Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

HEALTH INSPECTORS NOTES

Date	Time	Progress Notes
		TITLE V INSPECTION WITNESS
		11 does Ankert regue Congrues
		D- Box shot (corones) / or just replace is same &
		D-Box shot (corroded) // or just replace is / Same ? -will have so replace
		Forme more leach puts - 2
		1 - has 3' capacity
		2 - has d'ét l'equity
		is a premet recessory?
		s a plente recessing.
	-	
-		
	-	
4		D-854



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

559 PULPIT HILL ROAD					
Property Address	Des				
INGRITSON					
Owner's Name					
AMHERST		MASS	01002	APRIL 19, 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





A.	General Info	ormation			
1.	Inspector:				
	NICK TORRETTI				
	Name of Inspector				
	CLEAN SEPTICS	3			
	Company Name				
	P O BOX 394	252 WEST ST			
	Company Address				
	LUDLOW		MASS	01056	
	City/Town		State	Zip Code	
	413 583 2138		S I 4496		

License Number

B. Certification

Telephone Number

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								
Rick Tone	Rick Tonetti							
		2011						
Inspector's Signature	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.

Section 18 h



Commonwealth of Massachusetts

559	PULPIT HILL ROAD								
Pro	perty Address								
INC	BRITSON								
	ner's Name								
_	HERST	MASS	01002	APRIL 19, 2011					
City	Town	State	Zip Code	Date of Inspection					
B.	Certification (cont.) Inspection Summary: Check A,B,C,D	or E / always c	omplete all of	Section D					
A)	System Passes:								
	I have not found any information v in 310 CMR 15.303 or in 310 CMF indicated below.								
	Comments:								
	RECOMMEND PUMPING EVERY YE	AR AND ADDIN	IG CCLS BAC	CTERIA					
		9-1-							
B)	System Conditionally Passes:								
	One or more system components replaced or repaired. The system, 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 y unsound, exhibits substantial infiltratio inspection if the existing tank is replace Health.	n or exfiltration	or tank failure	is imminent. System will pass					
	* A metal septic tank will pass inspecti Compliance indicating that the tank is								
	□ Y □ N □ ND (E	Explain below):							

-			
			y.
			*



Commonwealth of Massachusetts

-		ILL ROAD					
Contraction of	y Address						
	TSON s Name						
			MASS	010	02	۸D	DII 10 2011
AMHERST City/Town			State		Code		RIL 19, 2011 e of Inspection
		eation (cont.)	01010		-		o or mopositori
	ertification (cont.) System Conditionally Passes (cont.)						
	to brok		, settle			n the distribution box due istribution box. System will	
		broken pipe(s) are replaced	[☐ Y	\square N	□ N	ID (Explain below):
		obstruction is removed	[] Y	\square N	□ N	ID (Explain below):
		distribution box is leveled or rep	olaced [☐ Y	□ N	□ N	ID (Explain below):
		stem required pumping more than will pass inspection if (with appr			d of Hea	lth):	
		broken pipe(s) are replaced	L	Y	□N	□N	D (Explain below):
		obstruction is removed		_ Y	□N	□ N	D (Explain below):
c)	1. Sys	er Evaluation is Required by the ions exist which require further extem is failing to protect public he istem will pass unless Board of (1)(b) that the system is not furand the environment: Cesspool or privy is within 50 fe	valuation b alth, safet Health de nctioning	oy the y or the termining a n	Board of e environ nes in a nanner v	nment. ccorda	ance with 310 CMR
		Cesspool or privy is within 50 fe	eet of a bo	rdering	g vegeta	ted we	tland or a salt marsh

(SOME SOCIETY)		



