1299 Bayrd

#1299

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-17 Date Aug. 3, 1972 Fee $3.00 Date Rec'd. 8-7-72 By

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

Location—Address 1299 Bay Road, 15/100 mi. W. Belchertown Line or Lot No.

Owner James R. Tower Address 46 Charles St., Agawam

Contractor SELF Address

Type of Building Dimensions Size Lot 3/4 acre

Dwelling—No. of Bedrooms 4 Expansion Attic (NO) Garbage Grinder (yes)

Other No. of persons Showers ( )

Other fixtures

Town Water? YES Type of Well

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

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

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

Disposal Bed—No. 1 Diameter 20x20 Depth below inlet Total leaching area 400 sq. ft. Min. Req. 320

Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: 6 x 8 x 8

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

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by M. J. Hubbard. Date 7-27-72

Test Pit No. 1 2 minutes per inch Depth of Test Pit 48"

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

Description of Soil Sand to 48" Depth to Ground Water Not Found.

Will *disposal area* be filled? No Cut down? No

(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.

X James R. Tower 8-3-72
Owner or builder date

Application Approved by 8-7-72
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 (X) or repaired ( ) by KARLS Inc. at 1299 Bay Rd. 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. 72-17 dated Aug. 7, 1972

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

DATE Dec. 12, 1972 Inspector

See Attached Sheet

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-17

Permission is hereby granted James R. Tower to construct (X) or repair ( ) an Individual Sewage Disposal System at 1299 Bay Road 72-17 as shown on the application for Disposal Works Construction Permit No. 72-17

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 8-7-72

Board of Health

No..... Fee.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

Bay Rd. — Location - Address
15/100 Mi W. of Belchertown town line — or Lot No.

James R. Tower — Owner
46 Charles St. Agawam Ma 01001 — Address

Installer — Address

Type of Building — Size Lot 3/4 Ac. Sq. feet

Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (yes)

Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 50 gallons per person per day. Total daily flow 400 gallons.

Septic Tank — Liquid capacity 1000 gallons Length..... Width..... Diameter..... Depth.....

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

Seepage Pit No. 1 Diameter 10x10 Depth below inlet 4 Total leaching area 260 sq. ft.

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by Miles J. Hubler Date 7-27-72

Test Pit No. 1 2 minutes per inch Depth of Test Pit 48" Depth to ground water none

Test Pit No. 2 .....minutes per inch Depth of Test Pit..... Depth to ground water.....

Description of Soil Top soil has been removed. 0-48" clean Sand SW loose.

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of Article XI of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed..... Date

Application Approved By..... Date

Application Disapproved *for the following reasons:*.....

..... Date

Permit No..... Issued..... Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

by..... Installer

at.....

has been installed in accordance with the provisions of 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 SATISFACTORY.

DATE..... Inspector.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No..... ..... OF ..... Fee.....

Disposal Works Construction Permit

Permission is hereby granted.....

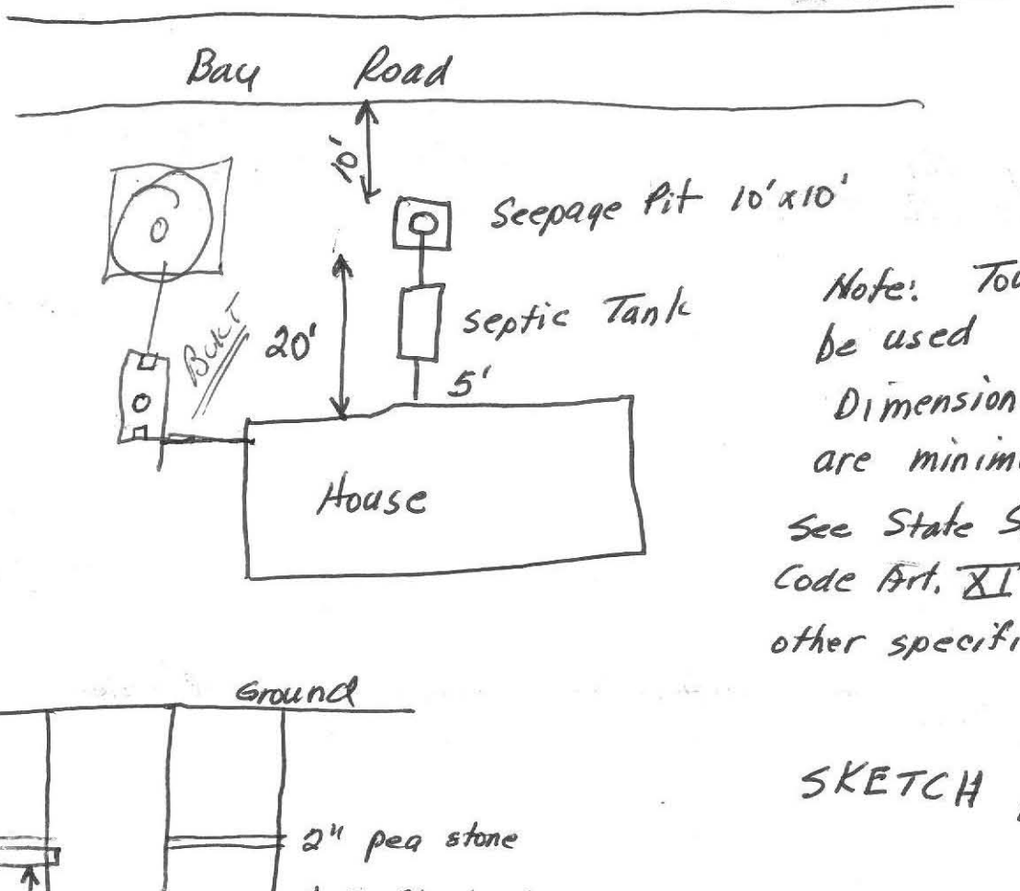
to Construct ( ) or Repair ( ) an Individual Sewage Disposal System

