

18 Juniper Lane
RAY BRADLEY





Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



18 JUNIPER LANE
 Property Address

ELIZABETH J. & RAYMOND S. BRADLEY
 Owner's Name

Owner information is required for every page.

AMHERST MA. 01002 JUNE 3, 2008
 City/Town State Zip Code Date of Inspection

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:

PHILIP J. PASIECNIK
 Name of Inspector

GREG'S WASTEWATER REMOVAL
 Company Name

239A GREENFIELD ROAD
 Company Address

SOUTH DEERFIELD MA. 01373
 City/Town State Zip Code

413-665-3989 SI1526
 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

Philip J. Pasiecznik JUNE 5, 2008
 Inspector's Signature Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**



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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

A) System Passes:

- I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B) System Conditionally Passes:

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

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

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

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

ND Explain:

- 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: _____

** 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 | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____ |
| <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. |



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B. Certification (cont.)

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <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 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.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 | |
|--------------------------|--------------------------|--|
| <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.



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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 | |
|-------------------------------------|-------------------------------------|---|
| <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:

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input type="checkbox"/> | <input checked="" 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(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 G.P.D.

Number of current residents: 2

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)): _____
 Private Well Not Metered

Sump pump? Yes No

Last date of occupancy: _____
 Currently Occupied

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

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

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

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

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

Water meter readings, if available: _____

Last date of occupancy/use: _____
 Date

Other (describe): _____



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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

System septic tank was last pumped in the Spring of 2005 per owners.

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

Tank Dimensions

Reason for pumping:

Tank Inspection

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) and a copy of latest inspection of the I/A system by system operator under contract.
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):
Pump Chamber

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

6 Years Old / Fall of 2001 / Owners

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: 100+
 feet

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

Dwelling has no basement to check building sewer lines. Venting pipes were visible outside the dwelling on the roof. No leakage was evident.

Septic Tank (locate on site plan):

Depth below grade: .5
 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: _____
 years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: 10'6" Lx5'6" Wx5'6" D

Sludge depth: 6"

Distance from top of sludge to bottom of outlet tee or baffle 28"

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 11"

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.):

The septic tank is recommended to be pumped every three years. PVC Inlet and outlet tees were in place and extend 10" and 14" below the flow line. Structural integrity of the two compartment septic tank was good. The liquid level was at the outlet invert. No leakage was evident at this time.

Grease Trap (locate on site plan):

Depth below grade:

_____ feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

Scum thickness _____

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

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

Date of last pumping:

_____ Date

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

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

Depth below grade: _____

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____ Date

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

* 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 Not Above

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.):

Box was level and distribution equal to all three outlet pipes. No solids carryover was in the box when opened for inspection. No leakage was evident into or out of the box. Box cover was 12" deep below grade.

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.):

Pump chamber was in good condition and the structural integrity was good. All controls were in good working order when tested by manually tipping float switches in the chamber. Audible and visual alarm was in good working order at this time.

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

If SAS not located, explain why:

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 3 - Pipe L-Field
31' L x 18' W
- 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.):

The soil was sand with no clogging evident. No signs of hydraulic failure or ponding to the surface of the ground. The soil over the leachfield wasn't damp at this time. Vegetation was a little overgrown, but looked uniform in growth throughout the area. Area should be mowed or cut with weedeater.

SEPTIC SYSTEM REPAIR

OWNER: Raymond Bradley
18 Juniper Lane
Amherst, MA 01002

SYSTEM LOCATION: 18 Juniper Lane
Amherst, MA 01002

PERCOLATION TEST: Performed by Michael Mocko (6/20/01)

BASIS OF DESIGN:

Number of Homes: 1
Number of Bedrooms: 3
Garbage Disposal: No
Design Flow: 3 x 110 gpd = 330 gpd
Percolation Rate: 5 min/in

TEST PIT #1

0 - 2" A FSL 10yr4/2 Friable
2" - 18" Bw FSL 10yr5/4 Friable
18" - 65" C SL 10yr7/6 Many Boulders, Loose
No Water Depth to Bedrock @ 65" No Mottles
Estimated Seasonal High Groundwater > 65"

