

No. 84-14

#382

FEE 90.00 Pd. 4

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

382

Application is hereby made for a Permit to Construct (XX) or Repair () an Individual Sewage Disposal System at:

388 Middle St. Amherst, Mass Lot 1A
Bruce Taylor Location - Address 9 Norwood St. Greenfield, Mass (773-5072)
Owner Address
Oshabbin Forest Road, One Chuck Walker Belchertown
Installer Address

CHECK OR FILL IN WHERE APPLICABLE

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Size Lot 60,007 Sq. feet
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 500 gallons per person per day. Total daily flow 500 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 128" Width 68" Diameter 54"
Disposal Trench No. 18 Width 18" Total Length 40' Total leaching area 720 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (X) Dosing tank ()
Percolation Test Results Performed by F. Filios Date 4/28/81
Test Pit No. 1 2 minutes per inch Depth of Test Pit 30" Depth to ground water None @ 84"
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil H-1, 0-8" Top soil, 8-51" Course Sand (No Sub-soil) 51"- 102" course sand and iron stain. H-2, 0-10" Top Soil, 10"-24", Sub-soil, 24"-66", Course sand, 66"-84" Fine Grained Sand, oxides

Nature of Repairs or Alterations Answer when applicable.
See Change of A.B. Locarn

Agreement The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Bruce Taylor Date 4/30/84
Application Approved By [Signature] Date 4/30/84
Professional Engineer No. 10931

Application approved for the following reasons:

Permit No. 84-14 Issued 4/30/84 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (XX) or Repaired () by

at 388 Middle St. Amherst, Mass Installer

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 84-14

FEE 90.00 4/30/84

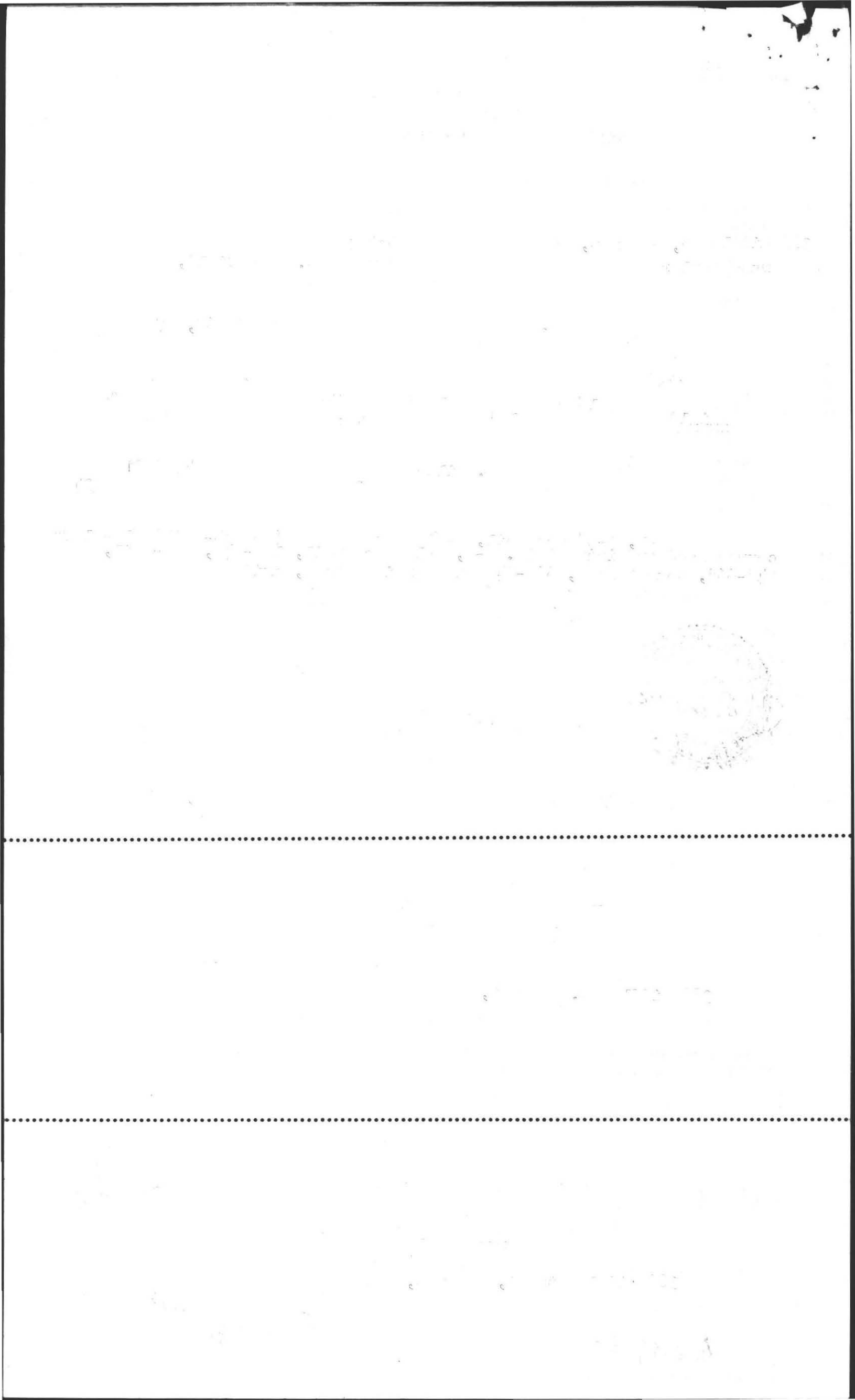
Disposal Works Construction Permit

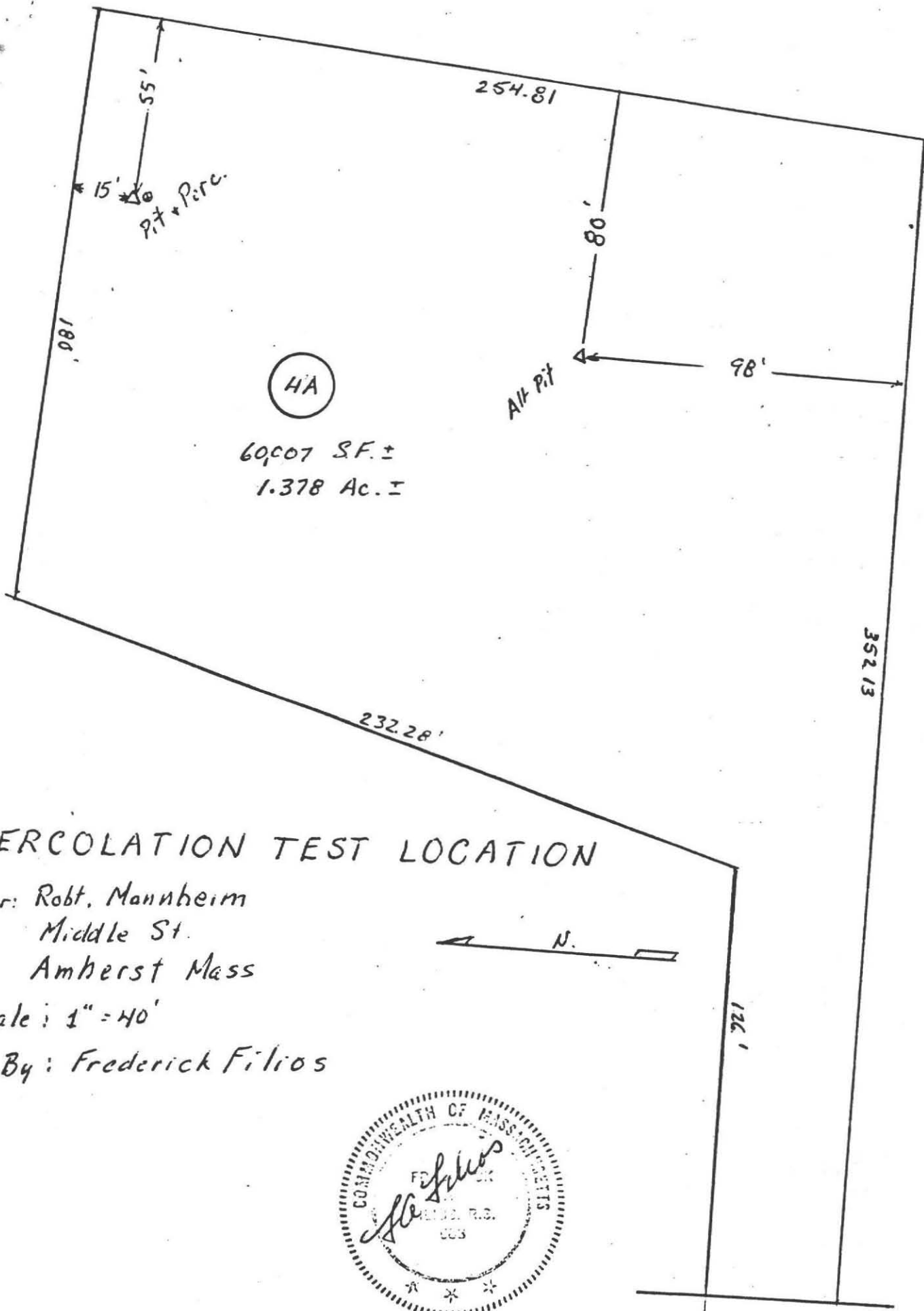
Permission is hereby granted Bruce Taylor to Construct (XX) or Repair () an Individual Sewage Disposal System

at No. 388 Middle Street, Amherst, Mass Street

as shown on the application for Disposal Works Construction Permit No. 84-14 Dated 4/30/84

DATE Apr 30, 1984 Board of Health





HA

60,007 SF. ±
1.378 Ac. ±

181'

254.81'

80'

98'

All Pit

15' P.T. + Perc.

55'

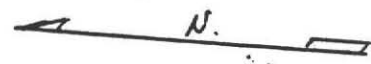
352.13'

232.28'

126'

PERCOLATION TEST LOCATION

For: Robt. Mannheim
Middle St.
Amherst Mass

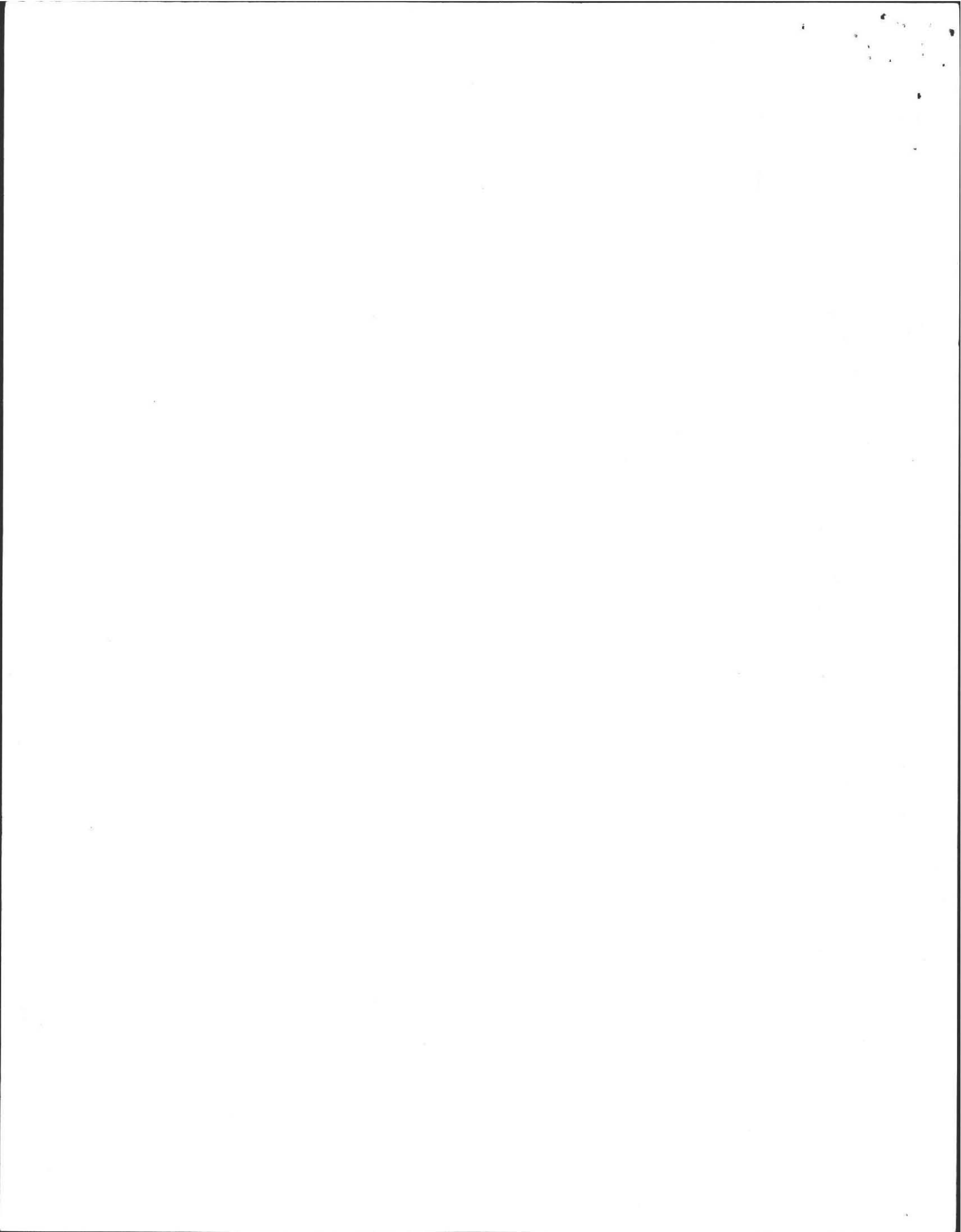


Scale: 1" = 40'

By: Frederick Filios



MIDDLE ST.



DEEP SOIL LOGS

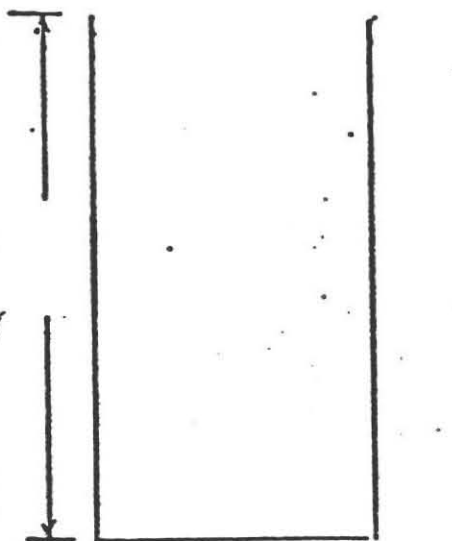
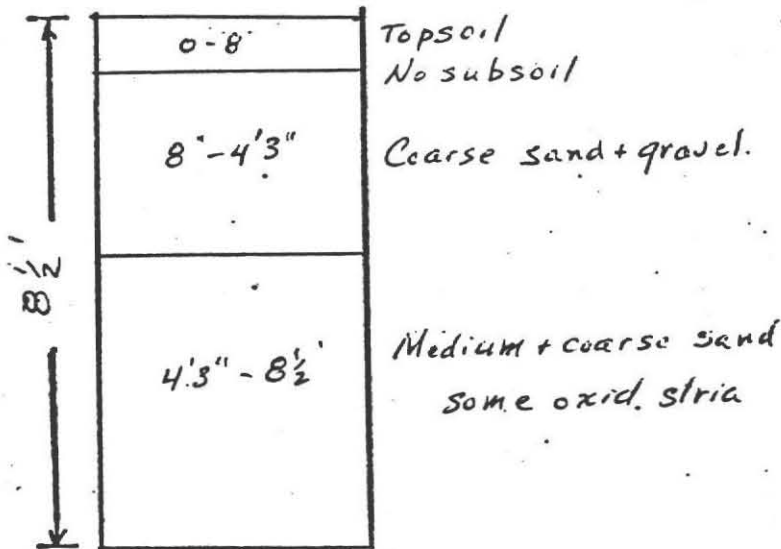
OWNER Robert Mannheim

Date Apr. 28 1981

LOCATION Middle St.

