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375 Bay Road, Amherst

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
SYSTEM INFORMATION (continued)
Property Address: 375 Bay Rd., Amherst Owner: Hughes Dete of Inspection: \$122,000 C.DC ALL I'A TOLO.T
NRCS Report name Dard Durwey of Tampshul County, Cen Va Mill Soil Type Hinck Py Loding Sand Typical depth to groundwater ZGFeet
USGS Date website visited May Observation Wells checked Groundwater depth: Shallow Moderate Deep
SITE EXAM Slope Suiface water Check Ceilar Shallow wells
Estimated Depth to Groundwater 6 Feet
Please indicate all the methods used to determine High Groundwater Elevation:
Obtained from Design Plans on record
Observed Site (Abutting property, observation hole, basement sumpletc.)
Determined from local conditions
Checked with local Board of health
Checked FEMA Maps
Checked pumping records
Checked local excavators, installers
Used USGS Data
Describe how you established the High Groundwater Elevation. (Must be completed)
High groundwater elevation was established by the
Soil Savey of Hampshike County which states that
a Hinckley Loamy Sand has a high groundhaber elevation
or greater than Six feet.

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, 4 SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Address: 375 Bory Fd., Amheirs F Owner: Hussies Date of Inspection: 5(22/00

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## SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent reference landmarks or benchmarks locate all wells within 100' (Locate where public water supply comes into house)

Secattached

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	SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
	PART C SYSTEM INFORMATION (continued)
225 Ray	R) Annevst
Property Address: 27-3 Hours	
Owner: HUGLES	
Cia 2/00	
SOIL ABSORPTION SYSTEM (SAS):	
llocate on site plan, if possible; exce	avation not required, location may be approximated by non-intrusive methods)
If not located, explain:	
· · · · · · · · · · · · · · · · · · ·	
Туре:	
leaching pits, number:	
leaching chambers, number	
leaching gaileries, number	, length:
leaching fields, number, di	mensions:
overflow cesspool, numbe	r
Alternative system:	
Comments:	
Inote condition of soil, signs of hydr	aulic failure, level of ponding, damp soil, condition of vegetation, etc.)
-Soil ary no	Signs of hydraulic tailure, no ponding,
Negetation Nova	
<u> </u>	
CESSPOOLS:	
nocate on site plani	
Number and configuration:	
Depth-top of liquid to inlet invert:	
Depth of solids layer:	
Dimensions of cesspool:	
Materials of construction:	
Indication of groundwater:	
	numped as part of inspection.
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C
Property Address: 375 Boy RJ., AWWEVSF Owner: Hitabes
Dete of inspection:
5(22/00
TIGHT OR HOLDING TANK: (Tank must be pumped prior to, or at time of, inspection) (locate on site plan)
Depth below grade: Material of construction:concretemetalFiberglassPolyethyleneother(explain)
Dimensions:
Capacity:
Alarm present galohsiday
Alarm level: Alarm in working order: Yes No
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)
·
DISTRIBUTION BOX:
Depth of liquid level above outlet invert
Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
PUMP CHAMBER: (locate on site plan)
Pumps in working örder: (Yes or No)
Alarms in working order (Yes or No)
Comments: (note condition of pump chamber, condition of pumps and appurtenances, etc.)

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SYSTEM INFORMATION (continued)  Property Address: 37.5 Shary B), Hutkers T  Property Address: 37.5 Shary B), Hutkers T  Date of Inhomoton: SIG2 ADOO SUIDING SEMPS: Locate on site plan  Petro the owner of the property of the second of the se	SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C	
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Jestin Johnson groups and a supply well or suction line		
Alternal of construction:		
Distance from private water supply well or suction lineSo? Diameter: Line Line Line Line Line Line Line Line	Material of construction: cast from 40 + VC Uniter texplaint	
Distance train private water supply well or subclice and eachage.etc.] Dismeter <u>H</u> Domperatis: (condition of joints, venting, svidence of teakage.etc.) <u>Joint's good Wellow (condition of teakage.etc.)</u> <u>Joint's good Wellow (condition of teakage.etc.)</u> <u>Joint's good Wellow (condition of the supply for the supply of teaksage.etc.)</u> <u>Joint's good Wellow (condition of the supply for the supply of the s</u>	EAC	
Jameter J	Distance from private water supply well or suction line	
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<pre>Material of construction:</pre>	Depth below grade: 30	
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Dimensions:	Material of construction: concrete metal Fiberglass Polvethylene other(explain)	
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION
375 Bay KU. Minarst
Property Address:
Owner: HKGK2 V
cin nispecture.
FLOW CONDITIONS
RESIDENTIAL:
Design flow:g.p.d./bedroom 2
Number of bedrooms (design): Number of bedrooms (actual):
Number of surgery wat occupied
Garbage grinder (ves or po): A+O
Laundry (separate system) (yes or no): (1) If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (ves or nol: NO
Water meter readings, if available (last two year's usage (gpd): <u>VI [ P</u>
Sump Pump (yes or no): 1VC
Last date of occupancy: Couprie of y and and of the second s
COMMERCIAL/INDUSTRIAL:
Type of establishment:
Design flow: gpd ( Based on 15.203)
Basis of design flow
Grease trap present: (yes or no)
Industrial Waste Holding, Lank present: Lyes of no!
Water meter readings, if available:
Last date of occupancy:
OTHER: (Describe)
Last date of occupancy
GONERAL INFORMATION
PUMPING RECORDS and source of information:
no ravaila ble
System pumped as part of inspection: (yes or no) $\underline{\mathcal{N}}\mathcal{O}$
If yes, volume pumped:gallons
Reason for pumping:
Sentic tank/distribution box/soil absorption system
Single cesspool
Overflow cesspool
Prívy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
I/A Technology etc. Attach copy of up to date operation and maintenance contract
Hight Fank Copy of DEF Approval
(other) Santic tank and lauthing Ril
APPROXIMATE AGE of all components, date installed fif known) and source of information:
Some descent descent the state (see a set $\Lambda/\Lambda$
Sewage boors betected when arriving at the site: (yes or no) $\mu V$ V

