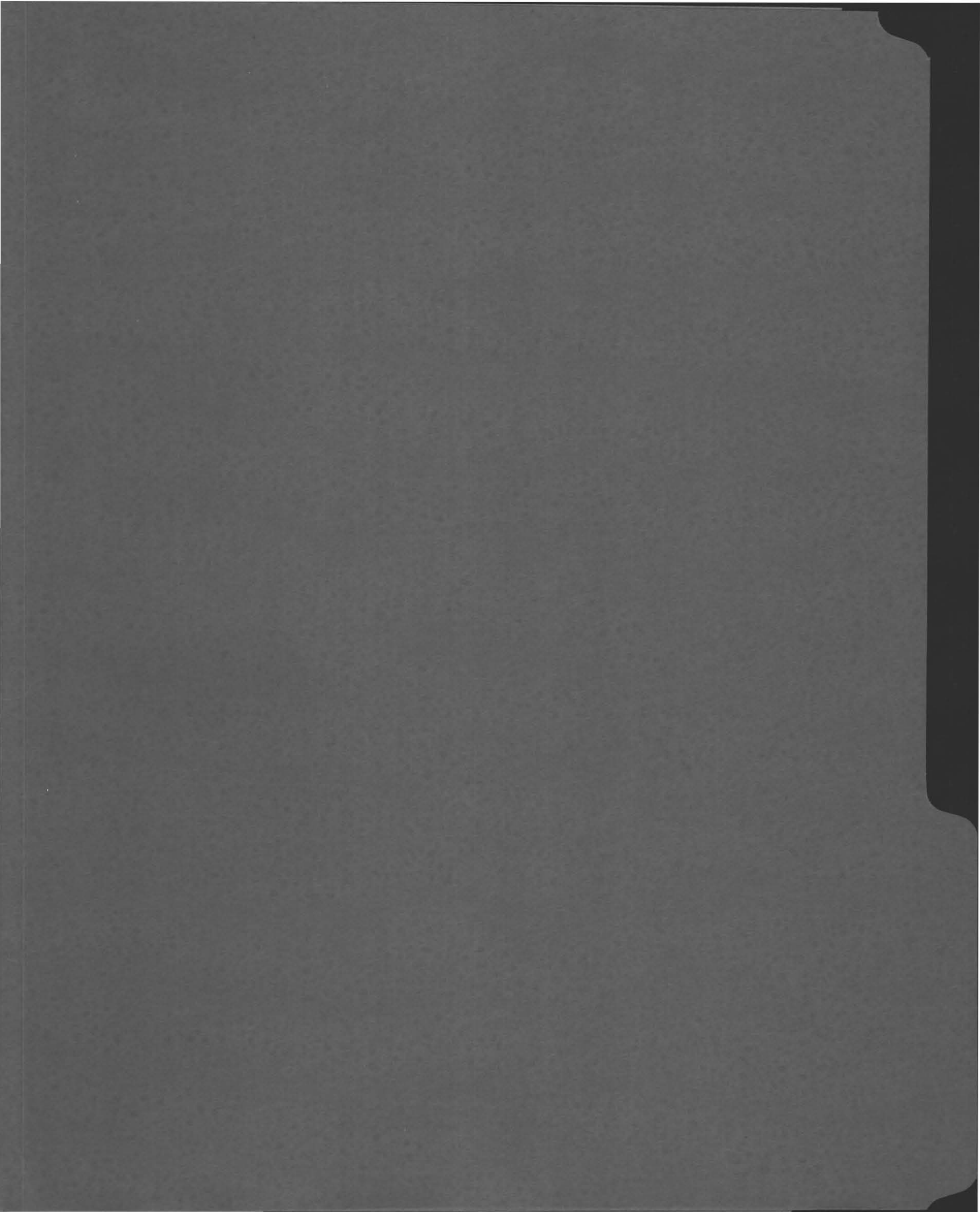


2 LADYSLIPPER



PERMITS/INSP PAYMENT RECPT#: 11098272
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/20/11 TIME: 09:01
CLERK: publichea DEPT:

PAID BY: Ji Wang
PAYMENT METH: CHECK 132634017

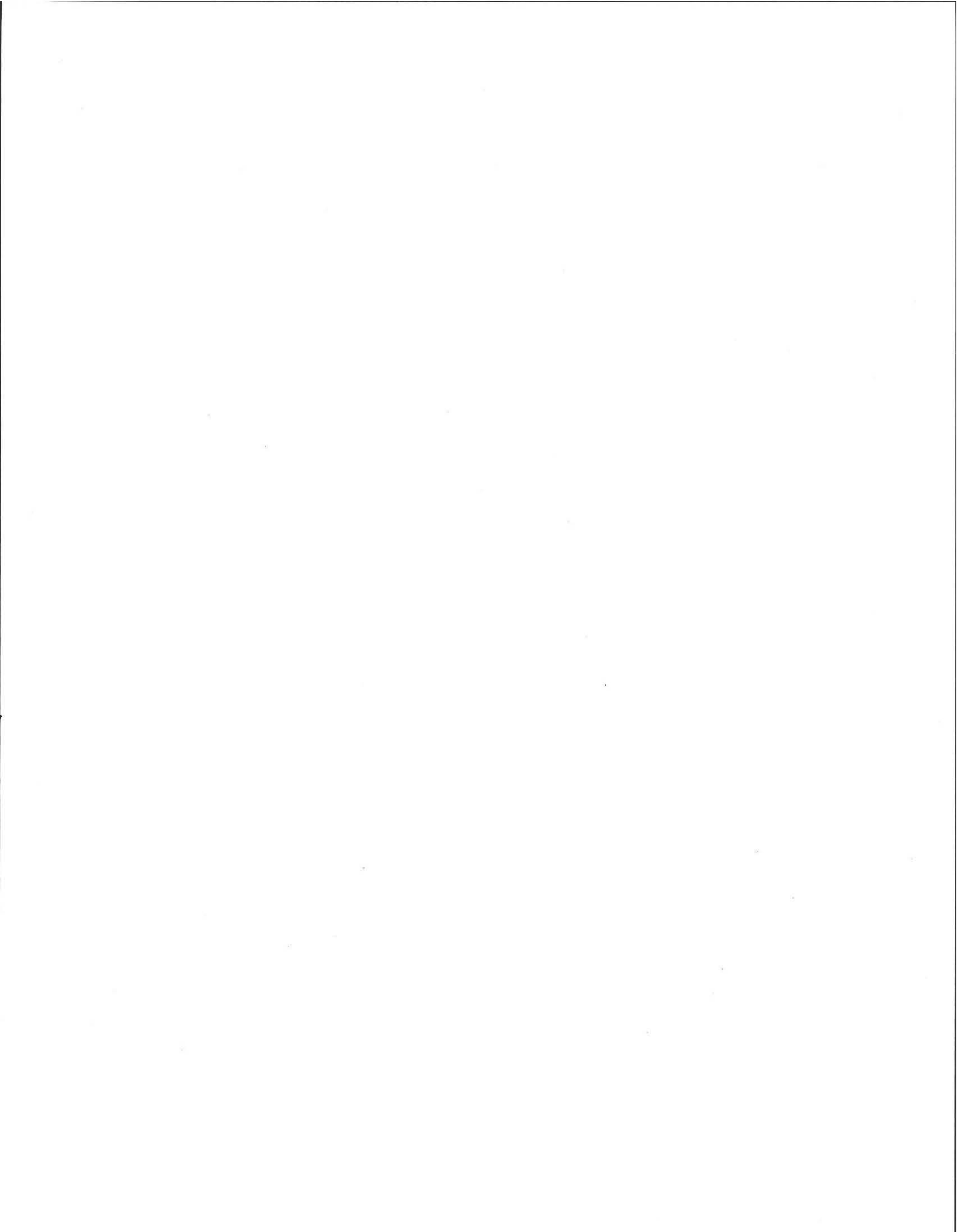
REFERENCE: 8882

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: 2 Ladyslipper Circle

FEEES:
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00



app. 8882
Batch 5312

April 2011 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: April 1, 2011

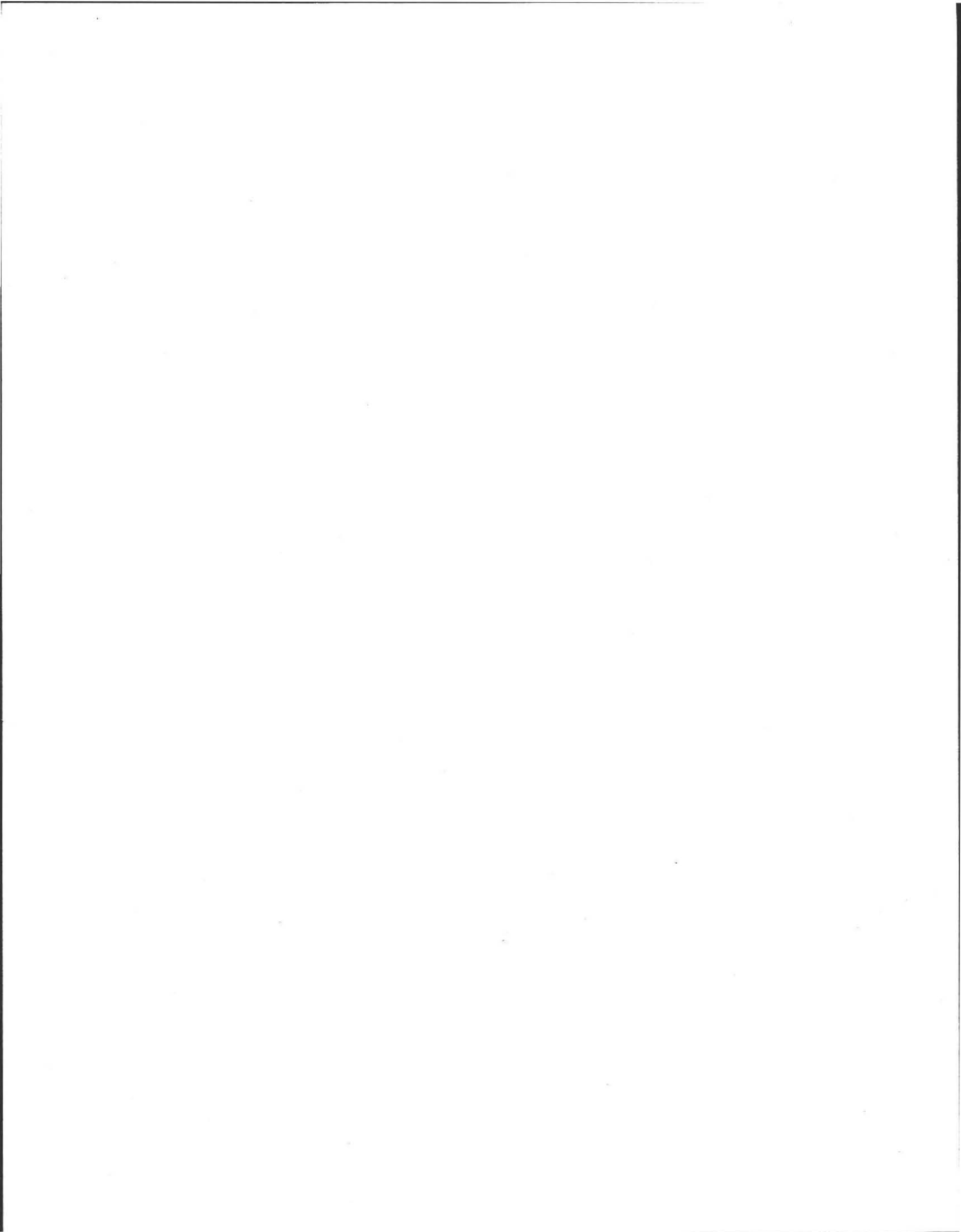
TO: Ji Wang & Maoliang Xiang
2 Ladyslipper Lane
Amherst, MA 01002

RE: Invoice for Septic Title V Witness

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

| QUANTITY | DESCRIPTION | UNIT PRICE | LINE TOTAL |
|----------|------------------------|------------|------------|
| 1.00 | Septic Title V witness | \$ 200.00 | \$ 200.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | SUBTOTAL | \$ 200.00 |
| | | SALES TAX | |
| | | TOTAL | \$ 200.00 |



Edmund, Smith

From: M X [mxjix@yahoo.com]
Sent: Tuesday, April 12, 2011 9:14 PM
To: Edmund, Smith
Subject: RE: invoice for Title V septic witness

Edmund,

thanks for the update. The payment from Chase bank is on the way, public health dept should receive by 4/19. If not, please let me know.

regards,

-Mao

--- On Fri, 4/8/11, Edmund, Smith <smithe@amherstma.gov> wrote:

From: Edmund, Smith <smithe@amherstma.gov>
Subject: RE: invoice for Title V septic witness
To: "M X" <mxjix@yahoo.com>
Date: Friday, April 8, 2011, 3:05 PM

Hi –

I just noticed the first invoice I sent was misdated – please accept this replacement for your records.

Thank you,

Ed

From: Edmund, Smith
Sent: Wednesday, April 06, 2011 8:26 AM
To: 'M X'
Subject: RE: invoice for Title V septic witness

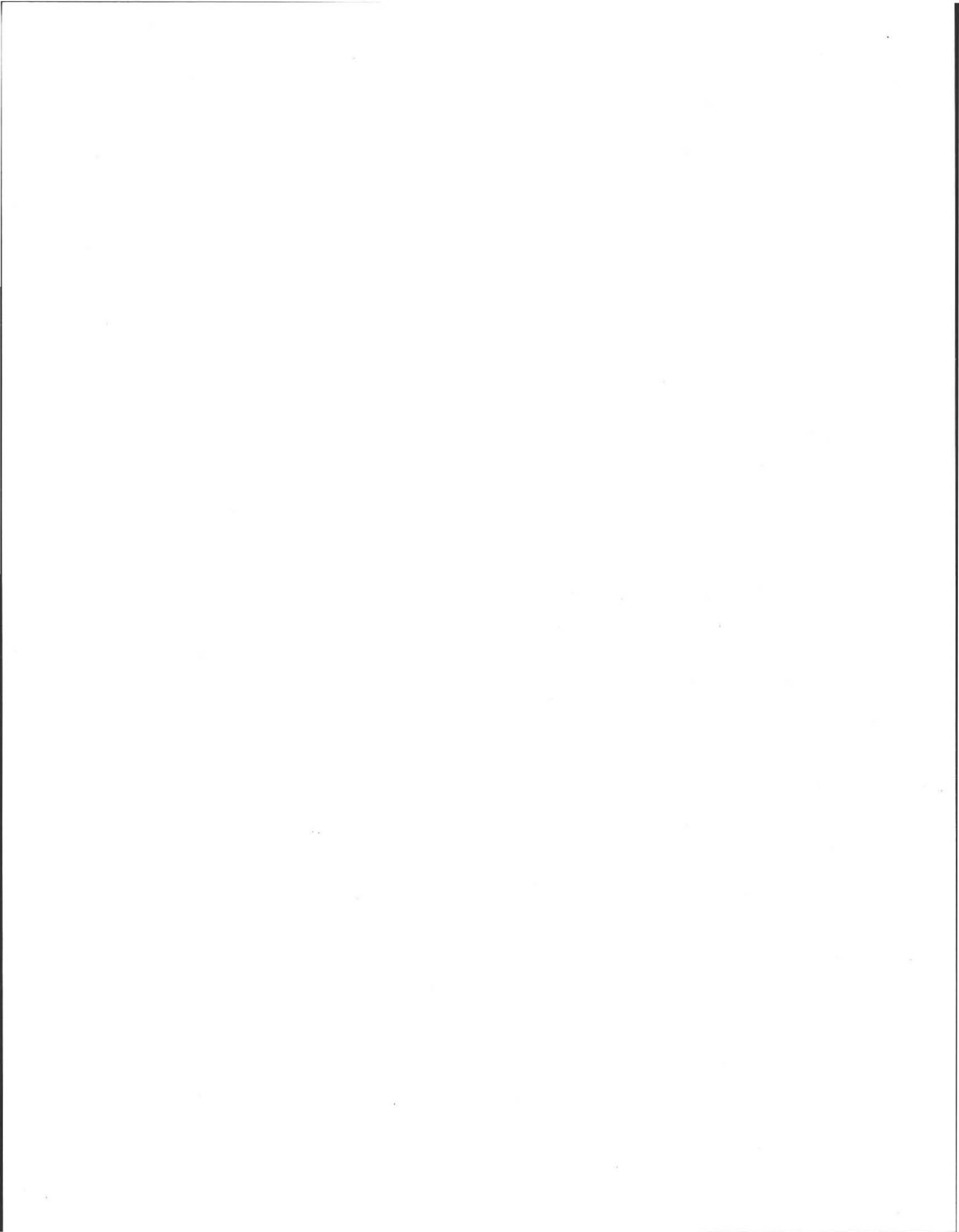
Dear Mao –

Let me know if this doesn't work – I'll be happy to mail you a copy.

Sincerely,

Ed

From: M X [<mailto:mxjix@yahoo.com>]



Sent: Wednesday, April 06, 2011 7:30 AM
To: Edmund, Smith
Subject: Re: invoice for Title V septic witness

Edmund,

I do not think I can read the attachment, perhaps my office software is old version. Would you please send an PDF file instead?

rgds.

-Mao

--- On Fri, 4/1/11, Edmund, Smith <smithe@amherstma.gov> wrote:

From: Edmund, Smith <smithe@amherstma.gov>
Subject: invoice for Title V septic witness
To: "mxjix@yahoo.com" <mxjix@yahoo.com>
Date: Friday, April 1, 2011, 1:25 PM

Dear Mr. Xiang –

Attached is an Invoice for the March 31, 2011 Department of Health witness fee for your septic system. Please remit to our office (address below and on invoice).

Sincerely,

Edmund Smith

Edmund Smith

Assistant Sanitarian

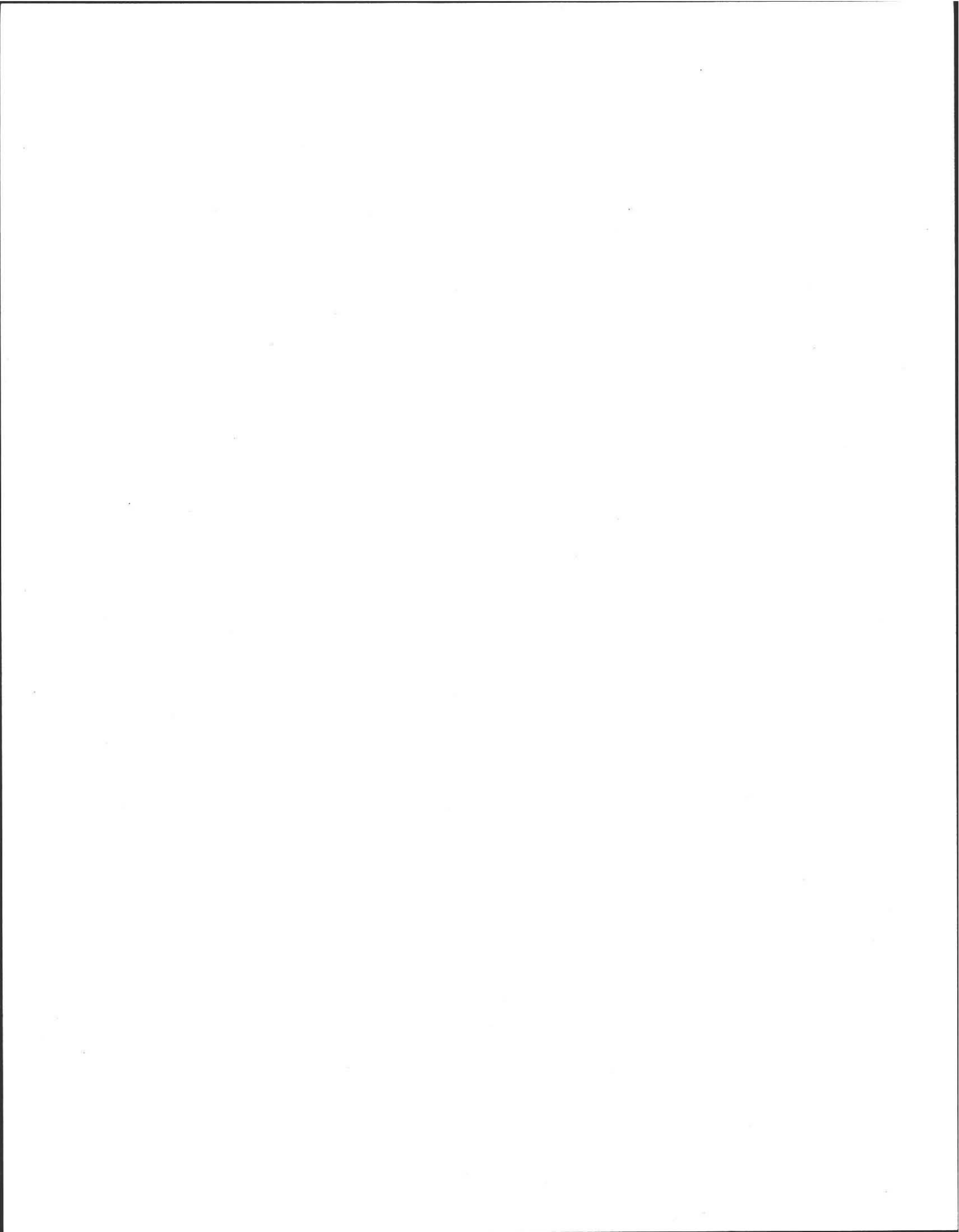
70 Boltwood Walk

Amherst, MA 01002

Direct: 413-259-3153

smithe@amherstma.gov

Please note I am in Amherst on Tuesday, Wednesday morning, and Friday. If you need immediate assistance, please call the main number at 413-259-3077. Thank you



RECEIVED
[Signature]

TITLE 5
OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION



Property Address: 2 Ladyslipper Circle Amherst, MA

OWNER Name: Jennifer and Stephen Reynolds

Owner's Address: 2 Ladyslipper Circle
Amherst, MA 01002

Date of Inspection: June 22, 2006

Name of Inspector: Alan E. Weiss, R.S # 933

Company Name: Cold Spring Environmental Inc.

Mailing Address: 350 Old Enfield Road
Belchertown, Massachusetts 01007

Telephone Number: (413) 323-5957 fax: 413-323-4916

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:

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

Inspector's Signature: _____

Date: **June 22, 2006**

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

Septic System was in functional condition, There is no sign of current or past failing condition. S. Tank (1500 gallon) was in OK shape & pumped. Inlet & inlet baffles were in place. Septic system was installed in 1986. L. tank & cover were in good condition. All stains & levels were good in tanks. (System is 20+/- years old Approx. 7.5' wide by 16.5' longx 5.8' deep. (4 Bedroom permit/design).

****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 different conditions of use.

11/11/21

Dear Mr. [Name],

I am writing to you regarding the [Topic] of your [Document/Project].

The information provided in your [Document/Project] is [Description].

It is important to note that [Key Point].

We have reviewed the [Document/Project] and [Action].

Based on our findings, we recommend [Recommendation].

Please contact us if you have any questions or need further assistance.

Thank you for your cooperation and attention to this matter.

Sincerely,
[Signature]

[Name]
[Title]

[Organization]

[Address]

[City, State, Zip]

[Phone Number]

[Email Address]

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

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

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: System is 20+/-yrs. Old & all levels good.

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):

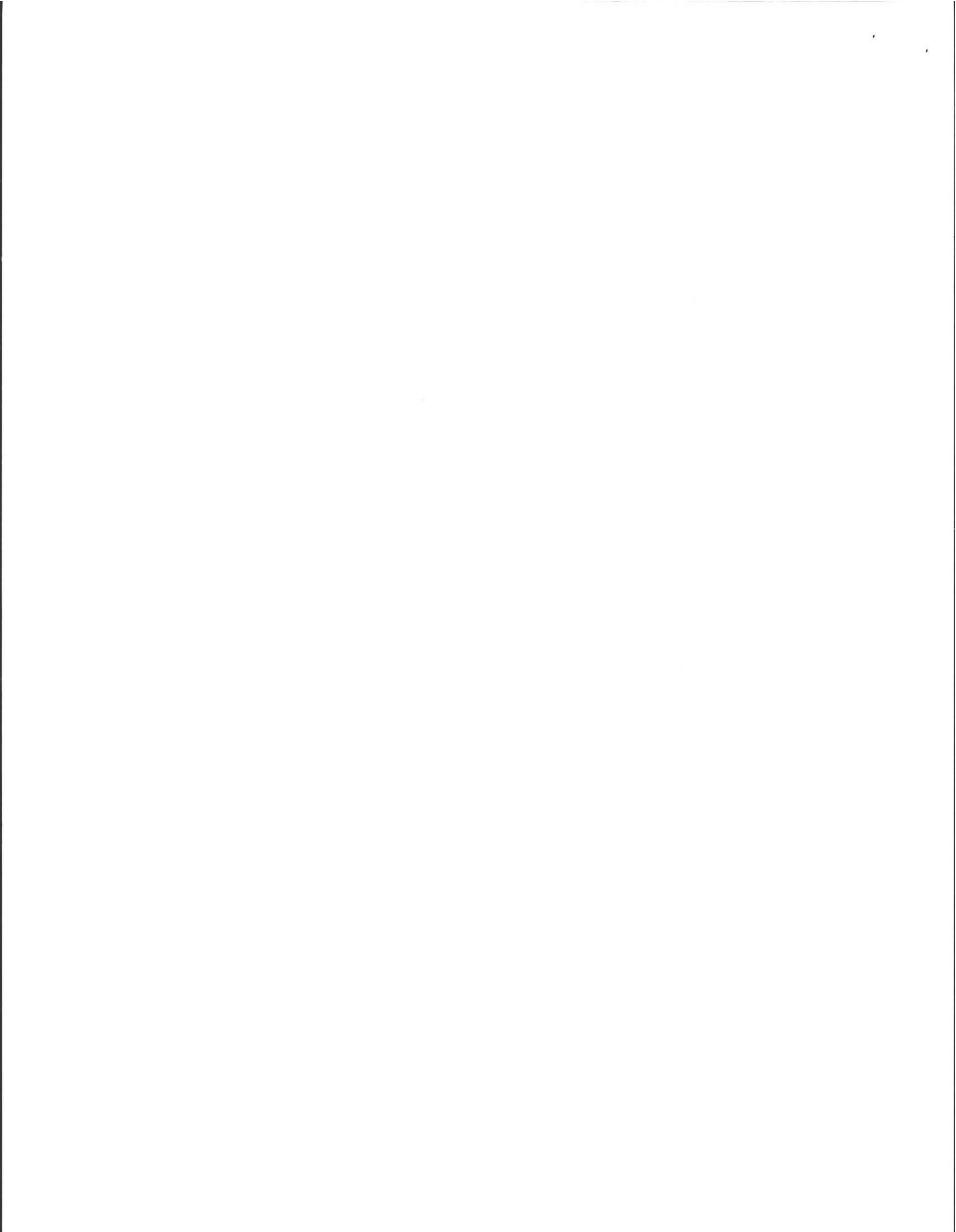
- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

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:



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

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

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

NO 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.

