



HEALTH INSPECTORS NOTES

ate	Time	Progress Notes PULPIT HILL ROAD
	-	Progress Notes TITLE / INSPECTION WITHESS
		D-Box 15 Sinot
		iloch pit a - 3' capacity 13 - 2' coposite
		13 - 2 copoule
		sosses (has to have to camerity)
	/	Singertson @ comcast, net
	1	singertson@comcast.net 559-0656
	1	addiess: 559 POLPIT HILL ROAD
	-	addiess: 559 POLDIT HILL KOAS)
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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

579 PULPIT HILL ROAD				
Property Address				
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 key.





General Info	ormation			
Inspector:				
NICK TORRETTI				
Name of Inspector				
CLEAN SEPTICS	i			
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		
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							
Rick Tone	APRIL 19, 20	011					
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.

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Commonwealth of Massachusetts

_	PULPIT H	ILL ROAD				
Carrier	Derty Address					
_	ner's Name					
AMHERST				MASS	01002	APRIL 19, 2011
_	/Town	41	- 10 U	State	Zip Code	Date of Inspection
В.		Summary:	•	or E / always c	omplete all of	Section D
A)	System Pa	asses:				
	in 310					failure criteria described eria not evaluated are
	Comments	S :				
	RECOMM	END PUMP	ING EVERY YE	AR AND ADDIN	IG CCLS BAC	CTERIA
B)	System C	onditionall	y Passes:			
	replace	ed or repair				nal Pass" section need to be cement or repair, as approved by
		box for "yes d," please e		etermined" (Y, N	I, ND) for the	following statements. If "not
	unsound, e	exhibits sub	stantial infiltration	on or exfiltration	or tank failure	whether metal or not) is structurally is imminent. System will pass onk as approved by the Board of
				ion if it is structu less than 20 yea		ot leaking and if a Certificate of lable.
	□ Y	□N	□ ND (E	Explain below):		
	:					

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Commonwealth of Massachusetts

	15. (6)		LL ROAD							
* Line		Address SON								
		Name		22. 24.						
AMHERST City/Town			MASS State	-	1002 p Code			PRIL 19, 2011 ate of Inspection		
-	2002	CK INTERNATION	ation (cont.)	State		p Oode		-	ate of mapection	
υ.		,	ation (cont.)							
	B)	System	Conditionally Passes (cont.):							
		to broke	ation of sewage backup or break en or obstructed pipe(s) or due to spection if (with approval of Boar	a broke	n, se					
			broken pipe(s) are replaced			′ <u></u>] N		ND (Explain below):	
			obstruction is removed			′ 🗆	N		ND (Explain below):	
			distribution box is leveled or rep	laced	□ \	′ [] N		ND (Explain below):	
	-									
			stem required pumping more that will pass inspection if (with appro						n or obstructed pipe(s)	. The
			broken pipe(s) are replaced			' □	N		ND (Explain below):	
			obstruction is removed		<u> </u>	′ □] N		ND (Explain below):	
	10 L									
	C)	Further	r Evaluation is Required by the	Board o	of He	alth:				
			ons exist which require further ev tem is failing to protect public hea							e if
		15.303	tem will pass unless Board of (1)(b) that the system is not fur and the environment:							ealth,
			Cesspool or privy is within 50 fe	et of a su	ırface	wate	er			
			Cesspool or privy is within 50 fe	et of a bo	rder	ng ve	geta	ted w	vetland or a salt marsh	

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Commonwealth of Massachusetts

