



**Town Of Mansfield  
Health Department**

Town Hall, 1st floor 6 Park Row Mansfield, MA 02048  
508-261-7366

**Certificate of Compliance**

Fee : \$100.00

Date Issued 07/21/22

This is to certify that the following work on an On-Site Sewage Disposal Works has been done in accordance with Title 5 and the State Environmental Code:

- Construct a new on-site sewage disposal system
- Repair or replace an existing on-site sewage disposal system
- Repair or replace an existing system component
- Abandon an On-Site Sewage Disposal System

DSCP Number *DSCP-22-0025* DSCP Date *07/19/22* Inspection Date *07/21/22*  
 Facility Owner *FLYNN ROBERT J & CYNTHIA M*  
 Street Number *32* Street Name *WEXFORD DR*  
 City/Town *Mansfield* State *MA* Zip Code *02048*

**Designer Information :**

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

**Installer Information :**

Name *Dawn Grenier* Name of Company \_\_\_\_\_

**Installer's Certification Statement in accordance with 310 CMR 15.021:**

I do hereby certify under the pains and penalties of perjury that this 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 as-built plans which are attached to this certification. Date *07/21/22*

Use of this system is conditioned on compliance with the provisions set forth below

*Installation of Distribution box met all local and state regulations*

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

**Local Approving Authority**

I do hereby certify under the pains & penalties of perjury that the information provided above is true and correct. Date *07/21/22*

Signature



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

32 Wexford Drive

Property Address

Cindy and Robert Flynn

Owner's Name

Mansfield

MA

02035

June 21, 2022

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.

## A. Inspector Information

1. Inspector:

Michael DeCosta, Jr.

Name of Inspector

Wind River Environmental

Company Name

46 Lizotte Drive Suite 1000

Company Address

Marlborough

MA

01752

City/Town

State

Zip Code

508-400-8083

SI 13230

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:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

June 21, 2022

Inspector's Signature

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 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:

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### 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 distribution box is 5' below grade and 16" x 30". The box has two outlets accepting equal flow. The liquid level is normal with minimal carryover into the box. The distribution box is heavily deteriorated and must be replaced.

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

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

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

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

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



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## C. Inspection summary (cont.)

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

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

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

Method used to determine distance: \_\_\_\_\_

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

c. Other:

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

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

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



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## C. Inspection summary (cont.)

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

- | Yes                      | No                                  |  |
|--------------------------|-------------------------------------|--|
| <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 NOT 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 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 2000gpd-10,000gpd.   |
| <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 |



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## C. Inspection summary (cont.)

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

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

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



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## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 450 GPD

Description:

Designed for 3 bedrooms at 150 gallons per bedroom per day.

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)): 116 GPD

Detail:

See attached Title V Consumption Report provided by the Town of Mansfield (page 18).

Sump pump?  Yes  No

Last date of occupancy: Current  
Date



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## D. System Information (cont.)

### 2. Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_

Gallons per day (gpd)

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

Grease trap present?

Yes  No

Water treatment unit present?

Yes  No

If yes, discharges to \_\_\_\_\_

Industrial waste holding tank present?

Yes  No

Non-sanitary waste discharged to the Title 5 system?

Yes  No

Water meter readings, if available: \_\_\_\_\_

Last date of occupancy/use: \_\_\_\_\_

Date

Other (describe below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### General Information

### 3. Pumping Records:

Source of information: \_\_\_\_\_

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:

1993 per plans

Were sewage odors detected when arriving at the site?

Yes

No

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

Depth below grade:

5

feet

Material of construction:

cast iron  40 PVC  other (explain):

Distance from private water supply well or suction line:

N/A

feet

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

All the joints are sealed and there are no leaks.



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## D. System Information (cont.)

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

Depth below grade:

4.6

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:

10' x 5' x 5'

Sludge depth:

6"

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

36"

Scum thickness

6"

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

15"

How were dimensions determined?

