

1161 BAY ROAD



recd. 5/18/2012



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1161 BAY ROAD AMHERST MASS

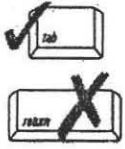
Property Address
ESTATE OF DONALD FRIZZLE

Owner's Name
Amherst MA 01004 5/10/2012
City/Town State Zip Code Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector: PE 30148
WILLIAM J SIERUTA SI 1055
Name of Inspector
SIERUTA ENGINEERING
Company Name
18 DEPOT ROAD
Company Address
LEVERETT MASSACHUSETTS 01054
City/Town State Zip Code
413 549 1817 SI 1055
Telephone Number License Number

ESTATE CONTACT: BARRY ROBERTS PO BOX 678 AMHERST MA 01004
B. Certification 413 537-4737

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

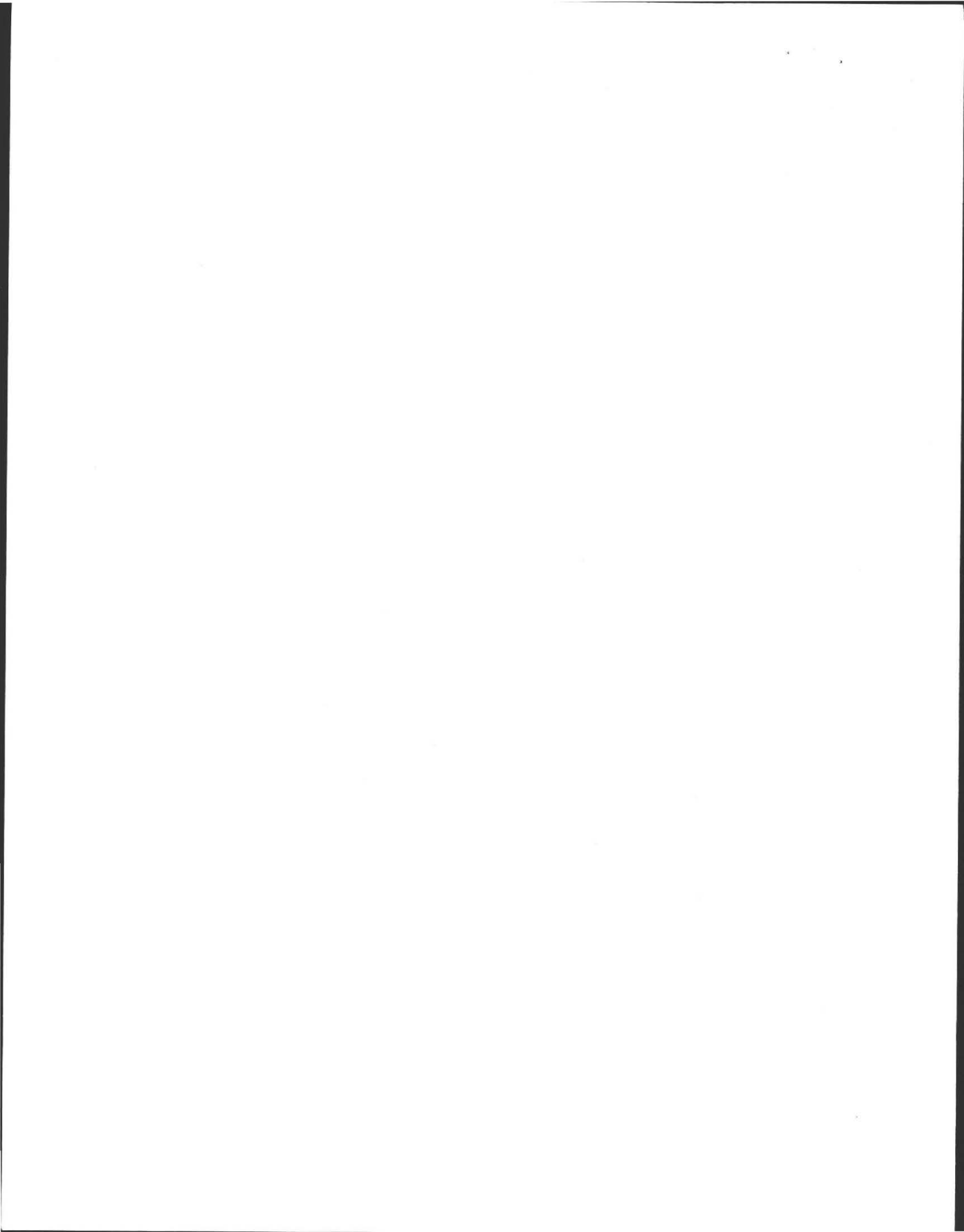
Inspector's Signature

Date 5/10/12



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.

****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.





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B. Certification (cont.)

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:

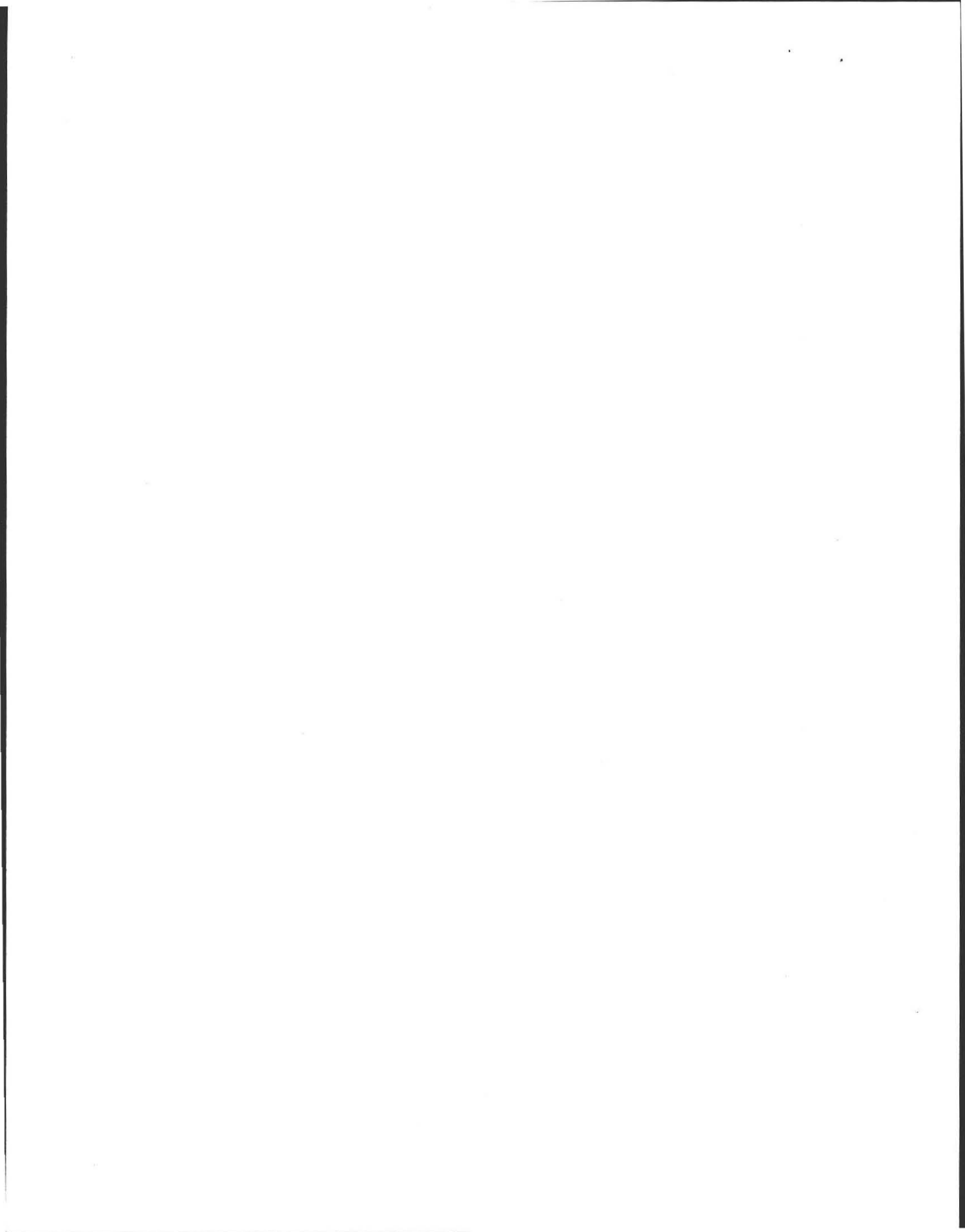
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

Y N ND (Explain below):





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

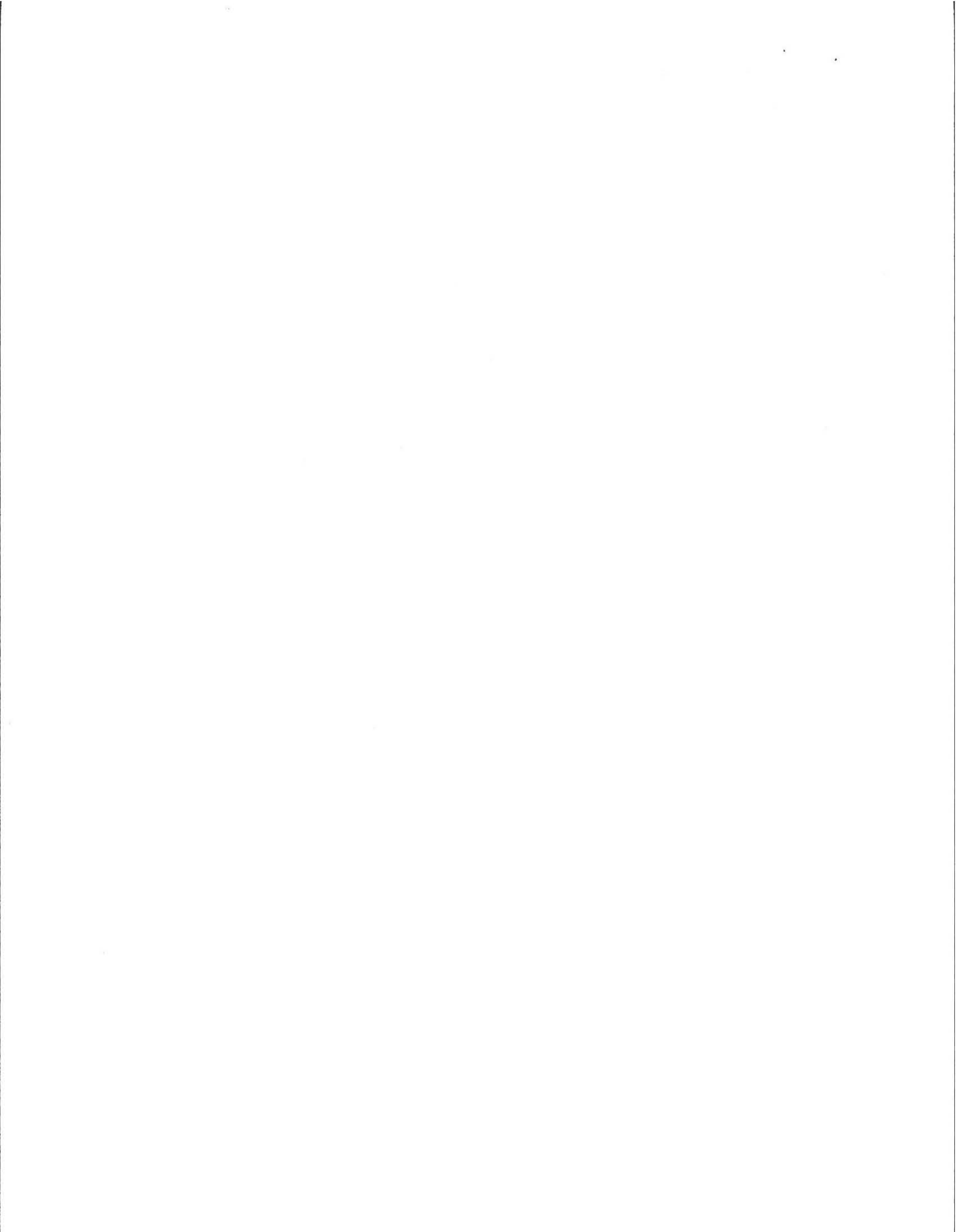
C) Further Evaluation is Required by the Board of Health:

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





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B. Certification (cont.)

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: _____

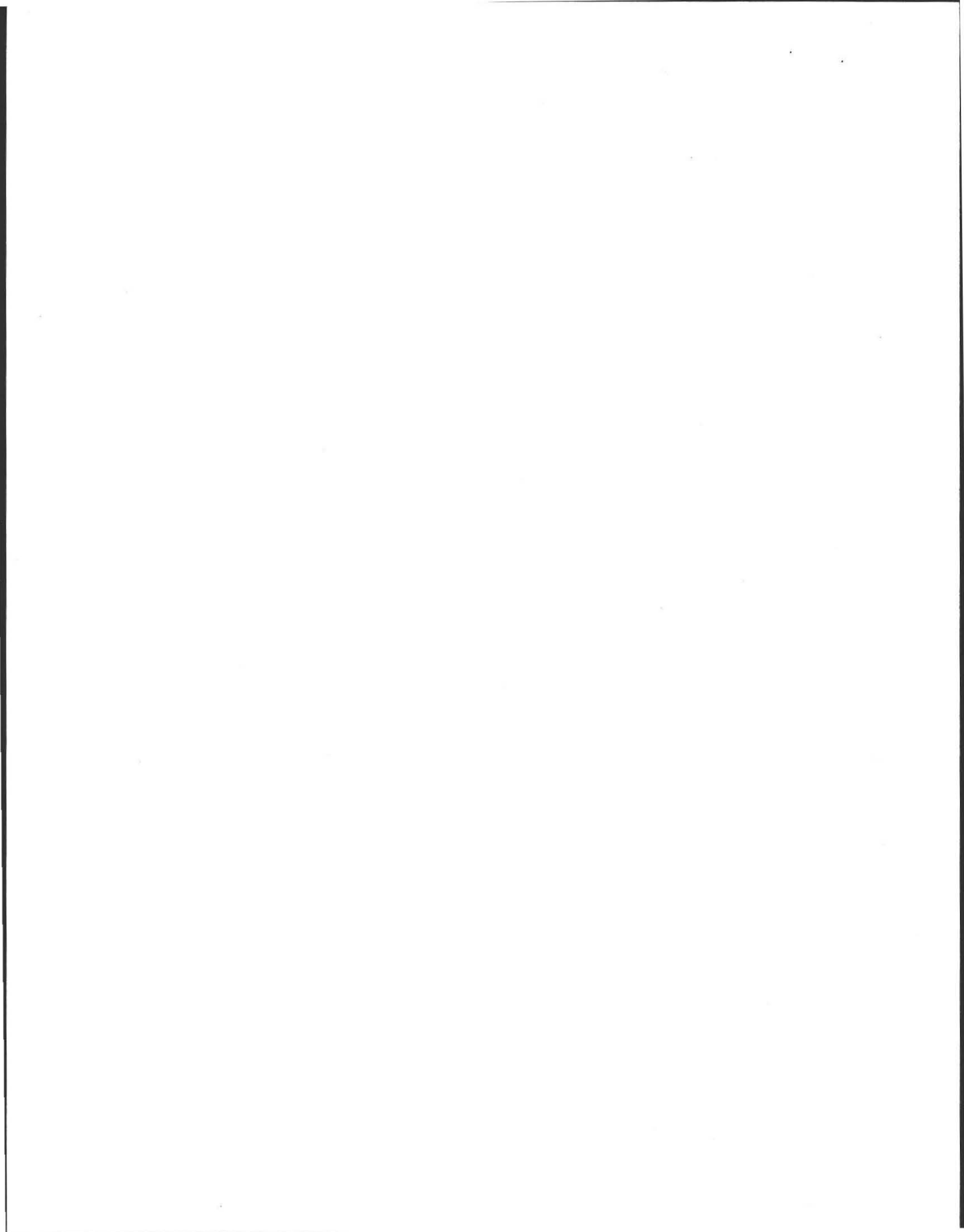
** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

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 |





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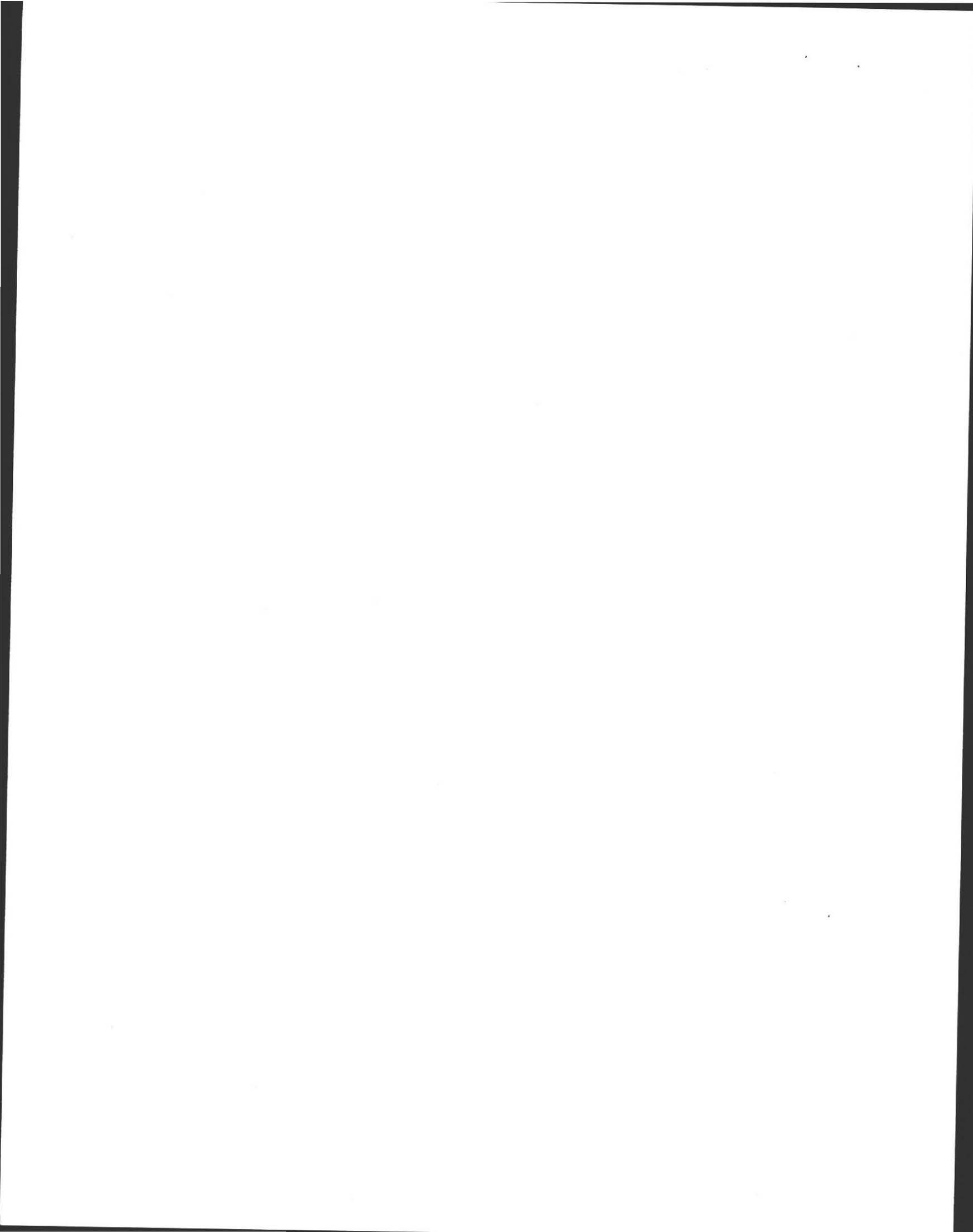
- | Yes | No | |
|--------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 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 fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. DNA

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- | 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.





