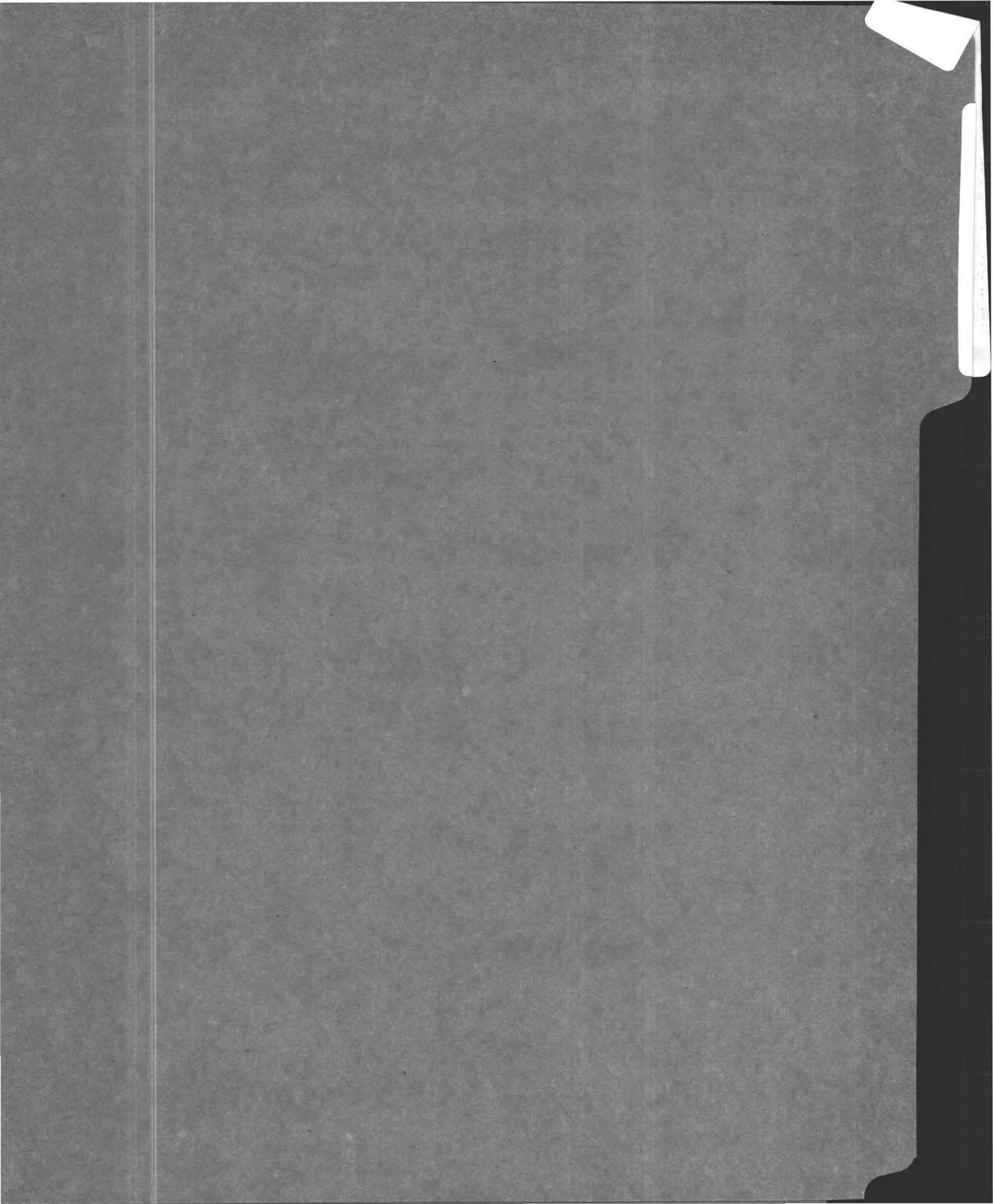


1136 Bay Rd



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

Part A
Certification (continued)

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

INSPECTION SUMMARY: CHECK A, B, C, D or E / ALWAYS complete all of Section D

A] SYSTEM PASSES:

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

COMMENTS: _____

B] SYSTEM CONDITIONALLY PASSES:

- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer YES, NO, or Not Determined (Y,N, or 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 breakout or high static water level 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 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:

#1136

RECEIVED
4/29/05

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

TITLE 5 INSPECTION FORM
OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification

Property Address: 1136 Bay Road, Amherst, Mass. Name of Owner: Thomas R. Kearns

Date of Inspection: April 29, 2005 Address of Owner:
Name of Inspector: Philip J. Pasiecznik
Company Name: Greg's Wastewater Removal
239A Greenfield Road
S. Deerfield, MA 01373
Company Phone: (413) 665 - 3989

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:

Philip J. Pasiecznik

DATE:

4/29/05

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) 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 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: No failure criteria as described on page four of this inspection form was found at the time of inspection of this system. Dwelling has had one occupant since last inspected in 2002.

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

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

Part A
Certification (continued)

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

DJ SYSTEM FAILURE CRITERIA applicable to all systems:

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

- | YES | NO | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the Soil Absorption System, cesspool, or privy is below the high groundwater elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [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.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exists as defined 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. |

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

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

Part A
Certification (continued)

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

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, 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 THE 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 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 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 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 C
SYSTEM INFORMATION

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

FLOW CONDITIONS

Residential:

Number of bedrooms (design): N/A Number of bedrooms (actual) 3 - 4
DESIGN Flow: 330 G.P.D. (based on 310 CMR 15.203 - for example: 110 gpd x # of bedrooms)
Number of current residents: 1
Is Garbage Grinder present (yes or no) No
Is laundry on a separate sewage system (yes or no) No if **yes** separate inspection required
Laundry system inspected (yes or no) _____
Seasonal Use (yes or no) No
Water Meter readings - if available
(last two (2) year usage (gpd)) Did Not Obtain
Sump Pump (yes or no) No
Last Date of Occupancy: Currently Occupied

Commercial/Industrial:

Type of establishment: _____
Design flow: (Based on 310 CMR 15.203) _____ gallons per day
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) _____
Last Date of Occupancy/Use: _____
OTHER (describe): _____

GENERAL INFORMATION

PUMPING RECORDS

Source of information: System last pumped April 8, 2002 for Title Five Inspection per owner.
Was system pumped as part of the inspection: Yes
(yes or no)
If YES -enter volume pumped 1000 gallons
Reason for pumping: Tank Inspection
How was the quantity pumped determined? Tank Dimensions

TYPE OF SYSTEM:

Septic Tank / D Box / Soil Absorption System Single Cesspool
 Overflow Cesspool Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any) No
Innovative/Alternative technology. Attach a copy of up the current operation and maintenance contract (to be obtained from system owner) _____
Tight Tank _____ Attach a copy of DEP Approval _____

OTHER (describe):

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

Tank 35 Years Old + or -, SAS 15 - 20 Years Old / House Age and Estimated
Were sewage odors detected when arriving at site: (yes or no) No

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

Part B
CHECKLIST

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

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 requested of the owner, occupant, or Board of Health. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the Soil Absorption System, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? |

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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302 (3)(b)] |

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

Part C

SYSTEM INFORMATION (continued)

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

TIGHT or HOLDING TANK: _____ (Tank must be pumped at time of inspection) (locate on site plan)

Depth below grade: _____

Material of Construction: Concrete Metal Fiberglass Polyethylene _____ Other (explain)

Dimensions:

Capacity in gallons

Design flow in gallons per day

Alarm present (Yes or No)

Alarm level Alarm in working order Yes No

Date of last pumping

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

DISTRIBUTION Yes No (If present, MUST be opened - locate on site plan)
BOX

Depth of liquid level above outlet invert: Not Above

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.) Box was level and distribution was equal to both outlet pipes with the use of a flow leveler. Very little solids carryover was in the box when opened for inspection. No leakage was evident into or out of the box at this time. Cover to the box was 12" below grade.

PUMP CHAMBER: (located 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 A
Certification (continued)

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

BUILDING SEWER (Locate on site plan):

Depth below grade: 36" Approx.

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

Distance from private water supply well or suction line Town Water

Diameter 4"

Comments: (condition of joints, venting, evidence of leakage, etc.) Building sewer exits dwelling under the basement floor. Everything visible looked good. Venting was visible outside the the dwelling. No leakage was evident.

SEPTIC TANK (locate on site plan):

Depth below grade: 24"

Material of Construction: Concrete Metal Fiberglass Polyethylene _____ Other (explain)

If tank is metal, list age _____ Is age confirmed by Certificate of Compliance _____
(Yes/No) (If "Y", attach copy of Certificate of Compliance)

8' Lx4'8"Wx6' D

Dimensions:

6"

Sludge Depth

27"

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

4"

Scum thickness

7"

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

16"

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

Measured

How dimensions were determined:

Comments: (On pumping recommendations, inlet & outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.) The septic tank should be pumped every two years. Removable inlet baffle was in place and extends 12" below the flow line. PVC Outlet tee was in place and extends 20" below the flow line. Structural integrity of the septic tank was good. The liquid level was at the outlet invert. No leakage was evident at this time. Concrete risers were on the center cleanout 6" below grade. .

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 / baffle

Distance from bottom of scum to bottom of outlet tee / 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

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

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.

****** { SEE EXHIBIT A } ******

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

Part C
SYSTEM INFORMATION (continued)

Property Address: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

SOIL ABSORPTION SYSTEM

(SAS):

(locate on site plan, if possible; excavation not required.)

If SAS is not located explain why: _____.

