



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: 1522 SOUTH EAST ST  
AMHERST, MA  
 Owner's Name: FREDERICK MARKS  
 Owner's Address: SAME

Date of Inspection: 08/2/04

Name of Inspector: (please print) NATHAN 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

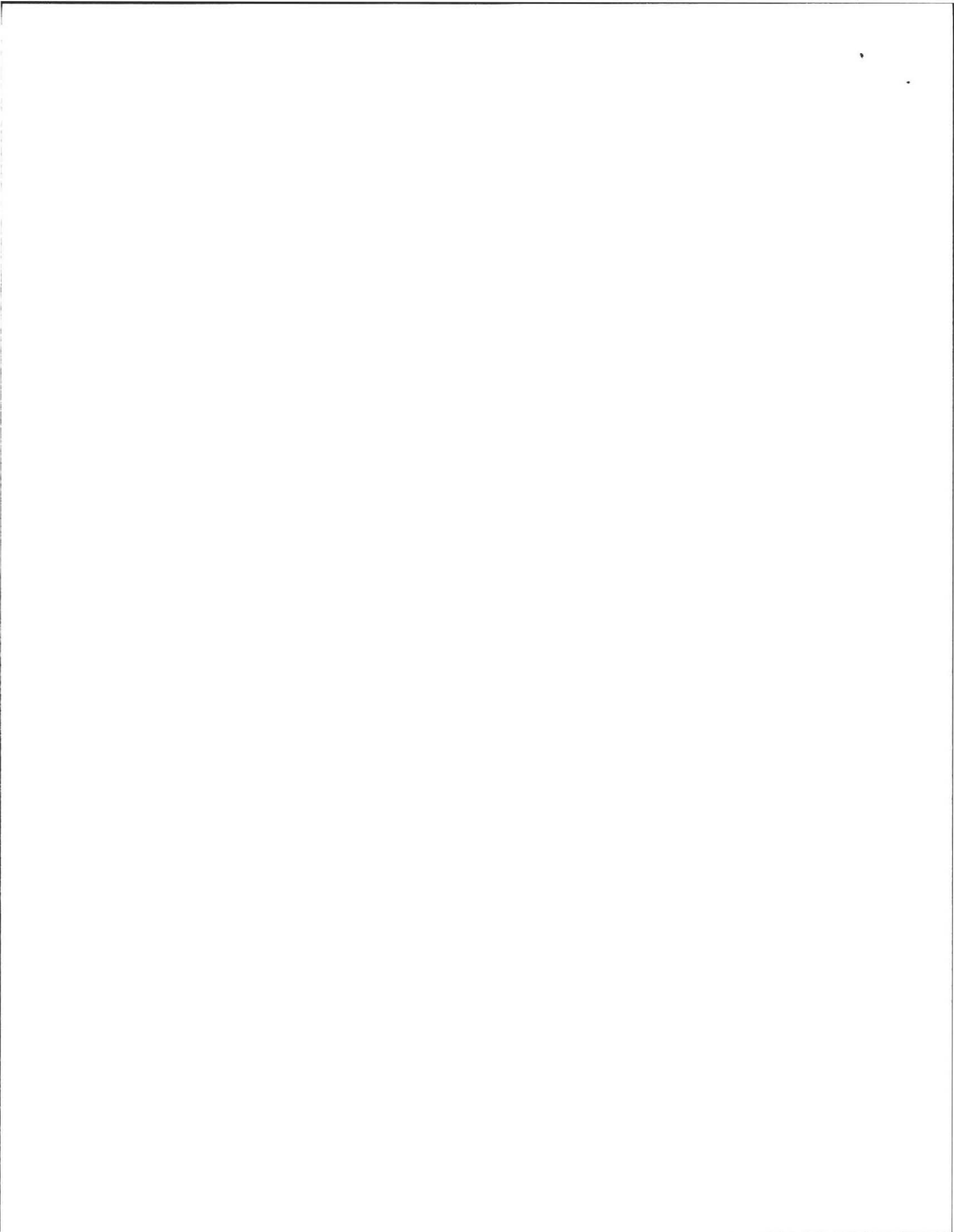
Inspector's Signature: Nathan Torretti Date: 08/2/04

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.