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### SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B

CHECKLIST

375 Bay Fd., Amberst **Property Addres** Owner: Date of 5/22/00

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:



Pumping information was provided by the owner, occupant, or Board of Health.

None of the system-components have been pomped for at least two weeks and the system has been monitoring means flow rates, during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

As built plans have been obtained and examined. Note if they are not available with N/A.

The facility or dwelling was inspected for signs of sewage back-up.

The system does not receive non-sanitary or industrial waste flow.

The site was inspected for signs of breakout.

All system components, excluding the Soil Absorption System, have been located on the site.

The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum. The size and location of the Soil Absorption System on the site has been determined based on:

Existing information. For example, Plan at B.O.H.

Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is uracceptable) (15.302(3)(b))

The (acility owner land occupants, if different from owner).were provided with information on the proper mainteneous of SubSurface Disposal Systems.

#### SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION (continued)

Property Address: 375 Bay RJ. Amherat Owner: Hughes Date of Inspection: 122100

D. SYSTEM FAILS

You must indicate either "Yes" or "No" to each of the following:

	I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the f		
Yes	No 	Backup of sewage into facility or system component due to an 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.	
		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 <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped	
		Any partion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.	

Any portion of a 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 I 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for -colliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E. LARGE SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

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The following criteria apply to large systems in addition to the criteria above:

The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

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 and a surface 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)

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department-for further information.

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## SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

375 Bay RJ., Amherst CERTIFICATION (continued) Property Addres Hug Owner: Date of inspectio 5122/00

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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 the public health, safety and the environment.

- SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM 11 IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:
  - Cesspool or privy is within 50 feet of surface water
  - Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

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 AND SAFETY AND THE 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 soil absorption system and the SAS is within a Zone I of a public water supply well.

The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well. The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance MCAStAred (approximation not valid).

House has been unoccupied for a couple OTHER

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#### SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

Property Address: 37 S Buy Fd., Amhers F Owner: Hughes Date of inter the s 5122100 INSPECTION SUMMARY: Check A, B, C, or D:

#### A. SYSTEM PASSES:

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

COMMENTS:

# B. SYSTEM CONDITIONALLY PASSES:

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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.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.

- The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as spproved by the Board of Health.
- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health).
  - broken pipe(s) are replaced
  - obstruction is removed
    - distribution box is levelled or replaced
  - The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health): ----.
    - \_\_\_\_\_ proken pipe(s) are replaced
      - obstruction is removed

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COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

> TRUDY COXE Secretary

ARGEO PAUL CÉLLUCCI Governor

DAVID B. STRUHS Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION Property Address: 375 Bay Road, Atmherst Address of Owner: Southan Begg Date of Inspection: 5/22/00 Name of Inspector: (Please Print) I am a DEP approved system inspector pursuant to Section 15 Name: HOWARD ENVIRONMENTAL SERVICES Company Name: 750 NORTH PLEASANT STREET (REAR) Mailino Address: Talephone Number: AMHERST. MA 01002 413-256-8008

## CERTIFICATION STATEMENT

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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

> - Passes itionally Passes Veeds Further Evaluation By the Local Approving Authority \_\_\_\_ Fails

Inspector's Signature:

Date: 5/22/00

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within thirty (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 Department of Environmental Protection. The original should be sent to me system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

6/15/00 Spoke to J. Beggs - He will Follow UP ON This, System NOT used For 2 years - When New OWNER mores in he will Re-GASSNEET

HOWARD ENVIRONMENTAL SERVICES 750 NORTH PLEASANT STREET (REAR) AMHERST, MA 01002

revised 9/2/98

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