

330 Pelham Rd.





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

Owner information is required for every page.

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

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:

Property has very old 40 + yr old system with 1000 Gal S. tank, liquid level was 1/2 full indicating S. tank was leaking. Pipe from house to septic tank and septic tank to dry well was compromised by roots and needing replacement. Dry well had good stone with no evidence of failure. House empty for several months. Sewer connection and proper septic tank and dry well abandonment (pump crush and fill is recommended).

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.

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.

Y N ND (Explain below):

Tank replacement and pipe replacement would be required however sewer connection appears feasible at street.



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B. Certification (cont.)

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A) System Passes:

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Comments:

Property has very old 40 + yr old system with 1000 Gal S. tank, liquid level was 1/2 full indicating S. tank was leaking. Pipe from house to septic tank and septic tank to dry well was compromised by roots and needing replacement. Dry well had good stone with no evidence of failure. House empty for several months. Sewer connection and proper septic tank and dry well abandonment (pump crush and fill is recommended).

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.

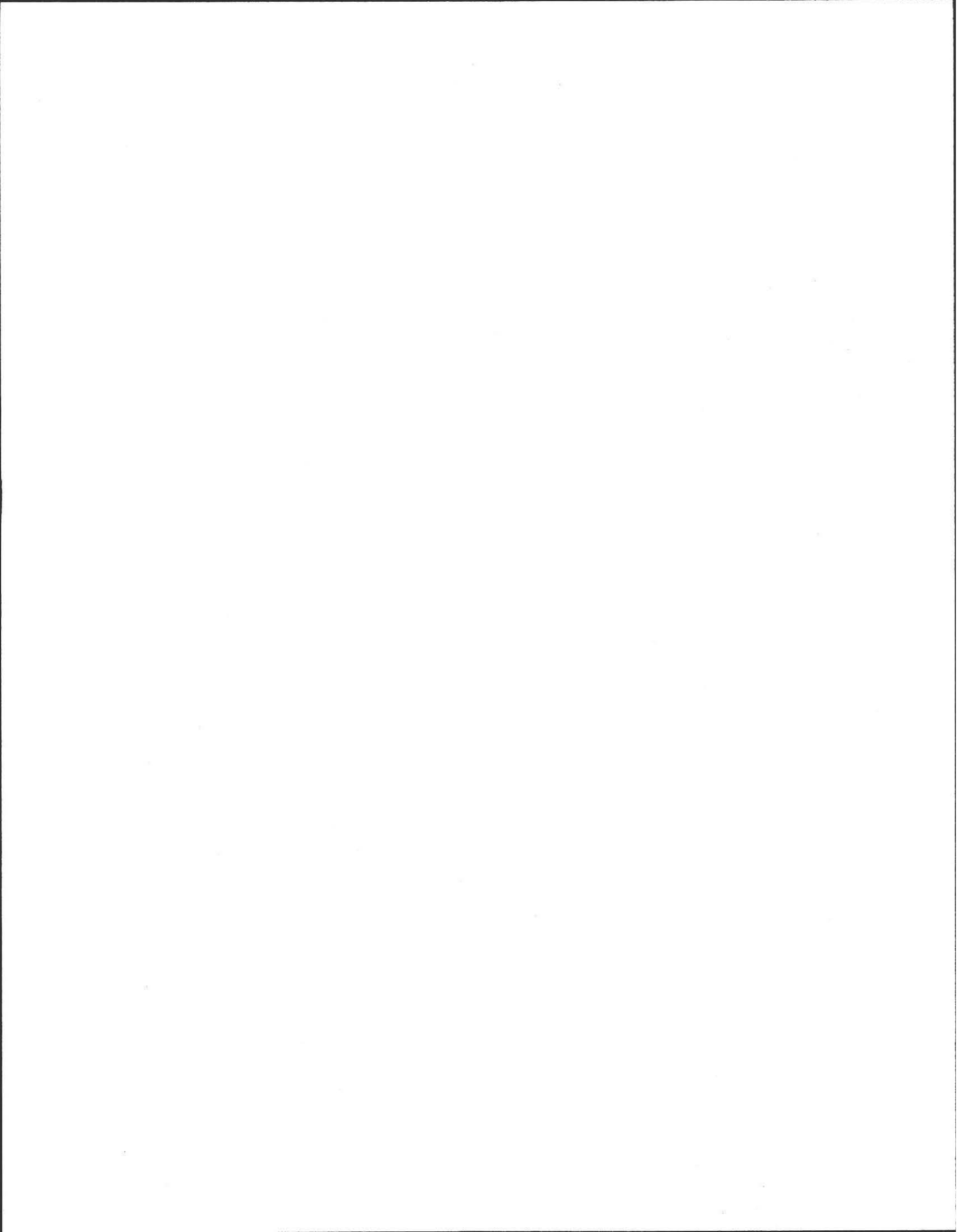
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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.

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[X] Y [] N [] ND (Explain below):

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B. Certification (cont.)

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:

- Four checkbox options regarding SAS proximity to surface water, public water supply, and private water supply wells.

Method used to determine distance:

** 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 must be attached to this form.

3. Other:

See above. S. tank and piping repairs needed however sewer connection appears feasible.

D) System Failure Criteria Applicable to All Systems:

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

- Table with 2 columns: Yes, No. Four rows of failure criteria with checkboxes.



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

See above regarding piping and roots.

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

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



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B. Certification (cont.)

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:

- Four checkbox options regarding septic tank and SAS placement relative to surface water and private water supply wells.

** 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 must be attached to this form.

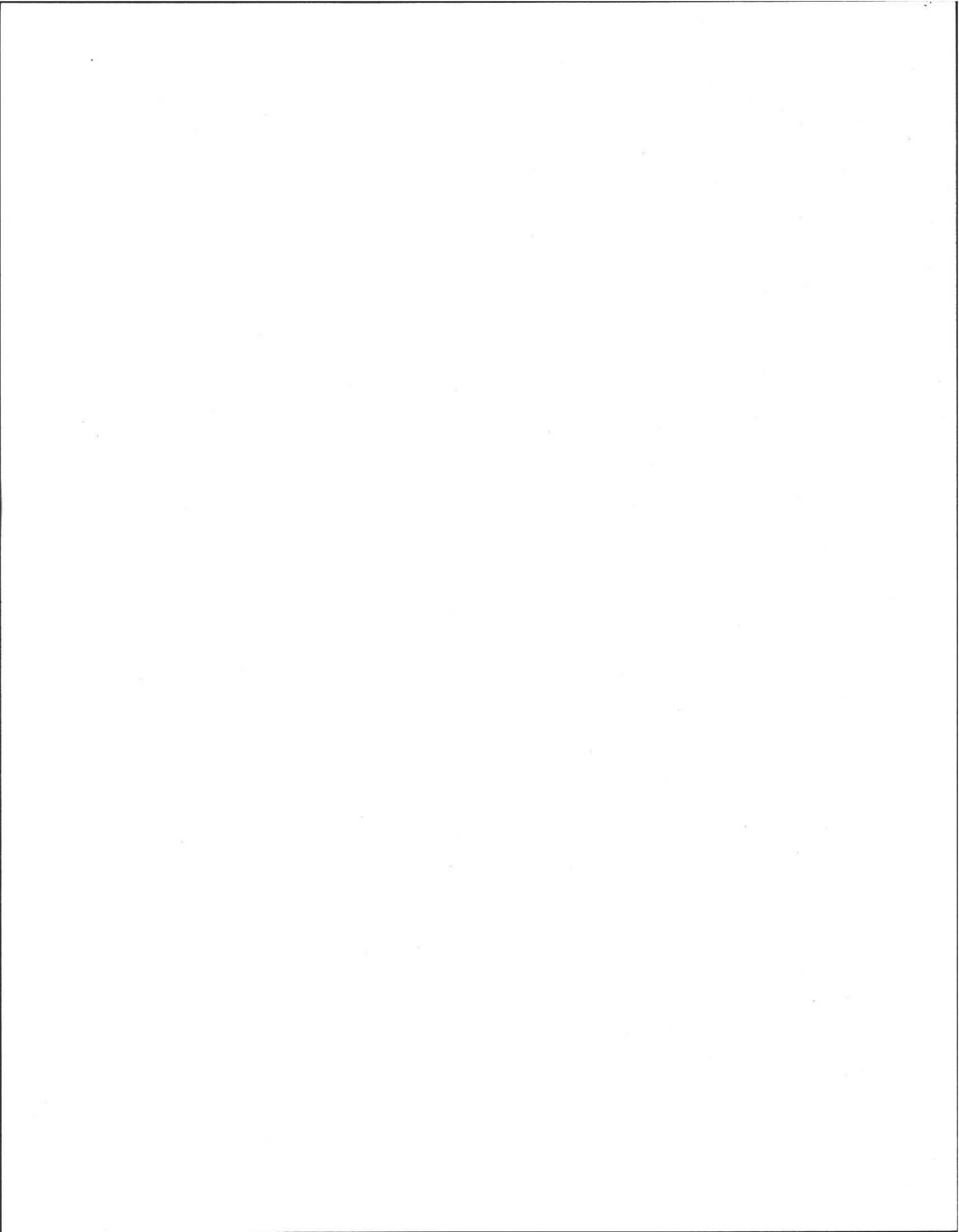
3. Other:

See above. S. tank and piping repairs needed however sewer connection appears feasible.

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- Table with 2 columns: Yes, No. Four rows of failure criteria with checkboxes.





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C. Checklist

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

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

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



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B. Certification (cont.)

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <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.)

Last date of occupancy/use: current Date

Other (describe below):

General Information

Pumping Records:

Source of information: unk.

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

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



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D. System Information

Description:

1000 gallon S. tank with Dist box and 3 line field

Number of current residents:

0

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)):

n/a

Detail:

Sump pump?

Yes No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes No

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:



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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 30"

Scum thickness 6"

Distance from top of scum to top of outlet tee or baffle 4"

Distance from bottom of scum to bottom of outlet tee or baffle 12"

How were dimensions determined? Observation/Meas

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

Tank was 1000 gallon, with baffles

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping: Date



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D. System Information (cont.)

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

40+

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.5 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

Needs replacement, root plugged.

Septic Tank (locate on site plan):

Depth below grade:

1 ft 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:

8.5' x 4.5' x 4'

Sludge depth:

6"



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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:



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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.):

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 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



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D. System Information (cont.)

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.)

Type:

- leaching pits number: 4' x 4'
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 3 lines
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



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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: 5'+/-
 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: _____
 Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:

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

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

Work in area in past.

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



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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately

NOTES

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 7-61
Henry O. Padlock of Pelham Rd. 3-5470
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a V
(residence, store, etc.)

which will be located at Pelham Rd. to be installed by
Henry O. Padlock Pelham Rd. 2-5470
(name) (address) (phone)

Builder is Henry O. Padlock Plumber is _____

Description of lot, building and fixtures as follows:

Lot: Dimensions _____ Type of Soil good Well or Town Water? town
Distance to Town Sewer 100' Depth to Ground Water _____ Kind of Well concrete
Will Lot be Graded? yes By Filling or Removing Soil? filling
Building: Dimensions _____ No. Bedrooms 3 No. Occupants 3
Fixtures: No. Toilets 1 Urinals 0 Wash Basins 1 Bathtubs 1
Showers 0 Kitchen Sinks 1 Garbage Grinders 0
Auto Dishwasher 0 Auto. Clotheswasher 1 Other (basement) 0

(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.

Date 5/22/61
Henry O. Padlock
(Signature of Applicant)

Must Connect to Town Sewers FAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. _____
_____ 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.
Leaching System: Trenches of not less than _____ Sq. Ft. bottom area.
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 necessary. 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 maintenance of the system.

