

177 HENRY STREET



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

177 HENRY STREET

Property Address

RUBIN

Owner's Name

AMHERST

City/Town

MASS

State

01002

Zip Code

APRIL 26, 2013

Date of Inspection

Owner information is required for every page.

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

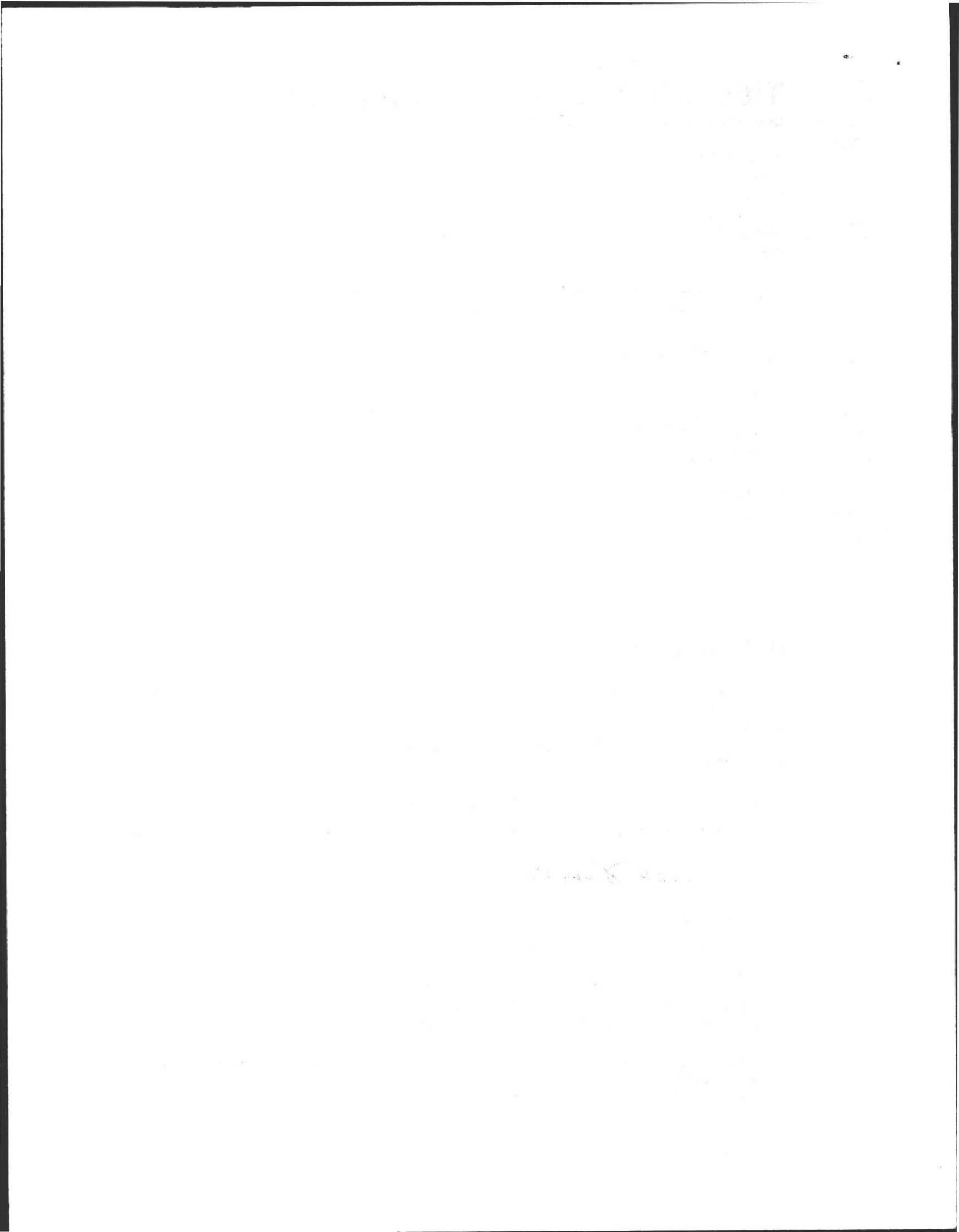
Inspector's Signature

APRIL 26, 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.**





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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 BIO-DEGRADABLE TOILET PAPER.

B) System Conditionally Passes:

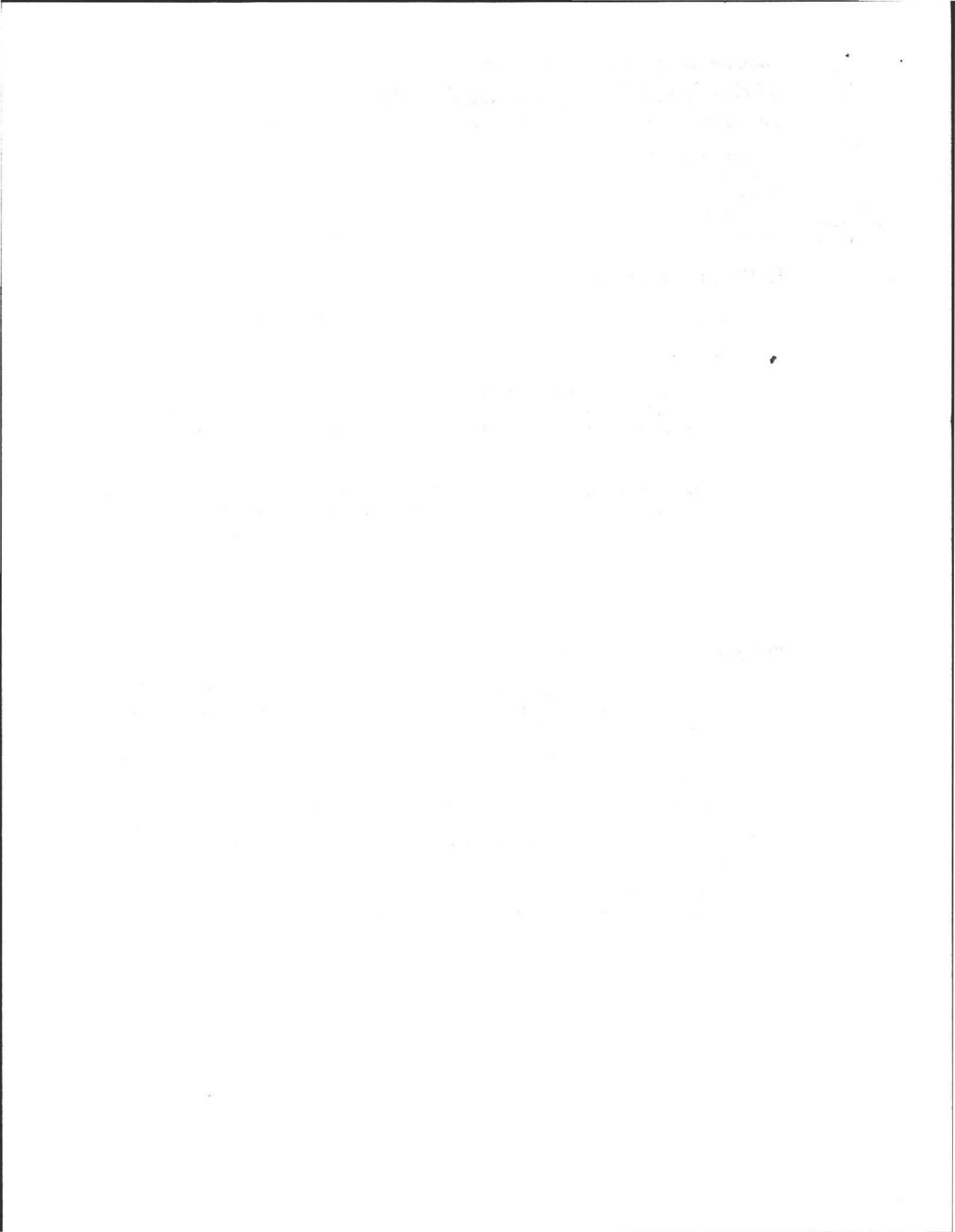
[] One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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):





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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):

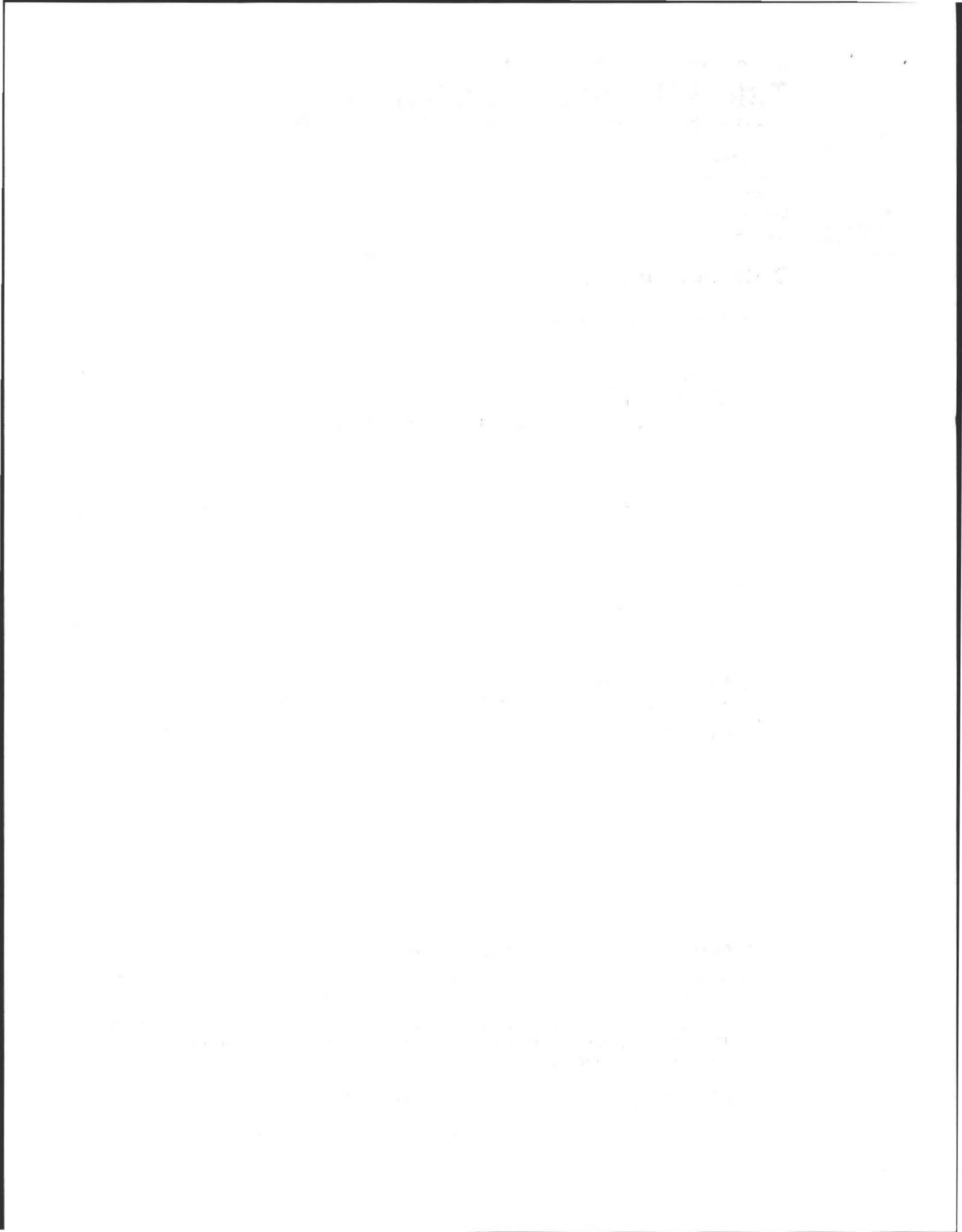
- broken pipe(s) are replaced
obstruction is removed

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





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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 system proximity to surface water, public water supply, and private water supply wells.

Method used to determine distance:

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

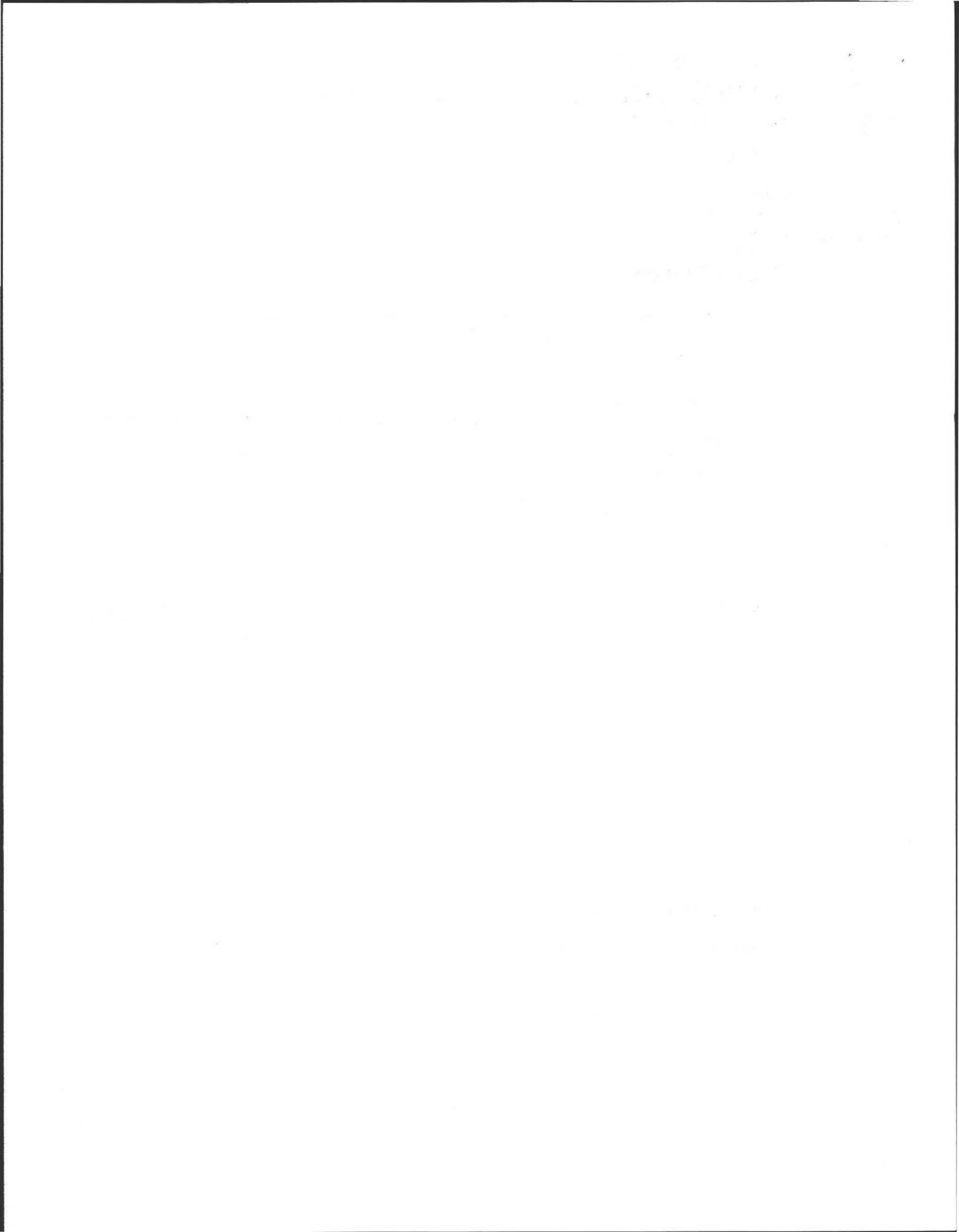
3. Other:

Four horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns for Yes/No and four failure criteria: backup of sewage, discharge to surface, static liquid level, and liquid depth in cesspool.





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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.

