THOS LOTHER OUT





Massachusetts

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

AMHERST

May 23, 2012

Tom Fields 760 Station Road Amherst MA 01002

Dear Tom –

This letter is written to support the determination by Title V System Inspector and Engineer Alan Weiss that the system at 760 Station Road passed the Title V Inspection completed on 4/13/2012. Extensive inspection of the system showed no signs of failure at the ends of the soil absorption system trenches, in the middle of one trench, and just past the distribution box repair. Existing records and a test pit dug 4/13/2012 showed the system well above the high ground water elevation. The coming extension of the sewer system, due to be constructed in 2-3 years, provides a future long-term solution to future maintenance issues.

Sincerely,

Edmund Smith Asst. Sanitarian





Commonwealth of Massachusetts **Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

760 Station Road			
Property Address			
Tom Fields			
Owner's Name			
Amherst	MA	01002	03.14.2012, 04.13.2012 rev.
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.

Important: When filling out forms on the	Α.	General Information		
computer, use only the tab key	1.	Inspector:		
to move your cursor - do not use the return		Alan E Weiss, M.S, Hydrogeologist, RS # 933 Name of Inspector		
key.		Cold Spring Environmental Consultants Inc. Company Name		
		350 Old Enfield Road Company Address		
		Belchertown	MA	01007
return		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:

\boxtimes	Passes	Conditionally Passes	🔲 Fails
	Needs Further Evaluation by t	he Local Approving Authority	
Insp	Dector's Signature	03.14.2012 Date	& 04.13.2012

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.



Important:

t5ins • 11/10



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
Tom Fields			
Owner's Name			
Amherst	MA	01002	03.14.2012, 04.13.2012 rev
City/Town	State	Zip Code	Date of Inspection

. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has a 30 +/- yr old system with 1000 Gal S. tank. Tank liquid level was proper with slide baffle inplace indicating S. tank was proper & some corrosion at outlet. levels and staining were within 1" of inv (above) and D. box was detiorated. Upon removal of old box, saturated stone and beginning stage of failure observed under box. Only one person living in house empty for several months. New box installed and reinspected at D. box and end of leach pipes and stone, no signs of failure on 04.13.2012 with town inspector. Sewer line will be at street in <3 years per Town Engineer. Revised opinion base on later additional information.

B) System Conditionally Passes:

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

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

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

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

ΠY	N	D ND	Evolain	holow	•
			Explain	Delow)	•

t5ins + 11/10

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 2 of 17

•.



:.

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

	ty Address	5					
Tom I	Fields						
Owner	's Name						
Amhe			MA	010		03.14.2012, 04.13.2012	rev
City/To	wn		State	Zip	Code	Date of Inspection	
		cation (cont.)	opt) :				
D) Syste	em Conditionally Passes (c	ont.):				
	to bro	rvation of sewage backup or ken or obstructed pipe(s) or inspection if (with approval o	due to a broke	en, settl			
		broken pipe(s) are replace	ed	Υ	□ N	ND (Explain below):	
		obstruction is removed		×Υ	🗌 N	ND (Explain below):	
	\boxtimes	distribution box is leveled	or replaced	×Υ	□ N	ND (Explain below):	
		installed 03.14.2012, New bo Health Inspector, Witness.	ox, stone, and	L pipe i	reinspec	ted at end of I field on 04.13	.20
		ricalar hopeotor, whitesa.					
		ystem required pumping mor m will pass inspection if (with broken pipe(s) are replace	approval of the				
_		obstruction is removed		□ Y	□ N	□ ND (Explain below):	
_				□ Y	□ N	□ ND (Explain below):	
				□ Y		□ ND (Explain below):	
c) Furth					□ ND (Explain below):	
] Condi	obstruction is removed	by the Board	of Heal	th: Board o	f Health in order to determin	e if
	Condi the sy 1. Sy 15.30	obstruction is removed er Evaluation is Required I	by the Board her evaluation lic health, safe rd of Health c	of Heal by the ety or th letermi	th: Board o e enviro nes in a	f Health in order to determin nment. ccordance with 310 CMR	
	Condi the sy 1. Sy 15.30	obstruction is removed er Evaluation is Required I itions exist which require furt ystem is failing to protect pub ystem will pass unless Boa 3(1)(b) that the system is n	by the Board her evaluation lic health, safe rd of Health c lot functionin	of Heal by the ety or th determi g in a r	th: Board o e enviro nes in a nanner	f Health in order to determin nment. ccordance with 310 CMR	
- - -	Condi the sy 1. Sy 15.30 safet	obstruction is removed er Evaluation is Required I itions exist which require furt ystem is failing to protect pub ystem will pass unless Boa 3(1)(b) that the system is n y and the environment: Cesspool or privy is within	by the Board her evaluation lic health, safe rd of Health o lot functionin	of Heal by the ety or th determi g in a r urface v	th: Board o e enviro nes in a nanner water	f Health in order to determin nment. ccordance with 310 CMR	

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 3 of 17



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

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

The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance:

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

3. Other:

See above comments on page 2.

D) System Failure Criteria Applicable to All Systems:

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

Yes	No	
	\boxtimes	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
	\boxtimes	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
	\boxtimes	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
	\boxtimes	Liquid depth in cesspool is less than 6" below invert or available volume is less than $\frac{1}{2}$ day flow

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 4 of 17



Commonwealth of Massachusetts **Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	760 Station R	oad					
	Property Address	5					
	Tom Fields						
Dwner	Owner's Name						
nformation is equired for	Amherst			MA	01002	03.14.2012, 04.13.2012 rev	1.
every page.	City/Town			State	Zip Code	Date of Inspection	
	B. Certific	cation	(cont.)				
	Yes	No					
			Required pumpin obstructed pipe(s			st year <i>NOT</i> due to clogged or	
		\boxtimes	Any portion of the	e SAS, cesspo	ol or privy is b	elow high ground water elevatio	n.
		\boxtimes	Any portion of cest tributary to a surfa			feet of a surface water supply o	r
		\boxtimes	Any portion of a c	esspool or pri	ivy is within a 2	Zone 1 of a public well.	
		\boxtimes	Any portion of a c	esspool or pri	ivy is within 50	feet of a private water supply w	ell.
			from a private wa system passes i laboratory, for fe of ammonia nitre	ter supply we f the well wa ecal coliform ogen and nite o other failure	Il with no accepter analysis, p bacteria indic rate nitrogen i criteria are ti	100 feet but greater than 50 fe otable water quality analysis. [T performed at a DEP certified cates absent and the presence s equal to or less than 5 ppm riggered. A copy of the analys this form.]	his e
		\boxtimes	The system is a c 10,000gpd.	esspool servi	ng a facility wit	h a design flow of 2000gpd-	
			criteria exist as de	escribed in 31 ould contact the second se	0 CMR 15.303 he Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be	Э

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

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

Yes	No	
		the system is within 400 feet of a surface drinking water supply
		the system is within 200 feet of a tributary to a surface drinking water supply
		the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

t5ins • 11/10



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

Property Address			
Tom Fields			
Owner's Name			
Amherst	MA	01002	03.14.2012, 04.13.2012 rev
City/Town	State	Zip Code	Date of Inspection

C. Checklist

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

Yes	No	
\boxtimes		Pumping information was provided by the owner, occupant, or Board of Health
\boxtimes	\boxtimes	Were any of the system components pumped out in the previous two weeks?
\boxtimes		Has the system received normal flows in the previous two week period?
\boxtimes		Have large volumes of water been introduced to the system recently or as part of this inspection?
\boxtimes		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 components, excluding the SAS, located on site?
\boxtimes		Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
\boxtimes		Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
\boxtimes		Existing information. For example, a plan at the Board of Health.
\boxtimes		Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:				
Number of bedrooms (design):	3	Number of bedrooms (actual):	3	
DESIGN flow based on 310 CMR	15.203 (for exa	mple: 110 gpd x # of bedrooms):	-	_

•.;



٠.

