428 Henory St.

Richard Scott P.E. 31 Shutesbury Rd. Pelham, MA 01002

March 31, 1995

Jonathan Hill c/o Marilyn Patton D. H. Jones Real Estate 200 Triangle Street Amherst, MA 01002

RECEIVED APR 5 1995

Subject: Septic System Inspecton 428 Henry Street Amherst

I have completed an inspection of the septic system at the subject property conducted together with pumping of the tank by Ray Bosara of Ray's Excavating.

All activites have been carried out and the inspection documentation has been completed in accordance with the provisions of the 1995 Title 5. I have mailed a copy of the report to Dave Zarozinski at the Amherst Health Department. By regulation, only the Health Department, buyer and seller are required to recieve copies. Other copies are enclosed here for your distribution. This should allow your completion of the sale.

I don't believe the Board of Health will take action other than filing this documentation. This property does however have a deep leach pit so they may impose a reinspection at some later date.

As with all inspections, there can be no guarantee of how well or how long this system will function with the new occupants. If use is comparable to that of the previous occupants, then I expect the system to function properly for an indefinite period of time.

If you, the buyers or others have questions on any aspect of the inspection or the report, please contact me. The best time is in the evenings at (413) 256-0647.

Sincerely, hand

Richard Scott, P.E.

Encl./

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cc: Afealth Department - Dave Zarozinski Susan Alward c/o Marilyn Patton Marilyn Patton (three additional copies)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B SYSTEM INFORMATION

FLOW CONDITIONS

If residential

<u>3</u> number of bedrooms <u>1</u> number of current residents <u>No</u> garbage grinder, yes or no <u>Yes</u> laundry connected to system, yes or no <u>No</u> seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information: Pumped LAST IN APPROX. 1987 PER RAY BOSARA OF RAY'S EXCAVATING

Yes System pumped as part of inspection, yes or no if yes, volume pumped <u>1000 GAL. FROM SEPTIC TANK</u> Reason for pumping: <a href="https://www.artical.com/leach-Pitting-com/line-com/l

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) Other (explain) Septic TANK (No D-Box) LEACH Pit Other (explain) Septic TANK (No D-Box) LEACH Pit Approximate age of all components. Date installed, if known. Source of information: <u>Approx. 1975 (DOYEARS OLD) PER OWNER, Josathan Huc</u>

No Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 428 HENRY ST. AMHERST Owner's name JONATHAN HILL YO MARILYN PATTON, D.H. JONEI, R.E. Date of Inspection 3-30-95

PART A CHECKLIST

Check if the following have been done:

Pumping information was requested of the owner, occupant, and Board of Health.

_ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

MA As built plans have been obtained and examined. Note if they are not available with N/A.

The facility or dwelling was inspected for signs of sewage back-up.

_ The site was inspected for signs of breakout.

All system components, excluding the SAS, have been located on the site.

The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.

The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): YES (locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods) LEACH Pit is GO"DIA x 42" EFF. DEPTH EFF LEVEL WAS 12" SO AVAILABLE If not determined to be present, explain: CAPACITY WAS 30" APPEar. 400 GAL. - 4DAYS FLOW -Type ONE - GO" DIA X42" EFF. DEPTH leaching pits and number leaching chambers and number leaching galleries and number leaching trenches, number, length leaching fields, number, dimensions overflow cesspool, number Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.) NO APPARENT PROBLEMS. CESSPOOLS (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 (cesspool must be pumped as part of inspection) Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, 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, recommendations for maintenance or repairs, etc.)

	SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B		
	SYSTEM INFORMATION continued		
	SEPTIC TANK: YES (locate on site plan)		
	depth below grade: <u>9</u> "		
	material of construction:concretemetalFRPother(explained)		
	dimensions: 58"WIGE × 102" LONG × 55" EFF. DEPTH.		
	12" sludge depth 35" distance from top of sludge to bottom of outlet tee or baffle 3" scum thickness 3" 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		
	Comments: (recommendation for pumping, condition of inlet and outlet tees or baffle depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, recommendations for repairs, etc.) BAFFLES ARE CONCRETE CORNER DROP-IN BAFFLES		
	TANK & BAFFLES ARE IN GOOD CONDITION.		
	DISTRIBUTION BOX: No (locate on site plan)		
	depth of liquid level above outlet invert		
	depth of liquid level above outlet invert		
	Comments: (note if level and distribution is equal, evidence of solids carryover,		
	Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)		
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\$.	Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.) <u>Septic Took Effluest Flows</u> Director To LeAch Pits PUMP CHAMBER:		
	Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.) SPTIC TONK EFFLUENT FLOWS DIRECTLY TO LEACH PIT PUMP CHAMBER: (locate on site plan) pumps in working order, yes or no Comments:		
\$	Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.) SPTIC TOJK EFFLUENT FLOWS DIRECTLY TO LEACH PITS PUMP CHAMBER: (locate on site plan) pumps in working order, yes or no		
5	Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.) SPTIC TEAK EFFLUENT FLOWS DIRECTLY TO LEACH PIT: PUMP CHAMBER: (locate on site plan) pumps in working order, yes or no Comments: (note condition of pump chamber, condition of pumps and appurtenances,		

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C FAILURE CRITERIA

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not) No Backup of sewage into facility? O Discharge or ponding of effluent to the surface of the ground or surface waters? No Static liquid level in the distribution box above outlet invert? No Liquid depth in cesspool <6" below invert or available volume< 1/2 day flow? No Required pumping 4 times or more in the last year? number of times pumped -o-No Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent? Is any portion of the SAS, cesspool or privy: No below the high groundwater elevation? No within 50 feet of a surface water? No within 100 feet of a surface water supply or tributary to a surface water supply? No within a Zone I of a public well? No within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)? Vo within 50 feet of a private water supply well? N_0 less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks locate all wells within 100'



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART D CERTIFICATION

Name of	Inspector	RICHARD SCOTT
Company	Name	RICHARD SCOTT, P.E.
Company	Address	31 SHUTESBURY RD. PELHAM, MA 01002

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and manitenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the FAILURE CRITERIA section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the FAILURE CRITERIA section of this form.

Inspector's Signature Richard Hot

Date

3-30-95

Original to system owner, Jonarman Huce

Copies to:

Buyer (if applicable) Susan ALWARD Approving authority DAVE FARDENSE, AMHERST HEALTH DEPT.

