

103 LARKSPUR DRIVE - LOT 83

103 Larkspur Dr





Commonwealth of Massachusetts

Title 5 Official Inspection Form

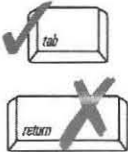
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

103 Larkspur dr.
Property Address
Thomas Smaldone
Owner's Name
Amherst MA 01002 6/20/2013
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. 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:
David Kibbe
Name of Inspector
Complete Septic Service LLC
Company Name
22 Mercier Dr.
Company Address
Belchertown MA 01007
City/Town State Zip Code
413-323-4327
Telephone Number S113660
License Number

B. Certification

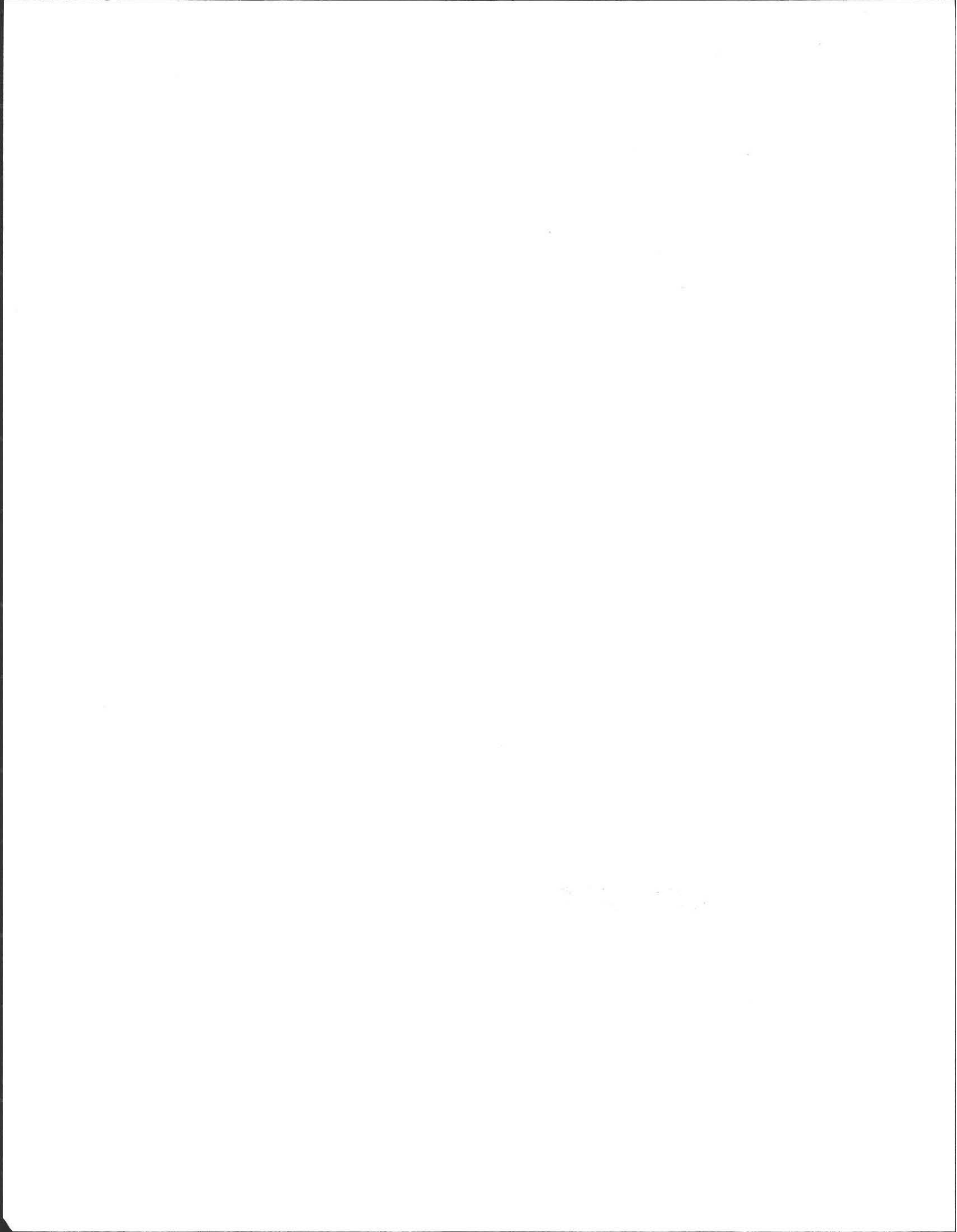
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on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

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

Inspector's Signature: [Handwritten Signature] Date: 6/24/2013

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:

All components of the system appear to be in good working order.

B) System Conditionally Passes:

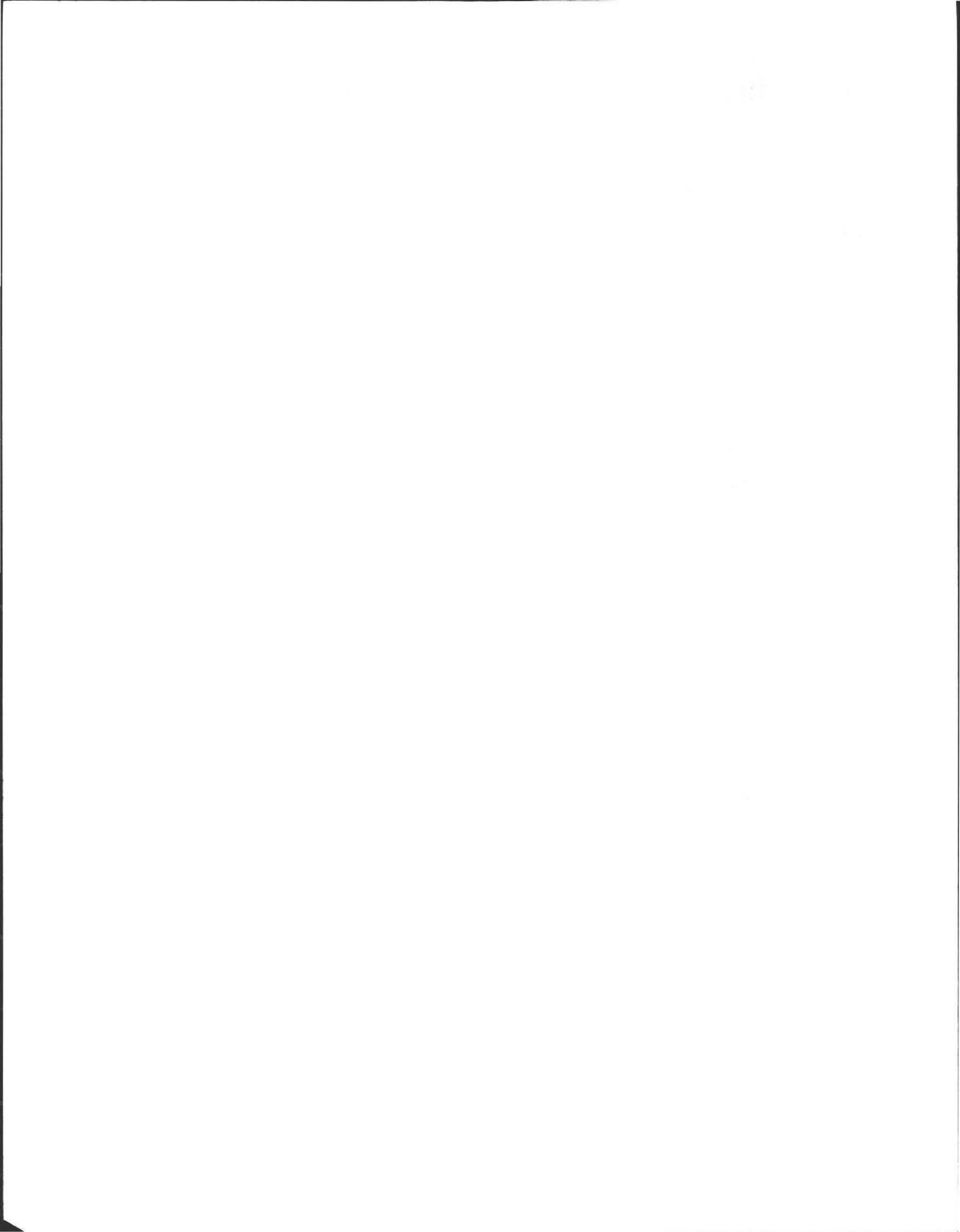
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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):





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B. Certification (cont.)

Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

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 Y N ND (Explain below):
obstruction is removed Y N ND (Explain below):
distribution box is leveled or replaced Y N ND (Explain below):

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):

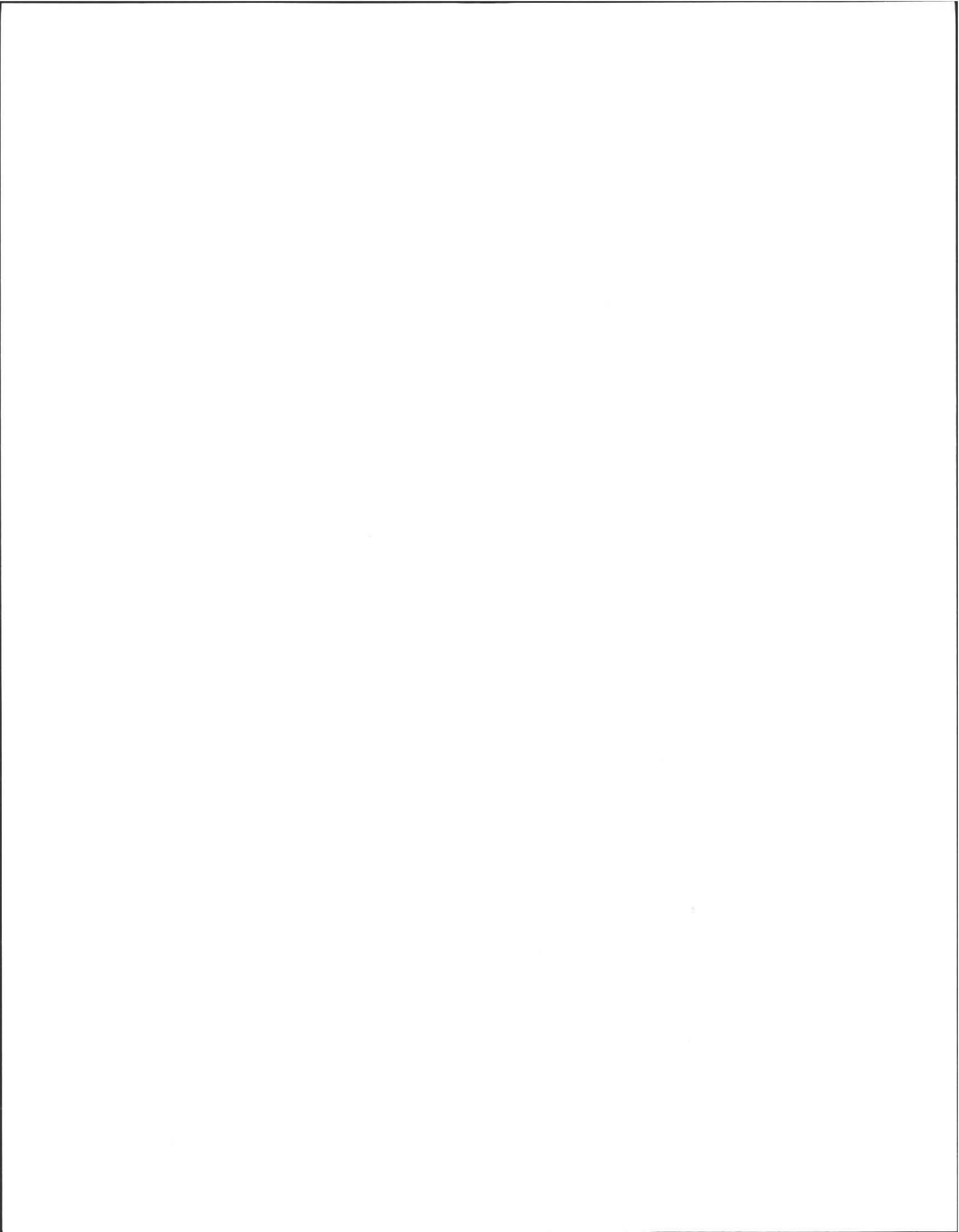
- broken pipe(s) are replaced Y N ND (Explain below):
obstruction is removed Y N ND (Explain below):

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





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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 and private wells.

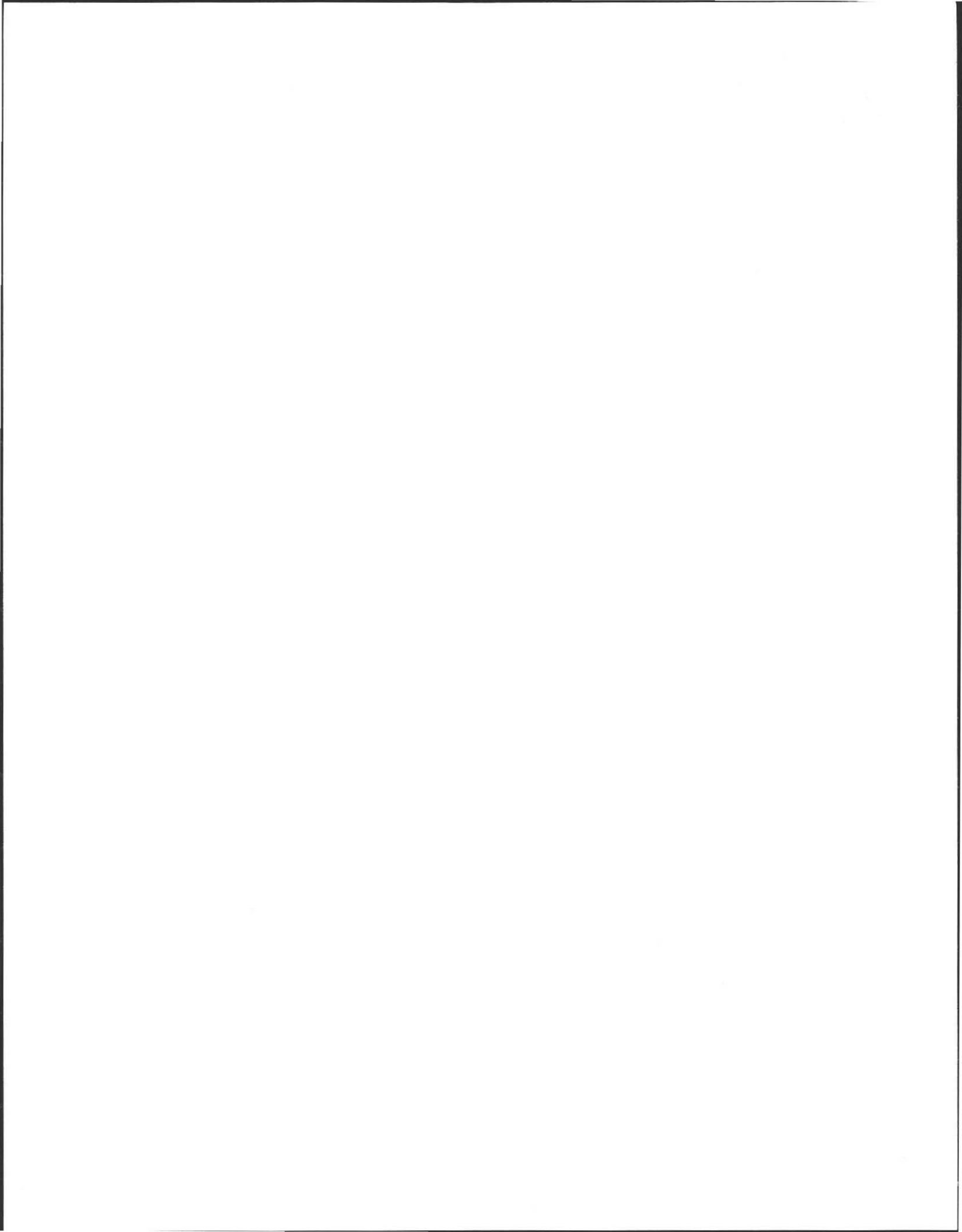
** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis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

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





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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.