TYPE:

Leaching pits & number _____
Leaching chambers & number 2 - 750 Gallon Leach Tanks
Leaching galleries & number _____
Leaching trenches, number, length _____
Leaching fields, number, dimensions _____
Overflow cesspool, number _____
Innovative/Alternative system: _____
Name of Technology: _____

Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.) The soil was sandy gravel with no clogging evident at this time. No signs of hydraulic failure or ponding to the surface. The soil wasn't damp over the area of the leach tanks. Vegetation was mowed grass and seemed normal in growth throughout the area of the leach tanks. Liquid level in the leach tanks was well below the invert in at the time of inspection. .

CESSPOOLS (Cesspool must be pumped as part of inspection - locate on site plan)

Number & configuration _____
Depth - top of liquid to inlet invert _____
Depth of solids layer _____
Depth of scum layer _____
Dimensions of cesspool _____
Materials of construction _____
Indication of groundwater inflow (Yes or No) _____

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

PRIVY (locate on site plan)

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: 1136 Bay Road, Amherst, Mass.
Owner: Thomas R. Kearns
Date of Inspection: April 29, 2005

SITE EXAM Slope
 Surface water
 Check cellar
 Shallow wells

Estimated Depth to Groundwater > 4 Feet

Please indicate (check) all the methods used to determine High Groundwater 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:**
No sump pump in the basement of the dwelling. No surface water nearby to the system. No groundwater seen coming from sloped areas around the property. No infiltration of groundwater into the septic tank after pumping.

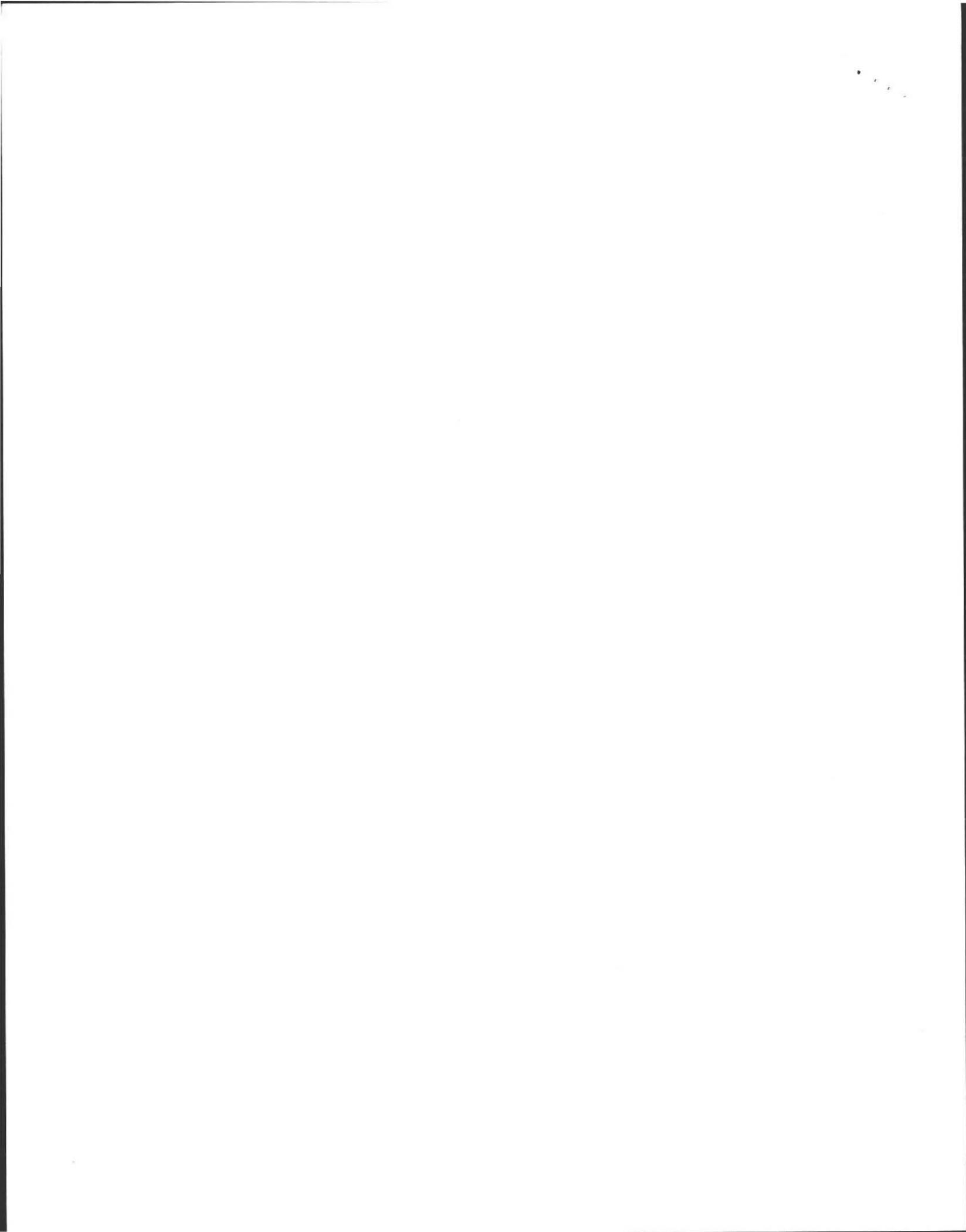


EXHIBIT "A"

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

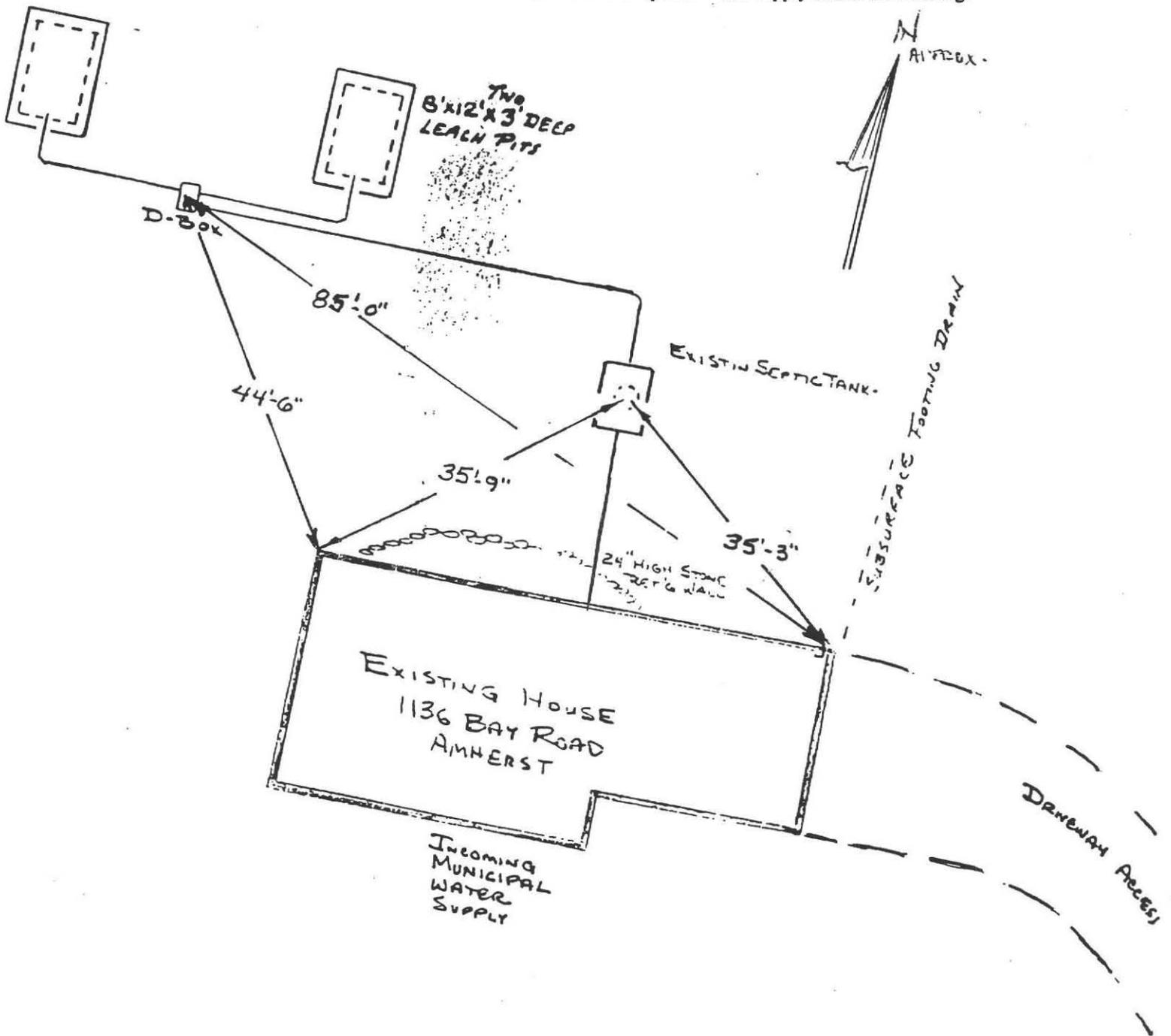
PART C SYSTEM INFORMATION (continued)