OBSERVER FA Filios

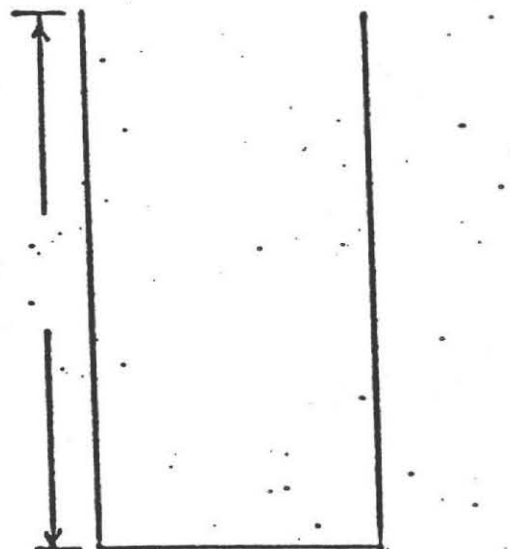
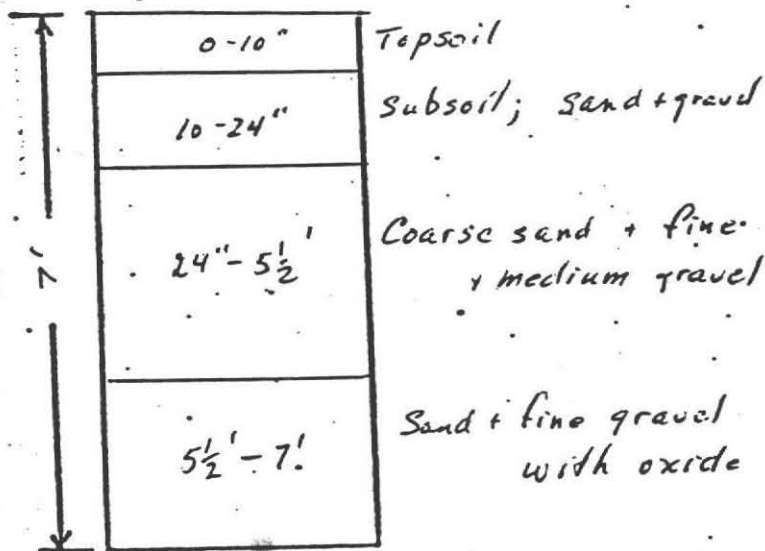
Soil



Ground Water 8 1/2 +

Ground Water _____

Att. Pit



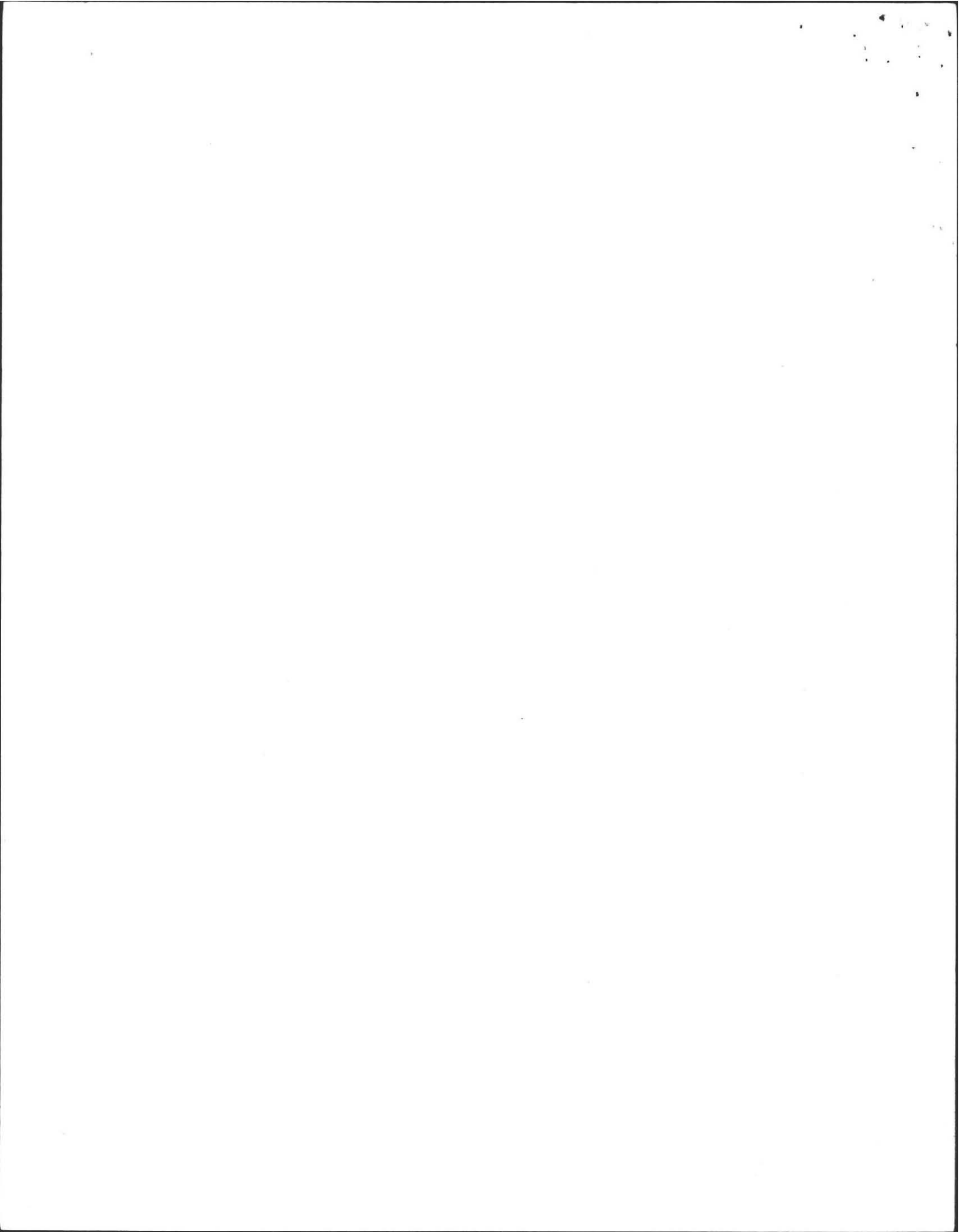
Ground Water none

Ground Water _____

Percolation at 30"

0.5 minutes/inch





No.

Fee

Commonwealth of Massachusetts
, Massachusetts

System Inspection and Maintenance Form

I. BACKGROUND INFORMATION

Location Address or Lot No. 382 Middle St Amherst MA. 01002 Buyers, Thomas Pelletier Barbara Fox	Owner's Name, Address and Tel. # Kathlee Streck 540 Sandstone Dr. Athens G.A. 30605 Tel. (706) 208 0402
Inspector's Name, Address, Tel. # and Registration # Fred Filios 69 Pelham Rd. Amherst MA. 01002 Tel. 256-8008	Designer's Name, Address, Tel. # and Registration # Bill Scruta Leverett MA.

Pumping

Date of last documented pumping

ATT. Charles Ball Worcester 508 797,3700
38 Front St No 300 01608
AH John Edwards 32 Kendrick Place Andover

Plans and Specifications

Approved Plan of Record? No Yes Date of Approval 1985
Plan on file with the Local Board of Health? Yes No
List any variances granted none

System Specifications

Design Flow 1440 gpd Basis for design (eg. # of bedrooms, seats etc.) 4

Primary Settling

Cesspool No Yes Diameter Feet Depth Feet
Septic Tank No Yes Design Capacity 1000 Gallons Actual 1000 Gallons
Access Manholes Inlet No Yes Outlet No Yes Center (manhole)
Tees / Baffles Inlet No Yes Outlet No Yes

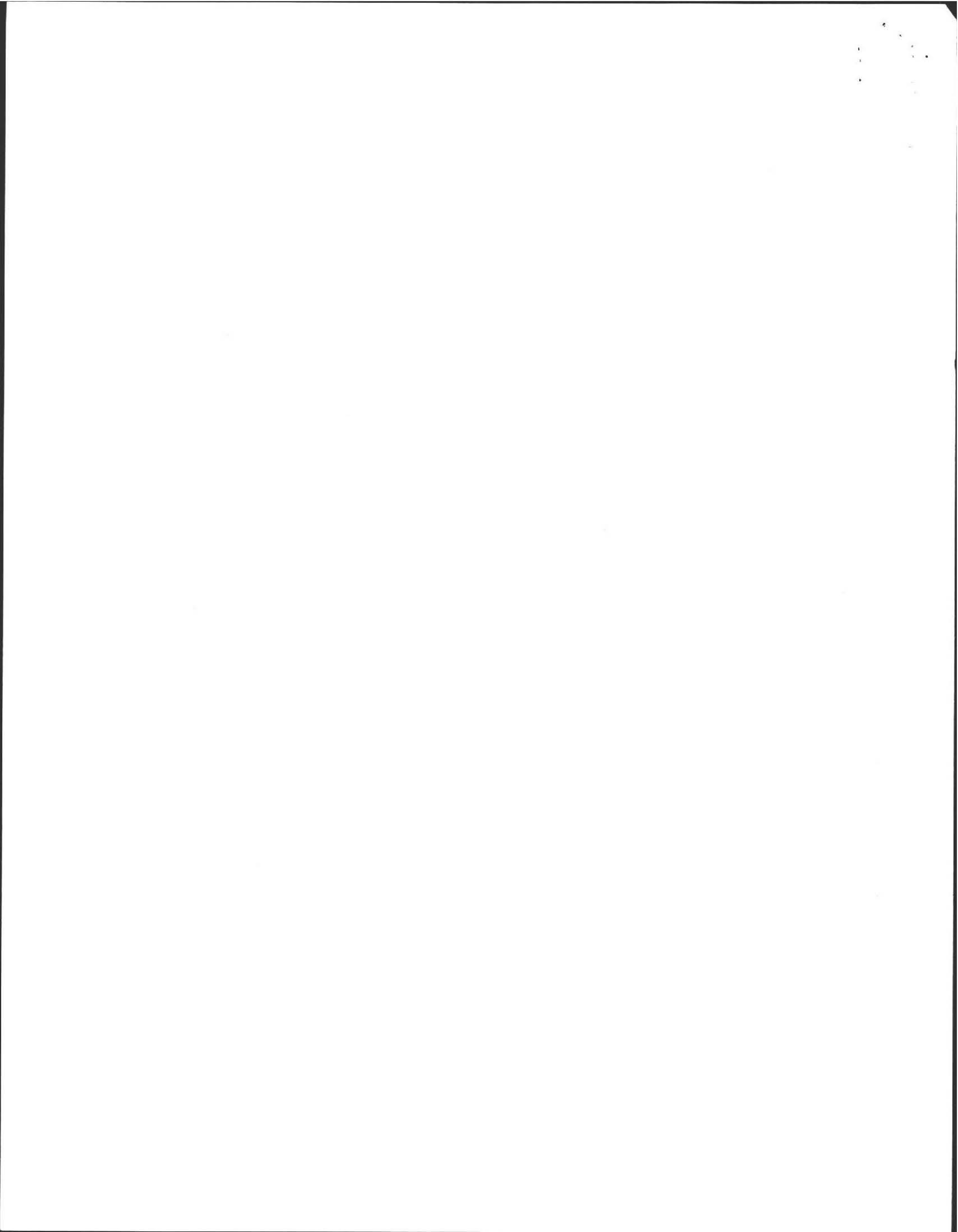
Effluent Distribution

Gravity No Yes Distribution Box No Yes Other
Dosing Chamber No Yes Capacity Gallons
Dual Pumps No Yes

Soil Absorption System

No Yes Type Field
Reserve area No Yes

Rec
April 7, 95



2. INSPECTION OF THE PRIMARY SETTLING SYSTEM

Cesspool

Distance between the cesspool and

Building feet Well feet Property line feet
Water / Wetland feet

Septic Tank

Distance between the septic tank and

Dwelling 12 feet Well Town Water feet Property line 30+ feet
Watercourse / Wetland none feet

Dimensions:

Circular: Diameter: feet
Rectangular: Length: 8.5 feet Width: 5 feet Depth: 5 feet

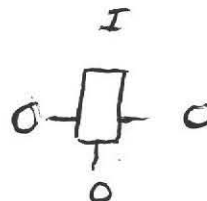
Tees / Baffles:

Inlet No Yes Outlet No Yes
Material PVC Metal Other CONC.
Depth below invert Inlet 57 inches Outlet 48 inches
Distance from the bottom of the scum to the bottom of the outlet tee 34 inches
Distance from the top of the scum to the top of the outlet tee 3-4 inches
Thickness of the solids layer 3-5 inches
Distance from the bottom of the outlet tee to the top of the solids layer 20 inches
Back-up of effluent into the outlet tee No Yes
Evidence of tank leakage (Infiltration or Exfiltration) No Yes

3. INSPECTION OF THE DISTRIBUTION SYSTEM

Distribution Box

Length 15 inches Width 12 inches Depth 12 inches
Sump 6 inches Number of outlets 3
Distance from the septic tank 21.5 feet Box Level? No Yes
Solids Backup? No Yes Solids Carryover? No Yes slight
Plan View (I =inlet, O =outlet):



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Dosing Chamber

Length inches Width inches Depth inches
 Liquid Capacity (below pump on level) gallons
 Dosing by: Timer Float Other

Pump Rating: gallons per minute @ TDH
 Pumps Operating? No Yes
 Alarm: Audio Visual Both Alarm Indicator(s) @

Alarm operating? No Yes Distance from Septic Tank feet

4. INSPECTION OF THE SOIL ABSORPTION SYSTEM

Trenches

Length inches Width inches Depth inches
 Number of trenches Depth of cover material inches

Field / Bed

Length 30 ^{feet} inches Width 18 ^{Feet} inches Depth 12 inches
 Number of lines 3

Chambers

Configuration: Trenches Field Number of units
 Unit Dimensions: Length inches Width inches Depth inches
 Trench/Field Dimensions: Length in. Width inches Depth inches
 Inspection Ports: No Yes Spacing feet
 Effluent Distribution: Number of Inlets Distribution every feet
 Depth of cover material inches / feet
 Contents Measurements: Depth of solids inches Depth of liquid inches

Pits

Length inches Width inches Depth inches
 Number of Pits If more than one dosed in Series Parallel
 Depth of cover material inches / feet
 Contents Measurements: Depth of solids inches Depth of liquid inches



Failure

Evidence of:

- Ponding to the surface Chamber / Pit Flooded Soft / Mushy Ground
- Excessive Vegetative Growth Breakout Down Slope
- Other Sources of Hydraulic Loading

Other

5. MAINTENANCE REQUIREMENTS

Septic Tank

- Pumping Required No Yes Tank is Water-Tight No Yes
- Tees in Satisfactory condition No Yes

The septic tank should be pumped when the accumulation of solids results in a distance of 12 inches or less as measured from the bottom of the outlet tee to the top of the solids layer OR the top of the scum layer is within 2 inches of the top of the outlet tee. *Pumped at time of inspection*

Grease Trap

- Pumping Required No Yes

Grease trap should be pumped when grease accumulates to 75% of the liquid capacity of the tank.

