

462 old Montague rd.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

462 OLD MONTAGUE ROAD

Property Address

WILLIAM & VIRGINIA BASTABLE

Owner's Name

NORTH AMHERST

City/Town

MA. State

01059 Zip Code

AUGUST 15, 2007 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:

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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9-20-07 ✓

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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:

PHILIP J. PASIECNIK

Name of Inspector

GREG'S WASTEWATER REMOVAL

Company Name

239A GREENFIELD ROAD

Company Address

SOUTH DEERFIELD

City/Town

413-665-3989

Telephone Number

MA.

State

01373

Zip Code

S I 1526

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

Philip J. Pasiecznik
Inspector's Signature

8/20/07
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.**



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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:

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.)

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.



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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:

- Checklist items with Yes/No columns and checkboxes. Items include: Pumping information provided, components pumped out, normal flows, large volumes of water, as-built plans, facility inspection, site inspection, system components, septic tank manholes, and facility owner information.

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

- Checklist items for SAS determination: Existing information (checked) and determined in the field (unchecked).



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B. Certification (cont.)

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" 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 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.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

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



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D. System Information (cont.)

General Information

Pumping Records:

Source of information: SEPTIC TANK WAS LAST PUMPED ON 8/15/2003 BY GREG'S WASTEWATER PER OUR RECORDS.

Was system pumped as part of the inspection? [X] Yes [] No

If yes, volume pumped: 750 gallons

How was quantity pumped determined? TANK DIMENSIONS

Reason for pumping: TANK INSPECTION AND SOLIDS REMOVAL

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.
[X] Other (describe): SEPTIC TANK AND SOIL ABSORPTION SYSTEM (NO D-BOX)

Approximate age of all components, date installed (if known) and source of information: TANK 40 + OR - & SAS 27 YEARS OLD / SAS INSTALLED MAY 7, 1980 / AS-BUILT PLAN

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): 3 Number of bedrooms (actual): 2

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 220 G.P.D.

Number of current residents: 2

Does residence have a garbage grinder? Yes No

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

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): 59,000 Gallons = 81 G.P.D.

Sump pump? Yes No

Last date of occupancy: CURRENTLY OCCUPIED

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.):

THE SEPTIC TANK SHOULD BE PUMPED EVERY TWO YEARS. CONCRETE REMOVABLE INLET AND OUTLET BAFFLES WERE IN GOOD CONDITION AND EXTEND 14" AND 18" BELOW THE FLOW LINE. STRUCTURAL INTEGRITY OF THE SEPTIC TANK WAS GOOD. THE LIQUID LEVEL WAS AT THE OUTLET INVERT. NO LEAKAGE WAS EVIDENT. RISER INSTALLED ON THE CENTER CLEANOUT COVER IS 6" BELOW GRADE.

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

- checkbox concrete, checkbox metal, checkbox fiberglass, checkbox polyethylene, checkbox 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:

N/A

Material of construction:

- checkbox concrete, checkbox metal, checkbox fiberglass, checkbox polyethylene, checkbox other (explain):



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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

2
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

TOWN WATER
feet

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

JOINTS SEEM GOOD. VENTING WAS VISIBLE OUTSIDE THE DWELLING ON THE ROOF. NO LEAKAGE WAS EVIDENT AT THIS TIME.

Septic Tank (locate on site plan):

Depth below grade:

1.5
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:

7' L x 4' W x 5' D

Sludge depth:

6"

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

24"

Scum thickness

3"

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

6"

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

15"

How were dimensions determined?

MEASURED



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D. System Information (cont.)

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

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

If SAS not located, explain why:

Type:

- leaching pits number:
leaching chambers number: 1- 1000 Gallon Per As-Built Plan
leaching galleries number:
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.):

SANDY GRAVEL HAD NO CLOGGING EVIDENT. NO HYDRAULIC FAILURE OR PONDING. SOIL WASN'T DAMP OR SPONGY OVER LEACH TANK. VEGETATION WAS NORMAL IN GROWTH OVER THE LEACH TANK. LEACH TANK LIQUID LEVEL WAS WELL BELOW INVERT IN.



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

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

N/A

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.):

N/A

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.)

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.

SEE EXHIBIT "A" AS-BUILT PLAN



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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:

Dimensions

Depth of solids

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



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D. System Information (cont.)

Site Exam:

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

Estimated depth to ground water:

6+
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: 1980
Date

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

- Checked with local Board of Health - explain:

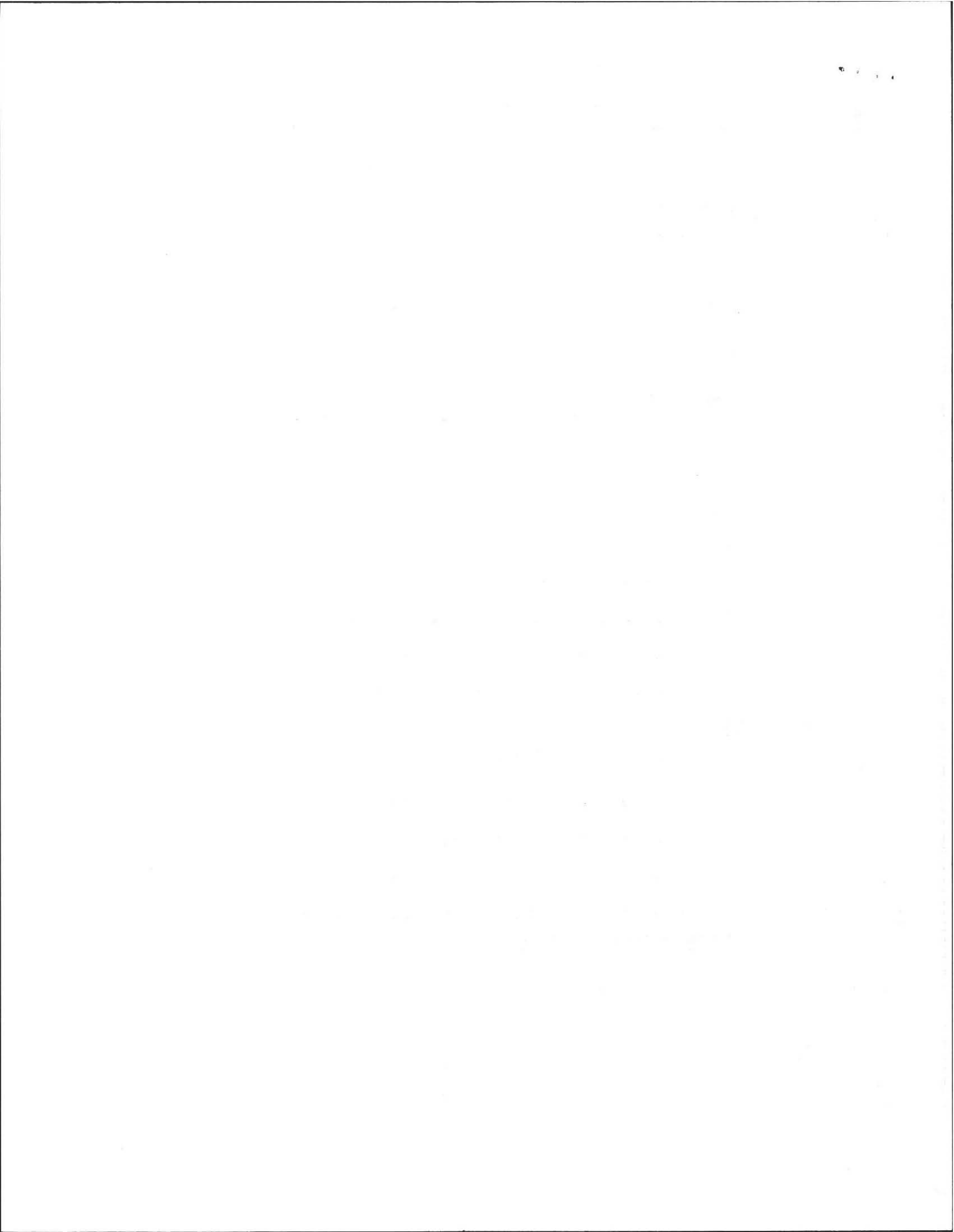
AS-BUILT PLAN OBTAINED

- Checked with local excavators, installers - (attach documentation)