5/3	9 PULPIT I	HILL ROA	AD .			
	perty Address	3				
	GRITSON ner's Name					
	IHERST			MASS	01002	APRIL 19, 2011
	/Town			State	Zip Code	
_	2. Sy deter safety 100 fe supply supply The s more Method ** This sy coliform b	rstem wi mines th y and en The sy eet of a s The sy y. The sy y well. ystem ha from a prodused to stem pas acteria in than 5 pp	Il fail unless the Board of nat the system is function vironment: yetem has a septic tank and urface water supply or tribuyetem has a septic tank and yetem has a septic tank and see a septic tank a	f Health or ing in a discoil about any to a discoil about any to a discoil about any to a discoil and the Soil and the Soil assence or or indicate any to a second and the soil assence or indicate any to a second and the soil assence or indicate any to a second and the soil assence or indicate any to a second and the soil assence or indicate any to a second any to a second and the second and th	and Public V manner that sorption syste surface wate and the SAS is and the SAS is AS is less that rmed at a DE f ammonia nit	m (SAS) and the SAS is within r supply. within a Zone 1 of a public water within 50 feet of a private water
D)	System F	ailure C	riteria Applicable to All S	ystems:		
	You mus	t indicate	e "Yes" or "No" to each o	of the fol	lowing for <u>al</u>	l inspections:
	Yes	No				
		\boxtimes	Backup of sewage into clogged SAS or cesspo		system comp	ponent due to overloaded or
		\boxtimes	due to an overloaded or	rclogged	SAS or cess	
		\boxtimes	Static liquid level in the or clogged SAS or cess		on box above	outlet invert due to an overloaded
		\boxtimes	Liquid depth in cesspoo	l is less t	than 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							
	erty Address							
-	RITSON er's Name							
	HERST			MASS	01002	APRIL 19, 2011		
	Town			State	Zip Code	Date of Inspection		
В.	Certific	ation (cont.)					
	Yes	No						
		\boxtimes	Required pumping mo obstructed pipe(s). No			st year <i>NOT</i> due to clogged or 		
		\boxtimes	Any portion of the SA	S, cesspoo	l 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 cess	oool or priv	y is within a Z	one 1 of a public well.		
		\boxtimes	Any portion of a cess	oool or priv	y 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.]					
		\boxtimes	The system is a cessp 10,000gpd.	oool servin	g a facility with	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 m	nust serve a facility with a		
	For large s			"yes" or "n	o" to each of t	he following, in addition to the		
	Yes	No						
			the system is within 4	00 feet of a	surface drink	ing water supply		
			the system is within 2	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		
	If you have	e answere	d "ves" 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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Commonwealth of Massachusetts

579 PULPIT		ND .				
Property Addres						
INGRITSON						
Owner's Name				04000	4 D D II 4 G G G G	
AMHERST City/Town			MASS State	01002 Zip Code	APRIL 19, 201 Date of Inspection	1
	-11-4		Otate	Zip Code	Date of hispection	
C. Check if		na hayo boon dono. You	must indi	ooto "vos" or "no	" as to each of th	o following:
Check ii	the follow	ng have been done. You	must mak	cate yes or no	as to each of the	ie following.
Yes	No					
\boxtimes		Pumping information w	as provide	d by the owner,	occupant, or Boa	ard of Health
	\boxtimes	Were any of the system	n compone	nts pumped out	in the previous t	wo weeks?
\boxtimes		Has the system receive	ed normal f	lows in the prev	ious two week pe	eriod?
	\boxtimes	Have large volumes of this inspection?	water beer	n introduced to t	he system recent	lly or as part of
	\boxtimes	Were as built plans of t available note as N/A)	he system	obtained and ex	camined? (If they	were not
\boxtimes		Was the facility or dwel	ling inspec	ted for signs of	sewage back up'	?
\boxtimes		Was the site inspected	for signs o	f break out?		
\boxtimes		Were all system compo	onents, exc	luding the SAS,	located on site?	
\boxtimes		Were the septic tank m inspected for the condit dimensions, depth of lice	tion of the b	paffles or tees, r	naterial of constr	
\boxtimes		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:				
\boxtimes		Existing information. For	or example,	, a plan at the B	oard of Health.	
		Determined in the field approximation of distan				is at issue
D. Syste		mation				
		ms (design):	N	lumber of bedro	oms (actual):	6
		d on 310 CMR 15.203 (fo				660 GPD

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Commonwealth of Massachusetts

