

115 LEVERETT ROAD

jules.leverett@netmail.com

~~192 West 34th~~



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

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important:

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



A. General Information

1. Inspector:

Alan E Weiss, 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

Telephone Number

MA

State

01007

Zip Code

# 738

License Number

B. Certification

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

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

Inspector's Signature

06.01.2012

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.



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

Owner information is required for every page.

B. Certification (cont.)

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

A) System Passes:

[X] 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:

Property has one 1000 gal., S. tank and a Pump/Pump Chamber to Leach field being 30+/- yrs old. Liquid levels & staining were proper, condition ok. Pump chamber & floats were operational (and should be checked annually). Pump & system were otherwise funtional. Pump tank every two years. Vent in yard is at d. box.

B) System Conditionally Passes:

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

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

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

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

[ ] Y [ ] N [ ] ND (Explain below):

Blank lines for explanation of 'ND' response.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

115 Leverett Road

Property Address

Julie Letendre

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

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

The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
obstruction is removed

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

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

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 Leverett Road

Property Address

Julie Letendre

Owner's Name

Amherst

MA

01002

06.01.2012

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

- Four checkbox options regarding SAS proximity to surface water, public water supply, private water supply well, and distance from private water supply well.

Method used to determine distance:

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

3. Other:

Town Water

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns for Yes/No and four failure criteria: Backup of sewage, Discharge or ponding, Static liquid level, and Liquid depth in cesspool.



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

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

Yes No

- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_.
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes No

- the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 Leverett Road

Property Address

Julie Letendre

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

Owner information is required for every page.

**C. Checklist**

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

- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.  |
| <input 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) [310 CMR 15.302(5)]   |

**D. System Information**

**Residential Flow Conditions:**

Number of bedrooms (design): ? Number of bedrooms (actual): 3  
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ?





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

115 Leverett Road

Property Address

Julie Letendre

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

## D. System Information

Description:

1000 gallon S. tank, p. chamber & three line leach field 18'w x 40'l +/- serves 3 bedroom dwelling with one person. Pump chamber is limited in size 150 gal. +/-

Number of current residents:

1

Does residence have a garbage grinder?

Yes  No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

Yes  No

Laundry system inspected?

Yes  No

Seasonal use?

Yes  No

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

n/a

Detail:

Sump pump?

Yes  No

Last date of occupancy:

current  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes  No

Industrial waste holding tank present?

Yes  No

Non-sanitary waste discharged to the Title 5 system?

Yes  No

Water meter readings, if available:



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

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Last date of occupancy/use:

current Date

Other (describe below):

General Information

Pumping Records:

Source of information:

1 yrs +

Was system pumped as part of the inspection?

[X] Yes [ ] No

If yes, volume pumped:

1000 gallons

How was quantity pumped determined?

meas.

Reason for pumping:

T- 5 Insp.

Type of System:

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

115 Leverett Road

Property Address

Julie Letendre

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

D. System Information (cont.)

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

30+/-

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2' feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

Septic Tank (locate on site plan):

Depth below grade:

2 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

Inlet & outlet baffles were in place at inlet and outlet. Tanks should be pumped every two years. Pump and floats should be checked and cleaned annually.

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes No

Dimensions:

8' x 4.5' x 4.2'

Sludge depth:

5"



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

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Septic Tank (cont.)

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

31"

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

10"

How were dimensions determined?

Observation/Meas

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

Tank in functional condition, some corrosion at outlet baffle

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

115 Leverett Road

Property Address

Julie Letendre

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

## D. System Information (cont.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_ gallons

Design Flow: \_\_\_\_\_ gallons per day

Alarm present:  Yes     No

Alarm level: \_\_\_\_\_ Alarm in working order:  Yes     No

Date of last pumping: \_\_\_\_\_ Date

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

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



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

Owner information is required for every page.

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.)**

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

Depth of liquid level above outlet invert @ inv. \_\_\_\_\_

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):  
 Box was level with good outflow, 2" vent at D. box.

---

---

---

---

---

---

---

---

**Pump Chamber** (locate on site plan):

Pumps in working order:  Yes  No

Alarms in working order:  Yes  No

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

Pump & alarm was working properly. Note chamber is of limited volume with no emergency storage capacity, recommend septic tank pumping if prolonged power failure occurs. Pump reported replaced in 2010.

---

---

---

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

If SAS not located, explain why:

---

---

---

---

---



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

Owner information is required for every page.

D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 18' x 40' +/- 3 lines
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.):

Liquid level good, no high staining, no ponding, smells or wet spots.

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

Number and configuration

Depth - top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow Yes No



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

City/Town

MA

State

01002

Zip Code

06.01.2012

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

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

Four horizontal lines for handwritten comments.

Privy (locate on site plan):

Materials of construction:

Horizontal line for handwritten materials of construction.

Dimensions

Horizontal line for handwritten dimensions.

Depth of solids

Horizontal line for handwritten depth of solids.

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

Four horizontal lines for handwritten comments.





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

Owner information is required for every page.

## D. System Information (cont.)

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

- hand-sketch in the area below  
 drawing attached separately



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

Owner information is required for every page.

## D. System Information (cont.)

### Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

4' +/-  
feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

work on street

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

Work in area, multiple raised beds in neighborhood.

---

---

---

---

---

---

---

---

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



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

Owner information is required for every page.

## E. Report Completeness Checklist

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



- Property Map
- Aerial Property Lines
- Elevation
- Basemap
- Trails
- Streets
- Local Roads
- Major Roads
- State Routes
- MHD Roads
- Limited Access Highway
- Multi-lane Hwy, not I
- Other Numbered High
- Major Road, Collector
- Minor Road, Arterial

TIES:

	S. TANK	DR Box
A:	30'-6"	79'
B:	24'	67'

Horizontal Datum: MA Stateplane Coordinate System,  
Zone 4151, Datum NAD83, Feet  
Vertical Datum: NAVD83, Feet  
Photographic & topographic basemap features compiled  
at 1:240 scale, 2006 Aerial Photography.  
Parcels compiled to match the basemap.  
Revisions are ongoing.

The information depicted on this map is for planning  
purposes only. It may not be adequate for legal boundary  
definition, regulatory interpretation, or property conveyance  
purposes. Utility structures and underground utility  
locations are approximate and require field verification.  
THE TOWN OF AMHERST MAKES NO WARRANTIES,  
EXPRESSED OR IMPLIED, CONCERNING THE  
ACCURACY,  
COMPLETENESS, RELIABILITY, OR SUITABILITY OF  
THESE DATA. THE TOWN OF AMHERST DOES NOT  
ASSUME ANY LIABILITY ASSOCIATED WITH THE  
USE OR MISUSE OF THIS INFORMATION.



1" = 30 ft

Amherst GIS Viewer June 1, 2012





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

Owner information is required for every page.

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.



**A. General Information**

1. 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  
 Telephone Number License Number

**B. Certification**

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

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

*Nathan Torretti*  
 Inspector's Signature  
 MAY 19, 2010  
 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.



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

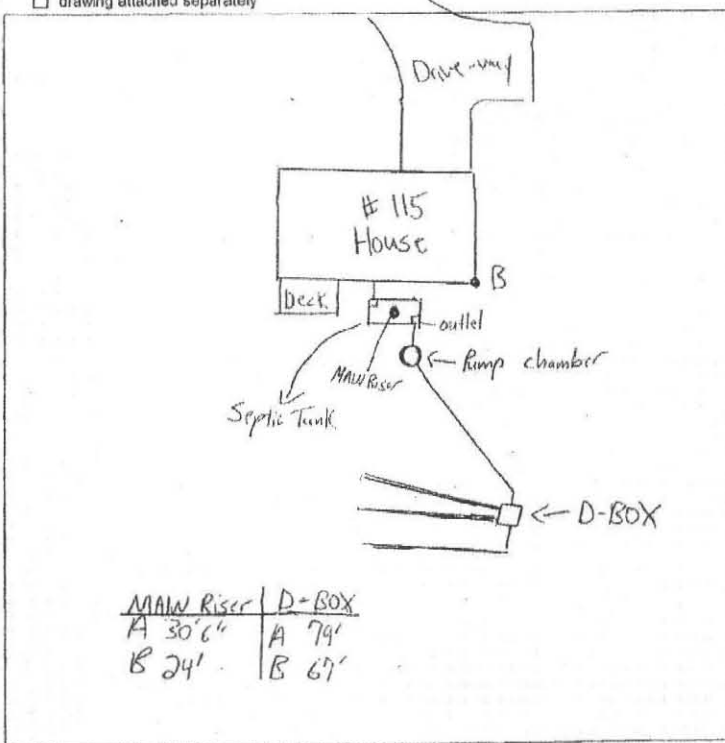
115 LEVERETTE ROAD  
 Property Address  
 CAHILLANE  
 Owner's Name  
 AMHERST MASS. 01002 MAY 19, 2010  
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**D. System Information (cont.)**