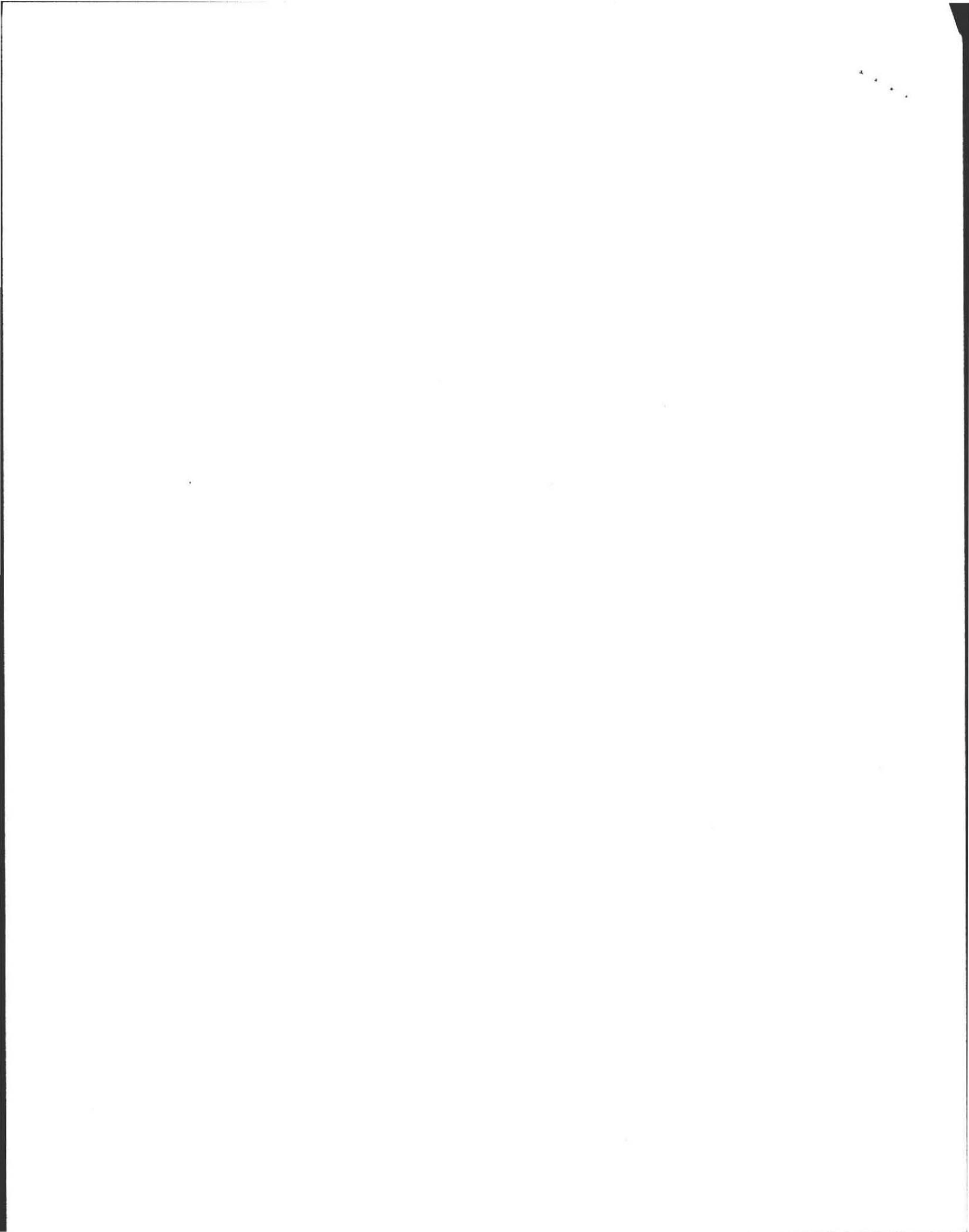
Property Address: 1136 BAY ROAD
AMHERST

Owner: THOMAS KEARNS
Date of Inspection: 4/29/05

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.





31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

April 8, 2002

Dave Zarozinski
Health Department
70 Boltwood Walk
Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 1136 Bay Road
(Property of Deborah Kenny)

Dear Dave:

On March 7, 2002 I completed an inspection of the septic system at the subject property in accordance with 310 CMR 15.000 (Title 5) requirements. A copy of the report are enclosed for your use.

This system is certified as, "Passed" by the criteria in the regulation. Additional comments are included in the report.

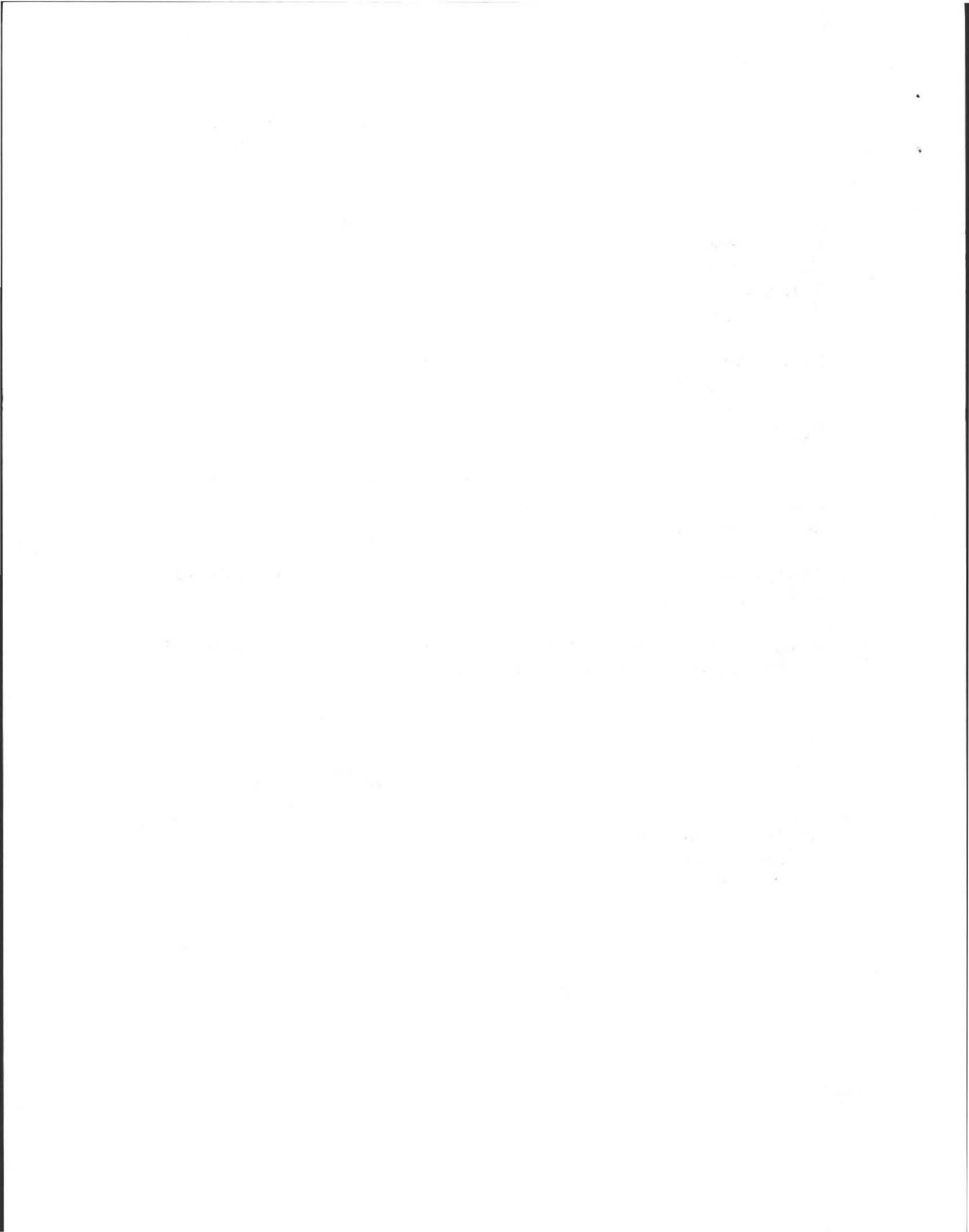
If you have questions on any aspect of the inspection or the report please contact me at the address above or by phone evenings.

Sincerely,



Richard Scott, P.E.

cc: Deborah Kenny, Owner
Steve Feldman, Realtor
Buyer c/o Steve Feldman



31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

April 8, 2002

Dave Zarozinski
Health Department
70 Boltwood Walk
Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 1136 Bay Road
(Property of Deborah Kenny)

Dear Dave:

On March 7, 2002 I completed an inspection of the septic system at the subject property in accordance with 310 CMR 15.000 (Title 5) requirements. A copy of the report are enclosed for your use.

This system is certified as, "Passed" by the criteria in the regulation. Additional comments are included in the report.

