

1000 BAY ROAD



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

Property Address: 1000 Bay Road, Amherst, MA

Owner's Name: Mike & Maureen McCartney
Owner's Address: 1000 Bay Road
Amherst., MA 01002

Date of Inspection: September 3, 2003

Name of Inspector: Alan E. Weiss, R.S # 933
Company Name: Cold Spring Environmental Inc.
Mailing Address: 350 Old Enfield Road
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

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:  **Date:** September 3, 2003

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.

Notes and Comments:

Septic Tank was in good condition upon inspection. System appears to be functional however is limited in size. All Stains & levels were ok. We found septic system be old but operational. System is 35+/- years old. Septic Tank was pumped and outlet baffle replaced and cemented by Karl's.

****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 different conditions of use.



The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

Furthermore, it is noted that the records should be kept in a secure and accessible format. Regular backups are recommended to prevent data loss in the event of a system failure or disaster. The document also mentions the need for periodic audits to ensure the integrity and accuracy of the information stored.

In conclusion, the document stresses that proper record-keeping is essential for the smooth operation of any business or organization. It provides a clear framework for how to handle and store financial data, ensuring that all necessary information is available when needed.

The second section of the document focuses on the implementation of internal controls. These controls are designed to prevent errors and fraud, and to ensure that all activities are carried out in accordance with established policies and procedures.

Key elements of internal controls include the separation of duties, which prevents any one individual from having too much control over a process. This is particularly important in financial transactions, where the roles of authorization, recording, and custody should be clearly defined.

Additionally, the document highlights the importance of regular monitoring and reporting. Management should be kept informed of any potential issues or anomalies that arise. This allows for prompt investigation and corrective action, minimizing the risk of significant losses or damage to the organization's reputation.

The third part of the document addresses the role of technology in modern record-keeping. While traditional paper-based systems have been used for decades, digital solutions offer numerous advantages. These include faster data entry, reduced storage costs, and the ability to search and retrieve information much more efficiently.

However, the document also cautions against the over-reliance on technology. It notes that digital systems are not immune to security threats, such as viruses, malware, and data breaches. Therefore, robust cybersecurity measures must be implemented to protect the digital records from unauthorized access and manipulation.

In summary, while technology can greatly enhance the efficiency and accuracy of record-keeping, it must be used responsibly and in conjunction with strong internal controls and security protocols.

Finally, the document concludes by reiterating the overall goal of the record-keeping process: to provide a clear, accurate, and reliable picture of the organization's financial and operational performance. This information is vital for informed decision-making and for ensuring the long-term success and sustainability of the organization.

By following the guidelines outlined in this document, organizations can ensure that their record-keeping practices are both effective and compliant with relevant regulations and standards.

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

Property Address: 1000 Bay Rd.

Owner: Mr. Carney

Date of Inspection: 7/3/03

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

A. System Passes:

Yes 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:

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.

____ 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:

____ 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):

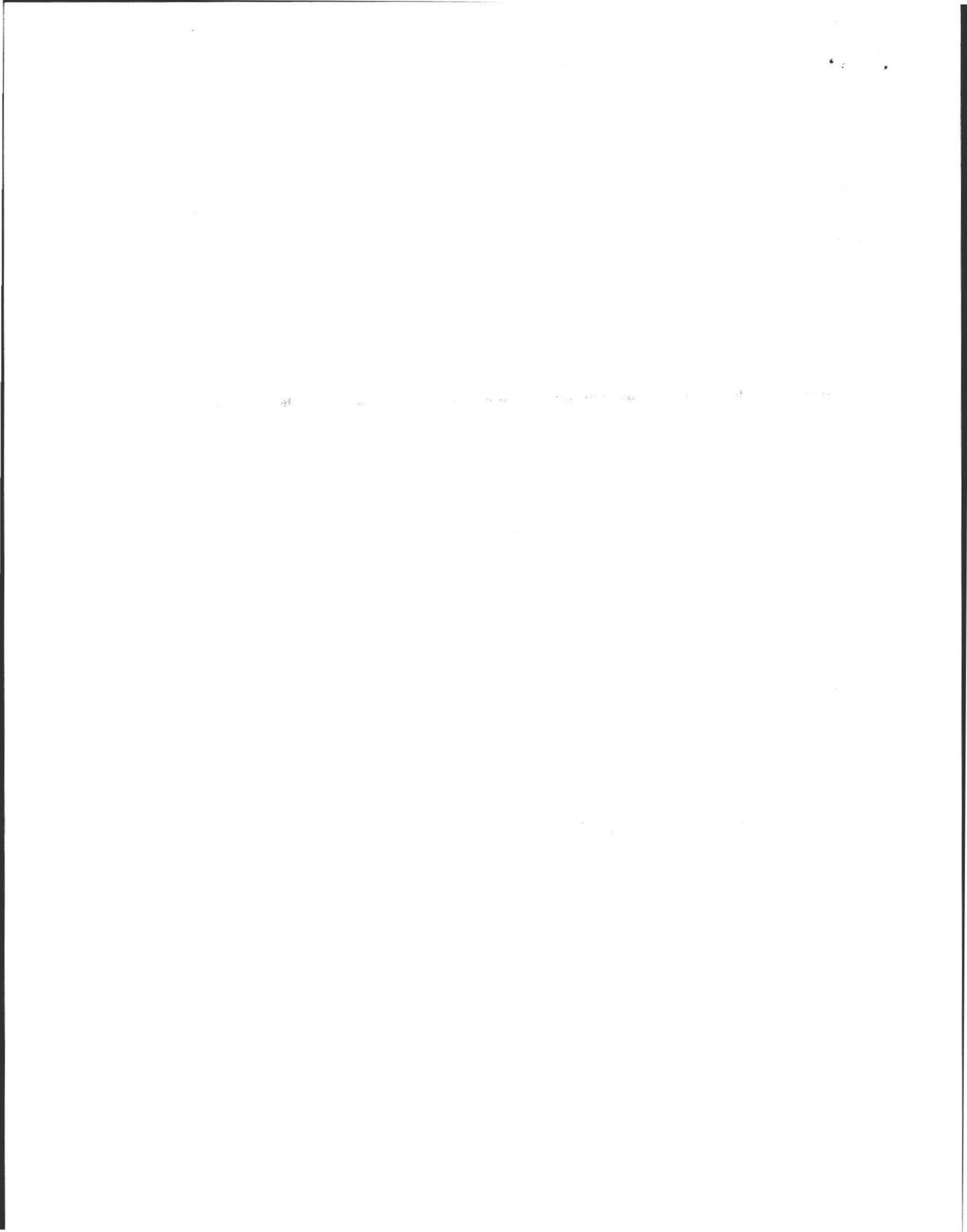
- ____ broken pipe(s) are replaced
- ____ obstruction is removed
- ____ distribution box is leveled or replaced