Tape Measure

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

The center cover is on a riser to grade. The outlet cover is 4.6' below grade. The baffles are in good condition.

There is no filter installed on the outlet. The liquid level is normal with moderate solids and sludge. The tank

appears to be structurally sound and not leaking. Recommend pumping the tank annually.



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## D. System Information (cont.)

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

Depth below grade:

\_\_\_\_\_ feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

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

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

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

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

Date

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

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

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

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

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

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

gallons

Design Flow: \_\_\_\_\_

gallons per day



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## D. System Information (cont.)

### 8. Tight or Holding Tank (cont.)

Alarm present:

Yes  No

Alarm level: \_\_\_

Alarm in working order:  Yes  No

Date of last pumping:

\_\_\_\_\_ Date

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

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

\* 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.):

The distribution box is 5' below grade and 16" x 30". The box has two outlets accepting equal flow. The liquid level is normal with minimal carryover into the box. The distribution box is heavily deteriorated and must be replaced.

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



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## D. System Information (cont.)

### 10. Pump Chamber (locate on site plan):

Pumps in working order:

Yes  No\*

Alarms in working order:

Yes  No\*

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

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

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

If SAS not located, explain why:

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Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: 2 @ 50'
- 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.):

Dry, rocky, compact soil with no ponding and no signs of hydraulic failure. The vegetation 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.):



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## D. System Information (cont.)

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

Materials of construction:

\_\_\_\_\_

Dimensions

\_\_\_\_\_

Depth of solids

\_\_\_\_\_

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

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





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## D. System Information (cont.)

### 15. Site Exam:

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

Estimated depth to high ground water:

11'+

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:

December 2, 1992

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:

Obtained the groundwater information from the soil logs on the design plans.

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



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## E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

- A. Inspection 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 15: Sketch of Sewage Disposal System drawn on pg. 16 or attached
  - For 16: Explanation of estimated depth to high groundwater included

<b>Town of Mansfield</b>						
<b>Title V Consumption Report</b>						
Bill #="1677" and Reading Date from 01/01/2019 to 06/13/2022						
Bill #	1677	Owner 1	FLYNN ROBERT			
Account #	21100155580	Location	32 WEXFORD DR			
Date	Reading	Prev Reading	Usage	Usage Adjs	Num Days	Ave Daily Usage
02/01/2019	91,400	89,400	2,000		0	0
02/19/2019	91,743	91,400	343		18	19
05/03/2019	1,555	3	1,552		73	21
08/01/2019	4,114	1,555	2,559		90	28
11/01/2019	5,579	4,114	1,465		92	15
02/03/2020	7,085	5,579	1,506		94	16
05/04/2020	8,248	7,085	1,163		91	12
08/03/2020	10,268	8,248	2,020		91	22
11/02/2020	11,057	10,268	789		91	8
02/02/2021	12,486	11,057	1,429		92	13
05/03/2021	14,010	12,486	1,524		90	16
08/03/2021	14,790	14,010	780		92	8
11/01/2021	15,533	14,790	743		90	8
02/02/2022	16,976	15,533	1,443		93	15
05/03/2022	18,254	16,976	1,278		90	14
<b>Total:</b>			<b>28,594</b>		<b>1187</b>	<b>17</b>

Perc No. 92- Street 32 Wexford Owner/Builder \_\_\_\_\_  
 Subdivision EASTLIGHT EST. Lot 67 Performed by KARL DEAN  
 Date Oct 27, 1992 Repair \_\_\_\_\_ Witness by Scott Leite, Health Agent

