

751 Bay Rd.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

751 Bay Rd.
Property Address

Zhangwu Chen and Zhiqiu Zheng
Owner's Name

Amherst MA 01002 4/22/11 and 5/10/11
City/Town State Zip Code Date of Inspection

Owner information is required for every page.

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

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



A. General Information

1. Inspector:

Robert Stover
Name of Inspector

Amherst Environmental Services
Company Name

P. O. Box 3312
Company Address

Amherst MA 01004-3312
City/Town State Zip Code

(413) 256-3400 SI3216
Telephone Number License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

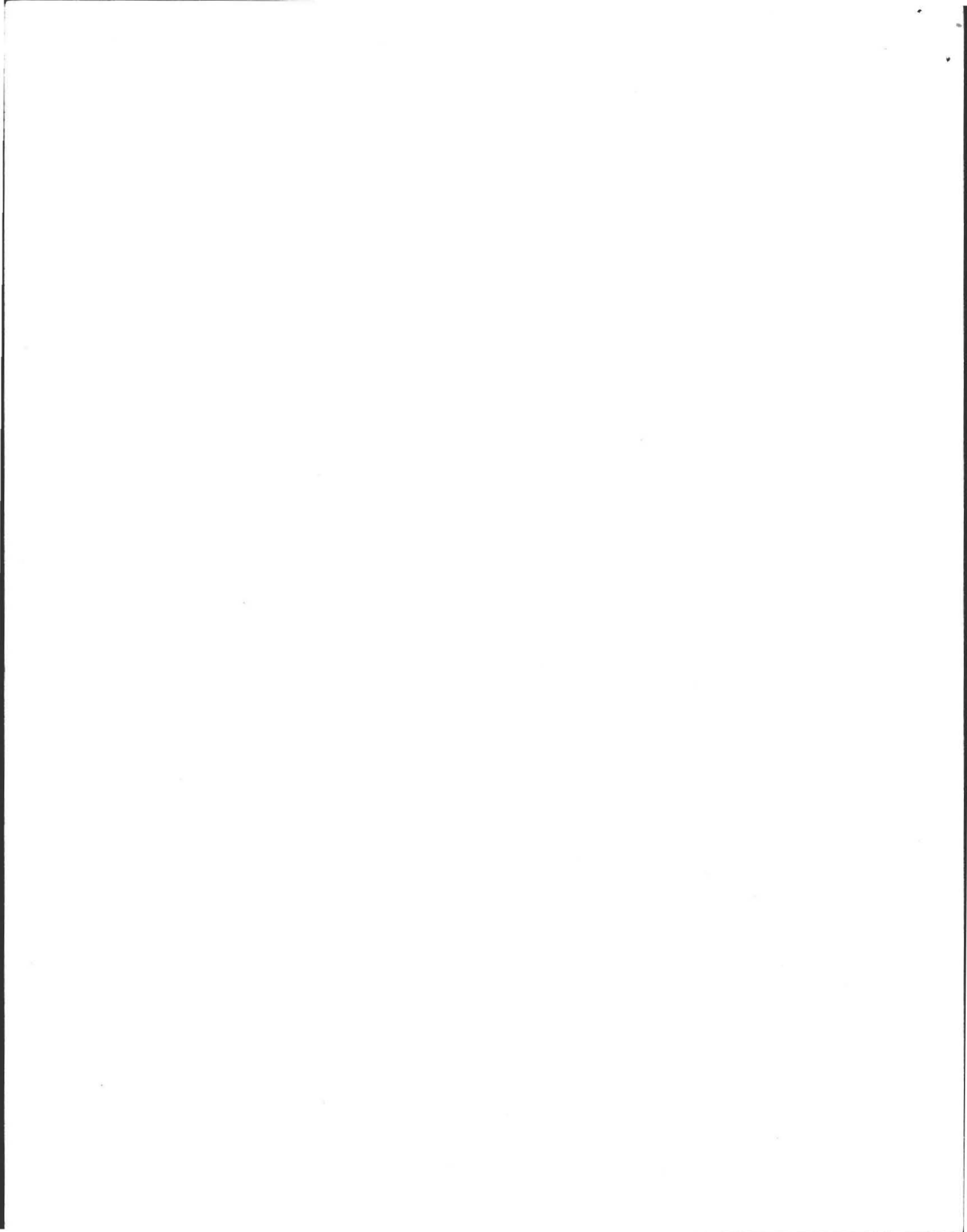
- Passes (checked)
Conditionally Passes
Fails
Needs Further Evaluation by the Local Approving Authority

Robert Stover
Inspector's Signature

May 10, 2011
Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

\*\*\*\*This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.





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## B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

### A) System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

This system appears to have been utilized very little over the past four years and continues to be in good condition. The house was occupied by tenants in April of this year and was receiving normal flow for the two weeks before my initial inspection of the system. The tank was pumped on May 10, 2011.

### 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.

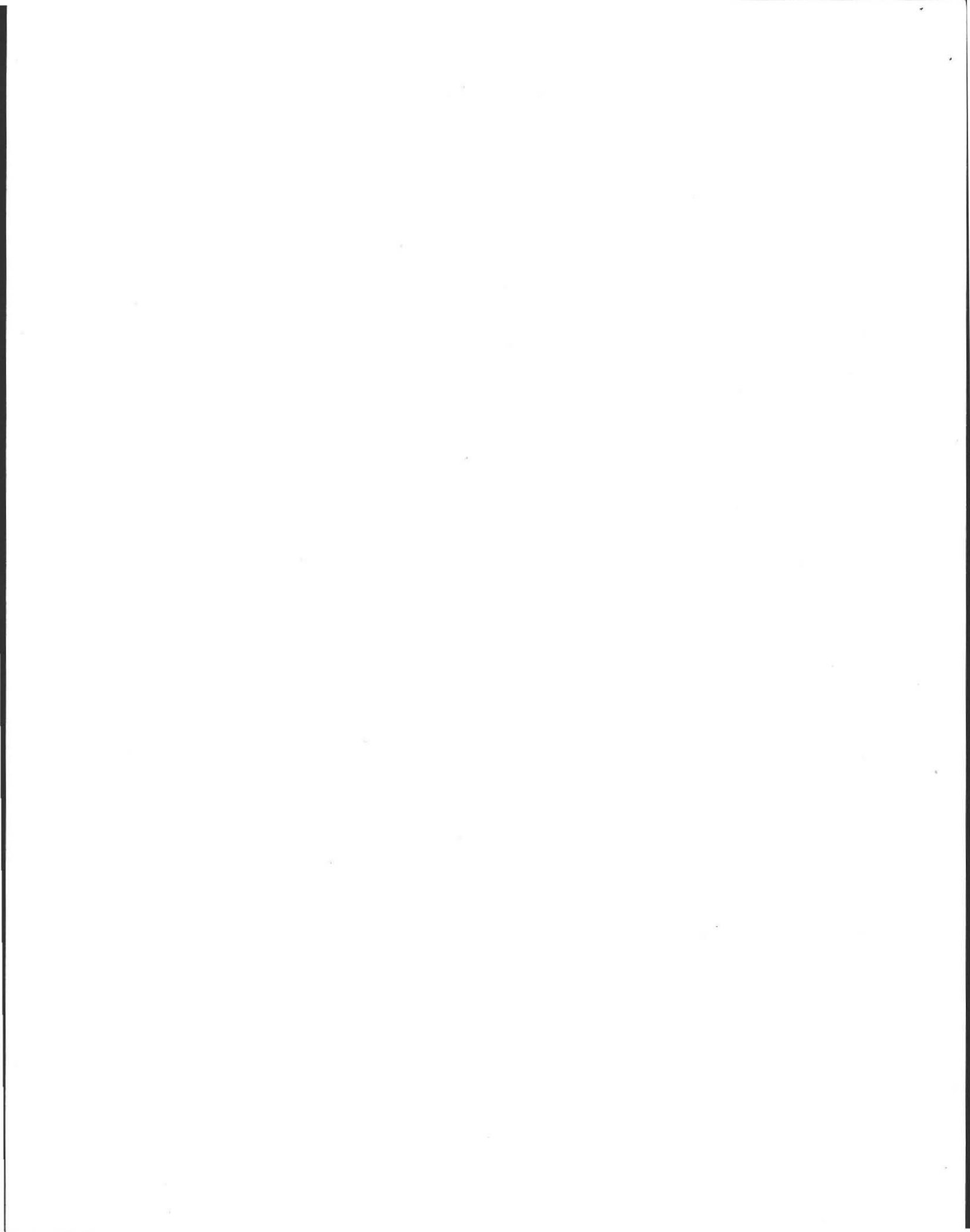
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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
obstruction is removed
distribution box is leveled or replaced

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):

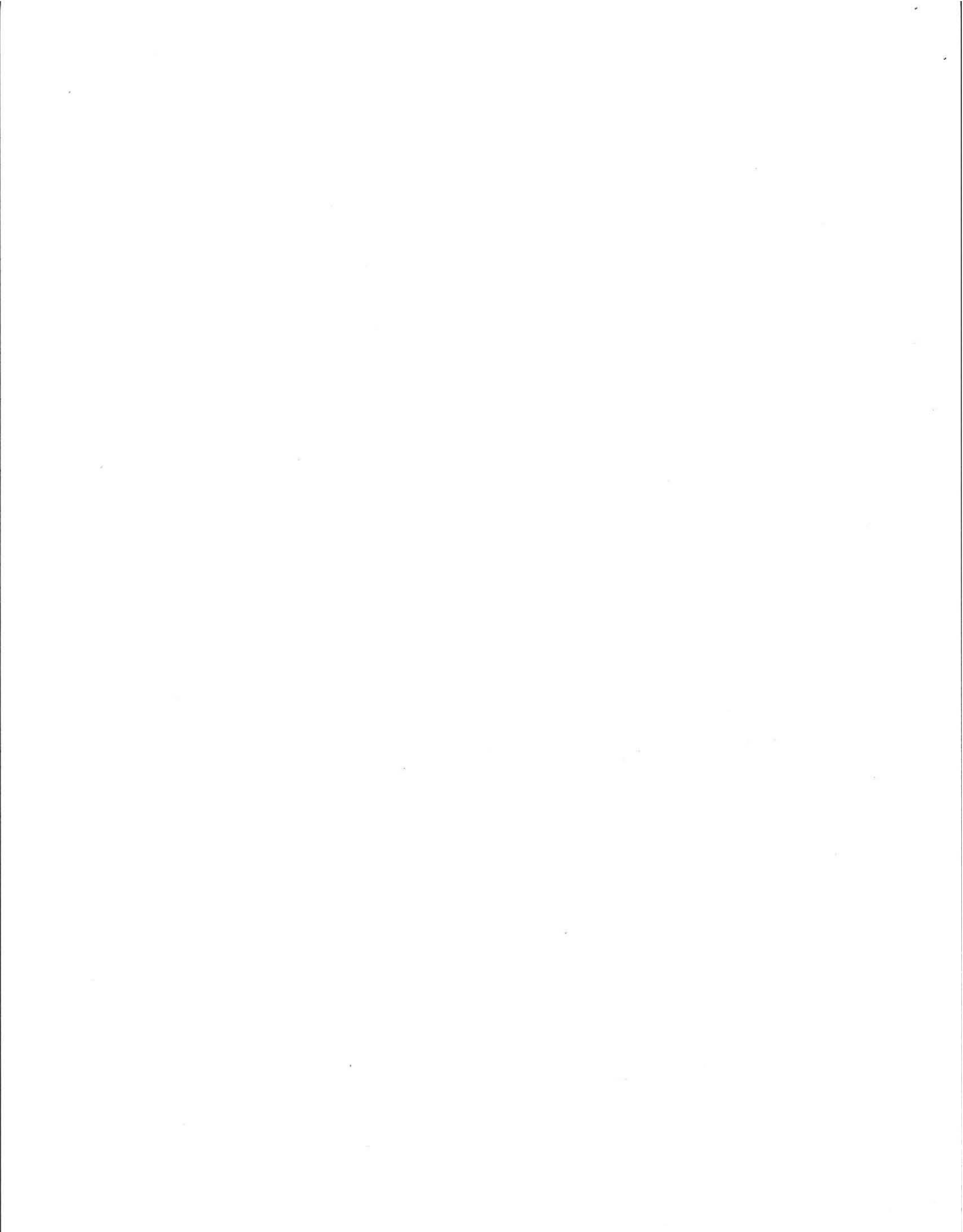
- broken pipe(s) are replaced
obstruction is removed

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







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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:

- Three checkboxes with descriptions of system failure criteria: 1) SAS within 100 feet of surface water supply, 2) SAS within Zone 1 of public water supply, 3) SAS within 50 feet of private water supply well. A fourth checkbox indicates 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 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:

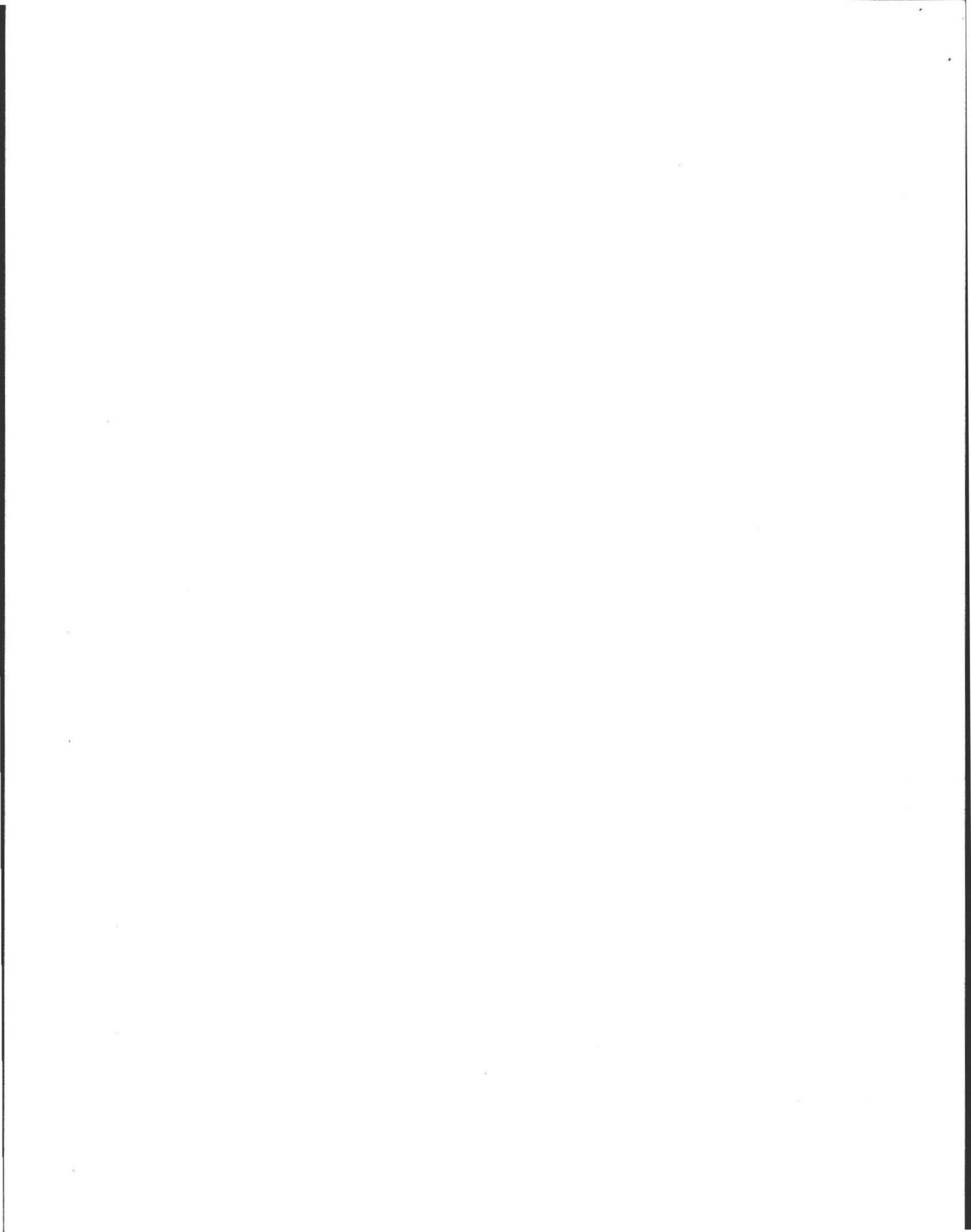
Four horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes No

- Four rows of checkboxes for system failure criteria: 1) Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool, 2) Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool, 3) Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool, 4) Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.