at No..... Street

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

..... Board of Health

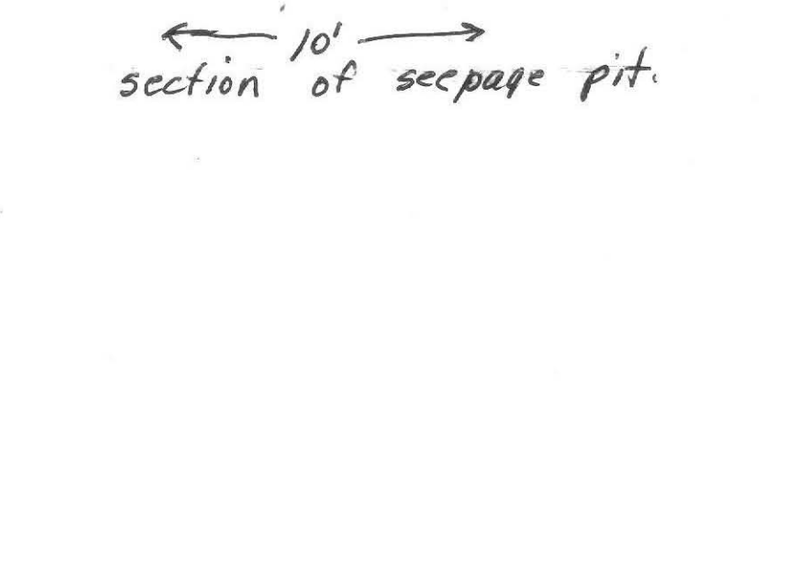
DATE.....



Note: Town water to be used

Dimensions shown are minimum.

See State Sanitary Code Art. XI for other specifications



section of seepage pit.

SKETCH no scale

100
160
260

8x8
64
4
256
64
320

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Trudy Coxe
Secretary, EOEA
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 1299 Bay Road
Address of Owner: 1299 Bay Road
(If different)
Date of Inspection: Oct 19, 1995
Name of Inspector: Fred Filios
Company Name, Address and Telephone Number:
Filios Enterprises, Inc.
69 Pelham Road, Amherst, Ma 01002
(413) 256-8008

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 sewage disposal systems. The system:

- ✓ Passes
- ~~—~~ ✓ Conditionally Passes — Conditional pass removed. Repairs were made by Karls Excavation. FC Filios 2/26/96
- ___ Needs Further Evaluation By the Local Approving Authority
- ___ Fails

Inspector's Signature: Frederick C Filios **Date:** 10/19/95

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

INSPECTION SUMMARY:

Check A, B, C, or D

A] SYSTEM PASSES:

_____ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B] SYSTEM CONDITIONALLY PASSES:

_____ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

___ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

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

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

B] SYSTEM CONDITIONALLY PASSES (continued)

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

- ✓ broken pipe(s) are replaced — Riser broken during excavation
- ___ obstruction is removed
- ___ distribution box is levelled or replaced

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

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

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

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

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D] SYSTEM FAILS:

___ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

___ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

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

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

D] SYSTEM FAILS (continued):

NO Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

N/A Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

NO Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s).
Number of times pumped ____

NO Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

NO Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

NO Any portion of a cesspool or privy is within a Zone I of a public well. recharge area

NO Any portion of a cesspool or privy is within 50 feet of a private water supply well.

