



#190

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

TRUDY COXE
 Secretary

DAVID B. STRUHS
 Commissioner

ARGEO PAUL CELLUCCI
 Governor

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
 PART A
 CERTIFICATION

Property Address: 190 MIDDLE ST, AMHERST Name of Owner: ROSY GANDHI
 Address of Owner: _____

Date of Inspection: 5/12/00

Name of Inspector: (Please Print) Alan E. Weiss, R.S.

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)

Company Name: Cold Spring Environmental, Inc.

Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007

Telephone Number: 413-323-5957

CERTIFICATION STATEMENT

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

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

Inspector's Signature: Al

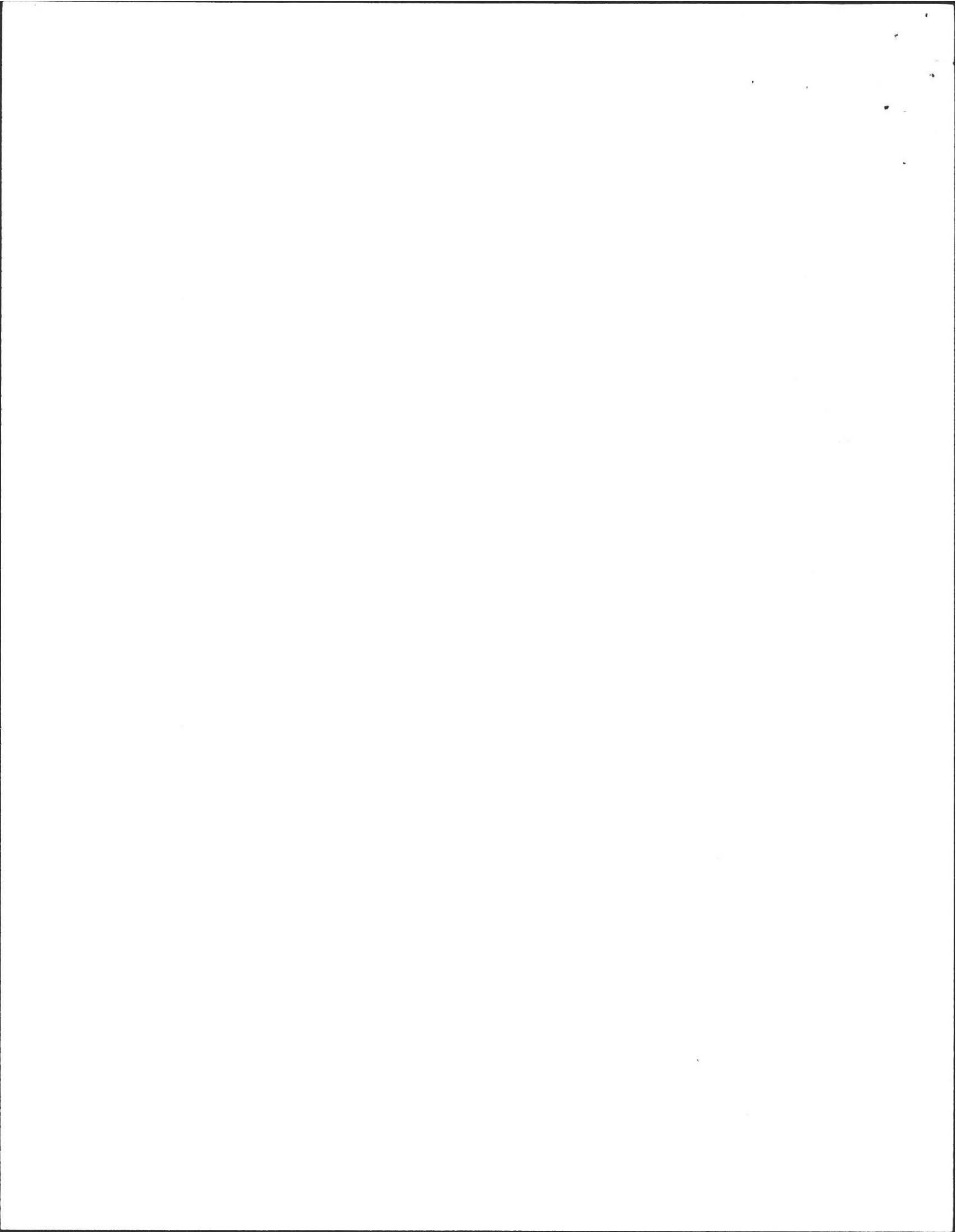
Date: 5/12/00



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

NOTES AND COMMENTS

* SEPTIC TANK TOP UNDER " OF H₂O.



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

Property Address: 190 MIDDLE ST.
Owner: GANDHI
Date of Inspection: 5/2/00

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

A. SYSTEM PASSES:

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

COMMENTS: _____

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.

