460 FLAT HILLS ROAD
(Milton Morin)
Variance

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COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02198 (617) 292-5500

ARGEO PAUL CELLUCI — TRUDY COXE

SUBSURFACE SEWAGE DISPOSAL INSPECTION FORM
PART A - CERTIFICATION

Property Address: 460 Flat Hill Rd., Amherst, MA **Date of Inspection:** 9/7/00
Owner's Name: David Dali
Owner's Address: c/o Jones Town & Country, 200 Triangle St., Amherst, MA 01002
Copy to: Board of Health, Amherst; Claudette Boudreau
Witness: **Number:** SSDS-476
Name of Inspector: Thomas S. Leue **Company Name:** Homestead Inc.
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Address: 1664 Cape St., Williamsburg, MA 01096 **Telephone:** (413) 628-4533

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported 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 do not represent or warrant the operation or proper function of this system for any period of time. The septic system condition must be evaluated and classified into one of the following four conditions:

Passes
Conditionally Passes
Needs Further Evaluation By the Local Approving Authority
Fails

The system condition: **Passes**

Inspector's Signature: Thomas S Leue Date: September 7, 2000

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 to the buyer, if applicable and the approving authority.

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

A. SYSTEM PASSES:

__X__ I have not found any information which indicates that any of the failure criteria as 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 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 by the Board of Health). Describe observations:

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

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____ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
- ____ broken pipe(s) are replaced
- ____ obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES 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 a surface water.
   - ____ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.
2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**
   - ____ The system has a septic tank and soil absorption system (SAS) and is within 100 feet to a surface water supply or a tributary to a surface water supply.
   - ____ The system has a septic tank and a SAS and the SAS is within a Zone I of a public water supply well.
   - ____ The system has a septic tank and a SAS and the SAS is within 50 feet of a private water supply well.
   - ____ The system has a septic tank and a SAS 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**_____

D] SYSTEM FAILS:

Must indicate either "Yes" (Y) or "No" (N) as to each of the following:

____ I have determined that one or more of the following failure criteria as defined in 310 CM 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 or NO

- **N** Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- **N** Discharge or ponding of effluent to surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- **N** Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- **N** Liquid depth in cesspool less than 6" below invert, or available volume less than 1/2 day of calculated daily flow. (Part 7)
- **N** Required pumping 4 times or more in the last year **NOT** due to clogged or obstructed pipe(s).Number of times pumped _____
- **N** Any portion of the Soil Absorption System, cesspool or privy below high groundwater elevation.
- **N** Any portion of a cesspool or privy is within 100 feet of a surface water supply or a tributary to a surface water supply.
- **N** Any portion of a cesspool, privy or any portion of the Soil Absorption System is within a Zone I of a public well.
- **N** Any portion of a cesspool or privy is within 50 feet of a private water supply.
- **N** Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

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

____ The 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:

- **N** the system is within 400 feet of a surface drinking water supply
- **N** the system is within 200 feet of a tributary to a surface drinking water supply
- **N** 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 314 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: 460 Flat Hill Rd., Amherst, MA
Owner's Name: David Dali
Date of Inspection: 9/7/00

CHECK IF THE FOLLOWING HAVE BEEN DONE:

YES or NO

N Pumping information was provided by the owner, occupant or Board of Health.

Y None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

N/A As built plans have been obtained and examined. Note if they are not available with N/A.

Y The facility or dwelling was inspected for signs of sewage back-up.

Y The system does not receive non-sanitary or industrial waste flow.

Y The site was inspected for signs of breakout.

Y All system components, excluding the Soil Absorption System, have been located on site.

Y 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 site has been determined based on:

N a) Existing information on file with the Board of Health.

Y b) 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)].

Y The facility owner (and occupants, if different from owner) were provided with information on proper maintenance of Subsurface Sewage Disposal Systems (SSDS).

FLOW CONDITIONS

RESIDENTIAL:

unknown	Design Flow gallons/day /bedroom for SAS
	Number of bedrooms (design)
3	Number of bedrooms (actual)
330+ needed	Total DESIGN flow gpd
0	Number of current residents
N	Is there a Garbage grinder ? (Y or N) _
Y	Is there a Laundry Hookup? (Y or N)
N	Is the Laundry a separate system? (Y or N) (If yes, inspection required) _____
N	Seasonal use (Y or N)
N/A	Water meter readings, if available (last two years usage) (gallons per day)
N	Sump Pump (Y or N) _
not since feb. 2000	Date of last occupancy _

Comments: large attic indicates future additions may be considered.

PUMPING RECORDS and source of information:

No information on pumping.

