19/05 lebendre NOGO @ hotmeil.com



Owner information is required for

every page.

Important:

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 Leverett Road				
Property Address				
Julie Letendre				
Owner's Name				
Amherst	MA	01002	06.01.2012	
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.

A. General Information

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





Inspector:			
Alan E Weiss, M.S, Hydrogeologist, RS # 933			
Name of Inspector			
Cold Spring Environmental Consultants Inc.			
Company Name			
350 Old Enfield Road			
Company Address			
Belchertown	MA	01007	
City/Town	State	Zip Code	
413.323.5957	# 738		
Telephone Number	License Number		
	Alan E Weiss, M.S, Hydrogeologist, RS # 933 Name of Inspector Cold Spring Environmental Consultants Inc. Company Name 350 Old Enfield Road Company Address Belchertown City/Town 413.323.5957	Alan E Weiss, M.S, Hydrogeologist, RS # 933 Name of Inspector Cold Spring Environmental Consultants Inc. Company Name 350 Old Enfield Road Company Address Belchertown City/Town State 413.323.5957 # 738	Alan E Weiss, M.S, Hydrogeologist, RS # 933 Name of Inspector Cold Spring Environmental Consultants Inc. Company Name 350 Old Enfield Road Company Address Belchertown MA 01007 City/Town State Zip Code 413.323.5957 # 738

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:

Inspector's Signature	Date		
Du luce	06.01.2012		
☐ Needs Further Evaluation by the Local	al Approving Authority		
⊠ Passes	onditionally Passes	☐ Fails	

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.



Commonwealth of Massachusetts

	5 Leverett Road			
	perty Address lie Letendre			
	ner's Name			
Am	nherst	MA	01002	06.01.2012
City	//Town	State	Zip Code	Date of Inspection
В.	. Certification (cont.) Inspection Summary: Check A,B,C,D or E	E / always	complete all of	Section D
A)	System Passes:			
	I have not found any information whice in 310 CMR 15.303 or in 310 CMR 15 indicated below.			
	Comments:			
	Property has one 1000 gal., S. tank and a Liquid levels & staining were proper, cond should be checked annually). Pump & sy Vent in yard is at d. box.	dition ok. Pu	ımp chamber 8	floats were operational (and
				* .
B)	System Conditionally Passes:	i.e.		
	One or more system components as replaced or repaired. The system, upon the Board of Health, will pass.			
	Check the box for "yes", "no" or "not deter determined," please explain.	mined" (Y,	N, ND) for the	following statements. If "not
	The septic tank is metal and over 20 year structurally unsound, exhibits substantial will pass inspection if the existing tank is a Board of Health.	infiltration o	r exfiltration or	tank failure is imminent. System
	* A metal septic tank will pass inspection Compliance indicating that the tank is less			
	☐ Y ☐ N ☐ ND (Expl	lain below):		
		4		
			- Y	



Commonwealth of Massachusetts

15	Le	verett R	oad						
ro	perty	Address							
-		etendre							
)WI	ner's l	Name							
	hers			MA	010			1.2012	
ity	Town	n		State	Zip C	Code	Date of	of Inspection	
3.			ation (cont.) n Conditionally Passes (cont.):						
		to brok	vation of sewage backup or break en or obstructed pipe(s) or due to aspection if (with approval of Board	a broke	en, settle				
			broken pipe(s) are replaced		Y	\square N	☐ ND	(Explain bel	ow):
			obstruction is removed		Y	\square N	☐ ND	(Explain bel	ow):
			distribution box is leveled or repl	aced	Y	□ N	☐ ND	(Explain bel	ow):
			stem required pumping more than					r obstructed	pipe(s). The
			broken pipe(s) are replaced		□ Y	□ N	☐ ND	(Explain bel	ow):
			obstruction is removed		□ Y	□ N	☐ ND	(Explain bel	ow):
			*						
	C)	Furthe	r Evaluation is Required by the	Board	of Heal	th:			
			ions exist which require further ev stem is failing to protect public hea					in order to de	etermine if
		15.303	etem will pass unless Board of I (1)(b) that the system is not fun and the environment:						
			Cesspool or privy is within 50 fee	et of a s	urface v	vater			
			Cesspool or privy is within 50 fee	et of a b	ordering	g vegeta	ted wetla	and or a salt	marsh



Commonwealth of Massachusetts

	_everett h					- Y
Proper	rty Address					
-	Letendre)				<u> </u>
Owner	's Name					
Amhe				MA	01002	06.01.2012
City/To	own			State	Zip Code	Date of Inspection
B. (2. Sy deter safety 100 fe supply supply The s more Method	The sy y. The sy y well. ystem ha from a prodused to stem pas acteria ir than 5 pr	nat the system is fundament: yestem has a septic tall system has a septic tall yestem has a sep	ard of Health nctioning in a ank and soil ab or tributary to ank and SAS a ank and SAS a SAS and the S vell**. analysis, perfethe presence of	(and Public Variance that a manner that a sorption system a surface waternd the SAS is and the SAS is GAS is less that cormed at a DE of ammonia nit	Vater Supplier, if any) protects the public health, m (SAS) and the SAS is within
	Other:	ter			-	<u>(</u>
-						
	4					
D) S	ystem F	ailure C	riteria Applicable to	All Systems	:	
Υ	ou <u>mus</u> t	indicat	e "Yes" or "No" to	each of the fo	llowing for <u>al</u>	l inspections:
	Yes	No	5		no Sando L arres Miller	
		\boxtimes	clogged SAS or c	esspool	926	conent due to overloaded or
		\boxtimes	due to an overloa	ded or clogge	d SAS or cess	
		\boxtimes	or clogged SAS of	r cesspool		outlet invert due to an overloaded
		\boxtimes	Liquid depth in ce	esspool is less	than 6" below	invert or available volume is less