ND explain:

____ 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:



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
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PART A
CERTIFICATION (continued)

Property Address: 1000 Bay Rd.

Owner: McCormey

Date of Inspection: 9/3/03

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:

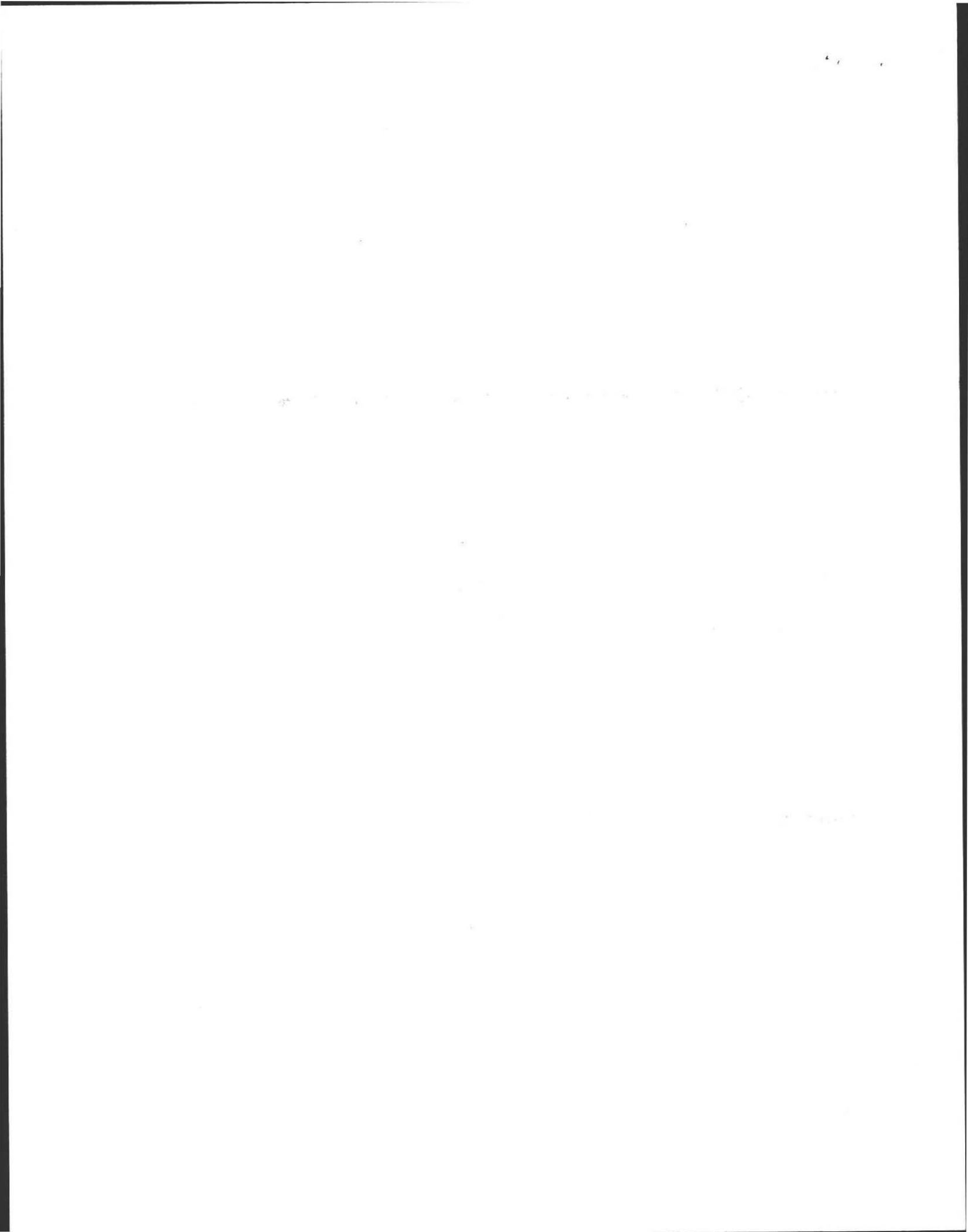
- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. System will fail unless the Board of Health (and Public Water Supplier, if 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 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:



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

Property Address: 1000 Bay Rd.