_____ for the Board of Health _____ date
Inspected _____ Approved _____



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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



- Property Map**
 - Property Lines
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
- Transportation**
 - Paved street/polygons
 - Unpaved street/poly
 - Bridges
 - Foot Bridge
 - Rail Bridge
- Topography**
 - Elevations
 - Elevation Contours
 - Intrudists
 - Flow
- Basemap**
 - Trails
 - Rail Lines
 - Structures
 - Building
 - Foundation or in cone
 - Outbuilding or Miscell
 - Dock, Porch, Slab or
 - Mobile home, Trailer
 - Swimming Pool
 - Water storage tank
 - Rivers and Streams
 - Major Culeverts
 - Hydro Connector
 - Headwalls, Flowwalls
 - Water Bodies
 - Dams
 - Rivers, Ponds & Rese
 - Retention ponds/Poo
 - Wetland
 - Forested Wetland
- Streets**
 - Local Roads
 - Major Roads
 - State Roads
- Other**
 - Limited Access Highw
 - One Way
 - Other Road, Collector
 - Minor Road, Arterial

Horizontal Datum: MA Stateplane Coordinate System,
 Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD83, Feet

Planimetric & topographic basemap features compiled
 at 1"=40' scale from April, 2009 Aerial Photography.
 Parcels compiled to match the basemap;
 revisions are ongoing.

The information depicted on this map is for planning
 purposes only. It may not be required for legal boundary
 purposes. Utility structures and underground utility
 locations are approximate and require field verification.

**THE TOWN OF ANTHEST MAKES NO WARRANTIES,
 EXPRESSED OR IMPLIED, CONCERNING THE
 ACCURACY,
 COMPLETENESS, RELIABILITY, OR SUITABILITY OF
 THESE DATA. THE TOWN OF ANTHEST DOES NOT
 ASSUME ANY LIABILITY ASSOCIATED WITH THE
 USE OR MISUSE OF THIS INFORMATION.**



1" = 100 ft
 Antherst GIS Viewer October 12, 2011



Dry Well

5. Tank

JENKS ST

PELHAM RD

245

240

250
260
255

260

255

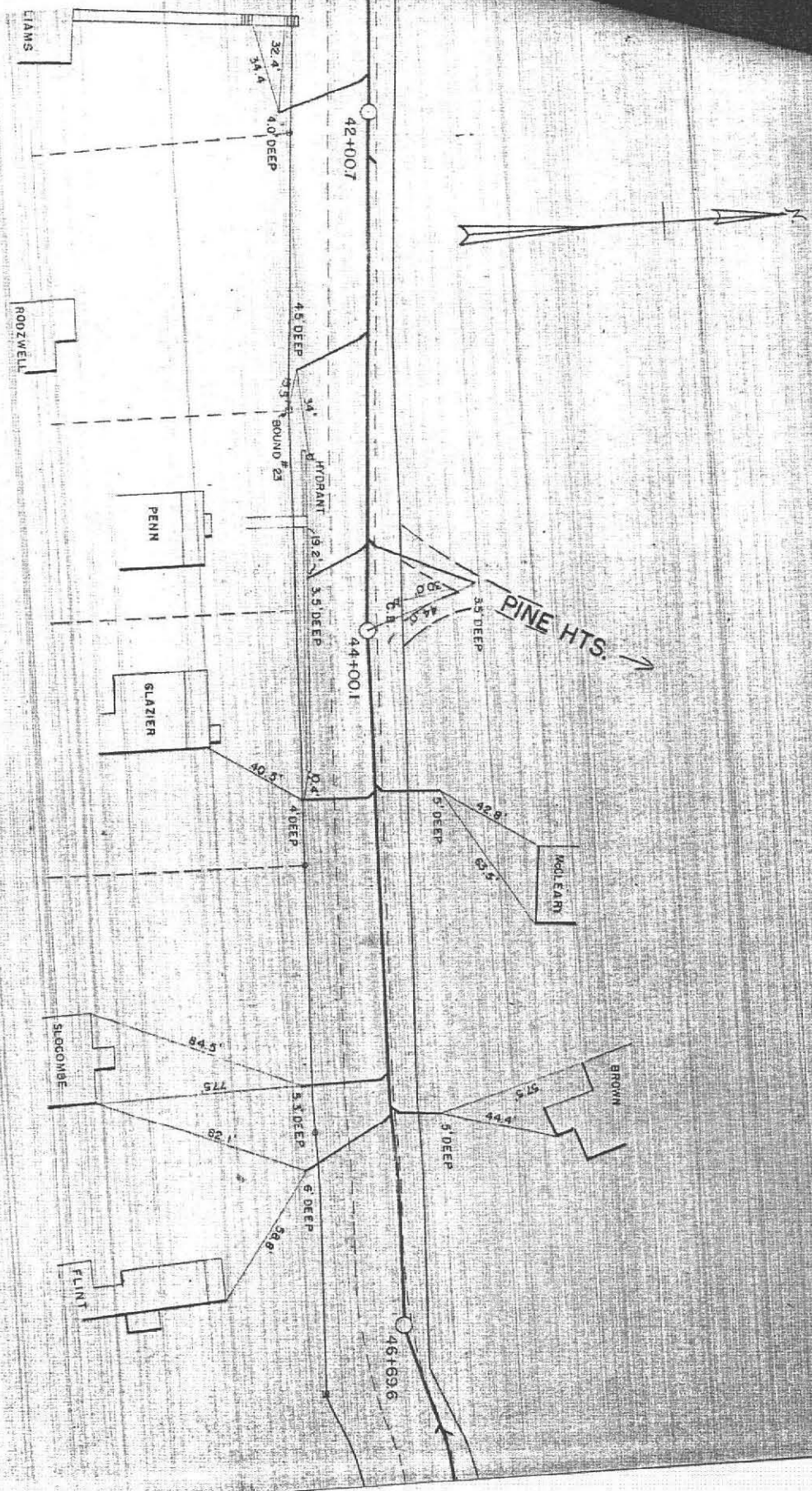
255

250

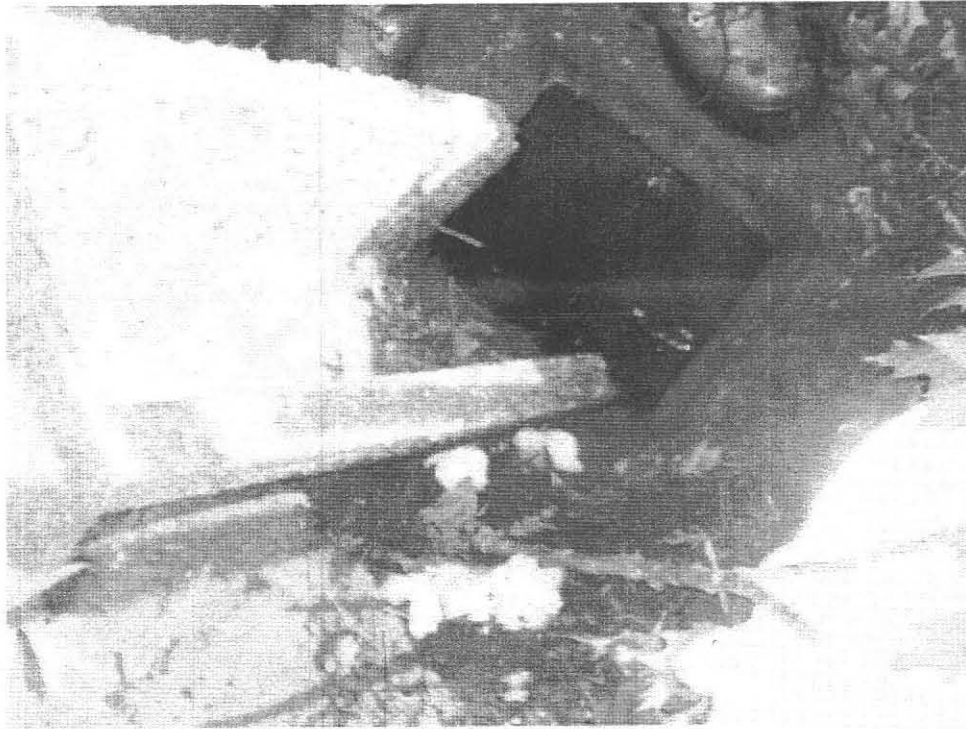
280

265

PELHAM RD.
 3+00 TO STA. 48+00
 CONSTRUCTED IN 1953
 HALEY AND WARD
 ENGINEERS



E. M. H.



Inlet baffle
330 Pelham Road
Pelham, MA
11.01.2011

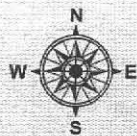


Legend

- | | |
|--------------------------|------------------|
| ● Sewer Manhole | — Water Line |
| ● Private Sewer MH | — Active |
| — Gravity Sewer Lines | — Missing |
| — Active Sewer Line | -- Abandoned |
| — Missing | ⬮ Drain Cleanout |
| — Abandoned | ■ 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

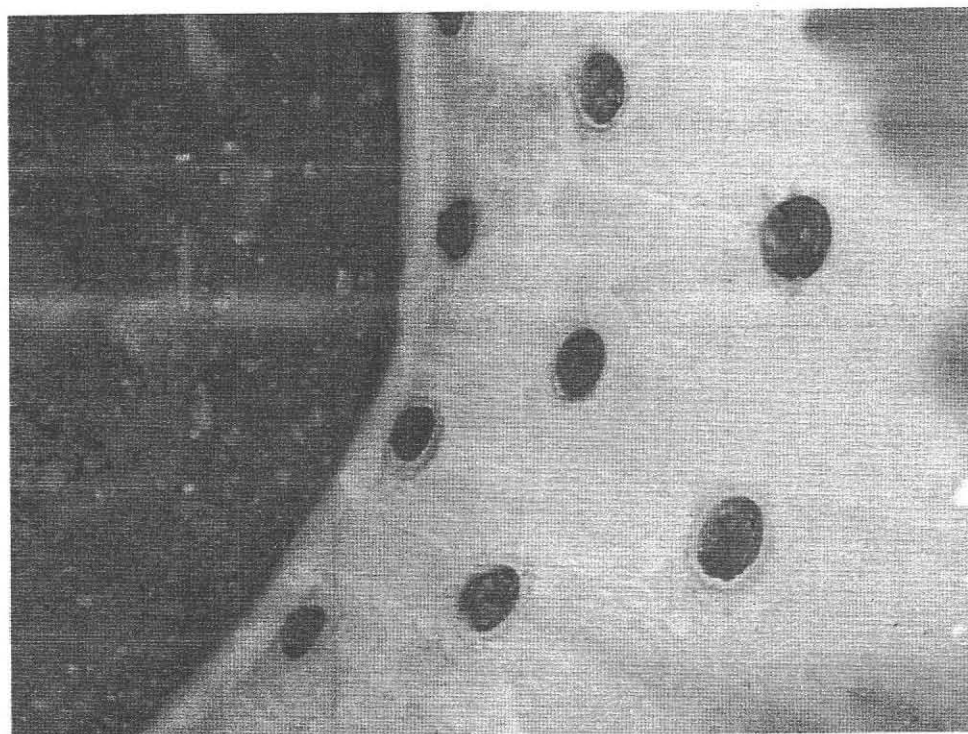


1 inch = 80 feet





Dry well
330 Pelham Road
Pelham, MA
11.01.2011



Inside Dry well
330 Pelham Road
Pelham, MA
11.01.2011



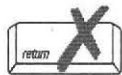
Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

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

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.

