1161 BAY ROAD

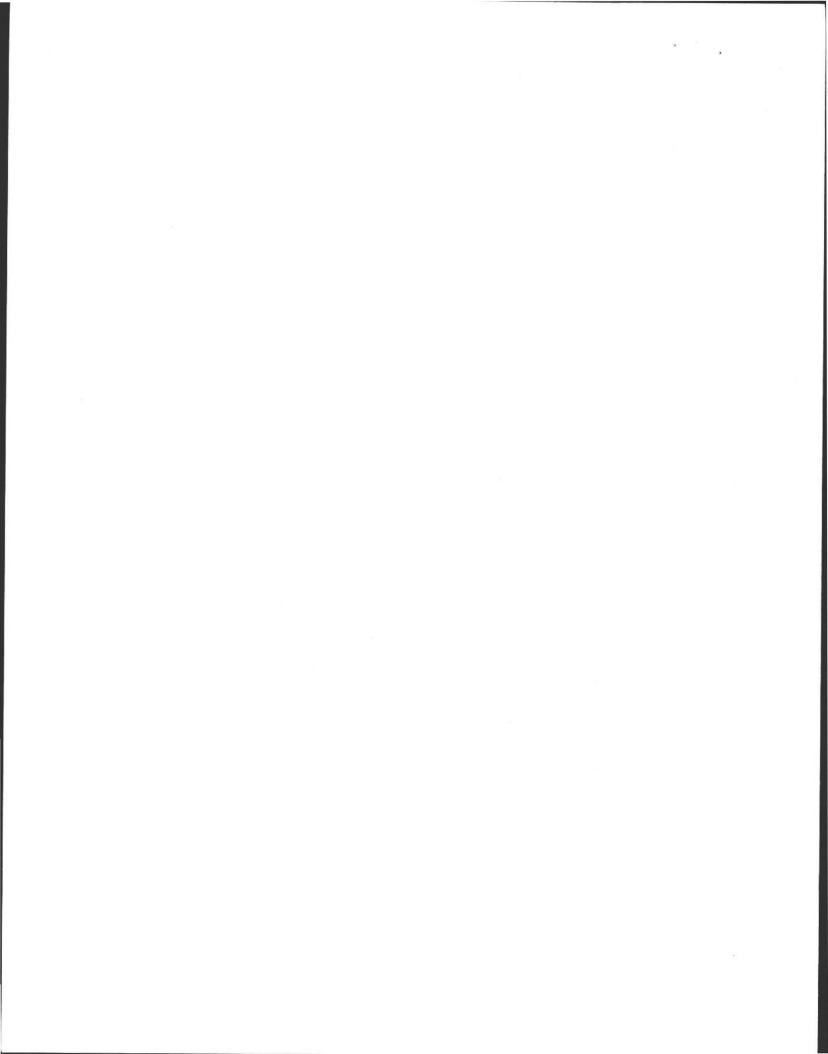


reed. 5/18/2012 Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments 1161 BAY DOAN AMNERST MASS Property Address FRIZZL Owner information is required for every page. Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form. Important: When A. General Information filling out forms on the computer. WILLIAM J SIERUTA SI 1055 me of Inspector SIERUTA ENGINEERING use only the tab 1. Inspector: key to move your cursor - do not use the return key. **Company Name** Company Address MASSACHUSETTS 01054 State Zip Code License Number City/Town 549 1817 413 53 Telephone Number STATE CONTACT ; BARY ROBERTS PO BOX 678 AMHERST MA B. Certification 413 537-4737 01004 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 John Sieruta Civil 3014 10 Inspector's Signature Date Onal En 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.

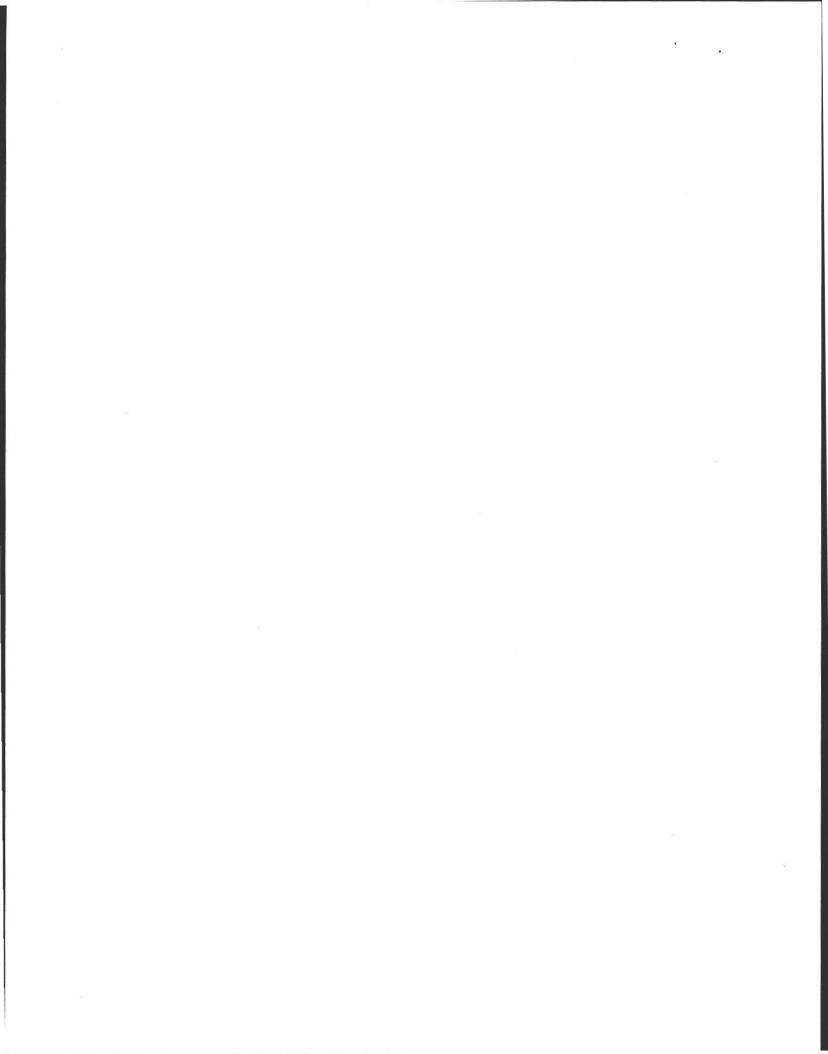
****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 1 of 17

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	221	ommonwealth of Massachusetts
T C P		itle 5 Official Inspection Form
	Su	bsurface Sewage Disposal System Form - Not for Voluntary Assessments
TELE	_	1161 BAY ROAD
	Pro	ESTATE OF DONALD FRIZZLE
Owner information is	Own	AMHKERST MA OICOY 5/10/2012
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:
		Comments.
3		
		2
10		
	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):
t5ins • 11/10		Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 2 of 17



	Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments IIGI BAY ROAD									
Owner information is required for every page.	Owner's	wn		LD F MA State	0	122 0100 Code	4	E 57	10/20 tion	12
	в) [Obse to bro	em Conditionally Passes (cont.): ervation of sewage backup or break oken or obstructed pipe(s) or due to inspection if (with approval of Boar	k out or higi o a broken,	settl					
			broken pipe(s) are replaced] Y				in below):	
			obstruction is removed distribution box is leveled or rep	laced [] Y] Y			ND (Expla	in below): in below):	
	_				÷	2	21	,		
		The s syste	system required pumping more that m will pass inspection if (with appro broken pipe(s) are replaced obstruction is removed	n 4 times a oval of the	year Boar] Y] Y	due to d of Hea N	alth):	n or obstru ND (Expla ND (Expla	in below):	s). The
			3	•		N				
	c)	Cond the sy	er Evaluation is Required by the itions exist which require further ev stem is failing to protect public hea	aluation by alth, safety	the or th	Board o e enviro	nmer	it.		
		15.30	stem will pass unless Board of I 3(1)(b) that the system is not fun y and the environment:	Health detended	ermii n a n	nes in a nanner v	ccore which	dance with will prote	a 310 CMR act public	health,
			Cesspool or privy is within 50 fee							
t5ins • 11/10			Cesspool or privy is within 50 fee			4		(1)	oosal System • Pa	
			(e)					· .		

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and contraction		

Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page. Property Address <u>ESTATE OF DONALD FRIZZLE</u> Owner's Name <u>Am HERST</u>
<u>MA</u> <u>01004</u> <u>5/10/3012</u> City/Town <u>State</u> Zip Code Date of Inspection

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
	• *	R

D

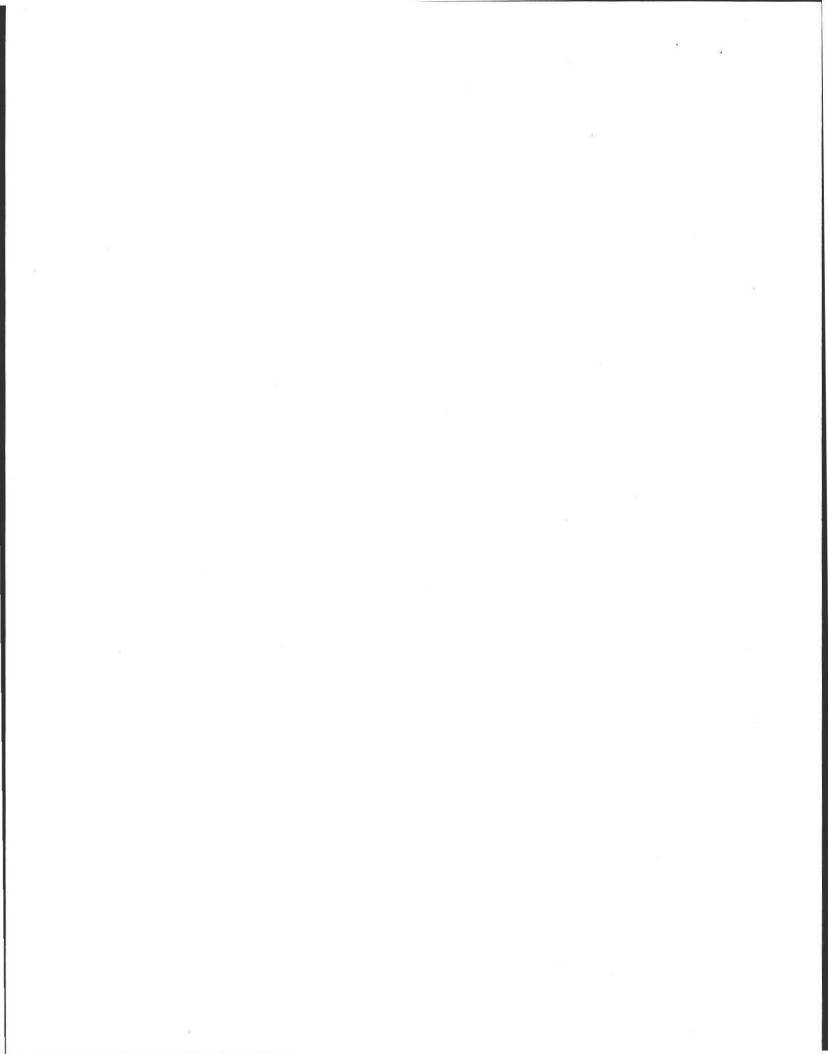
Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool Static liquid level in the distribution box above outlet invert due to an overloaded

or clogged SAS or cesspool Liquid depth in cesspool is less than 6" below invert or available volume is less

than ½ day flow

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 4 of 17

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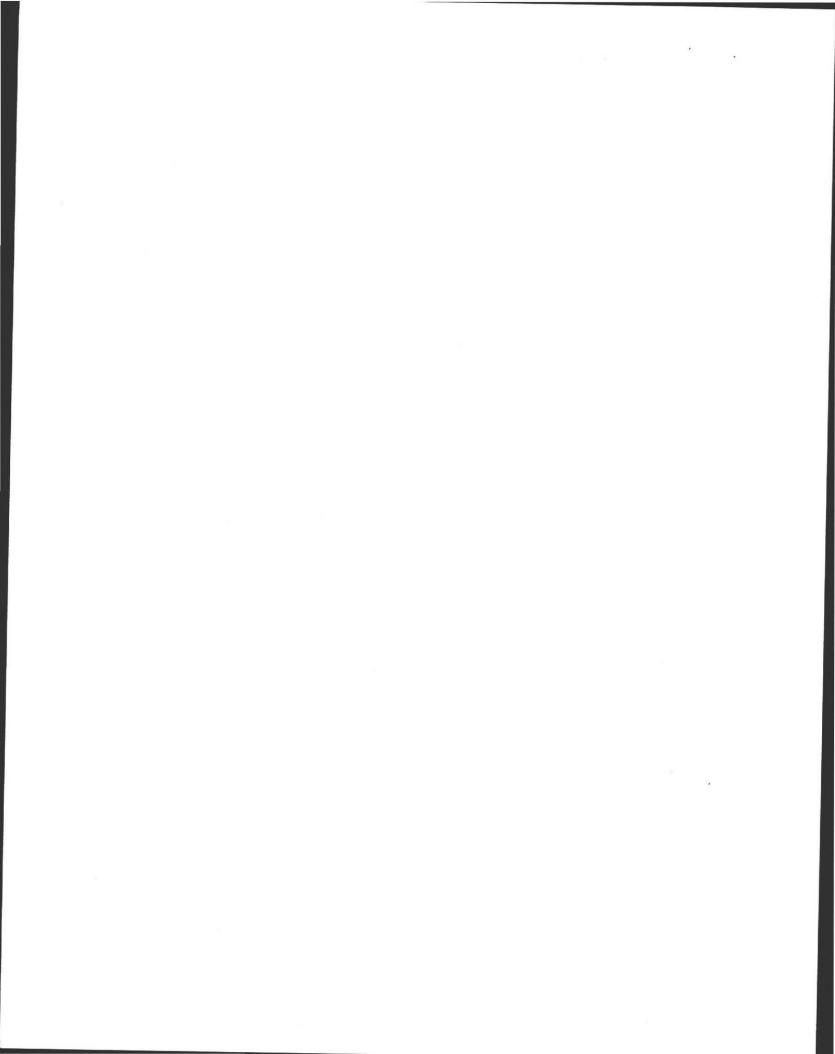


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	Commonwealth of Massachusetts							
	Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments							
A CHILLE	1161 BAY ROAD							
	ESTATE OF DONALD FRIZZLE							
Owner information is	Owner's Name	HER						
required for every page.	City/Town	nen	State Zip Code Date of Inspection					
	B. Certifi	cation (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.					
		OBA	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.					
	$\Box d$	DA	Any portion of a cesspool or privy is within a Zone 1 of a public well.					
		DIA A	Any portion of a cesspool or privy is within 50 feet of a private water supply well.					
		DDA	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 <u>fails</u> . 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 Sys design flo	stems: To ow of 10,00	be considered a large system the system must serve a facility with a 00 gpd to 15,000 gpd. DNH					
	For large questions	systems, yo in Section	ou must indicate either "yes" or "no" to each of the following, in addition to the D.					
	Yes	No	т.					
4			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					
×	or answer system co system in	ed "yes" in nsidered a accordanc	d "yes" to any question in Section E the system is considered a significant threat, Section D above the large system has failed. The owner or operator of any large significant threat under Section E or failed under Section D shall upgrade the e with 310 CMR 15.304. The system owner should contact the appropriate Department.					

