

67 HULST

~~Highpoint Drive~~ Completed

Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

67. HULSTRO - SOUTH SIDE
ED WOSTAWICZ Address 50 EAST ST

KARLIS EXO Address RIDGE DR. HADLEY

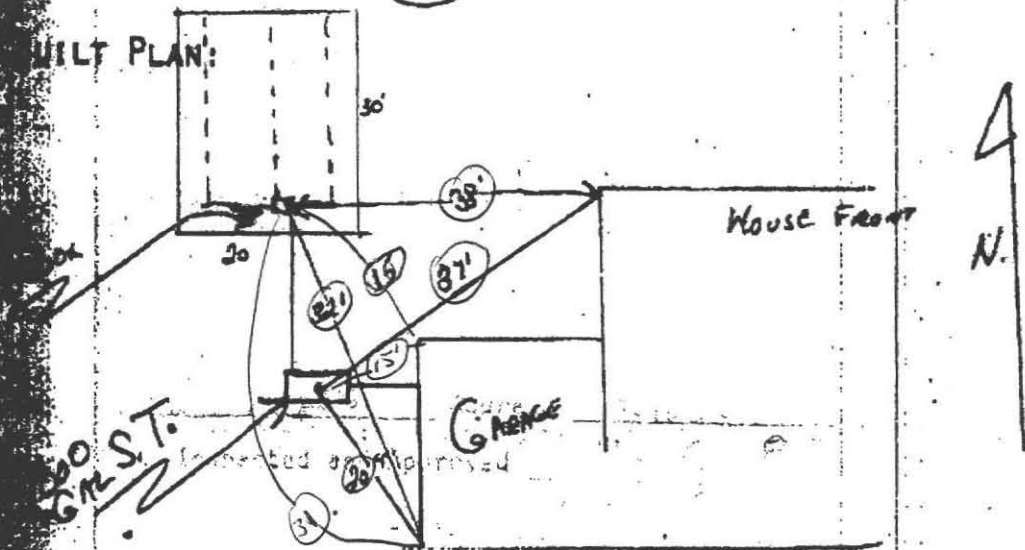
Station Inspected and Approved 7-6-83

Condition of System: Tank Capacity: 1000 GAL.

Soil () Bed (X) Seepage Pit () Square Feet: 540

Grinder Yes () No (X) No. Bedrooms: 3 No. People 6

INSTALL PLAN:



MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

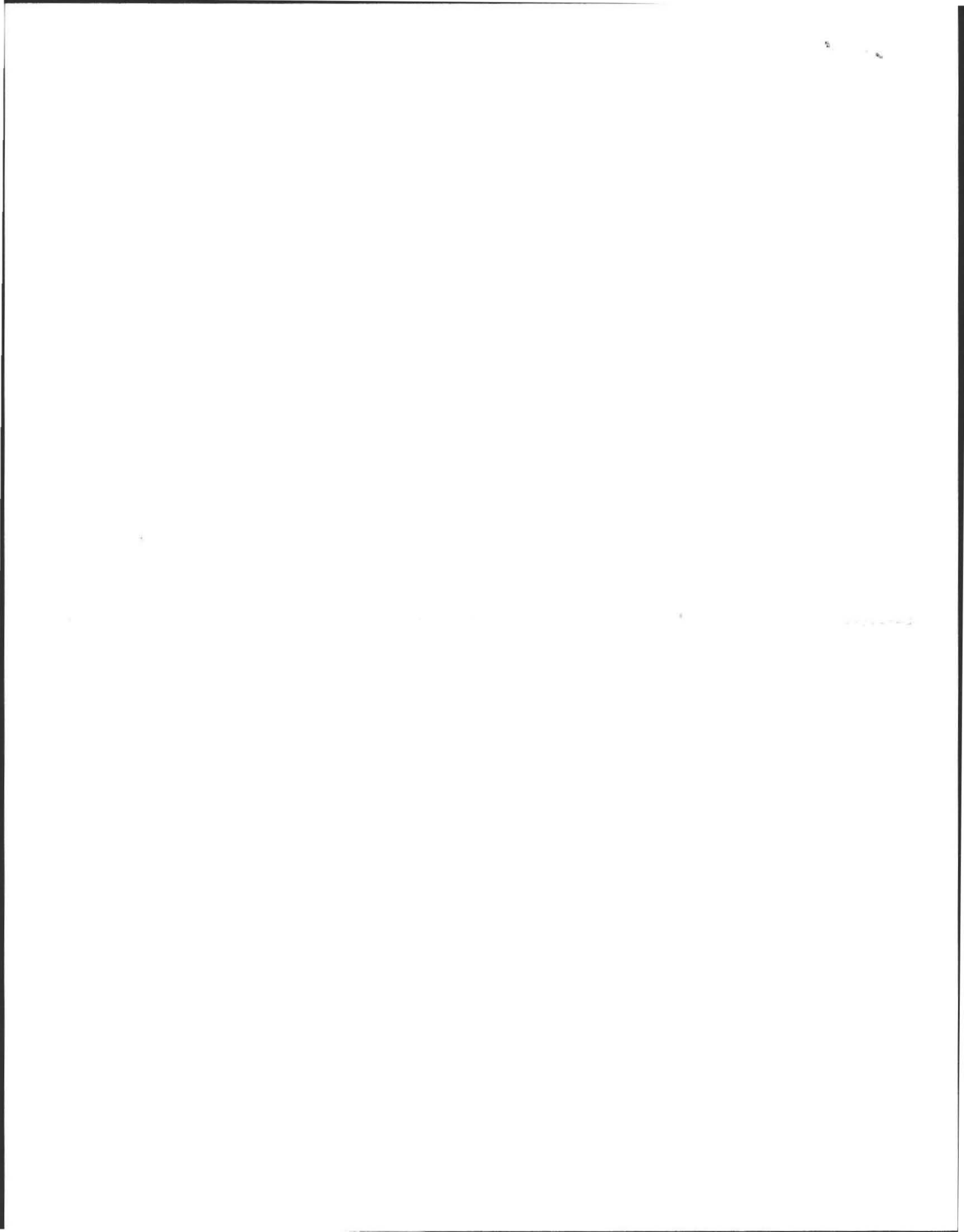
1. Your system must be inspected periodically and the tank pumped out at intervals not to exceed 3 years.

2. Your protection sanitary pumpers are licensed by the Amherst Board of Health.

3. Regular pumping is crucial to avoid early failure and costly repairs of your system.

4. Do not dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.

For more information can be obtained by contacting your Health Department at 253-7077.



83-7

#67



THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (X) or Repair () an Individual Sewage Disposal System at:

Location Address: 823 S. East St., Amherst Ma
Owner: Ed Wajnowicz
Installer: Ed Wajnowicz

Type of Building: Dwelling - No. of Bedrooms: 3 Expansion Attic (v) Garbage Grinder: NO
Other: Type of Building: CAPE No. of persons: Showers () - Cafeteria ()

Design No: 55 gallons per person per day. Total daily flow: 120 gallons.
Septic Tank: Liquid capacity: 1200 gallons Length: Width: Diameter: Depth:
Disposal Pit: No. 1 Diameter: 18' Total Length: 50' Total leaching area: 540 sq. ft.
Other Disposal: No. Diameter: Depth below inlet: Total leaching area:
Percolation Test Results: Performed by: J. Hart Date: 12-11-73
Test Pit No. 1: 7.0 minutes per inch Depth of Test Pit: 6.0 Depth to ground water: 4.6'
Test Pit No. 2: minutes per inch Depth of Test Pit: Depth to ground water:

Description of Soil: Enclosed
Nature of Repairs or Alterations: CURTAIN DRAIN TO BE INSTALLED

Agreement: The undersigned agrees to install the aforementioned Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Approved By: [Signature] Date: 4/13/83
Application Disapproved for the following reasons:

Permit No. 83-7 Issued: 4/15/83

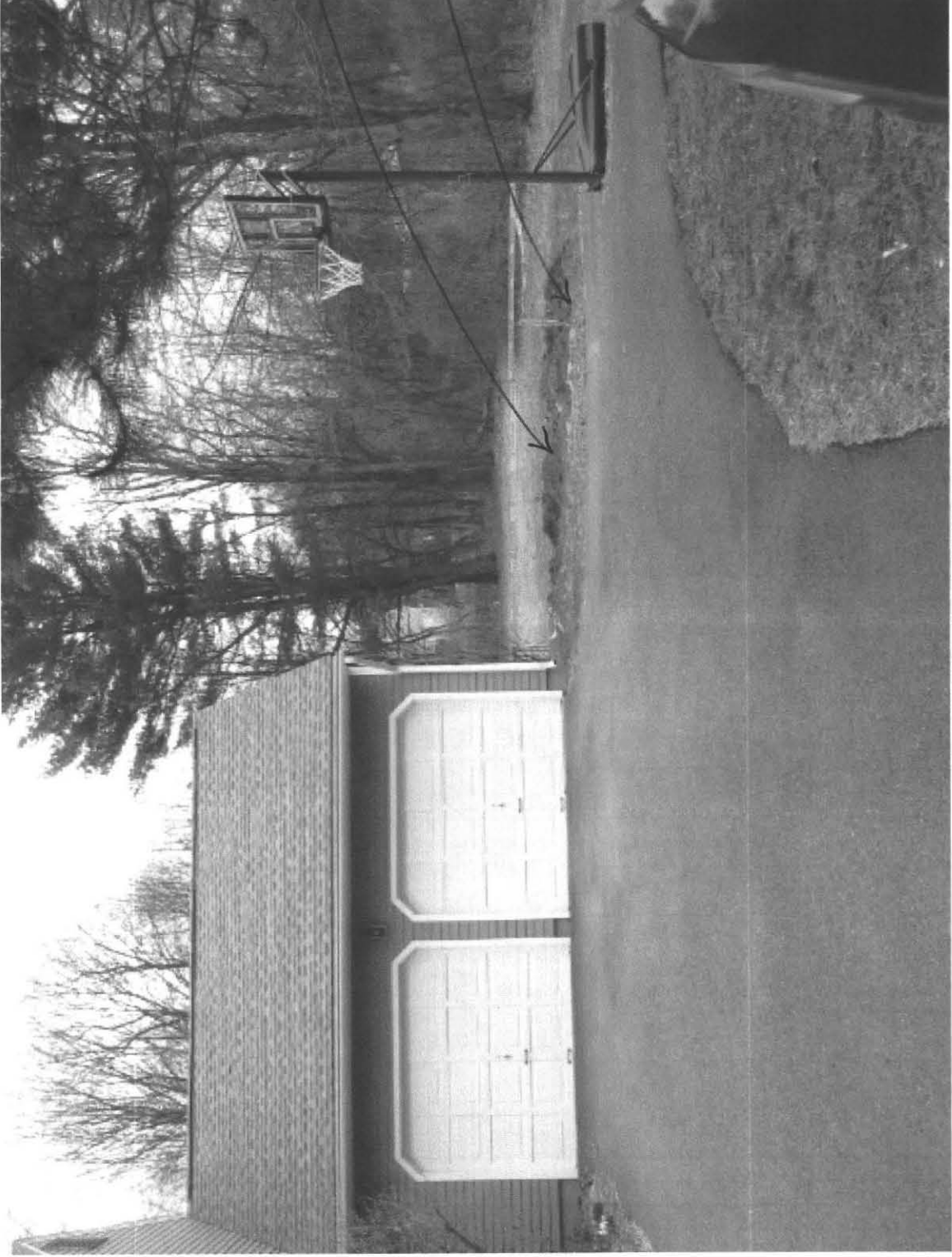
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by [Name] at [Address] has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. [Number] dated [Date].

