Nashoba Associated Boards of Health
Environmental Health Service
30 Central Avenue, Ayer, MA 01432

Commonwealth of Massachusetts

Certificate of Compliance

Stow, Massachusetts

This is to certify that the installation, allowed by the Sewage Disposal Works Construction Permit for:

SINGLE COMPONENT REPLACEMENT - TANK & D-BOX

At the following address: 18 ROBERT ROAD

has been constructed/abandoned in accordance with the provisions of Title 5 (310 CMR 15.000) and of the aforementioned Sewage Disposal Works Construction Permit.

This permit has been issued on the plans submitted by: **N/A**

(Design Engineer

Plan Number: **n/a**

Approved on: **1/11/2024**

This Certificate of Compliance is for the use intended by the Sewage Disposal Works Construction Permit as described below:

FOUR BEDROOM HOUSE (440GPD)

The issuance of this Certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on: **2/6/2026**

Design Engineer of Record: **N/A**

Installer of System: **KENNETH MALO JR.**

THIS CERITIFICATE IS FOR THE INSTALLATION OF A SEPTIC TANK AND DISTRIBUTION BOX ONLY.

For the Approving Authority _____ Date: **2/6/2024**

James Garreffi, RS

(978) 772-3335 (800) 427 9762 FAX (978) 772-4947

(Massachusetts Department of Environmental Protection (DEP) approved form. See approval letter from DEP dated 3/5/99)

NASHOBA ASSOCIATED BOARDS OF HEALTH

ENVIRONMENTAL HEALTH DIVISION

AYER, MA 01432 978 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

Permit For: SINGLE COMPONENT REPLACEMENT - TANK & D-BOX

ISSUED FOR THE Stow BOARD OF HEALTH

OWNER: SUSAN PIEPER

(Not transferable - formal permit transfer must be requested upon change of ownership)

LOCATION OF LOT: 18 ROBERT ROAD MAP/PARCEL:

Date Permit Issued: January 11, 2024 Lot Size:

Soil Description:

Groundwater: PERC RATE: MPI

ENGINEERING OR SPECIAL PREPARATION:

System to be installed according to engineered plan No: n/a Dated: Rev.:

By: N/A

Bedroom Count: FOUR BEDROOM HOUSE (440GPD) Water Supply: ☑ Well ☐ Town

Primary Installation: INSTALL A 1500 GALLON 2 COMP. SEPTIC TANK, WITH TEE FILTER ✓

Secondary Installation: USE EXISTING LEACHING AREA, REPLACE THE DISTRIBUTION BOX ✓

Special Notes:

THIS PERMIT IS FOR THE INSTALLATION OF A SEPTIC TANK AND DISTRIBUTION BOX ONLY. ORIGINAL PERMIT ISSUED TO COLBURN DEVELOPMENT DATED 7/12/78. RISERS ON THE SEPTIC TANK AND D-BOX AS NEEDED. ✓

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT AGENT: Agent for the Stow Board of Health 1/11/24

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system.

SIGNED: ☑ Owner ☐ Contractor ☐ Licensed Installer

Record of Inspections

NABH Licensed Installer: Northboro Septic

INSPECTIONS REQUIRED	Insp. Date	Insp. By:
☐ excavation, before fill/stone by ☐ Eng. ☐ NABH		
☐ Fill in place by ☐ Engineer ☐ NABH		
☑ Completed system prior to backfill	1/25/24	
☐ Final fill and grading		
☐ Engineer certification in writing of completed system		
☑ As built plans ☐ by design engineer ☑ by Installer	2/6/24	
☐ Well completion report and water test submitted to this office		
☐ Recorded deed/fill easements submitted to this office		
☑ RISER TO GRADE OVER THE FILTER, D-BOX AS NEE	1/26/24	
☐		
☑ All inspections completed	2/6/24	

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL A CERTIFICATE OF COMPLIANCE IS OBTAINED.

CURTIS
SEPTIC SERVICE

CERTIFICATE OF TITLE 5 INSPECTION

Inspection requested by:

Name: Susan Pieper

Address: 18 Robert Rd

City, State & Zip: Stow MA 01775-1344

Report preference: X **Email** X **Mail**

Inspection Location:

Street Address: 18 Robert Rd

City, State & Zip: Stow MA 01775-1344

System Type: tank/sas System size: 1500

# of Compartments 1 Filter: No

Date of Inspection: 12/08/2023

NOTE: This inspection report is valid for 3 years from the date of the inspection, if the tank is pumped annually.

Nss-25

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd

Property Address

Susan Pieper

Owner's Name

Owner information is required for every page.

Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

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):

Tank is leaking and should be replaced

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd
Property Address

Susan Pieper
Owner's Name

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Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

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

18 Robert Rd
Property Address

Susan Pieper
Owner's Name

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Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

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) 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)]

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd
Property Address

Susan Pieper
Owner's Name

Owner information is required for every page.

Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

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: Last pumped by Curtis Septic on 5/1/20

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

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

Reason for pumping: _____

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd
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Owner's Name

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Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

32" with a riser on center cover to 7" of grade

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: 10'6"L x 5'8"W x 5'D

Sludge depth: 4"

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

Scum thickness 1/2"

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? Visual Inspection

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

Recommend yearly pumping. Tank is a 1500 gallon tank. Inlet has a concrete baffle. Outlet baffle is rotted. Tank is leaking. Liquid level is 6" below outlet invert. It is recommended that the tank be replaced.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd
Property Address

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Owner's Name

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Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

Alarm present: ☐ Yes ☐ No

Alarm level: _____ Alarm in working order: ☐ Yes ☐ No

Date of last pumping: _____
Date

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

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

9. **Distribution Box** (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert: 0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):
Box is not level. There is distribution to 4 outlets. 1 line is plugged with dirt for a few feet. The other 3 lines are all dry. Box is rotted and needs to be replaced. Box is 11" below grade.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd
Property Address

Susan Pieper
Owner's Name

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Stow	MA	01775-1	12/08/2023
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D. System Information (cont.)

11. **Soil Absorption System** (SAS) (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
Dry gravel soil with no signs of any hydraulic failure. No ponding. Normal grass vegetation.

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.):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd
Property Address

Susan Pieper
Owner's Name

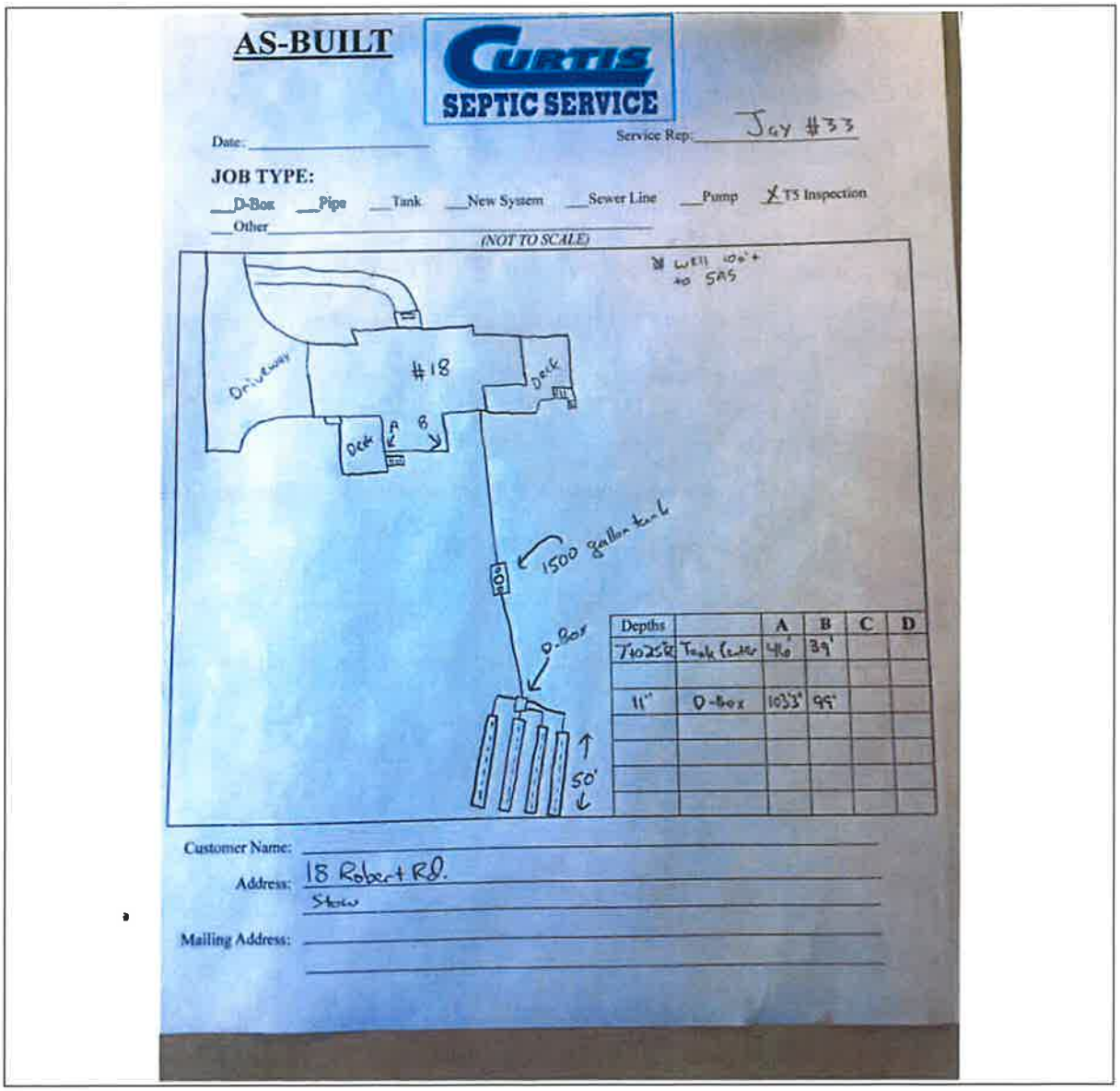
Owner information is required for every page.

Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

18 Robert Rd
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Owner's Name

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Stow	MA	01775-1	12/08/2023
City/Town	State	Zip Code	Date of Inspection

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

House

Permit

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Stow

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposa
System at:

Birch Hill Sec. I. (Location - Address) Lot 25 Robert Rd. (or Lot No.)

Colburn Development Corp. (Owner) 454 Main Stry Hudson (Address)

(Installer) (Address)

Type of Building Size Lot 69,107 Sq. fee

Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )

Other — Type of Building No. of persons Showers ( ) — Caleteria ( )

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 440 gallons

Septic Tank — Liquid capacity 1500 gallons Length Width Diameter Depth

Disposal Trench — No. 4 Width 3 Total Length 50 Total leaching area 600 sq. ft

Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by Colburn Engineering, Inc. Date 11/23/74

Test Pit No. 1 7.6 minutes per inch Depth of Test Pit 36" Depth to ground water 84"

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil 0-24" loam & subsoil
24-84" sandy gravel, some fines

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Carlton B. Colburn Jr. 7/7/78 (Date)

Application Approved By John J. Devine, Agent 7/12/78 (Date)

Application Disapproved for the following reasons:

(Date)

Permit No. 78-41 Issued July 12, 1978 (Date)

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

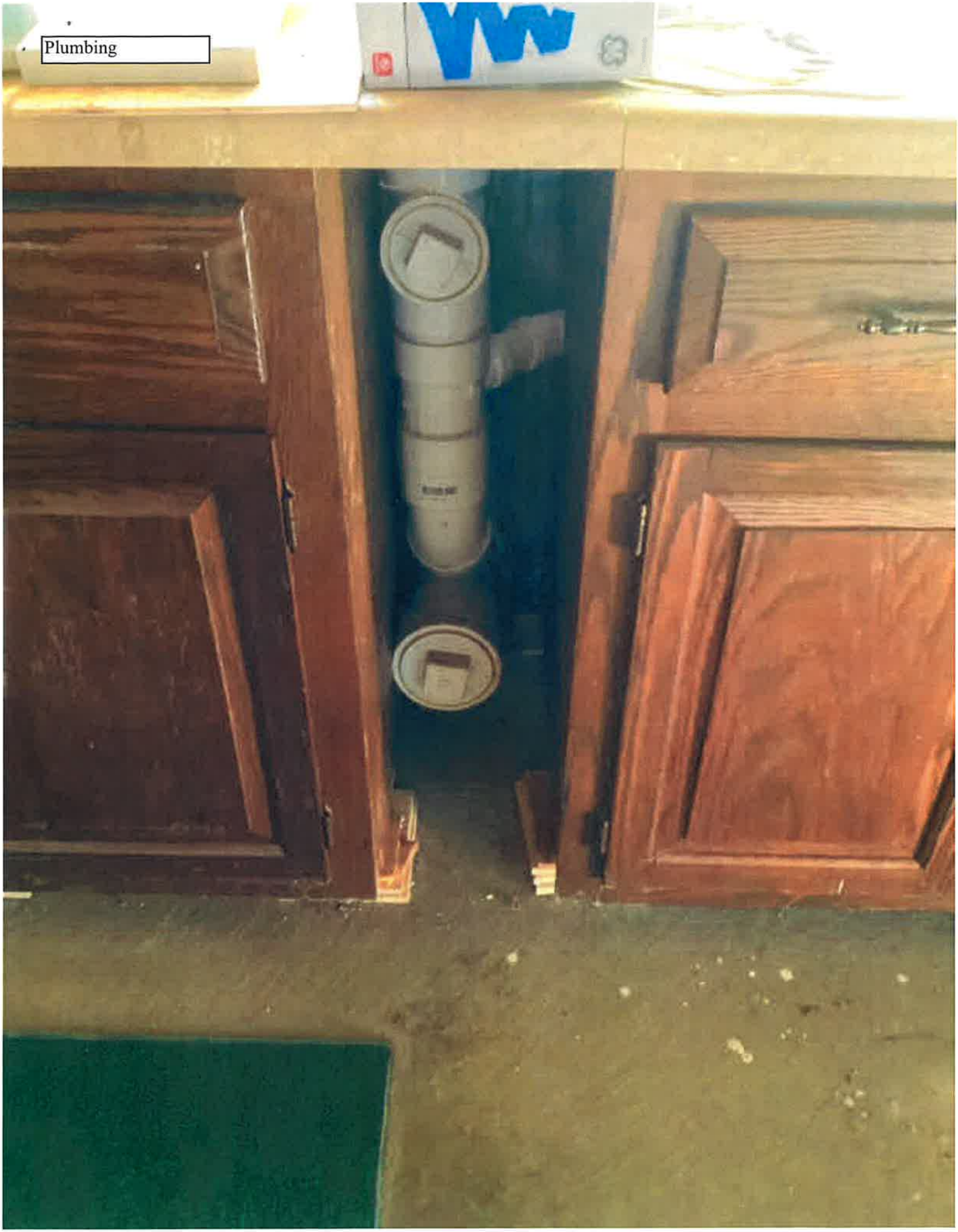
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

