670 BAY ROAD
~~TAYLOR~~

PERMITS/INSP PAYMENT RECPT#: 12015683
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 08/10/11 TIME: 11:50
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 134

REFERENCE:

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: 670 BAY ROAD

FEES:
HEA058 200.00

TOTAL PAID: 200.00

July 2011 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: July 19, 2011

ATTN: JEFFREY BROWN @ BACON WILSON

TO Estate of Gai Carpenter
670 & 680 Bay Road
Amherst, MA 01002

RE: Invoice for **Septic Title V witness**

Services provided by **Edmund Smith**

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
2.00	Septic Title V witness -1 @ 670 Bay Road; 1 @ 680 Bay Road	$ 200.00	$ 400.00
	please remit to Amherst Health Department at above address.		
	thank you - questions, call Ed Smith @ 259-3153		
		SUBTOTAL	$ 400.00
		SALES TAX	
		TOTAL	$ 400.00

JEFF - I'VE NOTED THAT THE SYSTEM @ 680 BAY ROAD WILL BE DE-COMMISSIONED, BUT IT DOES NOT APPEAR WE HAVE BEEN CHARGING FOR A PERMIT FOR THIS, HENCE THE BILL ABOVE IS COMPLETE

pd 7/29/11 #134

SINCERELY
Ed Smith

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002
Owner's Name

Owner information is required for every page.

Amherst	MA	01002	07.19.2011
City/Town	State	Zip Code	Date of Inspection

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:

Property has S. tank & D. box that is 11 yrs old and leach field that is 25 yrs old. Liquid liquid level & staining was proper. Has been unoccupied for 2-3 mos.

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.)

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):

☐	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):

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:

☐ 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

Estate of Gai Carpenter: 670 Bay Road, Amherst
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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:

_____

_____

_____

_____

D) 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
☐	☒	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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002
Owner's Name

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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 <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.

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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002
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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	
☐	☒	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)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): - Number of bedrooms (actual): 4

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002
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D. System Information

Description:
1500 gallon S. tank 3 line l. field.

Number of current residents: 0

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☐ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): n/a

Detail:
Laundry connected

Sump pump? ☐ Yes ☒ No

Last date of occupancy: _____ 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: _____

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002
Owner's Name

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D. System Information (cont.)

Last date of occupancy/use: 2-3 mos (Date)

Other (describe below):

General Information

Pumping Records:

Source of information: ?

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

If yes, volume pumped: 1500 gallons

How was quantity pumped determined? meas.

Reason for pumping: Insp.

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):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

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D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

25+

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

Building Sewer (locate on site plan):

Depth below grade: 1.25 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.):

Septic Tank (locate on site plan):

Depth below grade: 1.5 ft 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: 10.5' x 5.5' x 4.2'

Sludge depth: 6"

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: 40"

Scum thickness: 3"

Distance from top of scum to top of outlet tee or baffle: 5"

Distance from bottom of scum to bottom of outlet tee or baffle: 10"

How were dimensions determined? Observation/Meas

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 was 1500 gallon, 2 chamber Tank in good condition with pvc tees.

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

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002
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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

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

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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: at inv.

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.):
Good conditions.

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.):

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

If SAS not located, explain why:

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	18' x 25'+/-
☐	overflow cesspool	number:	
☐	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.):
Liquid level good, no high staining.

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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Amherst	MA	01002	07.19.2011
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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.):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

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Amherst	MA	01002	07.19.2011
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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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Estate of Gai Carpenter: 670 Bay Road, Amherst
Property Address

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Amherst	MA	01002	07.19.2011
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D. System Information (cont.)

Site Exam:

- ☐ Check Slope
- ☐ Surface water
- ☐ Check cellar
- ☐ Shallow wells

Estimated depth to high ground water: 6+/- 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: _____ 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:

Work in area

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

Title 5 Attachments

Prepared by:

Cold Spring Environmental Consultants, Inc.
350 Old Enfield Road
Belchertown, MA. 01007

Prepared for:

C/O Attorney Jeff Brown
6 Northeast Street
Amherst, MA 01002

Location at:

670 Bay Road Amherst, MA

Project Number: 111-3637-0719

System Evaluator: Alan Weiss, RS

Date: July 19, 2011

350 Old Enfield Road ▪ Belchertown, MA. 01007 ▪ Phone: 413.323.5957 Fax 413.323.4916
email: aeweiss@charter.net www.coldspringenvironmental.com