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 5 of 17

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R 12 P	Title 5 Official Inspection Form									
	Subsurface Sewage Disposal System Form - Not for Voluntary Assessments									
	1161 BA	YROAD								
	Property Address	OF DONI	sin	ENIT	715					
Owner information is	Owner's Name		TCC .	FIGLO	4 5/10/2012					
required for every page.	AMHE.	231	MA State	Zip Code	Date of Inspection					
pago	C. Checklist		-							
	Chack if the followi	ag have been done. You	must indic	ate "ves" or "n	o" as to each of the following:					
	Check II the followi	ig have been done. Tou	mustinuic	ate yes of th	as to each of the following.					
	Yes No									
		Pumping information wa	as provided	by the owner,	occupant, or Board of Health					
		Were any of the system	componen	its pumped out	in the previous two weeks?					
		Has the system receive	d normal flo	ows in the prev	ious two week period?					
		Have large volumes of this inspection?	water been	introduced to	the system recently or as part of					
			he system o	obtained and e	xamined? (If they were not					
		Was the facility or dwell	ling inspect	ed for signs of	sewage back up?					
		Was the site inspected	for signs of	break out?	с. ж. , ^{с.}					
		Were all system compo	nents, exclu	uding the SAS	located on site?					
			ion of the ba	affles or tees,	ed, and the interior of the tank material of construction, depth of scum?					
		information on the prope	er maintena of the Soil	nce of subsur	from owner) provided with face sewage disposal systems? ystem (SAS) on the site has					
		Existing information. Fo	r example,	a plan at the B	oard of Health.					
		Determined in the field (approximation of distant			a related to Part C is at issue CMR 15.302(5)]					

D. System Information

Residential Flow Conditions:

Number of bedrooms (design):

3

Number of bedrooms (actual):

3

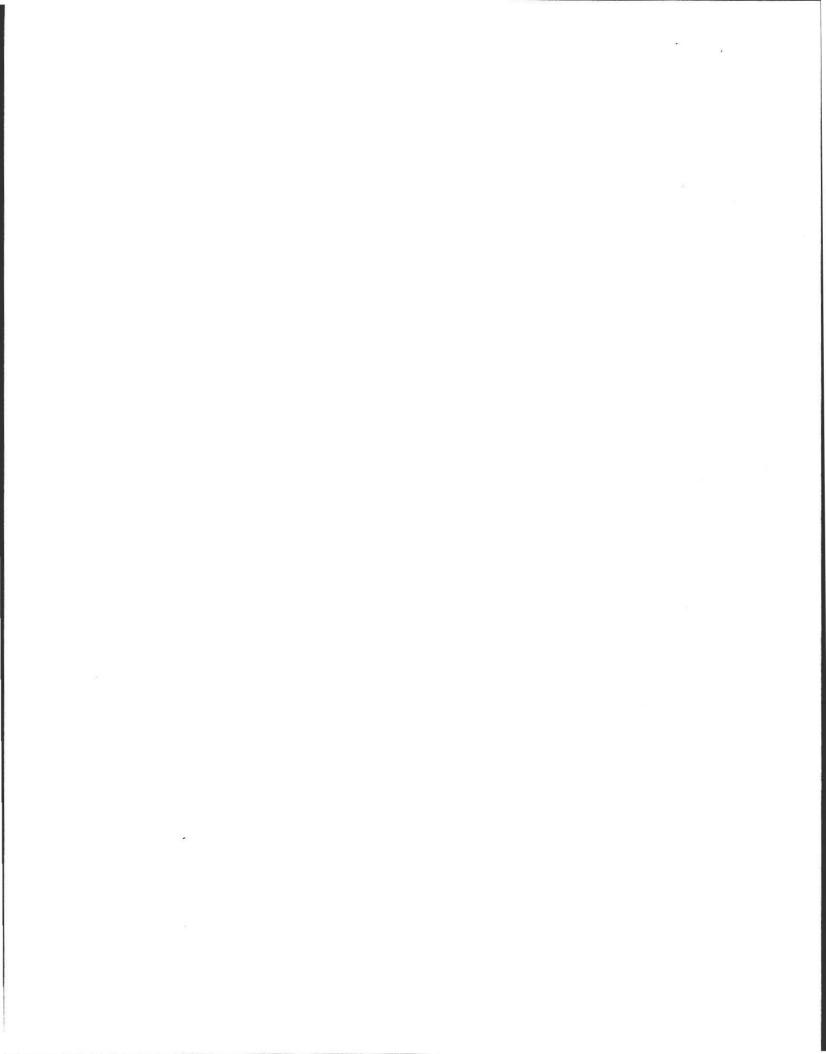
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms):

ALANWIESE SEE ATTACHED 1992 PLAN

7 7 1

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 6 of 17

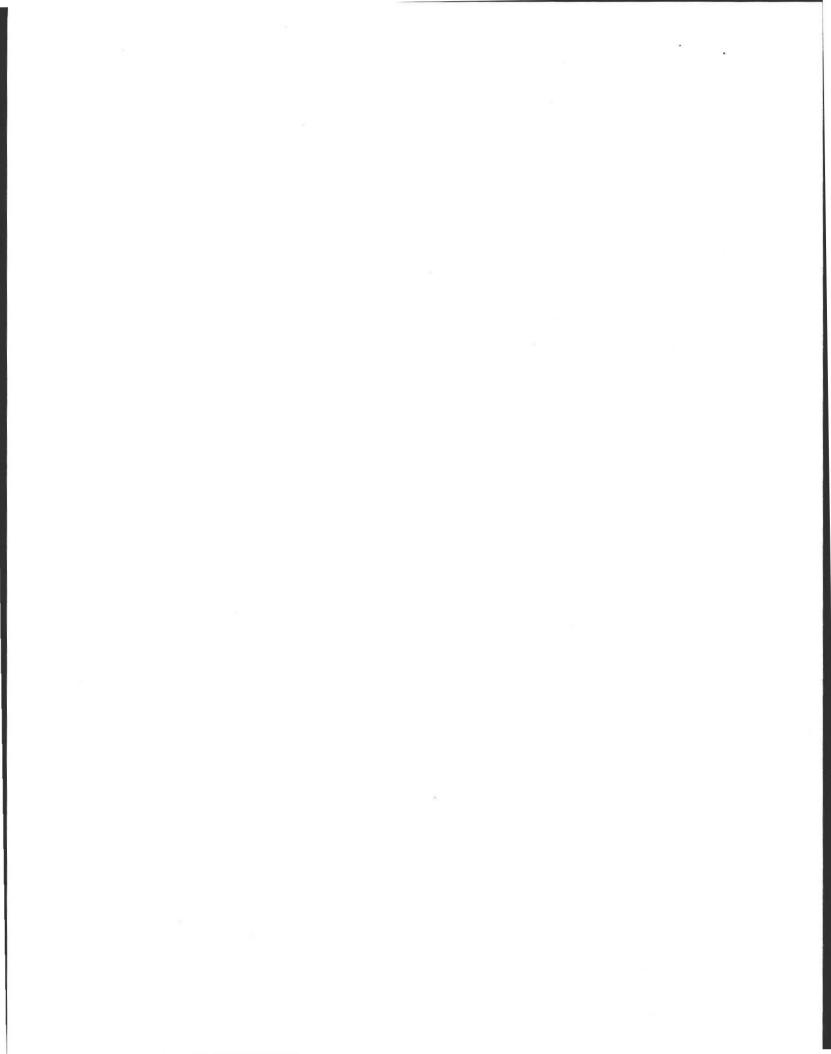
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	Commonwealth of Massachusetts Title 5 Official Inspection Form
	Subsurface Sewage Disposal System Form - Not for Voluntary Assessments
Contraction of the second	1161 BAY ROAD
	ESTATE OF DONALD FRIZZLE
mer ormation is uired for every ge.	Owner's Name MA 01004 5/10/2012 City/Town State Zip Code Date of Inspection
	D. System Information
₹. î.	Description:
	6
	Number of current residents:
	Does residence have a garbage grinder? REMOVED _ Yes No
	Is laundry on a separate sewage system? [if yes separate inspection required]
	Laundry system inspected?
	Seasonal use?
	Water meter readings, if available (last 2 years usage (gpd)):
	Detail:
	Sump pump?
	Last date of occupancy: RECIENTLY VACATED Date
	Commercial/Industrial Flow Conditions: DNA UNDER NENTOVATIO
•	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?
8	Industrial waste holding tank present?
	Non-sanitary waste discharged to the Title 5 system?
2	Water meter readings, if available:
• 11/10	Title 5 Official Inspection Form: Subsurface Sewage Disposal System + Page 7 of 17

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	Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments											
	1161 BAY ROAD											
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Owner information is	Own	EST.M. ner's Name		me	FRIC	/						
required for every page.	City	HMH.	ERST	State	Zip Code	Date of Inspection						
	D. System Information (cont.)											
		Last date of oc	cupancy/use:		Date	x						
		Other (describ	e below):		Date							
		6. 	Na 44 - 14									
					ι.	· · · ·						
				eral Informa	ation							
		Pumping Rec		BA	RRY R	OBERTS CONTRACT	alling .					
		Source of infor			PER	OBERTS CONTRACT						
		Was system pi	imped as part of the inspect		00061	Yes No						
		If yes, volume	pumped:	gallons								
		How was quan	tity pumped determined?			UNID						
		Reason for pur	nping:	/	NSPR	CTION OF SYSTE	M					
		Type of Syste	m:			,						
		9	Septic tank, distribution bo	x, soil absor	ption system	SEPTIC TANKE						
			Single cesspool			LEACH P. + Systen (1992)	1					
			Overflow cesspool			(1992)						
			Privy									
			Shared system (yes or no)	(if yes, atta	ch previous ins	pection records, if any)						
			Innovative/Alternative tech maintenance contract (to b	nology. Atta e obtained f	ch a copy of th rom system ow	e current operation and (ner) and a copy of latest						
			inspection of the I/A system	n by system	operator unde	r contract						
			Tight tank. Attach a copy o	f the DEP a	oproval.							
			Other (describe):									
		× .										

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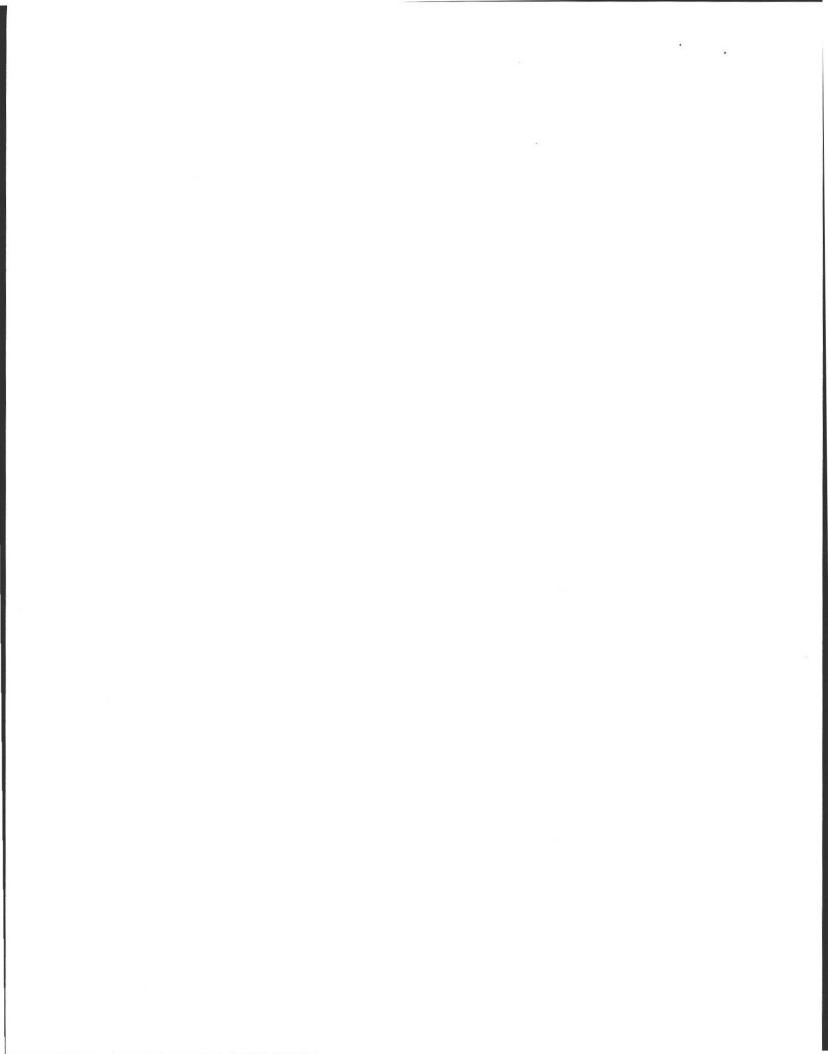
Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 8 of 17

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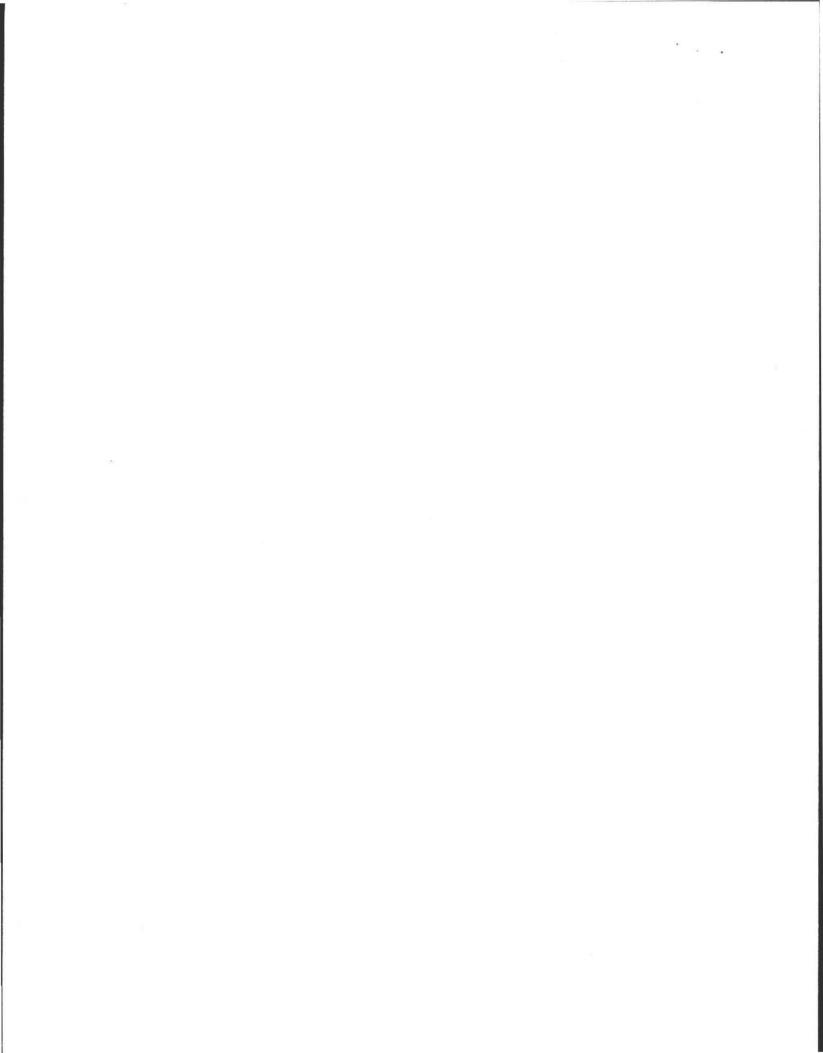
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	Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments IIIGI BIGU ROM						
	ESTATE OF DONALD FRIZZLE						
Owner information is required for every page.	Owner's Name MA 01004 5/10/2012 AMHIENST MA 01004 5/10/2012 City/Town State Zip Code Date of Inspection						
P-391	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?						
	Building Sewer (locate on site plan):						
	Depth below grade:						
	Material of construction:						
	Cast iron 40 PVC Dother (explain): 4"JDR 35 - public Hz0						
	Distance from private water supply well or suction line:						
	Comments (on condition of joints, venting, evidence of leakage, etc.):						
	Santia Tank (Jacobs on site slow):						
	Septic Tank (locate on site plan): Depth below grade:						
	Material of construction:						
	Concrete metal fiberglass polyethylene other (explain)						
	1000 GAL CONC TANK SINGLE						
	COMPART MENT						
	NEW OUTLET 4" SCH 40 PVC TEE INSTALLED RAISERS ADDED TO OUTLET E LEACH PUT If tank is metal, list age:						
	years TTTC PCINC TTTTCCTCG						
	Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)						
	Sludge depth: 12" Flow						
t5ins • 11/10	Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 9 of 17						

