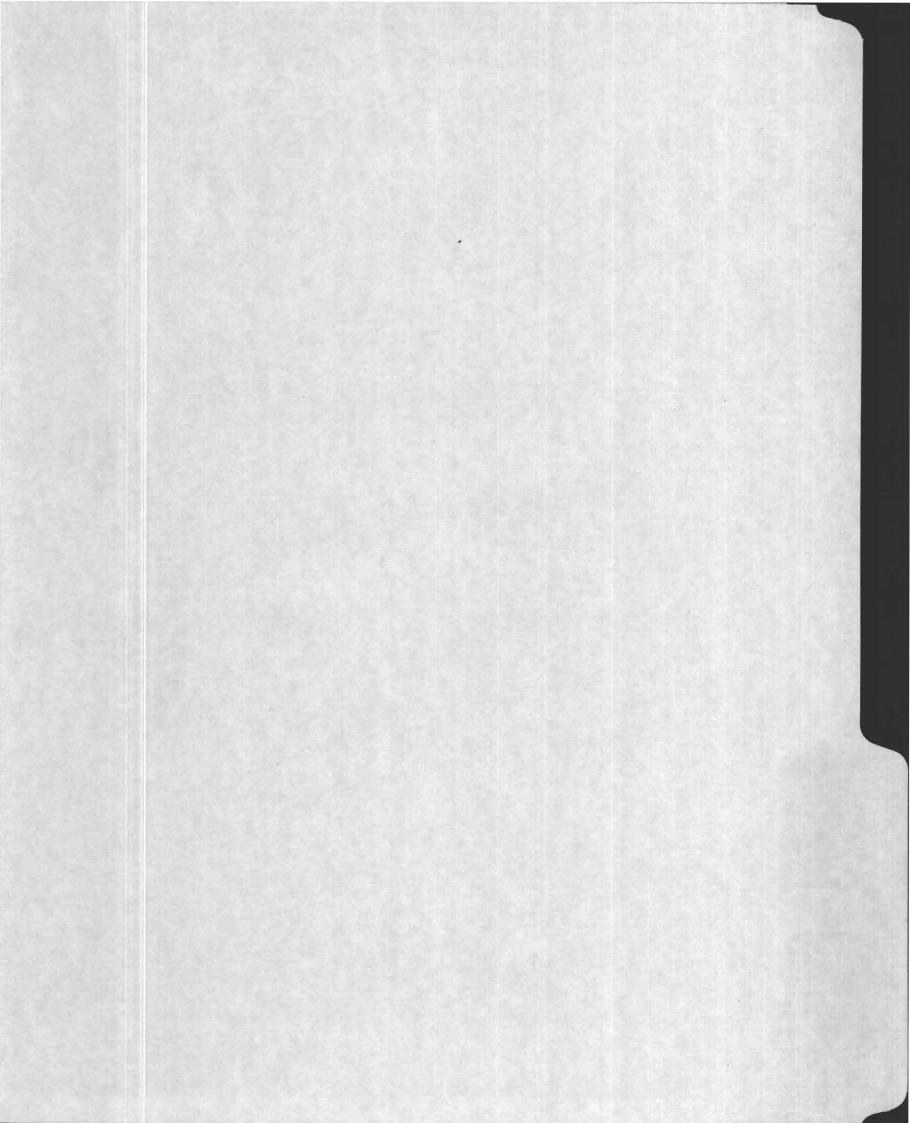
1050 Bay Rd - Par



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTO

PART A

CERTIFICATION (continued)

Property Address: 1050 BAY RD Owner: Meckinght Date of Inspection: 12116/195

8] 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). Describe observations:

\$ 948 6281 Jane

- in netfina Mi

SPELIES:

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

COMMONWEALTH OF MALC, CRUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION ONE WINTER STREET, BOSTON, MA 02108, 011-292-5500

WILLIAM F WELD Governo.

