SNELL STREET

#172 Snell St.

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

1416

Received of Kohl Construction, Inc. (Name) of 31 Campus Plaza Rd. (Address)

For Property Located at: SAME (Street Address) Doug Kohl (Owner)

HEA009	Bakery R6510 443509		HEA016	Septic Tank Permit-Installers R6510 443511	#115 -
HEA001	Bed & Breakfast R6510 443516		HEA017	Septic Tank Permit-Private R6510 443510	#100 -
HEA002	Catering License R6510 443507		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA003	Food Handler R6510 443515		HEA019	Sub-Division Review Fee R6510 432306	
HEA004	Frozen Deserts R6510 443501		HEA012	Swimming Pool Permits R6510 443512	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA020	Tanning License R6510 443509	
HEA006	Massage Therapy License R6510 443504		HEA034	Immunization Clinic R6510 432307	
HEA008	Motel License R6510 443506		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA010	Removal of Offal R6510 443513		HEA022	Tobacco License R6510 443505	
HEA021	Removal of Rubbish R6510 443520		HEA042	Body Arts / Tatoo R6510 443521	
HEA011	Percolation Test Fees R6510 432300		HEA043	Food Service Plan Review R6510 432308	
HEA013	Recreation Camp License R6510 443503		HEA044	Porta Potties R6510 432309	
HEA014	Retail Store Permit R6510 443514		HEA045	Ice Rinks R6510 443522	
HEA015	Sanitary Code Booklets R6510 432305		HEA046	Rental Registration R6510 432310	
			HEA047	Fines R6510 48200	
			HEA		
			HEA		

TOTAL FEE: #215 -

Amherst Health Department

3/8/05
Date

OFFICE USE ONLY

CHECK #	CASH
#115 #02690 #100 #2101	Ø

Must be Validated by the Collector's Office to be considered paid

WHITE – Applicant YELLOW – Collector PINK – Accounting GOLD – Health / Inspections

SNELL STREET LLC 2101

DATE	INVOICE NO.	DESCRIPTION	INVOICE AMOUNT	DEDUCTION	BALANCE
Town of Amherst					
3-07-05	030705		100.00	.00	100.00

SNELL STREET LLC 2101

CHECK DATE	3-07-05	CHECK NUMBER	2101	TOTALS	100.00	.00	100.00

FORM 1A - APPLICATION FOR DSCP

No. 05-02 Fee 100 cc CK # 2101

COMMONWEALTH OF MASSACHUSETTS
Board of Health, AMHERST, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to: Construct ( ) Repair ( ) Upgrade ( ) Abandon (X)

(X) Complete System ☐ Individual Components

Location 172 Snell Street	Owner's Name Snell St. LLC
Map/Parcel#	Address 31 Campus Plaza Rd, Hadley
Lot#	Telephone# 256-0321
Installer's Name	Designer's Name
Address	Address
Telephone#	Telephone#

Type of Building:_____ Lot Size_____sq.ft.
Dwelling - No. of Bedrooms_____ Garbage grinder ( )
Other - Type of Building_____
No. of persons_____ Showers ( ), Cafeteria ( )
Other Fixtures_____

Design Flow (min. required)_____gpd Calculated design flow_____gpd
Design flow provided_____gpd

Plan: Date_____ Number of sheets_____ Revision Date_____
Title_____

Description of Soil(s)_____
Soil Evaluator Form No._____ Name of Soil Evaluator_____
Date of Soil Evaluation_____

DESCRIPTION OF REPAIRS OR ALTERATIONS removal of leachfield; removal or crushing/filling w/sand of tank

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed_____ Date_____

Inspections_____

FORM 3A - CERTIFICATE OF COMPLIANCE

No. 05-02 Fee 100 ck #2101

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☐ **Complete System**

The undersigned hereby **certify** that the Sewage Disposal System;

Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned (✓)

by: Kohl Const

at: 172 Sunset St

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 05-02

dated 3/8/05. Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector _____

Date 3/8/05

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

3/8/05

1) Removed Pipe From System Area
2) Pumped/Crushed Septic Tank – Filled with Sand

This Area will be Served By Town Sewer –

DEP

DEP APPROVED FORM 5/96

FORM 2A - DSCP

No. 05-02 Fee 100.00 CK #2101

COMMONWEALTH OF MASSACHUSETTS
Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair( ) Upgrade( ) Abandon(✓) an individual sewage disposal system at 172 Sixth St (Installing Town Sewer)

as described in the application for Disposal System Construction Permit No. 05-02,

dated 3/8/05.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 03/8/05 Board of Health Carol Jacquard.