Distribution Box / Dosing Chamber

- Levelling Required No Yes

Any solids found should be removed.

Other Recommendations

4 Bdms No record of pumping

1 3/4 Bath

Town water no water t

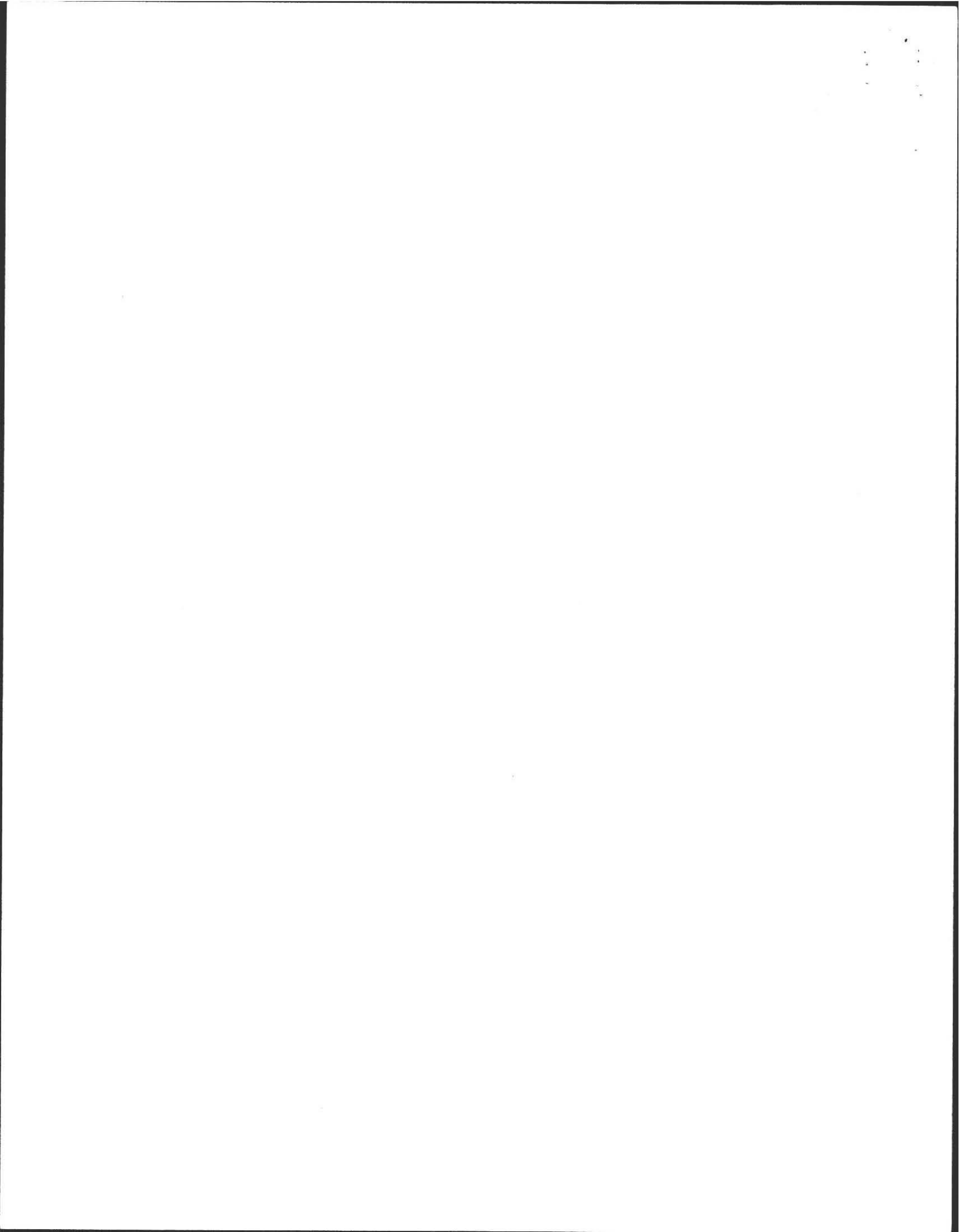
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector *Frederick A Filios*
Company Name *Filios Enterprises Inc.*
Company Address *69 Pelham Rd. Amherst MA. 01002*

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.

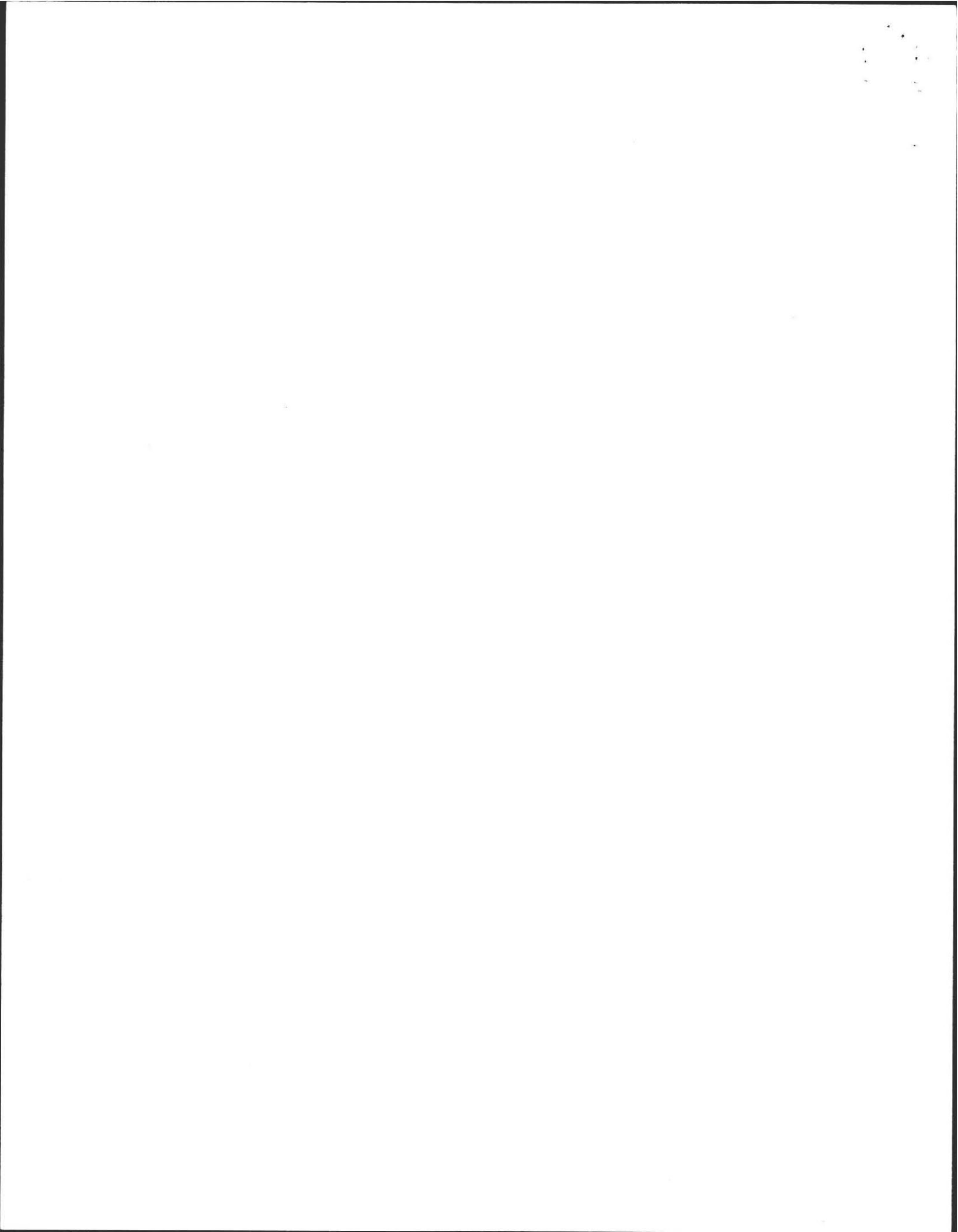
Inspector's Signature *Frederick A Filios RS*

Date *Apr. 5 1995*

Original to system owner

Copies to: *Bd. of Health.*

Buyer (if applicable)
Approving authority



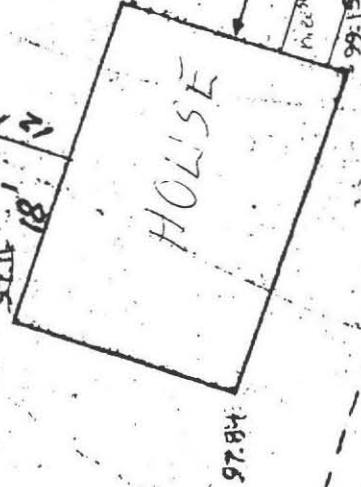
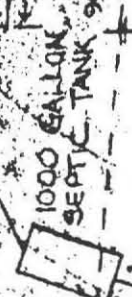
END ON MIDDLE ST.
252' FROM NW
D WELLING AND
SE PROPERTY
AT AN ELEVATION OF 81.60