Commonwealth of Massachusetts

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

		IT HILL RO	DAD			
	perty Add					
-	SRITSC					
	ner's Nan					
-	HERS'	ľ.		MASS	01002	APRIL 19, 2011
-	/Town	161 41		State	Zip Code	Date of Inspection
B.	2. de sa sa su	System vetermines afety and early ea	system has a septic tank surface water supply or system has a septic tank system has a septic tank system has a septic tank and SA private water supply well to determine distance: asses if the well water are indicates absent and the ppm, provided that no or	k and soil abs tributary to a k and SAS ar k and SAS ar k and SAS ar AS and the SA II**.	corption systems or surface water and the SAS is and the SAS is the sas that the same at a DE fammonia nit	m (SAS) and the SAS is within
		111				
D)			Criteria Applicable to A		lowing for <u>al</u>	<u>I</u> inspections:
	Ye	s No				
			Backup of sewage clogged SAS or ces		system comp	oonent due to overloaded or
				ng of effluent		e of the ground or surface waters pool
			Static liquid level in or clogged SAS or		on box above	outlet invert due to an overloaded
			Liquid depth in cess than ½ day flow	spool is less t	han 6" below	invert or available volume is less

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	PULPIT H)					
	perty Address BRITSON	i.						
	ner's Name							
	HERST Town			MASS State	01002 Zip Code	APRIL 19, 2011 Date of Inspection		
	Certific	cation (cont.)	THE STATE OF THE S	01.1 p . 012002001			
	Yes	No						
		\boxtimes	Required pumping mo			st year <i>NOT</i> due to clogged or		
		\boxtimes	Any portion of the SAS	S, cesspoo	ol or privy is be	elow high ground water elevation.		
		\boxtimes	Any portion of cesspo tributary to a surface v			eet of a surface water supply or		
		\boxtimes	Any portion of a cessp	oool or priv	y is within a Z	one 1 of a public well.		
		\boxtimes	Any portion of a cessp	oool or priv	y is within 50	feet of a private water supply well.		
			from a private water s system passes if the laboratory, for fecal of ammonia nitroger provided that no oth	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. [Th 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.]				
		\boxtimes	The system is a cessp 10,000gpd.	oool serving	g a facility with	n a design flow of 2000gpd-		
			criteria exist as descri	bed in 310 contact the	CMR 15.303	or more of the above failure , therefore the system fails. The alth to determine what will be		
E)			be considered a larg 00 gpd to 15,000 gpd.		the system n	nust serve a facility with a		
	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 40	00 feet of a	surface drink	ring water supply		
			the system is within 20	00 feet of a	tributary to a	surface drinking water supply		
			the system is located Area – IWPA) or a ma			rea (Interim Wellhead Protection water supply well		
						is considered a significant threat, 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

E)

regional office of the Department.

			is.
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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

559 PULPIT	T HILL RO	DAD			
Property Addre	ess	i e			
INGRITSON					
Owner's Name	9				
AMHERST			MASS	01002	APRIL 19, 2011
City/Town			State	Zip Code	Date of Inspection
C. Chec	klist				
Check i	f the follow	wing have been done. \	You must ind	icate "yes" or '	'no" as to each of the following:
Yes	No				
\boxtimes		Pumping informatio	n was provide	ed by the owner	er, occupant, or Board of Health
	\boxtimes	Were any of the sys	stem compone	ents pumped o	out in the previous two weeks?
\boxtimes		Has the system rec	eived normal	flows in the pr	evious two week period?
	\boxtimes	Have large volumes this inspection?	of water bee	n introduced t	o the system recently or as part of
	\boxtimes	3.0		obtained and	examined? (If they were not
\boxtimes		Was the facility or d	welling inspec	cted for signs	of sewage back up?
\boxtimes		Was the site inspec	ted for signs of	of break out?	
\boxtimes		Were all system cor	mponents, ex	cluding the SA	S, located on site?
			ndition of the	baffles or tees	ened, and the interior of the tank s, material of construction, d depth of scum?
\boxtimes					nt from owner) provided with urface sewage disposal systems?