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.
DATE: Inspector:

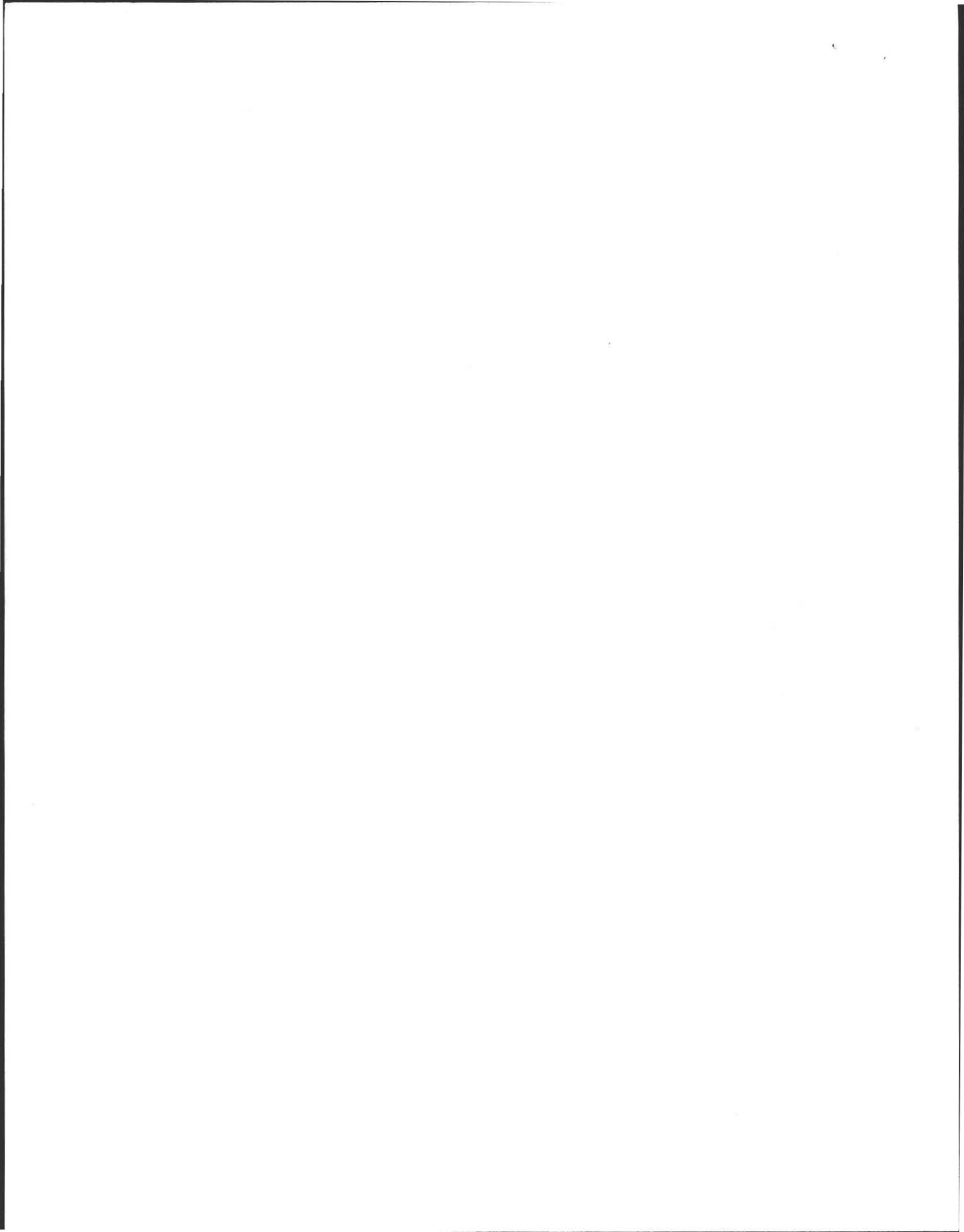




S. TANK

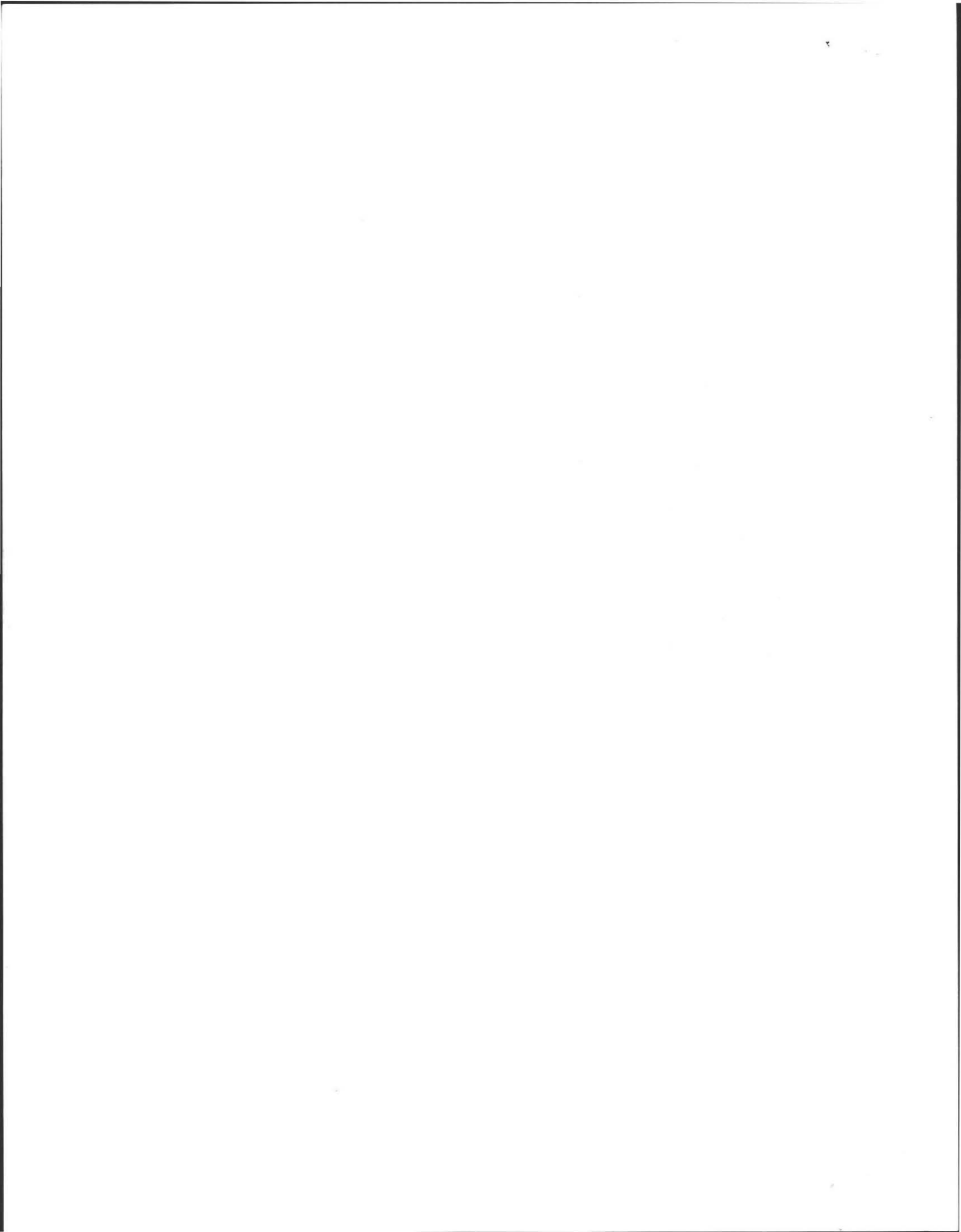
D. Box

67 Hulst Road, 04.11.2008





67 Hulst Road, Dist., box. 04.11.2008





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

received
4.15.08

67 Hulst Road, Amherst, MA 01002

Property Address

Rebecca Gajda

Owner's Name

Amherst

MA

01002

04.11.2008

City/Town

State

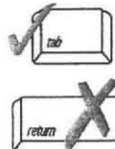
Zip Code

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.

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



A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

MA

01007

City/Town

State

Zip Code

413.323.5957

Telephone Number

License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

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


Inspector's Signature

04.11.2008
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.**

Handwritten text in a rectangular box, possibly a signature or date, located in the top left corner.

Small handwritten marks or characters in the top right corner.



Commonwealth of Massachusetts

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Date of Inspection

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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:

- 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:

All levels were good at inspection, system is 25+ years old. Tank pumped, (D. box, & S. tank had good levels and no indication of past high staining or ponding.

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



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- [] 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

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.



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B. Certification (cont.)

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

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

Method used to determine distance: Measured

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

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

- Yes No 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 1/2 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.





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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

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

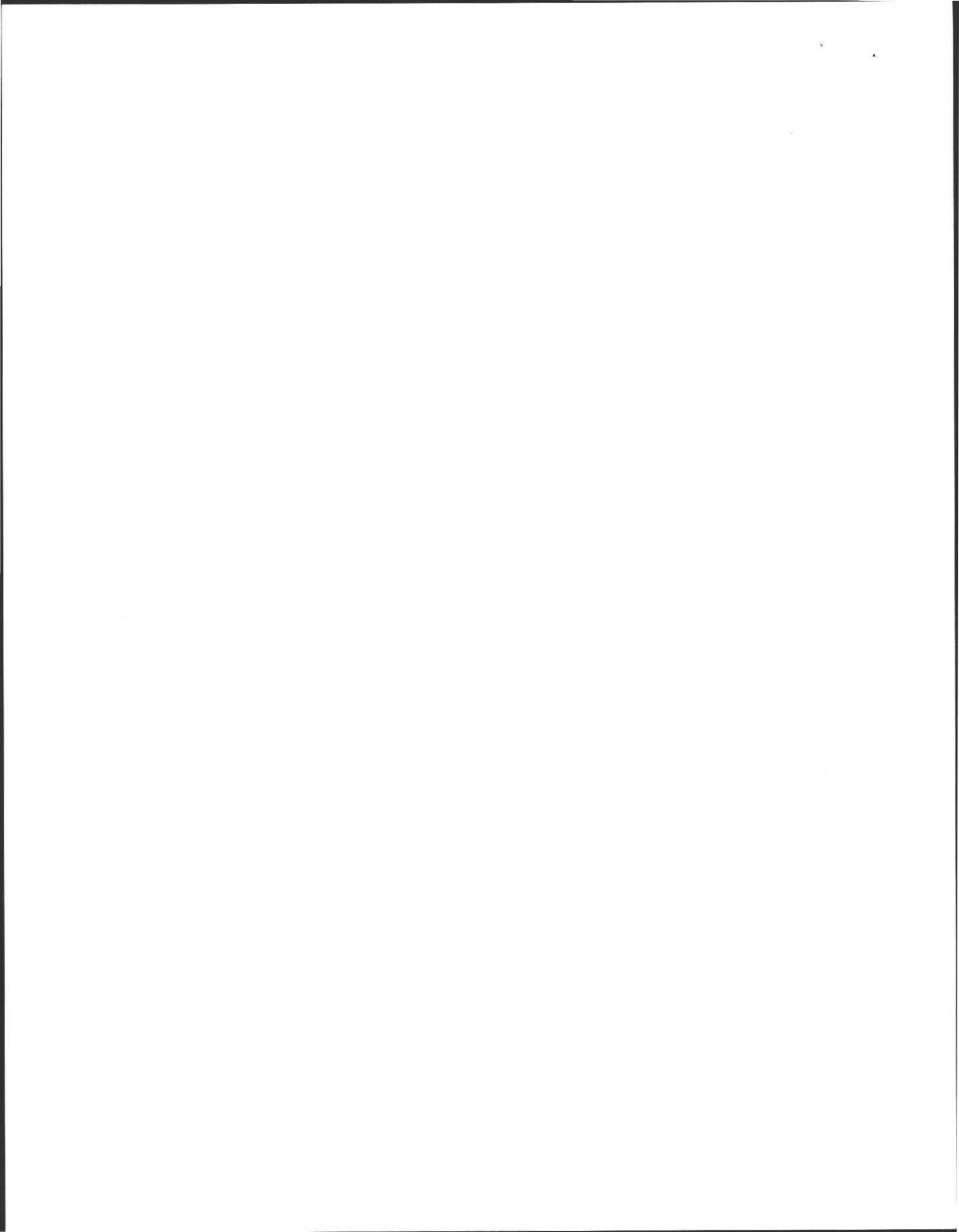
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

