

418 STATE STREET

Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

June 19, 2012

Having been informed that an easement for a portion of the septic system belonging to 418 Station Road has been duly recorded at the Hampshire Registry of Deeds on June 14, 2012, #10939, page 297, this Department is satisfied that the system is now in compliance with Title V and the inspection is a "Pass" and no longer "needs further evaluation by the Local Approving Authority". There are no other points in question for this system at this time.

Sincerely

Edmund Smith

Asst. Sanitarian, Amherst Health Department



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

418 State Street

Property Address

Margaret and Charlie Streciwilk

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.16 & 18.2012

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



A. General Information

1. Inspector:

Alan E Weiss, M.S, Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

Telephone Number

738

License Number

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 system:

☐ Passes

☐ Conditionally Passes

☒ Fails

☒ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

05.18.2012

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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B. Certification (cont.)

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:

Property has 1000 gal. S. tank and 35 x 10' +/- 3 line leach area of 30 +/- yrs age. System was functional with no failure evidence, with 2 persons using. Tank was pumped, baffles in place. portion of leaching pipe and leach area extends beyond property pin and line.

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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

- ☐ Y ☐ N ☐ ND (Explain below):



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- ☐ 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

- ☐ 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

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



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B. Certification (cont.)

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: Field sketch attached.

** 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.

3. Other:

See Property line condition

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 |



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B. Certification (cont.)

Yes No

☐☒

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.

☐☒

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 1 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 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 and chain of custody must be attached to this form.]**

☐☒

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

☐☒

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.

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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C. Checklist

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 type="checkbox"/> | <input checked="" 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(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): ? Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ?



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D. System Information

Description:

1000 gallon S. tank three leach lines in 10' by 35'+/- l. field. Has ejector pump for downstairs bath.

Number of current residents:

2

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?

☐ Yes ☐ No

Seasonal use?

☐ Yes ☒ No

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

n/a

Detail:

No Laundry connected.

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

Current
Date

Commercial/Industrial Flow Conditions:

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:



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D. System Information (cont.)

Last date of occupancy/use:

current
Date

Other (describe below):

General Information

Pumping Records:

Source of information:

Not pumped since 2007

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1000 pumped after inspection
gallons

How was quantity pumped determined?

meas.

Reason for pumping:

Inspection.

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) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):



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D. System Information (cont.)

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

30+/- yrs.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade:

2.
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

feet

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

ok

Septic Tank (locate on site plan):

Depth below grade:

1.2'
feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

Fair amount of scum/solids build up. OUTlet baffle in place with crack at top.

If tank is metal, list age:

years

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

☐ Yes ☐ No

Dimensions:

8.5 x 4.5' x 4.2'

Sludge depth:

6"



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D. System Information (cont.)

Septic Tank (cont.)

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

30"

Scum thickness

4"

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

6"

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

12"

How were dimensions determined?

Meas.

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

Baffles in place and sound.

Grease Trap (locate on site plan):

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



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D. System Information (cont.)

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

good conditions.

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 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.):

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

☐ Yes

☐ No



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D. System Information (cont.)

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

Depth of liquid level above outlet invert

@ inv.

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.):

Good level flow, no high staining, bit of carry over. box pumped and replaced due to crack.

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes

☐ No

Alarms in working order:

☐ Yes

☐ No

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:



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D. System Information (cont.)

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|---------------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input checked="" type="checkbox"/> | leaching fields | number, dimensions: | 3 line 10' x 35'+/- |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | 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 failure nor ponding noted in stone or D. box area.

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

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



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D. System Information (cont.)

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.):



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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- ☐ hand-sketch in the area below
☒ drawing attached separately



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D. System Information (cont.)