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

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





Septic Area  
115 Levertt Road  
Amherst, MA  
06.01.2012



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

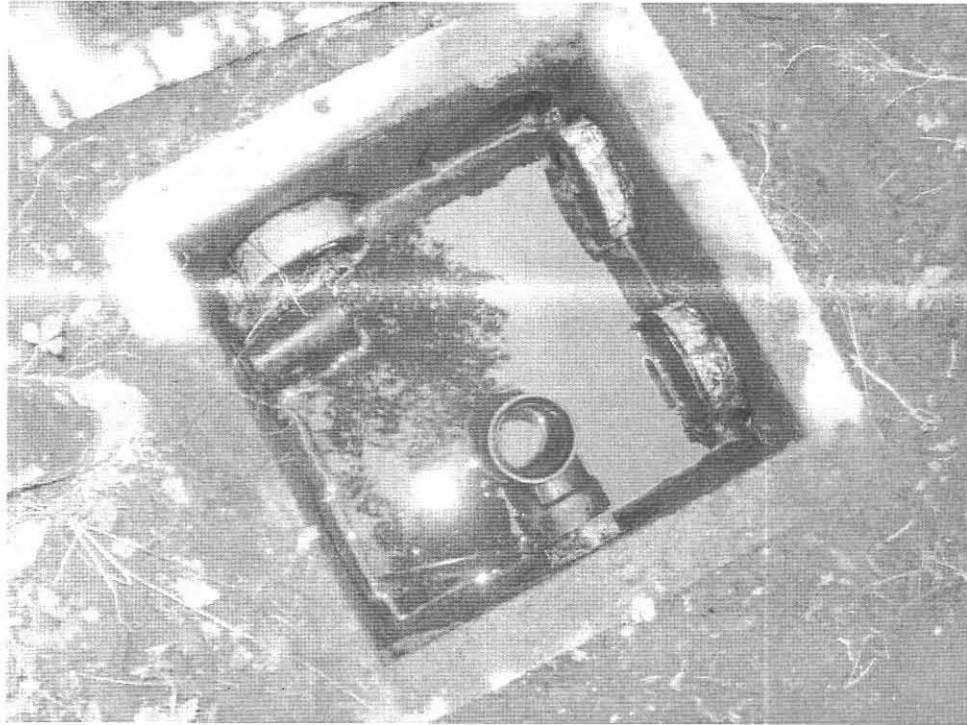




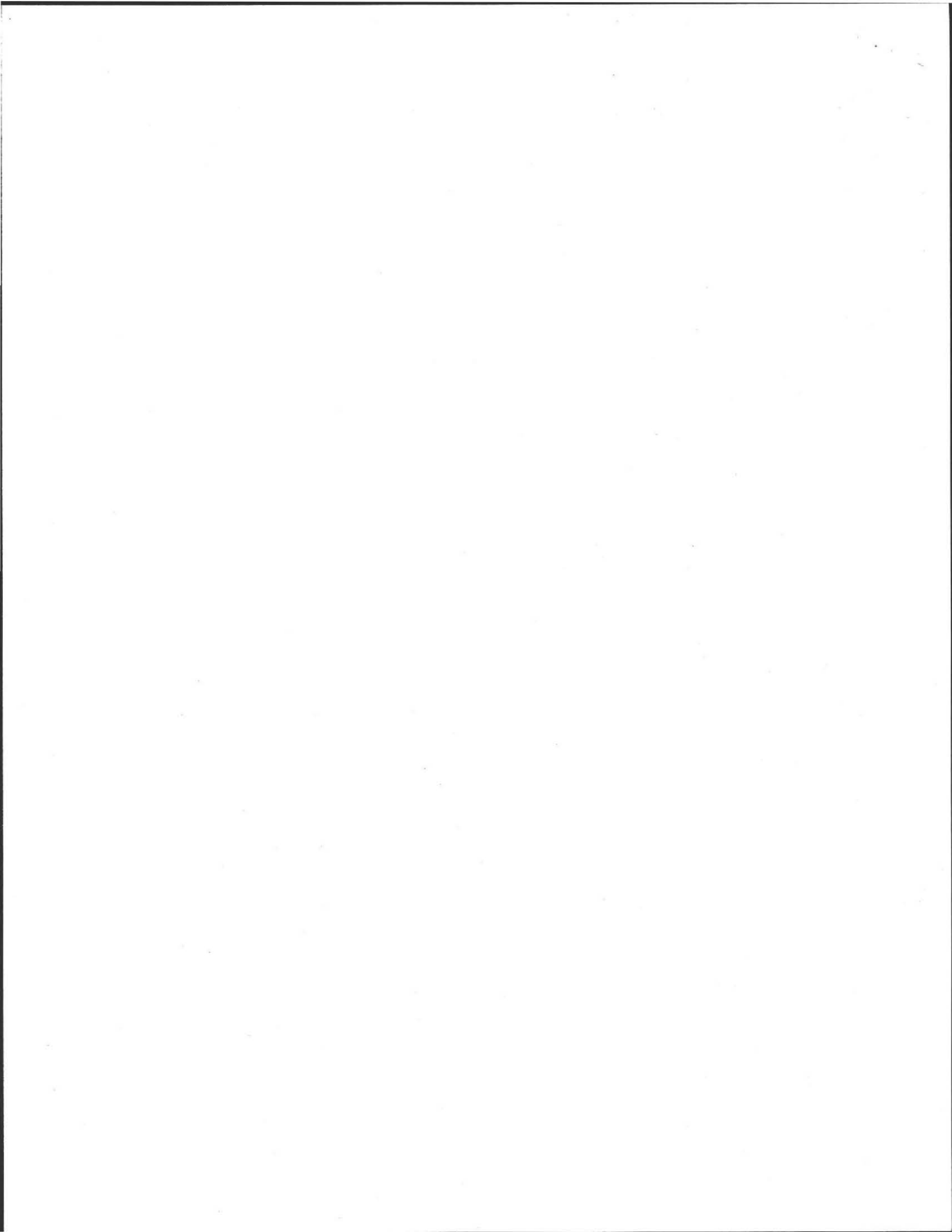
S. Tank Outlet Baffle  
115 Levertt Road  
Amherst, MA  
06.01.2012



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 TIME: 10:39  
CLERK: mirj DEPT:

PAID BY:  
PAYMENT METH: CHECK 2883

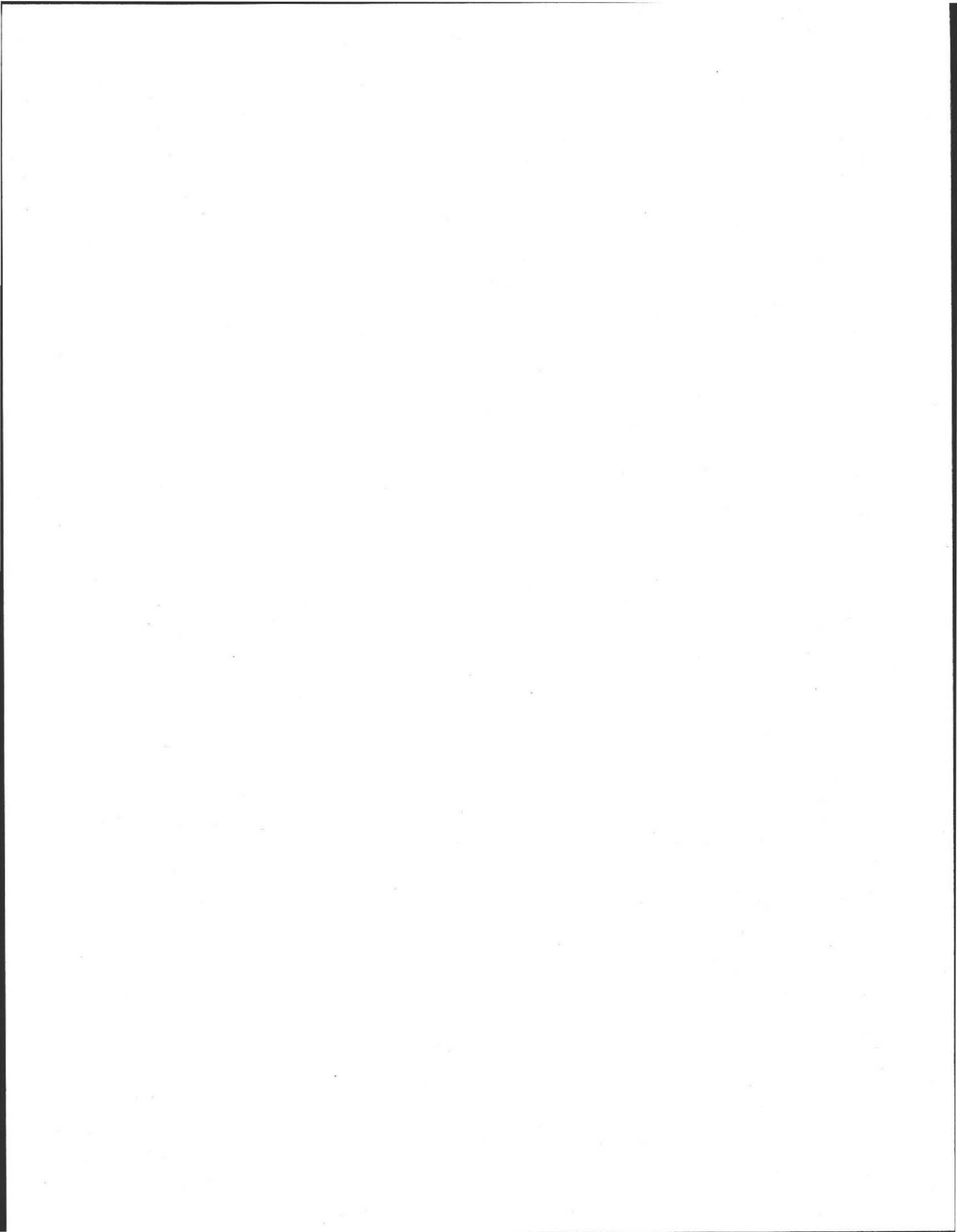
REFERENCE:

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

SITE ADDRESS: 115 LEVERETT

FEE:  
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

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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



## A. General Information

1. Inspector:

NATHAN TORRETTI

Name of Inspector

CLEAN SEPTICS P O BOX 394

Company Name

252 WEST STREET

Company Address

LUDLOW

City/Town

413 583 2138

Telephone Number

MASS.

State

01056

Zip Code

SI4025

License Number

## B. Certification

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

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

*Nathan Torretta*

Inspector's Signature

MAY 19, 2010

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.

