No. 00-17

#439

paid ck# 2644 Pd
CK# 2644
KP

FEE 225.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

COMMONWEALTH OF MASSACHUSETTS · ALAN E. WEISS · REG #933 · REGISTERED SANITARIAN

Application for a Permit to Construct( ) Repair(✓) Upgrade(✓) Abandon( ) - ☐ Complete System ☐ Individual Components

c/o Joan Rosner Jones

Location	439 STATION RD	Owner's Name	JAMES McCartney
Map/Parcel#		Address	19 Muller Ave, Cambridge
Lot#	#439	Telephone#	617-354-3970
* Installer's Name	Karl's	Designer's Name	Alan Weiss, RS.
Address		Address	Belchertown, MA.
Telephone#		Telephone#	413-323-5757

Type of Building Res. Lot Size 34,124 sq. ft.

Dwelling - No. of Bedrooms 4 Sill 4.50 Garbage grinder (N)

Other - Type of Building No. of persons Showers ( ), Cafeteria ( )

Other Fixtures

Design Flow (min. required) 440 gpd Calculated design flow 466 Design flow provided 466 gpd

Plan: Date 8/28/00 Number of sheets 4 Revision Date

Title SEPTIC SYSTEM REPAIR PLAN FOR JAMES McCARTNEY

Description of Soil(s)

Soil Evaluator Form No. Name of Soil Evaluator A. Weiss Date of Evaluation

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW. S.TANK + L.FIELD

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [signature] Date 9/7/00

Inspections

UP-20' = 5.5' = 99.3

No. 00-17 FEE 225.00

ck# 2644

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☐ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired (✓), Upgraded ( ), Abandoned ( )

by:

at 439 STATION Road

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 00-17, dated . Approved Design Flow (gpd)

Installer [signature] FOR KARLS

Designer: [signature] Inspector: [signature] Date: 9-13-00

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 00-17 FEE 225.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 439 STATION Road as described in the application for Disposal System Construction Permit No. 00-17, dated 9/6/00.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 9/6/00 Board of Health [signature]

NOT. PAID 8/18/00

FORM 11 - SOIL EVALUATOR FORM

No. _____ Date: 8/18/00

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: ALAN WIESS Date: 8/18/00
Witnessed By: TOM DION / DAVE ZARDZINSKI

Location Address or Lot # 439 STATION ROAD AMHERST MA. 01002	Owner's Name, Address, and Telephone # JAMES McCARTNEY 19 MULLER AVE CAMBRIDGE MA. 02140-1008
New Construction ☐ Repair ☑	

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published ..... Publication Scale ..... Soil Map Unit .....

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No ☑ Yes ☐

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☑

Within 500 year flood boundary No ☑ Yes ☐

Within 100 year flood boundary No ☑ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) .....

Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal ☑ Normal ☑ Below Normal ☐

Other References Reviewed: _____

Location Address or Lot No. 439 STATION ROAD

On-site Review

Deep Hole Number TP-1 Date: 8/18/00 Time: 8:30 Weather SUN 60°
Location (identify on site plan) _____
Land Use RAS Slope (%) 3 Surface Stones FEW
Vegetation GRASS / APPLE TREES
Landform TERRACE
Position on landscape (sketch on the back) _____
Distances from:

Open Water Body	100'+ feet	Drainage way	50'+ feet
Possible Wet Area	100'+ feet	Property Line	50'+ feet
Drinking Water Well	100'+ feet	Other	

* TOWN WATER

DEEP OBSERVATION HOLE LOG*

	Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
HOLE 1	0-8"	A	FSL	10YR 3/2		FRIABLE
	8-24"	Bw	SL	2.5Y 5/6		FRIABLE
	24-134"+	C	S	2.5Y 7/4	NOT OBS.	LT. BRN WELL SORTED MED. SAND; SOME GRAVEL
HOLE 2						

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock: 134"+
Depth to Groundwater: Standing Water in the Hole: NOT OBS. Weeping from Pit Face: NOT OBS.
Estimated Seasonal High Ground Water: 134"+

Location Address or Lot No. 439 STATION ROAD

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole ..... inches
- ☐ Depth weeping from side of observation hole ..... inches
- ☑ Depth to soil mottles 134+ inches
- ☐ Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level .....