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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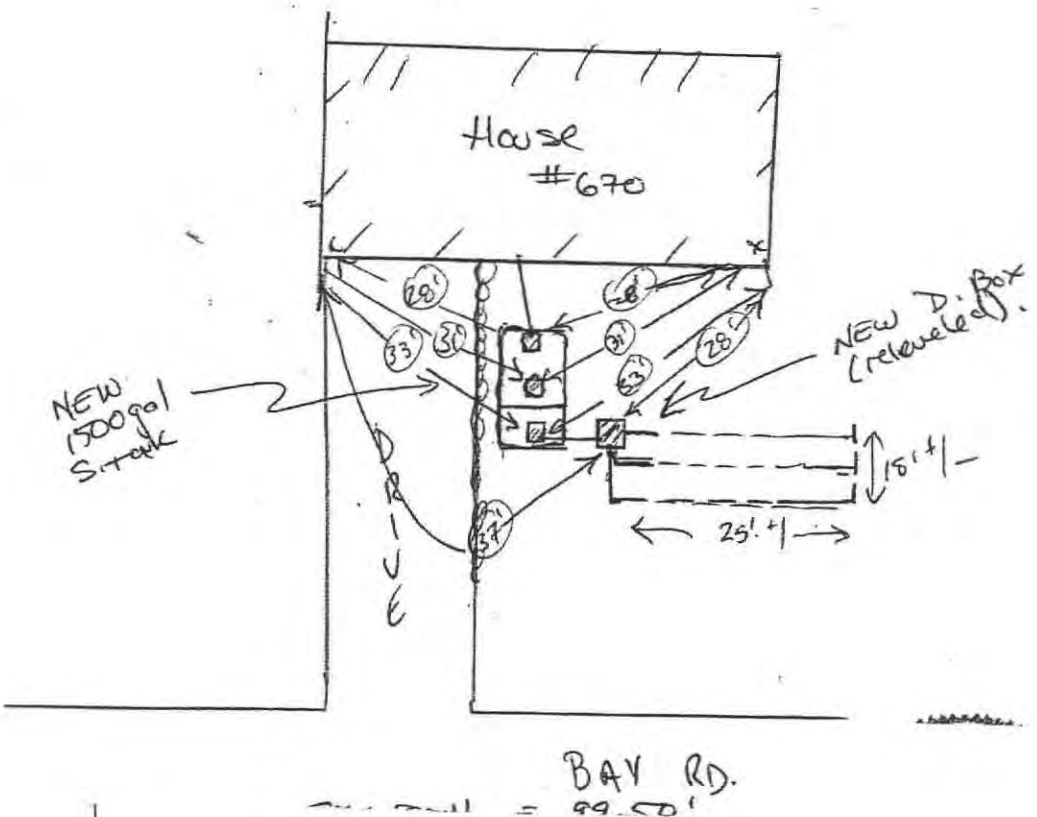
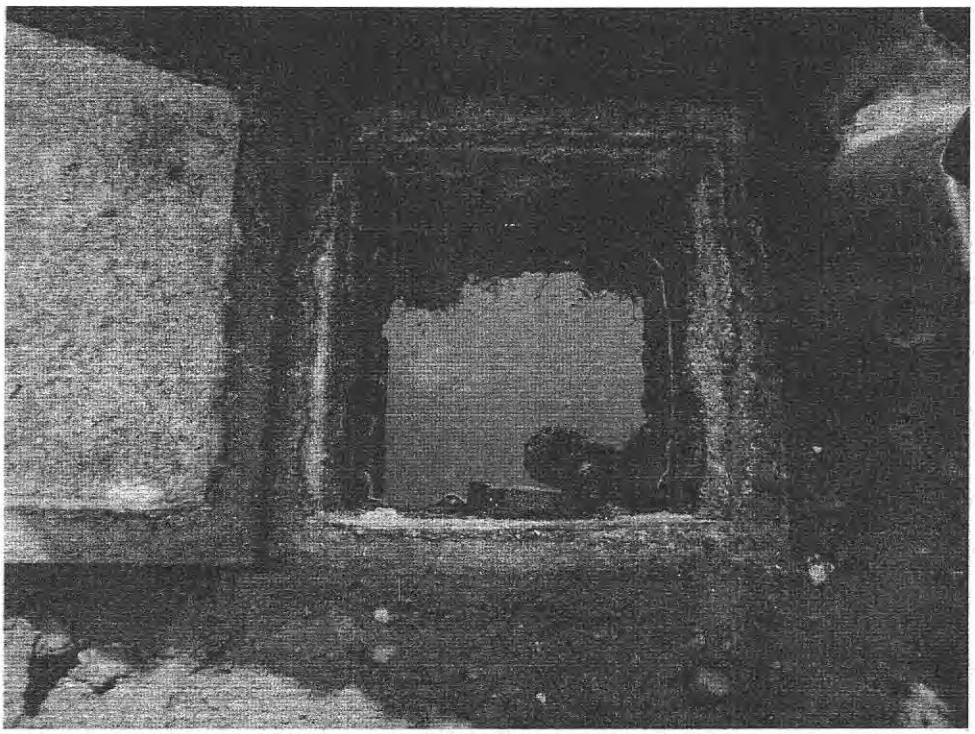
D. System Information (cont.)

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:

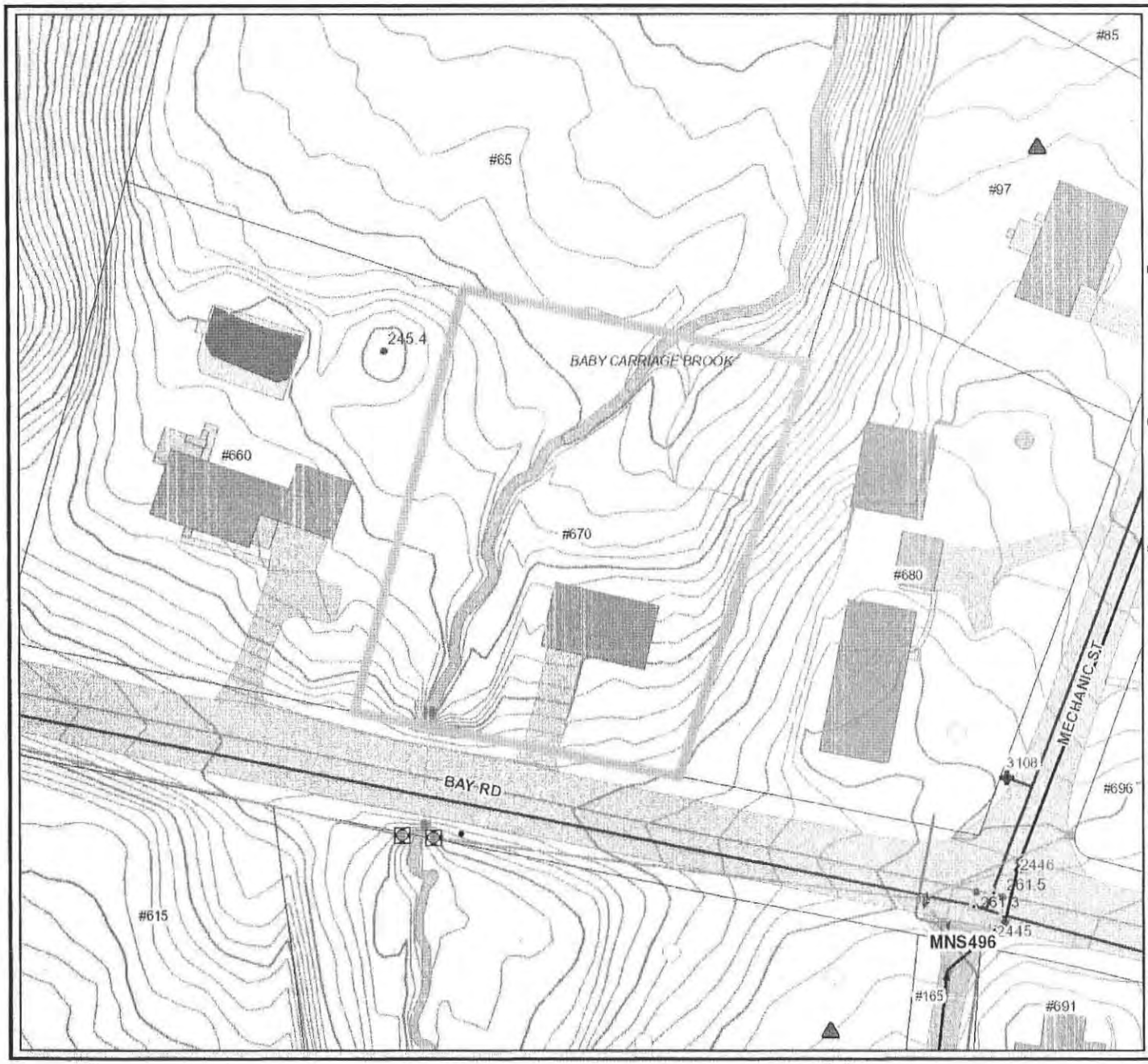
☐ hand-sketch in the area below
☒ drawing attached separately