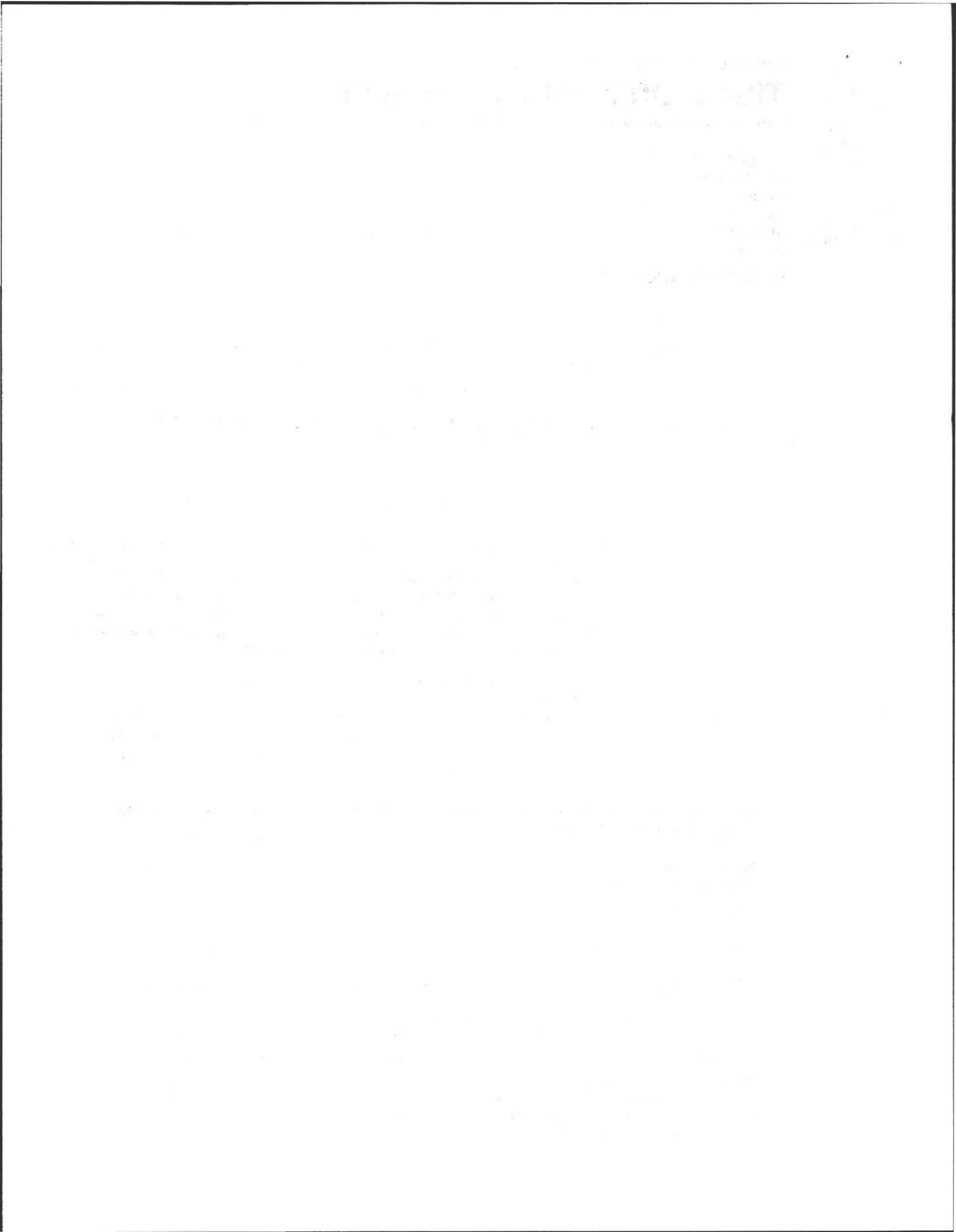
Yes No

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.





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C. Checklist

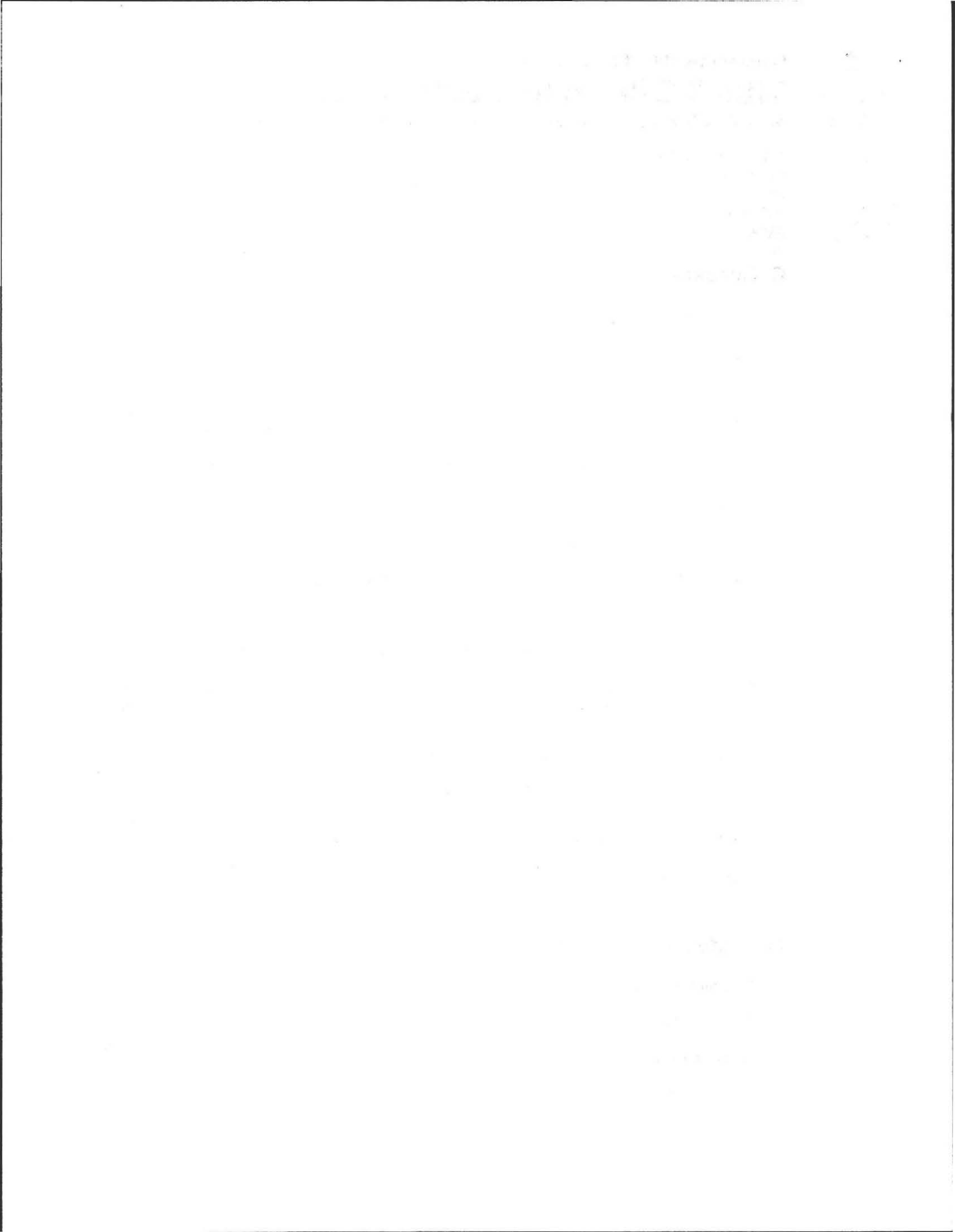
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, flows, water volumes, plans, sewage back up, break out, system components location, septic tank inspection, facility owner information, and existing information.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 2 Number of bedrooms (actual): 2
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 220 GPD





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D. System Information

Description:

Blank lines for description

Number of current residents:

4

Does residence have a garbage grinder?

Yes No

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

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

TOWN WATER

Detail:

Blank lines for detail

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?

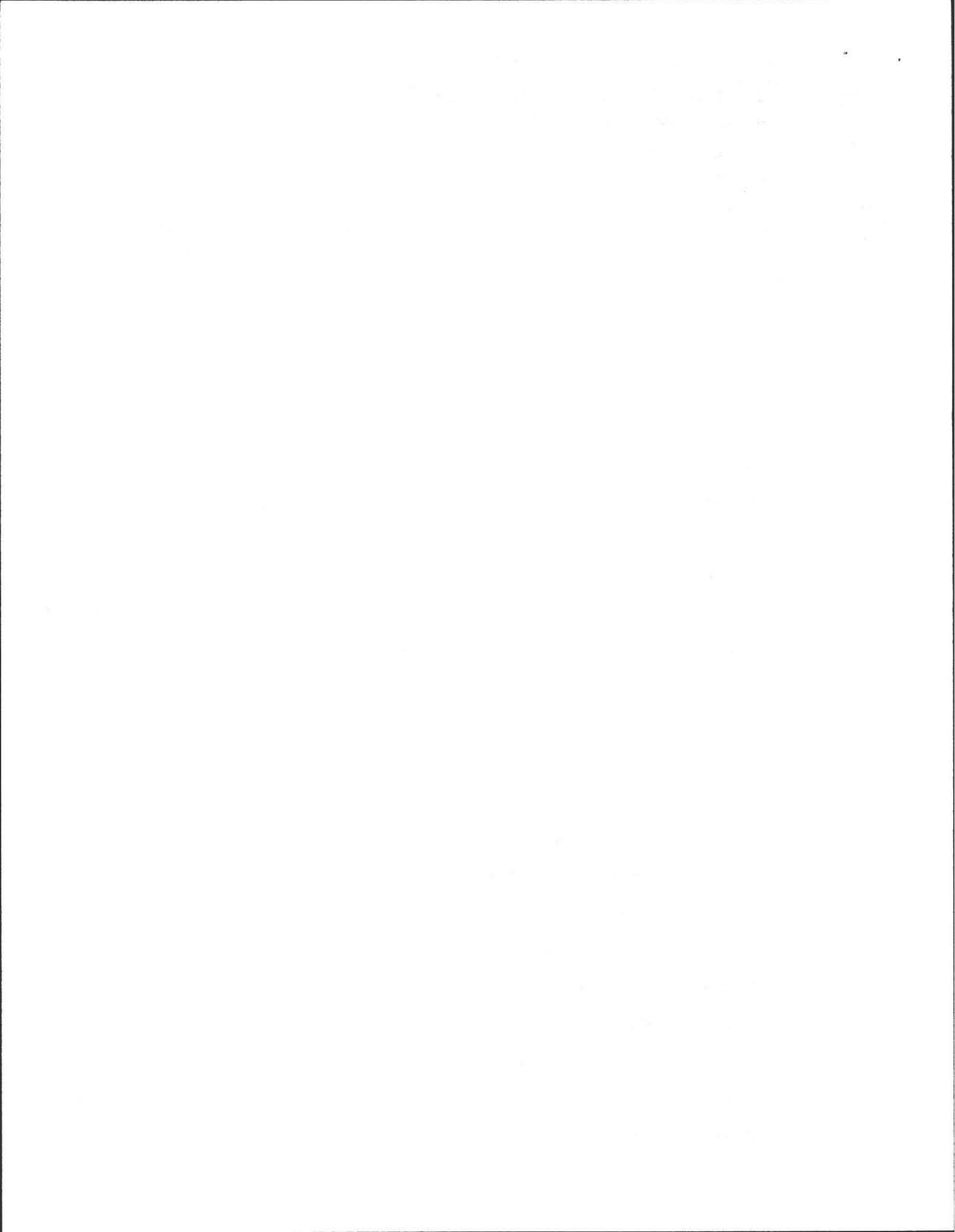
Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:

Blank line for water meter readings





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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 N/A

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

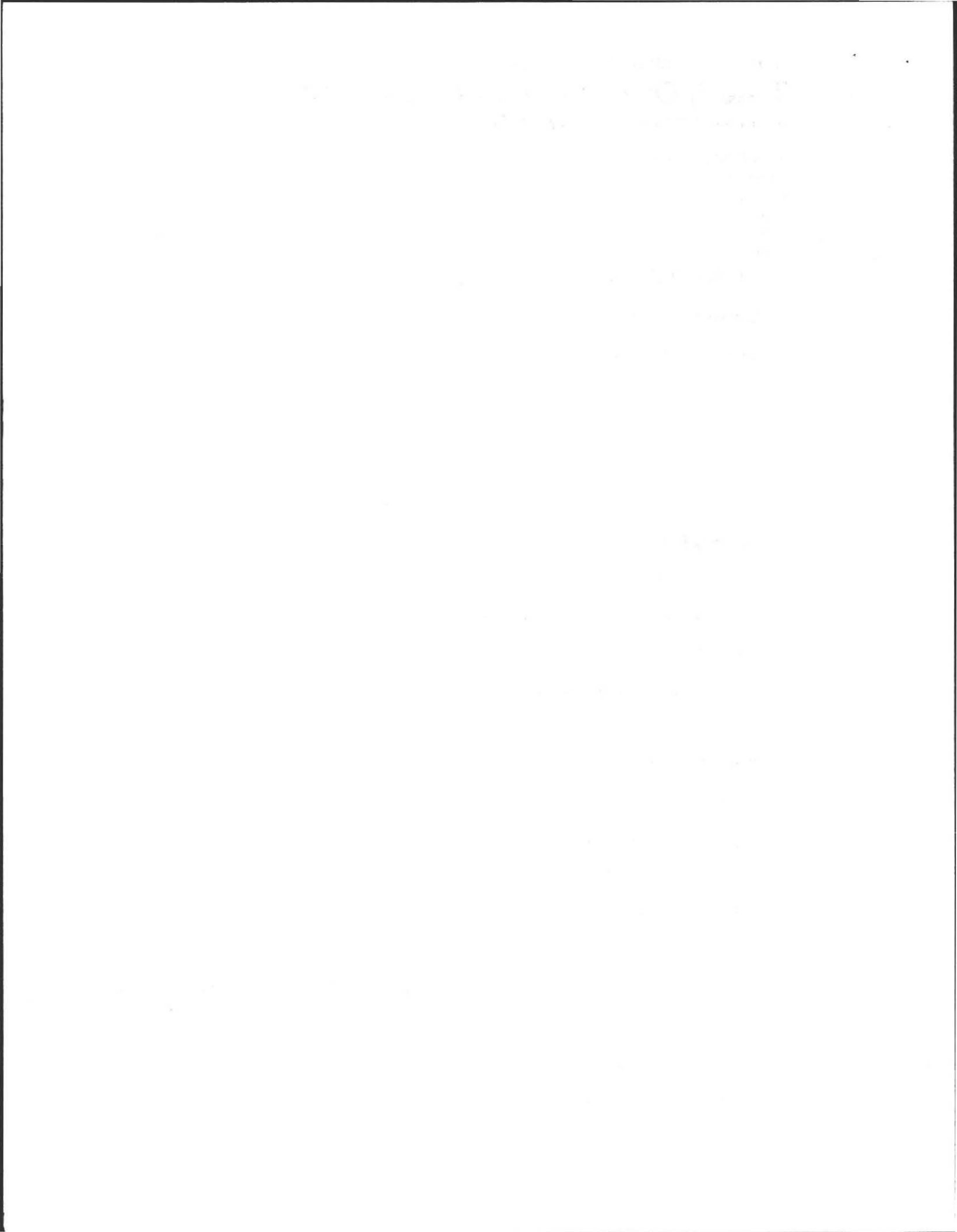
gallons

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): LEACH PIT





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D. System Information (cont.)