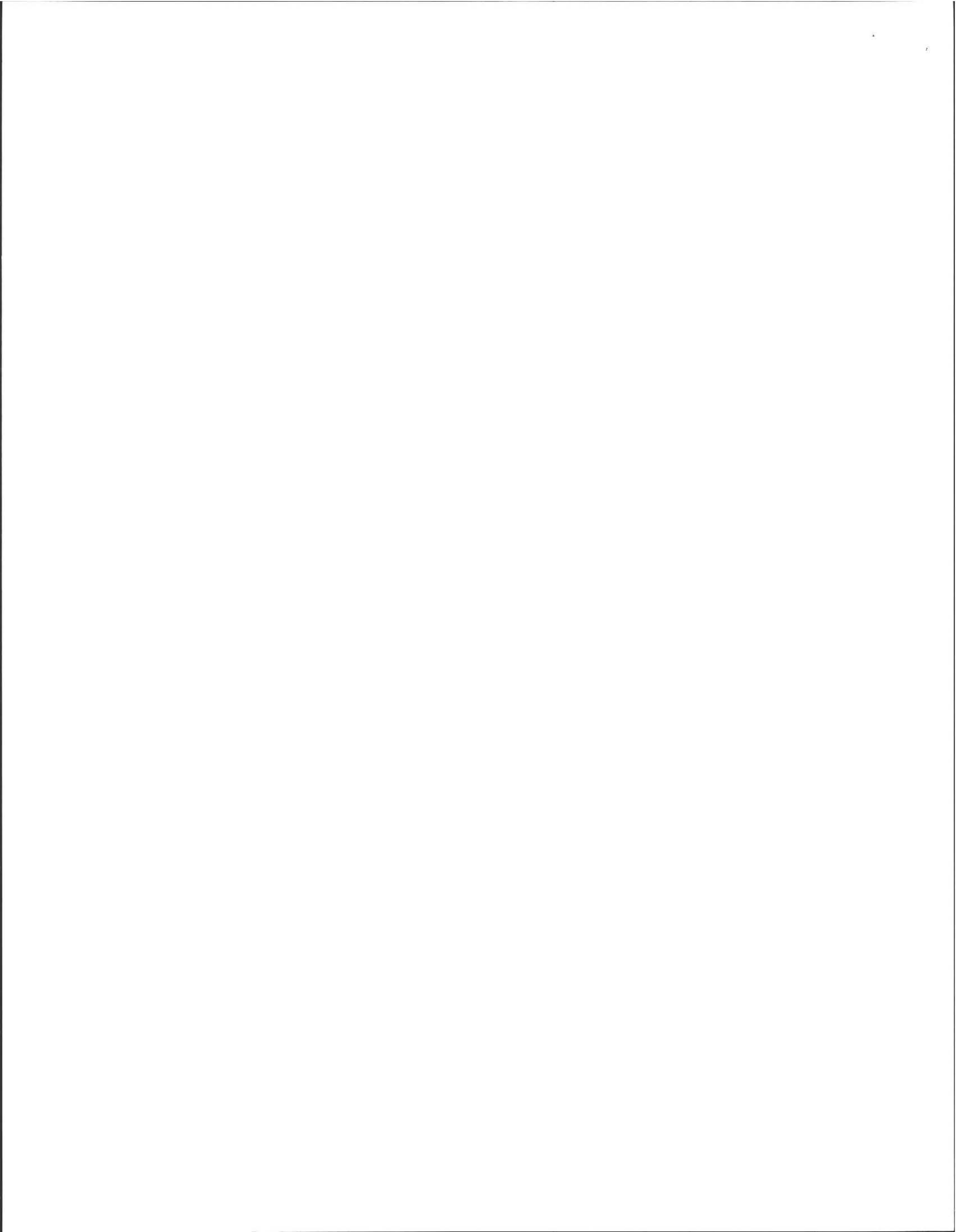
The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

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:



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

PART A

CERTIFICATION (continued)

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

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 <u> </u> . |
| <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:

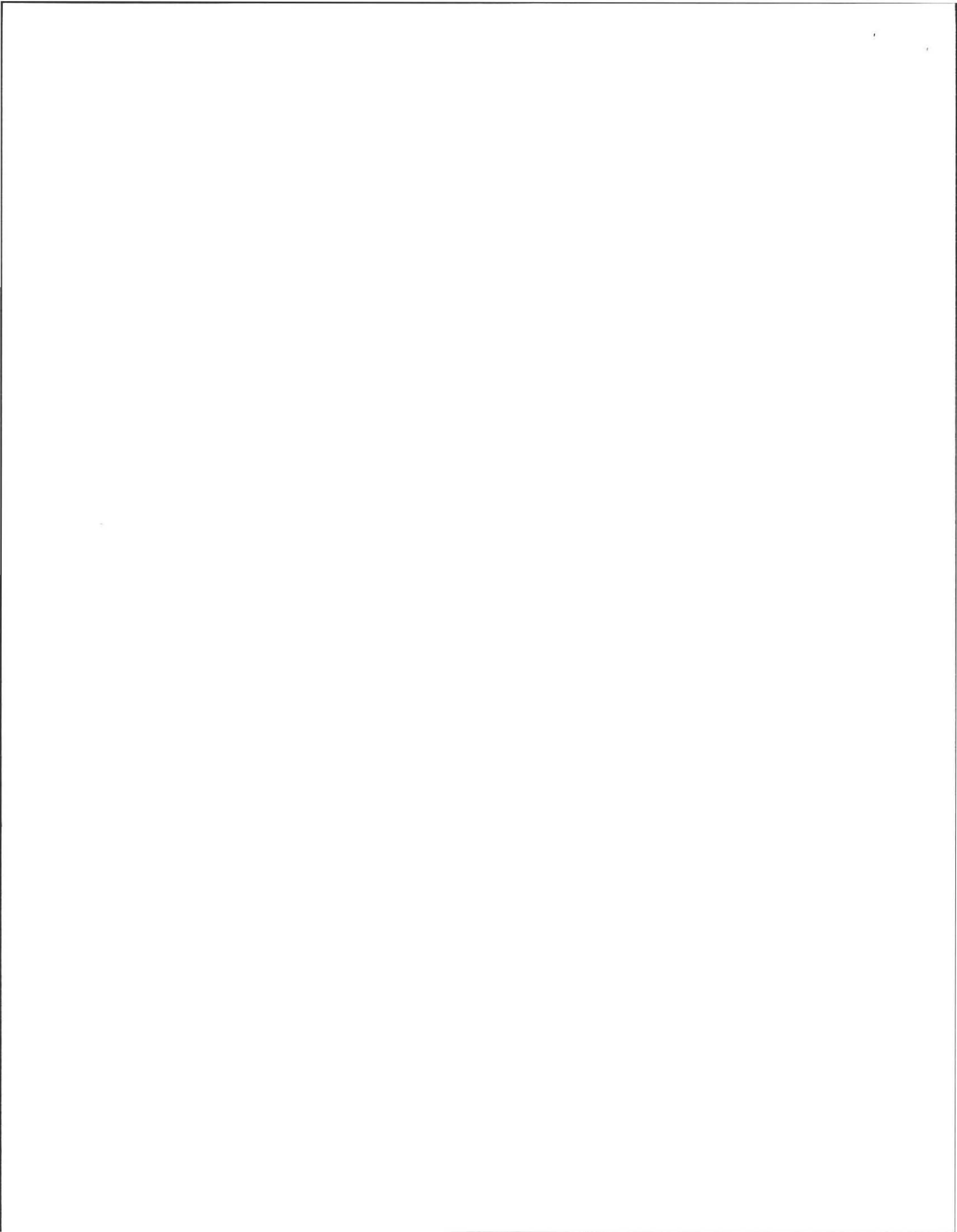
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

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

Yes No

Pumping information was provided by the owner, occupant, or Board of Health

Were any of the system components pumped out in the previous two weeks ?

Has the system received normal flows in the previous two week period ?

Have large volumes of water been introduced to the system recently or as part of this inspection ?

Were as built plans of the system obtained and examined? (If they were not available note as N/A)

Was the facility or dwelling inspected for signs of sewage back up ?

Was the site inspected for signs of break out ?

Were all system components, excluding the SAS, located on site ?

Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

Yes no

Existing information. For example, a plan at the Board of Health.

Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

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

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660

Number of current residents: 4

Does residence have a garbage grinder (yes or no): NO-- GRINDERS ARE NOT RECOMMENDED**

Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]

Laundry system inspected (yes or no): no (Owner has no laundry connected).

Seasonal use: (yes or no): no

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

Sump pump (yes or no): NO (ejector pump for laundry sink)

Last date of occupancy: current

COMMERCIAL/INDUSTRIAL

Type of establishment: N/A

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: Owner & records (1 yr..)

Was system pumped as part of the inspection (**YES** or no): NO

If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? Measured

Reason for pumping: REQUEST

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)

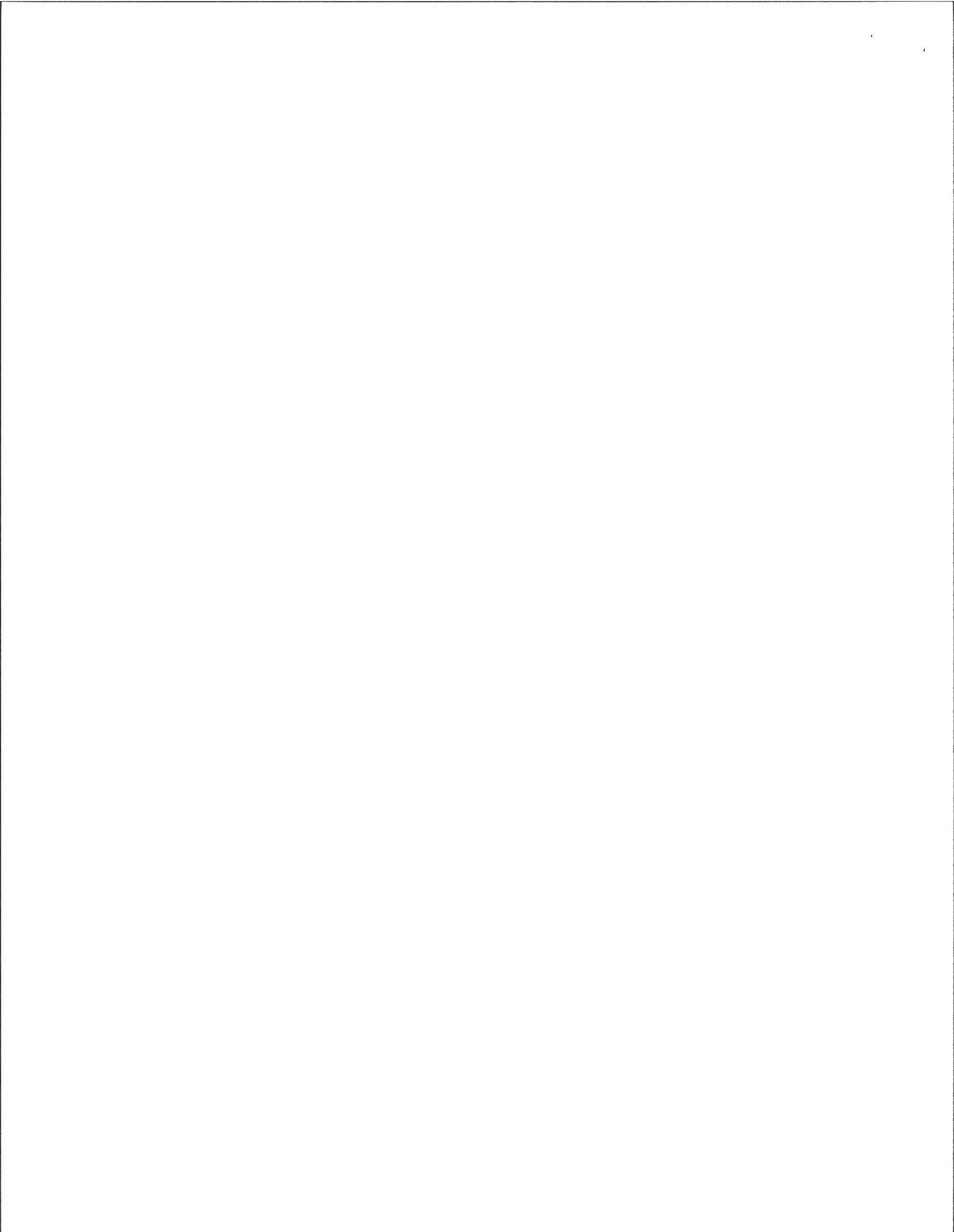
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

Tight tank Attach a copy of the DEP approval

Other (describe):

Approximate age of all components, date installed (if known) and source of information: 20+/- years old

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



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

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

BUILDING SEWER (locate on site plan)

Depth below grade: -12+"

Materials of construction: ___ cast iron X 40 PVC ___ other (explain): _____

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

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

SEPTIC TANK: Yes(locate on site plan)

Depth below grade: 12"

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: 5'w x 10.5'l x 5'd

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

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 CONDITION OK

S. tank had baffles, recommend pumping every other year.

GREASE TRAP: N/A (locate on site plan)

Depth below grade: ___

Material of construction: ___ concrete ___ metal ___ fiberglass ___ polyethylene ___ other
(explain): _____

Dimensions: _____

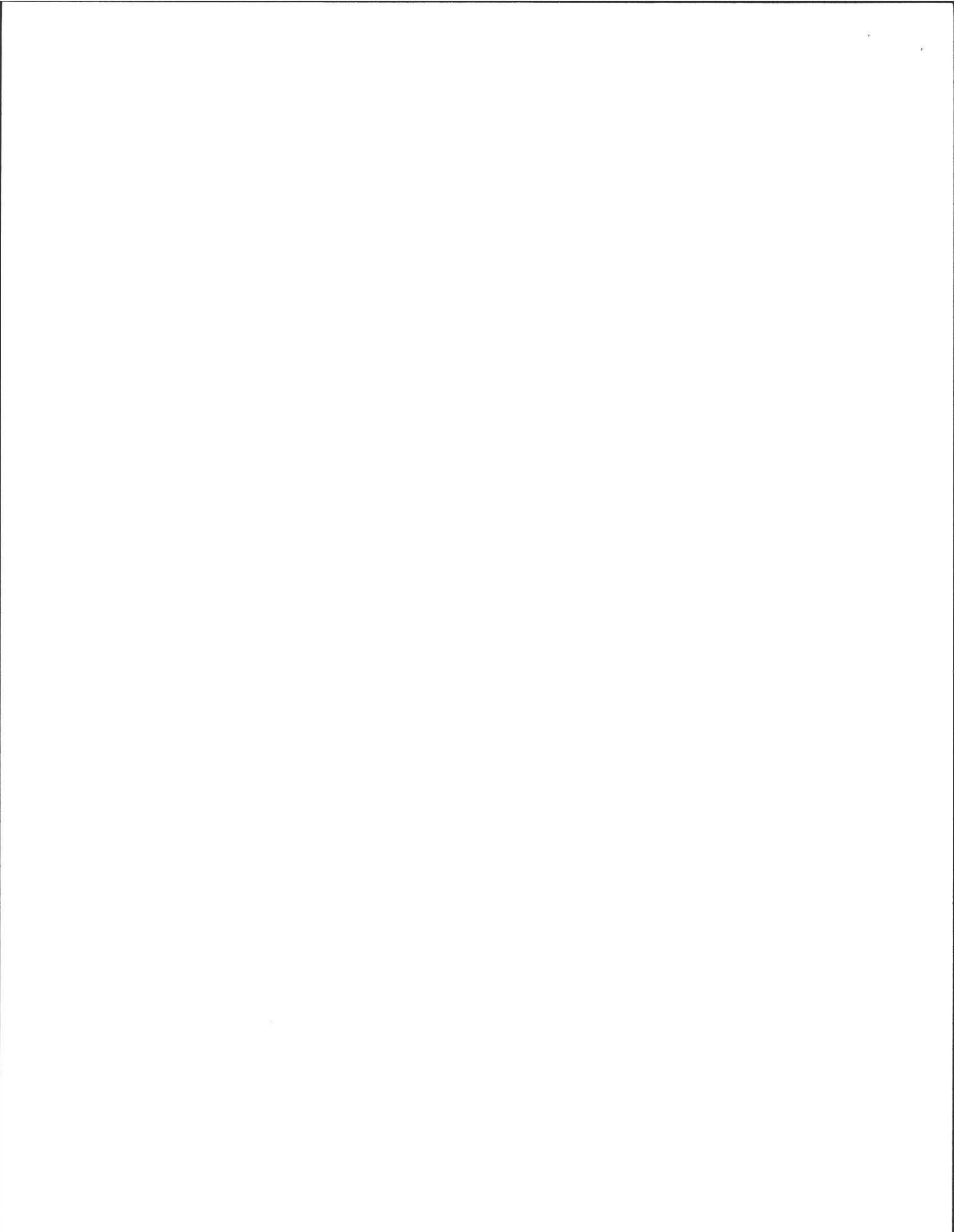
Scum thickness: _____

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 (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: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

TIGHT or HOLDING TANK: NO (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: NO (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert:

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.):

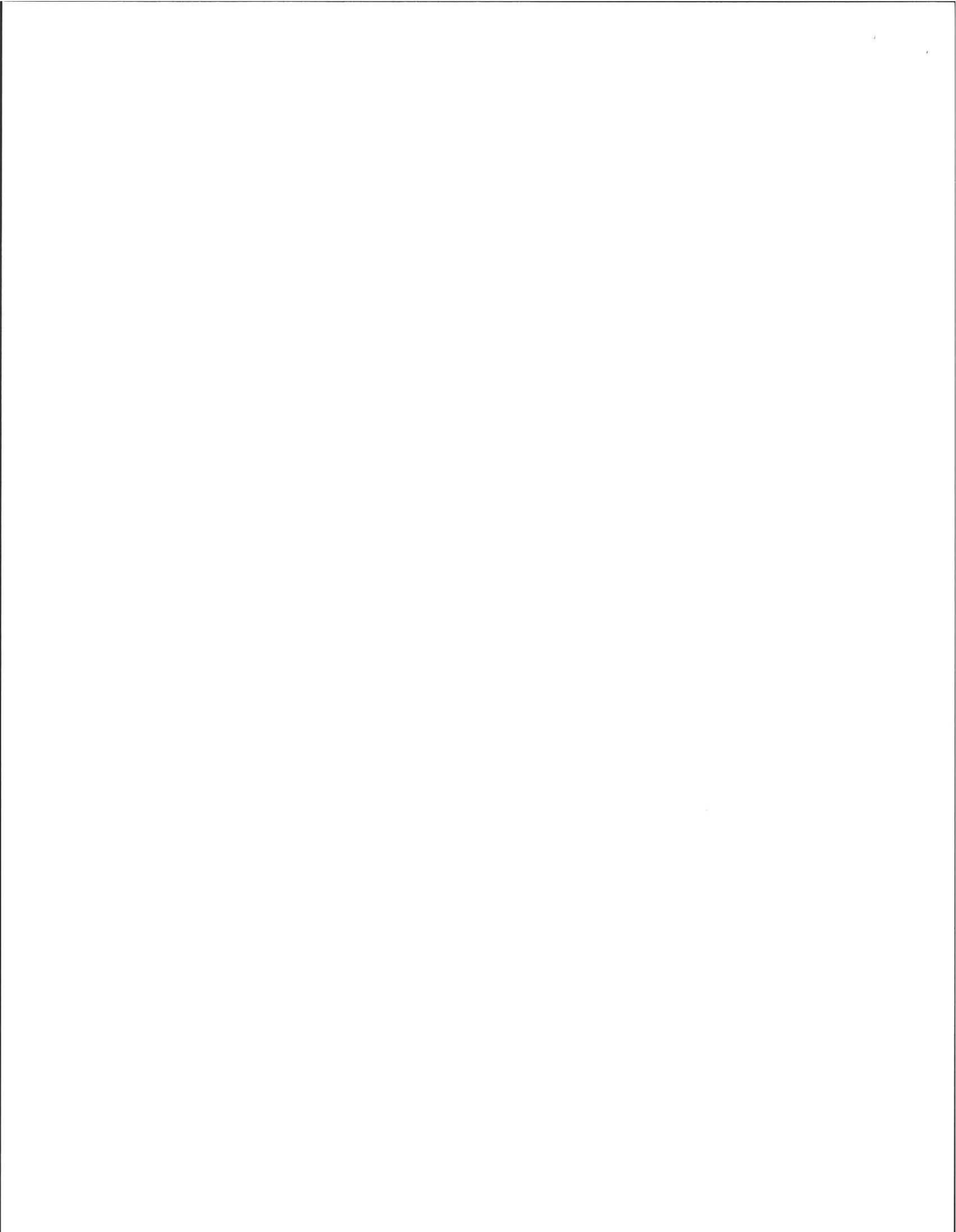
noted.

PUMP CHAMBER: NO (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
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

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

If SAS not located explain why:

Type

1 leaching pits, number: 1-1000 gal pits & stone, 16.5l x 7.5w by 5.' deep.

____ leaching chambers, number: _____

____ leaching galleries, number: _____

____ leaching trenches, number, length: _____

____ leaching fields, number, dimensions: _____

____ overflow cesspool, number: _____

____ innovative/alternative system Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.): No signs of failure, stone ok, and no Groundwater noted, Top of Box @ 2.5' standing liquid observed in tank, liquid level 2'+ below inlet pipe elevation.