Owner: McCartney

Date of Inspection: 9/3/03

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"/> | <u>No</u> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <u>No</u> | 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"/> | <u>No</u> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <u>No</u> | Liquid depth in cesspool is less than 6” below invert or available volume is less than ½ day flow |
| <input type="checkbox"/> | <u>No</u> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____. |
| <input type="checkbox"/> | <u>No</u> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <u>No</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>No</u> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <u>No</u> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <u>No</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:

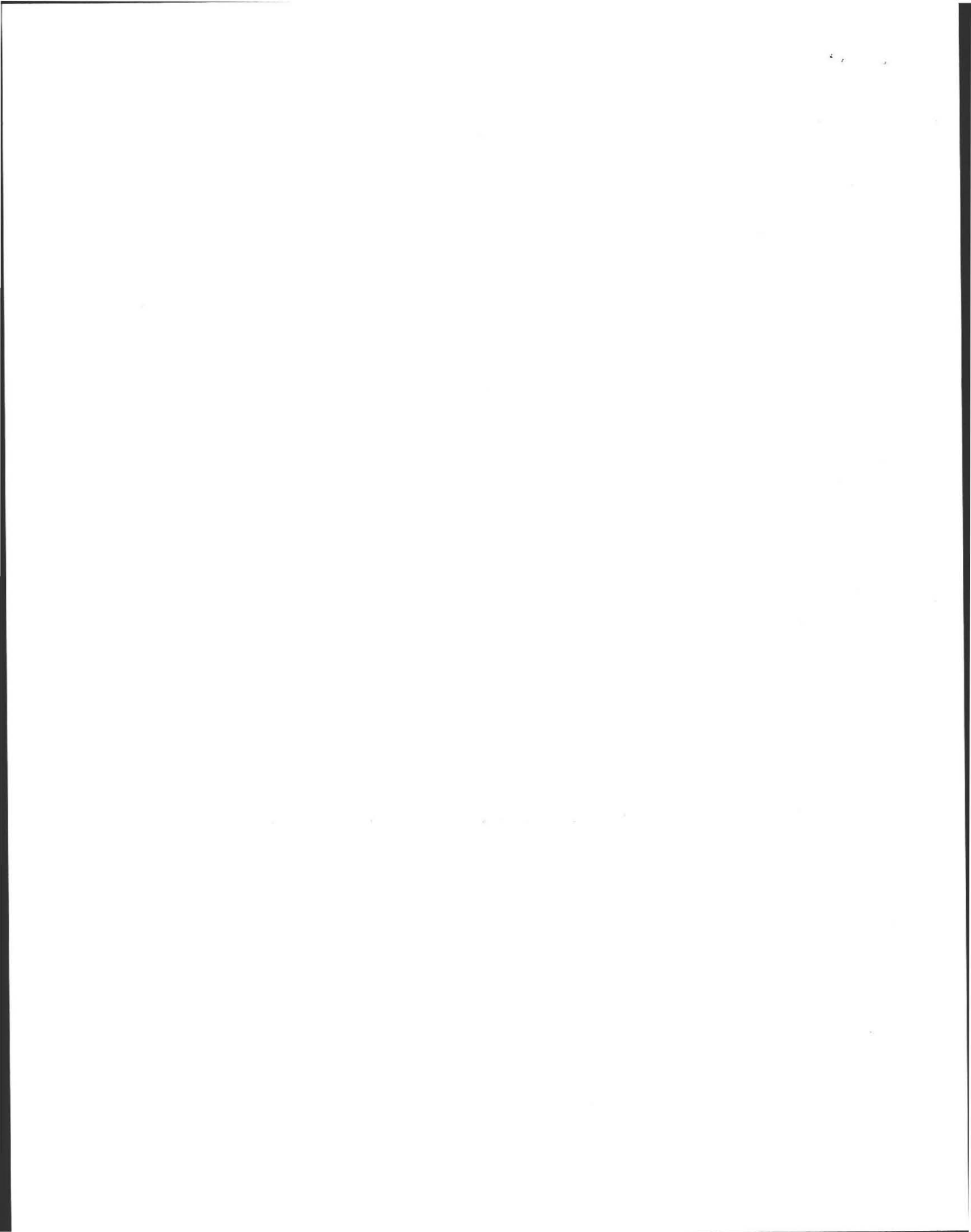
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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 B
CHECKLIST

Property Address: _____

Owner: _____

Date of Inspection: _____

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

Yes No

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

NO Were any of the system components pumped out in the previous two weeks ?

YES Has the system received normal flows in the previous two week period ?

NO Have large volumes of water been introduced to the system recently or as part of this inspection ?

N/A Were as built plans of the system obtained and examined? (If they were not available note as N/A)

YES Was the facility or dwelling inspected for signs of sewage back up ?

YES Was the site inspected for signs of break out ?

YES Were all system components, excluding the SAS, located on site ?

YES 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 ?