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

	760 Station Road						
	Property Address						
Owner	Tom Fields Owner's Name						
information is required for	Amherst	MA	01002	03.14.201	2, 04.13.2012 rev.		
every page.	City/Town State Zip Code Date of Inspection						
	D. System Information						
	Description:						
	1000 gallon S. tank with 40' x 27' I field	*					
				* *			
)						
					3 on 04.13		
	Number of current residents:				5 011 04.15		
	Does residence have a garbage grinde	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?				🛛 Yes 🗌 No		
		0	(am d));		n/a		
	Water meter readings, if available (last	2 years usage	(gpa)):				
	Detail:						
	Sump pump?				🗌 Yes 🛛 No		
	Last date of occupancy:				Date		
	Commercial/Industrial Flow Condition	ons:					
	Type of Establishment:						
	Design flow (based on 310 CMR 15.20	3):	Callana	and days (and)			
			Gallons	per day (gpd)			
	Basis of design flow (seats/persons/sq.	π., etc.):					
	Grease trap present?				🗌 Yes 🗌 No		
	Industrial waste holding tank present?				🗌 Yes 🗌 No		
	Non-sanitary waste discharged to the T	itle 5 system?			🗌 Yes 🗌 No		
	Water meter readings, if available:						

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 7 of 17



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

Jer .	760 Station Roa	ad				
	Property Address					
	Tom Fields Owner's Name					
ion is	Amherst		MA	01002	03.14.2012, 04.13.2012 re	
101	City/Town		State	Zip Code	Date of Inspection	
		Information (cont.)				
				curren	nt	
	Last date of	foccupancy/use:		Date		
	Other (des	cribe below):				
		on using for prior visit, 43 per on, New d. box took flow eve		j for last 3-4 d	ays. Left water running durin	
		Ger	eral Infor	mation		
	Pumping R	lecords:				
	Source of ir	nformation:	unk.			
	Was system	n pumped as part of the inspec	tion?		🛛 Yes 🗌 No	
	lf yes, volur	ne pumped:	1000 gallon	on 03.14.2012 s	2	
	How was qu	uantity pumped determined?	meas	ð.		
	Reason for pumping:					
	Type of Sy	stem:				
	\boxtimes	Septic tank, distribution be	ox, soil abs	orption system	ı	
		Single cesspool				
		Overflow cesspool				
		Privy				
		Shared system (yes or no) (if yes, at	tach previous i	inspection records, if any)	
			be obtaine	d from system	the current operation and owner) and a copy of latest der contract	
		Tight tank. Attach a copy	of the DEP	approval.		
		Other (describe):				
		Other (describe):				

...



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

Approximate 30 +/- Were sewage	nformation (cont. age of all components, o e odors detected when a ver (locate on site plan) grade:	State) date installed (if known arriving at the site?	01002 Zip Code own) and sourc	Date of Inspe	
Dwner nformation is equired for every page.	age of all components, a e odors detected when a ver (locate on site plan) grade:	State) date installed (if known arriving at the site?	Zip Code	Date of Inspe	ection ation:
owner formation is aquired for very page. D. System I Approximate <u>30 +/-</u> Were sewage Building Sev Depth below Material of co	age of all components, a e odors detected when a ver (locate on site plan) grade:	State) date installed (if known arriving at the site?	Zip Code	Date of Inspe	ection ation:
equired for every page. Amherst City/Town D. System I Approximate <u>30 +/-</u> Were sewage Building Sev Depth below Material of co	age of all components, a e odors detected when a ver (locate on site plan) grade:	State) date installed (if known arriving at the site?	Zip Code	Date of Inspe	ection ation:
City/Town City/Town D. System I Approximate <u>30</u> +/- Were sewage Building Sew Depth below Material of co	age of all components, a e odors detected when a ver (locate on site plan) grade:	State) date installed (if known arriving at the site?	Zip Code	Date of Inspe	ection ation:
D. System I Approximate 30 +/- Were sewage Building Sev Depth below Material of co	age of all components, a e odors detected when a ver (locate on site plan) grade:	date installed (if kno	own) and sour	ce of inform	<u>a.</u>
Were sewage Building Sev Depth below Material of co	ver (locate on site plan) grade:				Yes 🛛 No
Building Sev Depth below Material of co	ver (locate on site plan) grade:				Yes 🛛 No
. Depth below Material of co	grade:				
Material of co					
			2.0 feet		
cast iron	onstruction:				
	⊠ 40 PVC	🗌 other (exp	lain):		
Distance from	n private water supply w	ell or suction line:	feet		
Comments (c	on condition of joints, ver	nting, evidence of le	eakage, etc.):		
No problems	noted				
Sentic Tank	(locate on site plan):				
ooptio raik	(locate off site plan).		1 5 4		
Depth below	grade:		1.5 ft feet		
Material of co	onstruction:		loot		
⊠ concrete	🗌 metal	iberglass	polyet	thylene	other (explain)
If tank is met	al, list age: ned by a Certificate of C	ompliance? (attack	years		□ Yes □ No
le age confir	ned by a certinoate of c	and a cardon		' x 4.5' w x	
ls age confirr Dimensions:					T.2 (CII)

Title 5 Official Inspection Form: Subsurface Sewage Disposal System + Page 9 of 17



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

A STATE	760 Station Road							
	Property Address							
Owner	Tom Fields Owner's Name							
information is	Amherst		MA	01002	02 14 20	12, 04.13.2012 rev.		
required for every page.	City/Town		State	Zip Code	Date of Ins			
every page.	D. System Infor	mation (cont.		Lip oodd	Date of ins			
	Septic Tank (cont.)						
	Distance from top of	of sludge to botton	n of outlet tee or b	affle	38"			
	Scum thickness				2"	Ø		
	Distance from top of	of scum to top of o	utlet tee or baffle		6"			
	Distance from botto	Distance from bottom of scum to bottom of outlet tee or baffle						
				Joanne	Observation/N	leas		
	How were dimension							
	Comments (on pun liquid levels as rela					n, structural integrity,		
	Tank was 1000 gal	lon, with baffles, s	some corrosion in	outlet.				
	Grease Trap (locat	te on site plan):						
	Depth below grade	¢			feet	10		
	Material of constru-	ction:						
	concrete	metal	fiberglas	е Г	polyethylene	other (explain):		
				5 L				
		×				-		
	Dimensions:							
	Scum thickness							
	Distance from top of	of scum to top of o	outlet tee or baffle					
	Distance from botto	om of scum to bott	tom of outlet tee o	or baffle				
	Date of last pumpir	ng:			Data			
					Date			

t5ins • 11/10

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 10 of 17



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

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	03.14.2012, 04.13.2012 rev
Owner's Name			
Tom Fields			
Property Address			
760 Station Road			

D. System Information (cont.)

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

- 9					
Tight or Holding	Tank (tank must b	e pumped at time of ins	pection) (locate o	on site plan):	
Depth below grad	le:				
Material of constr	uction:				
concrete	🗌 metal	☐ fiberglass	polyethyler	ne 🗌 oth	ier (explain)
Dimensions:					
Capacity:		gallons			
Design Flow:		- gallons p	per day		
Alarm present:					
Alarm level:		Alarm ir	n working order:	☐ Yes	No
Date of last pump	bing:	Date			
Comments (cond	ition of alarm and fl	oat switches, etc.):			
		24			
		ntract (required). Is copy			



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

03.14.2012, 04.13.2012 rev.

D. System Information (cont.)

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

Depth of liquid level above outlet invert

@ inv., stainin noted 1" above.	į.
---------------------------------	----

۰,1

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Old box was cracked and corroded thru walls and bottom, black stone and some backflow obs. at box upon pumping and old box removal, new box installed, reinspected 30 days later, good even flow.

Pump Chamber (locate on site plan):

Pumps in working order:

Alarms in working order:

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 12 of 17

1 Yes

Yes

No

No



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

Owner
information is
required for
every page.

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	03.14.2012, 04.13.2012 rev
Owner's Name			
Tom Fields			
Property Address			

Туре:			
	leaching pits	number:	1 <u></u>
	leaching chambers	number:	
	leaching galleries	number:	
	leaching trenches	number, length:	
\boxtimes	leaching fields	number, dimensions:	27'w x 40' l-
	overflow cesspool	number:	
	innovative/alternative system		
	Type/name of technology:		

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

Liquid up to inlet pipe, staining found 1" over pipe and in underlying stone prior to d. box replacement. After new box, rechecked D. box and end of leach lines, no sign of hydraulic failure noted. Prior condition ascribed to collapsed d. box and failure to provide proper liquid distribution evenly over entire leach area as designed.

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

Number and configuration	
Depth - top of liquid to inlet invert	· · · · · · · · · · · · · · · · · · ·
Depth of solids layer	
Depth of scum layer	
Dimensions of cesspool	
Materials of construction	
Indication of groundwater inflow	🗌 Yes 🗌 No
Title 5 Official Insp	ection Form; Subsurface Sewage Disposal System • Page 13 of 17



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	03.14.2012, 04.13.2012 rev
Owner's Name			
Tom Fields			
Property Address			
760 Station Road			

D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



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

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	03.14.2012, 04.13.2012 rev
Owner's Name			
Tom Fields			
Property Address			
760 Station Road			

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

 \square hand-sketch in the area below drawing attached separately



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

ner	Property Addre Tom Fields Owner's Name	·					
rmation is	Amherst		MA	01002	03.14.2012, 04.13.2012 rev.		
uired for ry page.	City/Town		State	Zip Code	Date of Inspection	12101.	
	D. Syste	m Information (cont.)					
	Site Exa	am:					
	🛛 Che	eck Slope					
	🛛 Surl	face water					
	🛛 Che	eck cellar					
	🗌 Sha	llow wells					
	Estimate	ed depth to high ground water:		3.5-4'- feet	+/-		
	Please i	ndicate all methods used to det	termine the hi	gh ground wate	er elevation:	1	
	\boxtimes	Obtained from system desi	ign plans on r				
		If checked, date of design	plan reviewed	: <u>1980s</u> Date			
		Observed site (abutting pro	operty/observa	ation hole withi	n 150 feet of SAS)		
		Checked with local Board o	of Health - exp	plain:	2		
		Checked with local excava	tors, installers	s - (attach docu	mentation)		
		Accessed USGS database	- explain:				
	You mu	st describe how you establishe	ed the high gro	ound water elev	vation:		
		ep hole for soil evaluation and p no saturation or seeps at 7 fee					

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



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

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	03.14.2012, 04.13.2012 rev
Owner's Name			8
Tom Fields			
Property Address			
760 Station Road			λ.

