

Commonwealth of Massachusetts

			1.4.4	01002	11.01.2011
	Pelham Road erty Address ate of Muriel Paddock (C/O James Padder's Name herst Town Certification (cont.) Inspection Summary: Check A,B,C,D of System Passes: I have not found any information whin 310 CMR 15.303 or in 310 CMR indicated below. Comments: Property has very old 40 + yr old system tank was leaking. Pipe from house to so roots and needing replacement. Dry with for several months. Sewer connection a crush and fill is recommended). System Conditionally Passes: One or more system components a replaced or repaired. The system, the Board of Health, will pass. Check the box for "yes", "no" or "not defetermined," please explain. The septic tank is metal and over 20 yestructurally unsound, exhibits substantic will pass inspection if the existing tank is Board of Health. * A metal septic tank will pass inspection Compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the compliance indicating that the tank is less than the complex than the	MA State	Zip Code	11.01.2011 Date of Inspection	
15/4		ont)	0.0.0	p	Date of mepodie.
,. U	Citinoation (o	5111.)			
In	spection Summary:	Check A,B,C,D or	E / always	complete all of	Section D
	_				
) 5)	ystem Passes:				
	in 310 CMR 15.30				
C	omments:				
ta ro fo	nk was leaking. Pip lots and needing rep r several months. Se	e from house to se lacement. Dry wel ewer connection an	ptic tank and I had good s	d septic tank to stone with no e	dry well was compromised by vidence of failure. House empty
-					
	vatom Conditionall	v Pennen		-	
) S	ystem Conditionall	y Passes:			
) S ₁	One or more syste replaced or repair	em components as ed. The system, up			
CI	One or more system replaced or repair the Board of Healtheck the box for "yes	em components as ed. The system, up th, will pass. s", "no" or "not dete	oon completi	on of the repla	cement or repair, as approved by
CI de TI st	One or more systereplaced or repair the Board of Healtheak the box for "yestermined," please ethe septic tank is met ructurally unsound, will pass inspection if	em components as ed. The system, up th, will pass. s", "no" or "not dete xplain. al and over 20 yea exhibits substantial	oon completi ermined" (Y, rs old* or th infiltration o	on of the repla N, ND) for the e septic tank (vor exfiltration or	following statements. If "not whether metal or not) is tank failure is imminent. System
CI de TI st wi	One or more systereplaced or repair the Board of Healtheck the box for "yestermined," please ethe septic tank is metructurally unsound, oill pass inspection if oard of Health. A metal septic tank v	em components as ed. The system, up th, will pass. s", "no" or "not dete xplain. al and over 20 yea exhibits substantial the existing tank is will pass inspection	ermined" (Y, rs old* or th infiltration or replaced wi	on of the replance N, ND) for the e septic tank (wor exfiltration on the a complying curally sound, n	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of
CI de TH st will Be	One or more syster replaced or repair the Board of Healtheck the box for "yestetermined," please ethe septic tank is met ructurally unsound, of ill pass inspection if oard of Health. A metal septic tank wompliance indicating	em components as ed. The system, up th, will pass. s", "no" or "not dete xplain. al and over 20 yea exhibits substantial the existing tank is will pass inspection that the tank is less	ermined" (Y, rs old* or th infiltration or replaced wi	on of the replace N, ND) for the e septic tank (vor exfiltration or the a complying turally sound, nears old is available.	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of
CI de de TI st wi Bo	One or more systereplaced or repair the Board of Healtheck the box for "yestetermined," please ethe septic tank is met ructurally unsound, oill pass inspection if board of Health. A metal septic tank to ompliance indicating of the land	em components as ed. The system, up th, will pass. s", "no" or "not dete xplain. ral and over 20 yea exhibits substantial the existing tank is will pass inspection that the tank is les	ermined" (Y, rs old* or th infiltration of replaced wi if it is struct as than 20 ye olain below):	N, ND) for the e septic tank (vor exfiltration or th a complying turally sound, nears old is avai	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of lable.
CI de TH st win Bo	One or more systereplaced or repair the Board of Healtheck the box for "yestetermined," please ethe septic tank is met ructurally unsound, oill pass inspection if board of Health. A metal septic tank to ompliance indicating of the land	em components as ed. The system, up th, will pass. s", "no" or "not dete xplain. ral and over 20 yea exhibits substantial the existing tank is will pass inspection that the tank is les	ermined" (Y, rs old* or th infiltration of replaced wi if it is struct as than 20 ye olain below):	N, ND) for the e septic tank (vor exfiltration or th a complying turally sound, nears old is avai	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of lable.
CI de TH st win Bo	One or more systereplaced or repair the Board of Healtheck the box for "yestetermined," please ethe septic tank is met ructurally unsound, oill pass inspection if board of Health. A metal septic tank to ompliance indicating of the land	em components as ed. The system, up th, will pass. s", "no" or "not dete xplain. ral and over 20 yea exhibits substantial the existing tank is will pass inspection that the tank is les	ermined" (Y, rs old* or th infiltration of replaced wi if it is struct as than 20 ye olain below):	N, ND) for the e septic tank (vor exfiltration or th a complying turally sound, nears old is avai	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of lable.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zin Code	Date of Inspection
Amherst	MA	01002	11.01.2011
Owner's Name			
Estate of Muriel Paddock (C/O James Pa	addock, 244 Loc	ks Pond Villag	e Road, Wendell, Ma 01379
Property Address			
330 Pelham Road			

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

A. General Information

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



key.



n manggana an musakan samban na kantan manakan manakan musakan musakan manakan manakan manakan manakan manakan Manakan manakan musakan musakan musakan manakan manakan manakan manakan manakan manakan manakan manakan manaka			
Inspector:			
Alan E Weiss, M.S, Hydrogeologist, RS # 933	5		
Name of Inspector			
Cold Spring Environmental Consultants Inc.			
Company Name			
350 Old Enfield Road			
Company Address			
Belchertown	MA	01007	
City/Town	State	Zip Code	
413.323.5957	# 738		
Telephone Number	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		☐ Fails							
	Needs Further Evaluation by the Local Approving Authority								
Inspector's Signature	11.01.2011 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. 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.