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## B. Certification (cont.)

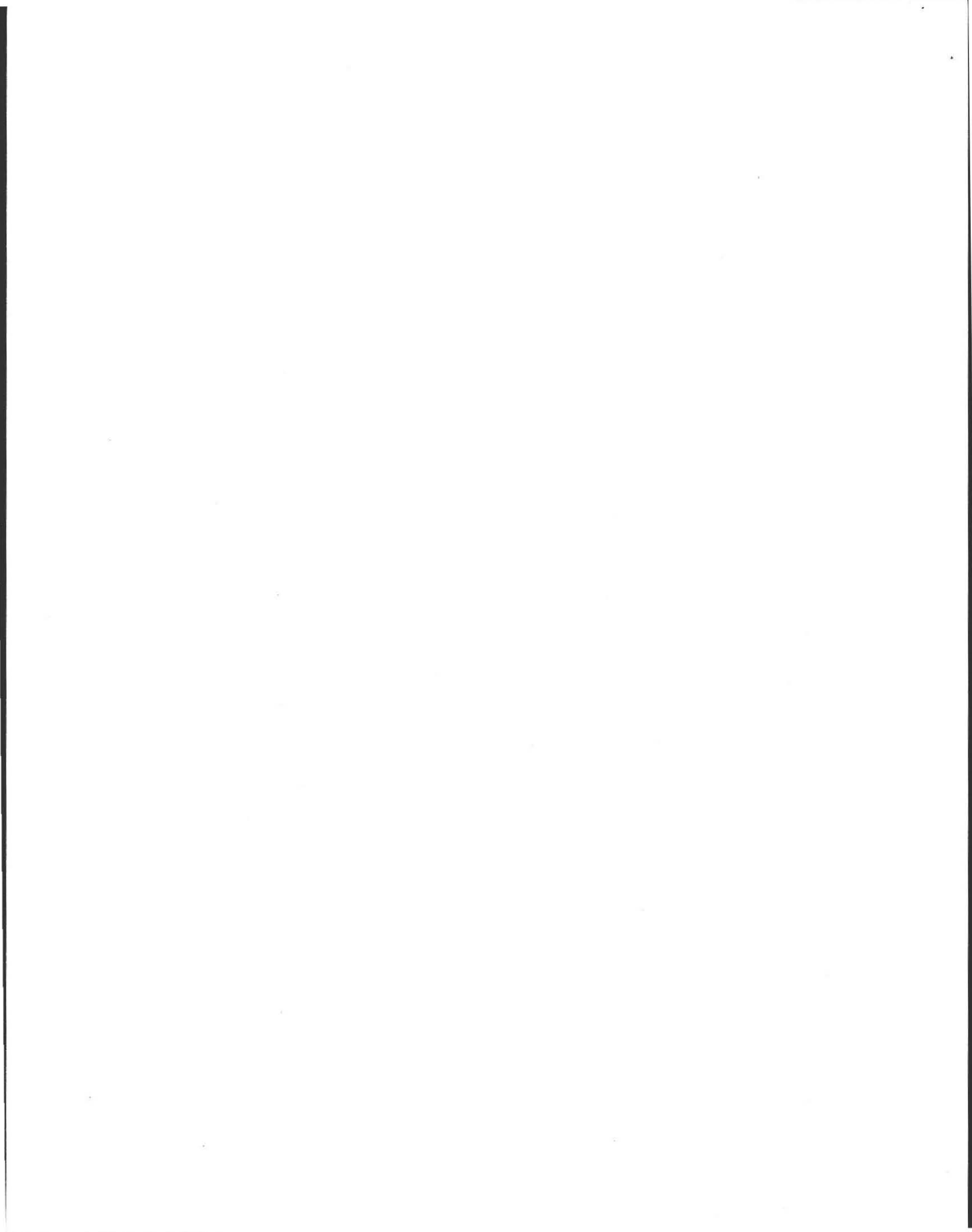
- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <b>[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.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> 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                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.





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## C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

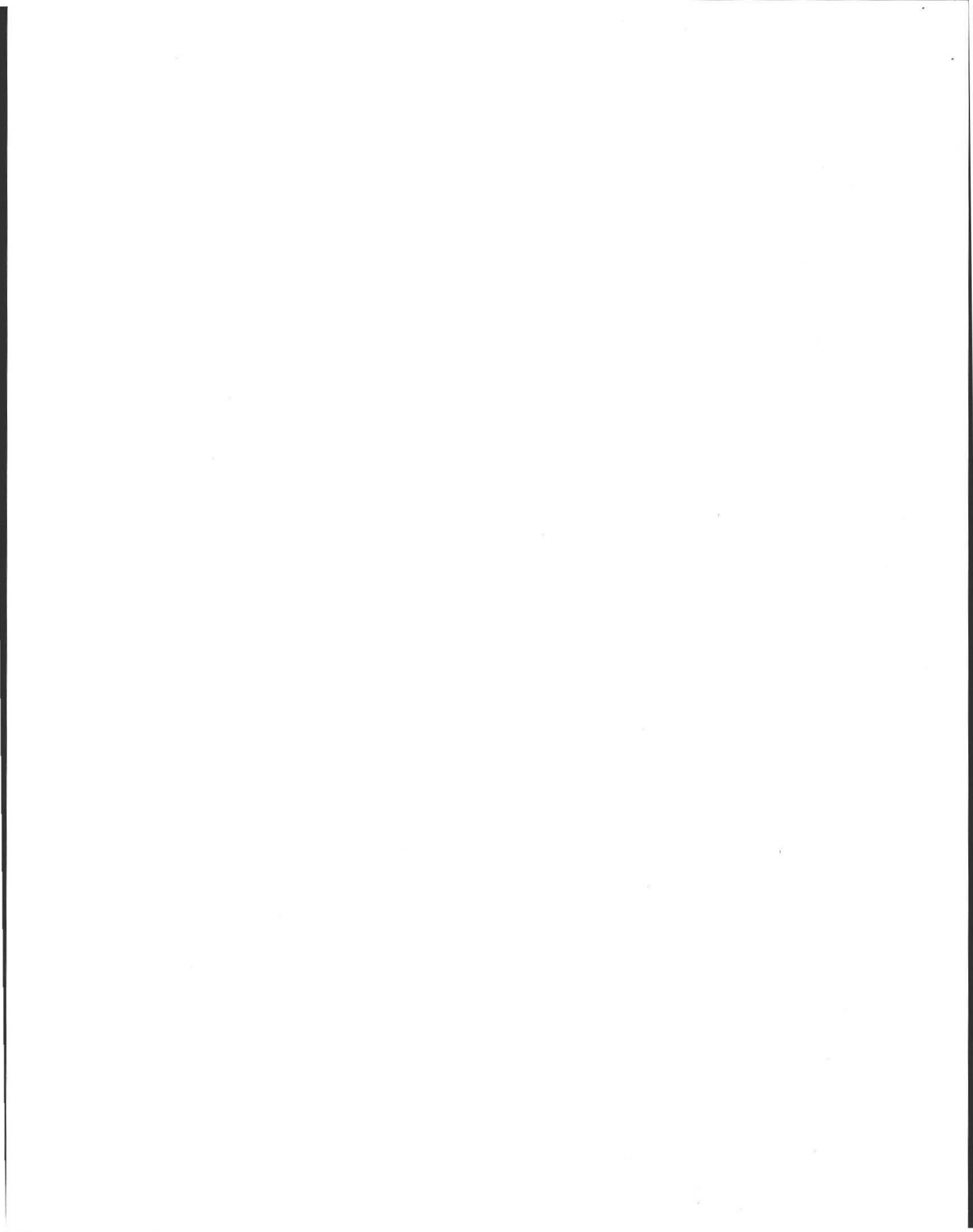
- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]   |

## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 5

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550 = actual # of bdrms





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## D. System Information

Description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of current residents: \_\_\_\_\_ 4 at initial inspection

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)): \_\_\_\_\_ average use was 1 or 2 gal.s/day

Detail:  
House must have been unoccupied for long periods over the last four years.  
\_\_\_\_\_  
\_\_\_\_\_

Sump pump?  Yes  No

Last date of occupancy: \_\_\_\_\_ Ap 30, 2011  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_ Gallons per day (gpd)

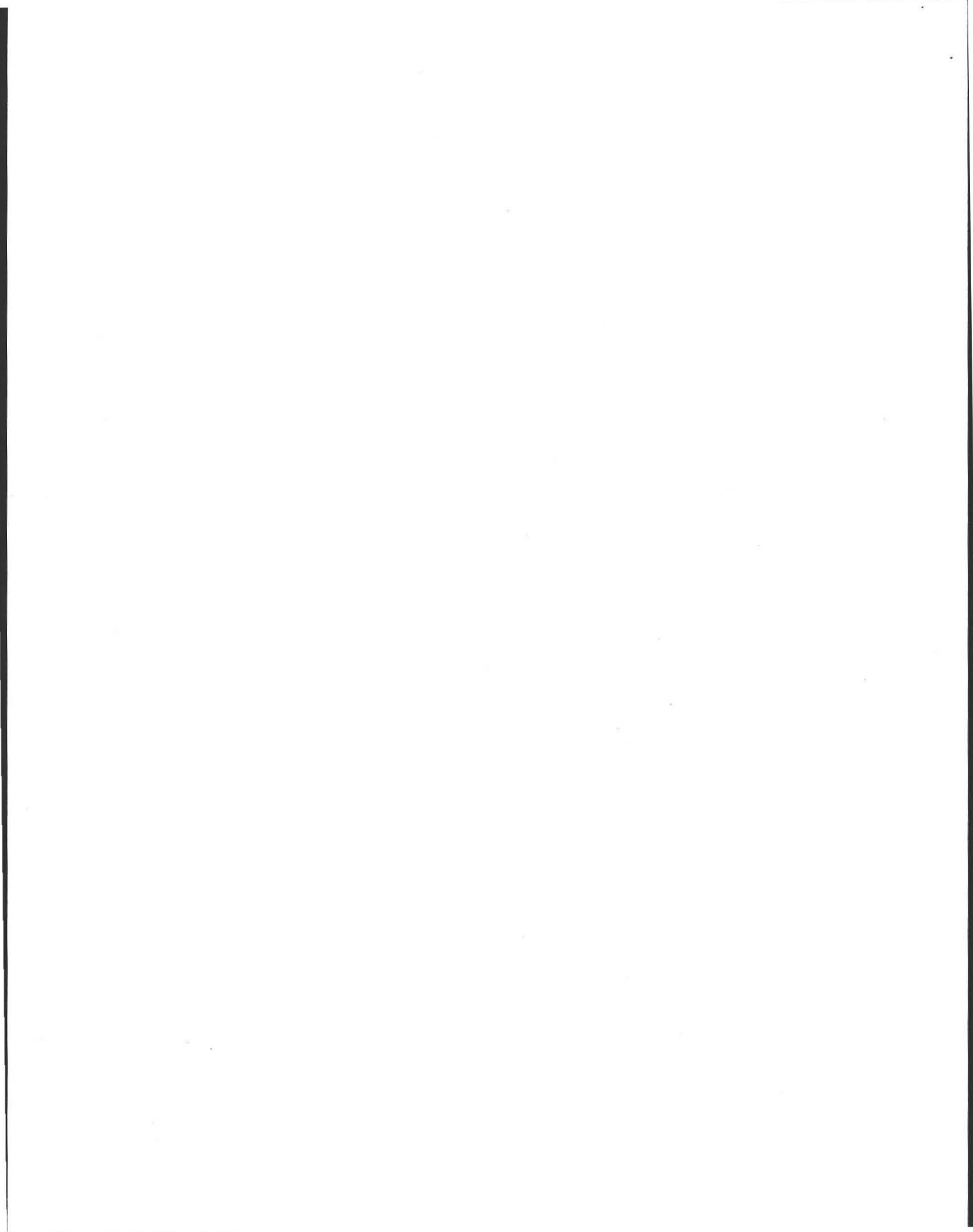
Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

Grease trap present?  Yes  No

Industrial waste holding tank present?  Yes  No

Non-sanitary waste discharged to the Title 5 system?  Yes  No

Water meter readings, if available: \_\_\_\_\_







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## D. System Information (cont.)

Last date of occupancy/use: \_\_\_\_\_ Date

Other (describe below):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### General Information

#### Pumping Records:

Source of information: \_\_\_\_\_ Board of Health records: pumped twice in 2006

Was system pumped as part of the inspection?  Yes  No

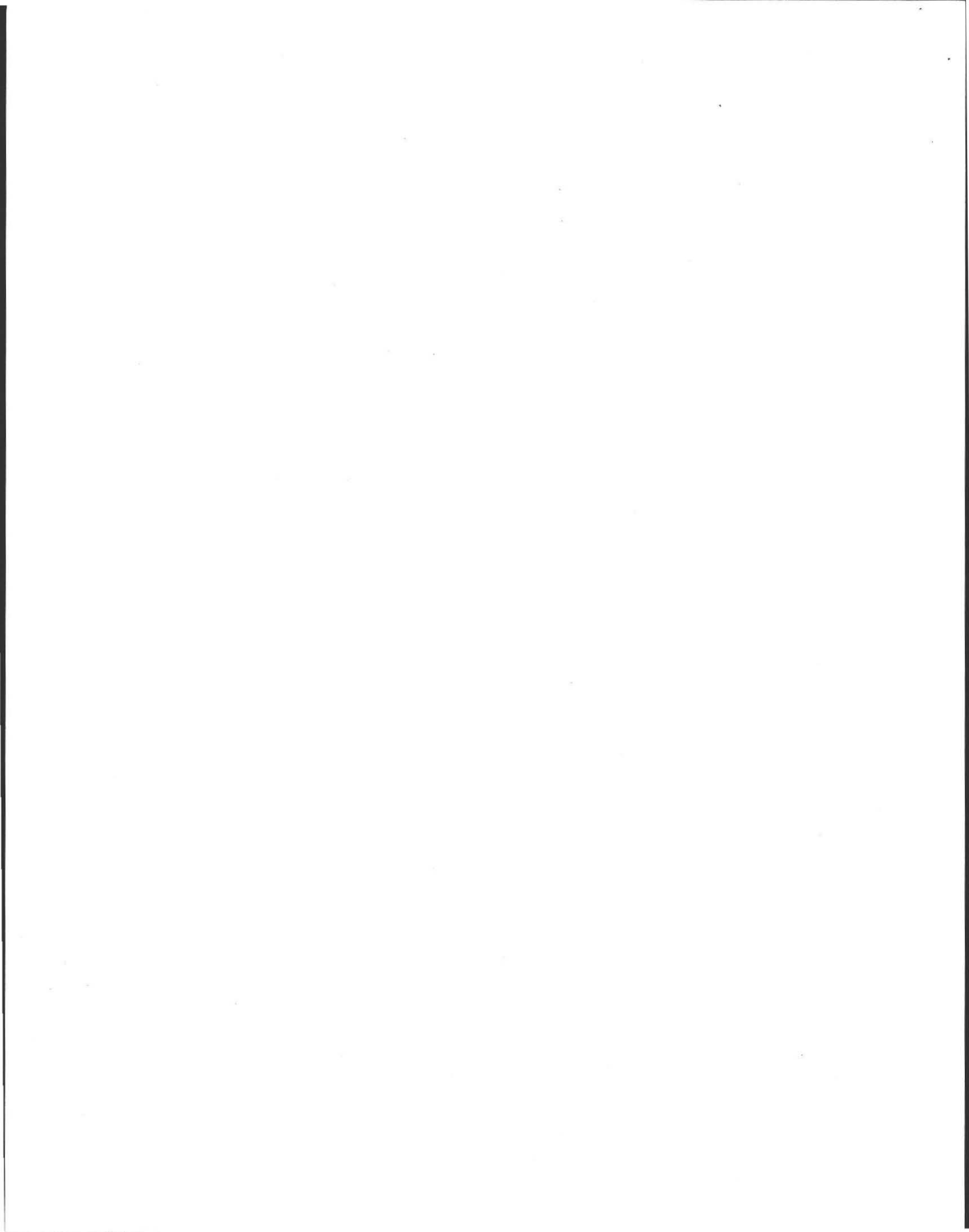
If yes, volume pumped: \_\_\_\_\_ 1500 pumped on 5/10/11  
 gallons

How was quantity pumped determined? \_\_\_\_\_ size of tank

Reason for pumping: \_\_\_\_\_ inspection and routine maintenance

#### 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):  
 This is a gallery system and no dist. box is required.





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D. System Information (cont.)

