREBY BEING SUBMITTED TO THE SWANSEA BOARD OF HEALTH.



Richard J. Rheaime
 RICHARD J. RHEAIME, P.E.
 DATE: Aug 2, 2017

DRAWING TITLE: **SUBSURFACE SEWAGE DISPOSAL SYSTEM AS-BUILT PLAN**

PROJECT: **(PARCEL 22) 125 WINSLOW WAY SWANSEA, MASSACHUSETTS**

CLIENT: **TOUISSET DEVELOPMENT CORP.**

SCALE: 1" = 20'

DATE: 7/21/2017

DRAWN BY: TRW/EL

DESIGNED BY: TRW

CHECKED BY: BOV

APPROVED BY: RJR

PROJECT NO. 1288-01-22

CIVIL ENGINEERING
 LAND SURVEYING
 ENVIRONMENTAL ASSESSMENT

PRIME ENGINEERING

P.O. BOX 1081
 330 BEDFORD ST.
 LAKEVILLE, MA 02347
 TEL: 508 9474689
 FAX: 508 9472304

0:\Projects\Swansea\Swansea Land\Subsurface Disposal\As-Built\Project Sheet - 02 Plot2.dwg



Commonwealth of Massachusetts

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D. System Information (cont.)

14. Sketch Of Sewage Disposal System:

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

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



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125 Winslow way

Property Address

Gregoire, Doug

Owner's Name

Swansea

City/Town

Ma
State

02777
Zip Code

May 21, 2026
Date of Inspection

D. System Information (cont.)

15. 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: 2017
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:

Excavated to the bottom of distribution box to the depth of 4' below the distribution box. We found the soil clean and dry at time of inspection.

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

A. Inspector Information: Complete all fields in this section.

B. Certification: Signed & Dated and 1, 2, 3, or 4 checked

C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included