- Accessed USGS database - explain:

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

SITE EXAM AND DESIGN PLAN



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

EXHIBIT "A"

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner WILLIAM BASTABLE Address 46200 MONTAGUER RD

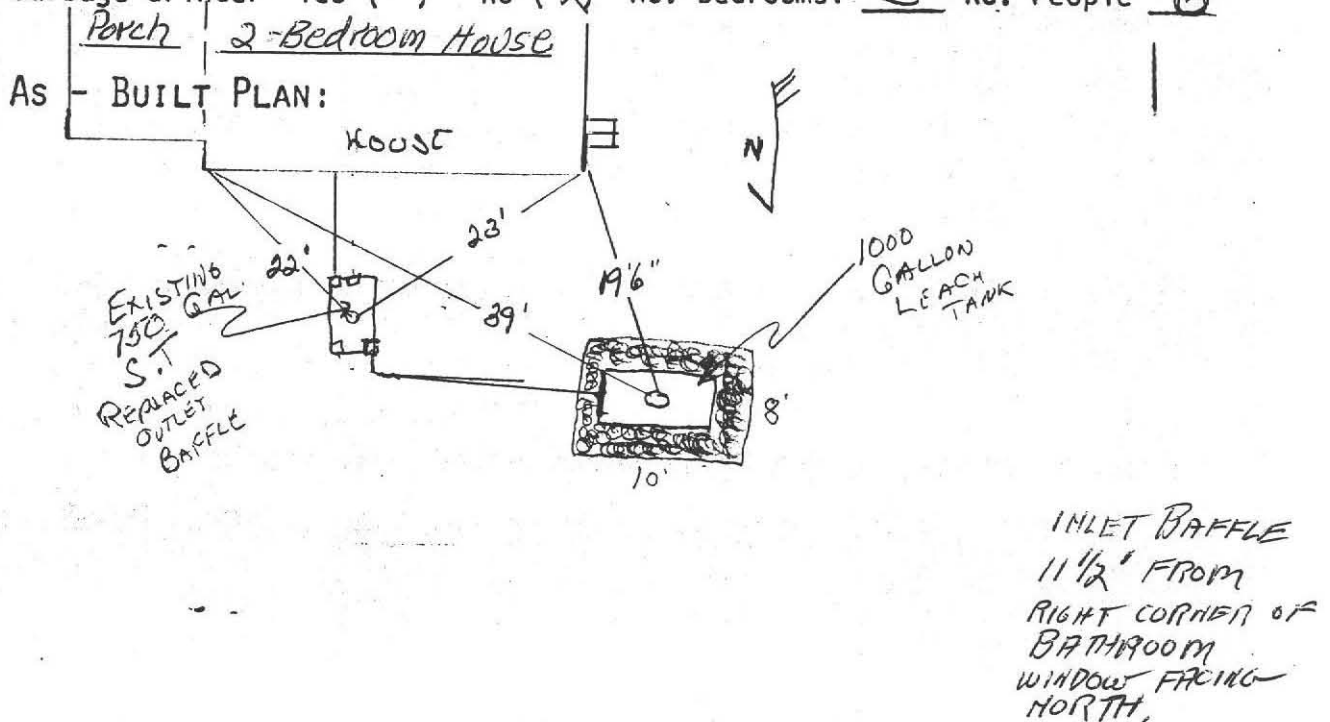
Installer KARL'S EXCAVATING Address RUE DE HAQUAY

Date Installation Inspected and Approved 5-7-80

Description of System: Tank Capacity: 750 EXISTING

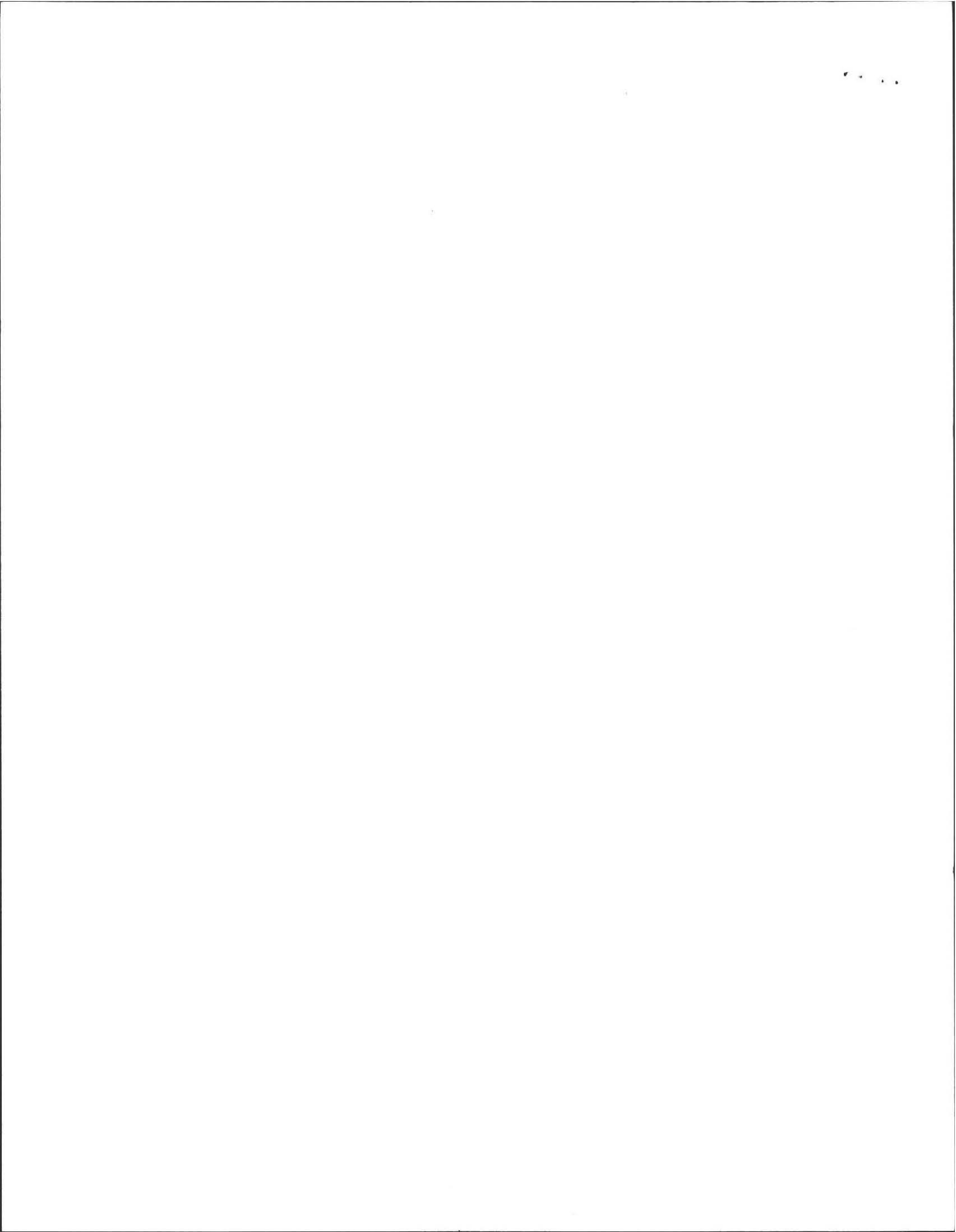
Leach Field () Bed () Seepage Pit (X) Square Feet:

Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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



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

Property Address: 474 Old Montague Road, Amherst, MA 01002

Address of Owner: (if different)

Date of Inspection: June 19, 1998

Name of Inspector: Michael McDowell

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

Company Name, Address & Telephone Number: The Building Inspector of America
2 Brookside Circle
Wilbraham, MA 01095
1-800-626-4408

CERTIFICATION STATEMENT

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

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

Inspector's Signature: *Michael McDowell Jr*
Michael McDowell
MM/jk

Date: 6/19/98

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

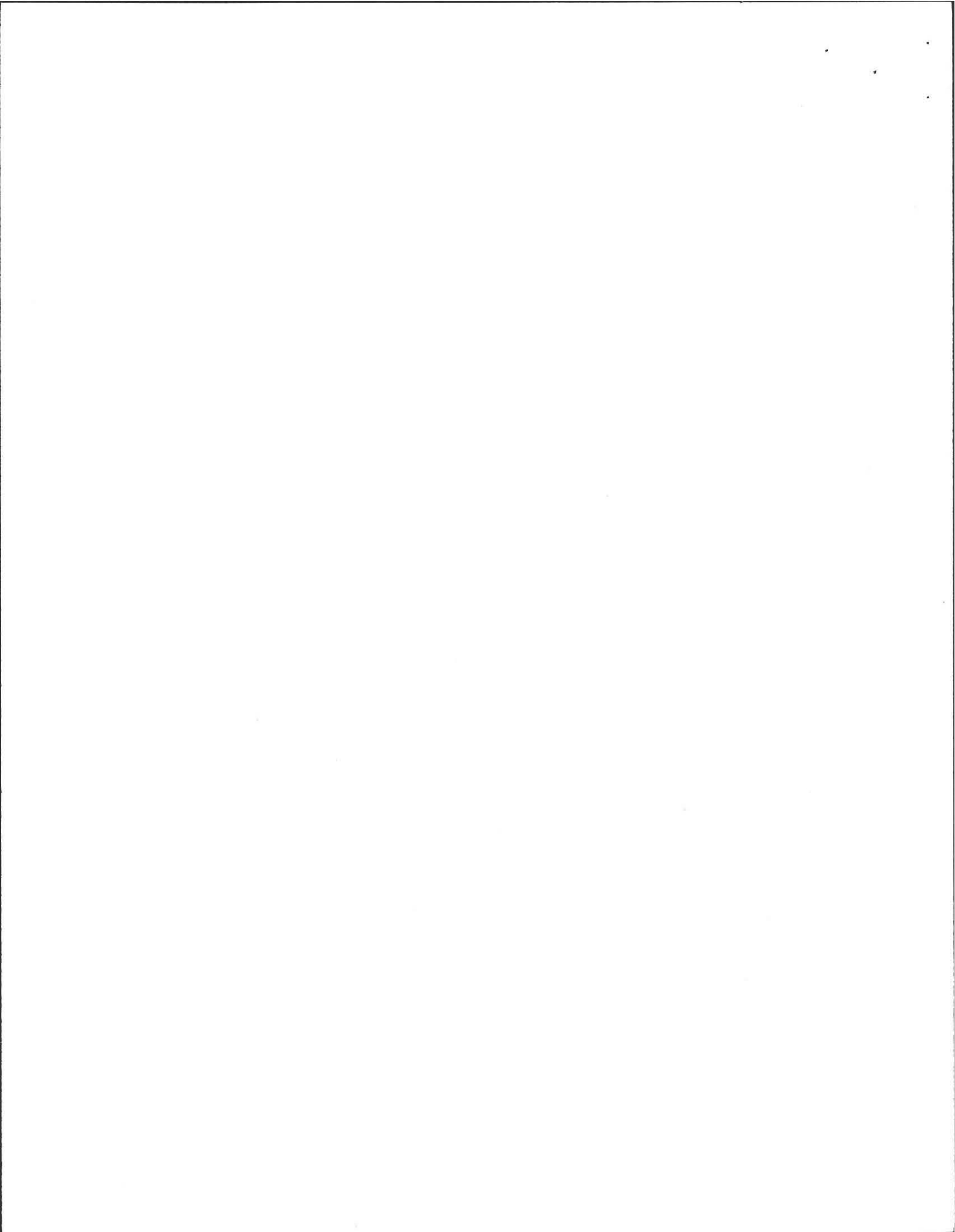
Copy to: Board of Health
Town of Amherst
70 Boltwood Walk
Amherst, MA 01002

Original to: Sarena Neyman
474 Old Montague Road
Amherst, MA 01002

Guidance for the Inspection of
Subsurface Sewage Disposal Systems
mailed with report.

(Return Receipt Requested)

(Copy provided for buyer.)



INSPECTION SUMMARY:

Check A, B, C, or D

A) SYSTEM PASSES:

X I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

Comments: _____

B) SYSTEM CONDITIONALLY PASSES: N/A

_____ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

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

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

_____ broken pipe(s) are replaced

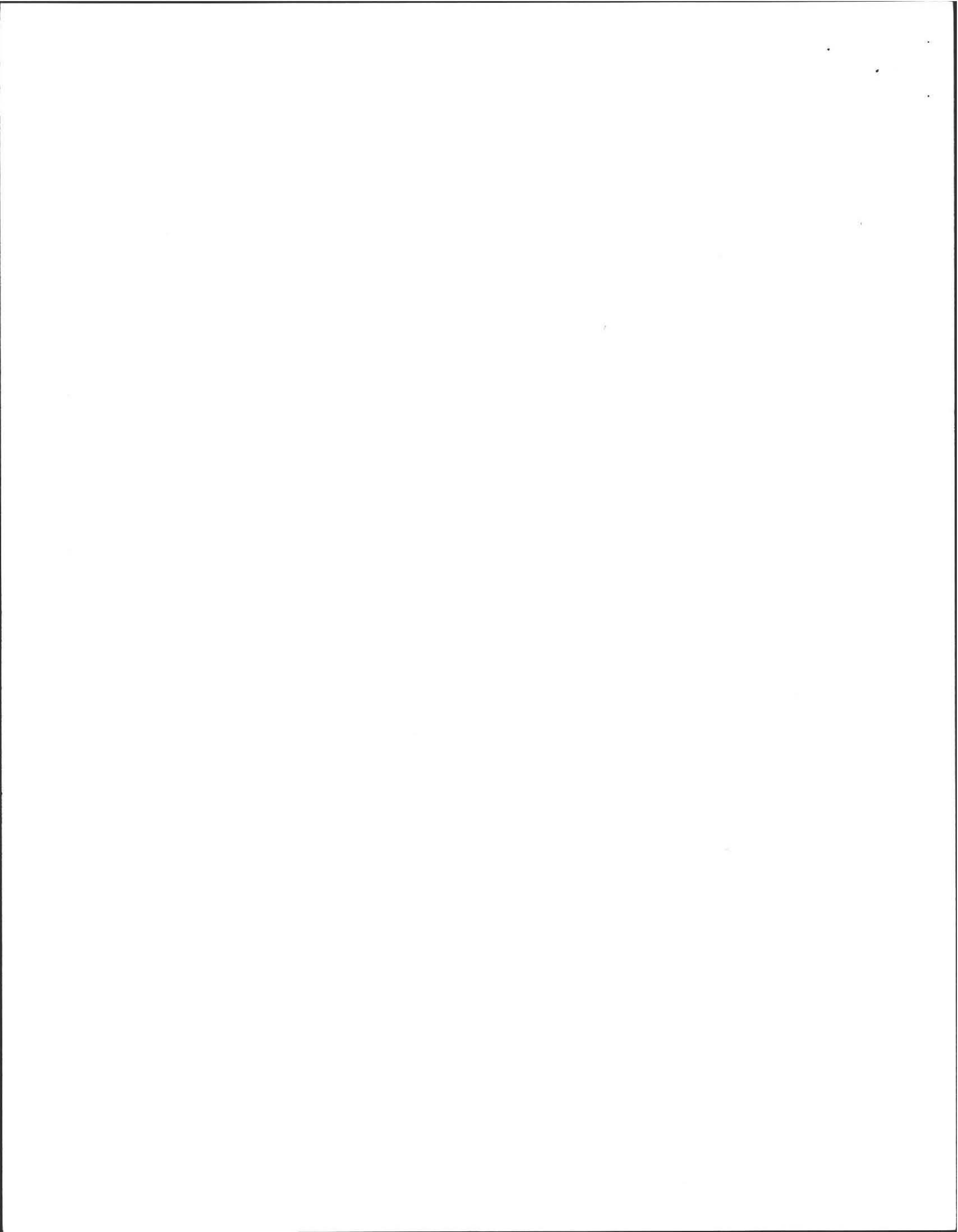
_____ obstruction is removed

_____ distribution box is levelled or replaced

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

_____ broken pipe(s) are replaced

_____ obstruction is removed



C) FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH: N/A

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

1) System will pass unless Board of Health determines that the system is not functioning in a manner which will protect the public health and safety and the environment:

___ Cesspool or privy is within 50 feet of 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 appropriate) determines that the system is functioning in a manner that protects the public health and safety and the environment:

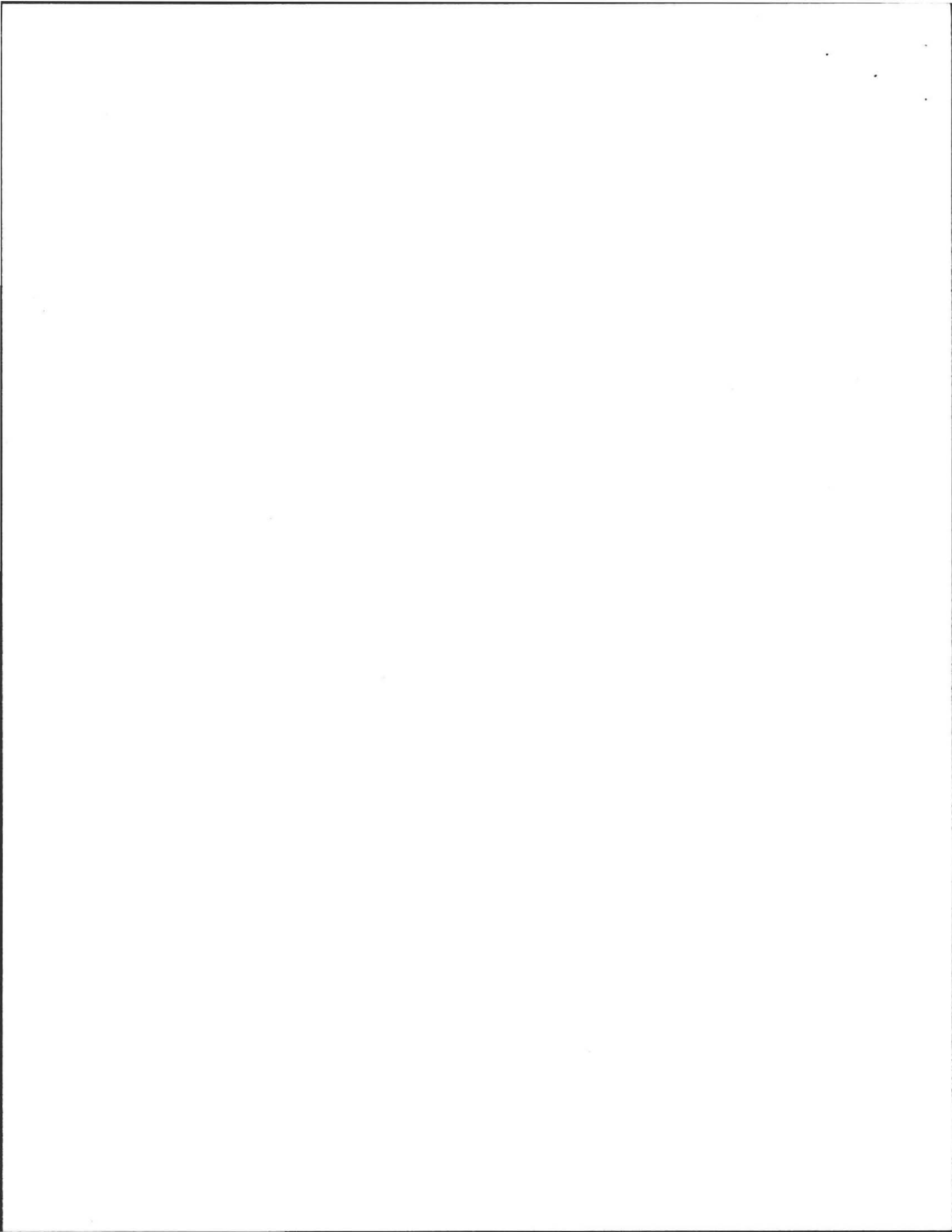
___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.

___ The system has a septic tank and soil absorption system and the SAS is within a Zone 1 of a public water supply well.

___ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

(3) Other



D) SYSTEM FAILS:

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

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

Yes No

 N Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

 N Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

 N Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

 N/A Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

 N Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped .

 N Any portion of the Soil Absorption System, cesspool or privy is below the high ground water elevation.

