23 Dayton law

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Owner

information is

required for

every page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

23 Dayton Lane, Amherst

Property Address

Dennis Pilsits (C/O Amy Hamel, Jones Real Estate Group, Amherst.)

Owner's Name

Amherst.

MA 01002 Zip Code

04.20.2010

City/Town State Date of Inspection

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

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





11.00	70-00	- SA 1 CA	
	General	I C	- 4."
	Langrai	Intorm	STION

Inspector:

Alan E Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957 Telephone Number MA State

01007 Zip Code

RS 933

License Number

B. Certification

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

es

Conditionally Passes

☐ Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

04.20.2010

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 of has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

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

			* ,
		3 3:	



Commonwealth of Massachusetts

_	-	ton Lan	e, Amherst					
De	nnis	Pilsits (C/O Amy Hamel, Jones Real Est	ate Gro	up, Amh	erst,)		
0.1	0.000	Name		12/2-2			-	
Amherst, City/Town				MA State	010 Zin (O2 Code		J.20.2010 Ite of Inspection
_			otion ()	State	Zip	Jode	Da	ite of inspection
В.	Ce	ertific	ation (cont.)					
	B)	Syster	n Conditionally Passes (cont.):					
		to brok	vation of sewage backup or break en or obstructed pipe(s) or due to espection if (with approval of Boar	a brok	en, settle			
			broken pipe(s) are replaced		□ Y	\square N	□ 1	ND (Explain below):
			obstruction is removed		□ Y	\square N		ND (Explain below):
			distribution box is leveled or rep	laced	□ Y	□ N	<u> </u>	ND (Explain below):
			stem required pumping more that will pass inspection if (with appro					n or obstructed pipe(s). The
			broken pipe(s) are replaced		□ Y	\square N	1	ND (Explain below):
			obstruction is removed		☐ Y	□N		ND (Explain below):
	_							
	C)	Furtho	r Evaluation is Required by the	Roard	of Hoal	the		
		Conditi	ons exist which require further extem is failing to protect public her	/aluatior	by the	Board of		
		1. Sys 15.303	tem will pass unless Board of (1)(b) that the system is not ful and the environment:	Health (determi	nes in a	ccord	lance with 310 CMR
			Cesspool or privy is within 50 fe	et of a s	surface v	vater		
			Cesspool or privy is within 50 fe	et of a b	ordering	g vegeta	ted we	etland or a salt marsh

nors w



Commonwealth of Massachusetts

	Dayton Lane, Amherst						
	perty Address	-15-4-4-0					
	nnis Pilsits (C/O Amy Hamel, Jones Re ner's Name	eai Estate Grou	o, Amnerst,)				
Amherst, MA 01002 04.20.2010							
	Town	State	Zip Code	Date of Inspection			
R	Certification (cont.)						
٥.	Cont.)						
	Inspection Summary: Check A,B,C,D	or F / always	complete all of	Section D			
	mopoducii cummury. Oncok 74,5,0,5	o. E. amayo	somplete all or				
A)	System Passes:						
	☐ I have not found any information						
	in 310 CMR 15.303 or in 310 CM	R 15.304 exist.	Any failure crit	eria not evaluated are			
	indicated below.						
	Comments:						
	System was found to need Cartister	k 0 D have in C	10 voors ald 4	EOO gollon tomk was summed by			
	System was found to pass, Septic tan Karls), Outlet/ inlet tees in place Septi						
	Distribution box cover was replaced w						
	staining observed.	nar mamiolo. 10	voi mao good c	ome counter in camp. He mg.			
B)	System Conditionally Passes:						
	_						
	One or more system components						
	replaced or repaired. The system the Board of Health, will pass.	, upon completi	on of the repla	cement or repair, as approved by			
	Check the box for "yes", "no" or "not d	letermined" (Y,	N, ND) for the	following statements. If "not			
	determined," please explain.						
	The septic tank is metal and over 20	vears old* or the	e septic tank (v	whether metal or not) is			
	structurally unsound, exhibits substar	itial infiltration o	r exfiltration or	tank failure is imminent. System			
	will pass inspection if the existing tank	k is replaced wit	th a complying	septic tank as approved by the			
	Board of Health.						
	* A metal septic tank will pass inspect	ion if it is struct	urally sound in	ot leaking and if a Certificate of			
	Compliance indicating that the tank is						
	□ Y □ N □ ND (I	Explain below):					
	-						
		45					

