

25 LEVERETT ROAD



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A
CERTIFICATION (continued)

Property Address: 25 Leverett Rd

Owner: Feltonic Amherst, MA

Date of Inspection: 8/6/02

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:

see page one

B. System Conditionally Passes:

no 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:

no 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:

no 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:



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

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

Property Address: 25 Leverett Rd.
Amherst MA 01002
 Owner's Name: Stephen K. Feltovic
 Owner's Address: same
 Date of Inspection: 8/6/02
 Name of Inspector: (please print) Robert W. Stover
 Company Name: Amherst Civil Engineering
 Mailing Address: P.O. Box 3312
Amherst, MA 01004-3312
 Telephone Number: (413) 256-3400

CERTIFICATION STATEMENT

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

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

Inspector's Signature: Robert W. Stover Date: 8/6/02

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

System is 25± years old but I saw no evidence of hydraulic failure. Pump septic tank annually

****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.

to prolong life of each bed.

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

Property Address: 25 Leverett Rd.
Amherst, Mass.
Owner: Feltovic
Date of Inspection: 8/6/02

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 <u>NOT</u> 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: not apply
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 A

CERTIFICATION (continued)

Property Address: 25 Leverett Rd

Owner: Feltovic Amherst

Date of Inspection: 2/6/02

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:

- NO 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.
- NO The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- NO The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- NO 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 C
SYSTEM INFORMATION

Property Address: 25 Leverett Rd.
from 2135th Rd
Owner: Feltovic
Date of Inspection: 8/6/02

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330
Number of current residents: 2
Does residence have a garbage grinder (yes or no): NO
Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]
Laundry system inspected (yes or no): not apply
Seasonal use: (yes or no): no
Water meter readings, if available (last 2 years usage (gpd)): 39 gpd average
Sump pump (yes or no): yes
Last date of occupancy: occupied at time of inspection

COMMERCIAL/INDUSTRIAL

Type of establishment: not apply
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sqft, etc.): _____
Grease trap present (yes or no): _____
Industrial waste holding tank present (yes or no): _____
Non-sanitary waste discharged to the Title 5 system (yes or no): _____
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: pumped 1999, 2000, 2001
Was system pumped as part of the inspection (yes or no): yes
If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? tank dimensions
Reason for pumping: inspection and routine maintenance

TYPE OF SYSTEM

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- Tight tank Attach a copy of the DEP approval
- Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:
25 years from previous title 5 reports
Were sewage odors detected when arriving at the site (yes or no): NO few intervening years.

**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 25 Leverett Rd.
Amherst, MA
Owner: Feltovic
Date of Inspection: 8/6/02

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 ?
 - N/A 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. previous Title 5 insp
 - 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)]
dbox was uncovered, inspected and the direction of the outlet pipes was noted.

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

Property Address: 25 Leverett Rd.
Amherst, MA
Owner: Feltovic
Date of Inspection: 8/6/02

TIGHT or HOLDING TANK: (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: Not apply
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: (if present must be opened)(locate on site plan) 19" below grade

Depth of liquid level above outlet invert: 1/8"
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Box is reasonably level and distribution is reasonably equal
Slight amt. of standing water in box was result of small accumulation of fine solids - we pumped box and there was no backflow of effluent into box.
PUMP CHAMBER: _____ (locate on site plan) not apply

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: 25 Leverett Rd.

Owner: Feltovic, Ambrose, MA

Date of Inspection: 3/6/02

BUILDING SEWER (locate on site plan)

Depth below grade: 12"±

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

Distance from private water supply well or suction line: _____

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

in very good condition - no evidence of leakage

SEPTIC TANK: (locate on site plan)

Depth below grade: 13"

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

If tank is metal list age: N/A Is age confirmed by a Certificate of Compliance (yes or no): _____ (attach a copy of certificate)

Dimensions: 8.5' L x 5.5' W x 4.0' Below Inlet

Sludge depth: 2"

Distance from top of sludge to bottom of outlet tee or baffle: 32"±

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: _____

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

Outlet baffle is concrete, cast-to-walls, enclosed baffle. Inlet baffle is same - both are in a functional condition. Liquid level was at invert of the outlet. Tank structural integrity appeared good and I observed no evidence of leakage.

GREASE TRAP: (locate on site plan) not apply Pump tank every year.

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: _____

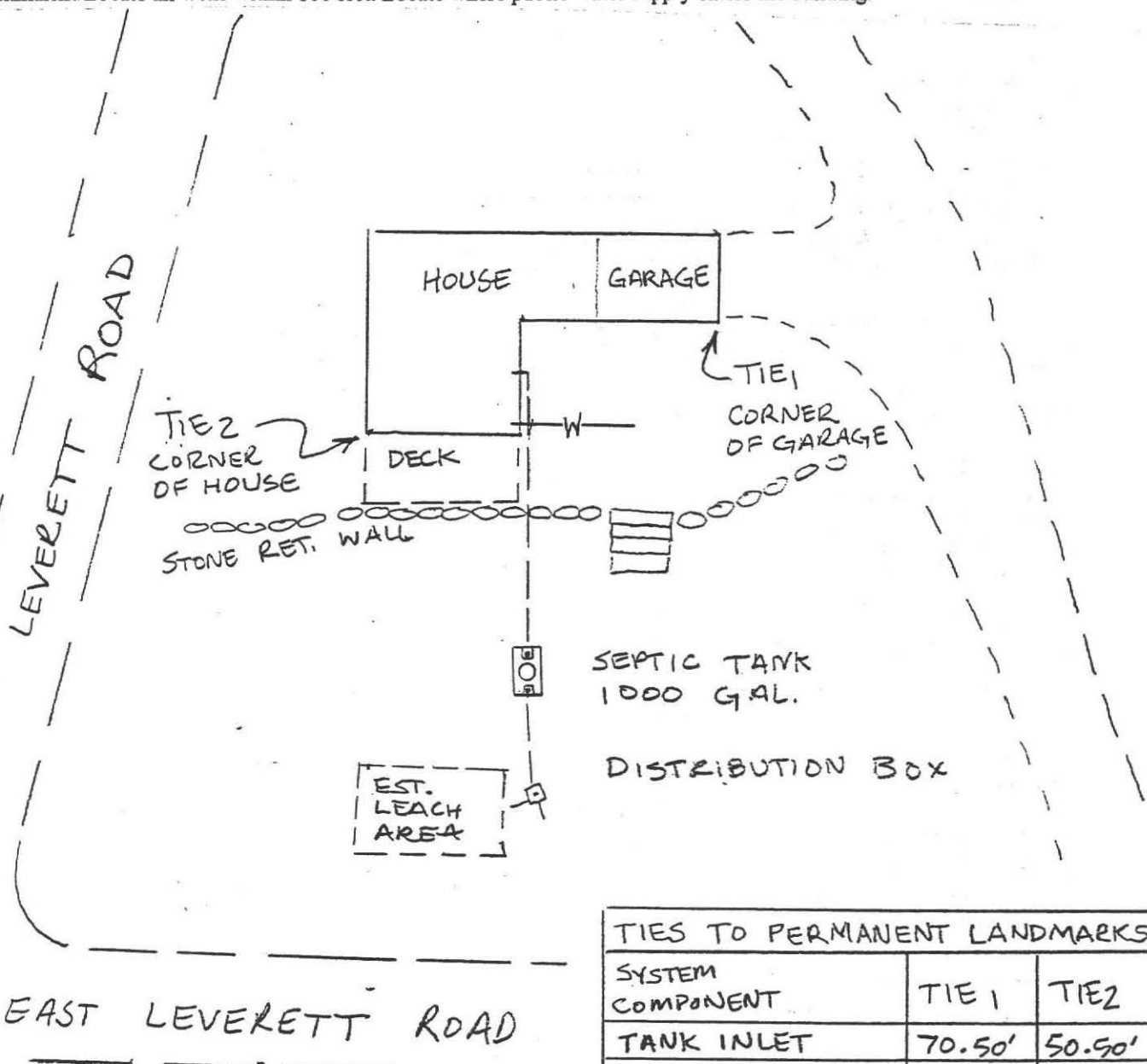
Date of last pumping: _____

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: 25 Leverett Rd.
Amherst, MA
 Owner: B/G/DZ
 Date of Inspection: 8/6/02

SKETCH OF SEWAGE DISPOSAL SYSTEM 1" = 30" (house + 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.



TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENT	TIE 1	TIE 2
TANK INLET	70.50'	50.50'
TANK CENTER	73.25'	53.50'
TANK OUTLET	76.50'	56.50'
DISTRIBUTION BOX	92.50'	73.00'

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

PART C

SYSTEM INFORMATION (continued)

Property Address: 25 Leverett Rd.

Owner: Feltone
Amherst, Mass.

Date of Inspection: 8/16/02

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

If SAS not located explain why:

Type

leaching pits, number: _____

leaching chambers, number: _____

leaching galleries, number: _____

leaching trenches, number, length: _____

leaching fields, number, dimensions: 1 approximately 15' x 25'

overflow cesspool, number: _____

innovative/alternative system Type/name of technology: _____

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

The area of the leach field is lawn and at this inspection there was no variation in the color or lushness of the grass in the vicinity of the field.

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

not apply

Number and configuration: _____

Depth - top of liquid to inlet invert: _____

Depth of solids layer: _____

Depth of scum layer: _____

Dimensions of cesspool: _____

Materials of construction: _____

Indication of groundwater inflow (yes or no): _____

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

PRIVY: _____ (locate on site plan)

not apply

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: 25 Leverett Rd.

Owner: Feltovic
Amherst, MA

Date of Inspection: 8/6/02

SITE EXAM

- Slope
- Surface water
- Check cellar
- Shallow wells

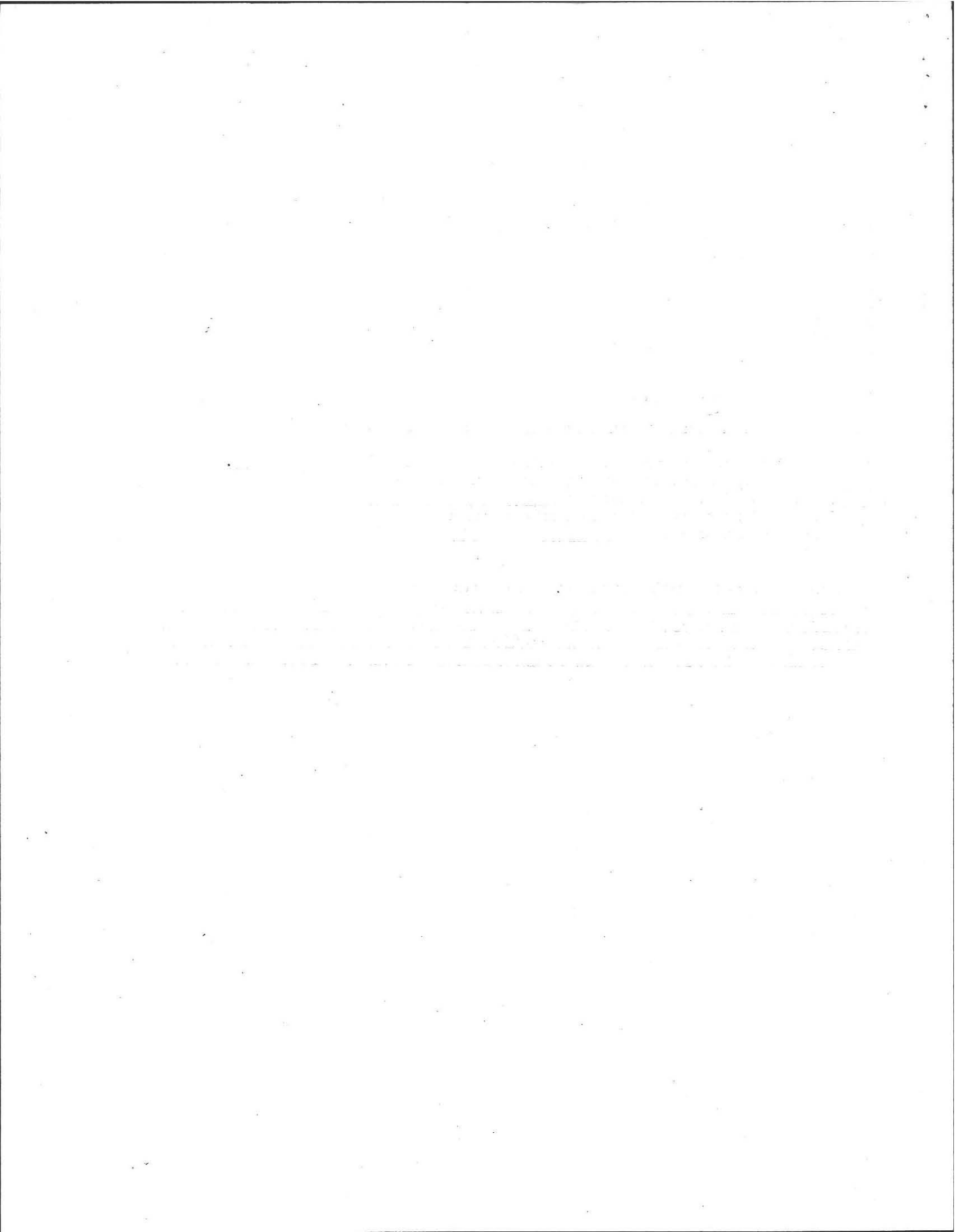
Estimated depth to ground water > 60 feet

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

- NA 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:

I located the site in the Soil Survey of Hampshire Co. -
central part - the soil type is MeB with a typical depth
to high groundwater of 60'.



#25

Pol 8/9/95 7

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 25 LEVERETT RD
Owner's name WILLIAM & ANNE GAGE
Date of Inspection AUGUST 2, 1995

**PART A
CHECKLIST**

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.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- 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, 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.

100

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

4 number of bedrooms
5 number of current residents
NO garbage grinder, yes or no
YES laundry connected to system, yes or no
NO seasonal use, yes or no

25 NOV
31 DEC
31 JAN
29 FEB
23 MAR
139 DAYS

If nonresidential, calculated flow:

Water meter readings, if available:

425300 11/05/94
380300 03/23/95
45000 / 139 days = 340 gpd

Now occupied Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

Pumped by Karl's

YES System pumped as part of inspection, yes or no

if yes, volume pumped 1000 gal

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)

Other (explain) _____

Approximate age of all components. Date installed, if known. Source of information:

Approximately 14-15 years / by owner
Mrs Picotte, previous owner

NO Sewage odors detected when arriving at the site, yes or no

100

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK:
(locate on site plan)

depth below grade: 15"

material of construction: concrete metal FRP other(explain)

dimensions: 8'6" x 5'0" W x 5'0" H

16" sludge depth
11" distance from top of sludge to bottom of outlet tee or baffle
0" scum thickness
6" distance from top of scum to top of outlet tee or baffle
10" distance from bottom of scum to bottom of outlet tee or baffle

Comments:

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

Pump every 2 years msn., Inlet & Outlet good condition, depth at outlet invert normal, structurally sound, No evidence of leakage, No repair necessary

DISTRIBUTION BOX:
(locate on site plan)

0" 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, recommendation for repairs, etc.)

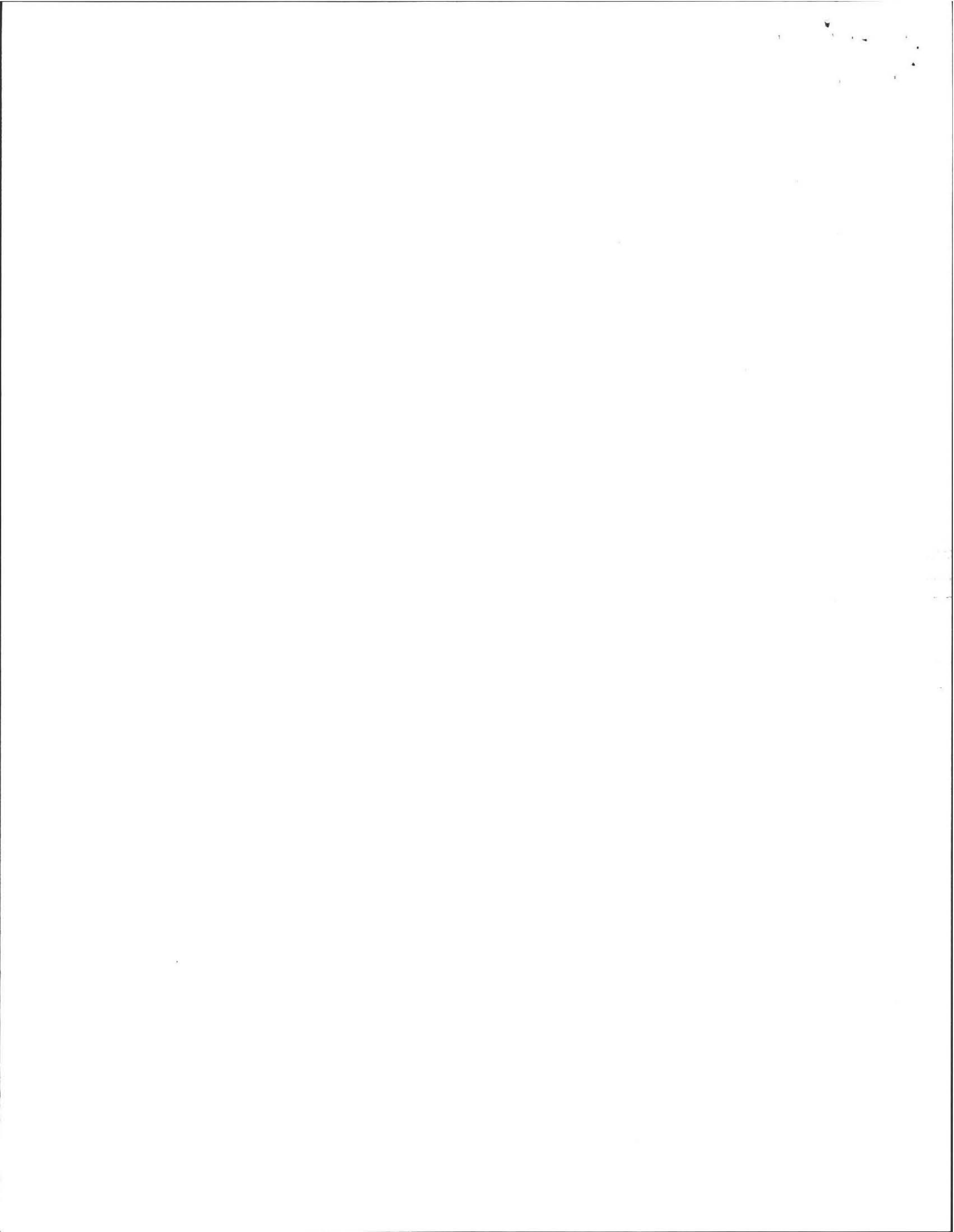
D-Box is level, distribution is equal, no evidence of solids carryover, no evidence of leakage in or out. D-Box OK

PUMP CHAMBER: NONE
(locate on site plan)

 pumps in working order, yes or no

Comments:

(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

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 and number

leaching chambers and number

leaching galleries and number

leaching trenches, number, length

leaching fields, number, dimensions

overflow cesspool, number

10' x 20' field

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

Soil dry, no sign of hydraulic failure, no ponding, vegetation normal, no repair necessary

CESSPOOLS (locate on site plan):

number and configuration

depth-top of liquid to inlet invert

depth of solids layer

depth of scum layer

dimensions of cesspool

materials of construction

indication of groundwater

inflow (cesspool must be pumped as part of inspection)

None

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

PRIVY:

(locate on site plan)

materials of construction

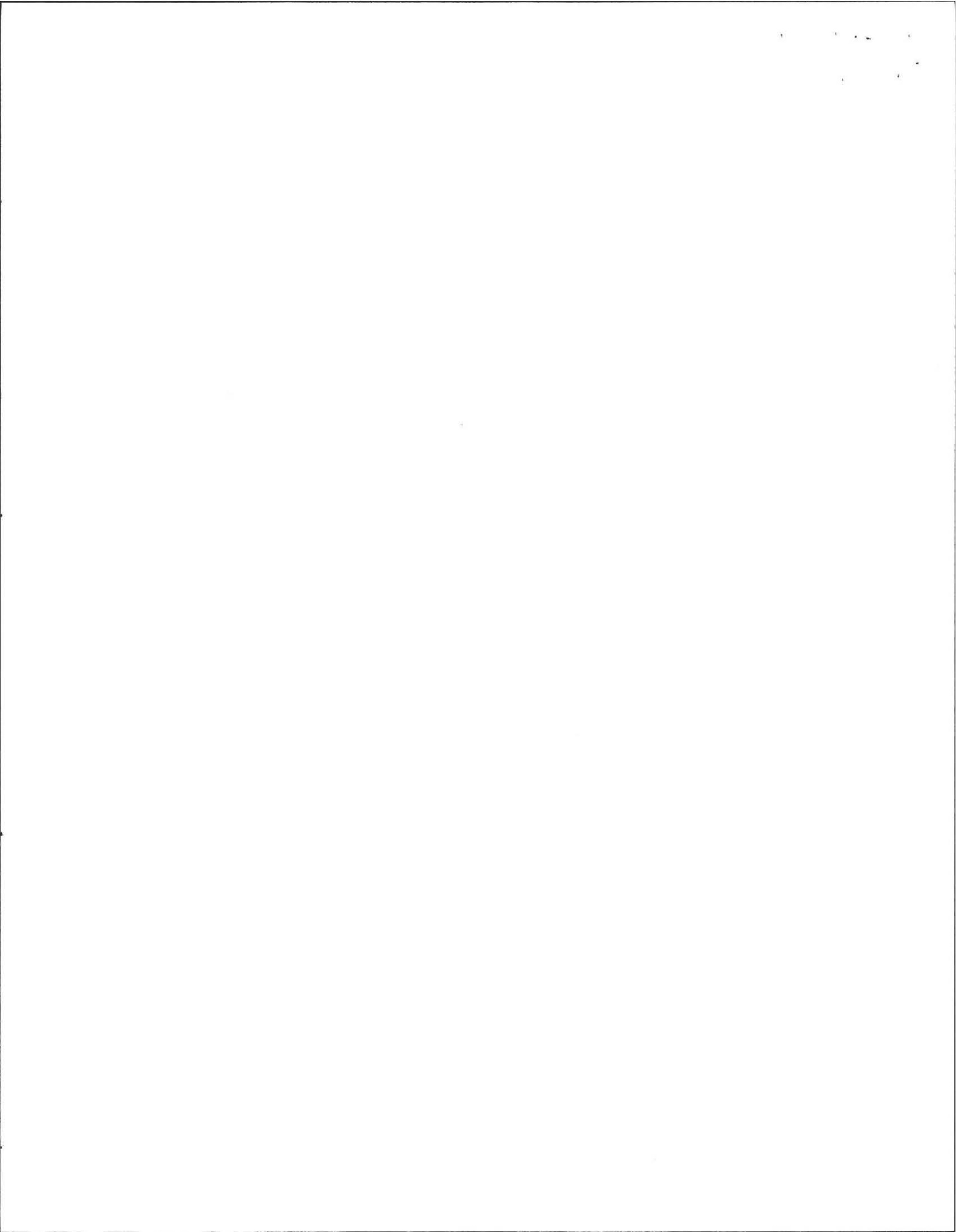
dimensions

depth of solids

None

Comments:

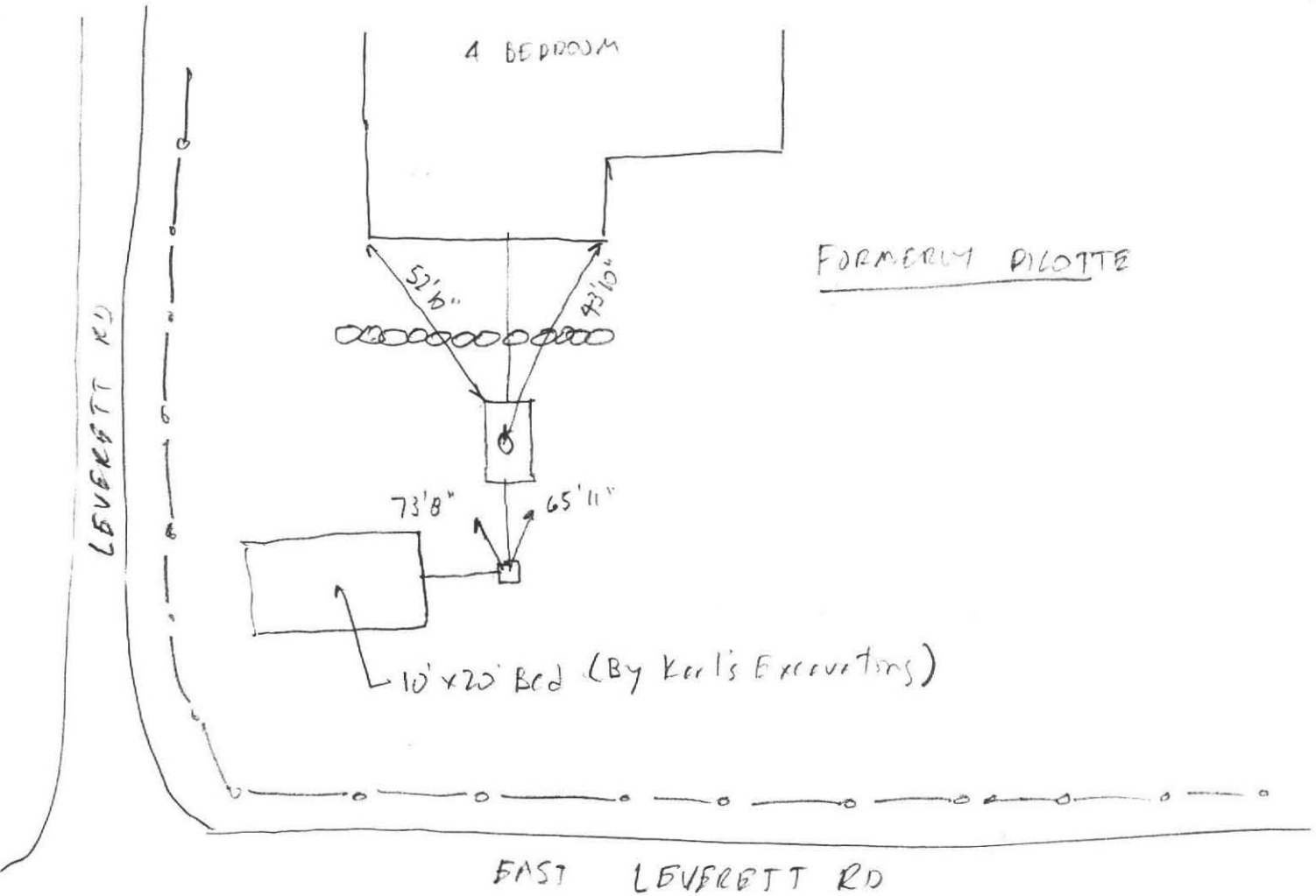
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

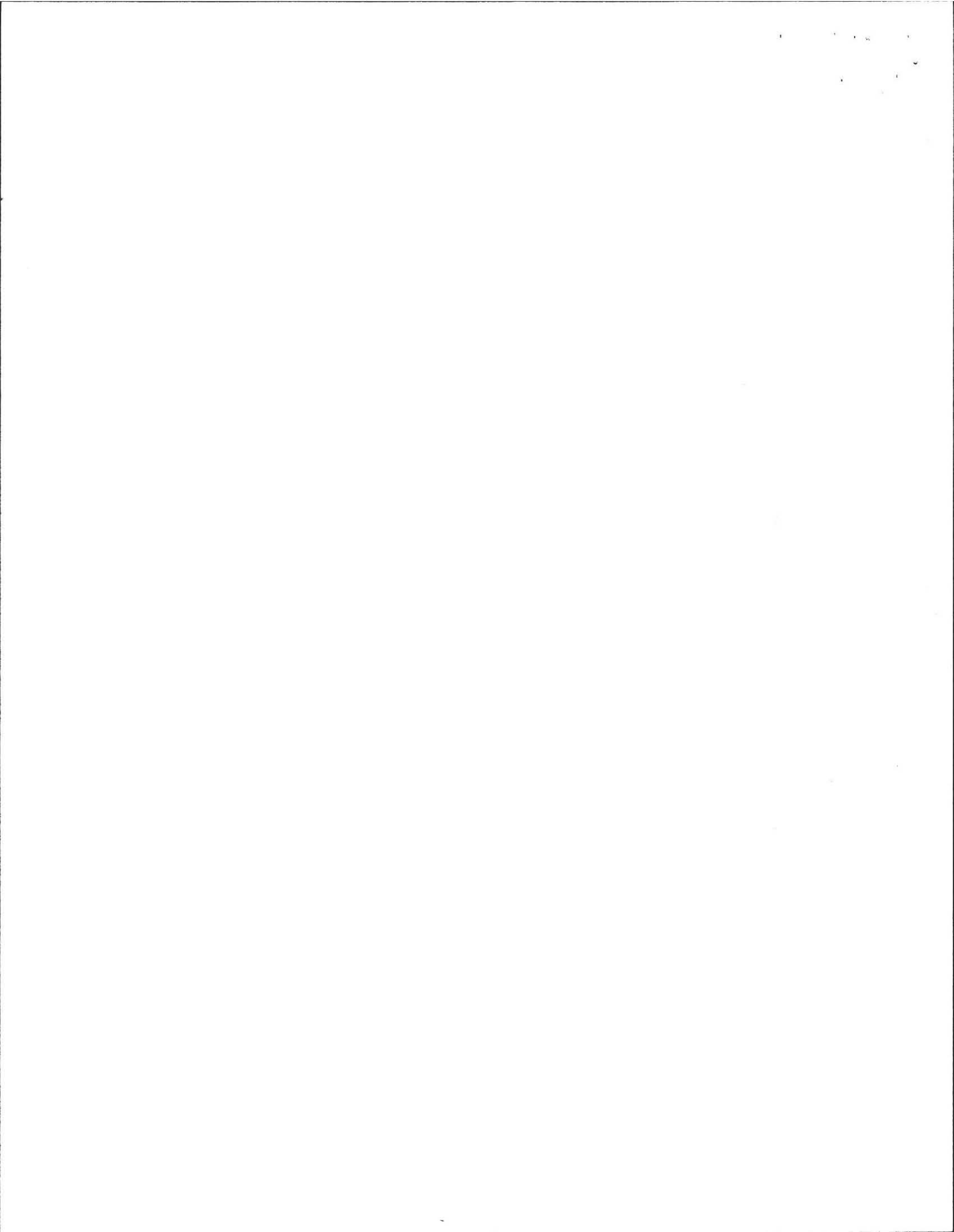


DEPTH TO GROUNDWATER

76' depth to groundwater

method of determination or approximation:

Slope to Mill River across Leverett Rd



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

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

- NO Backup of sewage into facility?
- NO Discharge or ponding of effluent to the surface of the ground or surface waters?
- NO Static liquid level in the distribution box above outlet invert?
- NA Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?
- NO Required pumping 4 times or more in the last year?
number of times pumped 0
- NO Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?
- NO Is any portion of the SAS, cesspool or privy:
below the high groundwater elevation?
- NO within 50 feet of a surface water?
- NO within 100 feet of a surface water supply or tributary to a surface water supply?
- NO within a Zone I of a public well?
- NO within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?
- NO within 50 feet of a private water supply well?
- NO less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector Harold L. Stiles, P.E.

Company Name Amherst Civil Engineering

Company Address 6 University Dr., Box 144
Amherst, MA 01002

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 and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the **FAILURE CRITERIA** section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the **FAILURE CRITERIA** section of this form.

Inspector's Signature *Harold L. Stiles*

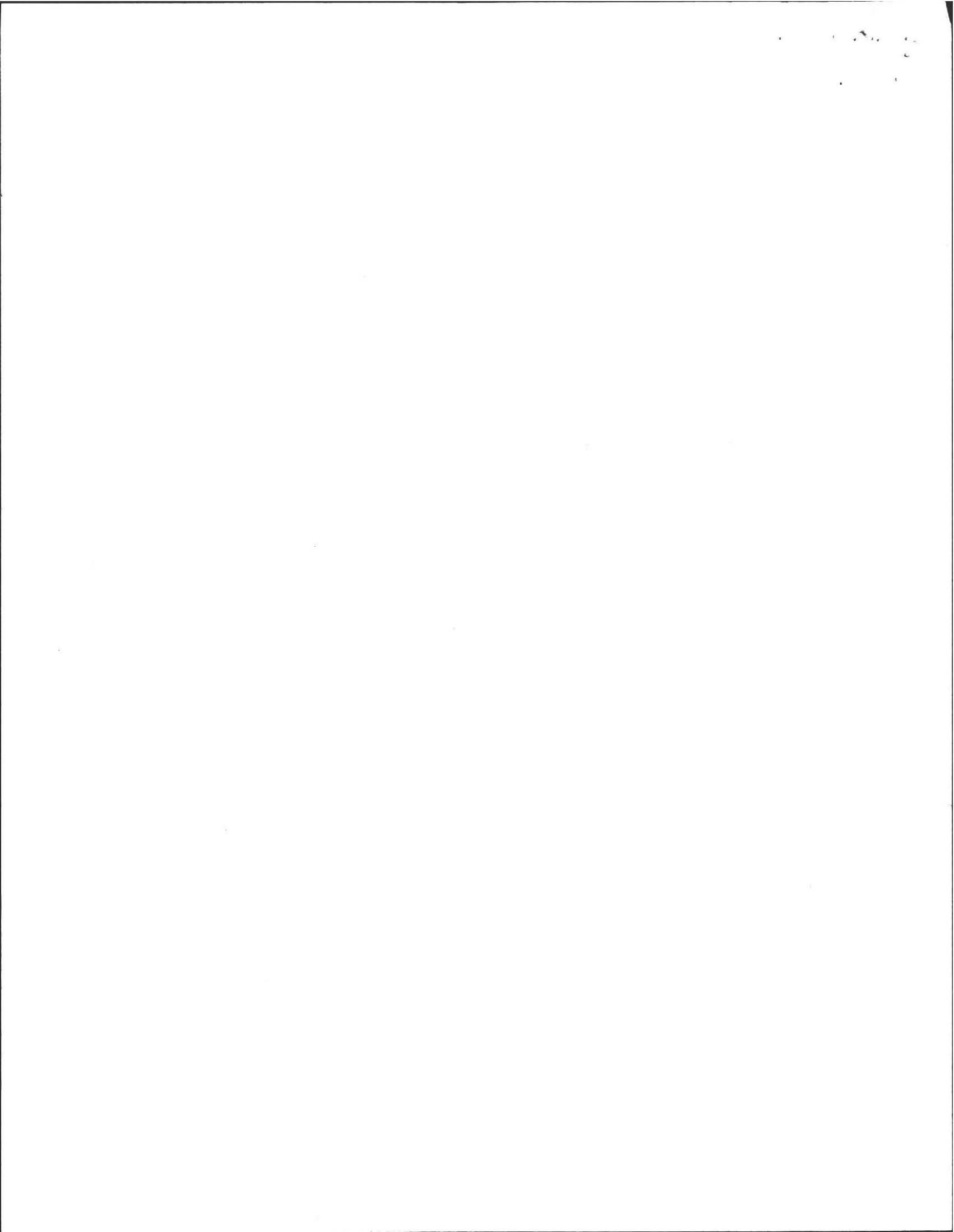
Date 8/2/95

Original to system owner William and Anne Gage

Copies to: D. H. Jones Real Estate Group, INC. (Larry Miller)

Buyer (if applicable)

Approving authority Amherst Board of Health
Town Hall
Amherst, MA 01002



BOARD OF HEALTH

#25

TOWN OF AMHERST, MASSACHUSETTS

Repair

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

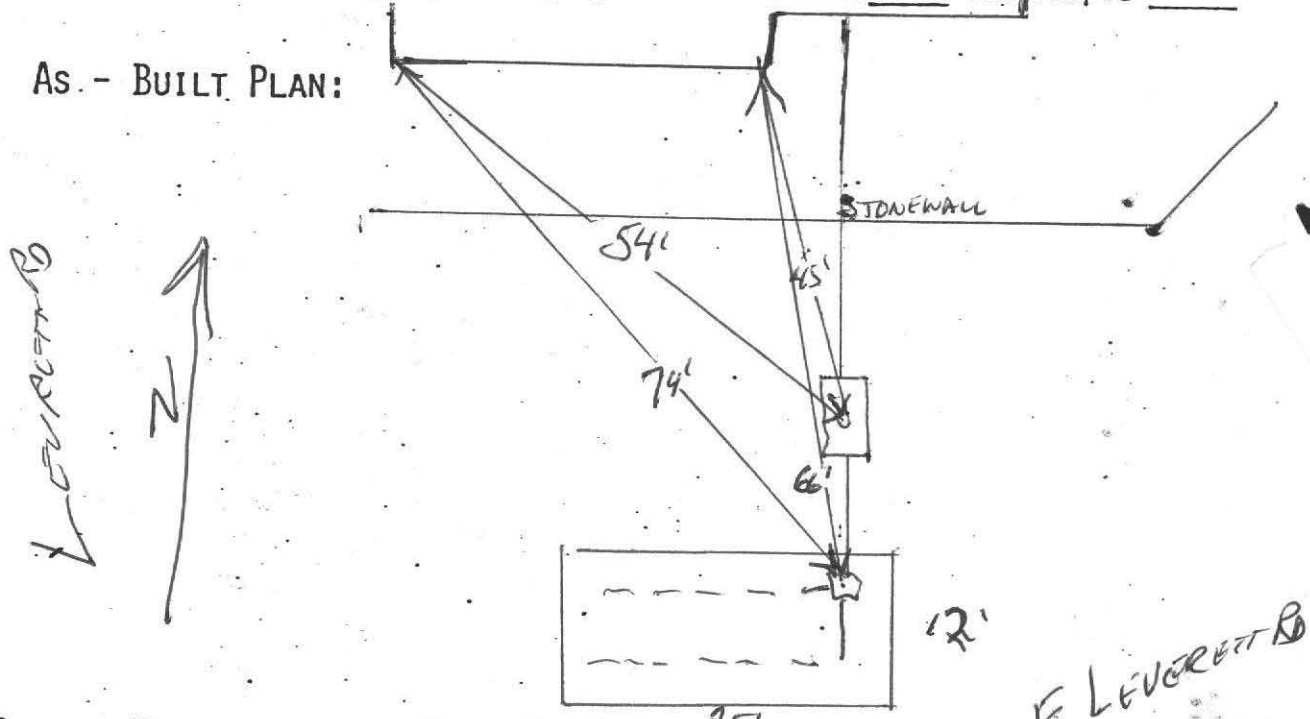
Owner PICOTTE Address 25 LEVERETT RD
 Installer KARLS Exc Address RIVER DR HANCOCK
 Date Installation Inspected and Approved 12-14-84

Description of System: Tank Capacity: EXISTING

Leach Field () Bed (X) Seepage Pit () Square Feet: 300

Garbage Grinder Yes () - No () No. Bedrooms: _____ No. People _____

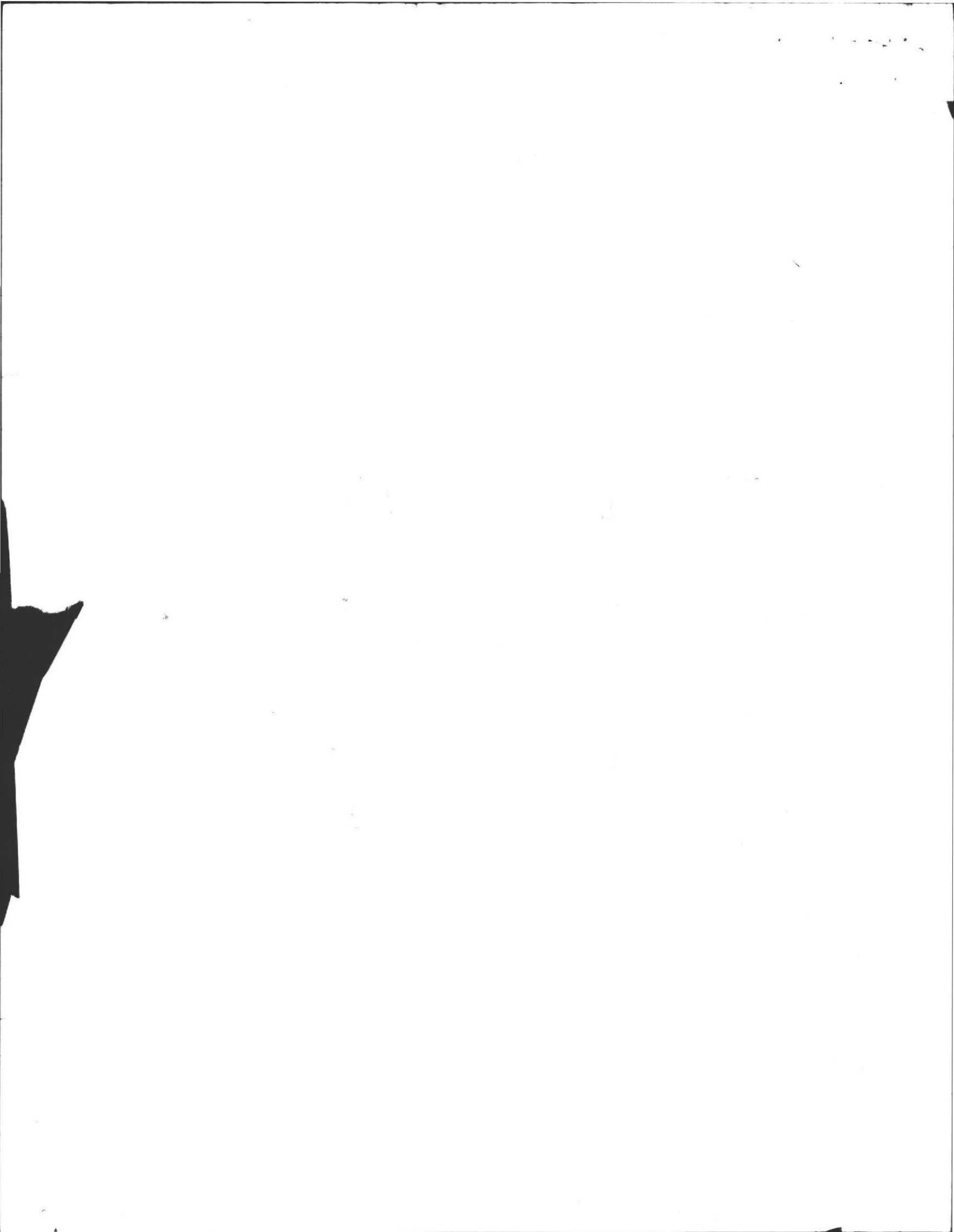
AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed _____ years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

E LEVERETT RD





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

William Gage
 previous owner

TRUDY COXE
 Secretary

ARGEO PAUL CELLUCCI
 Governor

DAVID B. STRUHS
 Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
 PART A
 CERTIFICATION

Property Address: 25 Leverett Rd.
Amherst MA
 Name of Owner: Robert J. Feltovic
 Address of Owner: 25 Leverett Rd
Amherst, MA 01002
 Date of Inspection: 6/29/99
 Name of Inspector: (Please Print) Robert W. Stover
 I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
 Company Name: Amherst Civil Engineering
 Mailing Address: P.O. Box 3312, Amherst, MA 01004-3312
 Telephone Number: (413) 256-3400 860 689 4470

CERTIFICATION STATEMENT

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

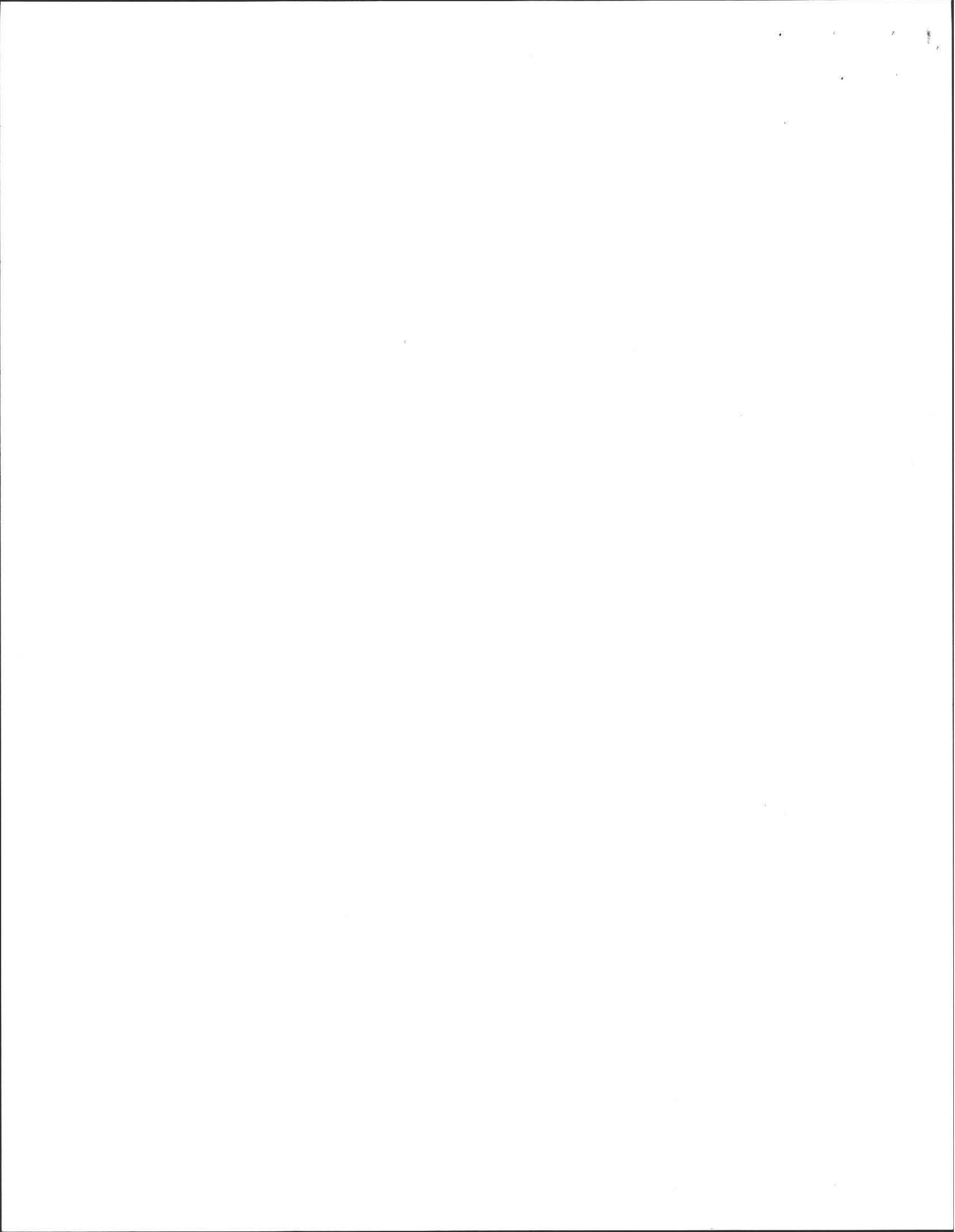
- Passes
- Conditionally Passes
- Needs Further Evaluation By the Local Approving Authority
- Fails

Inspector's Signature: Robert W. Stover Date: 6/29/99

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) 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.

NOTES AND COMMENTS

Distribution box appeared to have experienced occasional flooding and carryover of lint particles. Owner reported that recently the system has been subjected to heavy laundry use but that now laundry use will return to normal. I recommend pumping tank every one to two years to extend life of leaching bed. Broken d. box lid was replaced.



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

Property Address: 25 Leverett Rd
Owner: Amherst, MA
Date of Inspection: Feltovic
6/29/99

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

A. SYSTEM PASSES:

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

COMMENTS: see page one

B. SYSTEM CONDITIONALLY PASSES:

no One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

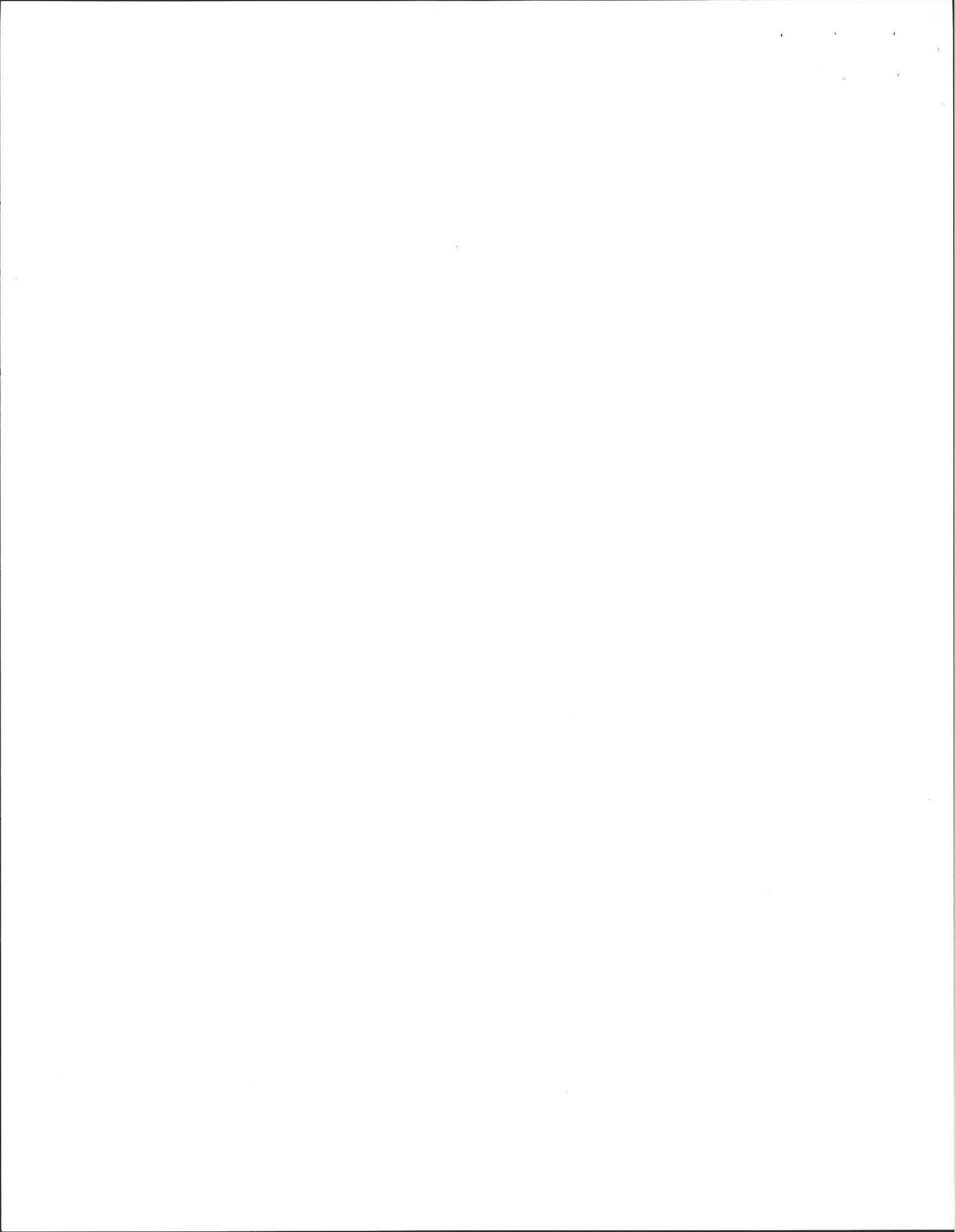
ND The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked,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

no 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 levelled or replaced

no - 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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A

CERTIFICATION (continued)

Property Address: 25 Leverett Rd.
Owner: Amherst, MA
Date of Inspection: Feltovic
6/29/99

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 the public health, safety and 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 THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

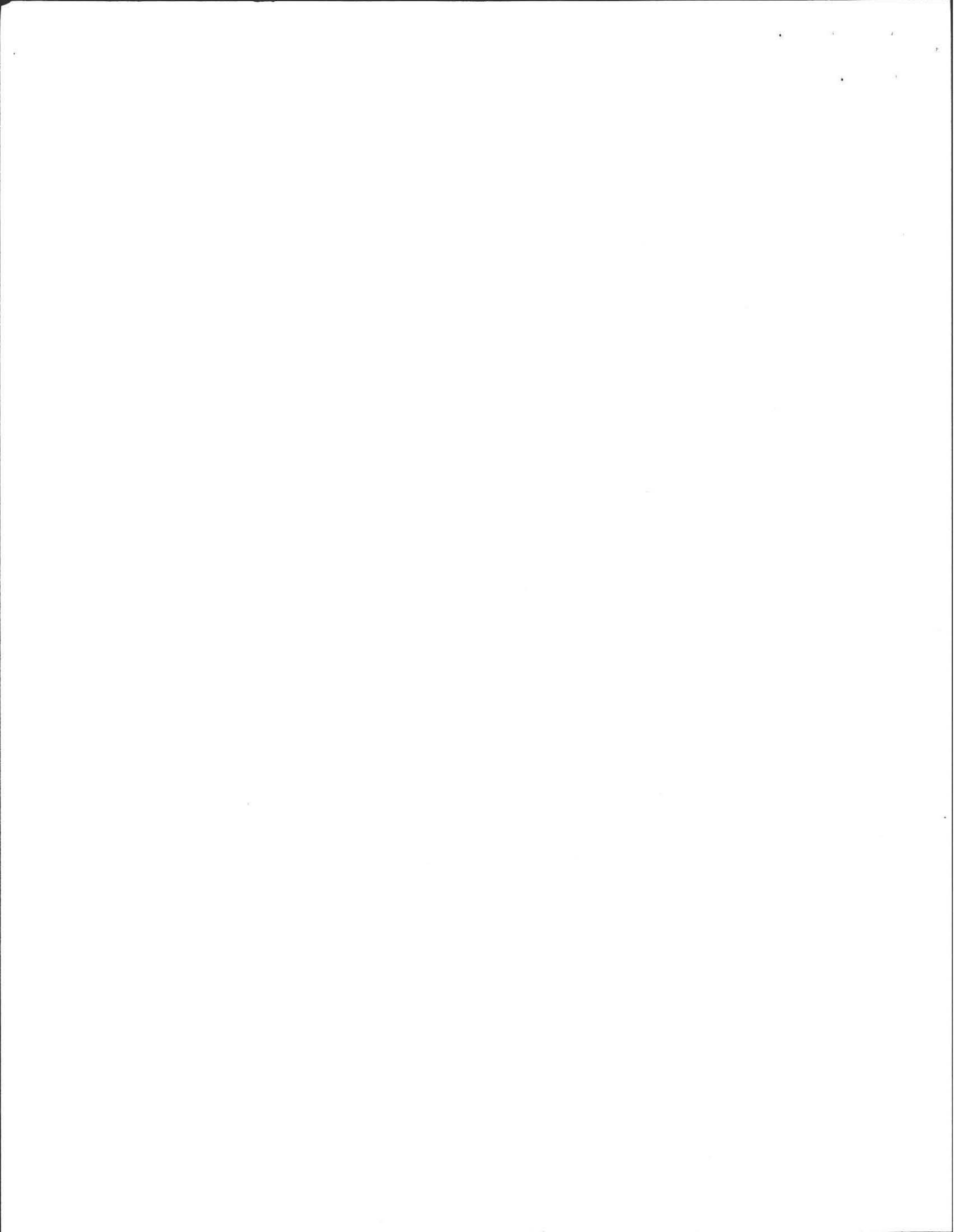
- N/A Cesspool or privy is within 50 feet of surface water
N/A Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

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 AND SAFETY AND THE ENVIRONMENT:

- NO 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.
NO The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
NO The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
NO The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).-

3) OTHER

Town Water



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

Property Address:
Owner:
Date of Inspection:

25 Leverett Rd.
Amherst, MA
Feltovic
6/29/99

D. SYSTEM FAILS:

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

NO I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to an 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. <i>grass distinctly greener over leach field but conditions have been very dry this spring and summer.</i> |
| <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. |
| <u>N/A</u> | <input type="checkbox"/> | Liquid level was at invert but there was evidence of occasional flooding of box.
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 <u>NOT</u> due to clogged or obstructed pipe(s).
Number of times pumped ___. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| <u>N/A</u> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <u>N/A</u> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <u>N/A</u> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <u>N/A</u> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.
<i>town water</i> |

E. LARGE SYSTEM FAILS:

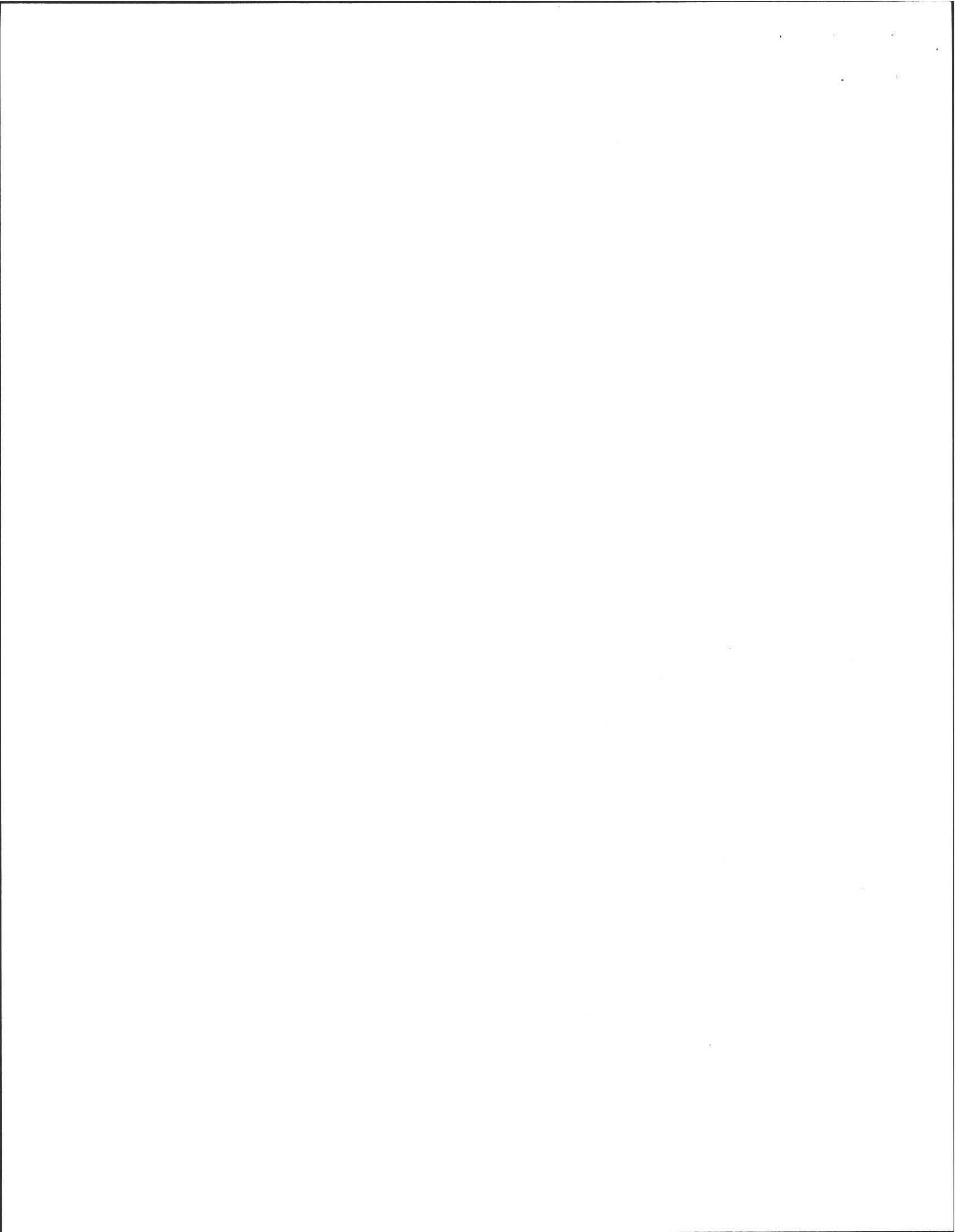
You must indicate either "Yes" or "No" to each of the following:

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

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

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well) |

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

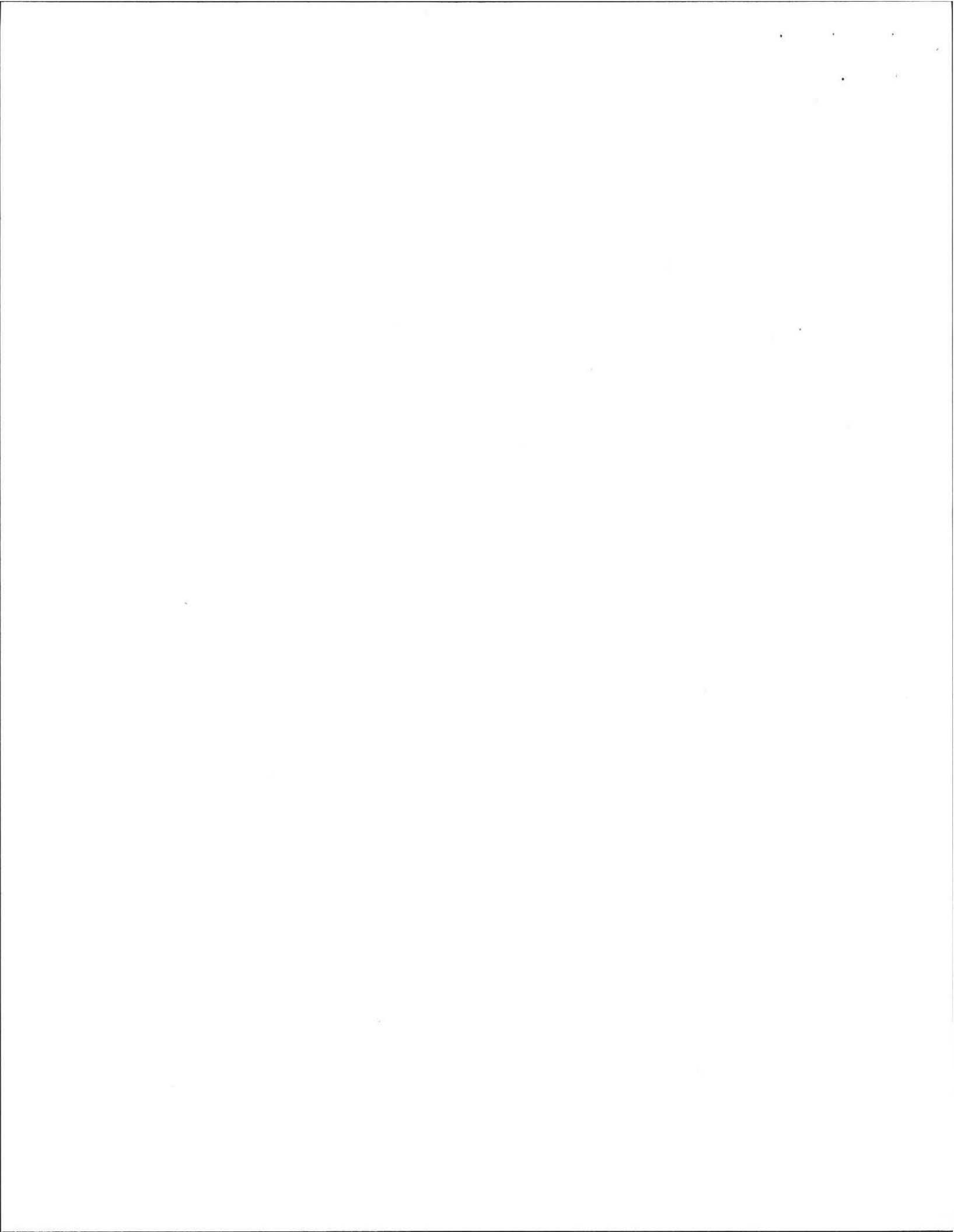


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 25 Leverett Rd.
Amherst, MA
Owner: Feltovic
Date of inspection: 6/29/99

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. |
| <u>None Found</u> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <i>Dist. Box excavated + inspected.</i>
The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
The size and location of the Soil Absorption System on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, Plan at B.O.H. Title 5 report by Harold Stiles dated <i>8/2/95.</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) <i>grass topography and location of dist box.</i>
[15.302(3)(b)] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems. |



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION

Property Address: 25 Leverett Rd
Amherst, MA 01002
Owner: Robert J. Feltovic
Date of inspection: 6/29/99

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 110 g.p.d./bedroom.
Number of bedrooms (design): _____ Number of bedrooms (actual): 3
Total DESIGN flow 330
Number of current residents: 3
Garbage grinder (yes or no): NO
Laundry (separate system) (yes or no): NO; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): NO
Water meter readings, if available (last two year's usage (gpd): $\frac{28,100 \times 7.48 \text{ g/cf} = 210,188 \text{ g}}{2 \text{ yrs (730 days)}} = 288 \text{ gpd ave.}$
Sump Pump (yes or no): yes
Last date of occupancy: presently occupied town water

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A
Design flow: _____ gpd (Based on 15.203)
Basis of design flow _____
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present: (yes or no) _____
Non-sanitary waste discharged to the Title 5 system: (yes or no) _____
Water meter readings, if available: _____
Last date of occupancy: _____

OTHER: (Describe) _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

Last pumped 5 yrs ago by estimate of owner
System pumped as part of inspection: (yes or no) yes
If yes, volume pumped: 1000 gallons
Reason for pumping: inspection and routine maintenance

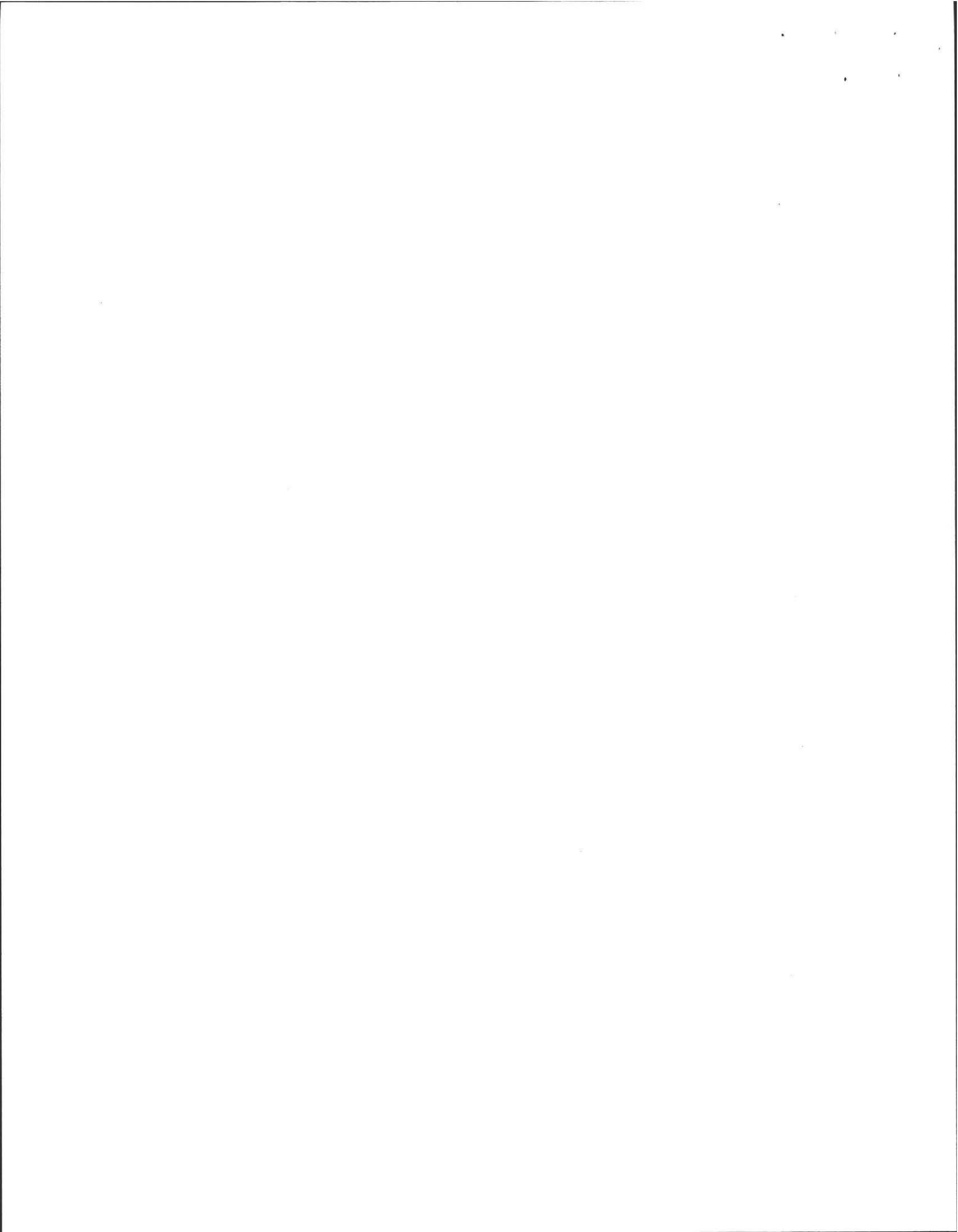
TYPE OF SYSTEM

- Septic tank/distribution box/soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- I/A Technology etc. Attach copy of up to date operation and maintenance contract
- Tight Tank _____ Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 18-19 yrs from report of Harold Stiles 8/2/95 plus 4 years

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

Property Address:
Owner:
Date of Inspection:

25 Leverett Rd.
Amherst, MA
Feltovic
6/29/99

BUILDING SEWER:
(Locate on site plan)

11" ↓ top Foundation

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

Distance from private water supply well or suction line _____
Diameter 4"

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

good condition - no evidence of leakage or backup

SEPTIC TANK:
(locate on site plan)

Depth below grade: 12"
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

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

Dimensions: 8.5' x 56" x 4.0' liquid depth (typical Kellogg 1000 gal. tank.)

Sludge depth: 3-4"

Distance from top of sludge to bottom of outlet tee or baffle: 30-31"

Scum thickness: 4-6"

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: 9"±

How dimensions were determined: measured

Comments:

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

Outlet is cast-in-place, enclosed, attached to tank walls in functional condition. Inlet is same. Liquid level was at invert of outlet. To extent visible, tank structural integrity was good. No evidence of leakage observed. Pump every one to two years

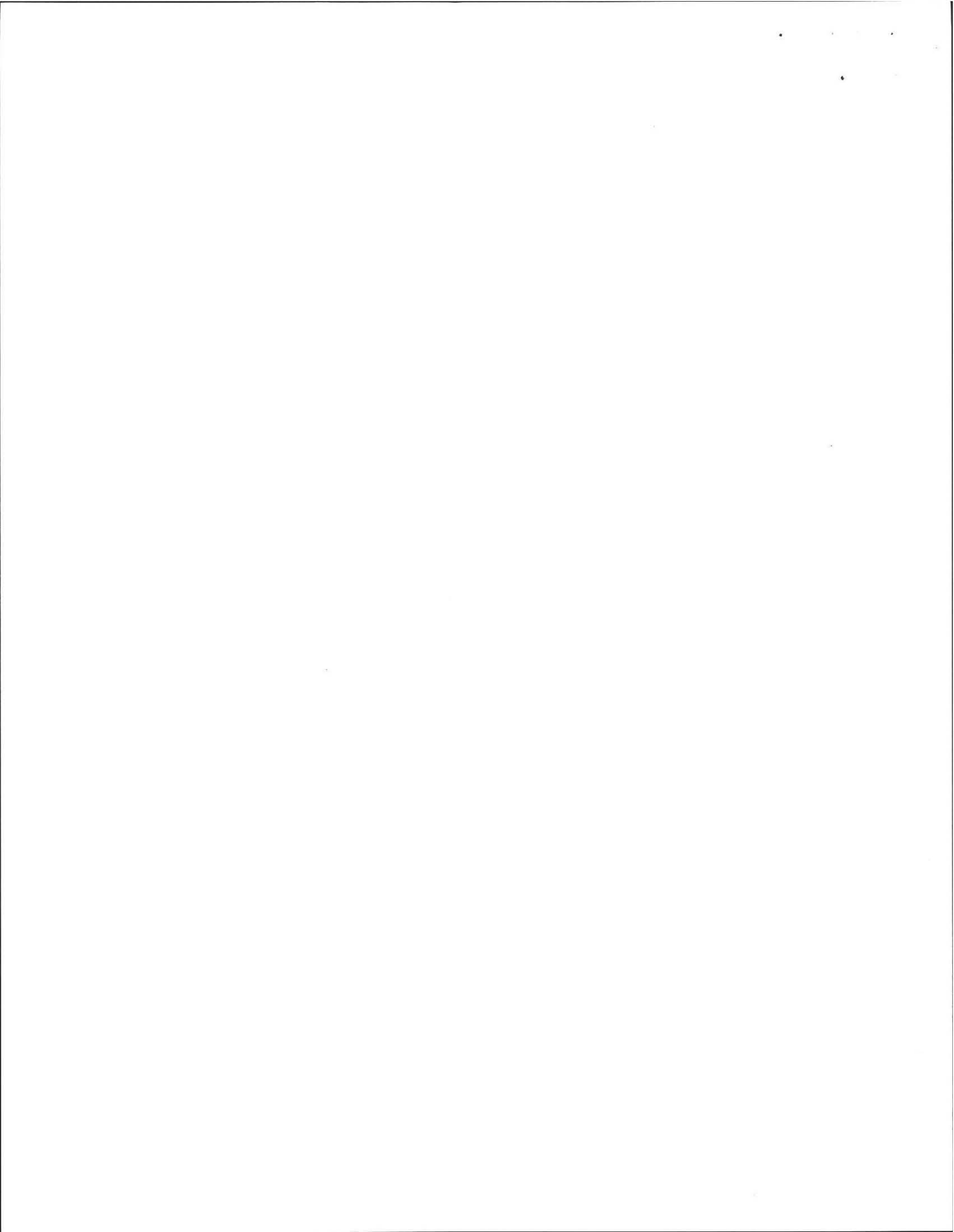
GREASE TRAP: N/A
(locate on site plan)

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

Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____

Comments:

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 25 Leverett Rd
Owner: Amherst, MA
Date of inspection: Feltovic
0129/99

TIGHT OR HOLDING TANK: N/A (Tank must be pumped prior to, or at time of, inspection)
(locate on site plan)

Depth below grade: _____
Material of construction: ___concrete ___metal ___Fiberglass ___Polyethylene ___other(explain)

Dimensions: _____

Capacity: _____ gallons

Design flow: _____ gallons/day

Alarm present _____

Alarm level: _____ Alarm in working order: Yes ___ No ___

Date of previous pumping: _____

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

DISTRIBUTION BOX: 21" L X 16" wide; top of lid is 19" below grade.
(locate on site plan)

Depth of liquid level above outlet invert: 0"

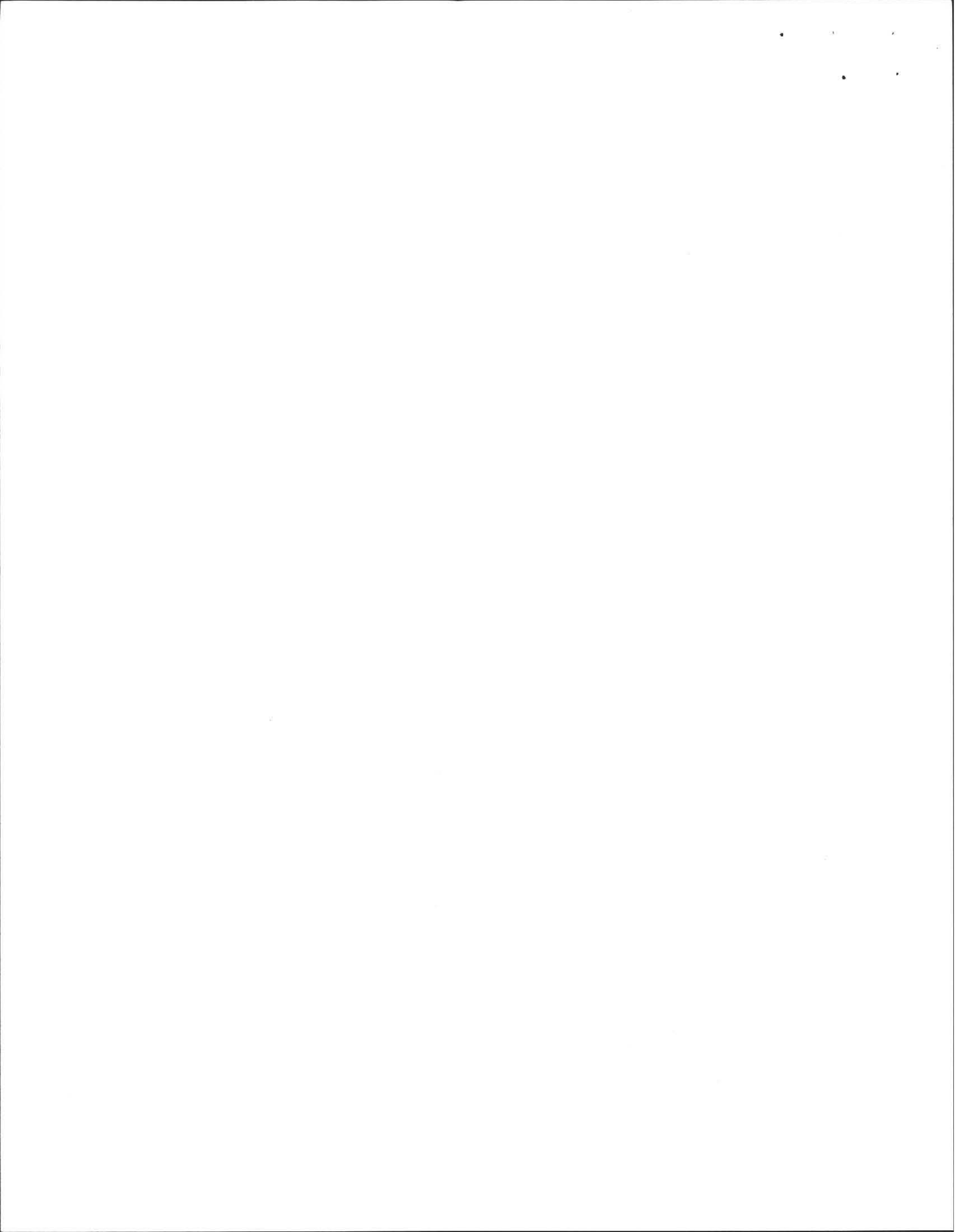
Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Box was reasonably level and distribution was relatively equal. Heavy build up of scum coating walls and bottom of lid. Scum was atypical and appeared to be laundry lint. Owner reports that heavy use of laundry was associated with a resident who was about to move away and that use of laundry would be less as a result.

PUMP CHAMBER: N/A
(locate on site plan)

Pumps in working order: (Yes or No) _____

Alarms in working order (Yes or No) _____

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 25 Leverett Rd.
Owner: Amherst, MA
Date of Inspection: Feltovic 6/29/99

SOIL ABSORPTION SYSTEM (SAS):

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

If not located, explain:

Type:

leaching pits, number: _____
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: 1 - approximate dimensions 15' x 25'
overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____
by topo. + green grass

Comments:

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

area of leach field is lawn - grass over leach field is distinctly greener
but it has been a very dry year.

CESSPOOLS: N/A

(locate on site plan)

Number and configuration: _____

Depth-top of liquid to inlet invert: _____

Depth of solids layer: _____

Depth of scum layer: _____

Dimensions of cesspool: _____

Materials of construction: _____

Indication of groundwater: _____

inflow (cesspool must be pumped as part of inspection) _____

Comments:

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

PRIVY: N/A

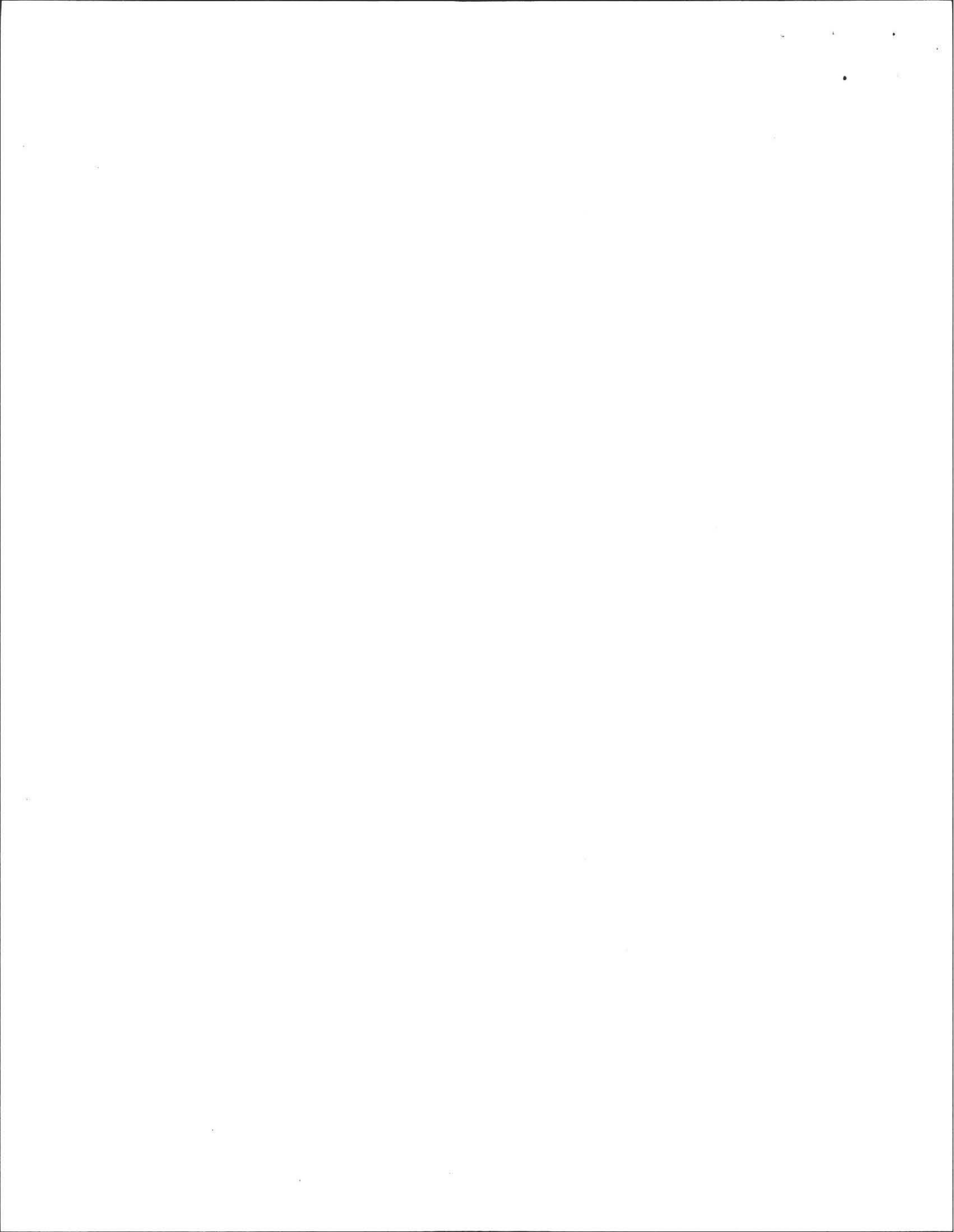
(locate on site plan)

Materials of construction: _____ Dimensions: _____

Depth of solids: _____

Comments:

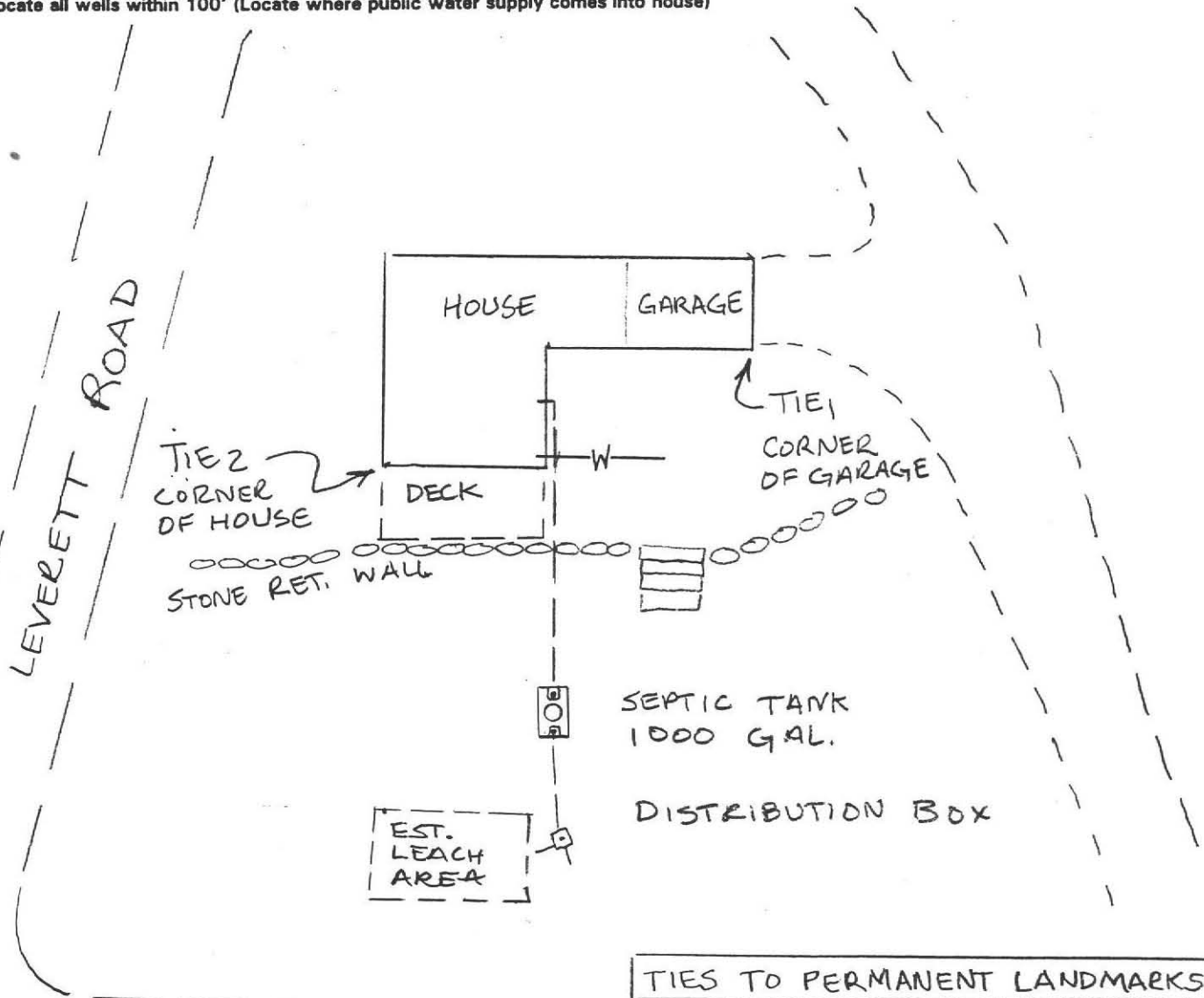
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation; etc.)



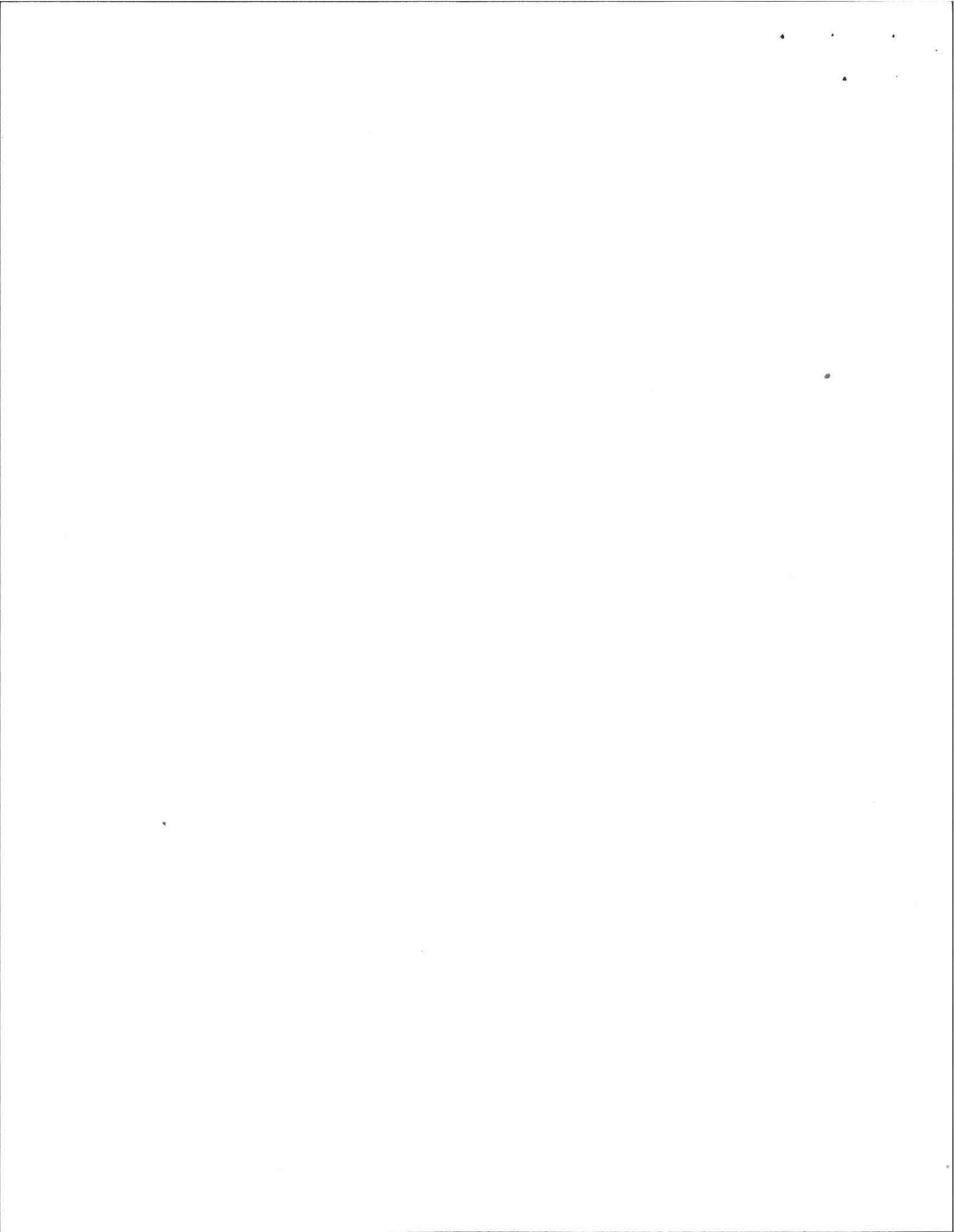
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)**

Property Address: 25 Leverett Rd.
 Owner: Amherst, MA
 Date of Inspection: Feltovic
 6/29/99

SKETCH OF SEWAGE DISPOSAL SYSTEM: HOUSE + SYSTEM = 1" = 30'
 include ties to at least two permanent reference landmarks or benchmarks
 locate all wells within 100' (Locate where public water supply comes into house)



TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENT	TIE 1	TIE 2
TANK INLET	70.50'	50.50'
TANK CENTER	73.25'	53.50'
TANK OUTLET	76.50'	56.50'
DISTRIBUTION BOX	92.50'	73.00'



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

Property Address: 25 Leverett Rd
Owner: Amherst MA
Date of Inspection: Feltovic
6129149

NRCS Report name: Soil Survey of Hampshire Co., MA - Central Part
Soil Type: MeB
Typical depth to groundwater: >60.0'

USGS Date website visited
Observation Wells checked
Groundwater depth: Shallow Moderate Deep

SITE EXAM Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater >6 Feet

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

- N/A Obtained from Design Plans on record
- Observed Site (Abutting property, ~~cellar~~ basement sump etc.)
- Determined from local conditions
- Checked with local Board of health
- Checked FEMA Maps
- Checked pumping records
- Checked local excavators, installers
- Used USGS Data

Describe how you established the High Groundwater Elevation. (Must be completed)

Soil Survey and site observations.