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C. Checklist

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: |
| <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(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design):

3

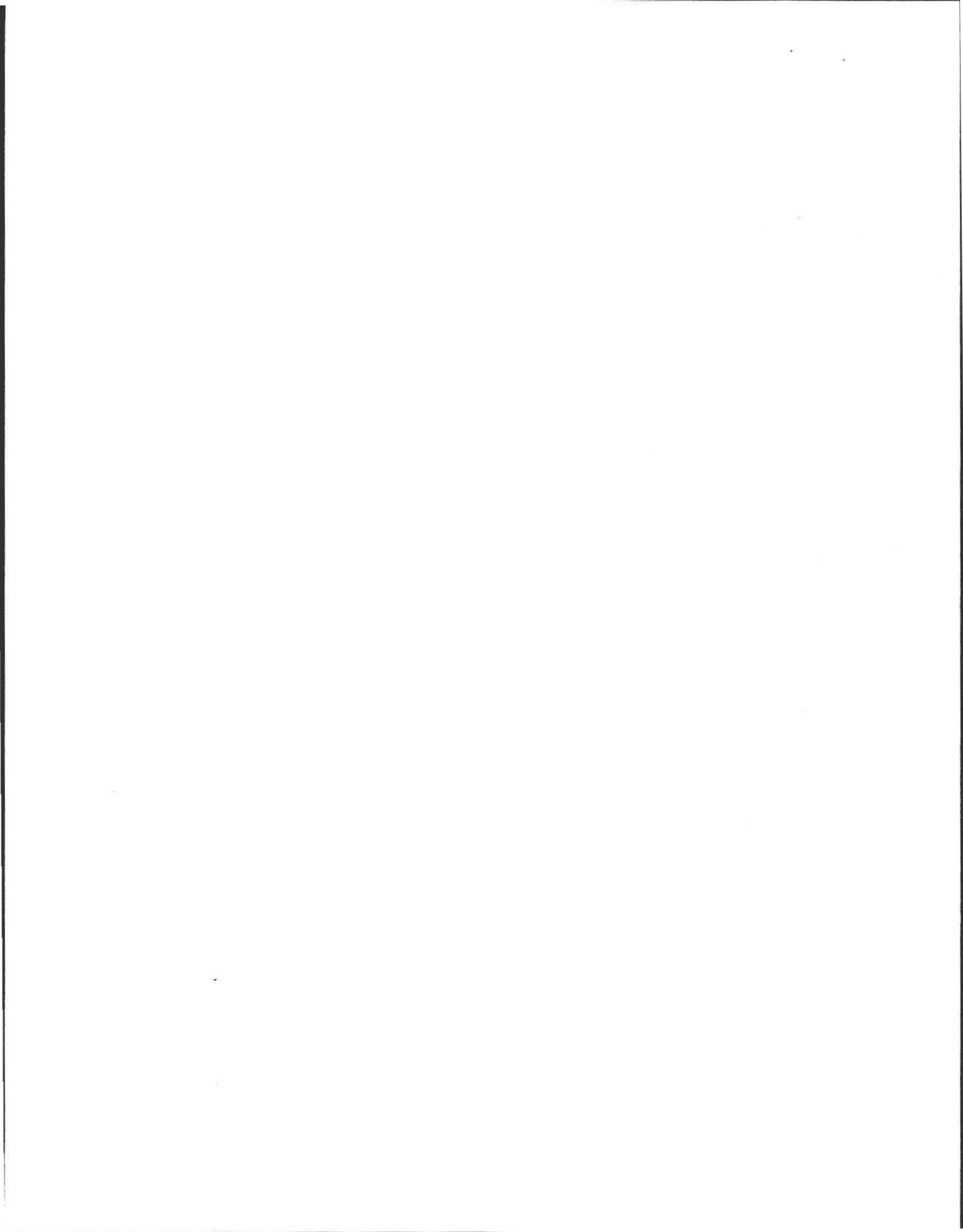
Number of bedrooms (actual):

3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms):

330

SEE ATTACHED
1992 PLAN ALAN WIESE





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D. System Information

Description:

Number of current residents: 2

Does residence have a garbage grinder? REMOVED Yes No

Is laundry on a separate sewage system? [if yes separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

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

Detail:

Sump pump? Yes No

Last date of occupancy: RECENTLY VACATED Date _____

Commercial/Industrial Flow Conditions: DNA UNDER RENOVATIONS

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____ Gallons per day (gpd) _____

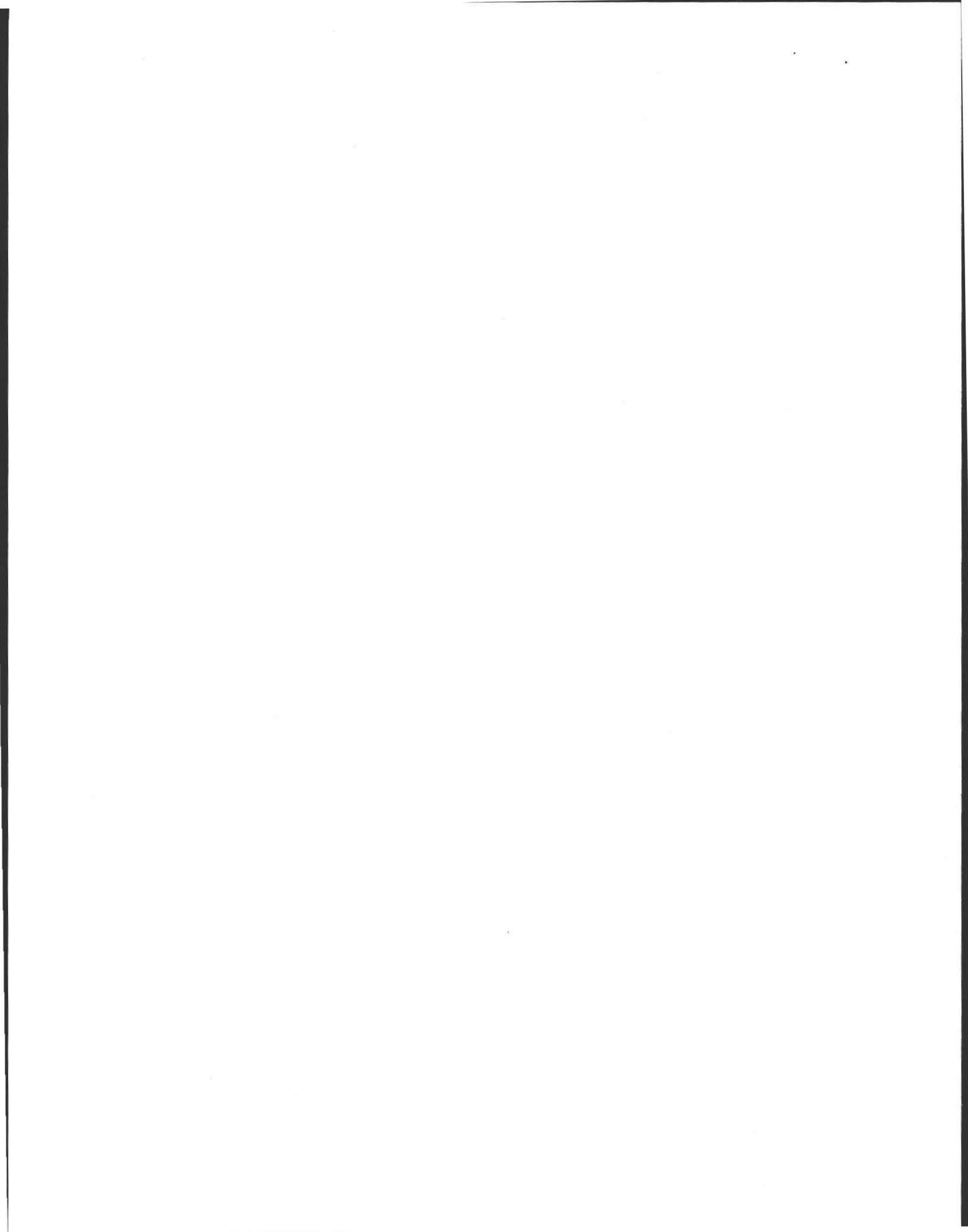
Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____





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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

BARRY ROBERTS CONTACT PERSON

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1000 GALS

gallons

How was quantity pumped determined?

MEASURED

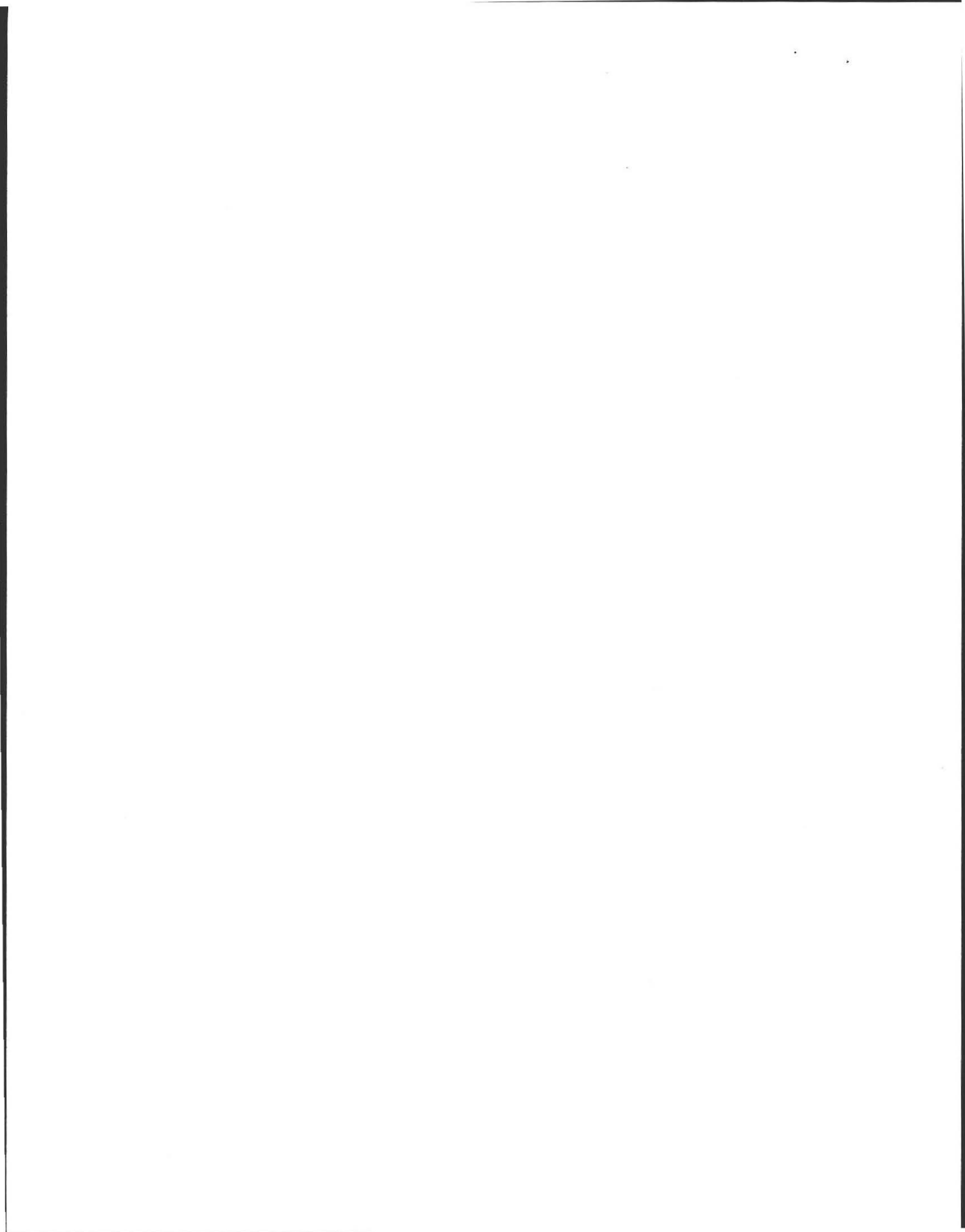
Reason for pumping:

INSPECTION OF SYSTEM

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) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):

SEPTIC TANK LEACH PIT SYSTEM (1992)





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D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:
UPGRADED 1992-1993 SEE ATTACHED PLAN

Were sewage odors detected when arriving at the site? Yes No

Building Sewer (locate on site plan):

Depth below grade: 36" . . .
 feet

Material of construction:

cast iron 40 PVC other (explain): 4" SDR 35
- public H₂O

Distance from private water supply well or suction line: _____
 feet

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

Septic Tank (locate on site plan):

Depth below grade: 3' (36")
 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

1000 GAL CONC TANK SINGLE
COMPARTMENT

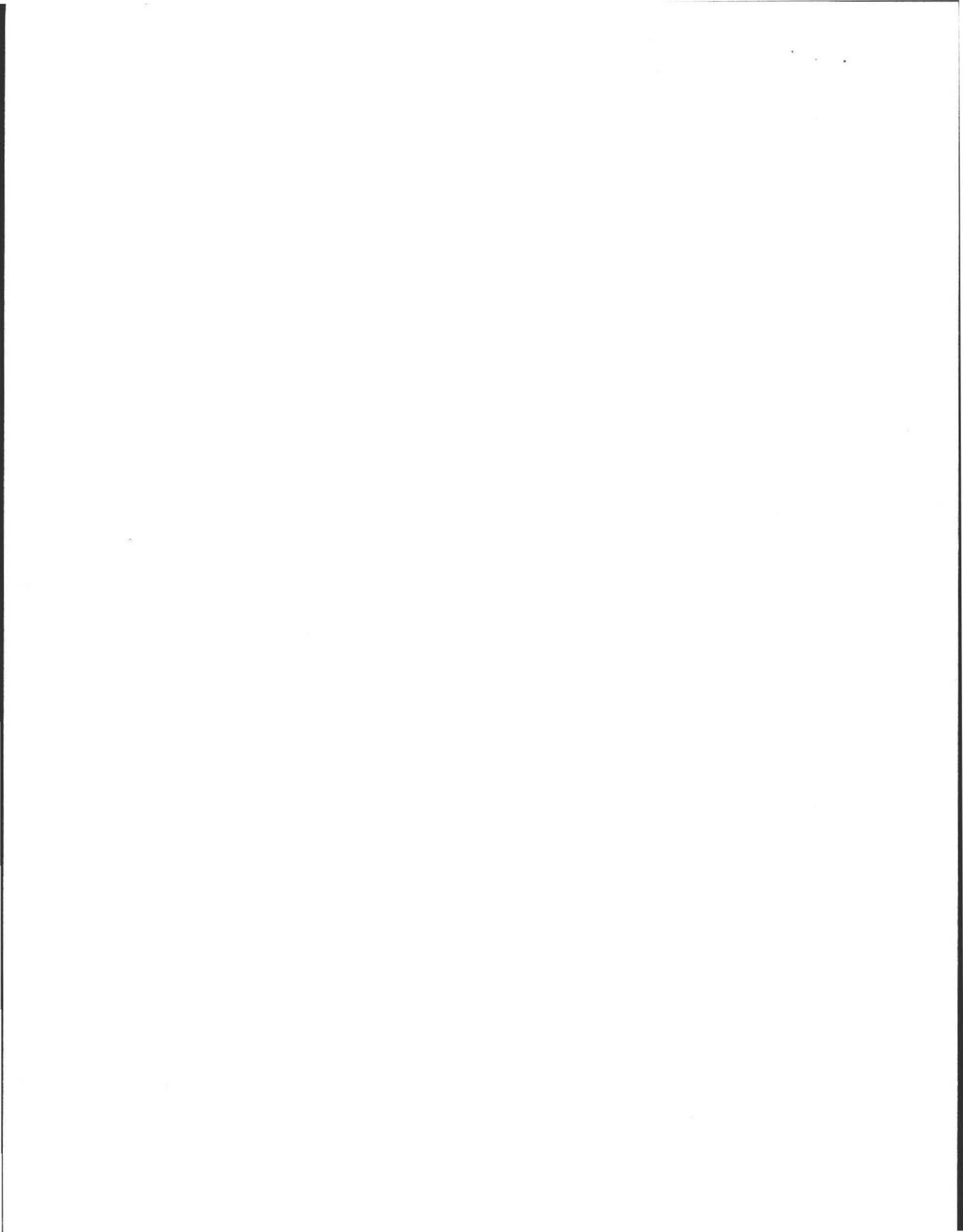
NEW OUTLET 4" SCH 40 PVC TEE INSTALLED
RAISERS ADDED TO OUTLET & LEACH PIT

If tank is metal, list age: _____
 years 1992 PLAN ATTACHED

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: 8'6" x 5' x 5' 48"

Sludge depth: 12" FLOW LINE





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D. System Information (cont.)

Septic Tank (cont.)

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

14"

Scum thickness

3"

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

3"

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

12" . . . TEE REPLACED WITH

MEASURED 4" SCH 40 PVC TEE

How were dimensions determined?

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

SYSTEM IS IN SATISFACTORY CONDITION
LEACH PIT EMPTY (RAISIS ADDED)
TANK WITH NEW OUTLET TEE
RAISIS ADDED

Grease Trap (locate on site plan): DWA

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

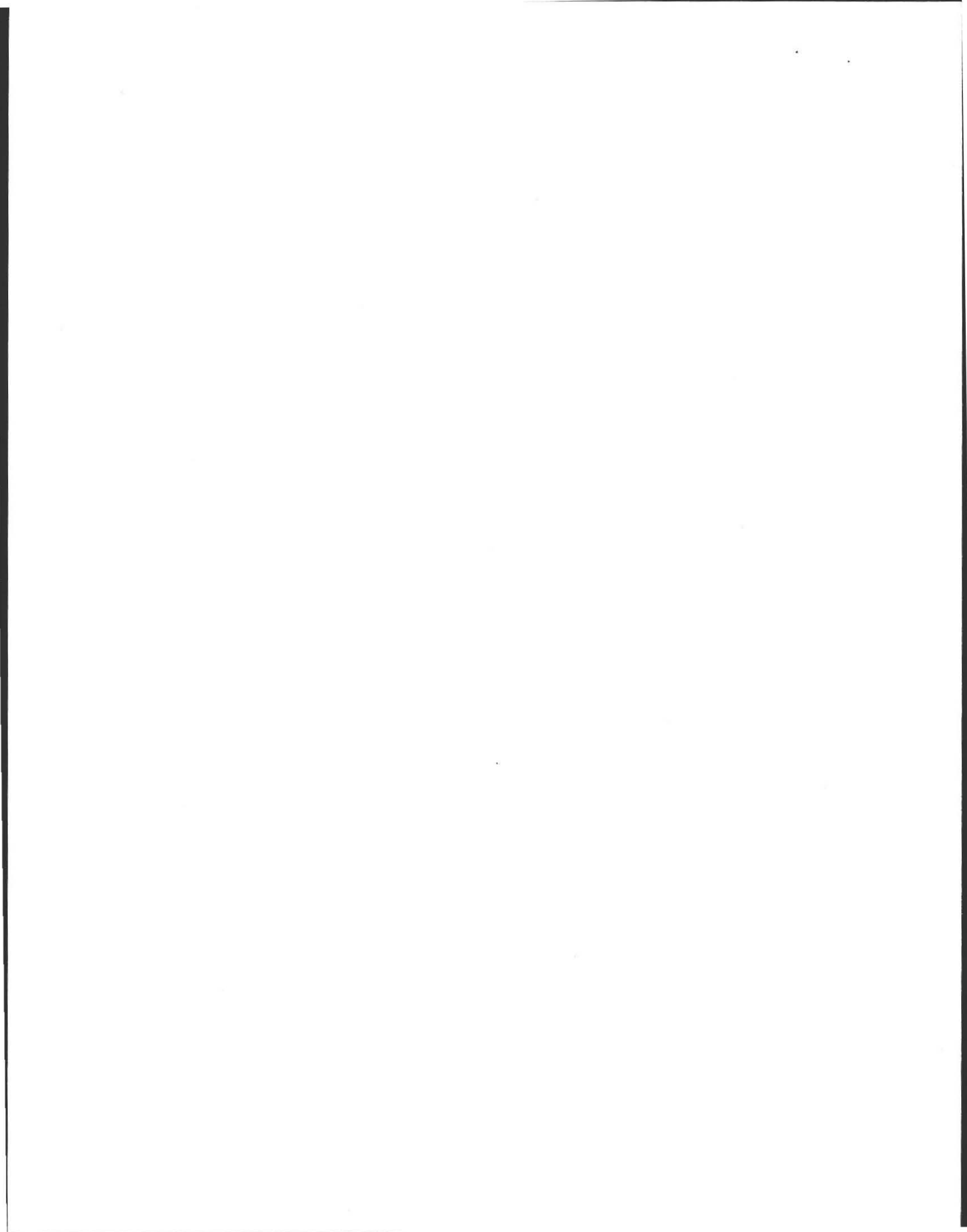
Scum thickness

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:

Date





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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: DNA