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



Leach Stone End of Bed 760 Station Road Amherst, MA 04.13.2012



Soil Eval. 760 Station Road Amherst, MA 04.13.2012



New D. box, Taking flow 760 Station Road Amherst, MA 04.13.2012

KARLS EXCAVATING PAGE 01 10/07/2005 08:56 4135496115 BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS STATION RD - PARCEL 2 (Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE DRENNERMER. Address TRUDY Owner Address RIVE -x C KARLS Installer Date Installation Inspected and Approved Description of System: Tank Capacity: /000 Leach Field () Bed (: X) Seepage Pit (). Square Feet: /030 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People HOUSF As. - BUILT PLAN: FRONT 1000 GAL ST 336. 25 (2'Down 27 Mo PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM 1. This system must be inspected periodically and the tank pumped out at / an interval not to exceed 3 years. For your protection sanitary pumpers are licensed by the Amherst, Board 2. of Health. Regular pumping is crucial to avoid early failure and costly repairs of 3. the system. DO NOT dispose into the system such items as rags, string, sanitary 4. napkins, coffee grounds as they can cause it to clog and fail. Further information can be obtained by contacting your Health 5. Department at 253-7077.



Inlet Baffle 760 Station Road. Amherst, MA 03.13.2012 (Spill 02.14.2012)



Outlet Baffle 760 Station Road. Amherst, MA 03.13.2012 (Spill 02.14.2012)



Old Dist. Box 760 Station Road. Amherst, MA 03.13.2012 (Spill 02.14.2012)



Old Dist. Box opening, Blk Stone 760 Station road. Amherst, MA 03.14.2012 (Spill 02.14.2012)



Blk Stone 760 Station road. Amherst, MA 03.14.2012 (Spill 02.14.2012)



D. Box Area 760 Station road. Amherst, MA 03.14.2012 (Spill 02.14.2012)



New Dist. Box and Riser 760 Station Road, Amherst 03.15.2012

3/30/2012 760 STATION ROAD my queestrous = how many punping = population 2, 3? for last year or more - dig up CALLED TOM FIELDS - where is outflow of curtain trive drain. - would like to go on agenda (DowE) - abto noposes - peec. + dig perpose end of liach fest. (Thiking 'So scan) hook to server - roughly 2-3:00 - hookup. 2,000 replace field - \$12,000 CALLED ARAN WEISS - is in middle (knows bruger & seller) - knows They are negotiabily - feels They have to decide

		· · · · · · · · · · · · · · · · · · ·	ie in the second se		
ж. 					
			÷		
	-				
	A	6		10 -	
· · · · · · · · · · · · · · · · · · ·					
		5			
					4.7
		(
			1		
	F				
			<i>à</i>		
	i		9		

Hpp-13226 App-13227 Batch-4679

April 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: April 13, 2012

TO Thomas B. Fields 760 Station Rd Amherst, MA 01002

RE: Invoice for Septic Title V witness & Perc Test

Services provided by	Edmund Smith
PAYMENT TERMS: I Paid	

QUANTITY	DESCRIPTION	DESCRIPTION UNIT PRICE		LINE TOTAL	
1.00	Septic Title V witness	\$	200.00	\$	200.00
1.00	Perc Test	s	300.00	\$	300.00
	×				C.
	Rec'd today your check #389 for \$500.00				
	this invoice is paid in full/thank you				
			SUBTOTAL		500.00

SALES TAX TOTAL \$

500.00


CUST NAME 4 BOLTWOOD AVENUE 04/17/12 CITY, ST, ZIP ***TOWN OF A TOWN HAL AMHERST M REFERENCE DATE/TIME 10:25

CUST NAME

0 DEPT

DE HEA058

TITLE V WI 200.

RECPT TOTAL

200.00 THOMAS B F QUA CHECK

389

AMOUNT

120 PE



CUST NAME 4 BOLTWOOD AVENUE 04/17/12 CITY, ST, ZIP ***TOWN OF A TOWN HAL AMHERST M REFERENCE DATE/TIME 10:37

CUST NAME

DE HEA011

PERCOLATIO 300.

RECPT TOTAL

300.00 THOMAS B F QUA CHECK

389

AMOUNT

120 PE

0 DEPT



	14710
No CO-11	-# 100 Frank 100
THE COMMONWEALTH OF MASSACHUSET	TS
BOARD OF HEALTH	623
Town OF Amherst, Mass.	(QC)
Application for Disposal Works Constr	ruction Permit
Application is hereby made for a Permit to Construct (X) or Repair (System at:) an Individual Sewage Disposal
Station Road CARCEL Thomas B. Heldbocation. Address TRUDY C. Oppenneimer North P KARKS Own XC- R. UCR L Installer	or Lot No. 623 STATION RD Leasant St. Amherstm Mass. Address
Type of Building Dwelling — No. of Bedrooms	Showers () — Cafeteria ()
Design Flow	Diameter Depth
Percolation Test Results Performed by John U. Succhill Percolation Test Pit No. 1. 3.35 minutes per inch Depth of Test Pit. 36" Test Pit No. 2minutes per inch Depth of Test Pit. 120" C. Drake was present from the Test	Depth to ground water <u>None</u> Depth to ground water <u>7.2</u> "
Description of Soil O" to 6" loam - 6" to 36" sandy loa and sand - water at 72".	
Nature of Repairs or Alterations - Answer when applicable	ARDICKETT
Agreement: The undersigned agrees to install the aforedescribed Individual Sewage the provisions of TITLE 5 of the State Sanitary Code — The undersigned fur operation until a Certificate of Compliance has been issued by the board of the X Signed	the second
Application Approved By	Date
Application Disapproved for the following reasons:	
Permit No	6 - 22 - 83 Date
THE COMMONWEALTH OF MASSACHUSET BOARD OF HEALTH	
Certificate of Compliance THIS IS TO CERTIFY, That the Individual Sewage Disposal System	
byInstaller	
	e Sanitary Code as described in the dated
DATE Inspector	
THE COMMONWEALTH OF MASSACHUSET	тѕ
No. 83-16 TOWN OF AMHERST	\$00
No. 0.0.76 Bisposal Works Construction Permission is hereby granted KARLS C.	FEE.
to Construct () or Repair () an Individual Sewage Disposal System at No	FARROK '
as shown on the application for Disposal Works Construction Permit No. 3.	16 Dated 6 - 21 - 8-3
(7) GN	Board of Health

FORM 1255 A. M. SULKIN, INC., BOSTON

l

, Ø











BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

FARRI STATION RD - PARCEL 2. Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Owner TRUDY OppENNERMER, Address STATION Installer KARLS Exe RIVER Address Date Installation Inspected and Approved Description of System: Tank Capacity: 1000 Leach Field () Bed (:X) Seepage Pit () Square Feet: /080 Garbage Grinder Yes () No (χ) No. Bedrooms: 3 No. People As - BUILT PLAN: HOUSE RONT 1000 18 GAL SI 32 27 ATTON 40 PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM This system must be inspected periodically and the tank pumped out at / 1. an interval not to exceed _ 3 years. For your protection sanitary pumpers are licensed by the Amherst Board 2. Regular pumping is crucial to avoid early failure and costly repairs of . 3. the system. DO NOT dispose into the system such items as rags, string, sanitary 4. napkins, coffee grounds as they can cause it to clog and fail. Further information can be obtained by contacting your Health 5. Department at 253-7077.



760 file SEP 2 0 1996



Commonwealth of Massachusetts Executive Office of Environmental Affairs

Department of **Environmental Protection**

William F. Weld eo Paul Critucol Trudy Coxe

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A CERTIFICATION

Property Aldress: 760 Station Rol Amherst Date of In-pection: Sept 61296 Nam of Inspector: CJARY Bissell Company Name, Address and Telephone Number.

Address of Owner: (If different)

Affordable Home & Septic Inspection Inc. Westfield Ma. 01085. 342 West Rd.

CERTIFICATION STATEMENT 413-568-4289

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 Eards Further Evaluation By the Local Approving Authority Fails

Inspector's Signature: Sky Bessel

Date: Sept 6 1996

The System Inspector shall submit a copy of this inspection report to the Approving Authority 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.

INSPECTION SUMMARY:

Cher A.B. C. or D:

AI SYSTEM PASSES:

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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, 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 conforming septic tank as approved by the Board of Health.

(revised 11/03/95)

One Winter Street e

Boston, Massachusetts 02108

FAX (617) 556-1049 e Telephone (617) 292-5500





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

Property Address: Owner: Date of Inspection:

B] SYSTEM CONDITIONALLY PASSES (continued)

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

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 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 a 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 APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:
 - The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
 - ____ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
 - The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
 - The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteris and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonis nitrogen and nitrate nitrogen is equal to or less than 5 ppm.
- S) OTHER

(revised 11/03/95)



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

Property Address: Owner: Date of Inspection:

D) SYSTEM FAILS:

- I have determined that the system violates one or more of the following failure criteria as defined 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.
 - ____ Backup of sewage into facility or system component due to an overloaded or clogged SAS or casepool.
 - _____ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or gasspool.
 - _____ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
 - _____ Liquid depth in casepool 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 <u>NOT</u> 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 casepool 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 analyzis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:

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:

_____ 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 (TWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of \$14 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

(revised 11/03/95)

. .

