

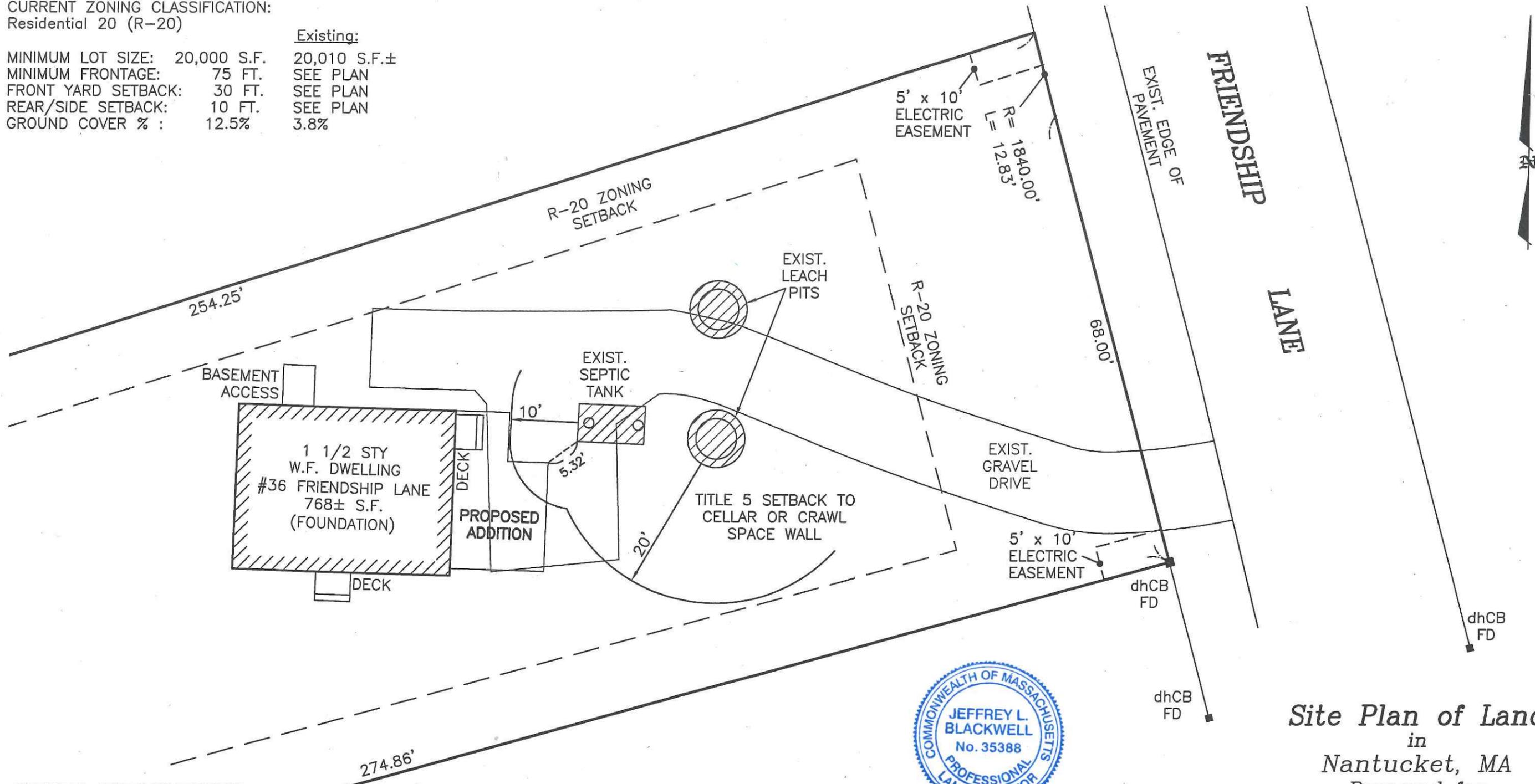
1. Board Of Health Packet

Documents:

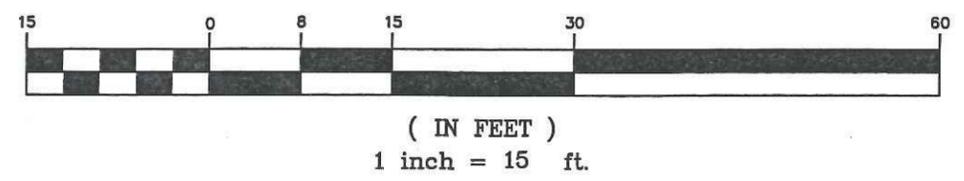
VARIANCE REQUEST 36 FRIENDSHIP LN.PDF
VARIANCE 8 UPPER TAWPAWSHAW.PDF
BOHMIN20161020 (2).PDF
104 CLIFF RD.PDF
147 WAUWINET VARIANCE.PDF
TITLE 5 FOR 8 UPPER TAWPAWSHAW RD.PDF

CURRENT ZONING CLASSIFICATION:
Residential 20 (R-20)

	<u>Existing:</u>
MINIMUM LOT SIZE: 20,000 S.F.	20,010 S.F.±
MINIMUM FRONTAGE: 75 FT.	SEE PLAN
FRONT YARD SETBACK: 30 FT.	SEE PLAN
REAR/SIDE SETBACK: 10 FT.	SEE PLAN
GROUND COVER % : 12.5%	3.8%



GRAPHIC SCALE



OWNER INFORMATION

ANTHONY S. NASTUS
MARTHA PAGE W. MARTINAEU
CERTIFICATE OF TITLE 23884; L.C.C. 35397-G, LOT 87
ASSESSOR MAP 56 PARCEL 333
#36 FRIENDSHIP LANE

