58 EAST LEVERETT ROAD

#58

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

RECEIVED JUN 27 2000

ARGEO PAUL CELLUCCI
Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 58 East Leverett Rd Amherst Name of Owner Bernie Baker 774-1646
Address of Owner: P.O. Box 177
Date of Inspection: 6/1/00 Deerfield, MA 01342
Name of Inspector: (Please Print) Jonathan Begg
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: HOWARD ENVIRONMENTAL SERVICES
Mailing Address: 750 NORTH PLEASANT STREET (REAR)
Telephone Number: AMHERST, MA 01002 413-256-8008

CERTIFICATION STATEMENT

I certify that I have personally inspected the 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: J&Begg Date: 6/1/00

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) 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.

NOTES AND COMMENTS

HOWARD ENVIRONMENTAL SERVICES
750 NORTH PLEASANT STREET (REAR)
AMHERST, MA 01002

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

Property Address: 58 East Leverett Rd., Amherst
Owner: Baker
Date of Inspection: 6/1/00

INSPECTION SUMMARY: Check (A) *B, C, or D:*

(A) **SYSTEM PASSES:**

✓ I have not found any information which indicates that any of the failure conditions described in 310 CMR 15.303 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.

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 complying septic tank as approved by the Board of Health.

__ 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
_____ 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

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

Property Address: 58 East Leverett Rd., Amherst
Owner: Baker
Date of Inspection: 6/1/00

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 IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) 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 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 AND SAFETY AND THE 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 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

___ _____
_____
_____

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

Property Address: 58 East Hevere tt Rd., Amherst
Owner: Baker
Date of Inspection: 6/1/00

D. SYSTEM FAILS:

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

_____ I have determined that one or more of the following failure conditions exist as described 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 **NOT** 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" 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 upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 58 East Leverett Rd, Amherst
Owner: Baker
Date of Inspection: 6/1/00

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:
	N/A	Existing information. For example, 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)]
✓		The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 58 East Leverett Rd, Amherst
Owner: Baker
Date of Inspection: 6/1/00

FLOW CONDITIONS

RESIDENTIAL:
Design flow: — g.p.d./bedroom.
Number of bedrooms (design): — Number of bedrooms (actual): 3
Total DESIGN flow —
Number of current residents: 4
Garbage grinder (yes or no): no
Laundry (separate system) (yes or no): NO If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): NO
Water meter readings, if available (last two year's usage (gpd): 188gpd
Sump Pump (yes or no): yes
Last date of occupancy: currently occupied; tenants moving out over last 2 weeks.

COMMERCIAL/INDUSTRIAL:
Type of establishment: _____
Design flow: _____ gpd (Based on 15.203)
Basis of design flow _____
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: NOV. 1999; owner
System pumped as part of inspection: (yes or no) NO
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)
_____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
_____ Tight Tank _____ Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed ~~(if known)~~ and source ~~of information~~: ~~Unknown~~; house built in 1960's

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

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

Property Address: 58 East Leverett Rd., Amherst
Owner: Baker
Date of Inspection: 6/1/00

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 14"
Material of construction: __ cast iron ✓ PVC __ other (explain)

Distance from private water supply well or suction line 100+
Diameter 4"
Comments: (condition of joints, venting, evidence of ~~leakage~~, etc.)
joints in good condition, no evidence of leakage.

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 10"
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: 4½' x 4½' x 8½'
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 30"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 9"
Distance from bottom of scum to bottom of outlet tee or baffle: 12"
How dimensions were determined: measured/estimated

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.) no need to pump at this time, inlet + outlet tees O.K., liquid level at outlet invert, structural integrity good. Flat stone for outlet cover and PVC tee's have been added in recent years. no evidence of leakage.

GREASE TRAP:____
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

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

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: 58 East Leverret Road, Amherst
Owner: Baker
Date of Inspection:
6/1/00

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

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:_____
Capacity:_____ gallons
Design flow:_____ gallons/day
Alarm present_____
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:__
(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) D-Box level distribution equal, no evidence of solids carryover, no evidence of leakage.

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order: (Yes or No)_____
Alarms in working order (Yes or No)_____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

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

Property Address: 58 East Leverett Rd., Amherst
Owner: Baker
Date of Inspection: 6/1/00

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

If not located, explain:

Type:
- leaching pits, number:___
- leaching chambers, number:___
- leaching galleries, number:___
- leaching trenches, number, length:_____
- leaching fields, number, dimensions: 1; ~12'x30'
- overflow cesspool, number:___
- Alternative system: _____
  - Name of Technology: _____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)
Soil dry, no signs of hydraulic failure, no ponding, vegetation normal.

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.)

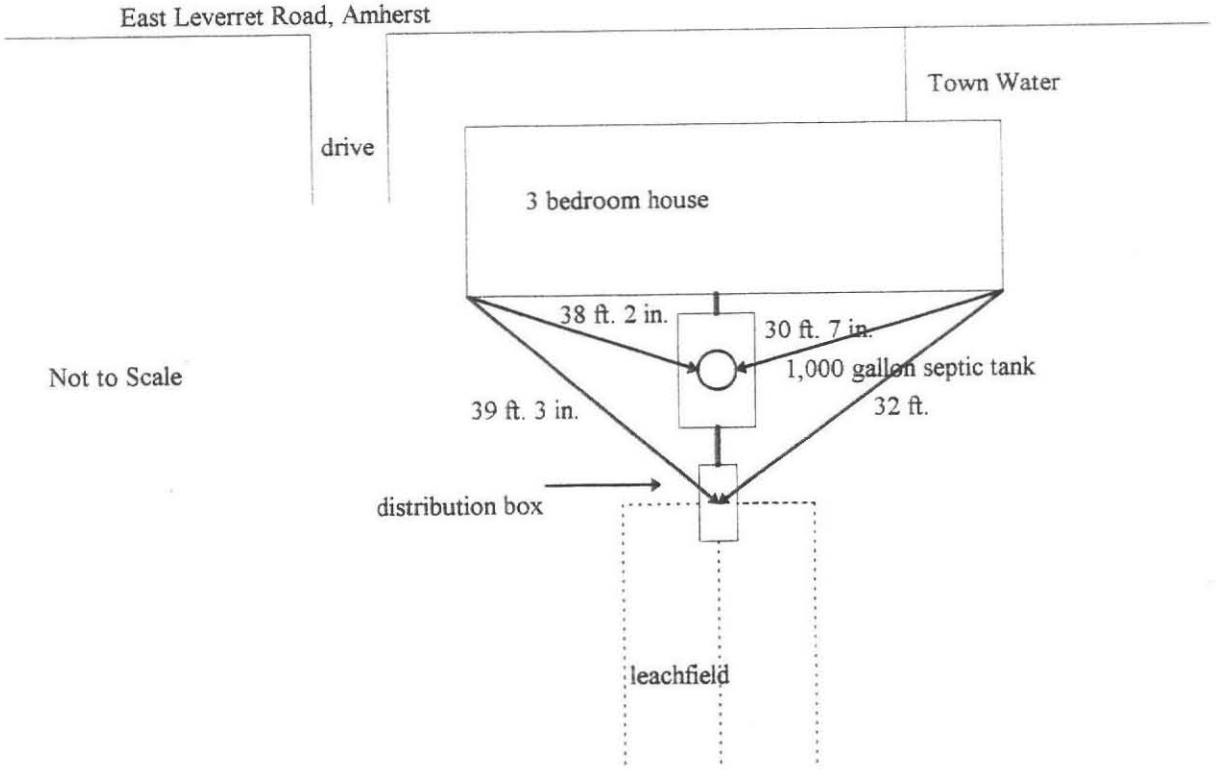
PRIVY: ___
(locate on site plan)

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: 58 East Leverett Rd., Amherst
Owner: Baker
Date of Inspection: 6/1/00

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



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

Property Address: 58 East Hevere tt Rd., Amherst
Owner: Baker
Date of Inspection: 6/1/00

NRCS Report name Soil Survey of Hampshire County, MA, Central part
Soil Type Fine sandy loam
Typical depth to groundwater 6+ feet

USGS Date website visited 6/15/00
Observation Wells checked
Groundwater depth: Shallow ✓ Moderate _____ Deep _____

SITE EXAM
Slope 1%
Surface water no
Check Cellar yes
Shallow wells no

Estimated Depth to Groundwater 6 Feet

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

____ Obtained from Design Plans on record

✓ Observed Site (Abutting property, observation hole, basement sump etc.)

✓ Determined from local conditions

____ Checked with local Board of health

____ Checked FEMA Maps

____ Checked pumping records

____ Checked local excavators, installers

____ Used USGS Data

Describe how you established the High Groundwater Elevation. (**Must** be completed)

The High groundwater elevation was taken from the Soil Survey book. Also during the title 5 inspection a hole was dug by hand to 40" and there was no evidence of weeps or standing water.