Adjustment factor ..... Adjusted ground water level .....

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? YES

If not, what is the depth of naturally occurring pervious material? ———

Certification

I certify that on June 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature A. Weiss Date 8/18/00

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 439 STATION ROAD

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: 8/18/00	Time: 8:30	
Observation Hole #	P1	
Depth of Perc	40"	
Start Pre-soak	9:44	
End Pre-soak	9:44	
Time at 12"	CAN'T HOLD	
Time at 9"	SOAK	
Time at 6"	9:45	
Time (9"-6")	1	
Rate Min./Inch	< 2 MIN/IN.	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed ☑ Site Failed ☐

Performed By: ~~AE~~ ALAN WIESS

Witnessed By: TOM DION / DAVE ZARZINSKI

Comments: 5' SEPARATION

DEP

DEP APPROVED FORM - 12/07/95

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

•Subsurface Investigations
•21E Site Investigations
•Pollution Remediation
•Percolation Tests and Septic Designs

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

Date: 8/18/00

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss Date: 8/18/00
Witnessed By: D. Zarozinski

Location Address or Lot #	Owner's Name, Address, and Telephone #
439 STATION RD AMHERST, MA 01002	JAMES McCARTNEY 19 Muller Ave. Cambridge, MA. 02140-1008
New Construction ☐ Repair ☑	

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published 1981 Publication Scale 1:15,840 Soil Map Unit HgB

Drainage Class VRAPID Soil Limitations N/A

Surficial Geologic Report Available: No ☑ Yes ☐

Year Published Publication Scale

Geologic Material (Map Unit)

Landform

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☑

Within 500 year flood boundary No ☑ Yes ☐

Within 100 year flood boundary No ☑ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit)

Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range: Above Normal ☑ Normal ☑ Below Normal ☐

Other References Reviewed: _____

Location Address or Lot No. 439 STATION RD

On-site Review

Deep Hole Number TP-1 Date: 8/18/00 Time: 8:30 Weather SUN 60°F
Location (identify on site plan) _____
Land Use Res. Slope (%) 3 Surface Stones Few
Vegetation grass / Apple trees
Landform terrace
Position on landscape (sketch on the back)
Distances from:

Open Water Body 100'± feet Drainage way 50'± feet
Possible Wet Area 100'± feet Property Line 50'± feet
Drinking Water Well 100'± feet Other _____
*Town water

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A	FSL	10YR 3/2		friable
8-24"	Bw	SL	2.5Y 5/6		friable
24"→134"	C.	S	2.5Y 7/4	Not obs	Lt. brn. well sorted. med. sand, some gravel.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Depth to Bedrock: 134"+
Depth to Groundwater: Standing Water in the Hole: Not obs. Weeping from Pit Face: Not obs.
Estimated Seasonal High Ground Water: 134"+

Location Address or Lot No. 139 STATION RD

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole ..... inches
- ☐ Depth weeping from side of observation hole ..... inches
- ☑ Depth to soil mottles 134"+ inches
- ☐ Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level ....

Adjustment factor ..... Adjusted ground water level .....

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on June, 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 8/18/00

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Location Address or Lot No. V39 STATION RD

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: 8/18/00	Time: 8:30	
Observation Hole #	P.	
Depth of Perc	40"	
Start Pre-soak	9:44	
End Pre-soak	9:44	
Time at 12"	CAN'T HOLD	
Time at 9"	SOAK	
Time at 6"	9:45	
Time (9"-6")	1	
Rate Min./Inch	12 MIN/IN.	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed ☑ Site Failed ☐