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B · CHECKLIST

Property Address: Owner: Date of Inspection:

Check if the following have been done:

Pumping information was requested of the owner, occupant, and Board of Health.

____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.

NAAs 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 tess, 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 existing information or approximated by non-intrusive methods.

The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

(revised 11/03/95)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION 11

9-96

9-95

Property Address: Owner: Date of Inspection: FLOW CONDITIONS I SID INTIAL Design flow: 336 millons Number of bedrooms: 3 Number of ourrent residents: Garbage grinder (yes or no): NO Loundry connected to system (yes or no)(25 Beasonal use (yes or no):NO Water mater readings, if available: To com cora to - total ARO 40560ch ft (5400 Cu Last date of occupancy:_ COMMERCIAL/INDUSTRIAL: Type of establishment: Design flow:_____gallons/day 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: UNIC System pumped as part of inspection: (yes or no)____ If yes, wohime pumped: ______gallons Resson for pumping: TYPE OF SYSTEM Septic tank/distribution box/soil absorption system Single conspool

______ Bingle conspool ______ Overflow conspool ______ Privy ______ Shared system (yes or no) (if yes, attach previous inspection records, if any) Other (explain)

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

Bewage odors detected when arriving at the site: (yes or no) NO

(revised 11/03/95)

. .

5.3



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

Property Address: Owner: Date of Inspection:

Gooste on site plan)

Depth below grade: 16 Material of construction: Vconcrete __metal __FRP __other(explain)

21

Dimensions:	118/2 × 4/2/2
Shudge depth:	2-31
Distance from	top of shudge to bottom of outlet tee or baffle: 2.6
Soun thickness	1: 8-10 h
Distance from	top of soum to top of outlet tee or baffle: 10

Distance from bottom of scum to bottom of outlet tee or baffle: / 3 "

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.) 30 fflor for all ce - la quir de they of Olk - 545 them is curie to be perhale.

GREASE TRAP:___

(locate on site plan)

Depth below grade:____

Material of construction: _____concrete ___metal ___FRP ___other(explain)

Dimensions:

Soum 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:____

Comments:

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

1 44.

٠.

(revised 11/03/95)



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

Property Address: Owner: Date of Inspection:

. ...

3.1

TIGET OR HOLDING TANK:____

Depth balow grade:______ Material of construction: ____concrete ___metal ___FRP ___other(explain)

Dimensions:______gallons
Capacity:______gallons
Design flow:______gallons/day
Alarm level:______

Comments:

(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX:

Depth of liquid level above outlet invert: <u>CUENE</u> w/ bottom of outlet

Comments:

(20)	a if invol as	d distribution	is equal, evidence	of solid	CATTYOVE	r, evidence of	leakage	into or out of be	x, etc.)		
			level	-	NO	salids	-	Box	2.'s	41/2	Deep	
	6010	w su	-face)				_					

PUMP CHAMBER-

(locate on site plan)

Pumps in working order:(yes or no)_____

Comments:

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

(revised 11/03/95)

4



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

Property Address: Owner: Date of Inspection:

SOIL ABSORPTION SYSTEM (SAS):

If not determined to be present, explain:

٦.,

Type:

leaching pits, number:______ leaching chambers, number:_______ leaching galleries, number.length:______ leaching fields, number, dimensions: <u>H@ 40</u> everflow casepool, number:_____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) Sandy Soil- NO Signi of break out

CESSPOOLS:

(locate on site plan)

Number and configuration:	
Depth-top of liquid to inlet	invert:
Depth of solids layer:	
Depth of soum layer:	
Dimensions of casspool:	
Materials of construction:_	
Indication of groundwater:	

inflow (ceespool 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:

Depth of solids:_____

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

(revised 11/03/95)

8

Dimensions:



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

Property Address: Owner: Date of Inspection:

.

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanen	nt references las	ndmarks or be	nchmurks			
locate all walls within 100'						
	1					
			ouse			
	1	4	0	- ·	*	
	1	_		111	~	•
	peru	1				
	190					
		No		-AH -	_	
		18.	bec y	is	1	
		1/2	yec.	3	/	
		Solar	parrols	7-11	/	
					/	
4		1	Fa			9
			H			
			M.	m		
			Me.		4' Dee	P
			6		4'De	•
			,	NAL.		
				N =		
			15			
				11 1	11	
			11		[]	
			11		11.	
					11	· t
•			11	11 11		Fron
					[]	Not to
DEPTE TO GROUNDWATER			11	11	1	Front Not to scel
Depth to groundwaterfeet						0-20
method of determination or approximation:	Dug &'	NO L	veter.			
	V	V 41-12-12-17-2-14-14-14-14-14				
(revised 11/03/95)		•				
STETTONE 11/02/72)		9	•		3	
			4			

1

1.

Rear

۰.

to

4

42 - 14 14

TITLE 5 OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM PART A CERTIFICATION



Property Address: 760 Station Road, Amherst, MA

OWNER Name: Trudy Oppenheimer Owner's Address: 760 Station Road Amherst MA 01002 Date of Inspection: October 14, 2005

Name of Inspector: <u>Alan E. Weiss, R.S # 933</u> Company Name: <u>Cold Spring Environmental Inc.</u> Mailing Address: <u>350 Old Enfield Road</u> <u>Belchertown, Massachusetts 01007</u> Telephone Number: <u>(413) 323-5957</u> fax: 413-323-4916

CERTIFICATION STATEMENT

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

XX Passes Conditionally Passes Needs Further Evaluation by the Local Approving Authority / Fails **Inspector's Signature:** Date: October 14, 2005

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.

Notes and Comments

Septic System was in functional condition, There is no sign of current or past failing condition. S. Tank (1000 gallon) was in OK shape. Outlet & inlet baffles were in place. Septic tank was pumped with 3 Persons living there. D. box was level and in good condition (cover replaced) All stains & levels were good in d. box. (System is 22+ years old Approx. 27' wide by 40' long.

****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 different conditions of use.

.

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

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: <u>October 14, 2005</u>

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

A. System Passes:

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

Comments: System is 22+yrs. Old & all levels were appropriate.

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.

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

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health. *A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

ND explain:

_____ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

broken pipe(s) are replaced obstruction is removed

ND explain:



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

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

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

NO Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

- 1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:
 - ____ Cesspool or privy is within 50 feet of a surface water
 - Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh
- 2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the

system is functioning in a manner that protects the public health, safety and environment:

____ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

_____ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

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

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

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

3. Other:


Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

D. System Failure Criteria applicable to all systems:

You must indicate "yes" or "no" to each of the following for all inspections:

- Yes No
- _____x Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
 _____x Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
 _____x Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
 ____x Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
 ____x Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number
- of times pumped
- x 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.
- <u>x</u> Any portion of a cesspool or privy is within a Zone 1 of a public well.
- <u>x</u> Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- x Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]
- <u>NO</u> (Yes/No) The system <u>fails</u>. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:

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

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)

yes no

- _____ the system is within 400 feet of a surface drinking water supply
- _____ the system is within 200 feet of a tributary to a surface drinking water supply
- _____ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CHECKLIST

CHECKLISI

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

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

Yes No

x ____ Pumping information was provided by the owner, occupant, or Board of Health

____X Were any of the system components pumped out in the previous two weeks ?

<u>x</u> Has the system received normal flows in the previous two week period ?

<u>x</u> Have large volumes of water been introduced to the system recently or as part of this inspection?

X _____ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

x Was the facility or dwelling inspected for signs of sewage back up?

<u>x</u> Was the site inspected for signs of break out ?

<u>x</u> Were all system components, excluding the SAS, located on site ?

 \underline{x} Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?

<u>x</u> Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes no

<u>X</u> Existing information. For example, a plan at the Board of Health.

 \underline{x} _____ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]



Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005 FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): _3 Number of bedrooms (actual): _3 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _330 Number of current residents: _2 Does residence have a garbage grinder (yes or no): <u>NO.GRINDERS ARE NOT RECOMMENDED**</u> Is laundry on a separate sewage system (yes or no): <u>NO</u> [if yes separate inspection required] Laundry system inspected (yes or no): <u>no</u> (Owner has no laundry connected). Seasonal use: (yes or no): <u>no</u> Water meter readings, if available (last 2 years usage (gpd)): <u>N/a</u> Sump pump (yes or no): <u>NO</u> Last date of occupancy: <u>current</u>

COMMERCIAL/INDUSTRIAL

Type of establishment: <u>N/A</u> 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): ____ <u>Non-sanitary waste discharged to the Title 5 system (yes or NO):</u> Water meter readings, if available: _____ Last date of occupancy/use:

OTHER (describe)

GENERAL INFORMATION

 Pumping Records

 Source of information: Owner & records (7 vrs.)

