



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

RECEIVED FEB 14 2001

TITLE 5

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 745 Station Road, Amherst, MA
Owner's Name: Lynne Weintraub
Owner's Address: c/o JC & Co., PO Box 571, Northampton, MA 01060
Date of Inspection: 2/8/01
Copy to: Board of Health, Amherst; Jim Demos
Witness: Owner Number: SSDS-523
Name of Inspector: Thomas S. Leue
Company Name: Homestead Inc.
Mailing Address: 1664 Cape St., Williamsburg, MA 01096
Telephone Number: (413) 628-4533

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The septic system condition must be evaluated and classified into one of the following four conditions:

Passes
Conditionally Passes
Needs Further Evaluation by the Local Approving Authority
Fails

The system condition: Passes

Inspector's Signature: Thomas S. Leue Date: February 8, 2001

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

Notes and Comments

****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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**PART A
CERTIFICATION**

Property Address: 745 Station Road, Amherst, MA
Owner: Lynne Weintraub
Date of Inspection: 2/8/01

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

A. System Passes:

Y I have not found any information which indicates that any of the failure criteria as described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments: _____

B] System Conditionally Passes:

N One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no, or not determined (Y, N, or ND) in the _____ for the following statements. If "not determined" please explain.

_____ The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain: _____

_____ 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 by the Board of Health).

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

ND explain:

_____ 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

ND explain: _____

C] Further Evaluation is Required by the Board of Health:

N 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 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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**PART A
CERTIFICATION (continued)**

Property Address: 745 Station Road, Amherst, MA
Owner: Lynne Weintraub
Date of Inspection: 2/8/01

2) **System will fail unless 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 I of a public water supply.

☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well** Method used to determine distance _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3) **Other:**

D) System Failure Criteria applicable to all systems:

You must indicate either "Yes" or "No" as to each of the following for all inspections:

YES (Y) or NO (N)

- ☐ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- ☐ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- ☐ 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 less than 1/2 day flow.
- ☐ Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped _____
- ☐ Any portion of the SAS, cesspool or privy is below high ground water elevation.
- ☐ 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 cesspool privy is within a Zone I of a public well.
- ☐ Any portion of 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 with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]

☐ **The system fails.** I have determined that one or more of the above failure criteria exist as defined in 310 CM 15.303, therefore the system fails. The system owner should contact the Board of Health should be contacted to determine what will be necessary to correct the failure.

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**PART A
CERTIFICATION (continued)**

Property Address: 745 Station Road, Amherst, MA
Owner: Lynne Weintraub
Date of Inspection: 2/8/01

E] Large Systems:

To be considered a large system the system must serve a facility with a design flow of 10,000 to 15,000 gpd.

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

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

YES (Y) or NO (N)

- ☒ 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 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.

**PART B
CHECKLIST**

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

YES (Y) or NO (N)

- ☒ Pumping information was provided by the owner, occupant or Board of Health.
- ☒ Were any of the system components pumped out in the previous two weeks?
- ☒ Has the system received normal flows in the previous two week period?
- ☒ Have large volumes of water been introduced to the system recently or as part of the inspection?
- ☒ Were as built plans of the system obtained and examined? (If they are not available note as N/A)
- ☒ Was the facility or dwelling was inspected for signs of sewage back up?
- ☒ Was the site was inspected for signs of break out?
- ☒ Were all system components, excluding the SAS, located on site?
- ☒ Were the septic tank manholes uncovered, opened, and the interior of the septic tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

- ☒ a) Existing information. For example, a plan at the Board of Health.
- ☒ b) 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 proper maintenance of Subsurface Sewage Disposal Systems (SSDS).

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**PART C
SYSTEM INFORMATION**

Property Address: 745 Station Road, Amherst, MA
Owner: Lynne Weintraub
Date of Inspection: 2/8/01

FLOW CONDITIONS

RESIDENTIAL

unknown	DESIGN flow based on 310 CMR 15.203 (gallons/day)
	Number of bedrooms (design)
2	Number of bedrooms (actual)
2	Number of current residents
N	Is there a garbage grinder? (Y or N) _
Y	Is there a Laundry Hookup? (Y or N)
N	Is the Laundry a separate system? (Y or N) (If yes, separate inspection required) _
N	Seasonal use (Y or N)
166	Water meter readings, if available (last two years usage) (gallons per day)
N	Sump Pump (Y or N) _
continuous	Date of last occupancy _

COMMERCIAL/INDUSTRIAL

Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sqft, etc.): _____
Grease trap present (yes or no): _____
Industrial waste holding tank present (yes or no): _____
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: Pumped 2/22/98, as per receipt.
N Was system pumped as part of the inspection (Y or N)
If yes, volume pumped: _____ gallons --How was quantity pumped determined? _____
Reason for pumping: _____

