



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



15 Grist Mill Lane Title 5 # 2026 - 027  
 Property Address  
 Arvind Govindarajan  
 Owner's Name  
 Pembroke Ma 02359 4/6/2026  
 City/Town State Zip Code 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. Inspector Information**

Kevin Bloomquist www.Title5MA.com  
 Name of Inspector  
 Kevin Bloomquist LLC  
 Company Name  
 1286 Old Pleasant Street  
 Company Address  
 Bridgewater Ma 02324  
 City/Town State Zip Code  
 774-517-8936 SI14523  
 Telephone Number License Number

**B. Certification**

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

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

  
 Inspector's Signature Date 4/6/2026

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.**



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



Owner information is required for every page.

15 Grist Mill Lane Title 5 # 2026 - 027  
 Property Address  
 Arvind Govindarajan  
 Owner's Name  
 Pembroke Ma 02359 4/6/2026  
 City/Town State Zip Code Date of Inspection

**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:

Septic filter needs to be cleaned at least once per year. This septic system is in good working condition.

---



---



---

**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):

---



---



---



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



15 Grist Mill Lane Title 5 # 2026 - 027  
 Property Address

Arvind Govindarajan  
 Owner's Name

Pembroke Ma 02359 4/6/2026  
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**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:**



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke

City/Town

Ma

State

02359

Zip Code

4/6/2026

Date of Inspection

Owner information is required for every page.

## 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 |



# Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke

Ma

02359

4/6/2026

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

## 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 <b>NOT</b> 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. <b>[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.]</b> |
| <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"/> | <b>The system fails.</b> 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 type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input 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 |



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke

Ma

02359

4/6/2026

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

**C. Inspection Summary (cont.)**

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

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

- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]   |



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



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke

City/Town

Ma

State

02359

Zip Code

4/6/2026

Date of Inspection

Owner information is required for every page.

**D. System Information**

**1. Residential Flow Conditions:**

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

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 765

Description:

The septic design calculations came from public records on file at the Board of Health.

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)): attached

Detail:

Sump pump?  Yes  No

Last date of occupancy: current Date



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



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke Ma 02359 4/6/2026

City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**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: no information available

Was system pumped as part of the inspection?  Yes  No

If yes, volume pumped: \_\_\_\_\_ gallons

How was quantity pumped determined? \_\_\_\_\_

Reason for pumping: \_\_\_\_\_



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



15 Grist Mill Lane Title 5 # 2026 - 027  
 Property Address

Arvind Govindarajan  
 Owner's Name

Pembroke Ma 02359 4/6/2026  
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**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:

8/5/2021 - Date of COC  
 \_\_\_\_\_

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

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

Depth below grade: Unknown  
 feet

Material of construction:  
 cast iron       40 PVC       other (explain): \_\_\_\_\_

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

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

\_\_\_\_\_  
 The building sewer is not accessible.  
 \_\_\_\_\_



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



Owner information is required for every page.

15 Grist Mill Lane Title 5 # 2026 - 027  
 Property Address  
 Arvind Govindarajan  
 Owner's Name  
 Pembroke Ma 02359 4/6/2026  
 City/Town State Zip Code Date of Inspection

**D. System Information (cont.)**

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

Depth below grade: 33"  
 feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

Septic tank is in working condition. Filter was not cleaned at the time of the inspection.

If tank is metal, list age: \_\_\_\_\_  
 years

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

Dimensions: 4x5x10

Sludge depth: 4"

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

Scum thickness 2"

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 14"

How were dimensions determined? Plastic Grade Stick

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

Filter needs to be cleaned at least once per year.

The tank is in good functional condition. The liquid level is normal.



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



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke Ma 02359 4/6/2026

City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**D. System Information (cont.)**

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

Depth below grade: \_\_\_\_\_ feet

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

\_\_\_\_\_

Dimensions: \_\_\_\_\_

Scum thickness \_\_\_\_\_

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

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

Date of last pumping: \_\_\_\_\_ Date

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

\_\_\_\_\_

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_ gallons

Design Flow: \_\_\_\_\_ gallons per day



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



15 Grist Mill Lane Title 5 # 2026 - 027  
 Property Address

Arvind Govindarajan  
 Owner's Name

Pembroke	Ma	02359	4/6/2026
City/Town	State	Zip Code	Date of Inspection

Owner information is required for every page.

**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 inches

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.):

The box is level and in good condition.

---



---



---



---



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



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke Ma 02359 4/6/2026

City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**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.):

There is no pump chamber on this septic system.

\* 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:

There are no signs of past problems in the tank, the d box or the pipe connecting these two components.

Type:

leaching pits number: \_\_\_\_\_

leaching chambers number: 54

leaching galleries number: \_\_\_\_\_

leaching trenches number, length: \_\_\_\_\_

leaching fields number, dimensions: \_\_\_\_\_

overflow cesspool number: \_\_\_\_\_

innovative/alternative system

Type/name of technology: \_\_\_\_\_



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



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke Ma 02359 4/6/2026

City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**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.):

Camera from ditribution box into 3 of the 6 rows of chambers.  
 No signs of backup.

The grass is normal.