 Was system pumped as part of the inspection (YES or no): Yes

 If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? Measured

 Reason for pumping: REQUEST

TYPE OF SYSTEM

x Septic tank, distribution box, soil absorption system

____ Single cesspool

____ Overflow cesspool

___ Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

_____ Tight tank ____ Attach a copy of the DEP approval

___ Other (describe):

Approximate age of all components, date installed (if known) and source of information: 22+/- years old

Were sewage odors detected when arriving at the site (yes or no): NO



Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: <u>October 14, 2005</u>

BUILDING SEWER (locate on site plan)

Depth below grade: <u>-18+"</u> Materials of construction: _____cast iron _X_40 PVC ____other (explain): ______ Distance from private water supply well or suction line: <u>10'+</u> Comments (on condition of joints, venting, evidence of leakage, etc.):

SEPTIC TANK: Yes(locate on site plan)

Depth below grade: <u>18"</u> Material of construction: <u>X</u> concrete _____metal ____fiberglass ____polyethylene _____other(explain)________ If tank is metal list age: _____ Is age confirmed by a Certificate of Compliance (yes or no): _____(attach a copy of certificate) Dimensions: <u>4.'w x 8.5'l x 4.5'd</u> Sludge depth: <u>1"</u> Distance from top of sludge to bottom of outlet tee or baffle: <u>38"</u> Scum thickness: <u>1"</u> Distance from top of scum to top of outlet tee or baffle: <u>5"</u> Distance from bottom of scum to bottom of outlet tee or baffle: <u>14"</u> How were dimensions determined: <u>MEASURED</u> Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): <u>TANK CONDITION OK</u> S. tank had baffles TANK SHOULD BE PUMPED every other year.

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



Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

TIGHT or HOLDING TANK: <u>NO</u> (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: _____ Material of construction: _____ concrete metal fiberglass polyethylene other(explain):

Dimensions:

Capacity: ____gallons Design Flow: ____gallons/day Alarm present (yes or no): ____ Alarm level: ____Alarm in working order (yes or no): ____ Date of last pumping: _____ Comments (condition of alarm and float switches, etc.): _____

DISTRIBUTION BOX: ves (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: <u>@ inv. Levels good.</u> Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): <u>No evidence of carry over, level and ok condition</u>, <u>4 outlet lines noted(new cover</u> installed.

PUMP CHAMBER: NO (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.):



Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

SOIL ABSORPTION SYSTEM (SAS): YES (locate on site plan, excavation not required)

If SAS not located explain why:

Type

leaching pits, number:

_____ leaching chambers, number:

leaching galleries, number:

leaching trenches, number, length:

1 leaching fields, number, dimensions: 27' w x 40' 1 +/- (4 pipes out)

_____ overflow cesspool, number:

innovative/alternative system Type/name of technology:

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.): <u>No signs of failure, stone ok, and no Groundwater noted, Top of Box @3'</u>

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

Number and configuration:	_
Depth - top of liquid to inlet invert:	
Depth of solids layer:	
Depth of scum layer:	
Dimensions of cesspool:	
Materials of construction:	
Indication of groundwater inflow (yes or no):	
Comments (note condition of soil, signs of hydraulic failur	e, level of ponding, condition of vegetation, etc.):

PRIVY: N/A (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.):



Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

Also See attached



Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: <u>October 14, 2005</u>

SITE EXAM Slope <u>YES</u> Surface water Check cellar Shallow wells____

Estimated depth to ground water 5'+/-feet

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

YES Obtained from system design plans on record - If checked, date of design plan reviewed:

- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain:

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

Accessed USGS database-explain:

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

Water level based on on-site data from topography, and nearby records.



PAGE 01

BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS STATION RD - PARCEL Z (F.MERICH Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE TATICN PRENNEIMER. Address Owner TRUDY () Exe Address Installer KARLS River Date Installation Inspected and Approved Description of System: Tank Capacity: /000 07 Leach Field () Bed (:1) Seepage Pit () Square Feet: 1080 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People HOUSF AS. - BUILT PLAN: FRONT 1000 18 GAI £ ī N D 27 TAT.A 40 PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM 1. This system must be inspected periodically and the tank pumped out at / N. an interval not to exceed 3 years. For your protection sanitary pumpers are licensed by the Amherst, Board 2. Regular pumping is crucial to avoid early failure and costly repairs of . 3. DO NOT dispose into the system such items as rags, string, sanitary 4 napkins, coffee grounds as they can cause it to clog and fail. 5. Further information can be obtained by contacting your Health Department at 253-7077.





CHECK OR FILL IN WHERE APPLICABLE

760

623

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH Town

Amherst, Mass. OF

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (x) or Repair () an Individual Sewage Disposal System at: P.

Station Road	TARCEL Z
Thomas B. Heldsocation. Address TRUDY C.	Wenneiner North Pleasant St. Amhersta Ma
KARLS OWNEXA.	RIVER AR Address Mar, 01002/
Installer	Address
Type of Building	Size Lot. 1.148 ACTES free
Dwelling - No. of Bedrooms	Expansion Attic () Garbage Grinder (No
Other - Type of Building Frame	No. of persons Max. 6 Showers () - Cafeteria ()
Other fixtures	
Design Flow 55 gallers per	person per day. Total daily flow
Design Flow	person per day. Total daily now
Septic Tank - Liquid capacity Loogalions L	ength
Disposal Trench - No Width	Total Length Total leaching area 1000 sq. ft.
Seepage Pit No Diameter	. Depth below inletsq. ft.
Other Distribution box (X) Dosing A	nich in it the
Percolation Test Results Performed by	ofm U. Buckett R.S. Date 5/2/83
Test Pit No. 12.22 minutes per inch. D	epth of Test Pit
Test Pit No 2	epth of Test Pit
C. Drake was r	present from the Town of Amherst.
Description of Soil O" to 6" loam - 6	" to 36" sandy loam 36" to 120" clay
Description of Soil Of Ly Of Joann - O	" LO DO" SAMOY TOAN DO" TO IZU" CIAY
and sand - water at 72"	
	N HIUS NO STATE
Nature of Repairs or Alterations - Answer when	1 applicable
	S/mus solowers
Agreement:	S JOHN A. BRICKETT [3]
The undersigned agrees to install the afore	edescribed Individual Sewage No.68al System in accordance with
the provisions of TITLE 5 of the State Sanitary	Code — The underringed further agrees no splace the system in
operation until a Certificate of Compliance has be	the issued by the boord of the the
	ALLCHC CONSTERNES 5/2/93
- X Signed	MICH 5/2/93
Application Approved By	Date Date
	Date
Application Disapproved for the following reasons	5:
Permit No	Issued Date
THE COMMON	WEALTH OF MASSACHUSETTS
	RD OF HEALTH
ВОАР	O OF HEALTH
OF	
Certifica	ate of Compliance
THIS IS TO CERTIFY, That the Individu	ual Sewage Disposal System constructed () or Repaired ()
by	
at	1DStaticr
has been installed in accordance with the provisio	ns of TITLE 5 of The State Sanitary Code as described in the
	nit No dated
SYSTEM WILL FUNCTION SATISFACTORY.	SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE
	24
DATE	Inspector
THE COMMONY	VEALTH OF MASSACHUSETTS
BOAF	RD OF HEALTH
02_11 JOUN OF	Aminensi - So
No. 83-16 [Dan OF	For YO
	P BE
Hisposal Wor	ks Construction Permit
Permission is hereby granted KAPLITA	C. TOppinsion
to Construct (Nor Renain () on Individual	
to construct (Not repair () an individual	Sewage Disposal System
THO PARALI I SMA	Sewage Disposal System
to Construct (K) or Repair () an Individual at No	Sewage Disposal System

of Health

6-22 FORM 1255 A. M. SULKIN, INC., BOSTON

DATE





BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS STATION RD - PARCEL Z (FARERIEN LOT Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Owner TRUDY OPPENNERMER. Address STATION RIVER Installer KARLS Exe Address Date Installation Inspected and Approved Description of System: Tank Capacity: /000 Leach Field () Bed (:X) Seepage Pit () Square Feet: 1080 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6 HOUSF As. - BUILT PLAN: FRONT 1000 GAL S. ī 27 40 PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM N. 1. This system must be inspected periodically and the tank pumped out at / an interval not to exceed \Im years. For your protection sanitary pumpers are licensed by the Amherst Board of Health. 2. Regular pumping is crucial to avoid early failure and costly repairs of . 3. the system. DO NOT dispose into the system such items as rags, string, sanitary 4. napkins, coffee grounds as they can cause it to clog and fail. 5. Further information can be obtained by contacting your Health Department at 253-7077.

760 SEP 20 1983



ć

Commonwealth of Massachusetts Executive Office of Environmental Affairs

Department of Environmental Protection

fillem F. Wald on Paul Chivool

SURSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION

Oppereneimer Property Address 760 Station, Rol Amherst Date of In-pection: Sept 61296 Name of Inspector: CJARY Bissell Company Name, Address and Telephone Number:

Address of Owner (If different)

Affordable Home & Septic Inspection Inc. Westfield Ma. 01085. 342 West Rd.

413-568-4289 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

id ands Further Evaluation By the Local Approving Authority

Inspector's Signature: Cary Bassel

Date: Sent 6 1996

The System Inspector shall submit a copy of this inspection report to the Approving Authority 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

The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

INSPECTION SUMMARY:

Charles, C, or D:

AI SYSTEM PASSES:

I have not found any information which indicates that the system violates any of the failure criteris as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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, 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 conforming septic tank as approved by the Board of Health.