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	Levelell						
	erty Address						
	Letendre						
	er's Name			797910			
	nerst			MA	01002	06.01.2012	
City/	Town			State	Zip Code	Date of Inspection	
B.	Certific	cation	(cont.)				
	Yes	No					
		\boxtimes	Required pumping obstructed pipe(s).			st year <i>NOT</i> due to clogge	d or
		\boxtimes	Any portion of the	SAS, cesspo	ool or privy is b	elow high ground water ele	vation.
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water sup	ply or
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within a 2	one 1 of a public well.	
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within 50	feet of a private water sup	ply well
			from a private wate system passes if laboratory, for fed of ammonia nitro	er supply we the well wa cal coliform gen and nit other failure	Il with no acce ter analysis, p bacteria indic rate nitrogen i e criteria are t	100 feet but greater than stable water quality analysiserformed at a DEP certificates absent and the press equal to or less than 5 riggered. A copy of the author form.]	is. [This ied sence ppm,
		\boxtimes	The system is a ce 10,000gpd.	esspool servi	ng a facility wit	h a design flow of 2000gpo	d -
			criteria exist as des	scribed in 31 uld contact t	0 CMR 15.303 he Board of He	or more of the above failu , therefore the system fails alth to determine what will	s. The
			Fo be considered a la ,000 gpd to 15,000 gp		n the system r	nust serve a facility with	a
	For large questions			her "yes" or '	no" to each of	the following, in addition to	the
	Yes	No					
			the system is within	n 400 feet of	a surface drin	king water supply	
			the system is within	n 200 feet of	a tributary to a	a surface drinking water su	pply
			the system is locat Area – IWPA) or a			rea (Interim Wellhead Prot water supply well	ection
	If you have	0.000,00	end "voc" to any guest	ion in Contin	n E the system	is considered a significant	t throat

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



Commonwealth of Massachusetts

115 Leverett Road

Pro	perty Addres	ss .					
	ie Letendr	re					
	ner's Name				04000	00.04.0040	
-	nherst /Town			MA State	01002 Zip Code	06.01.2012 Date of Inspectio	n
_	Check	dict		Otato	Zip Gode	Date of mapeono	
C.	Check	MIST					
	Check if	the follow	ing have been done. `	You must inc	dicate "yes" or "	no" as to each of	the following:
	Yes	No					
	\boxtimes		Pumping informatio	n was provid	ed by the owne	r, occupant, or Bo	oard of Health
		\boxtimes	Were any of the sys	stem compon	ents pumped o	ut in the previous	two weeks?
	\boxtimes		Has the system rec	eived normal	flows in the pro	evious two week p	period?
			Have large volumes this inspection?	of water be	en introduced to	the system rece	ntly or as part of
	\boxtimes		Were as built plans available note as N		n obtained and	examined? (If the	y were not
	\boxtimes		Was the facility or d	welling inspe	ected for signs	of sewage back u	p?
	\boxtimes		Was the site inspec	ted for signs	of break out?		
	\boxtimes		Were all system cor	mponents, ex	cluding the SA	S, located on site	?
			Were the septic tan inspected for the codimensions, depth of	ndition of the	e baffles or tees	, material of cons	
			Was the facility own information on the part The size and location been determined by	oroper mainte ion of the So	enance of subst	urface sewage dis	sposal systems?
	\boxtimes		Existing information	ı. For exampl	le, a plan at the	Board of Health.	
	. 🛮		Determined in the fi approximation of dis				
						*	
D.	Syste	m Info	rmation	A			
	Residen	tial Flow	Conditions:				ū.
	Number	of bedroo	ms (design):		Number of bed	lrooms (actual):	3
	DESIGN	flow base	ed on 310 CMR 15.20	3 (for examp	le: 110 gpd x #	of bedrooms):	?



Commonwealth of Massachusetts

	D Leverell Road					
	perty Address					
	ie Letendre					
	ner's Name	144	01000	00 04 00	10	
-	hherst		01002 7in Code	06.01.20	10000	
	/Town	State	Zip Code	Date of Insp	pection	
υ.	Description: 1000 gallon S. tank, p. chamber & three line one person. Pump chamber is limited in size			-/- serves 3 b	edroom dwellir	ig with
	Number of current residents:			*	1	
	Does residence have a garbage grinder?				☐ Yes ⊠	No
	Is laundry on a separate sewage system? [if	f yes sepa	arate inspection	n required]	- ☐ Yes 🏻	No
	Laundry system inspected?				Yes [] No
	Seasonal use?				☐ Yes ⊠	No
	Water meter readings, if available (last 2 years)	ars usage	(gpd)):		n/a	
	Detail:					
				-11-32-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3		
	Sump pump?				☐ Yes ⊠	No
	Last date of occupancy:				current Date	
	Commercial/Industrial Flow Conditions:					
	Type of Establishment:					
	Design flow (based on 310 CMR 15.203):		Gallons	per day (gpd)		
	Basis of design flow (seats/persons/sq.ft., et	tc.):	-			5
	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:		5		*	



Commonwealth of Massachusetts

115 Leverett Road	d			
Property Address				
Julie Letendre Owner's Name				
Amherst		MA	01002	06.01.2012
City/Town		State	Zip Code	Date of Inspection
D. System II	nformation (cont.)			
	(/			
Last date of o	ccupancy/use:		Date	t
			2010	
Other (descri	be below):			
-				11 4
-	Ψ.			
-				
	Go	neral Infor	mation	
	06	ilerai illion	mation	
Pumping Red	cords:			
0		1 yrs	+	
Source of info	rmation:			8
Was system p	oumped as part of the inspec			
If yes, volume	pumped:	1000		
		gallons		
How was qua	ntity pumped determined?	IIICac		
Reason for pu	imping:	T- 5	Insp.	
Type of Syste	em:			
	Septic tank, distribution b	ox, soil abs	orption system	
	Single cesspool			
	Olligie desapool			
	Overflow cesspool			
	Driver			
	Privy			
	Shared system (yes or no	o) (if yes, at	tach previous i	nspection records, if any)
		be obtaine	d from system	the current operation and owner) and a copy of latest der contract
	Tight tank. Attach a copy	of the DEP	approval.	
	Other (describe):			



