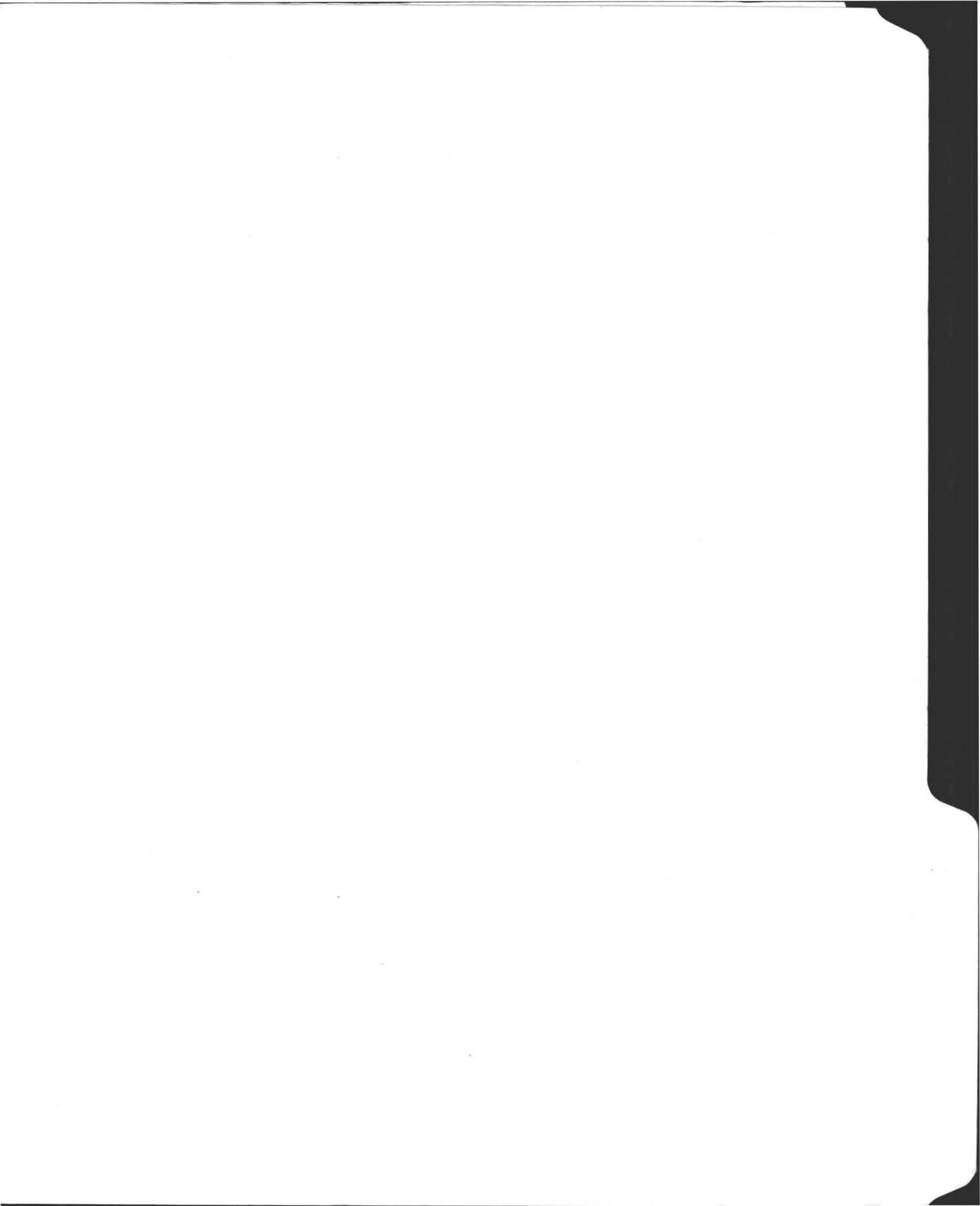


11 FOXGLOVE LANE



rec'd.
8/1/13
EJS



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

413 583 2138

Telephone Number

MASS

State

01056

Zip Code

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.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both primary and secondary sources, as well as the specific techniques employed for data processing and statistical analysis.

The third section presents the results of the study, showing a clear trend in the data over the period analyzed. The findings indicate that there is a significant correlation between the variables being studied, which supports the initial hypothesis.

Finally, the document concludes with a summary of the key findings and offers some practical recommendations based on the research. It suggests that the insights gained from this study can be applied to improve future data collection and analysis processes.



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B. Certification (cont.)

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

A) System Passes:

[X] 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):

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

RECEIVED
MAY 15 1964

PROF. J. H. GOLDSTEIN
UNIVERSITY OF CHICAGO

CHICAGO, ILLINOIS

Dear Professor Goldstein:

I have received your letter of May 12, 1964, regarding the paper by Goldstein and co-workers, "The Structure of the Surface of Polymers," published in the Journal of Polymer Science, Part A, Vol. 2, pp. 1-10, 1964.

I am sorry that I have not had time to read the paper in detail, but I have skimmed it and am interested in the results. I am particularly interested in the question of the structure of the surface of polymers, and I am sure that your work will be of great value to the field.

I am sure that your work will be of great value to the field.

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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
obstruction is removed
distribution box is leveled or replaced

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

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

1900

100

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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:

- Four checkbox options regarding septic tank and SAS proximity to surface and private water supplies.

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.

3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

Table with 2 columns: Yes, No and 4 rows of failure criteria.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that this is crucial for the company's financial health and for providing reliable information to stakeholders.

2. The second part of the document outlines the specific procedures for recording transactions. It details the steps from identifying a transaction to entering it into the accounting system, ensuring that all necessary details are captured and verified.

3. The third part of the document discusses the role of the accounting department in monitoring and controlling the company's financial performance. It highlights the importance of regular reviews and reporting to management to identify any potential issues or opportunities for improvement.

4. The fourth part of the document addresses the challenges faced by the accounting department in maintaining accurate records. It discusses the impact of technological changes and the need for continuous training and development of staff to stay up-to-date with the latest accounting practices.

5. The fifth part of the document concludes by summarizing the key points discussed and reiterating the importance of accurate record-keeping for the company's success. It encourages all employees to take responsibility for their own financial transactions and to work closely with the accounting department to ensure the integrity of the company's financial data.



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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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

1. The first part of the experiment is to determine the molar mass of a polymer. This is done by measuring the osmotic pressure of a solution of the polymer in a solvent. The osmotic pressure is measured by a method known as the membrane osmometry. The polymer solution is separated from a pure solvent by a semi-permeable membrane. The osmotic pressure is the pressure that must be applied to the pure solvent to prevent it from flowing through the membrane into the polymer solution.

2. The second part of the experiment is to determine the degree of substitution of a polymer. This is done by measuring the change in the refractive index of a solution of the polymer in a solvent. The refractive index is measured by a method known as the refractometry. The refractive index is the ratio of the speed of light in a vacuum to the speed of light in the medium.

3. The third part of the experiment is to determine the molecular weight of a polymer. This is done by measuring the viscosity of a solution of the polymer in a solvent. The viscosity is measured by a method known as the viscometry. The viscosity is the resistance of a fluid to flow.

4. The fourth part of the experiment is to determine the molecular weight of a polymer. This is done by measuring the sedimentation velocity of a polymer solution in a centrifuge. The sedimentation velocity is the rate at which the polymer molecules settle in a centrifugal field. The sedimentation velocity is measured by a method known as the sedimentation velocity method.

5. The fifth part of the experiment is to determine the molecular weight of a polymer. This is done by measuring the light scattering of a polymer solution. The light scattering is the scattering of light by the polymer molecules. The light scattering is measured by a method known as the light scattering method.



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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:

- Checklist items with Yes/No columns and checkboxes. Items include: Pumping information provided, system components pumped out, normal flows received, large volumes of water introduced, built plans obtained, facility inspected for sewage back up, site inspected for break out, system components located on site, septic tank manholes inspected, facility owner provided with maintenance information, existing information, and field determination.