Commonwealth of Massachusetts

	D Pelham Road perty Address							
	Maria Maria Tarangan Maria da Arangan Maria Andrews	ddock, 244 Loc	ks Pond Village	e Road, Wendell, Ma 01379				
	ner's Name							
An	herst	MA	01002	11.01.2011				
City	Town	State	ways complete all of Section D icates that any of the failure criteria described exist. Any failure criteria not evaluated are 000 Gal S. tank, liquid level was 1/2 full indicating nk and septic tank to dry well was compromised by good stone with no evidence of failure. House employer septic tank and dry well abandonement (pump beer septic tank and dry well abandonement (pump d' (Y, N, ND) for the following statements. If "not for the septic tank (whether metal or not) is ation or exfiltration or tank failure is imminent. System of the septic tank (whether metal or not) is ation or exfiltration or tank failure is imminent. System of the septic tank (whether metal or not) is ation or exfiltration or tank failure is imminent. System of the septic tank as approved by the structurally sound, not leaking and if a Certificate of 20 years old is available.					
B.	Certification (cont.) Inspection Summary: Check A,B,C,E	or E / <i>always</i>	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:							
	tank was leaking. Pipe from house to roots and needing replacement. Dry	septic tank and well had good s	d septic tank to stone with no e	dry well was compromised by vidence of failure. House empty				
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.							
	Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.							
	structurally unsound, exhibits substan	ntial infiltration o	r exfiltration or	tank failure is imminent. System				
	* A metal septic tank will pass inspec Compliance indicating that the tank is	tion if it is struct less than 20 ye	urally sound, n ears old is avai	ot leaking and if a Certificate of lable.				
	⊠Y □N □ND(Explain below):						
	Tank replacement and pipe replacem feasible at street.	ent would be re	quired howeve	r sewer connection appears				



Commonwealth of Massachusetts

_	Pelham F	The Control of the Co				
	PRINCIPAL SECTIONS		k (C/O James Paddock	. 244 Loc	ks Pond Village	e Road, Wendell, Ma 01379
	ner's Name		(1	.	
Am	herst			MA	01002	11.01.2011
City	Town			State	Zip Code	Date of Inspection
	2. Sy deter safet 100 fr suppl suppl The s more	The system yell. The system of a sure of a sure of a sure of a sure of a system has from a pri	fail unless the Board of the system is function ironment: stem has a septic tank a rface water supply or tribute the stem has a septic tank a stem has a septic tank a	nd soil abbutary to and SAS and SAS and the S	(and Public Va manner that a sorption system a surface wate and the SAS is and the SAS is	Vater Supplier, if any) protects the public health, m (SAS) and the SAS is within
	to or less be attach	pacteria ind than 5 pp ed to this t	dicates absent and the pm, provided that no othe form.	presence er failure c	of ammonia nit riteria are trigg	P certified laboratory, for fecal rogen and nitrate nitrogen is equal lered. A copy of the analysis must ection appears feasible.
D)	You mus	t indicate	teria Applicable to All "Yes" or "No" to each			<u>l</u> inspections:
	Yes	No				E
		\boxtimes	clogged SAS or cessp	oool		ponent due to overloaded or
			due to an overloaded	or clogge	d SAS or cess	• 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
			or clogged SAS or ces	sspool		outlet invert due to an overloaded
		\boxtimes	than ½ day flow	ooi is less	than 6" below	invert or available volume is less



Commonwealth of Massachusetts

570/10	-	lham Ro	pad		9								
		Address	I D-44-4, 7070 I D-41	0441	ales 5)	4 \ 211		Des	al 107	mala II h	1- 040	70
		ot Murie Name	I Paddock (C/O James Paddock,	, 244 LO	CKS F	one	u VIIIa	age	коа	a, we	riaeli, N	na 013	19
	hers			MA	(010	02		1	1.01.2	011		
200	Town	244		State			Code	_			nspection	N.	
3.	Ce	ertifica	ation (cont.)				7 =						
	B)	Systen	n Conditionally Passes (cont.):										
		to brok	ration of sewage backup or break en or obstructed pipe(s) or due to spection if (with approval of Boal	o a brok	en, s	ettle	ic wa ed or	ter l une	evel ven	in the	distribi oution b	ution bo ox. Sys	ox due stem will
			broken pipe(s) are replaced			Υ		Ν		ND (E	Explain	below):	
		\boxtimes	obstruction is removed		\boxtimes	Υ		Ν		ND (E	Explain	below):	•
			distribution box is leveled or rep	olaced		Υ		Ν		ND (E	Explain	below):	:
	See	e above	regarding piping and roots.										
			stem required pumping more tha will pass inspection if (with appr broken pipe(s) are replaced obstruction is removed		he B		d of H		th):	ND (E	bstructe Explain Explain	below)	:
													×
	C)	Furths	r Evaluation in Baguired by the	. Board	of U	oal	th:						
			r Evaluation is Required by the					5 - F	11.	lale '		4.4.	
	\bowtie		ons exist which require further extern is failing to protect public he								order to	deterr	nine if
		15.303	tem will pass unless Board of (1)(b) that the system is not fu and the environment:										
			Cesspool or privy is within 50 fe	eet of a s	surfa	ce v	water	ě.					
			Cesspool or privy is within 50 fe	eet of a b	oorde	erin	g veg	etat	ed w	vetlan	d or a s	alt mar	rsh



Commonwealth of Massachusetts

_	0 Pelham R						_
	A		ick (C/O James Paddo	ck 244 Loc	ks Pond Village	e Road, Wendell, Ma 01379	
	ner's Name	ci i dado	on (ore sumes i dude	OK, ZTT LOO	No Forta Village	5 Hoda, Wenden, Wa 61676	_
An	nherst			MA	01002	11.01.2011	
City	//Town			State	Zip Code	Date of Inspection	_
B.	Certific		170 170 170 170 170 170 170 170 170 170	d of Health	/and Public V	Vater Supplier, if any)	
	deter	mines th				protects the public health,	
	supply	eet of a so The sy / The sy	urface water supply or estem has a septic tank	tributary to and SAS a	a surface wate nd the SAS is	m (SAS) and the SAS is within er supply. within a Zone 1 of a public water within 50 feet of a private water	
	more	ystem ha from a pr	s a septic tank and SA ivate water supply well o determine distance:		AS is less tha	n 100 feet but 50 feet or	
	coliform b to or less be attache 3. Other:	acteria in than 5 pp ed to this	idicates absent and the om, provided that no ot form.	e presence o her failure o	of ammonia nit riteria are trigg	P certified laboratory, for fecal crogen and nitrate nitrogen is equal gered. A copy of the analysis must be ection appears feasible.	
		17					
D)	System F	ailure C	riteria Applicable to A	II Systems	:		
	You must	indicate	e "Yes" or "No" to ea	ch of the fo	llowing for <u>al</u>	l inspections:	
	Yes	No					
		\boxtimes	clogged SAS or ces	spool		ponent due to overloaded or	
		\boxtimes	due to an overloade	ed or clogge	d SAS or cess		
		\boxtimes	or clogged SAS or o	cesspool		outlet invert due to an overloade	
		\boxtimes	Liquid depth in cess	spool is less	than 6" below	invert or available volume is less	



Commonwealth of Massachusetts

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

	Pelham						
	erty Addre						
		iriel Pado	ock (C/O James Paddock	, 244 Loc	ks Pond Village	Road, Wendell, M	la 01379
	er's Name herst			MA	01002	11.01.2011	
	Town		11 11	State	Zip Code	Date of Inspection	
	Checl	klist			The Commence		
	Check if	the follow	ving have been done. You	ı must ind	dicate "yes" or "n	o" as to each of th	ne following:
	Yes	No	\$P.				
		\boxtimes	Pumping information w	as provid	ed by the owner	occupant, or Boa	ard of Health
		\boxtimes	Were any of the system	n compon	ents pumped ou	t in the previous t	wo weeks?
		\boxtimes	Has the system receive	ed normal	flows in the pre-	vious two week pe	eriod?
		\boxtimes	Have large volumes of this inspection?	water bee	en introduced to	the system recen	tly or as part of
		\boxtimes	Were as built plans of t available note as N/A)	the systen	n obtained and e	examined? (If they	were not
	\boxtimes		Was the facility or dwel	lling inspe	ected for signs of	sewage back up	?
	\boxtimes		Was the site inspected	for signs	of break out?		
	\boxtimes		Were all system compo	onents, ex	cluding the SAS	, located on site?	
			Were the septic tank m inspected for the condi dimensions, depth of lie	ition of the	e baffles or tees,	material of consti	
			Was the facility owner information on the prop The size and location been determined based	oer mainte of the So	enance of subsu	face sewage disp	osal systems?
	\boxtimes		Existing information. For	or exampl	le, a plan at the l	Board of Health.	
			Determined in the field approximation of distar				C is at issue
D.	Syste	m Info	rmation				
	Resider	ntial Flov	/ Conditions:				
	Number	of bedro	oms (design):		Number of bedr	ooms (actual):	4
		J. 20010	(22.3/.				