10





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.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

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

### A) System Passes:

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

Comments:

RECOMMEND CCLS /BACTERIA, REPLACED PUMP IN THE CHAMBER. PUMP SEPTIC TANK EVERY YEAR OR TWO; RECOMMEND AN OUTLET FILTER

### B) System Conditionally Passes:

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

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

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

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

- Y
- N
- ND (Explain below):

100



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

### B) System Conditionally Passes (cont.):

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

broken pipe(s) are replaced  Y  N  ND (Explain below):

obstruction is removed  Y  N  ND (Explain below):

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

The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

broken pipe(s) are replaced  Y  N  ND (Explain below):

obstruction is removed  Y  N  ND (Explain below):

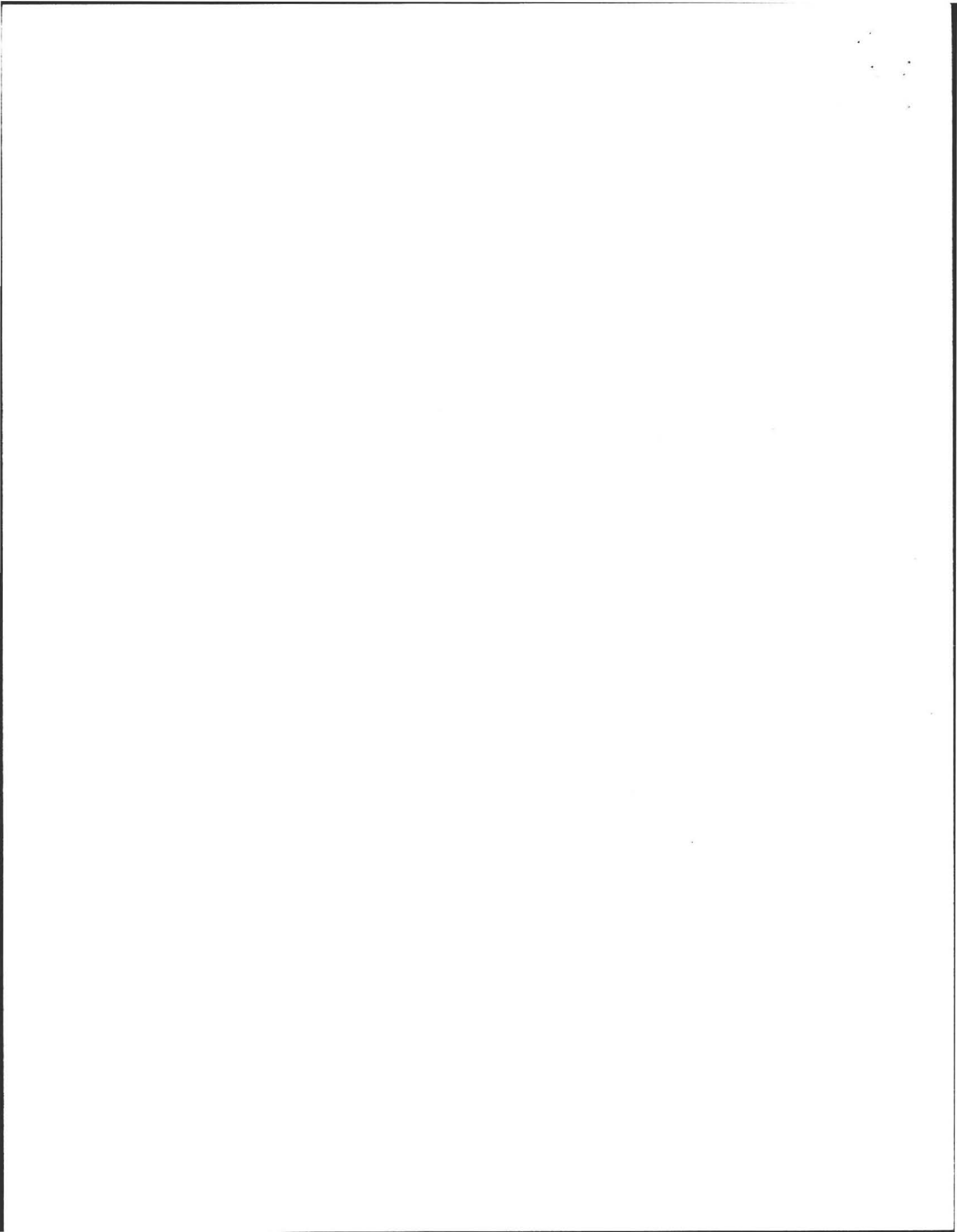
### C) Further Evaluation is Required by the Board of Health:

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

**1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

Cesspool or privy is within 50 feet of a surface water

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





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

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

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: \_\_\_\_\_

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

3. Other:

---



---



---

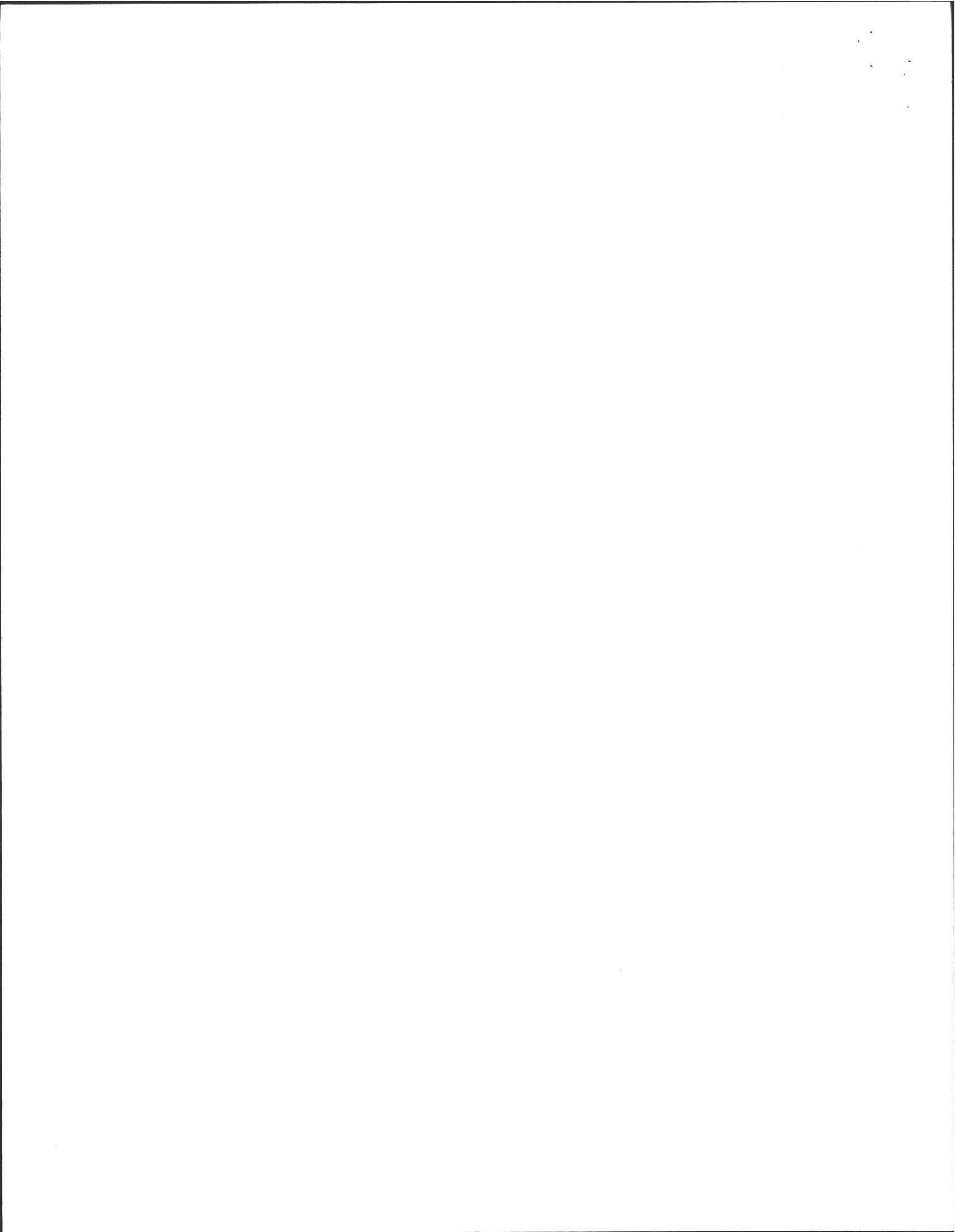


---

## D) System Failure Criteria Applicable to All Systems:

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

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow                             |





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

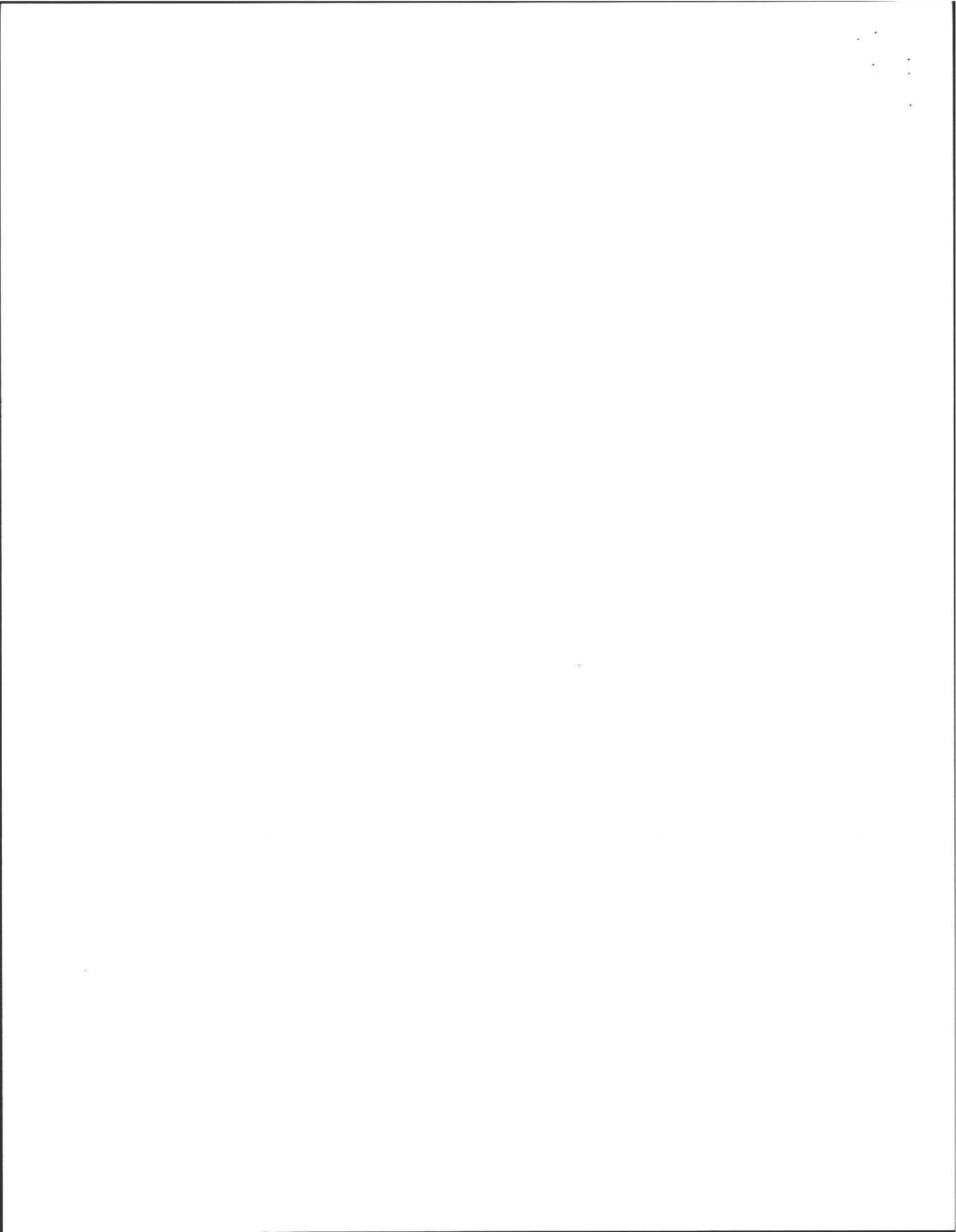
- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <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. <b>[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.   |

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

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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

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







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

City/Town

MASS. State

01002 Zip Code

MAY 19, 2010 Date of Inspection

Owner information is required for every page.

