



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

OK

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

Property Address: 141 Leverett Rd.
Amherst, MA 01002-1231
 Owner's Name: John M. & Caroline C. Olson
 Owner's Address: Same
 Date of Inspection: 4/17/06
 Name of Inspector: (please print) Robert Stover
 Company Name: Amherst Civil Engineering
 Mailing Address: P.O. Box 3312
Amherst, MA 01004-3312
 Telephone Number: (413) 256-3400

CERTIFICATION STATEMENT

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

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

Inspector's Signature: Robert Stover Date: 4/17/06

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

Notes and Comments
plumbing drained slowly in early 2002 - solved by cleaning roots from sewer pipe. See attached.
This is an older, relatively small by current standards, system but it is functioning. It appears to have been used relatively lightly for last ten years. Because of age and size I recommend ****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.
removal of garbage grinder and annual pumping.

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

Property Address: 141 Leverett Rd.

Amherst

Owner: Olson

Date of Inspection: 4/17/06

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

A. System Passes:

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

Comments:

see page one

B. System Conditionally Passes:

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

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

NO The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

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

ND explain:

NO Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

ND explain:

NO The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
- obstruction is removed

ND explain:

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

Property Address: 141 Leverett Rd.

Owner: Olson
Amherst

Date of Inspection: 4/17/06

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 |
| <u>N.A.</u> | <input type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped <u> </u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <u>N.A.</u> | <input type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <u>N.A.</u> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <u>N.A.</u> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <u>N.A.</u> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

No (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems: not apply
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

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

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

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

PART A
CERTIFICATION (continued)

Property Address: 141 Levere# Rd
Amherst

Owner: Olson

Date of Inspection: 4/17/06

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

NO Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

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

- Cesspool or privy is within 50 feet of a surface water
 - Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh
- not apply*

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

NO The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

NO The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

NO The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

NO The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

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

This part of town served by public water supply

3. Other: _____

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

Property Address: 141 Leverett Rd.

Owner: Olson Amherst

Date of Inspection: 4/17/06

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

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

Number of current residents: 2

Does residence have a garbage grinder (yes or no): Yes - owners report used sparingly, if at all.

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

Laundry system inspected (yes or no): N.A.

Seasonal use: (yes or no): NO

Water meter readings, if available (last 2 years usage (gpd)): Apr. 15, '05 -> Oct. 7, '05 1.78 gpd ave.

Sump pump (yes or no): NO

Last date of occupancy: occupied at time of this inspection.

COMMERCIAL/INDUSTRIAL

Type of establishment: not apply

Design flow (based on 310 CMR 15.203): _____ gpd

Basis of design flow (seats/persons/sqft, etc.): _____

Grease trap present (yes or no): _____

Industrial waste holding tank present (yes or no): _____

Non-sanitary waste discharged to the Title 5 system (yes or no): _____

Water meter readings, if available: _____

Last date of occupancy/use: _____

150
630

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: by owners' recollection pumped at least twice since 8/1995

Was system pumped as part of the inspection (yes or no): yes record of pumping

If yes, volume pumped: _____ gallons - How was quantity pumped determined? on 10/18/2000 attached.

Reason for pumping: _____

TYPE OF SYSTEM

Septic tank, distribution box, soil absorption system

Single cesspool

Overflow cesspool

Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

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

Tight tank Attach a copy of the DEP approval

Other (describe): _____

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

1974 32 years old

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

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

Property Address: 141 Leverett Rd.
Amherst
Owner: Olson
Date of Inspection: 4/17/06

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 checked="" 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) <i>→ previous Title 5 insp. sketch</i> |
| <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 size and location of the Soil Absorption System (SAS) on the site has been determined based on:

- | Yes | no | |
|-------------------------------------|--------------------------|---|
| <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(3)(b)] <i>d.box located, uncovered and inspected and directions of outlet pipes noted.</i> |

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

Property Address: 141 Leverett Rd
Amherst
Owner: Olson
Date of Inspection: 4/17/06

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

Depth below grade: not apply

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

Dimensions:

Capacity: gallons

Design Flow: gallons/day

Alarm present (yes or no):

Alarm level: Alarm in working order (yes or no):

Date of last pumping:

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

DISTRIBUTION BOX: (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

box is tilted but all three lines were receiving flow
there was a layer of fine scum on the liquid level and so
we pumped the box out. Walls of box above outlet invert
were clean. There is slight infiltration
of roots around outlet pipes but no sign
of leakage. Box appeared otherwise
structurally sound
and functional

PUMP CHAMBER: (locate on site plan)

Pumps in working order (yes or no): not apply

Alarms in working order (yes or no):

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

in place.

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

SYSTEM INFORMATION (continued)

Property Address: 141 Leverett Rd.

Owner: Olson Amherst

Date of Inspection: 4/17/06

BUILDING SEWER (locate on site plan) below basement floor not inspectable

Depth below grade: _____
Materials of construction: cast iron 40 PVC other (explain): _____
Distance from private water supply well or suction line: _____
Comments (on condition of joints, venting, evidence of leakage, etc.): _____

SEPTIC TANK: (locate on site plan)

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

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

Dimensions: 8.5' x 5.5' x 4.0' Liquid depth

Sludge depth: 1" to 2"
Distance from top of sludge to bottom of outlet tee or baffle: 32"

Scum thickness: 1" at tank center
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: 13" ±
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.):

Inlet has enclosed, cast-to-walk conc. baffle. Outlet has cross-sectional cast-to-walk concrete baffle. Both baffles functional. Walls of tanks were clean above outlet pipe so tank does not appear to "back up."