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




A. General Information

1. Inspector:
 Alan E Weiss, 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

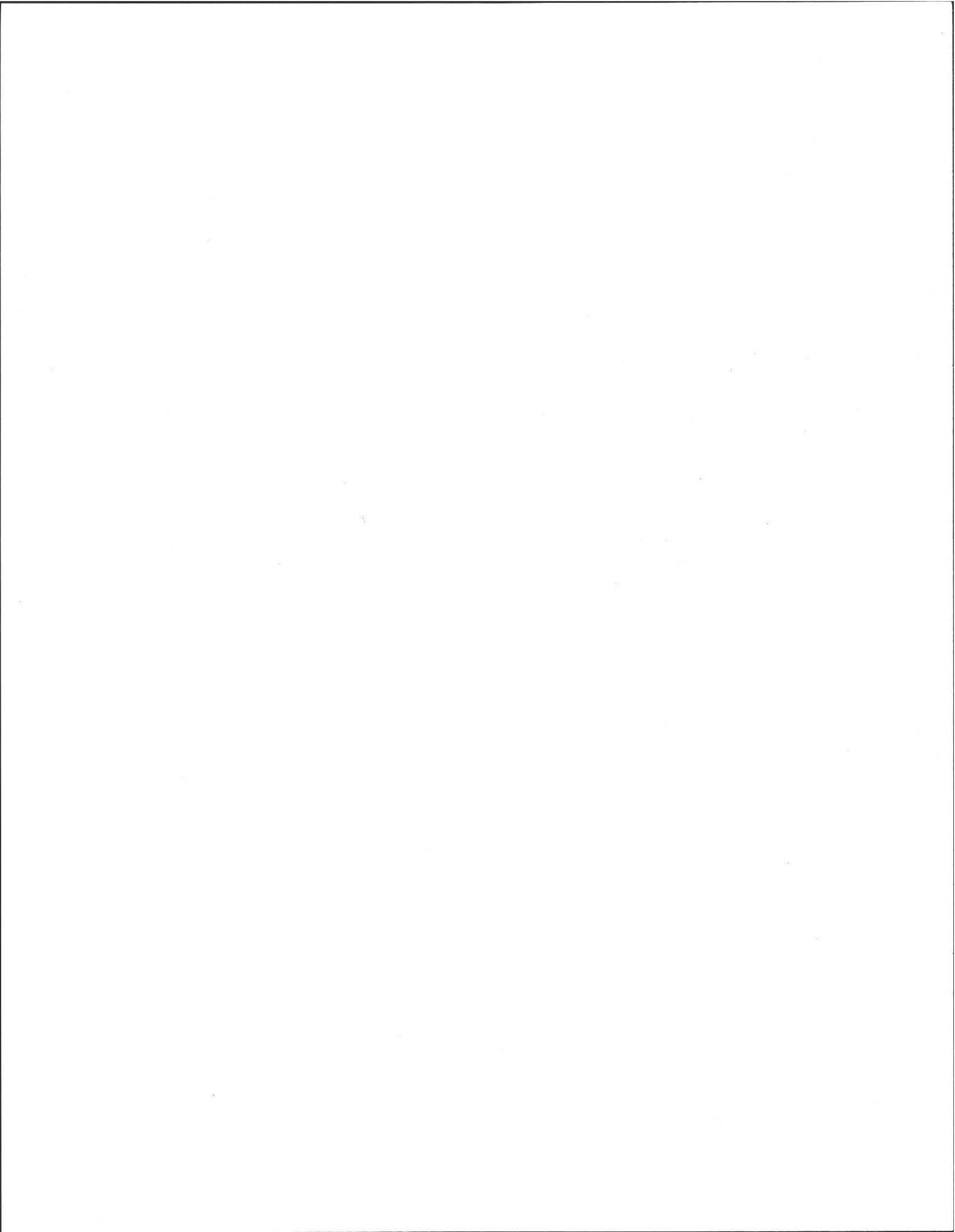
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on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





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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

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B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has very old 40 + yr old system with 1000 Gal S. tank, liquid level was 1/2 full indicating S. tank was leaking. Pipe from house to septic tank and septic tank to dry well was compromised by roots and needing replacement. Dry well had good stone with no evidence of failure. House empty for several months. Sewer connection and proper septic tank and dry well abandonment (pump crush and fill is recommended).

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.

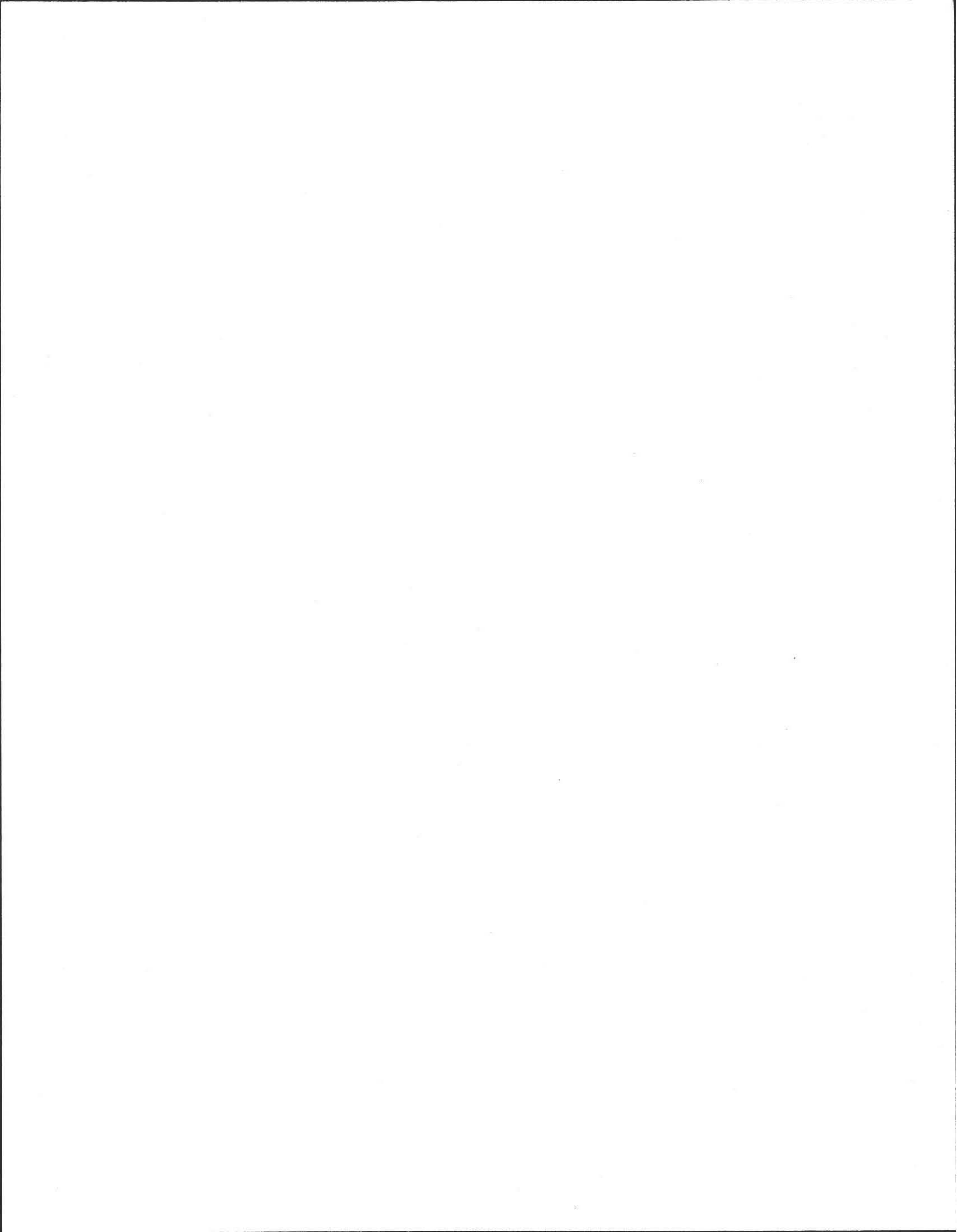
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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.

- Y N ND (Explain below):

Tank replacement and pipe replacement would be required however sewer connection appears feasible at street.





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- 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 Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):
 - distribution box is leveled or replaced Y N ND (Explain below):

See above regarding piping and roots.

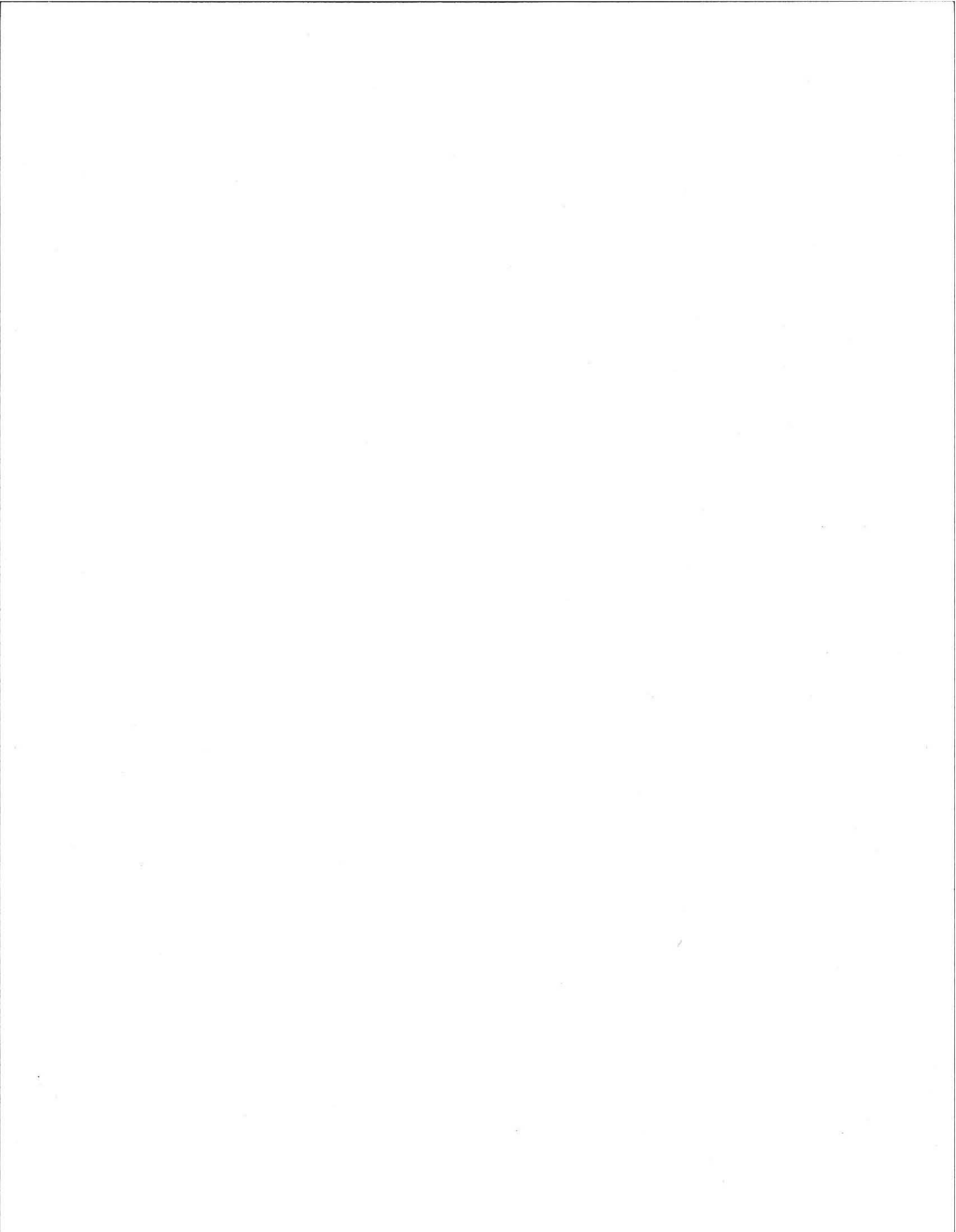
- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):

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





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B. Certification (cont.)