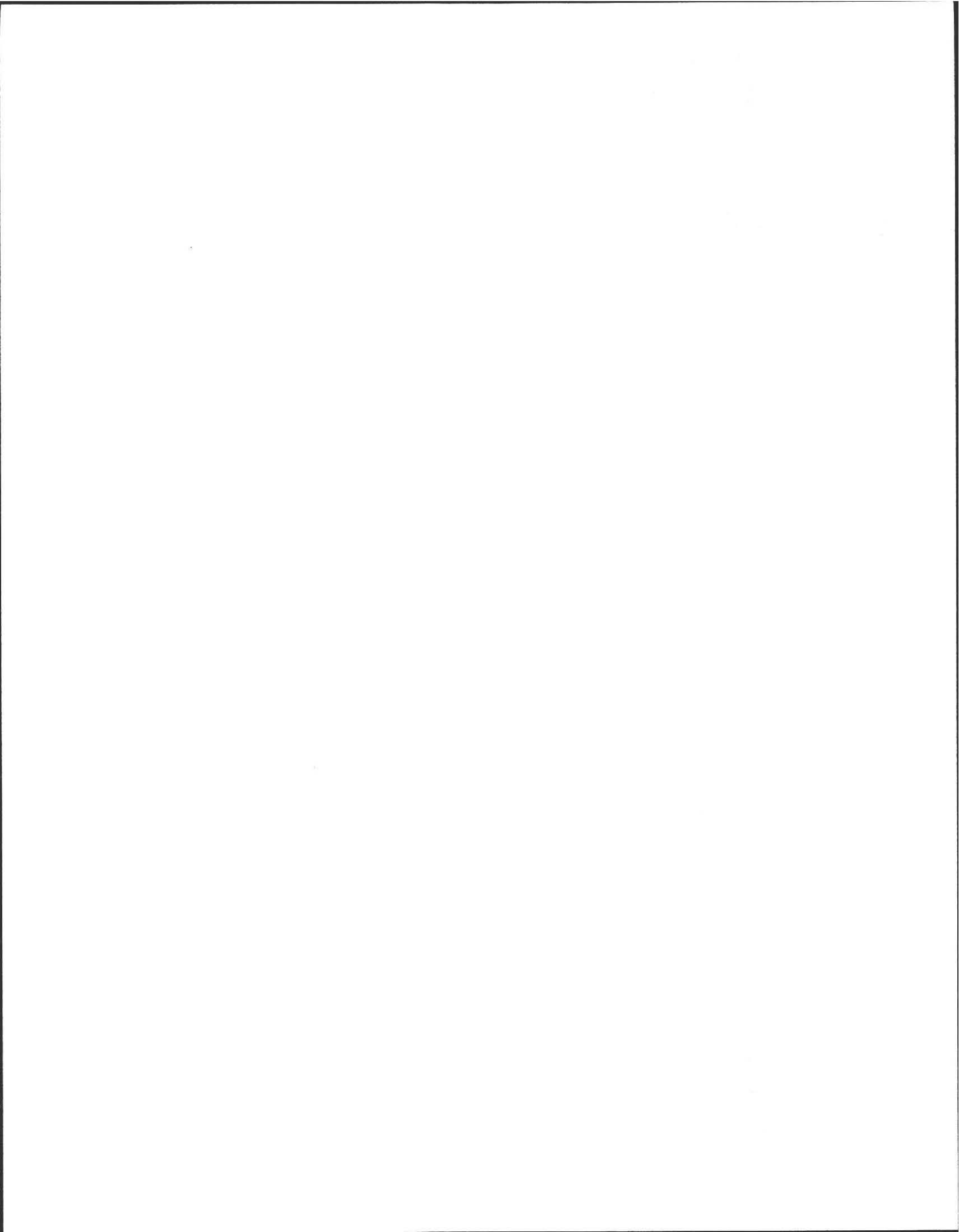
Yes No

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.





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C. Checklist

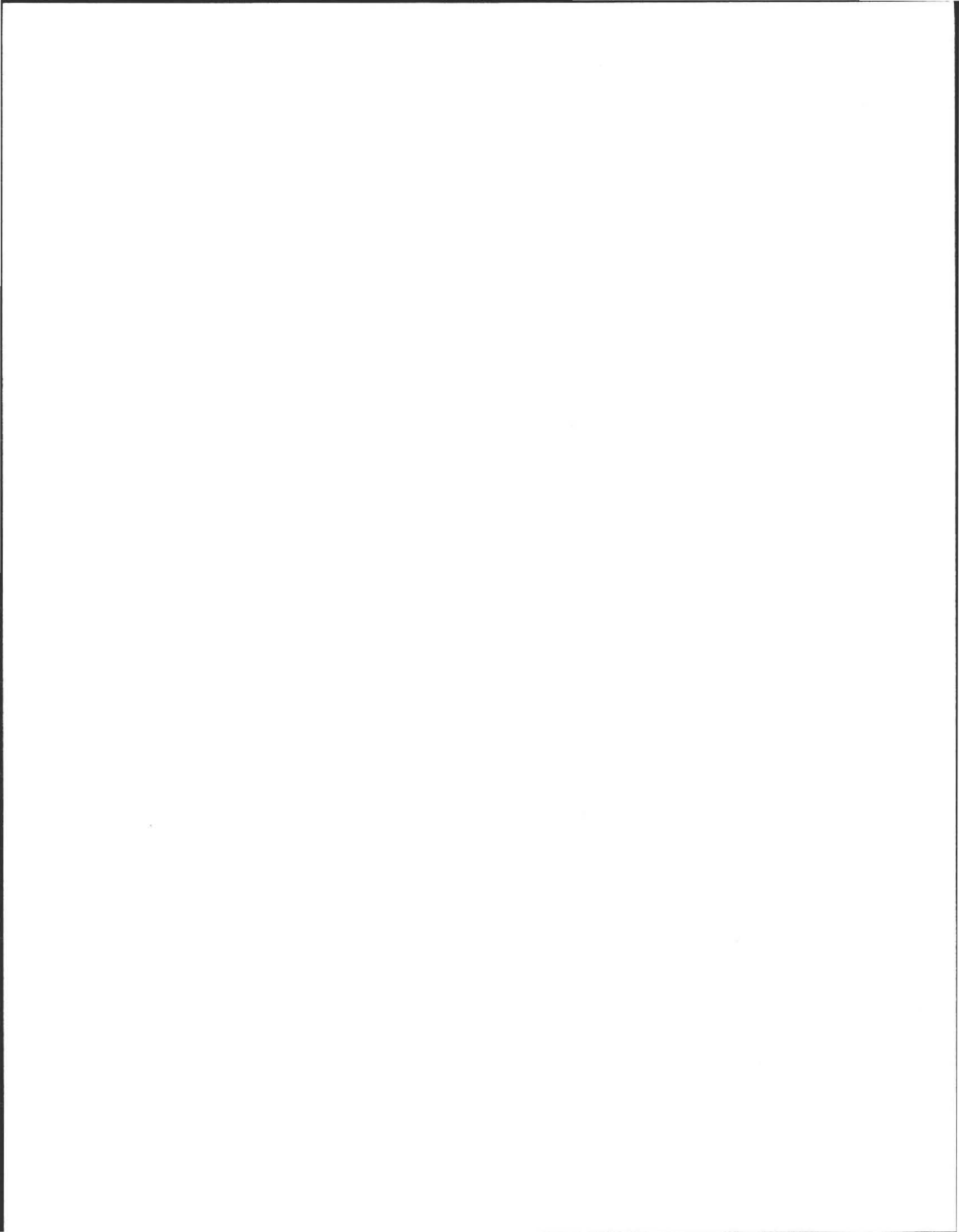
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, water introduction, plans, and inspections.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550





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D. System Information

Description:

Original design was for 5 bedrooms due to the garbage disposal

Number of current residents:

1

Does residence have a garbage grinder?

[X] Yes [] No

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.)

[] Yes [X] No

Laundry system inspected?

[] Yes [X] No

Seasonal use?

[] Yes [X] No

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

Detail:

Sump pump?

[] Yes [X] 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

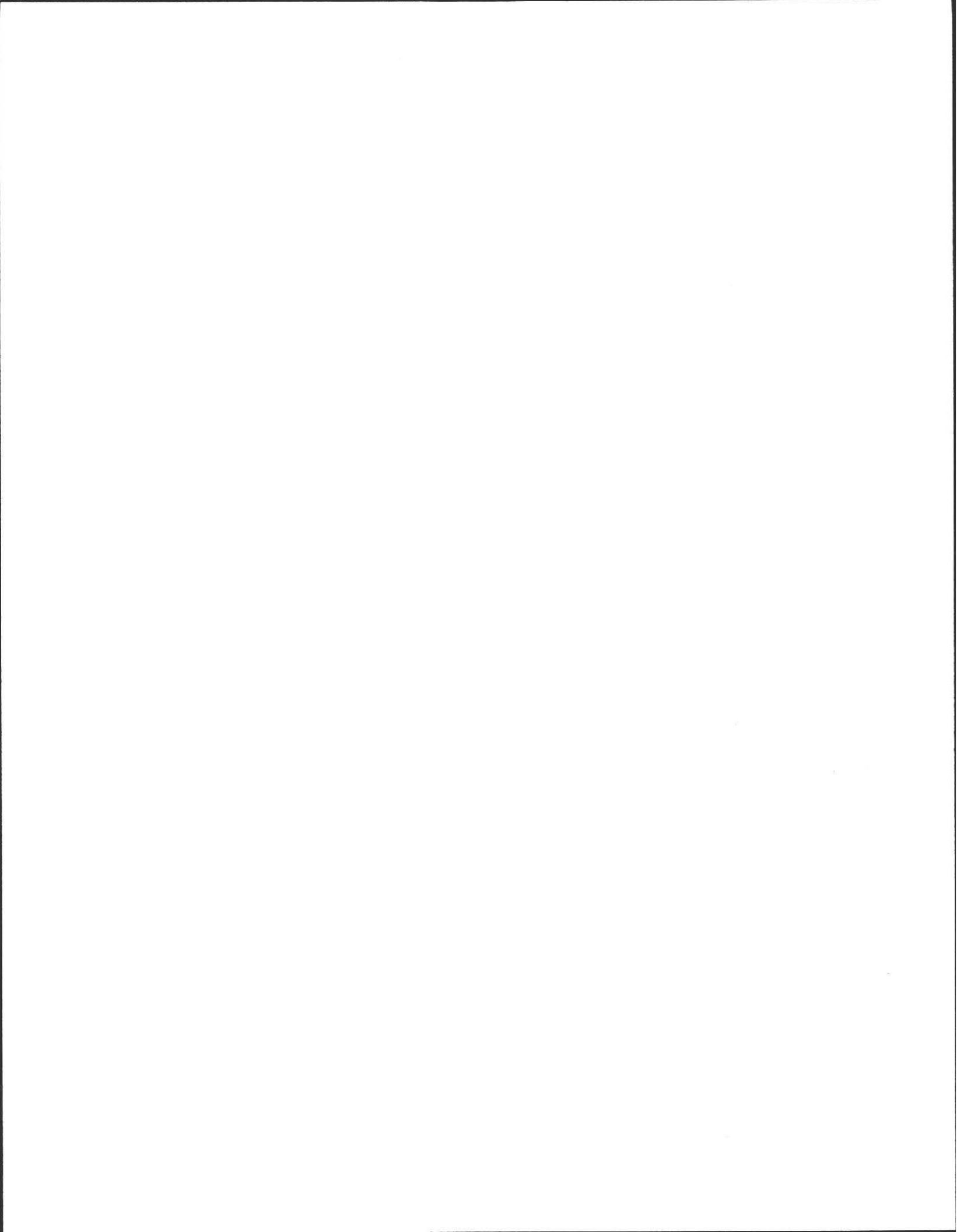
Industrial waste holding tank present?

[] Yes [] No

Non-sanitary waste discharged to the Title 5 system?

[] Yes [] No

Water meter readings, if available:





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D. System Information (cont.)

Last date of occupancy/use: _____ Date

Other (describe below):

General Information

Pumping Records:

Source of information: home owner

Was system pumped as part of the inspection? [] Yes [x] No

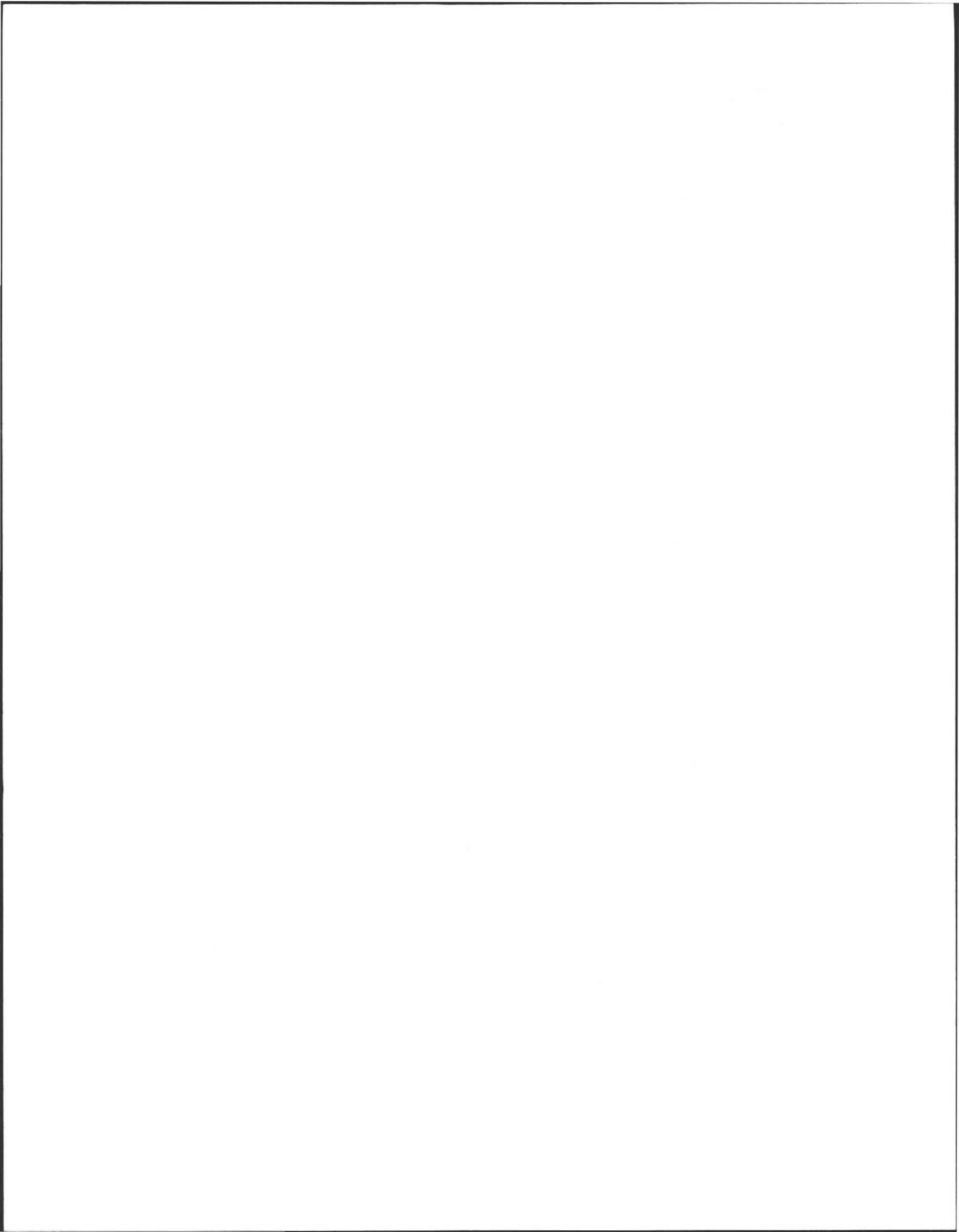
If yes, volume pumped: 1500 gallons

How was quantity pumped determined? previous pumping records, 2009

Reason for pumping: _____

Type of System:

- [x] 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...
[] Tight tank. Attach a copy of the DEP approval.
[] Other (describe):
There is no DBox present, it is a single compartment leach tank system. 1500 gallons





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D. System Information (cont.)

