1174 Bay Rd.

Innovative Engineering
& Consulting, LLC

110 Chapin Greene Dr.
Ludlow, MA 01056
Phone : 413/583-7930 FAX : 413/583-8771

14-Sep-06

received
9/20/06

Health Department
Town of Amherst
70 Boltwood Walk
Amherst, MA 01002

Re: 1174 Bay Road
Project #060902

Gentlemen,

Enclosed, please find a copy of a Title 5 inspection report for the above referenced property performed for Mr. Shanti Nair. As you can see, we are certifying that the sewage disposal system at this address has passed the requirements of 310 CMR 15.000

If you should have any questions or require any additional information, please feel free to contact our office.

Very truly yours,

John A. Kopinsky, P.E.
Innovative Engineering

cc: Attn: Mr. Shanti Nair

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner's Name : Shanti Nair
Owner's Address : 1174 Bay Road
Amherst, MA 01002
Date of Inspection: 13-Nov-06

Name of Inspector: (Please print) John A. Kopinsky, P.E.
Company Name: Innovative Engineering
Mailing Address: 110 Chapin Greene Dr., Ludlow, MA 01056

Telephone Number: 413/583-7930

CERTIFICATION STATEMENT
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system :

X	Passes
___	Conditionally Passes
___	Needs Further Evaluation By the Approving Authority
	Fails

Inspector's Signature:_____ _____ **Date:** 13-Sep-06

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments
Continue regular pumping of septic tank (1 to 3 years depending on loading). Leach pit is 10'W x 12'L x 5'D with 6" of standing water. Residence is currently being occupied by two persons. Maintenance of system will vary according to number of occupants!

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

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

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

A. System passes:

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

Comments:

B. System Conditionally Passes:

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

Answer yes, no, or not determined (Y, N, ND) in the following ___ 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 septic 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

ND explain :

___ Observation of sewage backup or breakout or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

ND explain :

___ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

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

ND explain :

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

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

2) **System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

___ The system has a septic tank and a 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 well.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____.

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

3) **OTHER**

___

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

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

YES	NO	
___	X	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	X	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	N/A	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	X	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
___	X	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped _____
___	X	Any portion of the SAS, cesspool or privy is below high groundwater elevation.
___	X	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply
___	X	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	X	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	X	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

NO (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes	no	
___	___	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 answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

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

YES	NO	
X	___	Pumping information was provided by the owner, occupant, or Board of Health
___	X	Were any of the system components pumped out in the previous two weeks ?
X	___	Has the system received normal flows in the previous two week period ?
___	X	Have large volumes of water been introduced to the system recently or as part of this inspection ?
X	___	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
X	___	Was the facility or dwelling inspected for signs of sewage back-up ?
X	___	Was the site inspected for signs of breakout ?
X	___	Were all system components, excluding the SAS, located on site ?
X	___	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?
X	___	Was the facility owner (and occupants, if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

YES	NO	
X	___	Existing information. For example, a plan at the Board of Health.
X	___	Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

FLOW CONDITIONS

RESIDENTIAL
Design flow: 110 g.p.d./bedroom
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 gpd
Number of current residents: 2
Does residence have a garbage grinder (yes or no): yes
Is laundry on a separate sewage system (yes or no): no [if **yes** separate inspection required]
Laundry system inspected (yes or no): _____
Seasonal use (yes or no): no
Water meter readings, if available (last two year's usage-gpd): 160
Sump pump (yes or no): no
Last date of occupancy: current

COMMERCIAL/INDUSTRIAL
Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sq ft, etc.): _____
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present (yes or no): _____
Non-sanitary waste discharge to the Title 5 system (yes or no): _____
Water meter readings, if available: _____
Last date of occupancy/use: _____
OTHER: (Describe)

GENERAL INFORMATION

Pumping Records Last pumped 3 years ago. Pumper - Karl's Excavating
Source of information: Owner
Was system pumped as part of inspection:(yes or no): 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)
___ Tight Tank _____ Attach a copy of the DEP approval

X Other (describe) Septic tank, leach pit

Approximate age of all components, date installed (if known) and source of information:
1985 per Owner & BOH
Were sewage odors detected when arriving at the site:(yes or no) no

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

BUILDING SEWER: (locate on site plan)

Depth below grade: 18"
Materials of construction: ___ cast iron X 40 PVC ___ other (explain)_____
Distance from private water supply well or suction line: n/a
Comments: (condition of joints, venting, evidence of leakage, etc.)
joints are tight with no sign of leakage