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

2000 based on date on the system design plan.

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

approximately 12 inches feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

approx. 25' from public pressure line feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

good condition

Septic Tank (locate on site plan):

Depth below grade:

16" at inlet end 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)

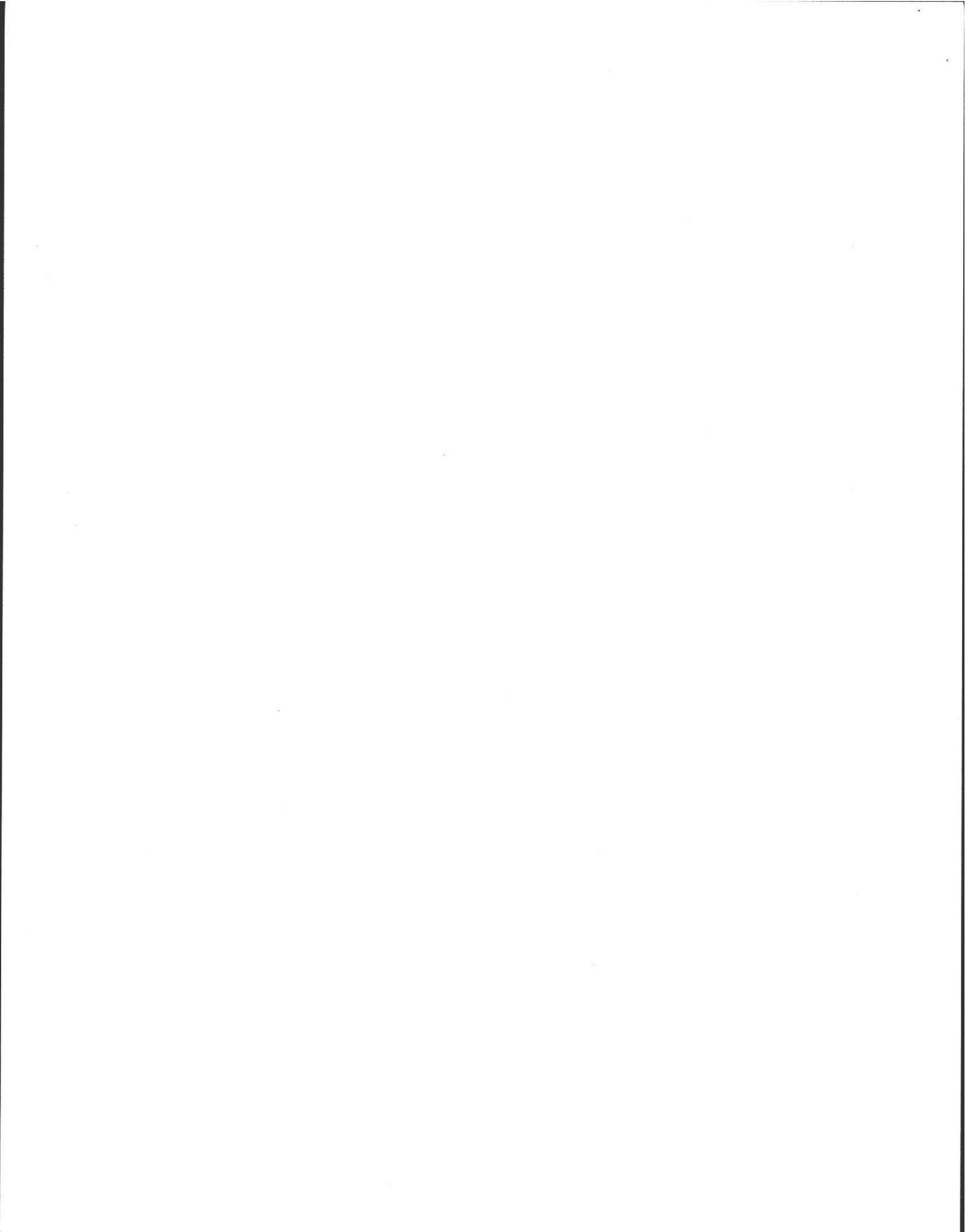
Yes No

Dimensions:

10.5' X 5.5' X 4' effective depth

Sludge depth:

4" (less than 1" in 2nd compartment of tank)





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## D. System Information (cont.)

### Septic Tank (cont.)

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

approximately 33"

Scum thickness

less than 1" in both compartments

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

approx. 5"

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

13"

How were dimensions determined?

measured and visually estimated

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 appears to be in good structural condition. Tees are functional. Outlet is equipped with an effluent filter that must be cleaned regularly (approximately annually depending upon usage of system). or sewage may back up into the plumbing in the house. I recommend that the tank be pumped one year after the house is occupied again to gage the needed frequency of pumping and filter cleaning based on usage by the new occupants.

### Grease Trap (locate on site plan):

Depth below grade:

\_\_\_\_\_ feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

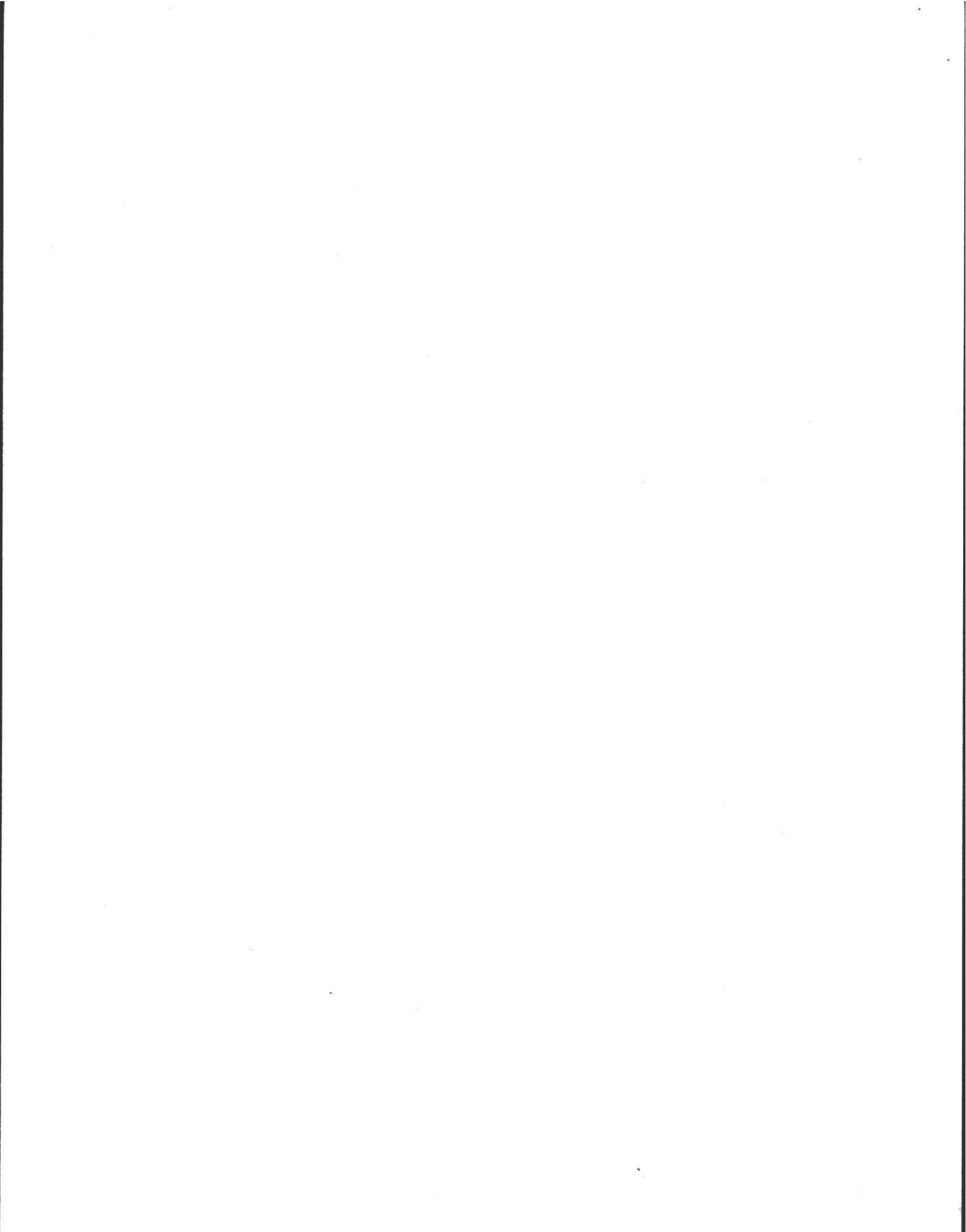
Scum thickness

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





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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.):

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**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.):

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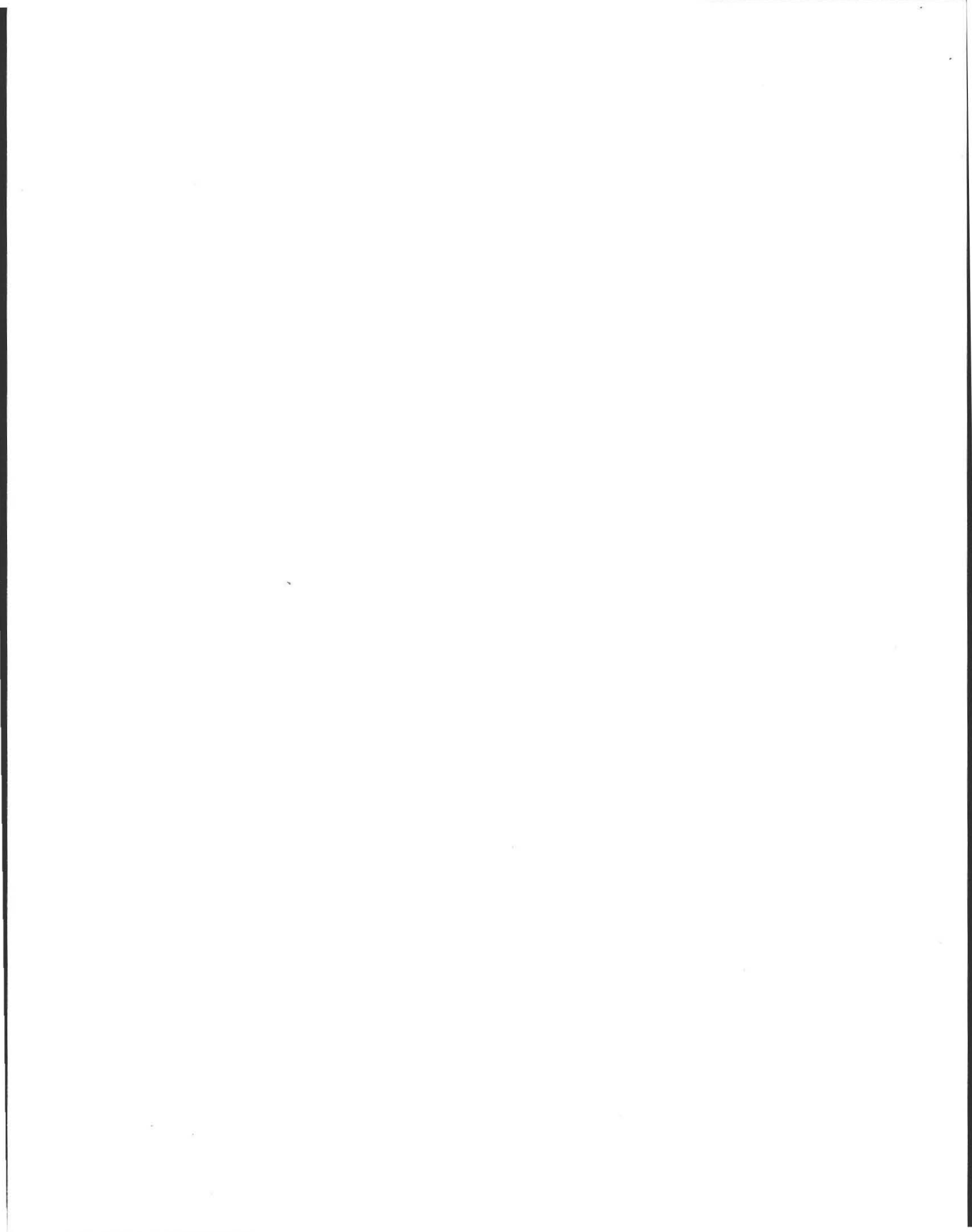


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\* Attach copy of current pumping contract (required). Is copy attached?  Yes     No







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## D. System Information (cont.)

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

Depth of liquid level above outlet invert \_\_\_\_\_

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.):

No distribution box because SAS is a single line of attached galleries.

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

Alarms in working order:

Yes  No

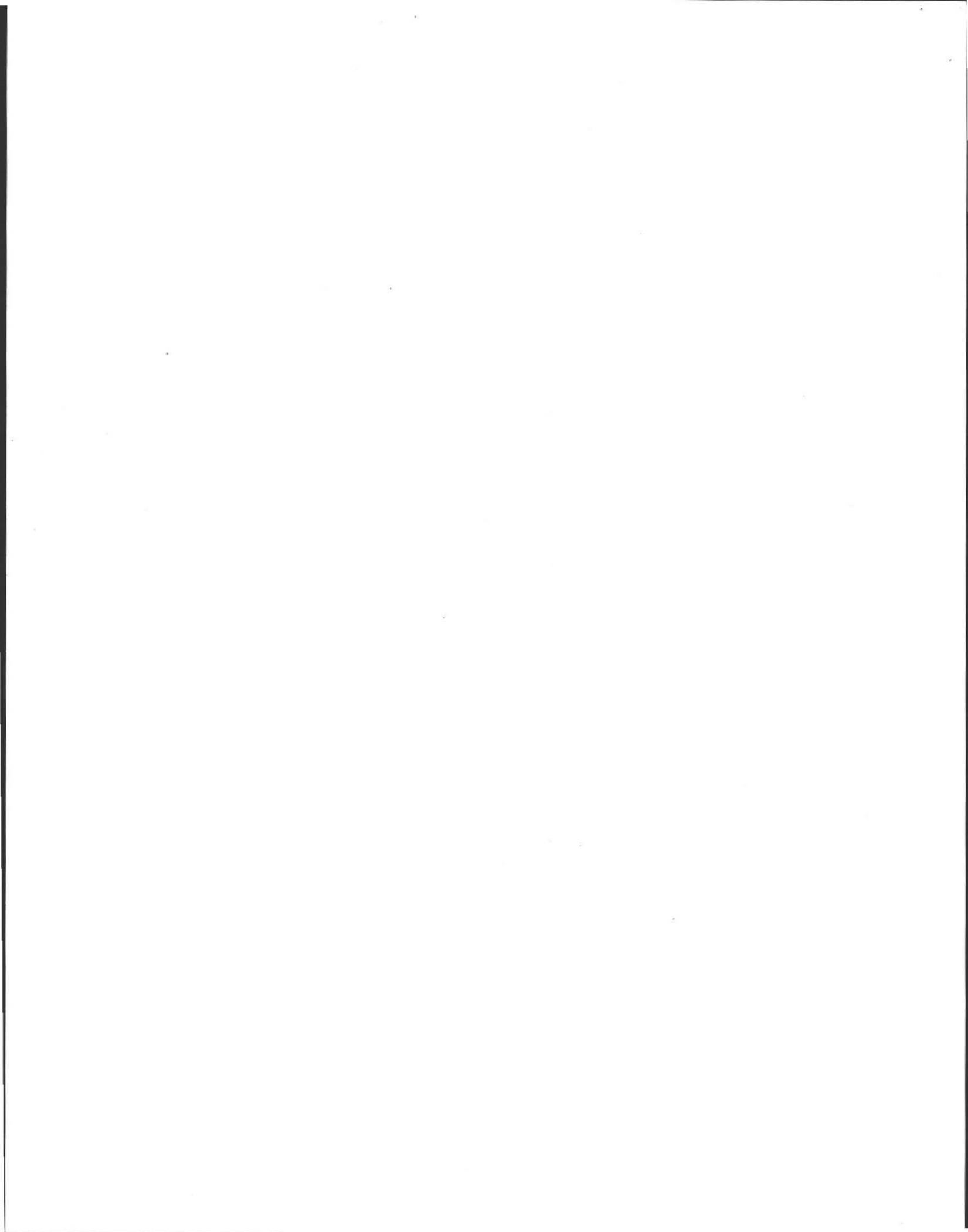
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

This is a gravity system.