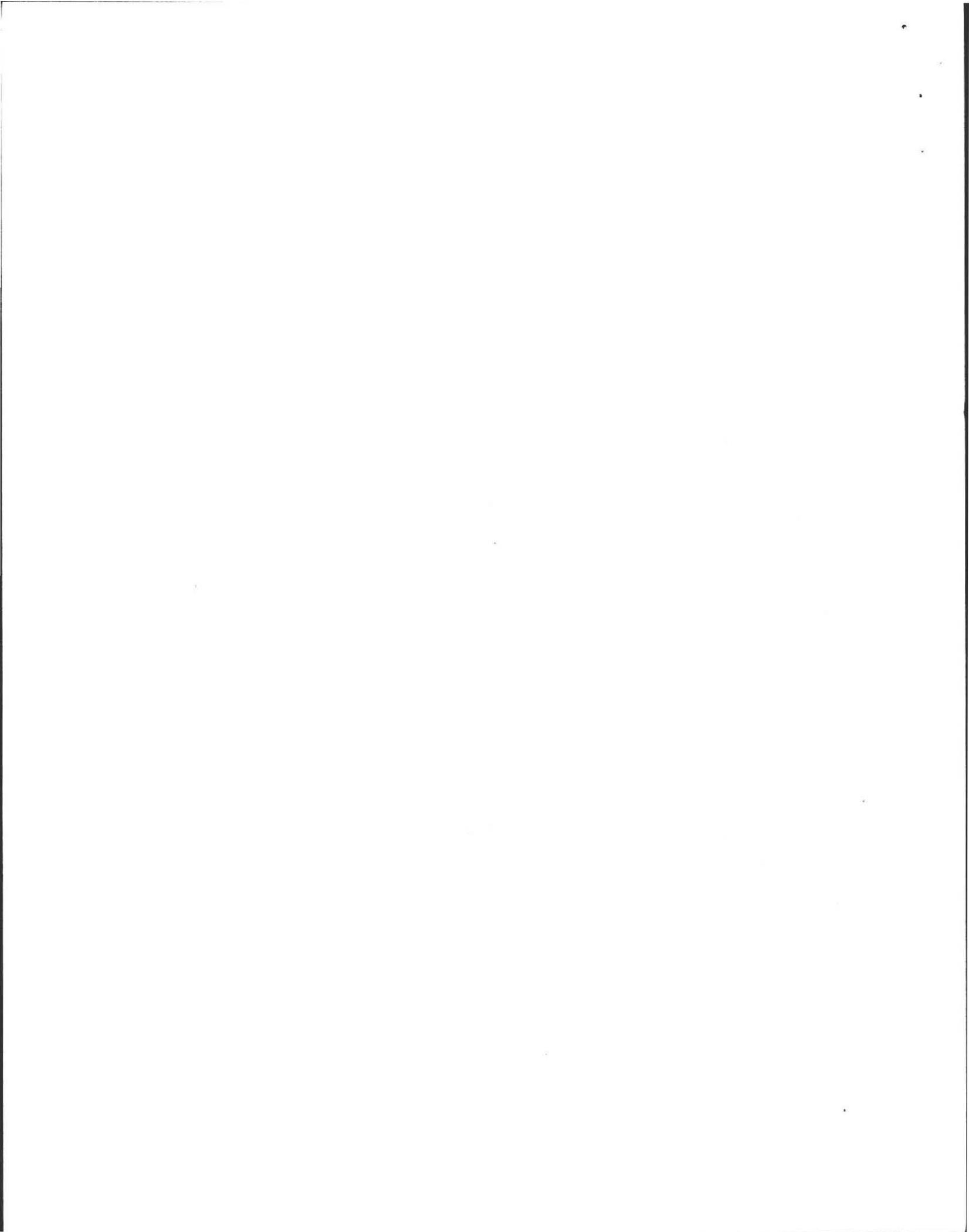
If you have questions on any aspect of the inspection or the report please contact me at the address above or by phone evenings.

Sincerely,



Richard Scott, P.E.

cc: Deborah Kenny, Owner
Steve Feldman, Realtor
Buyer c/o Steve Feldman





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

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

Property Address: 1136 BAY ROAD
AMHERST

Owner's Name: DEBORAH KENNY

Owner's Address: 1136 BAY ROAD
AMHERST, MA 01002

Date of Inspection: MARCH 7, 2002

Name of Inspector: (please print) RICHARD SCOTT

Company Name: RICHARD SCOTT, P.E.

Mailing Address: 31 SUTTONSBURY ROAD
PELHAM, MA 01002

Telephone Number: 413-256-0647

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

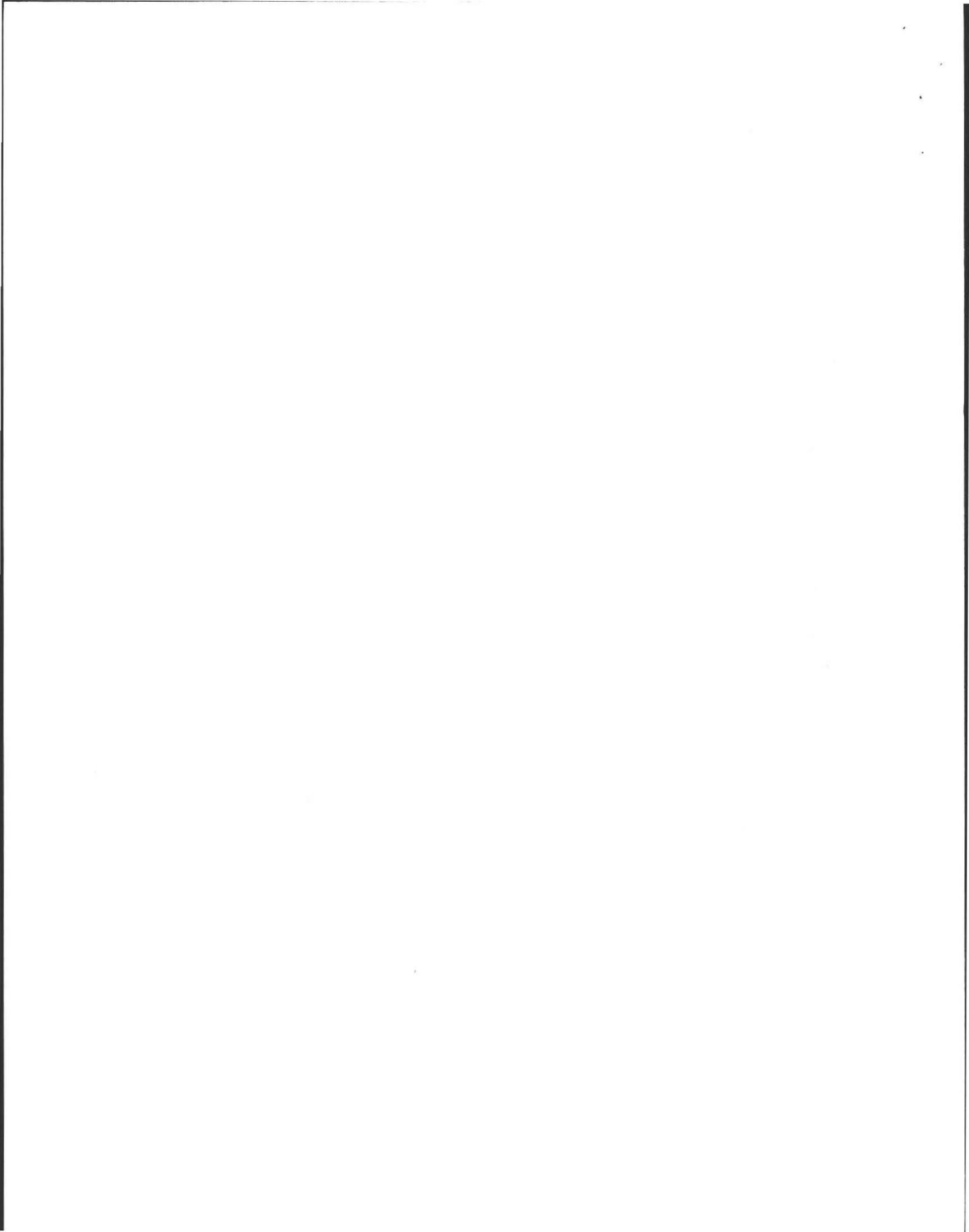
Inspector's Signature: Richard Scott

Date: 3-7-02

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

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



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

Property Address: 1136 BAY ROAD
AMHERST
Owner: DEBORAH KENNY
Date of Inspection: 3-7-02

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

A. System Passes:

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

Comments:

B. System Conditionally Passes:

_____ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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):

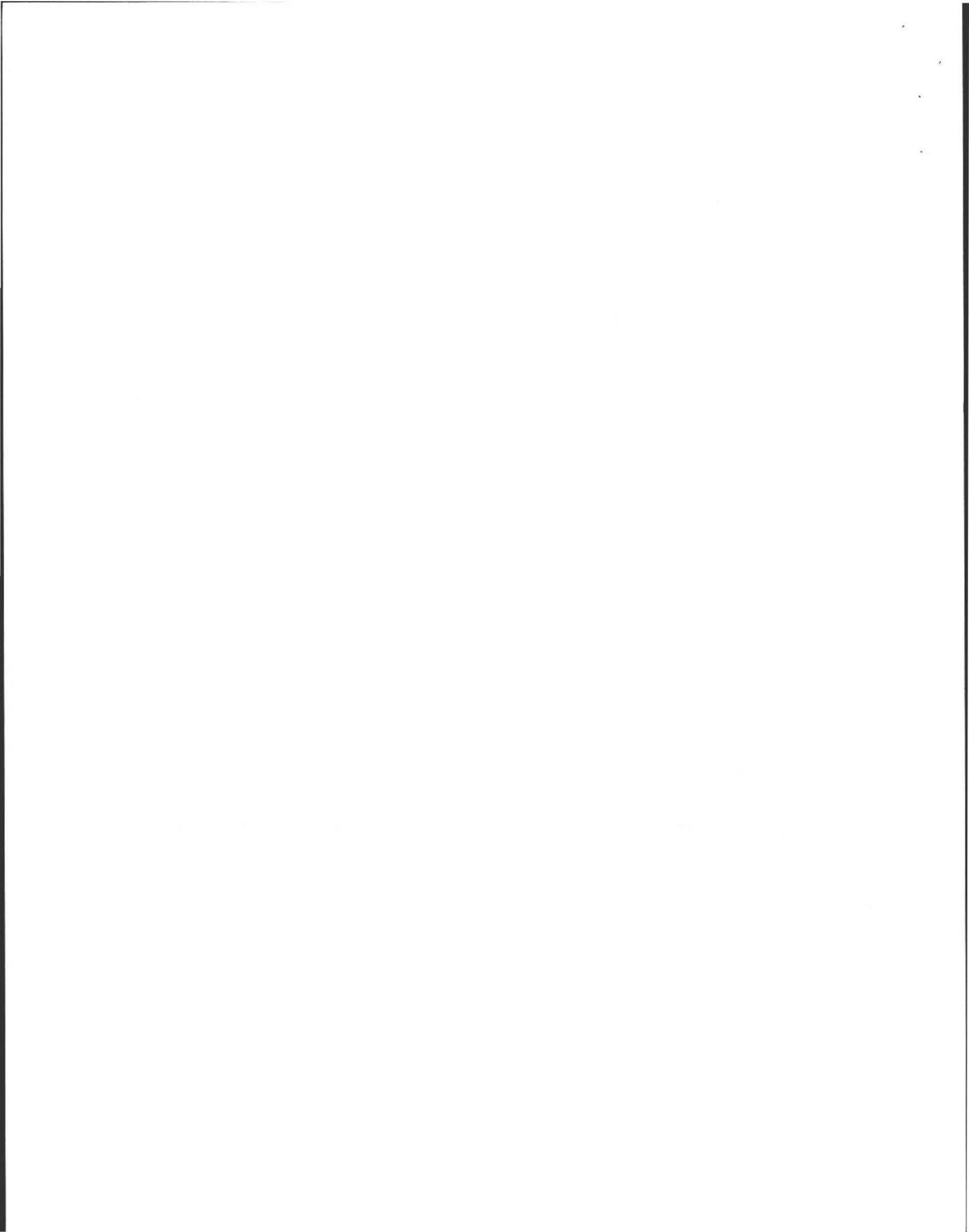
- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