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



Commonwealth of Massachusetts

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

) Pelham F					
	erty Address		ack (C/O James Badde	ok 244 Loo	co Dond Villog	Dood Woodall Ma 01270
	ate of Mur ner's Name	iei Paudo	ock (C/O James Paddo	JCK, 244 LOC	ks Pond Village	e Road, Wendell, Ma 01379
Am	herst			MA	01002	11.01.2011
City	Town			State	Zip Code	Date of Inspection
В.	Certific	cation	(cont.)			
	Yes	No				
		\boxtimes	Required pumping obstructed pipe(s).			st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the	SAS, cesspo	ol or privy is b	elow high ground water elevation.
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water supply or
		\boxtimes	Any portion of a ce	sspool or pri	vy is within a Z	one 1 of a public well.
		\boxtimes	Any portion of a ce	sspool or pri	vy is within 50	feet of a private water supply wel
			from a private water system passes if laboratory, for fec- of ammonia nitro	er supply well the well war cal coliform gen and niti other failure	l with no accepter analysis, publicateria indicate nitrogen in criteria are to	100 feet but greater than 50 feet otable water quality analysis. [This performed at a DEP certified rates absent and the presence is equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		\boxtimes	The system is a ce 10,000gpd.	sspool servi	ng a facility wit	h a design flow of 2000gpd-
			criteria exist as des	scribed in 31 uld contact th	0 CMR 15.303 ne Board of He	or more of the above failure the the system fails. The ealth to determine what will be
E)			To be considered a la ,000 gpd to 15,000 gp		the system r	nust serve a facility with a
	For large questions			ner "yes" or "	no" to each of	the following, in addition to the
	Yes	No				
			the system is within	n 400 feet of	a surface drin	king water supply
			the system is within	n 200 feet of	a tributary to a	a surface drinking water supply
			the system is locat Area – IWPA) or a			rea (Interim Wellhead Protection water supply well
	If you hav	e answe	red "yes" to any questi	ion in Section	n 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.



Commonwealth of Massachusetts

330 Pelham Road Property Address				
151 5	addock (C/O James Paddock	c, 244 Loc	ks Pond Village	e Road, Wendell, Ma 01379
Owner's Name			0.4.000	
Amherst City/Town		MA State	01002 Zip Code	11.01.2011 Date of Inspection
	formation (cont.)	State	Zip Code	Date of Inspection
D. System in	formation (cont.)			
Last date of oc	cupancy/use:		curren	t
	, , , , , , , , , , , , , , , , , , , ,		Date	
Other (describ	e below):			

-	0			
		eral Infor	mation	
Pumping Rec	ords:			
Source of infor	mation:	unk.		
Was system p	umped as part of the inspect	ion?		☐ Yes ☒ No
If yes, volume	pumped:	- gallon	S	
How was quar	tity pumped determined?	8		
Reason for pu	mping:			
Type of Syste	m:			
\boxtimes	Septic tank, distribution bo	x, soil abs	sorption system	
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no)	(if yes, at	tach previous i	nspection records, if any)
	Innovative/Alternative tech	nology. A	ttach a copy of	the current operation and
		oe obtaine	d from system	owner) and a copy of latest
	Tight tank. Attach a copy of	of the DEF	approval.	
	Other (describe):			



Commonwealth of Massachusetts

330 Pelham Roa	ad							
Property Address	D 11 1 (010 1 D 11		5 11/21	5		040	70	
Owner's Name	Paddock (C/O James Paddoc	k, 244 Lock	s Pond Village	e Road, Wend	ell, Ma	1013	79	
Amherst		MA	01002	11.01.201	1			
City/Town		State	Zip Code	Date of Inspe				
Description:	Description: 1000 gallon S. tank with Dist box and 3 line field							
*								
Number of c	current residents:					0		*(
Does reside	nce have a garbage grinder?					Yes	\boxtimes	No
Is laundry or	n a separate sewage system?	[if yes sepa	arate inspectio	on required]		Yes	\boxtimes	No
Laundry sys	tem inspected?					Yes		No
Seasonal us	se?				4	Yes		No
Water meter Detail:	readings, if available (last 2 y	ears usage	(gpd)):	×	n/a			
	(×						
-							_	
Sump pump					Ш	Yes	\bowtie	No
Last date of					Date)		
7-7 10110175 (1.10)	I/Industrial Flow Conditions	:						
Type of Esta								
	(based on 310 CMR 15.203):		Gallons	per day (gpd)				
	ign flow (seats/persons/sq.ft.,	etc.):	,-	2			_	
Grease trap						Yes		No
	aste holding tank present?					Yes		No
	y waste discharged to the Title	5 system?			1 2	Yes		No
Water meter	readings, if available:		250					_



Commonwealth of Massachusetts

30 Pelham Road					
roperty Address					
	dock (C/O James Pa	addock, 244 Lock	s Pond Vill	age Road, Wen	dell, Ma 01379
wner's Name		144	04000	44.04.00	
mherst lity/Town		MA State	01002 Zip Code	11.01.20 Date of Ins	
		(100) 342-5-1.	Zip Code	Date of His	pection
). System into	ormation (cont	.)			
	100.1				
Septic Tank (cor	nt.)				
Distance from to	6 -1l t- h-tt	£	-60-	30"	
Distance from top	o of sludge to botton	n or outlet tee or t	anie		
Scum thickness				6"	
				411	
Distance from top	o of scum to top of o	utlet tee or baffle		4"	
				12"	
Distance from bo	ttom of scum to bott	tom of outlet tee o	or baffle	12	
Llaurungan diman	-i d-tid0			Observation/N	/leas
now were dimen	sions determined?				
					n, structural integrity,
	elated to outlet inver	t, evidence of leaf	(age, etc.):		
Tank was 1000 g	allon, with baffles				
				-	
Grease Trap (loc	cate on site plan):				
Depth below grad	40.				
Deptil below grad	1 C.			feet	
Material of consti	ruction:				
concrete	metal	fiberglas	s	polyethylene	other (explain):
Dimensions:					
Differsions.					
Scum thickness				**	
Distance from top	o of scum to top of o	utlet tee or baffle		*****	
Distance from bo	ttom of scum to bott	tom of outlet tee o	r baffle	-	
D-4(11	ata as				
Date of last pump	oing:			Date	