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

If SAS not located, explain why:

SAS was located and a hole dug to tops of two of the galleries. SAS is a single line of attached galleries which, according to the design plan, is 48 ft. long and 12 ft. wide with an effective depth of 2 ft. Tops of galleries are approximately 31 inches below grade. The soil and vegetation appear normal. No ponding, damp soil or other signs of hydraulic failure were observed.





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## D. System Information (cont.)

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: 5 (from plan)
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: \_\_\_\_\_
- 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.):  
see above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cesspools** (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration \_\_\_\_\_

Depth – top of liquid to inlet invert \_\_\_\_\_

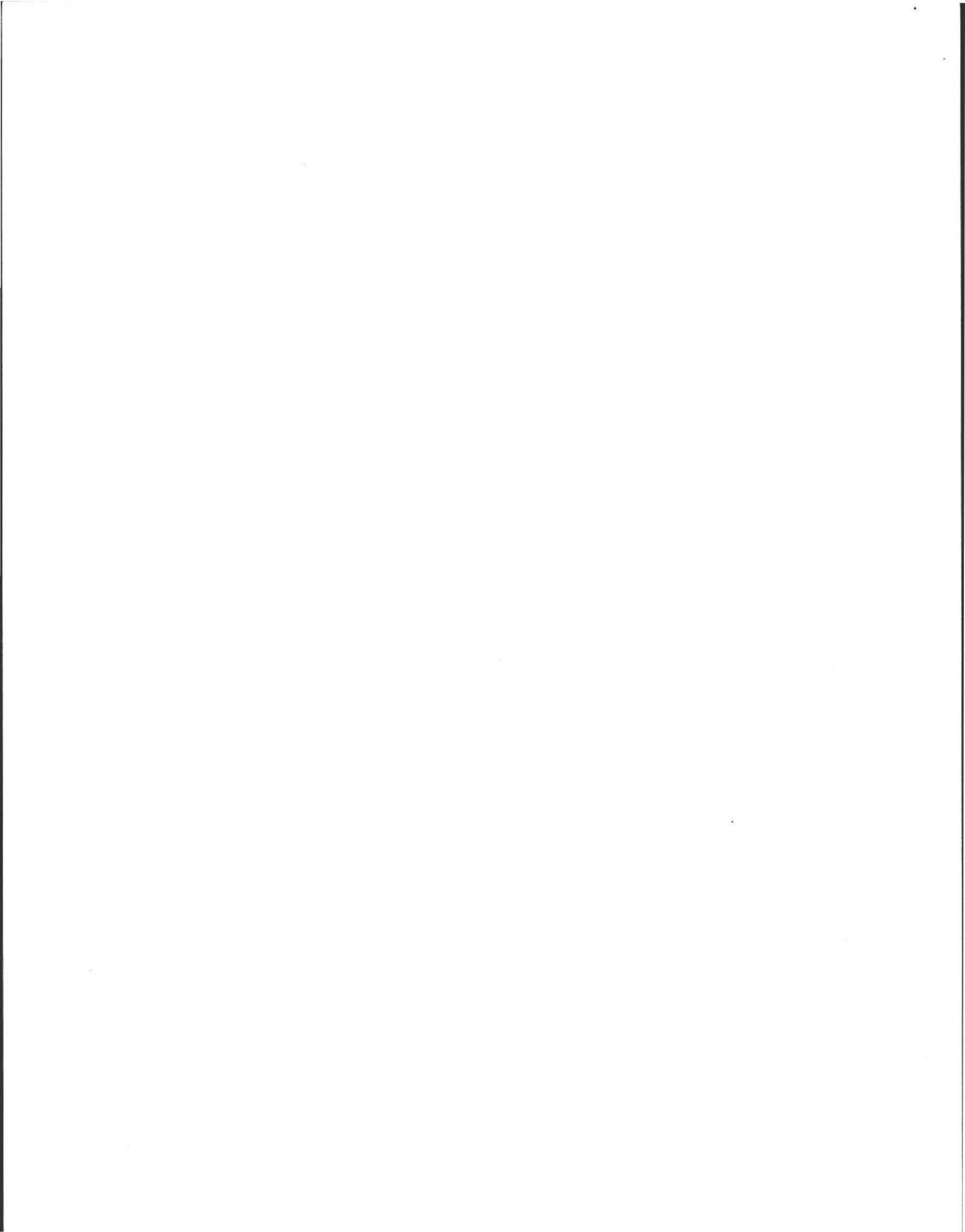
Depth of solids layer \_\_\_\_\_

Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

Materials of construction \_\_\_\_\_

Indication of groundwater inflow  Yes  No





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## D. System Information (cont.)

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

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**Privy** (locate on site plan):

Materials of construction: \_\_\_\_\_

Dimensions \_\_\_\_\_

Depth of solids \_\_\_\_\_

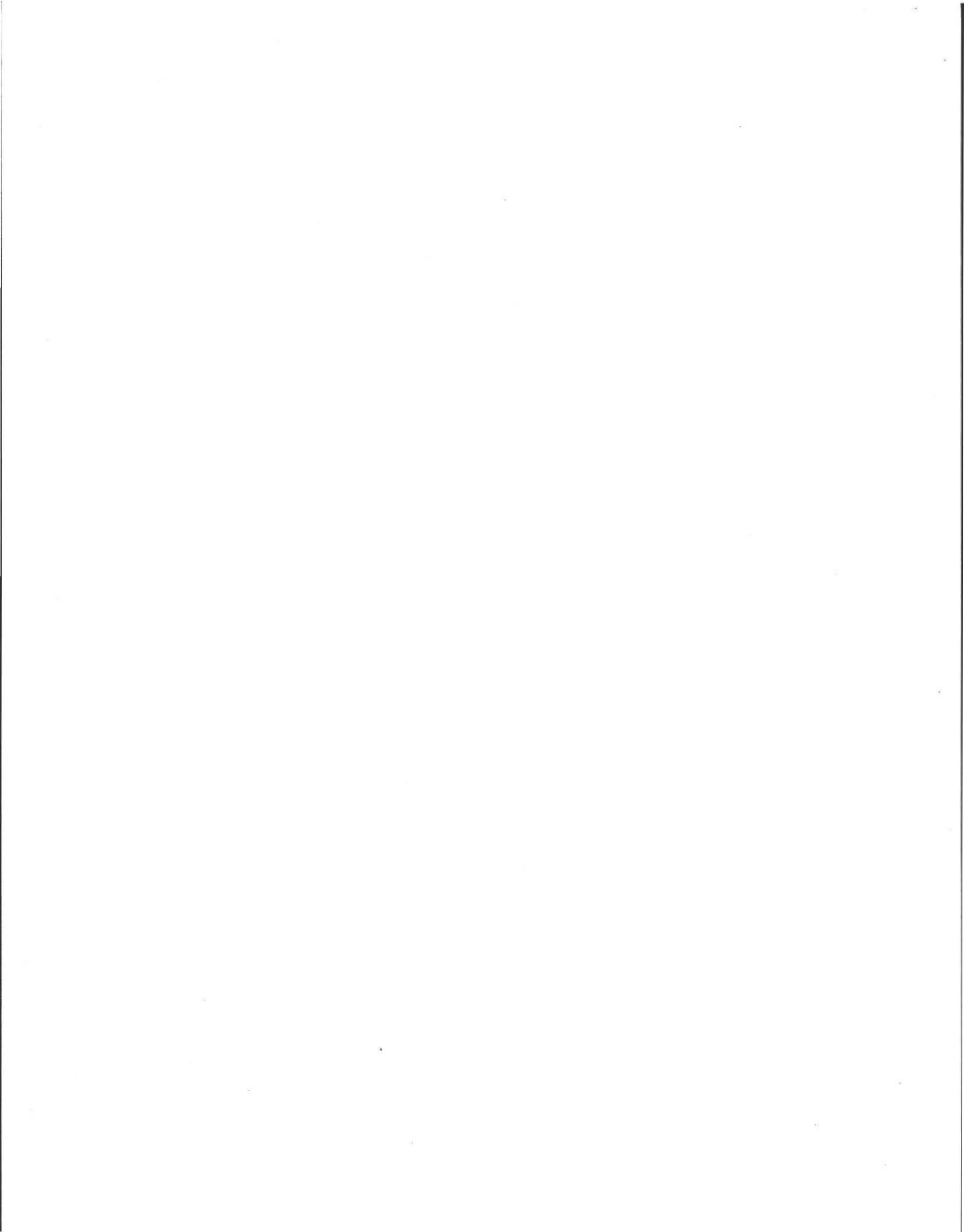
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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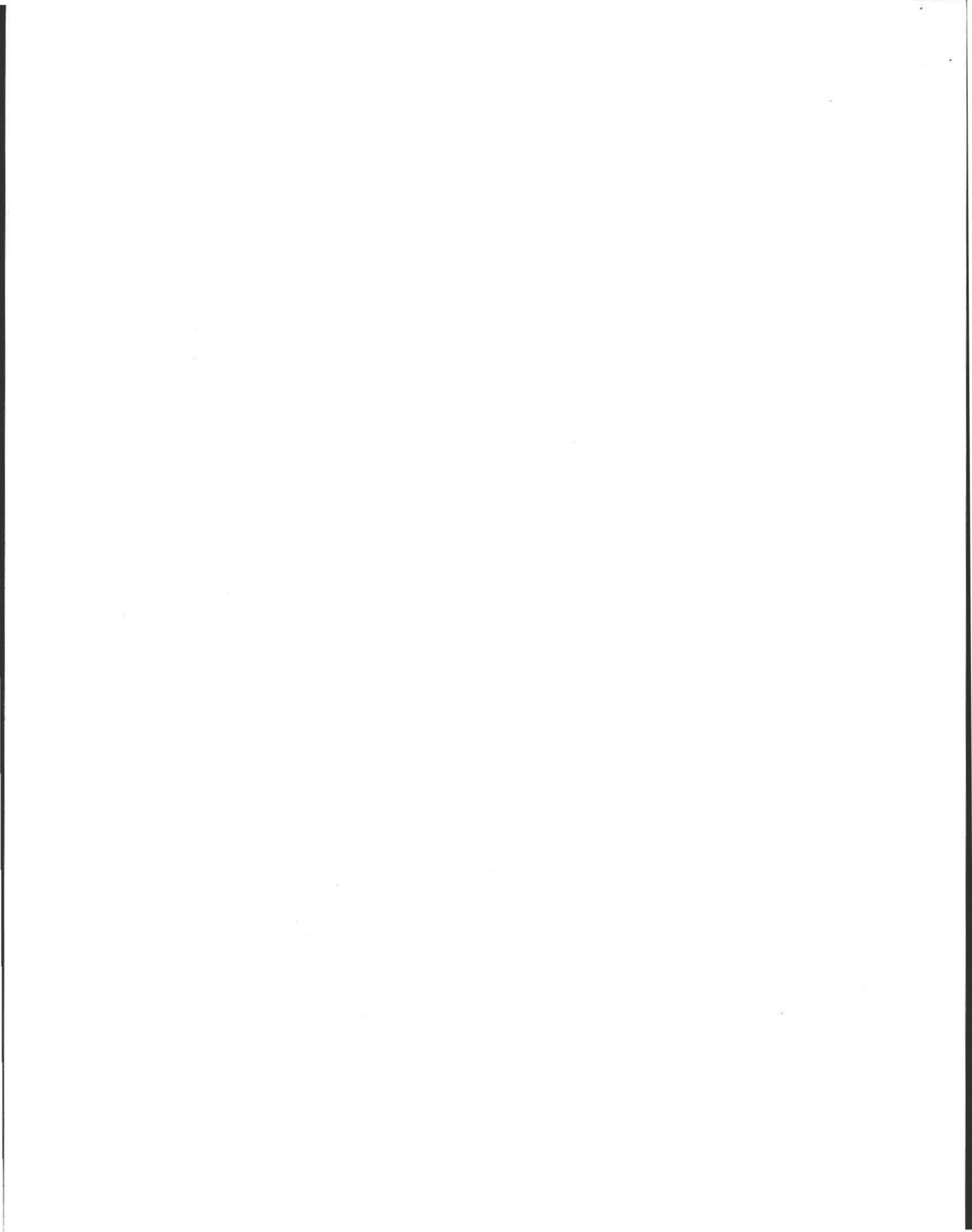
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## D. System Information (cont.)

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

751 Bay Rd.

Property Address

Zhangwu Chen and Zhiqiu Zheng

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

4/22/11 and 5/10/11

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

### Site Exam:

- Check Slope flat
- Surface water none
- Check cellar dry
- Shallow wells

Estimated depth to high ground water: 10.5 ft.  
feet

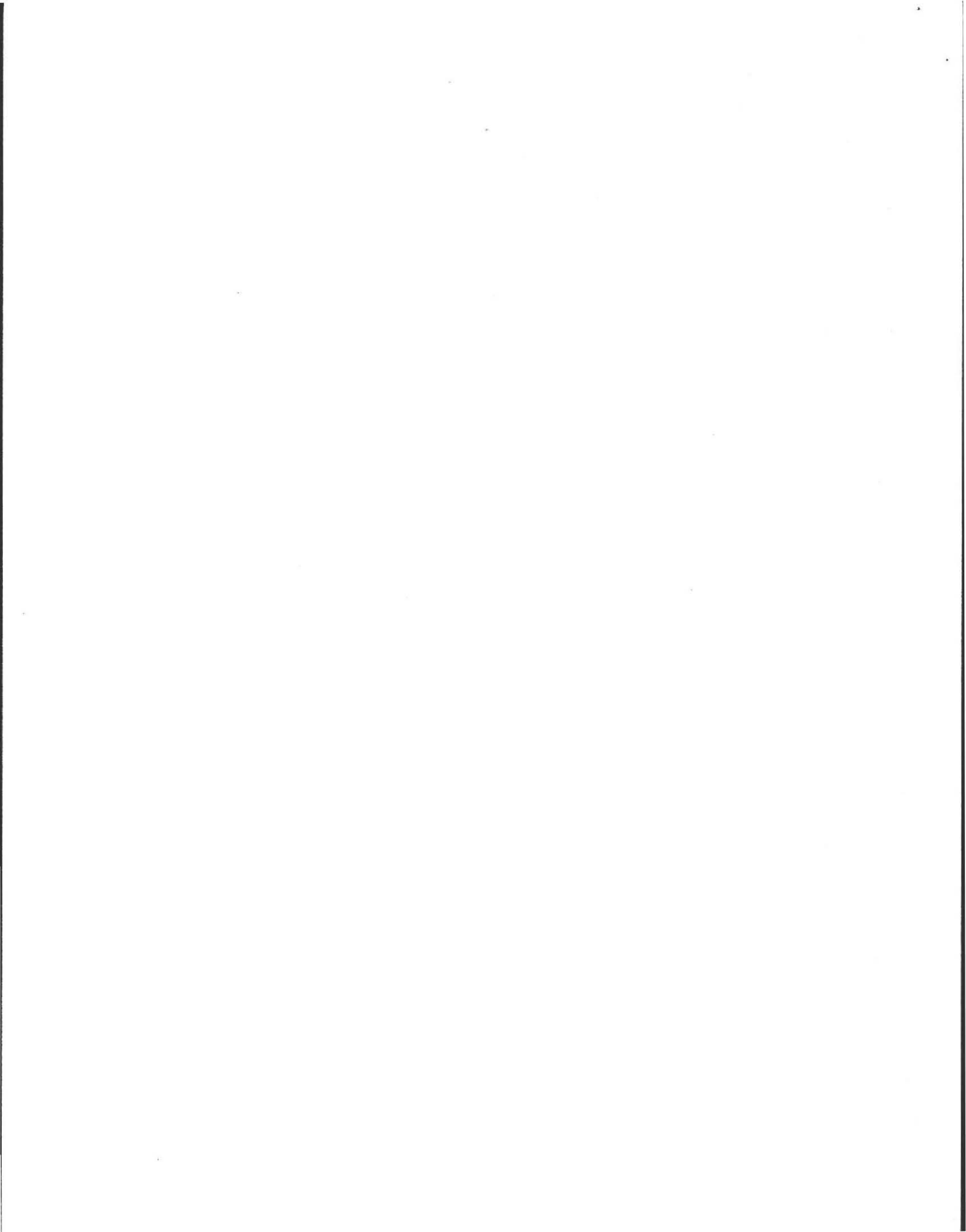
Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record  
If checked, date of design plan reviewed: 4/22/2000  
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
obtained copies of design plan from Amherst Health Dept.
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
\_\_\_\_\_

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

The estimated high ground water elevation was established from a soil log on the system design plan (see attached). Log reports that the Estimated Seasonal High Water Table (E.S.H.W.T.) was at 126 inches below grade. The soil was evaluated by J. Begg of A.S.E. and was witnessed by David Zarozinski for the Health Dept. The evaluation is dated 4/22/00. Also, I checked the USDA-NRCS Soil Survey and it identifies the soil type at this site as MeA, which according to the Survey, typically has a high water table at a depth deeper than 6 ft. below the ground surface.