(revised 11/03/95)

1

One Winter Street e Boston, Massachusetts 02108

FAX (617) 556-1049

Telephone (617) 292-5500

Printed on Recycled Paper

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

Property Address: Owner: Date of Inspection:

1

B] SYSTEM CONDITIONALLY PASSES (continued)

- •
- Sewage backup or breakout or high static water level observed in the distribution hox is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution hox. The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced
 - _____ obstruction is removed
 - distribution hos 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

CI 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 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 a surface water
 - Censpool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.
- 2) EYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:
 - The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
 - ____ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
 - The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
 - The system has a septic tank and soil absorption system and 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.
- 3) OTHER

(revised 11/03/95)

2

Property Address: Owner: Date of Inspection:

D) SYSTEM FAILS:

- I have determined that the system violates one or more of the following failure criteria as defined 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.
 - Backup of sewage into facility or system component due to an overloaded or clogged SAS or ossepool.
 - _____ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or geograpool.
 - Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or essepool.
 - Liquid depth in conspool 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 <u>NOT</u> 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 casepool 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 cosspool or privy is within 50 feet of a private water supply well.
 - Any portion of a casepool 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 colliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:

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 mist:
 - 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 mitrogen 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 bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

(revised 11/03/95)

3

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CHECKLIST

Property Address: Owner: Date of Inspection:

Check if the following have been done:

Pumping information was requested of the owner, corupant, and Board of Health.

Whome 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.

NAAs 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 sawage back-up.

The system does not receive non-sanitary or industrial waste flow

IThe 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 tess, insterial 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 existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposel System.

(revised 11/03/95)

.1

i.

-1

.

-

122 -

, [‡]

. .

ŝ

Property Address: Owner: Date of Inspection:

 $\sim \frac{1}{2}$

FLOW CONDITIONS

RED ENTIAL

Design flow: <u>536 gallons</u>	
Number of bedrooms: 3	
Number of supress residents:	
Gerbage grinder (yes or no): N()	
Laundry connected to system (yes or no) (C)	
leasesail use (nos er aug): (os er aug) est lasses	
Water anter reading, is available: To corr 10 20 Ken - total usege 9-95 to 9-96	
405600b (5400 cu ft.)	

Last date of occupancy:_____

COMMERCIAL/INDUSTRIAL:				
Type of establishment:				
Design flow:gallons/day				
Grease trap present: (yes or no)				
Industrial Waste Holding Tank present: (yes or no)		•		
Non-canitary waste discharged to the Title 5 system: (yes or no)				
Water meter readings, if available:	·······	and the second second		territori anticia di la constanta di la constan
Last date of cocupancy:				
OTEER: (Describe)	400000 a 1000			
Last date of occupancy:				
GENERAL INFORMATION				
PUMPING RECORDS and source of information:				
System pumped as part of inspection: (yes or no)				
11 yes, vohume pumped:gallons				
Reason for pumping				
TYPE OF SYSTEM				
Septic tank/distribution box/soil absorption system	-	· · · .		
Single courpool		· · ·	• • •	
Overflow empool				
Privy				
Shared system (yes or no) (if yes, attach previous inspection records, if any)				

Other (arplain)

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

Bewage adors detected when arriving at the site: (yes or no) NO

(revised 11/03/95)

5

Property Address: Owner: Date of Inspection:

SEPTIC TANK Gooste on site plan)

Depth below grada: 16 Material of construction: Veoncrete __metal __FRP __other(explain)

11

LINSKL 41/2/2 ices: Studge depth: 2-3"

Distance from top of shudge to bottom of outlet tee or baffle: $\frac{2}{6}$

Distance from top of soum to top of outlet use or baffle: fo 13" Distance from bottom of scum to bottom of outlet tee or baffle:

Comments:

GREASE TRAP:

(locate on site plan)

Depth balow grade:__

Material of construction: ______metal ____FRP ___other(explain)

dens: Dimen

Som thickness:

Distance from top of soum to top of outlet tee or baffle:_

Distance from bottom of soum to bottom of outlet tee or baffle:

Comments.

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

•

(revised 11/03/95)

4

Property Address: Owner: Date of Inspection:

.

· ...

TIGHT OR HOLDING TANK:___

Dimensions:______gallons
Capacity:______gallons
Design flow:_____gallons/day
Alarm level:_____

Comments:

(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX:

Depth of liquid level above outlet invert: <u>CUEN</u> w/ bottom of outlet

Comments:

(note if level and di	istribution is squ	u, evidence of	f solids car	TYOVET, OV	idence of le	akage into o	er out of box	stc.)	12	-
Box 1			- 14	0 50	plids	- 1:	3 ox i	2.	41141	Deep
16elour	surfe	1 and			C CHATHE C			1999 B. 1999		

7

4

PUMP CRAMBER:

(locate on site plan)

Pumps in working order:(yes or no)____

Comments:

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

(revised 11/03/95)

Property Address: Owner: Date of Inspection:

BOIL ABSORPTION SYSTEM (SAS):

Gousse on site plan, if possible; excevation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

-

Type:

leaching pits, number:______ leaching chambers, number:______ leaching galleries, number;_______ leaching trenches, number, length:______ leaching fields, number, dimensions: <u>H(0, 40</u>'_____ everflow casepool, number:______

CESSPOOLS:

(locate on site plan)

Number and configuration:______ Depth-top of liquid to inlet invert:______ Depth of colids layer:______ Depth of coun layer:______ Dimensions of construction:______ Materials of construction:______ Indication of groundwater:______

inflow (seespool must be pumped as part of inspection)_

.

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

(iconte 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.)_

(revised 11/03/95)

.

Property Address: Owner: Date of Inspection:

Rear

SKETCE OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or banchmarks locate all walls within 100' House PERK 8. Deck 9 3 sola 4' Deep Front Not to scely DEPTH TO GROUNDWATER Dopth to groundwater. 0 fant method of determination or approximation: Dug (revised 11/03/95) 4 12

TITLE 5 OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM PART A CERTIFICATION



Property Address: 760 Station Road, Amherst, MA

OWNER Name: Trudy Oppenheimer Owner's Address: 760 Station Road Amherst MA 01002 Date of Inspection: October 14, 2005

Name of Inspector: <u>Alan E. Weiss, R.S # 933</u> Company Name: <u>Cold Spring Environmental Inc.</u> Mailing Address: <u>350 Old Enfield Road</u> <u>Belchertown, Massachusetts 01007</u> Telephone Number: <u>(413) 323-5957</u> fax: 413-323-4916

CERTIFICATION STATEMENT

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

XX Passes Conditionally Passes Needs Further Evaluation by the Local Approving Authority / Fails Date: October 14, 2005 **Inspector's Signature:**

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.

Notes and Comments

Septic System was in functional condition, There is no sign of current or past failing condition. S. Tank (1000 gallon) was in OK shape. Outlet & inlet baffles were in place. Septic tank was pumped with 3 Persons living there. D. box was level and in good condition (cover replaced) All stains & levels were good in d. box. (System is 22+ years old Approx. 27' wide by 40' long.

****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 different conditions of use.

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: <u>October 14, 2005</u>

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

A. System Passes:

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

Comments: System is 22+yrs. Old & all levels were appropriate.

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.

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

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health. *A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

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

distribution box is leveled or replaced

ND explain:

_____ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced obstruction is removed

ND explain:

2

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

CERTIFICATION (continued)

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

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

NO Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

 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

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the

system is functioning in a manner that protects the public health, safety and environment:

The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

_____ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

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

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

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

3. Other:

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

CERTIFICATION (continued)

Property Address: 760 Station Road Amherst, MA

Owner: Trudy Oppenheimer

Date of Inspection: October 14, 2005

D. System Failure Criteria applicable to all systems:

You must indicate "yes" or "no" to each of the following for all inspections:

- Yes No
- _____ __ Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
 - x Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
- ______ X Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- x Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
 - x Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____.
- x Any portion of the SAS, cesspool or privy is below high ground water elevation.
- _____ Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- _____ Any portion of a cesspool or privy is within a Zone 1 of a public well.
- _____ Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for collform 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.]
- NO (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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.

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)

yes no

the system is within 400 feet of a surface drinking water supply

the system is within 200 feet of a tributary to a surface drinking water supply

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

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

CHECKLIST

Property Address: 760 Station Road Amherst, MA Owner: Trudy Oppenheimer

Owner: <u>Trudy Oppenheimer</u> Date of Inspection: <u>October 14, 2005</u>

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

Yes No

x Pumping information was provided by the owner, occupant, or Board of Health

X_Were any of the system components pumped out in the previous two weeks ?

x 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 this inspection ?

X ____ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

<u>x</u> Was the facility or dwelling inspected for signs of sewage back up?

<u>x</u> Was the site inspected for signs of break out ?

<u>x</u> Were all system components, excluding the SAS, located on site ?

<u>x</u> Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?

<u>x</u> Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes no

X ____ Existing information. For example, a plan at the Board of Health.