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

8/9/1989

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

5 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

town water

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

all components where inspected using a camera system, a DVD was made of the inspection available at the Amherst Board of Health, all plumbing and baffle are in good working order.

Septic Tank (locate on site plan):

Depth below grade:

4 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)

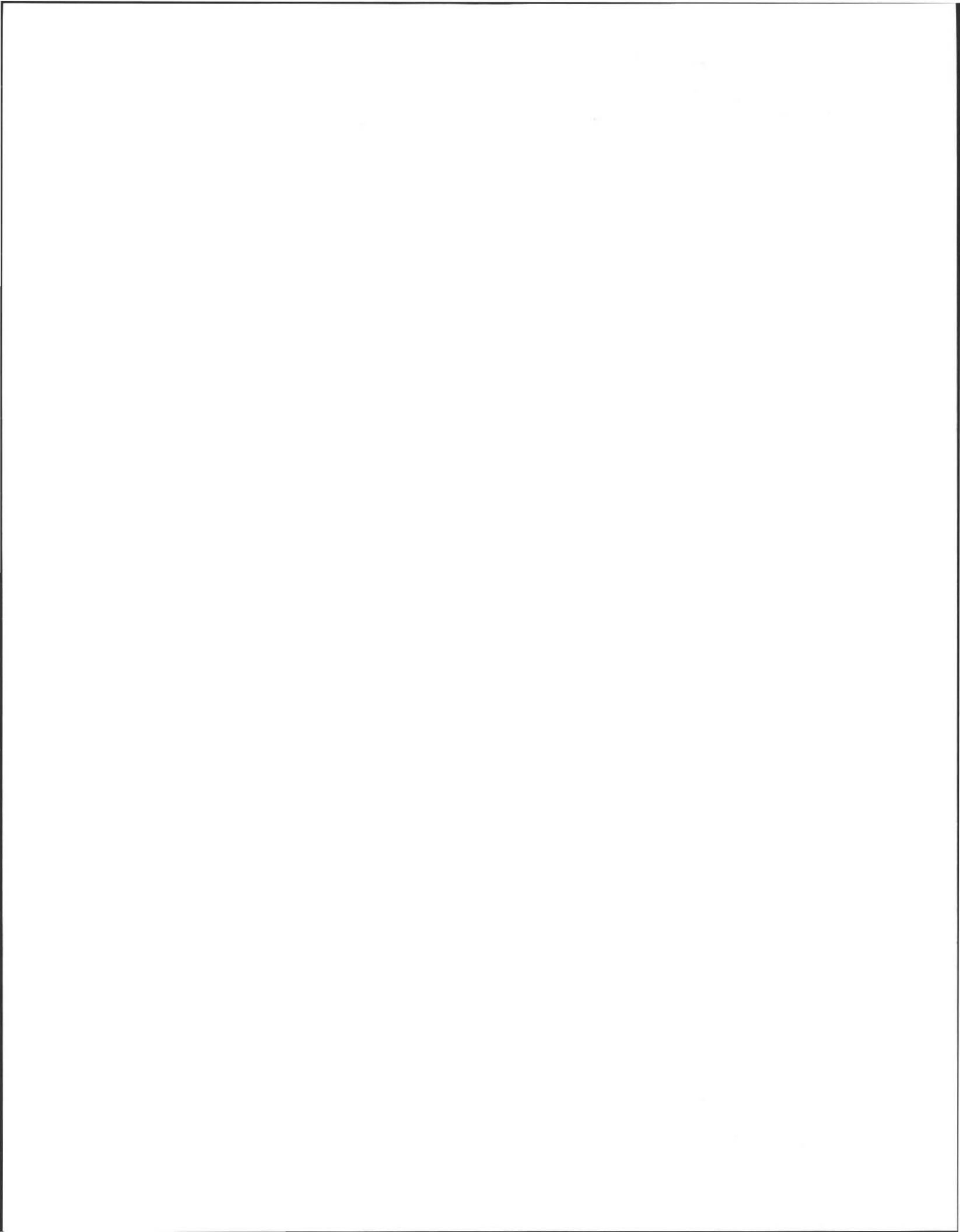
Yes No

Dimensions:

10'x5'x5'

Sludge depth:

4"





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 36"

Scum thickness <1"

Distance from top of scum to top of outlet tee or baffle >4"

Distance from bottom of scum to bottom of outlet tee or baffle 20"

How were dimensions determined? Sludge Core sample, measuring tape

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 did not have much solid material.

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

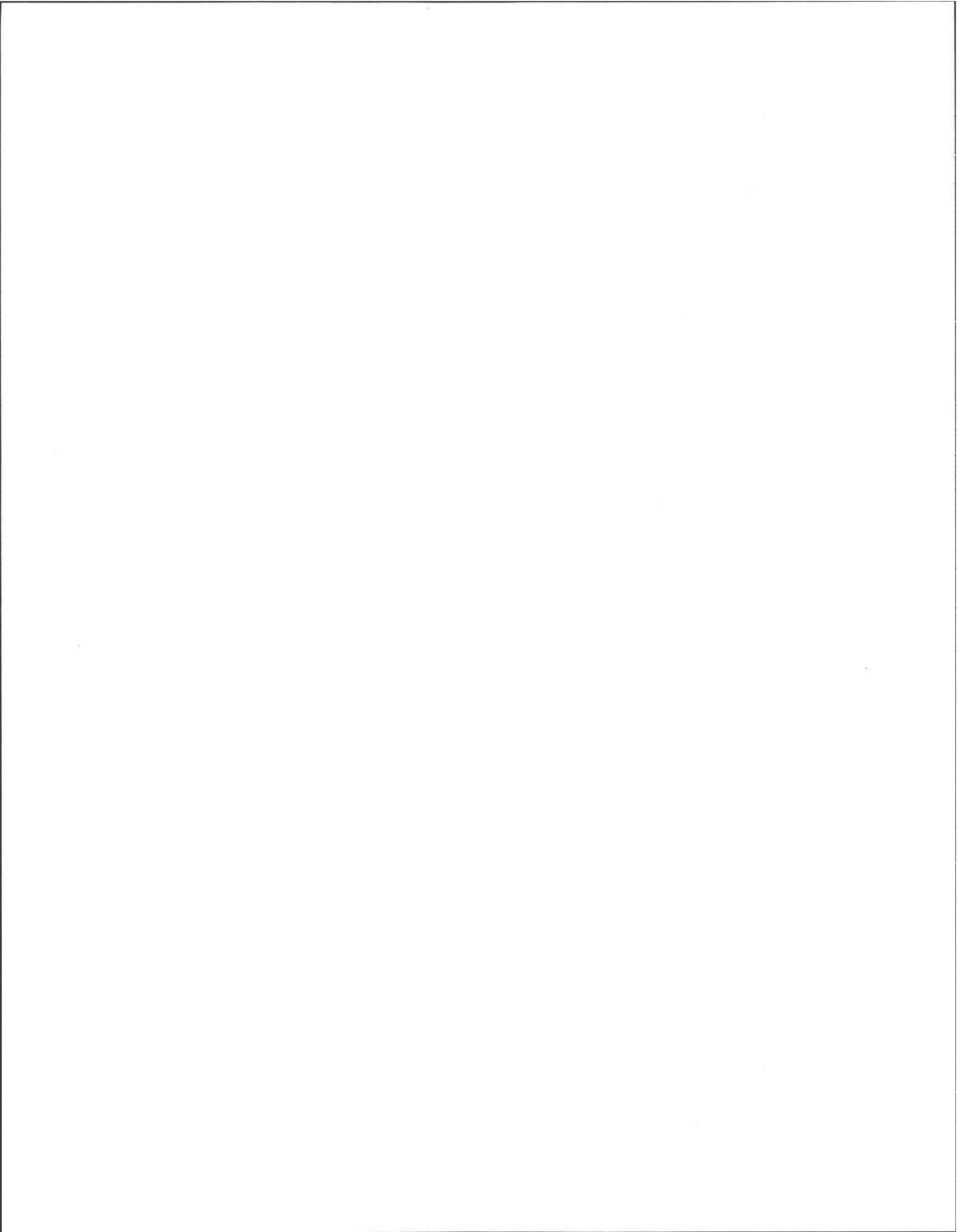
Dimensions:

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:

Concrete Metal Fiberglass Polyethylene Other (explain):

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

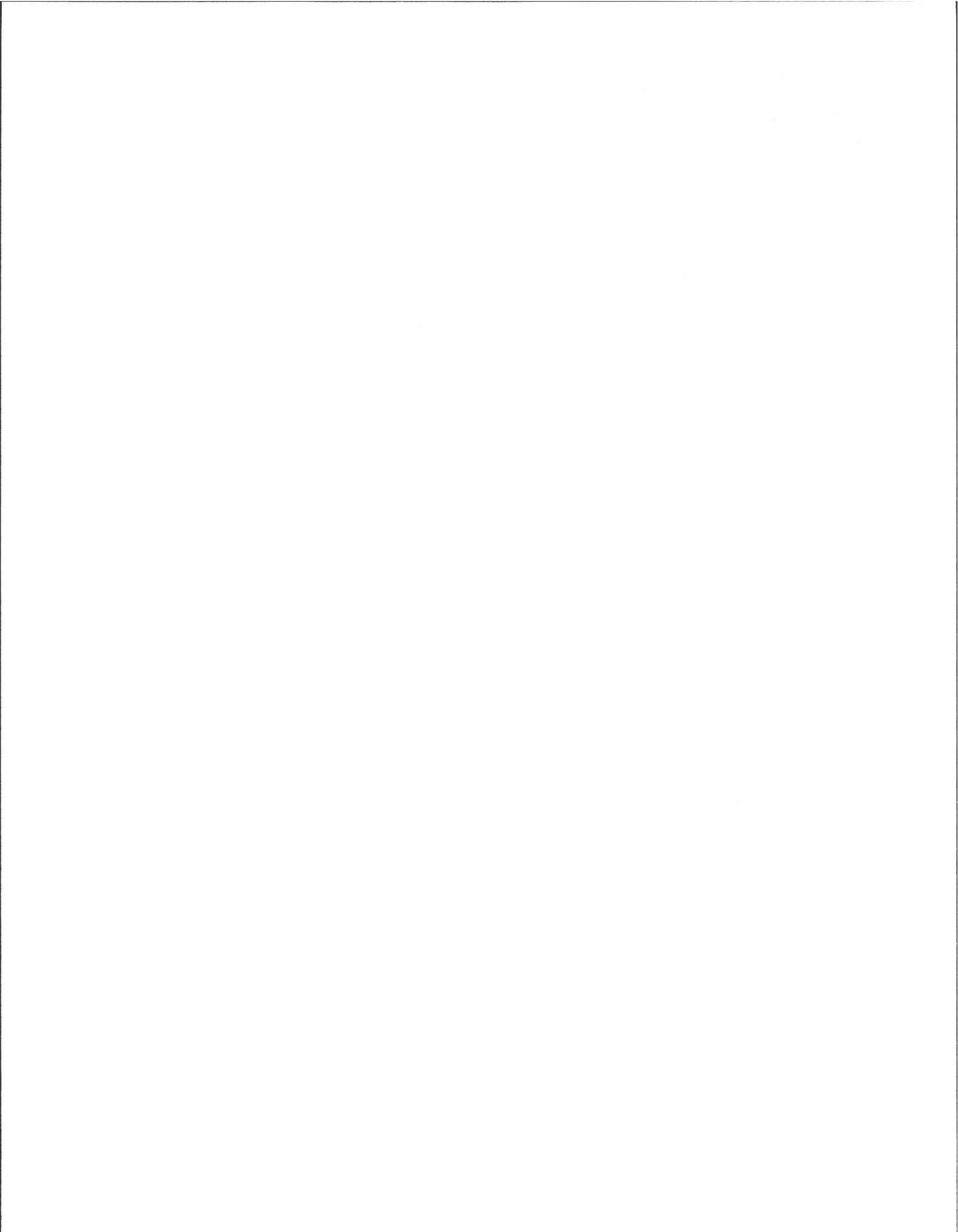
Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____ Date

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

Leach Tank, Static Liquid Level was about 28" below the invert of the inlet pipe, the overall depth of the Leach tank is 64"

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No*

Alarms in working order:

Yes No*

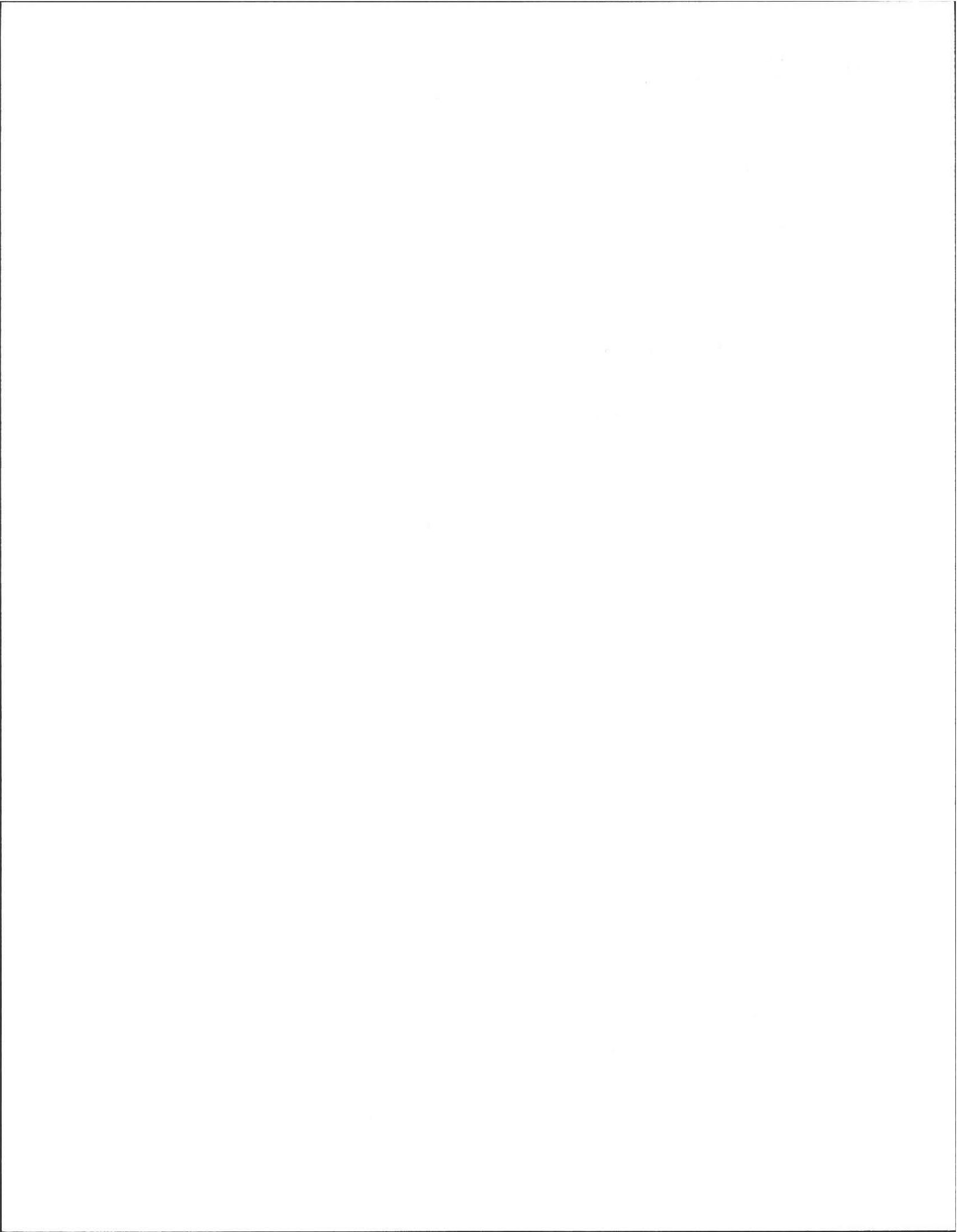
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

* If pumps or alarms are not in working order, system is a conditional pass.

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

If SAS not located, explain why:

Leach Tank, inspected and located by a camera system. DVD on File at Amherst Board of Health.





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D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number: 1, 1500 Gallons
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions:
overflow cesspool number:
innovative/alternative system

Type/name of technology:

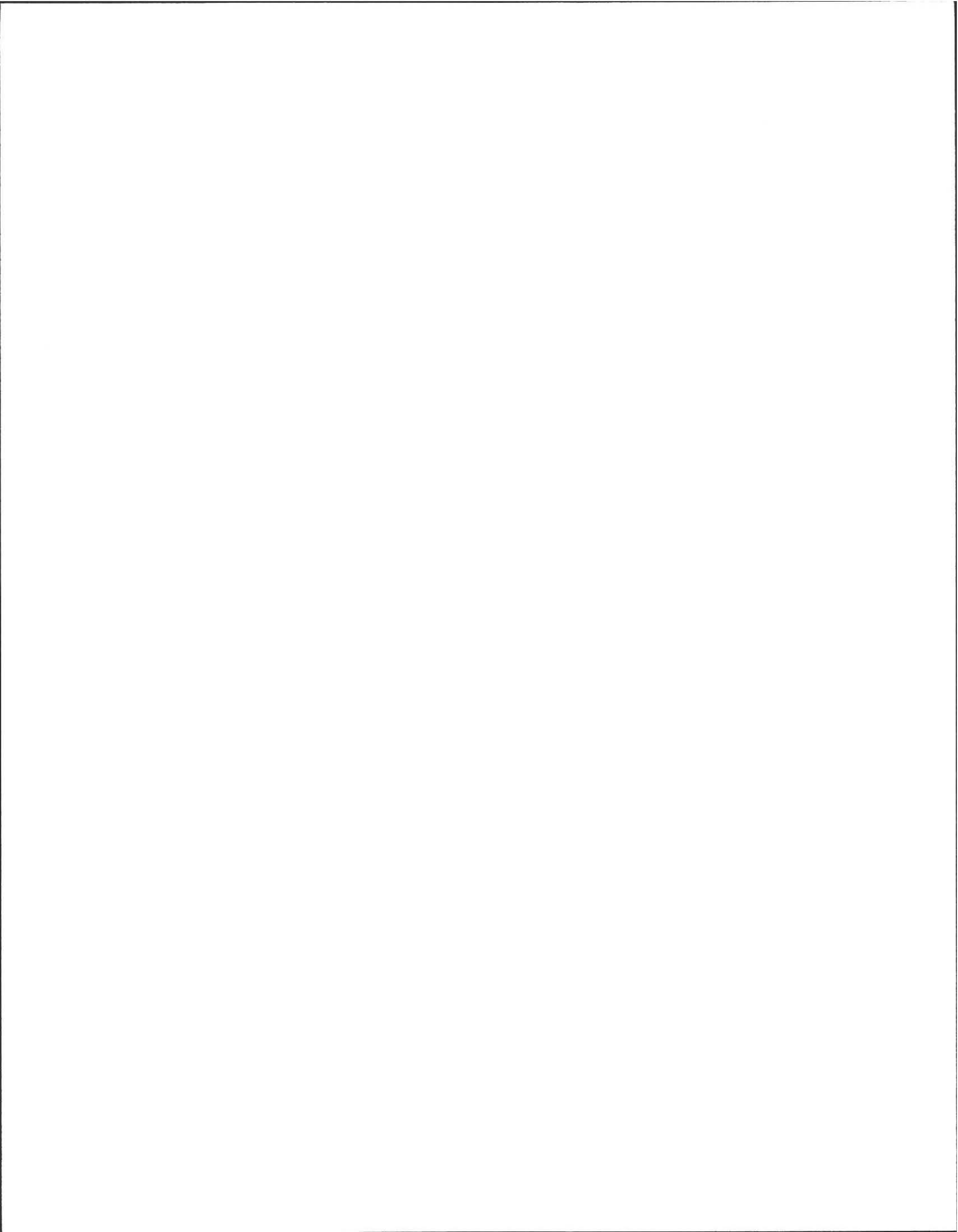
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

all soil looks dry, no signs of a hydraulic failure.

The Camera Inspection was performed by Advanced Sewer and Drain 413-427-7305.

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.):

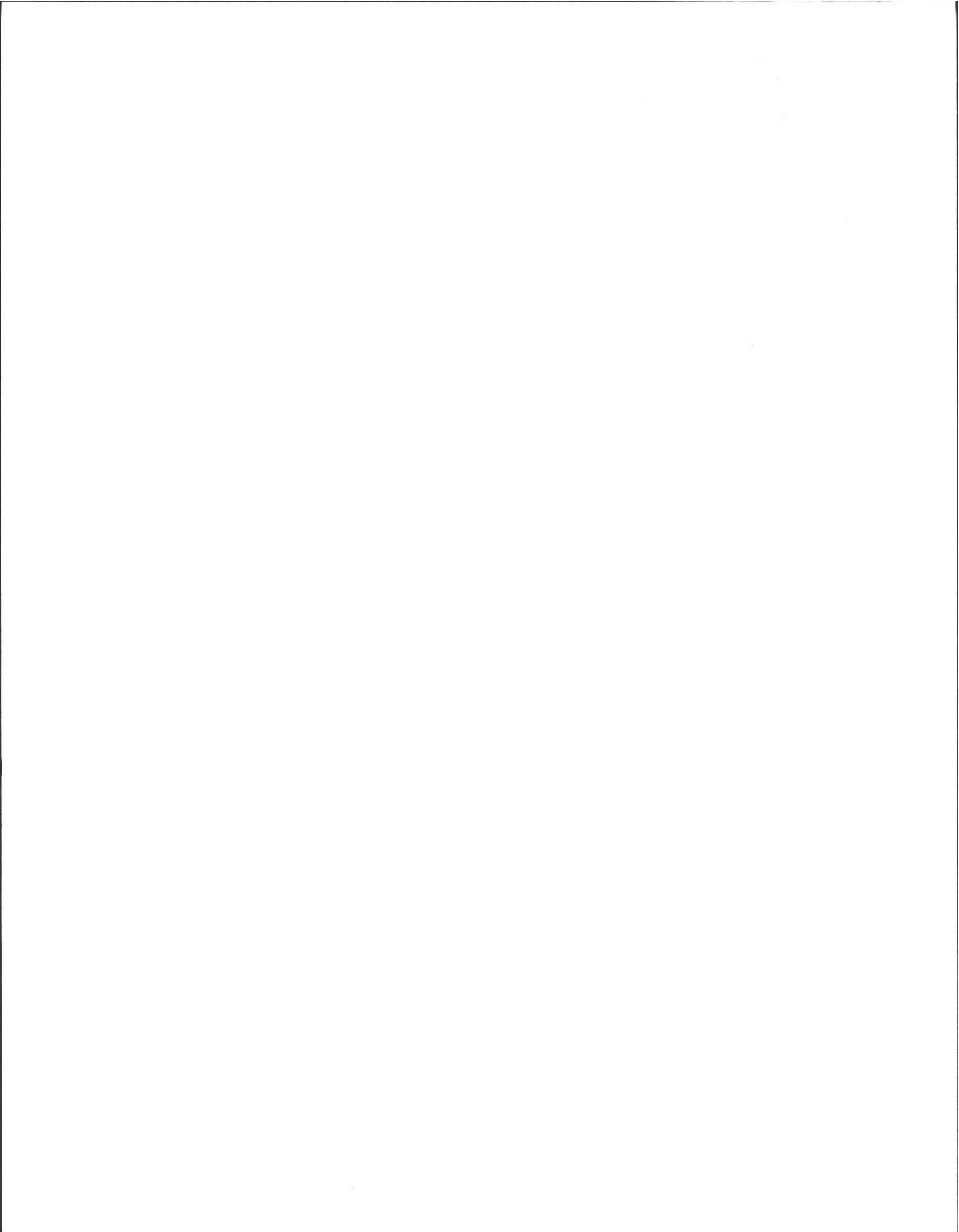
Privy (locate on site plan):

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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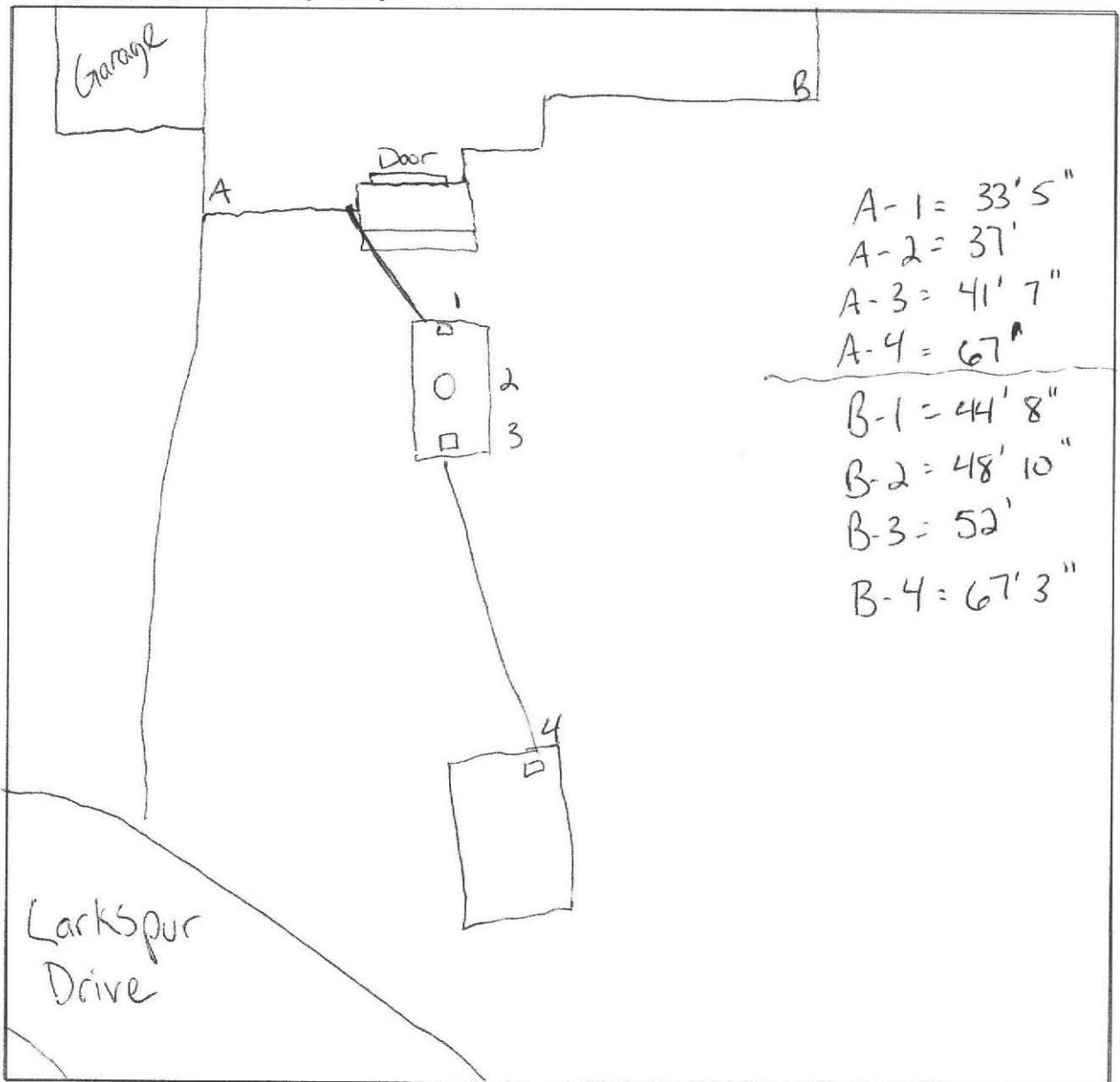
Date of Inspection