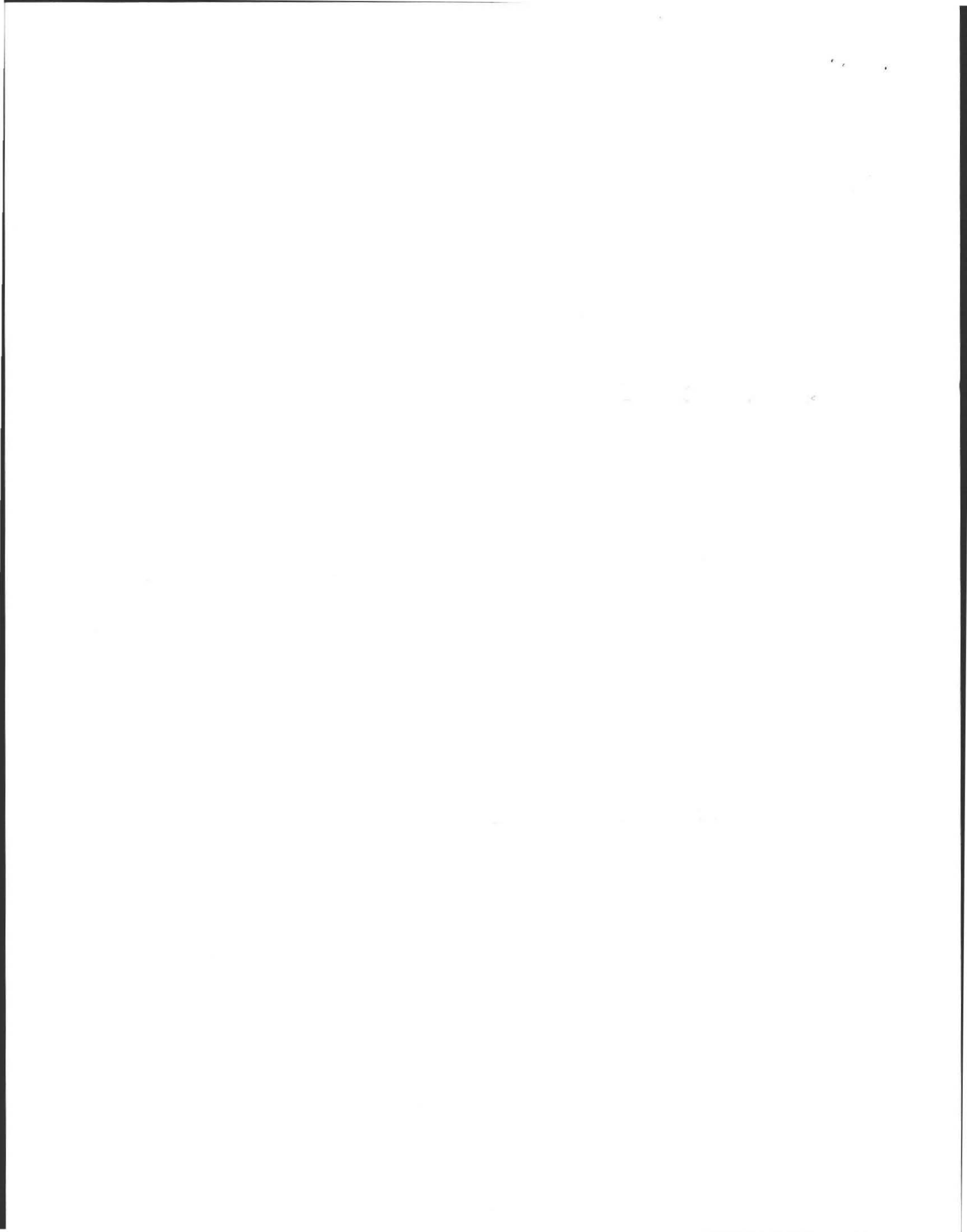
YES Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

Yes no

N/A Existing information. For example, a plan at the Board of Health.

YES 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**

Property Address: 1000 Bay Rd.Owner: M. CortneyDate of Inspection: 9/3/03**FLOW CONDITIONS****RESIDENTIAL**Number of bedrooms (design): 3 Number of bedrooms (actual): _____
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____Number of current residents: 3Does residence have a garbage grinder (yes or no): NoIs laundry on a separate sewage system (yes or no): No [if yes separate inspection required]Laundry system inspected (yes or no): ---Seasonal use: (yes or no): No

