

365 Shays St.



Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

September 26, 2004

Dave Zarozinski
Inspection Services
Town Hall – Boltwood Avenue
Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 365 Shays Street
(Property of George May)

Dear Dave:

On September 17, 2004 I completed an inspection of the septic system at the subject property in accordance with 310 CMR 15.000 (Title 5) requirements. A copy of the report are enclosed for your use.

This system is certified as, "Passed" by the criteria in the regulation. Additional comments are included in the report.

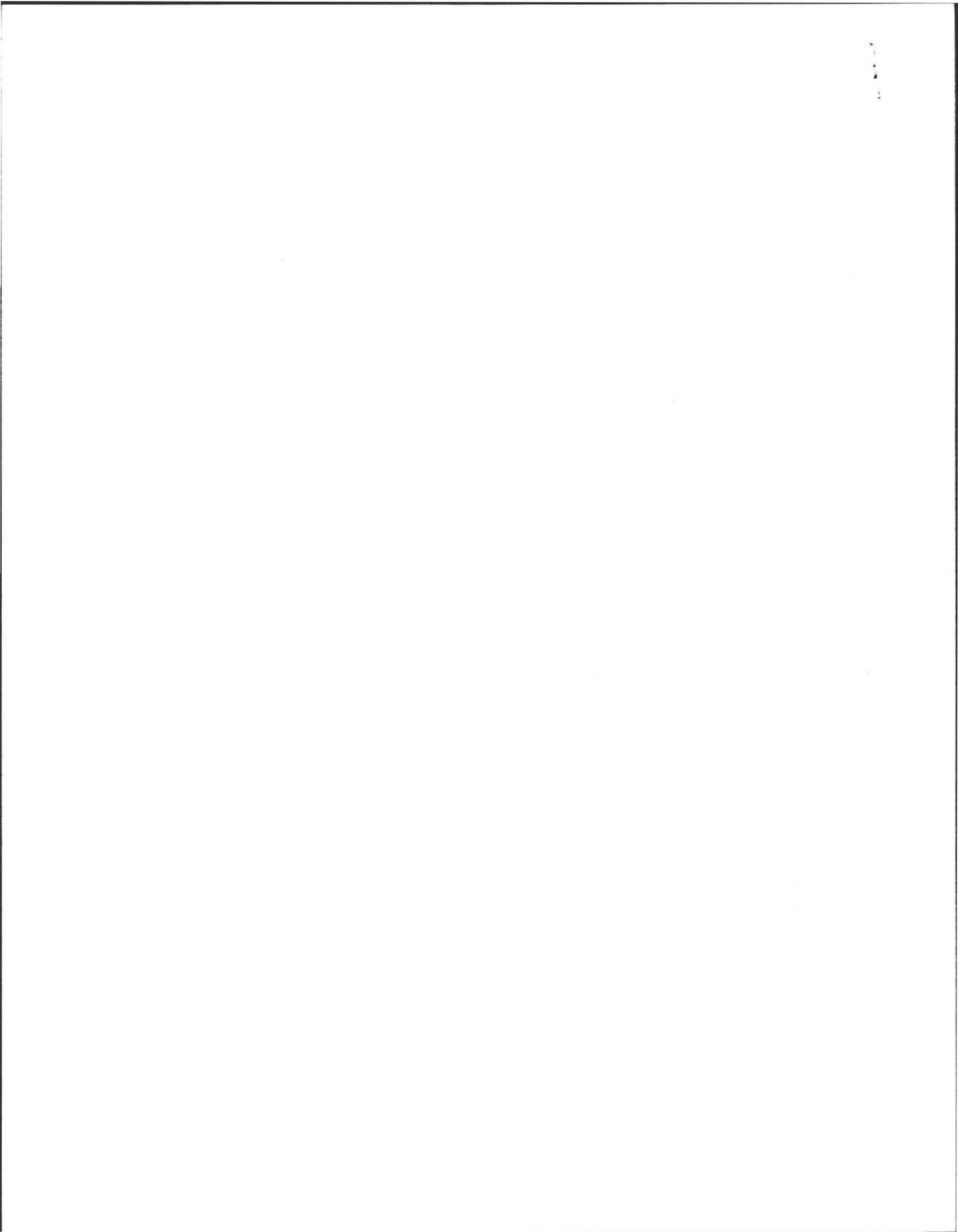
This system was found to be functioning satisfactorilly but the septic tank outlet baffle and the distribution box were deteriorated. These two parts were replaced as part of the inspection. My final visit to the site on September 17 confirmed the part replacements.

If you have questions on any aspect of the inspection or the report, please contact me at the address above or by phone evenings.

Sincerely,

Richard Scott, P.E.

cc: Robert Cutting, Realtor
George May, Owner c/o Robert Cutting
Buyer c/o Robert Cutting



Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

November 12, 2004

Dave Zarozinski
Inspection Services
Town Hall – Boltwood Avenue
Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 365 Shays Street
(Property of George May)

Dear Dave:

This is a followup letter concerning the additional or incidental work done by Karl's Excavating as part of the inspection at the subject property. Refer also to my previous letter dated September 26, 2004. The septic tank's cast-in outlet baffle was found to be deteriorated and was replaced with a schedule 40 pipe tee, including gas baffle. No other change was made to the septic tank.

The distribution box was also found to be deteriorated. This, I understand, should have prompted an application for permit to complete the D-Box replacement. In future situations like this, I will complete the application for permit. In this case, we went ahead with replacement of the D-Box, incidental to the inspection. The replacement distribution box was installed in the same location and at the same elevation as the box it replaced.

I re-visited and re-inspected the components, after Karl's completed the incidental repairs. The repairs were completed properly and in accordance with Title 5 requirements. My September 26 correspondence documents the inspections and certifies the system as, "Passed" by the criteria in the regulation.

Thanks, Dave for your additional feedback on this process. Call me if there is any further question.

Sincerely,



Richard Scott, P.E.

cc: Steve Konieczny, Karl's Excavating

#365

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 66-21 Date 11/4/66 Fee \$300 Date Rec'd. 11-7-66 By CE Drake

Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at:

Location—Address Shay St. or Lot No. _____

Owner Mr. George May Address 88 Woodside Ave

Contractor A. Martinbeault Address 53 Sherman Ave

Type of Building Dwelling Dimensions 48x35 Size Lot 150'x400'

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (X)

Other _____ No. of persons 4 Showers (2)

Other fixtures _____

Town Water? Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6x8 Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil _____ Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CE Drake Owner or builder A. Martinbeault date 11/4/66

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 66-21 Permission is hereby granted A. MARTINBEAULT to construct (X) or repair () an

