462 Main Street

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

Property Address: 435 Henry Street, Amherst, MA

Owner's Name: Carlson Estate C/O Ellen Stutsman @ Sawicki Real Estate
Owner's Address: 462 Main Street
Amherst, MA 01002
Date of Inspection: May 23, 2000 Water Test Revision May 14, 2001

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

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:

XX **Passes**
____ Conditionally Passes
____ Needs Further Evaluation by the Local Approving Authority
____ Fails

Inspector's Signature: _____ **Date: May 23, 2000**
Water Test Revision May 14, 2001

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

Notes and Comments

System is old but functioning. New Septic Tank Installed and inspected. System now passes with good Title V water test.
Note: **Garbage Grinder on K. Sink is not recommended!

******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.**

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

Property Address: 435 Henry St.
Owner: CARLSON/KELLY
Date of Inspection: 5/23/00 - 5/14/01 Revised.

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

A. SYSTEM PASSES:

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

COMMENTS: New S.Tank installation complete; WATER WELL TEST GOOD.

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.

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

Y The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health. TANK Replaced 5/23/00

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

_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is levelled or replaced

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

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

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

Property Address: 435 Henry
Owner: Gibbons Kohl
Date of Inspection: 5/23/00

C. FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

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

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF ANY) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE 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 soil absorption system and the SAS is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
✓ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance Measured 97' (approximation not valid).

3) OTHER

___ _____

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

Property Address: 435 Henry
Owner: Carlson/Kahl
Date of Inspection: 5/23/00

D. SYSTEM FAILS:

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

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

Yes	No	
___	___	Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
___	___	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
___	___	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
___	___	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
___	___	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ___.
___	___	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
___	___	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	___	Any portion of a cesspool or privy is within a Zone I of a public well.
___	___	Any portion of a cesspool or privy is within 50 feet of a private water supply 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. 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.

E. LARGE SYSTEM FAILS:

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

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

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

Yes	No	
___	___	the system is within 400 feet of a surface drinking water supply
___	___	the system is within 200 feet of a tributary to a surface drinking water supply
___	___	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well)

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 435 Henry St.
Owner: Carlson/Kehl
Date of Inspection: 5/23/00

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

Yes	No	
✓		Pumping information was provided by the owner, occupant, or 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. (unoccupied 1-2 yrs).
✓		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 system does not receive non-sanitary or industrial waste flow.
✓		The site was inspected for signs of breakout.
✓		All system components, excluding the Soil Absorption System, 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 Soil Absorption System on the site has been determined based on:
✓		Existing information. For example, Plan at B.O.H.
✓		Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]
✓		The facility owner (and ~~occupants, if different from owner~~) were provided with ~~information on the proper maintenance of~~ SubSurface Disposal Systems.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 435 Henry St
Owner: Carlson/Mary Kuhl
Date of Inspection: 5/23/00

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 g.p.d./bedroom.
Number of bedrooms (design): 3 Number of bedrooms (actual): 2
Total DESIGN flow 330
Number of current residents: 0
Garbage grinder (yes or no): Y * Not Recommended
Laundry (separate system) (yes or no): N ; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): N
Water meter readings, if available (last two year's usage (gpd): N/A
Sump Pump (yes or no): N (Floor Drain)
Last date of occupancy: 1998

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

OTHER: (Describe) _____
Last date of occupancy:_____

GENERAL INFORMATION

PUMPING RECORDS and source of information:
New Sitank.
System pumped as part of inspection: (yes or no)___
If yes, volume pumped: — gallons
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)
_____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
_____ Tight Tank _____ Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date ~~installed (if known) and source of information~~: 16 yrs.

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

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

Property Address: 435 Henry St
Owner: Corkowski
Date of Inspection: 5/23/00

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 16"
Material of construction: ✓ cast iron __ 40 PVC __ other (explain)

Distance from private water supply well or suction line 10'+
Diameter 4" ⌀
Comments: (condition of joints, venting, evidence of ~~leakage~~, etc.)

SEPTIC TANK: ✓ New tank installed 5/23/00
(locate on site plan) (OLD tank collapsed).

