

752 Northeast St.



PERMITS/INSP PAYMENT RECPT#: 12010017
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/29/11 TIME: 10:52
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 2972

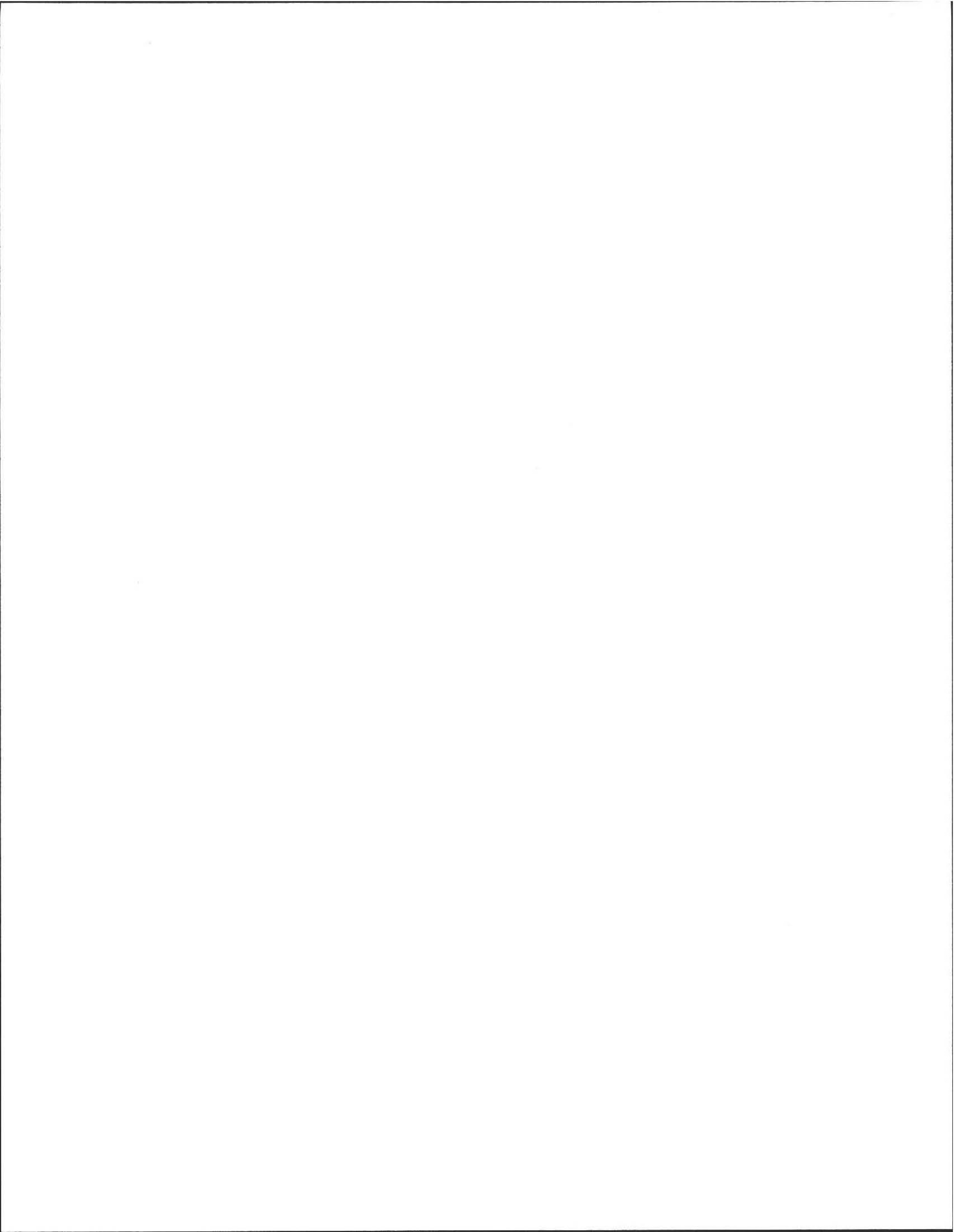
REFERENCE:

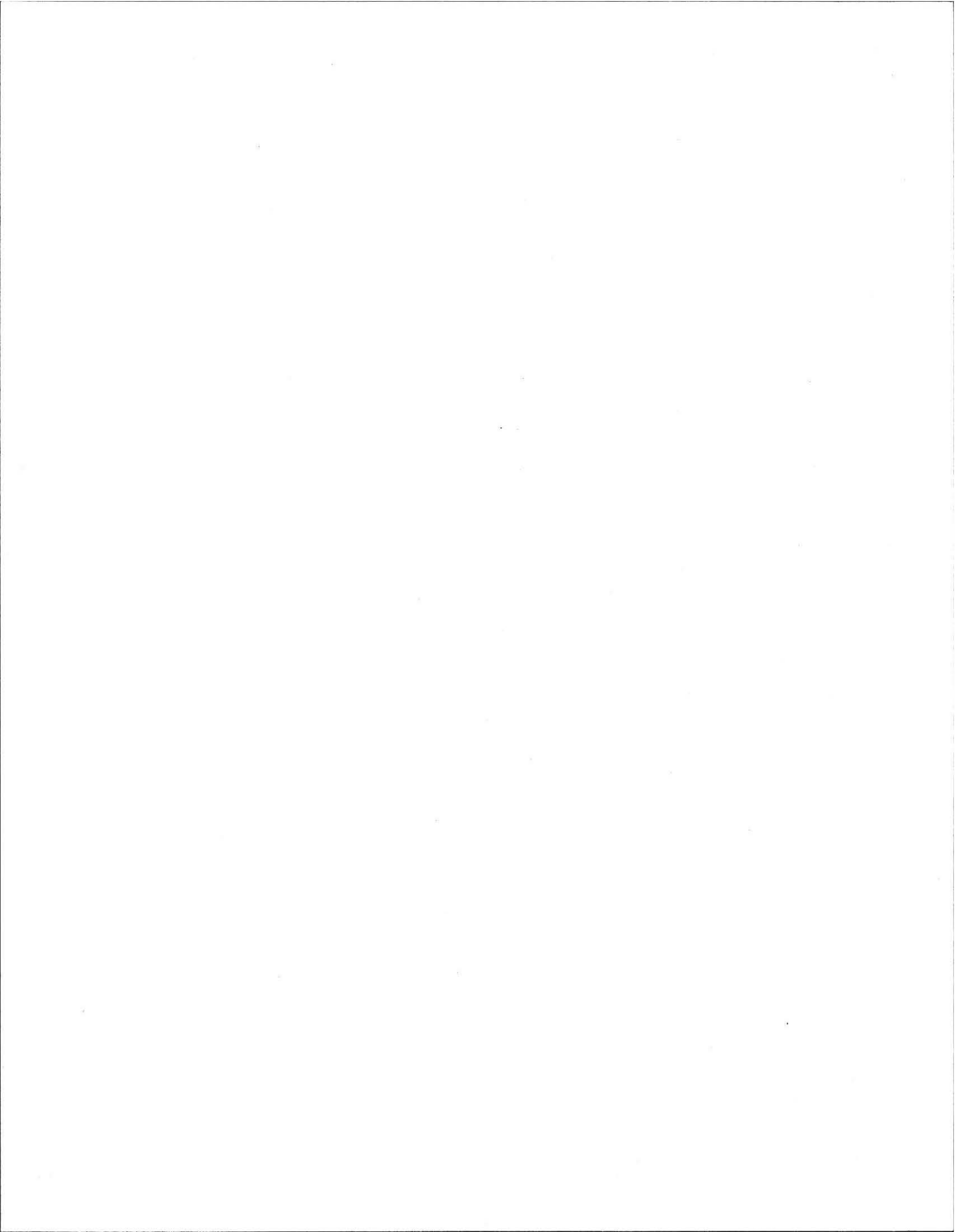
AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: IAN & LYNN SHERIDAN

FEES:
HEA058 200.00

TOTAL PAID: 200.00





311 Strong Street Asheville

8:30 A.M.

PREPARED BY	
DATE	

Leaking oil tank into water table, DEP, VAC truck

PAGE NO.

PROJECT - SITE - NOTES

670 + 680 Bay Road
Alan Weiss 534 4015

752 Northeast Street

T-5
PASSES

670 Bay - Estate of Jay Carpenter

- D-Box somewhat corroded, okay
- no staining above tank lids
- no ponding
- vacant since January

- would have to connect to sewer from 680 - excavator may create easement for

T-5 FAILS

Send invoice to Jeffrey Brown

680 - older system

800+ gallons 4' x 4' x 5' deep

- vacant since mid February
- fails - cinder floor leads tank 100 ft

Septic tank also corroded

- can connect to street

w/in 100' of block

- Alan will do decommissioning permit if possible

Check file
minor change

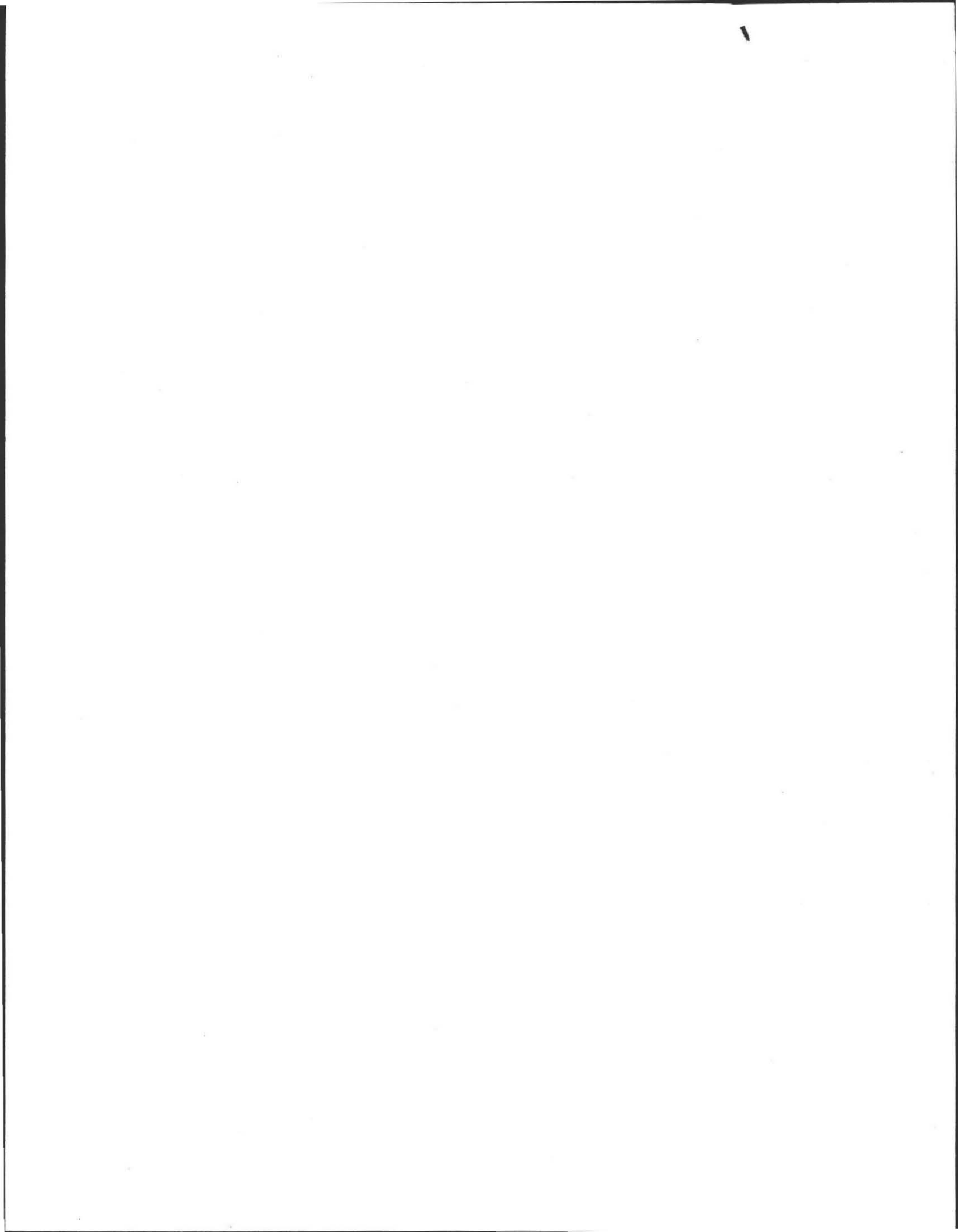
SEND INVOICE TO T-5 & P-55

GOLD FIBRE®

752 NORTHEAST 10 YRS OLD, TITLED 3 YEARS AGO
1500 GALLON 2 CHAMBER TANK

P BOX SLIGHTLY CORRODED (Water Softener?)

2 barrels of lead tanks - no standing H₂O, no stain





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

752 Northeast Street

Property Address

Ian W. and Lynn K. Sheridan

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

07.19.2011

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

A) System Passes:

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

Comments:

All effluent levels in 1,500 gallon septic tank and the distribution box were good. The house is currently occupied and has a five bedroom design from 2011 with four leaching galleries.

