

30 Hulst Rd.



#30



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET BOSTON, MA 02108 617-292-5500

WILLIAM F. WELD
Governor

ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

256-6237

Property Address: KATHY PASCOS
30 HOLST RD, AMHERST
Date of Inspection: _____ Address of Owner: _____
Name of Inspector: Alan E. Weiss, R.S., M.S. (If different)

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)

Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA. 01007
Telephone Number: (413)-323-5957

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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: [Signature]

Date: 7/8/98



The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (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 Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

INSPECTION SUMMARY: Check A, B, C, or D

A) SYSTEM PASSES:

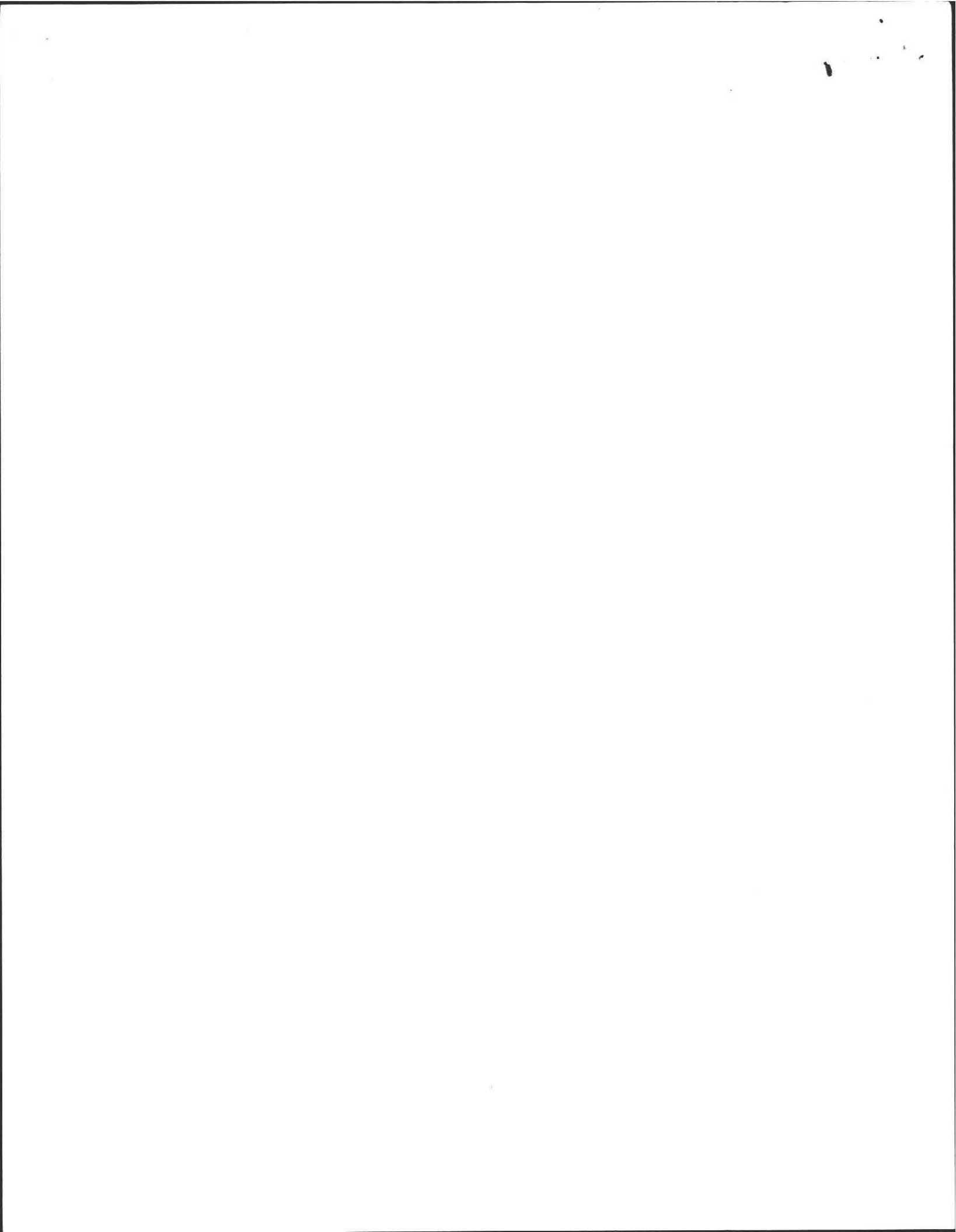
_____ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

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.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.
_____ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

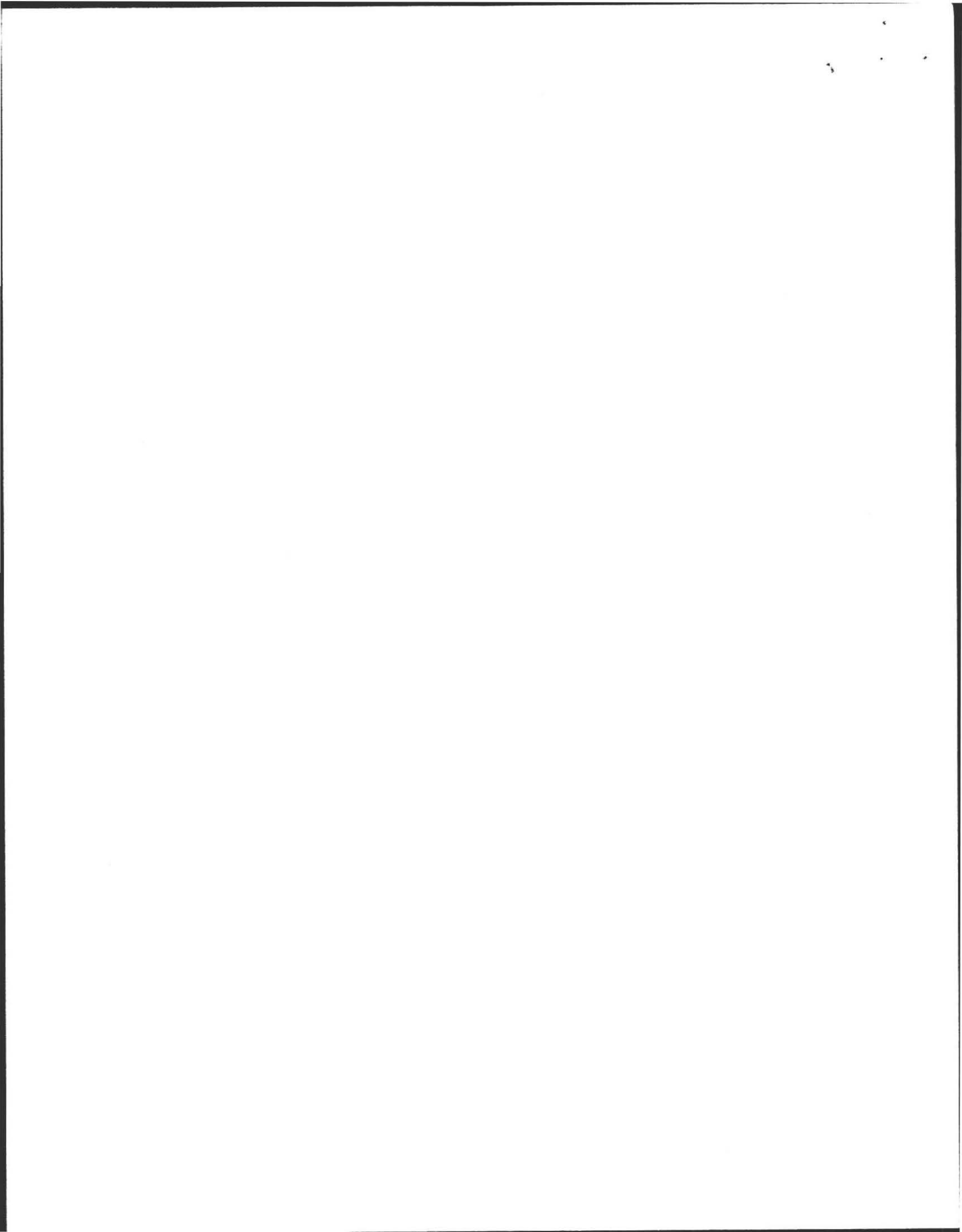
Property Address: 30 HUGST RD
Owner: PASKUS
Date of Inspection: 7/8/98

B) SYSTEM CONDITIONALLY PASSES (continued)

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health). Describe observations:
 - broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is levelled or replaced, Needs new outlet baffle cover
- The system required pumping more than four 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 the public health, safety and the environment.
- 1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND 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 APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:
 - The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.
 - The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
 - The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
 - The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis 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. Method used to determine distance _____ (approximation not valid).
- 3) OTHER



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 30 HUST RD
Owner: PASKUS
Date of Inspection: 7/8/98

D) SYSTEM FAILS: N/A

You must indicate either "Yes" or "No" as to each of the following:

_____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input 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 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 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 type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipes; Number of times pumped ____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input 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. 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. |

