11 FOXGLOVE LANE

need. 8/1/13 EHS

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

AMHERST — City/Town
MASS — State
01002 — Zip Code
JULY 15, 2013 — Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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:

NICK TORRETTI
Name of Inspector

CLEAN SEPTICS
Company Name

P O BOX 394 252 WEST ST
Company Address

LUDLOW — City/Town
MASS — State
01056 — Zip Code

413 583 2138
Telephone Number

S I 4496
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

Nick Torretti
Inspector's Signature

JULY 15, 2013
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.**

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

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

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 ONE -TWO YEARS AND ADDING CCLS BACTERIA. CLEAN SEPTICS DOES NOT RECOMMEND USING SEPTIC SAFE OR BIODEGRADABLE TOILET PAPER.

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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

☐ Y ☐ N ☐ ND (Explain below):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

B) System Conditionally Passes (cont.)**:**

☐ 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

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.

☐ 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 fecal 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 <u>must</u> indicate "Yes" or "No" to each of the following for <u>all</u> 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 ½ day flow

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

Yes	No	
☐	☒	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.
☐	☒	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. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal 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 and chain of custody must be attached to this form.]**
☐	☒	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. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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. The system owner should contact the appropriate regional office of the Department.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes	No	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☒	☐	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☒	☐	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	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?
☒	☐	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:
☒	☐	Existing information. For example, a plan at the Board of Health.
☒	☐	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)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 GPD

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

Owner information is required for every page.

WERMER
Owner's Name

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information

Description:

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

Detail:
SYSTEM HAS AN EJECTOR PUMP

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:

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Last date of occupancy/use: _____ Date

Other (describe below):

_____

_____

_____

General Information

Pumping Records:

Source of information: PUMPED JUNE 14, 2011 BY CLEAN SEPTICS

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

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)

☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract

☐ Tight tank. Attach a copy of the DEP approval.

☒ Other (describe):

SEPTIC TANK AND A LEACH PIT

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

APPROXIMATELY 1992 PER PREVIOUS TITLE V REPORT

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

Building Sewer (locate on site plan):

Depth below grade: 4'- SYSTEM HAS AN EJECTOR PUMP

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 OK, NO LEAKAGE

Septic Tank (locate on site plan):

Depth below grade: 3' 1" feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

SEPTIC TANK IS STRUCTURALLY SOUND

If tank is metal, list age: years

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

Dimensions: L 10' 6" X W 5' X H 5'

Sludge depth:

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

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

Scum thickness 3"

Distance from top of scum to top of outlet tee or baffle 8"

Distance from bottom of scum to bottom of outlet tee or baffle 17"

How were dimensions determined? MEASURED

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
PUMP SEPTIC TANK EVERY ONE - TWO YEARS, INLET AND OUTLET BAFFLE OK. TANK IS STRUCTURALLY SOUND, LIQUID LEVELS ARE AT THE INVERT. NO LEAKAGE.

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

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.):

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):

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

Owner information is required for every page.

WERMER
Owner's Name

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

Depth of liquid level above outlet invert NO D BOX

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.):
NONE FOUND

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

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:

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Type:

☒	leaching pits	number:	ONE (1) LEACH PIT 10' 6" X 7' X 5'
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	2 TRENCHES OUT OF D -BOX
☐	leaching fields	number, dimensions:	
☐	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.):
SOIL AND VEGETATION ARE OK, NO SIGNS OF HYDRAULIC FAILURE

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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.):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

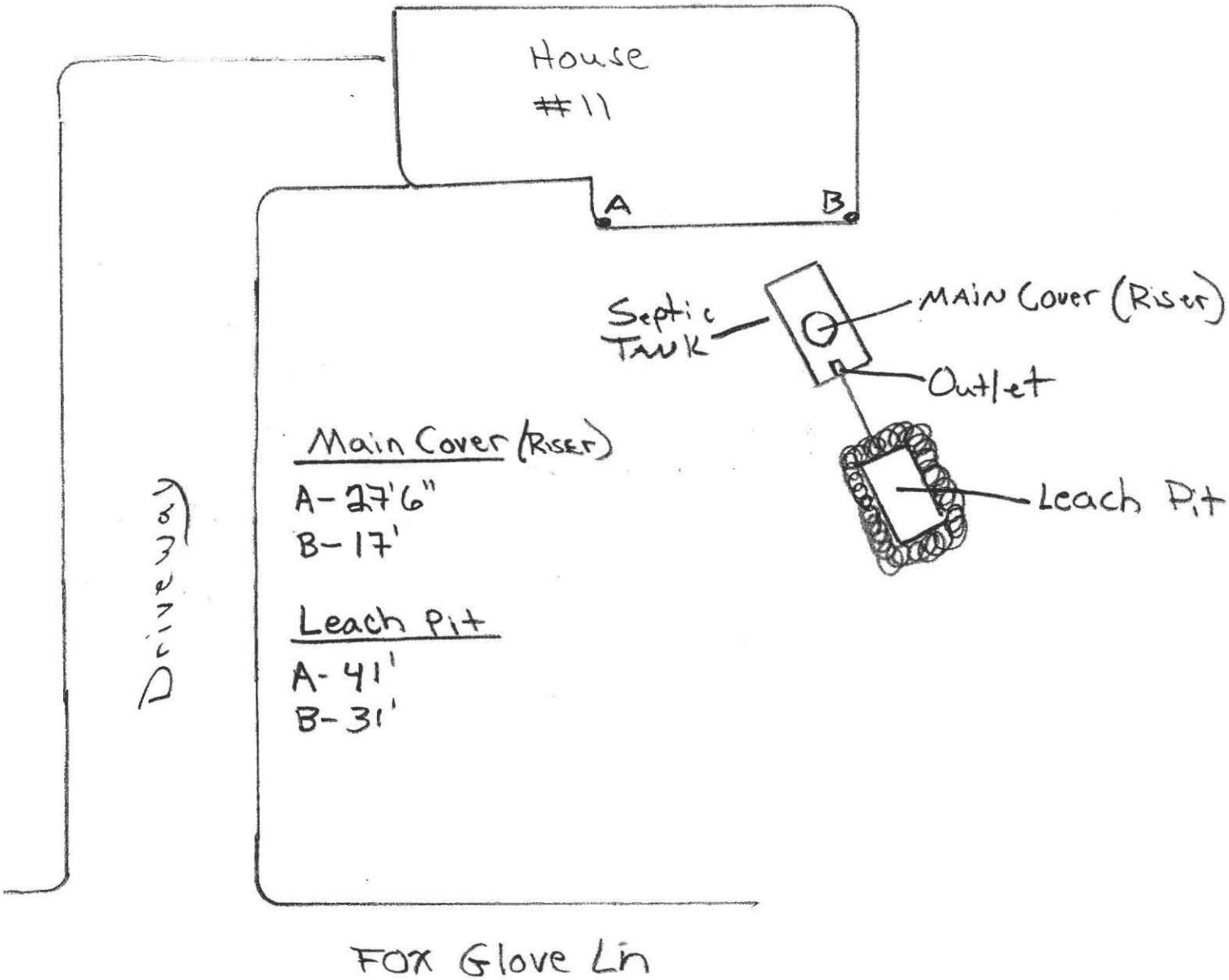
Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

☐ hand-sketch in the area below
☒ drawing attached separately



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Site Exam:

☒ Check Slope

☐ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water: NONE AT 10' feet

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: 1992 Date

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

☒ Checked with local Board of Health - explain:

INSPECTION WITNESSED BY THE AMHERST BOARD OF HEALTH AGENT ED SMITH

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

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

SLOPE , OBSERVED ABUTTING PROPERTIES AND CHECKED CELLAR. 2 MIN. /INCH PERC RATE (PER DESIGN PLANS)

Before filing this Inspection Report, please see Report Completeness Checklist on next page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOX GLOVE LANE
Property Address

WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS	01002	JULY 15, 2013
City/Town	State	Zip Code	Date of Inspection

E. Report Completeness Checklist

- ☒ Inspection Summary: A, B, C, D, or E checked
- ☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- ☒ System Information – Estimated depth to high groundwater
- ☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

July 2013
INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: July 19, 2013

TO Hedy S. Wermer
27 Brush Hill Road
Amherst, MA, 01002

RE: Invoice for **Title 5 Inspection**
11 Foxglove Lane

Services provided by **Edmund Smith**

PAYMENT TERMS: I Paid in Full

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 Inspection (7/19/2013) : PASSED	$ 200.00	$ 200.00
	paid today: check 1129/thank you		
		SUBTOTAL	$ 200.00
		SALES TAX	
		TOTAL	$ 200.00

Batch 407
7/19/2013

PERMITS/INSP PAYMENT RECPT#: 14005678
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/19/13 TIME: 15:19
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 1129

REFERENCE:

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: 11 FOXGLOVE LN

FEES:
HEA058 200.00

TOTAL PAID: 200.00

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED 5-28-09

Owner information is required for every page.

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

AMHERST — City/Town | MASS. — State | 01002 — Zip Code | MAY 18, 2009 — Date of Inspection

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 P O BOX 394
Company Address

LUDLOW — City/Town | MASS. — State | 01056 — Zip Code

413 583 2138 — Telephone Number | SI4025 — 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 | MAY 18, 2009 — 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.**

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS.	01002	MAY 18, 2009
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

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

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:

RECOMMED PUMPING SEPTIC TANK EVERY TWO (2) YEARS
BACTERIA /CCLS ADDITIVES

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

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS.	01002	MAY 18, 2009
City/Town	State	Zip Code	Date of Inspection

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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS.	01002	MAY 18, 2009
City/Town	State	Zip Code	Date of Inspection

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 <u>must</u> indicate "Yes" or "No" to each of the following for <u>all</u> 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 ½ 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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS.	01002	MAY 18, 2009
City/Town	State	Zip Code	Date of Inspection

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. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal 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 and chain of custody must be attached to this form.]**
☐	☒	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. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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. The system owner should contact the appropriate regional office of the Department.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS.	01002	MAY 18, 2009
City/Town	State	Zip Code	Date of Inspection

C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes	No	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☒	☐	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☒	☐	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	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?
☒	☐	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:
☒	☐	Existing information. For example, a plan at the Board of Health.
☒	☐	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

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST
City/Town

MASS.
State

01002
Zip Code

MAY 18, 2009
Date of Inspection

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 GPD

Number of current residents: 1

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

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS.	01002	MAY 18, 2009
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

General Information

Pumping Records:

Source of information: NEVER PUMPED IN SEVENTEEN YEARS

Was system pumped as part of the inspection? ☒ Yes ☐ No

If yes, volume pumped: 1500 gallons

How was quantity pumped determined? MEASURED

Reason for pumping: MAINTENANCE /PREP FOR 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) and a copy of latest inspection of the I/A system by system operator under contract

☐ Tight tank. Attach a copy of the DEP approval.

☒ Other (describe):
SEPTIC TANK, LEACH PIT

Approximate age of all components, date installed (if known) and source of information:
APPROXIMATELY SEVENTEEN YEARS OLD, 1992

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST — City/Town | MASS. — State | 01002 — Zip Code | MAY 18, 2009 — Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: 4', SYSTEM HAS EJECTOR PUMP feet

Material of construction:

☐ cast iron ☒ 40 PVC ☒ other (explain): SYSTEM HAS EJECTOR PUMP

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: 3' 1" 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 10' 6" X W 5' X H 5'
1500 GALLON SEPTIC TANK

Sludge depth: 2' 6"

Distance from top of sludge to bottom of outlet tee or baffle 4"

Scum thickness 20"

Distance from top of scum to top of outlet tee or baffle 3"

Distance from bottom of scum to bottom of outlet tee or baffle 1"

How were dimensions determined? MEASURED

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST — City/Town | MASS. — State | 01002 — Zip Code | MAY 18, 2009 — Date of Inspection

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 SEPTIC TANK EVERY YEAR, 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):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST — City/Town | MASS. — State | 01002 — Zip Code | MAY 18, 2009 — Date of Inspection

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 NO D -BOX

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.):

NONE FOUND

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST — City/Town | MASS. — State | 01002 — Zip Code | MAY 18, 2009 — Date of Inspection

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:	ONE - 10' 6" X 7' X 5'
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☐	leaching fields	number, dimensions:	
☐	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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

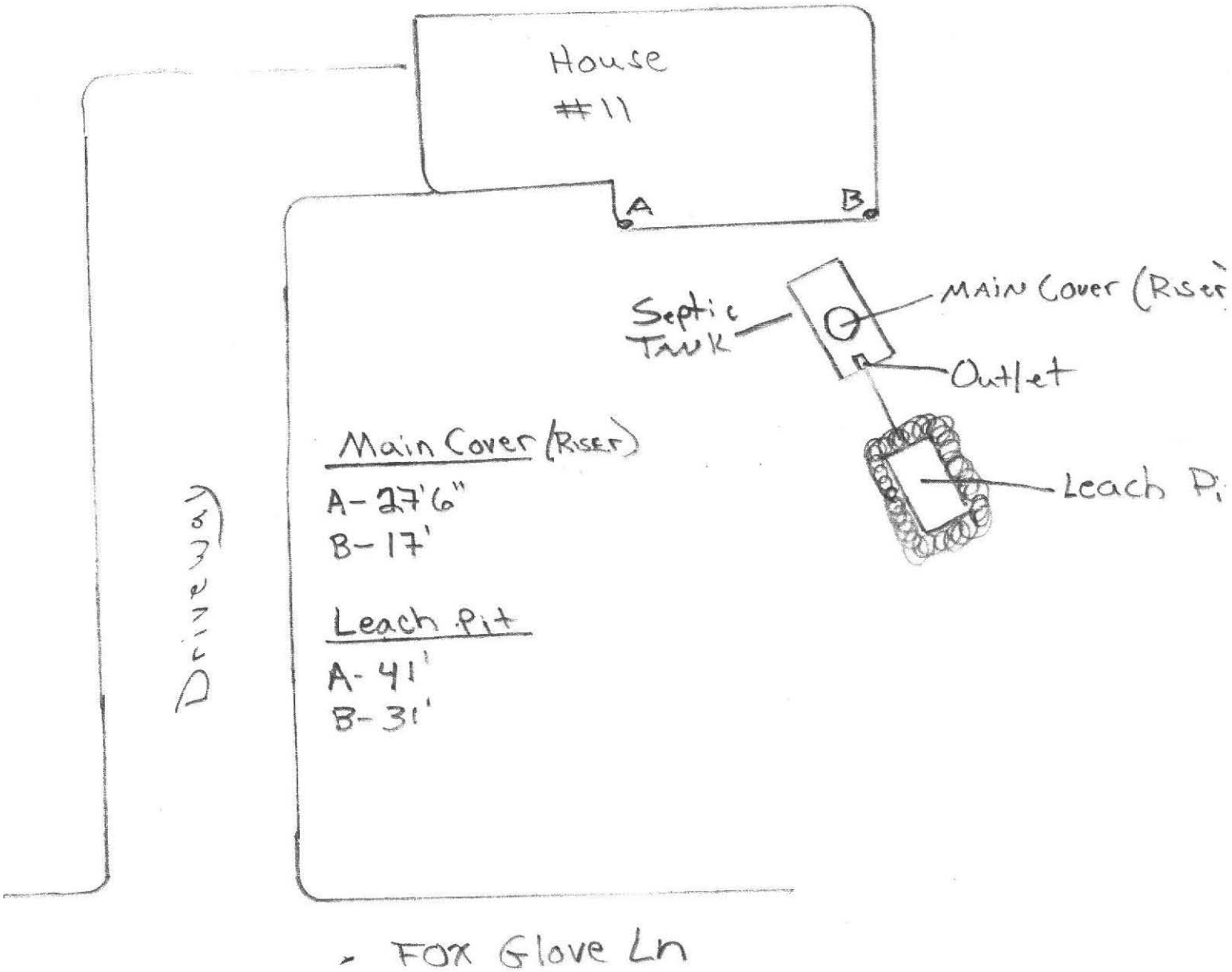
HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST	MASS.	01002	MAY 18, 2009
City/Town	State	Zip Code	Date of Inspection

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.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 FOXGLOVE LANE
Property Address

HEDY WERMER
Owner's Name

Owner information is required for every page.

AMHERST — City/Town | MASS. — State | 01002 — Zip Code | MAY 18, 2009 — Date of Inspection

D. System Information (cont.)

Site Exam:

☒ Check Slope

☐ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water: NONE AT 10', 2 MIN /INCH PERC RATE (PER DESIGN PLANS)

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: APPROX. 1992 (Date)

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

☒ Checked with local Board of Health - explain:
HEALTH AGENT ELLEN BOKINA ONSITE FOR INSPECTION

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

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

*** AT THIS TIME CLEAN SEPTICS RECOMMENDED PUMPING THE SEPTIC TANK ***
SEPTIC TANK WAS PUMPED ON MAY 22, 2009