Dist. Box
670 Bay Road
Amherst, MA
7.19.2011

S. Tank and D. Box cover
670 Bay Road
Amherst, MA
7.19.2011



Amherst Public GIS Viewer

- Utility Poles
- Control Points
- Documents
  - Scanned Documents
  - Gate Card
  - Linen Plan
  - Fiche Plan
  - Easement Plan
  - Subdivision Plan
  - Record Plan
  - As-Built Plan
  - Site Plan
  - Deed
  - Sewer Svc Cards
  - Drain Svc Cards
- Drainage System
  - Catch Basins
  - Drain Manholes
  - Stormwater Outfalls
  - Culverts
- Drain Lines
  - Active
  - Missing
  - Abandoned
- Sanitary Sewer System
  - Sewer Manholes
  - Private
  - Town of Amherst
- Sewer Lines
  - Active
  - Missing
  - Abandoned
  - Sewer Force Mains
- Pump Stations
  - Pump Station
  - Residential Pump
  - Commercial Pump
- Water Distribution Syste
- Water Valve
  - Main Line Gate
  - Unknown Gate
  - Blowoff
  - Meter Pit
  - Fire Hydrants
- Water Line
  - TOA Water Line
  - Missing TOA Water L
  - UM/AC/HC Water Ln
  - Hydrant Line
  - TOA Raw Water Ln
  - TOA Service Line
  - Private or Other Lines
- Property Map
  - Property Lines
  - Easements
- Topography
  - Elevations
- Elevation Contours
  - Intermediate
  - Index
- Basemap
  - Trails
  - Rail Lines
- Rivers and Streams
  - Streams
  - Major Culverts
  - Hydro Connector
  - Headwalls, Floodwalls

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
Vertical Datum: NAVD88, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 64 ft

Amherst GIS Viewer July 19, 2011

July 2011 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: July 19, 2011

TO Estate of Gai Carpenter
670 & 680 Bay Road
Amherst, MA 01002

RE: Invoice for **Septic Title V witness**

Services provided by **Edmund Smith**

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
2.00	Septic Title V witness -1 @ 670 Bay Road; 1 @ 680 Bay Road	$ 200.00	$ 400.00
	please remit to Amherst Health Department at above address.		
	thank you - questions, call Ed Smith @ 259-3153		
		SUBTOTAL	$ 400.00
		SALES TAX	
		TOTAL	$ 400.00

311 Strong Street Amherst 8:30 A.M.

PREPARED BY	ERS
DATE	7/19/2011

leaking oil tank into Water table, DEP, VAC truck

PAGE NO.

PROJECT NOTES

670 + 680 Bay Road
Alan Weiss 534.4015

752 Northeast Street

T-5 PASSES

670 Bay - Estate of Ray Carpenter
- D-Box somewhat corroded, okay
- no staining above tank lids
- no ponding
- Vacant since January
- would have to connect to sewer from 680 - executor may create easement for 680

T-5 FAILS
Send invoice to Jeffrey Brown

680 - older system
800+ gallons 4' x 7' x 5' deep
- vacant since mid February
- fails - cinder block leaks tank is not visible
Septic tank also corroded
- can connect to street w/in 100' of road
- Alan will do decommissioning permit if possible

Check fill memo change →

SEND INVOICE TO TITLE V PASS

752 NORTHEAST 10 YRS OLD, TITLE V 3 YEARS AGO
1500 GALLON 2 CHAMBER TANK
D BOX SLIGHTLY CORRODED (Water Softener?)
2 baffles of Leach Tanks - no standing H2O, no stains

GOLD FIBRE®

#670

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 CELLUCCI
Governor

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 670 Bay RD, Amherst.
Name of Owner GEORGE + ELEANOR CERNADA
Address of Owner: 853 E. Pleasant St. Amherst, MA. 01002
Date of Inspection: 8/11/00
Name of Inspector: (Please Print) Alan E. Weiss, R.S.
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007
Telephone Number: 413-323-5957

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
- ___ Conditionally Passes
- ___ Needs Further Evaluation By the Local Approving Authority
- ___ Fails

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Inspector's Signature: _____ **Date:** 8/11/00

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 the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