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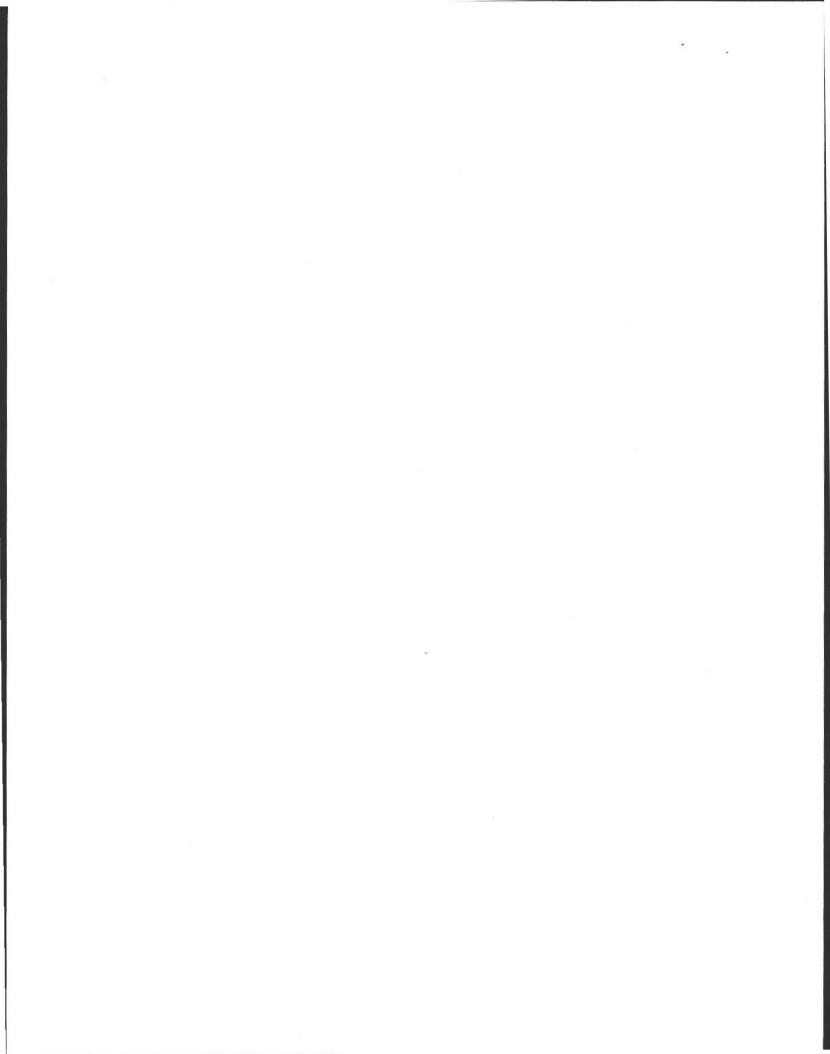
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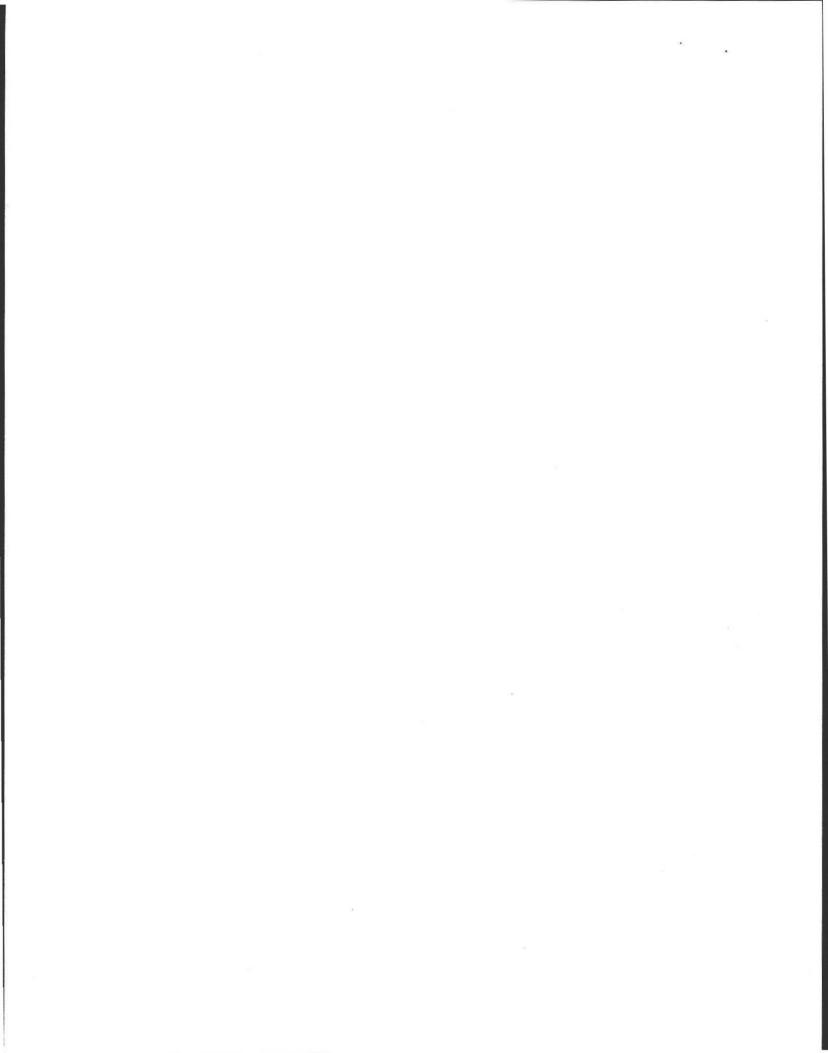
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用范。伊	Title 5 Official Inspection Form	
	Subsurface Sewage Disposal System Form - Not for Voluntary Assessments	
A CHILLING	Property Address	
Owner	ESTATE OF DONALD FRIZZLE	
information is required for every	AMHERST MA 01004 5/10/2012	
page.	City/Town State Zip Code Date of Inspection D. System Information (cont.) Example 1 Example 2 Example 2	
	Septic Tank (cont.)	
	Distance from top of sludge to bottom of outlet tee or baffle	
	Scum thickness	4
	Distance from top of scum to top of outlet tee or baffle	И
	Distance from bottom of scum to bottom of outlet tee or baffle	
	How were dimensions determined? MENSURED 4"SCH40	
	Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, TEE	
	liquid levels as related to outlet invert, evidence of leakage, etc.):	
	SYSTEM IS IN SATISFACTORY CONDITION	
	LEACH PIT EMPTY (PAISARS ADDED)	
	TANK WITH NEW OUTLES TEE	
	RAISEVS ADDED	
ž		
	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 or baffle	
	Distance from bottom of scum to bottom of outlet tee or baffle	
	Date of last pumping:	
t5ins • 11/10	Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 10 of 17	

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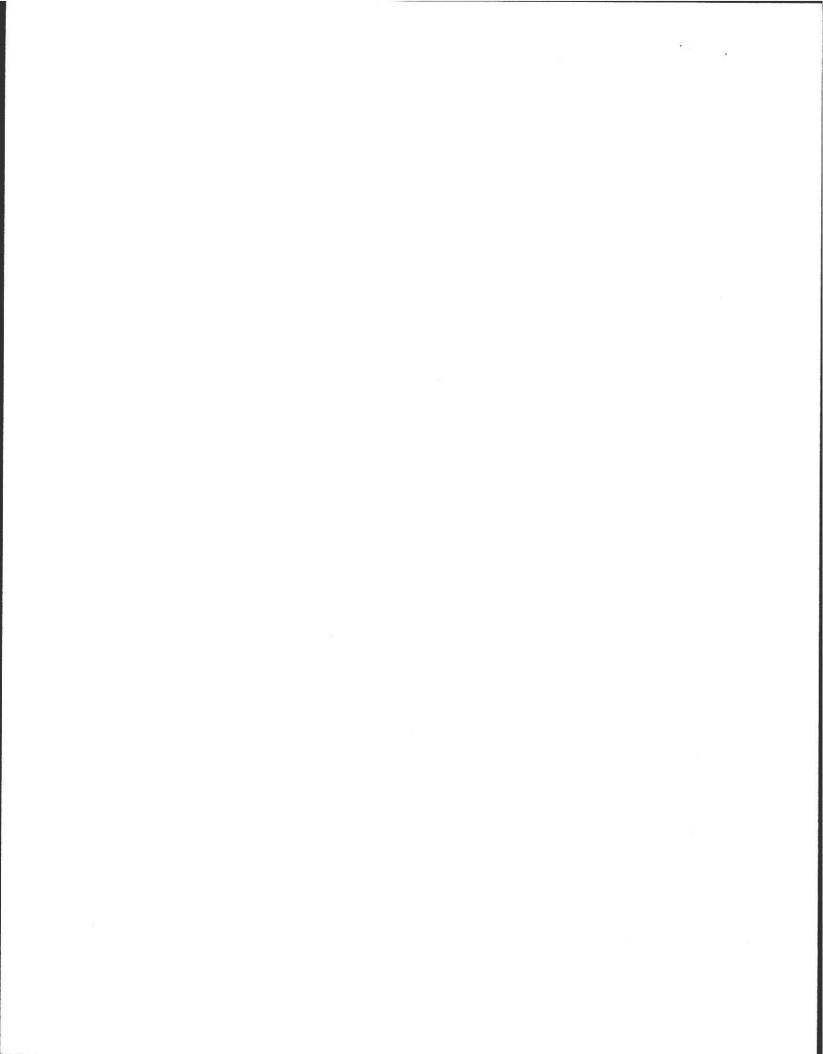
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	Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments									
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ner	ESTATE OF DONALD	FRIZZLE								
armation is uired for every je.	Owner's Name <u>AMHENST</u> <u>City/Town</u> <u>City/Town</u> <u>City/Town</u>	L 0100 4 Zip Code Date of	5/12/2012 Finspection	2						
	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): のいり Depth below grade:									
	Material of construction:									
	concrete metal fiberg	lass Dolyethylen	e 🗌 other (explain):							
	Dimensions:									
	Capacity:	gallons								
	Design Flow:	gallons per day	- 113							
	Alarm present:	🗌 Yes 🗌 No								
	Alarm level:	Alarm in working order:	🗌 Yes 🗌 No							
	Date of last pumping:	Date	· · · · · · · · · · · · · · · · · · ·							
	Comments (condition of alarm and float switches, e	tc.):								
			7 7 Y							
			-							
	* Attach copy of current pumping contract (required). Is copy attached?	🗋 Yes 🛄 No							
ns • 11/10	Tβ	e 5 Official Inspection Form: Subsurface Se	wage Disposal System • Page 11 of 17							



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A AL	Τ	itle 5 Official Inspection Form
	Su	bsurface Sewage Disposal System Form - Not for Voluntary Assessments
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Owner	Owr	ESTATE OF DONALD FRIZZLE
information is required for every page.		AMHERST MA 0100 4 5/12/2012 Town State Zip Code Date of Inspection
pugo.		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:
		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):
8.5		If SAS not located, explain why:
		SINGLE LEACHING PIT
÷		10' x 5' x 24" Flow
	,	3 FEET STONE ALL SIDES
	E	FFECTIVE WIDTH 11'
t5ins • 11/10	E	FFECTIVE REPTH 24" Title 5 Official Inspection Form: Subsurface Sewage Disposal System + Page 12 of 17
	E	FFECTWELENGTH 16'



	Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments IIGI BIM ROAD Property Address ESTIMIE OF DONMO FRIZZLE						
Owner information is required for every page.	Owner's Name Hm City/Town	HERST		0100 4 Zip Code	Date of Ins	5/12 pection	12012
	D. System	Information (cont.)					
	Type:						
	\times	leaching pits		number:			/
		leaching chambers		number:			
		leaching galleries		number:			
		leaching trenches		number, len	gth:		

leaching fields

overflow cesspool

innovative/alternative system

Type/name of technology:

Comments (note cond vegetation, etc.):	lition of soil, signs of hydraulic	s failure, level of ponding, dar	np soil, condition of
LEACH	PIT EMPty	NOSIGN	of over

number, dimensions:

number:

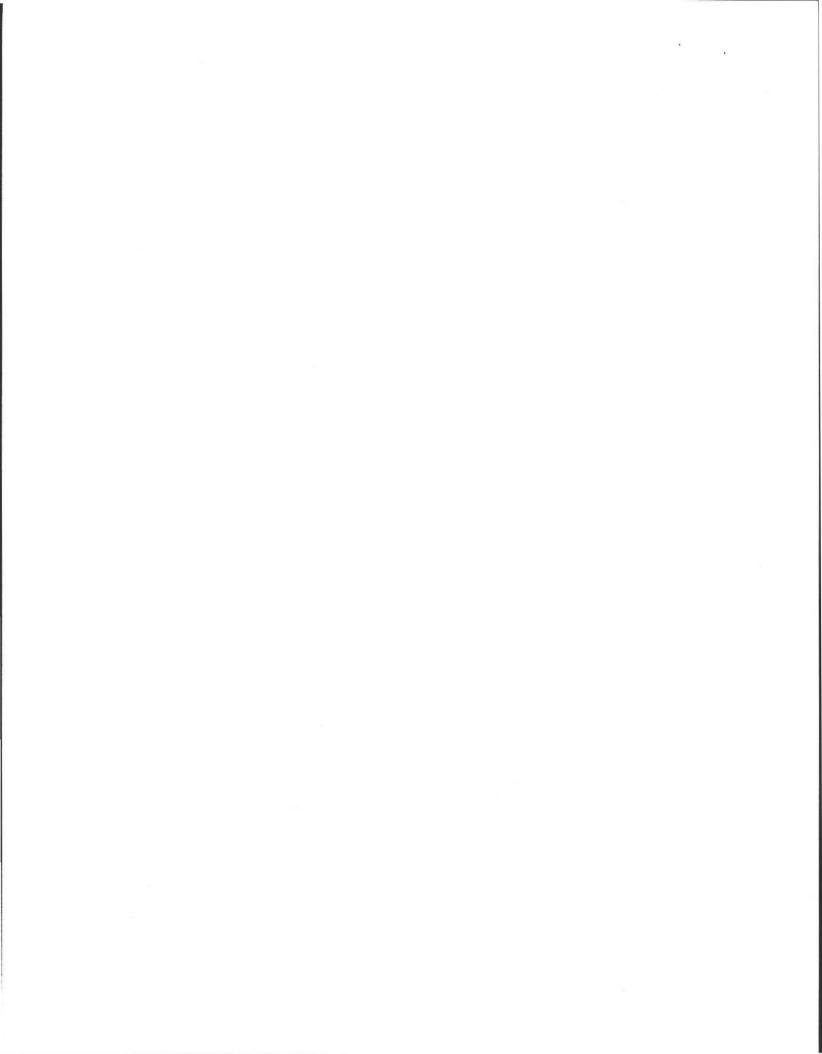
Cesspools (cesspool must be pumped as part of inspection) (locate	on site plan): DNA
Number and configuration	
Depth - top of liquid to inlet invert	
Depth of solids layer	
Depth of scum layer	
Dimensions of cesspool	
Materials of construction	
Indication of groundwater inflow	Yes No

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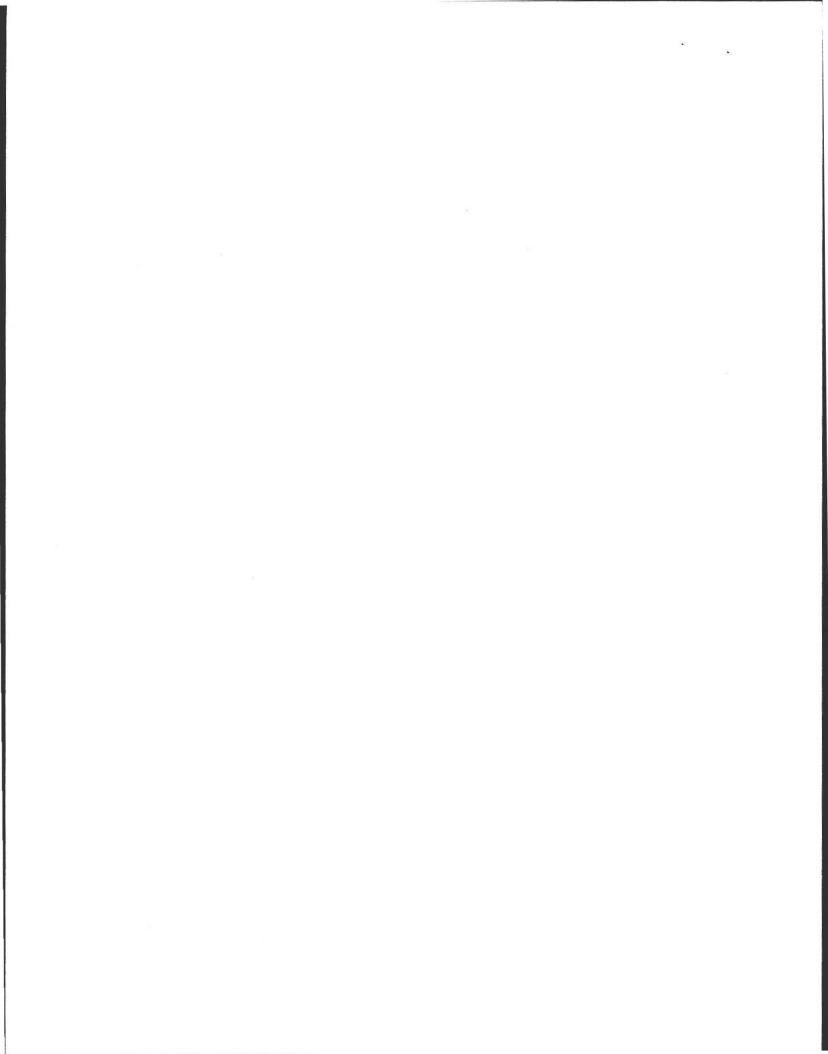
Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments AU DOAN 1161 Property Address FRIZZLA Owner Owner's Name 12/2017 information is required for every City/Town Date of Inspection State Zip Code D. System Information (cont.) Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.): 1992 PLAN ATTACHED SE 12 COARSE SAN. TO NO HZO nerc rale NO MOTTUNG 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.): 1 12

page.



