B. Certification (cont.)

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

A. System Passes:

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

Comments: ____

B. System Conditionally Passes:

_N_ 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, or ND) in the ____ for the following statements. If "not determined" please explain.

_N_ 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. The system will pass inspection if the existing septic 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: ____

_N_ 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 by the Board of Health): broken pipe(s) are replaced ____
obstruction is removed ____
distribution box is leveled or replaced ____

ND explain: ____

_N_ 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:____

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

_N_ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the 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.

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: 287 Shutesbury Road

Owner' Name: Joseph Brennan

City/Town: Amherst, MA 01002 **Date of Inspection:** 10/28/09

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

Owner Address: 113 January Hills Rd., Amherst, MA 01002

Copy to: Board of Health, Amherst, Caroline Qualls, Murphy Realtors

Witness: Owner, Realtor **Homestead Inc. #:** SSDS-1372

A. General Information

1. Inspector:

Name of Inspector: Thomas S. Leue R.S.

Company Name: Homestead Inc.

Company Address: 1664 Cape St., Williamsburg, MA 01096

Telephone Number: (413) 628-4533 License Number: SI130

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 septic system condition must be evaluated and classified into one of the following four conditions:

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

The system condition: **Passes**

Inspector's Signature: Thomas S Leue Date: 10/28/09

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 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.**

October 28, 2009$300.00$450.003:28 PM

B. Certification (cont.)

E] Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 to 15,000 gpd. For large systems, you **must** indicate either **YES (Y) or NO (N)** as to each of the following, in addition to the questions in Section D.

N the system is within 400 feet of a surface drinking water supply

N the system is within 200 feet of a tributary to a surface drinking water supply

N 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 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.

C. Checklist

Check if the following have been done. You **must** indicate **YES (Y) or NO (N)** as to each of the following:

Y Pumping information was provided by the owner, occupant or Board of Health. _

N Were any of the system components pumped out in the previous two weeks? _

N Has the system received normal flows in the previous two week period? _

N Have large volumes of water been introduced to the system recently or as part of the inspection? _

Y Were "as-built" plans of the system obtained and examined? (If not available note as N/A) _

Y Was the facility or dwelling was inspected for signs of sewage back up? _

Y Was the site was inspected for signs of break out? _

Y Were all system components, excluding the SAS, located on site? _

Y Were the septic tank manholes uncovered, opened, and the interior of the septic tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and scum?

Y 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:

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

N Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR15.302(5)]. _

Commonwealth of Massachusetts

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City/Town: Amherst, MA 01002 **Date of Inspection:** 10/28/09

B. Certification (cont.)

2) **System will fail unless 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 I 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 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 either **YES (Y) or NO (N)** as to each of the following for **all** inspections:

N Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

N Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

N Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

N Liquid depth in cesspool is less than 6" below invert or available volume less than 1/2 day flow.

N Required pumping more than 4 times in the last year ***NOT*** due to clogged or obstructed pipe(s). Number of times pumped____

N Any portion of the SAS, cesspool or privy is below high ground water elevation.

N Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

N Any portion of cesspool privy is within a Zone I of a public well.

N Any portion of cesspool or privy is within 50 feet of a private water supply well.

N Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply 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 must be attached to this form.]**

N The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.

N **The system fails:** I have determined that one or more of the above failure criteria exist as defined in 310 CM 15.303, therefore the system fails. The system owner should contact the Board of Health should be contacted to determine what will be necessary to correct the failure.

COMMENT: ____

Property Address: 287 Shutesbury Road

Owner information is required for every page.

Owner' Name: Joseph Brennan

City/Town: Amherst, MA 01002 **Date of Inspection:** 10/28/09

D. System Information (cont.)

Approximate Age:	All components, date installed, and source of info.		
Septic plan:	1988 system, but tank and d-box replaced in 2005.		
N	Were sewage odors detected when arriving at the site (Y or N) ____		
Building Sewer:	(locate on site plan)		
34	Depth below grade	(inches)	Estimated Average
ABS plastic	Material of Construction		
26	Distance in feet from private water supply well or suction line		
Comments:	No problems seen. Mostly behind walls. Basement level ejector pump.		
Septic Tank:	(locate on site plan)		
29	Depth below grade	(inches)	
Concrete	Materials of Construction	____	
	If tank is metal, list age		
	Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)		
29	Riser depth	(inches)	ver inlet, outlet shorter
58	Septic tank width	(inches)	Interior dimensions
126	Septic tank length	(inches)	Interior dimensions
59	Septic tank height	(inches)	Interior dimensions
1,871	Calculated gross volume	(gallons)	Calculated
9	Air space in tank	(inches)	____
1,500	Net Volume	(gallons)	Calculated
22	Baffle depth	(inches)	____
9	Sludge thickness	(inches)	Average
28	Top Sludge : Bottom Baffle	(inches)	Calculated
5	Scum thickness	(inches)	Average
10	Bottom Scum : Bottom Baffle	(inches)	Calculated
6	Top Scum : Top Baffle	(inches)	Calculated
Measured	How were dimensions determined?		____

Comments:
No operational or structural problems seen.
Baffle intact. Water level appropriate.

