50 EAST LEVERETT ROAD

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

Property Address: 50 E. LEVETT RD
Owner: CICUZZO
Date of Inspection: 11/12/97

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). Describe observations:

_____ broken pipe(s) are replaced
_____ 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 PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system (*SAS*) and the SAS 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 the SAS is within a Zone I of a public water supply well
___ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well
___ The system has a septic tank and soil absorption system and the SAS 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. Method used to determine distance _____ (approximation not valid).

3) **OTHER**

___ _____
_____
_____

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

WILLIAM F. WELD
Governor

ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 50 E. LEVERETT RD, AMHERST
Date of Inspection:
Name of Inspector: Alan E. Weiss, R.S., M.S.
Address of Owner: (If different) PAUL CUCUZZO 50 E. LEVERETT RD. AMHERST, MA

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA. 01007
Telephone Number: (413) 323-5957

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

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Inspector's Signature: [signature] Date: 11/12/97

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 15.307. Any failure criteria not evaluated are indicated below.

COMMENTS: NEEDS hydraulic cement around pipe at D. box outlet, Karl's took care of, OK.

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.

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, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is 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.

RECEIVED NOV 14 1997

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 50 E. LEVERETT RD.
Owner: CUCUZZO
Date of Inspection: 11/12/92

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

Yes	No	
✓		Pumping information was provided by the owner, occupant, or 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.
N/A		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:

✓		The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.
✓		Existing information. Ex. Plan at B.O.H.
✓		Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]

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

Property Address: 50 E. LEVERETT RD.
Owner: CWL V220
Date of Inspection: 11/12/97

D] SYSTEM FAILS:

You must indicate either "Yes" or "No" as to each of the following:

_____ 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.

Yes	No	
___	___	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.
___	___	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
___	___	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
___	___	Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped ___.
___	___	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
___	___	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	___	Any portion of a cesspool or privy is within a Zone I of a public well.
___	___	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	___	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. 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:

You must indicate either "Yes" or "No" as to each of the following:

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

_____ The system serves a facility with a design flow of 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.

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)

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 C
SYSTEM INFORMATION (continued)

Property Address: 50 E. LEVERETT RD
Owner: CUCUZZO
Date of Inspection: 11/12/97

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:
Good Condition (3) pipes out

Type:
leaching pits, number:____
leaching chambers, number:____
leaching galleries, number:____
leaching trenches, number, length:_____
leaching fields, number, dimensions: 1 - 15'x20' +/- Bed
overflow cesspool, number:____
Alternative system: _____
Name of Technology: _____

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

CESSPOOLS: N/A
(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: N/A
(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: 50 E. LEVETT RD
Owner: CUCUZZO
Date of Inspection: 11/12/97

TIGHT OR HOLDING TANK: N/A (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 level:_____ Alarm in working order __ Yes; __ No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: Y
(locate on site plan)

Depth of liquid level above outlet invert: At INV

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
needs little Hydraulic cement at D.box Pipes. box ok., good dist.
No signs of Failure.

PUMP CHAMBER: N/A
(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.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 50 E. LEVERETT RD
Owner: CUCIKUZZO
Date of Inspection: 11/12/97

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 g.p.d./bedroom for S.A.S.
Number of bedrooms: 3
Number of current residents: 1
Garbage grinder (yes or no): N
Laundry connected to system (yes or no): Y
Seasonal use (yes or no): N
Water meter readings, if available (last two (2) year usage (gpd): N/A
Sump Pump (yes or no): N (No+Sewn)

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL:
Type of establishment: N/A
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:
1992
System pumped as part of inspection: (yes or no) Y
If yes, volume pumped: 1000 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)
_____ I/A Technology etc. Copy of up to date contract?
Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 25 yrs +

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

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

Property Address: 50 E. LEVETT RD.
Owner: CUCUZZO
Date of Inspection: 11/12/97

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 12"
Material of construction: __ cast iron __ 40 PVC ✓ other (explain) orange burg

Distance from private water supply well or suction line _____
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
OK.

SEPTIC TANK: ✓
(locate on site plan)

Depth below grade 12"
Material of construction: ✓ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)

If tank is metal, list age ____ Is age confirmed by Certificate of Compliance ____ (Yes/No)

Dimensions: 8.5' x 4.0'
Sludge depth: 6"
Distance from top of sludge to bottom of outlet tee or baffle: 20"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 5"
Distance from bottom of scum to bottom of outlet tee or baffle: 14"
How dimensions were determined: meas.

