



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

Edwill Suite

Asst. Sanitarian, Amherst Health Department



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

418 State Street				
Property Address				
Margaret and Charlie Streciwilk				
Owner's Name				
Amherst	MA	01002	05.16 &18.2012	
City/Town	State	Zip Code	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.

A. General Information

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

Important:





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	MA	01007	
City/Town	State	Zip Code	
413.323.5957	# 738		
Telephone Number	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:

Inspector's Signature	Date		
Ale Wan	05.18.2012		
Needs Further Evaluation by the	ne Local Approving Authority		
Passes	Conditionally Passes	⊠ Fails	

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.



Commonwealth of Massachusetts

	perty Address			
	rgaret and Charlie Streciwilk			
	ner's Name			
٩m	herst	MA	01002	05.16 &18.2012
City	Town	State	Zip Code	Date of Inspection
3.	Certification (cont.)			
	Inspection Summary: Check A,B,C,D	or E / always	complete all of	Section D
4)	System Passes:			
	☐ I have not found any information of in 310 CMR 15.303 or in 310 CMI indicated below.			
	Comments:			
	Property has 1000 gal. S. tank and 35 functional with no failure evidence, wir of leaching pipe and leach area exten	th 2 persons us	ing. Tank was	pumped, baffles in place. portion
3)	System Conditionally Passes:			
	One or more system components replaced or repaired. The system			
	☐ One or more system components	, upon completi	on of the repla	cement or repair, as approved b
	One or more system components replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "not do	, upon completi letermined" (Y, years old* or thatial infiltration of	on of the replace N, ND) for the e septic tank (vor exfiltration or	following statements. If "not whether metal or not) is tank failure is imminent. Syster
	One or more system components replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "not determined," please explain. The septic tank is metal and over 20 ystructurally unsound, exhibits substant will pass inspection if the existing tank	, upon completing the determined of the determin	on of the replace N, ND) for the e septic tank (volume rexfiltration or the a complying urally sound, n	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of
	One or more system components replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "not determined," please explain. The septic tank is metal and over 20 y structurally unsound, exhibits substant will pass inspection if the existing tank Board of Health. * A metal septic tank will pass inspect Compliance indicating that the tank is	, upon completing the determined of the determin	on of the replace N, ND) for the e septic tank (volume rexfiltration or the a complying urally sound, n	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of
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	One or more system components replaced or repaired. The system the Board of Health, will pass. Check the box for "yes", "no" or "not determined," please explain. The septic tank is metal and over 20 y structurally unsound, exhibits substant will pass inspection if the existing tank Board of Health. * A metal septic tank will pass inspect Compliance indicating that the tank is	, upon completing the completing of the complete of the comple	on of the replace N, ND) for the e septic tank (volume rexfiltration or the a complying urally sound, n	following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of



Commonwealth of Massachusetts

-		te Stree	et					
	-	Address	W					
		et and C Name	harlie Streciwilk					
	hers			MA	010	02	05.16 &18.20	12
-	/Town	1000		State	Zip C		Date of Inspection	
			ation (cont.)					
	B)	System	Conditionally Passes (con	t.):				
		to brok	ation of sewage backup or breen or obstructed pipe(s) or du spection if (with approval of B	e to a brok	en, settle			
			broken pipe(s) are replaced		□ Y	□ N	☐ ND (Explain	below):
			obstruction is removed		Y	\square N	☐ ND (Explain	below):
			distribution box is leveled or	replaced	☐ Y	□N	☐ ND (Explain	below):
				*				
		21			7	to		
								18
			stem required pumping more will pass inspection if (with a					ted pipe(s). The
			broken pipe(s) are replaced		□ Y	\square N	☐ ND (Explain	below):
			obstruction is removed		☐ Y	□N	☐ ND (Explain	below):
								B1
					(1)			
	C)	Furthe	r Evaluation is Required by	the Board	of Heal	th:		
	\boxtimes		ons exist which require furthe tem is failing to protect public					o determine if
		15.303	tem will pass unless Board (1)(b) that the system is not and the environment:					
			Cesspool or privy is within 50) feet of a	surface v	vater		
			Cesspool or privy is within 50) feet of a l	oordering	g vegeta	ted wetland or a	salt marsh



Commonwealth of Massachusetts

418	3 State Stre	et				
Prop	perty Address					
	rgaret and	Charlie S	treciwilk			
Owr	ner's Name					
	herst			MA	01002	05.16 &18.2012
City	/Town			State	Zip Code	Date of Inspection
B.	detern safety 100 fe supply supply The symore	The system will The system for a such that the system has from a principal system and the system has from a principal system has system has system has system has system a principal system has system as system as system as system as system has system as	I fail unless the Boar at the system is fund vironment: stem has a septic tand urface water supply or stem has a septic tand stem has a septic tand	ctioning in a c and soil ab tributary to c and SAS a c and SAS a AS and the S	sorption system a surface wate and the SAS is and the SAS is	Vater Supplier, if any) protects the public health, m (SAS) and the SAS is within r supply. within a Zone 1 of a public water within 50 feet of a private water in 100 feet but 50 feet or
	coliform b	acteria in than 5 pp ed to this	dicates absent and th m, provided that no o form.	e presence	of ammonia niti	P certified laboratory, for fecal rogen and nitrate nitrogen is equal lered. A copy of the analysis must
D)	System F	ailure Cr	iteria Applicable to	All Systems	:	
		40.0	"Yes" or "No" to ea	ch of the fo	llowing for <u>al</u>	l inspections:
	Yes	No				
		\boxtimes	clogged SAS or ce	sspool		ponent due to overloaded or
		\boxtimes	due to an overload	ed or clogge	d SAS or cess	
		\boxtimes	or clogged SAS or	cesspool		outlet invert due to an overloaded
		\boxtimes	Liquid depth in ces than ½ day flow	spool is less	than 6" below	invert or available volume is less