NO Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

____ The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

__ 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)

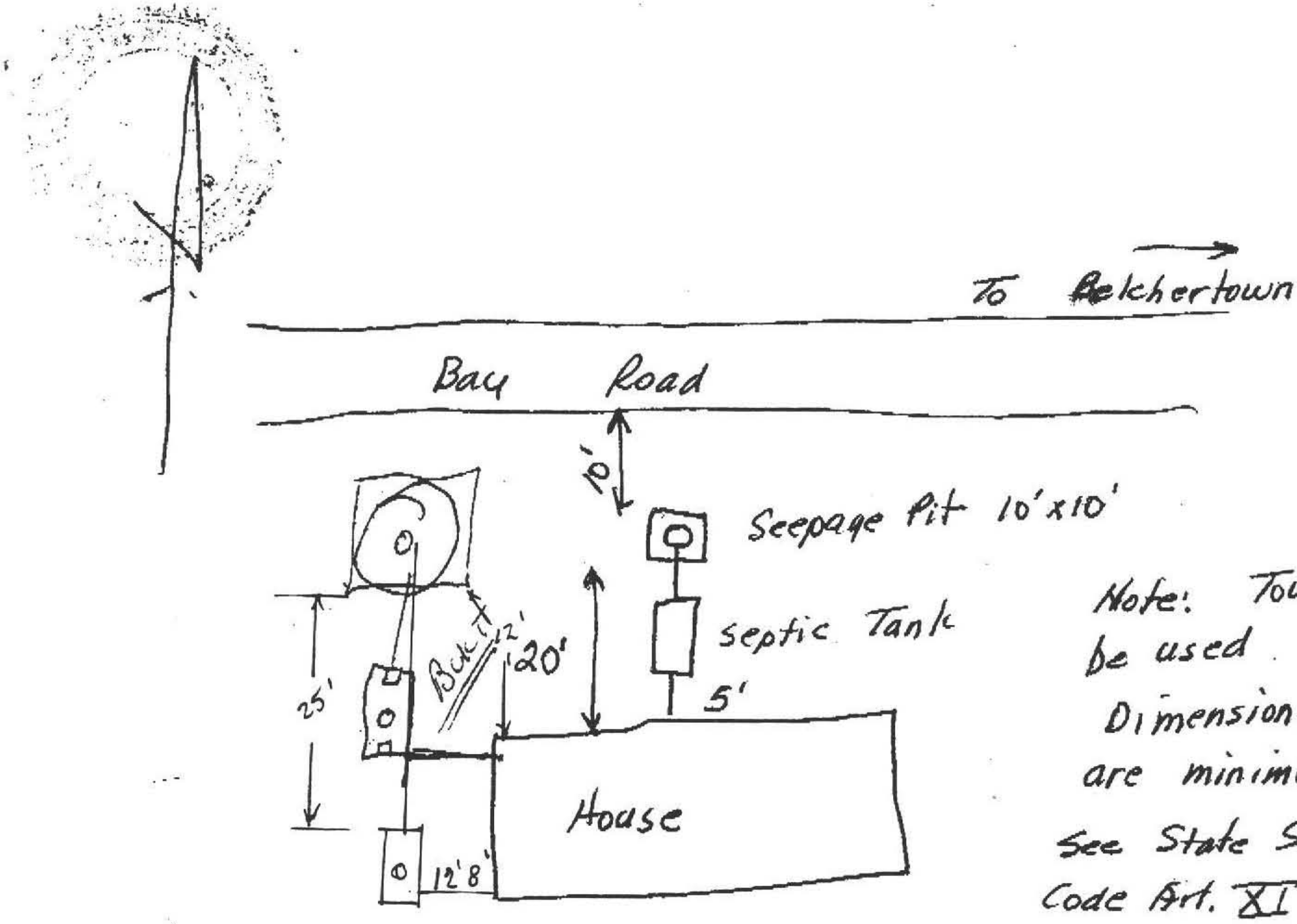
The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