Site Exam:

☒ Check Slope

☐ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water:

5-6

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:

see plans

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Interpreted soils and topography (data from area). Town BOH had no records.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



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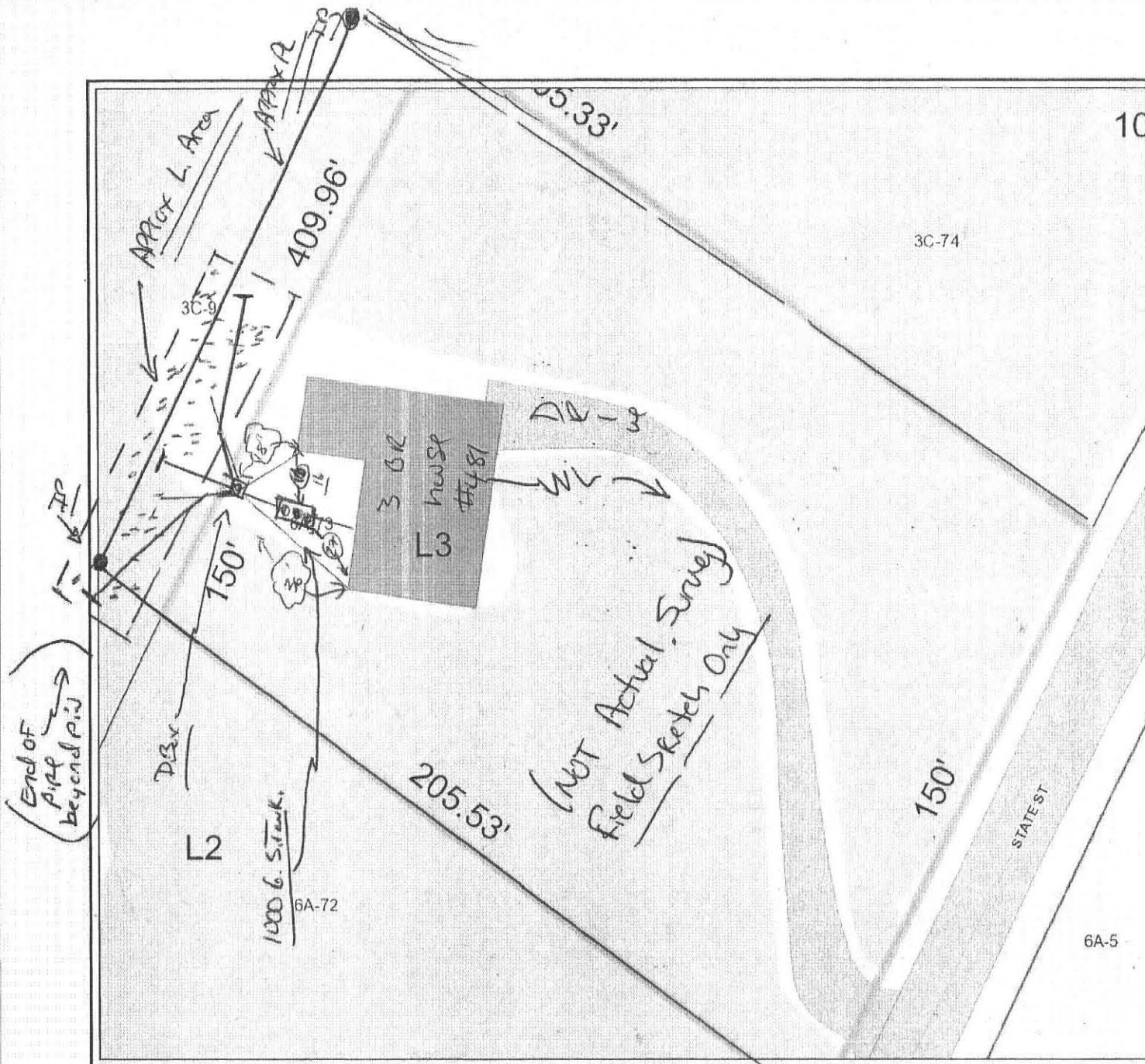
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E. Report Completeness Checklist

- ☒ Inspection Summary: A, B, C, D, or E checked
- ☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- ☒ System Information – Estimated depth to high groundwater
- ☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



