

#867

MAY 02 1992



# LEWIS & COOK SURVEYORS, INC.

P. O. BOX 1196

BELCHERTOWN, MASSACHUSETTS 01007

RICHARD A. LEWIS, P.L.S.  
PRESIDENT  
413-323-7124

RICHARD L. COOK  
TREASURER  
413-283-7238

April 27, 1992

Board of Health  
David Zarozinski  
Boltwood Walk  
Amherst, MA 01002

Dear Mr. Zarozinski,

I have inspected the subsurface sewage disposal system at lot 2A, Bay Road, on April 27, 1992, for Ronald Laverdiere, contractor Bill Peeso. See as built.

The system was substantially constructed as designed.

Yours truly,

Robert F. Sheehan, P.E.

L.

100

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Lot 2-A Pg. 2

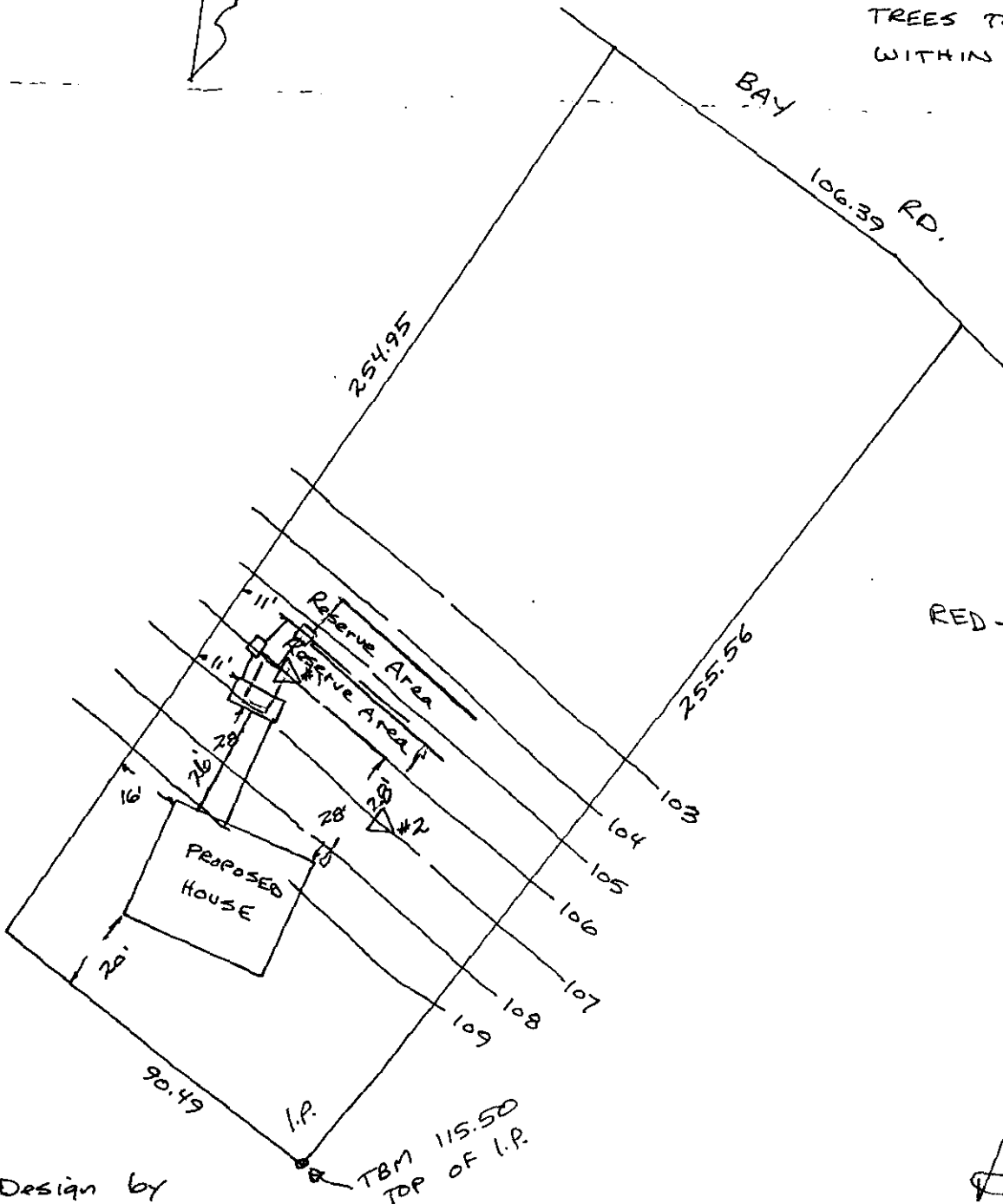
Bay Rd.

TOWN WATER

SCALE 1" = 40'

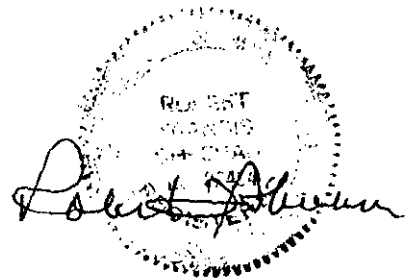
oo EXISTING CONTOURS

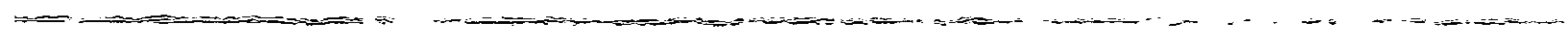
ALL LOAM, SUBSOIL & TREES TO BE REMOVED WITHIN 10' OF SYSTEM.



RED - AS BUILT  
4/29/92

Design by  
Lewis & Cook  
Surveyors, Inc.





254-1765

JUN 01 1992

1

No. 91-22

FEE 60.00  
21

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

Location - Address: Bay Rd. Lot 2-A  
Ronald Laverdiere 254-1765 or Lot No.  
FR. Puso & Son Belchertown Address  
Address: RR 2 Pelham Hill Rd. Amherst, MA

Type of Building: Dwelling (X) No. of Bedrooms: 3 Expansion Attic ( ) Garbage Grinder (N) Other - Type of Building: No. of persons: 6 Showers ( ) - Cafeteria ( ) Other fixtures:

Design Flow: 55 gallons per person per day. Total daily flow: 330 (412.5) gallons. Septic Tank - Liquid capacity: 1000 gallons Length: 96" Width: 52" Diameter: Depth: 48" Disposal Trench - No. 2 Width: 36" Total Length: 80' Total leaching area: 120 sq. ft. Seepage Pit No. N/A Diameter: Depth below inlet: 15" Total leaching area: 107.5 sq. ft.

Other Distribution box (yes) Dosing tank ( ) Percolation Test Results Performed by: Filio's Enterprises Date: April 18, 1989 Test Pit No. 1: 8.0 minutes per inch Depth of Test Pit: 5' Depth to ground water: below 11" Test Pit No. 2: minutes per inch Depth of Test Pit: OK IDES 100"

Description of Soil: Sea Attached Sheds

Nature of Repairs or Alterations - Answer when applicable

Agreement: Insp. Dave Zaroginski The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health

Signed: Ronald J. Laverdiere Date: 11/26/91

Application Approved By

Application Disapproved for the following reasons:

Permit No. 91-22 Issued 12/2/91

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

Richard A. Lewis  
Lewis & Cook Surveyors Inc

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

at Lot 2A Bay Road has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 91-22 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

No. 91-22

FEE

Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. Lot 2A Bay Road Street

as shown on the application for Disposal Works Construction Permit No. 91-22 Dated 12/2/91

DATE 12/2/91 Board of Health

CHECK OR FILL IN WHERE APPLICABLE

Handwritten text at the top center, possibly a title or header.

Handwritten text in the upper middle section, appearing to be a list or set of instructions.

Handwritten text in the middle section, possibly a list of items or a table of data.

Handwritten text in the lower middle section, possibly a signature or a note.

Handwritten text at the bottom of the page, possibly a date or a reference.

No. 91-22

FEE \$0 plan PD

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

Bay Rd. Lot 2-A
Ronald Laverdiere 259-1765 RR 2 Pelham Hill Rd. Amherst, MA

Type of Building Dwelling No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (No)
Other - Type of Building No. of persons 6 Showers ( ) - Cafeteria ( )

Design Flow 55 gallons per person per day. Total daily flow 330 (412.5) gallons.
Septic Tank - Liquid capacity 1000 gallons Length 96" Width 52" Diameter Depth 48"
Disposal Trench - No. 2 Width 36" Total Length 80" Total leaching area 120 sq. ft.
Seepage Pit No. N/A Diameter Depth below inlet 15" Total leaching area 107.5 sq. ft.