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Commonwealth of Massachusetts

	Dayton La		erst			
	to the contract of the contrac		ny Hamel, Jones Real E	etate Grou	n Amherst)	
	ner's Name	(0/0 / 111	ly Hamer, bones Real L	-state Orou	p, Anneist,	
Am	herst,			MA	01002	04.20.2010
-	/Town			State	Zip Code	Date of Inspection
R	Certifi	cation	(cont.)			
В.	detersafet 100 fe suppl suppl The s more Metho	The sy eet of a s The sy y. The sy y well. The sy to this for this for this for this for the sy to this for the sy to this for the system has the system passed to the system passed to this for this for this for the system passed to this for this for the system passed the system pas	Il fail unless the Board the system is function vironment: yetem has a septic tank urface water supply or yetem has a septic tank yetem has a septic tank as a septic tank as a septic tank as a septic tank and SA rivate water supply well to determine distance: sees if the well water an absent and the present rovided that no other far	and soil ab tributary to and SAS a and SAS a and SAS a s and the S	sorption systema surface water a surface water and the SAS is and the SAS is seas that the surface water and the SAS is less that the surface water and the SAS is less that the surface water and the surface water and the surface water	Vater Supplier, if any) protects the public health, m (SAS) and the SAS is within or supply. within a Zone 1 of a public water within 50 feet of a private water in 100 feet but 50 feet or P certified laboratory, for coliform and nitrate nitrogen is equal to or i. A copy of the analysis must be
D)			clogged SAS or ces	ch of the fo	ollowing for <u>al</u>	ponent due to overloaded or
			due to an overloade	d or clogge	d SAS or cess	
			or clogged SAS or c	esspool		outlet invert due to an overloaded
		\boxtimes	than 1/2 day flow	pool is less	man o below	invert or available volume is less

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Commonwealth of Massachusetts

23 Dayton Lane, Amherst

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Pro	perty Address									
De	nnis Pilsits	(C/O Amy	Hamel, Jones Real	Estate Grou	p, Amherst,)					
	ner's Name									
	herst,			MA	01002	04.20.2010				
City	/Town			State	Zip Code	Date of Inspection				
B.	Certific	cation	(cont.)							
	Yes	No								
		\boxtimes	Required pumping obstructed pipe(s).			ast year <i>NOT</i> due to clogged or				
		\boxtimes	Any portion of the S	SAS, cesspo	ool or privy is b	elow high ground water elevation				
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water supply or				
		\boxtimes	Any portion of a ce	sspool or pr	ivy is within a 2	Zone 1 of a public well.				
		\boxtimes	Any portion of a ce	sspool or pr	ivy is within 50	feet of a private water supply we				
			from a private water system passes if laboratory, for fee of ammonia nitrogrovided that no expressions.	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]						
		\boxtimes	The system is a ce 10,000gpd.	sspool servi	ng a facility wit	h a design flow of 2000gpd-				
			criteria exist as des	scribed in 31 uld contact t	0 CMR 15.303 he Board of He	e or more of the above failure s, therefore the system fails. The ealth to determine what will be				
E)	-		o be considered a la 000 gpd to 15,000 gp		n the system r	nust serve a facility with a				
	For large squestions			ner "yes" or '	'no" to each of	the following, in addition to the				
	Yes	No								
			the system is within	n 400 feet of	a surface drin	king water supply				
			the system is within	n 200 feet of	a tributary to a	a surface drinking water supply				
			the system is locate Area – IWPA) or a			rea (Interim Wellhead Protection water supply well				
	If you have	0 000110	d "" to only great	ion in Coctio	n E the system	is considered a significant throat				