Commonwealth of Massachusetts

operty Address						
IIIA I atandra						
ılie Letendre vner's Name				-		_
mherst		MA	01002	06.01.201	2	
ty/Town		State	Zip Code	Date of Insp	Selection	
	mation (t)	Otato	2.0 0000	Date of mop	COROTI	
Approximate age of 30+/-		ite installed (if	known) and s	ource of inform	nation:	
Were sewage odors	detected when arr	iving at the site	e?		Yes ⊠ No	
Building Sewer (loc	cate on site plan):					
Depth below grade:			2	eet		_
Material of construc			ie	.c.		
_	_		2 127 0			
cast iron	☑ 40 PVC	other (e	xplain): —			
Distance from privat	te water supply wel	or suction line	e: fe	eet		
Comments (on cond	dition of joints, venti	ng, evidence o	of leakage, etc	c.):		
	* os					
St.						
						-
1						
Septic Tank (locate	e on site plan):	9 x				
			2	= 3		
Septic Tank (locate		· .		eet	, ,	
Depth below grade:		☐ fiberglas	fe		other (exp	olain)
Depth below grade:	tion: ☐ metal s were in place at in	let and outlet.	fe ss □ pc Tanks should	eet		olain)
Depth below grade: Material of construct concrete Inlet & outlet baffles	tion: ☐ metal s were in place at in	let and outlet.	fe ss □ pc Tanks should	eet		olain)
Depth below grade: Material of construct concrete Inlet & outlet baffles	tion: ☐ metal s were in place at in	let and outlet.	fe ss □ pc Tanks should	eet		olain)
Depth below grade: Material of construct concrete Inlet & outlet baffles	tion: ☐ metal s were in place at in ould be checked an	let and outlet.	ss □ pc Tanks should ually.	olyethylene be pumped ev		olain)
Depth below grade: Material of construct concrete Inlet & outlet baffles Pump and floats sho	tion: metal were in place at in ould be checked an age:	let and outlet. d cleaned ann	ss po Tanks should ually.	el olyethylene be pumped ev	very two years.	
Depth below grade: Material of construct concrete Inlet & outlet baffles Pump and floats sho	tion: metal were in place at in ould be checked an age:	let and outlet. d cleaned ann	Tanks should ually.	et blyethylene be pumped ev ears certificate)		No No
Depth below grade: Material of construct concrete Inlet & outlet baffles Pump and floats sho	tion: metal were in place at in ould be checked an age:	let and outlet. d cleaned ann	ss po Tanks should ually.	el olyethylene be pumped ev	very two years.	



Commonwealth of Massachusetts

15 Leverett Road				
roperty Address				
ulie Letendre				
mherst	MA	01002	06.01.20	12
ity/Town	State	Zip Code	Date of Inst	
D. System Information (cont.)				
Septic Tank (cont.)				
Distance from top of sludge to bottom of or	utlet tee or	baffle	31"	4
Scum thickness			2"	
Distance from top of scum to top of outlet	tee or baffle	Э	6"	
Distance from bottom of scum to bottom or	f outlet tee	or baffle	10"	T N III
How were dimensions determined?			Observation/M	Meas
Comments (on pumping recommendations liquid levels as related to outlet invert, evid Tank in functional condition, some corrosic	lence of lea	akage, etc.):	baiffle condition	n, structural integrity,
Grease Trap (locate on site plan):				
Depth below grade:			feet	
Material of construction:			1001	
☐ concrete ☐ metal	fibergla	ss 🔲	polyethylene	other (explain):
Dimensions:				
Scum thickness				
Distance from top of scum to top of outlet t	tee or baffle	Э		
Distance from bottom of scum to bottom of	f outlet tee	or baffle		
Date of last pumping:			Data	10
The state of the s			Date	



Commonwealth of Massachusetts

5 Leverett Road				
operty Address				
ılie Letendre vner's Name		27		
nherst	MA	01002	06.04.2042	* "
ty/Town	State	Zip Code	06.01.2012 Date of Inspection	
·	(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Zip Gode	Date of Inspection	t
Comments (on pumping recommendiquid levels as related to outlet investigation).	ndations, inlet and	l outlet tee or baff akage, etc.):	fle condition, struct	ural integri
		×		
Tight or Holding Tank (tank must	be pumped at tim	ne of inspection) (locate on site plan):
Depth below grade:				
Material of construction:				
_ concrete _ metal	☐ fibergla	ass poly	vethylene	her (expla
Dimensions:		<u> </u>		
Capacity:		gallons		
Design Flow:		- gallons per day		
Alarm present:		☐ Yes ☐	No	
Alarm level:		Alarm in working of	order: Yes	☐ No
Date of last pumping:	ŧ	Date		
Comments (condition of alarm and	float switches, et	c.):		
		•	±	
·			*	
			>	
		. Is copy attached	l? ☐ Yes	□ No