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

APPROXIMATELY 1985

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2' 8" feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

JOINTS AND VENTING OK, NO LEAKAGE

Septic Tank (locate on site plan):

Depth below grade:

2' feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

CLEAN SEPTICS RECOMMENDS PUMPING THE SEPTIC TANK. THE 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)

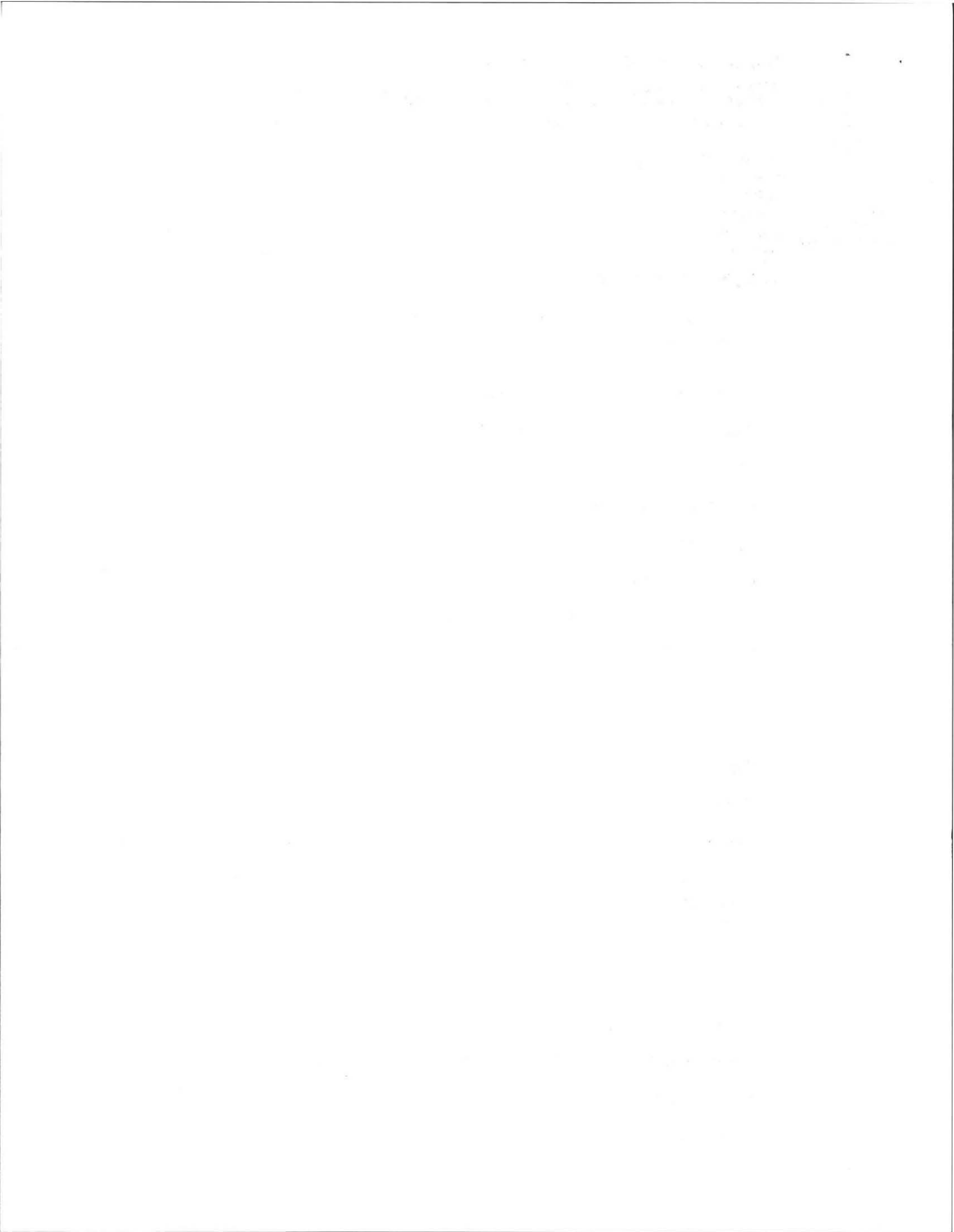
Yes No

Dimensions:

L 8' 6" X W 4' X H 4'

Sludge depth:

1'





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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

2" _____

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

8" _____

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

17" _____

How were dimensions determined?

MEASURED _____

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

PUMP SEPTIC TANK EVERY ONE - THREE 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:

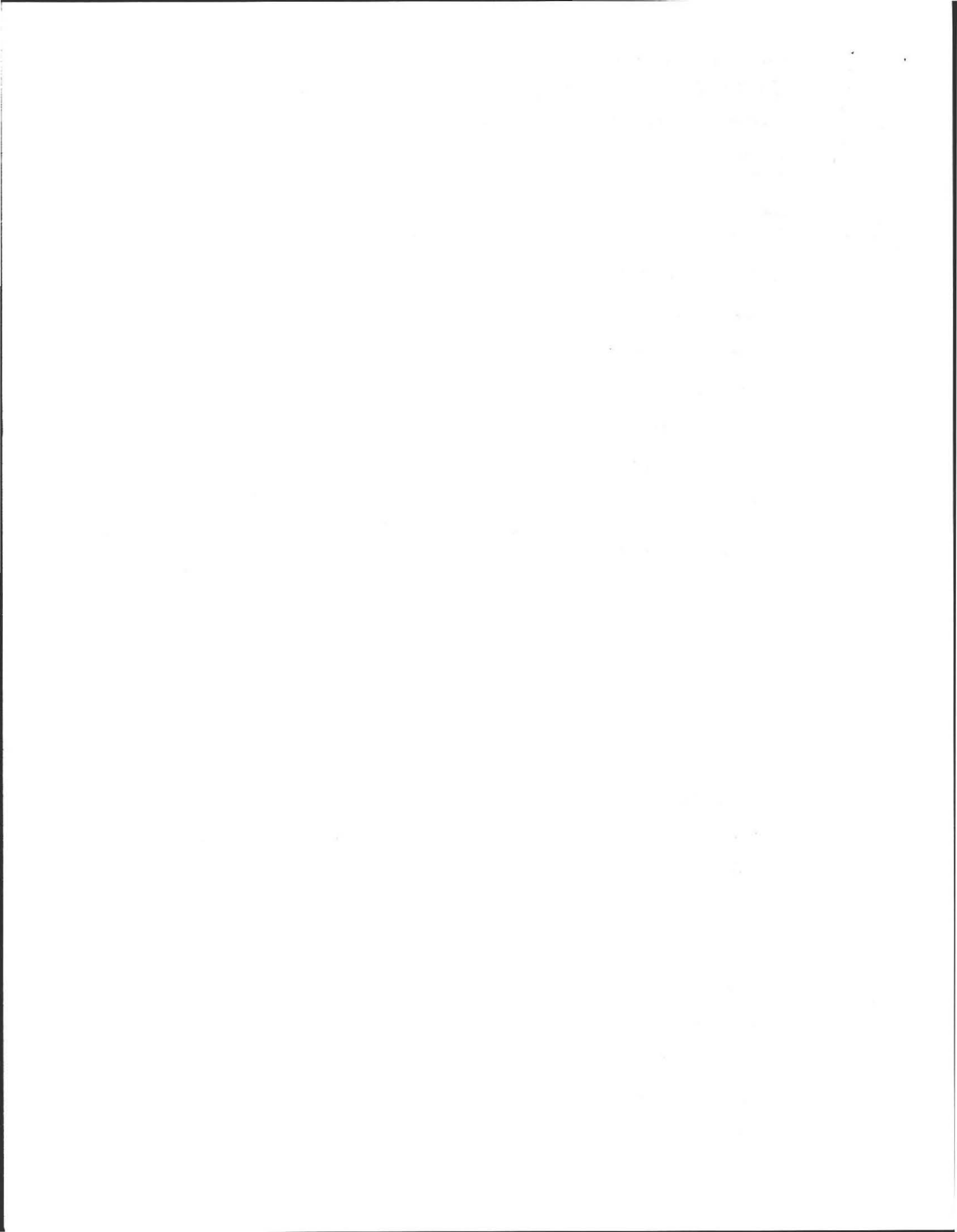
Scum thickness

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: _____

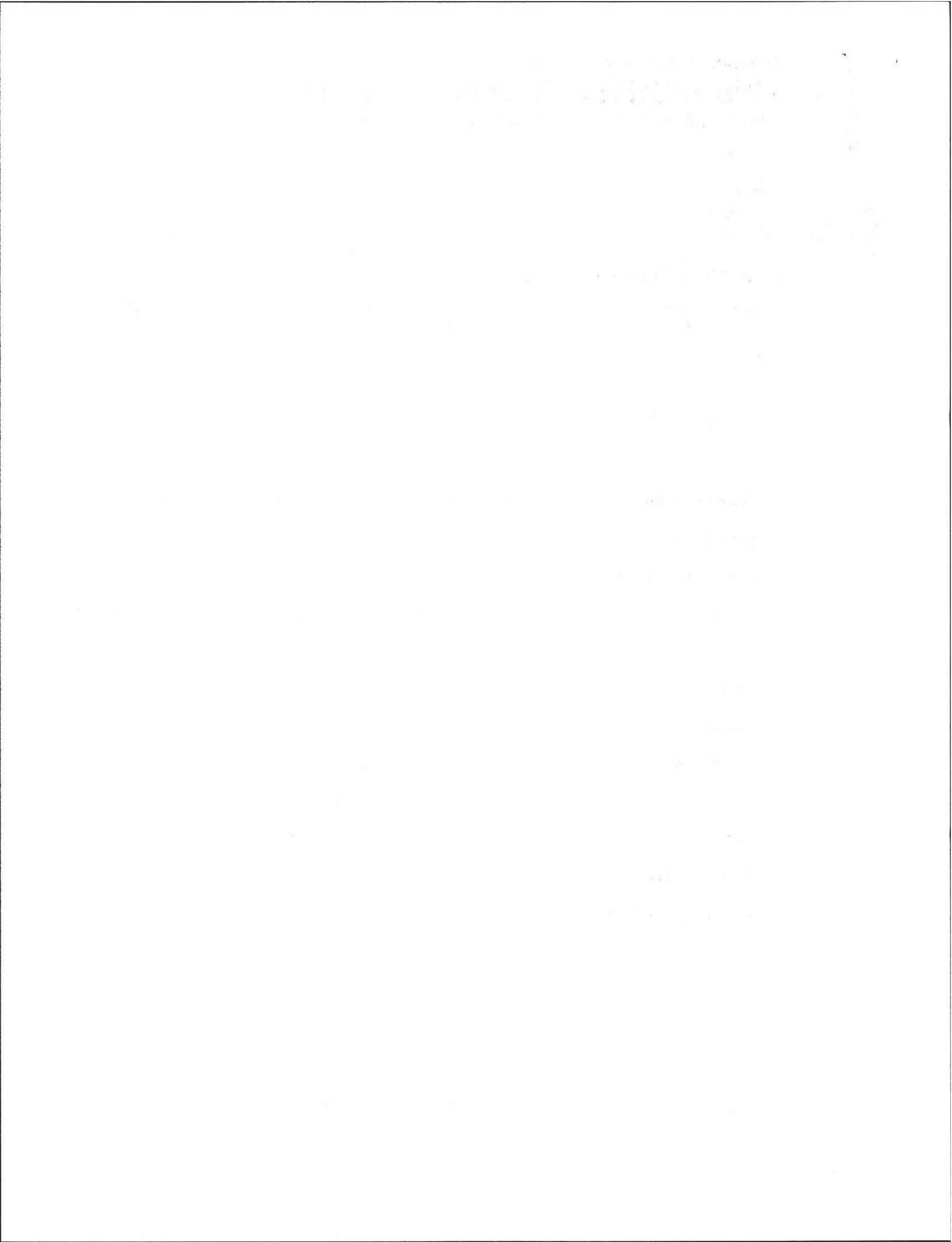
Alarm in working order: Yes No

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





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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

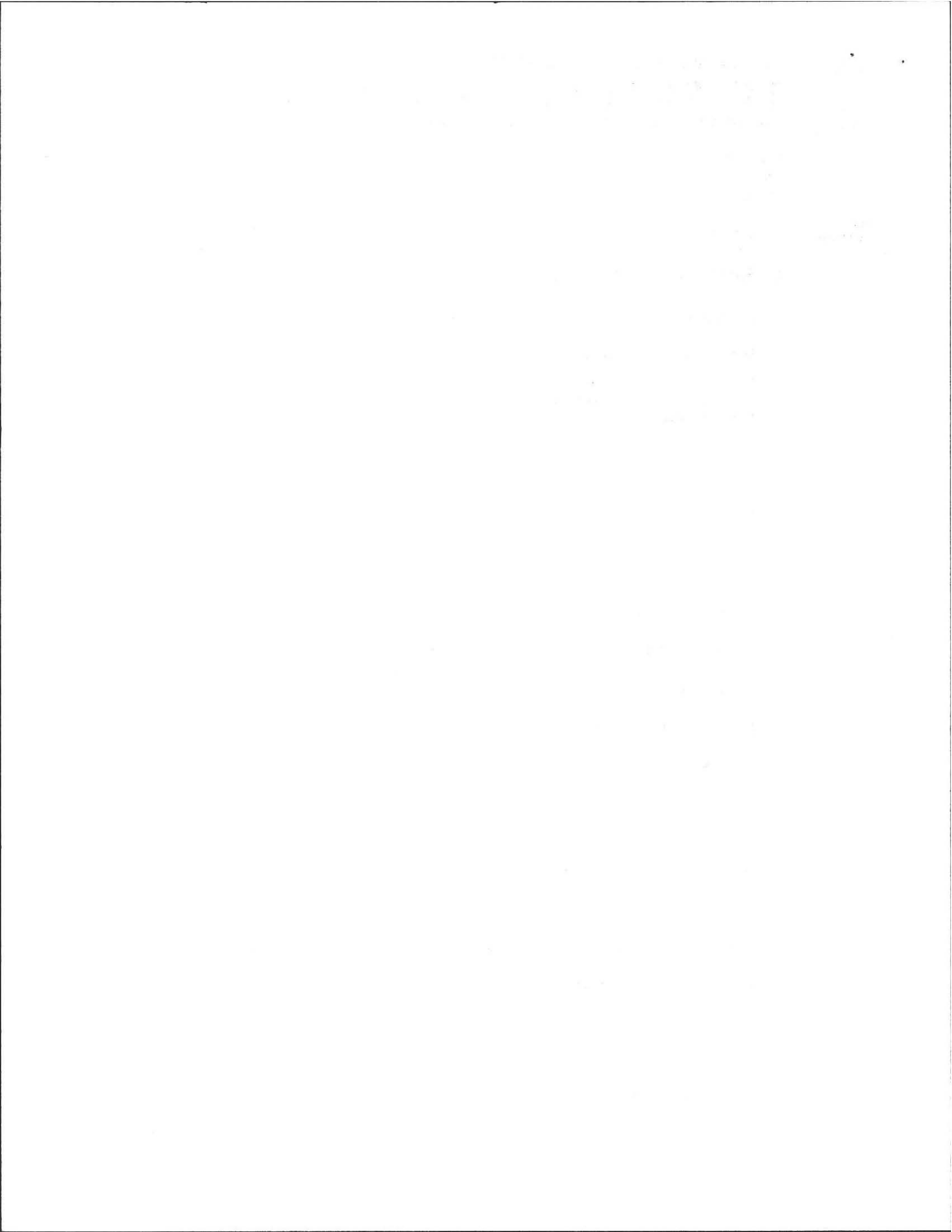
Alarms in working order:

[] 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:





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D. System Information (cont.)

Type:

- leaching pits number: ONE (1) PIT
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions:
overflow cesspool number:
innovative/alternative system

Type/name of technology:

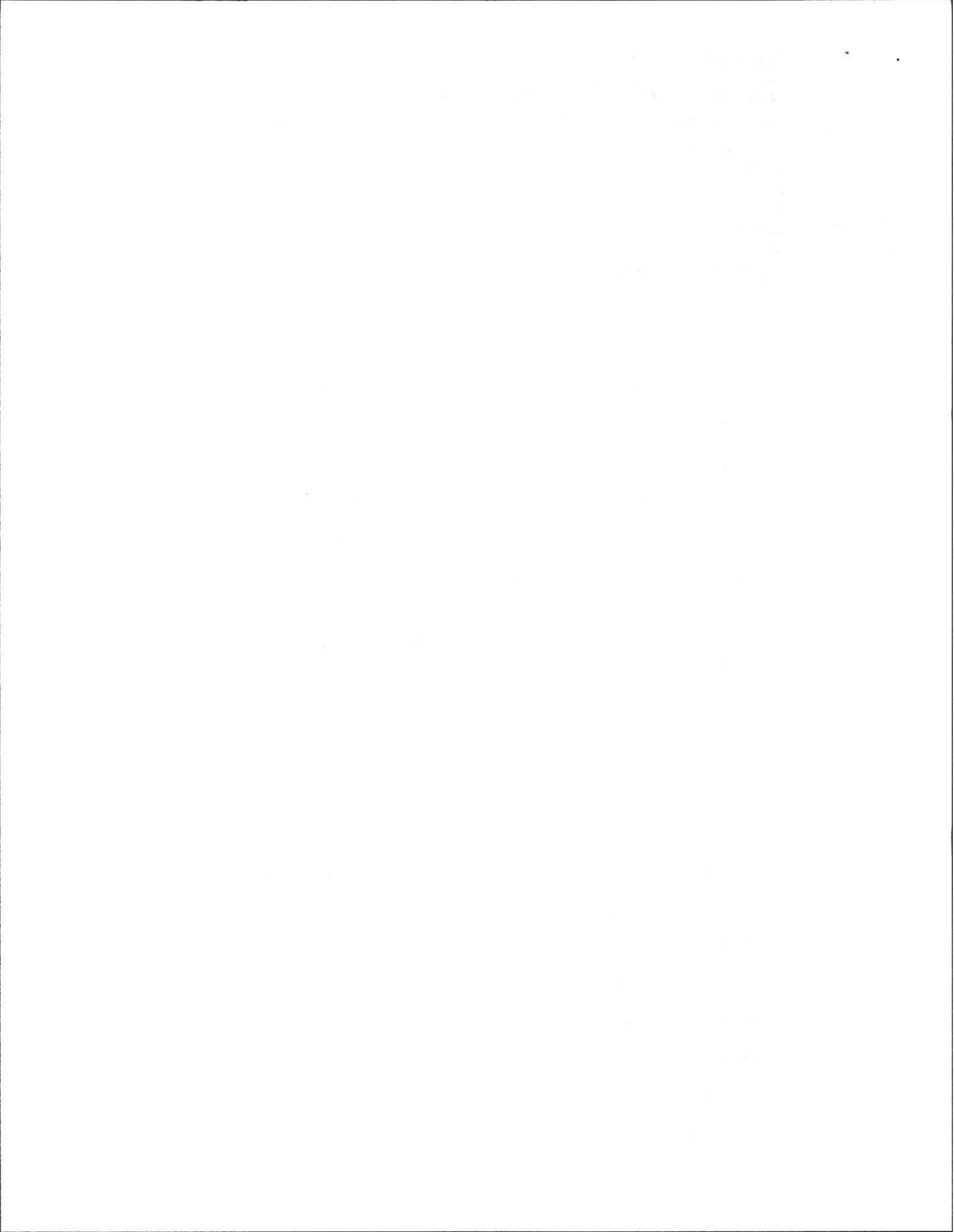
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

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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D. System Information (cont.)