Commonwealth of Massachusetts

Property Address		_			
	ddock (C/O James Pad	ddock 244 Lock	s Pond Village	e Road Wen	dell Ma 01379
Owner's Name	addok (ore dames) at	4400K, 244 LOOK	to rond village	c road, vveri	dell, Ma 01010
Amherst	ž.	MA	01002	11.01.20	11
City/Town		State	Zip Code	Date of Ins	pection
-	ormation (cont.)	late installed (if		ource of inform	mation:
Were sewage o	dors detected when ar	riving at the site	e?] Yes ⊠ No
Building Sewe	r (locate on site plan):				
Depth below gra	ade:		1. fee		
Material of cons	truction:				
□ cast iron	⋈ 40 PVC	other (e	xplain): —		1
Distance from p	rivate water supply we	ell or suction line	e: fee	et	
Comments (on	condition of joints, ven	ting, evidence o	f leakage, etc	.):	
Needs replacen	nent, root plugged.				
Septic Tank (lo	cate on site plan):				
Depth below gra	ade:		<u>1</u> fee		
Material of cons	truction:				
⊠ concrete	☐ metal	fiberglas	ss pol	yethylene	other (explain)
8				0	
1-			*****		0
If tank is metal,	list age:		yea	ars	
	d by a Certificate of Co	ompliance? (atta	2 5		☐ Yes ☐ No
Dimensions:				8.5' x 4.5' x 4'	
Sludge depth:			-	,	



D

Commonwealth of Massachusetts

O Pelham Road Operty Address				
openy Address state of Muriel Paddock (C/O James Pado	look 244 Loo	ke Bond Village	Pood Word	oll Ma 01370
ner's Name	10CK, 244 LOC	ks Folia Village	e Road, Wend	eli, ivia 01379
nherst	MA	01002	11.01.201	1
y/Town	State	Zip Code	Date of Inspe	
. System Information (cont.) Distribution Box (if present must be of	pened) (locate	e on site plan):		
Depth of liquid level above outlet invert		-		
Comments (note if box is level and districted evidence of leakage into or out of box, or		lets equal, any	evidence of so	olids carryover, ar
-				
Pump Chamber (locate on site plan):				
Pumps in working order:			☐ Yes	☐ No
Alarms in working order:			☐ Yes	☐ No
Comments (note condition of pump cha	mber, conditi	on of pumps ar	nd appurtenan	ces, etc.):
			ř.	
Soil Absorption System (SAS) (locate	on site plan,	excavation not	t required):	
If SAS not located, explain why:				
			¢	



Commonwealth of Massachusetts

Pelham Road					
perty Address			I - D 11/01 D		N - 04070
tate of Muriel Padd	ock (C/O James P	addock, 244 Loc	ks Pond Village R	oad, Wendell,	Ma 01379
herst		MA	01002	11.01.2011	
/Town		State	Zip Code	Date of Inspection	n
System Info	rmation (con		outlet tee or baffle	e condition, str	uctural integri
	ated to outlet inve				
					×
		-			
Tight or Holding	Tank (tank must b	oe pumped at tim	e of inspection) (lo	ocate on site pl	an):
Depth below grad	e:				
Material of constru	uction:				
concrete	☐ metal	☐ fibergla	ass polye	ethylene _	other (explai
Dimensions:					
Capacity:			gallons		
Design Flow:			-		•
Design Flow.			gallons per day		
Alarm present:			☐ Yes ☐ N	0	
Alarm level:	-		Alarm in working or	der: Y	es 🗌 No
Date of last pump	ing:		Date		
Comments (condi	tion of alarm and f	loat switches, et	c.):		



Commonwealth of Massachusetts

Pelham Road			
perty Address			
ate of Muriel Paddock (C/O James P	addock, 244 Loc	ks Pond Village	e Road, Wendell, Ma 01379
ner's Name			
herst	MA	01002	11.01.2011
Town	State	Zip Code	Date of Inspection
System Information (con	t.)		
Comments (note condition of soil, si etc.):	gns of hydraulic	failure, level of	ponding, condition of vegetati
	ă.		
Privy (locate on site plan):			*
Materials of construction:	-		
Dimensions	-		
Depth of solids			
Comments (note condition of soil, si etc.):	gns of hydraulic	failure, level of	ponding, condition of vegetati



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

330 Pelham Road Property Address Estate of Muriel Paddock (C/O James Paddock, 244 Locks Pond Village Road, Wendell, Ma 01379 Owner's Name Amherst MA 01002 11.01.2011 Zip Code City/Town State Date of Inspection D. System Information (cont.) Type: 4' x 4' X leaching pits number: leaching chambers number: leaching galleries number: leaching trenches number, length: 3 lines 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.): No signs of Liquid level staining over invert pipe nor past Hydraulic failure. 18" BG. 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



Commonwealth of Massachusetts

vner's N nherst		MA	01002	11.01.2011	
y/Town		State	Zip Code	Date of Inspection	
. Sys	stem Informatio	n (cont.)			
	_				
Site	Exam:				
	Check Slope				
	Surface water				12
	Check cellar				
	Shallow wells				
Estir	nated depth to high gro	und water:	5'+/- feet		
Plea	se indicate all methods	used to determine the h	igh ground wate	er elevation:	
	Obtained from s	system design plans on	record		
	If checked, date	e of design plan reviewe	d: Date		
	Observed site (abutting property/observ	ation hole withi	n 150 feet of SAS)	
	Checked with lo	ocal Board of Health - ex	nlain:		
	Officered with te	Jour Dourd of Floater CA	pidiri.		
	-				
Ш	Checked with Ic	ocal excavators, installer	rs - (attach docu	mentation)	
	Accessed USG	S database - explain:			
You	must describe how you	u established the high gr	ound water elev	vation:	
	k in area in past.				
			(0)		
-	9				
-	180				
57					



Commonwealth of Massachusetts

330 Pelham Road					
Property Address	O 1 D1-1	!- 0441	l D11011	D \A/ -	M- 04070
Estate of Muriel Paddock (C/Owner's Name	O James Padde	OCK, 244 LOC	ks Pond Village	e Road, Wendell,	Ma 01379
Amherst		MA	01002	11.01.2011	
City/Town		State	Zip Code	Date of Inspectio	n
D. System Informat	ion (cont.)			Date of mepodito	
D. System informati	ion (cont.)				
Sketch Of Sewage Dispo					
at least two permanent re					00 feet. Locate
where public water suppl	y enters the bu	ilding. Check	one of the box	(es below:	
☐ hand-sketch in the ar☑ drawing attached sep					
☑ drawing attached set	Daratery				
				E	
			*		
					15.
V					