Commonwealth of Massachusetts

uple Letendre winer's Name witherest itity/Town 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 solid evidence of leakage into or out of box, etc.): Box was level with good outflow, 2" vent at D. box. Pump Chamber (locate on site plan): Pumps in working order: Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no eme capacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required): If SAS not located, explain why:							5 Leverett R
wher's Name mherst MA 01002 O6.01.2012 Date of Inspection (System Information (cont.) Distribution Box (if present must be opened) (locate on site plan): Depth of liquid level above outlet invert Omeration (cont.) Depth of liquid level above outlet invert Omeration (note if box is level and distribution to outlets equal, any evidence of solid evidence of leakage into or out of box, etc.): Box was level with good outflow, 2" vent at D. box. Pump Chamber (locate on site plan): Pumps in working order: Yes [Alarms in working order: Yes [Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no emecapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump rein 2010.							
MA 01002 06.01.2012 Dystem 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 solid evidence of leakage into or out of box, etc.): Box was level with good outflow, 2" vent at D. box. Pump Chamber (locate on site plan): Pumps in working order: Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no eme capacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):						0.000	
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Pump Chamber (locate on site plan): Pumps in working order: Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no emecapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):			@ inv.		tlet invert	of liquid level above outle	Depth of lie
Pumps in working order: Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no emercapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):	solids carryover, ar	vidence of sol	ets equal, any e	.):	it of box, etc.	nce of leakage into or out	evidence o
Pumps in working order: Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no emercapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):							***************************************
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Pumps in working order: Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no emercapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):						· · · · · · · · · · · · · · · · · · ·	
Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no emercapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):	П No	⊠ Yes			te plan):		Trees.
Comments (note condition of pump chamber, condition of pumps and appurtenances Pump & alarm was working properly. Note chamber is of limited volume with no emercapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):	□ No	⊠ Yes	8 n			SECTION AND AND AND AND AND AND AND AND AND AN	A STATE OF S
Pump & alarm was working properly. Note chamber is of limited volume with no emercapacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):	_	_	n of numne and	oor conditi	numn chamb	The state of the s	
capacity, recommend septic tank pumping if prolonged power failure ocurrs. Pump re in 2010. Soil Absorption System (SAS) (locate on site plan, excavation not required):						10.61	
						city, recommend septic tan	capacity, r
						46	
	2,11678		W.				
	8					N.	
If SAS not located, explain why:		required):	excavation not	n site plan,	(S) (locate or	Absorption System (SAS)	Soil Abso
					ıy:	S not located, explain why:	If SAS not
		SK SK				and the second s	(1000)
							<u> </u>



Commonwealth of Massachusetts

5 Leverett F					
perty Address lie Letendre					
ner's Name					+
herst		MA	01002	06.01.2012	
Town	n Information (cont.)	State	Zip Code	Date of Inspe	ction
System	i iniormation (cont.)				
Type:					
	leaching pits		number:		N
	leaching chambers		number:		,———
	leaching galleries		number:		
	leaching trenches		number,	length:	
\boxtimes	leaching fields		number,	dimensions:	18' x 40' +/- 3 lines
	overflow cesspool		number:		
	innovative/alternative sys	stem			
	Type/name of technology				* *
-	B				
-					
-					
	4				
Cesspool	s (cesspool must be pumped	as part of ins	spection) (locate	e on site plan):	
Number a	nd configuration				4
Depth - to	op of liquid to inlet invert			-	
Depth of s	solids layer				
Depth of s	scum layer				
Dimension	ns of cesspool				
Materials	of construction			-	
Indication	of groundwater inflow			Yes	☐ No



Commonwealth of Massachusetts

perty Address			
e Letendre			
ner's Name		[#	
herst	MA	01002	06.01.2012
Town	State	Zip Code	Date of Inspection
System Information (cont	.)		
Comments (note condition of soil, signetc.):	ns of hydraulic	failure, level of	ponding, condition of vegetation
			w **
			*
Privy (locate on site plan):			
77. (- 1			
Materials of construction:			9
Disconsions			
Dimensions			
		76	
Depth of solids		Po.	
	ıns of hydraulic	failure, level of	ponding, condition of vegetatio
Depth of solids Comments (note condition of soil, sig	gns of hydraulic	failure, level of	ponding, condition of vegetatio
Depth of solids Comments (note condition of soil, sig	gns of hydraulic	failure, level of	ponding, condition of vegetatio
Depth of solids Comments (note condition of soil, sig	gns of hydraulic	failure, level of	ponding, condition of vegetation



Commonwealth of Massachusetts

115 Leverett Road			
Property Address Julie Letendre			
Owner's Name			
Amherst	MA	01002	06.01.2012
City/Town	State	Zip Code	Date of Inspection
D. System Information (cont.)			
Sketch Of Sewage Disposal System: Prat least two permanent reference landm where public water supply enters the bu hand-sketch in the area below	arks or bend	chmarks. Locate	all wells within 100 feet. Locate
- ×			
·			
-			
			~
		*	
*			
			



Commonwealth of Massachusetts

115 Leverett Road

mherst		MA	01002	06.01.2012	
ty/Town		State	Zip Code	Date of Inspection	
. Syster	m Information (cont.)				
Site Exa	m:				
⊠ Chec	ck Slope			* *	
☐ Surfa	ace water				
☐ Chec	ck cellar				
☐ Shall	low wells				
Estimated	d depth to high ground water:		4'+/- feet		
Please in	ndicate all methods used to determ	mine the hi	gh ground wate	er elevation:	
	Obtained from system design	plans on re	ecord		
	If checked, date of design pla	n reviewed	Date		
	Observed site (abutting prope	erty/observa	tion hole within	n 150 feet of SAS)	
\boxtimes	Checked with local Board of H	Health - exp	lain:	*	
	work on street			^	
	Checked with local excavators	s, installers	- (attach docu	mentation)	
	Accessed USGS database - e	explain:			
You mus	st describe how you established to	he hiah ara	und water elev	vation:	
	area, multiple raised beds in nieg				
-					
_				*	