Site Plan of Land
in
Nantucket, MA
Prepared for
ANTHONY NASTUS
PAGE MARTINEAU

Scale: 1" = 15' SEPTEMBER 29, 2016

BLACKWELL & ASSOCIATES, Inc.
Professional Land Surveyors
20 TEASDALE CIRCLE
NANTUCKET, MASS. 02554
(508) 228-9026

B8322

BLACKWELL & ASSOCIATES, INC.
PROFESSIONAL LAND SURVEYORS

20 TEASDALE CIRCLE
NANTUCKET, MASSACHUSETTS 02554
(508) 228-9026
FAX: (508) 228-5292
www.blackwellsurvey.com

B8322

September 30, 2016

Nantucket Board of Health
3 East Chestnut Street
Nantucket, MA 02554

Re: Proposed House Addition at 36 Friendship Lane, Anthony Nastus
and Page Martineau. Map 56, Parcel 333.

Dear Board Members:

I am writing to request a variance from the 10' separation requirement between a septic tank and a cellar wall, 310 CMR 15.211 (1).

This request complies with the standard of review defined in sections:

15.410 (1) (a)

"...enforcement of the 10' separation requirement would be manifestly unjust..."

15.410 (1) (b)

"...the applicant must establish that a level of environmental protection that is a least equivalent can be achieved without strict application of the 10' separation requirement..."

The property will be required to connect to the municipal sewer system to be constructed in Friendship Lane within the next 2 or 3 years. The septic system will be abandoned when the house is connected to municipal sewer. Therefore, the cost to move the septic tank is unjust.

Also, an equivalent level of environmental protection is achieved whether the septic tank is 5.3' or 10' away from the cellar wall. The septic tank was inspected recently and found to be in good condition.

In summary, the Board of Health is justified in granting this variance because enforcement of 10" separation is costly and unjust and an equivalent level of environmental protection will be maintained.

Regards,

Blackwell & Associates, Inc.
By Jeffrey L. Blackwell, P.L.S.





NANTUCKET HEALTH DEPARTMENT

3 EAST CHESTNUT STREET
NANTUCKET, MASSACHUSETTS 02554

Telephone 508.228.7200

Fax 508.325.6117

BOARD OF HEALTH REGULATION VARIANCE REQUEST

\$20 per request

I am requesting: (Check one.)

- A variance of a Local Board of Health Regulation
- A variance of a State Public Health Regulation (310 CMR 15, 105 CMR 590, etc...)

Please write an explanation of the variance requested (use separate paper if needed):

~ See Attached Letter ~

Requestor Name: Jeffrey L. Blackwell

Company Name: (if applicable) Blackwell & Associates, Inc

Address: #36 Friendship Lane MAP: 56 PARCEL: 333

Phone No. 508-228-9026 Fax No. _____

Email: jeff@blackwellsurvey.com

Requestor's Signature: Jeff Blackwell Date: 10-5-16

Please be advised that the Health Department accepts variance requests up to one week before a scheduled Board of Health meeting. Applications received after this deadline will be placed at the subsequent scheduled meeting.

Received by: AS PD

Date: 10/6/16



NANTUCKET HEALTH DEPARTMENT

3 EAST CHESTNUT STREET

NANTUCKET, MASSACHUSETTS 02554

Telephone 508.228.7200

Fax 508.325.6117

BOARD OF HEALTH REGULATION
VARIANCE REQUEST
\$20 per request

I am requesting: (Check one.)

A variance of a Local Board of Health Regulation

A variance of a State Public Health Regulation (310 CMR 15, 105 CMR 590, etc...)

Please write an explanation of the variance requested (use separate paper if needed):

Requesting A Variance Per Reg 64.04, G4 (SEPARATION
TO Groundwater in EXCESS OF 15 FEET)
- We ARE Adding An Addition TO OUR House WITHOUT CHANGE TO
NUMBER OF BEDROOMS - SEPTIC SYSTEM WAS INSPECTED AND
PASSED 10/2016

Requestor Name: BENJAMIN CHAMPAUX, Cacolyd DRAND

Company Name: (if applicable)

Address: 8 UPPER TAWPAWSHAW MAP: 53 PARCEL: 56

Phone No. Fax No.

Email: BENCHAMP1@gmail.com

Requestor's Signature: [Signature]

Date: 11/7/2016

Please be advised that the Health Department accepts variance requests up to one week before a scheduled Board of Health meeting. Applications received after this deadline will be placed at the subsequent scheduled meeting.

Received by: AR PD # 745 HEALTH DEPARTMENT
NOV 07 2016 Date:

RECEIVED

2. Properties within the Nantucket Harbor Watershed Protection District Zones A & B with septic systems exhibiting by inspection, groundwater separation distances less than 6 feet shall have their system repaired with Department of Environmental Protection approved nutrient reducing technology components within twelve (12) months of the date of these amended regulations.
3. All properties located within the Nantucket harbor Watershed Protection District Zones A & B not currently connected to municipal sewer lines and exhibiting technical failure criteria as defined in Board of Health Local Regulation 50.00 Definitions, and located within documented sewer needs areas as described within the Town of Nantucket Community Waste Water Management Plan (CWMP), may apply for the existing Administrative Consent Order as documented within Local Regulation 59.00 ADMINISTRATIVE CONSENT ORDER thru the Nantucket Board of Health until final waste water determinations are documented.
4. Properties located within the Nantucket Harbor Watershed Protection District Zones A & B demonstrating a separation distance from the bottom of the leach facility to ground water in excess of 15 feet may seek a waiver from the Board of Health from Subsections 1 thru 4 of Section G of these Regulations

64.05 SEPTIC SYSTEM ACCESS.

- A. A minimum of one access hole and one inspection hole and cover for septic tanks and leach pits shall be provided and brought to grade for new construction. Access and covers for any pump chambers shall be at grade.
- B. Access and inspection hole covers must be a minimum diameter of eighteen (18) inches. The cast iron ring and cover must be of medium or heavier duty weight and must withstand a minimum of H-20 wheel loading.