- NEW 1500 gal. 2-chamber tank installed by DMO.
- Installation Inspected by writer.
- New D. Box installed, level ok. Good Dist.
- All elevations + pitch checked by the writer.

revised 9/2/98

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
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Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 670 BAY RD., AMHERST **Name of Owner** ELEANOR LEGNADA
Address of Owner: 853 E. Pleasant ST. Amherst, MA. 01002
Date of Inspection: 7/14/00
Name of Inspector: (Please Print) Alan E. Weiss, R.S. 549-7815
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007
Telephone Number: 413-323-5957

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
__✓__ Conditionally Passes
__✓__ Needs Further Evaluation By the Local Approving Authority
___ Fails

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS REG. #933 REGISTERED SANITARIAN

Inspector's Signature: Alan Weiss **Date:** 7/14/00

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 the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

- Level in tank 2-3" below outlet. outlet side baffle is weak but in. Out of Service for 3-4 ~~months~~ Weeks
- D.box may be out of level. Slight backflow for 1 min.
- Recommend D. Box Reinspection 1 month after house reoccupied, and after D.box + S.tank replaced.
- check + correct pitch from D.box to Start of lines.

- All above corrected on 8/11/00 by DMO Const. per approval of D. Zarowski at Insp. Services

revised 9/2/98

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

Property Address: 670 BAY
Owner: CEDARA
Date of Inspection: 7/14/00

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:

✓ 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 approved by the Board of Health. 3" below outlet. baffles weak (slide type)

__ 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):

_____ broken pipe(s) are replaced
_____ obstruction is removed

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

Property Address: 670 BAY RD
Owner: CERNADO
Date of Inspection: 7/14/00

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 the public health, safety and 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 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.

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 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 _____ (approximation not valid).

3) OTHER

✓ - NEEDS NEW S.TANK. L.FIELD ONLY REPLACED IN 1986.
I Recommend trying New Septic tank and reset D.box 1-2" higher.
Reinspect at least 12 weeks after back in Service.

Property Address: 670 BAY RD
Owner: Cernado
Date of Inspection: 7/14/00

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 failure.

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 **NOT** due to clogged or obstructed pipe(s). Number of times pumped ___.
—	—	Any portion 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 coliform 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:

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
—	—	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.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 670 BAY RD.
Owner:
Date of Inspection: 7/14/00

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

Yes	No	
—	—	Pumping information was provided by the owner, occupant, or Board of Health.
—	✓	None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. (UNOCCUPIED 3 WEEKS)
—	—	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 unacceptable) [15.302(3)(b)]
—	—	The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 670 BAY RD,
Owner: CERNADA
Date of Inspection: 7/14/00

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 g.p.d./bedroom.
Number of bedrooms (design): 3 Number of bedrooms (actual): ___
Total DESIGN flow 330?
Number of current residents: * SEE NOTE
Garbage grinder (yes or no): Y. Not recommended *
Laundry (separate system) (yes or no): N ; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): ___
Water meter readings, if available (last two year's usage (gpd): ___
Sump Pump (yes or no): ___
Last date of occupancy: 3-weeks ago - 2 persons

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 Tank present: (yes or no) ___
Non-sanitary waste discharged to the Title 5 system: (yes or no) ___
Water meter readings, if available: ___
Last date of occupancy: ___

OTHER: (Describe) ___
Last date of occupancy: ___

GENERAL INFORMATION

PUMPING RECORDS and source of information:

___

System pumped as part of inspection: (yes or no) ___
If yes, volume pumped: 800 gallons
Reason for pumping: TIME/SIZE

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)
___ I/A Technology etc. Attach copy of up to date operation and maintenance contract
___ Tight Tank ___ Copy of DEP Approval

Other ___

APPROXIMATE AGE of all components, date installed (if known) and source of information: TANK - 30 yrs 7/- FIELD - 10-12 yrs -

Sewage odors detected when arriving at the site: (yes or no) ___

revised 9/2/98

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

Property Address: 670 BAY RD.
Owner: CRANADA
Date of Inspection: 7/14/00 + 8/11/00

BUILDING SEWER:
(Locate on site plan)

Depth below grade:____
Material of construction: __ cast iron __ 40 PVC __ other (explain)

Distance from private water supply well or suction line _____
Diameter _____
Comments: (condition of joints, venting, evidence of ~~leakage, etc.~~)

SEPTIC TANK: ✓ NEW 1500gal. S tank 8/11/00
(locate on site plan)

Depth below grade:____
Material of construction: ✓ concrete __metal __Fiberglass __Polyethylene __other(explain)

If tank is metal, list age ___ Is age confirmed by Certificate of Compliance ___ (Yes/No)

Dimensions: ~~6x4x4~~ 10.5 x 9.5' x 9.5
Sludge depth: 0
Distance from top of sludge to bottom of outlet tee or baffle: 40"
Scum thickness: 0
Distance from top of scum to top of outlet tee or baffle: —
Distance from bottom of scum to bottom of outlet tee or baffle: —
How dimensions were determined: Measured.

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) ~~Baffle at outlet is weak.~~ New Tees

GREASE TRAP:____
(locate on site plan)

Depth below grade:____
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: ____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

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

Property Address: 670 BAY RD
Owner: CERNADA
Date of Inspection: 7/14/00 + 8/11/00

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: __concrete __metal __Fiberglass __Polyethylene __other(explain)
_____
_____
Dimensions:_____
Capacity:_____ gallons
Design flow:_____ gallons/day
Alarm present_____
Alarm level:_____ Alarm in working order: Yes ___ No__
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)
_____
_____
_____
_____

DISTRIBUTION BOX: Y
(locate on site plan)

Depth of liquid level above outlet invert: ½" (at invert on 8/11/00 - OK). NEW D.box. 8/11/00

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Slight carryover of sludge observed., FIELD TOOK Garden hose Water for 10minutes, w/ slight backflow for 1minute upon D.box pumping
_____

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order: (Yes or No)_____
Alarms in working order (Yes or No)_____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____
_____
_____
_____
_____

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

Property Address: 670 BAY RD.
Owner: CERRADO
Date of Inspection: 7/14/00

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

Type:
- leaching pits, number:___
- leaching chambers, number:___
- leaching galleries, number:___
- leaching trenches, number, length:___
- leaching fields, number, dimensions: (1) ~~20×30~~ (Approx) 3 lines (record notes 4 lines (29×32) =
- overflow cesspool, number:___
- Alternative system: ___
  - Name of Technology: ___

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation etc.)
- Noted No Signs of hydraulic failure however, out of use 1 Month.
- D-box out of level.

