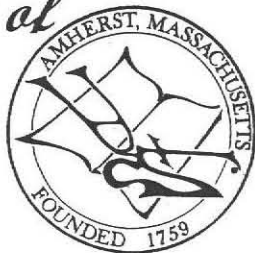


167 Henry St.



*Town of*



AMHERST

*Massachusetts*

---

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002  
(413) 259-3077 (413) 259-2404 - FAX [health@amherstma.gov](mailto:health@amherstma.gov)

May 1 2012

To: Sarah Madison  
163 Chauncey Walker St.  
Belchertown, MA 01007

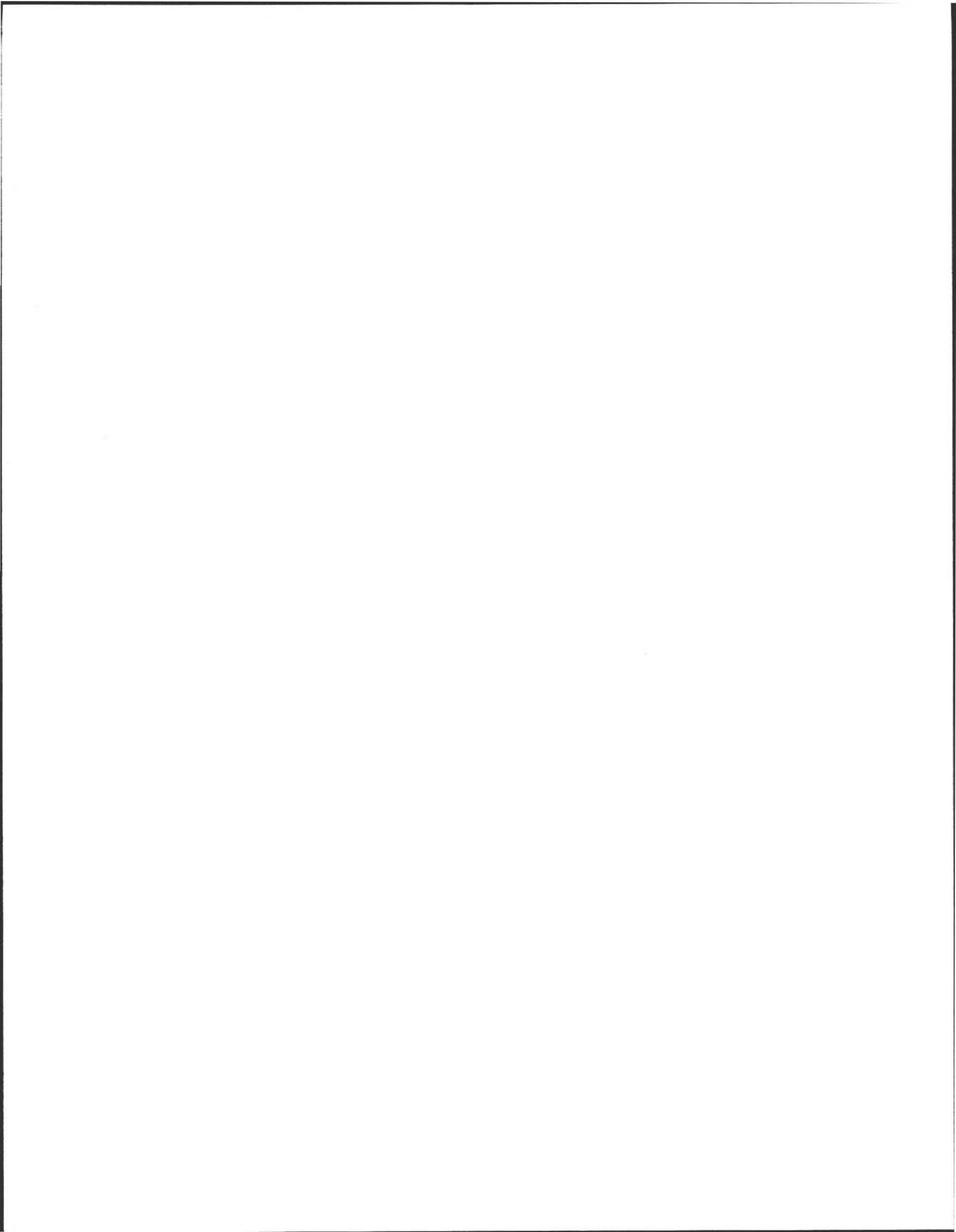
RE: 167 Henry Street,  
Amherst, MA 01002

Pursuant to your request for an extension of the Title V inspection conducted on May 12, 2010, which passed the system (it was pumped that day), I observed the septic tank this morning at the time of pumping by Karl's Excavating. There was no staining on or above the cover of the tank, and the liquid level at the outlet of the tank was at the invert and not above. These observations support the tank draining to a soil absorption system that is handling the effluent without backing up. There was a modest accumulation of solids and scum since the 2010 pumping which should indicate relatively minor loading of the system in those nearly 2 years, and indeed you have told us the house was vacant from July 2010 to October 2011 (consistent with the state of the tank contents). The present septic tank is 1500 gallons, single compartment, dating from 2003.

My opinion is that this system is in compliance with Title V for the purposes of closing the sale of the house on or before May 31, 2012; if the sale does not close by this date please contact me at once.

Sincerely,

Edmund Smith  
Asst. Sanitarian, Amherst Health Department  
MA Soil Evaluator  
MA Title V System Inspector



## Smith, Edmund

---

**From:** Sarah Madison [mailto:madison@honors.umass.edu]  
**Sent:** Monday, April 30, 2012 10:30 AM  
**To:** 'Cheryl Carey'; Smith, Edmund; esmith@northamptonma.gov  
**Subject:** 167 Henry St , Amherst - septic tank pumping

Hi Cheryl and Ed,

I just wanted to confirm that my husband and I were able to dig up the area above the septic tank hatch on Saturday so I think we're all set for the pumping as scheduled for tomorrow morning.

Best,  
Sarah

---

Sarah Madison  
Assistant Director, Advising  
Commonwealth Honors College  
UMass  
Amherst, MA 01003  
413.545.2483  
[madison@honors.umass.edu](mailto:madison@honors.umass.edu)  
[www.honors.umass.edu](http://www.honors.umass.edu)

"Expect the Universe to  
support your dreams, it will."

---

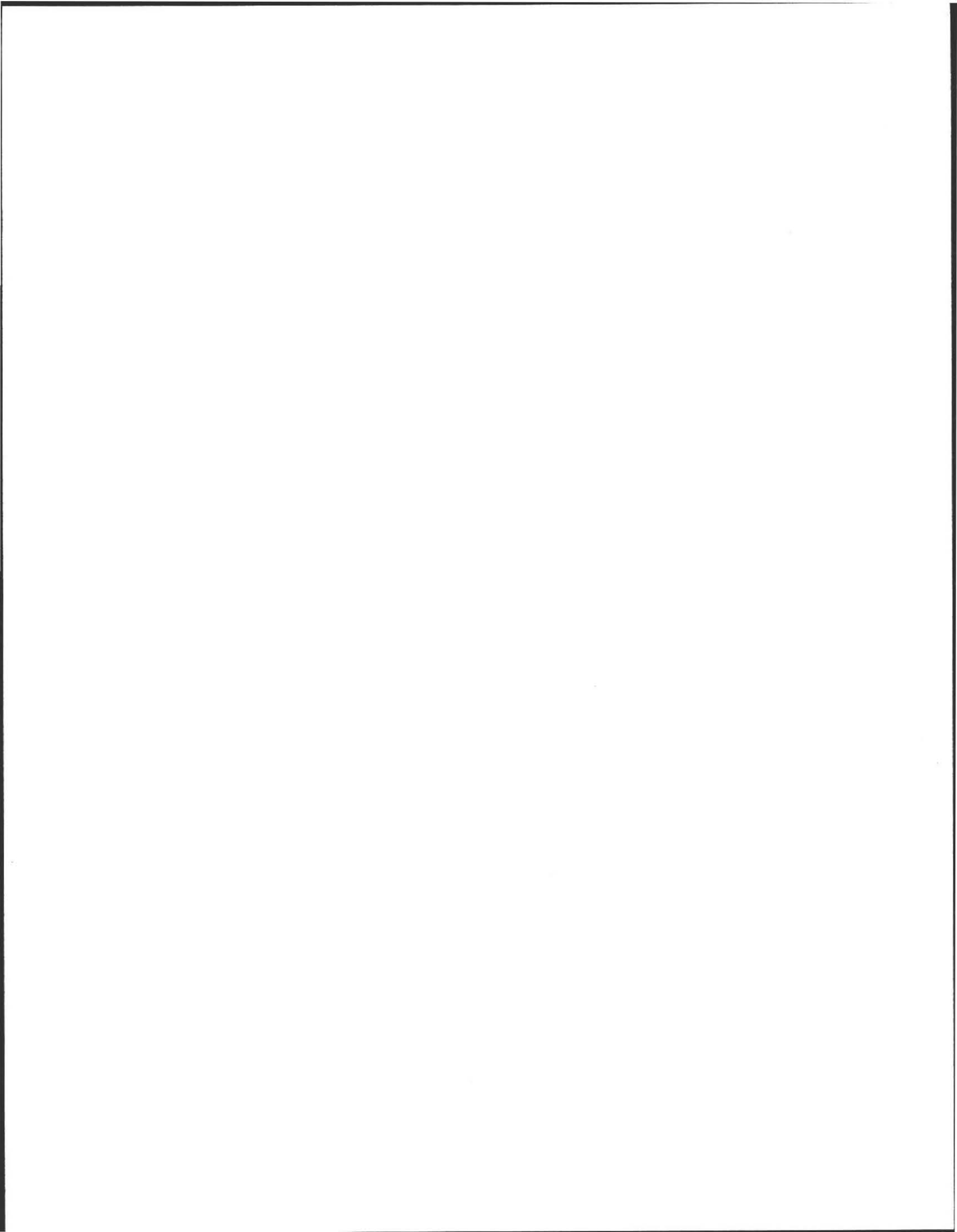
**From:** Cheryl Carey [mailto:Cheryl@karlssitework.com]  
**Sent:** Monday, April 23, 2012 1:33 PM  
**To:** Sarah Madison  
**Subject:** RE: septic system pumping request

Hi Sarah,  
thank you for the email.

Cheryl  
Karl's Site Work, Inc  
413-549-5396

---

**From:** Sarah Madison [mailto:madison@honors.umass.edu]  
**Sent:** Mon 4/23/2012 1:31 PM  
**To:** info  
**Cc:** [smithe@amherstma.gov](mailto:smithe@amherstma.gov); [esmith@northamptonma.gov](mailto:esmith@northamptonma.gov); [esmith@northampton.gov](mailto:esmith@northampton.gov); 'Kristin Henningsen'; 'Justin Henningsen'; Sarah Madison  
**Subject:** septic system pumping request



Hi Dee Dee and Cheryl,

Per our conversation, this is to formally request a pumping of my 1,500 gallon septic tank in preparation for a house sale closing May 31, 2012. Ed Smith of the Amherst Board of Health is to be present when the pumping is done and I understand you've negotiated May 1<sup>st</sup> at 8:30 am for the day and time. Per our conversation I will plan to dig and uncover the tank hatch this weekend, or call you if I am unsuccessful so you can have your crew do it prior May 1<sup>st</sup>.

For my records, you indicated the costs will be \$120 for pumping & transporting plus \$180 for town disposal fee. If your crew needs to do the digging, that will be an additional \$96/hr fee.

Here's the address info you requested:

Septic tank address: 167 Henry St, Amherst, MA  
Billing address: 163 Chauncey Walker St., Belchertown, MA

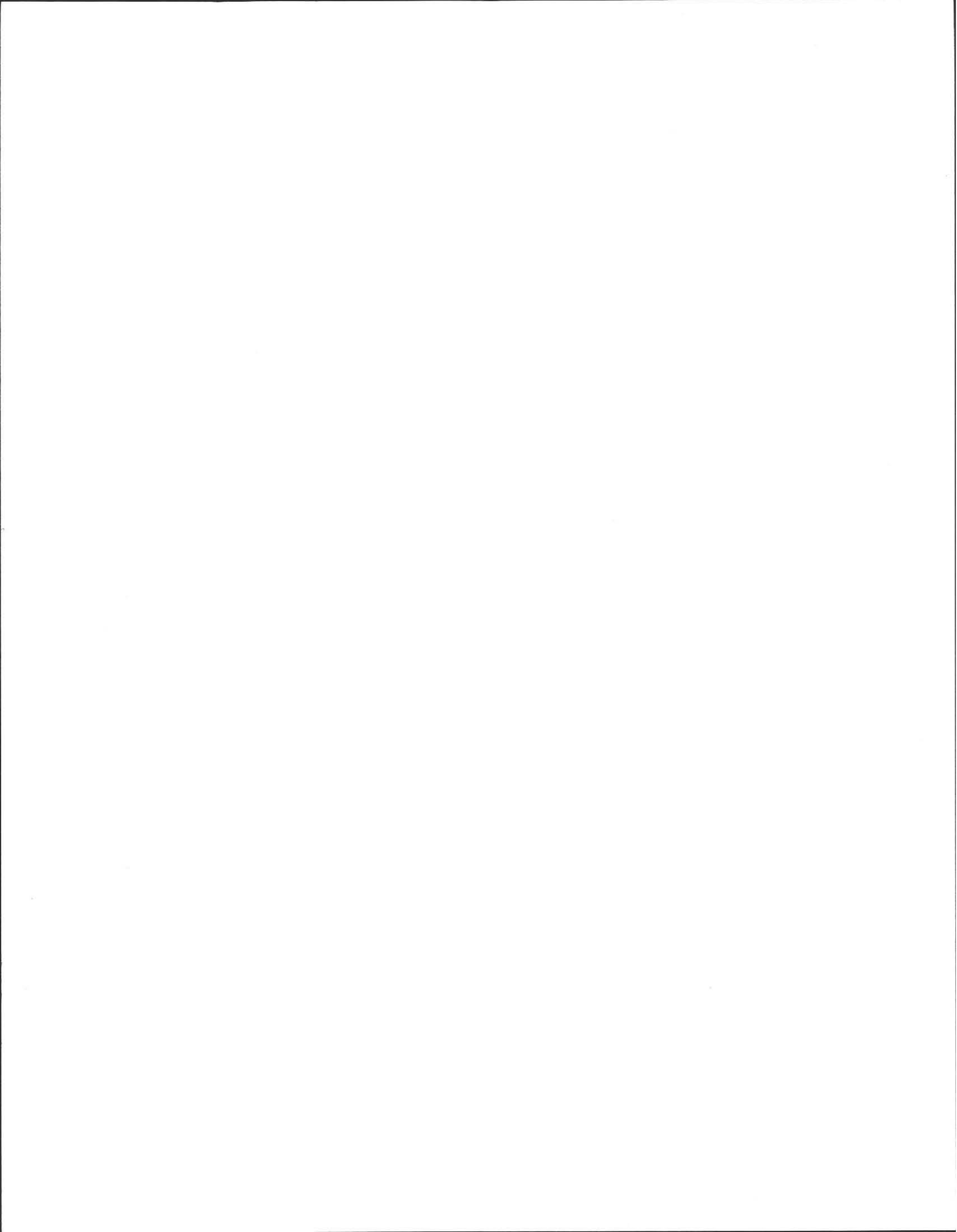
Thanks so much for fitting me into your schedule and accommodating Ed's request. You were speedier than my typing fingers! 😊

Best,  
Sarah

---

Sarah Madison  
Assistant Director, Advising  
Commonwealth Honors College  
UMass  
Amherst, MA 01003  
413.545.2483  
[madison@honors.umass.edu](mailto:madison@honors.umass.edu)  
[www.honors.umass.edu](http://www.honors.umass.edu)

"Expect the Universe to  
support your dreams, it will."





4 BR

167 Henry St.

167 HENRY ST.  
TOWN SEWER  
WATER

Dec 16, 2003\* Tank replaced + certified  
1100 gal.  
we have paperwork

NO SEWER

May 12, 2010\*  
(TITLE V AT THIS TIME)  
Sale pending  
Tank pumped + certified  
Sale fell through

4 BR.

July 2010 - House vacant  
Oct 2011 - MAY 2012 - FAMILY OF 4  
chest dehumidifier use 5\*

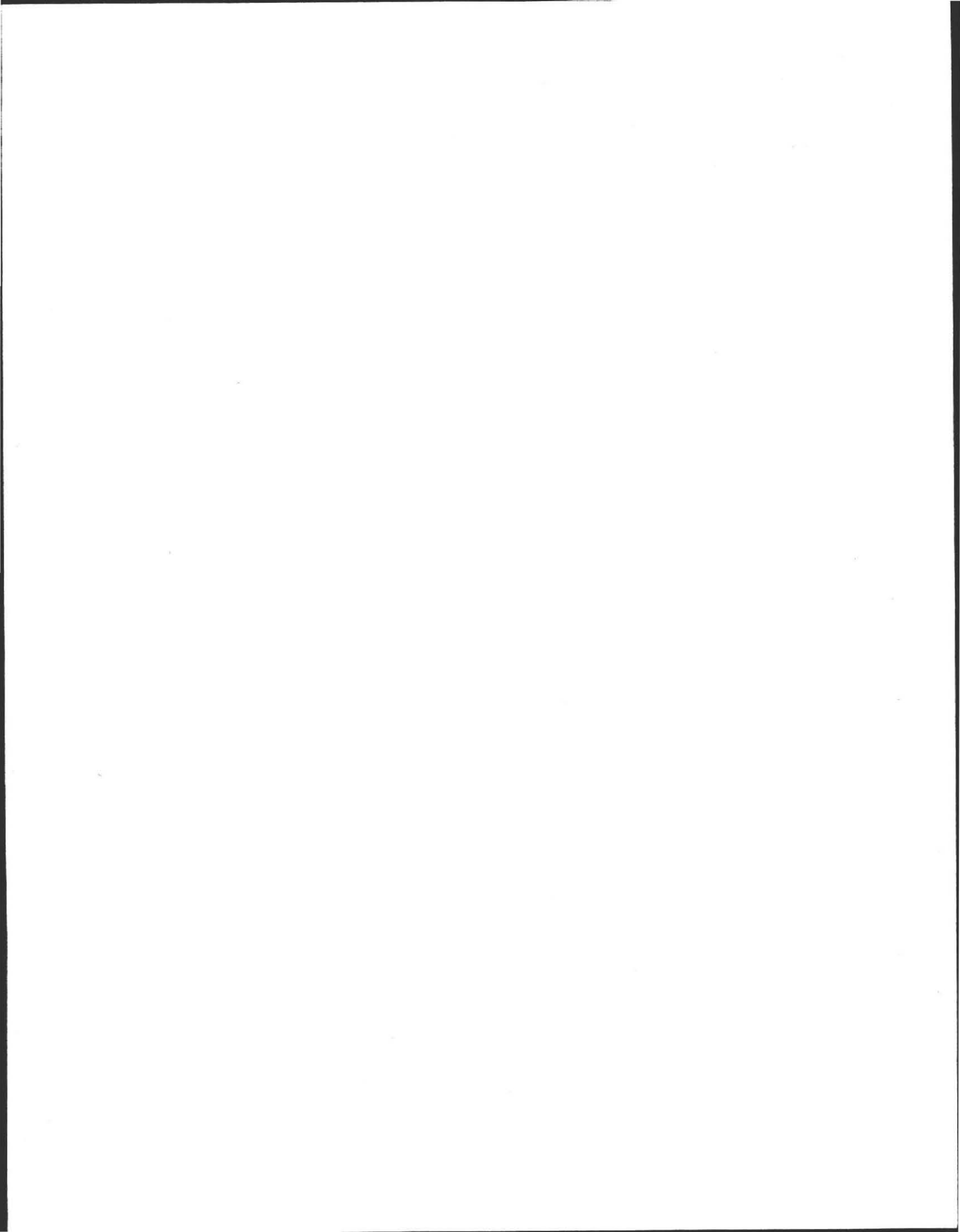
May 12, 2012 Title V Certif. Expires?

May 31, 2012 Closing on house sale  
(on or before)

\* just 1 person living in house

  
413.549.4027  
madison@honors.  
umass.edu

SARAH MADISON 549-4027





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

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:

Alan E Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

RS 933

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

Inspector's Signature

05.12.2010

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

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## 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:

System was found to pass, Septic tank was ok (1500 gallon), tees ok, Septic tank was good. Dry well was found in good conditon with 1" ponding (24-28" effective ht.). L. tank and S. tank had no high staining, (Tank was pumped ).

### 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

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

MA

01002

05.12.2010

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

## 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

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

MA

01002

05.12.2010

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

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 placement relative to surface water and private wells. Method used to determine distance: Measured

\*\* 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:

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 columns 'Yes' and 'No' and four rows of failure criteria. All 'No' boxes are checked.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

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.

167 Henry Street  
 Property Address  
 Sarah Madison  
 Owner's Name  
 Amherst MA 01002 05.12.2010  
 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                                  |  |
|-------------------------------------|-------------------------------------|--|
| <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 <b>size and location of the Soil Absorption System (SAS)</b> 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)]   |

**D. System Information**

**Residential Flow Conditions:**

Number of bedrooms (design): 4 Number of bedrooms (actual): 4  
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

D. System Information

Description:

Three horizontal lines for description input.

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)):

Detail:

Three horizontal lines for water meter detail input.

Sump pump?

Yes  No

Last date of occupancy:

current Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Horizontal line for establishment type input.

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Horizontal line for basis of design flow input.

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:

Horizontal line for water meter readings input.



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

Owner information is required for every page.

167 Henry Street  
 Property Address  
 Sarah Madison  
 Owner's Name  
 Amherst MA 01002 05.12.2010  
 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: 2+ yrs

Was system pumped as part of the inspection?  Yes  No

If yes, volume pumped: 1500  
 gallons

How was quantity pumped determined? Volume

Reason for pumping: 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):

\_\_\_\_\_



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA State

01002 Zip Code

05.12.2010 Date of Inspection

D. System Information (cont.)

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

26+ yrs

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.5' feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

- feet

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

Septic Tank (locate on site plan):

Depth below grade:

22" 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:

10.5' x 5.5' x 4.0'

Sludge depth:

6"



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

Owner information is required for every page.

167 Henry Street  
 Property Address  
 Sarah Madison  
 Owner's Name  
 Amherst MA 01002 05.12.2010  
 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 36"  
 Scum thickness 4"  
 Distance from top of scum to top of outlet tee or baffle 6"  
 Distance from bottom of scum to bottom of outlet tee or baffle 10"  
 How were dimensions determined? Meas.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):  
 tank was ok with good level, Inlet/outlet tees in place.

---



---



---



---



---

**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

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

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

Owner information is required for every page.

167 Henry Street  
 Property Address  
 Sarah Madison  
 Owner's Name  
 Amherst MA 01002 05.12.2010  
 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 \_\_\_\_\_

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.):

---

---

---

---

---

---

---

---

**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

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

## D. System Information (cont.)

Type:

- leaching pits                      number:                      1 @ 10' x 5' deep, 38" down
- 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.):

1" liquid, 24-28" of headspace from liquid to invert, I. tank had no high liquid staining on stone and tank.

**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

Owner information is required for every page.

167 Henry Street  
 Property Address  
 Sarah Madison  
 Owner's Name  
 Amherst MA 01002 05.12.2010  
 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

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

MA

01002

05.12.2010

City/Town

State

Zip Code

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

SEE ATTACHED



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

Owner information is required for every page.

167 Henry Street  
 Property Address  
 Sarah Madison  
 Owner's Name  
 Amherst MA 01002 05.12.2010  
 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: 8 ft.  
 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: \_\_\_\_\_ Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
Next door lot
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
 \_\_\_\_\_

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

work in area, discussions with Health Agent and existing site records.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

MA

01002

05.12.2010

City/Town

State

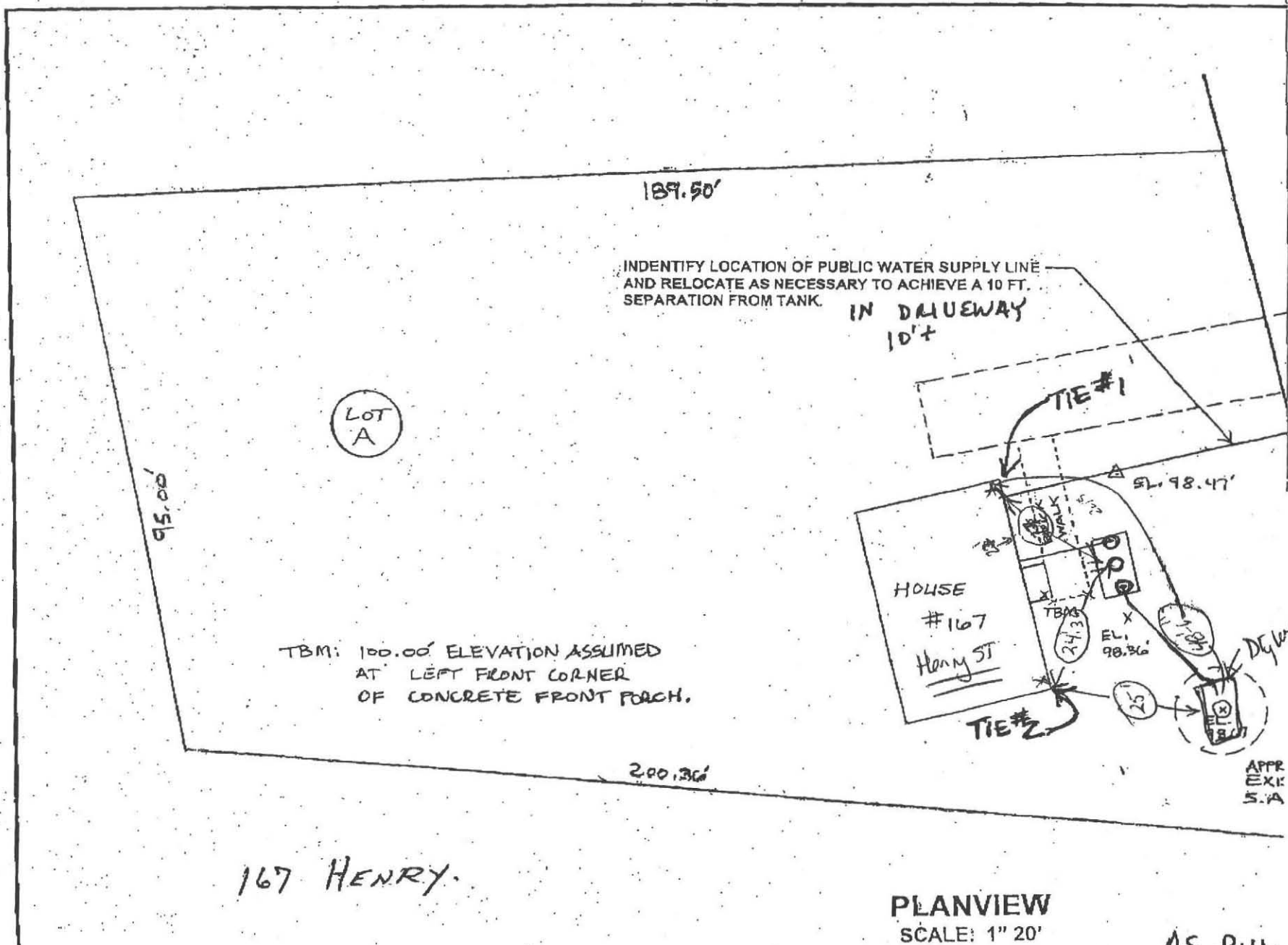
Zip Code

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

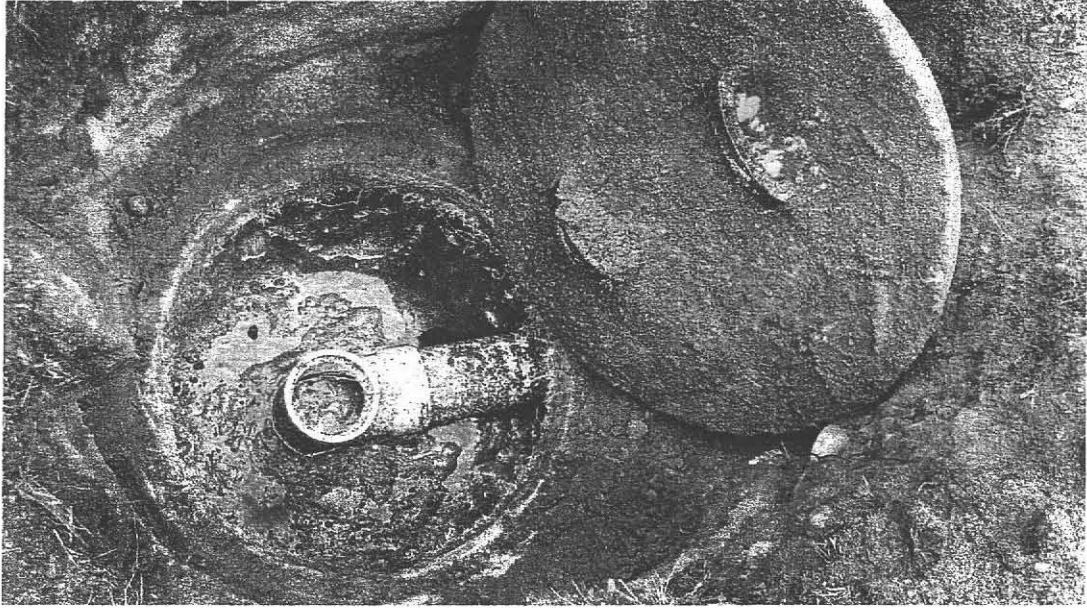
- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



167 HENRY.

PLANVIEW  
SCALE: 1" 20'

AS-BUILT

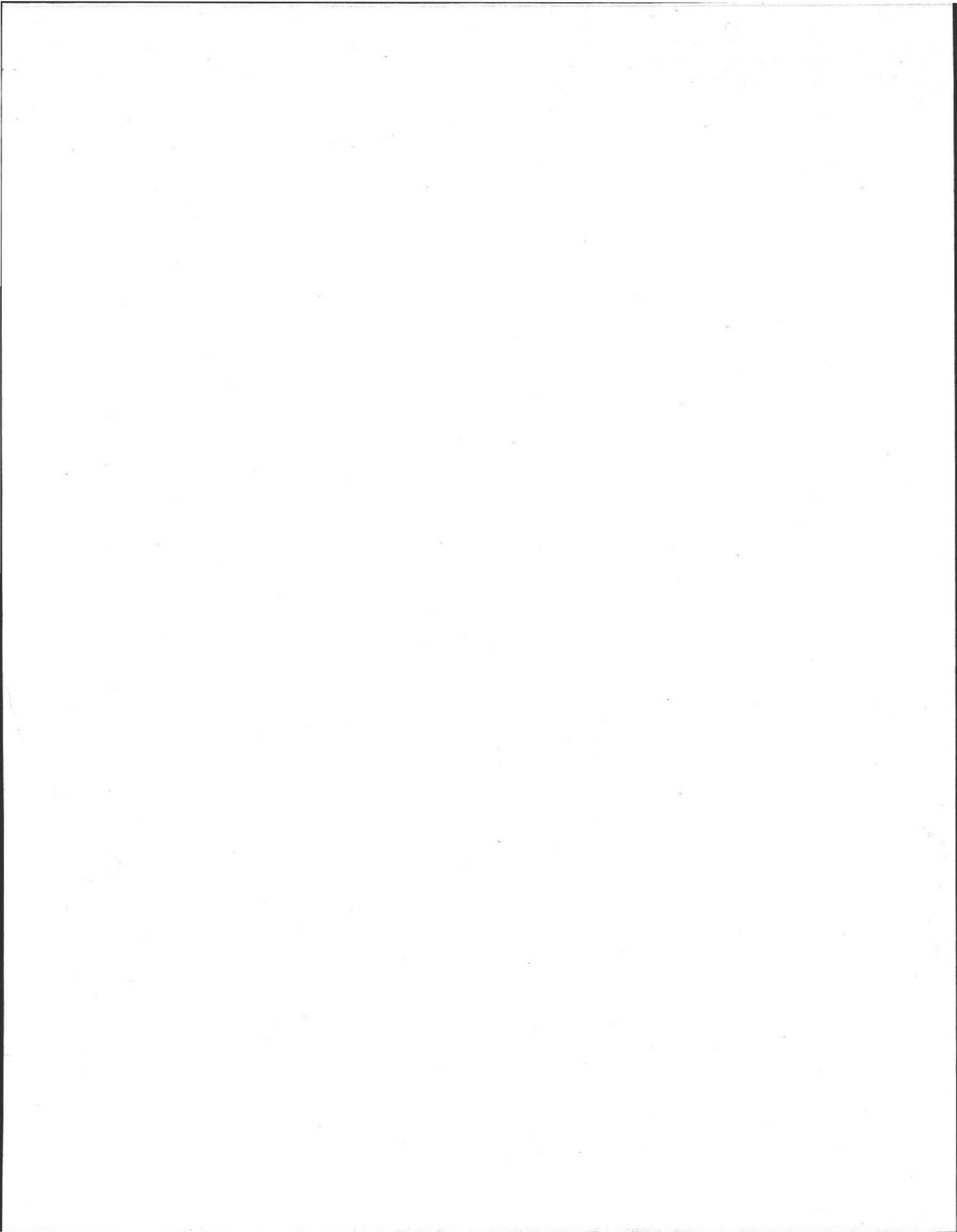


Inlet Tee  
167 Henry Street  
Amherst, MA  
05.12.2010



Leaching Tank  
167 Henry Street  
Amherst, MA  
05.12.2010







***Cold Spring Environmental, Inc***

***350 Old Enfield Road  
Belchertown, MA 01007***

Phone #: (413) 323-5957 Fax #: (413) 323-4916  
email: Aeweiss@charter.net

**Invoice:**

Date	Invoice #
5/13/2010	110-3373

**Bill To:**

Sarah Madison  
167 Henry Street  
Amherst, MA 01002

Site Location:

**Payment Terms:**

**Project #:**

Due on Receipt

<u>Quantity</u>	<u>Description</u>	<u>Rate</u>	<u>Amount</u>
	Inspect Septic System, Measure Levels and Locations & File a Report.	295.00	295.00

*pd  
check #171  
5/14/10*

Phone #

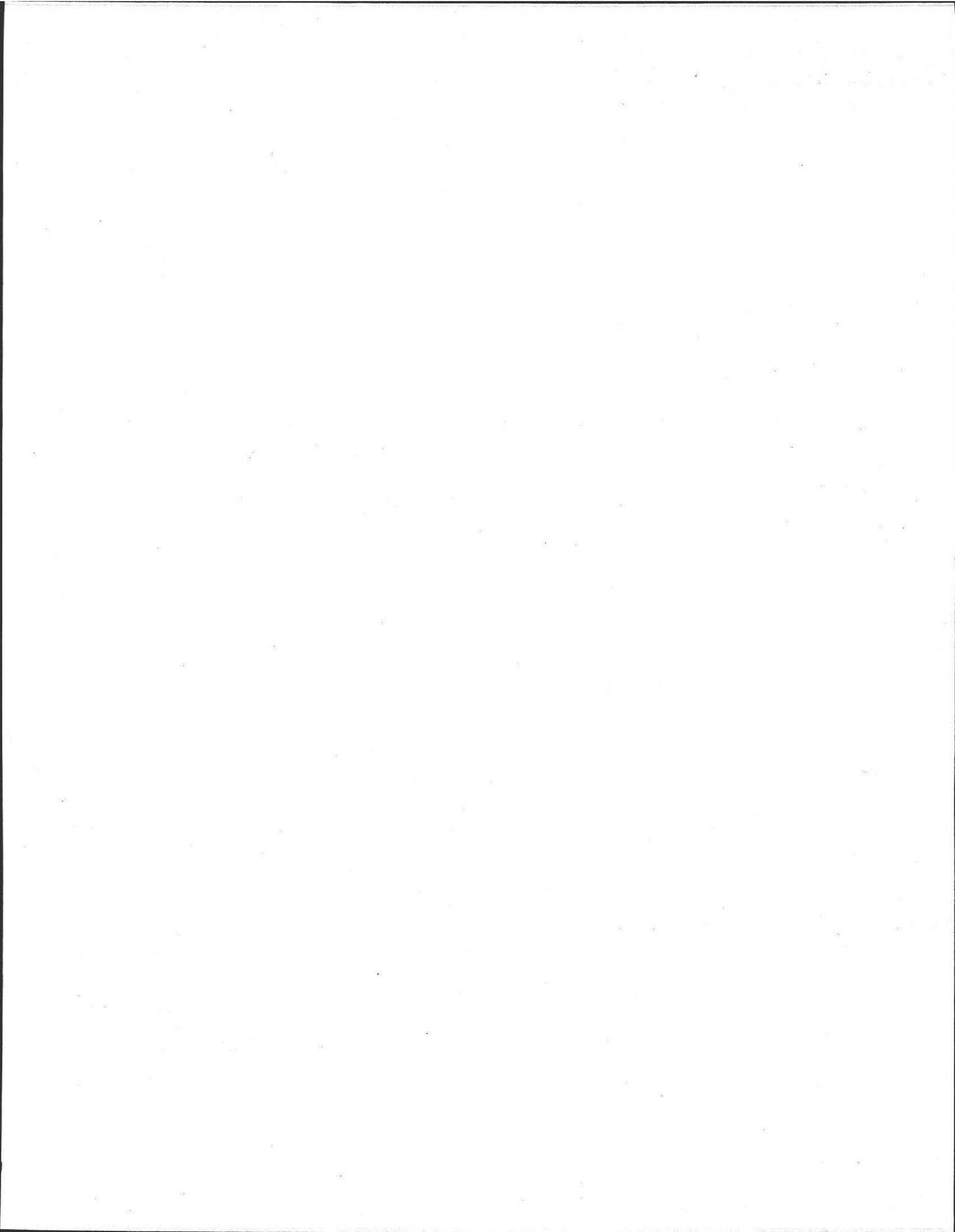
Fax #

413-323-5957

413-323-4916

**Total Due:**

**\$295.00**





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

COPY

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

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:

Alan E Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

RS 933

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

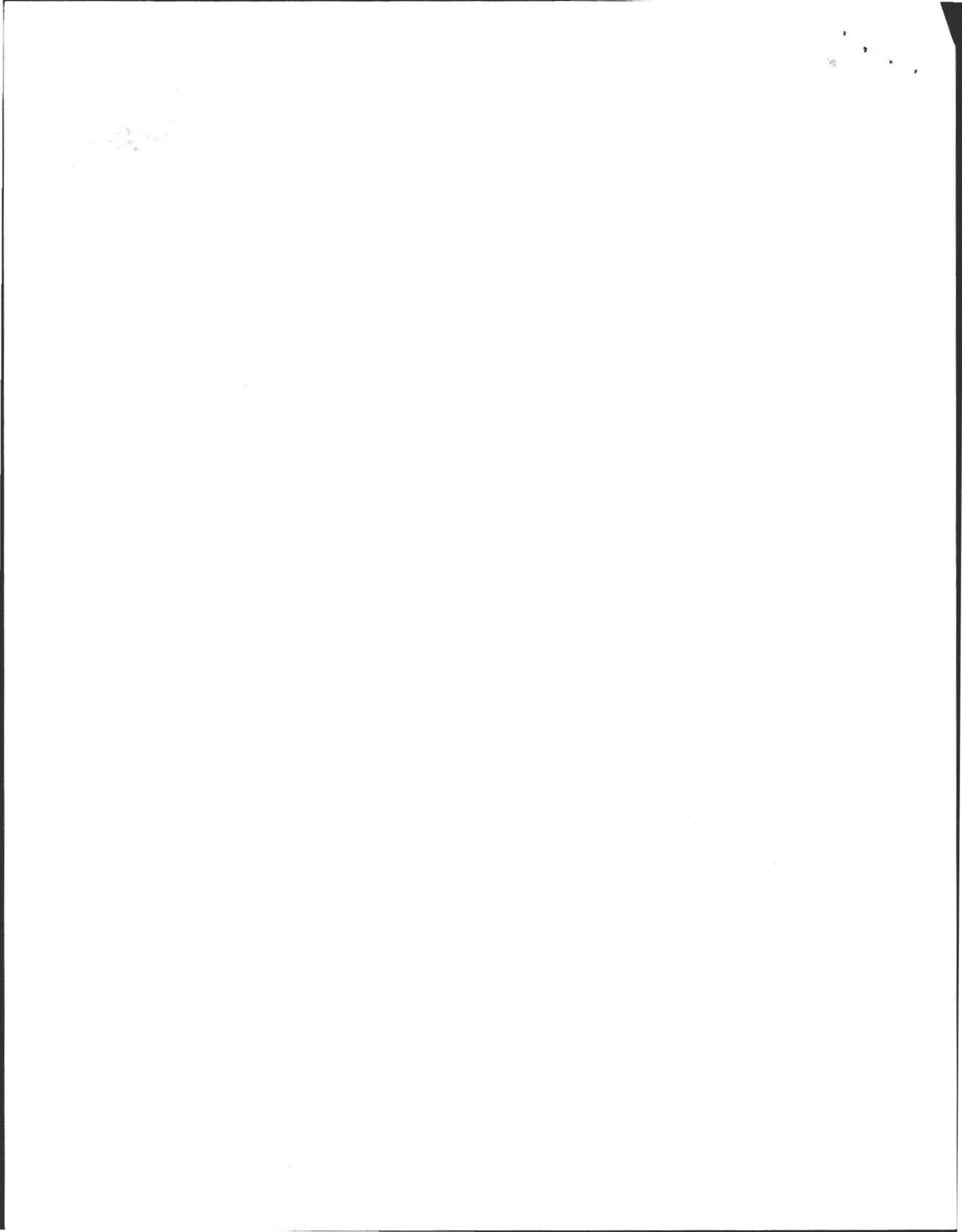
Inspector's Signature

05.12.2010

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.





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## 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:

System was found to pass, Septic tank was ok (1500 gallon), tees ok, Septic tank was good. Dry well was found in good conditon with 1" ponding (24-28" effective ht.). L. tank and S. tank had no high staining, (Tank was pumped ).

### B) System Conditionally Passes:

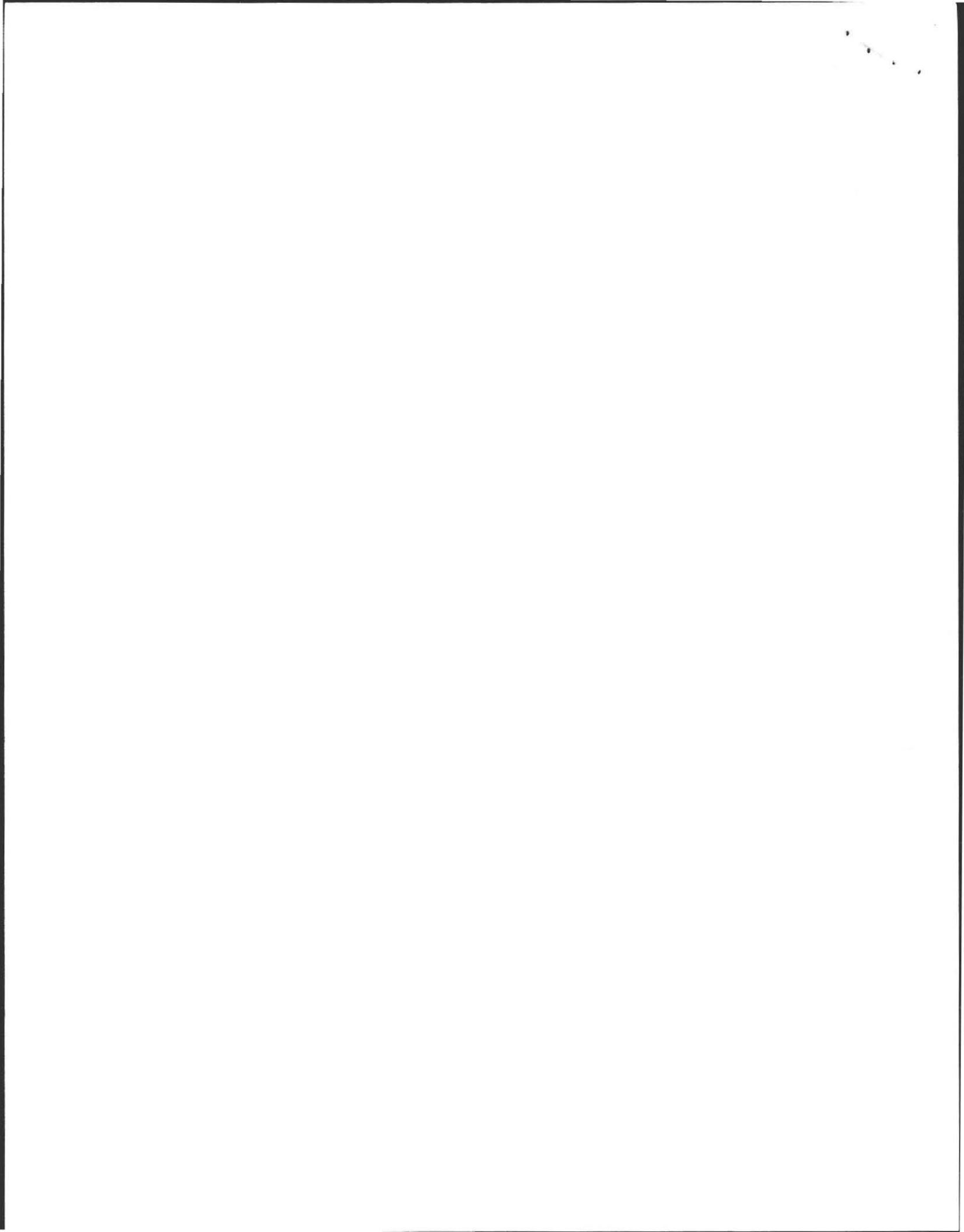
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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):





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## 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):

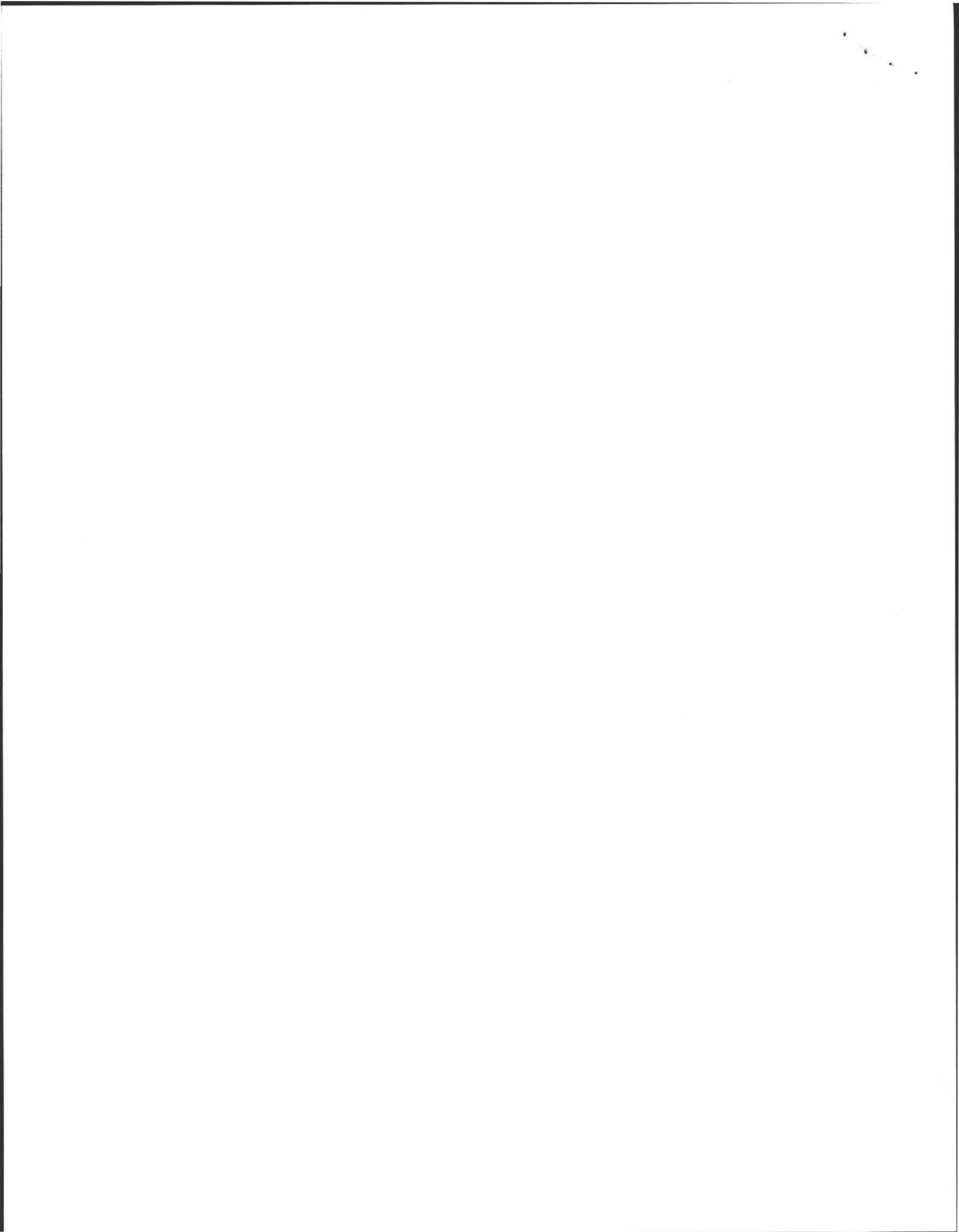
### C) Further Evaluation is Required by the Board of Health:

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







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## 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: Measured

\*\* 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:

---



---



---

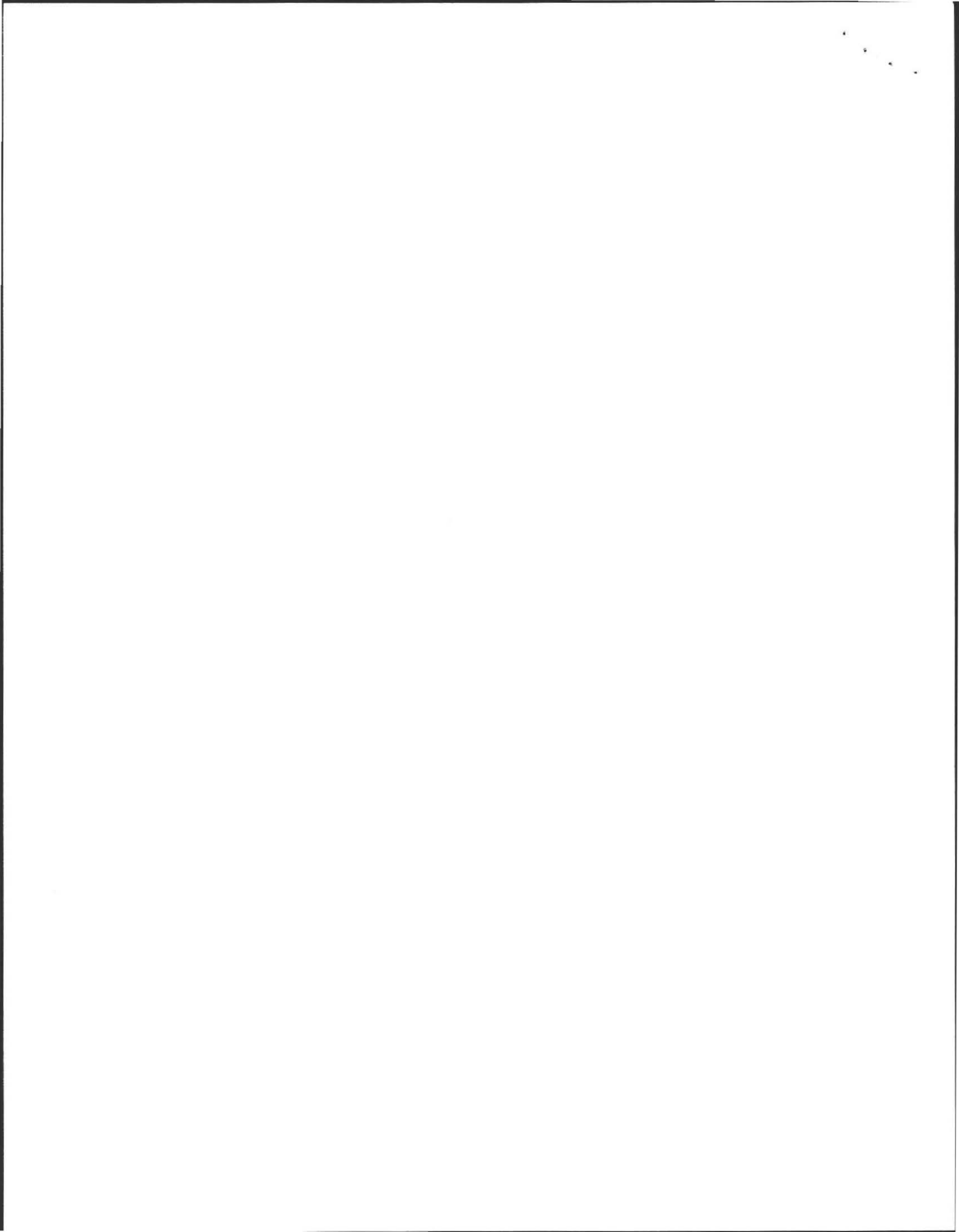


---

## 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                             |





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

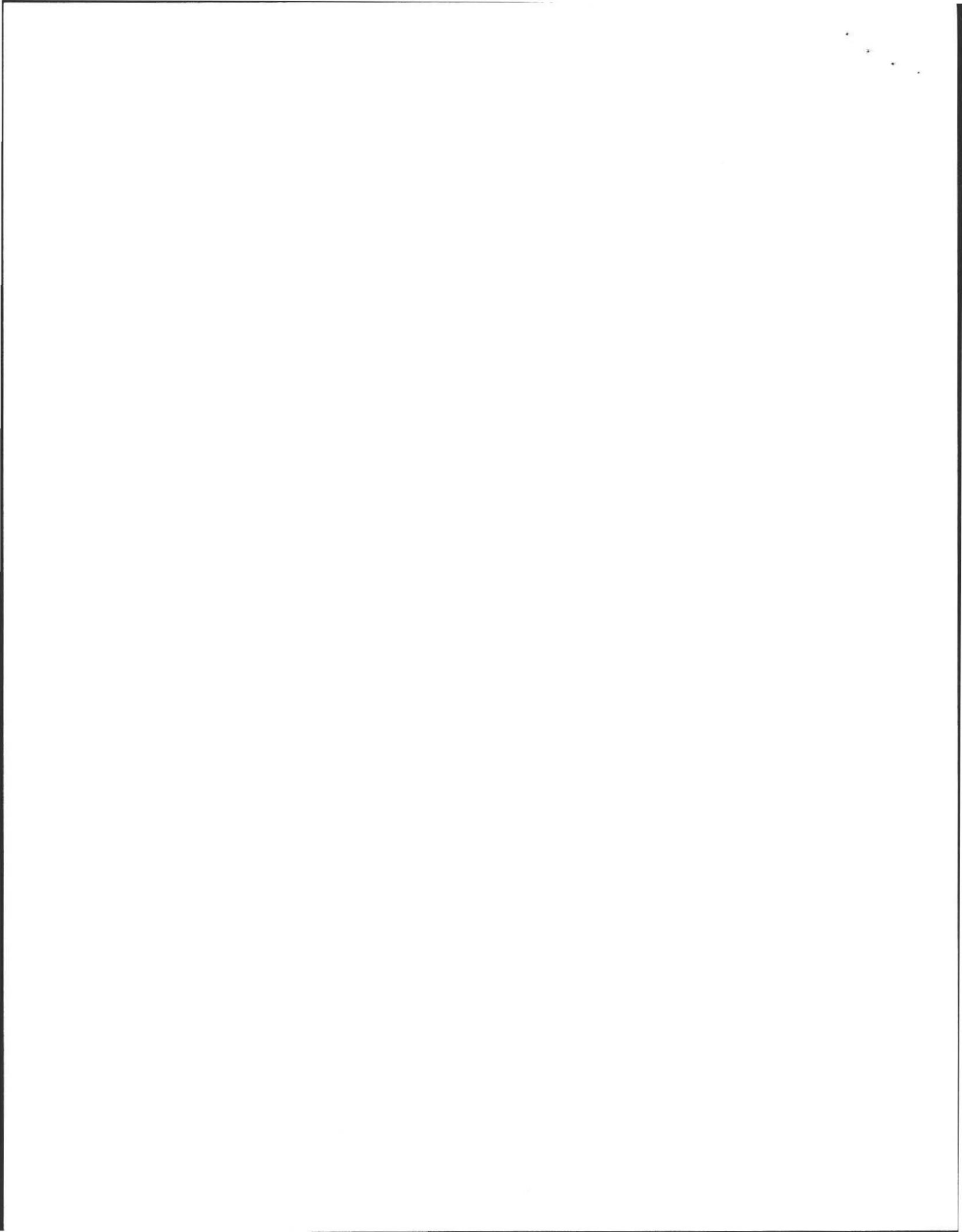
- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed 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.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. <b>[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.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> 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                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

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.





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

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:

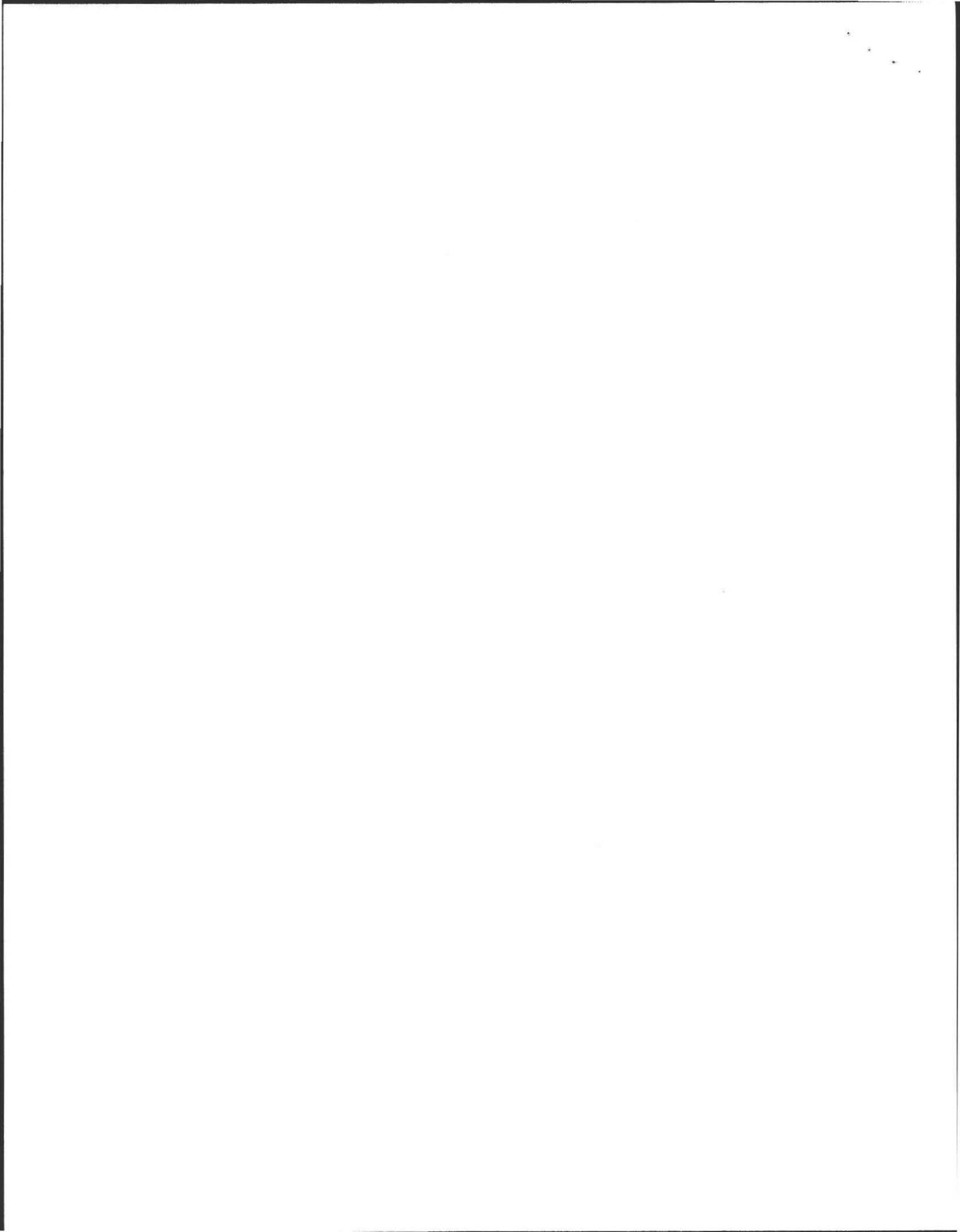
- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or 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 <b>size and location of the Soil Absorption System (SAS)</b> 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)]   |

## D. System Information

### Residential Flow Conditions:

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

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## D. System Information

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)): \_\_\_\_\_

Detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sump pump?  Yes  No

Last date of occupancy: current  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

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

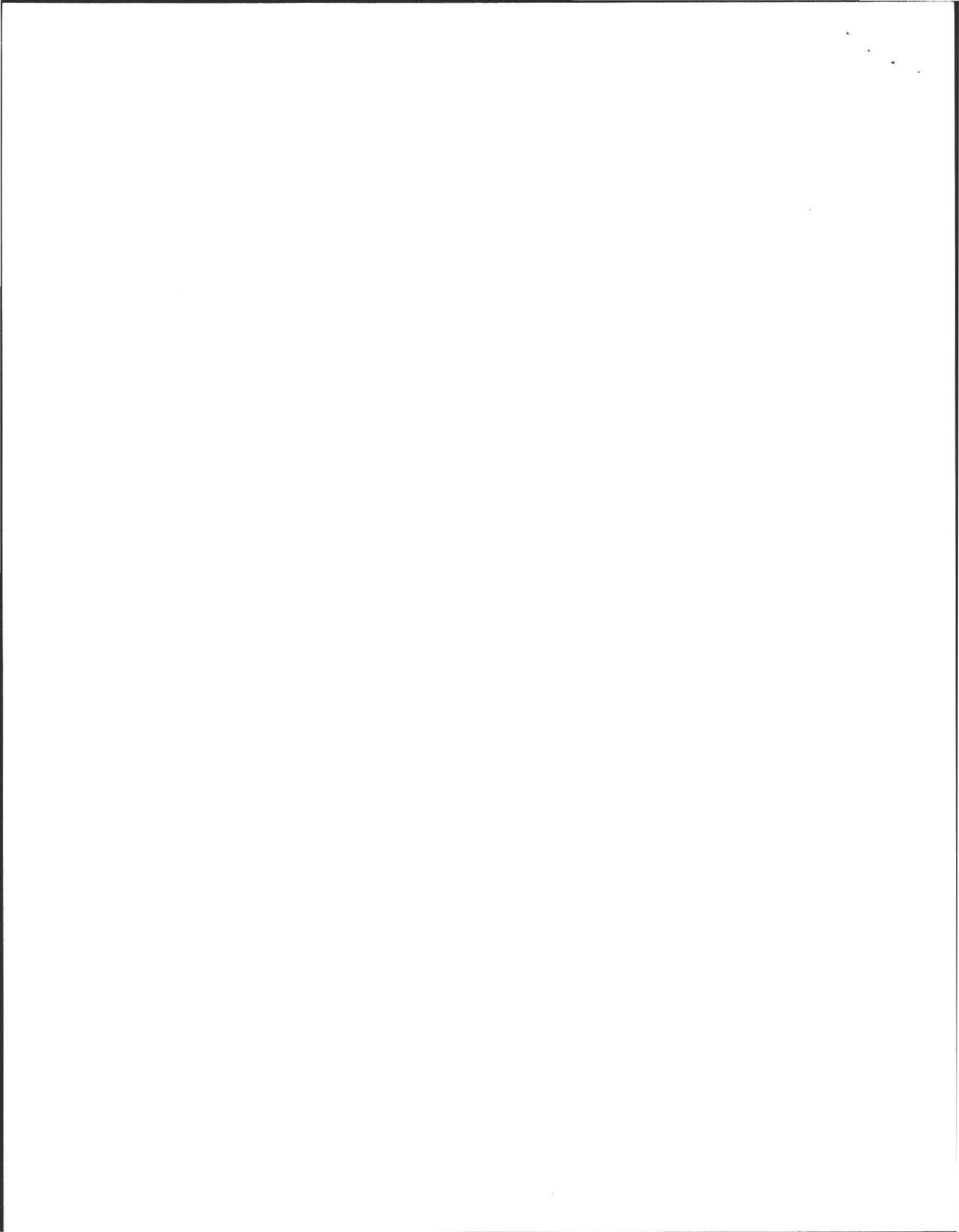
Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

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: \_\_\_\_\_







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

167 Henry Street  
 Property Address  
 Sarah Madison  
 Owner's Name  
 Amherst MA 01002 05.12.2010  
 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: 2+ yrs

Was system pumped as part of the inspection?  Yes  No

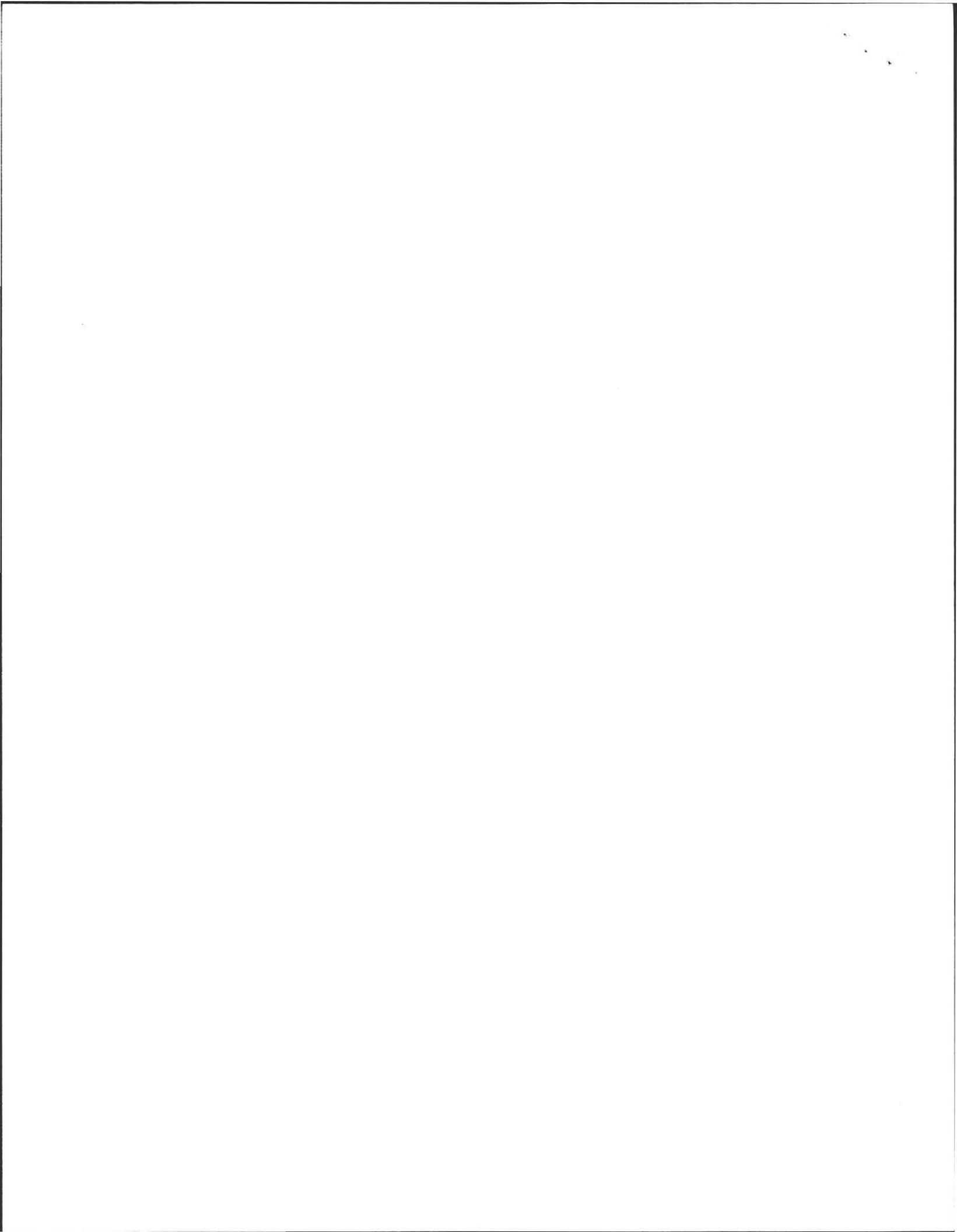
If yes, volume pumped: 1500  
gallons

How was quantity pumped determined? Volume

Reason for pumping: 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):  
 \_\_\_\_\_





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

## D. System Information (cont.)

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

26+ yrs

Were sewage odors detected when arriving at the site?

Yes  No

**Building Sewer** (locate on site plan):

Depth below grade:

1.5'  
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

-  
feet

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

---

---

---

**Septic Tank** (locate on site plan):

Depth below grade:

22"  
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)

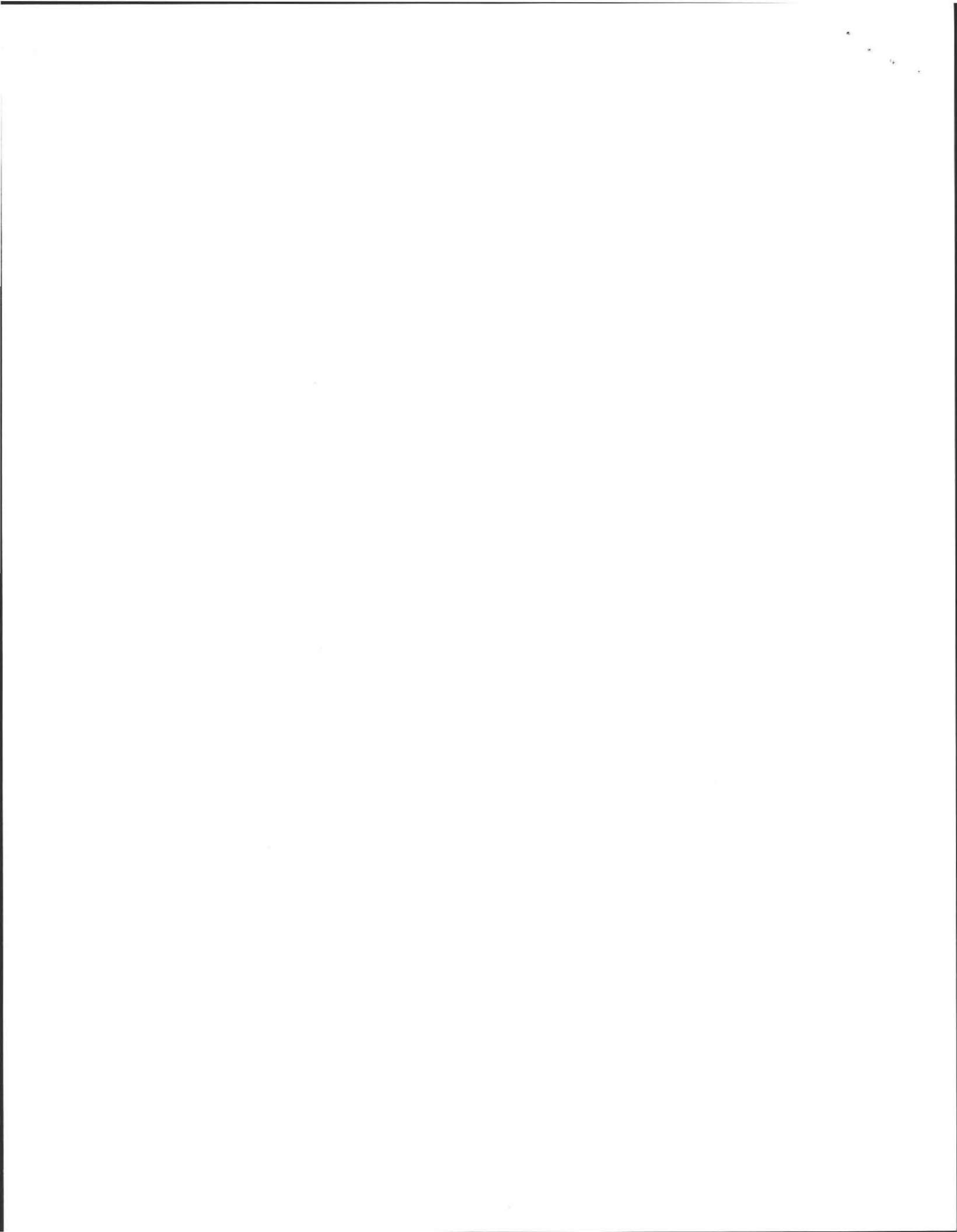
Yes  No

Dimensions:

10.5' x 5.5' x 4.0'

Sludge depth:

6"





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

### Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 36"

Scum thickness 4"

Distance from top of scum to top of outlet tee or baffle 6"

Distance from bottom of scum to bottom of outlet tee or baffle 10"

How were dimensions determined? Meas.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):  
tank was ok with good level, Inlet/outlet tees in place.

### Grease Trap (locate on site plan):

Depth below grade: \_\_\_\_\_ feet

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

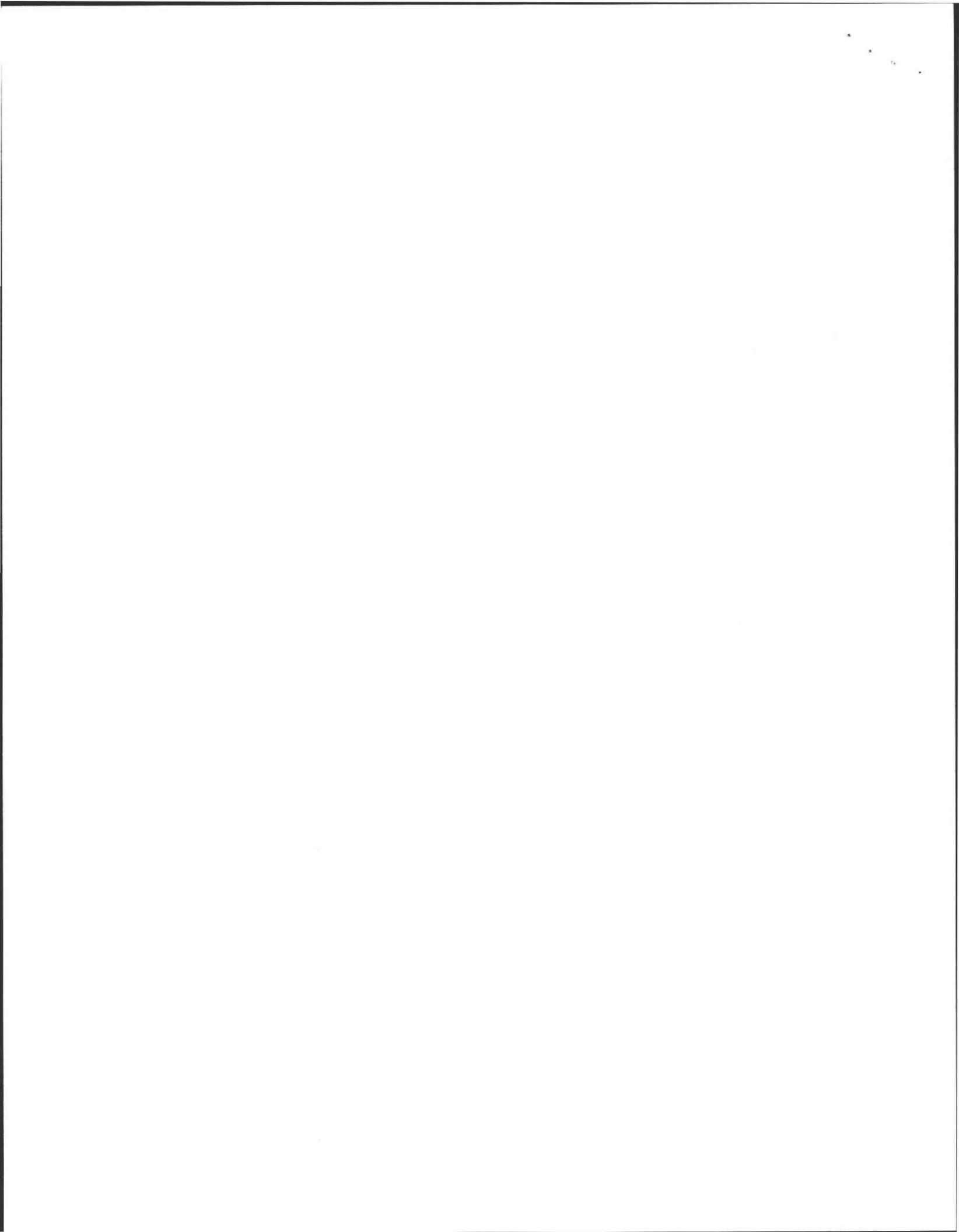
Dimensions: \_\_\_\_\_

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





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street \_\_\_\_\_

Property Address

Sarah Madison \_\_\_\_\_

Owner's Name

Amherst \_\_\_\_\_ MA \_\_\_\_\_ 01002 \_\_\_\_\_ 05.12.2010 \_\_\_\_\_

City/Town State Zip Code Date of Inspection

Owner information is required for every page.

## 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

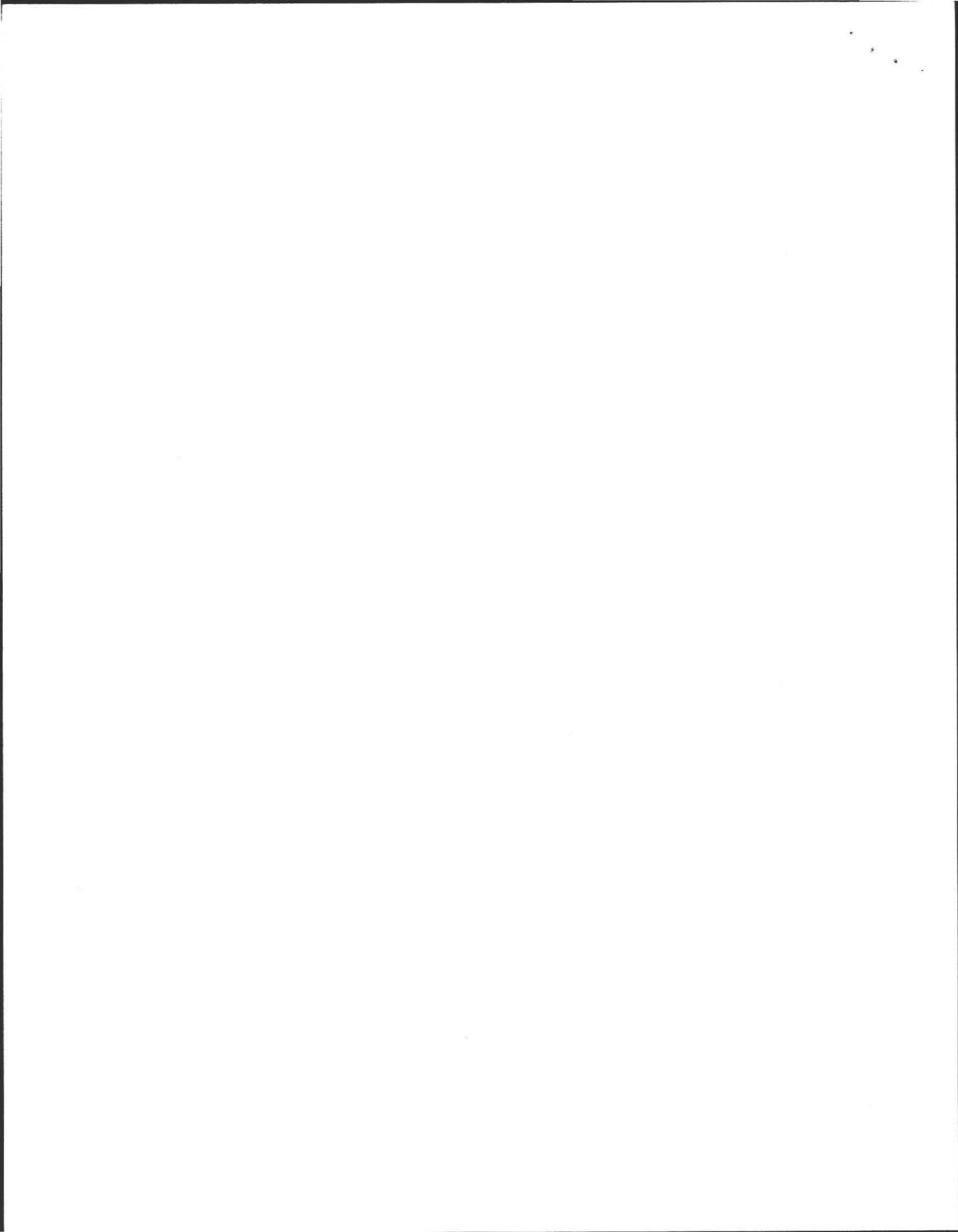
Alarm present:  Yes     No

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







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

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 \_\_\_\_\_

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.):

---

---

---

---

---

---

---

---

**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):

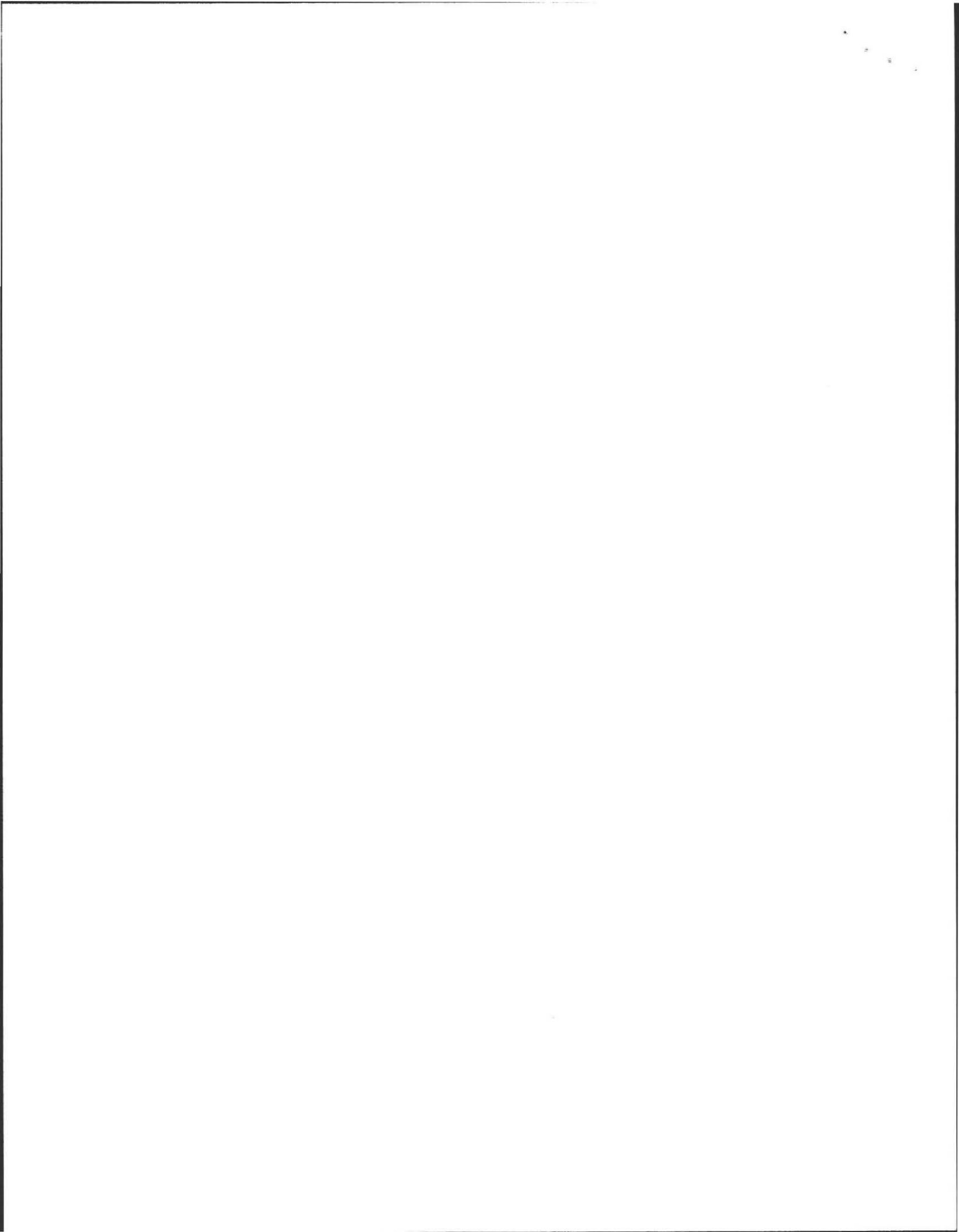
If SAS not located, explain why:

---

---

---

---





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

Type:

- leaching pits number: 1 @ 10' x 5' deep. 38" down
- 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.):

1" liquid, 24-28" of headspace from liquid to invert, I. tank had no high liquid staining on stone and tank.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cesspools** (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration \_\_\_\_\_

Depth – top of liquid to inlet invert \_\_\_\_\_

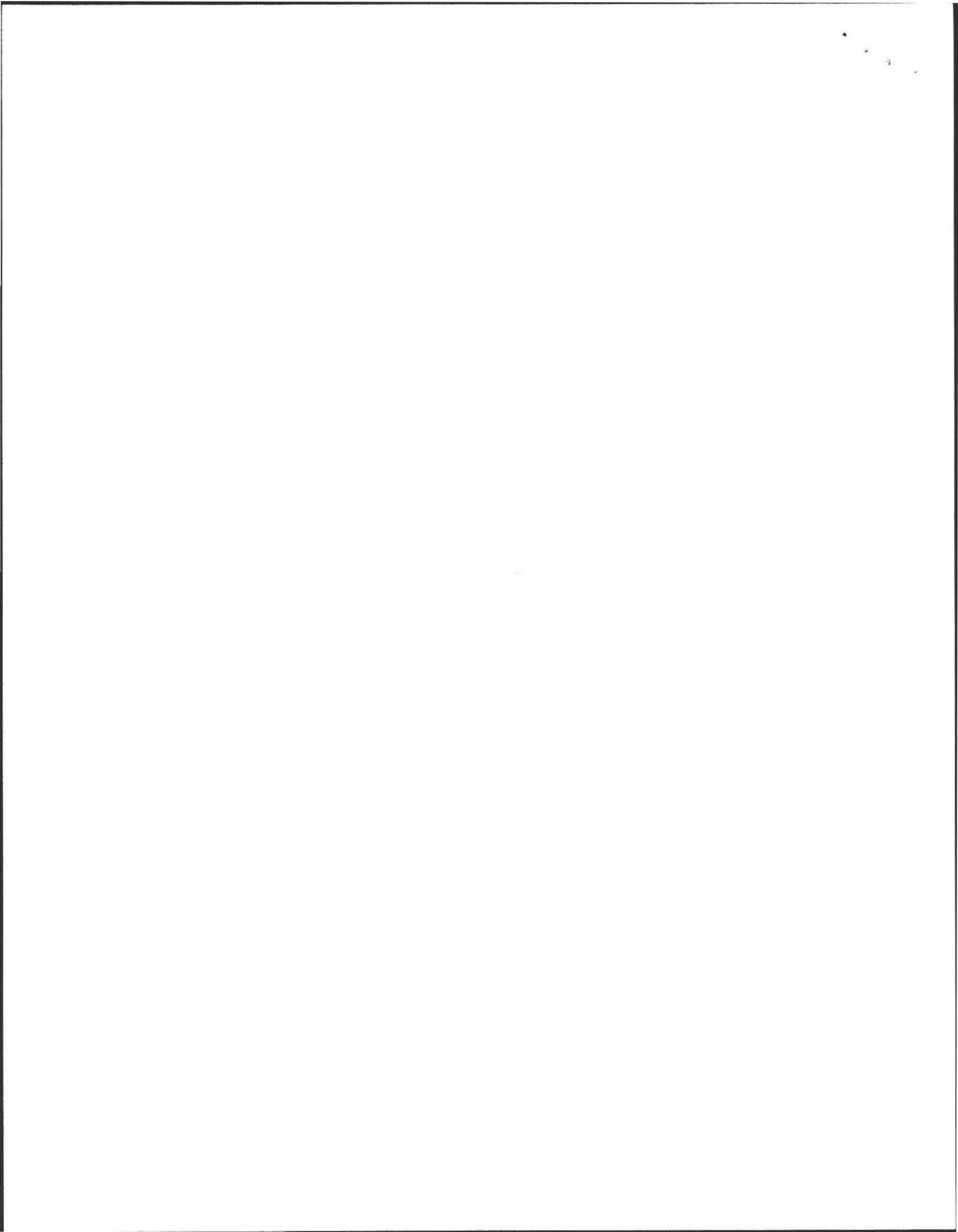
Depth of solids layer \_\_\_\_\_

Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

Materials of construction \_\_\_\_\_

Indication of groundwater inflow  Yes  No





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

Date of Inspection

Owner information is required for every page.

## 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

---

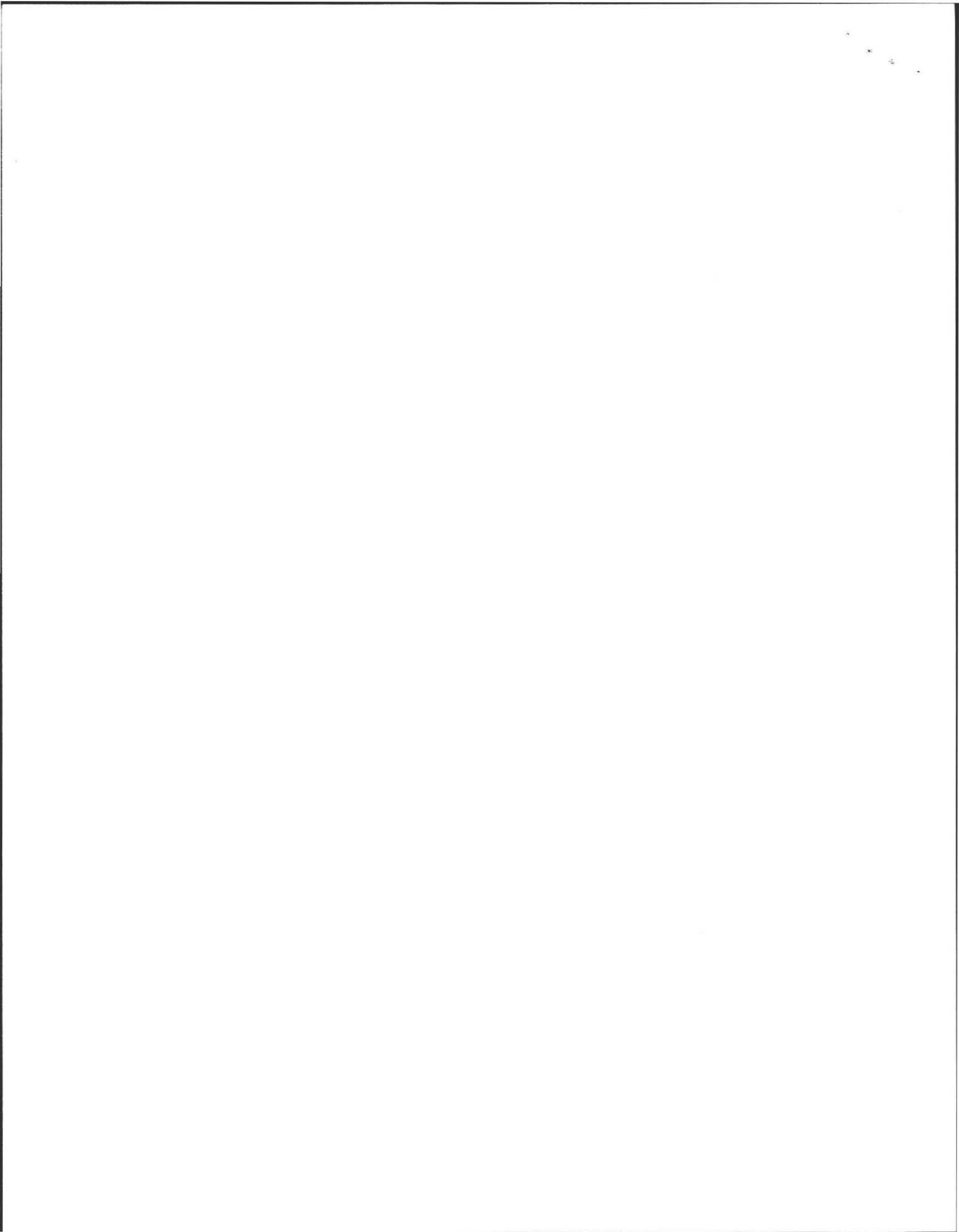
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

---

---

---

---





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

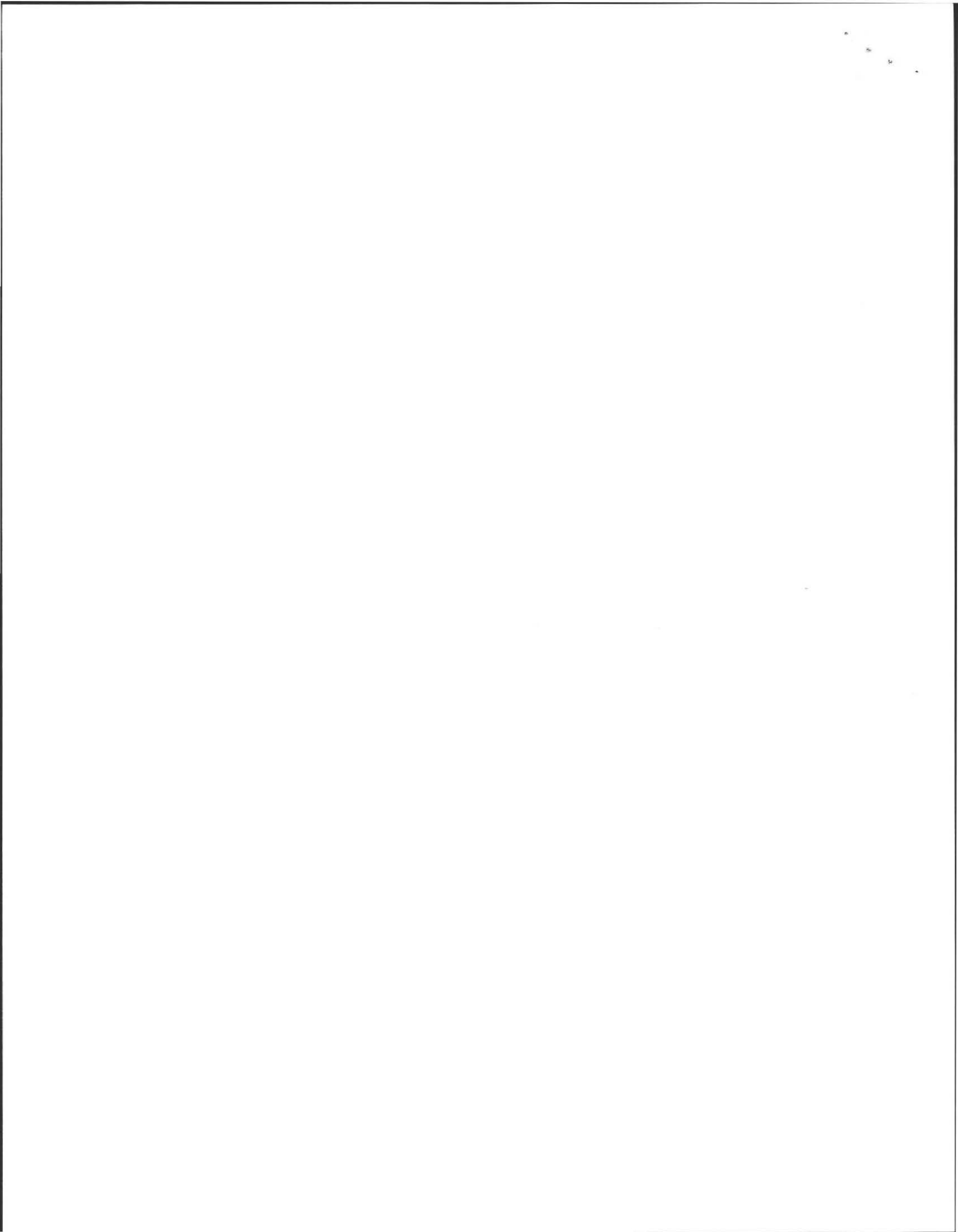
Date of Inspection

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







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.12.2010

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:

8 ft.  
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:

Date

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

Checked with local Board of Health - explain:

Next door lot

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

work in area, discussions with Health Agent and existing site records.

---

---

---

---

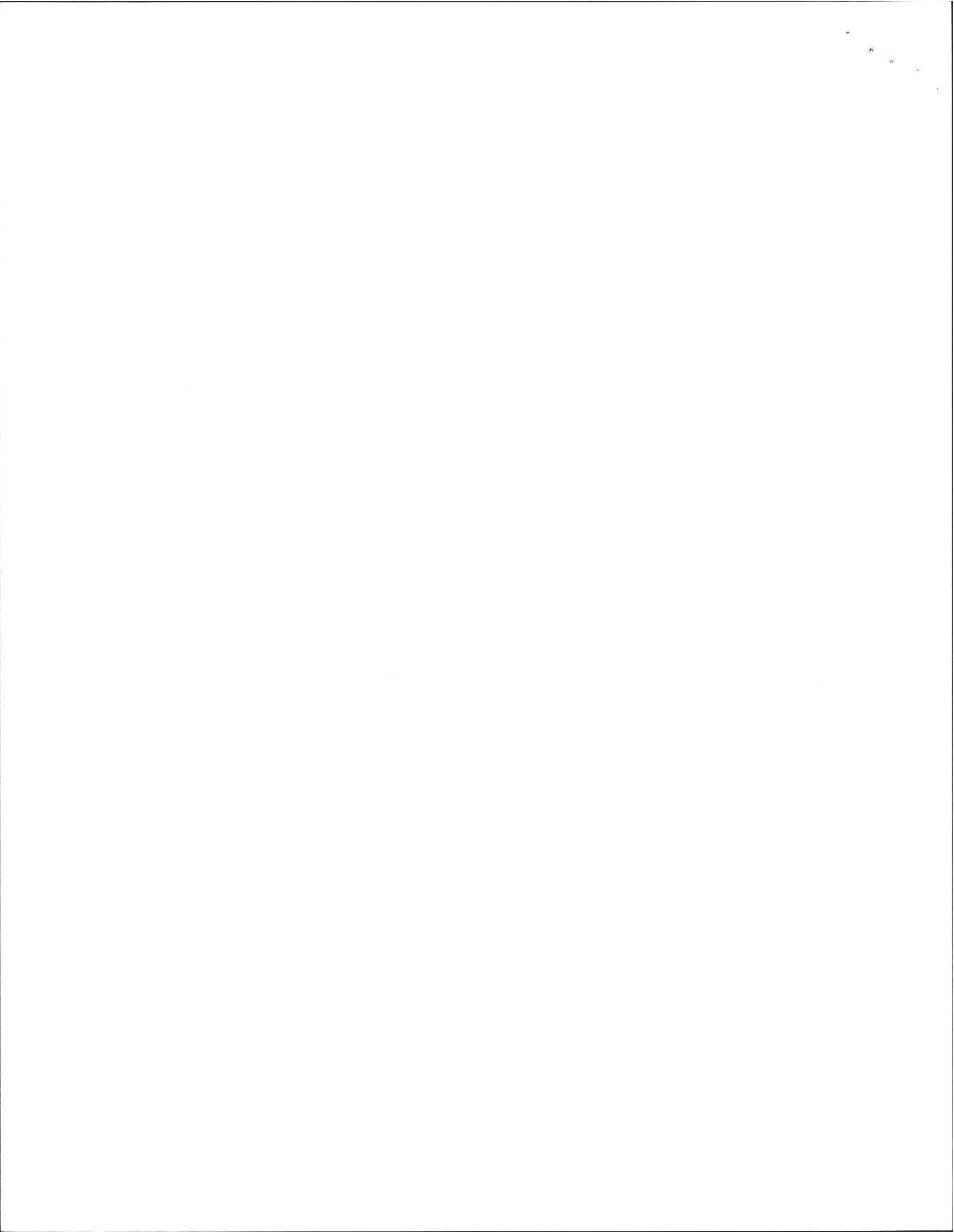
---

---

---

---

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





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street

Property Address

Sarah Madison

Owner's Name

Amherst

MA

01002

05.12.2010

City/Town

State

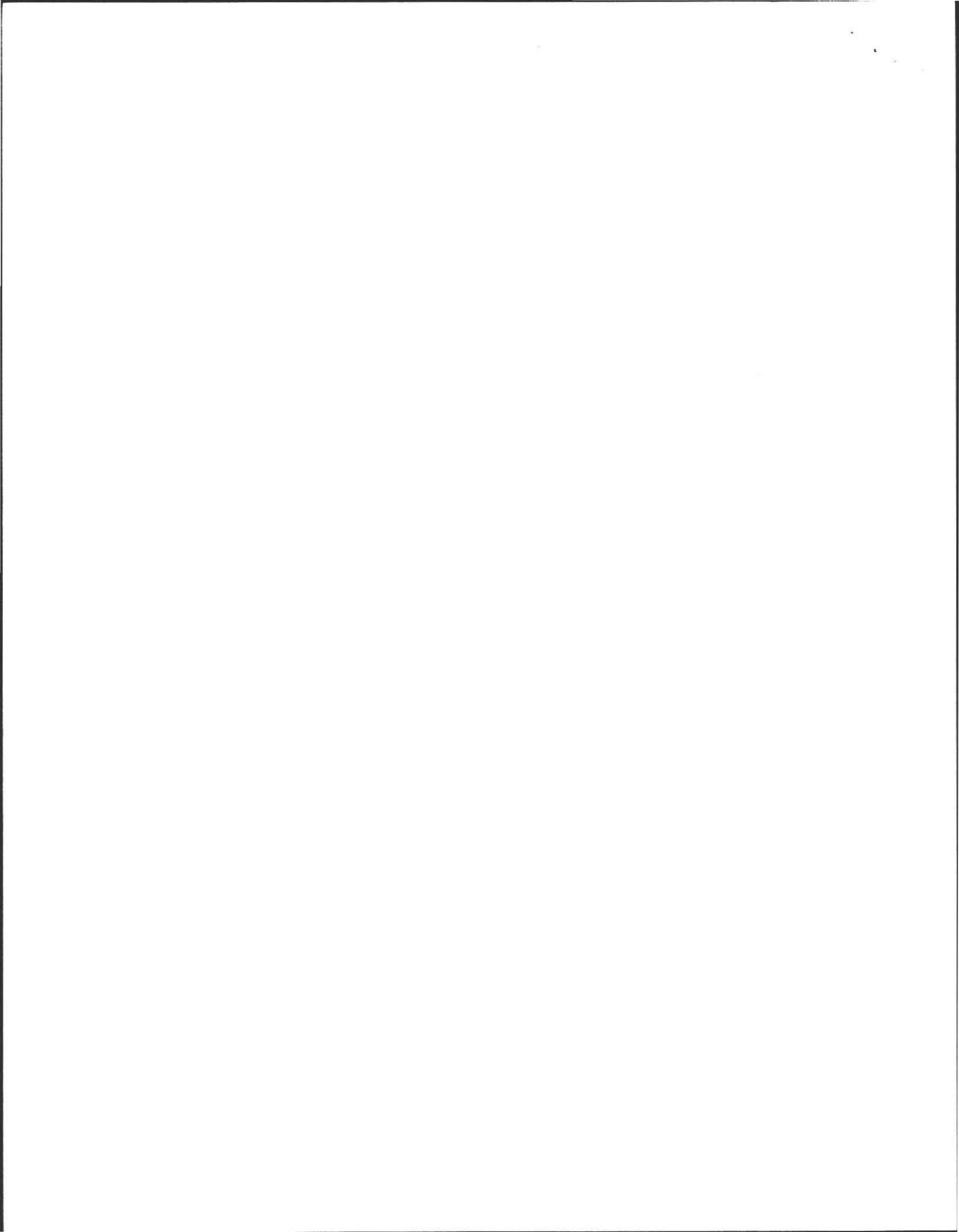
Zip Code

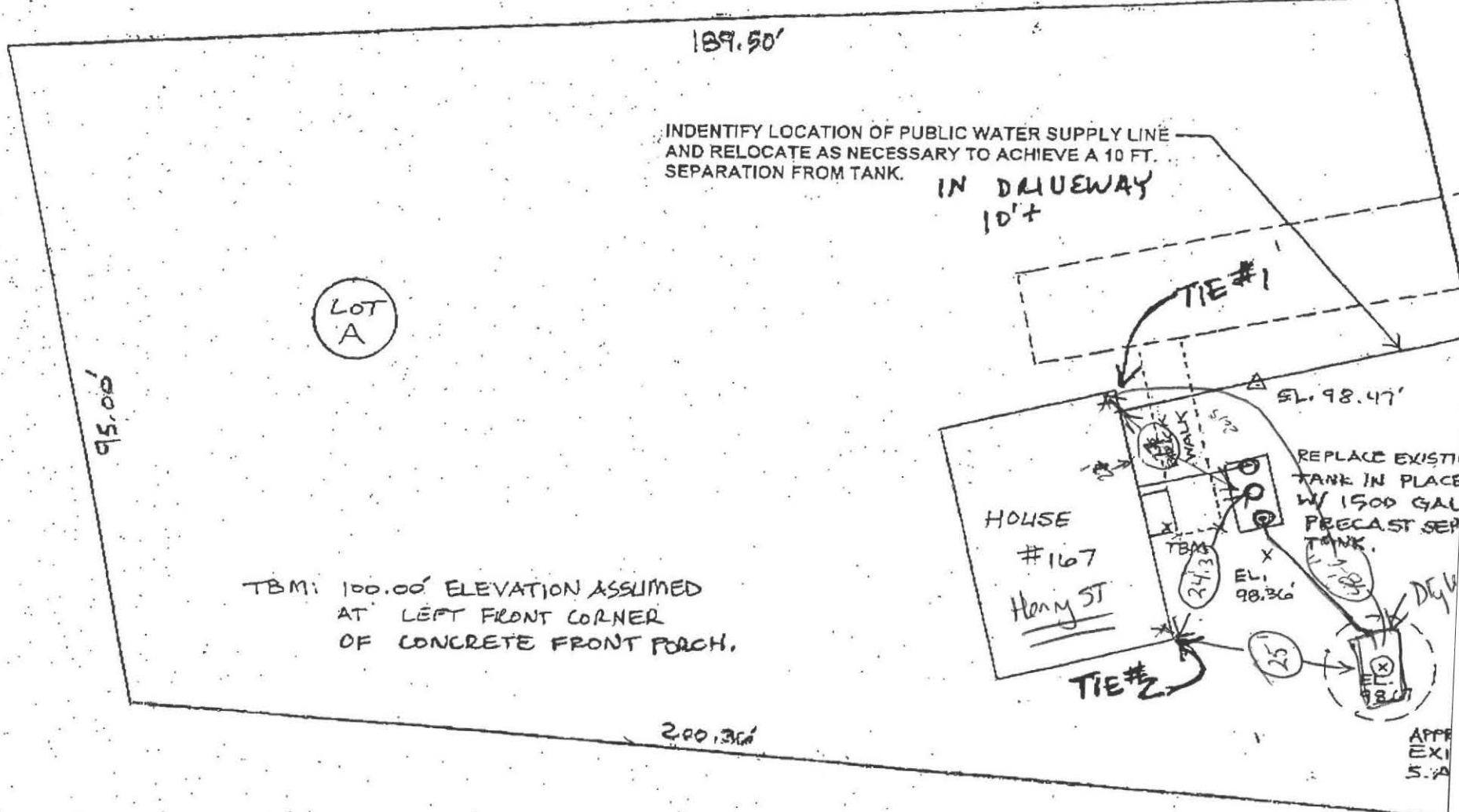
Date of Inspection

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

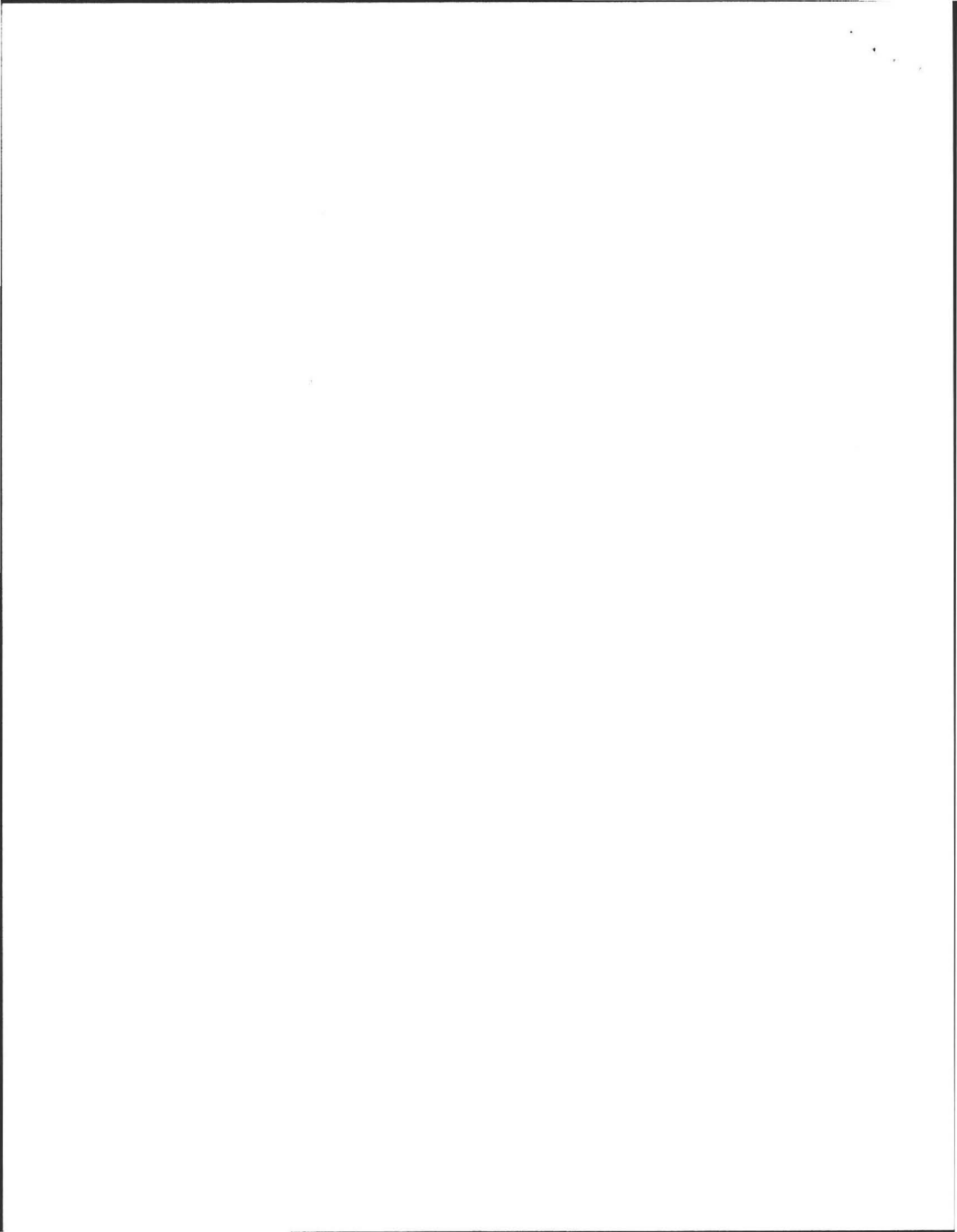




167 HENRY.

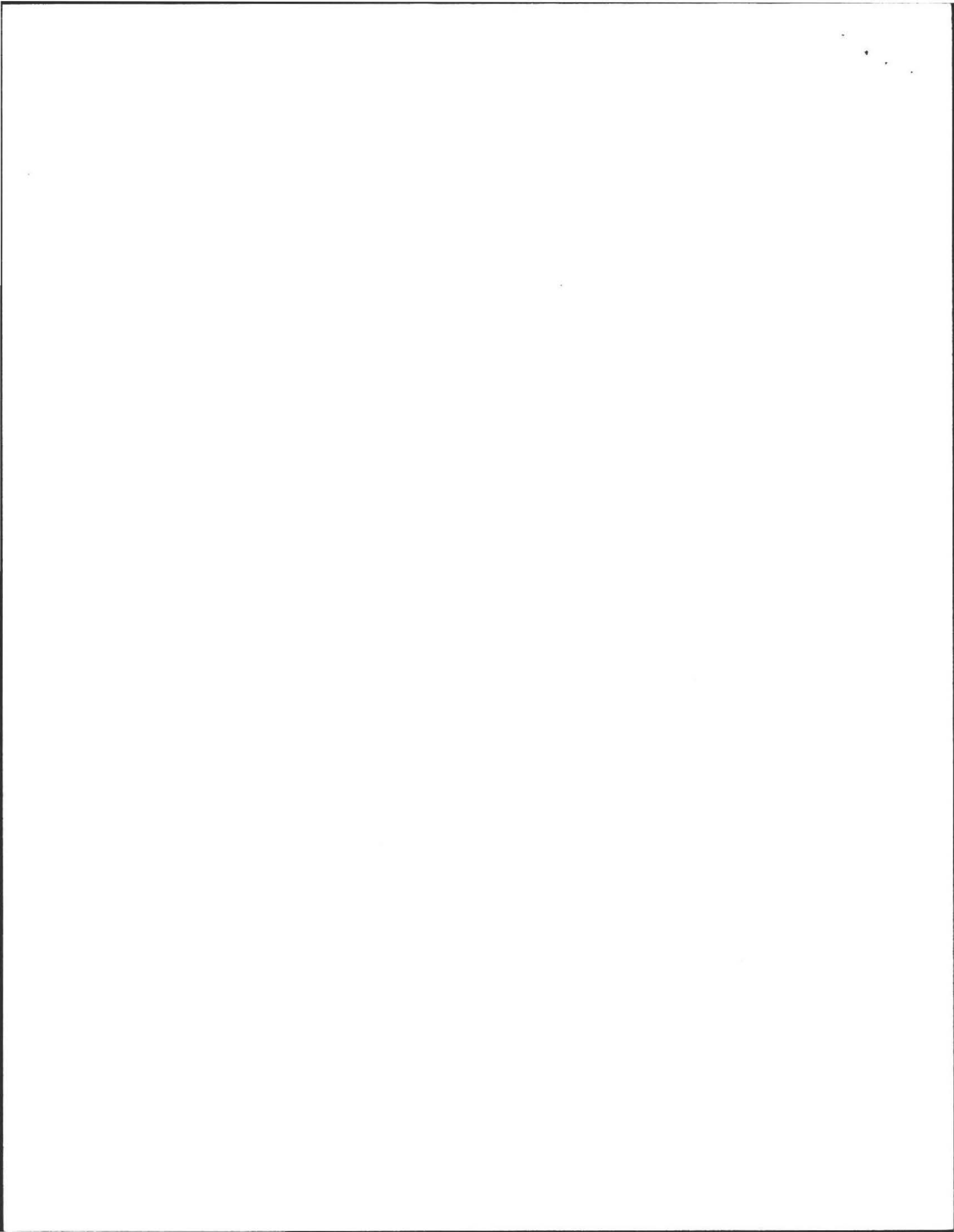
PLANVIEW  
SCALE: 1" 20'

AS-BUI





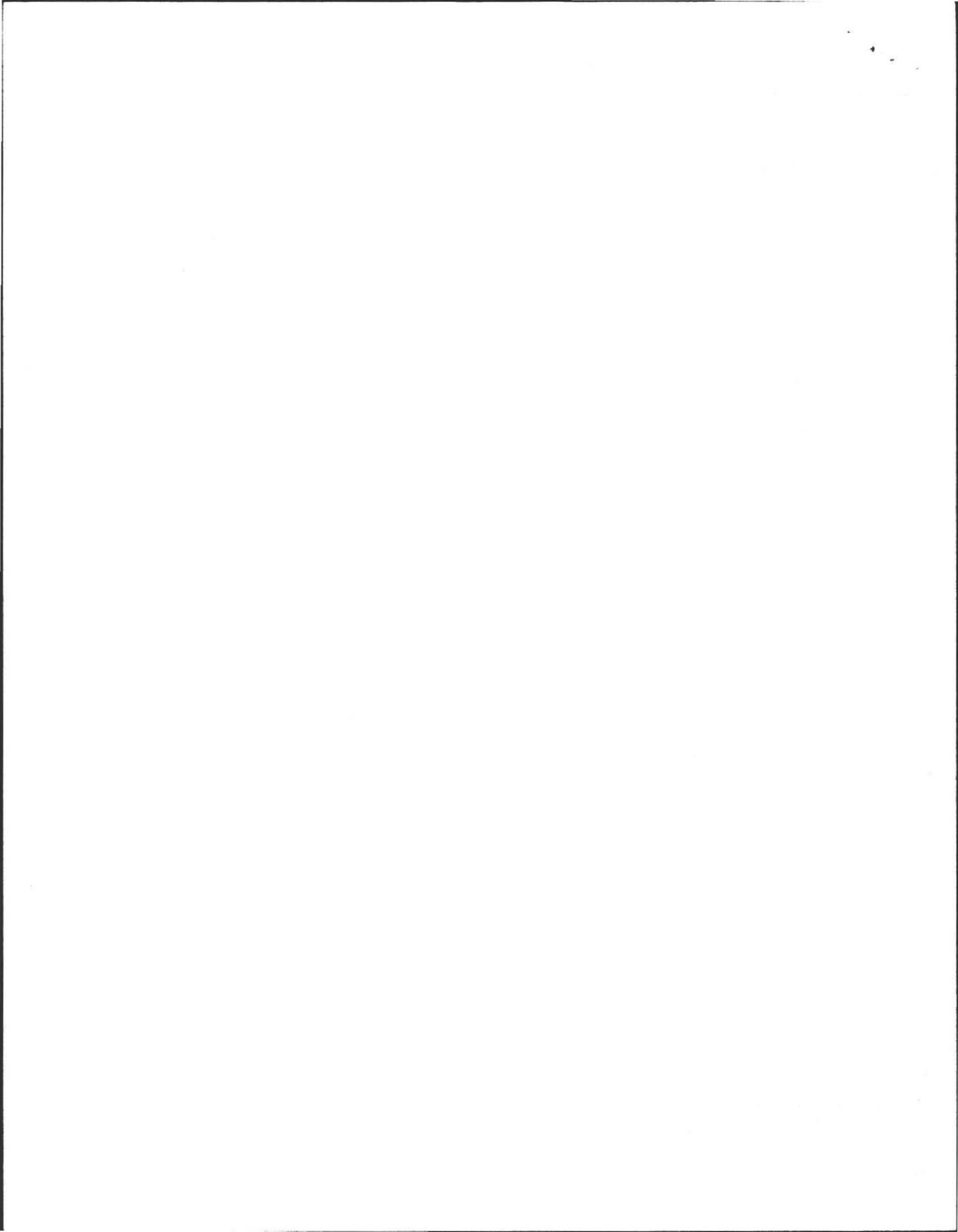
Outlet Tee  
167 Henry Street  
Amherst, MA  
05.12.2010







Inlet Tee  
167 Henry Street  
Amherst, MA  
05.12.2010





COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5  
 OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
 PART A  
 CERTIFICATION

Property Address: 167 Henry St  
Ashburnham, Ma 01002  
 Owner's Name: Sarah Madison  
 Owner's Address: \_\_\_\_\_  
 Date of Inspection: (none)  
12/16/03

Name of Inspector: (please print) Pamela / Cary Bissell  
 Company Name: Affordable Home and Septic Inspections Inc  
 Mailing Address: 51 Laurel St.  
Holyoke < Ma. 01040  
 Telephone Number: 413-532-8600

**CERTIFICATION STATEMENT**

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of 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
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: Pamela Bissell Date: 12/16/03

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.

Notes and Comments

*System was conditional pass based on tank replacement. Tank has been replaced. System now in TS compliance. (PB)*

\*\*\*\*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.

1



UNIVERSITY of  
MASSACHUSETTS  
504 Goodell Building  
140 Hicks Way  
Amherst, MA 01003-9272

COMMONWEALTH COLLEGE  
Office of the Dean  
voice: 413.545.2483  
fax: 413.545.4469  
e-mail: coucol@comcol.umass.edu

## Facsimile Transmittal Coversheet

To:	Affordable Home Inspections	Fax:	532-3767,
From:	SARAH MADISON	Date:	12/15/03
Fax:	(413) 545-4469 (413) 545-4469	Pages:	4 plus Cover Page
Phone:	(413) 545-3527 (work-UMASS)		
File:	Septic Tank Replacement + Approval		
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input checked="" type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle			

Here's the paperwork showing replacement of  
septic tank for Sarah Madison  
167 Henry St.  
Amherst, MA. 01002

This is the information you required in order  
to "pass" my septic system inspection.

Thanks guys!  
Merry Christmas !!!

Sarah



No. 03-16

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

FEE 100

ck # 4035  
9/15/03

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair  Upgrade ( ) Abandon ( ) -  Complete System  Individual Components

Location <u>167 Henry St.</u>	Owner's Name <u>Sarah Madison</u>
Map/Parcel # <u>A</u>	Address <u>167 Henry St., Amherst, MA 01002</u>
Lot # <u>1</u>	Telephone # <u>(413) 549-4027</u>
Installer's Name <u>Karl's Site Work, Inc</u>	Designer's Name <u>Richard Costa PE Robert Stover</u>
Address <u>River Dr., Hadley, MA 01035</u>	Address <u>Amherst Civil Engineering</u>
Telephone # <u>(413) 549-5396</u>	Address <u>P.O. Box 3312, Amherst, MA 01004-</u>
	Telephone # <u>(413) 256-3400 3312</u>

Type of Building: single family house Lot Size \_\_\_\_\_ Sq. feet  
 Dwelling — No. of Bedrooms 4 Garbage Grinder (No)  
 Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other fixtures \_\_\_\_\_

Design Flow (min. required) 440 gpd Calculated design flow \_\_\_\_\_ gpd Design flow provided \_\_\_\_\_ gpd  
 Plan: Date 9/11/03 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title " Plan of Septic Tank Replacement "

Description of Soil(s) Attached not apply  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS replace septic tank due to substantial exfiltration from existing tank

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 9/10/03

Inspections \_\_\_\_\_

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. 03-16

THE COMMONWEALTH OF MASSACHUSETTS

Amherst BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired , Upgraded ( )  
 by: Sarah Madison  
 at 167 Henry St.

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 03-16 dated \_\_\_\_\_ Approved Design Flow \_\_\_\_\_ (gpd)

Installer Walter Costa for KARL'S

Designer: Robert Stover 10/7/03 Inspector [Signature] Date Oct 6 2003  
for Amherst Civil Eng.

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96



9/11/03





No. 03-16

THE COMMONWEALTH OF MASSACHUSETTS

FEE 100<sup>00</sup>

Amherst BOARD OF HEALTH

**DISPOSAL SYSTEM CONSTRUCTION PERMIT**

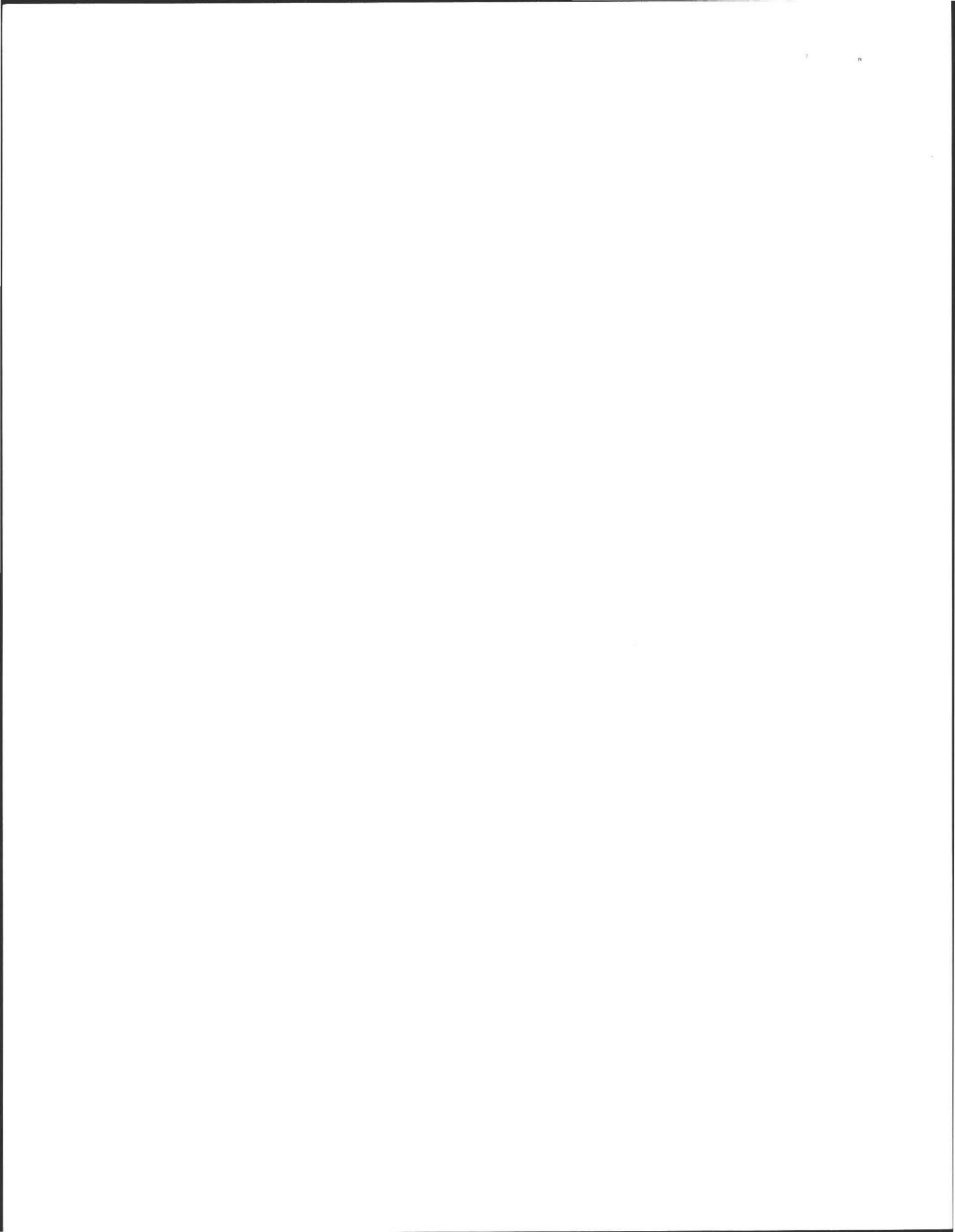
Permission is hereby granted to Construct ( ) Repair () Upgrade ( ) Abandon ( ) an individual sewage disposal system at 167 Henry Street as described

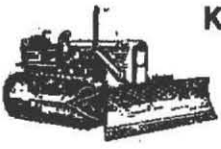
in the application for Disposal System Construction Permit No. 03-16 dated 9/11/05

**Provided:** Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date Sept 12, 2005 Board of Health [Signature]  
[Signature]

FORM 2 - DSCP DEP APPROVED FORM 5/96  
FORM 1255 (REV 5/96) H&W HOBBS & WARREN™ PUBLISHERS - BOSTON





**KARL'S SITE WORK, INC.**  
327 RIVER DRIVE  
HADLEY, MA 01035  
(413) 549-5396

DATE	NUMBER
10/07/2003	0000030819

Page: 1

Invoice

To: SARAH MADISON  
167 HENRY STREET

AMHERST, MA 01002-

**PLEASE PAY FROM  
THIS INVOICE**

STATEMENTS WILL NOT  
BE MAILED.

TERMS: 30 DAYS, 1-1/2% OVER 30 DAYS.

Quantity	Price	Unit	Amount
----------	-------	------	--------

REPLACE SEPTIC TANK

1.0000

2,800.0000

2,800.00

Tax:

0.00

RAKE & SEED

1.0000

445.0000

445.00

Tax:

0.00

*pd  
10/10/03  
check  
#4658*

Invoice Totals

Gross	3,245.00
Tax	0.00
Invoice Totals	3,245.00

WHEN REMITTING PLEASE INCLUDE INVOICE NUMBER ON CHECK.

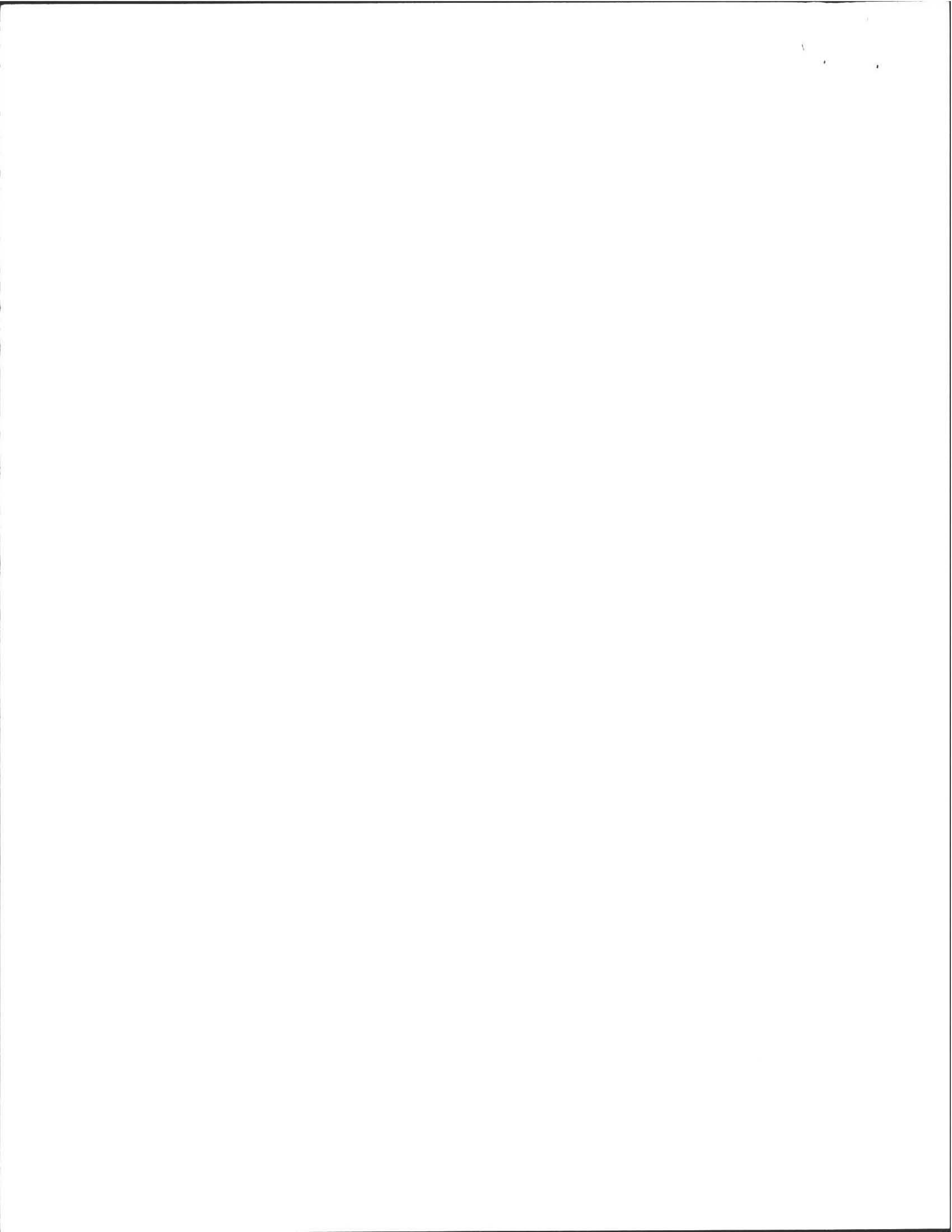
PLEASE ORDER FROM MCBEE REORDER EXPRESS 1 800 682 2381

FORM NO. L 8011-3

ORDER NO. 010282828282001

CUSTOMER NO. 0000075912800

CM



TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

# 4035  
No. 2300

Received of Sarah Madison of 167 Henry St.

For Property Located at: same same

HEA Code	Description	Rate	HEA Code	Description	Rate
HEA009	Bakery		HEA015	Sanitary Code Booklets	
	R6510 443308			R6510 432305	
HEA001	Bed & Breakfast		HEA016	Septic Tank Permit-Installers	1
	R6510 443516			R6510 443511	
HEA002	Catering License		HEA017	Septic Tank Permit-Private	① 100.00
	R6510 443307			R6510 443510	
HEA003	Food Handler		HEA018	Septic Tank Reinspection Fee	
	R6510 443515			R6510 432101	
HEA004	Frozen Deserts		HEA019	Sub-Division Review Fee	
	R6510 443501			R6510 432306	
HEA005	Health Dept. Housing Insp.		HEA012	Swimming Pool Permits	
	R6510 432302			R6510 443512	
HEA006	Massage Therapy License		HEA020	Tanning License	
	R6510 443504			R6510 443509	
HEA007	Milk & Cream License		HEA024	Funeral Director License	
	R6510 443500			R6510 443502	
HEA008	Motel License		HEA034	Immunization Clinic	
	R6510 443506			R6510 432307	
HEA010	Removal of Offal		HEA030	Car Seats	
	R6510 443513			R407 258004	
HEA021	Removal of Rubbish		HEA026	Smoking & Tobacco Reg. Violations	
	R6510 443520			R6510 443518	
HEA011	Percolation Test Fees		HEA023	TB Clinic	
	R6510 432300			R6510 432303	
HEA013	Recreation Camp License		HEA022	Tobacco License	
	R6510 443503			R6510 441505	
HEA014	Retail Store Permit		HEA		
	R6510 443514		HEA		

TOTAL FEE: \$100.00

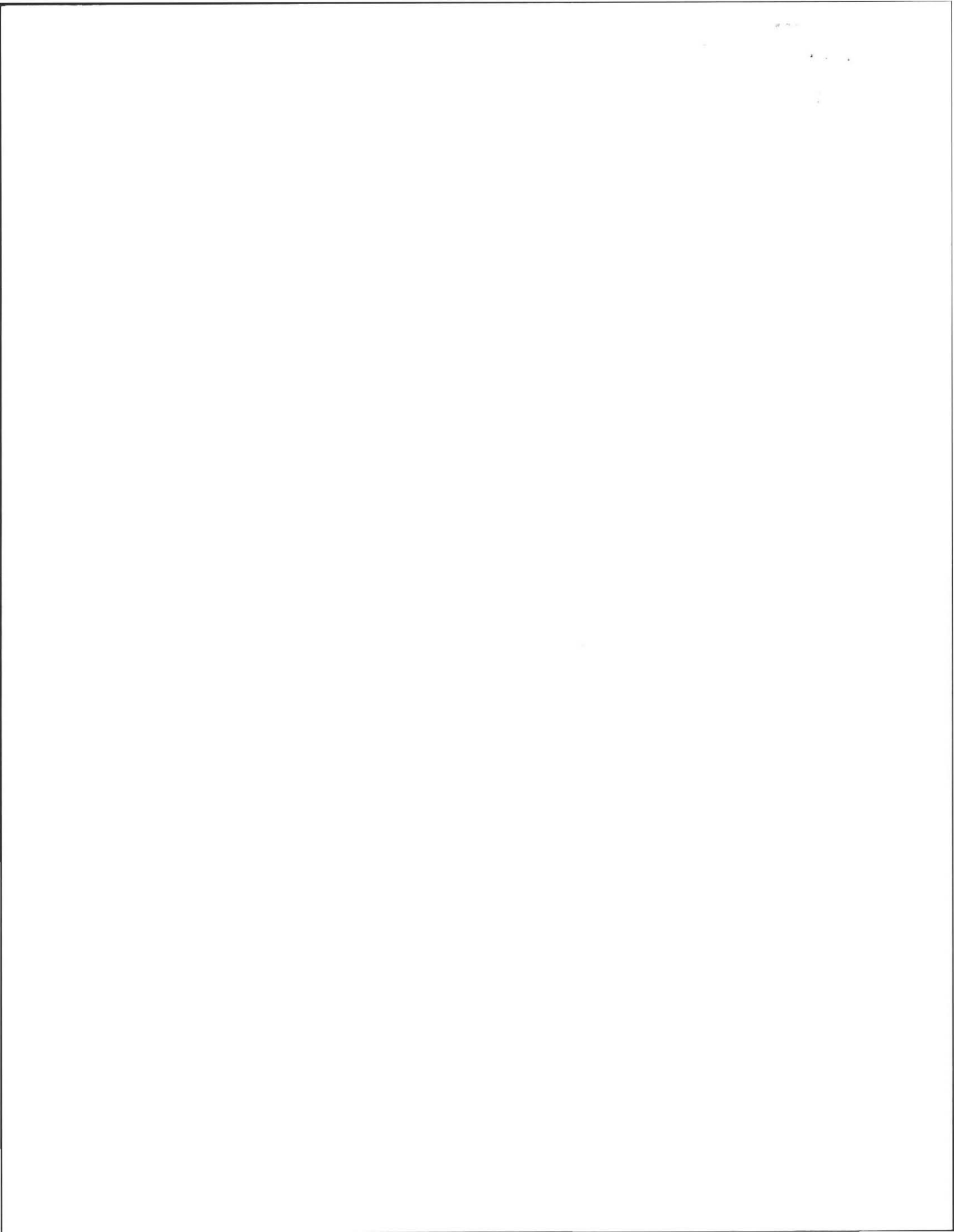
Kelli Kydd  
Inspection Services/Health Department

9/23/03  
Date

Must be Validated by the Collector's Office to be considered paid

White - Applicant    Yellow - Collector    Pink - Accounting    Gold - Health/Inspections

22/03/03  
TOWN OF AMHERST  
MISC CASH RECEIPTS  
Date / Time : 09/23/03 10:47  
Payment : \$100.00  
Receipt # : 2300  
Check/Credit Card #: 0300/CY6075  
Paid by : SARAH MADISON

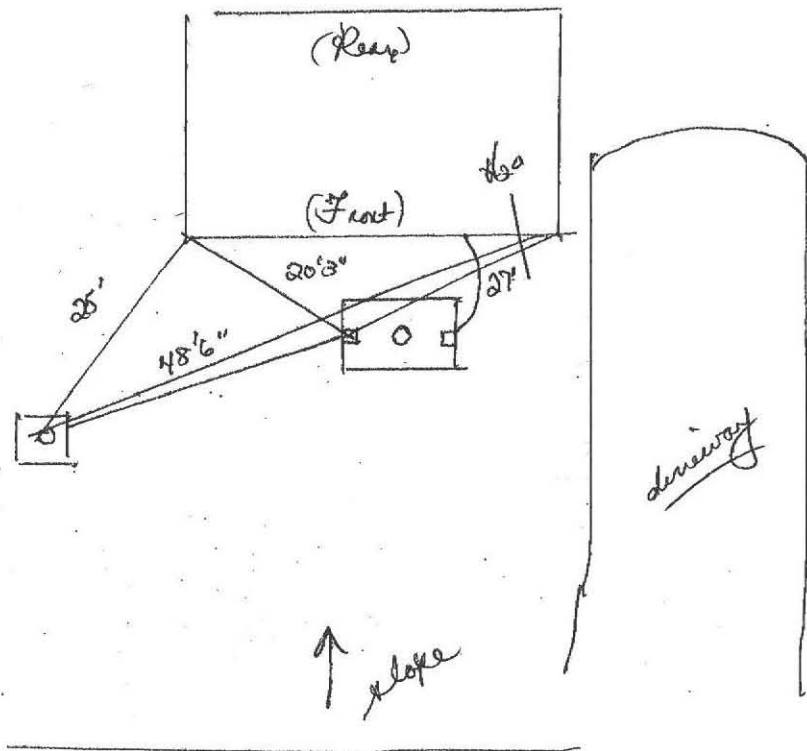


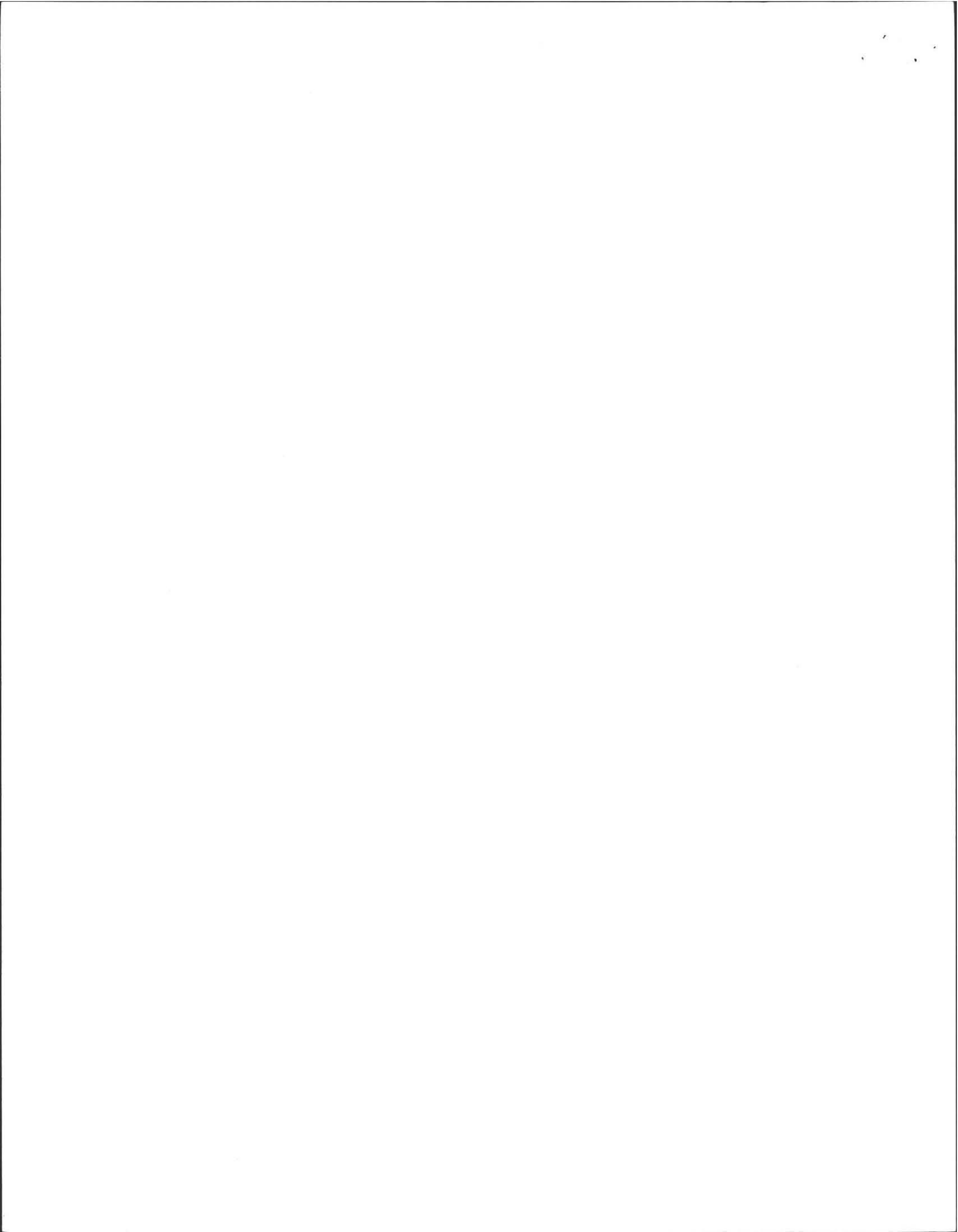
**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 167 Heavy St  
Amherst, MA  
Owner: Madison  
Date of Inspection: 7/17/03

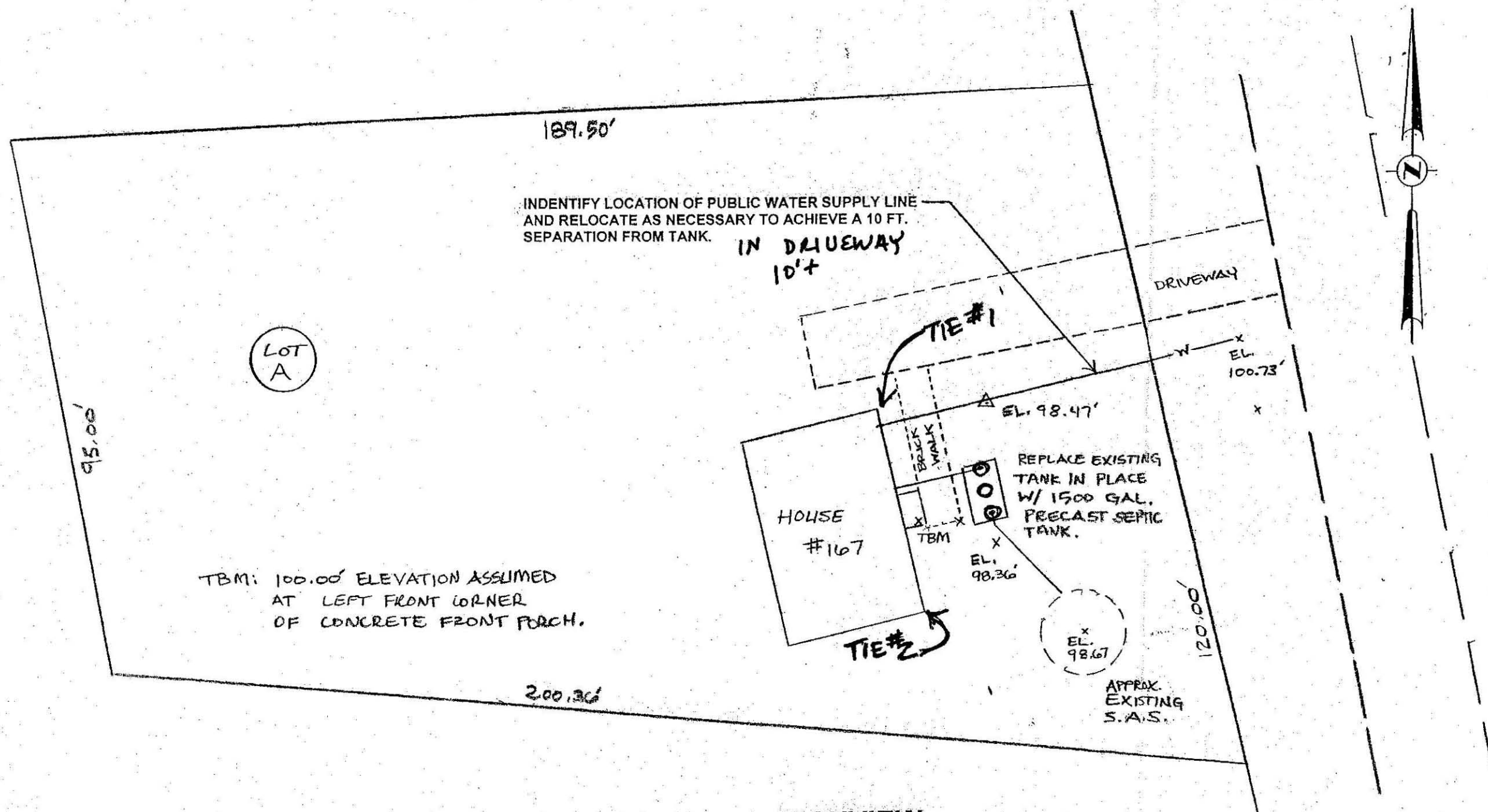
**SKETCH OF SEWAGE DISPOSAL SYSTEM**

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.







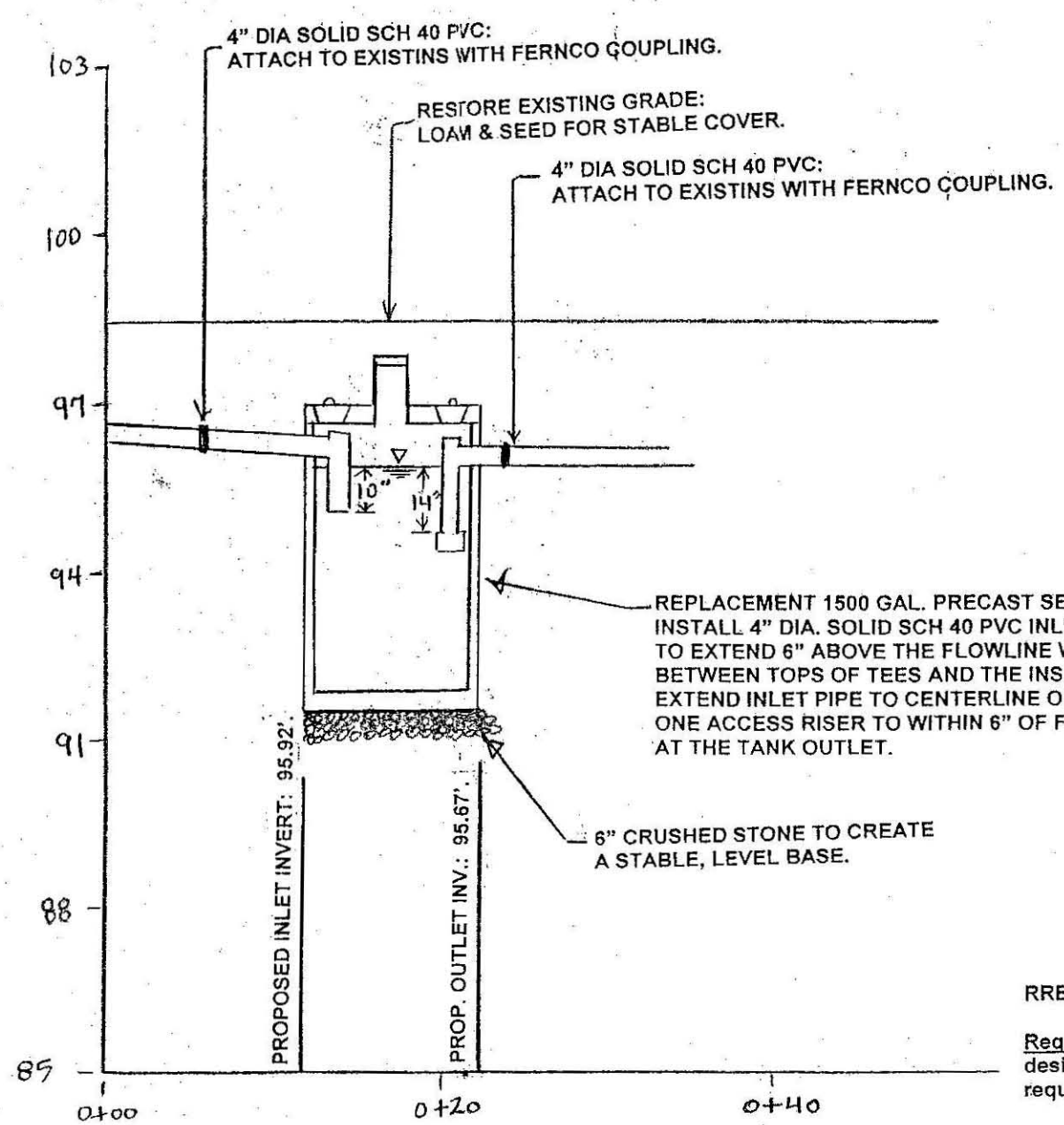


PLANVIEW  
SCALE: 1" = 20'

AS-BUILT = RED



PROJECT LOCATION  
USGS WILLIAMSBURG, MASS. QUADRANGLE  
SCALE: 1:25,000



PROFILE OF SEPTIC TANK  
SCALE: H: 1" = 10' V: 1" = 3'

TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENT	TIE #1	TIE #2
TANK INLET	20.5'	27.5'
TANK CENTER	23.0'	24'3"
TANK OUTLET	26.0'	21.5'

REQUIRED TANK CAPACITY

Required: For a single family dwelling unit, a minimum effective liquid capacity of 200% of the design flow or a minimum hydraulic detention flow of 48 hours, whichever is greater, shall be required. In no case shall the effective liquid capacity of the tank be less than 1500 gallons.

Facility to be served: A single family house with four bedrooms and no garbage grinder.

Required design flow: 4 bedrooms X 110 gpd/bedroom = 440 gpd. 200% of 440 gpd = 880 gal.

Proposed: 1500 gal precast septic tank.

GENERAL CONDITIONS

- This system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
- The installer shall notify the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
- All debris in the site area shall be removed and disposed of in accordance with the law.
- There is no guarantee expressed or implied to any user of this system installed pursuant to this plan.
- The installer shall notify the designer and the Board of Health when the installation is complete and prior to placement of the cover material for final inspection. Notification shall be 48 hours prior to the time of inspection.
- The septic tank shall be pumped and inspected as necessary and at least once every 3 years.

CONSTRUCTION NOTES

- Install 4" dia. Solid SCH 40 PVC tees at the septic inlet and outlet. Tees shall extend 6" above the flowline with a 3" air space between the tops of the tees and the inside of the tank cover. Install at least one access riser to within 6" of the finished grade and a gas baffle at the tank outlet.
- The existing septic tank shall be disposed of in accordance with the requirements of the Board of Health.

**AS-BUILT**

**PLAN OF SEPTIC TANK REPLACEMENT**  
167 HENRY STREET, AMHERST, MASS.

**SARAH MADISON**  
167 HENRY STREET, AMHERST, MA 01002

SCALE: AS SHOWN	APPROVED BY	DRAWN BY RWS
DATE: 9/11/03		
<b>AMHERST CIVIL ENGINEERING</b> RICHARD COSTA, P.E. / ROBERT STOVER		
P.O. BOX 3312, AMHERST, MA 01004-3312 (413)256-3400		DRAWING NUMBER

Madison