64.06 RELIEF PROCEDURES.

- A. Any lot referred to in a deed or shown on a plan duly recorded at the Nantucket Registry of Deeds or filed in the land registration office before the effective date of this regulation August 31, 1990 shall comply with Sections 64.03 A and 64.04 of this regulation to obtain maximum feasible compliance, meaning that soil absorption systems shall be located as close to the regulation distance requirements as



BOARD OF HEALTH Meeting

Town of Nantucket
3 East Chestnut Street
Nantucket, Massachusetts 02554
www.nantucket-ma.gov

Commissioners: Malcolm MacNab, MD, PHD (chair), Stephen Visco (Vice chair) , James Cooper, Helene Weld, RN, Rick Atherton

Staff: Roberto Santamaria, Artell Crowley, Kathy LaFavre, Hank Ross, Anne Barrett

-- MINUTES --

Thursday, October 20, 2016

4 Fairgrounds Road, Community Room - 4:00 pm

Called to order at 4:03 p.m.

Staff in attendance: R. Santamaria, Health Director; K. LaFavre, Health Inspector; H. Ross, Restaurant Inspectors; T. Norton, Town Minutes Taker

Attending Members: Malcolm MacNab, MD, PHD; Stephen Visco; James Cooper; Helene Weld, RN;

Absent Members: Rick Atherton, Board of Selectmen

Agenda adopted by unanimous consent

I. ANNOUNCEMENTS

II. PUBLIC COMMENTS

1. None

III. APPROVAL OF MINUTES

1. October 11, 2016 adopted by unanimous consent

IV. BOH APPLICATIONS REVIEW

1. Nitrogen Aggregate Plan: Hummock Pond Cluster Subdivision

Sitting MacNab, Visco, Cooper, Weld

Recused None

Documentation Supporting documents and plans, staff recommendations.

n

Discussion
(4:05)

Gregg Ross, President Hummock Pond of Nantucket Homeowners - Reviewed the request for a nitrogen aggregate plan to allow the homeowners, 2 of which are in Zone B, to replace their septic systems with conventional systems not to exceed 4 bedrooms; the subdivision will set aside 13 acres of open space; this would allow a total of 134 bedrooms. Reviewed the reasons he believes this should be approved.

MacNab - Asked how it will help Hummock Pond

Ross - It isn't making things worse for Hummock Pond; the systems are in place and the nitrogen absorption area is sufficient.

Santamaria - This would codify and ensure they can have conventional systems and allow half of the subdivision, which is in Zone B, be allowed to replace with conventional systems.

MacNab - He looked at what this Board did for residents of Fisher's Landing and noted that use of conventional systems were not approved; the number of bedrooms was negotiated. This is very different from that.

Visco - The land proposed for the aggregate nitrogen loading already has a conservation/land bank restriction; it would be different if it were buildable.

Ross - There is a conservation easement for 55 acres of Land Bank property which meets the absorption rate; we're asking to use only 13 acres of it. Doing that would provide the equivalent absorption area of 10,000 square feet (SF) per bedroom and more.

Visco - We shouldn't distinguish between Zone A and Zone B of the watershed district; the only difference is Zone A is within 600 feet or 300 feet down grade and B is farther out. There is no benefit to Hummock Pond.

MacNab - We have to get away from conventional systems; they just aren't good enough; I/A systems aren't good enough just better.

Cooper - If we approve this, how does this affect Fisher's Landing.

Santamaria - Not at all.

Visco - If the systems fails in Fisher's Landing, they have to repair with an I/A system.

MacNab - Asked if it's easier for the staff if a policy is created.

Santamaria - They can create a policy internally and ensure it is agreeable to the BOH.

Cooper - The current policy is that if you don't have 10,000 SF per bedroom, a failed system has to be replaced with an I/A.

Ross - Asked if he could have a ruling that allows homes outside the protection area to use conventional.

Santamaria - That is covered by Title 5 Regulations; he will get a copy of those to Mr. Ross in regards to systems outside the Zone A and Zone B protection areas.

Motion to Deny the Nitrogen Aggregate Plan . (made by: Visco) (seconded by: Weld)
Carried unanimously

MacNab - If systems fail in Zone B or need repair, we want to require they upgrade to an I/A system.

Motion to Confirm that conventional septic systems that fail in Zone B must be replaced with I/A system. (made by: Cooper) (seconded by: Weld)

Carried unanimously

Action
Vote
further
discussion
Action

Vote
2. Administrative Consent Order (ACO): Fales, 20 Meadow View Drive (56-141)

Sitting MacNab, Visco, Cooper, Weld

Recused None

Documentation Supporting documents and plans, staff recommendations.

Discussion **Santamaria** - This is very straight forward.
(4:25)

Action **Motion to Approve the ACO.** (made by: Visco) (seconded by: Cooper)

Vote Carried unanimously

3. Variance from I/A in wellhead district: 17 Woodland Drive (68-263)

Sitting MacNab, Visco, Cooper, Weld

Recused None

Documentation Supporting documents and plans, staff recommendations.

Discussion **Santamaria** - They have a system that is not in compliance and are asking not to put an I/A in.
(4:25)

Victoria Ewing, LINK Permitting and Design - The septic system had extensive repair in 2014 and that was signed off on Mr. Richard Ray.