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.

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

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

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

ND Explain:

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



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



A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants, Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

Registered Sanitarian # 933.

License Number

B. Certification

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

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

Inspector's Signature

07.19.2011 Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection.

****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.



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752 Northeast Street
 Property Address
 Ian W. and Lynn K. Sheridan
 Owner's Name
 Amherst MA 01002 07.19.2011
 City/Town State Zip Code Date of Inspection

B. Certification (cont.)

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

- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

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

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- checkbox distribution box is leveled or replaced

ND Explain:

- checkbox 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):

- checkbox broken pipe(s) are replaced

- checkbox obstruction is removed

ND Explain:

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

- checkbox 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:

- checkbox Cesspool or privy is within 50 feet of a surface water

- checkbox 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:

- checkbox 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.

- checkbox The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

- checkbox The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.



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C. Checklist

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

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

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |



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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

- Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis.
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails.

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

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

Yes No

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

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



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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

Karl's Excavating 2007

Was system pumped as part of the inspection?

[X] Yes [] No

If yes, volume pumped:

1,500 (2 chambers)

gallons

How was quantity pumped determined?

Measured by Karl's Excavating

Reason for pumping:

4 Years Since Last Pumping

Type of System:

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

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

10 Years for all system components

Were sewage odors detected when arriving at the site?

[] Yes [X] No



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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550

Number of current residents: 5

Does residence have a garbage grinder? [] Yes [X] No

Is laundry on a separate sewage system? [if yes separate inspection required] [] Yes [X] No

Laundry system inspected? [] Yes [] No

Seasonal use? [] Yes [X] No

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

Sump pump? [] Yes [X] No

Last date of occupancy: Current Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203): Gallons per day (gpd)

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

Grease trap present? [] Yes [] No

Industrial waste holding tank present? [] Yes [] No

Non-sanitary waste discharged to the Title 5 system? [] Yes [] No

Water meter readings, if available:

Last date of occupancy/use: Date

Other (describe):



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D. System Information (cont.)

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

Tees were in place and the tank was in excellent condition with no evidence of leakage. All liquid levels were appropriate.

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date

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

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

Depth below grade:

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):



Commonwealth of Massachusetts

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07.19.2011

Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1.5 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

Greater Than 10' feet

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

No evidence of Leakage.

Septic Tank (locate on site plan):

Depth below grade:

1.5 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

Two Chamber Tank

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions:

10.5' x 5.5' x 4'

Sludge depth:

6"

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

42"

Scum thickness

1"

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

26"

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

12"

How were dimensions determined?

Measured



Commonwealth of Massachusetts

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D. System Information (cont.)

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

Blank lines for comments

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

If SAS not located, explain why:

Blank lines for explanation

Type:

- leaching pits, leaching chambers, leaching galleries (checked), leaching trenches, leaching fields, overflow cesspool, 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 evidence of hydraulic failure, ponding, damp soil or stressed vegetation. Stone was dry.



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

Yes No

Alarm level:

Alarm in working order: Yes No

Date of last pumping:

Date

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

* Attach copy of current pumping contract (required). Is copy attached?

Yes No

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

Depth of liquid level above outlet invert

Liquid Level was at Invert

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

Box was level with equal distribution to outlets. No evidence of solids carryover or evidence of leakage into or out of the distribution box.

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No



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

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752 Northeast Street
 Property Address

Ian W. and Lynn K. Sheridan
 Owner's Name

Amherst	MA	01002	07.19.2011
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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.



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D. System Information (cont.)

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

Number and configuration

Depth - top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No

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

Two horizontal lines for handwritten comments.

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.):

Two horizontal lines for handwritten comments.



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D. System Information (cont.)

Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

Over Eight Feet - Dry Basement - No Sump

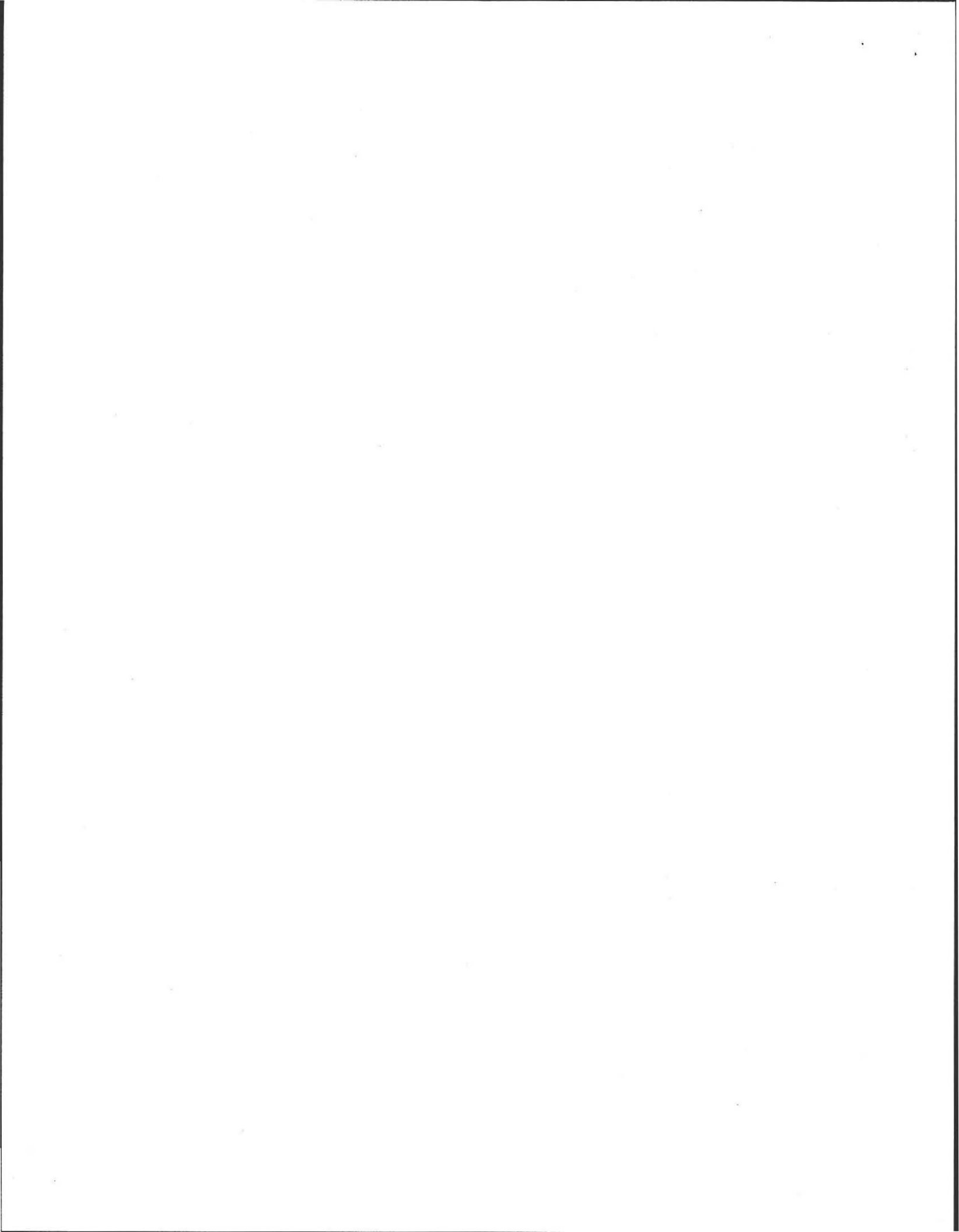
Please indicate all methods used to determine the high ground water elevation:

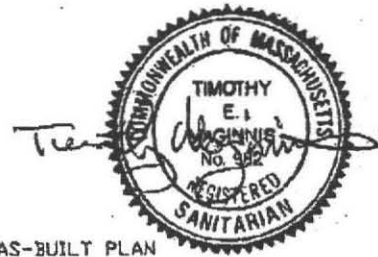
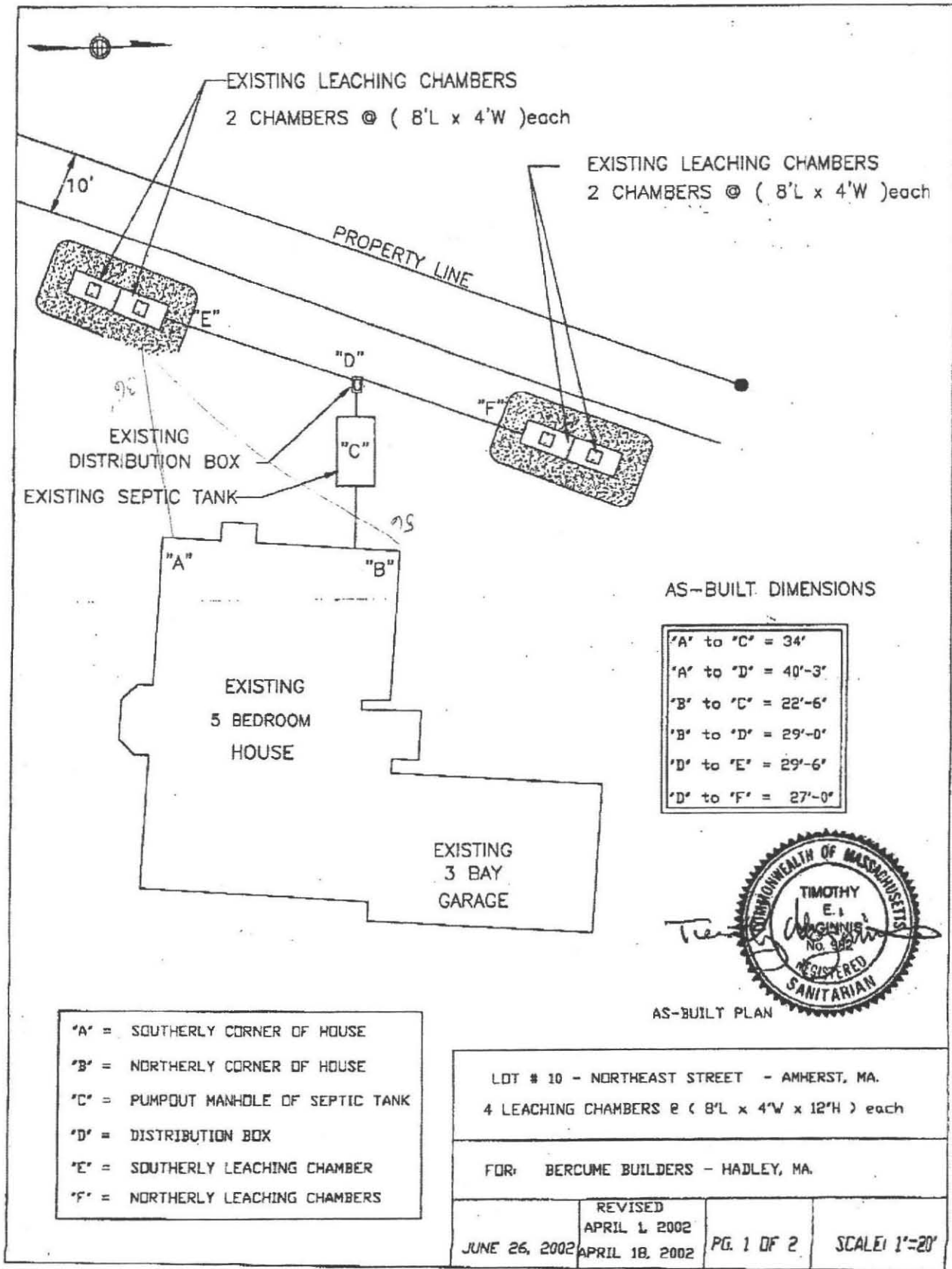
- Obtained from system design plans on record
If checked, date of design plan reviewed: 2001
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:

- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

Inspection of Basement and System Design Plans on Record.