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



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D. System Information

Description:

Three horizontal lines for description.

Number of current residents:

3

Does residence have a garbage grinder?

[X] Yes [] No

Is laundry on a separate sewage system? [if yes separate inspection required]

[] Yes [X] No

Laundry system inspected?

[] Yes [X] No

Seasonal use?

[] Yes [X] No

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

TOWN WATER

Detail:

SYSTEM HAS AN EJECTOR PUMP

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:

Handwritten text at the top of the page, possibly a title or header.

Second line of handwritten text, appearing as a separate section or paragraph.

Third line of handwritten text, continuing the content.

Fourth line of handwritten text, showing further detail.

Fifth line of handwritten text, possibly a date or signature.

Sixth line of handwritten text.

Seventh line of handwritten text.

Eighth line of handwritten text.

Ninth line of handwritten text at the bottom of the page.



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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...
Tight tank. Attach a copy of the DEP approval.
Other (describe): SEPTIC TANK AND A LEACH PIT

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DEPARTMENT OF CHEMISTRY

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CHICAGO, ILLINOIS

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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 [X] No

Building Sewer (locate on site plan):

Depth below grade:

4'- SYSTEM HAS AN EJECTOR PUMP

Material of construction:

[] cast iron [X] 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:

[X] 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:



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D. System Information (cont.)

Septic Tank (cont.)

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

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

How were dimensions determined?

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



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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.):

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

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

REPORT OF THE
COMMISSIONERS OF THE
LAND OFFICE
OF THE STATE OF ILLINOIS
FOR THE YEAR 1897

CHICAGO: PUBLISHED BY THE
UNIVERSITY OF CHICAGO PRESS
1898

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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:

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT
NO. 1000

BY
J. H. GOLDSTEIN
AND
R. F. FIESHER

RECEIVED
MAY 15 1954

CHICAGO, ILLINOIS



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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

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Main body of handwritten text, appearing to be a list or series of entries.

Handwritten notes at the bottom of the page, including a date and some illegible text.



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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.):

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

1155 EAST 58TH STREET

CHICAGO, ILLINOIS 60637

TEL: 773-936-3700

FAX: 773-936-3701

WWW.PHYSICS.UCHICAGO.EDU

ADMISSIONS OFFICE

PHYSICS DEPARTMENT

1155 EAST 58TH STREET

CHICAGO, ILLINOIS 60637

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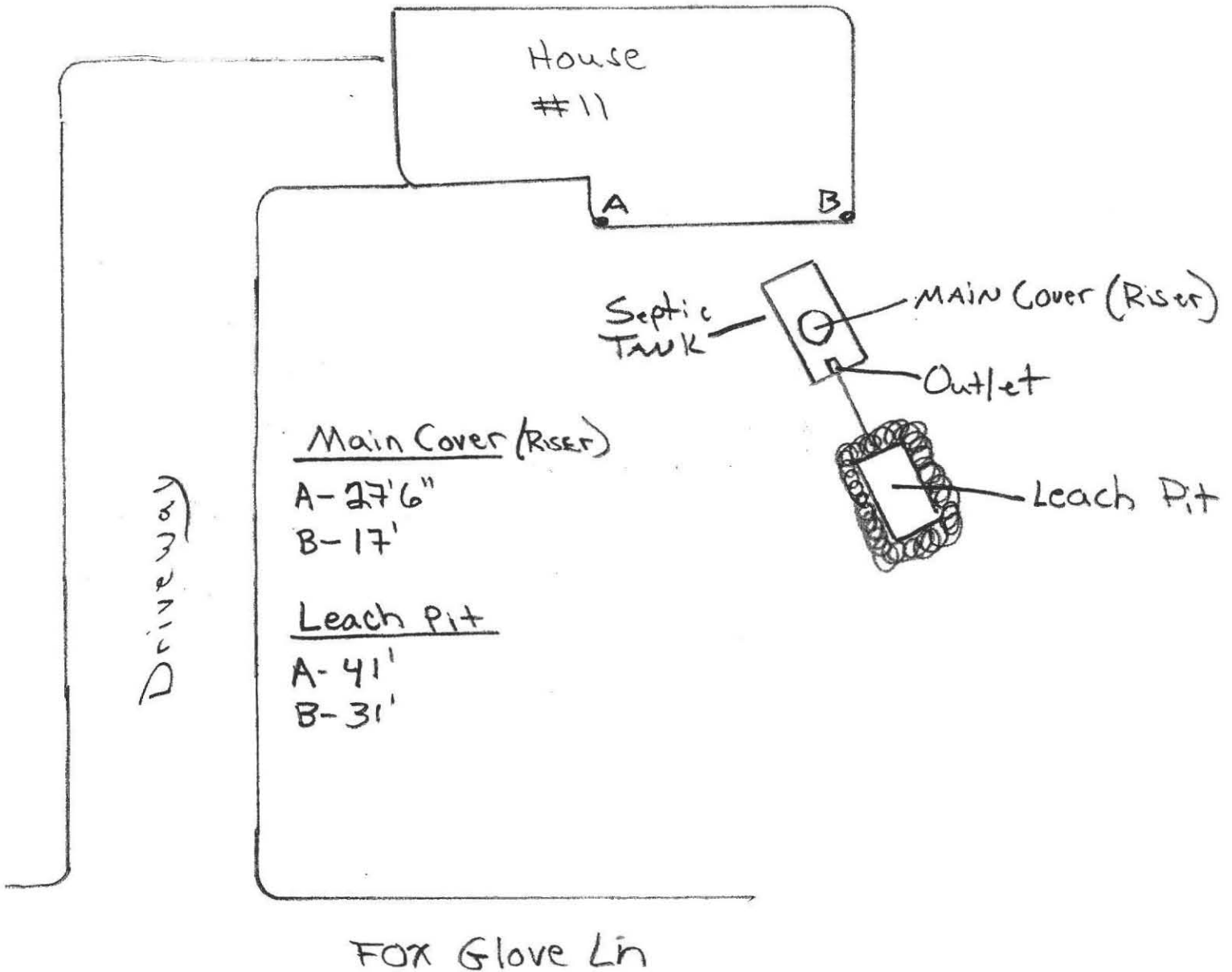
Date of Inspection