8/6/04



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

Property Address: 1522 SOUTH EAST ST  
AMHERST, MA

Owner: FREDERICK MARKS

Date of Inspection: 8/2/04

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:**

PUMP SEPTIC TANK EVERY YEAR

**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):

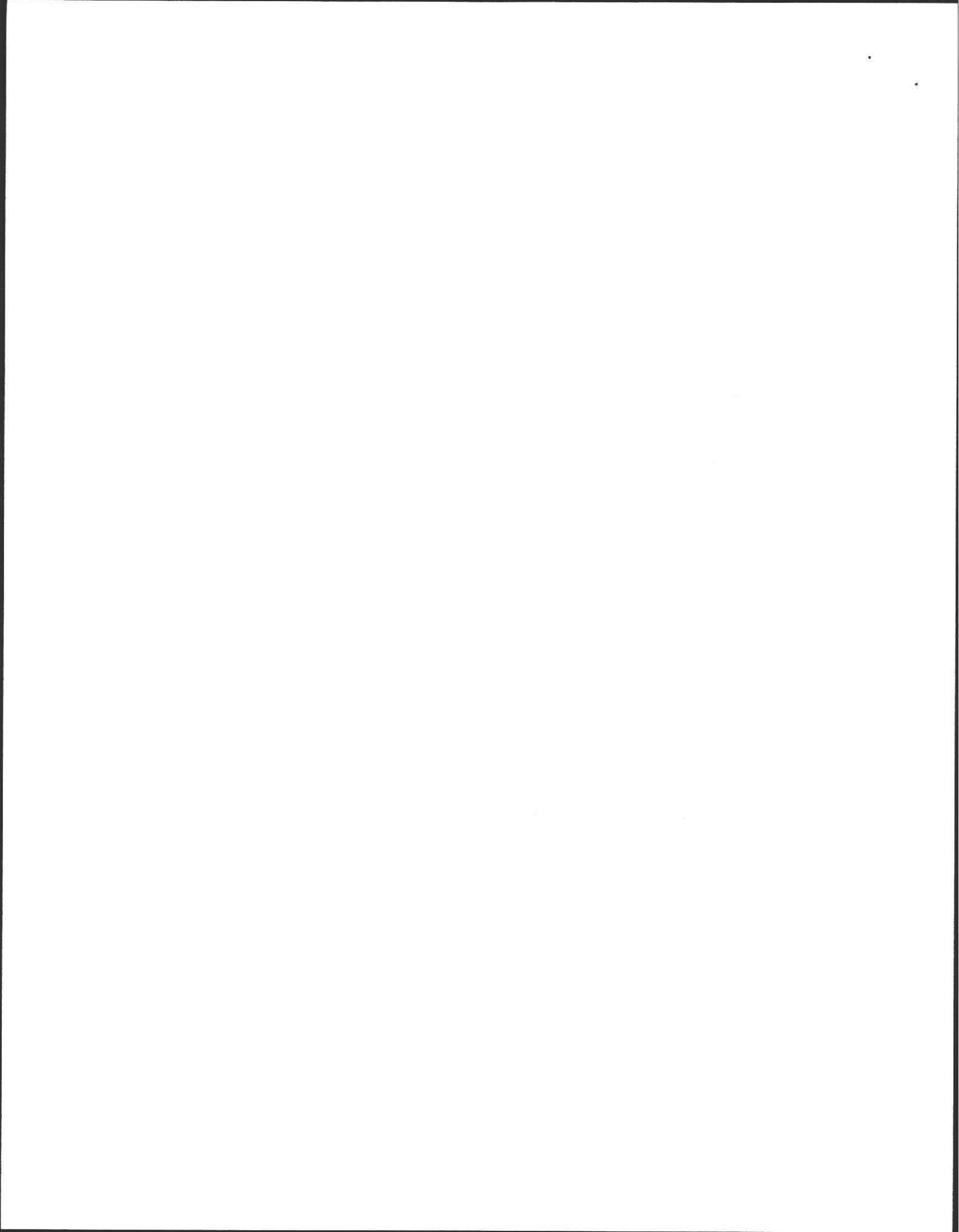
- \_\_\_\_\_ broken pipe(s) are replaced
- \_\_\_\_\_ obstruction is removed
- \_\_\_\_\_ distribution box is leveled or replaced