NOTES: \_\_\_\_\_

SOIL DESCRIPTION: TEST HOLE NUMBER 1 Groundwater W

TYPE:	CONSISTENCY:	DRAINAGE:	
<u>0-32</u> Top and Sub	<u>-</u> Loose	<input type="radio"/> Excessive	
<u>-</u> Fill	<input checked="" type="radio"/> Friable	<input type="radio"/> Well	
<u>-</u> Outwash	<u>-</u> Firm	<input checked="" type="radio"/> Moderate	
<u>-</u> Stratified Drift	<u>-</u> Cemented	<input type="radio"/> Poor	
<u>-</u> Ice Contact Deposit			
<u>32-140</u> Ablation Till	STRUCTURE:	MOTTLING: <u>W</u>	
<u>-</u> Basal Till	<input type="radio"/> Granular	<input type="radio"/> Few	<input type="radio"/> Faint
<u>-</u> Restrictive Layer	<input checked="" type="radio"/> Blocky	<input type="radio"/> Common	<input type="radio"/> Distinct
<u>-</u> Refusal	<input type="radio"/> Prismatic	<input type="radio"/> Many	<input type="radio"/> Prominent
<u>140</u> Bottom	<input type="radio"/> Platy		

SOIL DESCRIPTION: TEST HOLE NUMBER \_\_\_\_\_ Groundwater \_\_\_\_\_

TYPE:	CONSISTENCY:	DRAINAGE:	
<u>-</u> Top and Sub	<u>-</u> Loose	<input type="radio"/> Excessive	
<u>-</u> Fill	<u>-</u> Friable	<input type="radio"/> Well	
<u>-</u> Outwash	<u>-</u> Firm	<input type="radio"/> Moderate	
<u>-</u> Stratified Drift	<u>-</u> Cemented	<input type="radio"/> Poor	
<u>-</u> Ice Contact Deposit			
<u>-</u> Ablation Till	STRUCTURE:	MOTTLING: <u>-</u>	
<u>-</u> Basal Till	<input type="radio"/> Granular	<input type="radio"/> Few	<input type="radio"/> Faint
<u>-</u> Restrictive Layer	<input type="radio"/> Blocky	<input type="radio"/> Common	<input type="radio"/> Distinct
<u>-</u> Refusal	<input type="radio"/> Prismatic	<input type="radio"/> Many	<input type="radio"/> Prominent
<u>-</u> Bottom	<input type="radio"/> Platy		

PERCOLATION TEST

	TH <u>1</u>	TH _____
Depth of Perc:	<u>30"</u>	
Start presoak	<u>8:35</u>	
End Presoak	<u>8:50</u>	
Time at 12"	<u>8:50</u>	
9"	<u>9:11</u>	
6"	<u>9:50</u>	
Time (9"-6")	<u>34</u>	
Rate Min/Inch	<u>13<sup>1/2</sup></u>	

GROUNDWATER ADJUSTMENT

- #1 Berry School (St Drft)
- #2 Gilbert Street (Ab Till)
- #3 Gilbert Street (OW/Perm)
- #4 Fruit Street (OW/Seas)