D. System Information Residential Flow Conditions:

been determined based on:

Number of bedrooms (design): 6 Number of bedrooms (actual): 6

Existing information. For example, a plan at the Board of Health.

approximation of distance is unacceptable) [310 CMR 15.302(5)]

The size and location of the Soil Absorption System (SAS) on the site has

Determined in the field (if any of the failure criteria related to Part C is at issue

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

660 GPD

X

M

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Commonwealth of Massachusetts

559 POLPTI HILL ROAD						
Property Address						
INGRITSON Owner's Name						
AMHERST	MASS	01002	ADDII 4	0 2044		
City/Town	State	Zip Code	APRIL 1 Date of Insi	9, 2011 pection		
D. System Information Description:		•				
Number of current residents:					8	
Does residence have a garbage grinder?					Yes ⊠] No
Is laundry on a separate sewage system?		Yes 🛚] No			
Laundry system inspected?					Yes 🛚	No
Seasonal use?					Yes 🛚	No
Water meter readings, if available (last 2) Detail:	Water meter readings, if available (last 2 years usage (gpd)): Detail:					
Sump pump?					∕es ⊠	No
Last date of occupancy:				PRE	SENT	
Commercial/Industrial Flow Conditions	:					
Type of Establishment:) - 11				
Design flow (based on 310 CMR 15.203):		Gallons p	er day (gpd)			
Basis of design flow (seats/persons/sq.ft.,	etc.):	-				
Grease trap present?				□ Y	'es 🗌	No
Industrial waste holding tank present?				□ Y	es 🗌	No
Non-sanitary waste discharged to the Title	Non-sanitary waste discharged to the Title 5 system?				es 🗌	No
Water meter readings, if available:						

			•
			4
		E	



Commonwealth of Massachusetts

559 PULPIT HILL	ROAD			
Property Address INGRITSON				
Owner's Name				
AMHERST		MASS	01002	APRIL 19, 2011
City/Town		State	Zip Code	Date of Inspection
D. System Ir	nformation (cont.)			
Last date of or	coupanay/usa:			
Last date of ot	cupancy/use.		Date	
Other (describ	pe below):			
	Gene	eral Inform	ation	
Pumping Rec	ords:			
Source of infor	mation:	PUMP	ED FALL OF	2010 PER OWNER
	Triadon.			
Was system p	umped as part of the inspection	on?		☐ Yes ⊠ No
If yes, volume	pumped:	gallons		
How was quan	tity pumped determined?			
Reason for pur	mping:	-		
Type of Syste	m:			
\boxtimes	Septic tank, distribution box	, soil abso	rption system	
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no) ((if yes, atta	ch previous in	spection records, if any)
Ц	Innovative/Alternative techn maintenance contract (to be inspection of the I/A system	obtained	from system o	wner) and a copy of latest
	Tight tank. Attach a copy of	the DEP a	pproval.	
\boxtimes	Other (describe):			
	LEACH PITS TWO (2)			

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Commonwealth of Massachusetts

559 PULPIT HILL RO	DAD				
Property Address					
INGRITSON Owner's Name					
AMHERST		MASS	01002	APRIL 1	19. 2011
City/Town		State	Zip Code	Date of Ins	
APPROXIMATEL Were sewage ode	of all components, or all compon	date installed (if lands)	E V REPORT	6"	rmation:
cast iron	⋈ 40 PVC	other (e	xplain). —		
	vate water supply we		Т	OWN WATE	R
Septic Tank (local	ate on site plan):				
Depth below grad	4o:		3'	10"	
Deptil below grad			fe	et	
Material of constr	ruction:				
⊠ concrete	☐ metal	fiberglas	s 🗌 po	lyethylene	other (explain)
If tank is metal, list age confirmed Dimensions:	st age: by a Certificate of C	ompliance? (atta	ich a copy of	ears certificate) L 10' 5' X W 9	☐ Yes ☐ No 5' X H 5'
Sludge depth:			-		