Percolation Test Results Performed by Filio's Enterprises Date April 18, 1989
Test Pit No. 1 8.0 minutes per inch Depth of Test Pit 5' Depth to ground water below 11"
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil See Attached Sheets OXIDES 100"

Nature of Repairs or Alterations - Answer when applicable
Agreement: Insp. Dave Zaroginski Robert Shick

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

Signed Ronald Laverdiere 11/26/91

Application Approved By
Application Disapproved for the following reasons:

Permit No. 91-22 Issued 12/2/91

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

Richard Lewis Lewis & Cook Surveyors Inc

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

at LOT 2A BAY ROAD has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 91-22 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Disposal Works Construction Permit

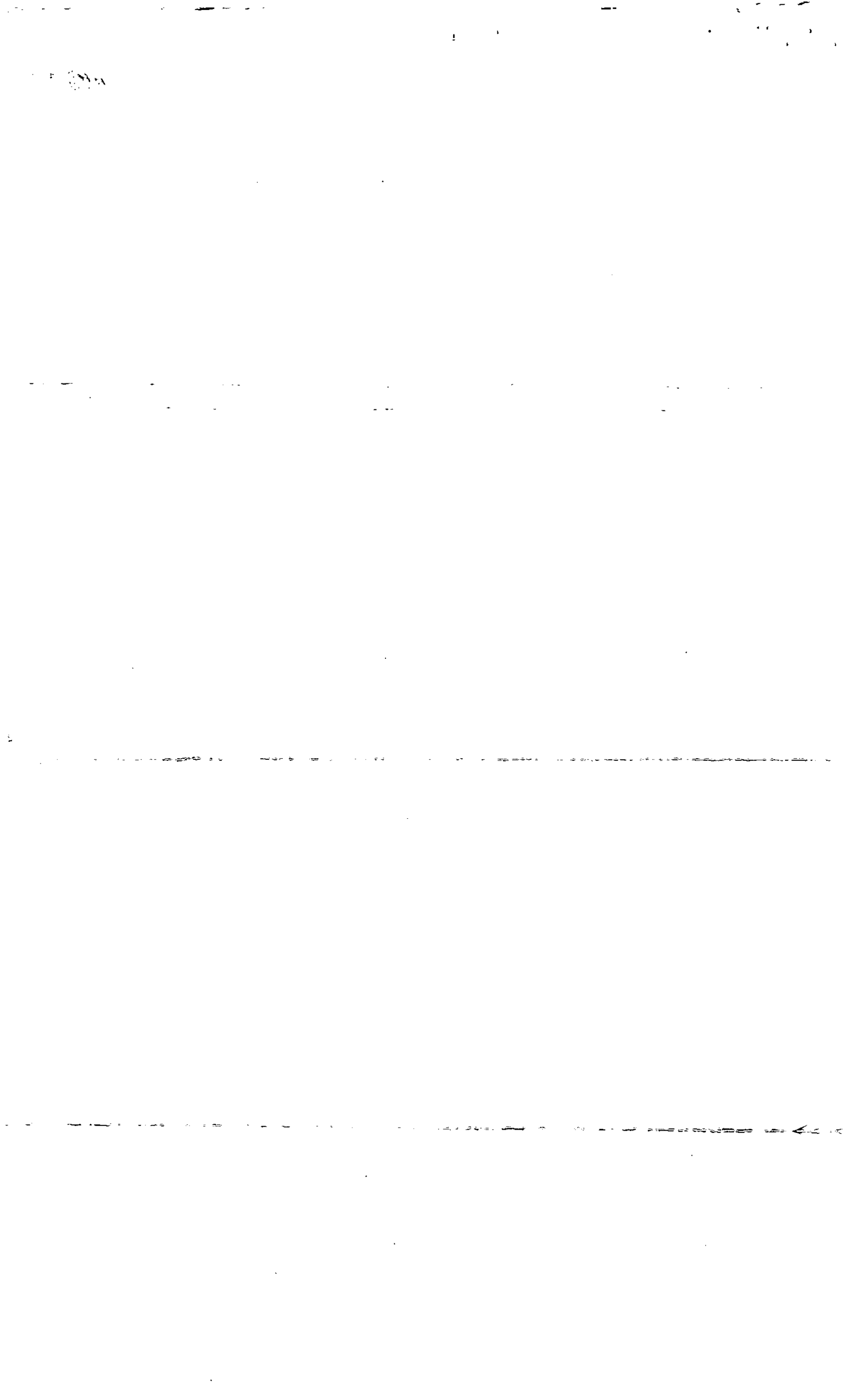
Permission is hereby granted to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. LOT 2A BAY ROAD

as shown on the application for Disposal Works Construction Permit No. 91-22 Dated 12/2/91

DATE 12/2/91 Board of Health

CHECK OR FILL IN WHERE APPLICABLE

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TOWN OF AMHERST

~~EATON~~

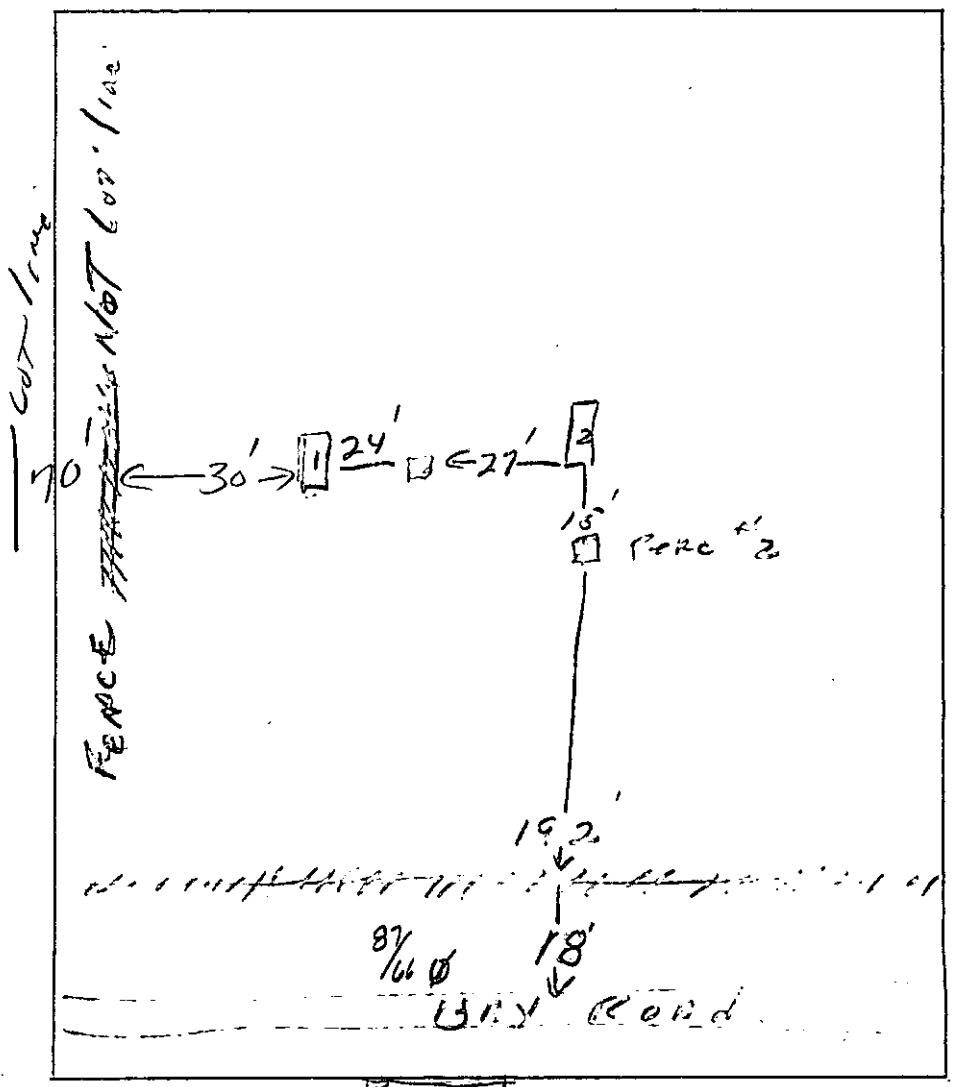
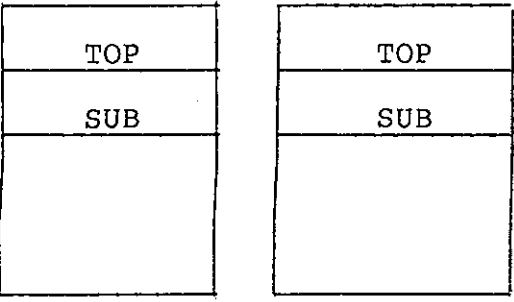
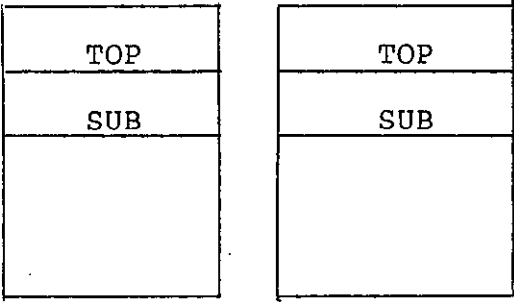
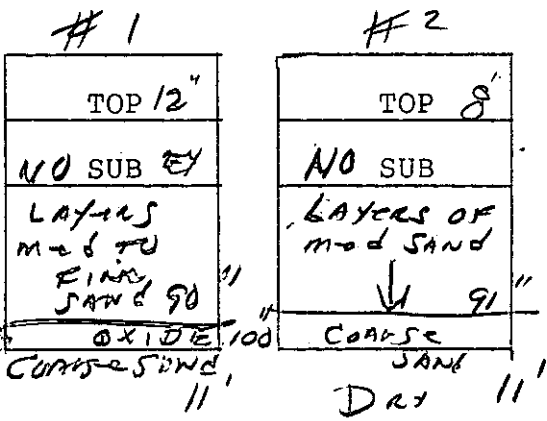
PERC TEST DATA SHEET