Reading Date: \_\_\_\_\_

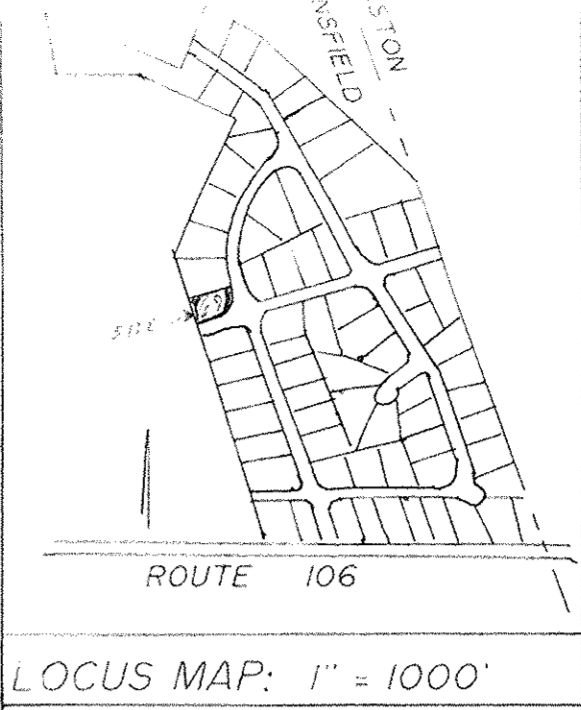
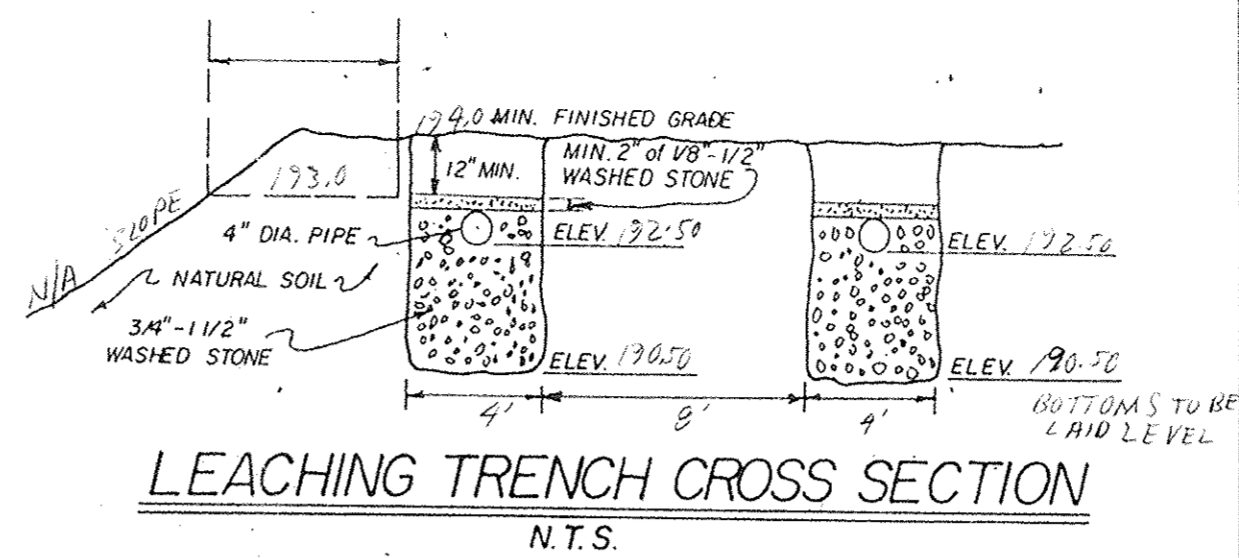
ADJUSTMENT FACTORING:

INDEX WELL LEVEL  
 Less: Index high \_\_\_\_\_

Adjustment Factor \_\_\_\_\_

SITE LEVEL  
 Less: Factor \_\_\_\_\_

ADJUSTED GROUNDWATER



3 BDRMS x 150 GALS = 450 GALS  
 TRENCHES 4' W x 1' L x 1' D  
 BOT. 100 S.F. x 0.45 = 45 GALS  
 SIDE 432 S.F. x 0.66 = 285.12 GALS  
 832 S.F. 457.12 GALS  
 PROVIDED