5/9 PULPIT HILL ROAD				
Property Address				
INGRITSON Owner's Name				
AMHERST	MASS	01002	APRIL 19	0 2011
City/Town	State	Zip Code	Date of Insp	fu .
D. System Information		•		
Description:				
Number of current residents:				4
Does residence have a garbage grinde	r?			⊠ Yes □ No
Is laundry on a separate sewage system	m? [if yes sepa	arate inspection	on required]	☐ Yes ☒ No
Laundry system inspected?				☐ Yes ⊠ No
Seasonal use?				☐ Yes ☒ No TOWN WATER
Water meter readings, if available (last Detail:	2 years usage	(gpd)):		TOWN WATER
Sump pump?				☐ Yes ⊠ No
Last date of occupancy:				PRESENT Date
Commercial/Industrial Flow Condition	ons:			
Type of Establishment:		*************************************		
Design flow (based on 310 CMR 15.20	3):	Gallons	per day (gpd)	
Basis of design flow (seats/persons/sq.	ft., etc.):			
Grease trap present?				☐ Yes ☐ No
Industrial waste holding tank present?				☐ Yes ☐ No
Non-sanitary waste discharged to the T	itle 5 system?			☐ Yes ☐ No
Water meter readings, if available:				

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Commonwealth of Massachusetts

579 PULPIT HILL F	ROAD			
Property Address INGRITSON				
Owner's Name				
AMHERST		MASS	01002	APRIL 19, 2011
City/Town	_	State	Zip Code	Date of Inspection
D. System In	formation (cont.)			
Last date of oc	oupaney/uso:			
Last date of oc	cupancy/use.		Date	
Other (describ	e below):			
	Gene	eral Inform	nation	
Pumping Reco	ords:			
Source of infor	mation.	PUMP	PED FALL O	F 2010 PER OWNER
Was system pu	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:			
	Septic tank, distribution box	k, soil abso	orption system	
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no)	(if yes, atta	ach previous ir	nspection records, if any)
	Innovative/Alternative techn maintenance contract (to be inspection of the I/A system	e obtained	from system of	owner) and a copy of latest
	Tight tank. Attach a copy of	the DEP	approval.	
	Other (describe):			
	LEACH PITS TWO (2)			

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Commonwealth of Massachusetts

79 PULPIT HILL ROA	AD .				
operty Address					
IGRITSON					
wner's Name					
MHERST		MASS	01002	APRIL 1	19, 2011
ty/Town		State	Zip Code	Date of Ins	
	rmation (cont. of all components, of CEIGHTEEN YEAR	date installed (if I		source of infor	rmation:
Were sewage odo	rs detected when a	rriving at the site	?	[☐ Yes ⊠ No
Building Sewer (ocate on site plan):				
Depth below grade	9 :		_	23" eet	
Material of constru	iction:				
ast iron	⋈ 40 PVC	other (ex	xplain):		
Distance from priva	ate water supply we	ell or suction line	•	FOWN WATE	R
Comments (on cor	ndition of joints, ver	nting evidence o	f leakage et	tc.).	
	ITING OK, NO LEA		ricakage, c	10. /.	
Septic Tank (loca	te on site plan):				
Depth below grade	z.		_	15"	
Deptil below glade			f	eet	
Material of constru	iction:				
⊠ concrete	☐ metal	☐ fiberglas	s 🗌 p	olyethylene	other (explain)
-					
If tank is metal, list	t age:		3	vears .	
Is age confirmed b	y a Certificate of C	ompliance? (atta	ch a copy o	f certificate)	☐ Yes ☐ No
Dimensions:				L 10' 5' X W	5' X H 5'
Sludge depth:				4"	

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Commonwealth of Massachusetts

5/9 PULPIT HILL RC	JAU				
Property Address					
INGRITSON					
Owner's Name			0.4.000		
AMHERST City/Town		MASS	01002	APRIL 1	
		State	Zip Code	Date of Ins	pection
Scum thickness Distance from top		n of outlet tee or utlet tee or baffle		1"	
		om or other ree	or barrie		
	sions determined?		(-	-100	
liquid levels as re PUMP SEPTIC T	elated to outlet invert FANK EVERY ONE - Y SOUND, LIQUID L	, evidence of lea THREE YEARS	kage, etc.): , INLET AND	OUTLET BA	
Grease Trap (loo	cate on site plan): de:		-	feet	
Material of constr	uction:				
concrete	☐ metal	☐ fiberglas	ss 🗌 p	olyethylene	other (explain):
Dimensions:			-		
Scum thickness			8		
Distance from top	o of scum to top of or	utlet tee or baffle	-		
Distance from bo	ttom of scum to botto	om of outlet tee	or baffle -		
Date of last pump	oing:		Ī	Date	