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:

- Four checkbox options regarding SAS proximity to surface water, public water supply, and private water supply wells.

Method used to determine distance:

** 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 must be attached to this form.

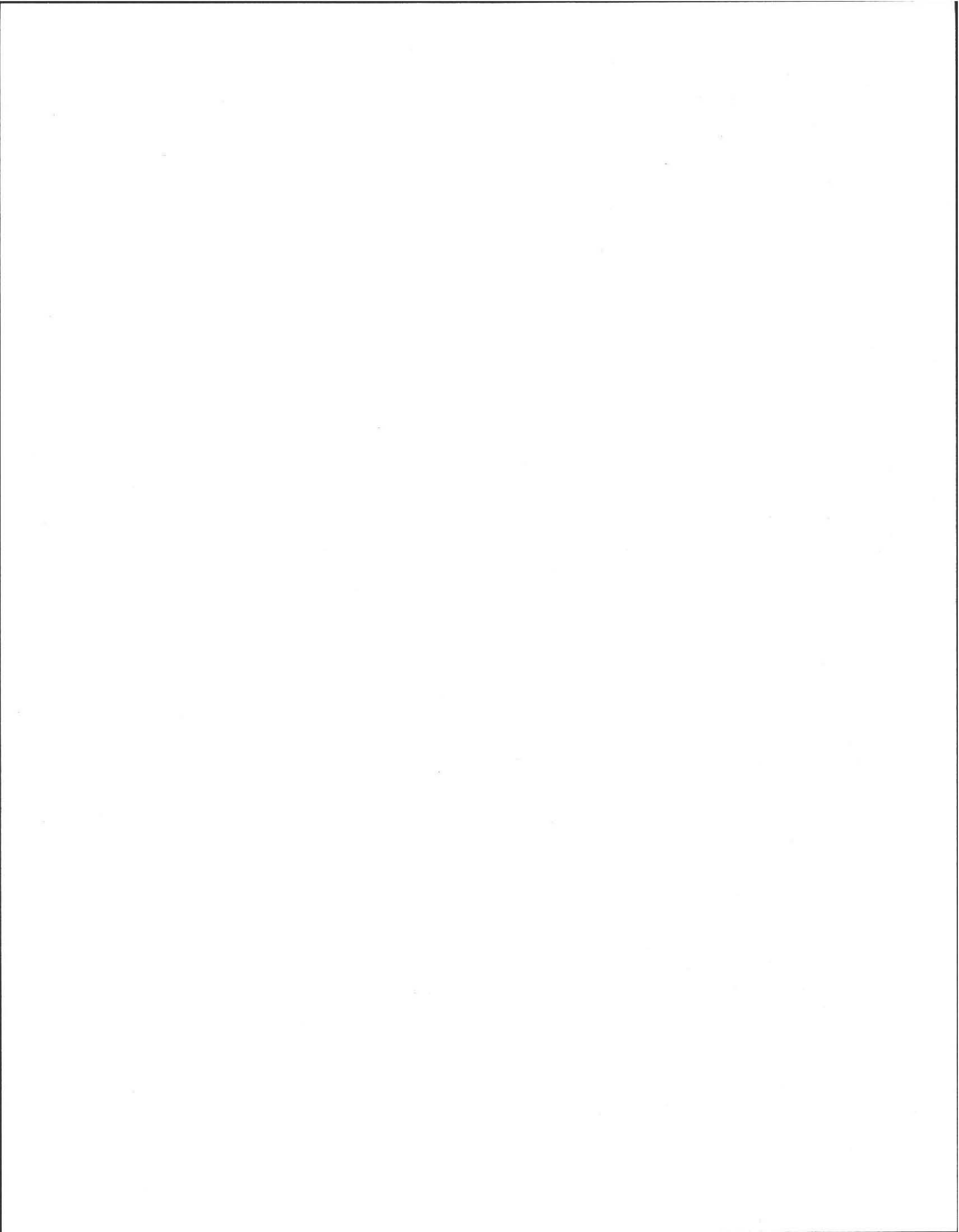
3. Other:

See above. S. tank and piping repairs needed however sewer connection appears feasible.

D) System Failure Criteria Applicable to All Systems:

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

- Table with 2 columns: Yes, No. Rows describe failure criteria like backup of sewage, discharge to surface, static liquid level, and liquid depth in cesspool.





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B. Certification (cont.)

Yes No

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

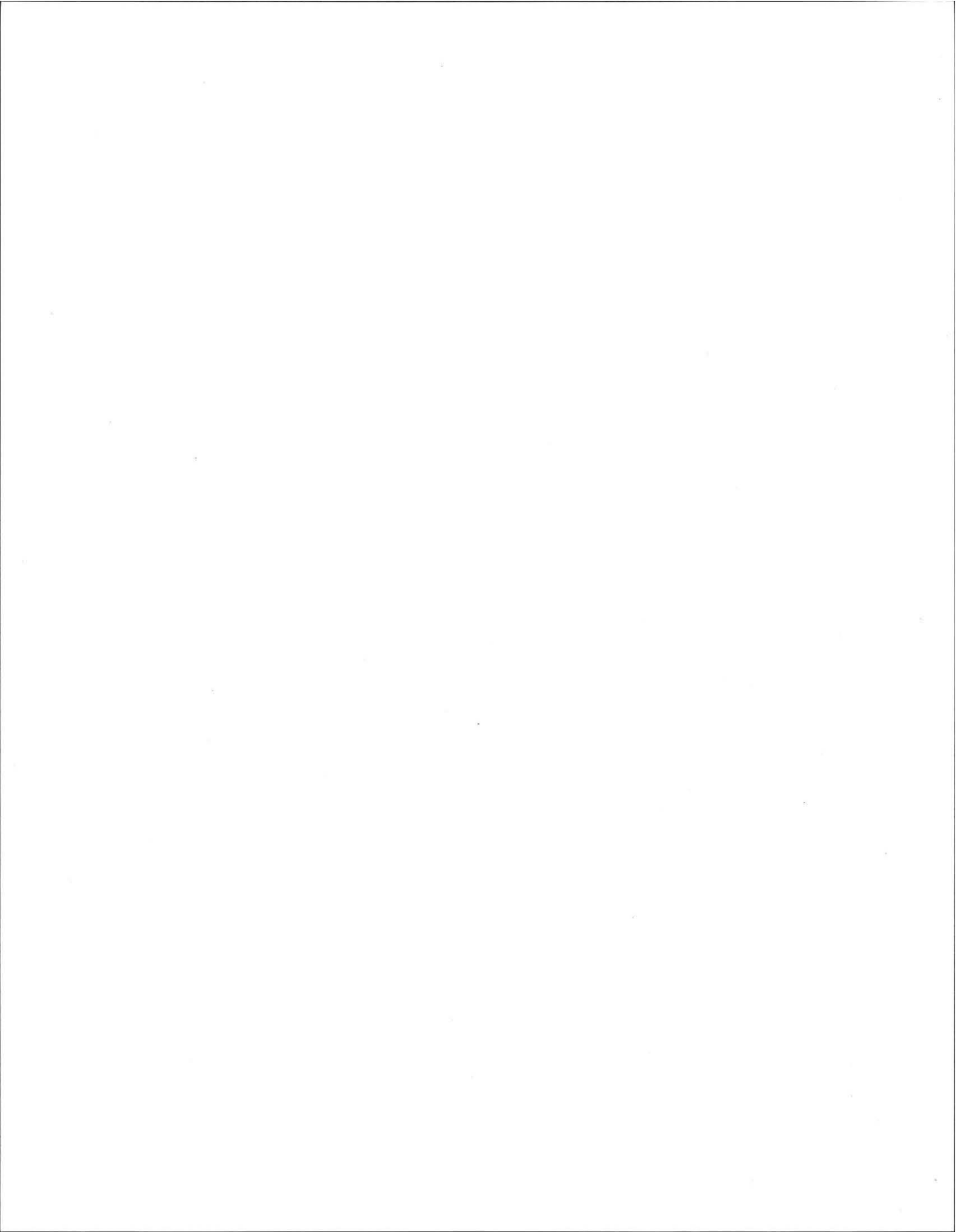
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

Yes No

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

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





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C. Checklist

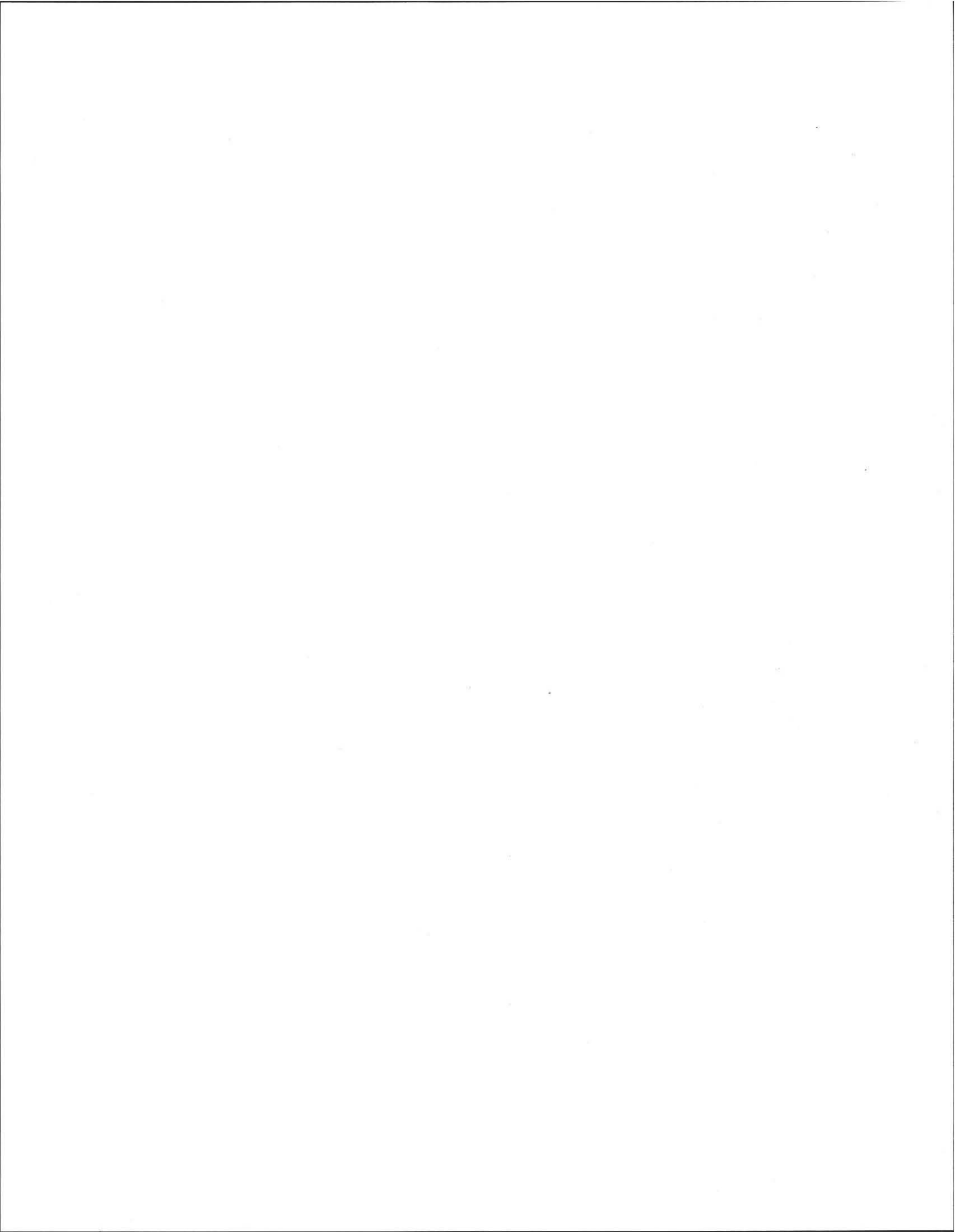
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Yes No
Pumping information was provided by the owner, occupant, or Board of Health
Were any of the system components pumped out in the previous two weeks?
Has the system received normal flows in the previous two week period?
Have large volumes of water been introduced to the system recently or as part of this inspection?
Were as built plans of the system obtained and examined? (If they were not available note as N/A)
Was the facility or dwelling inspected for signs of sewage back up?
Was the site inspected for signs of break out?
Were all system components, excluding the SAS, located on site?
Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
Existing information. For example, a plan at the Board of Health.
Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): *





