

ELF HILL ROAD



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED
9/24/07

52 ELF HILL ROAD

Property Address

BRIAN DAVIS

Owner's Name

AMHERST

City/Town

MASS

State

01002

Zip Code

APRIL 6, 2007

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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



A. General Information

1. Inspector:

NATHAN TORRETTI

Name of Inspector

CLEAN SEPTICS

Company Name

252 WEST STREET

Company Address

LUDLOW

City/Town

MASS.

State

01056

Zip Code

413 583 2138

FAX # 413 589 1140

Telephone Number

License Number

B. Certification

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

- Passes Conditionally Passes Fails
- Needs Further Evaluation by the Local Approving Authority

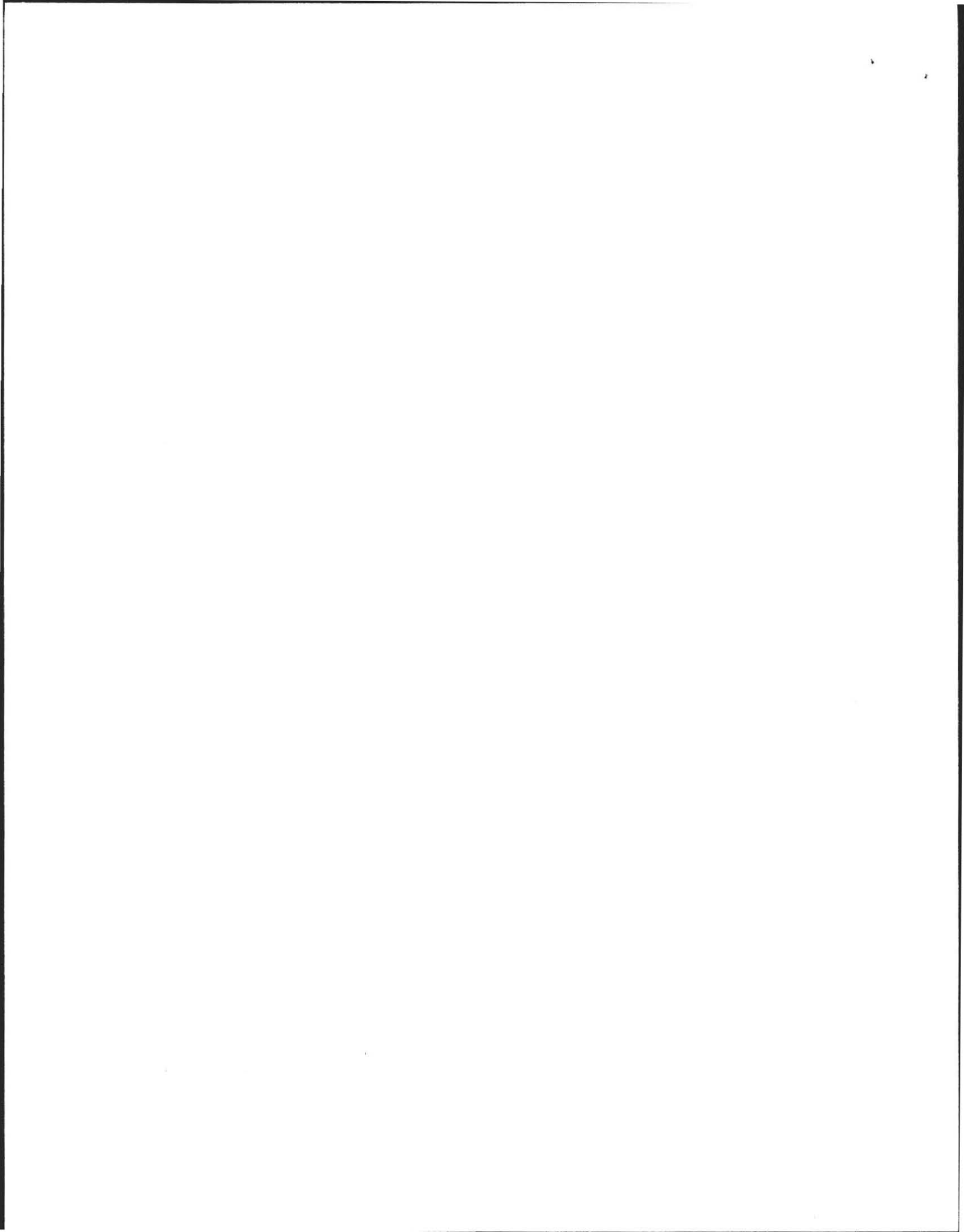
Nathan Torretti
Inspector's Signature

APRIL 6, 2007

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

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





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

B. Certification (cont.)

A) System Passes:

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

Comments:

RECOMMEND PUMPING EVERY YEAR, RECOMMED INSTALLING OUTLET FILTER, RECOMMEND ADDING CCLS BACTERIA TO TOILET ONCE A MONTH

B) System Conditionally Passes:

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

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

- The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

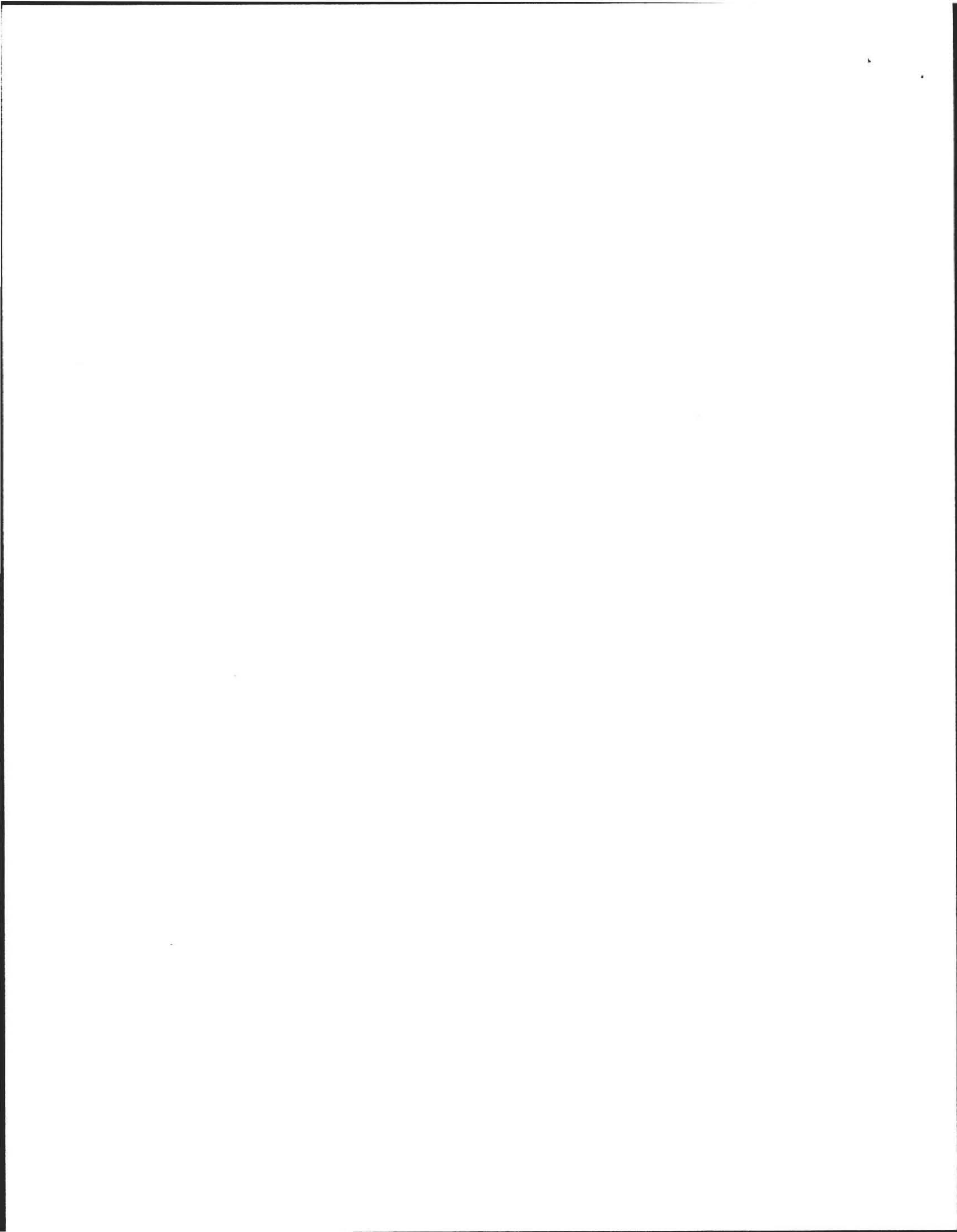
* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

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

broken pipe(s) are replaced

obstruction is removed





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- checkbox distribution box is leveled or replaced

ND Explain:

- checkbox The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- checkbox broken pipe(s) are replaced

- checkbox obstruction is removed

ND Explain:

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

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

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

- checkbox Cesspool or privy is within 50 feet of a surface water

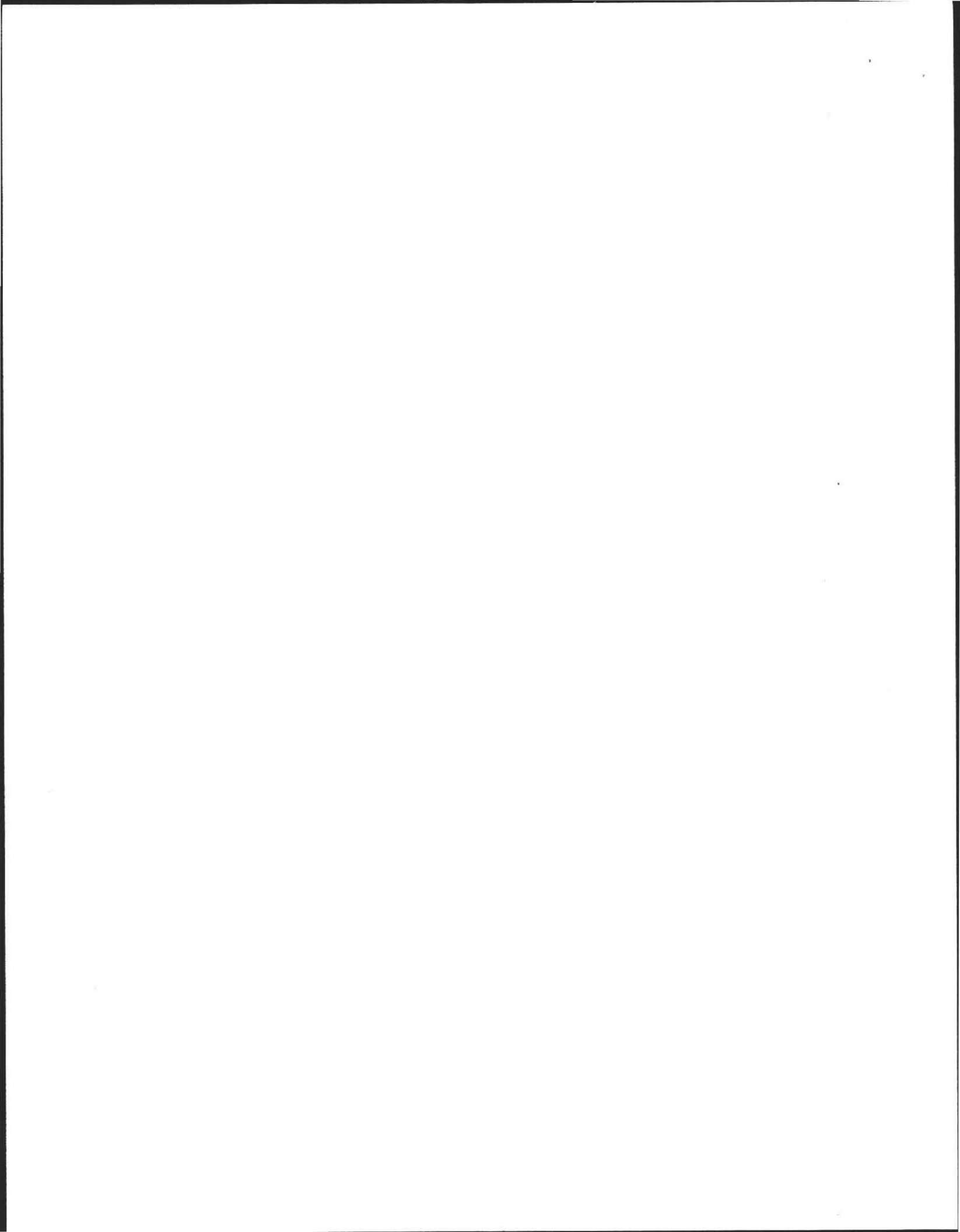
- checkbox Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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

- checkbox 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.

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

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





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B. Certification (cont.)

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

- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance:

** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

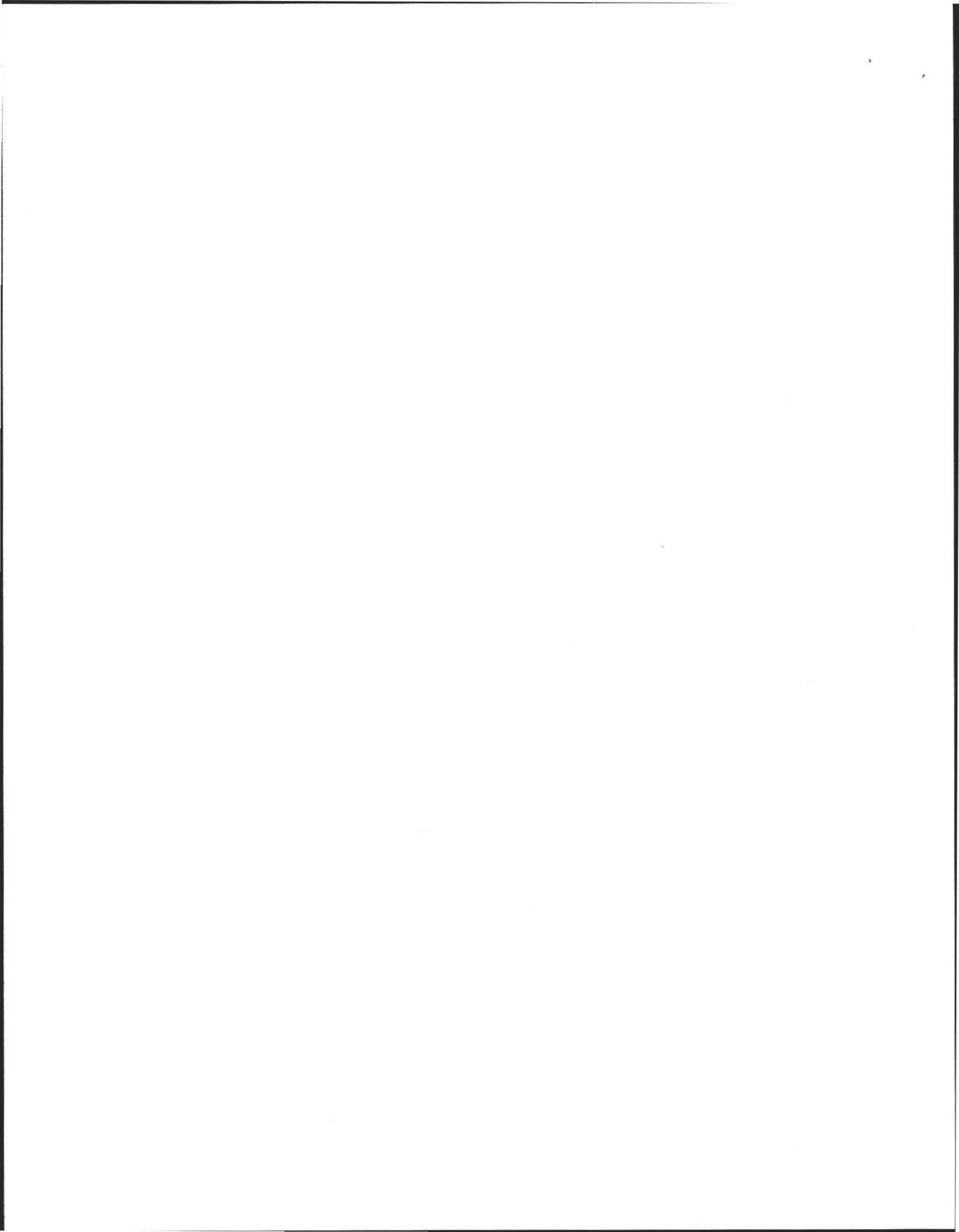
3. Other:

Three horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- Yes No Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
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 SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.