**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

751 Bay Rd.

Property Address

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Owner's Name

Amherst

MA

01002

4/22/11 and 5/10/11

City/Town

State

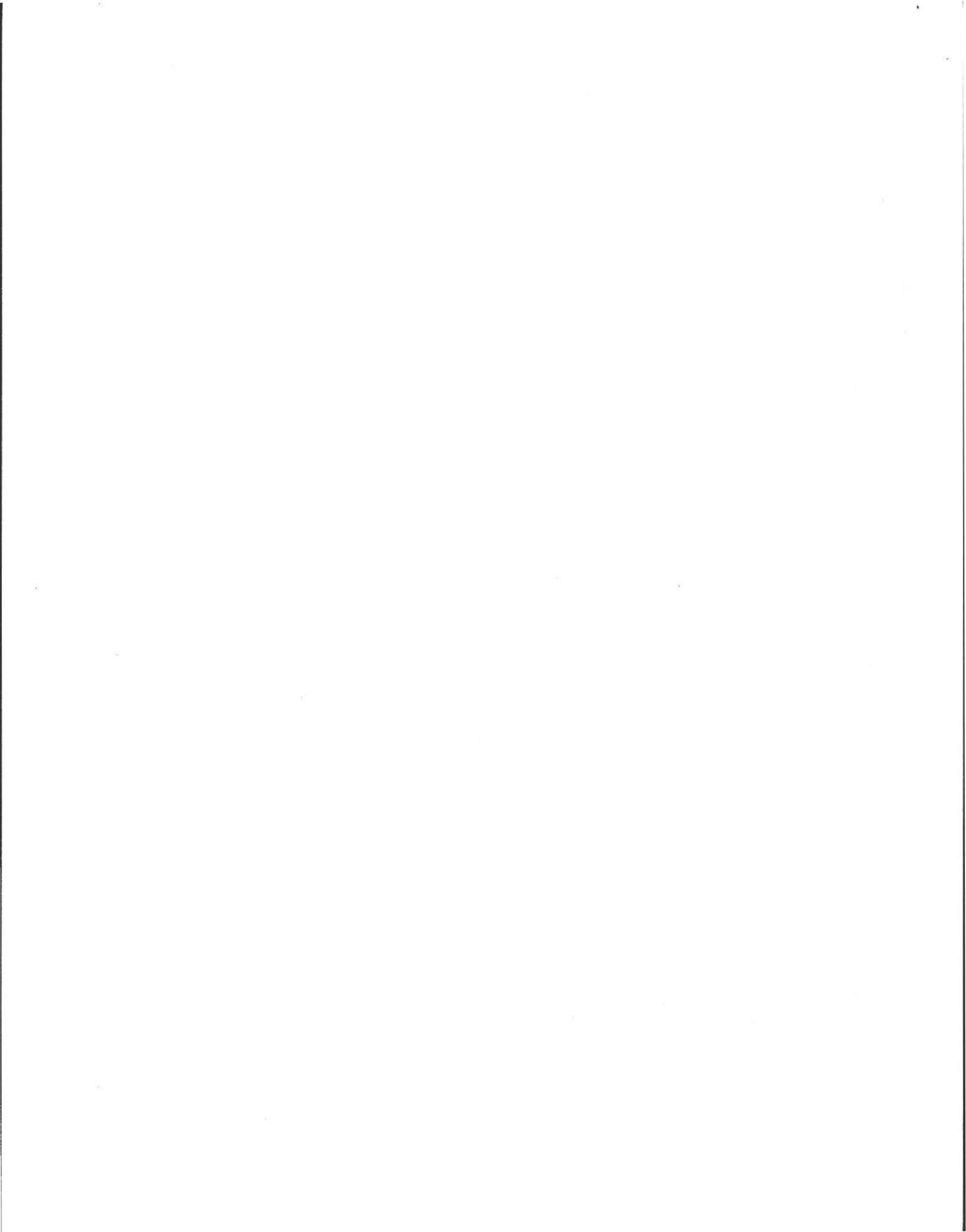
Zip Code

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

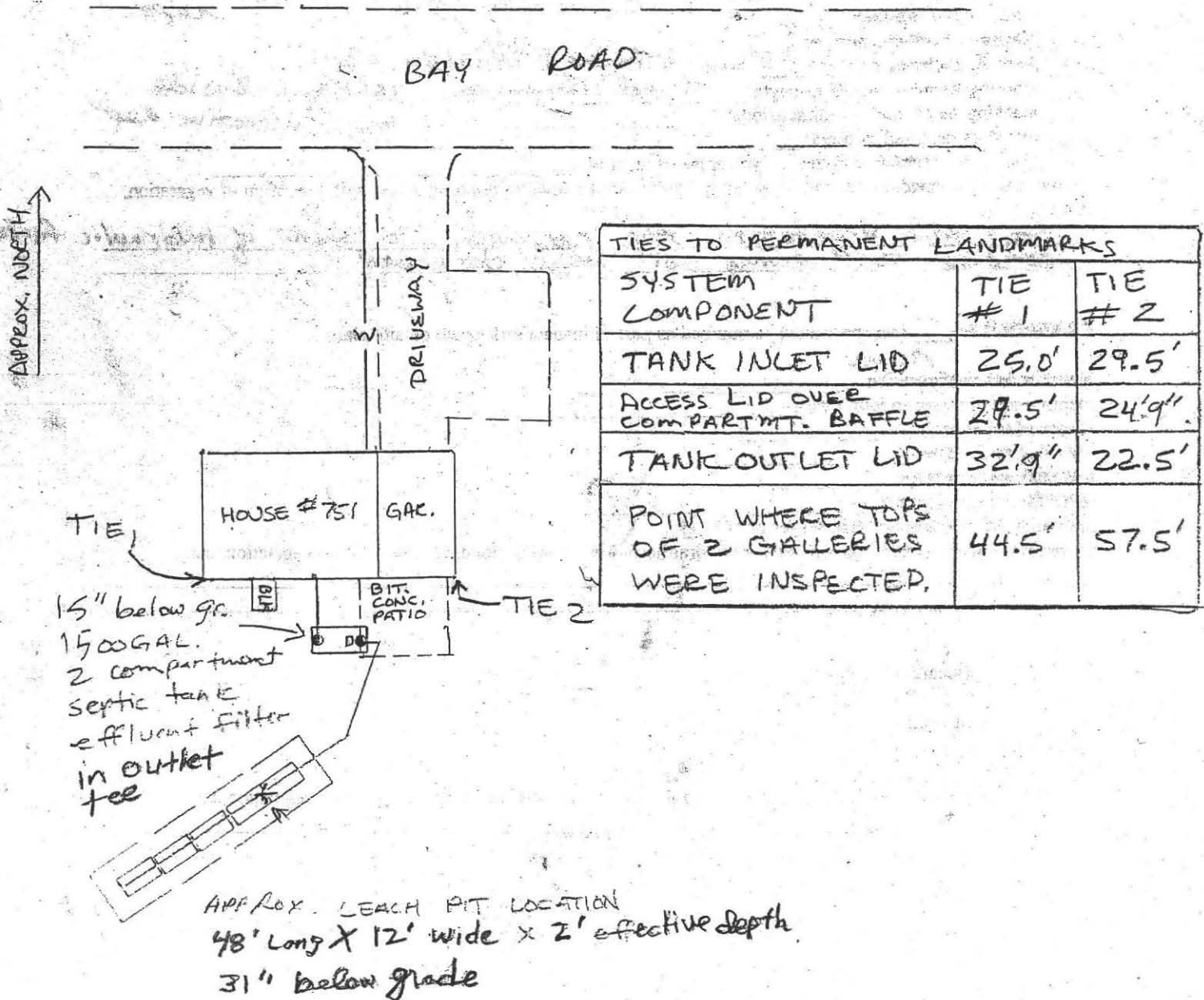


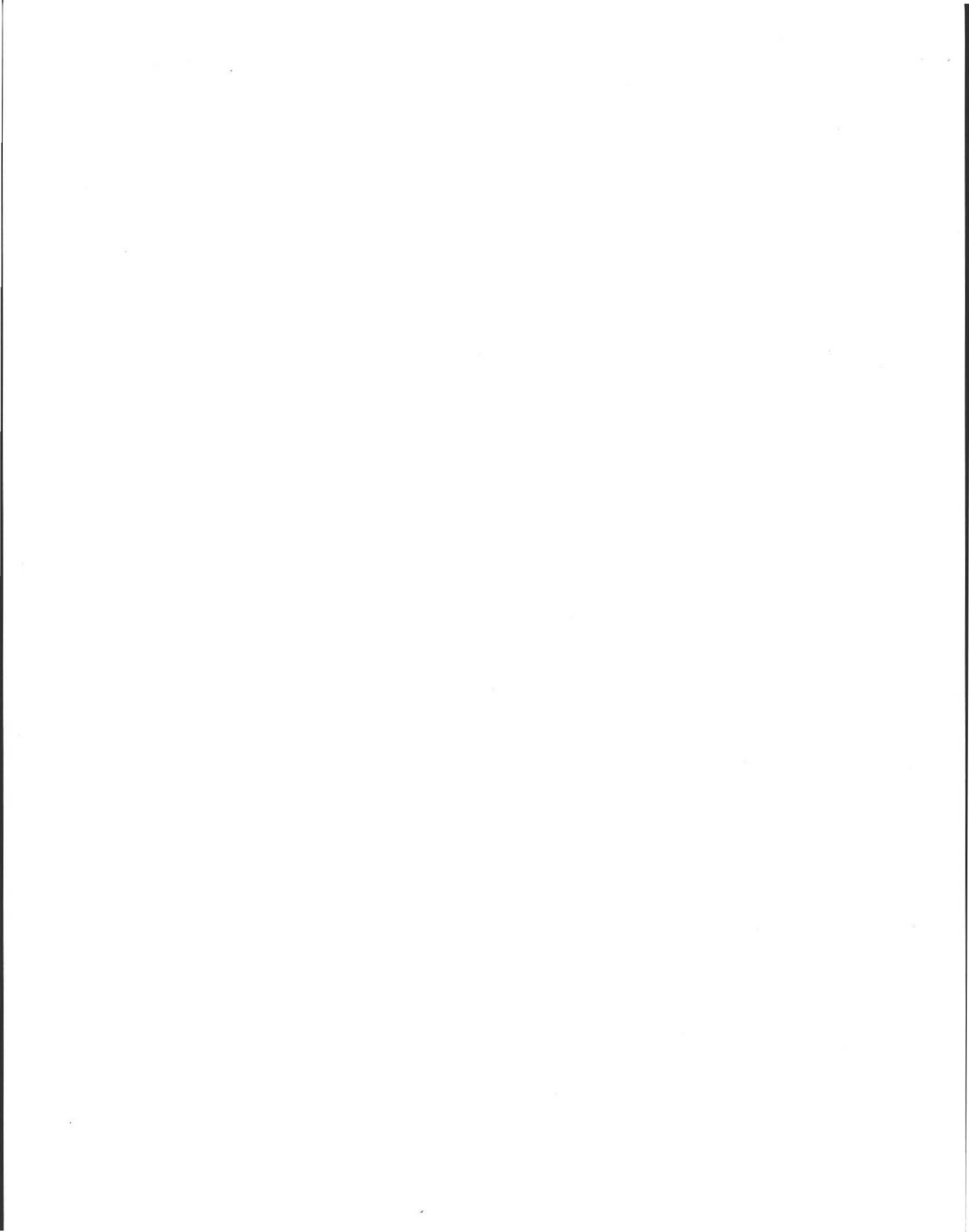
**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 751 Bay Rd  
Amherst  
 Owner: Yin  
 Date of Inspection: 5/14/06

**SKETCH OF SEWAGE DISPOSAL SYSTEM 1" = 30'**

Provide a sketch 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.



