

41 ELF Hill

Knapp/Hy





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

RECEIVED JUL 16 1998

WILLIAM F. WELD  
 Governor

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 Commission

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
 PART A  
 CERTIFICATION

Property Address: 41 Elphinstall Rd Address of Owner:  
 Date of Inspection: 7/9/98 (If different)  
 Name of Inspector: John C. NATOLSKI

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)

Company Name: Eagle Inspections -  
 Mailing Address: PO Box 136  
 Telephone Number: AQUIN MASS  
789-0951 01001

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: John C. Natolski Date: 7/9/98

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.

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 conforming septic tank as approved by the Board of Health.

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

Property Address:  
Owner:  
Date of Inspection:

41 Elf Hill Rd.  
Glenn  
7/9/98

**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                       |  |
|--------------------------|--------------------------|--|
| <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 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:**

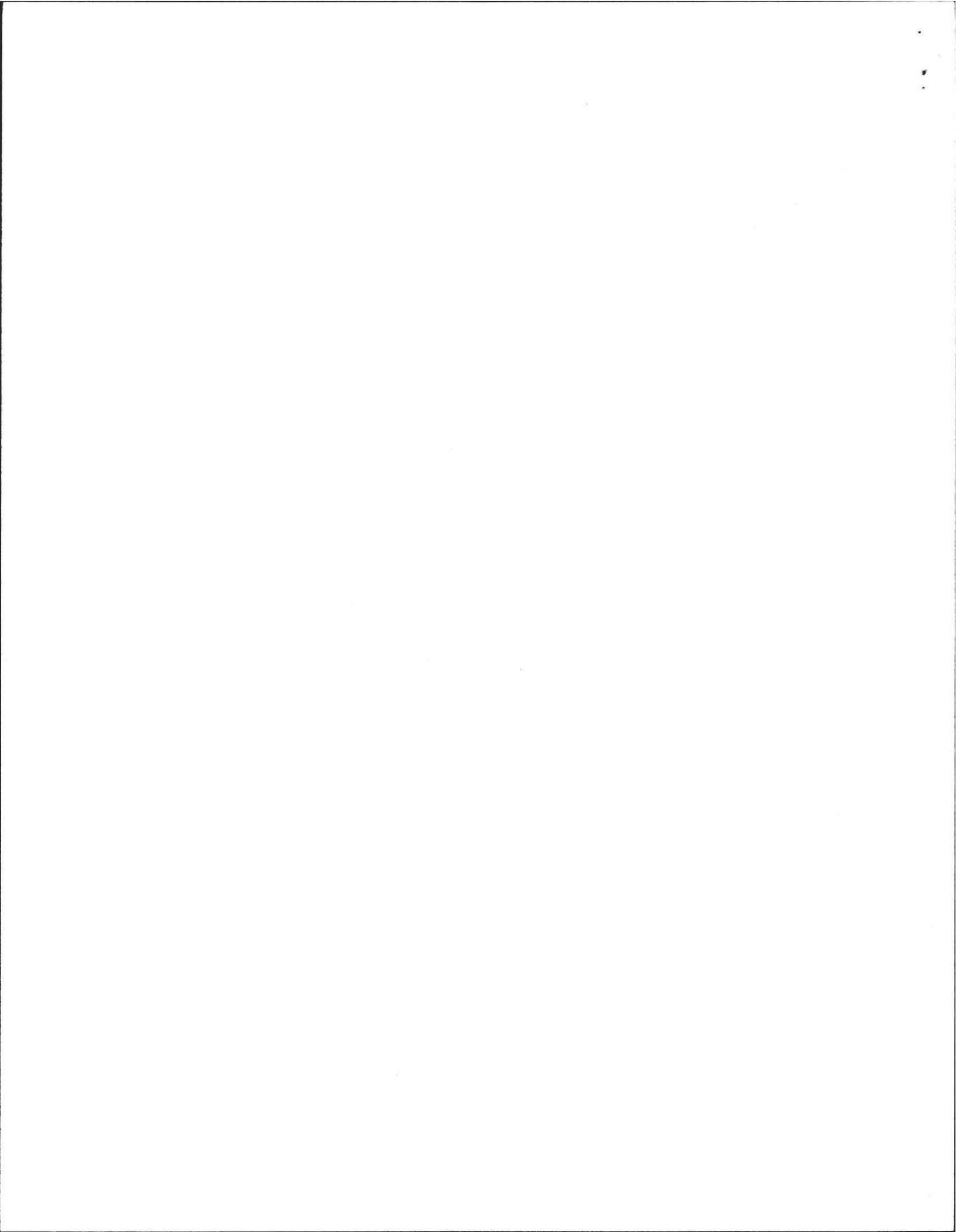
You must indicate either "Yes" or "No" as to each of the following:

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                       |   |
|--------------------------|--------------------------|---|
| <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 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:  
Owner:  
Date of Inspection:

41 Elf Hill Rd  
Stenn  
7/9/98

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 type="checkbox"/>            | <input checked="" type="checkbox"/> | 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 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 type="checkbox"/>            | <input checked="" 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.                        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The size and location of the Soil Absorption System on the site has been determined based on:<br>The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance Sub-Surface Disposal System. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. Ex. Plan at B.O.H.   |
| <input 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)]   |





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address:  
Owner:  
Date of Inspection:

41 Elf Hill Rd  
Sleem  
7/9/98

FLOW CONDITIONS

RESIDENTIAL:

Design flow: \_\_\_\_\_ g.p.d./bedroom for S.A.S.

Number of bedrooms: 3

Number of current residents: 2

Garbage grinder (yes or no): yes

Laundry connected to system (yes or no): yes

Seasonal use (yes or no): NO

Water meter readings, if available (last two (2) year usage (gpd): N/A

Sump Pump (yes or no): NO

Last date of occupancy: current

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:

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

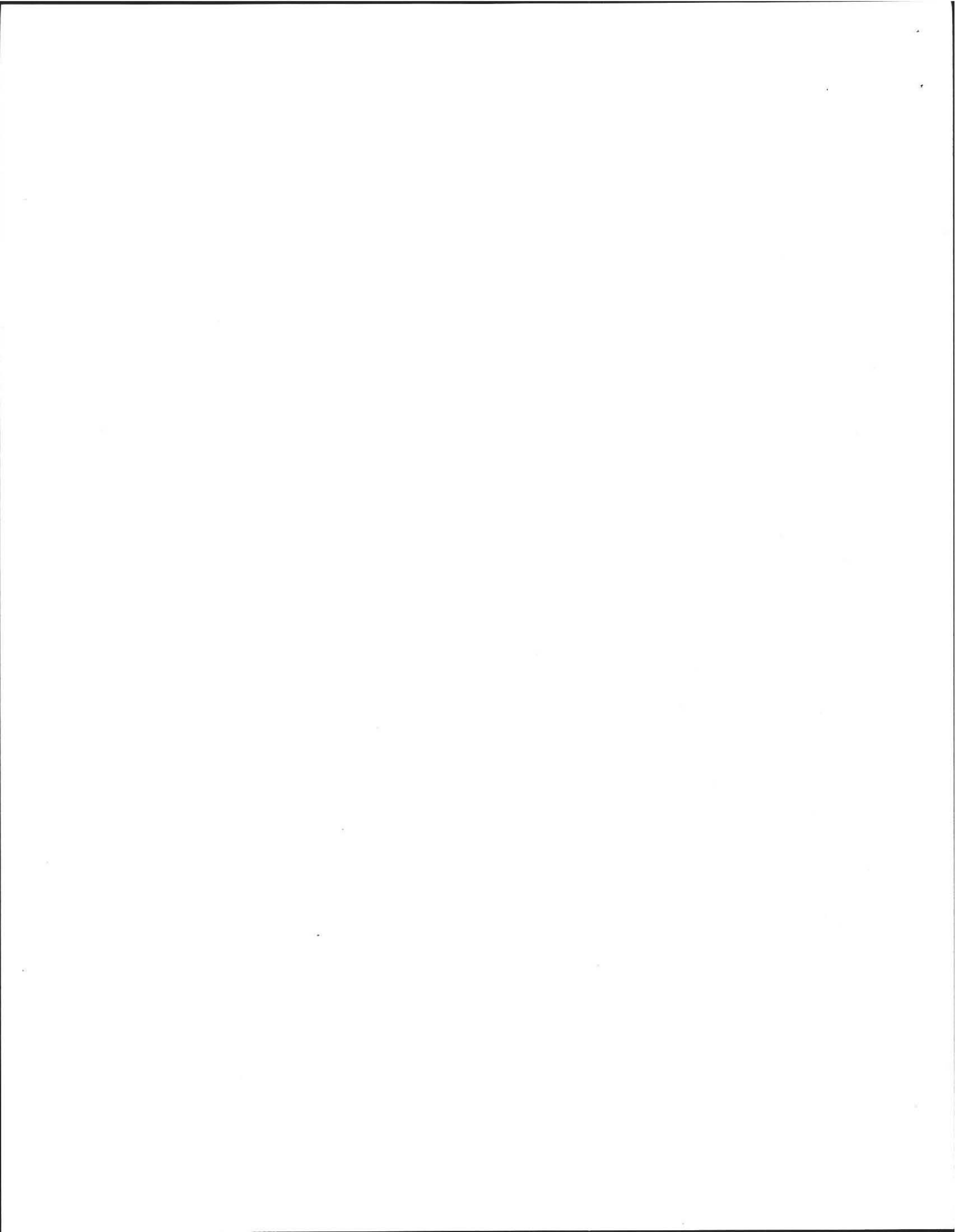
Shared system (yes or no) (if yes, attach previous inspection records, if any)