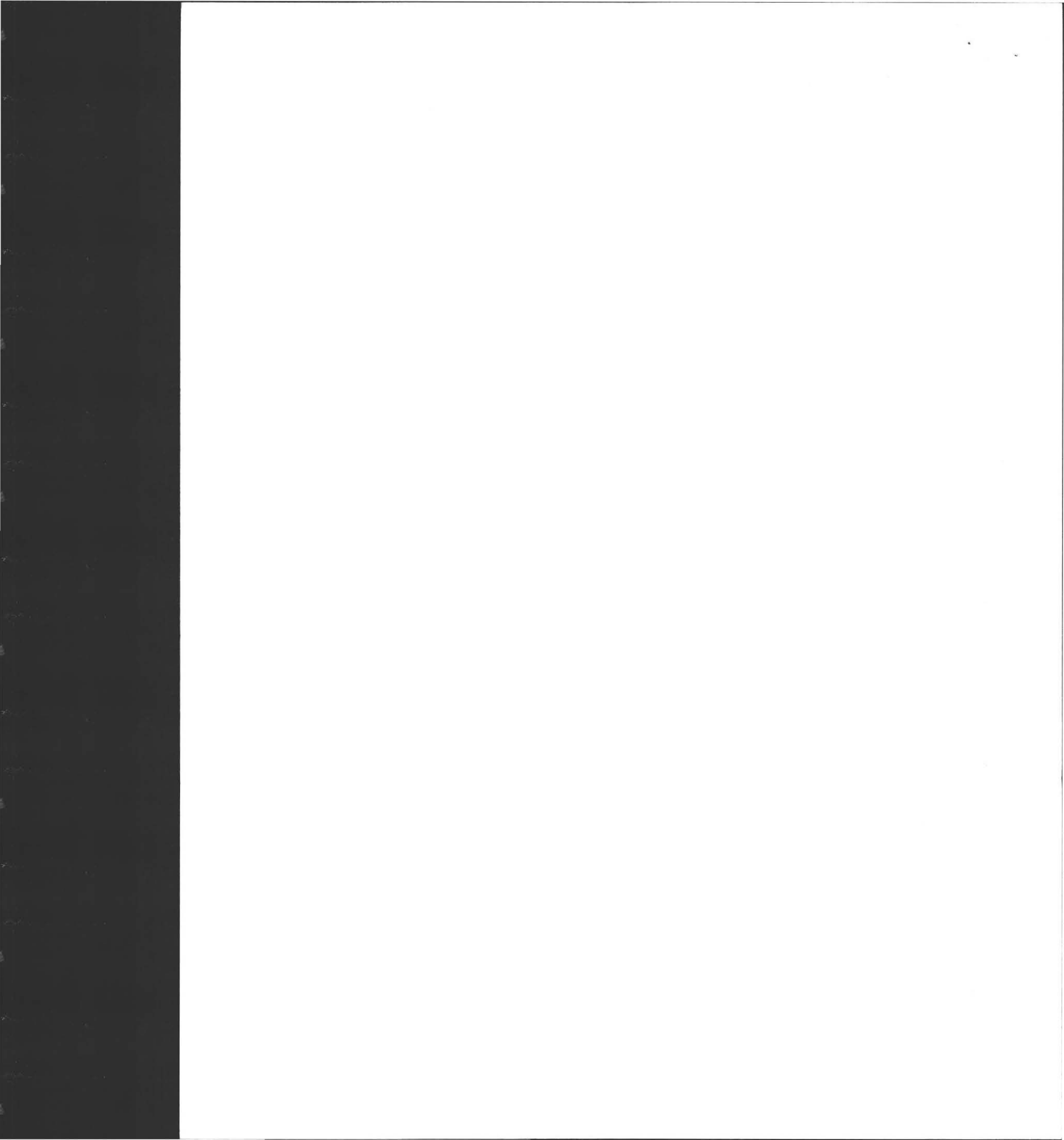
Owner information is required for every page.

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







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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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607

RECEIVED
JAN 15 1964
FROM
DR. J. H. GOLDSTEIN
100 EAST WASHINGTON STREET
CHICAGO, ILLINOIS 60601

RE: 1,4-DIHYDROXYBENZENE
C₆H₄(OH)₂

1,4-DIHYDROXYBENZENE
C₆H₄(OH)₂

1,4-DIHYDROXYBENZENE
C₆H₄(OH)₂

1,4-DIHYDROXYBENZENE
C₆H₄(OH)₂

1,4-DIHYDROXYBENZENE
C₆H₄(OH)₂

1,4-DIHYDROXYBENZENE
C₆H₄(OH)₂



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

AMHERST

City/Town

MASS

State

01002

Zip Code

JULY 15, 2013

Date of Inspection

Owner information is required for every page.

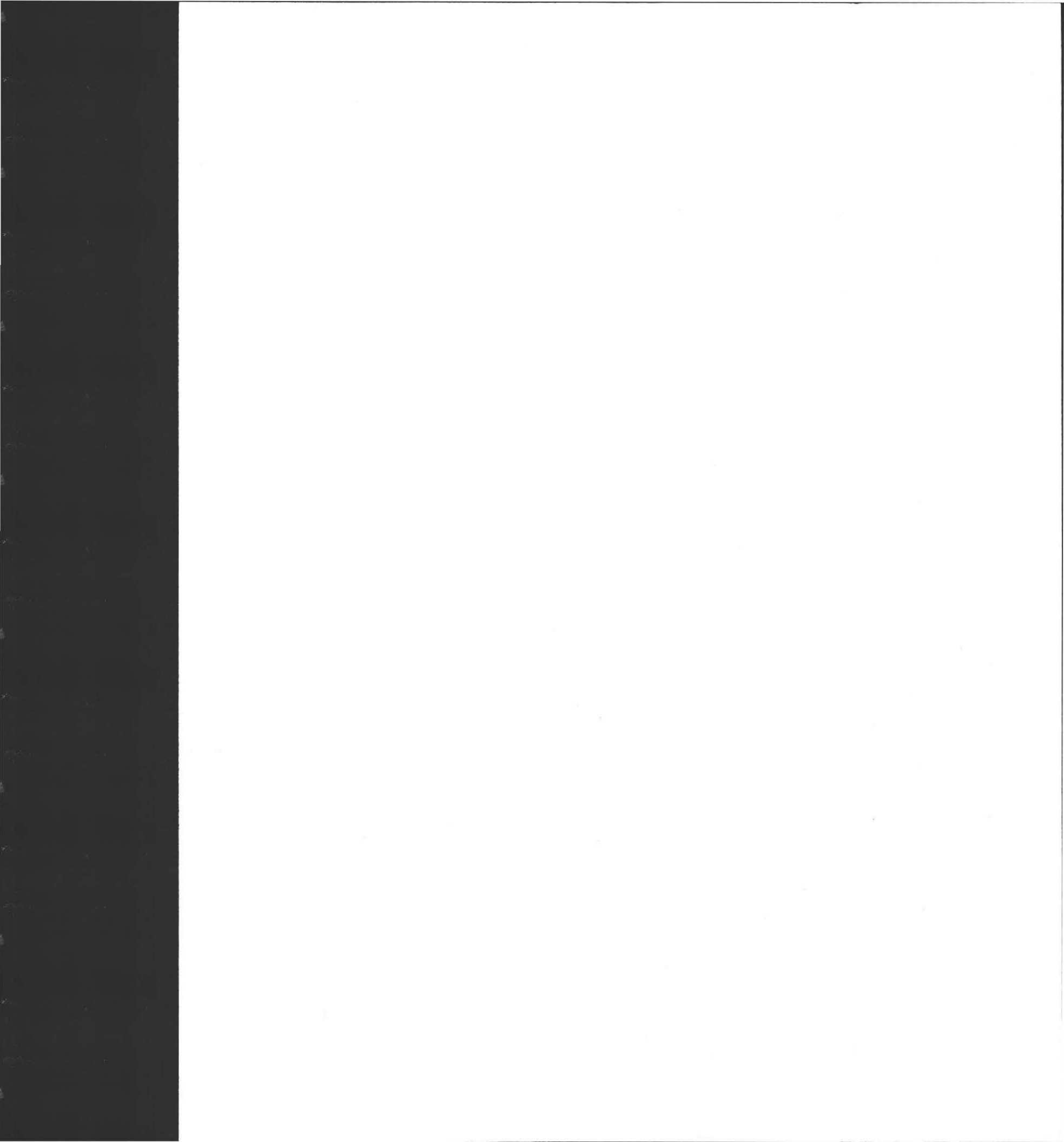
E. Report Completeness Checklist

- 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

1900

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...