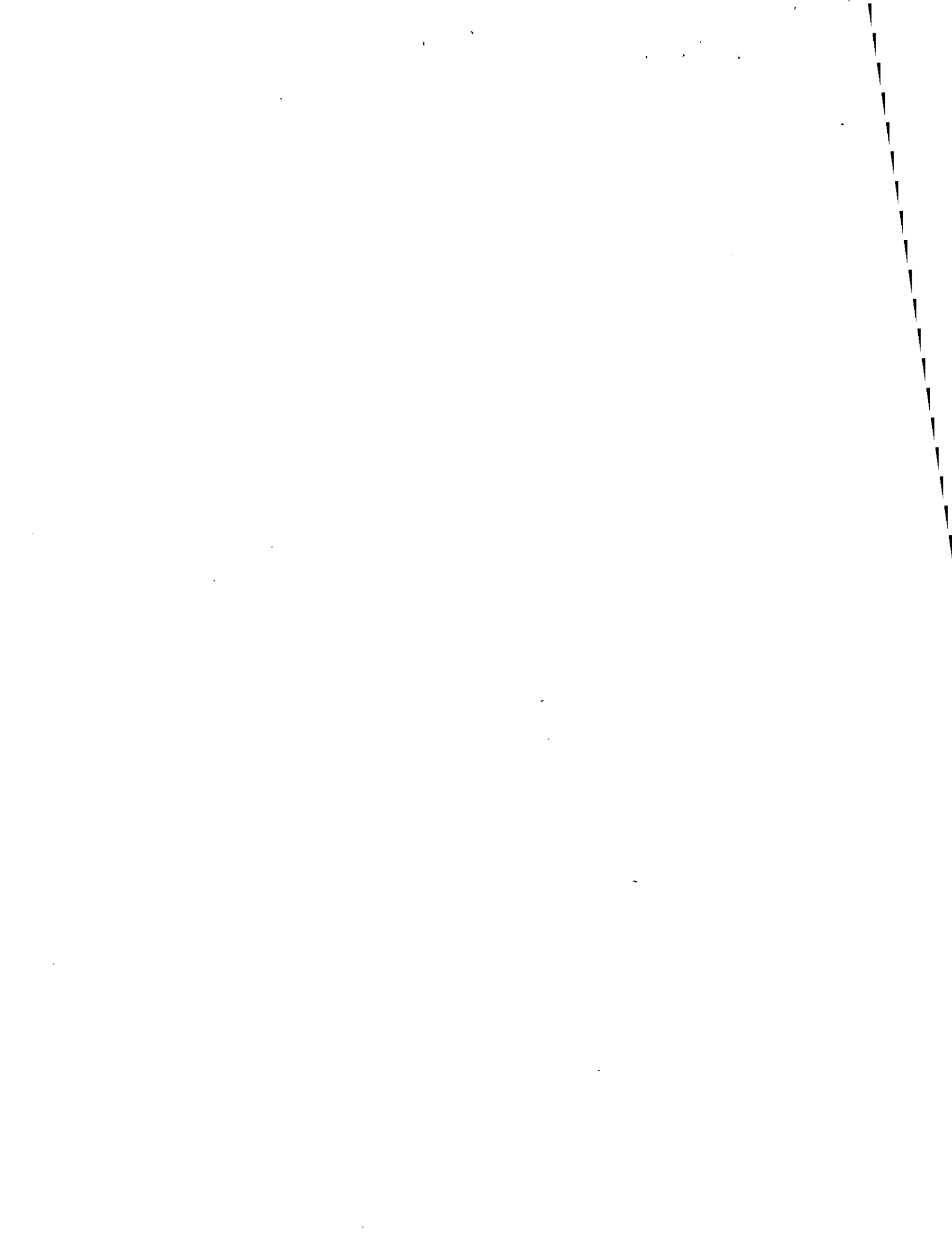
DATE 4/18/89 LOCATION BAY ROAD LOT SIZE LOT #2  
 OWNER RON LAVERDIERE ADDRESS 148 W. Hilliana Dr TELE # 256-8285  
 P.E./RS Bill Tylor FIRM Filio's ENT. OBSERVED BY David Zarnowski  
 BACK HOE OPERATOR STONE'S BENCH MARK \_\_\_\_\_

PERC DEPTH 60" PRE SOAK TIME 10:28 PERC DEPTH 48" PRE SOAK TIME \_\_\_\_\_

TEST 12 10:27 7 10:45 CANT Hold  
11 10:29 6 10:30 \_\_\_\_\_  
10 10:32 \_\_\_\_\_  
9 10:35 \_\_\_\_\_  
 RATE 8 10:40 call (8) RATE (2)

NOTE OXIDE





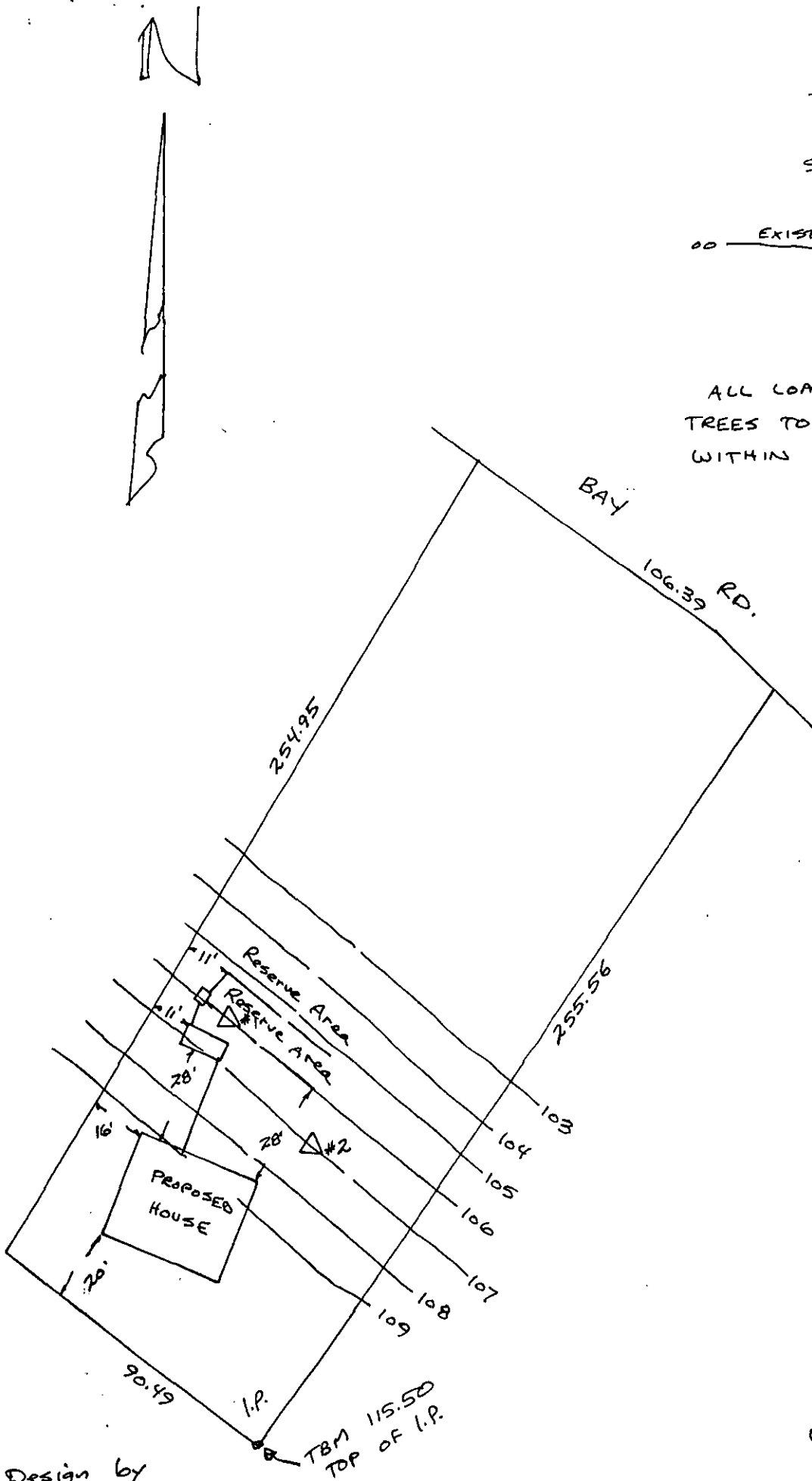
Lot 2-A P. 2  
Bay Rd.

