399 Henry St, Lot 4

from 9/01
1/1/4163

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

Inspection results must be submitted on this form or on the official Title 5 Inspection Form dated 6/15/2000. Inspection forms may not be altered in any way.

A. Certification

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

☑ ☒

1. Property Information:

399 Henry St; Amherst, Ma
Property Address

Philip Westmoreland
Owner's Name

(same)
Owner's Address

City/Town | State | Zip Code

Date of Inspection: 3/23/06
Date

2. Inspector:

Name of Inspector

Cary Dixwell
Company Name

Affordable Home & Septic Inspections
Company Address

51 Laurel St, Holyoke | MA | 01040
City/Town | State | Zip Code

413-532-8600
Telephone Number

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 ☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Cary Dixwell
Inspector's Signature

3/30/06
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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A. Certification (cont.)

399 Henry St
Property Address

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Westmoreland | 3/23/06
Owner's Name | Date of Inspection

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:

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:

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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

ND Explain:

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

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

ND Explain:

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

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

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

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

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

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

☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for 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:

_____

_____

_____

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A. Certification (cont.)

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D) System Failure Criteria Applicable to All Systems:

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

Yes	No	
☐	☑	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☑	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☐	☑	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	☑	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
☐	☑	Required pumping more than 4 times in the last year *NOT* due to clogged or obstructed pipe(s). Number of times pumped: _____.
☐	☑	Any portion of the SAS, cesspool or privy is below high ground water elevation.
☐	☑	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
☐	☑	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 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.]**

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.

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A. Certification (cont.)

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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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B. Checklist

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Westmoreland | 8/23/06
Owner's Name | Date of Inspection

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

YES	NO	
☑	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☑	Were any of the system components pumped out in the previous two weeks?
☑	☐	Has the system received normal flows in the previous two week period?
☐	☑	Have large volumes of water been introduced to the system recently or as part of this inspection?
☑	☐	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☑	☐	Was the facility or dwelling inspected for signs of sewage back up?
☑	☐	Was the site inspected for signs of break out?
☑	☐	Were all system components, excluding the SAS, located on site?
☑	☐	Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
☑	☐	Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?
		The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
☑	☐	Existing information. For example, a plan at the Board of Health.
☑	☐	Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

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C. System Information

399 Henry St
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Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): 5

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550

Number of current residents: 3

Does residence have a garbage grinder? ☐ Yes ☑ No

Is laundry on a separate sewage system? [if yes separate inspection required] ☐ Yes ☑ No

Laundry system inspected? N/A ☐ Yes ☐ No

Seasonal use? ☐ Yes ☑ No

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

Sump pump? ☐ Yes ☑ No

Last date of occupancy: Presently
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

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

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

Grease trap present? ☐ Yes ☐ No

Industrial waste holding tank present? ☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☐ No

Water meter readings, if available:

Last date of occupancy/use:
Date

Other (describe):

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C. System Information (cont.)

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General Information

Pumping Records:

Source of information: None

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

If yes, volume pumped: gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

- ☑ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- ☐ Tight tank. Attach a copy of the DEP approval
- ☐ Other (describe):

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

2003 APO

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

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C. System Information (cont.)

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Building Sewer (locate on site plan):

Depth below grade: 2' feet

Material of construction:

☐ cast iron ☑ 40 PVC ☐ other (explain):

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

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

Septic Tank (locate on site plan):

Depth below grade: 11" 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: 10x5x5

Sludge depth: 3"

Distance from top of sludge to bottom of outlet tee or baffle 34"

Scum thickness 0

Distance from top of scum to top of outlet tee or baffle 9"

Distance from bottom of scum to bottom of outlet tee or baffle 11"

How were dimensions determined? Sludge Judge / Tape

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

Septic Tank appears sound. PVC tees in place.
No evidence of exfiltration.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

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

Dimensions:

Scum thickness

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

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

Date of last pumping: _____ Date

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

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

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

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C. System Information (cont.)

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Tight or Holding Tank (cont.)