Yes No

- Checklist items with Yes/No checkboxes: 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?; 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:

- Checklist items with Yes/No checkboxes: 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(5)]





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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330

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? Yes No

Seasonal use? Yes No

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

Sump pump? Yes No

Last date of occupancy: Current
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

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

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

Grease trap present? Yes No

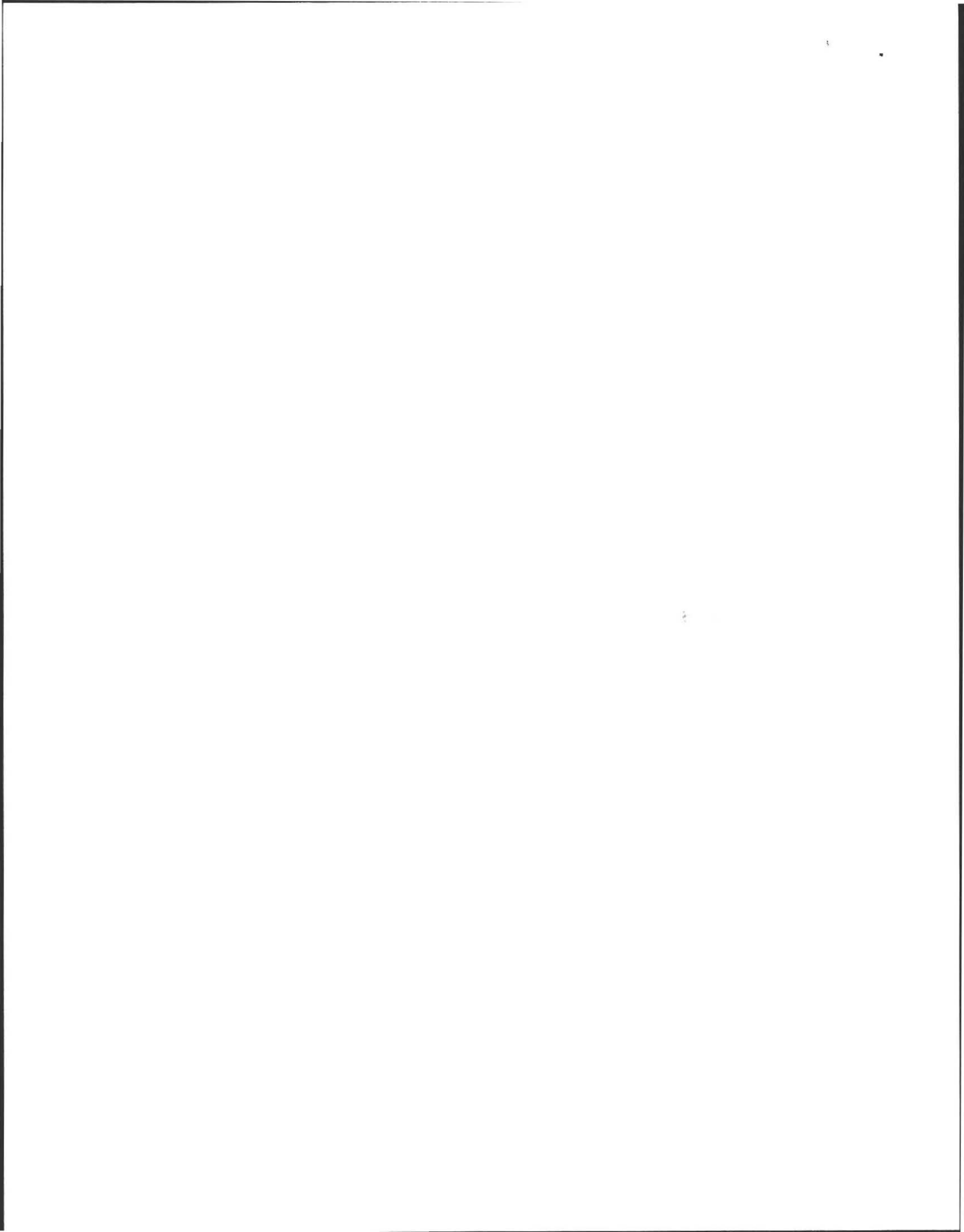
Industrial waste holding tank present? Yes No

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

Water meter readings, if available: N/A

Last date of occupancy/use: N/A
Date

Other (describe): N/A





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67 Hulst Road, Amherst, MA 01002
 Property Address
 Rebecca Gajda
 Owner's Name
 Amherst MA 01002 04.11.2008
 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

General Information

Pumping Records:

Source of information: Owner: (5 yrs)

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: 1000 g
gallons

How was quantity pumped determined? pumper

Reason for pumping: T-5

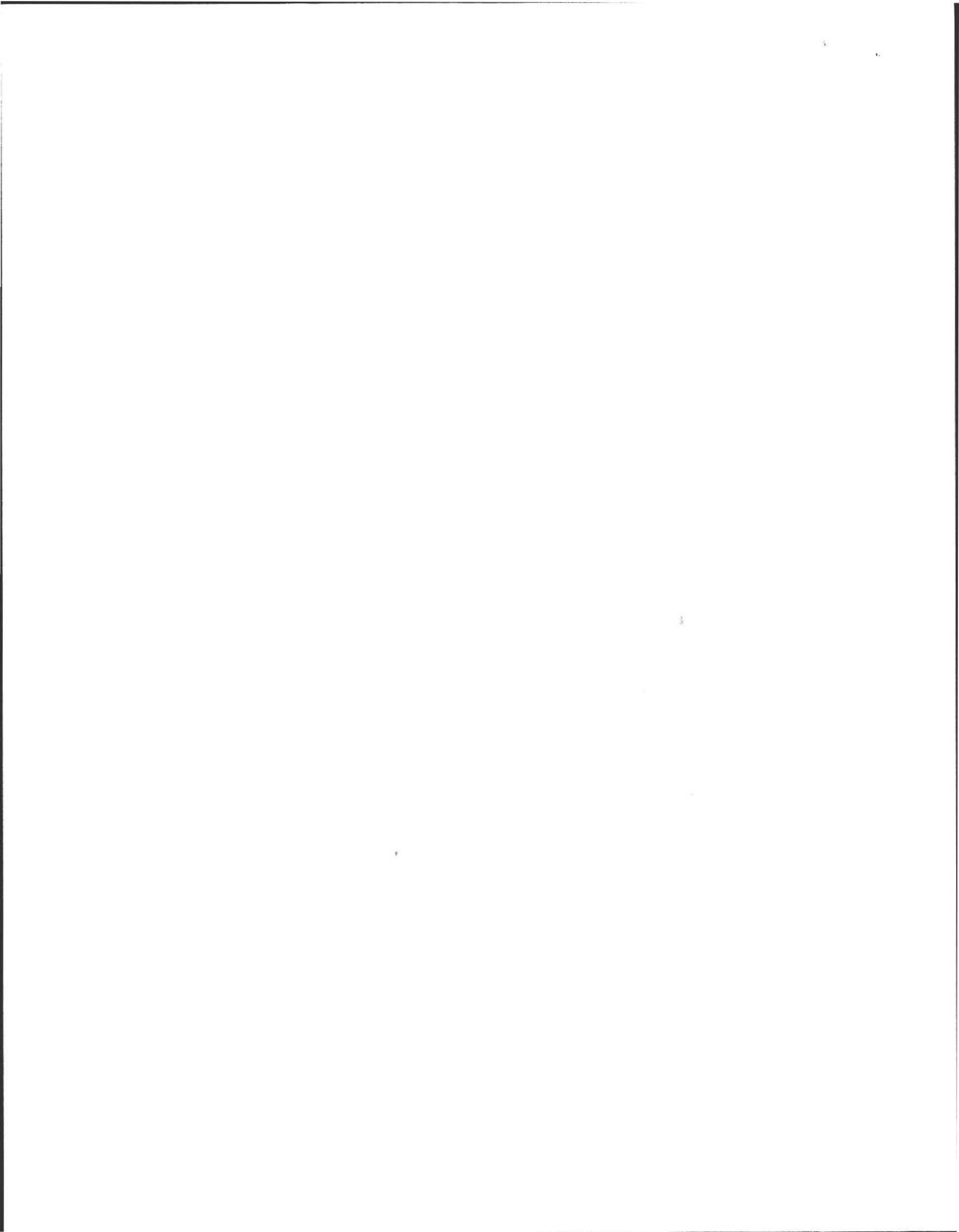
Type of System:

- 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:

25+ Years

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





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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1'
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

10'
feet

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

Septic Tank (locate on site plan):

Depth below grade:

1.3'

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:

8.5'X4.5'X4.5'

Sludge depth:

2"

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

46"

Scum thickness

2"

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

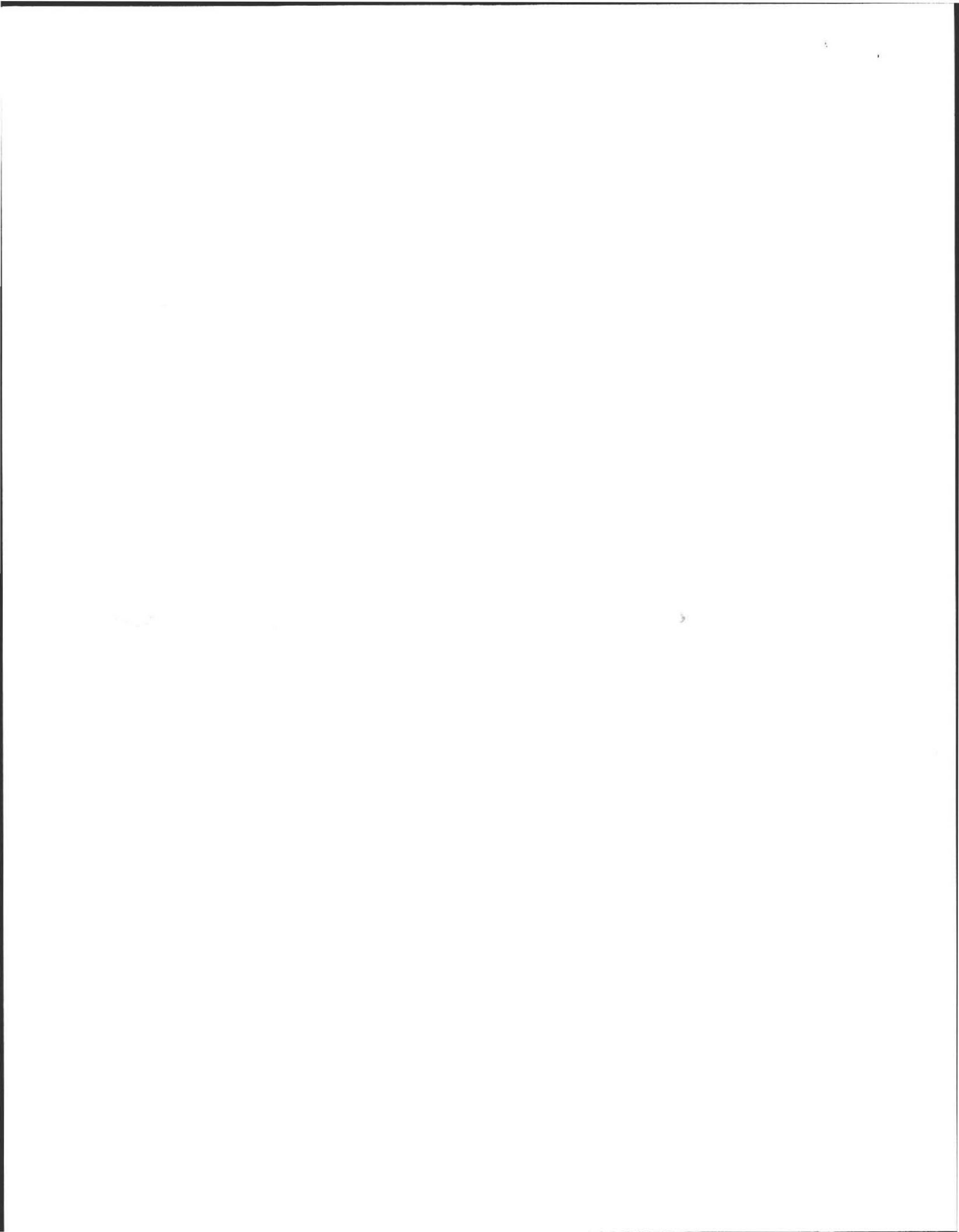
6"

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

12"

How were dimensions determined?