Visco - We missed this one; however, we don't know when Town sewer will come there.

MacNab - At the last meeting, we approved a policy that if sewer comes to an area homeowners with I/A systems have 10 years from date of permit to hook to sewer.

Action **Motion to Deny the variance.** (made by: Visco) (seconded by: Cooper)

Vote

Carried unanimously

PROPOSED

4. Variance from well setbacks: 5 Arlington Street (76.1.3-47)

Sitting MacNab, Visco, Cooper, Weld

Recused None

Documentation Supporting documents and plans, staff recommendations.

n

Discussion **Santamaria** - This does fall within the private well protection zone; they are asking for a waiver from the 100-foot setback.
(4:29)

Arthur D. Gasbarro, Nantucket Engineering & Survey - This is an upgrade of a failed system and are proposing a 4-bedroom repair. Relief is to allow the leach trench to be no less than 80 feet from the well on an 8,000 SF lot; the system will be an I/A system. Another relief is for reduction in the rear setback to move the trench five feet closer to the road. There are no alternatives.

Action **Motion to Approve the variance.** (made by: Visco) (seconded by: Weld)

Vote Carried unanimously

5. Convert irrigation well to potable water well: 15 Delaney Road (30-635)

Sitting MacNab, Visco, Cooper, Weld

Recused None

Documentation Supporting documents and plans, staff recommendations.

n

Discussion **Santamaria** - He recommends a denial due to the proximity to the sewer line and a sewer manhole is within 15 feet of the well.
(4:31)

Arthur D. Gasbarro, Nantucket Engineering & Survey - The concern with changing the existing irrigation well to a potable water well is its proximity to the sewer system; the regulation that applies is 62.03, which states the well should "be as far as possible" from the potential source of contamination. That is very broad statement with no definitive distance. The well is drawing water from about 50 feet, so there is a large vertical separation. He doesn't believe there is a threat of contamination. Nothing says the owner must connect to Town water; the owner wants well water.

Visco - He has no problem with granting the variance but advises this board to have a discussion with Bob Gardner about possibly making hooking to Town water mandatory where it is available.

Jeff Kashuluk, General Contractor for the owner - This property is currently on Town water but the owners desires his own well.

Cooper - The pipes in a sewer manhole are all open; so there's raw sewage at the bottom.

Kashuluk - There are three homes that tie into a small manhole and the pipes are tight with sand in the bottom. The pit is across the street.

Gasbarro - The manhole is sealed and capped; there is no way for sewage to flow into the well from this manhole.

Action **Motion to Approve the variance.** (made by: Visco) (seconded by: Weld)

Vote Carried unanimously

6. Hearing - 7A Hill Side Avenue Inspection

Sitting MacNab, Visco, Cooper, Weld

Recused None

Documentation Supporting documents and plans, staff recommendations.

n

Discussion
(4:41)

Santamaria - Did Housing Authority inspections on October 4, 2016 and found an excessive amount of clutter, which could possibly be classified as a 5 or 6 under the Federal Clutter Image Rating scale. They issued an order to correct or clean up to bring it up to habitable condition; they offered 14 days to comply. The State Housing Office requires the owner's request for a hearing to contest the order occur within 30 days of the inspection; the November meeting is outside that parameter.

MacNab opened the hearing at 4:42 p.m.

Paul Frazier, owner - Asked for a continuance for the hearing; he didn't ask for this hearing and he isn't prepared to contest the order at this time. He intends to address the issues posed by the inspectors; the next inspection which is scheduled on November 4, 2016.

Santamaria - If Mr Frazier doesn't comply by November 4, 2016, we are required to submit a filing

Frazier - If at the time of the inspections there are no issues, there is no need for a hearing. However, he has disagreements with some aspects of the order but is willing to work with the Department of Health to address the order. Reiterated that he is asking this be continued to November 18, 2016 because he's not prepared for a hearing today.

Santamaria - He has an order that the property has to meet compliance by November 4; if it doesn't meet compliance he still has the right to a hearing. This hearing is to contest the order to correct.

Cooper - We don't have to get involved except to say he must make the corrections.

MacNab - At this point we have no evidence that allows us to refuse the order. We can pass a motion to confirm the order then Mr. Frazier can ask for a hearing to contest the order.

Action

Motion to Confirm the Health Department's order. (made by: Cooper) (seconded by: Weld)

Vote

Carried unanimously
Hearing closed at 4:48 p.m.

V. BOH BUSINESS

1. Director's Report
 - a. He is preparing the 5-year budget plan. He is rewriting the vision directive and is hoping to become a fully accredited health department by 2021.
 - b. The venison donation program is stalled; he hasn't heard from a butcher yet. If things go well, the program will be operational for the full fire-arms season.
 - c. He needs signatures of the Board members for the Betterment Loan approved at the October 11, 2016 meeting.
 - d. Scalloping is good to go; the ban on them is lifted. They showed up negative for the toxins.
 - e. He's been given the okay to look into creating a "Friend's of" Group that can provide the BOH with non-budgeted funds
2. Visco - Last meeting we talked about variances for areas getting sewer; asked if there is a way to speed that up. Santamaria - A lot of banks are kicking back the ACO; so what we've done is as long as a system is working, including no hydraulic failure, they have 10 years.
3. MacNab - The Genetic Mice Project, Martha's Vineyard is moving forward with it. A steering committee will be set up to follow the project that will include representatives from both Martha's Vineyard and Nantucket.

VI. ADJOURN

Adjourned by unanimous consent at 4:56 p.m.