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.) bH in chambers

GREASE TRAP: N/A
(locate on site plan)

Depth below grade ____
Material of construction: __ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)

Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____

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 (continued)

Property Address: 50 E. LEVERETT RD
Owner: CUCUZZO
Date of Inspection: 11/12/97

Depth to Groundwater 4' + Feet - No oxids or H_2O in bore equal to bot. of bed.

Please indicate all the methods used to determine High Groundwater Elevation:

____ Obtained from Design Plans on record

____ Observation of Site (Abutting property, observation hole, basement sump etc.)

✓ Determine it from local conditions

____ Check with local Board of health

____ Check FEMA Maps

____ Check pumping records

____ Check local excavators, installers

____ Use USGS Data

Describe in your own words how you established the High Groundwater Elevation. (Must be completed)

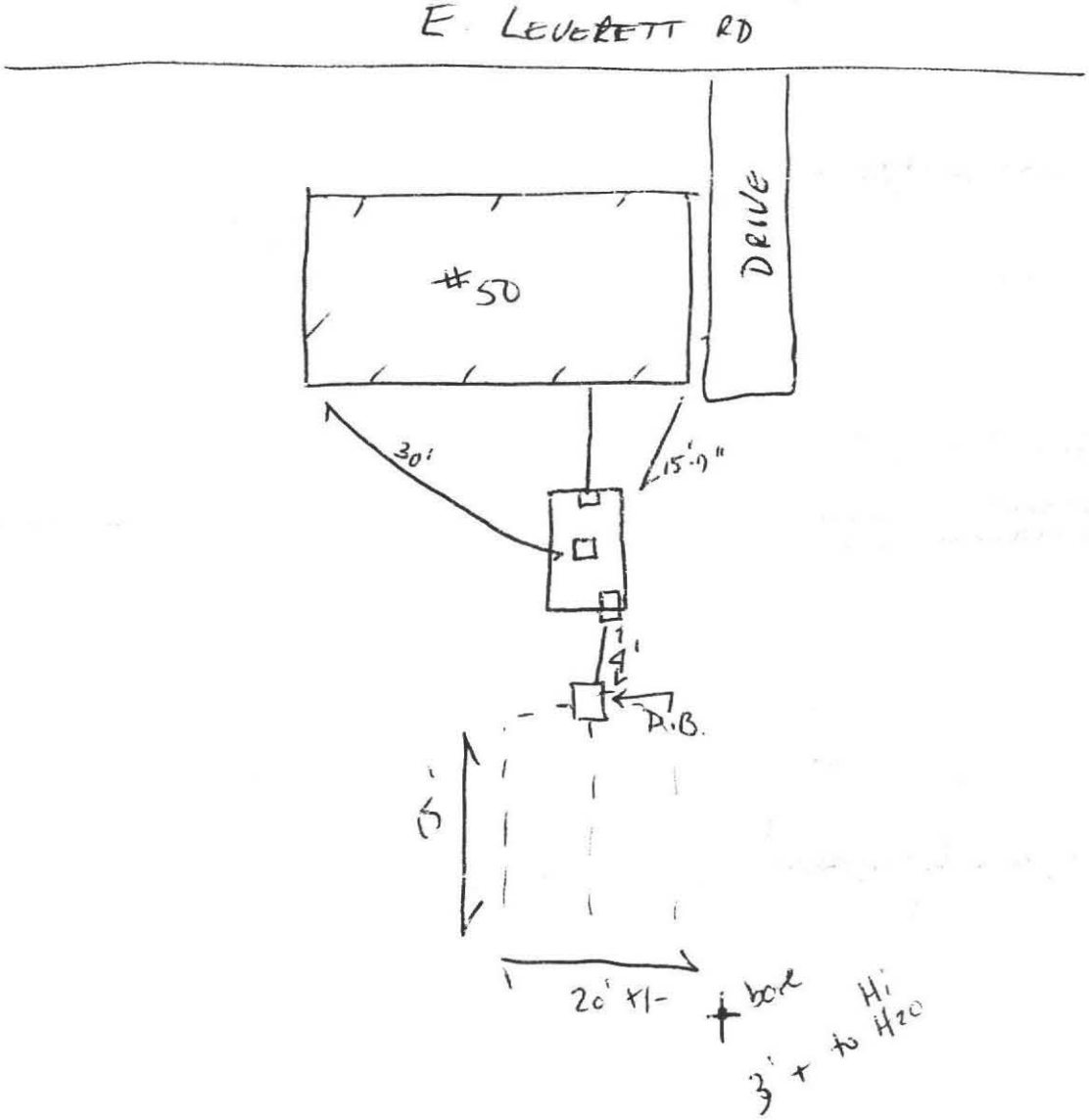
4-5' estmated by Topo. Veg. + on-site borehole