Y System pumped as part of inspection (Y or N)

If yes, volume pumped: 1000 gallons

Reason for pumping: system maintenance

Comments: Some indication in d-box that tank should be pumped more frequently.

Sewage odors detected when arriving at the site: **N**

PART C - SYSTEM INFORMATION

Property Address: 460 Flat Hill Rd., Amherst, MA
Owner's Name: David Dali
Date of Inspection: 9/7/00

GENERAL INFORMATION

APPROXIMATE AGE of all components, date installed (if known) and source of information:
As old as house, 1986, according to Realtor.

TYPE OF SYSTEM:

X Septic tank/distribution box/soil adsorption system.
___ Single cesspool
___ Overflow cesspool
___ Privy
N Shared system (Y or N), if yes, attach previous inspection records, if any.
___ I/A Technology etc. Attach copy of up to date operation and maintenance contract
___ Tight Tank
___ Other (explain) _____

BUILDING SEWER: Y (located on site plan)
8" Average depth below grade
Material of construction: ___cast iron __X__ Sch. 40 PVC ___other (explain)_____
3' Distance from private water supply well or suction line
4" Diameter
Comments: (condition of joints, venting, evidence of leakage, etc.) No problems seen.

SEPTIC TANK: Y (located on site plan)
5" Average depth below grade
Material of construction: __X__concrete ___ metal ___ FRP____ polyethylene___other (explain)
If tank is metal, list age _____ Is age confirmed by Certificate of Compliance (Y or N) ____

58	Septic tank width (inches)
86	Septic tank length (inches)
60	Septic tank height (inches)
1,299	Calculated gross volume (gallons)
8	Air space in tank (inches)
1,000	Net Volume (gallons)
24	Baffle depth (inches) _
6	Sludge Thickness (Average)
5	Scum thickness (inches) (Average)
30	Top of sludge layer to bottom of outlet tee or baffle (inches)
13	Bottom of scum layer to bottom of outlet tee or baffle (inches)
4	Top of scum layer to top of outlet tee or baffle (inches)

How dimensions were determined: Measured.

Comments: (recommendation for pumping, conditions of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)
No problems seen with tank.

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

Property Address: 460 Flat Hill Rd., Amherst, MA
Owner's Name: David Dali
Date of Inspection: 9/7/00

GREASE TRAP: **N/A** (Usually present in certain commercial systems)
Depth below grade: _____
Material of construction: ___concrete ___ metal ___ FRP____ polyethylene___other (explain)
Dimensions: _____ (A) scum thickness
_____ (B) top of scum layer to top of outlet tee or baffle
_____ (C) bottom of scum layer to bottom of outlet tee or baffle
_____ (D) date of last pumping
Comments: (recommendation for pumping, conditions of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

DISTRIBUTION BOX: **Y** (locate on site pan) ("D-box")
Depth of liquid level above outlet invert: 0"
Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendations for repairs, etc.) Two outlet pipes. Significant solids carryover seen in box, some removed.

SOIL ADSORPTION SYSTEM (SAS): **Y**
Locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods. If not located, explain:

Type:
a. leaching pits & number: _____
b. leaching chambers and number: _____
c. leaching galleries and number: _____
d. leaching trenches, number, length: _____
e. leaching fields, number, dimensions: two pipe field, assumed to be 12' x 100'
f. overflow cesspool, number: _____
g. Alternative system, name technology:
h. Comments: (note soil conditions, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

No problems seen on surface. Part located under blacktop area.

CESSPOOLS: N/A (locate on site plan, if any)
Note: Cesspools must be pumped as part of the inspection.
_____ 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 soil conditions, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
_____

PRIVY: **N/A** (locate on site plan, if any)
Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments: (note soil conditions, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
_____

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

Property Address: 460 Flat Hill Rd., Amherst, MA
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Date of Inspection: 9/7/00

PUMP CHAMBER: **N/A** (part of pump-up systems only)
Pumps in working order: (Y or N) ____
Alarms in working order: (Y or N) ____
Comments: (note condition of pump chamber, condition of pumps and appurtenances, etc.)

TIGHT OR HOLDING TANK: **N/A** (Special circumstances only)
Depth below grade: ____
Material of construction: ___concrete ___ metal ___ FRP____ polyethylene___other (explain)
Dimensions: ____
Capacity: ____ gallons
Design flow: ____ gallons/day
Alarm level: ____ Alarm in working order Yes No
Comments: (conditions of inlet tees, condition of alarm and float switches, etc.)

ESTIMATED DEPTH TO GROUNDWATER: >60 inches

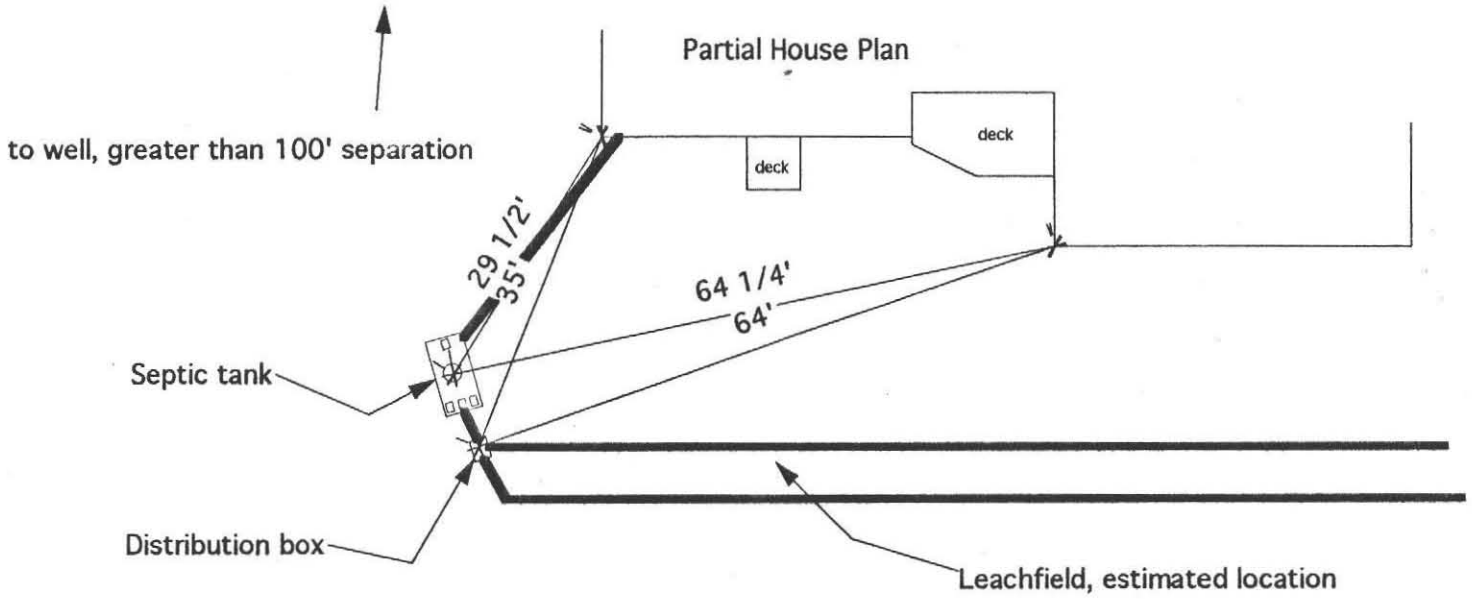
NRCS Report name ____
Soil Type ____
Typical depth to groundwater ____
USGS Date website visited ____
Observation Wells checked ____
Groundwater depth: Shallow __ Moderate __ Deep __
SITE EXAM Slope ____
Surface water ____
Check Cellar ____
Shallow wells ____

Please indicate all the methods used to determine High Groundwater Elevation:
- ___ Obtained from Design Plan on record
- ___ Observation of Site (Abutting property, observation hole, basement sump, etc.)
- X... Determine it from local conditions
- ___ Check with local Board of Health
- ___ Check FEMA Maps
- ___ Check pumping records
- ___ Check local excavators, installers
- ___ Use USGS Date

Describe how you established the High Groundwater Elevation. (**Must** be completed)
Adjacent basement dry without sump pump.

COMMENTS:
NOTE: This inspection complies with Title 5 of the MA code. Unoccupied status of house does not equate with the most demanding conditions for this system, and this inspection does not guarantee system functionality.

RESOURCES:
Department of Environmental Protection, Western Regional Office, 436 Dwight St., Springfield, MA 01103, (413) 784-1100;
Title 5 Hotline - (800) 266-1122



Called North

As-Built Drawing Existing Septic System	Date: 9/7/00	Owner: David Dali 460 Flat Hills Rd, Amherst, MA 01002	COMMONWEALTH OF MASSACHUSETTS THOMAS S. LEUE 25401 REGISTERED SANITARIAN	HOMESTEAD INC. Thomas S. Leue R.S. 1664 Cape St. Williamsburg, MA 01096 [413] 628-4533
Scale: 1 : 20' Except as Noted	Revision Date:			