TEST PIT #2

0 - 2" A FSL 10yr4/2 Friable
2" - 12" Bw FSL 10yr5/6 Friable
12" - 63" C SL 5yr5/3 Many Boulders, Loose
No Water Depth to Bedrock @ 63" No Mottles
Estimated Seasonal High Groundwater > 63"

TITLE 5 REQUIREMENTS:

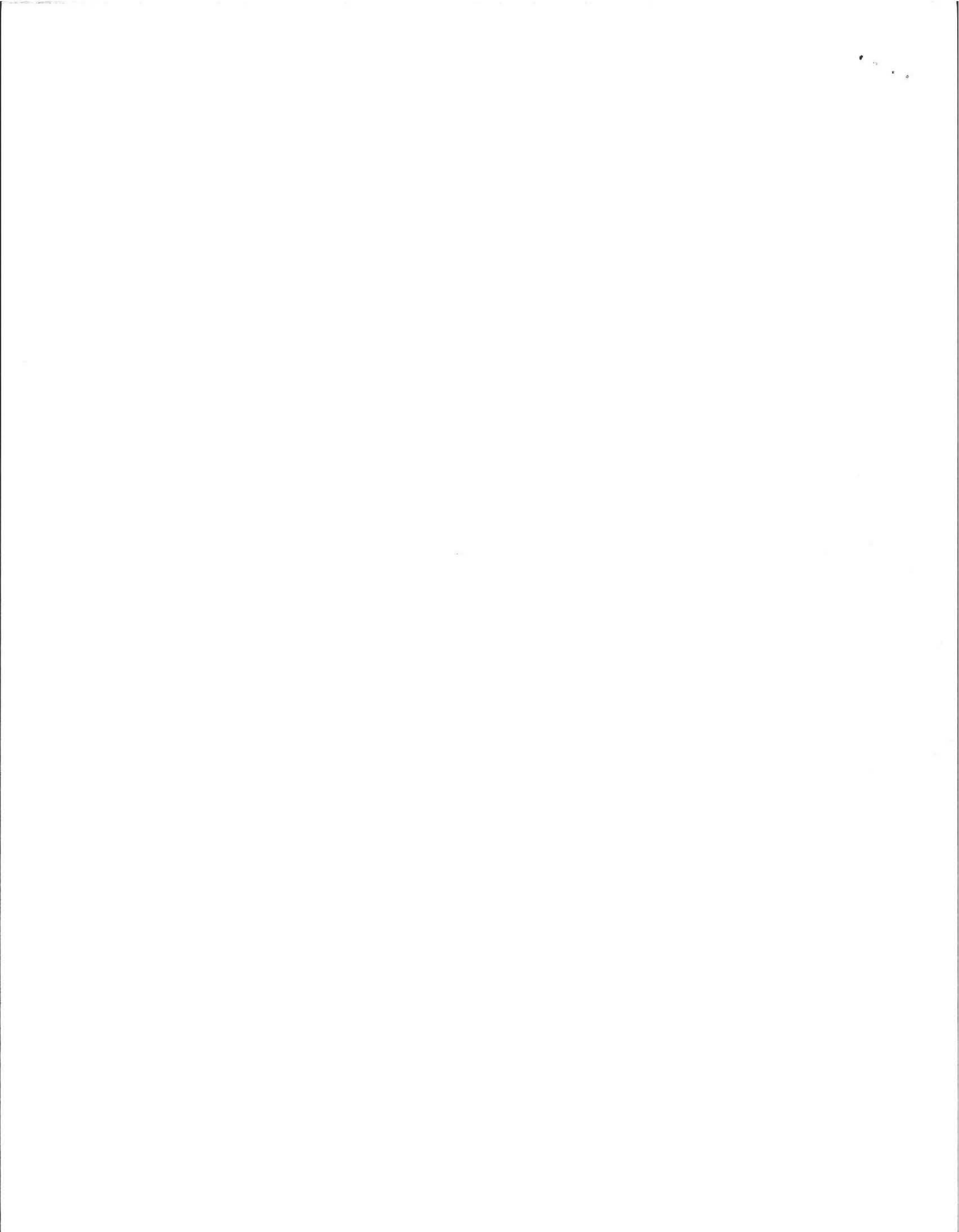
- A. Septic Tank: 1500 gallon minimum. Two compartment.
- B. Subsurface Disposal System:
330gpd/0.60gpd/sq.ft. = 550 SF required