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

Property Address: 50 E. ~~LEVETT~~ LEVERETT RD
Owner: CULLAZZO
Date of Inspection: 11/12/97

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Property Address: 50 EAST LEVERETT ROAD
AMHERST MASS
Owner's Name: J. MILLAR
Owner's Address: 36 EAST LEVERETT

Date of Inspection: NOV 2 2010

Name of Inspector: (please print) WILLIAM SIERUTA PE
Company Name: SIERUTA ENGR.
Mailing Address: 18 DEPOT RD
LEVERETT MA 01054
Telephone Number: 413-549 1817

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 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

X Passes
___ Conditionally Passes
___ Needs Further Evaluation by the Local Approving Authority
___ Fails

Commonwealth of Massachusetts
William John Sieruta
Civil No. 30148
Registered Professional Engineer

Inspector's Signature: _____ Date: NOV 2

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

****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: 50 EAST CLEVELETT RD
Amherst MA

Owner: J. MILLAR

Date of Inspection: NOV 2 2010

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

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

Comments:

B. System Conditionally Passes:

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

Answer yes, no or not determined (Y,N,ND) in the ____ for the following statements. If "not determined" please explain.

____ The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

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

____ broken pipe(s) are replaced
____ obstruction is removed
____ distribution box is leveled 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

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

Property Address: 50 EAST LEVERETT ROAD AMHERST MA
Owner: J. MILLAR
Date of Inspection: NOV 2 2016

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

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

1. **System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

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

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

   ___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

   ___ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

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

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

   **This system passes if the well water analysis, performed at a DEP certified laboratory, for 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: 50 EAST LEVERETT ROAD AMHERST MASS
Owner: J. MILLAR
Date of Inspection: NOV 2 2010

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

Yes	No	
___	✓	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	✓	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	✓	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
DNA		Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	✓	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	✓	Any portion of the SAS, cesspool or privy is below high ground water elevation.
DNA		Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
DNA		Any portion of a cesspool or privy is within a Zone 1 of a public well.
DNA		Any portion of a cesspool or privy is within 50 feet of a private water supply well.
DNA		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: DNA
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 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.

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

Property Address: 50 EAST LEVERETT RD AMHERST MASS
Owner: J. MILLAR
Date of Inspection: NOV 2 2010

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

Yes No
✓ ___ Pumping information was provided by the owner, occupant, or Board of Health

___ ✓ Were any of the system components pumped out in the previous two weeks ?

✓ ___ Has the system received normal flows in the previous two week period ?

___ ✓ Have large volumes of water been introduced to the system recently or as part of this inspection ?

✓ ___ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

✓ ___ Was the facility or dwelling inspected for signs of sewage back up ?

✓ ___ Was the site inspected for signs of break out ?

✓ ___ Were all system components, excluding the SAS, located on site ?

✓ ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

✓ ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes no
___ ✓ Existing information. For example, a plan at the Board of Health.

✓ ___ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

OWNERS SKETCH PLAN

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

Property Address: 50 EAST LEVERETT ROAD AMHERST MA
Owner: J. MILLAR
Date of Inspection: NOV 2 2010

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): 330 Number of bedrooms (actual): 370
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 3x110 = 330
Number of current residents: 4
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): yes
Seasonal use: (yes or no): NO
Water meter readings, if available (last 2 years usage (gpd)): —
Sump pump (yes or no): NONE
Last date of occupancy: —

COMMERCIAL/INDUSTRIAL DNA
Type of establishment: ____
Design flow (based on 310 CMR 15.203): ____ gpd
Basis of design flow (seats/persons/sqft,etc.): ____
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/use: ____

OTHER (describe): ____

GENERAL INFORMATION

Pumping Records
Source of information: OWNER
Was system pumped as part of the inspection (yes or no): yes
If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? ____
Reason for pumping: INSPECTION PUMPING DONE EVERY 2 yrs

TYPE OF SYSTEM
X 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

___ Other (describe): ____

Approximate age of all components, date installed (if known) and source of information:
40 ±

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: 50 EAST LEVERETT ROAD AMHERST MA
Owner: J. MILLAR
Date of Inspection: NOV 2 2010

BUILDING SEWER (locate on site plan)