DEP APPROVED FORM 5/96

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
Part A
Certification (continued)

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

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 conditions described in 310 CMR 15.303 or in CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

COMMENTS:

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**, or **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 breakout or high static water level in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled, or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

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

_____ 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:

COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5 INSPECTION FORM

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

Part A
Certification

Property Address: 239 SNELL STREET
AMHERST, MA.
Date of Inspection: JUNE 27, 2001
Name of Inspector: Philip J. Pasiecnik
Company Name: **Greg's Wastewater Removal**
239A Greenfield Road
S. Deerfield, MA 01373
Company Phone: (413) 665 - 3989

Name of Owner: ZHEN NA
Address of Owner:

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: Philip J. Pasiecnik **DATE:** 6/27/01

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within thirty (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 NO FAILURE CRITERIA AS DESCRIBED ON PAGE FOUR OF THIS REPORT WAS FOUND AT THE TIME OF INSPECTION OF THIS SYSTEM.:

***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.

File

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
Part A
Certification (continued)

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

D] SYSTEM FAILURE CRITERIA applicable to all systems:

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

YES	NO	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool.
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
☐	☒	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
☐	☒	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
☐	☒	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 Soil Absorption System, cesspool, or privy is below the high groundwater 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 I of a public well.
☐	☒	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐	☒	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

☐Y(N) **The system fails.** I have determined that one or more of the above failure criteria exists as defined in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E] LARGE SYSTEMS:

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

You must indicate either "Yes" or "No" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

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

If you have answered "yes" to any question in Section E the system is considered a threat, or answered "yes" in Section D above the large system has failed. The owner or operator or 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 A
Certification (continued)

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

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 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 THE 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 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 THE ENVIRONMENT:**
   - ☐ The system has a septic tank and soil absorption system (**SAS**) and the SAS is within 100 feet to 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 C
SYSTEM INFORMATION

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

FLOW CONDITIONS

Residential:
Number of bedrooms (design): Unknown Number of bedrooms (actual) 2

DESIGN Flow: 220 G.P.D. (based on 310 CMR 15.203 - for example: 110 gpd x # of bedrooms)

Number of current residents: 3
Is Garbage Grinder present (yes or no) No
Is laundry on a separate sewage system (yes or no) No if **yes** separate inspection required
Laundry system inspected (yes or no)
Seasonal Use (yes or no) No
Water Meter readings - if available - (last two (2) year usage (gpd)) 114,000 Gallons / 156.2 G.P.D.
Sump Pump (yes or no) No
Last Date of Occupancy: Currently occupied

Commercial/Industrial:
Type of establishment:
Design flow: (Based on 310 CMR 15.203) _____ gallons per day
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)
Last Date of Occupancy/Use:
OTHER (describe):

GENERAL INFORMATION

PUMPING RECORDS
Source of information: Pumped in 1999 per owner.
Was system pumped as part of the inspection: (yes or no) Yes
If YES -enter volume pumped 1500` gallons -
How was the quantity pumped determined? Inside tank dimensions to outlet invert.
Reason for pumping: Tank inspection

TYPE OF SYSTEM:
☒ Septic Tank / D Box / Soil Absorption System ☐ Single Cesspool
☐ Overflow Cesspool ☐ Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any) No
Innovative/Alternative technology. Attach a copy of up the current operation and maintenance contract (to be obtained from system owner)
Tight Tank _____ Attach a copy of DEP Approval

OTHER (describe):

Approximate age of all components, date installed (if known) and source of information:
25 + Years old / Unknown / Estimate
No sewage odors were detected on the property.

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

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

Check if the following have been done. You **must** indicate either "Yes" or "No" as to each of the following:

Yes	No	
☒	☐	Pumping information was requested of 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?
☐ N/A	☒	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 Soil Absorption System, 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:
☐	☒	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 (continued)

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

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 in gallons
Design flow in gallons per day
_____ Alarm present (Yes or No)
_____ Alarm level Alarm in working order ☐Yes ☐ No
_____ Date of last pumping

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

DISTRIBUTION BOX ☒ Yes ☐ No (If present, MUST be opened - locate on site plan)

Depth of liquid level above outlet invert: At, but not above.
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.) Box was level and distribution was equal to all three outlet pipes at this time. No solids carryover evident. The box was in good condition with no evidence of leakage at this time. The d-box has concrete risers to surface of ground with a concrete cover at the surface. The outlet pipes were snaked to determine the length and width of the leachfield.

PUMP CHAMBER: ☐ (located 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 A
Certification (continued)

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

BUILDING SEWER (Locate on site plan): ☒

Depth below grade: 18"
Material of construction: XXX cast iron _____ 40 PVC _____ other (explain)

Distance from private water supply well or suction line Public water supply
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
Joints were in good condition with no evidence of leakage. Venting visible thru the dwelling roof.

SEPTIC TANK (locate on site plan): ☒

Depth below grade: 12"
Material of Construction: ☒ Concrete ☐ Metal ☐ Fiberglass ☐ Polyethylene _____ Other (explain)

If tank is metal, list age _____ Is age confirmed by Certificate of Compliance _____ (Yes/No) (If "Y", attach copy of Certificate of Compliance)

10'6"Lx6'Wx6'4"D	Dimensions:
10"	Sludge Depth
39"	Distance from top of sludge to bottom of outlet tee or baffle
4"	Scum thickness
9"	Distance from top of scum to top of outlet tee or baffle
7"	Distance from bottom of scum to bottom of outlet tee or baffle
Measured	How dimensions were determined:

Comments: (On pumping recommendations, inlet & outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.) The septic tank should be pumped every three years. Clay pipe inlet tee was in place and extends 8" below the flow line. Clay pipe outlet tee was in place and extends 11" below the flow line. The top of the outlet tee had a crack in it above the flow line. This was repaired with waterproof urathane adhesive. The liquid level was at the outlet invert. The tank is in good condition with no evidence of leakage. The gallon amount pumped was determined by measuring the inside of the tank to the outlet invert then converted square feet into gallons..

GREASE TRAP (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 / baffle
_____	Distance from bottom of scum to bottom of outlet tee / 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

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

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.

****** { SEE EXHIBIT A} ******

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

Property Address: 239 SNELL STREET
AMHERST, MA.
Owner: ZHEN NA
Date of Inspection: JUNE 27, 2001

SOIL ABSORPTION SYSTEM (SAS): ☒
(locate on site plan, if possible; excavation not required.)

If SAS is not located explain why:_____.

TYPE:
Leaching pits & number _____
Leaching chambers & number _____
Leaching galleries & number _____
Leaching trenches, number, length _____
Leaching fields, number, dimensions **1 - Leachfield 50ft. Long X 10ft. Wide**
Overflow cesspool, number _____
Innovative/Alternative system: _____
Name of Technology: _____

Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.) The soil was sandy loam with no sign of clogging. No sign of hydraulic failure or ponding at this time. The soil wasn't damp at this time. Vegetation was mowed grass and seemed normal. The pipes in the leachfield were snaked to determine the dimensions..

CESSPOOLS ☐ (Cesspool must be pumped as part of inspection - locate on site plan)

Number & 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.) _____.

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

Property Address: **239 SNELL STREET**
AMHERST, MA.
Owner: **ZHEN NA**
Date of Inspection: **JUNE 27, 2001**

SITE EXAM
- ☒ Slope
- ☒ Surface water
- ☒ Check cellar
- ☐ Shallow wells

Estimated Depth to Groundwater 5+ Feet

Please indicate (check) all the methods used to determine High Groundwater 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:**
No sump pump in the basement which was dry at this time. Surface water consisted of a small runoff ditch North of the system and was 4 feet low than the elevation of the leachfield. No sign of groundwater seeping from the sloped area of the back yard. No infiltration of groundwater into the septic tank after pumping.

Sewage Disposal System
at 239 Snell Street
Amherst, Ma. 01002

EXHIBIT "A"

Inspection Date 6/27/01
Drawing Not to Scale