- 'A' = SOUTHERLY CORNER OF HOUSE
- 'B' = NORTHERLY CORNER OF HOUSE
- 'C' = PUMPOUT MANHOLE OF SEPTIC TANK
- 'D' = DISTRIBUTION BOX
- 'E' = SOUTHERLY LEACHING CHAMBER
- 'F' = NORTHERLY LEACHING CHAMBERS



**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

- 2IE Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

Title 5 Attachments

Prepared by:

Cold Spring Environmental Consultants, Inc.
350 Old Enfield Road
Belchertown, MA. 01007

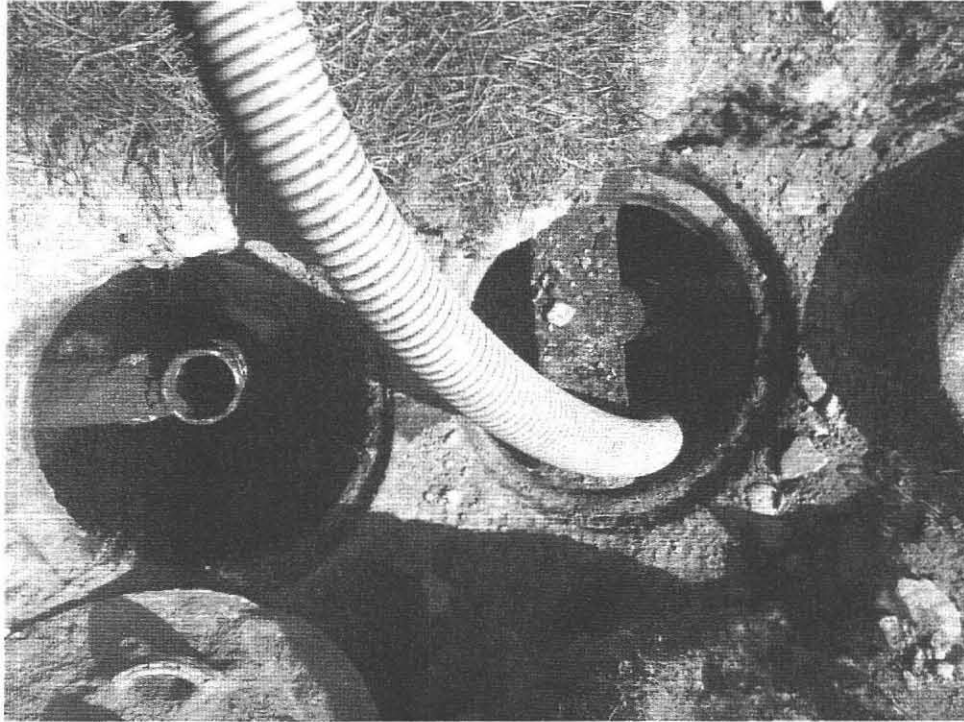
Prepared for:

Ian W and Lynn K Sheridan
752 Northeast Street
Amherst, MA 01002

Project Number: 107-2737-0328

System Evaluator: Alan Weiss, RS

Date: July 19, 2011



Septic tank (2 chamber)
752 Northeast Street
07.19.2011



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

AHW: J. 20240

Owner information is required for every page.

752 Northeast Street

Property Address

Lynn Sheridan

Owner's Name

Belchertown

City/Town

MA

State

01007

Zip Code

3.28.07

Date of Inspection

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A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

License Number

B. Certification

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

Passes Conditionally Passes Fails

Needs Further Evaluation by the Local Approving Authority

[Handwritten Signature]
Inspector's Signature

3.28.2007

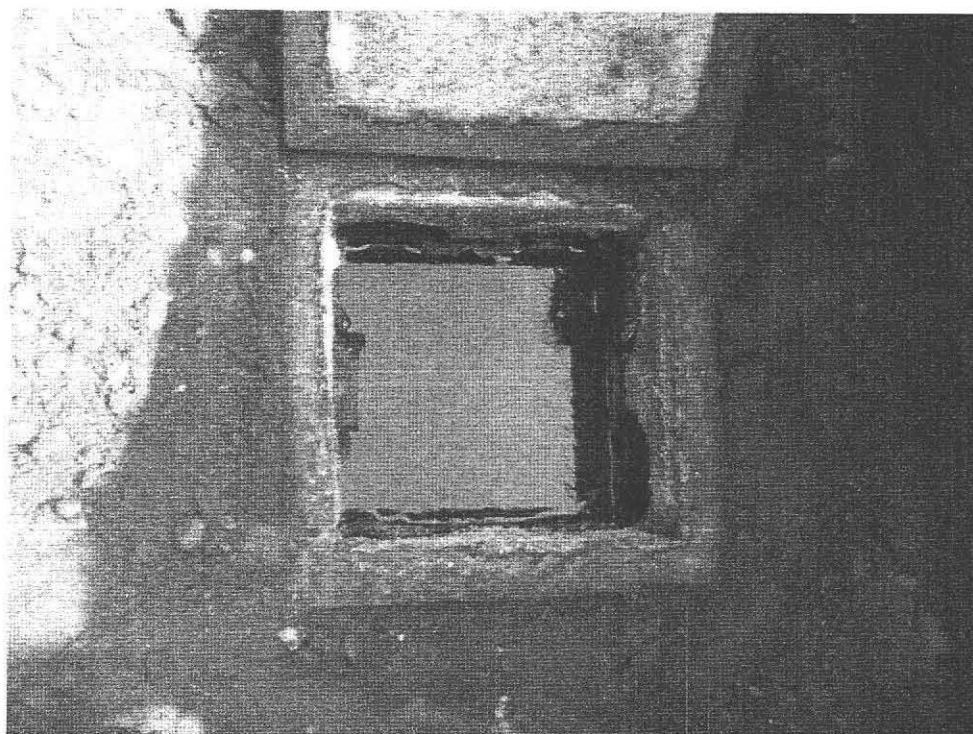
Date

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

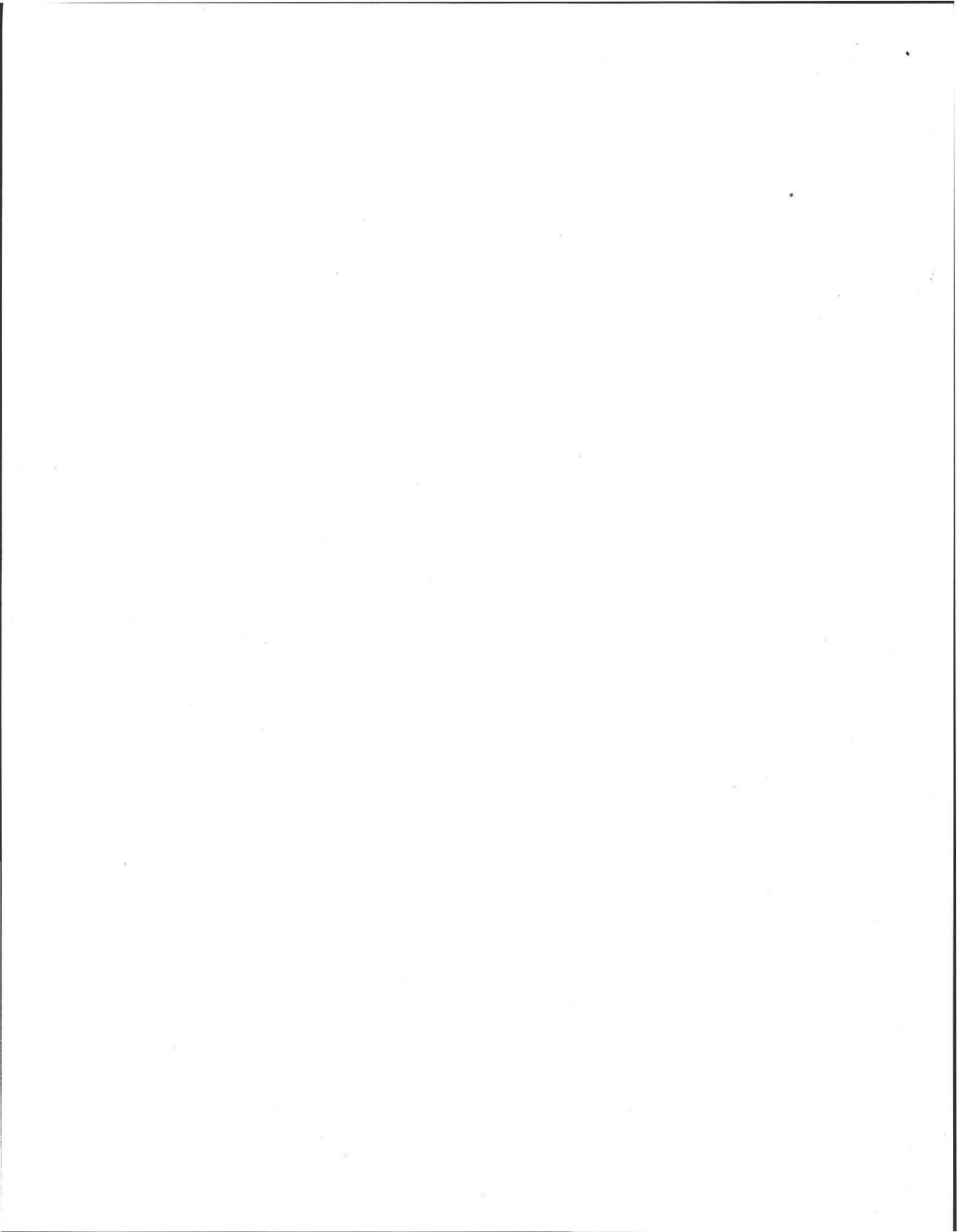
******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**



L. Galley port
752 Northeast Street
07.19.2011



Dist. Box
752 Northeast Street
07.19.2011





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

COPY *[Handwritten signature]*

752 Northeast Street

Property Address

Lynn Sheridan

Owner's Name

Belchertown

City/Town

MA

State

01007

Zip Code

3.28.07

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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



A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

License Number

B. Certification

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

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

[Handwritten Signature]
Inspector's Signature

3.28.2007

Date

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

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

100-1000



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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B. Certification (cont.)

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

A) System Passes:

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

Comments:

All levels in S. tank, D. box & L. tanks were proper.

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.

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

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

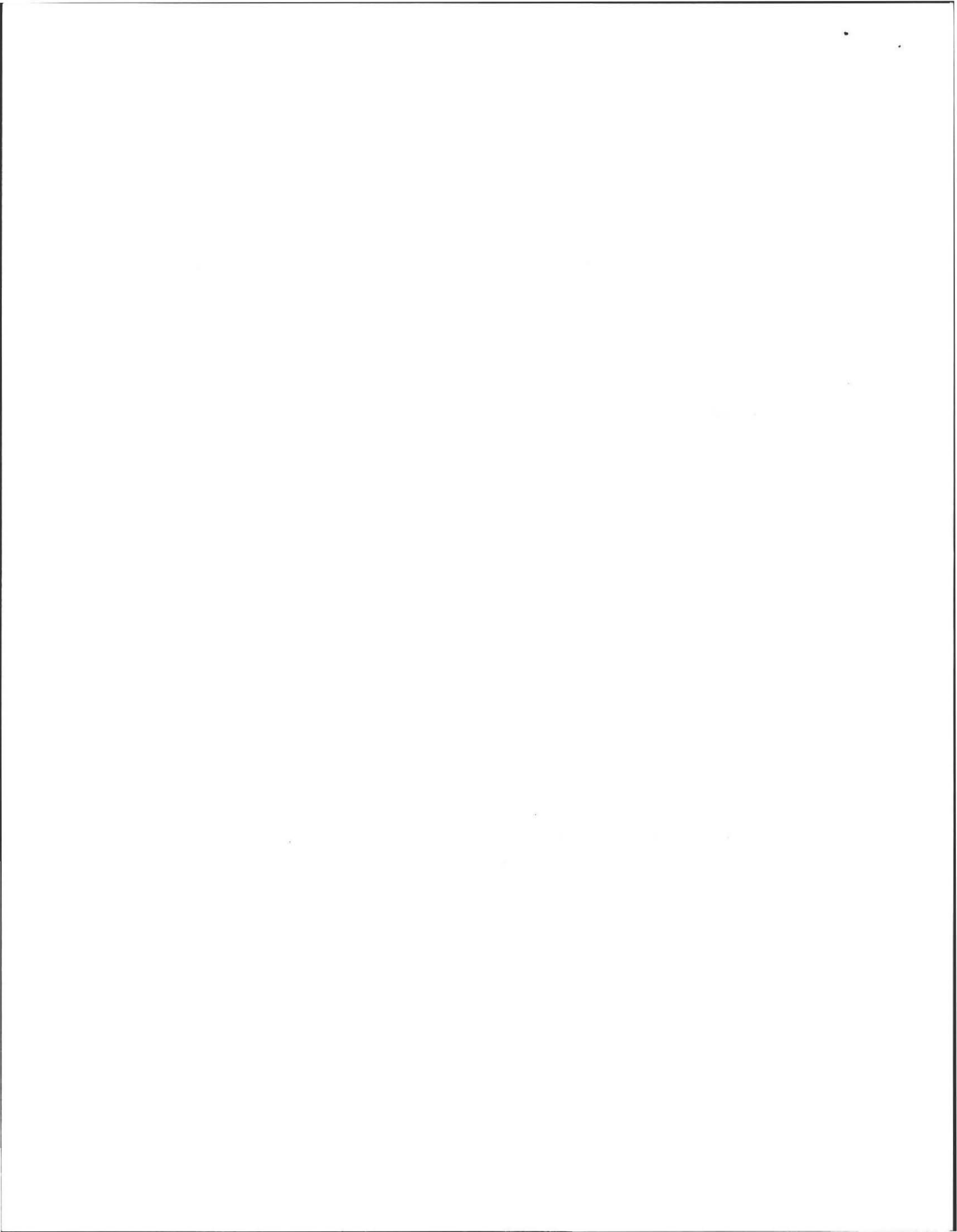
* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