TYPE OF SYSTEM:

X Septic tank, distribution box, soil adsorption system.
____ Single cesspool
____ Overflow cesspool
____ Privy
N Shared system (Y or N) (if yes, attach previous inspection records, if any)
____ Innovative/Alternative technology. Attach copy of the current operation and maintenance contract (to be obtained from system owner)
____ Tight tank (Attach a copy of the DEP approval)
____ Other (describe): _____

N Were sewage odors detected when arriving at the site (Y or N):

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PART C
SYSTEM INFORMATION (continued)

Property Address: 745 Station Road, Amherst, MA
 Owner: Lynne Weintraub
 Date of Inspection: 2/8/01

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

Age of system said to be about 10 years old, as per Owner.

BUILDING SEWER: (located on site plan)

30" Average depth below grade

Material of construction: X cast iron Sch. 40 PVC other (explain)

5' Distance from private water supply well or suction line

Comments: (condition of joints, venting, evidence of leakage, etc.) No problems seen.

SEPTIC TANK: Y (located on site plan)

22" Average depth below grade

Material of construction: X concrete metal FRP polyethylene other (explain)

If tank is metal, list age Is age confirmed by Certificate of Compliance (Y or N)

<u>58</u>	Septic tank width (inches)
<u>90</u>	Septic tank length (inches)
<u>58</u>	Septic tank height (inches)
<u>1,314</u>	Calculated gross volume (gallons)
<u>6</u>	Air space in tank (inches)
<u>1,100</u>	Net Volume (gallons)
<u>29</u>	Baffle depth (inches) <u> </u>
<u>4</u>	Sludge Thickness <u>(Average)</u>
<u>2</u>	Scum thickness (inches) <u>(Average)</u>
<u>25</u>	Top of sludge layer to bottom of outlet tee or baffle (inches).
<u>22</u>	Bottom of scum layer to bottom of outlet tee or baffle (inches)
<u>3</u>	Top of scum layer to top of outlet tee or baffle (inches)

How dimensions were determined: Measured.

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

Tank structurally OK. Riser 12" tall over center cleanout. Level approx. 1-1/2" above outlet invert, but no clogging in system seen.

GREASE TRAP: N/A (Usually present in certain commercial systems) (locate on site plan)

Depth below grade:

Material of construction: concrete metal FRP polyethylene other (explain)

 Dimensions:

 scum thickness

 top of scum layer to top of outlet tee or baffle

 bottom of scum layer to bottom of outlet tee or baffle

 date of last pumping

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

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**PART C
SYSTEM INFORMATION** (continued)

Property Address: 745 Station Road, Amherst, MA

Owner: Lynne Weintraub

Date of Inspection: 2/8/01

TIGHT OR HOLDING TANK: N/A (tank must be pumped at time of inspection) (locate on site plan)

Depth below grade: _____

Material of construction: _____ concrete _____ metal _____ FRP _____ polyethylene _____ other (explain)

Dimensions: _____

Capacity: _____ gallons

Design flow: _____ gallons/day

Alarm level: _____ Alarm in working order Yes No

Date of last pumping: _____

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

DISTRIBUTION BOX: Y (if present must be opened) (locate on site plan) ("D-box")

Depth of liquid level above outlet invert: 0"

Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendations for repairs, etc.) Box not level, so 4 speed levellers installed to balance flow. All legs then accepting flow equally. Minimal solids carryover.

PUMP CHAMBER: N/A (part of pump-up systems only)

Pumps in working order: (Y or N) _____

Alarms in working order: (Y or N) _____

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

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

If SAS not located explain why: _____

Type:

leaching pits & number: _____

leaching chambers and number: _____

leaching galleries and number: _____

leaching trenches, number, length: _____

leaching fields, number, dimensions: 1 field, measured at 36' long, 4 pipes estimated 22' wide

overflow cesspool, number: _____

innovative/alternative system, Type/name of technology: _____

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

No problems seen on surface. Dug deep hole at end of field and found media essentially clean and no water backup.

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PART C

SYSTEM INFORMATION (continued)

Property Address: 745 Station Road, Amherst, MA

Owner: Lynne Weintraub

Date of Inspection: 2/8/01

CESSPOOLS: N/A (cesspool must be pumped as part of inspection) (locate on site plan, if any)

- 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 soil conditions, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

PRIVY: N/A (locate on site plan, if any)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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

SITE EXAM

Slope _____

Surface water _____

Check Cellar _____

Shallow wells _____

Estimated depth to ground water: >3 feet

Please indicate (check) all the methods used to determine high groundwater elevation:

- Obtained from system design plan on record - If checked, date of design plan reviewed: _____
- X Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain: _____
- Check local excavators, installers - (attach documentation)
- Accessed USGS database - explain: _____

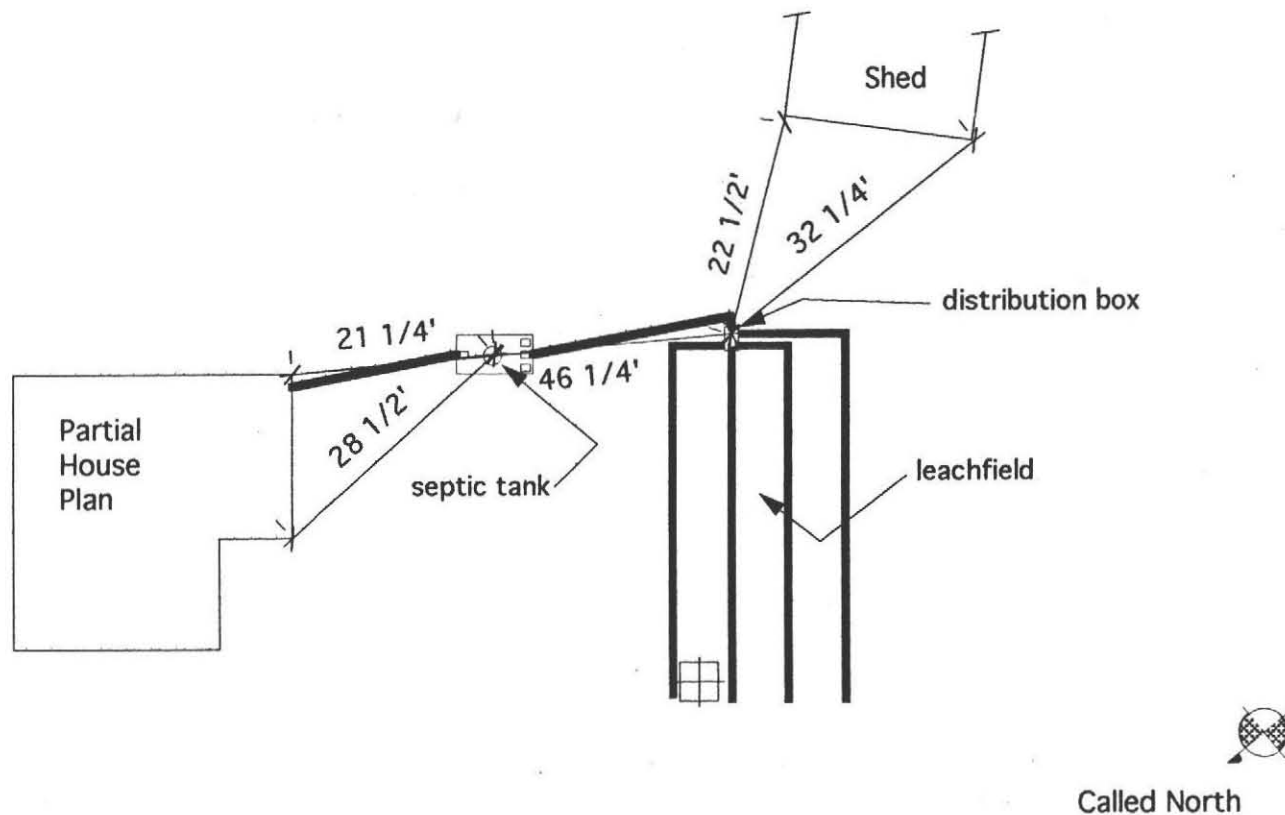
You **must** describe how you established the **high groundwater elevation**.

Dug deep hole at end of field through system to observe profile.
No water accumulation to depth of hole. System profile depth
about 28".

COMMENTS:

RESOURCES:

Department of Environmental Protection, Western Regional Office, 436 Dwight St., Springfield, MA
01103, (413) 784-1100; Title 5 Hotline - (800) 266-1122



Note: No known drinking water sources within 100' radius.

 Indicates approximate location of deep hole.

As-Built Drawing
Existing Septic System

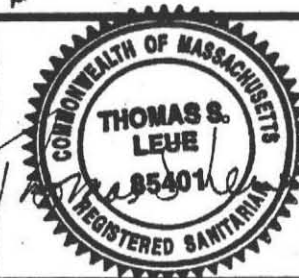
Date:
2/8/01

Owner:
Lynne Weintraub
745 Station Road
Amherst, MA 01002

Scale: 1 : 20'

Revision Date:

Except as Noted



HOMESTEAD INC.
Thomas S. Leue R.S.

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Williamsburg, MA 01096
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