Water meter readings, if available (last 2 years usage (gpd)): _____

Sump pump (yes or no): ---

Last date of occupancy: _____

COMMERCIAL/INDUSTRIAL

Type of establishment: _____

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: _____

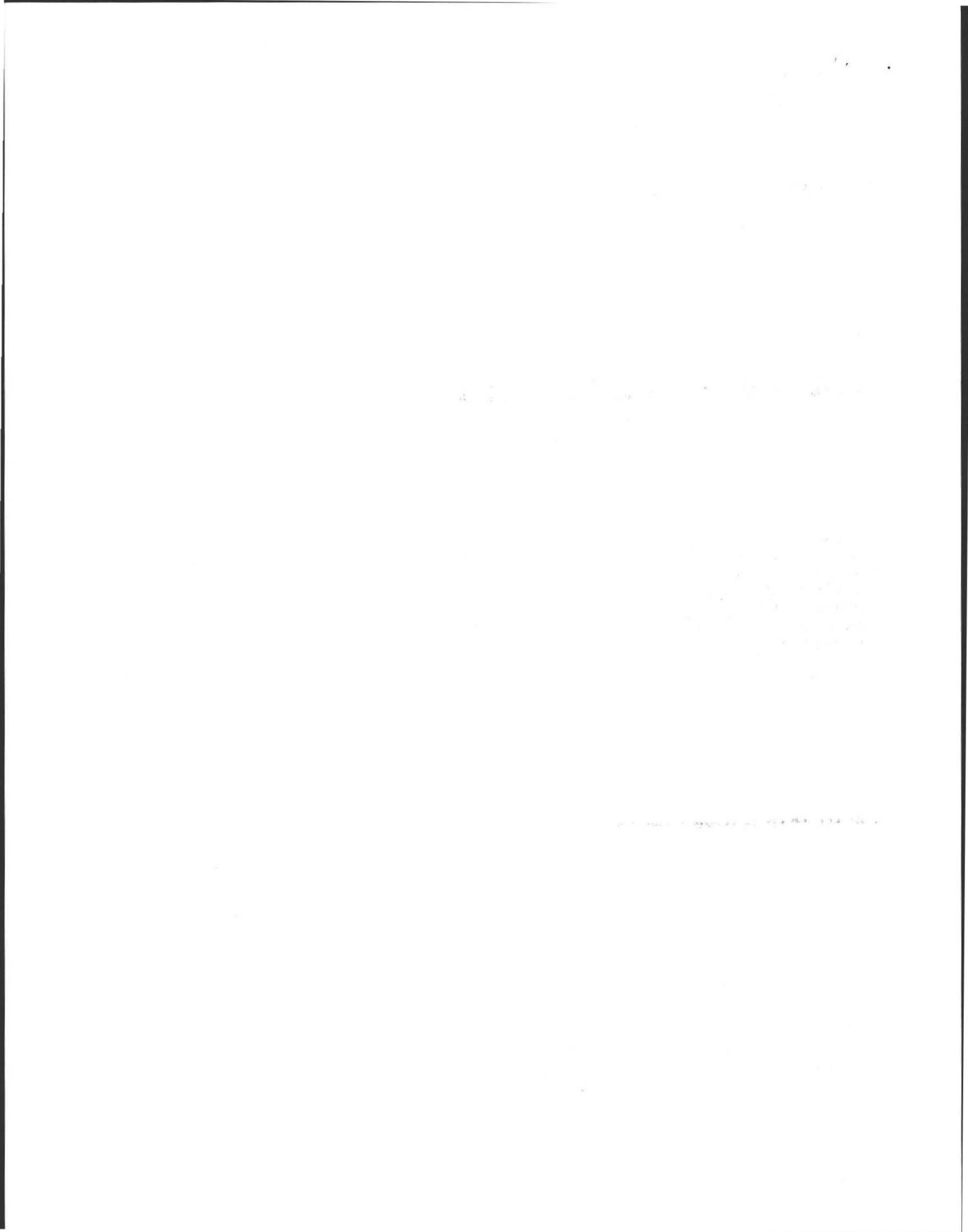
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION**Pumping Records**Source of information: 2 years agoWas system pumped as part of the inspection (yes or no): ---If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? _____Reason for pumping: TIME**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) Tight tank Attach a copy of the DEP approval Other (describe): _____

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

34 yearsWere sewage odors detected when arriving at the site (yes or no): No



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

SYSTEM INFORMATION (continued)

Property Address: 1000 Bay Rd.

Owner: McCartney

Date of Inspection: 9/3/03

BUILDING SEWER (locate on site plan)

Depth below grade: _____

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

Distance from private water supply well or suction line: _____

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

SEPTIC TANK: 45' (locate on site plan) 1000 GAL. (2 CHAMBER.) 750/250

Depth below grade: 12"

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

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

Dimensions: 8' x 4' x 4.5'

Sludge depth: 6"

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

Scum thickness: 6"

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 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.):

TANK IS OLD BUT FUNCTIONAL. , NEEDED NEW OUTLET BAFFLE. KARL'S CEMENTED AT OUTLET AND INSTALLED NEW BAFFLE

GREASE TRAP: N (locate on site plan)