- 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





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- distribution box is leveled or replaced

ND Explain:

- 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:

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

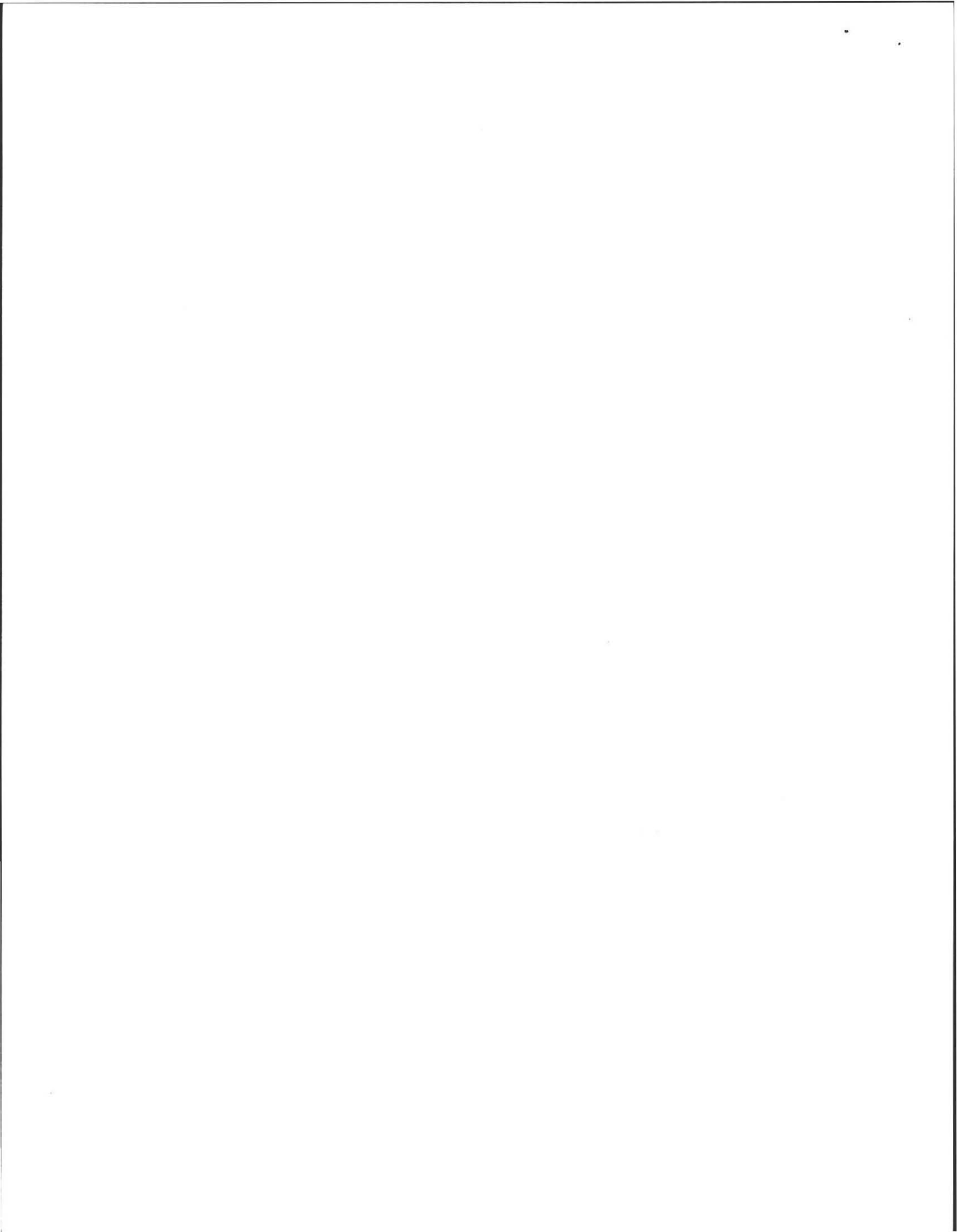
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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.





Commonwealth of Massachusetts

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B. Certification (cont.)

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

- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance:

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

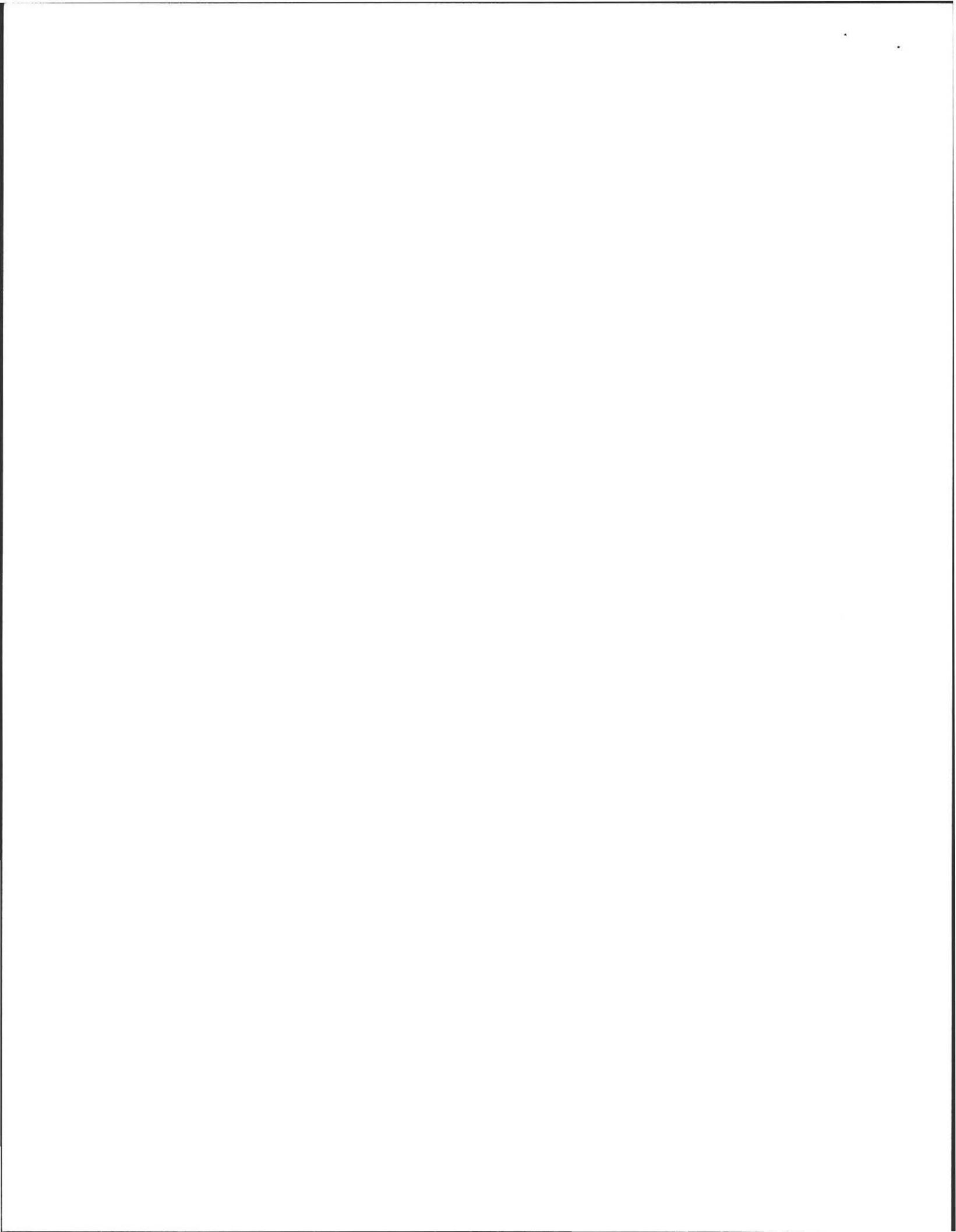
3. Other:

Three horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Yes No Backup of sewage into facility or system component due to 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 SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.





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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

- Any portion of a cesspool or privy is within a Zone 1 of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**
- The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
- The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

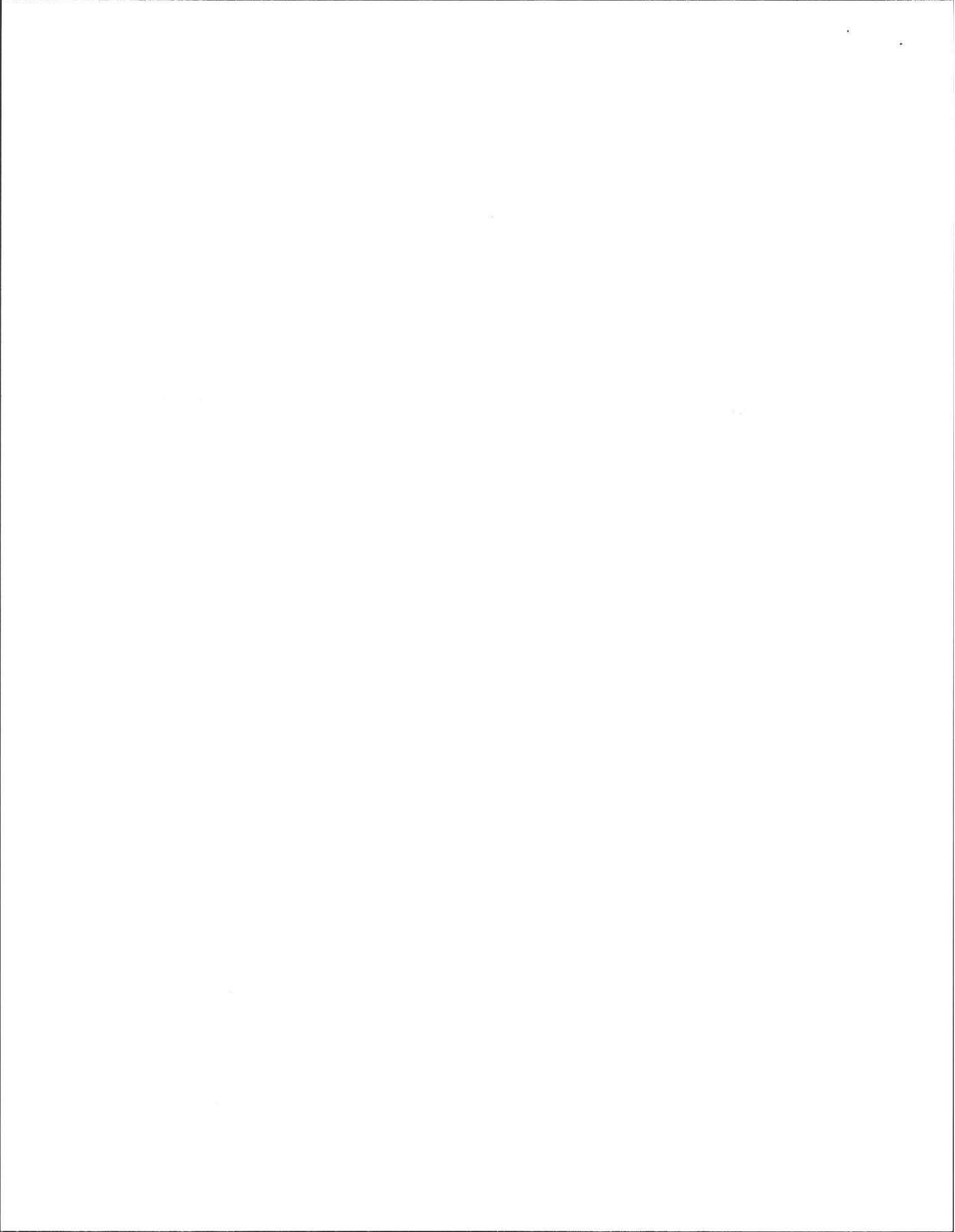
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

