



**MLS # 71822479 - Active  
Single Family - Detached**

**Town Card & Title V Certificate  
at end of PDF file**

**27 Washburn St  
Bourne, MA : Sagamore Beach 02562-2434  
Barnstable County**

Style: **Cape**  
Color:  
Grade School:  
Middle School:  
High School:  
Handicap Access/Features:

**Auction: \$219,000 min. bid**  
Auction Date: **5/27/2015**

Total Rooms: **10**  
Bedrooms: **4**  
Bathrooms: **4f 2h**  
Master Bath: **Yes**  
Fireplaces: **1**

Directions: **Head to Scusset Beach on Meetinghouse Lane take Right on Old Plymouth & Next Right on Washburn.**

## Remarks

- Auction Listing, \$219,000 is the Minimum Starting Bid. Large families take note. One-of-a-kind Custom Home in Sagamore Beach. Dramatic entry leads to over 4600 Sq Ft of living space featuring a 3 room Au-Pair apt / In-Law suite, impressive kitchen & family great room, master suite with attached nursery, plus game room with wet bar. Designed w/open living areas & lots of windows, high ceilings, covered porches & decking on 3 sides. Unique cupola for privacy & relaxation with running water for plants. One block from Cape Cod Canal, bicycle path, and down the road from Beautiful Scusset Beach. Ideally located for lovers of a Cape lifestyle. Main floor includes custom kitchen w/gas stove, center island, pitched ceiling, first floor 2nd Master or Guest Suite & stunning great room with fireplace are a home in themselves. Master suite features private covered balcony, steam bath & jet tub, walk-in closet. Guest quarters w/kitchen, game room & wet bar in finished lower level. Title V Passed.

## Property Information

Approx. Living Area: **4694 sq. ft.** Approx. Acres: **0.74 (32017 sq. ft.)** Garage Spaces: **2 Under**  
Living Area Includes: Heat Zones: **8 Hot Water Baseboard, Humidifier, Oil** Parking Spaces: **10 Off-Street, Improved Driveway**  
Living Area Source: **Public Record** Cool Zones: **0 Wall AC** Approx. Street Frontage:

Living Area Disclosures: **Includes ground level floor with walk out access to side yard & right side driveway**  
Disclosures: **There are two storage sheds located on the property. Septic design is 441 GPD. Gas stove & Dryer use outside propane tank. 1998 Year Built based on Bourne Town Card that says "EFF.YR/AGE 1998/15". Original 960 sq ft cottage built 1947. Refrigerator, washer & dryer operating condition not guaranteed.**

## Room Levels, Dimensions and Features

Room	Level	Size	Features
Family Room:	<b>1</b>	<b>15x18</b>	<b>Bathroom - Full, Flooring - Wall to Wall Carpet</b>
Kitchen:	<b>1</b>	<b>23x17</b>	<b>Skylight, Ceiling - Cathedral, Flooring - Stone/Ceramic Tile, Kitchen Island</b>
Master Bedroom:	<b>2</b>	<b>16x18</b>	<b>Bathroom - Full, Closet - Walk-in, Flooring - Wall to Wall Carpet, Balcony / Deck</b>
Bedroom 2:	<b>2</b>	<b>12x13</b>	<b>Flooring - Wall to Wall Carpet</b>
Bedroom 3:	<b>1</b>	<b>11x13</b>	<b>Flooring - Wall to Wall Carpet</b>
Bedroom 4:	<b>2</b>	<b>11x15</b>	<b>Bathroom - Full, Flooring - Wall to Wall Carpet, Balcony - Interior</b>
Laundry:	<b>2</b>		<b>--</b>
Great Room:	<b>1</b>	<b>24x23</b>	<b>Fireplace, Flooring - Hardwood, Balcony / Deck</b>
Accessory Apt.:	<b>B</b>		<b>Bathroom - Full</b>
Game Room:	<b>B</b>	<b>23x17</b>	<b>--</b>
Exercise Room:	<b>B</b>	<b>14x14</b>	<b>--</b>
Loft:	<b>3</b>	<b>11x7</b>	<b>Pot Filler Faucet</b>