Recommendations:
Recommend pumping at this time. Pump on 3 to 4 year interval.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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Property Address: 287 Shutesbury Road

Owner' Name: Joseph Brennan

City/Town: Amherst, MA 01002 **Date of Inspection:** 10/28/09

D. System Information

Residential Flow Conditions:

3	Number of bedrooms (design)
4-5	Number of bedrooms (actual)
330+	DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # bedrooms)
0	Number of current residents _
N	Does residence have a garbage grinder ?
N	Is the Laundry a separate system? [If yes, separate inspection required]
N	Laundry system inspected?
N	Seasonal use?
N/A	Water meter readings, if available (last 2 years usage) (gallons per day)
N	Sump Pump? _
none in 6 months	Last date of occupancy _

COMMERCIAL/INDUSTRIAL

Type of establishment: _
Design flow (based on 310 CMR 15.203): _ gpd
Basis of design flow (seats/persons/sift, etc.): _
Grease trap present ? _
Industrial waste holding tank present ? _
Non-sanitary waste discharge to the Title 5 system? _
Water meter readings, if available: _
Last date of occupancy/use: _
OTHER (describe): _

General Information

Pumping Records: Source of information: probably not pumped since tank installed

N Was system pumped as part of the inspection (Y or N)
If yes, volume pumped:___gallons
How was quantity pumped determined?___
Reason for pumping:___
Comment: Pump on 3 to 4 year interval. Pumping recommended now.

Type of System:

X Septic tank, distribution box, soil adsorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
N Shared system (Y or N) (if yes, attach previous inspection records, if any) _
___ Innovative/Alternative technology. Attach 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): _

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form-Not for Voluntary Assessments

Property Address: 287 Shutesbury Road

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Owner' Name: Joseph Brennan

City/Town: Amherst, MA 01002 **Date of Inspection:** 10/28/09

D. System Information (cont.)

Distribution Box: (if present must be opened) (locate on site plan) ("D-box")

Y	D-box part of septic system?
0	Depth of liquid level above outlet invert Inches

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, and out of D-box, etc. Box appears level. 2 pipes out.
Some biosolids seen in box.

Pump Chamber: (locate on site plan)

N	Pump part of septic system?
	Pumps in working order: (Y or N)
	Alarms in working order: (Y or N)

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

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

N	Cesspool part of system?
	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

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

Privy: (locate on site plan)

N	Privy part of system?
	Materials of construction:
	Dimensions:
	Depth of solids:

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

Site Exam: (Source of Information)

Y	Check Slope		Official Perc Date
	Surface water		Official Plan Date
Y	Check Cellar		Other Official Source
N	Shallow wells		Other Source
66"	Estimated depth to ground water		(inches)

Please indicate all the methods used to determine high groundwater elevation:

Y	Observed site (abutting property/observation hole within 150 feet of SAS)
	Checked with local Board of Health-explain:
	Checked with local excavators, installers - explain:

You must describe how you established the high ground water elevation:
From deep hole observation conducted 4/19/05
On file at Board of Health.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form-Not for Voluntary Assessments

save

Property Address: 287 Shutesbury Road

Owner' Name: Joseph Brennan

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City/Town: Amherst, MA 01002 **Date of Inspection:** 10/28/09

D. System Information (cont.)

Grease Trap:	(Usually present in certain commercial systems)		
N	Grease Trap part of system?		
	Depth below grade	(inches)	Measured
	Materials of construction:		
	Dimensions:		
	Scum thickness	(inches)	Average
	Top of scum to top of outlet tee		Calculated Inches
	Bottom of scum to bottom of outlet tee		Calculated Inches
	Date of last pumping		
Comments:	condition		

Tight or Holding Tank:	(tank must be pumped at time of inspection)			
N	Tight tank part of system?			
	Depth below grade	(inches)	Measured	
	Materials of construction			
	Tank width		Tank length	(inches)
	Tank height		Capacity	(gallons)
	Design flow:	gallons/day		
	Alarm Level	(inches)		
	Alarms in working order?			
	Date of last pumping			

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

Attach copy of current pumping contract (required). Is copy attached?

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

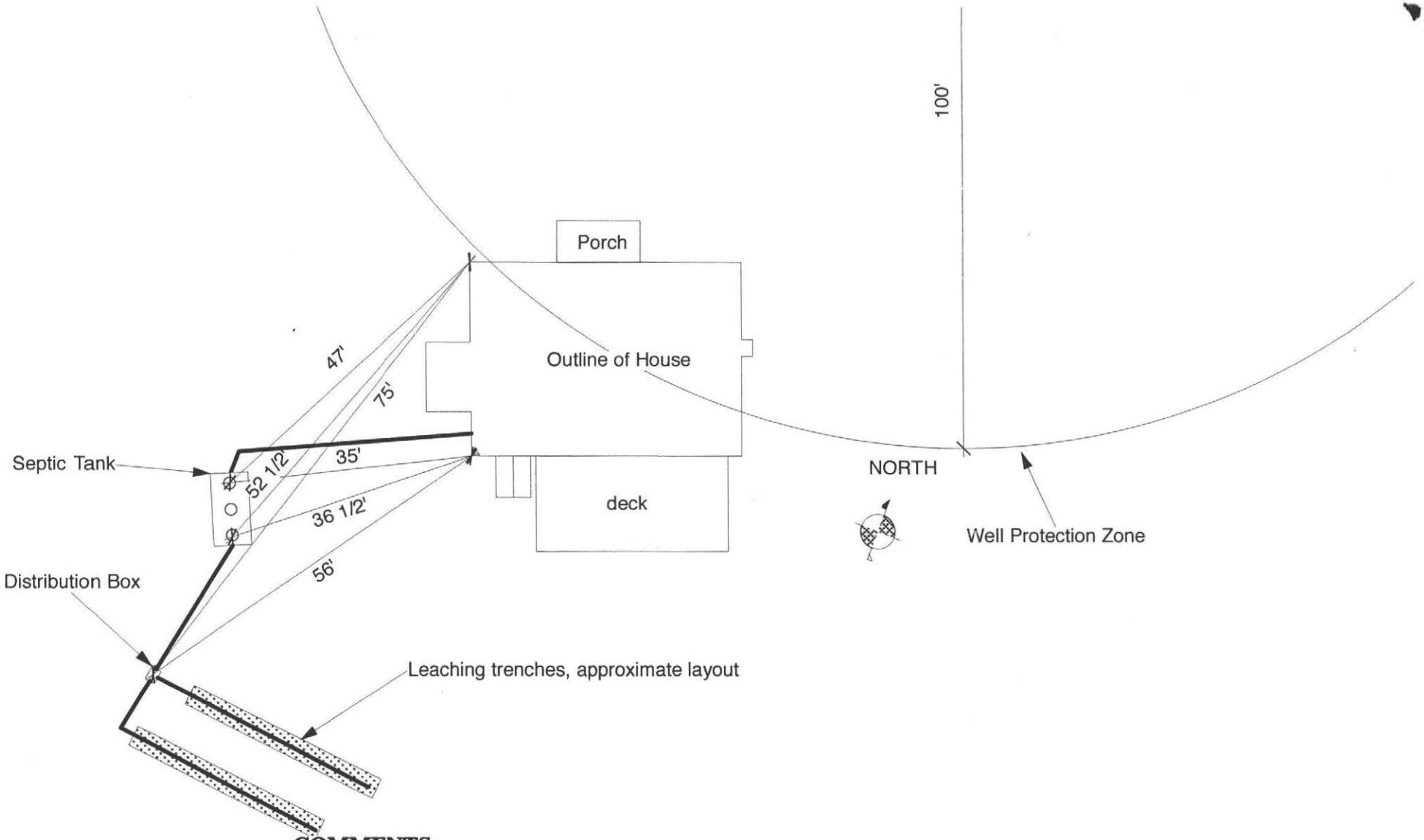
If SAS not located explain why:

	leaching pits & number:	
	leaching chambers and number:	
	leaching galleries and number:	
Y	leaching trenches, number, length:	2 found, 3 trenches expected
	leaching fields, number, dimensions:	
	overflow cesspool, number:	
	innovative/alternative system, Type:	

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

Trenches said to be 30' long each. No surface problems seen.

Gravel media not significantly contaminated.



COMMENTS:

Recommend pumping on a 3 to 5 year schedule. Also, a copy of this plan posted in the basement/utility area would keep this information accessible in future years for maintenance.

As-Built Drawing Existing Septic System	Date: 10/28/09	Owner: Joseph Brennan 287 Shutesbury Rd. Amherst, MA 01002	COMMONWEALTH OF MASSACHUSETTS THOMAS S. LEUE #1172 REGISTERED SANITARIAN	HOMESTEAD INC. Thomas S. Leue R.S. 1664 Cape St. Williamsburg, MA 01096 [413] 628-4533
Scale: 1 : 20' Except as Noted	Revision Date:			