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:



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**CERTIFICATION (continued)**

Property Address: 1522 SOUTH EAST ST  
AMHERST, MA

Owner: FREDERICK MARKS

Date of Inspection: 8/2/04

**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

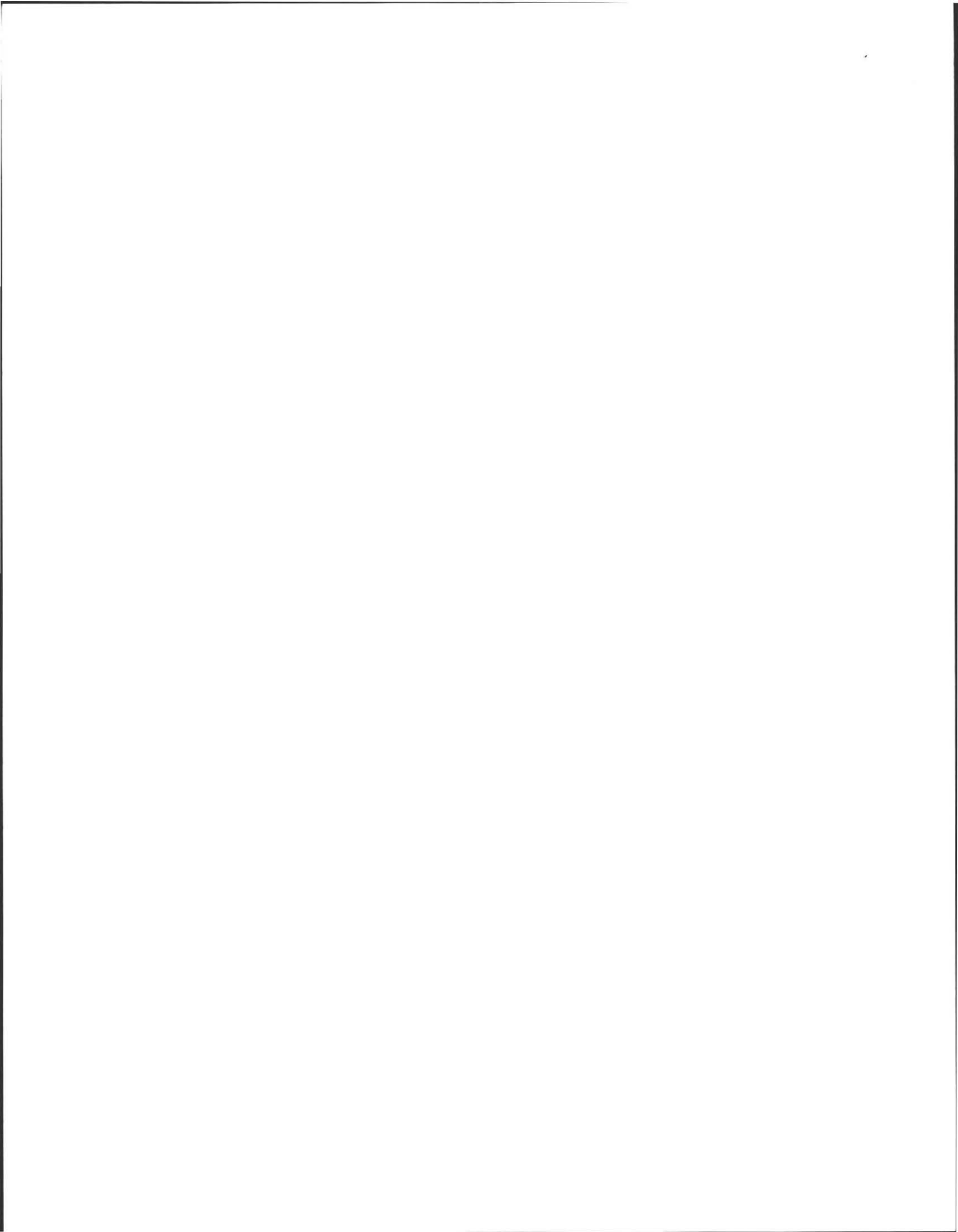
**2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