by (Installer)

at

Plumbing




Rotted D-Box

Curtis Septic Service
124 Main Street
Northboro MA 01532
Phone: (508) 393-7234
Fax: (508) 393-7265
Info@CurtisSeptic.com
www.CurtisSeptic.com

Work Order

Service Date	69791121925	Phone Number	Email
12/19/2025		(978) 897-5648	mspieper@solsail.net

Service Information	Billing Information
Susan Pieper 18 Robert Rd Stow MA 01775-1344	Susan Pieper 18 Robert Rd Stow MA 01775-1344

Item	Description	Quantity	Amount
Pumping Septic		1500.00	$490.00
Discounts / Coupons		1.00	-$20.00

Work Order Total: $470.00

Payment Method: cc#@office

Service Tech
Robert Cormier

Next Recommended Pump	Next Rec. Filter Clean	Scum	Sludge
12/01/2026	12/01/2026	1”	4”

Technician Notes to Customer

looks good 👍

Please note that this is not an invoice. Totals may vary from this work order to your invoice. Please contact us with any questions.

We are not responsible for landscaping, repairs to driveways or walkways damaged during access, or damage to system or any other underground obstacles, including utilities, sprinklers, etc., that may occur during excavating. This also excludes any expenses that may be incurred as a result of the above.

The above agrees to pay in full at time of service. The proposal amount reflects a check or cash payment discount. Other forms of payment are subject to a 3% increase. If payments are not made according to the payment schedule (C.O.D.), the total price of this contract will be subject to a 10% late fee. Customer agrees to pay for any additional charges associated with the collection of overdue balances, including, but not limited to: attorney fees & court fees. I agree to all terms and conditions.

Curtis Septic Service
124 Main Street
Northboro MA 01532
Phone: (508) 393-7234
Fax: (508) 393-7265
Info@CurtisSeptic.com
www.CurtisSeptic.com

Invoice

62031010825

Service Date	Phone Number	Email
01/08/2025	(978) 897-5648	mspieper@solsail.net

Service Information	Billing Information
Susan Pieper 18 Robert Rd Stow MA 01775-1344	Susan Pieper 18 Robert Rd Stow MA 01775-1344

Item	Description	Quantity	Amount
Pumping Septic		1500.000	$490.00
Discounts / Coupons		1.0000	-$10.00
Clean Filter		1.0000	$0.00

Invoice Total: $480.00

Payment: cc#@office

Service Tech
Robert Cormier

Next Recommended Pump	Next Rec. Filter Clean	Scum	Sludge
01/01/2026	01/01/2026	1”	4”

Technician Notes to Customer

looks good 👍, pumped to keep t5 active

We are not responsible for landscaping, repairs to driveways or walkways damaged during access, or damage to system or any other underground obstacles, including utilities, sprinklers, etc., that may occur during excavating. This also excludes any expenses that may be incurred as a result of the above.

The above agrees to pay in full at time of service. The proposal amount reflects a check or cash payment discount. Other forms of payment are subject to a 3% increase. If payments are not made according to the payment schedule (C.O.D.), the total price of this contract will be subject to a 10% late fee. Customer agrees to pay for any additional charges associated with the collection of overdue balances, including, but not limited to: attorney fees & court fees. I agree to all terms and conditions.