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

Property Address: 1136 BAY ROAD
AMHERST

Owner: DEBORAH KELLY

Date of Inspection: 3-7-02

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

 Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

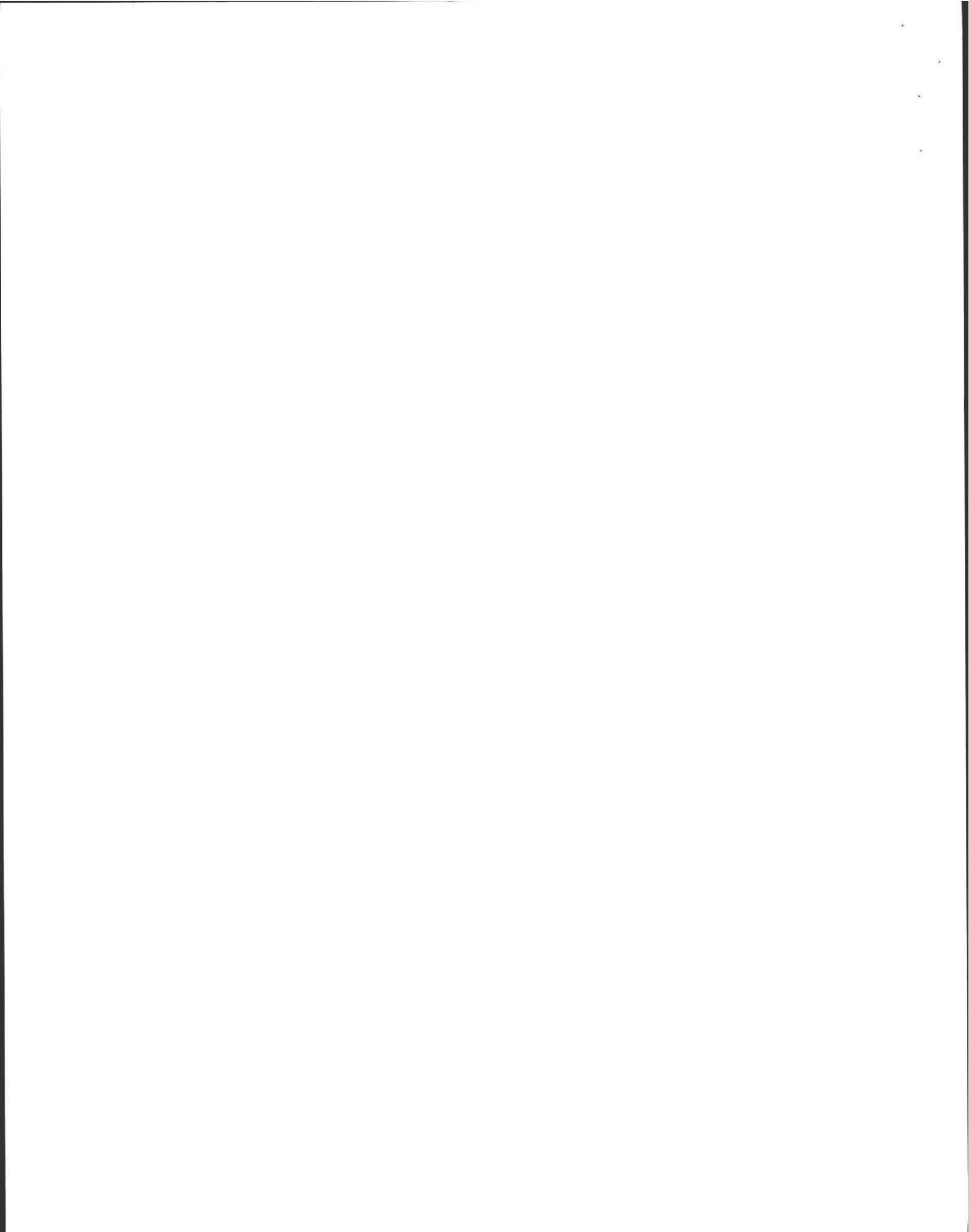
- Cesspool or privy is within 50 feet of a surface water
 Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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:



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

Property Address: 1136 BAY ROAD
AMHERST
Owner: DEBORAH KENNY
Date of Inspection: 3-7-02

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped <u> </u> . |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [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.