Submitted by:

PROPOSED



NANTUCKET HEALTH DEPARTMENT

3 EAST CHESTNUT STREET
NANTUCKET, MASSACHUSETTS 02554

Telephone 508.228.7200

Fax 508.325.6117

BOARD OF HEALTH REGULATION VARIANCE REQUEST

\$20 per request

I am requesting: (Check one.)

A variance of a Local Board of Health Regulation

A variance of a State Public Health Regulation (310 CMR 15, 105 CMR 590, etc...)

Please write an explanation of the variance requested (use separate paper if needed):

See Attached

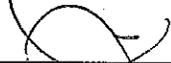
Requestor Name: Richard Sears and Tracey Lynn Sears

Company Name: (if applicable) _____

Address: 104 Cliff Road MAP: 41 PARCEL: 11

Phone No. 508-228-0771 Fax No. 508-228-6205

Email: richard@gliddenandglidden.com

Requestor's Signature:  Date: 11/1/2016

Richard Sears by Attorney Duly Authorized

Please be advised that the Health Department accepts variance requests up to one week before a scheduled Board of Health meeting. Applications received after this deadline will be placed at the subsequent scheduled meeting.

Received by: _____

Date: _____

**Board of Health Regulation
Variance Request**

Richard and Tracey Sears
November 1, 2016
104 Cliff Road
Map 41, Parcel 11

Explanation of Variance Requested:

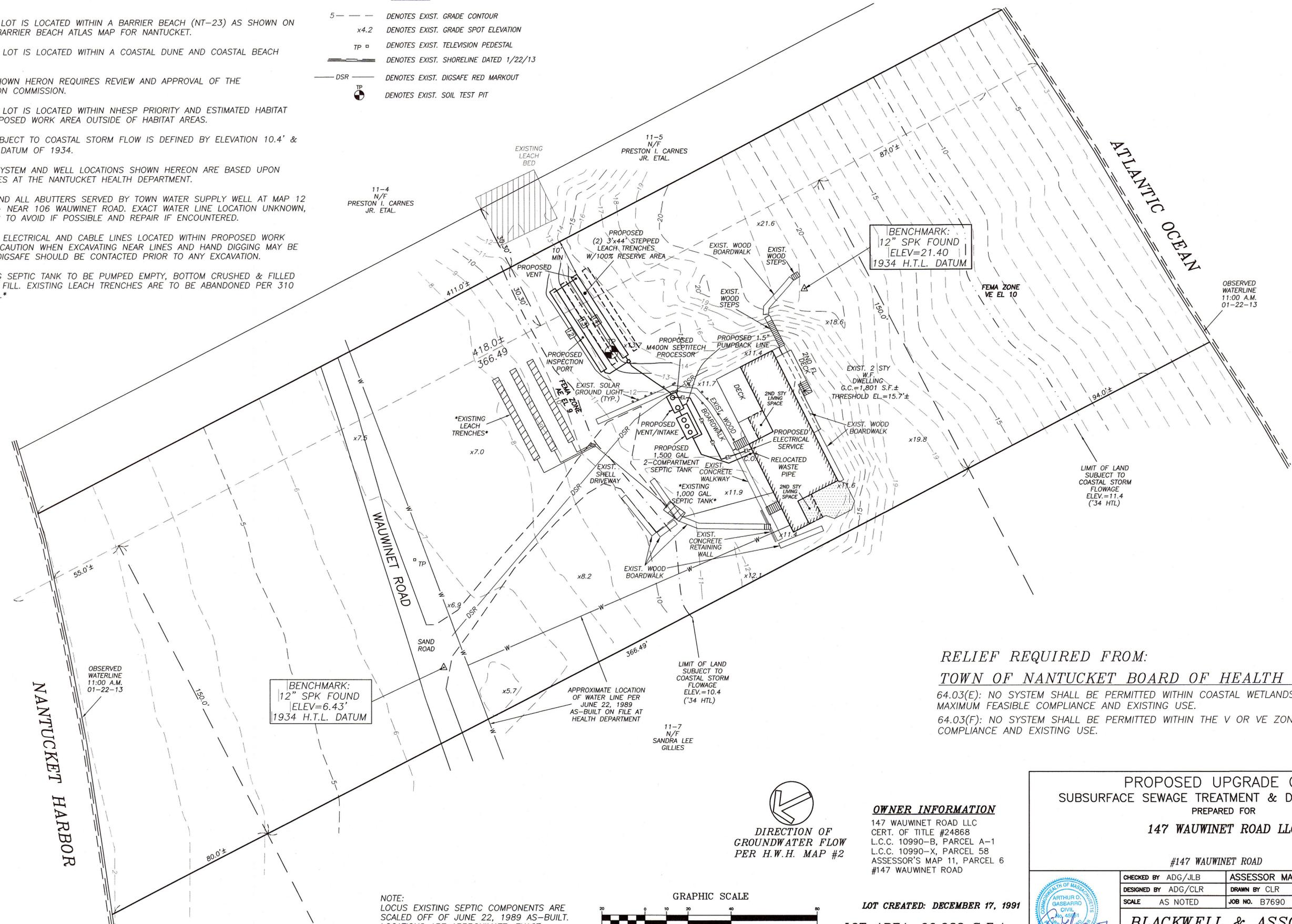
Mr. and Mrs. Sears purchased property in 2010 and the dwelling had a Certificate of Occupancy. There was a Title V report filed indicating that the septic system was good for 4 bedrooms. There was a note on the Title V report indicating that the former owner was supposed to file an as-built which was not done. Current owners are seeking a permit for an addition and Board of Health requires a current as-built. This plan shows that the septic tank is too close to the foundation. Applicant seeks a variance from the 10-foot setback requirement as it is a crawlspace without living space and it has existed in its current location for at least 10 years.