Gr2
+ 94.77

Gr4
+ 93.51

Gr4
+ 98.26

Gr1
+ 100.87



To Middle St.
↙

WATER LINE

PROPOSED WATER LINE

EXISTING WATER LINE

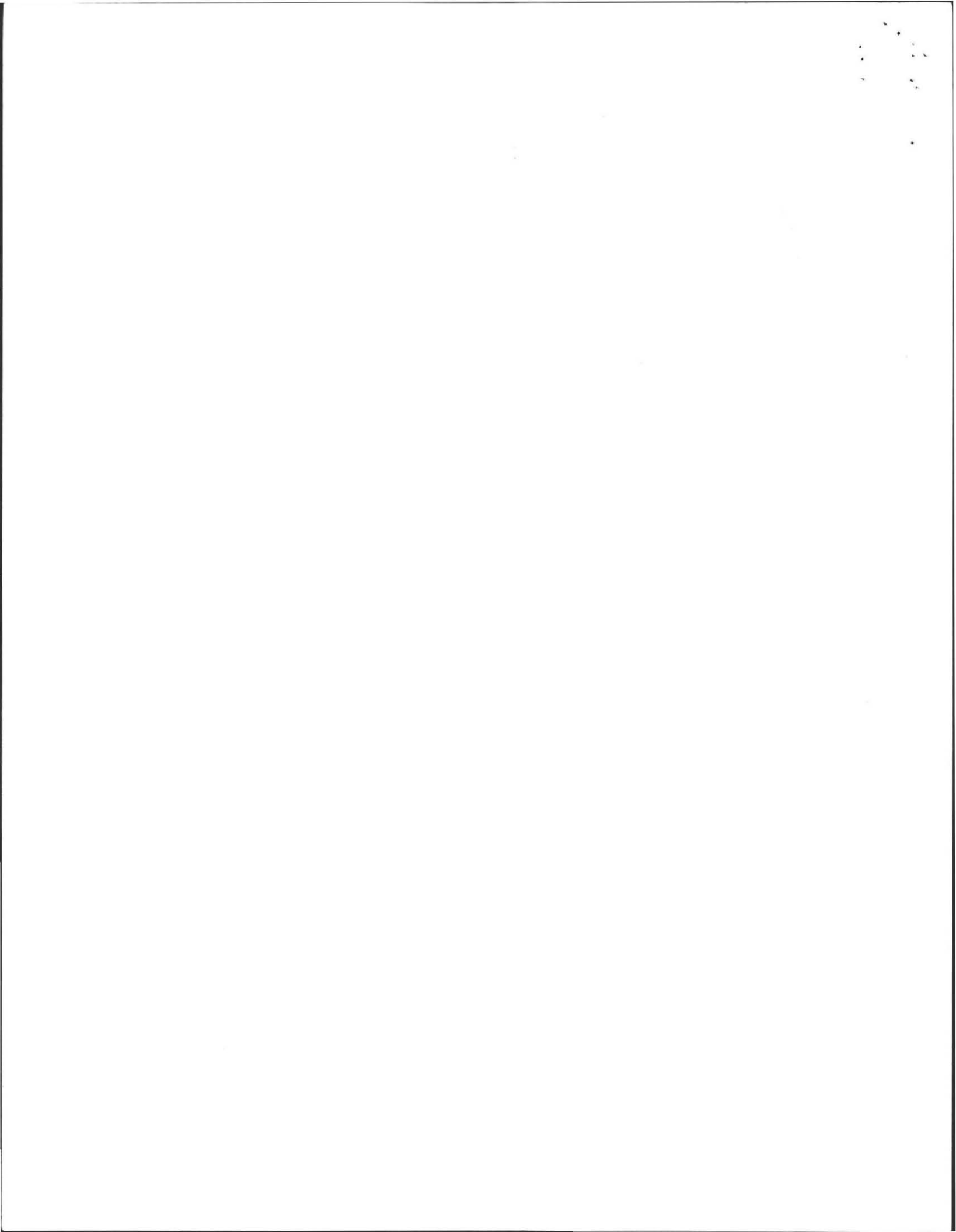
PROPOSED WATER LINE

PROPOSED WATER LINE

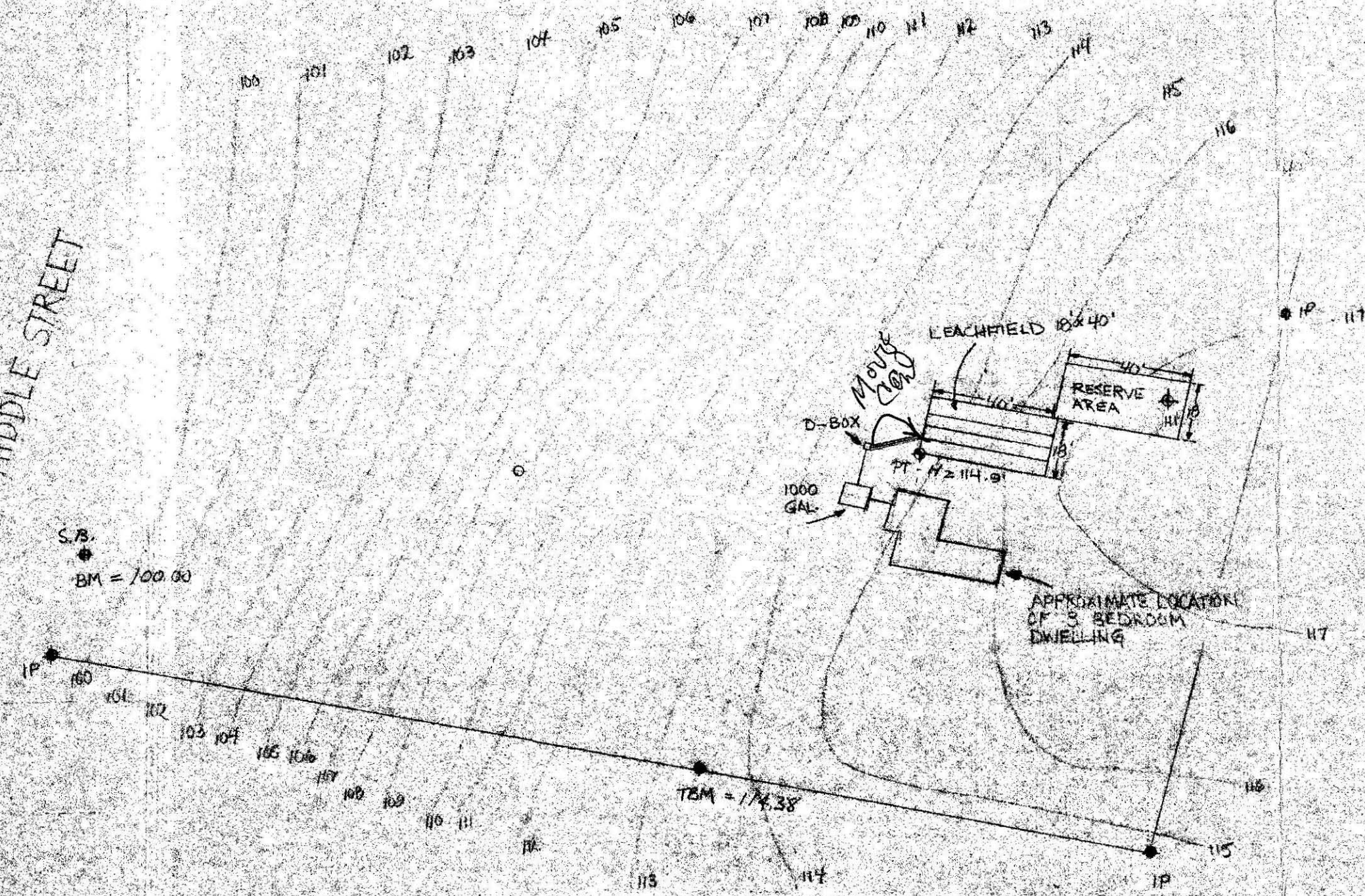
PROPERTY OF BOYNTON, ET AL

PROPERTY OF GISICK, ET AL

100.00
I.P. & B.M.

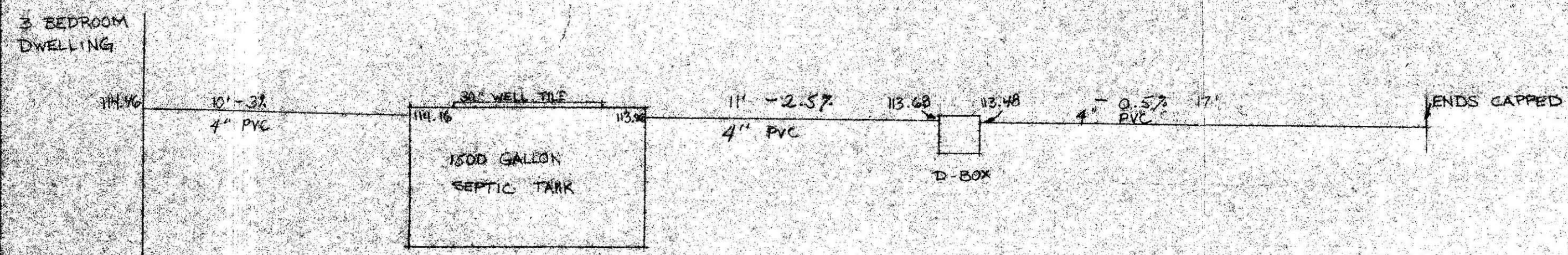


MIDDLE STREET

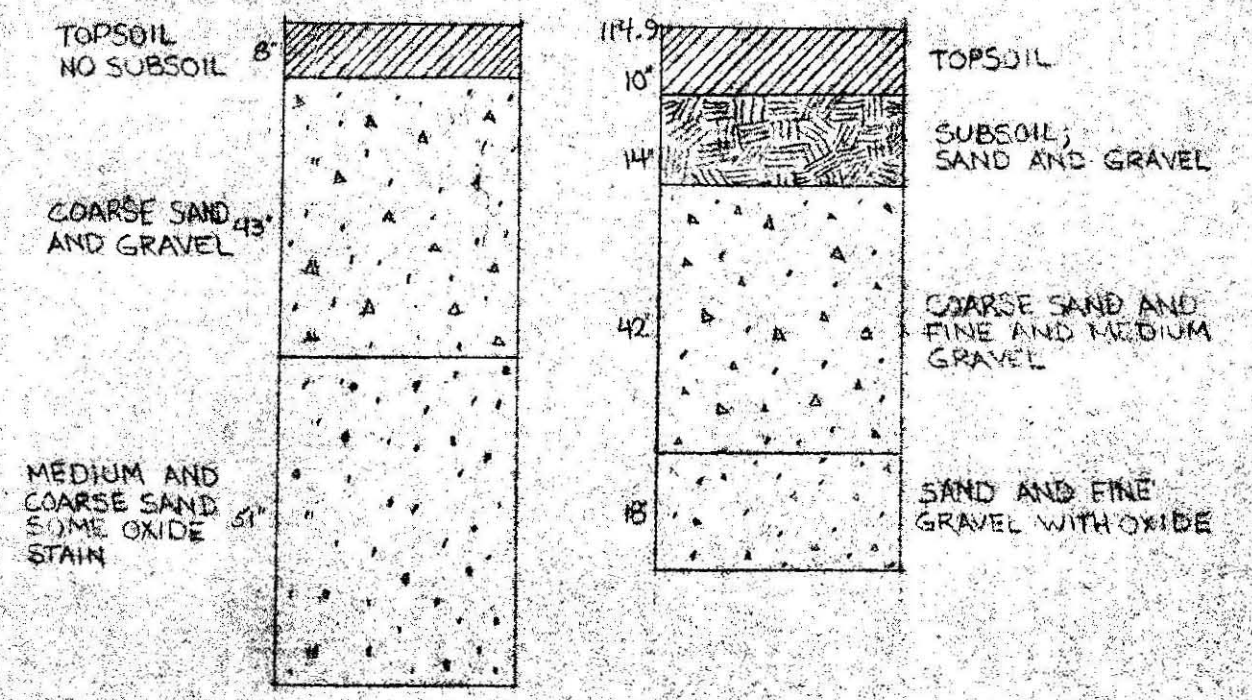


- IRON PINS FOUND
- IRON PINS
- ⊕ PERC TEST
- ◆ OBSERVATION PIT
- EXISTING CONTOURS

INVERT ELEVATIONS
SCALE 1" = 4' - 0"



SOIL LOGS



SCALE 1" = 3' - 0"

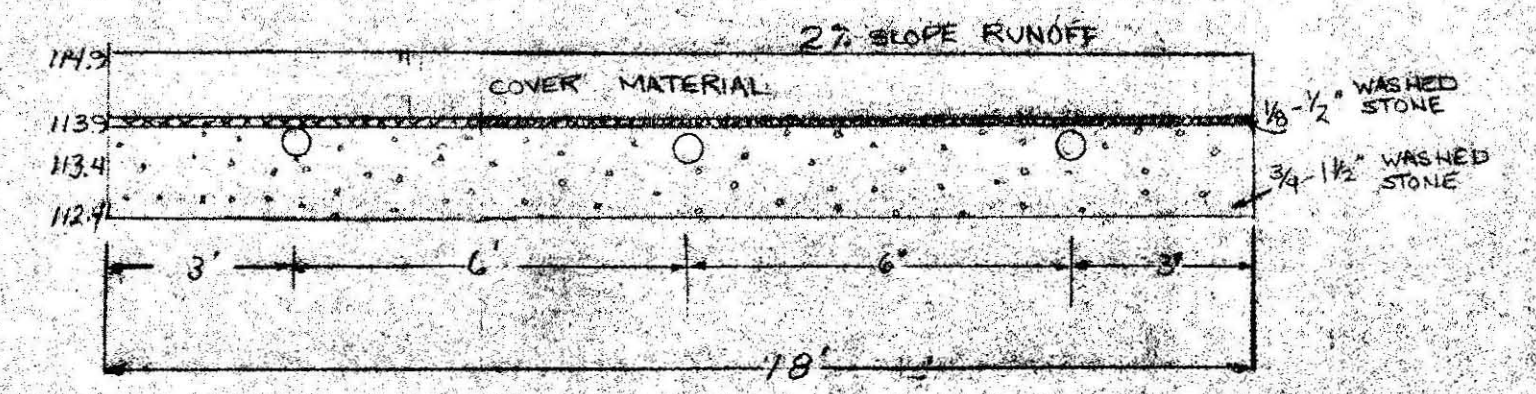
DESIGN CALCULATIONS

3 BEDROOM DWELLING & GARBAGE GRINDER
 400 GALLONS MINIMUM DAILY FLOW
 D.I.P. 30" PERC RATE = 2 MIN/INCH
 LEACHFIELD DIMENSIONS 18' x 40'
 PROPOSED CAPACITY
 $18' \times 40' \times 1.00 \text{ GAL/SF} = 720 \text{ GALLONS}$

NOTE: TOWN WATER

LEACHFIELD X-SECTION

SCALE 1" = 3' - 0"



PLAN OF SUBSURFACE SEWAGE DISPOSAL SYSTEM

FOR
 BRUCE TAYLOR
 LOT 4A MIDDLE STREET
 AMHERST, MA

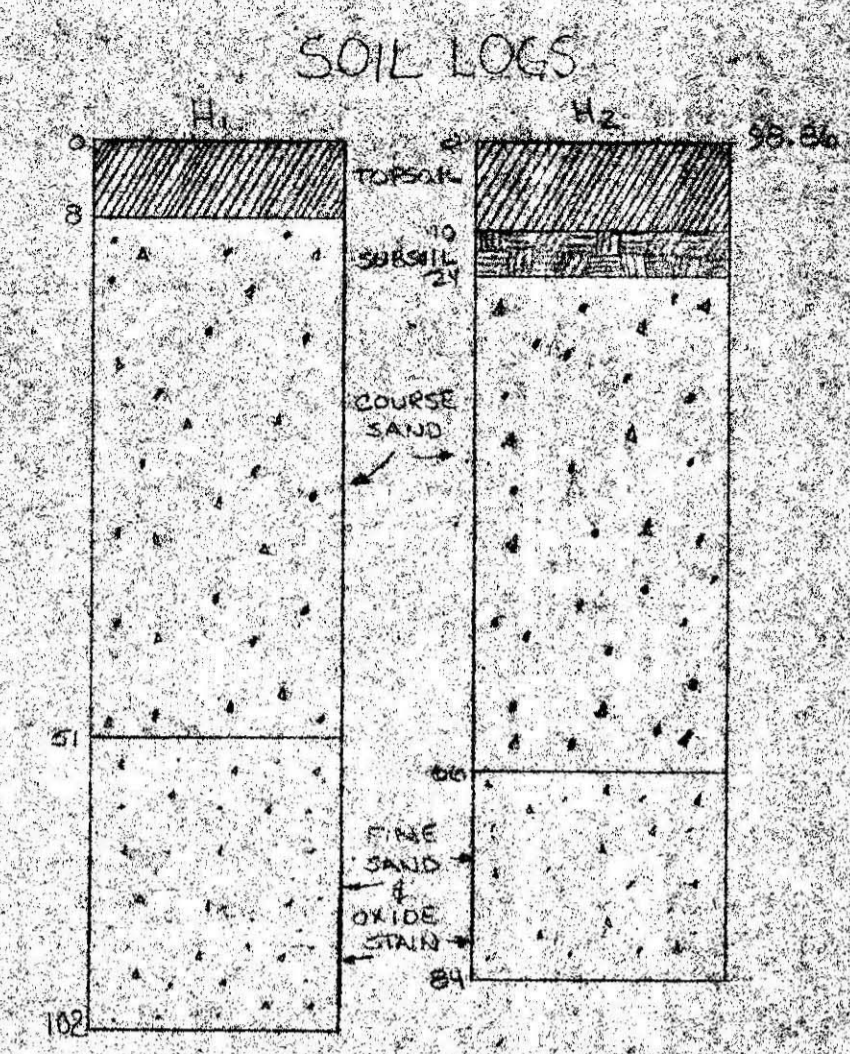
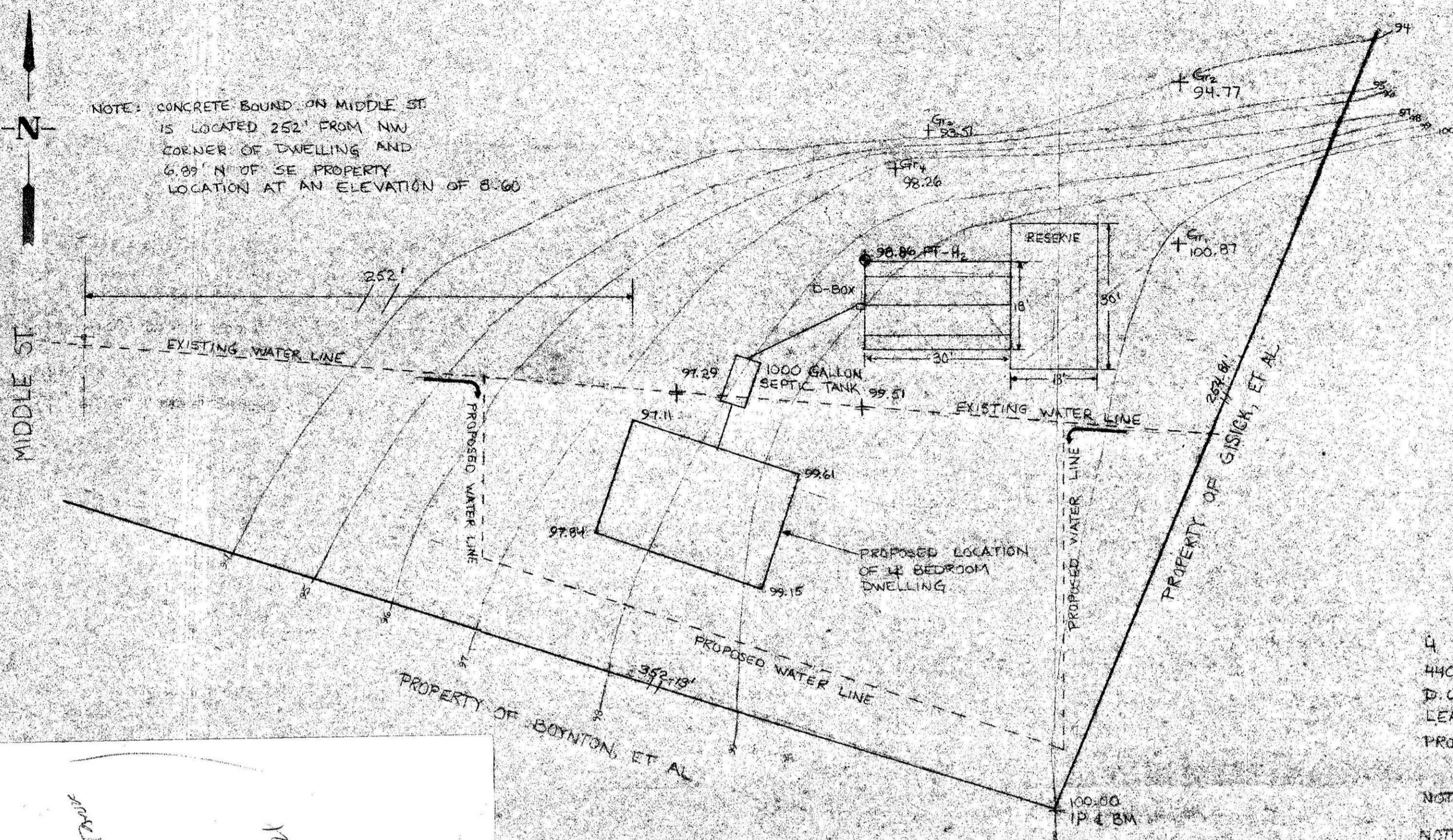
O'KEEFE ASSOCIATES
 CONSULTING ENGINEERS AND LAND SURVEYORS
 10 SOUTH MAIN ST.
 BELCHERTOWN, MA