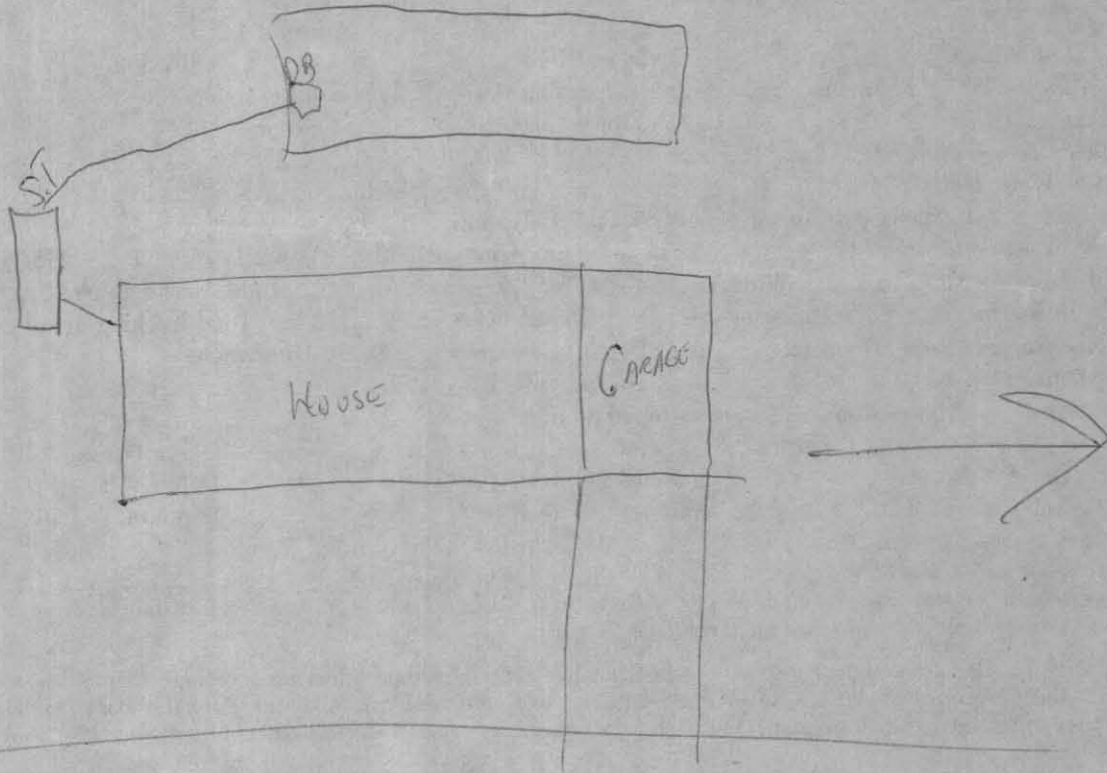
Individual Sewage Disposal System at Shay St.

as shown on the application for Disposal Works Construction Permit No. 66-21

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 11-7-66 Board of Health CE Drake

?



STAYS ST

Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

September 26, 2004

Dave Zarozinski
Inspection Services
Town Hall – Boltwood Avenue
Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 365 Shays Street
(Property of George May)

Dear Dave:

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This system was found to be functioning satisfactorily but the septic tank outlet baffle and the distribution box were deteriorated. These two parts were replaced as part of the inspection. My final visit to the site on September 17 confirmed the part replacements.

If you have questions on any aspect of the inspection or the report, please contact me at the address above or by phone evenings.

Sincerely,



Richard Scott, P.E.

cc: Robert Cutting, Realtor
George May, Owner c/o Robert Cutting
Buyer c/o Robert Cutting

10-6-04
I called Ric -
we (B.O.H.) should have
Received A "Plan" TO REPAIR
these SYSTEM COMPONENTS
D

Richard Scott, P.E.
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September 26, 2004

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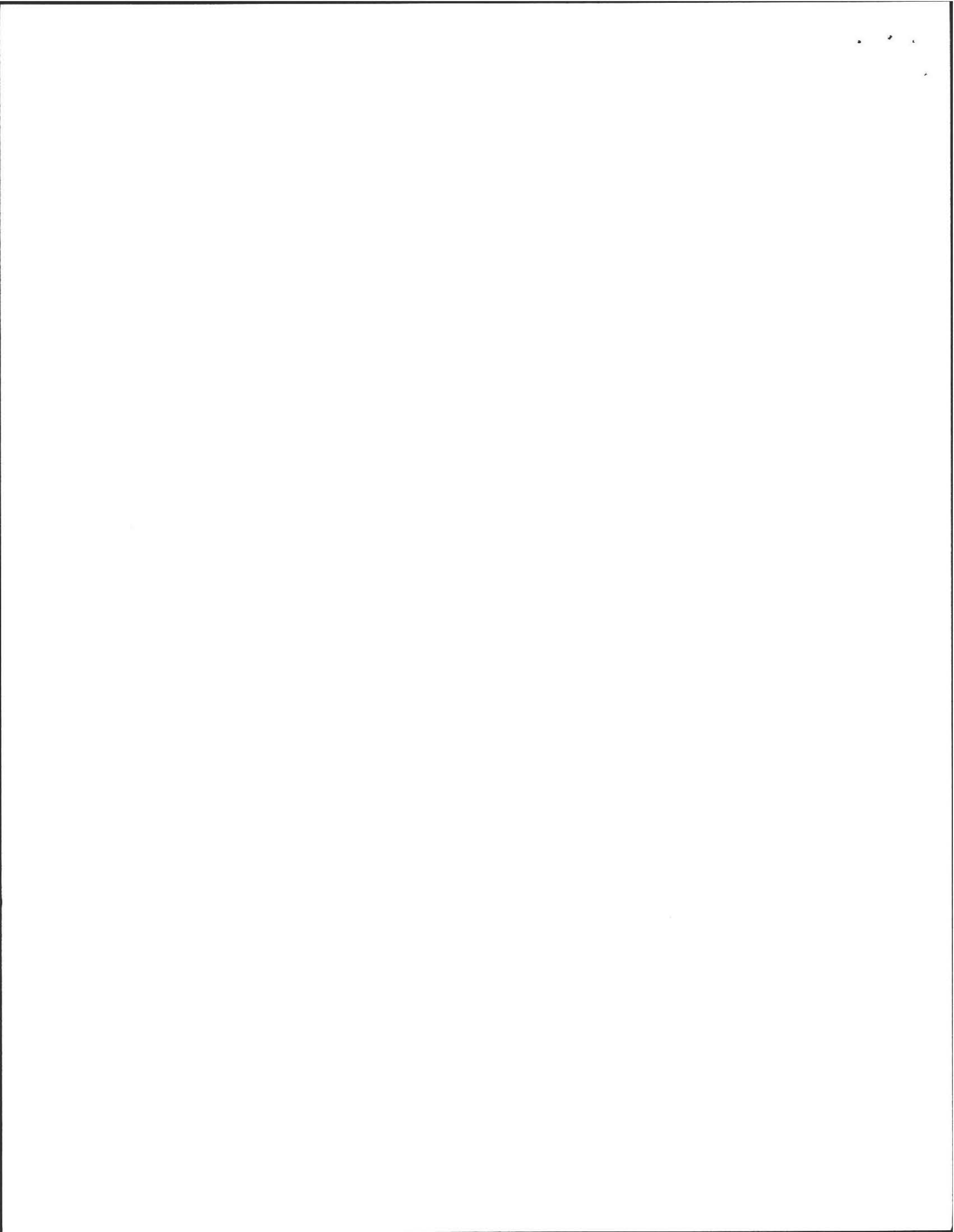
If you have questions on any aspect of the inspection or the report, please contact me at the address above or by phone evenings.