- Property Map**
- Property Lines
 - Property Line
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
 - Other Property Lines
 - Former Property Line
 - Subdivision Lot Line
 - Easements
- Driveways**
- Driveway Paved
 - Driveway Unpaved
- Sidewalks**
- Sidewalks
- Transportation**
- Paved street polygons
 - Unpaved street polygons
- Bridges**
- Bridge decking and str
 - Foot Bridge
 - Rail Bridge
- Basemap**
- Trails
 - Rail Lines
- Structures**
- Building
 - Foundation or in const
 - Outbuilding or Miscell
 - Deck, Porch, Stairs or
 - Mobile home, Trailer
 - Swimming Pool
 - Building Ruins
 - Water storage tank
- Rivers and Streams**
- Streams
 - Major Culverts
 - Hydro Connector
 - Headwalls, Floodwalls
- Landcover**
- Brush and scrub vege
 - Trees and forest vege
 - Cultivated field
 - Gravel pile
 - Quarry
 - Misc Impervious Surfs
- Parking**
- Parking Paved
 - Parking Unpaved

Horizontal Datum: MA Stateplane Coordinate System,
Zone 4101, Datum NAD83, Feet
Vertical Datum: NAVD83, Feet

Planimetric & topographic basemap features compiled
at 1"=40' scale from April, 2009 Aerial Photography.
Parcels compiled to match the basemap;
revisions are ongoing.

The information depicted on this map is for planning
purposes only. It may not be adequate for legal boundary
definition, regulatory interpretation, or property conveyance
purposes. Utility structures and underground utility
locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES,
EXPRESSED OR IMPLIED, CONCERNING THE
ACCURACY,
COMPLETENESS, RELIABILITY, OR SUITABILITY OF
THESE DATA. THE TOWN OF AMHERST DOES NOT
ASSUME ANY LIABILITY ASSOCIATED WITH THE
USE OR MISUSE OF THIS INFORMATION.

1" = 30 ft



Amherst GIS Viewer

May 15, 2012



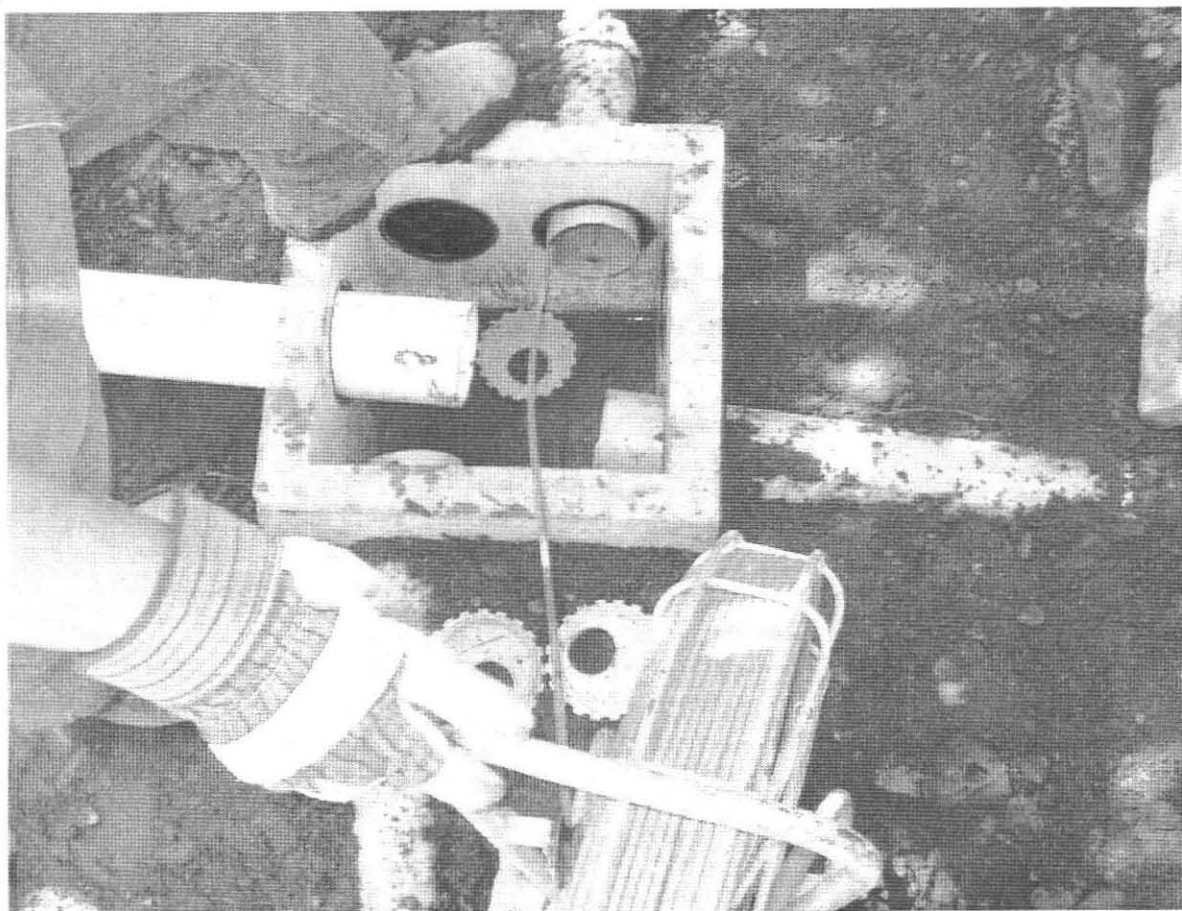
S Tank Inlet Baffle
418 State Street
Amherst, MA
05.16.2012