DATE: APRIL 27, 1994 DRAWN BY: MAR

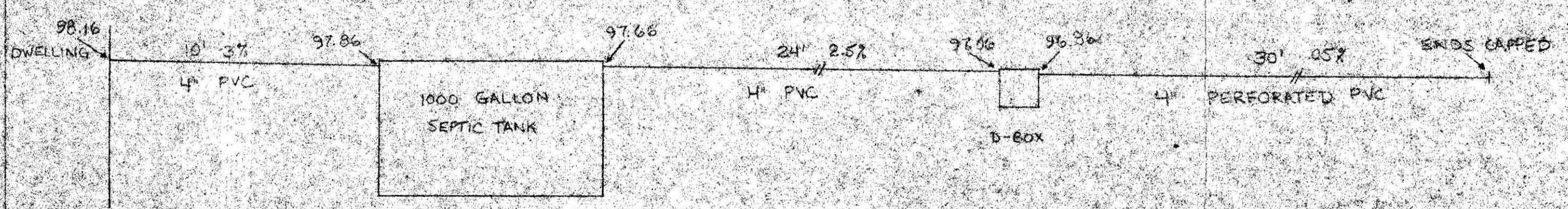
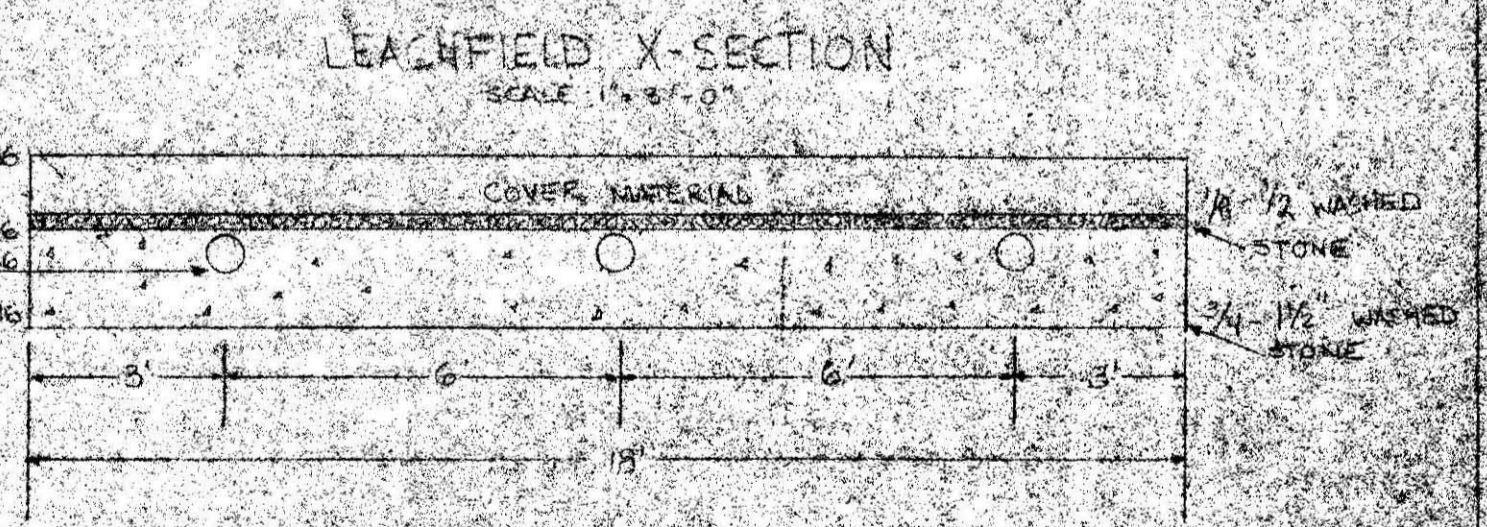
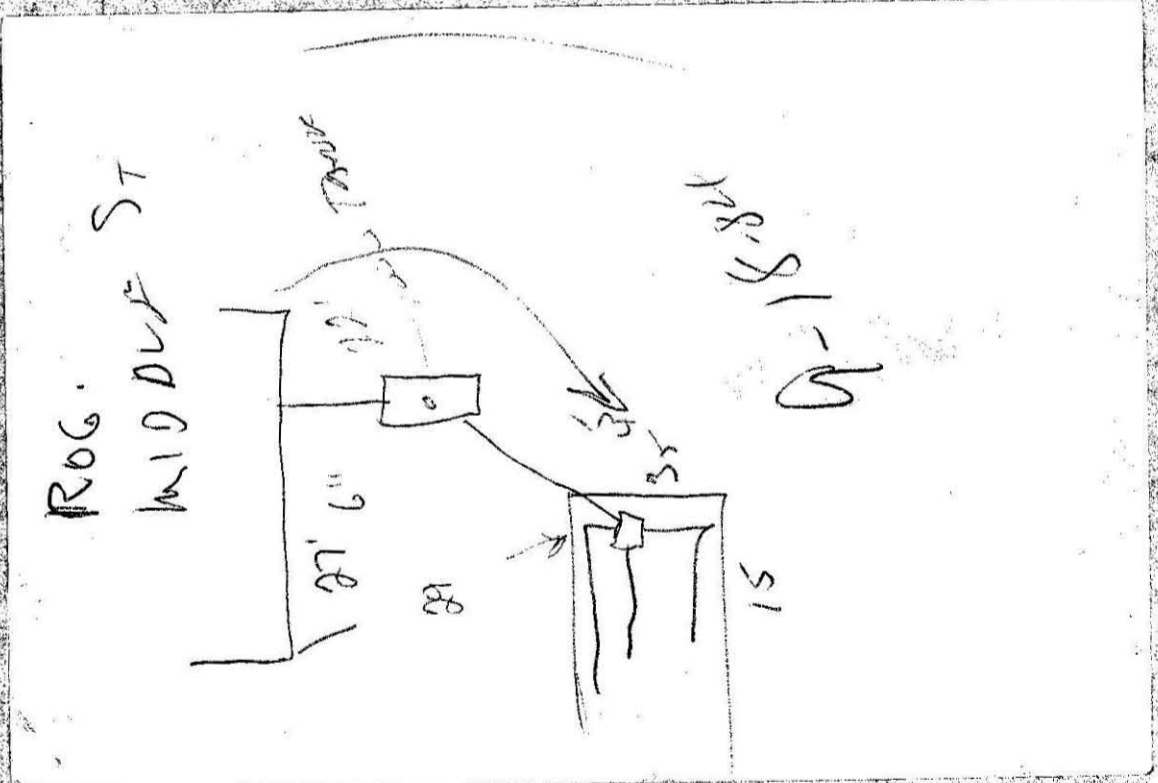
BOARD OF HEALTH
 AMHERST, MA



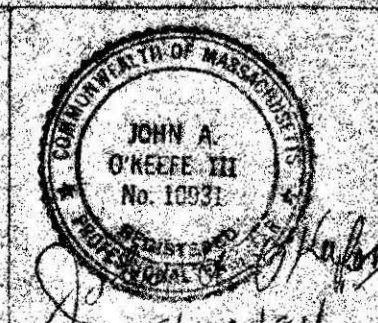
4/29/94



DESIGN CALCULATIONS
 4 BEDROOM WOOD DWELLING, NO GARBAGE GRINDER
 440 MINIMUM GALLONS DAILY FLOW
 D.O.P. 30" PERC RATE 2.2 MIN/INCH
 LEACHFIELD DIMENSIONS 10' x 30' = 540 SF
 PROPOSED CAPACITY:
 18' x 30' x 1000 GAL/SF = 540 GALLONS
 NOTE: TOWN WATER
 NOTE: EXISTING WATER LINE TO BE RELOCATED TO PROPOSED WATER LINE AS DESIGNATED BY DASHED (---) LINE SCALE 1" = 20'-0"



BOARD OF HEALTH
AMHERST, MA



PLAN OF SUBSURFACE DISPOSAL SYSTEM FOR
 BRUCE TAYLOR
 LOT 4A MIDDLE STREET
 AMHERST, MA
 O'KEEFE ASSOCIATES
 CONSULTING ENGINEERS AND LAND SURVEYORS
 10 SOUTH MAIN ST.
 BELCHERTOWN, MA
 DATE: MAY 24, 1984 DRAWN BY: MAR

382 Middle



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

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

Property Address: 382 Middle St
Amherst Ma.
Owner's Name: Tom Pelletier
Owner's Address: same
Date of Inspection: 2/19/02

Name of Inspector: (please print) Pamela / Cary Bissell
Company Name: Affordable Home and Septic Inspections Inc
Mailing Address: 51 Laurel St.
Holyoke Ma. 01040
Telephone Number: 413-532-8600

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: Pamela Bissell Date: 3/2/02

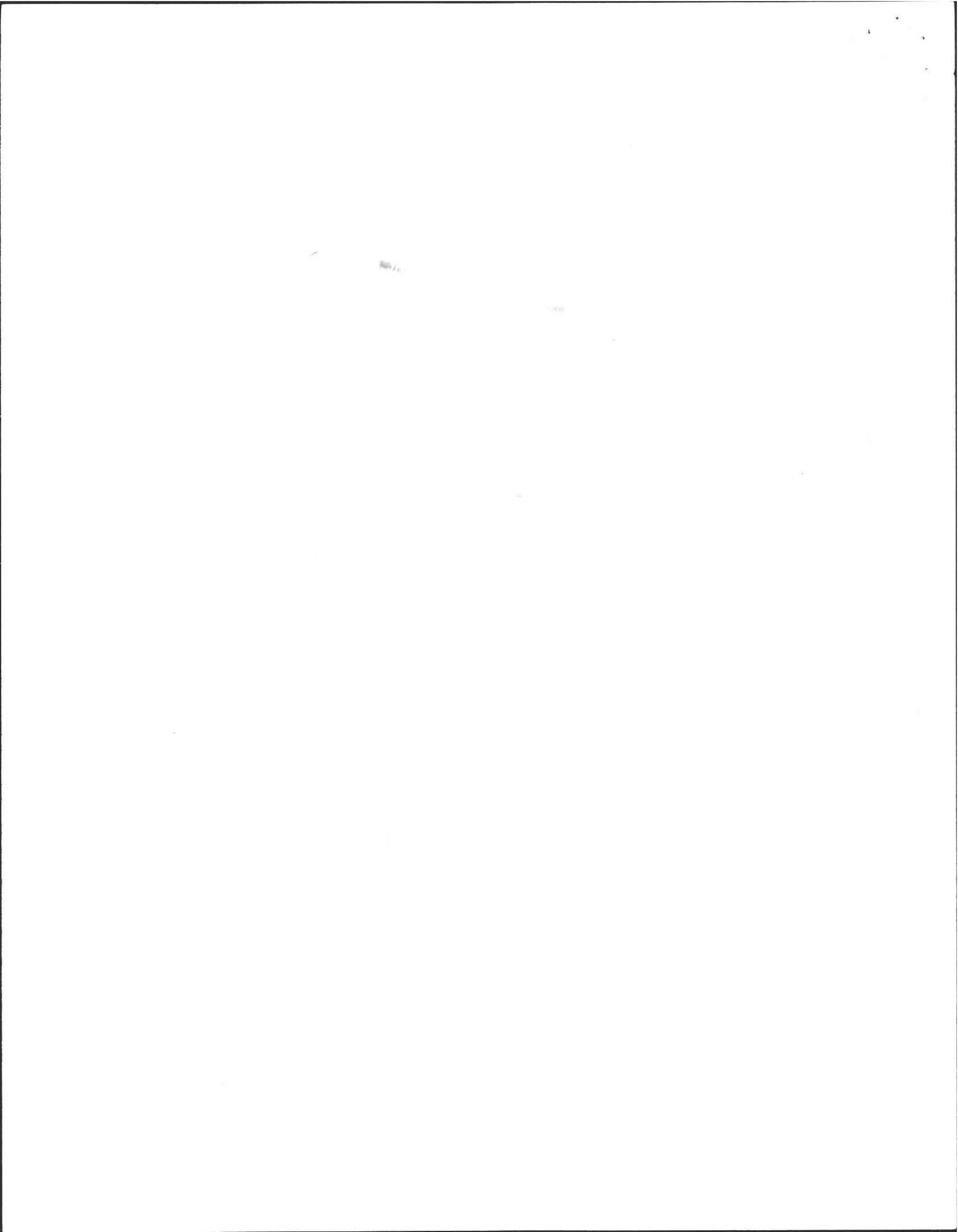
The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report 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.