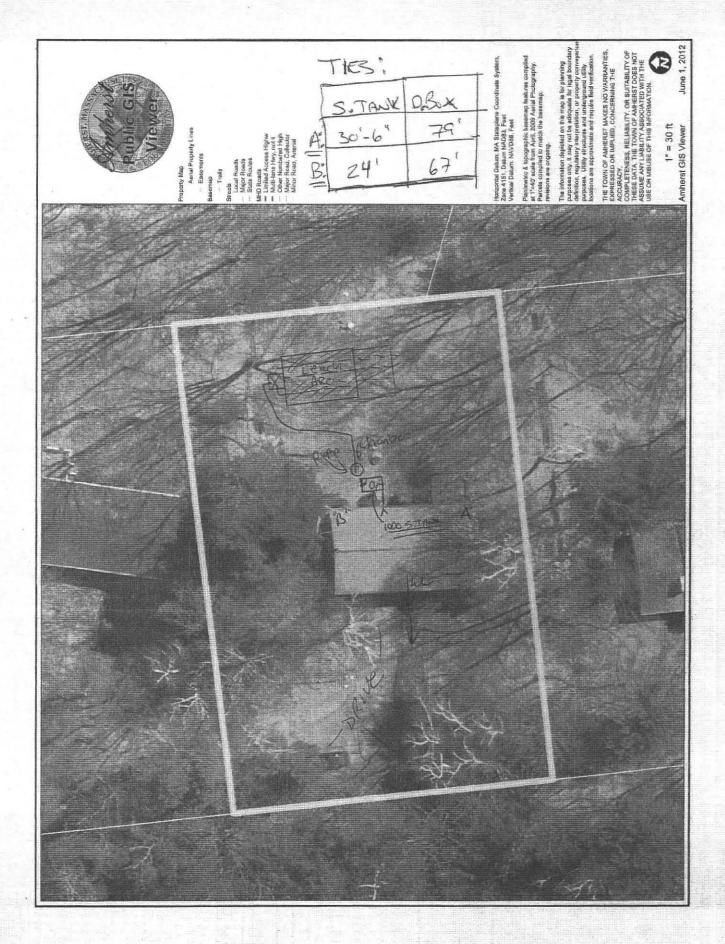
Commonwealth of Massachusetts

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

115 Leverett Road				
Property Address				
Julie Letendre				
Owner's Name				
Amherst	MA	01002	06.01.2012	
City/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

☐ 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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	115 LEVERETTE ROAD		,	
	Property Address			
	CAHILLANE			
oformation is	Owner's Name			
equired for every	AMHERST	MASS.	01002	MAY 19, 2010
age.	City/Town	· State	Zip Code	Data of Inspection
	Inspection results must be way. Please see completen			may not be altered in any
mportant: When lling out forms a the computer,	A. General Informat	ion		
se only the tab ey to move your	1. Inspector:			
ursor - do not se the return	NATHAN TORRETTI			
ву.	CLEAN SEPTICS	P O BOX 394		
1	Company Name	A MUNICIPAL AND A STATE OF THE ASSESSMENT OF THE		
	252 WEST STREET			
X	Company Address			*****
7650	LUDLOW City/Town		MASS. State	01056 Zip Coda
	413 583 2138		SI4025	Zip Gode
	Telephone Number		License Number	
	15-16-16-16-16-16-16-16-16-16-16-16-16-16-			
	B. Certification			
		true, accurate and complete training and experience in the m a DEP approved system	as of the time one proper function	of the inspection. The inspection in and maintenance of on site
	⊠ Passes	☐ Conditionally	Passes	☐ Falls
	☐ Needs Further Evalua	ation by the Local Approving	Authority	
	nathan 1			
			MAY 19, 2010	
	Inspector's Signature		Date	

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

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

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Title 6 Official Inspection Form Substitutes Severge Disposal Bystem - Page 1 of 17



Commonwealth of Massachusetts

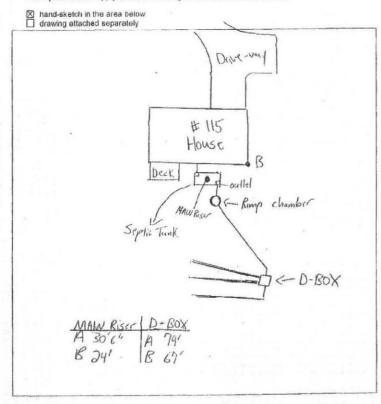
Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every

Property Address	1			10121
CAHILLANE Owner's Name		mer come more		-
AMHERST	MASS.	01002	MAY 19, 2010	
City/Town	State	Zin Cade	Date of Inspection	

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:





Septic Area 115 Levertt Road Amherst, MA 06.01.2012



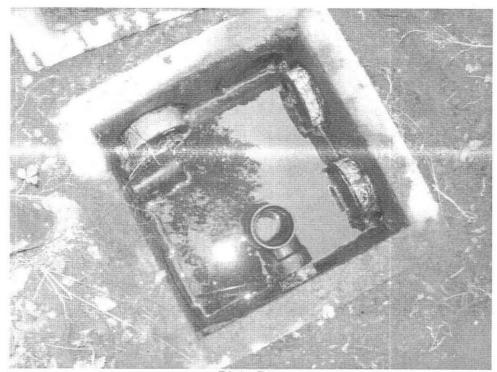
S. Tank Inlet Baffle 115 Levertt Road Amherst, MA 06.01.2012



S. Tank OUtlet Baffle 115 Levertt Road Amherst, MA 06.01.2012



Pump & Chamber 115 Levertt Road Amherst, MA 06.01.2012



Dist. Box 115 Levertt Road Amherst, MA 06.01.2012

PERMITS/INSP PAYMENT RECPT#: 12115108
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 06/06/12 CLERK: mirj

TIME: 10:39 DEPT:

PAID BY: PAYMENT METH: CHECK 2883

REFERENCE:

AMT TENDERED: AMT APPLIED:

200.00

CHANGE:

SITE ADDRESS: 115 LEVERETT

FEES:

HEA058

200.00

TOTAL PAID:

200.00



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD				
Property Address				
CAHILLANE				
Owner's Name				
AMHERST	MASS.	01002	MAY 19, 2010	
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.

1.





General Information					
Inspector:					
NATHAN TORRETTI					
Name of Inspector					
CLEAN SEPTICS	P O BOX 394				
Company Name					
252 WEST STREET					
Company Address					
LUDLOW		MASS.		01056	
City/Town		State		Zip Code	
413 583 2138		SI4025			
Telephone Number		License Number			

B. Certification

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

\boxtimes	Passes	☐ Conditionally Passes	Fails			
	Needs Further Evaluation by the Local Approving Authority					
	nathan Torrette					
		MAY 19, 2010				
Insp	ector's Signature	Date				

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

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

		V



Commonwealth of Massachusetts

_	LEVERETTE I	ROAD				
	perty Address					
_	HILLANE ner's Name					
	IHERST			MASS.	01002	MAY 19, 2010
	/Town			State	Zip Code	Date of Inspection
B.	Certificati	on (cont.)			
	Inspection Sun	nmary: Che	ck A,B,C,D or E	/ always c	omplete all of	Section D
A)	System Passe	es:				
		R 15.303 or				failure criteria described eria not evaluated are
	Comments:					
			CTERIA, REPLA RECOMMEND AI			AMBER. PUMP SEPTIC TANK
						
B)	System Condi	tionally Pa	eses.			
٥,	Cyclem Cond.	tionally i a				
	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 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 struunsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will painspection if the existing tank is replaced with a complying septic tank as approved by the Boar Health.					
			ass inspection if i t the tank is less t			ot leaking and if a Certificate of lable.
	□ Y □	N	☐ ND (Explai	n below):		



Commonwealth of Massachusetts

115 LEVERETTE ROAD

Pro	Property Address								
		ANE							
Owner's Name AMHERST MASS. 01002 MAY 19, 2010									
AMHERST City/Town			MASS. State			MAY 19, 201 Date of Inspectio			
				State	Zip	Code	Date of Inspectio	п	
В.	Ce	ertific	ation (cont.)						
	B)	System Conditionally Passes (cont.):							
		Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):							
			broken pipe(s) are replaced		_ Y	\square N	☐ ND (Explain	below):	
			obstruction is removed	[☐ Y	\square N	☐ ND (Explain	below):	
			distribution box is leveled or rep	olaced [☐ Y	□ N	☐ ND (Explain	below):	
	☐ The system required pumping more than 4 times a year due to broken or obstructed pipe system will pass inspection if (with approval of the Board of Health):					ted pipe(s). The			
	☐ broken pipe(s) are replaced ☐ Y ☐ N				☐ ND (Explain	below):			
			obstruction is removed	[_ Y	□ N	☐ ND (Explain	below):	
	C)	Furthe	r Evaluation is Required by the	Board o	f Heal	th:			
		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.							
		 System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment: 							
		Cesspool or privy is within 50 feet of a surface water							
		Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh							

	*	



Commonwealth of Massachusetts

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

11	5 LEV	/ERET	TE ROAD)			
	10 1227-	Address					
-	HILL ner's N	110000000000000000000000000000000000000					
	IHER				MASS.	01002	MAY 19, 2010
_	/Town				State	Zip Code	Date of Inspection
B.	Ce	rtific	ation (cont)			
В.	** Ti bact less	2. Sys detern safety 100 fee supply supply The sy more f Method his sys teria ind than 5	The system of a sure of a	fail unless the Board of the system is function ironment: tem has a septic tank a face water supply or tritem has a septic tank at tem has a septic tank at a septic tank and SAS vate water supply well** determine distance: es if the well water analosent and the presence ovided that no other failure.	oning in a and soil absolutary to a and SAS and and the SAS and soil absolute the same and the SAS and soil and the SAS and and the SAS and and the SAS and and the SAS and th	orption systemed the SAS is described the SAS is as less than a med at a DE is a nitrogen and	protects the public health, m (SAS) and the SAS is within
	3. (Other:					
D'	0	4a -	·lluss O. '	lania Ameliachia 4 - All	Suntarra		
D)				teria Applicable to All			
	You	<u>must</u>	indicate	"Yes" or "No" to each	of the fol	lowing for <u>al</u>	l inspections:
	,	Yes	No	Deslaration into	- 6:::		
				clogged SAS or cessp	oool		conent due to overloaded or
				due to an overloaded	or clogged	SAS or cess	-
			\boxtimes	or clogged SAS or ces	sspool		outlet invert due to an overloaded
				Liquid depth in cesspothan ½ day flow	ool is less t	han 6" below	invert or available volume is less

		¥



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

-	LEVERET	TE ROAD				
	perty Address					
	HILLANE ner's Name					
	HERST			MASS.	01002	MAY 19, 2010
City	/Town			State	Zip Code	Date of Inspection
B.	Certific	ation (cont.)			
	Yes	No				
			Required pumping mo obstructed pipe(s). No			st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the SA	S, cesspoo	ol or privy is be	elow high ground water elevation.
			Any portion of cesspo tributary to a surface			eet of a surface water supply or
		\boxtimes	Any portion of a cess	pool or priv	y is within a Z	one 1 of a public well.
		\boxtimes	Any portion of a cess	pool or priv	y is within 50	feet of a private water supply well.
			from a private water s system passes if the laboratory, for fecal of ammonia nitroger	supply well well wate coliform be n and nitra	with no accept er analysis, poacteria indicate nitrogen is criteria are tr	100 feet but greater than 50 feet batable water quality analysis. [This erformed at a DEP certified ates absent and the presence sequal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		\boxtimes	The system is a cess 10,000gpd.	pool servin	g a facility wit	h a design flow of 2000gpd-
			criteria exist as descr	ibed in 310 contact the	CMR 15.303	or more of the above failure , therefore the system fails. The alth to determine what will be
E)			be considered a larg 00 gpd to 15,000 gpd.		the system n	nust serve a facility with a
	For large s			"yes" or "n	o" to each of	the following, in addition to the
	Yes	No				
			the system is within 4	00 feet of a	a surface drinl	king water supply
			the system is within 2	00 feet of a	a tributary to a	surface drinking water supply
			the system is located Area – IWPA) or a ma			rea (Interim Wellhead Protection water supply well
	If you have	e answere	d "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.

		140		
PK				



Commonwealth of Massachusetts

115 I	LEVER	ETTE RO	AD				
Prope	rty Addres	ss					
-	ILLANE						
	r's Name						
-	IERST			MASS.	01002	MAY 19, 2010	
City/T				State	Zip Code	Date of Inspection	
C. (Checl	klist					
(Check if	the follow	ving have been done. You i	must indi	cate "yes" or "r	no" as to each of t	he following:
	Yes	No					
	\boxtimes		Pumping information wa	s provide	d by the owner	r, occupant, or Bo	ard of Health
		\boxtimes	Were any of the system	compone	nts pumped or	ut in the previous	two weeks?
	\boxtimes		Has the system received	d normal f	lows in the pre	vious two week p	eriod?
		\boxtimes	Have large volumes of w this inspection?	vater beer	n introduced to	the system recen	tly or as part of
		\boxtimes	Were as built plans of th available note as N/A)	e system	obtained and	examined? (If the	/ were not
	\boxtimes		Was the facility or dwelli	ng inspec	ted for signs o	f sewage back up	?
	\boxtimes		Was the site inspected for	or signs o	of break out?		
	\boxtimes		Were all system compor	nents, exc	luding the SAS	S, located on site?	i
	\boxtimes		Were the septic tank ma inspected for the condition dimensions, depth of liqu	on of the	baffles or tees,	material of const	
			Was the facility owner (a information on the prope The size and location of been determined based	er mainter of the Soi	ance of subsu	rface sewage disp	oosal systems?
	\boxtimes		Existing information. For	example	, a plan at the	Board of Health.	
	\boxtimes		Determined in the field (i approximation of distance				C is at issue
D. \$	Syste	m Info	rmation				
F	Residen	tial Flow	Conditions:				
١	Number	of bedroo	oms (design):	N	lumber of bed	rooms (actual):	3
-	DESIGN	flow bas	ed on 310 CMP 15 203 (for	r evample	110 and v #	of hedrooms):	330

	160



Commonwealth of Massachusetts

115 LEVERETTE ROAD				
Property Address		r.		
CAHILLANE Owner's Name				
AMHERST	MASS.	01002	MAY 10	2010
City/Town	State	Zip Code	MAY 19, Date of Insp	
D. System Information	Otato	Zip Gode	Date of map	BOLIOTI
Description:				
Number of current residents:				1
Does residence have a garbage grinder?				☐ Yes ⊠ No
Is laundry on a separate sewage system?	n required]	☐ Yes ⊠ No		
Laundry system inspected?		☐ Yes ⊠ No		
Seasonal use?				☐ Yes ⊠ No
Water meter readings, if available (last 2 y Detail:	ears usage	(gpd)):		TOWN WATER
Sump pump?				☐ Yes ⊠ No
Last date of occupancy:				PRESENT 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:				



Commonwealth of Massachusetts

115 LEVERETTE R	ROAD						
Property Address CAHILLANE							
Owner's Name							
AMHERST		MASS.	01002	MAY 19, 2010			
City/Town		State	Zip Code	Date of Inspection			
D. System In	formation (cont.)						
Last date of occ	Last date of occupancy/use: Other (describe below):						
Other (describe							
	Gene	ral Inforn	nation				
Pumping Reco	ords:			AED OWNED			
Source of infor	mation:	PUME	PED IN 2008 F	PER OWNER			
Was system pu	imped as part of the inspection	on?		☐ Yes ⊠ No			
If yes, volume	oumped:	1000 gallons	gallons				
How was quan	tity pumped determined?	MEAS	MEASURED REPLACED PUMP IN PUMP CHAMBER				
Reason for pur	mping:	REPL					
Type of Syste	m:						
\boxtimes	Septic tank, distribution box	, soil abs	orption system	1			
	Single cesspool						
	Overflow cesspool						
	Privy						
	Shared system (yes or no)	(if yes, att	ach previous	nspection records, if any)			
	Innovative/Alternative techn maintenance contract (to be inspection of the I/A system	e obtained	from system	owner) and a copy of latest			
	Tight tank. Attach a copy of	the DEP	approval.				
	Other (describe):						



Commonwealth of Massachusetts

anady Address	AD					
operty Address AHILLANE						
wner's Name						
MHERST		MASS.	01002	MAY 19	9, 2010	
ty/Town		State	Zip Code	Date of In	spection	
-	ormation (cont.)	ate installed (if l	known) and so	ource of info	rmation:	
Were sewage odd	ors detected when are	riving at the site	?	I	☐ Yes ⊠ No	0
Building Sewer	(locate on site plan):					
Depth below grad	le:		fee	et		
Material of constr	uction:					
□ cast iron	☐ 40 PVC	other (ex	(plain): —			
Distance from private	vate water supply wel	Il or suction line	. fee	et .		
Comments (on co	ondition of joints, vent	ing evidence o	fleakane etc	1.		
7.2)	NTING OK, NO LEAK	· ·	i leakaye, elc	.).		
Septic Tank (local			24			
			fee	et		
Material of constr	uction:					
CLEAN SEPTICS	☐ metal S PUMPED THE SEP	☐ fiberglas		yethylene	other (e)	xplair
If tank is metal, lis	st age:		ye	ars	19	
Is age confirmed	by a Certificate of Co	mpliance? (atta			☐ Yes ☐	No
Dimensions:			<u>l</u>	_ 8' 6" X W 5	5' X H 5'	
Sludge depth:			-			

		. •



Commonwealth of Massachusetts

115 LEVERETTE ROAD				
Property Address				
CAHILLANE Owner's Name				
AMHERST	MASS.	01002	MAY 19	2010
City/Town	State	Zip Code	Date of Ins	
D. System Information (cont.)				
Septic Tank (cont.)				
Distance from top of sludge to bottom of ou	utlet tee or b	affle		
Scum thickness			NONE	
Distance from top of scum to top of outlet to	ee or baffle		:	
Distance from bottom of scum to bottom of	outlet tee o	r baffle	-	
How were dimensions determined?			MEASURED	
Comments (on pumping recommendations liquid levels as related to outlet invert, evidence PUMP TANK EVERY ONE - THREE YEAR STRUCTURALLY SOUND, LIQUID LEVEL	ence of leak RS. INLET A	(age, etc.): AND OUTL	ET BAFFLE OK	C. TANK IS
-				
Grease Trap (locate on site plan):				
Depth below grade:			feet	
Material of construction:				
☐ concrete ☐ metal [fiberglas	s 🗆	polyethylene	other (explain):
Dimensions:				
Scum thickness			-	
Distance from top of scum to top of outlet to	ee or baffle			
Distance from bottom of scum to bottom of	outlet tee o	r baffle		
Date of last pumping:			Date	