NOTES:

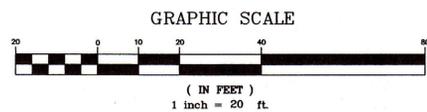
- 1) SUBJECT LOT IS LOCATED WITHIN A BARRIER BEACH (NT-23) AS SHOWN ON THE MCZM BARRIER BEACH ATLAS MAP FOR NANTUCKET.
- 2) SUBJECT LOT IS LOCATED WITHIN A COASTAL DUNE AND COASTAL BEACH AREA.
- 3) WORK SHOWN HEREON REQUIRES REVIEW AND APPROVAL OF THE CONSERVATION COMMISSION.
- 4) SUBJECT LOT IS LOCATED WITHIN NHESP PRIORITY AND ESTIMATED HABITAT AREAS. PROPOSED WORK AREA OUTSIDE OF HABITAT AREAS.
- 5) LAND SUBJECT TO COASTAL STORM FLOW IS DEFINED BY ELEVATION 10.4' & 11.4', HTL DATUM OF 1934.
- 6) SEPTIC SYSTEM AND WELL LOCATIONS SHOWN HEREON ARE BASED UPON RECORD FILES AT THE NANTUCKET HEALTH DEPARTMENT.
- 7) LOCUS AND ALL ABUTTERS SERVED BY TOWN WATER SUPPLY WELL AT MAP 12 PARCEL 51- NEAR 106 WAUWINET ROAD. EXACT WATER LINE LOCATION UNKNOWN, CONTRACTOR TO AVOID IF POSSIBLE AND REPAIR IF ENCOUNTERED.
- 8) EXISTING ELECTRICAL AND CABLE LINES LOCATED WITHIN PROPOSED WORK ZONE. USE CAUTION WHEN EXCAVATING NEAR LINES AND HAND DIGGING MAY BE REQUIRED. DIGSAFE SHOULD BE CONTACTED PRIOR TO ANY EXCAVATION.
- *9) EXISTING SEPTIC TANK TO BE PUMPED EMPTY, BOTTOM CRUSHED & FILLED WITH CLEAN FILL. EXISTING LEACH TRENCHES ARE TO BE ABANDONED PER 310 CMR 15.354.*

LEGEND

- 5- - - DENOTES EXIST. GRADE CONTOUR
- x4.2 DENOTES EXIST. GRADE SPOT ELEVATION
- TP □ DENOTES EXIST. TELEVISION PEDESTAL
- DENOTES EXIST. SHORELINE DATED 1/22/13
- DSR DENOTES EXIST. DIGSAFE RED MARKOUT
- TP ○ DENOTES EXIST. SOIL TEST PIT



RELIEF REQUIRED FROM:
TOWN OF NANTUCKET BOARD OF HEALTH REGULATIONS
 64.03(E): NO SYSTEM SHALL BE PERMITTED WITHIN COASTAL WETLANDS RESOURCE AREA. MAXIMUM FEASIBLE COMPLIANCE AND EXISTING USE.
 64.03(F): NO SYSTEM SHALL BE PERMITTED WITHIN THE V OR VE ZONES. MAXIMUM FEASIBLE COMPLIANCE AND EXISTING USE.



OWNER INFORMATION
 147 WAUWINET ROAD LLC
 CERT. OF TITLE #24868
 L.C.C. 10990-B, PARCEL A-1
 L.C.C. 10990-X, PARCEL 58
 ASSESSOR'S MAP 11, PARCEL 6
 #147 WAUWINET ROAD

LOT CREATED: DECEMBER 17, 1991
 LOT AREA: 96,933 S.F.±
 SHEET 1 OF 2

**PROPOSED UPGRADE OF A
 SUBSURFACE SEWAGE TREATMENT & DISPOSAL SYSTEM**
 PREPARED FOR
147 WAUWINET ROAD LLC
 #147 WAUWINET ROAD

CHECKED BY ADG/JLB	ASSESSOR MAP: 11	PARCEL: 6
DESIGNED BY ADG/CLR	DRAWN BY CLR	DATE 10/27/16
SCALE AS NOTED	JOB NO. B7690	SHEET: 1 OF 2

BLACKWELL & ASSOCIATES, INC.
 20 TEASDALE CIRCLE — NANTUCKET, MA 02554
 (508)228-9026 FAX (508)228-5292 **B7690**

NOTE:
 LOCUS EXISTING SEPTIC COMPONENTS ARE SCALED OFF OF JUNE 22, 1989 AS-BUILT. LOCATIONS ARE APPROXIMATE. EXACT LOCATIONS TO BE VERIFIED IN FIELD.

TOWN OF NANTUCKET

Board of Health

Septic System Inspection Report / Certificate of Compliance

Date 10/25/2016

LOCATION OF PROPERTY: Map 53 Parcel 56
Street Address 8 UPPER TAWPAWSHAW ROAD
Present Owner BENJAMIN CHAMPOUX, ETAL
Mailing Address 8 UPPER TAWPAWSHAW ROAD, NANTUCKET MA
Name of Inspector EDWARD F. KING JR. 02554
Mailing Address 4 LEWIS COURT NANTUCKET, MA 02554

ALL INSPECTIONS SHALL BE WITNESSED BY AN AUTHORIZED AGENT OF THE BOARD OF HEALTH*, CERTIFIED IN MASSACHUSETTS AS A SYSTEM INSPECTOR (AND SOIL EVALUATOR). ALL SYSTEMS SHALL BE UNCOVERED FOR INSPECTION AND A TAPE SURVEY SKETCH WILL BE INCLUDED IN THE INSPECTION REPORT.