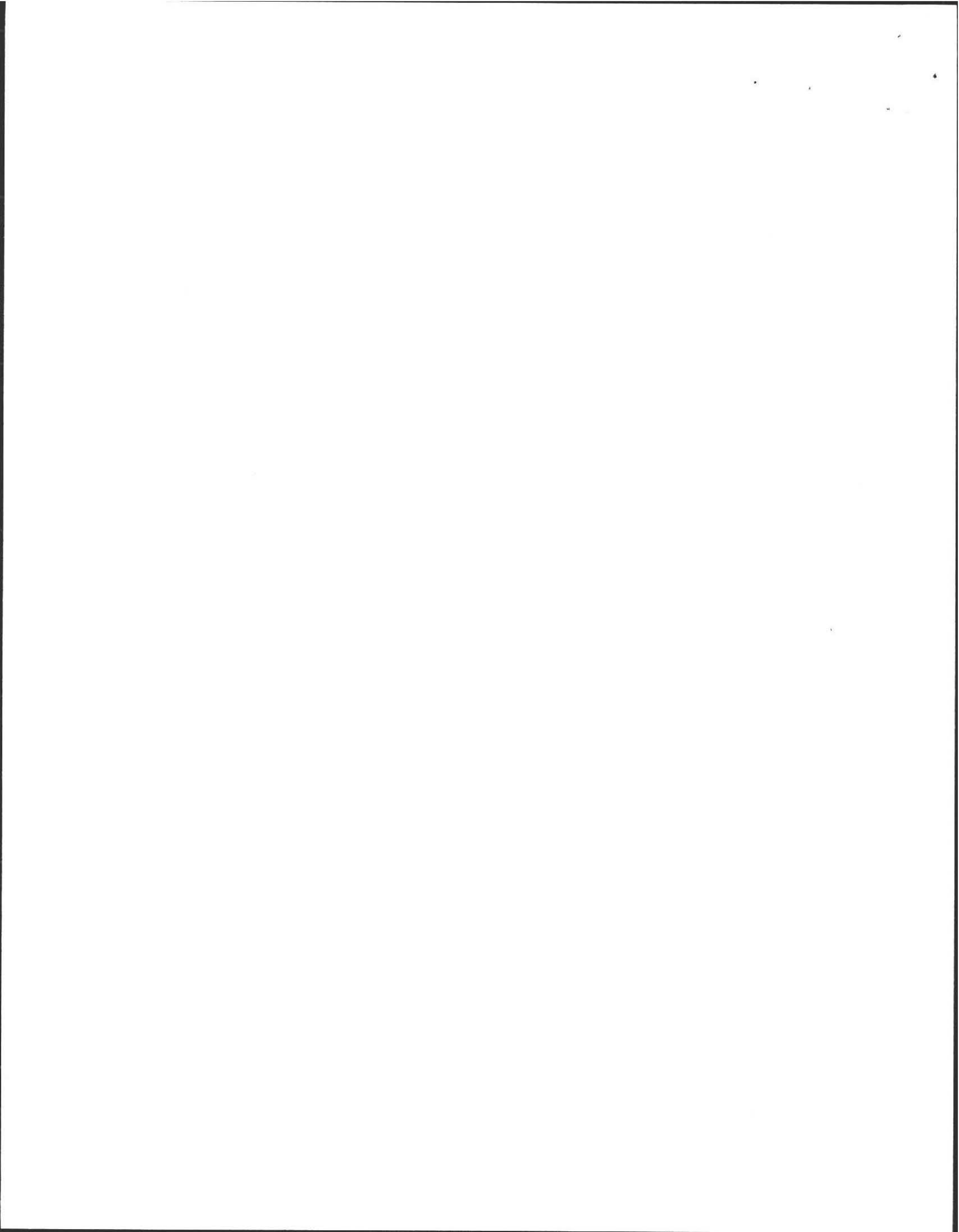
_____ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, 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.

_____ 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: 140 MIDDLE ST
Owner: GANDHI
Date of Inspection: 5/12/02

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:**

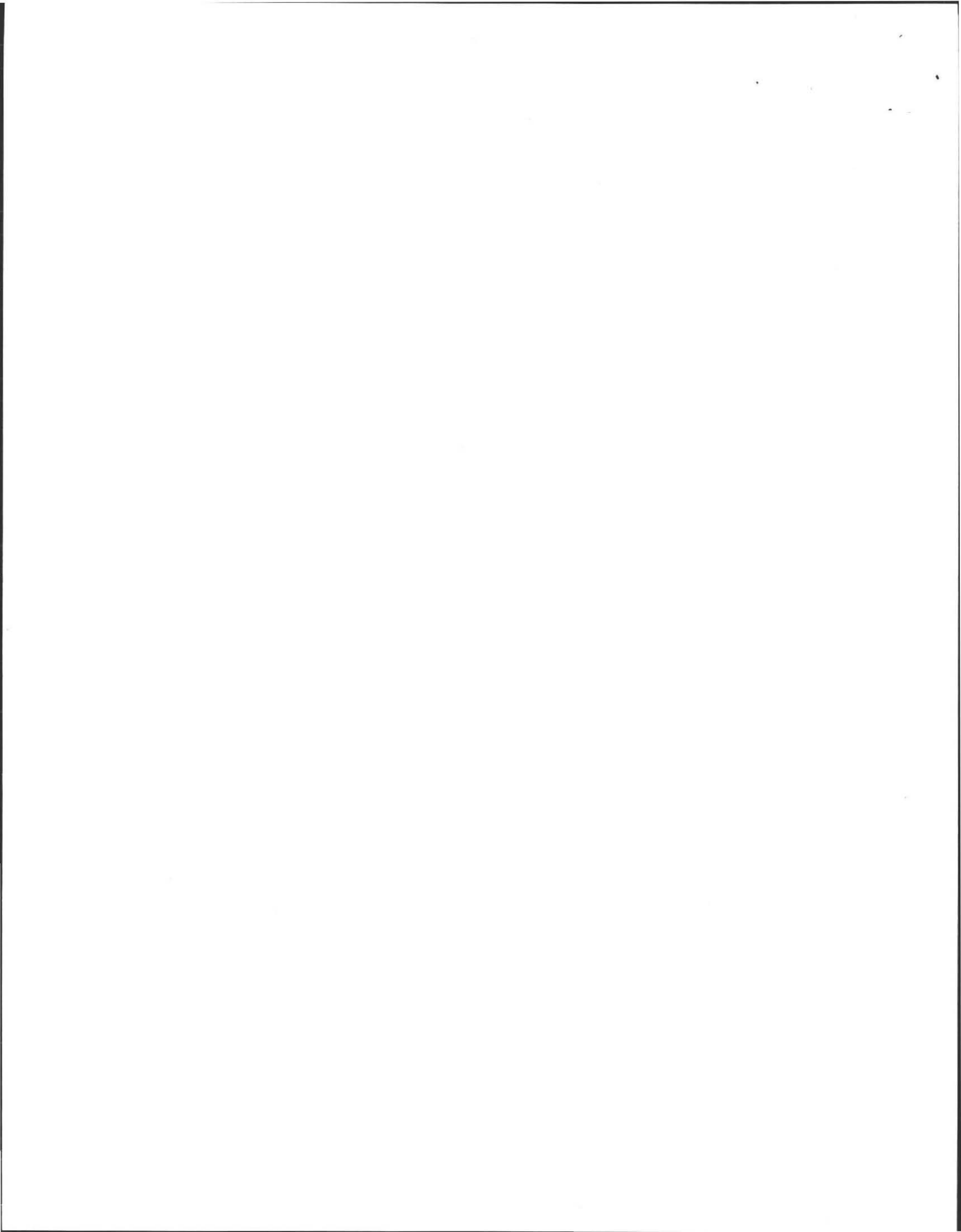
- ___ Cesspool or privy is within 50 feet of surface water
- ___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

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 _____ (approximation not valid).

3) OTHER

___ _____



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

Property Address: 190 MIDDLE ST
 Owner: GANDHI
 Date of Inspection: 5/12/00

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 | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool. |
| <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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 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 type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped ____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

E. LARGE SYSTEM FAILS:

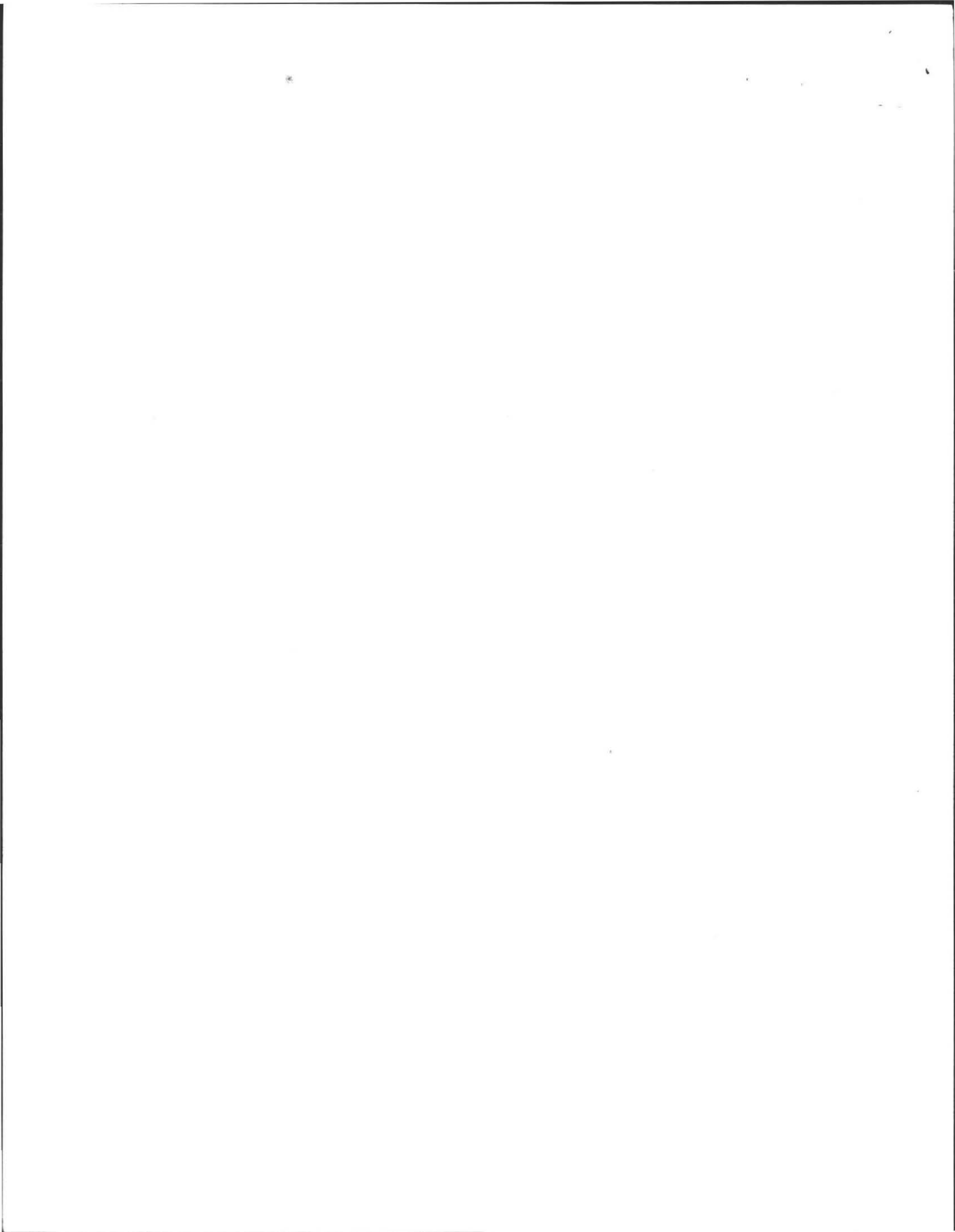
You must indicate either "Yes" or "No" to each of the following:

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 | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well) |