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

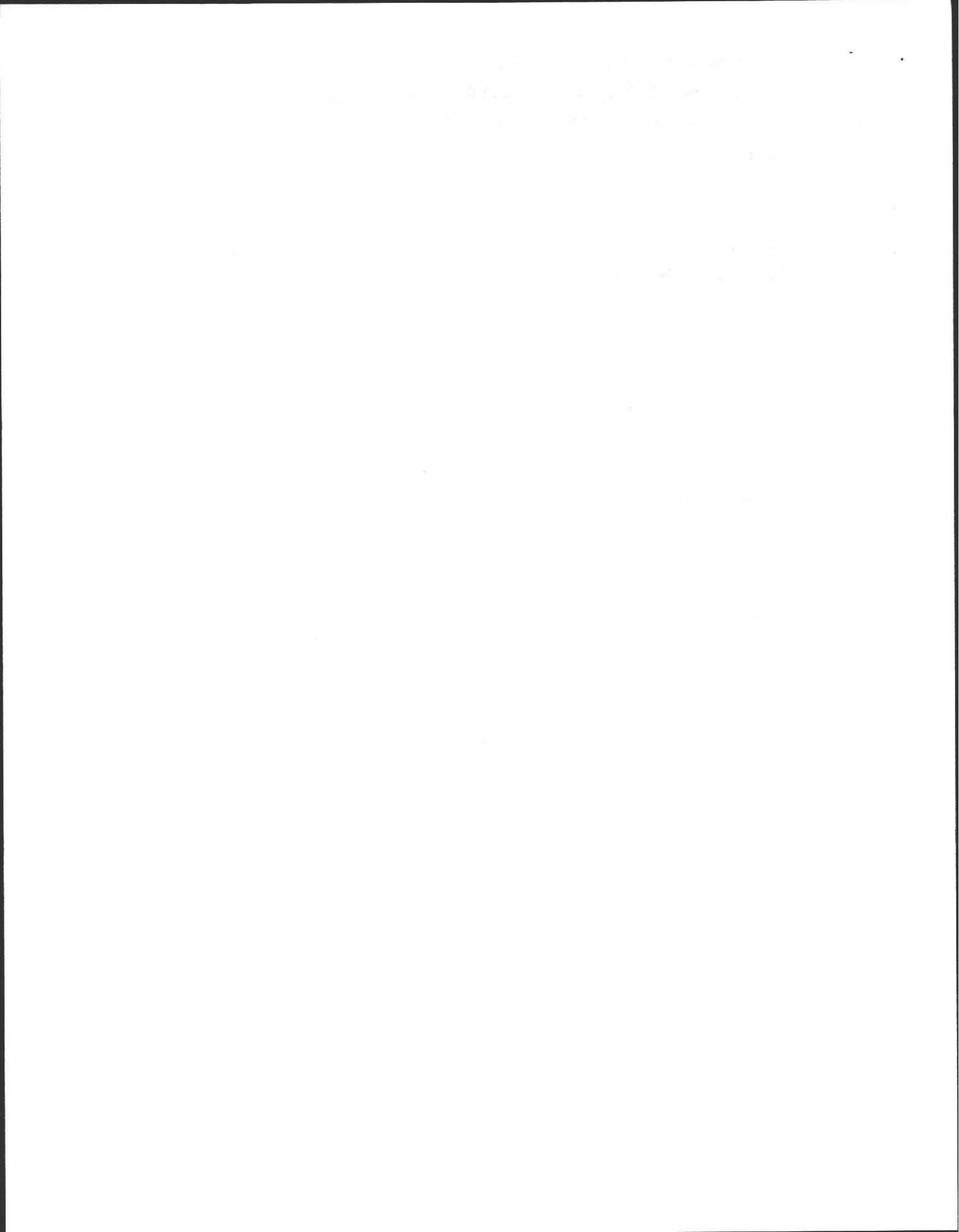
Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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





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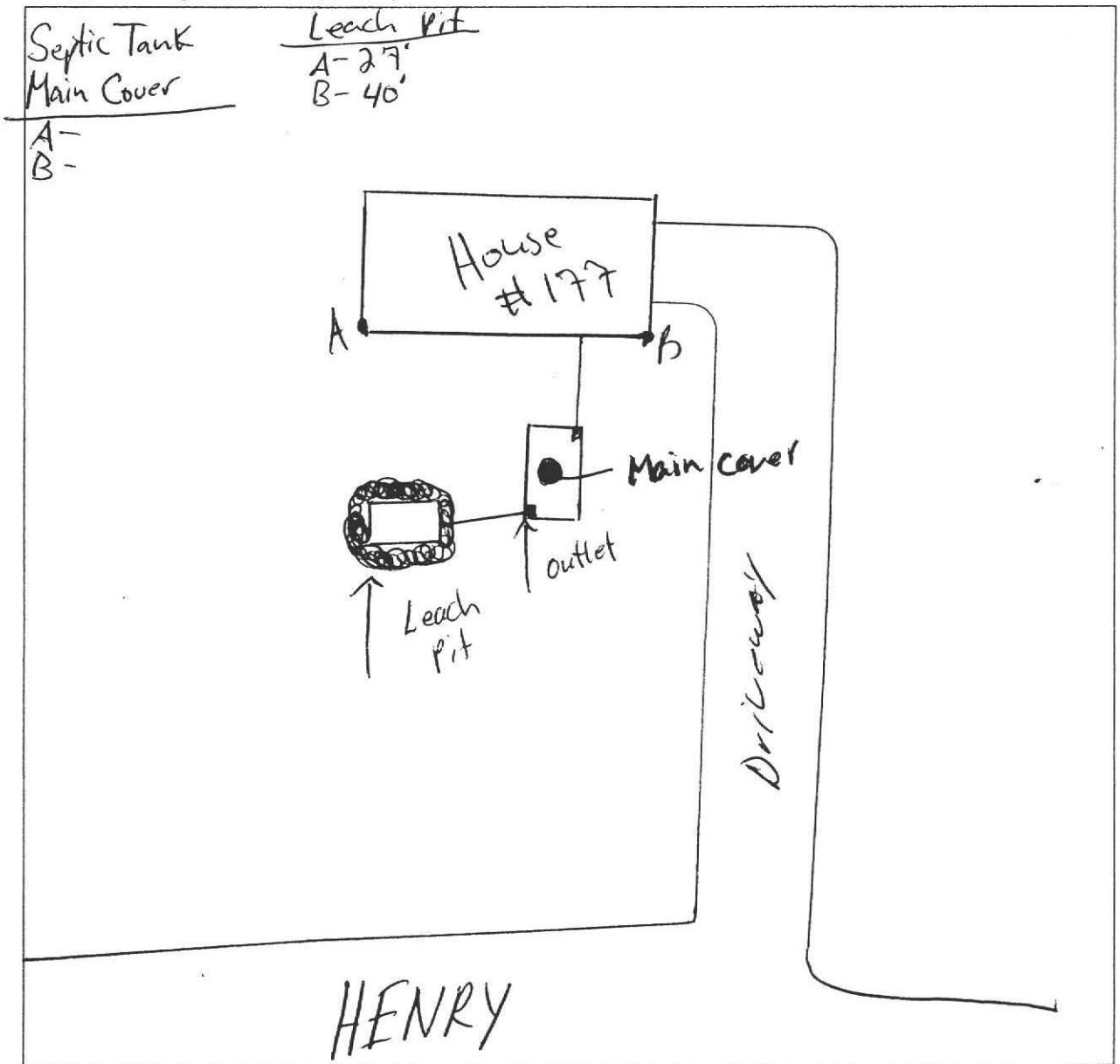
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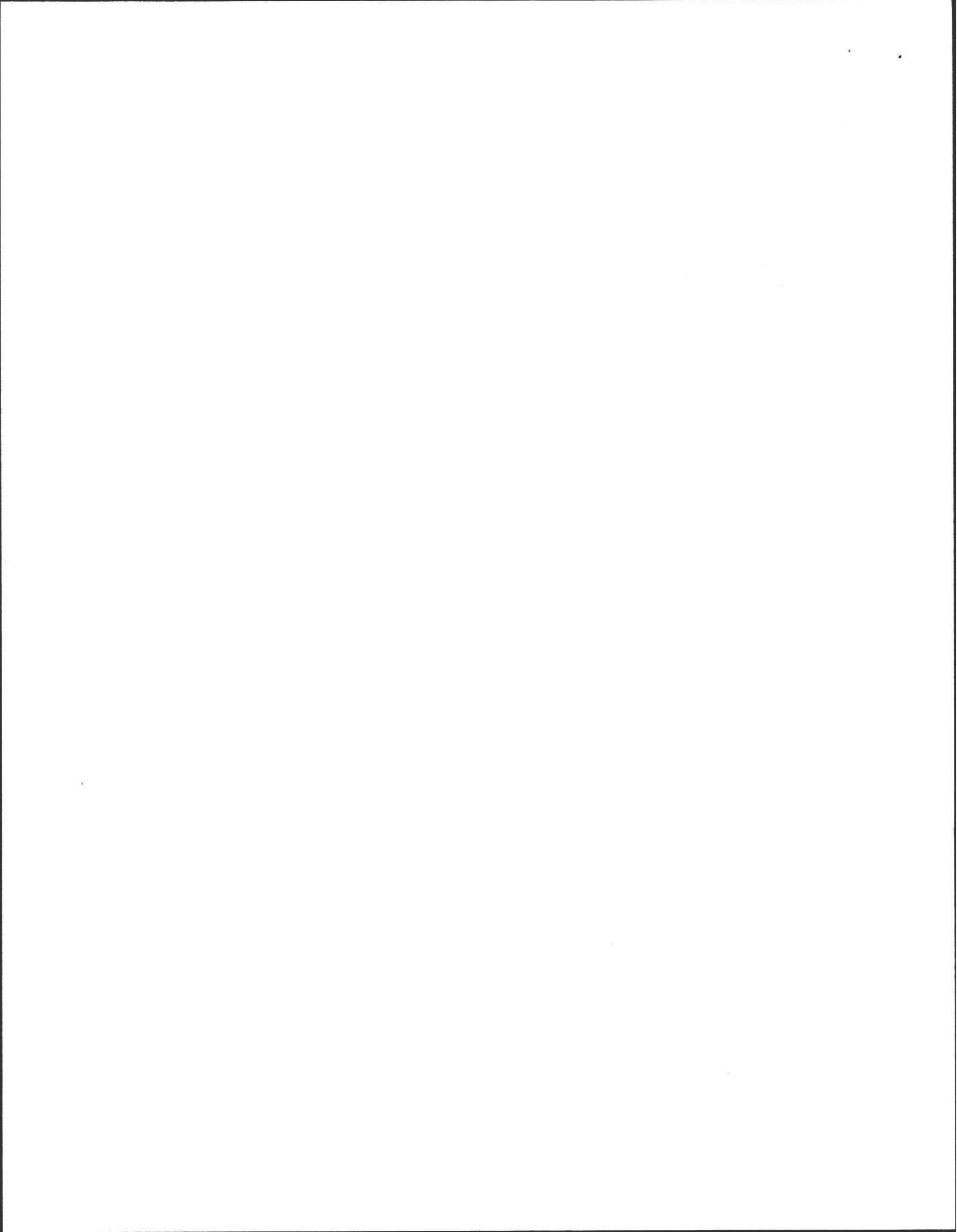
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D. System Information (cont.)

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 7' feet

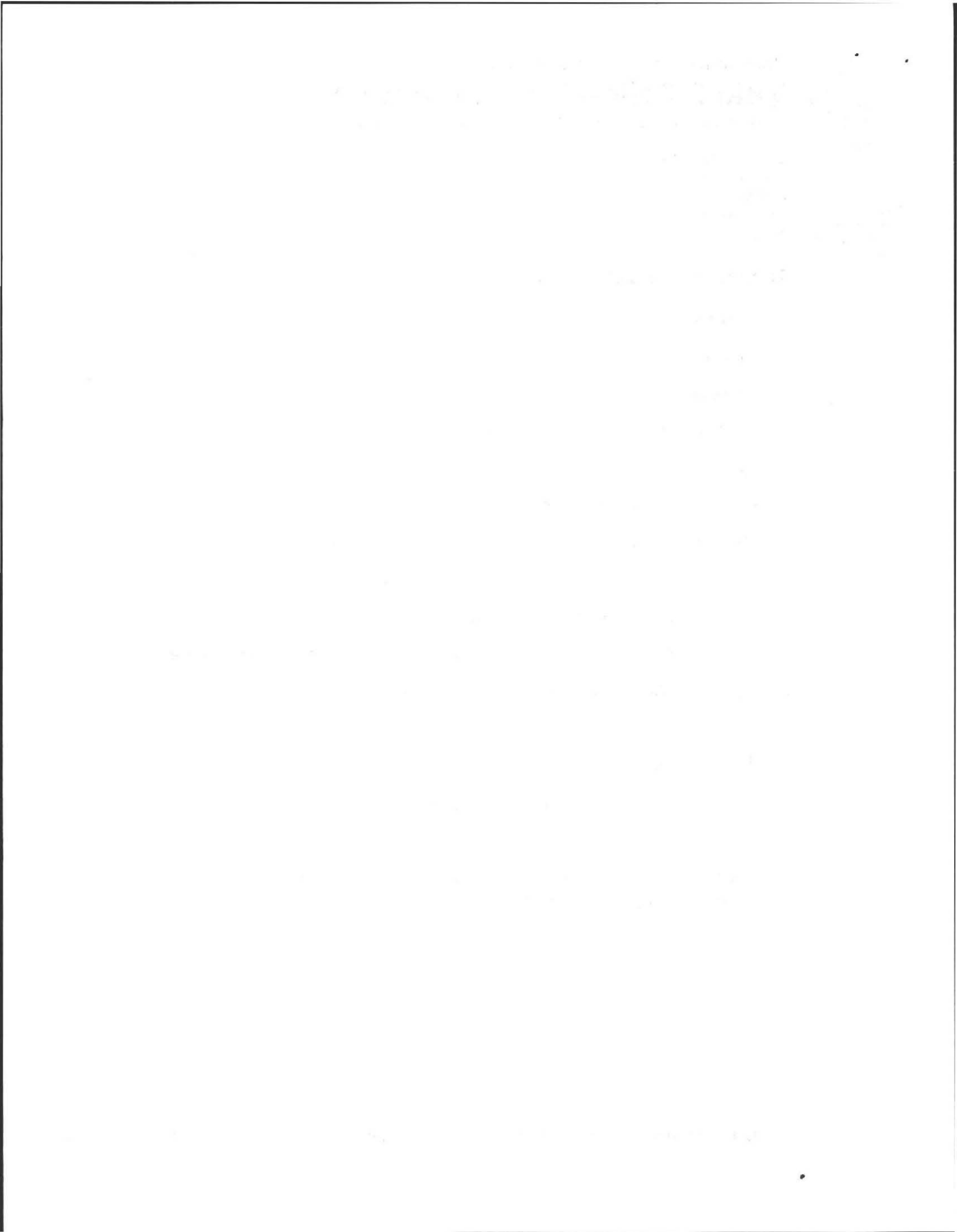
Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record, Observed site (abutting property/observation hole within 150 feet of SAS), Checked with local Board of Health - explain, Checked with local excavators, installers - (attach documentation), Accessed USGS database - explain

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

SLOPE AND CHECKED CELLAR.