NOFEE

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

		7/1
TO: THE BOARD OF HEALTH, AMH	ERST, MASS.	/ No. 1-61
(owner's name)	of (siddress)	(phone)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		mton en e
hereby applies for a permit to construct	n/	(residence, store, etc.
which will be located at Langu.	Ud	to be installed by
	Pelliam Rd	2.5470
Builder is Standy O Carden	(address)	
Description of lot, building and fixtures a	s follows:	
Lot: Dimensions Type of	Soil Grand Well or	Pown Water? Jane
Distance to Town Sewer	Depth to Ground Water	Kind of Well America
Will Lot be Graded?	By Filling or Removing Soil?	Stilling.
Building: Dimensions	. Bedrooms	No. Occupants 3
Fixtures: No. Toilets Urinals		
Showers Kitchen		
Auto Dishwasher Auto.		Control Contro
(On reverse side show plot plan with bu		
location of wells, streams, ledge, large tre		MILLOS ALVILL SAL MODILLAZZON SALO
I certify that the above information is co- tions are changed. I also declare that I ha		
hereto and will comply with all requirement	mts and stipulations as include	d in a permit if issued to me.
Date 5/22/6/	1 Plant	4 OVaddock
Must Consta	Town Nousella	hature of Applicant)
landon miderial management of the same from	and a stranger of the stranger	manifer de manifer man
PERMIT TO CONSTRUCT OR RI	EPAIR A PRIVATE SEWAG	E DISPOSAL SYSTEM
		No
or repair of private sewage disposal system	is hereby granted permission to	to proceed with the construction
Septic Tank: Must be of Cement and of		
Leaching System: Trenches of not less th	an Sq. Ft. bottom	area.
Dry well	. ft. bottom area and	ft. below the inlet.
Other		***************************************
This permit is issued with the understand sary. This permit shall not be construed in the issuance of this permit the Board of maintenance of the system.	as permission to créate or ma	intain any sewage nuisance and
	for the Boar	rd of Health date
Inspected	Approved	***************************************
*		



Commonwealth of Massachusetts

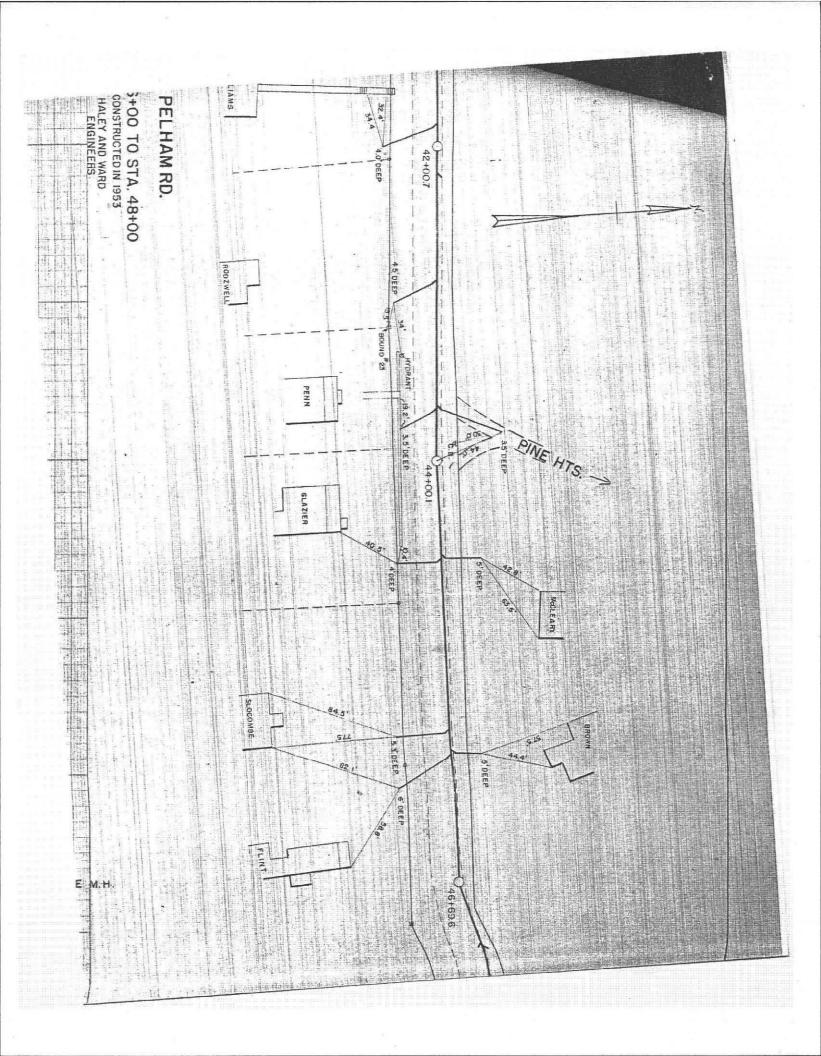
Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	11.01.2011
Owner's Name			
Estate of Muriel Paddock (C/O James Pac	dock, 244 Loc	ks Pond Village	e Road, Wendell, Ma 01379
Property Address			
330 Pelham Road			

E. Report Completeness Checklist

Inspection Summary: A, B, C, D, or E checked ☐ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed System Information - Estimated depth to high groundwater Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

Driveways
Driveway Paved
Driveway Unpaved
Bidewalks
Transportation
Pawed street polygane
Unpaved street polyg 1" = 100 ft Amherst Gt3 Viewer October 12, 2011 The information depicted on this map is for planning purposes only I may not be adoquate for legal boundary definition, regulatory interpretation or properly conveynment, regulatory interpretation or properly conveynment, purposes. Daily structure and endergowant stelly becallons are exproximate and require field verification. THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR MAPLED, CONCERNING THE Plantmetric & topographic basemap feathures compiled at 1°440 value from April, 2009 Aerial Photography. Percels compiled to match the basemap; revisions are ongoing. Hodžantal Datum: MA Stateplane Coordinate System Zone 4151, Datum NAD83, Feet Vertical Datum: NAVD88, Feet Property Lines
Property Lines
Property Lines
Property Line
Right of Ways Lit
Right of Ways Lit
Flow Boundary
Casements
Topography
Televation
Floweton Contour
Intermediate 18 S S. JAME. "Day WELL JENKS ST * PELHAMIRD





Inlet baffle 330 Pelham Road Pelham, MA 11.01.2011



- Sewer Manhole
- Private Sewer MH
- Gravity Sewer Lines
 Active Sewer Line
- Missing
- Abandoned

- Water Line —Active
- Missing
- --Abandoned
- Drain Cleanout
- Catch Basin - Force Main Sewer Lines Drain Man Hole
- Water Manhole
- Drain Lines ▶ Active
- -Missing - Abandoned

330 Pelham Rd. Amherst, Ma.

Property lines are approximate and not intended for conveyance purposes



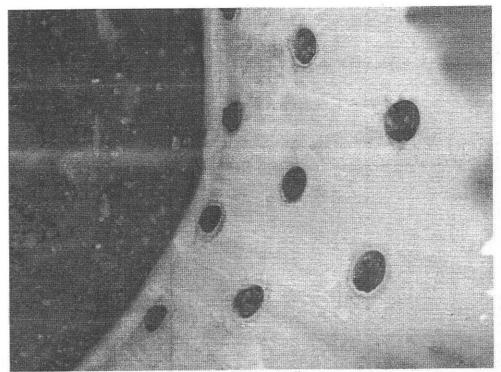


1 inch = 80 feet





Dry well 330 Pelham Road Pelham, MA 11.01.2011



Inside Dry well 330 Pelham Road Pelham, MA 11.01.2011



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

330 Pelham Roa	ad											
Property Address												
Estate of Muriel	Paddock	(C/O	James	Paddock,	244	Locks	Pond	Village	Road,	Wendell,	Ma 013	379
Owner's Name												
Amherst					MA		0100	2	11.	01.2011		

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

State

Zip Code

Date of Inspection

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



use the return



Δ	Genera	П	nfo	rma	tion
	COLICIA			11110	

City/Town

1.

