

390 State Street
Amherst

OCT. 3, 06 EPI TALKED TO C.B. CANT SAYS
10/12/06 AL WERE CALLED (390 STATE ST)
Parents called him START OK
September, AL wanted to do up SYSTEM
TO INSTRUCT, PARENTS SAID NO.
10/12/06 CALLED PARENT TO WITH
A NO ON THE PERO TEST +
PLUS "VIG SAFE"

Tues 10/24/06 Bob White called
ABOUT 390 STATE ST

Rees MARK R. called when is PERO TEST?
Left message on his VOICEMAIL
NOV 7, 2006 AT 10:30 Fee is 450⁰⁰

12:55 message to me > CAN WE
START SOONER THAN LATER (PERO TEST)
I called MARK - TOLD him THAT IS THE
^{EARLINESS}
~~EARLINESS~~ DAY we can PERU AL - work
load - my work load -

DRAFT 10.10.06

Title V

Town Policy (1998)

- 1) At this point in time our office did not do inspections of System Component(s).
- 2) 3/5/98 Building Inspector of America conducted a Title V Inspection at 390 State Street, Amherst. The report stated a new septic tank was needed.
- 3) Told Building Inspectors of America. Our policy (they would need to inspect the new tank installation)
- 4) New tank installed on 3/17/08.
- 5) On 9/25/06. Michael McDowell/Sean McDowell (The Building Inspector of America) conducted a Title V Inspection of the system (390 State Street) and failed the soil absorption system. (See page 13 under comments)
- 6) (Page 9) Septic tank was replaced 8 years ago as per owner. The SAS appears original with house, approximately 35 years old based on materials used and their condition. With a system this "old" it is not the Health Departments' responsibility to replace this system.
- 7) The 1978 Title V Code. A system designed by this code had a "life" expectancy of approximately 15 to 20 years. ~~This was the rule of thumb at this time. (D.E.P.)~~

For
Reference
Common (D.E.P.)
Knowledge
From The

WAS THAT
THIS

(D.E.P.):
7th ~~For~~ Reference / Common Knowledge
From The Title V Code was that a
System designed under The 1978
Code had a Life Expectancy of
Approximately 15-20 years

Town of



AMHERST

Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA 01002

OFFICE OF THE TOWN MANAGER

Phone (413) 259-3002

FAX (413) 259-2405

Email: townmanager@amherstma.gov

*David -
For the file*

November 1, 2006

Mark Parent
390 State Street
Amherst, MA 01002

Dear Mr. Parent:

Thank you for your visit of Wednesday, October 25, 2006. You came to express your concern regarding the Amherst Health Department performance relative to the inspection that occurred on your subsurface sewer disposal system. The report prepared by Michael McDowell dated March 5, 1998 states,

"I [Michael McDowell] am a DEP approved system inspector pursuant of Section 15.340 of Title 5 (310 CMR 15.000)."

"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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal system. The system: Conditionally Passes."

The report details the deficiencies of the sewer disposal system. The standard at the Health Department, at the time of the report, was to use inspectors approved by the Massachusetts Department of Environment Protection. The Town's records indicate that you acquired the property on June 29, 1999, three months after the date of the report. Presumably, prior to the purchase of your home, you had an opportunity to review the report and were aware of the system's deficiencies.

The second report dated September 25, 2006, is by the same inspector who prepared the 1998 report. The subsurface sewage disposal system failed the 2006 inspection. I have reviewed the inspection reports and have consulted with Epi Bodhi, Health Director, and given that you were notified of the limited capabilities of this system following the inspection of eight years ago, I can not imagine how the Town might be liable for the condition of your system presently or how the Town could have assisted you in preventing the system from failing. It is not unexpected for a thirty year old system to fail.

I am sorry that I have to report to you that I conclude that the Town is not responsible for the failure of your subsurface sewer disposal system. If you have any questions please do not hesitate to contact me.

Sincerely,

Laurence Shaffer
Laurence Shaffer
Town Manager

cc: Epi Bodhi, Health Director

*Mark,
It was good to meet
you. L*





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

Inspection results must be submitted on this form or on the official Title 5 Inspection Form dated 6/15/2000. Inspection forms may not be altered in any way.

A. Certification

1. Property Information:

390 State Street

Property Address

Mark Parent

Owner's Name

390 State Street

Owner's Address

Amherst

City/Town

MA

State

01002

Zip Code

Date of Inspection:

9/25/06

Date

2. Inspector:

Michael McDowell/Sean McDowell

Name of Inspector

The Building Inspector of America

Company Name

2 Brookside Circle

Company Address

Wilbraham

City/Town

MA

State

01095-2102

Zip Code

1-800-626-4408

Telephone Number

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

☒ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Michael McDowell Sean McDowell

Inspector's Signature

Michael McDowell/Sean McDowell

9/25/06

Date

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.

****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.



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A. Certification (cont.)

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

A) System Passes: N/A

- ☐ 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:

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:



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B) System Conditionally Passes (cont.): N/A

- ☐ 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:

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



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

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:



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D) System Failure Criteria Applicable to All Systems:

You must indicate "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

☐☐ N/A

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

☐☐ N/A

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 SAS, cesspool or privy is below high ground water elevation.

☐☐ N/A

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

☐☐ N/A

Any portion of a cesspool or privy is within a Zone 1 of a public well.

☐☐ N/A

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

☐☐ N/A

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.]**

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.



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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. N/A

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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 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.



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B. Checklist

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

- | | | |
|-------------------------------------|--------------------------|---|
| <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)] |



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C. System Information

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Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440 gpd

Number of current residents: 4

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? N/A ☐ Yes ☐ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): Not available in a timely manner

Sump pump? ☐ Yes ☒ No

Last date of occupancy: Currently occupied

Commercial/Industrial Flow Conditions: N/A

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? ☐ Yes ☐ No

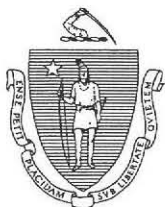
Industrial waste holding tank present? ☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☐ No

Water meter readings, if available: _____

Last date of occupancy/use: _____
Date

Other (describe): _____



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General Information

Pumping Records:

Source of information:

No records available at BOH

Was system pumped as part of the inspection?

☐ Yes ☒ 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):
Septic tank, soil absorption system

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

Septic tank was replaced 8 years ago as per owner. The SAS appears original with house, approximately 35 years old, based on materials used and their condition.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No



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Building Sewer (locate on site plan):

Depth below grade:

38 inches
feet

Material of construction:

☒ cast iron

☐ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

27 feet
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Building sewer exits front foundation wall footing beneath the middle of front foundation wall.

Septic Tank (locate on site plan):

Depth below grade:

3 feet
feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

☐ Yes ☐ No

Dimensions:

8'L x 5'W x 5'D Approx. 1500 gals.

Sludge depth:

1 inches

Distance from top of sludge to bottom of outlet tee or baffle

30 1/2 inches

Scum thickness

1 inches

Distance from top of scum to top of outlet tee or baffle

3 inches

Distance from bottom of scum to bottom of outlet tee or baffle

21 inches

How were dimensions determined?

With a tape measure and pole



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Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

The fluid level was not correct. It was 2 1/2 inches above the outlet invert. The system meets failure criteria due to a backup of sewage into a system component. Septic tank & tees appear to be sound. Septic tank is approx. 8 yrs. old. Center cover has a riser to grade. Recommend installing a riser on inlet & outlet covers. Note: There are no records at BOH regarding tank replacement.

Grease Trap (locate on site plan): N/A

Depth below grade:

feet

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:

Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan): N/A

Depth below grade:

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):



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Tight or Holding Tank (cont.) N/A

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

☐

Yes

☐

No

Alarm level:

Alarm in working order:

☐

Yes

☐

No

Date of last pumping:

Date

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

Distribution Box (if present must be opened) (locate on site plan): N/A

Depth of liquid level above outlet invert

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.):

Pump Chamber (locate on site plan):

Pumps in working order:

☐

Yes

☐

No

Alarms in working order:

☐

Yes

☐

No



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

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:

☒

leaching fields

number, dimensions:

1 @ 10' x 10'

☐

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.):

Snaked down outlet pipe from septic tank until it stopped. Excavated to that point and found 4-inch diameter solid orangeburg pipe and top of the SAS. Stones are blackened and effluent was observed at top of SAS. This means the SAS is saturated and backing up into septic tank. Recommend replacement of SAS.



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

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

☐ No

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

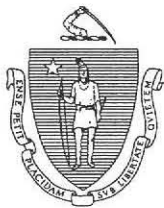
Privy (locate on site plan): N/A

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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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.

Sketch not to scale

A=Inlet Cover On Septic Tank

B=Main Cover With Riser

C=Outlet Cover

XA=18' 11"

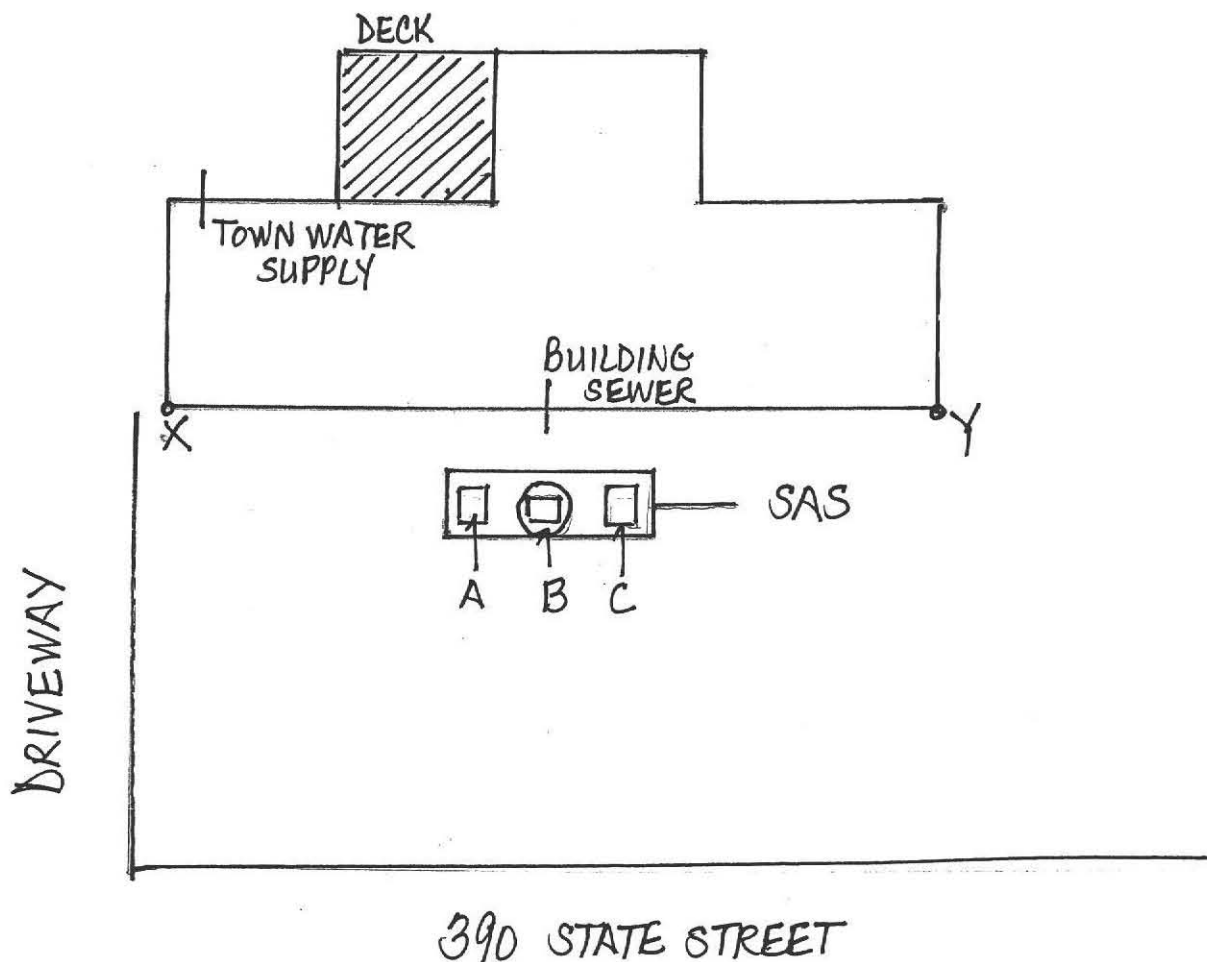
XB=22' 8"

XC=26' 5"

YA=25' 10"

YB=22' 4"

YC=19' 6"





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Site Exam:

Slope ☒

Surface water ☒

Check cellar ☒

Shallow wells

Estimated depth to ground water: 6 feet

Please indicate all methods used to determine the high ground water elevation:

☐

Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

☒

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:

There is no sump pump in basement and no evidence of chronic water penetration. Basement concrete slab floor is approximately 6 feet below grade. The grades around the house fall off greatly towards the street and down again to the river.