I. Description of the Property

RESIDENTIAL

- 1. Lot size 20,279+-S.F.
2. No. of Bedrooms
3. Total No. of Rooms
4. No. of Appliances
Dishwasher
Garbage Disposal
Washing Machine
Jacuzzi / Other
5. Length of Present Ownership 12/26/2012
6. Year-round Residence? YES
If seasonal, No. Weeks
Use Per Season

COMMERCIAL

- 1. Lot size
2. Type of Business
3. Number of Employees
4. Number of Toilets
5. Rooms with Bath
6. Other Grey Water Discharge Explain
7. Annual Water Usage (if metered)

Town Water Private Well If well, distance from septic system ft. (if less than 100', show location. (150 feet in Madaket)

II. Description of Sanitary System:

- 1. Date Installed 5/21/2001
2. Cesspool Septic Tank Other Describe
3. Septic Tank Size 1,500 gals.
4. Number of leaching pits, trenches or other: describe 1 LEACH BED (16'x47')

III. Result of Open Visual Inspection of Septic System (attach Title 5 Official Inspection Form Part C)

- 1. Standing water level (in tank, cesspool, or D box) TANK & D-BOX WERE AT INVERTS OUT
2. Algal growth, lush growth, or odor: NO describe
3. Waste Water discharge slow? Yes No Describe
4. Distance from bottom of leaching facility to highest seasonal, including perched, ground water elevation as determined by a certified soil evaluator by direct test pit observation, from ground water monitoring observations provided to the Board of Health based on preapproved monitoring program and/or by qualifying under the provision under the mapping exception. Minimum requirements for a ground water monitoring program include data collection for a minimum of six months, placement of a minimum of three monitoring wells, collection of data during moon tidal cycle as appropriate, etc.

TEST HOLE & AS-BUILT DATA SHOW > 80' SEPARATION FROM GROUND WATER, BOTTOM OF LEACH BED IS AT EL. = 30.1 AND H.W.H. MAP #2 SHOWS GROUND WATER AT EL. = 10
*Cost to be charged as a fee to the property owner

cc: Nantucket Board of Health - Pink
Property Owner - Yellow
System Inspector - White

Map 53

Parcel 56

CERTIFICATE OF COMPLIANCE

Address 8 UPPER TAWPAWSHAW ROAD

Forwarding Address _____

Buyer's Name (if known) _____

Current Address _____

THIS IS TO CERTIFY THAT I HAVE INSPECTED THE SEWAGE DISPOSAL SYSTEM LOCATED ON THE ABOVE PROPERTY AND, AS OF 10/25/2016 (date) FIND IT TO BE IN:

I. System Passes

I have not found any information based on visual and onsite inspection, pumping records, or other required onsite work which indicates that any of the failure criteria described in 310 CMR 15.303, 310 CMR 15.304, or the Town of Nantucket Health Code Regulations (50.0, 51.0, 61.0, 64.0, 66.0) exist.
Comments: _____

II. System Fails **

- Backup of sewage into facility or system component due to overload or clogged SAS or cesspool.(Hydraulic Failure)
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- Static liquid depth in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Liquid depth in septic tank six inches below invert or available volume of leaching facilities is less than 1/2 day flow.
- Required pumping more than two 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.
- System containing cesspool.
- Lack of five foot (5') protective zone between the bottom of the system and highest seasonal, including perched groundwater elevation, and/or soils mottling in non-Nitrogen Sensitive areas as defined in Nantucket BOH Regulation 50:00.
- Lack of five foot (5') protective zone between the bottom of the system and highest seasonal groundwater, including perched groundwater elevation, and/or soils mottling in a Nitrogen Sensitive area as defined in Nantucket BOH Regulations 50:00 with existing enhanced effluent treatment as previously approved by the Nantucket BOH.
- Lack of six foot (6') protective zone between the bottom of the system and highest seasonal groundwater, including perched groundwater elevation, and/or soils mottling in Nitrogen Sensitive areas as defined in Nantucket BOH Regulations 50:00.
- System leaching facilities not located, evaluated.
- Evidence of sewage flow to surface.
- Evidence of breakout or other overload of the system.
- System is in such disrepair that it cannot function as originally intended.

YES (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303 and the Town of Nantucket Heath Code Regulations (50.0, 51.0, 61.0, 64.0, and 66.0).

**** Only Systems with hydraulic failure or less than 5' separation to high groundwater must upgrade the existing septic**
Other criteria of system failure will be evaluated for upgrade by 6/14/2009.

Description of evidence of failure: REGULATION 64

Signed [Signature] Date 10/25/2016

Signed [Signature] Kathy Lojanne Date _____
Agent for the Board of Health

cc: Nantucket Board of Health – Pink
Property Owner – Yellow
System Inspector – White

All Inspections shall be witnessed by an authorized agent of the Board of Health.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

8 UPPER TAWPAWSHAW ROAD

ASSESSOR MAP 53 PARCEL 56

Property Address

BENJAMIN CHAMPOUX, etal

Owner's Name

NANTUCKET

MA
State

02554
Zip Code

10/25/2016
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:

EDWARD F. KING JR.

Name of Inspector

HUGHES SEPTIC SERVICE

Company Name

4 LEWIS COURT

Company Address

NANTUCKET

City/Town

MA
State

02554
Zip Code

508-228-4697

Telephone Number

3007

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

Inspector's Signature

10/25/2016
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:

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:

SYSTEM DOES NOT MEET LOCAL REGULATION 64 OF THE TOWN OF NANTUCKET BOARD OF HEALTH.