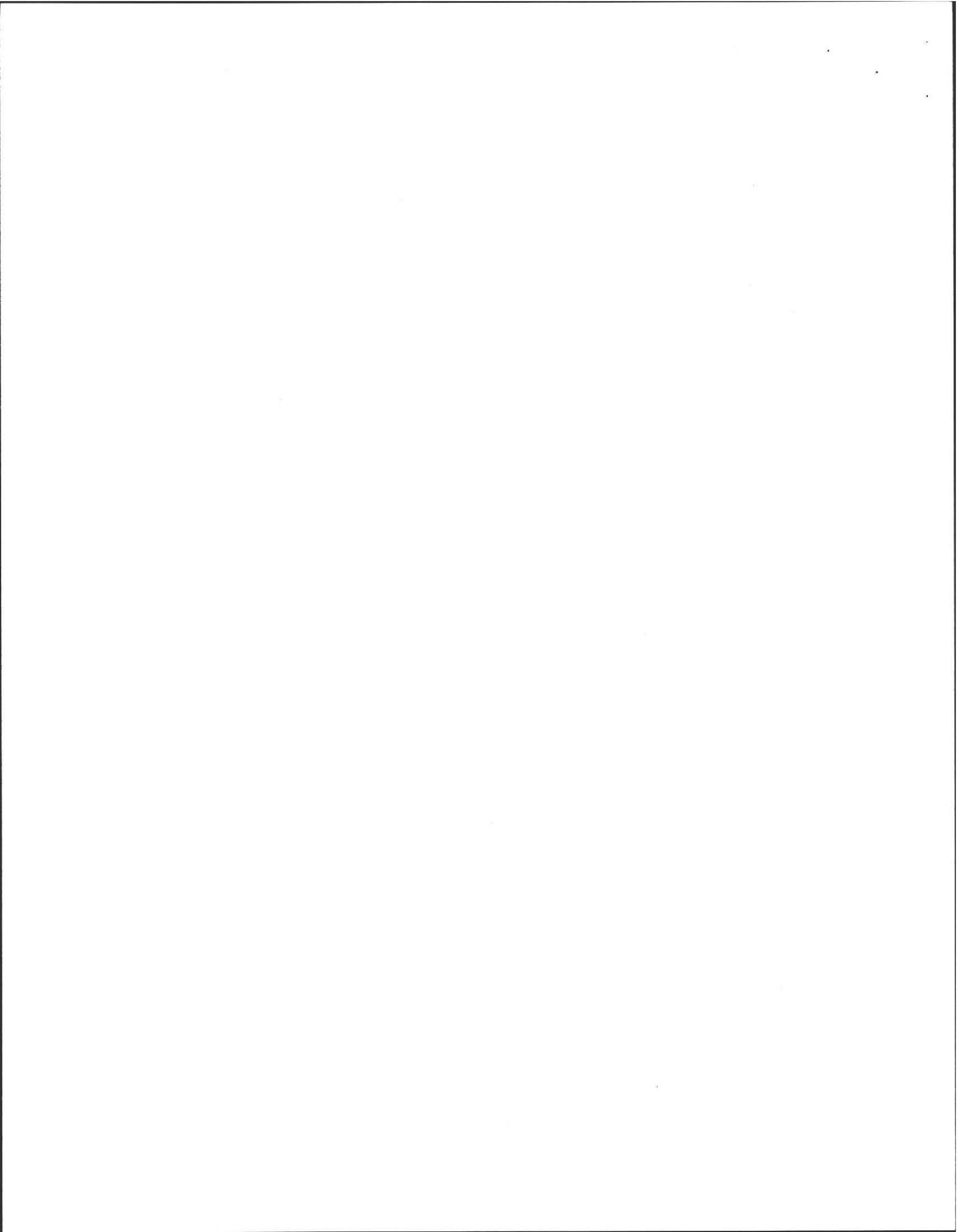
 N/A Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

 N/A Any portion of a cesspool or privy is within a Zone 1 of a public well.

 N/A Any portion of a cesspool or privy is within 50 feet of a private water supply well.

 N/A Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

N/A = non applicable, no



E) LARGE SYSTEM FAILS: N/A

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

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

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

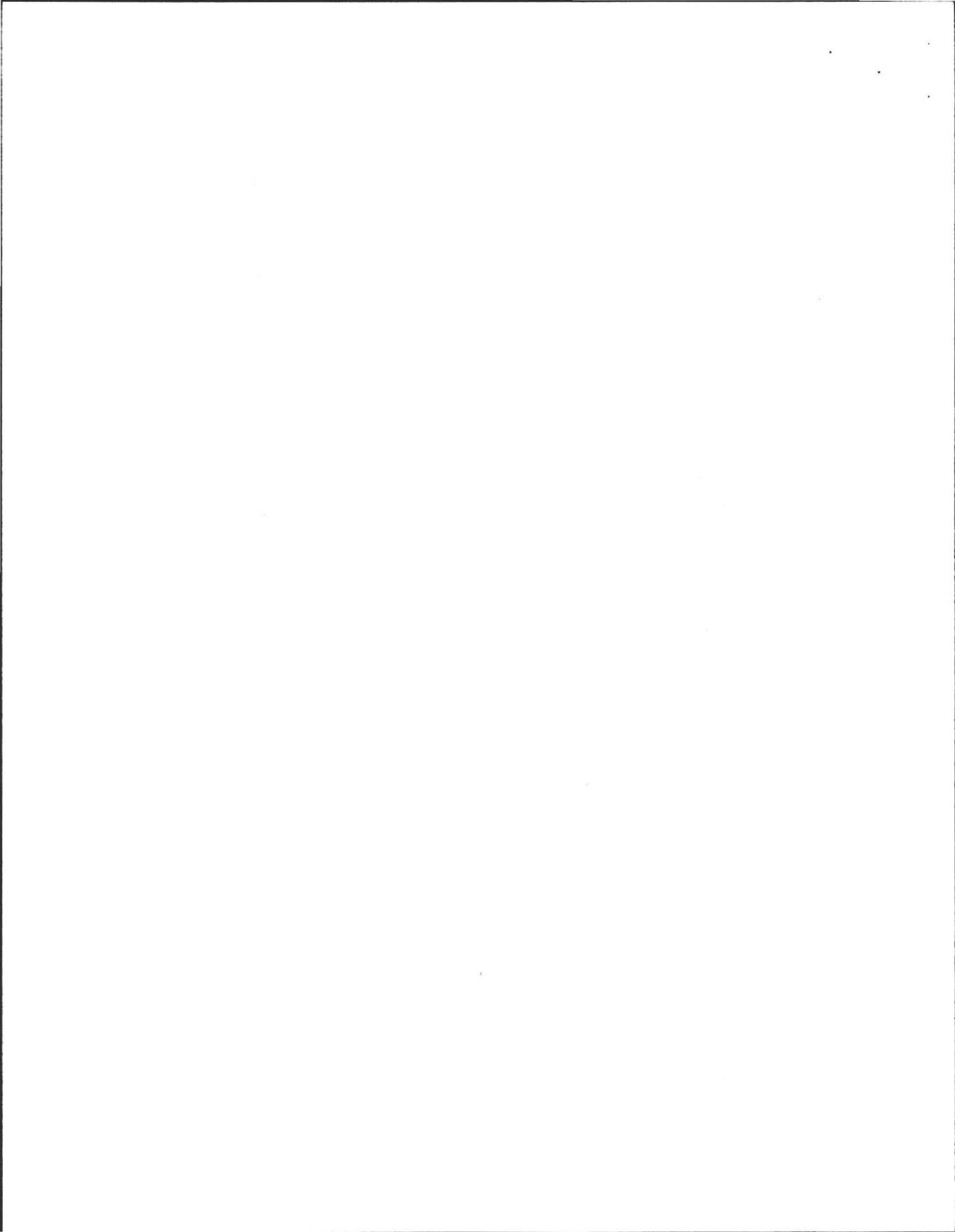
Yes No

_____ _____ The system is within 400 feet of a surface drinking water supply.

_____ _____ The system is within 200 feet of a tributary to a surface drinking water.

_____ _____ The system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well).

The owner or operator of any such system shall bring the system and facility into full compliance with the ground water treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.