- 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: 1522 SOUTH EAST ST  
AMHERST, MA  
Owner: FRDERICK MAKS  
Date of Inspection: 8/2/04

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

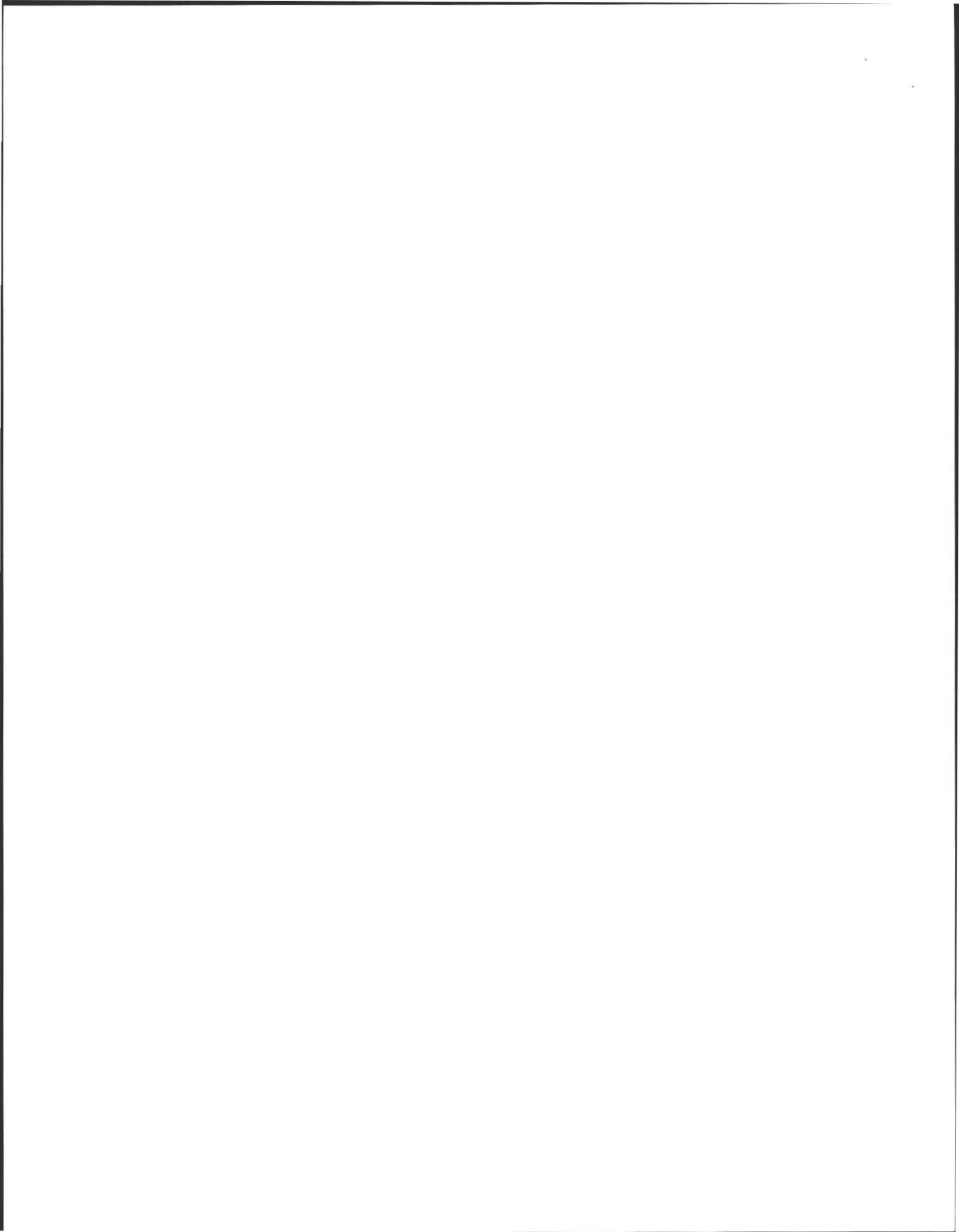
- | Yes                      | No                                  |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool  |
| <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 <b>NOT</b> 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. <b>[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.]</b> |