	Commonwealth of Massachusetts Title 5 Official Inspection Form					
	Subsurface Sewage Disposal System Form - Not for Voluntary Assessments					
	1161 BAY ROND					
	ESTATE OF DONALD FRIZZLE	2				
Owner information is required for every page.	Owner's Name MIA 01004 5/10/2012 Amili ERST MIA 01004 5/10/2012 City/Town State Zip Code Date of Inspection					
	D. System Information (cont.)					
	Site Exam:					
	Check Slope					
	Surface water	•				
	Check cellar					
	Shallow wells					
	Estimated depth to high ground water: <u>SEE PLAN 1992</u> <u>feet</u> 60"+ <u>Separat</u>	7011				
	Please indicate all methods used to determine the high ground water elevation:	. 0				
	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)					
	7 ; ;					
÷.,	Before filing this Inspection Report, please see Report Completeness Checklist on next page.					
t5ins • 11/10	Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 16 of 17					
т. Б. 1. К. ¹ .						

. .



Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments Property Addres ONALD FRIZZLE Owner's Name 2012 information is 10 required for every City/Town Date of Inspection State Zip Code 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 SEE ATTACHED 1992 PLAN \Box drawing attached separately 116 27. 2 41. 52.

15ins • 11/10

Owner

page.

Title 5 Official Inspection Form: Subsurface Sewage Disposal System . Page 15 of 17



122	Commonwealth of Massachusetts
	Title 5 Official Inspection Form
	Subsurface Sewage Disposal System Form - Not for Voluntary Assessments
TTT I	IILOI BAY ROAD
	Froperty Address ESTATE OF DONALD FRIZZLE
Owner	Owner's Name
information is required for every page.	City/Town MHERST MA 01004 5/10/2012
	E. Report Completeness Checklist

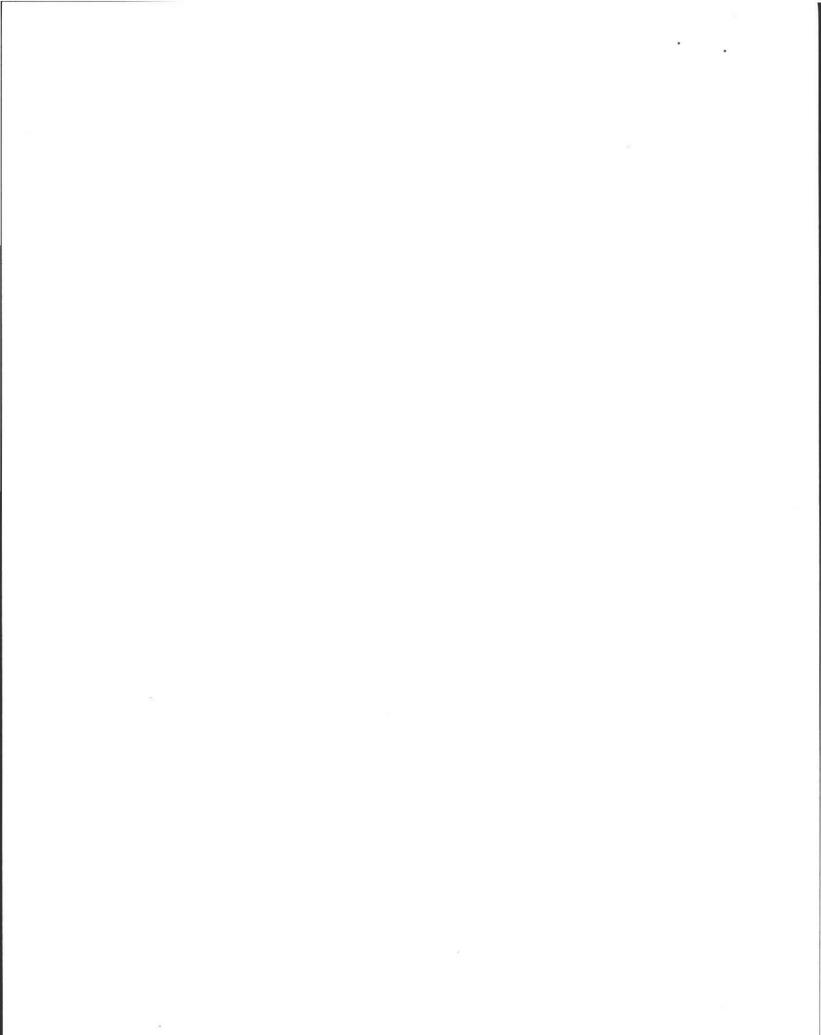
Inspection Summary: A, B, C, D, or E checked

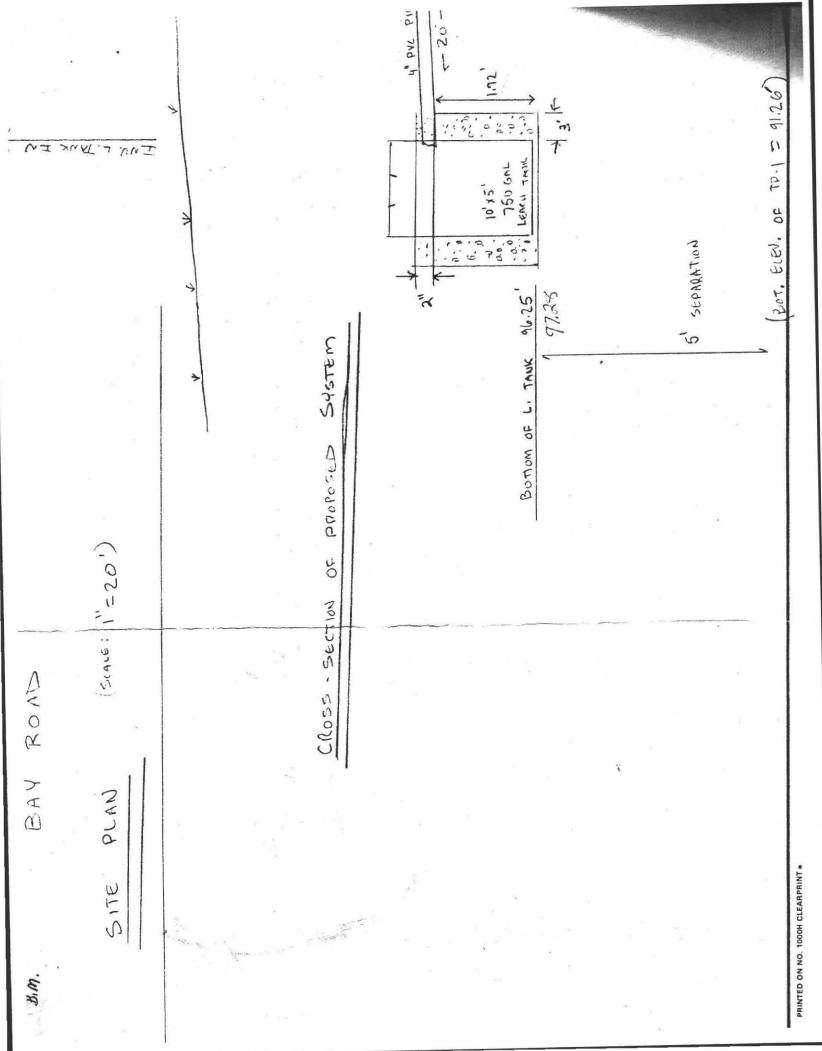
Inspection Summary D (System Failure Criteria Applicable to All Systems) completed

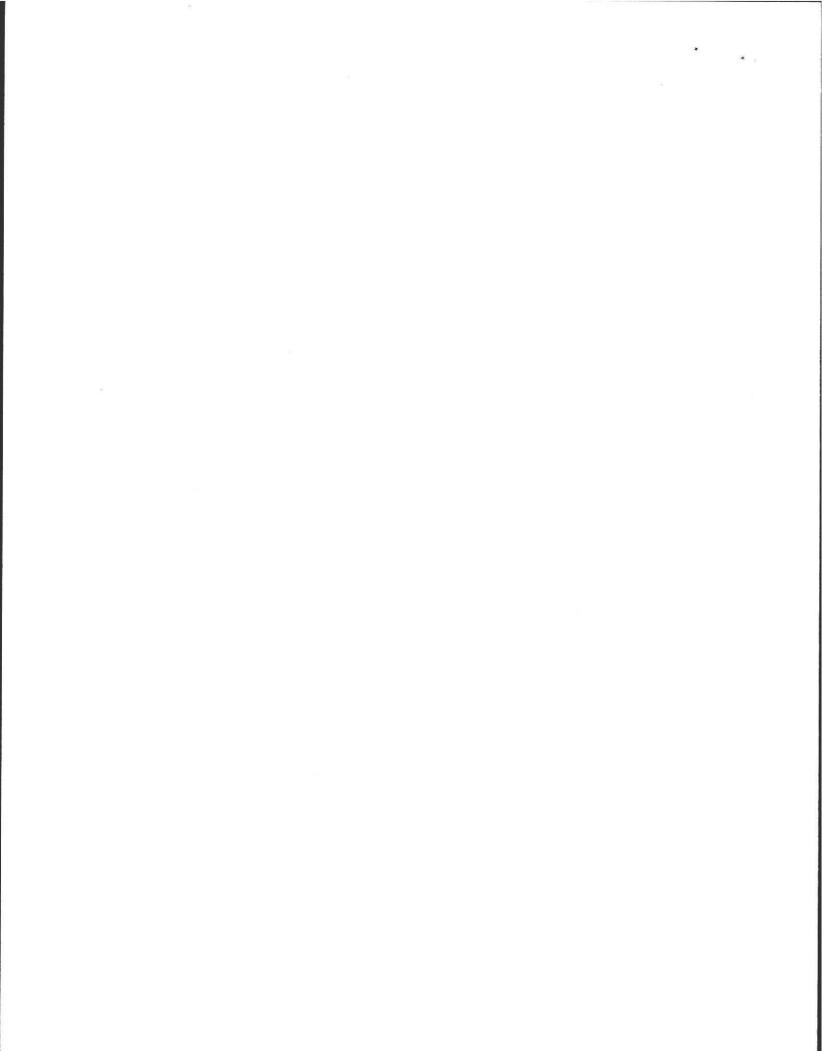
System Information - Estimated depth to high groundwater

Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

Title 5 Official Inspection Form: Subsurface Sewage Disposal System - Page 17 of 17