Depth below grade: _____

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

Dimensions: _____

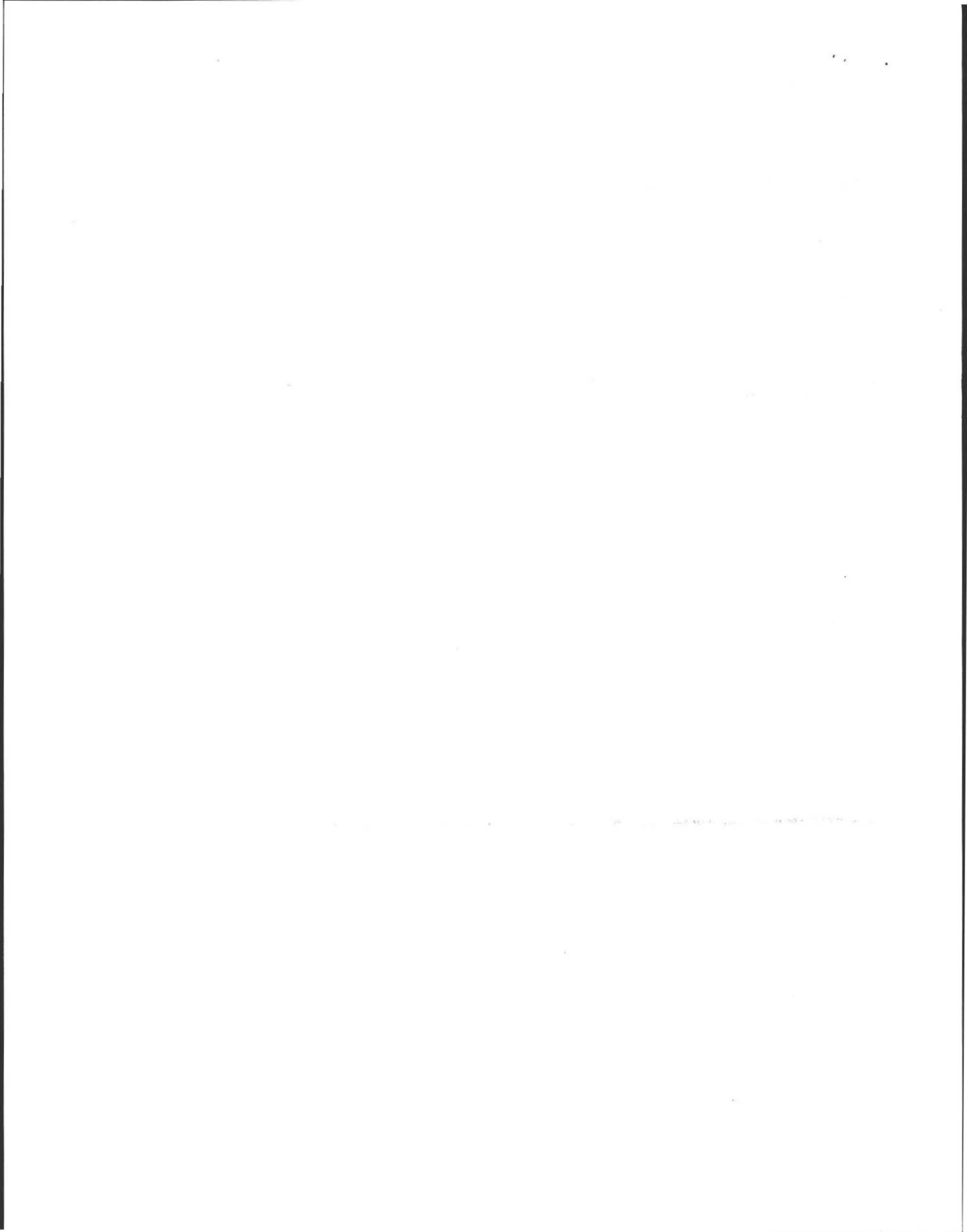
Scum thickness: _____

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 (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: 1000 Bay Rd

Owner: MCCARTNEY

Date of Inspection: 9/3/03

TIGHT or HOLDING TANK: No (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: YES (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: 2 IN.

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.):

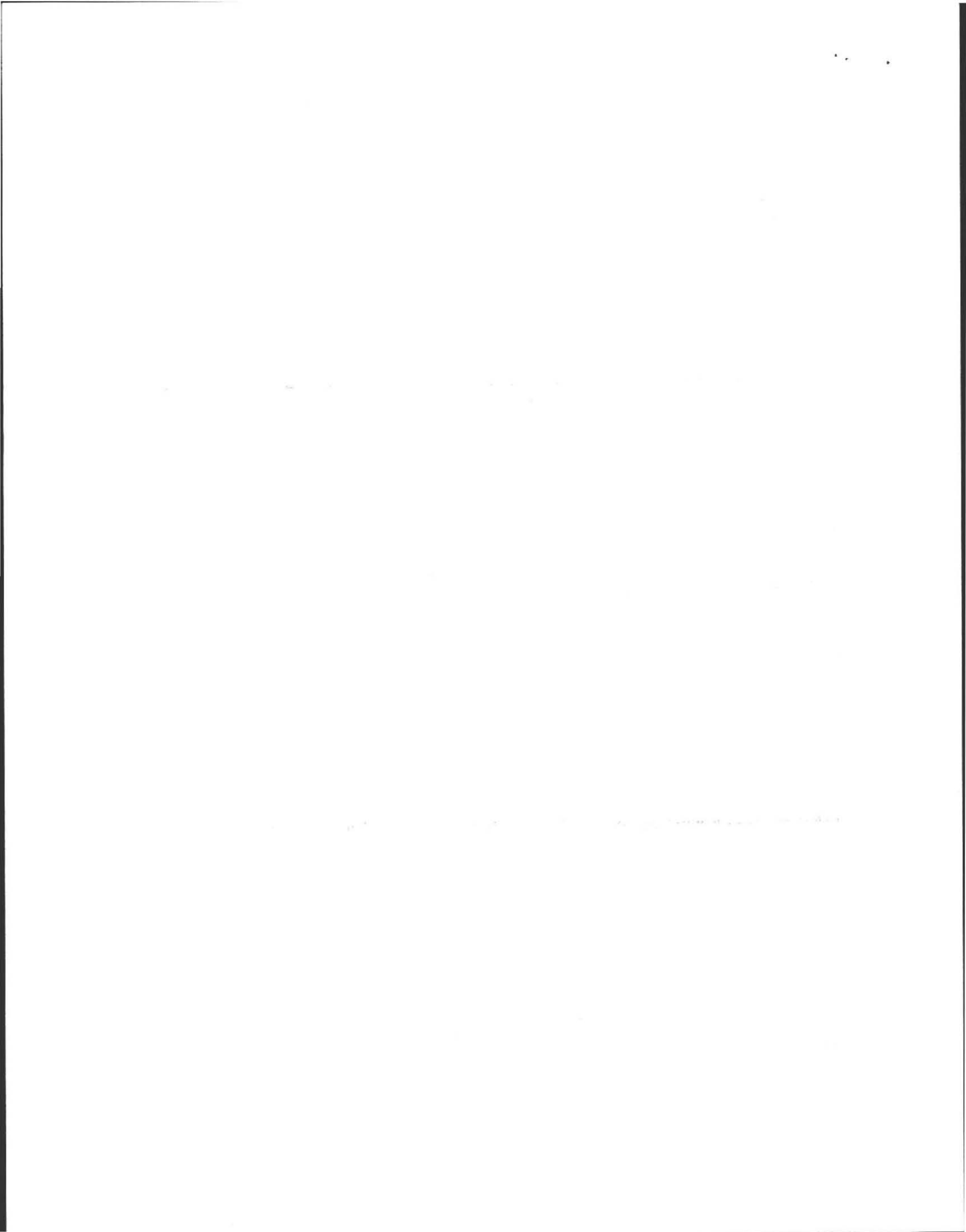
No signs of failure. Vacuumed out. Slight sludge in bottom.