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D. System Information

Description:
 1000 gallon S. tank with Dist box and 3 line field

Number of current residents: 0

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)): n/a

Detail:

Sump pump? Yes No

Last date of occupancy: _____
 Date

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

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

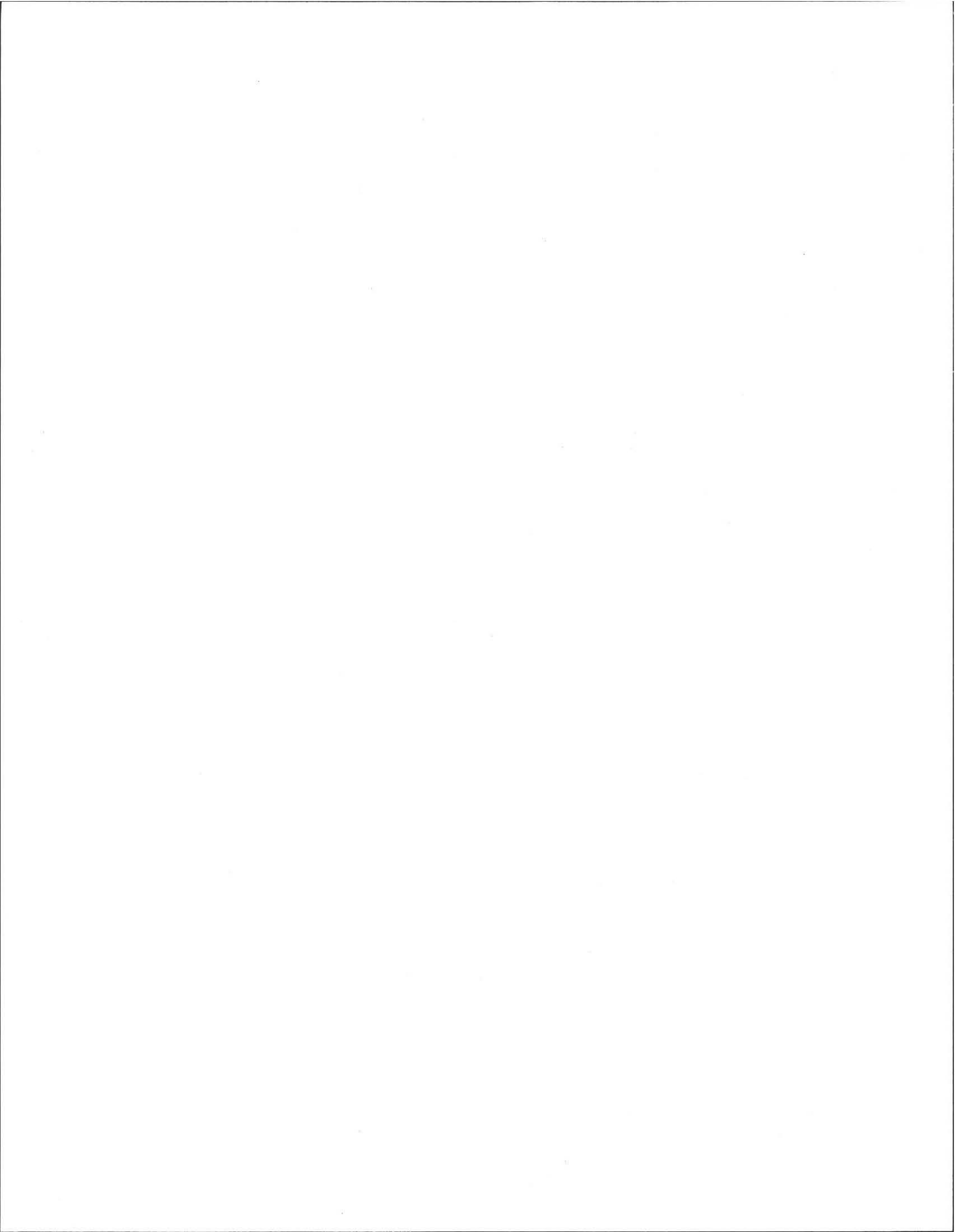
Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

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

Water meter readings, if available: _____





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D. System Information (cont.)

Last date of occupancy/use:

current
Date

Other (describe below):

General Information

Pumping Records:

Source of information:

unk.

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

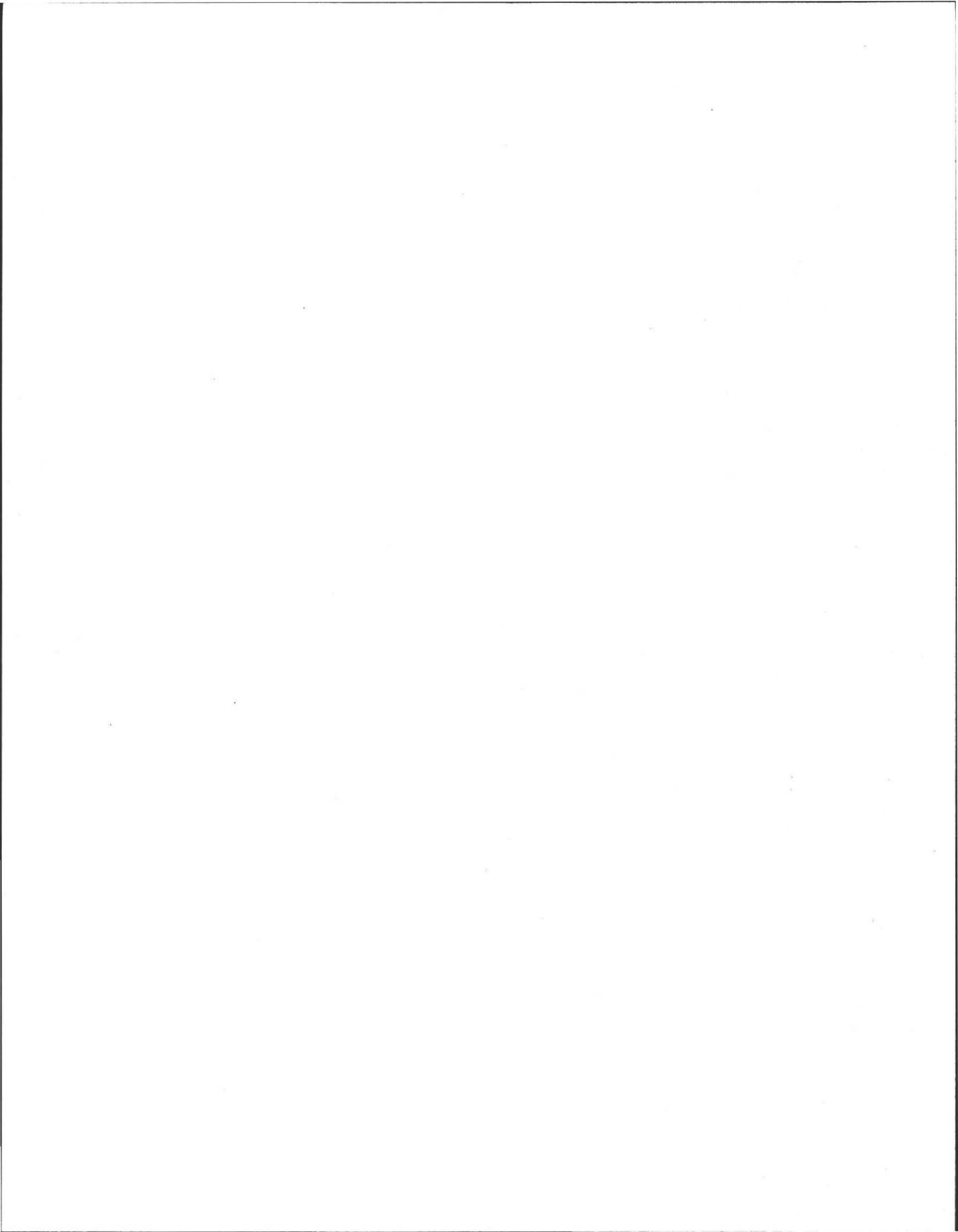
-
gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):





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D. System Information (cont.)

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

40+

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.5 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

Needs replacement, root plugged.

Septic Tank (locate on site plan):

Depth below grade:

1 ft 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)

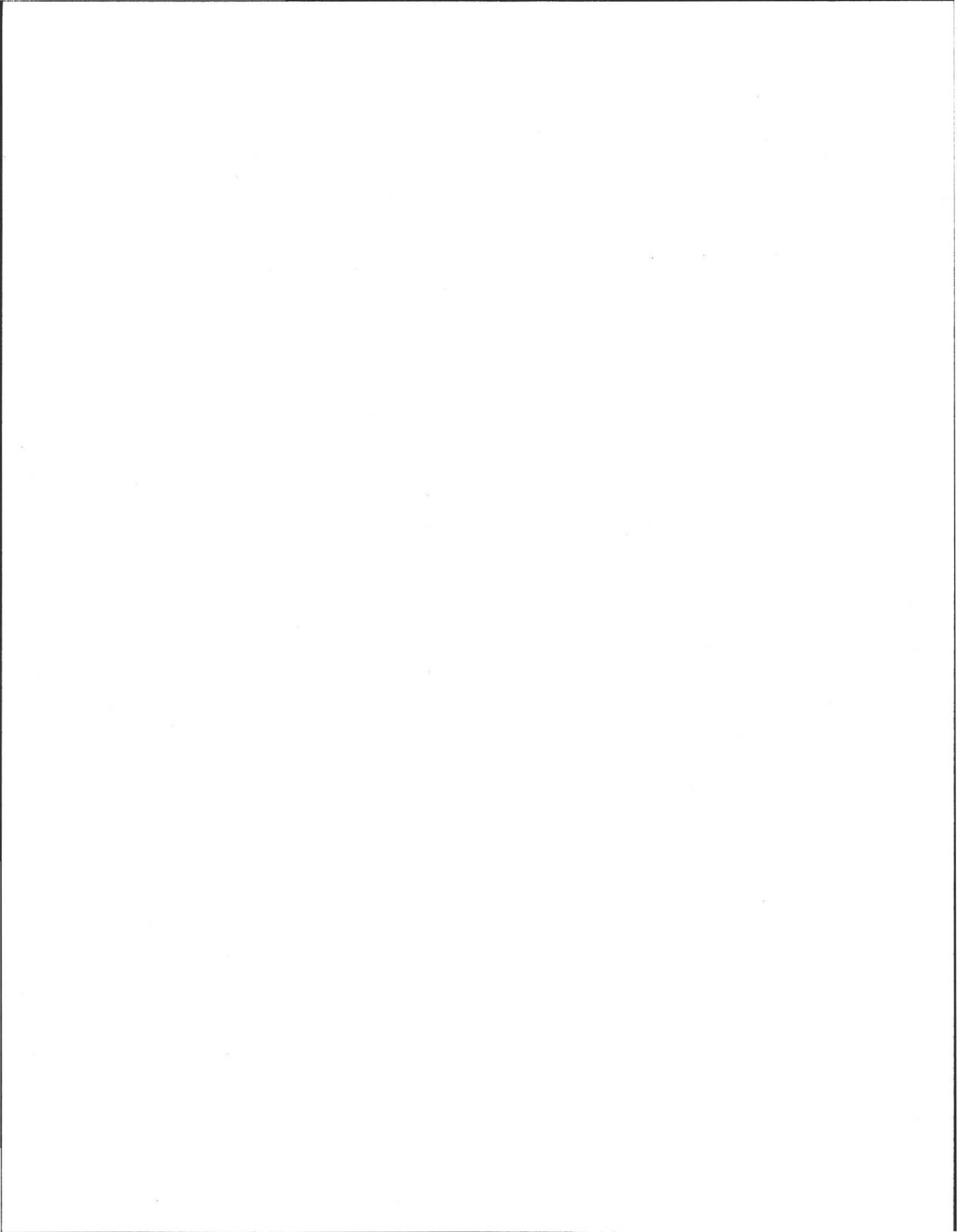
Yes No

Dimensions:

8.5' x 4.5' x 4'

Sludge depth:

6"





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D. System Information (cont.)