S Tank Outlet Baffle
418 State Street
Amherst, MA
05.16.2012



D. box (old) cracked
418 State Street
Amherst, MA
05.16.2012



New D. box
418 State Street
Amherst, MA
05.18.2012



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

418 State Street

Property Address

Margaret and Charlie Streciwilk

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.16 & 18.2012

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



A. General Information

1. Inspector:

Alan E Weiss, M.S., Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

738

License Number

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 system:

☐ Passes

☐ Conditionally Passes

☒ Fails

☒ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

05.18.2012

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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B. Certification (cont.)

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:

Property has 1000 gal. S. tank and 35 x 10' +/- 3 line leach area of 30 +/- yrs age. System was functional with no failure evidence, with 2 persons using. Tank was pumped, baffles in place. portion of leaching pipe and leach area extends beyond property pin and line.

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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

- ☐ Y ☐ N ☐ ND (Explain below):



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- ☐ 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

- ☐ 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

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



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B. Certification (cont.)

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: Field sketch attached.

** 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.

3. Other:

See Property line condition

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 |



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B. Certification (cont.)

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT 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. [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 and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

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

- | | | |
|--------------------------|--------------------------|--|
| <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.



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C. Checklist

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 type="checkbox"/> | <input checked="" 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(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): ? Number of bedrooms (actual): 3

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



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D. System Information

Description:

1000 gallon S. tank three leach lines in 10' by 35'+/- l. field. Has ejector pump for downstairs bath.

Number of current residents:

2

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?

☐ Yes ☐ No

Seasonal use?

☐ Yes ☒ No

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

n/a

Detail:

No Laundry connected.

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

Current
Date

Commercial/Industrial Flow Conditions:

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:



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D. System Information (cont.)

Last date of occupancy/use:

current

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

Not pumped since 2007

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1000 pumped after inspection

gallons

How was quantity pumped determined?

meas.

Reason for pumping:

Inspection.

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) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):



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D. System Information (cont.)

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

30+/- yrs.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade:

2.
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

feet

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

ok

Septic Tank (locate on site plan):

Depth below grade:

1.2'
feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

Fair amount of scum/solids build up. Outlet baffle in place with crack at top.

If tank is metal, list age:

years

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

☐ Yes ☐ No

Dimensions:

8.5 x 4.5' x 4.2'

Sludge depth:

6"



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D. System Information (cont.)

Septic Tank (cont.)

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

30"

Scum thickness

4"

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

6"

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

12"

How were dimensions determined?

Meas.

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

Baffles in place and sound.

Grease Trap (locate on site plan):

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



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D. System Information (cont.)

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

good conditions.

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 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.):

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

☐ Yes

☐ No



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D. System Information (cont.)

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

Depth of liquid level above outlet invert

@ inv.

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.):

Good level flow, no high staining, bit of carry over. box pumped and replaced due to crack.

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes

☐ No

Alarms in working order:

☐ Yes

☐ No

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:



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D. System Information (cont.)

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|---------------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input checked="" type="checkbox"/> | leaching fields | number, dimensions: | 3 line 10' x 35'+/- |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | 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 failure nor ponding noted in stone or D. box area.

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

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



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D. System Information (cont.)

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.):



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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- ☐ hand-sketch in the area below
☒ drawing attached separately



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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water:

5-6
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:
see plans
- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Interpreted soils and topography (data from area). Town BOH had no records.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



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E. Report Completeness Checklist

- ☒ Inspection Summary: A, B, C, D, or E checked
- ☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- ☒ System Information – Estimated depth to high groundwater
- ☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



- Property Map**
- Property Line
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
 - Other Property Lines
 - Former Property Line
 - Subdivision Lot Line
 - Easements
- Basemap**
- Trails
 - Rail Lines
 - Structures
 - Building
 - Foundation or in Cont
 - Outbuilding or Miscal
 - Well, Pond, Equis or
 - Marsh, Swamp, Water
 - Swimming Pool
 - Building Ruins
 - Water storage tank
 - Rivers and Streams
 - Streams
 - Major Closures
 - Hydro Controller
 - Marshalls, Floodwalls
 - Landcover
 - Barren and south vege
 - Tree and forest vege
 - Cultivated field
 - Gravel pile
 - Quarry
 - Mac Intensive Surfa
 - Parking
 - Asking Paved
 - Paving Unpaved
- Overlays**
- Driveway Paved
 - Driveway Unpaved
 - Streets
 - Transportation
 - Paved street polygons
 - Unpaved street polyg
 - Bridges
 - Bridge ducting and str
 - Foot Bridge
 - Foot Bridge

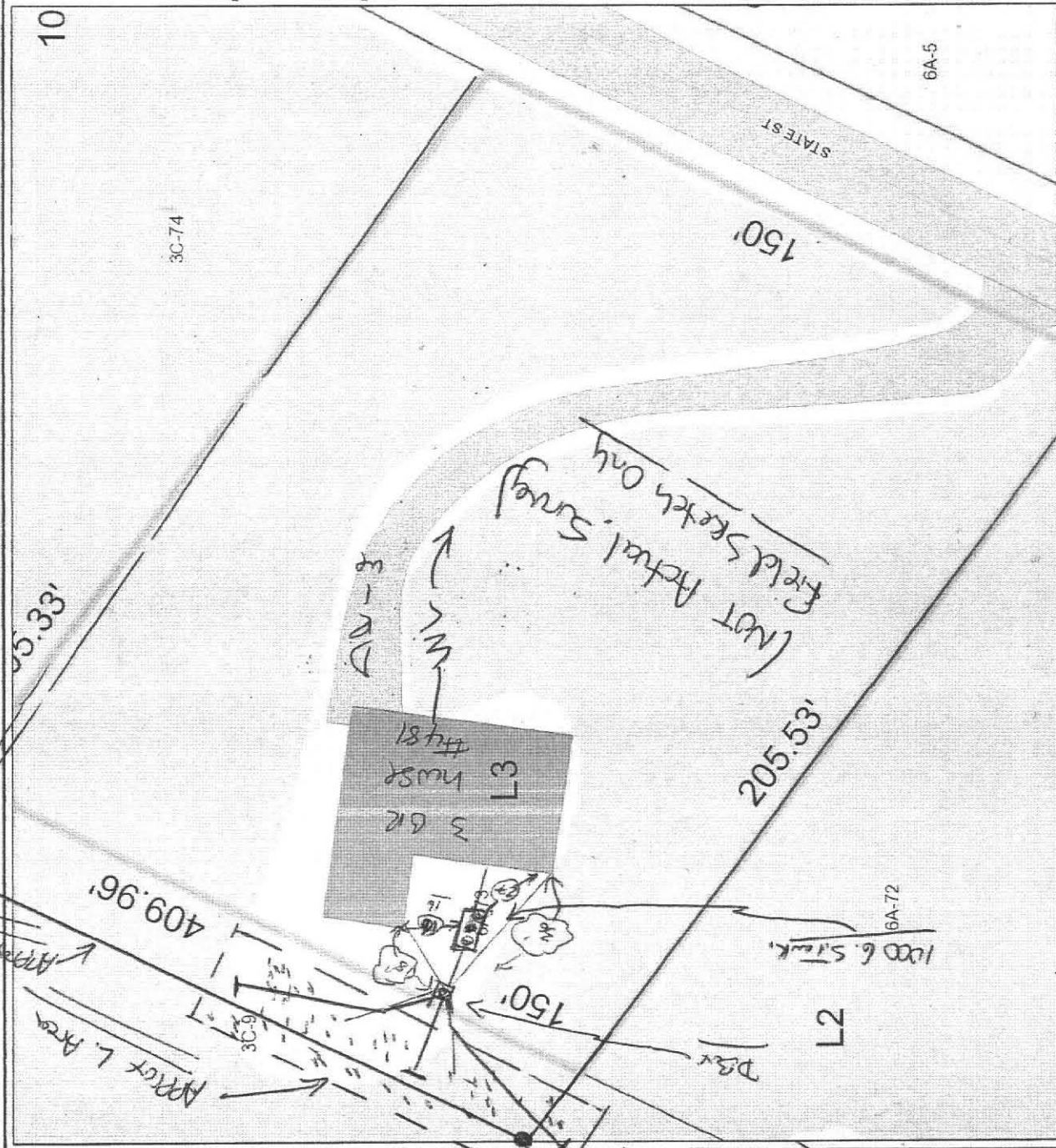
Horizontal Datum: MA Stateplane Coordinate System,
Zone 4101, Datum NAD83, Feet
Vertical Datum: NAVD83, Feet

Panoramic & topographic basemap features compiled
at 1:400 scale from Aerial, 2009 Aerial Photography.
Parcels compiled to match the basemap.
revisions are ongoing.

The information depicted on this map is for planning
purposes only. It may not be adequate for legal boundary
definition, regulatory interpretation, or property conveyance
purposes. Utility structures and underground utility
locations are approximate and require field verification.
THE TOWN OF AMHERST MAKES NO WARRANTIES,
EXPRESSED OR IMPLIED, CONCERNING THE
ACCURACY,
COMPLETENESS, RELIABILITY, OR SUITABILITY OF
THESE DATA. THE TOWN OF AMHERST DOES NOT
ASSUME ANY LIABILITY ASSOCIATED WITH THE
USE OR MISUSE OF THIS INFORMATION.

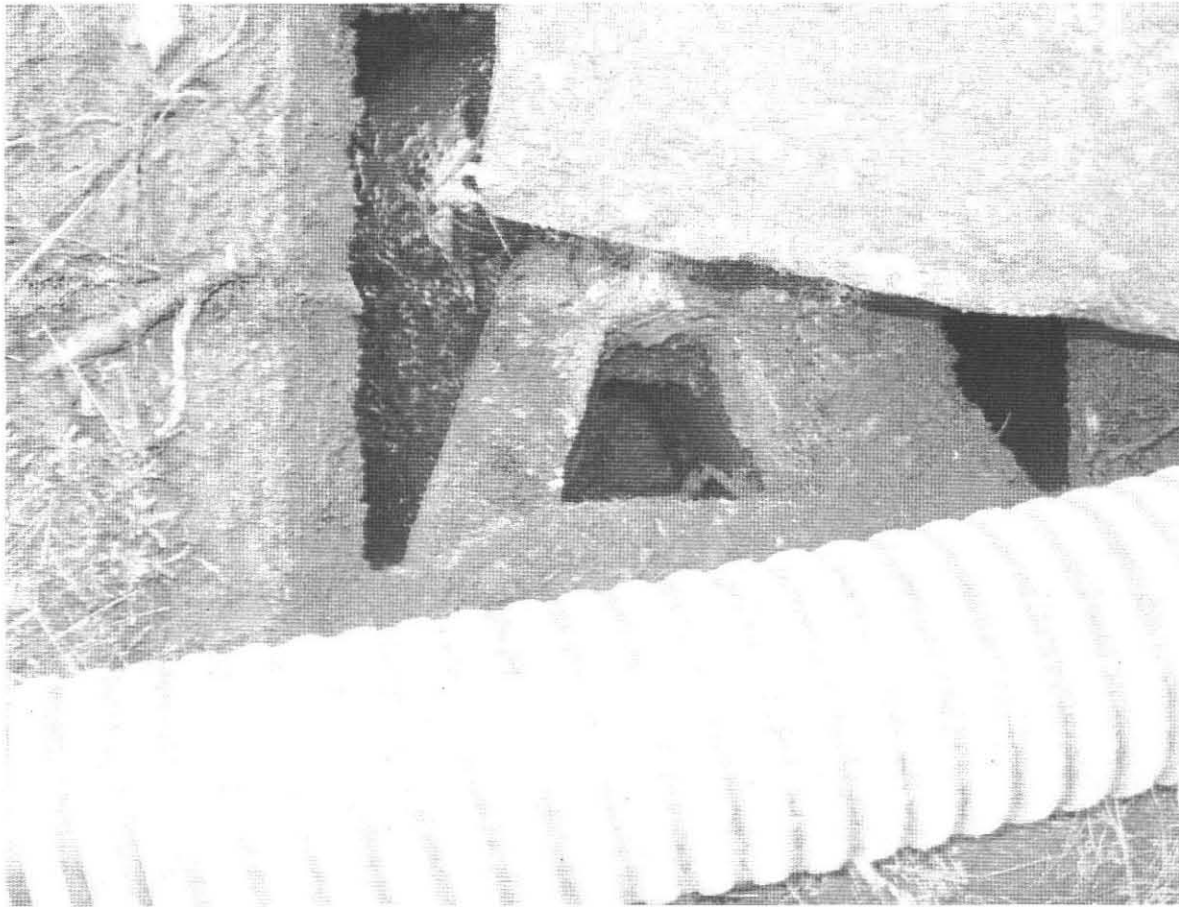


1" = 30 ft
Amherst GIS Viewer
May 15, 2012





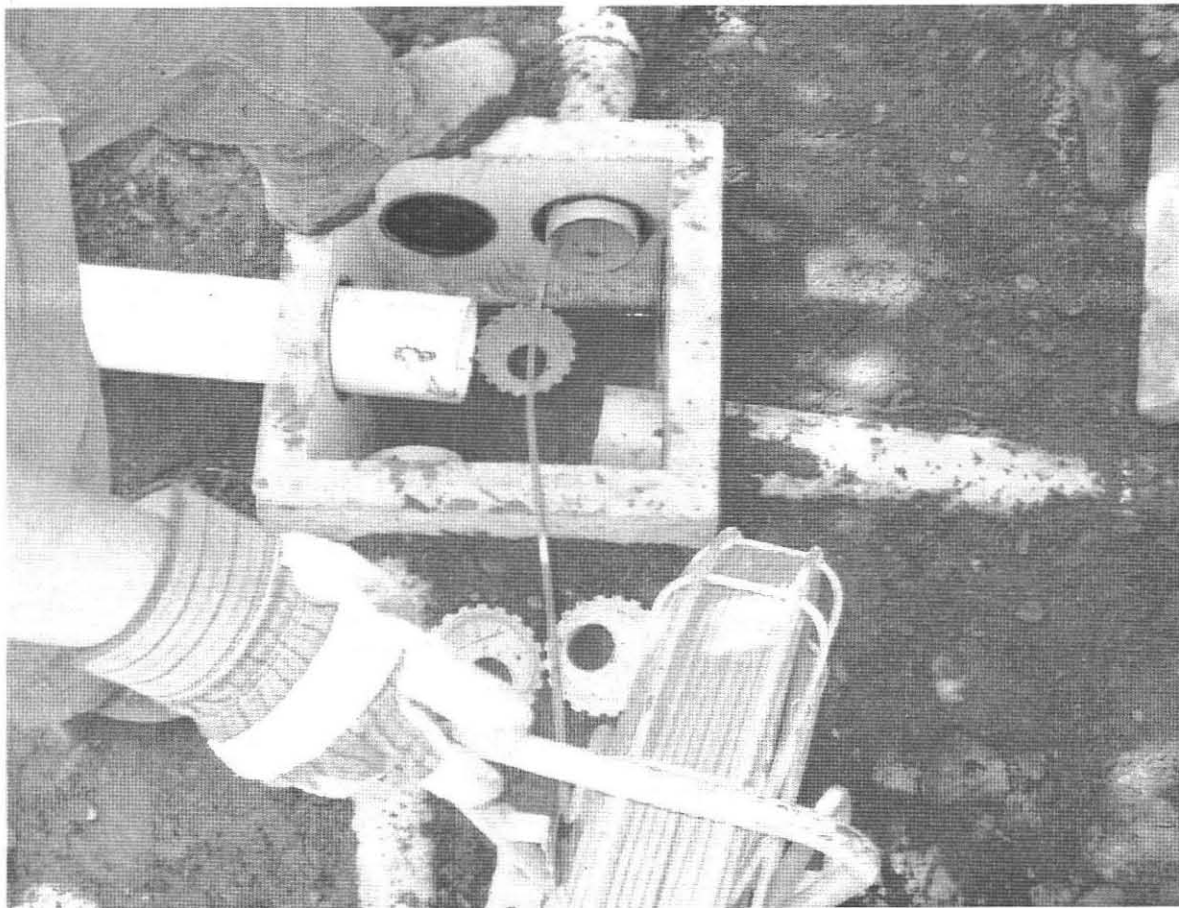
S Tank Inlet Baffle
418 State Street
Amherst, MA
05.16.2012



S Tank Outlet Baffle
418 State Street
Amherst, MA
05.16.2012



D. box (old) cracked
418 State Street
Amherst, MA
05.16.2012



New D. box
418 State Street
Amherst, MA
05.18.2012

May 2012 INVOICE

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

TO Charles & Margaret Streciwilk
418 State Street
Amherst, MA 01002

PAYMENT TERMS: I Paid in full

5/16/2012 -

- REPAIR SYSTEM TO ONLY 415 STATE. LOT AREA

5/16/2012 SURVEYOR TO PLOT LADS
5/31/2012 - message from M. Steliwisk - called, agreed with wording
of easement from Atty. Bowman - requested copy.

6/8/2012 -

waiting for copy of easement,
then write letter to accompany
title ✓ (needs further evaluation).

GD.

CUST NAME
4 BOLTWOOD AVENUE
05/16/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 08:20

121 PE

CUST NAME

0
DEPT

DE HEA058

TITLE V WI

200.

RECPT TOTAL

200.00
CHARLES J QUA CHECK

2452

AMOUNT