TOWN WATER

SCALE 1" = 40'

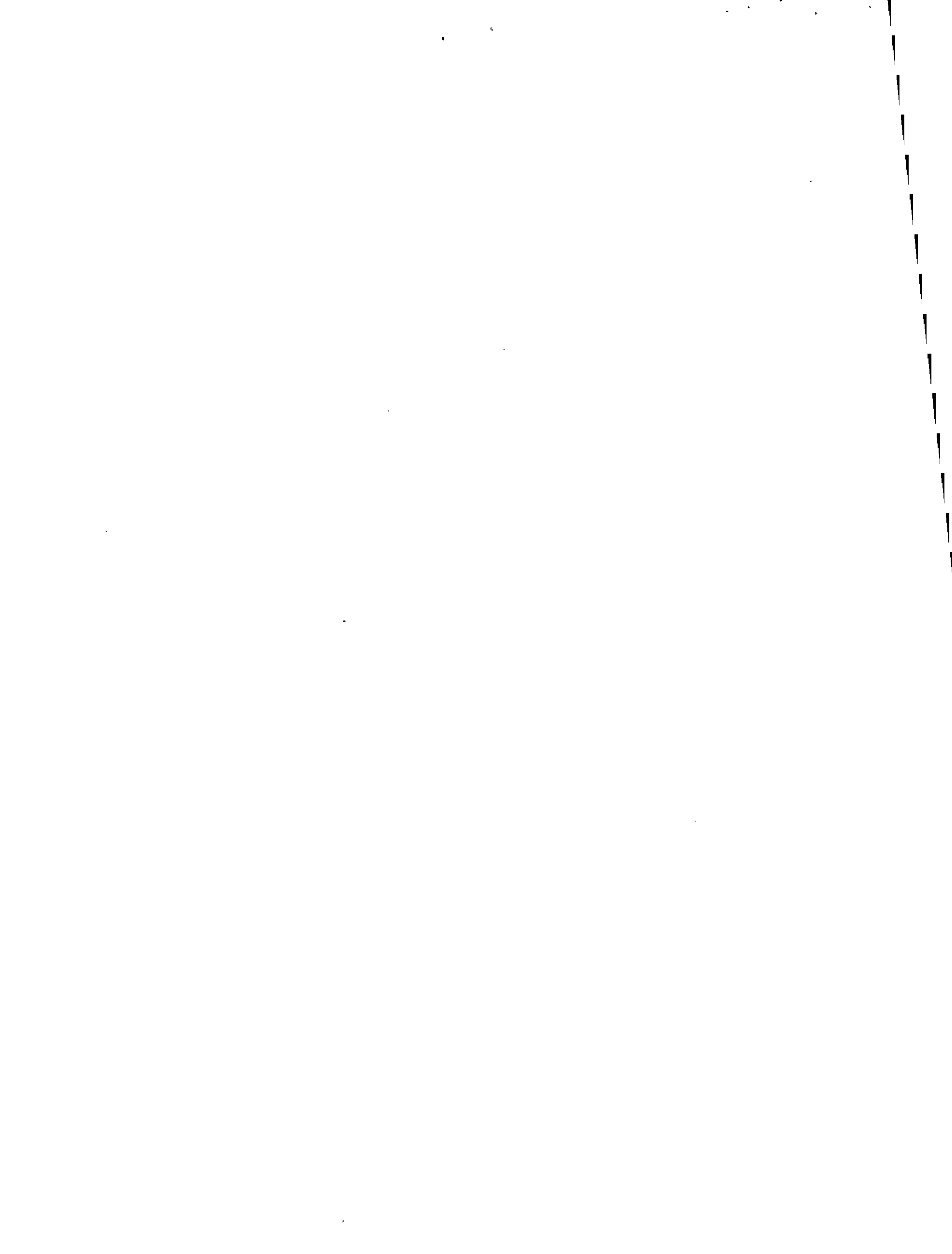
oo EXISTING CONTOURS

ALL LOAM, SUBSOIL &  
TREES TO BE REMOVED  
WITHIN 10' OF SYSTEM.



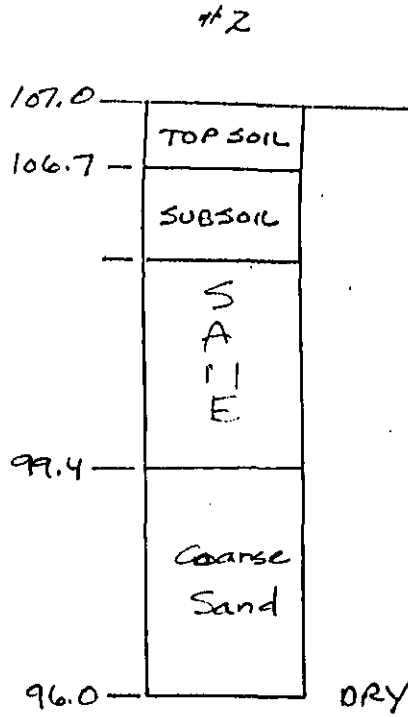
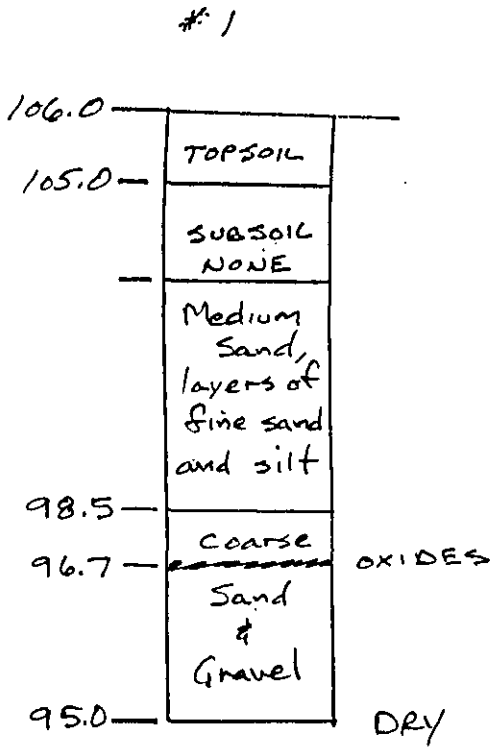
Design by  
Lewis & Cook  
Surveyors, Inc.





DEEP TEST HOLES

LOT 2-A Pg. 3  
Bay Rd.



CALCULATIONS

BOTTOM AREA (NOT ALLOWED OVER 20.0 min/in) 8.0 min/in = 0.63 gal./sq. ft.

$40' \times 3' \times 2 \text{ lines} = 240 \text{ sq. ft.} \times 0.63 \text{ gal./sq. ft.} = 151.2 \text{ GAL}$

SIDEWALL AREA (NOT ALLOWED IN LEACHING FIELDS)

8.0 min/in = 1.25 gal./sq. ft.