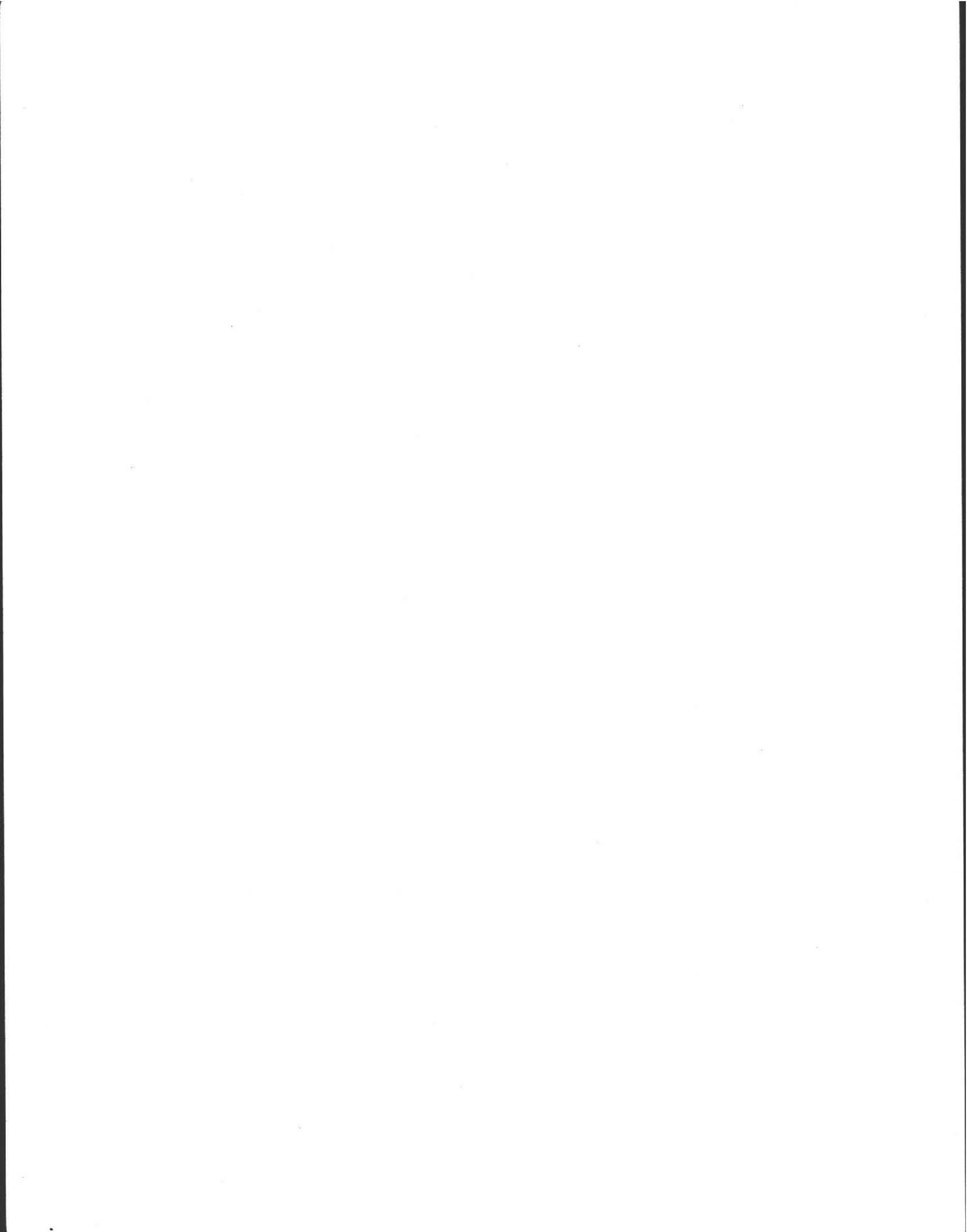


UB Consumption History Report

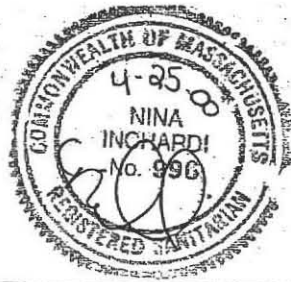
Account Number	Customer # Name	Parcel	Location	Status
Service	Mfr Meter Number	Cd Read Date Time By	Usage Rep Usage Charge Amt Billed Amt	Billed Amt
406601	65717 CHEN, ZHANGWU & ZHENG, ZHIQIU	26D000101	751 BAY RD	Active
WATER - 1	WATER RATE NEPT40132601	A 02/16/2011	479762 1,111	1 0 9.90 10.90
WATER - 1	WATER RATE NEPT40132601	A 11/29/2010	474409 1,110	0 0 9.90 10.90
WATER - 1	WATER RATE NEPT40132601	A 09/01/2010	467090 1,110	3 0 9.90 10.90
WATER - 1	WATER RATE NEPT40132601	A 05/10/2010	460113 1,107	15 0 49.50 50.50
WATER - 1	WATER RATE NEPT40132601	E 02/18/2010	453280 1,092	22 0 72.60 73.60
WATER - 1	WATER RATE NEPT40132601	A 11/24/2009	448440 1,070	23 0 75.90 76.90
WATER - 1	WATER RATE NEPT40132601	A 08/19/2009	441111 1,047	21 0 69.30 70.30
WATER - 1	WATER RATE NEPT40132601	A 05/19/2009	434223 1,026	32 0 102.40 103.40
WATER - 1	WATER RATE NEPT40132601	E 02/13/2009	427365 994	14 0 44.80 45.80
WATER - 1	WATER RATE NEPT40132601	A 11/10/2008	421617 980	17 0 54.40 55.40
WATER - 1	WATER RATE NEPT40132601	A 08/11/2008	415254 963	12 0 38.40 39.40
WATER - 1	WATER RATE NEPT40132601	A 05/30/2008	409459 951	17 0 51.00 52.00
WATER - 1	WATER RATE NEPT40132601	A 02/15/2008	402652 934	11 0 33.00 34.00
WATER - 1	WATER RATE NEPT40132601	A 12/04/2007	396939 923	22 0 66.00 67.00
WATER - 1	WATER RATE NEPT40132601	E 08/21/2007	389579 901	22 0 66.00 67.00
WATER - 1	WATER RATE NEPT40132601	A 05/18/2007	383290 879	14 0 33.60 34.60
WATER - 1	WATER RATE NEPT40132601	A 03/09/2007	377592 865	30 0 72.00 73.00

\*\* END OF REPORT - Generated by Susan Goodhind \*\*

1 750  
 3 x 750  
 15 x 750







**ENVIRONMENTAL  
FIELD SERVICES, INC.**

P.O. BOX 518  
LEEDS, MA 01053  
1-(413)-586-7200

TITLE

**SEWAGE DISPOSAL  
SYSTEM**

- Repair -

FOR

Lucy Vin

113 Pond View Drive

Amherst, MA

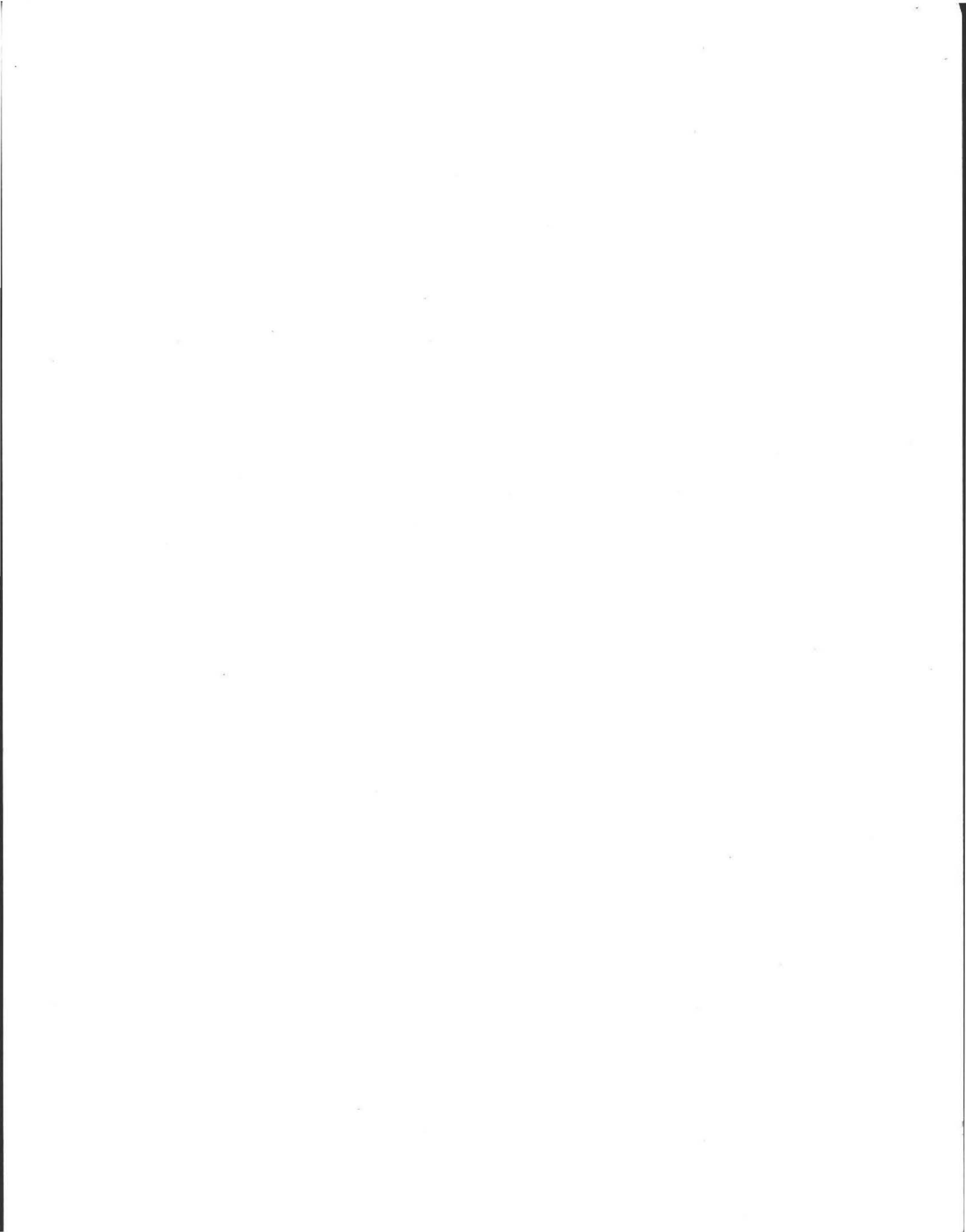
256-6280

01002

FIELD 4-20-00  
DRAWN m.l.  
CALC.  
CHECK

DATE 4-22-00  
PLAN NO.

DATA REFERENCES



- 7.) ALL OTHER SYSTEM PIPING TO BE 4" PVC, SDR 35 (OR EQUIVALENT).
- 8.) SET GALLERY AT ELEVATION NOTED IN PROFILE, BACKFILL TO PROVIDE A MINIMUM OF 12" OF COVER AND REGRADE TO PRECONSTRUCTION CONDITION
- 9.) ALL CONSTRUCTION TO BE I.A.W. TITLE V, THE STATE ENVIRONMENTAL CODE.
- 10.) NOTIFY ENGINEER AT LEAST 72 HOURS PRIOR TO THE TIME INSPECTION IS REQUIRED

## PERCOLATION TEST RESULTS

PERCOLATION TEST NO.	DEPTH (INCHES)	RATE (MIN/INCH)	DATE
P-1	48"	3	4/12/00

Performed by: J. Beqq A.S.E.  
 Witnessed by: D. Zarazinski B.O.H.

## SOIL LOGS - See Accompanying Reports.

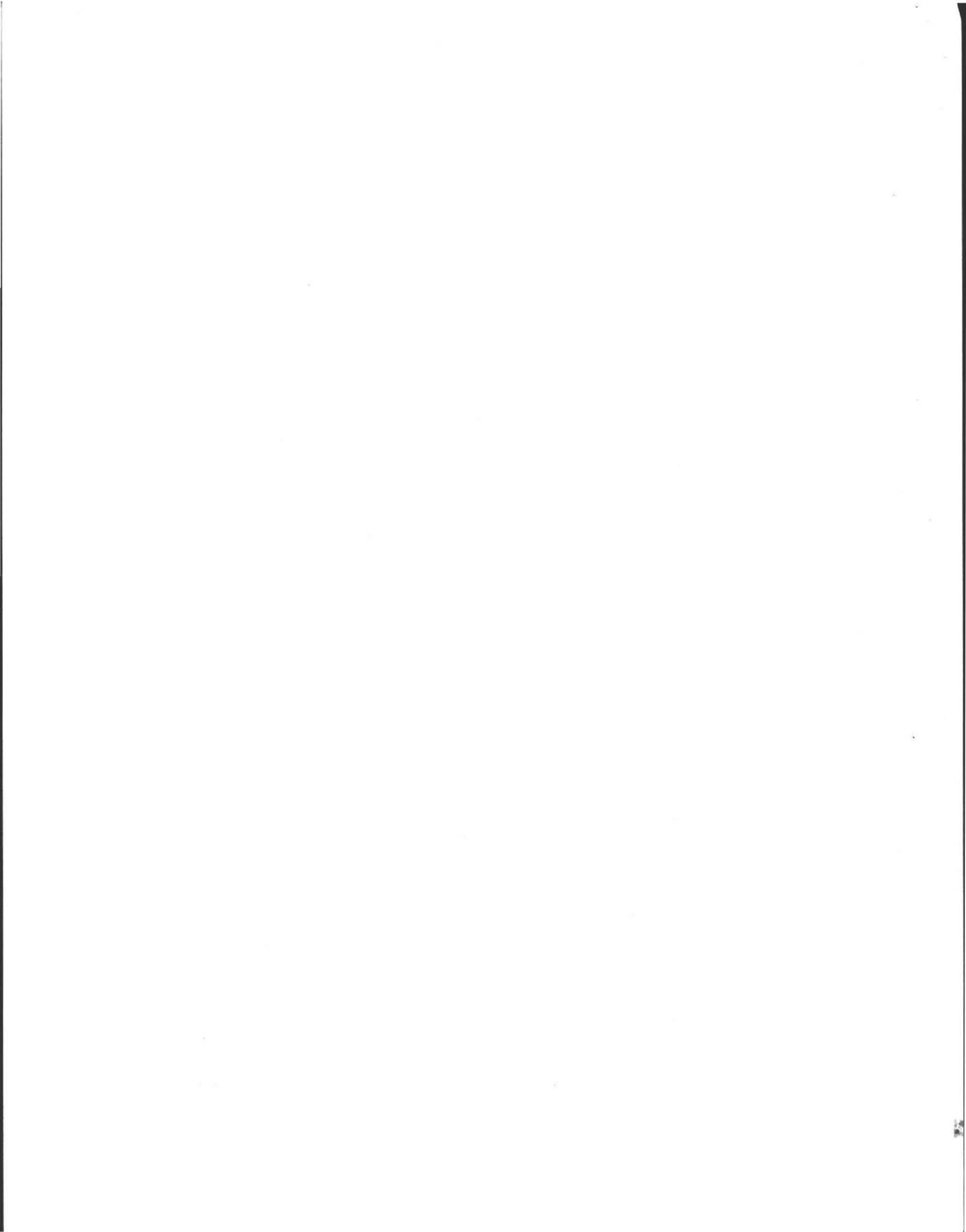
E1 = 99.5'  
 HOLE NO. DH1

1	Topsoil
2	Subsoil
3	
4	
5	Loamy
6	Sand
7	
8	
9	
10	E.S.H.W.T. 2126"
11	≥ 89.0'
12	

DESIGN

DESIGN  
DESIGN  
SYSTEM

LOADING



Bay Road

150'±

20'±

Municipal Water Supply

DRIVEWAY

Failed S.A.S.

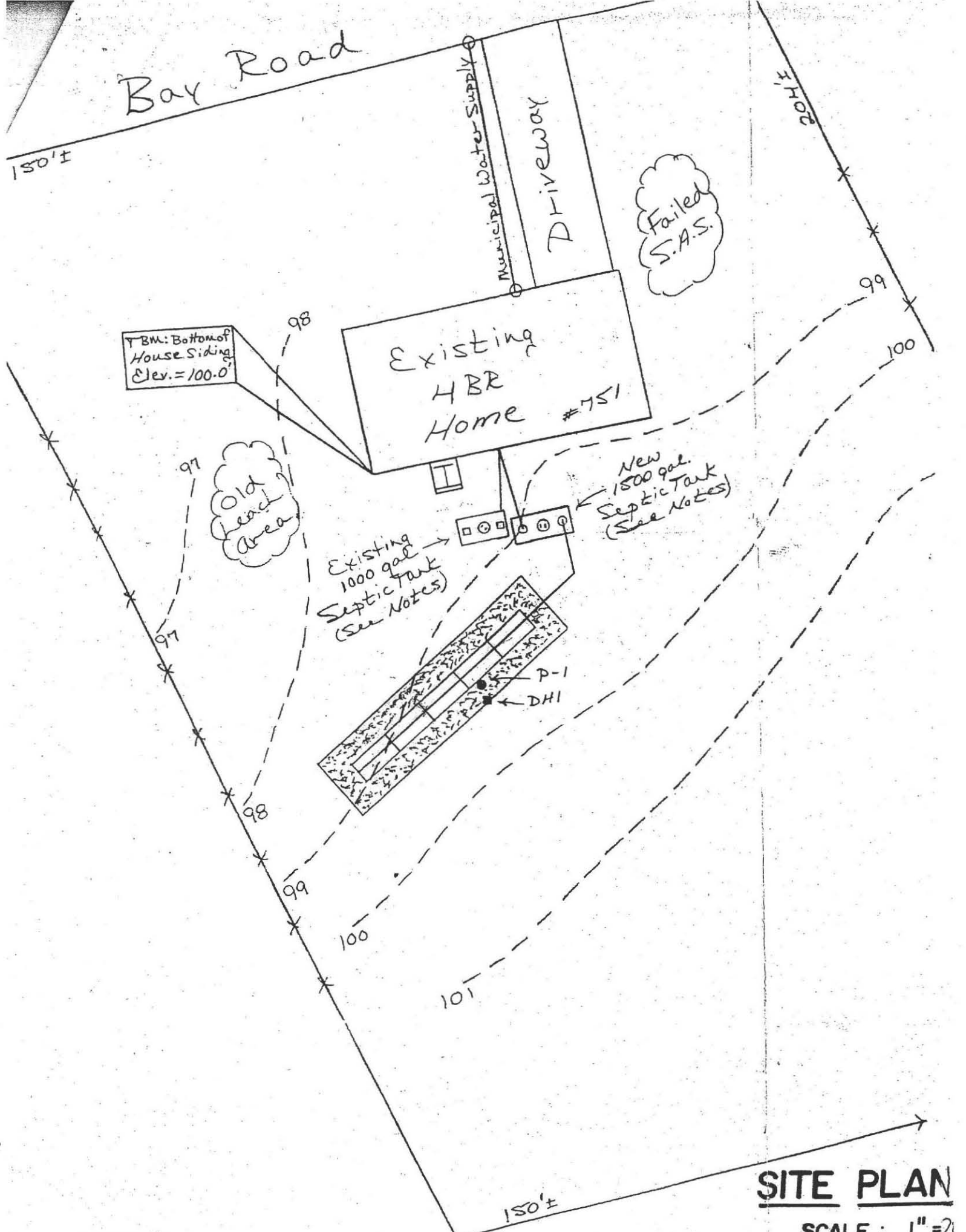
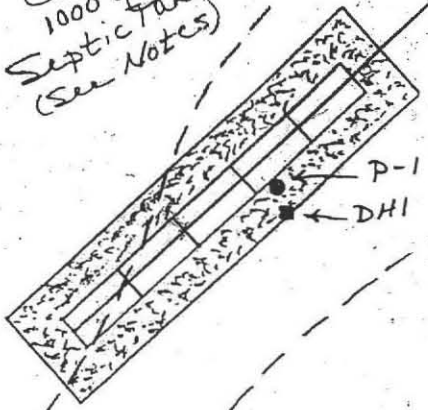
TBM: Bottom of House Siding Elev. = 100.0'