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	tate Street	et			3	(6)
	ty Address		20.100			
	aret and (s Name	Charlie Str	eciwilk			
Amhe	SEC. 101 (0.000 TE V. 1000)			BA A	01002	05 16 919 2012
City/To				MA State	Zip Code	05.16 &18.2012 Date of Inspection
		ation /	V	Otato	Zip Gode	Date of mapecion
D. C	ertific	ation (cont.)			
	27	**				
	Yes	No				
		\boxtimes	Required pumping moobstructed pipe(s). No			year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the SAS	S, cesspoo	l or privy is belo	w high ground water elevation.
		\boxtimes	Any portion of cesspo tributary to a surface v			t of a surface water supply or
		\boxtimes	Any portion of a cessp	oool or priv	y is within a Zon	e 1 of a public well.
		\boxtimes	Any portion of a cessp	oool or priv	y is within 50 fee	et of a private water supply well
			from a private water s system passes if the laboratory, for fecal of ammonia nitroger	upply well wate coliform be and nitra	with no acceptal r analysis, perf acteria indicate te nitrogen is e criteria are trige	0 feet but greater than 50 feet ble water quality analysis. [This formed at a DEP certified es absent and the presence equal to or less than 5 ppm, gered. A copy of the analysis s form.]
		\boxtimes	The system is a cessp 10,000gpd.	oool serving	g a facility with a	design flow of 2000gpd-
			criteria exist as descri	bed in 310 contact the	CMR 15.303, th	more of the above failure nerefore the system fails. The h to determine what will be
			be considered a larg 00 gpd to 15,000 gpd.		he system mus	st serve a facility with a
		ystems, yo n Section		"yes" or "no	o" to each of the	following, in addition to the
	Yes	No				
			the system is within 40	00 feet of a	surface drinking	g water supply
			the system is within 20	00 feet of a	tributary to a su	urface drinking water supply
			the system is located Area – IWPA) or a ma			(Interim Wellhead Protection ater supply well
or sy sy	answere stem cor stem in a	d "yes" in nsidered a accordanc	Section D above the la significant threat unde	rge system r Section E	has failed. The or failed under	considered a significant threat, owner or operator of any large Section D shall upgrade the d contact the appropriate



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	State S						
	perty Addre		Streciwilk				
	ner's Name		Ottechwiik				
0000000	herst			MA	01002	05.16 &18.201	/100
-	/Town			State	Zip Code	Date of Inspection	
3.	Chec	klist					
	Observatoria	Cal C-11	dan basa basa dana Mas		1:1- "" "	-" tb -f t	h a fall an in a
	Check	the follow	wing have been done. You	musting	licate "yes" or "n	o as to each of t	ne following:
	Yes	No					
			Dunanian information	الدائر مساسا مامار	ما لم	D-	and of Llastib
			Pumping information w	as provide	ed by the owner	, occupant, or Bo	ard of Health
		\boxtimes	Were any of the system	n compon	ents pumped ou	t in the previous	two weeks?
	\boxtimes		Has the system receive	ed normal	flows in the pre	vious two week p	eriod?
		\boxtimes	Have large volumes of this inspection?	water bee	en introduced to	the system recer	itly or as part of
			Were as built plans of t available note as N/A)	the systen	n obtained and e	examined? (If the	y were not
	\boxtimes		Was the facility or dwe	lling inspe	ected for signs of	sewage back up	?
	\boxtimes		Was the site inspected	for signs	of break out?		
	\boxtimes		Were all system compo	onents, ex	cluding the SAS	, located on site?	
			Were the septic tank m inspected for the condi dimensions, depth of li	tion of the	baffles or tees,	material of const	
			Was the facility owner information on the property of the size and location been determined bases	of the So	enance of subsu	face sewage disp	oosal systems?
		\boxtimes	Existing information. Fe	or exampl	e, a plan at the	Board of Health.	
	\boxtimes		Determined in the field approximation of distar				C is at issue
٥.	Syste	m Info	rmation				
	Reside	ntial Flov	Conditions:				
	Number	of bedro	oms (design):		Number of bedr	ooms (actual):	3
			sed on 310 CMR 15.203 (f	or examn		3 3	?
			(1				



Commonwealth of Massachusetts

Property Address							
Margaret and Charlie Streciwilk							
Owner's Name							
Amherst	MA	0100	2	05.16 &18	3.2012	4	
City/Town	State	Zip Co	de	Date of Inspe	ection		
D. System Information Description: 1000 gallon S. tank three leach lines in 10	0' by 35'+/-	l. field. H	as eje	ctor pump for	downstair	s bath	1.
Number of current residents:					2		
							B. I
Does residence have a garbage grinder?					∐ Ye	s 🛚	No
Is laundry on a separate sewage system?	? [if yes sep	arate ins	pectio	n required]	☐ Ye	s 🛚	No
Laundry system inspected?		÷			☐ Ye	s 🗌	No
Seasonal use?					_	s 🛚	No
Water meter readings, if available (last 2	years usag	e (gpd)):			n/a		
Detail: No Laundry connected.	- Alle						
						92	
				i.			
Sump pump?					☐ Ye		No
Last date of occupancy:					Curren	t	-
Commercial/Industrial Flow Conditions	e ·						
Commercial/industrial Flow Conditions	J.						
Type of Establishment:							
Design flow (based on 310 CMR 15.203):	S y		Gallons	per day (gpd)			
Basis of design flow (seats/persons/sq.ft.	, etc.):						
Grease trap present?					☐ Ye	s 🗌	No
Industrial waste holding tank present?				* **	☐ Ye	s 🗌	No
Non-sanitary waste discharged to the Title	e 5 system	?			☐ Ye	s 🗌	No
Water meter readings, if available:		9					



Commonwealth of Massachusetts

NA.	ΙΔ.	04.002	05 46 949 2042			
		Zip Code	05.16 &18.2012 Date of Inspection			
cont.)						
		curren	t			
		Date				
			X.			
			· · · · · · · · · · · · · · · · · · ·			
Ganaral	Inform	ation				
General	miomi	ation				
	E		if the U			
	NOT pumped since 2007					
the inspection?	on? Yes No 1000 pumped after inspection gallons					
rmined?	meas.					
	Inspec	tion.				
tribution box, s	oil abso	rption system	1			
ľ						
ool						
(vos or no) (if	une offi	och previous	nenection records if any)			
(yes of flo) (If)	yes, alla	acii previous i	rispection records, it arry)			
ontract (to be o	btained	from system	owner) and a copy of latest			
ch a copy of the	e DEP a	approval.				
			72			
	General the inspection? rmined? tribution box, s l ool (yes or no) (if the contract (to be one I/A system by	General Inform Not put the inspection? 1000 p gallons meas. Inspect tribution box, soil abso (yes or no) (if yes, attainative technology. Attainative technology and a system by system.	General Information Current Date			