Septic Tank (cont.)

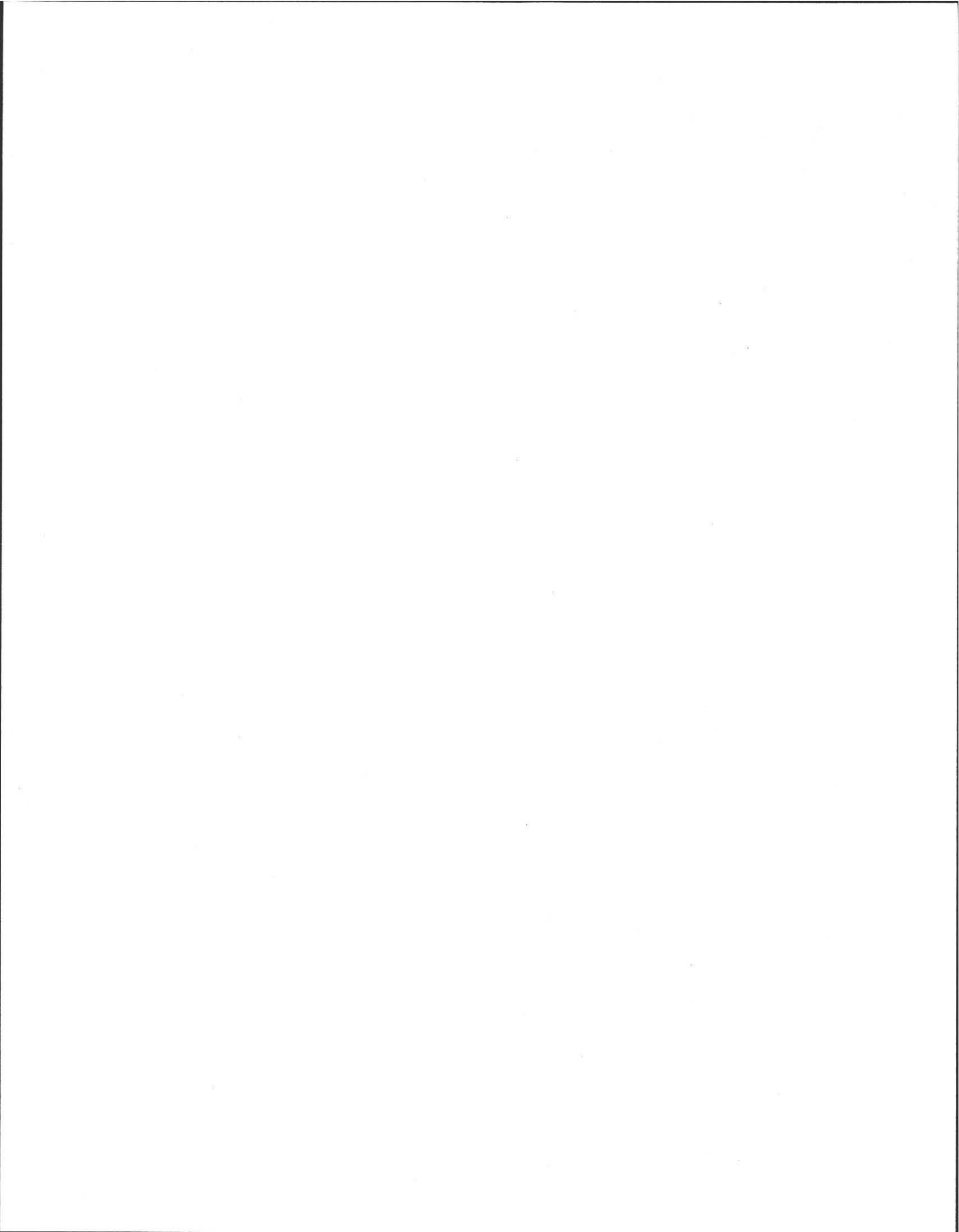
Distance from top of sludge to bottom of outlet tee or baffle 30"
 Scum thickness 6"
 Distance from top of scum to top of outlet tee or baffle 4"
 Distance from bottom of scum to bottom of outlet tee or baffle 12"
 How were dimensions determined? Observation/Meas

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
 Tank was 1000 gallon, with baffles

Grease Trap (locate on site plan):

Depth below grade: _____ feet
 Material of construction:
 concrete metal fiberglass polyethylene other (explain):

Dimensions: _____
 Scum thickness _____
 Distance from top of scum to top of outlet tee or baffle _____
 Distance from bottom of scum to bottom of outlet tee or baffle _____
 Date of last pumping: _____ Date





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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.):

Four horizontal lines for handwritten comments.

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 level: _____

Alarm in working order: Yes No

Date of last pumping: _____

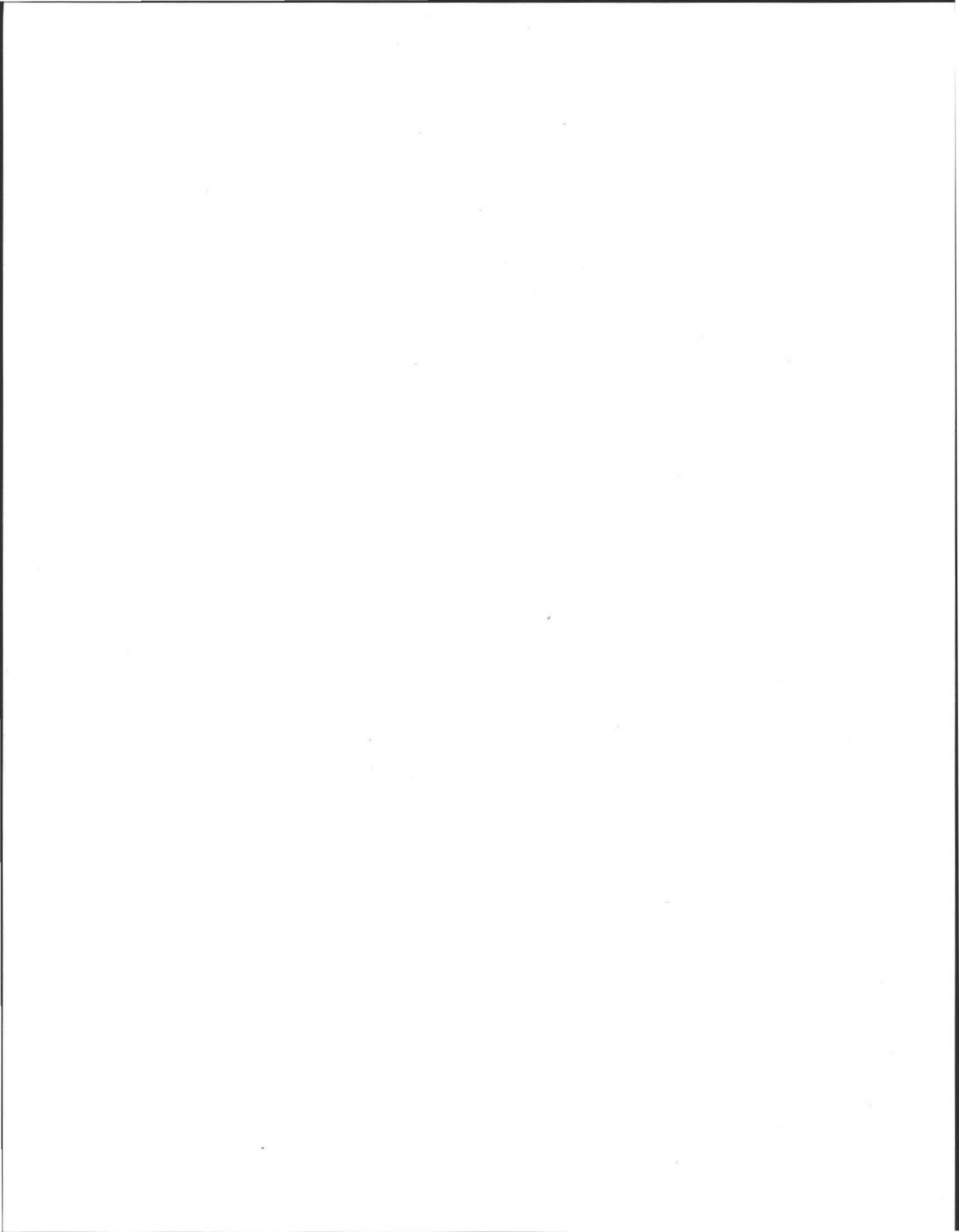
Date

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

Four horizontal lines for handwritten comments.