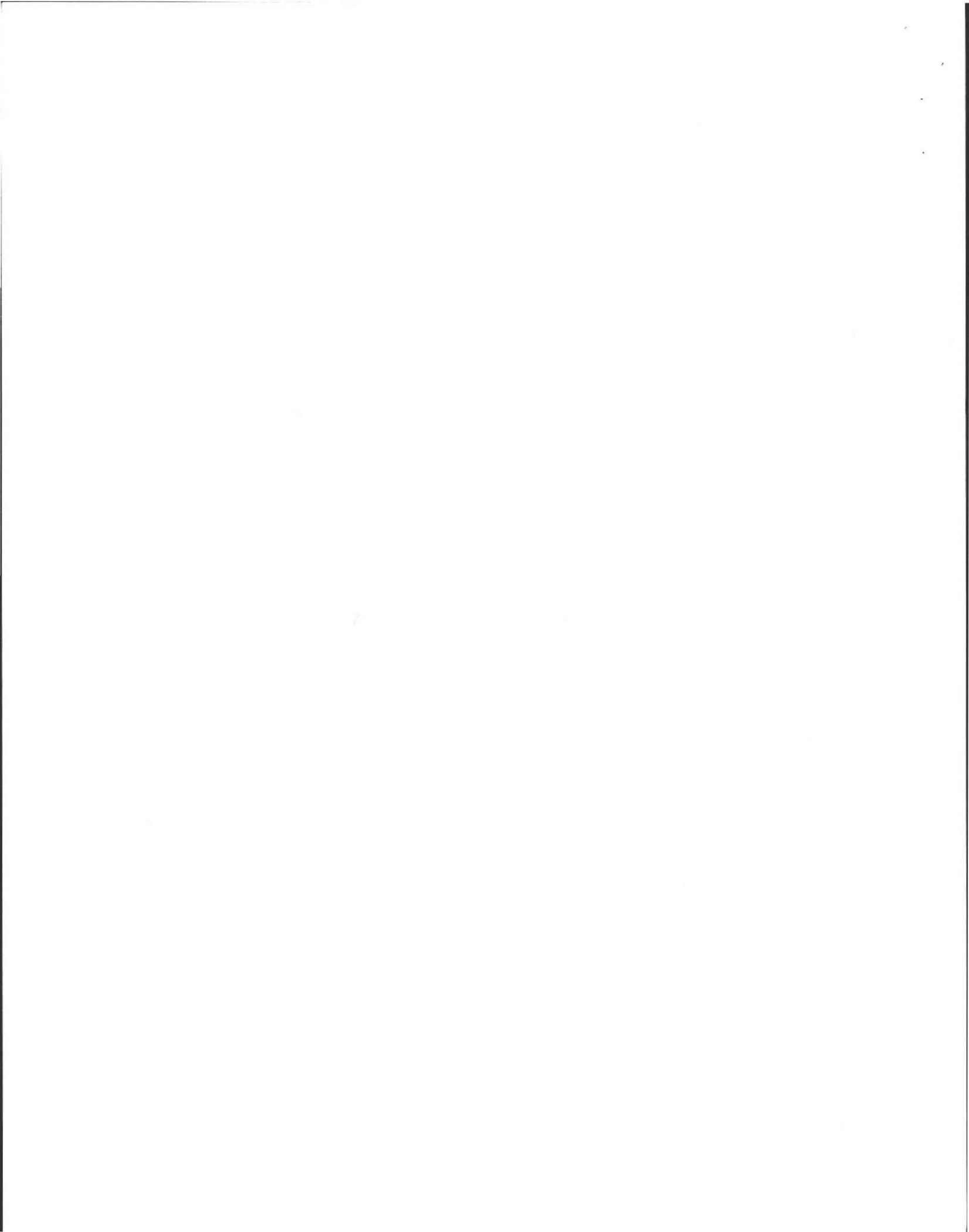
E. Large Systems: N/A

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**

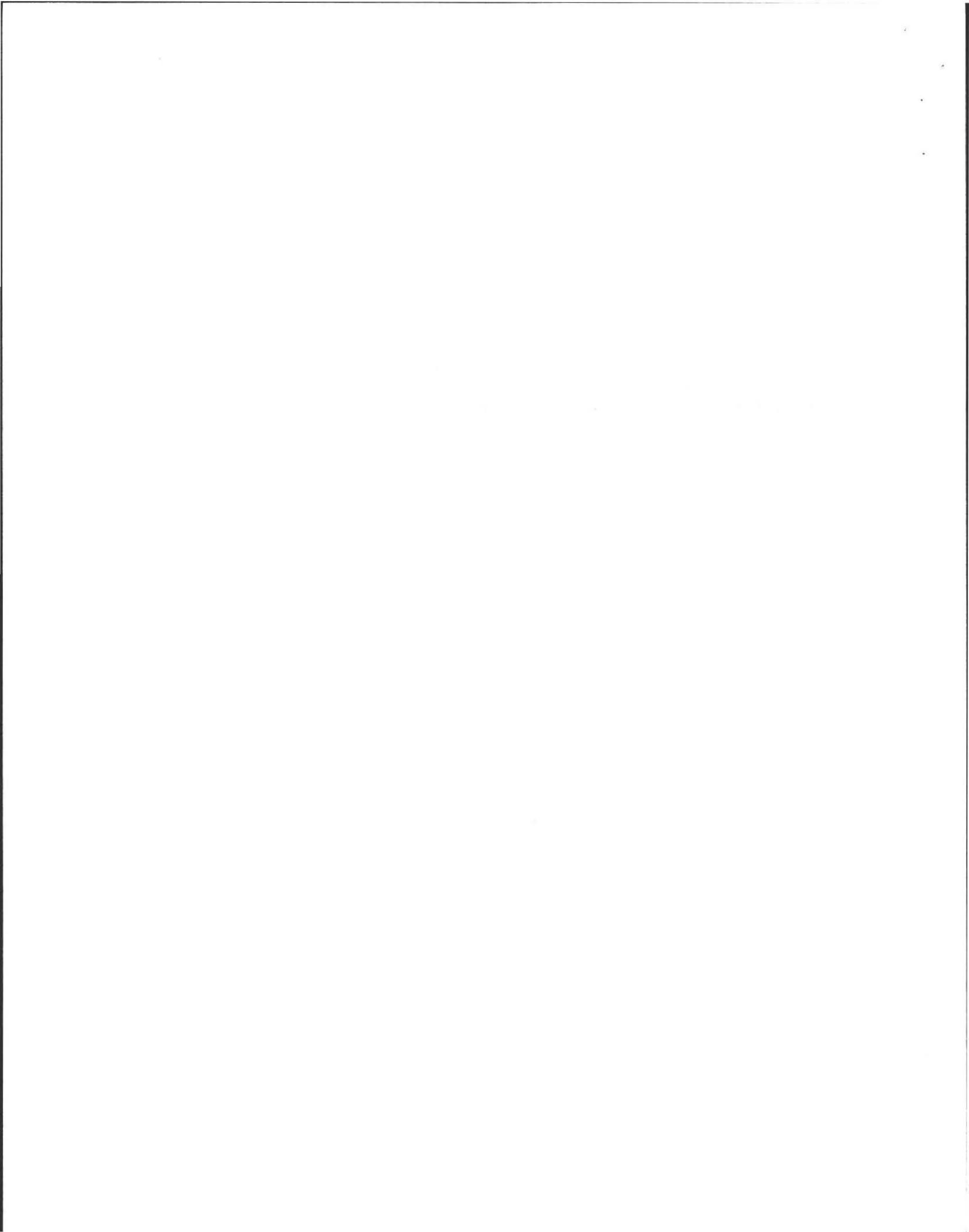
Property Address: 1136 BAY ROAD
AMHERST
Owner: DEBORAH KENNY
Date of Inspection: 3-7-02

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ? |

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

- | Yes | no | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)] |



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

Property Address: 1136 BAY ROAD
AMHERST
Owner: DEBORAH KENNY
Date of Inspection: 3-7-02

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440
Number of current residents: 3
Does residence have a garbage grinder (yes or no): No
Is laundry on a separate sewage system (yes or no): No [if yes separate inspection required]
Laundry system inspected (yes or no): N/A
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): N/A
Sump pump (yes or no): No
Last date of occupancy: CURRENTLY OCCUPIED

COMMERCIAL/INDUSTRIAL N/A

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: PUMPED LAST 6-24-99 PER OWNER
Was system pumped as part of the inspection (yes or no): YES
If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? DIRECT OBSERVATION AT TIME OF PUMPING
Reason for pumping: SOLID REMOVAL AND CHECK TANK

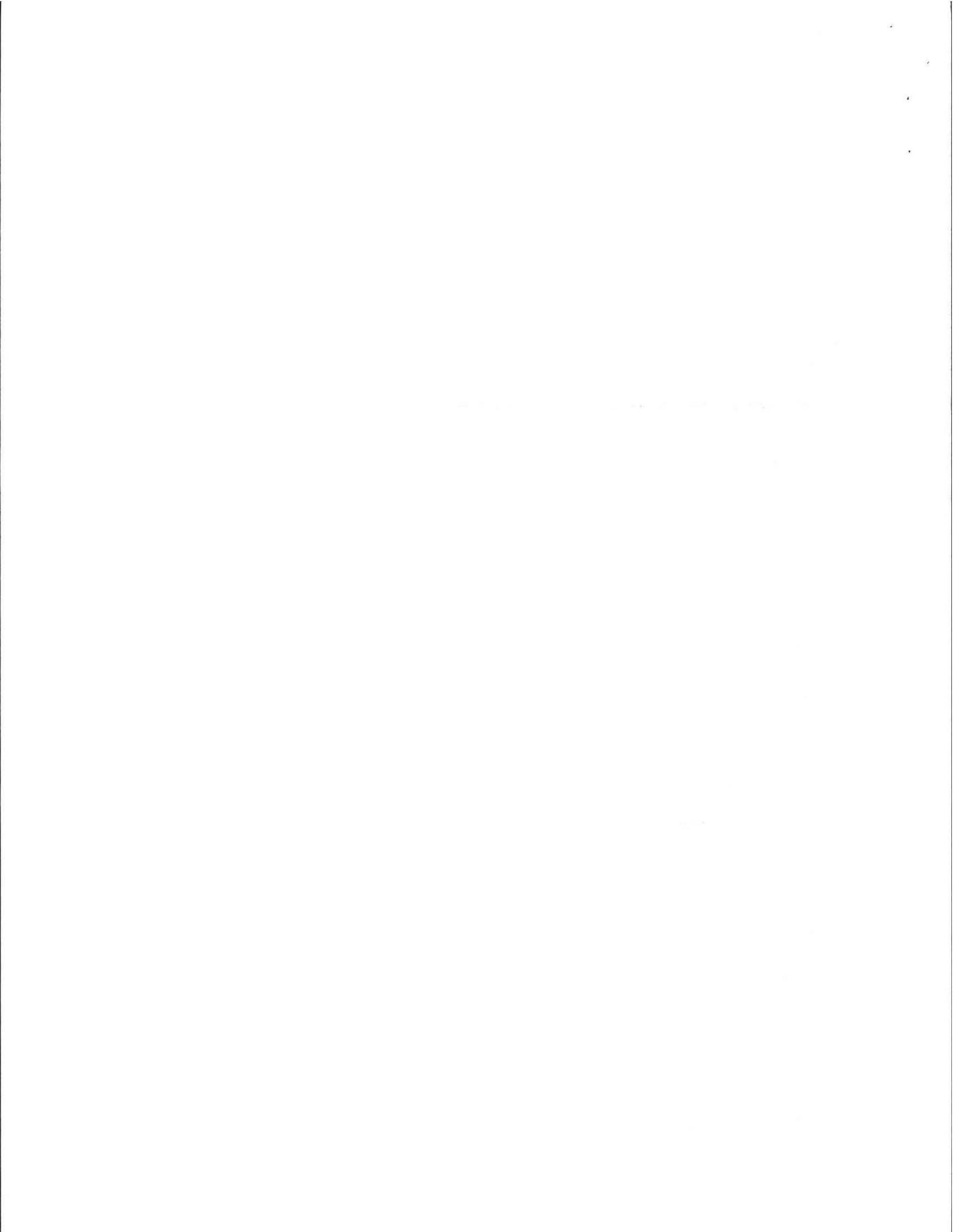
TYPE OF SYSTEM

- 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:

SEPTIC TANK APPROX. 1965, SAS 1994

Were 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: 1136 BAY ROAD
AMHERST
Owner: DEBORAH KENNY
Date of Inspection: 3-7-02

BUILDING SEWER (locate on site plan)

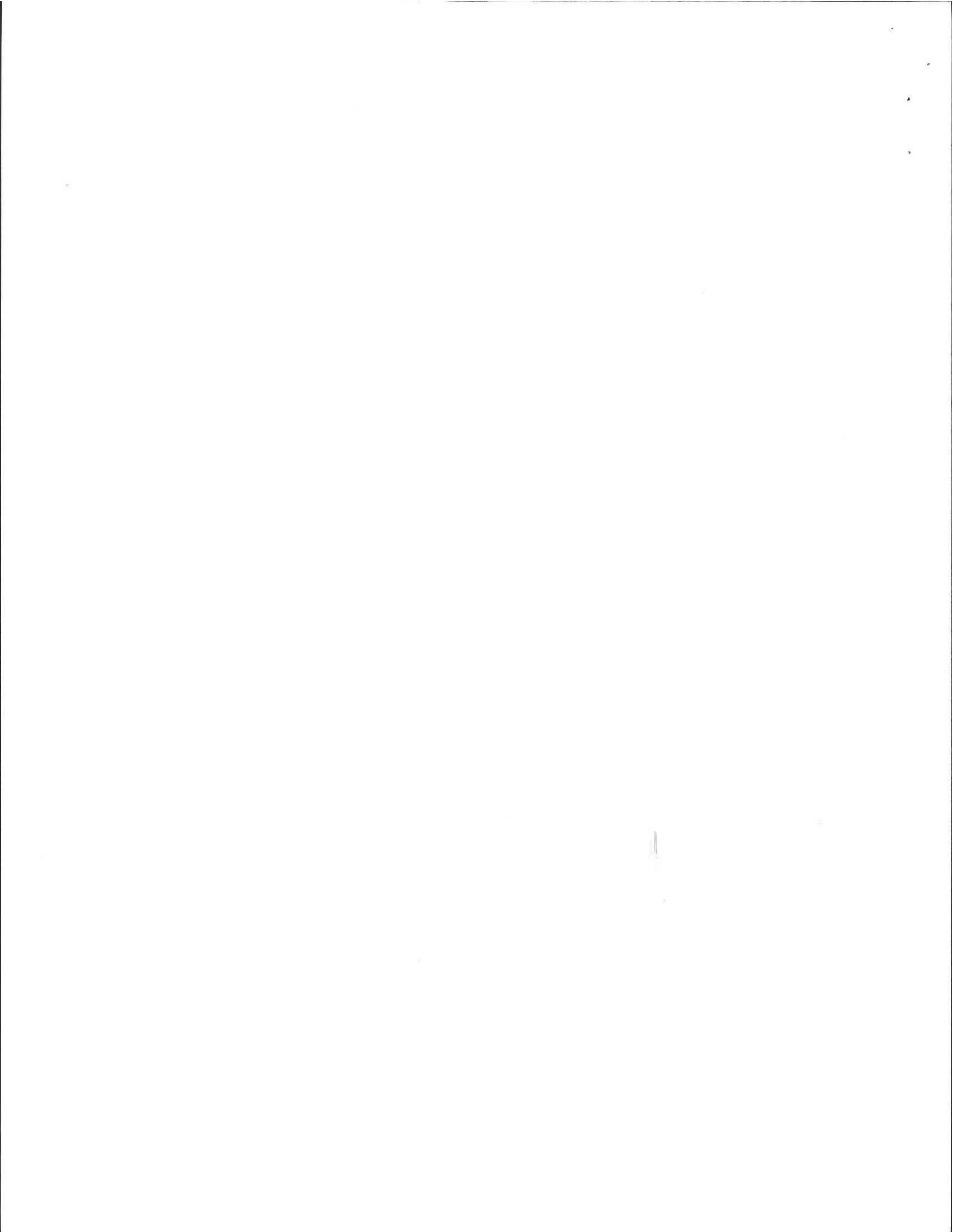
Depth below grade: APPROX. 3' EXITS UNDER FOOTING.
Materials of construction: cast iron 40 PVC other (explain): _____
Distance from private water supply well or suction line: N/A WATER SUPPLY IS PRESSURE LINE
Comments (on condition of joints, venting, evidence of leakage, etc.):
GOOD CONDITION. VENTED TO ROOF

SEPTIC TANK: (locate on site plan)

Depth below grade: 24"
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: 58" X 102" X 48" EFF. DEPTH
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 26"
Scum thickness: 2"
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: 16"
How were dimensions determined: DIRECT OBSERVATION AT TIME OF 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.):
TANK AND BAFFLES ARE IN GOOD CONDITION. LIQUID LEVELS ARE CORRECT.
NO APPARENT LEAKAGE

GREASE TRAP: N/A (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: 1136 BAY ROAD
AMHERST
Owner: DEBORAH KENNY
Date of Inspection: 3-7-02

TIGHT or HOLDING TANK: N/A (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.): _____

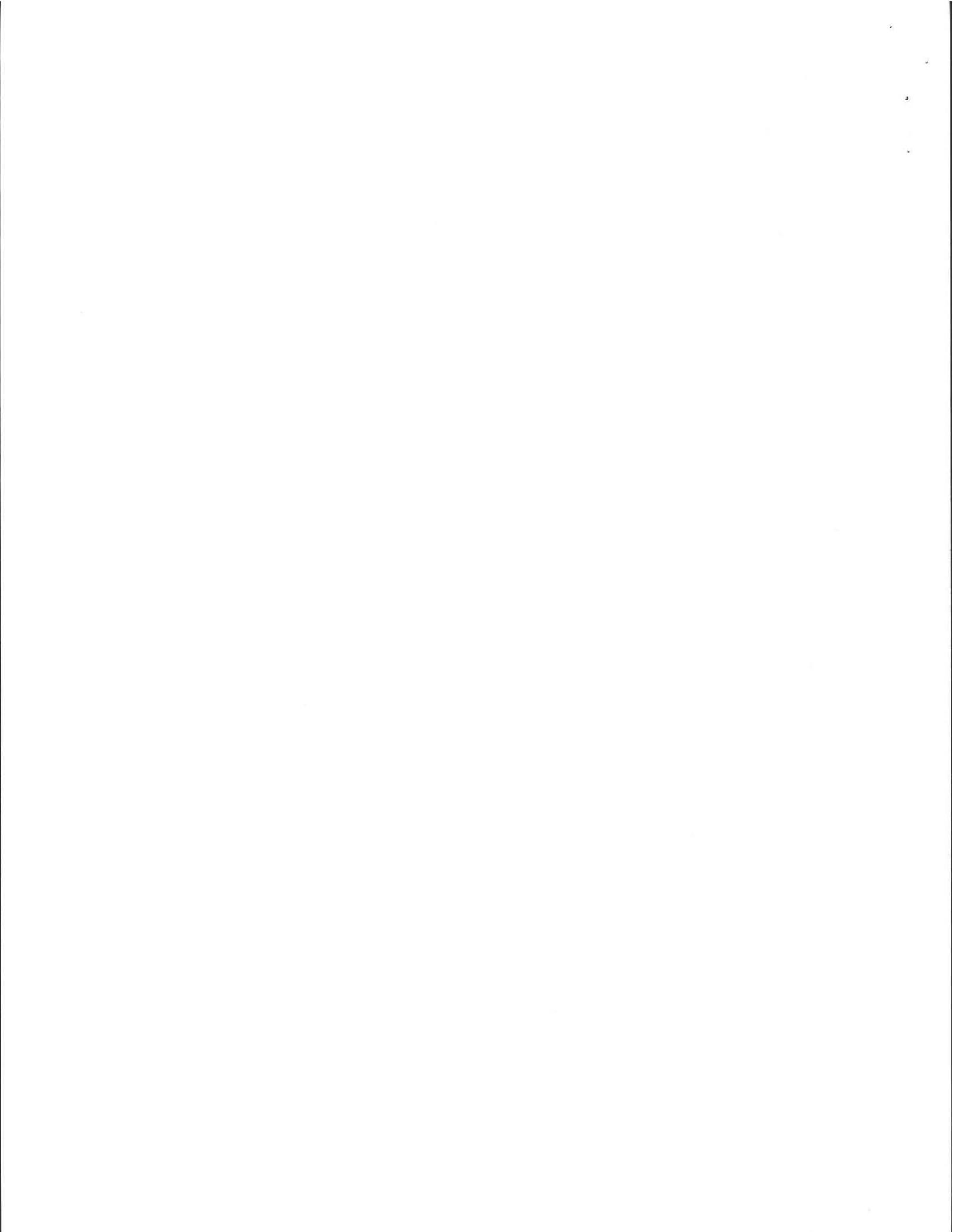
DISTRIBUTION BOX: (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: 0"
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.):

2-OUTLET D-Box BURIED 12". GOOD CONDITION. DISTRIBUTION IS EQUAL.

PUMP CHAMBER: N/A (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: 1136 BAY ROAD
AMHERST

Owner: DEBORAH KENNY

Date of Inspection: 5-7-02

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

If SAS not located explain why:

Type
 leaching pits, number: 2 @ 8'x12'x 3' EFF. DEPTH.
 leaching chambers, number: _____
 leaching galleries, number: _____
 leaching trenches, number, length: _____
 leaching fields, number, dimensions: _____
 overflow cesspool, number: _____
 innovative/alternative system Type/name of technology: _____

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

CESSPOOLS: N/A (cesspool must be pumped as part of inspection)(locate on site plan)

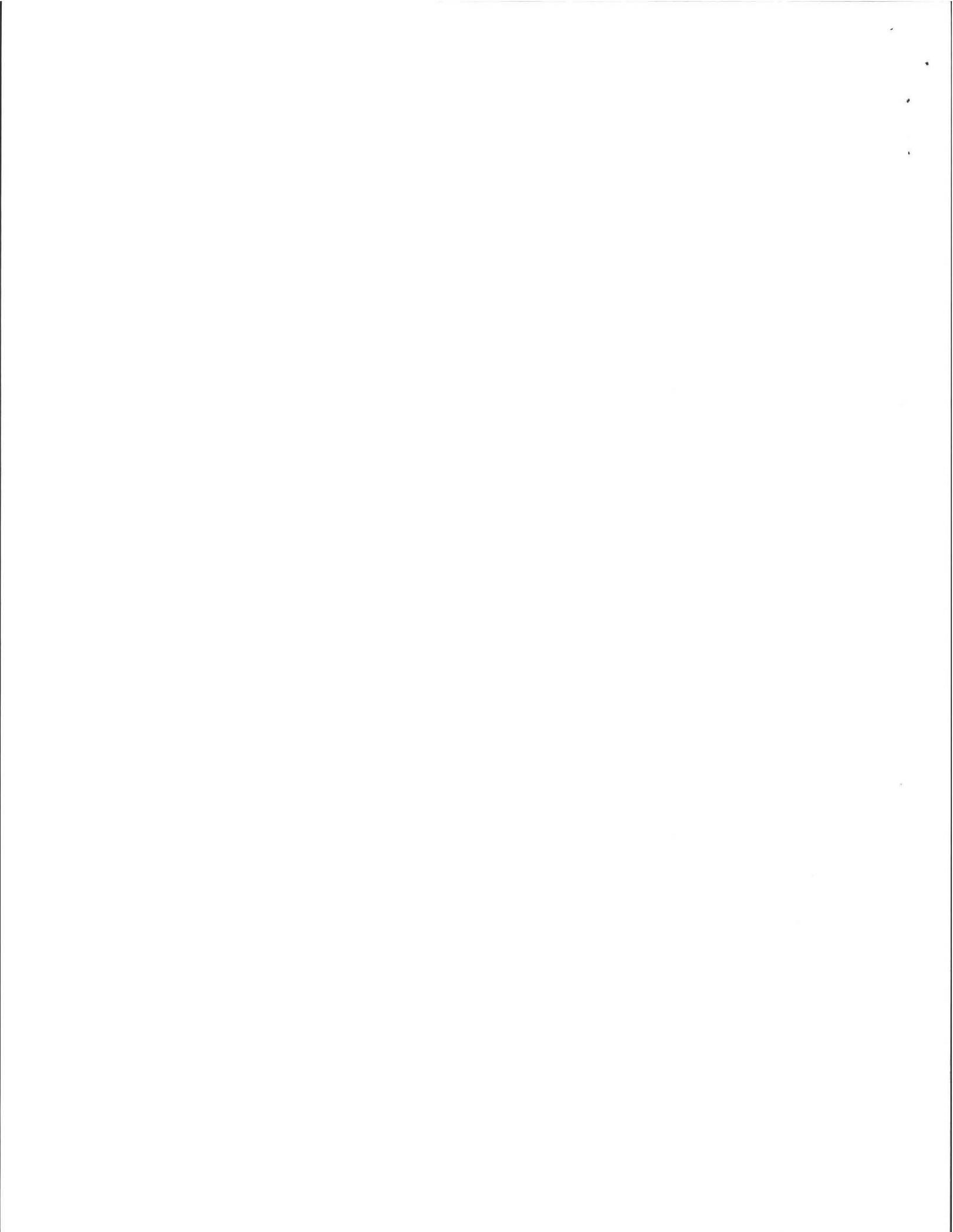
Number and configuration: _____
Depth – top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes or no): _____