		×
		*



Commonwealth of Massachusetts

559 PULPIT HILL ROA	AD				
Property Address INGRITSON					
Owner's Name					
AMHERST City/Town		MASS	01002 Zip Code	APRIL 1 Date of Ins	
D. System Info	rmation (cont.		_p 0000	5410 01 1110	-
		,			
Septic Tank (cont	t.)				
Distance from top	of sludge to bottom	of outlet tee or b	paffle		
Scum thickness					
Distance from top	of scum to top of or	utlet tee or baffle	i i		
Distance from bott	tom of scum to botto	om of outlet tee o	or baffle		
How were dimens	ions determined?				
liquid levels as rela PUMP SEPTIC TA	ated to outlet invert ANK EVERY ONE -	evidence of leal	kage, etc.): , INLET AND	OUTLET BA	n, structural integrity,
STRUCTURALLY	SOUND, LIQUID L	EVELS ARE AT	THE INVER	T. NO LEAKA	GE
3					
-					
Grease Trap (loca	ate on site plan):				
Depth below grade	e:			feet	
Material of constru	iction.			10.00	
	POST VICTORIA		_	9 20 2	
☐ concrete	☐ metal	☐ fiberglas	ss 📙 p	oolyethylene	☐ other (explain):
Dimensions:					
Scum thickness					
Distance from top	of scum to top of or	utlet tee or baffle	į		
Distance from bott	tom of scum to botto	om of outlet tee o	or baffle		
Date of last pumpi	ng:			Date	
Scum thickness Distance from top Distance from bott	of scum to top of out			polyethylene	other (explain):
				Date	

			*



Commonwealth of Massachusetts

559 PULPIT HILL ROAD

roperty Address					
IGRITSON					
wner's Name		144.00			
MHERST ty/Town		MASS State	01002 Zip Code	APRIL 19, 2	
_7	ormation /		Zip Code	Date of Inspection	on
Comments (on p	ormation (con oumping recommend elated to outlet inve S STRUCTURALLY	dations, inlet and ort, evidence of lea	outlet tee or ba kage, etc.):	affle condition, st	ructural integrit
	g Tank (tank must b	oe pumped at time	of inspection)	(locate on site p	lan):
Depth below grad	de:		_		
Material of const	ruction:				
concrete	☐ metal	fiberglas	s 🗌 po	lyethylene	other (explair
Dimensions:		_			
Capacity:		g	allons		
Design Flow:			allons per day		
Alarma propert		9	_	ñ	
Alarm present:		L	Yes	No	
Alarm level:	-	Α	larm in working	order: Y	es 🗌 No
Date of last pump	ping:	D	ate		
Comments (cond	lition of alarm and fl	oat switches, etc.)			
* Attach copy of c	current pumping cor	ntract (required). Is	s copy attache	d?	es 🗌 No

	:*



Commonwealth of Massachusetts

559 PULPIT HILL ROAD			
Property Address			
NGRITSON			
Owner's Name			
AMHERST	MASS	01002	APRIL 19, 2011
Dity/Town	State	Zip Code	Date of Inspection
D. System Information (cont.) Distribution Box (if present must be open	ned) (locate	on site plan):	
Depth of liquid level above outlet invert		0", D -BOX	
Comments (note if box is level and distribute evidence of leakage into or out of box, etc. INSTALLED NEW D -BOX		ets equal, any	evidence of solids carryover, any
Pump Chamber (locate on site plan): Pumps in working order:			☐ Yes ☐ No
Alarms in working order:			☐ Yes ☐ No
Alamis in Working order.			l les livo
Comments (note condition of pump chamb	er, conditio	n of pumps ar	nd appurtenances, etc.):
Soil Absorption System (SAS) (locate on	n site plan, e	excavation not	required):
If SAS not located, explain why:			

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

MHERST		MASS	01002	APRIL 19	
ity/Town		tate	Zip Code	Date of Inspe	ection
. Systen	n Information (cont.)				
Type:					
\boxtimes	leaching pits		number:		TWO LEACH PITS
	leaching chambers		number:		-
	leaching galleries		number:		
	leaching trenches		number, le	ngth:	-
	leaching fields		number, di	mensions:	-
	overflow cesspool		number:		-
	innovative/alternative system				
	Type/name of technology:				
vegetation					soil, condition o
OOIL AIVE	TECETATION AIL ON, NO SIGN	0 01 111	DIVIOLIO I AI		
÷					
	O VEGETATION ARE OK, NO SIGNS	S OF HY	DRAULIC FAI	LURE	

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

			,
			g.
		e.	