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**  
**CHECKLIST**

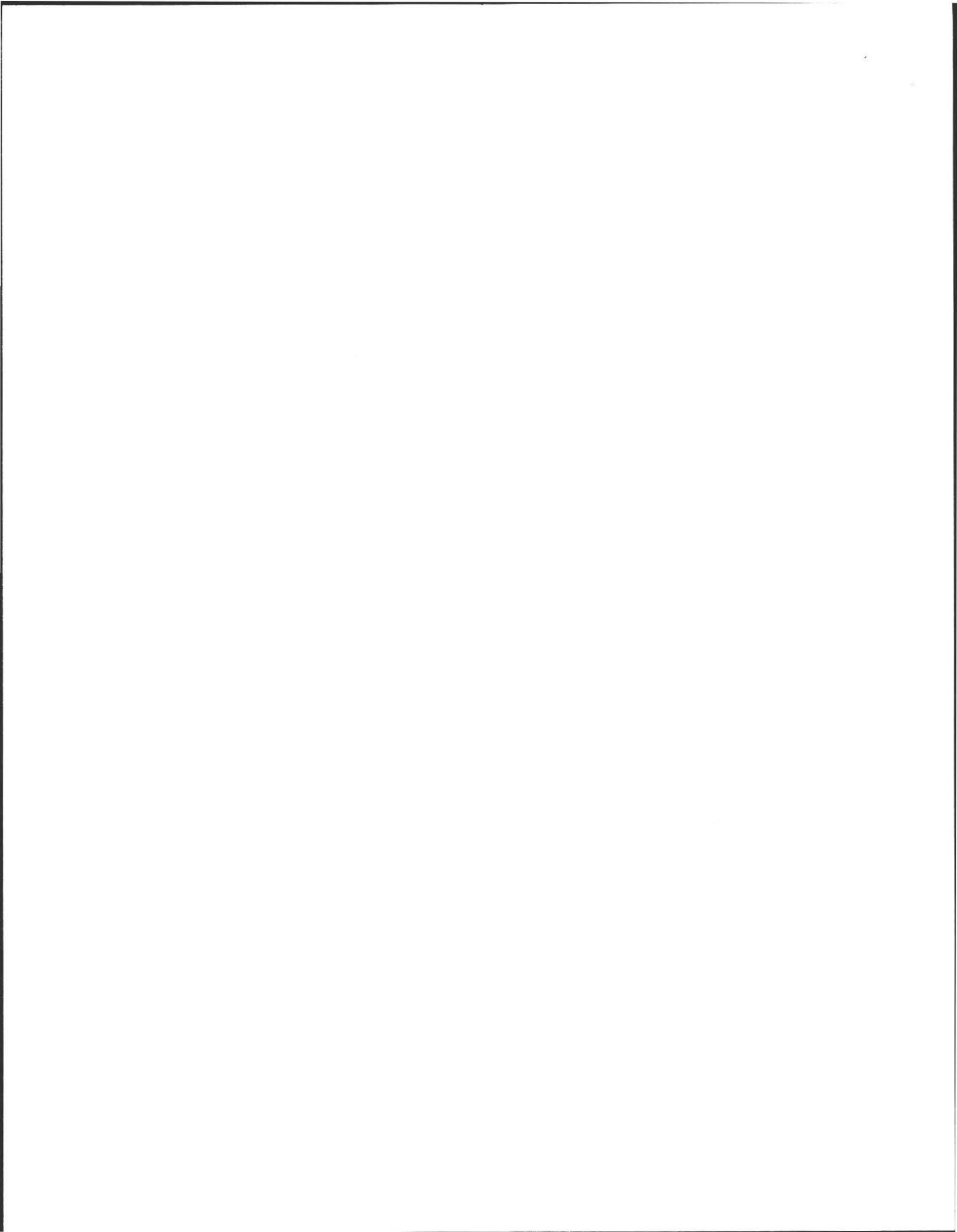
Property Address: 1522 SOUTH EAST ST  
AMHERST, MA  
Owner: FREDERICK MARKS  
Date of Inspection: 8/2/04