CESSPOOLS: N/A (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.):

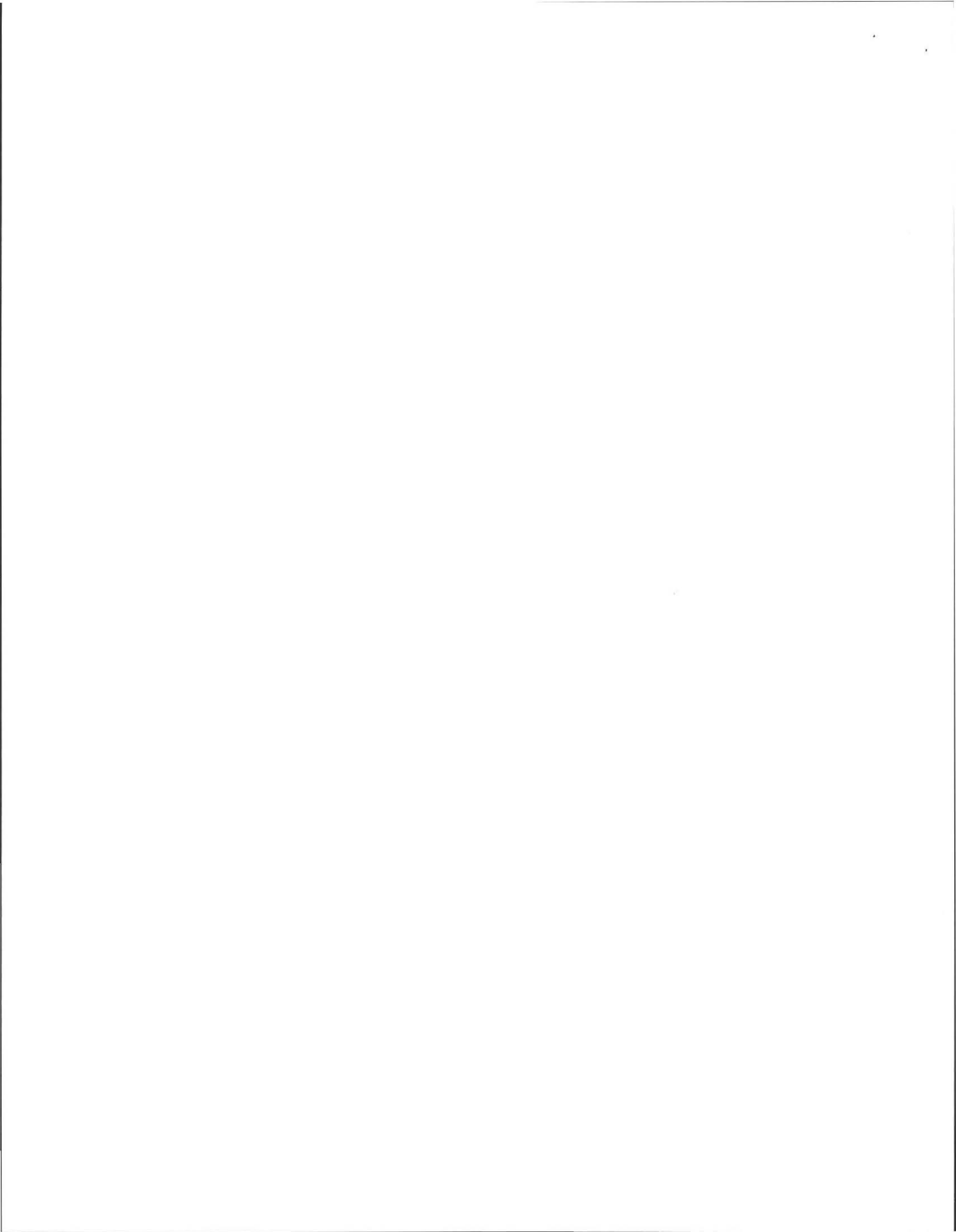
PRIVY: N/A (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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



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

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

SKETCH OF SEWAGE DISPOSAL SYSTEM

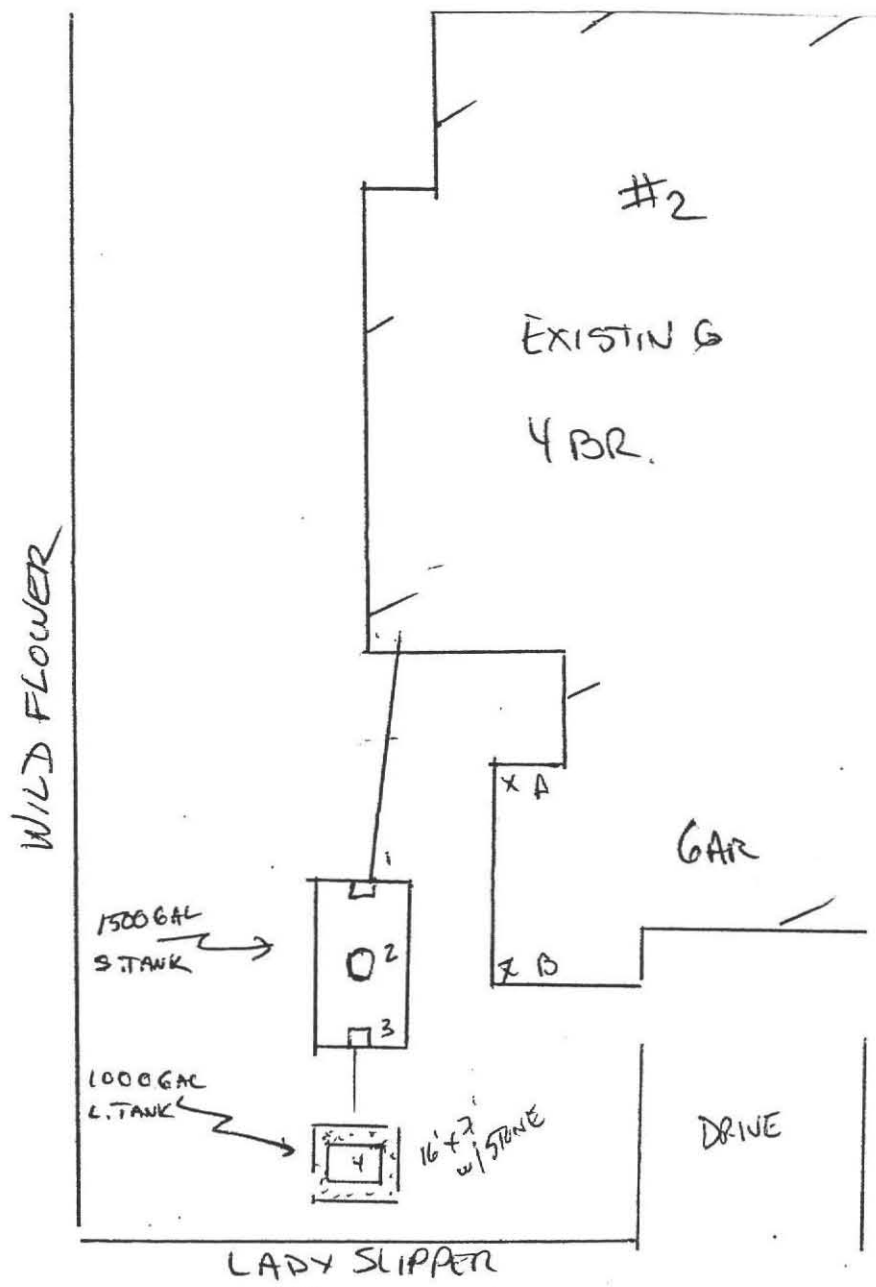
Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

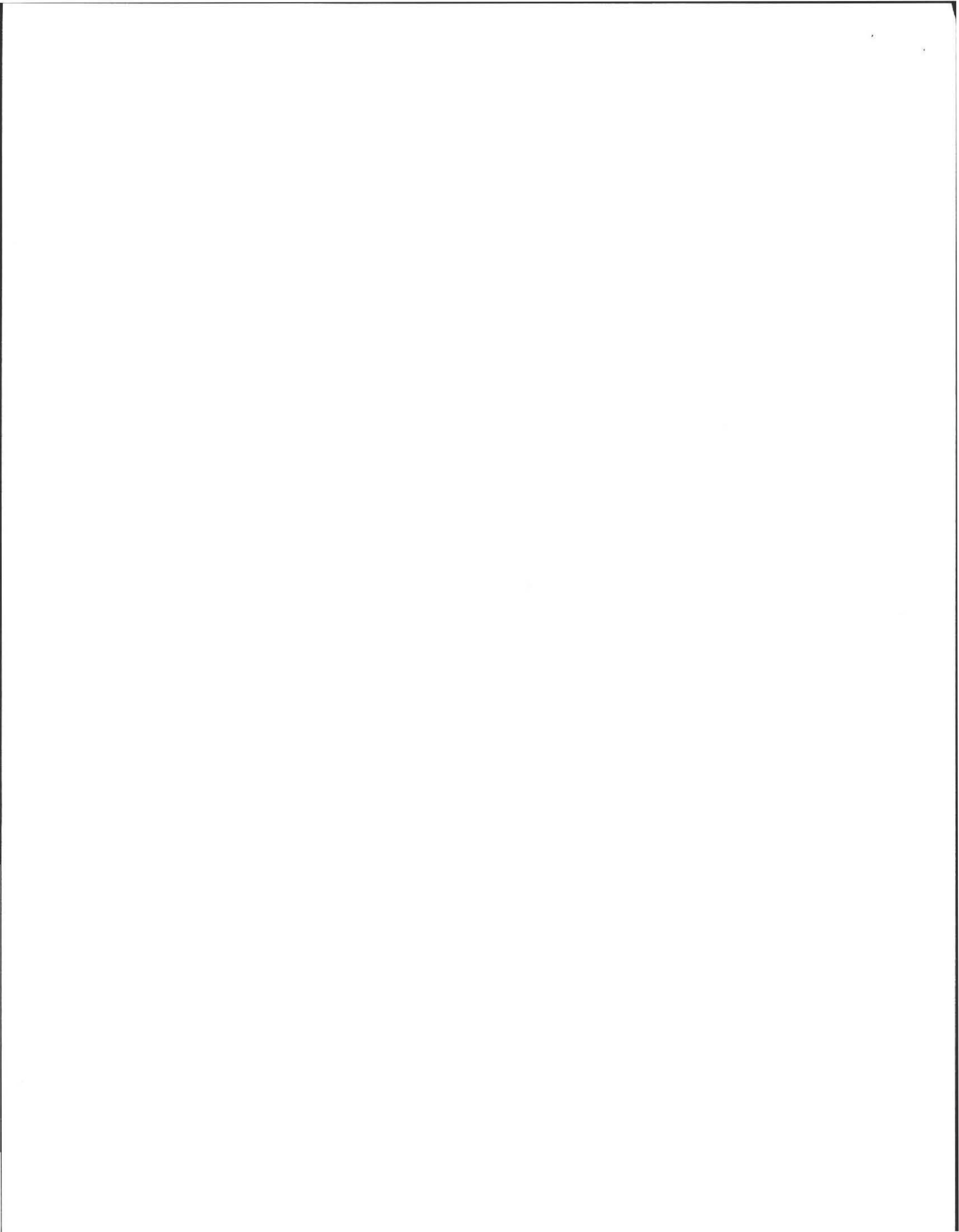
Also See attached

Dims

- A-1 = 23'
- A-2 = 27'
- A-3 = 31'
- A-4 = 58'

- B-1 = 14'
- B-2 = 15'
- B-3 = 17'-6"
- B-4 = 31'





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

Property Address: 2 Ladyslipper Circle, Amherst, MA

Owner: Reynolds

Date of Inspection: June 22, 2006

SITE EXAM

Slope YES

Surface water

Check cellar

Shallow wells _____

Estimated depth to ground water 9' +/- feet

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

YES 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)

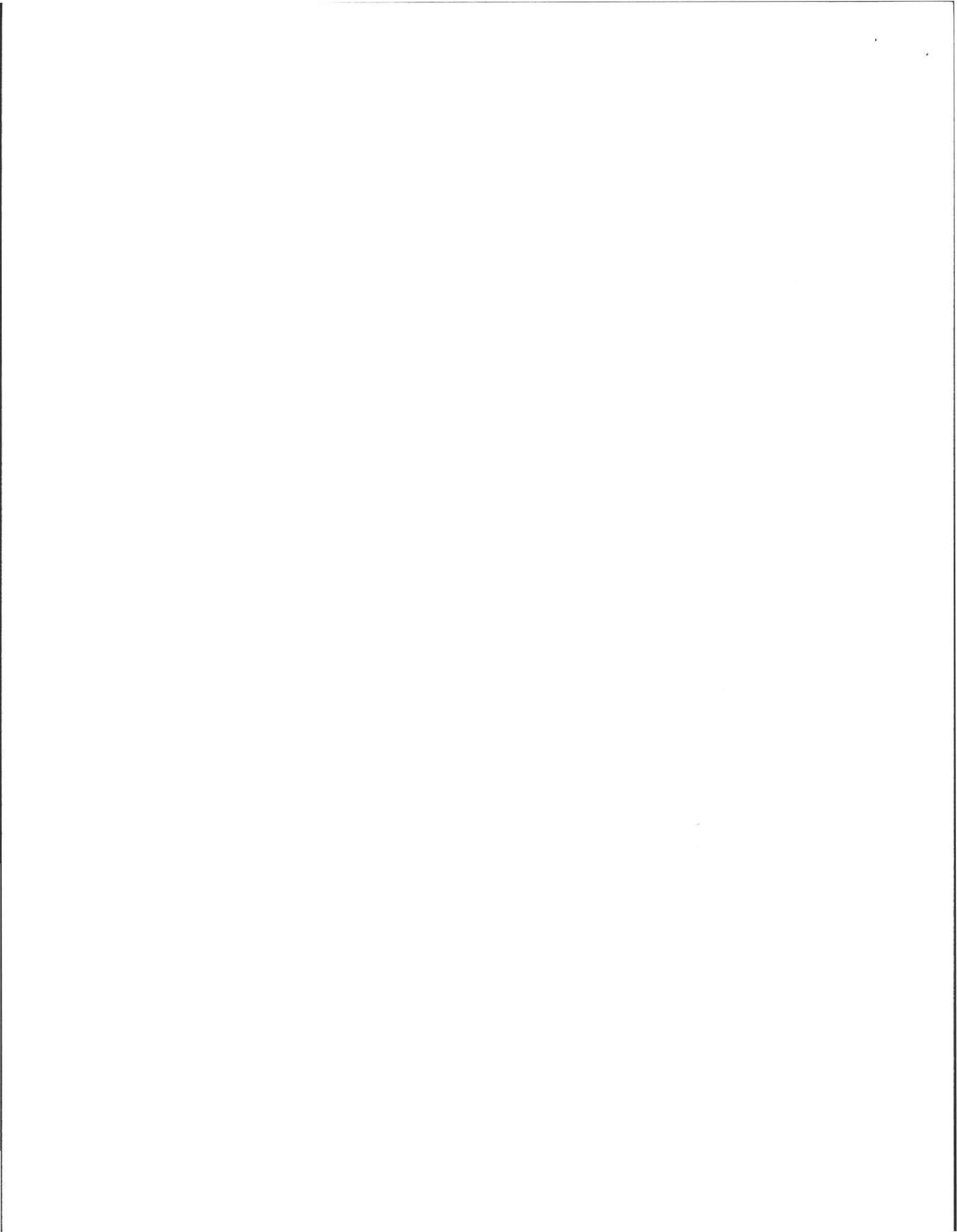
_____ Checked with local Board of Health-explain: _____

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

_____ Accessed USGS database-explain: _____

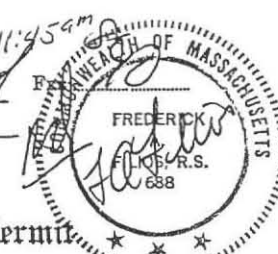
You must describe how you established the high ground water elevation:

Water level based on on-site data from topography, records, and work in area (1986) & Soil evaluation across street last month (May 2006).



11-8
NO. 86-28
Notice Given

#2 APR 17 1986 11:45 am



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: 2 Lady Slipper AMHERST WOODS PHASE III Lady Slipper # 92

Location - Address or Lot No. STUART-TAYLOR INC 36 EMILY LANE AMHERST, MA
Installer RICHARD ROBERTS Homaway Rd LEVONTS

Type of Building Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 5.5 gallons per person per day. Total daily flow 600.0 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 12 Width 5 Diameter 5 Depth 5
Disposal Trench - No. Width Total Length Total leaching area sq. ft
Seepage Pit No. 1 Diameter 12x7 Depth below inlet 5' Total leaching area 235 sq. ft Sides Bottom

Percolation Test Results Performed by F.A. FILIOS Date Ap 25, 1985
Test Pit No. 1 2 minutes per inch Depth of Test Pit 37' Depth to ground water
Test Pit No. 2 minutes per inch Depth of Test Pit 9' Depth to ground water NONE

Description of Soil Attached
Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed 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.

Application Approved By [Signature] Date 4/24/86
Application Disapproved for the following reasons: [Signature] Date 4/25/86

Permit No. 86-28 Issued 4/25/86 Date

CHECK OR FILL IN WHERE APPLICABLE

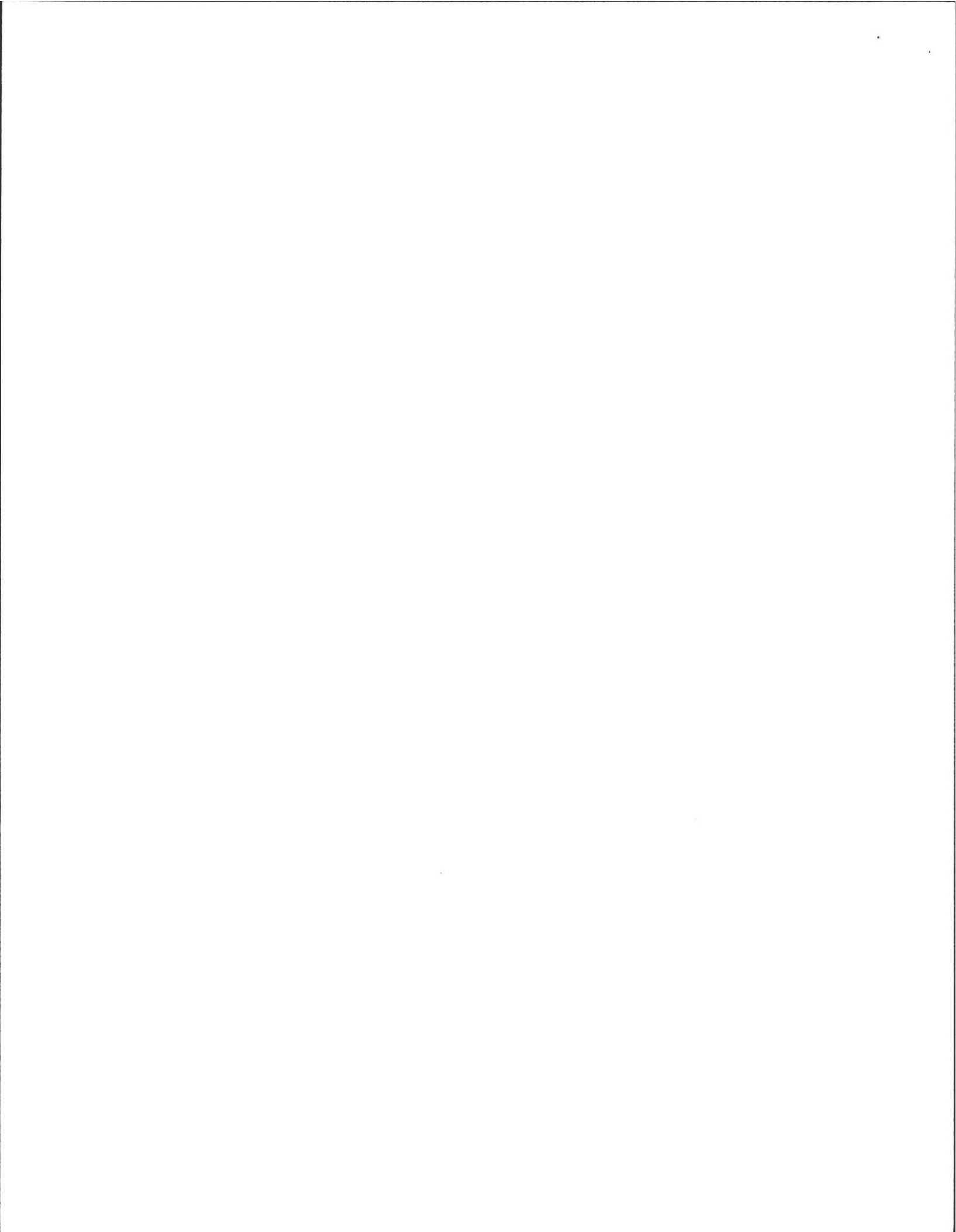
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by [Signature] Installer 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. [Permit No.] dated [Date].
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.
DATE [Date] Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
No. 86-28 Town of Amherst Fee 90

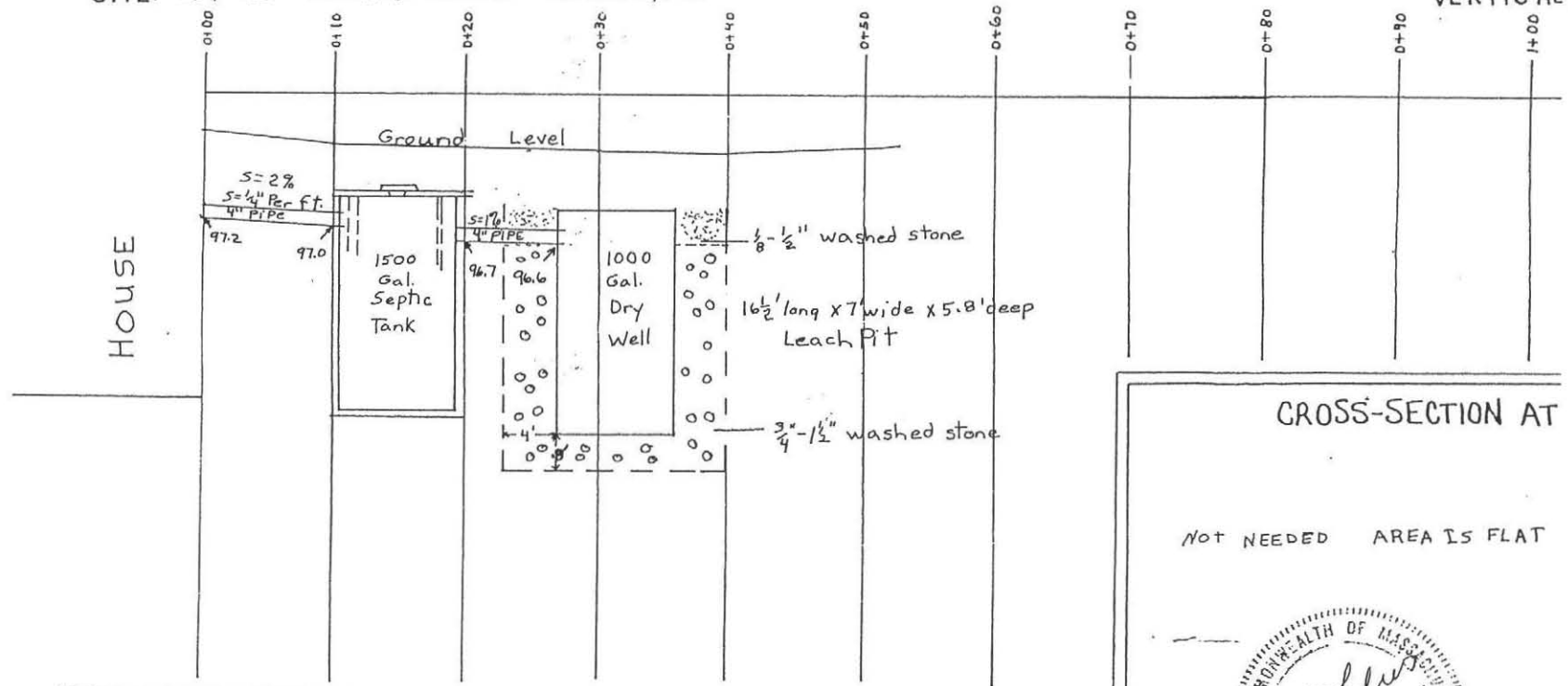
Disposal Works Construction Permit
Permission is hereby granted STUART-TAYLOR R. ROBERTS to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot 92 - AMHERST WOODS Street as shown on the application for Disposal Works Construction Permit No. 86-28 Dated 4/25/86
DATE 4/25/86 [Signature] Board of Health



PROFILE OF SEPTIC SYSTEM

FOR: Stuart-Taylor Inc.
36 Emily Lane Amherst, MA.
SITE: Lot 92 Amherst Woods Amherst, MA.

BY: FREDERICK,
DATE: April 21, 1986
SCALE: HORIZONTAL
VERTICAL



CROSS-SECTION AT

NOT NEEDED AREA IS FLAT

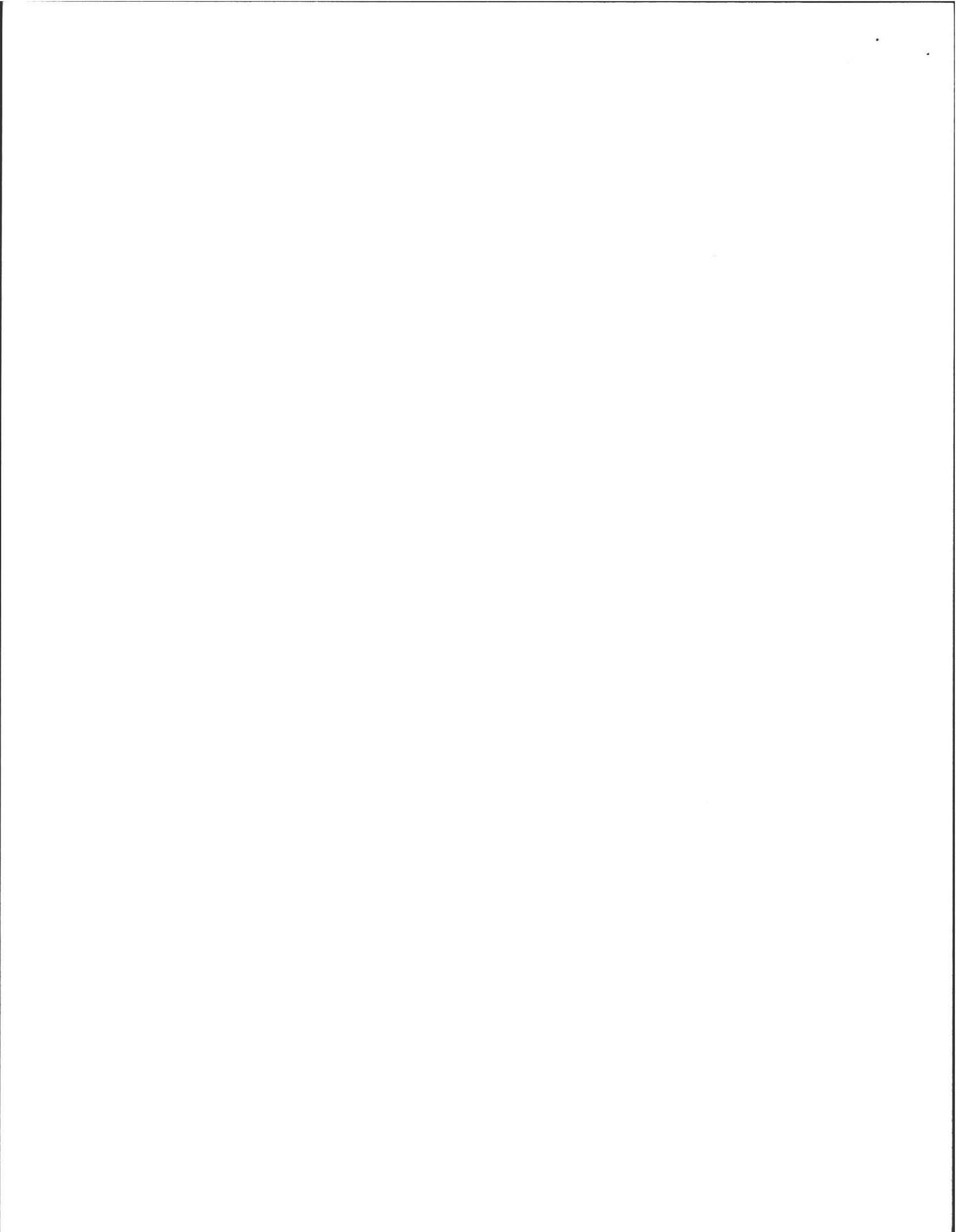
SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

4 Bdrm x 110 = 440 + 50% for G.G. = 660 gallons
 Perc Rate = 2 min/inch;
 Sides = 2.5 gal./s.f. Bottom = 10 gal./s.f.
 Leach Pit: 16 1/2' long x 7' wide x 5.8' deep
 Sides: 16 1/2' x 5' x 2 = 165 s.f. x 2.5 = 412.5
 7' x 5' x 2 = 70 s.f. x 2.5 = 175.0
 Bottom: 16 1/2' x 7' = 115.5 s.f. x 1.0 = 115.5
 Total = 703 gallons





DEEP SOIL LOGS

2 Lady Slipper

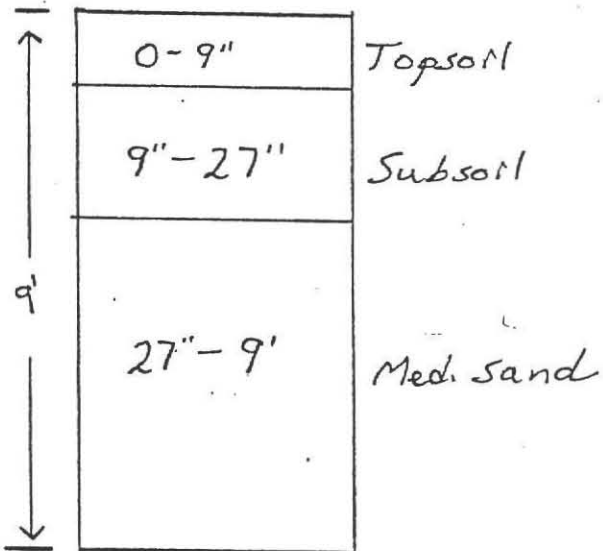
OWNER Stuart-Taylor Inc.