Commonwealth of Massachusetts

9 PULPIT HILL RUAD			
operty Address			
IGRITSON			
vner's Name			
MHERST	MASS	01002	APRIL 19, 2011
ty/Town	State	Zip Code	Date of Inspection
. System Information (cont.)			
Comments (note condition of soil, signs o etc.):	f hydraulic fa	ailure, level of	ponding, condition of vegetation,
Privy (locate on site plan):			
Materials of construction:	-		
Dimensions	·		
Depth of solids			
Comments (note condition of soil, signs o etc.):	f hydraulic fa	ailure, level of	ponding, condition of vegetation,

		×	ē



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

559 PULPIT HILL ROAD

Property Address

INGRITSON

Owner's Name

AMHERST

City/Town

MASS State

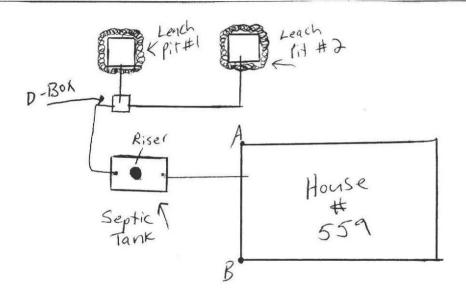
01002 Zip Code APRIL 19, 2011

Date of Inspection

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



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Commonwealth of Massachusetts

559 PULPIT HILL ROAD

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Addres	SS			
INGRITSON				
Owner's Name				
AMHERST		MASS	01002	APRIL 19, 2011
City/Town		State	Zip Code	Date of Inspection
D. Syste	m Information (cont.)			
Site Exa	um:			
□ Check □	ck Slope			
☐ Surfa	ace water			
⊠ Che	ck cellar			
☐ Shal	llow wells			
Estimate	ed depth to high ground water:		NONE feet	AT 6'
Please in	ndicate all methods used to deter	mine the hig	h ground wate	er elevation:
	Obtained from system design	plans on re	cord	
	If checked, date of design pla	n reviewed:	Date	
\boxtimes	Observed site (abutting prope	erty/observat	ion hole within	n 150 feet of SAS)
\boxtimes	Checked with local Board of I	Health - expl	ain:	
	INSPECTION WITNESS BY	BOARD OF	HEALTH AGE	ENT JAVERIA 259 3181
	Checked with local excavator	s, installers -	- (attach docu	mentation)
	Accessed USGS database - 6	explain:		

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

SLOPE, CHECKED CELLAR AND OBSERVED ABUTTING PROPERTIES

Y
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Owner information is required for every page.

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	MASS	01002	APRIL 19, 2011	
Owner's Name				
INGRITSON				
Property Address				
559 PULPIT HILL 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

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COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS

DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE V OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM PART A CERTIFICATION

Property Address: 559 Pulpit Hill Rd.

Amherst, MA

Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006

Name of Inspector: (please print) NickTorretti

Company Name: <u>CLEAN SEPTICS</u>
Mailing Address: <u>P.O. BOX 394</u>
<u>LUDLOW, MA</u>

Telephone Number: 583-2138



CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of 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:

X Passes

Conditionally Passes

Needs Further Evaluation by the Local Approving Authority

Fails

Inspector's Signature:

Date: _10/24/2006

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.

Cornell

Notes and Comments

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.

OFFICIAL INSPECTION FORM-NOT FOR VOLUNTARY ASSESSEMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A CERTIFICATION (continued) CERTIFICATION

Property Address: 559 Pulpit Hill Rd.

Amherst, MA

Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D					
A. System Passes:					
X 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: Pump tank every year. Recommend outlet filter and bacteria/enzymes.					
B. System Conditionally Passes:					
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.					
Answer yes, no or not determined (Y,N,ND) in the for the following statements. If "not determined" please explain.					
The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.					
*A metal septic ank 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.					

Observation of sev	vage backup or break out or high static water level in the distribution box due to broken or
obstructed pipe(s) or du	te 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
ND explain:	
	¥
	ed pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass oval of the Board of Health):
	broken pipe(s) are replaced
	obstruction is removed

ND explain:

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued) CERTIFICATION

Property Address: 559 Pulpit Hill Rd. Amherst, MA

Owner	r's Name: Stan Ingritson r's Address: same of Inspection: 10/24/2006
C. Fu	urther Evaluation is Required by the Board of Health:
failing	Conditions exist which require further evaluation by the Board of Health in order to determine if the system is 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:
	Ces spool or privy is within 50 feet of a surface water Ces spool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh
2. sys	System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the tem is functioning in a manner that protects the public health, safety and environment:
	The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
	The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
	The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
	The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance
	**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.
3.	Other:

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A CERTIFICATION (continued) CERTIFICATION

Property Address: 559 Pulpit Hill Rd.