I/A Technology etc. Copy of up to date contract?

Other \_\_\_\_\_

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1995 as per Record

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:  
Owner:  
Date of Inspection:

BUILDING SEWER:  
(Locate on site plan)

Depth below grade: 24"  
Material of construction:  cast iron  40 PVC  other (explain)

Distance from private water supply well or suction line 30' +  
Diameter 4"

Comments: (condition of joints, venting, evidence of leakage, etc.)

all joints, venting were fine no signs of leakage

SEPTIC TANK:  
(locate on site plan)

Depth below grade: 20"  
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: 5' X 10' X 5'

Sludge depth: 1"

Distance from top of sludge to bottom of outlet tee or baffle: 35"

Scum thickness: 0-1"

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: 24"

How dimensions were determined: sludge stick

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.)

both baffles functional water level equal to the bottom of the outlet invert tank with structural sound.

GREASE TRAP:  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other(explain)

Dimensions: \_\_\_\_\_

Scum thickness: \_\_\_\_\_

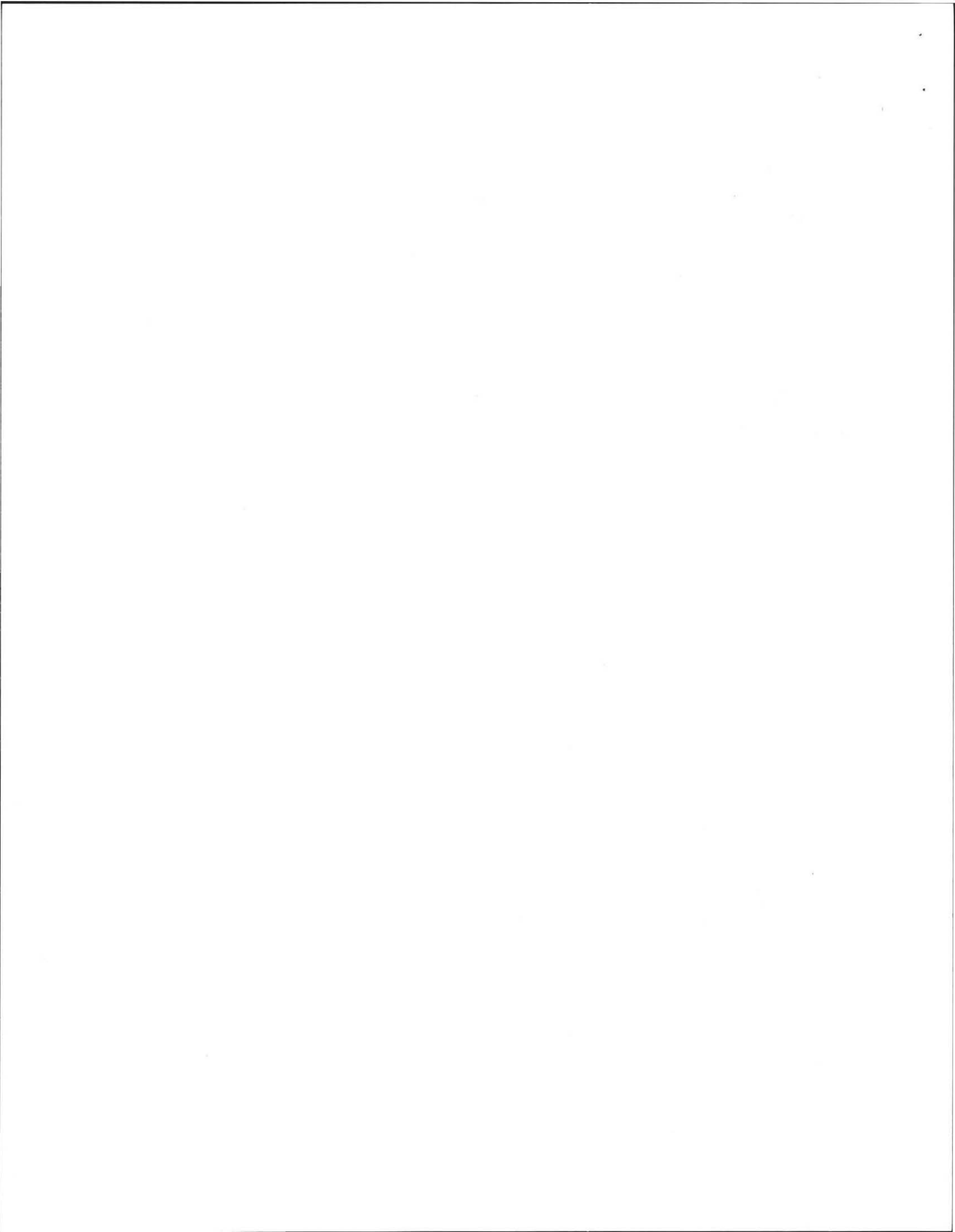
Distance from top of scum to top of outlet tee or baffle: \_\_\_\_\_

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:  
Owner:  
Date of Inspection:

41 Elm Hill Rd  
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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 level: \_\_\_\_\_ Alarm in working order  Yes;  No  
Date of previous pumping: \_\_\_\_\_  
Comments:  
(condition of inlet tee, condition of alarm and float switches, etc.)