## Features

Appliances: **Range, Dishwasher, Refrigerator, Washer, Dryer**  
Area Amenities: **Public Transportation, Shopping, Walk/Jog Trails, Bike Path, Highway Access**  
Basement: **Yes**  
Beach: **Yes Ocean, Access**  
Beach Ownership: **Public**  
Beach - Miles to: **1 to 2 Mile**  
Construction: **Frame**  
Electric: **220 Volts**  
Exterior: **Shingles, Wood**

## Other Property Info

Adult Community: **No**  
Disclosure Declaration: **No**  
Exclusions:  
Facing Direction: **South**  
Home Own Assn: **No**  
Lead Paint: **Unknown**  
UFFI: **Unknown** Warranty Features:  
Year Built: **1998** Source: **Public Record**  
Year Built Description: **Approximate, Renovated Since, Unknown/Mixed**

Exterior Features: **Porch, Deck, Balcony**  
Foundation Size: **52x28 & 12x18**  
Foundation Description: **Poured Concrete**  
Hot Water: **Electric**  
Interior Features: **Cable Available, Wetbar**  
Lot Description: **Corner, Wooded, Paved Drive, Sloping**  
Road Type: **Public, Publicly Maint.**  
Roof Material: **Asphalt/Fiberglass Shingles**  
Sewer Utilities: **Private Sewerage - Title 5: Pass**  
Terms: **Contract for Deed**  
Utility Connections: **for Gas Range, for Gas Oven**  
Water Utilities: **City/Town Water**  
Waterfront: **No**  
Water View: **No , --**

Year Round: **Yes**  
Short Sale w/Lndr.App.Reg: **No**  
Lender Owned: **No**

#### Tax Information

Pin #: **M:012.1 P:008.00 D:03**  
Assessed: **\$468,400**  
Tax: **\$4717** Tax Year: **2015**  
Book: **23008** Page: **221**  
Cert: **34863**  
Zoning Code: **R40**  
Map: Block: Lot:

#### Auction Information

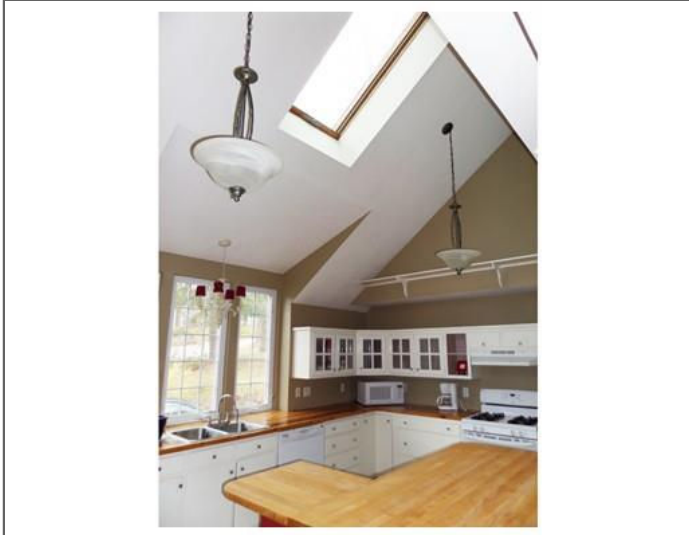
Deposit Required: **\$20,000**  
Buyer's Premium: **10%**  
Seller's Confirmation: **Yes**  
Abbreviated Terms: **Bidders must register online and provide the following: signed offer form (form supplied by auctioneer), proof of funds and a \$2,000 offer deposit check (it won't be cashed unless the bidder has the accepted bid). P&S to be signed within one week of auction end, 5% (five percent) total purchase deposit (includes offer deposit), closing 30 days. 10% Buyer's Premium added to accepted bid. Seller can choose the highest bid, a lower bid or no bids at all (seller will weigh contingencies and bid amounts), the Seller has 72 hours after the auction ends to decide about acceptance. Buyer's agents can register independently of their clients. Buyers must register and bid under their own name. Buyer's Agent cannot bid under their name unless they are the actual buyer.**