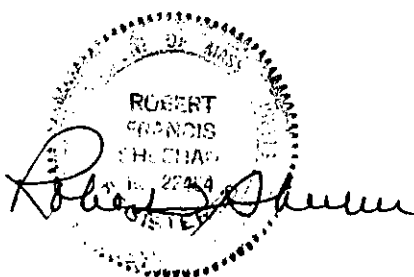
$40' \times 1\frac{1}{4}' \times 2 \text{ sides} \times 2 \text{ lines} = 200$

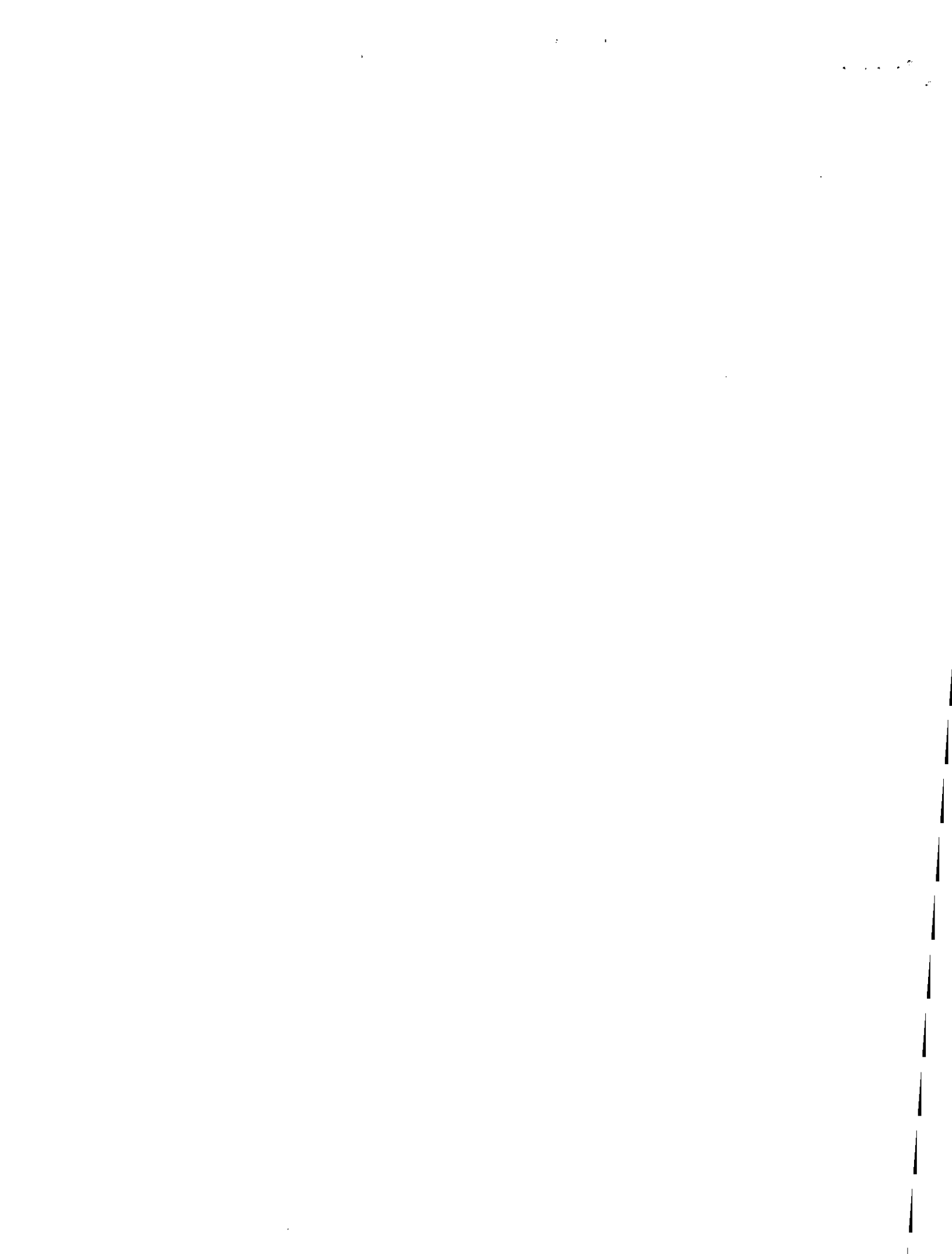
$3' \times 1\frac{1}{4}' \times 2 \text{ ends} \times 2 \text{ lines} = 15$

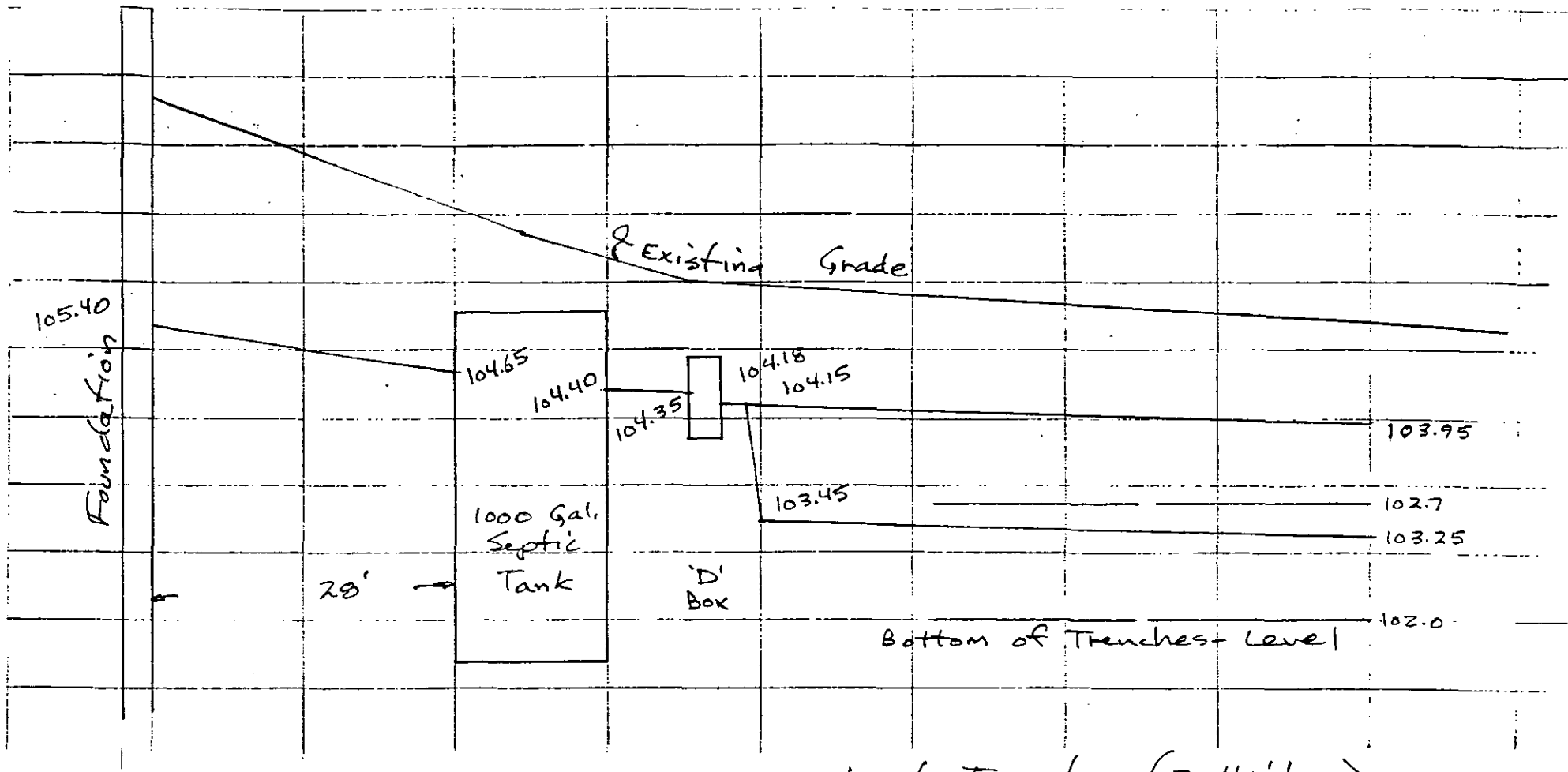
$215 \text{ sq. ft.} \times 1.25 \text{ gal./sq. ft.} = 268.7 \text{ GAL}$

419.9 GAL.

412.5 GAL REQUIRED ✓ AVAILABLE







Leach Trenches (2-40' long)

NOTES:

1. SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES (15.6: 8, 9 TITLE 5)
2. D-BOX SHALL HAVE 6" SUMP BELOW OUTLET INVERT (15.10: 4 TITLE 5)
3. ACCESS MANHOLE TO SEPTIC TANK SHALL BE TO FINISH GRADE
4. SEPTIC TANKS SHOULD BE INSPECTED ANNUALLY
5. ELEVATIONS ARE TO INVERTS UNLESS NOTED (INSIDE BOTTOM OF PIPE)
6. D-BOX OUTLET PIPES SHALL BE LEVEL MIN. 2.0 FT. (SECT. 15.10: 3 TITLE 5)
7. END CAPS ON PIPES