Amherst, MA

Zone II of a public water supply well

Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006

		n Fai ure Criteria applicable to all systems: indicate "yes" or "no" to each of the following for all inspections:
	_ X	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
	X	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 coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]
NO	(Yes/	No) The system <u>fails</u> . 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.
To be You n	cons	Systems: idered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd. idicate either "yes" or "no" to each of the following: ring criteria apply to large systems in addition to the criteria above)
yes	th	ne system is within 400 feet of a surface drinking water supply ne system is within 200 feet of a tributary to a surface drinking water supply

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.

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CERTIFICATION

Property Address: 559 Pulpit Hill Rd.

Amherst, MA

Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006

Chec	k if th	e foll owing have been done. You must indicate "yes" or "no" as to each of the following:
Yes X	No	Pu nping information was provided by the owner, occupant, or Board of Health
74		To hiping information was provided by the owner, occupant, or board of freutin
-	X	Were any of the system components pumped out in the previous two weeks?
_ X _	_	Has the system received normal flows in the previous two week period?
	_x	Have large volumes of water been introduced to the system recently or as part of this inspection?
	X	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
X		Was the facility or dwelling inspected for signs of sewage back up?
X	_	Was the site inspected for signs of break out?
_X		Were all system components, excluding the SAS, located on site ?
X the b	affles	Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
X main	tenano	Was the facility owner (and occupants if different from owner) provided with information on the proper te of subsurface sewage disposal systems?
	T	ne size and location of the Soil Absorption System (SAS) on the site has been determined based on:
Yes	No X	Existing information. For example, a plan at the Board of Health.
X		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(3)(b)]

Property Address: 559 Pulpit Hill Rd.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION

Amherst, MA
Owner's Name: Stan Ingritson
Owner's Address: same
Date of Inspection: 10/24/2006
FLOW CONDITIONS
RESIDENTIAL
Number of bedrooms (design): _n/a Number of bedrooms (actual): _6
DESIGN flow b ised on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _n/a
Number of current residents: 7
Does residence have a garbage grinder (yes or no):no
Is laundry on a separate sewage system (yes or no):NO_[if yes separate inspection required]
Laundry system inspected (yes or no): _No
Seasonal use (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): Town Water
Sump pump (yes or no): No
Last date of occupancy: Present
COMMERCIAL/INDUSTRIAL
Type of establishment:
Design flow (based on 310 CMR 15.203):gpd
Basis of design flow (seats/persons/sqft,etc.):
Grease trap present (yes or no):
Industrial waste holding tank present (yes or no):
Non-sanitary waste discharged to the Title 5 system (yes or no):
Water meter readings, if available:
Last date of occupancy/use:
Stress and Action as All its about to I health of the country and the country
OTHER (describe):
GENERAL INFORMATION
Pumping Records
Source of information: 18 months - homeowner
Was system pumped as part of the inspection (yes or no): Yes
If yes, volume p imped:1500 gallons How was quantity pumped determined? measured
Reason for pumping: maintenance
TYPE OF SYSTEM
_X Septic tank. distribution box, soil absorption system
Single cesspool
Overflow cesspool
Privy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained
from system owner)
Tight tank Attach a copy of the DEP approval
V Other (describe): (2) Leach mite
_X Other (describe): (2) Leach pits
Approximate age of all components, date installed (if known) and source of information:
Approximately 1984-homeowner
Were sewage odors detected when arriving at the site (yes or no): No