C. Checklist

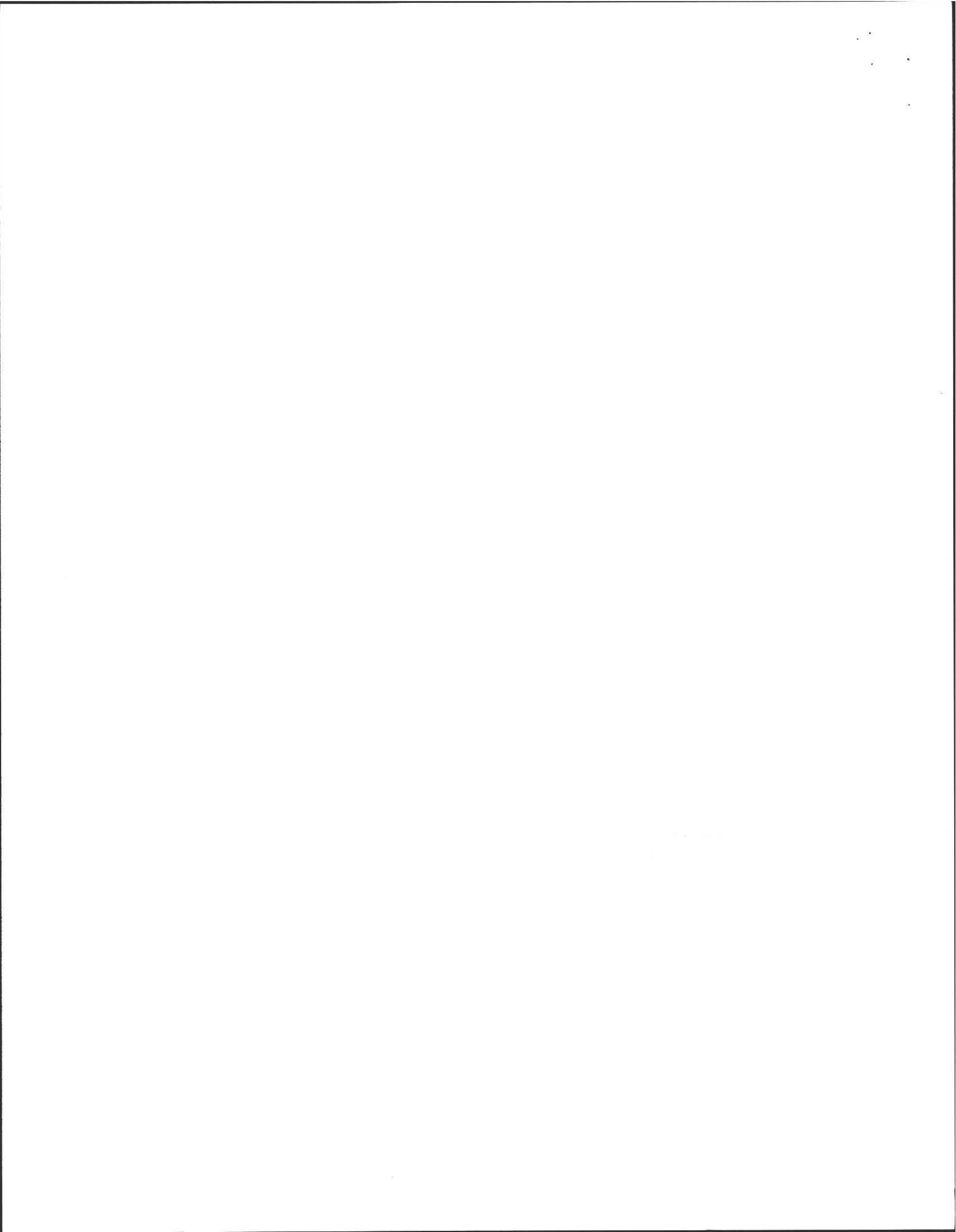
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Yes No Pumping information was provided by the owner, occupant, or Board of Health
Were any of the system components pumped out in the previous two weeks?
Has the system received normal flows in the previous two week period?
Have large volumes of water been introduced to the system recently or as part of this inspection?
Were as built plans of the system obtained and examined? (If they were not available note as N/A)
Was the facility or dwelling inspected for signs of sewage back up?
Was the site inspected for signs of break out?
Were all system components, excluding the SAS, located on site?
Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
Existing information. For example, a plan at the Board of Health.
Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330





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

City/Town

MASS. State

01002 Zip Code

MAY 19, 2010 Date of Inspection

Owner information is required for every page.

D. System Information

Description:

Three horizontal lines for description.

Number of current residents:

1

Does residence have a garbage grinder?

Yes  No

Is laundry on a separate sewage system? [if yes separate inspection required]

Yes  No

Laundry system inspected?

Yes  No

Seasonal use?

Yes  No

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

TOWN WATER

Detail:

Three horizontal lines for detail.

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?

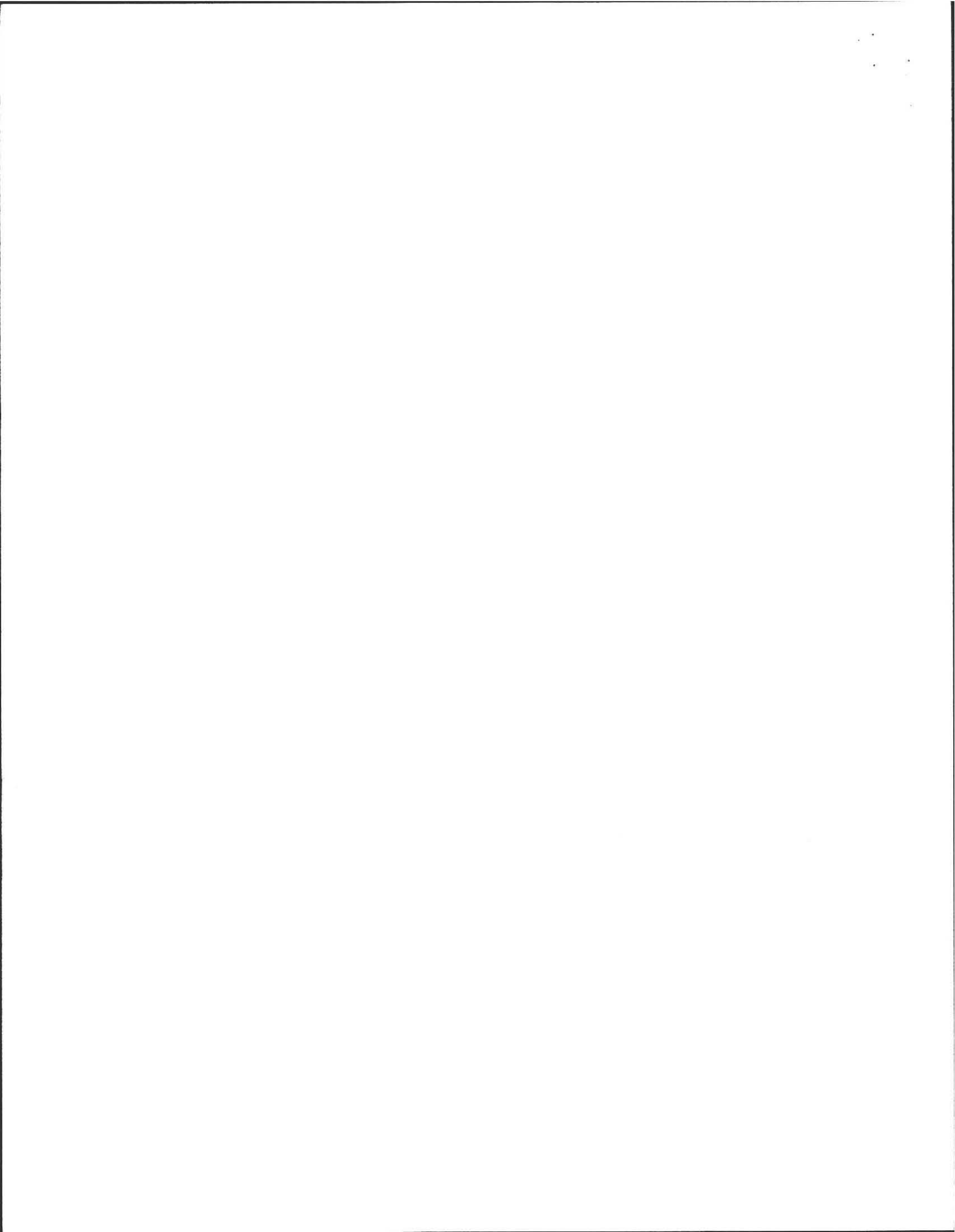
Yes  No

Non-sanitary waste discharged to the Title 5 system?

Yes  No

Water meter readings, if available:

\_\_\_\_\_





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS. State

01002 Zip Code

MAY 19, 2010 Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

PUMPED IN 2008 PER OWNER

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1000 gallons

How was quantity pumped determined?