Measured





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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.):

Tank levels good. Structural integrity appeared fair at time of inspection. (baffles in place),

Grease Trap (locate on site plan):

Depth below grade:

N/A
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

N/A

Scum thickness

N/A

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

N/A

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

N/A

Date of last pumping:

N/A
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.):

N/A

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

Depth below grade:

N/A

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

N/A



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes No

Alarm level:

N/A

Alarm in working order: Yes No

Date of last pumping:

N/A

Date

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

N/A

* Attach copy of current pumping contract (required). Is copy attached? Yes No

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

Depth of liquid level above outlet invert

@ Inv. level good. 20". down

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.):

Good condition.

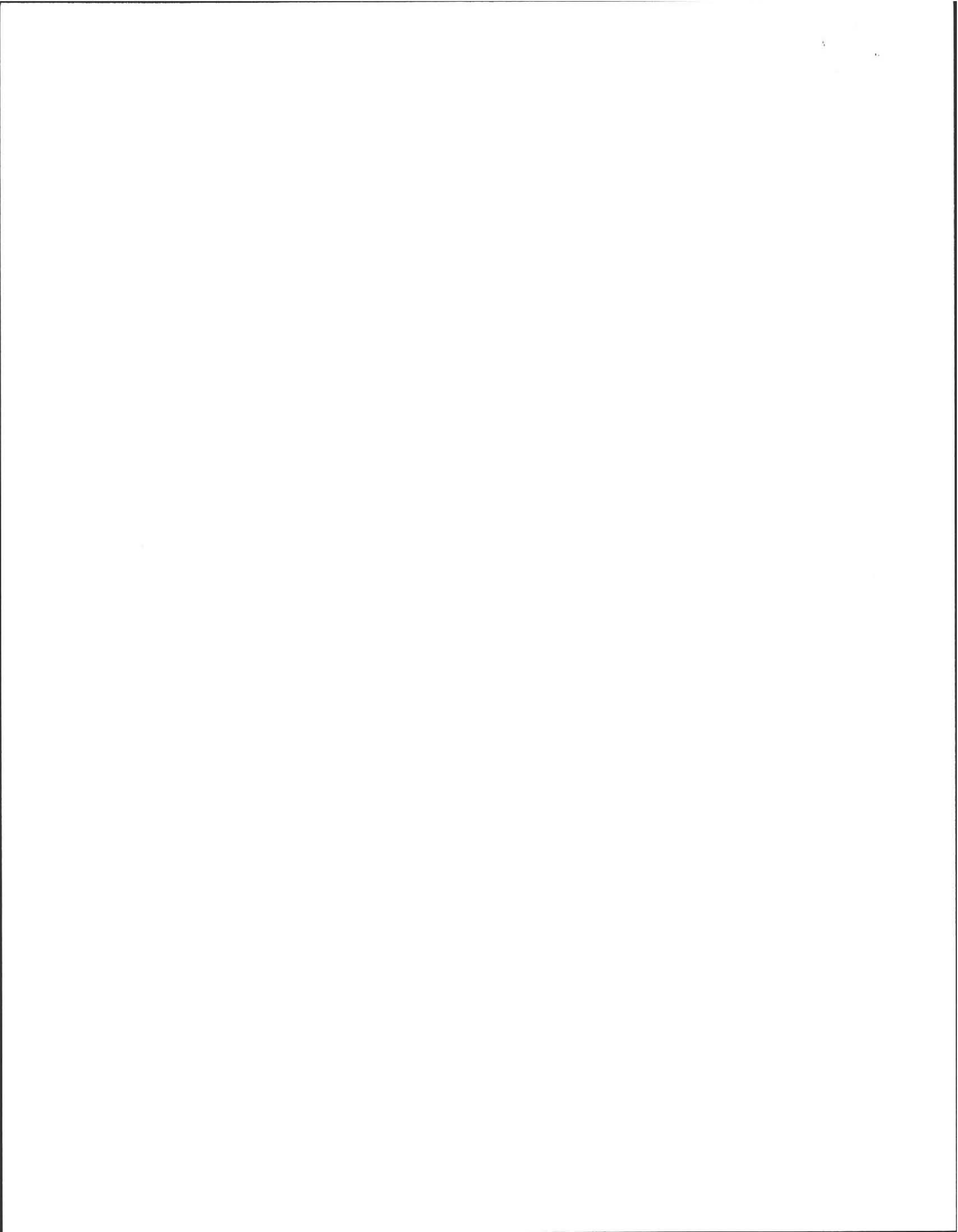
Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No





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D. System Information (cont.)

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:

3 lines noted out of D. box (size: 30' l x 20' w+/-)

Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 20' x 30' +/-
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 evidence of hydraulic failure, soil at top good no stone staining. (No standing liquid in stone). Flow levelers in Box ok.



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D. System Information (cont.)

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:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A



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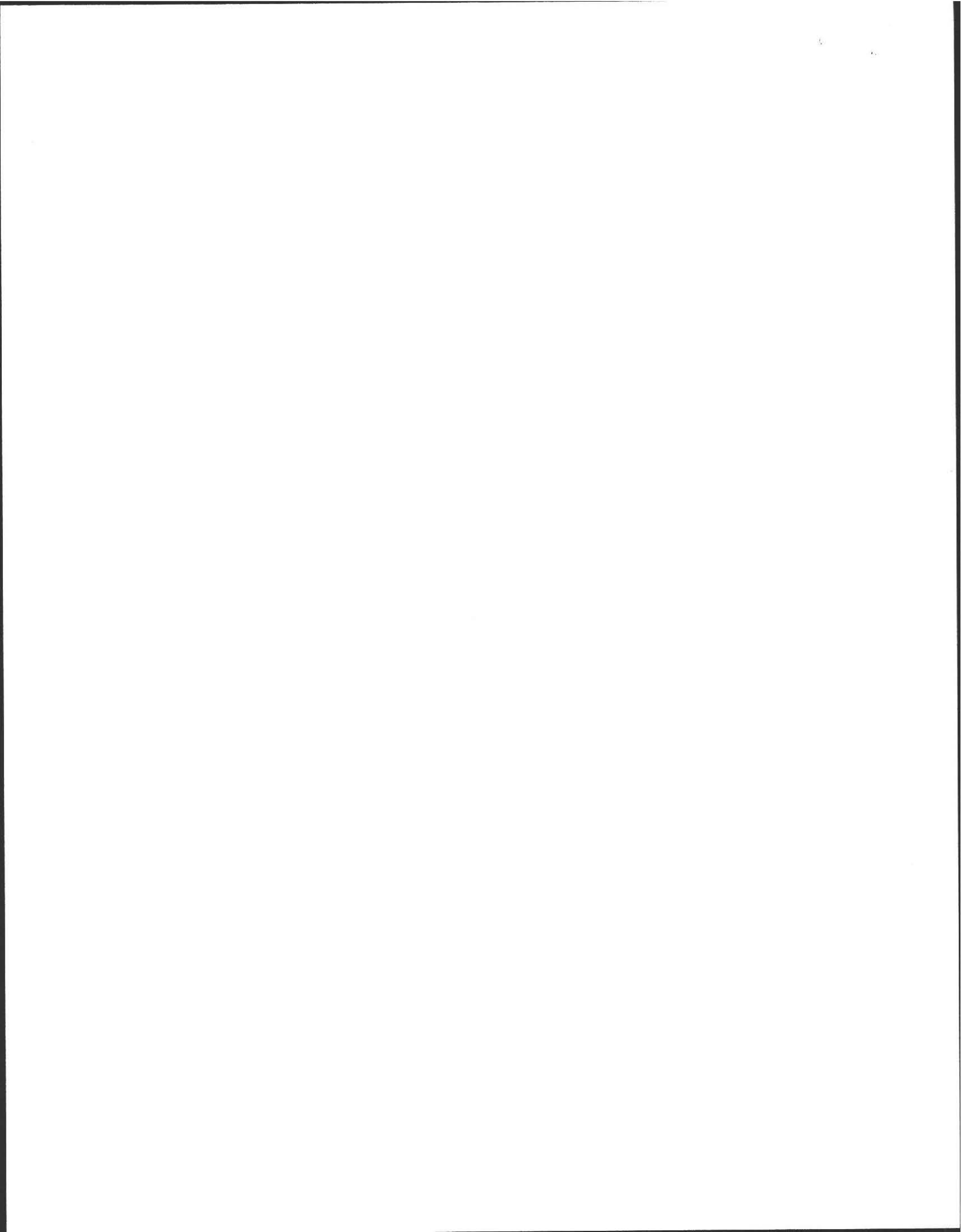
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D. System Information (cont.)

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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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

4'+ (records, 1983)
feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed: n/A
Date

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

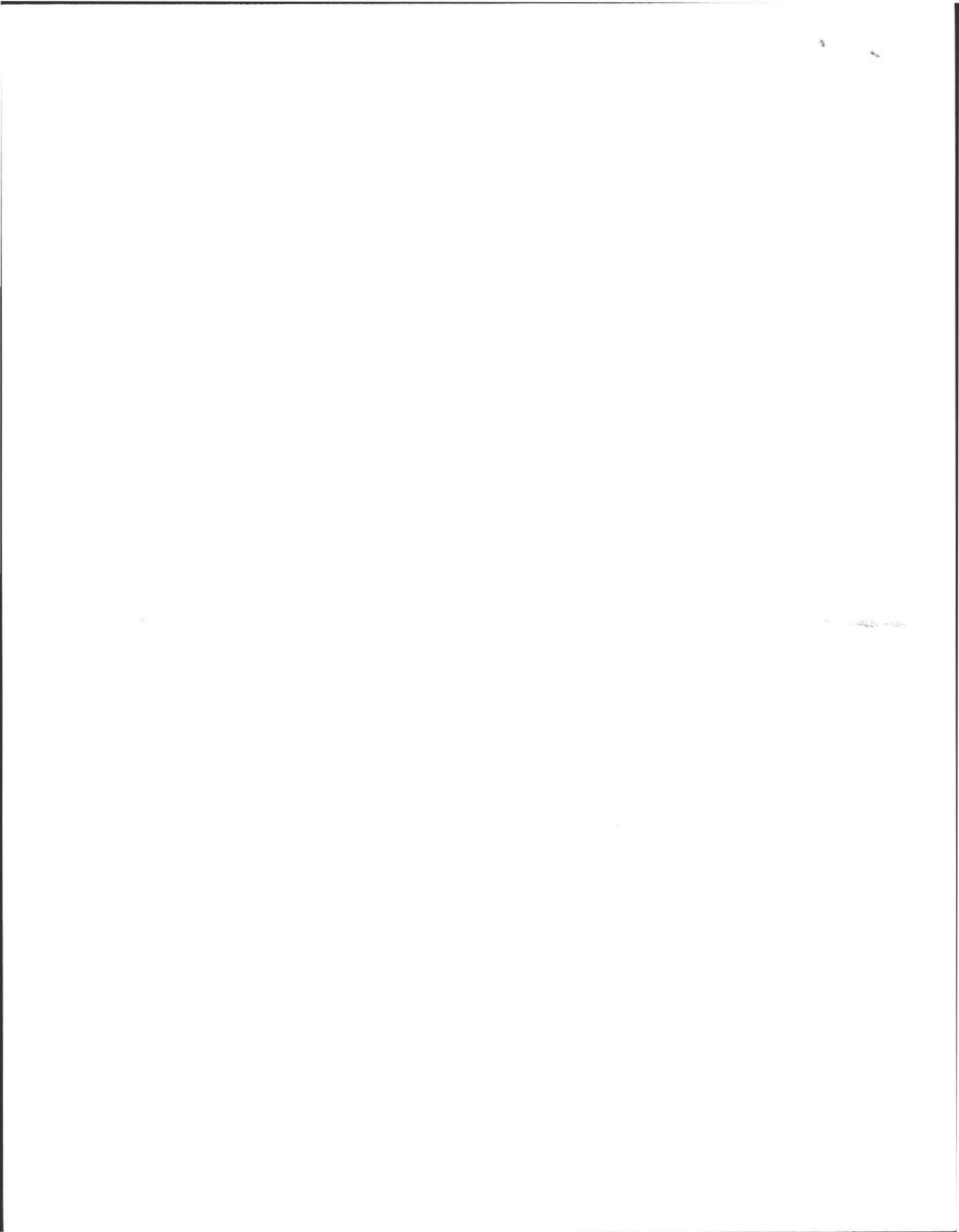
Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