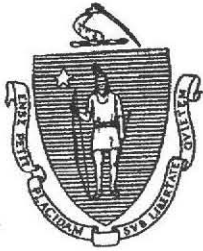
Notes and Comments

system was a conditional pass needing a new D-Box - this was replaced & system now appears to be in passing condition - meeting local & DEP requirements

****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.

File





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

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

Property Address: 382 Middle St
Amburst, Ma
 Owner's Name: Tom Pelletier
 Owner's Address: (same)
 Date of Inspection: 2/19/02

Name of Inspector: (please print) Pamela Cary Bissell
 Company Name: Affordable Home and Septic Inspections Inc
 Mailing Address: 51 Laurel St.
Holyoke Ma. 01040
 Telephone Number: 413-532-8600

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

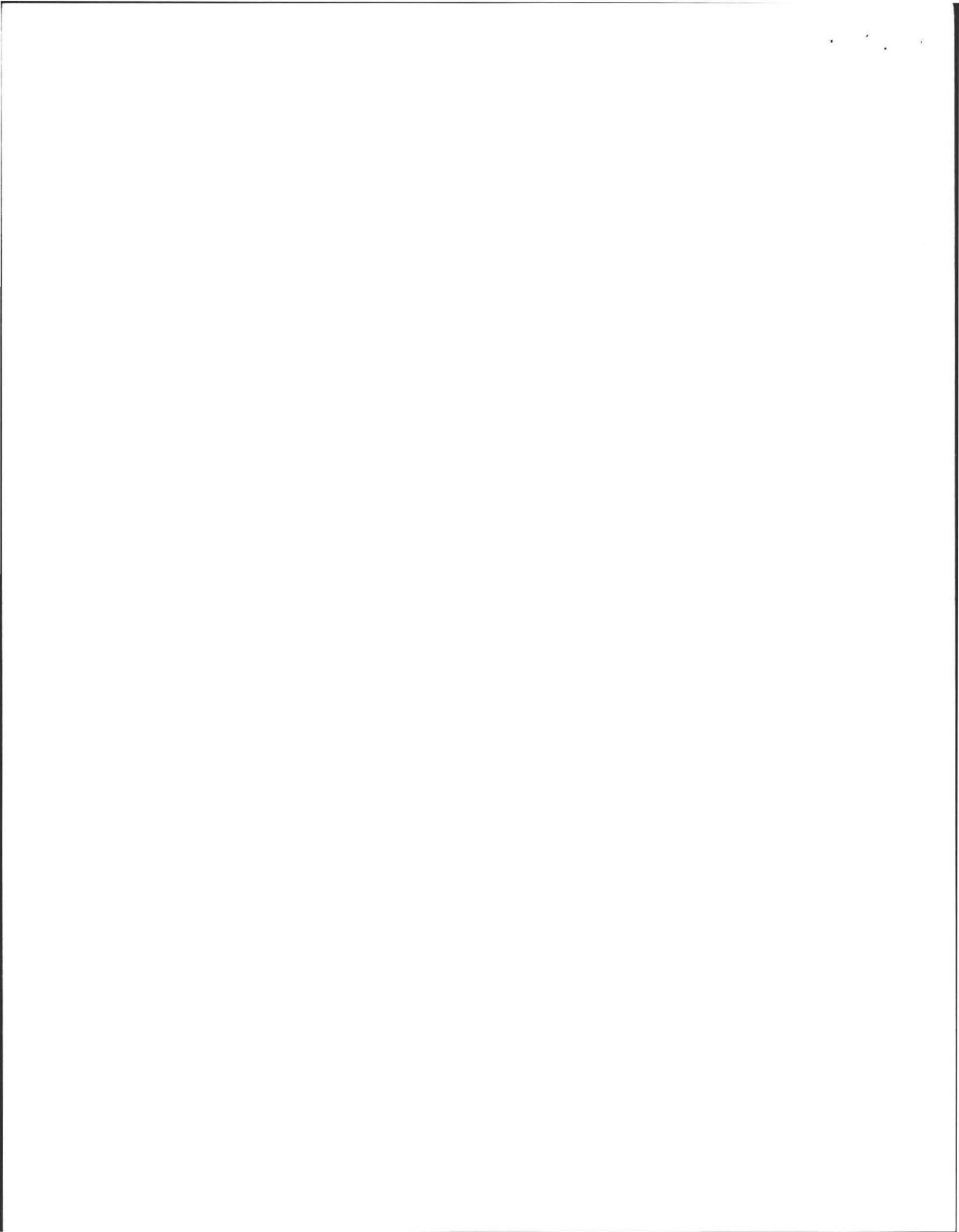
Inspector's Signature: Pamela Bissell Date: 2/19/02

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

Conditional Pass: 1.) D-Box eroded - needs replacing.

****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.



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

Property Address: 382 Middle St
Amherst, Ma
Owner: Pellotier
Date of Inspection: 2/19/02

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:

B. System Conditionally Passes:

Yes 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:

Yes 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):

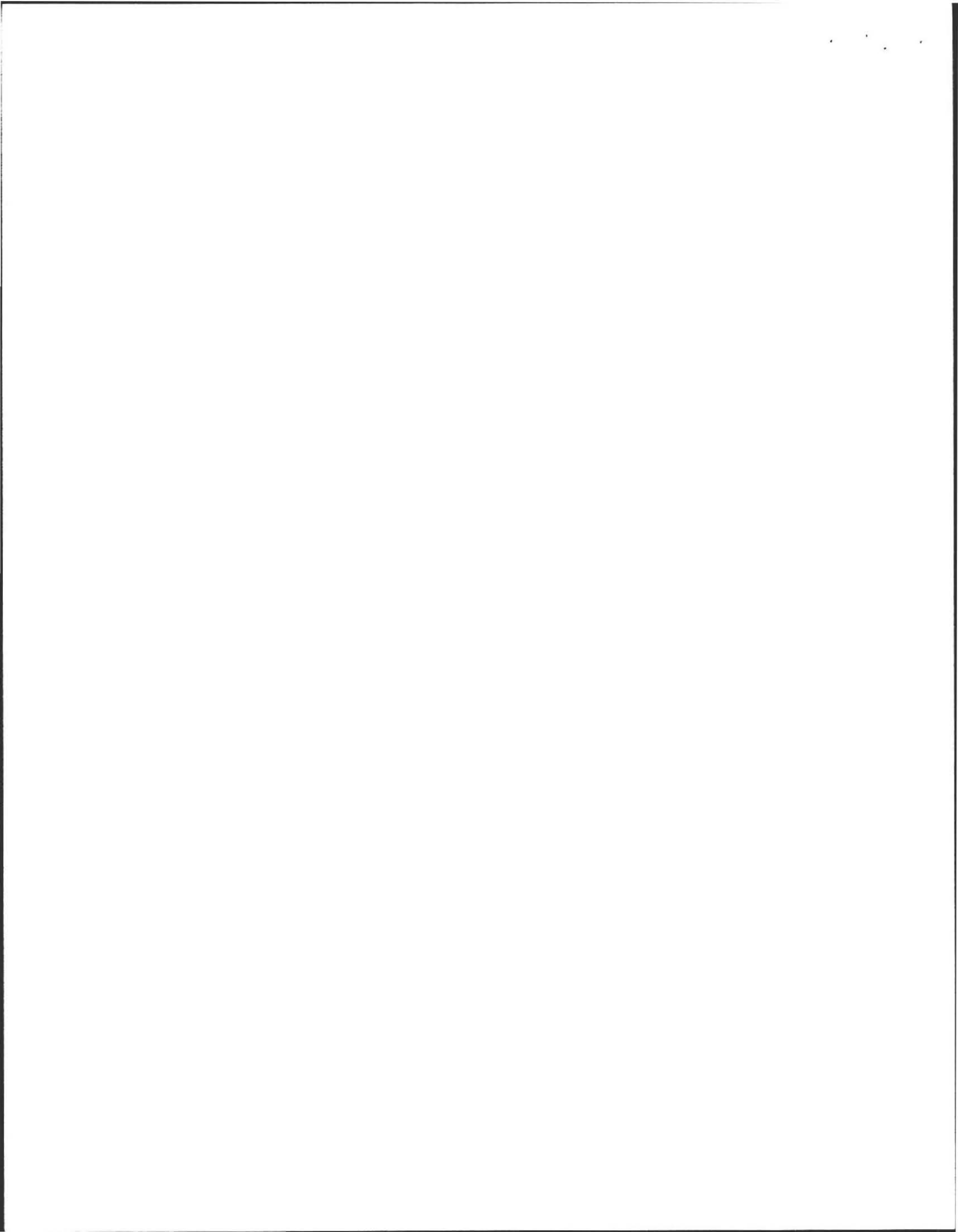
- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

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: 382 Middle St
Dorset, MA
Owner: Pelloni
Date of Inspection: 2/19/02

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 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:

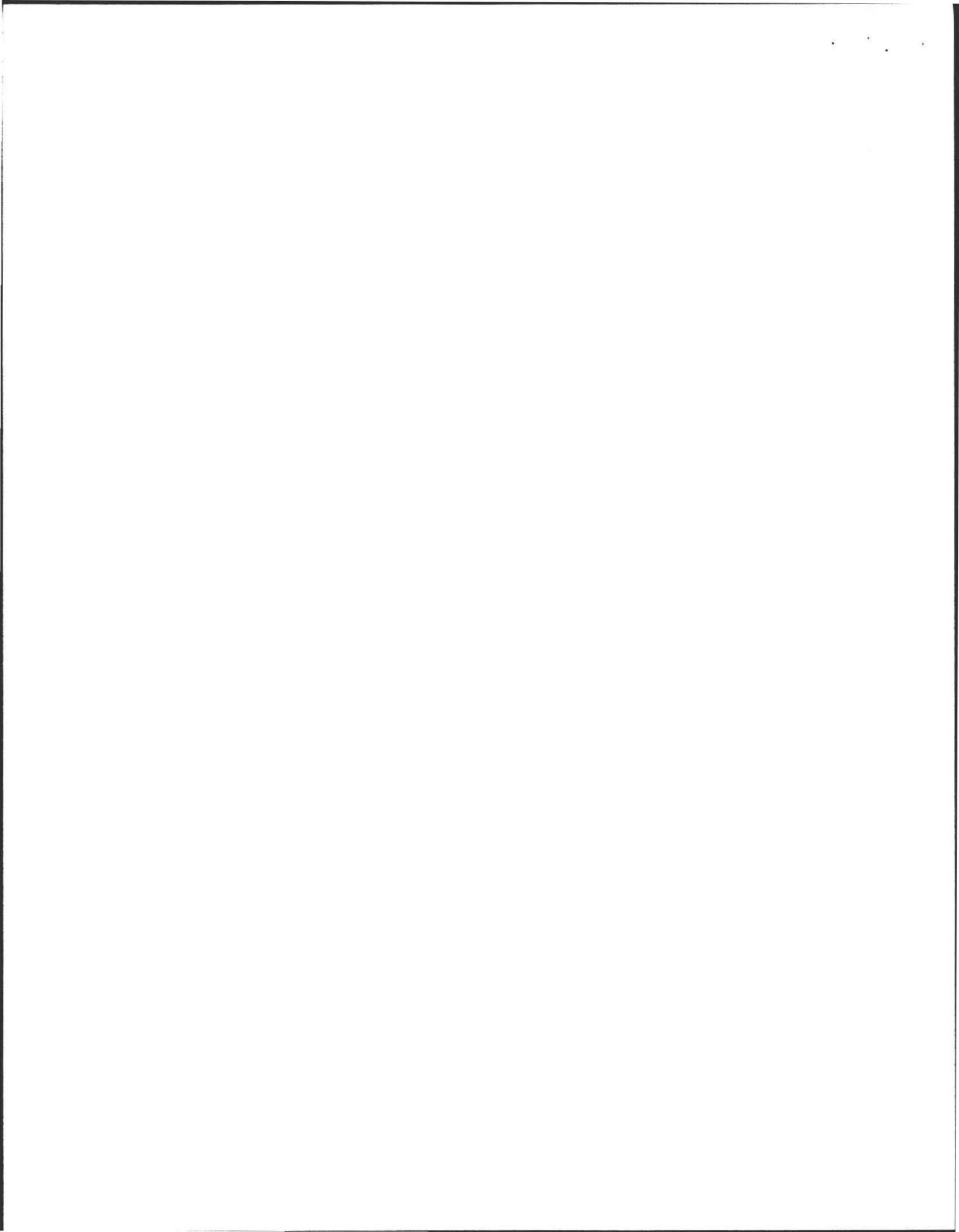
- ___ Cesspool or privy is within 50 feet of a surface water
- ___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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 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.

3. Other:



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

Property Address: 382 Middle St
Andover, Ma
Owner: Pellegrino
Date of Inspection: 2/19/02

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 type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input 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 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 SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <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. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 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. [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.] |

_____ (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.

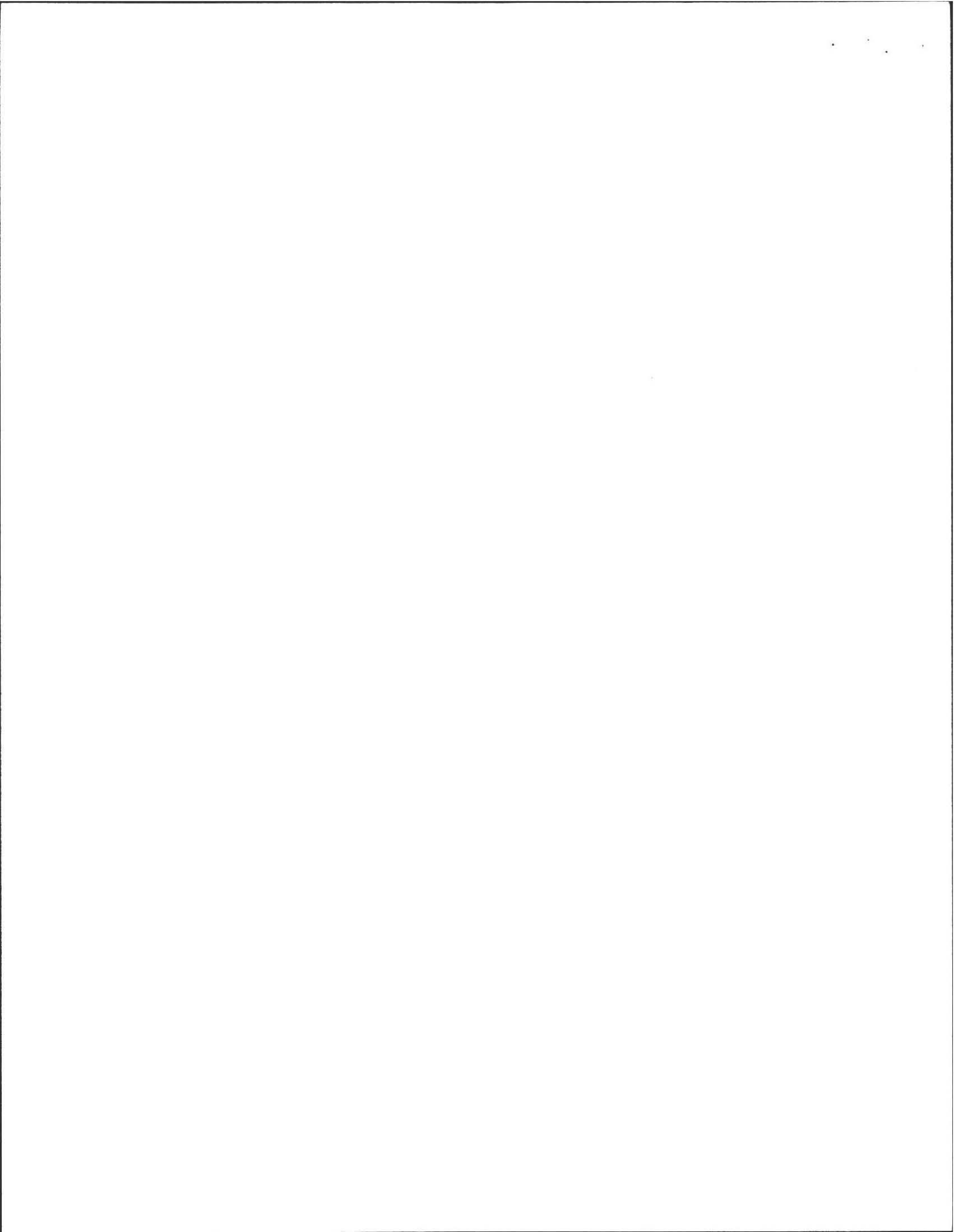
E. Large Systems:

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 checked="" 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 B
CHECKLIST**

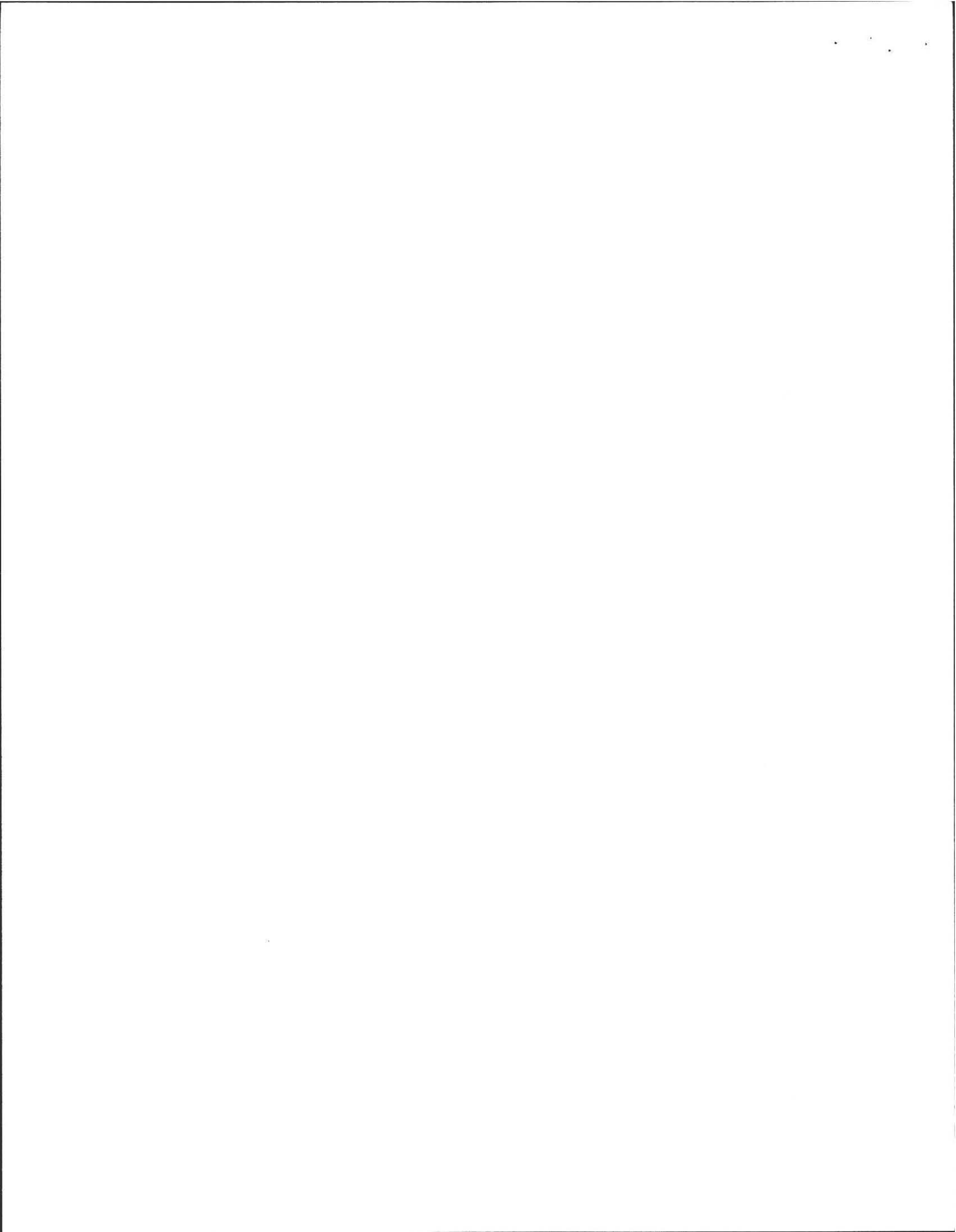
Property Address: 382 Middle St
Amherst, Ma
Owner: Pellegrini
Date of Inspection: 2/19/02

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 ? |
| <u>N/A</u> | <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 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. <u>Union Twp</u> |
| <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)] |



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

Property Address: 382 Middle St
Amherst, Ma
Owner: Pellegrino
Date of Inspection: 2/19/02

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440
Number of current residents: 3
Does residence have a garbage grinder (yes or no): No
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)): Town Water
Sump pump (yes or no): No
Last date of occupancy: Presently

COMMERCIAL/INDUSTRIAL

Type of establishment: _____
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: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: 2 yrs ago APO
Was system pumped as part of the inspection (yes or no): No
If yes, volume pumped: _____ gallons -- How was quantity pumped determined? _____
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:
1982 APO

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 C
SYSTEM INFORMATION (continued)

Property Address: 382 Middle St
Amherst, MA
Owner: Pellegrino
Date of Inspection: 8/19/02

BUILDING SEWER (locate on site plan)

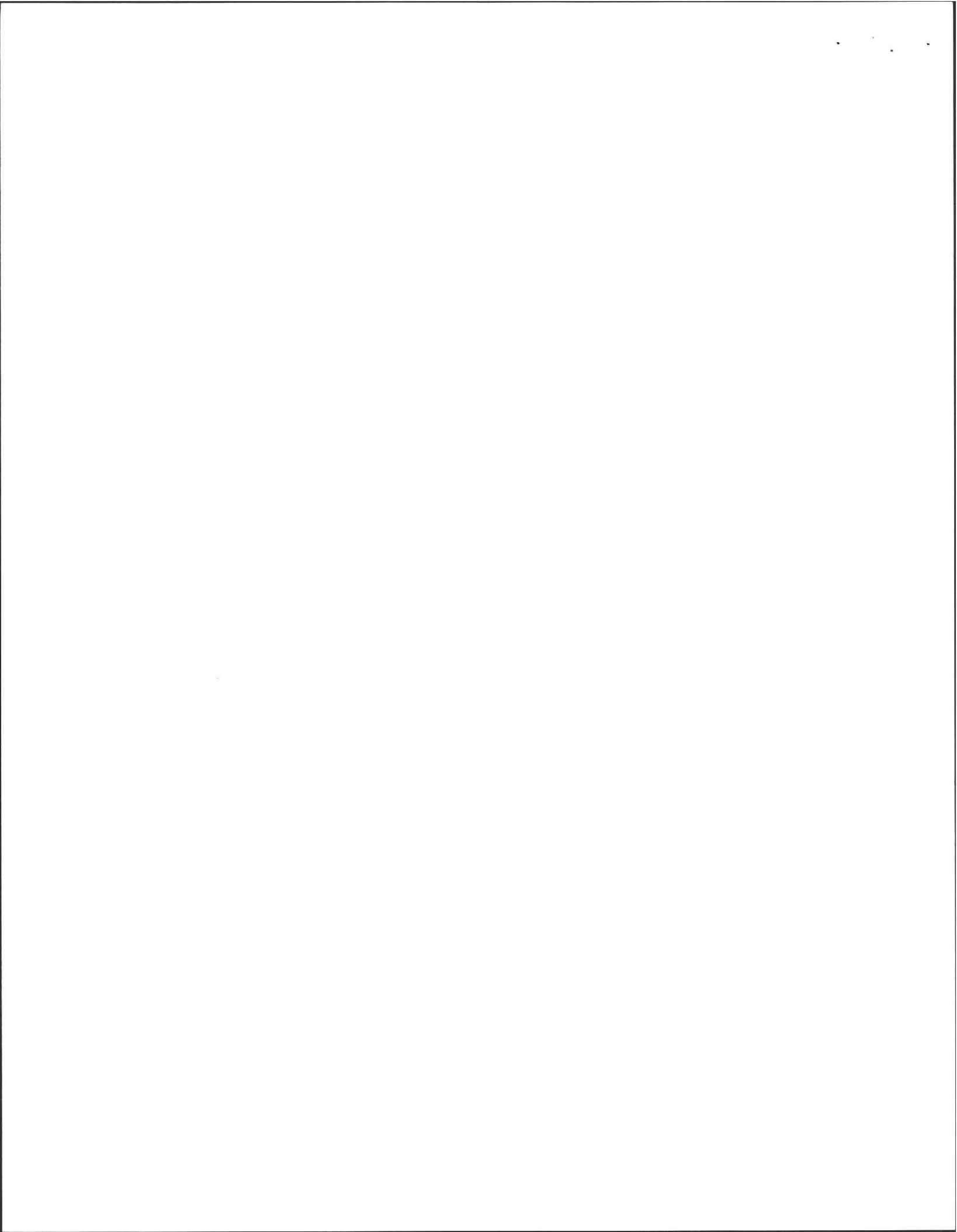
Depth below grade: 2'
Materials of construction: cast iron / 40 PVC other (explain): _____
Distance from private water supply well or suction line: N/A
Comments (on condition of joints, venting, evidence of leakage, etc.): _____

SEPTIC TANK: P (locate on site plan)

Depth below grade: 14"
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: 8x5x5
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 31"
Scum thickness: 3"
Distance from top of scum to top of outlet tee or baffle: 7"
Distance from bottom of scum to bottom of outlet tee or baffle: 13"
How were dimensions determined: Sludge Judgetape
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Septic Tank appears sound, no signs of exfiltration
Baffles intact, some mild spalling concrete noted.

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 (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: 352 Middle St
Amherst, Ma
Owner: Pellegrino
Date of Inspection: 2/19/02

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/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.):

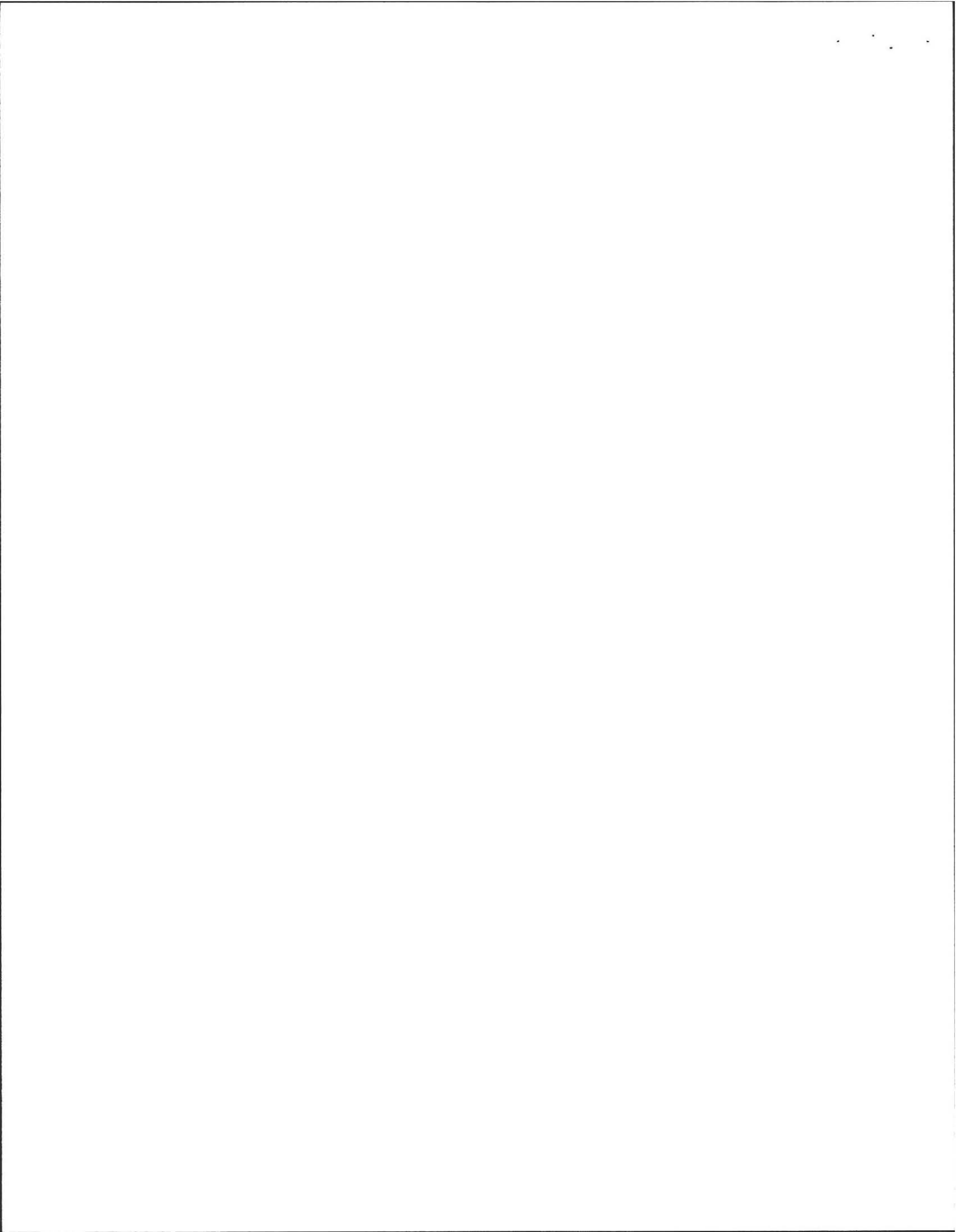
DISTRIBUTION BOX: 1 (if present must be opened)(locate on site plan)

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.):

D-Box deteriorated. Concrete spalling. Rock outc
eroded. Recommend replace D-Box.

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.):



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

Property Address: 382 Middle St
Andover, Ma
Owner: Pelletier
Date of Inspection: 2/19/02

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:
- (3) leaching trenches, number, length:
- _____ 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.):

three leach lines present. SAS appears functional
no signs of unusual vegetation or ponding.