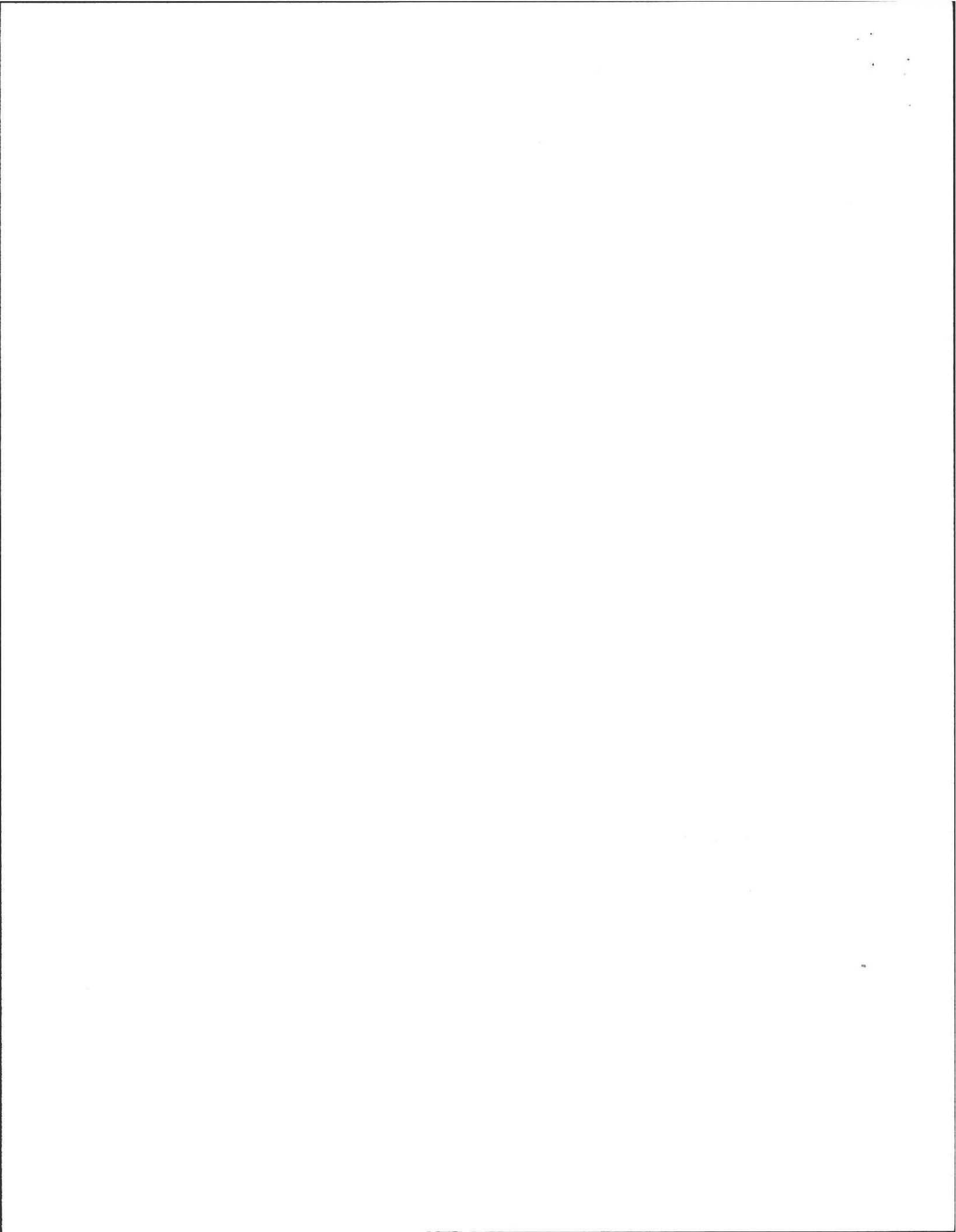
MEASURED

Reason for pumping:

REPLACED PUMP IN PUMP CHAMBER

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...
Tight tank. Attach a copy of the DEP approval.
Other (describe):





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

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

Were sewage odors detected when arriving at the site?

Yes  No

**Building Sewer** (locate on site plan):

Depth below grade:

feet

Material of construction:

cast iron       40 PVC       other (explain):

Distance from private water supply well or suction line:

feet

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

JOINTS AND VENTING OK, NO LEAKAGE

**Septic Tank** (locate on site plan):

Depth below grade:

24"  
feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

CLEAN SEPTICS PUMPED THE SEPTIC TANK MAY 19, 2010

If tank is metal, list age:

years

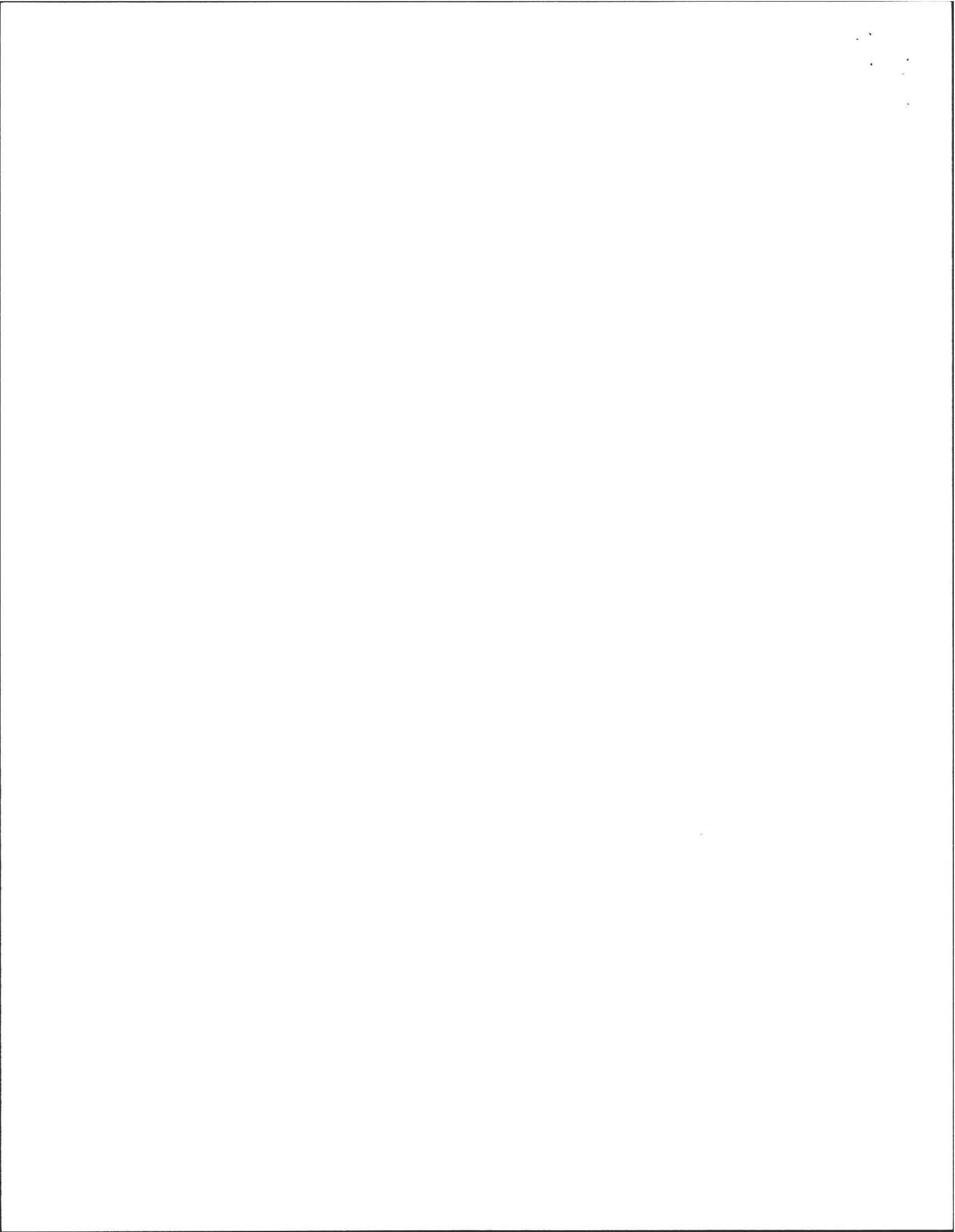
Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes  No

Dimensions:

L 8' 6" X W 5' X H 5'

Sludge depth:







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

### Septic Tank (cont.)

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

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

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.):

PUMP TANK EVERY ONE - THREE YEARS. INLET AND OUTLET BAFFLE OK. TANK IS STRUCTURALLY SOUND, LIQUID LEVELS ARE AT OUTLET INVERT, NO LEAKAGE

### Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

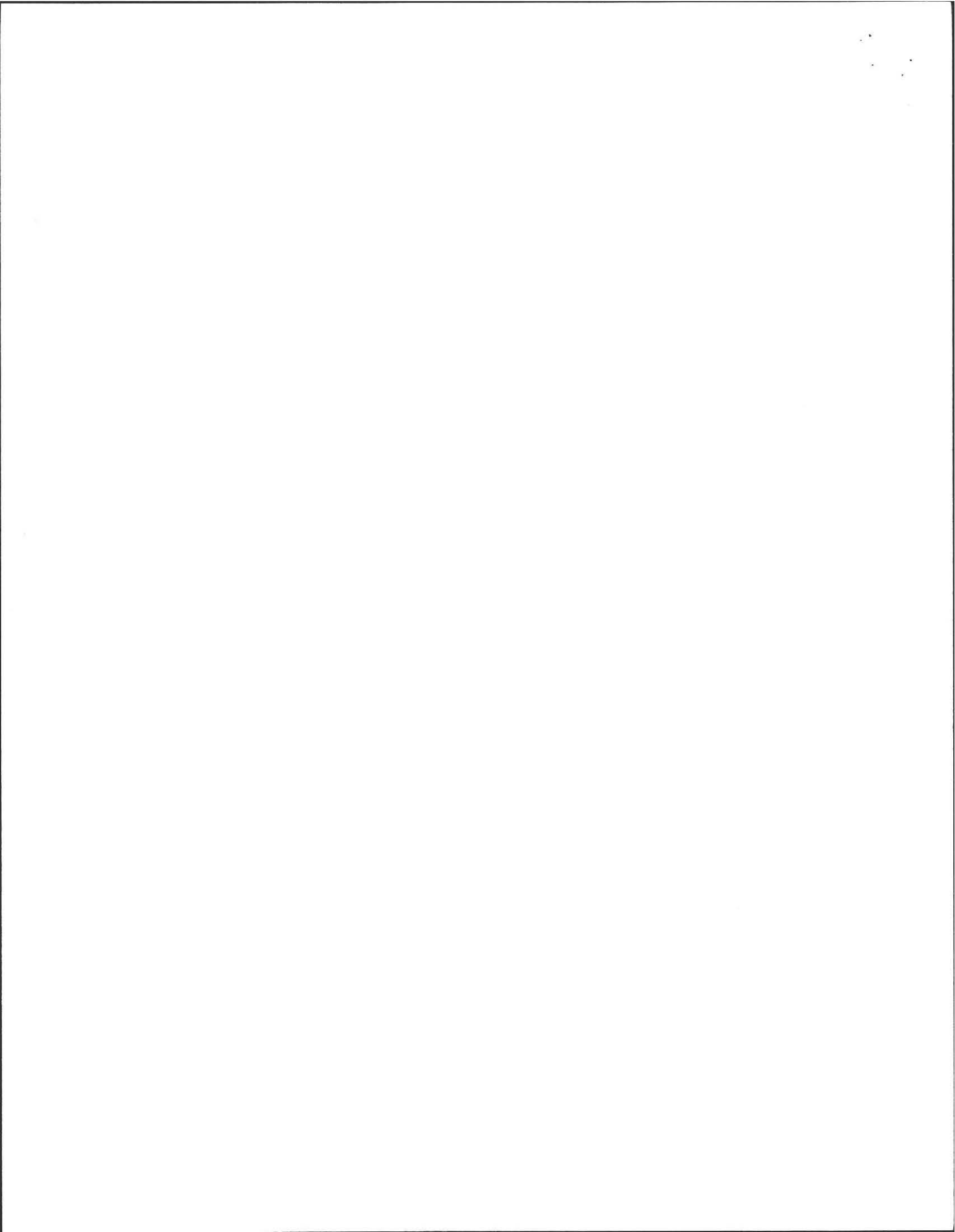
Scum thickness

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

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

Date of last pumping:

Date





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

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_

gallons

Design Flow: \_\_\_\_\_

gallons per day

Alarm present: \_\_\_\_\_

Yes     No

Alarm level: \_\_\_\_\_

Alarm in working order:     Yes     No

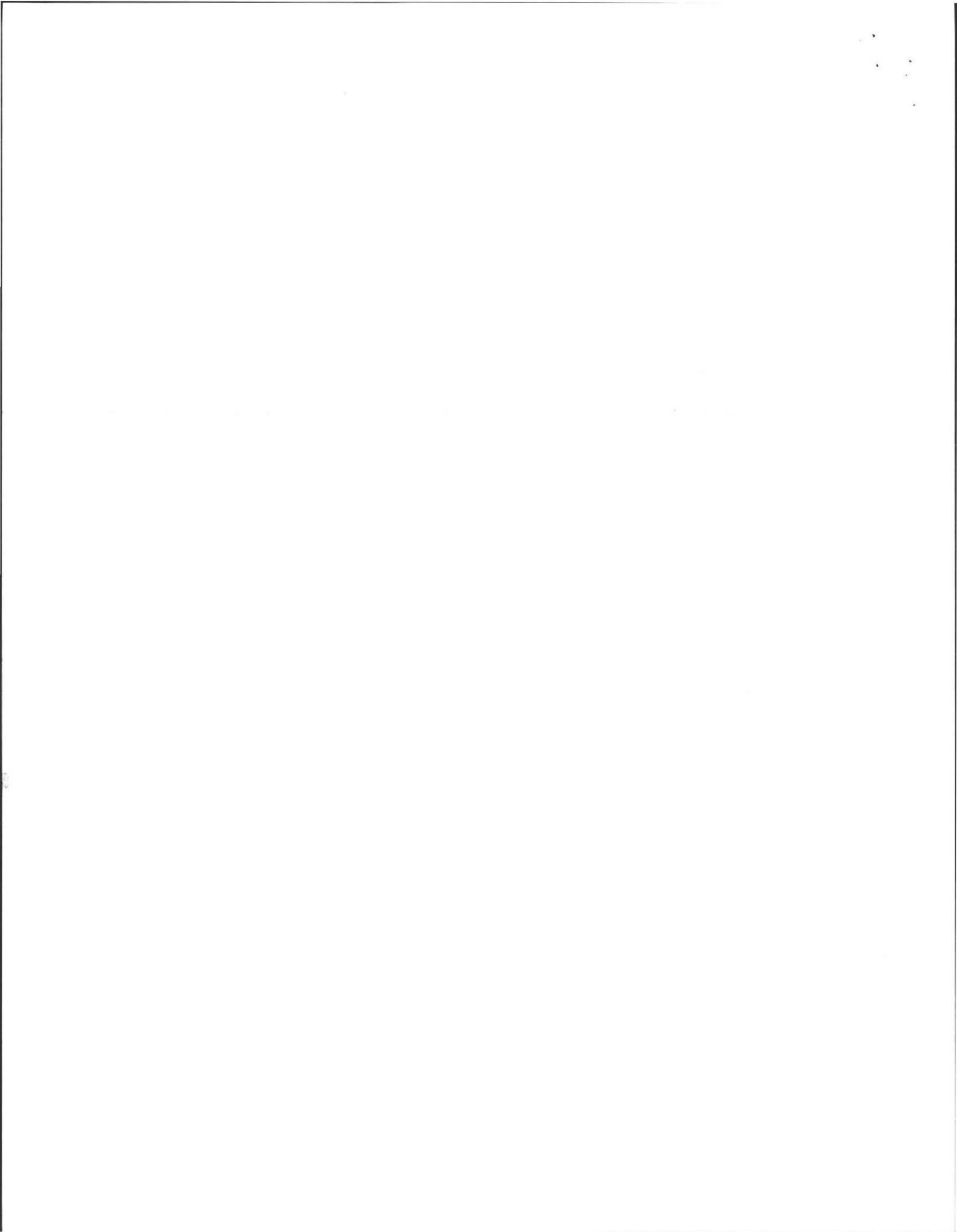
Date of last pumping: \_\_\_\_\_

Date

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS.  
State

01002  
Zip Code

MAY 19, 2010  
Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

Depth of liquid level above outlet invert

0", D -BOX IS APPROXIMATELY 10" DEEP

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.):

D - BOX APPEARS LEVEL AND DISTRIBUTION IS EQUAL, NO EVIDENCE OF CARRY OVER, NO LEAKAGE

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

Alarms in working order:

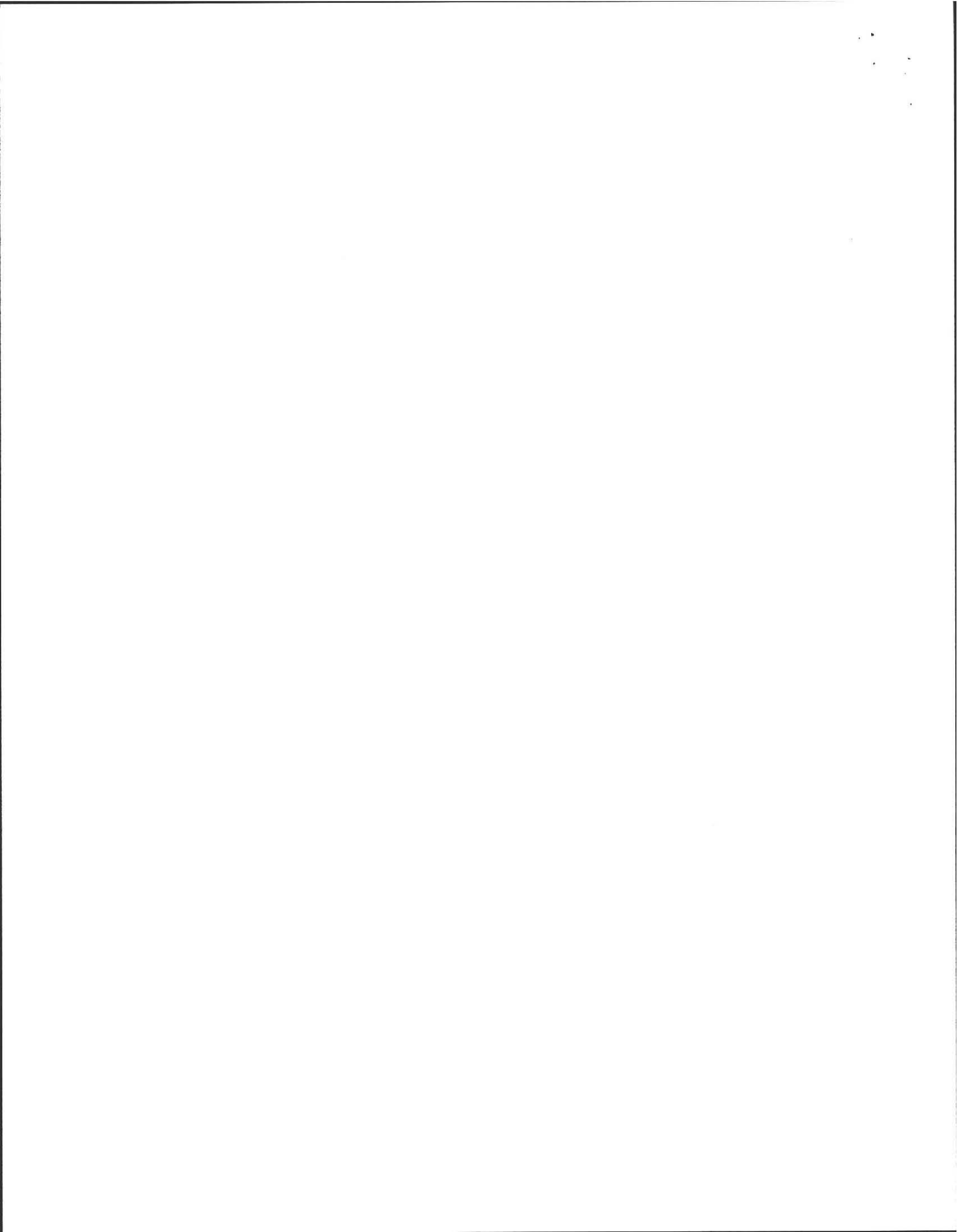
Yes  No

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

PUMP AND FLOATS REPLACED ON MAY 19, 2010. EVERYTHING IS IN GOOD WORKING CONDITION.