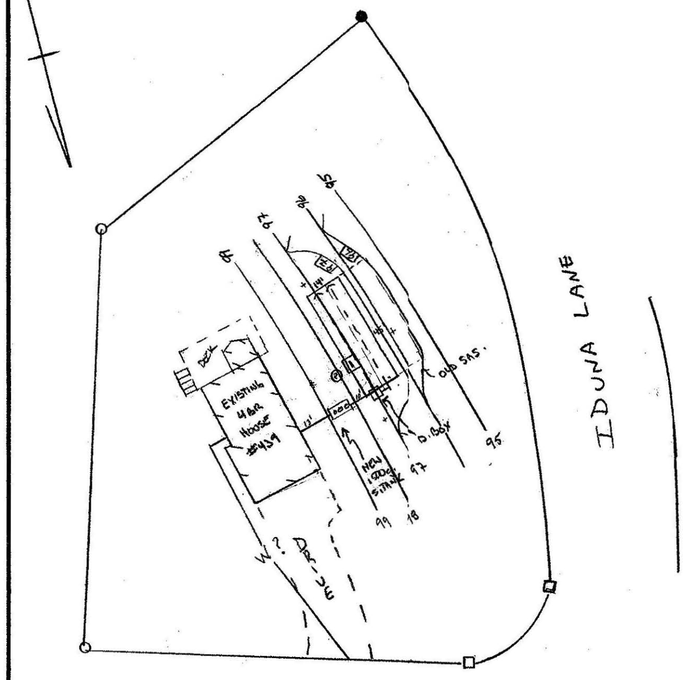
Performed By: A. WEISS

Witnessed By: D. ZAKOZINSKI

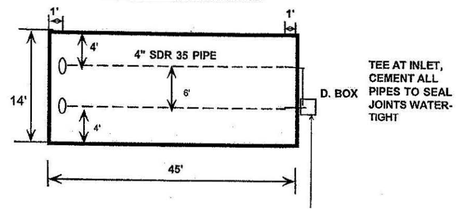
Comments: 5' SEPARATION

PLOT PLAN

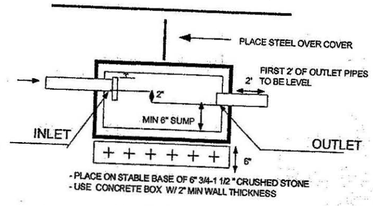
(1" = 40')



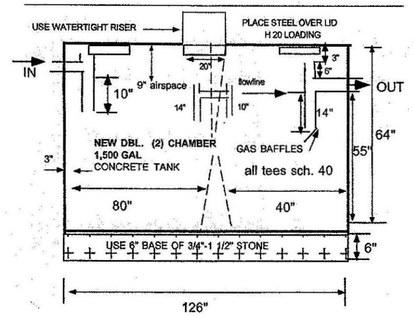
LEACH FIELD PLAN



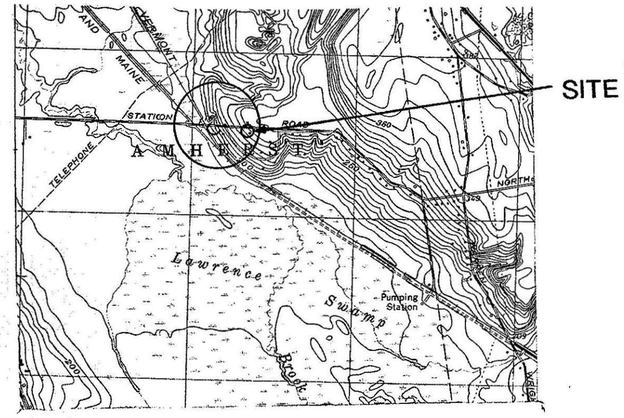
TYPICAL D. BOX (WATERTIGHT)



TYPICAL NEW DBL. CHAMBER 1,500 GAL. S. TANK OR EQUIV. (WATERTIGHT)



SITE LOCUS



TEST PIT LOG

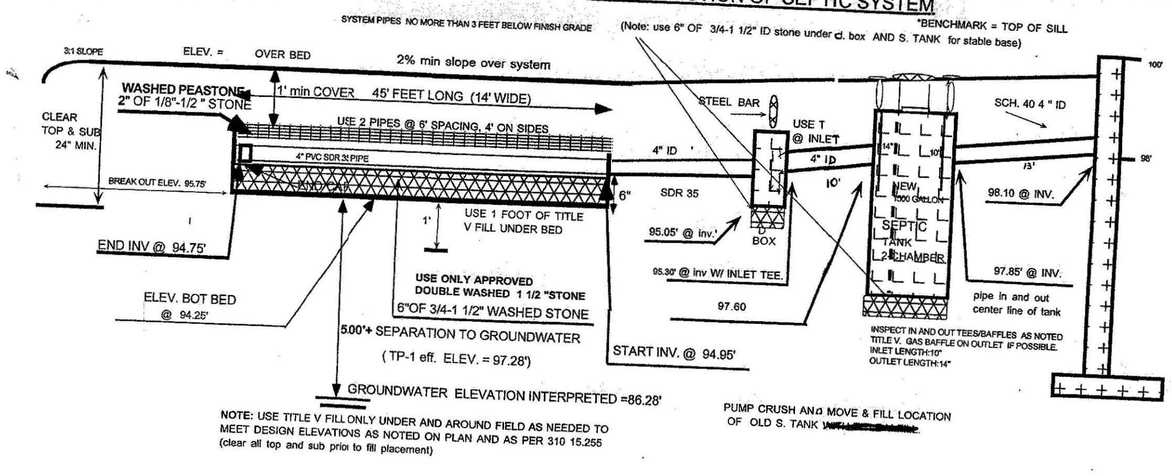
TP-1 EL. 97.28' EFFECTIVE

0-8"	A FINE SANDY LOAM (10YR 3/2) FRIABLE "
8-24"	BW FINE LOAMY SAND, FRIABLE " (2.5 Y 5/6)
24-134"	C1 SAND: BROWN WELL SORTED SOME GRAVEL (2.5 Y 7/4)

ESHWT:@ 134" IN TP-1= 86.28', 5' SEPARATION PROVIDED)

NOT OBS. OXIDES.
NA STANDING H20
NA WEEPING FROM FACE
NOT OBS. BEDROCK

CROSS SECTION OF SEPTIC SYSTEM



DESIGN NOTES:

1. 4BR X 110 GAL/DAY =440 Gal./day
   -Use ONE Leachfield 14' wide x 45' LONG W/6" stone below invert.
   Bot. Area:: 14' wide x 45' long =630sf.
   Side Area:: N.A.
   Tot. Area: 630 sf x 0.74 gal.sf. = 466 gal./day.
3. GARBAGE DISPOSAL NOT ALLOWED
4. ALL D. BOX OUTLET PIPES LEVEL FOR 2',
5. NO PRIVATE WELLS WITHIN 100 FEET. (town water)
6. NO WETLANDS WITHIN 200 FEET OF SAS
7. PRE & POST CONTOURS NOTED AS NECESSARY.
8. RESERVE AREA NOT required, SILL =100.00 BENCH MARK
9. SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
10. 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 24" MIN. AS NEEDED.
    CLEAR TO BASE OF stone MIN 94.25') UNDER BED MAKE UP ELEV. WITH FILL (if needed).
    COMPLY WITITLE V FILL BENEATH .0.50 FT. OF APPROVED DBL WASHED STONE
11. LEACH FIELD PROPOSED DUE SITE CONDITIONS.
12. DEPTH OF PIERC. (40" see perc REPORT)
13. PERC RATE :=<2 MIN/IN.. , CLASS I SOIL RATING (SAND), 5' SEPARATION.
14. USE GAS BAFFLE ON 14" OUTLET TEE if possible,
15. USE NEW DOUBLE CHAMBER, WATERTIGHT, S. TANK ,1,500 GAL.
16. USE APPROWED (3/4") ID DBL. WASH STONE UNDER BED & D. BOX AND S. TANK FOR 6".
    CONTRACTOIR TO CONFIRM STONE PROPERLY WASHED (WITH BUCKET /H2O TEST)
    PRIOR TO PLACEMENT.
17. REMOVE OLID LEACHFIELD PIPES & D. BOX UNDER NEW SYSTEM SO IT DOES NOT INTERFERE WITH NEW SYSTEM.

SEPTIC SYSTEM REPAIR PLAN FOR
JAMES MCCARTNEY 439 STATION ROAD, AMHERST, MA

SCALE: NOTED	APPROVED BY:	DRAWN BY AW
DATE: 8/29/00		REVISED
COLD SPRING ENVIRONMENTAL,INC. 100-1211-0714		DRAWING NUMBER

17 X 22 PRINTED ON NO. 1000H CLEARPRINT ®

RECEIVED JUL 1 8 2000

Cold Spring Environmental, Inc.

Memo

To: James McCartney

From: **Alan Weiss, Cold Spring Environmental, Inc.**

CC:

Date: **07/14/2000**

Re: Septic System Inspection.
439 STATION RD

Enclosed is your septic system Inspection Report:

Unfortunately, the system fails to function properly and pass the inspection. Both the septic tank, Distribution box and piping show too many signs of corrosion, breakage and detioration.

The next step is to contact the town to schedule a perc test and then we can complete a new design for you. I would need an accurate plot plan or survey showing excatly where the house Is located on the property in order to do the design.

As I mentioned, I will be out of town from 7/20 to 7/29. I would be happy to assist you when I return on 7/31/00.

I have also forwarded an inspection report to the town inspector Mr. Zarozinski of the Bd. Of Health as required (His number is 413-256-4033).

Should you have any questions, please do not hesitate to call.

Thank you,

Alan Weiss.

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

TRUDY COXE
Secretary

ARGEO PAUL CELLUCCI
Governor

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 439 Station Rd, AMHERST **Name of Owner** JAMES McCARTHY
Address of Owner: 19 Muller Ave
Cambridge, MA. 02140-1008
Date of Inspection: 7/14/00
Name of Inspector: (Please Print) Alan E. Weiss, R.S.
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007
Telephone Number: 413-323-5957

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

___ Passes
___ Conditionally Passes
___ Needs Further Evaluation By the Local Approving Authority
✓ Fails

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Inspector's Signature: Alan E. Weiss **Date:** 7/14/00

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within thirty (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 Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

- SEPTIC TANK OLD W/O ANY BAFFLES
- BLACK ORANGEBURG PIPE BETWEEN S. TANK + D. Box deteriorated + broke
- D. Box Deteriorated + broke

revised 9/2/98

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 435 Station Rd.
Owner: McCartney.
Date of Inspection: 7/14/00

INSPECTION SUMMARY: Check *A, B, C, or D*:

A. SYSTEM PASSES:

_____ I have not found any information which indicates that any of the failure conditions described in 310 CMR 15.303 exist. Any failure criteria not evaluated are indicated below.

COMMENTS: _____

_____

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.

Indicate yes, no, or not determined (**Y**, **N**, or **ND**). Describe basis of determination in all instances. If "not determined", explain why not.

__ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health.

__ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health).

_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is levelled or replaced

__ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 439 STATION RD. AMHERST
Owner: MCCARTNEY
Date of Inspection: 7/14/00

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 the public health, safety and 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 THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

__ Cesspool or privy is within 50 feet of surface water
__ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF ANY) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE 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 soil absorption system and the SAS is within a Zone I of a public water supply well.
__ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
__ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

3) OTHER

__ _____
_____
_____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 439 Station Rd.
Owner: McCartney
Date of Inspection: 7/14/00

D. SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

Y I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

Yes	No	
		SEPTIC TANK, NO BAFFLES, D. box broken, Caved in.
X		Backup of ~~sewage into facility or system~~ component due to an overloaded or ~~clogged~~ SAS or cesspool. System to Deteriorated to function Properly. old orangeburg Pipe.
—	—	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
—	—	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
—	—	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
—	—	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ___.
—	—	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
—	—	Any portion of a 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 I 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E. LARGE SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

The following criteria apply to large systems in addition to the criteria above:

____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

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)

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 439 Station Rd.
Owner: McCartney
Date of Inspection: 7/14/00

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

Yes	No	
✓	N/A	Pumping information was provided by the owner, occupant, or Board of Health. (unknown last pumped)
—	✓	None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. (unoccupied)
✓	—	As built plans have been obtained and examined. Note if they are not available with N/A.
✓	—	The facility or dwelling was inspected for signs of sewage back-up.
✓	—	The system does not receive non-sanitary or industrial waste flow.
✓	—	The site was inspected for signs of breakout.
✓	—	All system components, excluding the Soil Absorption System, have been located on the site.
✓	—	The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
		The size and location of the Soil Absorption System on the site has been determined based on:
✓	N/A	Existing information. For example, Plan at B.O.H.
✓	—	Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]
—	—	The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 439 Statler Rd.
Owner: McCartney
Date of Inspection: 7/14/00

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 440? g.p.d./bedroom.
Number of bedrooms (design): 4? Number of bedrooms (actual): 4
Total DESIGN flow 440?
Number of current residents: 0 - unoccupied
Garbage grinder (yes or no): Y
Laundry (separate system) (yes or no): N ; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): N
Water meter readings, if available (last two year's usage (gpd): N/A
Sump Pump (yes or no): N
Last date of occupancy: 1 month ago

COMMERCIAL/INDUSTRIAL:
Type of establishment:_____
Design flow:_____ gpd (Based on 15.203)
Basis of design flow_____
Grease trap present: (yes or no)___
Industrial Waste Holding Tank present: (yes or no)___
Non-sanitary waste discharged to the Title 5 system: (yes or no)___
Water meter readings, if available:_____
Last date of occupancy:_____

OTHER: (Describe) _____
Last date of occupancy:_____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

_____
System pumped as part of inspection: (yes or no)___
If yes, volume pumped: _____gallons
Reason for pumping: _____

TYPE OF SYSTEM
_____ Septic tank/distribution box/soil absorption system
_____ Single cesspool
_____ Overflow cesspool
_____ Privy
_____ Shared system (yes or no) (if yes, attach previous inspection records, if any)
_____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
_____ Tight Tank _____Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed ~~(if known)~~ and source ~~of information~~: _____

___

Sewage odors detected when arriving at the site: (yes or no) ___

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 439 Station Rd -
Owner: McCartney
Date of Inspection: 7/14/00

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 14"
Material of construction: __ cast iron __ 40 PVC ✓ other (explain) orangeburg.

Distance from private water supply well or suction line 10' +
Diameter 4" ϕ
Comments: (condition of joints, venting, evidence of ~~leakage~~, ~~etc.~~)
old piping

SEPTIC TANK: ✓
(locate on site plan)

Depth below grade: 8"
Material of construction: ✓ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)
8.5 x 9.5'
~~If tank is metal, list age~~ ____ ~~Is age confirmed by~~ Certificate of Compliance ____ (Yes/No)

Dimensions: 8.5' x 4.5' x 9.5'
Sludge depth: 24"+
Distance from top of sludge to bottom of outlet tee or baffle: ~
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: ____
How dimensions were determined: Measured.

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, ~~structural integrity~~, evidence of leakage, etc.) No baffles, Liquid level 3" below outlet pipe (Exfiltration).

GREASE TRAP: ____
(locate on site plan)

Depth below grade: ____
Material of construction: __ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)

Dimensions: ____
Scum thickness: ____
Distance from top of scum to top of outlet tee or baffle: ____
Distance from bottom of scum to bottom of outlet tee or baffle: ____
Date of last pumping: ____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) ____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 439 Station Rd.
Owner: McCartney.
Date of Inspection: 7/14/00

TIGHT OR HOLDING TANK:_____ (Tank must be pumped prior to, or at time of, inspection)
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:_____
Capacity:_____ gallons
Design flow:_____ gallons/day
Alarm present_____
Alarm level:_____ Alarm in working order: Yes ___ No__
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: ✓
(locate on site plan)

Depth of liquid level above outlet invert: 3" below

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Disentegated + broken, , orangeburg Piping + Cover broken.

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order: (Yes or No)_____
Alarms in working order (Yes or No)_____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 439 Station Rd,
Owner: Mclartney
Date of Inspection: 7/14/00

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain: ____

Type:
- leaching pits, number: ____
- leaching chambers, number: ____
- leaching galleries, number: ____
- leaching trenches, number, length: ____
- leaching fields, number, dimensions: (1) unable to determine condition ~12-15' x 30' +/-
- overflow cesspool, number: ____
- Alternative system: ____
  - Name of Technology: ____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)
- Orange berg pipe into + out of D. box broken. Field is old.

CESSPOOLS: ___
(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 (cesspool must be pumped as part of inspection) ____

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

PRIVY: ___
(locate on site plan)

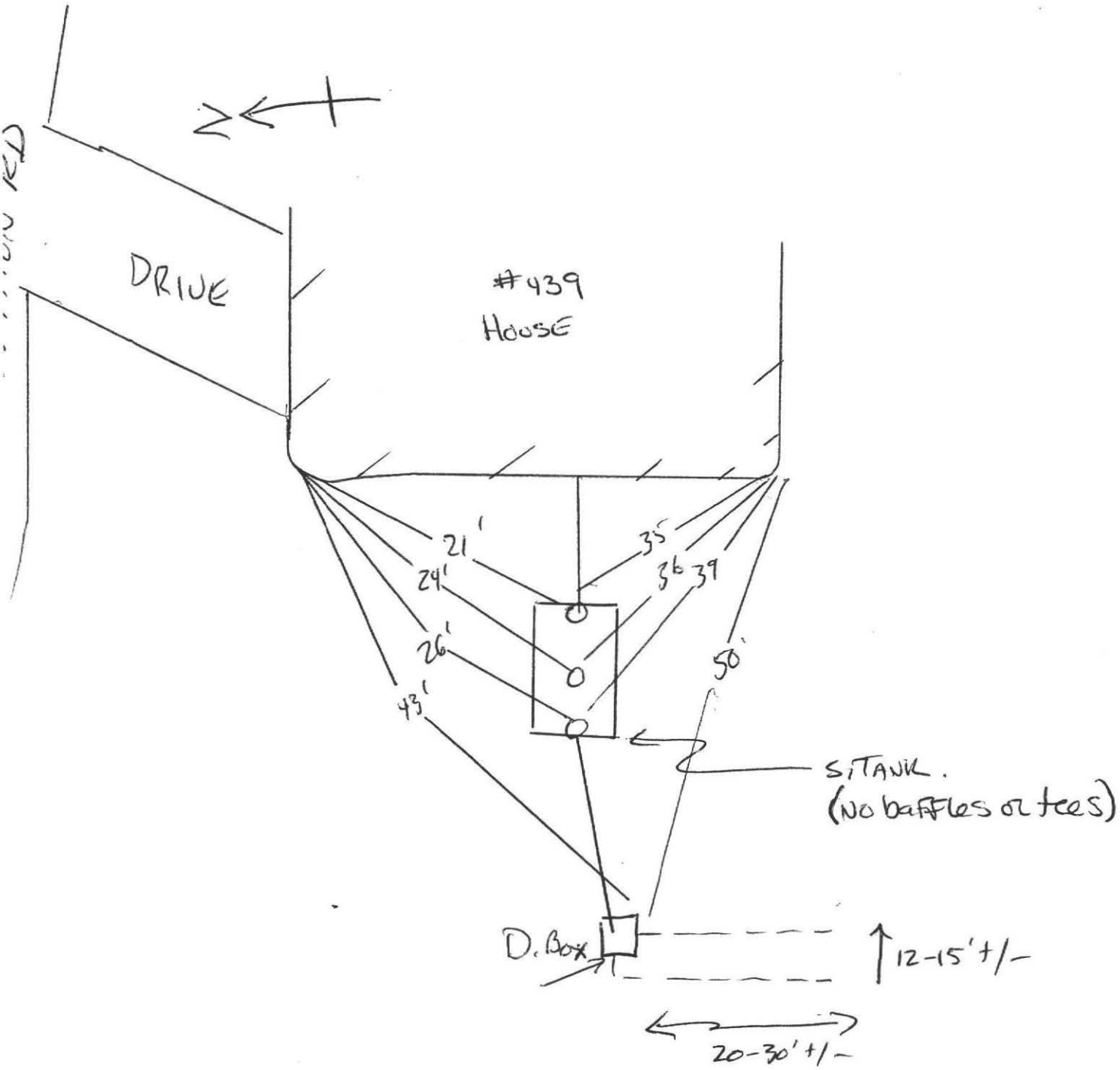
Materials of construction: ____ Dimensions: ____
Depth of solids: ____
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 439 Station Rd.
Owner: McCartney
Date of Inspection: 7/14/00

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 439 Station
Owner: McCartney.
Date of Inspection: 7/14/00

NRCS Report name _____
Soil Type _____
Typical depth to groundwater _____

USGS Date website visited
Observation Wells checked
Groundwater depth: Shallow _____ Moderate _____ Deep _____

SITE EXAM Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater 5'+ Feet

Please indicate all the methods used to determine High Groundwater Elevation:

___ Obtained from Design Plans on record

___ Observed Site (Abutting property, observation hole, basement sump etc.)

✓ Determined from local conditions

___ Checked with local Board of health

___ Checked FEMA Maps

___ Checked pumping records

___ Checked local excavators, installers

___ Used USGS Data

Describe how you established the High Groundwater Elevation. (**Must** be completed)

- holes on site