SEPTIC TANK: ___ (locate on site plan)

Depth below grade: 12"
Material of construction: X concrete ___ metal ___ fiberglass ___ polyethylene
___ other(explain) _____
If tank is metal, list age: _____ Is age confirmed by a Certificate of Compliance (yes or no): _____ (attach a copy of certificate)
Dimensions: 108"L x 54"W x 47"D
Sludge depth: 8 "
Distance from top of sludge to bottom of outlet tee or baffle: 25 "
Scum thickness: 0 "
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: 14 "
How dimensions were determined: **field measured with a probe**
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.)
continue regular pumping (1 to 3 years) - tank & baffles / tees in fair condition - liquid level at outlet invert

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

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

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

Depth below grade: _____
Material of construction: ___ concrete ___ metal ___ fiberglass ___ polyethylene
___ other(explain) _____
Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order: (yes/no): _____
Date of previous pumping: _____
Comments (condition of alarm and float switches, etc.):

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

Depth of liquid level above outlet invert: _____
Comments (note if box is level and distribution to outlets is 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 or no): _____
Alarms in working order (yes or no): _____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

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

If SAS not located, explain why:

Type
X 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.):
uniform vegetation in SAS area - no visible sign of failure. Leach pit is 12'L x 10'W x 5'D w/ 6" of standing water

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 or no): _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: ___ (locate on site plan)

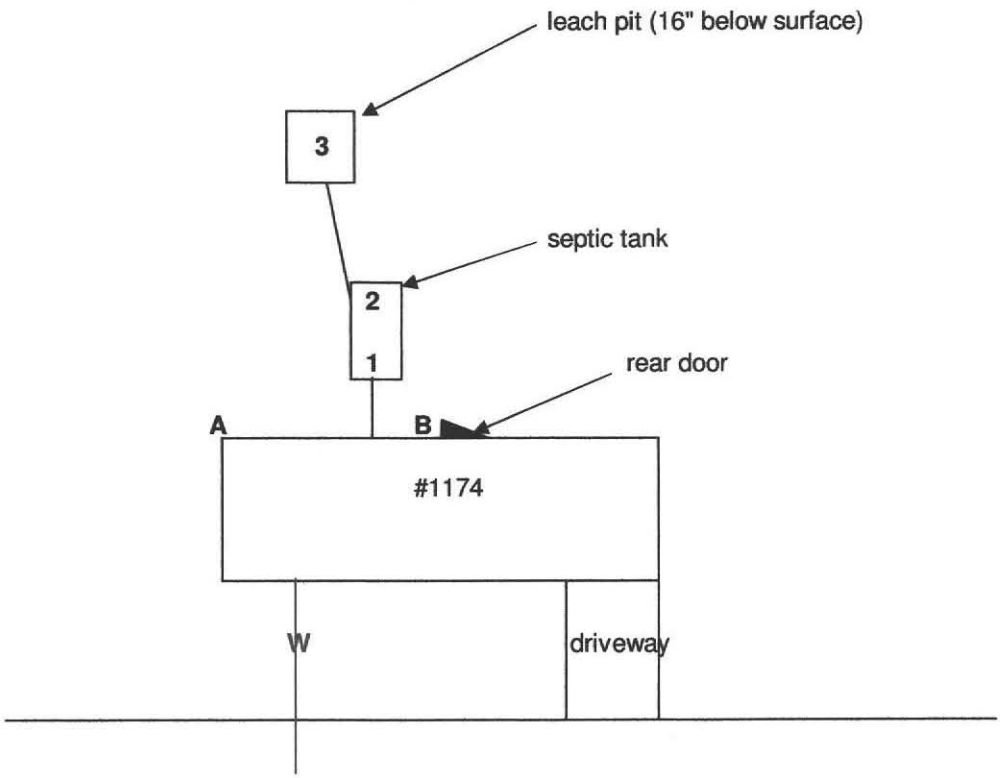
Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

SKETCH OF SEWAGE DISPOSAL SYSTEM:
Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

Ties to System Components (ft)			
	A	B	C
ST inlet (1)	23.0	14.0	-
ST outlet (2)	27.0	23.5	-
Leach pit (3)	56.0	60.0	-



NOT TO SCALE

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Shanti Nair
Date of Inspection: 13-Nov-06