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





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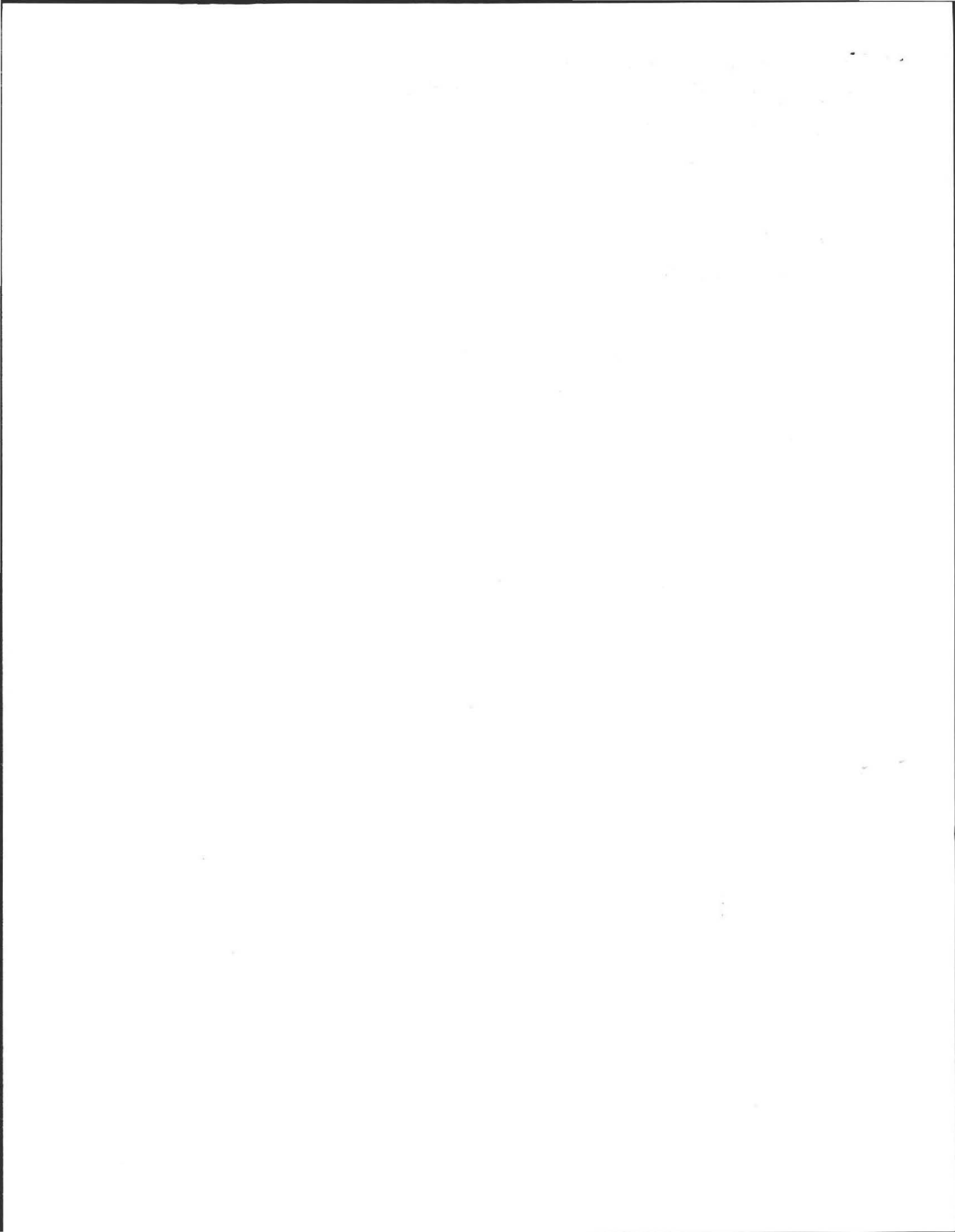
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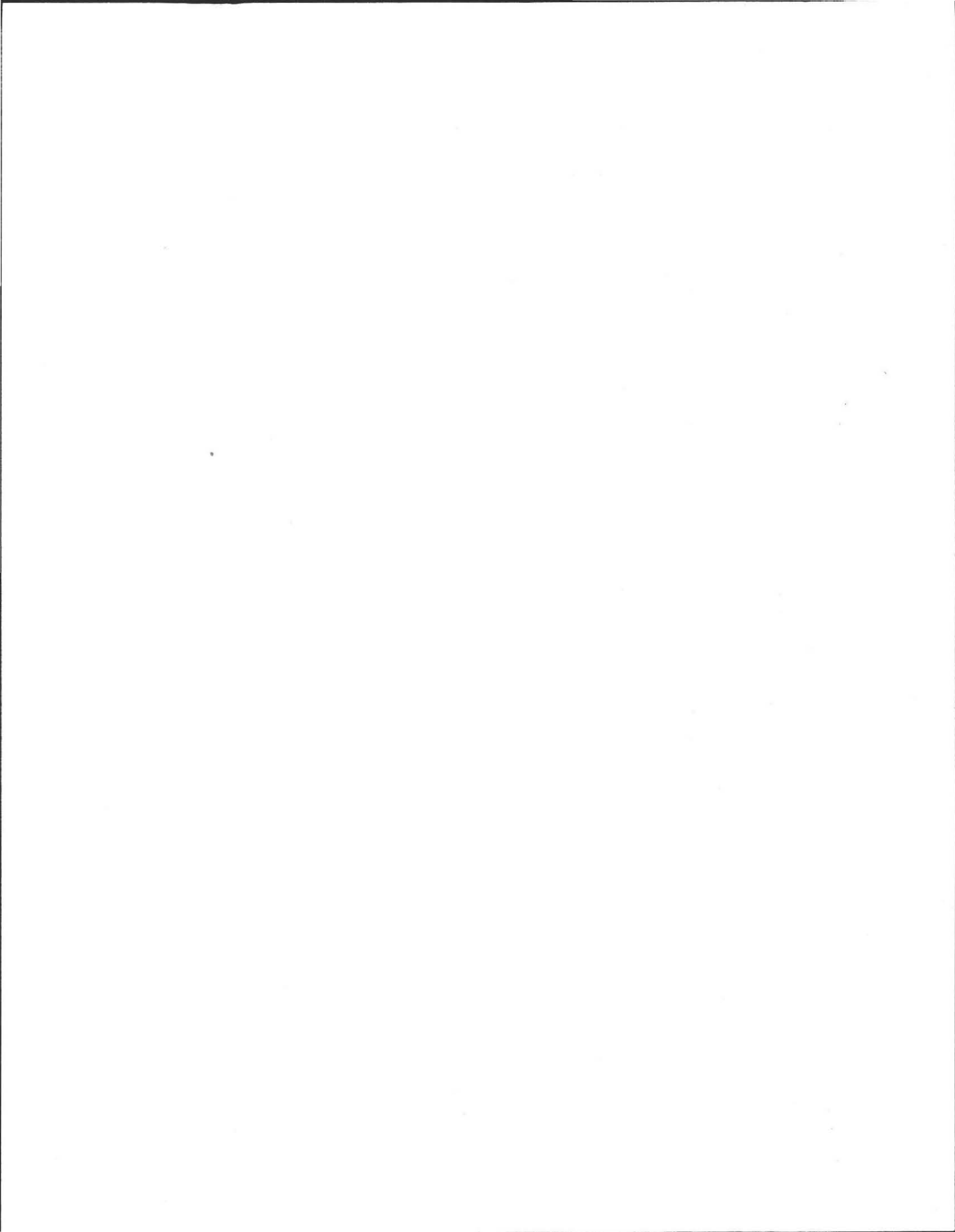
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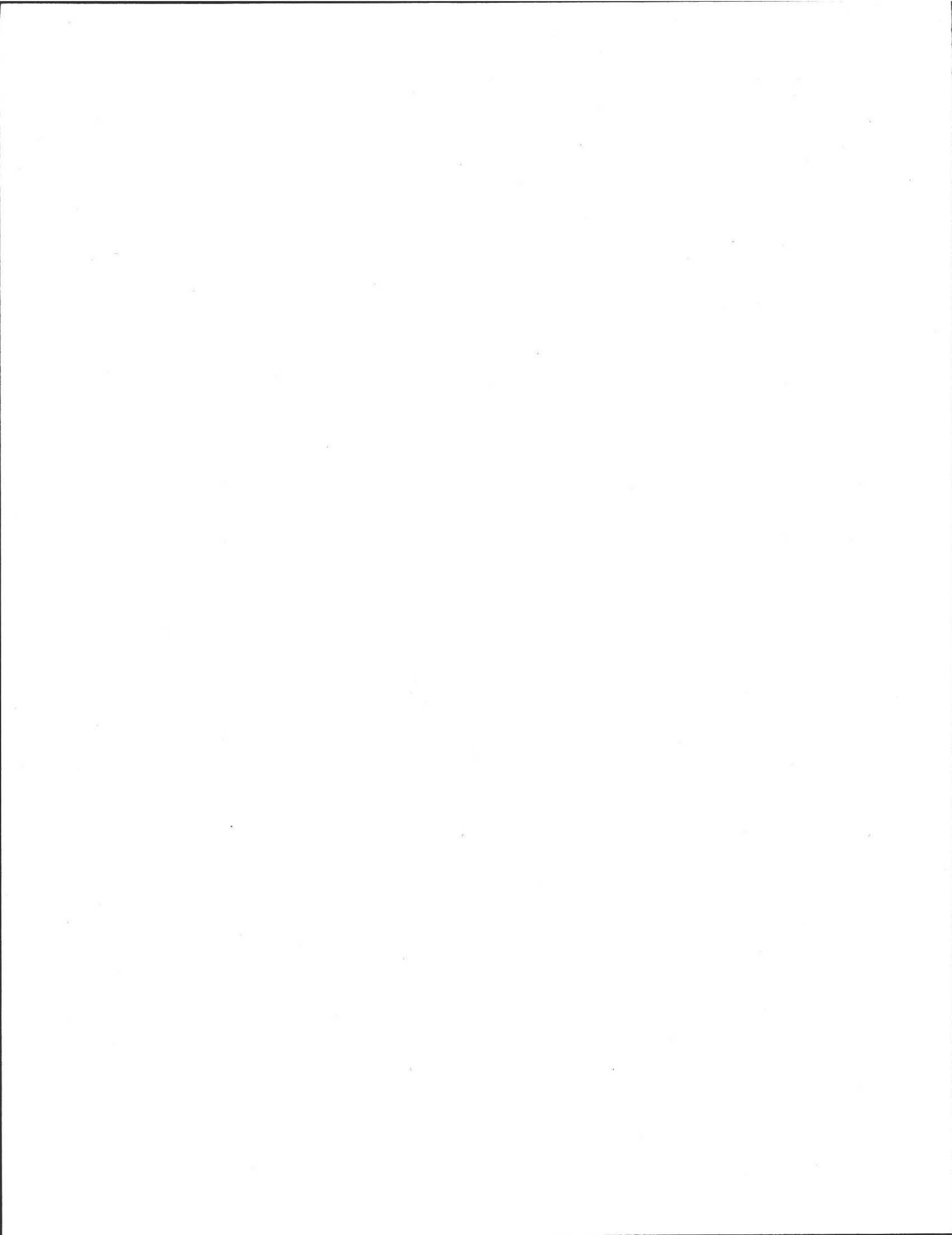
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E. Report Completeness Checklist

- 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









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: 177 HENRY ST
AMHERST, MA
 Owner's Name: DAVE WILTSE
 Owner's Address: SAME

Date of Inspection: 04/26/04

Name of Inspector: (please print) NATHAN TORRETTI
 Company Name: CLEAN SEPTICS
 Mailing Address: P.O. BOX 394
LUDLOW, MA
 Telephone Number: 583-2138

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:

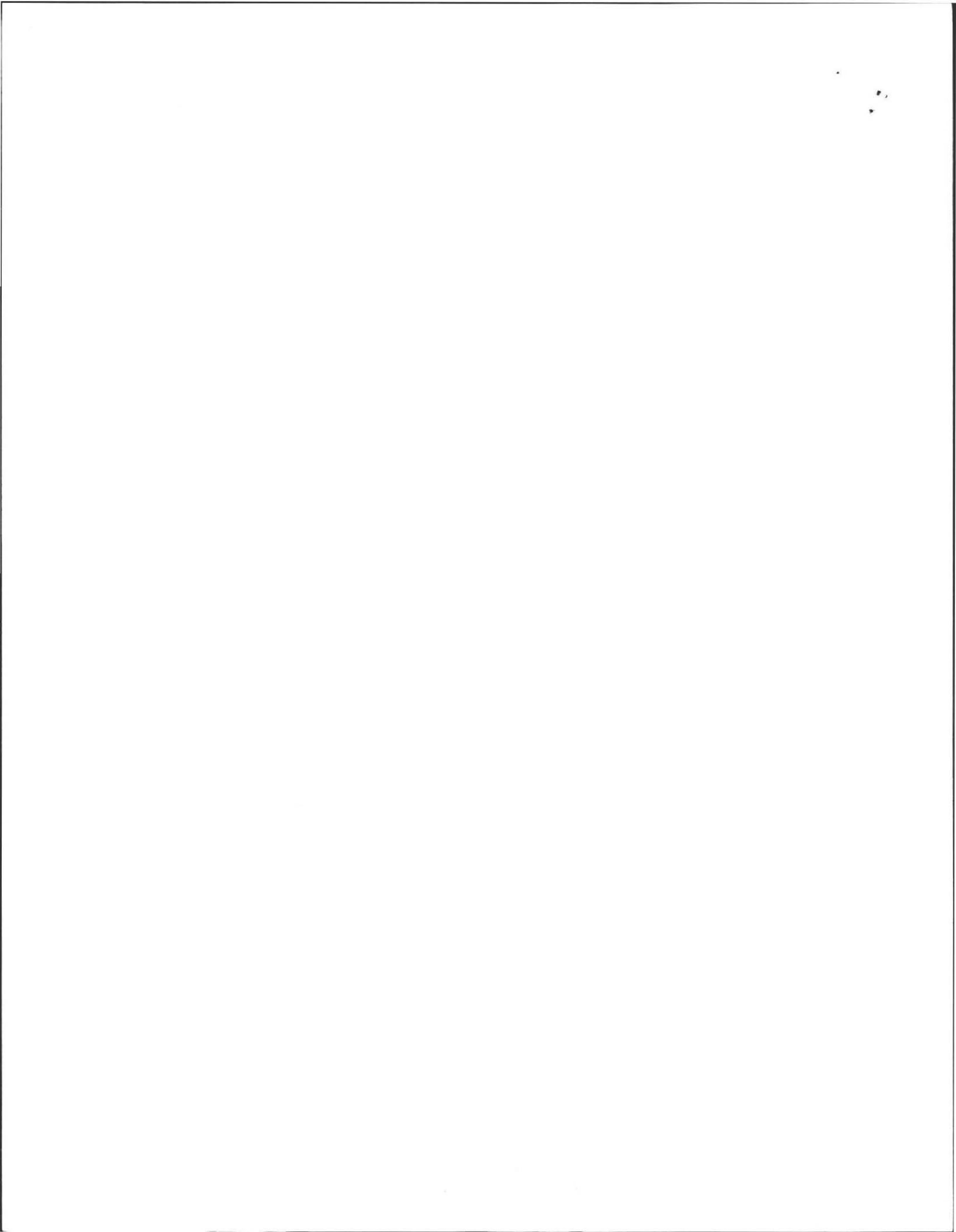
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: *Nathan Torretti* Date: 04/26/04

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 :

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OFFICIAL INSPECTION FORM-NOT FOR VOLUNTARY ASSESSEMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 177 HENRY ST
AMHERST, MA

Owner: WILTSE

Date of Inspection: 4/26/04

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:

PUMP SEPTIC TANK EVERY YEAR

B. System Conditionally Passes:

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

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

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

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

ND explain:

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

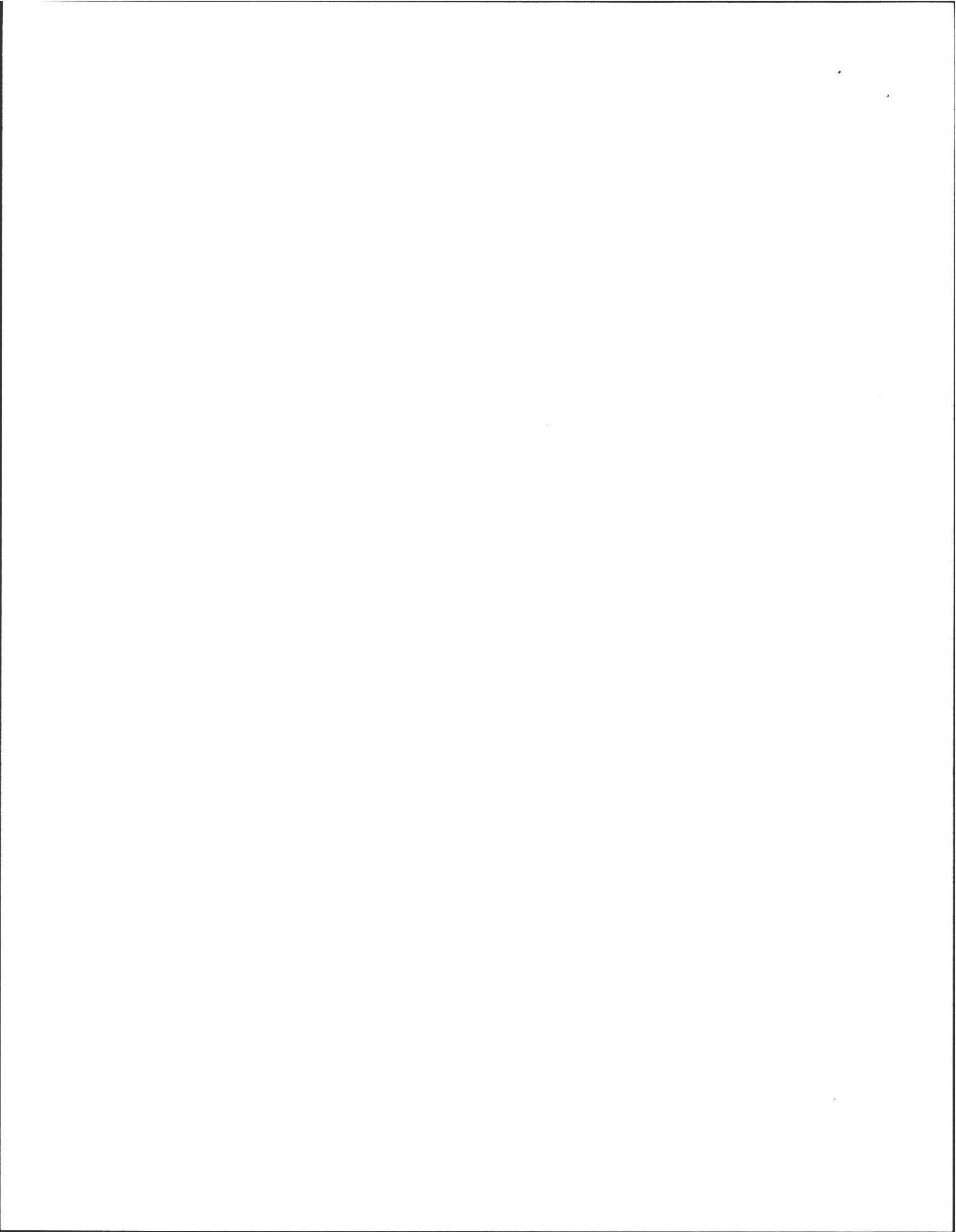
- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

ND explain:

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

- _____ broken pipe(s) are replaced
- _____ obstruction is removed

ND explain:



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)**

Property Address: 177 HENRY ST
AMHERST, MA

Owner: WILTSE

Date of Inspection: 4/26/04

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

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

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

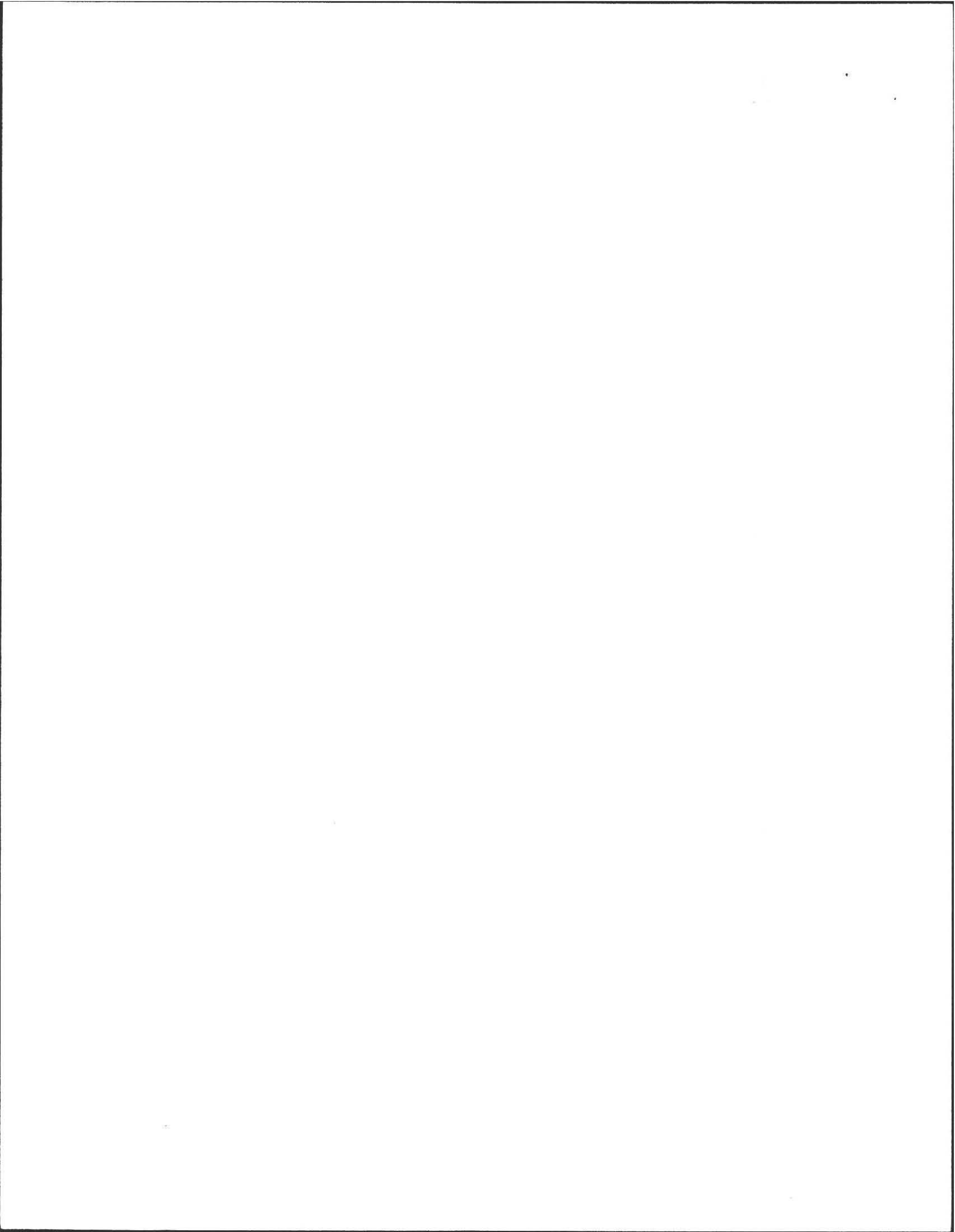
- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- 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 and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 177 HENRY ST
AMHERST, MA

Owner: WILTSE

Date of Inspection: 4/26/04

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 <u> </u> |
| <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. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

NO (Yes/No) **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:

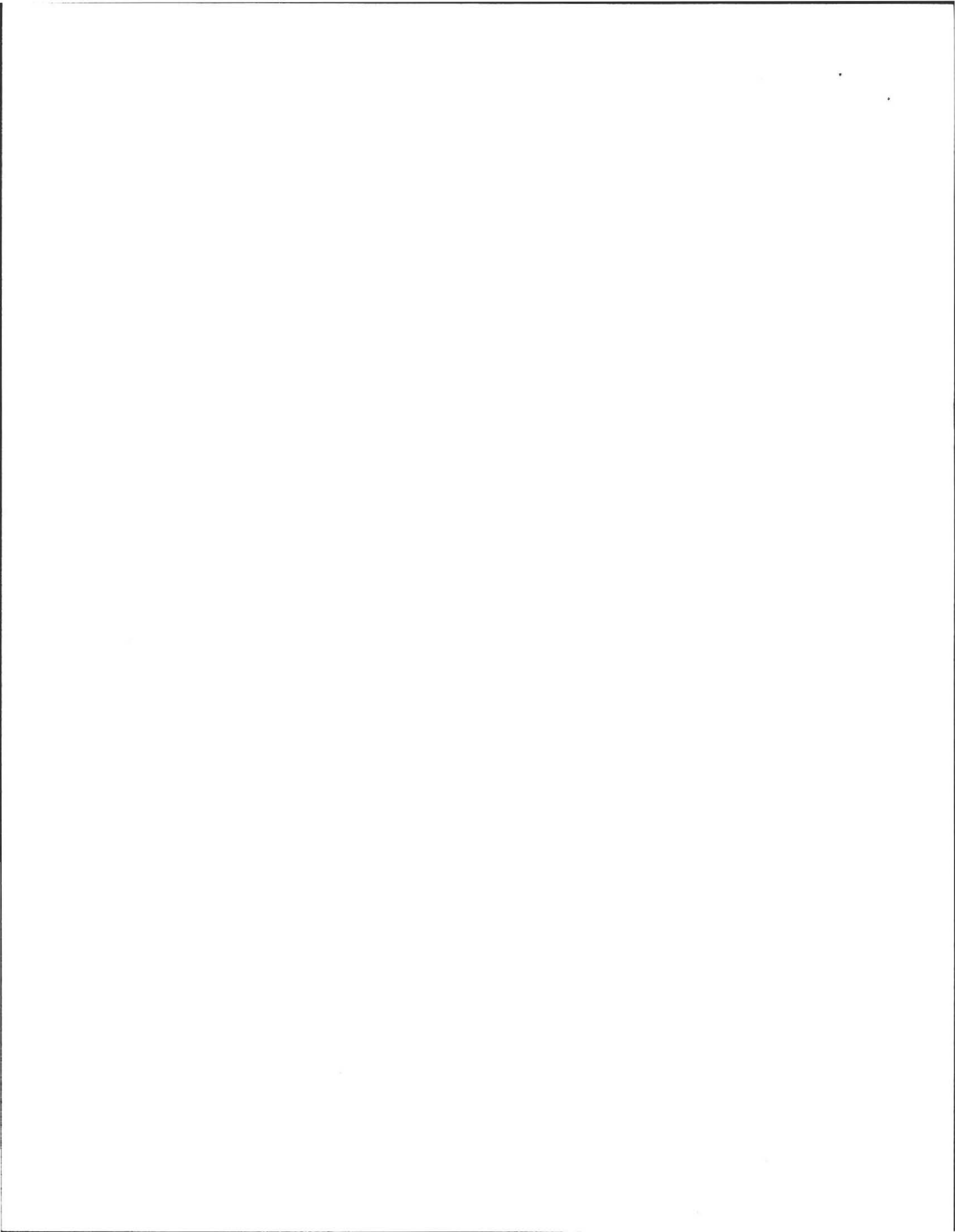
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

- | 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.



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

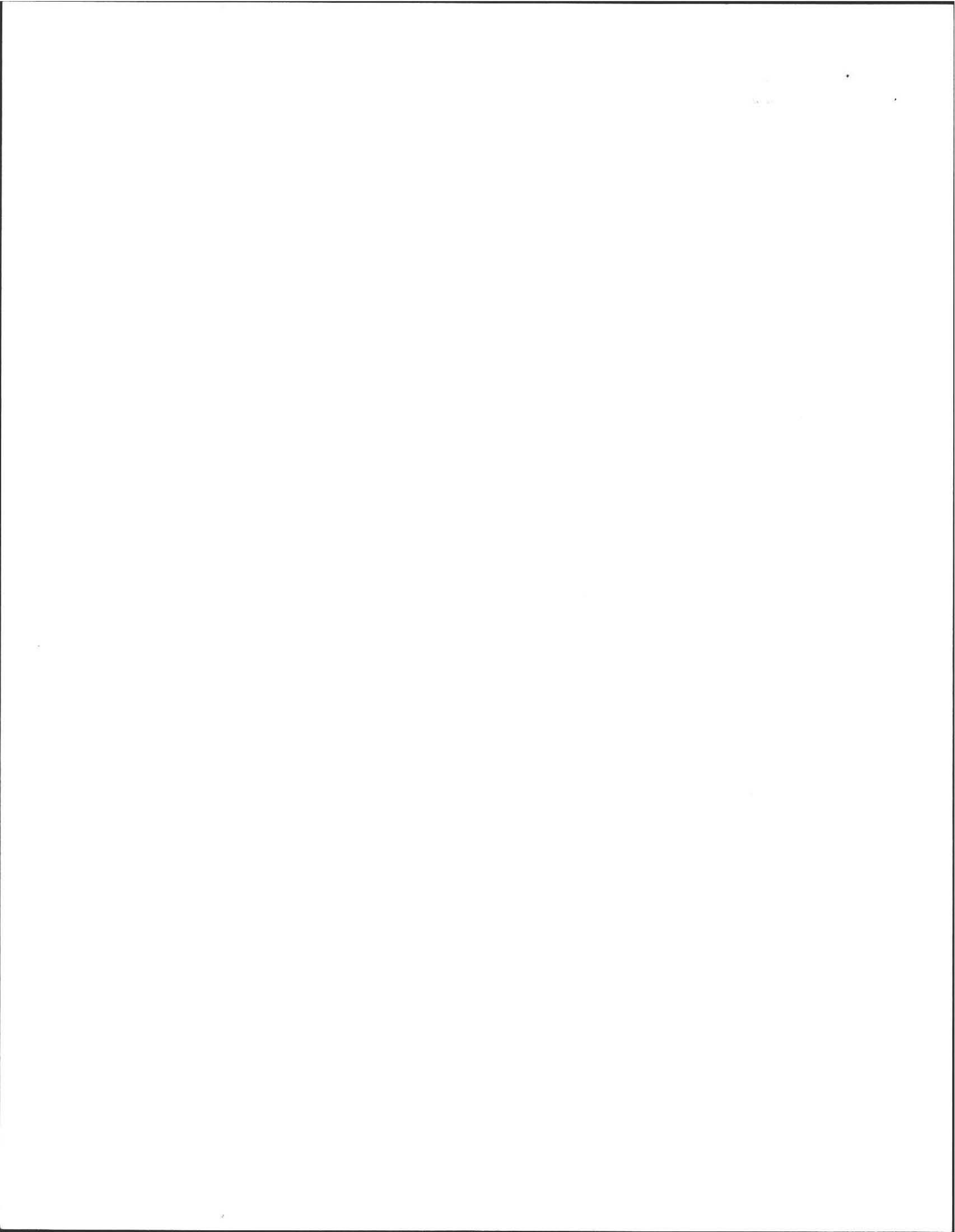
Property Address: 177 HENRY ST
AMHERST, MA
Owner: WILTSE
Date of Inspection: 4/26/04

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"/> | <input type="checkbox"/> Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Were any of the system components pumped out in the previous two weeks ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Has the system received normal flows in the previous two week period ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> Have large volumes of water been introduced to the system recently or as part of this inspection ? |
| <input type="checkbox"/> | <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"/> | <input type="checkbox"/> Was the facility or dwelling inspected for signs of sewage back up ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Was the site inspected for signs of break out ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Were all system components, excluding the SAS, located on site ? |
| <input checked="" type="checkbox"/> | <input 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"/> | <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:

- | | | |
|-------------------------------------|-------------------------------------|--|
| Yes | no | |
| <input type="checkbox"/> | <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"/> | <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(3)(b)] |



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

Property Address: 177 HENRY ST
AMHERST, MA

Owner: WILTSE

Date of Inspection: 4/26/04

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 2 Number of bedrooms (actual): 2

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 220

Number of current residents: 2

Does residence have a garbage grinder (yes or no): NO

Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]

Laundry system inspected (yes or no): -

Seasonal use (yes or no): NO

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

Sump pump (yes or no): NO

Last date of occupancy: PRESENT

COMMERCIAL/INDUSTRIAL

Type of establishment: _____

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

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

Grease trap present (yes or no): _____

Industrial waste holding tank present (yes or no): _____

Non-sanitary waste discharged to the Title 5 system (yes or no): _____

Water meter readings, if available: _____

Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: N/A

Was system pumped as part of the inspection (yes or no): NO

If yes, volume pumped: _____ gallons -- How was quantity pumped determined? _____

Reason for pumping: _____

TYPE OF SYSTEM

Septic tank, ~~distribution box~~, soil absorption system

Single cesspool

Overflow cesspool

Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

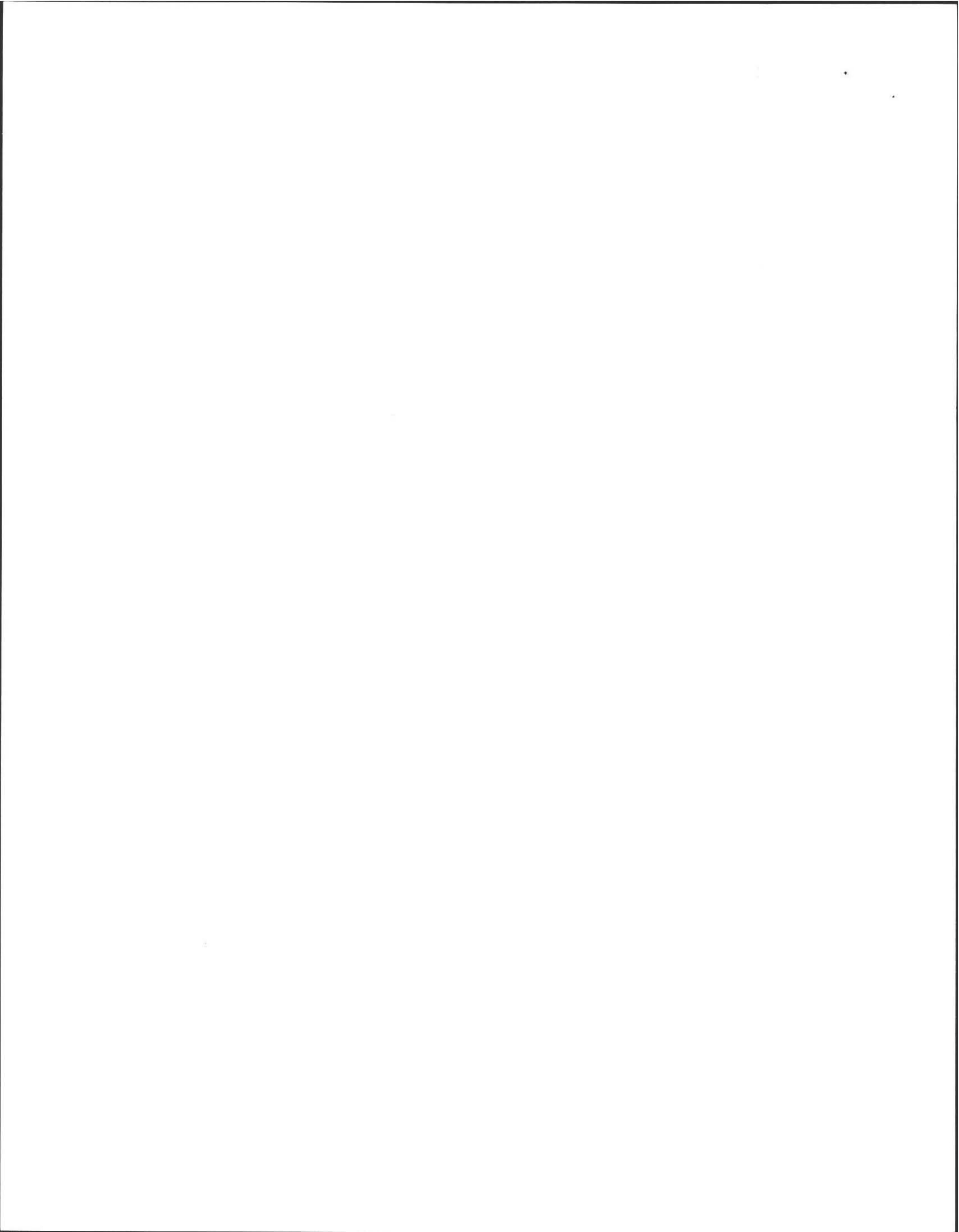
Tight tank Attach a copy of the DEP approval

Other (describe): LEACH PIT

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

S.A.S. IS APPROX 19 YEARS OLD (HOME OWNER) HOUSE BUILT IN 1985

Were sewage odors detected when arriving at the site (yes or no): NO



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

Property Address: 177 HENRY ST
AMHERST, MA

Owner: WILTSE

Date of Inspection: 4/26/04

BUILDING SEWER (locate on site plan)

Depth below grade: 2'6"

Materials of construction: XX cast iron XX 40 PVC other (explain):

Distance from private water supply well or suction line: N/A

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

JOINTS, VENTS APPEAR OK, NO LEAKS

SEPTIC TANK: (locate on site plan)

Depth below grade: 2'

Material of construction: XX concrete metal fiberglass polyethylene
 other(explain)

If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or no): (attach a copy of certificate)

Dimensions: 8'6" L, 5' W, 5' D

Sludge depth: NONE

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

Scum thickness: NONE

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: **MEASURED**

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

PUMP SEPTIC TANK EVERY YEAR, STRUCTURAL INTEGRITY, LIQUID LEVELS APPEAR TO BE IN GOOD WORKING CONDITION, NO LEAKS

GREASE TRAP: (locate on site plan)

Depth below grade:

Material of construction: concrete metal fiberglass polyethylene other
(explain):

Dimensions:

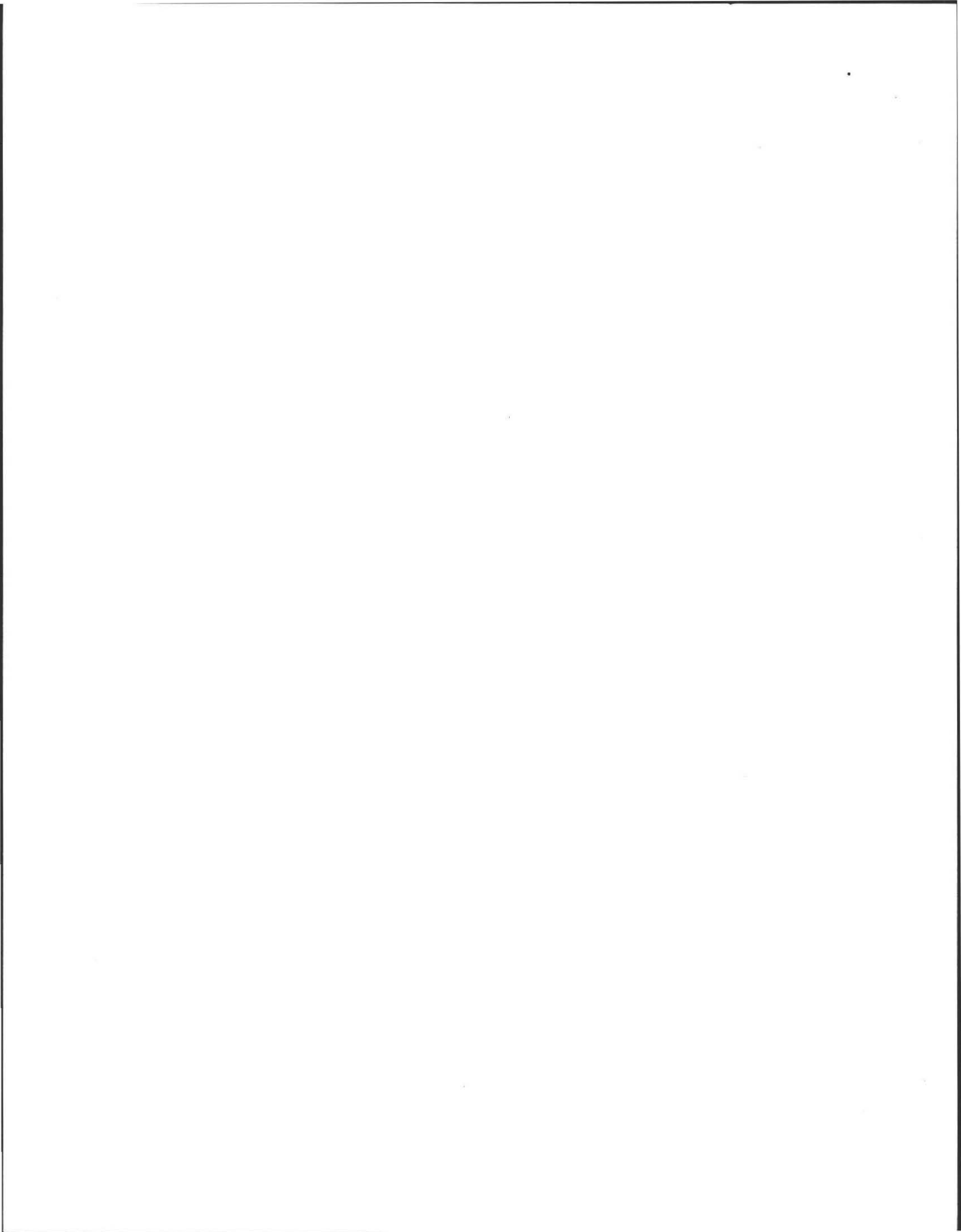
Scum thickness:

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:

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



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

Property Address: 177 HENRY ST
AMHERST, MA
Owner: WILTSE
Date of Inspection: 4/26/04

TIGHT or HOLDING TANK: (tank must be pumped at time of inspection)(locate on site plan)

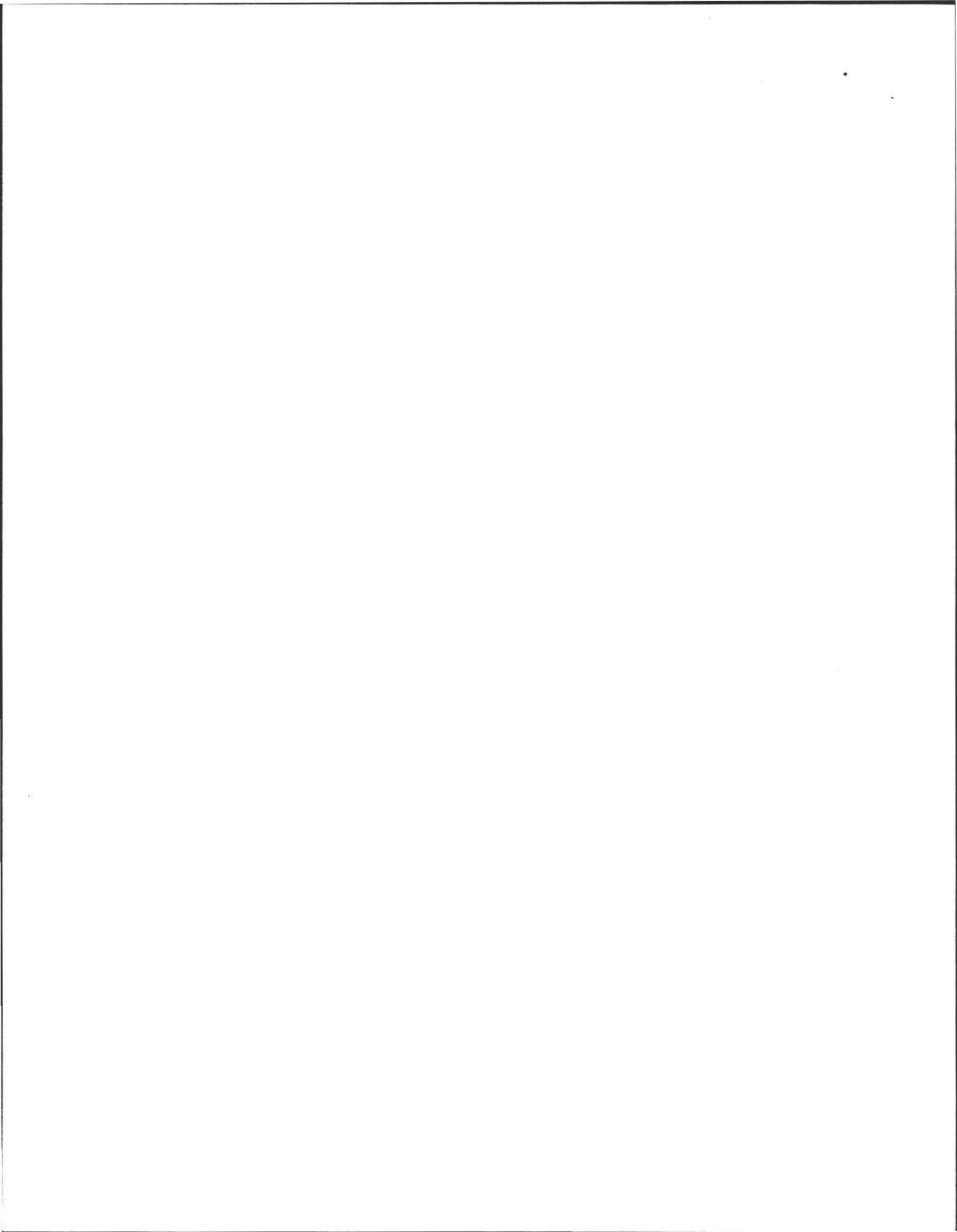
Depth below grade:
Material of construction: concrete metal fiberglass polyethylene other(explain):

Dimensions:
Capacity: gallons
Design Flow: gallons/day
Alarm present (yes or no):
Alarm level: Alarm in working order (yes or no):
Date of last pumping:
Comments (condition of alarm and float switches, etc.):

DISTRIBUTION BOX: NONE (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,

PUMP CHAMBER : (locate on site plan)

Pumps in working order (yes or no):
Alarms in working order (yes or no):
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):



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

Property Address: 177 HENRY ST
AMHERST, MA

OWNER: WILTSE
Date of Inspection: 4/26/04

SOIL ABSORPTION SYSTEM (SAS): (locate on site plan, excavation not required)

If SAS not located explain why:

leaching pits, number: 1
 leaching chambers, number:
 leaching galleries, number:
 leaching trenches, number, length
 leaching fields, number, dimensions:
 overflow cesspool, number:
 innovative/alternative system Type/name of technology:

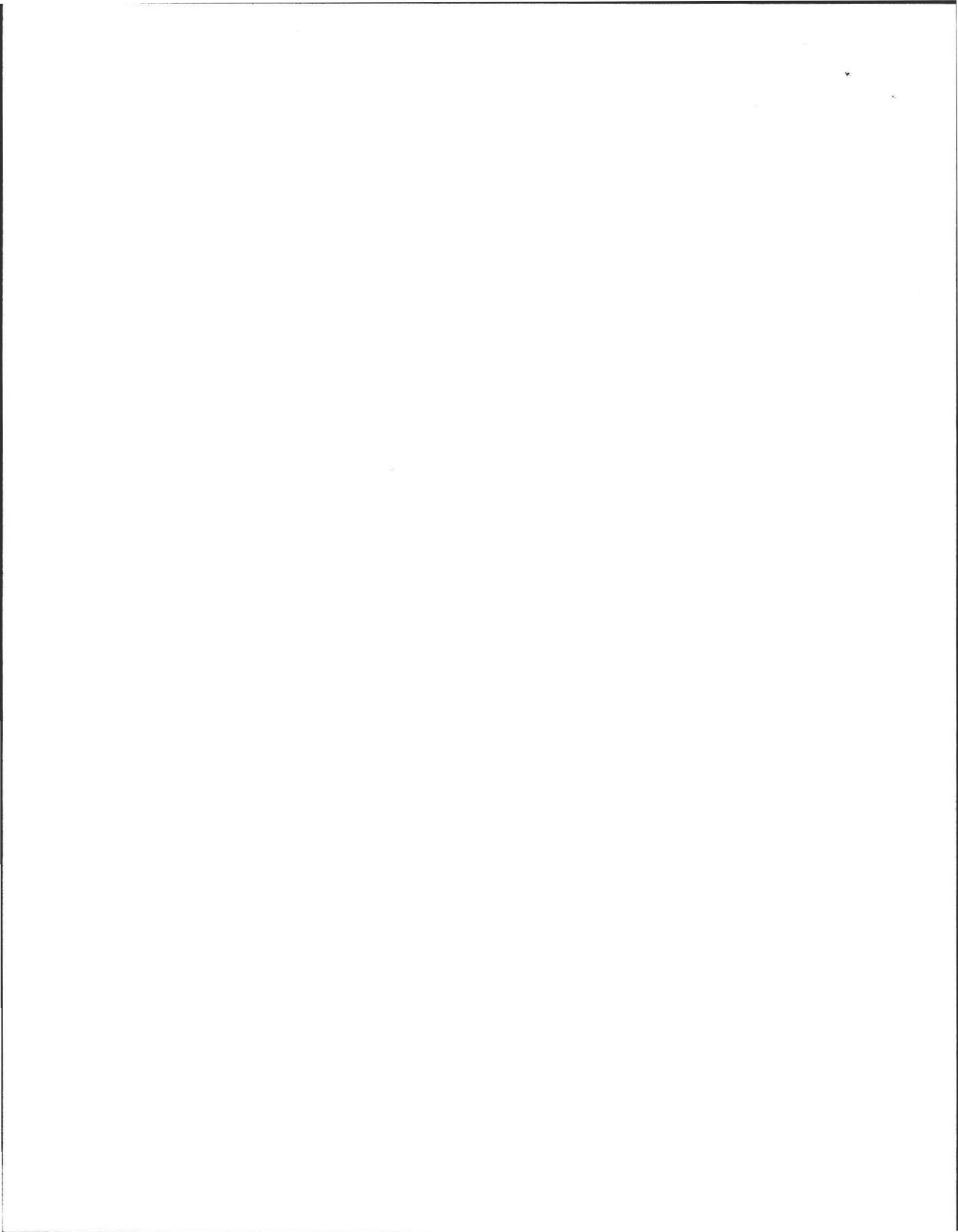
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
NO SIGNS OF HYDRAULIC FAILURE, SOIL & VEG ARE OK

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 or no):
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: (locate on site plan)

Materials of construction:
Dimensions:
Depth of solids:
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):



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

Property Address: _____

Owner: _____

Date of Inspection: _____

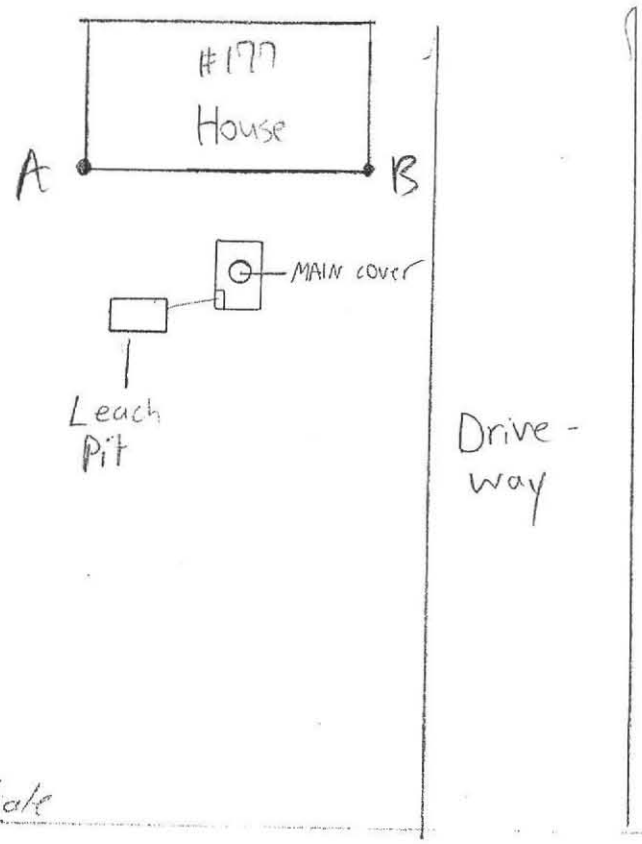
SKETCH OF SEWAGE DISPOSAL SYSTEM

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.

Septic Tank Main Cover
A 28'
B 25'

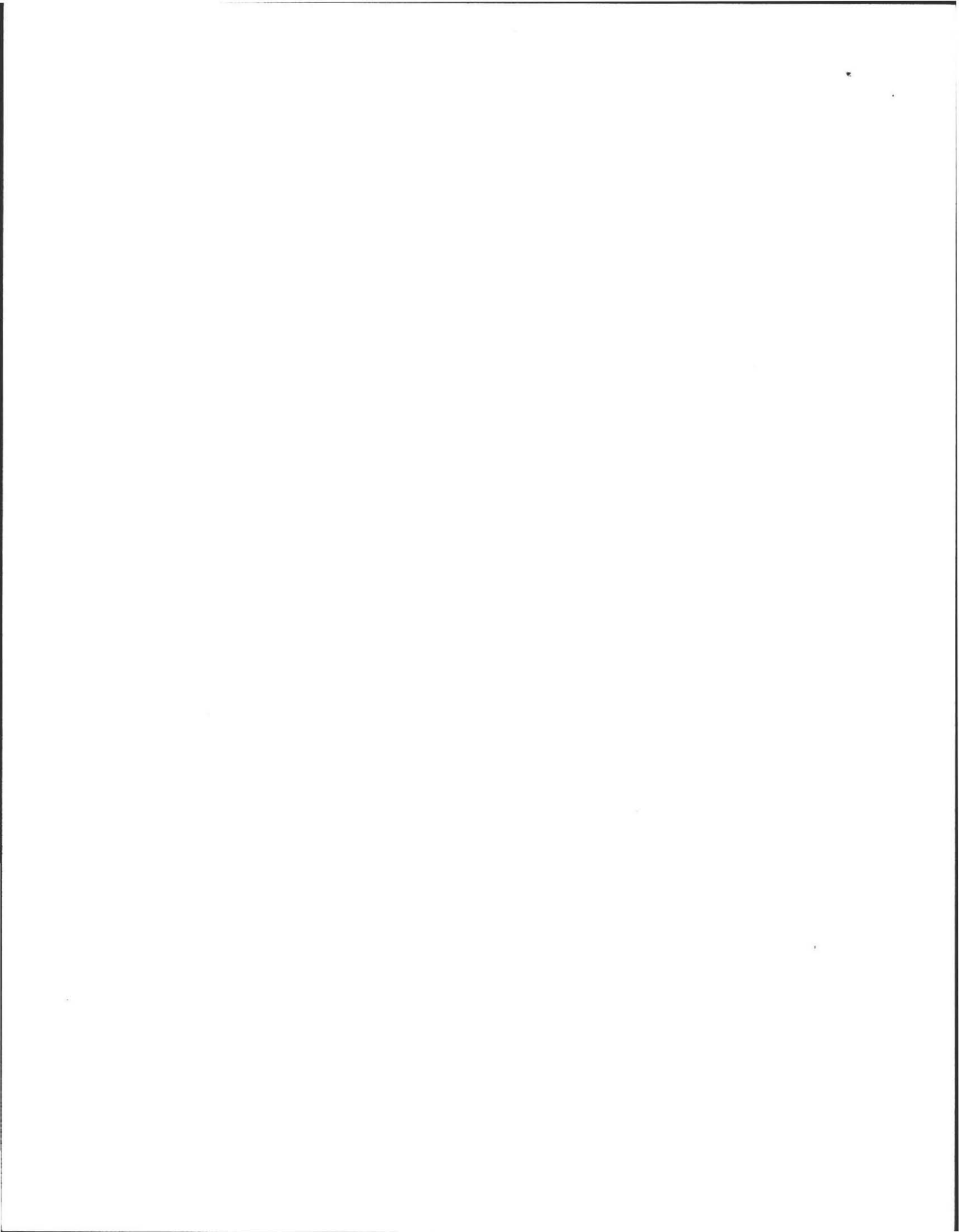
Leach Pit Approx 4' Deep
A 27'
B 40'

Back-yard



Drawing Not to Scale

Henry



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

Property Address: 177 HENRY ST
AMHERST, MA

Owner: WILTSE

Date of Inspection: 4/26/04

SITE EXAM

Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water NONE @ 7' FT

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

Obtained from system design plans on record - If checked, date of design plan reviewed:

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

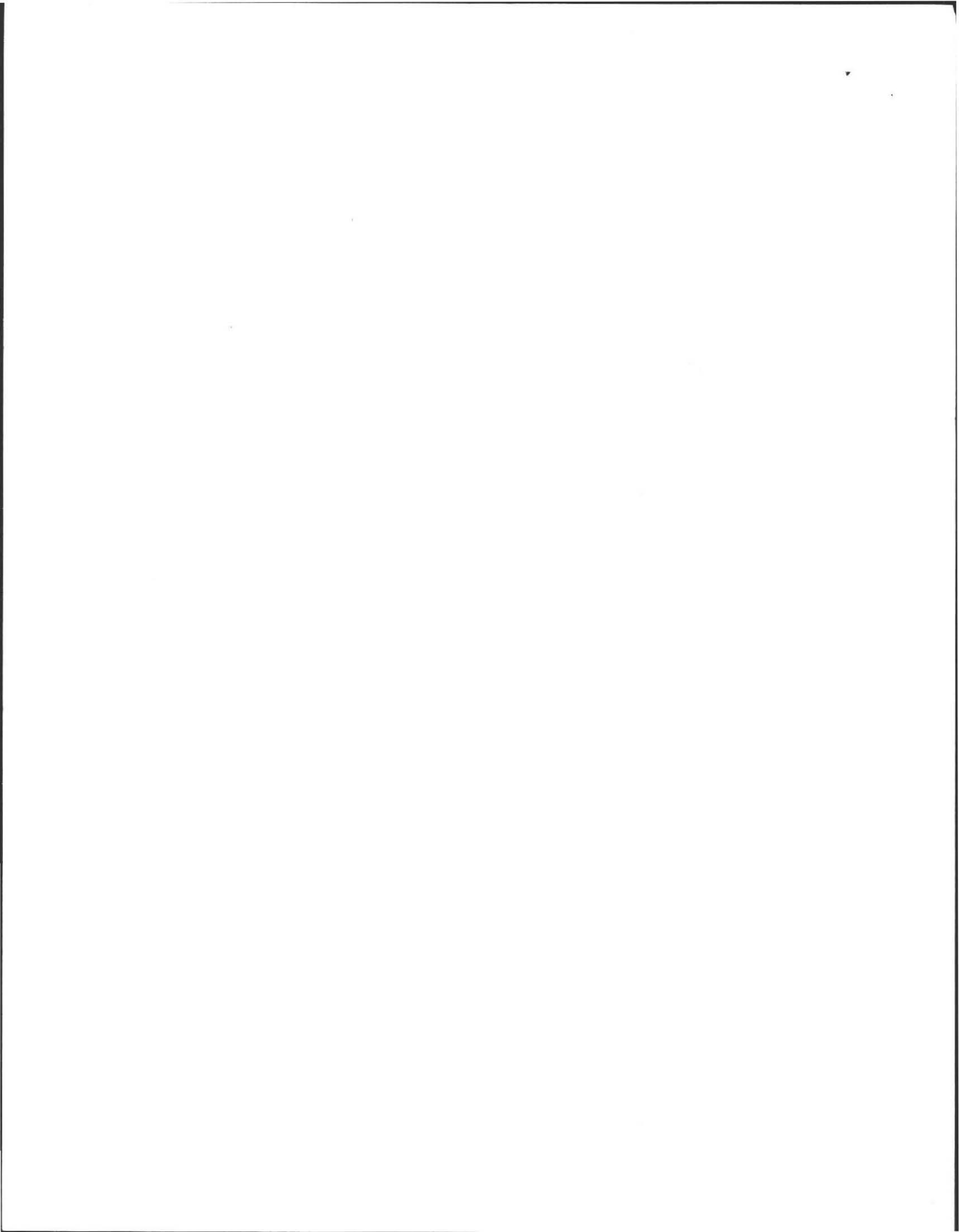
Checked with local Board of Health-explain:

Checked with local excavators, installers- (attach documentation)

Accessed USGS database-explain:

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

SLOPE IN YARD/ CHECKED CELLAR



Property Location: 177 HENRY ST

MAP ID: 6C/1/3/1

Bldg Name:

State Use: 1010

Vision ID: 3863

Account #

Bldg #: 1 of 1

Sec #: 1 of 1

1 Card 1 of 1

Print Date: 12/17/2012 22:31

CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT			
CHAMBERLAIN, DIANE E & RUBIN, B		2	Public Water			Description	Code	Appraised Value	Assessed Value
177 HENRY ST		3	Public Sewer			RESIDNTL	1010	118,900	118,900
AMHERST, MA 01002						RES LAND	1010	107,700	107,700
Additional Owners:		SUPPLEMENTAL DATA							
		Other ID: 06C000003	Precinct						
		Cale Frontag 112.5	Vote At						
			Tenant						
			Parent						
			Created						
		BIDIN	ASSOC PID#						
		BIDOUT							
		GIS ID: 6C-3							
				Total				226,600	226,600

601 Amherst, MA

VISION

RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)								
CHAMBERLAIN, DIANE E & RUBIN, BENJAMIN		7917/ 191	07/26/2004	U	I	1	1A	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
CHAMBERLAIN, DIANE E		7917/ 165	07/26/2004	Q	I	239,900	00	2013	1010	118,900	2012	1010	118,900	2012	1010	118,900
WILTSE, MARY G		5156/ 86	07/15/1997	Q	I	126,000	00	2013	1010	107,700	2012	1010	107,700	2012	1010	107,700
BOYLE, THOMAS H III & BANDMAN-		4065/ 151	10/22/1992	U	I	1	1A									
BOYLE, THOMAS H		3599/ 125	08/01/1990	Q	I	126,500	00									
SHAW, MARGARET		2600/ 78	08/07/1985			79,600										
		Total:								226,600	Total:				226,600	

EXEMPTIONS				OTHER ASSESSMENTS			
Year	Type	Description	Amount	Code	Description	Number	Amount
2008	ER	OWNER OCCUPIED	0				
Total:			0				

This signature acknowledges a visit by a Data Collector or Assessor

ASSESSING NEIGHBORHOOD				
NBHD/ SUB	NBHD Name	Street Index Name	Tracing	Batch
CU/A				

APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	115,900
Appraised XF (B) Value (Bldg)	3,000
Appraised OB (L) Value (Bldg)	0
Appraised Land Value (Bldg)	107,700
Special Land Value	0
Total Appraised Parcel Value	226,600
Valuation Method:	C
Exemptions	0
Adjustment:	0
Net Total Appraised Parcel Value	226,600

NOTES

LOT B W-O BASEMENT
 FINISHED 2ND FLOOR 1986
 RAILROAD REAR OF LOT
 REBLT DECK FY97

BUILDING PERMIT RECORD						VISIT/ CHANGE HISTORY								
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd.	Purpose/Result
BLD09-0321	11/21/2008	RE	Remodel	0		0		INSTL WOODSTOVE	10/26/2005			RD	15	Drive By Field Review
BLD96-423	03/21/1996	AD	Addition	2,990		0		WOODDECK	04/19/2005			DB	45	Sales Reinspection D
									07/24/1996			HG		
									10/01/1990					

LAND LINE VALUATION SECTION																			
B #	Use Code	Use Description	Zone	D	Front	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	S Adj Fact	Adj. Unit Price	Land Value
1	1010	Single Family	RN20				20,000	SF	6.25	0.8600	3	1.0000	1.00	CU	1.00	LOT 8		1.00	107,500
1	1010	Single Family	RN21				1,248	SF	0.12	1.0000	0	1.0000	1.00	CU	1.00			2.00	200

Total Card Land Units: 0.49 AC Parcel Total Land Area: 0.49 AC

Total Land Value: 107,700

