Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

42 Washington Street, Sherborn, MA 01770
Property Address

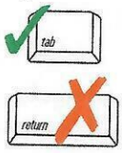
FIE ANDERSEN & CYRUS R. TARAPOREVALA
Owner's Name

Owner information is required for every page.

Sherborn	MA	01770	5/18/2026
City/Town	State	Zip Code	Date of Inspection

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

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



A. Inspector Information

Stacey R. Scott
Name of Inspector

SCOTT SEPTIC, INC
Company Name

44 Spring Street
Company Address

Hopkinton	MA	01748
City/Town	State	Zip Code

508-435-4168	13467
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

5/18/2026
Date

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

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

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C. Inspection Summary

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

1) System Passes:

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

Comments:

2) System Conditionally Passes:

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

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

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

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

☐ Y ☐ N ☐ ND (Explain below):

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C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

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

☐ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

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

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

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

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

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

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C. Inspection Summary (cont.)

☐ Cesspool or privy is within 50 feet of a surface water

☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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

☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

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

c. Other:

_____

_____

_____

_____

4) System Failure Criteria Applicable to All Systems:

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

Yes	No	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	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	
☐	☒	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 ½ 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. **[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 2000 gpd-10,000 gpd.
☐	☒	**The system <u>fails</u>.** 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	
☐	☐	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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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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D. System Information

1. **Residential Flow Conditions:**

Number of bedrooms (design): 6 Number of bedrooms (actual): 6

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660GPD

Description:
The system is designed for 660gpd and includes a 1500 gallon 2 compartment septic tank with a Fast Syste in the 2nd compartment for treatment. The treated effluent flows to a 1500 gallon pump chamber that includes a duplex pumping system.

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: Outside Discharge

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: 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):

_____

_____

_____

3. **Pumping Records:**

Source of information: _____

Was system pumped as part of the inspection? ☒ Yes ☐ No

If yes, volume pumped: 2000 gallons

How was quantity pumped determined? Truck Site Glass

Reason for pumping: Inspection and Maintenance

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D. System Information (cont.)

4. **Type of System:**

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

Approximate age of all components, date installed (if known) and source of information:
System installed in 2005, plans on file at the board of health.

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

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

Depth below grade: 3' feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: _____ feet

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

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D. System Information (cont.)

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

Depth below grade: 3' 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: 5'8" X 10'6" X 6'

Sludge depth: 6"

Distance from top of sludge to bottom of outlet tee or baffle 36"

Scum thickness 3"

Distance from top of scum to top of outlet tee or baffle N/A

Distance from bottom of scum to bottom of outlet tee or baffle N/A

How were dimensions determined? Measured

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Septic tank is level and water tight. Tank has a F.A.S.T. unit in it. Appears to be in working order.

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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 N/A

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.):

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D. System Information (cont.)

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

Pumps in working order: ☒ Yes ☐ No*

Alarms in working order: ☒ Yes ☐ No*

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

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

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

If SAS not located, explain why:

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☒	leaching trenches	number, length:	#6 @ 62' & #7 @ 52'
☐	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.):
Leaching field in working order. No signs of ponding or breakout.

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.)

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: 60" 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: 2005 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:

Ground water information taken from plans on file at the board of health.

Before filing 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. 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 15: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 16: Explanation of estimated depth to high groundwater included

Insp> 2/2/24

RECEIVED
JUL 03 2024
SHERBORN BOARD OF HEALTH

BIO-MICROBICS INCORPORATED

16002 West 110th Street, Lenexa, KS 66219, Phone 913-422-0707, Fax 913-422-0808
e-mail:onsite@biomicrobics.com, www.biomicrobics.com, 800-753-FAST(3278)

MASSACHUSETTS FIELD INSPECTION & SERVICE REPORT

For Bio-Microbics FAST® Systems

46855

INSTALLATION	AUTHORIZED SERVICE PROVIDER
Installation Address: 42 Washington Street Sherborn, MA 01770	Name: Wastewater Treatment Services, Inc.
Owner Name: Cyrus Taraporevala	
Mail Address: 42 Washington Street Sherborn, MA 01770-7156	Mail Address: 44 Commercial Street Raynham, MA 02767
Phone: Fax: e-mail:	Phone: (508) 880-0233 Fax: (508) 880-7232 e-mail:

INSTALLATION INFORMATION

Model No.	Serial No.	Startup Date	Date of last pump out
FAST 1.0 HS	5104	7/5/2005	
Approval Type	( ) General ( ) Provisional ( ) Piloting (x) Remedial ( ) General Denite		
Seasonal Residence	( ) Yes (x) No		