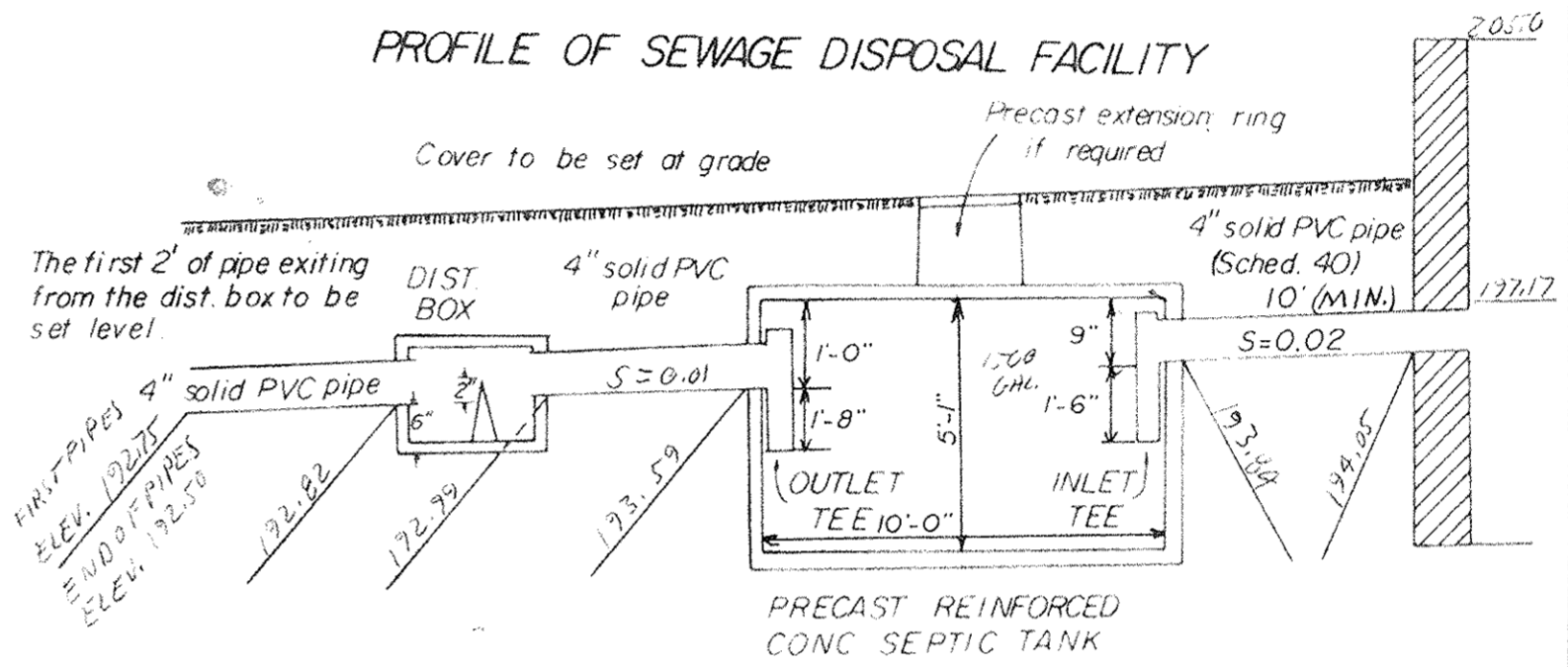
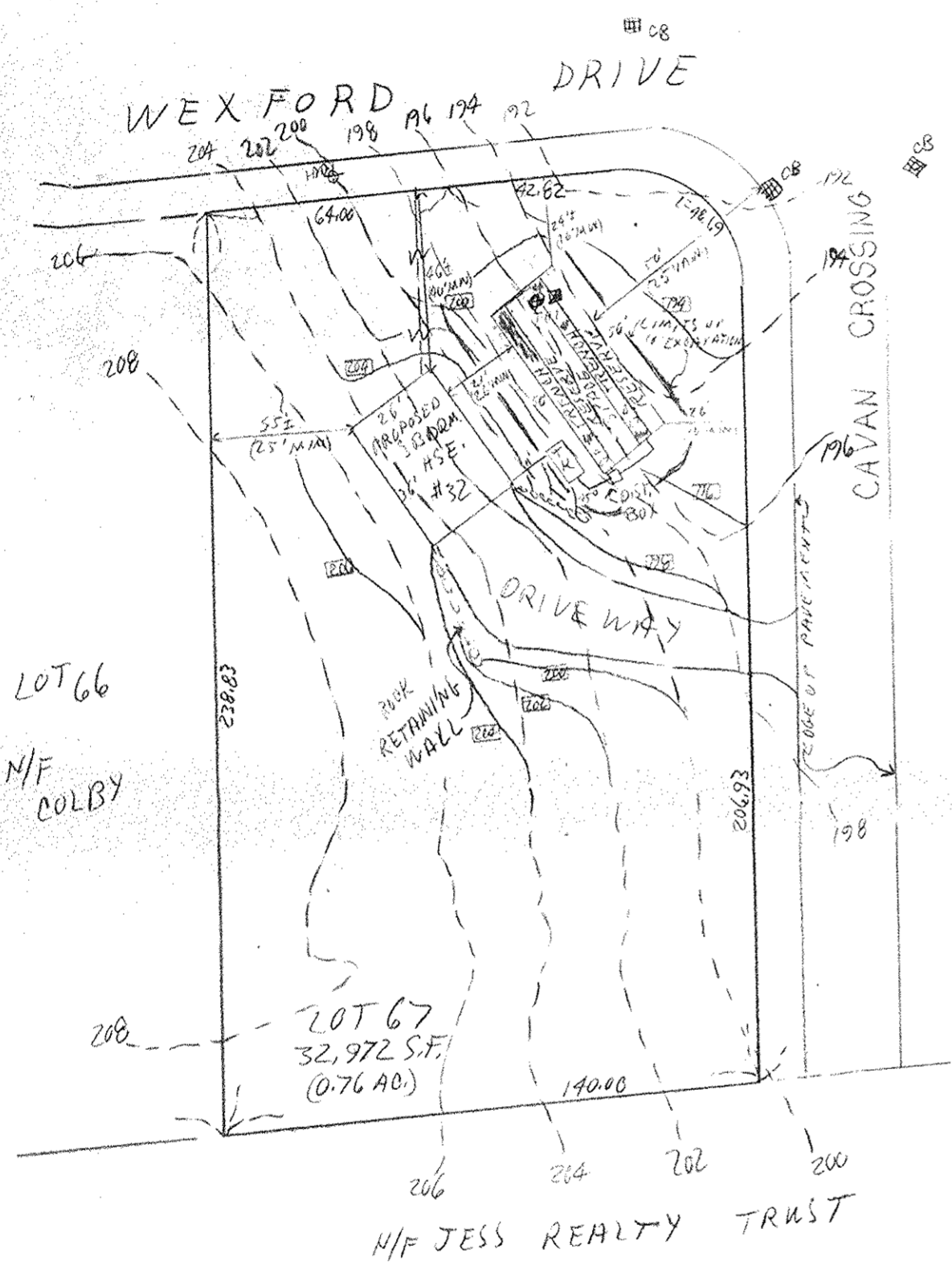
SEPTIC TANK Gals = 1500 GAL.  
 DIST BOX No. outlets = 7 w/ Baffle