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

Yes No





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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):

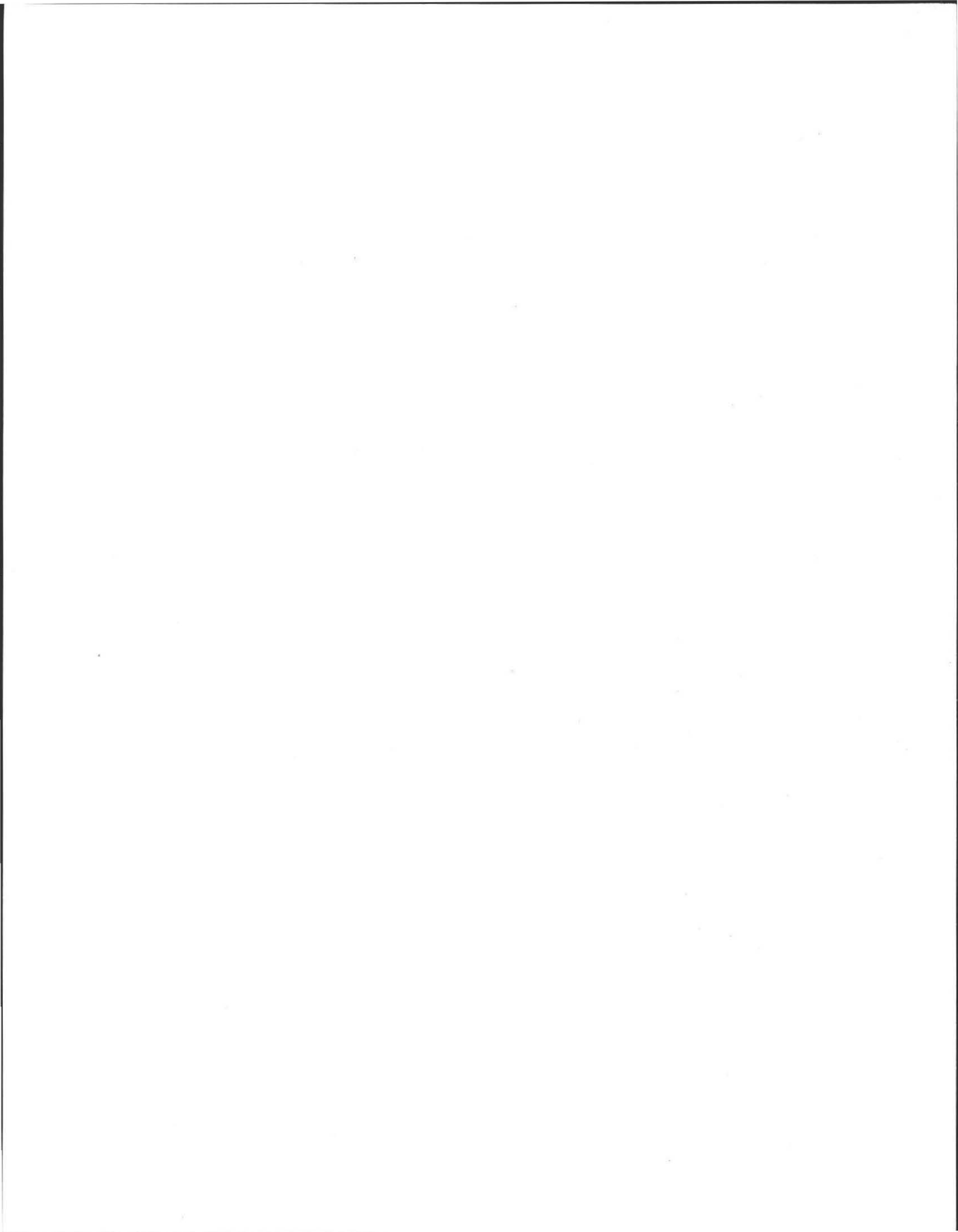
Pumps in working order: Yes No

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:





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D. System Information (cont.)

Type:

- leaching pits number: 4' x 4'
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 3 lines
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

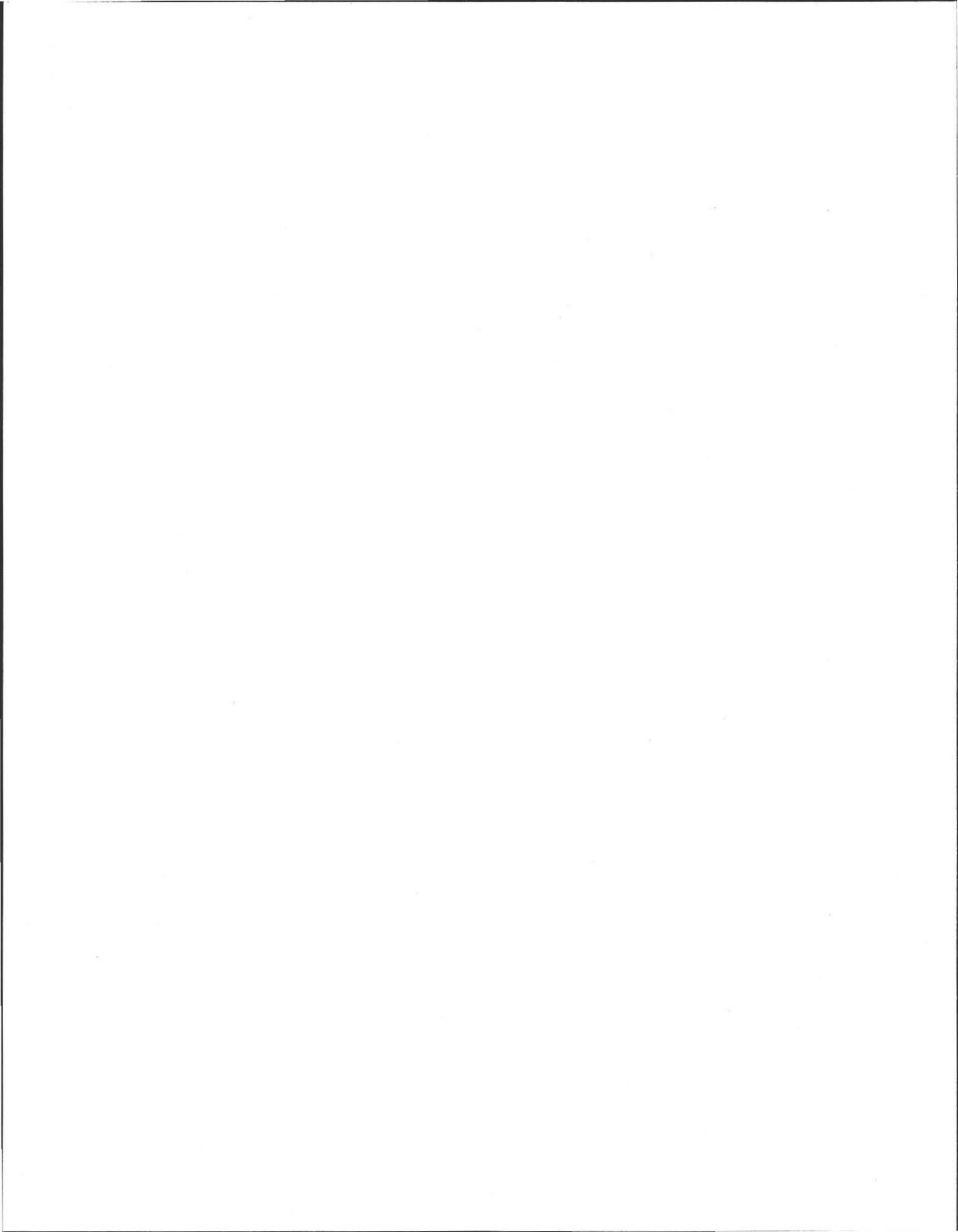
Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow Yes No





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D. System Information (cont.)

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

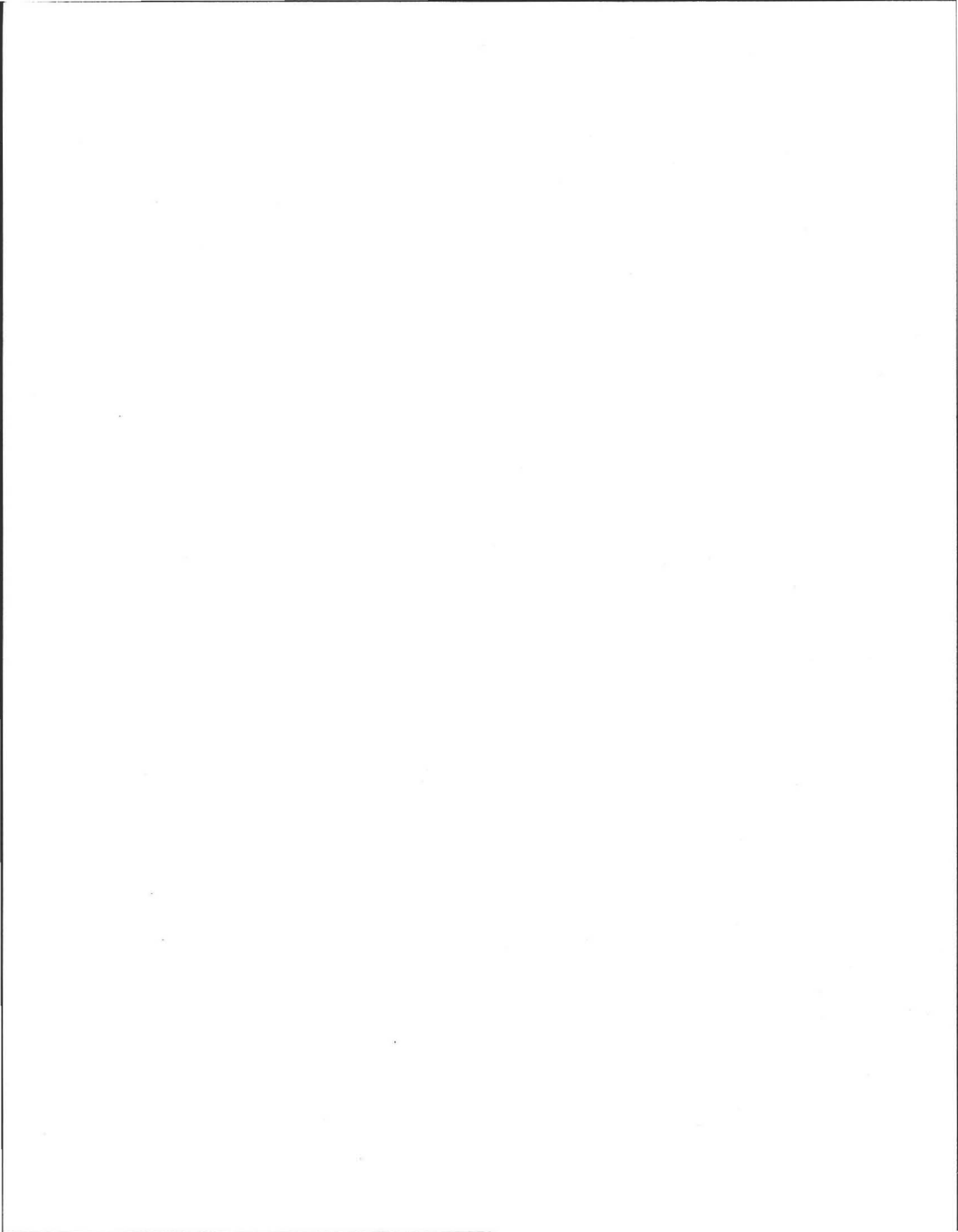
Privy (locate on site plan):