Commonwealth of Massachusetts

79 PULPIT HILL ROAD					
roperty Address					
NGRITSON					
wner's Name	Systematical Systematical Security Security Security				
MHERST	MASS	01002	APRIL 19		
ity/Town	State	Zip Code	Date of Insp	ection	
Comments (on pumping recommend liquid levels as related to outlet invested to TANK IS STRUCTURALLY	dations, inlet and ort, evidence of lea		paffle condition	, structu	ral integrity
Tight or Holding Tank (tank must b	pe pumped at time	of inspection	n) (locate on si	te plan):	
Depth below grade:					
Material of construction:					
☐ concrete ☐ metal	☐ fiberglas	ss 🗆 p	oolyethylene	oth	er (explain)
Dimensions:	-				
Capacity:	9	allons			
Design Flow:	Ş	allons per day			
Alarm present:]	Yes	No		
Alarm level:		Alarm in workin	g order:] Yes	☐ No
Date of last pumping:	ī	Date			-
Comments (condition of alarm and f	loat switches, etc.):			
·					
* Attach copy of current pumping co	ntract (required). I	s copy attach	ned?] Yes	☐ No

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Commonwealth of Massachusetts

9 PULPIT HILL ROAD			
perty Address			
GRITSON			
ner's Name		04000	ADDII 40 0044
MHERST	MASS	01002	APRIL 19, 2011
y/Town	State	Zip Code	Date of Inspection
System Information (cont.) Distribution Box (if present must be open	ed) (locate	on site plan):	
Depth of liquid level above outlet invert		0", D -BOX IS	S APPROX. 19" DEEP
Comments (note if box is level and distributevidence of leakage into or out of box, etc. INSTALLED NEW D -BOX		ets equal, any	evidence of solids carryover, ar
Pump Chamber (locate on site plan):			
Pumps in working order:			☐ Yes ☐ No
Alarms in working order:			☐ Yes ☐ No
Comments (note condition of pump chamb	er, conditio	on of pumps ar	nd appurtenances, etc.):
			-
Soil Absorption System (SAS) (locate on	site plan,	excavation not	required):
If SAS not located, explain why:			

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Commonwealth of Massachusetts

579 PULPIT HILL ROAD

operty Address					
GRITSON					
vner's Name MHERST		MASS	01002	APRIL 19,	2011
ty/Town		State	Zip Code	Date of Inspec	
. System	Information (cont.)				
Type:					
\boxtimes	leaching pits		number:		TWO LEACH PITS
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number,	length:	
	leaching fields		number,	dimensions:	-
	overflow cesspool		number:		
	innovative/alternative sys	stem			
	Type/name of technology	<i>/</i> :			
	(cesspool must be pumped	as part of insp	pection) (locate	e on site plan):	
Depth - top	of liquid to inlet invert				
Depth of so	lids layer				
Depth of sc	um layer			-	
Dimensions	of cesspool				
Materials of	construction				
Indication o	f groundwater inflow			☐ Yes	☐ No

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Commonwealth of Massachusetts

79 PULPIT HILL ROAD			
roperty Address			
IGRITSON			
wner's Name			
MHERST	MASS	01002	APRIL 19, 2011
ity/Town	State	Zip Code	Date of Inspection
D. System Information (cont.))		
Comments (note condition of soil, sign etc.):	ns of hydraulic fa	ailure, level of	ponding, condition of vegetation,
Privy (locate on site plan):			
Materials of construction:	92		
Dimensions	-		
Depth of solids			
Comments (note condition of soil, signetc.):	ns of hydraulic fa	ailure, level of	ponding, condition of vegetation,
			
			

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

579 PULPIT HILL ROAD

Property Address

INGRITSON

Owner's Name

AMHERST

City/Town

MASS State 01002 Zip Code APRIL 19, 2011

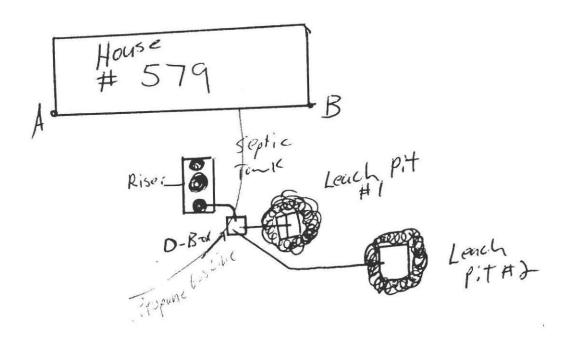
Date of Inspection

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:

A hand-sketch in the area below

drawing attached separately



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Commonwealth of Massachusetts

579 PULPIT HILL ROAD

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

roperty Addres NGRITSON				
wner's Name				
MHERST		MASS	01002	APRIL 19, 2011
ity/Town		State	Zip Code	Date of Inspection
). Syste	m Information (cont.)			
Site Exa	m:			
⊠ Chec	ck Slope			
☐ Surfa	ace water			
⊠ Chec	ck cellar			
☐ Shall	low wells			
Estimate	d depth to high ground water:		NONE feet	AT 6'
Please in	ndicate all methods used to determ	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	tion hole within	n 150 feet of SAS)
\boxtimes	Checked with local Board of H	lealth - expl	ain:	
	INSPECTION WITNESS BY I	BOARD OF	HEALTH AGE	ENT JAVERIA 259 3181
	Checked with local excavators	s, installers	- (attach docu	mentation)
	Accessed USGS database - 6	explain:		
	at describe how you established to	he high grou	und water elev	vation:
	1			

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

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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

579 PULPIT HILL ROAD				
Property Address				
INGRITSON				
Owner's Name				
AMHERST	MASS	01002	APRIL 19, 2011	
City/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

- 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: 579 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>
LUDLOW, MA

E02 2120

Telephone Nun ber: 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: | Ilick Tonotti

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.

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.

They I will

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

CERTIFICATION (continued) CERTIFICATION

Property Address: 579 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 / <u>ALWAYS</u> 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.
ND explain:
Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health: broken pipe(s) are replaced obstruction is removed distribution box is leveled or replaced
ND explain:
The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (wi:h approval of the Board of Health):
broken pipe(s) are replaced obstruction is removed

ND explain:

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

PART A **CERTIFICATION** (continued) CERTIFICATION

Property Address: 579 Pulpit Hill Rd.

Amherst, MA

Owne	r's Name: Stan Ingritson r's Address: same of Inspection: 10/24/2006
C. F	urther Evaluation is Required by the Board of Health:
failing	Conditio is 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:

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

CERTIFICATION (continued) CERTIFICATION

Property Address: 579 Pulpit Hill Rd.

Amherst, MA

Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006
D. System Fai ure Criteria applicable to all systems: You <u>must</u> indicate "yes" or "no" to each of the following for <u>all</u> inspections:
Yes No
 X Bac cup of sewage into facility or system component due to overloaded or clogged SAS or cesspool X Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged S.A.S. or cesspool.
X Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool X Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped
 X Any portion of the SAS, cesspool or privy is below high ground water elevation. X Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
 X Any portion of a cesspool or privy is within a Zone 1 of a public well. X Any portion of a cesspool or privy is within 50 feet of a private water supply well. X 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 D EP 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 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. You must indicate either "yes" or "no" to each of the following: (The following criteria apply to large systems in addition to the criteria above)
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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OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CERTIFICATION

Property Address: 579 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 wing 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
_	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 ba	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?
		Was the facility owner (and occupants if different from owner) provided with information on the proper to of subsurface sewage disposal systems?
	Tł	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)]

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

Property Address: 579 Pulpit Hill Rd.
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 based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _n/a
Number of current residents: 6
Does residence have a garbage grinder (yes or no):Yes
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:
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
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) I seek with
_X Other (describe): (2) Leach pits
Approximate age of all components, date installed (if known) and source of information:
Approximately 1983-homeowner
Were sewage odors detected when arriving at the site (yes or no): No

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Property Address: 579 Pulpit Hill Rd.

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

SYSTEM INFORMATION (continued)

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: 20"
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: 13"
Material of construction: X concrete metal fiberglass polyethylene 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: 2"
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
(explain):
Dimensions: _ gal required tank capacity
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:
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as
related to outlet invert, evidence of leakage, etc.):
Total to out to the trip of the trop of total to the trip.