#### Firm Remarks

**Online bidding on AgencyBid.com, bidding starts 5/20/2015 (please verify online). Call or email Auctioneer/Broker Neil B Kaplan for help if required.**

#### Market Information

Listing Date: <b>4/23/2015</b>	Listing Market Time: MLS# has been on for <b>11</b> day(s)
Days on Market: Property has been on the market for a total of <b>11</b> day(s)	Office Market Time: Office has listed this property for <b>11</b> day(s)
Expiration Date:	Cash Paid for Upgrades:
Original Price: <b>\$219,000</b>	Seller Concessions at Closing:
Off Market Date:	
Sale Date:	

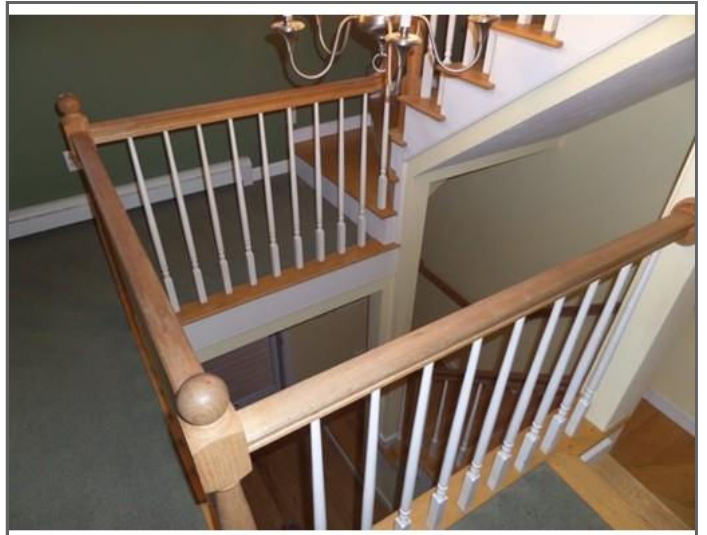








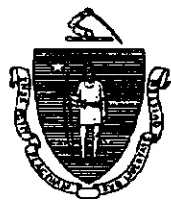
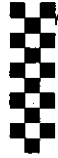






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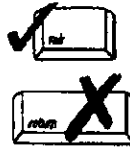
**Commonwealth of Massachusetts**  
**Title 5 Official Inspection Form**  
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

27 Washburn Street  
 Property Address  
 Amy Drachman  
 Owner's Name  
 Sagamore Beach MA 02562 5-1-15  
 City/Town State Zip Code Date of Inspection

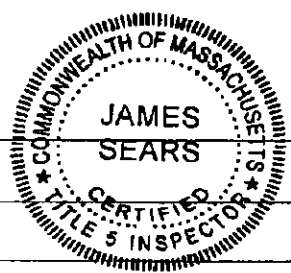
Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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



**A. General Information**

1. Inspector:  
 James D. Sears  
 Name of Inspector  
 Capewide Enterprises, LLC  
 Company Name  
 153 Commercial Street  
 Company Address  
 Mashpee MA 02649  
 City/Town State Zip Code  
 508-477-8877 S1623  
 Telephone Number 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

James D. Sears 5-2-15  
 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 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:

The system is a 1000 Gal. Tank D Box and three 500 Gal. Chamber's. Note: Tank has a zable filter.

**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):

- |  |                            |                            |  |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced             | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed                  | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> distribution box is leveled or replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> 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):

- |  |                            |                            |  |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed      | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> 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:

- |   |
|---|
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a surface water                               |
| <input type="checkbox"/> 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:

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## 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 <del>cesspool</del> is less than 6" below invert or available volume is less than 1/2 day flow <b>LEACHING</b>  |





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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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## 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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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): 4 Number of bedrooms (actual): 4

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



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## D. System Information

Description:

The system is a 1000 Gal. Tank D Box and three 500 Gal. chambers. Note : Zable filter in tank.

Number of current residents:

0

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)):

2013-115,000Gal  
2014-119,000Gal's

Detail:

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

NA

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:

5-29-13

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:

Tank NA D Box and leaching 2008

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade:

20"

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.):

Piping is 4" PVC SCH 40

Septic Tank (locate on site plan):

Depth below grade:

1'

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:

1000 GAI Precast H-10

Sludge depth:

1"



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

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

29"

Scum thickness

1"

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

8"

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

17"

How were dimensions determined?

Asbuilt - Plan - Tape

Sludge Judge

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

Tank and cover's at 1' below grade w/in and outlet tee's. No sign of leakage. Note: Tank outlet tee has a filter.

**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





## Commonwealth of Massachusetts

**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for every  
page.

27 Washburn Street

Property Address

Amy Drachman

Owner's Name

Sagamore Beach

City/Town

MA

State

02562

Zip Code

5-1-15

Date of Inspection

**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 is 16"x16"-30" Below grade w/cover at 1'. Box is clean and solid w/two outlet's. No sign of over loading or solid carry over.

**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:

- |                                     |                               |                     |       |
|-------------------------------------|-------------------------------|---------------------|-------|
| <input type="checkbox"/>            | leaching pits                 | number:             | _____ |
| <input checked="" type="checkbox"/> | leaching chambers             | number:             | 3     |
| <input type="checkbox"/>            | leaching galleries            | number:             | _____ |
| <input type="checkbox"/>            | leaching trenches             | number, length:     | _____ |
| <input type="checkbox"/>            | leaching fields               | number, dimensions: | _____ |
| <input type="checkbox"/>            | overflow cesspool             | number:             | _____ |
| <input type="checkbox"/>            | 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.):

Leaching is three 500 Gal dry well chamber's w/ 4'stone. Chambers are 3' below grade w/one cover at 1'. Chambers are clean and dry, walls like new.

**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





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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.):



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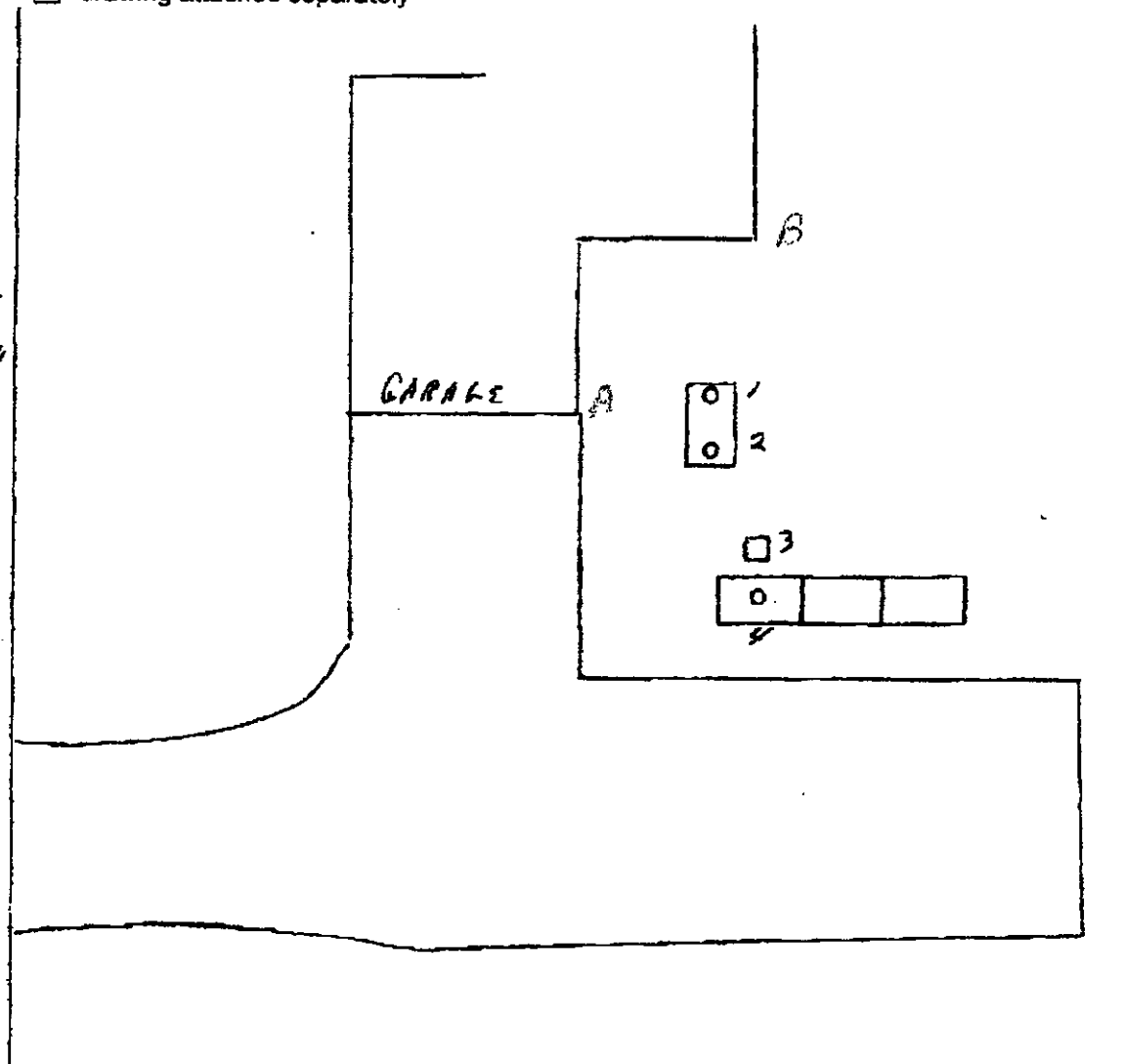
Owner  
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## D. System Information (cont.)