Depth below grade: 18"
Materials of construction: ✓ cast iron ___ 40 PVC ___ other (explain): ___
Distance from private water supply well or suction line: PUBLIC H2O
Comments (on condition of joints, venting, evidence of leakage, etc.):
No problems noted

SEPTIC TANK: ___ (locate on site plan) TANK PARTIALLY UNDER DECK

Depth below grade: 12
Material of construction: ___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: 8'6 x 5 x 5 48" FLOW LINE
Sludge depth: 8"
Distance from top of sludge to bottom of outlet tee or baffle: 26"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 14"
How were dimensions determined: measured
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
New PVC tees in septic tank 4" SCH 40

PVC OUTLET TEE 4" SCH 40

GREASE TRAP: ___(locate on site plan)

Depth below grade: 0 NA
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):___
Dimensions: ___
Scum thickness: ___
Distance from top of scum to top of outlet tee or baffle: ___
Distance from bottom of scum to bottom of outlet tee or baffle: ___
Date of last pumping: ___
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: 50 EAST LEVERETT ROAD AMHERST MA
Owner: J. MILLAR
Date of Inspection: NOV 3 2010

TIGHT or HOLDING TANK: DNA (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: ____
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):

Dimensions: ____
Capacity: ____gallons
Design Flow: ____gallons/day
Alarm present (yes or no): ____
Alarm level: ____ Alarm in working order (yes or no): ____
Date of last 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: 0
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): NO SIGNS OF ANY problems

PUMP CHAMBER: ____ (locate on site plan) DNA

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: 50 EAST LEVERETT ROA
AMHERST MA
Owner: J. MILLAR
Date of Inspection: NOV 2 2010

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

If SAS not located explain why:

Type
____ leaching pits, number: ___
____ leaching chambers, number: ____
____ leaching galleries, number: ____
____ leaching trenches, number, length: ____
✓ leaching fields, number, dimensions: APPROX 20' x 30' OWNERS INFO
____ 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.):
NO PROBLEMS NOTED

CESSPOOLS: ____ (cesspool must be pumped as part of inspection)(locate on site plan)
DNA
Number and configuration: ____
Depth – top of liquid to inlet invert: ____
Depth of solids layer: ____
Depth of scum layer: ____
Dimensions of cesspool: ____
Materials of construction: ____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

DNA
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: 50 EAST LEVERETT ROAD AMHERST MA