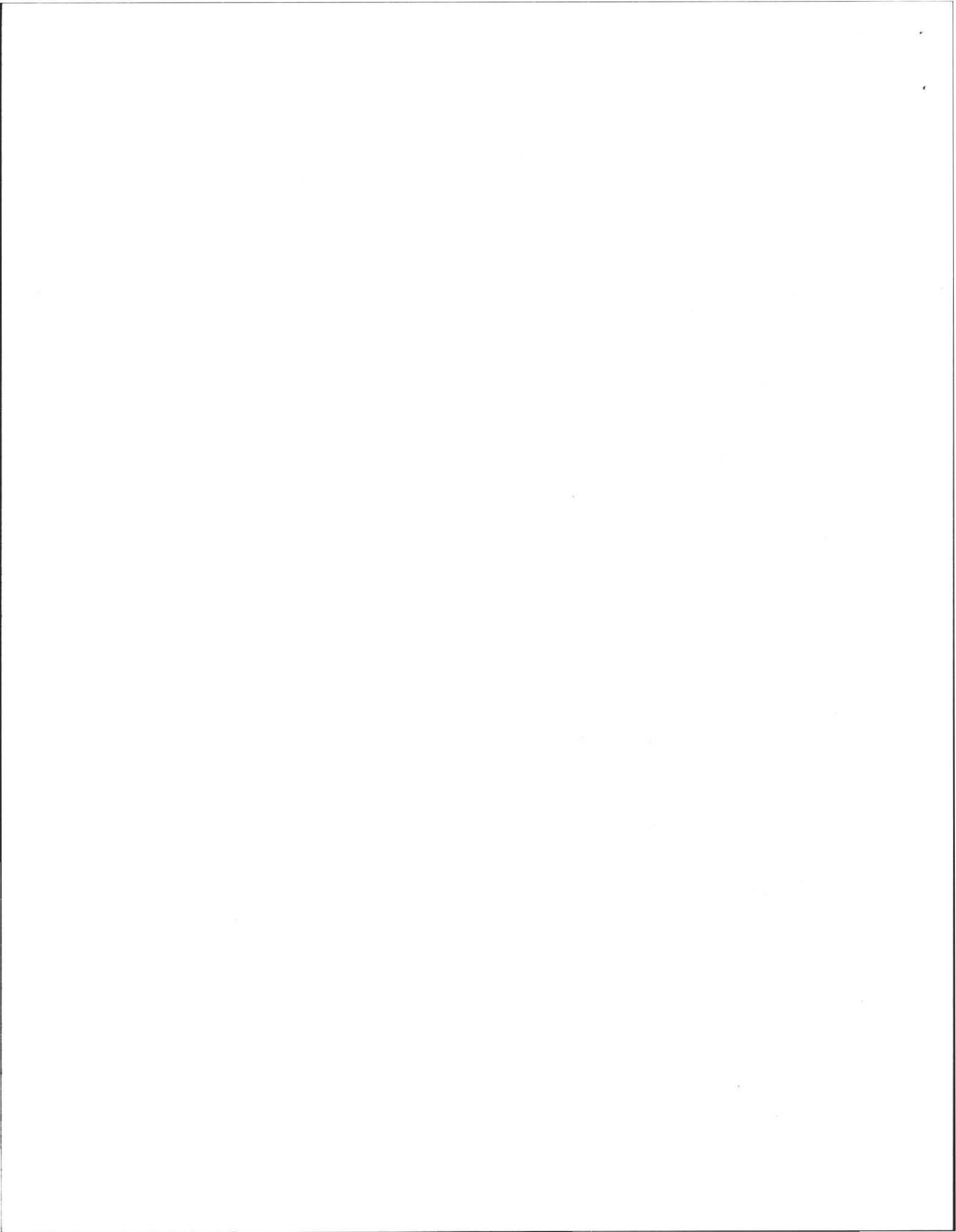
DISTRIBUTION BOX: \_\_\_\_\_  
(locate on site plan)

Depth of liquid level above outlet invert: Equal

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)  
distribution was equal no signs of carryover  
box was structural sound

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: 41 Elf Hill Rd  
Owner: Glenn  
Date of Inspection: 7/9/98

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: 3-50'  
leaching fields, number, dimensions: \_\_\_\_\_  
overflow cesspool, number: \_\_\_\_\_  
Alternative system: \_\_\_\_\_  
Name of Technology: \_\_\_\_\_

Comments:

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

all soil conditions 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:

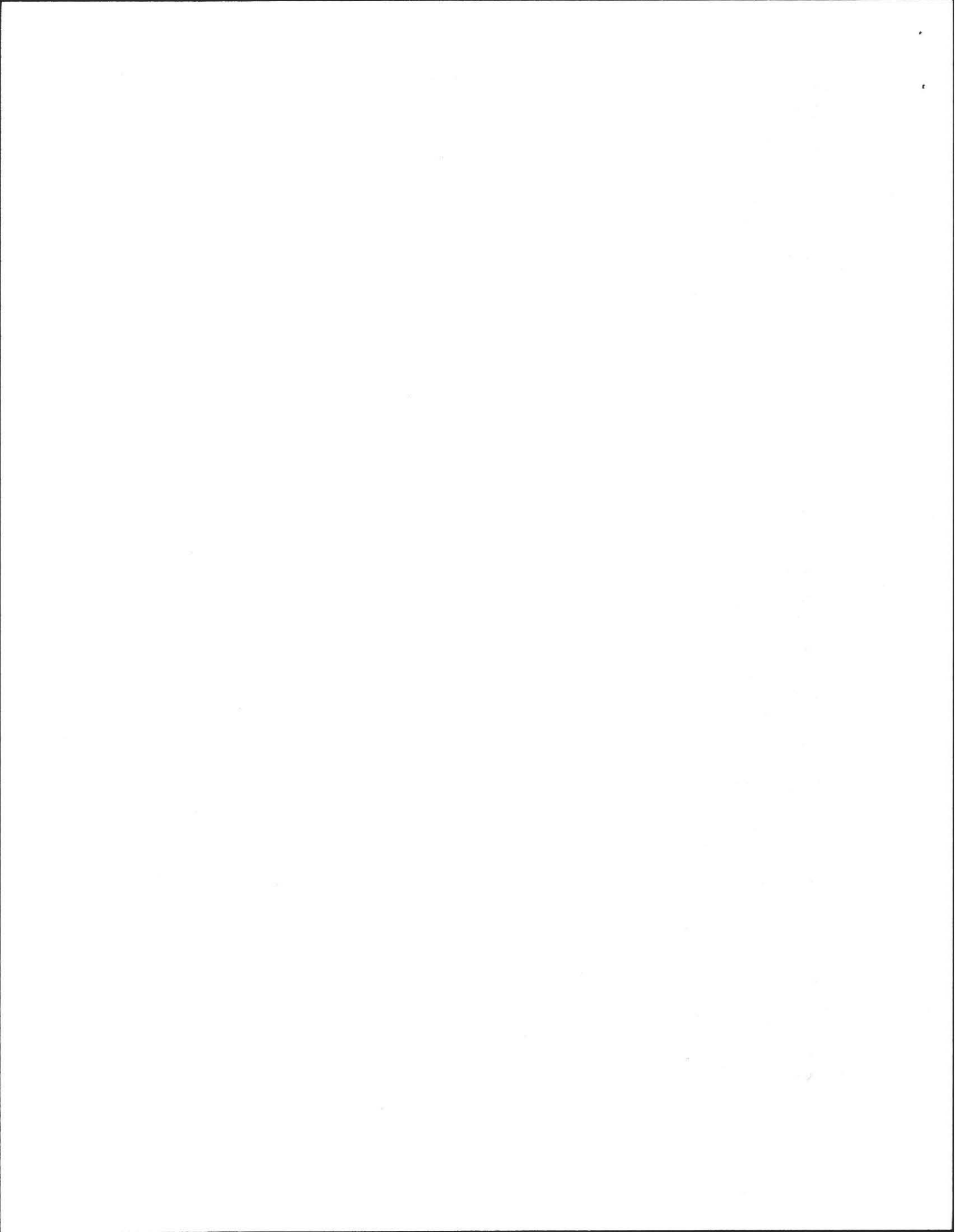
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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.)