Yes No

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

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





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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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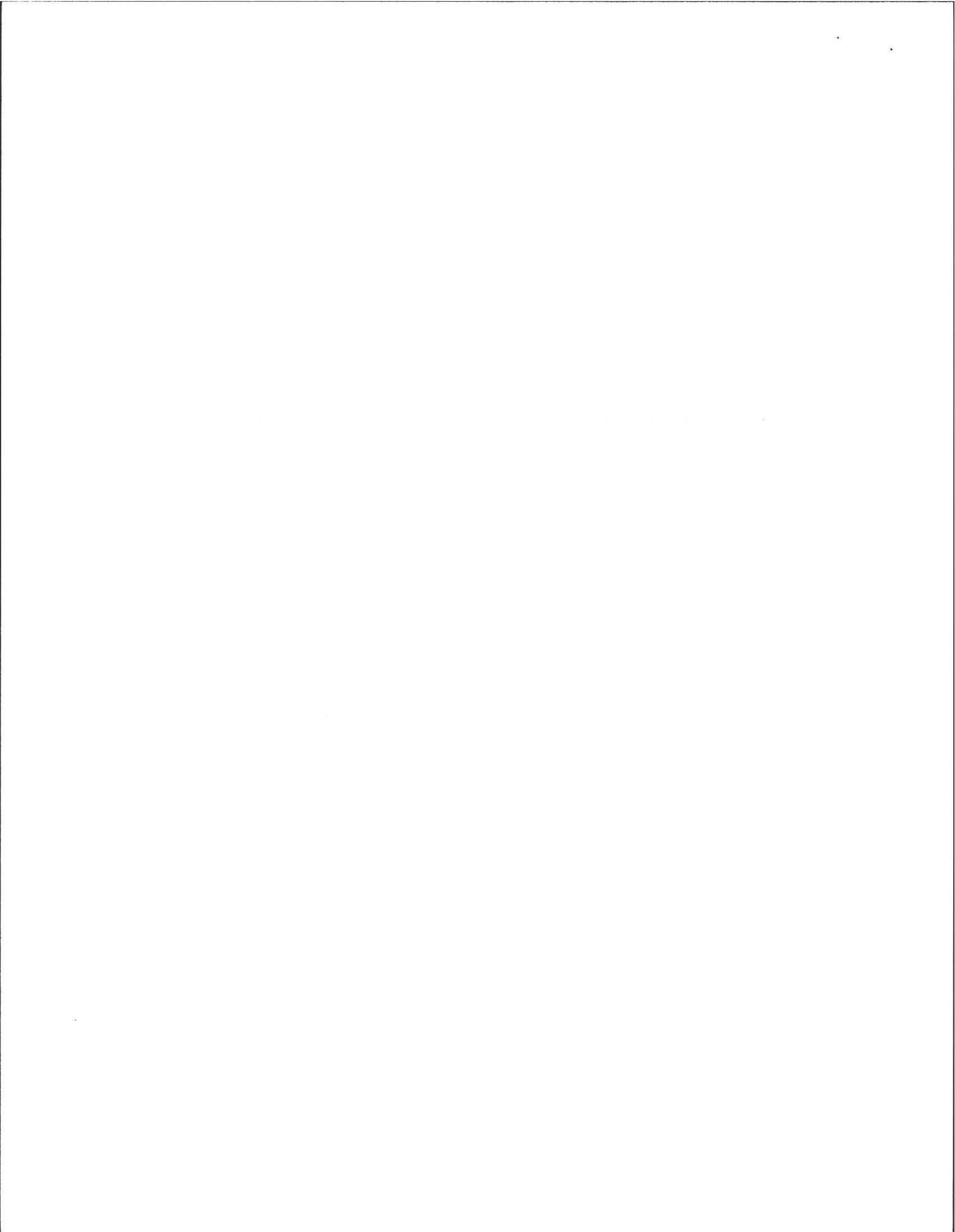
C. Checklist

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

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

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

752 Northeast Street
Property Address

Lynn Sheridan
Owner's Name

Belchertown MA 01007 3.28.07
City/Town State Zip Code Date of Inspection

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): 5

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550

Number of current residents: 0

Does residence have a garbage grinder? [] Yes [X] No

Is laundry on a separate sewage system? [if yes separate inspection required] [] Yes [X] No

Laundry system inspected? [] Yes [X] No

Seasonal use? [] Yes [X] No

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

Sump pump? [] Yes [X] No

Last date of occupancy: current Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A
Gallons per day (gpd)

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

Grease trap present? [] Yes [X] No

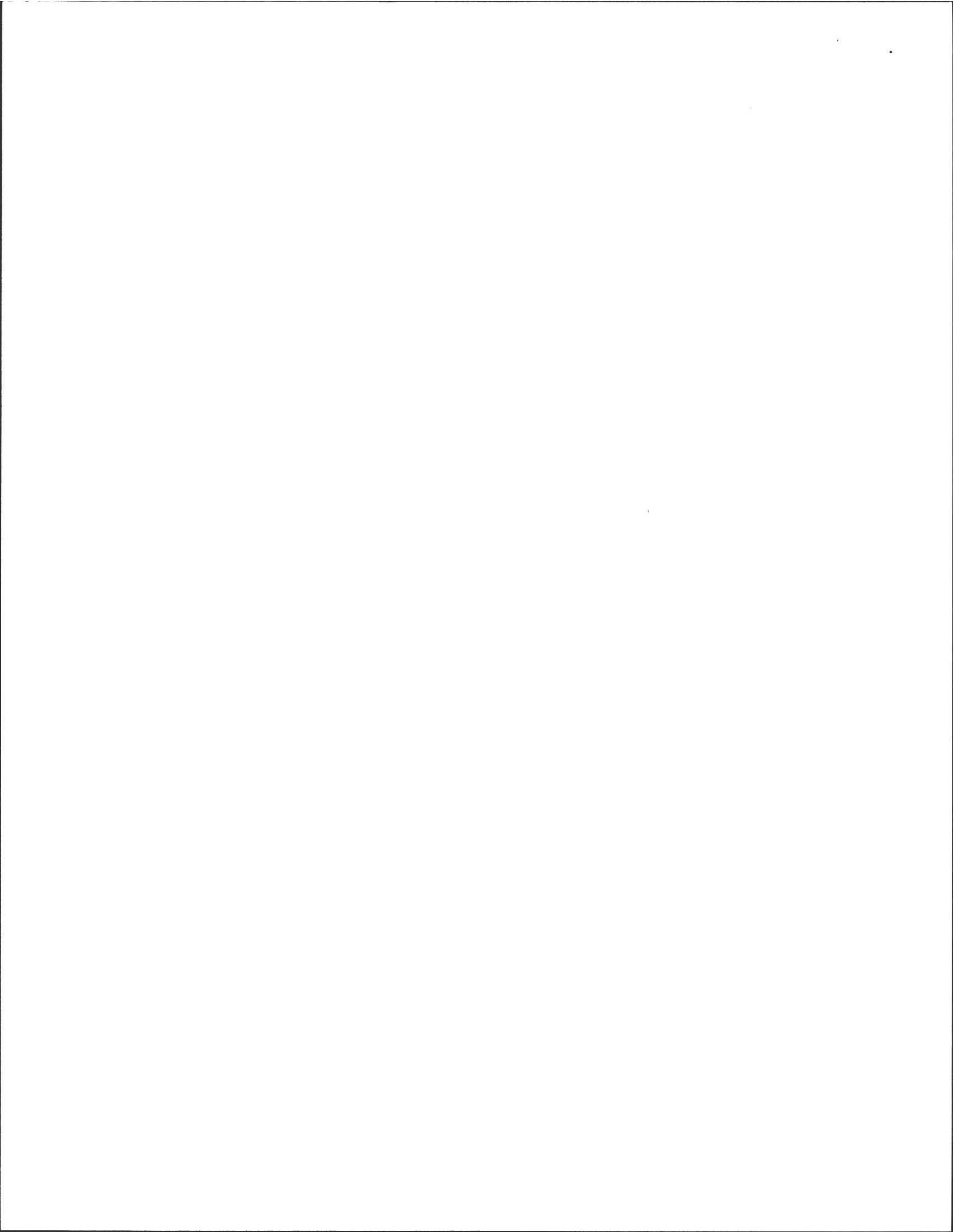
Industrial waste holding tank present? [] Yes [X] No

Non-sanitary waste discharged to the Title 5 system? [] Yes [X] No

Water meter readings, if available: N/A

Last date of occupancy/use: N/A Date

Other (describe): N/A





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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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3.28.07

Date of Inspection

D. System Information (cont.)

General Information

Pumping Records:

Source of information:

6 mos. ago

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

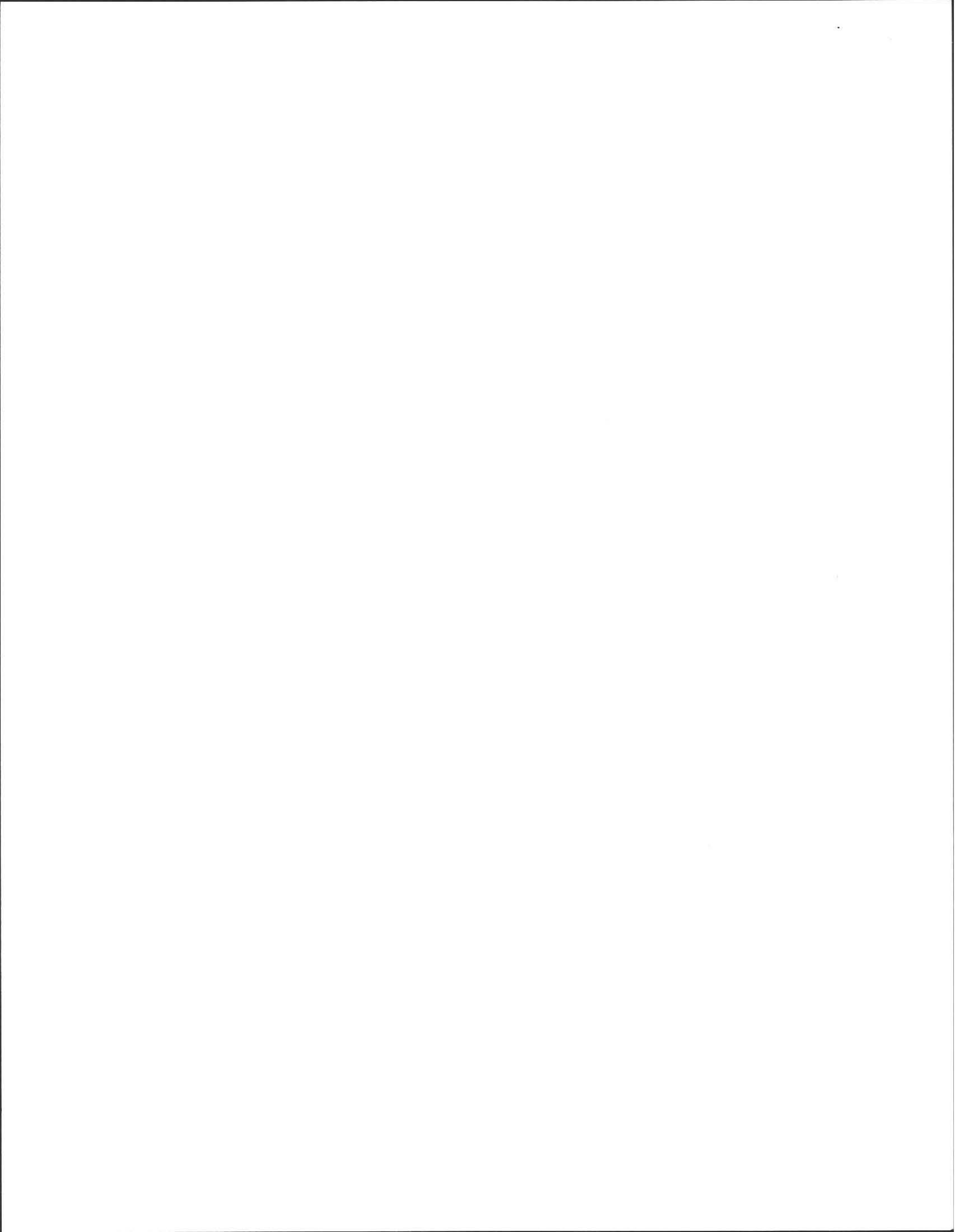
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from 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:

5 Years

Were sewage odors detected when arriving at the site?