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

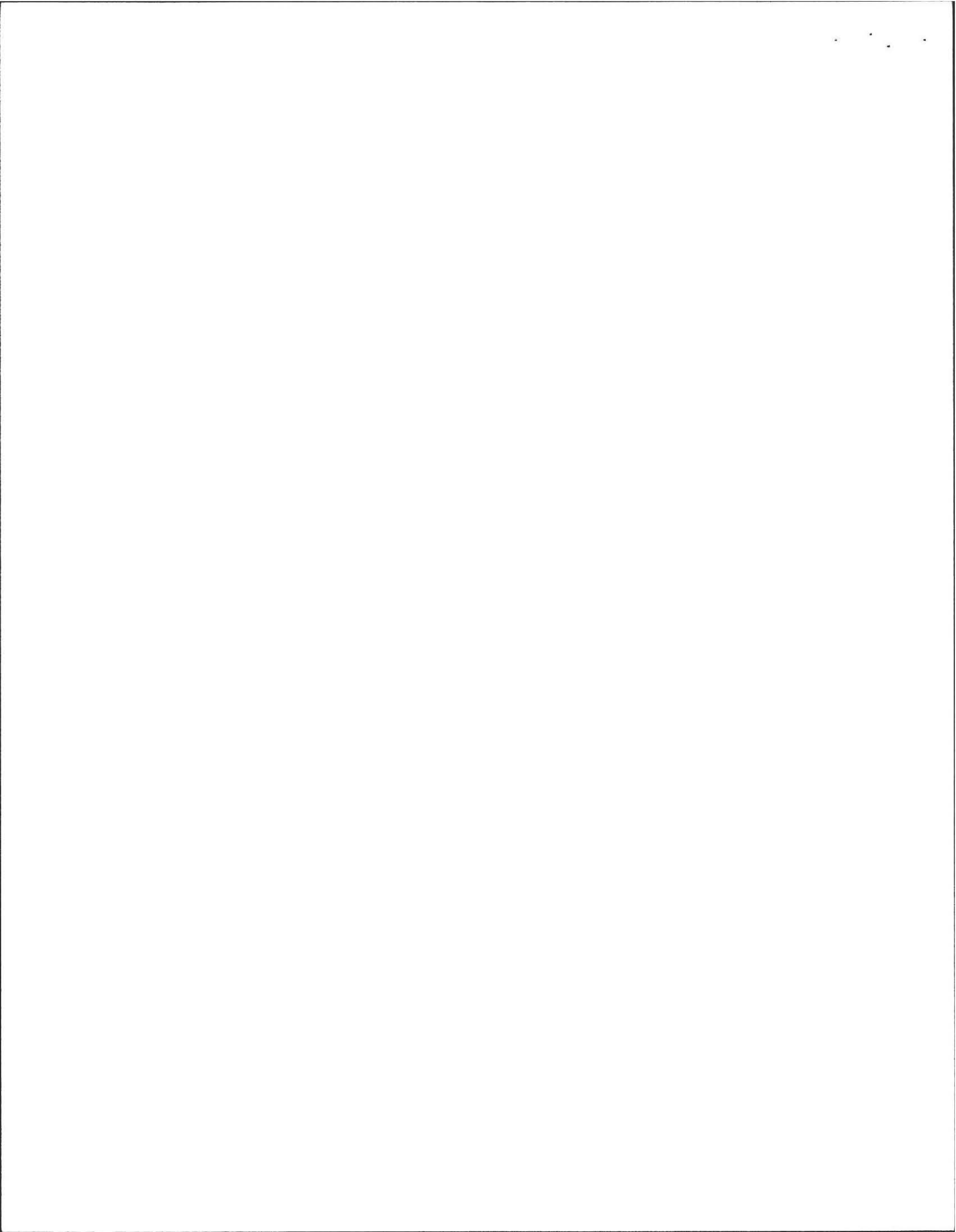
- Number and configuration:
- Depth – top of liquid to inlet invert:
- Depth of solids layer:
- Depth of scum layer:
- Dimensions of cesspool:
- Materials of construction:
- Indication of groundwater inflow (yes or no):

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

PRIVY: (locate on site plan)

- Materials of construction:
- Dimensions:
- Depth of solids:

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

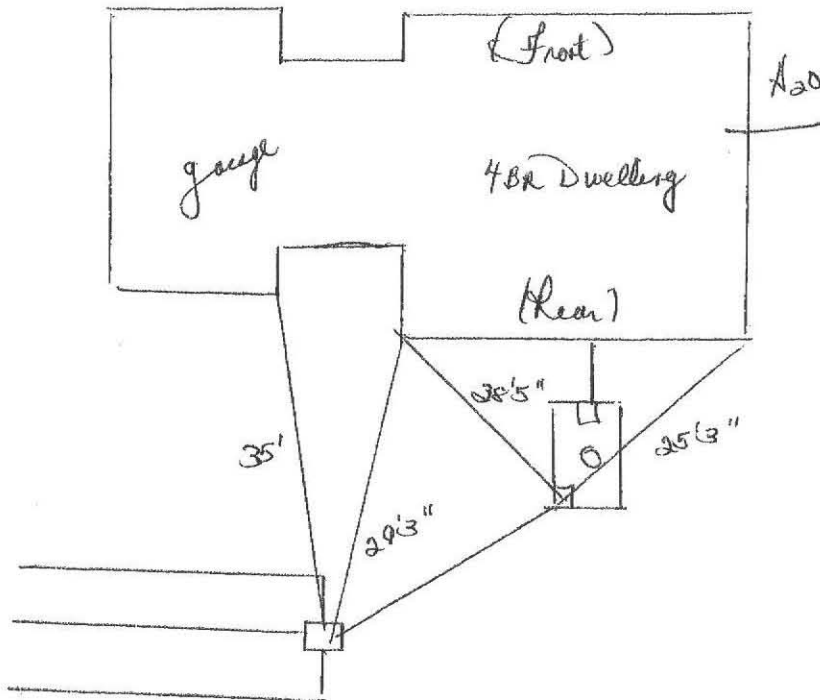


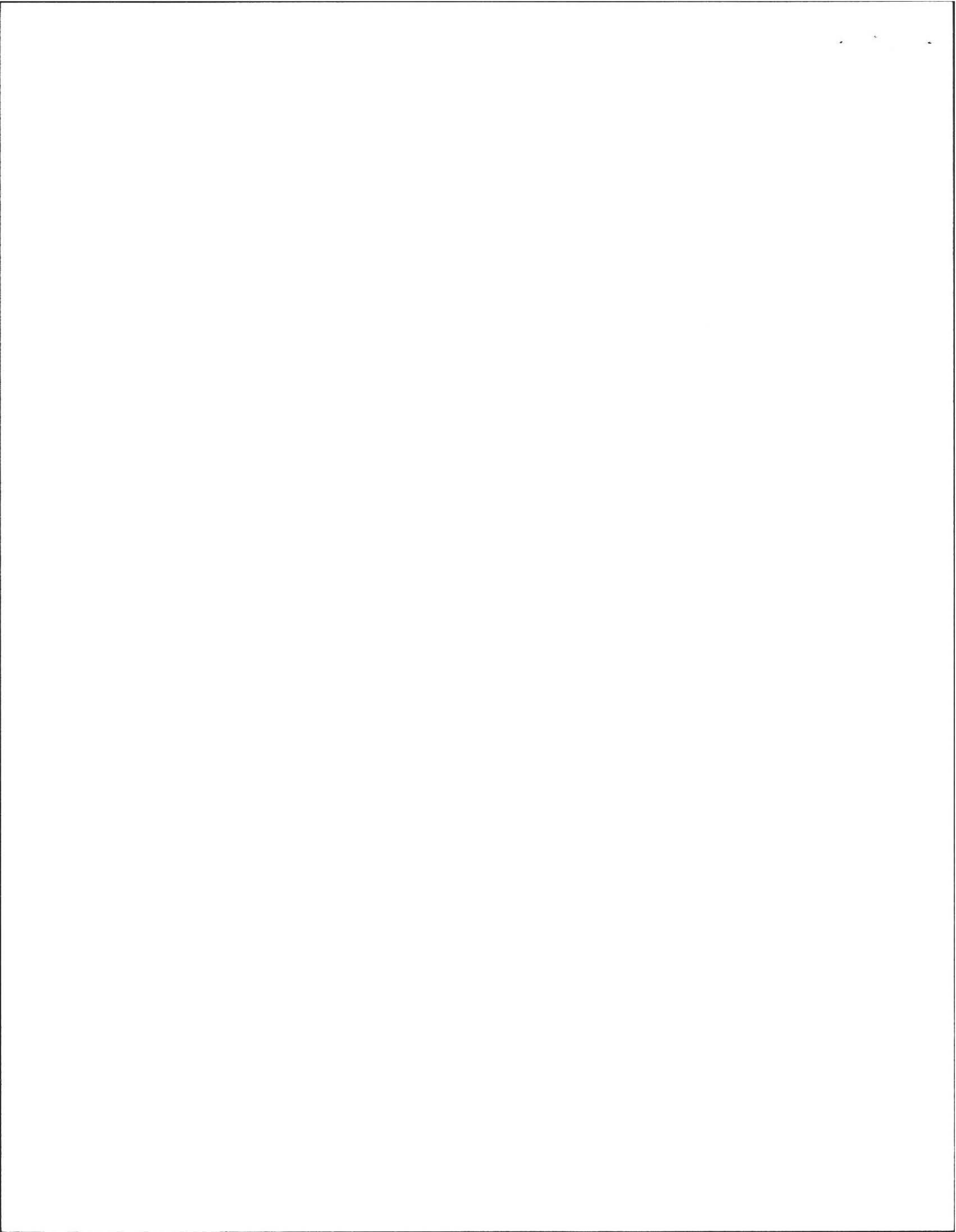
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 382 Middle St
Amherst, Ma
Owner: Pelletier
Date of Inspection: 2/19/02

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.





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

Property Address: 352 Middle St
Amherst, Ma
Owner: Pelletier
Date of Inspection: 2/19/02

SITE EXAM

- Slope
- Surface water
- Check cellar
- Shallow wells

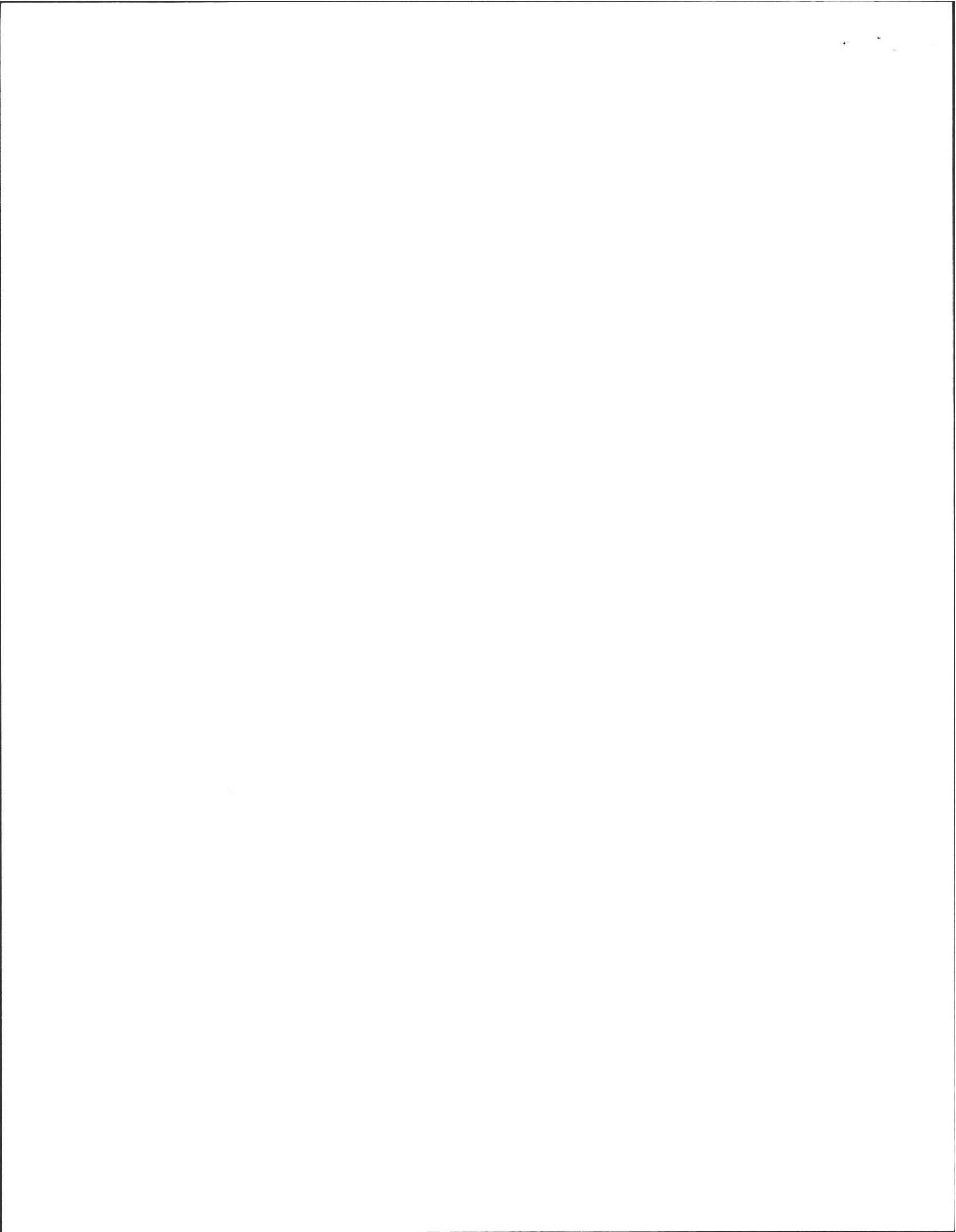
Estimated depth to ground water 5' feet

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: _____
- 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:

Area of variable ground water, sloped lot.
No sump pump present.



Affordable Home Inspections
Title 5 Septic Inspection Evaluation Agreement

- I.) Affordable Home Inspections represented by Cary/Pamela Bissell as the septic inspectors has been contracted for:
- 1.) To inspect the property septic system located at 382 Middle Rd
Amherst
 - 2) By client Tom Pelletier
 - 3) for the fee of \$ 350⁰⁰ this fee represents the standard time schedule of three hours for the onsite inspection. Time exceeding this shall be charged at \$45.00 per hour. On site inspection commences at the time of arrival at the above address.
 - 4.) By your signature, it is understood that this inspection does not serve as a warranty implied or expressed. Nor any form of surety, and does not absolve the seller of any possible liability.
 - 5.) Further more it is understood that this inspection and the opinion contained within the report are performed and based upon the abilities, knowledge and experience of the named inspector regarding Title 5 Septic Inspections.

II.) The Inspector Intends To:

- 1.) Visually inspect all major structural components of the septic system relative to Title 5 requirements.
- 2.) Visually identify obvious, existing problems and where possible indicate areas of potential problems.

III.) Inspector will not :

- 1) Make repairs, nor enter septic, nor be responsible for any damage to the septic system or property.

IV.) Inspector is not a guarantor of the future life, adequacy or performance of the septic system.

V.) Inspections are limited to visual defect and general appearance of the septic system and property at the time of the inspection.

VI.) Neither the contents of this report nor any representations made herein are assignable without the expressed written consent of Affordable Home Inspections

VII.) Affordable Home Inspections liability is limited to the cost of the inspection.

VIII.) Septic inspection results are filed with the local Board of Health as required by Title V Regulations.

Signed Thomas Pelletier Date 2/19/02
Affordable Home Inspections representative