SITE EXAM

Slope	4.0%
Surface water	none
Check Cellar	dry
Shallow wells	none

Estimated Depth to Groundwater 6 Feet

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

- X Obtained from system design plans on record - If checked, date of design plan reviewed: 28-Mar-85
- X 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)
- X Accessed USGS database - explain: soil type MeB, MeD

You **must** describe how you established the **high ground water elevation**:
observed site, reviewed design plans and checked soil data (type MeB, MeD)

Innovative Engineering

110 Chapin Greene Dr.
Ludlow, MA 01056
Phone : 413/583-7930 FAX : 413/583-8771

14-Aug-03

Health Department
Town of Amherst
70 Boltwood Walk
Amherst, MA 01002

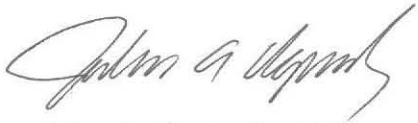
Re: 1174 Bay Road
Project #030803

Gentlemen,

Enclosed, please find a copy of a Title 5 inspection report for the above referenced property performed for Ms. Susan Reisman. As you can see, we are certifying that the sewage disposal system at this address has passed the requirements of 310 CMR 15.000

If you should have any questions or require any additional information, please feel free to contact our office.

Very truly yours,



John A. Kopinsky, P.E.
Innovative Engineering

cc: Attn: Ms. Susan Reisman

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner's Name : Susan Reisman
Owner's Address : 1174 Bay Road
Amherst, MA 01002
Date of Inspection: 09-Aug-03

Name of Inspector: (Please print) John A. Kopinsky, P.E.
Company Name: Innovative Engineering
Mailing Address: 110 Chapin Greene Dr., Ludlow, MA 01056

Telephone Number: 413/583-7930

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system :

X	Passes
___	Conditionally Passes
___	Needs Further Evaluation By the Approving Authority
___	Fails

Inspector's Signature: John A. Kopinsky **Date:** 14-Aug-03

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments

Continue regular pumping of septic tank (1 to 3 years depending on loading). Residence is currently being occupied by one person. Not that system is currently serving one person. Maintenance of system will vary according to number of occupants!

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

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

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

A. System passes:

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

Comments:

B. System Conditionally Passes:

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

Answer yes, no, or not determined (Y, N, ND) in the following ___ 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 septic 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

ND explain :

___ Observation of sewage backup or breakout or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

ND explain :

___ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

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

ND explain :

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

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

2) System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

___ The system has a septic tank and a 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 well.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____.

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

3) OTHER

___

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

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

YES	NO	
___	X	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	X	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	N/A	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	X	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
___	X	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped _____
___	X	Any portion of the SAS, cesspool or privy is below high groundwater elevation.
___	X	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply
___	X	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	X	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	X	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

NO (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes	no	
___	___	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 answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

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

YES	NO	
X	___	Pumping information was provided by the owner, occupant, or Board of Health
___	X	Were any of the system components pumped out in the previous two weeks ?
X	___	Has the system received normal flows in the previous two week period ?
___	X	Have large volumes of water been introduced to the system recently or as part of this inspection ?
X	___	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
X	___	Was the facility or dwelling inspected for signs of sewage back-up ?
X	___	Was the site inspected for signs of breakout ?
X	___	Were all system components, excluding the SAS, located on site ?
X	___	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?
X	___	Was the facility owner (and occupants, if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

YES	NO	
X	___	Existing information. For example, a plan at the Board of Health.
X	___	Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

FLOW CONDITIONS

RESIDENTIAL

Design flow: 110 g.p.d./bedroom
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 gpd
Number of current residents: 1
Does residence have a garbage grinder (yes or no): no
Is laundry on a separate sewage system (yes or no): no [if **yes** separate inspection required]
Laundry system inspected (yes or no): _____
Seasonal use (yes or no): no
Water meter readings, if available (last two year's usage-gpd): 160
Sump pump (yes or no): no
Last date of occupancy: current

COMMERCIAL/INDUSTRIAL

Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sq ft, etc.): _____
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present (yes or no): _____
Non-sanitary waste discharge to the Title 5 system (yes or no): _____
Water meter readings, if available: _____
Last date of occupancy/use: _____
OTHER: (Describe)

GENERAL INFORMATION

Pumping Records Last pumped 1 years ago. Pumper - Karl's Excavating
Source of information: Owner
Was system pumped as part of inspection:(yes or no): 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)
___ Tight Tank _____ Attach a copy of the DEP approval