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

Number and configuration \_\_\_\_\_

Depth – top of liquid to inlet invert \_\_\_\_\_

Depth of solids layer \_\_\_\_\_

Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

Materials of construction \_\_\_\_\_

Indication of groundwater inflow  Yes  No

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke

City/Town

Ma  
State

02359  
Zip Code

4/6/2026  
Date of Inspection

Owner information is required for every page.

**D. System Information (cont.)**

13. **Privy** (locate on site plan):

Materials of construction: \_\_\_\_\_

Dimensions \_\_\_\_\_

Depth of solids \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke

Ma

02359

4/6/2026

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

## 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



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



Owner information is required for every page.

15 Grist Mill Lane Title 5 # 2026 - 027  
 Property Address  
 Arvind Govindarajan  
 Owner's Name  
 Pembroke Ma 02359 4/6/2026  
 City/Town State Zip Code Date of Inspection

**D. System Information (cont.)**

15. **Site Exam:**

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

Estimated depth to high ground water: 70"  
 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: 6/15/2021  
 Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
I reviewed the file at the BOH.
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
 \_\_\_\_\_

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

There is a soil log on file at the BOH.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



15 Grist Mill Lane Title 5 # 2026 - 027

Property Address

Arvind Govindarajan

Owner's Name

Pembroke

City/Town

Ma

State

02359

Zip Code

4/6/2026

Date of Inspection

Owner information is required for every page.

## 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



Picture upon arrival



Picture of outlet cover before opening



Picture of outlet after opening



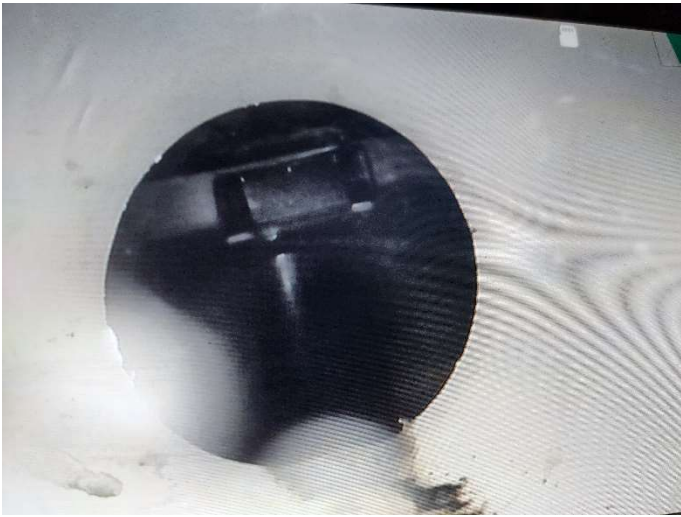
Picture of distribution box before opening



Picture of distribution box after opening



Picture of camera in first outlet pipe



Picture of inside of pipe



Picture of inside of chamber



Picture of camera in second outlet pipe



Picture of inside of pipe



Picture of inside of chamber



Picture of camera in third outlet pipe



Picture of inside of pipe



Picture of inside of chamber



Picture of filter in place but not cleaned



Picture of tank buried except irrigation line



Picture of distribution box buried

Date: 03/24/2026

TOWN OF PEMBROKE

from 07/01/2015 Page 1

Time: 9:49

wtrprtrh

WATER/SEWER READINGS HISTORY

SG

Account #: 4830 Book: 41 Folio: 4826 Seq#: 68

Updated 09/04/2021 by SCJ

Street: 15 GRIST MILL LANE

Owner1 name: VALE, CRLA

Owner2 name: GOVINDARAJAN, ARVIND

Phone: 646-403-7253

Mail Address: 15 GRIST MILL LANE

:  
: PEMBROKE, MA 02359  
:

\*\*\*\*\* DO NOT \*\*\*\*\*  
Demand? Lien?

Meter ID no.: 35434809	WSB Service: W	Section:	Bill-Code Qty
R/E parcel: C13-47	Service Type: SF S.F. Home	Units: 0	1.
Meter Loc: OS BK RHT	Rate code: 1 Standard Rat	Discount?	2.
Hazard:	Meter size: 5/8	Disconnected?	3.
Meter ser#: 35434809	Summer svc:	Do not Est.?	4.
ARB/MXU no.: 1544679858	Municipal?	Water off?	
Meter Type: E	Mult rdg by: 1	Reversed?	Acct Status:
Meter mfg: Neptune	# of digits: 7	Broken Meter?	
Contractor: 4782	Deduct acct#:	Irrigation?	B/F:
Install Date: 04/10/2017	Irrig acct#:	Has well? Y	
Memo:			

Billed Date	Reading Date	Reading	Codes	Water Usage	Sewer Usage	Water Bill	Sewer Bill	Service Bill
11/03/2025	09/05/2025	470874	B	16965		154.61		
05/09/2025	03/26/2025	453909	B	10811		87.07		
11/08/2024	09/10/2024	443098	B	16816		122.38		
05/10/2024	03/27/2024	426282	B	18546		110.89		
11/07/2023	09/07/2023	407736	B	11863		78.01		
05/02/2023	03/21/2023	395873	B	11845		71.12		
11/07/2022	09/14/2022	384028	B	15176		86.08		
05/16/2022	03/22/2022	368852	B	14317		79.10		
11/08/2021	09/14/2021	354535	B	2078		26.23		