PROFILE OF SYSTEM

SCALE HORZ. 1" = 10'

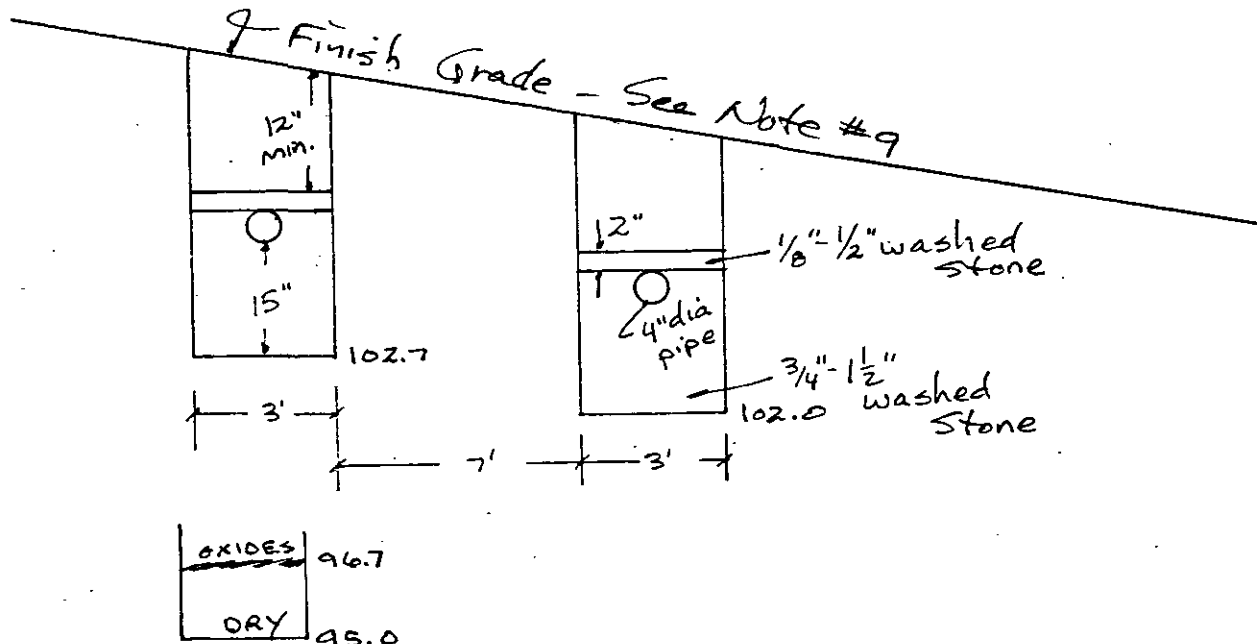
VERT. 1" = 2'

*Robert Sheelton*

LOT 2-A Pg. 4  
Bay Rd.







NOTES:

Deep Hole #1

8. ALL LOAM, SUBSOIL, AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 10 FT. OF LEACHING FACILITY, SECT 15.02:17 TITLE 5
9. FINISH GRADE ABOVE & ADJACENT TO SYSTEM SHALL SLOPE @ LEAST 2% TO PREVENT ACCUMULATION OF SURFACE WATER.
10. FILL SHALL HAVE PERC RATE OF 2.0 min/in. BEFORE AND AFTER PLACEMENT.

CROSSSECTION OF SYSTEM  
NO SCALE





BOTH



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

WILLIAM F. WELD  
Governor  
MARGO PAUL CELLUCCI  
Deputy Governor

TRUDY COXE  
Secretary  
DAVID B. STRUHS  
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A

Property Address: ELL SWORTH 867 BAY RD. AMHERST  
Date of Inspection: 11/6/97  
Name of Inspector: JOHN ALVES  
Address of Owner: 35 OLD BARRE RD. PETERSHAM MA 01366  
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)  
Company Name: CLARA SEPTICS  
Mailing Address: 540 WINTER ST. LUNenburg  
Telephone Number: 543-7138

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

Inspector's Signature: John Alves Date: 11/6/97

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system, has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the 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.

INSPECTION SUMMARY: Check (A), (B), (C), or (D)

SYSTEM PASSES:

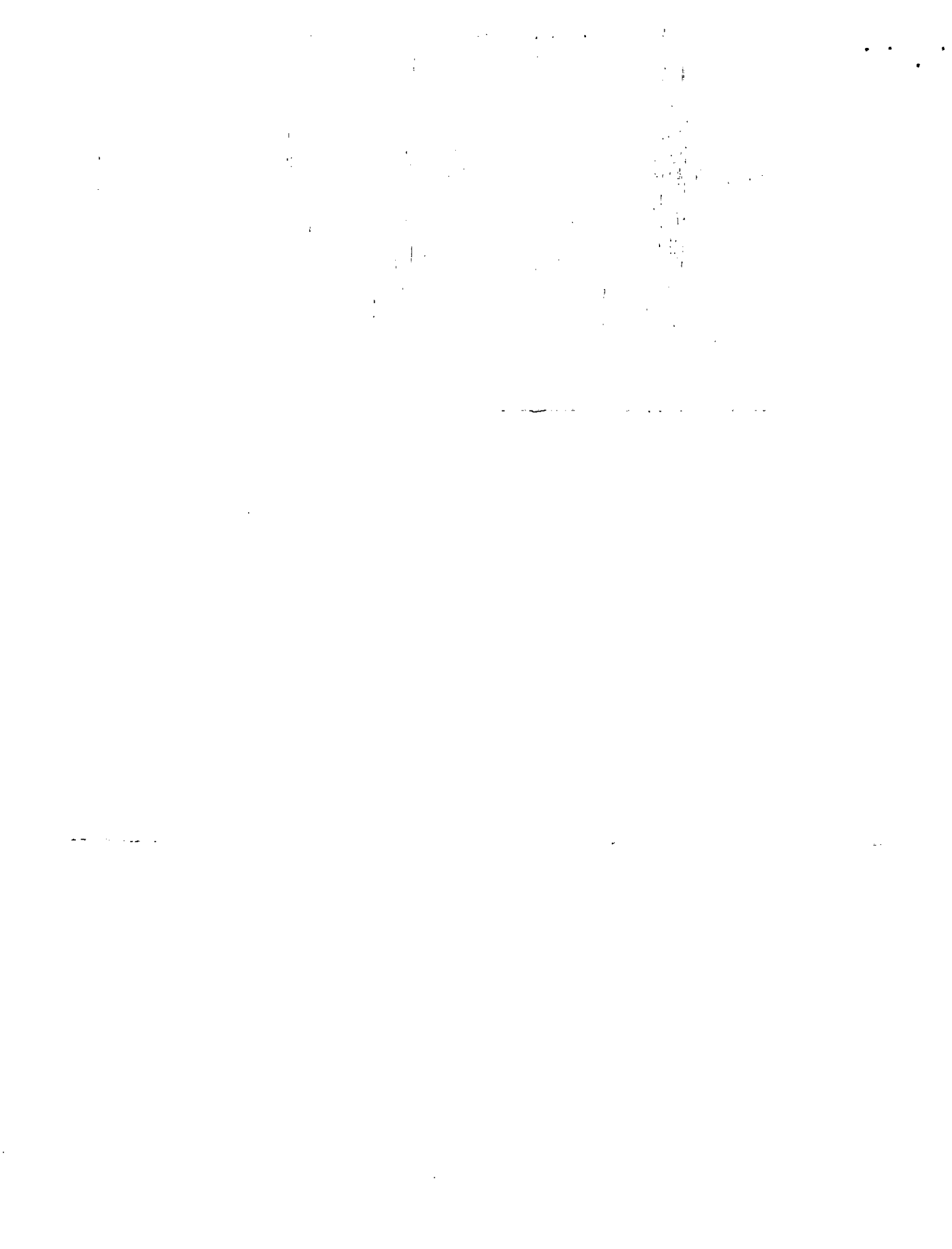
I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

COMMENTS: DO NOT INSTALL GARAGE DISPOSAL

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 conforming septic tank as approved by the Board of Health.