CESSPOOLS: ___
(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 (cesspool must be pumped as part of inspection)___

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

PRIVY: ___
(locate on site plan)

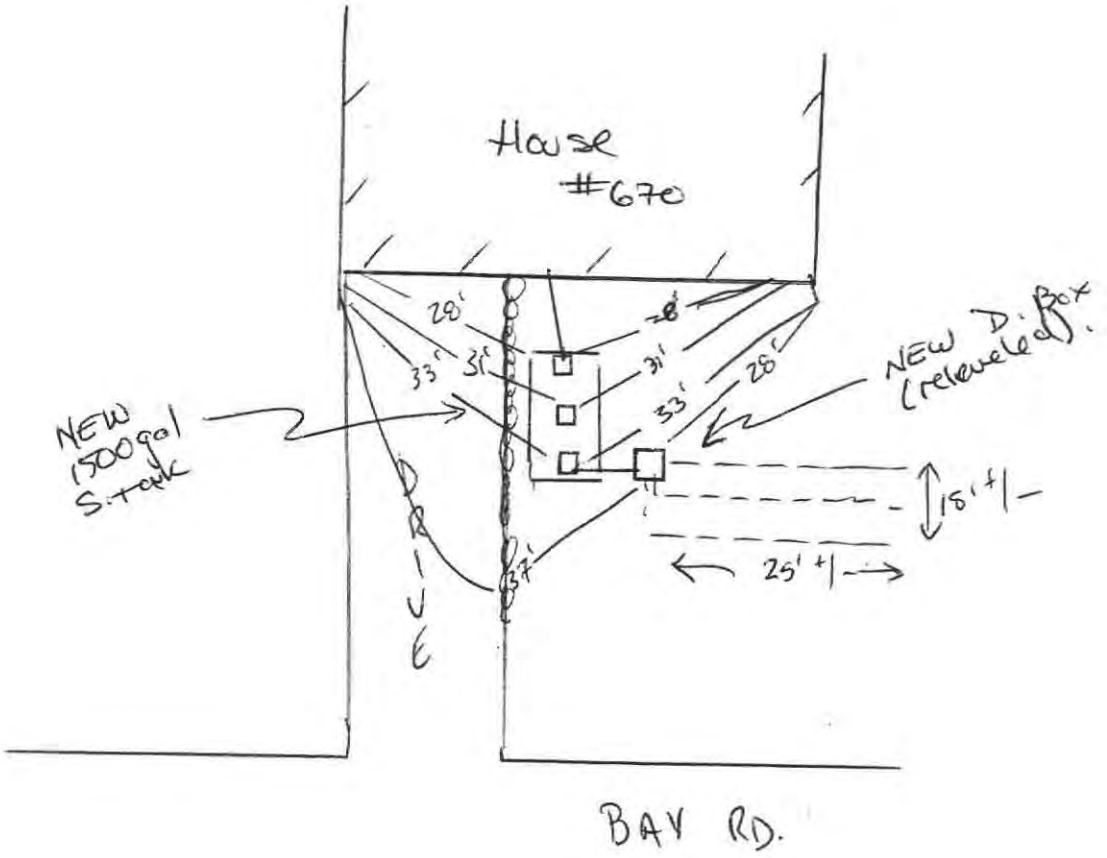
Materials of construction:___ Dimensions:___
Depth of solids:___
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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

Property Address: 670 BAY RD
Owner: Cemada
Date of Inspection: 8/11/00

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)



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

Property Address: 670 BAY RD
Owner: CERVADA.
Date of Inspection: 7/14/00

NRCS Report name_____
Soil Type_____
Typical depth to groundwater_____

USGS Date website visited
Observation Wells checked
Groundwater depth: Shallow_____ Moderate_____ Deep_____

SITE EXAM Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater 6'+ Feet - 8' hole excav. for S tank

Please indicate all the methods used to determine High Groundwater Elevation:

____ Obtained from Design Plans on record

____ Observed Site (Abutting property, observation hole, basement sump etc.)

✓ 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)

- hole on site - D. box depth., nearby work.

Cold Spring Environmental, Inc.

Memo

To: Eleanor Cernada

From: **Alan Weiss, Cold Spring Environmental, Inc.**

CC:

Date: **07/14/2000**

Re: Septic System Inspection & Report.
670 BAY RD

Enclosed is your septic system Inspection Report:

Unfortunately, the system fails to function properly and pass the inspection. The next step is to contact the Town Inspector (Mr. David Zarozinski) to see if you install a new septic tank and raise the height of the Distribution box by an inch or two in the ground will the system function correctly. The system would have to be inspected after the Septic tank and Distribution box are installed and then at least two weeks after the septic tank is refilled and the system is back in service handling a normal water flow.

I cannot guarrantee that these corrections will work but it is worth a chance given the price to build an entirely new system.

As I mentioned, I will be out of town from 7/20 to 7/29. I would be happy to help you when I return to my office on 7/31/00.

I have also forwarded an inspection report to Mr. Zarozinski at the the Town Bd. Of Health as required.

Should you have any questions, please do not hesitate to call.

Thank you,

Alan Weiss.