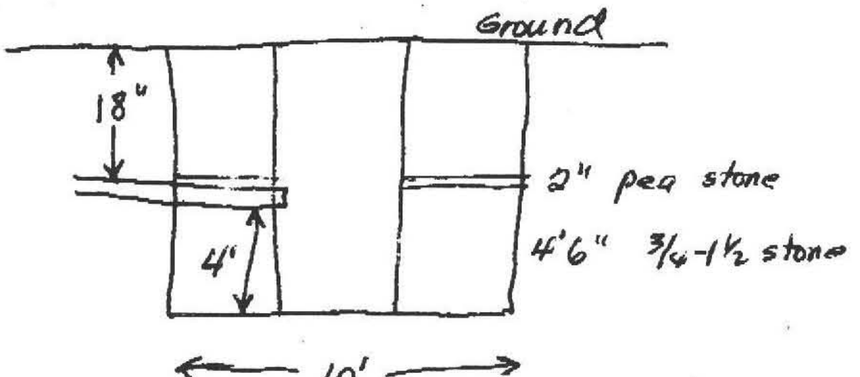
Property Address: 1299 Bay Rd.
Owner: Joe Mawson
Date of Inspection: 10/18/95

Check if the following have been done:

- ✓ Pumping information was requested of the owner, occupant, and Board of Health.
- ✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- ✓ As built plans have been obtained and examined. Note if they are not available with N/A.
- ✓ The facility or dwelling was inspected for signs of sewage back-up.
- ✓ The system does not receive non-sanitary or industrial waste flow
- ✓ The site was inspected for signs of breakout.
- ✓ All system components, excluding the Soil Absorption System, have been located on the site.
- ✓ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- ✓ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods
- ✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.



Note: Town water to be used.
Dimensions shown are minimum.
See State Sanitary Code Art. XI for other specifications



section of seepage pit.

SKETCH no scale

100
160
260

8 x 8
64
4
256

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

Property Address: 1299 Bay Road
Owner: JOE Mawson
Date of Inspection: 10/18/95

SEPTIC TANK: ✓ 1500 gal.
(locate on site plan)

Depth below grade: 18"
Material of construction: ✓concrete __metal __FRP __other(explain)

Dimensions: 9'X5X6' deep
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: ____
Scum thickness: ~~4~~ 1" Baffle broken
Distance from top of scum to top of outlet tee or baffle: ____
Distance from bottom of scum to bottom of outlet tee or baffle: N/A

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)
Pumped 1993

GREASE TRAP: __
(locate on site plan)

Depth below grade: ____
Material of construction: __concrete __metal __FRP __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: ____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/28/95

FLOW CONDITIONS

RESIDENTIAL:
Design flow:_____gallons
Number of bedrooms: 3
Number of current residents: 4-5
Garbage grinder (yes or no): no
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): no
Water meter readings, if available: 11/29/94 to 3/23/95 4200 cu feet

Last date of occupancy: present

COMMERCIAL/INDUSTRIAL:
Type of establishment:_____
Design flow:_____gallons/day
Grease trap present: (yes or no)___
Industrial Waste Holding Tank present: (yes or no)___
Non-sanitary waste discharged to the Title 5 system: (yes or no)___
Water meter readings, if available:_____
Last date of occupancy:_____

OTHER: (Describe) _____
Last date of occupancy:_____

GENERAL INFORMATION

PUMPING RECORDS and source of information:
Owner
System pumped as part of inspection: (yes or no) yes
If yes, volume pumped _____gallons
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)
_____ Other (explain)_____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1970

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

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

Property Address: 1299 Bay Road
Owner: JOE Mawson
Date of Inspection: 10/18/95

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:
leaching pits, number: 1
leaching chambers, number:___
leaching galleries, number:___
leaching trenches, number,length:___
leaching fields, number, dimensions:___
overflow cesspool, number:___

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

CESSPOOLS: ___
(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 (cesspool must be pumped as part of inspection)___

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.)___

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

Property Address:
Owner:
Date of Inspection:

TIGHT OR HOLDING TANK:__
(locate on site plan)

Depth below grade: 18"
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions: 9' X 5' X 4' deep
Capacity: 1000 gallons
Design flow: _____ gallons/day
Alarm level: _____

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

DISTRIBUTION BOX:__
(locate on site plan)

Depth of liquid level above outlet invert: _____

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order:(yes or no)_____

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

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

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

See original plans attached

DEPTH TO GROUNDWATER

Depth to groundwater: _____ feet deep sand terrace
method of determination or approximation: _____

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

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

B] SYSTEM CONDITIONALLY PASSES (continued)

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

- ✓ broken pipe(s) are replaced — Riser broken during excavation
- _____ obstruction is removed
- _____ distribution box is levelled or replaced

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

- _____ broken pipe(s) are replaced
- _____ obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

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

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D] SYSTEM FAILS:

_____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

___ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Trudy Coxe
Secretary, EOEA
David B. Struhs
Commissioner

Bd of Health

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 1299 Bay Road
Address of Owner: 1299 Bay Road
(If different)
Date of Inspection: Oct 19, 1995
Name of Inspector: Fred Filios
Company Name, Address and Telephone Number:
Filios Enterprises, Inc.
69 Pelham Road, Amherst, MA 01002
(413) 256-8008