records attached





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



TITLE V
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 67 Hulst Road
Amherst MA

Owner's Name: Mary McDonnell

Owner's Address: same

Date of Inspection: 11/04/2005

Name of Inspector: (please print) Nick 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

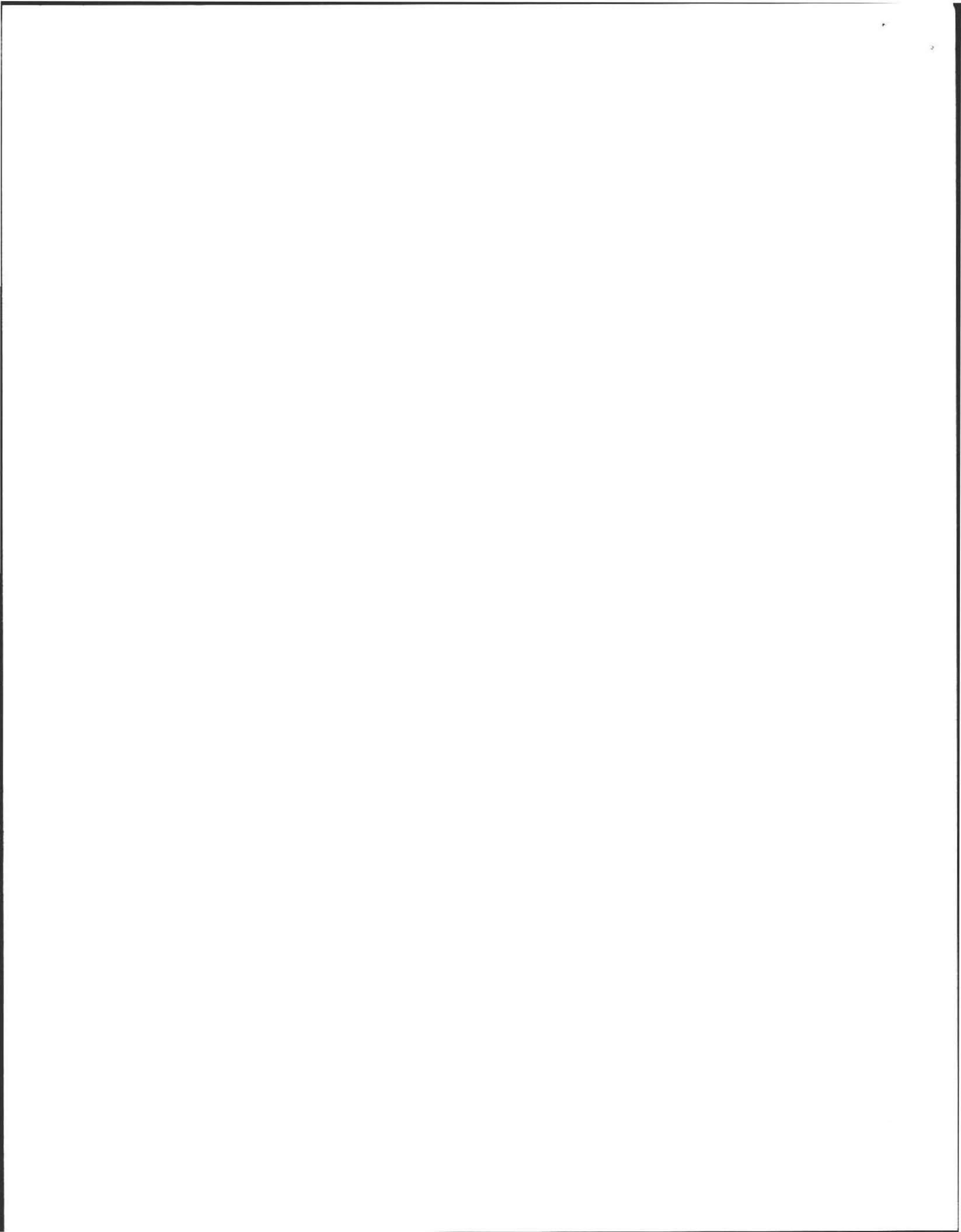
Inspector's Signature: *Nick Torretti*

Date: 11/04/2005

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:

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.



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

**Property Address: 67 Hulst Road
Amherst MA**

Owner's Name: Mary McDonnell

Owner's Address: same

Date of Inspection: 11/04/2005

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: Pump tank annually. Recommend outlet filter and bacteria/enzymes.

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):

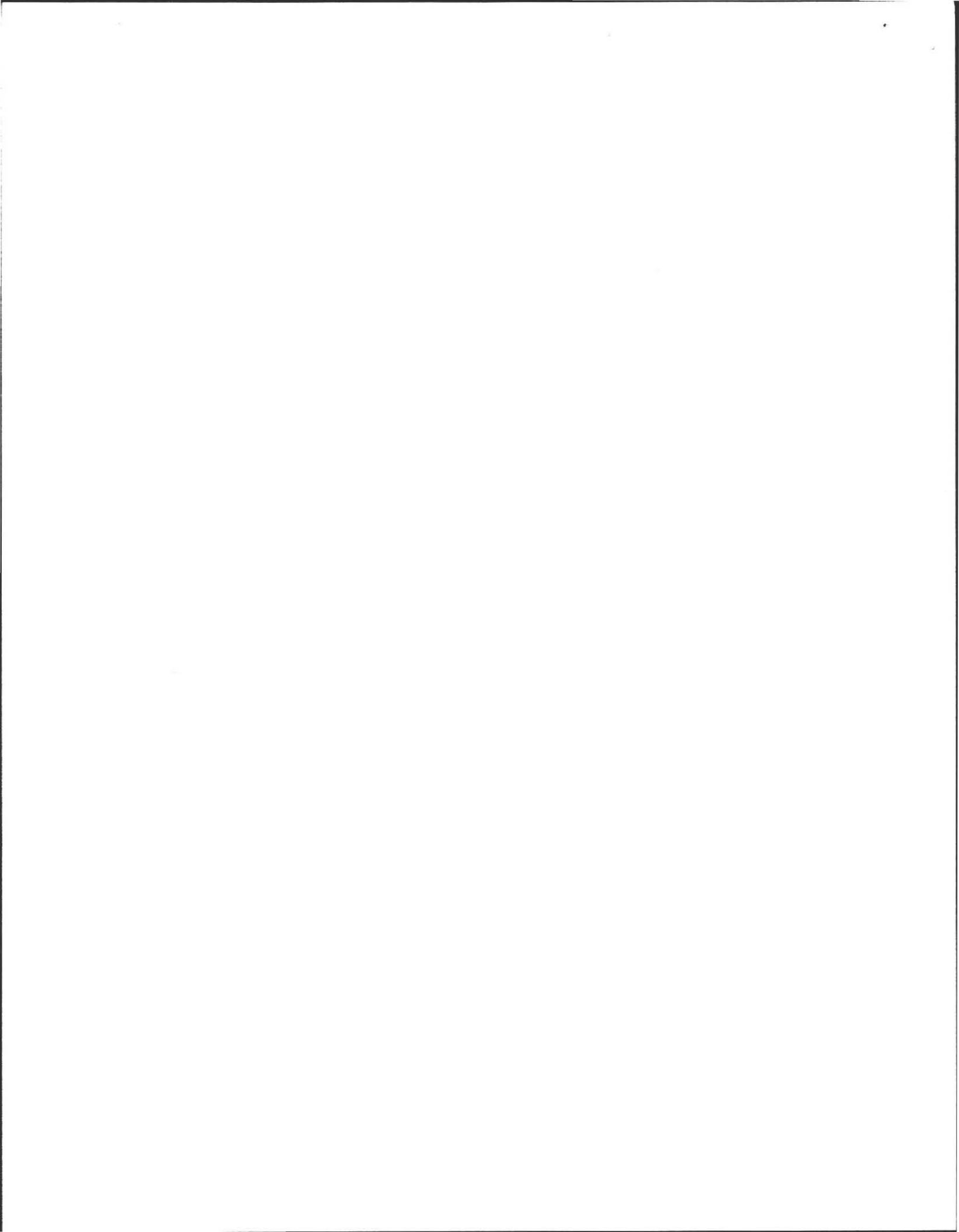
- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

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:



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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A**

CERTIFICATION (continued)