Yes No





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1.0+
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

10'
feet

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

Septic Tank (locate on site plan):

Depth below grade:

.1
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

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

Yes

No

Dimensions:

10.5'X5.5'X4'

Sludge depth:

1"

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

48"+

Scum thickness

1"

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

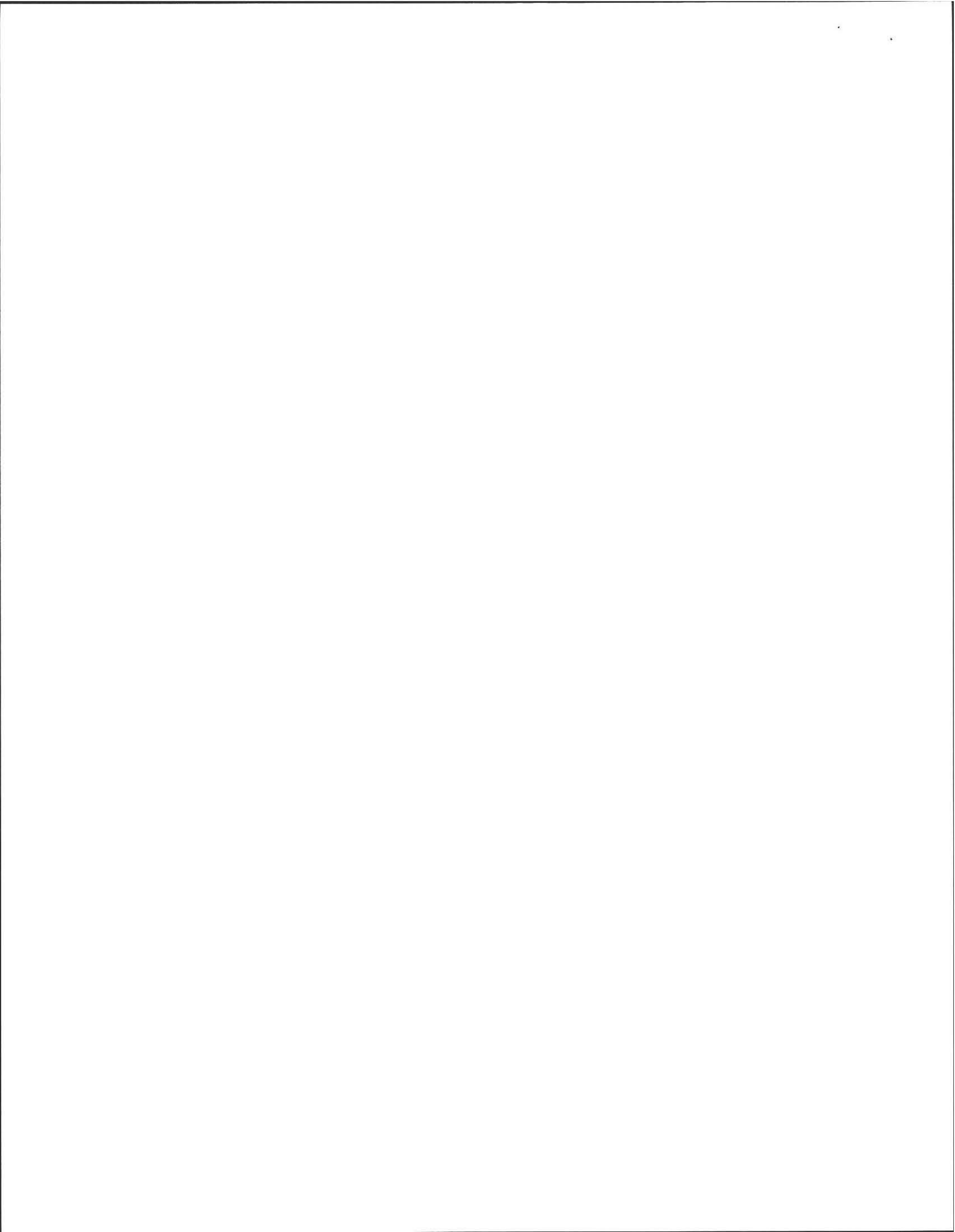
26"

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

12"

How were dimensions determined?

Measured





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D. System Information (cont.)

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

Tank level good, no signs of failure, Tees in place

Grease Trap (locate on site plan):

Depth below grade:

N/A
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

N/A

Scum thickness

N/A

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

N/A

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

N/A

Date of last pumping:

N/A
Date

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

N/A

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

Depth below grade:

N/A

Material of construction:

concrete

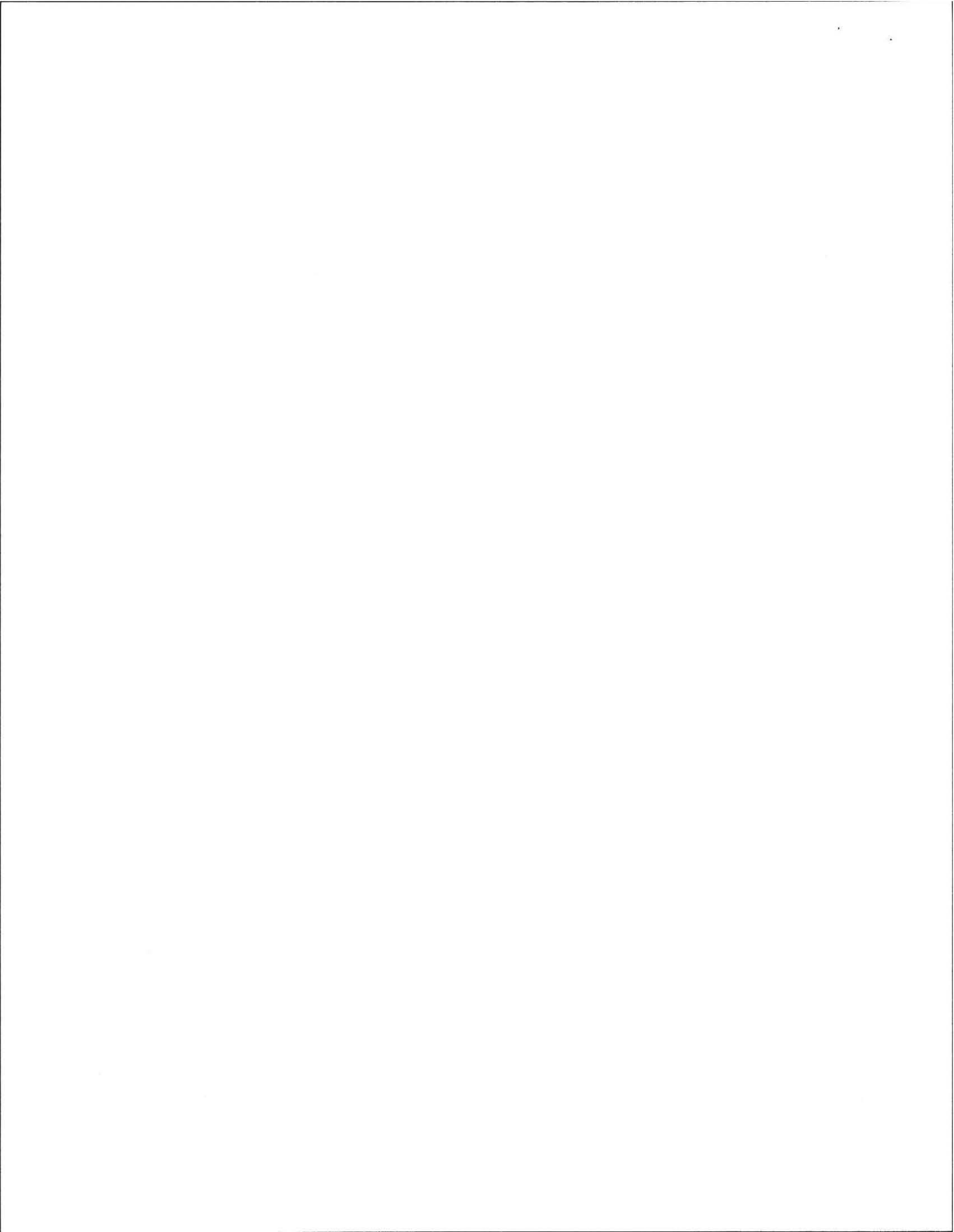
metal

fiberglass

polyethylene

other (explain):

N/A





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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes No

Alarm level:

N/A

Alarm in working order:

Yes No

Date of last pumping:

N/A

Date

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

N/A

* Attach copy of current pumping contract (required). Is copy attached?

Yes No

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

Depth of liquid level above outlet invert

@ inv.

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

All flow level and equal

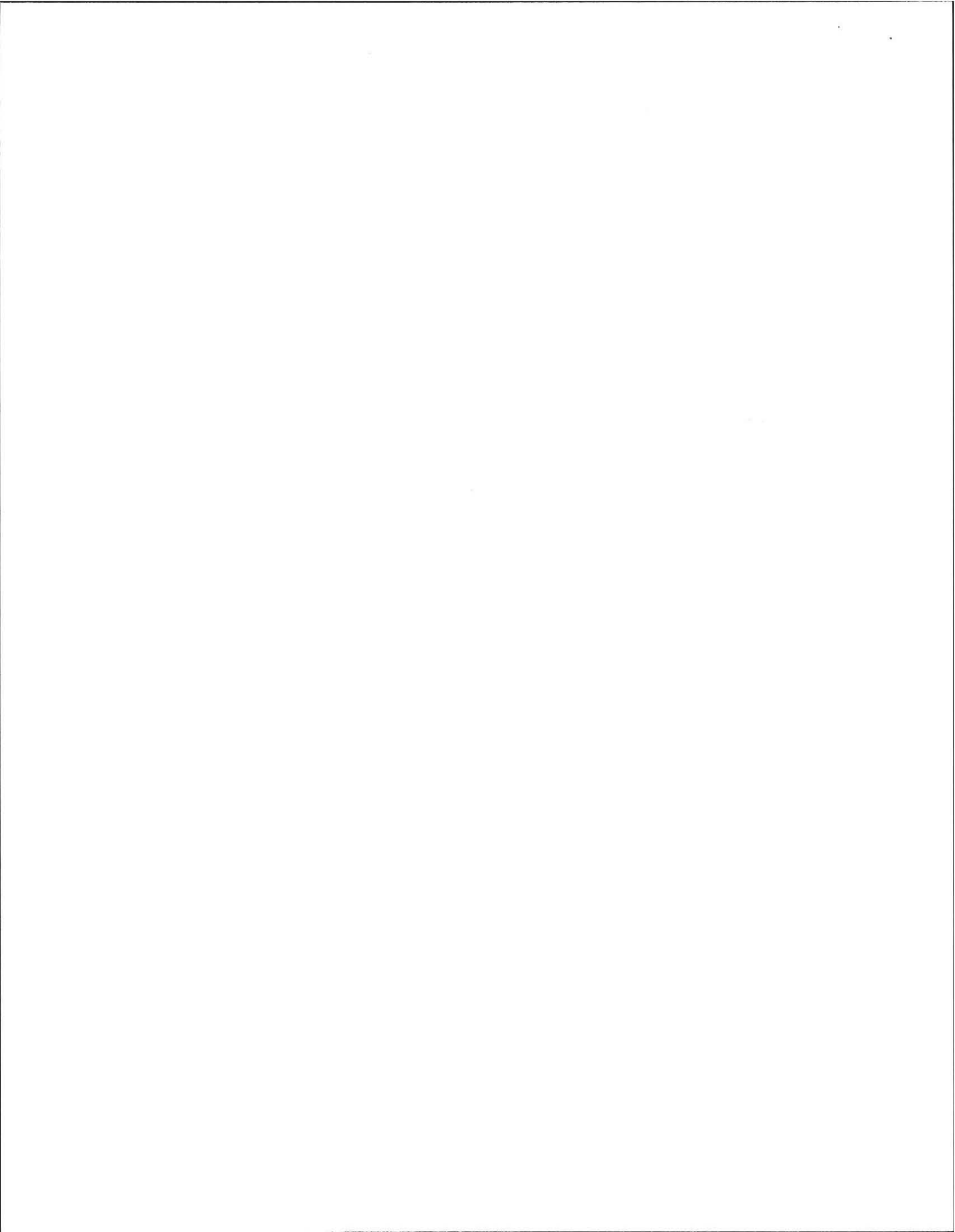
Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No





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D. System Information (cont.)

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

N/A

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

If SAS not located, explain why:

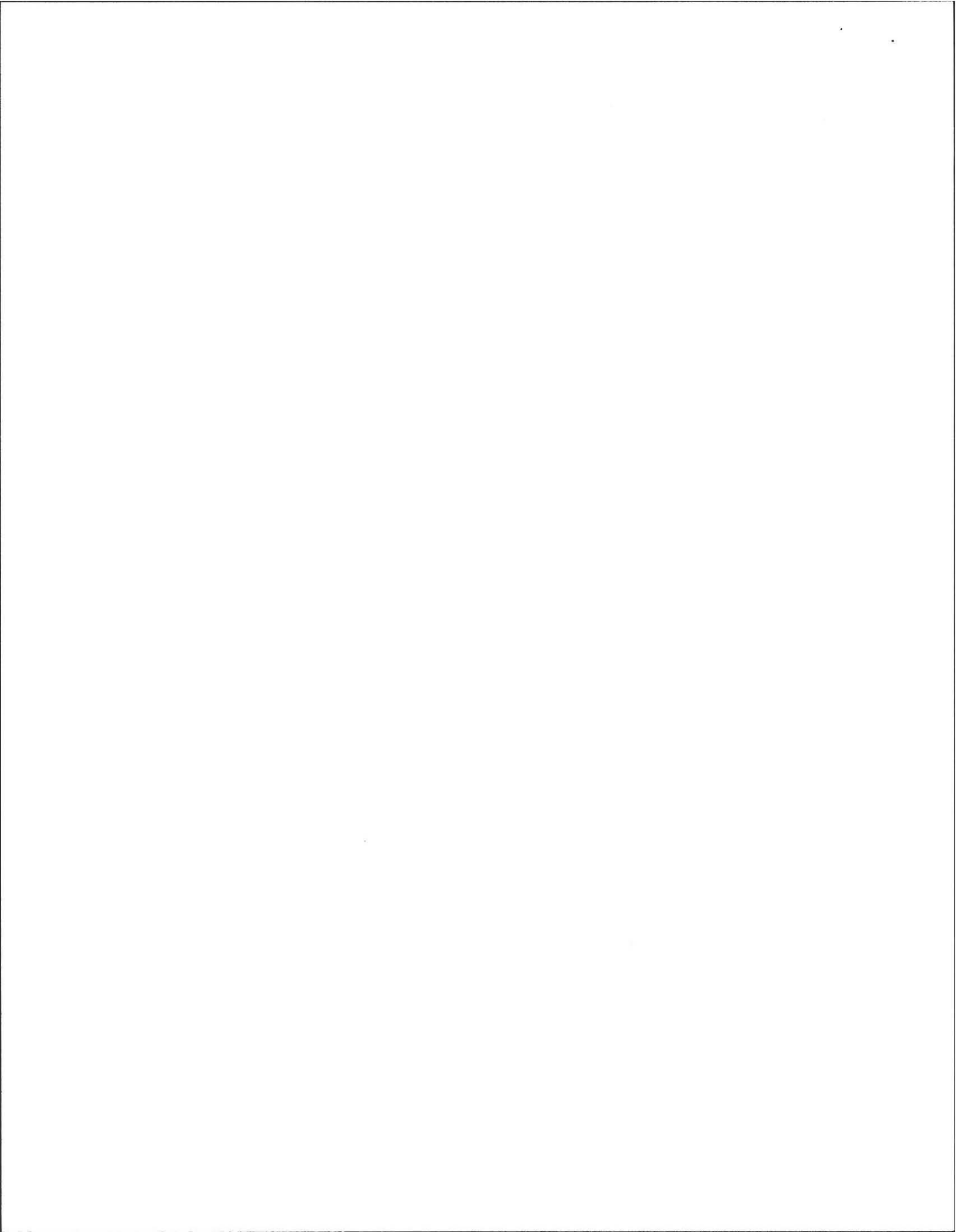
Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|---------------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input checked="" type="checkbox"/> | leaching galleries | number: | <u>4 @ 500 gal.</u> |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input type="checkbox"/> | leaching fields | number, dimensions: | _____ |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | 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 evidence of hydraulic failure, soil at top good no stone staining. (<1" standing liquid in stone in chamber)





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D. System Information (cont.)

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

Number and configuration _____

Depth – top of liquid to inlet invert _____

Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow

Yes

No

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

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A





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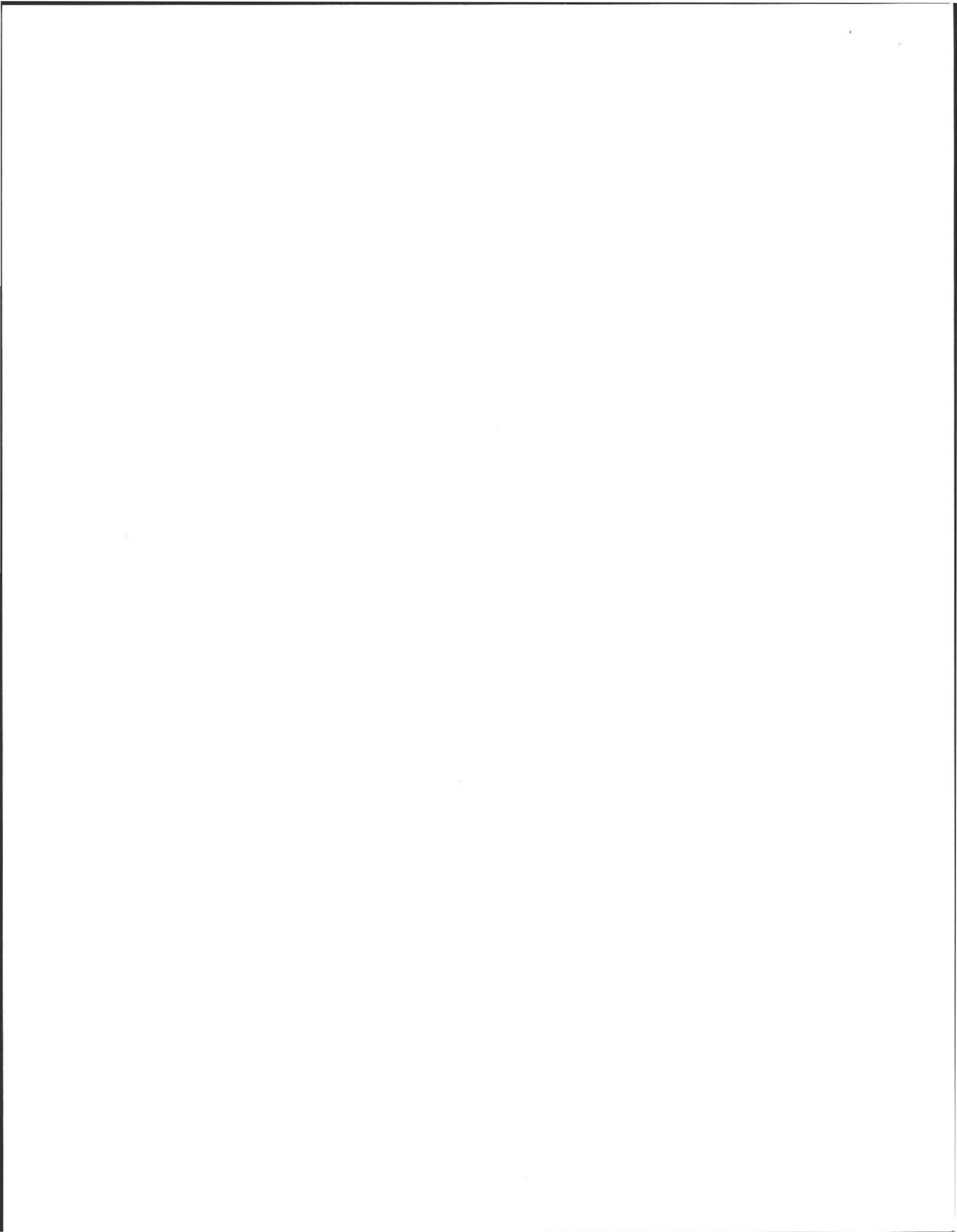
3.28.07

Date of Inspection

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D. System Information (cont.)

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.





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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

8'+ (dry basement 3.28.07)
feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed: 2001
Date

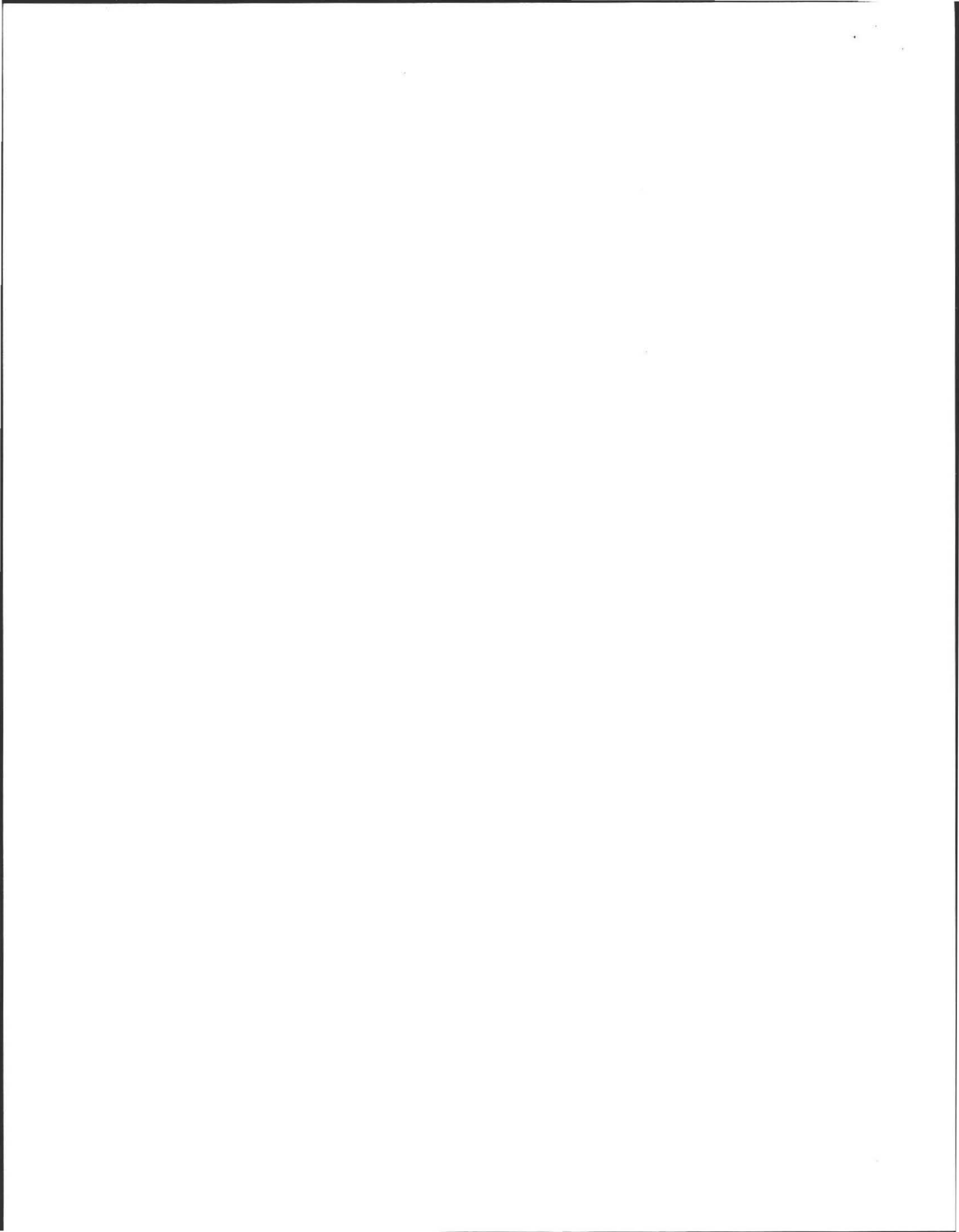
Observed site (abutting property/observation hole within 150 feet of SAS)

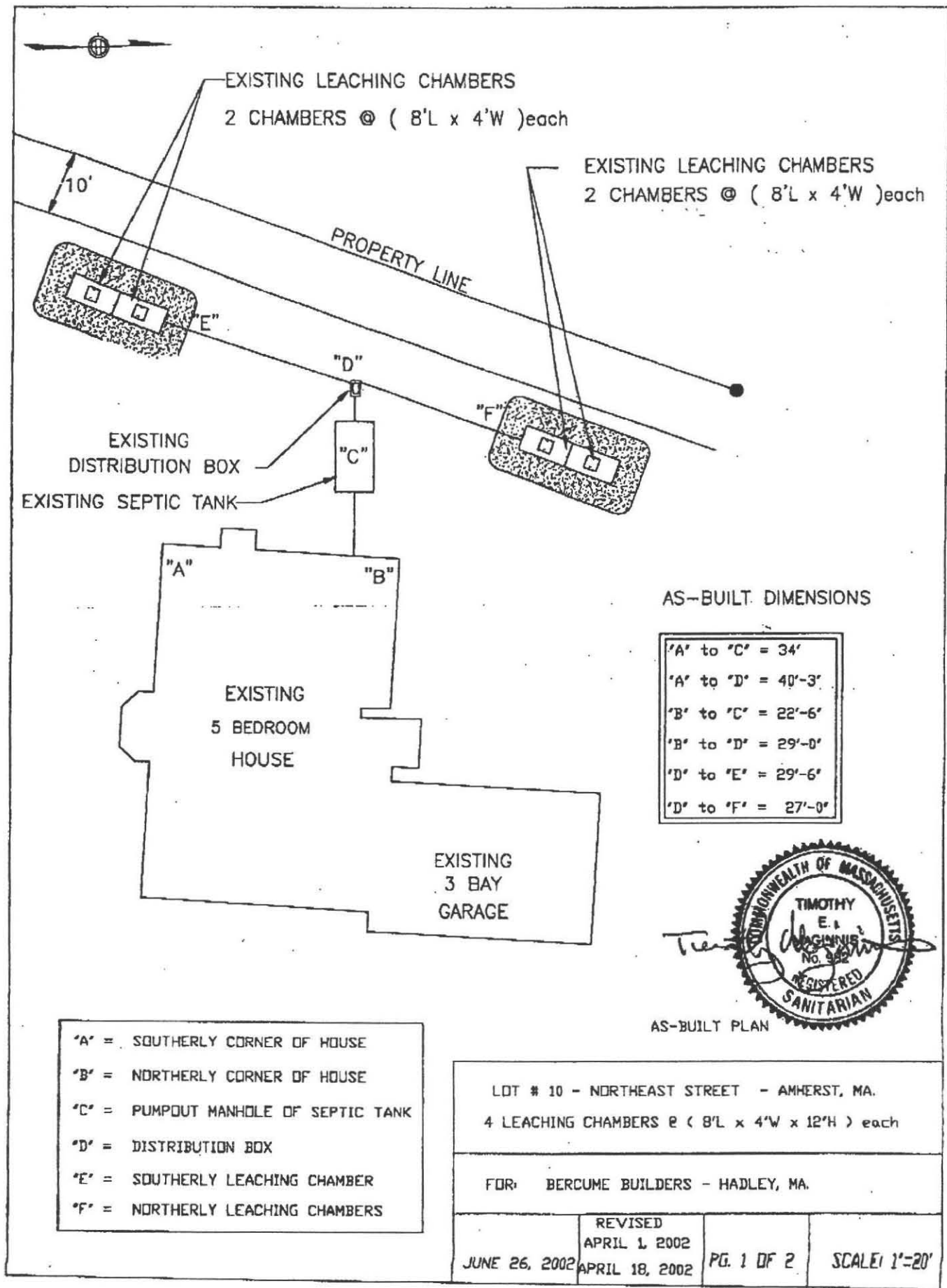
Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