PROVIDED LEACHING AREA:

Install 18' x 31' Leaching Bed
550 Sq. ft. of Leaching Area Provided.
See Plan

SEPTIC SYSTEM CONSTRUCTION NOTES:

1. UNCOVERED INSPECTION OF THE SYSTEM IS REQUIRED BY THE TOWN BOARD OF HEALTH AGENT.
2. INSTALLATION AND MATERIALS SHALL MEET THE REQUIREMENTS OF TITLE 5 - MASSACHUSETTS SUBSURFACE SEWAGE DISPOSAL CODE.
3. CONTRACTOR SHALL CHECK GRADING AND INSTALL LEACHING TRENCHES FOLLOWING CONTOUR OF LAND SURFACE.
4. FILL FOR SEPTIC AREA. WORK SHALL ONLY BE PERFORMED WHEN SOIL MOISTURE IS LOW ENOUGH TO PREVENT SMEARING. STRIP EXISTING SOIL UNDER PROPOSED LEACHING AREA, REMOVING ALL OF THE SUBSOIL. ALL ORGANIC SOIL SHALL BE REMOVED IN THE NEW LEACHING AREA. DO NOT DRIVE



SIEVE ANALYSES ALSO SHALL BE PERFORMED ON THE FINEST OF THE FINEST
SAMPLE PASSING THE #4 SIEVE, SUCH ANALYSES MUST DEMONSTRATE THAT THE
MATERIAL MEETS EACH OF THE FOLLOWING SPECIFICATIONS:

SIEVE	EFFECTIVE PARTICLE SIZE	% THAT MUST PASS SIEVE
# 4	4.75 mm	100%
# 50	0.30 mm	10% - 100%
#100	0.15 mm	0% - 20%
#200	0.075 mm	0% - 5%

5. DESIGN ENGINEER IS TO BE NOTIFIED FOR INSPECTION PRIOR TO STRIPPING AND AT OTHER DESIGNATED POINTS OF CONSTRUCTION TO BE DETERMINED IN THE FIELD.