DATE April 25, 1986

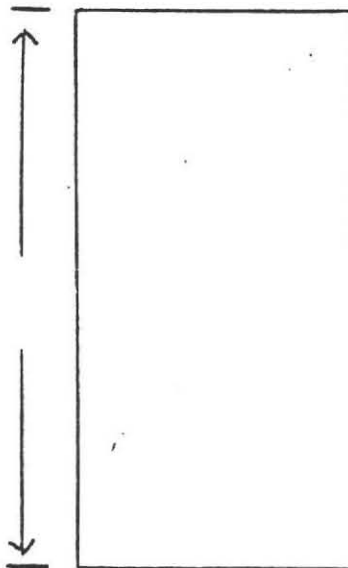
LOCATION Lot 92 Amherst Woods
Amherst, MA.

OBSERVER F.A. Filios

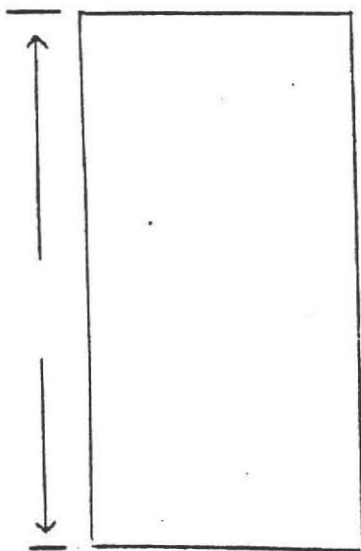
B of H C. Drake



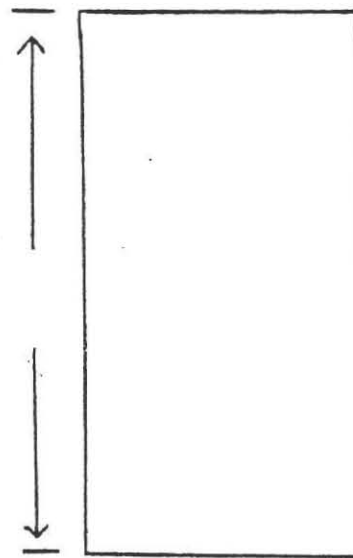
GROUND WATER NONE



GROUND WATER _____



GROUND WATER _____

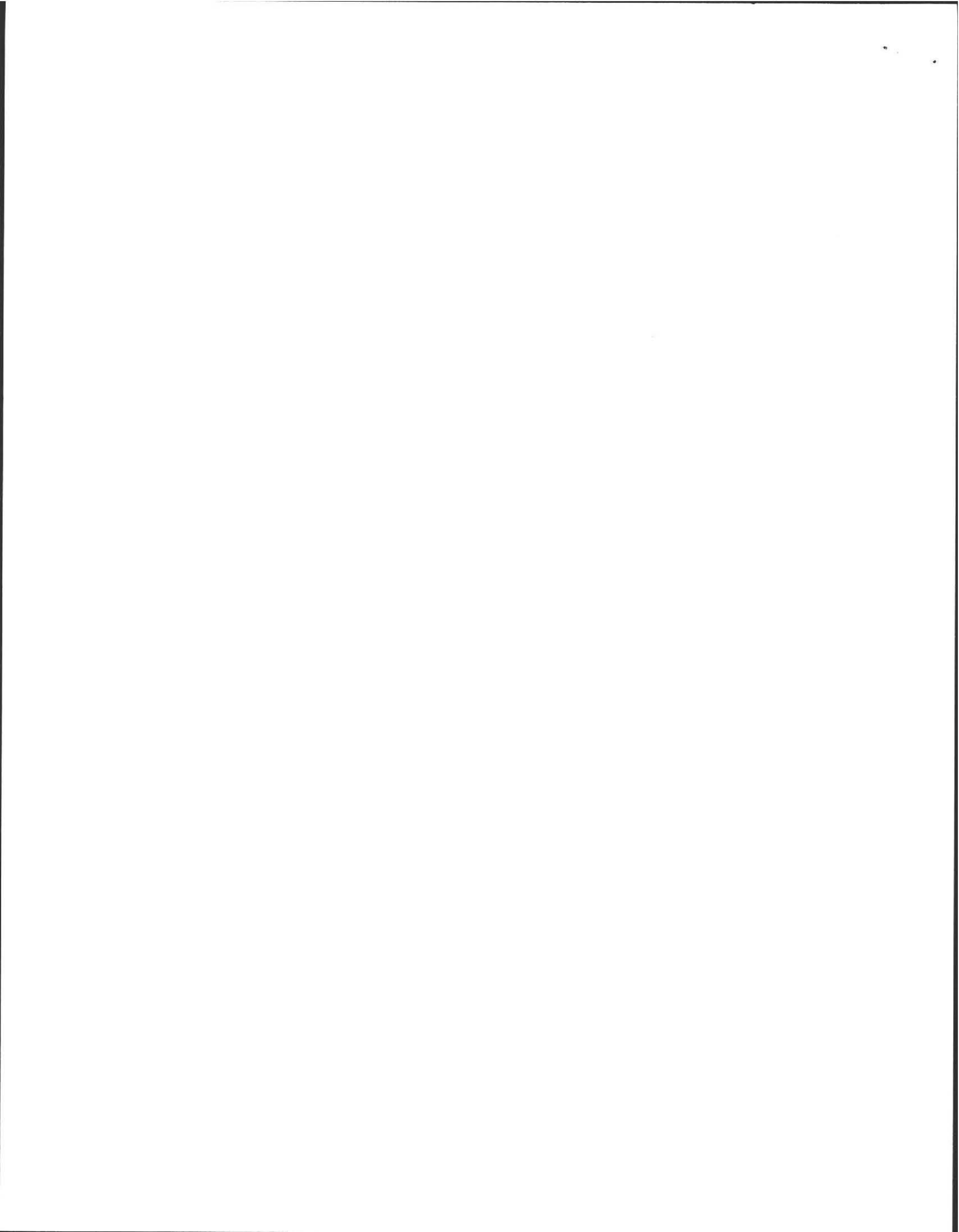


GROUND WATER _____

PERCOLATION RATE AT 37" :

2 min./inch





PLAN SHOWING SEWAGE DISPOSAL SYSTEM

FDR: Stuart - Taylor Inc
36 Emily Lane
Amherst, MA.

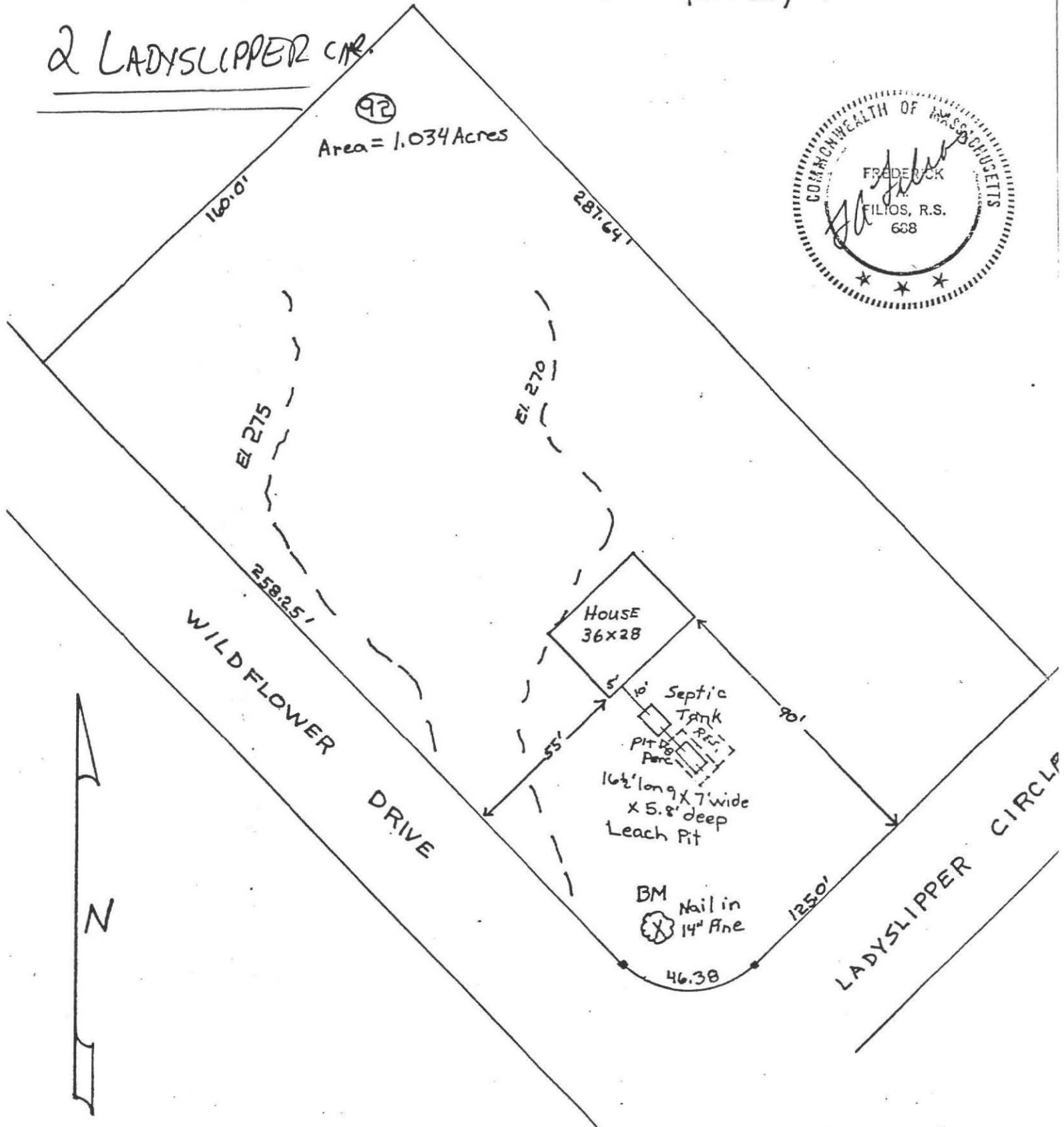
BY: F.A. Filios wt
69 Pelham Road
Amherst, MA.

AT: Lot 92
Amherst Woods
Amherst, MA.

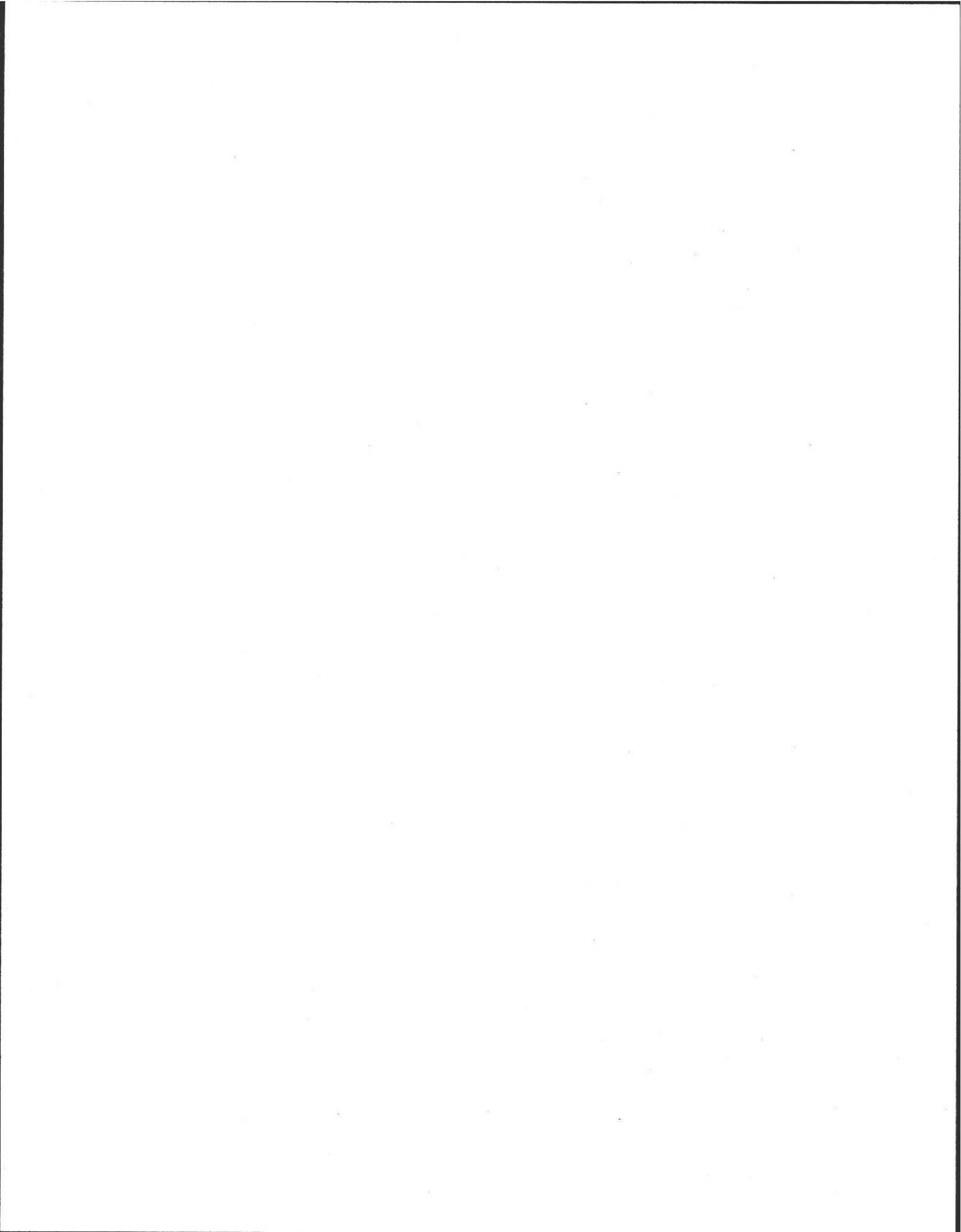
SCALE: 1" = 40'

DATE: April 21, 1986

2 LADYSLIPPER CIR.









**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

- 2IE Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

Title 5 Attachments

Prepared by:

**Cold Spring Environmental Consultants, Inc.
350 Old Enfield Road
Belchertown, MA. 01007**

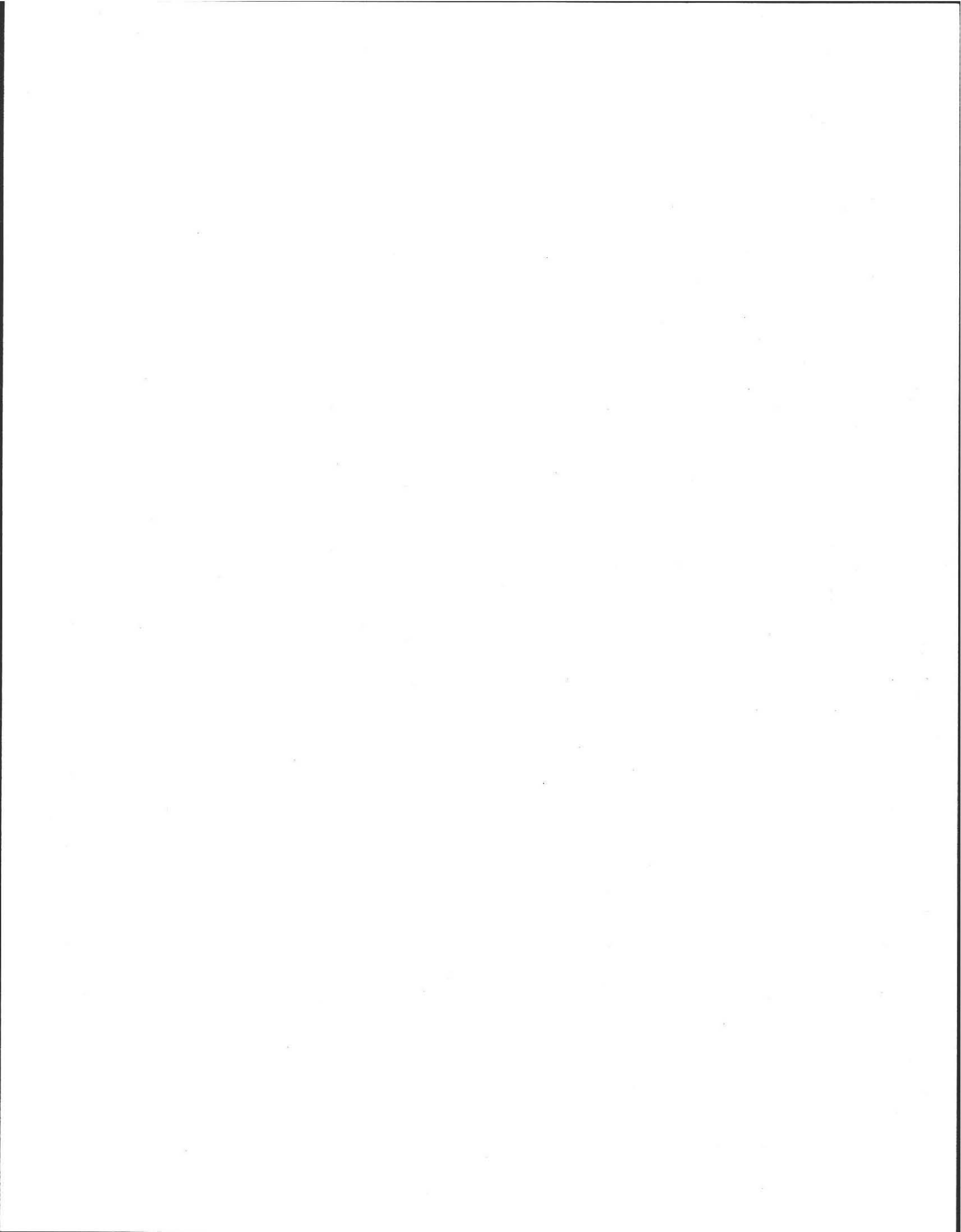
Prepared for:

**Ji Wang & Maoliang Xiang
2 Ladyslipper Lane
Amherst, MA 01002**

Project Number: 111-3539-0330

System Evaluator: Alan Weiss, RS

Date: March 30, 2011





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

100 Rocky Hill Road System #2 (east side) 1 Bedroom

Property Address

Deidre Kelleher Grass

Owner's Name

Hadley

MA

01035

03.30.2011 & 04.01.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

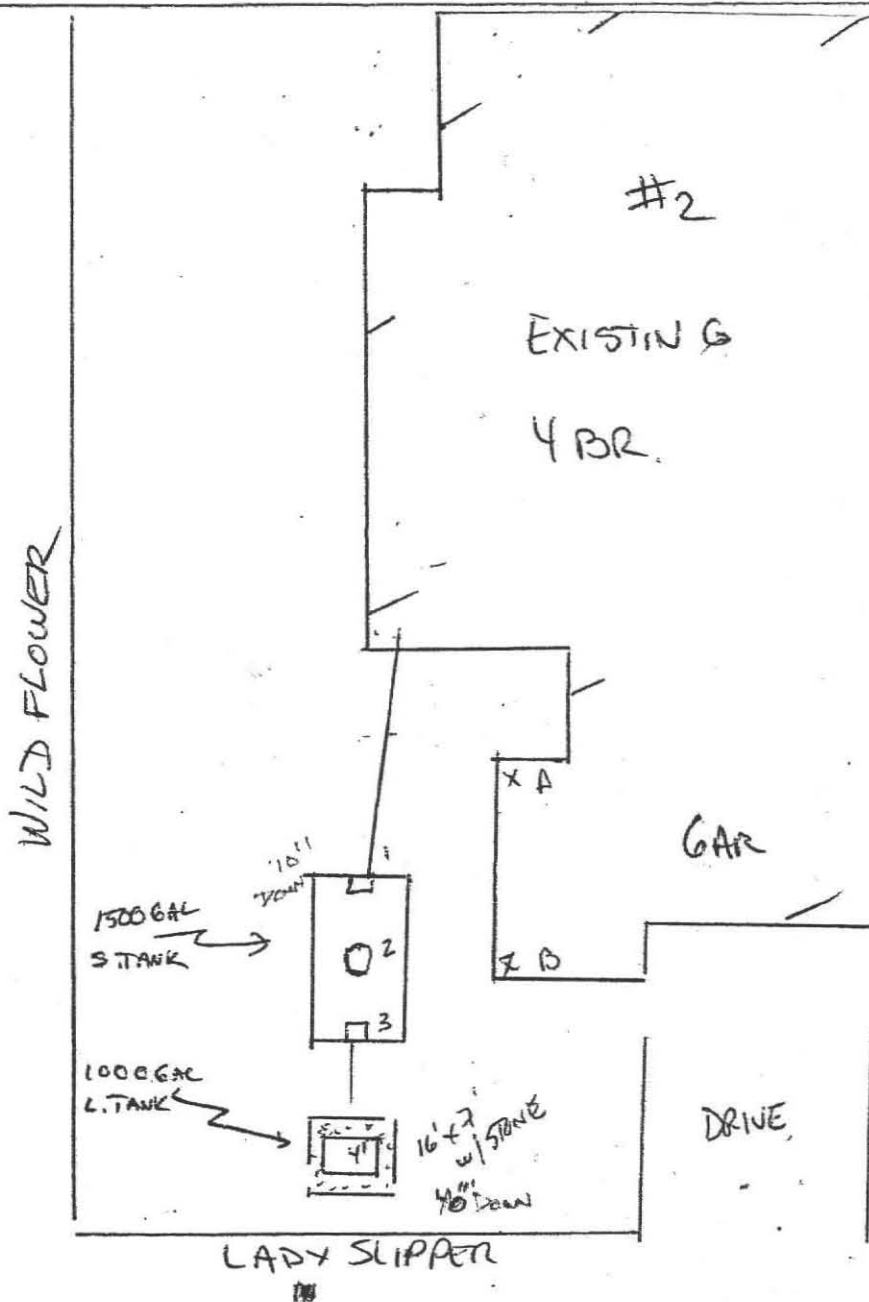
Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

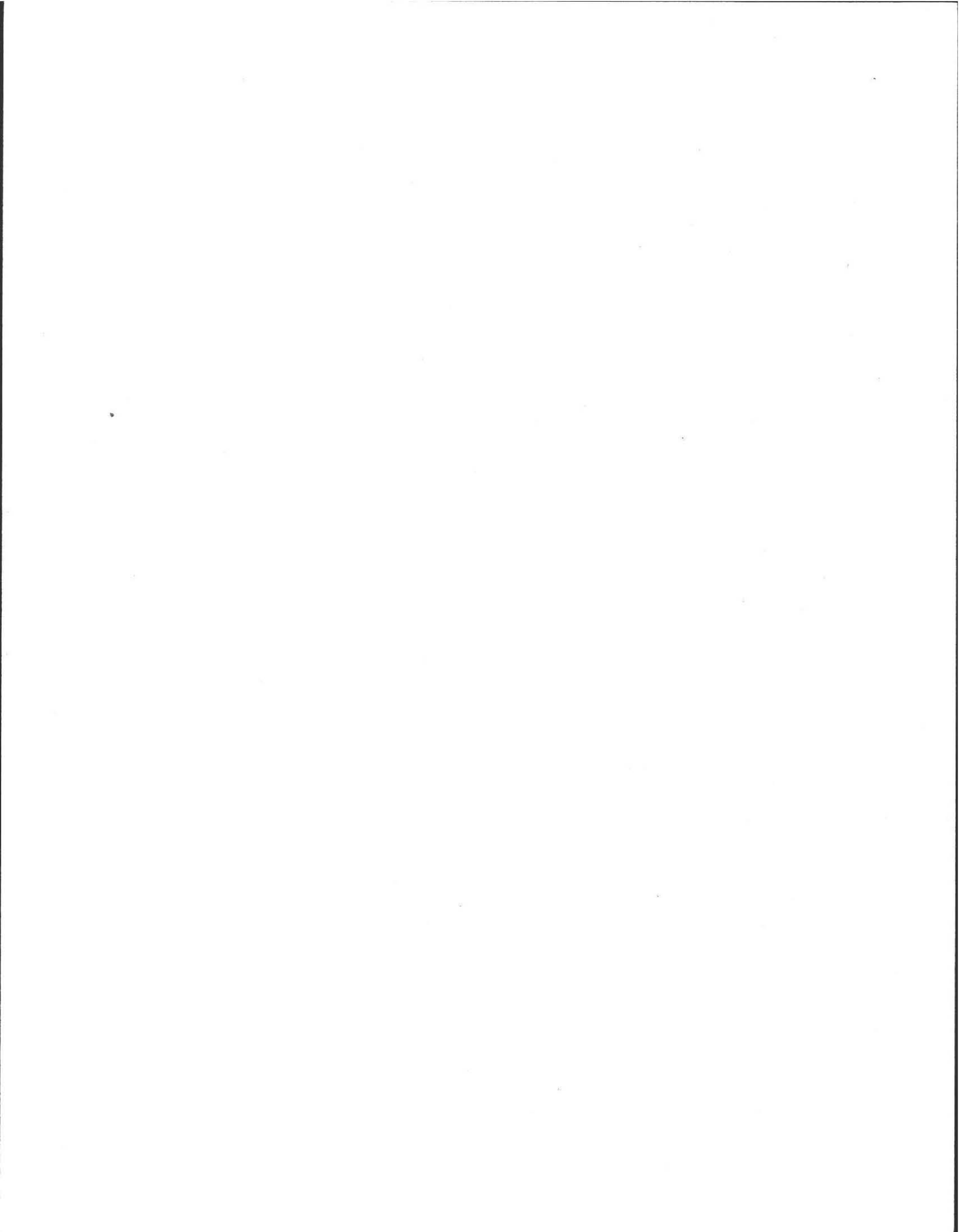
- hand-sketch in the area below
- drawing attached separately

Deas

A-1 = 23'
A-2 = 27'
A-3 = 31'
A-4 = 58'

B-1 = 14'
B-2 = 15'
B-3 = 17'-6"
B-4 = 31'





11-8
NO. 86-28
Notice Given

#2

APR 17 1986

11:45 AM

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:

2 Lady Slipper
AMHERST WOODS PHASE III Lady Slipper #92
STUART-TAYLOR INC 36 EMILY LANE AMHERST, MA
RICHARD ROSEN 4 HEMWAY RD LEVANT

Type of Building _____ Size Lot 450.41 Sq. feet
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures _____

Design Flow 55 gallons per person per day. Total daily flow 6600 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 10 Width 5 Diameter _____ Depth 5
Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 1 Diameter 16 1/2 x 7 Depth below inlet 5' Total leaching area 235 sq. ft. Sides Bottom
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. FILIOS Date Ap 25, 1985
Test Pit No. 1 2 minutes per inch Depth of Test Pit 37" Depth to ground water _____
Test Pit No. 2 _____ minutes per inch Depth of Test Pit 9' Depth to ground water NONE

Description of Soil Attached

Nature of Repairs or Alterations - Answer when applicable _____

Agreement:
The undersigned agrees to install the aforescribed 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.

