

MAY 19 1995

#99

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 99 Pulpit Hill Rd., Amherst  
Owner's name TOFINE Assoc., 31 Campus Plaza Rd, Hadley, MA.  
Date of Inspection 5/18/95

PART A  
CHECKLIST

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

- \* CONSERVE Water
- \* Size commensurate w/ 2 BR house.
- \* USE LIQUID DETERGENTS

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 2 number of bedrooms
- 2 number of current residents
- N garbage grinder, yes or no
- Y laundry connected to system, yes or no
- N seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

CURRENT Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

\_\_\_\_ System pumped as part of inspection, (yes) or no  
 if yes, volume pumped 1000 gal  
 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)
- \_\_\_\_ Other (explain) \_\_\_\_\_

Approximate age of all components. Date installed, if known. Source of information:

1974

No Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): ✓  
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type

leaching pits and number	_____
leaching chambers and number	_____
leaching galleries and number	_____
leaching trenches, number, length	_____
leaching fields, number, dimensions	<u>1 - 20' x 20'</u>
overflow cesspool, number	_____

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

\_\_\_\_\_  
\_\_\_\_\_

CESSPOOLS (locate on site plan):

number and configuration	<u>N/A</u>
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 (cesspool must be pumped as part of inspection)	_____

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

\_\_\_\_\_  
\_\_\_\_\_

PRIVY:  
(locate on site plan)

materials of construction	<u>N/A</u>
dimensions	_____
depth of solids	_____

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

\_\_\_\_\_  
\_\_\_\_\_

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SEPTIC TANK: 1000  
(locate on site plan)

depth below grade: 16"

material of construction:  concrete  metal  FRP  other(explain)

dimensions: \_\_\_\_\_

- 10" sludge depth
- 16" distance from top of sludge to bottom of outlet tee or baffle
- 2" scum thickness
- 6" distance from top of scum to top of outlet tee or baffle
- 18" distance from bottom of scum to bottom of outlet tee or baffle

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, recommendations for repairs, etc.)  
*\* Recommend, re-cement inlet pipe + fill opening.*

DISTRIBUTION BOX: Y  
(locate on site plan)

1/2" depth of liquid level above outlet invert

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)

PUMP CHAMBER: No  
(locate on site plan)

\_\_\_\_\_ pumps in working order, yes or no

Comments:  
(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
FAILURE CRITERIA

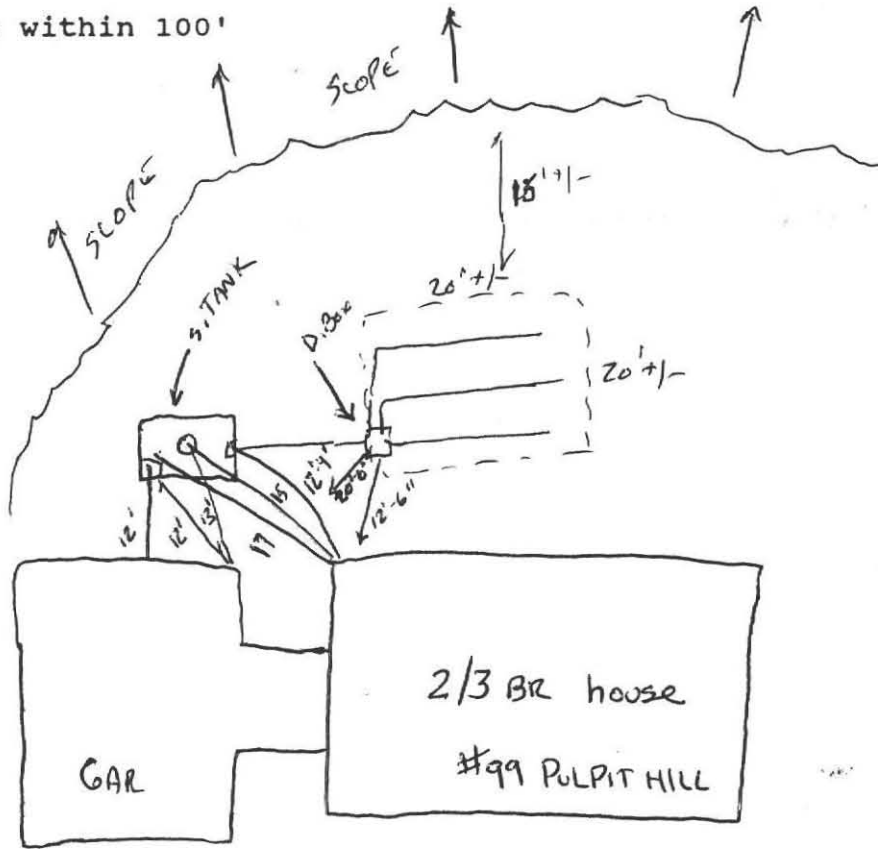
Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

- N Backup of sewage into facility?
- N Discharge or ponding of effluent to the surface of the ground or surface waters?
- N <sup>(1/2")</sup> Static liquid level in the distribution box above outlet invert?
- N Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?
- N Required pumping 4 times or more in the last year?  
number of times pumped \_\_\_\_\_
- N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?
- N Is any portion of the SAS, cesspool or privy:  
below the high groundwater elevation?
- N within 50 feet of a surface water?
- N within 100 feet of a surface water supply or tributary to a surface water supply?
- N within a Zone I of a public well?
- N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?
- N within 50 feet of a private water supply well?  
TOWN WATER
- N less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks  
locate all wells within 100'



DEPTH TO GROUNDWATER

8' ± depth to groundwater

method of determination or approximation:

TOPOGRAPHY, VEGETATION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART D  
CERTIFICATION

Name of Inspector *A. WEISS, R.S.*

Company Name

Company Address

COLD SPRING  
ENVIRONMENTAL, INC.  
350 OLD ENFIELD RD.  
BELCHERTOWN, MA 01007

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and manitenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the **FAILURE CRITERIA** section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the **FAILURE CRITERIA** section of this form.

Inspector's Signature

*Alan Weiss*

Date *5/18/95*

Original to system owner *c/o Ellen Stutsman  
Tofno Assoc.  
31 Campus Plaza  
Hadley, MA. 01035*

Copies to:

Buyer (if applicable)

Approving authority

*→ Amherst Health Dept.*



\* Recommend cement ground inlet pipe to septic tank.

1970  
1971  
1972  
1973  
1974