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

SYSTEM INFORMATION (continued)

Property Address: 579 Pulpit Hill Rd. Amherst, MA

Owner's Name: Stan Ingritson Owner's Address: same

Date of Inspection: 10/24/2006

TIGHT or HOLDING	G TANK: (tar	k must be p	oumped at time	of inspection)(loc	ate on site plan)	
Depth below grade:						
Depth below grade: Material of construction	on:concrete _	metal	fiberglass _	polyethylene _	other(explain):	
Dimensions:					*	
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, et	c.):			
DISTRIBUTION BO Depth of liquid level a Comments (note if bos into or out of box, etc.	bove outlet invert: (is level and distri): D- Box appears	0" bution to ou s equal and	tlets equal, any	evidence of solid	s carryover, any evide	nce of leakage
Pumps in working ord	- Contract of the last of the					
Alarms in working ord						
Comments (note cond		ber, conditi	ion of pumps ar	nd 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: 579 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 avalain when
If SAS not located explain why: X leaching pits, number: 2 Leaching Pits
leaching chambers, number:
leaching galleries, number:
leaching trenches, number, length:
leaching fields, number, dimensions:
overflow cesspool, number:
innovative alternative system Type/name of technology:
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
No signs of hydraulic failure. Soil and vegetation are okay.
CDSSPOOLS (
CESSPOOLS: (cesspool must be pumped as part of inspection)(locate on site plan)
Number and configuration:
Number and configuration: Depth – top of liquid to inlet invert:
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer:
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer:
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of cesspool:
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of cesspool: Materials of construction:
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of casspool: Materials of construction: Indication of grc undwater inflow (yes or no):
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of cesspool: Materials of construction:
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of casspool: Materials of construction: Indication of grc undwater inflow (yes or no):
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of casspool: Materials of construction: Indication of grc undwater inflow (yes or no):
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 grc undwater inflow (yes or no): Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of c asspool: Materials of construction: Indication of grc undwater inflow (yes or no): Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.): PRIVY: (locate on site plan) Materials of construction: Dimensions:
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 grc undwater inflow (yes or no): Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.): PRIVY: (locate on site plan) Materials of construction: Dimensions: Depth of solids:
Number and configuration: Depth – top of liquid to inlet invert: Depth of solids layer: Depth of scum layer: Dimensions of c asspool: Materials of construction: Indication of grc undwater inflow (yes or no): Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.): PRIVY: (locate on site plan) Materials of construction: Dimensions:

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

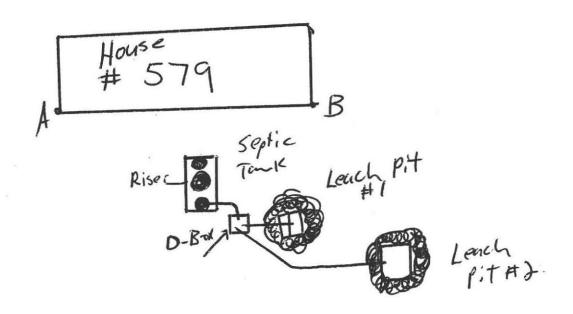
Owner
information is
required for
every page.

City/Town

Proper y Address				
Owner s Name				
	State	Zip Code	Date of Inspection	

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



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

Property Address: 579 Pulpit Hill Rd.
Amherst, MA
Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006

SITE EXAM Slope Surface water Check cellar Shallow wells	
Estimated depth to ground water: None @8'	
Please indicate (zheck) all methods used to determine the high ground water elevation:	
Obtained from 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:	
You must describe how you established the high ground water elevation: Slope in yard and observed abutting properties	

PERMITS/INSP PAYMENT RECPT#: 11095933
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/12/11 TIME: 14:39 CLERK: publichea DEPT:

PAID BY: Stanley E Ingertson PAYMENT METH: CHECK 6067

REFERENCE: 8825

AMT TENDERED: AMT APPLIED: CHANGE: 200.00

SITE ADDRESS: 579 PULPIT HILL ROAD

FEES:
HEA058 TITLE V WITNESS 200.00

200.00 TOTAL PAID: