

579 POUPIT HILL ROAD



Town of

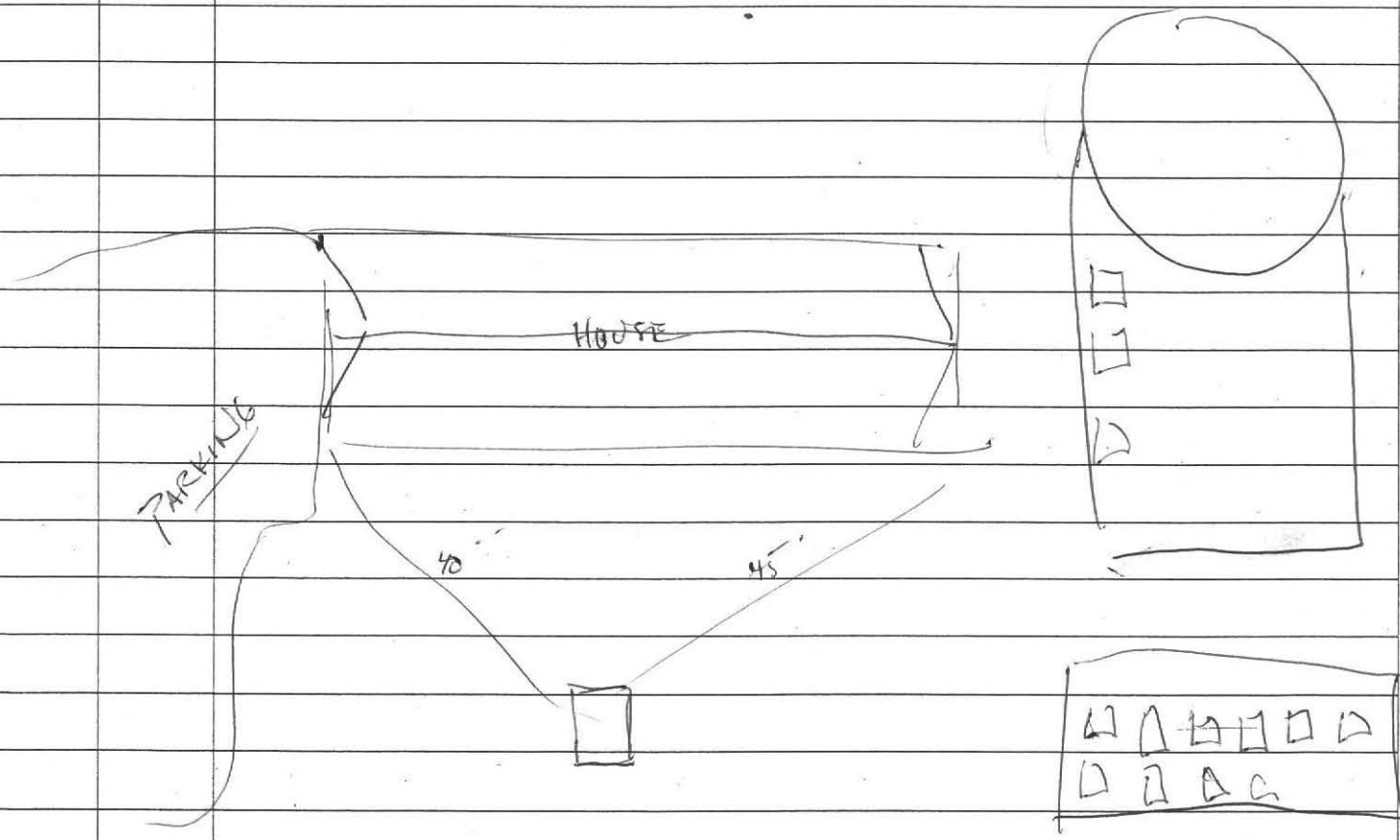


AMHERST Massachusetts

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

HEALTH INSPECTORS NOTES

4/12/2011 579 PULPIT HILL ROAD

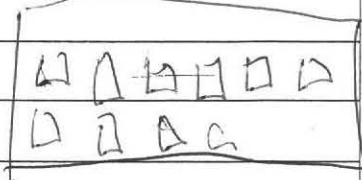
Date	Time	Progress Notes
		TITLE ✓ INSPECTION WITNESS
		D-Box is shot
		Wash pit A - 3' capacity B - 2' capacity
		passes (has to have 6" capacity) Singertson@comcast.net 559-0656 his address: 559 PULPIT HILL ROAD
		

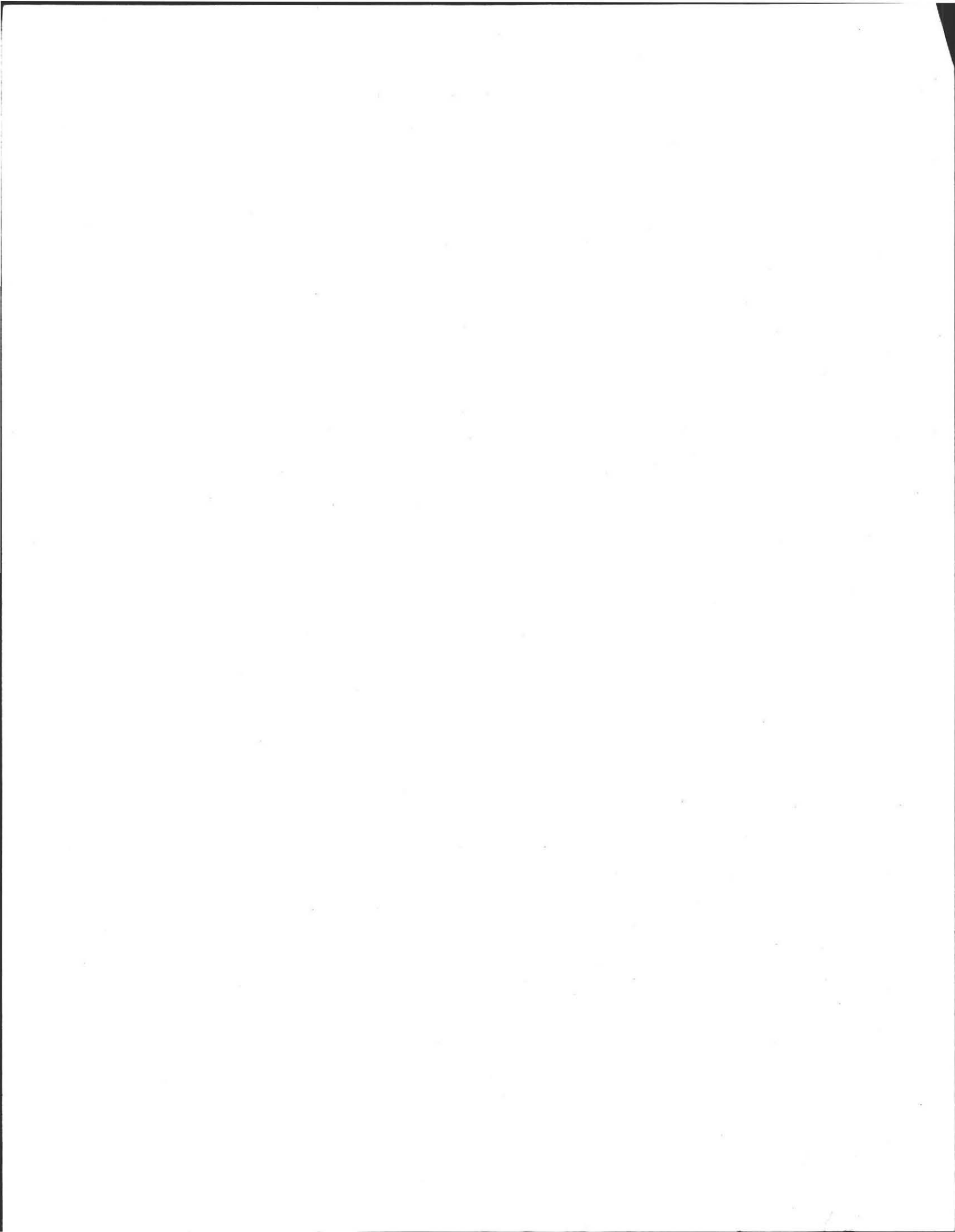
PARKING

HOUSE

40'

45'







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

Owner information is required for every page.

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

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



A. General Information

1. Inspector:

NICK TORRETTI

Name of Inspector

CLEAN SEPTICS

Company Name

P O BOX 394 252 WEST ST

Company Address

LUDLOW

City/Town

413 583 2138

Telephone Number

MASS

State

01056

Zip Code

S I 4496

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

Nick Torretti

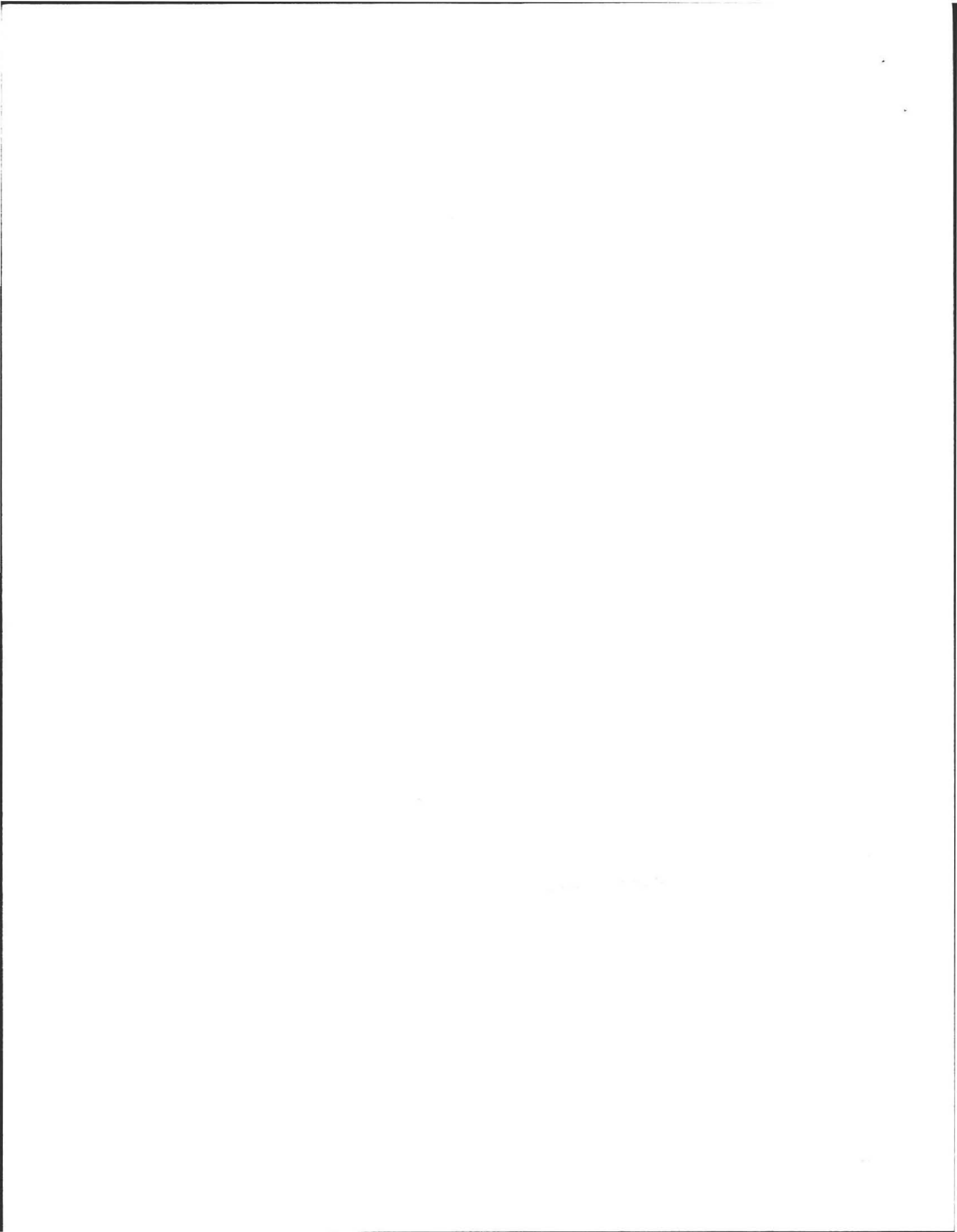
Inspector's Signature

APRIL 19, 2011

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**





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B. Certification (cont.)

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

A) System Passes:

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

Comments:

RECOMMEND PUMPING EVERY YEAR AND ADDING CCLS BACTERIA

B) System Conditionally Passes:

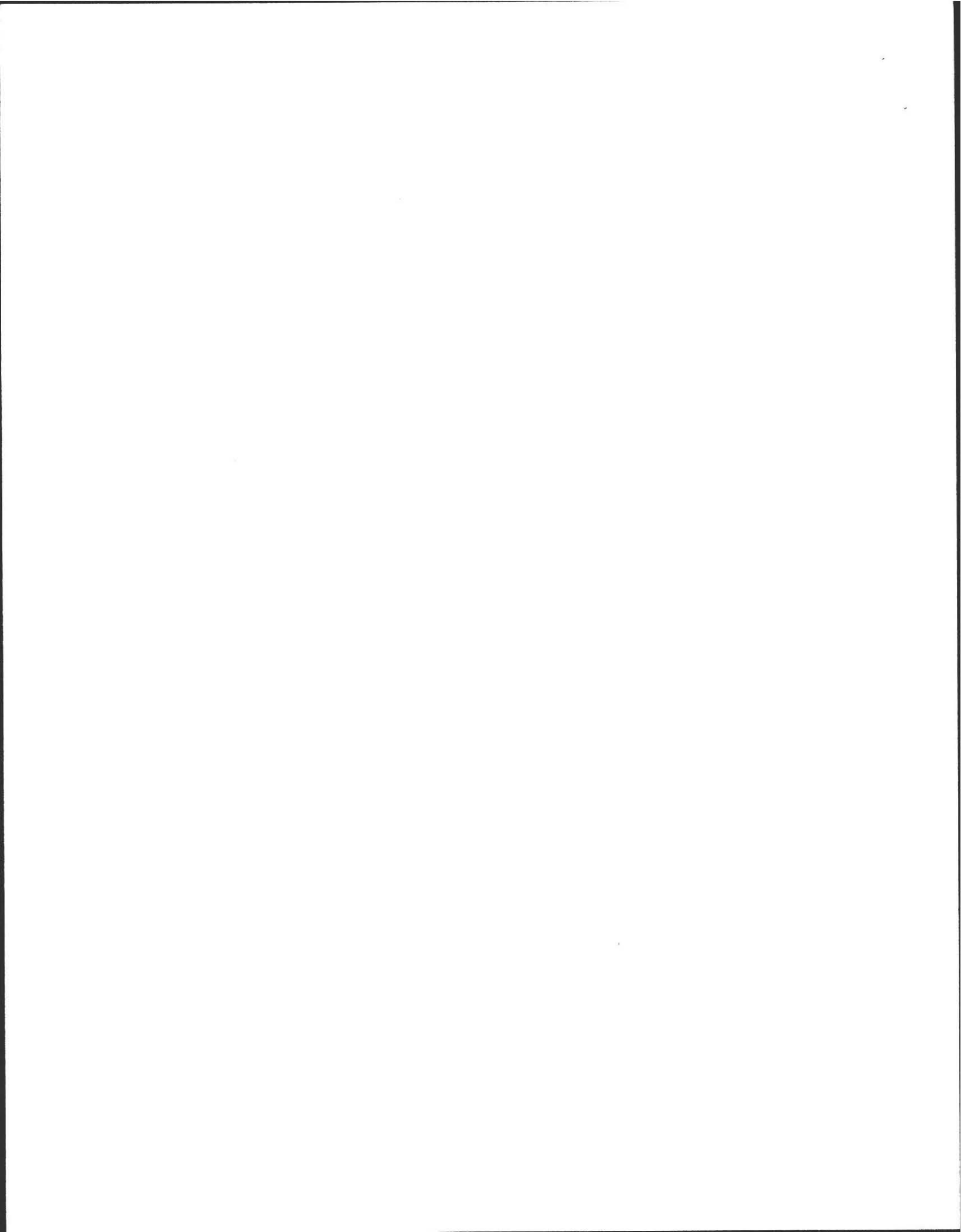
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

Y N ND (Explain below):





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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

The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

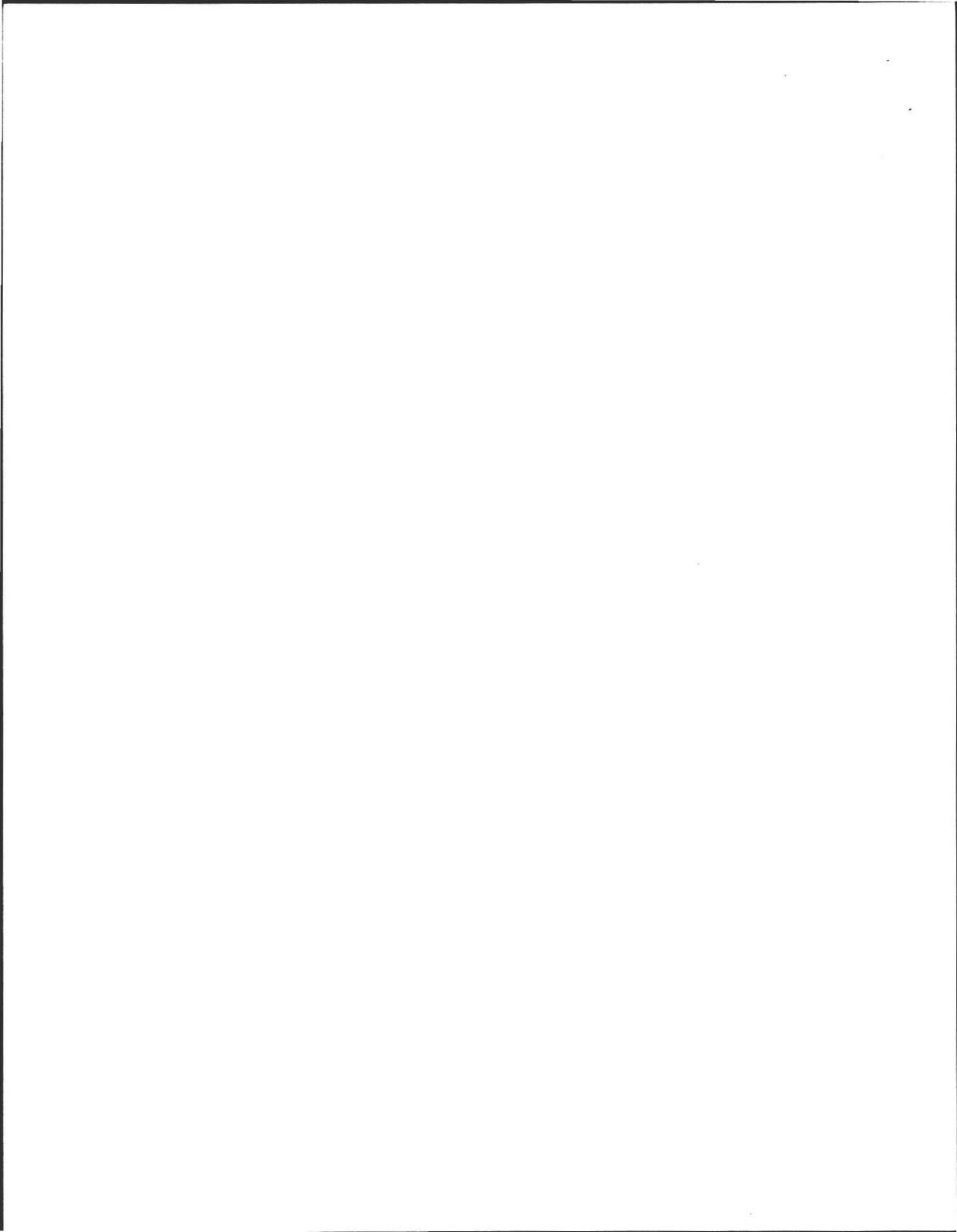
C) Further Evaluation is Required by the Board of Health:

Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

Cesspool or privy is within 50 feet of a surface water

Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh





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B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- 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: _____

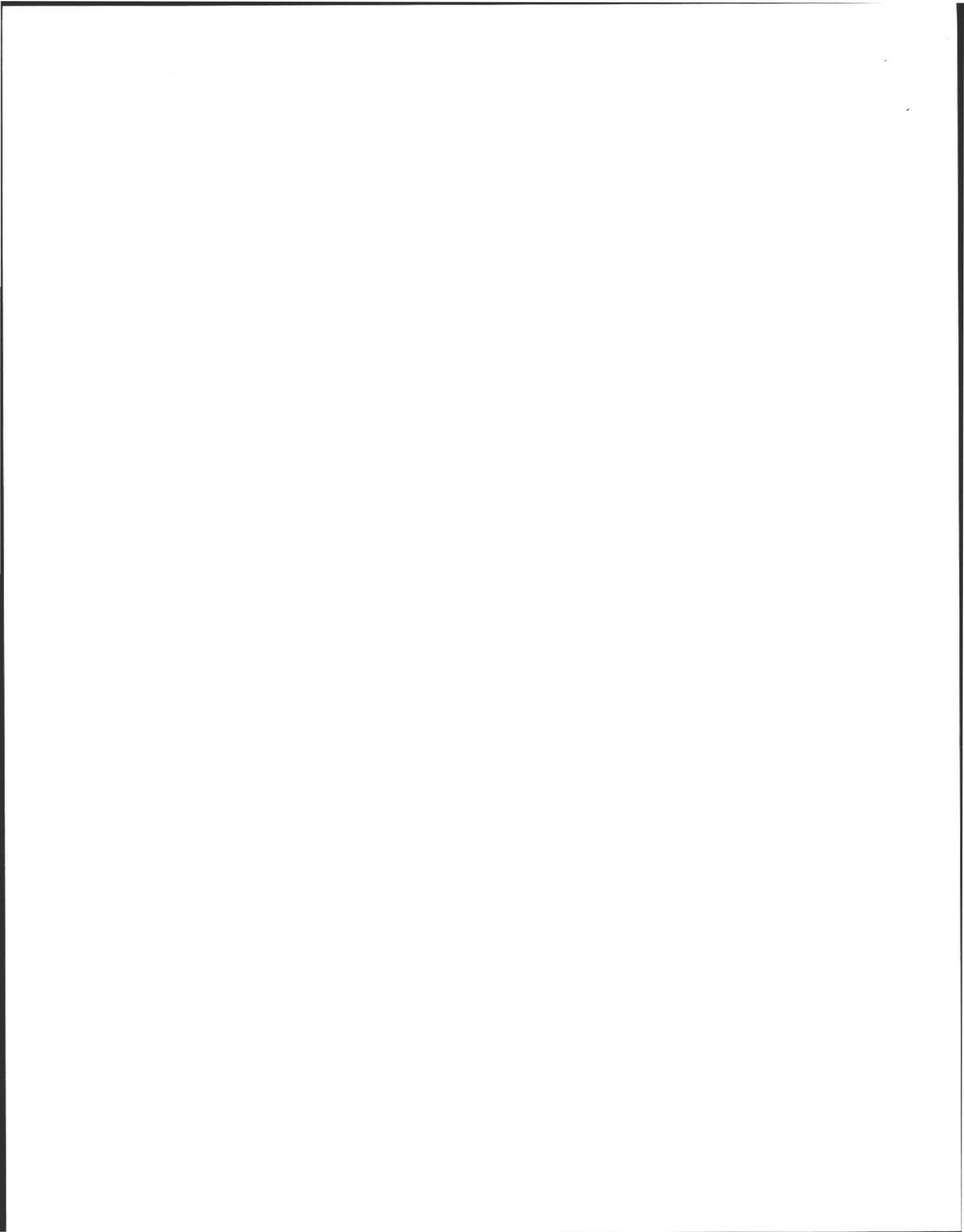
** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |





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B. Certification (cont.)

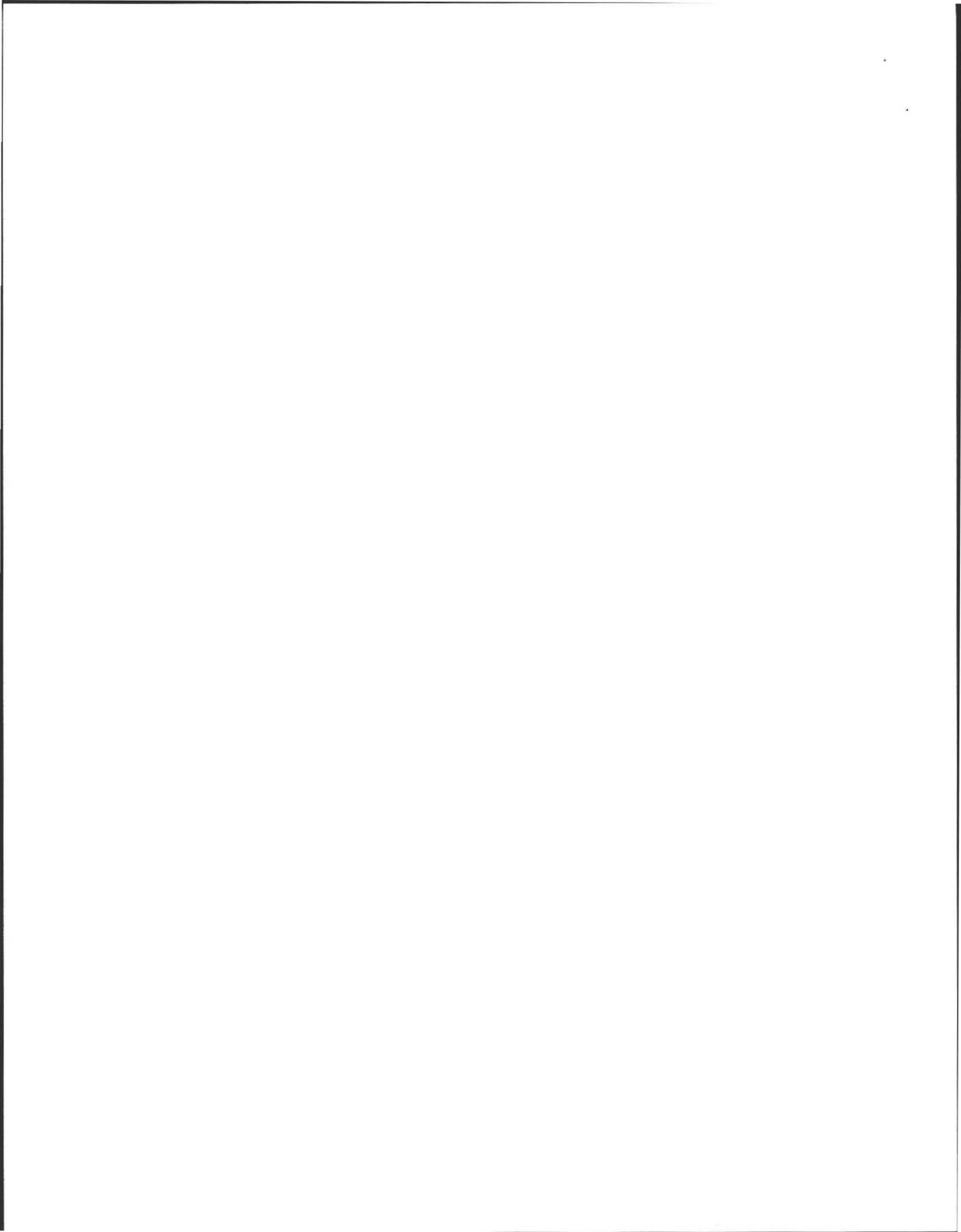
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

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

- Yes No the system is within 400 feet of a surface drinking water supply the system is within 200 feet of a tributary to a surface drinking water supply the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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





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C. Checklist

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

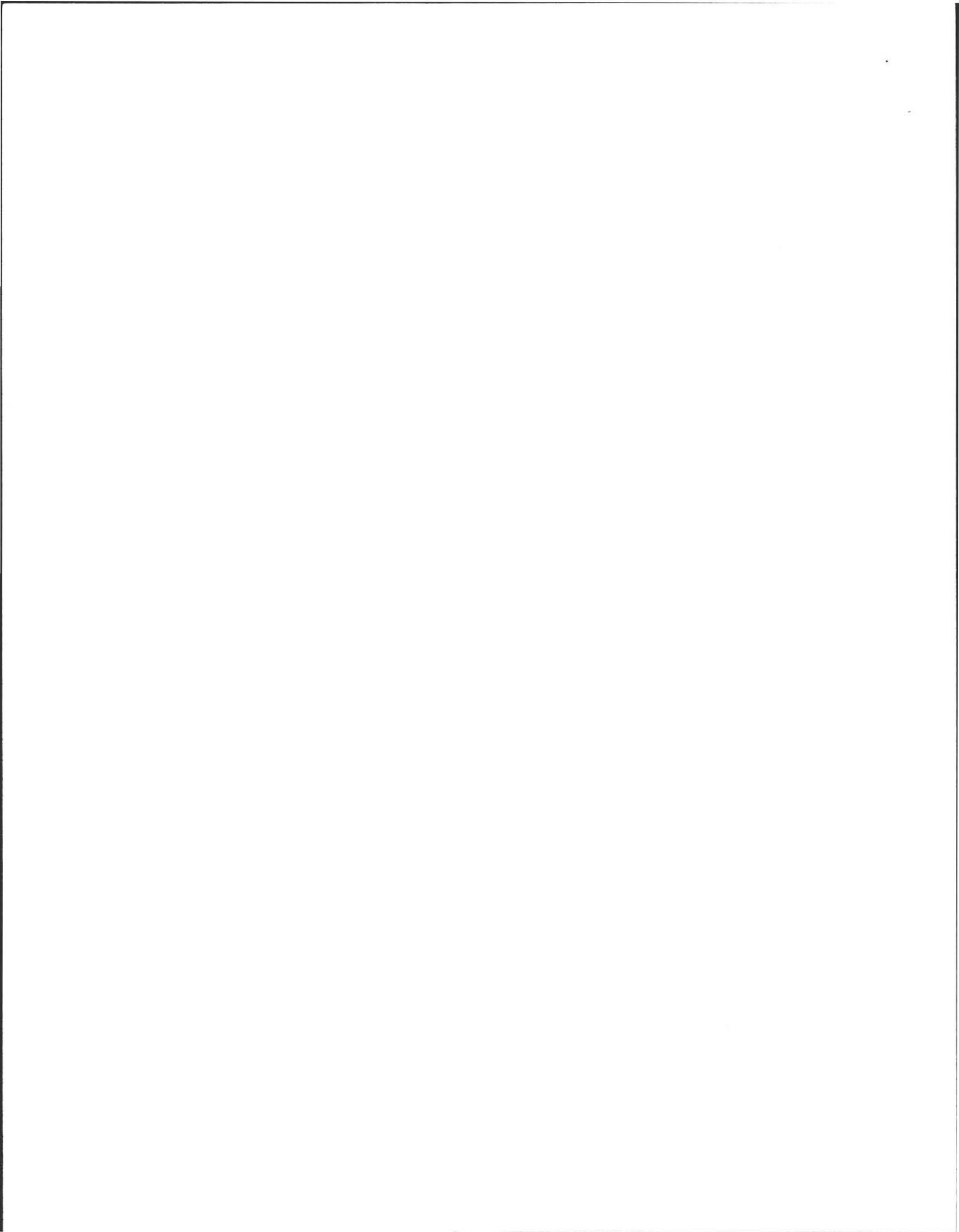
- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/>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

D. System Information

Residential Flow Conditions:

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

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660 GPD





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D. System Information

Description:

Number of current residents:

4

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

Water meter readings, if available (last 2 years usage (gpd)):

TOWN WATER

Detail:

Sump pump?

Yes No

Last date of occupancy:

PRESENT

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

_____ Gallons per day (gpd)

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

Grease trap present?

Yes No

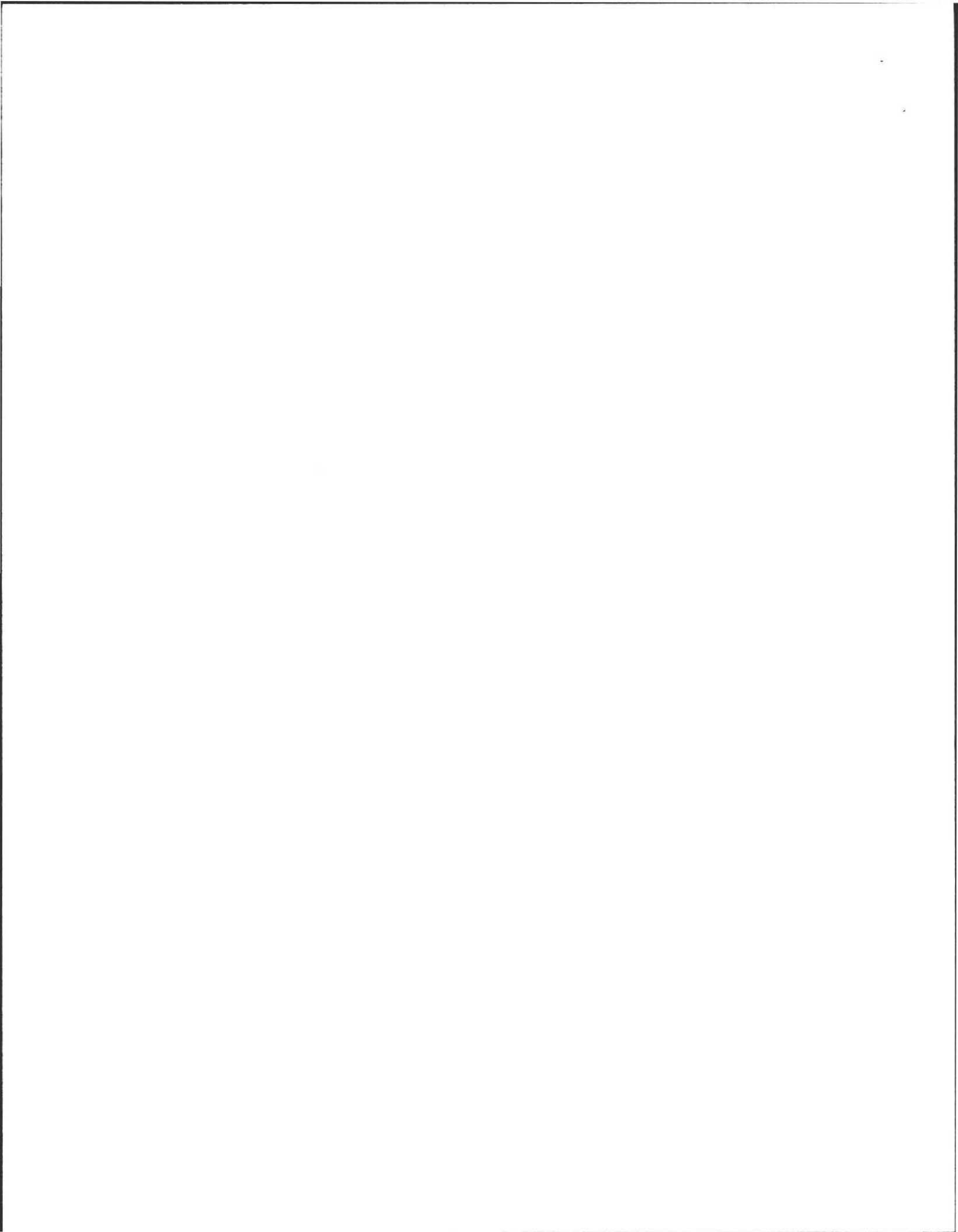
Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:





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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

PUMPED FALL OF 2010 PER OWNER

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

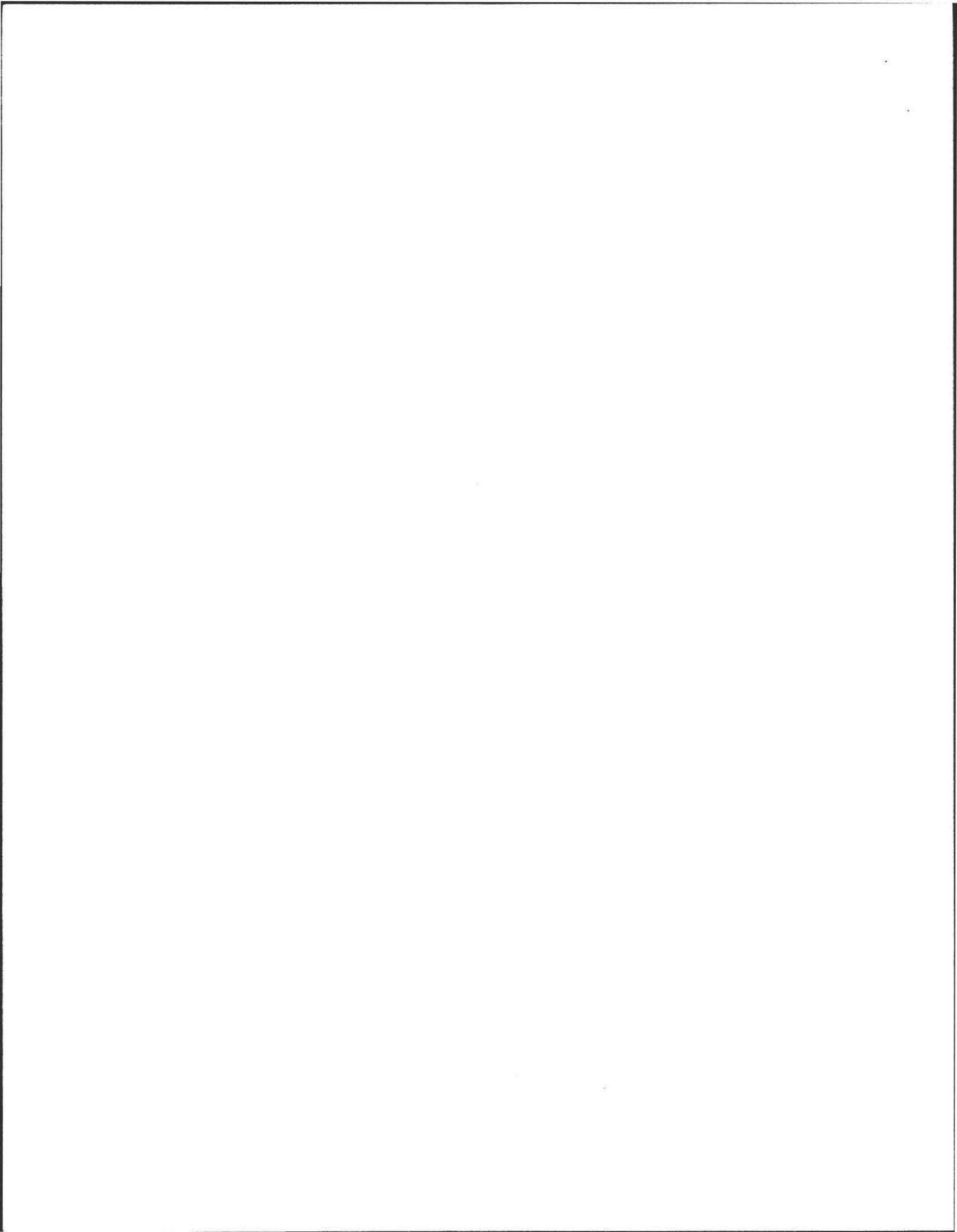
gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

- Septic tank, distribution box, soil absorption system
Single cesspool
Overflow cesspool
Privy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract...
Tight tank. Attach a copy of the DEP approval.
Other (describe): LEACH PITS TWO (2)





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D. System Information (cont.)

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

APPROXIMATELY EIGHTEEN YEARS, 1983 PER OWNER

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

23"
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

TOWN WATER
feet

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

JOINTS AND VENTING OK, NO LEAKAGE

Septic Tank (locate on site plan):

Depth below grade:

15"
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

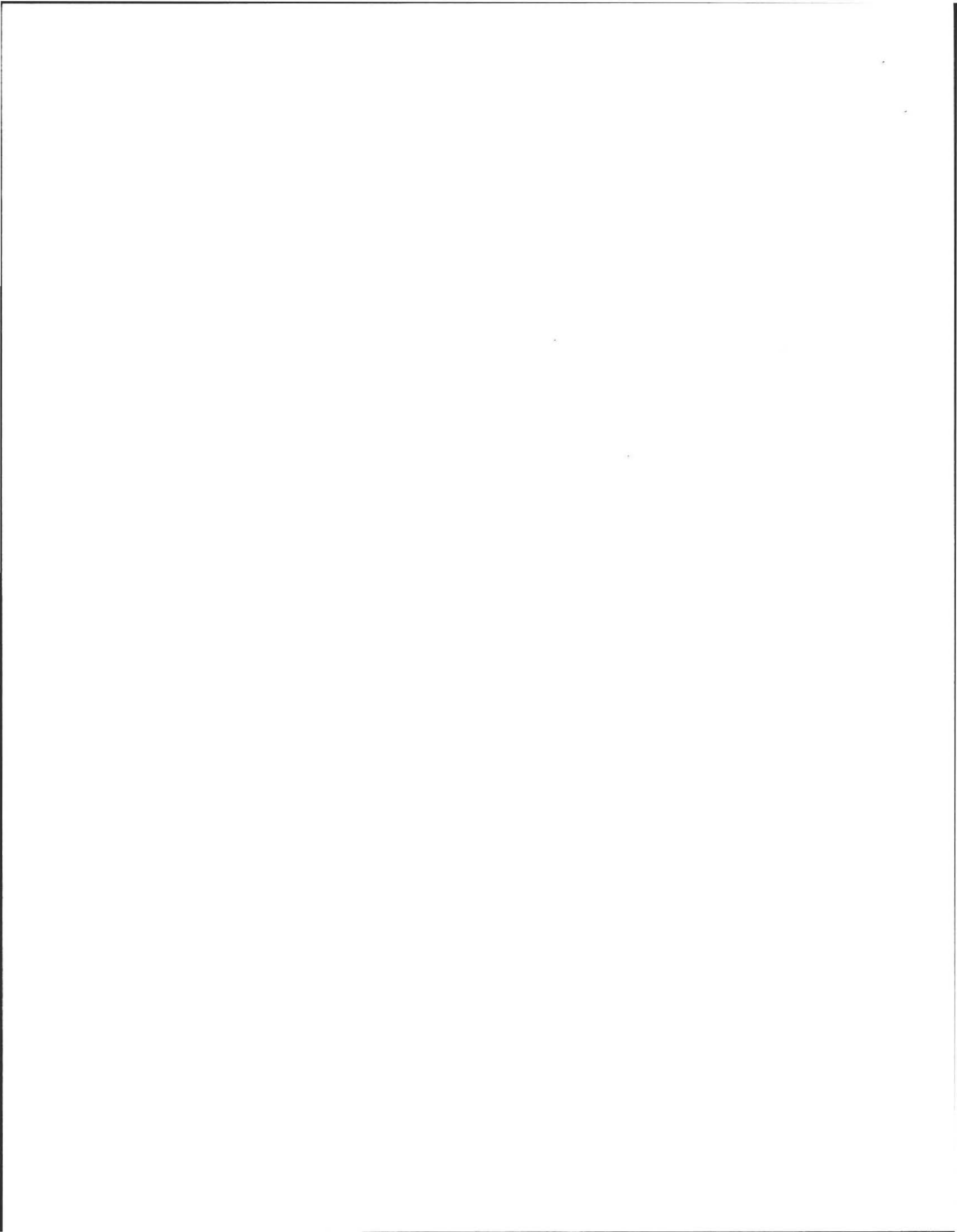
Yes No

Dimensions:

L 10' 5' X W 5' X H 5'

Sludge depth:

4"





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D. System Information (cont.)

Septic Tank (cont.)

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

Scum thickness

1" _____

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

8" _____

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

How were dimensions determined?

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 SEPTIC TANK EVERY ONE - THREE YEARS, INLET AND OUTLET BAFFLE OK. TANK IS STRUCTURALLY SOUND, LIQUID LEVELS ARE AT THE INVERT. NO LEAKAGE

Grease Trap (locate on site plan):

Depth below grade:

_____ feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions:

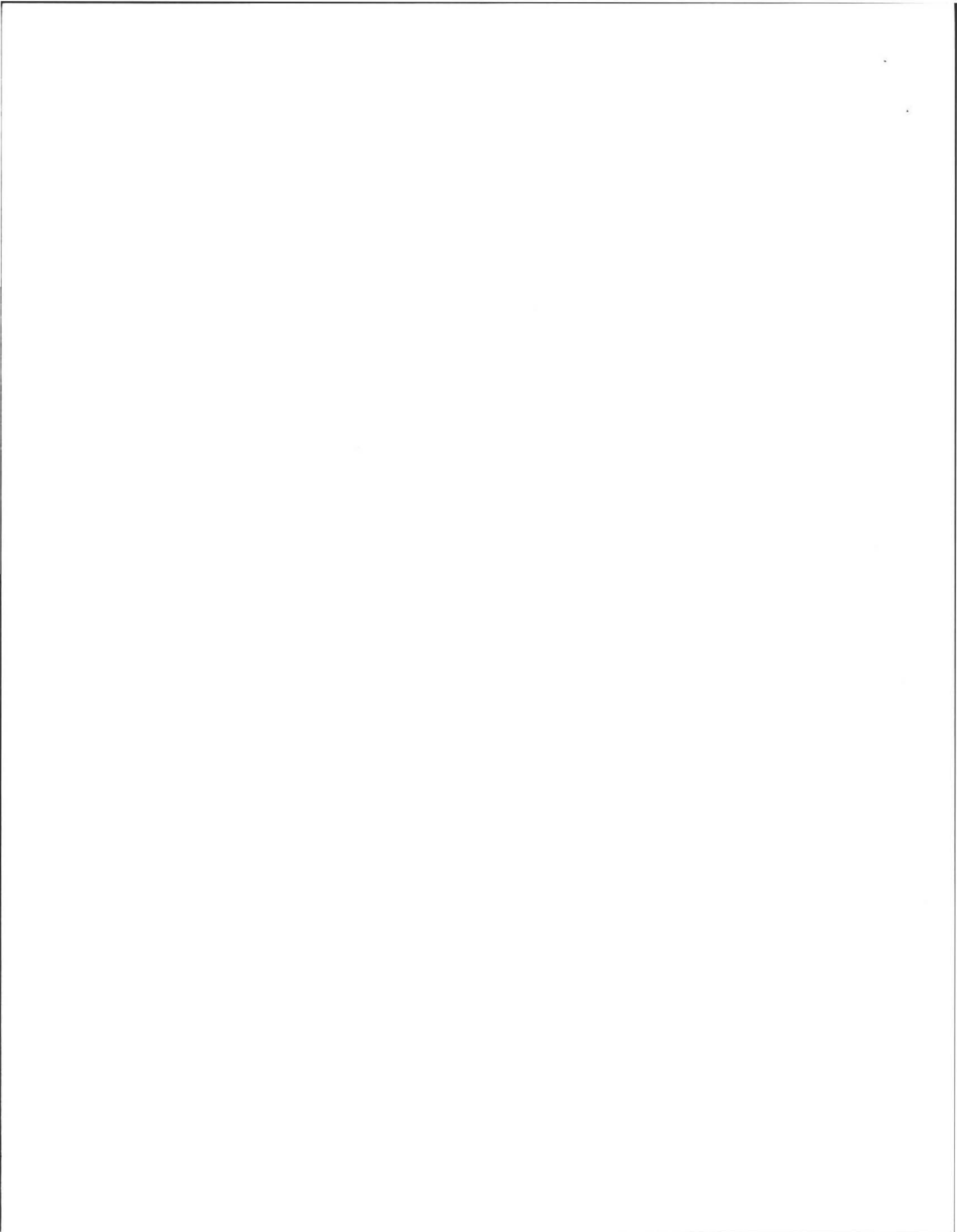
Scum thickness

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

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

Date of last pumping:

_____ Date





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D. System Information (cont.)

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

SEPTIC TANK IS STRUCTURALLY SOUND

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: _____

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day

Alarm present: Yes No

Alarm level: _____

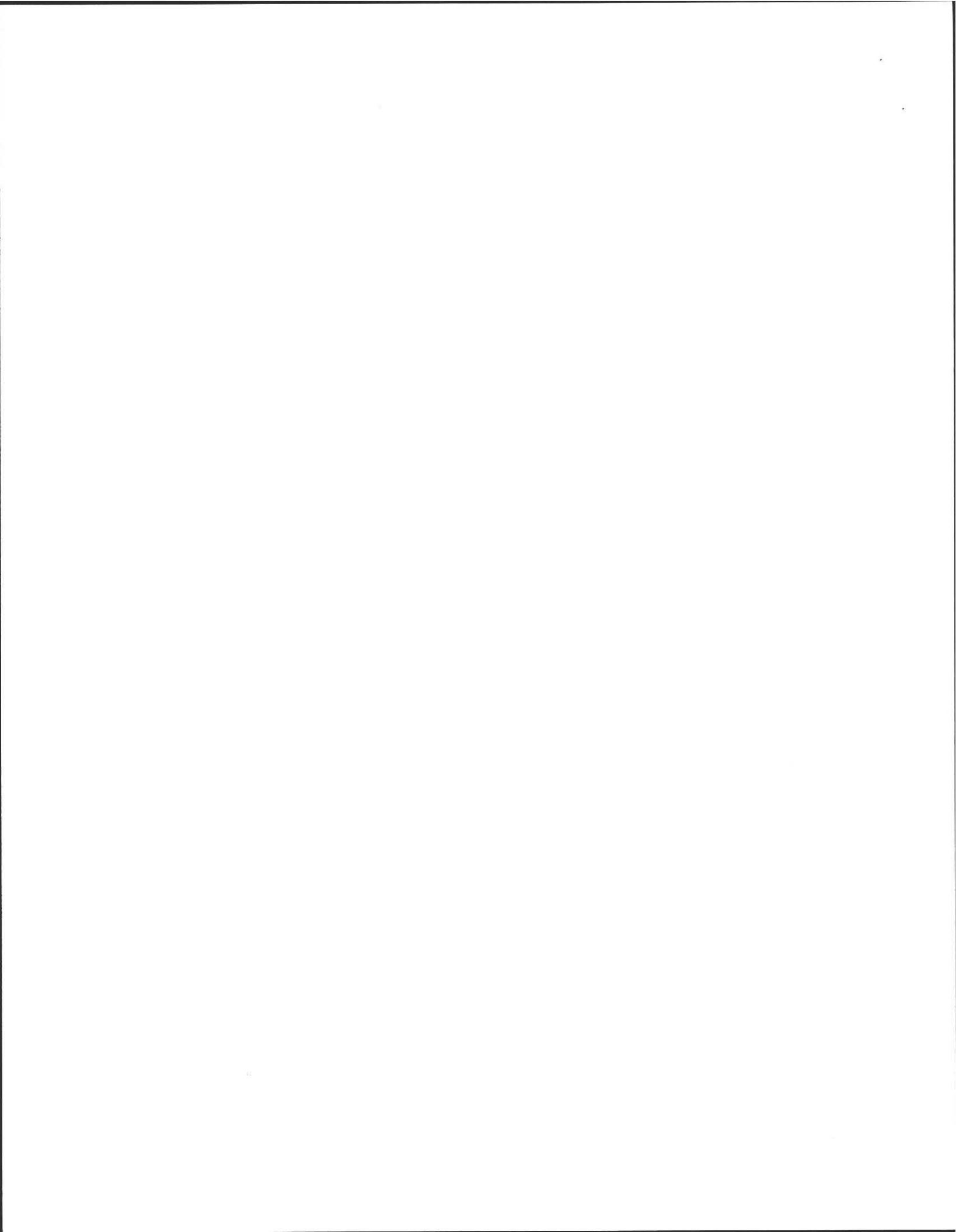
Alarm in working order: Yes No

Date of last pumping: _____

Date

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

* Attach copy of current pumping contract (required). Is copy attached? Yes No





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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

0", D -BOX IS APPROX. 19" DEEP

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.):

INSTALLED NEW D -BOX

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

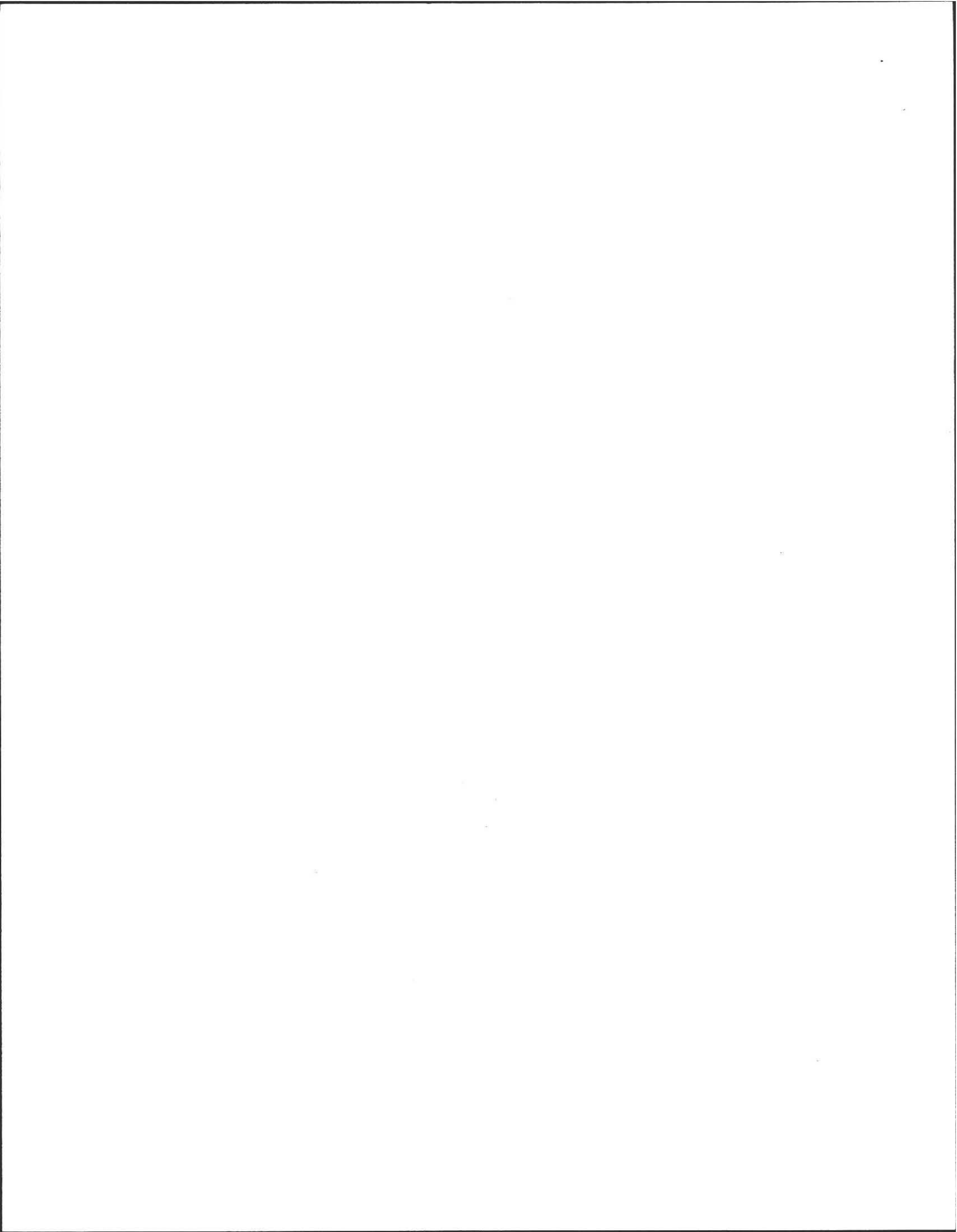
Alarms in working order:

Yes No

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:





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D. System Information (cont.)

Type:

- leaching pits number: TWO LEACH 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:

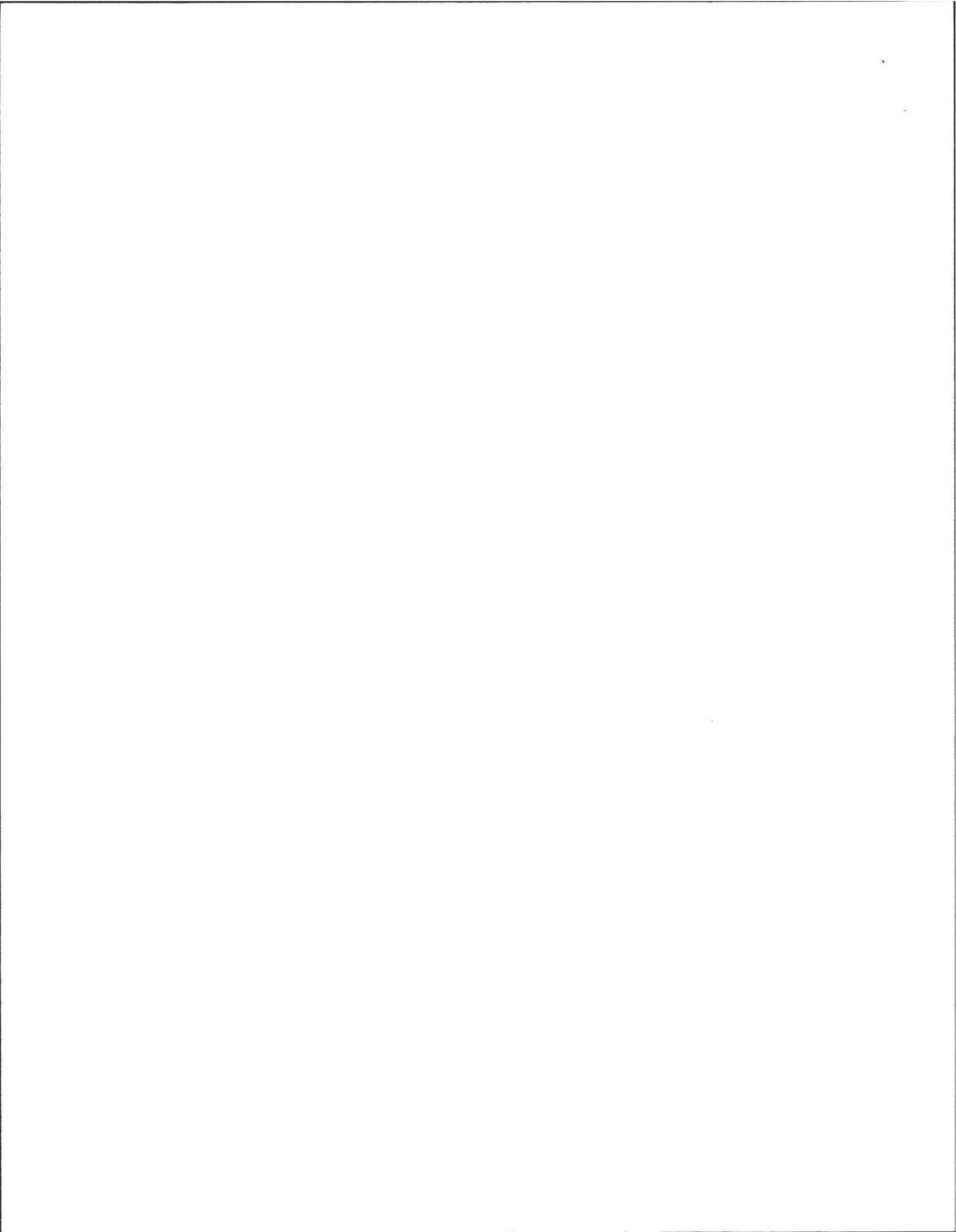
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

SOIL AND VEGETATION ARE OK, NO SIGNS OF HYDRAULIC FAILURE

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

- Number and configuration
Depth - top of liquid to inlet invert
Depth of solids layer
Depth of scum layer
Dimensions of cesspool
Materials of construction
Indication of groundwater inflow

Yes No





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

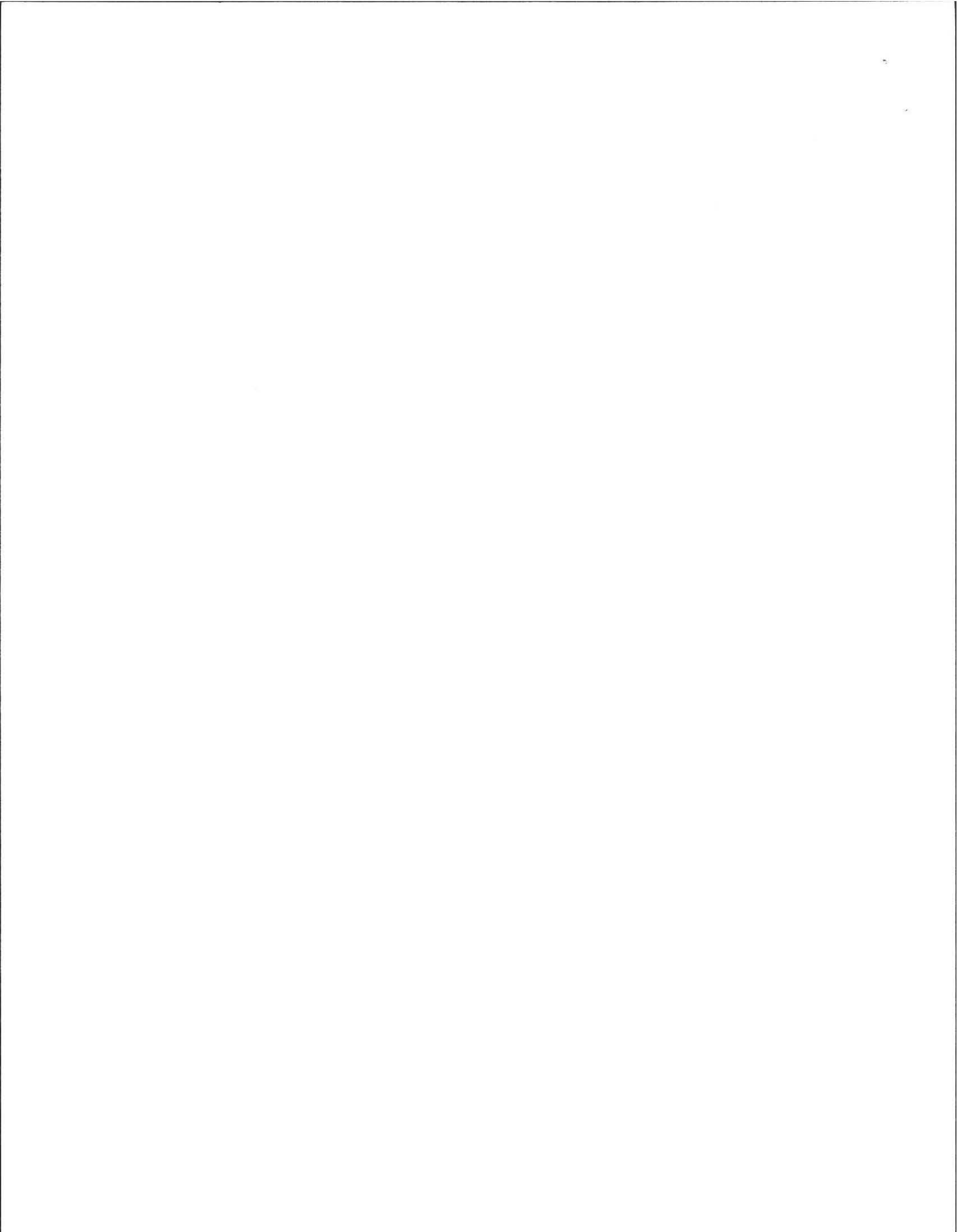
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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





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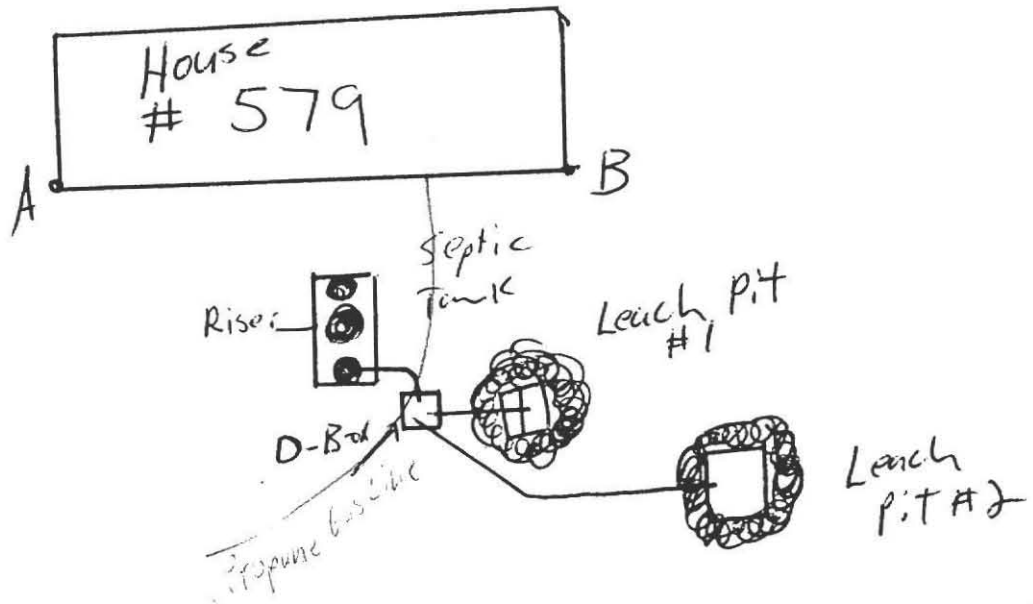
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D. System Information (cont.)

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



Septic Tank

A - 38'

B - 39'

D-Box

A - ~~47'~~ 47'

B - ~~37'6"~~ 37'6"

Leach Pit #1

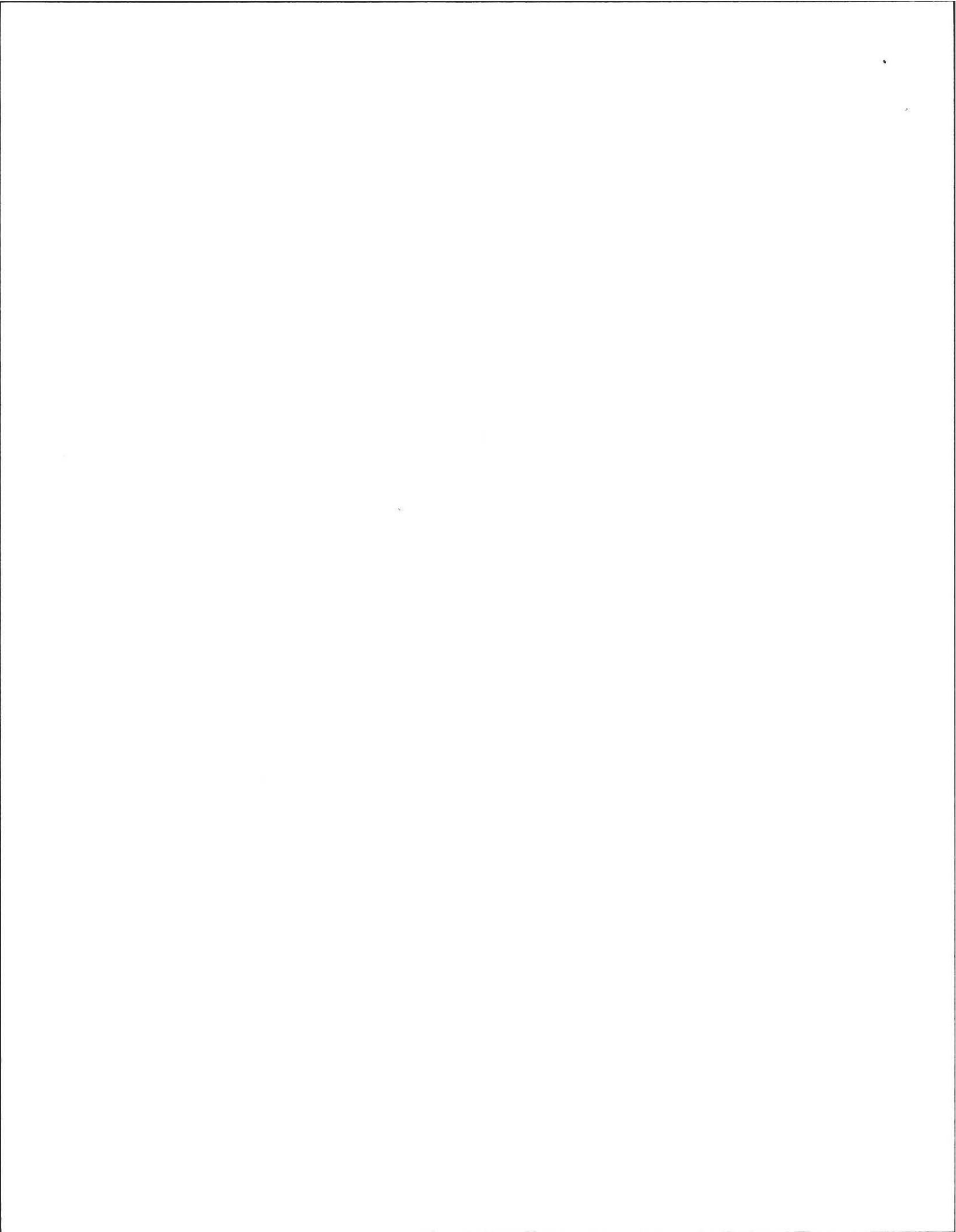
A - 55'

B - 32'

Leach Pit #2

A - 70'

B - 32'





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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

NONE AT 6'

feet

Please indicate all methods used to determine the high ground water elevation:

Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

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

Checked with local Board of Health - explain:

INSPECTION WITNESS BY BOARD OF HEALTH AGENT JAVERIA 259 3181

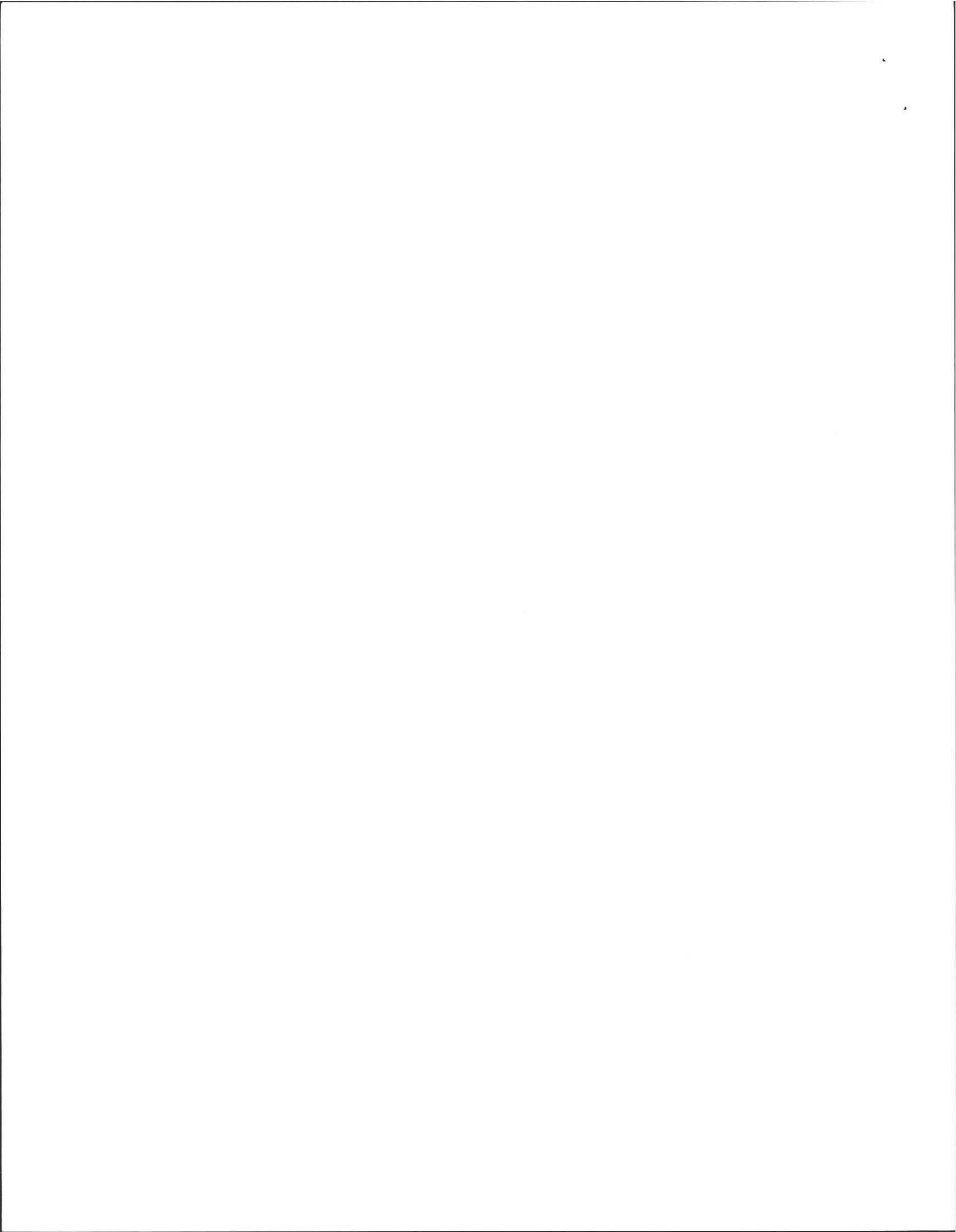
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

SLOPE AND CHECKED CELLAR

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

579 PULPIT HILL ROAD

Property Address

INGRITSON

Owner's Name

AMHERST

City/Town

MASS

State

01002

Zip Code

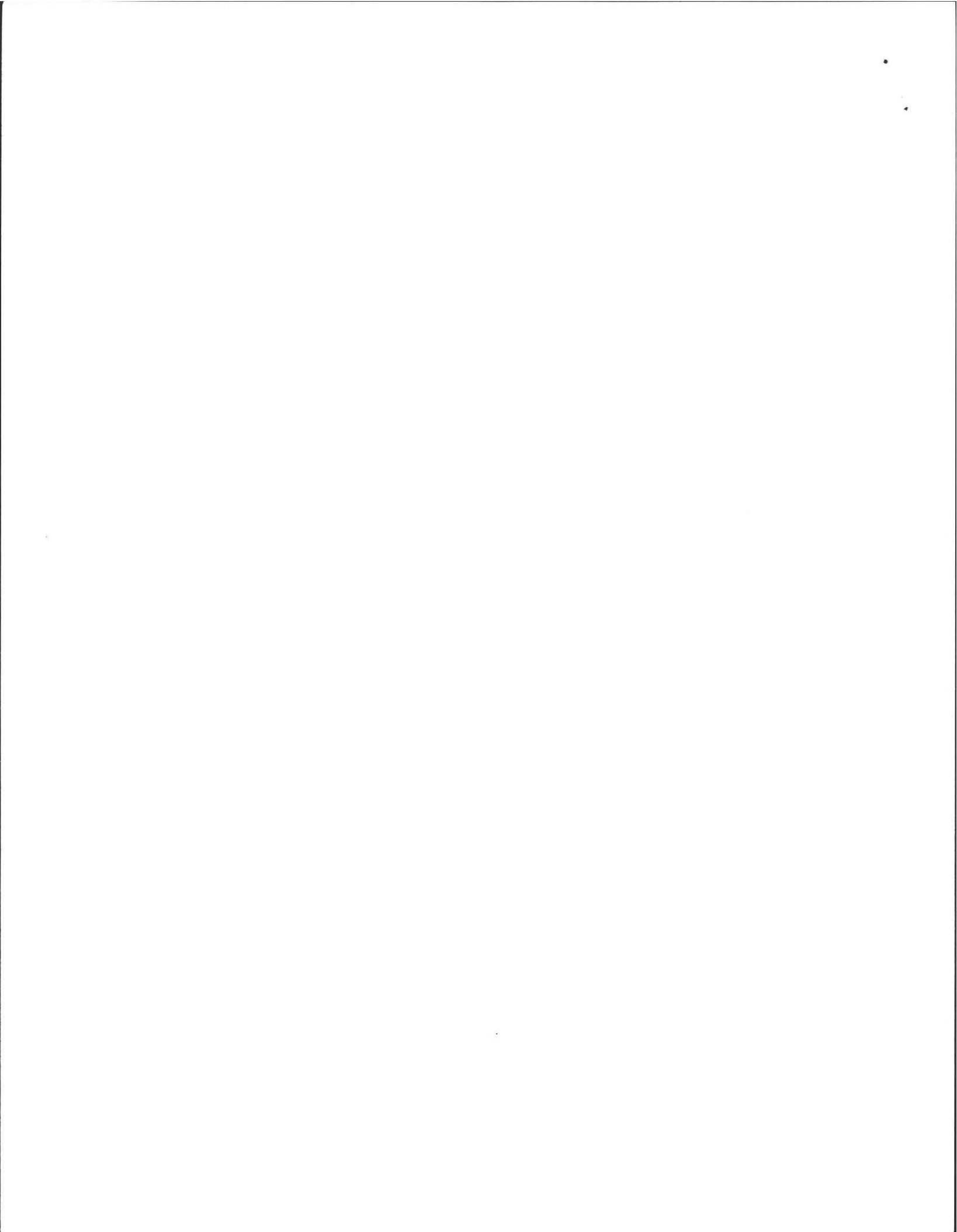
APRIL 19, 2011

Date of Inspection

Owner information is required for every page.

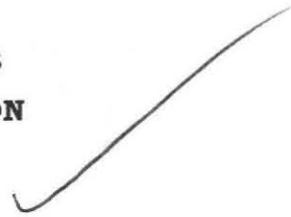
E. Report Completeness Checklist

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





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) Nick Torretti
 Company Name: CLEAN SEPTICS
 Mailing Address: P.O. BOX 394
LUDLOW, MA
 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:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: *Nick Torretti* 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.

1875

**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 / 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 tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

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):

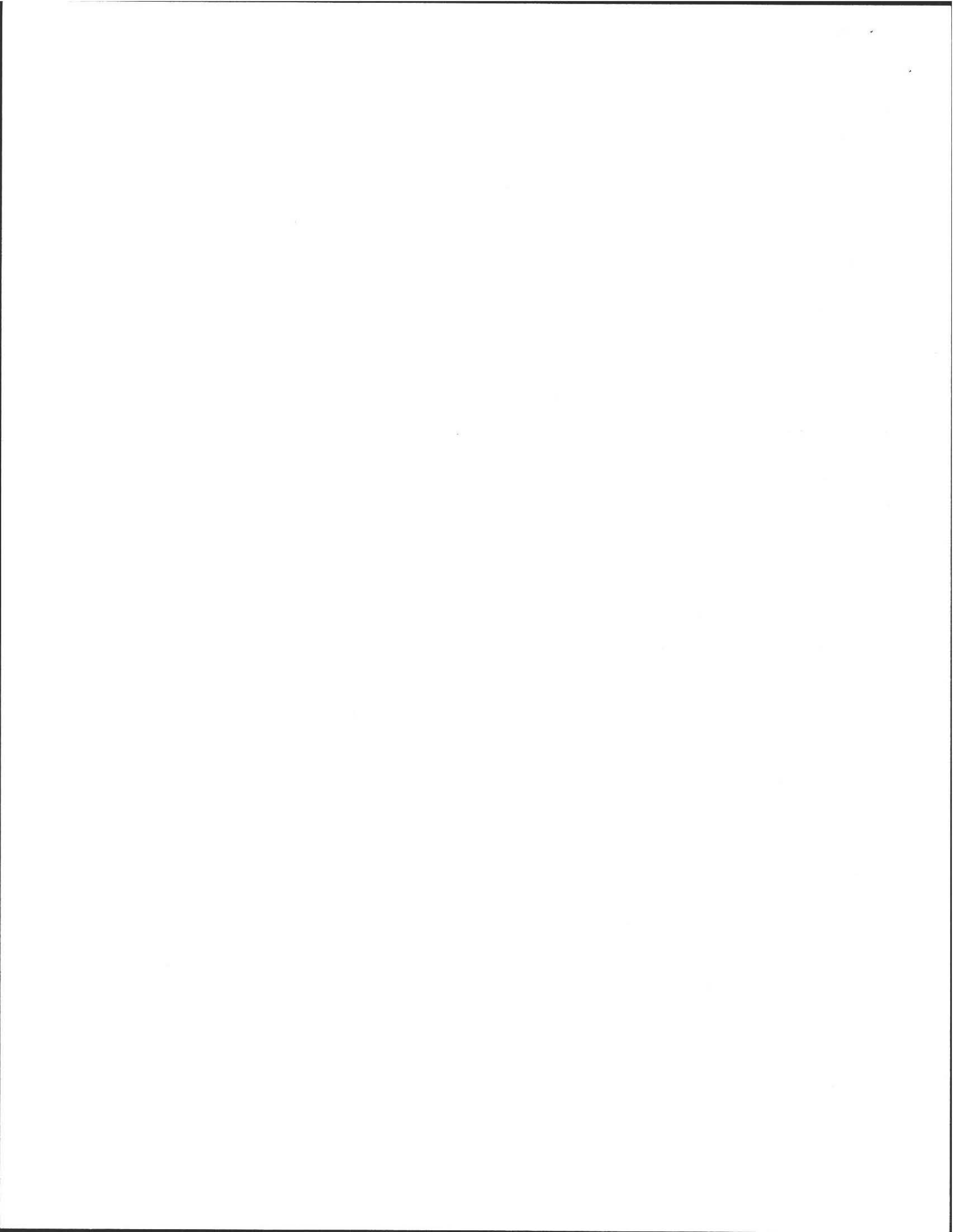
- ___ broken pipe(s) are replaced
- ___ obstruction is removed
- ___ distribution box is leveled or replaced

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 (with 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
Owner's Name: Stan Ingritson
Owner's Address: same
Date of Inspection: 10/24/2006**

C. Further Evaluation is Required by the Board of Health:

___ Condition(s) exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

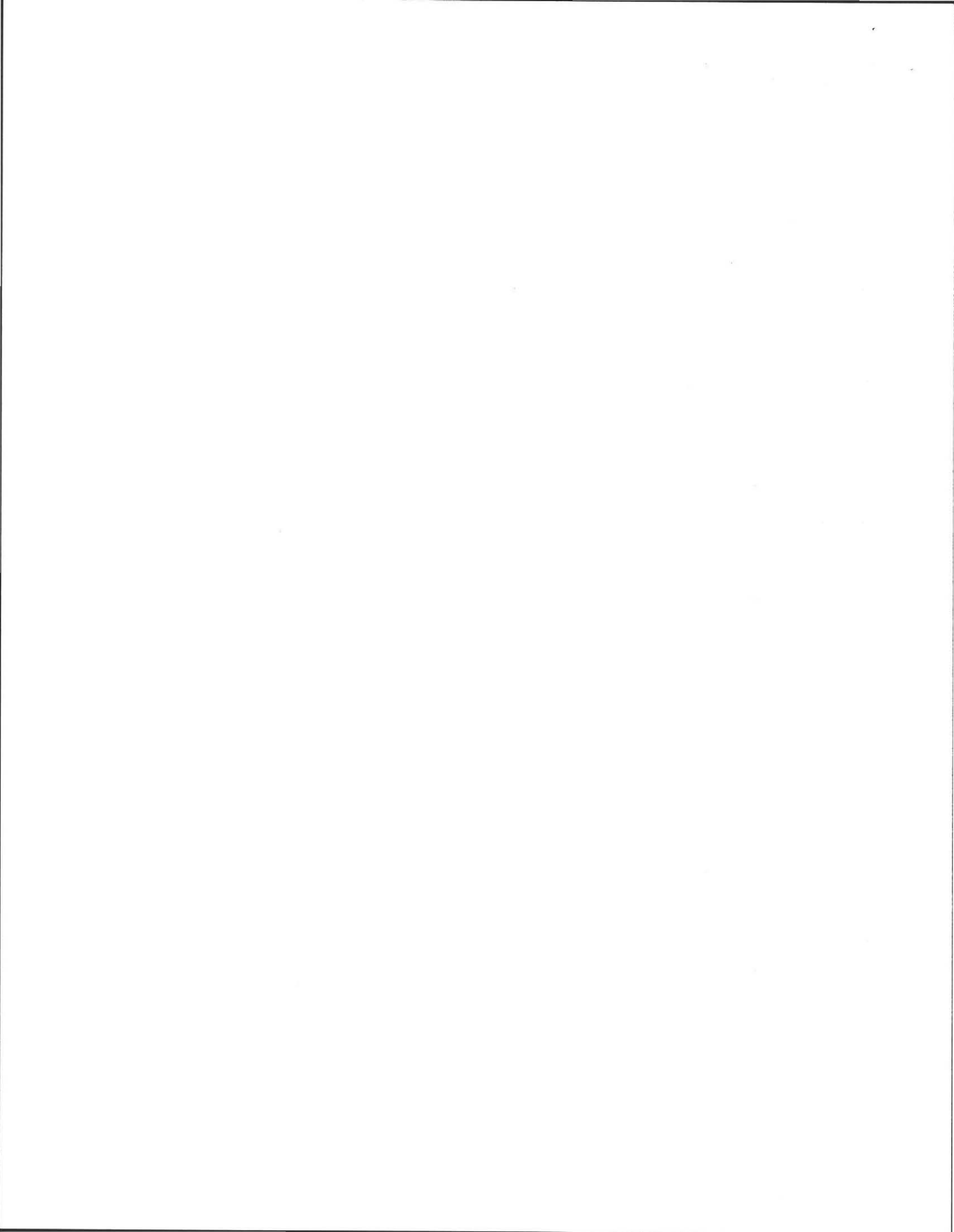
- ___ Cesspool or privy is within 50 feet of a surface water
- ___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- ___ 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: 579 Pulpit Hill Rd.
Amherst, MA
Owner's Name: Stan Ingritson
Owner's Address: same
Date of Inspection: 10/24/2006**

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

- | | | |
|--------------------------|-------------------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for 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.

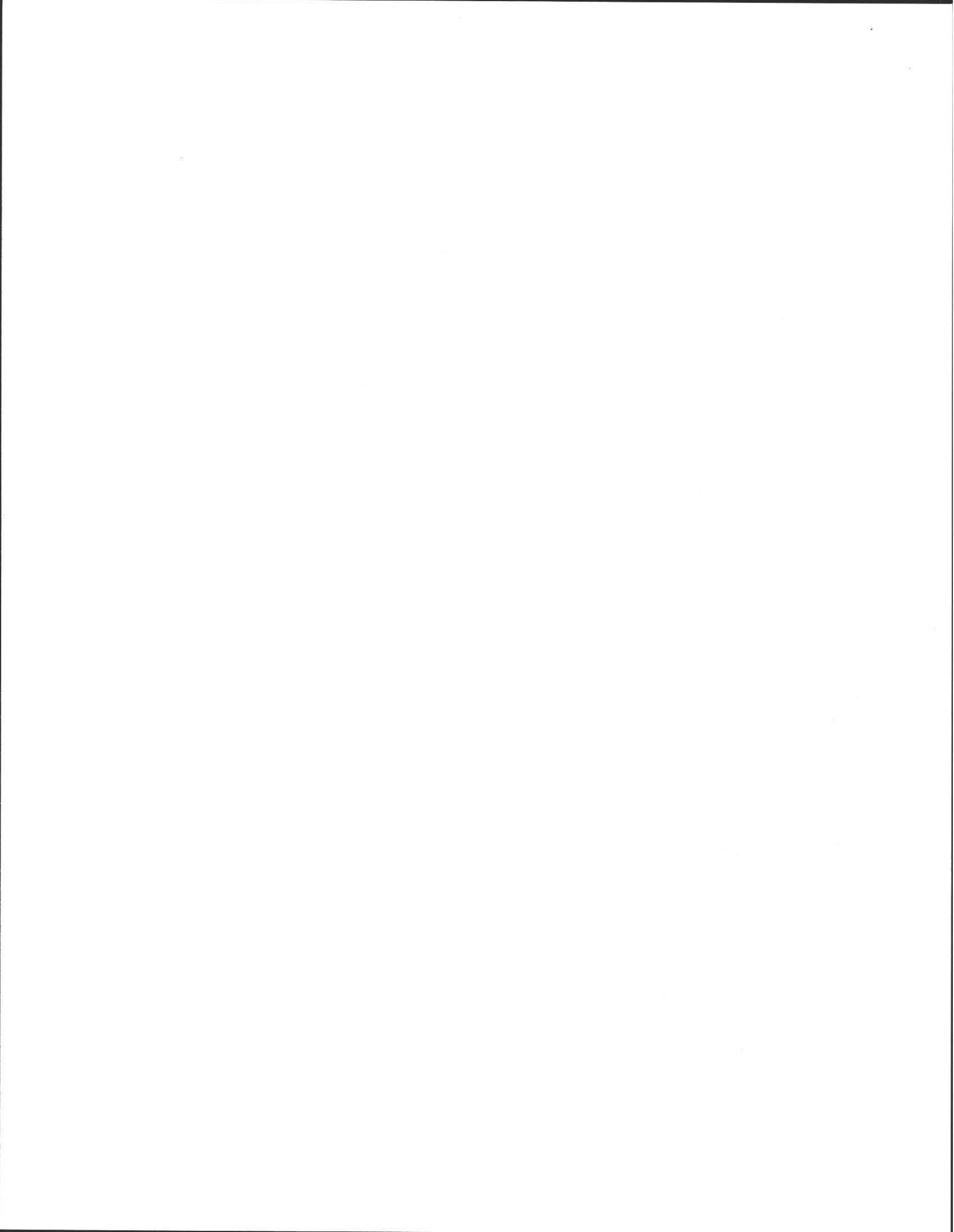
E. Large Systems:

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 | |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

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



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

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

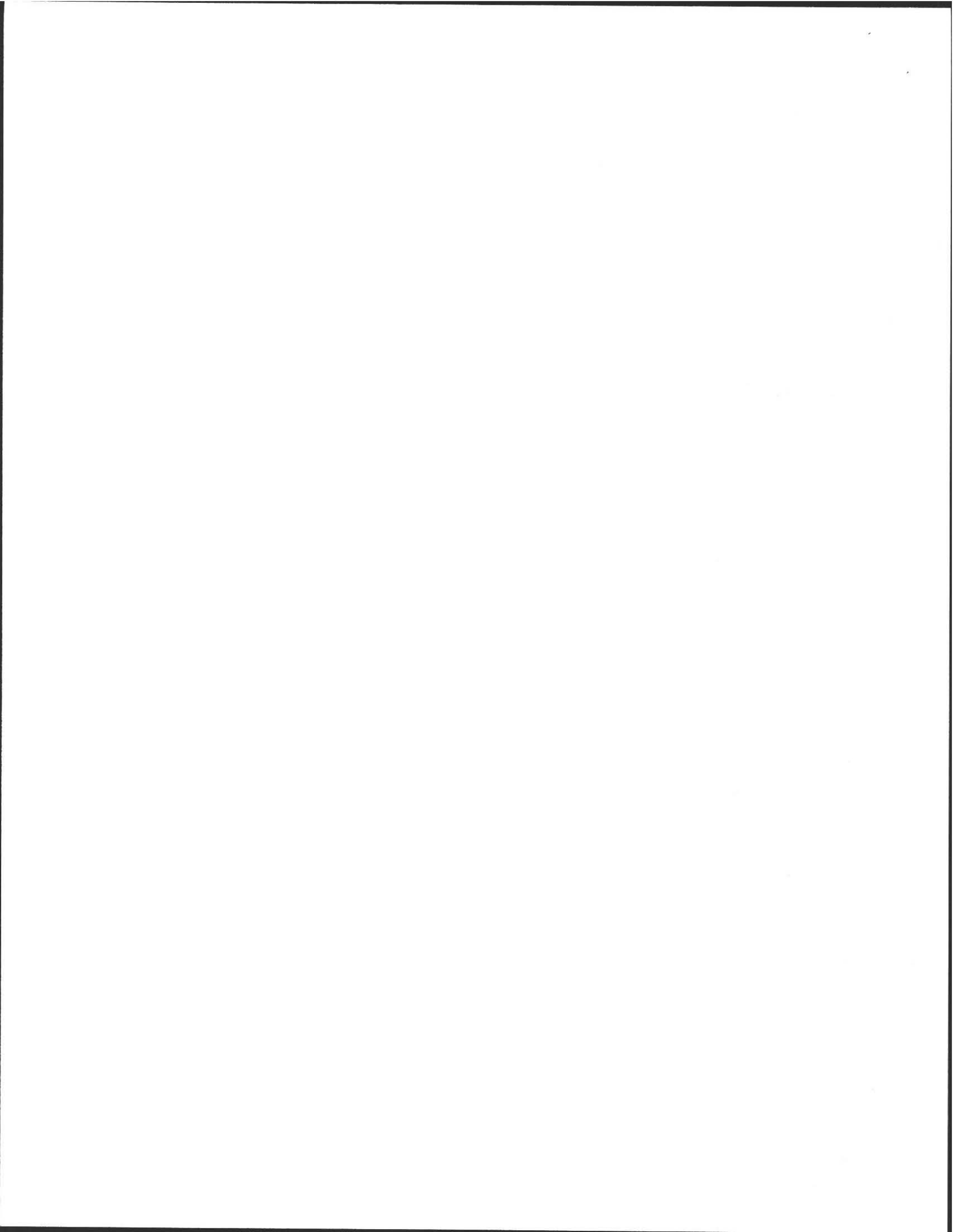
Yes No

- Pumping information was provided by the owner, occupant, or Board of Health
- Were any of the system components pumped out in the previous two weeks ?
- Has the system received normal flows in the previous two week period ?
- Have large volumes of water been introduced to the system recently or as part of this inspection ?
- Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- Was the facility or dwelling inspected for signs of sewage back up ?
- Was the site inspected for signs of break out ?
- Were all system components, excluding the SAS, located on site ?
- Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?
- Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

Yes No

- Existing information. For example, a plan at the Board of Health.
- Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]



**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

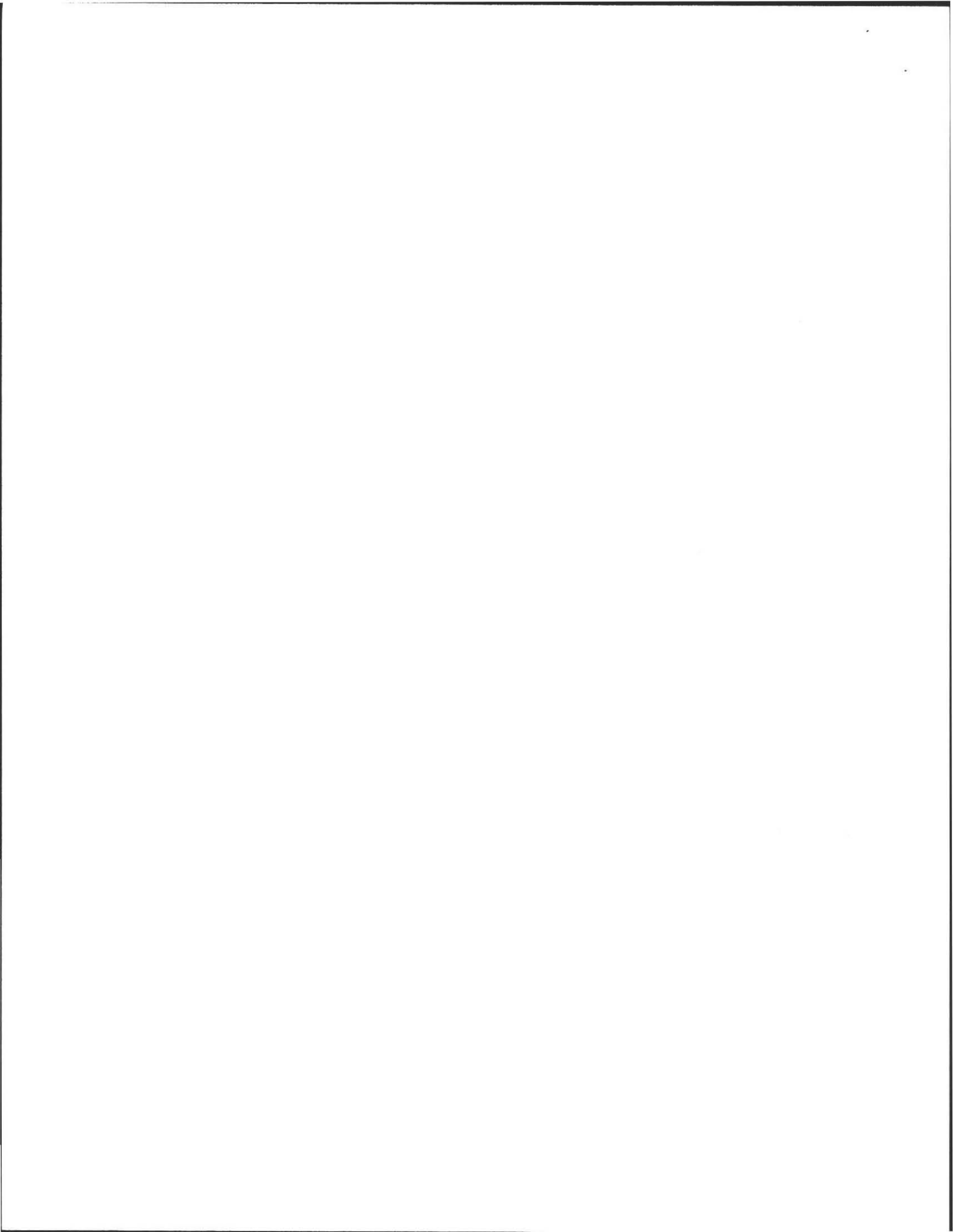
Source of information: **18 months - homeowner**
Was system pumped as part of the inspection (yes or no): **Yes**
If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? **measured**
Reason for pumping: **maintenance**

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

- 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



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

BUILDING SEWER (locate on site plan)

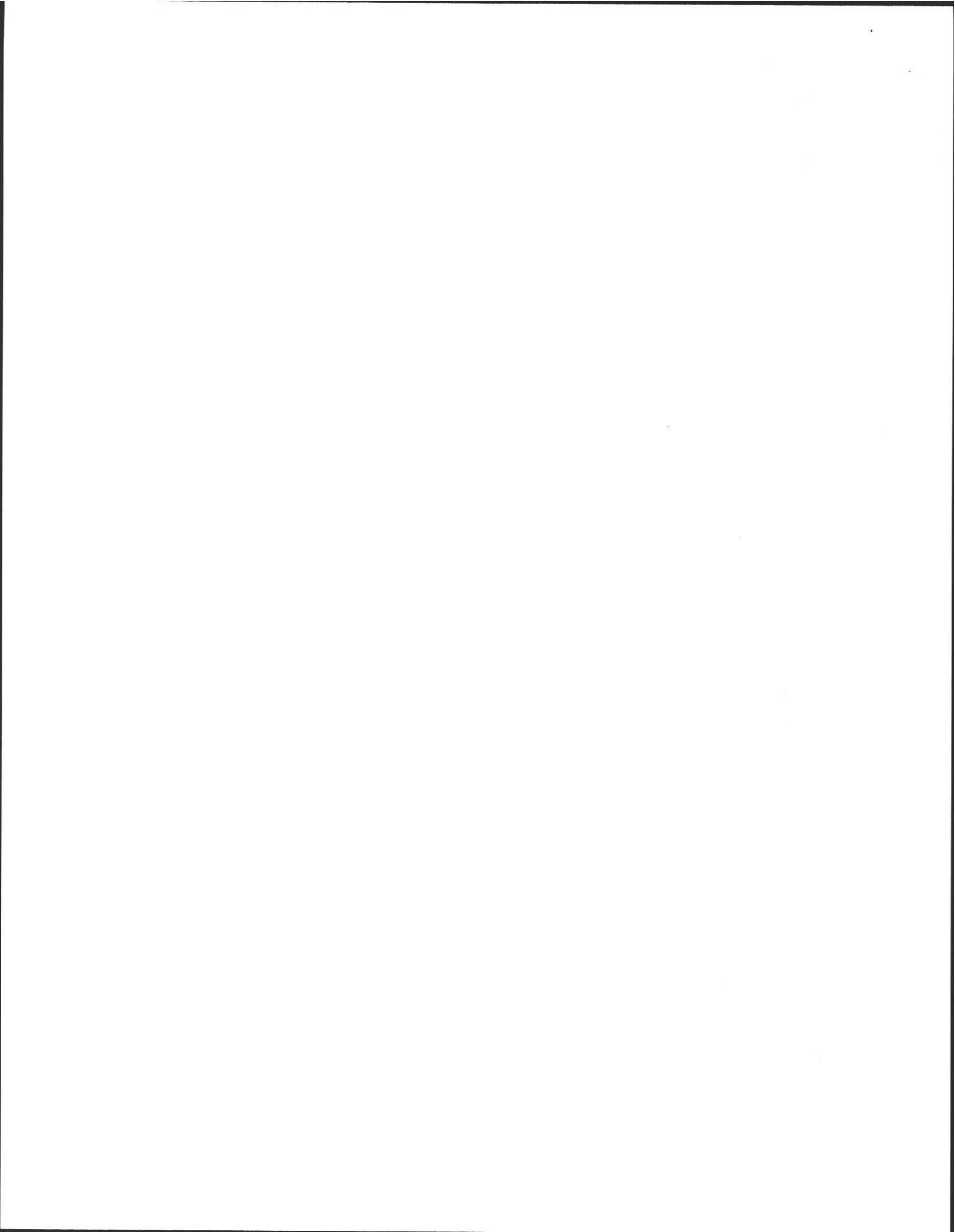
Depth below grade: 20"
Materials of construction: cast iron XX 40 PVC ___ other (explain):
Distance from private water supply well or suction line:
Comments (on condition of joints, venting, evidence of leakage, etc.):
Joints and venting appear okay. No leaks.

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 top 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: ___ concrete ___ metal ___ fiberglass ___ polyethylene ___ other (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.): _____



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 TANK: ___ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: ___

Material of construction: ___ concrete ___ metal ___ fiberglass ___ polyethylene ___ other(explain):

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons/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)

Depth of liquid level above outlet invert: 0"

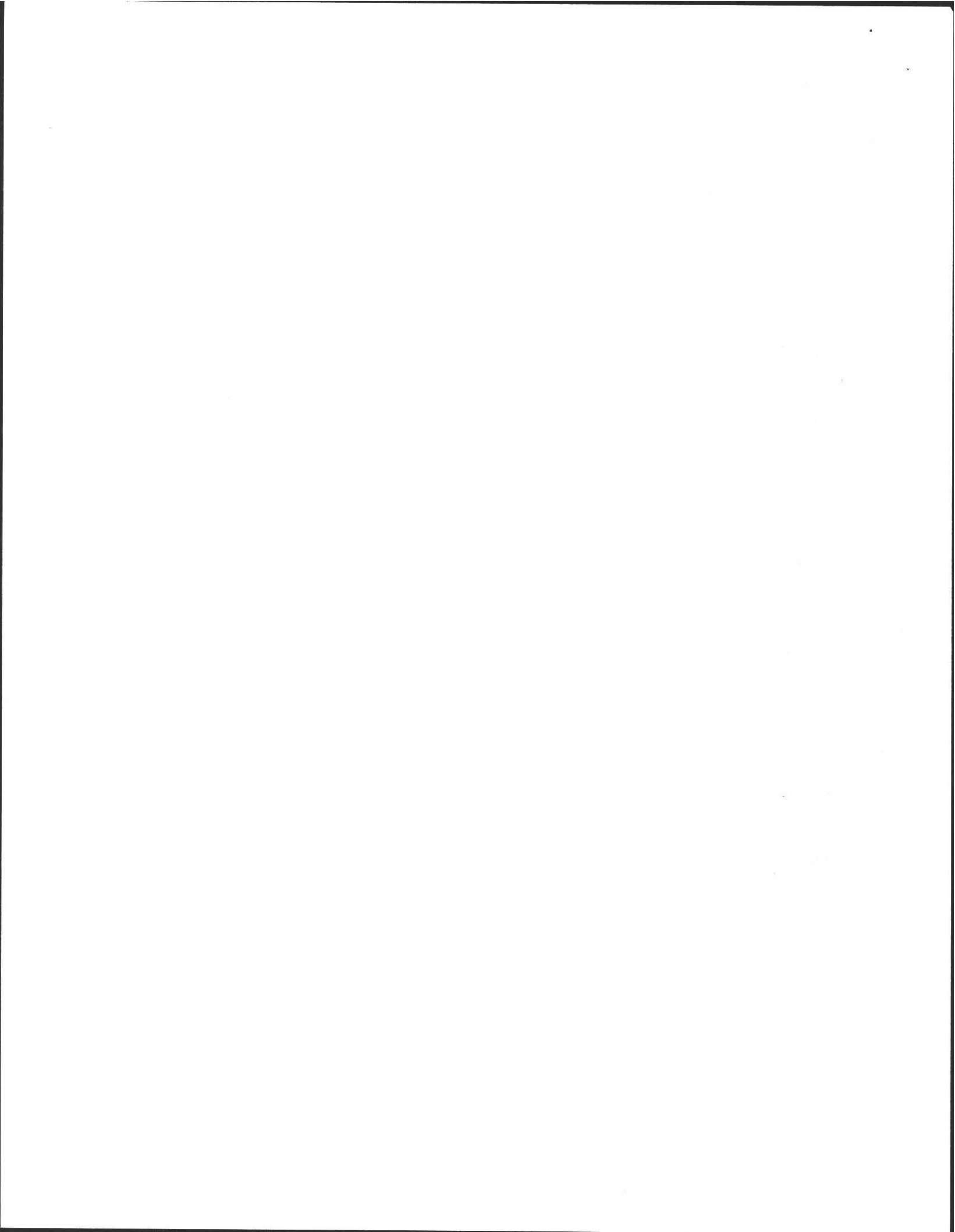
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): **D- Box appears equal and level, no leaks**

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.):



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 explain why:

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.

CESSPOOLS: ____ (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: ____

Depth – top of liquid to inlet invert: ____

Depth of solids layer: ____

Depth of scum layer: ____

Dimensions of cesspool: ____

Materials of construction: ____

Indication of groundwater inflow (yes or no): ____

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

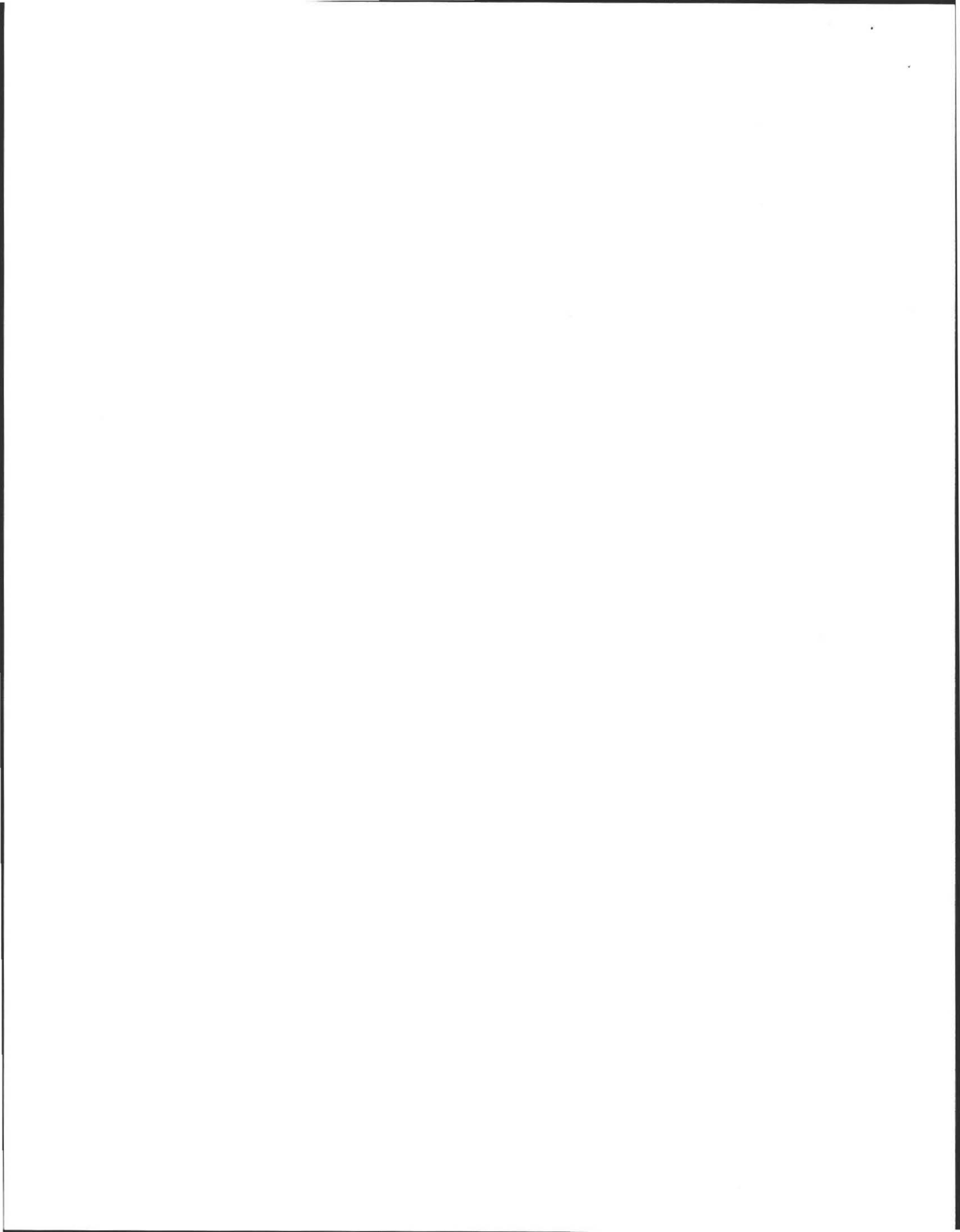
PRIVY: ____ (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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





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

Owner information is required for every page.

Property Address _____

Owner's Name _____

City/Town _____

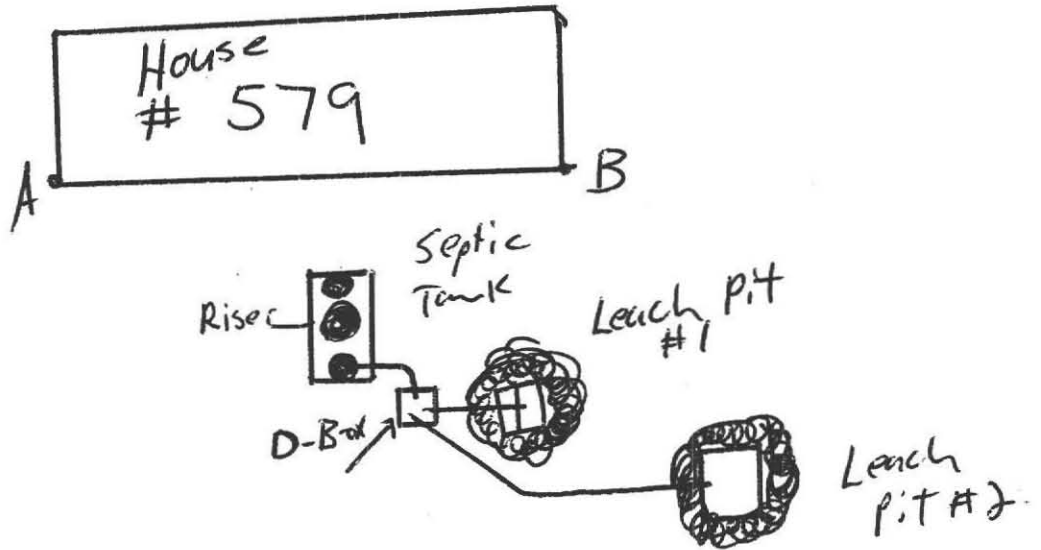
State _____

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.



Septic Tank

A - 38'
 B - 39'

D-Box

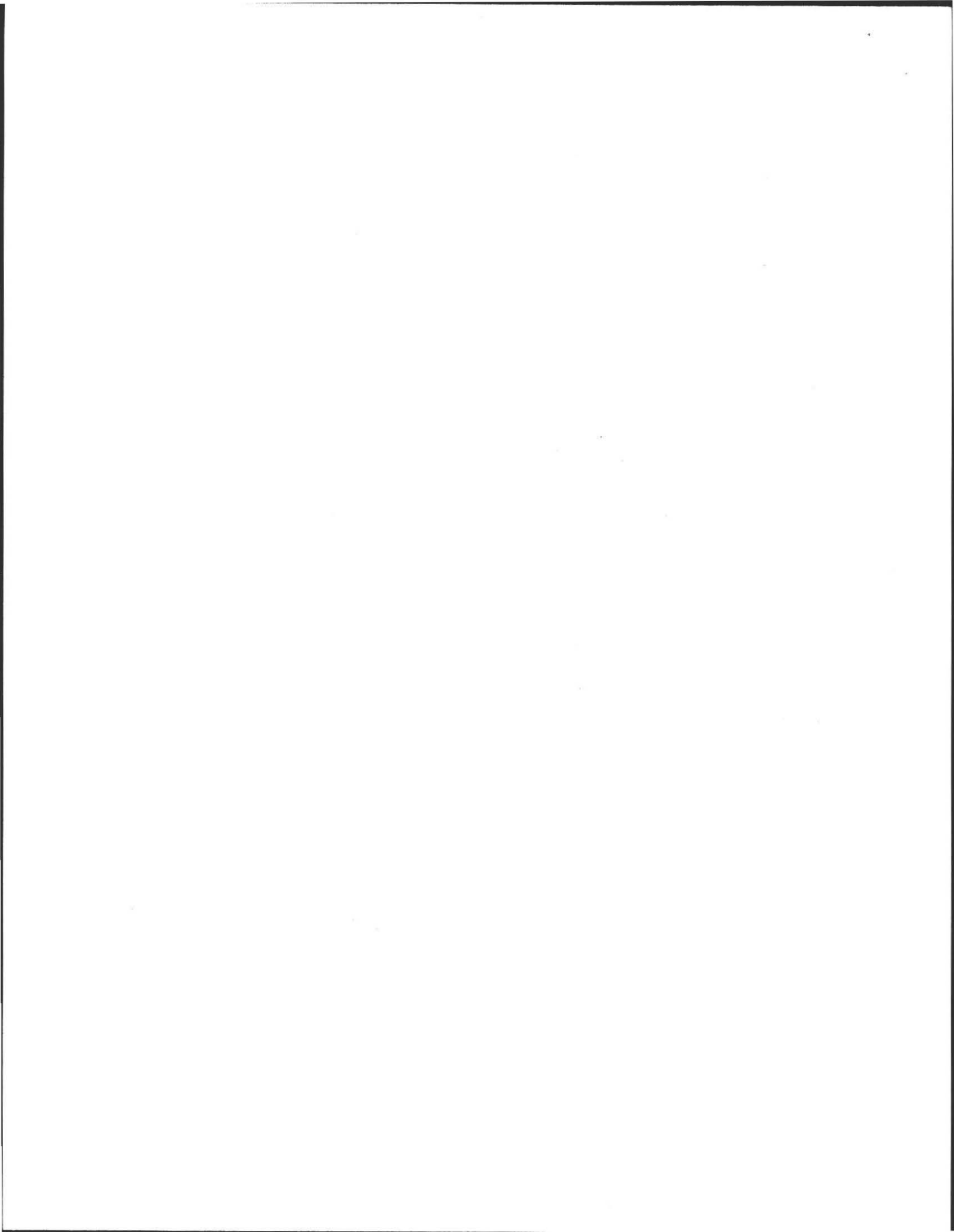
A - 45'
 B - 40'

Leach Pit #1

A - 55'
 B - 32'

Leach Pit #2

A - 70'
 B - 32'



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 (check) all methods used to determine the high ground water elevation:

Obtained from system design plans on record - If checked, date of design plan reviewed:

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

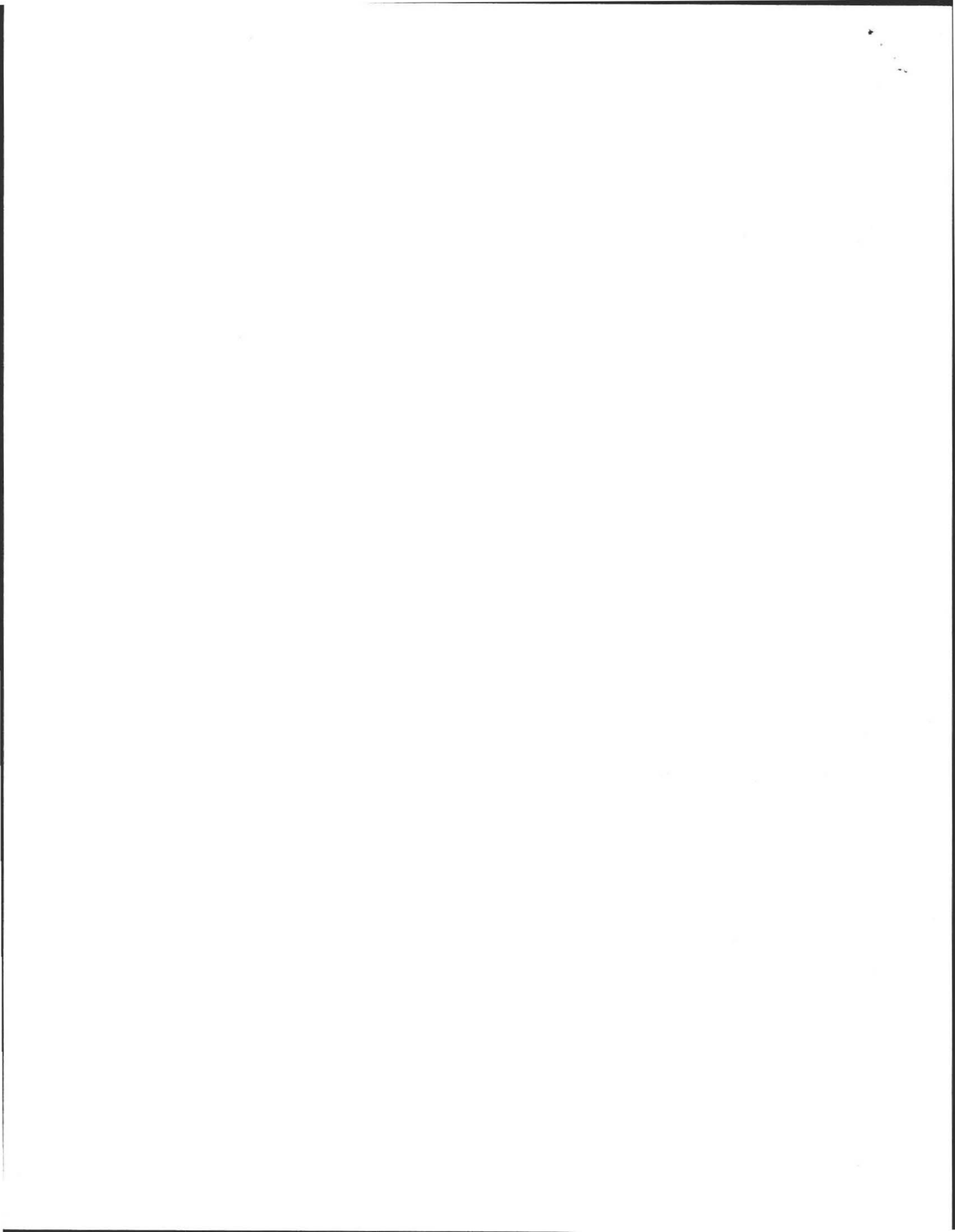
Checked with local Board of Health-explain: _____

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: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: 579 PULPIT HILL ROAD

FEES:
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00