<u>x</u> ____ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]
Property Address: 760 Station Road Amherst, MA Owner: Trudy Oppenheimer

Date of Inspection: October 14, 2005

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): _3 Number of bedrooms (actual): _3 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _330 Number of current residents: _2 Does residence have a garbage grinder (yes or no): <u>NO,GRINDERS ARE NOT RECOMMENDED**</u> Is laundry on a separate sewage system (yes or no): <u>NO</u> [if yes separate inspection required] Laundry system inspected (yes or no): <u>no</u> (Owner has no laundry connected)._ Seasonal use: (yes or no): <u>no</u> Water meter readings, if available (last 2 years usage (gpd)): <u>N/a</u>_____ Sump pump (yes or no): <u>NO</u>_____ Last date of occupancy; <u>current</u>

COMMERCIAL/INDUSTRIAL

Type of establishment: <u>N/A</u> 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): _____ <u>Non-sanitary waste discharged to the Title 5 system (yes or NO):</u> Water meter readings, if available: ______ Last date of occupancy/use:

OTHER (describe)

GENERAL INFORMATION

Pumping Records

Source of information: Owner & records (7 yrs.)

Was system pumped as part of the inspection (YES or no): Yes

If yes, volume pumped: <u>1000 gallons</u> -- How was quantity pumped determined? <u>Measured</u> Reason for pumping: <u>REQUEST</u>

TYPE OF SYSTEM

x Septic tank, distribution box, soil absorption system

_____ Single cesspool

Overflow cesspool

Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

____ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

Tight tank ____ Attach a copy of the DEP approval

Other (describe):

Approximate age of all components, date installed (if known) and source of information: 22+/- years old

Were sewage odors detected when arriving at the site (yes or no): NO

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

BUILDING SEWER (locate on site plan)

Depth below grade: -18+"Materials of construction: _____ cast iron _X_40 PVC ____ other (explain): _____ Distance from private water supply well or suction line: 10'+Comments (on condition of joints, venting, evidence of leakage, etc.):

SEPTIC TANK: Yes(locate on site plan)

Depth below grade: 18"

Material of construction: X concrete _____metal ____fiberglass ____polyethylene

___other(explain)__

If tank is metal list age: ____ Is age confirmed by a Certificate of Compliance (yes or no): ____ (attach a copy of certificate)

Dimensions: 4. 'w x 8.5'l x 4.5'd

Sludge depth: 1"

Distance from top of sludge to bottom of outlet tee or baffle: <u>38"</u> Scum thickness: 1"

Distance from top of scum to top of outlet tee or baffle: 5"

Distance from bottom of scum to bottom of outlet tee or baffle: 14"

How were dimensions determined: MEASURED

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): <u>TANK CONDITION OK</u> S. tank had baffles TANK SHOULD BE PUMPED every other year.

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

7

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

SYSTEM INFORMATION (continued)

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

TIGHT or HOLDING TANK: NO (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: _____ Material of construction: _____ concrete metal fiberglass polyethylene _____ other(explain):

Dimensions:

Capacity: gallons

Design Flow: gallons/day

Alarm present (yes or no):

Alarm level: _____Alarm in working order (yes or no): ____ Date of last pumping: _____

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

DISTRIBUTION BOX: ves (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: <u>(a) inv. Levels good.</u> Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): <u>No evidence of carry over, level and ok condition</u>, <u>4 outlet lines noted(new cover</u> installed.

PUMP CHAMBER: NO (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.):

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

SOIL ABSORPTION SYSTEM (SAS): YES (locate on site plan, excavation not required)

If SAS not located explain why:

Type

____ leaching pits, number: ____

_____ leaching chambers, number: _____

leaching galleries, number:

leaching trenches, number, length:

1 leaching fields, number, dimensions: 27' w x 40' 1 +/- (4 pipes out)

overflow cesspool, number:

innovative/alternative system Type/name of technology:

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.): No signs of failure, stone ok, and no Groundwater noted, Top of Box (2) 3'

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

Number and configuration: ______ Depth - top of liquid to inlet invert: ______ Depth of solids layer: ______ Depth of scum layer: ______ Dimensions of cesspool: ______ Materials of construction: ______ Indication of groundwater inflow (yes or no): _____ Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: N/A (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.):

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

Also See attached

Property Address: 760 Station Road Amherst, MA Owner: <u>Trudy Oppenheimer</u> Date of Inspection: October 14, 2005

SITE EXAM Slope <u>YES</u> Surface water Check cellar Shallow wells

Estimated depth to ground water_5'+/-feet

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

YES Obtained from system design plans on record - If checked, date of design plan reviewed: ____

- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain:

Checked with local excavators, installers- (attach documentation)

Accessed USGS database-explain:

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

Water level based on on-site data from topography, and nearby records.

BOARD OF HEALTH	
TOWN OF AMHERST, MASSACHUSETTS	
TOWN OF AMHERST, MASSACHUSETTS STATION RD - PARCEL 2 (F.M. R. C.) STATION RD - PARCEL 2 (F.M. Lor)	
Important Information Regarding Your Private Sewage Disposal System	
Important Information Regarding root finder	. '
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE	120
DAMER TRUDY OPPENMERMER Address 19 STATION KD	è,
Installer KARLS Ere Address Rivère De. MADUEY.	•
Installer NARE Ers 9/14/83	
Date Installation Inspected and Approved <u>9/14/83</u>	
Description of System: Tank Capacity: 1000	
Leach Field () Bed (:X) Seepage Pit () Square Feet: 1080	•
Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6	
HOUSE	
AS BUILT PLAN:	· .
1000	۲. ·
BY BY GAL	
N 336 8421 SIT	1.0
33.	. R
	1
	: 47
	' 'D
	R
Visran Ho Ho	16
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM	N.
1. This system must be inspected periodically and the tank pumped out at /	,.
an interval not to exceed <u>J</u> years. /	
 For your protection sanitary pumpers are licensed by the Amherst Board of Health. 	•
 Regular pumping is crucial to avoid early failure and costly repairs of the system. 	
 DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail. 	
5. Further information can be obtained by contacting your Health	
Department at 253-7077.	





Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

760 Station Road				
Property Address				
Tom Fields				
Owner's Name				
Amherst	MA	01002	03.14.2012	
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.

. General Information		4
Inspector:		
Alan E Weiss, M.S, Hydrogeologi	st, RS # 933	
Name of Inspector		
Cold Spring Environmental Consu	ultants 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:

	Passes	Conditionally Passes	🛛 Fails
\boxtimes	Needs Further Evaluation by t	he Local Approving Authority	
	Alm lean	03 13 & 14 2012	,

Inspector's Signature

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.

Date

****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.

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





Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection	
Amherst	MA	01002	03.14.2012	
Owner's Name				
Tom Fields				
Property Address		12		-
760 Station Road			5 	

B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has a 30 +/- yr old system with 1000 Gal S. tank. Tank liquid level was proper with slide baffle inplace indicating S. tank was proper & some corrosion at outlet. levels and staining were withinn 1" of inv (above) and D. box was detiorated. Upon removal of old box, saturated stone and beginning stage of failure observed. Only one person living in house empty for several months. Sewer connection on schedule within 3 years per town engineer.

**System may or may not last until future sewer connection, only, conservative use recommended.

B) System Conditionally Passes:

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

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

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

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

	ND (Explain below)
--	--------------------

t5ins • 11/10

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 2 of 17



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

			Address						
	Tor	n Fi	elds						
n is	Owr	ier's	Name						
or		hers	12 F		MA	010		03.14.2012	
	City	Tow	n		State	Zip	Code	Date of Inspection	
	В.			m Conditionally Passes (con	t.):				
			to bro	rvation of sewage backup or broken or obstructed pipe(s) or du inspection if (with approval of B	e to a brok	en, settl			
				broken pipe(s) are replaced		□ Y	□ N	ND (Explain below):	
				obstruction is removed		×Ν	□ N	ND (Explain below):	
			\boxtimes	distribution box is leveled or	replaced	Υ	□ N	ND (Explain below):	
				ystem required pumping more m will pass inspection if (with a broken pipe(s) are replaced obstruction is removed					The
				e., î				×.	
		_		er Evaluation is Required by itions exist which require furthe				of Health in order to determine	eif
			the sy	stem is failing to protect public	health, sa	fety or th	ne enviro	onment.	
			15.30	stem will pass unless Board 3(1)(b) that the system is not y and the environment:					alt
				Cesspool or privy is within 5) feet of a	surface	water		
				Cesspool or privy is within 5) feet of a	borderin	g vegeta	ated wetland or a salt marsh	
					т		enaction For	m: Subsurface Sewage Disposal System • Page	2 of 1"



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

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

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

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must

3. Other:

See above commenst on page 2.

be attached to this form.