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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

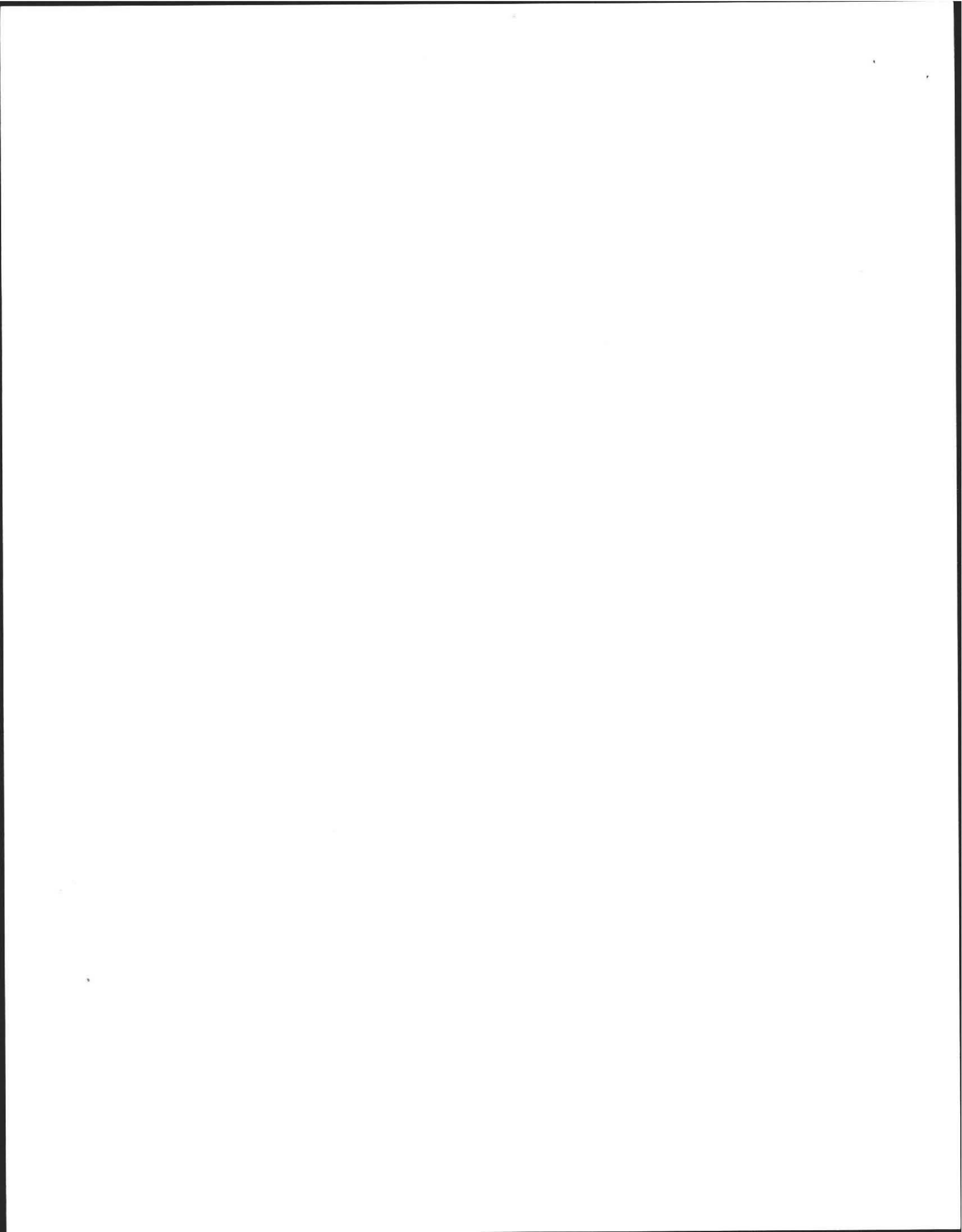
- Yes No
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis.
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- Yes No
the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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





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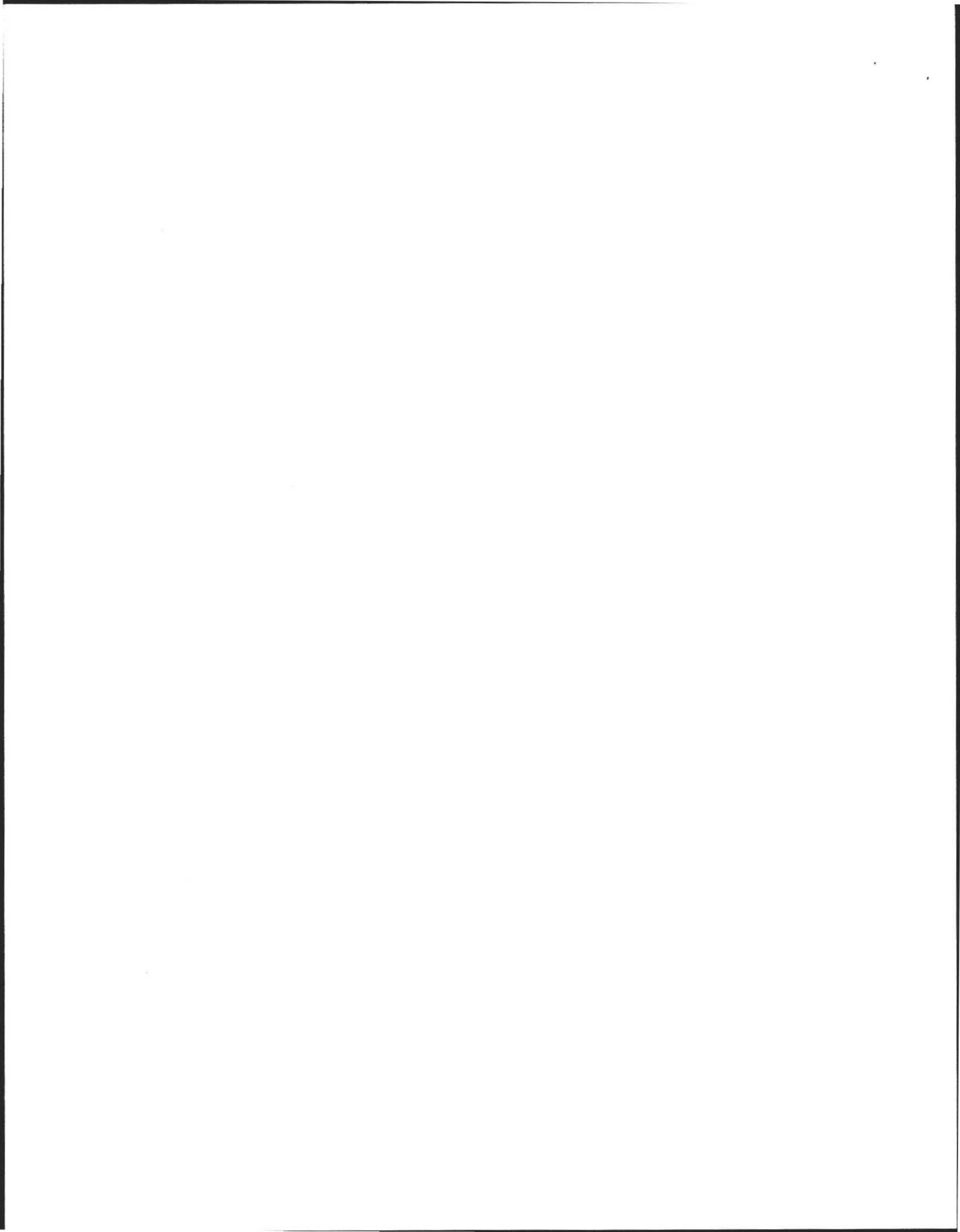
C. Checklist

Check if the following have been done. You **must** indicate "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"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? |

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

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <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) [310 CMR 15.302(5)] |





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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): _____ Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____

Number of current residents: 3

Does residence have a garbage grinder? [] Yes [X] No

Is laundry on a separate sewage system? [if yes separate inspection required] [] Yes [X] No

Laundry system inspected? [] Yes [] No

Seasonal use? [] Yes [X] No

Water meter readings, if available (last 2 years usage (gpd)): TOWN WATER

Sump pump? [] Yes [X] No

Last date of occupancy: PRESENT Date

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____ Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? [] Yes [] No

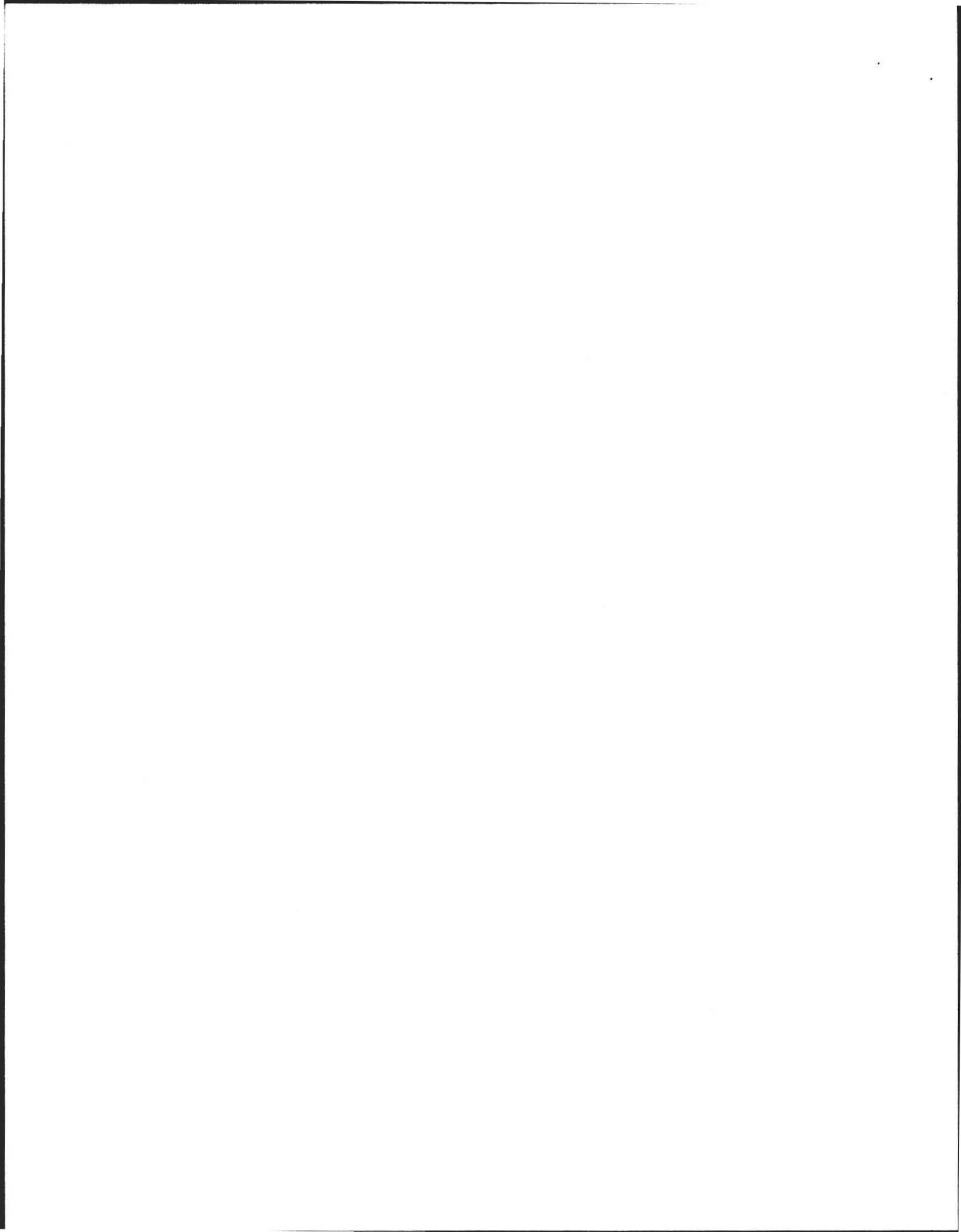
Industrial waste holding tank present? [] Yes [] No

Non-sanitary waste discharged to the Title 5 system? [] Yes [] No

Water meter readings, if available: _____

Last date of occupancy/use: _____ Date

Other (describe): _____





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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

NOT PUMPED AT LEAST FIVE YEARS

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1000

gallons

How was quantity pumped determined?

MEASURED

Reason for pumping:

MAINTENANCE DONE AFTER INSPECTION

Type of System:

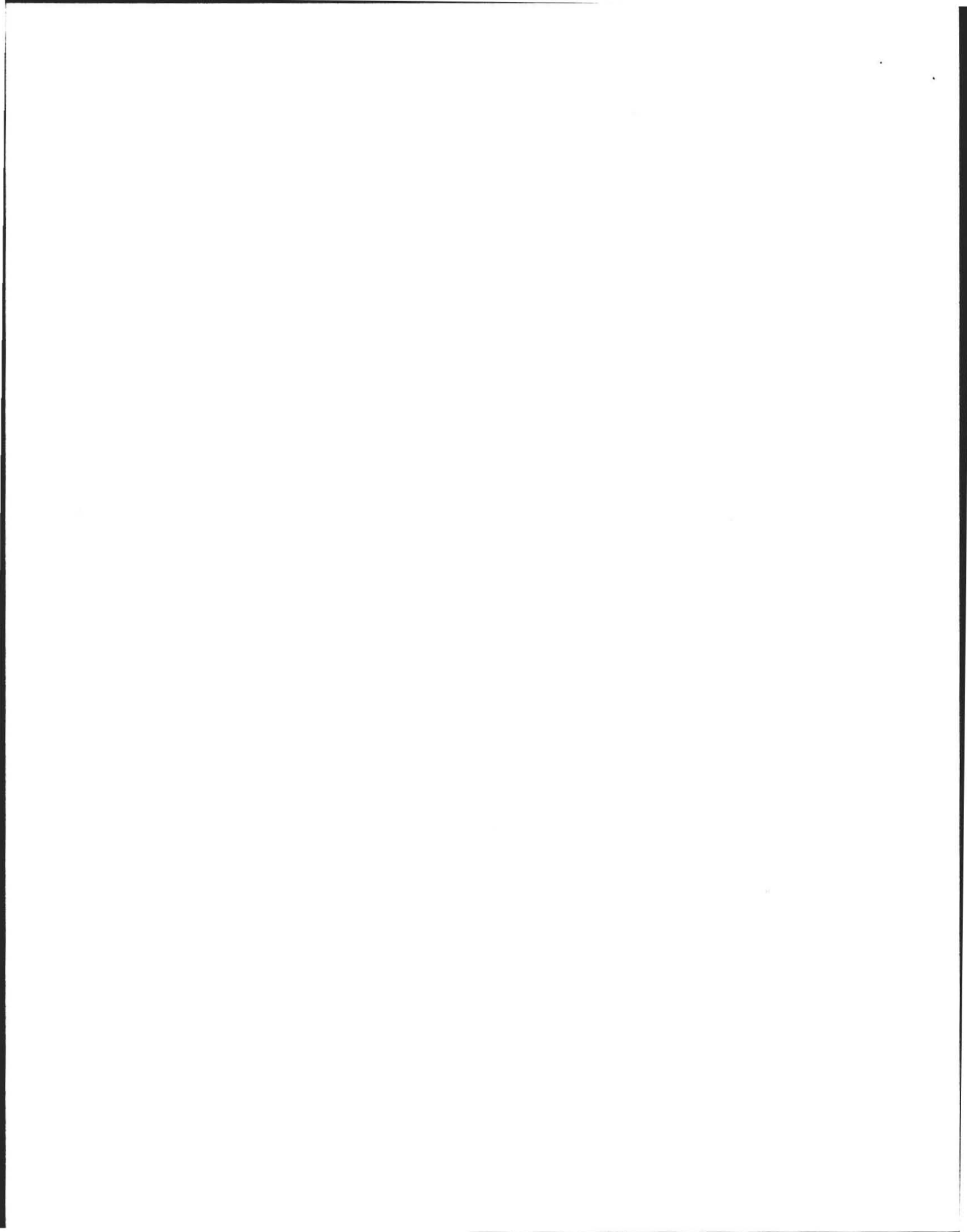
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):
unable to inspect cellar floor drain piped into utility sink, recommend abandoning /capping floor drain and re -pipe utility sink into the septic system

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

HOUSE WAS BUILT IN 1972, S. A. S. IS NOT AVAILABLE FOR AGE

Were sewage odors detected when arriving at the site?