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

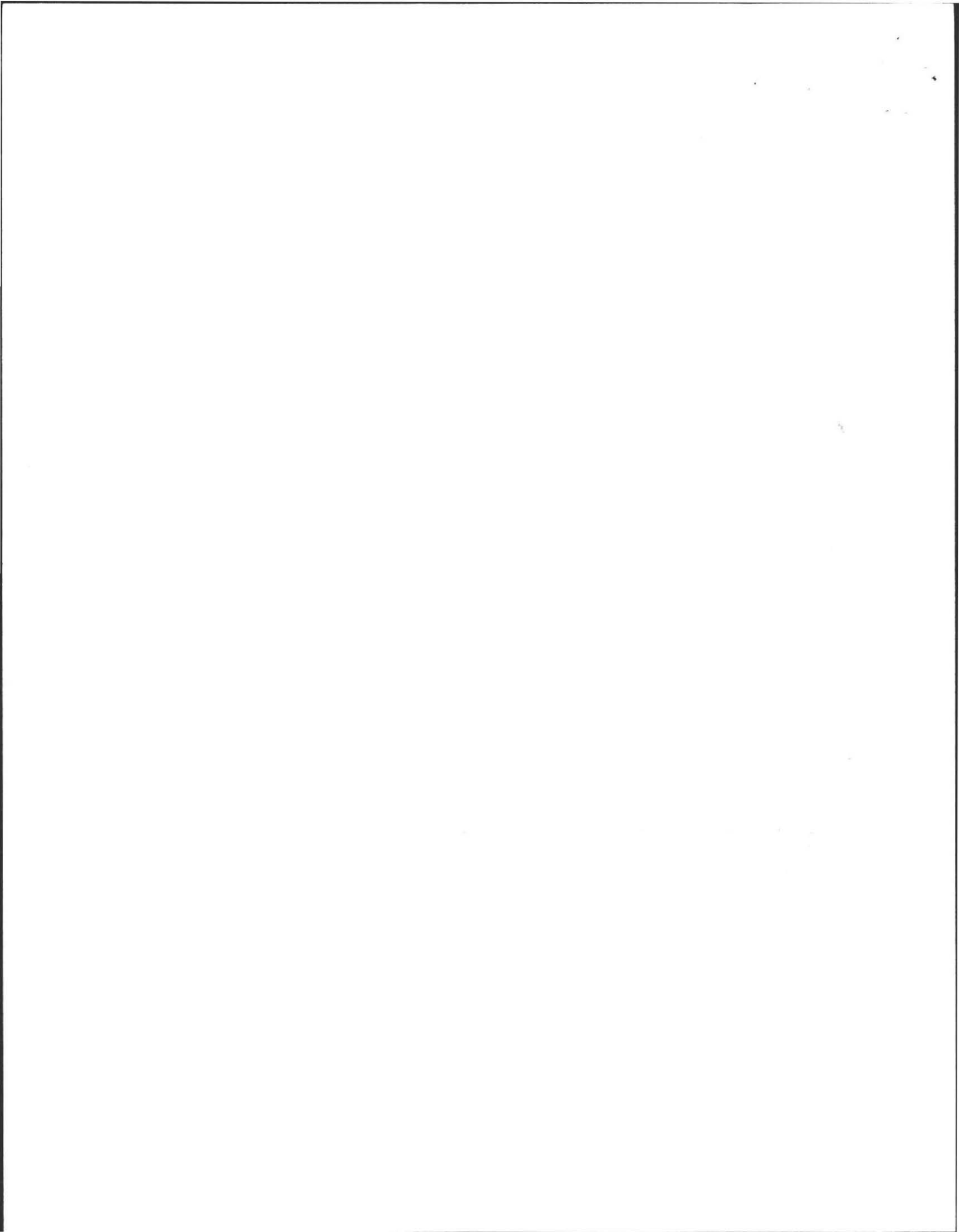


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 190 MIDDLE ST
 Owner: GANDHI
 Date of Inspection: 5/12/00

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

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The size and location of the Soil Absorption System on the site has been determined based on: |
| <input type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, Plan at B.O.H. |
| <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) [15.302(3)(b)] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner), were provided with information on the proper maintenance of SubSurface Disposal Systems. |



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 190 MIDDLE ST.
Owner: GANDHI
Date of inspection: 5/12/00

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 440 g.p.d./bedroom.
Number of bedrooms (design): 4 Number of bedrooms (actual): 4
Total DESIGN flow 440 ~~1000~~ #
Number of current residents:
Garbage grinder (yes or no): Y * Recommend removal
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
Last date of occupancy: Current

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:

2 yrs
System pumped as part of inspection: (yes or no) _____
If yes, volume pumped: 1500+ gallons
Reason for pumping: Liquid Level

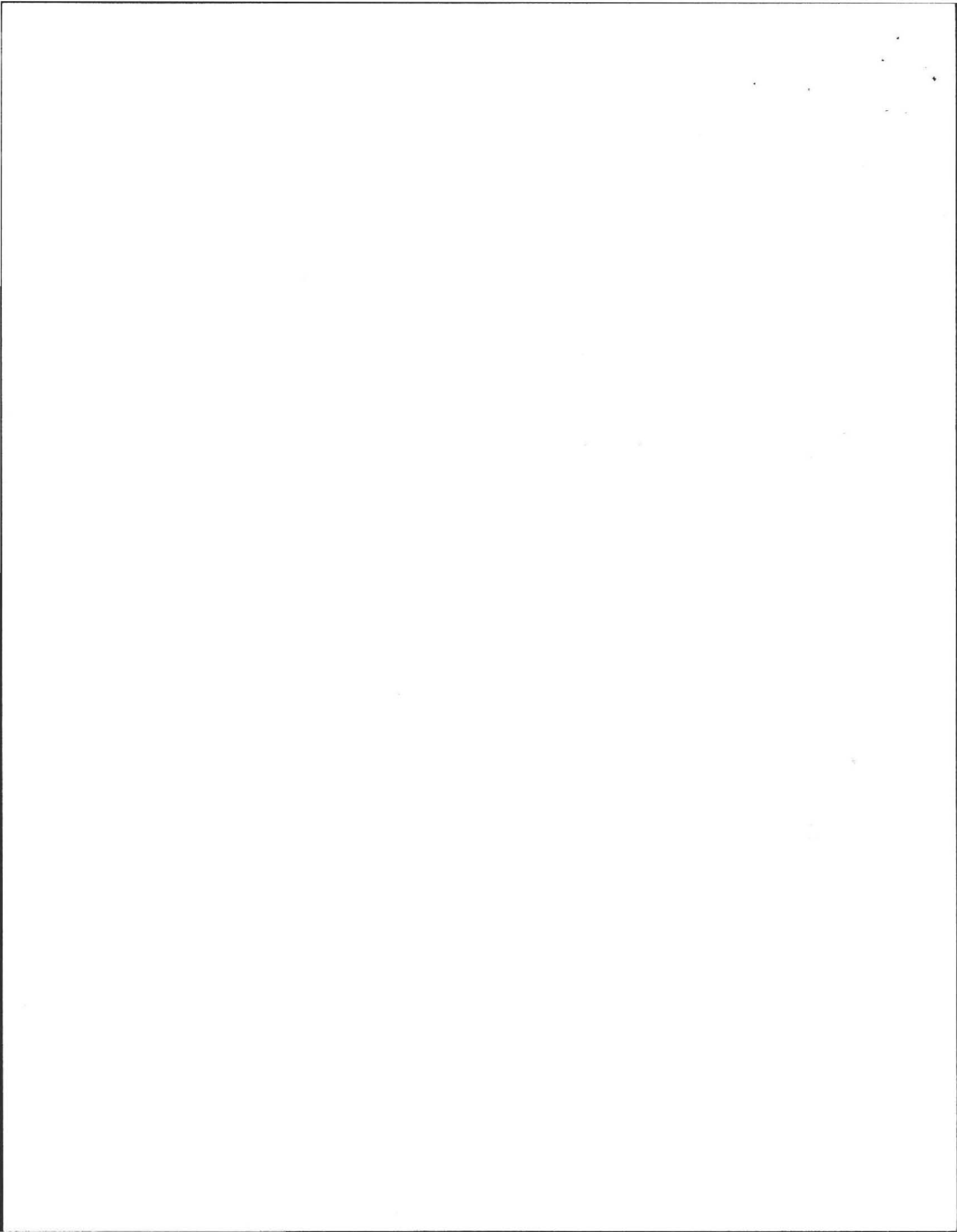
TYPE OF SYSTEM

- 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: _____

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



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

Property Address: 190 MIDDLE ST
Owner: GAUDHI
Date of Inspection: 5/12/00

BUILDING SEWER:
(Locate on site plan)

Depth below grade: _____
Material of construction: ___ cast iron ___ 40 PVC ___ other (explain)

Distance from private water supply well or suction line _____

Diameter _____

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

SEPTIC TANK:
(locate on site plan)

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: 4.5 x 10' x 4.5'

Sludge depth: _____

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 dimensions were determined: _____

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: _____

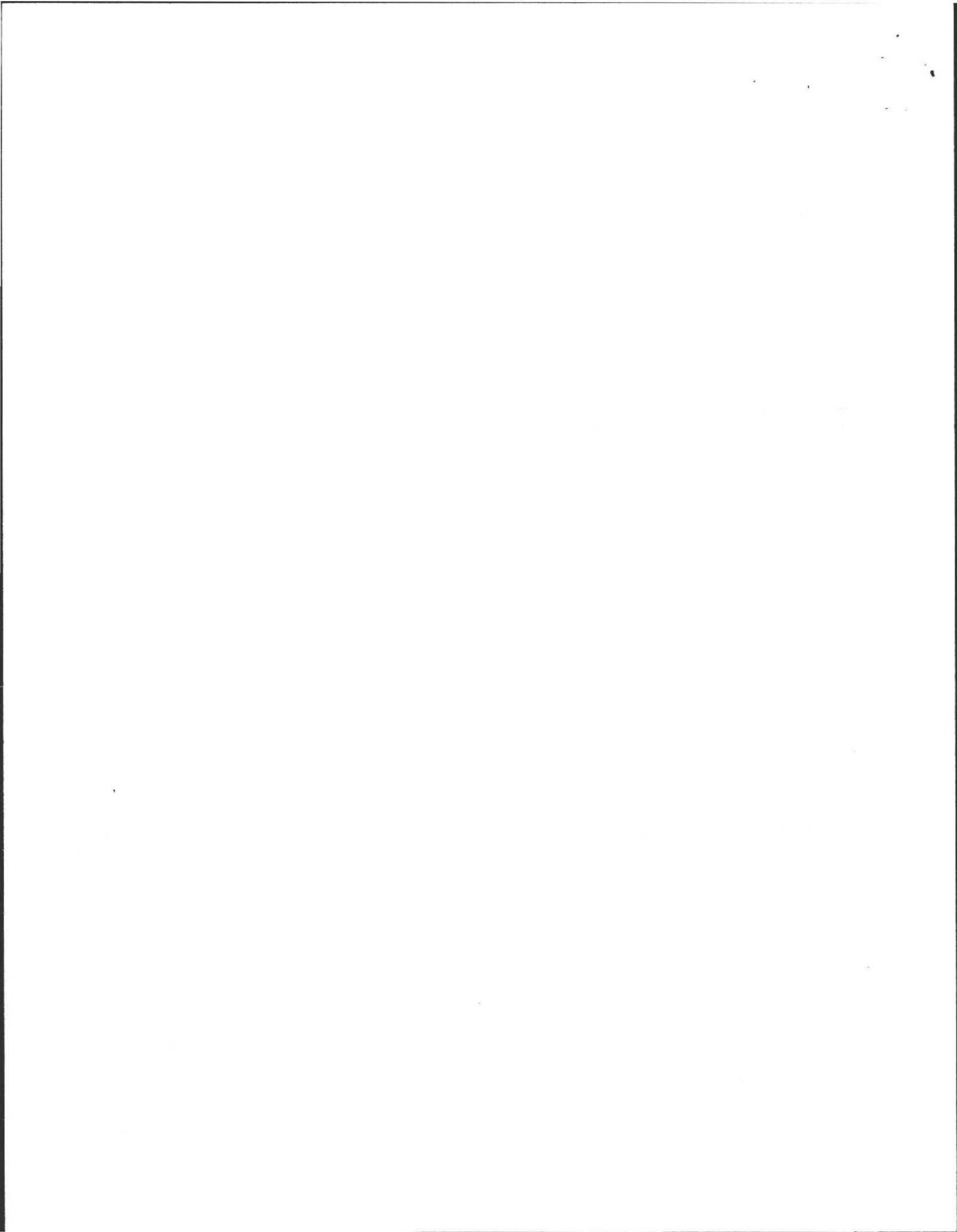
Distance from top of scum to top of outlet tee or baffle: _____

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: 110 MIDDLE ST.
Owner: GANDHI
Date of Inspection: 5/12/00

TIGHT OR HOLDING TANK: _____ (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.)