PUMP SPECIFICATIONS

MEYERS PUMP - MODEL SMR4 4/10 H.P. 230 VOLTS
30 GAL/MIN @ 15 FT. TOTAL HEAD

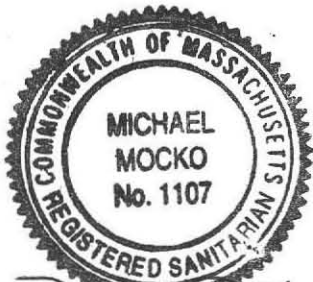
PUMP CONTROL PANEL - CSI CONTROLS S230PNEMA 4X
SIMPLEX CONTROLS

JUNCTION BOX - NEMA 4 (WATER & GAS TIGHT) SJBS7

2" PUMP DISCONNECT - NGRD8

2" CHECK VALVE - 2PSCVSTU

FLOAT CONTROLS - SJE SIGNALMASTER CONTROL - 15SGMNO



Michael Mocko

ATTACHMENT TO NOTICE OF INTENT
CONSERVATION PLAN

AND

SEPTIC SYSTEM REPAIR

18 JUNIPER LANE

AMHERST, MA 01002

PREPARED FOR: RAYMOND BRADLEY

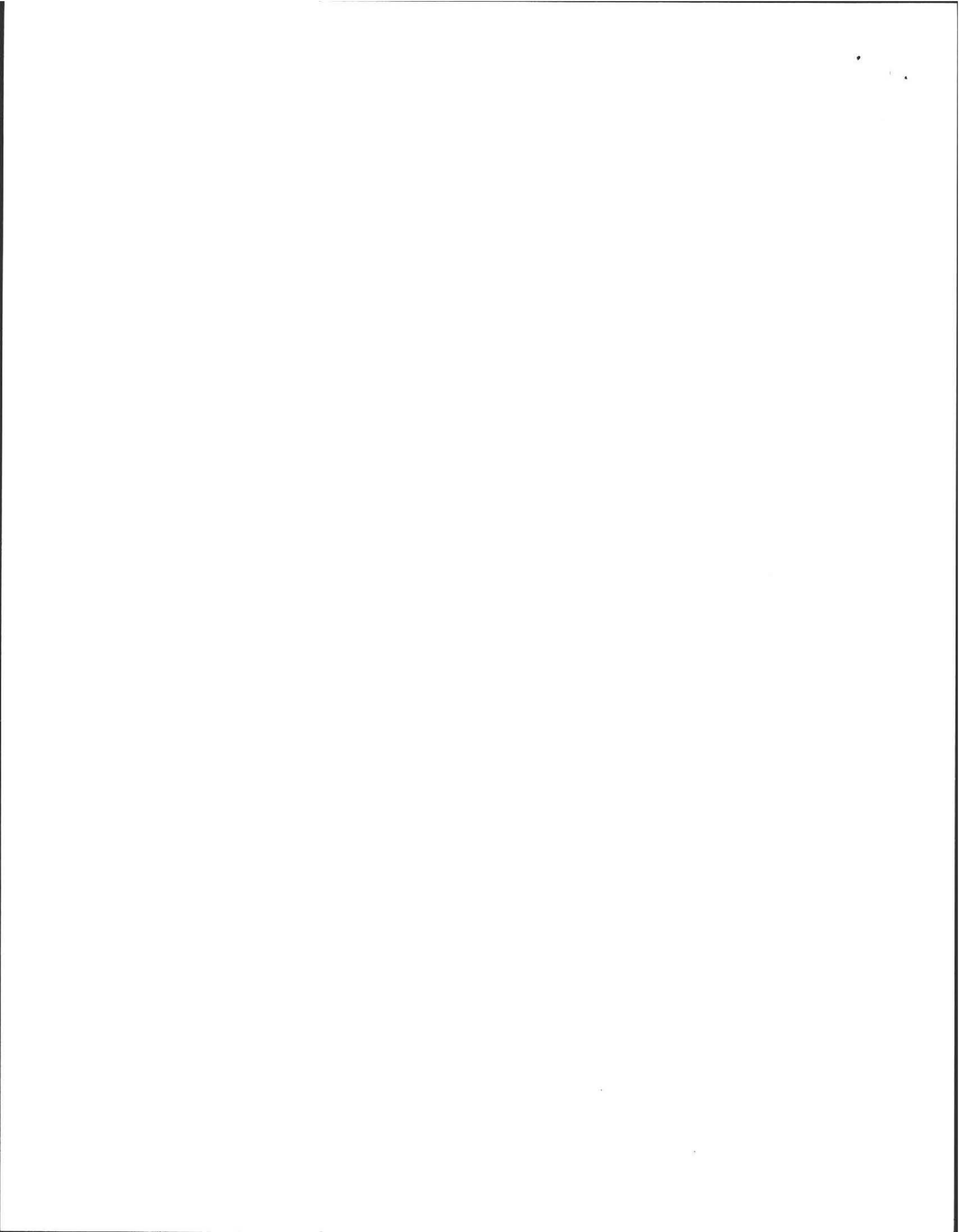