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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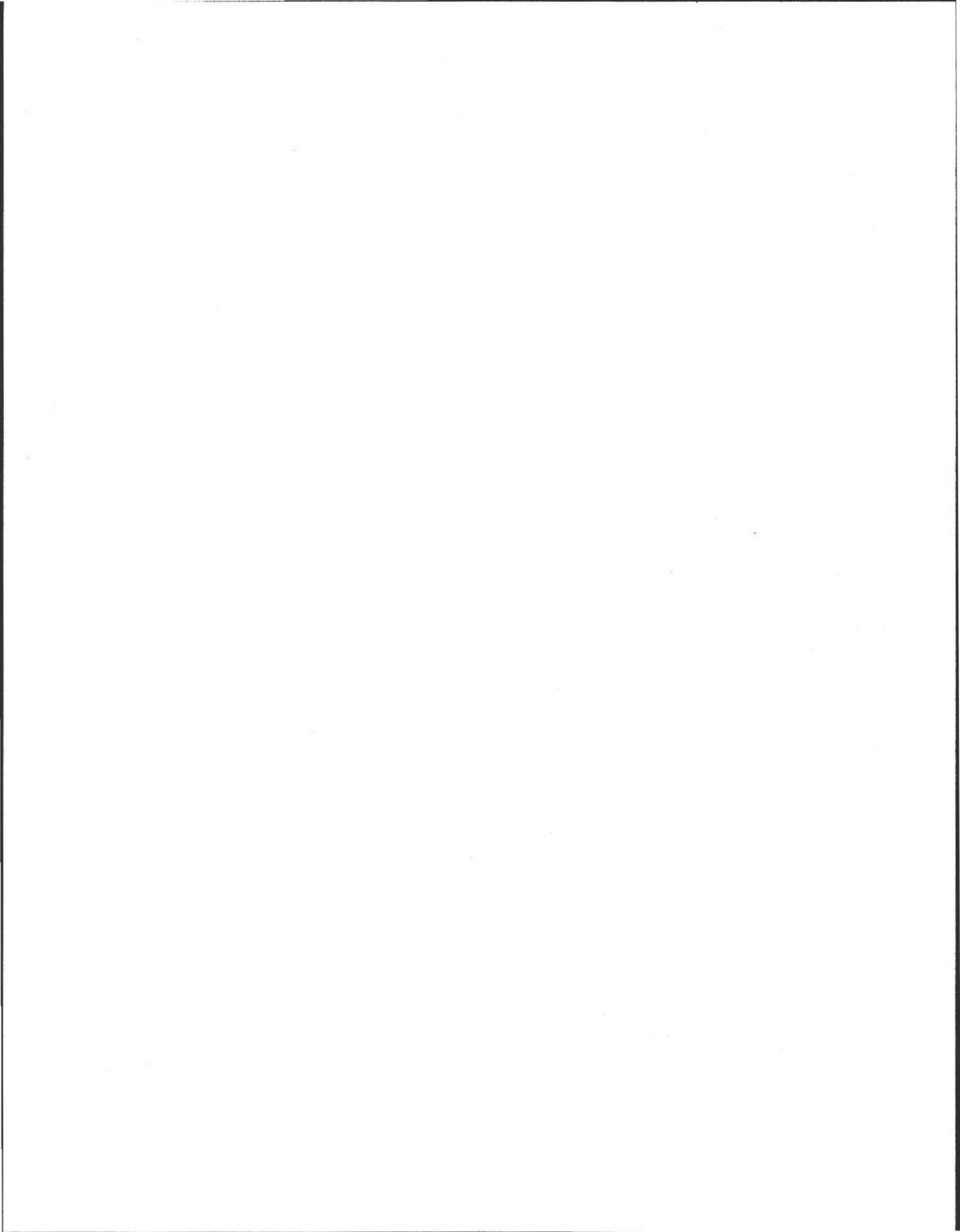
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Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





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

Owner information is required for every page.

D. System Information (cont.)

Site Exam:

- Check Slope
Surface water
Check cellar
Shallow wells

Estimated depth to high ground water:

5'+/- 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:

Date

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

- Checked with local Board of Health - explain:

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

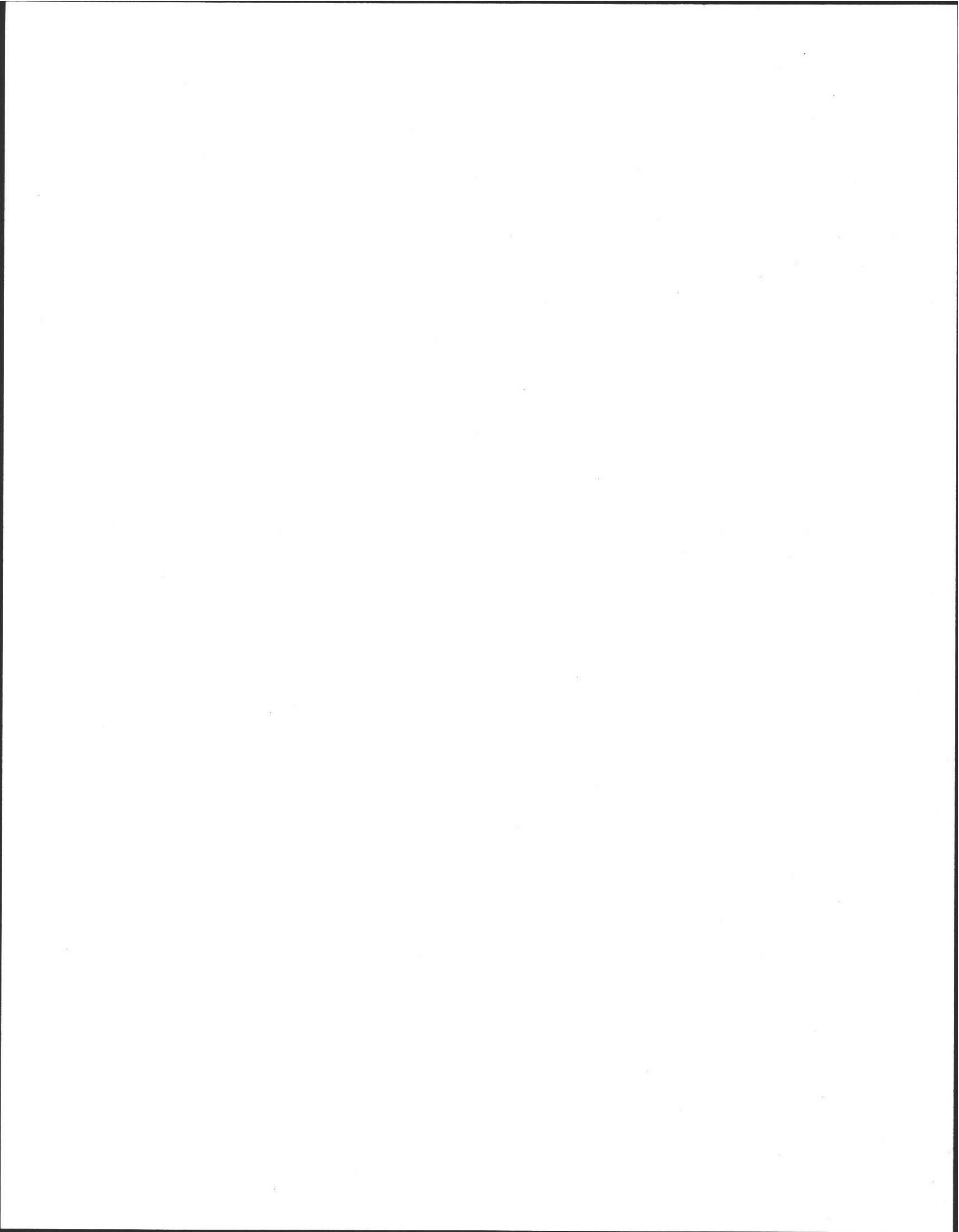
- Accessed USGS database - explain:

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

Work in area in past.

Multiple horizontal lines for describing work in area in past.

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





Commonwealth of Massachusetts

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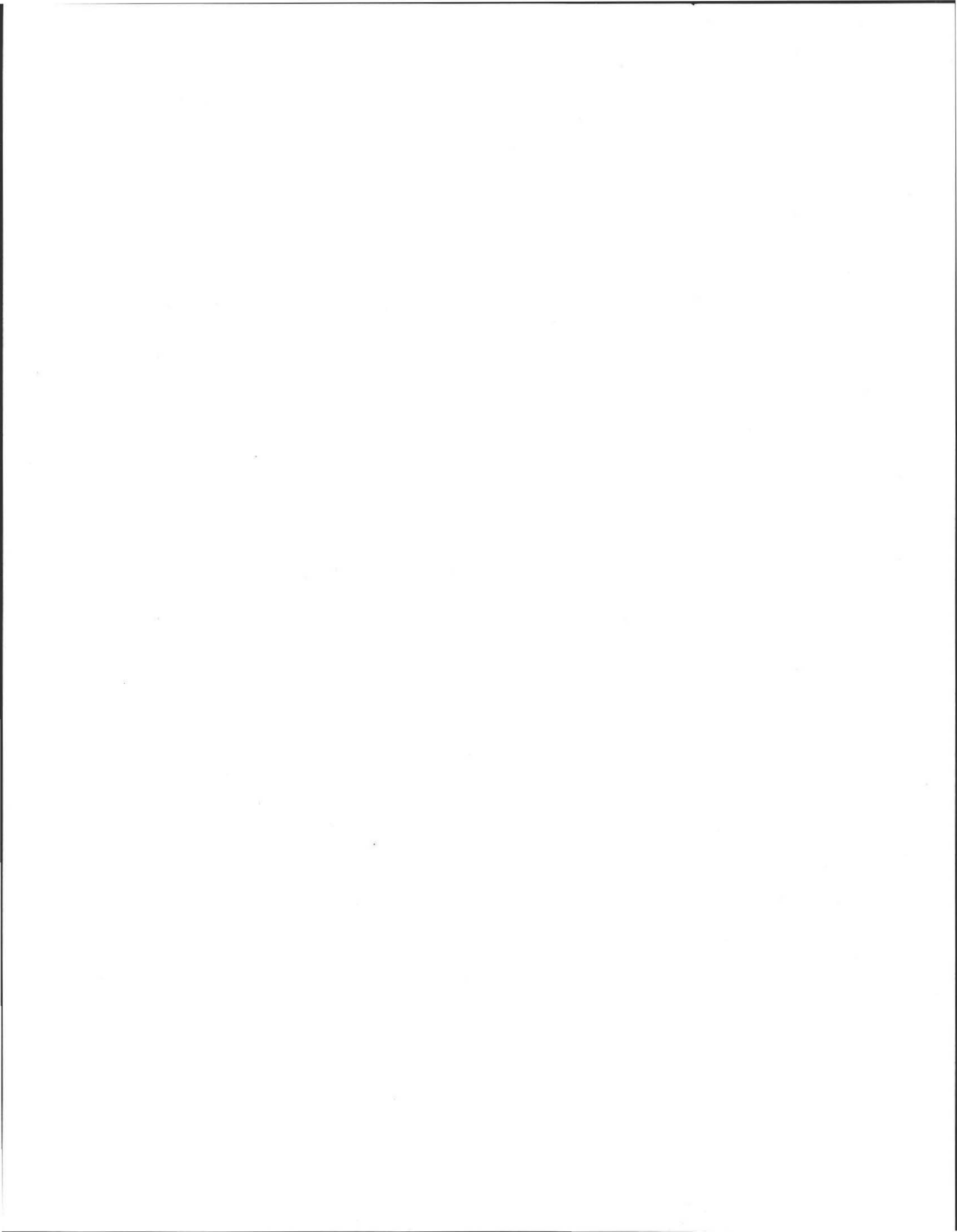
Zip Code

Date of Inspection

Owner information is required for every page.

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



NOTES

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

Henry O. Packard of Pittman Rd. No. 7-61
(owner's name) (address) (phone) 3-5470

hereby applies for a permit to construct or repair a private disposal system for a V
(residence, store, etc.)

which will be located at Pittman Rd. to be installed by
Henry O. Packard Pittman Rd. 3-5470
(name) (address) (phone)

Builder is Henry O. Packard Plumber is _____

Description of lot, building and fixtures as follows:

Lot: Dimensions _____ Type of Soil good Well or Town Water? town
Distance to Town Sewer 14' Depth to Ground Water _____ Kind of Well concrete
Will Lot be Graded? yes By Filling or Removing Soil? filling
Building: Dimensions _____ No. Bedrooms 2 No. Occupants 3
Fixtures: No. Toilets 1 Urinals 0 Wash Basins 1 Bathtubs 1
Showers 0 Kitchen Sinks 1 Garbage Grinders 0
Auto Dishwasher 0 Auto. Clotheswasher 1 Other (basement) 0

(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.

Date 5/22/61

Henry O. Packard
(Signature of Applicant)
Must Connect to Town Sewers FAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. _____
_____ 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.

Leaching System: Trenches of not less than _____ Sq. Ft. bottom area.

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 necessary. 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 maintenance of the system.

_____ for the Board of Health _____ date

Inspected _____ Approved _____