GREASE TRAP: _____ (locate on site plan) Liquid level was at outlet invert.

Depth below grade: not apply
Material of construction: concrete metal fiberglass polyethylene other No evidence of leakage observed.
(explain): _____
Dimensions: _____
Scum thickness: _____

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

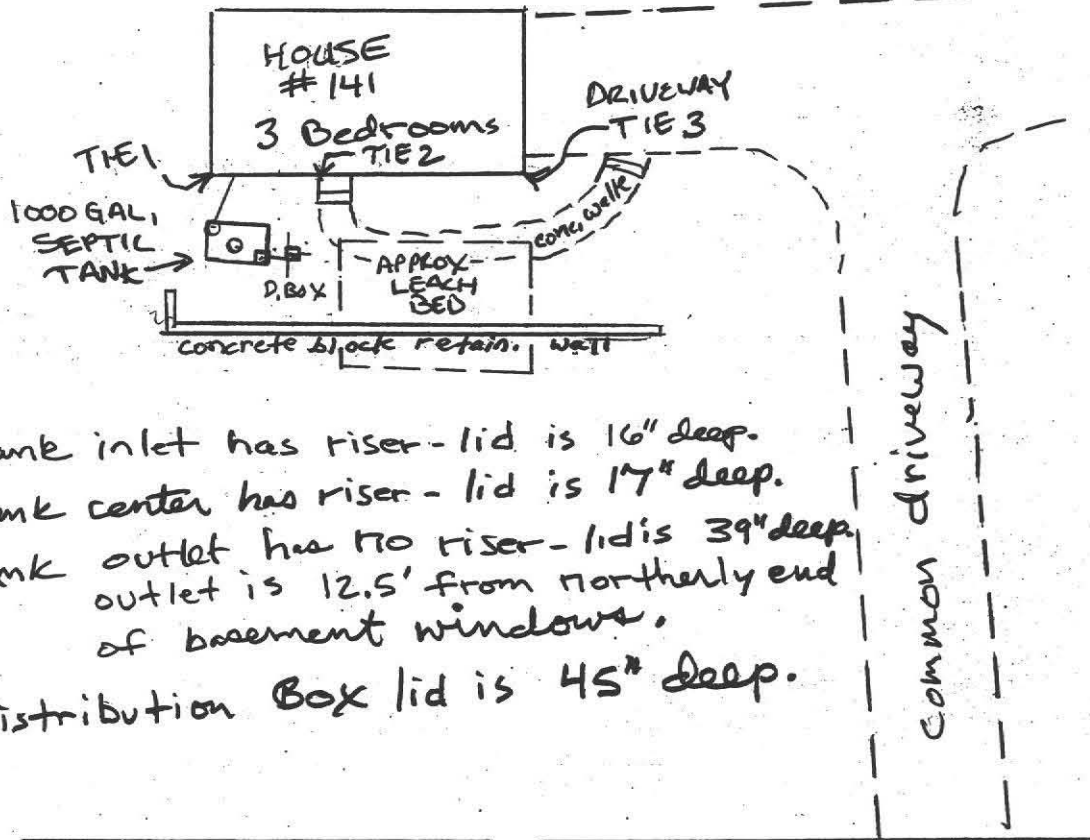
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

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

Property Address: 141 Leverett Rd.
Amherst
 Owner: Olson
 Date of Inspection: 7/17/06

SKETCH OF SEWAGE DISPOSAL SYSTEM

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



Tank inlet has riser - lid is 16" deep.
 Tank center has riser - lid is 17" deep.
 Tank outlet has no riser - lid is 39" deep.
 outlet is 12.5' from northerly end
 of basement windows.
 Distribution Box lid is 45" deep.

LEVERETT ROAD

TIES TO PERMANENT LANDMARKS			
SYSTEM COMPONENT	TIE #1	TIE #2	TIE #3
TANK INLET	8'3"	19'	—
TANK CENTER	11'	17'	—
TANK OUTLET	15'	16'	—
DISTRIBUTION BOX	18'	13'6"	38'6"

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

SYSTEM INFORMATION (continued)

Property Address: 141 Leverett Rd.

Owner: Olson
Amherst

Date of Inspection: 4/17/06

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

If SAS not located explain why:

Type

___ leaching pits, number: ___

___ leaching chambers, number: ___

___ leaching galleries, number: ___

___ leaching trenches, number, length: ___

leaching fields, number, dimensions: 1 20' X 30' (original permit)

___ overflow cesspool, number: ___

___ innovative/alternative system Type/name of technology: ___

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

No ponding, damp soil or other sign of hydraulic failure encountered. Lea stone around sides of d. box clean. vegetation normal.

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

Number and configuration: not apply

Depth - top of liquid to inlet invert: ___

Depth of solids layer: ___

Depth of scum layer: ___

Dimensions of cesspool: ___

Materials of construction: ___

Indication of groundwater inflow (yes or no): ___

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

PRIVY: ___ (locate on site plan)

Materials of construction: not apply

Dimensions: ___

Depth of solids: ___

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

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

SYSTEM INFORMATION (continued)

Property Address: 141 Leverett Rd.