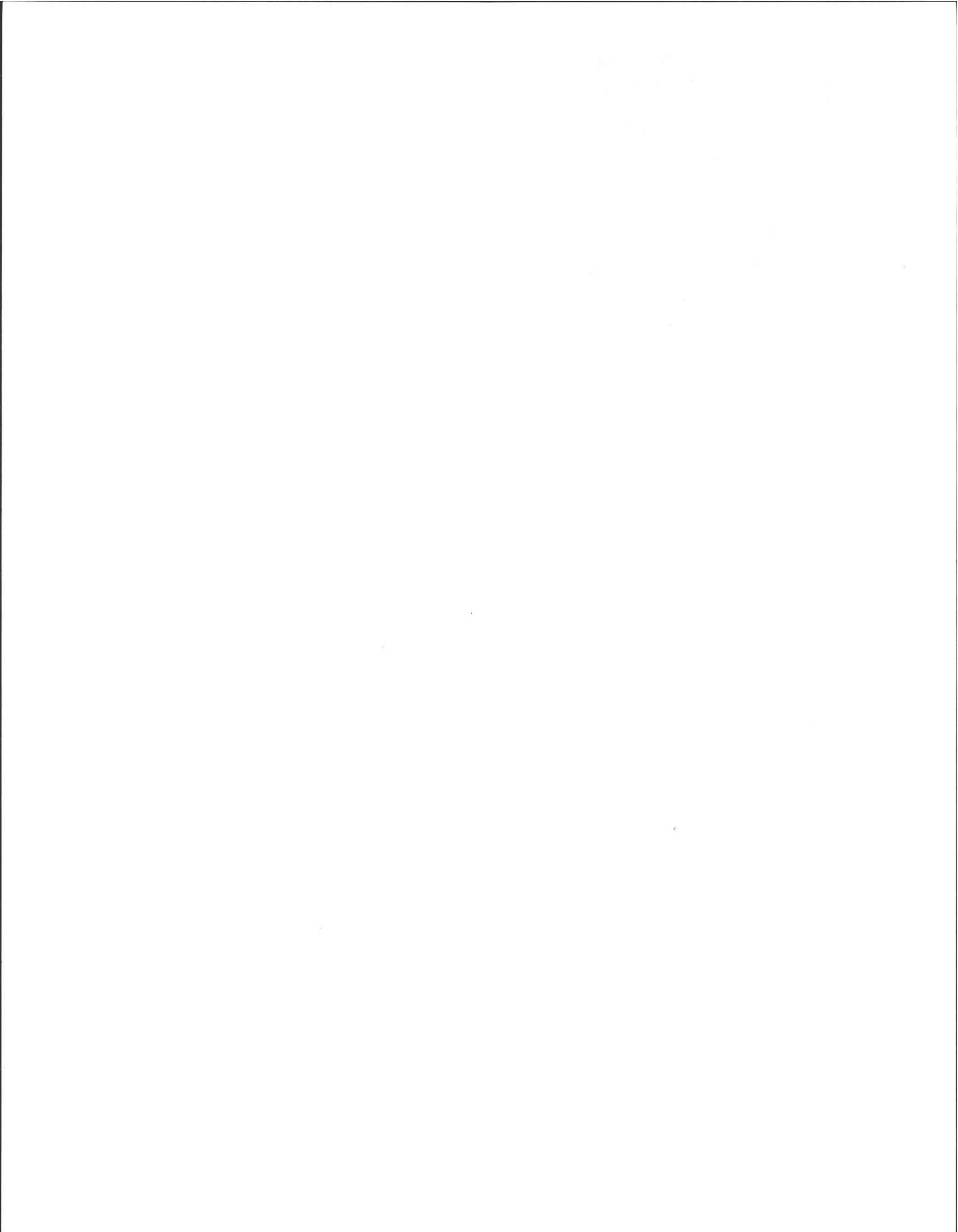
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D. System Information (cont.)

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:

>84 inches
feet

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

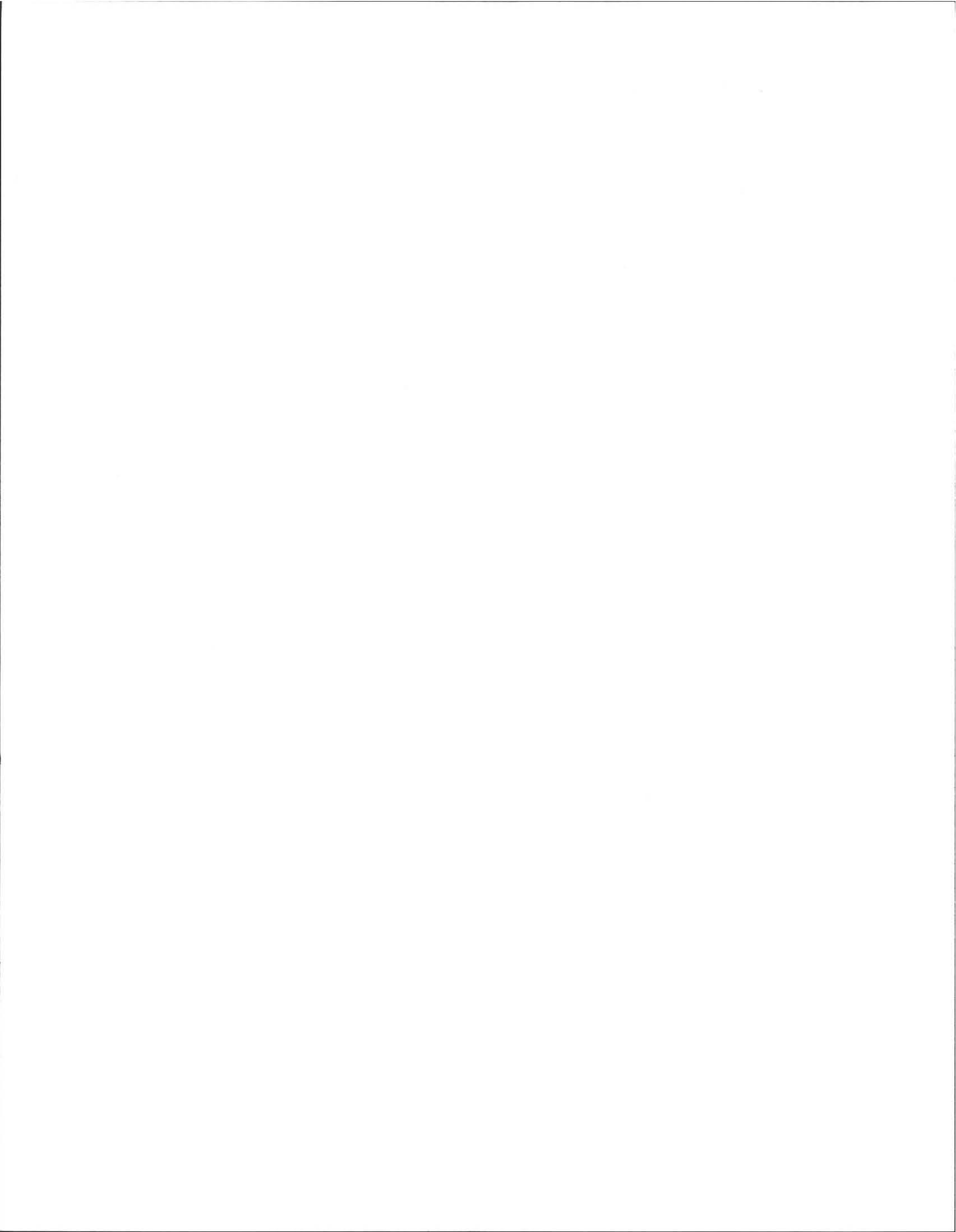
- Obtained from system design plans on record
If checked, date of design plan reviewed: 8/9/1989
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:

- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

The original deep hole dug in 1989, determined that there was no sign of ground water at 84".

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





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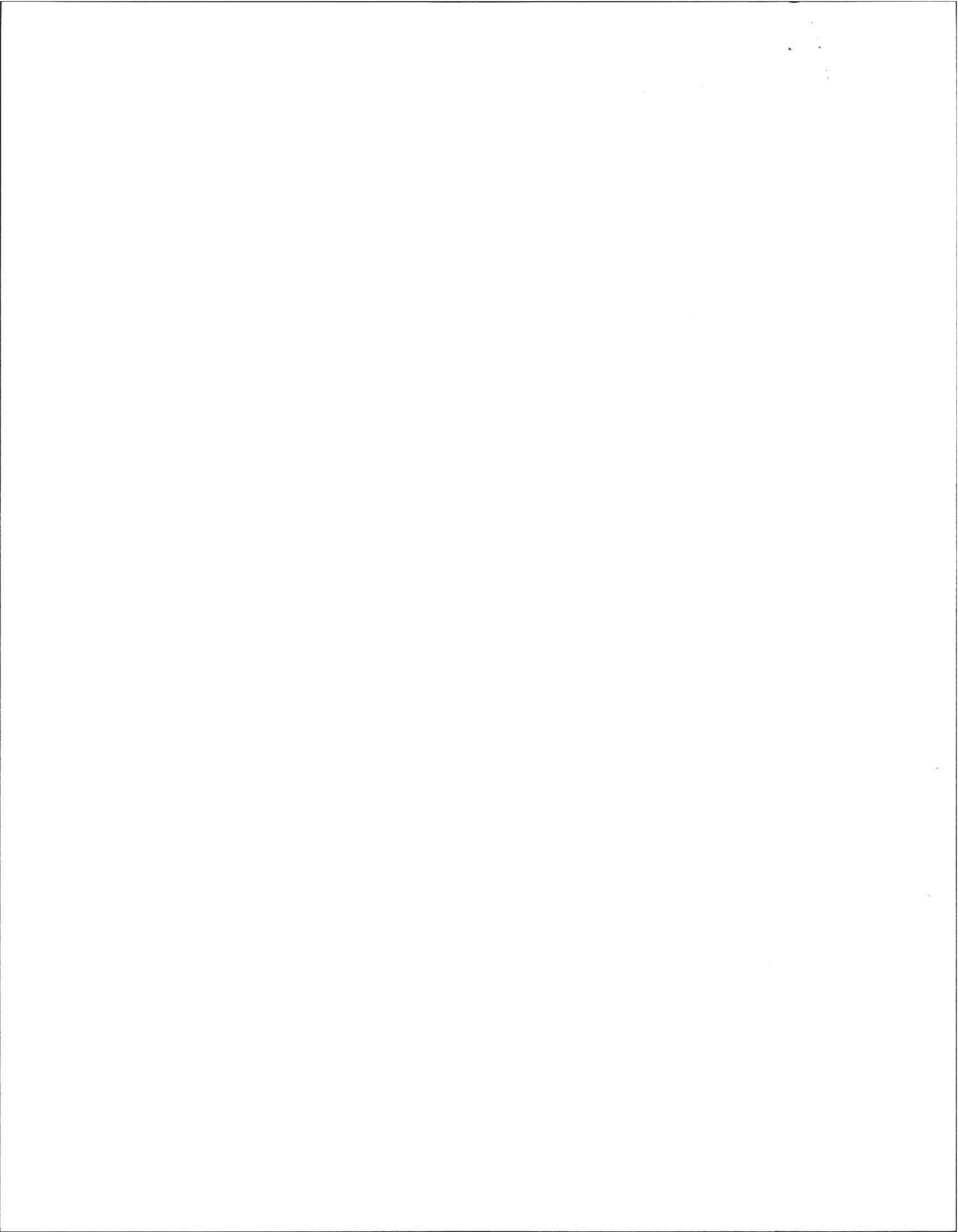
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E. Report Completeness Checklist

- 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



June 2013 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
 70 Boltwood Walk
 Amherst, MA 01002

DATE: June 20, 2013

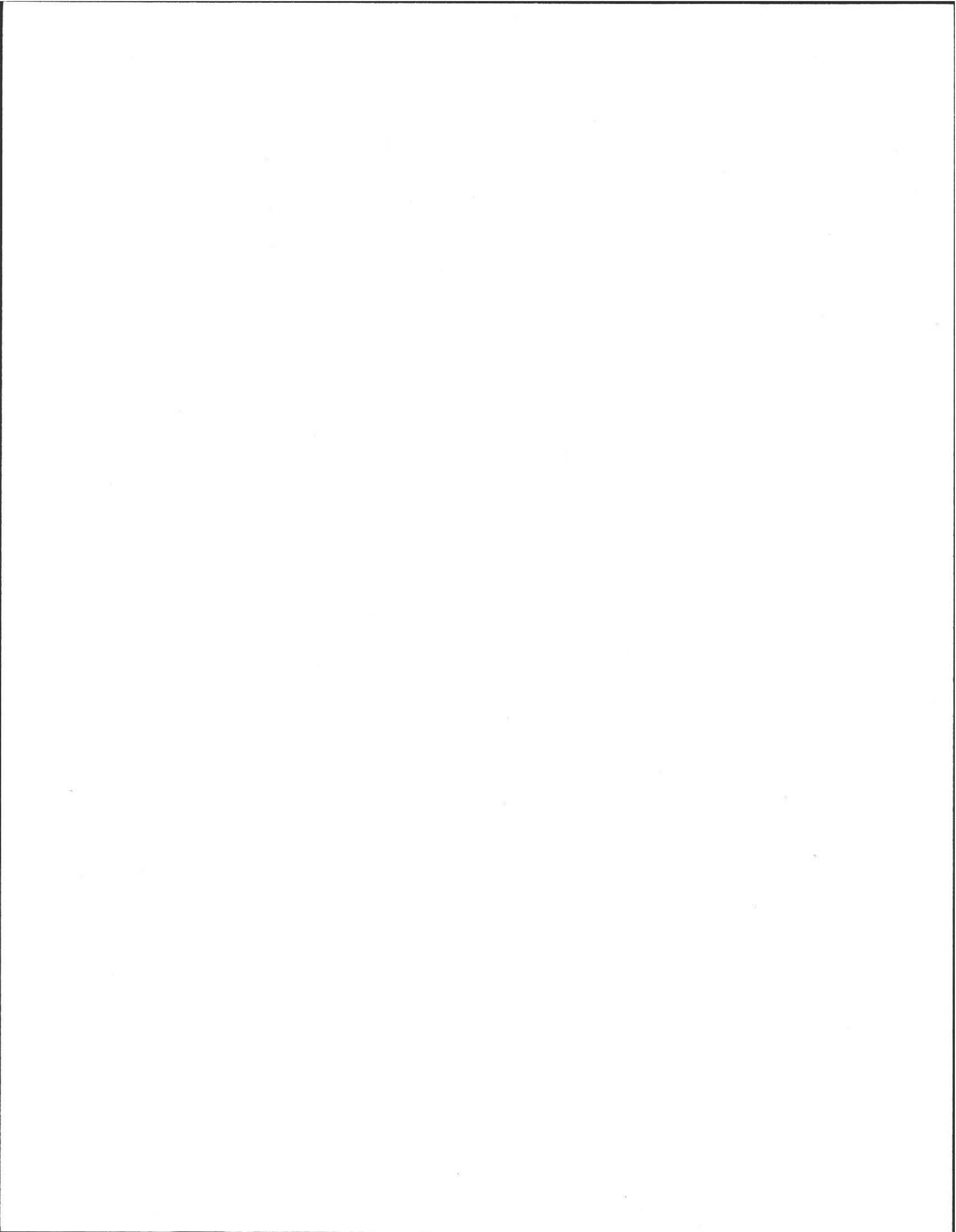
TO Thomas Smaldone
 103 Larkspur Drive
 Amherst, MA, 01002

RE: Invoice for Title 5 Inspection Witness
 103 Larkspur Drive

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 Inspection Witness for 103 Larkspur Drive (Passed)	\$ 200.00	\$ 200.00
	please remit by check to address above; thank you.		
		SUBTOTAL	\$ 200.00
		SALES TAX	
		TOTAL	\$ 200.00



William F. Weld Governor Argeo Paul Celluci Lt. Governor	Commonwealth of Massachusetts Executive Office of Environmental Affairs Department of Environmental Protection	Trudy Coxe Secretary David B. Struhs Commissioner
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TITLE V REPORT

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A Certification

Property Address:	103 Lark Spur Drive	Address of Owner:	
	Amherst, Ma. 01002		
Date of Inspection:	April 23, 1996	(ONLY if different)	
Company Name:	Greg's Wastewater Removal 239A Greenfield Road S. Deerfield, MA 01373		
Company Phone:	(413) 665 - 3989	Name of Inspector:	Gregory M. Gardner



CERTIFICATION STATEMENT

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

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

INSPECTOR'S SIGNATURE: Gregory M Gardner DATE: April 23, 1996

The System Inspector shall submit a copy of this inspection report the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection.