		*



Commonwealth of Massachusetts

115 LEVERETTE ROAD

pperty Address					
AHILLANE mer's Name					
MHERST		MASS.	01002	MAY 19, 201	0
y/Town		State	Zip Code	Date of Inspection	
	ermation (contumping recommend lated to outlet inver	lations, inlet and o		affle condition, stru	uctural integrity,
Tight or Holding Depth below grad	Tank (tank must ble:	e pumped at time	of inspection)	(locate on site pl	an):
Material of constr	uction:				
☐ concrete	☐ metal	☐ fiberglas	s 🗌 po	olyethylene	other (explain):
Dimensions:		_			
Capacity:		g	allons		
Design Flow:		-	allana nas day		
Alarm present:		9	allons per day Yes	No	
Alarm level:			larm in working		es 🗌 No
Date of last pump	ving:	Ē	ate		
Comments (condi	ition of alarm and fl				
* Attach copy of c	urrent pumping cor	ntract (required). I	s copy attache	ed?	es 🗌 No

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Commonwealth of Massachusetts

5 LEVERETTE ROAD				
perty Address				
AHILLANE				
ner's Name	25/4-23/	200		
MHERST	MASS.	01002	MAY 19, 2	
y/Town	State	Zip Code	Date of Inspe	ection
 System Information (cont.) Distribution Box (if present must be op 	ened) (locate	on site plan):		
Depth of liquid level above outlet invert		0", D -BOX IS	S APPROXIMA	TELY 10" DEEP
Comments (note if box is level and distri evidence of leakage into or out of box, e D - BOX APPEARS LEVEL AND DISTR LEAKAGE	tc.):			
Pump Chamber (locate on site plan):				
Pumps in working order:			Yes	☐ No
Alarms in working order:				☐ No
Comments (note condition of pump char	mber, conditio	n of pumps a	nd appurtenan	ces, etc.):
PUMP AND FLOATS REPLACED ON N CONDITION.	MAY 19, 2010.	EVERYTHIN	G IS IN GOOD	WORKING
Soil Absorption System (SAS) (locate	on site plan, e	excavation no	required):	
If SAS not located, explain why:				
		2		



Commonwealth of Massachusetts

115 LEVERETT	E ROAD				
Property Address					
CAHILLANE Owner's Name					
AMHERST		MASS.	01002	MAY 19	, 2010
City/Town		State	Zip Code	Date of Ins	
D. System	Information (cont.)				
Туре:					
	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries		number:		
\boxtimes	leaching trenches		number, I	ength:	3 L;EACH LINES OFF D -BOX SENT
\boxtimes	leaching fields		number,	dimensions:	CAMERA OUT APPROX. 40' LONG
	overflow cesspool		number:		
	innovative/alternative sys	stem			
	Type/name of technology	<i>/</i> :			
vegetation,	(note condition of soil, signs etc.): /EGETATION ARE OK, NO				np son, condition of
Cesspools	(cesspool must be pumped	as part of insp	ection) (locate	e on site plar	n):
Number and	d configuration			:	
Depth - top	of liquid to inlet invert				
Depth of sol	ids layer				
Depth of scu	um layer				
Dimensions	of cesspool)	
Materials of	construction				
Indication of	groundwater inflow			☐ Yes	□ No

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Commonwealth of Massachusetts

115 LEVERETTE ROAD			
Property Address			
CAHILLANE			
Owner's Name			
AMHERST	MASS.	01002	MAY 19, 2010
City/Town	State	Zip Code	Date of Inspection
D. System Information (con	nt.)		
Comments (note condition of soil, setc.):	igns of hydraulic fa	ilure, level of	ponding, condition of vegetation,
Privy (locate on site plan):			
Materials of construction:	-		
Dimensions	-	-1	
Depth of solids			
Comments (note condition of soil, s etc.):	igns of hydraulic fa	ilure, level of	ponding, condition of vegetation,
			



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD				
Property Address				
CAHILLANE				
Owner's Name				
AMHERST	MASS.	01002	MAY 19, 2010	
City/Town	State	Zip Code	Date of Inspection	

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 House Deck



Commonwealth of Massachusetts

115 LEVERETTE ROAD

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

vner's Name MHERST		MASS.	01002	MAY 19, 2010	
y/Town		State	Zip Code	Date of Inspection	
. Syste	m Information (cont.)				
Site Exa	m:				
□ Check □	ck Slope				
Surfa	ace water				
⊠ Chec	ck cellar				
☐ Shall	low wells				
Estimate	d depth to high ground water:		NONE feet	AT 5'	
Please in	ndicate all methods used to determ	mine the hig	h ground wate	er elevation:	
	Obtained from system design	plans on red	cord		
	If checked, date of design pla	n reviewed:	Date		
\boxtimes	Observed site (abutting prope	erty/observat	ion hole within	n 150 feet of SAS)	
\boxtimes	Checked with local Board of H	1.77			
	INSPECTIONS /WORK WITH	IESSED BY	THE AMHER	ST BOARD OF HEALTH GARY	
	Checked with local excavators, installers - (attach documentation)				
	Accessed USGS database - 6	explain:			
V	4 day 20 day	h = h != h = ===			
	st describe how you established to ED CELLAR / SLOPE IN YARD	ne nign grou	ma water elev	vation.	
OTILOTAL	OLLENITY OLON E IN THINS				

*					

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

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD				
Property Address				
CAHILLANE				
Owner's Name				
AMHERST	MASS.	01002	MAY 19, 2010	
City/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

- ☑ 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

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