Depth below grade: 16"
Material of construction: ✓ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)

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

Dimensions: 10' x 5' x 9.5' (1500 gal.)
Sludge depth: 0
Distance from top of sludge to bottom of outlet tee or baffle: 0
Scum thickness: 0
Distance from top of scum to top of outlet tee or baffle: 0
Distance from bottom of scum to bottom of outlet tee or baffle: 0 (New Tank)
How dimensions were determined: Measured

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

GREASE TRAP:
(locate on site plan)

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

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

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

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

Property Address: 435 Henry St.
Owner: Carlson/Kent
Date of Inspection: 5/23/00

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

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)
_____
_____
Dimensions:_____
Capacity:_____ gallons
Design flow:_____ gallons/day
Alarm present_____
Alarm level:_____ Alarm in working order: Yes ___ No__
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)
_____
_____
_____
_____

DISTRIBUTION BOX: N
(locate on site plan)

Depth of liquid level above outlet invert:_____

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

PUMP CHAMBER: N
(locate on site plan)

Pumps in working order: (Yes or No)_____
Alarms in working order (Yes or No)_____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____
_____
_____
_____
_____

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

Property Address: 435 Henry
Owner: Carlson/Kohl
Date of Inspection: 5/23/00

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

If not located, explain:

Type:
leaching pits, number: (1) 9'x8'x 4.5' (1000 gal.)
leaching chambers, number:___
leaching galleries, number:____
leaching trenches, number, length:_____
leaching fields, number, dimensions:_____
overflow cesspool, number:____
Alternative system: _____
Name of Technology: _____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)
Installed 1984, V. limited Soil Stainy No Liquid in L. tank.

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, etc.)

PRIVY: ___
(locate on site plan)

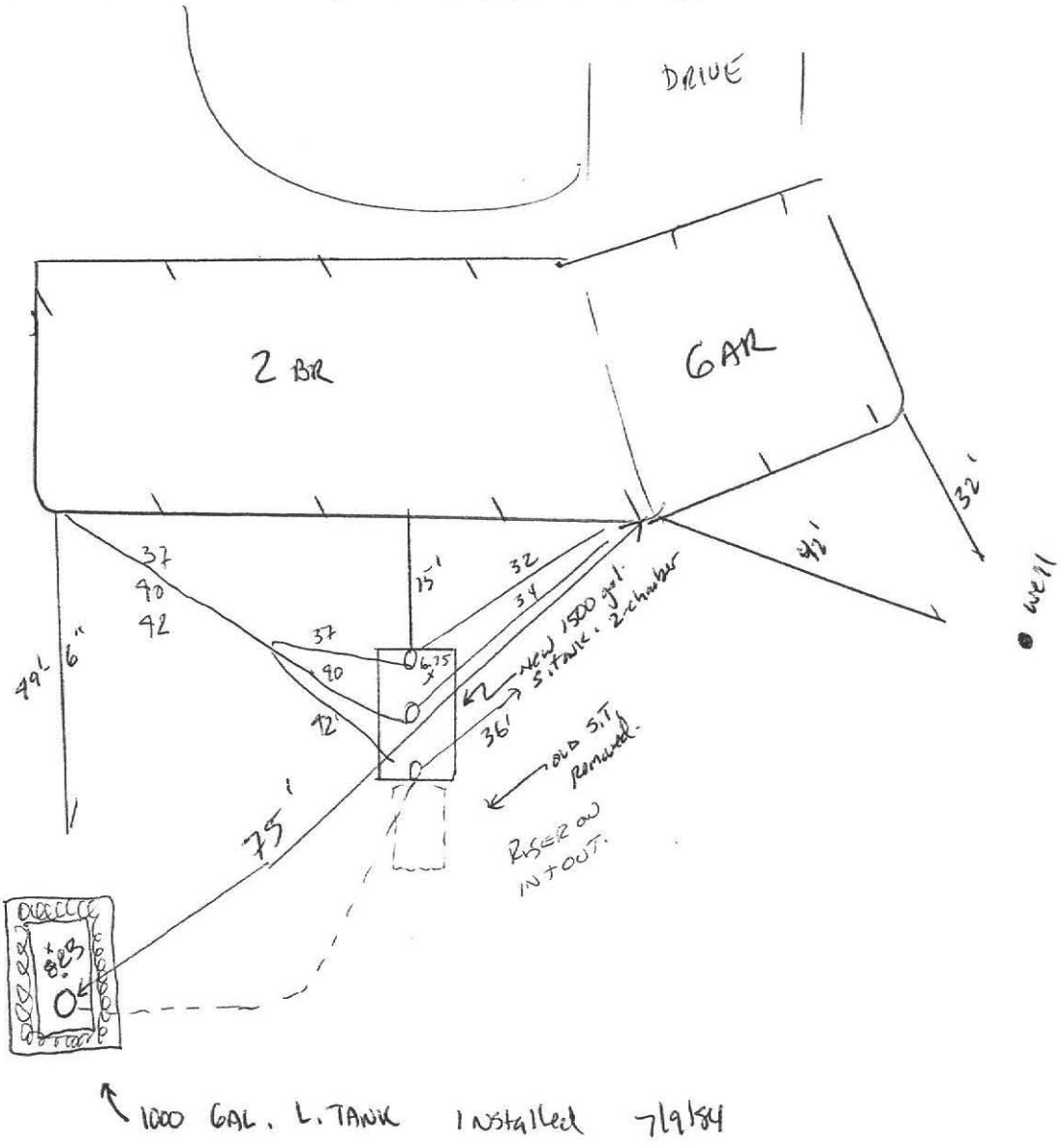
Materials of construction:_____ Dimensions:_____
Depth of solids:_____
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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

Property Address: 435 Henry St.
Owner: CARLSON/RONE
Date of Inspection: 5/23/00

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



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

Property Address: 435 Henry St.
Owner: Carlson/Keth
Date of Inspection: 5/25/00

NRCS Report name_____
Soil Type_____
Typical depth to groundwater_____

USGS Date website visited
Observation Wells checked
Groundwater depth: Shallow_____ Moderate_____ Deep_____

SITE EXAM Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater 10'+ Feet

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

____ Obtained from Design Plans on record

__✓__ Observed Site (Abutting property, observation hole, basement sump etc.)

__✓__ Determined from local conditions

__✓__ Checked with local Board of health

____ Checked FEMA Maps

____ Checked pumping records

____ Checked local excavators, installers

____ Used USGS Data

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

- 10' test pit w/ b. hoe for. S.tank.
- TOPO. + Veg.t.

REALTY WORLD
The right agent makes all the difference in the world.®

Facsimile transmittal cover sheet

RE: Henry St title V

DATE: 5-10-01

TIME: _____

TO: Alan Weiss

TELEPHONE #: _____

FAX: 323-4916

FROM: ellen stutsman

TOTAL # OF PAGES: _____

If you experience any difficulty with this transmission or do not receive the entire document please contact _____ at (413) 256-0321

(253-7826)

Title V water test report follows for 435 Henry St, Amherst.

Thanks again for going the extra mile on the perc test today!

e

WATER ANALYSIS LABORATORY, INC.
1252 ELM ST.
W. SPRINGFIELD, MA. 01089
Phone 413-746-4352
Fax 413-747-8048
Mass Certification No. MA 144
Ct. Certification No. PH-0162

FINAL REPORT

Client Information
Account: Howard Laboratories
Address: 730 N. Pleasant St.
Amherst, Ma. 01002

Project: Henry St.

Sample Identification
Lab ID: WAL10547
Client ID: 8130
Sample Description: DW
Matrix: WATER
Dilution Factor

Date Sampled: 05/04/01
Date Rec: 05/08/01
Date Analyzed: 05/08/01
Date Reported: 05/10/01
Analyst: F LaFratta
Lab Director:

VOLATILE ORGANICS BY GC/MS (EPA524.2)

COMPOUND	RESULT (ug/l)
Benzene	ND
Bromobenzene	ND
Bromochloromethane	ND
Bromodichloromethane	ND
Bromoform	ND
Bromomethane	ND
n-Butylbenzene	ND
sec-Butylbenzene	ND
tert-Butylbenzene	ND
Carbon Tetrachloride	ND
Chlorobenzene	ND
Chloroethane	ND
Chloroform	ND
Chloromethane	ND
2-Chlorotoluene	ND
4-Chlorotoluene	ND
Dibromochloromethane	ND
1,2-Dibromoethane	ND
Dibromomethane	ND
1,2-Dichlorobenzene	ND
1,3-Dichlorobenzene	ND
1,4-Dichlorobenzene	ND
Dichlorodifluoromethane	ND
1,1-Dichloroethane	ND
1,2-Dichloroethane	ND
1,1-Dichloroethene	ND
cis-1,2-Dichloroethene	ND
trans-1,2-Dichloroethene	ND
1,2-Dichloropropane	ND
1,3-Dichloropropane	ND

WATER ANALYSIS LABORATORY, INC.
12B2 ELM ST.
W. SPRINGFIELD, MA. 01089
Phone 413-746-4352
Fax 413-747-8040
Mass Certification NO. MA 144
Ct. Certification NO. PH-0162

FINAL REPORT

Sample Identification
Lab ID: WAL10547
Client ID: 8130

VOLATILE ORGANICS BY GC/MS (EPA524.2)

COMPOUND	RESULT (ug/l)
2,2-Dichloropropane	ND
1,1-Dichloropropene	ND
cis-1,3-Dichloropropene	ND
trans-1,3-Dichloropropopene	ND
Ethylbenzene	ND
Hexachlorobutadiene	ND
Isopropylbenzene	ND
4-Isopropyltoluene	ND
Methylene Chloride (Dichloromethane)	ND
Naphthalene	ND
n-Propylbenzene	ND
Styrene	ND
1,1,1,2-Tetrachloroethane	ND
1,1,2,2-Tetrachloroethane	ND
Tetrachloroethylene	ND
Toluene	ND
1,2,3-Trichlorobenzene	ND
1,2,4-Trichlorobenzene	ND
1,1,1-Trichloroethane	ND
1,1,2-Trichloroethane	ND
Trichloroethylene	ND
Trichlorofluoromethane	ND
1,2,3-Trichloropropane	ND
1,2,4-Trimethylbenzene	ND
1,3,5-Trimethylbenzene	ND
Vinyl Chloride	ND
Xylenes (total)	ND
Methyl-t-butyl ether (MTBE)	ND (1.0)

Limit of Practical Quantitation is 0.5 ug/l. unless otherwise noted in brackets.

SURROGATE RECOVERY

Compound	% Recovery	QC Limits
4-Bromofluorobenzene	111.5	80-120
1,2-Dichlorobenzene-d4	104.5	80-120

Sample # 8130

HOWARD LABORATORIES OF NEW ENGLAND, INC.
750 North Pleasant Street
Amherst, MA 01002
Phone: (413) 549-8260 Fax: (413) 549-1850
MA Lab License: M-00851

TITLE V WATER ANALYSIS REPORT

Analyzed For: Sawicki Real Estate
Address: 462 Main Street
Amherst, MA 01002

Sample Location: 435 Henry St.
Amherst, MA

Sampled By: JB
Date Sampled: 5/4/01
Date Received: 5/4/01

Telephone:

PARAMETER	RESULTS	LIMITS	COMMENTS
Total Coliform Bacteria	0 Colonies/ 100ml	0 Colonies/ 100ml	OK
Nitrate	0.1 mg/l	<5.0 mg/l	OK
Ammonia	0.31 mg/l	<5.0 mg/l	OK

Recommendations: Title V requires that the combined total of Nitrate and Ammonia be lass than 5 mg/l for the system to pass.

This sample meets acceptable standards of potability for the parameters tested.

Analyst: BA
Checked By: Jonathan S. Begg
Laboratory Supervisor

Date: 5/5/01