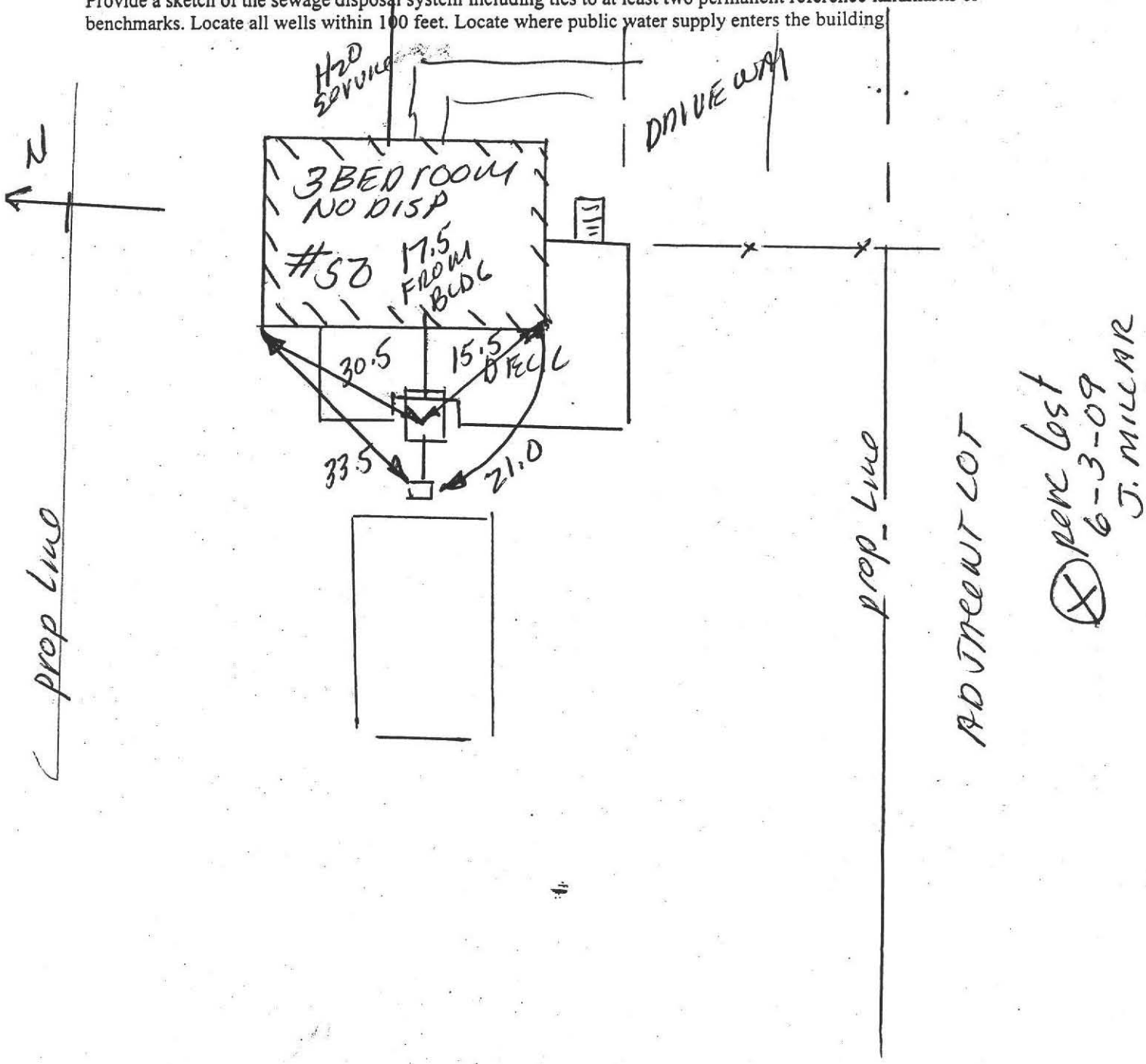
Owner: J. MILLAR

Date of Inspection: NOV 2 2010

EAST LEVERETT ROAD AMH

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



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

Property Address: 50 EAST LEVERETT ROAD
AMHERST MA
Owner: J. MILLAR
Date of Inspection: NOV 2 2016

SITE EXAM
Slope ✓
Surface water
Check cellar ✓
Shallow wells

Estimated depth to ground water 4+ feet

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

___ Obtained from system design plans on record - If checked, date of design plan reviewed
X Observed site (abutting property/observation hole within 150 feet of SAS)
___ Checked with local Board of Health-explain: ___
X Checked with local excavators, installers- (attach documentation)
___ Accessed USGS database-explain: ___

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

PERCOLATION test ON ADJACENT LOT
6/3/2009
FOR J. MILLAR

TP 1-1
0-14 AP S/L
14-22 BW 4/3
22-121 C1 SAND COARSE
EHWT 104"

TP1-2
SAME
EHWT 104"

percolation Rate
2.0 MIN/INCH
CLASS I SOIL

Record of Service

Date	Work Done	Contractor

For More Information

A videotape version of this brochure, so entitled *"Your Septic System: A Guide for Homeowners,"* is available through the PA Small Flows Clearinghouse. Call 1-800-[illegible]-3301. Residents of Northern Virginia can contact their public libraries or local health department for this video.

For more information about maintenance or inspection of your septic system, contact your local health department.

[illegible] 1990 by the Northern Virginia Planning District Commission, with assistance from Virginia Water Control Board, Small Flows Clearinghouse, and the Northern Virginia Health Departments.