PUMP CHAMBER: No (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: 1000 Bay Rd

Owner: McCartney

Date of Inspection: 9/3/03

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

If SAS not located explain why:

Type

___ leaching pits, number: ___

___ leaching chambers, number: ___

___ leaching galleries, number: ___

___ leaching trenches, number, length: ___

1 ? leaching fields, number, dimensions: 3 lines wide (20' w +/- x 25' l +/-)

___ 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.):

No signs of failure noted.

CESSPOOLS: No (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 or no): _____

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

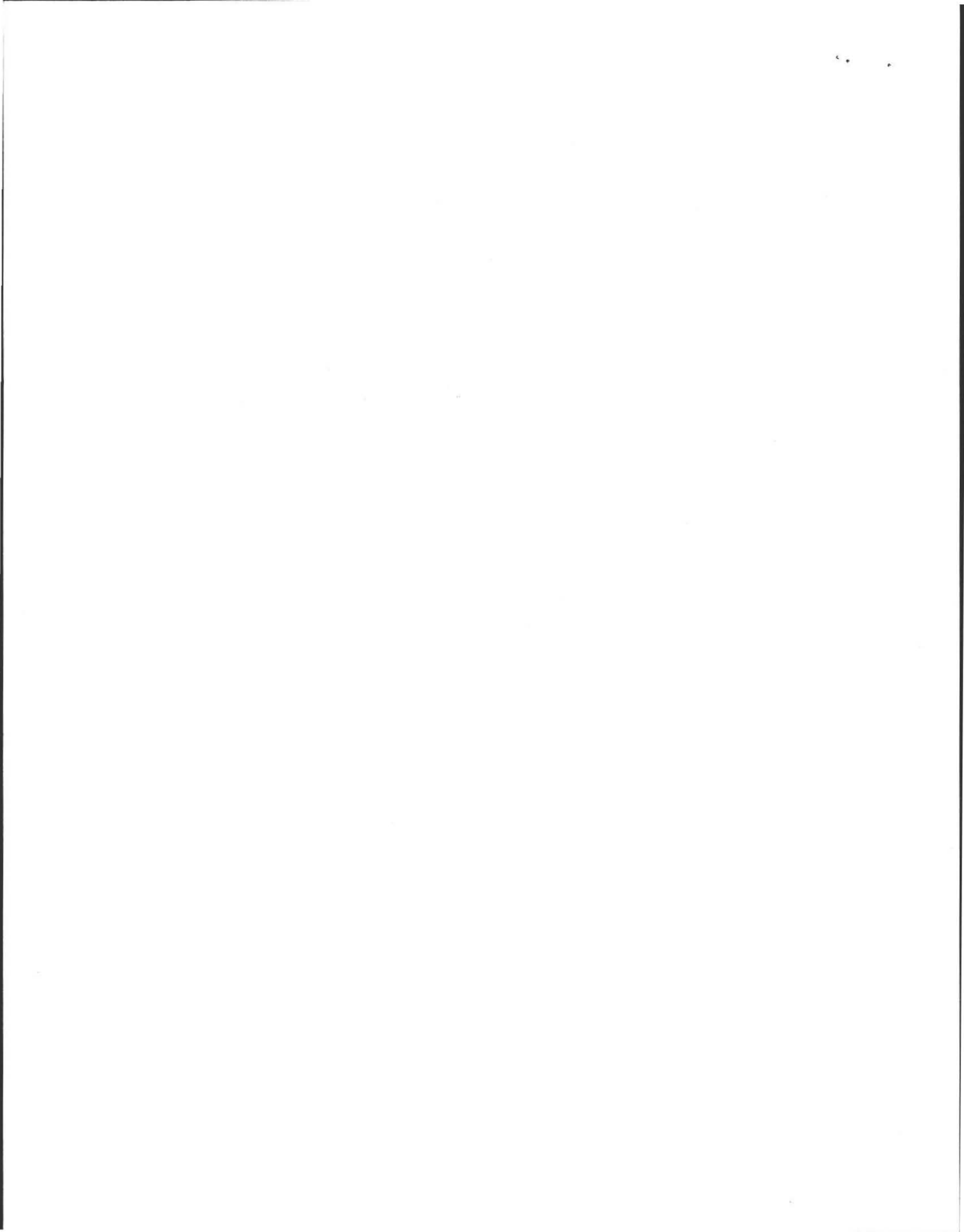
PRIVY: No (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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