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

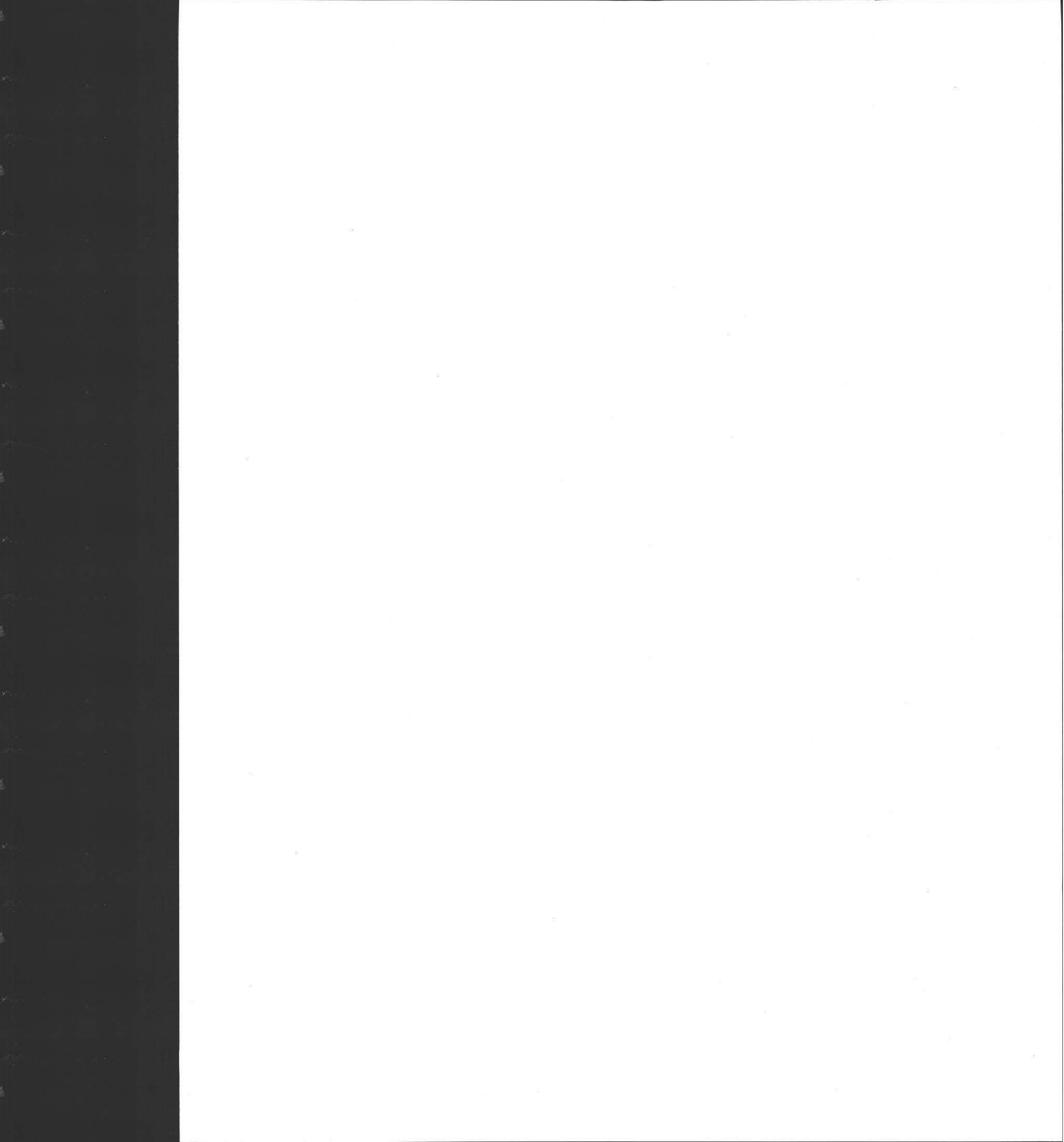
REFERENCE:

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

SITE ADDRESS: 11 FOXGLOVE LN

FEES:
HEA058 200.00

TOTAL PAID: 200.00





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

413 583 2138

Telephone Number

MASS.

State

01056

Zip Code

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 Torretta

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.

1892

1892

1892



Commonwealth of Massachusetts

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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

Faint, illegible text at the top of the page, possibly a header or introductory paragraph.

Second block of faint, illegible text, appearing as a separate section or paragraph.

Third block of faint, illegible text, continuing the document's content.

Fourth block of faint, illegible text, possibly a list or detailed notes.

Fifth block of faint, illegible text, appearing as a distinct section.

Sixth block of faint, illegible text, likely the concluding part of the document.



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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:

D) System Failure Criteria Applicable to All Systems:

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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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Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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B. Certification (cont.)

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

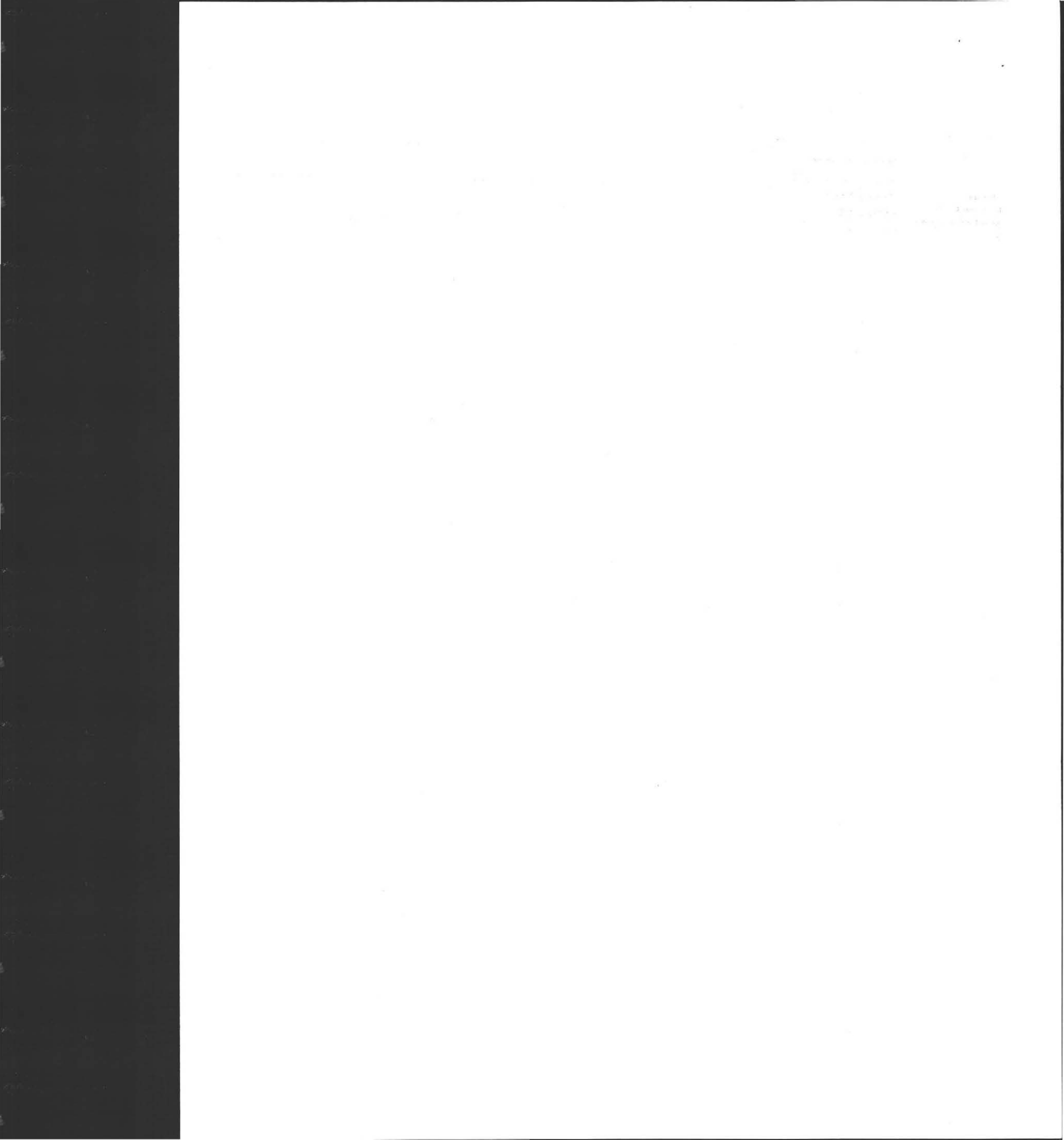
- Yes No
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water 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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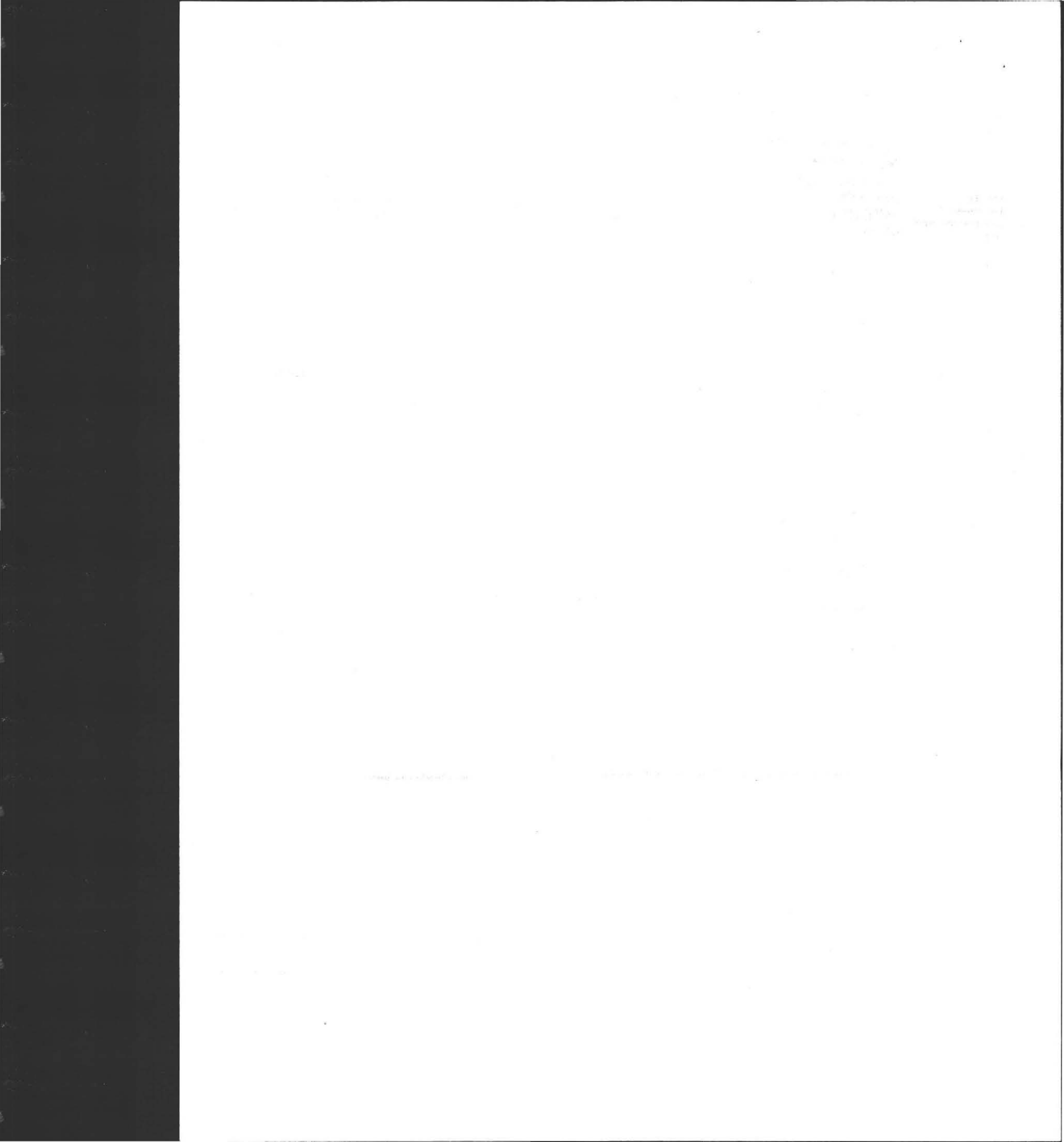
Date of Inspection

Owner information is required for every page.

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 checked="" 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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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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): _____



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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

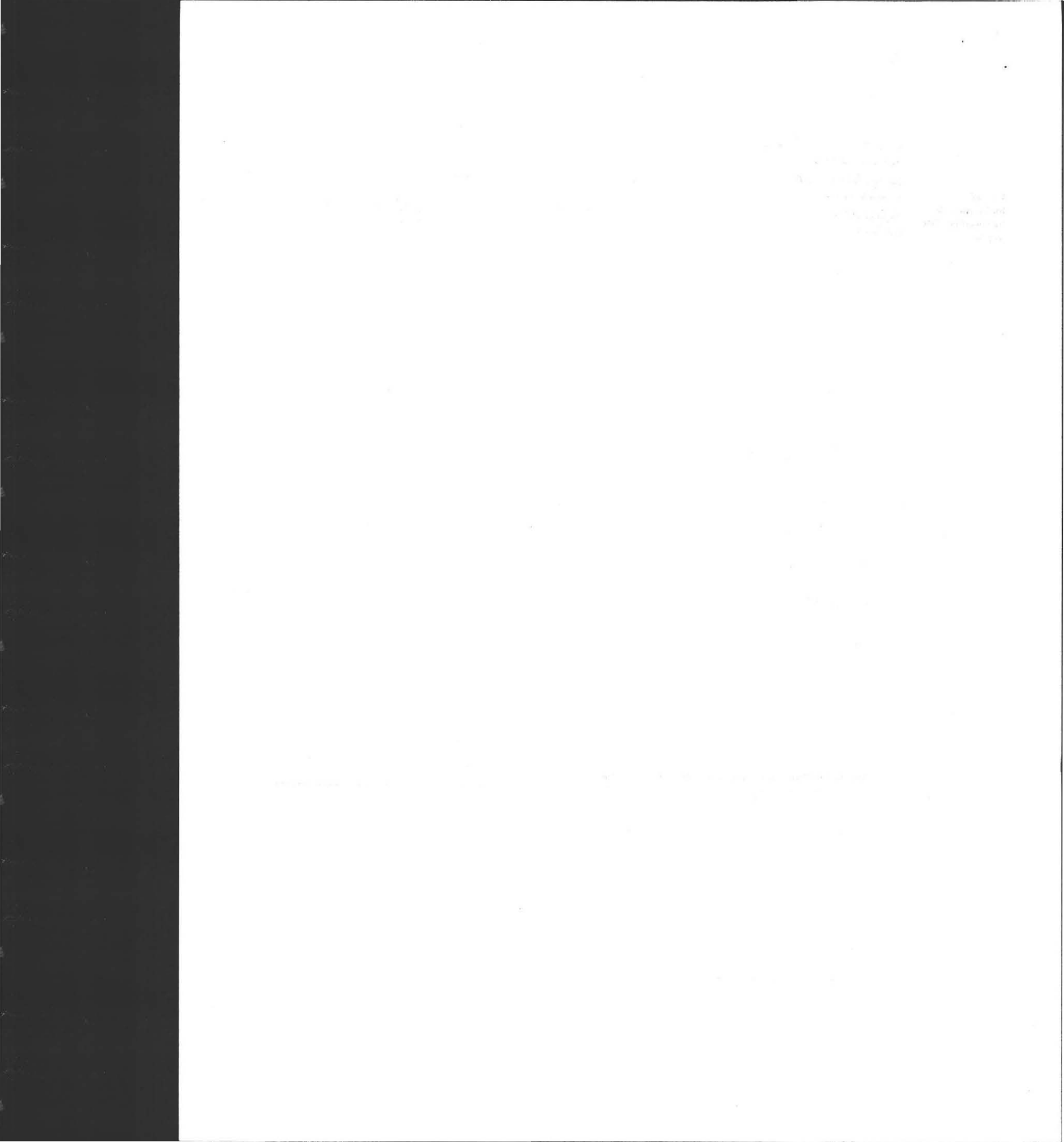
Type of System:

- 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





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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"

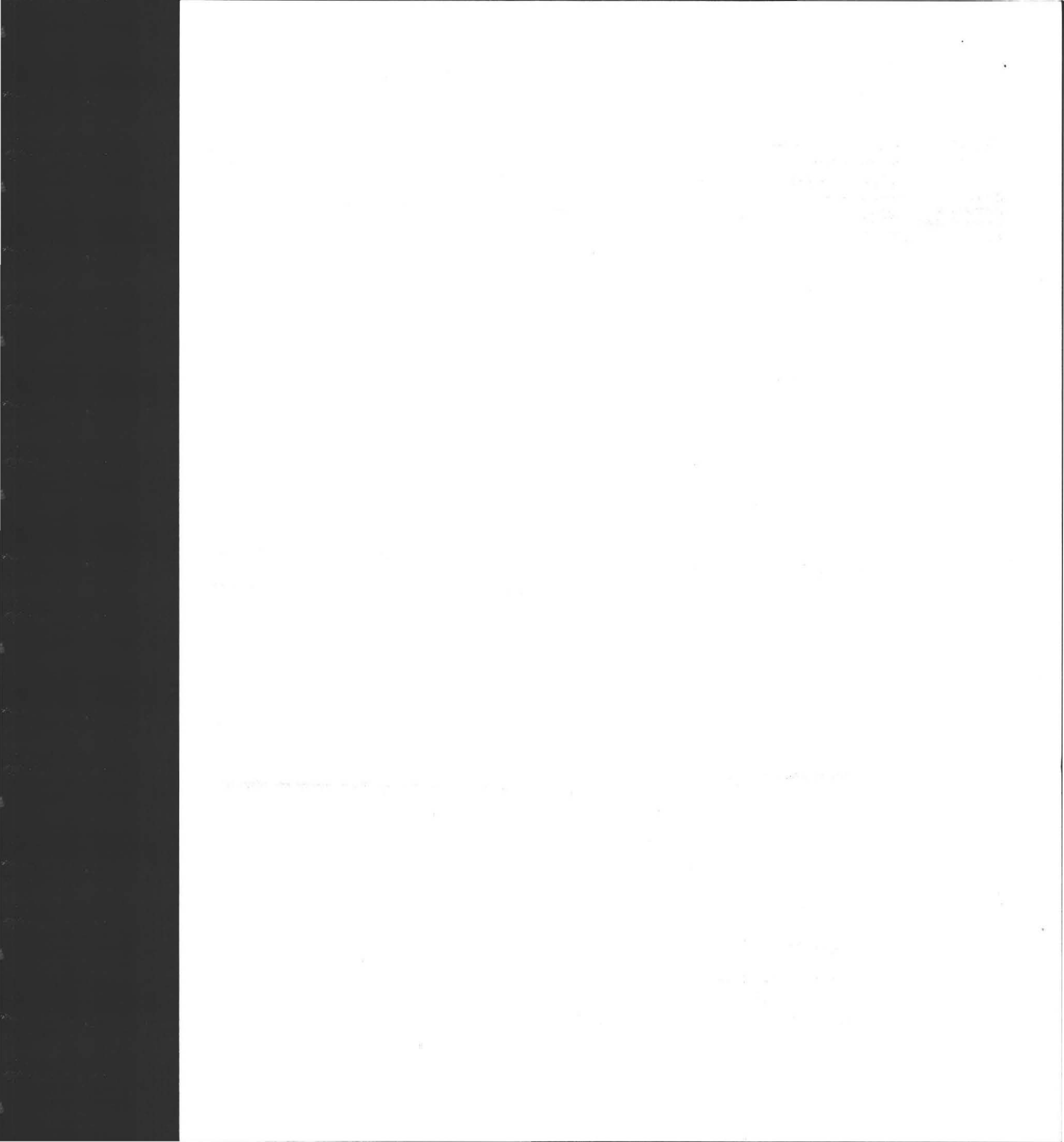
Distance from top of sludge to bottom of outlet tee or baffle 4"

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





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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 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:

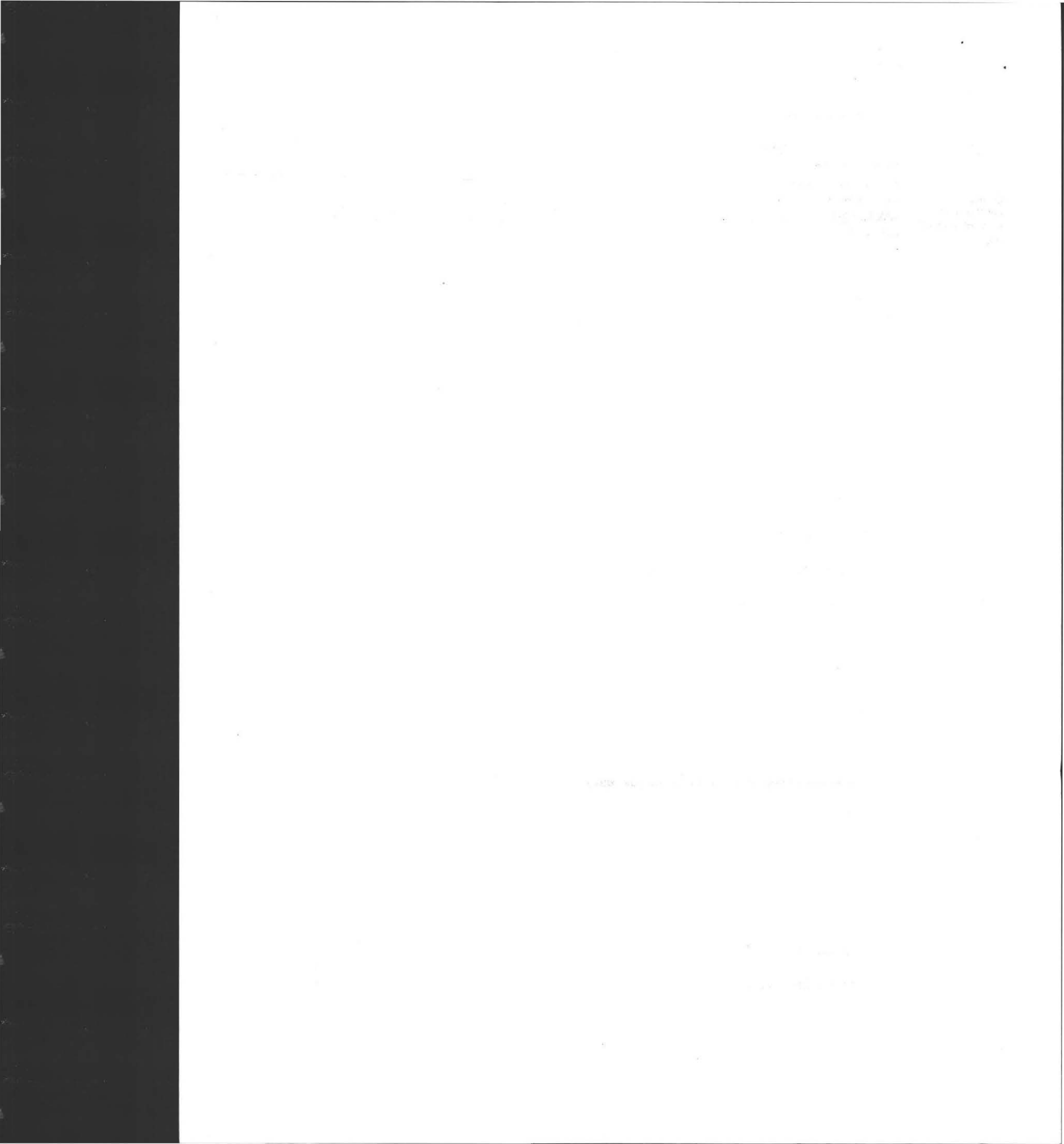
concrete

metal

fiberglass

polyethylene

other (explain):





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 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

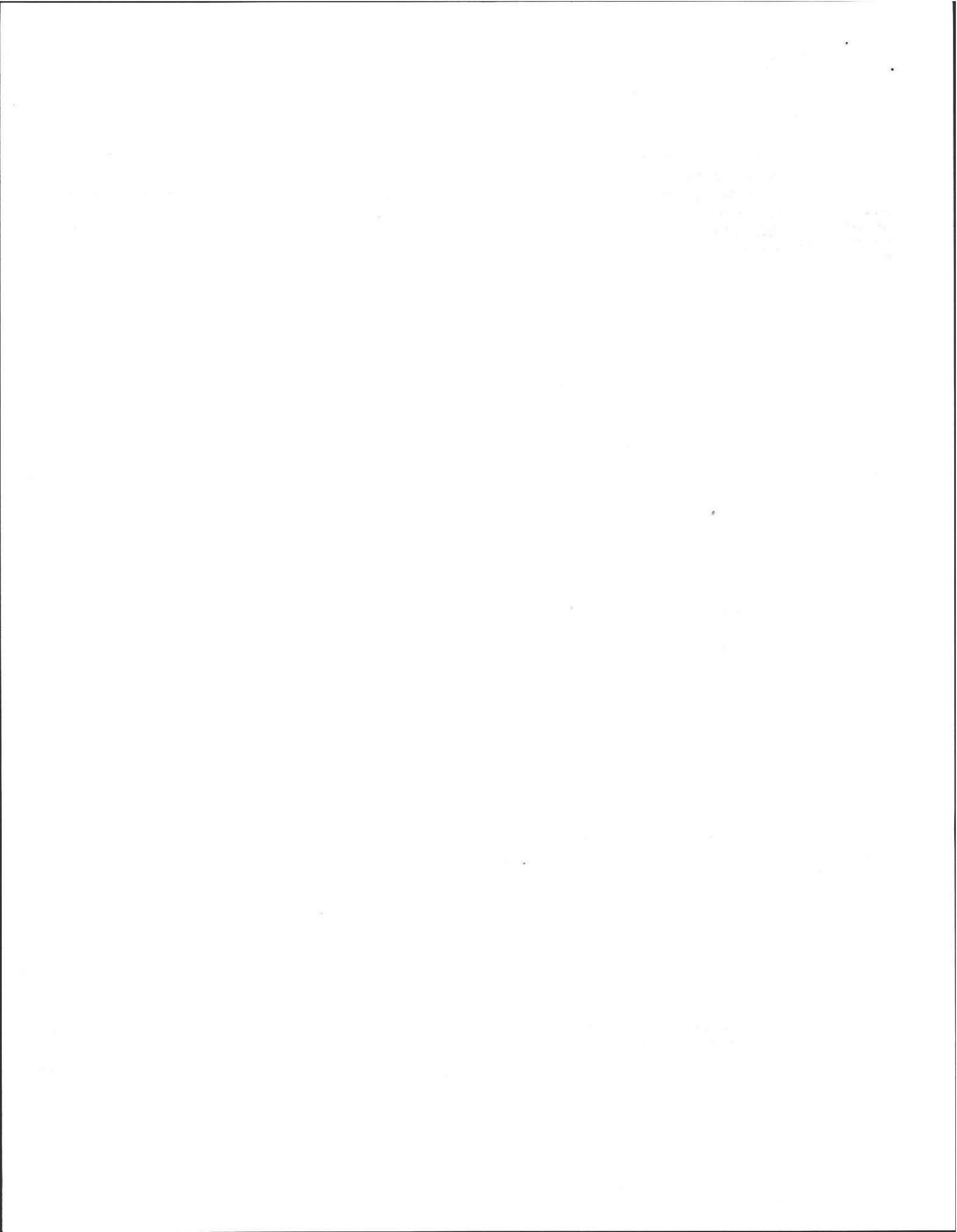
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

NONE FOUND

Pump Chamber (locate on site plan):

Pumps in working order: Yes No

Alarms in working order: Yes No





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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:

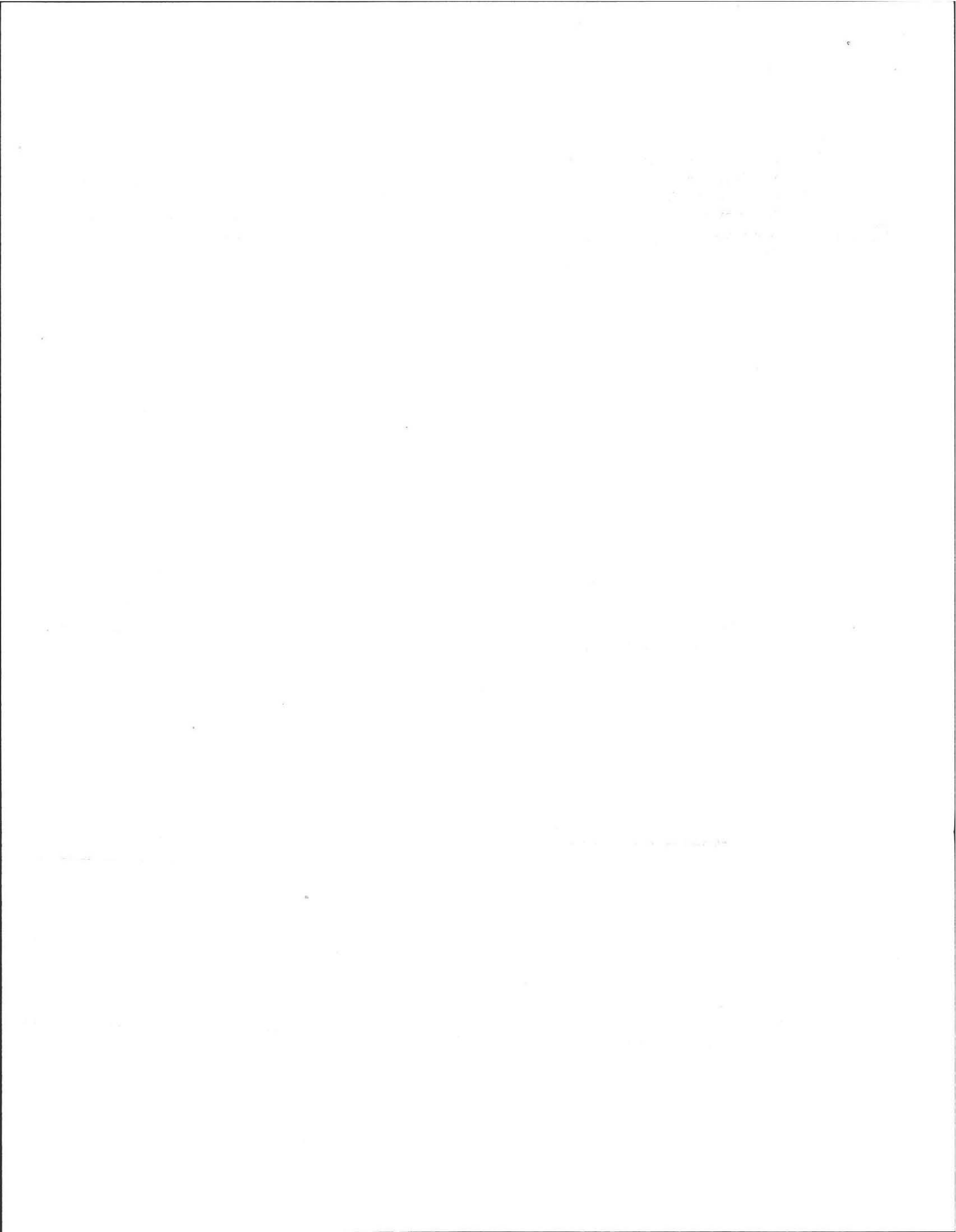
Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|---------------------------|
| <input checked="" type="checkbox"/> | leaching pits | number: | ONE -
10' 6" X 7' X 5' |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input type="checkbox"/> | leaching fields | number, dimensions: | _____ |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <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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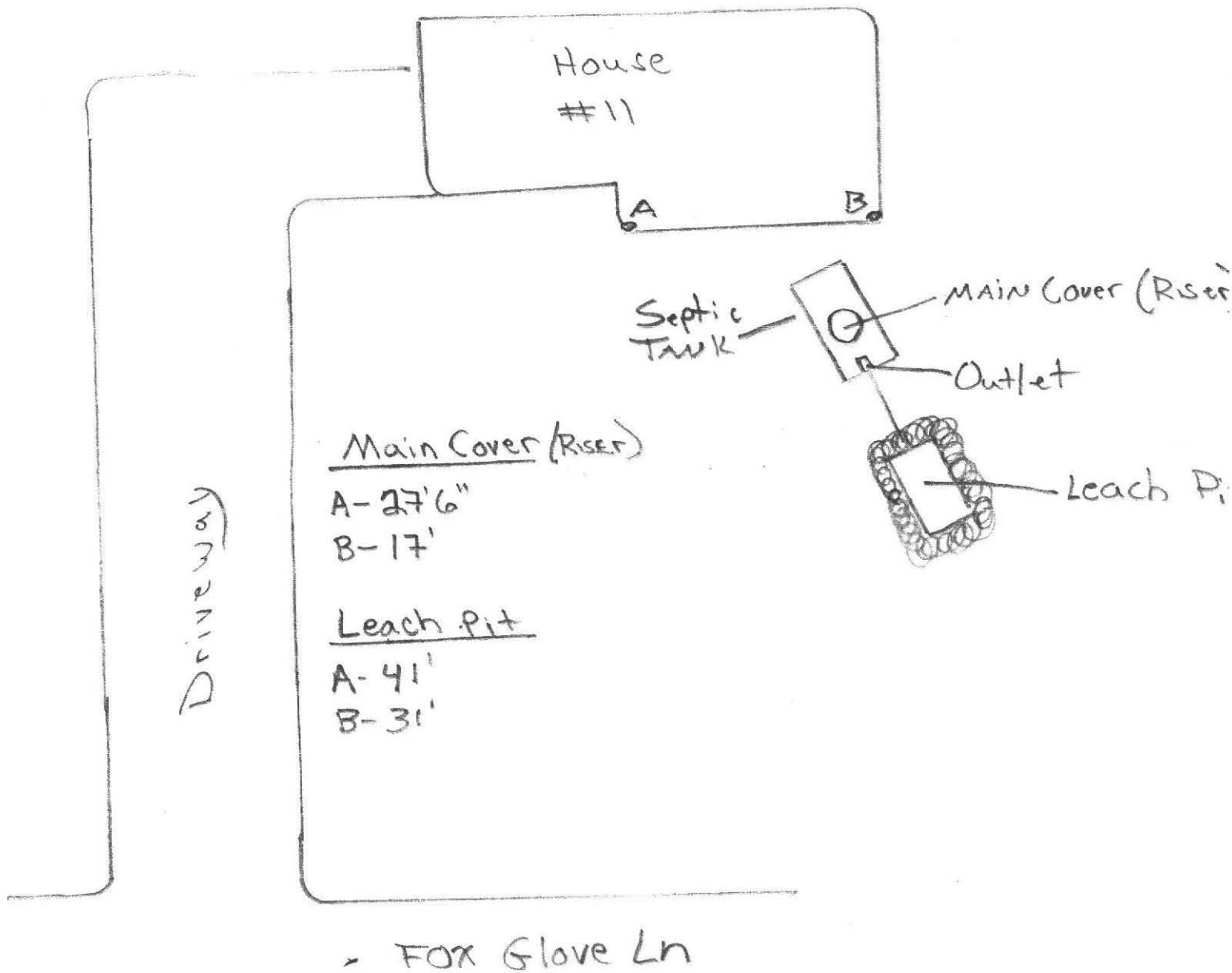
MAY 18, 2009

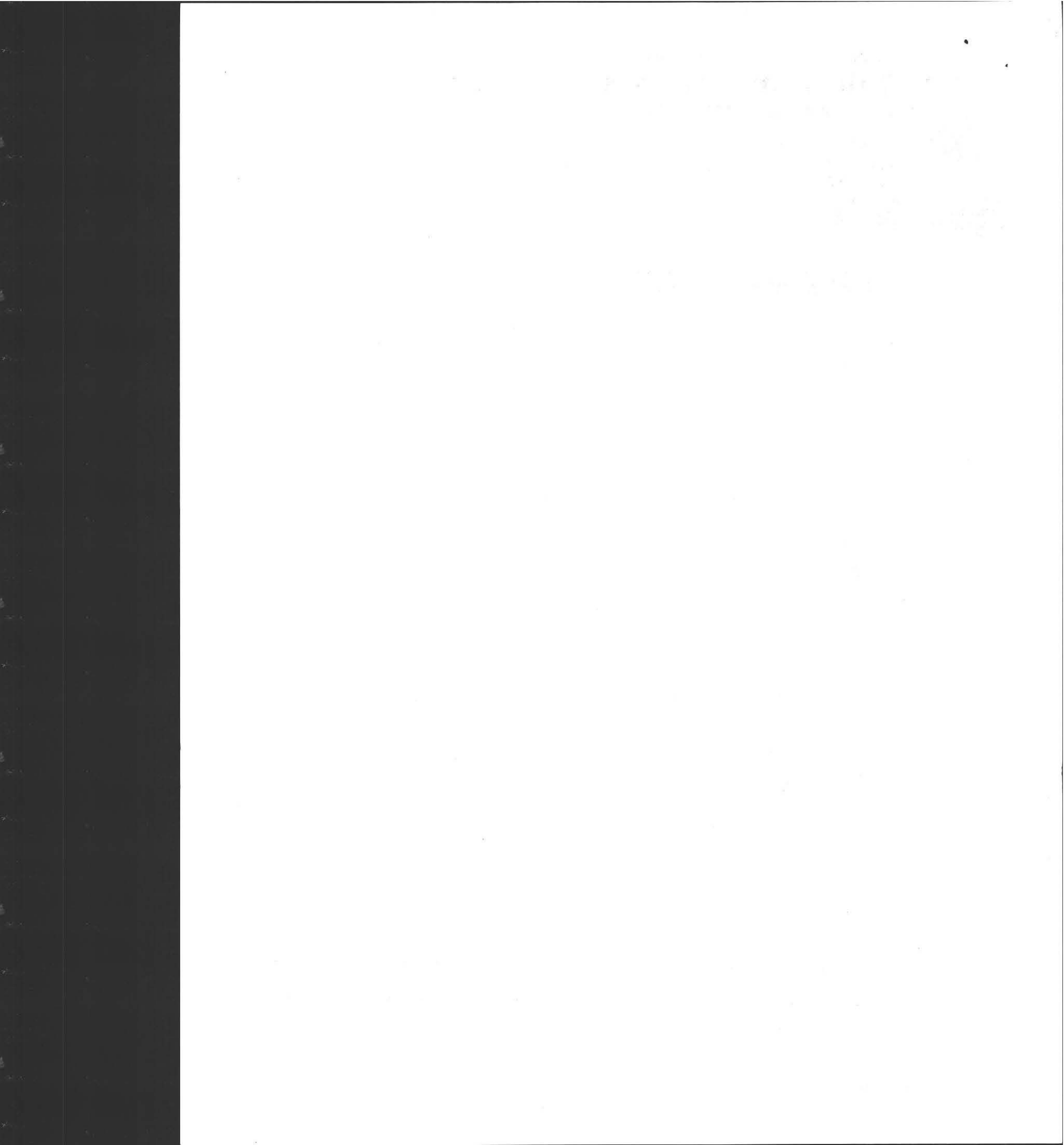
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D. System Information (cont.)

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.







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

Owner information is required for every page.

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