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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City/Town

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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 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)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): N/A

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 556



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D. System Information

Description:

Number of current residents: 2

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)): _____

Detail:

Sump pump? Yes No

Last date of occupancy: CURRENT
Date

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: _____

HUGHES SEPTIC SERVICE

Was system pumped as part of the inspection? _____

Yes No

If yes, volume pumped: _____

gallons

How was quantity pumped determined? _____

Reason for pumping: _____

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): _____



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D. System Information (cont.)

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

2/21/2001

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.0'
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.):

Septic Tank (locate on site plan):

Depth below grade:

1.0'
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:

6'x5'x10.5'

Sludge depth:

0.2'



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D. System Information (cont.)

Septic Tank (cont.)

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

2.5'

Scum thickness

0.3'

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

0.7'

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

0.9'

How were dimensions determined?

FIELD MEASUREMENTS

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 TANK APPEARED STRUCTURALLY SOUND WITH NO SIGNS OF LEAKAGE. THE TEES WERE INTACT.

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.):

D-BOX WAS LEVEL WITH NO SIGNS OF CARRYOVER.

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: _____
- leaching fields number, dimensions: 1 (16'x47')
- 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.):

SOIL & VEGETATION APPEARED NORMAL WITH NO SIGNS OF HYDRAULIC FAILURE.

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



Commonwealth of Massachusetts

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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.):



Commonwealth of Massachusetts

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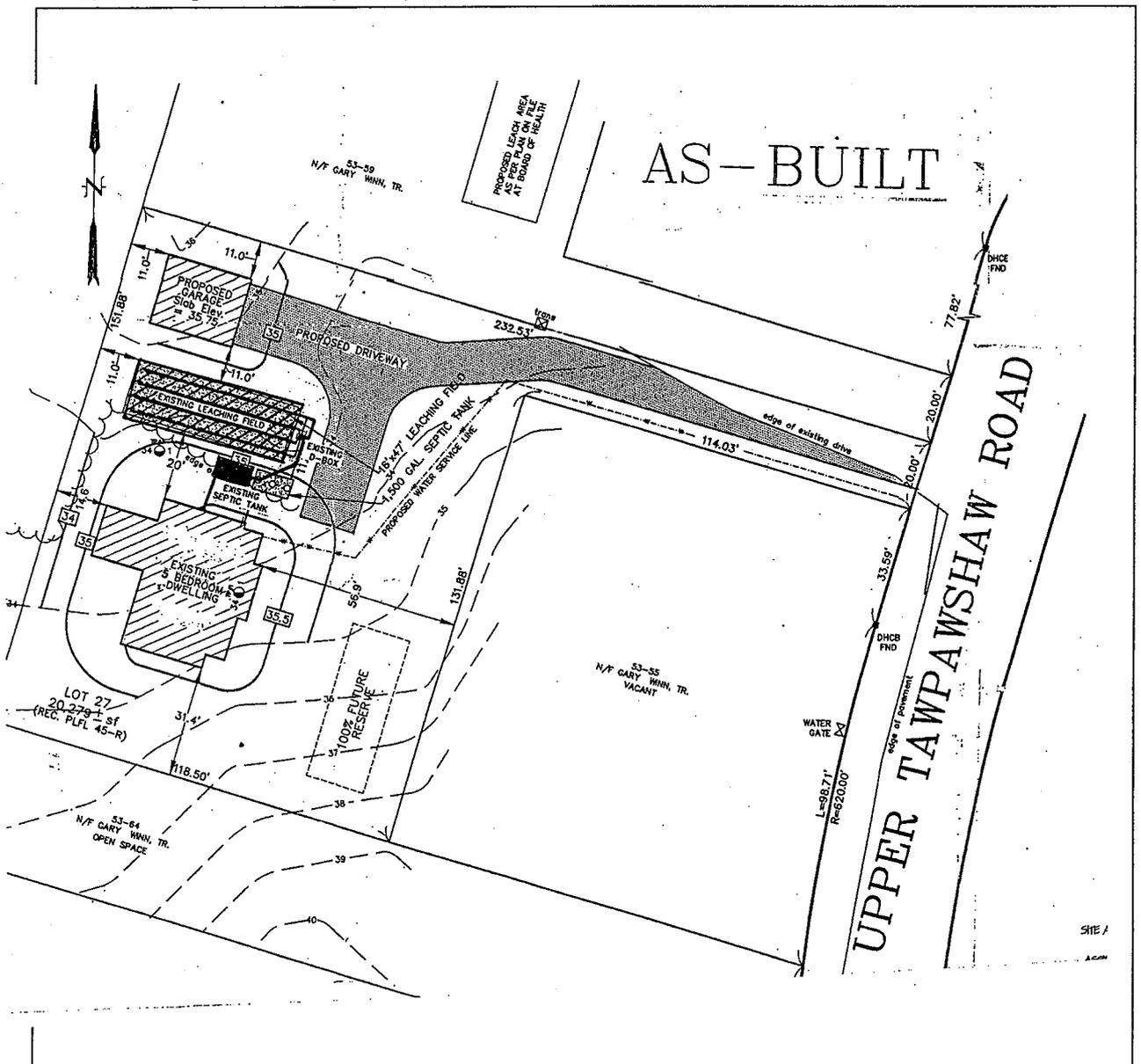
City/Town

Owner information is required for every page.

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: _____

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: 12/12/2000
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:

TEST HOLE AND AS-BUILT DATA SHOWS >8.0+/- SEPARATION FROM GROUND WATER.
BOTTOM OF LEACH BED IS AT EL.=30.1' AND H.W.H. MAP #2 SHOWS GROUND WATER AT
EL.=10'.

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