Yes No





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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

feet

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

JOINTS AND VENTING APPEAR OK, NO LEAKS

Septic Tank (locate on site plan):

Depth below grade:

8"
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes No

Dimensions:

L 8' X W 5' X D 5'

Sludge depth:

8"

Distance from top of sludge to bottom of outlet tee or baffle

N/A

Scum thickness

4"

Distance from top of scum to top of outlet tee or baffle

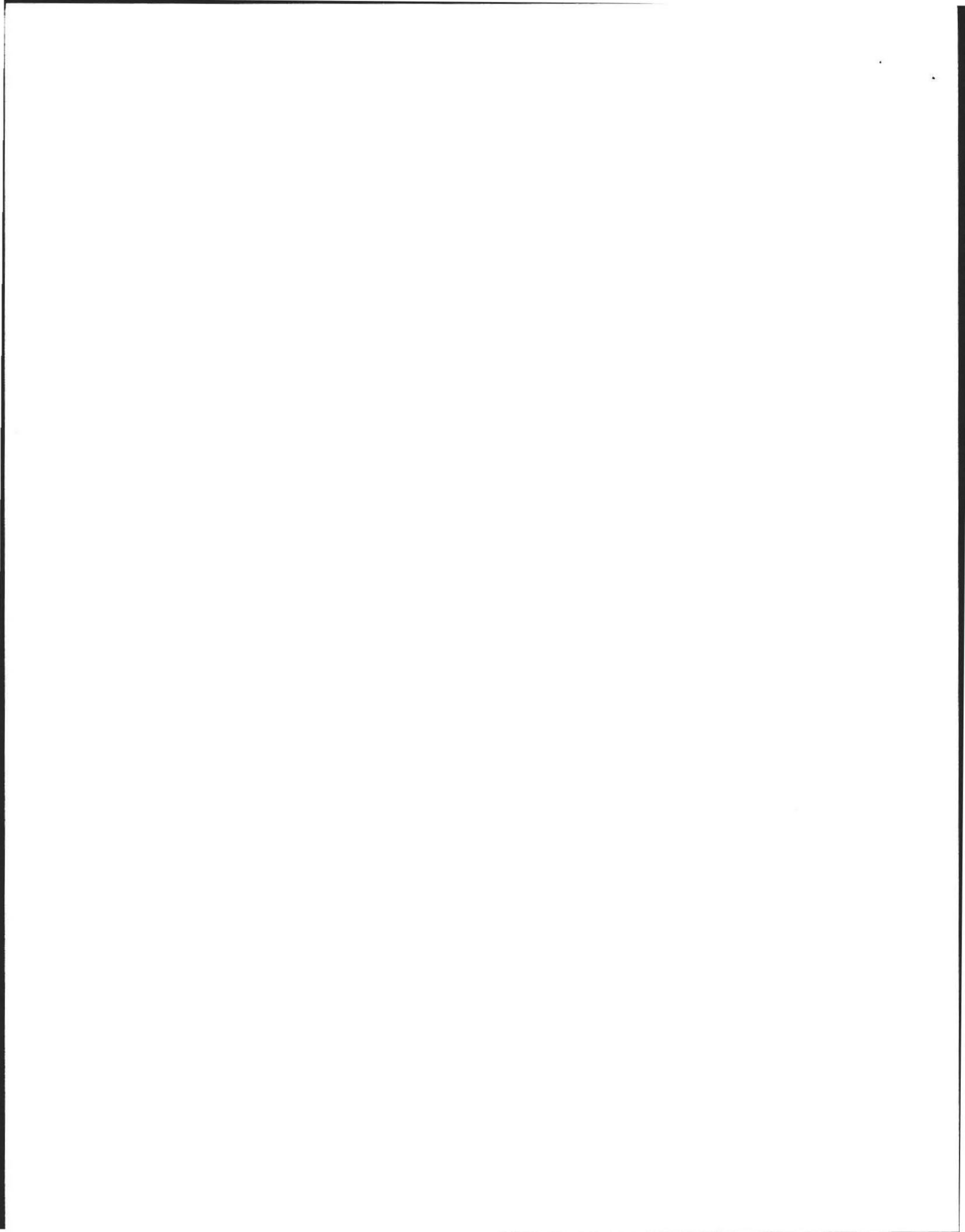
7"

Distance from bottom of scum to bottom of outlet tee or baffle

N/A

How were dimensions determined?

MEASURED





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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

RECOMMEND PUMPING EVERY YEAR, INLET & OUTLET TEE ARE IN GOOD WORKING CONDITION, BAFFLES OK, TANK IS STRUCTURALLY SOUND, LIQUID LEVELS OK, NO LEAKS

Grease Trap (locate on site plan):

Depth below grade:

feet

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:

Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

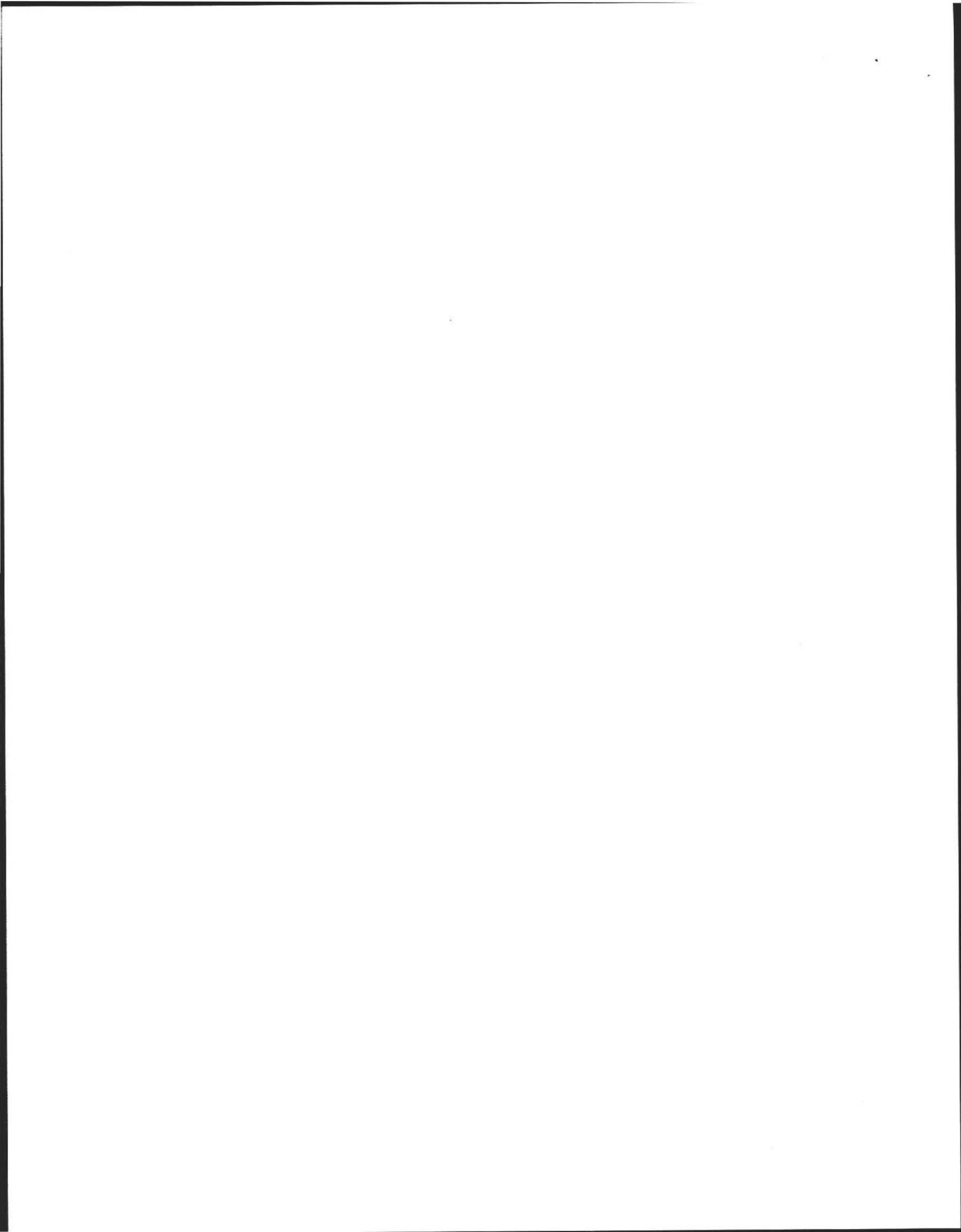
concrete

metal

fiberglass

polyethylene

other (explain):





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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day

Alarm present: _____

Yes No

Alarm level: _____

Alarm in working order: Yes No

Date of last pumping: _____

Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached?

Yes No

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert _____

0" D -BOX IS APPROXIMATELY 10" DEEP

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

D -BOX APPEARS TO BE IN GOOD WORKING CONDITION, DISTRIBUTION APPEARS EQUAL, NO LEAKS

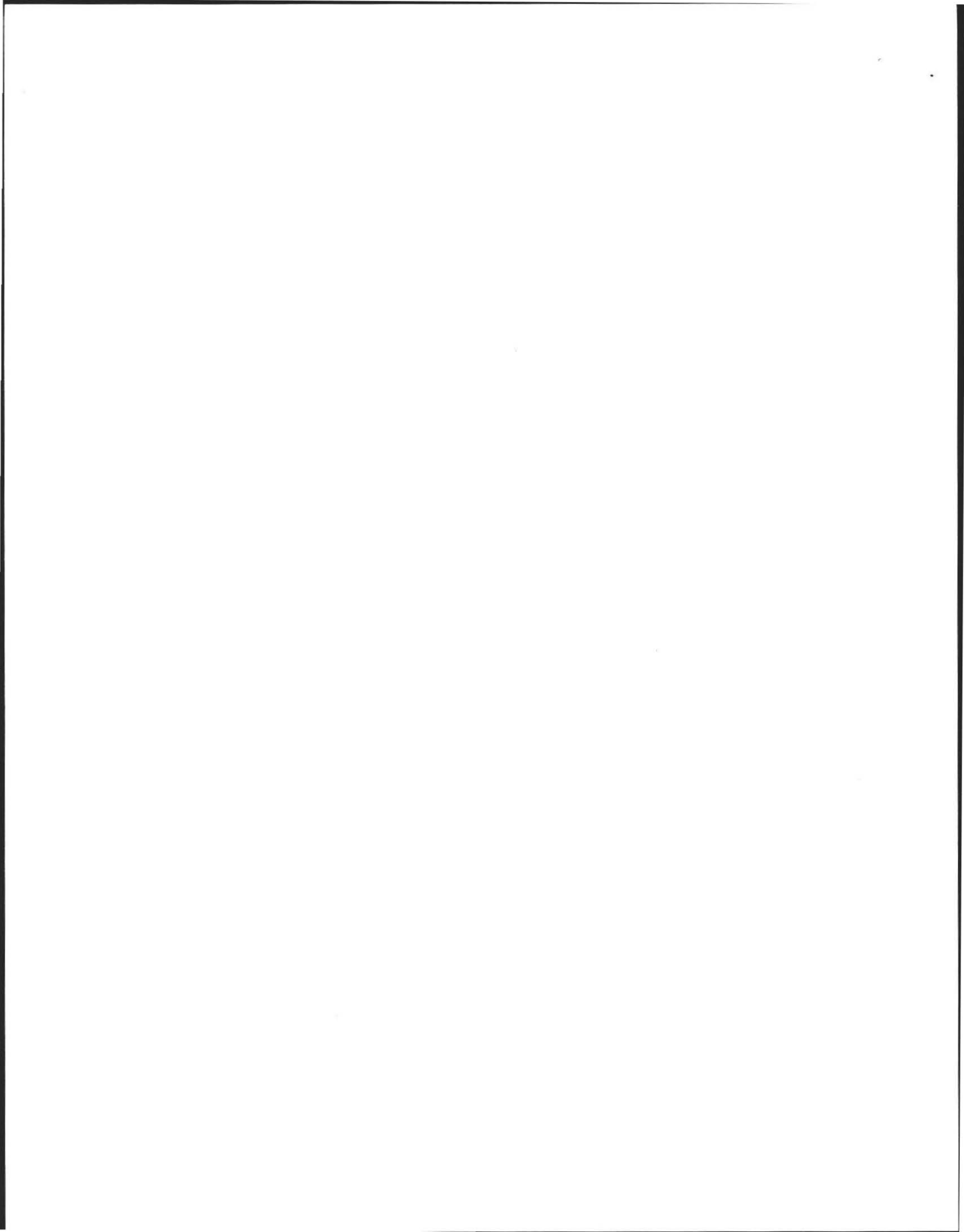
Pump Chamber (locate on site plan):

Pumps in working order: _____

Yes No

Alarms in working order: _____

Yes No





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D. System Information (cont.)