Owner: O/Son Amherst

Date of Inspection: 4/17/06

SITE EXAM

Slope
Surface water at bottom of hill just above road
Check cellar dry but relatively raised
Shallow wells none

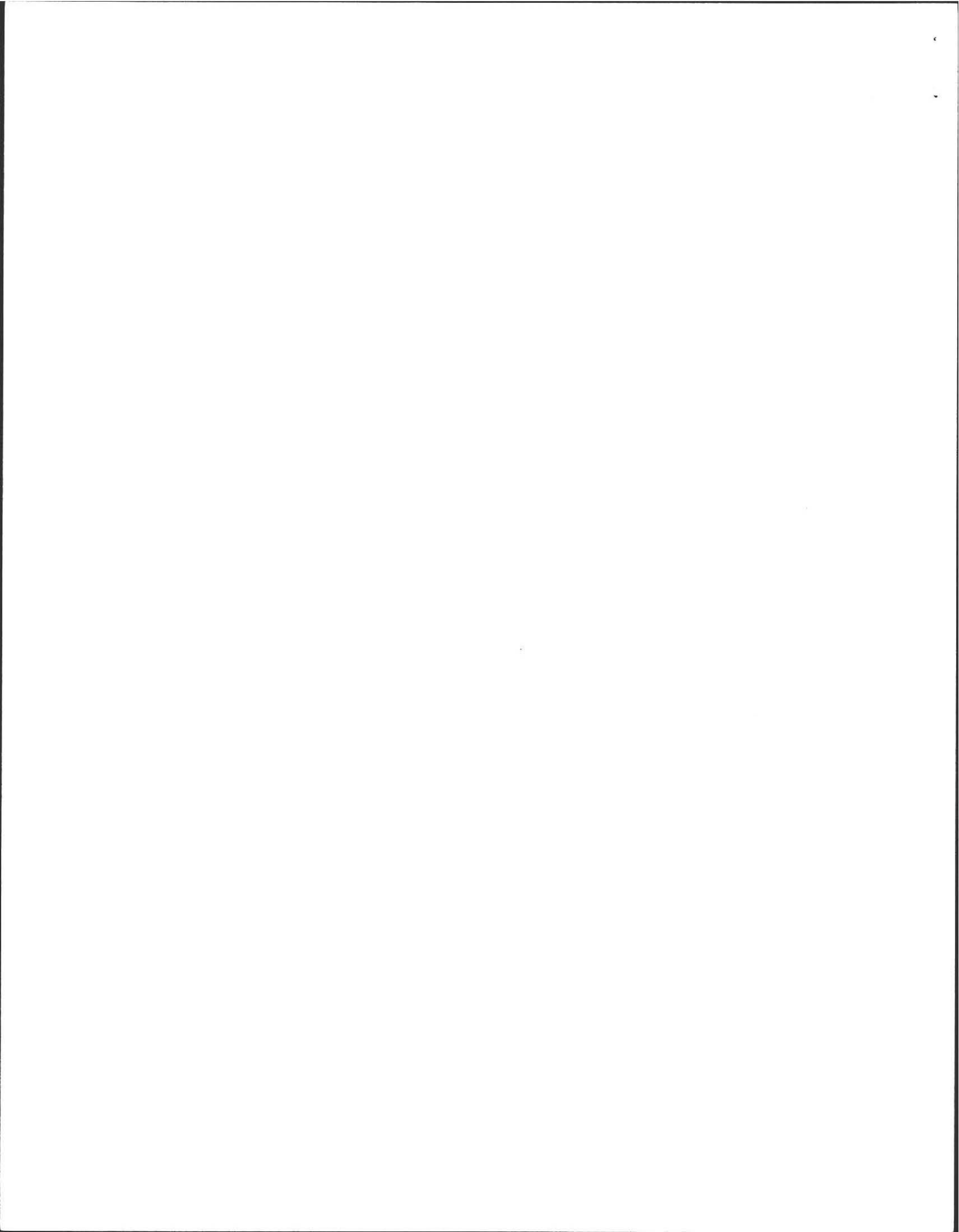
Estimated depth to ground water 7' feet at original grade

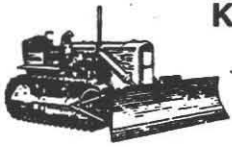
Please indicate (check) all methods used to determine the high ground water elevation:

- Obtained from system design plans on record - If checked, date of design plan reviewed: 1974
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain: _____
- Checked with local excavators, installers- (attach documentation)
- Accessed USGS database-explain: _____

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

Test pit by Charles Drake on 4/26/74 (see attached)
Al Weiss, soil evaluator, estimated 8' in 1995 Title 5
Inspection Report based on Topography and vegetation.





KARL'S SITE WORK, INC.

327 RIVER DRIVE
HADLEY, MA 01035
(413) 549-5396

DATE	NUMBER
10/18/2000	0000023714

Page: 1

Invoice

To: JOHN OLSON
141 LEVERETT ROAD

AMHERST, MA 01002-

PLEASE PAY FROM
THIS INVOICE

STATEMENTS WILL NOT
BE MAILED.

TERMS: 30 DAYS, 1-1/2% OVER 30 DAYS.

DISPOSAL FEE	1.0000	100.0000 LOAD	100.00
1000 GALLONS		Tax:	0.00
PUMP & TRANSPORT	1.0000	80.0000 HR	80.00
		Tax:	0.00
LABORERS UNCOVER	2.0000	35.0000 HR	70.00
		Tax:	0.00

*Paid 10/24/00
check # 0138*

Invoice Totals	
Gross	250.00
Tax	0.00
Invoice Totals	250.00

WHEN REMITTING PLEASE INCLUDE INVOICE NUMBER ON CHECK.

PLEASE ORDER FROM MBBEE REORDER EXPRESS 1 800 662-2331

FORM NO. L 90111-3

ORDER NO. 01016761418001

CUSTOMER NO. 000075612300

C04



WESTERN MASS ROOTER

Amherst 253-1505 74 Llewellyn Drive Springfield 788-4774
 Westfield, MA 01085
 Chicopee/Holyoke 534-6868 Westfield 562-7739 Northampton 586-0814

INVOICE NO.
9831

DATE OF SERVICE
3/25/02

SAVE THIS INVOICE FOR YOUR GUARANTEE

CUSTOMER NAME John M. Olson			CUSTOMER PHONE	TENANT PHONE
BILLING ADDRESS 141 Leverett Rd			FEDERAL I.D. NUMBER	PURCHASE ORDER #
CITY Amherst	STATE MASS	ZIP 01002	CHARGE AUTHORIZATION #	

JOB ADDRESS IF DIFFERENT THAN BILLING ADDRESS

ADDRESS	STATE	ZIP	APARTMENT NO.	TENANT NAME
---------	-------	-----	---------------	-------------

DESCRIPTION OF WORK		
CLEAN MAIN LINE		\$120.00

<input checked="" type="checkbox"/> MAIN LINE:	FT.	<input type="checkbox"/> BATH TUB:	FT.
<input type="checkbox"/> KITCHEN SINK:	FT.	<input type="checkbox"/> TOILET BOWL:	FT.
<input type="checkbox"/> FLOOR DRAIN:	FT.	<input type="checkbox"/> VANITY:	FT.
<input type="checkbox"/> OTHER LINE:			FT.

WORK ORDER AUTHORIZATION <small>(USE ONLY ON CHARGES)</small>	GUARANTEES		INVOICE AMOUNTS
I hereby authorize you to perform the above described services and I agree to pay the amounts indicated to the right. I hereby certify that I am duly authorized to order and approve the work requested.	3 months	PARTS \$	
		LABOR	
		OTHER _____	
		OTHER _____	
SIGNATURE _____	TITLE _____		

TERMS OF PAYMENT	TYPE OF SERVICE	TAX EXEMPT #
CASH CREDIT CARD <input checked="" type="checkbox"/> CHECK NET 30		TAX \$

JOB COMPLETION	TOTAL
	\$ 120.00

3/25/02 _____ Mark D # _____
 DATE CUSTOMER SIGNATURE SERVICEMAN'S NAME

PLEASE PAY FROM THIS INVOICE - MAIL REMITTANCE TO ABOVE ADDRESS

#141

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 141 LEVERETT RD. AMHERST
Owner's name JOHN DUBACH
Date of Inspection 6/21/95

PART A
CHECKLIST

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 3 number of bedrooms
1 number of current residents (part time)
 garbage grinder, yes or no
 laundry connected to system, yes or no
N seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

See note Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

- System pumped as part of inspection, yes or no
 if yes, volume pumped _____
 Reason for pumping: _____

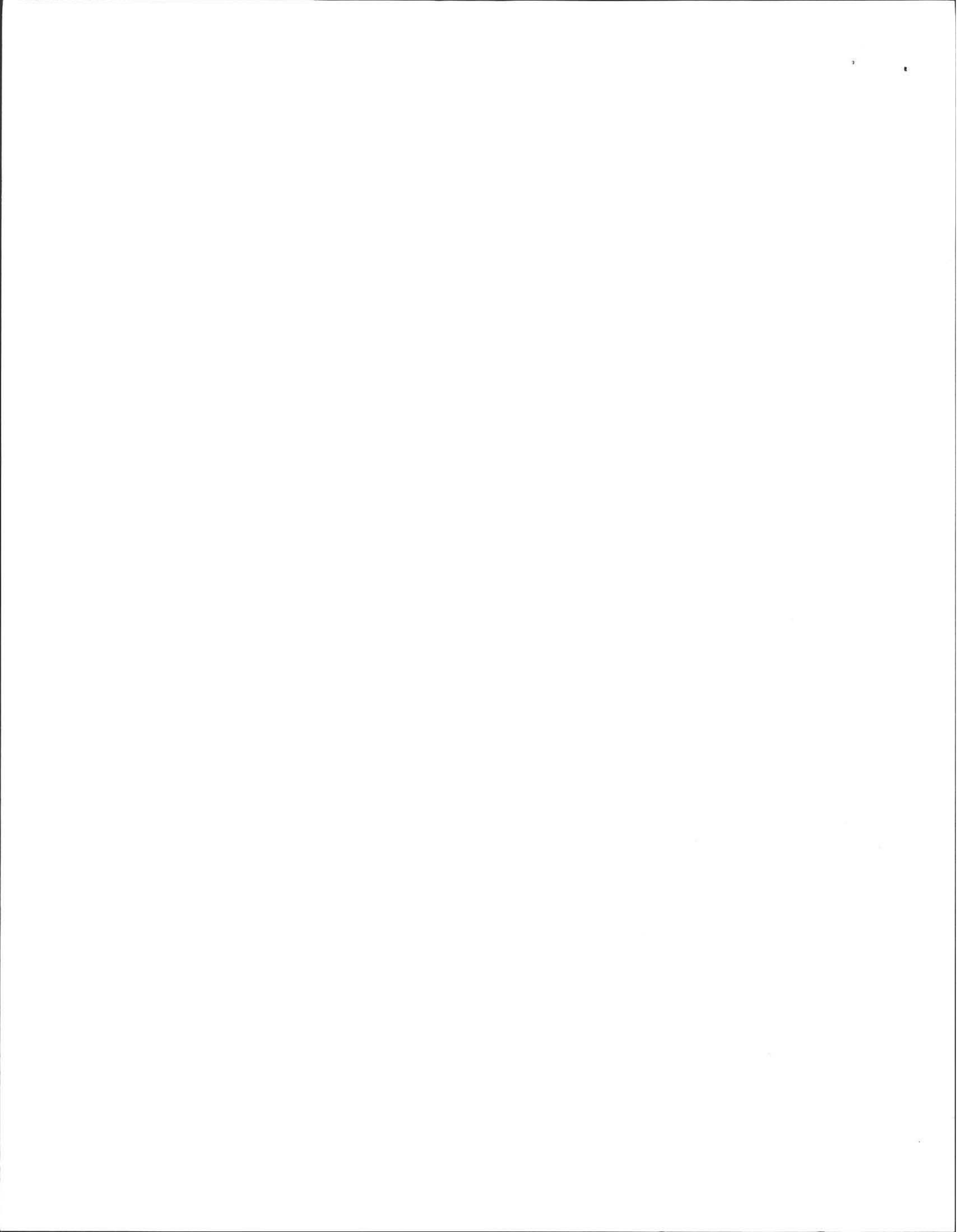
Type of system

- Septic tank/distribution box/soil absorption system
 Single cesspool
 Overflow cesspool
 Privy
 Shared system (yes or no) (if yes, attach previous inspection records, if any)
 Other (explain) _____

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

21 years installed 1974

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: ✓
(locate on site plan)

depth below grade: 38"

material of construction: ✓ concrete metal FRP other(explain)

dimensions: 1000 gallon

- 6" sludge depth
- 24" distance from top of sludge to bottom of outlet tee or baffle
- 2" scum thickness
- 6" distance from top of scum to top of outlet tee or baffle
- 24" distance from bottom of scum to bottom of outlet tee or baffle

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

DISTRIBUTION BOX: ✓
(locate on site plan)

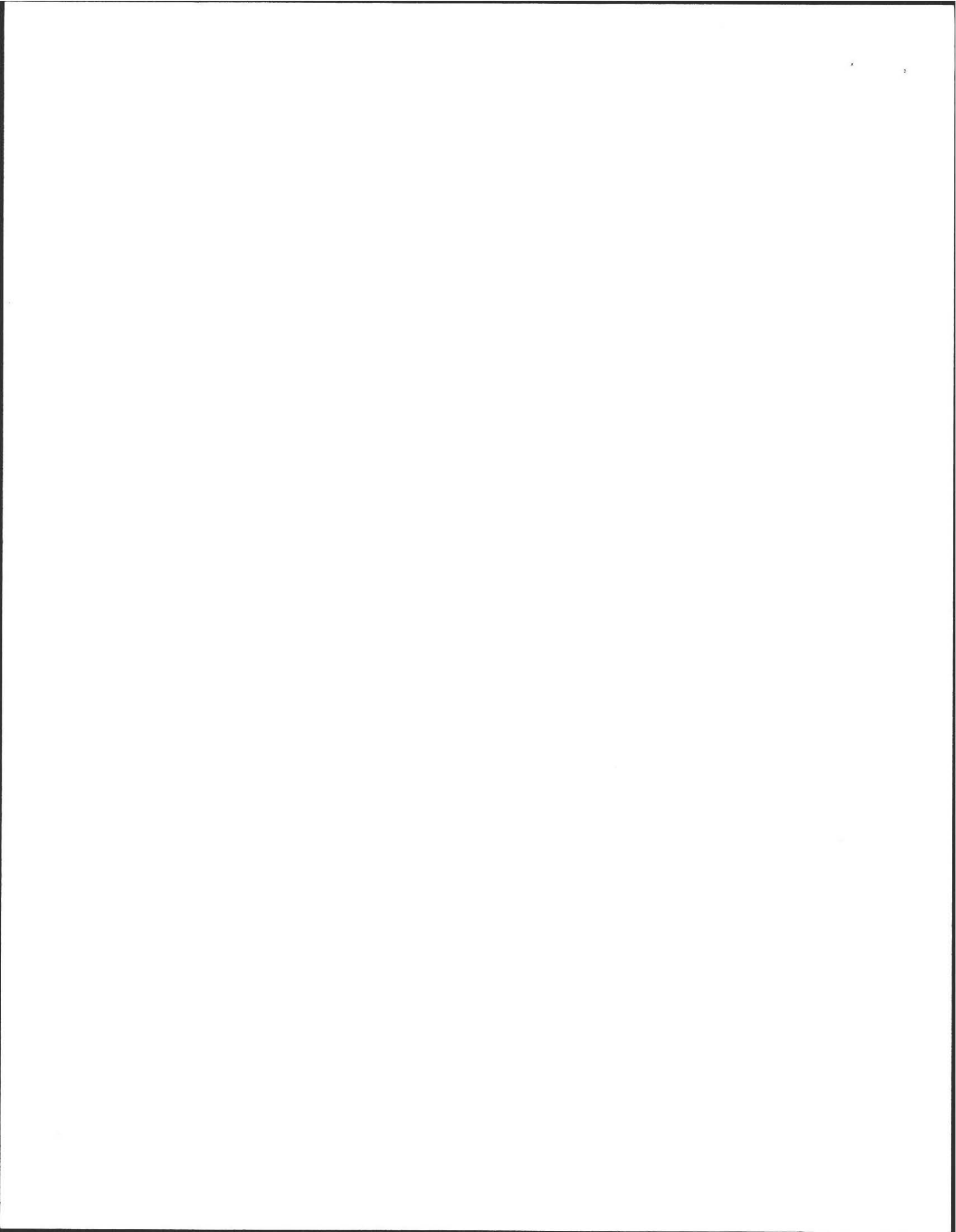
1/2" depth of liquid level above outlet invert