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
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Governor

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 670 BAY RD., AMHERST **Name of Owner** ELEANOR LEONARDA
Address of Owner: 853 E. Pleasant ST. Amherst, MA. 01002
Date of Inspection: 7/14/00
Name of Inspector: (Please Print) Alan E. Weiss, R.S. 549-7815
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007
Telephone Number: 413-323-5957

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
✓ Conditionally Passes
___ Needs Further Evaluation By the Local Approving Authority
___ Fails

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS REG. #333 REGISTERED SANITARIAN

Inspector's Signature: Alan Weiss **Date:** 7/14/00

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 the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

- Level in tank 2-3" below outlet. outlet side baffle is weak but in. Out of Service for 3-4 Weeks
- D.box may be out of level. Slight backflow for 1 min.
- Recommend D. Box Reinspection 1 month after house reoccupied, and after D.box + S tank replaced.
- check + correct pitch from D.box to Start of lines.

revised 9/2/98

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

Property Address: 670 BAY
Owner: CERNADA
Date of Inspection: 7/14/00

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:

✓ 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 approved by the Board of Health. 3" below outlet. baffles weak (slide type)

— 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):

_____ broken pipe(s) are replaced
_____ obstruction is removed

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

Property Address: 670 BAY RD
Owner: CERNADO
Date of Inspection: 7/14/00

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 the public health, safety and 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 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.

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 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 _____ (approximation not valid).

3) OTHER

✓ - NEEDS NEW S.TANK. L.FIELD only REPLACED IN 1986.
I Recommend trying New Septic tank and relocate D.box 1-2" higher.
Reinspect at least 12 weeks after back in service.

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

Property Address: 670 BAY RD
Owner: Cernado
Date of Inspection: 7/14/00

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 failure.

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 **NOT** due to clogged or obstructed pipe(s). Number of times pumped ___.
—	—	Any portion 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 coliform 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:
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
—	—	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.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 670 BAY RD.
Owner:
Date of Inspection: 7/14/00

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

Yes	No	
—	—	Pumping information was provided by the owner, occupant, or Board of Health.
—	✓	None of the system components ~~have been pumped for at least two weeks and the system has been receiving normal~~ flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. (UNoccupied 3 weeks)
—	—	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 unacceptable) [15.302(3)(b)]
—	—	The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 670 BAY RD,
Owner: CERNADA
Date of Inspection: 7/14/00

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 g.p.d./bedroom.
Number of bedrooms (design): 3 Number of bedrooms (actual):___
Total DESIGN flow 330?
Number of current residents: * SEE NOTE
Garbage grinder (yes or no): Y. Not recommended *
Laundry (separate system) (yes or no): N ; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no):___
Water meter readings, if available (last two year's usage (gpd): _____
Sump Pump (yes or no):___
Last date of occupancy: 3-WEEKS ago - 2 persons

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 Tank present: (yes or no)___
Non-sanitary waste discharged to the Title 5 system: (yes or no)___
Water meter readings, if available:_____
Last date of occupancy:_____

OTHER: (Describe) _____
Last date of occupancy:_____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

_____

System pumped as part of inspection: (yes or no)___
If yes, volume pumped: 800 gallons
Reason for pumping: TIME/SIZE

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)
_____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
_____ Tight Tank _____Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: TANK - 30 yrs ?? - FIELD - 10-12 yrs -

___

Sewage odors detected when arriving at the site: (yes or no) ___

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

Property Address: 670 BAY RD.
Owner: CERANADA
Date of Inspection: 7/14/00

BUILDING SEWER:
(Locate on site plan)

Depth below grade:____
Material of construction: __ cast iron __ 40 PVC __ other (explain)

Distance from private water supply well or suction line _____
Diameter _____
Comments: (condition of joints, venting, evidence of leakage, etc.)

SEPTIC TANK: ✓
(locate on site plan)

Depth below grade:____
Material of construction: ✓ concrete __metal __Fiberglass __Polyethylene __other(explain)

If tank is metal, list age ____ Is age confirmed by Certificate of Compliance ____ (Yes/No)

Dimensions: 6x4x4
Sludge depth:_____
Distance from top of sludge to bottom of outlet tee or baffle:____
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:_____
How dimensions were determined: _____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Baffle at outlet is weak.

GREASE TRAP:____
(locate on site plan)

Depth below grade:____
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: ____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

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

Property Address: 670 BAY RD
Owner: CERNADA
Date of Inspection: 7/14/00

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: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:_____
Capacity:_____ gallons
Design flow:_____ gallons/day
Alarm present_____
Alarm level:_____ Alarm in working order: Yes ___ No__
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: Y
(locate on site plan)

Depth of liquid level above outlet invert: ½"

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Slight carry over of sludge observed., Field took Garden hose water for 10 minutes, w/ slight backflow for 1 minute upon D.Box pumping

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order: (Yes or No)____
Alarms in working order (Yes or No)____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

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

Property Address: 670 BAY RD.
Owner: CERRADO
Date of Inspection: 7/14/00

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

Type:
leaching pits, number:___
leaching chambers, number:___
leaching galleries, number:___
leaching trenches, number, length:___
leaching fields, number, dimensions: (1) 20×30' (Approx) 3 lines (record notes 4 lines (29×32) =
overflow cesspool, number:___
Alternative system: ___
Name of Technology: ___

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation etc.)
- Noted No Signs of hydraulic failure however, out of use 1 Month.
- D.box out of level.