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____
gallons

Design Flow: _____
gallons per day

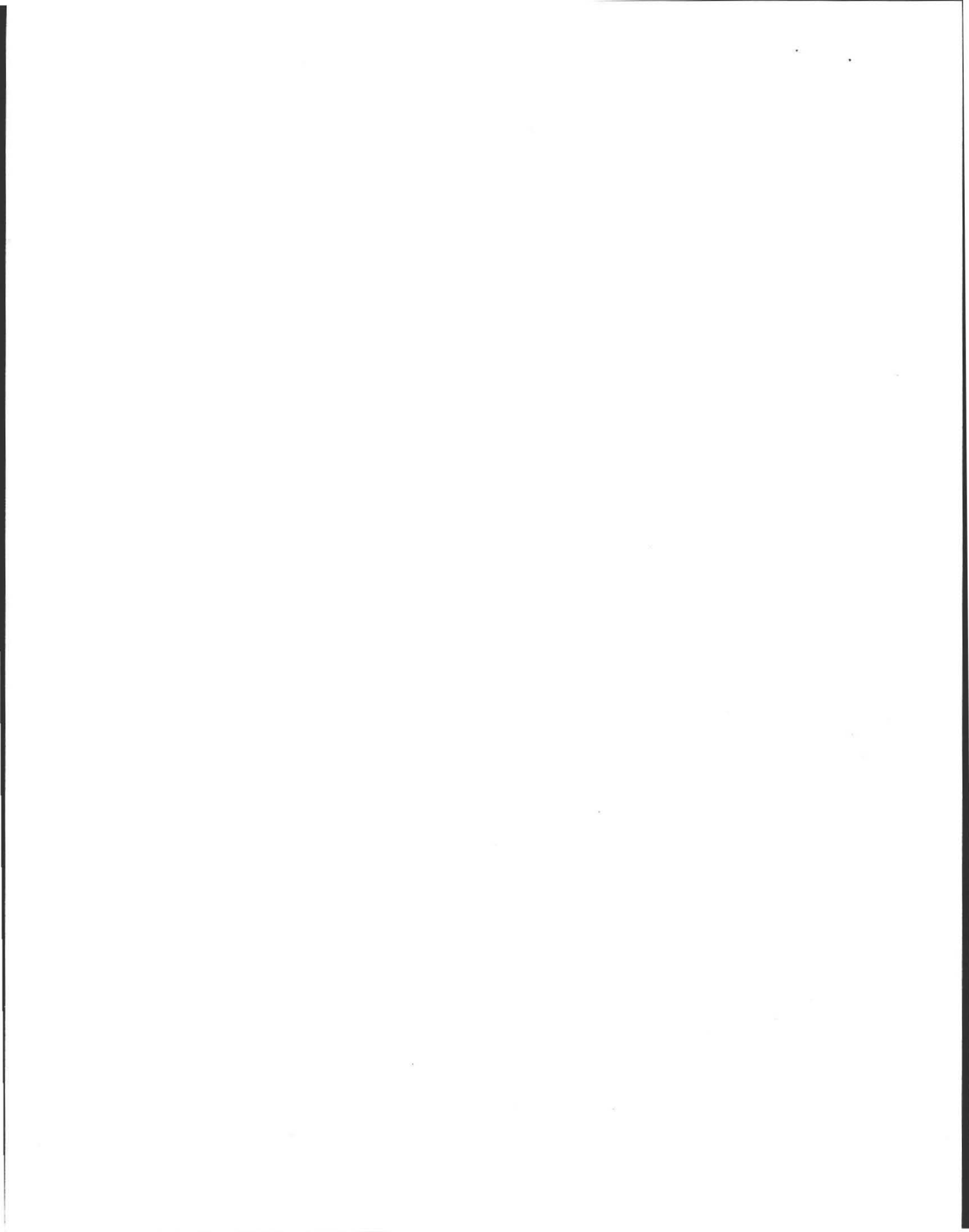
Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____
Date

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

* Attach copy of current pumping contract (required). Is copy attached? Yes No





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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

NO DIST BOX DIRECT TO LEACHING PIT

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.):

Pump Chamber (locate on site plan): DWA

Pumps in working order: Yes No

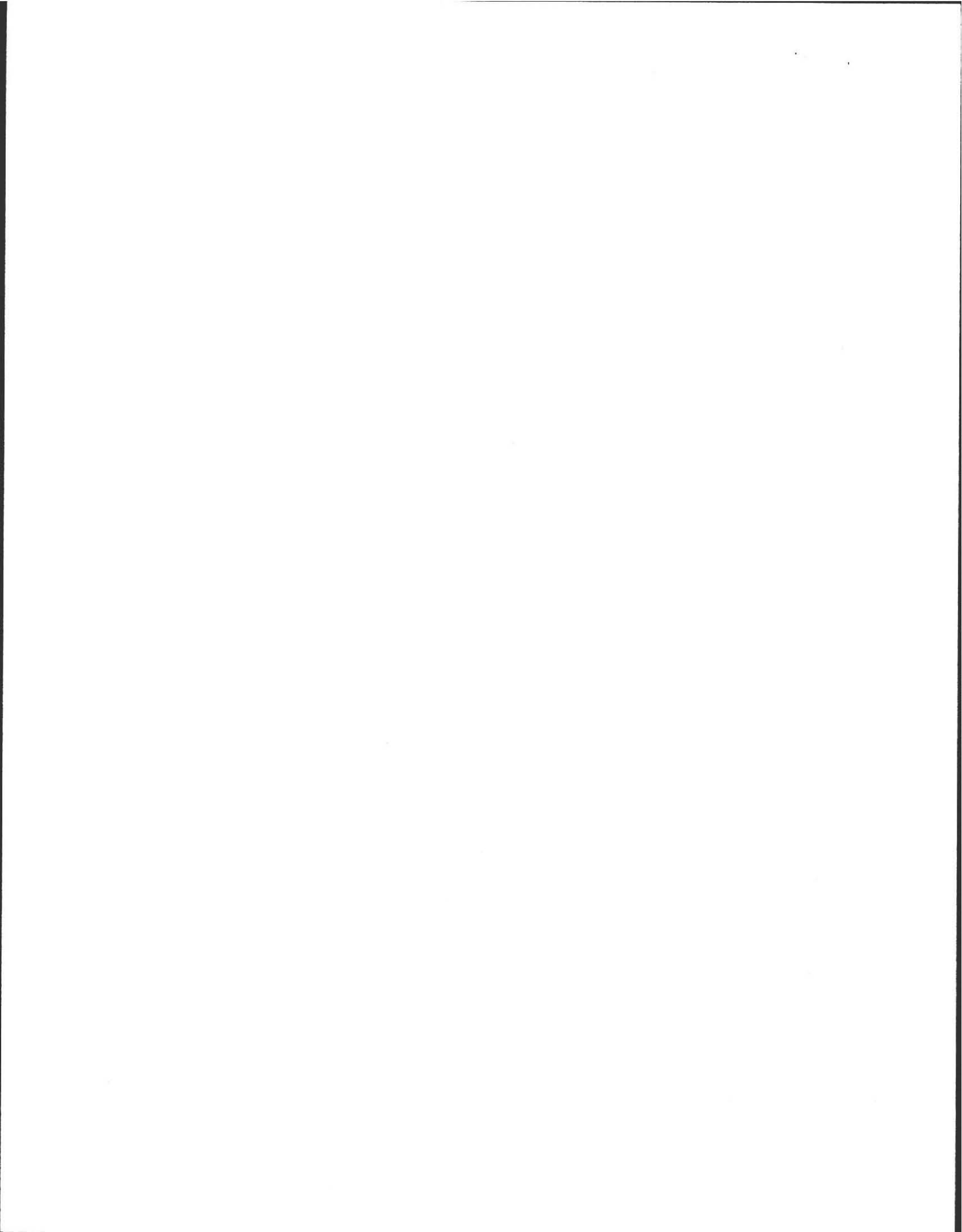
Alarms in working order: Yes No

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

SINGLE LEACHING PIT
10' x 5' x 24" FLOW
3 FEET STONE ALL SIDES
EFFECTIVE WIDTH 11'
EFFECTIVE DEPTH 24"
EFFECTIVE LENGTH 16'





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D. System Information (cont.)

Type:

- leaching pits number: 1
- 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.):

LEACH PIT EMPTY NO SIGN OF OVERLOADING

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan): DNA

Number and configuration _____

Depth - top of liquid to inlet invert _____

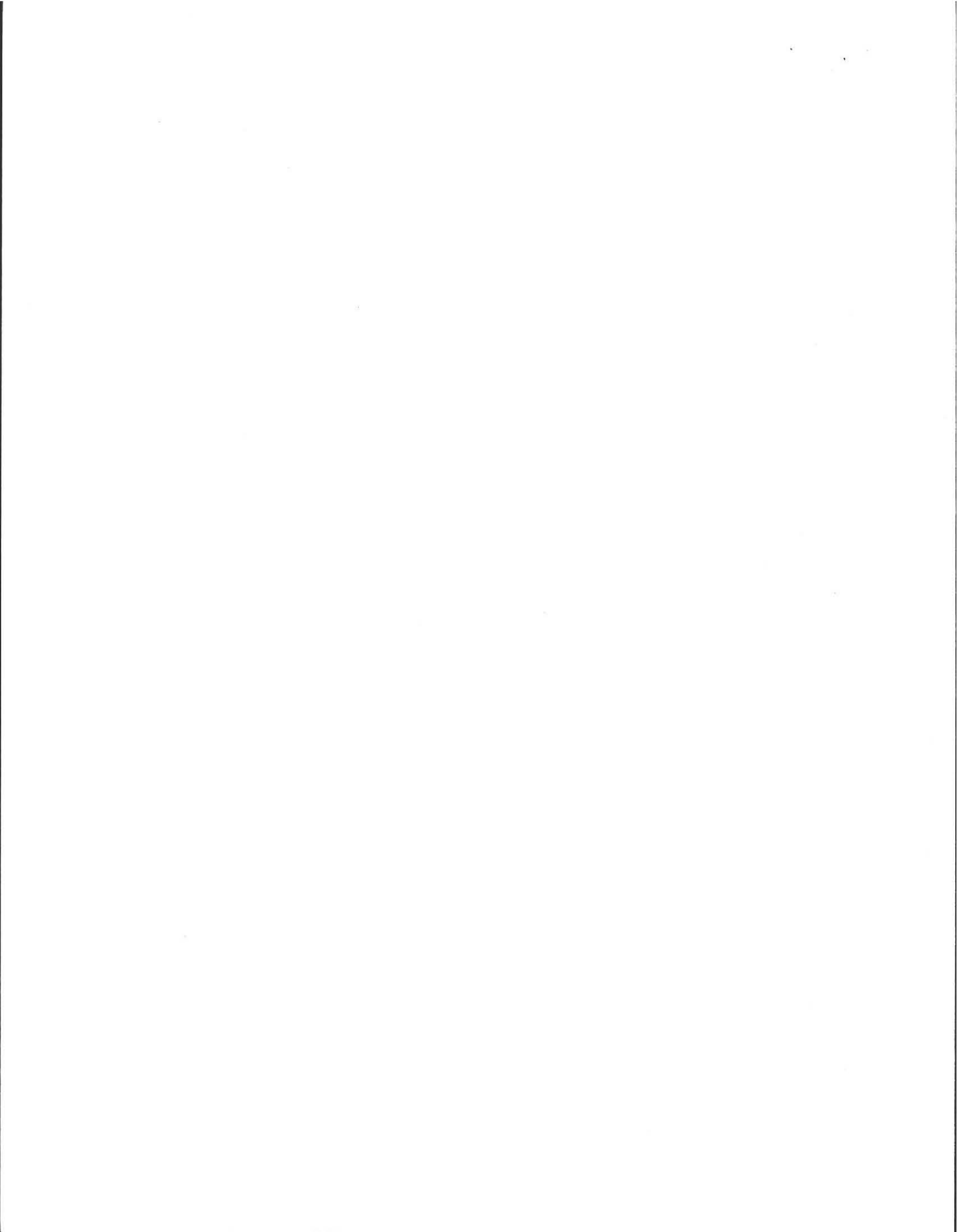
Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No





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D. System Information (cont.)

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

SEE ATTACHED (1992 PLAN)

MEAN TO COARSE SAND TO 12' 6"

NO H₂O

NO MOTTLING perc rate less than 2.0 min/inch

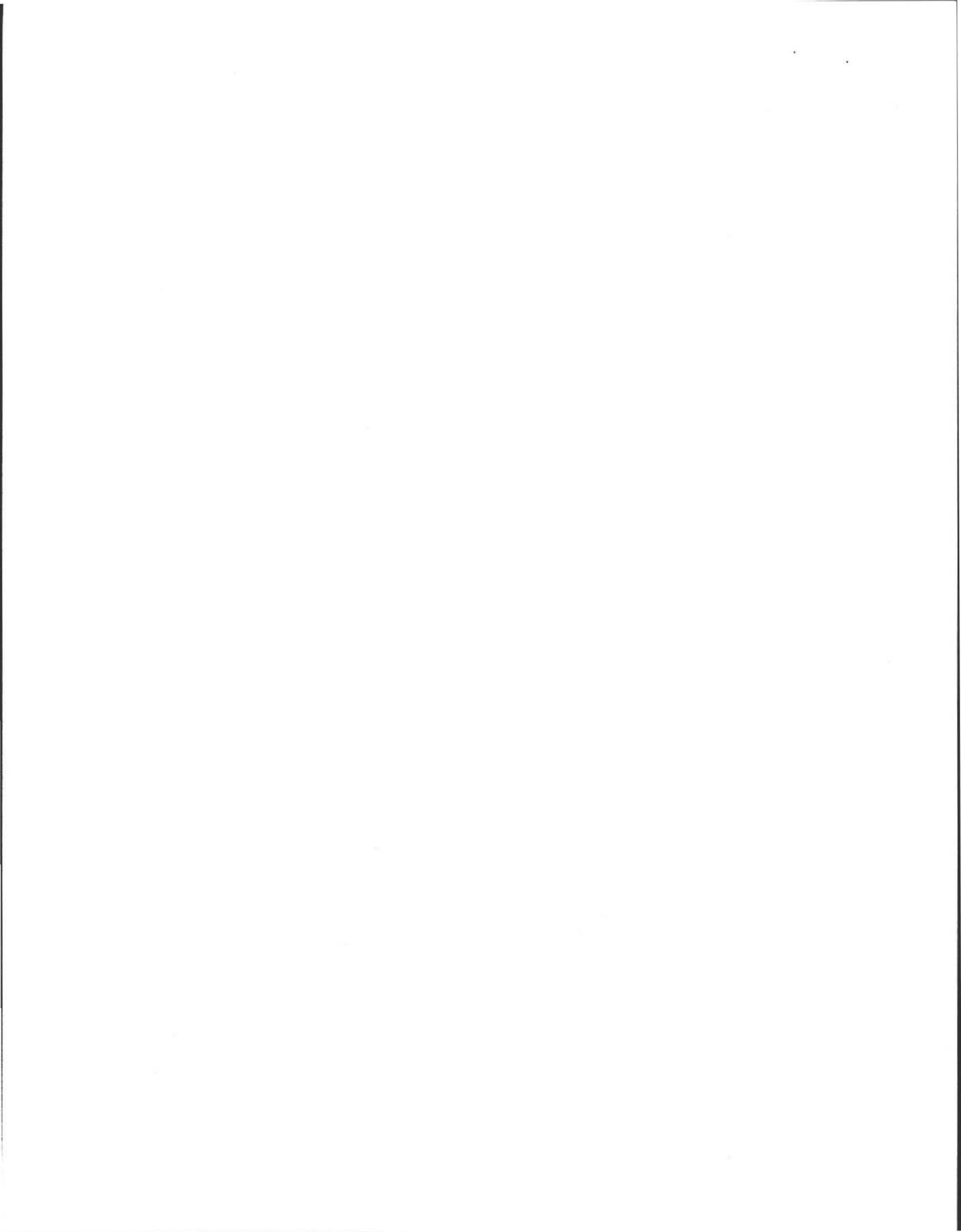
Privy (locate on site plan): DNA

Materials of construction: _____

Dimensions _____

Depth of solids _____

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





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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

feet

SEE PLAN 1992

60" + SEPARATION

Please indicate all methods used to determine the high ground water elevation:

Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

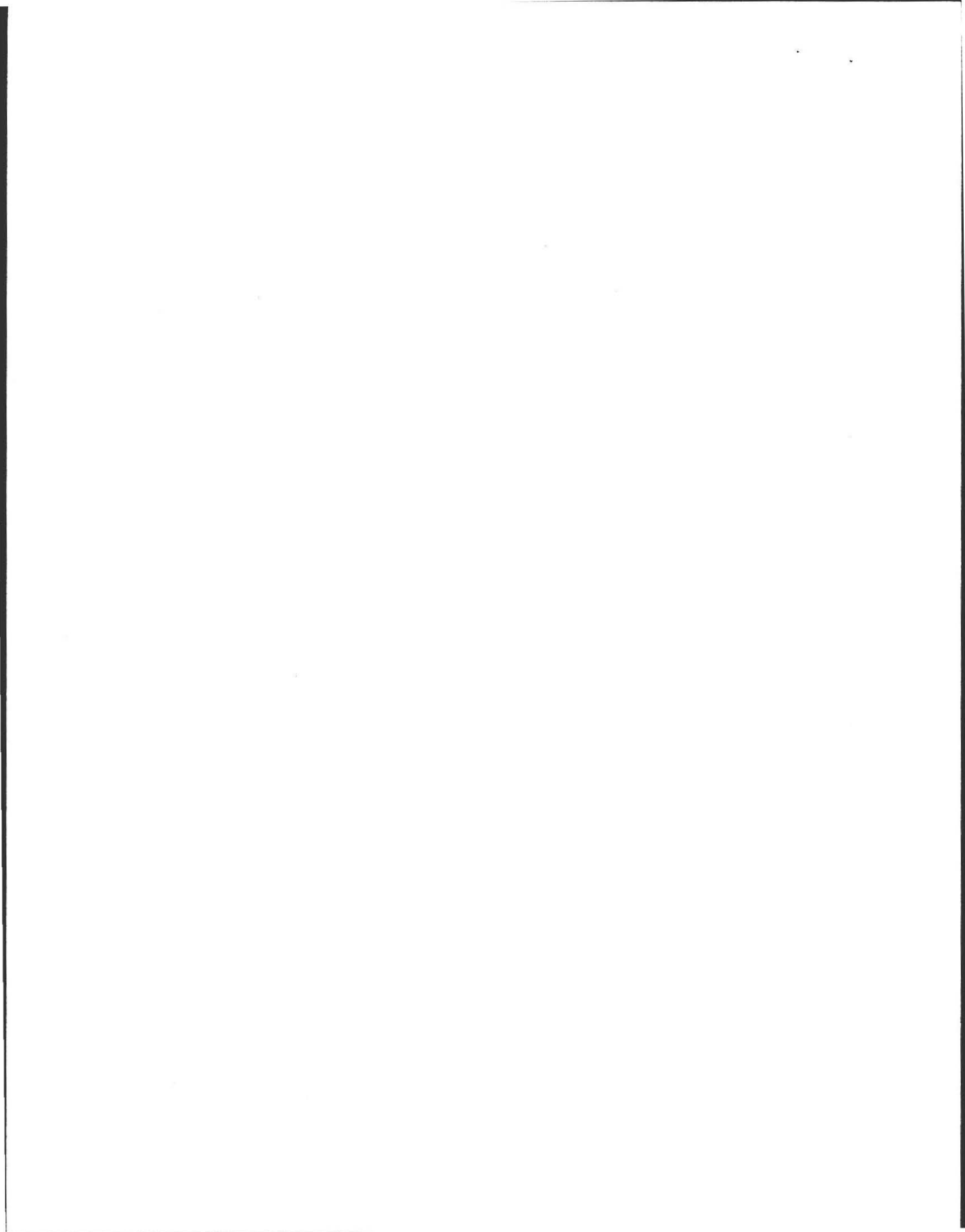
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

PIERC TEST RESULTS (1992 ATTACHED)

Before filing this inspection Report, please see Report Completeness Checklist on next page.