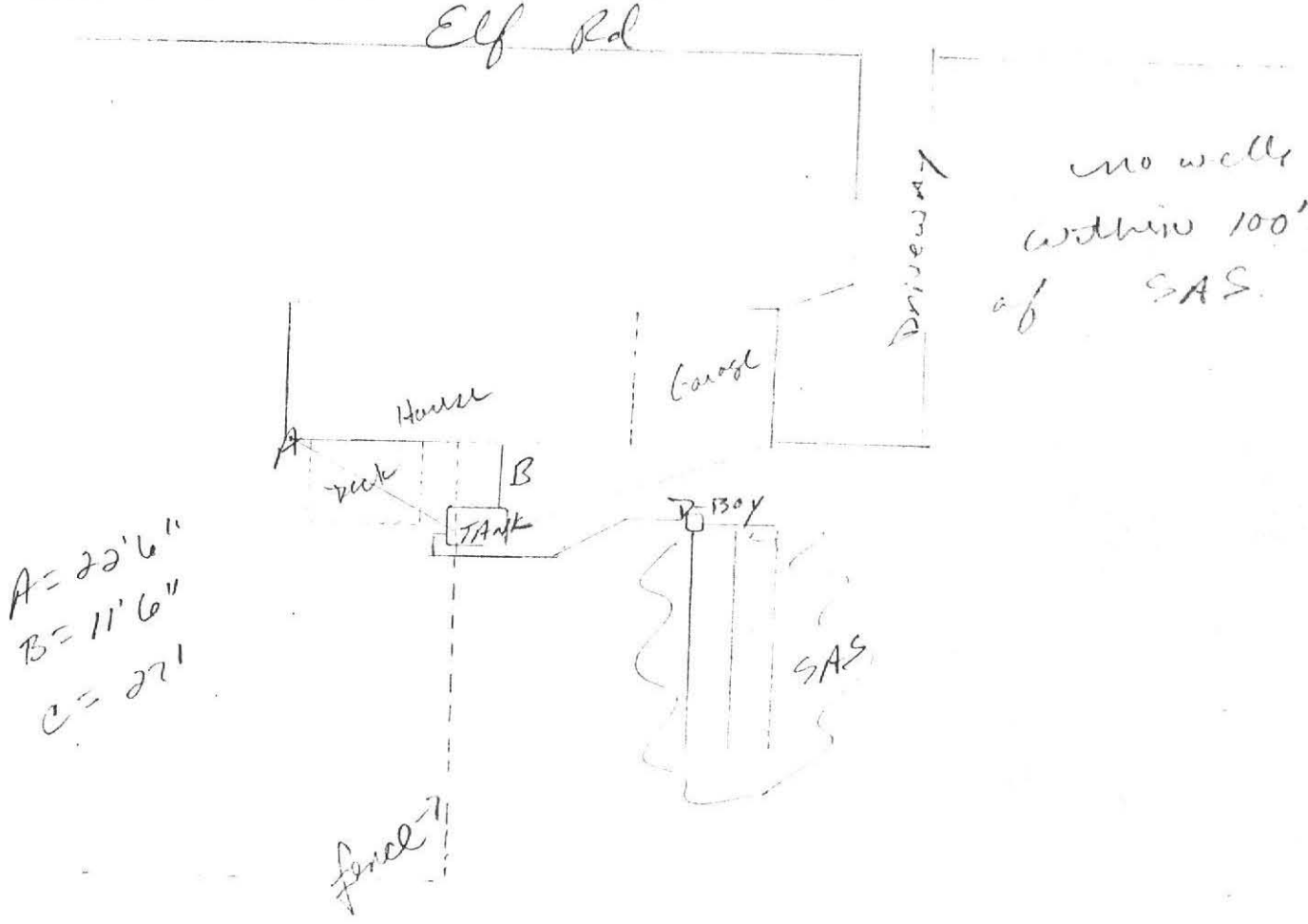


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

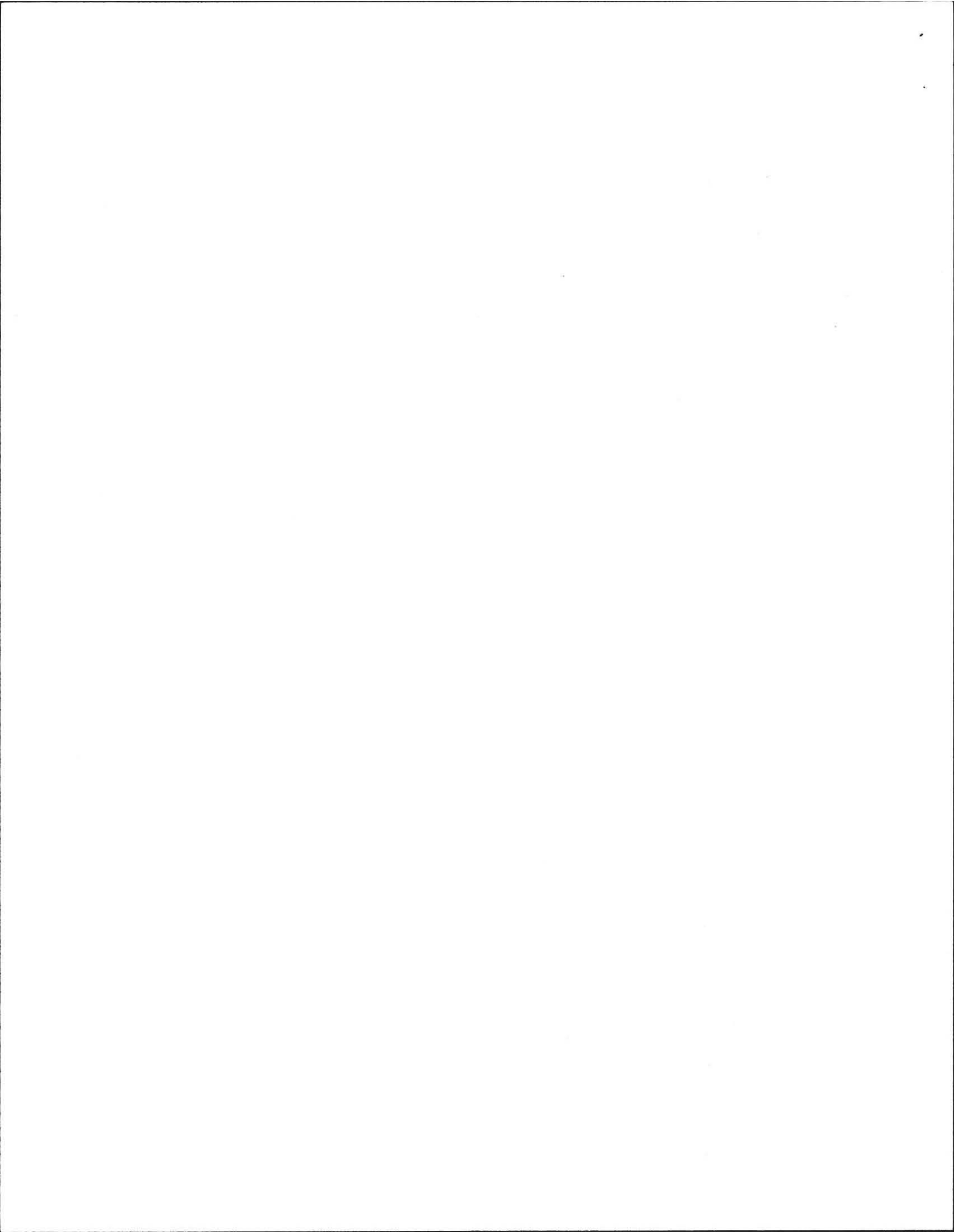
Property Address: 41 Elf Hill Rd  
 Owner: Glenn  
 Date of Inspection: 7/2/98

**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)



To all parties concerned with this report. This inspection carries no warranties or guarantees. The condition's of this system may change due to maintenance, elements of the weather, number of occupants ect. ect. and respect for the system. These systems do not last forever. This is a limited inspection only, intended to provide information concerning the physical condition observed at the time of the visual inspection. Again this is not a general warranty or guarantee.



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

Property Address:  
Owner:  
Date of Inspection:

71 Elf Hill Rd  
Blenn  
7/9/98

Depth to Groundwater 8.5 Feet

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)

Dug Test Hole at 8' in ground water