**Property Address: 67 Hulst Road
Amherst MA**

Owner's Name: Mary McDonnell

Owner's Address: same

Date of Inspection: 11/04/2005

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:**

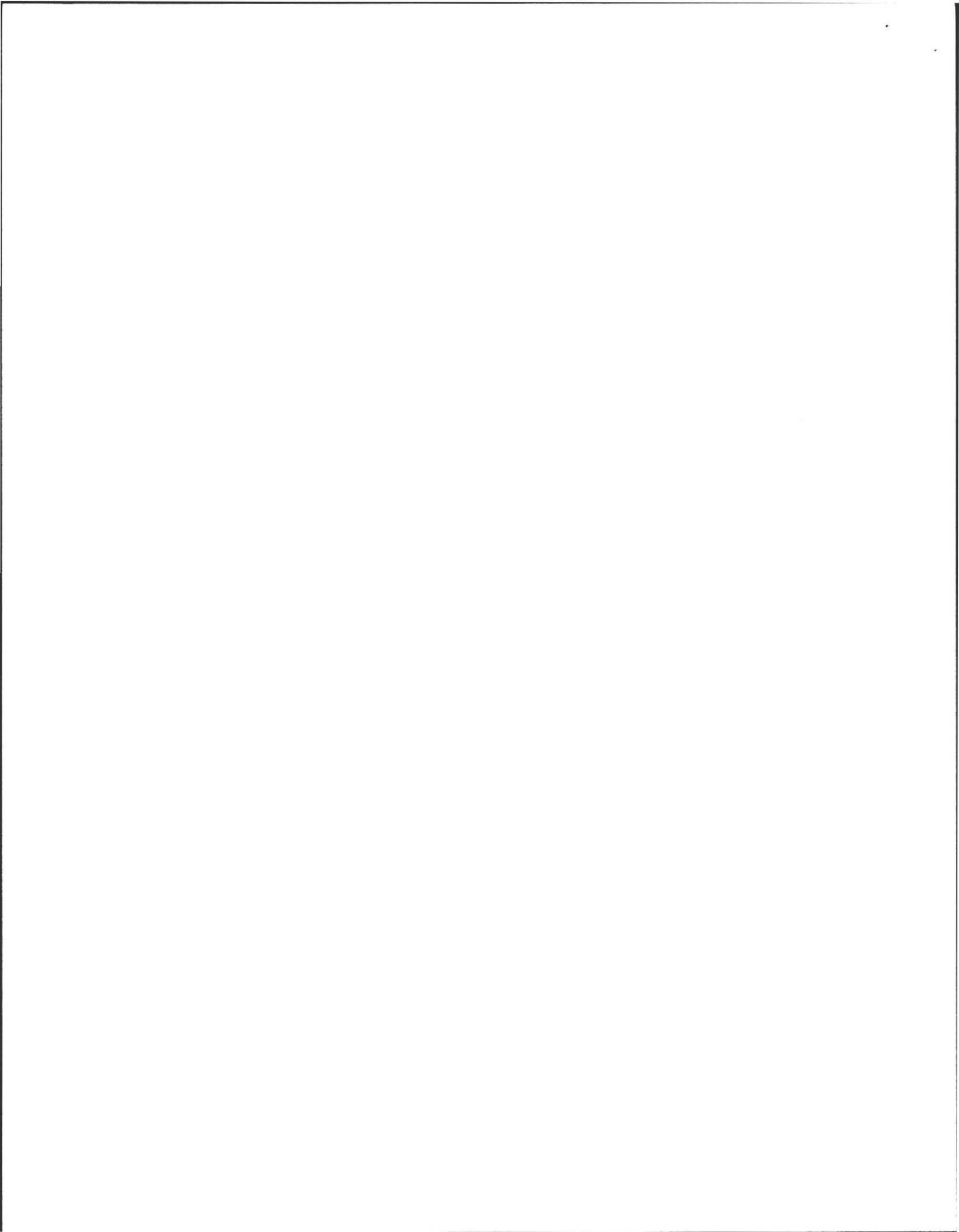
- Cesspool or privy is within 50 feet of a surface water
 Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

- 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:**



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PART A

CERTIFICATION (continued)

Property Address: 67 Hulst Road
Amherst MA

Owner's Name: Mary McDonnell

Owner's Address: same

Date of Inspection: 11/04/2005

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 S.A.S. 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 _____. |
| <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:

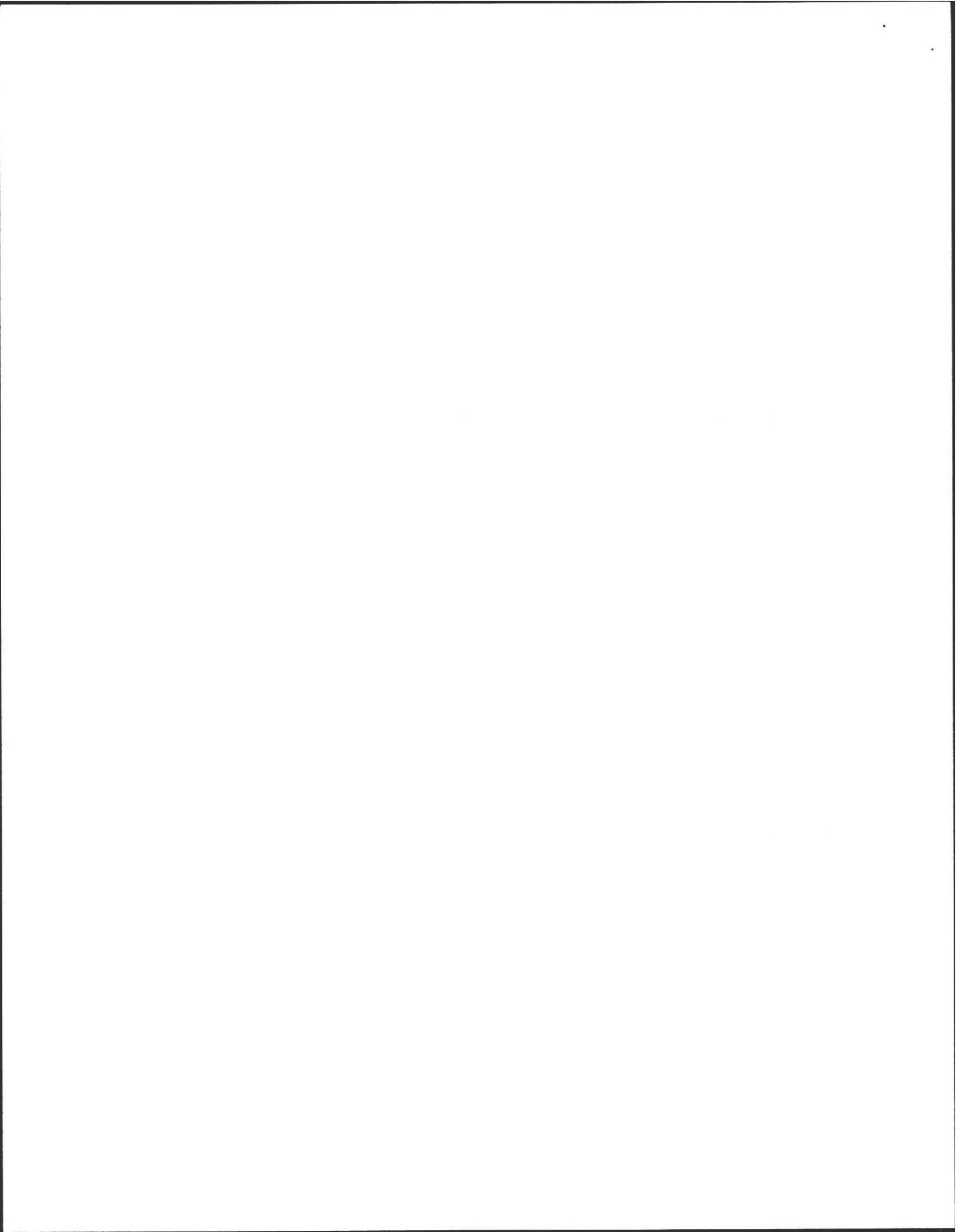
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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
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PART B
CHECKLIST**

**Property Address: 67 Hulst Road
Amherst MA**

Owner's Name: Mary McDonnell

Owner's Address: same

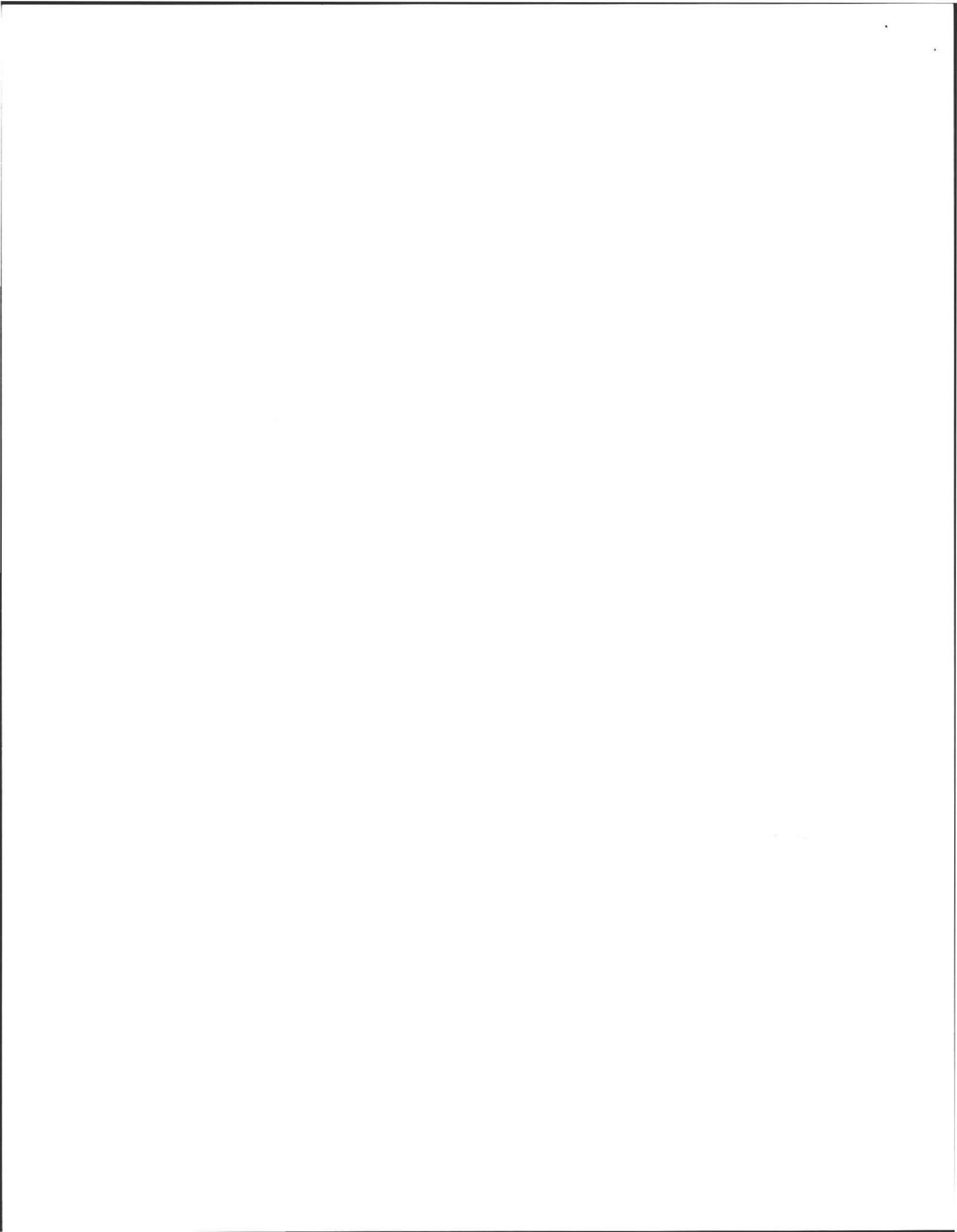
Date of Inspection: 11/04/2005

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ? |

The 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"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)] |



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

Property Address: 67 Hulst Road
Amherst MA
Owner's Name: Mary McDonnell
Owner's Address: same
Date of Inspection: 11/04/2005

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 GPD
Number of current residents: 1
Does residence have a garbage grinder (yes or no): **YES**
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: **Pumped in 2004 per realtor.**
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:

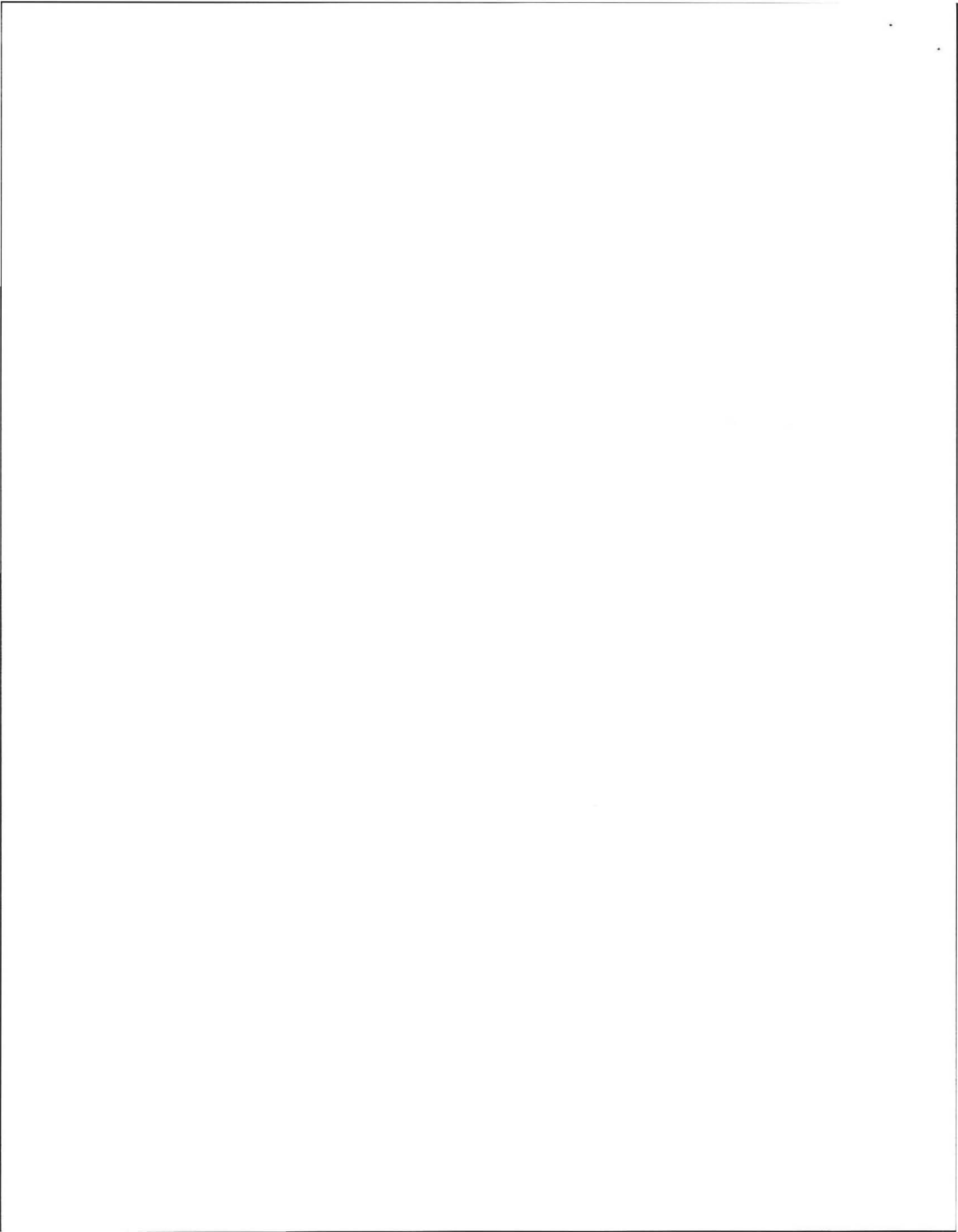
TYPE OF SYSTEM

- 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):

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

S. A. S. is approximately 1983 per realtor.

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



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

Property Address: 67 Hulst Road
Amherst MA
Owner's Name: Mary McDonnell
Owner's Address: same
Date of Inspection: 11/04/2005

BUILDING SEWER (locate on site plan)

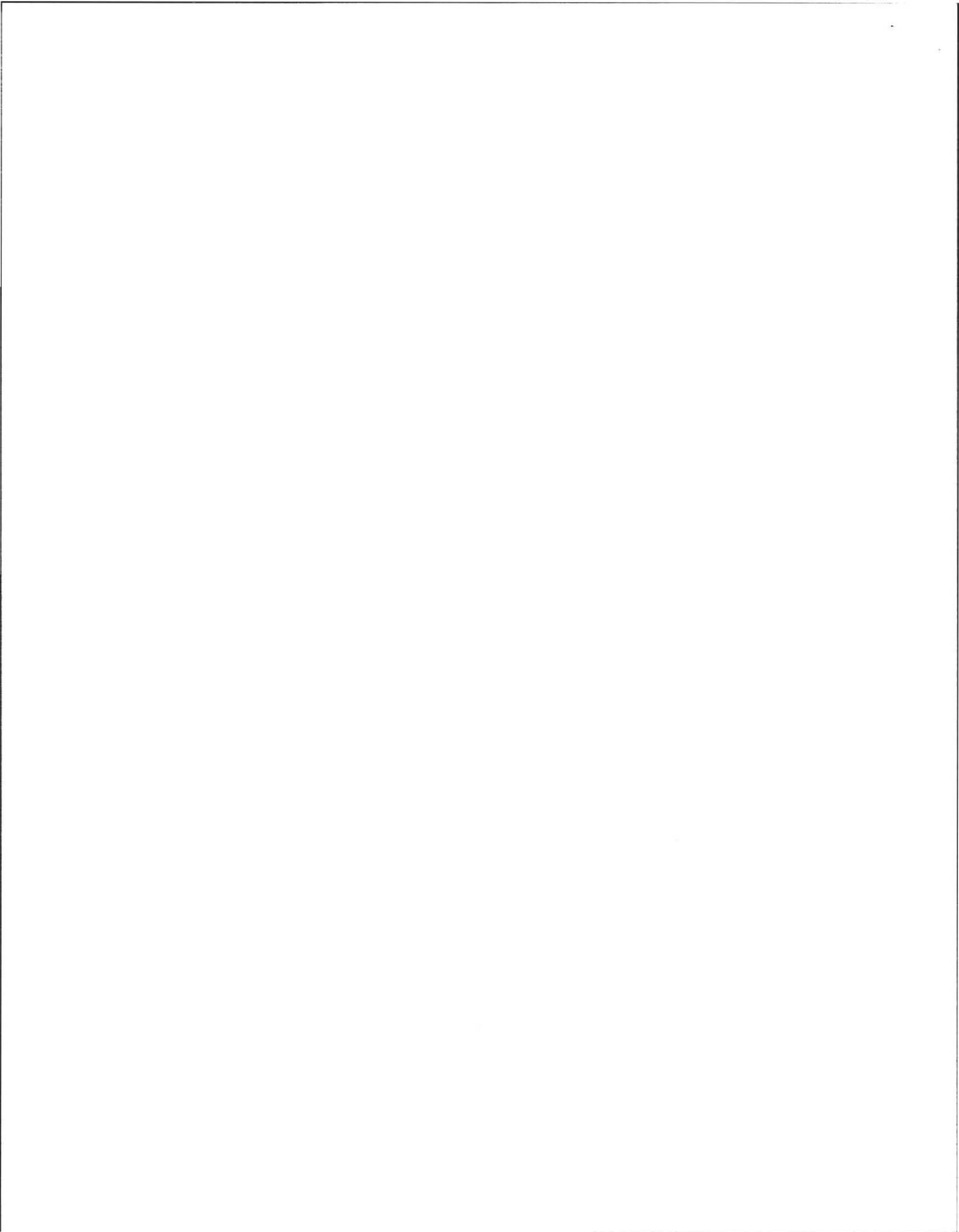
Depth below grade: 2'2"
Materials of construction: cast iron **XX** 40 PVC other (explain):
Distance from private water supply well or suction line: N/A
Comments (on condition of joints, venting, evidence of leakage, etc.):
Joints and venting appear okay. No leaks.

SEPTIC TANK: X (locate on site plan)

Depth below grade: 1'7"
Material of construction: X 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: L 8'6" x W 5' x D 5'
Sludge depth: 1'
Distance from top of sludge to bottom of outlet tee or baffle:
Scum thickness: 3"
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 annually. Everything appears 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: gal required tank capacity _____
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: 67 Hulst Road
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Owner's Name: Mary McDonnell

Owner's Address: same

Date of Inspection: 11/04/2005

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: X (if present must be opened)(locate on site plan) **D-box is approximately 2'4" deep.**

Depth of liquid level above outlet invert: 0"

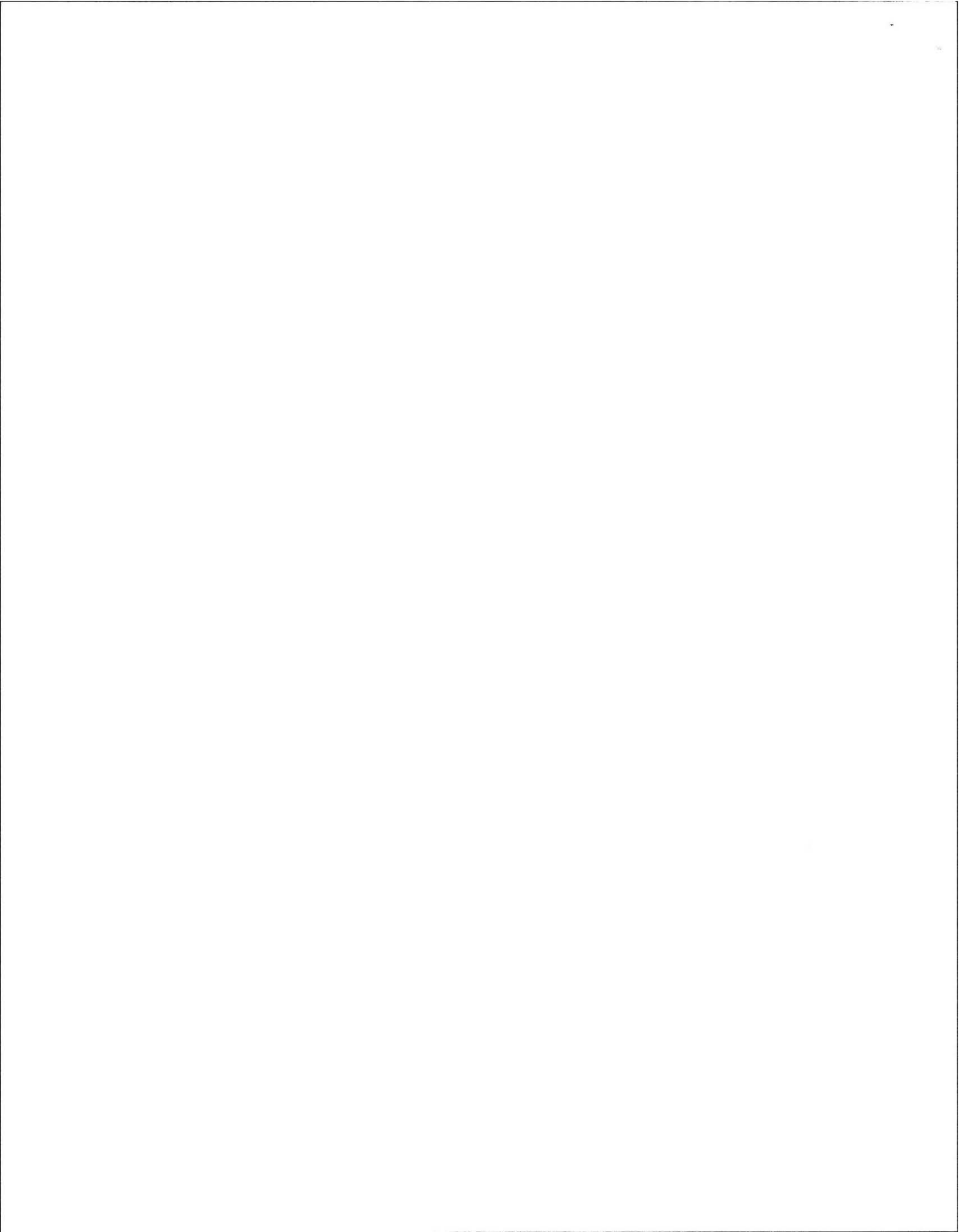
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): **D-box is level. Distribution is equal. No carryover. No leaks.**

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
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PART C**

SYSTEM INFORMATION (continued)

Property Address: 67 Hulst Road
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Owner's Name: Mary McDonnell

Owner's Address: same

Date of Inspection: 11/04/2005

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

If SAS not located explain why:

___ leaching pits, number:

___ leaching chambers, number: ____

___ leaching galleries, number: ____

___ leaching trenches, number, length:

leaching fields, number, dimensions: **3 lines**

___ 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 and vegetation appear okay.**

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.):