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

Property Address: 867 CORY RD.  
Owner: FELLSPORTN  
Date of Inspection: 11/6/97

B) SYSTEM CONDITIONALLY PASSES (continued)

- 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 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

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 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 a 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 APPROPRIATE) 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 to 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



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

Property Address: **867 OAK RD**  
 Owner: **FELLS WORTH**  
 Date of Inspection: **11/11/97**

**D SYSTEM FAILS:**

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

I have determined that the system violates one or more of the following failure criteria as defined 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                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.  |
| <input type="checkbox"/> | <input 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 type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Liquid depth in cesspool less than 6" below invert or available volume is less than 1/2 day flow.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s).<br>Number of times pumped _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.   |
| <input type="checkbox"/> | <input 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. 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:**

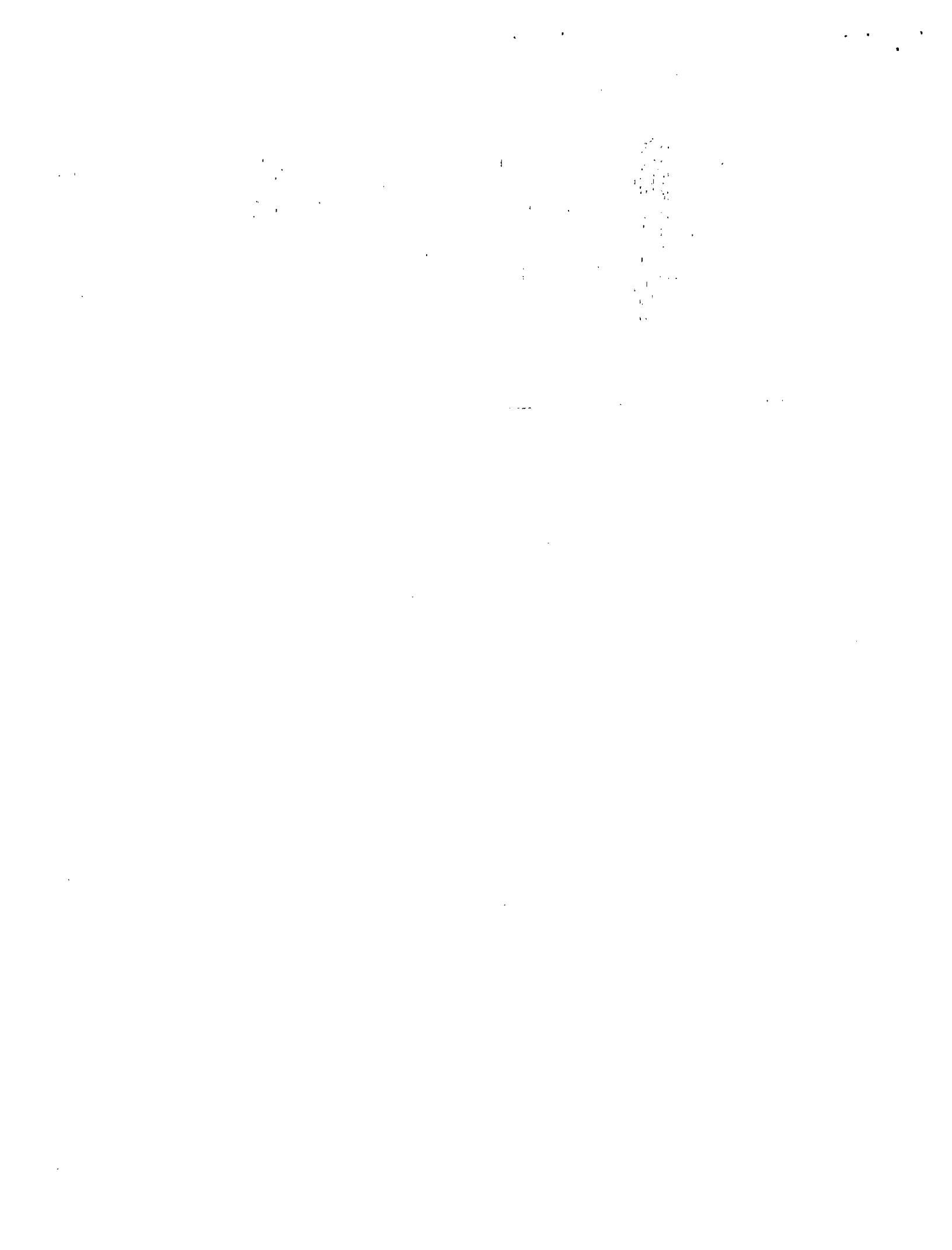
You must indicate either "Yes" or "No" as to each of the following:

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                       |  |
| <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 |

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.





**SUB-SURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART B**  
**CHECKLIST**

Property Address: **867 WYNDY RD**  
 Owner: **ROLLS WORTH**  
 Date of Inspection: **11/6/07**

Check if the following have been done. You must indicate either "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 checked="" type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note: if they are not available with N/A.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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.                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The size and location of the Soil Absorption System on the site has been determined based on the N/A.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information, such as Plan at B.O.H. is available.  |
| <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) [15.3-23(b)].  |



SEWER SURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 867 BAY RD  
Owner: BELL NORTH  
Date of Inspection: 11/19/97

FLOW CONDITIONS

RESIDENTIAL:  
Design flow: 330 g.p.d./bedroom for  
Number of bedrooms: 3  
Number of current residents: 3  
Garbage grinder (yes or no): NO  
Laundry connected to system (yes or no): NO  
Seasonal use (yes or no): NO  
Water meter readings, if available (last two year usage (gpd): N/A  
Lump Pump (yes or no): NO

Last date of occupancy: PRE 5/97

COMMERCIAL/INDUSTRIAL:

Type of establishment: \_\_\_\_\_  
Design flow: \_\_\_\_\_ gallons/day  
Grease trap present: (yes or no) \_\_\_\_\_  
Industrial Waste Holding Tank present: (yes or no) \_\_\_\_\_  
Non-sanitary waste discharged to the Title system: (yes or no) \_\_\_\_\_  
Water meter readings, if available: \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

OTHER: (Describe) \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

GENERAL INFORMATION

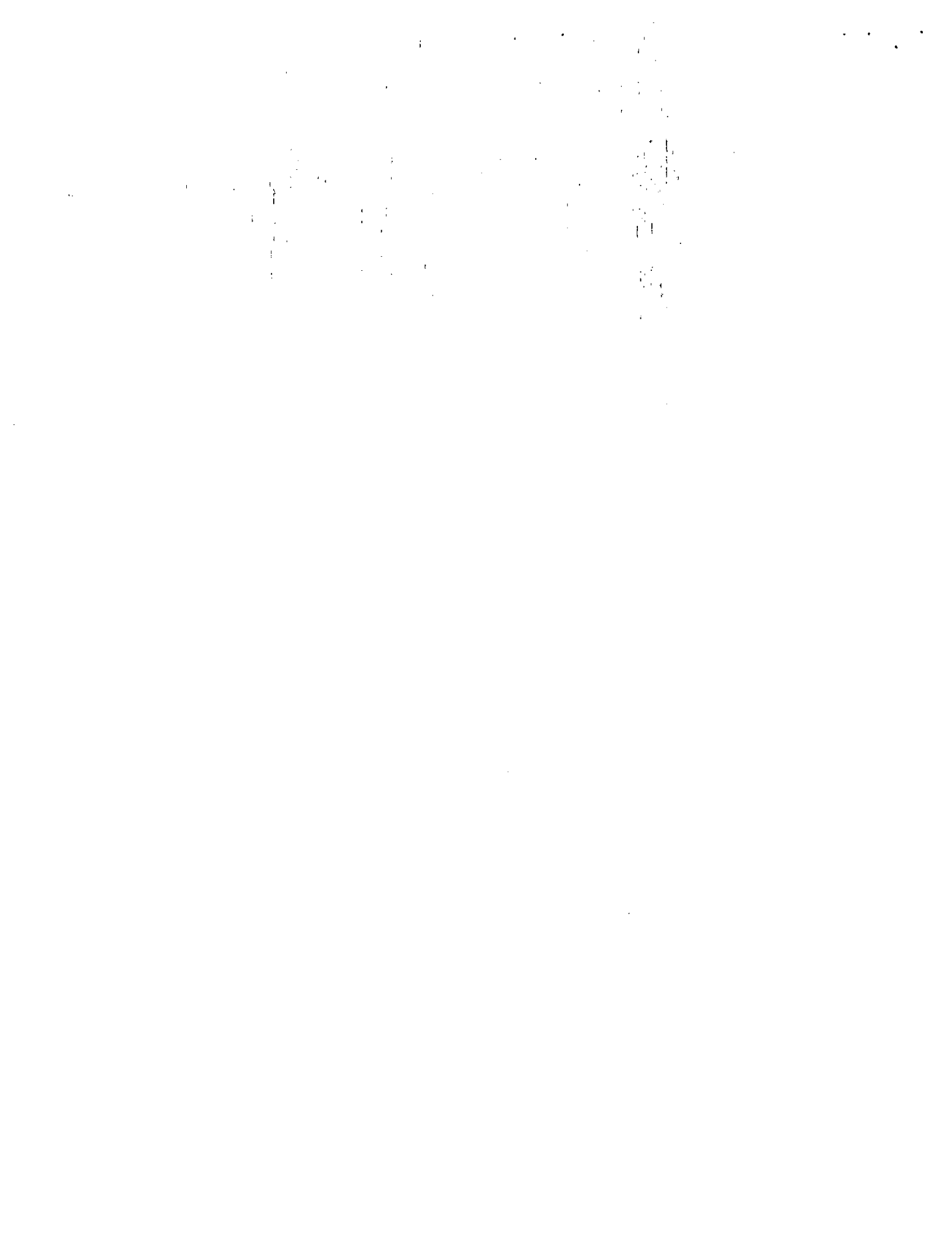
PUMPING RECORDS and source of information: NEVER DONE  
System pumped as part of inspection (yes or no): YES  
If yes, volume pumped: 100 gallons  
Reason for pumping: WATERLOGGED