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

A-1 = 17'  
 B-1 = 45'-5"  
 A-2 = 23'  
 B-2 = 51'  
 A-3 = 36'  
 B-3 = 61'-5"  
 A-4 = 40'-5"  
 B-4 = 66'





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**D. System Information (cont.)****Site Exam:**☐ Check Slope☐ Surface water☐ Check cellar☐ Shallow wellsEstimated depth to <sup>NO</sup> high ground water:11'  
feet

Please indicate all methods used to determine the high ground water elevation:



Obtained from system design plans on record

If checked, date of design plan reviewed:

6-18-08  
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)

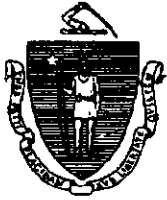


Accessed USGS database - explain:

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

T.H. on Design Plan 6-18-08. No G.W. at 11' .bottom of chambers at 5'-6" below grade. Bottom of chambers at 5'6" above T.H. Depth.

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

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page.**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



12/18/2014 9:37 am SEQ #: 2,110

CLASS	CLASS%	DESCRIPTION			BN ID	BN	CARD	
1010	100	SINGLE FAMILY				1	1 of 1	
PMT NO	PMT DT	TY	DESC	AMOUNT	INSP	BY	1st	%
980439	08/03/1998	3	ALT/RENO	175,000	09/25/2000	TL	0	100
910465	10/08/1991	4	OUT BUILDING	1,500	03/01/1992	HS	0	100

TY	QUAL	COND	DIM/NOTE	YB	UNITS	ADJ PRICE	RCNLD	
SHF	A	1.00	A 0.75	12 X 16		192	13.13	1,900

PHOTO			[03/11/2010]		
					

BUILDING	CD	ADJ	DESC	MEASURE	9/25/2000	TL
MODEL	1		RESIDENTIAL			
STYLE	4	1.00	CAPE [100%]	LIST	9/25/2000	EST
QUALITY	+	1.05	AVERAGE + [100%]			
FRAME	1	1.00	WOOD FRAME [100%]	REVIEW	9/25/2000	TL

BLDG COMMENTS		

[illegible]