Signed _____ Date 4/24/86
Application Approved By _____ Date 4/25/86
Application Disapproved for the following reasons: _____

Permit No. 86-28 Issued 4/25/86 Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

OF
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____ Installer at _____ 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. _____ dated _____

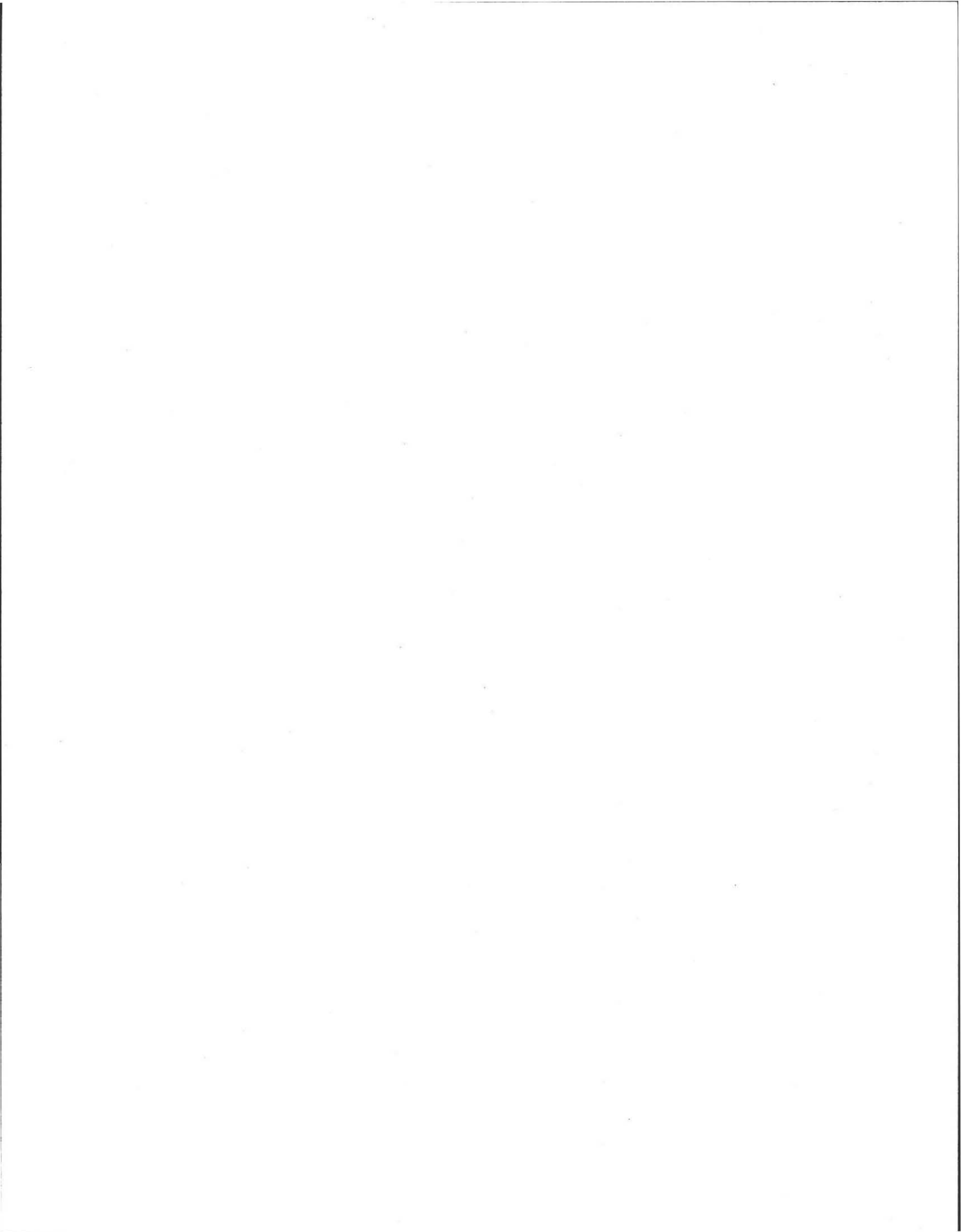
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.
DATE _____ Inspector _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

No. 86-28 Town OF Amherst FEE 98

Disposal Works Construction Permit

Permission is hereby granted STUART-TAYLOR R. ROSEN to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot 92 - AMHERST WOODS Street 86-28 as shown on the application for Disposal Works Construction Permit No. 86-28 Dated 4/25/86
DATE 4/25/86 Board of Health



PLAN SHOWING SEWAGE DISPOSAL SYSTEM

FDR: Stuart-Taylor Inc
36 Emily Lane
Amherst, MA.

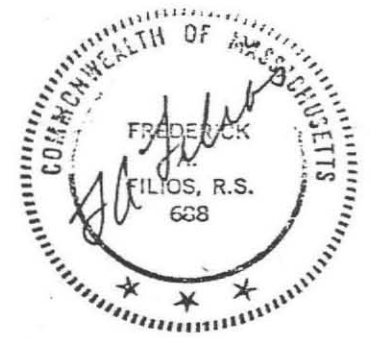
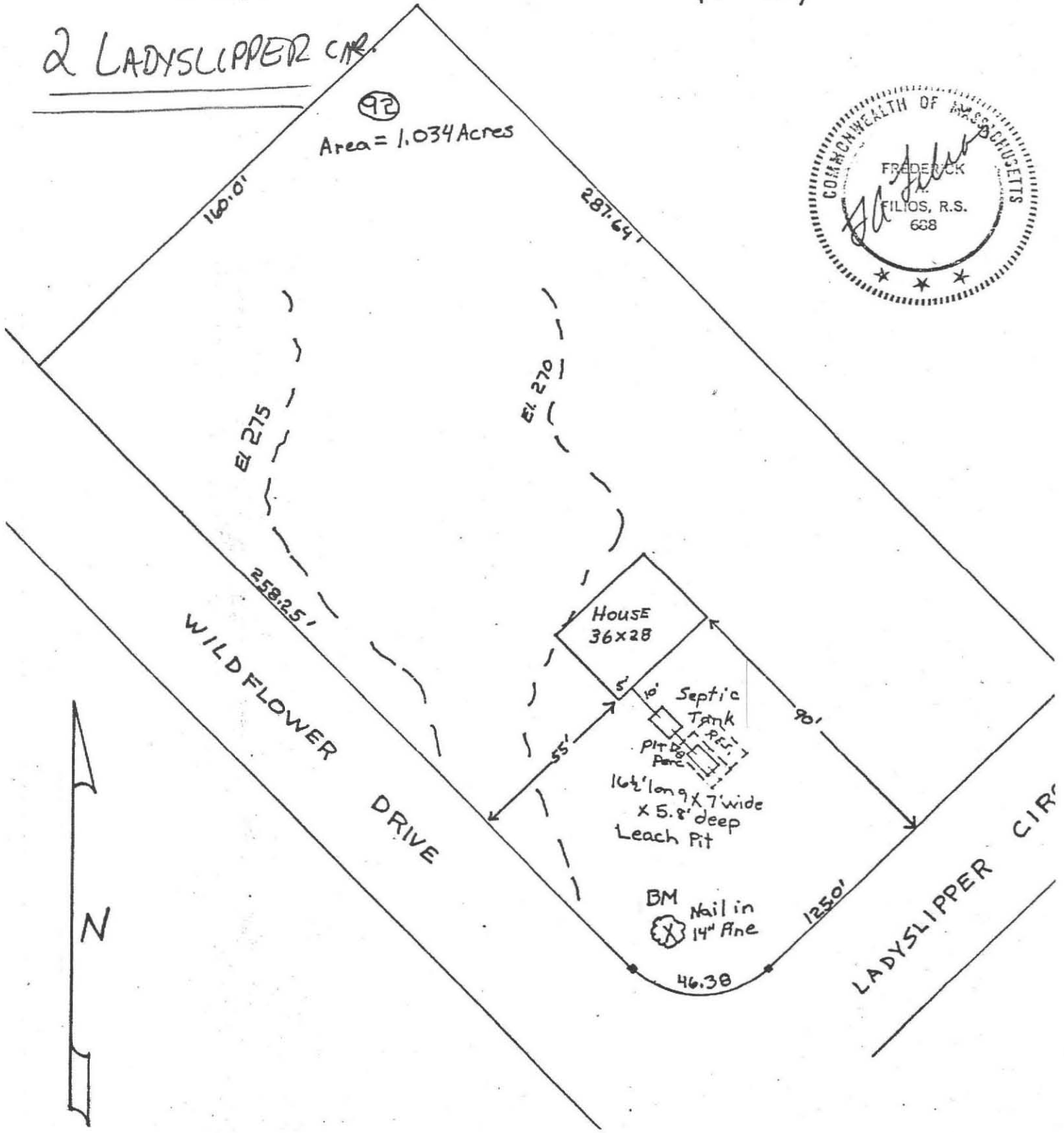
BY: F.A. Filios wt
69 Pelham Road
Amherst, MA.

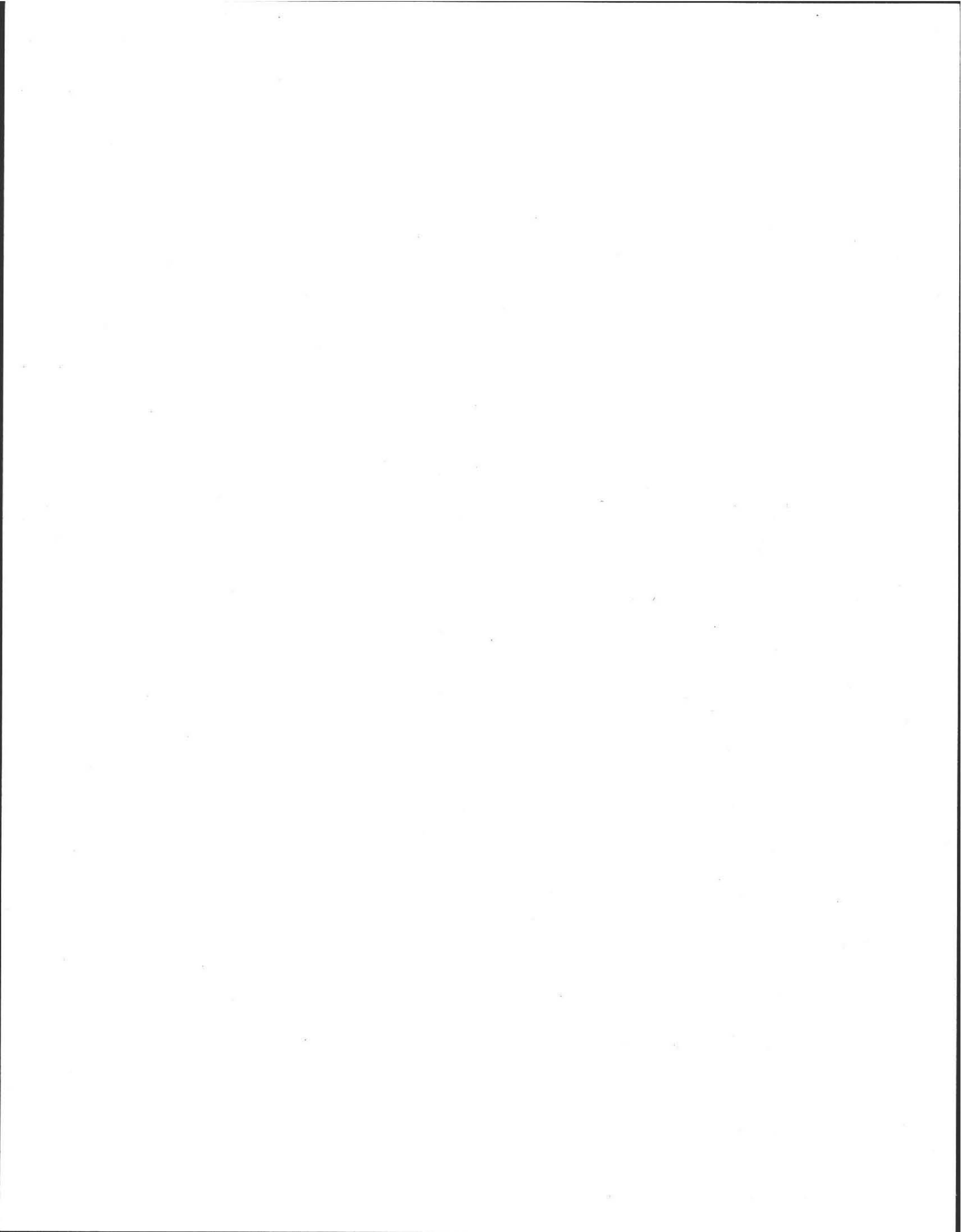
AT: Lot 92
Amherst Woods
Amherst, MA.

SCALE: 1"=40'

DATE: April 21, 1986

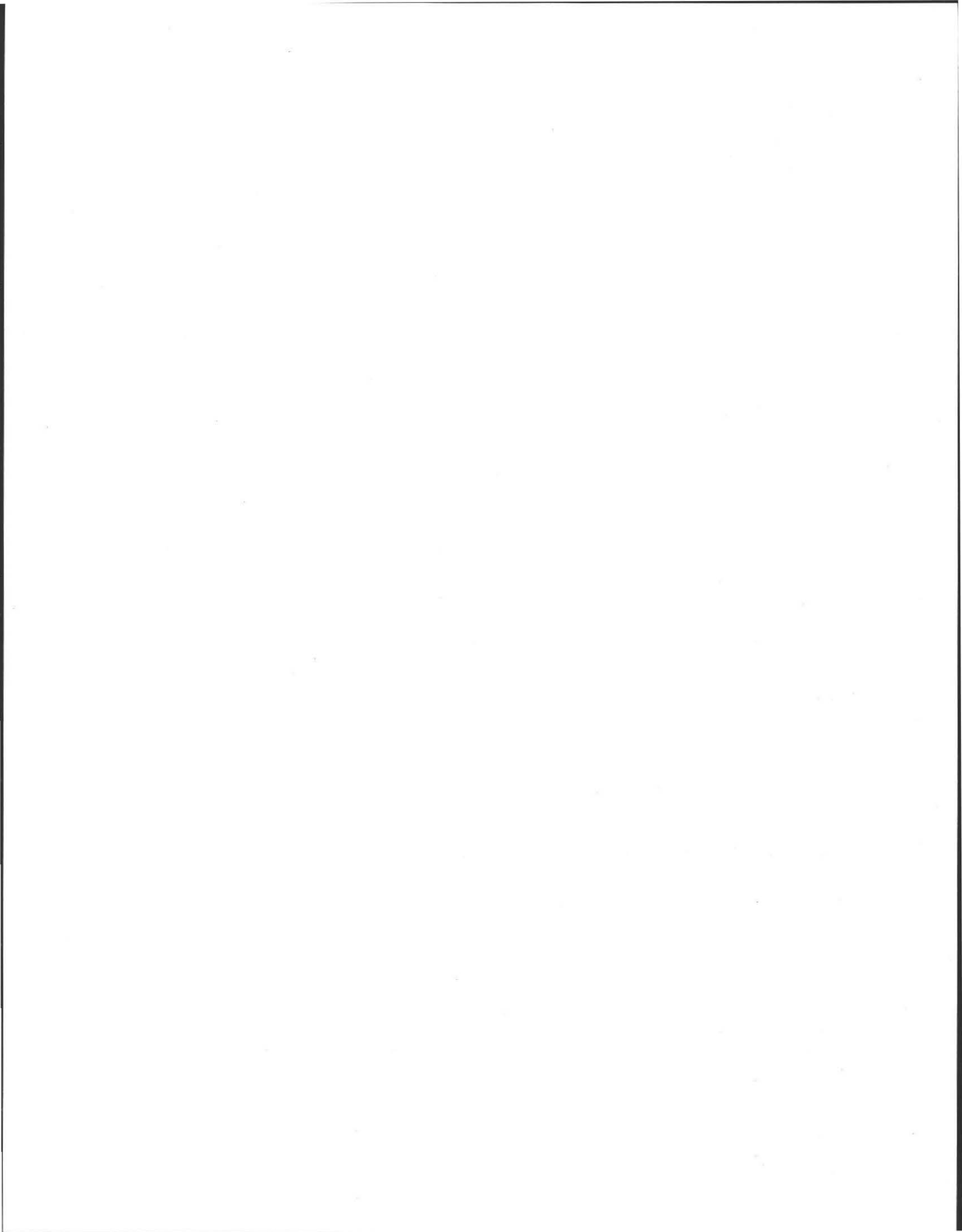
2 LADYSLIPPER CIR.