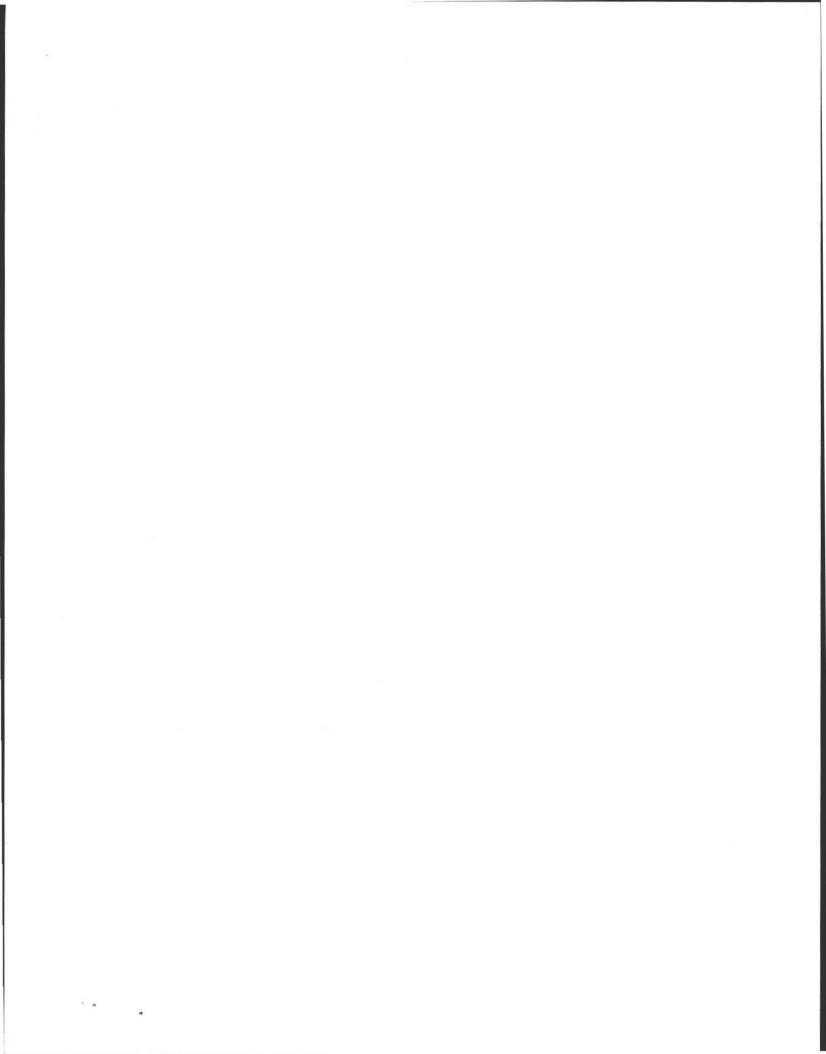




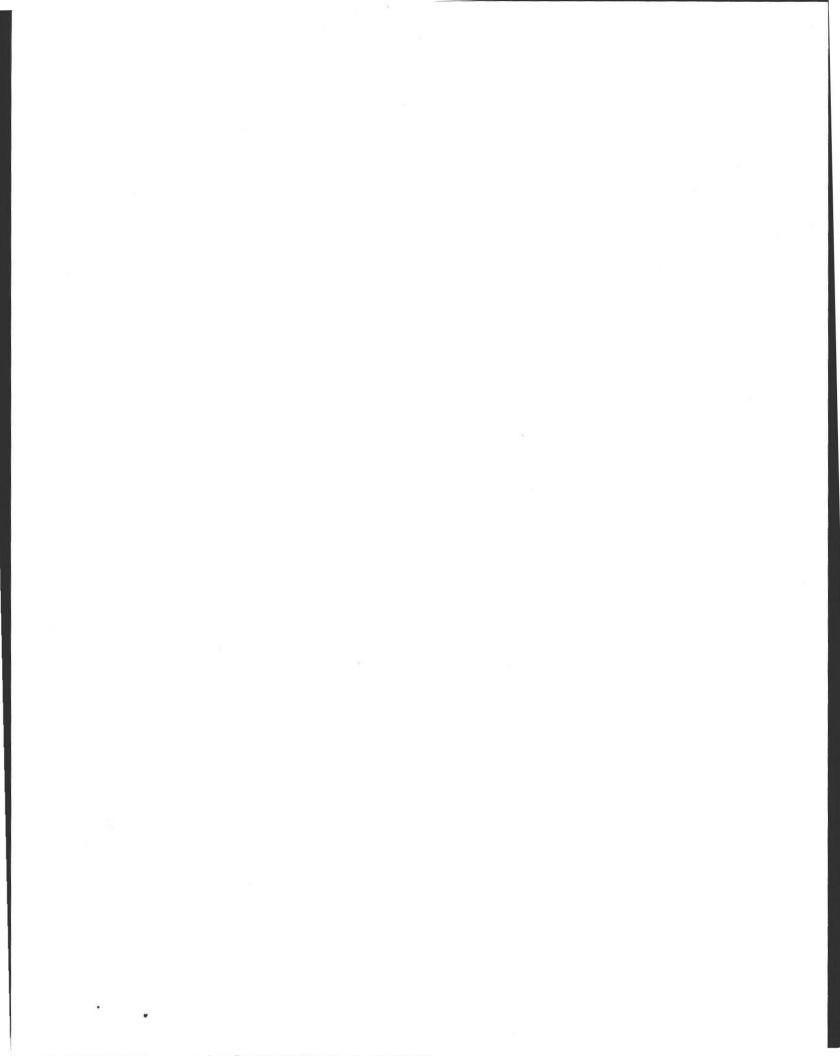


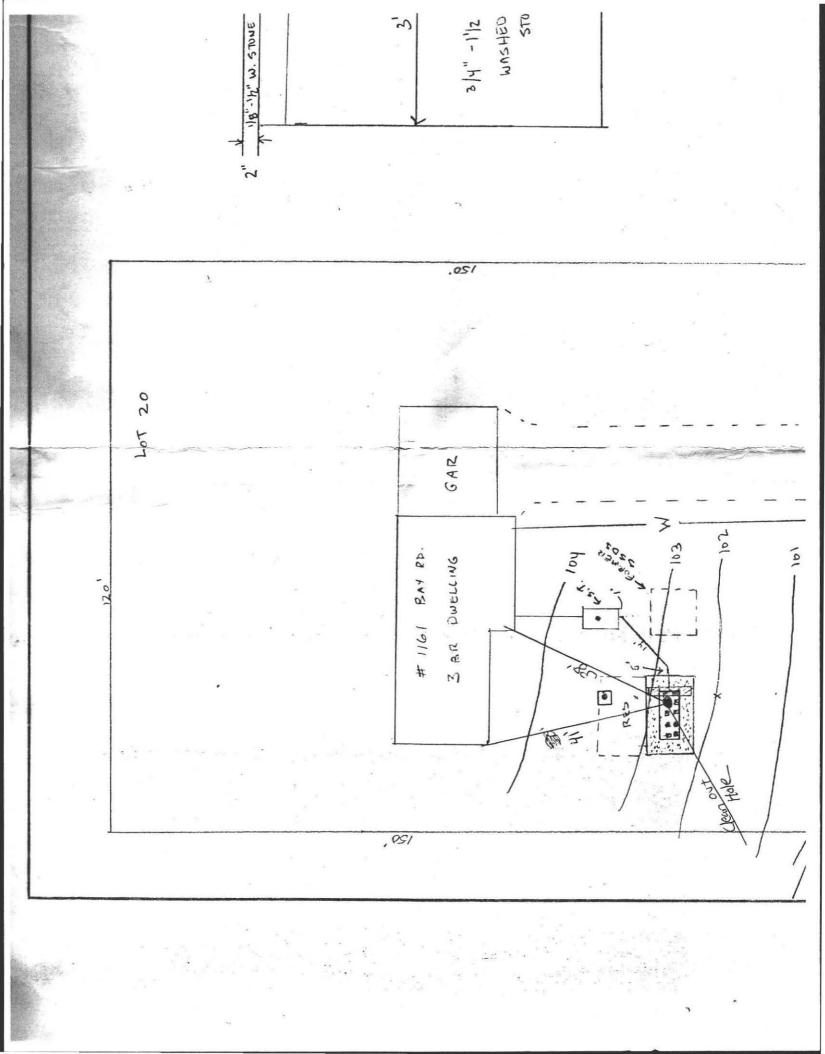
MED. - COQRSE SAND LITTLE GRAVEL * PERC RATE OF ZMN IIN ON 12/16/92 @ 50" (NO HZO) well surfed Lt. Brown 10 AM 12.5' . 21- 0 - 2 WASHED STURE (NTS) 0 63 1 21.1 - "415" 1 Well" 32 DRY (200 641) - Andrew Contraction DRY WELL 40 dat .m. H 4 JIU 4

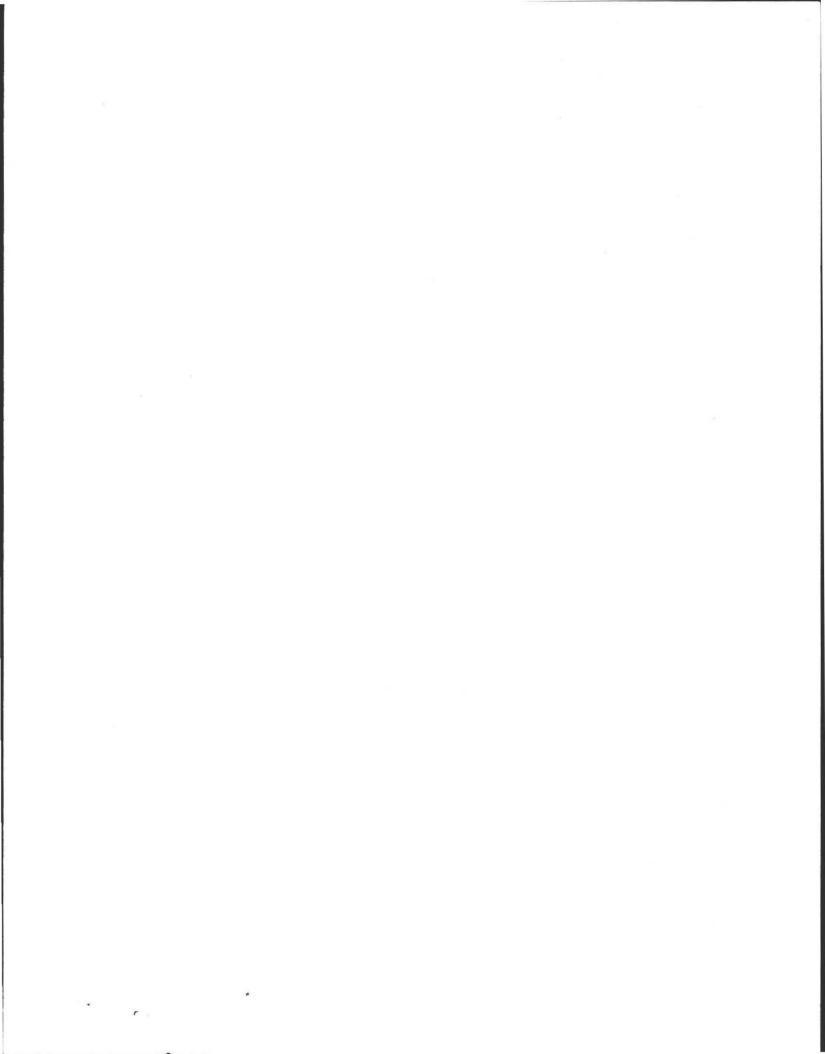
5



1. 3 BR × 110 GAL/DAY ×1.25 = 412.5 GAL 105.63 106 2. BOT ! 16 Ft x 11 Ft = 176.2 SF. 5 DE: 16F+ x 1.92F+ x 2 = 61,44 5F 1 - -> 103.685f. SIL 11 F+ x 1.92 F+ x Z = 42.24 SF 104 1762 SFX 10 CAL + 103,68 x 2.5 CAL = 435.20 GAL 3. NO CHANGE IN GRADE REQUIRED, SLOPE CALLS N/A. 10Z 4. NO WET MIDS OF WALLS WITHW 200'. 5. DIFFONDER CARBACE DISPOSAL AT KITCHEN SINK, 6. TOWN WATER AS NOTED. 100 INSPECT S. TANK FOR INTERITY AND INLET / DUTLET 7. BAFTONS, REPLACE IF NECESSARY. 98 96 PROPOSED SEPTIC PLAN FOR DONALD FRIZZLE 1161 BAY ROAD, AMHERST, MA. 94 SCALE: NOTED APPROVED BY: DRAWN BY AW. AW DATE : REVISED 12/17/92 COLD SPRING ENVIRONMENTAL CONSULTANTS, INC. DRAWING NUMBER BELCHERTOWN, MA. 323-5957 92-241-1210







App-13559 Batah - 5324

May 2012 INVOICE

TOTAL \$

200.00

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: May 10/2012

TO Barry Roberts PO Box 678 Amherst, MA 01002

RE: Invoice for Septic Title V witness for 1161 Bay Road

Services provided by Edmund Smith

PAYMENT TERMS: I Paid in full

QUANTITY	DESCRIPTION	UNIT PRICE		LINE TOTAL	
1.00	Septic Title V witness (passed; 1161 Bay Road on 5/10/2012)	\$	200.00	\$	200.00
	Rec'd today check #8557 (acct. of Bill Sieruta)				
	this invoice is paid in full/thank you				
			SUBTOTAL	\$	200.00
			SALES TAX		



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

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

CUST NAME

DE HEA058

0 DEPT

AMOUNT

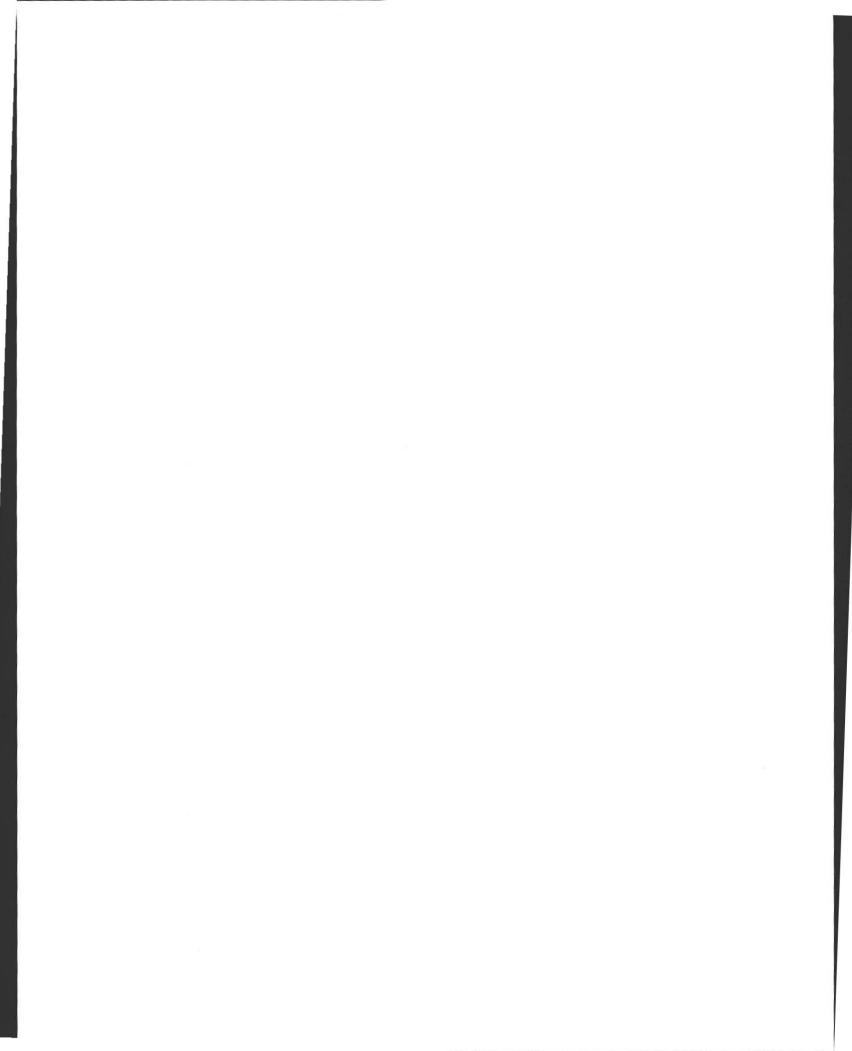
TITLE V WI 200.

200.00 WILLIAM J QUA CHECK

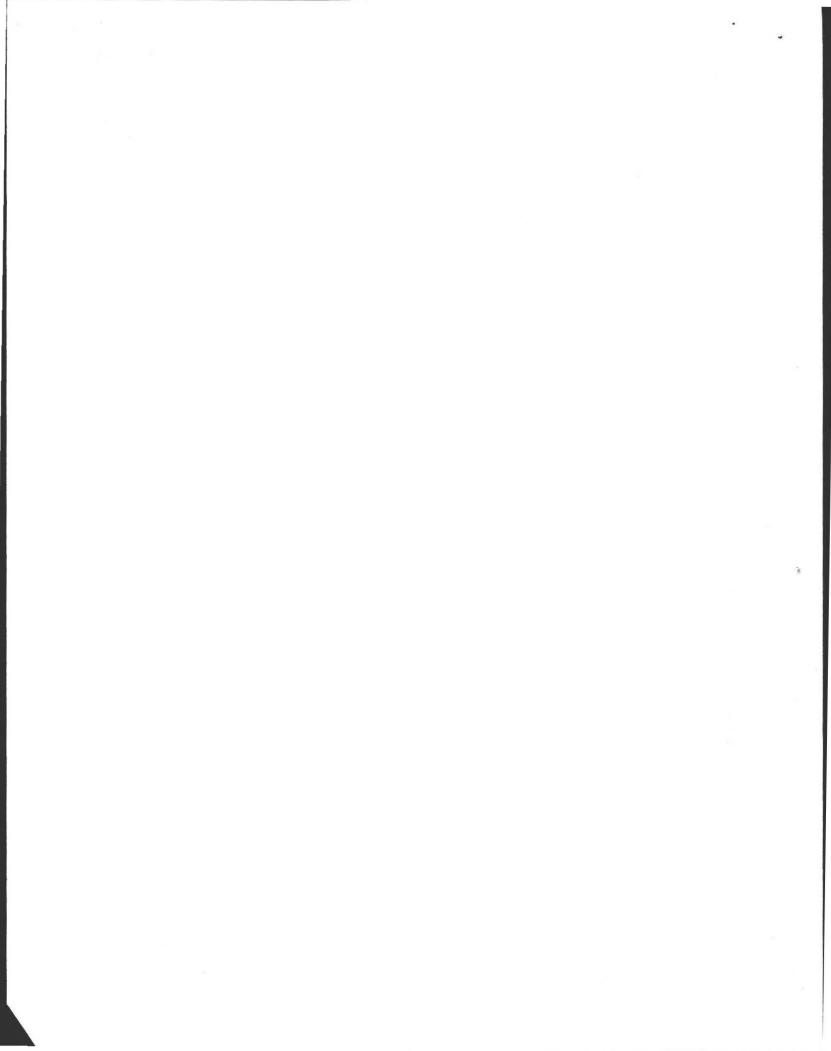
8557

RECPT TOTAL

121 PE

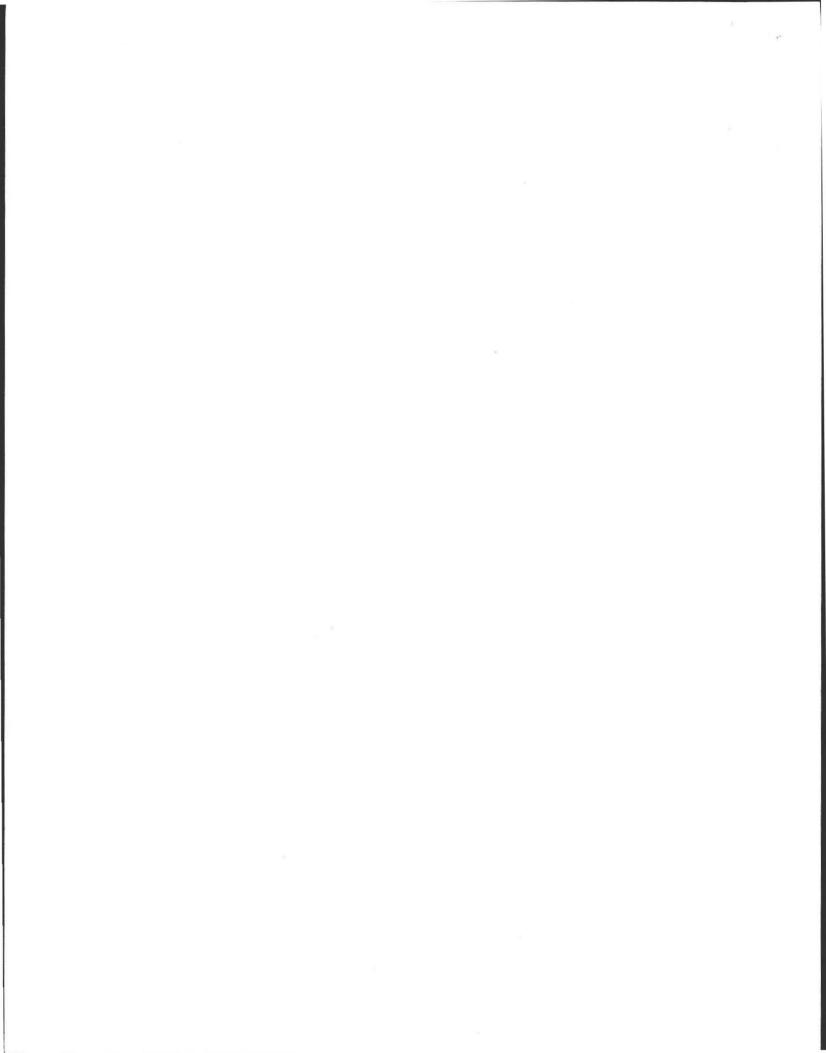


	Title 5 Official Inspe Subsurface Sewage Disposal System Form		nents FIND ANY CL
All and	Property Address		PERC, FOR 73
Dwner	Owner's Name	х. 	HULST
nformation is equired for every age.	City/Town	State Zip Code	Date of Inspection
ago.	Inspection results must be submitted on th		
	way. Please see completeness checklist at		
mportant: When lling out forms n the computer,	A. General Information	BARRY RO	BERB
se only the tab	1. Inspector:	BARRY RO PO JOX 67 ANUTERS, MI	t 01002
ursor - do not se the return	Name of Inspector	for Mei BA	TRADST Y
ey.	Company Name		
	Company Address	8	
return	City/Town	State	Zip Code
	Telephone Number	License Number	
		License humber	
z	B. Certification		
ک که دار. دم	I certify that I have personally inspected the set information reported below is true, accurate an was performed based on my training and expe sewage disposal systems. I am a DEP approx Title 5 (310 CMR 15.000). The system:	nd complete as of the time of erience in the proper function	f the inspection. The inspection and maintenance of on site
~	Passes Co	onditionally Passes	Fails
Ar	Needs Further Evaluation by the Loca	I Approving Authority	
2			
Solo Day	Inspector's Signature	Date	
(<i>P</i> +	The system inspector shall submit a copy of Health or DEP) within 30 days of compl has a design flow of 10,000 gpd or greate report to the appropriate regional office of and copies sent to the buyer, if applicable	leting this inspection. If the sy r, the inspector and the syste the DEP. The original should	ystem is a shared system or em owner shall submit the d be sent to the system owner



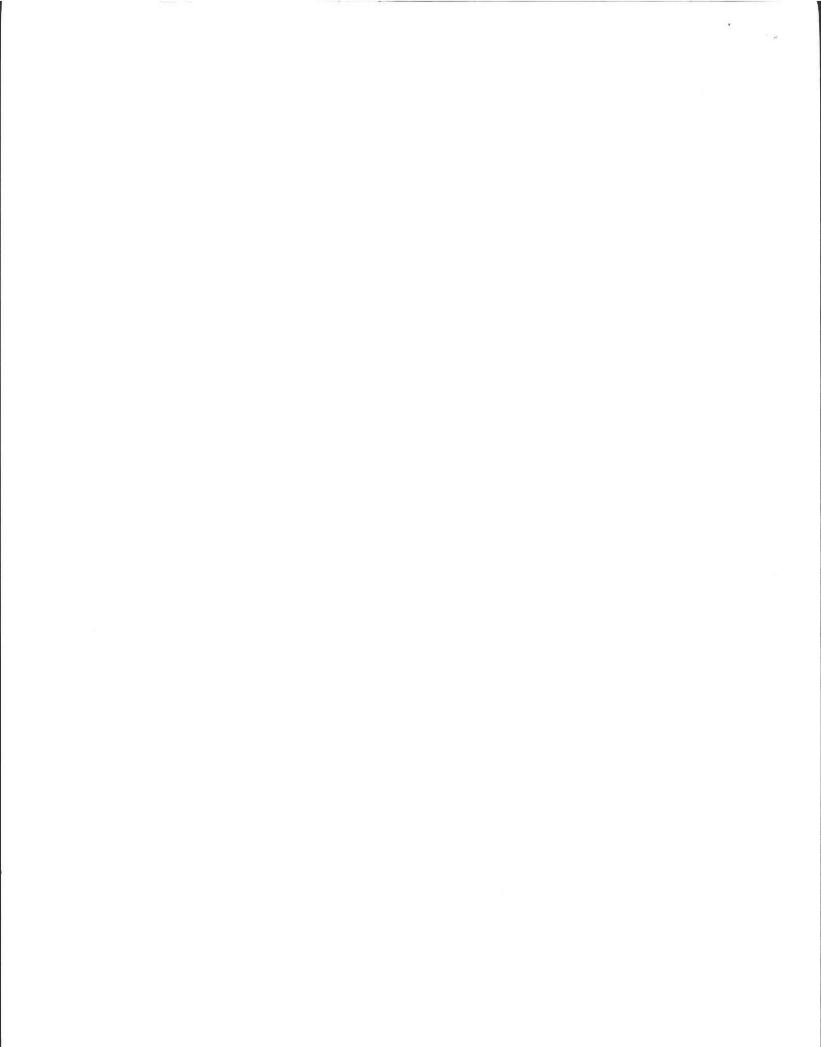


AND THE REAL	Prop	perty Address						
Owner information is required for every	Owner's Name							
page.	City	/Town		State	Zip Code	Date of Inspection		
	В.	Certification (con	t.)					
		Inspection Summary: Ch	eck A,B,C,D or E	/ always	complete all of	Section D		
	A)	System Passes:						
						failure criteria described eria not evaluated are		
		Comments:						
	B)	System Conditionally F	Passes:	k.				
			. The system, upor			nal Pass" section need to be cement or repair, as approved by		
		Check the box for "yes", determined," please expl		nined" (Y,	N, ND) for the	following statements. If "not		
		unsound, exhibits substa	antial infiltration or	exfiltration	or tank failure	whether metal or not) is structurally is imminent. System will pass ink as approved by the Board of		
		* A metal septic tank will Compliance indicating th				ot leaking and if a Certificate of lable.		
		□ Y □ N	🗌 ND (Expla	in below):				
						λ.		
		-						
				-				





A CONTRACTOR OF THE PARTY OF TH										
	Pro	perty	Address							
Owner information is	Ow	ner's	Name					in and		
equired for every bage.	City	Tow	n		State	Zip (Code	Date	e of Inspection	
	В.	Ce	ertific	cation (cont.)						
			_							
		B)	Syste	m Conditionally Passes (con	nt.):					
			to bro	rvation of sewage backup or b ken or obstructed pipe(s) or d inspection if (with approval of l	ue to a brok	en, settle				
				broken pipe(s) are replaced	R	□ Y	🗆 N	□ N	ID (Explain below):	
				obstruction is removed		Υ	🗆 N	□ N	ID (Explain below):	
				distribution box is leveled of	r replaced	□ Y	🗆 N	🗆 N	ID (Explain below):	
				£						
				ystem required pumping more m will pass inspection if (with a					or obstructed pipe(s).	The
				broken pipe(s) are replaced	ļ	Υ	N		ID (Explain below):	
				obstruction is removed		Υ	□ N		ID (Explain below):	
									~	
		C)	Furth	er Evaluation is Required by	/ the Board	l of Heal	th:	,ei	т	e.
				itions exist which require furth stem is failing to protect publi						e if
			15.30	stem will pass unless Board 3(1)(b) that the system is no y and the environment:	i of Health t functionii	determi ng in a r	nes in a nanner	ccord which	ance with 310 CMR will protect public he	alth,
				Cesspool or privy is within t	50 feet of a	surface	water			
				Cesspool or privy is within t	50 feet of a	borderin	g vegeta	ated we	etland or a salt marsh	





Commonwealth of Massachusetts

Title 5 Official Inspection Form

ubsurface Sewag	e Disposal	System	Form -	Not for	Voluntary	Assessments
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	D. Osutification (1)				
page.	City/Town	State	Zip Code	Date of Inspection	
Owner information is required for every	Owner's Name				
	Property Address				
Contraction of the second					

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 \square 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.

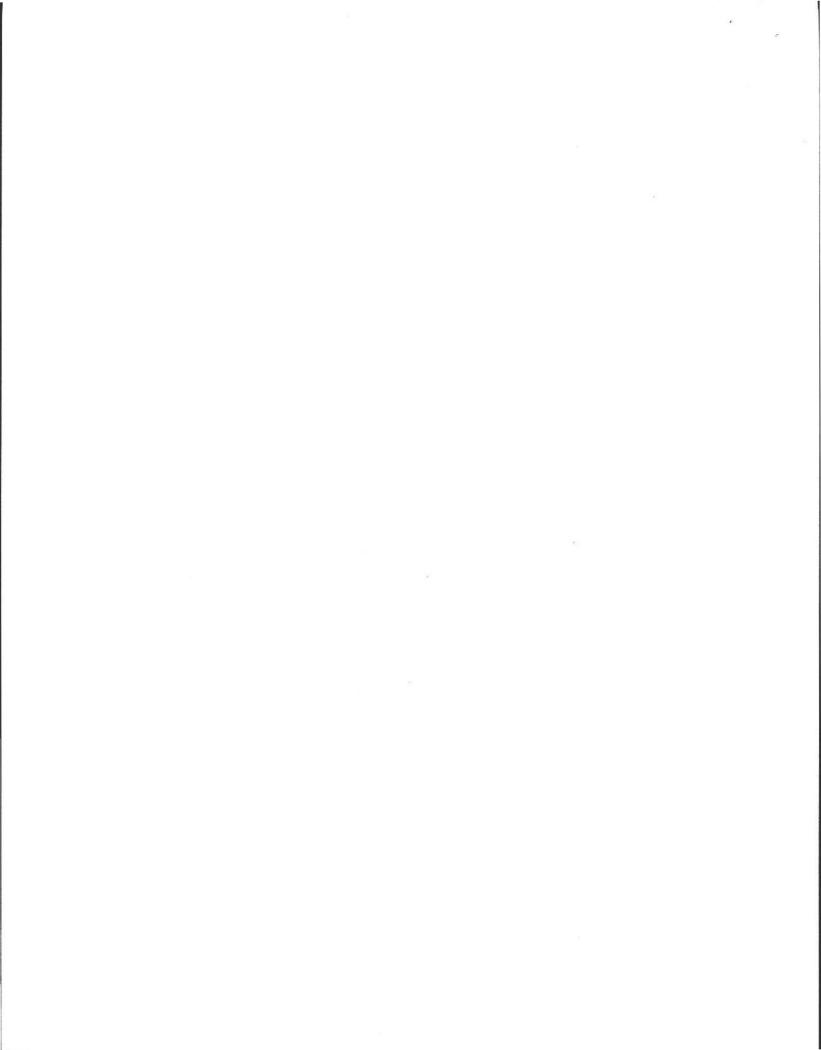
3. Other:

D) System Failure Criteria Applicable to All Systems:

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

Yes	No	
		Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
		Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
		Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
		Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 4 of 17





Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

The second secon						
	Property Address	1			2	
Owner information is	Owner's Name		ni.			
required for every page.	City/Town	×.		State	Zip Code	Date of Inspection
	B. Certific	cation	(cont.)		2	
	Yes	No		*		
			Required pumping m obstructed pipe(s). N			st year <i>NOT</i> due to clogged or
			Any portion of the SA	AS, cesspo	ol or privy is b	elow high ground water elevation.
			Any portion of cessp tributary to a surface			feet of a surface water supply or
			Any portion of a cess	spool or priv	vy is within a Z	Zone 1 of a public well.
			Any portion of a cess	spool or priv	vy is within 50	feet of a private water supply well.
			from a private water	supply well	with no accept	100 feet but greater than 50 feet btable water quality analysis. [This
	* 		laboratory, for feca of ammonia nitroge	l coliform on and nitra her failure	bacteria indic ate nitrogen i criteria are ti	erformed at a DEP certified ates absent and the presence s equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
			The system is a cess 10,000gpd.	spool servir	ng a facility wit	h a design flow of 2000gpd-
			criteria exist as desc	ribed in 310 d contact th	0 CMR 15.303 le Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be
	E) Largo Sy	otomo: 1	To be considered a lar	ao ovotom	the evetern r	nuct come a facility with a

considered a large system the system must serve 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.

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Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	C. Checklist				
page.	City/Town	State	Zip Code	Date of Inspection	
Owner information is required for every	Owner's Name				
	Property Address		16 ¹		*
The second second					

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

Yes	No	
		Pumping information was provided by the owner, occupant, or Board of Health
		Were any of the system components pumped out in the previous two weeks?
		Has the system received normal flows in the previous two week period?
		Have large volumes of water been introduced to the system recently or as part of this inspection?
		Were as built plans of the system obtained and examined? (If they were not available note as $\ensuremath{N}\xspace$
		Was the facility or dwelling inspected for signs of sewage back up?
		Was the site inspected for signs of break out?
		Were all system components, excluding the SAS, located on site?
		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?
		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:
		Existing information. For example, a plan at the Board of Health.
		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)]

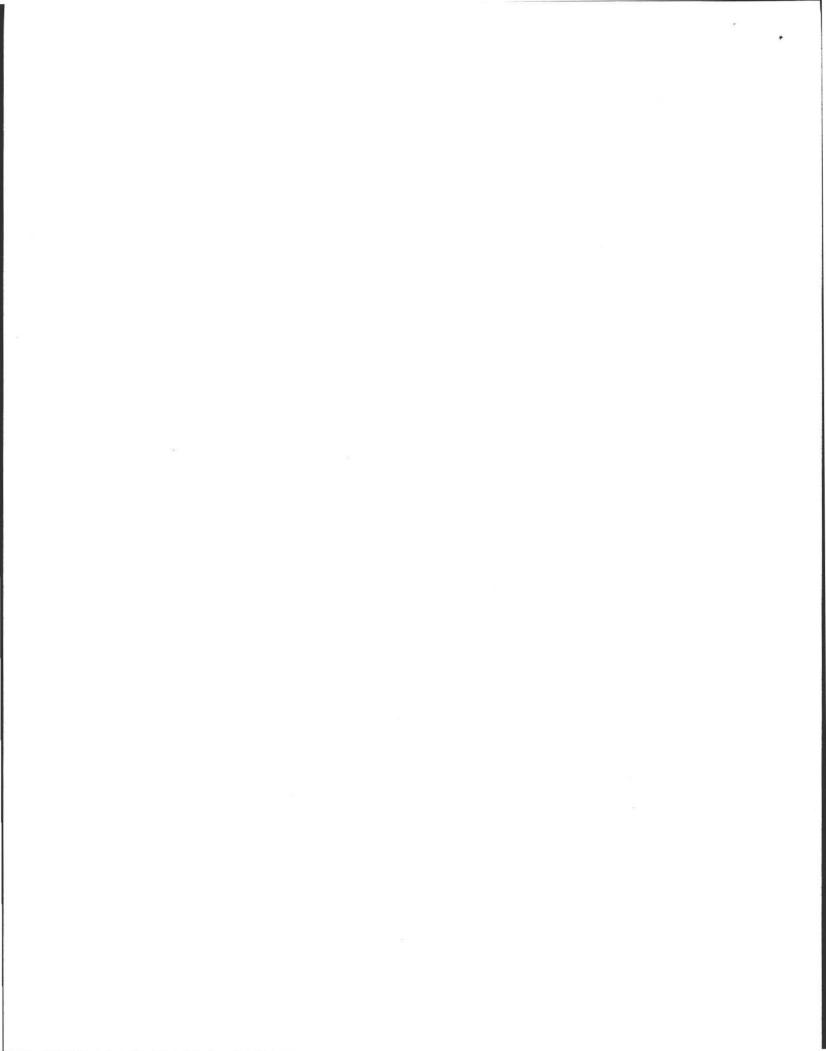
D. System Information

Residential Flow Conditions:

Number of bedrooms (design):

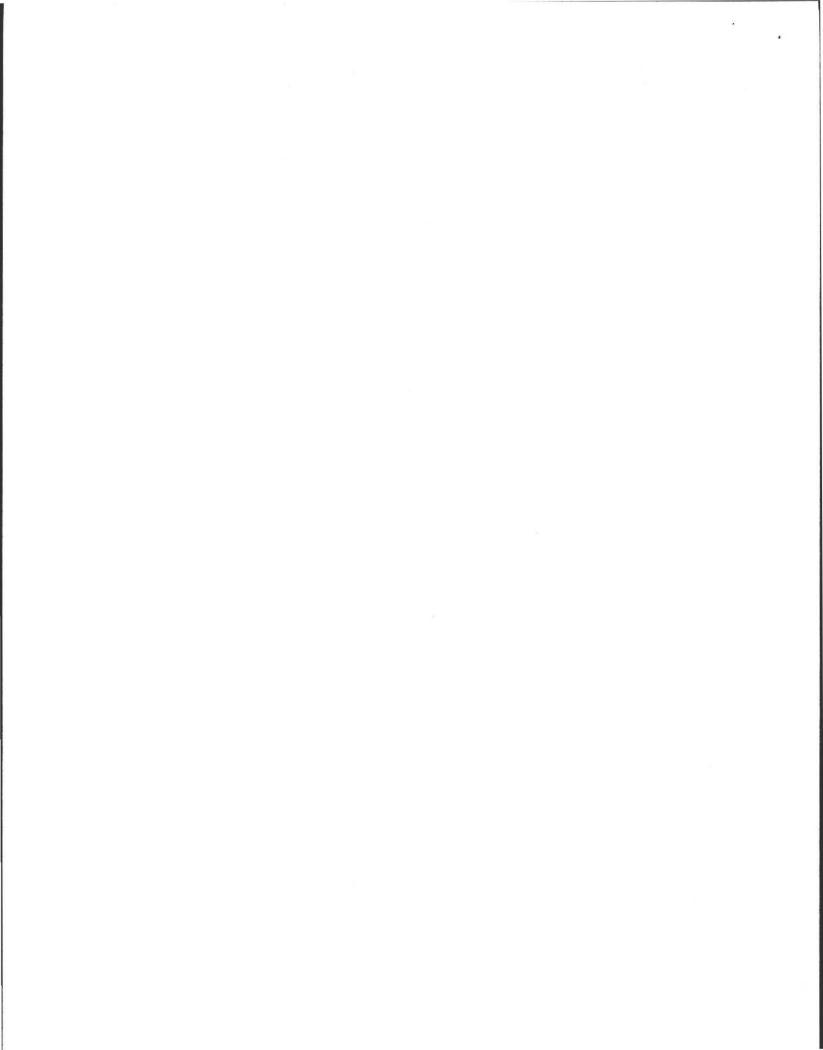
Number of bedrooms (actual):

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





The Party				
	Property Address			
Owner information is	Owner's Name			
required for every page.	City/Town	State Zip Code	Date of Inspe	ection
	D. System Information		8	
	Description:			
		Ċ.		
	Number of current residents:			
	Does residence have a garbage grinder?			🗌 Yes 🗌 No
	Is laundry on a separate sewage system? [if	yes separate inspection	on required]	🗌 Yes 🗌 No
	Laundry system inspected?			🗌 Yes 🗌 No
	Seasonal use?			🗌 Yes 🗌 No
	Water meter readings, if available (last 2 yea Detail:	ars usage (gpd)):		
	Sump pump?	2		🗌 Yes 🗌 No
	Last date of occupancy:			Date
	Commercial/Industrial Flow Conditions:			
	Type of Establishment:		10 * 0 1070.00	
	Design flow (based on 310 CMR 15.203):	Gallon	s per day (gpd)	
	Basis of design flow (seats/persons/sq.ft., et	c.):		
	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:			





ALL DE LES AND ALL DE LES ALL DE	Description	A dalama a a						
	Property	Address						
Owner information is required for every	Owner's I	Name						
page.	City/Towr	1		State	Zip Code	Date of Inspection		
	D. System Information (cont.)							
		t data of ac	cupancy/use:					
	Las		cupancy/use.		Date			
	Oth	er (describ	e below):			8		
					11			
			Ger	neral Inform	nation			
	Pumping Records:							
		irce of infor						
	500	Irce of Infor	mation:					
	Wa	s system p	umped as part of the inspec	ection?				
	If ye	es, volume	pumped:	gallons	5	~ 1		
	Hov	v was quan	tity pumped determined?					
	Rea	ason for pu	mping:					
	Тур	e of Syste	m:					
	[Septic tank, distribution be	ox, soil abs	orption system			
	[Single cesspool					
	[Overflow cesspool					
	[Privy					
	[Shared system (yes or no) (if yes, at	tach previous in	spection records, if any)		
	[Innovative/Alternative tecl maintenance contract (to inspection of the I/A syste	be obtaine	d from system o	wner) and a copy of latest		
	[Tight tank. Attach a copy	of the DEP	approval.			
	[Other (describe):					

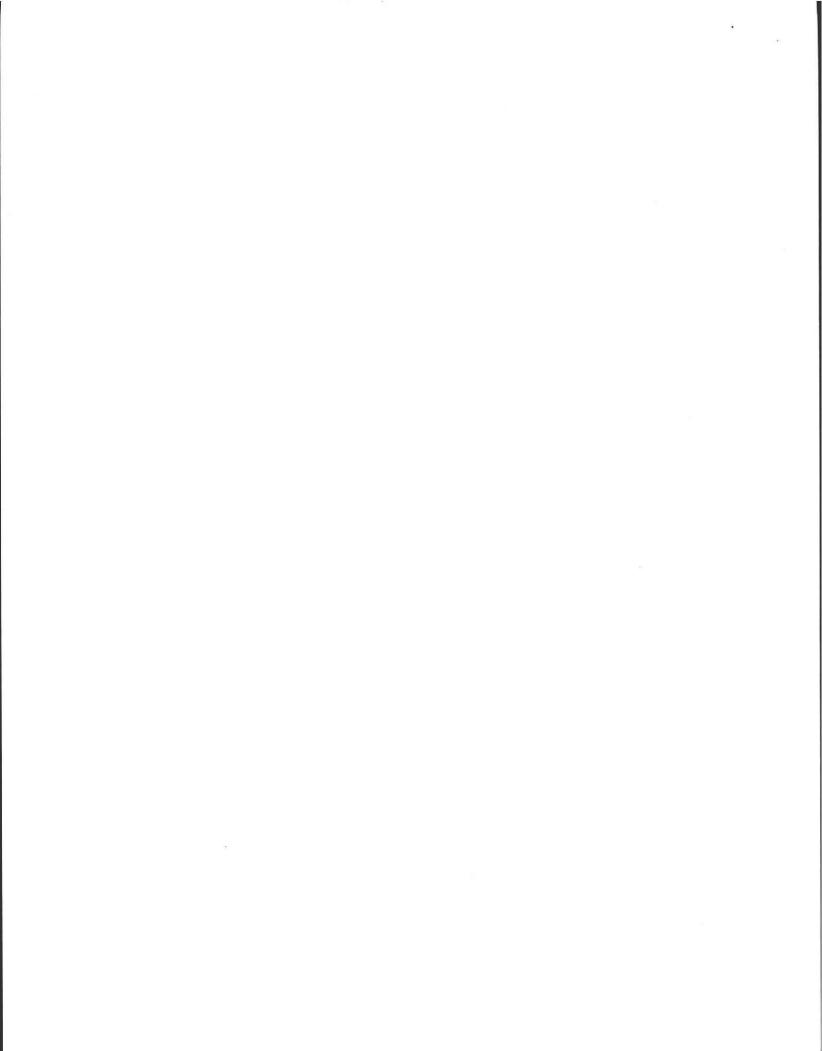




Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

5	vner's Name					
every	y/Town		State	Zip Code	~ Date of Ins	pection
		ormation (cont.				
	Approximate age	of all components, o	date installed (if kno	own) and sou	Irce of infor	mation:
	Were sewage od	ors detected when a	rriving at the site?		Γ] Yes 🗌 No
	Building Sewer	(locate on site plan):				
	Depth below grad	de:		feet		
	Material of const	ruction:				
	🗌 cast iron	40 PVC	other (expl	ain): —		
	Distance from pri	ivate water supply w	ell or suction line:	feet		
	Comments (on c	ondition of joints, ver	nting, evidence of le	akage, etc.):		
	Septic Tank (loc	ate on site plan):				
	Septic Tank (loc Depth below grad			feet	2	
		de:		feet		
	Depth below grad	de:	☐ fiberglass		ethylene	□ other (expla
	Depth below grad	de: ruction:	☐ fiberglass		ethylene	other (expla
	Depth below grad	de: ruction:	☐ fiberglass		ethylene	☐ other (expla
	Depth below grad	de: ruction:	☐ fiberglass		ethylene	☐ other (expla
	Depth below grad	de: ruction: metal	☐ fiberglass		ethylene	☐ other (expla
	Depth below grad Material of constr Concrete	de: ruction:		☐ polye	5	
	Depth below grad Material of constr Concrete	de: ruction: metal		☐ polye	5	□ other (expla

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 9 of 17

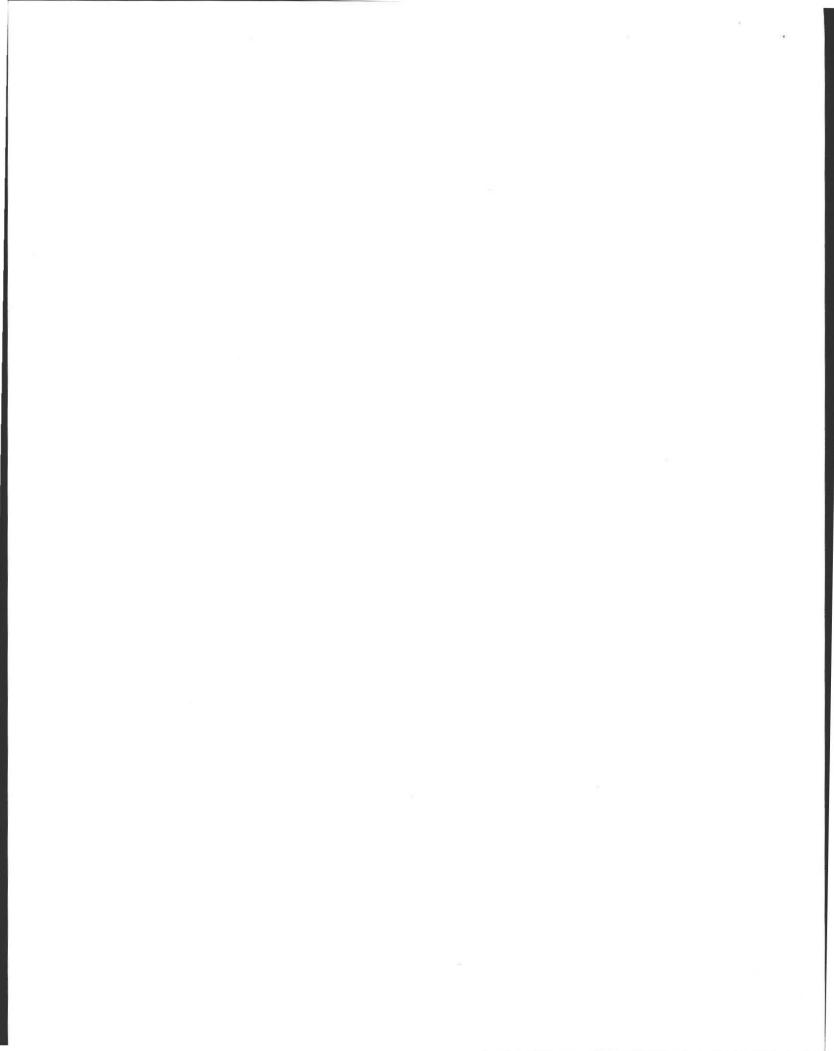




Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

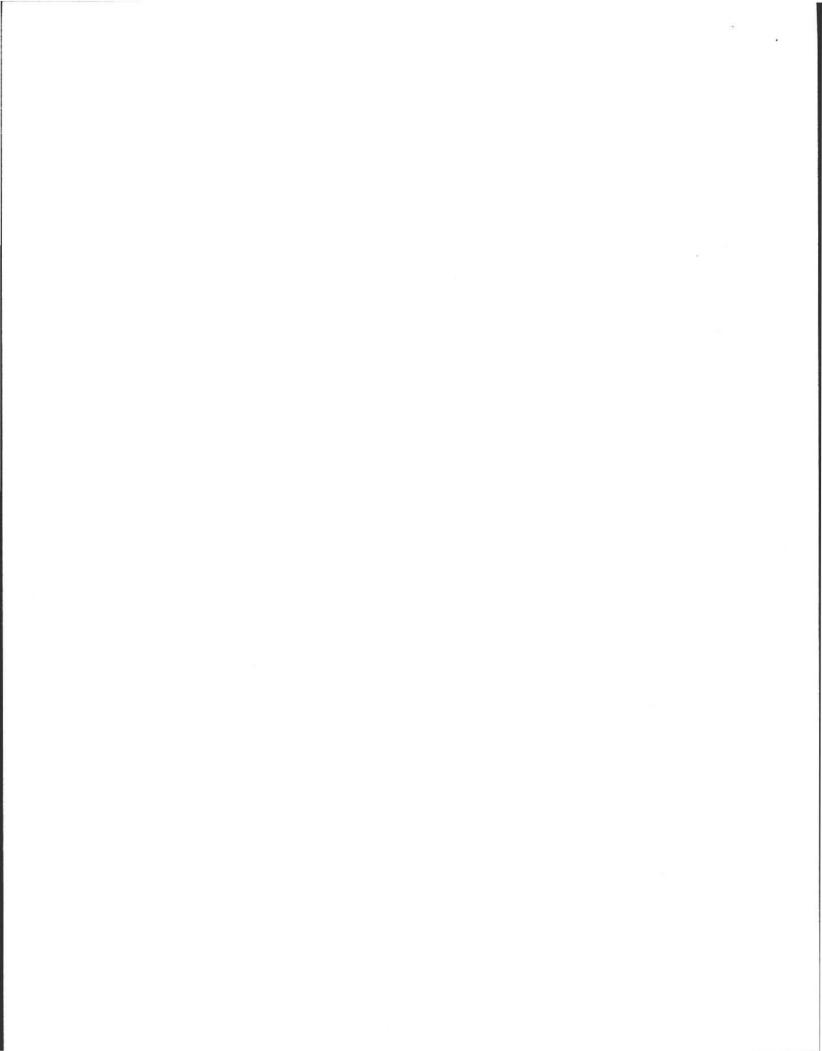
ALL AND A	Property Address							
	Property Address							
Owner information is required for every	Owner's Name							
page.	City/Town State Zip Code Date of Inspection							
	D. System Information (cont.)							
	Septic Tank (cont.)							
*	Distance from top of sludge to bottom of outlet	tee or baffle						
	Scum thickness							
	Distance from top of scum to top of outlet tee of	or baffle						
	Distance from bottom of scum to bottom of out	let tee or baffle	е —					
	How were dimensions determined?	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.):							
	T							
Ϋ́π.								
					ā			
	Grease Trap (locate on site plan):							
	Depth below grade:		feet					
	Material of construction:							
	☐ concrete	iberglass	polyethyle	ene 🗌 other (ex	plain):			
	N N							
	Dimensions:							
	Scum thickness			*				
	Distance from top of scum to top of outlet tee of	or baffle						
	Distance from bottom of scum to bottom of out	let tee or baffle	e ——					
÷	Date of last pumping:		Date					

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 10 of 17



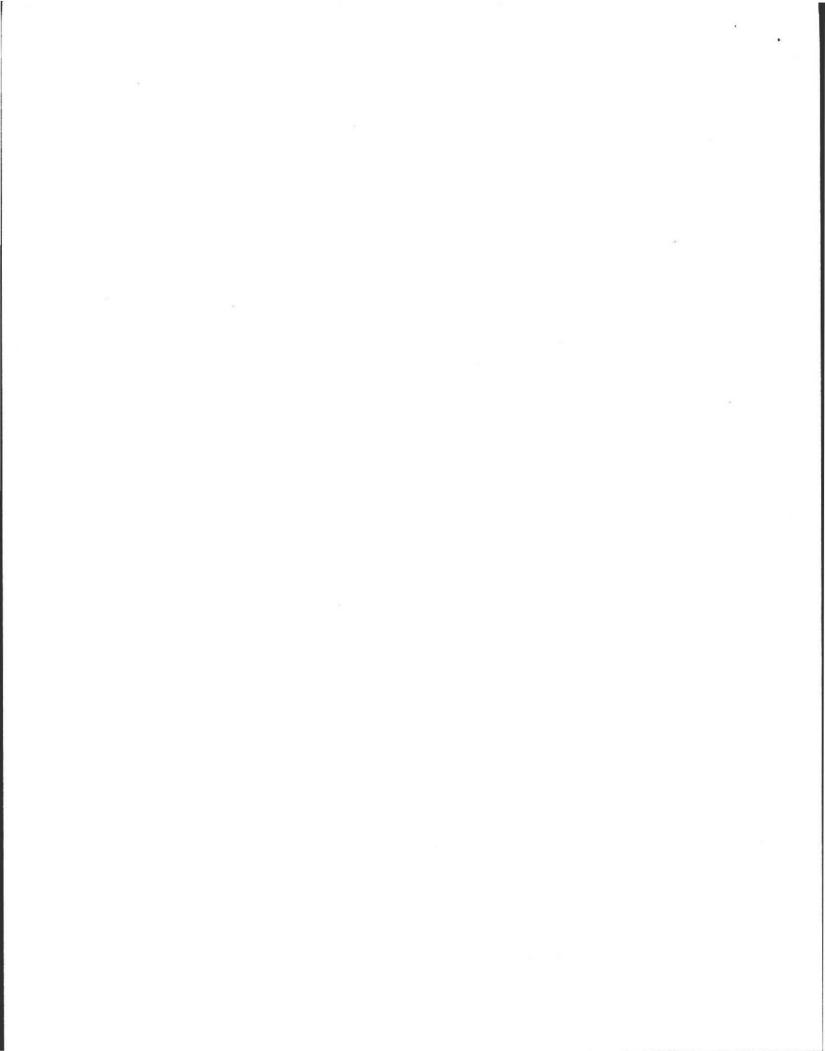


Car	Property Address								
Owner information is required for every	Owner's Name								
page.	City/Town	State	Zip Code	Date of Inspection					
	D. System Information (cont.) Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity,								
	liquid levels as related to outlet inve	rt, evidence of lea	akage, etc.):						
	Tight or Holding Tank (tank must	be pumped at tim	e of inspection)	(locate on site plan):				
	Depth below grade:								
	Material of construction:								
	□ concrete □ metal □ fiberglass □ polyethylene □ other (explain):								
	Dimensions:								
	Capacity:		gallons						
	Design Flow:	× 1	gallons per day						
	Alarm present:		🗌 Yes 🗌	No					
	Alarm level:		Alarm in working	order: 🗌 Yes	🗌 No				
	Date of last pumping:	B.	Date						
ŝ	Comments (condition of alarm and float switches, etc.):								
	* Attach copy of current pumping co	ontract (required).	Is copy attached	d? 🗌 Yes	🗌 No				





A STATE	Property Address	5						
Owner	Owner's Name							
information is required for every	Owner's Name							
page.	City/Town	State	Zip Code	Date of Inspection				
	D. System Information (cont.)							
	Distribution Box (if present must b	e opened) (locate	e on site nlan).					
				÷				
*	Depth of liquid level above outlet in							
	Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):							
				-				
	Pump Chamber (locate on site pla	n):						
	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) (Io	cate on site plan	excavation no	t required):				
	Soil Absorption System (SAS) (locate on site plan, excavation not required):							
	If SAS not located, explain why:							
				~				

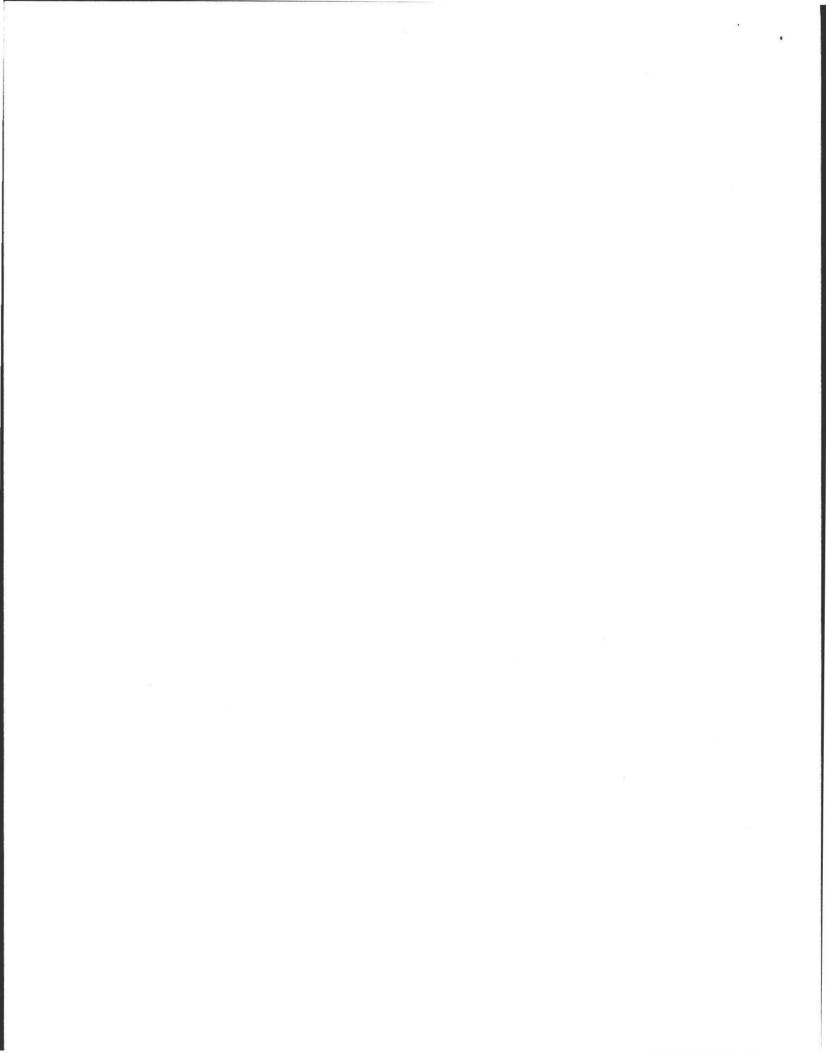




Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Real Street	-						
	Property Address						
Owner information is required for every page.	Owner's Name						
	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, l	ength:		
		leaching fields		number, c	limensions: —	-	
		overflow cesspool		number:			
		innovative/alternative sys	stem				
		Type/name of technolog	v:				
	Comment vegetation	s (note condition of soil, signs n, etc.):	of hydraulic f	ailure, level of _l	oonding, damp soil,	condition of	
		2 2				v	
	Cesspoo	Is (cesspool must be pumped	as part of ins	pection) (locate	on site plan):		
	Number a	and configuration					
	Depth – to	op of liquid to inlet invert					
	Depth of s	solids layer					
	Depth of s	scum layer					
	Dimensio	ns of cesspool					
	Materials	of construction					
	Indication	of groundwater inflow		÷.	🗌 Yes 🗌	No	
GR.							

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Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	D. System Information (cont.)			
page.	City/Town	State	Zip Code	Date of Inspection
Owner information is required for every	Owner's Name			
	Property Address		2	
Stand a STAR				

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

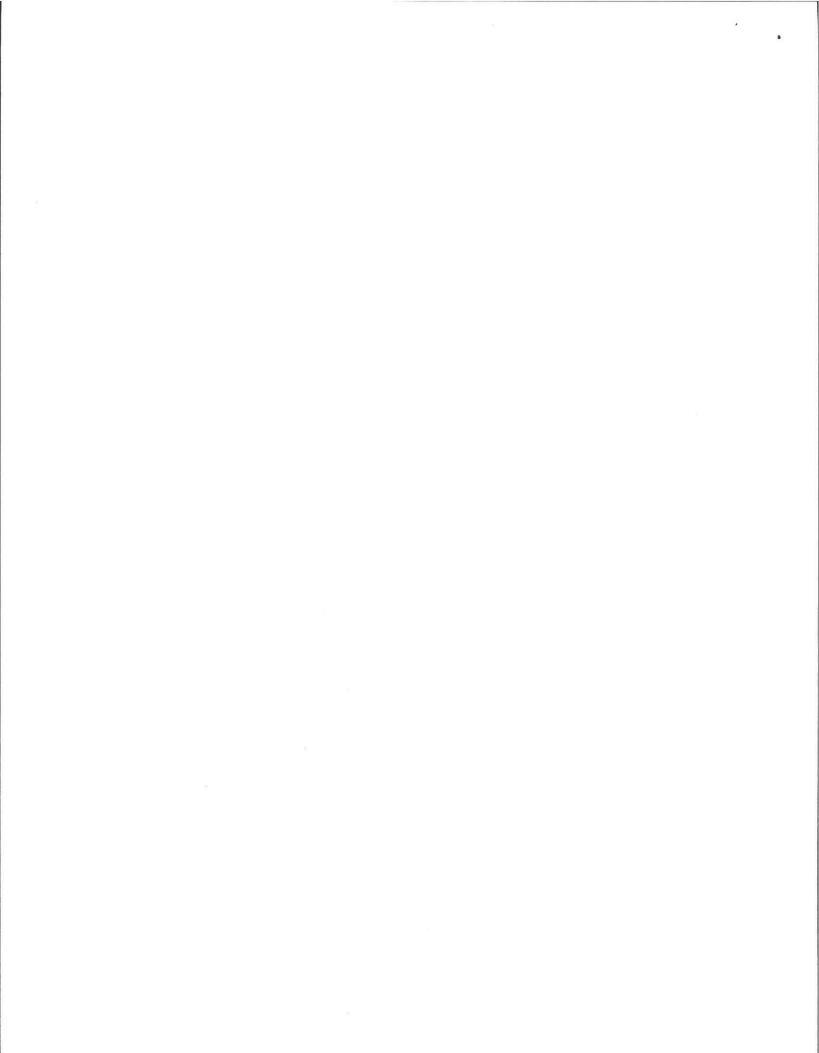
Privy (locate on site plan):

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

	D System Information	(cont)			
page.	City/Town	State	Zip Code	Date of Inspection	
Owner information is required for every	Owner's Name				
	Property Address			H.	
A A A A A A A A A A A A A A A A A A A					

D. System Information (cont.)

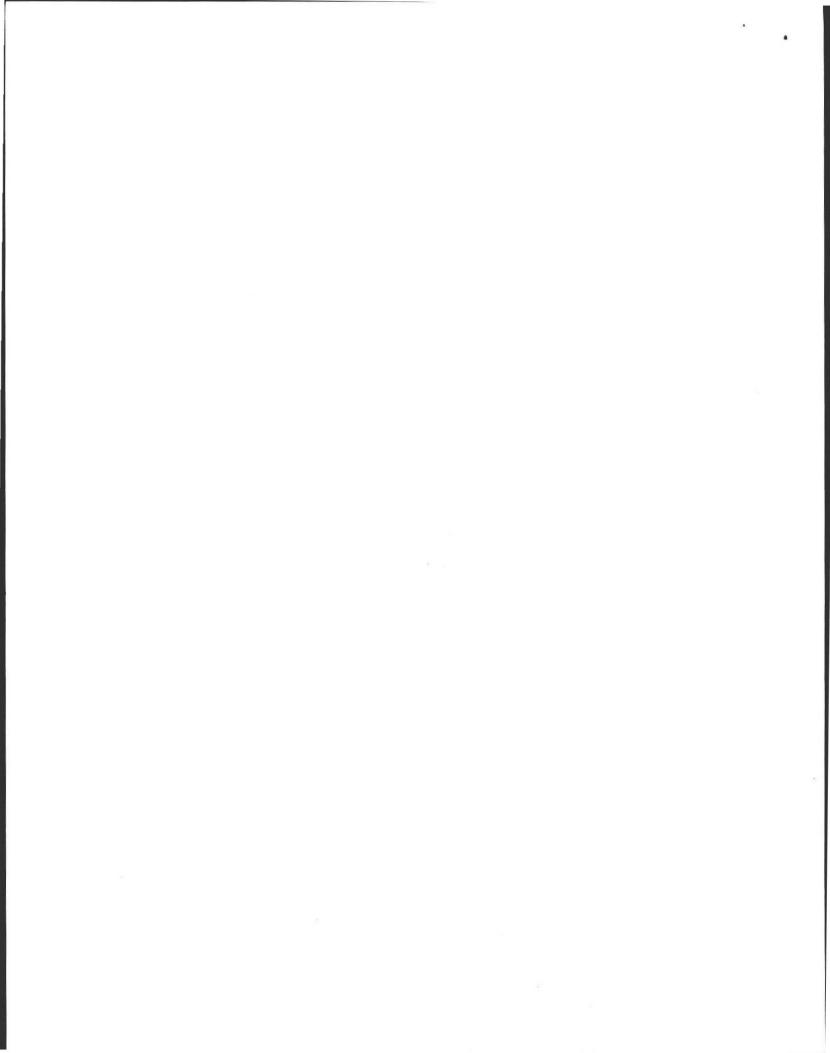
Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

hand-sketch in the area below drawing attached separately

•



Property Addres	s		-				
Owner's Name				1			
City/Town		State	Zip Code	Date of Inspection			
D. Syster	m Information (co	ont.)					
Site Exa	m :						
Chec	k Slope						
Surface water							
Check cellar							
Shallow wells							
Estimate	d depth to high ground w	/ater:	feet				
Please in	dicate all methods used	to determine the high		er elevation:			
	Obtained from systen	n design plans on re	plans on record				
	If checked, date of de	esign plan reviewed	Date				
	Observed site (abutti						
	Checked with local B	oard of Health - exp	blain:				
	Checked with local ex	xcavators, installers	- (attach docu	mentation)			
	Accessed USGS data	abase - explain:					
You mus	t describe how you estal	blished the high gro	ound water elev	vation:			
	*						
			, *				
				5	2		
	City/Town D. Syster Site Exa Chece Surfa Chece Shall Estimate Please in	City/Town D. System Information (cd Site Exam: Check Slope Surface water Check cellar Check cellar Shallow wells Estimated depth to high ground w Please indicate all methods used Obtained from system If checked, date of de Observed site (abutti Checked with local B Accessed USGS data	City/Town State D. System Information (cont.) Site Exam: Check Slope Surface water Check cellar Check cellar Shallow wells Estimated depth to high ground water: Please indicate all methods used to determine the high obtained from system design plans on residence of design plan reviewed of the checked, date of design plan reviewed of the checked, date of design plan reviewed of the checked with local Board of Health - experimentary Checked with local excavators, installers Checked with local excavators, installers Accessed USGS database - explain:	State Zip Code D. System Information (cont.) Site Exam: Check Slope Surface water Check cellar Shallow wells Estimated depth to high ground water: Please indicate all methods used to determine the high ground water Obtained from system design plans on record If checked, date of design plan reviewed: Date Observed site (abutting property/observation hole within Checked with local Board of Health - explain: Checked with local excavators, installers - (attach docu Accessed USGS database - explain:	City/Town State Zip Code Date of Inspection 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:		





Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Care Survey	Property Address				×	
Owner information is required for every page.	Owner's Name		Zip Code	Date of Inspection		
	City/Town	State				
	E. Report Completeness Checklist					
	Inspection Summary: A, B, C, D, or E checked					
	Inspection Summary D (System	Failure Criteria	Applicable to A	Il Systems) completed		

System Information – Estimated depth to high groundwater

Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