Existing HBR Home #751

Old Lead Area

New 1500 gal. Septic Tank (See Notes)

Existing 1000 gal. Septic Tank (See Notes)

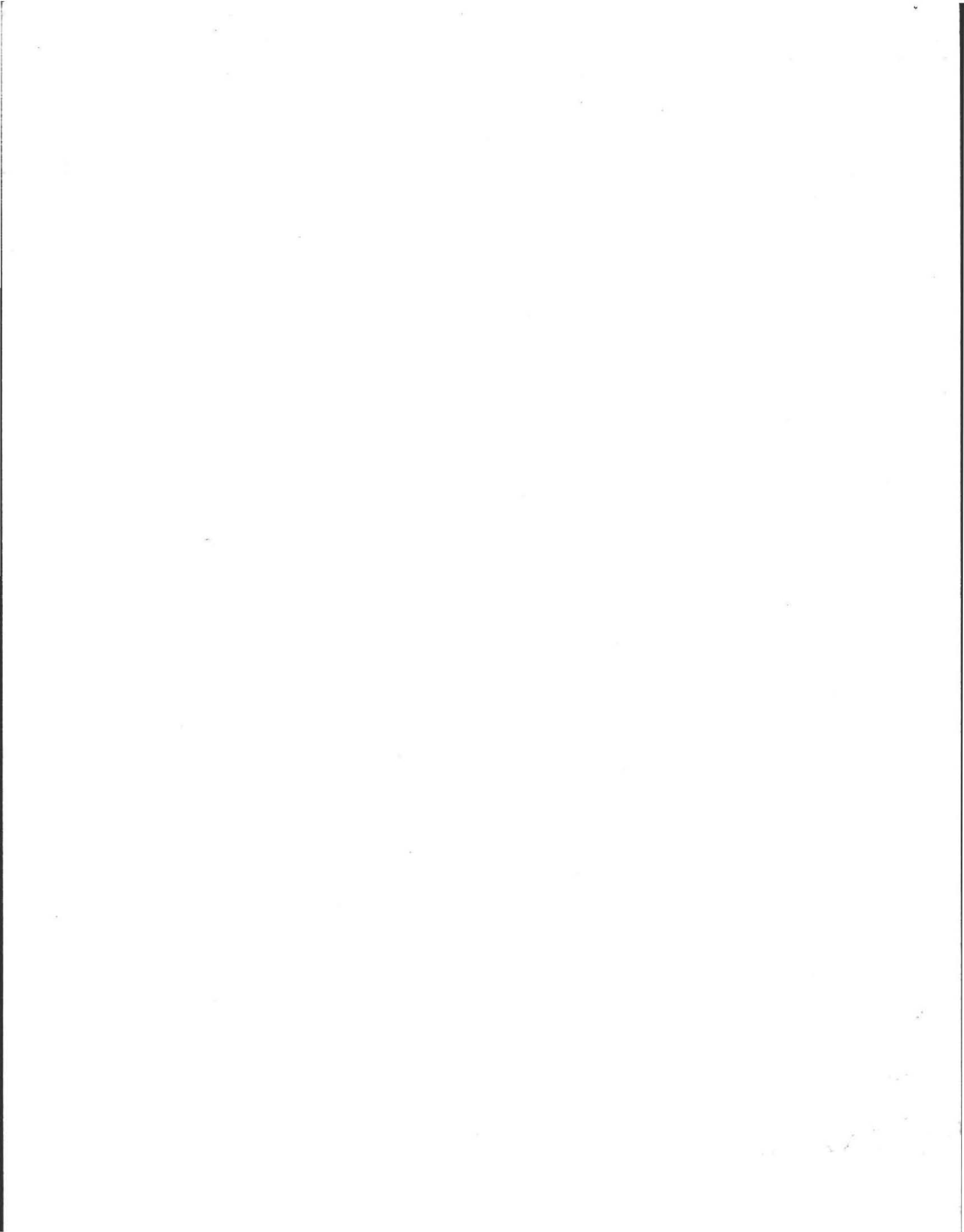


**SITE PLAN**

SCALE : 1" = 20'

Measured at 3 Min/In)

150'±



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A  
CERTIFICATION (continued)

Property Address: 751 Bay Rd.  
Amherst

Owner: Yin

Date of Inspection: 5/8+14/06

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:

see page one

B. System Conditionally Passes:

NO 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.

Answer yes, no or not determined (Y,N,ND) in the \_\_\_ for the following statements. If "not determined" please explain.

NO 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.

ND explain:

no 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): no distribution box in this system

- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

ND explain:

NO 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
- obstruction is removed

ND explain:



COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5  
 OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
 PART A  
 CERTIFICATION

Property Address: 751 Bay Rd  
Amherst, MA  
 Owner's Name: Lucy Yin  
 Owner's Address: 706 Twinings Way  
Collegedale, PA 19436  
 Date of Inspection: 5/8+14/06  
 Name of Inspector: (please print) Robert Stover  
 Company Name: Amherst Civil Engineering  
 Mailing Address: P.O. Box 3312  
Amherst, MA 01004-3312  
 Telephone Number: (413) 256-3400

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 the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

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

Inspector's Signature: Robert Stover Date: 5/14/06

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Filter on tank outlet 7" riser over outlet.  
 Bit. conc. sq. over 1/2 of outlet lid.  
 Notes and Comments  
 Two chamber septic tank with a filter on the outlet appear to be working very effectively. THE FILTER MUST CLEANED PERIODICALLY. OR TANK WILL BACK UP! System is only six years old and was sized by present standards.

\*\*\*\*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. Bit. conc. square over 1/2 of tank outlet lid could be replaced by a patio block if necessary in the future.



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)**

Property Address: 751 Bay Rd.  
Amherst  
Owner: Yin  
Date of Inspection: 5/8+14/06

**D. System Failure Criteria applicable to all systems:**  
You must indicate “yes” or “no” to each of the following for all inspections:

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <u>NA</u>                           | Liquid depth in cesspool is less than 6” below invert or available volume is less than ½ day flow   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped <u>    </u>   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <u>NA</u>                           | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <u>NA</u>                           | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <u>NA</u>                           | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <u>NA</u>                           | 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 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

No (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

**E. Large Systems:** not apply  
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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)

- | yes                      | no                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.

**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

**PART A  
CERTIFICATION (continued)**

Property Address: 751 Bay Rd.  
Amherst

Owner: Yin

Date of Inspection: 5/8+14/06

**C. Further Evaluation is Required by the Board of Health:**

NO 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:

NA Cesspool or privy is within 50 feet of a surface water

NA 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, safety and environment:

NO 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.

NO The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

NO The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

NO 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 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

2  
\_\_\_\_\_  
\_\_\_\_\_

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 751 Bay Rd  
Amherst  
Owner: Yin  
Date of Inspection: 5/8/06

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 5  
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550  
Number of current residents: 0  
Does residence have a garbage grinder (yes or no): no  
Is laundry on a separate sewage system (yes or no): no [if yes separate inspection required]  
Laundry system inspected (yes or no): not apply  
Seasonal use: (yes or no): no  
Water meter readings, if available (last 2 years usage (gpd)): 243 average gpd  
Sump pump (yes or no): no  
Last date of occupancy: march, 2006 between 3/9/04 and 2/22/06

COMMERCIAL/INDUSTRIAL

Type of establishment: not apply  
Design flow (based on 310 CMR 15.203): \_\_\_\_\_ gpd  
Basis of design flow (seats/persons/sqft, etc.): \_\_\_\_\_  
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/use: \_\_\_\_\_

OTHER (describe): \_\_\_\_\_

GENERAL INFORMATION

Pumping Records

Source of information: last pumped 5/14/04 - not pumped before that.  
Was system pumped as part of the inspection (yes or no): yes  
If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? size of tank  
Reason for pumping: system inspection + routine maintenance

TYPE OF SYSTEM

Septic tank, ~~distribution box~~, soil absorption system leaching chamber system  
 Single cesspool without distribution box  
 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)  
 Tight tank  Attach a copy of the DEP approval  
 Other (describe): \_\_\_\_\_

Approximate age of all components, date installed (if known) and source of information:  
June 26, 2000 is the date of the Certificate of Compliance

Were sewage odors detected when arriving at the site (yes or no): no for this system.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST

Property Address: 751 Bay Rd.  
Amherst  
Owner: Yin  
Date of Inspection: 5/8/06

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 *previous Title S report by me.*
- 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~~ *design* 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:

- Yes  no  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(3)(b)]

**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**

**SYSTEM INFORMATION (continued)**

Property Address: 751 Bay Rd  
Amherst  
Owner: Yin  
Date of Inspection: 5/8/06

**TIGHT or HOLDING TANK:** none (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/day

Alarm present (yes or no): \_\_\_\_\_

Alarm level: \_\_\_\_\_ Alarm in working order (yes or no): \_\_\_\_\_

Date of last pumping: \_\_\_\_\_

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

**DISTRIBUTION BOX:** none (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: \_\_\_\_\_

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.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PUMP CHAMBER:** none (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.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C

SYSTEM INFORMATION (continued)

Property Address: 751 Bay Rd.

Owner: Yin  
Amherst

Date of Inspection: 5/8/06

12.5' from left wall  
of basement

BUILDING SEWER (locate on site plan)

Depth below grade: 12" ± 24" ↓ top foundation

Materials of construction:  cast iron  40 PVC  other (explain): \_\_\_\_\_

Distance from private water supply well or suction line: 25' from waterline (pressurized)

Comments (on condition of joints, venting, evidence of leakage, etc.):

good condition - sewer pipe does not appear to have leaked  
staining on floor appears to be from leaking washing machine

SEPTIC TANK:  (locate on site plan)

connection to sewer pipe - that  
appears to have been fixed.

Depth below grade: 190"

Material of construction:  concrete  metal  fiberglass  polyethylene  
other(explain) two chamber tank

If tank is metal list age: \_\_\_\_\_ Is age confirmed by a Certificate of Compliance (yes or no): \_\_\_\_\_ (attach a copy of certificate)

Dimensions: 10.5' X 5.5' X 4.0' effective depth

Sludge depth: 1"

Distance from top of sludge to bottom of outlet tee or baffle: 33" ±

Scum thickness: 8-10" (≤ 1" in outlet chamber)

Distance from top of scum to top of outlet tee or baffle: 6"

Distance from bottom of scum to bottom of outlet tee or baffle: 14"

How were dimensions determined: measured

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

At grade over half of the outlet access lid is a corner of a bit, conc  
patio - a square of bit, conc, has been cut and can be lifted out to  
dig up outlet lid. The outlet has a filter that must be sprayed clean  
periodically. PVC outlet tee and filter are in good condition.

GREASE TRAP: \_\_\_\_\_ (locate on site plan)

None

Lid to inlet access lid is 8" below grade.  
Top of tank is 16" below grade @ inlet

Depth below grade: \_\_\_\_\_

Material of construction:  concrete  metal  fiberglass  polyethylene  other  
(explain): \_\_\_\_\_

Inlet has PVC tee in  
good condition

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: \_\_\_\_\_

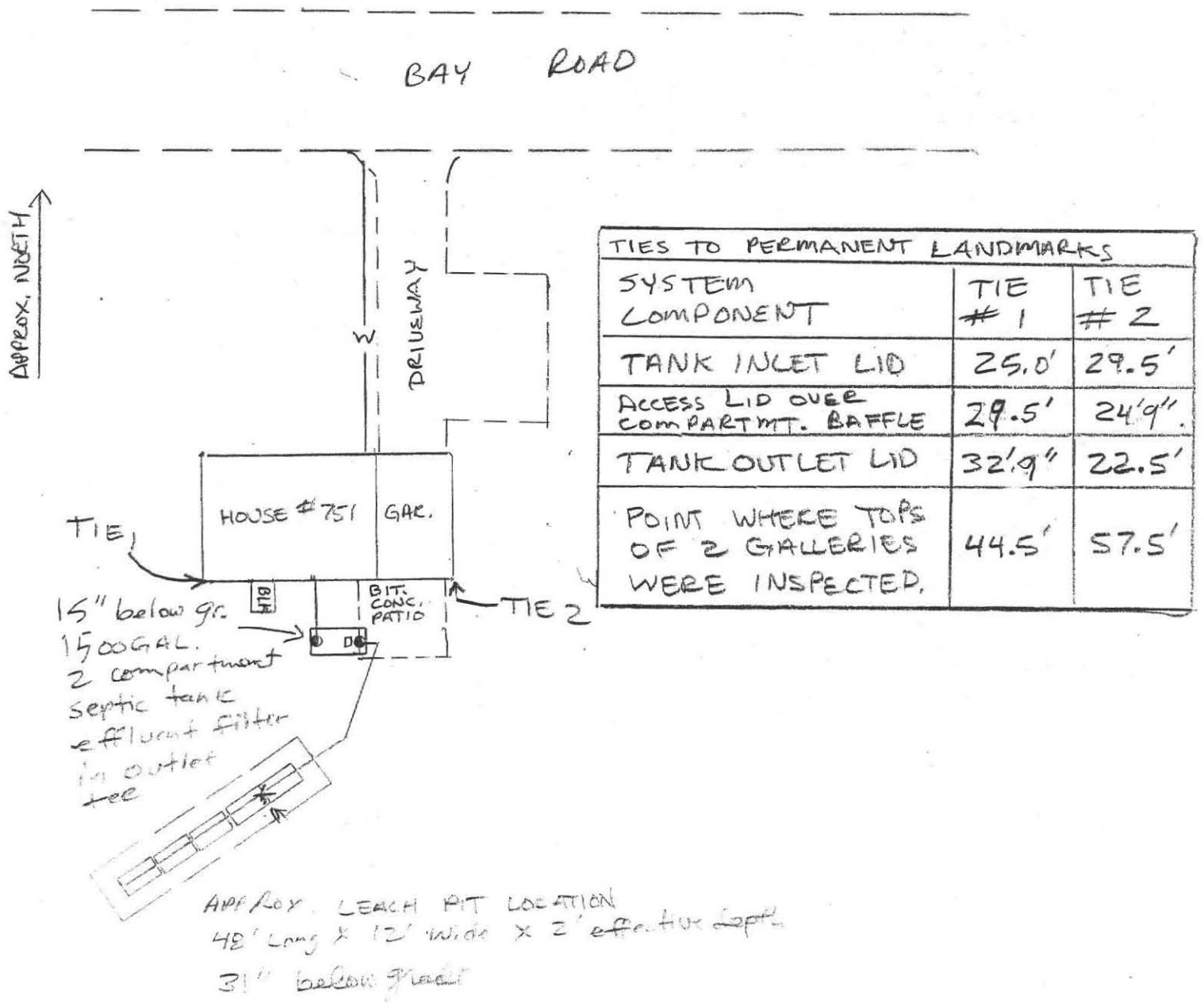
No riser over small lid  
over chamber dividing wall

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

**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 751 Bay Rd  
Amherst  
 Owner: Yin  
 Date of Inspection: 5/14/06

**SKETCH OF SEWAGE DISPOSAL SYSTEM 1" = 30'**  
 Provide a sketch 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.



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 751 Bay Rd.  
Amherst

Owner: Yin

Date of Inspection: 5/8+14/06

SOIL ABSORPTION SYSTEM (SAS):  (locate on site plan, excavation not required)

If SAS not located explain why:

Type Tops of galleries are 31" below ground (previous Titles 5 report)

leaching pits, number: \_\_\_\_\_

leaching chambers, number: \_\_\_\_\_

leaching galleries, number: 5 - see attached design plan

leaching trenches, number, length: Total dimensions 48' long x 12' wide

leaching fields, number, dimensions: \_\_\_\_\_ by 2' effective depth

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.):

Soil and vegetation were normal. No signs of hydraulic failure, ponding or damp soil were observed.

CESSPOOLS: \_\_\_\_\_ (cesspool must be pumped as part of inspection)(locate on site plan)

none

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 or no): \_\_\_\_\_

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

PRIVY: \_\_\_\_\_ (locate on site plan)

none

Materials of construction: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Depth of solids: \_\_\_\_\_

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



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 751 Bay Rd  
Amherst

Owner: Yin

Date of Inspection: 5/8+14/06

**SITE EXAM**

Slope relatively flat

Surface water none

Check cellar

Shallow wells none

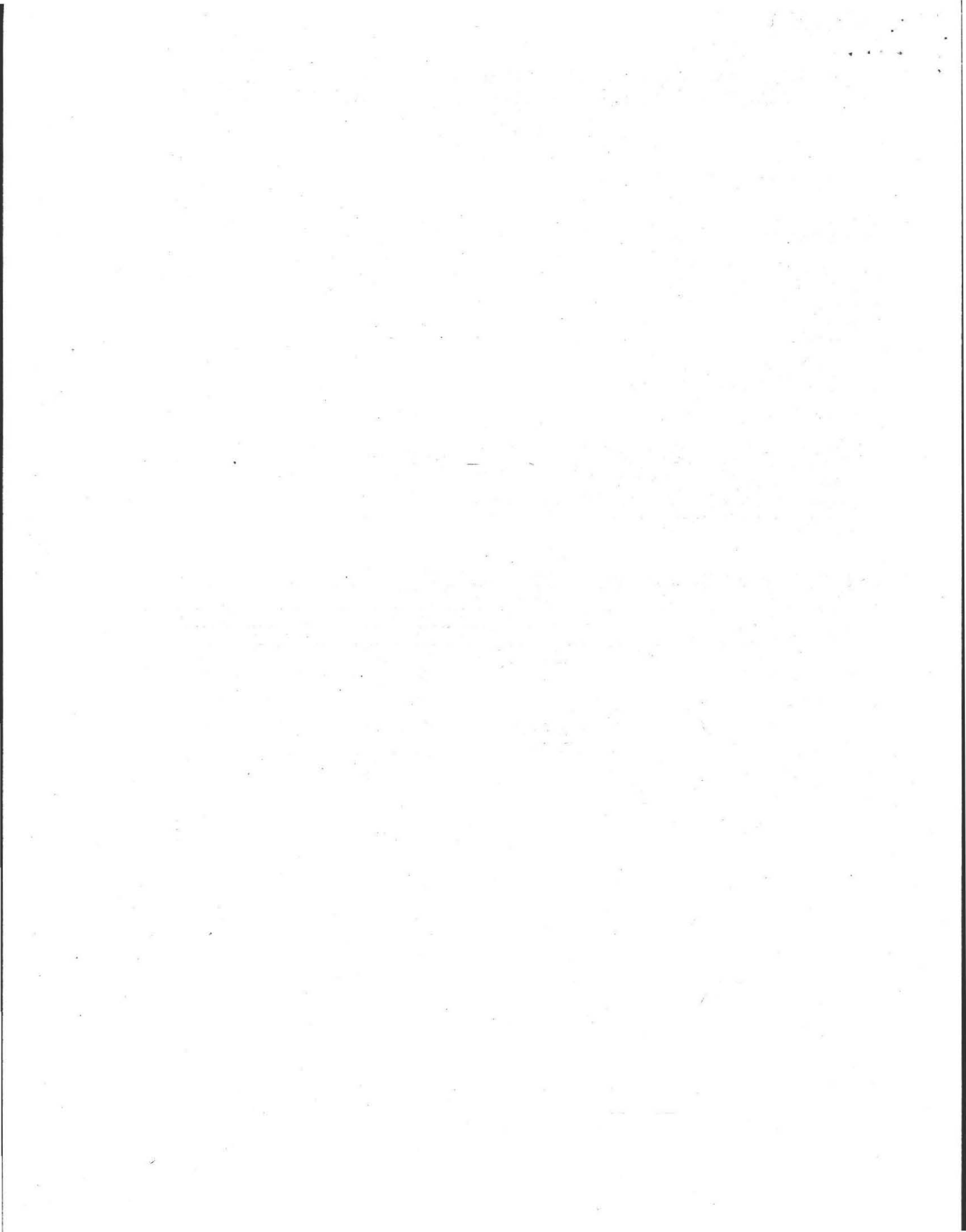
Estimated depth to ground water 10.5 feet

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

- Obtained from system design plans on record - If checked, date of design plan reviewed: 4-22-00  
 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:

The high ground water elevation was established by a soil log on the system design plan. The log (see attached) reports that the "estimated seasonal high water table" ("E.S.H.W.T.") was at 126". The log was by J. Begg, A.S.E. and was witnessed by David Zarozinski on 4/12/2000. The Soil Survey (by USDA-NRCS) gives the soil for this location as MeA which, the survey reports, typically has a high water table elevation at deeper than six feet (6').





**ENVIRONMENTAL  
FIELD SERVICES, INC.**

P.O. BOX 518  
LEEDS, MA 01053  
1-(413)-586-7200

TITLE

**SEWAGE DISPOSAL  
SYSTEM**

- Repair -

FOR

Lucy Vin

113 Pond View Drive

Amherst, MA

256-6280

01002

FIELD 4-20-00

DRAWN M.L.

CALC.

CHECK

DATE 4-22-00

PLAN NO.

**DATA REFERENCES**



- 7.) ALL OTHER SYSTEM PIPING TO BE 4" PVC, SDR 35 (OR EQUIVALENT).
- 8.) SET GALLERY AT ELEVATION NOTED IN PROFILE, BACKFILL TO PROVIDE A MINIMUM OF 12" OF COVER AND REGRADE TO PRECONSTRUCTION CONDITION
- 9.) ALL CONSTRUCTION TO BE I.A.W. TITLE V, THE STATE ENVIRONMENTAL CODE.
- 10.) NOTIFY ENGINEER AT LEAST 72 HOURS PRIOR TO THE TIME INSPECTION IS REQUIRED.

## PERCOLATION TEST RESULTS

PERCOLATION TEST NO.	DEPTH (INCHES)	RATE (MIN/INCH)	DATE
P-1	48"	3	4/12/00

Performed by: J. Beqq A.S.E.  
 Witnessed by: D. Zarazinski B.O.H.

## SOIL LOGS - See Accompanying Reports.

E1 = 99.5'

HOLE NO. DH1

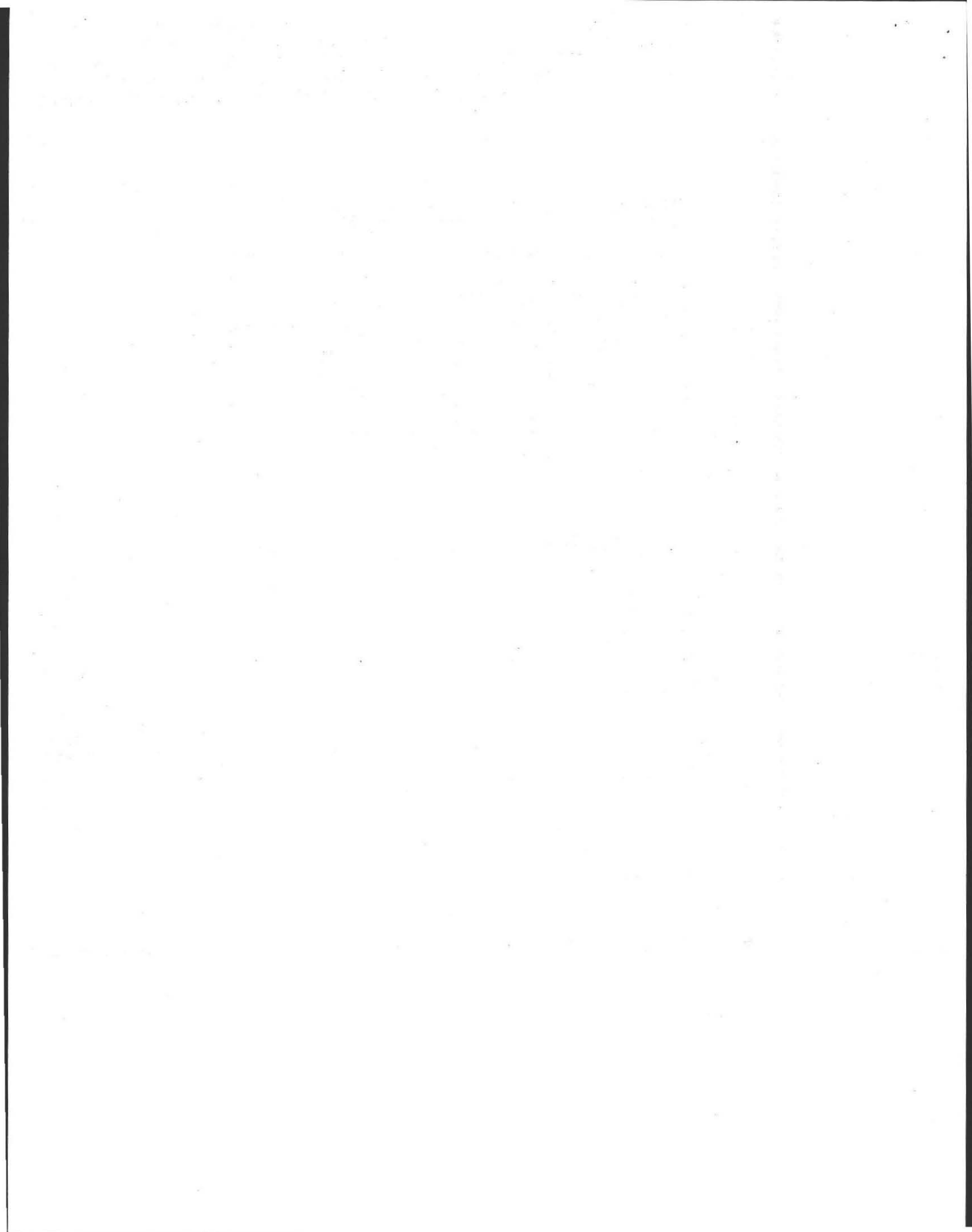
1	Topsoil
2	Subsoil
3	
4	
5	Loamy
6	Sand
7	
8	
9	
10	E.S.H.W.T. 2126"
11	≥ 89.0'
12	

DESIGN

DESIGN  
DESIGN  
SYSTEM

LOADING

ITE  
SC



Bay Road

150'±

3' Hog

Municipal Water Supply

Driveway

Failed S.A.S.

TBM: Bottom of House Siding Elev. = 100.0

Existing HBR Home #751

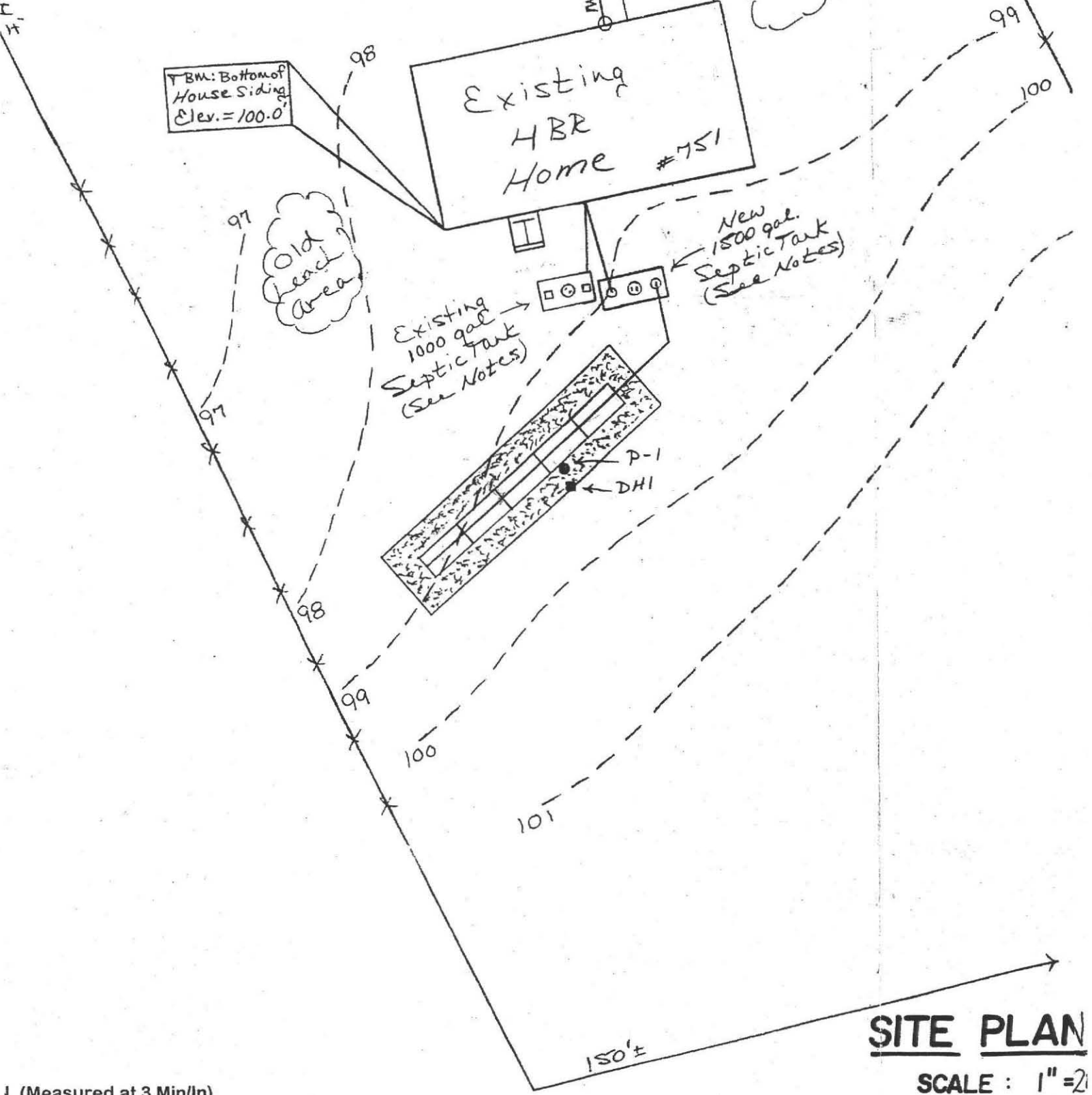
Old Lead Area

New 1500 gal. Septic Tank (See Notes)

Existing 1000 gal. Septic Tank (See Notes)

P-1  
DHI

F.H.



**SITE PLAN**

SCALE : 1" = 2'

↓ (Measured at 3 Min/In)