The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

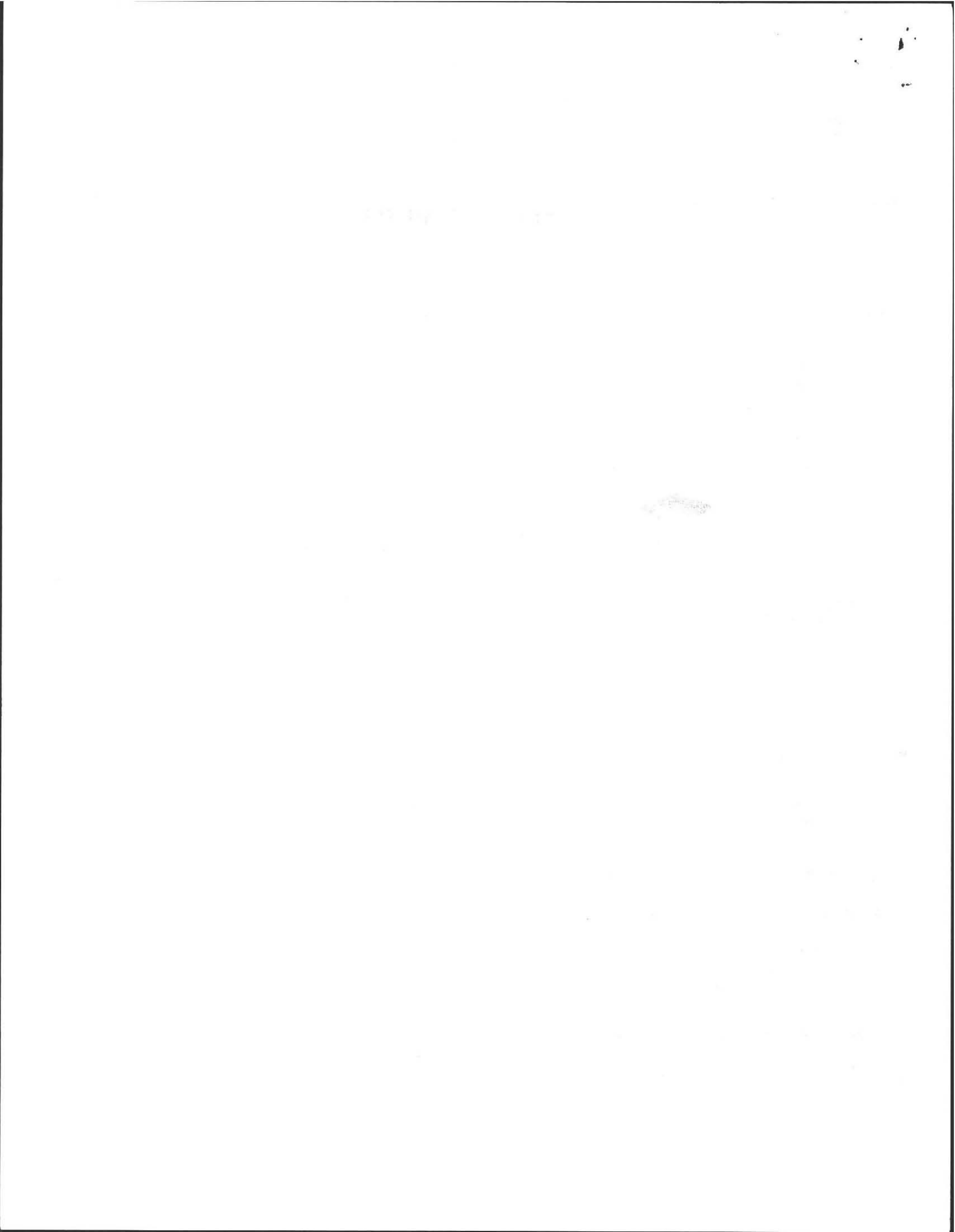
INSPECTION SUMMARY: (Check A, B, C, or D)

A] SYSTEM PASSES:

- I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303.

B] SYSTEM CONDITIONALLY PASSES:

- One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification (continued)

Property Address: 103 Lark Spur Drive

Amherst, Ma. 01002

Owner: Ted Hallstrom

Date of Inspection: April 23, 1996

B] SYSTEM CONDITIONALLY PASSES (continued)

Indicate YES, NO, or Not Determined (ND). Describe basis of determination in all instances. If "not determined", explain why not.

The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled, or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

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

The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH

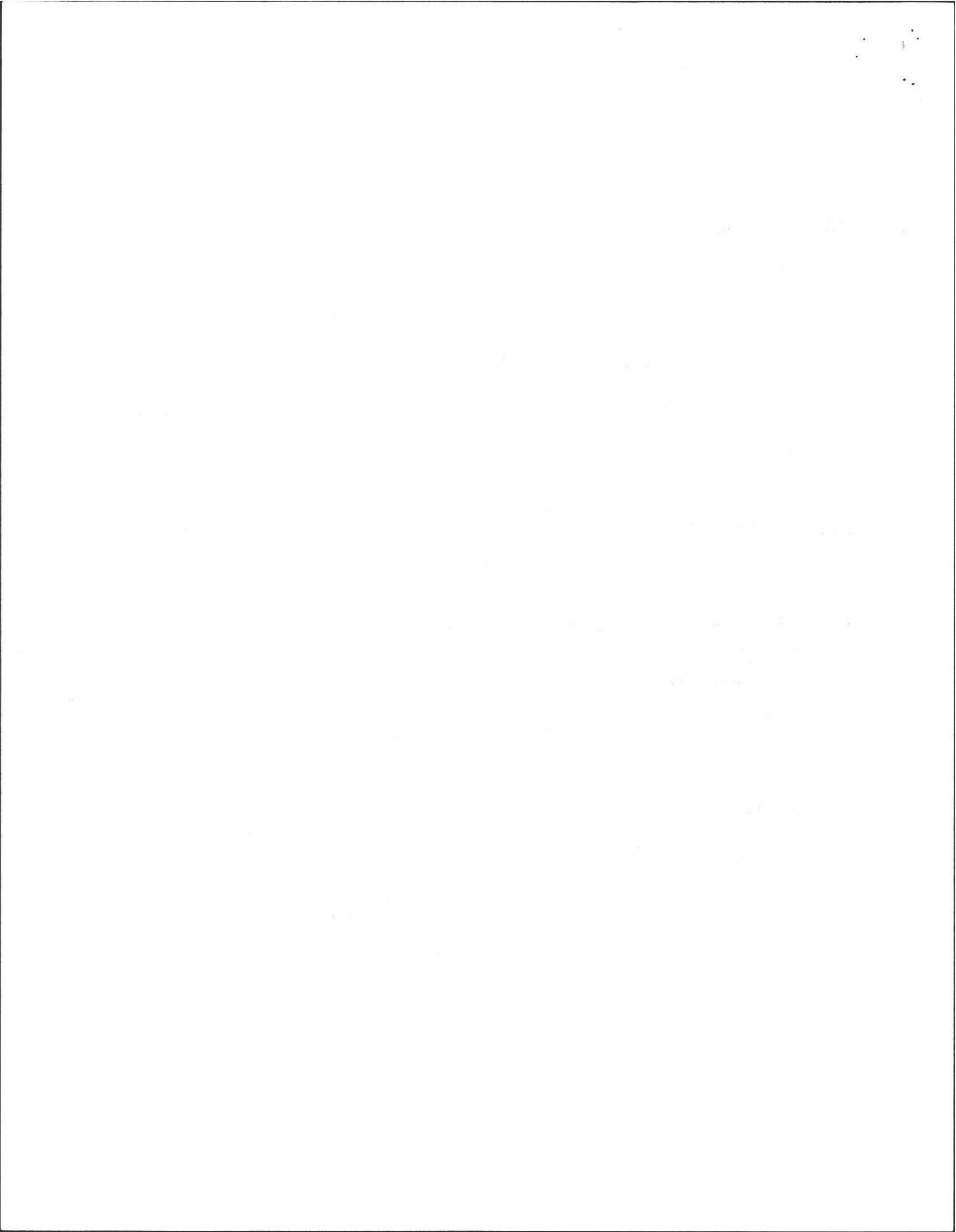
Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety, and environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

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

2) SYSTEM WILL FAIL UNLESS BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
The system has a septic tank and soil absorption system and is less than 100 feet BUT 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification (continued)

Property Address: 103 Lark Spur Drive

Amherst, Ma. 01002

Owner: Ted Hallstrom

Date of Inspection: April 23, 1996

D] SYSTEM FAILS:

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

- Backup of sewage into facility or system component due to an 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 the 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 Soil Absorption System, cesspool, or privy is below the high groundwater elevation.
- Any portion of a 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 I of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach a copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

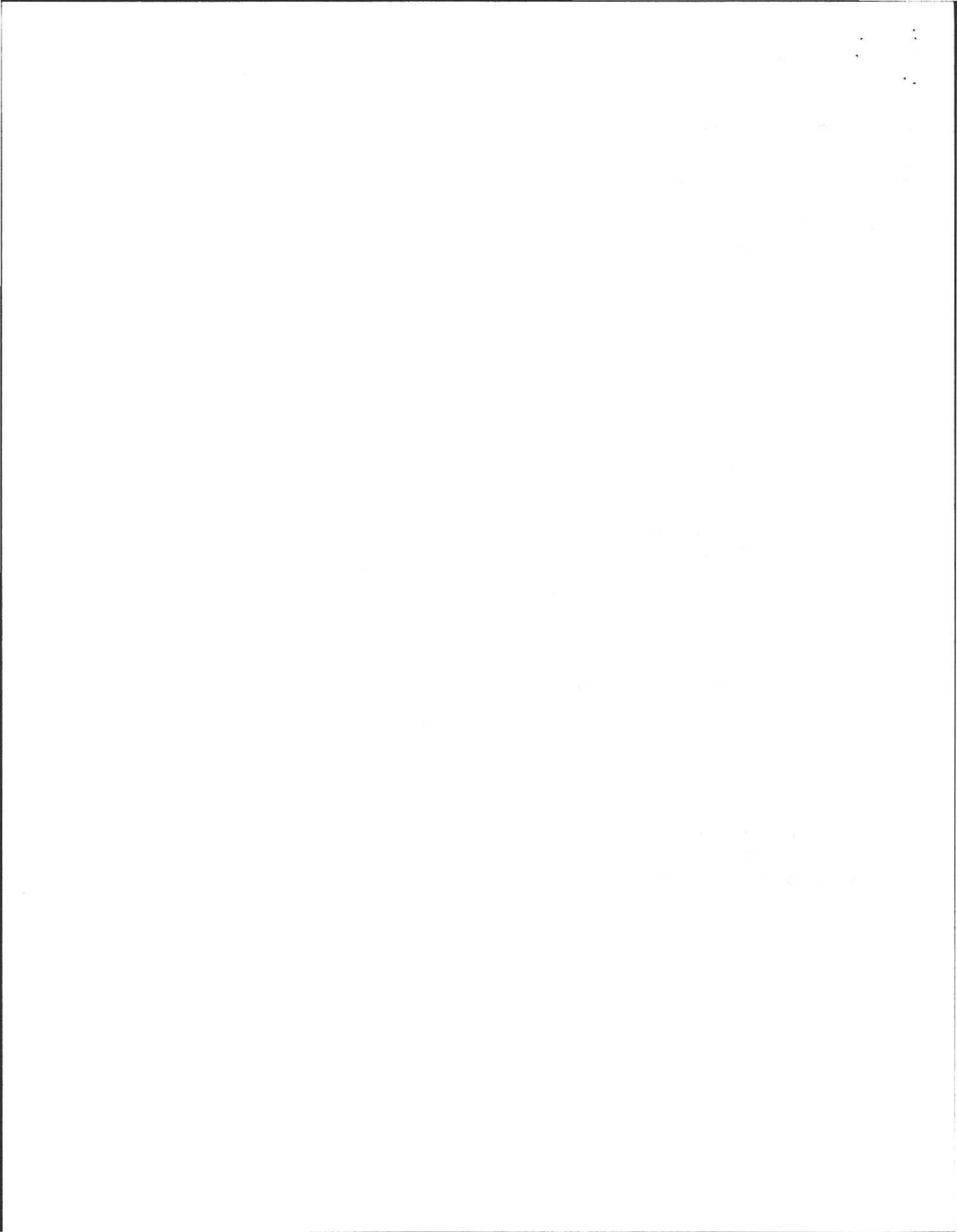
E] LARGE SYSTEM FAILS:

THE FOLLOWING CRITERIA APPLY TO LARGE SYSTEMS IN ADDITION TO CRITERIA ABOVE:

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

- 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)

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
Part B
CHECKLIST

Property Address: 103 Lark Spur Drive

Amherst, Ma. 01002

Owner: Ted Hallstrom

Date of Inspection: April 23, 1996

Check if the following have been done:

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

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

- Yes As built plans have been obtained and examined. Note if they are not available with an NA

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

- The system does not receive non-sanitary or industrial water flow.