Inspector:		
Alan E Weiss, M.S, Hydrogeologist, RS # 933		
Name of Inspector		
Cold Spring Environmental Consultants Inc.		
Company Name		
350 Old Enfield Road		
Company Address		
Belchertown	MA	01007
City/Town	State	Zip Code
413.323.5957	# 738	
Telephone Number	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		☐ Fails
	ation by the Local Approving Authority	
Inspector's Signature		

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.



Commonwealth of Massachusetts

mh	r's Name erst	MA	01002	11.01.2011	
ty/T	own	State	Zip Code	Date of Inspection	
. (Certification (cont.)				
1	nanaation Summany Charle A B C	Dor E / always	complete all of	Castion D	
- 1	nspection Summary: Check A,B,C	D,D OI E / always	complete all of	Section D	
,	System Passes:				
[I have not found any information in 310 CMR 15.303 or in 310 C indicated below.				
(Comments:				
t r f	Property has very old 40 + yr old sy tank was leaking. Pipe from house roots and needing replacement. D for several months. Sewer connect crush and fill is recommended).	to septic tank and ry well had good s	d septic tank to stone with no e	dry well was compromised by vidence of failure. House empty	
-					
_	System Conditionally Passes:	8			
-	System Conditionally Passes: One or more system componer			nal Pass" section need to be cement or repair, as approved b	
- • (System Conditionally Passes: One or more system componed replaced or repaired. The system	em, upon completi	ion of the repla	cement or repair, as approved b	
() () ()	System Conditionally Passes: One or more system componer replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "no"	em, upon completing of determined" (Y, 20 years old* or the tantial infiltration of	N, ND) for the e septic tank (vor exfiltration or	cement or repair, as approved be following statements. If "not whether metal or not) is tank failure is imminent. Syster	
	One or more system componer replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "no determined," please explain. The septic tank is metal and over 2 structurally unsound, exhibits substitution if the existing to	em, upon completing of determined" (Y, 20 years old* or the tantial infiltration cank is replaced with the control of the cont	N, ND) for the e septic tank (vor exfiltration or the a complying turally sound, n	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of	
() \$	One or more system componer replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "no determined," please explain. The septic tank is metal and over 2 structurally unsound, exhibits substitution will pass inspection if the existing to Board of Health.	em, upon completing of determined" (Y, 20 years old* or the tantial infiltration cank is replaced with the control of the cont	N, ND) for the e septic tank (vor exfiltration or the a complying turally sound, nears old is available.	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of	
; ; ; ; ; ;	One or more system componer replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "no determined," please explain. The septic tank is metal and over 2 structurally unsound, exhibits substitution will pass inspection if the existing to Board of Health.	em, upon completing of determined" (Y, 20 years old* or the tantial infiltration cank is replaced with ection if it is struct to is less than 20 years (Explain below):	N, ND) for the e septic tank (vor exfiltration or th a complying turally sound, nears old is avail	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of lable.	



Commonwealth of Massachusetts

	elham F								
	y Address			- I - D	1 1 7 11	D	1070		
	of Mur	el Paddock (C/O James Paddo	ck, 244 Lo	CKS Pon	d Village	Road, Wendell, Ma U	13/9		
Amherst			MA	010	02	11.01.2011			
City/Town			State	_	Code	Date of Inspection			
		cation (cont.)	t.):				*		
	to bro		en, settle	h static water level in the distribution box due , settled or uneven distribution box. System will n):					
		broken pipe(s) are replaced		□ Y	□ N	☐ ND (Explain below	w):		
		obstruction is removed		⊠ Y	\square N	☐ ND (Explain below	w):		
		distribution box is leveled or	replaced	☐ Y	\square N	☐ ND (Explain below	w):		
S	ee abov	e regarding piping and roots.							
12 			-						
_						8			
	The system required pumping more system will pass inspection if (with a broken pipe(s) are replaced								
_		obstruction is removed		☐ Y	□N	☐ ND (Explain below	w):		
_									
-									
C) Furth								
 Conditions exist which require further evaluation by the Board of Health in order to de the system is failing to protect public health, safety or the environment. System will pass unless Board of Health determines in accordance with 310 15.303(1)(b) that the system is not functioning in a manner which will protect p safety and the environment: 									
		Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh							



Commonwealth of Massachusetts

-	Pelham F					
			k (C/O James Paddock	244 Loc	ks Pond Village	e Road, Wendell, Ma 01379
	ner's Name	ior raddoc	on (oro barries i addoor	, 244 200	to i oria village	2 Toda, Worldon, Wa 01010
Am	herst			MA	01002	11.01.2011
City	∕Town			State	Zip Code	Date of Inspection
В.	Certifi	cation	(cont.)			
	deter	mines tha	fail unless the Board at the system is function fronment:			Vater Supplier, if any) protects the public health,
	suppl suppl The s	eet of a su The sys y. The sys y well. system has	rface water supply or tri stem has a septic tank a stem has a septic tank a	butary to a and SAS a and SAS a and the S	a surface wate nd the SAS is nd the SAS is	m (SAS) and the SAS is within r supply. within a Zone 1 of a public water within 50 feet of a private water n 100 feet but 50 feet or
			determine distance:			
	to or less be attach 3. Other:	pacteria ind than 5 ppi ed to this f	dicates absent and the pm, provided that no othe form.	presence of the failure of the failu	of ammonia nit riteria are trigg	P certified laboratory, for fecal rogen and nitrate nitrogen is equal tered. A copy of the analysis must ection appears feasible.
D)	System F	ailure Cri	teria Applicable to All	Systems	:	
	You mus	<u>t</u> indicate	"Yes" or "No" to each	of the fo	llowing for <u>al</u>	l inspections:
	Yes	No				
		\boxtimes	Backup of sewage int clogged SAS or cessr		r system comp	ponent due to overloaded or
		\boxtimes	due to an overloaded	or clogge	d SAS or cess	
		\boxtimes	or clogged SAS or ce	sspool		outlet invert due to an overloaded
			Liquid depth in cesspo than ½ day flow	ool is less	than 6" below	invert or available volume is less



Commonwealth of Massachusetts

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

	Pelham R					
			k (C/O James Paddoo	ck, 244 Loc	ks Pond Village	Road, Wendell, Ma 01379
	ner's Name					
	herst Town			MA State	01002 Zip Code	11.01.2011 Date of Inspection
-		action (t \	State	Zip Code	Date of Inspection
⊃.	Certific	cation (cont.)			
	Yes	No				
		\boxtimes	Required pumping robstructed pipe(s). I			t year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the S	AS, cesspo	ol or privy is be	low high ground water elevation.
		\boxtimes	Any portion of cess; tributary to a surface			eet of a surface water supply or
		\boxtimes	Any portion of a ces	spool or pri	vy is within a Zo	one 1 of a public well.
		\boxtimes	Any portion of a ces	spool or pri	vy is within 50 f	eet of a private water supply well.
			from a private water system passes if t laboratory, for feca of ammonia nitrog	r supply well he well war al coliform en and nitr ther failure	Il with no accept ter analysis, pe bacteria indica rate nitrogen is e criteria are tri	100 feet but greater than 50 feet table water quality analysis. [This erformed at a DEP certified ates absent and the presence equal to or less than 5 ppm, ggered. A copy of the analysis his form.]
		\boxtimes	The system is a ces 10,000gpd.	spool servi	ng a facility with	a design flow of 2000gpd-
			criteria exist as des	cribed in 31 ld contact th	0 CMR 15.303, ne Board of Hea	or more of the above failure therefore the system fails. The alth to determine what will be
Ε)			o be considered a la 00 gpd to 15,000 gp		the system m	ust serve a facility with a
	-	systems, y in Section		er "yes" or "	no" to each of the	ne following, in addition to the
	Yes	No				
			the system is within	400 feet of	a surface drink	ing water supply
			the system is within	200 feet of	a tributary to a	surface drinking water supply
		\square	the system is locate Area – IWPA) or a r			ea (Interim Wellhead Protection water supply well
						is considered a significant threat, he 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.



Commonwealth of Massachusetts

) Pelham						
	erty Addre ate of Mu		ock (C/O James Paddock,	244 Loc	ks Pond Village	e Road, Wendell, M	la 01379
nwC	ner's Name						
_	herst /Town			MA State	01002 Zip Code	11.01.2011 Date of Inspection	
-	Chec	klist	<u> </u>	po-16.00			
	Check if	the follow	ving have been done. You	must inc	dicate "yes" or '	no" as to each of th	ne following:
	Yes	No					
		\boxtimes	Pumping information wa	as provid	ed by the owne	er, occupant, or Boa	ard of Health
		\boxtimes	Were any of the system	compon	ents pumped o	out in the previous t	wo weeks?
		\boxtimes	Has the system receive	d normal	flows in the pr	evious two week pe	eriod?
		\boxtimes	Have large volumes of this inspection?	water bee	en introduced t	o the system recen	tly or as part of
		\boxtimes	Were as built plans of the available note as N/A)	ne systen	n obtained and	examined? (If they	were not
	\boxtimes		Was the facility or dwell	ling inspe	ected for signs	of sewage back up	?
	\boxtimes		Was the site inspected	for signs	of break out?		
	\boxtimes		Were all system compo	nents, ex	cluding the SA	S, located on site?	
			Were the septic tank mainspected for the condit dimensions, depth of lice	tion of the	baffles or tees	s, material of const	
	\boxtimes		Was the facility owner (information on the proportion The size and location been determined based	er mainte	enance of subs	urface sewage disp	osal systems?
	\boxtimes		Existing information. Fo	r exampl	e, a plan at the	Board of Health.	
	\boxtimes		Determined in the field approximation of distan				C is at issue
D.	Syste	m Info	rmation				
	Resider	ntial Flov	Conditions:				18
	Number	of bedro	oms (design):		Number of bed	drooms (actual):	4
	DESIGN	I flow bas	ed on 310 CMR 15.203 (fc	or examp	le: 110 gpd x #	of bedrooms):	*



Commonwealth of Massachusetts

330 Pelham Road Property Address							
Estate of Muriel Paddock (C/O James Pad	dock 244 Lock	s Pond Village	Road, Wend	ell. Ma	013	79	
Owner's Name							
Amherst	MA	01002	11.01.201				
City/Town	State	Zip Code	Date of Inspi	ection			
D. System Information Description: 1000 gallon S. tank with Dist box and 3	3 line field						
Number of current residents:					0		
Does residence have a garbage grinde	r?				Yes	\boxtimes	No
Is laundry on a separate sewage system	m? [if yes sepa	arate inspectio	n required]		Yes	\boxtimes	No
Laundry system inspected?					Yes		No
Seasonal use?	2	(a.m. al.) .		⊠ n/a	Yes	Ш	No
Water meter readings, if available (last Detail:	2 years usage	(gpa)):	×				
Sump pump?					Yes	\boxtimes	No
Last date of occupancy:				Date)		
Commercial/Industrial Flow Condition	ons:						
Type of Establishment:		-					
Design flow (based on 310 CMR 15.20	3):	Gallons	per day (gpd)				
Basis of design flow (seats/persons/sq	.ft., etc.):	1					
Grease trap present?	#				Yes		No
Industrial waste holding tank present?	, re				Yes		No
Non-sanitary waste discharged to the	Fitle 5 system?				Yes		No
Water meter readings, if available:							



Commonwealth of Massachusetts

330 Pelham Road Property Address					1
	ddock (C/O James Paddocl	k, 244 Loc	ks Pond Village	Road, Wend	ell, Ma 01379
Owner's Name					
Amherst City/Town		MA State	01002 Zip Code	11.01.201 Date of Inspe	
	formation (cont.)		9	\	
÷			current	t	
Last date of oc	cupancy/use:		Date	•)	
Other (describ	e below):				
		eral Infor	mation		-
Pumping Rec	ords:	W			
Source of infor	mation:	unk.			
Was system po	umped as part of the inspect	tion?			Yes 🛭 No
If yes, volume	pumped:	gallon	S		
How was quan	tity pumped determined?	-			
Reason for pur	mping:		-		
Type of Syste	m:				
\boxtimes	Septic tank, distribution bo	ox, soil abs	sorption system		
	Single cesspool				
	Overflow cesspool				
	Privy				
	Shared system (yes or no) (if yes, at	tach previous i	nspection rec	ords, if any)
	Innovative/Alternative tech maintenance contract (to l inspection of the I/A syste	be obtaine	d from system	owner) and a	
	Tight tank. Attach a copy	of the DEP	approval.		
	Other (describe):				

.



Commonwealth of Massachusetts

-	Pelham Road perty Address						
		ock (C/O James Padd	ock, 244 Lock	s Pond Vil	lage Road, We	endell, Ma 01379	b
	er's Name		144	04000	44.04.0	2011	
-	herst Town		_ MA State	01002 Zip Code	11.01.2	2011 nspection	
	192 TO TAXABOOK 1	rmation (cont.)					
	-	of all components, dat	te installed (if	known) an	d source of info	ormation:	
	Were sewage odo	rs detected when arri	ving at the site	?		☐ Yes ⊠ No	
	Building Sewer (ocate on site plan):					
	Double halous and				1.5		
	Depth below grade) .			feet		
	Material of constru	iction:					
	⊠ cast iron		other (e	xplain):		======================================	
	Distance from priv	ate water supply well	or suction line) :	feet		
	Comments (on cor	ndition of joints, ventir	ng, evidence o	f leakage,	etc.):		
	Needs replacemen	41.	0,		Service of the		
		,					
	Septic Tank (loca	te on site plan):					
					1 ft		
	Depth below grade	ə:			feet		
	Material of constru	uction:					
	⊠ concrete	☐ metal	fiberglas	ss 🗌	polyethylene	other (expla	in)
	If tank is metal, list	t age:			years		
	Is age confirmed b	y a Certificate of Cor	npliance? (atta	ach a copy	of certificate)	☐ Yes ☐ N	lo
	Dimensions:				8.5' x 4.5' x	4'	
					6"		
	Sludge depth:						

		a.		