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 checked="" type="checkbox"/> | <input 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 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:

- | Yes                                 | no                       |   |
|-------------------------------------|--------------------------|---|
| <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(3)(b)] |



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

Property Address: 1522 SOUTH EAST ST  
AMHERST, MA

Owner: MARKS

Date of Inspection: 8/2/04

**FLOW CONDITIONS**

**RESIDENTIAL**

Number of bedrooms (design): 2 Number of bedrooms (actual): 2  
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 220

Number of current residents: 2

Does residence have a garbage grinder (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): NO

Seasonal use (yes or no): NO

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

Sump pump (yes or no): YES

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: PUMPED IN 1995

Was system pumped as part of the inspection (yes or no): 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 (to be obtained from system owner)

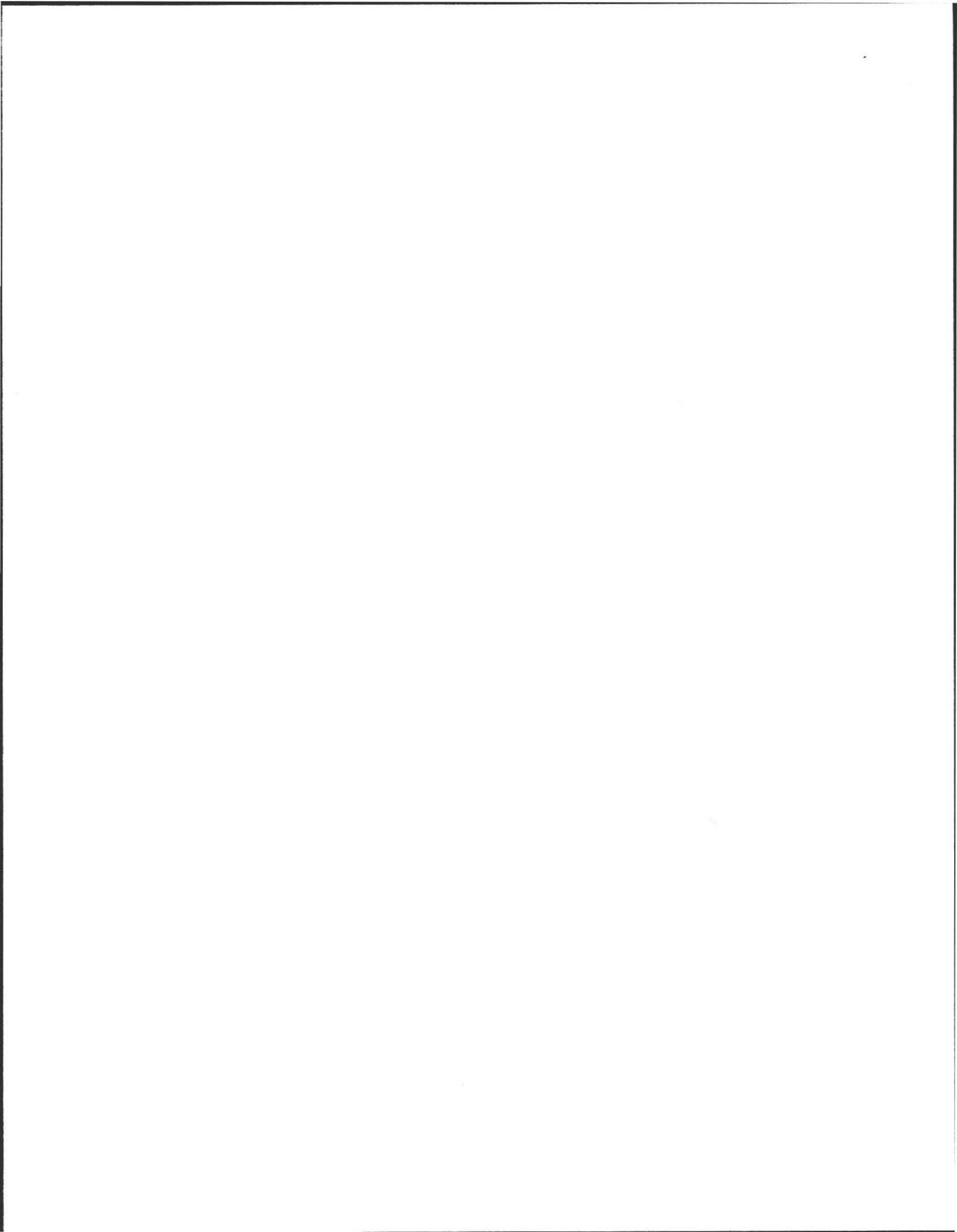
Tight tank  Attach a copy of the DEP approval

Other (describe): \_\_\_\_\_

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

S.A.S. IS APPROX 22 YEARS OLD – HOME OWNER PLANS B.O.H. 9/1/82

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:** 1522 SOUTH EAST ST  
AMHERST, MA  
**Owner:** MARKS  
**Date of Inspection:** 8/2/04

**BUILDING SEWER** (locate on site plan)

Depth below grade: 2'8"  
Materials of construction: XX cast iron XX 40 PVC     other (explain):  
Distance from private water supply well or suction line: N/A  
Comments (on condition of joints, venting, evidence of leakage, etc.):

**JOINTS AND VENTS APPEAR OK, NO EVIDENCE OF LEAKAGE**

**SEPTIC TANK:**  (locate on site plan)

Depth below grade: 2'  
Material of construction: XX 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: 8'6" L, 5' W, 5' D  
Sludge depth: 6"  
Distance from top of sludge to bottom of outlet tee or baffle: 28"  
Scum thickness: 2"  
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: 20"  
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.):

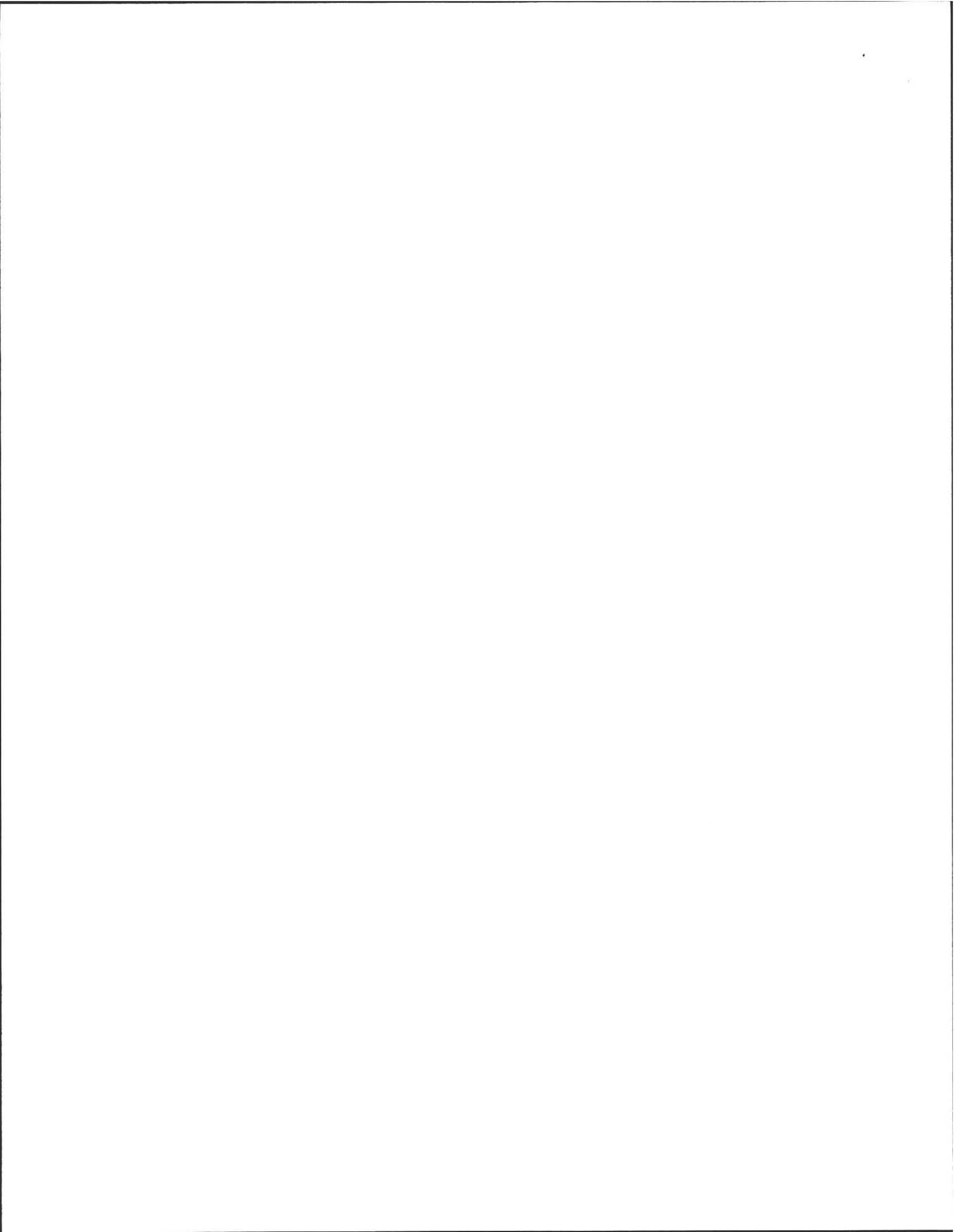
**PUMP SEPTIC TANK EVERY YEAR, STRUCTURAL INTERGRITY, LIQUID LEVELS APPEAR TO BE IN GOOD WORKING CONDITION, NO LEAKS**

**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 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: 1522 SOUTH EAST ST  
AMHERST, MA

Owner: MARKS

Date of Inspection: 8/2/04

**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:**   ✓   (if present must be opened)(locate on site plan) **D-BOX IS APPROX 2'6" DEEP**

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,  
**D-BOX APPEARS LEVEL; DISTRIBUTION APPEAR EQUAL, 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.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