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Property Address: 559 Pulpit Hill Rd. Amherst, MA
Owner's Name: Stan Ingritson
Owner's Address: same
Date of Inspection: 10/24/2006
BUILDING SEWER (locate on site plan)
Depth below grade: 4'6"
Materials of construction: cast iron XX 40 PVCother (explain):
Distance from private water supply well or suction line:
Comments (on condition of joints, venting, evidence of leakage, etc.):
Joints and venting appear okay. No leaks.
SEPTIC TANK: X (locate on site plan)
Depth below grade: 3'10"
Material of construction: X_concretemetalfiberglasspolyethylene _other
(explain)
If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or no): (attach a copy of certificate
Dimensions: 10'6" x 5' x 5'
Sludge depth: 1'
Distance from tcp of sludge to bottom of outlet tee or baffle: Scum thickness: 1'
Distance from top of scum to top of outlet tee or baffle:
Distance from bottom of scum to bottom of outlet tee or baffle:
How were dimensions determined: Measured
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as
related to outlet invert, evidence of leakage, Etc.):
Pump tank every year. Baffles are intact. Liquid levels are normal. Tank is structurally sound. No leaks.
GREASE TRAP:(locate on site plan)
Depth below grade:
Material of construction:concretemetalfiberglasspolyethyleneother
Dimensions: all required tank canacity
(explain): Dimensions: _ g al required tank capacity Scum thickness:
Distance from tcp 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:
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as
related to outlet invert, evidence of leakage, etc.):

Property Address: 559 Pulpit Hill Rd.

Owner's Name: Stan Ingritson

Amherst, MA

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Date of Inspect on: 10/24/2006
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
Capacity: gallons Design Flow: gallons/day
Alarm present (yes or no):
Alarm level: Alarm in working order (yes or no):
Date of last pumping:
Comments (condition of alarm and float switches, etc.):
DISTRIBUTION BOX: XXX(if present must be opened)(locate on site plan) D-Box has a riser 1' deep Depth of liquid level above outlet invert: 0" 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.): D- Box appears equal and level, no leaks
PUMP CHAMBER: (locate on site plan)
Pumps in working order (yes or no):
Alarms in working order (yes or no):
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

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OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Property Address: 559 Pulpit Hill Rd.	
Amherst, MA	
Owner's Name: Stan Ingritson	
Owner's Address: same	
Date of Inspection: 10/24/2006	
SOIL ABSORPTION SYSTEM (SAS): (locate on site plan, excavation not required)	
If SAS not located explain why: _X leaching pits, number: 2 Leaching Pits	
leaching this, number: leaching this	
leaching galleries, number:	
_ leaching trenches, number, length:	
leaching fields, number, dimensions:	
overflow cesspool, number:	
innovative alternative system Type/name of technology:	
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of ve	getation, etc.):
No signs of hydraulic failure. Soil and vegetation are okay.	Visit in the second of the sec
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:	
Depth of scum layer: Dimensions of cesspool:	
Materials of construction:	
Indication of groundwater inflow (yes or no):	
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, et	c.):
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, et	c.):

		*
		*

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Address: 559 Pulpit Hill Rd.

Amherst, MA

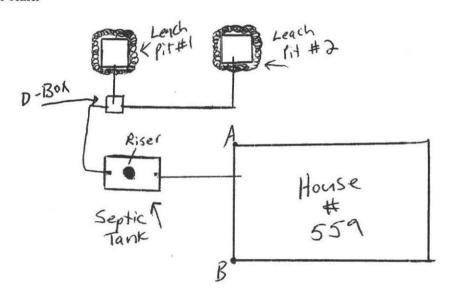
Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. **Drawing not to scale.**



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OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Address: 559 Pulpit Hill Rd.

Amherst, MA

Slope in yard and observed abutting properties

Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspect on: 10/24/2006

Slope	
Surface water	
Check cellar	
Shallow wells	
Estimated depth to ground water: None @ 6'	
Please indicate (check) all methods used to determine the high ground water elevation:	
Obtained f om system design plans on record - If checked, date of design plan reviewed:	
X 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:	
Accessed USGS database-explain:	
You must describe how you established the high ground water elevation:	

	1			•
				~

PERMITS/INSP PAYMENT RECPT#: 11095931
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/12/11 TIME: 14:36 CLERK: publichea DEPT:

PAID BY: Stanley E Ingertson PAYMENT METH: CHECK 6067

REFERENCE: 8824

AMT TENDERED: AMT APPLIED: CHANGE:

200.00

SITE ADDRESS: 559 PULPIT HILL ROAD

FEES:

HEA058 TITLE V WITNESS 200.00

TOTAL PAID:

200.00