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



Commonwealth of Massachusetts

23 Dayton Lane, Amherst

Property Address								
Dennis Pilsits (C/O Amy Hamel, Jones Real Estate Group, Amherst,)								
Own	er's Name							
Amherst, MA 01002 04.20.2010								
City	Town			State	Zip Code	Date of Inspection		
C.	C. Checklist Check if the following have been done. You must indicate "yes" or "no" as to each of the following:							
	Yes	No			•			
	\boxtimes		Pumping information wa	as provide	d by the owner	, occupant, or Boa	rd of Health	
		\boxtimes	Were any of the system	compone	nts pumped ou	t in the previous to	wo weeks?	
	\boxtimes		Has the system receive	d normal f	lows in the pre	vious two week pe	riod?	
		\boxtimes	Have large volumes of this inspection?	water beer	introduced to	the system recent	ly or as part of	
	\boxtimes		Were as built plans of the available note as N/A)	ne system	obtained and e	examined? (If they	were not	
	\boxtimes		Was the facility or dwell	ing inspec	ted for signs of	f sewage back up?	•	
	\boxtimes		Was the site inspected for signs of break out?					
	\boxtimes		Were all system compo	nents, exc	luding the SAS	6, located on site?		
			Were the septic tank mainspected for the condit dimensions, depth of liq	ion of the b	paffles or tees,	material of constru		
		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:						
	\boxtimes		Existing information. Fo	r example,	a plan at the l	Board of Health.		
	Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]							
D.	Syste	m Infor	mation					
	Residen	tial Flow (Conditions:					
	Number	of bedroon	ns (design):	N	umber of bedr	ooms (actual):	4-5	
	DESIGN	flow base	d on 310 CMR 15.203 (fo	r example	: 110 gpd x # c	of bedrooms):	440 (504)	



Commonwealth of Massachusetts

23 Dayton Lane, Amherst Property Address					
Dennis Pilsits (C/O Amy Hamel, Jones F	Real Estate Group	, Amherst,)			
Owner's Name	244	04000	04.00.004		
Amherst, City/Town	MA State	01002 Zip Code	04.20.201 Date of Insp		
D. System Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Description:					
Number of average paridocates				2	
Number of current residents:	v 12				
Does residence have a garbage grin	ider?			☐ Yes ⊠	No
Is laundry on a separate sewage sys	stem? [if yes sepa	rate inspection	n required]	☐ Yes ⊠	No
Laundry system inspected?				☐ Yes ⊠	No
Seasonal use?				☐ Yes ⊠	No
Water meter readings, if available (la	ast 2 years usage	(gpd)):			
Detail:					
Sump pump?				☐ Yes ⊠	No
Last date of occupancy:				current Date	
Commercial/Industrial Flow Cond	itions:				
Type of Establishment:					
Design flow (based on 310 CMR 15.	203):	Gallons	per day (gpd)		
Basis of design flow (seats/persons/	sq.ft., etc.):				
Grease trap present?				☐ Yes ☐	No
Industrial waste holding tank presen	t?			☐ Yes ☐	No
Non-sanitary waste discharged to th				☐ Yes ☐	No
	0 0,000				
Water meter readings, if available:					



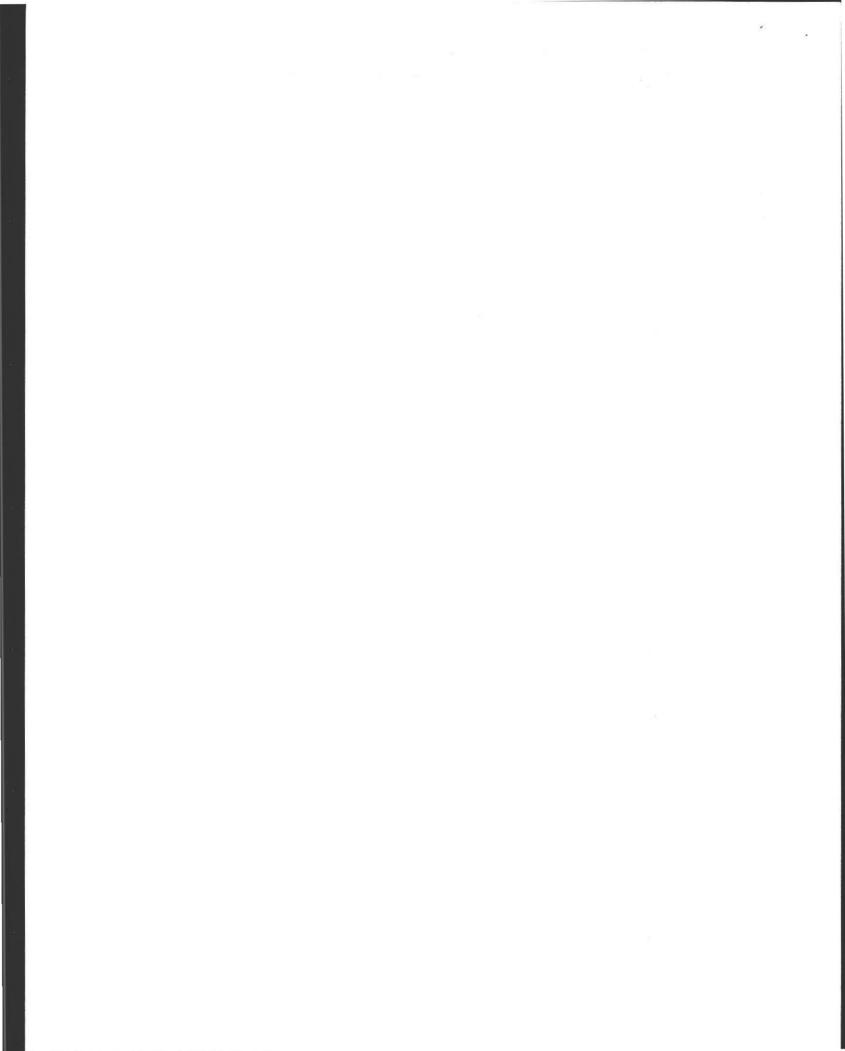
Commonwealth of Massachusetts

23 Dayton Lane, Amherst Property Address							
The state of the s	Amy Hamel, Jones Real Estat	te Grou	o, Amherst,)				
Owner's Name		MA	04000	04 20 2040			
Amherst, City/Town		MA State	01002 Zip Code	04.20.2010 Date of Inspection			
D. System In	formation (cont.)						
Look data of an							
Last date of occ	cupancy/use:		Date				
Other (describe	e below):						
-							
General Information							
Pumping Reco	ords:						
Source of inforr	nation:	-					
Was system pu	mped as part of the inspection	1?		⊠ Yes □ No			
		1500					
If yes, volume p	oumped:	gallons					
How was quant	ity pumped determined?	Volun	ne				
Reason for pun	nping:	Inspe	ction				
Type of Syster	m:						
\boxtimes	Septic tank, distribution box,	soil abs	orption system				
	Single cesspool						
П	Overflow cesspool						
	Privy						
	Shared system (yes or no) (if	yes, att	ach previous in	spection records, if any)			
	Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract						
	Tight tank. Attach a copy of the	ne DEP	approval.				
	Other (describe):						



Commonwealth of Massachusetts

3 Dayton Lane, Amb	nerst				
	my Hamel, Jones Re	eal Estate Group	o, Amherst,)		
wner's Name	4			NI II PARTS	
mherst,		MA	01002	04.20.20	
ty/Town		State	Zip Code	Date of In	spection
-	ormation (cont.		known) and s	ource of info	rmation:
Were sewage ode	ors detected when a	rriving at the site	e?	I	☐ Yes ☐ No
Building Sewer	(locate on site plan):				
Donth holow grad	lo:		1.	.5'	
Depth below grad	ie.		fe	et	
Material of constr	uction:				
ast iron	☑ 40 PVC	other (e	xplain):		
Distance from pri	vate water supply w	ell or suction line	e: - fe	et	
0	ondition of joints, ver				
Septic Tank (loca	ate on site plan):				
Depth below grad	le:			.5' risers ove	er openings
Material of constr	ruction:				
□ concrete □ condition	☐ metal	☐ fiberglas	ss 🗌 po	lyethylene	other (explain)
If tank is metal, lis	st age:		ye	ears	
Is age confirmed	by a Certificate of C	ompliance? (atta			☐ Yes ☐ No
Dimensions:			į	10.5' x 5.5' x	4.0'
Sludge depth:			j	3"	





Commonwealth of Massachusetts

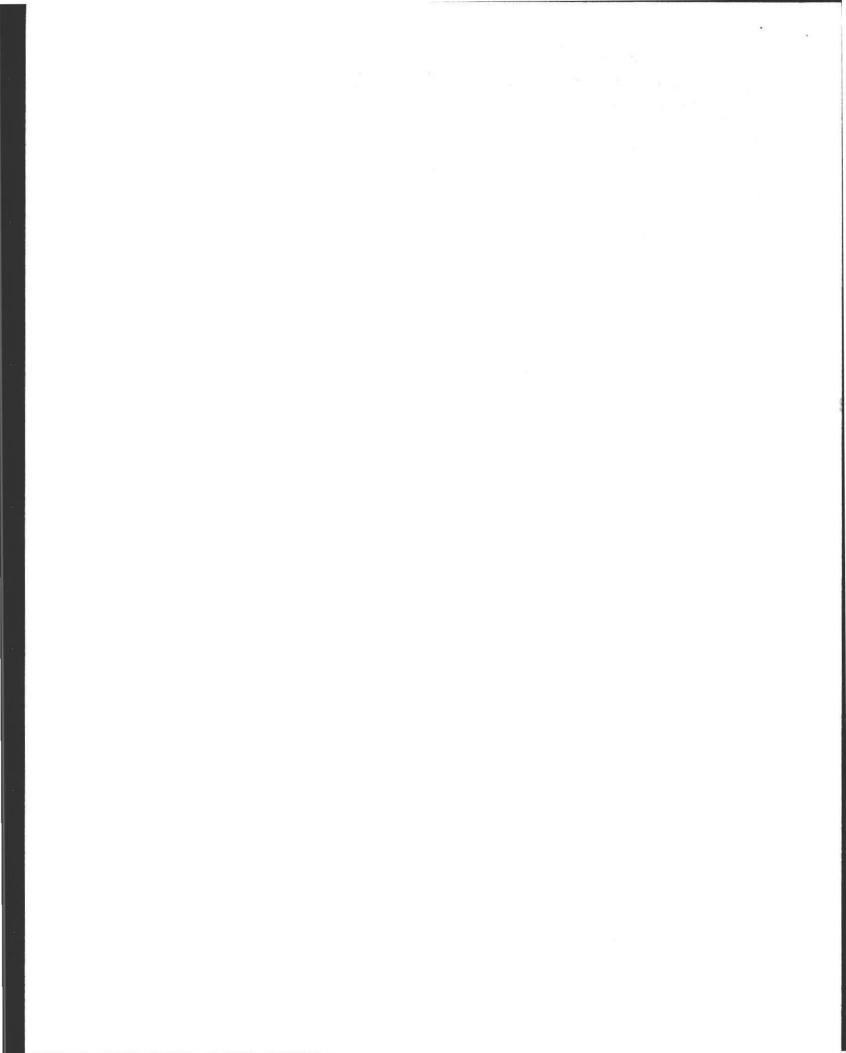
23 Dayton Lane, Amhe Property Address	erst				
Dennis Pilsits (C/O Am	v Hamel Jones R	eal Estate Grour	Amherst)		
Owner's Name	y Hamel, concort	icai Estate Group	, 7 111110100, /		
Amherst,		MA	01002	04.20.20	
City/Town		State	Zip Code	Date of Ins	pection
D. System Information Septic Tank (cont.) Distance from top of the second sec	of sludge to botton of scum to top of o om of scum to botton ons determined?	n of outlet tee or outlet tee or baffle tom of outlet tee	e or baffle	40" 2" 6" 10" Meas.	n, structural integrity,
liquid levels as rela tank was in good c			0 ,		
Grease Trap (local Depth below grade Material of construct concrete		☐ fiberglas	ss 🗆	feet polyethylene	other (explain):
Dimensions: Scum thickness Distance from top of the control of t	om of scum to bott			Date	
Date of last partiple	.5.			Date	



Commonwealth of Massachusetts

23 Dayton Lane, Amherst

perty Address						
ennis Pilsits (C/O Ar	my Hamel, Jones F	Real Estate Grou	o, Amherst,)			
ner's Name					_	
nherst, y/Town		MA State	01002 Zip Code	04.20.201 Date of Inspe		
	rmation (con	(30)1-0-0	Zip Oode	Date of map	300011	
. System Info	milation (con	l.)				
	imping recommend lated to outlet inver			affle condition,	structur	al integrity,
	Tank (tank must b	e pumped at tim	e of inspection	i) (locate on sit	e plan):	
Depth below grad	e.					
Material of constr	uction:					
concrete	☐ metal	☐ fibergla	ss 🗆 p	olyethylene	othe	er (explain):
Dimensions:						
Capacity:			gallons			
Design Flow:			gallons per day			
			_			
Alarm present:			Yes	No		
Alarm level:	7		Alarm in workin	g order:] Yes	☐ No
Date of last pump	ing:		Date			
Comments (condi	ition of alarm and f	loat switches, etc	a.):			
* Attach copy of c	current pumping co	ntract (required).	Is copy attach	ed?] Yes	☐ No





Commonwealth of Massachusetts

3 Dayton Lane, Amherst roperty Address			
Pennis Pilsits (C/O Amy Hamel, Jones Re	eal Estate Grou	p. Amherst.)	
wner's Name		-,	
mherst,	MA	01002	04.20.2010
ity/Town	State	Zip Code	Date of Inspection
Distribution Box (if present must be		e on site plan):	
Depth of liquid level above outlet inve	ert	@ invert,	
Comments (note if box is level and dievidence of leakage into or out of box Box was ok, some sediment in sump,	(, etc.):		
Pump Chamber (locate on site plan)			□ Vaa □ Na
Pumps in working order:			☐ Yes ☐ No
Alarms in working order:			☐ Yes ☐ No
Comments (note condition of pump c	hamber, conditi	on of pumps a	nd appurtenances, etc.):
Soil Absorption System (SAS) (local	ate on site plan,	excavation no	t required):
If SAS not located, explain why:			



Commonwealth of Massachusetts

23 Dayton La Property Address					
	(C/O Amy Hamel, Jones Real	Estate Grou	p, Amherst,)		
Owner's Name				Selection and the Control of the Con	
Amherst, City/Town		MA State	01002 Zip Code	04.20.201 Date of Inspe	
	n Information (cont.)	State	Zip Code	Date of Inspi	ection
Type:					
	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number, l	ength:	
\boxtimes	leaching fields		number,	dimensions:	20' x 45'+/- 3 line
	overflow cesspool		number:		
	innovative/alternative sys	tem			
	Type/name of technology	<i>r</i> : ——			
vegetation stone was	s dry with no high staining.				
Number a	ols (cesspool must be pumped and configuration	as part of ins	spection) (locate	e on site plan)	:
	op of liquid to inlet invert				
	solids layer				
	scum layer			-	
	ns of cesspool				
	of construction				_
Indication	of groundwater inflow			Yes	☐ No



Commonwealth of Massachusetts

3 Dayton Lane, Amherst			
operty Address			
ennis Pilsits (C/O Amy Hamel, Jones	Real Estate Grou	p, Amherst,)	
wner's Name			
mherst,	MA	01002	04.20.2010
ty/Town	State	Zip Code	Date of Inspection
. System Information (cor	nt.)		
Comments (note condition of soil, setc.):	signs of hydraulic	failure, level of	ponding, condition of vegetation,
Privy (locate on site plan): Materials of construction:			
Dimensions			
Depth of solids			
Comments (note condition of soil, setc.):	signs of hydraulic	failure, level of	ponding, condition of vegetation,



Commonwealth of Massachusetts

23 Dayton Lane, Amherst			
Property Address	al Fatata Crau	n Amahamat)	
Dennis Pilsits (C/O Amy Hamel, Jones Rea Owner's Name	al Estate Grou	p, Amnerst,)	
Amherst,	MA	01002	04.20.2010
City/Town	State	Zip Code	Date of Inspection
D. System Information (cont.)			
Sketch Of Sewage Disposal System: P	rovide a view	of the sewage	disposal system, including ties to
at least two permanent reference landr where public water supply enters the b	marks or benc	hmarks. Locate	all wells within 100 feet. Locate
☐ hand-sketch in the area below☐ drawing attached separately			
drawing attached separately			



