

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#515 Lambert's Cove Rd West Tisbury Map 11 Lot 2

Property Address

Henry Child, Tr. c/o Russell Maloney 245 North Rd

Owner information is required for every page.

Owner's Name

Chilmark

MA

02535

4/28/20

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

Douglas E. Cooper

Name of Inspector

Cooper Environmental Services, LLC

Company Name

33 Old Dunhams Corner Way

Company Address

Edgartown

MA

02539

City/Town

State

Zip Code

508-627-9586

2857

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. [X] Passes
2. [] Conditionally Passes
3. [] Needs Further Evaluation by the Local Approving Authority
4. [] Fails

Douglas E Cooper (handwritten signature)

Inspector's Signature

4/28/20

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.

2020-0111

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

20 Edson Forrest Rd West Tisbury Map 25 Lot 4.1

Property Address Ann K Nelson Realty Trust P.O. Box 11

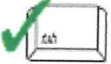
Owner's Name West Tisbury MA 02575 4/27/20

City/Town West Tisbury State MA Zip Code 02575 Date of Inspection 4/27/20

Owner information is required for every page.

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A. Inspector Information

Douglas E. Cooper

Name of Inspector Douglas E. Cooper

Company Name Cooper Environmental Services, LLC

33 Old Dunhams Corner Way

Company Address Edgartown MA 02539

City/Town Edgartown State MA Zip Code 02539

508-627-9586 2857

Telephone Number 508-627-9586 License Number 2857

B. Certification

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- 1. Passes
- 2. Conditionally Passes
- 3. Needs Further Evaluation by the Local Approving Authority
- 4. Fails

Douglas E Cooper 4/27/20

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.

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2020-3109

Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments
#675 Edgartown Rd West Tisbury Map 31 Lot 13

Owner information is required for every page.

Property Address Adler/Friess Trust c/o Elena Kirschner 6424 St. Josephs Av NW			
Owner's Name Albuquerque	State NM	Zip Code 87120	Date of Inspection 4/27/20
City/Town	State	Zip Code	Date of Inspection

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A. Inspector Information

Douglas E. Cooper

Name of Inspector

Cooper Environmental Services, LLC

Company Name

33 Old Dunhams Corner Way

Company Address

Edgartown

City/Town

508-627-9586

Telephone Number

MA

State

2857

License Number

02539

Zip Code

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:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Douglas E Cooper

Inspector's Signature

4/27/20

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.

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