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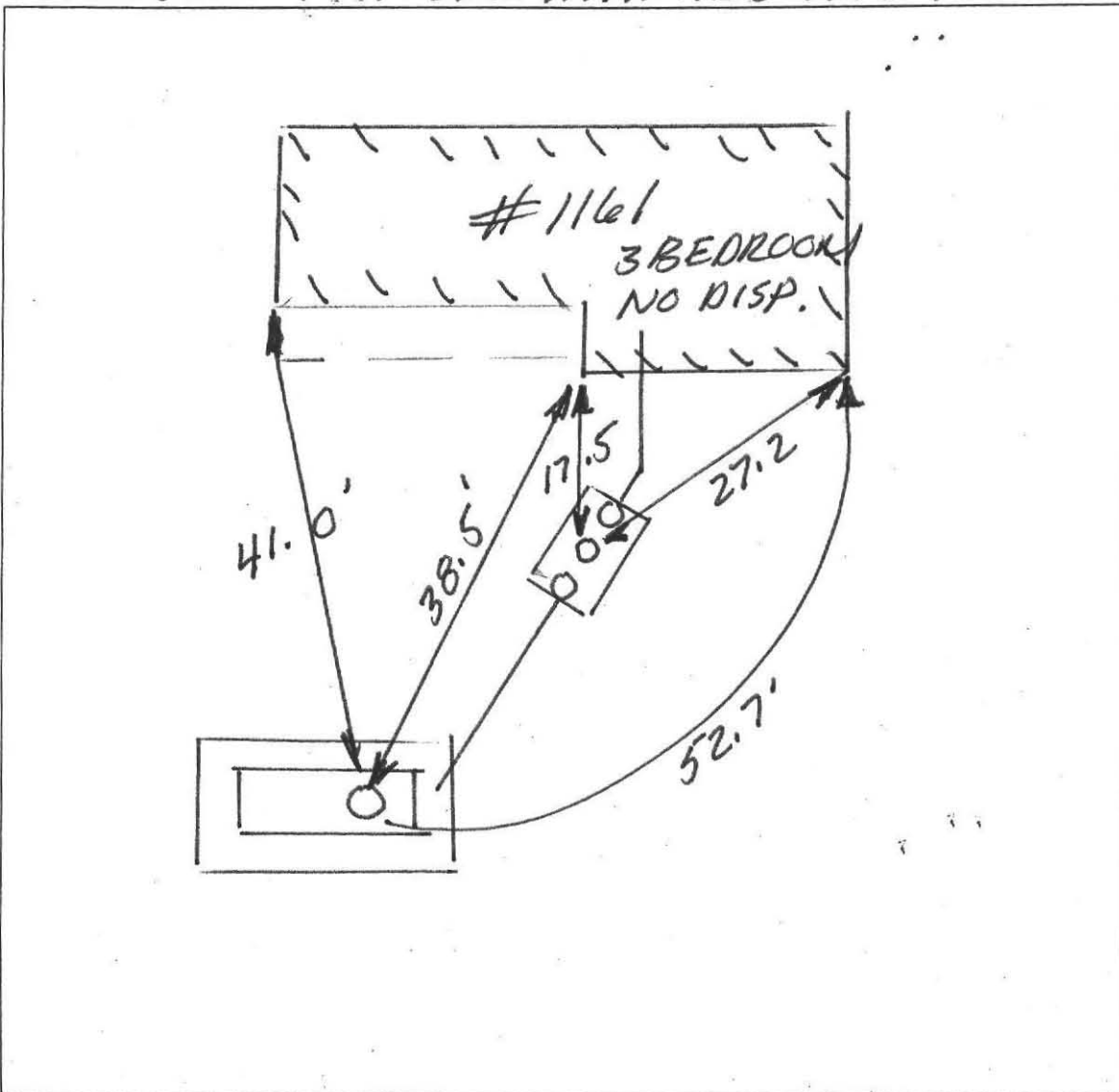
City/Town AMHERST State MA Zip Code 01004 Date of Inspection 5/10/2012

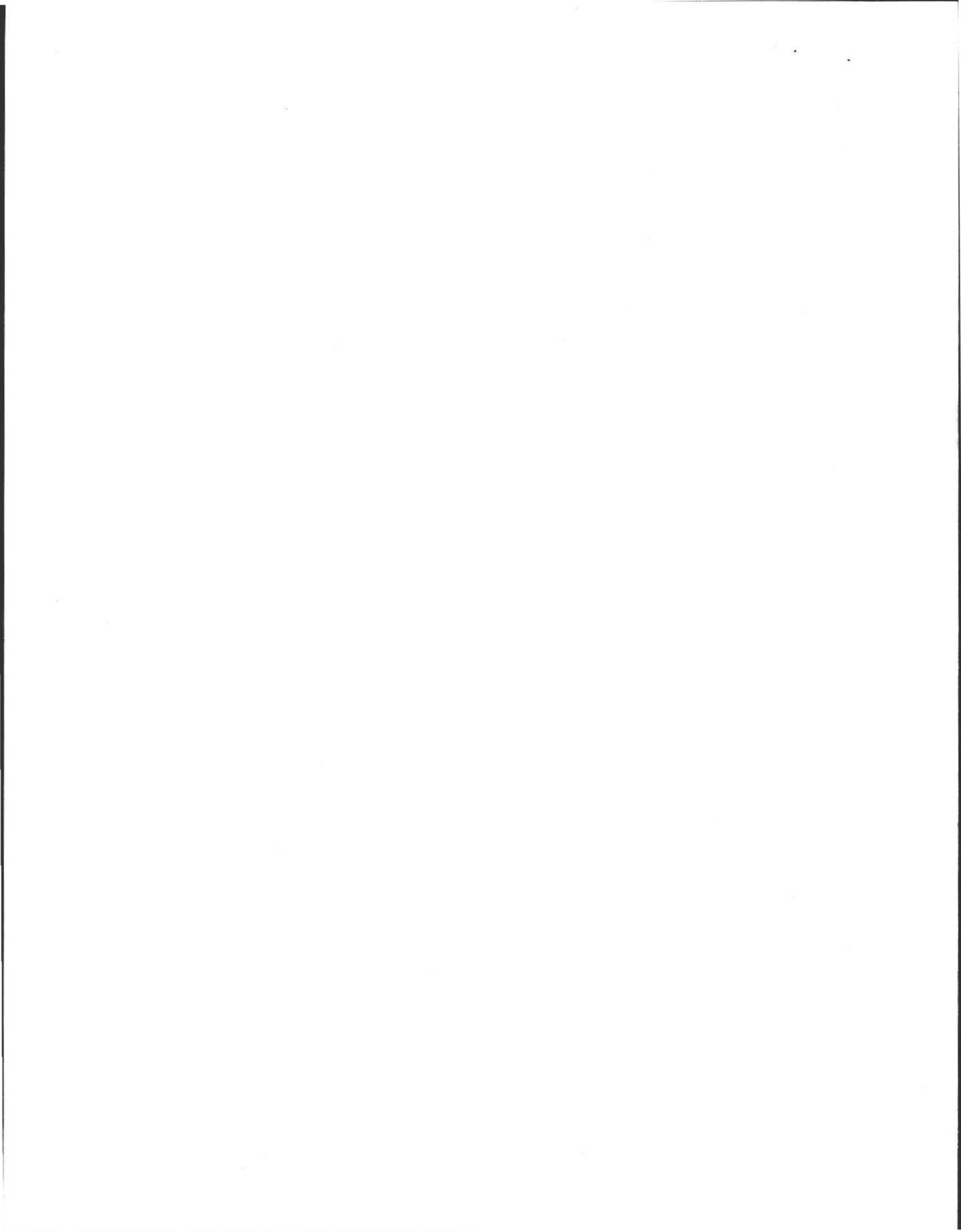
Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately *SEE ATTACHED 1992 PLAN*







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1161 BAY ROAD

Property Address

ESTATE OF DONALD FRIZZLE

Owner's Name

AMHERST

MA

01004

5/10/2012

City/Town

State

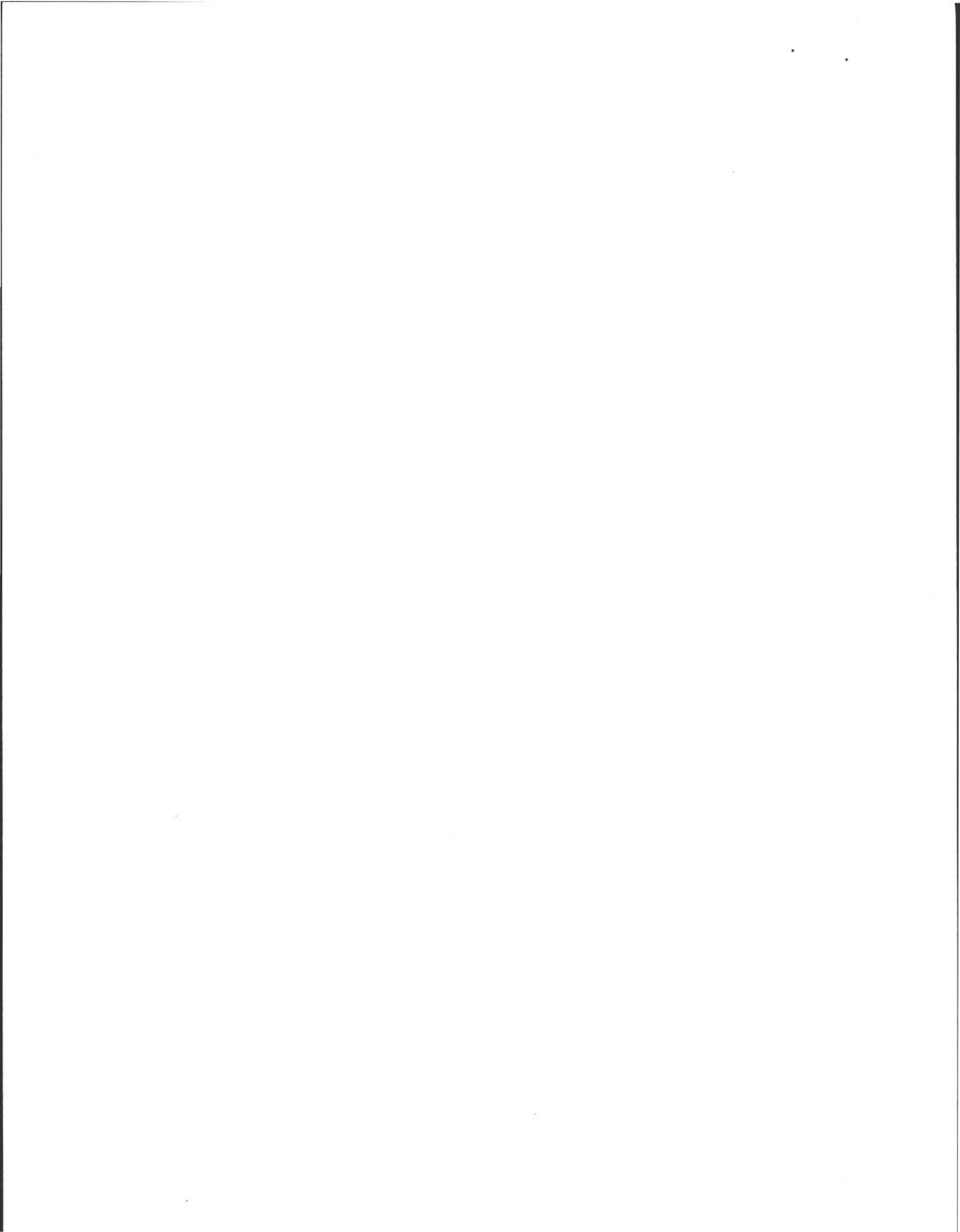
Zip Code

Date of Inspection

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

Owner information is required for every page.



D.M.

BAY ROAD

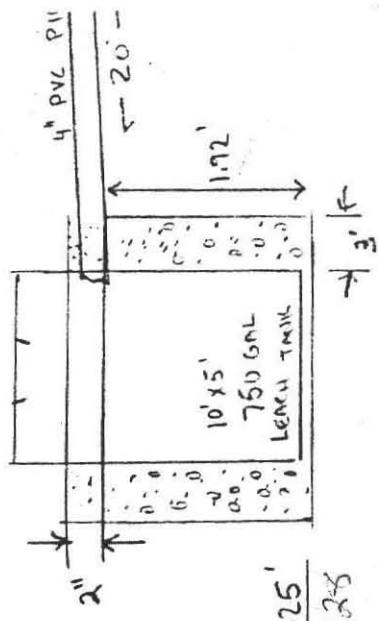
SITE PLAN

(SCALE: 1" = 20')

INFL. TANK IN



CROSS-SECTION OF PROPOSED SYSTEM

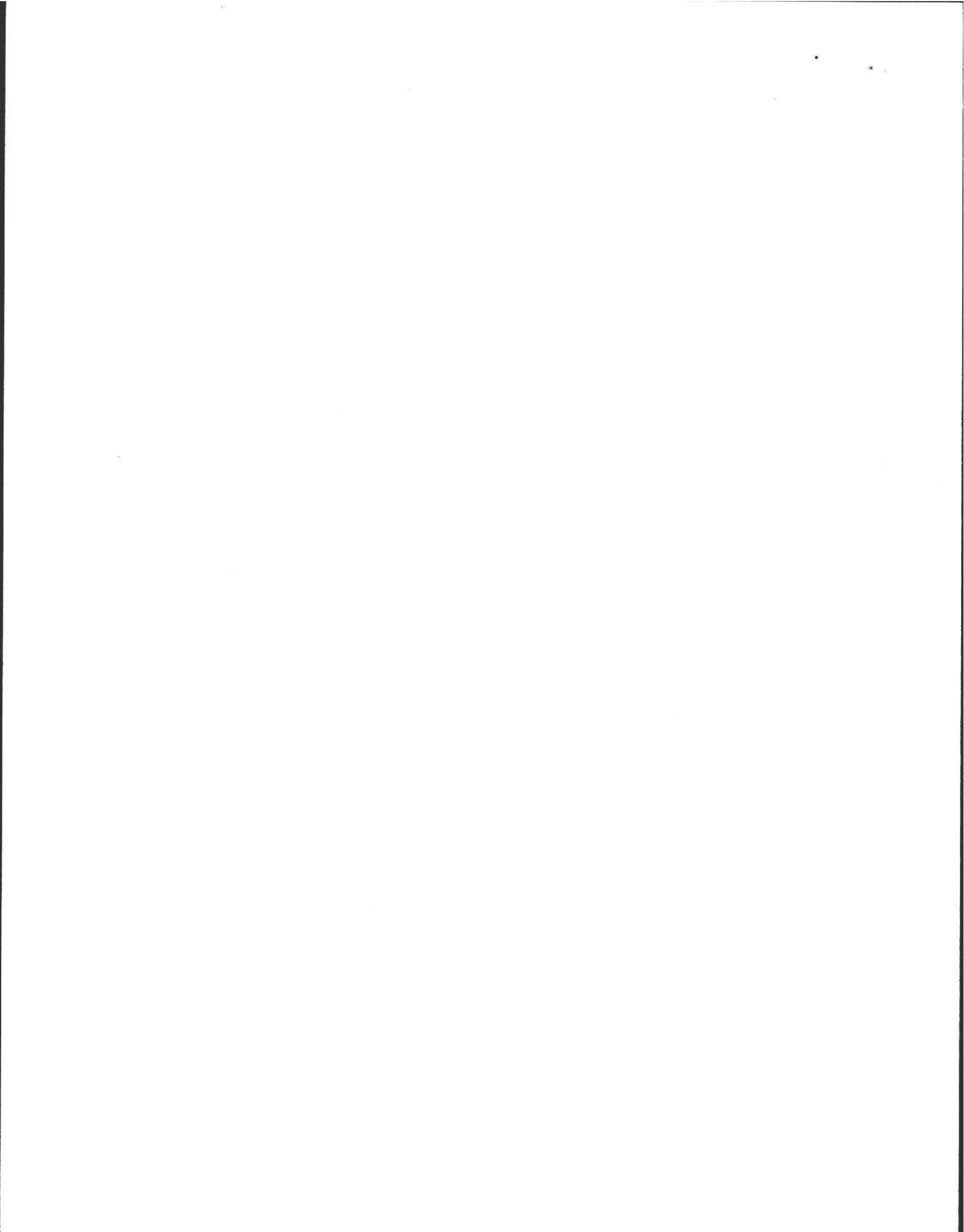


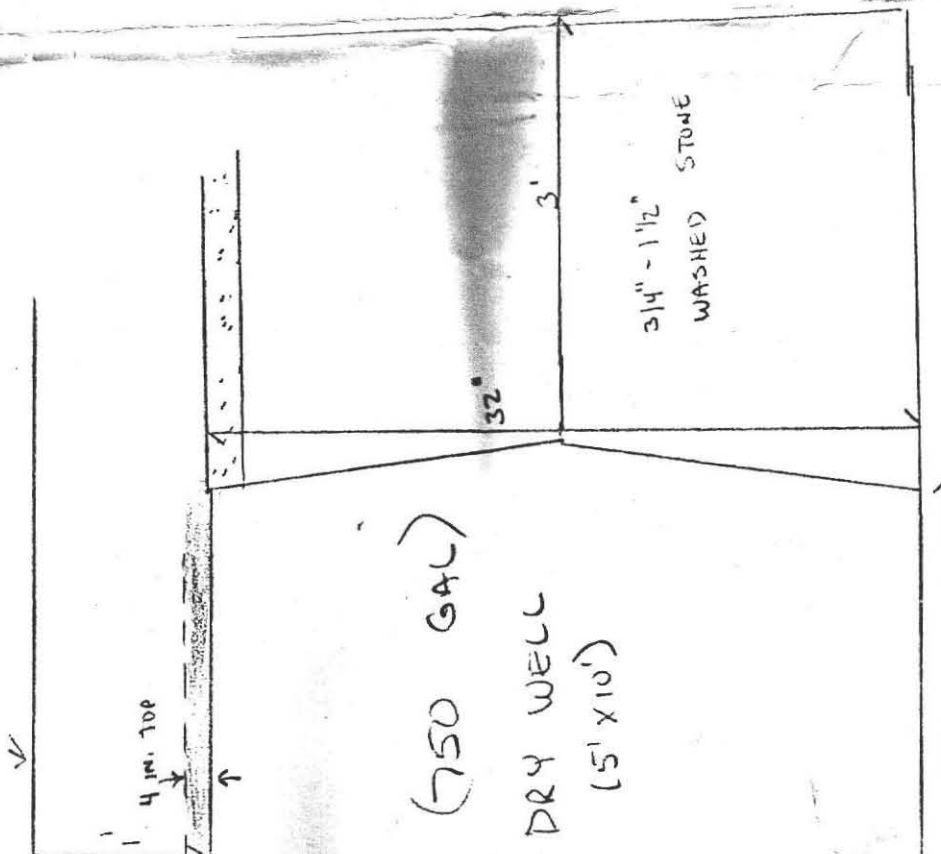
BOTTOM OF L. TANK 96.25'

97.25'

5' SEPARATION

(BOT. ELEV. OF TP-1 = 91.26')



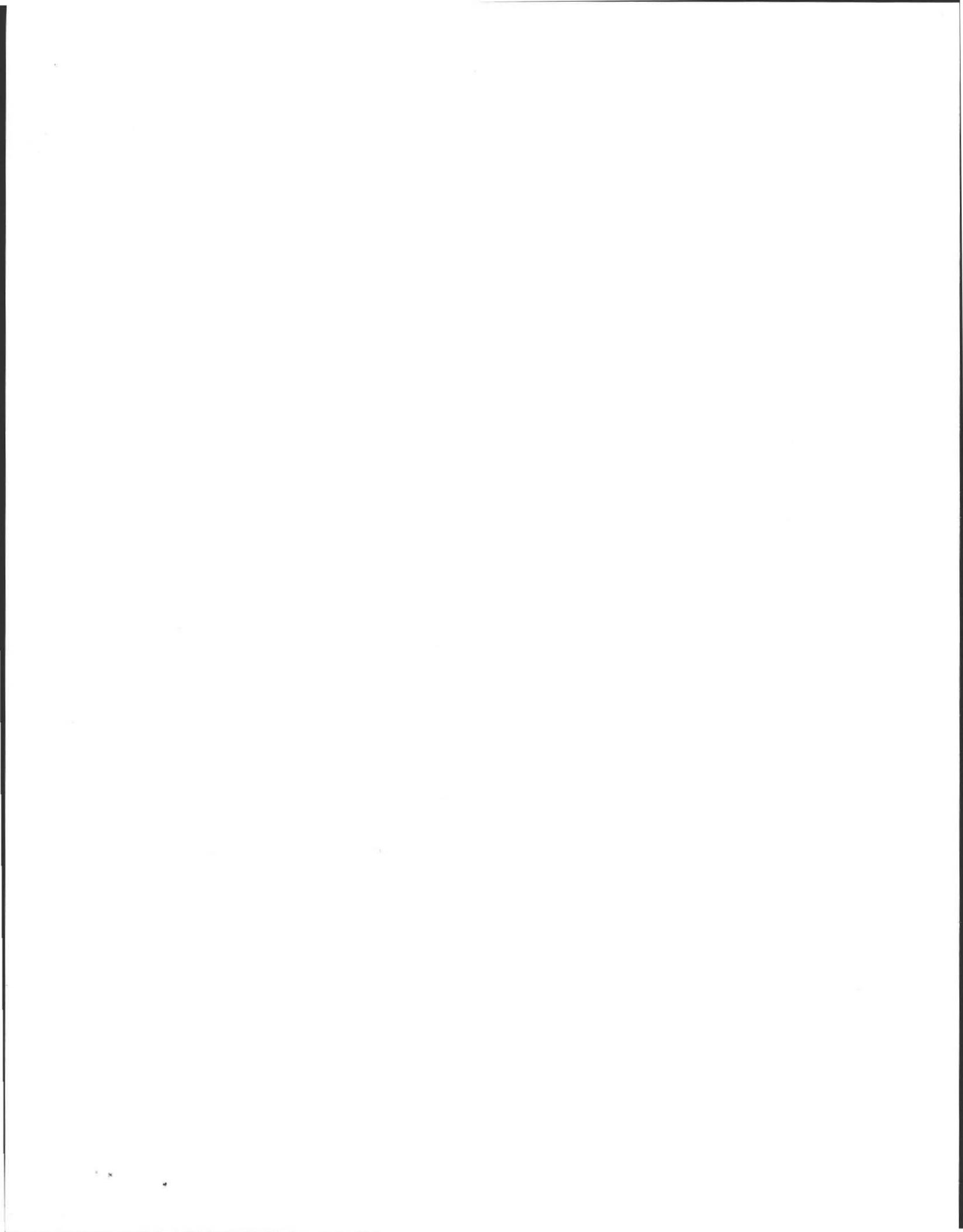


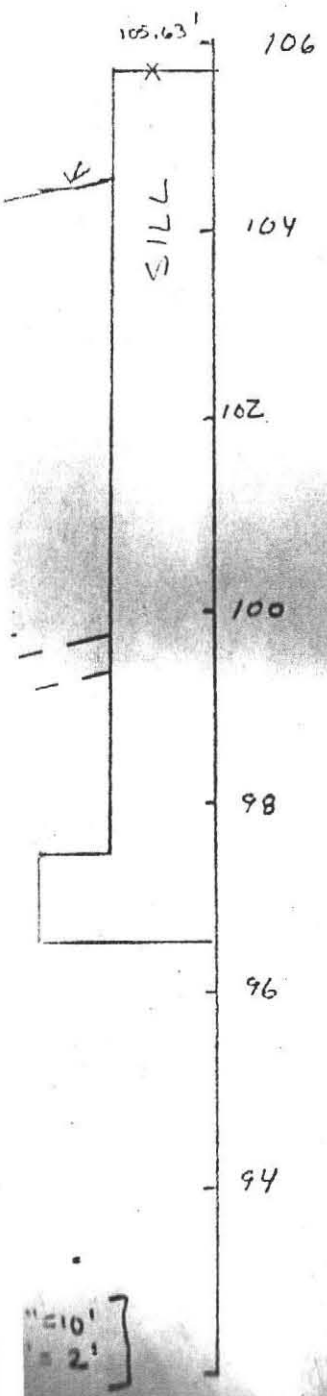
0 - 12"	LO AM + SUB
12" →	Lt. Brown well sorted MED. - COARSE SAND LITTLE GRAVEL (NO H ₂ O)
12.5' (150")	