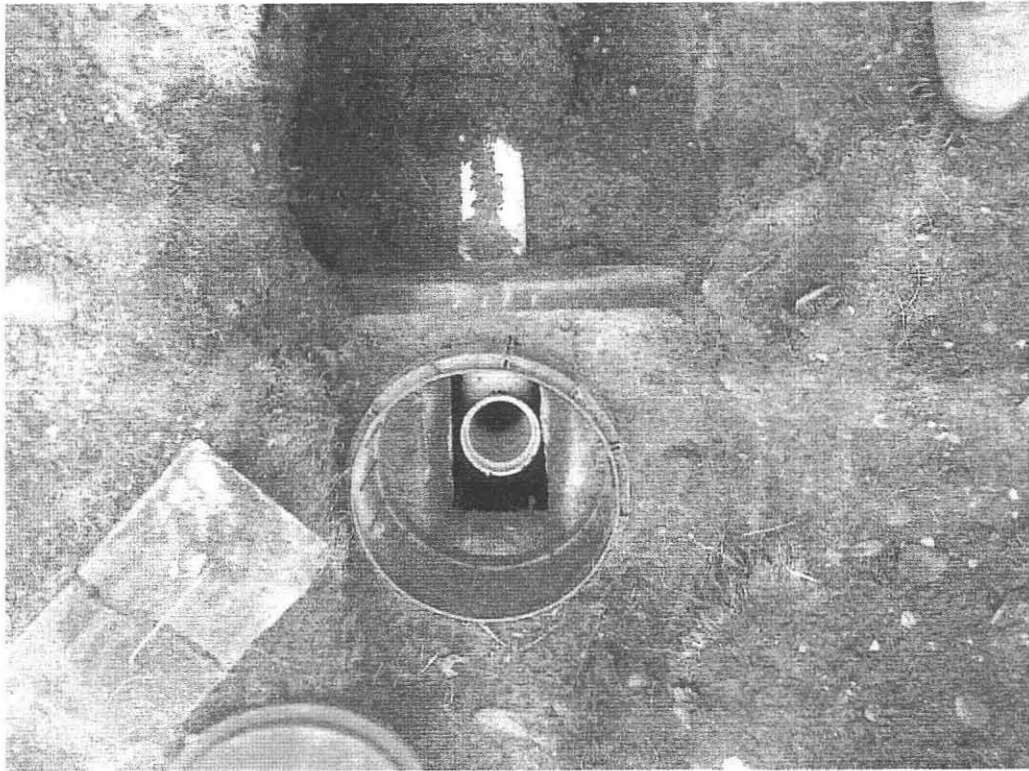




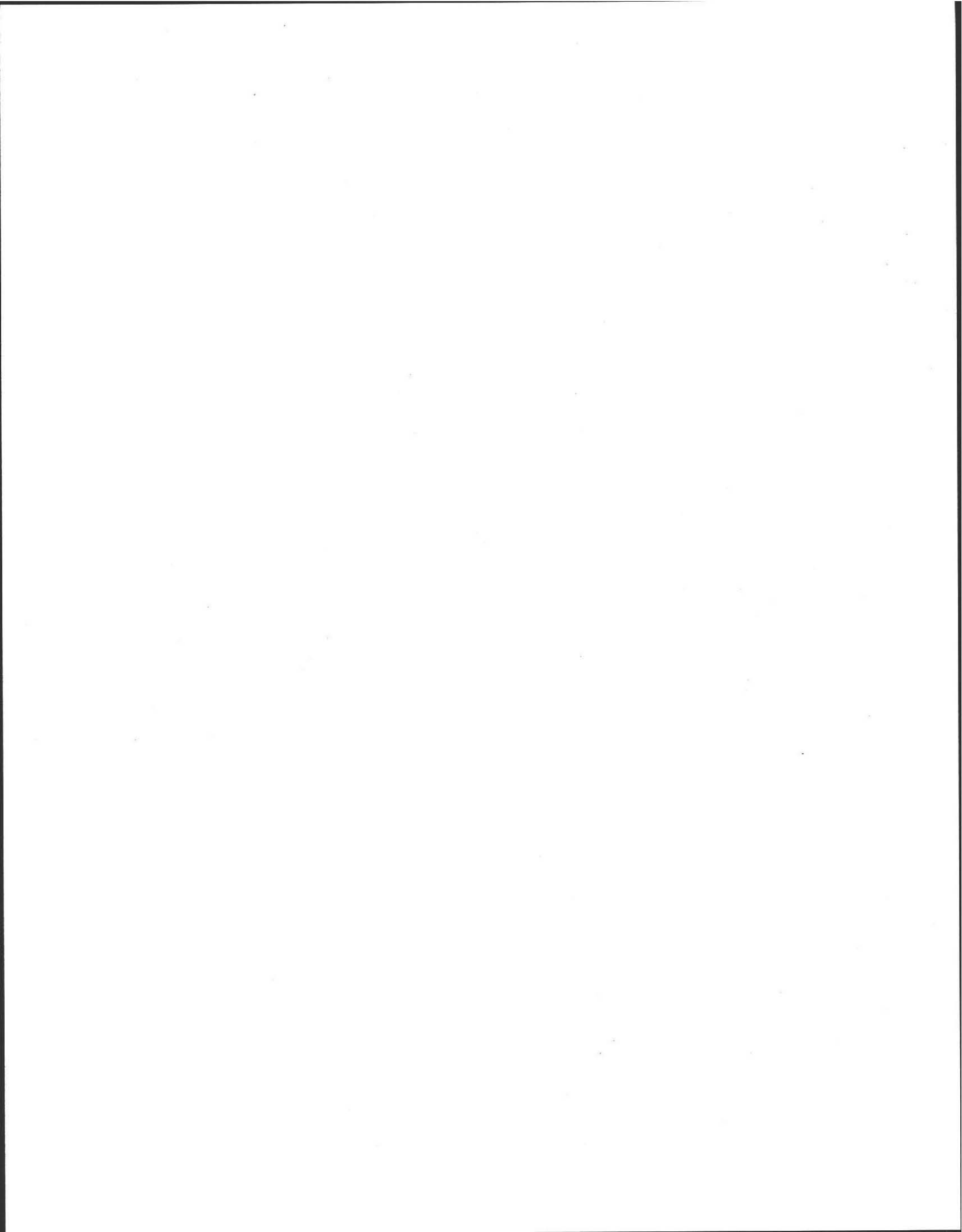


L. Tank and S. Tank
2 Ladyslipper Lane
Amherst MA
03.30.2011



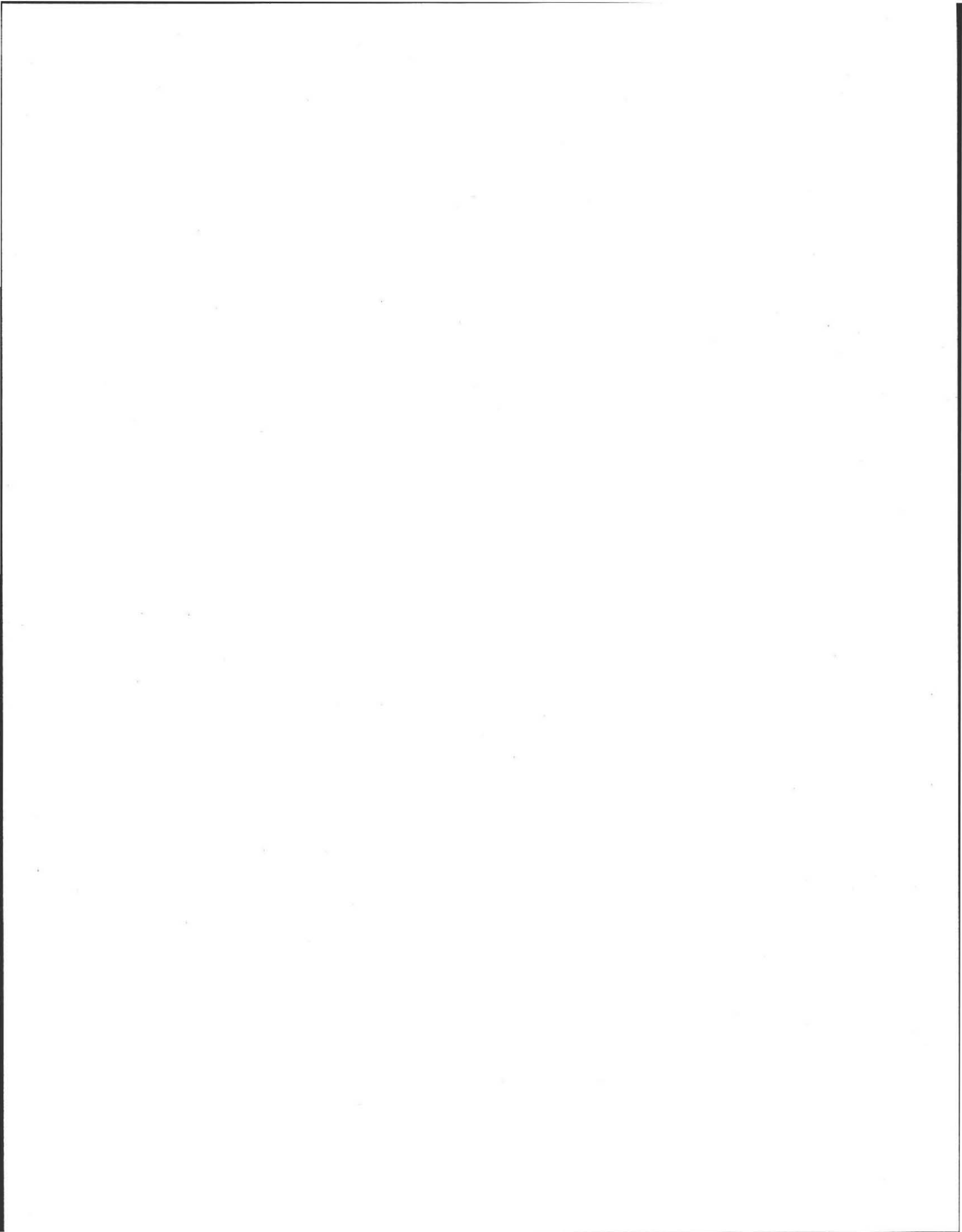


S. Tank Repaired outlet Tee
2 Ladyslipper Lane
Amherst MA
03.30.2011



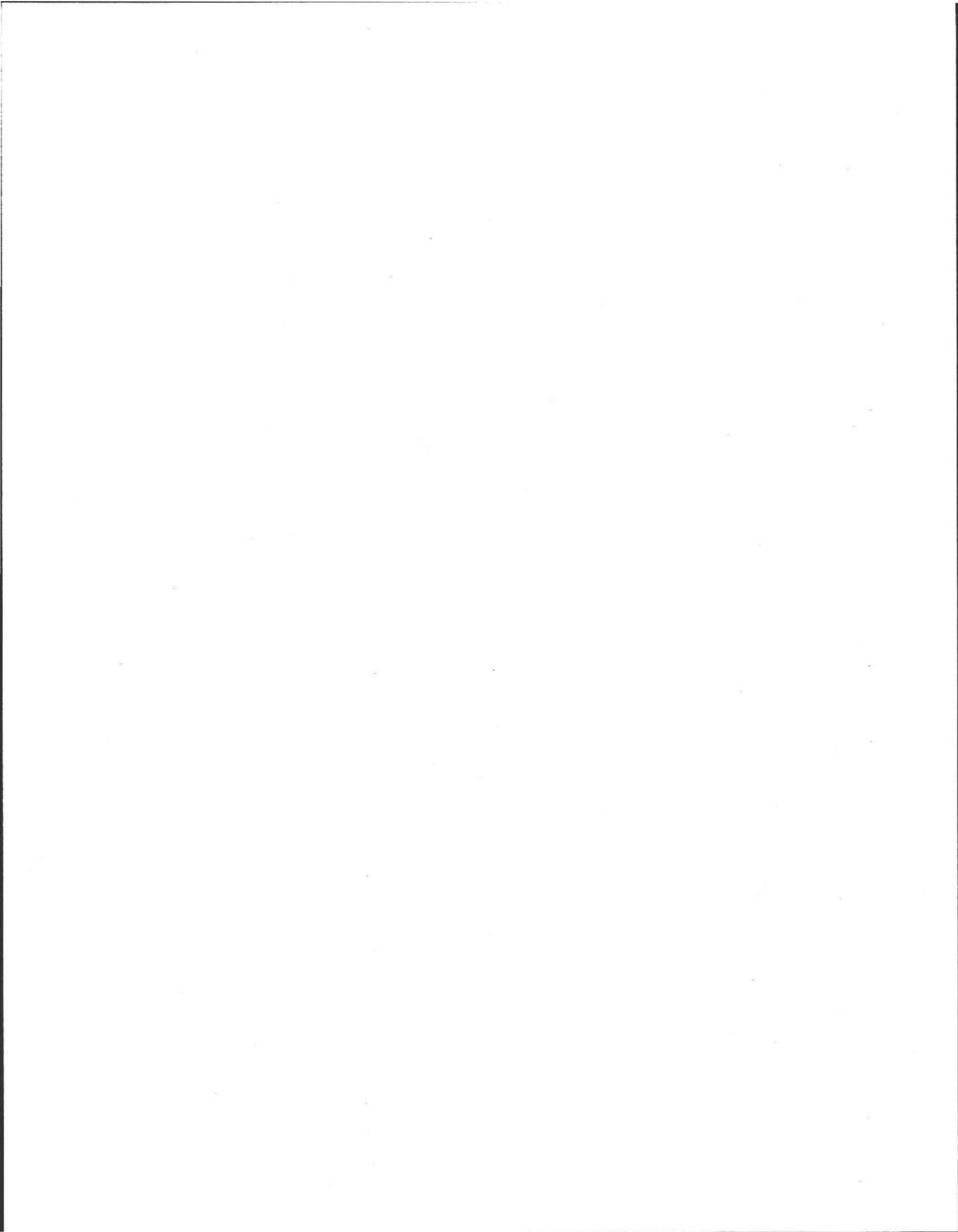


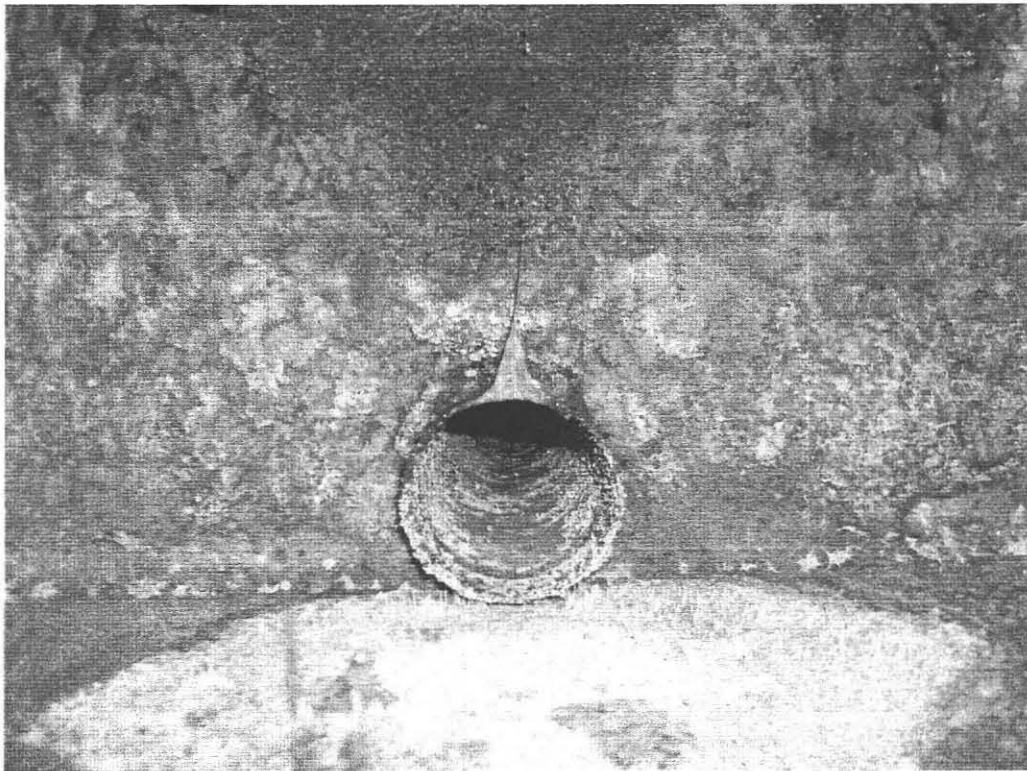
Inlet Baffle
2 Ladyslipper Lane
Amherst MA
03.30.2011





L. Tank top
2 Ladyslipper Lane
Amherst MA
03.30.2011

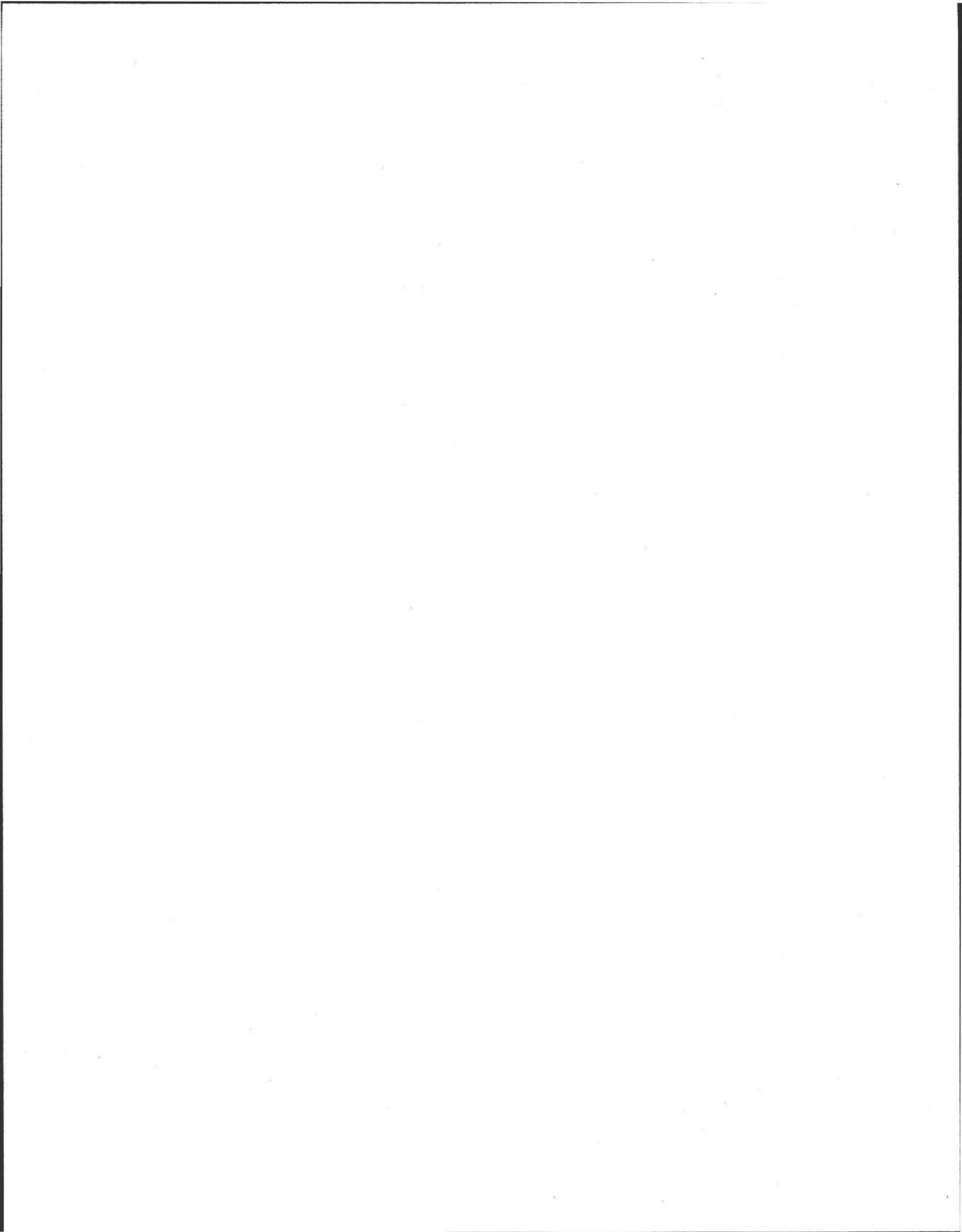




↑
To
Bottom

L. Tank inlet pipe

2 Ladyslipper Lane
Amherst MA
03.30.2011





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.31.2011

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. Please see completeness checklist at the end of the form.

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

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

RS 933

License Number

B. Certification

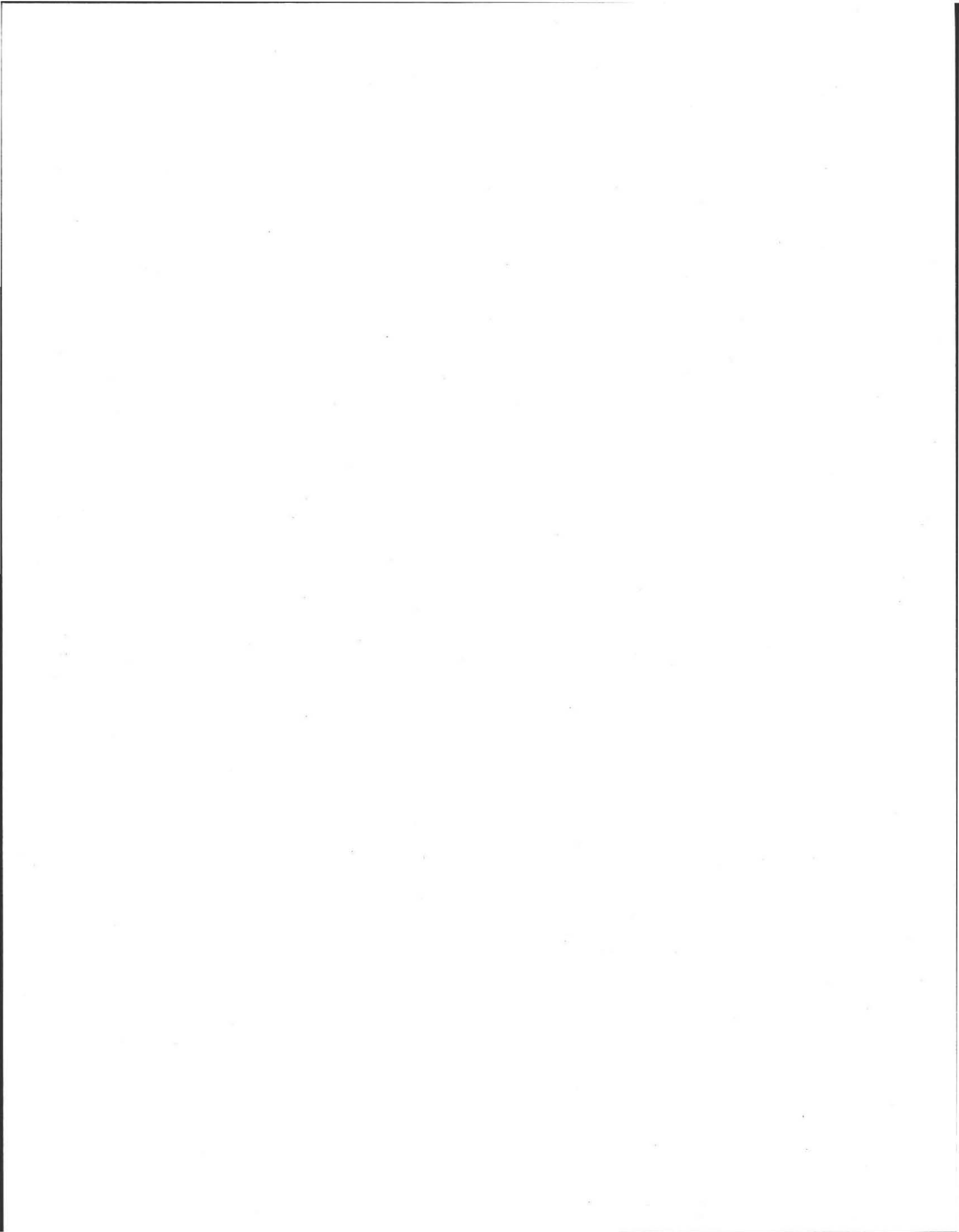
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on 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, Date: 03.31.2011

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.

***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.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

MA

01002

03.31.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

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:

System was found to pass, Septic tank was ok (1500 gallon), broken outlet baffle replaced, L. tank was found in good conditon with no ponding (48" effective ht.). L. tank and S. tank had no high staining over invert. (Tank was pumped after inspection). (1986 Permit attached).

B) System Conditionally Passes:

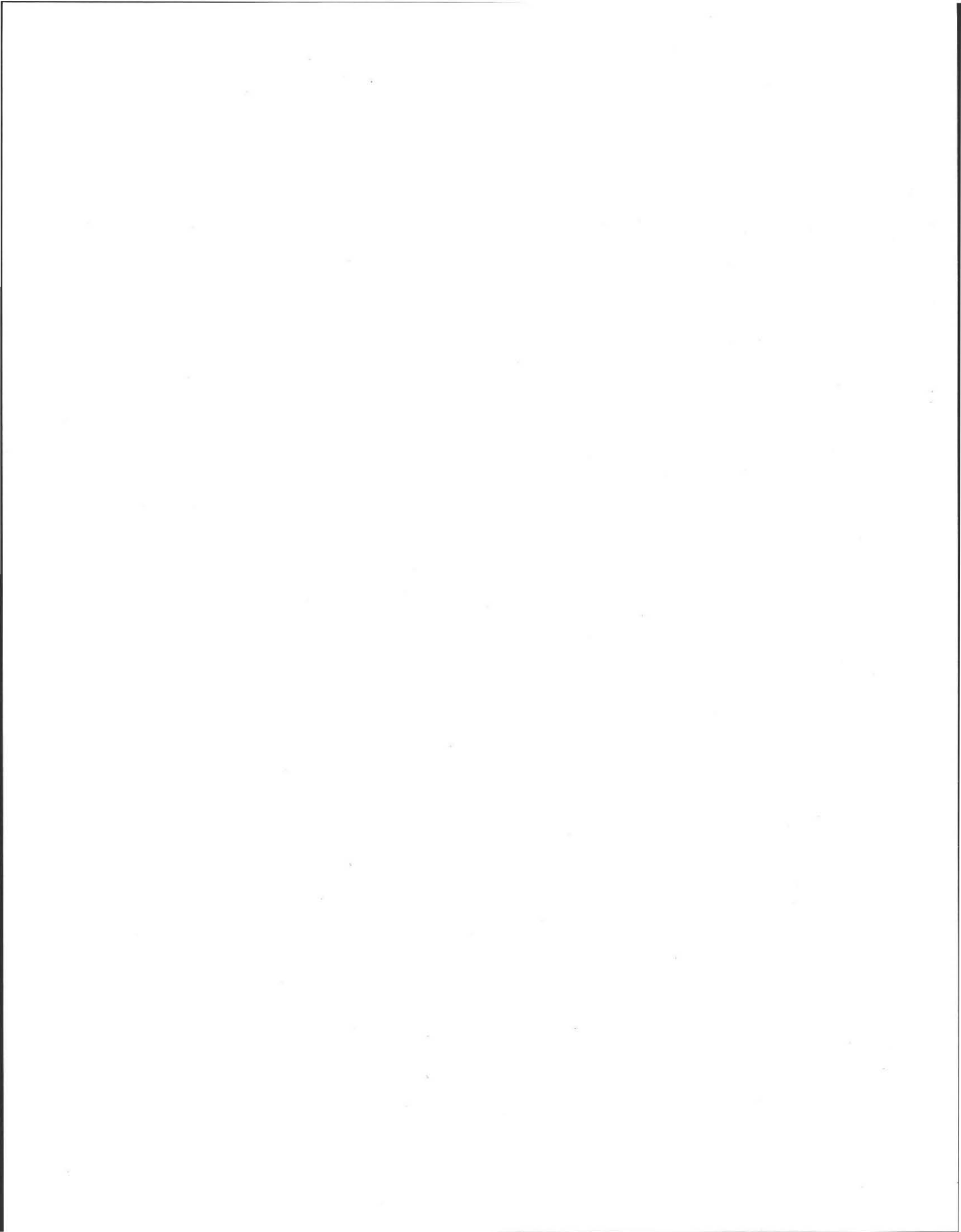
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

- Y N ND (Explain below):





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

MA

01002

03.31.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

B) System Conditionally Passes (cont.):

Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

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):

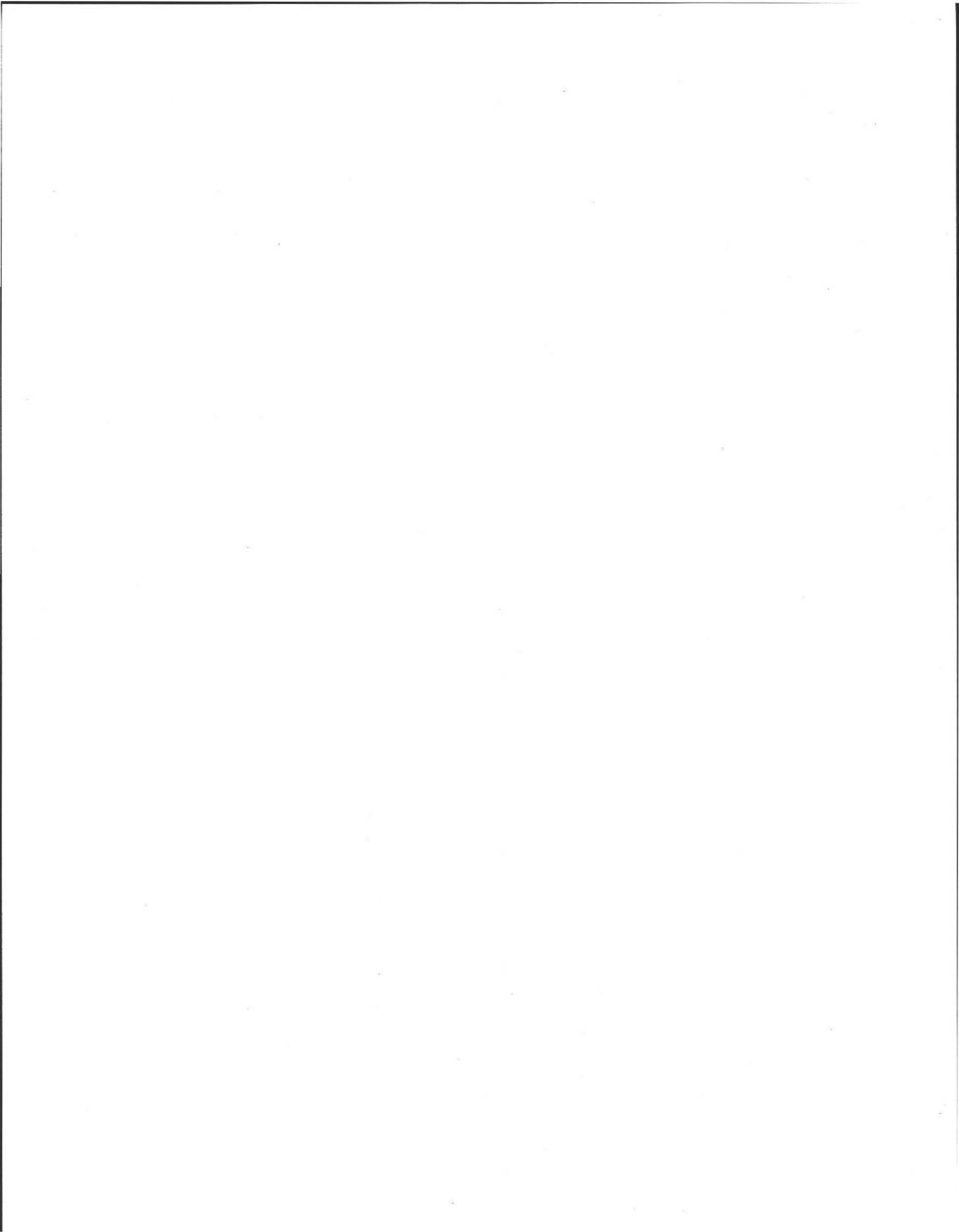
- broken pipe(s) are replaced
obstruction is removed

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

MA

01002

03.31.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

- Four checkbox options regarding septic tank and SAS proximity to surface water, public water supply, and private water supply wells.

** 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.

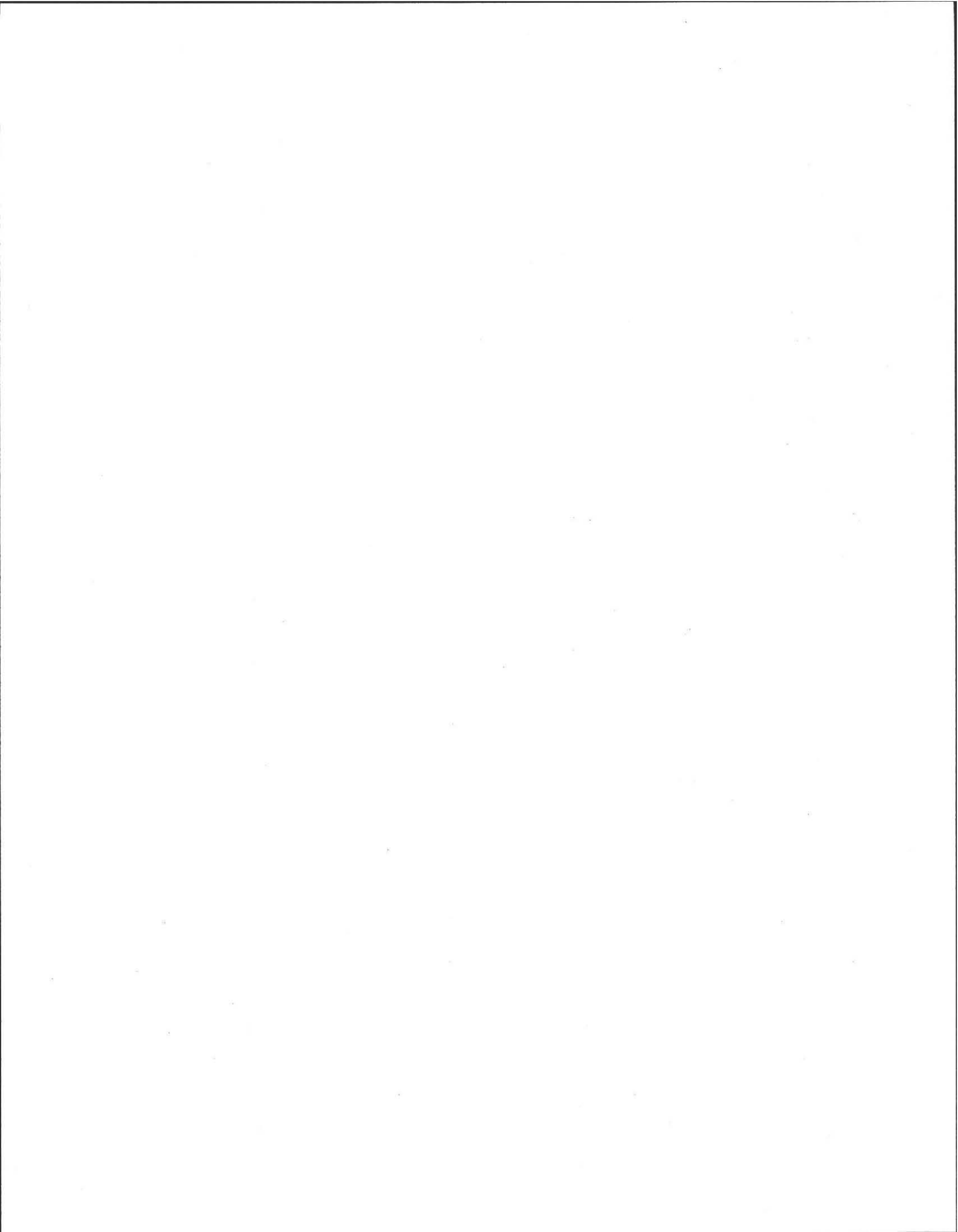
3. Other:

Four horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns 'Yes' and 'No' and four rows of failure criteria related to sewage backup, discharge, and liquid levels.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.31.2011

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

Yes No

- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____.
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for 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.

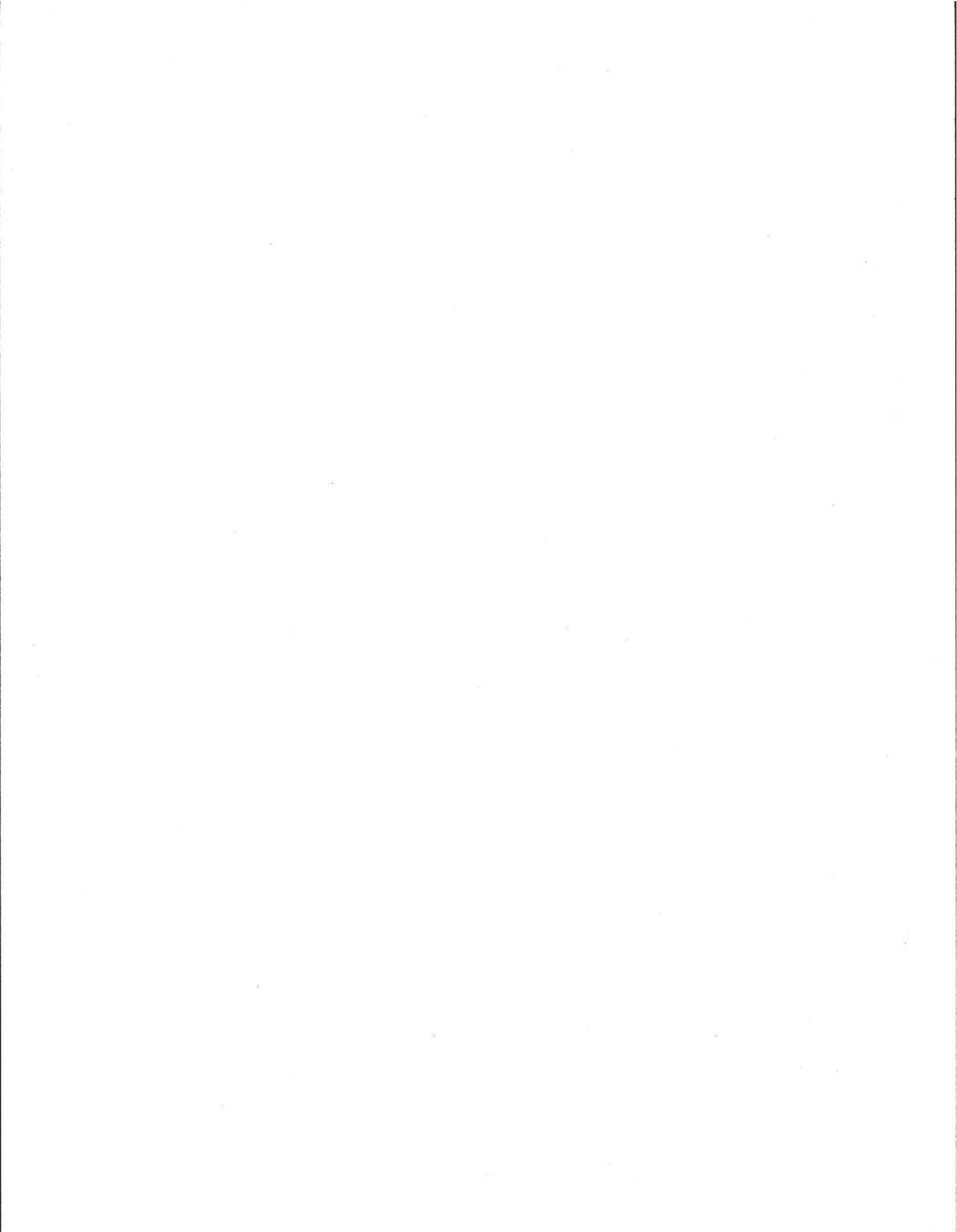
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

MA

01002

03.31.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

C. Checklist

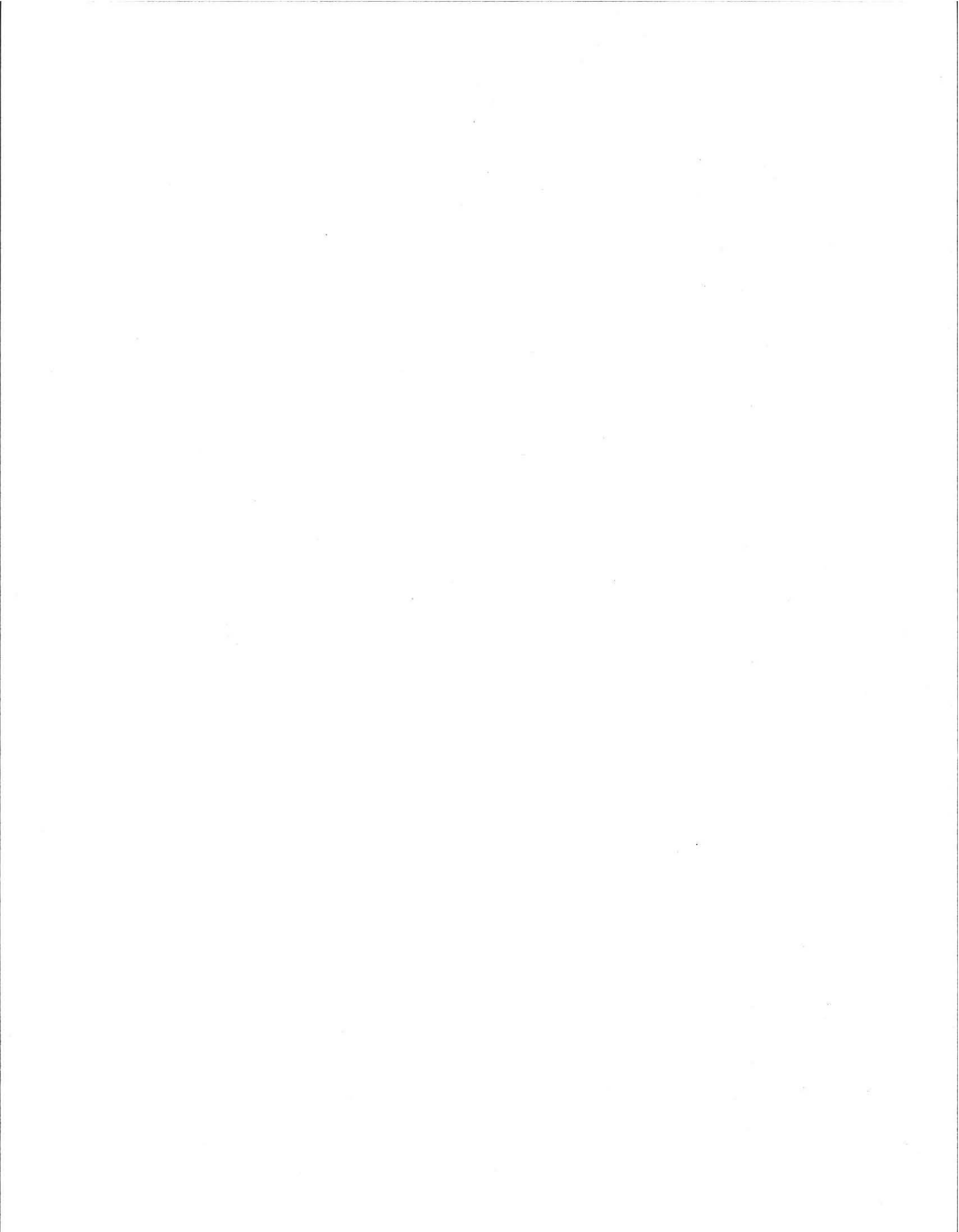
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, water introduction, plans, facility inspection, site inspection, system components location, septic tank manholes, facility owner information, and determination of distance.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.31.2011

Date of Inspection

D. System Information

Description:

1985 F. Filios design

Number of current residents:

4

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)):

Detail:

Sump pump?

Yes No

Last date of occupancy:

current
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes No

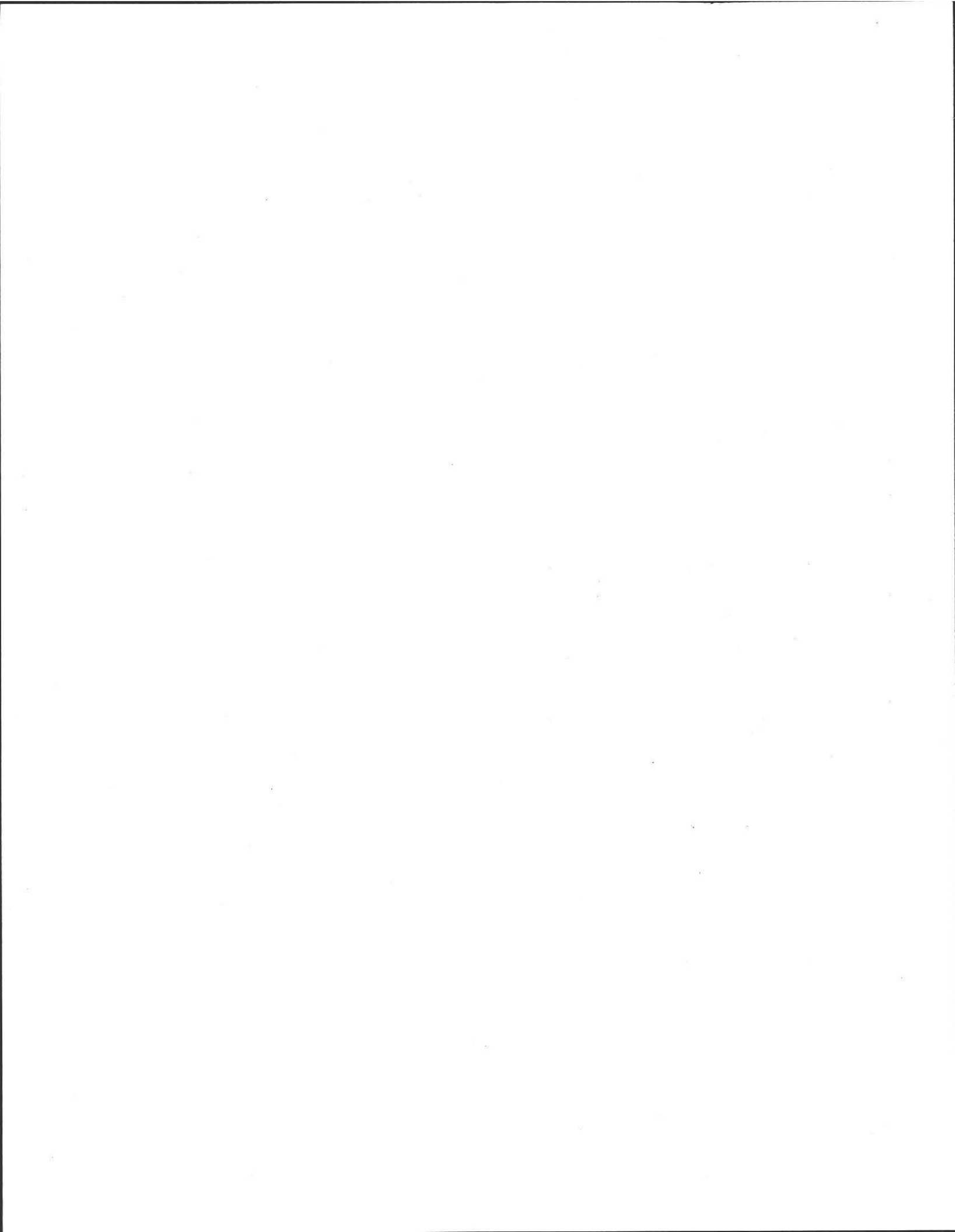
Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:





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2 Ladyslipper Circle

Property Address

Ji Wang & Maoliang Xiang

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.31.2011

Date of Inspection

D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

2002 & 2006

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

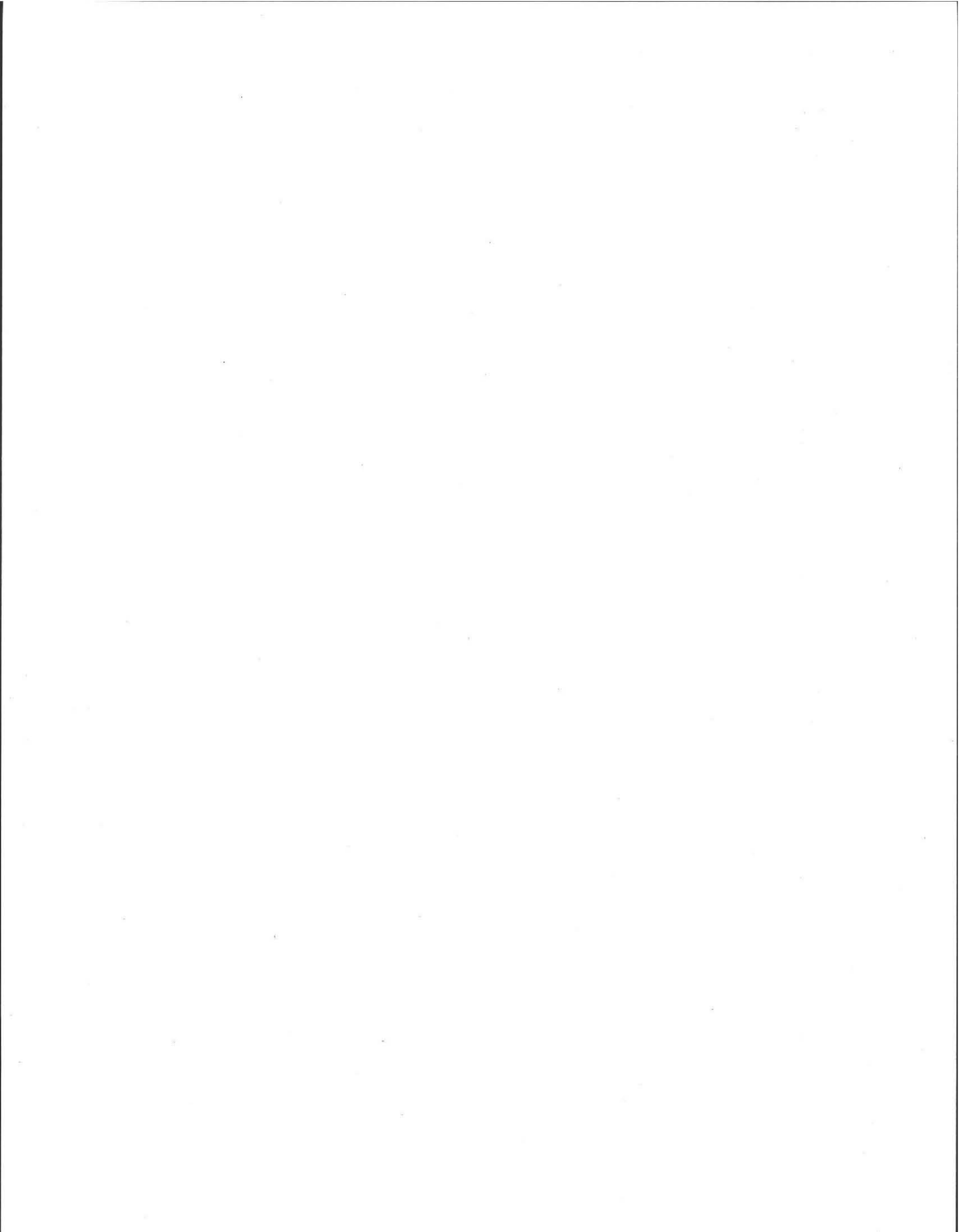
Volume

Reason for pumping:

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):





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D. System Information (cont.)

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

25+ yrs L. tank , S. tank is older

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

.1.5'
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

-
feet

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

Septic Tank (locate on site plan):

Depth below grade:

10"
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)

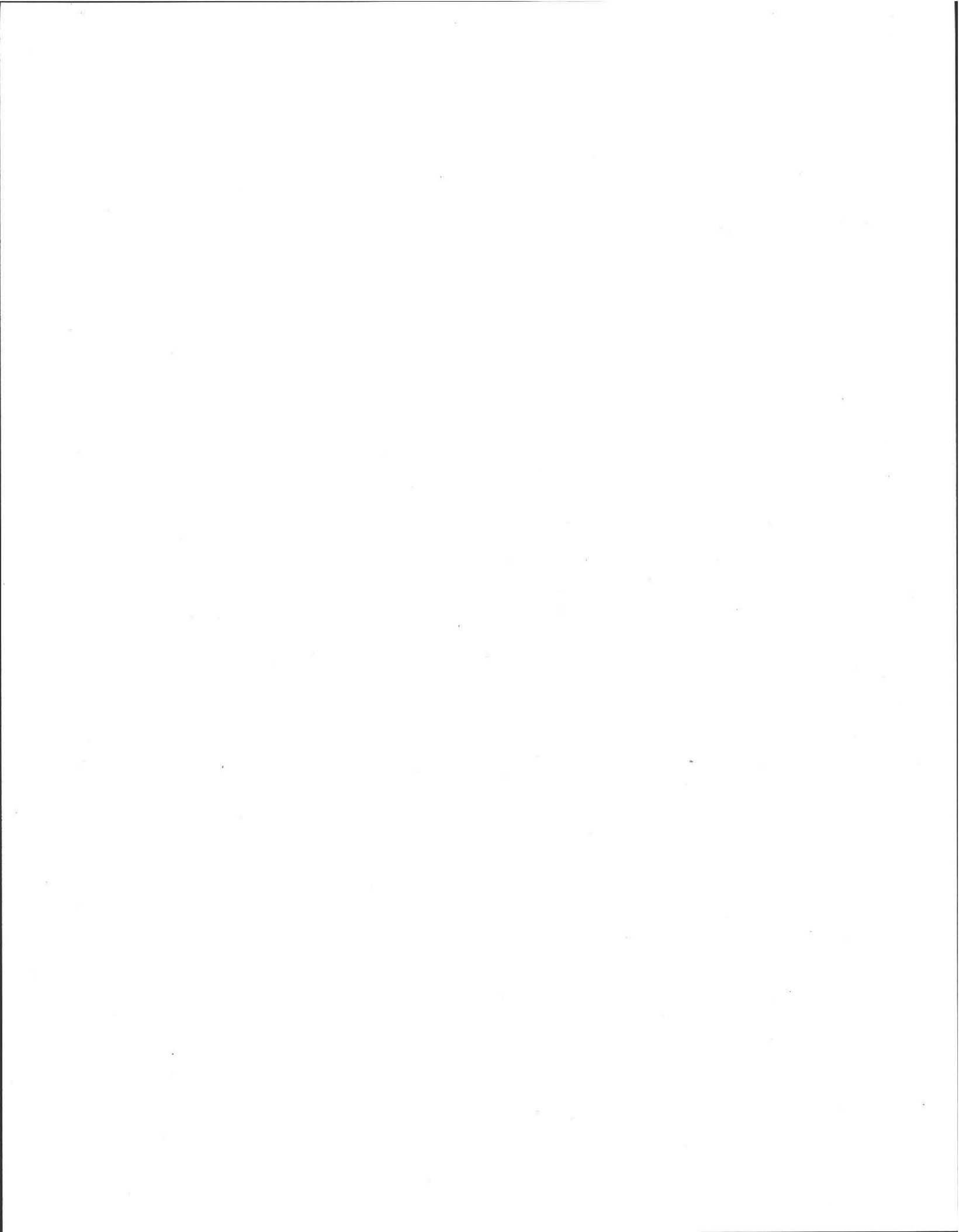
Yes No

Dimensions:

10.' x 5.' x 4.5'

Sludge depth:

3"





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 35"

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 10"

How were dimensions determined? Meas.

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 was ok with good level, Broken outlet baffle replaced with tee, pumping completed.

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

Concrete metal fiberglass polyethylene other (explain):

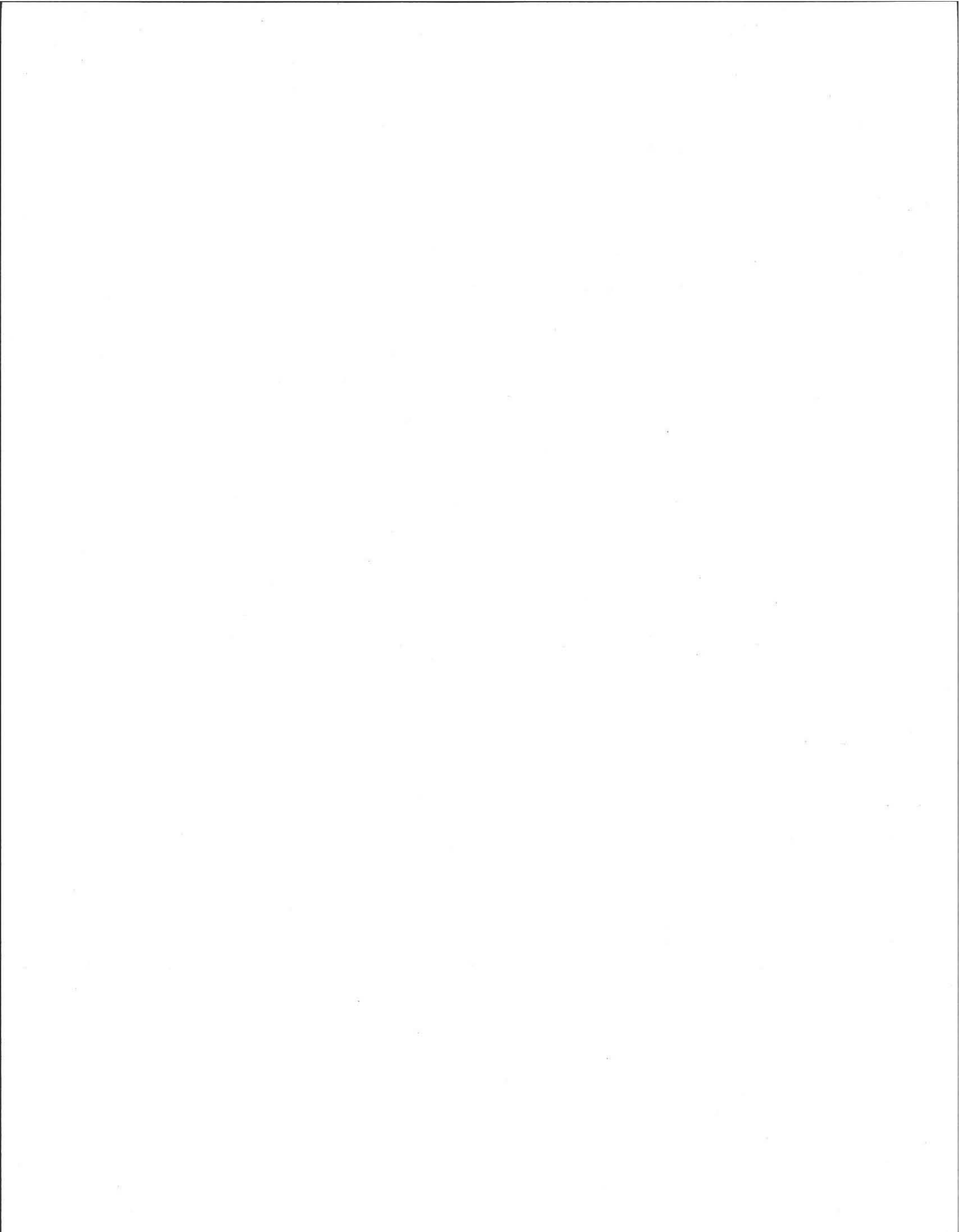
Dimensions:

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





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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.):

Three horizontal lines for entering comments.

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

Depth below grade:

Material of construction:

Material selection options: concrete, metal, fiberglass, polyethylene, other (explain):

Dimensions:

Capacity:

Design Flow:

Alarm present:

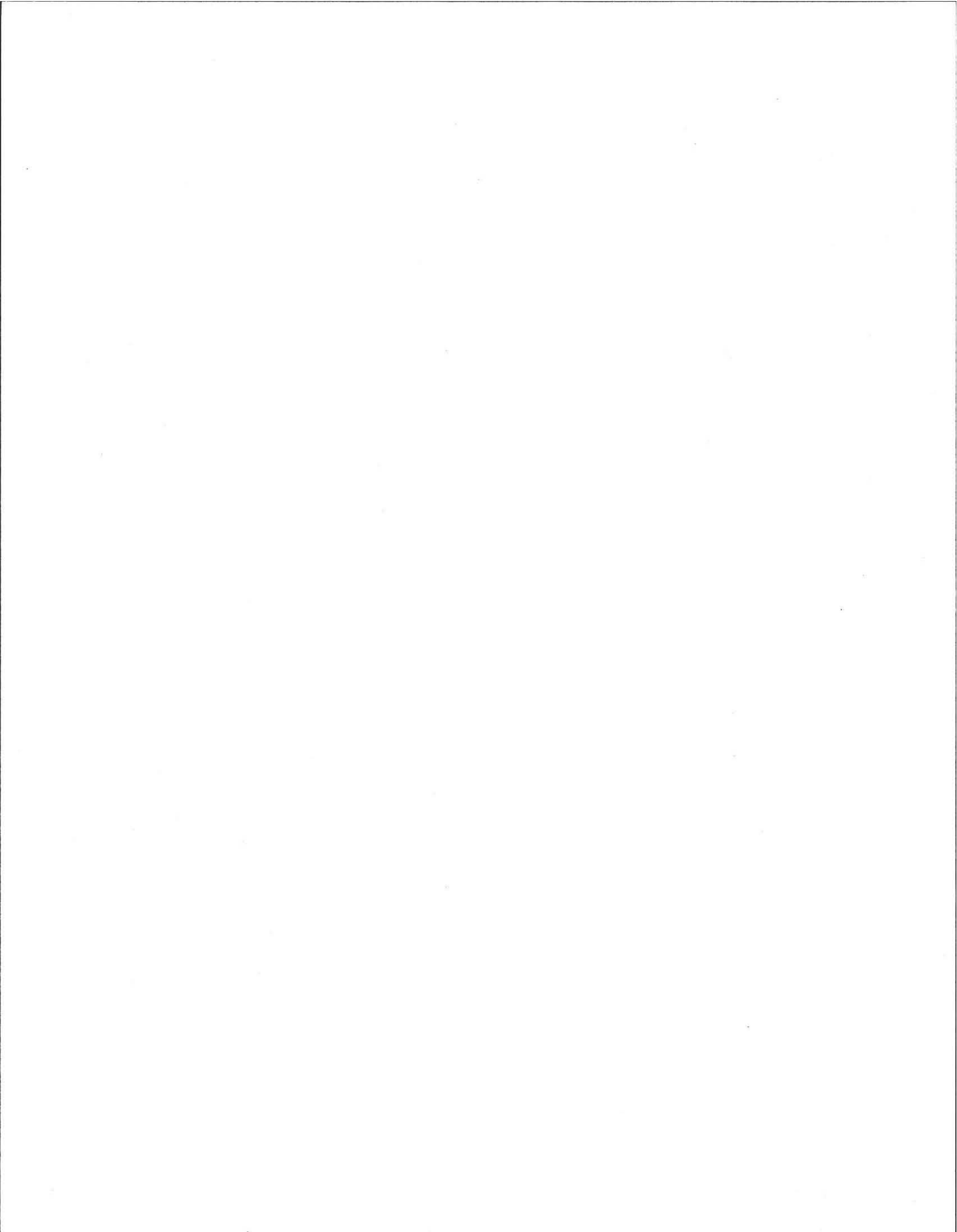
Alarm level:

Date of last pumping:

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

Four horizontal lines for entering comments.

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





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D. System Information (cont.)

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

Depth of liquid level above outlet invert _____

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.):

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

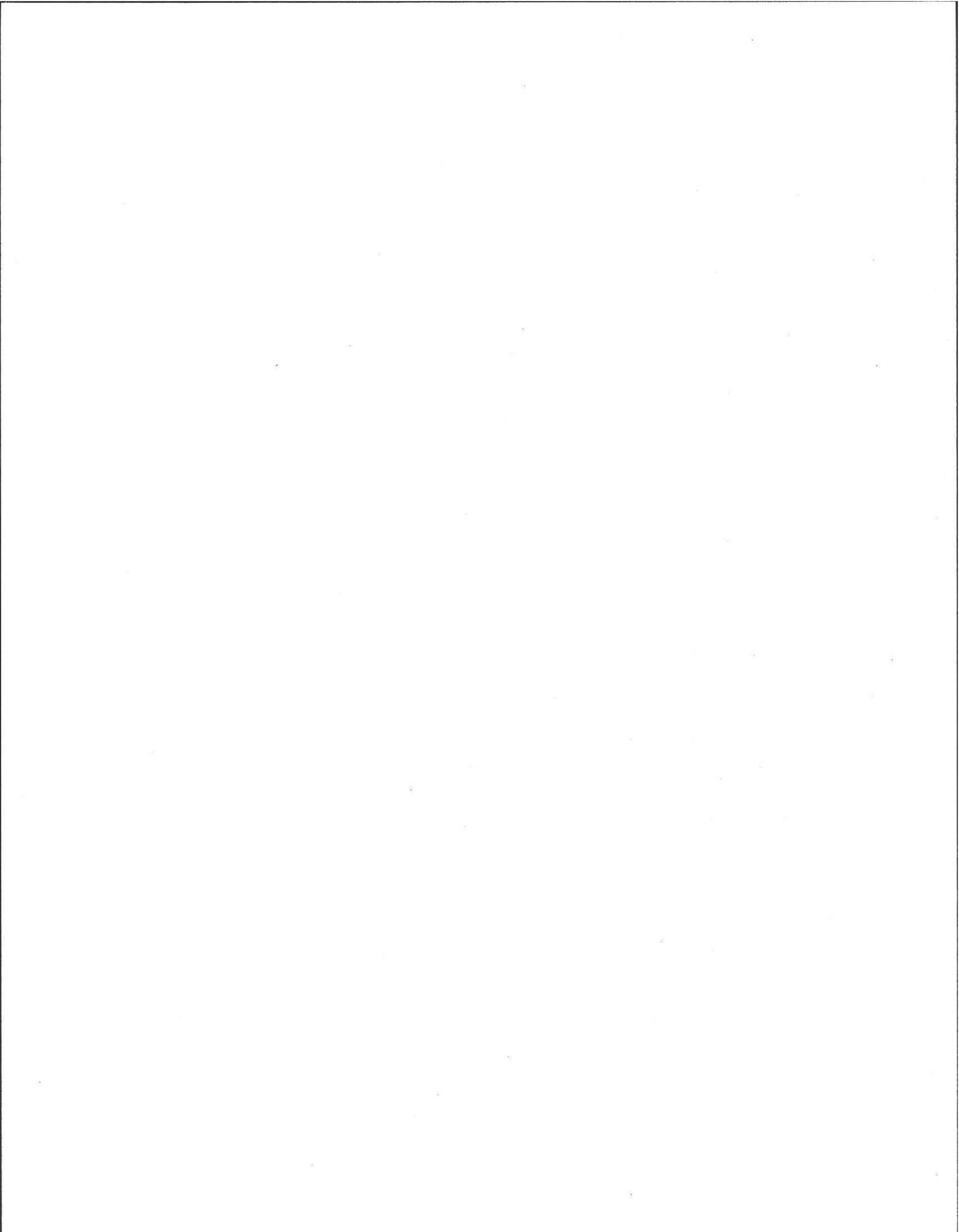
Yes No

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:

see sketch.





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D. System Information (cont.)

Type:

- leaching pits number: (16' x 7' x 5'd)
- leaching chambers number: 1 @ 1000 gal.
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: _____
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____

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

No liquid standing, 48"+ of headspace from liquid to invert, I. tank had no high liquid staining stone and tank.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration _____

Depth – top of liquid to inlet invert _____

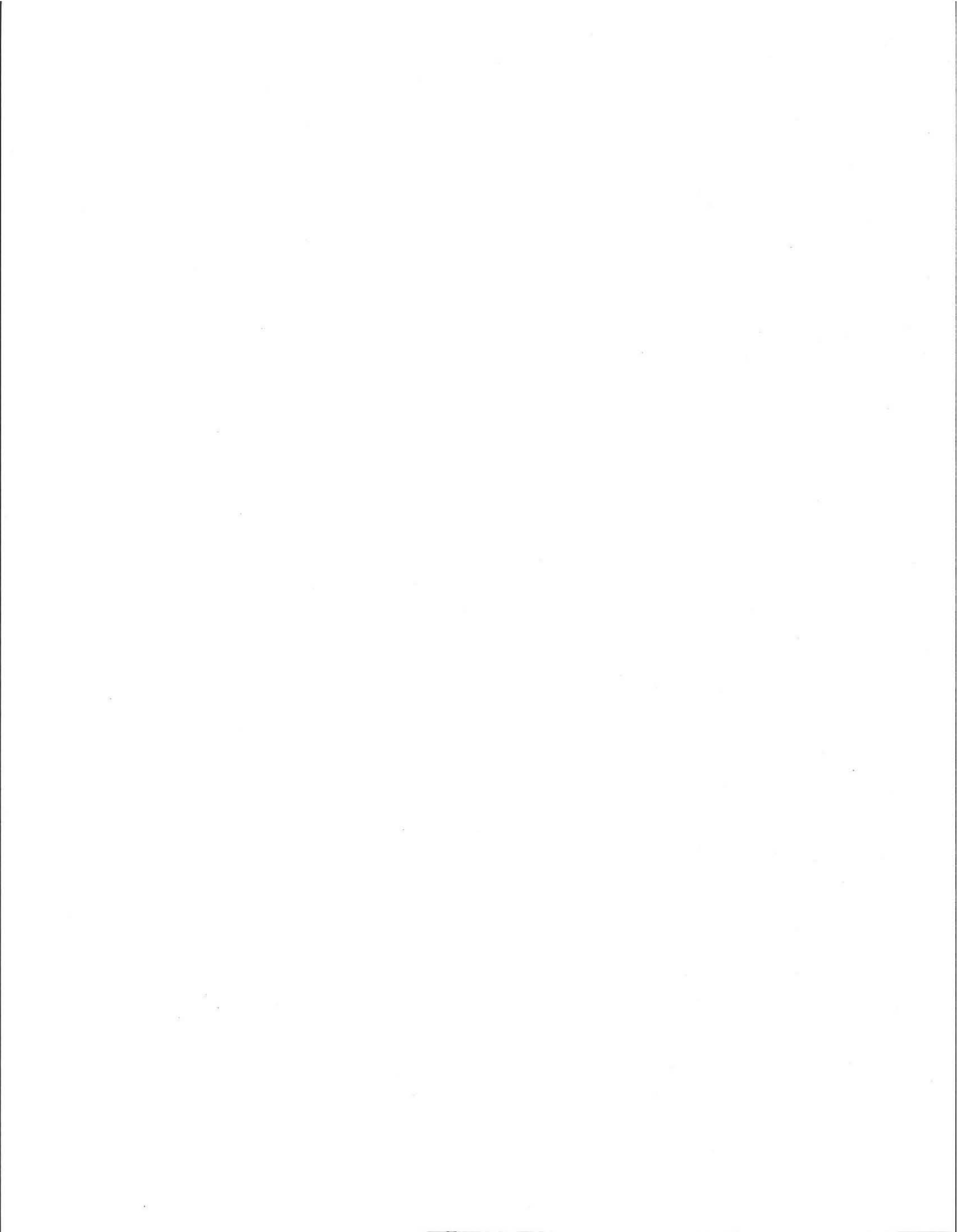
Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No





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D. System Information (cont.)

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

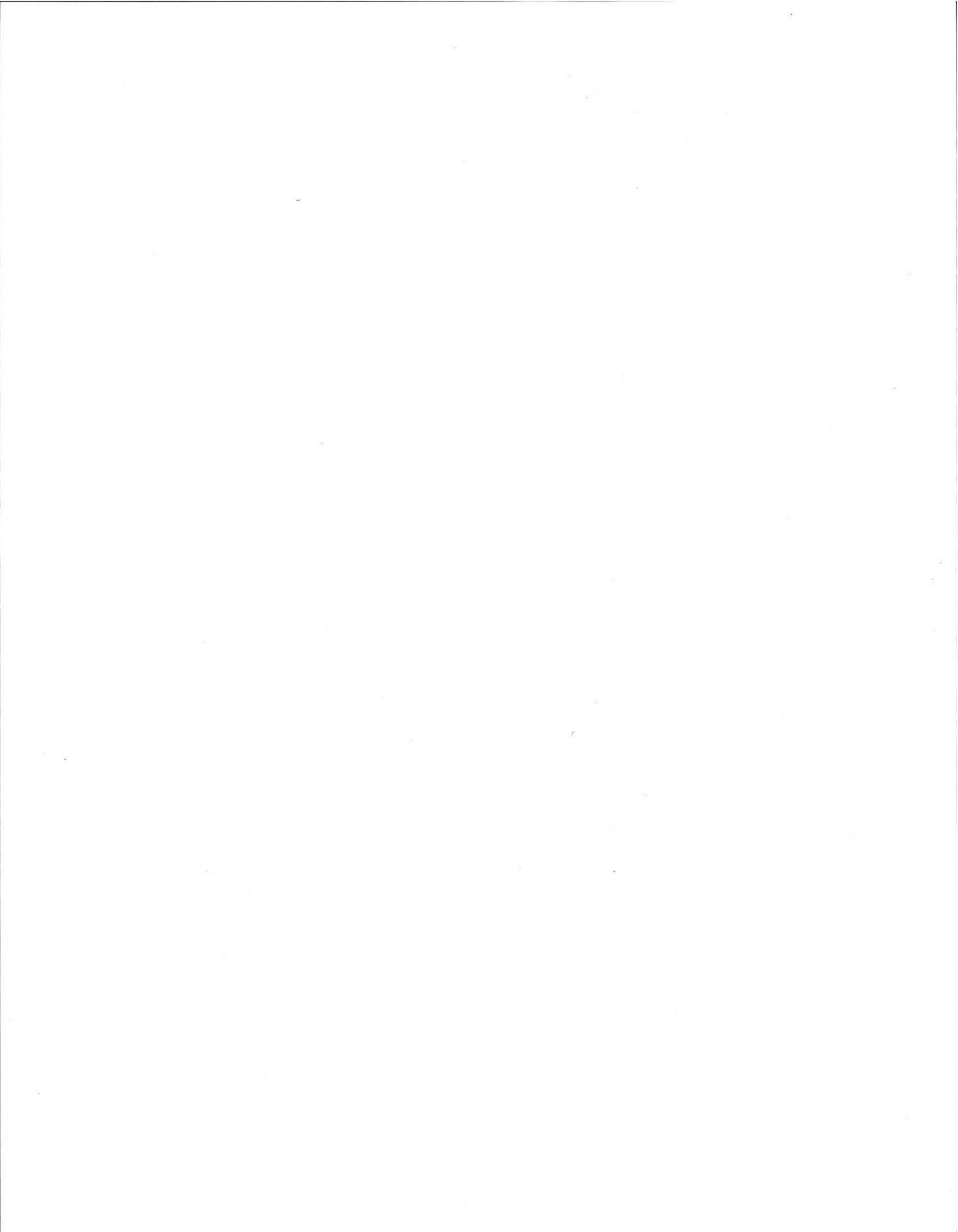
Privy (locate on site plan):

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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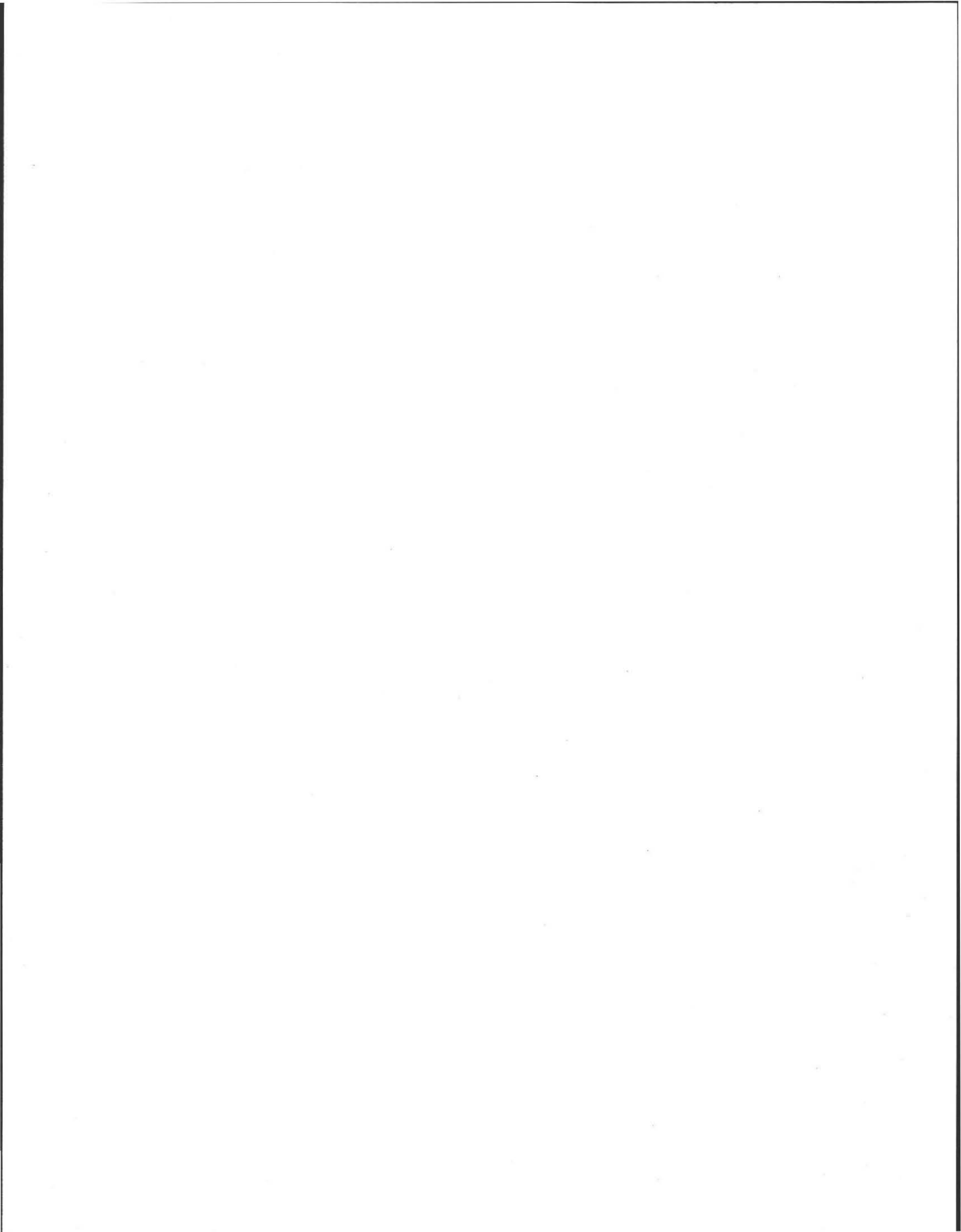
Date of Inspection

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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
 drawing attached separately





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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water:

9+ft.
feet

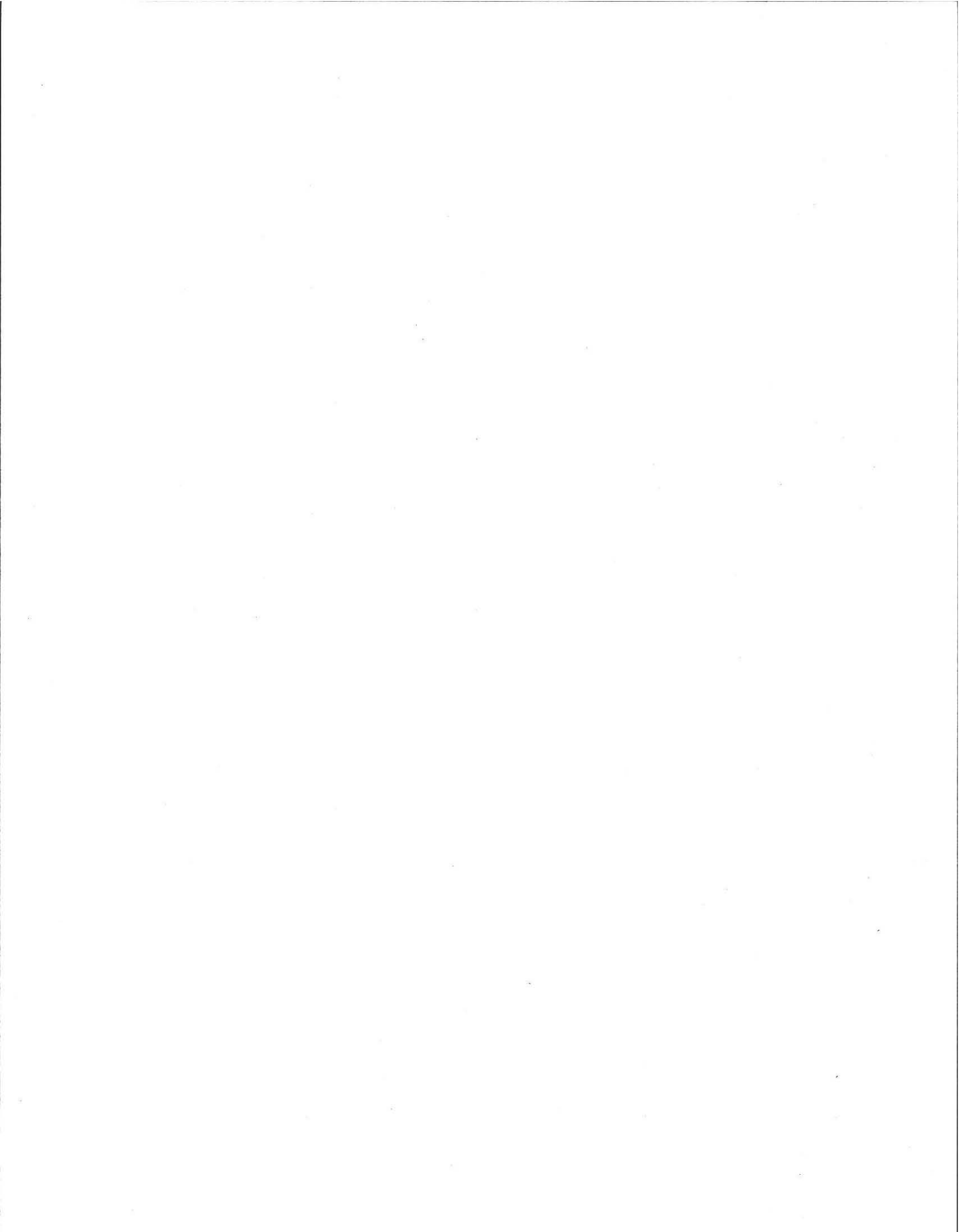
Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record
If checked, date of design plan reviewed: 1986
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
work on adjacent property
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

work in area, and existing site records.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.





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E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