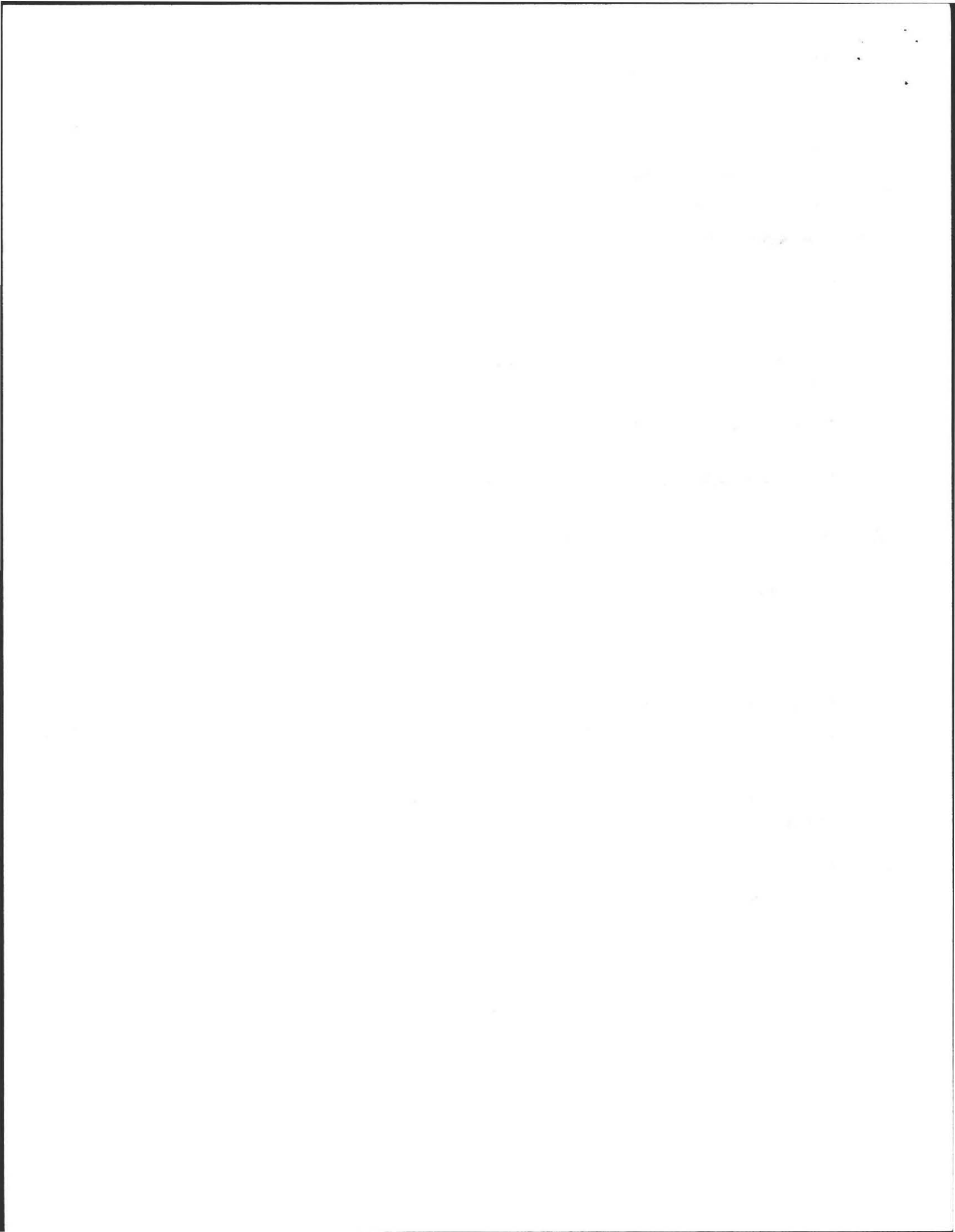
- The site was inspected for signs of breakout.

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

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

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

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C
SYSTEM INFORMATION

Property Address: 103 Lark Spur Drive

Amherst, Ma. 01002

Owner: Ted Hallstrom

Date of Inspection: April 23, 1996

FLOW CONDITIONS

Residential:

Design flow: 550 gallons
Number of bedrooms: 4
Number of current residents: 4
Garbage Grinder? Yes
Laundry connected to system? Yes
Seasonal Use? No
Water Meter readings - 31,000 Cu. Ft.
- if available:

Last Date of Occupancy: July 15, 1996

Commercial/Industrial:

Type of establishment: _____
Design flow: _____ gallons per day
Grease trap present? _____
Industrial Waste Holding Tank present? _____
Non-sanitary waste discharged to the Title 5 system? _____
Water Meter readings - - if available: _____

Last Date of Occupancy: _____
OTHER: (Describe) _____

GENERAL INFORMATION

PUMPING RECORDS and source of information: 4/21/93 Greg's
System pumped as part of the inspection? Yes
If YES - enter volume pumped: 1500 gallons
Reason for pumping: T/5 Inspect Tank

TYPE OF SYSTEM:

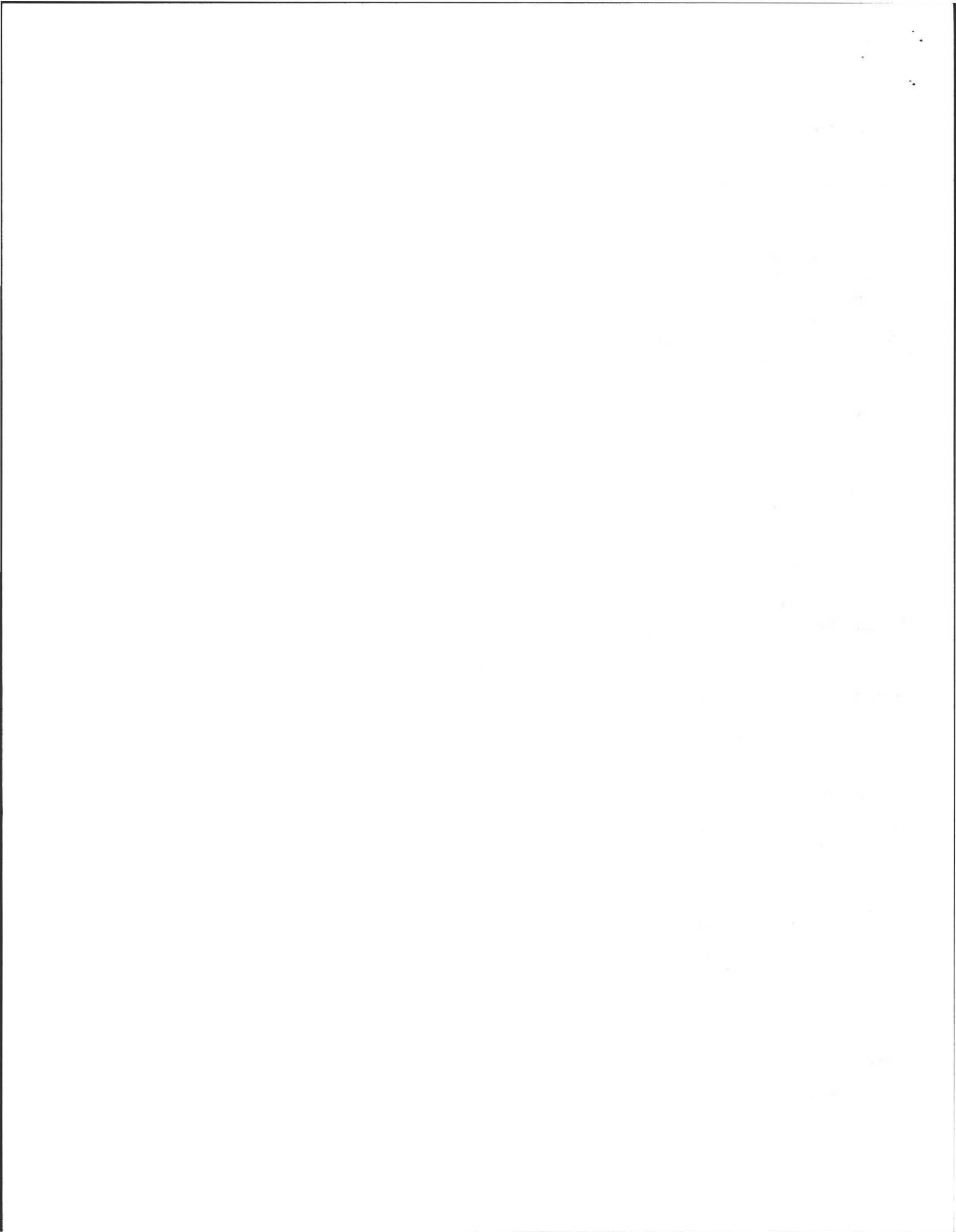
- Septic Tank / Distribution Box / Soil System Single Cesspool
 Overflow Cesspool Privy

Shared system? _____
If YES - attach previous inspection records, if any.

OTHER: (Describe) 1500 gallon
Septic Tank
to 1500 gal
leach tank.

APPROXIMATE AGE of all components: 7 Years
Date Installed, if Known: 8/9/89
Source of Information: Septic Design

Sewage Odors detected when arriving at Site? No



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C

SYSTEM INFORMATION (continued)

Property Address: 103 Lark Spur Drive

Amherst, Ma. 01002

Owner: Ted Hallstrom

Date of Inspection: April 23, 1996

SEPTIC TANK -

(locate on site plan):

Depth below grade: 56"

Material of Construction: Concrete Metal FRP Other (explain) Risers to 12" Surface

- 10'x5'x5' Dimensions:
- 8" Sludge Depth
- 31" Distance from top of sludge to bottom of outlet tee/ baffle
- 4" Scum thickness
- 3" Distance from top of scum to top of outlet tee / baffle
- 19" Distance from bottom of scum to bottom of outlet tee / baffle

Comments: (Recommendations for pumping, condition of inlet & outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Pump every 3 years, baffles in good condition, liquid at outlet invert but not above. Tank in excellent condition, no leaks, tank in good condition..

GREASE TRAP -

(locate on site plan):

Depth below grade:

Material of Construction: Concrete Metal FRP Other (explain)

- _____ Dimensions:
- _____ Scum thickness
- _____ Distance from top of scum to top of outlet tee / baffle
- _____ Distance from bottom of scum to bottom of outlet tee / baffle

Comments: (Recommendations for pumping, condition of inlet & outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____.

TIGHT / HOLDING TANK

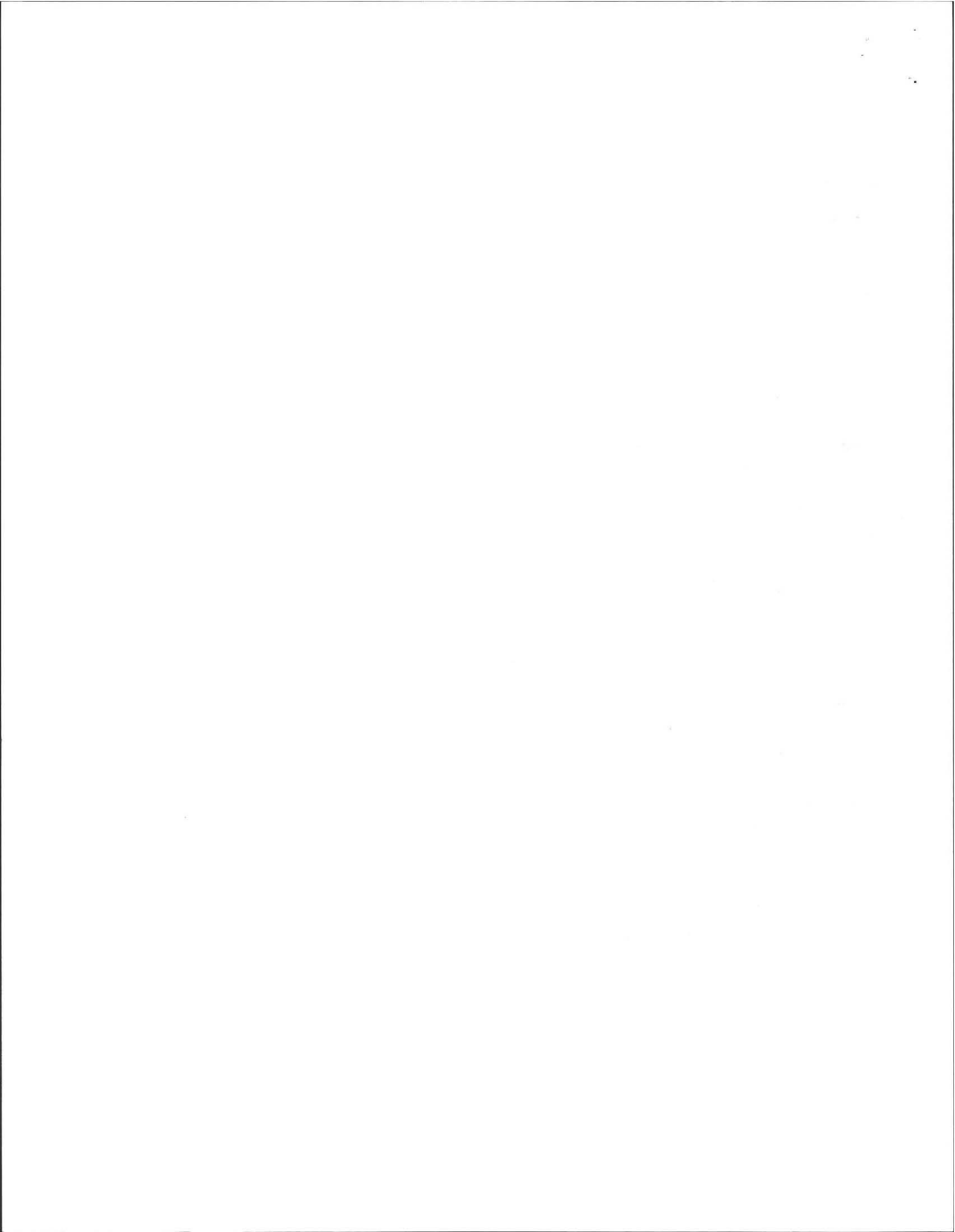
(locate on site plan):

Depth below grade:

Material of Construction: Concrete Metal FRP Other (explain)

- _____ Dimensions:
- _____ Capacity in gallons
- _____ Design flow in gallons per day
- _____ Alarm level

Comments: (Condition of inlet tee, condition of alarm and float switches, etc.) _____.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C

SYSTEM INFORMATION (continued)

Property Address: 103 Lark Spur Drive

Owner: Amherst, Ma. 01002

Ted Hallstrom

Date of Inspection: April 23, 1996

DISTRIBUTION BOX: No D Box

(locate on site plan):

Depth of liquid level above outlet invert: _____

Comments: (Note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) No D Box 1-1500 gallon leach chamber.

PUMP CHAMBER:

(locate on site plan):

Pumps in working order: _____

Comments: (Note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

SOIL ABSORPTION SYSTEM

(SAS):

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

If not determined to be present, explain: _____

TYPE:

Leaching pits & number _____

Leaching chambers & number 1 1500 gallon leach chamber 10'x5'x64"

Leaching galleries & number _____

Leaching trenches, number, length _____

Leaching fields, number, dimensions _____

Overflow cesspool, number _____

Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) Sandy gravel no hydraulic failure, no ponding..