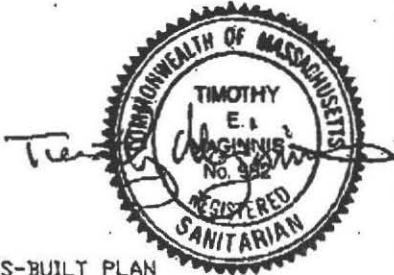
You **must** describe how you established the high ground water elevation:





AS-BUILT DIMENSIONS

'A' to 'C' = 34'
'A' to 'D' = 40'-3"
'B' to 'C' = 22'-6"
'B' to 'D' = 29'-0"
'D' to 'E' = 29'-6"
'D' to 'F' = 27'-0"

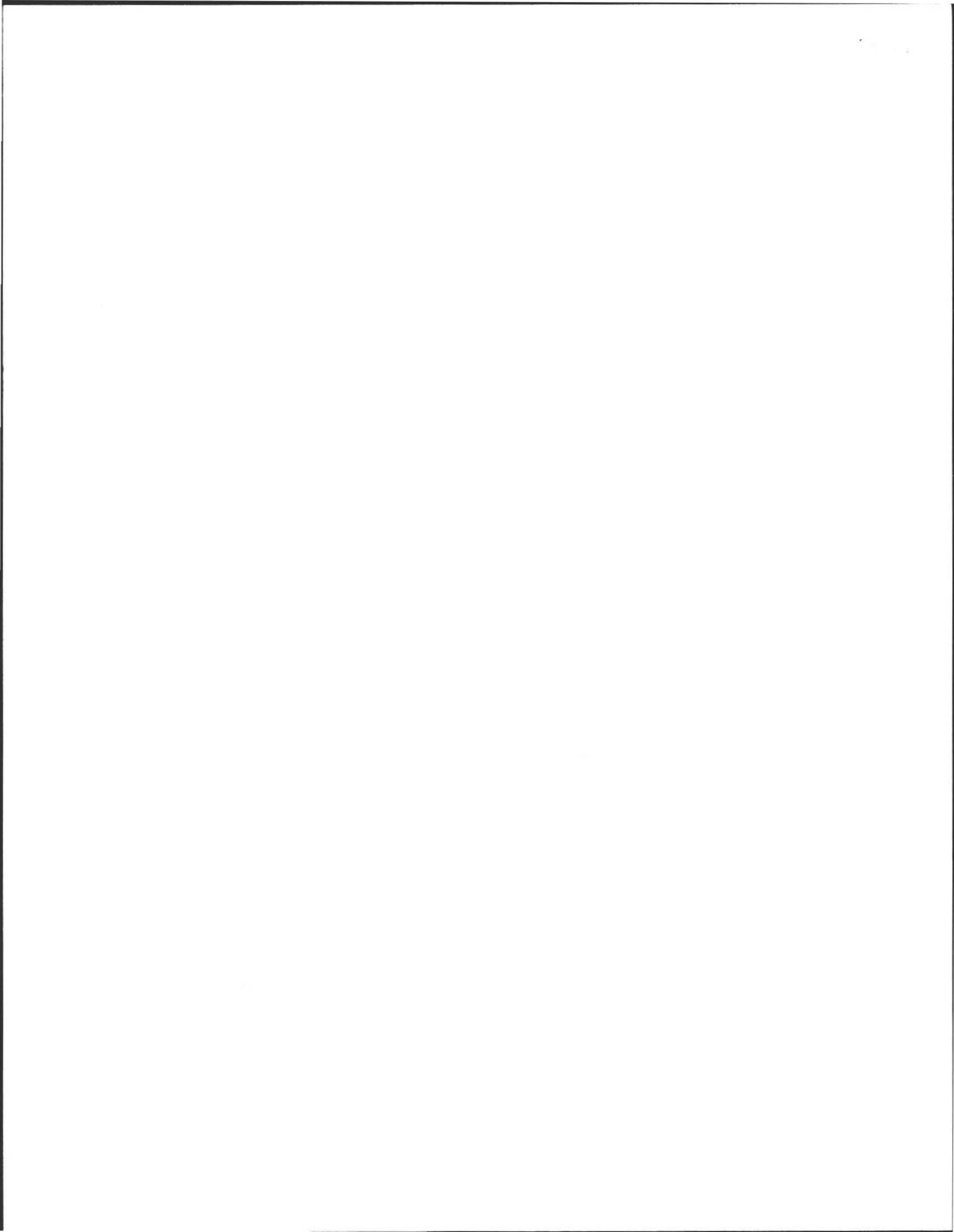


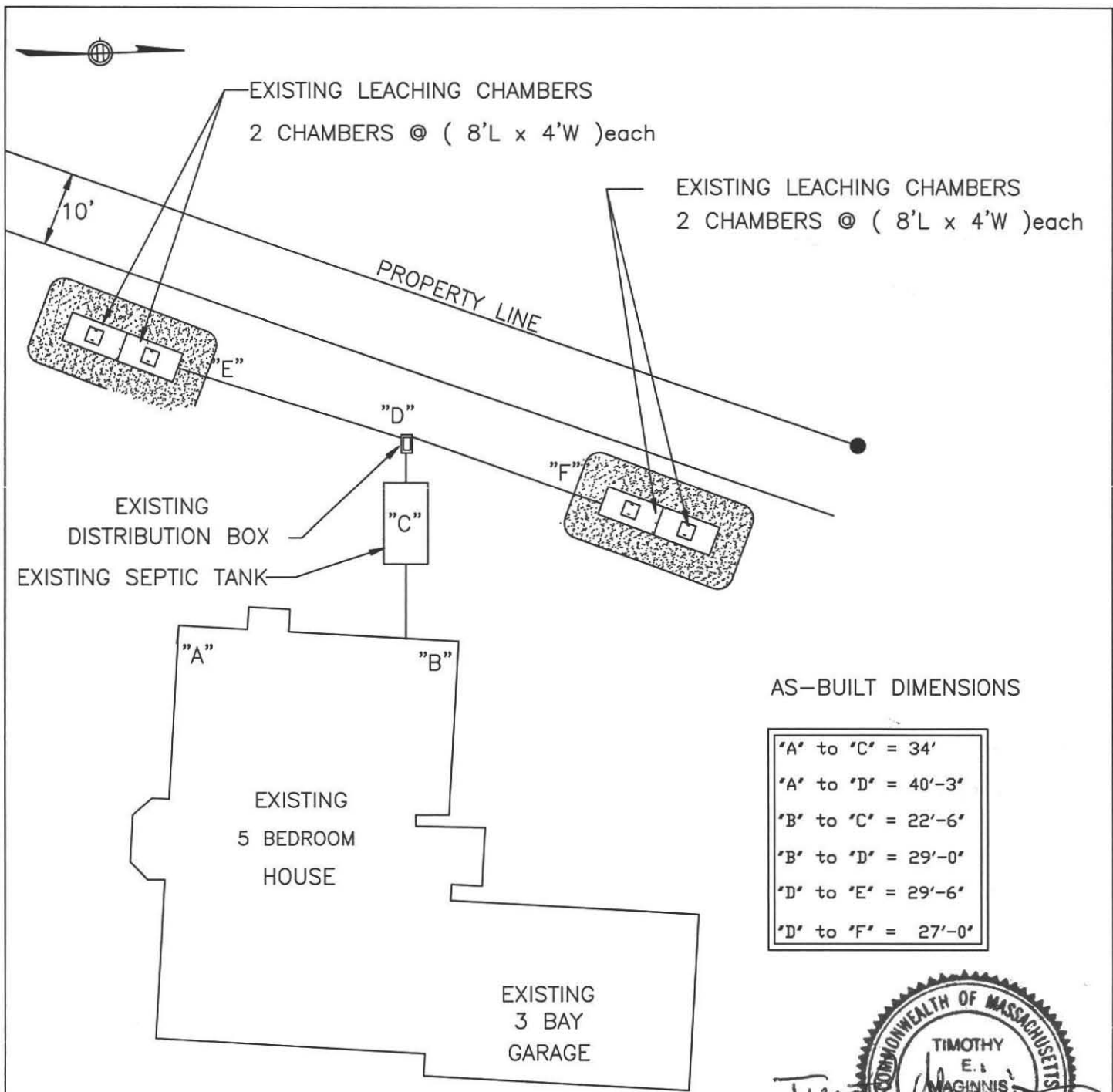
AS-BUILT PLAN

- 'A' = SOUTHERLY CORNER OF HOUSE
- 'B' = NORTHERLY CORNER OF HOUSE
- 'C' = PUMPOUT MANHOLE OF SEPTIC TANK
- 'D' = DISTRIBUTION BOX
- 'E' = SOUTHERLY LEACHING CHAMBER
- 'F' = NORTHERLY LEACHING CHAMBERS

LOT # 10 - NORTHEAST STREET - AMHERST, MA.			
4 LEACHING CHAMBERS @ (8'L x 4'W x 12"H) each			
FOR: BERGUME BUILDERS - HADLEY, MA.			
JUNE 26, 2002	REVISD APRIL 1, 2002 APRIL 18, 2002	PG. 1 OF 2	SCALE: 1"=20'

752 NE ST.





AS-BUILT DIMENSIONS

'A' to 'C' = 34'
'A' to 'D' = 40'-3"
'B' to 'C' = 22'-6"
'B' to 'D' = 29'-0"
'D' to 'E' = 29'-6"
'D' to 'F' = 27'-0"



AS-BUILT PLAN

- 'A' = SOUTHERLY CORNER OF HOUSE
- 'B' = NORTHERLY CORNER OF HOUSE
- 'C' = PUMPOUT MANHOLE OF SEPTIC TANK
- 'D' = DISTRIBUTION BOX
- 'E' = SOUTHERLY LEACHING CHAMBER
- 'F' = NORTHERLY LEACHING CHAMBERS

LOT # 10 - NORTHEAST STREET - AMHERST, MA.			
4 LEACHING CHAMBERS @ (8'L x 4'W x 12'H) each			
FOR: BERCUME BUILDERS - HADLEY, MA.			
JUNE 26, 2002	REVISED APRIL 1, 2002 APRIL 18, 2002	PG. 1 OF 2	SCALE: 1"=20'

752

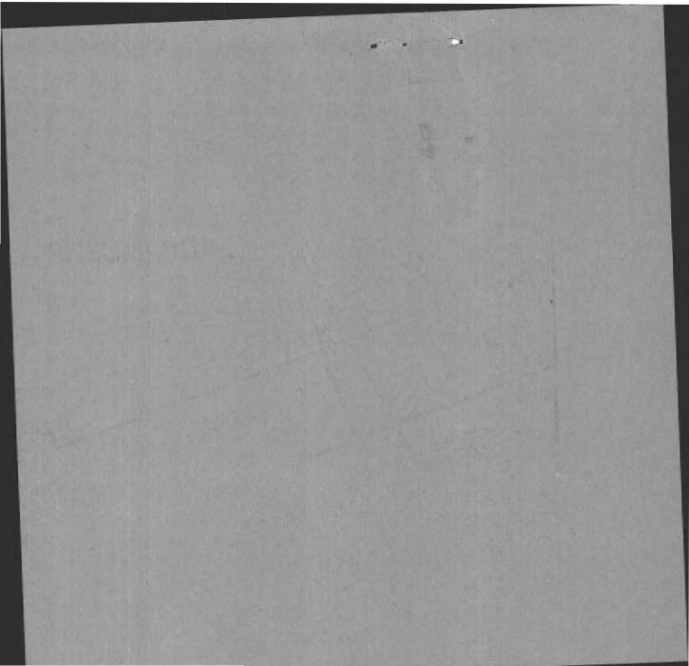


DAVE:

AS-BUILT PLAN
FOR RON BERGUME'S
LOT # 10

Thank

Tim



DAVID

I WILL SEND YOU
THE AS-BUILT

THANK

TIA

No. 02-03

Fee _____

COMMONWEALTH OF MASSACHUSETTS
Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System;

Constructed , Repaired (), Upgraded (), Abandoned ()

by: RON BERCUME

at: ~~HENRY ST~~ 752 North-west St

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plan /as-built plans relating to application No. _____

dated 4-18-02 (REVISED) Approved Design Flow 639.36 (gpd)

Installer KARL'S EXCAVATION

Designer: Timothy Majumdar Inspector David Boynton

Date 6-19-02

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

OK TO COVER