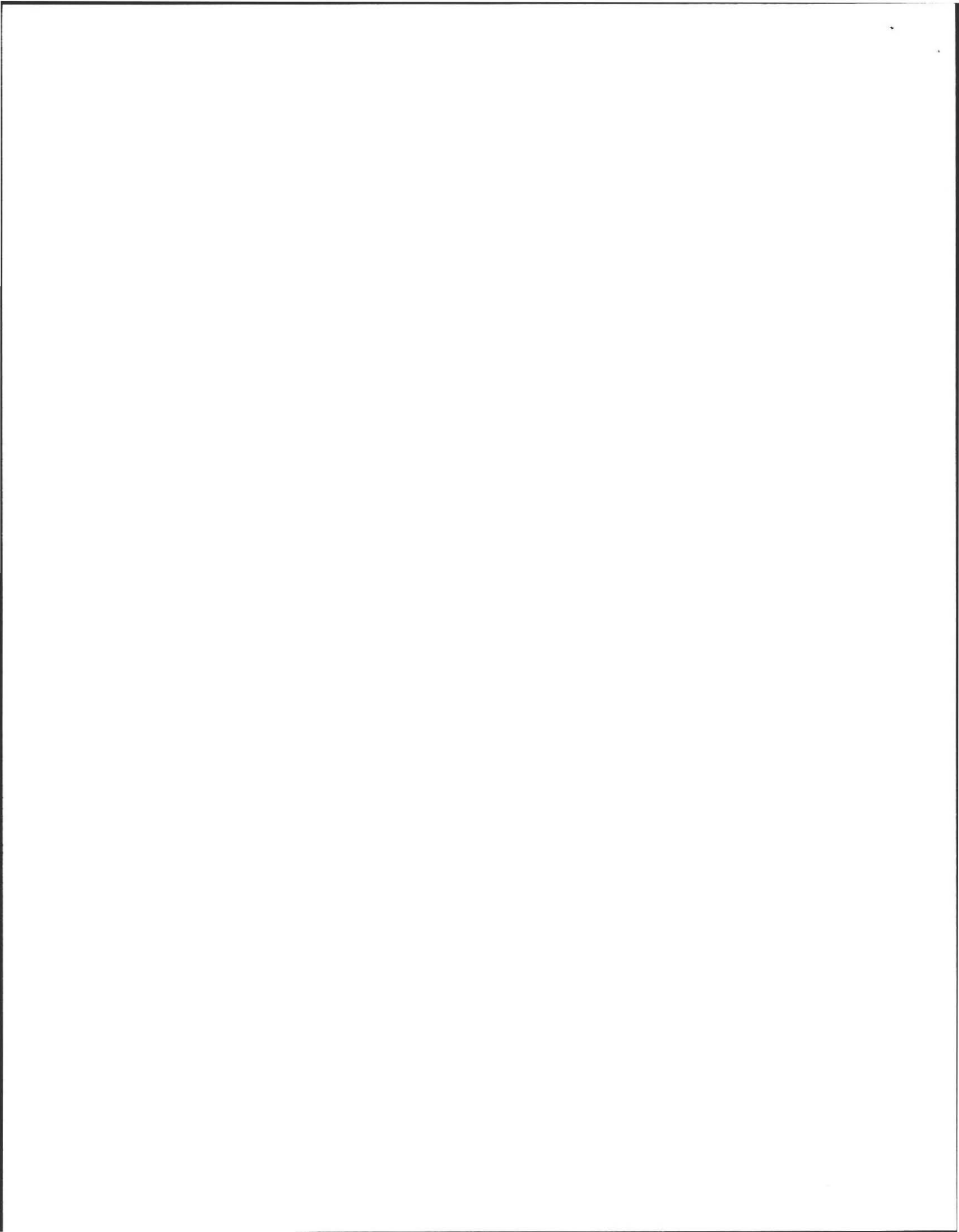
PRIVY: ____ (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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

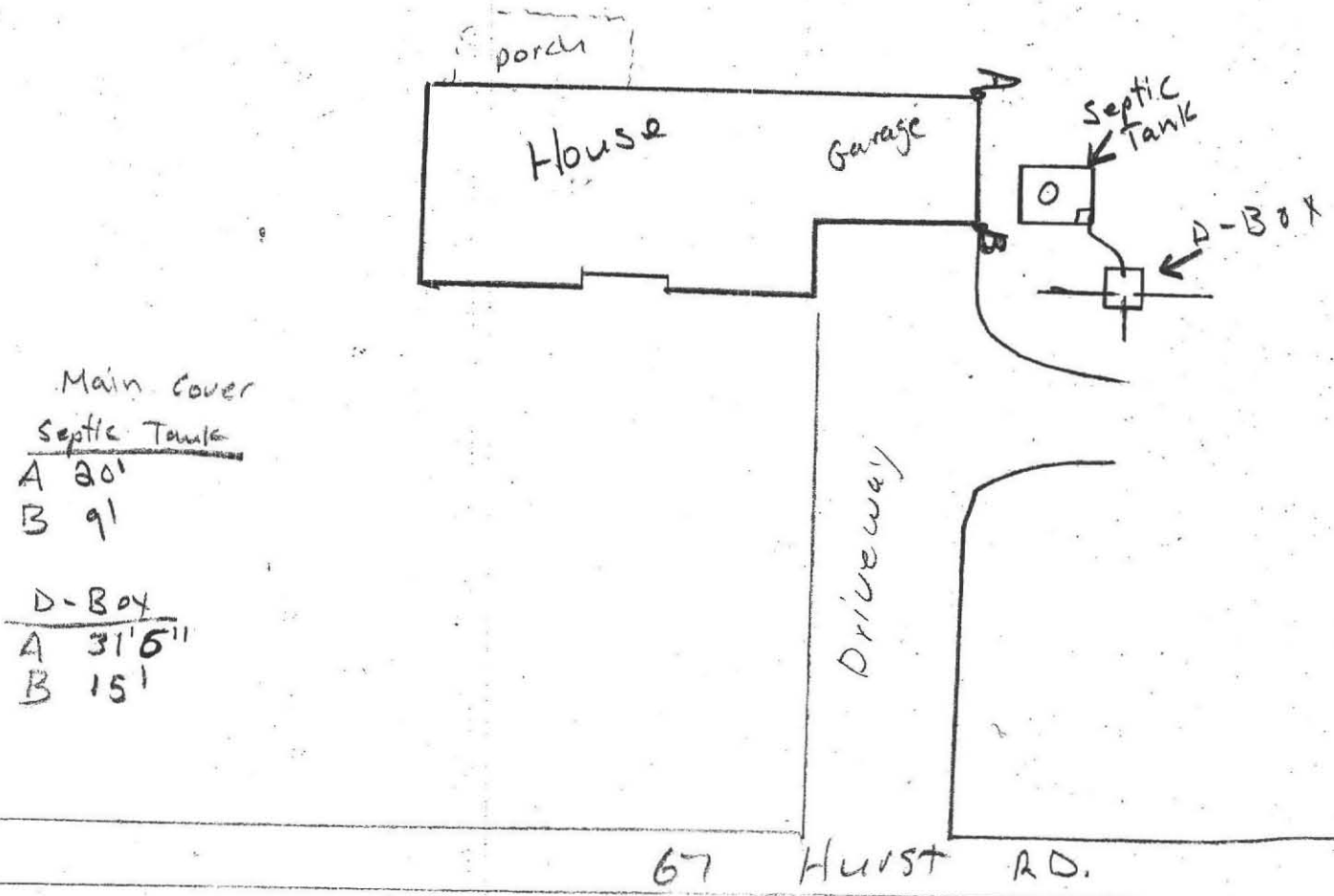


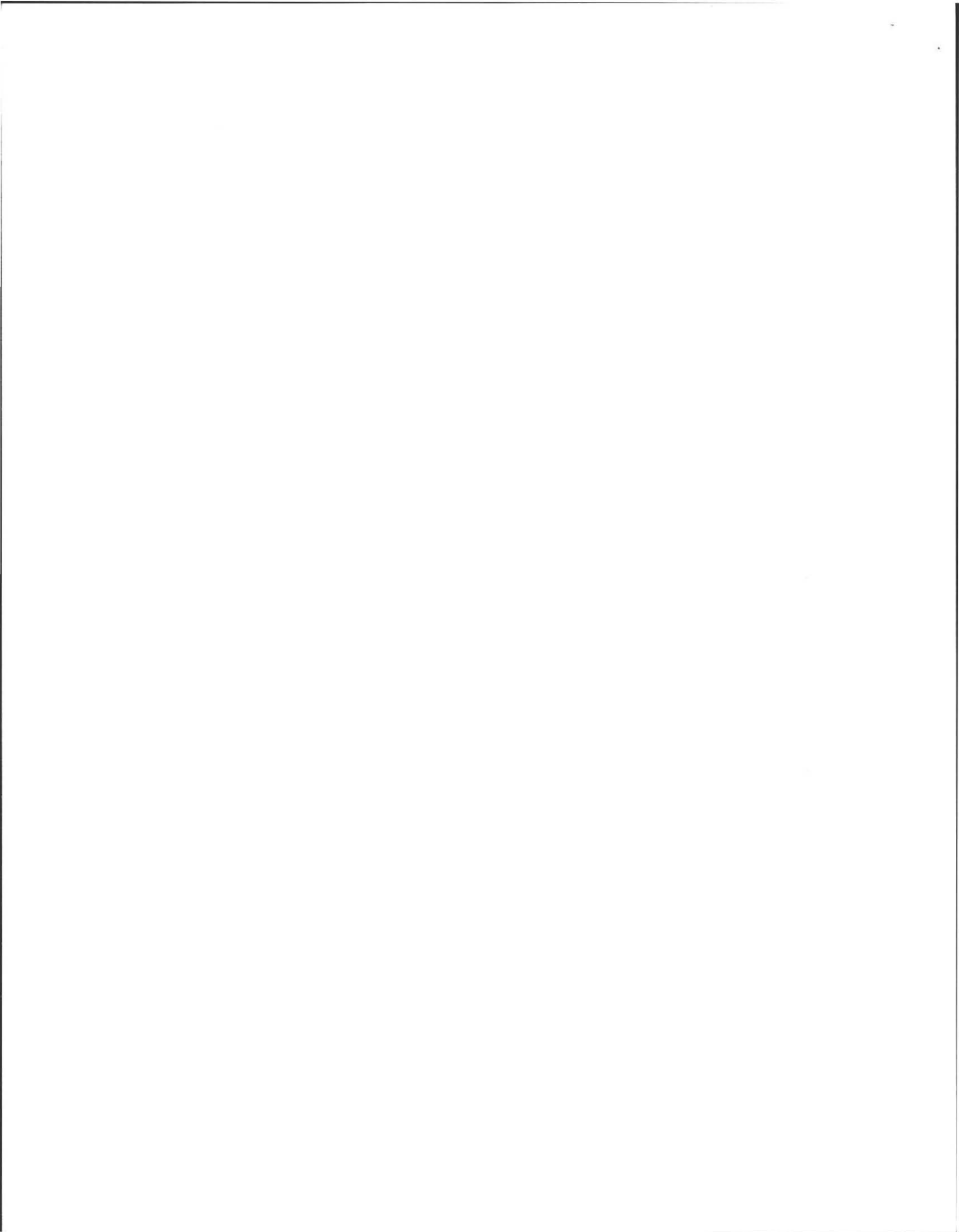
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 67 Hulst Road
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Date of Inspection: 11/04/2005

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.
Drawing not to scale.





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

Property Address: 67 Hulst Road
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Owner's Address: same
Date of Inspection: 11/04/2005

SITE EXAM

Slope XXX
Surface water
Check cellar
Shallow wells

Estimated depth to ground water: none @ 5'

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 and observed abutting property.