EQUIPMENT	YES	NO	MAINTENANCE PERFORMED AND COMMENTS
Electrical Panel(s)			
Visual Alarm Operating	x		
Audio Alarm Operating (if present)	x		
Blower(s)			
Air Inlet Filter Clean	x		
Blower Hood Vents Clear	x		
Excessive Noise		x	
Excessive Vibration		x	
Treatment unit(s)			
Unusual Odor		x	
Settleable Solids Test Performed			
Pump out Required		x	

Primary Settling Zone Sludge Depth	15"
Aerobic Treatment Zone Sludge Depth	15"
Thickness of Scum Layer	2"
Sludge Level Distance to Outlet	"

Depth of Ponding Within SAS			
Visual Observation	Comments:		
Measurement	Comments:		
EFFLUENT	**LIMIT**	**RESULT**	
Estimated Daily Flow		660 gpd	
pH (Standard Units)	6 to 9	7	
Turbidity	≤ 40 NTU	5.5	
Dissolved Oxygen	≥ 2 Mg/L	3	
Color	Clear	Clear	
Temperature			
Odor	Not Septic	Earthy	
Effluent Solids		(x) None () Some	

Effluent Samples Taken:

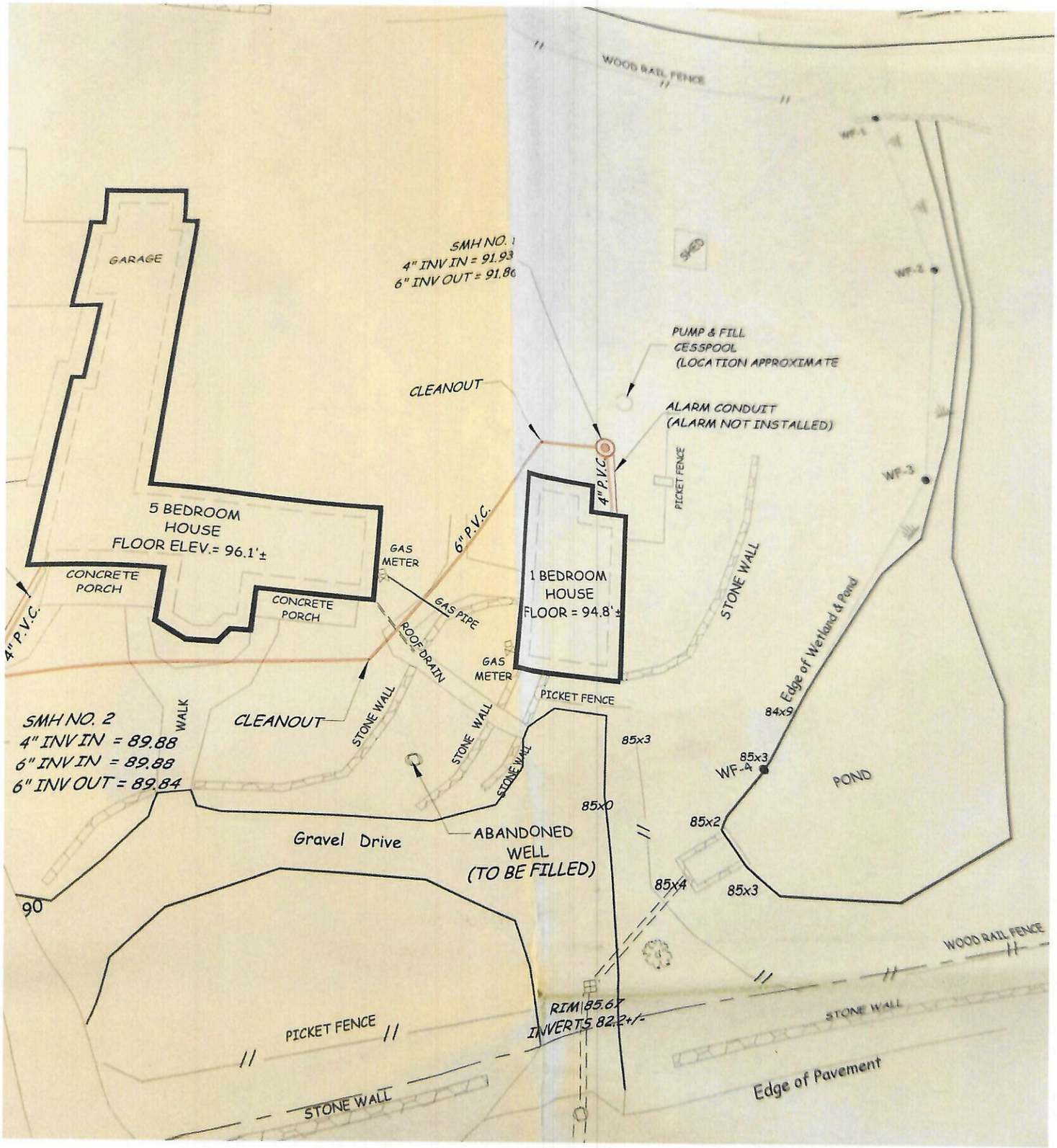
Influent: ( )pH ( )BOD ( )CBOD ( )TSS ( )TKN ( )Nitrate ( )Nitrite ( ) Total Nitrogen ( )Phosphorus ( )Spec. Cond. ( )Ammonia ( )Alkalinity ( ) Oil/Grease ( )VOC ( )Fecal Coliform