18 JUNIPER LANE, AMHERST, MA 01002

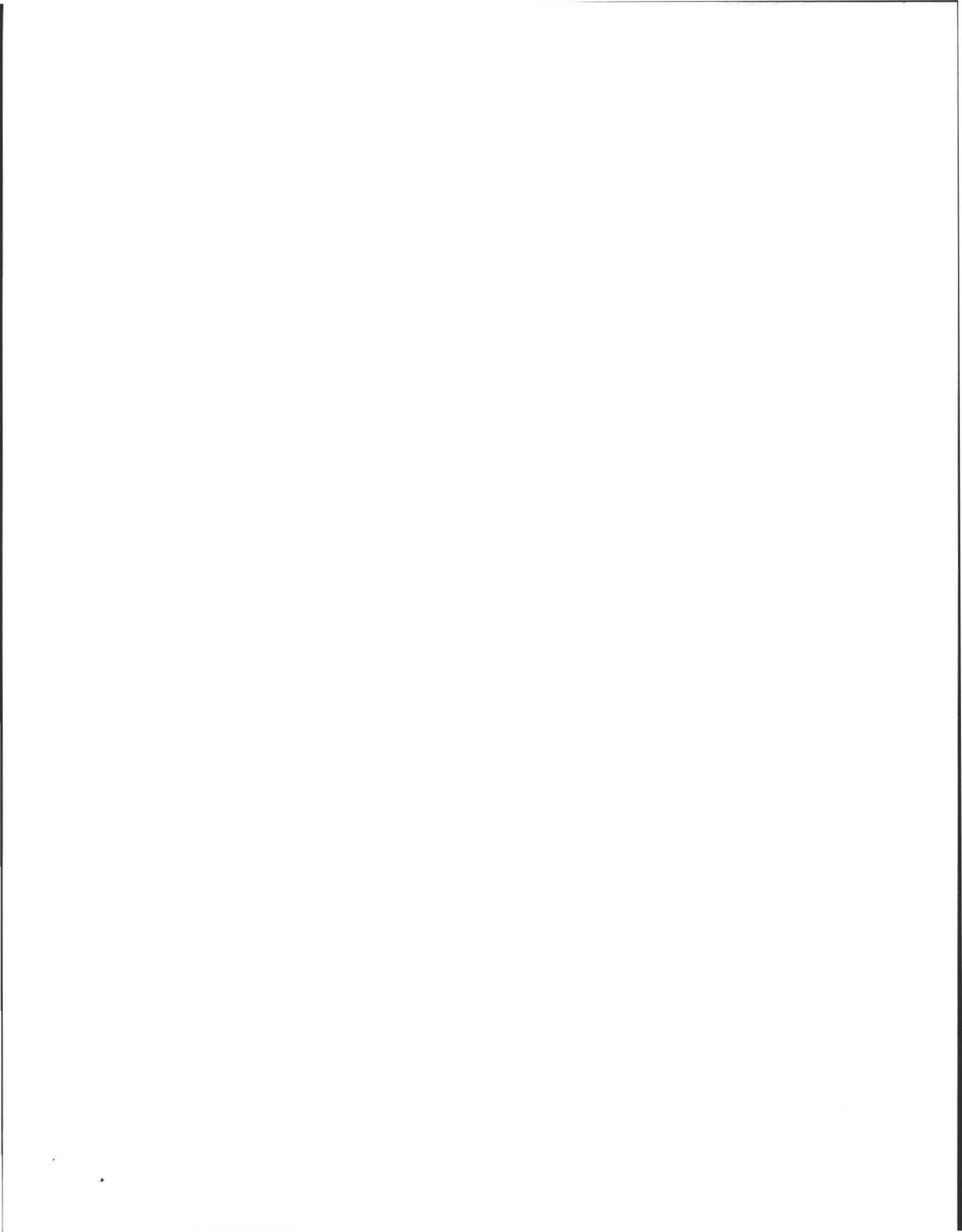
PREPARED BY: MICHAEL MOCKO ENVIRONMENTAL CONSULTANT

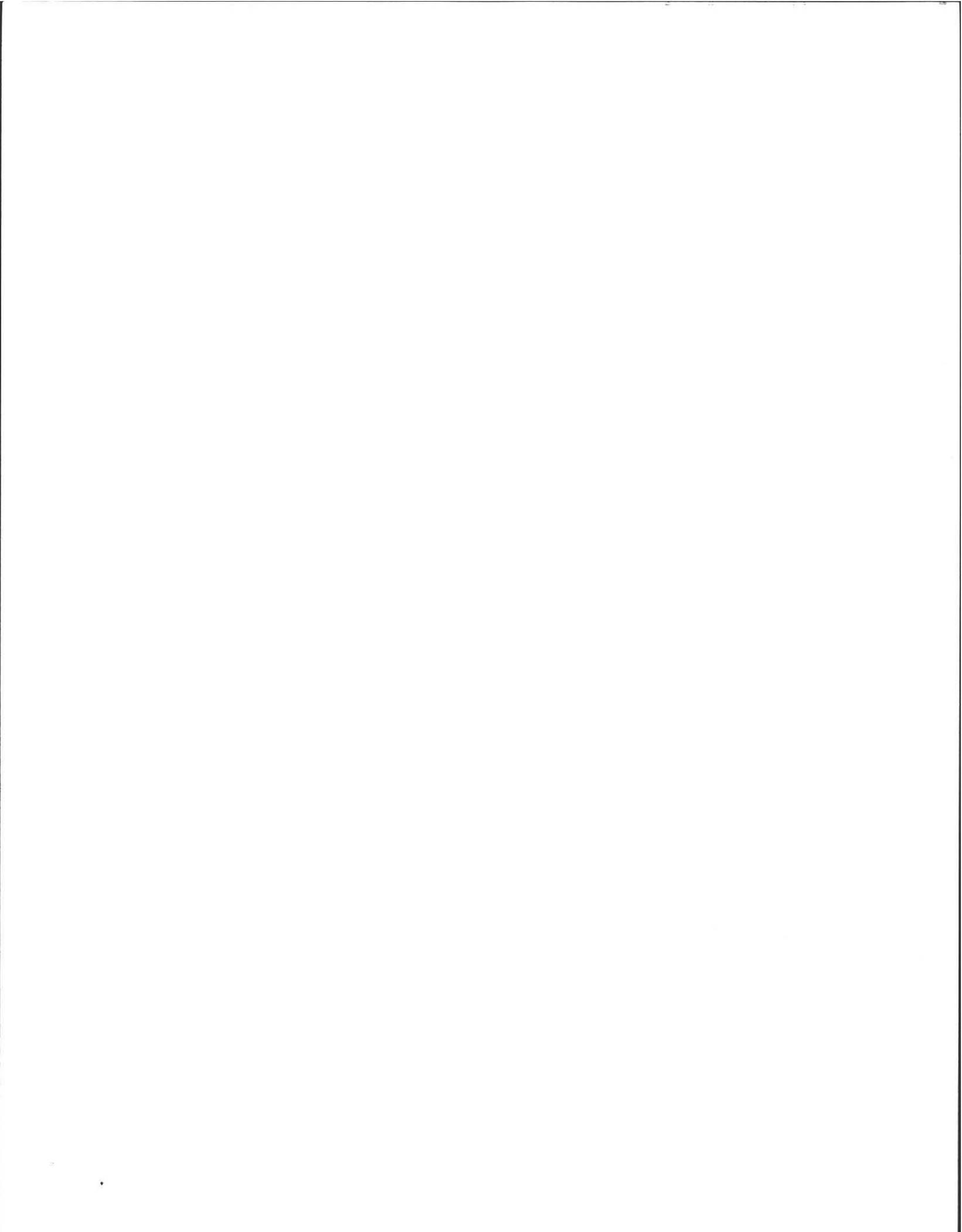
1200 CONVERSE STREET, LONGMEADOW, MA 01106

TELEPHONE: 413-567-6560

SCALE: 1"= 20' DATE: AUGUST 6, 2001









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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: _____

Dimensions _____

Depth of solids _____

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



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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.

See Attachments



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D. System Information (cont.)

Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water: 5+
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: August 6, 2001
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:

Site Exam and Design Plan

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT
NO. 1000

BY
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RECEIVED
MAY 15 1954

PUBLISHED BY
THE UNIVERSITY OF CHICAGO PRESS
CHICAGO, ILLINOIS