Richard Scott P.E.
31 Shutesbury Road
Pelham, MA 01002

November 24, 1995

David Kuniholm
58 East Leverett Road
Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 58 East Leverett Road, Amherst

Dear Mr. Kuniholm:

In accordance with State regulation, I have completed an inspection of the septic system at the subject property on November 8, 1995. Copies of the inspection report are enclosed for your use.

The system has passed all inspection criteria contained in 310 CMR 15.000 (Title 5). As part of the inspection and pumping, the outlet baffle from the septic tank has been replaced with a pipe tee. The existing concrete baffle was still in place and was performing its function but was deteriorated so was replaced as a maintenance step. Additional comments about the system are contained in the report.

If you have questions on any aspect of the inspection or the report please contact me at the address above or evenings at (413) 256-0647.

Sincerely,

Richard Scott

Richard Scott, P.E.

cc: Amherst Health Department
Buyers c/o David Kuniholm

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

DAVID KUNIHOLM

Property Address: 58 E. LEVERETT ROAD, AMHERST
Date of Inspection: NOV. 8, 1995
Name of Inspector: RICHARD SCOTT
Company Name, Address and Telephone Number:
RICHARD SCOTT, P.E.
31 SHUTESBURY RD
PELHAM, MA 01002

Address of Owner:
(If different)

AMHERST TAX MAP 03C
LOT 056

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: Richard Scott Date: Nov. 24 1995

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:
Owner:
Date of Inspection:

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
_____ 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:
Owner:
Date of Inspection:

D] SYSTEM FAILS (continued):

___ 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 NOT 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:

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: 58 E. LEVERETT RD. AMHERST
Owner: DAVID KUNSTADTER
Date of Inspection: NOV. 8, 1995

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.

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 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

Property Address: 58 E. LEVERETT RD. AMHERST
Owner: DAVID KUNIHOLM
Date of Inspection: NOV. 8, 1995

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 440 gallons CURRENT REQUIRED CAPACITY FOR 4 BEDROOMS
Number of bedrooms: 4
Number of current residents: 2
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: 7 MONTHS OF READINGS REPORTED BY OWNER = AVERAGE 50 GAL/DAY

Last date of occupancy: CURRENTLY OCCUPIED

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:
PUMPED LAST IN 1992 PER RAY BASARA OF RAY'S EXCAVATING
System pumped as part of inspection: (yes or no) YES
If yes, volume pumped: 800 ± gallons
Reason for pumping: SOLIDS ACCUMULATION & TO INSPECT TANK

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: EARLY 1960's. SYSTEM IS APPARENTLY ORIGINAL FROM WHEN HOUSE WAS BUILT

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

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

Property Address: 58 E. LEVERETT RD. AMHERST
Owner: DAVID KUNIHOLM
Date of Inspection: NOV. 8, 1995

SEPTIC TANK: ✓
(locate on site plan)

Depth below grade: 12"
Material of construction: ✓concrete __metal __FRP __other(explain)

Dimensions: 8'x4'x4' DEEP
Sludge depth: 12"
Distance from top of sludge to bottom of outlet tee or baffle: 12"
Scum thickness: 3"
Distance from top of scum to top of outlet tee or baffle: 4"
Distance from bottom of scum to bottom of outlet tee or baffle: 14"

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.) TANK APPEARS TO HAVE BEEN FUNCTIONING PROPERLY. INLET BAFFLE IN GOOD SHAPE. OUTLET BAFFLE DETERIORATED. AGREED TRY OWNER & PUMPER FOR PUMPER TO REPLACE OUTLET BAFFLE W/ PIPE TEE AS A MAINTENANCE ITEM. ALSO TO REPLACE SHORT "ORANGEBURG" PIPE FROM TANK TO D-BOX.

GREASE TRAP: N/A
(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 (continued)

Property Address: 58 E. LEVERETT RD. AMHERST
Owner: DAVID KUNITHOLM
Date of Inspection: NOV. 8, 1995

TIGHT OR HOLDING TANK: N/A
(locate on site plan)

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

Dimensions:_____
Capacity:_____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: -0-

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) NO APPARENT PROBLEMS W/ LOCATION OR FUNCTION. MINIMAL SOLIDS CARRY-OVER

PUMP CHAMBER: N/A
(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: 58 E. LEVERETT RD. AMHERST
Owner: DAVID KUNIHOLM
Date of Inspection: NOV. 8, 1995

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:____
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.)
D-BOX LOCATED. TWO OUTLETS FROM D-BOX. SAS MAY BE LEACH FIELD OR LEACH TRENCHES. INSTALLED SIZE IS UNKNOWN. NO SYMPTOMS OF PROBLEMS.