* PERC RATE OF 2 MN / IN ON
12/16/92 @ 58"

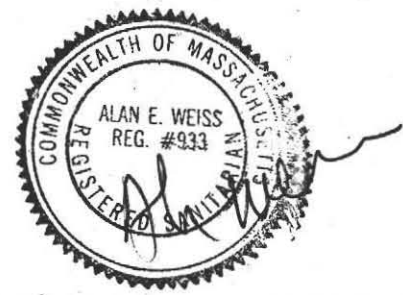
AIC OF DRY WELL (NTS)

DESIGN NO. 12

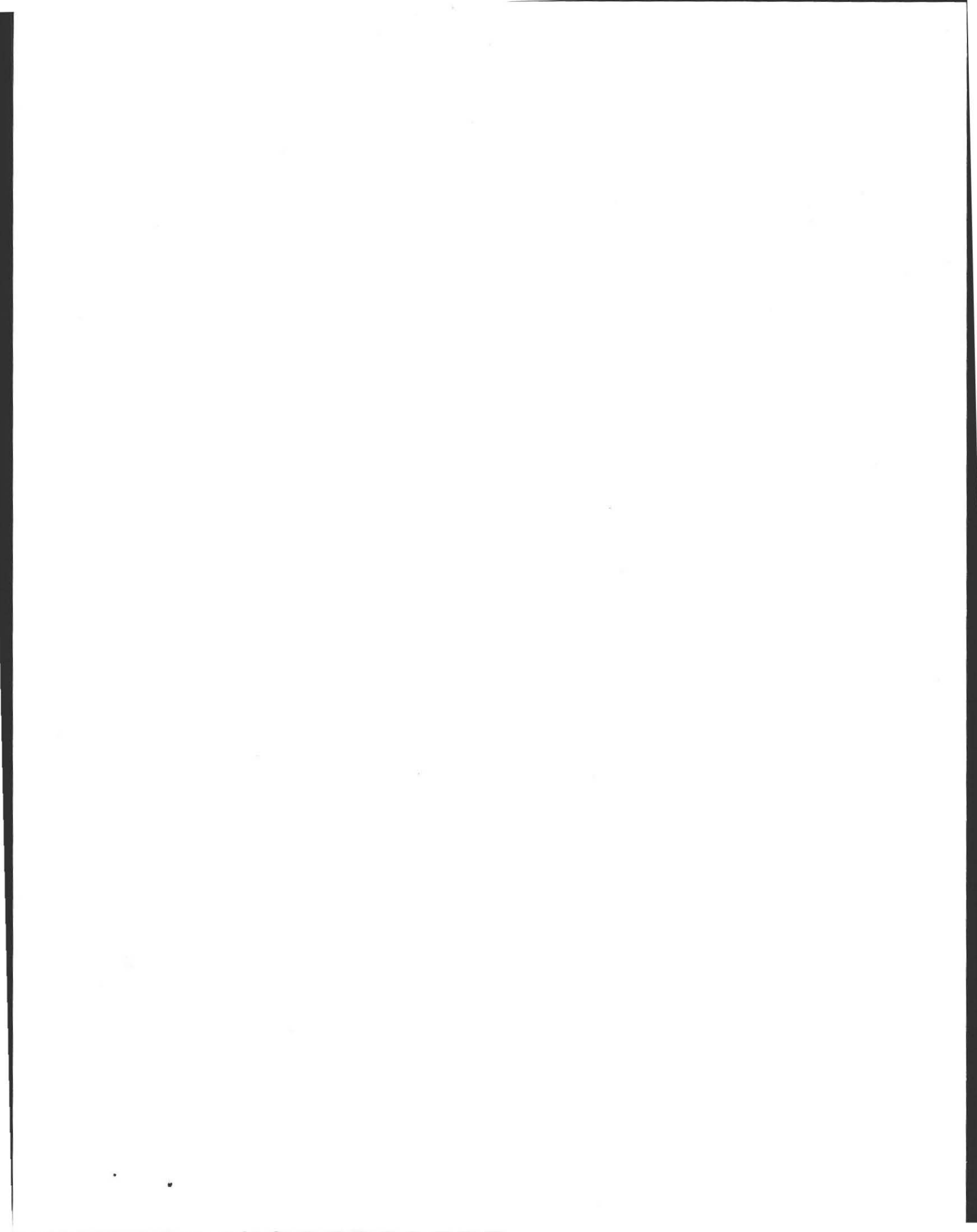


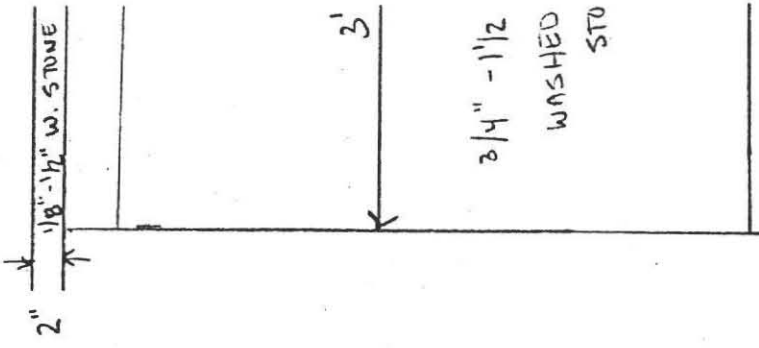
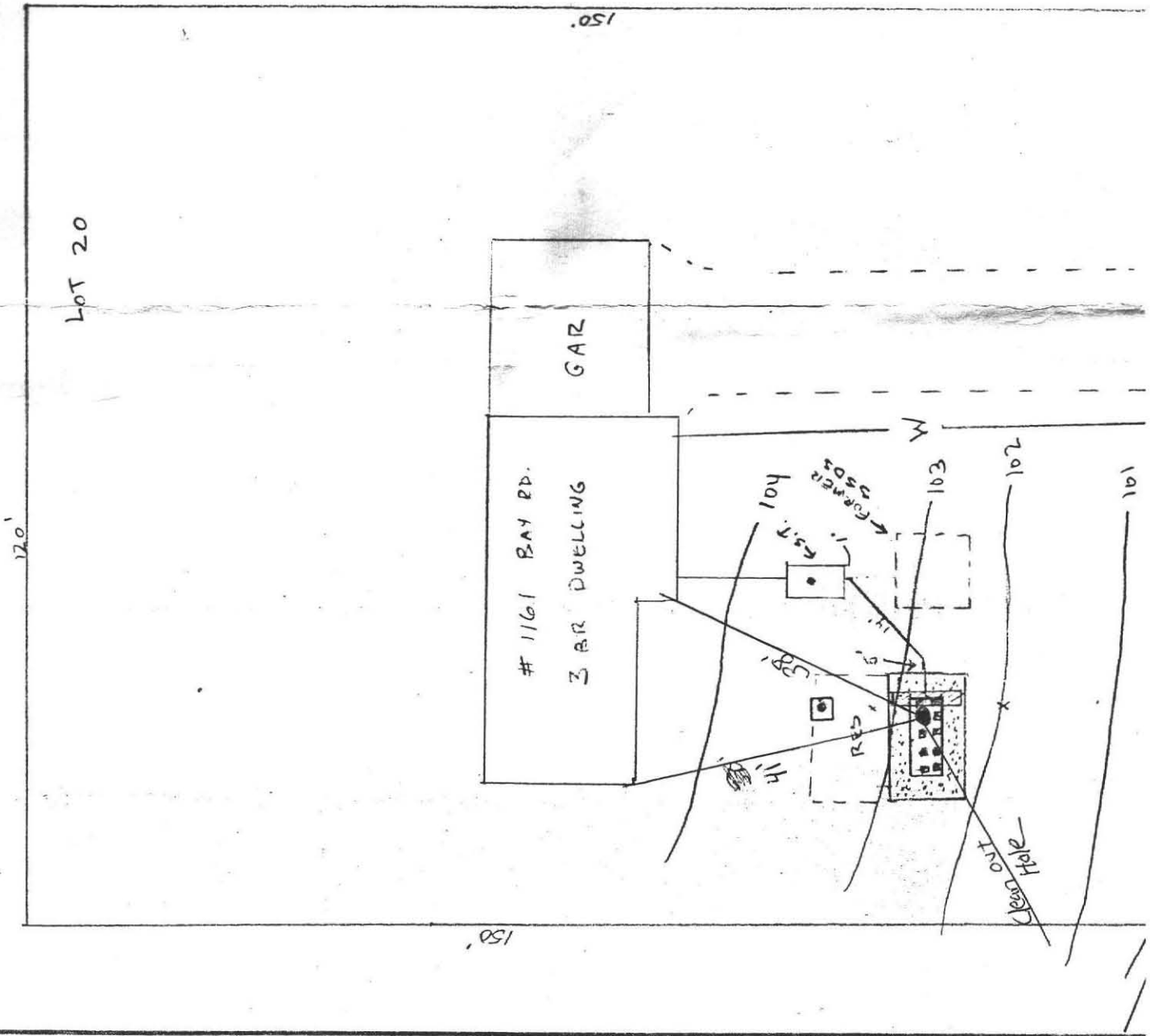


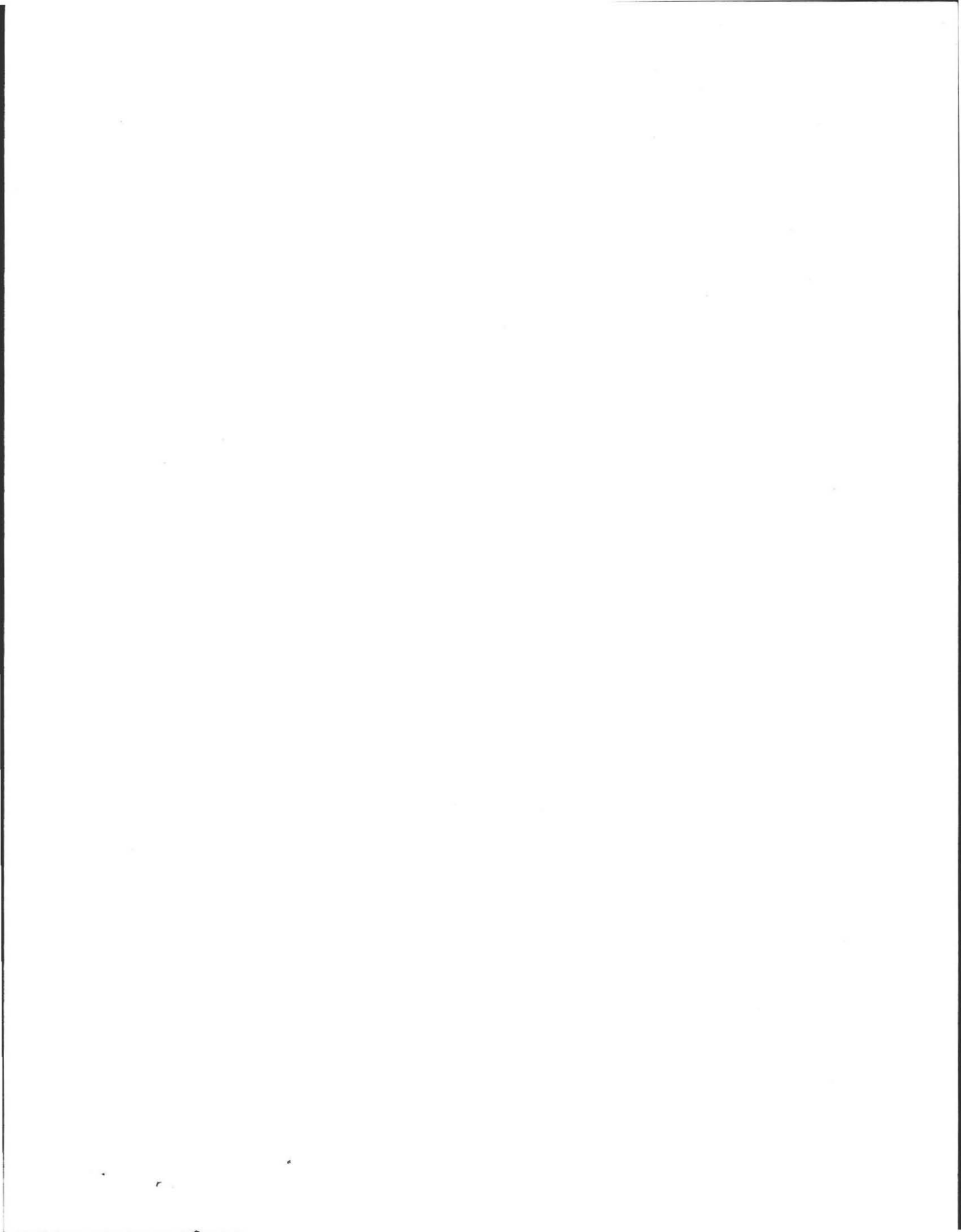
1. $3 \text{ BR} \times 110 \text{ GAL/DAY} \times 1.25 = 412.5 \frac{\text{GAL}}{\text{DAY}}$
2. BOT: $16 \text{ FT} \times 11 \text{ FT} = 176.2 \text{ SF}$
 SIDE: $16 \text{ FT} \times 1.92 \text{ FT} \times 2 = 61.44 \text{ SF}$
 $11 \text{ FT} \times 1.92 \text{ FT} \times 2 = 42.24 \text{ SF}$
 $\rightarrow 103.68 \text{ SF}$
 $176.2 \text{ SF} \times 1.25 \frac{\text{GAL}}{\text{DAY}} + 103.68 \times 2.5 \frac{\text{GAL}}{\text{DAY}} = \underline{435.20 \frac{\text{GAL}}{\text{DAY}}}$ ✓
3. NO CHANGE IN GRADE REQUIRED, SLOPE CALCS N/A.
4. NO WETLANDS OR WALLS WITHIN 200'.
5. DISCONNECT CARBAGE DISPOSAL AT KITCHEN SINK.
6. TOWN WATER AS NOTED.
7. INSPECT S. TANK FOR INTEGRITY AND INLET/OUTLET BATTERS, REPLACE IF NECESSARY.

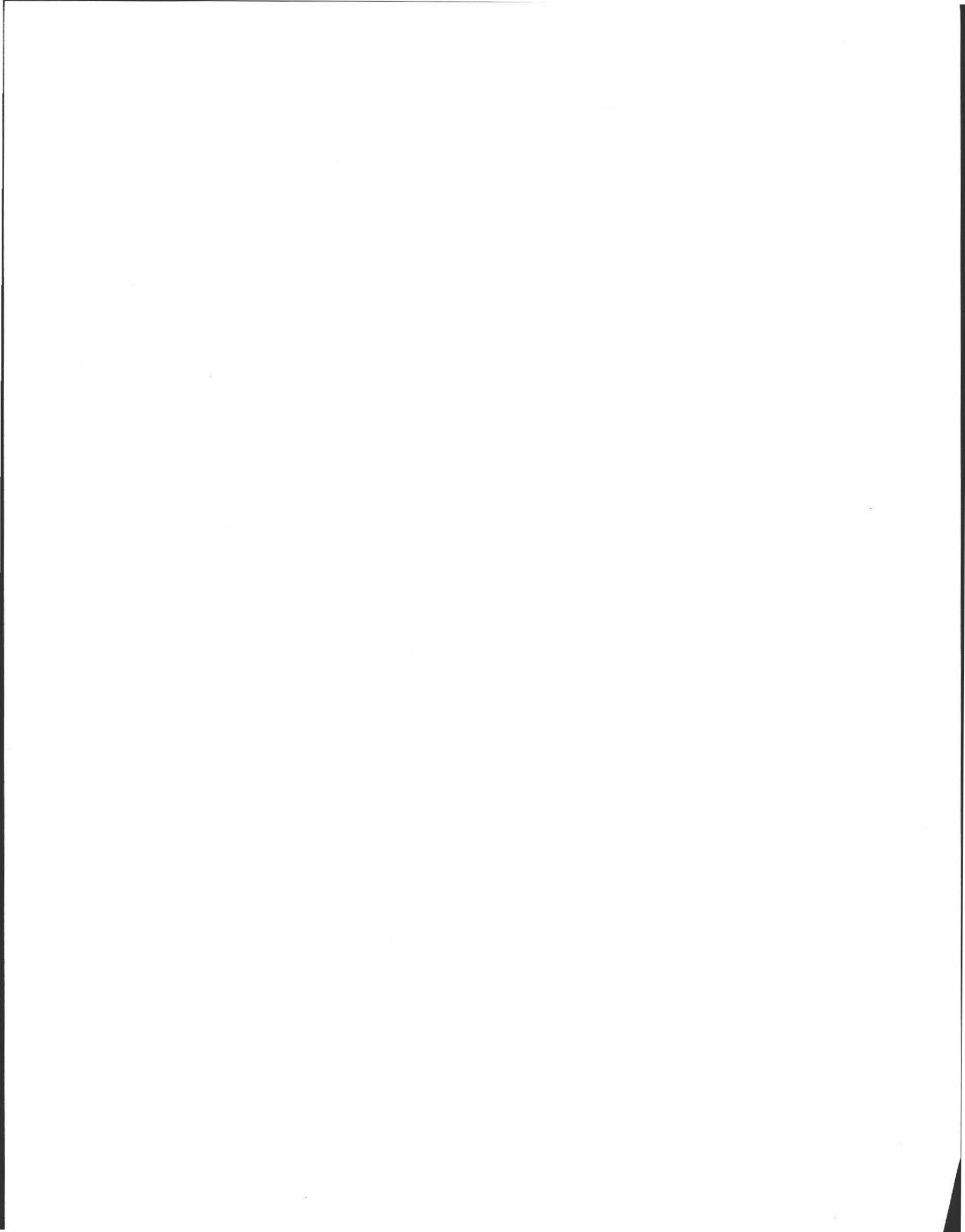


PROPOSED SEPTIC PLAN FOR DONALD FRIZZLE 1161 BAY ROAD, AMHERST, MA.		
SCALE: NOTED	APPROVED BY:	DRAWN BY AW.
DATE: 12/17/92	A.W.	REVISED
COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.		
BELCHERTOWN, MA. 323-5957		DRAWING NUMBER 92-241-1210









CUST NAME
4 BOLTWOOD AVENUE
05/14/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 09:37

121 PE

CUST NAME

0
DEPT

DE HEA058

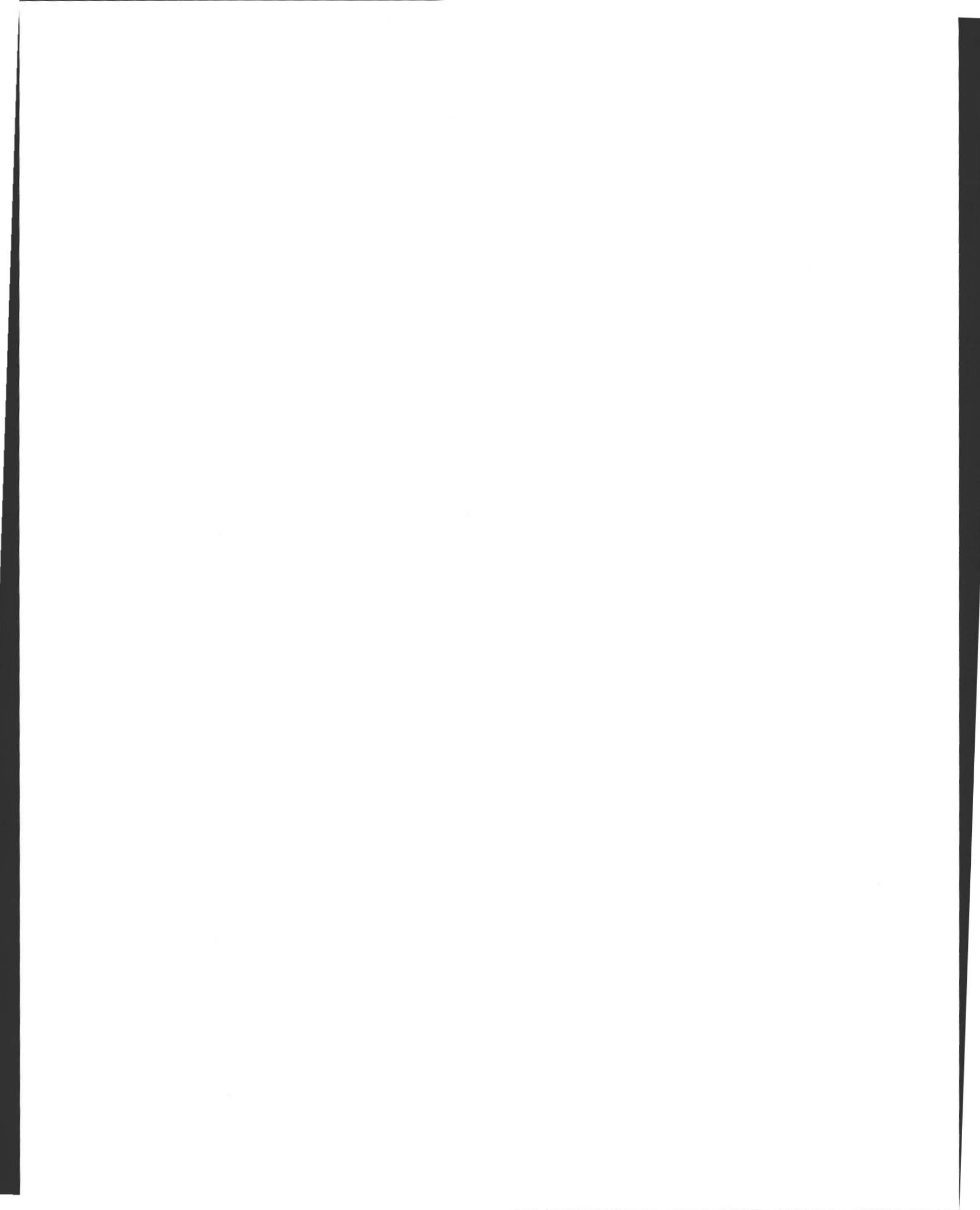
TITLE V WI 200.