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23 Dayton Lane, Amherst

Property Address

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

nherst,		MA	01002	04.20.2010
y/Town		State	Zip Code	Date of Inspection
. Syste	m Information (cont.)			
Site Exa	m:			
⊠ Chec	ck Slope			
☐ Surfa	ace water			
⊠ Chec	ck cellar			
Shall	low wells			
Estimate	ed depth to high ground water:		5' ft. feet	
Please in	ndicate all methods used to deter	rmine the hi	gh ground wate	er elevation:
	Obtained from system design	n plans on re	ecord	
	If checked, date of design pla	an reviewed	Date	
	Observed site (abutting prop	erty/observa	ation hole within	n 150 feet of SAS)
\boxtimes	Checked with local Board of records	Health - exp	olain:	
	Checked with local excavato	rs, installers	- (attach docu	mentation)
	Accessed USGS database -	explain:		
	st describe how you established area, discussions with owner, bas			

			. ,
*			



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23 Dayton Lane, Amherst				
Property Address				
Dennis Pilsits (C/O Amy Hamel	Jones Real Estate Grou	p, Amherst,)		
Owner's Name				
Amherst.	MA	01002	04.20.2010	
City/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

- System Information Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

		,	



S. Tank Inlet 23 Dayton Lane Amherst, MA 04.20.2010

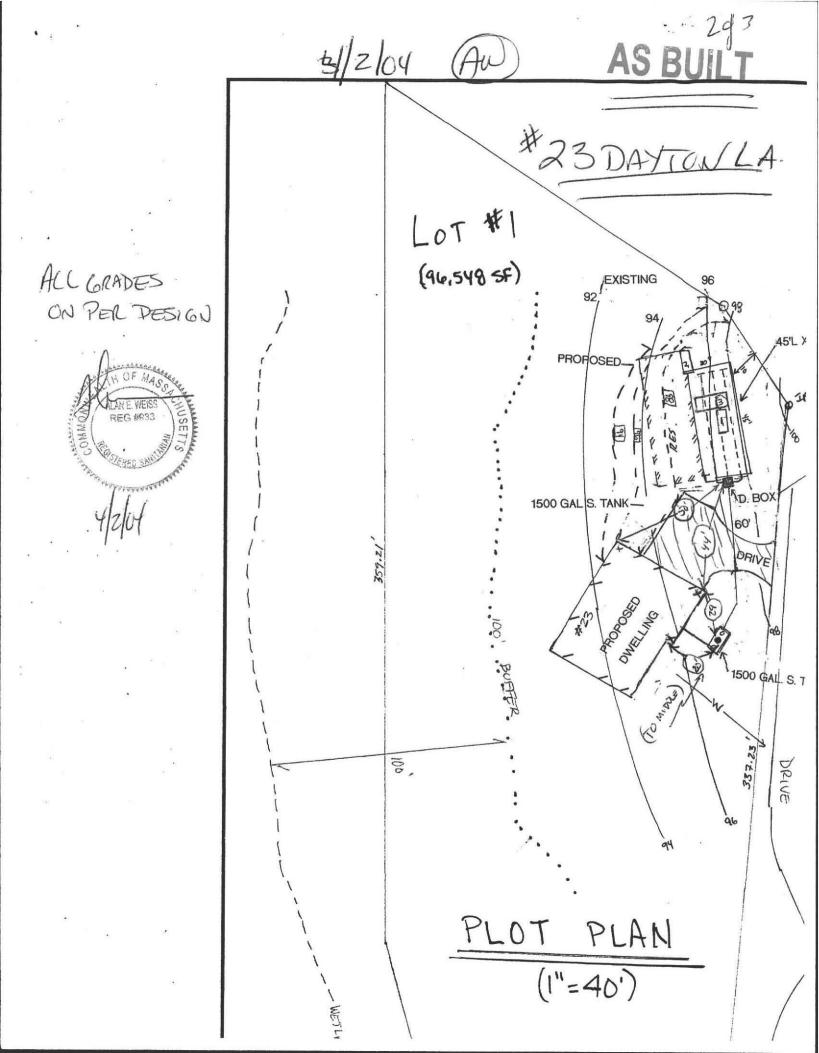


S. Tank Outlet 23 Dayton Lane Amherst, MA 04.20.2010



Dist Box 23 Dayton Lane Amherst, MA 04.20.2010

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