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. Copy of up to date contract?
- Other: \_\_\_\_\_

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1992  
OWNER

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



SOIL SURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 867 DAY RD  
Owner: FELL NORTH  
Date of Inspection: 11/10/87

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: 2'  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other (explain)

If tank is metal, list age \_\_\_\_\_ Is age covered by Certificate of Compliance: \_\_\_\_\_ (Yes/No)

Dimensions: 96" L x 48" W x 1000" H  
Sludge depth: 8"  
Distance from top of sludge to bottom of outlet tee or baffle: 22"  
Scum thickness: 4"  
Distance from top of scum to top of outlet tee or baffle: 8"  
Distance from bottom of scum to bottom of outlet tee or baffle: 10"  
How dimensions were determined: PROBE

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.)  
DUMP, BAFFLES OK, TANK OK, NO LEAKS

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:  
Owner:  
Date of Inspection:

867 BAY RD.  
ELLEN WORTH  
1/6/97

LIGHT 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 level: \_\_\_\_\_ Alarm in working order  Yes  No  
Date of previous pumping: \_\_\_\_\_

Comments:  
Condition of inlet tee, condition of alarm float switches, etc.) \_\_\_\_\_

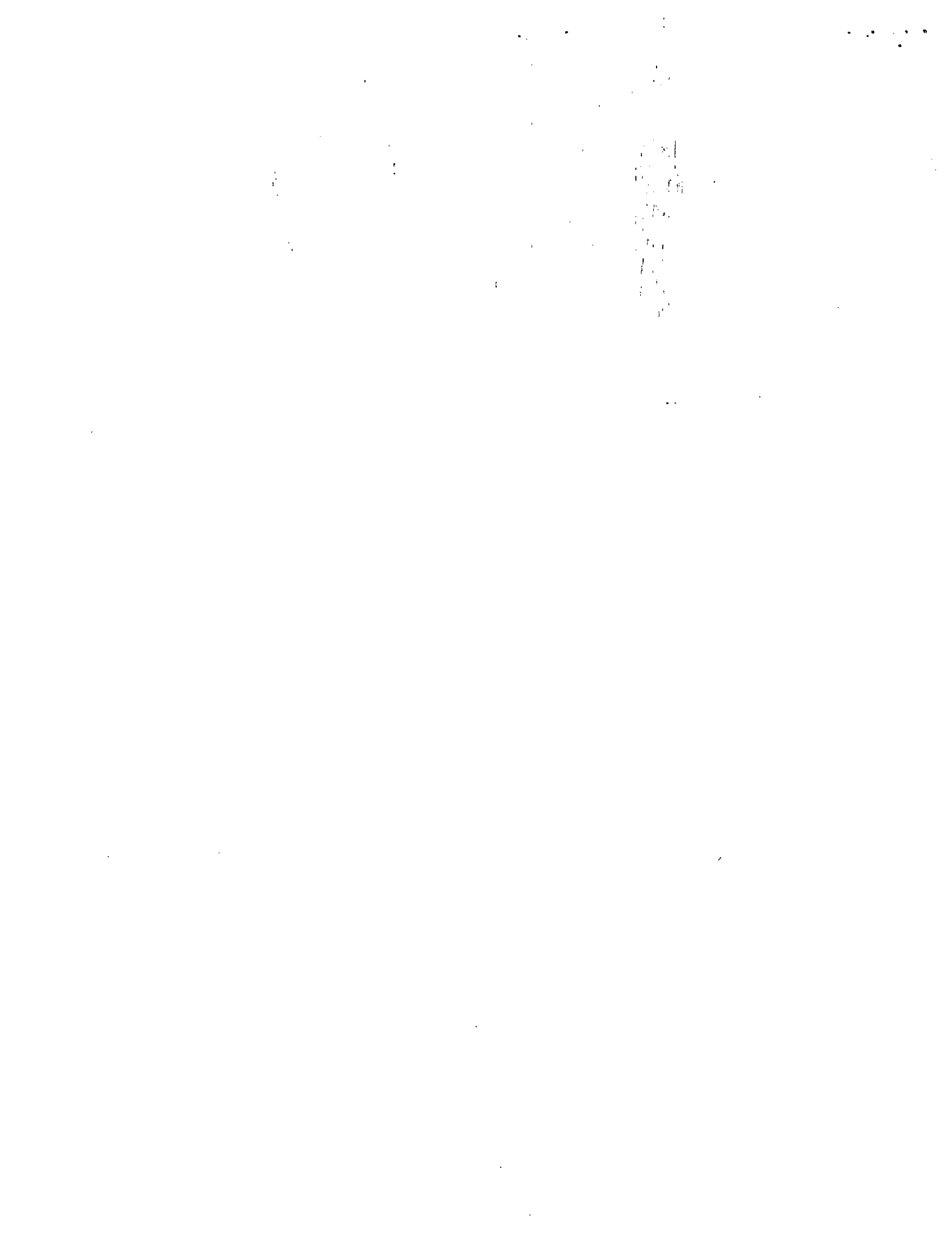
DISTRIBUTION BOX: \_\_\_\_\_  
(locate on site plan)

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

Comments:  
Note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)  
L FUR L DISTR BOTLON R GUR  
NO CARRY OVER  
NO LEAKS

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: 867 BAY RD.  
Owner: R. S. WORTH  
Date of Inspection: 1/6/97

SOIL ABSORPTION SYSTEM (SAS)  
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)  
If not determined to be present, explain:

Type:  
leaching pits, number: \_\_\_\_\_  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number and length: 2 @ 40'  
leaching fields, number, and dimensions: \_\_\_\_\_  
overflow cesspool, number: \_\_\_\_\_  
Alternative system: \_\_\_\_\_  
Name of Technology: \_\_\_\_\_

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)  
SOIL OIL, NO HYDRAULIC FAILURE  
VEGETATION OIL

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 sampled 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)

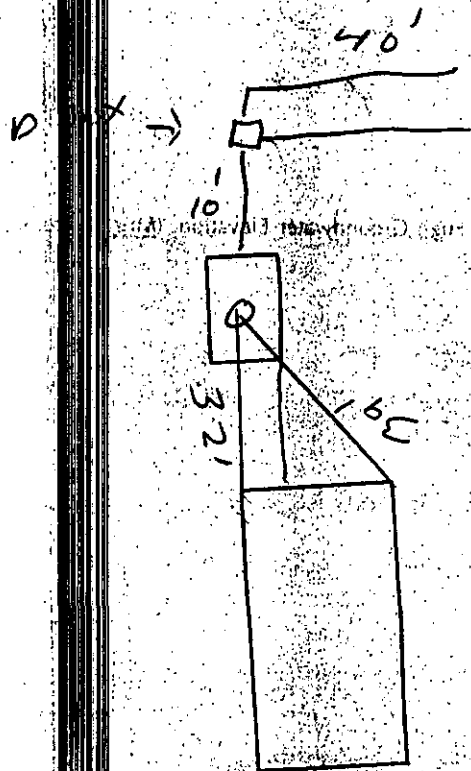
Property Address:  
Owner:  
Date of Inspection:

867 BAY RD  
P2 SWORTH  
1/6/97

SKETCH OF SEWAGE DISPOSAL SYSTEM

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

BAY RD





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C  
SYSTEM INFORMATION (continued)

Property Address:  
Owner:  
Date of Inspection:

86 BAY RD.  
FALLS WORTH  
1/6/97

Depth to Groundwater 11 Feet SNR AT

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

- Obtained from Design Plans or record
- Observation of Site (Abutting property, observation hole, basement sump etc.)
- Determine it from local conditions
- Check with local Board of Health
- Check FEMA Maps
- Check pumping records
- Check local excavators, installers
- Use USGS Data

Describe in your own words how you established the High Groundwater Elevation: (Must be completed)

Oxides 100"  
PRC 4/18/89  
FALLOS ENTERPRISES