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A Reference Guide

YOUR SEPTIC SYSTEM

for Homeowners

Caring for Your Septic System

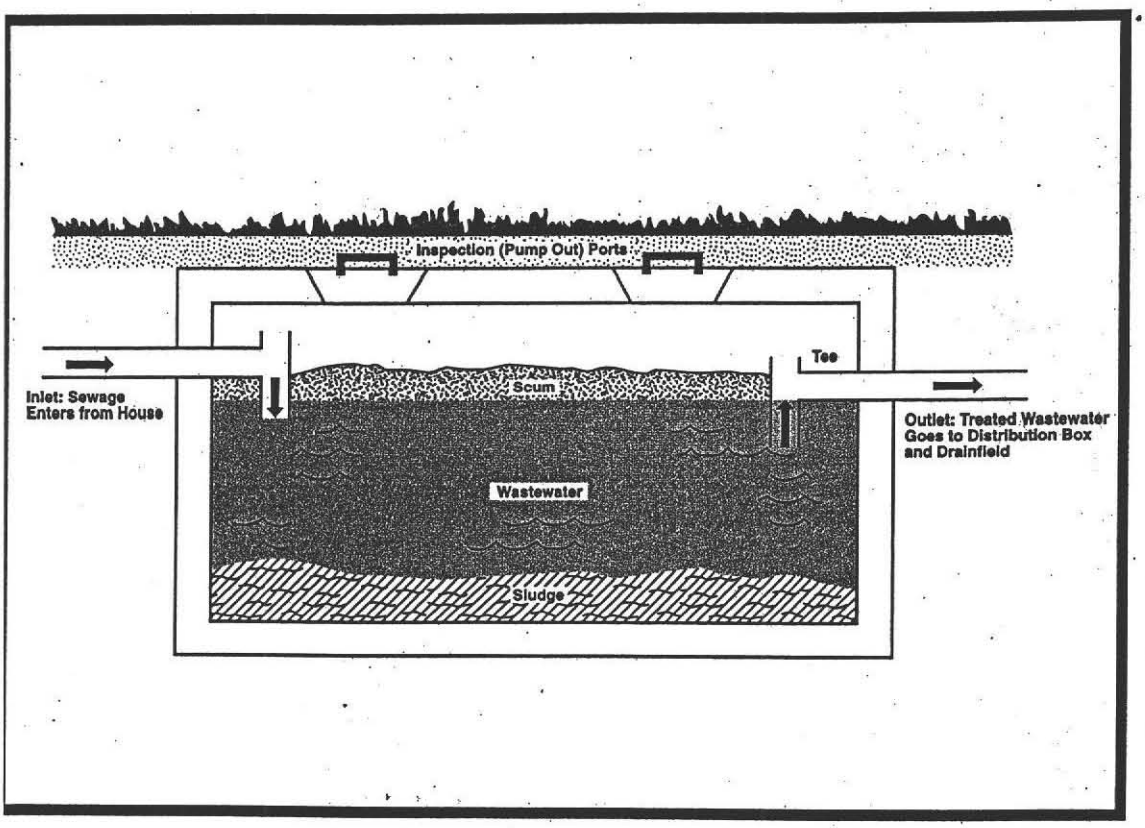
The accumulated solids in the bottom of the septic tank should be pumped out **every three to five years** to prolong the life of your system. Septic systems must be maintained regularly to continue working.

Neglect or abuse of your septic system can cause it to fail. Failing septic systems can

- cause a serious health threat to your family and neighbors,
- degrade the environment, especially lakes, streams and groundwater,
- reduce the value of your property,
- be very expensive to repair, and
- put thousands of water supply users at risk if you live in a public water supply watershed and fail to maintain your system.

Be alert to these warning signs of a failing system:

- sewage surfacing over the drainfield (especially after storms),
- sewage back-ups in the house,
- lush, green growth over the drainfield,
- slow draining toilets or drains,
- sewage odors.



Tips to Avoid Trouble

DO have your tank pumped out and system inspected every 3 to 5 years by a licensed septic contractor (listed in the yellow pages).

DO keep a record of pumping, inspections, and other maintenance. Use the back page of this brochure to record maintenance dates.

DO practice water conservation. Repair dripping faucets and leaking toilets, run washing machines and dishwashers only when full, avoid long showers, and use water-saving features in faucets, shower heads and toilets.

DO learn the location of your septic system and drainfield. Keep a sketch of it handy for service visits. If your system has a flow diversion valve, learn its location, and turn it once a year. Flow diverters can add many years to the life of your system.

DO divert roof drains and surface water from driveways and hillsides away from the septic system. Keep sump pumps and house footing drains away from the septic system as well.

DO take leftover hazardous household chemicals to your approved hazardous waste collection center for disposal. Use bleach, disinfectants, and drain and toilet bowl cleaners sparingly and in accordance with product labels.

- **DON'T** allow anyone to drive or park over any part of the system. The area over the drainfield should be left undisturbed with only a mowed grass cover. Roots from nearby trees or shrubs may clog and damage your drain lines.

- **DON'T** make or allow repairs to your septic system without obtaining the required health department permit. Use professional licensed septic contractors when needed.

- **DON'T** use commercial septic tank additives. These products usually do not help and some may hurt your system in the long run.

- **DON'T** use your toilet as a trash can by dumping nondegradables down your toilet or drains. Also, don't poison your septic system and the groundwater by pouring harmful chemicals down the drain. They can kill the beneficial bacteria that treat your wastewater. Keep the following materials out of your septic system: