

19 Elf Hill Rd.



May 3, 2001

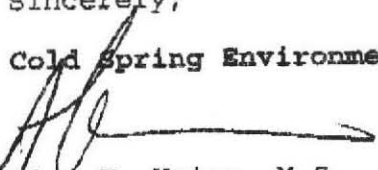
Amherst Board of Health,

RE: System Installation Inspection  
Seiford Property 19 Elf Hill Road

On this date the writer inspected the installation of a **Repaired Soil Absorption System** (septic system). The writer found the installation to be complete (except for completion of cover material) and in compliance with 310 CMR 15.000. The installer representative (**Karls Excavating**) and my inspection noted that the system was built properly, in accordance with the state regulations and our plan.

Sincerely,

Cold Spring Environmental Consultants, Inc.

  
Alan E. Weiss, M.S., L.S.P.  
President  
Principal Hydrogeologist  
Licensed Site Professional #6442

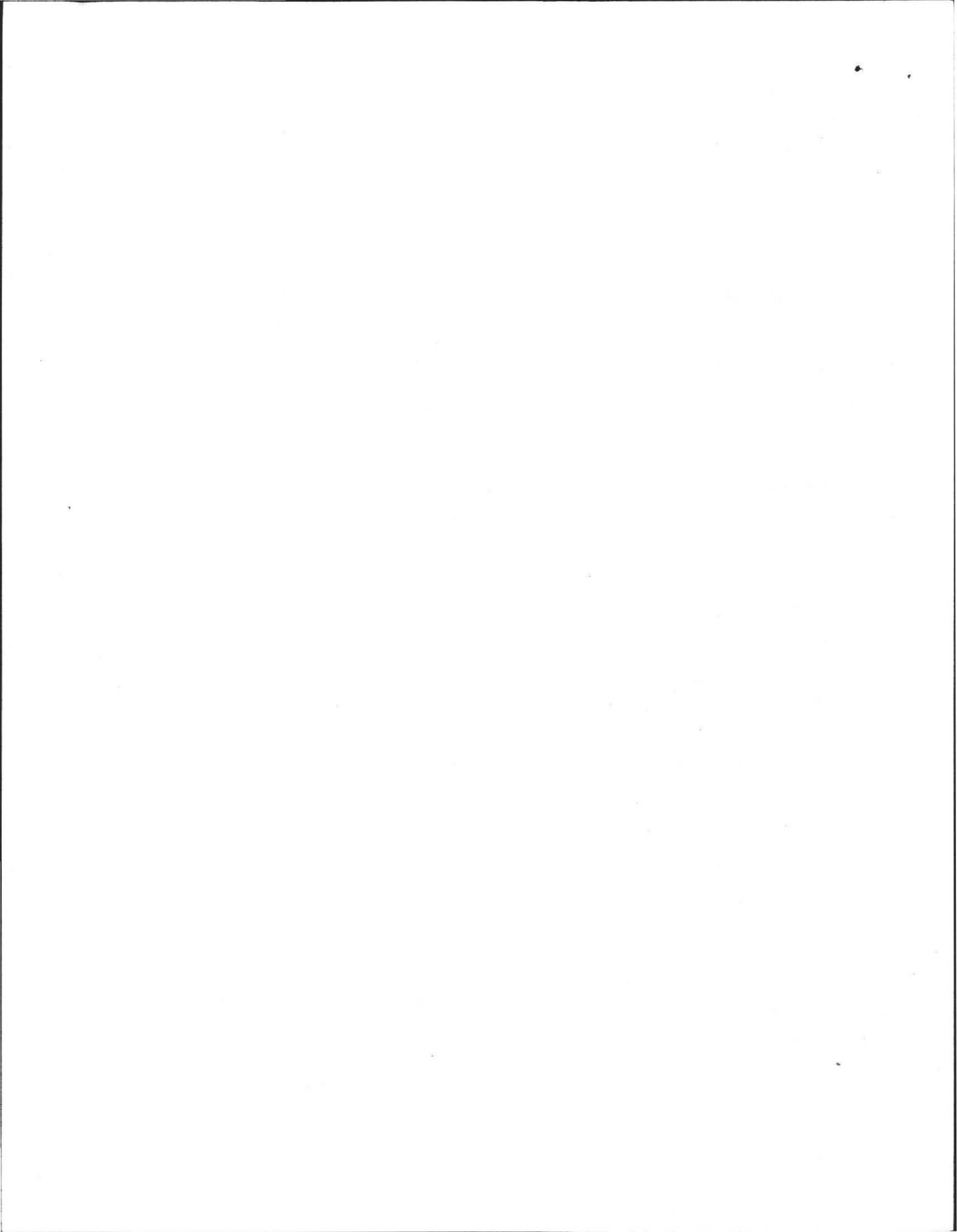
Registered Sanitarian #933



Cold Spring Environmental  
350 Old Enfield Road  
Belchertown, Ma. 01007

413-323-5959, phone  
413-323-4916, fax

*OK  
To  
File*



No. 01-01

SANITARIAN TO VERIFY: (AL)

- ① Water Line
- ② SEPTIC TANK TO MEET Code
- ③ REMOVE ALL OLD SYSTEM IN FAVOR New System

FEE 225.00

### COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Components

Location	<u>19 EIF HILL RD</u>	Owner's Name	<u>Beverly Seiford</u>
Map/Parcel#	<u>25A</u>	Address	<u>19 EIF HILL RD</u>
Lot#		Telephone#	<u>253-7936 (W) 577-1855</u>
Installer's Name		Designer's Name	<u>A. Weiss, P.S.</u>
Address		Address	<u>Belchertown</u>
Telephone#		Telephone#	<u>323-5957</u>

Type of Building Res Lot Size 1.39 AC sq. ft.  
 Dwelling - No. of Bedrooms 3/4 Garbage grinder ( ) TO BE REMOVED  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 440 gpd Calculated design flow 440 Design flow provided 441 gpd  
 Plan: Date SEPT 12/28/00 Number of sheets 4 Revision Date \_\_\_\_\_  
 Title SEPTIC SYSTEM REPAIR PLAN FOR B. SEIFORD  
 Description of Soil(s) CLASS I L. SAND  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. Weiss Date of Evaluation 12/12/00

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW L. FIELD w/ P. CHAMBER

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Beverly Seiford Date Jan 26, 2001

Inspections \_\_\_\_\_

No. 01-01

### COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_  
at 19 EIF Hill Road

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 01-01, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer David Lopez Kals Excavating Designer: \_\_\_\_\_ Inspector: David Jagan Date: 5/3/01

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

No. 01-01

### COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 19 EIF Hill Rd as described in the application for Disposal System Construction Permit No. 01-01, dated 01-29-01

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 01-29-01 Board of Health David Jagan



COMMONWEALTH OF MASSACHUSETTS

Department of Health and Human Services

APPLICATION FOR DISBURSEMENT

Applicant's Name	1234 Main Street
Address	City, State, Zip
Phone Number	( ) - -
Business Name	
Business Address	
Business Phone	
Business Type	
Business Description	
Business Hours	
Business License No.	
Business Registration No.	
Business Tax ID No.	
Business Sales Tax No.	
Business License Expiration	
Business Registration Expiration	
Business Tax ID Expiration	
Business Sales Tax Expiration	

I, the undersigned, certify that the information furnished above is true and correct to the best of my knowledge and belief, and that I am the owner and operator of the business described herein.

I hereby authorize the Department of Health and Human Services to conduct an investigation of my business and to require the production of all books, records, and documents in my possession, custody, or control, and to require the attendance of any person who is an officer, director, partner, or employee of my business, and to require the production of any other information that may be necessary to determine the accuracy of the information furnished herein.

I understand that if I fail to comply with the requirements of this application, I may be subject to civil or criminal penalties, including fines and imprisonment.

I understand that this application is subject to the provisions of the Massachusetts Health Care Reform Act, which requires the Department of Health and Human Services to conduct an investigation of my business and to require the production of all books, records, and documents in my possession, custody, or control, and to require the attendance of any person who is an officer, director, partner, or employee of my business, and to require the production of any other information that may be necessary to determine the accuracy of the information furnished herein.

COMMONWEALTH OF MASSACHUSETTS

Department of Health and Human Services

APPLICATION FOR DISBURSEMENT

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COMMONWEALTH OF MASSACHUSETTS

Department of Health and Human Services

APPLICATION FOR DISBURSEMENT

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ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

350 Old Enfield Rd.  
Belchertown, MA 01007  
(413) 323-5957 & 323-4916 (FAX)

Date: 12/12/00

Commonwealth of Massachusetts  
AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 12/12/00

Witnessed By: D. Zarozinski

Location Address or Lot # <u>19 EIF HILL Road Amherst, MA.</u>	Owner's Name, Address, and Telephone # <u>Beverly Seiford 19 EIF HILL Road Amherst, MA. 01002</u>
New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	

Office Review

Published Soil Survey Available: No  Yes

Year Published ..... Publication Scale ..... Soil Map Unit .....

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No  Yes

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

Wetland Area:

National Wetland Inventory Map (map unit)

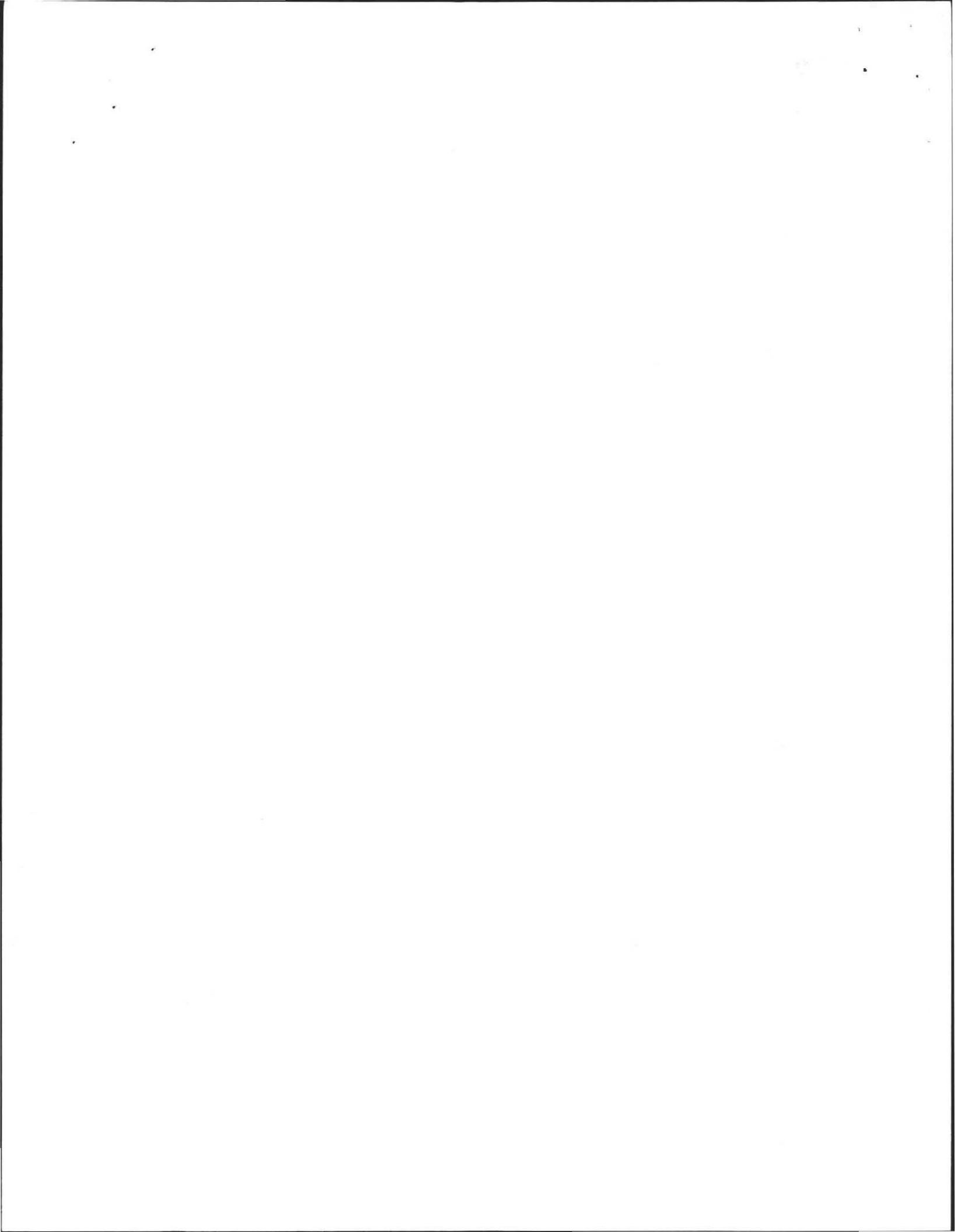
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_







Location Address or Lot No. 19 EIF HILL ROAD

On-site Review

Deep Hole Number TP-1 Date: 12/12/00 Time: 9:00 AM Weather COLD. SUN/SHOWER 40F

Location (identify on site plan) \_\_\_\_\_

Land Use RURAL RES. Slope (%) 2-5 Surface Stones SOME

Vegetation R. OAK, W. PINE

Landform TERRACED

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body 100'+ feet      Drainage way 100'+ feet  
 Possible Wet Area 100'+ feet      Property Line 50' feet  
 Drinking Water Well 100'+ feet      Other \_\_\_\_\_  
TOWN WATER

**DEEP OBSERVATION HOLE LOG\***

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A	FSL	10YR 2.5/2		FRIABLE
8-26"	Bw	FSL	10YR 4/6		FRIABLE
26-48"	C <sub>1</sub>	S	10YR 5/6		MED-COARSE WELL SORTED SAND, LOOSE.
48-120"	C <sub>2</sub>	LS	10YR 5/3	52" OXIDES 10YR 4/6	FINE-MED. SAND, MOD. FRIABLE/MASSIVE

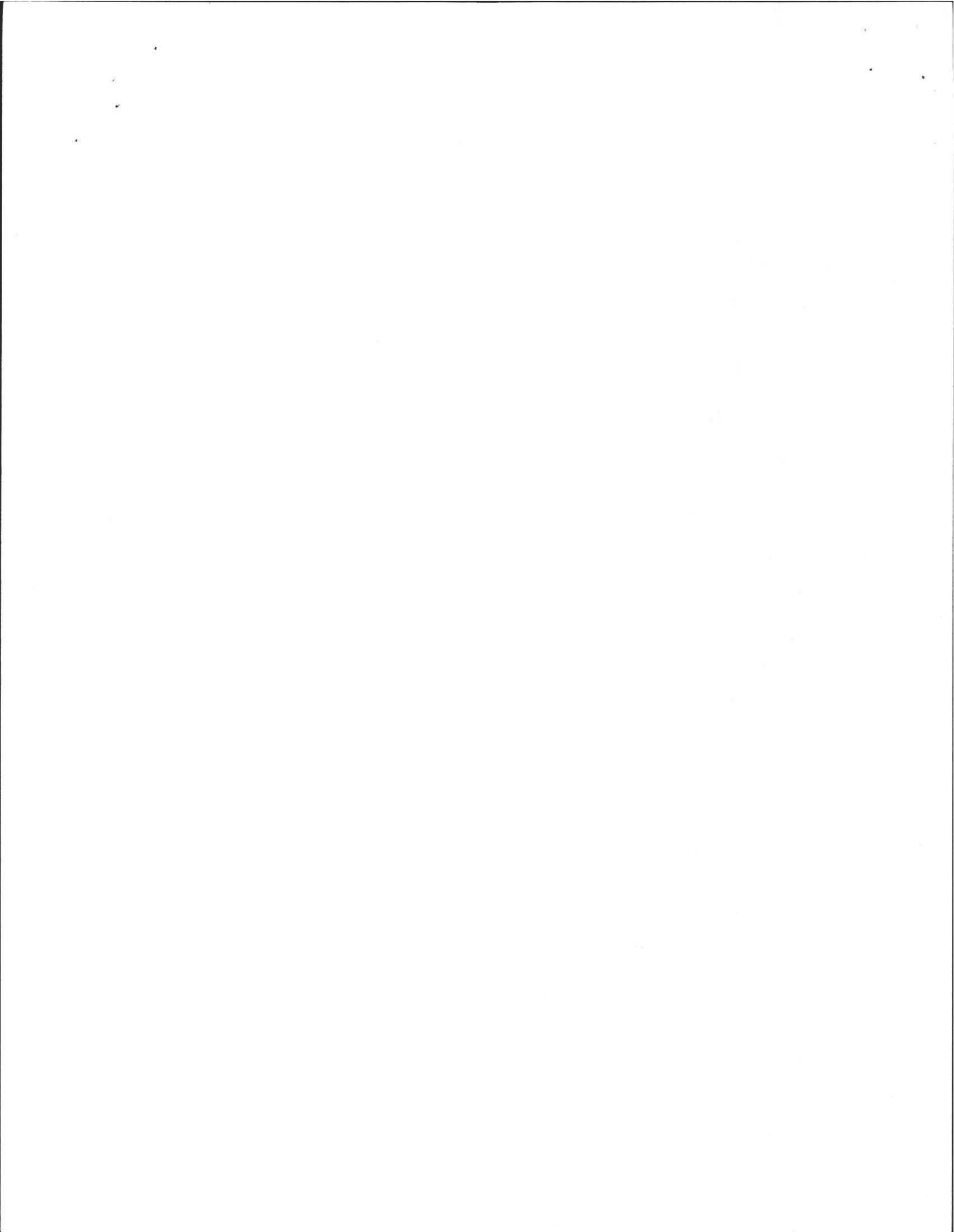
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ablation Till      Depth to Bedrock: 120"+

Depth to Groundwater: Standing Water in the Hole: 100"      Weeping from Pit Face: 100"

Estimated Seasonal High Ground Water: 52"





Location Address or Lot No. 19 EIF HILL ROAD, AMHERST

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>12/12/00</u>		Time: .....
Observation Hole #	<u>D<sub>1</sub></u>	
Depth of Perc	<u>52"</u>	
Start Pre-soak	<u>9:37</u>	
End Pre-soak	<u>9:52</u>	
Time at 12"	<u>9:52</u>	
Time at 9"	<u>10:02</u>	
Time at 6"	<u>10:20</u>	
Time (9"-6")	<u>18</u>	
Rate Min./Inch	<u>6 <math>\frac{MIN}{IN}</math></u>	

\* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

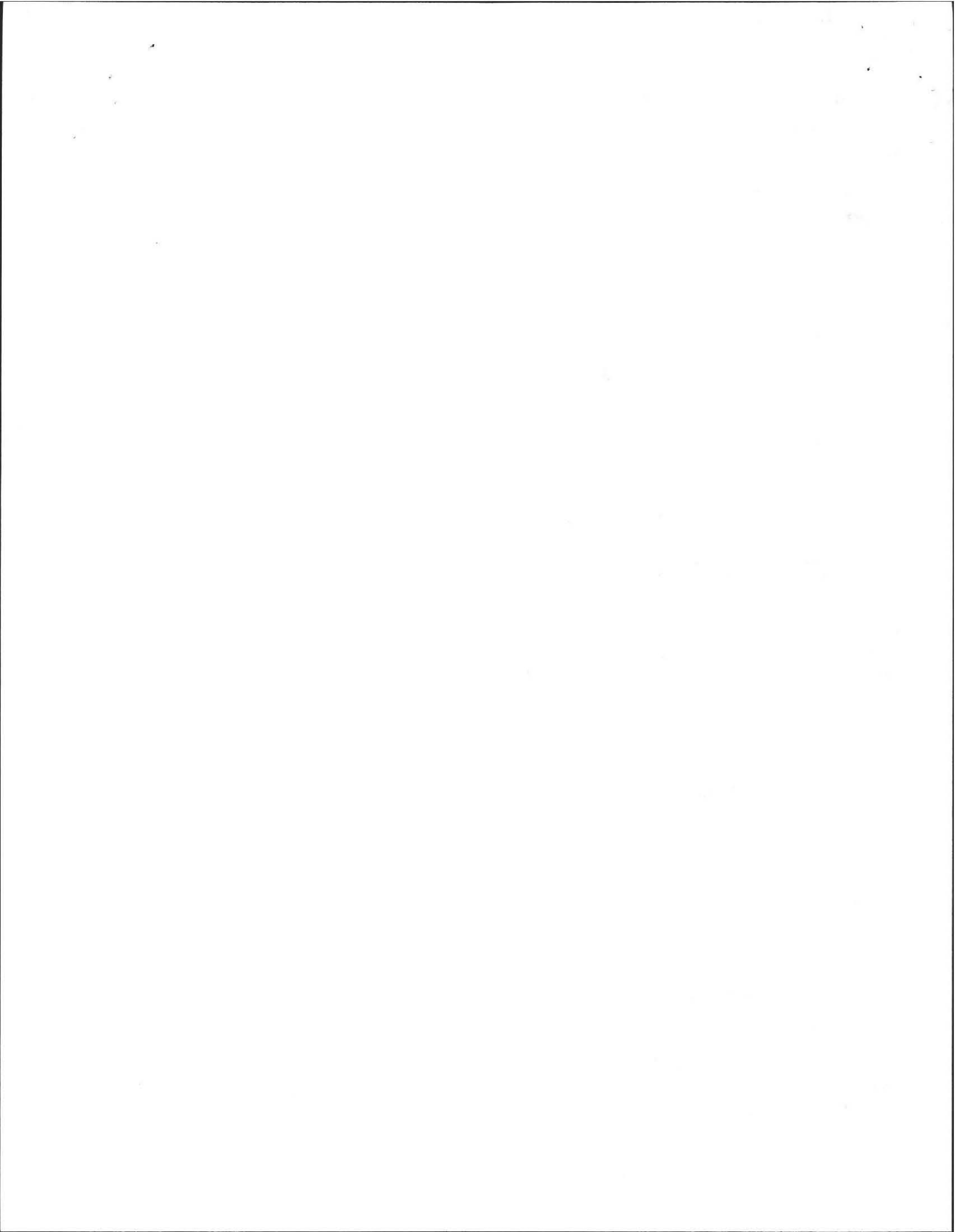
Site Passed  Site Failed

Performed By: A. WEISS

Witnessed By: D. ZAROZIWSKI

Comments: .....





Location Address or Lot No. 19 ELF HILL ROAD, AMHERST

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole ..... inches
- Depth to soil mottles 52" inches
- Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level ...  
 Adjustment factor ..... Adjusted ground water level .....

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in <sup>1</sup>all areas observed throughout the area proposed for the soil absorption system? yes

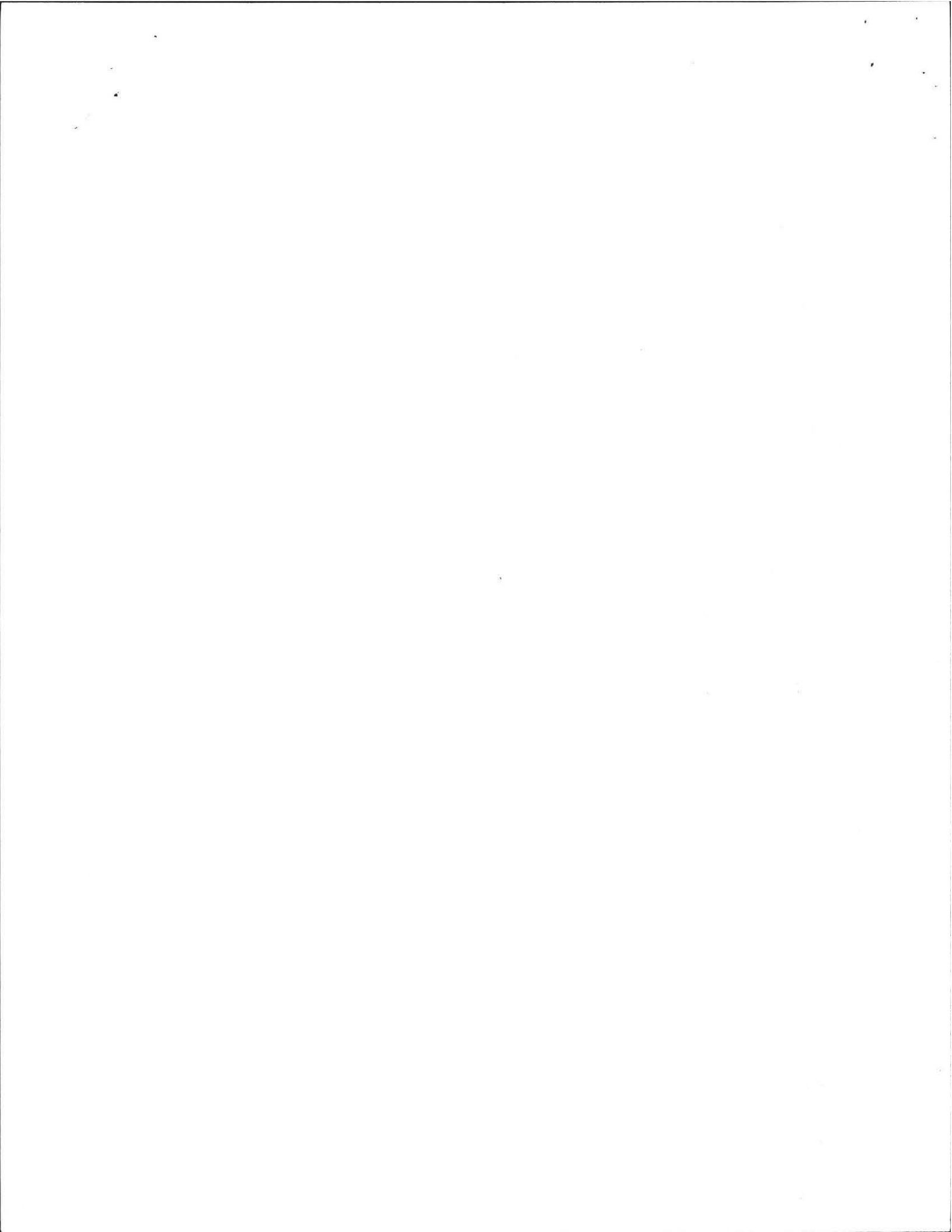
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

Certification

I certify that on JUNE 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature AW Date 12/12/00





NOT PAID

No. \_\_\_\_\_

Date: 12-12-00

Commonwealth of Massachusetts  
Massachusetts

**Soil Suitability Assessment for On-site Sewage Disposal**

Performed By: AL Weiss, Cold Spring Date: 12-12-00  
Witnessed By: David Zarasinski; Tom Dew

Location Address or Lot # <u>19 Elk Hill Rd</u>	Owner's Name, Address and Telephone # <u>Bev. Seiford</u> <u>19 Elk Hill Road</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

**Office Review**

Published Soil Survey Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_ Soil Map Unit \_\_\_\_\_

Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform \_\_\_\_\_

Flood Insurance Rate Map:

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

Wetland Area:

National Wetland Inventory Map (map unit) \_\_\_\_\_

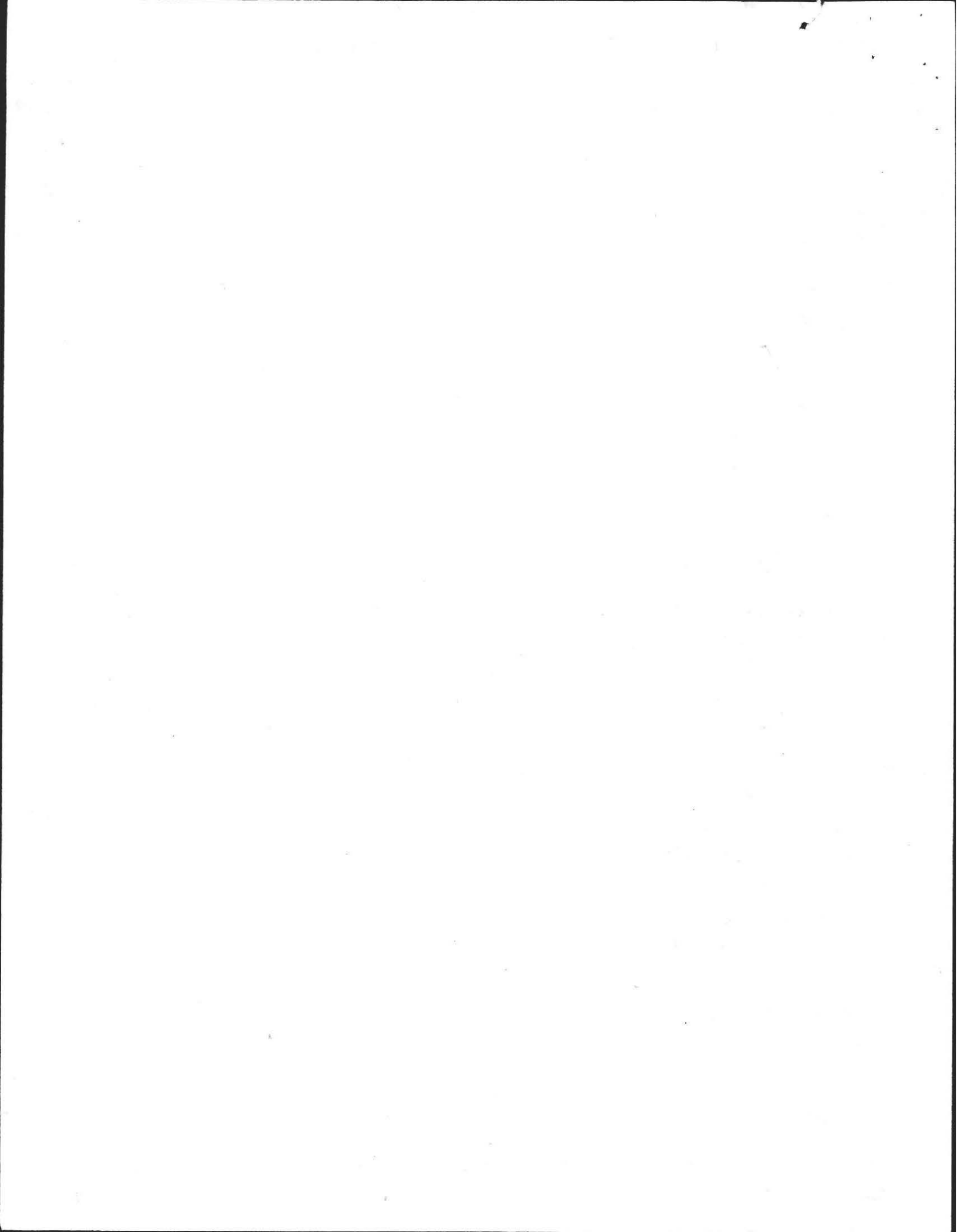
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_







# Memo

**To:** Beverly Seiford

**From:** Alan Weiss, Cold Spring Environmental, Inc.

**CC:**

**Date:** 12/26/2000

**Re:** Septic System Plans & Bd. Of Health Plan Approval  
19 Elf Hill Road, Amherst

Enclosed are your septic system plans.

- 1) Please sign each (3 plans & Permits (legal sheet of paper) enclosed prior to submission of them to the Board of Health (at local Town Hall), There is likely a plan review-fee that you can find out from town hall. .
- 2) Plans **must be signed** and submitted to local Board of Health for their approval **prior to start of work**. You must also check the Map and Lot #'s (From your Town Assessor's tax bill) on the Cover page of the form.

I have enclosed an additional copy for you. The Bd. Of Health will also return two copies to you upon their approval. You may get an estimate prior to BOH approval however, you may not start work without their approval.

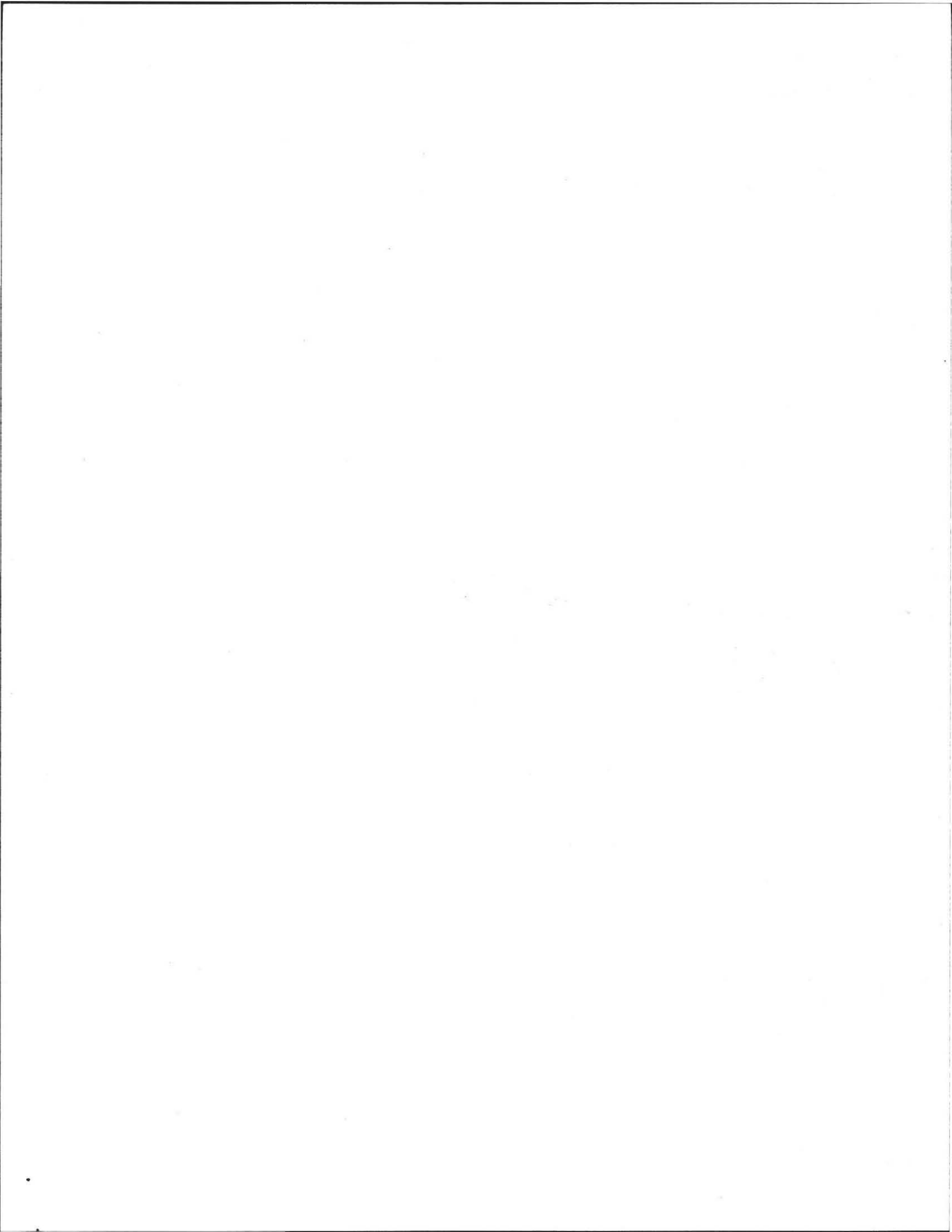
Should you have any questions, please do not hesitate to call

Thank you,

Alan Weiss.



*I also spoke w/ your neighbor, he explained no drains  
in area of U. FIELD.*



Location Address or Lot No. 19 Elf Hill Road

On-site Review

Deep Hole Number ① Date: 12-12-00 Time: 9:00 Weather: Cloudy-(rain)

Location (identify on site plan) \_\_\_\_\_

Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_ Surface Stones \_\_\_\_\_

Vegetation \_\_\_\_\_

Landform \_\_\_\_\_

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body \_\_\_\_\_ feet      Drainage way \_\_\_\_\_ feet  
 Possible Wet Area \_\_\_\_\_ feet      Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet      Other \_\_\_\_\_

**DEEP OBSERVATION HOLE LOG\***

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A	FSL	10YR 3/2		FRIABLE
8"-26"	B	FSL	10YR 4/6		FRIABLE
26"-48"	C1	S	10YR 5/6	10YR 4/6	MED C W/LL SORTED, LOOSE
48"-120"	C2	LS	10YR 5/3	52"	F.M. SAND MOD. FRIABLE

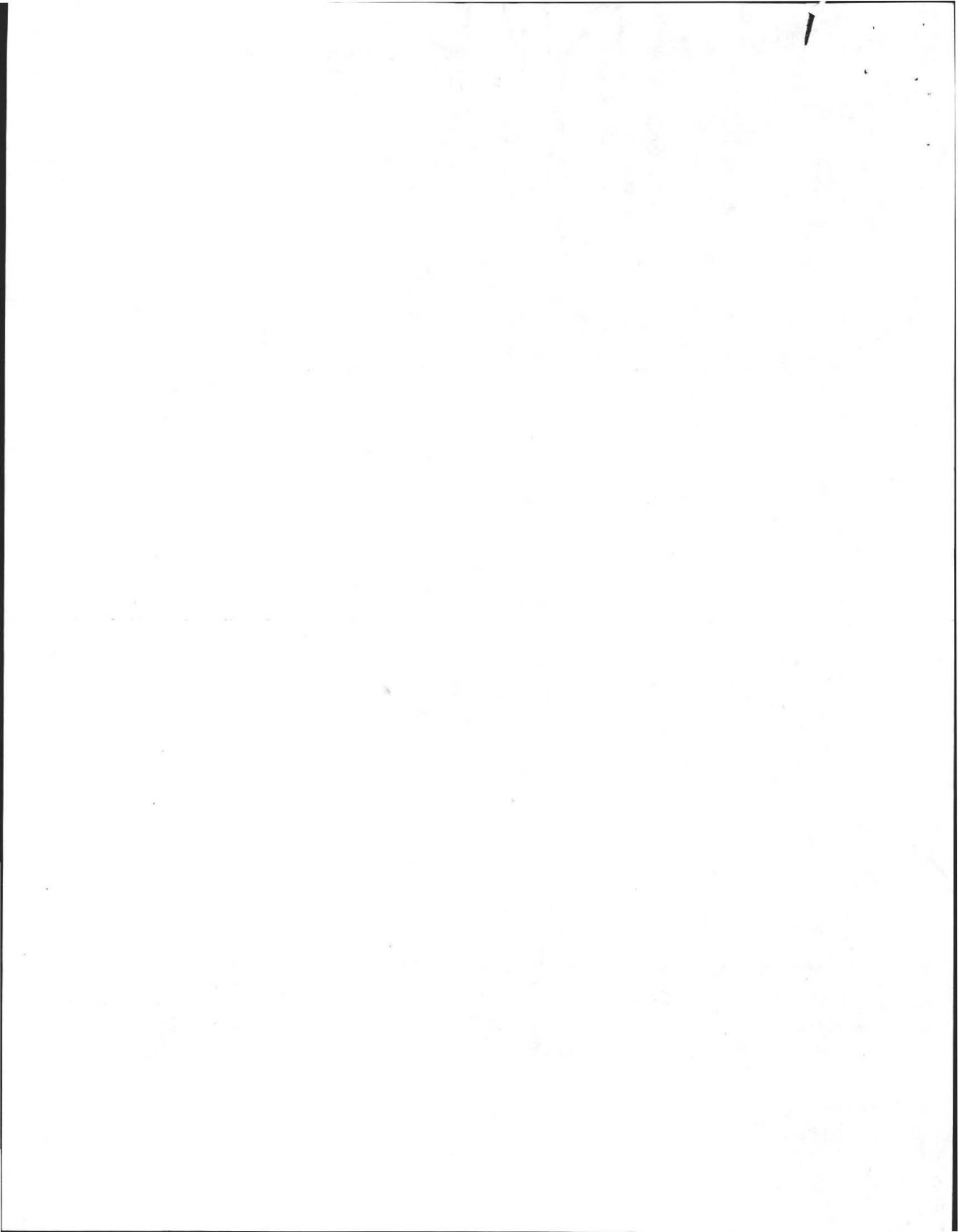
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) ABLATION TILL/OUTWASH Depth to Bedrock: 120"±

Depth to Groundwater: Standing Water in the Hole: 100" Weeping from Pit Face: 100"

Estimated Seasonal High Ground Water: 52"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 19 EIF Hill Rd.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>12-12-00</u> Time: _____		
Observation Hole #	<u>1</u>	
Depth of Perc	<u>52"</u>	
Start Pre-soak	<u>9:37 AM</u>	
End Pre-soak	<u>9:52 AM</u>	
Time at 12"	<u>9:52 AM</u>	
Time at 9"	<u>10:02 AM</u>	
Time at 6"	<u>10:20 AM</u>	
Time (9"-6")	<u>18 min</u>	
Rate Min./Inch	<u>6</u>	

\* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

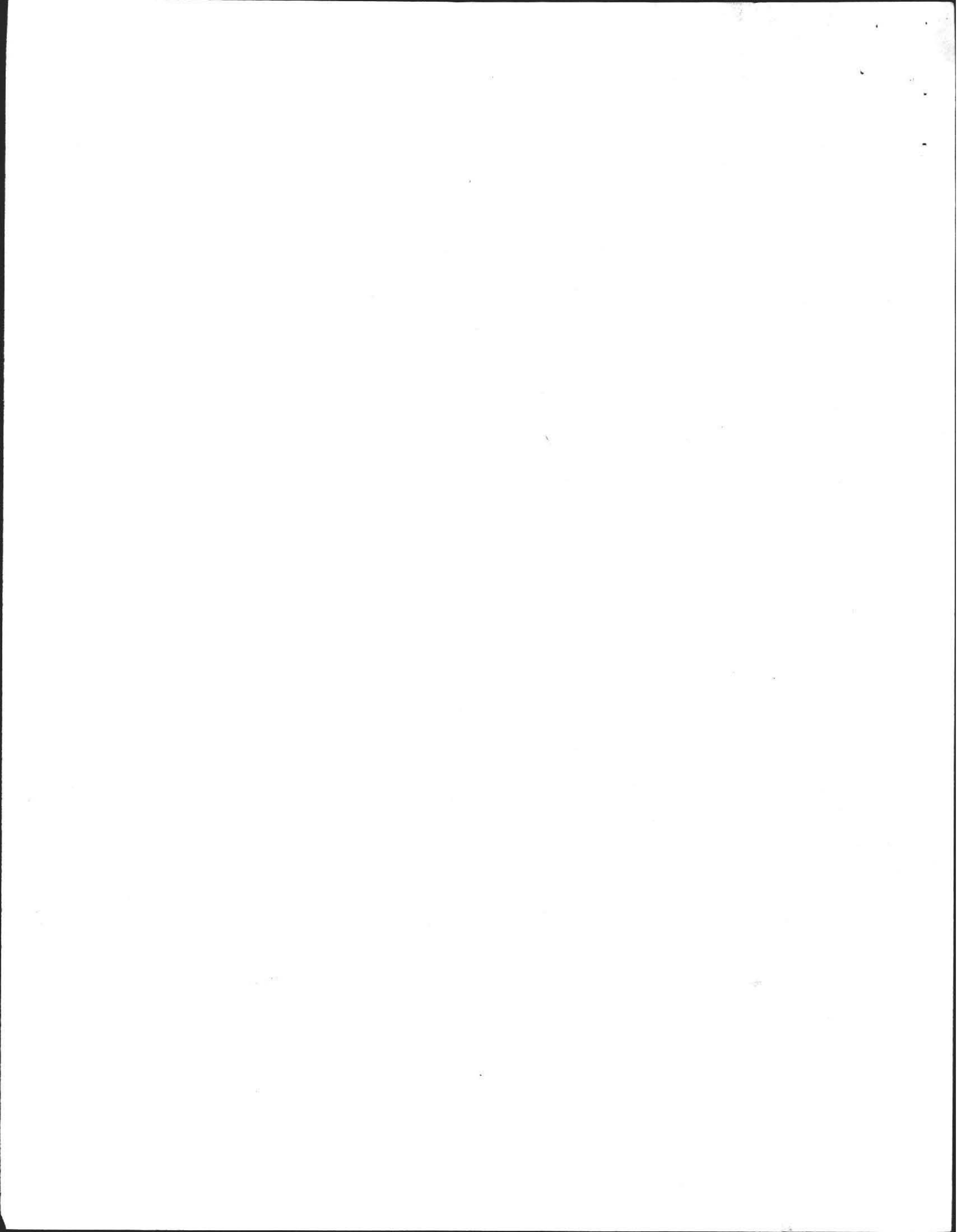
Site Passed  Site Failed

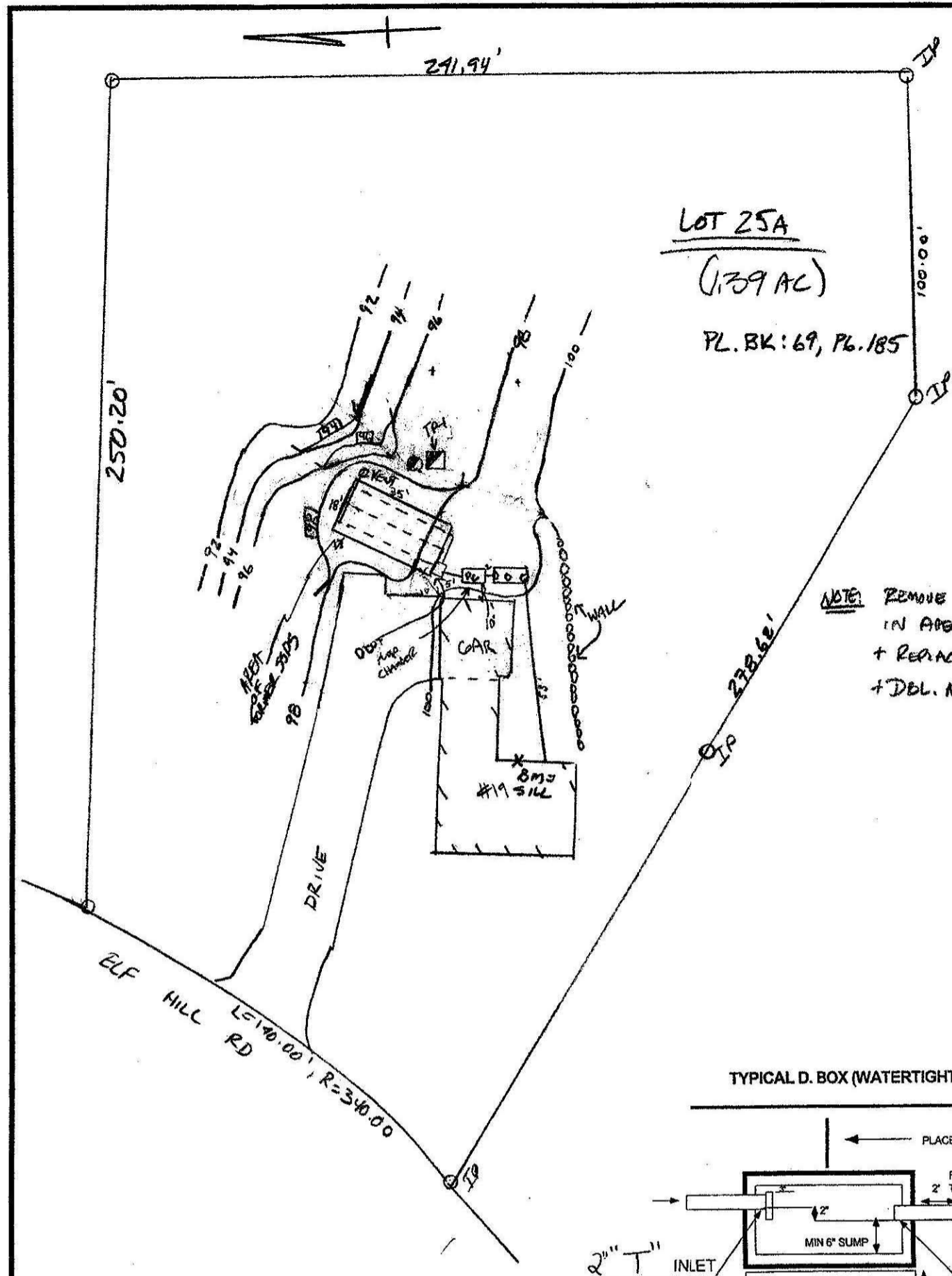
Performed By: ALAN WEISS COLD SPRING ENVIRONMENTAL

Witnessed By: DAVE ZAROZINSKI AND TOM DION

Comments: \_\_\_\_\_







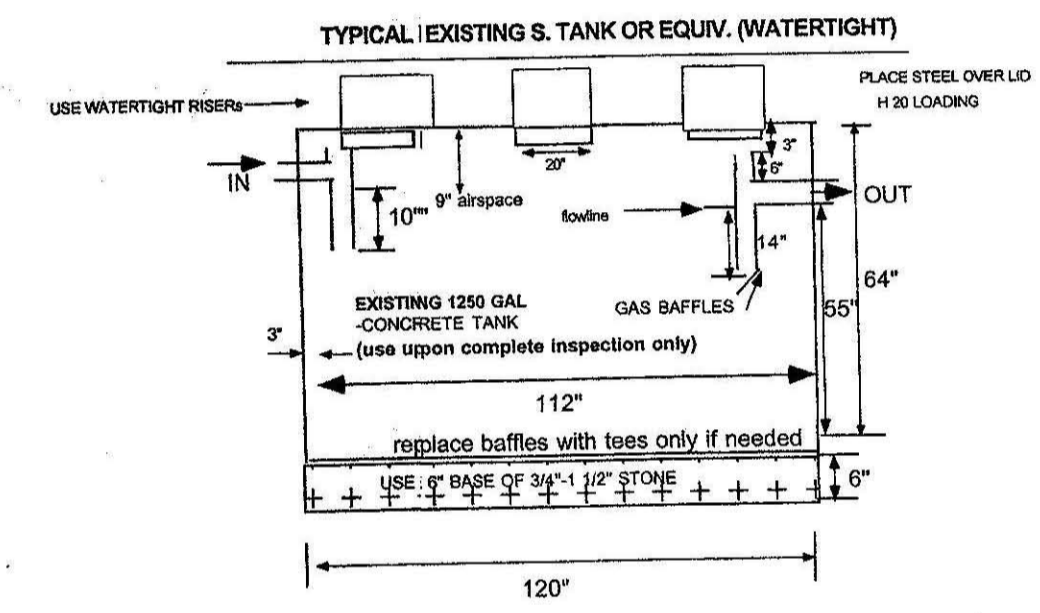
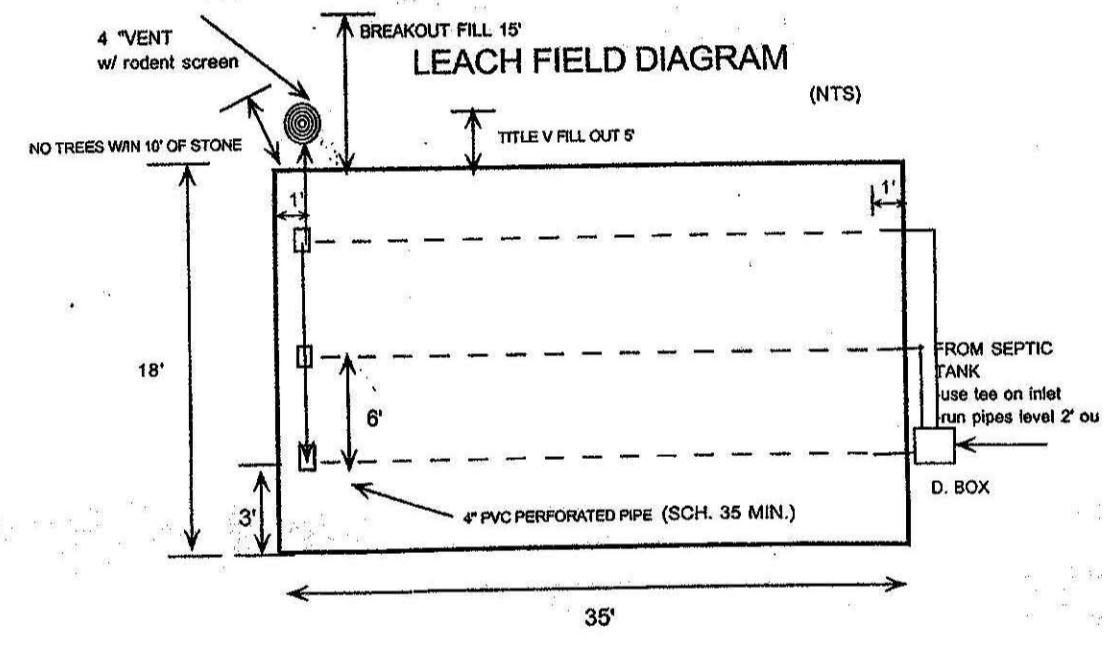
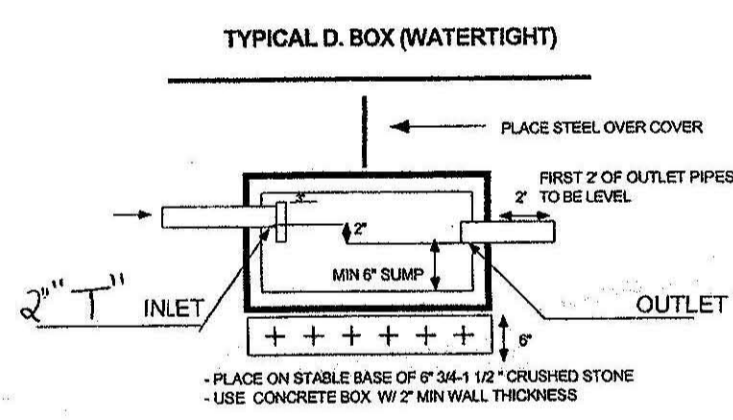
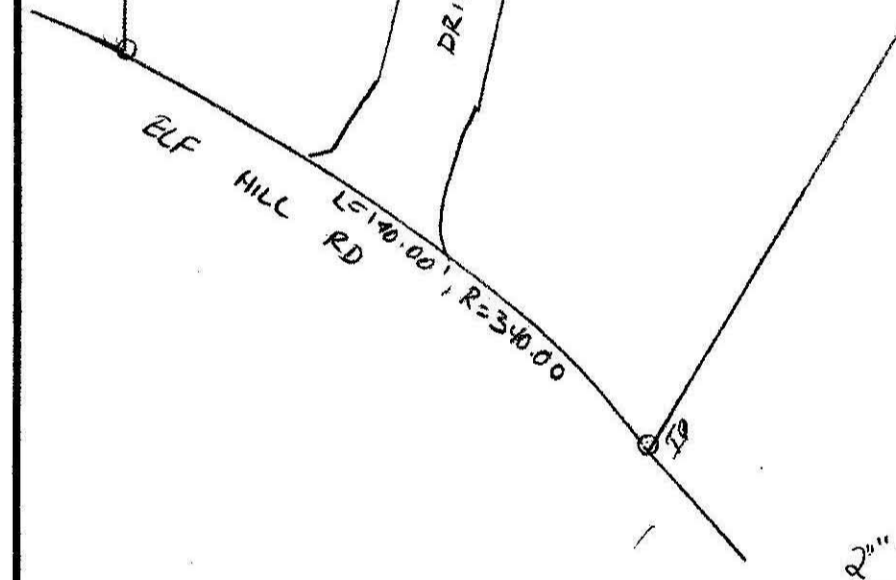
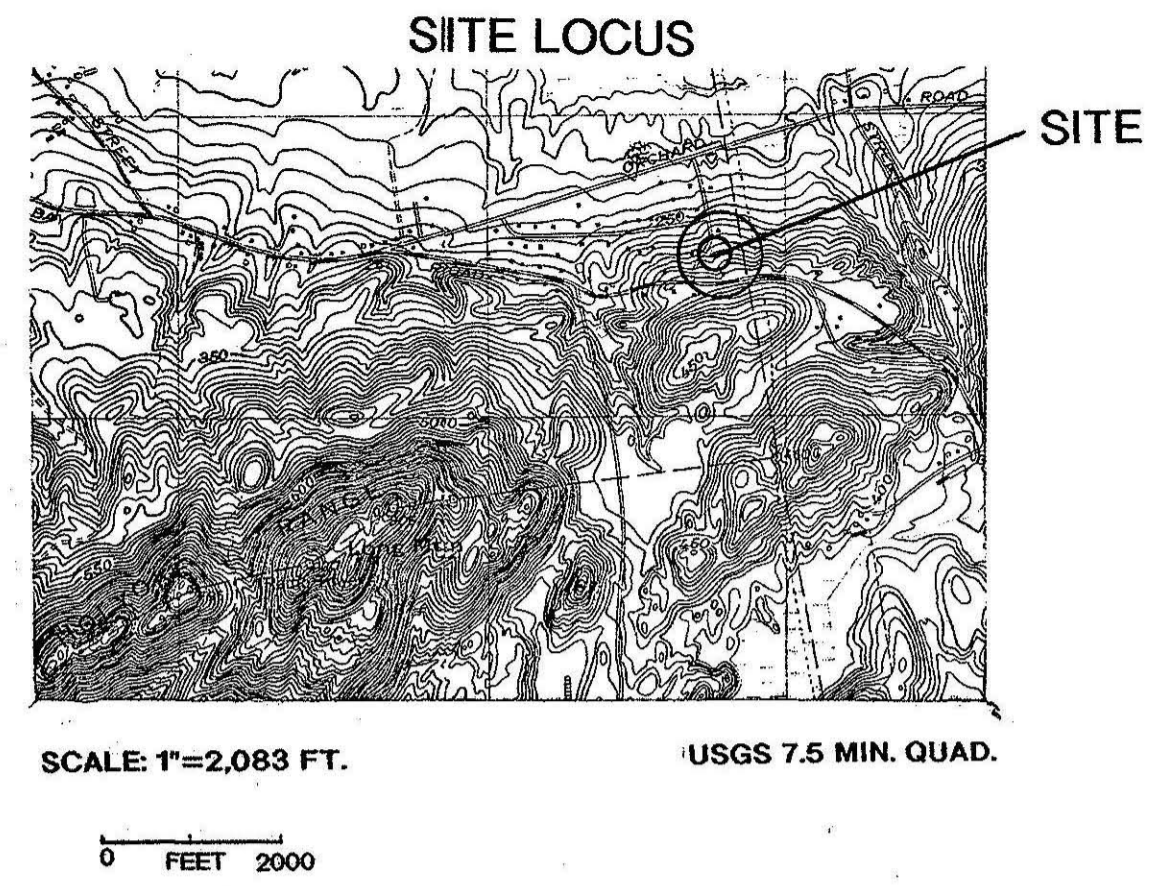
**PLOT PLAN**  
 (1"=40')  
 --- 100' --- EXISTING CONTOURS  
 --- 100' --- PROPOSED CONTOURS

**TEST PIT LOGS**  
 TP-1 EL. 97.00' (EFF. FOR DESIGN)

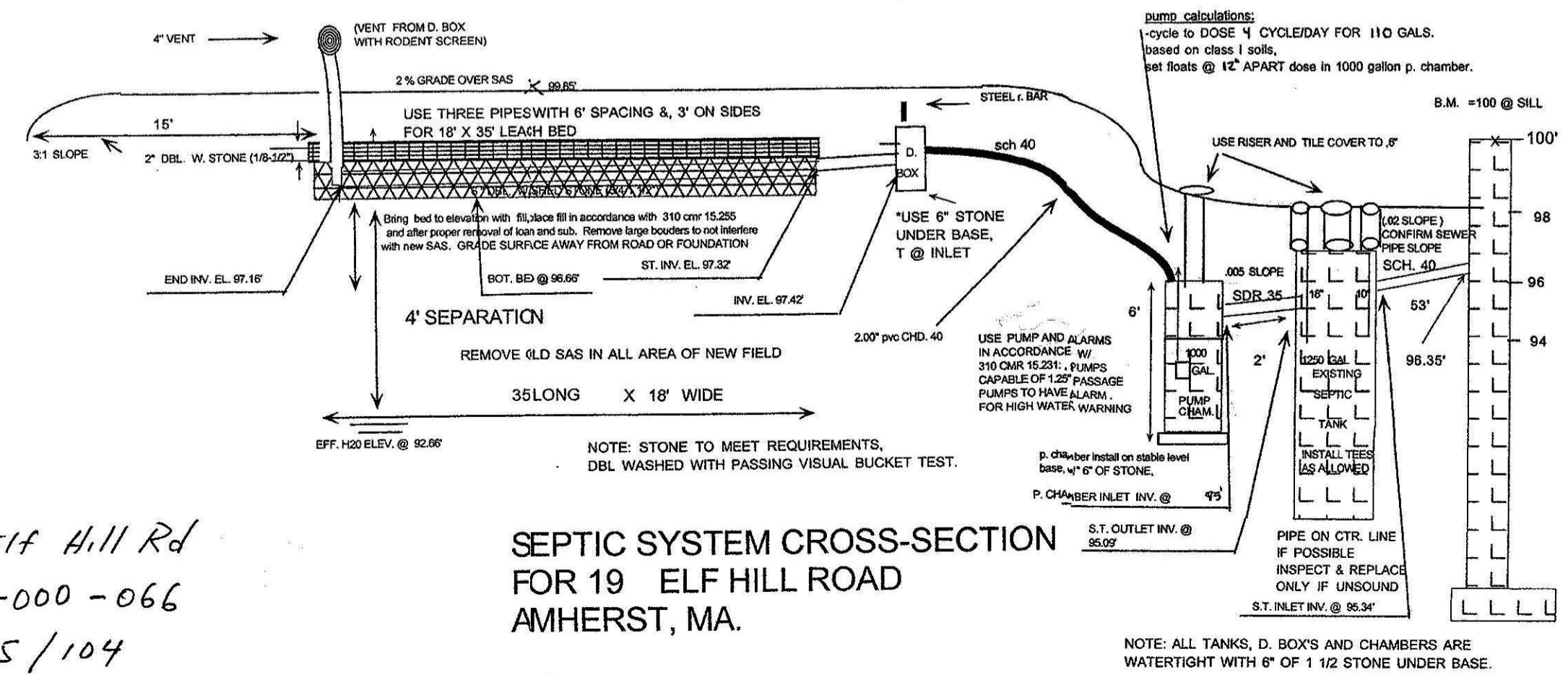
0-8" FINE SANDY LOAM, FRIABLE A (10yr 3/2)  
 8-26" FINE SANDY LOAM FRIABLE BW (10 YR 4/6)  
 26-48" MED. COARSE WELL SORTED SAND C1 (10 YR 5/6)  
 48-120" FINE TO MEDIUM SAND POORER SORTING, SLIGHTLY FRIABLE/MASSIVE SOME STONES, C2 (10 YR 5/3)

EOP 120" @ TP-1,  
 ESHWT= 52" @ TP-1 (10 YR 4/6) = 92.66"  
 OXIDES= 52" IN TP-1 (EFFECTIVE FOR DESIGN), (10 YR 4/6)

100' STATIC & SEEPS OF G. H2O  
 NOT OBS. BEDROCK



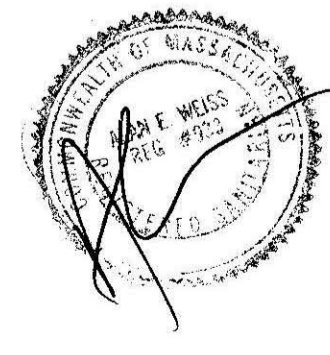
- DESIGN NOTES:**
- 4 BR x 110 gal/day = 440 gal/day
  - Use ONE Leachfield 20' wide x 35' LONG W/ 2\"/>



**SEPTIC SYSTEM CROSS-SECTION FOR 19 ELF HILL ROAD AMHERST, MA.**

From Tax Bill  
 Location: 19 Elf Hill Rd  
 Parcel: 30B-000-066  
 Bk/RG: 4425/104

This is the info we have that...



SEPTIC SYSTEM REPAIR PLAN FOR BEVERLY SEIFORD		
SCALE: NOTED	APPROVED BY: AW	DRAWN BY: AW
DATE: 12/26/00		REVISED
<b>19 ELF HILL ROAD AMHERST</b>		
COLD SPRING ENV, INC.		DRAWING NUMBER: 100-1238-1011



RECEIVED OCT 19 2000

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

ARGEO PAUL CELLUCCI  
Governor

TRUDY COXE  
Secretary

DAVID B. STRUHS  
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION

Property Address: 19 EIF Hill

Name of Owner: Beverly Safford  
Address of Owner: 19 EIF Hill Rd., Amherst.

Date of Inspection: 10/11/00

Name of Inspector: (Please Print) Alan E. Weiss, R.S.

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

Inspector's Signature: [Signature]

Date: 10/11/00



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

D. Box full of sludge + liquid, Stone Saturated

10/11/00  
Talked to AL  
he will call  
homeowner



1771 1772 1773 1774 1775 1776 1777 1778 1779 1780

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

Property Address: 19 EF Hill Rd.  
Owner: Seiford  
Date of Inspection: 10/11/00

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.

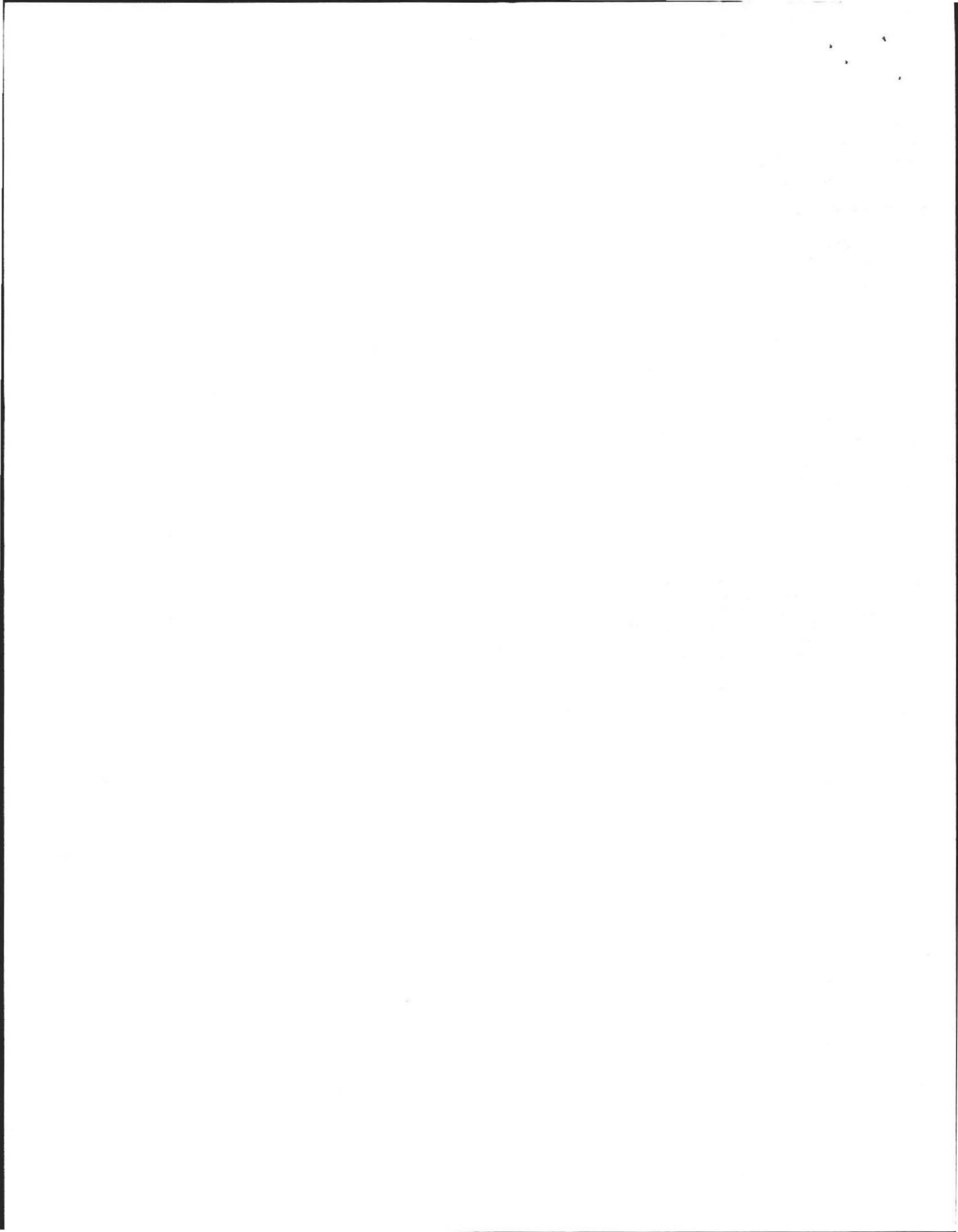
\_\_\_\_\_ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, 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: 19 EF Hill Rd  
Owner: Seiford,  
Date of Inspection: 10/14/00

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:**

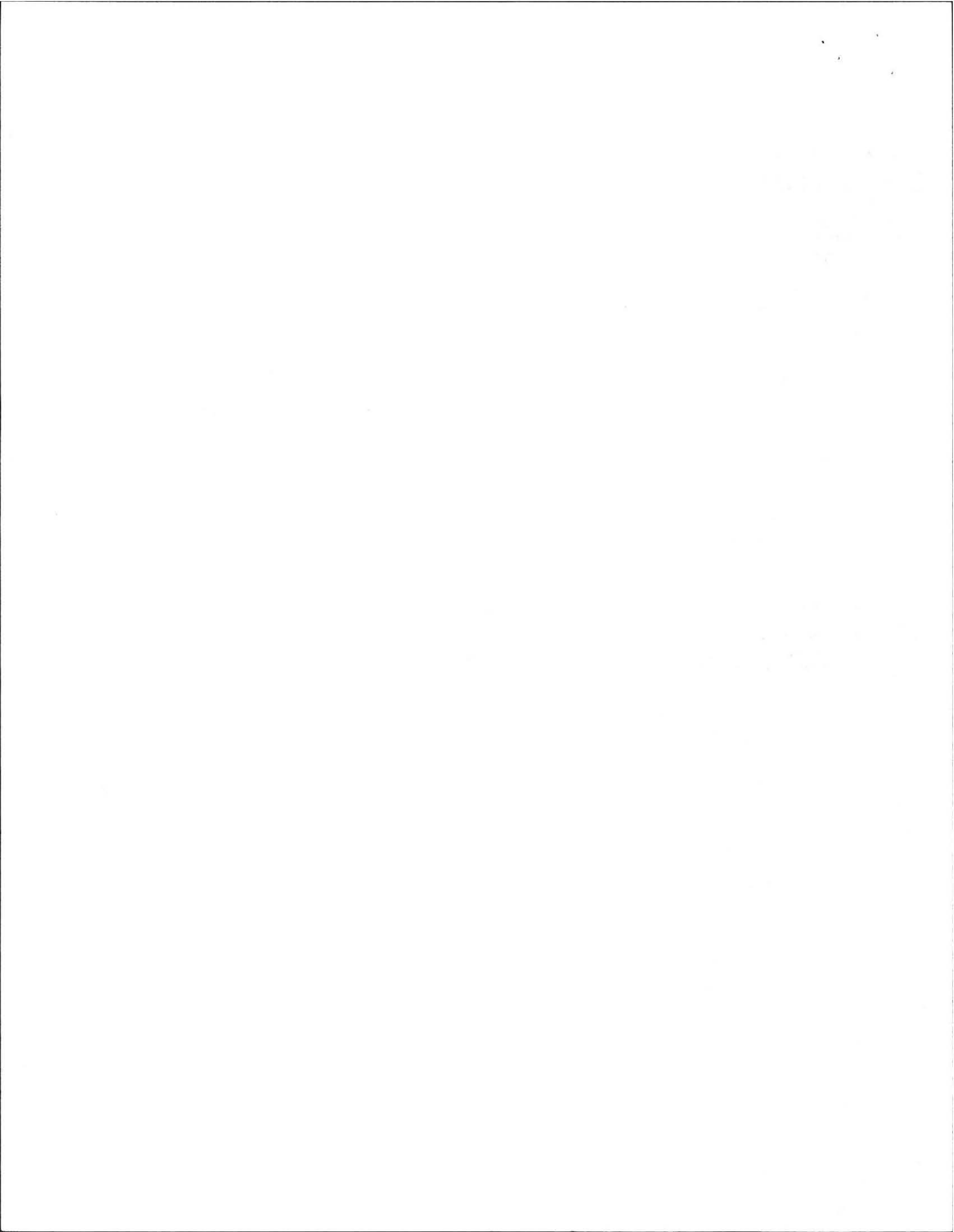
- \_\_\_ Cesspool or privy is within 50 feet of surface water
- \_\_\_ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

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: 19 EIF Hill Rd  
 Owner: Seiford  
 Date of Inspection: 10/11/00

**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                       |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s).<br>Number of times pumped ____.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well.  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.   |
| <input type="checkbox"/>            | <input type="checkbox"/> | 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:**

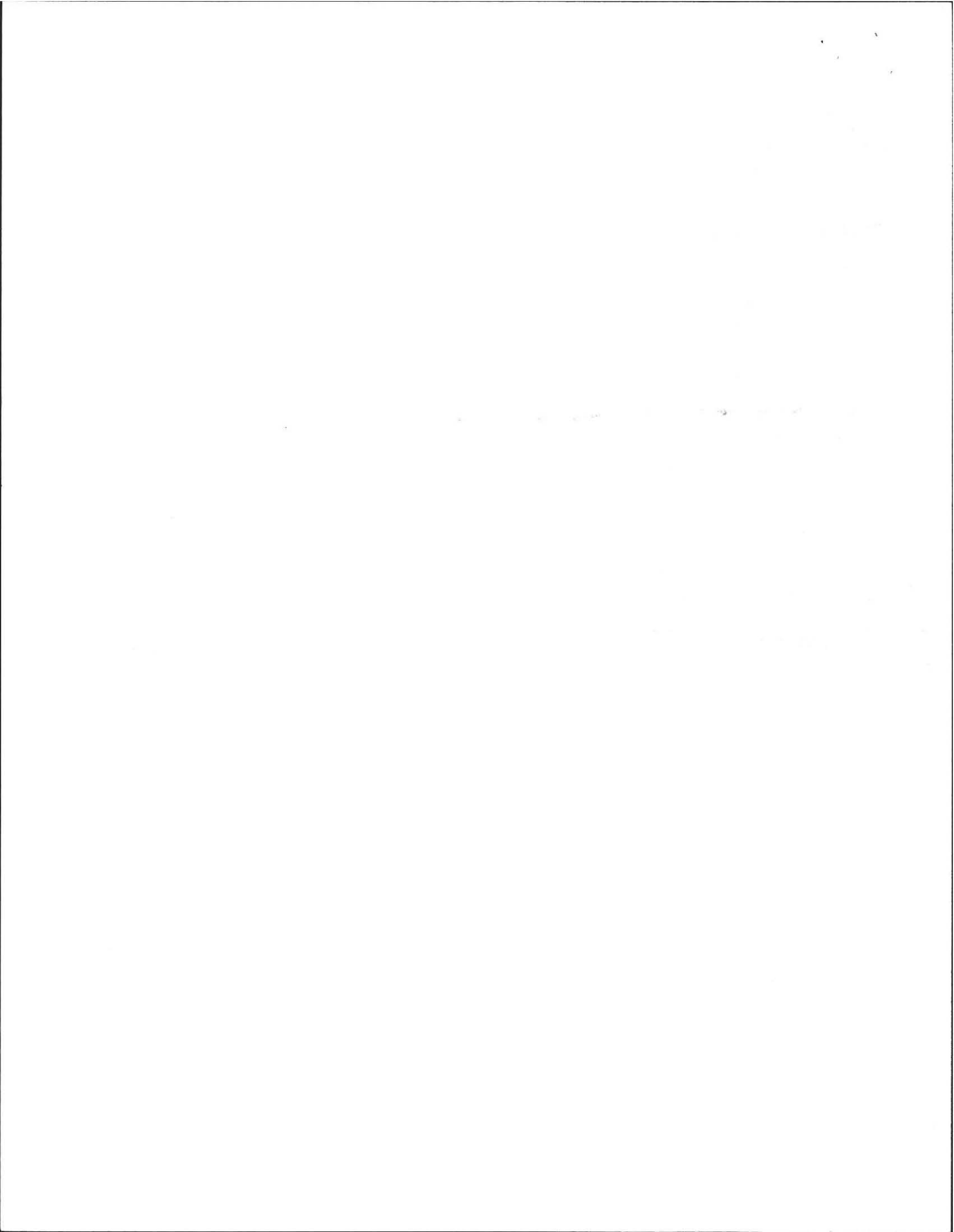
You must indicate either "Yes" or "No" to each of the following:

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                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.



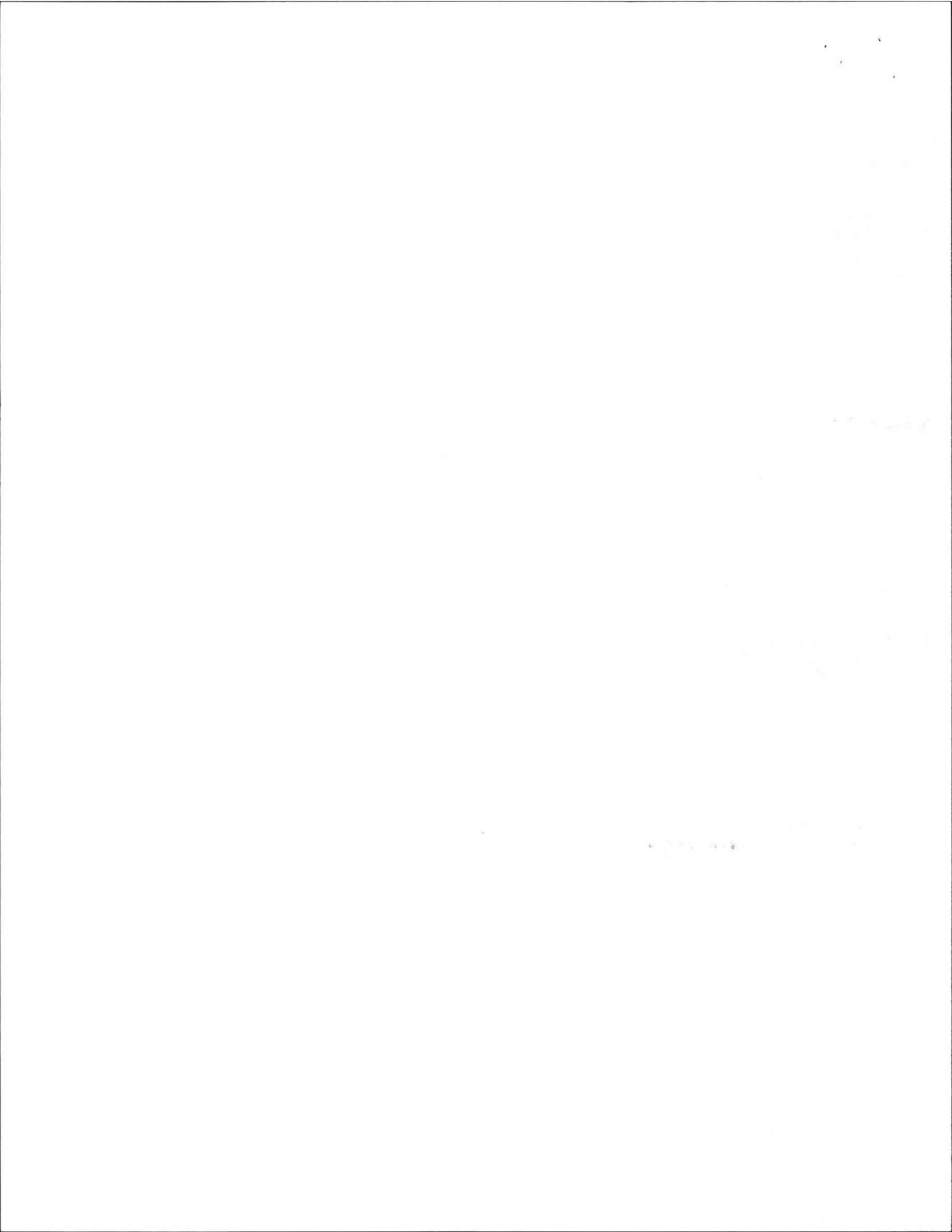
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

Property Address: 19 EIF Hill RD.  
 Owner: Seiford  
 Date of Inspection: 10/11/00

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

- | Yes                                 | No                       |   |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | None of the system components <del>have been pumped for at least two weeks and the system has been receiving normal flow rates during that period.</del> Large volumes of water have not been introduced into the system recently or as part of this inspection.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, Plan at B.O.H.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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)]  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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: 19 EIF Hill Rd.  
Owner: Seiford  
Date of Inspection: 10/1/00

FLOW CONDITIONS

**RESIDENTIAL:**

Design flow: 330 g.p.d./bedroom.  
Number of bedrooms (design): 3 Number of bedrooms (actual): 3  
Total DESIGN flow 330  
Number of current residents: 1-2  
Garbage grinder (yes or no): N \* Recommend Removal  
Laundry (separate system) (yes or no): (no); If yes, separate inspection required  
Laundry system inspected (yes or no)  
Seasonal use (yes or no): N  
Water meter readings, if available (last two year's usage (gpd)): N/A  
Sump Pump (yes or no): N  
Last date of occupancy: current (1 person regularly)

**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:**

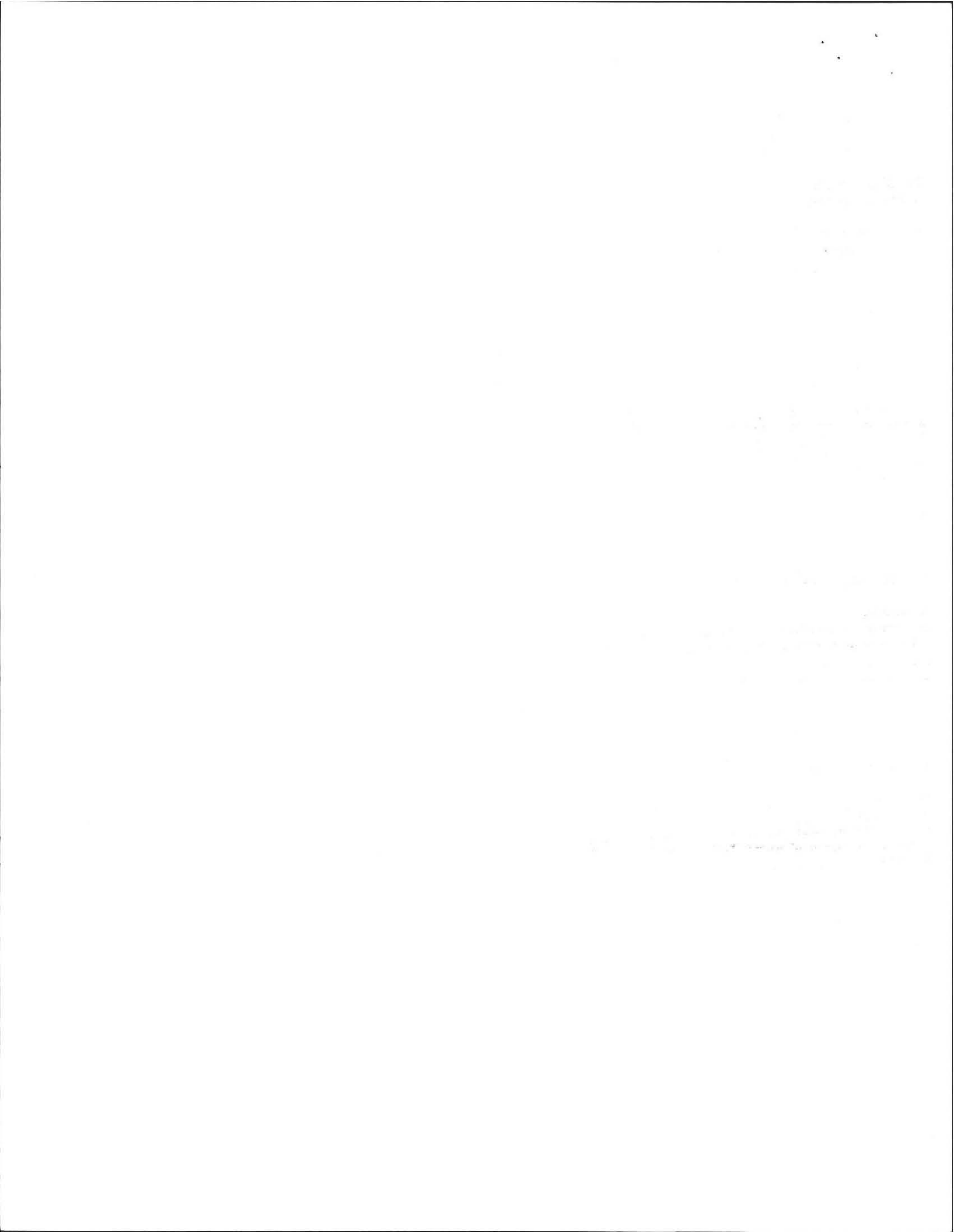
345  
System pumped as part of inspection: (yes or no) \_\_\_\_\_  
If yes, volume pumped: 1200 gallons  
Reason for pumping: \_\_\_\_\_

**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: 31 years

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: 19 EIF Hill Rd.  
Owner: Seiford  
Date of Inspection: 10/11/00

**BUILDING SEWER:**  
(Locate on site plan)

Depth below grade: 24"  
Material of construction:  cast iron  40 PVC  other (explain) Orangeburg  
Distance from private water supply well or suction line 10'±  
Diameter 4"  
Comments: (condition of joints, venting, evidence of leakage, etc.)

**SEPTIC TANK: Y**  
(locate on site plan)

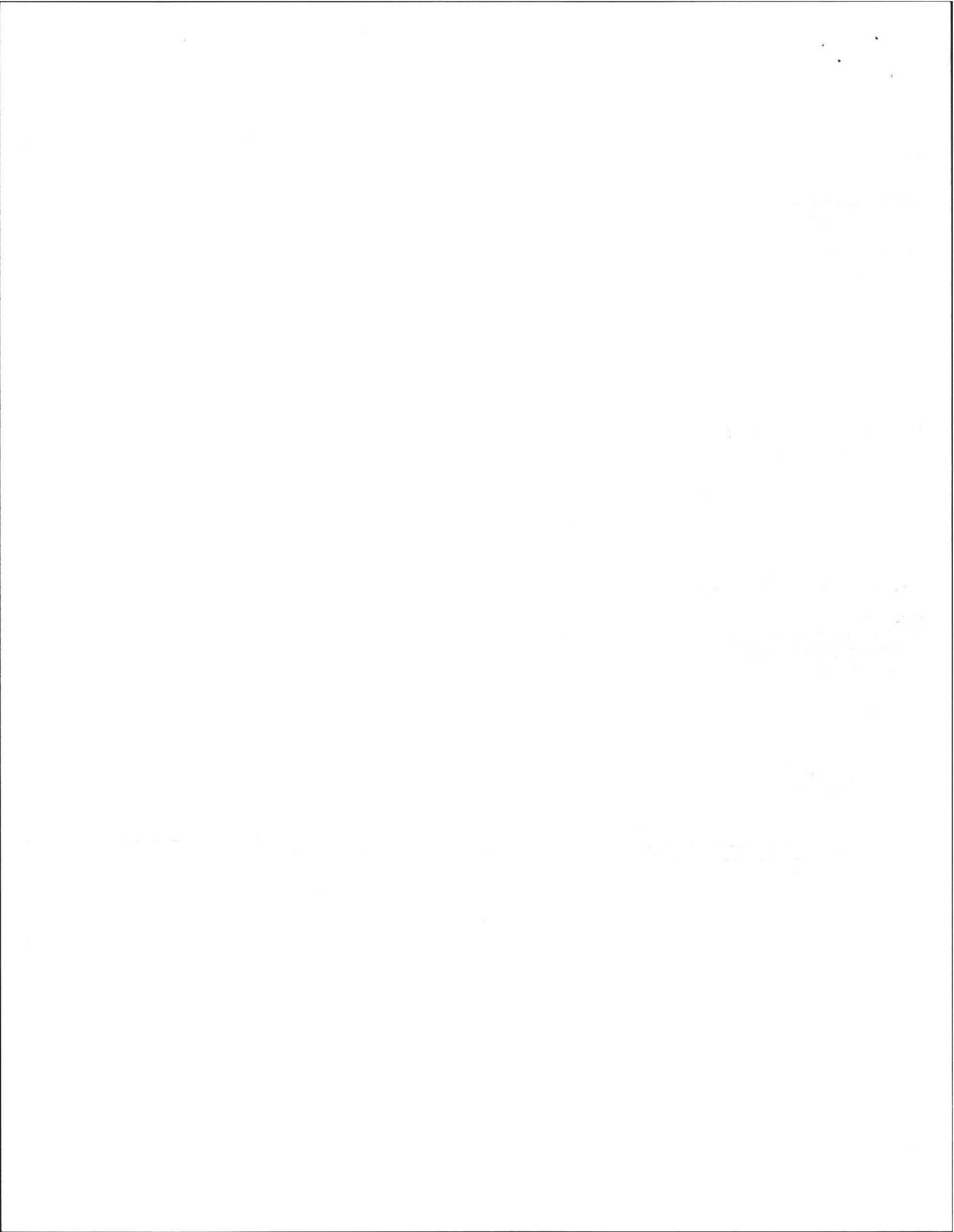
Depth below grade: 28"  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other(explain)  
If tank is metal, list age  Is age confirmed by Certificate of Compliance  (Yes/No)  
Dimensions: 10.0' x 4.5' x 5.0'  
Sludge depth: 4"  
Distance from top of sludge to bottom of outlet tee or baffle: 30"  
Scum thickness: 3"  
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: 10"  
How dimensions were determined: measured

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.) Baffles built in, OK construction. in corner, out corner

**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: 19 EIF Hill Rd.  
Owner: Seiford  
Date of Inspection: 10/11/00

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.)

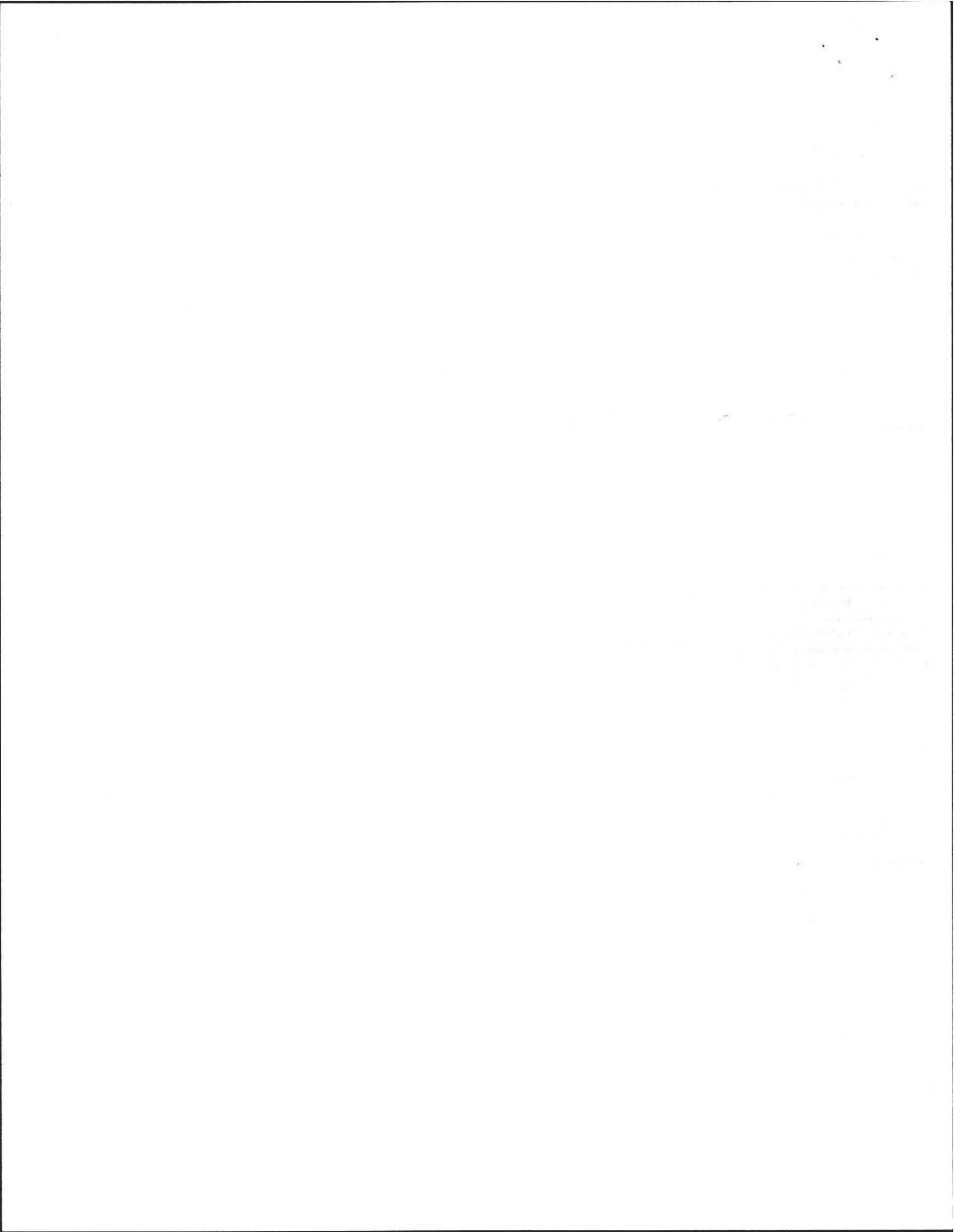
DISTRIBUTION BOX: Y  
(locate on site plan)

Depth of liquid level above outlet invert: Full at box

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)  
Sides + Top Corroded + broken; Full of Sludge. (carryover)

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: 19 EIF Hill Rd.  
Owner: Seiford  
Date of Inspection: 10/11/00

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) 18' x 28' installed 1969.  
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.)