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.)

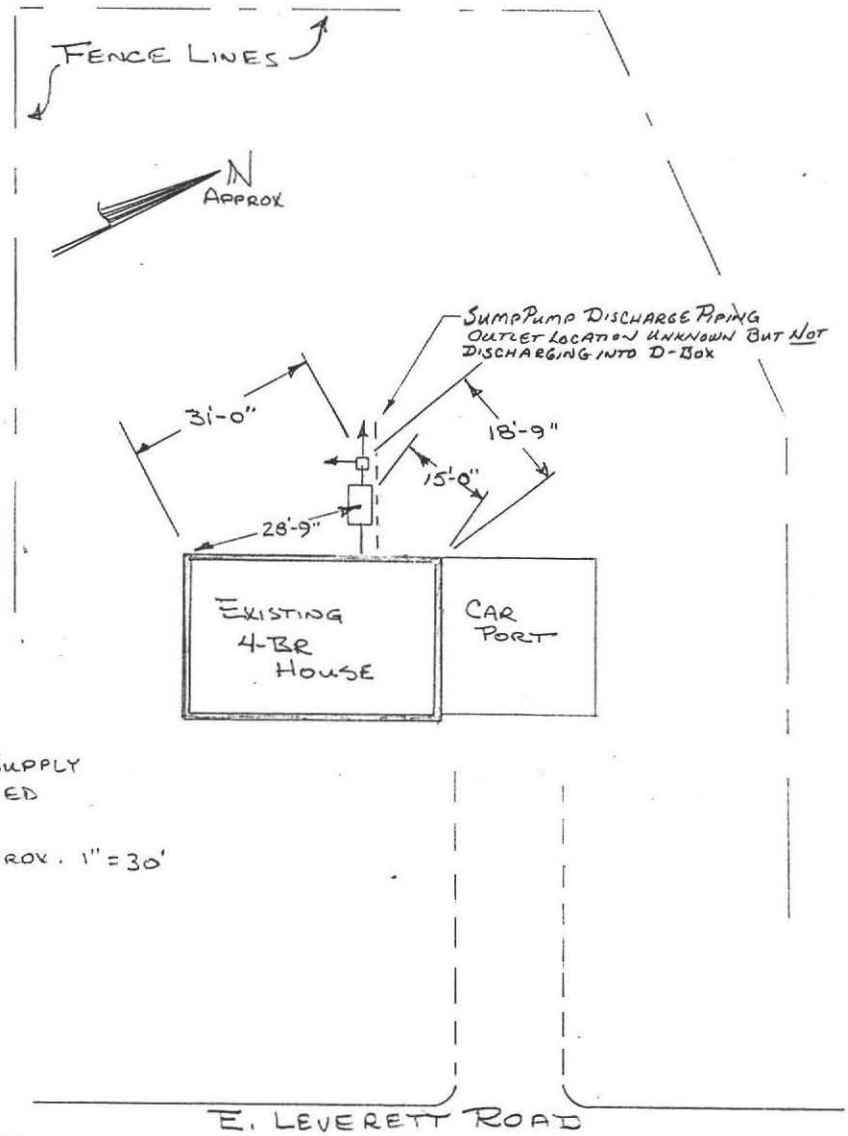
PRIVY: N/A
(locate on site plan)

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: 58 E. LEVERETT RD. AMHERST
Owner: DAVID KUNIHOLM
Date of Inspection: NOV. 8, 1995

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



MUNICIPAL WATER SUPPLY
NO WELLS OBSERVED

SKETCH SCALE APPROX. 1" = 30'

DEPTH TO GROUNDWATER

Depth to groundwater: 5± feet
method of determination or approximation: CELLAR FLOOR APPROX. 6' BELOW GROUND SURFACE. CELLAR HAS SUMP PUMP. ONLY MINOR EVIDENCE OF WET CELLAR. OWNER REPORTS THAT SUMP PUMP RUNS "A TIME OR TWO EACH SPRING"