1016 BAY ROAD

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

Property Address: 1016 Bay Rd Amh.
Owner: Ralph & Virginia Kendall
Date of inspection: 6/5/96

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 a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

___ broken pipe(s) are replaced
___ obstruction is removed
___ distribution box is levelled or replaced

___ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

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

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 PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

___ The system has a septic tank and soil absorption system and 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 is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and 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.

D] SYSTEM FAILS:

___ 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.

___ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

#1016

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Trudy Coxe
Secretary, EOEA
David B. Struhs
Commissioner

NEW OWNERS: Ethan Temeles

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

~~Ralph~~ & Virginnia Kendall

Property Address: 1016 Bay Rd Amh.
Date of Inspection: 6/5/96
Name of Inspector: F. Filios
Company Name, Address and Telephone Number:
Filios Enterprises
69 Pelham Rd., Amherst, MA 01002
413-256-8008

Address of Owner: same
(If different)

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: Frederick A Filios Date: 6/5/96

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 or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection.
The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

INSPECTION SUMMARY:

Check A, B, C, or D

A] 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.

B] SYSTEM CONDITIONALLY PASSES:

___ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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, 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.

(revised 8/15/95)

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

Property Address: 1016 Bay Rd, Amh.
Owner: Kendall
Date of Inspection: 6/5/96

D] SYSTEM FAILS (continued):

___ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

___ Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s).
Number of times pumped ____

___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ Any portion of a cesspool or privy is within a Zone I of a public well.

___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

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

___ The design flow of system is 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.

___ the system is within 400 feet of a surface drinking water supply

___ the system is within 200 feet of a tributary to a surface drinking water supply

___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall 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.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 1016 Bay Rd., Amh.
Owner: Kedall
Date of Inspection: 6/5/96

Check if the following have been done:

2 yrs Pumping information was requested of the owner, occupant, and Board of Health.

✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

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

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

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

✓ The site was inspected for signs of breakout.

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

✓ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

✓ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods

✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

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

Property Address: 1016 Bay Rd., Amh
Owner: Kendall
Date of Inspection: 6/5/96

SEPTIC TANK: ✓ 750 gal.
(locate on site plan)

Depth below grade: 1'
Material of construction: ✓concrete __metal __FRP __other(explain)

Dimensions: 8'x5'x 4'deep
Sludge depth: 3-4"
Distance from top of sludge to bottom of outlet tee or baffle: 28"
Scum thickness: 2-3"
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"

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.)

System is small for present code

GREASE TRAP:__
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __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 _____

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

Property Address: 1016 Bay Rd., Amh.
Owner: Kendall
Date of Inspection: 6/5/96

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 gallons
Number of bedrooms: 3
Number of current residents: 2
Garbage grinder (yes or no): no
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): no
Water meter readings, if available: will supply
Town water

Last date of occupancy: present

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 5 system: (yes or no) ____
Water meter readings, if available: ____

Last date of occupancy: ____

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

GENERAL INFORMATION

PUMPING RECORDS and source of information: Pumped 9-15-94

System pumped as part of inspection: (yes or no) ✓
If yes, volume pumped ____ gallons
Reason for pumping: Inspection

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)
✓ Other (explain) 30 yrs ± renovated

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

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

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

Property Address: 1016 Bay Rd, Amh
Owner: Kendall
Date of Inspection: 6/5/96

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: 30' ea. Two lines (Trenches) From D Box

Type:
- leaching pits, number:
- leaching chambers, number:
- leaching galleries, number:
- leaching trenches, number, length: 2 -
- leaching fields, number, dimensions:
- overflow cesspool, number:

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

CESSPOOLS:
(locate on site plan)

Number and configuration:
Depth-top of liquid to inlet invert:
Depth of solids layer:
Depth of scum layer:
Dimensions of cesspool:
Materials of construction:
Indication of groundwater
inflow (cesspool must be pumped as part of inspection)

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

PRIVY:
(locate on site plan)

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

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

Property Address: 1016 Bay Rd., Amh.
Owner: Kendall
Date of Inspection: 6/5/96

TIGHT OR HOLDING TANK:___
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions:______________
Capacity:__________gallons
Design flow:__________gallons/day
Alarm level:__________

Comments:
(condition of inlet tee, condition of alarm and 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.)
Two outlets

PUMP CHAMBER:___
(locate on site plan)

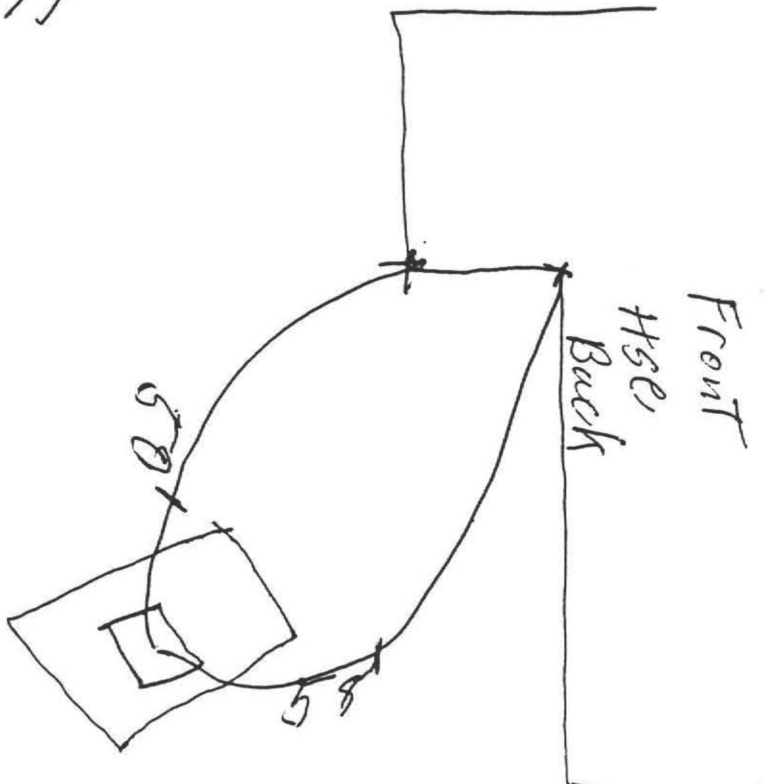
Pumps in working order:(yes or no)_____

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

Ralph Kendell – Karl's
1016 Bay Rd
Amh.

Tel –
549-5396

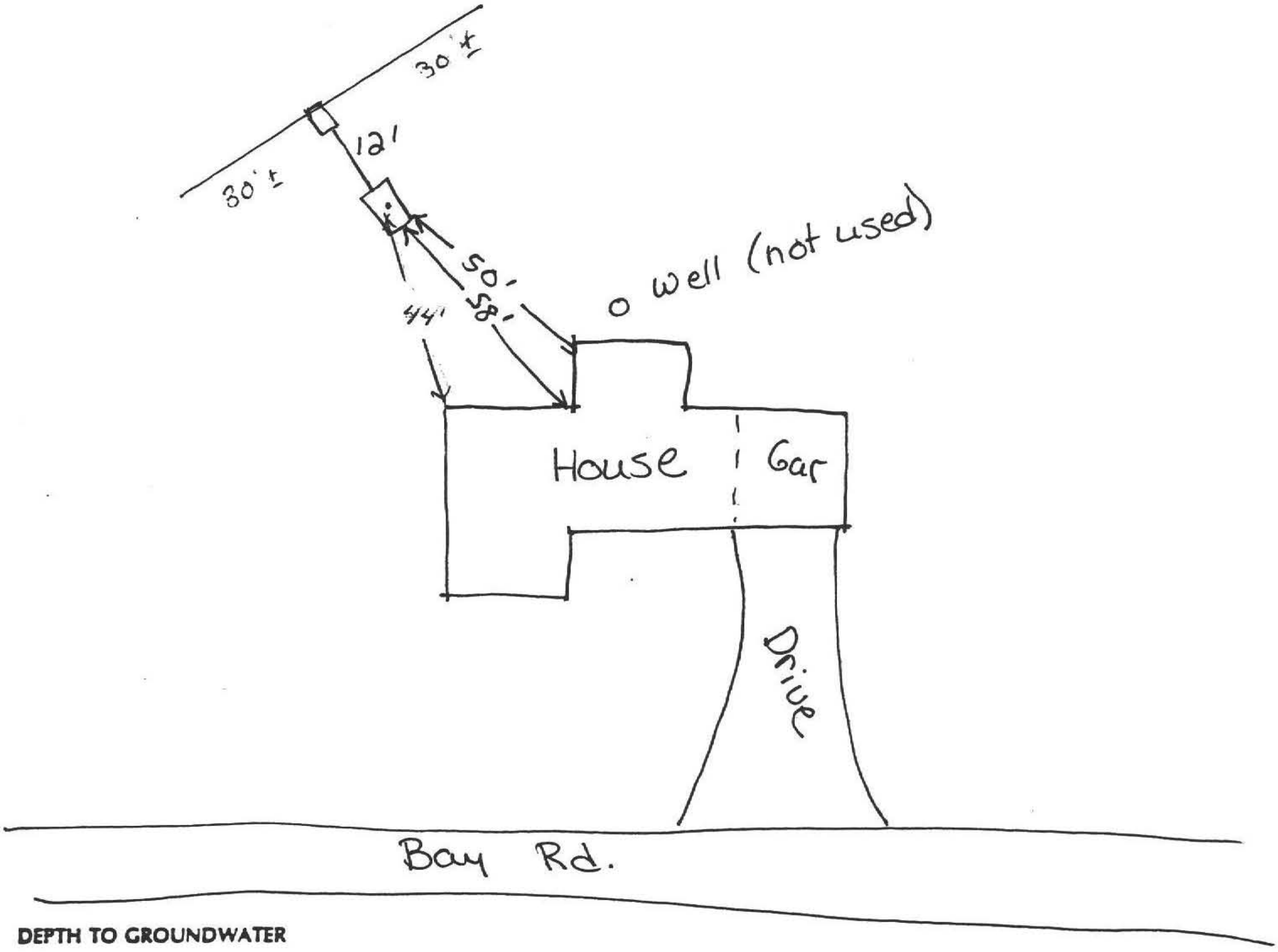
Date Pump
9-15-94



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

Property Address: 1016 Bay Rd. Amh.
Owner: Kendall
Date of Inspection: 6/5/96

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 30'± feet
method of determination or approximation: Existing shallow well

Plan: 09-07 Designed by: Alan Weiss

CHECK LIST FOR SEPTIC PLANS

☑ Application page attached to plan
☑ PE or RS stamp, date, signature
☐ Variances to property line setback distances must have Surveyor Stamp 15220 (3)
☑ Legal boundaries noted
☐ Easements noted N/A
☑ Dwellings and buildings existing or proposed noted
☑ Location of driveway or parking areas, other impervious areas
☐ Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4) N/A
☑ System design calculations
☐ Garbage grinder Y or [✓ N]
☑ Benchmark not disturbed during construction, within 75 feet of facility CMR15.220 (4)(q)
☑ North arrow CMR 15.200 (4) (g)
☑ Contours
☑ Deep hole location and data
☑ Perc hole location and data
☑ Elevations
☑ Names of approving authority and soil evaluator CMR 15.211 p. 49
☐ Location of every water supply, public and private CMR 15.220(k):
  Within 400 feet of system in case of surface water and gravel packed public water supply
  Within 250 feet of system in case of tubular public water supply
  Within 150 feet of private supply wells 100' septic sys. ; 50' tank
☐ **Well statement if applicable**
☑ Location of any surface waters, rivers, vegetated wetlands
☑ Location of water lines and other subsurface utilities
☑ Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
☑ Profile of system
☑ Locus plan to show location of facility, including nearest street
☑ Materials of construction and specs for system
☑ Gas Baffle 15.227.4
☑ Pipe in center line of tank 310 CMR 15.227, 15.06(8)
☑ Double washed stone
☐ Schedule 40 PVC for trafficked areas, house to tank NA
☑ Distances noted from house to tank, etc.
☐ If dosing is proposed, design and specs of dosing system N/A
☐ When alternative technology is required, complete plan and specs, including hydraulic profile N/A
☐ Trenches preferred over beds CMR 15.240 (6) N/A
☐ Buoyancy calculations for tanks or components partly below H20 table 15.221(8) p. 56 N/A
☑ 3 to 1 slope outside of mound, toe ending 5 feet from property line
☑ Local upgrade requests on the plan
☑ Local upgrade forms attached to application
☑ Note on plan listing all variances sought in conjunction with the plan

NOTES: Conservation sign off (approval on 8/26/09 attached.