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 sewage disposal systems. The system:

___ Passes
_✓_ Conditionally Passes
___ Needs Further Evaluation By the Local Approving Authority
___ Fails

Inspector's Signature: Frederick C Filios **Date:** 10/19/95

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

INSPECTION SUMMARY:

Check A, B, C, or D

A] SYSTEM PASSES:

_____ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B] SYSTEM CONDITIONALLY PASSES:

_____ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

___ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

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

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

D] SYSTEM FAILS (continued):

N/A Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

N/A Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

NO Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s).
Number of times pumped ____

NO Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

NO Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

NO Any portion of a cesspool or privy is within a Zone I of a public well. recharge area

NO Any portion of a cesspool or privy is within 50 feet of a private water supply well.

NO Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

____ The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

__ 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)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 1299 Bay Rd.
Owner: Joe Mawson
Date of Inspection: 10/18/95

Check if the following have been done:

✓ Pumping information was requested of the owner, occupant, and Board of Health.

✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

✓ As built plans have been obtained and examined. Note if they are not available with N/A.

✓ The facility or dwelling was inspected for signs of sewage back-up.

✓ The system does not receive non-sanitary or industrial waste flow

✓ The site was inspected for signs of breakout.

✓ All system components, excluding the Soil Absorption System, have been located on the site.

___ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

✓ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.

✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

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

Property Address: 1299 Bay Road
Owner: JOE Mawson
Date of Inspection: 10/18/95

SEPTIC TANK: ✓ 1500 gal.
(locate on site plan)

Depth below grade: 18"
Material of construction: ✓concrete __metal __FRP __other(explain)

Dimensions: 9'x5'x6' deep
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: ____
Scum thickness: ~~4~~ 1" Baffle broken
Distance from top of scum to top of outlet tee or baffle: ____
Distance from bottom of scum to bottom of outlet tee or baffle: N/A

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)
Pumped 1993

GREASE TRAP: __
(locate on site plan)

Depth below grade: ____
Material of construction: __concrete __metal __FRP __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 ____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

FLOW CONDITIONS

RESIDENTIAL:
Design flow:_____gallons
Number of bedrooms: 3
Number of current residents: 4 5
Garbage grinder (yes or no): no
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): no
Water meter readings, if available: 11/29/94 to 3/23/95 4200 cu feet

Last date of occupancy: present

COMMERCIAL/INDUSTRIAL:
Type of establishment:_____
Design flow:_____gallons/day
Grease trap present: (yes or no)___
Industrial Waste Holding Tank present: (yes or no)___
Non-sanitary waste discharged to the Title 5 system: (yes or no)___
Water meter readings, if available:_____
Last date of occupancy:_____

OTHER: (Describe) _____
Last date of occupancy:_____

GENERAL INFORMATION

PUMPING RECORDS and source of information:
owner
System pumped as part of inspection: (yes or no) yes
If yes, volume pumped _____gallons
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)
_____ Other (explain)_____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1970

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

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

Property Address: 1299 Bay Road
Owner: JOE Mawson
Date of Inspection: 10/18/95

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:
leaching pits, number: 1
leaching chambers, number:
leaching galleries, number:
leaching trenches, number,length:
leaching fields, number, dimensions:
overflow cesspool, number:

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

CESSPOOLS:
(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 (cesspool must be pumped as part of inspection)

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.)

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

Property Address:
Owner:
Date of Inspection:

TIGHT OR HOLDING TANK:__
(locate on site plan)

Depth below grade: 18"
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions: 9' X 5' X 4' deep
Capacity: 1000 gallons
Design flow: _____ gallons/day
Alarm level: _____

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

DISTRIBUTION BOX:__
(locate on site plan)

Depth of liquid level above outlet invert: _____

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)

PUMP CHAMBER:____
(locate on site plan)

Pumps in working order:(yes or no)_____

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

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

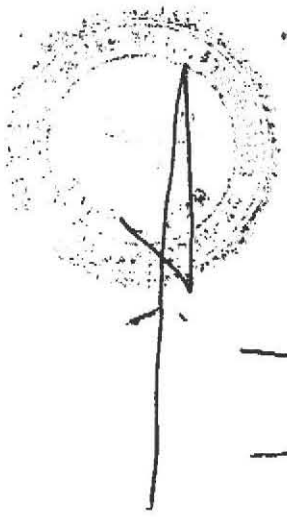
Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

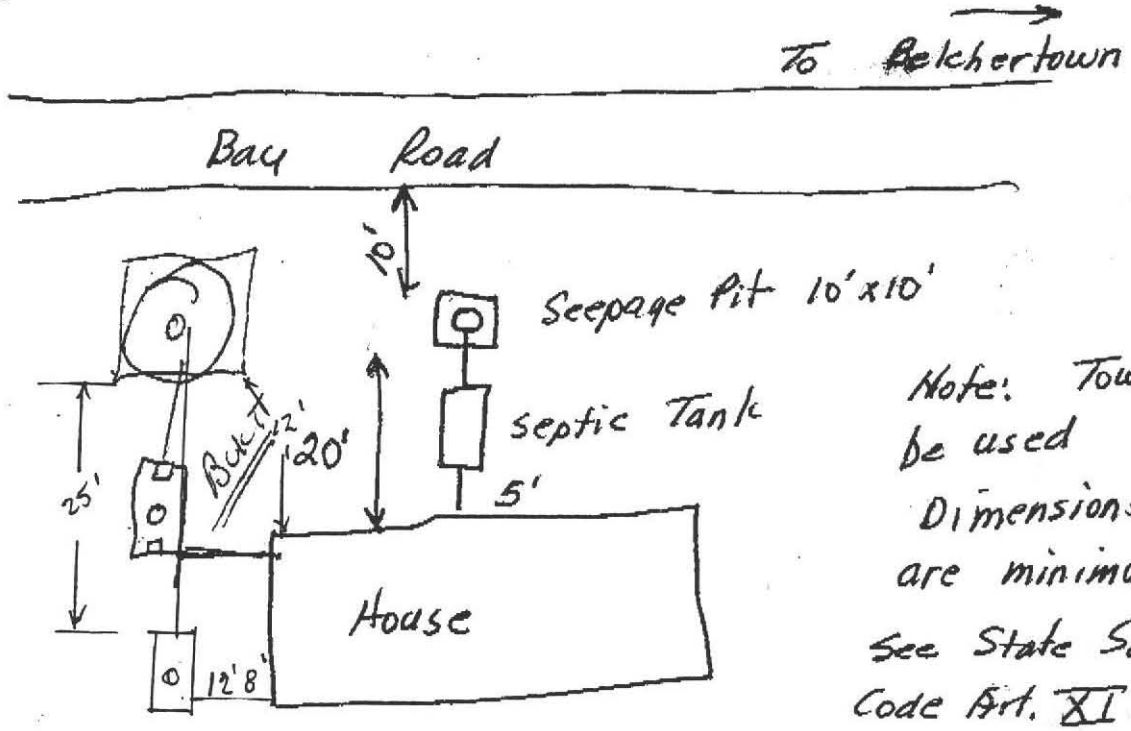
SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

See original plans attached

DEPTH TO GROUNDWATER

Depth to groundwater: _____ feet deep sand terrace
method of determination or approximation: _____

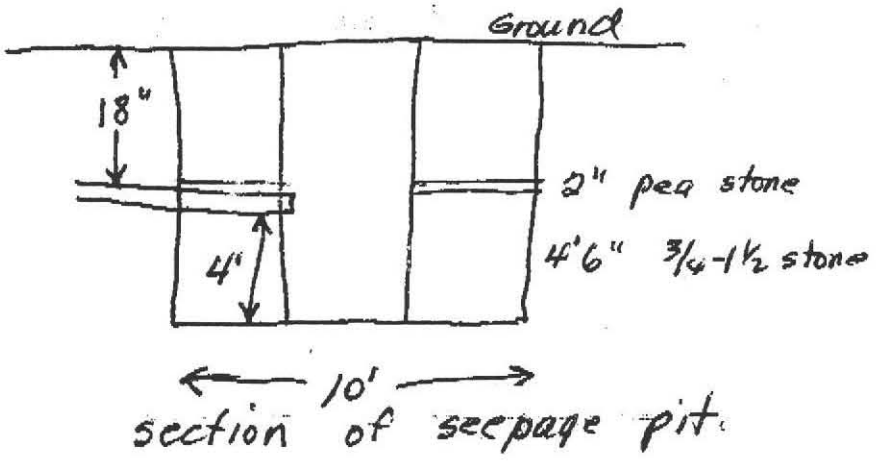




Note: Town water be used

Dimensions shown are minimum.