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

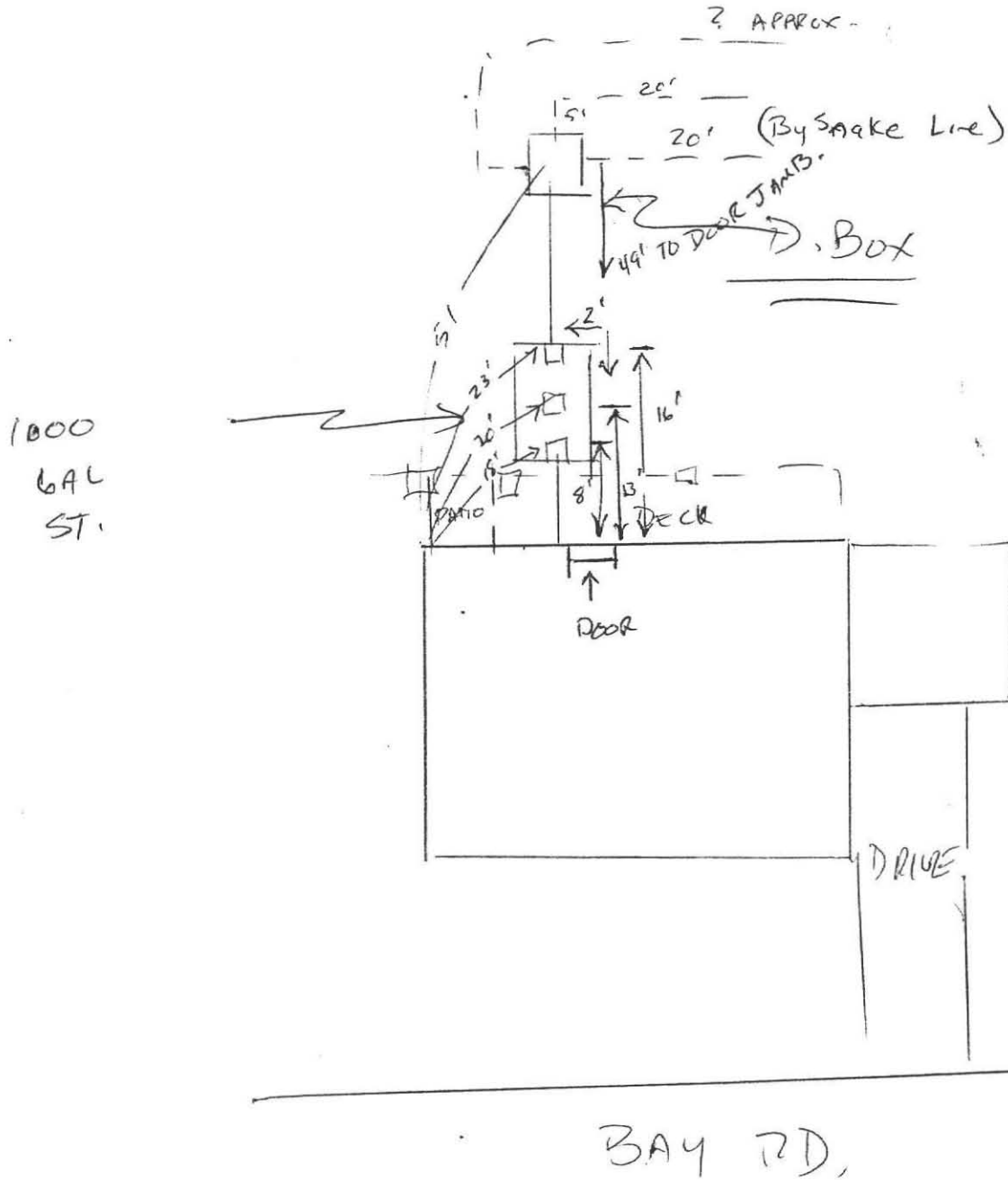
Property Address: 1000 Bay Rd.

Owner: MCCARTNEY.

Date of Inspection: 9/3/03

SKETCH OF SEWAGE DISPOSAL SYSTEM

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.



1. The first part of the document is a list of names.

2. The second part is a list of dates.

3. The third part is a list of places.

4. The fourth part is a list of events.

5. The fifth part is a list of people.

6. The sixth part is a list of organizations.

7. The seventh part is a list of institutions.

8. The eighth part is a list of departments.

9. The ninth part is a list of committees.

10. The tenth part is a list of boards.

11. The eleventh part is a list of councils.

12. The twelfth part is a list of commissions.

13. The thirteenth part is a list of agencies.

14. The fourteenth part is a list of bureaus.

15. The fifteenth part is a list of offices.

16. The sixteenth part is a list of divisions.

17. The seventeenth part is a list of sections.

18. The eighteenth part is a list of units.

19. The nineteenth part is a list of groups.

20. The twentieth part is a list of teams.

21. The twenty-first part is a list of departments.

22. The twenty-second part is a list of offices.

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

Property Address: 1000 Biny Rd.

Owner: McCartney

Date of Inspection: 9/3/03

- SITE EXAM
- Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to ground water 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: _____
- 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:

used topo + veg. + 3' bore on-site