Sincerely,



Richard Scott, P.E.

cc: Robert Cutting, Realtor
George May, Owner c/o Robert Cutting
Buyer c/o Robert Cutting





COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5
 OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
 PART A
 CERTIFICATION

Property Address: 365 Shays Street
Amherst
 Owner's Name: George May
 Owner's Address: c/o Robert Cutting, Jones Real Estate
200 Triangle St, Amherst, MA 01002
 Date of Inspection: September 13, 16 & 17, 2004
 Name of Inspector: Richard Scott
 Company Name: Richard Scott, P.E.
 Mailing Address: 31 Shutesbury Rd.
Pelham, MA 01002
 Telephone Number: 413-256-0647

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:

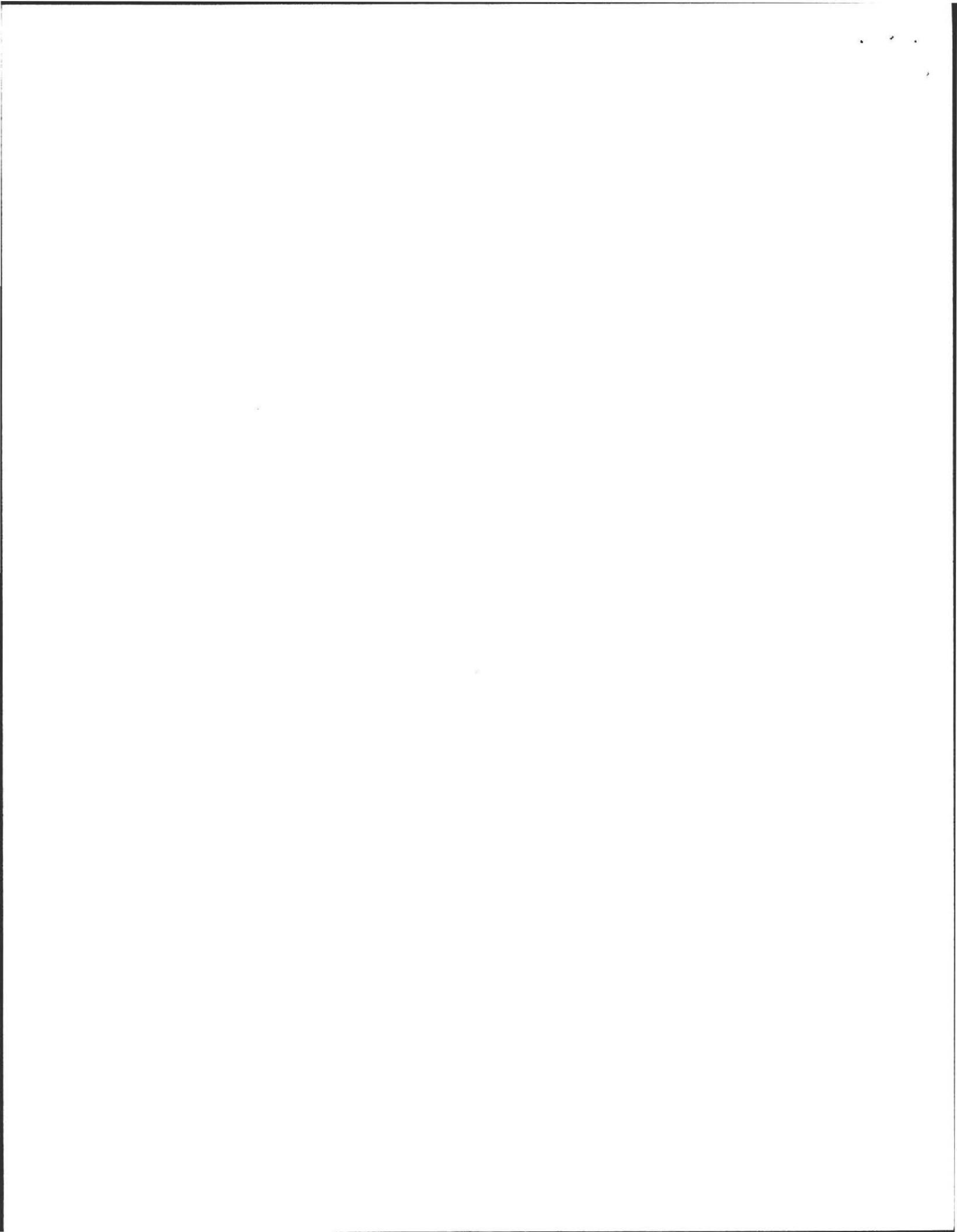
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: Richard Scott Date: 9-17-04

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.



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)**

Property Address: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

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:

THE SYSTEM IS OLD BUT, FOR THE MOST PART, WAS FUNCTIONING PROPERLY.
DETERIORATION WAS FOUND IN THE OUTLET BAFFLE AND THE DISTR. BOX.
THOSE PARTS HAVE BEEN REPLACED SO ALL COMPONENTS NOW WORK AS INTENDED.

B. System Conditionally Passes: N/A

_____ 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):

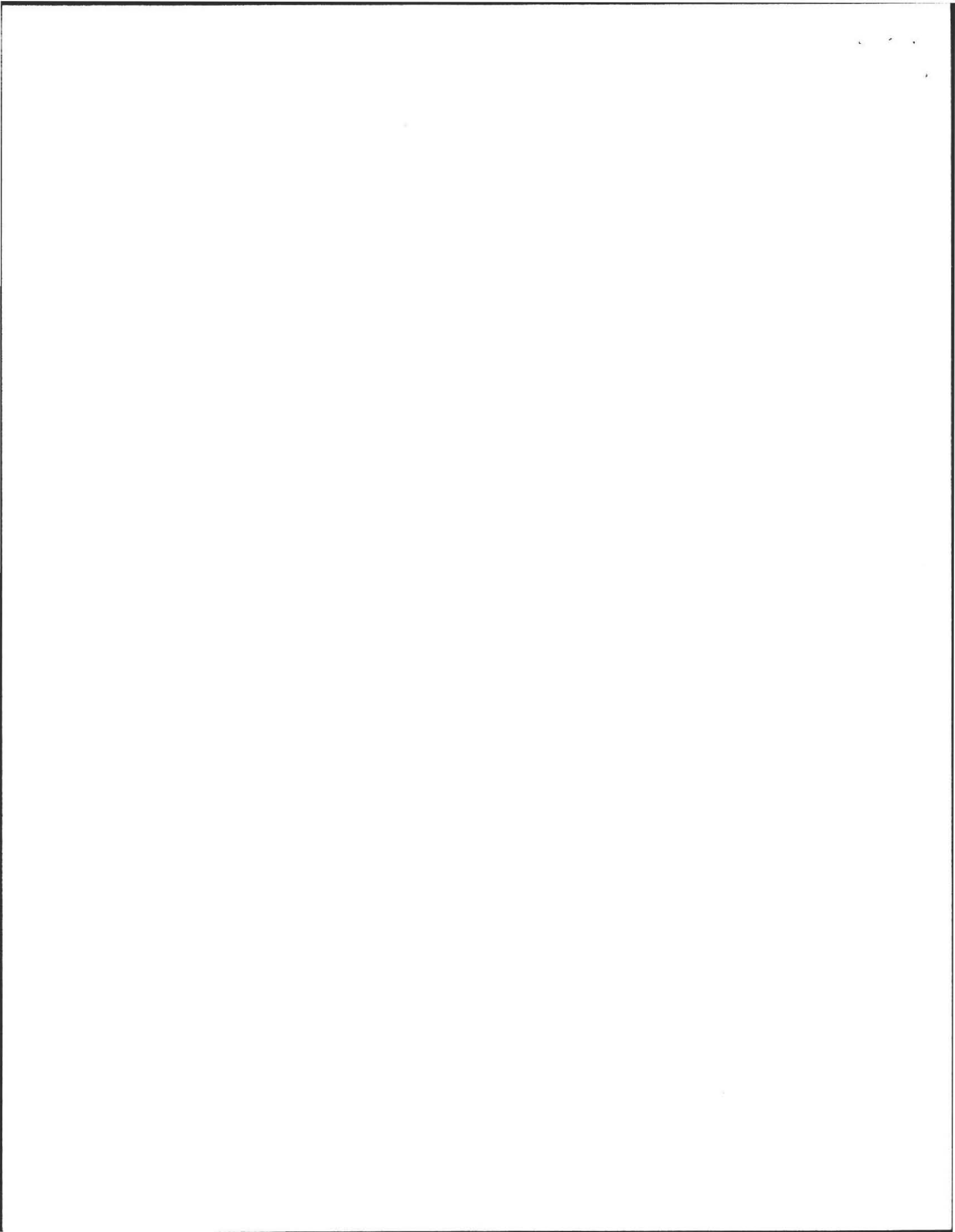
- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

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)

Property Address: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

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

_____ 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:

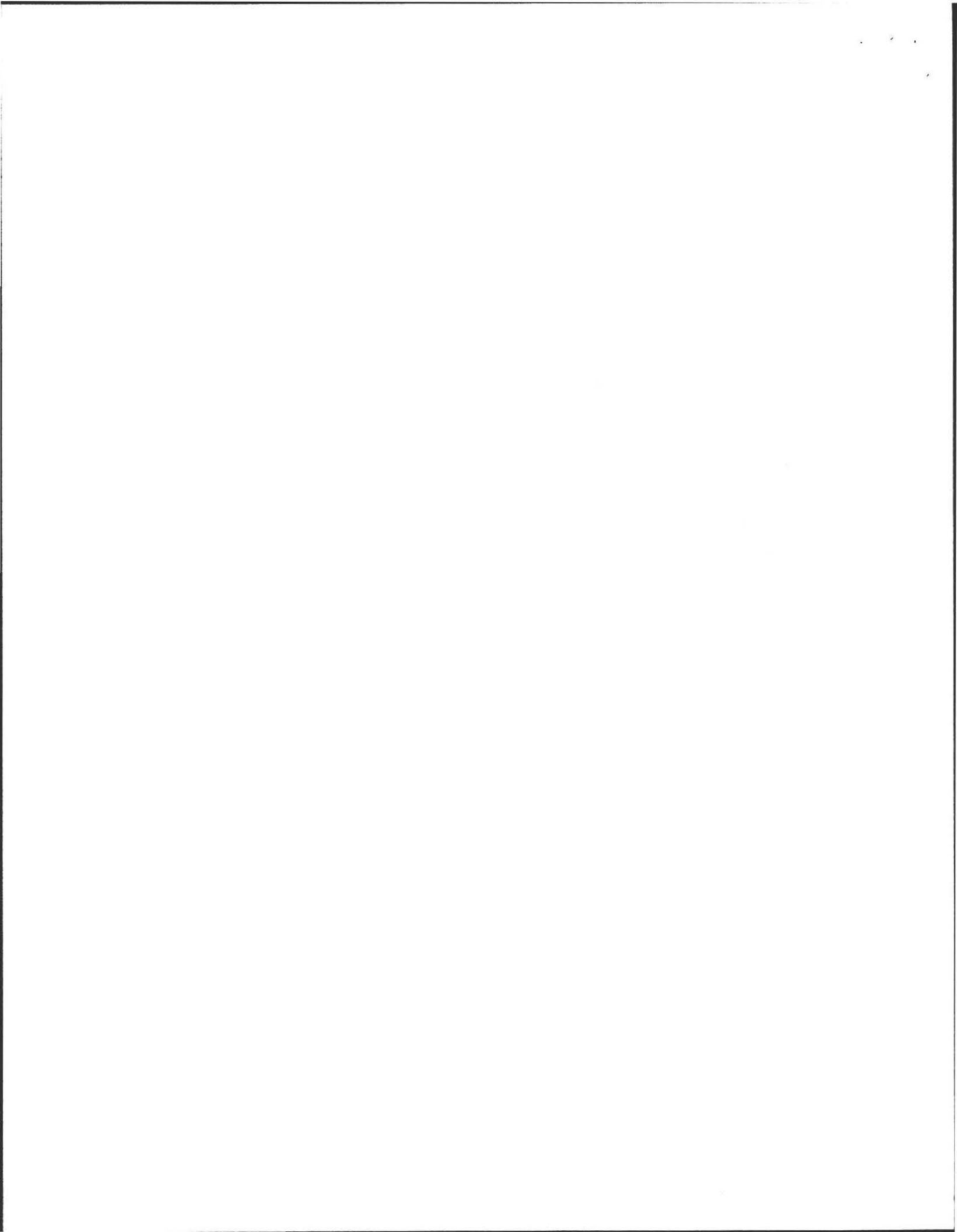
- ___ Cesspool or privy is within 50 feet of a surface water
- ___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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)

Property Address: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

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 |
| <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.] |

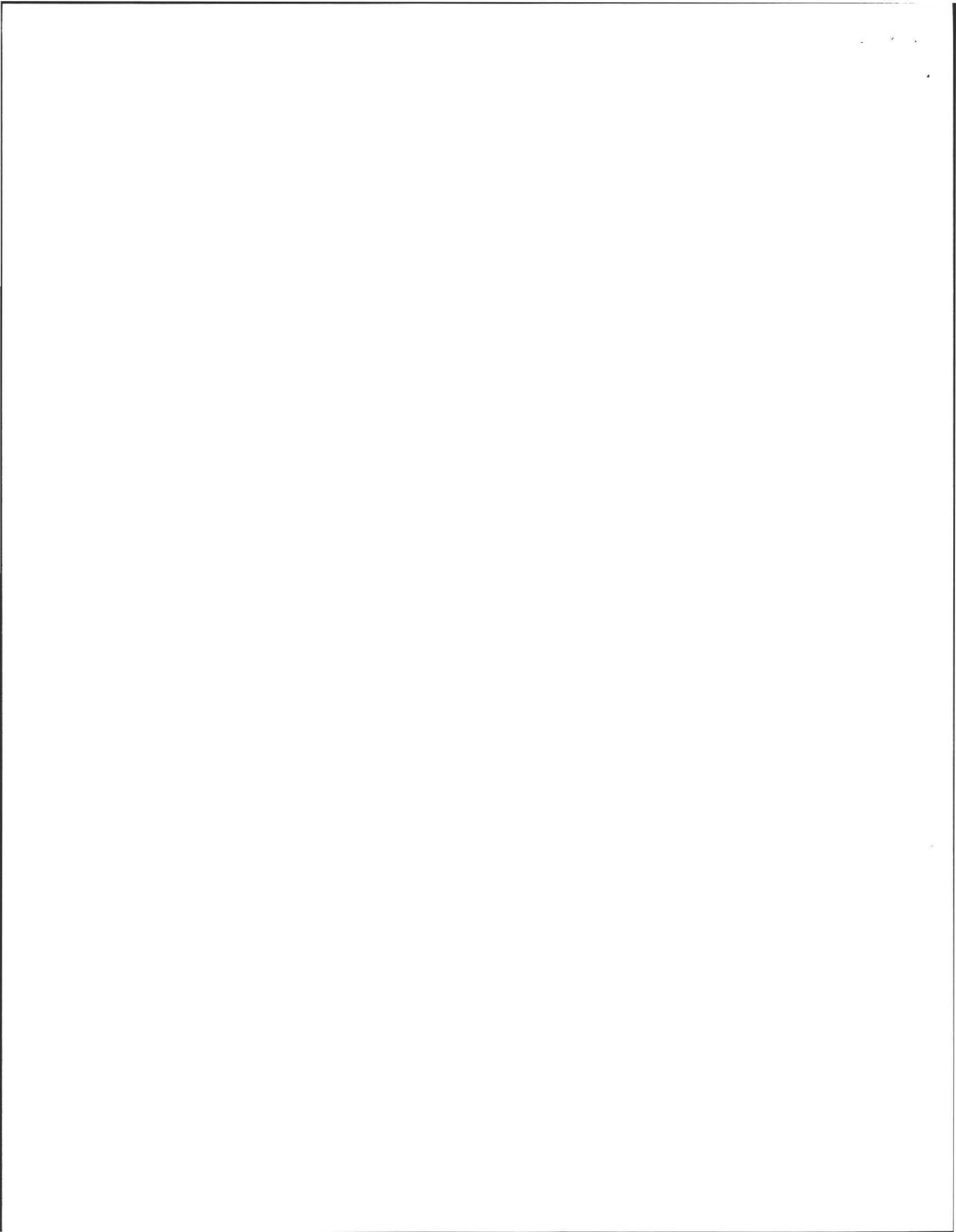
No (Yes/No) The system **fails**. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems: N/A
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
CHECKLIST**

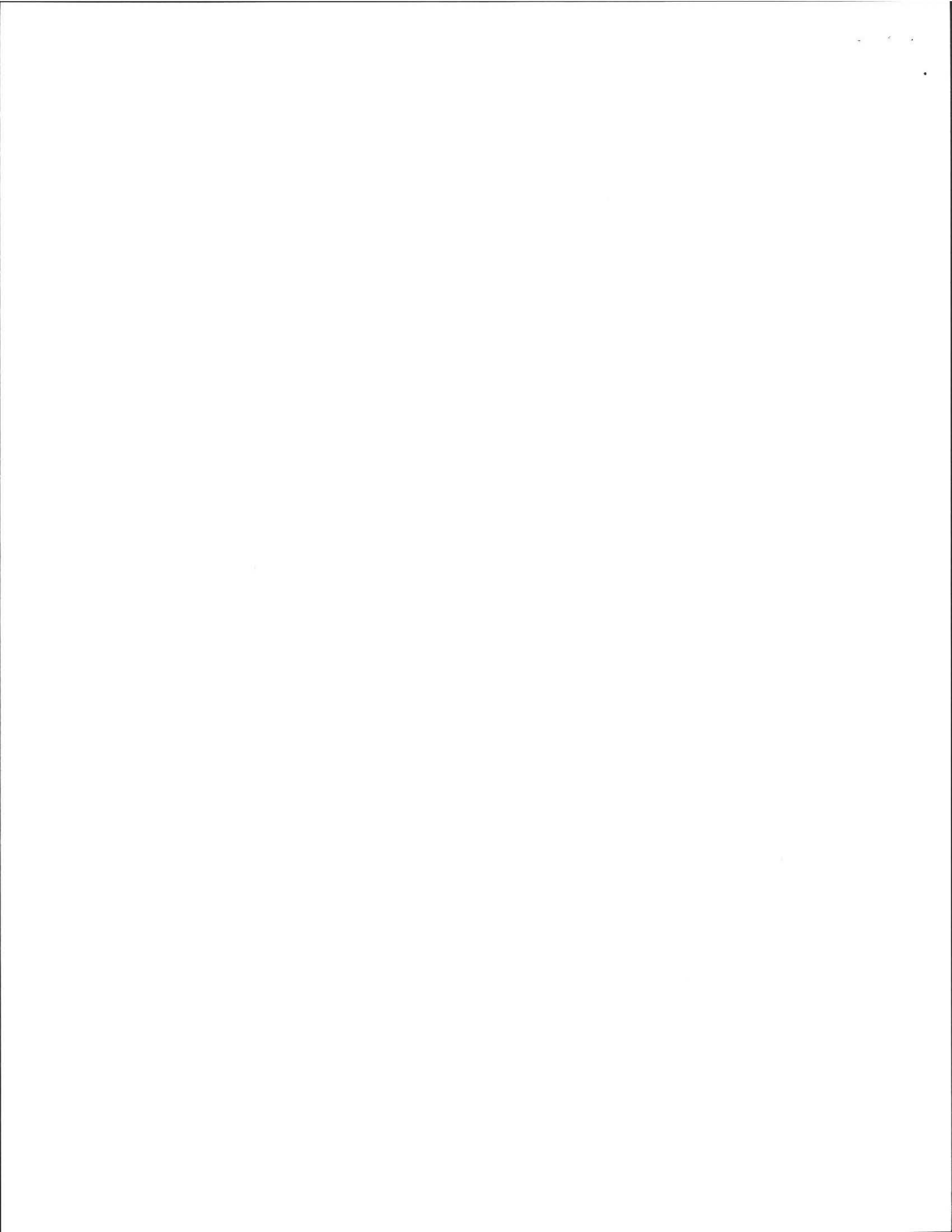
Property Address: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

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: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): UNKNOWN Number of bedrooms (actual): 2
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____
Number of current residents: 0 (2 Previous)
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): N/A
Seasonal use: (yes or no): NO
Water meter readings, if available (last 2 years usage (gpd)): NOT AVAILABLE
Sump pump (yes or no): NO
Last date of occupancy: Summer 2004

COMMERCIAL/INDUSTRIAL

N/A
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

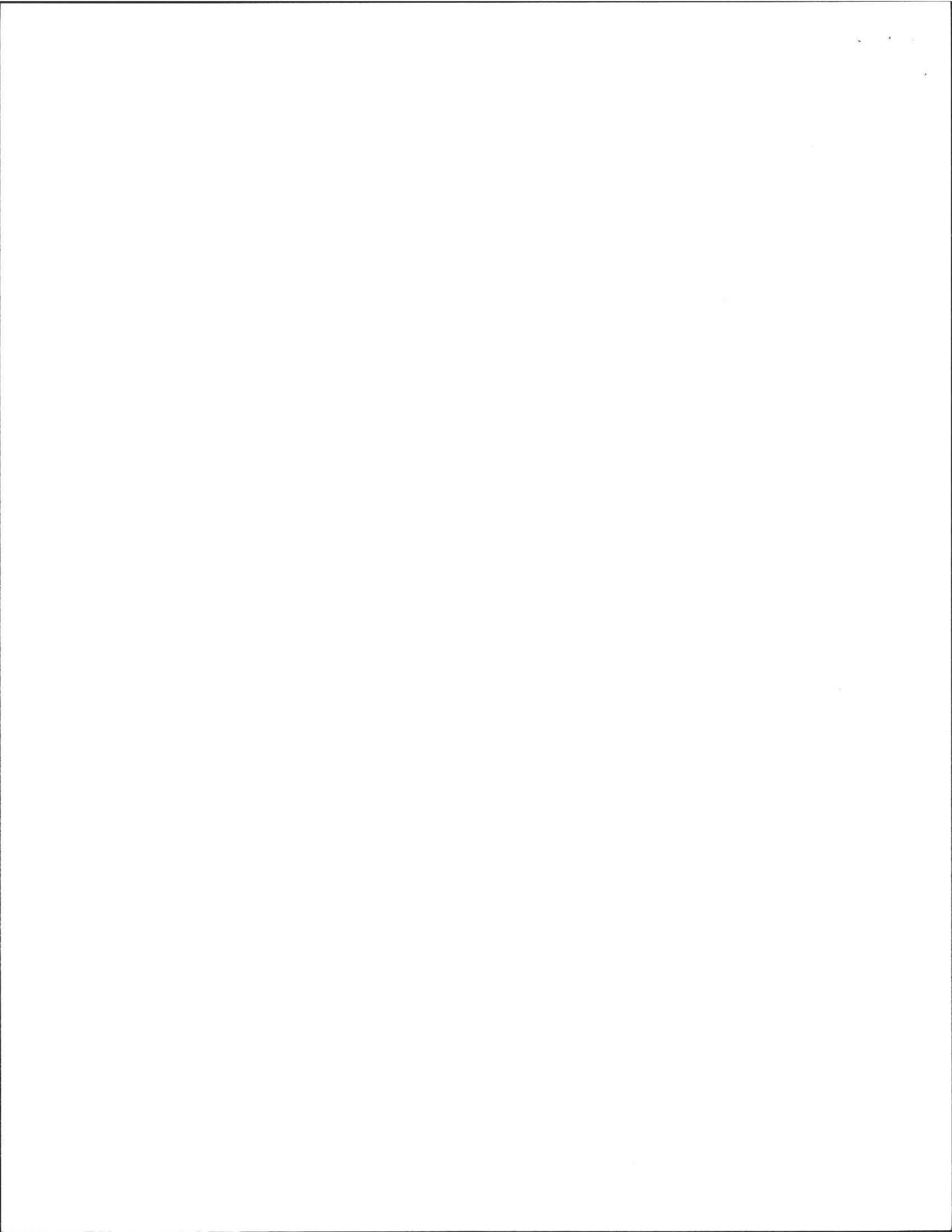
Source of information: LAST PUMPING UNKNOWN
Was system pumped as part of the inspection (yes or no): YES
If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? FROM TANK DIMENSIONS
Reason for pumping: SOLIDS REMOVAL & CHECK TANK & BAFFLES.

TYPE OF SYSTEM

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

Approximate age of all components, date installed (if known) and source of information:
"OVER 20 YEARS OLD" PER OWNER.

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: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

BUILDING SEWER (locate on site plan)

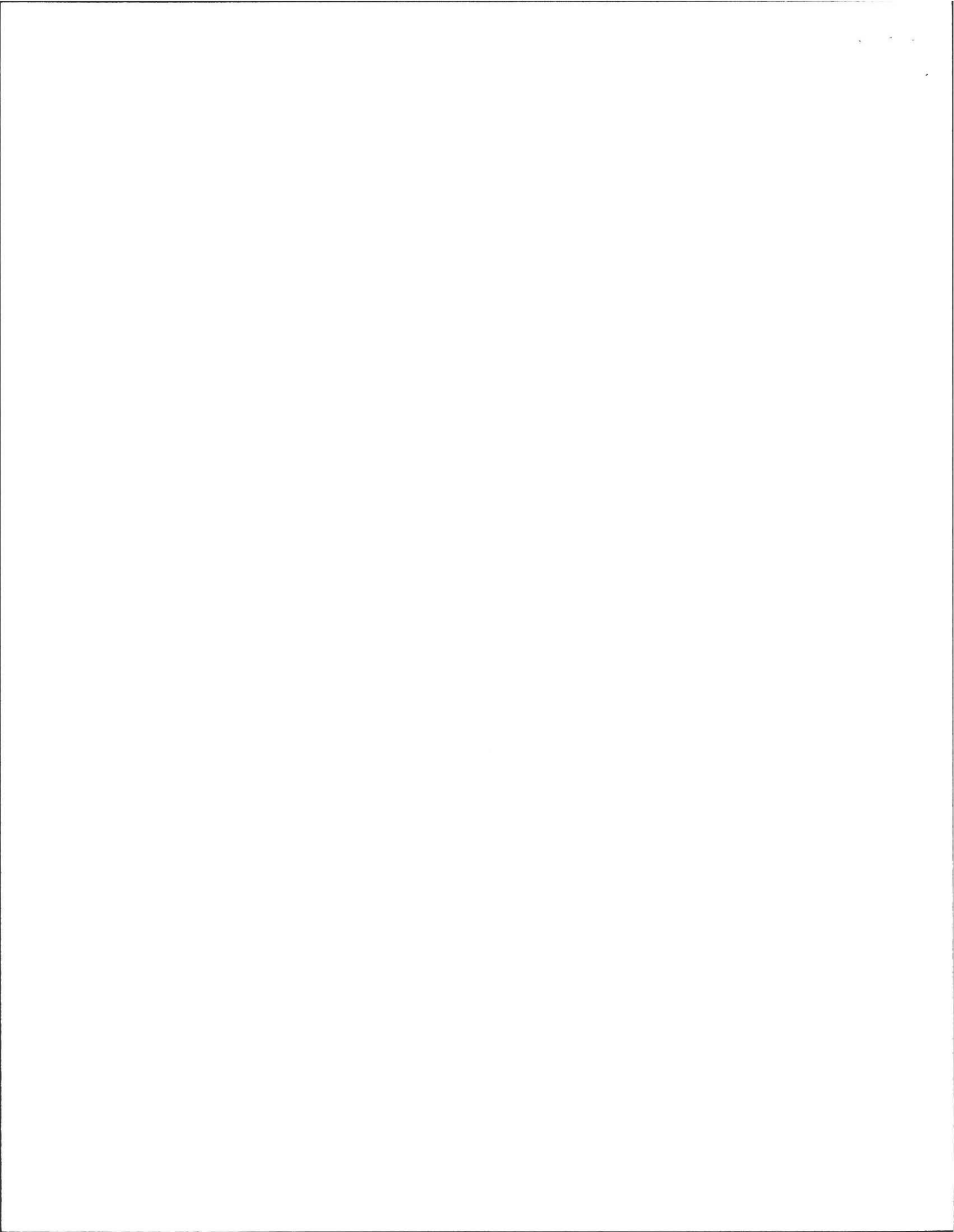
Depth below grade: ~5 FEET (AT SLOPING SIDE OF HOUSE)
Materials of construction: cast iron 40 PVC other (explain): _____
Distance from private water supply well or suction line: N/A (PRESSURE SUPPLY)
Comments (on condition of joints, venting, evidence of leakage, etc.):
GOOD CONDITION. VENTED TO ROOF.

SEPTIC TANK: (locate on site plan)

Depth below grade: CENTER COVER IS BURIED. 3 1/2 FEET w/ A 36" RISER
Material of construction: 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: 102" x 58" x 48" DEEP
Sludge depth: 6"
Distance from top of sludge to bottom of outlet tee or baffle: ~24"
Scum thickness: 4"
Distance from top of scum to top of outlet tee or baffle: WAS 0" AFTER RETROFIT TEE THIS WOULD BE ~4"
Distance from bottom of scum to bottom of outlet tee or baffle: ~14"
How were dimensions determined: OBSERVATION AT TIME OF 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.):
CAST-IN OUTLET BAFFLE WAS DETERIORATED AND HAS NOW BEEN REPLACED BY A NEW 4" PVC PIPE TEE.

GREASE TRAP: N/A (locate on site plan)

Depth below grade:
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: _____
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: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

TIGHT or HOLDING TANK: N/A (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.): _____

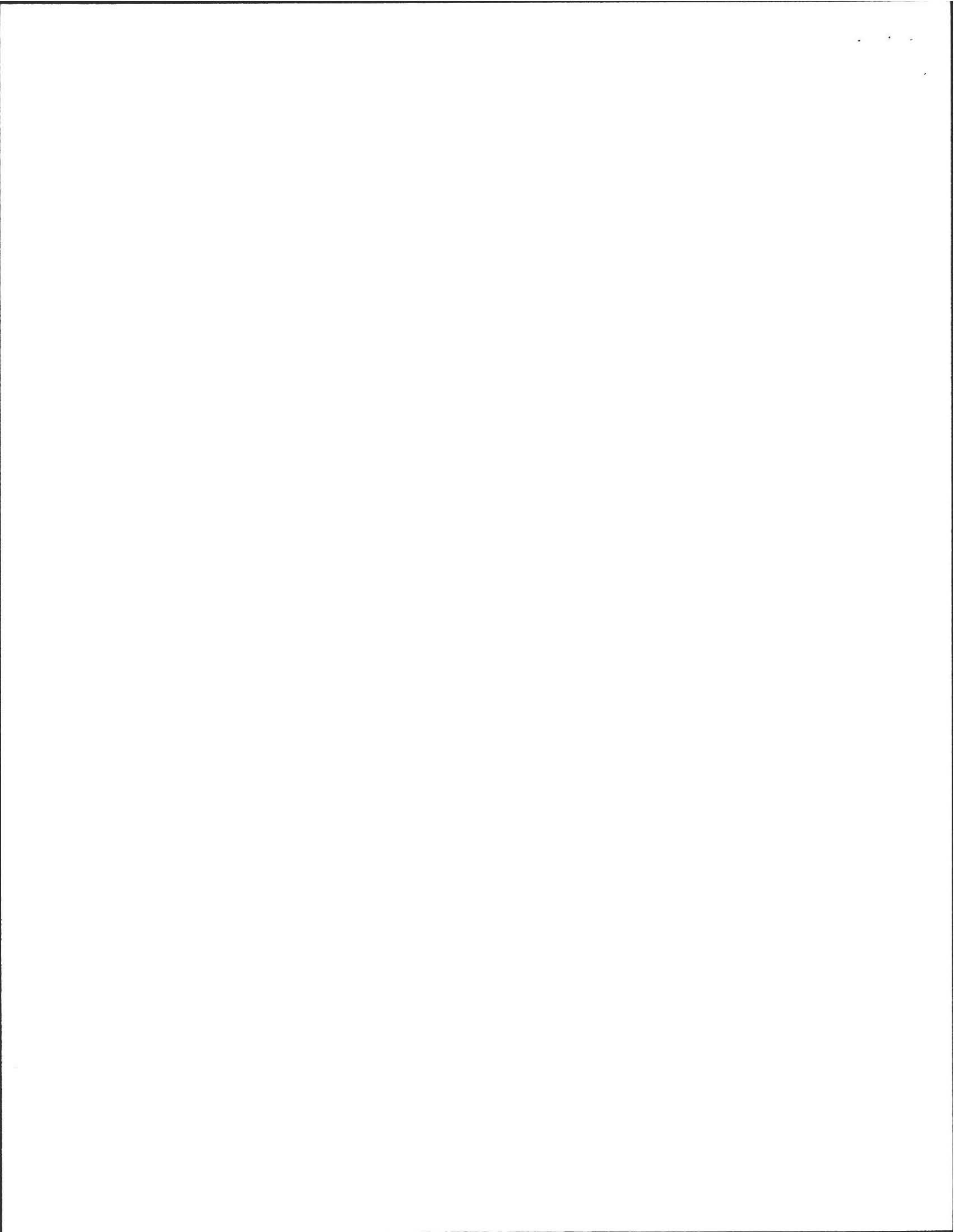
DISTRIBUTION BOX: (if present must be opened)(locate on site plan)

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.):

EXISTING DISTR. BOX WAS DETERIORATED AND DISCHARGING TO ONLY ONE OUTLET.
D-BOX IS NOW REPLACED BY A NEW, LEVEL, 2-OUTLET D-BOX.

PUMP CHAMBER: N/A (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: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

SOIL ABSORPTION SYSTEM (SAS): (locate on site plan, excavation not required)

If SAS not located explain why:

Type

___ leaching pits, number: ___
___ leaching chambers, number: ___
___ leaching galleries, number: ___
 leaching trenches, number, length: ESTIMATED - 2 TRENCHES @ 40' LONG.
___ 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.):

GROUND-SURFACE SOIL CONDITIONS ARE GOOD.

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

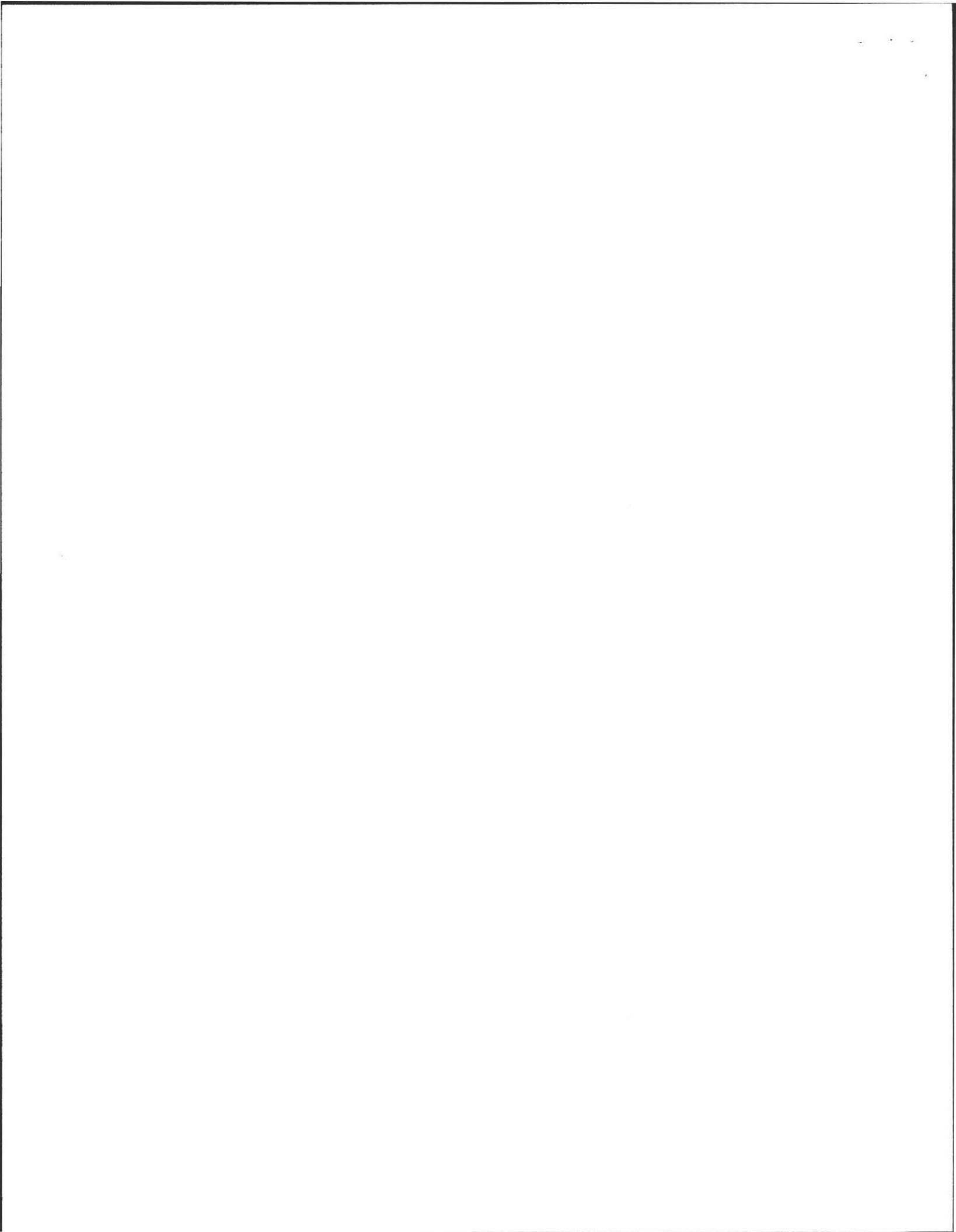
Number and configuration: ___
Depth – top of liquid to inlet invert: ___
Depth of solids layer: ___
Depth of scum layer: ___
Dimensions of cesspool: ___
Materials of construction: ___
Indication of groundwater inflow (yes or no): ___

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

PRIVY: N/A (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.):

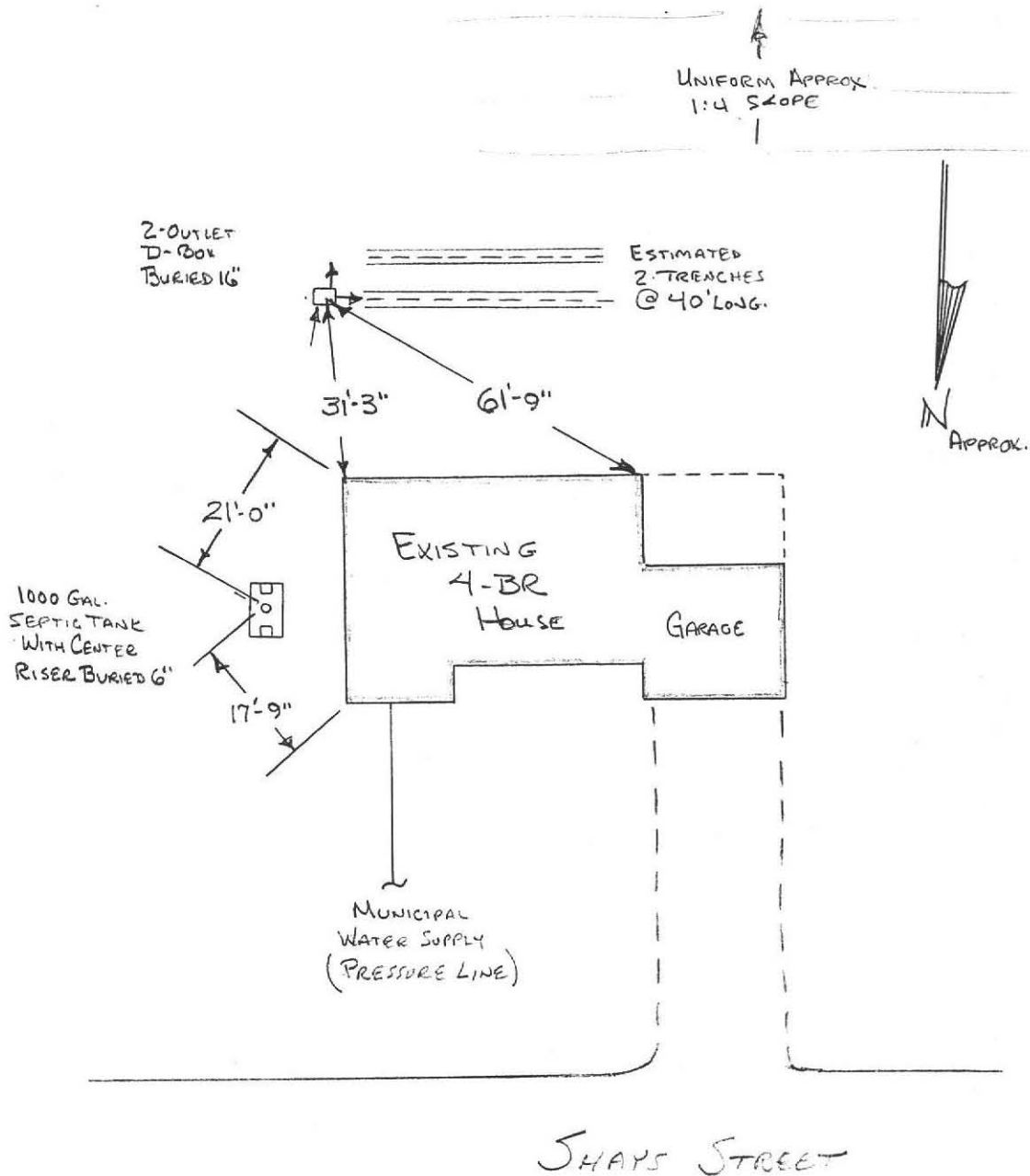


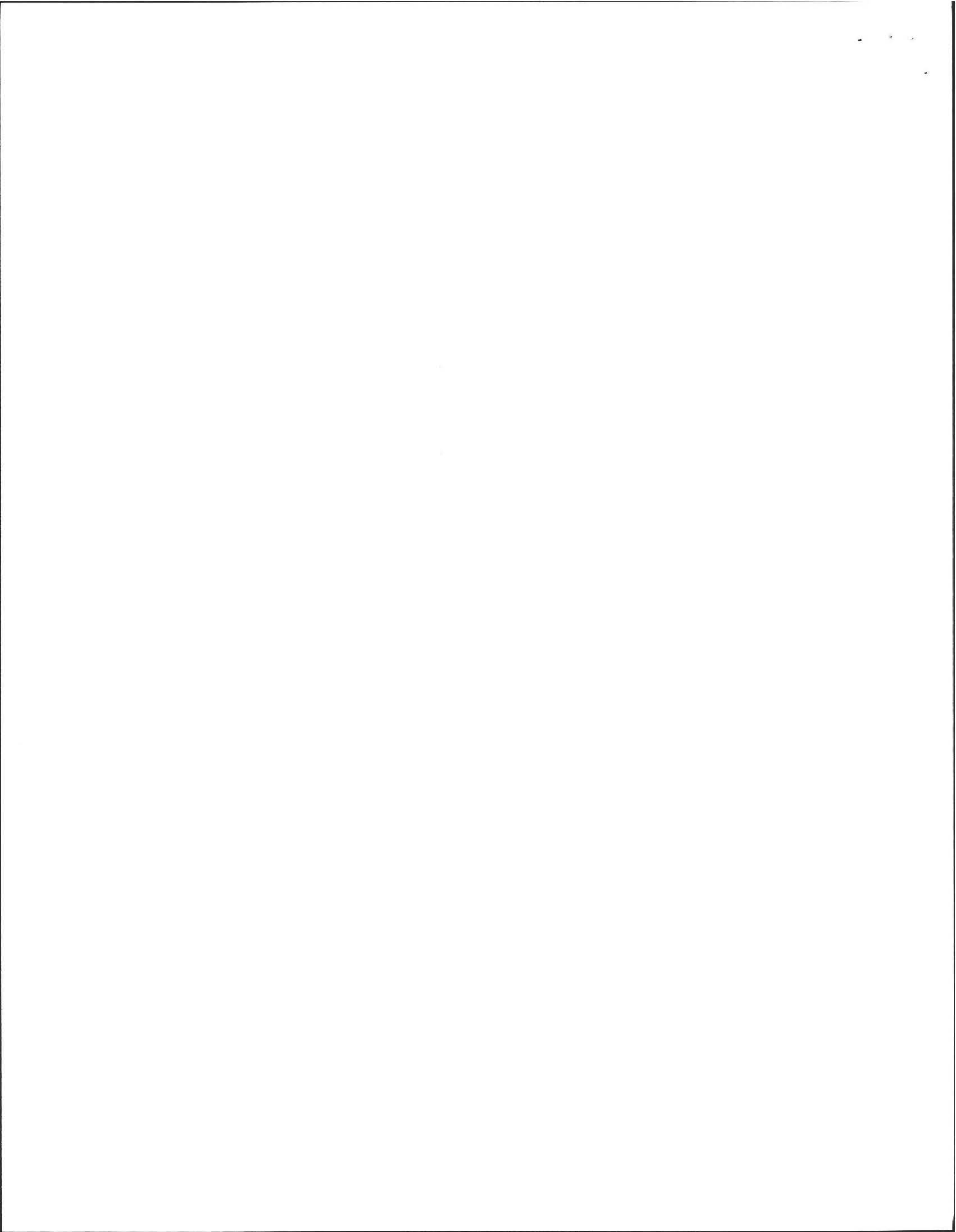
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

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: 365 Shays Street
Amherst
Owner's Name: George May
Date of Inspection: September 13, 16 & 17, 2004

SITE EXAM

- Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to ground water 4[±] feet

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:

CELLAR IS DRY. UNIFORM BACKYARD SLOPE DOWNHILL AWAY FROM HOUSE.