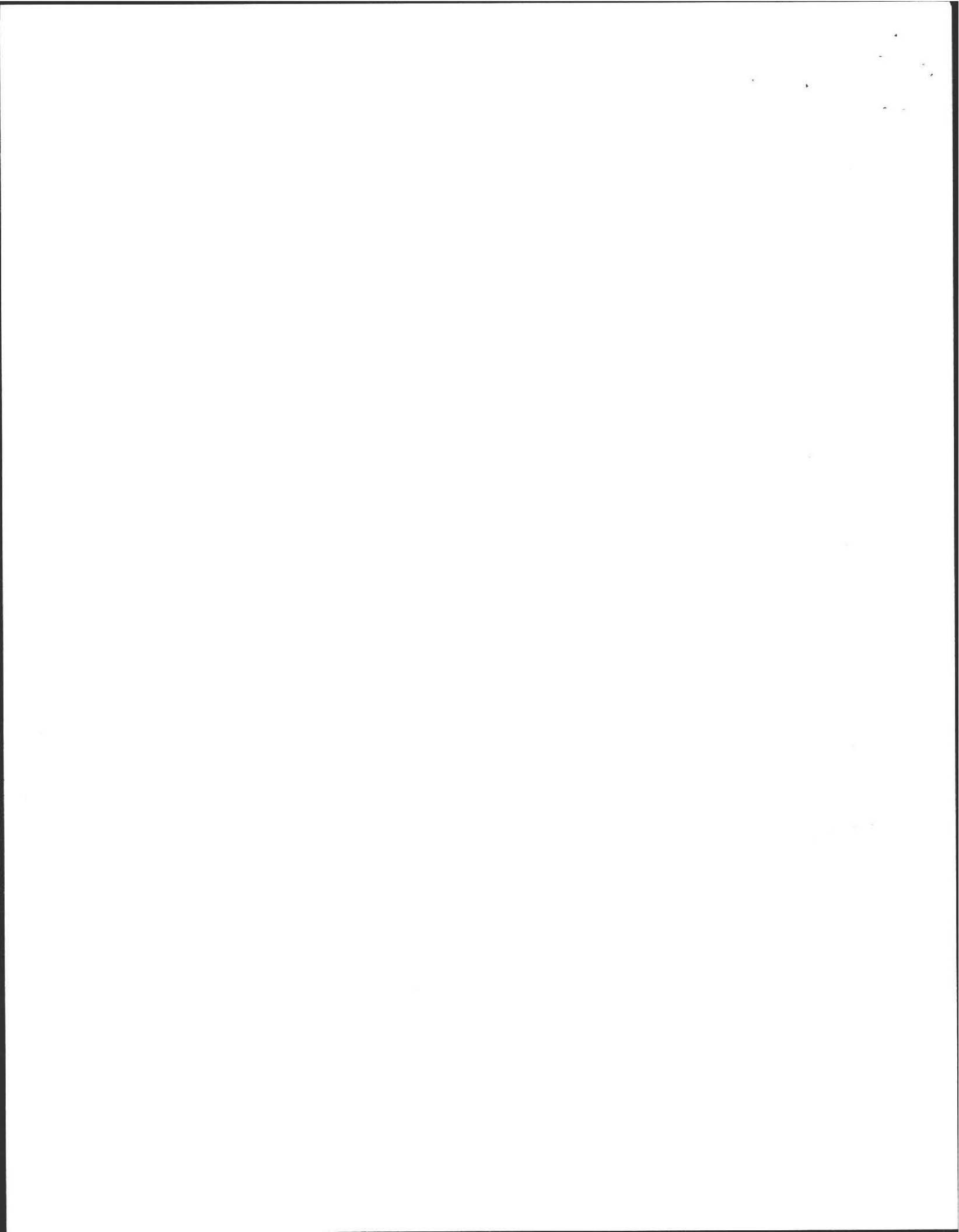
DISTRIBUTION BOX: y
(locate on site plan)

Depth of liquid level above outlet invert: under H₂O

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

PUMP CHAMBER: _____
(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: 190 MIDDLE ST
Owner: GANDHI
Date of Inspection: 5/12/00

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:

UNDER H₂O

Type:

leaching pits, number: _____
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: 20 x 50 (7/22/90 AS BUILT, CE DRAKE)
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.)

- Arise flow from field to 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: _____

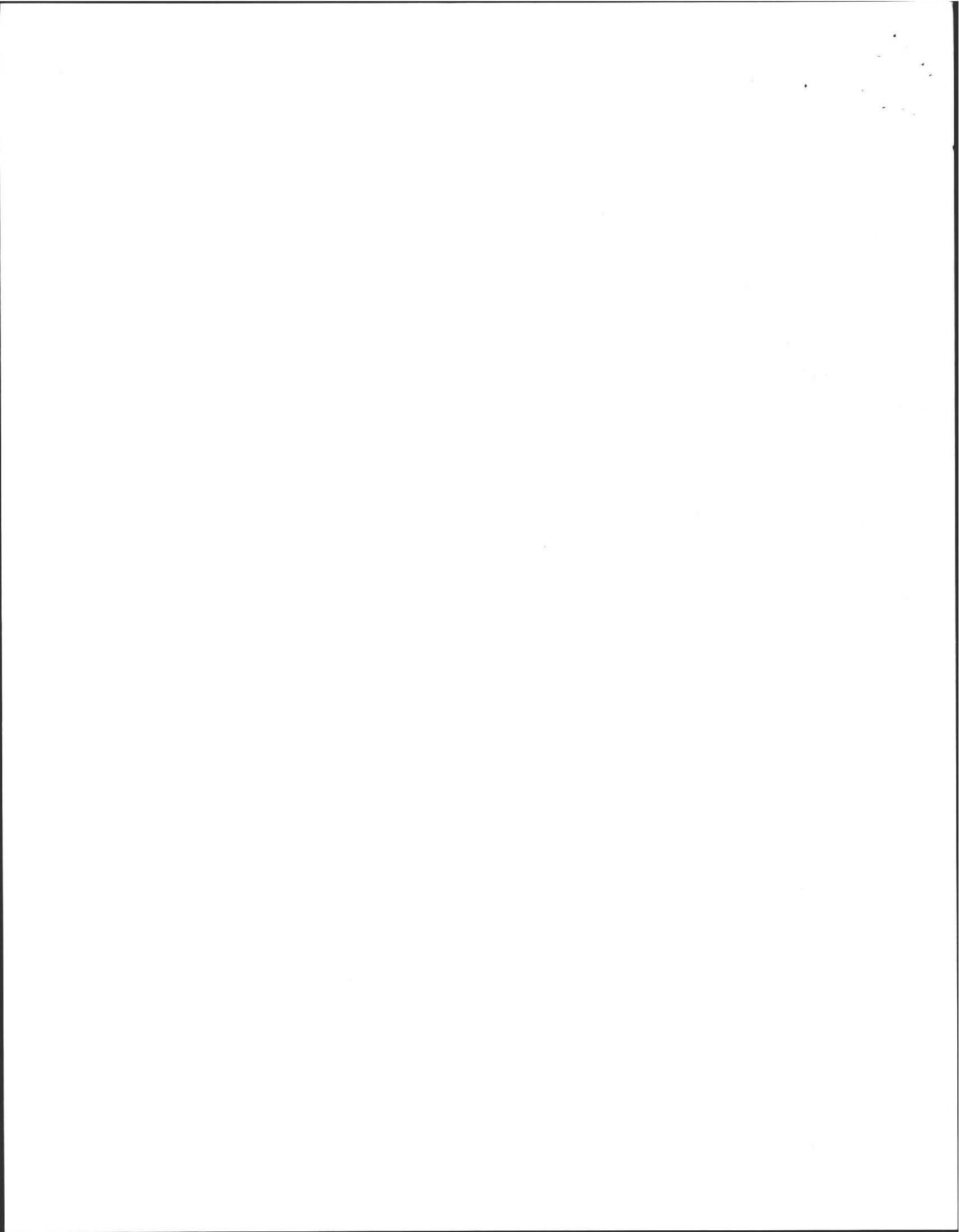
(locate on site plan)

Materials of construction: _____ Dimensions: _____

Depth of solids: _____

Comments:

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



"AS BUILT" ?

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

190 MIDDLE ST. SOUTH OF CEMETARY

Owner ALBERT FISZER Address SOUTHAMPTON

Installer HAROLD DELTZ Address NORTHAMPTON

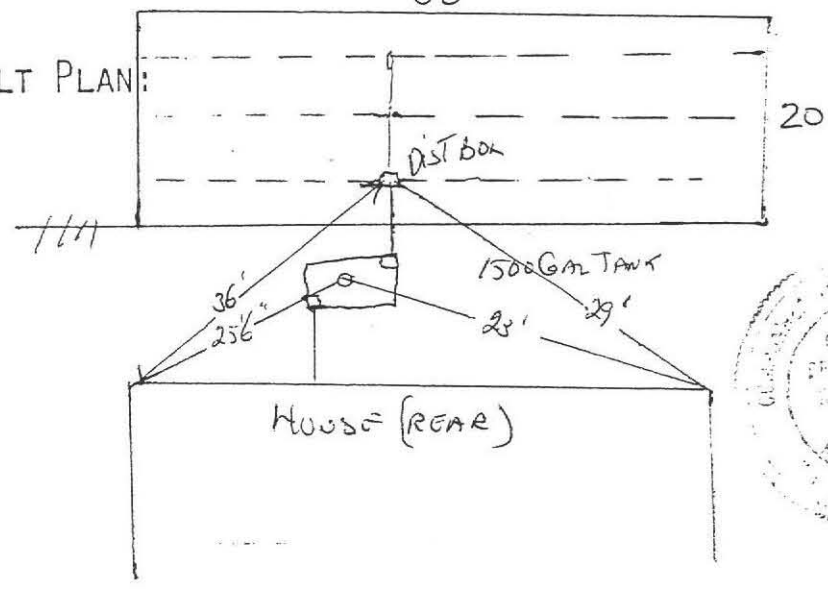
Date Installation Inspected and Approved JULY 22, 1980

Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet: 1000⁰⁺

Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:

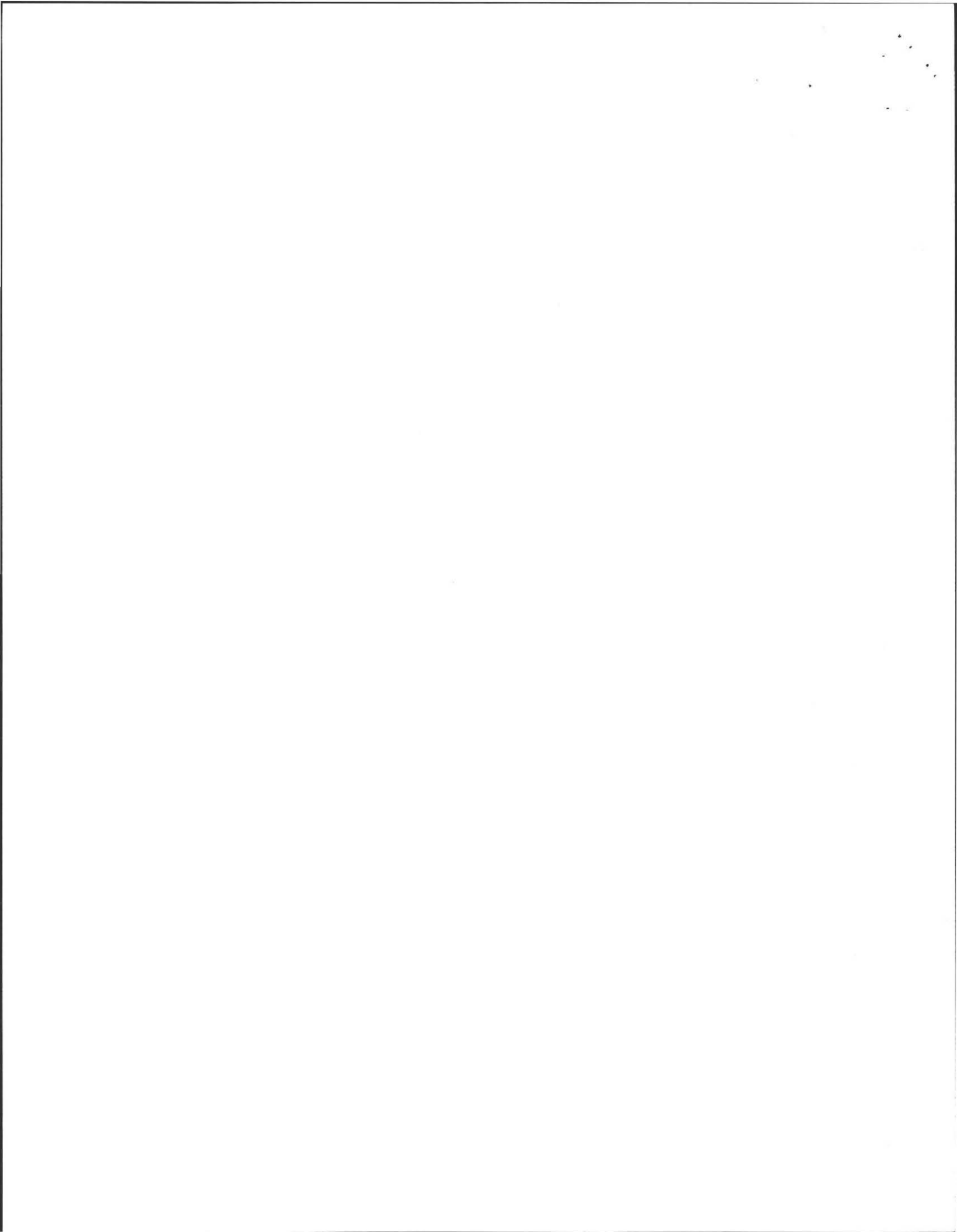


AS BUILT SKETCH

MIDDLE ST

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

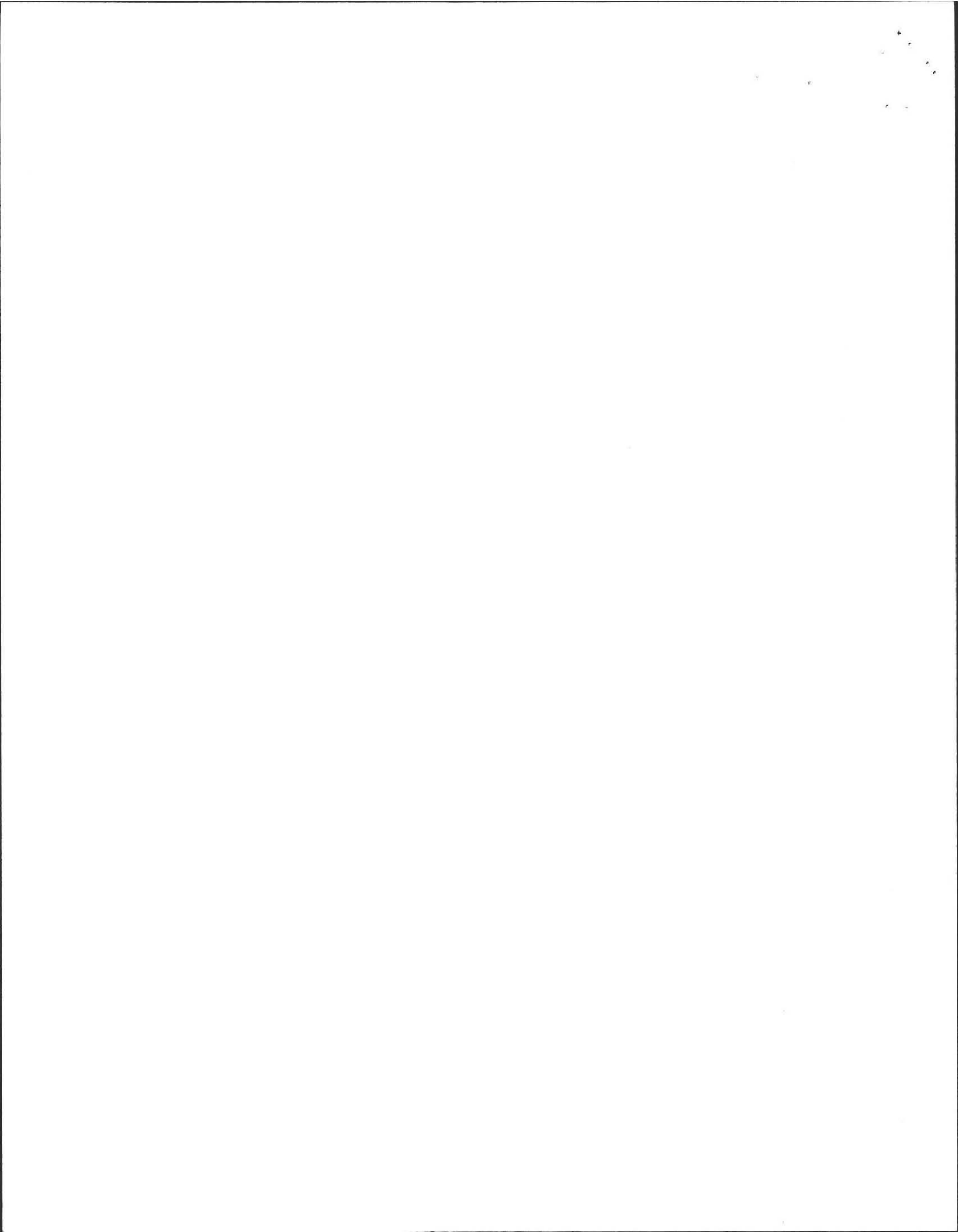
SYSTEM INFORMATION (continued)

Property Address: 190 MIDDLE
Owner: GANDHI
Date of Inspection: 5/12/00

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)

* SEE AS BUILT ATTACHED 7/22/80, DRAKE



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

Property Address: 190 MIDDLE ST
Owner: GANDHI
Date of Inspection: 5/12/00

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 3.5 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)

* ON SITE TOP + Veg. eval.