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

If SAS not located, explain why:





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS.  
State

01002  
Zip Code

MAY 19, 2010  
Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: 3 L; EACH LINES OFF D-BOX SENT CAMERA OUT APPROX. 40' LONG
- leaching fields number, dimensions: \_\_\_\_\_
- overflow cesspool number: \_\_\_\_\_
- innovative/alternative system

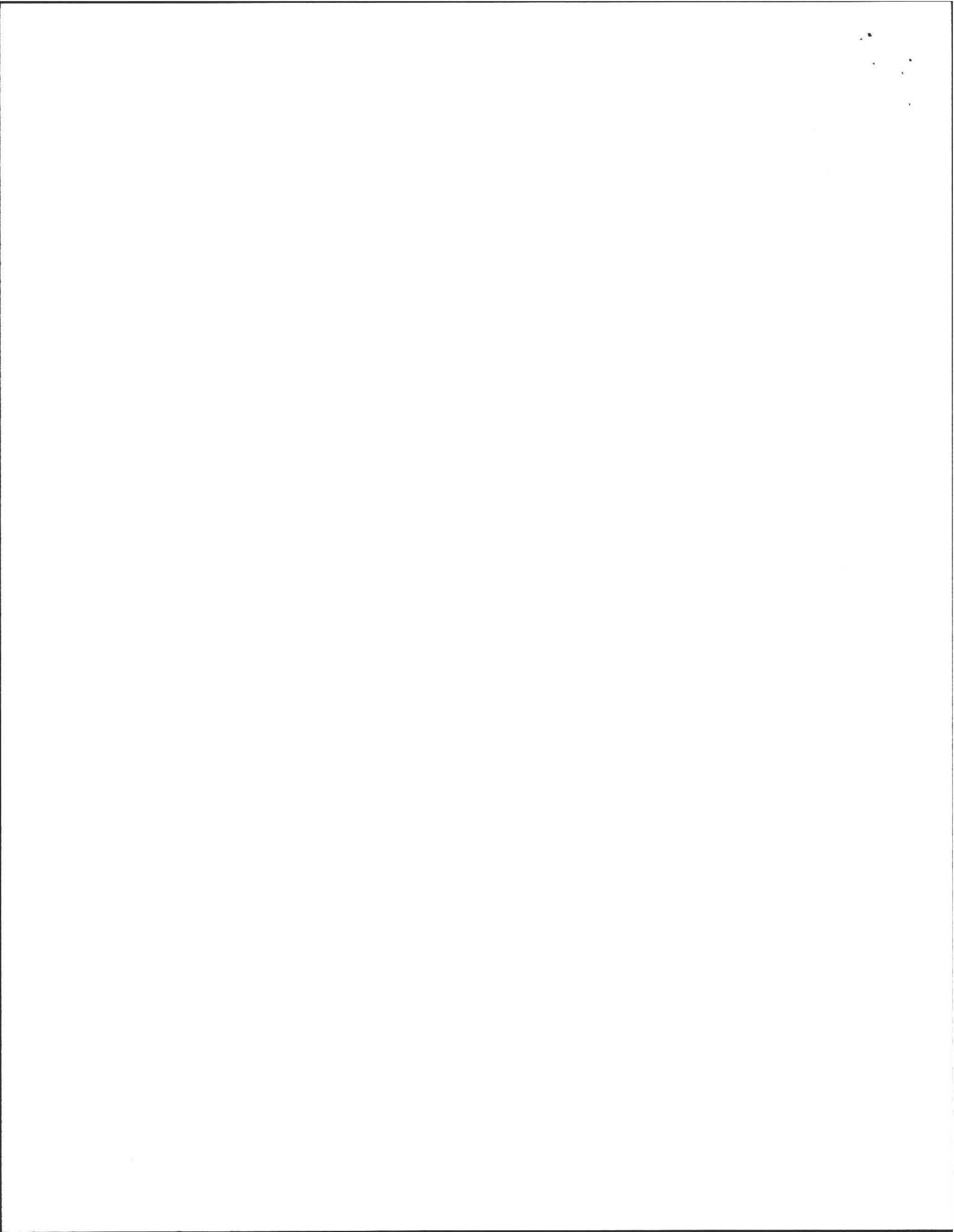
Type/name of technology: \_\_\_\_\_

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

SOIL AND VEGETATION ARE OK, NO SIGNS OF HYDRAULIC FAILURE

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

- Number and configuration \_\_\_\_\_
- Depth – top of liquid to inlet invert \_\_\_\_\_
- Depth of solids layer \_\_\_\_\_
- Depth of scum layer \_\_\_\_\_
- Dimensions of cesspool \_\_\_\_\_
- Materials of construction \_\_\_\_\_
- Indication of groundwater inflow  Yes  No







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

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

---

---

---

---

Privy (locate on site plan):

Materials of construction: \_\_\_\_\_

Dimensions \_\_\_\_\_

Depth of solids \_\_\_\_\_

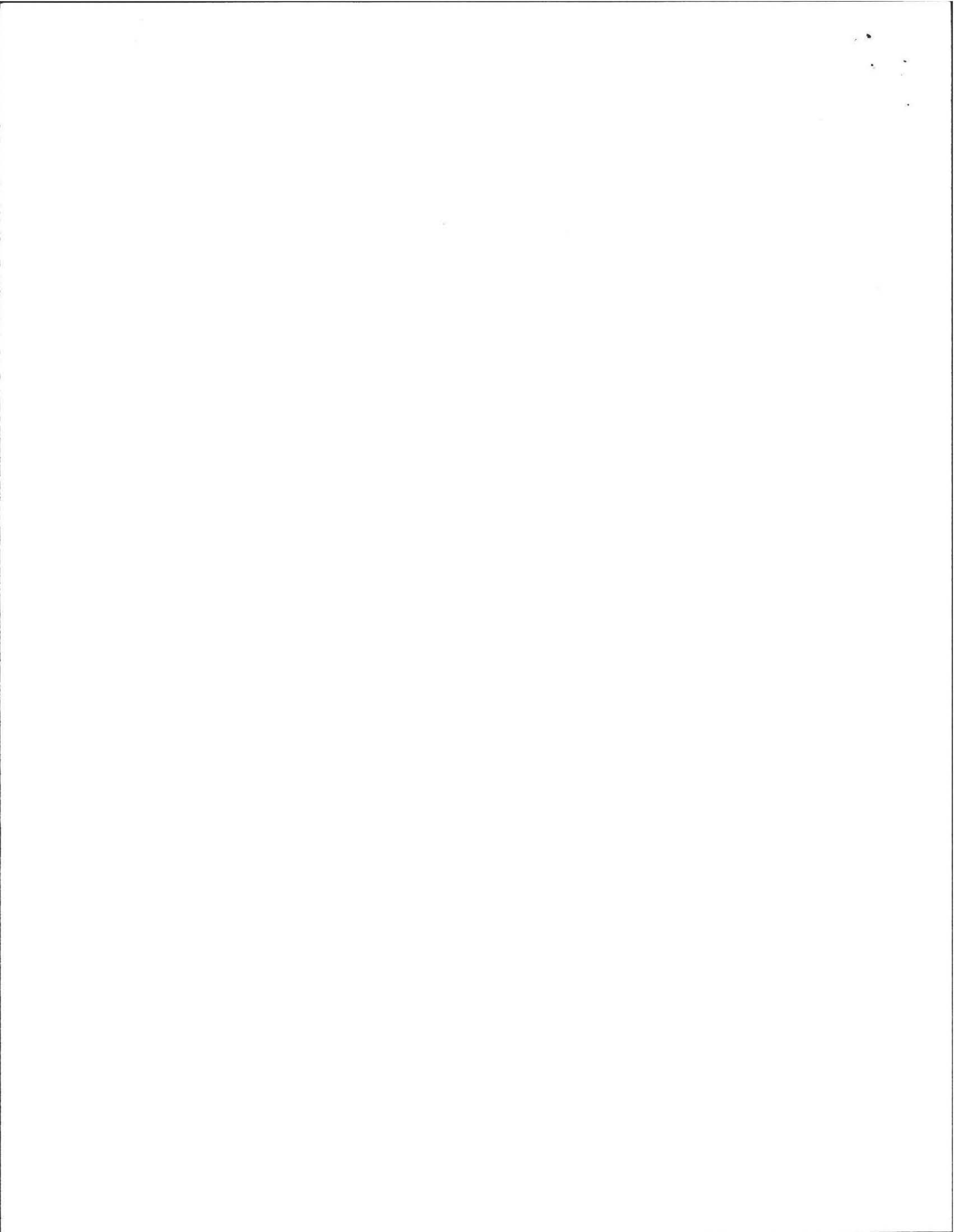
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