CESSPOOLS: ___
(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 (cesspool must be pumped as part of inspection)___

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

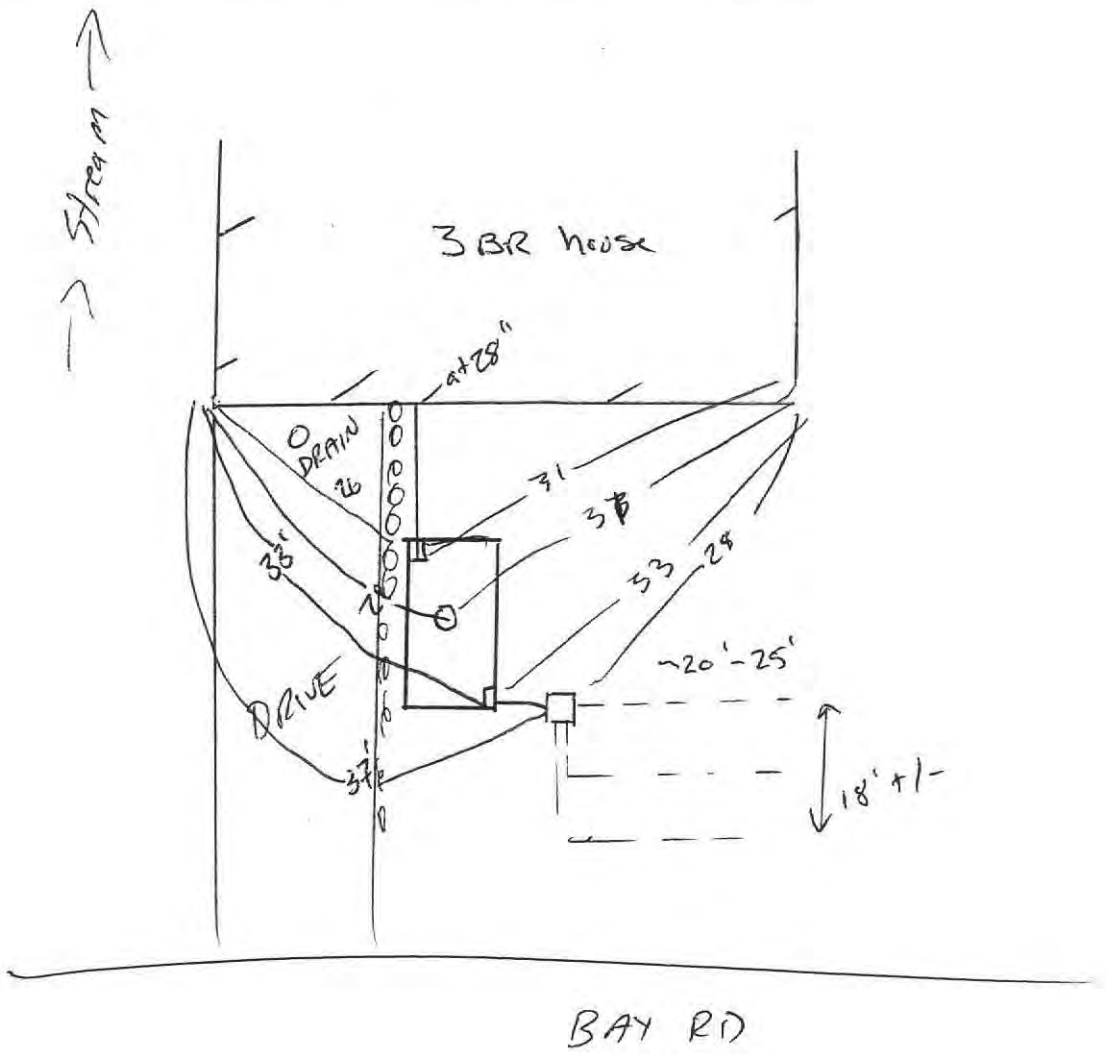
PRIVY: ___
(locate on site plan)

Materials of construction:___ Dimensions:___
Depth of solids:___
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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

Property Address: 670
Owner:
Date of Inspection:

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)



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

Property Address: 670 BAY RD
Owner: CERNADA.
Date of Inspection: 7/14/00

NRCS Report name_____
Soil Type_____
Typical depth to groundwater_____

USGS Date website visited
Observation Wells checked
Groundwater depth: Shallow_____ Moderate_____ Deep_____

SITE EXAM Slope
Surface water
Check Cellar
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 sump etc.)

____ 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)

- hole on site - D. box depth., nearby work.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

670 BAY ROAD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner GEORGE C ERNODA Address 253 EAST PLEASANT ST

Installer KARNS EXC. Address RIVER DR. HADLEY

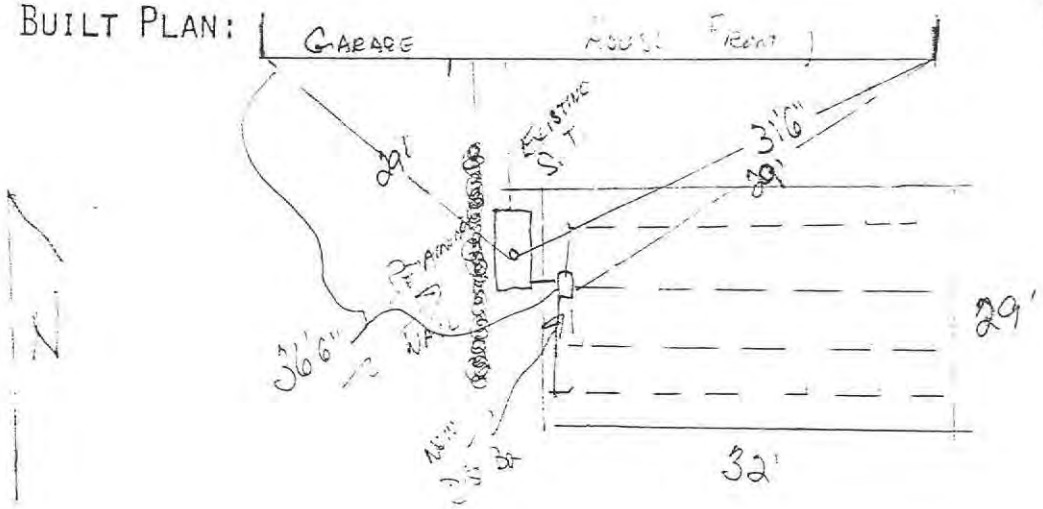
Date Installation Inspected and Approved 9/8/86

Description of System: Tank Capacity: 1200

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet:

