

**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

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

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If SAS not located explain why:

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- leaching pits, number:
- leaching chambers, number:
- leaching galleries, number:
- leaching trenches, number, length 3 LINES OUT OF D-BOX 30' 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.):  
NO SIGNS OF HYDRAULIC FAILURE; SOIL & VEG APPEAR OK

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

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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.):  
      
    

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PRIVY:      (locate on site plan)

Materials of construction:       
Dimensions:       
Depth of solids:       
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):  
      
    

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**SYSTEM INFORMATION (continued)**

Property Address: \_\_\_\_\_

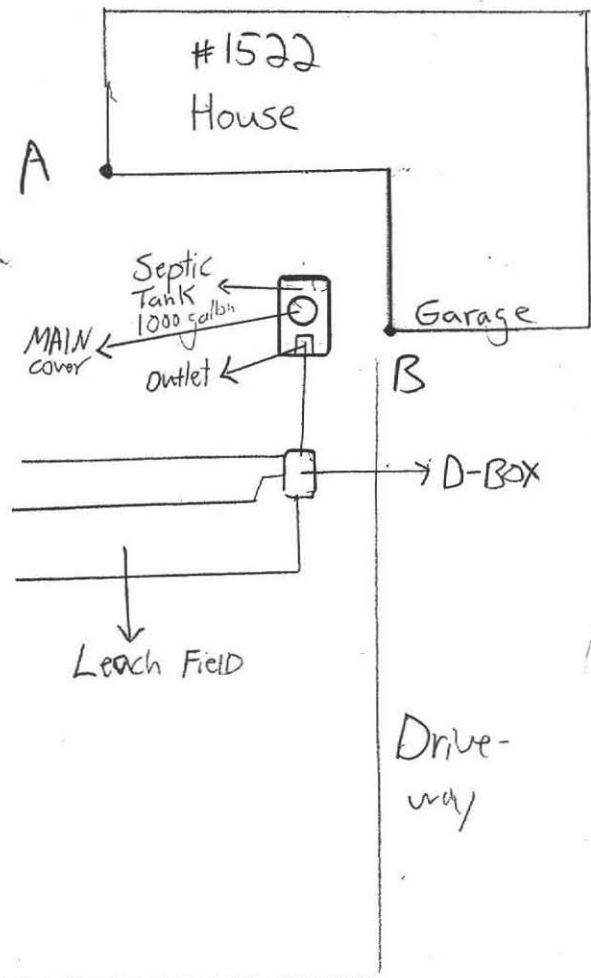
Owner: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

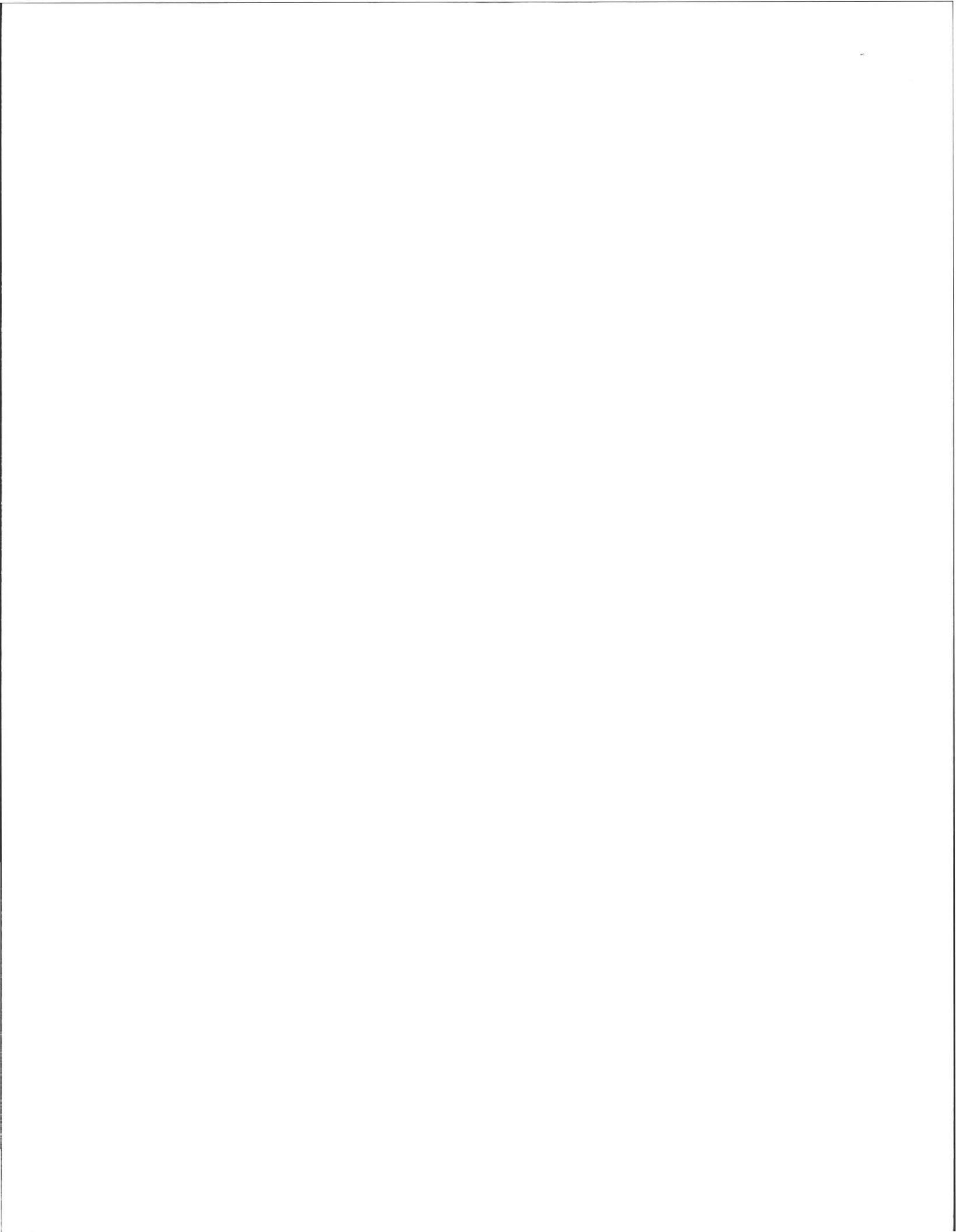
**SKETCH OF SEWAGE DISPOSAL SYSTEM**

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

Septic Tank outlet	D-Box
A 30'6"	A 47'
B 12'	B 25'



Drawing Not to Scale



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**SITE EXAM**

- Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to ground water 6' 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:

PLANS B.O.H. FERFORMED BY F.A. FILIOS

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