---

---

---

---





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 LEVERETTE ROAD

Property Address

CAHILLANE

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

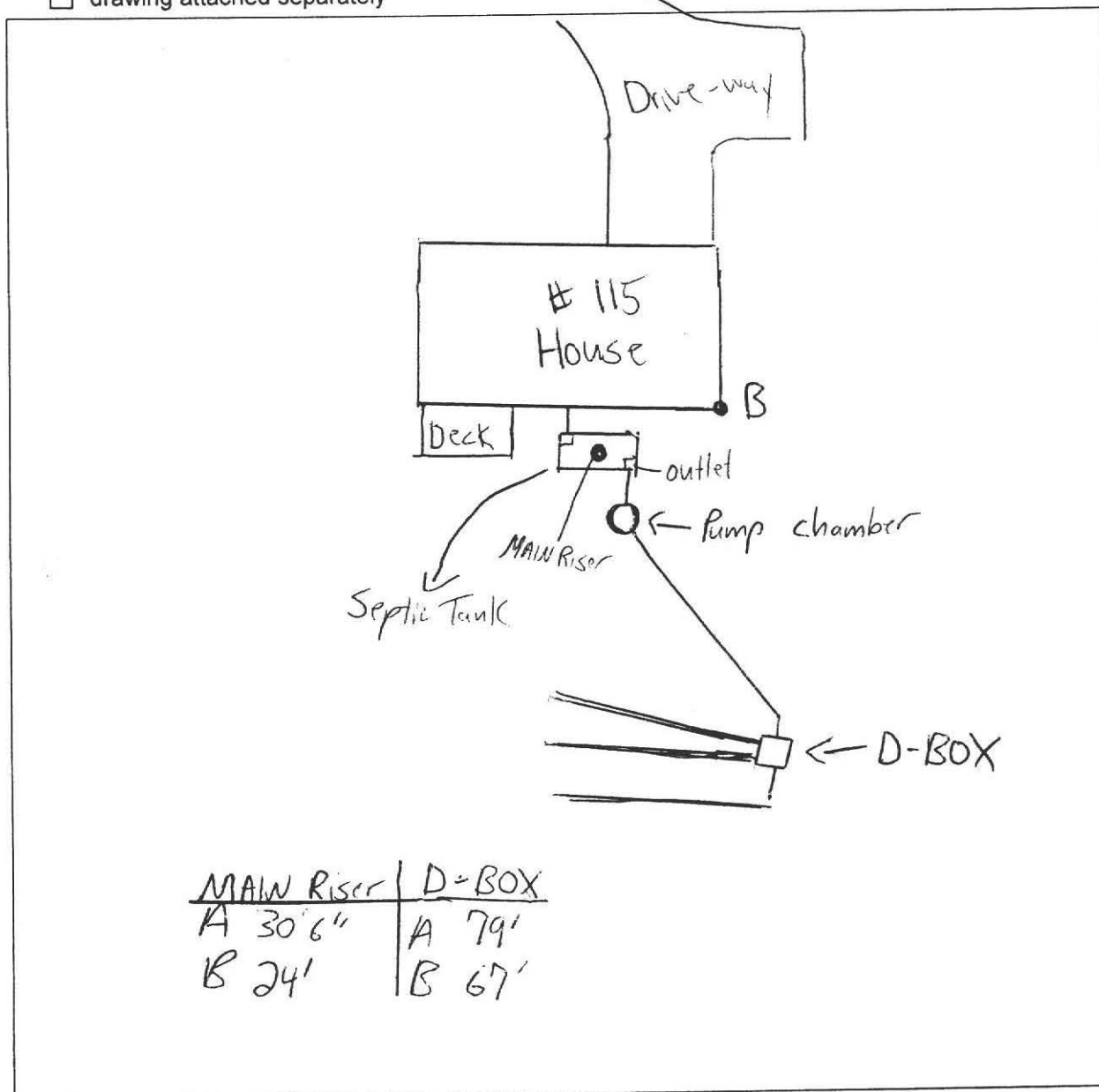
Date of Inspection

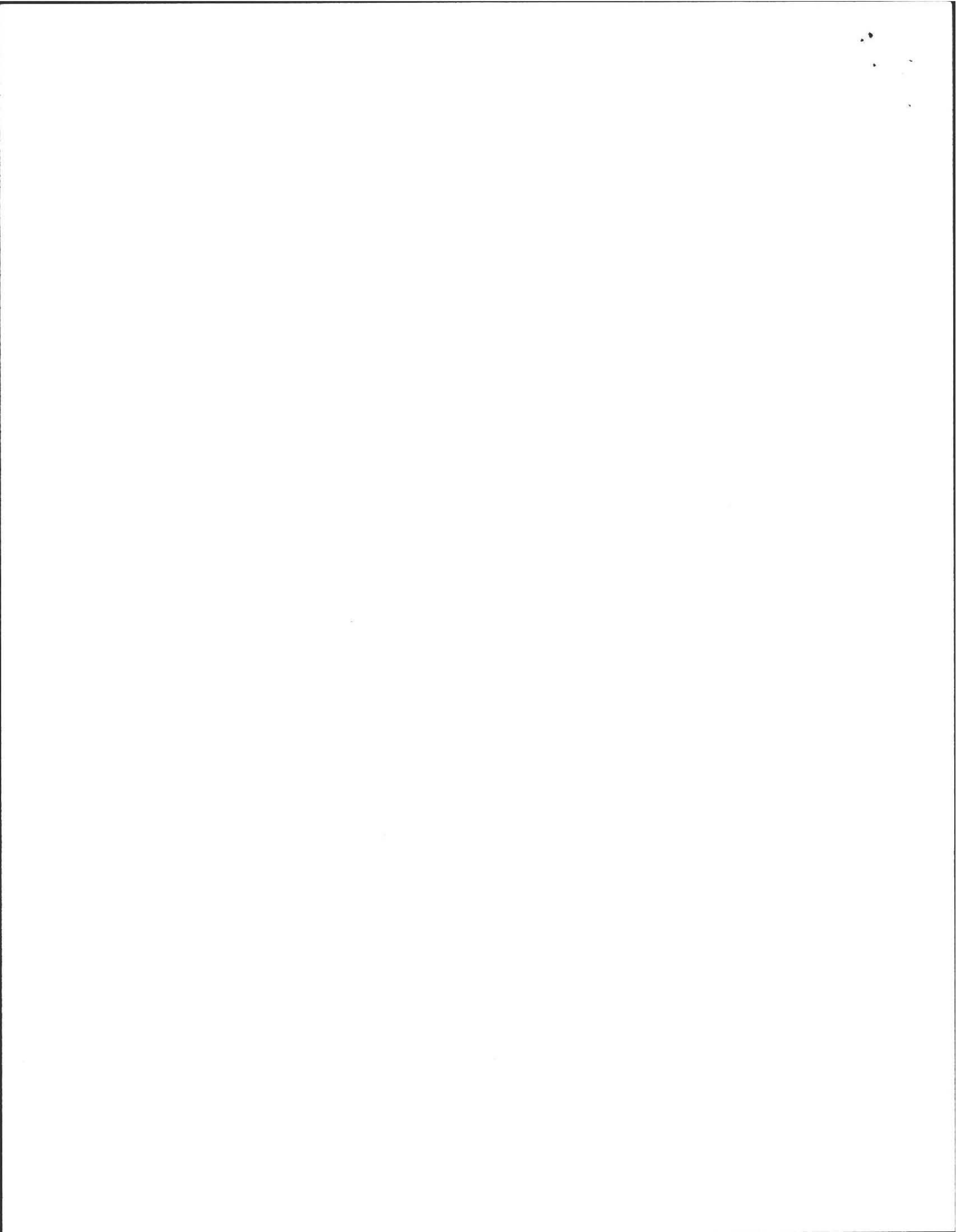
Owner information is required for every page.

## D. System Information (cont.)

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

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







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

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

### Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

NONE AT 5'  
feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

INSPECTIONS /WORK WITNESSED BY THE AMHERST BOARD OF HEALTH GARY

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

CHECKED CELLAR / SLOPE IN YARD

---

---

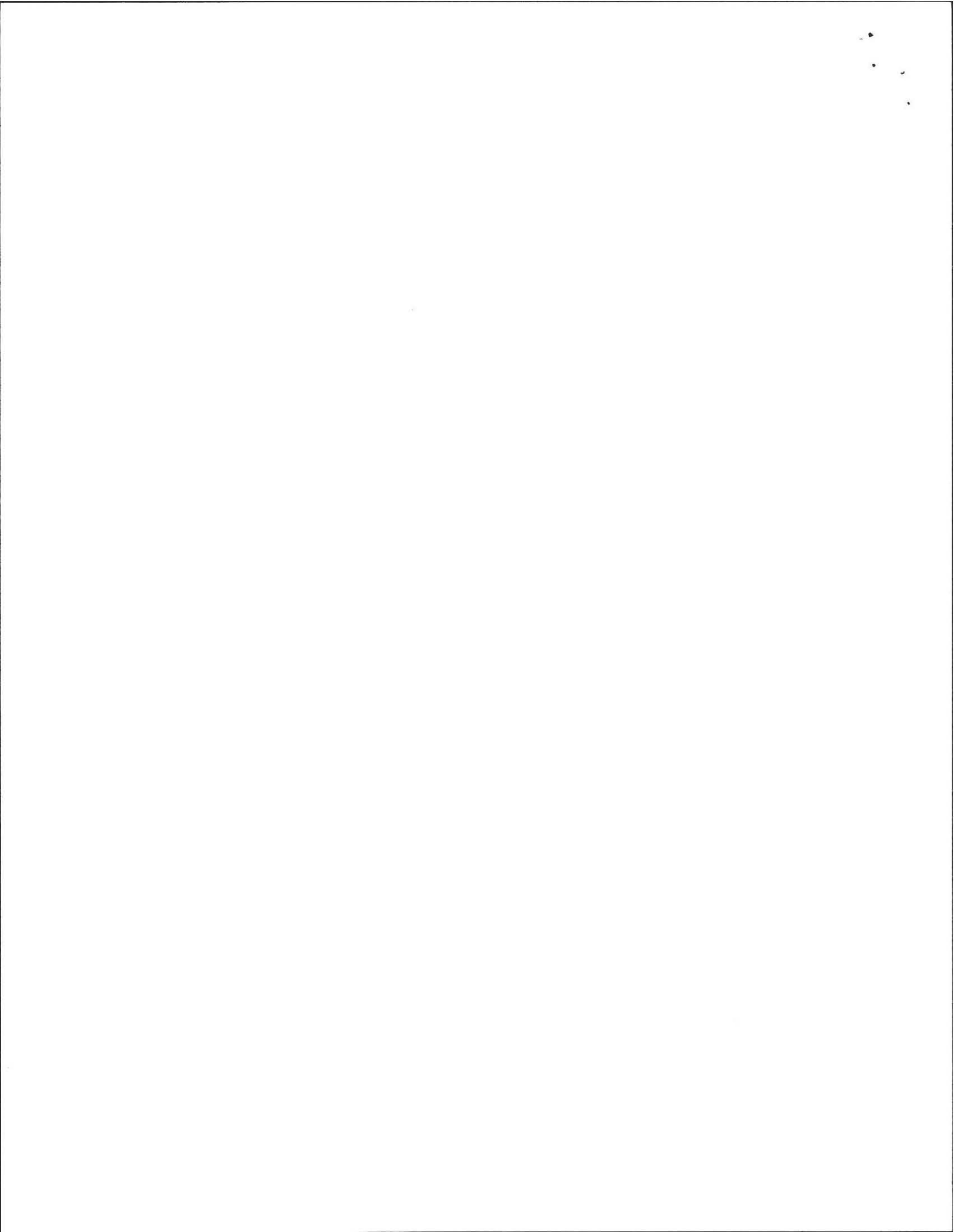
---

---

---

---

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





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

City/Town

MASS.

State

01002

Zip Code

MAY 19, 2010

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

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