Garbage Grinder Yes ( ) No ( ) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

REPAIR

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

670 BAY ROAD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner GEORGE CERNODA Address 853 EAST PLEASANT ST

Installer KARNS EXC. Address RIVER DR HADLEY

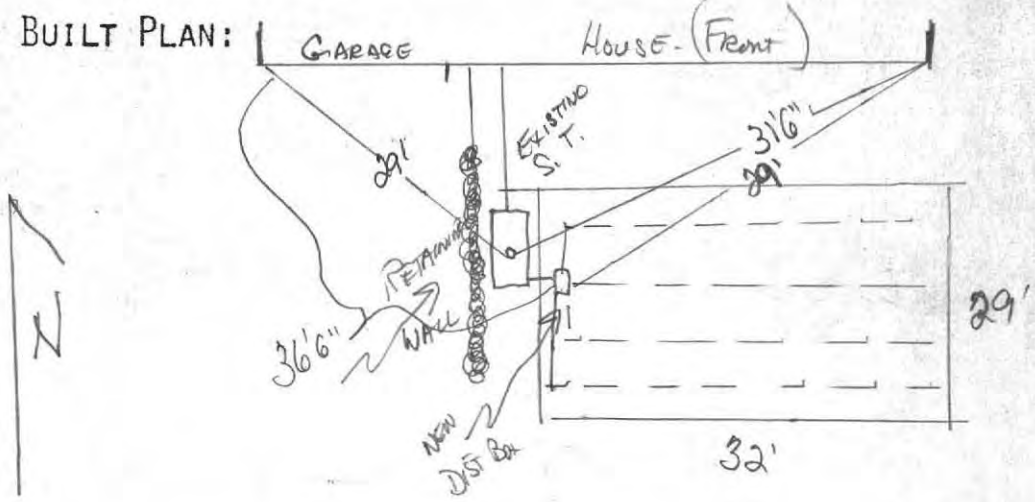
Date Installation Inspected and Approved 9/8/86

Description of System: Tank Capacity: 1200

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet:

Garbage Grinder Yes ( ) No ( ) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
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5. Further information can be obtained by contacting your Health Department at 253-7077.

#690 BAY RD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-2 Date Feb. 20, 1973 Fee $3.00 Date Rec'd. 2/20/73 By DGF

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

Location—Address BAY ROAD or Lot No. —

Owner Mohawk Country Estates, Inc. Address P.O. 106, Rt 2 Shelburne, Ma.

Contractor — Address

Type of Building Residence Dimensions 26 x 48 Size Lot 150 x 200

Dwelling—No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (Y)

Other No. of persons 6 Showers ( )

Other fixtures

Town Water? Yes Type of Well

Design Flow 50 gallons per person per day. Total daily flow 375 gallons

Septic Tank—Liquid capacity 1,000 gallons Dimensions: L W D

Disposal Trench—No. 1 Width 10 Total Length 38 Total leaching area 380 sq. ft.

Disposal Bed—No. Diameter Depth below inlet Total leaching area sq. ft.

Dry Well—No. Diameter Depth below inlet Dimensions: x x

Other: Distribution box (X) No. Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by Kendall G. Lund Date Dec 1, 1971

Test Pit No. 1 3 minutes per inch Depth of Test Pit 84"

Test Pit No. 2 minutes per inch Depth of Test Pit

Description of Soil Fine to medium sand Depth to Ground Water 5.0'

Will *disposal area* be filled? Yes 40' + Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Mohawk Country Estates, Inc.
by David J. Gard Jr., Pres.

Owner or builder date

Application Approved by C.E. Drake Jr. SYSTEM TO BE PLACED IN FRONT YARD 2-20-73 date

Application Disapproved *for the following reasons:* Fill placed in April, 1972 MUST STAY 50' FROM STREAM
Perc test done in natural ground prior to filling

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by ______ at ______ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. ______ dated ______

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE ______ Inspector ______

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-2

Permission is hereby granted MOHAWK COUNTRY EST. to construct (X) or repair ( ) an Individual Sewage Disposal System at BAY ROAD as shown on the application for Disposal Works Construction Permit No. 73-2

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

C.E. Drake Jr.
Board of Health

DATE 2-20-73 NOTE: LOCATION OF SYSTEM ABOVE.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JAMES GIARD Address 690 BAY RD.

Installer KARL'S EXCAVATING Address RIVER DR. N. HADLEY

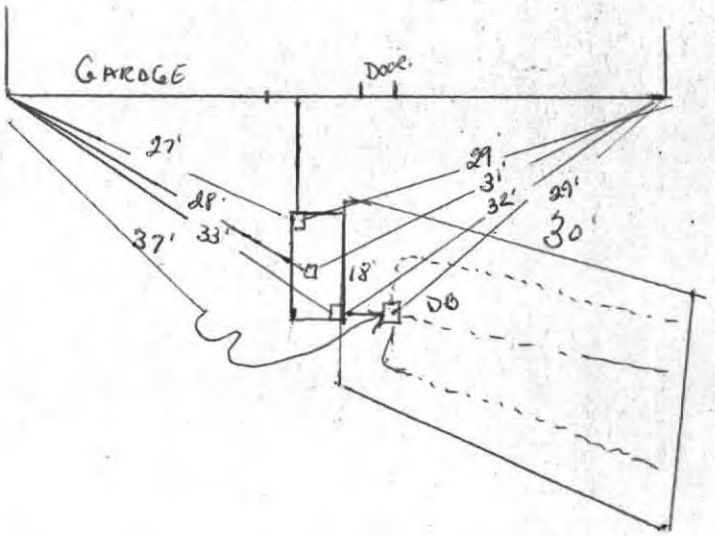
Date Installation Inspected and Approved MARCH 12, 1973

Description of System: Tank Capacity: 1200

Leach Field ( ) Bed (✓) Seepage Pit ( ) Square Feet: 540

Garbage Grinder Yes (✓) No ( ) No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PERMIT 73-2

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.