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	State Street					
-	rgaret and Charlie	Streciwilk				
	ner's Name		9			
-	herst		MA	01002	05.16 &	
10000	Town		State	Zip Code	Date of In	spection
D.		rmation (cont.) of all components, da			I source of info	rmation:
		rs detected when arr	ving at the site	∍?		☐ Yes ⊠ No
					2.	
	Depth below grade	e:			feet	
	Material of constru	uction:				
	ast iron	⊠ 40 PVC	other (e	explain):		
	Distance from priv	ate water supply well	or suction line	e:	feet	
	Comments (on co	ndition of joints, venti	ng, evidence o	of leakage,	etc.):	
	210	•		200		
			1			
	Septic Tank (loca	te on site plan):				
	Depth below grade				1.2' feet	
	Material of constru	uction:				
	⊠ concrete	☐ metal	☐ fiberglas	ss 🔲	polyethylene	other (explain)
	Fair amount of scu	um/solids build up. Ol	Jtlet baffle in p	olace with ci	rack at top.	
				P		
	If tank is metal, lis	t age:			years	
	Is age confirmed b	by a Certificate of Cor	mpliance? (atta	ach a copy	of certificate)	☐ Yes ☐ No
	Dimensions:				8.5 x4.5' x 4.	2'
	Sludge depth:	•			6"	
		Table				



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418 State Street				
Property Address Margaret and Charlie Streciwilk				
Owner's Name				
Amherst	MA	01002	05.16 &1	
City/Town	State	Zip Code	Date of Ins	pection
D. System Information (cont.)				
Septic Tank (cont.)				
Distance from top of sludge to bottom of o	outlet tee or	baffle	30"	
Scum thickness			4"	
Distance from top of scum to top of outlet	tee or baffle	e	6"	
Distance from bottom of scum to bottom of	of outlet tee	or baffle	12"	
How were dimensions determined?			Meas.	
Comments (on pumping recommendation liquid levels as related to outlet invert, evil Baffles in place and sound.			baffle conditior	n, structural integrity,
Dames in place and Sound.				
	F			
-				
Grease Trap (locate on site plan):				
D. d. L. I.				
Depth below grade:			feet	
Material of construction:				
☐ concrete ☐ metal	fibergla	ss 🔲	polyethylene	other (explain):
Dimensions:				
Scum thickness				
Distance from top of scum to top of outlet	tee or baffle	е		
Distance from bottom of scum to bottom of	of outlet tee	or baffle	(+)	*
Date of last pumping:			Data	
			Date	



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8 State Street perty Address					
argaret and Charlie Streciwilk					
ner's Name					
herst	MA	01002	05.16	8 & 18.2012	
//Town	State	Zip Code	Date of	of Inspection	
System Information (cont. Comments (on pumping recommend liquid levels as related to outlet invertigood conditions.	ations, inlet and			lition, structu	ral integri
Tight or Holding Tank (tank must be	e pumped at tim	e of inspecti	on) (locate	on site plan):	
Depth below grade:					
Material of construction:					
concrete metal	☐ fibergla	ss	polyethyler	ne 🗌 oth	er (expla
Dimensions: Capacity:		gallons			
Design Flow:		gallons per day	/		W .
Alarm present:		☐ Yes	□ No		
Alarm level:				□ v	
Alarm level:		Alarm in work	ring order.	∐ Yes	∐ No
Date of last pumping:		Date			
Comments (condition of alarm and flo	oat switches, etc	:.):			
					



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S State Street				
perty Address				
rgaret and Charlie Streciwilk				10
ner's Name	12721.27	(a) grant and		
herst	MA	01002	05.16 &18.2	
Town	State	Zip Code	Date of Inspec	tion
System Information (Distribution Box (if present me		on site nlan):		
* **		@ inv.		
Depth of liquid level above outle	et invert	<u>@ 1111.</u>		
Comments (note if box is level evidence of leakage into or out Good level flow, no high staining	of box, etc.):			
				1
Pump Chamber (locate on site	e plan):			9
Pumps in working order:	#		Yes	☐ No
Alarms in working order:			☐ Yes	☐ No
Comments (note condition of p	ump chamber, conditi	on of pumps a	nd appurtenance	es, etc.):
Soil Absorption System (SAS	S) (locate on site plan,	excavation no	t required):	
If SAS not located, explain why	/ :			
<u> </u>				



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18 State Stre	90,550,40				
roperty Address					
wner's Name	Charlie Streciwilk				
mherst		MA	01002	05.16 &18	.2012
City/Town		State	Zip Code	Date of Inspe	ection
). Syster	n Information (cont.)				
Type:					
	leaching pits		number:		*
	leaching chambers		number:		-
	leaching galleries		number:		
	iodoning ganones				
	leaching trenches		number, le	ength:	
\boxtimes	leaching fields		number d	limensions:	3 line 10' x 35'+/-
	loadining helad		110111201, 0		
	overflow cesspool		number:		-
	innovative/alternative sys	tem			
	illiovative/alternative sys	tem			
	Type/name of technology	: 			
No signs	of failure nor ponding noted in	stone or D. I	oox area.		

			6		
Cesspoo	Is (cesspool must be pumped	as part of ins	spection) (locate	on site plan)	
Number a	and configuration			-	
Depth - to	op of liquid to inlet invert				
Depth of	solids layer			-	
Depth of	scum layer				
Dimensio	ns of cesspool				
Materials	of construction				
Indication	of groundwater inflow			☐ Yes	☐ No



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o State Street			
operty Address			
argaret and Charlie Streciwilk			
vner's Name			
mherst	MA	01002	05.16 &18.2012
ry/Town	State	Zip Code	Date of Inspection
. System Information (cont.)			
Comments (note condition of soil, signs of etc.):	of hydraulic	failure, level of	ponding, condition of vegetation,
9			8
		2 2	*
		¥	
Privy (locate on site plan):			
Materials of construction:			
Dimensions			
Depth of solids			
Comments (note condition of soil, signs etc.):	of hydraulic	failure, level of	ponding, condition of vegetation,
1			
@			



Commonwealth of Massachusetts

418 State Street				
Property Address				
Margaret and Charlie Streciwilk				
Owner's Name	B. Ø. A.	01000	05 46 949 2042	
Amherst City/Town	MA State	01002 Zip Code	05.16 &18.2012 Date of Inspection	
	Otate	Zip Code	Date of Inspection	
D. System Information (cont.)				
Sketch Of Sewage Disposal System: Pro at least two permanent reference landma where public water supply enters the bui	arks or benc	hmarks. Locate	all wells within 100 fe	uding ties to eet. Locate
hand-sketch in the area below drawing attached separately				
		19		
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III				
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	ş.			
.A				
15				10
**				
8				