SITE PREPARATION NOTES:  
 (Check if applicable)

\* Top, subsoil and other deleterious materials in, and within 10' ft. of the leach system are to be removed prior to construction and replaced by a clean sand or gravel fill free from clays, fines or other deleterious materials and having a perc rate of 2 M.P.I. (in original location) as per Sec. 2.17 of Title V.

\* Other STRIP 10' ALL AROUND AND DOWN TO ELEV. 90.5± AND REPLACE WITH 2 M.P.I. MATERIAL. 3M TO BE SET PRIOR TO CONSTRUCTION.

LEGEND:  
 [Symbol] PERCOLATION TEST  
 [Symbol] GROUND WATER TEST PIT  
 [Symbol] EXISTING CONTOUR  
 [Symbol] PROPOSED CONTOUR



**CONSTRUCTION NOTES:**

- ALL WORK SHALL CONFORM TO THE 310 CMR 15.00 STATE ENVIRONMENTAL CODE TITLE 5 RULES AND REGULATIONS ESTABLISHING MINIMUM STANDARDS RELATING TO LOCATION, DESIGN, CONSTRUCTION AND MAINTENANCE OF INDIVIDUAL SEWAGE DISPOSAL SYSTEMS AS OF LATEST AMENDMENT 8 WITH THE REGULATIONS OF THE MANSFIELD BOARD OF HEALTH.
- THERE ARE NO KNOWN WELLS WITHIN 100' OF PROPOSED SEEPAGE FIELD; NO OTHER ISDS WERE FOUND WITHIN 100', AND NO SUBDRAINS OR DRAINS WERE FOUND WITHIN 50' EXCEPT AS NOTED ON PLAN.
- THE CONTRACTOR SHALL VERIFY ALL ELEVATIONS AND DIMENSIONS PRIOR TO STARTING WORK HE SHALL NOTIFY THE ENGINEER OF ANY DEVIATIONS FROM THE PLANS IN WRITING TEN (10) DAYS BEFORE BEGINNING WORK.
- MINIMUM DISTANCE FROM EDGE OF SEEPAGE FIELD TO PRESSURE WATER LINE = 10' AND 100' FOR SUCTION LINE.
- CARE SHALL BE TAKEN TO ASSURE THAT THE SOIL AT THE BOTTOM OF THE EXCAVATION IS NOT COMPACTED OR SMEARED.
- SUB-SURFACE DRAINS, FOUNDATION DRAINS AND STORM DRAINS SHALL BE 25' MINIMUM FROM SEPTIC TANK, 25' FROM SEEPAGE FIELD.
- TIGHT JOINT PIPING TO CONSIST OF POLYVINYL CHLORIDE PIPE (PVC) SCHEDULE 40, UNLESS OTHERWISE NOTED.
- NO PERMANENT STRUCTURE MAY BE CONSTRUCTED OVER 100% EXPANSION AREA.
- DROWN ENVIRONMENTAL SERVICES WILL NOT BE RESPONSIBLE FOR THE PERFORMANCE OF THIS SYSTEM UNLESS CONSTRUCTED AS SHOWN. ANY ALTERATIONS MUST BE APPROVED IN WRITING BY DROWN.

**APPROVED**  
**MANSFIELD**  
**BOARD OF HEALTH**

DATE DEC 02 1992  
 A STAMPED APPROVED PLAN MUST BE KEPT ON THE SITE



I CERTIFY THAT THE SEWAGE DISPOSAL FACILITY IS DESIGNED IN ACCORDANCE WITH TITLE V OF THE STATE ENVIRONMENTAL CODE AND THE REGULATIONS OF THE BOARD OF HEALTH.

ELEVATIONS AND INVERTS	TEST PIT NO. 1	TEST PIT NO.	TEST PIT NO.	PERCOLATION TEST DATA
TOP OF FOUNDATION	205.70	SOIL LOG		
FINISHED BASEMENT FLOOR	197.17	TOP SUBSOIL	195.2	DATE OF TEST
INVERT OF PIPE AT FOUNDATION	194.05	TIGHT SILTY		10/27/92
INVERT AT SEPTIC TANK INLET	193.84	SAND + GRAVEL		
INVERT AT SEPTIC TANK OUTLET	192.59			PERCOLATION RATE 13 MIN/IN
INVERT AT DISTRIBUTION BOX INLET	192.99			ELEV OF BOTTOM OF PERC TEST HOLE 190.53
INVERT AT DISTRIBUTION BOX OUTLET	192.82			
END OF PIPES	192.50			
ELEV BOTTOM OF TRENCHES	190.50			

SURVEY AND TOPS TAKEN FROM PLAN BY DROWN ENGINEERING, INC., FAYBROOK AUGUST 27, 1988

ASSESSORS MAP 42 PARCEL 4  
 DROWN ENVIRONMENTAL SERVICES  
 PO BOX 263  
 REHOBOTH, MASSACHUSETTS 01949

PROPOSED SEWAGE DISPOSAL SYSTEM  
 EASTLEIGH ESTATES NORTH  
 MANSFIELD LOT # 67 HOUSE # 32  
 DRAWN BY KSD  
 SCALE 1" = 40'  
 DATE 10/29/92  
 12-75N 67