X Other (describe) Septic tank, leach pit

Approximate age of all components, date installed (if known) and source of information:
1985 per Owner & BOH
Were sewage odors detected when arriving at the site:(yes or no) no

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

BUILDING SEWER: (locate on site plan)

Depth below grade: 18"
Materials of construction: ___ cast iron X 40 PVC ___ other (explain) _____
Distance from private water supply well or suction line: n/a
Comments: (condition of joints, venting, evidence of leakage, etc.)
joints are tight with no sign of leakage

SEPTIC TANK: ___ (locate on site plan)

Depth below grade: 12"
Material of construction: X concrete ___ metal ___ fiberglass ___ polyethylene
___ other(explain) _____
If tank is metal, list age: _____ Is age confirmed by a Certificate of Compliance (yes or no): _____ (attach a copy of certificate)
Dimensions: 108"L x 54"W x 47"D
Sludge depth: 4 "
Distance from top of sludge to bottom of outlet tee or baffle: 29 "
Scum thickness: 0 "
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: 14 "
How dimensions were determined: field measured with a probe
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.)
continue regular pumping (1 to 3 years) - tank & baffles / tees in good condition - liquid level at outlet invert

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

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

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

Depth below grade: _____
Material of construction: ___ concrete ___ metal ___ fiberglass ___ polyethylene
___ other(explain) _____
Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order: (yes/no): _____
Date of previous pumping: _____
Comments (condition of alarm and float switches, etc.):

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

Depth of liquid level above outlet invert: _____
Comments (note if box is level and distribution to outlets is 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 or no): _____
Alarms in working order (yes or no): _____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

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

If SAS not located, explain why:

Type

X 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.):
uniform vegetation in SAS area - no visible sign of failure

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 or no): _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: ___ (locate on site plan)

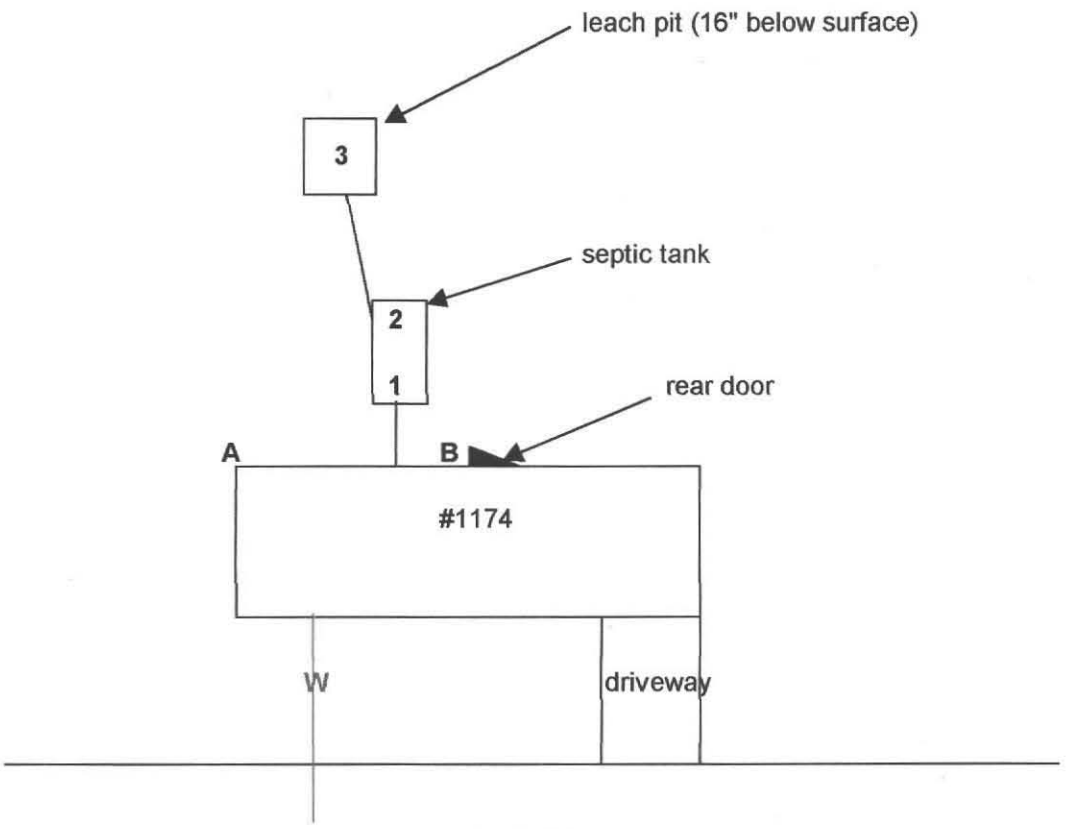
Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