ARGEO PAUL CELLUCCI

TRUDY COXE Secretary

Commissioner

DAVID B. STRUHS

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

Date of Inspection:	1050 BAY ROAD, AMHERST	Address of Owner: (If different)	MS. CAROL MACKANIGHT 127 Sinset-Ave
	Alan E. Weiss, R.S., M.S.		Ambrost ma amon
I am a DEP	approved system inspector pursuant to Section 15	340 of Title 5 (310 CMR	15.000)
Company Name:	Cold Spring Environmental, Inc.		549-5150
Mailing Address:	350 Old Enfield Rd., Belchertown,	MA. 01007	
Telephone Number:	(413) 323-5957		

CERTIFICATION STATEMENT

I certify that i have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and miaintenance of on-site sewage disposal systems. The system:

maintenance of on-site	sewage disposal systems. The system:		TH OF MARKE
) <u> </u>	Passes Conditionally Passes Needs Further Evaluation By the Loca	Approving Authority	ALAN E. WEISS
Inspector's Signature:	- Hi	Date: 12/16/19	CERED SAME

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) and 50 models to the 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.

COMMENTS: OK, NO HYDRAUIC FAILURE

BJ 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.

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Page 1 of 10

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CHECKLIST

Property Address: 1050 BAY POAD Owner: Maching NH Date of Inspection: 12116198

1.

(Control Address: La Stor But-1, 5 - Contest: Mattilicy F Ories of Inspections (critic Ke)

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

30 A		
Yes	NO	
V		Pumping information was provided by the owner, occupant, or Board of Health.
<u> </u>	—	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.
Nhi		As built plans have been obtained and examined. Note if they are not available with N/A.
4		The facility or dwelling was inspected for signs of sewage back-up.
/		The system does not receive non-sanitary or industrial waste flow.
\checkmark		The site was inspected for signs of breakout.
X	_	All system components, excluding the Soil Absorption System, have been located on the site.
بممل		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.
/	Th	e size and location of the Soil Absorption System on the site has been determined based on:
V		The facility owner (and operate if affected in the site has been determined based on:
~	T	The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.
		Existing information. Ex. Plan at B.O.H.
	<u> </u>	Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]

Page 4 of 10

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

Property Address:	1050	BAY	12D
Owner:	Macking	mt	
Date of Inspection	12/16	198	

4

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	
		Backup of sowage into facility or system component due to an overloaded or clogged SAS or cesspool.
	_	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
		Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
		Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
		Required pumping more than 4 times in the last year <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:

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	
		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 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.

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

Property Address: 1050 BAY PD	
Owner: Maddig h t	11 THE GEST CONDUCTION
Date of Inspection: 12/16/98	1 11 月的建立的
	191212 - Construction (1912)
BUILDING SEWER:	
(Locate on site plan)	Sector March March 19
Durit half and ""	in the second se
Depth below grade: <u>19</u> Material of construction: cast iron 40 PVC other (explain)O20NEE8V26	
Material of construction: cast from 40 PVC other (explain)	
Distance from private water supply well or suction line 10'+	
Diameter 4"	
Comments: (condition of joints, venting, evidence of leakage, etc.)	
86.	
	N.****
SEPTIC TANK: <u>Y</u>	
(locate on site plan)	
Depth below grade: 19 1	
Material of construction:	nlain)
Vizienal of construction	plainy
If tank is metal, list age Is age confirmed by Certificate of Compliance (Yes/No	0)
· · · · · · · · · · · · · · · · · · ·	
Dimensions: 8'x4' x6'	
Sludge depth:_/Z"	
Distance from top of sludge to bottom of outlet tee or baffle:	
Scum thickness: 12"	
Distance from top of scum to top of outlet tee or baffle:	
Distance from bottom of scum to bottom of outlet tee or baffle:	
How dimensions were determined:	
Tow differsions were determined. Trestes.	
Comments:	
recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liqui	id level in relation to outlet invert, structural
integrity, evidence of leakage, etc.) or, (rocks in cours, baffles bu	
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· · · · · · · · · · · · · · · · · · ·	
GREASE TRAP:	
locate on site plan	
locate on site plant	
Depth below grade:	
Material of construction:concretemetalFiberglassPolyethyleneother(exp	nlain)
	Jianij
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 liqui	id level in relation to outlet invert structural
integrity, evidence of leakage, etc.)	
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PART C SYSTEM INFORMATION

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Property Address: (050 BAY RD Owner: Muturingh F Date of Inspection: 12/16/98

FLOW CONDITIONS

RESIDENTIAL:

Design flow: <u>440</u> g.p.d./bedroom for S.A.S? Number of bedrooms: <u>4</u> Number of current residents: <u>3</u> Garbage grieder (yes or no): <u>y</u> \neq . Not Recommended Laundry connected to system (yes or no): <u>y</u> Seasonal use (yes or no): <u>N</u> Water meter readings, if available (last two (2) year usage (gpd): <u>N</u>[A] Sump Pump (yes or no): <u>N</u>

Last date of occupancy Corrent

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 o cupancy

OTHER: (Describe

Last date of occupancy

GENERAL INFORMATION

PUMPING RECORDS and source of information:		÷.
System pumped as part of inspection: (yes or no) y	and an other statements and	
If yes, volume pumped: 1000 gallons		5×
Reason for pumping transit/ tion		
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 Technoiogy etc. Copy of up to date contract?		
Other		

APPROXIMATE AGE of all components, date installed (if known) and source of information: <u>\$30 915</u>

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

(revised 04/25/97)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTACION FOR THE PART C

SYSTEM INFORMATION (continued)

Driver: A Resolver N is Date of Inspection: 12 (16(5)) Oll ABSORPTION SYSTEM (SAS): \checkmark I not determined to be present, explain: ype: leaching pits, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching pits, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching galleries, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching galleries, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching galleries, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching galleries, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (built (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (b'1)- (b'BY - 7' DEEP, leaching fields, number: ()) Block (b'1)-		inco,
C	Property Address: 1050 BAY RD	The second second
C	Dwner. Merklich F	One of the rection in the second to show
OIL ABSORPTION SYSTEM (SAS): \checkmark coate on Site plan. If possible, excavation not required, but may be approximated by non-intrusive, method/site plan. If possible, excavation not required, but may be approximated by non-intrusive, method/site plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan is plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan is plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan is plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan is plan if possible, excavation not required, but may be approximated by non-intrusive, method/site plan is plan if possible, excavation is plan is plan is plan if possible, excavation is plan is plan is plan if possible, excavation is plan is plan is plan is plan if possible, excavation is possible plan is plan is plan is plan if possible, excavation of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)	Date of Inspection: 12/16/55	\$J. 91121
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Address: 1050 Bay RD Owner: MacNagn 1 Date of Inspection: 12/16/48

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TIGHT OR HOLDING TANK: // Tank must be pumped prior to, or at time of inspection) (locate on site plan)

Depth below grade:					
Material of construction:	concrete	metal	Fiberglass	Polyethylene	other(explain)

Dimensions: ______ gallons Capacity: ______ gallons Design flow. ______ gallons/dav Alarm level ______ Alarm in working order _____ Yes; ____ No Date of previous pumping: ______ Comments: (condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: M (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.)

PUMP CHAMBER: <u>//</u> (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.) ______

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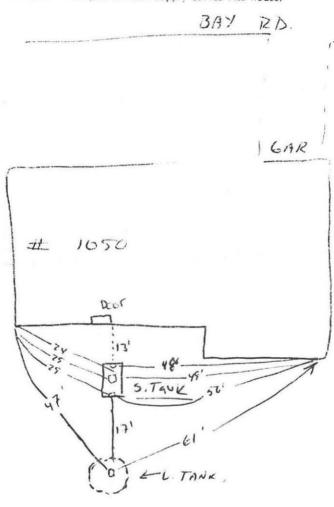
SUBSURFACE SEWACE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Address: 1050 BAY 2D Owner: Massacht Date of Inspection: 12/16/98

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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)



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PART C SYSTEM INFORMATION (continued)

Property Address: 2010 (Barriells) Owner: Address: 2010 (Barriels) Date of Inspection: 12.10(19)

Depth to Groundwater 3 Feet + 1991 perc on adjount lot (150').
Please indicate all the methods used to determine High Groundwater Elevation:
Obtained from Design Plans on record
Observation of Site (Abutting property, observation hole, basement sump etc.)
Determine it trom 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)

- Local veg. + topo. , Adjacent lot por. + pump dow of L. touk.

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