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

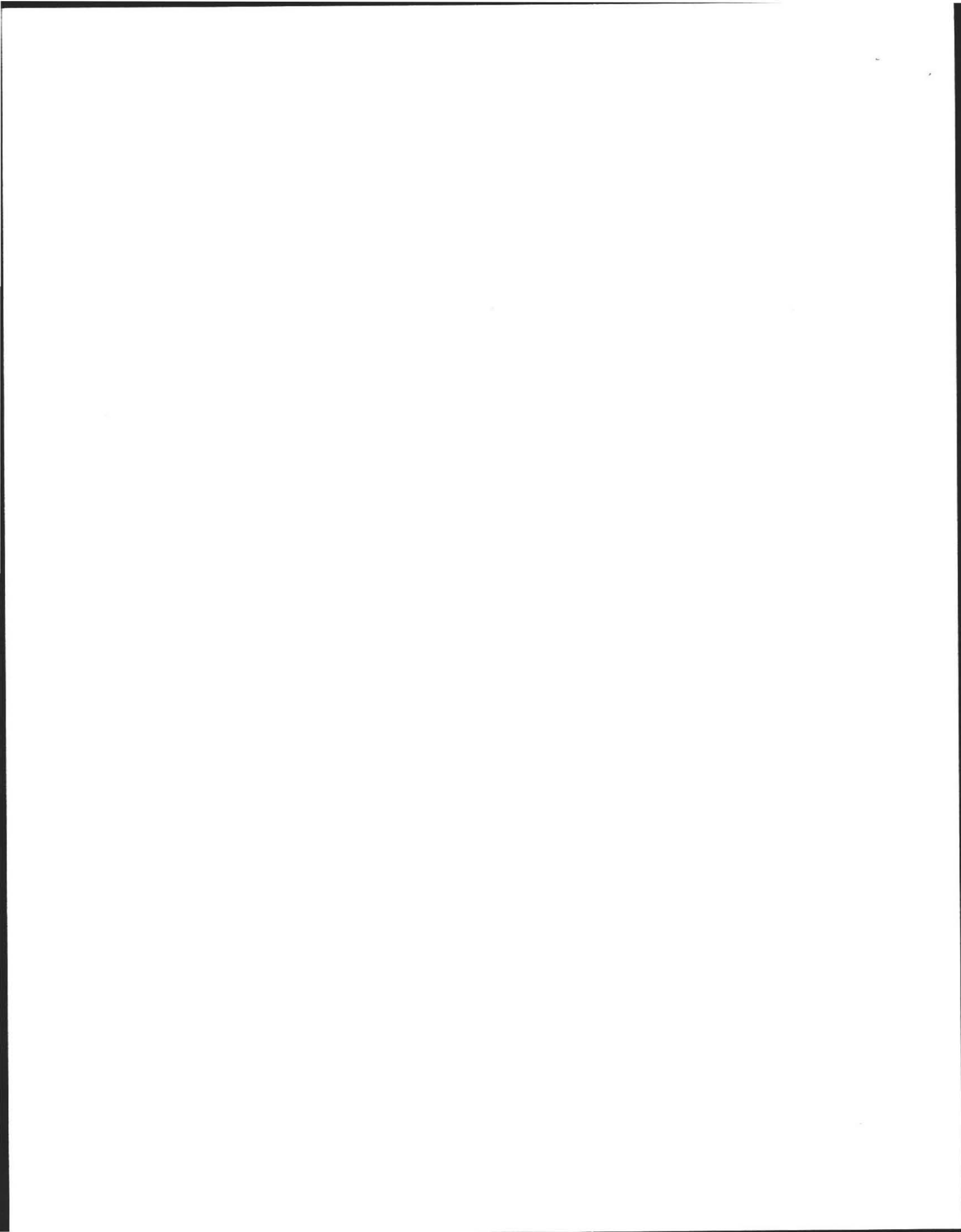
Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|-----------------------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input checked="" type="checkbox"/> | leaching fields | number, dimensions: | 4 LEACH LINES
OUT OF BOX |
| <input type="checkbox"/> | overflow cesspool | number: | APPROXIMATELY
15' LONG |
| <input type="checkbox"/> | innovative/alternative system | | |

Type/name of technology: _____

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

NO SIGNS OF HYDRAULIC FAILURE, SOIL AND VEGETATION APPEAR OK





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D. System Information (cont.)

Cesspools (cesspool must be pumped as part of inspection) (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

Yes No

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

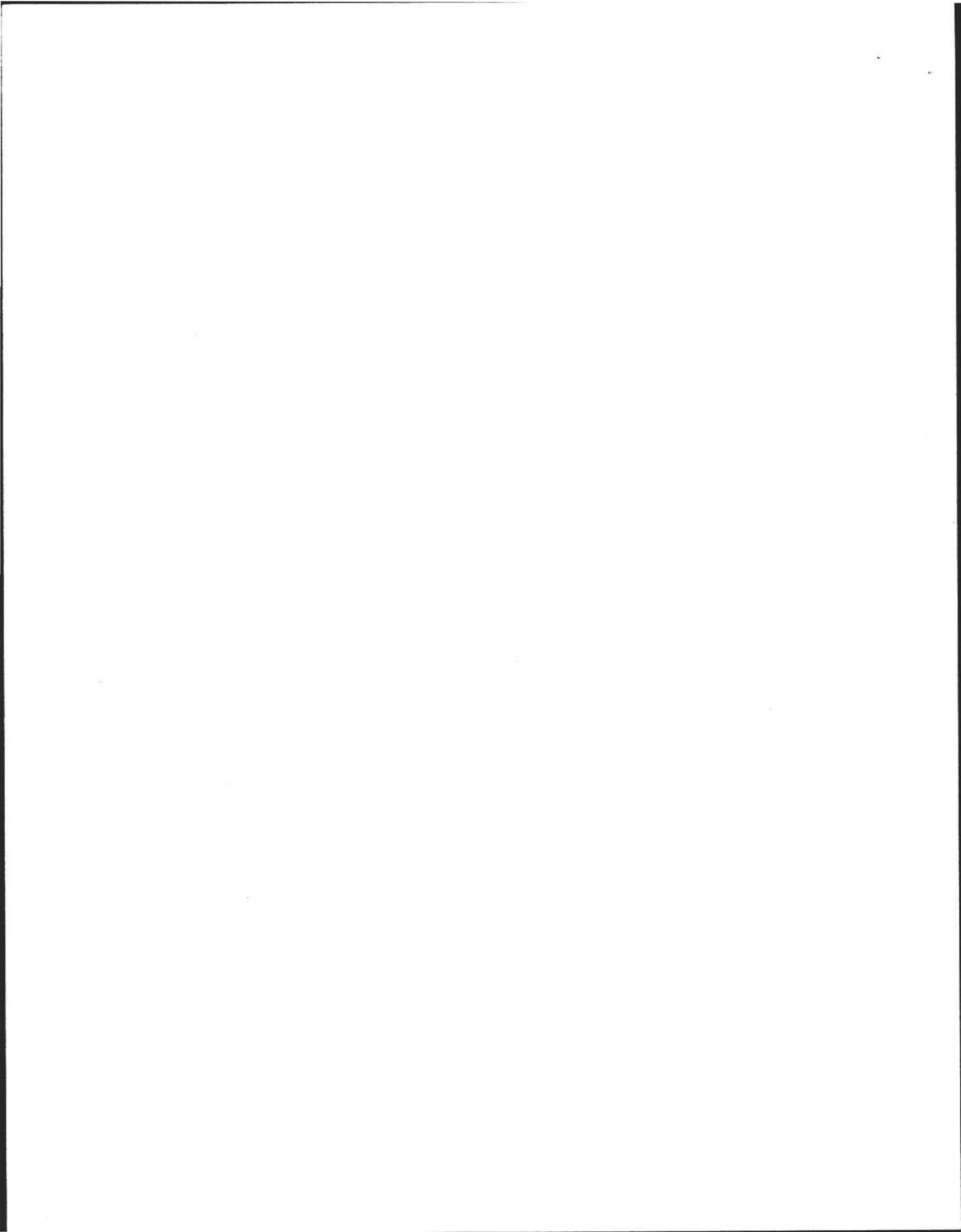
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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





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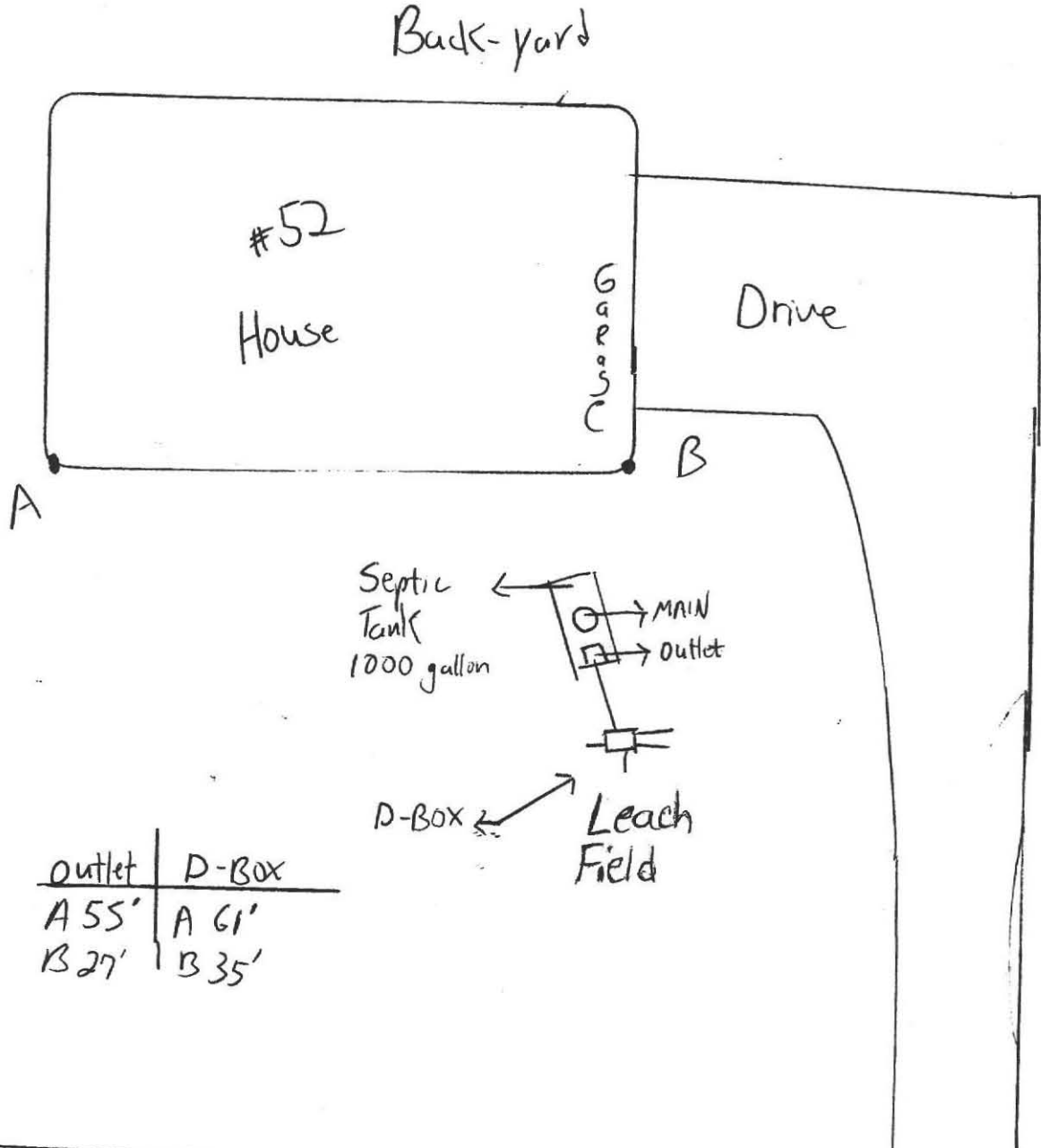
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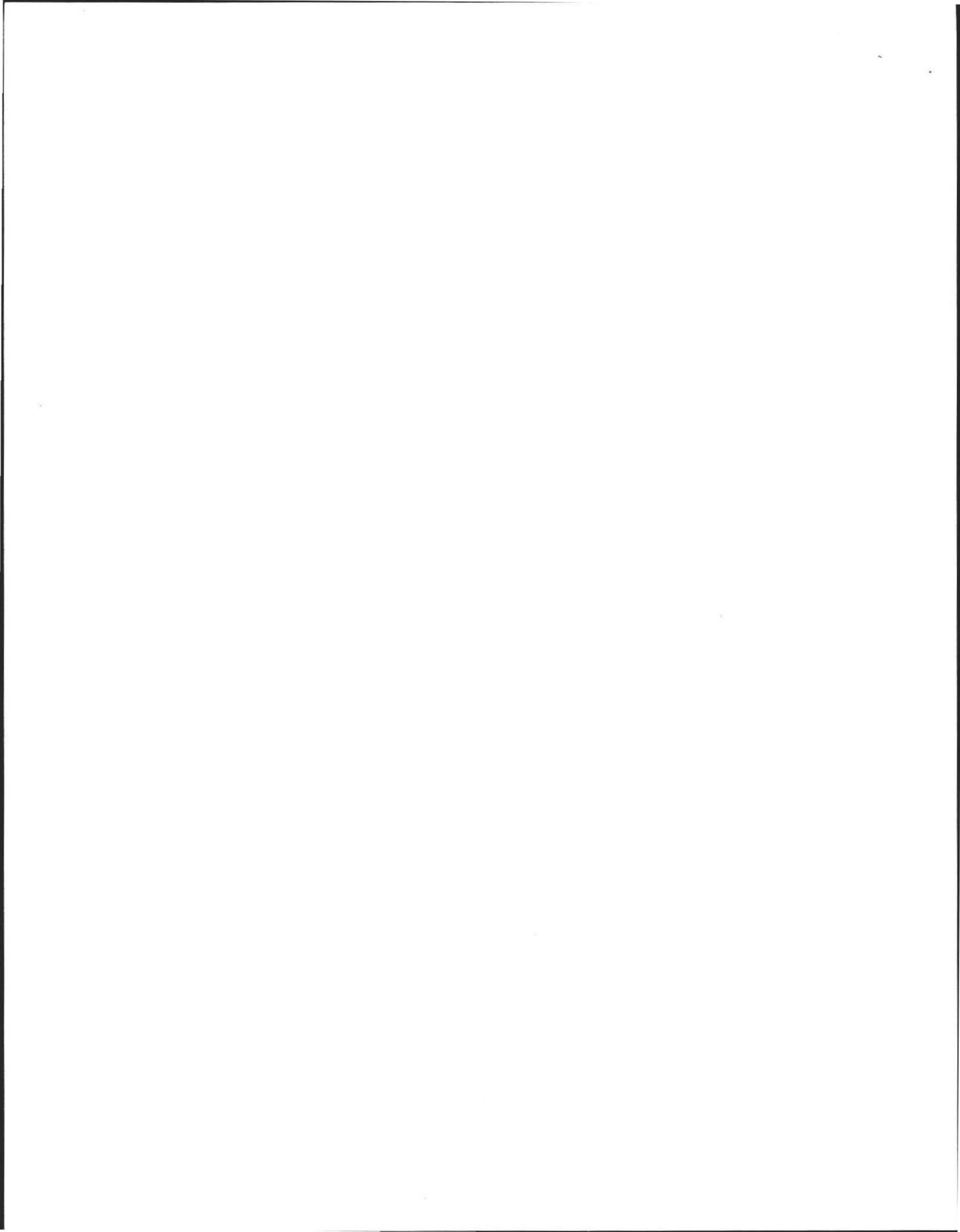
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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.







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D. System Information (cont.)