200.00
WILLIAM J QUA CHECK

8557

AMOUNT

RECPT TOTAL





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1991

NEXT FEB - 10 AM

ERINIE MATTHEU
← BILL SIEMATA

FIND ANY OLD
PERC FOR 73
HVLST/

Owner information is required for every page.

Property Address

Owner's Name

City/Town

State

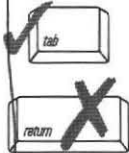
Zip Code

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Handdigging @ Wildflower @ 3 PM NEXT TUESDAY



A. General Information

1. Inspector:

BARRY ROBERTS
PO BOX 678
AMHERST, MA 01002
1601 BAY ROAD

Name of Inspector

Company Name

Company Address

City/Town

State

Zip Code

Telephone Number

License Number

B. Certification

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:

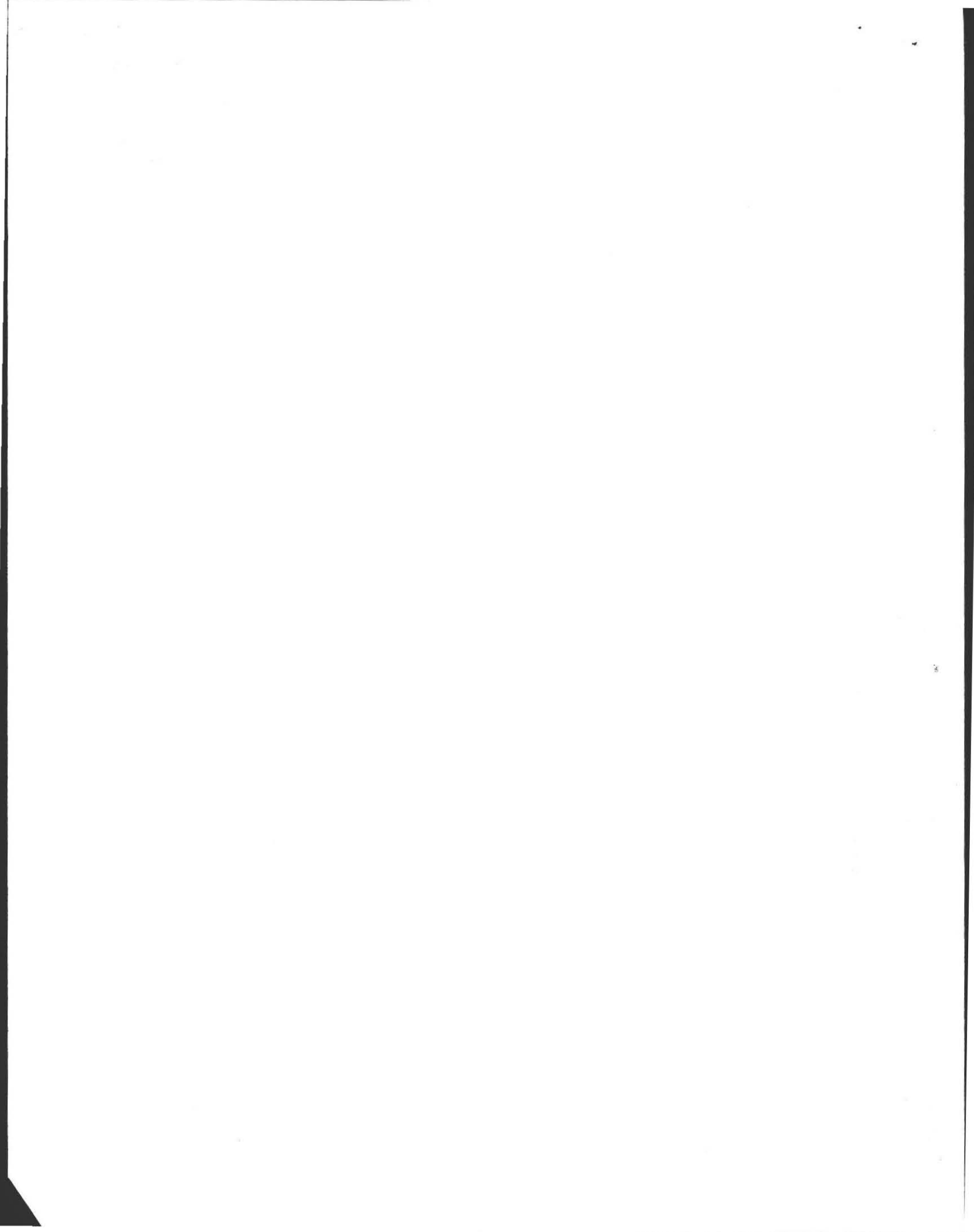
- Passes
- Conditionally Passes
- Fails
- Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

Date

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.

****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.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address

Owner's Name

Owner information is required for every page.

City/Town

State

Zip Code

Date of Inspection

B. Certification (cont.)

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:

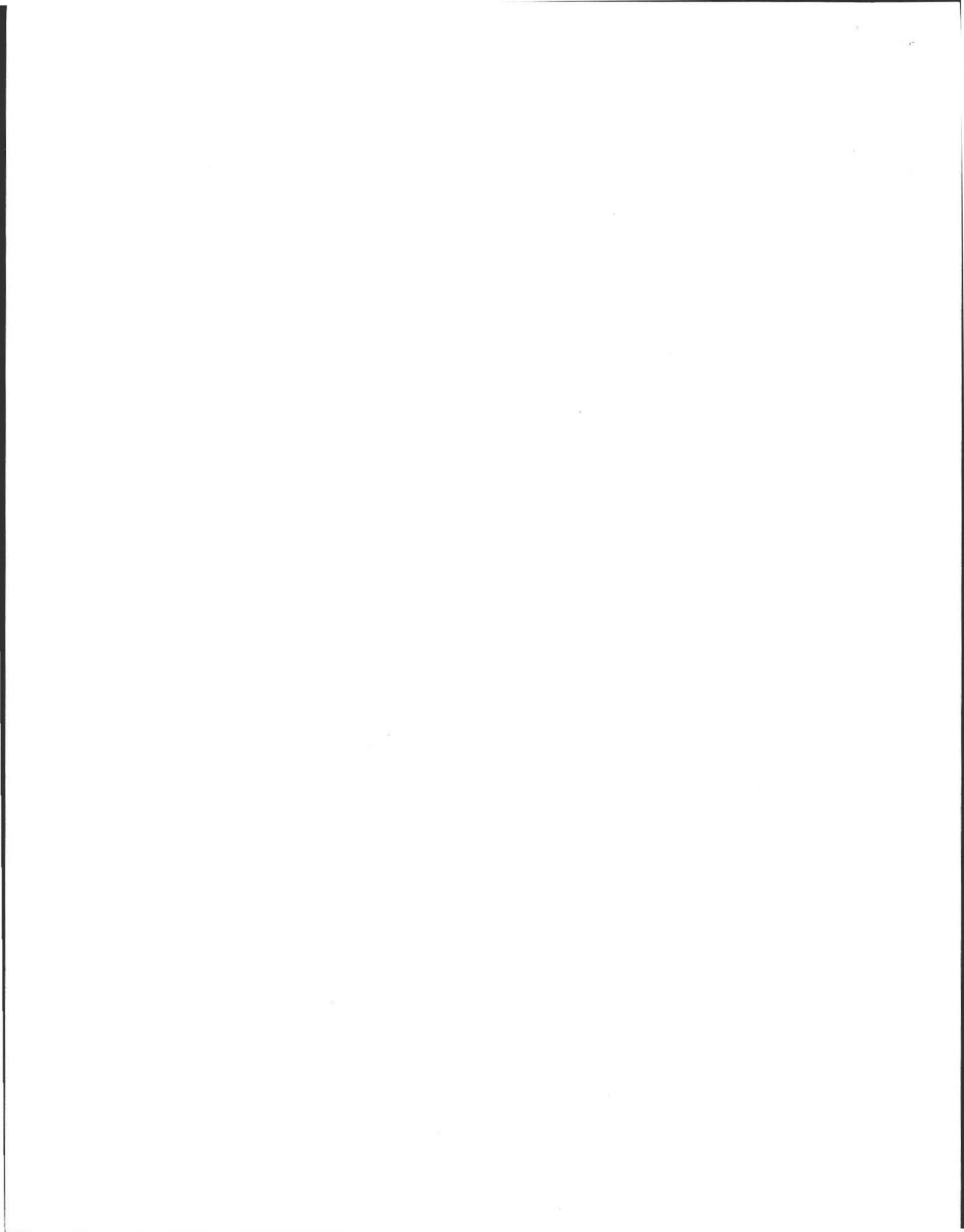
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

Y N ND (Explain below):





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

City/Town _____ State _____ Zip Code _____ Date of Inspection _____

Owner information is required for every page.

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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 Y N ND (Explain below):
- obstruction is removed Y N ND (Explain below):
- distribution box is leveled or replaced Y N ND (Explain below):

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):

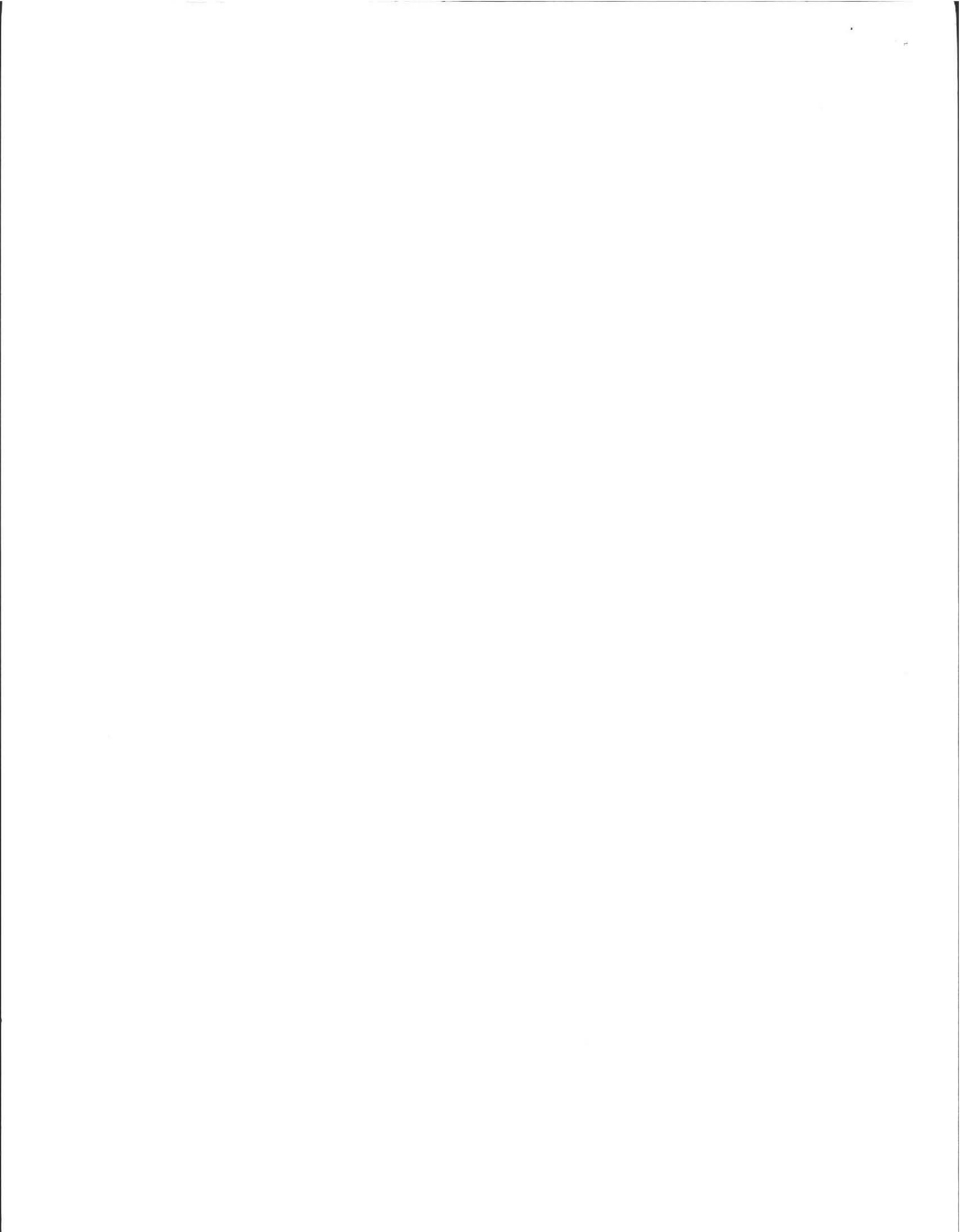
- broken pipe(s) are replaced Y N ND (Explain below):
- obstruction is removed Y N ND (Explain below):

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





Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address

Owner's Name

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Owner information is required for every page.

B. Certification (cont.)

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:

- Four checkbox options regarding SAS proximity to surface water and private wells, plus a text field for distance measurement method.

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent 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.

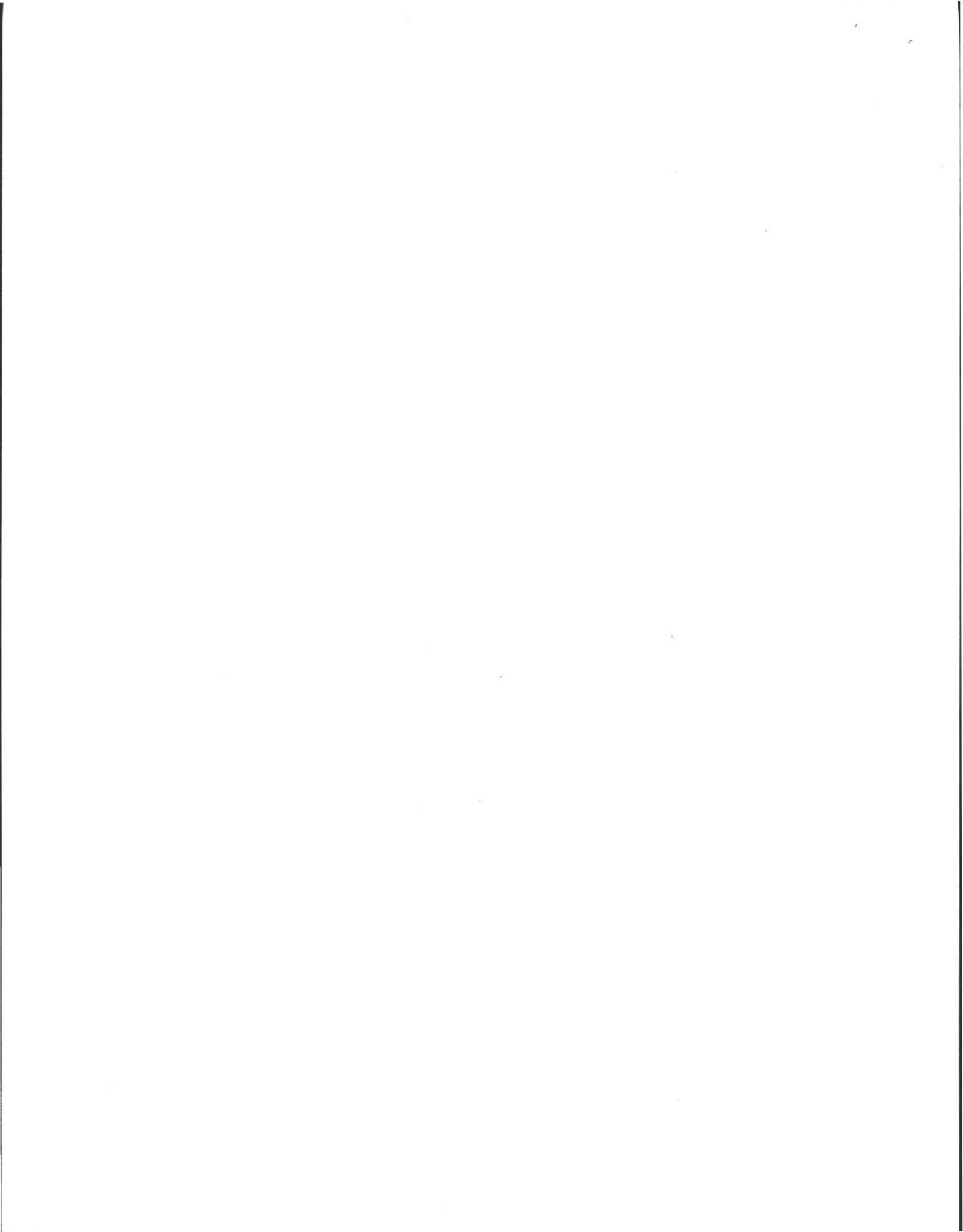
3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns 'Yes' and 'No' and four rows of failure criteria: backup of sewage, discharge to surface, static liquid level, and liquid depth in cesspool.





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

City/Town _____

State _____

Zip Code _____

Date of Inspection _____

Owner information is required for every page.

B. Certification (cont.)

Yes No

Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: _____.

Any portion of the SAS, cesspool or privy is below high ground water elevation.

Any portion of 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 1 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. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.]**

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

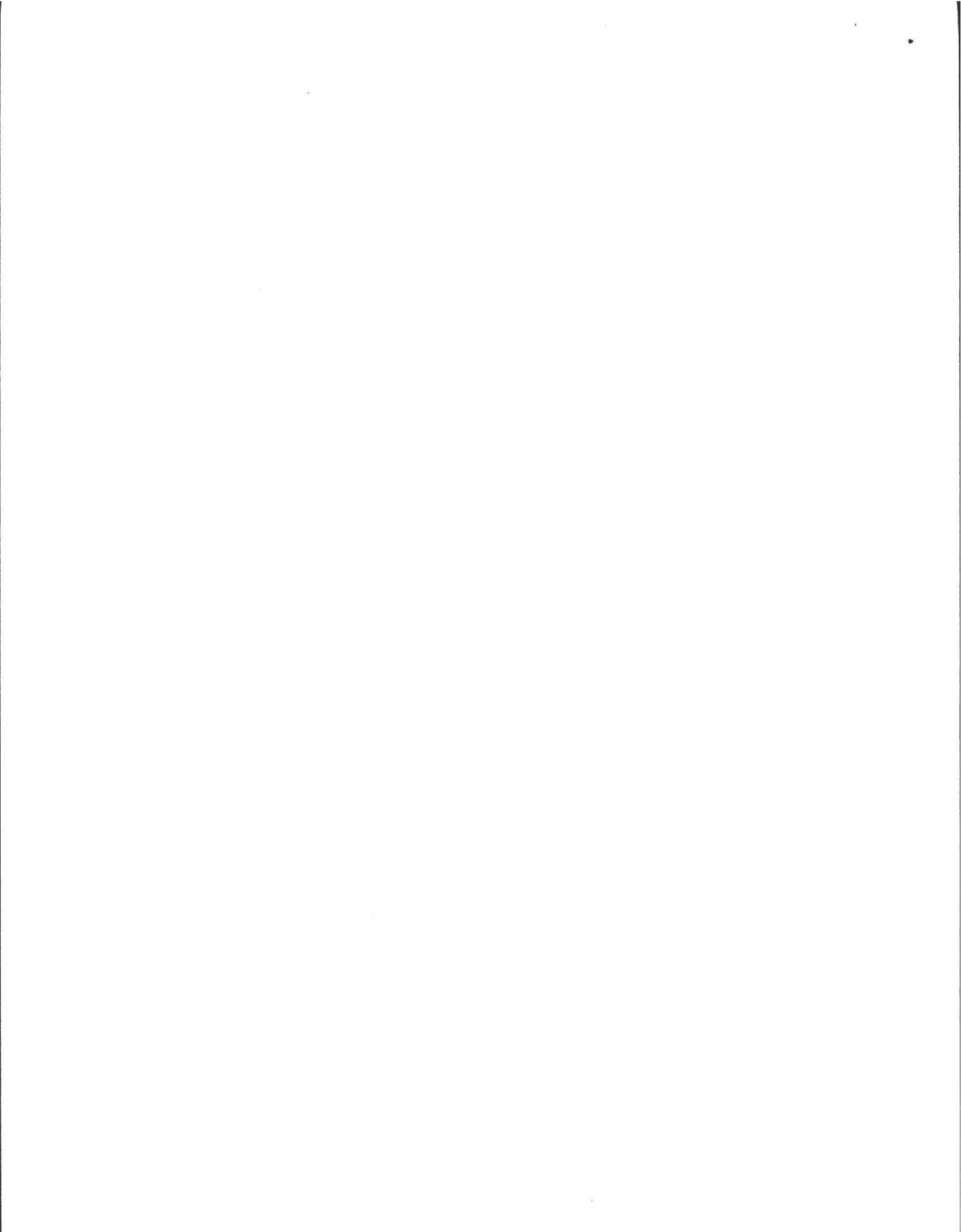
Yes No

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 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.