Dimensions:

Capacity: ____ gallons

Design Flow: ____ gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: _____ Alarm in working order: ☐ Yes ☐ No

Date of last pumping: ____ Date

Comments (condition of alarm and float switches, etc.):

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

Depth of liquid level above outlet invert: 9"

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.):
3 outlet D-Box with speed levelers in place. Flow equalized all lines taking effluent equally. D-Box appears sound.

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

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Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☑	leaching trenches	number, length:	(3) 45'
☐	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.):

Three Trench lines appx 45' long. No evidence of failure; no breakout or ponding observed

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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

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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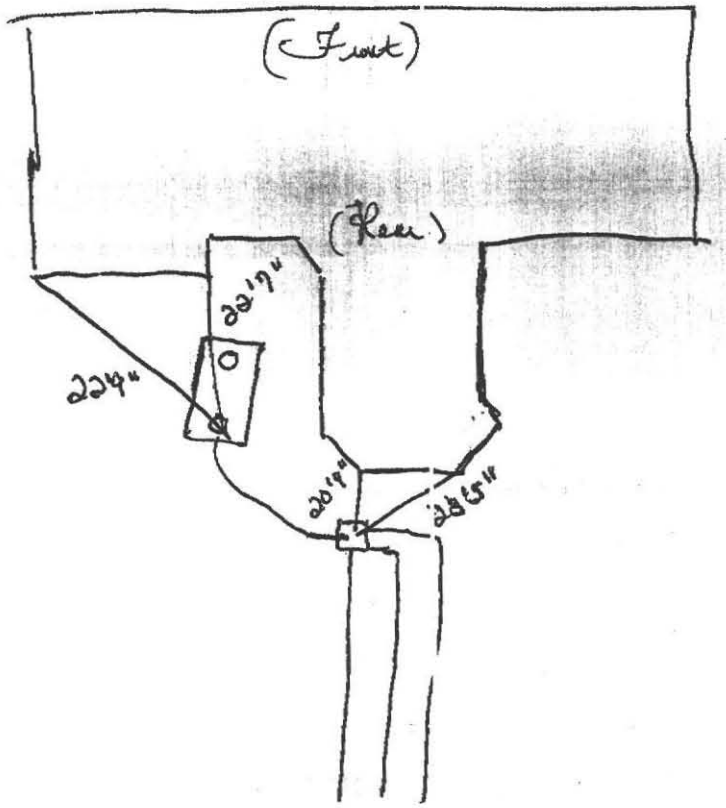
Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



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Site Exam:

Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water: > 8'

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:

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

☐ Accessed USGS database - explain:

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

No evidence of GW on site, No sump pump or efflorescence in basement.

Affordable Home Inspections
Title 5 Septic Inspection Evaluation Agreement

I.) Affordable Home Inspections represented by Cary/Pamela Bissell as the septic inspectors has been contracted for:

1.) To inspect the property septic system located at 399 Henry St Amherst, Ma

2)By client Philip Westmoreland verbal permission Edward P. & C

3)for the fee of $ 350.00 this fee represents the standard time schedule of three hours for the onsite inspection. Time exceeding this shall be charged at $45.00 per hour. On site inspection commences at the time of arrival at the above address.

4.) By your signature, it is understood that this inspection does not serve as a warranty implied or expressed. Nor any form of survey, and does not absolve the seller of any possible liability.

5.) Further more it is understood that this inspection and the opinion contained within the report are performed and based upon the abilities ,knowledge and experience of the named inspector regarding Title 5 Septic Inspections.

II.) The Inspector Intends To:

1.) Visually inspect all major structural components of the septic system relative to Title 5 requirements.

2.) Visually identify obvious ,existing problems and where possible indicate areas of potential problems.

III.) Inspector will not :

1) Make repairs, nor enter septic , nor be responsible for any damage to the septic system or property.

IV.) Inspector is not a guarantor of the future life , adequacy or performance of the septic system.

V.) Inspections are limited to visual defect and general appearance of the septic system and property at the time of the inspection.

VI.) Neither the contents of this report nor any representations made herein are assignable without the expressed written consent of Affordable Home Inspections

VII.) Affordable Home Inspections liability is limited to the cost of the inspection.

VIV.) Septic inspection results are filed with the local Board of Health as required by Title V Regulations.

Signed _____ Date _____

Affordable Home Inspections representative _____