Effluent: ( )pH ( )BOD ( )CBOD ( )TSS ( )TKN ( )Nitrate ( )Nitrite ( ) Total Nitrogen ( )Phosphorus ( )Spec. Cond. ( )Ammonia ( )Alkalinity ( )Oil/Grease ( )VOC ( )Fecal Coliform

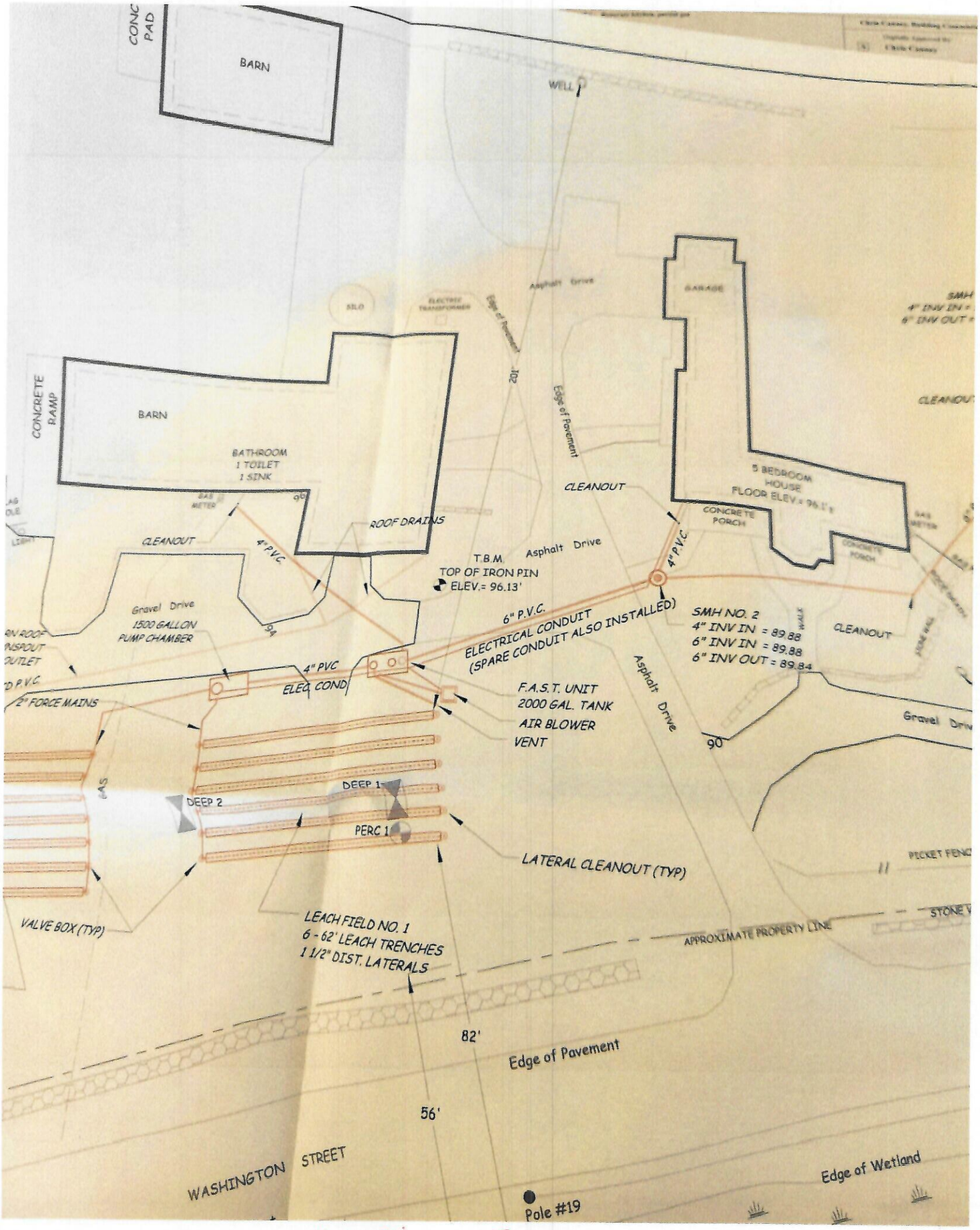
Description of any maintenance performed since previous inspection & during this inspection: Cleaned Filter, Checked Splash Recycle

Notes and Comments:

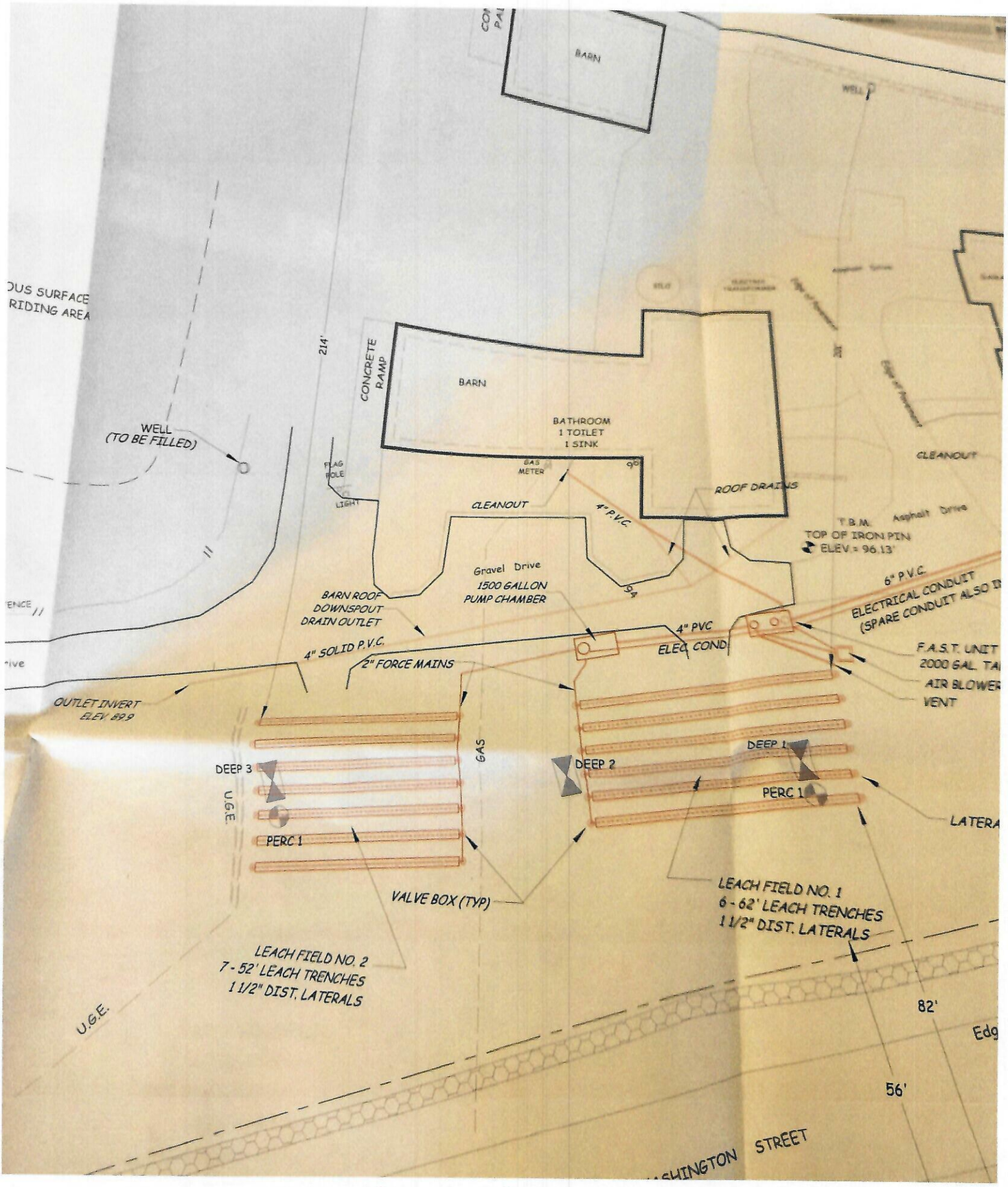
CERTIFIED OPERATOR NAME	CERTIFICATION NUMBER	SERVICE DATE
Dayne Johnson	17946	2/21/24
OPERATOR SIGNATURE		
Dayne Johnson		



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