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

City/Town _____

State _____

Zip Code _____

Date of Inspection _____

Owner information is required for every page.

C. Checklist

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

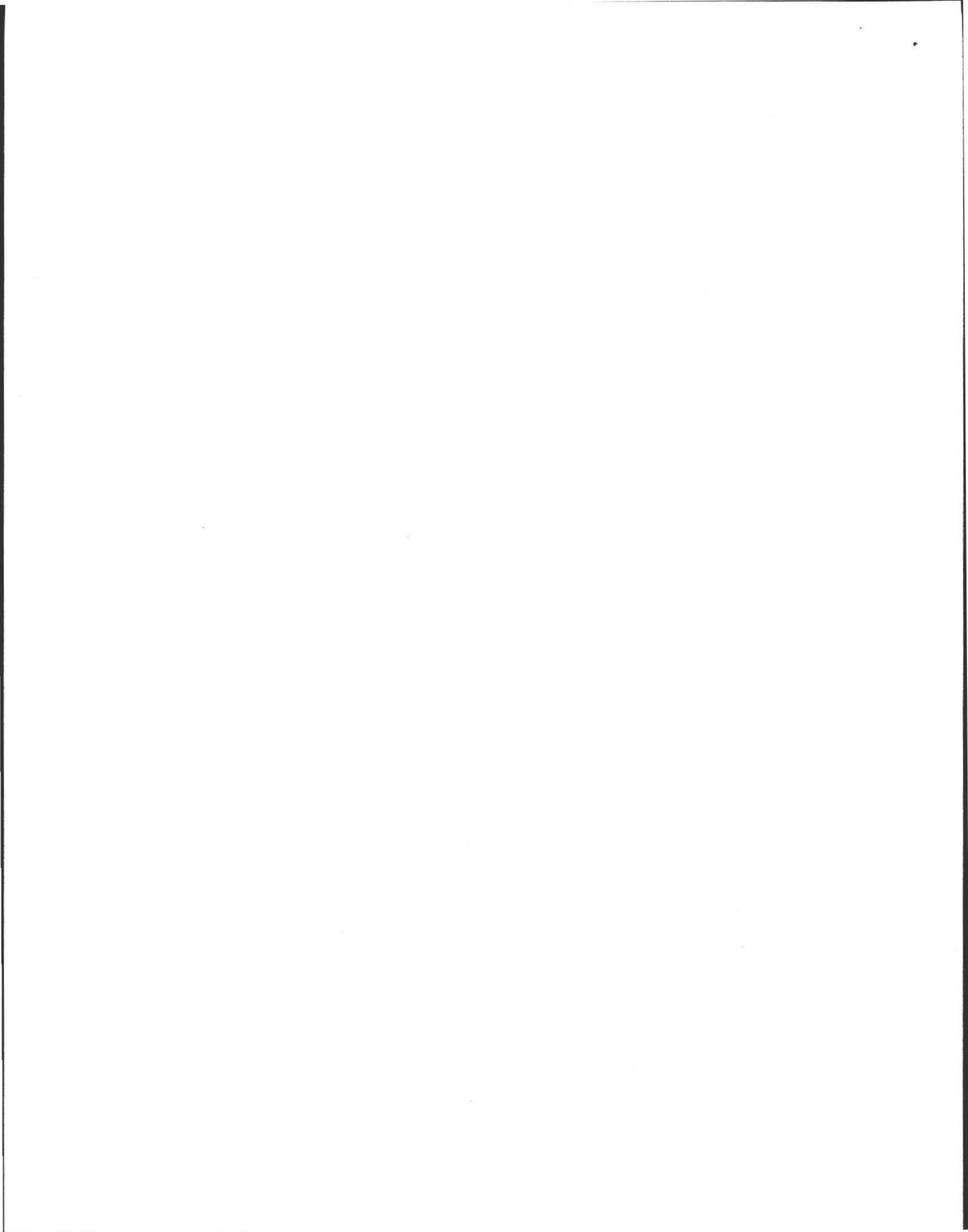
- | Yes | No | |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input 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 type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input 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 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 type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input 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(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): _____ Number of bedrooms (actual): _____

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

Property Address _____

Owner's Name _____

City/Town _____ State _____ Zip Code _____ Date of Inspection _____

D. System Information

Description:

Number of current residents: _____

Does residence have a garbage grinder? Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

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

Detail:

Sump pump? Yes No

Last date of occupancy: _____
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____
Gallons per day (gpd)

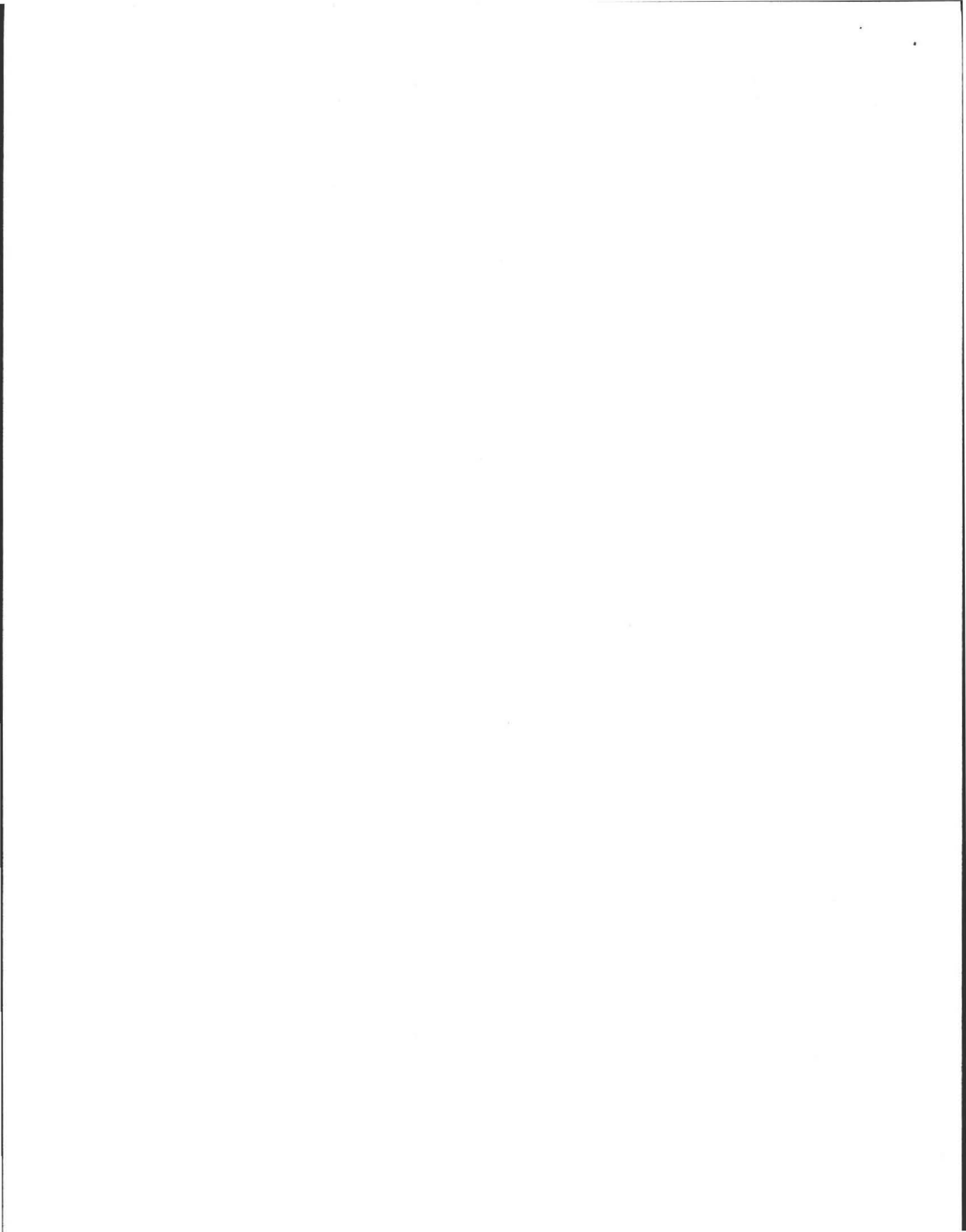
Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

Owner information is required for every page.

City/Town _____

State _____

Zip Code _____

Date of Inspection _____

D. System Information (cont.)

Last date of occupancy/use: _____

Date

Other (describe below):

General Information

Pumping Records:

Source of information: _____

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped: _____

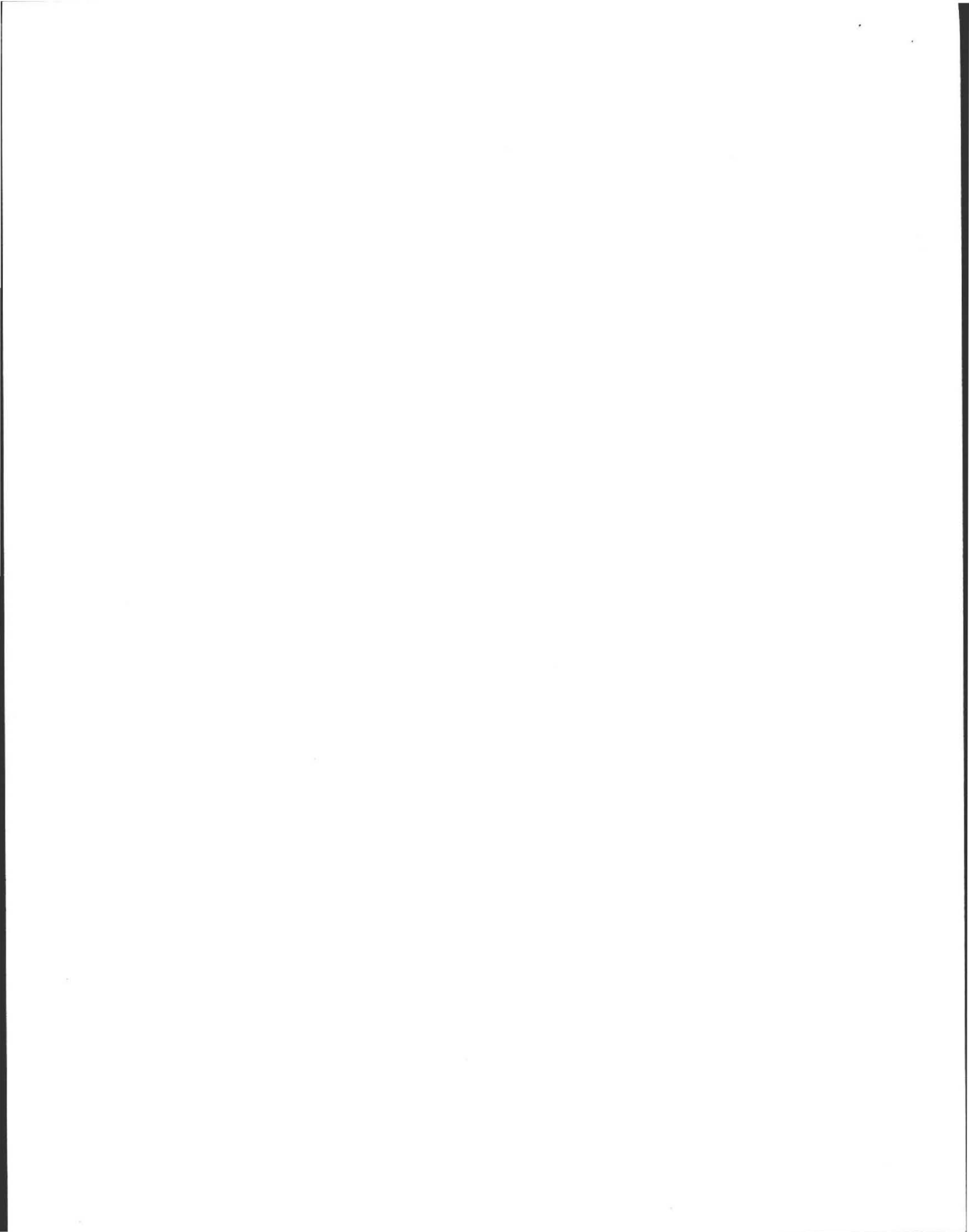
gallons

How was quantity pumped determined? _____

Reason for pumping: _____

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) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe): _____





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

City/Town _____

State _____

Zip Code _____

Date of Inspection _____

Owner information is required for every page.

D. System Information (cont.)

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

Were sewage odors detected when arriving at the site? _____

Yes No

Building Sewer (locate on site plan):

Depth below grade: _____

feet

Material of construction:

cast iron

40 PVC

other (explain): _____

Distance from private water supply well or suction line: _____

feet

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

Septic Tank (locate on site plan):

Depth below grade: _____

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age: _____

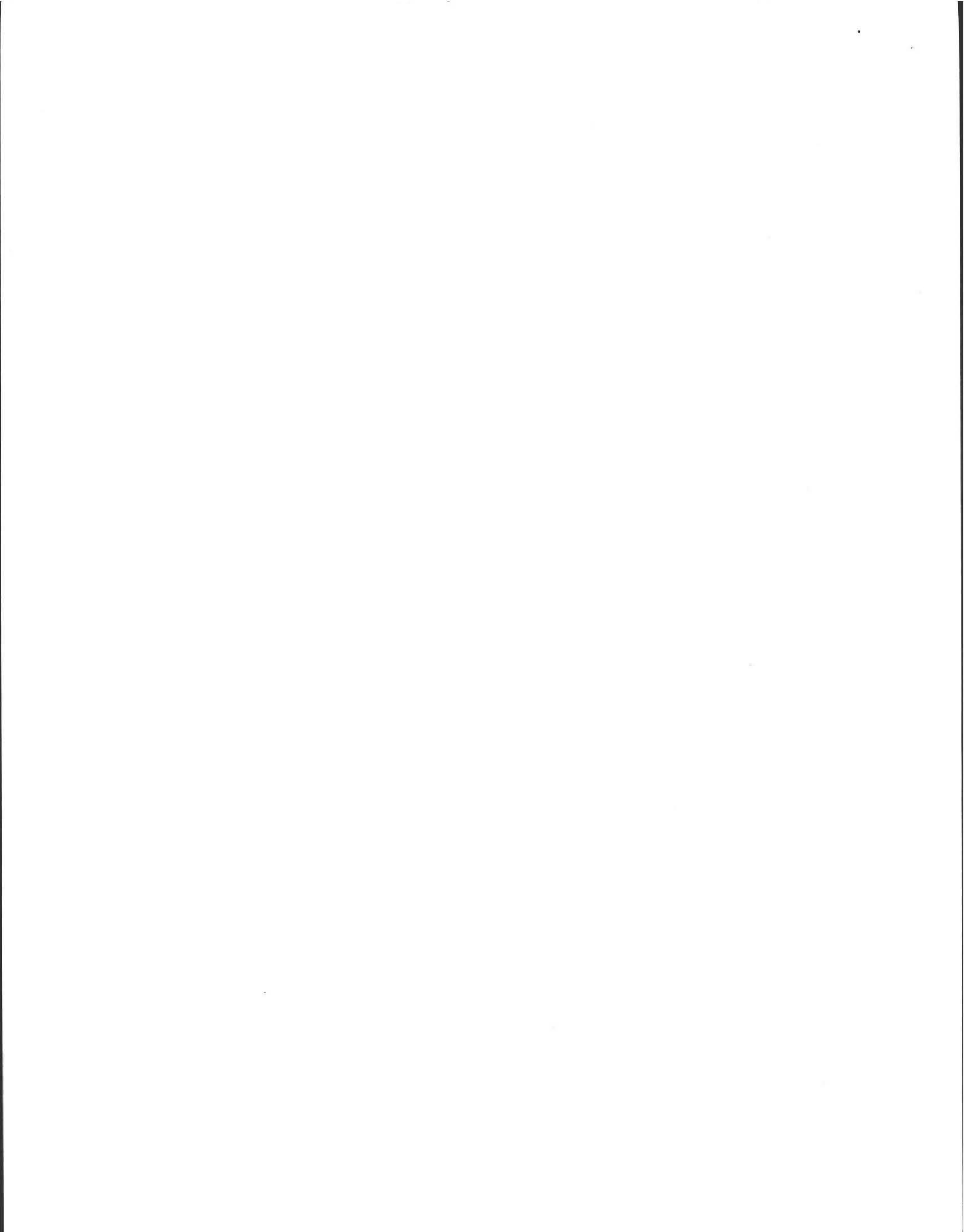
years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) _____

Yes No

Dimensions: _____

Sludge depth: _____





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

Owner information is required for every page.

City/Town _____

State _____

Zip Code _____

Date of Inspection _____

D. System Information (cont.)

Septic Tank (cont.)

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

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 _____

How were dimensions determined? _____

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Grease Trap (locate on site plan):

Depth below grade: _____

feet

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: _____

Date



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

City/Town _____ State _____ Zip Code _____ Date of Inspection _____

Owner information is required for every page.

D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

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: _____ gallons

Design Flow: _____ gallons per day

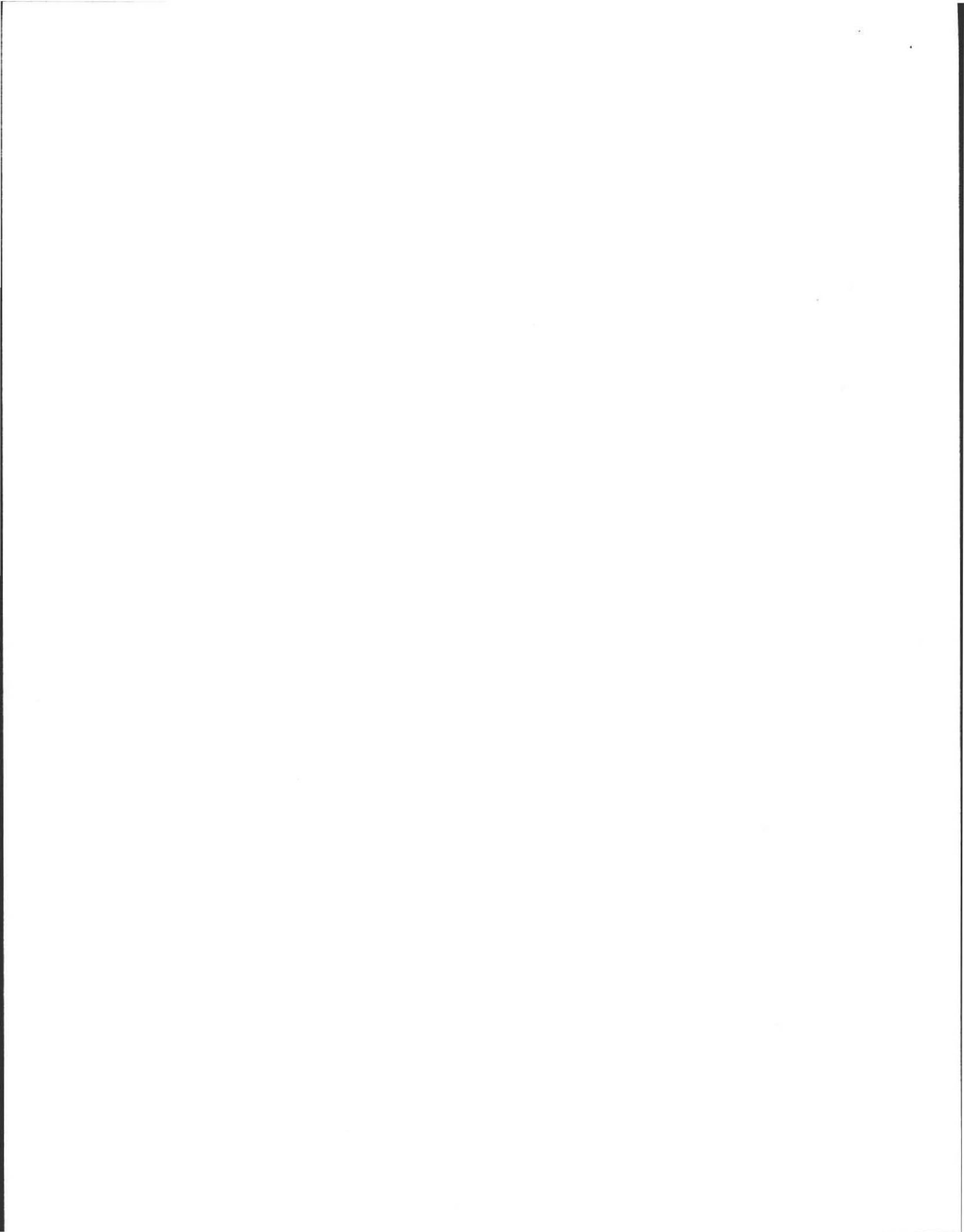
Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____ Date

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

* Attach copy of current pumping contract (required). Is copy attached? Yes No





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

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State _____

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Date of Inspection _____

Owner information is required for every page.