See State Sanitary Code Art. XI for other specifications



section of seepage pit

SKETCH no scale

100
160
260

8 x 8
64
4

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

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

B] SYSTEM CONDITIONALLY PASSES (continued)

— Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

- ✓ broken pipe(s) are replaced — Riser broken during excavation
- ____ obstruction is removed
- ____ distribution box is levelled or replaced

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

- ____ broken pipe(s) are replaced
- ____ obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

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

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

— The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
— The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
— The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
— The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D] SYSTEM FAILS:

____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

— Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

— Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Trudy Coxe
Secretary, EOEA
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 1299 Bay Road
Date of Inspection: Oct 19, 1995
Name of Inspector: Fred Filios
Company Name, Address and Telephone Number:
Filios Enterprises Inc.
69 Pelham Road, Amherst, MA 01002
(413) 256-8008

Address of Owner: 1299 Bay Road
(If different)

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 sewage disposal systems. The system:

- ___ Passes
- _✓_ Conditionally Passes
- ___ Needs Further Evaluation By the Local Approving Authority
- ___ Fails

Inspector's Signature: Frederick G Filios **Date:** 10/19/95

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

INSPECTION SUMMARY:

Check A, B, C, or D

A] SYSTEM PASSES:

_____ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B] SYSTEM CONDITIONALLY PASSES:

_____ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

___ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

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

Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

D] SYSTEM FAILS (continued):

N/A Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

N/A Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

N/A Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped ____

N/A Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

NO Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

NO Any portion of a cesspool or privy is within a Zone I of a public well. recharge area

NO Any portion of a cesspool or privy is within 50 feet of a private water supply well.

NO Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

____ The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

__ 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)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 1299 Bay Rd.
Owner: Joe Mawson
Date of Inspection: 10/18/95

Check if the following have been done:

- ✓ Pumping information was requested of the owner, occupant, and Board of Health.
- ✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- ✓ As built plans have been obtained and examined. Note if they are not available with N/A.
- ✓ The facility or dwelling was inspected for signs of sewage back-up.
- ✓ The system does not receive non-sanitary or industrial waste flow
- ✓ The site was inspected for signs of breakout.
- ✓ All system components, excluding the Soil Absorption System, have been located on the site.
- ___ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- ✓ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- ✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

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

Property Address: 1299 Bay Road
Owner: JOE Mawson
Date of Inspection: 10/18/95

SEPTIC TANK: ✓ 1500 gal.
(locate on site plan)

Depth below grade: 18"
Material of construction: ✓concrete __metal __FRP __other(explain)

Dimensions: 9' X 5' X 6' deep
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: ____
Scum thickness: ~~1~~ 1" Baffle broken
Distance from top of scum to top of outlet tee or baffle: ____
Distance from bottom of scum to bottom of outlet tee or baffle: N/A

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)
Pumped 1993

GREASE TRAP: __
(locate on site plan)

Depth below grade: ____
Material of construction: __concrete __metal __FRP __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 ____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 1299 Bay Road
Owner: JOE Mawson
Date of Inspection: 10/18/95

FLOW CONDITIONS

RESIDENTIAL:
Design flow:_____gallons
Number of bedrooms: 3
Number of current residents: 4 5
Garbage grinder (yes or no): no
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): no
Water meter readings, if available: 11/29/94 to 3/23/95 4200 cu feet

Last date of occupancy: present

COMMERCIAL/INDUSTRIAL:
Type of establishment:_____
Design flow:_____gallons/day
Grease trap present: (yes or no)___
Industrial Waste Holding Tank present: (yes or no)___
Non-sanitary waste discharged to the Title 5 system: (yes or no)___
Water meter readings, if available:_____
Last date of occupancy:_____

OTHER: (Describe) _____
Last date of occupancy:_____

GENERAL INFORMATION

PUMPING RECORDS and source of information:
owner
System pumped as part of inspection: (yes or no) yes
If yes, volume pumped _____gallons
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)
_____ Other (explain)_____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1970

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

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

Property Address: 1299 Bay Road
Owner: JOE Mawson
Date of Inspection: 10/18/95

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:
leaching pits, number: 1
leaching chambers, number:___
leaching galleries, number:___
leaching trenches, number,length:___
leaching fields, number, dimensions:___
overflow cesspool, number:___

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

CESSPOOLS: ___
(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 (cesspool must be pumped as part of inspection)___

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.)___

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

Property Address:
Owner:
Date of Inspection:

TIGHT OR HOLDING TANK:__
(locate on site plan)

Depth below grade: 18"
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions: 9' X 5' X 4' deep
Capacity: 1000 gallons
Design flow: _____ gallons/day
Alarm level: _____

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

DISTRIBUTION BOX:__
(locate on site plan)