Commonwealth of Massachusetts

330 Pelham Road				
Property Address Estate of Muriel Paddock (C/O James Paddock,	244 Locks	Pond Villa	ge Road. Wend	dell. Ma 01379
Owner's Name			5	
Amherst	MA	01002 Zip Code	11.01.201 Date of Inst	
City/Town	State	Zip Code	Date of insp	bection
D. System Information (cont.)				
Septic Tank (cont.)				
Septic Park (cont.)			30"	
Distance from top of sludge to bottom of out	let tee or b	affle	30	
Scum thickness			6"	
Scull thickness			411	
Distance from top of scum to top of outlet te	e or baffle		4"	
Distance from Latina of Community Latina		- l (f) -	12"	
Distance from bottom of scum to bottom of	outlet tee o	раппе		1010000
How were dimensions determined?			Observation/N	leas
Comments (on pumping recommendations,	inlet and o	utlet tee or	baffle condition	, structural integrity.
liquid levels as related to outlet invert, evide				
Tank was 1000 gallon, with baffles				
			1	
Grease Trap (locate on site plan):				
Grease Trap (locate of site plan).				
Depth below grade:			feet	
Material of construction.				
Material of construction:				
☐ concrete ☐ metal	fiberglas	s 🗆	polyethylene	other (explain):
Dimensions:				
Scum thickness				
Distance from top of scum to top of outlet te	e or baffle			
				•
Distance from bottom of scum to bottom of	outlet tee o	r baffle		
Date of last pumping:				
bate or last partipling.			Date	4



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

330 Pelham Road Property Address Estate of Muriel Paddock (C/O James Paddock, 244 Locks Pond Village Road, Wendell, Ma 01379 Owner's Name Amherst MA 01002 11.01.2011 City/Town State Zip Code Date of Inspection 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.): 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 per day Alarm present: Yes No Alarm in working order: Yes ☐ No Alarm level: 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



Commonwealth of Massachusetts

330 Pelham Road

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address Estate of Muriel Paddock (C/O James Paddock, 244 Locks Pond Village Road, Wendell, Ma 01379 Owner's Name Amherst MA 01002 11.01.2011 City/Town State Zip Code Date of Inspection D. System Information (cont.) Distribution Box (if present must be opened) (locate on site plan): Depth of liquid level above outlet 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.): Pump Chamber (locate on site plan): Pumps in working order: Yes ☐ No Alarms in working order: Yes ☐ No 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:



Commonwealth of Massachusetts

30 Pelham R	oad				
	el Paddock (C/O James Padd	ock, 244 Loc	ks Pond Village	Road, Wend	ell, Ma 01379
wner's Name		N // A	04000	14.04.004	
mherst lity/Town		MA State	01002 Zip Code	11.01.201 Date of Insp	
3 M 20 2 CO 330 - NO	Information (cont.)				
Type:					
\boxtimes	leaching pits		number:		4' x 4'
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number, le	ength:	×
	leaching fields		number, o	limensions:	3 lines
	overflow cesspool		number:		
	innovative/alternative sys	stem			
	Type/name of technology	<i>r</i> : ——			
Comments	s (note condition of soil, signs	of hydraulic	failure, level of p	onding, dam	p soil, condition of
vegetation				-:I 40" D	
No signs o	of Liquid level staining over inv	ert pipe nor	past Hydraulic f	allure, 18 B	3.
-					
-					16
		1			
Cesspools	s (cesspool must be pumped	as part of ins	spection) (locate	on site plan)	
3	nd configuration	<u>r</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	p of liquid to inlet invert				
•	olids layer				
Depth of s					
	ns of cesspool				
	of construction				4
Indication	of groundwater inflow			Yes	☐ No



Commonwealth of Massachusetts

30 Pelham Road			
roperty Address			
state of Muriel Paddock (C/O James Paddock	, 244 Loc	ks Pond Village	Road, Wendell, Ma 01379
wner's Name			
mherst	MA	01002	11.01.2011
ity/Town	State	Zip Code	Date of Inspection
D. System Information (cont.)			
Comments (note condition of soil, signs of hetc.):	nydraulic	failure, level of	ponding, condition of vegetation,
Privy (locate on site plan):			
Materials of construction:			
Dimensions			
Depth of solids			
Comments (note condition of soil, signs of hetc.):	nydraulic	failure, level of	ponding, condition of vegetation,
		,	
			Ţ

.



Commonwealth of Massachusetts

MA	01002	11.01.201	1	
State	Zip Code	Date of Inspi	ection	
narks or benc	hmarks. Locate	all wells with		
	rovide a view narks or benci uilding. Check	State Zip Code rovide a view of the sewage	rovide a view of the sewage disposal systemarks or benchmarks. Locate all wells within uilding. Check one of the boxes below:	State Zip Code Date of Inspection rovide a view of the sewage disposal system, including narks or benchmarks. Locate all wells within 100 feet. idling. Check one of the boxes below:



Commonwealth of Massachusetts

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

ner's Name herst		MA	01002	11.01.2011
Svste	m Information (cont.)	State	Zip Code	Date of Inspection
Site Exa	am:			
☐ Che	eck Slope			
☐ Surf	face water			
☐ Che	eck cellar			
□ Sha	llow wells			
			5'+/-	
Estimate	ed depth to high ground water:		feet	
Please i	indicate all methods used to deter	rmine the hig	gh ground wate	er elevation:
	Obtained from system design	n plans on re	ecord	
	If checked, date of design pla	an reviewed	Dete	
	Observed site (abutting prope		Date	150 feet of SAS)
				1 130 1661 01 0/10)
	Checked with local Board of	Health - exp	lain:	
П	Chacked with legal everyate	re installers	(attach docum	montation)
	Checked with local excavator		- (allacii docui	mentation)
	Accessed USGS database -	explain:		*
You mu	st describe how you established	the high gro	und water elev	ration:
Work in	area in past.			
	1			E
-				

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



Commonwealth of Massachusetts

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

330 Pelham Road	2		
Property Address			
Estate of Muriel Paddock (C/O James Paddock	ck, 244 Loc	ks Pond Villag	e Road, Wendell, Ma 01379
Owner's Name			
Amherst	MA	01002	11.01.2011
City/Town	State	Zip Code	Date of Inspection

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

.

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM TO: THE BOARD OF HEALTH, AMHERST, MASS. Paddook (owner's name) hereby applies for a permit to construct or repair a private disposal system for a (residence, store, etc.) to be installed by 5470 (address) (phone Builder isPlumber is .. Description of lot, building and fixtures as follows: Type of Soil Grant Distance to Town Sewer ... Lett. Depth to Ground Water ... By Filling or Removing Soil? Will Lot be Graded? ... No. Bedrooms Kitchen Sinks Garbage Grinders Auto Dishwasher Auto. Clotheswasher Other (basement) ... (On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.) I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me. 5/22/6/ (Signature of Applicant) PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements: Septic Tank: Must be of Cement and of Gals. Liquid Capacity. ... Sq. Ft. bottom area. Leaching System: Trenches of not less than ... Dry well ft. bottom area and ft. below the inlet. Other This permit is issued with the understanding that future alterations or additions will be made if neces-

sary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or

.. Approved

for the Board of Health

date

maintenance of the system.

Inspected ..