SKETCH OF SEWAGE DISPOSAL SYSTEM:
Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

Ties to System Components (ft)			
	A	B	C
ST inlet (1)	23.0	14.0	-
ST outlet (2)	27.0	23.5	-
Leach pit (3)	56.0	60.0	-



NOT TO SCALE

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

Property Address: 1174 Bay Road
Amherst, MA 01002
Owner: Susan Reisman
Date of Inspection: 09-Aug-03

SITE EXAM

Slope 4.0%
Surface water none
Check Cellar dry
Shallow wells none

Estimated Depth to Groundwater 6 Feet

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

X Obtained from system design plans on record - If checked, date of design plan reviewed: 07-Jun-05
X 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)
X Accessed USGS database - explain: soil type MeB, MeD

You **must** describe how you established the **high ground water elevation**:
observed site, reviewed design plans and checked soil data (type MeB, MeD)

1174 BAY ROAD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 66-1 Date 3-3-66 Fee 3.00 Date Rec'd. 1010 By _____

Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:

Location—Address (1174) BAY ROAD or Lot No. _____

Owner FRANK DICKINSON Address So Easton

Contractor GEO. BUCZALA Address _____

Type of Building Dwelling Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder (No)

Other 2½ baths + 1 full No. of persons _____ Showers ( ) 30 pupils

Other fixtures _____

Town Water? Yes Type of Well _____ 120 gallons

Design Flow ____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity ~~1000~~ 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil _____ Depth to Ground Water _____

Will *disposal area* be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

_____ _____
Owner or builder date

Application Approved by _____ _____
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. _____

Permission is hereby granted _____ to construct ( ) or repair ( ) an Individual Sewage Disposal System at _____

as shown on the application for Disposal Works Construction Permit No. _____

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE _____ _____
Board of Health

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

REPAIR

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner STEPHEN REISMAN Address 174 BAY RD

Installer KARLS EXC. Address RIVER DR. HADLEY

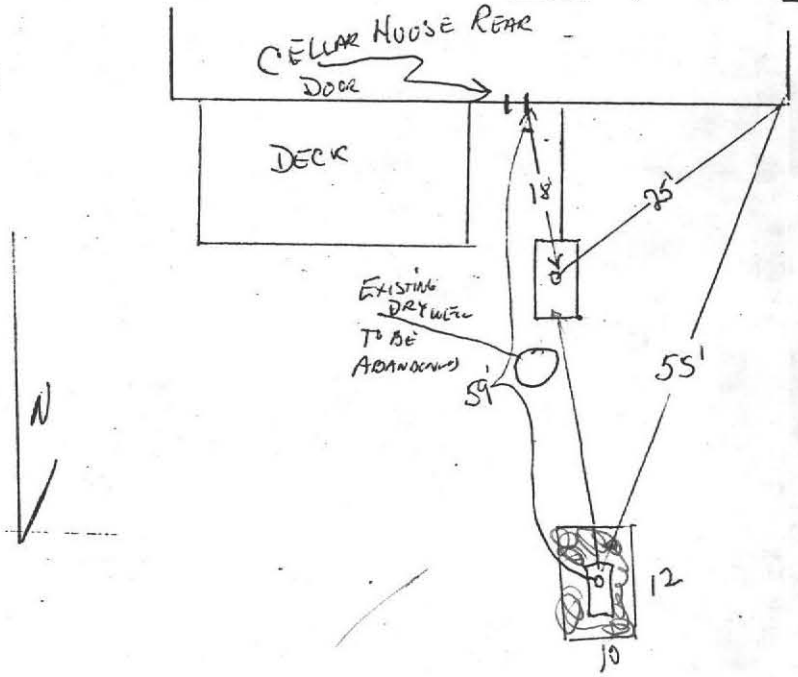
Date Installation Inspected and Approved 3-28-85

Description of System: Tank Capacity: 1200 EXISTING -

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 10 x 12 = 120 ☐ BOTTOM
10 x 5 x 2 = 100 } SIDES
12 x 5 x 2 = 120

Garbage Grinder Yes ( ) No ( ) No. Bedrooms: ____ No. People ____

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.