Failure at D box. Full of liquid + sludge, stone block + saturated.

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.)

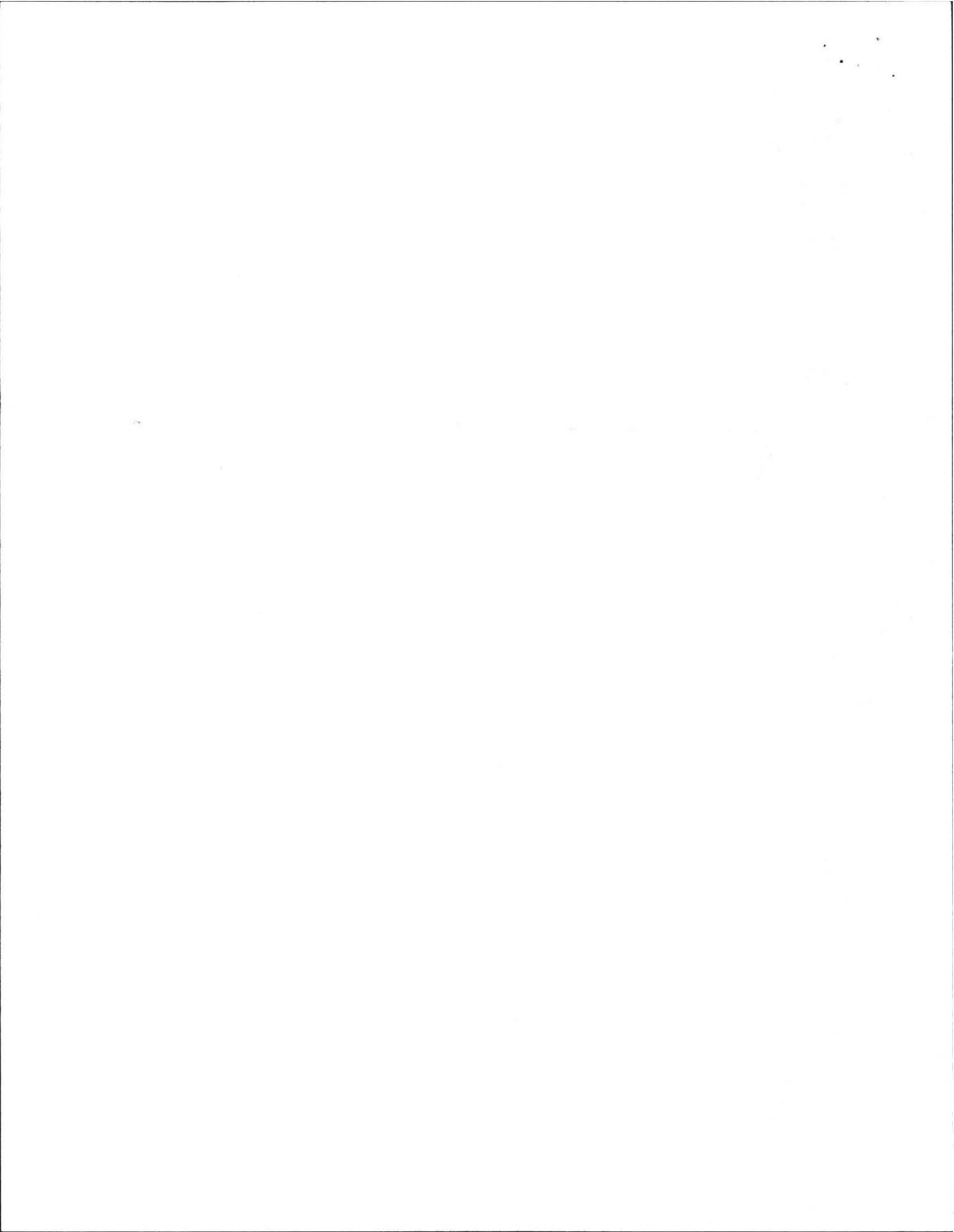
PRIVY: \_\_\_\_\_

(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.)

\_\_\_\_\_  
\_\_\_\_\_



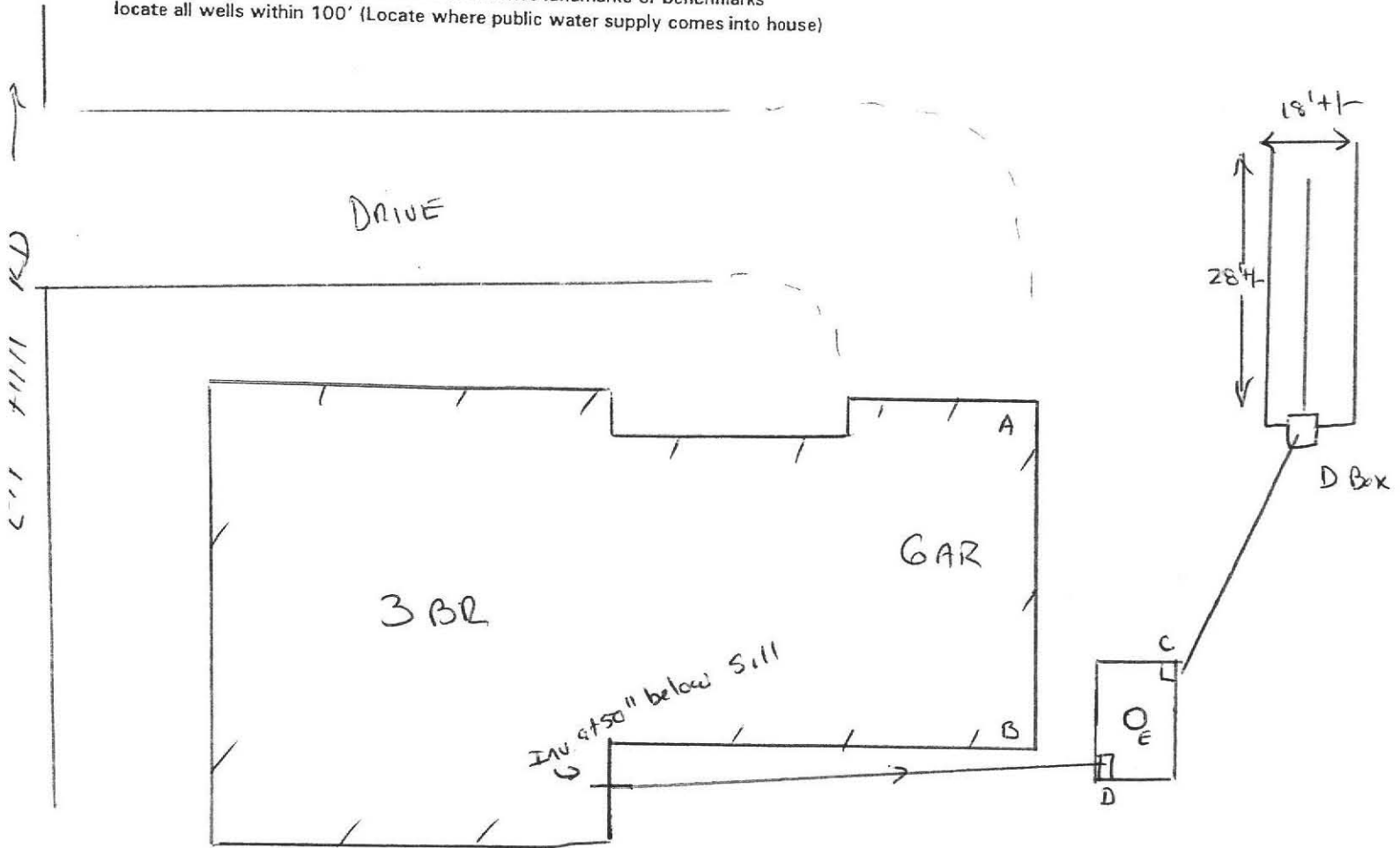


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

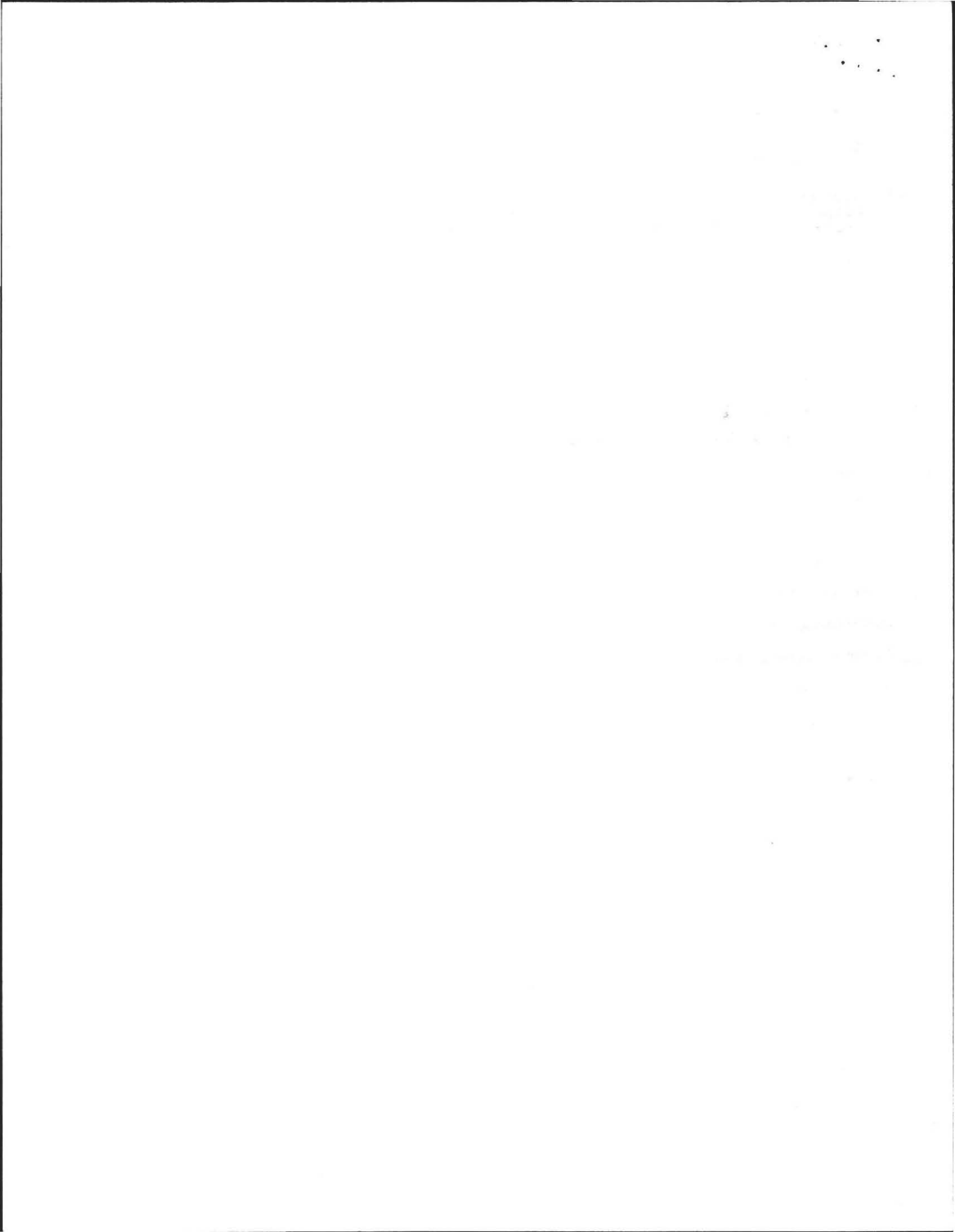
Property Address: 19 Elf Hill  
 Owner: Seiford  
 Date of Inspection: 10/11/00

**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)



- |                |                    |
|----------------|--------------------|
| AC - 17' - 10" | A - D Box 47' - 4" |
| AE - 20' - 9"  | B D Box 33' - 3"   |
| AD - 21' - 3"  |                    |
| BD 9' - 3"     |                    |
| BE 6' - 6"     |                    |
| BC 10' - 6"    |                    |



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

Property Address: 19 EIF Hill  
Owner: Seiford  
Date of Inspection: 10/11/00

NRCS Report name \_\_\_\_\_  
Soil Type \_\_\_\_\_  
Typical depth to groundwater \_\_\_\_\_

USGS Date website visited \_\_\_\_\_  
Observation Wells checked \_\_\_\_\_  
Groundwater depth: Shallow \_\_\_\_\_ Moderate \_\_\_\_\_ Deep \_\_\_\_\_

SITE EXAM Slope \_\_\_\_\_  
Surface water \_\_\_\_\_  
Check Cellar \_\_\_\_\_  
Shallow wells \_\_\_\_\_

Estimated Depth to Groundwater 6 1/2 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)

Local TOPo + Vegetation