E) LARGE SYSTEM FAILS: N/A

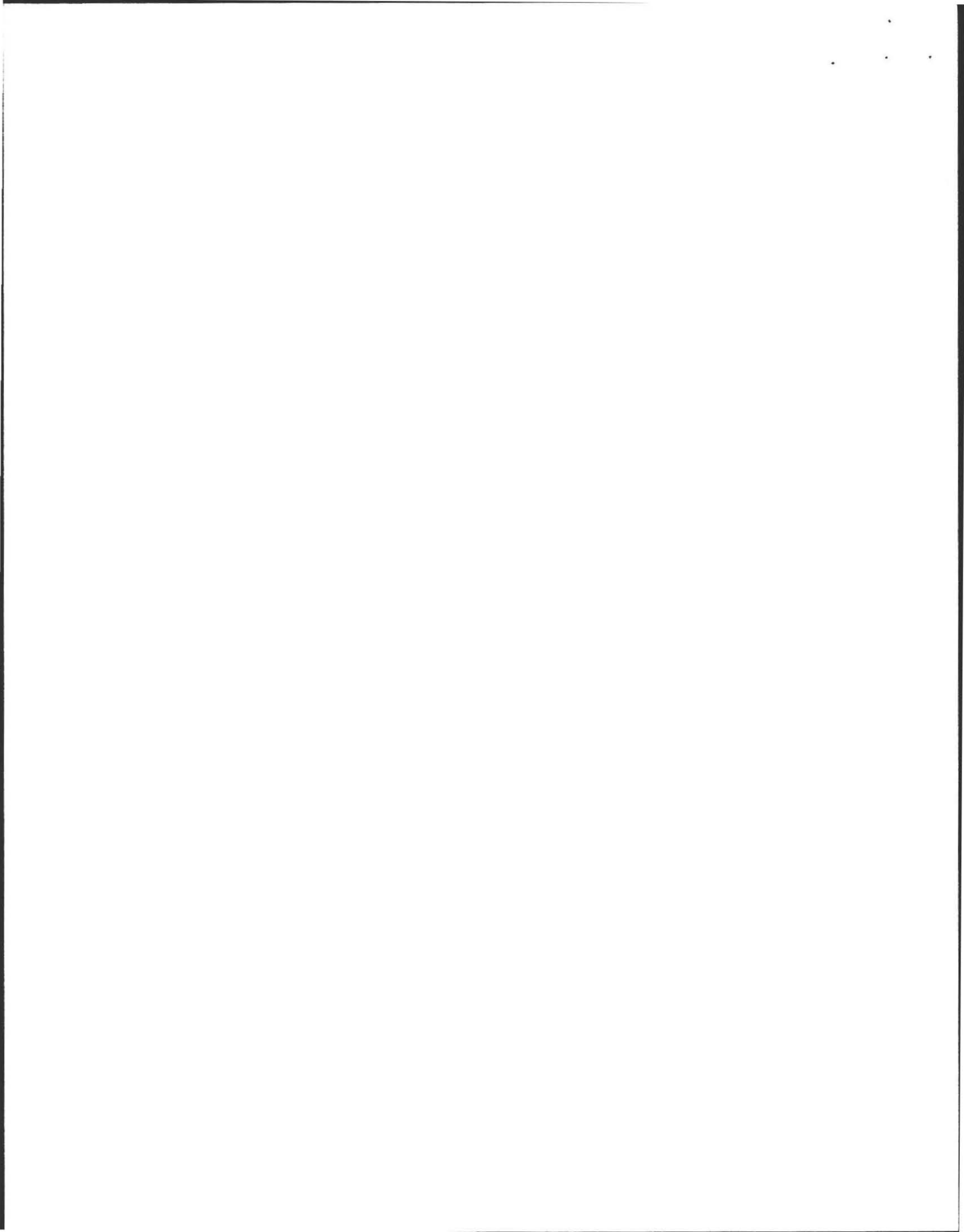
You must indicate either "Yes" or "No" as to each of the following:

The following criteria apply to large systems in addition to the criteria above:

_____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- | 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) |

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 30 WJST Rd.
Owner: PASKUS
Date of Inspection: 7/8/98

Check if the following have been done: You must indicate either "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 checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The size and location of the Soil Absorption System on the site has been determined based on:
The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. Ex. Plan at B.O.H. |
| <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) [15.302(3)(b)] |



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 30 HOLST RD
Owner: PASKUS
Date of Inspection: 7/8/98

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 g.p.d./bedroom for S.A.S.
Number of bedrooms: 3
Number of current residents: 3
Garbage grinder (yes or no): Y *NOT Recommended.
Laundry connected to system (yes or no): Y
Seasonal use (yes or no): N
Water meter readings, if available (last two (2) year usage (gpd): N/A
Sump Pump (yes or no): Y

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: _____ gallons/day
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: _____

OTHER: Describe _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

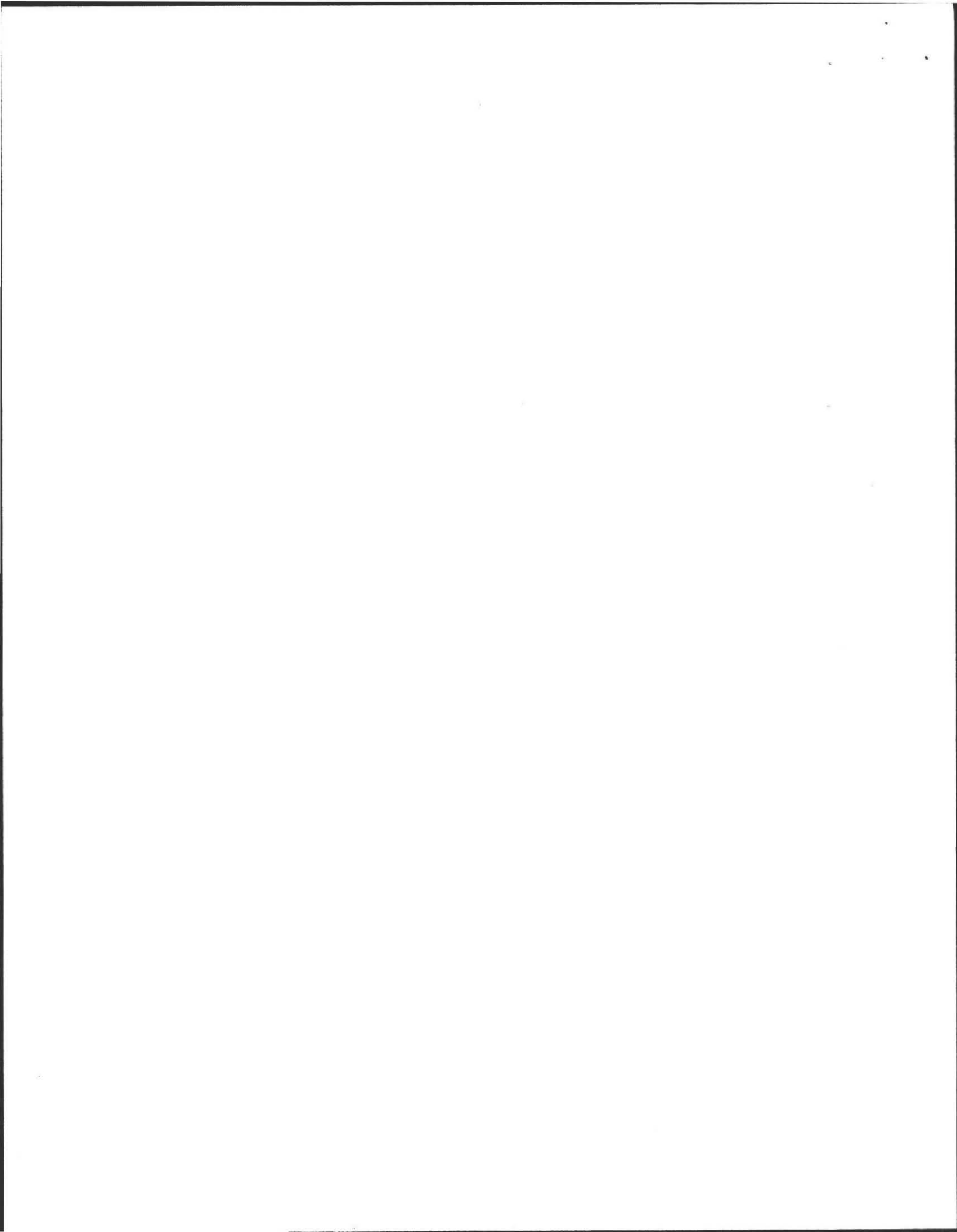
2 yrs. ago
System pumped as part of inspection: (yes or no) Y
If yes, volume pumped: 1000 gallons
Reason for pumping: Time

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)
 I/A Technology etc. Copy of up to date contract?
Other: _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 21 yrs.

Sewage odors detected when arriving at the site: (yes or no) N



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 HULST Rd.
Owner: PASKUS
Date of Inspection: 7/8/98

BUILDING SEWER:

(Locate on site plan)

Depth below grade: 12"
Material of construction: cast iron 40 PVC other (explain)

Distance from private water supply well or suction line: 10' L

Diameter: 9" Ø

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

OK

SEPTIC TANK: ✓

(locate on site plan)

Depth below grade: 16"
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Baffles built in, OK

If tank is metal, list age Is age confirmed by Certificate of Compliance (Yes/No)

Dimensions: 8.5' x 4.5'

Sludge depth: 5"

Distance from top of sludge to bottom of outlet tee or baffle: 26"

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: 14"

How dimensions were determined: measured.

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) OK condition, baffles built in.

GREASE TRAP: N/A.

(locate on site plan)

Depth below grade:

Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Dimensions:

Scum thickness:

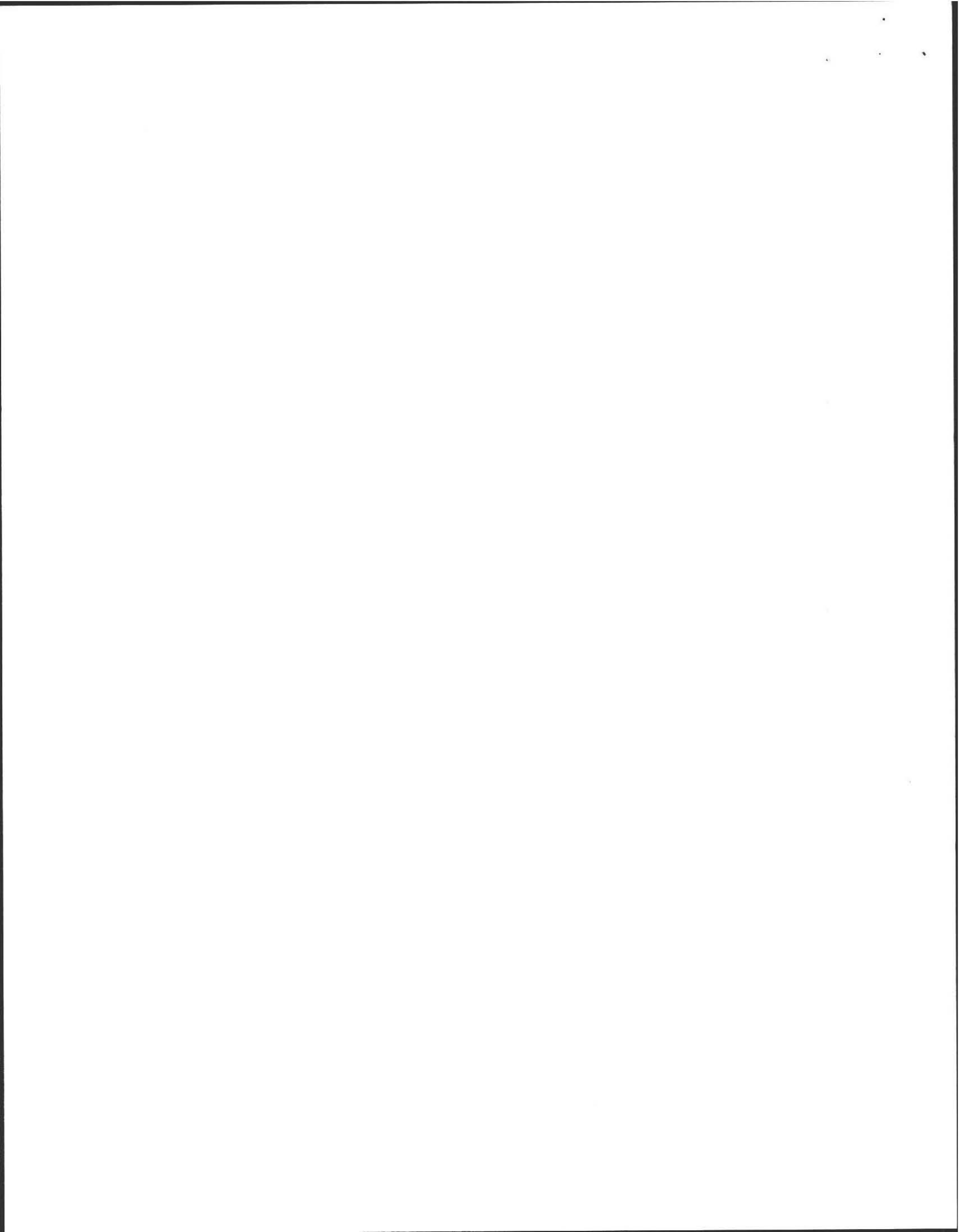
Distance from top of scum to top of outlet tee or baffle:

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

Date of last pumping:

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 HULST
Owner: PASKUS
Date of Inspection: 7/8/98

TIGHT OR HOLDING TANK: N/A (Tank must be pumped prior to, or 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 level: _____ Alarm in working order: Yes No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

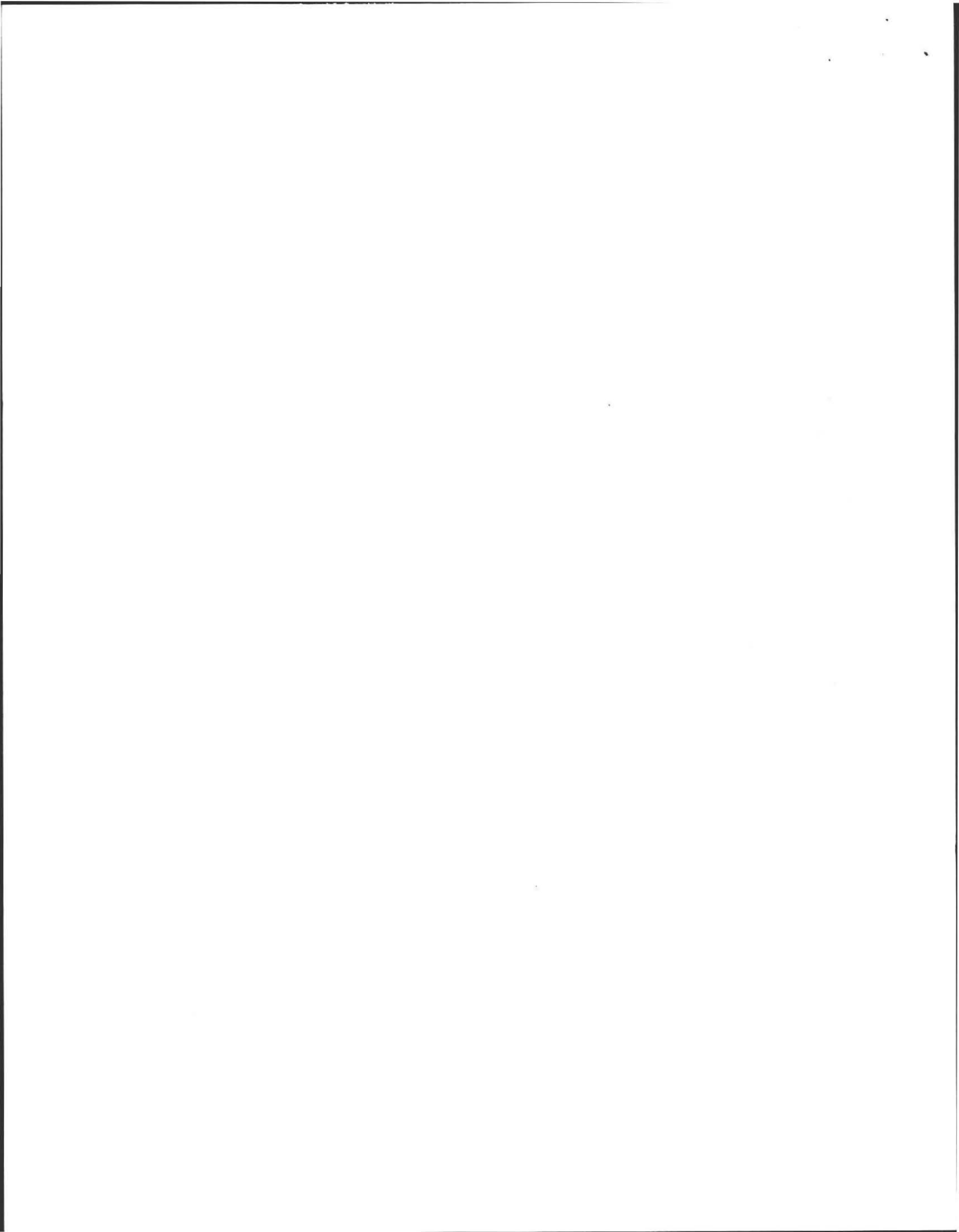
DISTRIBUTION BOX:
(locate on site plan)

Depth of liquid level above outlet invert at Invert

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Needs new D. box, walls crumbling

PUMP CHAMBER: N/A
(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.) _____



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 HULST Rd.
Owner: PASKUS
Date of Inspection: 7/8/98

Depth to Groundwater 5+ Feet

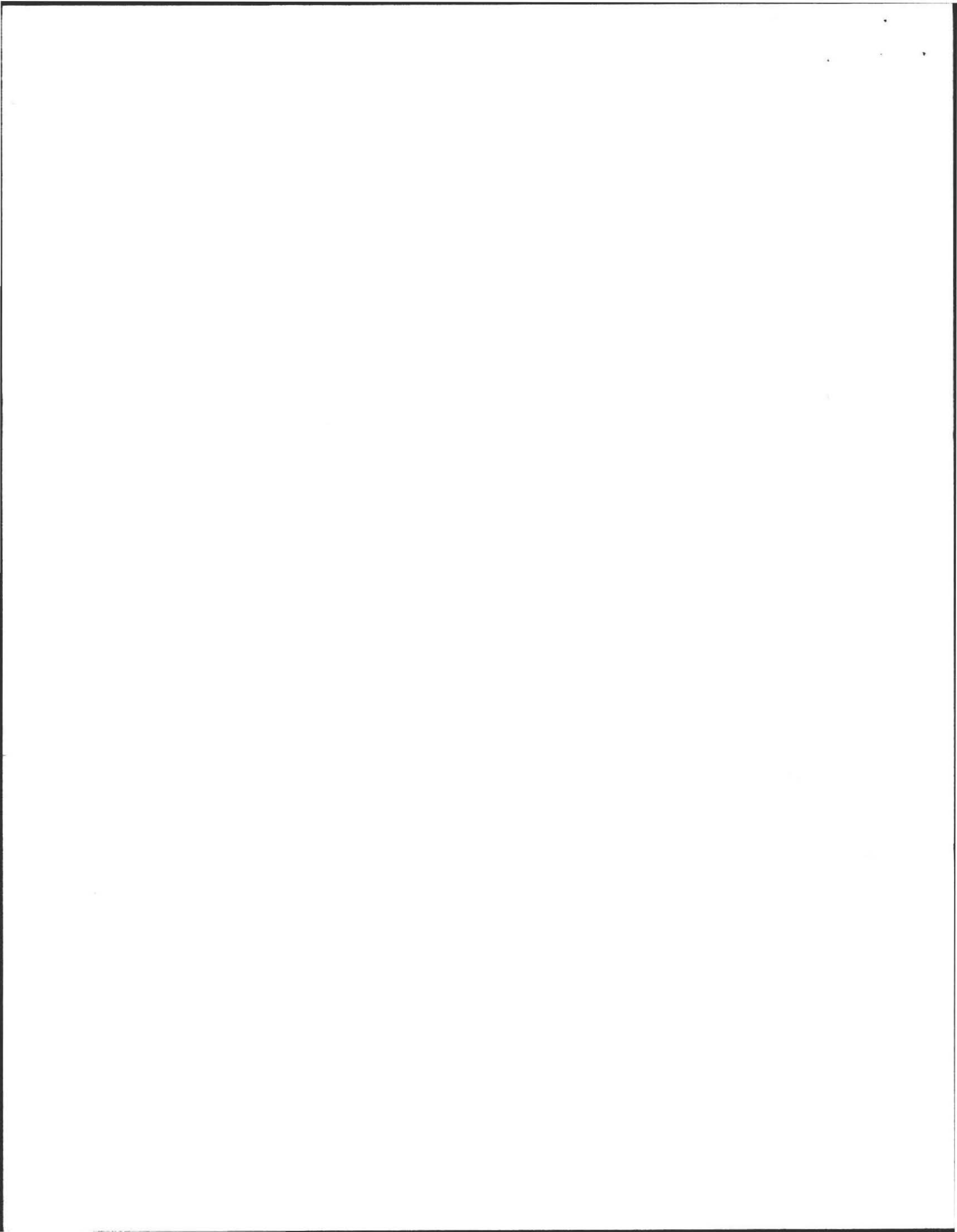
Please indicate all the methods used to determine High Groundwater Elevation:

- Obtained from Design Plans on record
- Observation of Site (Abutting property, observation hole, basement sump etc.)
- Determine it from local conditions
- Check with local Board of health
- Check FEMA Maps
- Check pumping records
- Check local excavators, installers
- Use USGS Data

Describe in your own words how you established the High Groundwater Elevation (Must be completed)

- SITE TOPOGRAPHY + VEGETATION

- Borehole TO 3' Near 2 Field, dry to 1' Postsystem.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 HOIST Rd
Owner: PASKUS
Date of Inspection: 7/8/99

SOIL ABSORPTION SYSTEM (SAS):

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number: _____
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: (1) 2 OUTLET PIPES (15' x 25'?)
overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments:

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

SOIL (F-SAND) OK, NO SIGNS OF FAILURE, STONE WET, UNDER PIPE ONLY.

CESSPOOLS: N/A

(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, etc.)

PRIVY: N/A

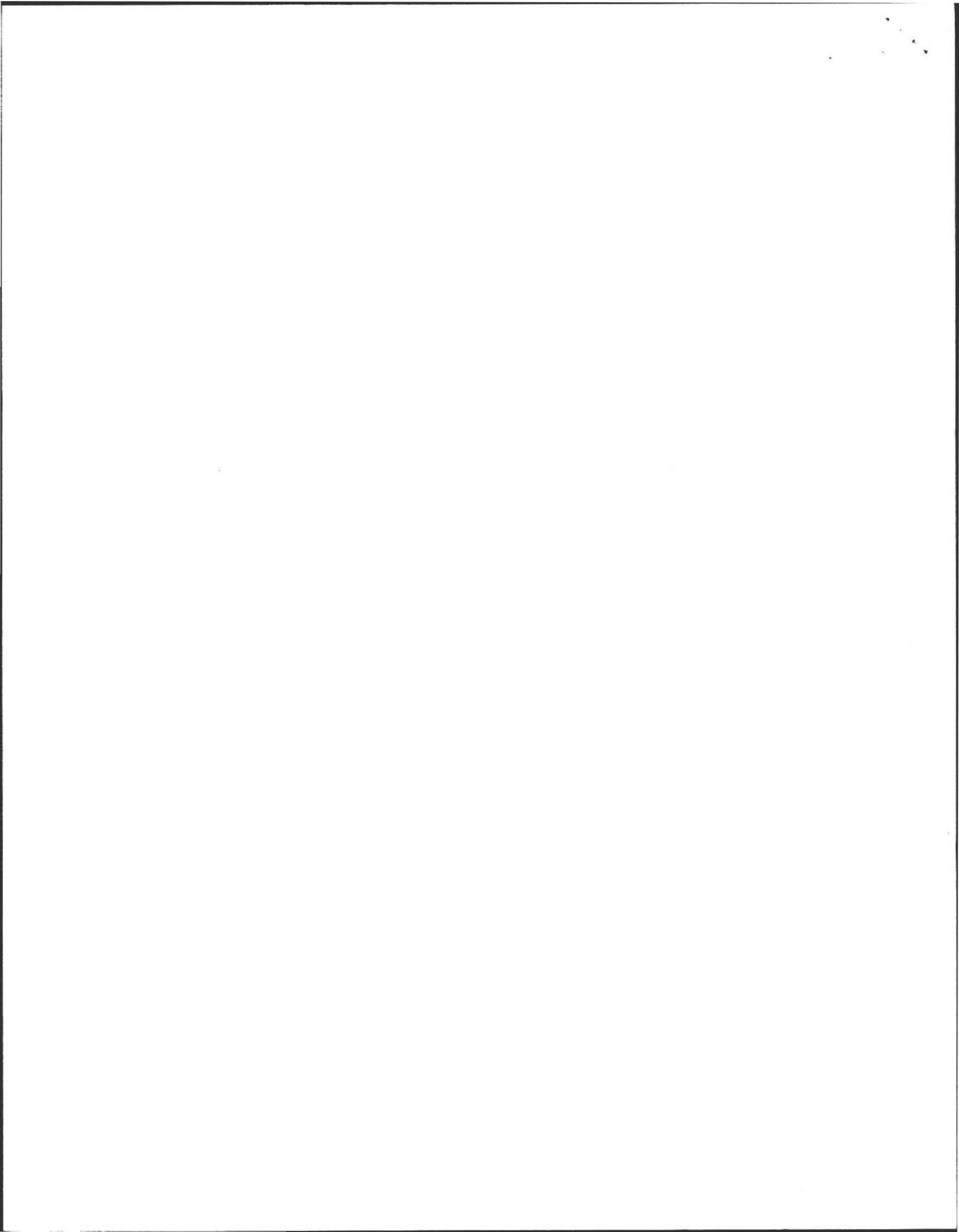
(locate on site plan)

Materials of construction: _____ Dimensions: _____

Depth of solids: _____

Comments:

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

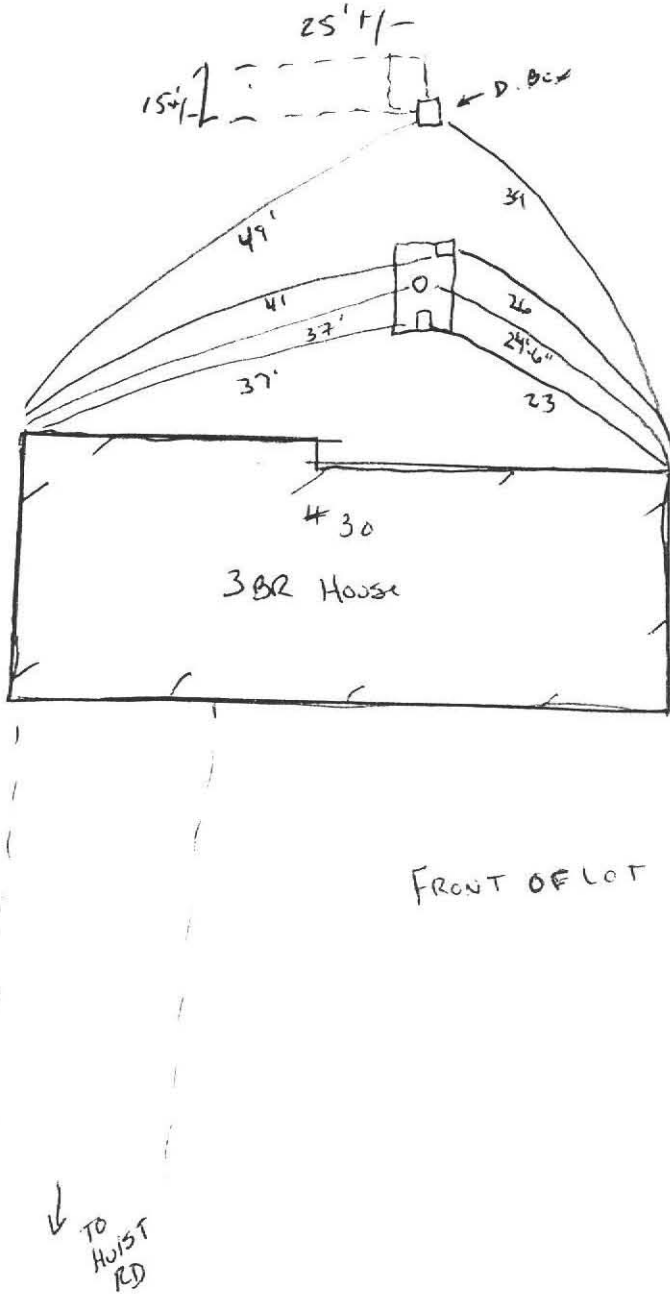


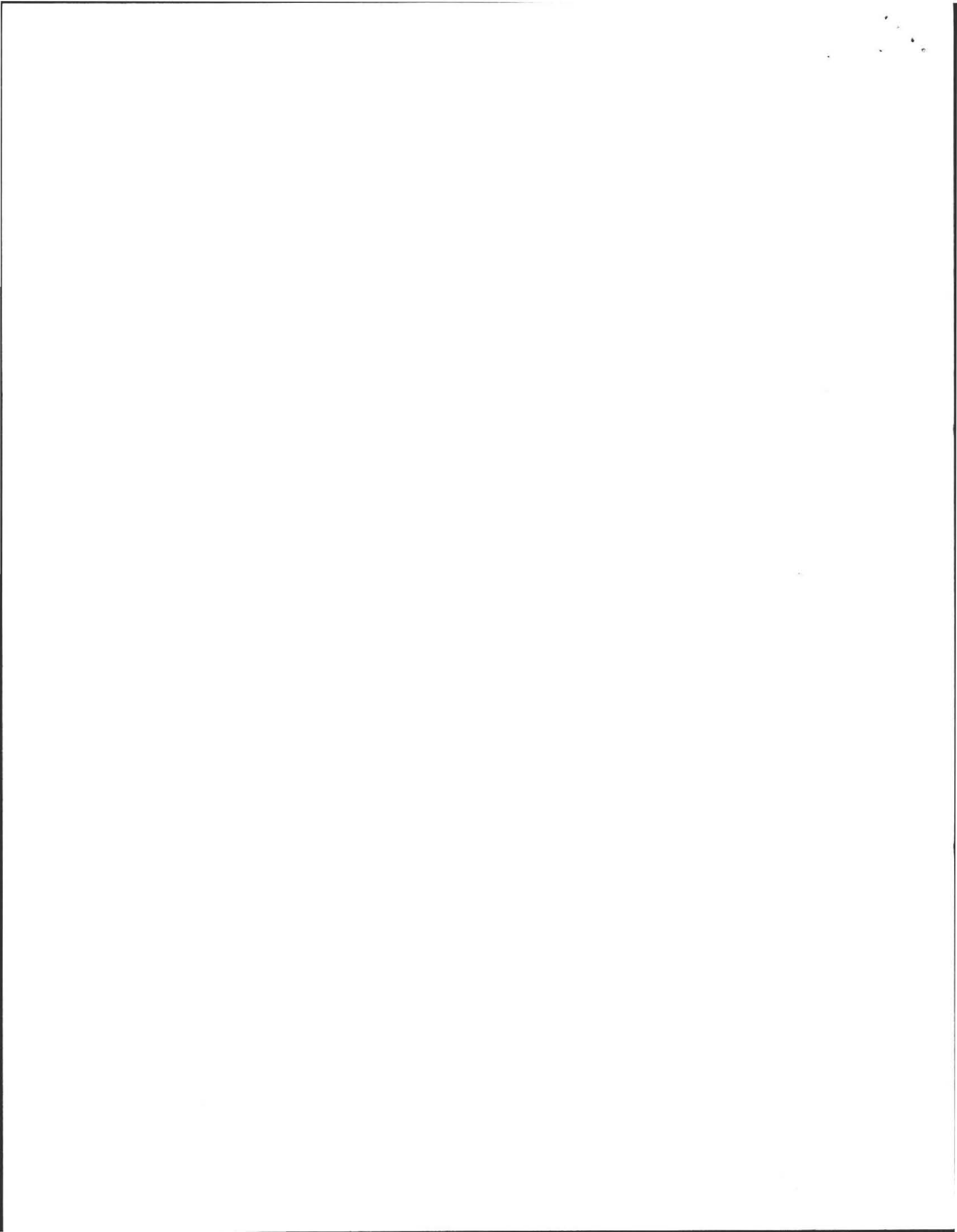
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 Huist Rd.
Owner: PASKUS
Date of Inspection: 7/8/98

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)







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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
 PART A
 CERTIFICATION

256-6237

Property Address: KATHY PASCOS
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 Date of Inspection: _____ Address of Owner: _____
 Name of Inspector: Alan E. Weiss, R.S., M.S. (If different)

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)

Company Name: Cold Spring Environmental, Inc.
 Mailing Address: 350 Old Enfield Rd., Belchertown, MA. 01007
 Telephone Number: (413) 323-5957

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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- Passes 7/20/98 Dr Box Replaced, Box inspected
- Conditional Passes
- Needs Further Evaluation By the Local Approving Authority
- Fails

Inspector's Signature: Alan Weiss

Revised 7/20/98
 Date: 7/8/98



The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (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 Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

INSPECTION SUMMARY: Check A, B, C, or D

A) SYSTEM PASSES: (7/20/98)

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

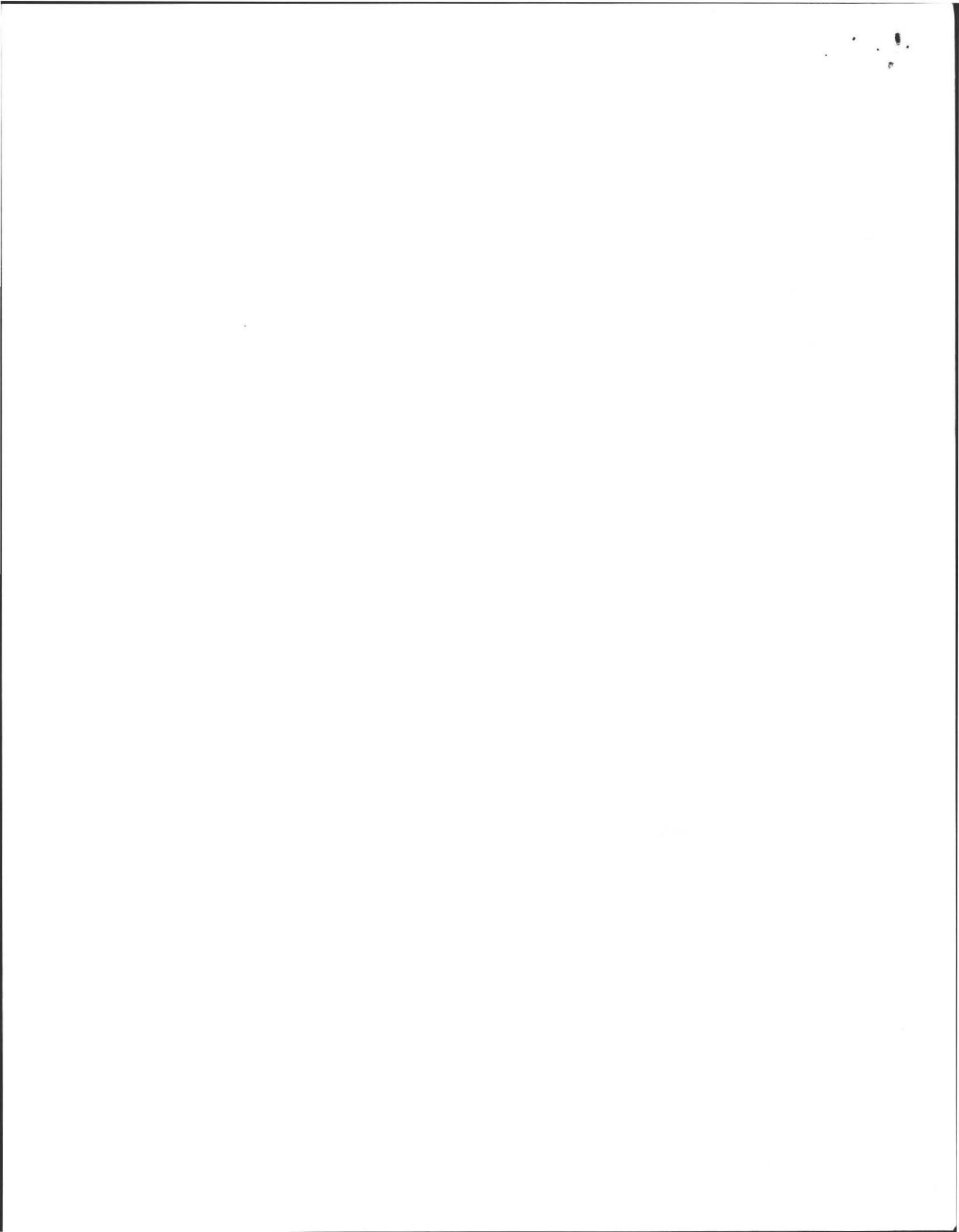
COMMENTS: Dr Box Replaced, level OK.

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.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.

The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 30 HULST RD
Owner: PASKOS
Date of Inspection: 7/6/98

B) SYSTEM CONDITIONALLY PASSES (continued)

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health). Describe observations:
 - broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is levelled or replaced, *Needs new outlet baffle cover*
- The system required pumping more than four 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 the public health, safety and the environment.

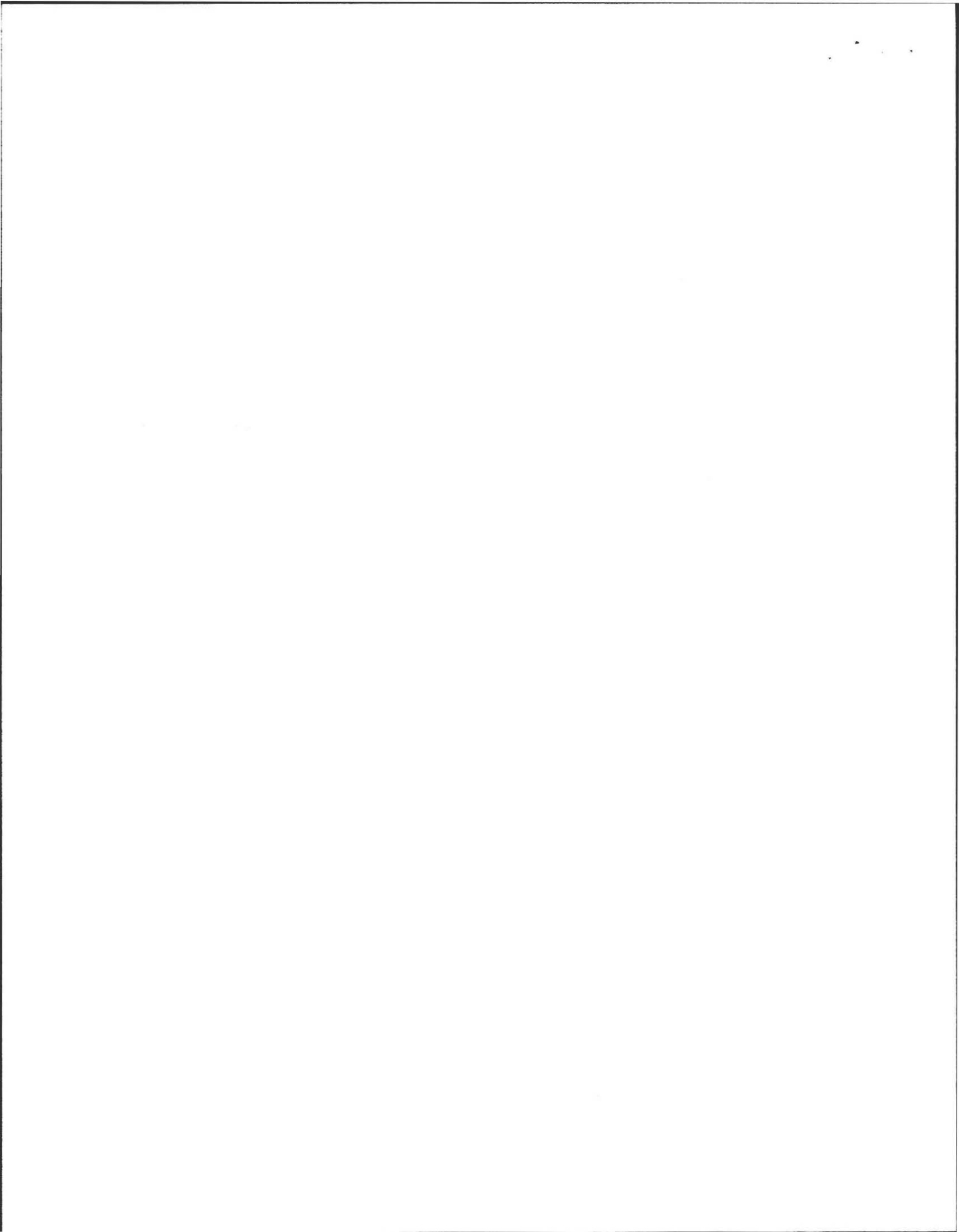
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- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis 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. Method used to determine distance _____ (approximation not valid).

3) OTHER



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 30 HUST RD
Owner: PASKUS
Date of Inspection: 7/8/98

D) SYSTEM FAILS: N/A

You must indicate either "Yes" or "No" as to each of the following:

_____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input 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 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 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 type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s);
Number of times pumped _____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input 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. 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. |

E) LARGE SYSTEM FAILS: N/A

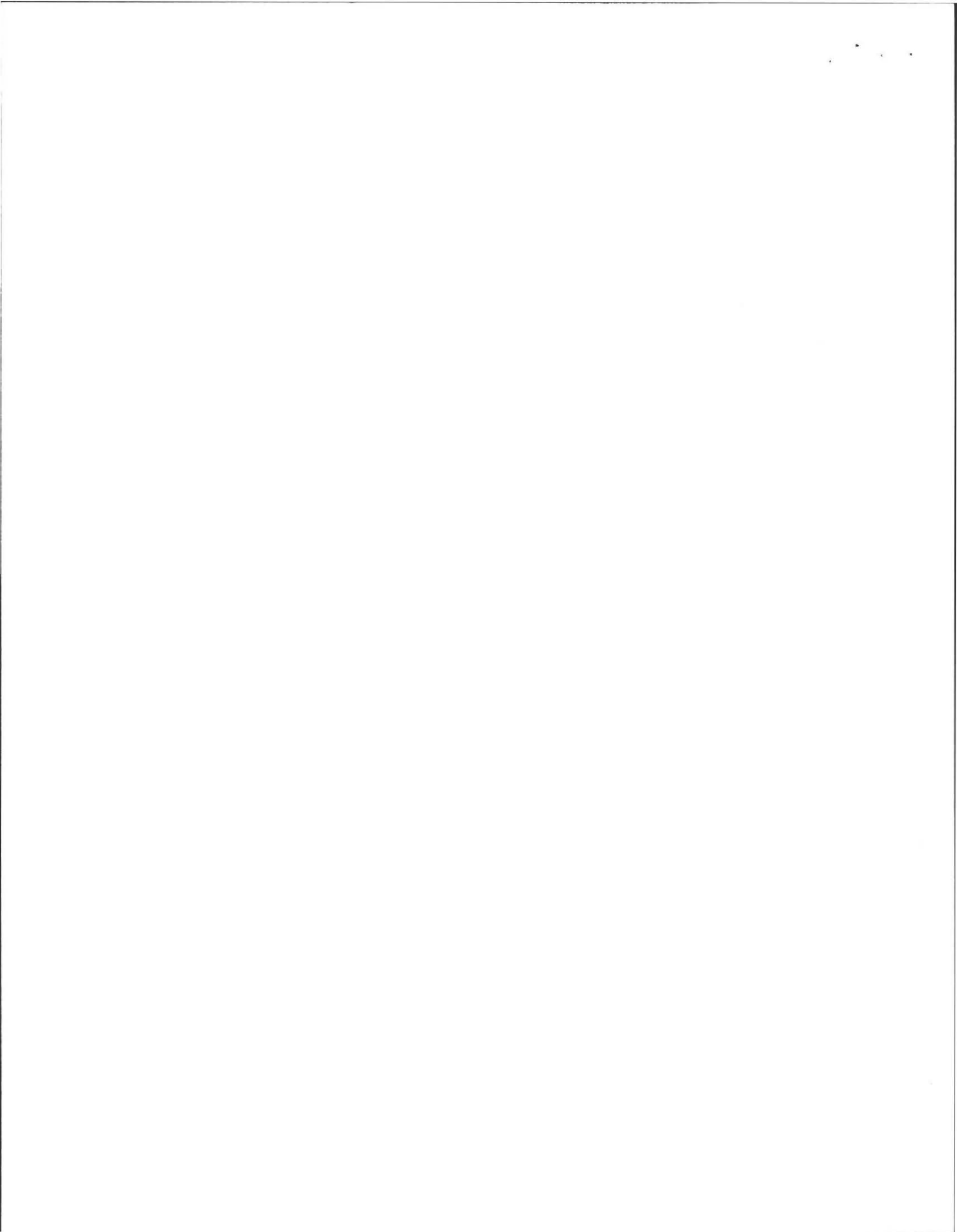
You must indicate either "Yes" or "No" as to each of the following:

The following criteria apply to large systems in addition to the criteria above:

_____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- | 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) |

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

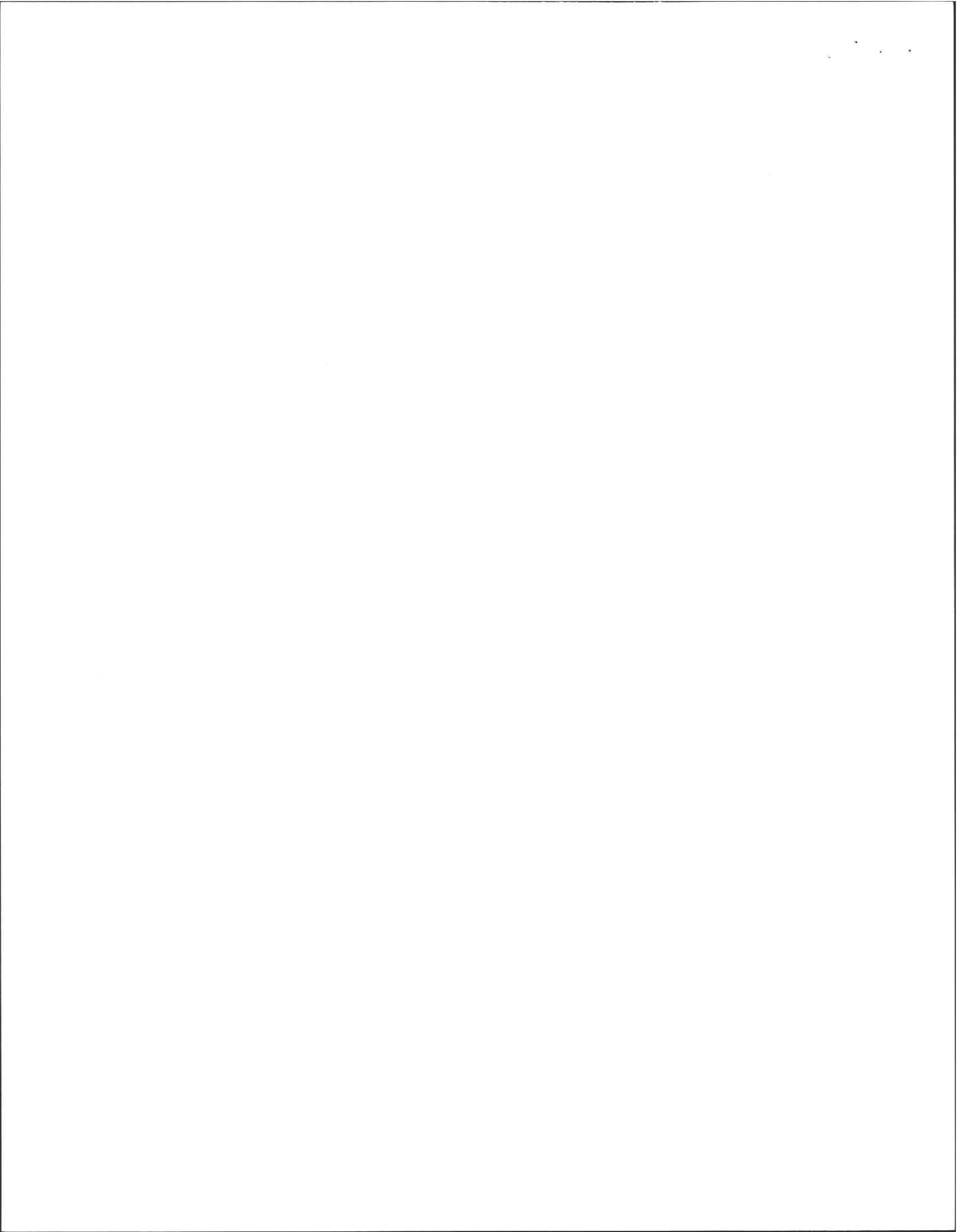


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 30 W1ST Rd.
Owner: PASKUS
Date of Inspection: 7/8/98

Check if the following have been done: You must indicate either "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 checked="" type="checkbox"/> | <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A. |
| <input type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | The size and location of the Soil Absorption System on the site has been determined based on: |
| <input type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System. |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing information. Ex. Plan at B.O.H. |
| <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) [15.302(3)(b)] |



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 30 HOLST RD
Owner: PASKUS
Date of Inspection: 7/8/98

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 g.p.d./bedroom for S.A.S.
Number of bedrooms: 3
Number of current residents: 3
Garbage grinder (yes or no): Y *NOT Recommended.
Laundry connected to system (yes or no): Y
Seasonal use (yes or no): N
Water meter readings, if available (last two (2) year usage (gpd): N/A
Sump Pump (yes or no): Y

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: _____ gallons/day
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: _____

OTHER: (Describe) _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

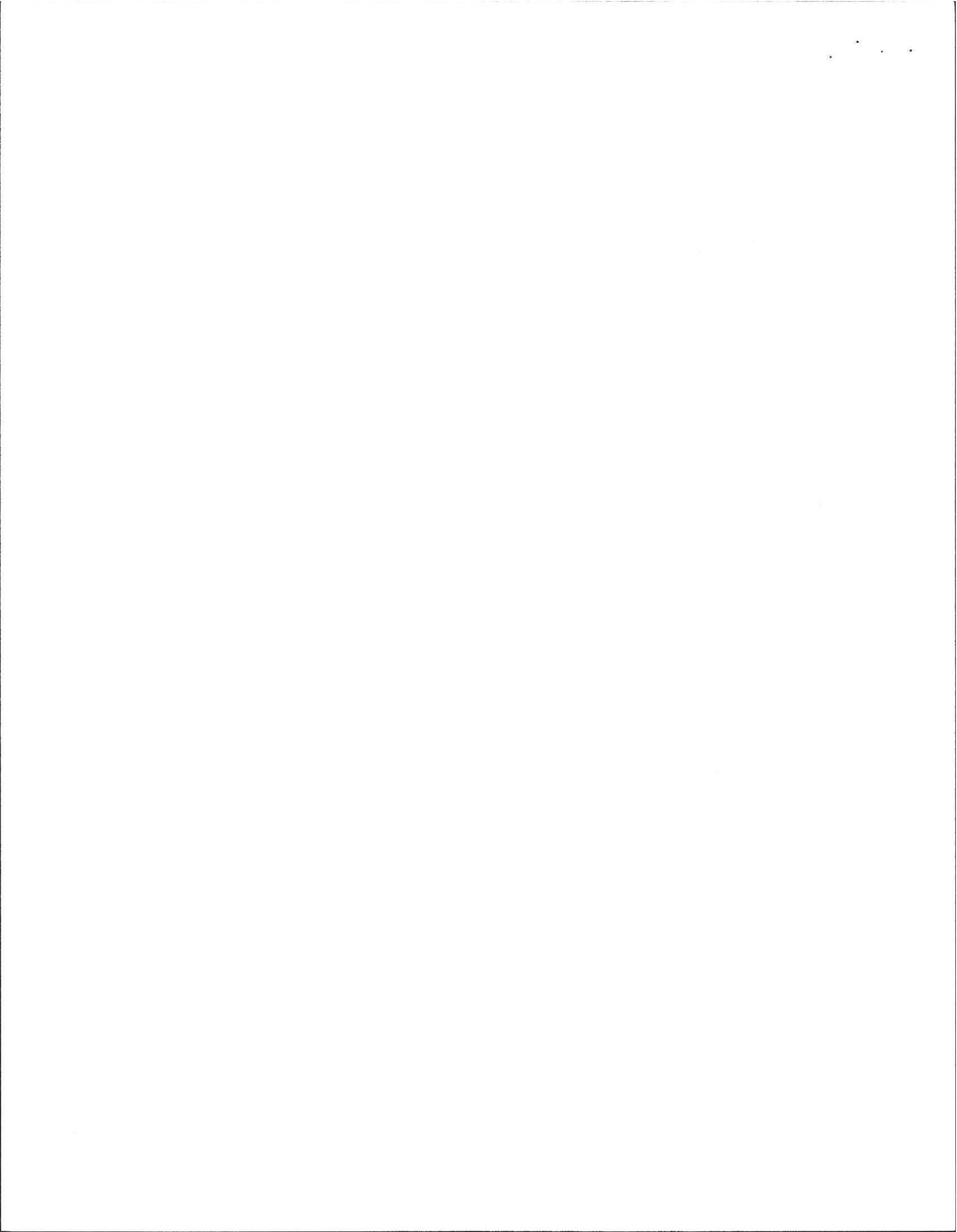
2 yrs. ago
System pumped as part of inspection: (yes or no) Y
If yes, volume pumped: 1000 gallons
Reason for pumping: TIME

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)
 I/A Technology etc. Copy of up to date contract?
Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 21 yrs.

Sewage odors detected when arriving at the site: (yes or no) N



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 HULST Rd.
Owner: PASKUS
Date of Inspection: 7/8/98

BUILDING SEWER:

(Locate on site plan)

Depth below grade: 12"
Material of construction: cast iron 40 PVC other (explain)

Distance from private water supply well or suction line: 10' L

Diameter: 9" ϕ

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

OK

SEPTIC TANK: Y

(locate on site plan)

Depth below grade: 16"
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Baffles built in, OK

If tank is metal, list age Is age confirmed by Certificate of Compliance (Yes/No)

Dimensions: 8.5' x 4.5'

Sludge depth: 5"

Distance from top of sludge to bottom of outlet tee or baffle: 26"

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: 14"

How dimensions were determined: measured.

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) OK condition, baffles built in.

GREASE TRAP: N/A.

(locate on site plan)

Depth below grade:

Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Dimensions:

Scum thickness:

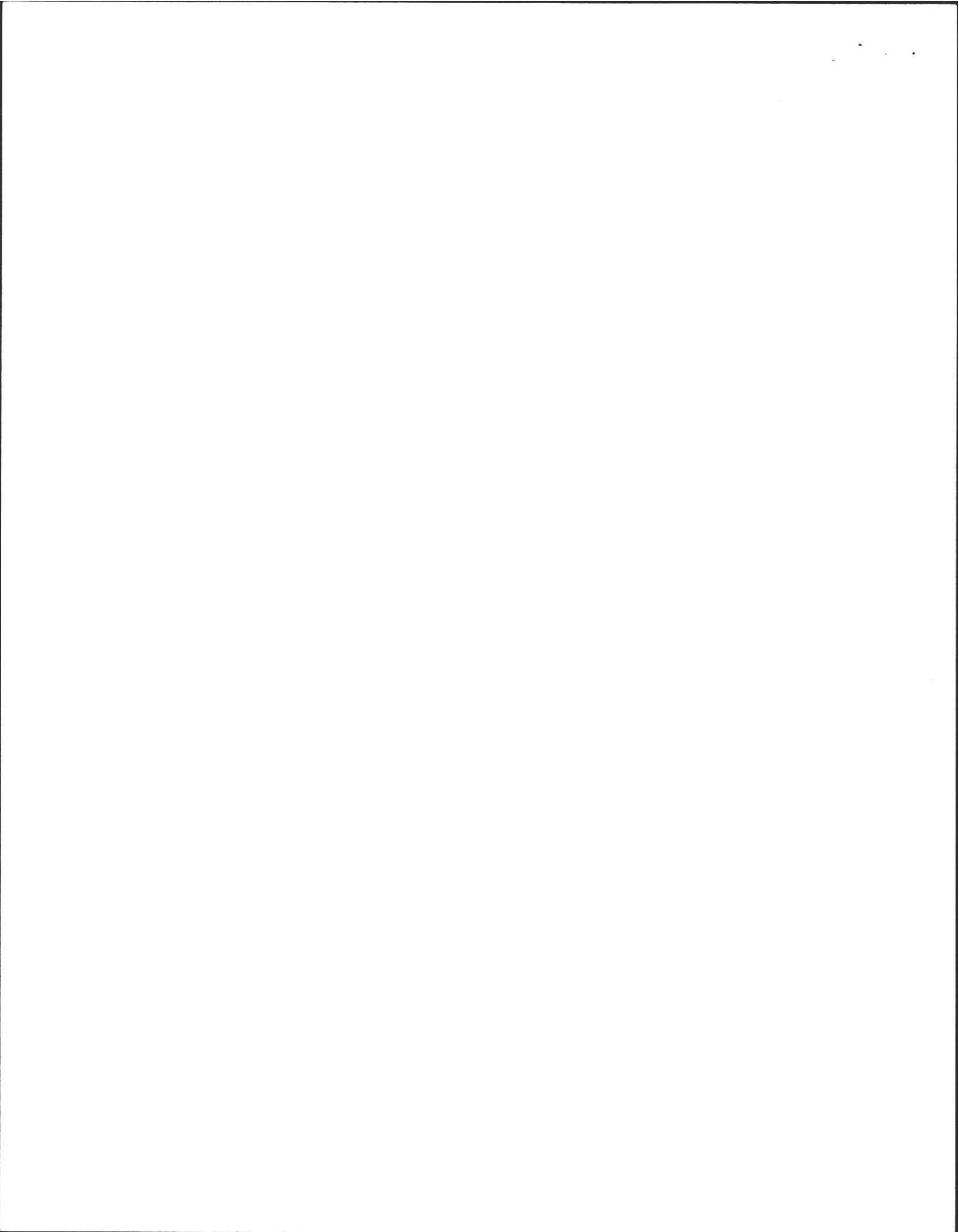
Distance from top of scum to top of outlet tee or baffle:

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

Date of last pumping:

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 Hu 15T
Owner: PASKOS
Date of Inspection: 7/8/98

TIGHT OR HOLDING TANK: n/a (Tank must be pumped prior to, or 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 level Alarm in working order Yes No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: (7/20/98, Replaced, ok.)
(locate on site plan)

Depth of liquid level above outlet invert at Invert

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Needs new D. box, walls crumbling, All set 7/20/98

PUMP CHAMBER: n/a
(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.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 HOIST Rd
Owner: PASKUS
Date of Inspection: 7/8/99

SOIL ABSORPTION SYSTEM (SAS):

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number: _____
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: (1) 2 OUTLET PIPES (15' x 25' ?)
overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments:

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

SOIL (F. SAND) OK. NO SIGNS OF FAILURE. STONE WET, UNDER PIPE ONLY.

CESSPOOLS: N/A

(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, etc.)

PRIVY: N/A

(locate on site plan)

Materials of construction: _____ Dimensions: _____

Depth of solids: _____

Comments:

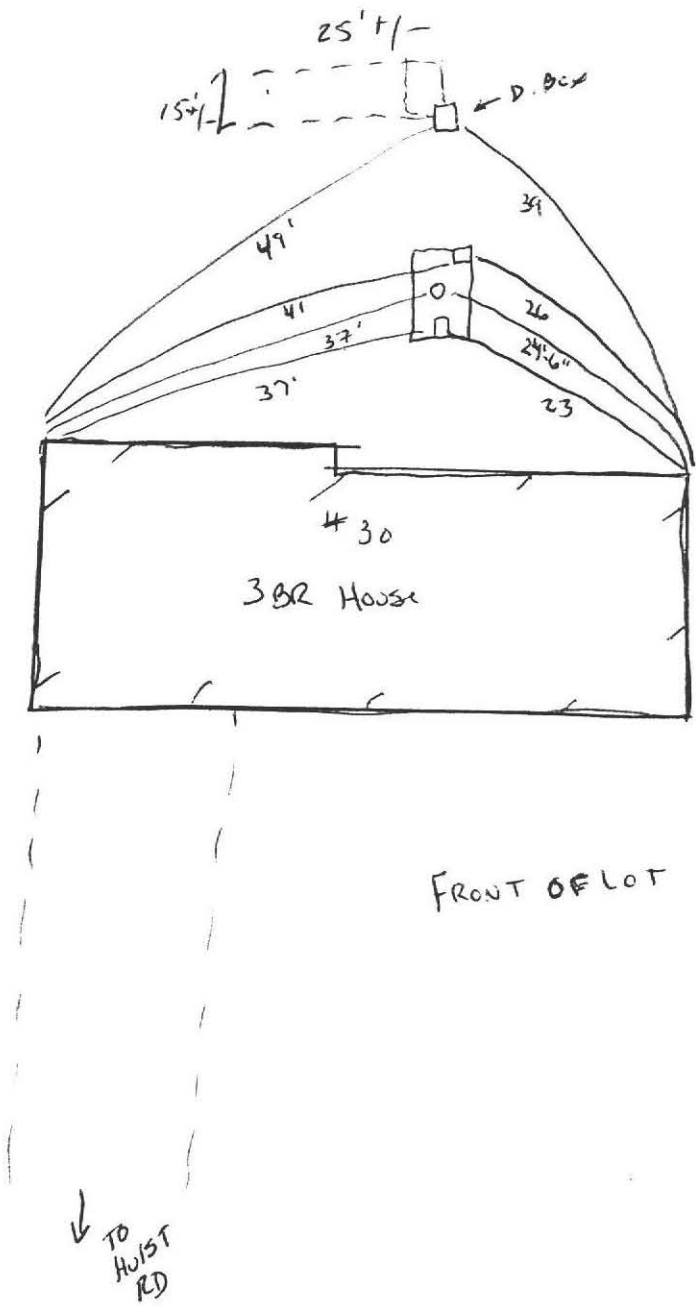
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 Huist Rd.
Owner: PASKUS
Date of Inspection: 7/8/98

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 30 HUIST Rd.
Owner: PASKUS
Date of Inspection: 7/2/98

Depth to Groundwater 5⁺ Feet

Please indicate all the methods used to determine High Groundwater Elevation:

- Obtained from Design Plans on record
- Observation of Site (Abutting property, observation hole, basement sump etc.)
- Determine it from local conditions
- Check with local Board of health
- Check FEMA Maps
- Check pumping records
- Check local excavators, installers
- Use USGS Data

Describe in your own words how you established the High Groundwater Elevation. (Must be completed)

- SITE TOPOGRAPHY + VEGETATION

- Borehole TO 3' Near L-Field, dry to 1' Post System.