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

PRIVY: N/A (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.):

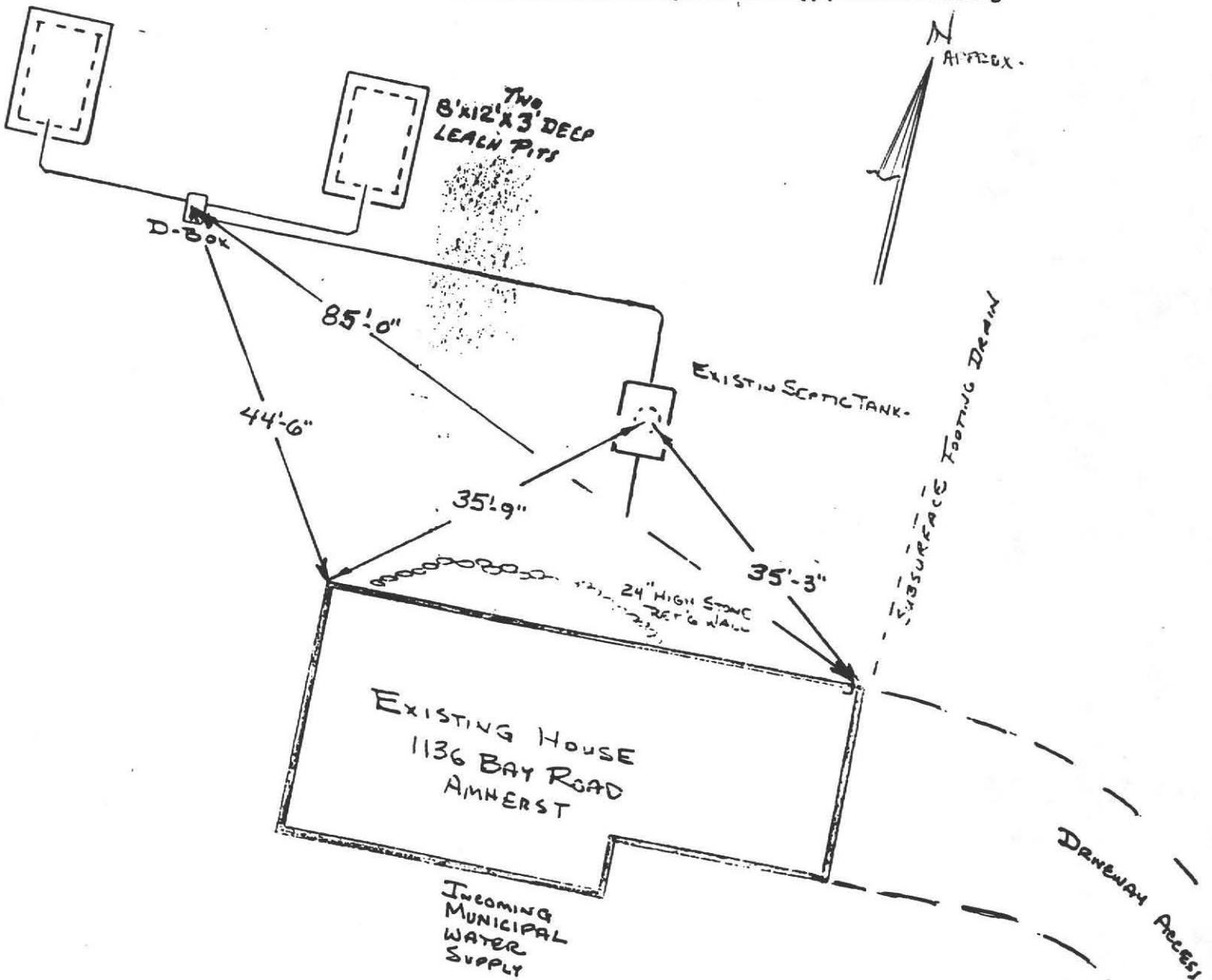


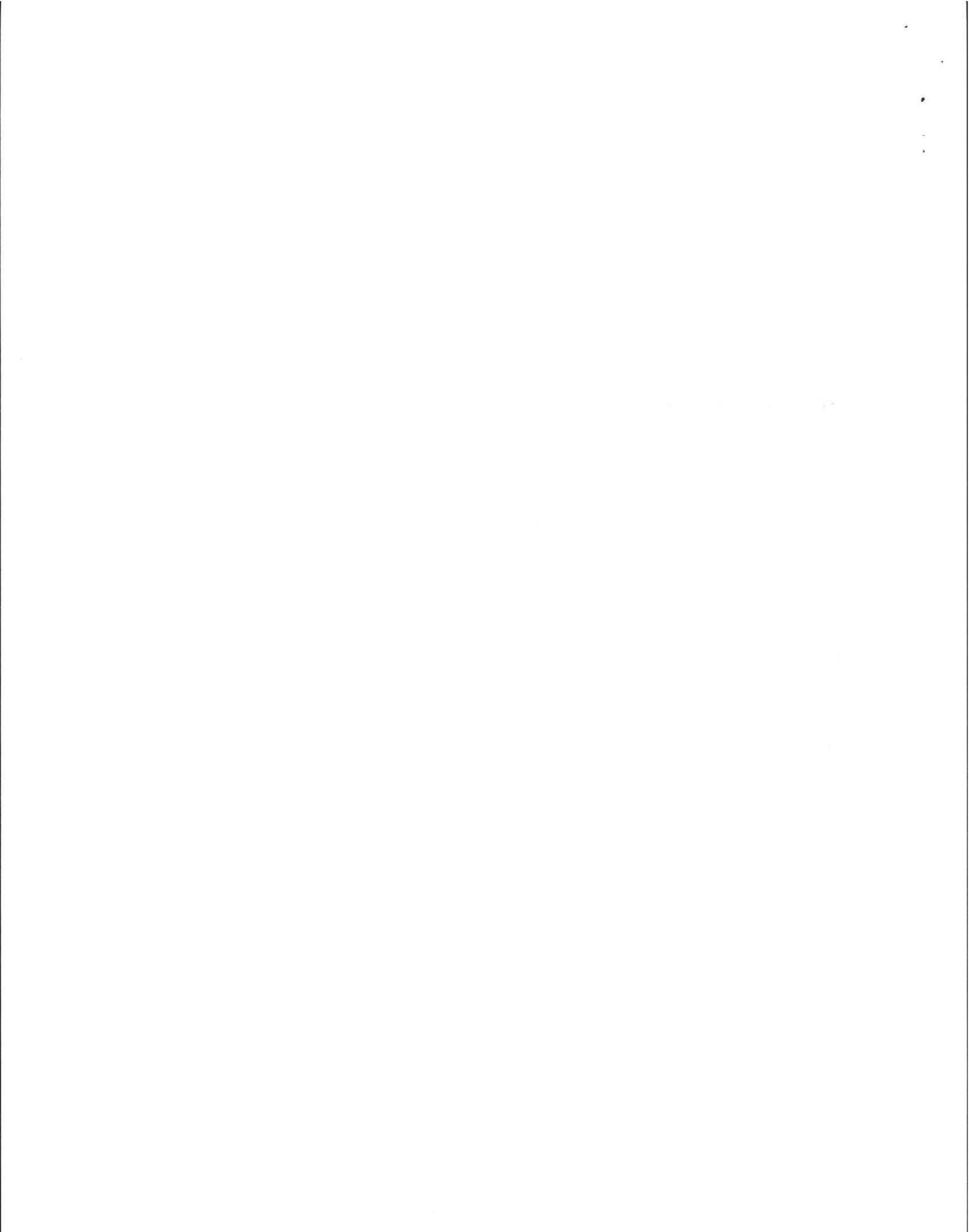
OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1136 BAY ROAD
AMHERST
Owner: DEBORAH KENNY
Date of Inspection: 3-7-02

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.





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

Property Address: 1136 BAY ROAD
AMHERST

Owner: DEBORAH KENNY

Date of Inspection: 3-7-02

SITE EXAM

- Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to ground water 8 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: 6-4-94
- 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:

CHECKED DESIGN PLAN ON RECORD. SOIL TESTING 3-4-94. DESIGN PROVIDES
4 FEET OF G'WATER SEPARATION BELOW LEACH PITS.