D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert _____

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.):

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

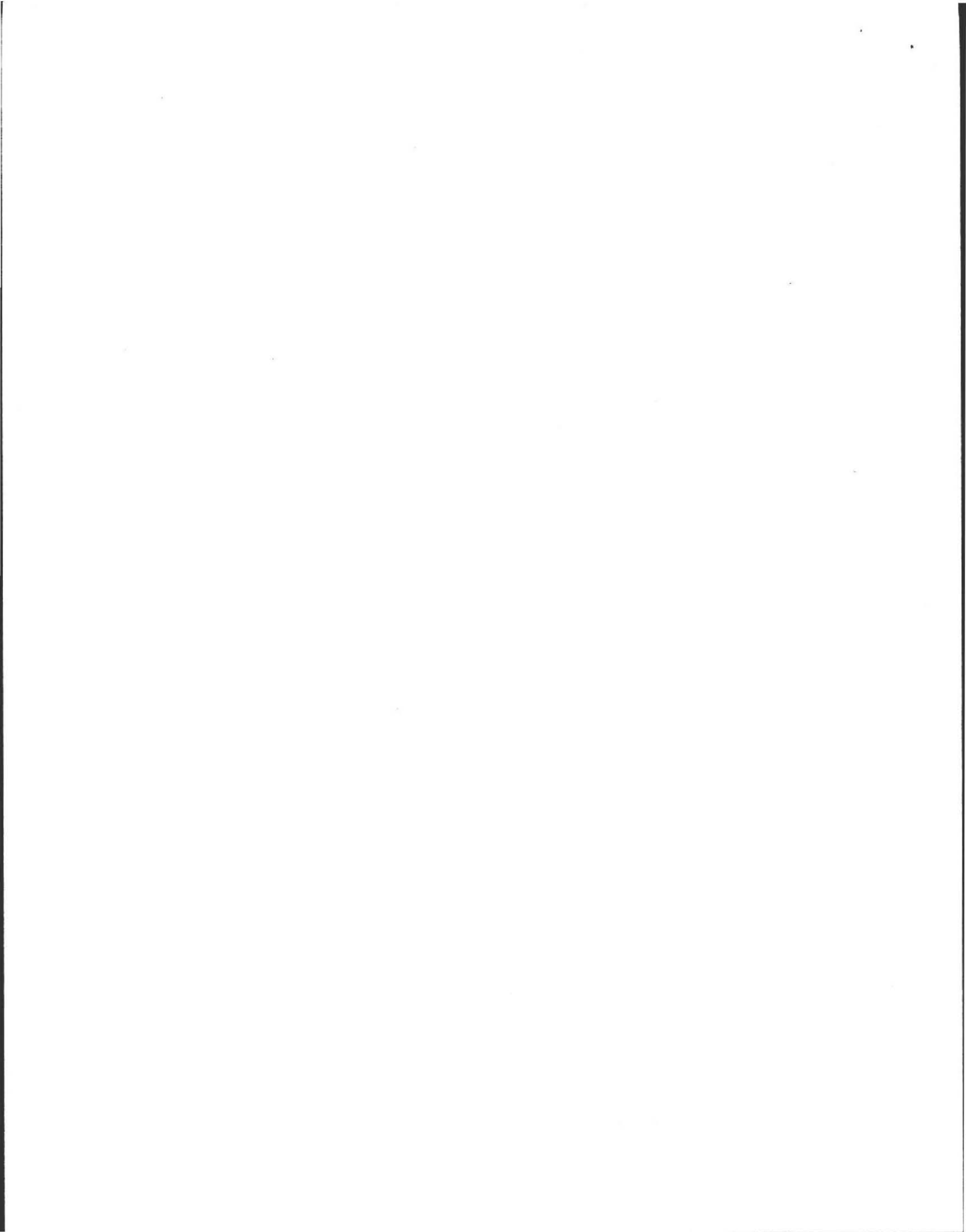
Alarms in working order:

Yes No

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:





Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

Owner information is required for every page.

City/Town _____

State _____

Zip Code _____

Date of Inspection _____

D. System Information (cont.)

Type:

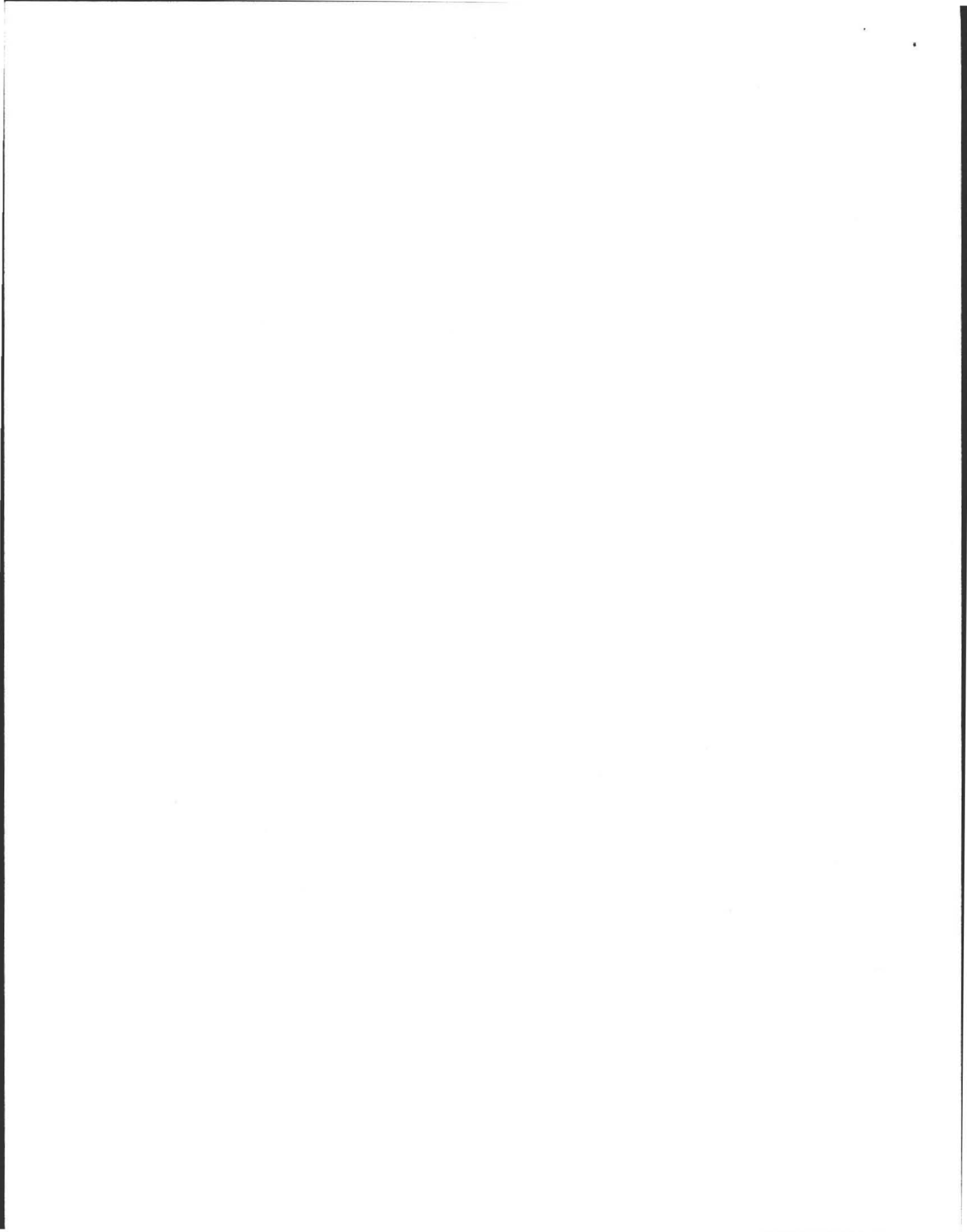
- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: _____
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____

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

Cesspools (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 No





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

Owner's Name _____

Owner information is required for every page.

City/Town _____

State _____

Zip Code _____

Date of Inspection _____

D. System Information (cont.)

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

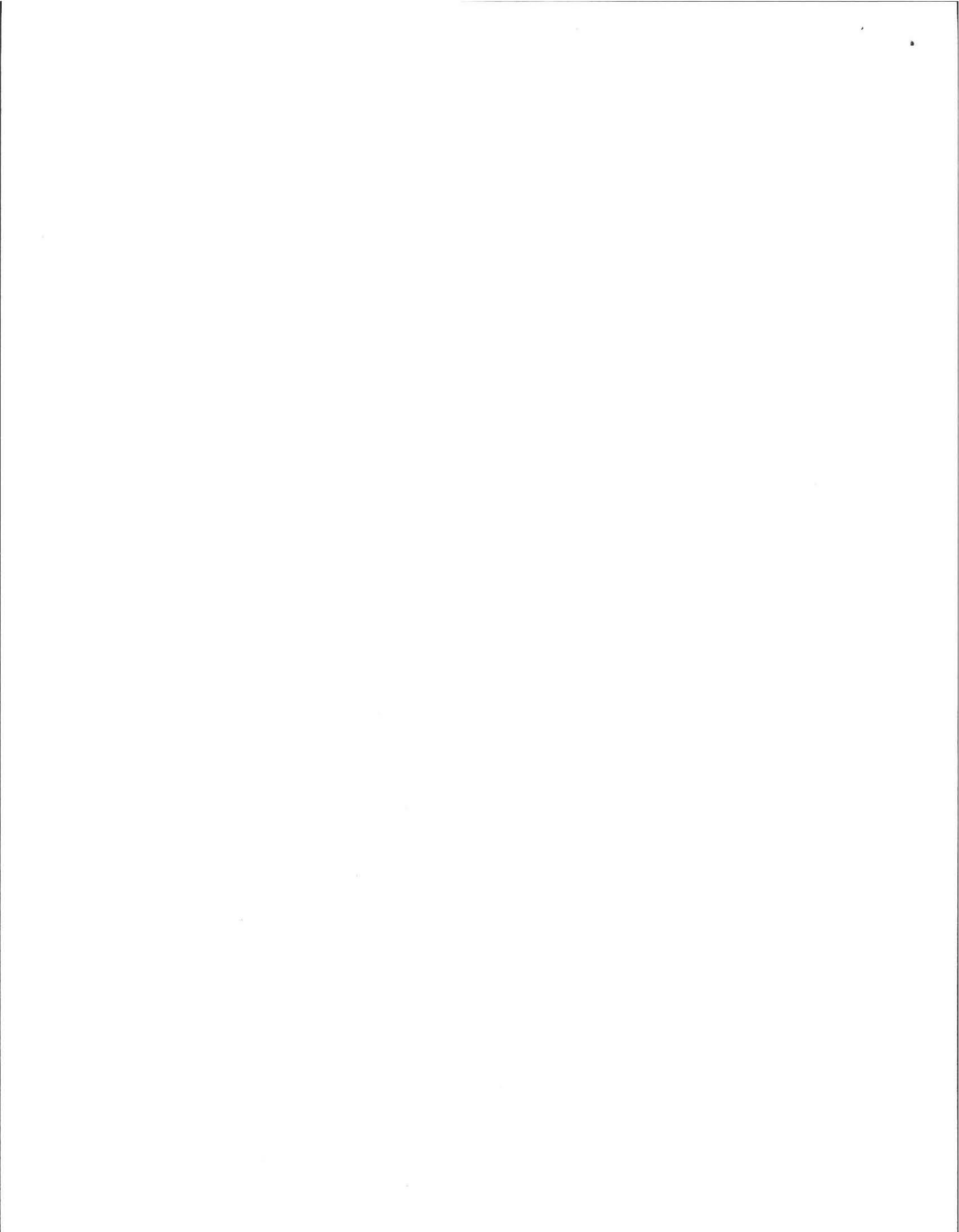
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address

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City/Town

State

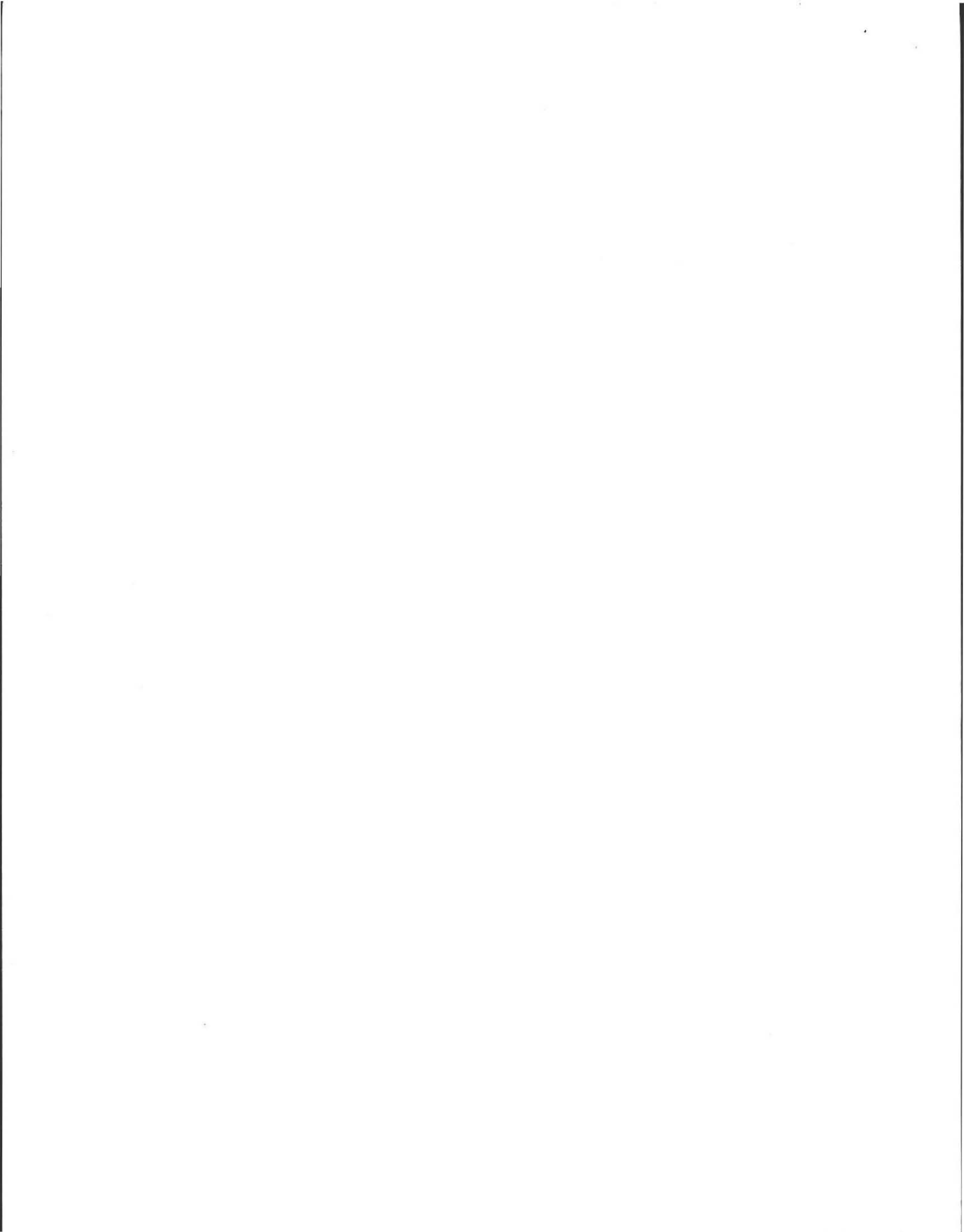
Zip Code

Date of Inspection

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

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City/Town _____

State _____

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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: _____

feet

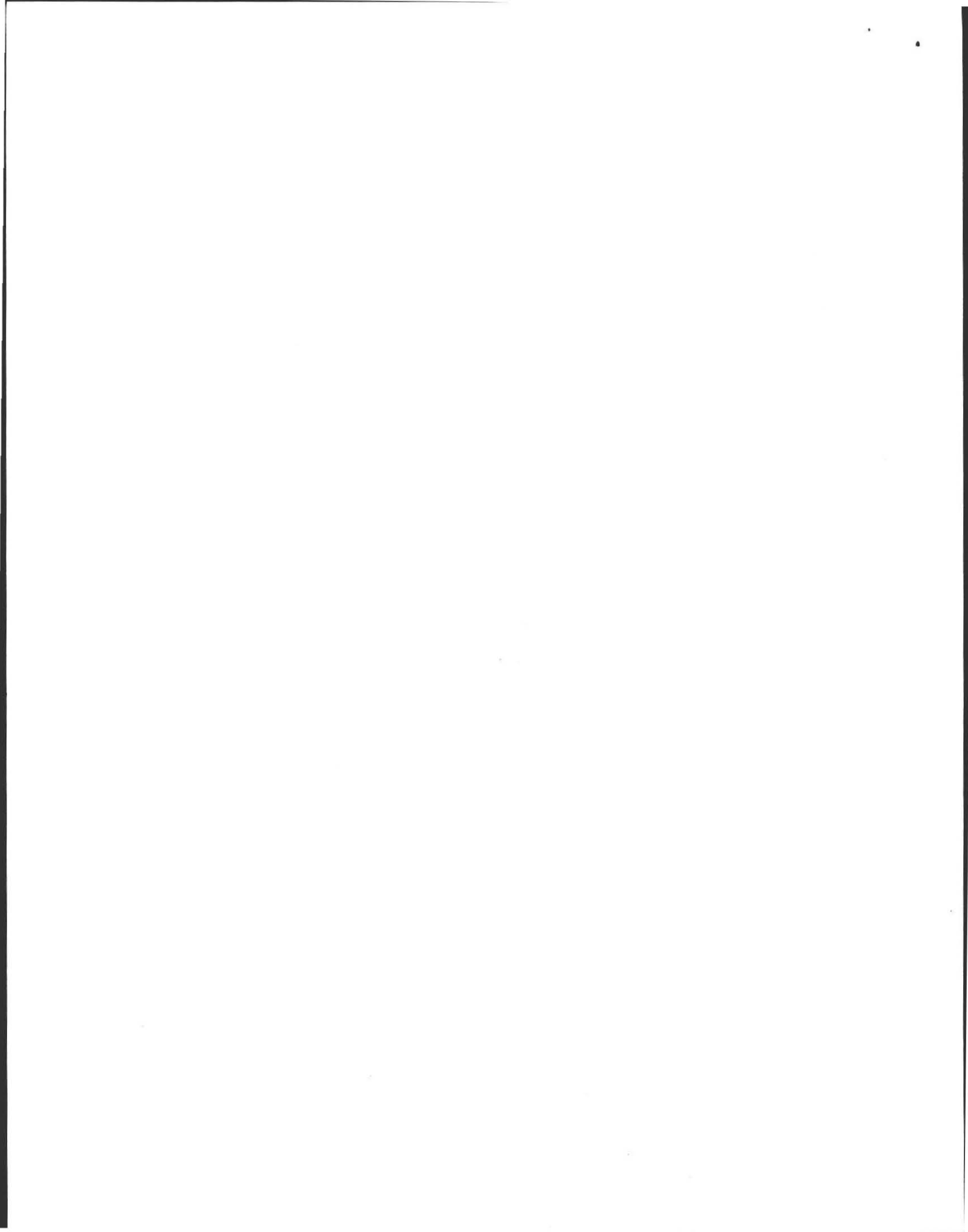
Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record
If checked, date of design plan reviewed: _____
Date
- 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:

Before filing this Inspection Report, please see Report Completeness Checklist on next page.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address _____

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Zip Code _____

Date of Inspection _____

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