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Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

418 State St				
Property Addres				
Owner's Name	d Charlie Streciwilk			
Amherst		MA	01002	05.16 &18.2012
City/Town		State	Zip Code	Date of Inspection
D. Syste	m Information (cont.)			
Site Exa	nm:			
☐ Che	ck Slope			
☐ Surf	ace water			
☐ Che	ck cellar			
☐ Shal	llow wells			. *
Estimate	ed depth to high ground water:		5-6 feet	
Please ii	ndicate all methods used to det	ermine the hi	104,40	er elevation:
\boxtimes	Obtained from system design	gn plans on re	ecord	
	If checked, date of design p	olan reviewed	Date	
	Observed site (abutting pro	perty/observa	tion hole withir	150 feet of SAS)
\boxtimes	Checked with local Board of	of Health - exp	lain:	
	see plans			
	Checked with local excavat	ors, installers	- (attach docu	mentation)
	Accessed USGS database	- explain:		
You mus	st describe how you established	d the high gro	und water elev	ation:
Interpret	ed soils and topography (data f	from area). To	own BOH had r	no records.
-				
				1

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



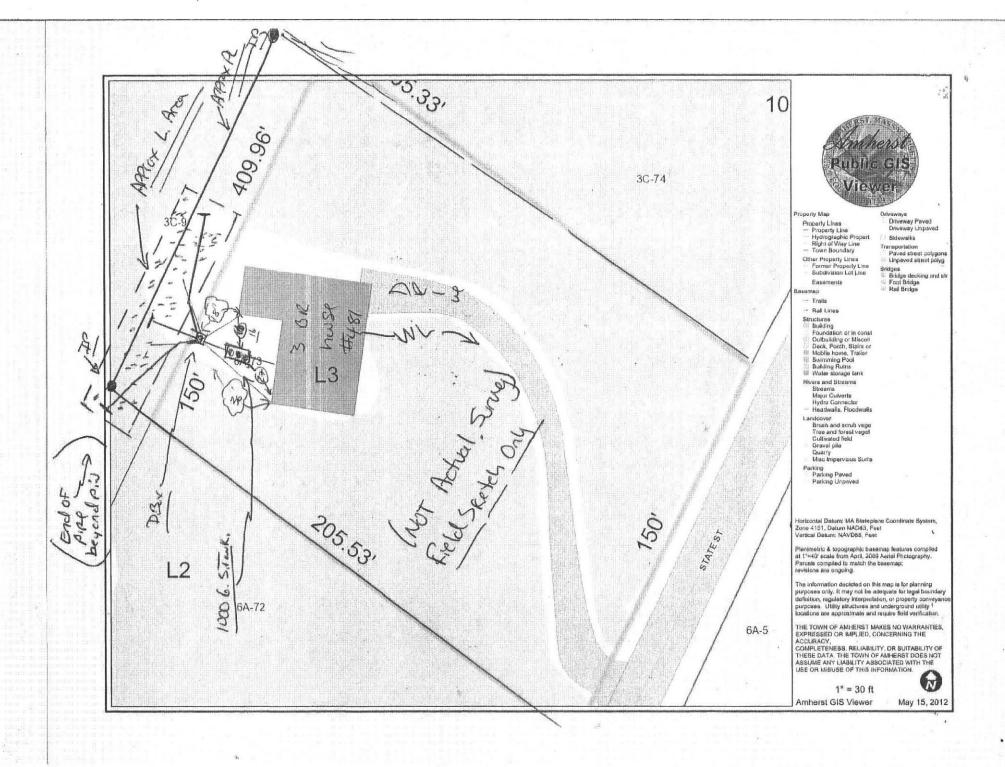
Commonwealth of Massachusetts

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418 State Street				
Property Address			6	
Margaret and Charlie Streciwilk				
Owner's Name				
Amherst	MA	01002	05.16 &18.2012	
City/Town	State	Zip Code	Date of Inspection	

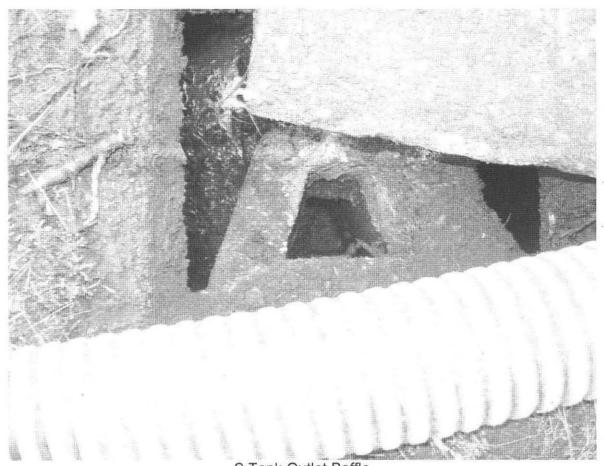
E. Report Completeness Checklist

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





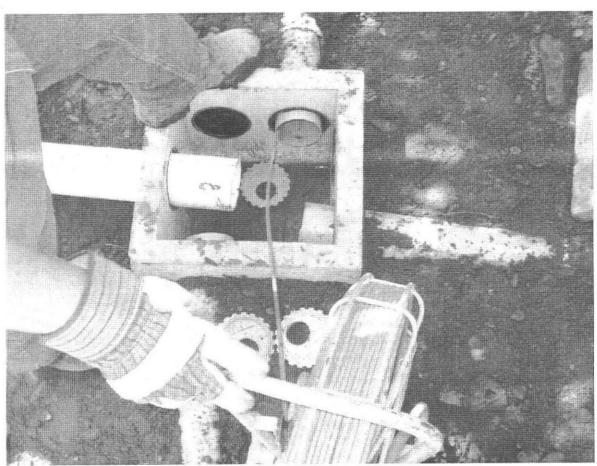
S Tank Inlet Baffle 418 State Street Amherst, MA 05.16.2012



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



Important:

When filling out forms on the computer, use

only the tab key to move your

cursor - do not

use the return

Commonwealth of Massachusetts

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Property Address				
Margaret and Charlie Streciwilk				
Owner's Name				
Amherst	MA	01002	05.16 &18.2012	
City/Town	State	Zip Code	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.

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 MA 01007 City/Town State Zip Code 413.323.5957 #738 Telephone Number 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:

Inspector's Signature	05.18.2012 Date		
Alu Wan			
Needs Further Evaluation b ■ Needs Further Evaluation	by the Local Approving Authority		
☐ Fasses	Conditionally Passes	△ Falls	

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.



Commonwealth of Massachusetts

_	perty Address					
	rgaret and Charlie Streciwilk					
	ner's Name					
Am	herst	MA	01002	05.16 &18.2012		
-	Town	State	Zip Code	Date of Inspection		
В.	Certification (cont.) Inspection Summary: Check A,B,C,	D or E / always o	complete all of	Section D		
A)	System Passes:					
	☐ I have not found any information in 310 CMR 15.303 or in 310 CM indicated below.	n which indicates MR 15.304 exist.	that any of the Any failure crit	failure criteria described eria not evaluated are		
	Comments:					
	Property has 1000 gal. S. tank and functional with no failure evidence, of leaching pipe and leach area extended.	with 2 persons us	ing. Tank was	pumped, baffles in place. portion		
B)	System Conditionally Passes:					
	One or more system componen replaced or repaired. The system the Board of Health, will pass.			nal Pass" section need to be cement or repair, as approved by		
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statement 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. Syswill pass inspection if the existing tank is replaced with a complying septic tank as approved by Board of Health.					
	* A metal septic tank will pass inspe Compliance indicating that the tank	ction if it is structi is less than 20 ye	urally sound, n ars old is avai	ot leaking and if a Certificate of lable.		
	☐ Y ☐ N ☐ ND	(Explain below):				
		in.				
				*		



Commonwealth of Massachusetts

	ate Stree	et	1					
	y Address							
		Charlie Streciwilk						· ·
Owner's				0.46				
Amhei City/Tov	(0.50/6)		MA	010 7in	002 Code		&18.2012	
			State	ZIP	Code	Date of	Inspection	
		ation (cont.) n Conditionally Passes (cont.)	:					
	Observation of sewage backup or break out or high static water level in the distribution to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box pass inspection if (with approval of Board of Health):							
		broken pipe(s) are replaced		□ Y	\square N	☐ ND (Explain belo	ow):
		obstruction is removed		Y	□ N	□ ND (Explain belo	ow):
		distribution box is leveled or re	placed	☐ Y	□N	□ ND (Explain belo	ow):
×		8			#			
		stem required pumping more the					obstructed p	pipe(s). The
		broken pipe(s) are replaced		□ Y	□ N	☐ ND (Explain belo	ow):
		obstruction is removed		☐ Y	□ N	□ ND (Explain belo	ow):
_								2
-	-							ř
C)	Furthe	r Evaluation is Required by th	ne Board	of Heal	th:			
\boxtimes	☑ Conditions exist which require further evaluation by the Board of Health in order to determine the system is failing to protect public health, safety or the environment.							
	15.303	tem will pass unless Board or (1)(b) that the system is not for and the environment:						
		Cesspool or privy is within 50 f	eet of a s	surface v	water			
		Cesspool or privy is within 50 f	eet of a b	oordering	g vegeta	ited wetlar	id or a salt n	marsh



Commonwealth of Massachusetts

41	8 State Stre	eet				
Pro	perty Address	3				
	argaret and	Charlie S	Streciwilk			
Ow	ner's Name					
	nherst			MA	01002	05.16 &18.2012
City	//Town			State	Zip Code	Date of Inspection
	2. Sy deter safet: 100 fe suppl: The s more Method	rstem wil mines th y and en The sy eet of a si The sy y. The sy y well. ystem ha from a prodused to	Il fail unless the Boa lat the system is fun vironment: Itstem has a septic tan urface water supply or stem has a septic tan use a septic tan las a septic tank and Scivate water supply we or determine distance: Isses if the well water a	ard of Health ctioning in a sik and soil about tributary to a sik and SAS a sik and SAS a sik and SAS and the Sell**. Field sketch analysis, performalysis,	(and Public Warmanner that sorption system a surface water and the SAS is and the SAS is and the SAS is less than attached.	Vater Supplier, if any) protects the public health, m (SAS) and the SAS is within
	3. Other:					
						, , , , , , , , , , , , , , , , , , ,
D)	System F	ailure C	riteria Applicable to	All Systems		
	You mus	t indicate	"Yes" or "No" to ea	ach of the fo	llowing for <u>all</u>	inspections:
	Yes	No				
		\boxtimes	clogged SAS or ce	esspool		onent due to overloaded or
			due to an overload	led or clogge	d SAS or cess	
		\boxtimes	or clogged SAS or	cesspool		outlet invert due to an overloaded
		\boxtimes	Liquid depth in ces than ½ day flow	spool is less	than 6" below	invert or available volume is less



Commonwealth of Massachusetts

418 State Street

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Pro	perty	Address								
			Charlie St	reciwilk						
	ners nher	Name			MA	01003	05 46 848 2042			
-	//Tow				MA State	01002 Zip Code	05.16 &18.2012 Date of Inspection			
-	O. W. A. T. C. C. D. J. J.		ation (cont)						
		0111110	ac. 011 (oone.)						
		Yes	No							
					more than 4 times in the last year NOT due to clogged or .Number of times pumped:					
			\boxtimes	Any portion of the SA	AS, cesspo	ol or privy is be	elow high ground water elevation.			
			\boxtimes	Any portion of cessp tributary to a surface			eet of a surface water supply or			
	Any portion of a cesspool or privy is within a Zone 1 of a public well.						one 1 of a public well.			
			\boxtimes	Any portion of a cess	spool or pri	vy 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 from a private water supply well with no acceptable water quality analysis. system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the prese of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 pp provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]						
			\boxtimes	The system is a cess 10,000gpd.	spool servi	ng a facility with	a design flow of 2000gpd-			
				criteria exist as desc	ribed in 31 d contact th	0 CMR 15.303 ne Board of He	or more of the above failure therefore the system fails. The alth to determine what will be			
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 questions in Section D.										
)	/es	No							
				the system is within	400 feet of	a surface drink	ing water supply			
				the system is within 2	200 feet of	a tributary to a	surface drinking water supply			
				the system is located Area – IWPA) or a m			rea (Interim Wellhead Protection water supply well			
If you have answered "yes" to any question in Section E the system is or answered "yes" in Section D above the large system has failed. The system considered a significant threat under Section E or failed under the system.							he owner or operator of any large			

system in accordance with 310 CMR 15.304. The system owner should contact the appropriate

regional office of the Department.



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

418 State S Property Add								
Margaret a		Streciwilk						
Owner's Nam Amherst	е		MA	01002	05.16 &18.2012			
City/Town			State	Zip Code	Date of Inspection			
C. Ched	cklist							
Check	if the follo	wing have been done.	You must ind	dicate "yes" or '	no" as to each of the follow	ing:		
Yes	No				90			
\boxtimes		Pumping informati	on was provid	ed by the owne	er, occupant, or Board of He	alth		
	\boxtimes	Were any of the sy	ystem compon	ents pumped o	out in the previous two week	s?		
\boxtimes		Has the system re	ceived normal	flows in the pr	evious two week period?			
	\boxtimes	Have large volume this inspection?	es of water bee	en introduced t	o the system recently or as	part of		
	Were as built plans of the system obtained and examined? (If they were not available note as N/A)							
\boxtimes		Was the facility or dwelling inspected for signs of sewage back up?						
\boxtimes		☐ Was the site inspected for signs of break out?						
\boxtimes		Were all system of	omponents, ex	cluding the SA	S, located on site?			
			condition of the	baffles or tees	ened, and the interior of the s, material of construction, d depth of scum?	tank		
		information on the	proper maintention of the Se	enance of subs	nt from owner) provided wit urface sewage disposal sys System (SAS) on the site	tems?		
	\boxtimes	Existing information	n. For example	le, a plan at the	Board of Health.			
		Determined in the approximation of o			eria related to Part C is at is: 0 CMR 15.302(5)]	sue		
D. Syst	em Info	ormation	341					
Posida	ential Elev	v Conditions:						
Reside	illiai FIOV	v Conditions:	7					
Numbe	er of bedro	oms (design):		Number of bed	drooms (actual):			

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



Commonwealth of Massachusetts

410 State Street					
Property Address					
Margaret and Charlie Streciwilk					
Owner's Name	MA	04000	05 40 846	0010	
Amherst City/Town	MA State	01002 Zip Code	05.16 &18 Date of Insp		
2003 P. 13 P. 15 P	State	Zip Code	Date of Hisp	ection	-
D. System Information Description: 1000 gallon S. tank three leach lines in	10' by 35'+/- l.	field. Has eje	ctor pump for	downstairs ba	th.
					×
Number of current residents:				2	
Does residence have a garbage grinder	r?			☐ Yes ⊠	No
Is laundry on a separate sewage system	m? [if yes sepa	rate inspectio	n required]	☐ Yes ⊠	No
Laundry system inspected?				☐ Yes ☐] No
Seasonal use?	Seasonal use?				
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 Conditio	ns:				
Type of Establishment:		-			
Design flow (based on 310 CMR 15.203	3):	Gallons	per day (gpd)		
Basis of design flow (seats/persons/sq.	ft., etc.):			7	
Grease trap present?				☐ Yes ☐] No
Industrial waste holding tank present?				Yes] No
Non-sanitary waste discharged to the T	itle 5 system?	e .		☐ Yes ☐] No
Water meter readings, if available:					



Commonwealth of Massachusetts

418 State Street										
Property Address Margaret and Char	die Streciwilk									
Owner's Name	ile otreciwiik									
Amherst		MA	01002	05.16 &18.2012						
City/Town	formation (seet)	State	Zip Code	Date of Inspection						
D. System in	D. System Information (cont.)									
Last date of oc	cupancy/use:		Date	t						
Other (describe	a halaw):		54.6							
Other (describe	e below).									
	1			*						
	Gel	neral Infor	mation							
Dumming Dag										
Pumping Reco	oras:	NI-1		007						
Source of infor	mation:	Not	oumped since 2	007						
Was system pu	umped as part of the inspec			⊠ Yes □ No						
If yes, volume	pumped:		1000 pumped after inspection gallons							
How was quan	tity pumped determined?	mea	Inspection.							
Reason for pur	mping:	Inspe								
Type of Syste	m:									
	Septic tank, distribution b	ox, soil ab	sorption 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 DEF	approval.							
	Other (describe):									



Commonwealth of Massachusetts

18 State Street									
operty Address									
argaret and Charlie	Streciwilk								
wner's Name			0.1000						
mherst ty/Town		MA State	01002 Zip Code	05.16 &1 Date of Ins	200000000000000000000000000000000000000				
- 72			Zip Code	Date of Ilis	pection				
	ormation (cont.		known) and so	ource of inform	mation:				
Were sewage od	ors detected when a	rriving at the sit	e?] Yes ⊠ No				
Building Sewer	(locate on site plan):								
Depth below grad	de:		2. fee						
Material of const	ruction:								
ast iron	☑ 40 PVC	other (explain):						
Distance from pri	Distance from private water supply well or suction line:								
Comments (on condition of joints, venting, evidence of leakage, etc.):									
ok									
Septic Tank (loc	ate on site plan):		4.5	01		14			
Depth below grad	de:		1.2 fee		15 15				
Material of const	ruction:		1.0		la la				
□ concrete	☐ metal	☐ fibergla	ss 🗌 pol	yethylene	other (exp	lain)			
Fair amount of so	cum/solids build up.	OUtlet baffle in	olace with crac	k at top.	-				
3					F				
If tank is metal, li	st age:		yea	ars	u A				
Is age confirmed	by a Certificate of C	ompliance? (att	ach a copy of o	certificate)	☐ Yes ☐	No			
Dimensions:			_8	3.5 x4.5' x 4.2					
Sludge depth:			6) II					



Commonwealth of Massachusetts

418 State Street					
Property Address Margaret and Charlie Streciwilk					
Owner's Name	10-12-12	15 chan a 1 ch 1 ch 1 Miles			
Amherst	MA State	01002 Zip Code	05.16 &1		
City/Town	State	Zip Code	Date of Inst	pection	
D. System Information (cont.)					
Septic Tank (cont.)			~		
Sopia Carriage Control			30"		
Distance from top of sludge to bottom of o	Distance from top of sludge to bottom of outlet tee or baffle				
Scum thickness			4"		
			6"		
Distance from top of scum to top of outlet	tee or baffle	е	0		
Distance from bottom of scum to bottom of	f outlet tee	or haffle	12"		
Distance from Solion of South to Solion of	i danci icc	or burne	Meas.		
How were dimensions determined?			ivieas.		
Comments (on pumping recommendations	s, inlet and	outlet tee or	baffle condition	, structural integrity,	
liquid levels as related to outlet invert, evid Baffles in place and sound.	dence of lea	akage, etc.):			
barries in place and sound.					
				4.0	
				*	
Grease Trap (locate on site plan):					
Depth below grade:			feet	-	
Material of construction:					
_		-			
concrete metal	fibergla	ss	polyethylene	other (explain):	
W				(9)	
Dimensions:			-		
Scum thickness					
Journ thickness					
Distance from top of scum to top of outlet	tee or baffle	Э		+	
Distance from bottom of scum to bottom o	foutlet tes	or hoffla			
Distance from bottom of scum to bottom o	outiet tee	UI Daille			
Date of last pumping:			Date		



information is required for every page.

Commonwealth of Massachusetts

8 State Street					
argaret and Charlie Streciwilk					
mer's Name		2			
nherst	MA	01002	05.16	&18.2012	
y/Town	State	Zip Code	Date of	Inspection	
. System Information (co	nt.)				
Comments (on pumping recomme liquid levels as related to outlet inv good conditions.			affle condit	ion, structu	ral integrit
			*		
			-		
Tight or Holding Tank (tank must	be pumped at tim	e of inspection	(locate or	n site plan):	
Depth below grade:		_			
Material of construction:					
□ concrete □ metal	☐ fibergla	es 🗆 n	olyethylene	a \square oth	er (explai
concrete metal		155	nyeurylerie		er (explain
Dimensions:					
Difference .					
Capacity:		gallons			
		galloris			
Design Flow:		gallons per day			
Alarm present:		☐ Yes ☐	No		
Alarm level:		Alarm in working	order:	☐ Yes	☐ No
Date of last pumping:		Dete		Ti .	
		Date			
Comments (condition of alarm and	I float switches, etc	c.):			
		·			
* Attach copy of current pumping of	contract (required).	Is copy attache	ed?	☐ Yes	☐ No



Owner information is required for every page.

Commonwealth of Massachusetts

operty Address			
argaret and Charlie Streciwilk vner's Name			
nherst	MA	01002	05 16 9 19 2012
ty/Town	State	Zip Code	05.16 &18.2012 Date of Inspection
	Olulo	Lip Godo	Date of mapedion
. System Information (cont.)			
Distribution Box (if present must be ope	ned) (locate	e on site plan):	
Depth of liquid level above outlet invert		@ inv.	
Comments (note if box is level and distrib	ution to out	lets equal, any	evidence of solids carryover a
evidence of leakage into or out of box, etc		icio cquai, arry	evidence of solids carryover, a
Good level flow, no high staining, bit of c		ox pumped and	d replaced due to crack.
	,		
			*
N			* .
B			
Pump Chamber (locate on site plan):			
Pumps in working order:			☐ Yes ☐ No
rumps in working order.			
Alarms in working order:			Yes No
			_
Comments (note condition of pump cham	ber, conditi	on of pumps ar	nd appurtenances, etc.):
			,
Soil Absorption System (SAS) (locate of	n site nlan	excavation not	required):
John Abdorption System (OAO) (locate o	ii oite piali,	CAGGVALIOTI 1101	roquilou).
If SAS not located, explain why:			
ii one not located, explain my.			



Owner information is required for every page.

Commonwealth of Massachusetts

18 State Str					
roperty Address					
viargaret and Owner's Name	Charlie Streciwilk				
Amherst		MA	01002	05.16 &18	.2012
City/Town		State	Zip Code	Date of Inspe	
D. Syster	m Information (cont.)				
Type:					
	leaching pits		number:		-
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number,	length:	
\boxtimes	leaching fields		number,	dimensions:	3 line 10' x 35'+/-
	overflow cesspool		number:		
, 🗆	innovative/alternative sys	stem			
	Type/name of technolog	v: —			
NO SIGNS	of failure nor ponding noted in	stone of D. I	JUX alea.		,
-	Y				
Cesspoo	ols (cesspool must be pumped	as part of ins	spection) (locat	e on site plan)	:
Number a	and configuration				
Depth - t	top of liquid to inlet invert				
Depth of	solids layer				
Depth of	scum layer				1
Dimensio	ons of cesspool				
Materials	of construction			\	
Indication	n of groundwater inflow			Yes	☐ No



Owner information is required for every page.

Commonwealth of Massachusetts

perty Address argaret and Charlie Streciwilk mer's Name nherst	8 State Street				
MA 01002 05.16 &18.2012 y/Town State Zip Code Date of Inspection System Information (cont.) Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatio 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 vegetatio etc.):	perty Address				
MA 01002 05.16 &18.2012 y/Town State Zip Code Date of Inspection 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.):	argaret and Charlie Streciwilk				
State Zip Code Date of Inspection 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) Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)					
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.):	nherst	MA	01002	05.16 &18.2012	
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatio 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)	//Town	State	Zip Code	Date of Inspection	
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)	System Information (c	cont.)			
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)		l, signs of hydraulic f	ailure, level of	ponding, condition of veg	etatio
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)	etc.):			P	
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)					
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)				-	
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)					
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)					
Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation	Privy (locate on site plan):				
Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatio	Materials of construction:	7			
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatio	Dimensions				
	Depth of solids				
		l, signs of hydraulic f	ailure, level of	ponding, condition of veg	etatio
		1			
				i ii	



information is required for every page.

Commonwealth of Massachusetts

mherst y/Town	MA State	01002 Zip Code	05.16 &18.20 Date of Inspection	
Sketch Of Sewage Disposal System: Pro- at least two permanent reference landman where public water supply enters the build	rks or bench	nmarks. Locate	e all wells within 1	
☐ hand-sketch in the area below drawing attached separately		¥:	ě	
)		
		e		
				*



Owner information is required for every page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

418 State Stre	et				
Property Address	Charlie Streciwilk				
Owner's Name	Charle Strectwik				
Amherst	4	MA	01002	05.16 &18.2012	
City/Town		State	Zip Code	Date of Inspection	
D. System	n Information (cont.)				
Site Exam	1:				
□ Check	Slope				
Surfac	ce water				
	cellar				
Shallo	w wells				
Estimated	depth to high ground water:		5-6 feet		
Please ind	licate all methods used to det	ermine the hi	gh ground wate	er elevation:	
\boxtimes	Obtained from system design	gn plans on re	ecord		
	If checked, date of design p	lan reviewed	Date		
	Observed site (abutting pro	perty/observa	ation hole within	n 150 feet of SAS)	
\boxtimes	Checked with local Board o	f Health - exp	olain:		
	see plans		71		
	Checked with local excavat	ors, installers	- (attach docu	mentation)	
	Accessed USGS database	- explain:			
	describe how you established	30 3			
Interpreted	d soils and topography (data f	rom area). To	own BOH had r	no records.	
					•
	9				

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



Owner information is required for every page.

Commonwealth of Massachusetts

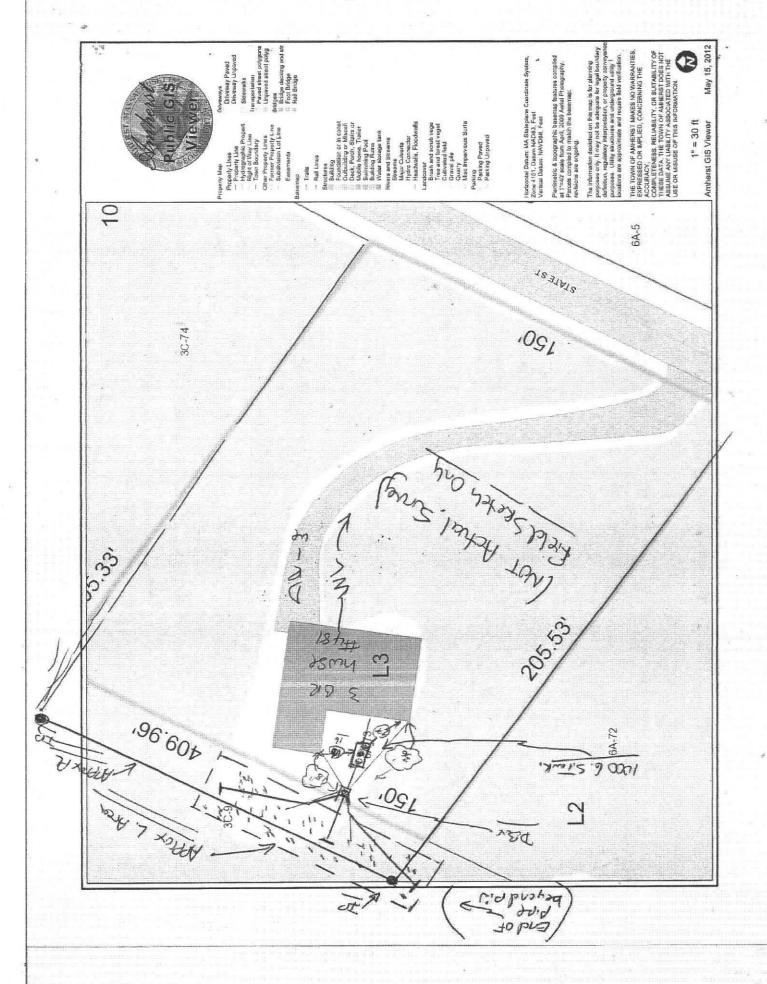
Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

418 State Street				
Property Address				
Margaret and Charlie Streciwilk				
Owner's Name				
Amherst	MA	01002	05.16 &18.2012	
City/Town	State	Zip Code	Date of Inspection	

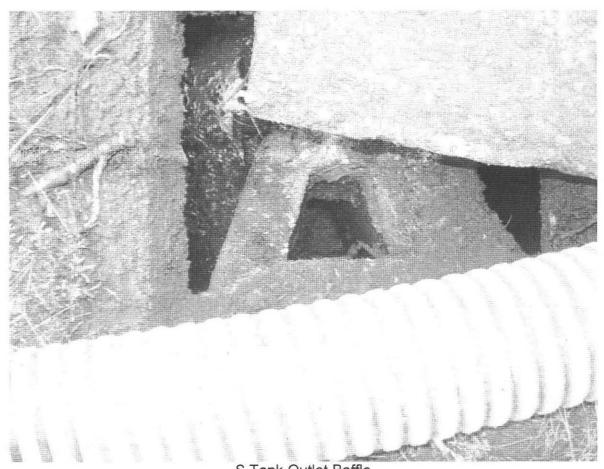
E. Report Completeness Checklist

☑ 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





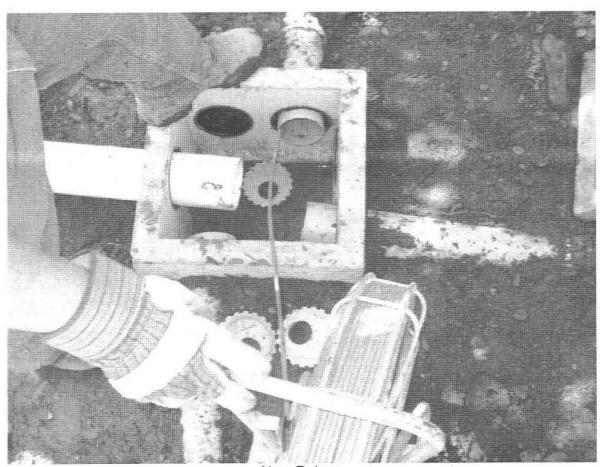
S Tank Inlet Baffle 418 State Street Amherst, MA 05.16.2012



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

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: May 15, 2012

TO

Charles & Margaret Streciwilk

418 State Street Amherst, MA 01002

RE: Invoice for

Septic Title V witness

Services provided by

Edmund Smith

PAYMENT TERMS: I Paid in full

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL	
1.00	Septic Title V witness	\$ 200.00	\$	200.00
	passed w/repairs:			
	Passed W/repaus: - new 13 - Box - new outlet boffle T (Sep	otie TANK	/	
	Rec'd today your check #2452 for \$200.00			
	this invoice is paid in full/thank you			
		SUBTOTAL SALES TAX	Ş	200.00
		TOTAL	\$	200.00

S/16/2012tained to Alan Weiss, TS inspector who NoticeO SAS DOES NOT APPEAR TO RE ON 418 STATE LOT- ALAN CALLED PAUL NEWPORK (C STATE OPH AND FAUL SAID 3 CHOICES:

- FASEMENT
- BUY PROPERTY SAS SITS ON

5/16/2012 SURVEYOR TO PLOT LADS 5/21/2012 - meddage from M. Streeiwilk-called: agreed with wording of easement from Atty. Bowman -requested copy. 6/8/2012 to com of earnewed, where walnut on the wall further evaluation.

There I (made further evaluation).

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

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

CUST NAME

DEPT

DE HEA058

TITLE V WI 200.

RECPT TOTAL

200.00 CHARLES J QUA CHECK

2452

TRUOMA