



# MANCHESTER-BY-THE-SEA

## BOARD OF HEALTH

TOWN HALL - 10 CENTRAL STREET

Manchester-by-the-Sea, Massachusetts 01944-1399

Telephone (978) 526-7385

FAX (978) 526-2009

October 15, 2025

Ted Miller

4 Brookwood Road

Manchester-by-the-Sea, MA 01944

### NOTIFICATION TO OWNER – ACTION REQUIRED

Upon receipt of the Title 5 Inspection Report for the onsite sewage disposal system at:

Property Address: **4 BROOKWOOD ROAD, MANCHESTER-BY-THE-SEA**

Property Owner: **MILLER W MERRITT and MILLER LINDA DUNLAP**

Licensed Title 5 Inspector: F. Paul Cardone, Inc. SI# 01844

The Title 5 Inspection Report dated: 9-4-2025 has CONDITIONALLY PASSED

#### **Further action is required:**

- Section C.2, pg 3: The distribution box needs to be leveled or replaced. Section D.9, pg 12 “box is in need of replacement, and a crack in it and is tarding to deteriorate.”

**A licensed Installer may apply for a permit to replace the distribution box. The Board of Health requires an inspection prior to backfilling the excavation.**

- Section C.6, page 6: The system has not received normal flows in the previous two week period. Section D.1, pg 7, last date of occupancy “1 year ago – being used by workers”

**A re-inspection is required 6 months after occupancy of the dwelling and use of the septic system.**

- Local Board of Health Private Well Test Regulation Compliance - At the time of sale, and not more than 1 year prior to transfer of the property Complete Baseline Testing and Basic 4. (Please see enclosed FAQ sheet. A copy of the regulation is available at <https://manchester.ma.us/337/Board-of-Health> .)

**Provide well water quality testing for BASELINE and Basic 4 prior to transfer.**

**NOTES:** Section C.2. the Title 5 Inspector notes a discrepancy between the plan on file and in the field inspection, “According to the design plans there were three trenches during the inspection we discovered there were only two, ...”

The septic tank was not pumped as part of the inspection.

Reviewing Board of Health Agent:

Wendy Hansbury MPH, RS, Public Health Director

THIS INSPECTION reflects the **present** condition of the sanitary disposal system and is not any guarantee as to the life or future condition of said system. A passing Title 5 Inspection Report with pump receipts for three years within each calendar year may be used for sale of property. (Explanation: If there is a potential that your home will be sold within three years, you **MUST** have the septic tank pumped once a year, within a year of the date of the approved Title 5 Inspection Report for each of the three years. This allows the sale to occur with the use of the pumping reports and annual receipts abates the need for a “Title 5 System Inspection” for a property transfer within three years of the passing inspection, otherwise a passing Title 5 Inspection Report is only good for two years.)



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



4 Brookwood Road

Property Address

Ted Miller

Owner's Name

Manchester By The Sea

Ma

01944

9-4-2025

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

F. Paul Cardone

Name of Inspector

Septic Compliance, Inc.

Company Name

37 1/2 Baremeadow Street

Company Address

Methuen

Ma

01844

City/Town

State

Zip Code

978-815-3115 or 978-681-0726

#3294

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

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

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



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## C. Inspection Summary

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

### 1) System Passes:

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

Comments:

Please see notes on page 12

### 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):

According to the design plans there were three trenches during the inspection we dicovered there were only two, we dug around to make sure that there wasn't a third line and there was not. We ran a small amount through the box and the lines took the water and there was equal distribution

- 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.)

- Checkboxes for Cesspool or privy within 50 feet of surface water and wetland.

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:

- Checkboxes for SAS proximity to surface water, public water supply, private water supply well, and distance from private 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:

Four horizontal lines for additional notes.

4) System Failure Criteria Applicable to All Systems:

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

- Yes/No columns and two failure criteria: Backup of sewage and Discharge or ponding of effluent.



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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" 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 Pumping information was provided by the owner, occupant, or Board of Health
Were any of the system components pumped out in the previous two weeks?
Has the system received normal flows in the previous two week period?
Have large volumes of water been introduced to the system recently or as part of this inspection?
Were as built plans of the system obtained and examined? (If they were not available note as N/A)
Was the facility or dwelling inspected for signs of sewage back up?
Was the site inspected for signs of break out?
Were all system components, excluding the SAS, located on site?
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?
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:
Existing information. For example, a plan at the Board of Health.
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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C. Inspection Summary (cont.)

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

- Yes No
Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
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 water supply 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.
The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.
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.

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
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



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## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Description:

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

Number of current residents: 0

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)): Private Well

Detail:

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

Sump pump?  Yes  No

Last date of occupancy: 1 year ago- being used by workers



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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):  
 N/A

**3. Pumping Records:**

Source of information: \_\_\_\_\_  
 According to the owner tank was pumped 3 years ago there were two people living there prior.

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.)**

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

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

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

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

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

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

Dimensions: \_\_\_\_\_ 10'x5'x8'

Sludge depth: \_\_\_\_\_ 4"

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

Scum thickness \_\_\_\_\_ 1"

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

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

How were dimensions determined? \_\_\_\_\_ Sludge Judge and Tape

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

We recommend tank be pumped on a yearly basis, baffles in good condition, structural integrity appeared to be good, all liquid levels were good, no evidence of any leakage.

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



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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.):  
 N/A

**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.):

N/A

\* 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 \_\_\_\_\_

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.):

No solids carryover, the box is in need of replacement, has a crack in it and is starting to deteriorate. 18" deep, and is 18"x18" and there were one vent for each trench



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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.):

N/A

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

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

If SAS not located, explain why:

Type:

leaching pits

number:

leaching chambers

number:

leaching galleries

number:

leaching trenches

number, length:

2 trenches-  
2'x50'each

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.):

	Good	No	None	No	Grassy
area					

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### 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.):

N/A

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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.):

N/A





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## D. System Information (cont.)

### 14. Sketch Of Sewage Disposal System:

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

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



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## D. System Information (cont.)

### 15. Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

66" Perc Rate 5min/inch  
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:

4-9-85  
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:

All liquid levels were good, no sump, basement was dry, soil information available

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

ST PIT DATA:

SEPT 18, 1986

R.L. MAILHOIT ~ ENGINEER  
K CAPELS ~ HEALTH AGENT

T1:

0" - 20" T/S  
20" - 80" SAND & GRAVEL cobbles perc 1" < 2min  
80" MACHINE REFUSAL  
NO G.W. ~ NO MOTTLING

T2:

0" - 22" T/S  
22" - 78" SAND & GRAVEL, cobbles perc 1" < 2min  
78" Refusal  
NO G.W. ~ NO MOTTLING

T3:

0" - 20" T/S  
20" - 82" SAND & GRAVEL cobbles perc 1" < 2min  
82" Refusal  
NO G.W. ~ MOTTLING & OXIDES @ 32"





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## E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

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

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

C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

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

For 15: Explanation of estimated depth to high groundwater included