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C
SYSTEM INFORMATION (continued)

Property Address: 103 Lark Spur Drive

Amherst, Ma. 01002

Owner: Ted Hallstrom

Date of Inspection: April 23, 1996

CESSPOOLS

(locate on site plan):

- Number & 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 _____

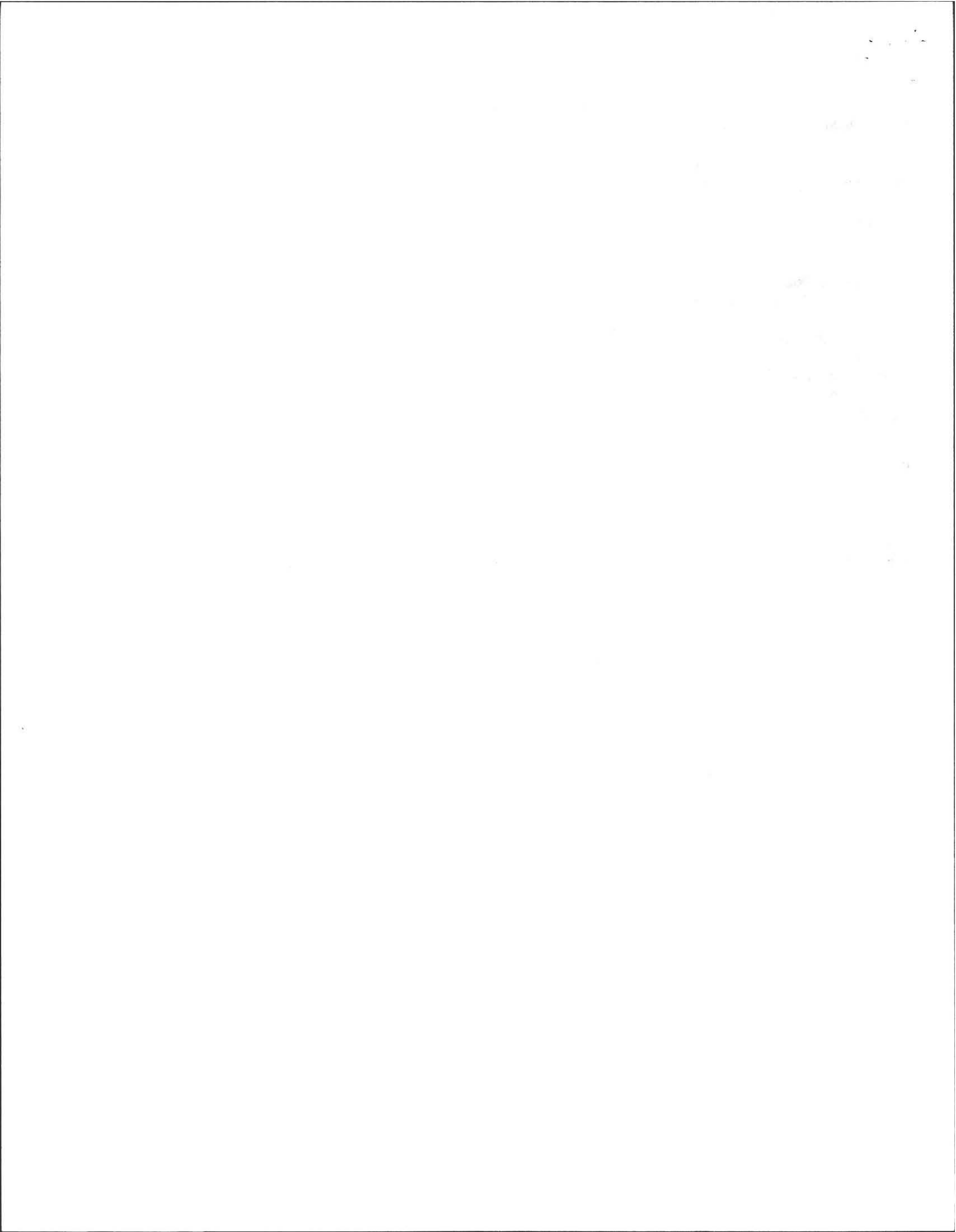
Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) _____.

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.) _____.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C
SYSTEM INFORMATION

Property Address: 103 Lark Spur Drive

Amherst, Ma. 01002

Owner: Ted Hallstrom

Date of Inspection: April 23, 1996

SKETCH OF SEWAGE DISPOSAL SYSTEM:

{INCLUDE TIES TO AT LEAST 2 PERMANENT REFERENCES, LANDMARKS, OR BENCHMARKS -
AND LOCATE ALL WELLS WITHIN 100 FEET}

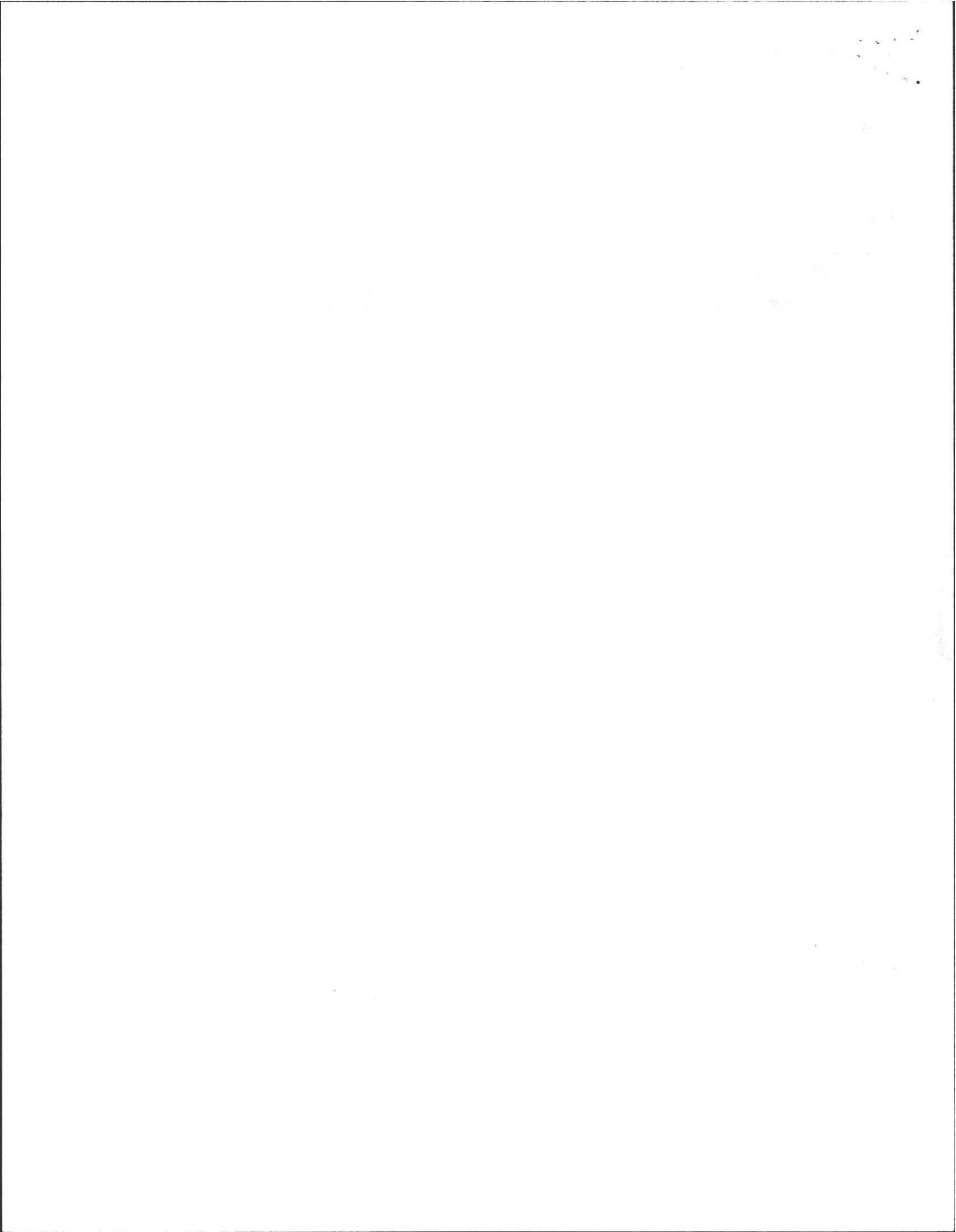
****** { SEE EXHIBIT A } ******

Depth to Groundwater:

7 feet†

Method of determination or approximation:

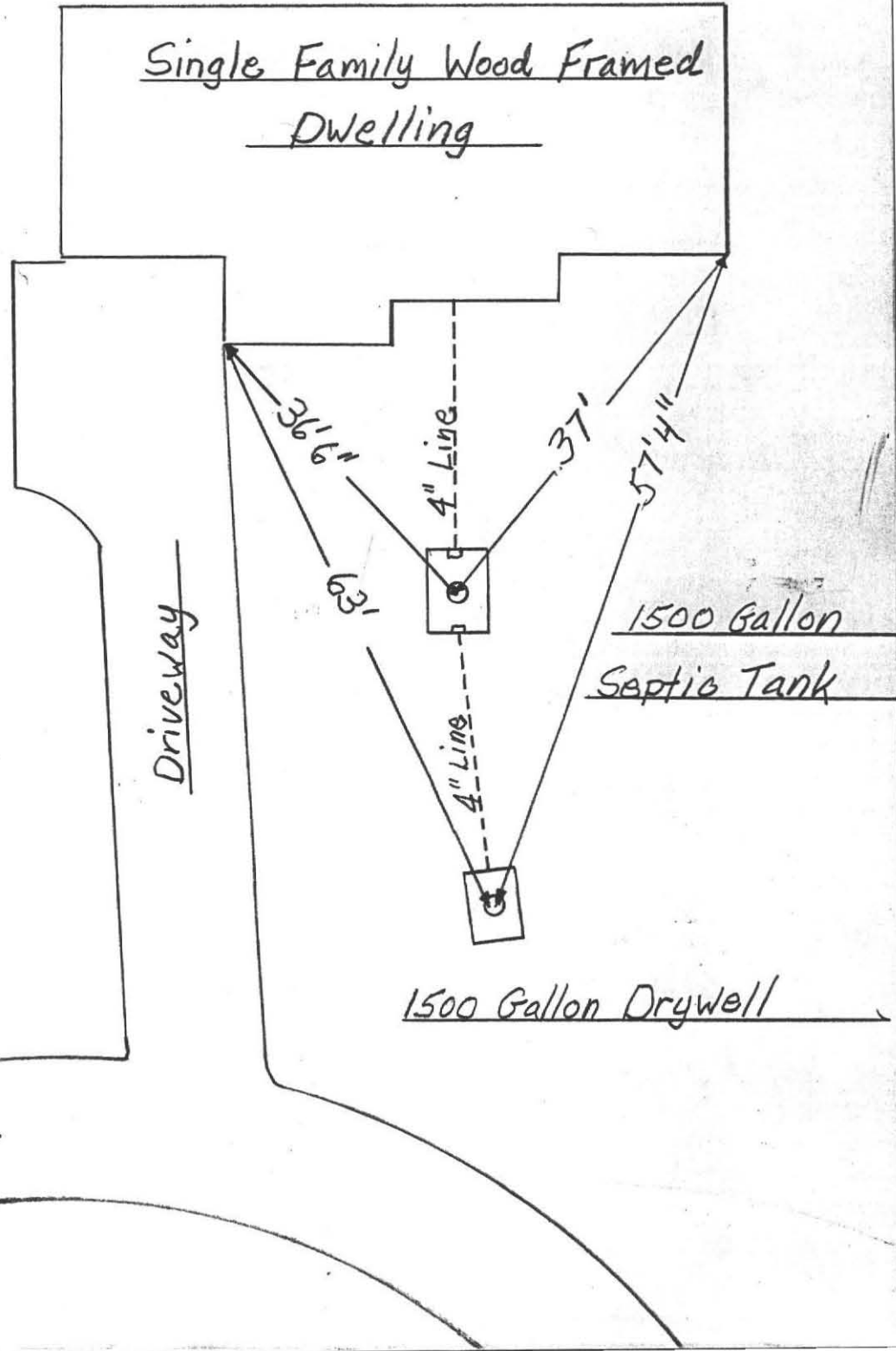
No ground water at 75". William Sieruta perc test & copy of as built plans are source of information provided by present owner..



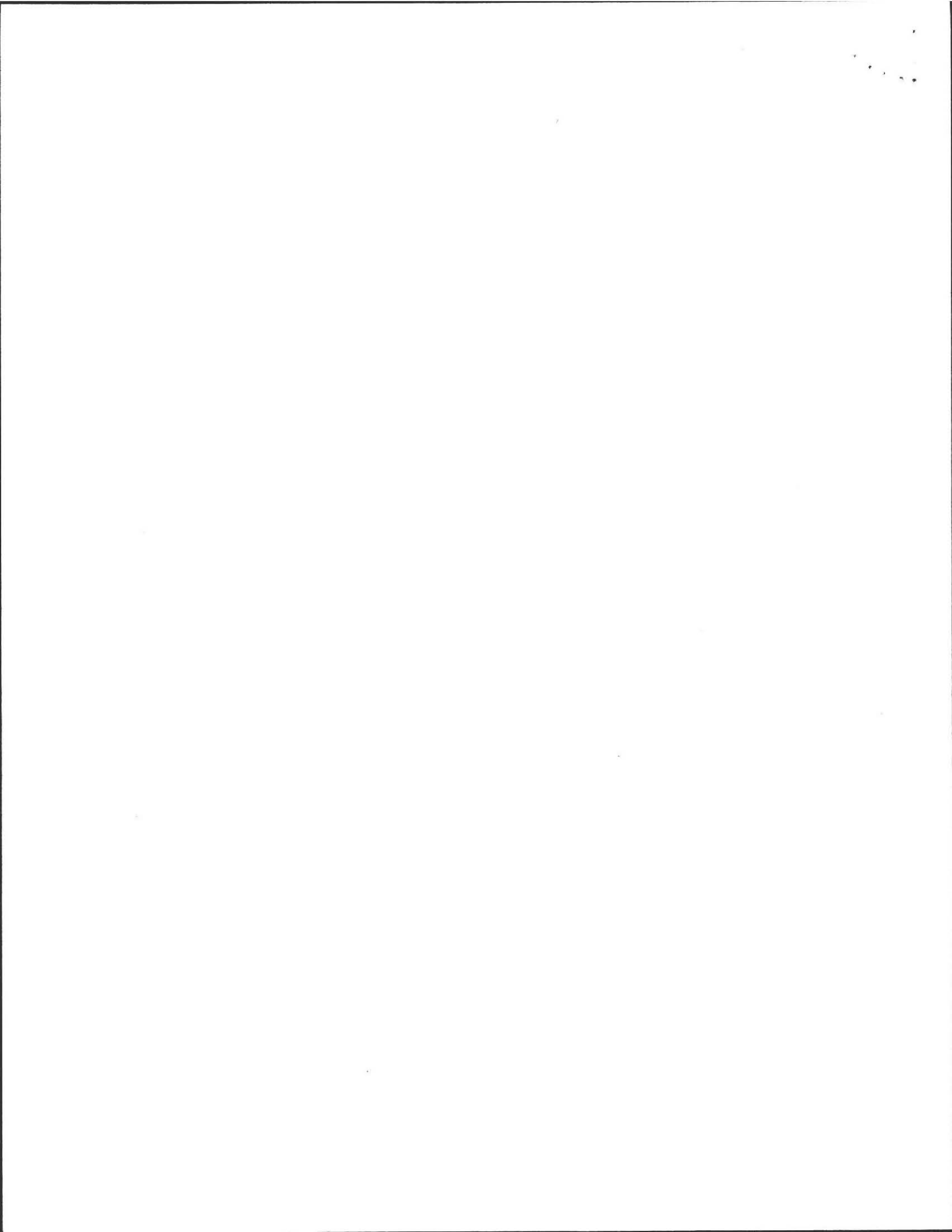
Sewage Disposal System
at 103 Lark Spur Drive
Amherst, Mass.

EXHIBIT "A"

Inspection Date 4/23/96



Drawing Not to Scale



103 LARKSPUR DR
AMHERST, MA
6/30/13

memorex

INSPECTION SEPTIC
TO LEECH TANK