Site Exam:

Slope

Surface water

Check cellar

Shallow wells

*None at
3'*

Estimated depth to ground water:

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

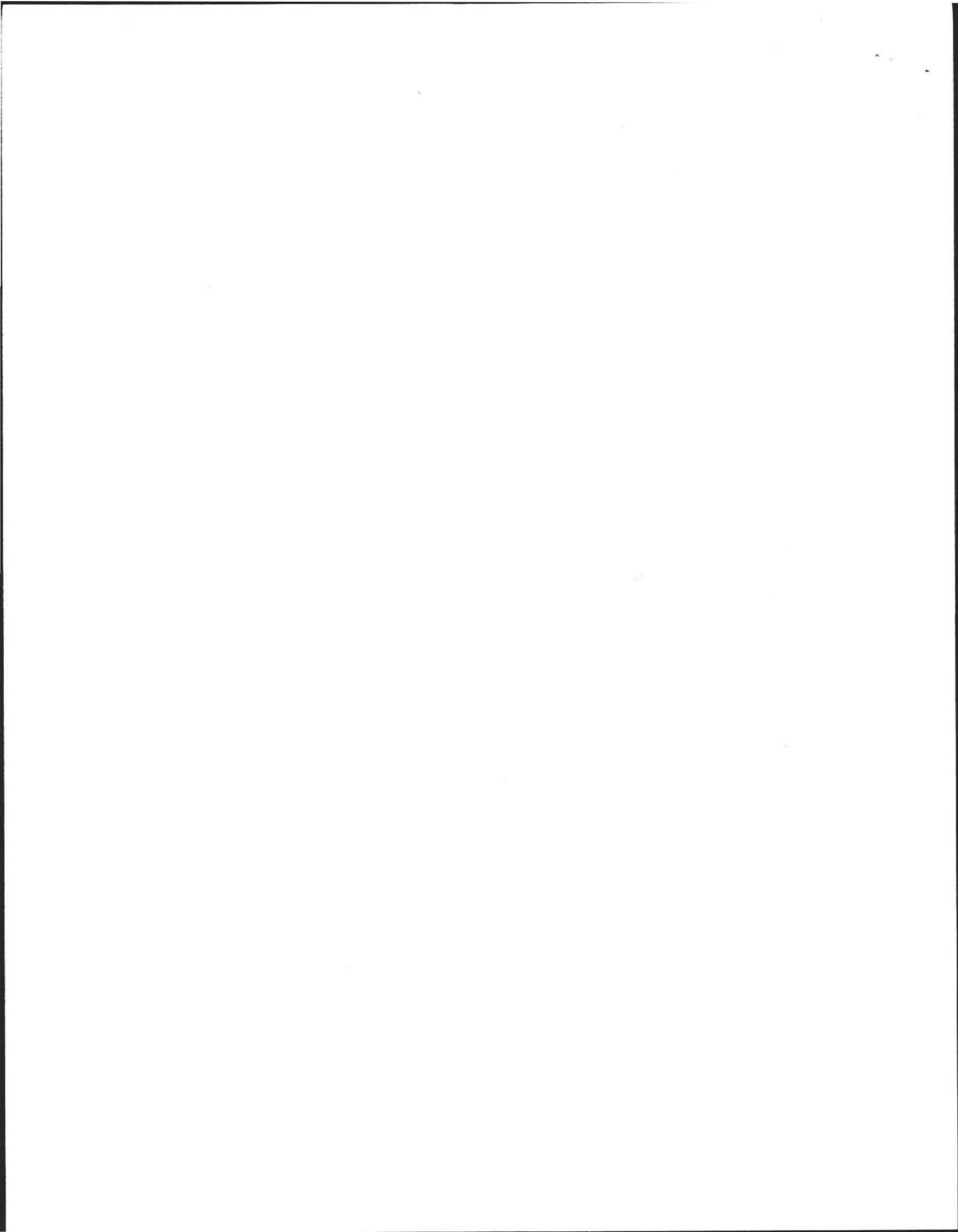
- Obtained from system design plans on record
If checked, date of design plan reviewed: _____ Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:

- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

ESTABLISHED GROUND WATER BY SLOPE IN BACK YARD, NONE AT 3', ALLEN WEISS AND NATHAN TORRETTI, DUG A FOUR FOOT DEEP -HOLE IN FROMT YARD ON MAY 17, 2007

****AT THIS TIME CLEAN SEPTICS HAS RECOMMENDED PUMPING YOUR TANK PUMP WAS DONE ON APRIL 9, 2007**





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A. General Information

1. Inspector:

NATHAN TORRETTI

Name of Inspector

CLEAN SEPTICS

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413 583 2138 FAX # 413 589 1140

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B. Certification

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

Passes Conditionally Passes Fails

Needs Further Evaluation by the Local Approving Authority

Nathan Torretta

Inspector's Signature

APRIL 6, 2007

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

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

100-100000



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

52 ELF HILL ROAD

Property Address

BRIAN DAVIS

Owner's Name

AMHERST

City/Town

MASS
State

01002
Zip Code

APRIL 6, 2007
Date of Inspection

Owner information is required for every page.

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

B. Certification (cont.)

A) System Passes:

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

Comments:

RECOMMEND PUMPING EVERY YEAR

B) System Conditionally Passes:

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

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

- The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

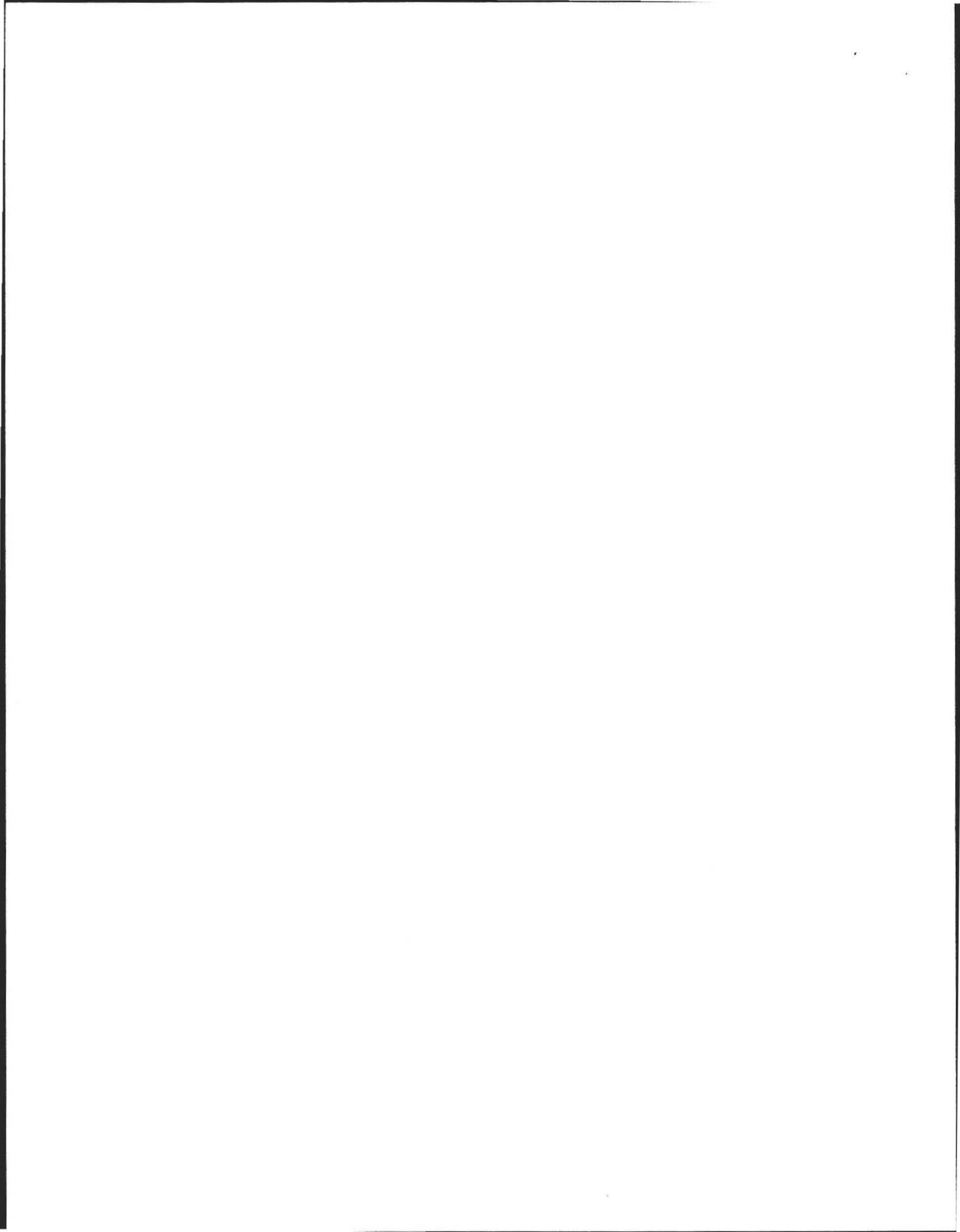
* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

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

broken pipe(s) are replaced

obstruction is removed





Commonwealth of Massachusetts

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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- [] distribution box is leveled or replaced

ND Explain:

- [] The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- [] broken pipe(s) are replaced
- [] obstruction is removed

ND Explain:

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

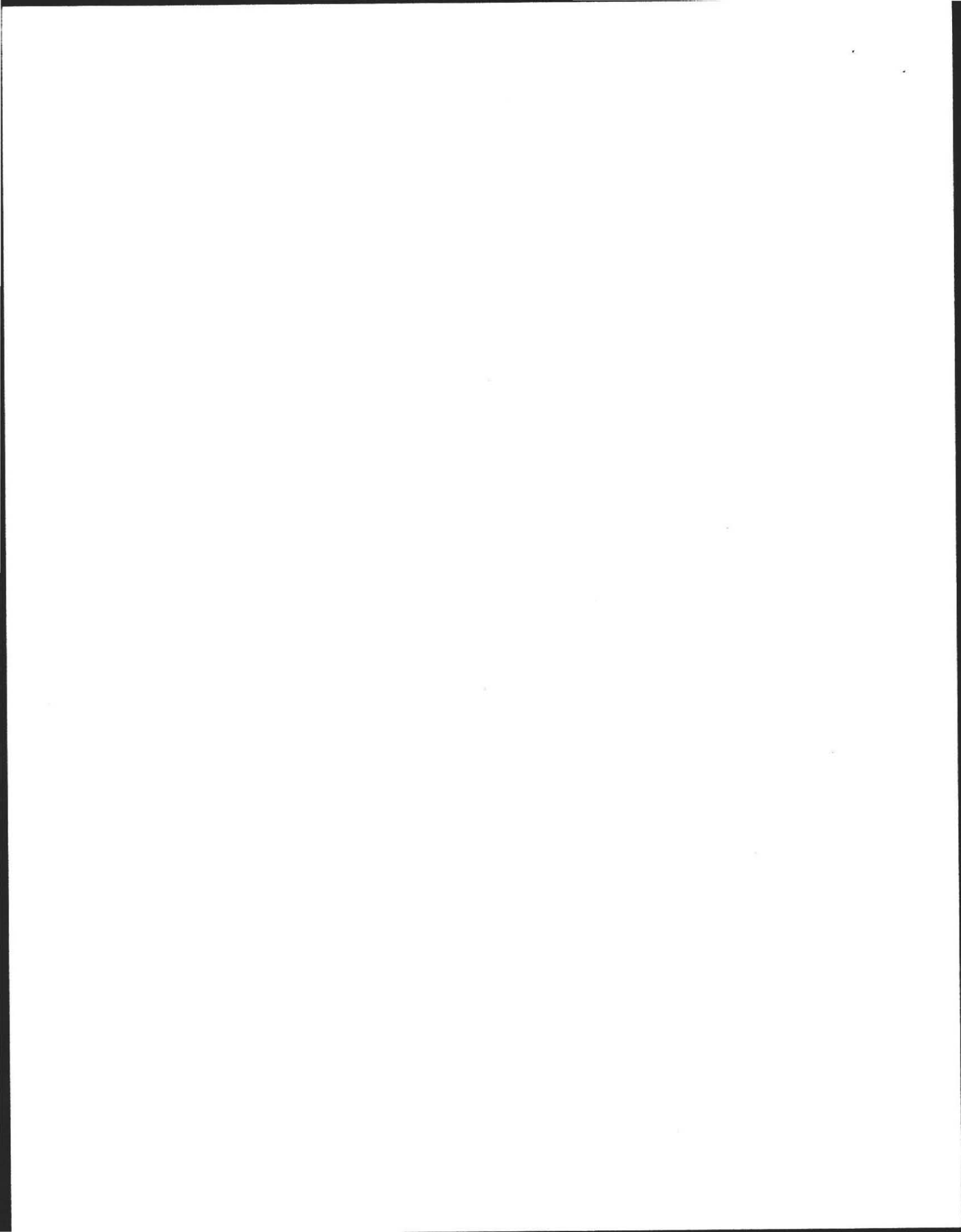
- [] Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

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

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

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

- [] The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- [] The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- [] The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.





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B. Certification (cont.)

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

- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance:

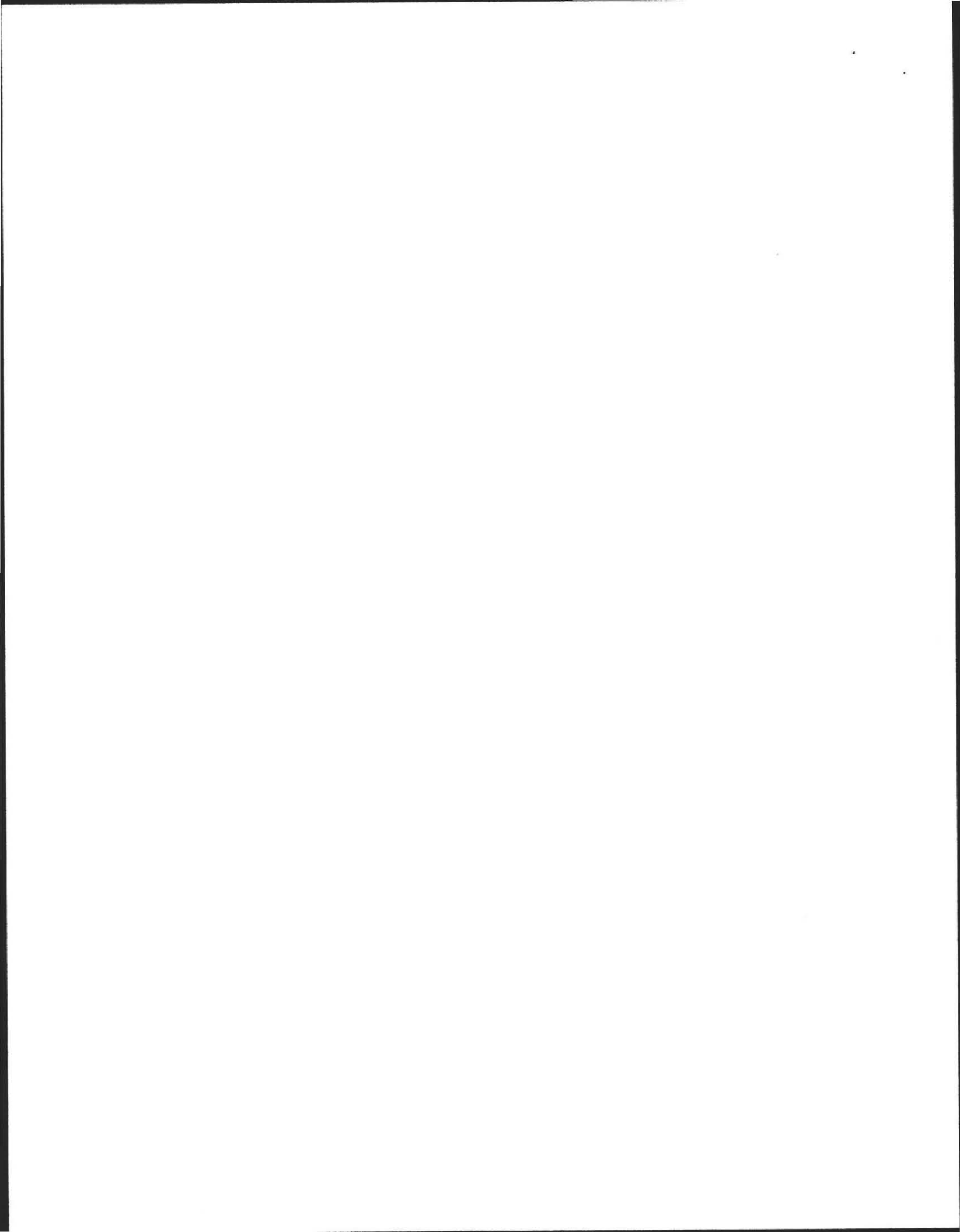
** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- Yes No Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
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 SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.





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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

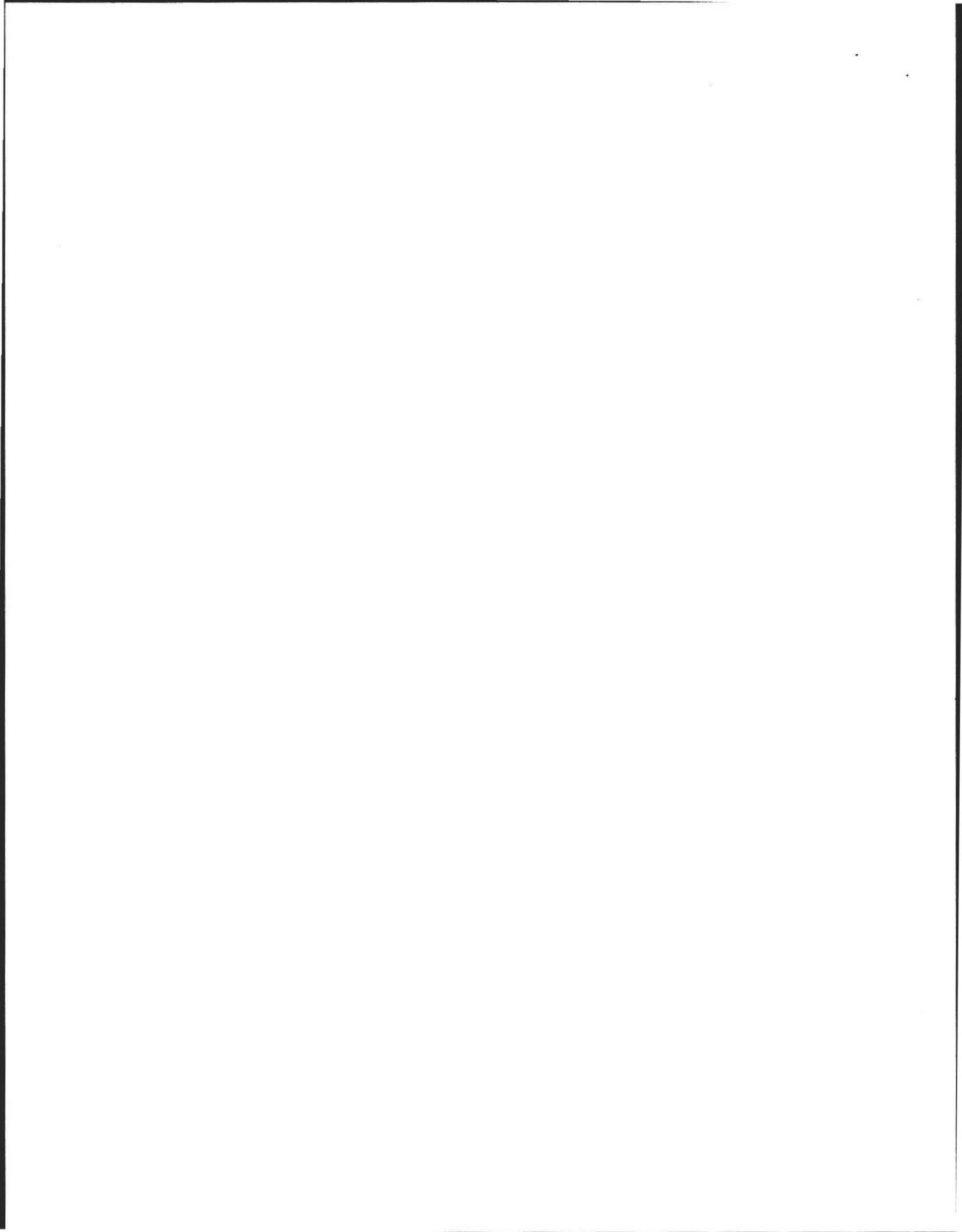
- Yes No
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis.
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- Yes No
the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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





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C. Checklist

Check if the following have been done. You **must** indicate "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"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? |

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

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <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) [310 CMR 15.302(5)] |





Commonwealth of Massachusetts

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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): _____ Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____

Number of current residents: 3

Does residence have a garbage grinder? Yes No

Is laundry on a separate sewage system? [if yes separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): TOWN WATER

Sump pump? Yes No

Last date of occupancy: PRESENT Date

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____ Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? Yes No

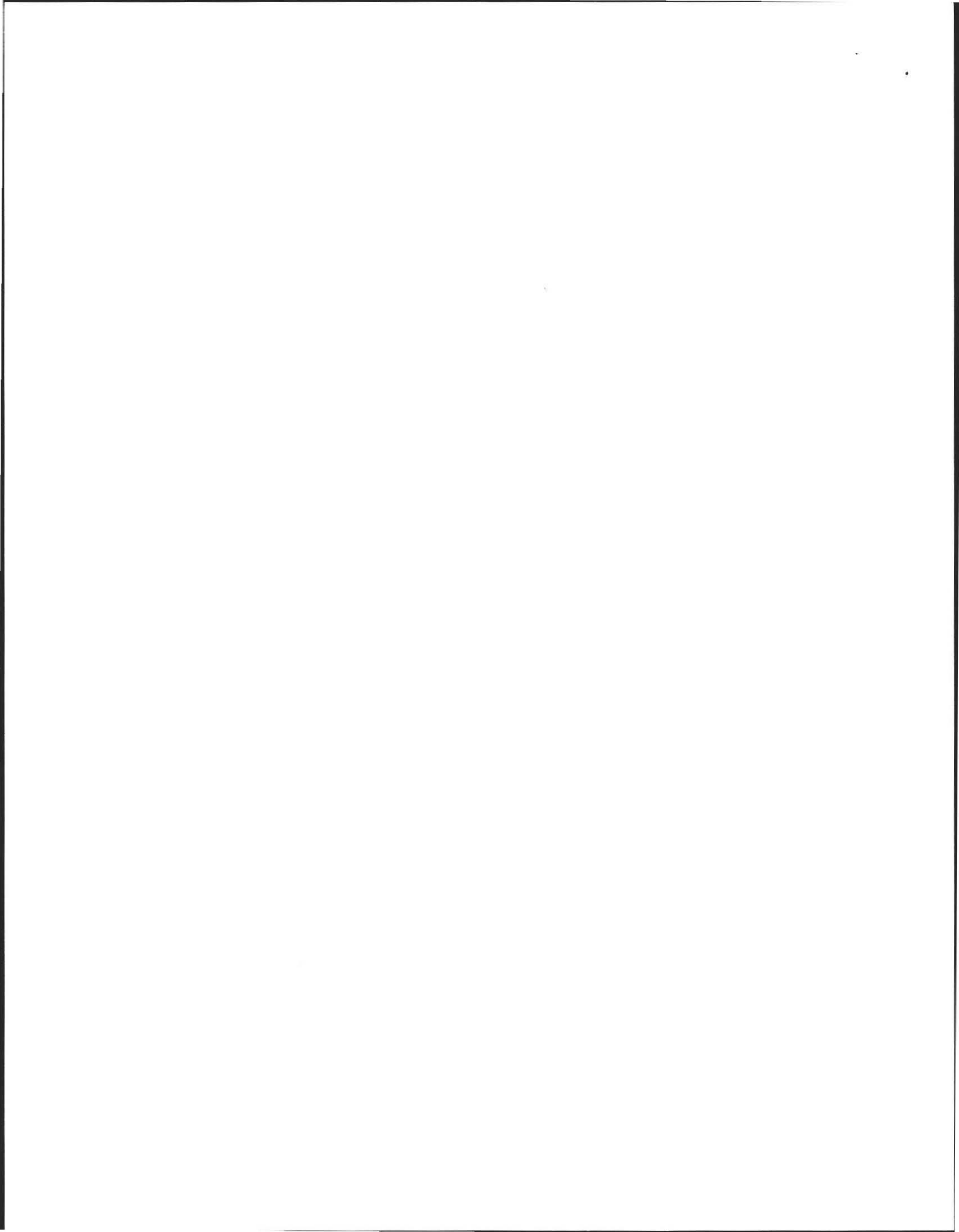
Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____

Last date of occupancy/use: _____ Date

Other (describe): _____





Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

52 ELF HILL ROAD
 Property Address
 BRIAN DAVIS
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 MASS
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 01002
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D. System Information (cont.)

General Information

Pumping Records:

Source of information: NOT PUMPED AT LEAST FIVE YEARS

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: 1000
gallons

How was quantity pumped determined? MEASURED

Reason for pumping: MAINTENANCE DONE AFTER INSPECTION

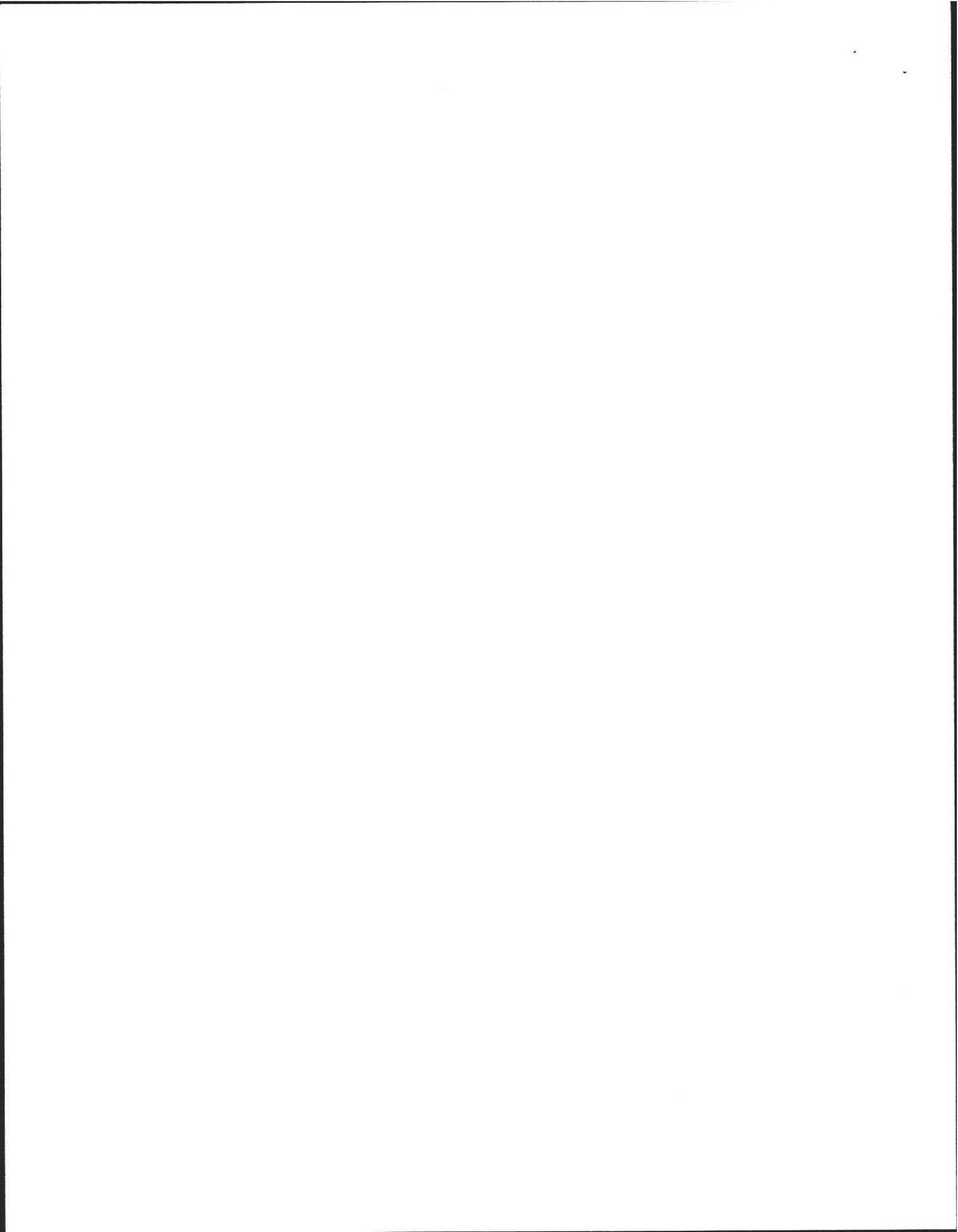
Type of System:

- 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)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):

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

HOUSE WAS BUILT IN 1972

Were sewage odors detected when arriving at the site? Yes No





Commonwealth of Massachusetts

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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: _____ feet

Material of construction:

cast iron 40 PVC other (explain): _____

Distance from private water supply well or suction line: _____ feet

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

JOINTS AND VENTING APPEAR OK, NO LEAKS

Septic Tank (locate on site plan):

Depth below grade: _____ 8" feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: _____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: _____ L 8' X W 5' X D 5'

Sludge depth: _____ 8"

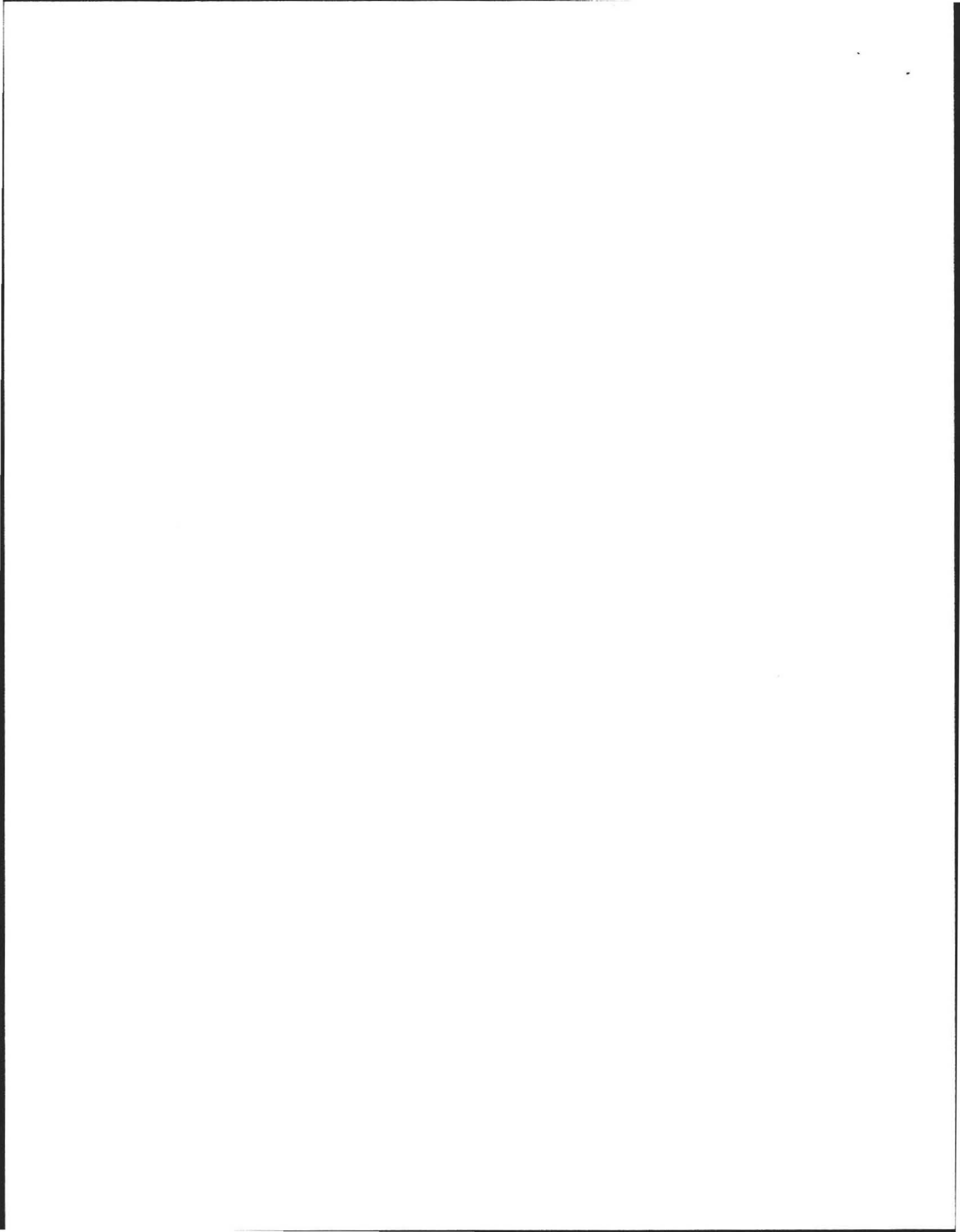
Distance from top of sludge to bottom of outlet tee or baffle _____ N/A

Scum thickness _____ 4"

Distance from top of scum to top of outlet tee or baffle _____ 7"

Distance from bottom of scum to bottom of outlet tee or baffle _____ N/A

How were dimensions determined? _____ MEASURED





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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Grease Trap (locate on site plan):

Depth below grade:

feet

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:

Date

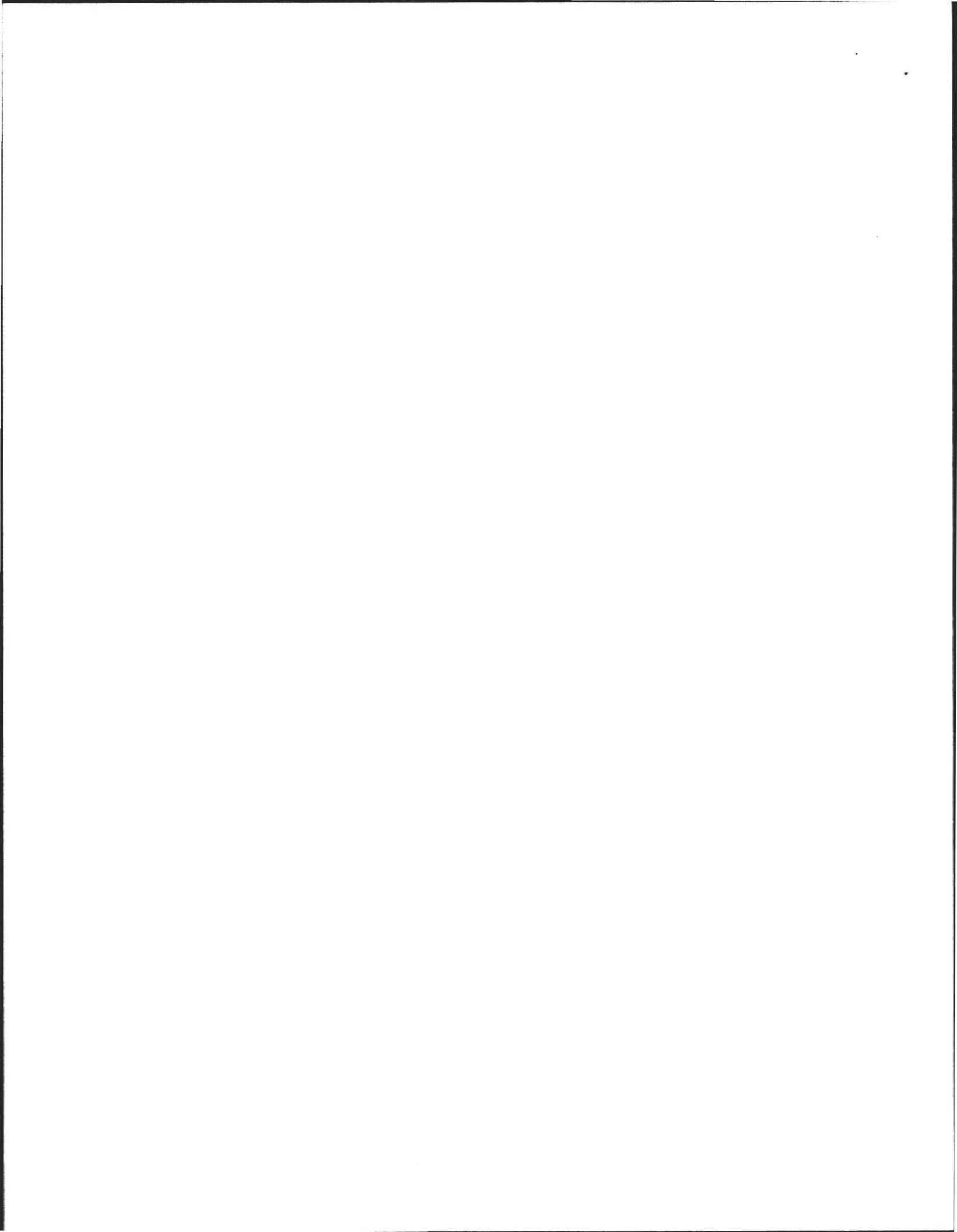
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

concrete metal fiberglass polyethylene other (explain):





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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

[] Yes [] No

Alarm level:

Alarm in working order: [] Yes [] No

Date of last pumping:

Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached? [] Yes [] No

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

0" D -BOX IS APPROXIMATELY 14" DEEP

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

D -BOX APPEARS TO BE IN GOOD WORKING CONDITION

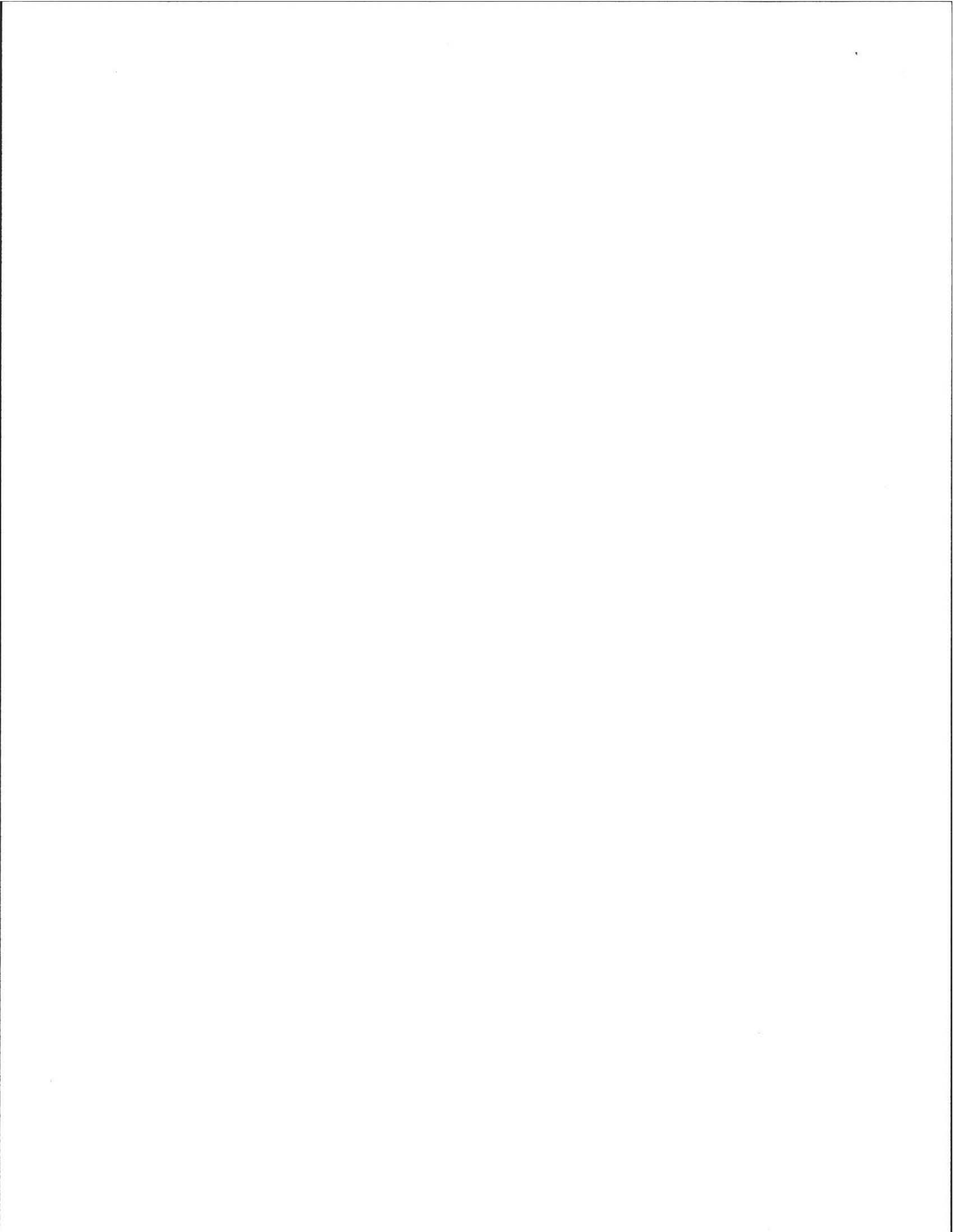
Pump Chamber (locate on site plan):

Pumps in working order:

[] Yes [] No

Alarms in working order:

[] Yes [] No





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D. System Information (cont.)

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

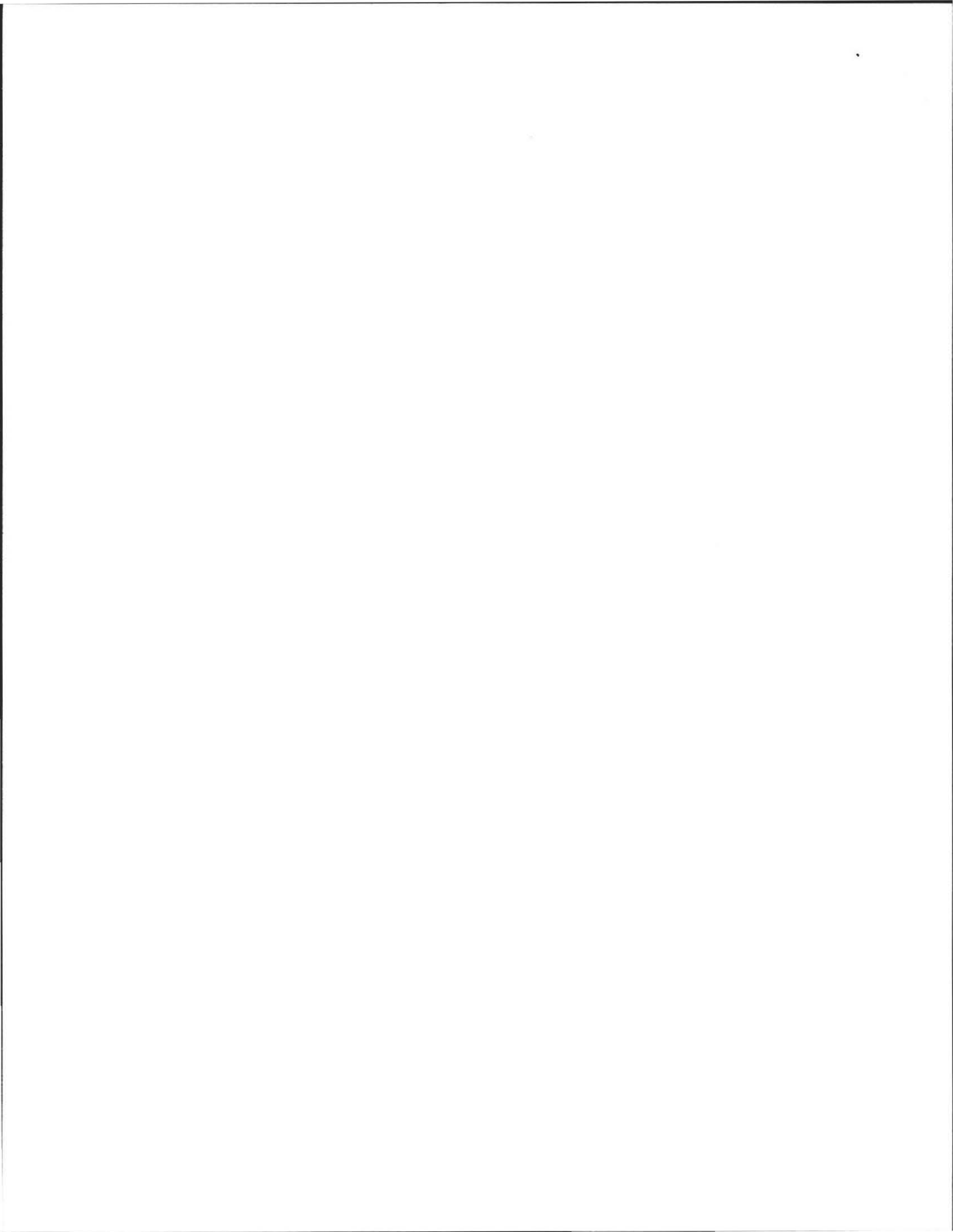
Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 4 LEACH LINES
OUT OF BOX
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____

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

NO SIGNS OF HYDRAULIC FAILURE, SOIL AND VEGETATION APPEAR OK





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D. System Information (cont.)

Cesspools (cesspool must be pumped as part of inspection) (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

Yes No

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

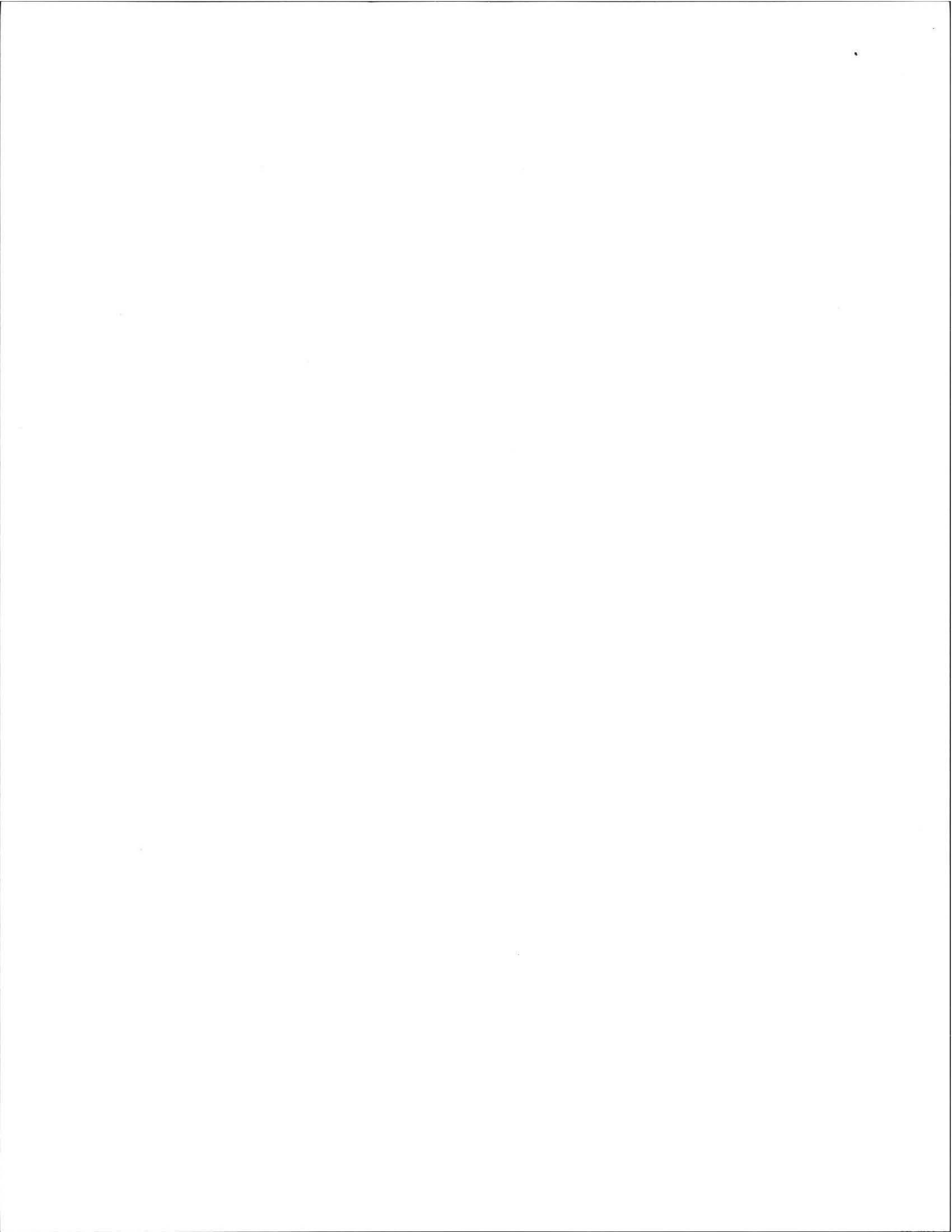
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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





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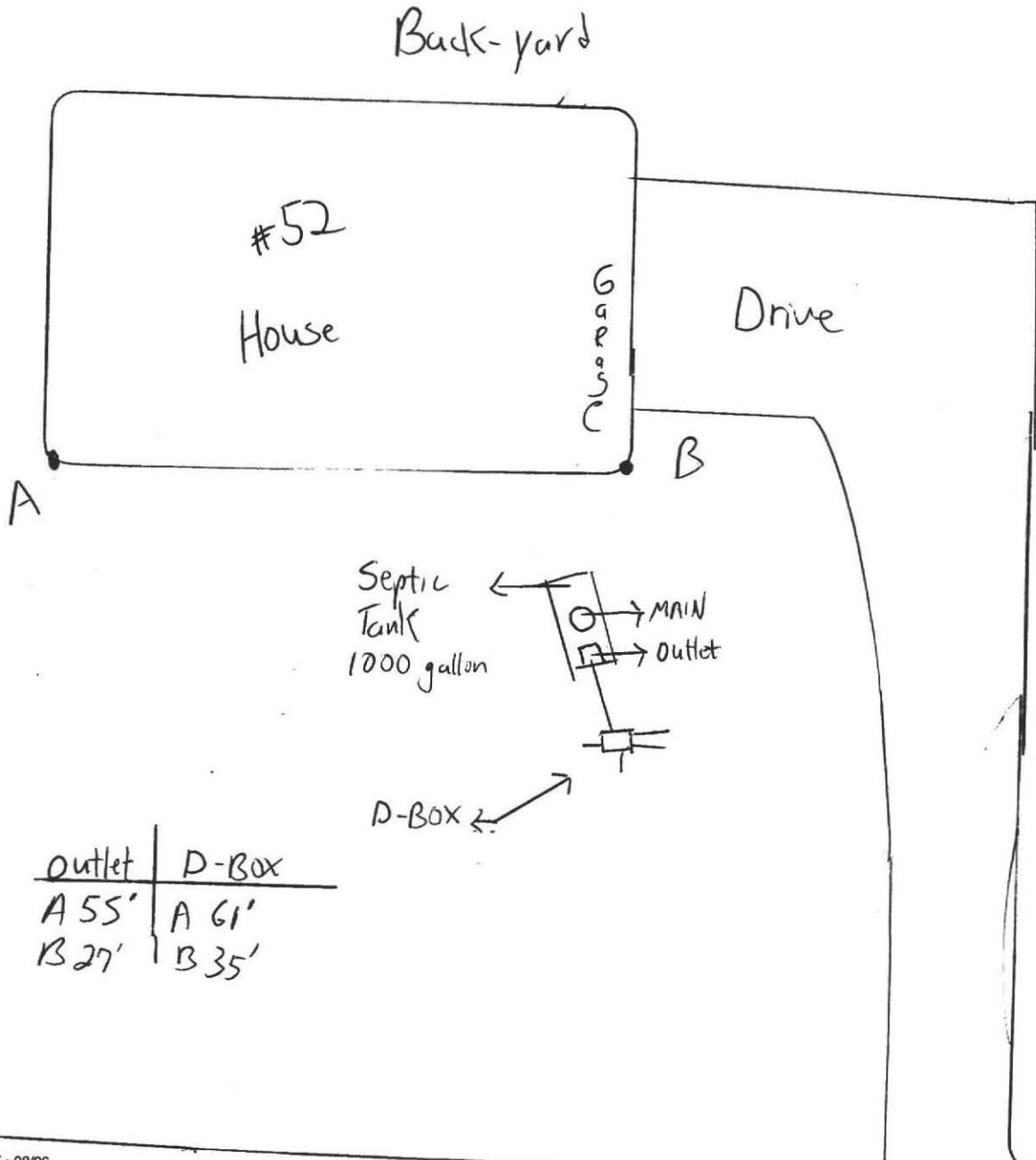
MASS
State

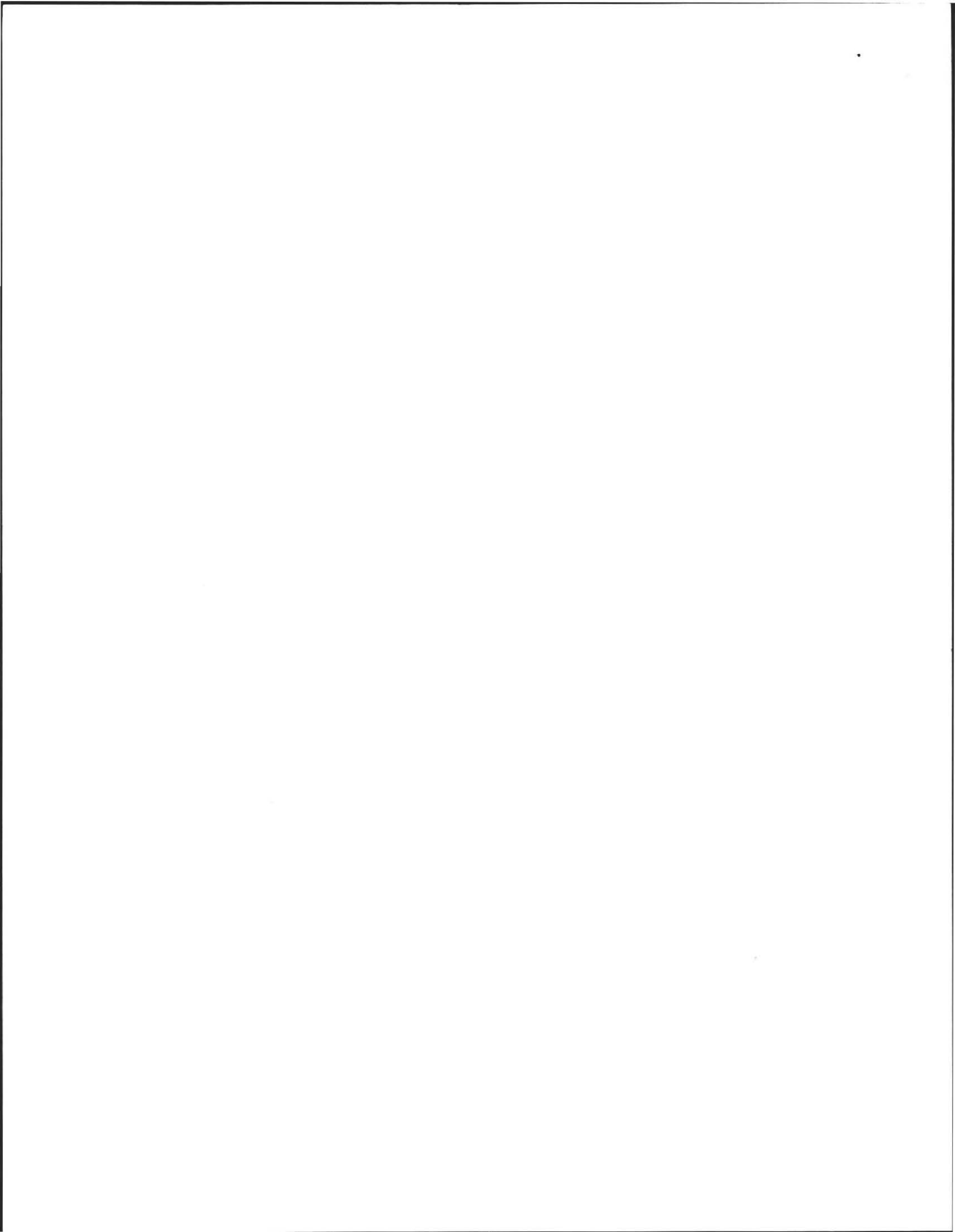
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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.







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D. System Information (cont.)

Site Exam:

Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

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

Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

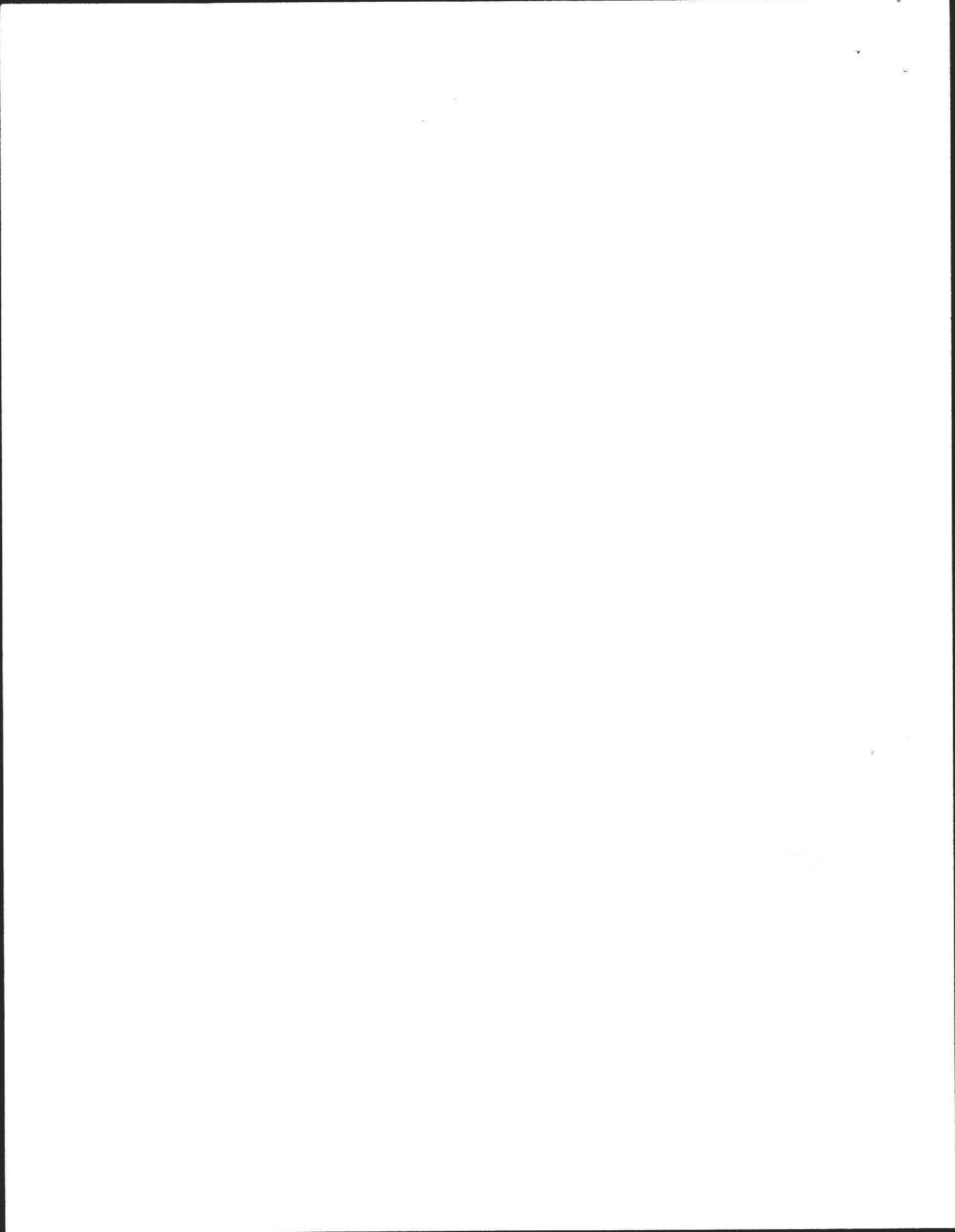
Accessed USGS database - explain:

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

NONE AT 4'

**AT THIS TIME CLEAN SEPTICS HAS RECOMMENDED PUMPING YOUR TANK

PUMP WAS DONE ON APRIL 9, 2007



**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 72-15 Date MAY 15, 1972 Fee 3.00 Date Rec'd. 5/16/72 By DGF

Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at:

Location-Address 52 Lot # 246 Elm Hill Rd - Orchard or Lot No. _____

Owner Leonard Pratt - 253-9742 Address 50 Meadow St N. Amherst

Contractor _____ Address _____
Type of Building Residence Dimensions _____ Size Lot 150x200 ±
Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (Y)
Other _____ No. of persons 4 Showers () _____
Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 375 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 1 Width 10 Total Length 40 Total leaching area 400 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box (X) No. _____ Dosing tank () _____
(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Randall G. Lund Date 5-15-72
Test Pit No. 1 4 minutes per inch Depth of Test Pit 42"
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil SP-SM yellow f-c sand Depth to Ground Water est 2.5'

Will disposal area be filled? No Cut down? No
(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the afordescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] X [Signature] Owner or builder Date 5/16-72
date 5-16-72
date _____

Application Disapproved for the following reasons:
Must be dewatered with curtain drain

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired () by KARIS Exc. at Lot 246 Elm Hill has been constructed in accordance with the provisions of

INSTALLER _____
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 72-15 dated 5-15-72

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE AUG 15, 1972 by K.S.W. Inspector [Signature]

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 72-15
Permission is hereby granted LEONARD PRATT to construct (X) or repair () an Individual Sewage Disposal System at Lot 246 Elm Hill

as shown on the application for Disposal Works Construction Permit No. 72-15
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE MAY 16, 1972 [Signature]
Board of Health

BOARD OF DIRECTORS
GENERAL INVESTMENT COMPANY

1958

1958

1958

GENERAL INVESTMENT COMPANY

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1958