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

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

Yes No

Y ___ Pumping information was requested of the owner, occupant, and Board of Health.

Y ___ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

* ___ As built plans have been obtained and examined. Note if they are not available with N/A.

Y ___ The facility or dwelling was inspected for signs of sewage backup.

Y ___ The system does not receive non-sanitary or industrial waste flow.

Y ___ The site was inspected for signs of breakout.

Y ___ All system components, excluding the Soil Absorption System, have been located on the site.

Y ___ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

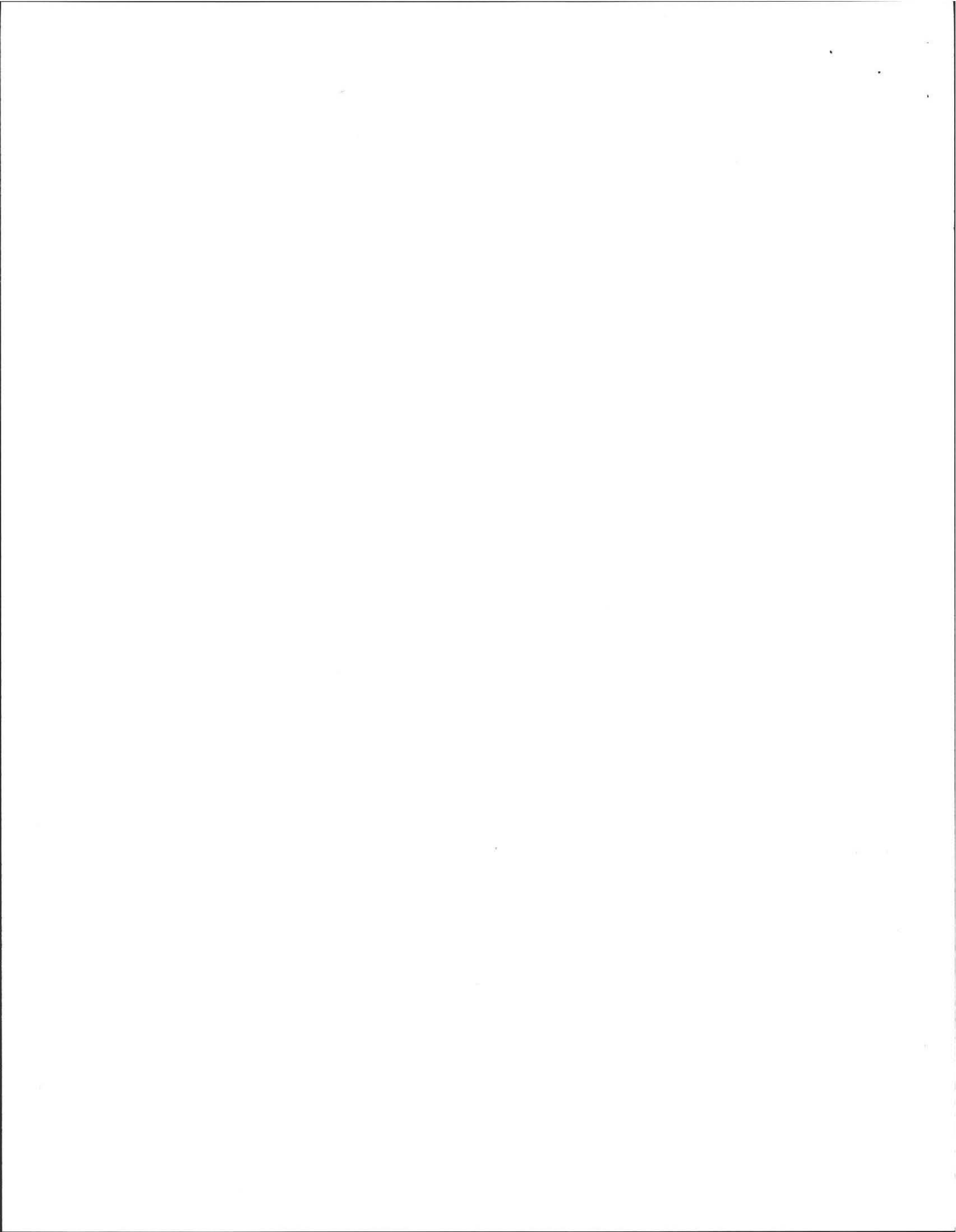
The size and location of the Soil Absorption System on the site has been determined based on:

Y ___ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

Y ___ Existing information. Ex. Plan at B.O.H.

Y ___ Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)].

* As built on record were not totally correct.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 g.p.d./bedroom for SAS Actual design records unlegible.
Number of bedrooms: 2
Number of current residents: 3
Garbage grinder (yes or no): No
Laundry connected to system (yes or no): Yes
Seasonal use (yes or no): No
Water meter readings, if available (last two (2) year usage (gpd): As per Water Department
water useage was 9100 cubic feet from May 1996 - May 98.
Sump Pump (yes or no): No
Last date of occupancy: currently occupied

GENERAL INFORMATION

PUMPING RECORDS and source of information:

Not pumped in 5 years as per owner.
System pumped as part of inspection: (yes or no) No System was pumped after
If yes, volume pumped: _____ gallons inspection per buyer's request.
Reason for pumping: _____

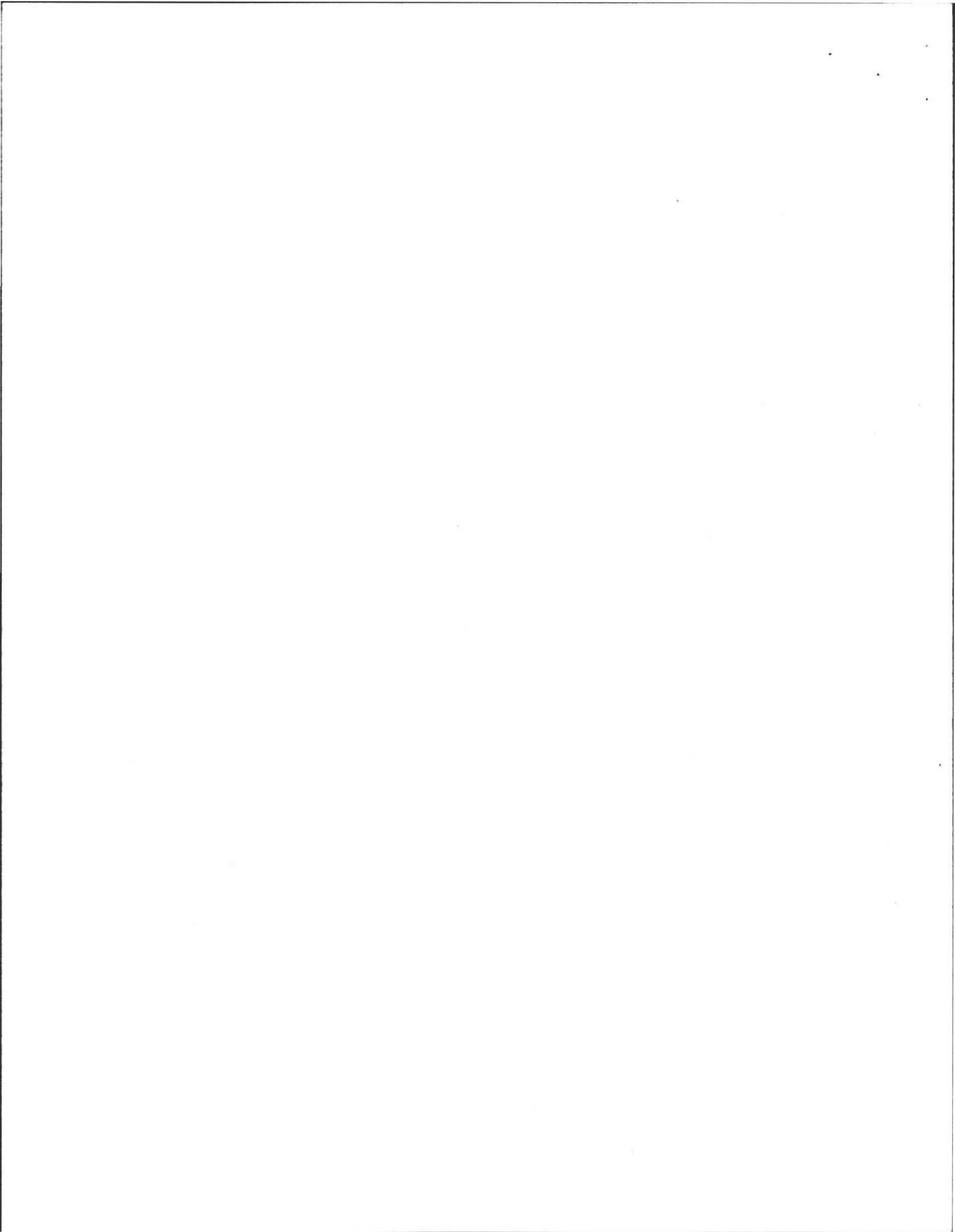
TYPE OF SYSTEM

- Septic tank/distribution box/soil absorption system
 Single cesspool
 Overflow cesspool
 Privy
 Shared system (yes or no) (if yes, attach previous inspection records, if any)
 I/A Technology etc. Copy of up to date contract?
 Other _____

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

Approximately 5 years, as per owner & Board of Health records.

SEWAGE ODORS detected when arriving at the site: (yes or no) No



BUILDING SEWER:

(Locate on site plan)

Depth below grade: 22"

Material of construction: cast iron 40 PVC other (explain)

Distance from private water supply well or suction line 7'

Diameter 4"

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

Building sewer exits rear foundation wall of left rear ell.

SEPTIC TANK:

(locate on site plan)

Depth below grade: 21"

Material of construction: concrete metal Fiberglass Polyethylene other ((explain)

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

Dimensions: 8'6" L x 5' W x 5' D, approx. 1000 gallons

Sludge depth: 2"

Distance from top of sludge to bottom of outlet tee or baffle: 22"

Scum thickness: 1"

Distance from top of scum to top of outlet tee or baffle: 7"

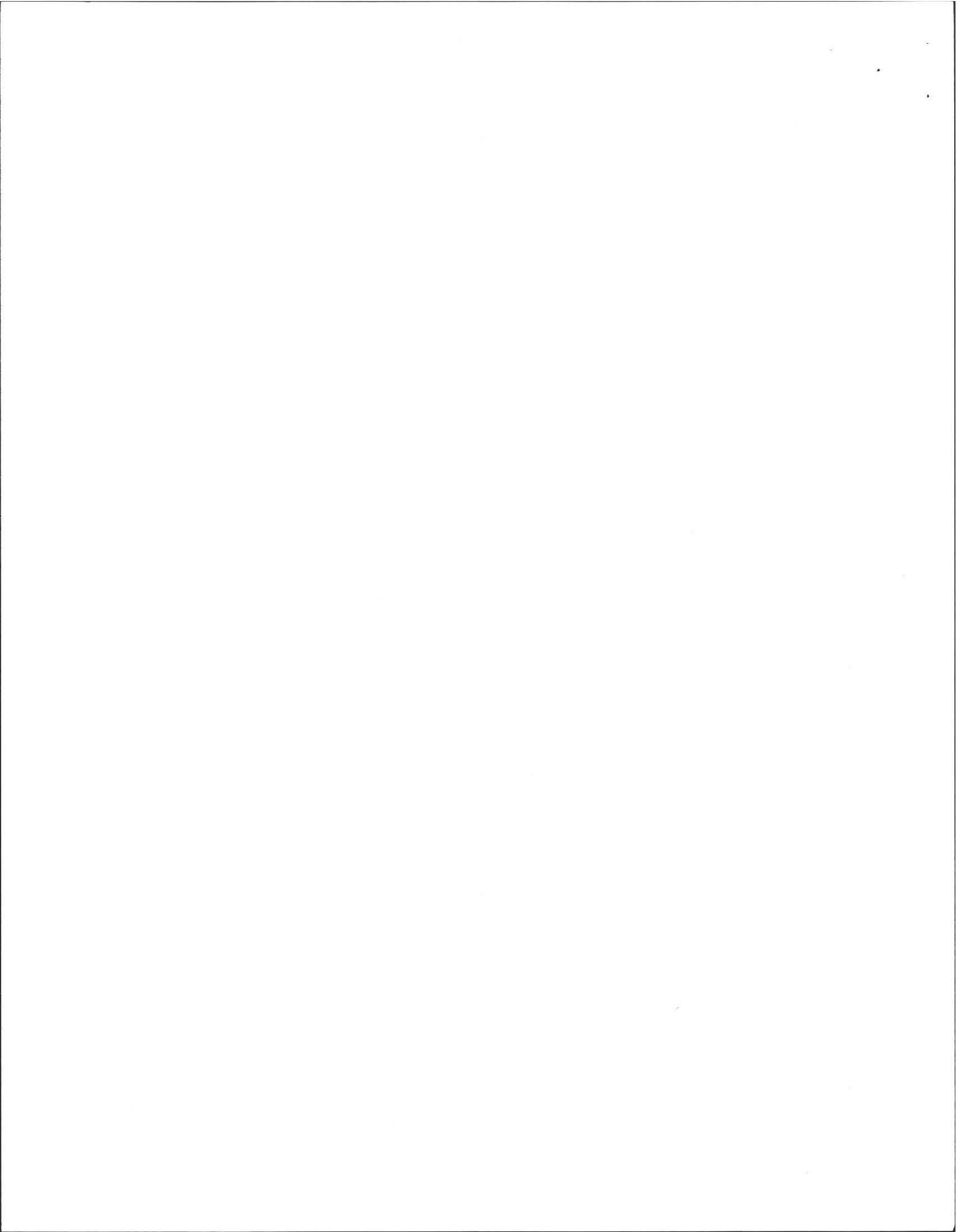
Distance from bottom of scum to bottom of outlet tee or baffle: 24"

How dimensions were determined: with a pole & tape measure

Comments:

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

Septic tank & tee are sound. Fluid level was correct, that is, equal with outlet invert. Scum & sludge levels were minimal. Top of outlet tee hits cover. Usually there is a 3 inch gap. Recommend installing risers to within 6 inches of grade.



DISTRIBUTION BOX: X
(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments:

(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) Fluid level was correct, that is, equal with outlet inverts. There was minimal paper carryover. Distribution is level & sound. There is no evidence of backups or staining in distribution box. Top of distribution box is 24 inches below grade.

SOIL ABSORPTION SYSTEM (SAS): X

(locate on site plan, if possible, excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number: _____

leaching chambers, number: _____

leaching galleries number: _____

leaching trenches, number, length: three, at 25 feet long each

leaching fields, number, dimensions: _____

overflow cesspool, number: _____

Alternative system: _____

Name of Technology: _____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation etc.) No signs of hydraulic failure. Ground over SAS is covered with overgrown vegetation. Recommend removal of vegetation & maintaining a lawn in this area.



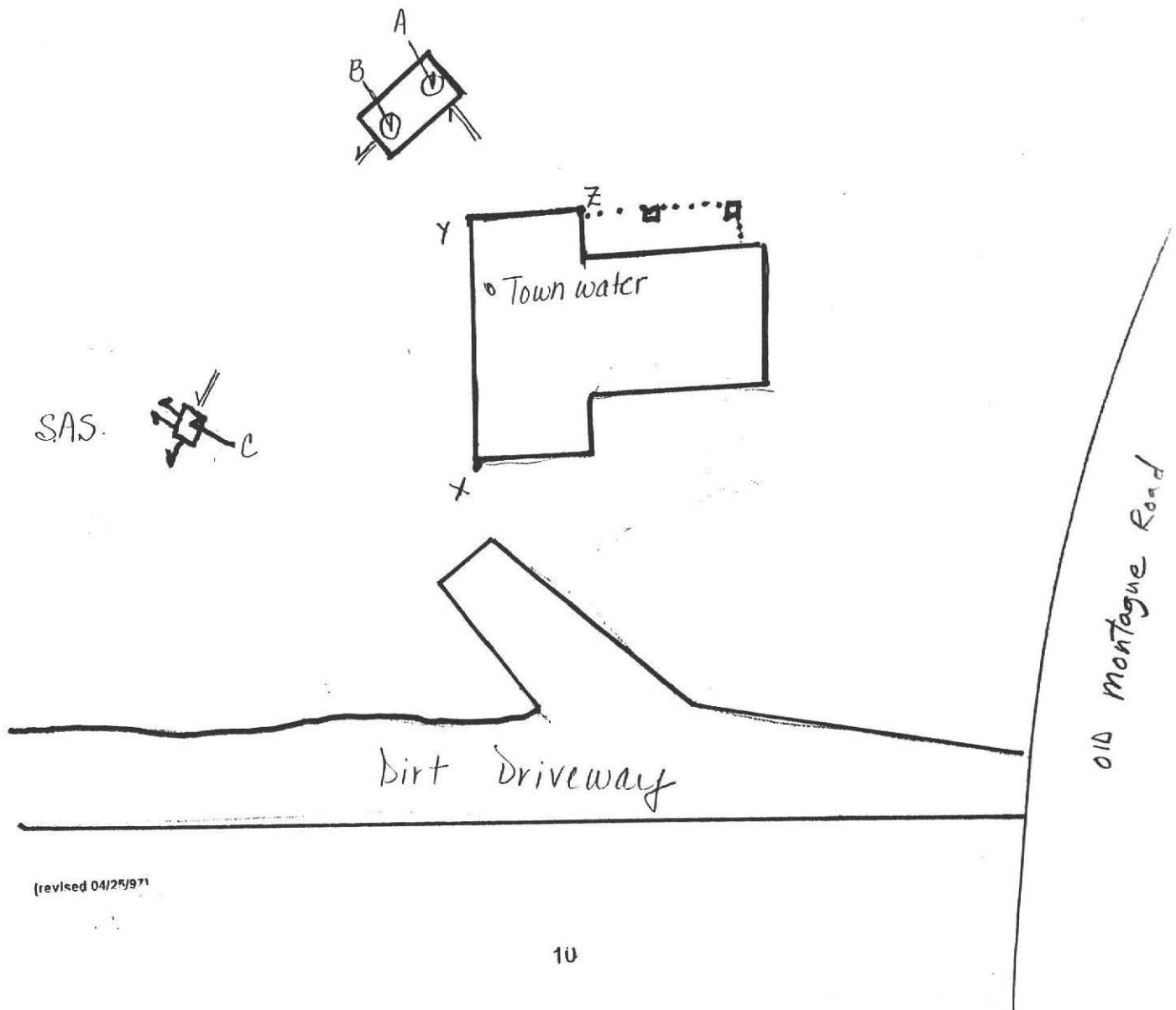
SKETCH OF SEWAGE DISPOSAL SYSTEM:

Include ties to at least two (2) permanent references, landmarks or benchmarks.
Locate all wells within 100' (one hundred feet). (Locate where public water supply comes into house.)

NOT TO SCALE

A = inlet cover
B = outlet cover
C = distribution box

XC = 29'5"
YC = 40'10"
YA = 20'6"
ZA = 25'0"
YB = 19'0"
ZB = 25'8"



(revised 04/25/97)

DEPTH TO GROUND WATER

Depth to Groundwater 7 Feet

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

- Obtained from Design Plans on record
- Observation of Site (Abutting property, observation hole, basement sump etc.)
- Determine it from local conditions
- Check with local Board of Health
- Check FEMA Maps
- Check pumping records
- Check local excavators, installers
- Use USGS Data

Describe in your own words how you established the High Groundwater Elevation. (**Must** be completed)

Per design records, seasonal high water table estimate at 7 feet below ground level.



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner William Bastable Address 462⁰⁰ MONTAGUE RD

Installer KARL'S EXCAVATING Address RIVER DR. HAOKLEY

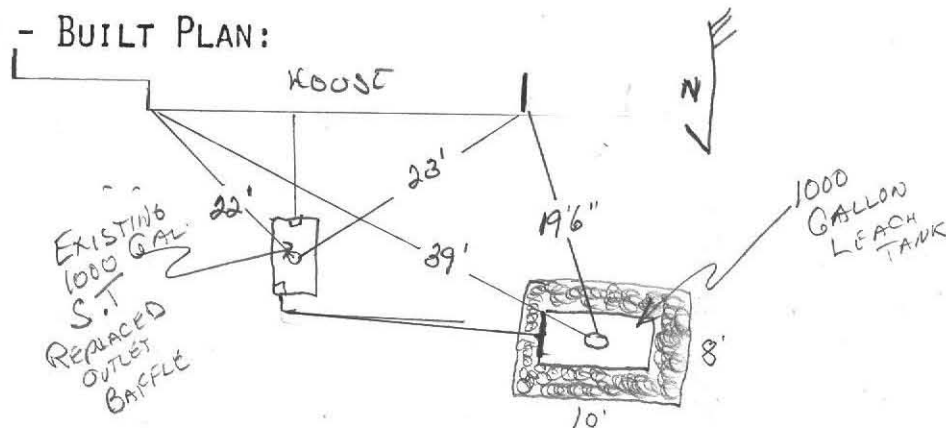
Date Installation Inspected and Approved 5-7-80

Description of System: Tank Capacity: 1000 EXISTING

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

Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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