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)
3 lines good flow D Box in good condition

PUMP CHAMBER: NO
(locate on site plan)

 pumps in working order, yes or no

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type

leaching pits and number _____
leaching chambers and number _____
leaching galleries and number _____
leaching trenches, number, length _____
leaching fields, number, dimensions _____
overflow cesspool, number _____

1 field 3 pipes wide (18' approx. x 40' approx)

Comments:

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

none

CESSPOOLS (locate on site plan):

number and configuration _____
depth-top of liquid to inlet invert _____
depth of solids layer _____
depth of scum layer _____
dimensions of cesspool _____
materials of construction _____
indication of groundwater _____
inflow (cesspool must be pumped as part of inspection) _____

Comments:

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

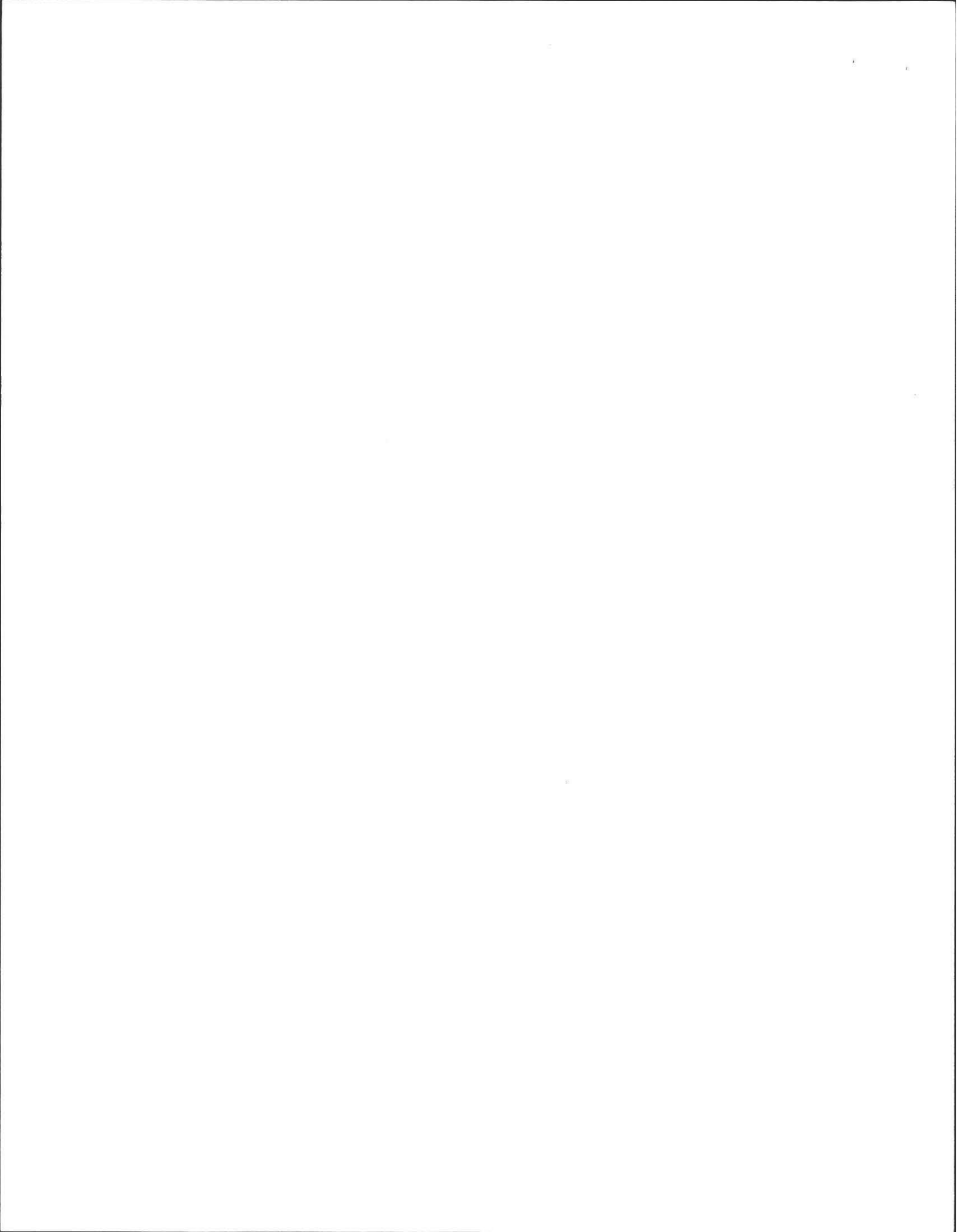
PRIVY:

(locate on site plan)

materials of construction _____
dimensions _____
depth of solids _____

Comments:

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

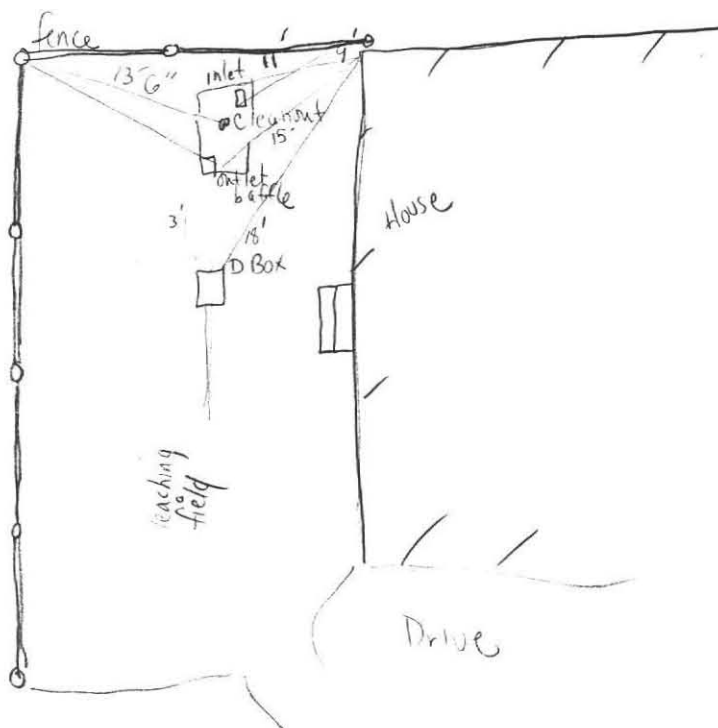


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued**

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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

DBox 40" Below Grade.
< 1 invert

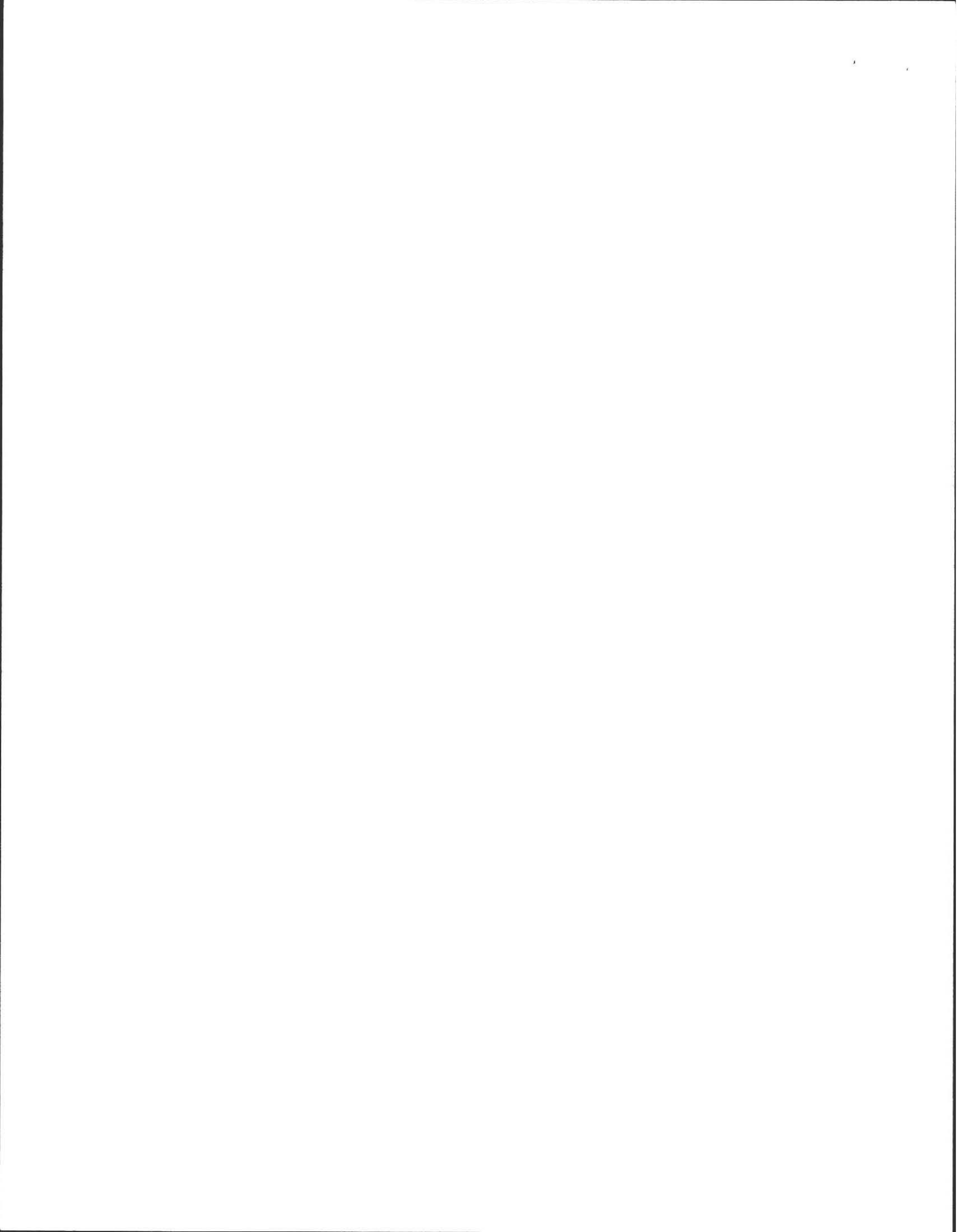


DEPTH TO GROUNDWATER

8' + depth to groundwater

method of determination or approximation:

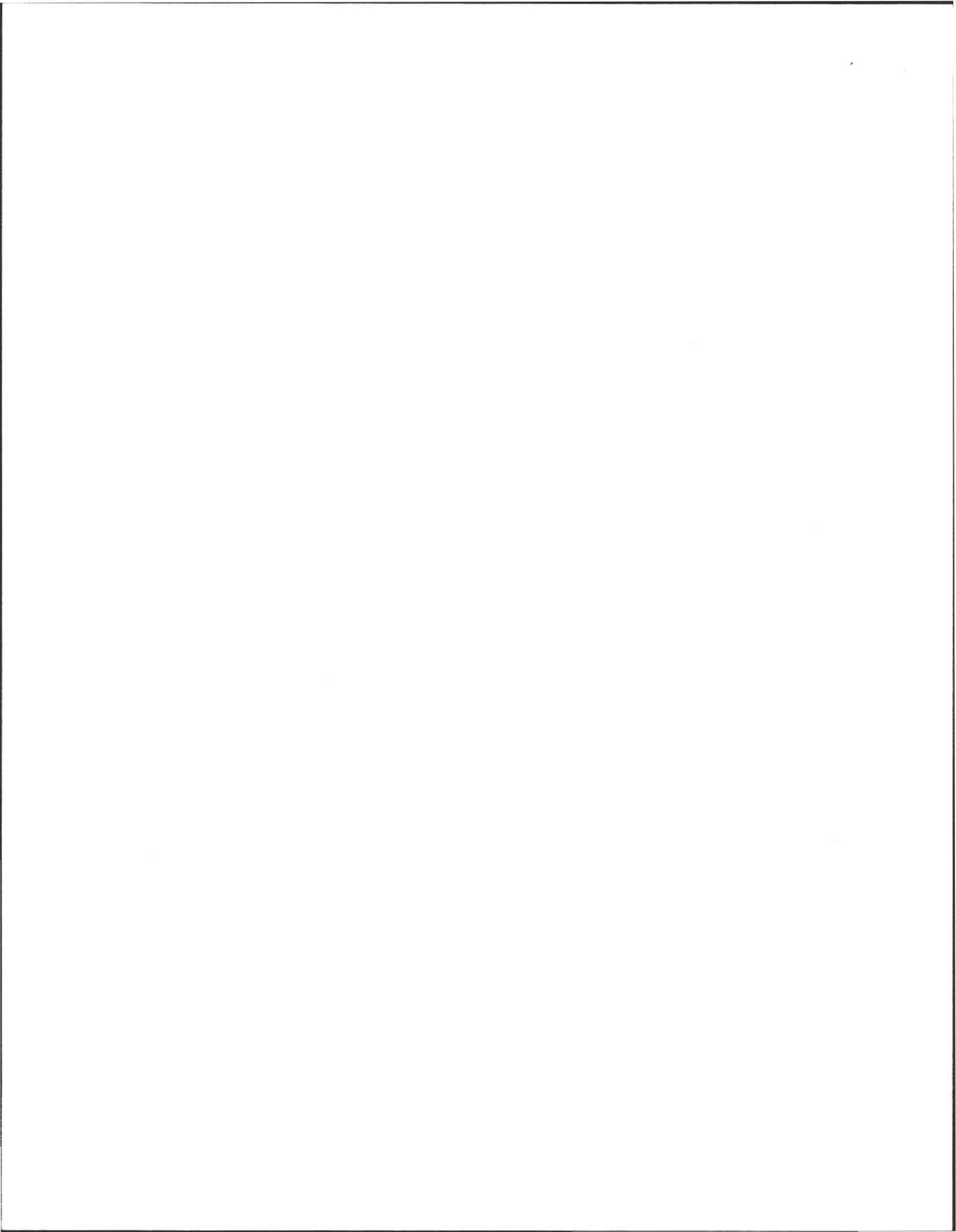
TOPOGRAPHY + VEGETATION



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

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

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



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION**

Name of Inspector
 Company Name
 Company Address

ALAN E. WEISS, R.S. #933
 COLD SPRING
 ENVIRONMENTAL, INC.
 350 OLD ENFIELD RD.
 BELCHERTOWN, MA 01007

Certification Statement

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

Check one:

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

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

Inspector's Signature

Ah S.

Date 6/22/95

Original to system owner Yes

Copies to: Ann Suthiff, D. H. JONES

Buyer (if applicable)

Approving authority - DAVID ZAROWSKI, BOH.



NOTE: PART TIME OCCUPANT ONLY.

- WATER RW FOR 4 DAYS PRIOR. AT 1/2 GAL/MIN per owner Statement.