Depth of liquid level above outlet invert: _____

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order:(yes or no)_____

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

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

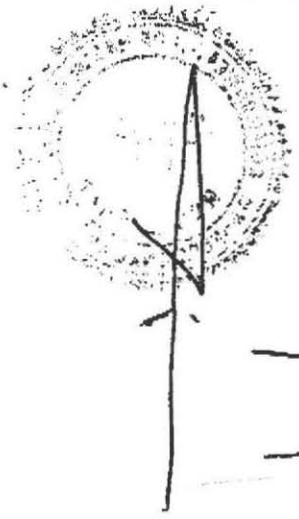
Property Address: 1299 Bay Road
Owner: Joe Mawson
Date of Inspection: 10/18/95

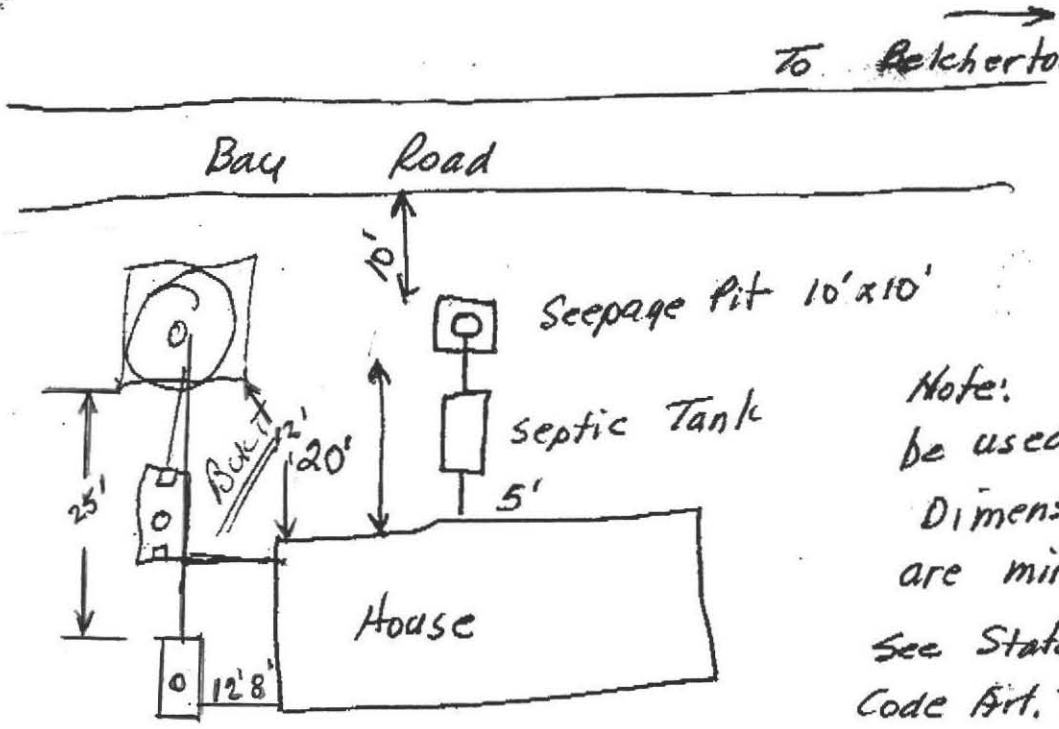
SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

See original plans attached

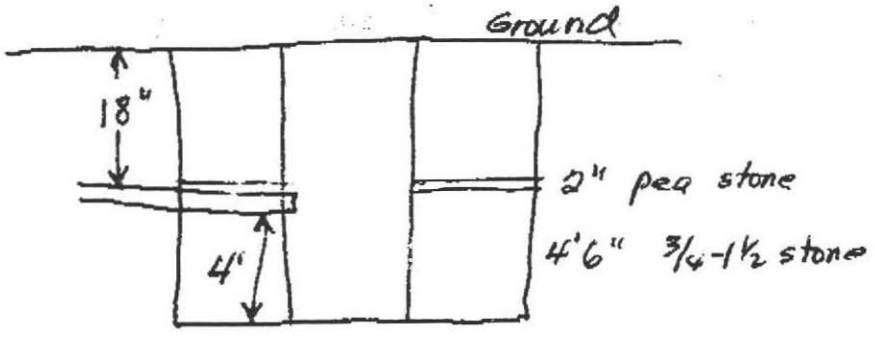
DEPTH TO GROUNDWATER

Depth to groundwater: _____ feet deep sand terrace
method of determination or approximation: _____





Note: Town water
be used
Dimensions shown
are minimum.
See State Sanitary
Code Art. XI for
other specifications



section of seepage pit.

SKETCH no scale

10
16
26

8 x 8
64
4