D) System Failure Criteria Applicable to All Systems:

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

Yes	No	
\boxtimes		Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
	\boxtimes	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
\boxtimes		Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
	\boxtimes	Liquid depth in cesspool is less than 6" below invert or available volume is less than $\frac{1}{2}$ day flow

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 4 of 17



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

760 Station Road			
Property Address			
Tom Fields			
Owner's Name			
Amherst	MA	01002	03.14.2012
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

Yes	No	
	\boxtimes	Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped:
	\boxtimes	Any portion of the SAS, cesspool or privy is below high ground water elevation.
	\boxtimes	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
	\boxtimes	Any portion of a cesspool or privy is within a Zone 1 of a public well.
	\boxtimes	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
		Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
	\boxtimes	The system is a cesspool serving a facility with a design flow of 2000gpd- 10,000gpd.
		The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

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

Yes	No	
		the system is within 400 feet of a surface drinking water supply
		the system is within 200 feet of a tributary to a surface drinking water supply
		the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



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

Annerst		01001	
Amherst	MA	01002	03.14.2012
Owner's Name			
Tom Fields			
Property Address			
3 7			

Checklist

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

Yes	No	
\boxtimes		Pumping information was provided by the owner, occupant, or Board of Health
\boxtimes	\boxtimes	Were any of the system components pumped out in the previous two weeks?
\boxtimes		Has the system received normal flows in the previous two week period?
	\boxtimes	Have large volumes of water been introduced to the system recently or as part of this inspection?
\boxtimes		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 components, excluding the SAS, located on site?
\boxtimes		Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
		Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
		Existing information. For example, a plan at the Board of Health.
\boxtimes		Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:				
Number of bedrooms (design):	3	 Number of bedrooms (actual): 	3	
DESIGN flow based on 310 CMR	15.203 (for e)	cample: 110 gpd x # of bedrooms):		



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

	760 Station Road					
	Property Address					
	Tom Fields					
Owner information is	Owner's Name					
required for	An and a start of the second se	MA State	01002 Zip Code	03.14.201		*
every page.	City/Town	ection				
	D. System Information					
	Description: 1000 gallon S. tank with 40' x 27' I field.					
	Number of current residents:				1	
	Does residence have a garbage grinder?				🗌 Yes 🛛	No
	Is laundry on a separate sewage system? [if	yes sep	arate inspectio	n required]	🗌 Yes 🛛	No
	Laundry system inspected?				🗌 Yes 🗌	No
	Seasonal use?				🛛 Yes 🗌] No
	Water meter readings, if available (last 2 year	n/a				
	Detail:					
	Sump pump?				🗌 Yes 🛛	No
	Last date of occupancy:				Date	
	Commercial/Industrial Flow Conditions:					
	Type of Establishment:					
	Design flow (based on 310 CMR 15.203):		Gallons	per day (gpd)		
	Basis of design flow (seats/persons/sq.ft., etc	:.):				
	Grease trap present?				🗌 Yes 🗌] No
	Industrial waste holding tank present?				🗌 Yes 🗌] No
	Non-sanitary waste discharged to the Title 5	system	?		🗌 Yes 🗌] No
	Water meter readings, if available:		×			

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 7 of 17



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

	760 Station Roa	d					
	Property Address						
	Tom Fields						
ation is	Owner's Name . Amherst	MA	01002	03.14.2012			
ed for page.	City/Town		State	Zip Code	Date of Inspection		
page.	D System	Information (cont.)					
	D. Oyotoini						
	Last date of	occupancy/use:		Curren Date	ht		
				Date			
	Other (desc	ribe below):					
			9				
	12		-				
		Ger	neral Infor	mation			
	Pumping Re	ecords:					
			unk.				
	Source of in	formation:	-				
	Was system	pumped as part of the inspec	tion?		🛛 Yes 🗌 No		
	· · · · · · · · · · · · · · · · · · ·	r	1000				
	If yes, volum	e pumped:	gallon				
	Howwas	How was quantity pumped determined?		5.			
	How was qu	antity pumped determined?	•10.000				
	Reason for p	pumping:	Insp.				
	Type of Sys	stem:		5			
	\boxtimes	Septic tank, distribution be	ox, soil abs	sorption system	1		
				ioipaon ofoton			
		Single cesspool					
		0					
		Overflow cesspool					
		Privy					
		Shared system (yes or no	Shared system (yes or no) (if yes, attach previous inspection records, if any)				
		In a statice / Alternative to a	hadaay A	ttach a capy of	the everent exerction and		
					the current operation and owner) and a copy of latest		
		inspection of the I/A syste					
		Tight tank. Attach a copy	of the DEP	approval.			
		Other (describe):					
		Other (describe):					

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 8 of 17



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

	760 Station Road								
	Property Address								
	Tom Fields								
ation is	Owner's Name								
required for every page.	Amherst		MA State	01002	03.14.20				
		City/Town		Zip Code	Date of Ins	spection			
	D. System Info Approximate age 30 +/-	of all components, o		nown) and sou	irce of infor	mation:			
	Were sewage odd	ors detected when a	nrriving at the site?	,	C]Yes 🛛	No		
	Building Sewer (locate on site plan):					1		
	Depth below grade:			2.0					
	Depth below grad	e:		feet					
	Material of constr	uction:							
	ast iron	🛛 40 PVC	🗌 other (ex	plain): —					
	Distance from priv	Distance from private water supply well or suction line:							
	Comments (on co	Comments (on condition of joints, venting, evidence of leakage, etc.):							
	No problems note	h							
	Septic Tank (loca			1.5	ft				
	Depth below grad	e:		feet					
	Material of constr	uction:							
	⊠ concrete	🗌 metal	fiberglass	s 🗌 poly	ethylene	other	(explain		
	If tank is metal, lis	st age:		year	S				
	Is age confirmed	by a Certificate of C	ompliance? (attac	12.181		☐ Yes	🗌 No		
	Dimensions:					x 4.2'd (eff)			
	Sludge depth:			3"					
			Title 5 C	Official Inspection Form	Subsurface Sewa	ge Disposal System	• Page 9 of 1		



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

	760 Station Road						
	Property Address						
	Tom Fields						
Owner information is	Owner's Name						
required for	Amherst		MA	01002	03.14.20		
every page.	City/Town		State	Zip Code	Date of Ins	pection	
	D. System Infor	mation (cont.)				
	Septic Tank (cont.)					
	Distance from top of	of sludge to bottom	of outlet tee or ba	affle _	38"		
	Scum thickness				2"		
	Distance from top o	of scum to top of o	utlet tee or baffle	1.1	6"		
	Distance from botto	om of scum to botto	om of outlet tee or	baffle <u>1</u>	12"		
	How were dimension	ons determined?		0	Observation/Meas		
	Comments (on pun liquid levels as rela Tank was 1000 gal	ted to outlet invert	evidence of leaka	age, etc.):	affle conditior	n, structural integrity,	
						н	
			1				
		10			14		
	Grease Trap (loca	te on site plan):	÷				
	Depth below grade	:		fe	eet		
	Material of construe	ction:			×.		
		metal	☐ fiberglass	🗌 po	olyethylene	other (explain):	
	Dimensions:			_			
	Scum thickness			-			
	Distance from top o	of scum to top of o	utlet tee or baffle	-			
	Distance from botto	om of scum to botte	om of outlet tee or	baffle -			
	Date of last pumpir	ng:		ī	Date		

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 10 of 17



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

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	03.14.2012
Owner's Name			
Tom Fields			
Property Address			
760 Station Road			

D. System Information (cont.)

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

Tight or Holding	g Tank (tank must b	be pumped at time of ins	spection) (locate c	on site plan):	
Depth below gra	de:				
Material of const	ruction:				
concrete	metal	☐ fiberglass	polyethylen	e 🗌 oth	er (explain):
Dimensions:					
Capacity:		gallons			
Design Flow:		- gallons	per day		
Alarm present:		□ Ye	es 🗌 No		
Alarm level:	: 	Alarm i	n working order:	☐ Yes	🗌 No
Date of last pum	ping:	Date			
Comments (cond	dition of alarm and f	loat switches, etc.):			
φ.			*		



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address				
Tom Fields				
Owner's Name				
Amherst	MA	01002	03.14.2012	
City/Town	State	Zip Code	Date of Inspection	

em information (cont.)

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

Depth of liquid level above outlet invert

@ inv., stainin noted 1" above	э.
--------------------------------	----

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Old box was cracked and corroded thru walls and bottom, black stone and some backflow obs. at box upon pumping and old box removal, new box installed to allow continued funtion for temporary use.

Pump Chamber (locate on site plan):

Pumps in working order:

Alarms in working order:

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

t5ins + 11/10

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 12 of 17

No No

No No

Yes

Yes



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

	Property Add		
	Tom Fields		
Owner information is required for	Owner's Nar		
	Amherst		
every page.	City/Town		

City/Town	State	Zip Code	Date of Inspection	
Amherst	MA	01002	03.14.2012	
Owner's Name				
Tom Fields				
Property Address				
760 Station Road				

Туре:			
	leaching pits	number:	
	leaching chambers	number:	
	leaching galleries	number:	
	leaching trenches	number, length:	
\boxtimes	leaching fields	number, dimensions:	27'w x 40' -
	overflow cesspool	number:	·
	innovative/alternative system		
	Type/name of technology:		

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

Liquid up to inlet pipe, staining found 1" over pipe and in underlying stone. Begining of Hydraulic failure noted.

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

Number and configuration	
Depth – top of liquid to inlet invert	
Depth of solids layer	
Depth of scum layer	
Dimensions of cesspool	
Materials of construction	
Indication of groundwater inflow	Yes No



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

760 Station Road Property Address			
Tom Fields			
Owner's Name			
Amherst	MA	01002	03.14.2012
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection
Amherst	MA	01002	03.14.2012
Owner's Name			
Tom Fields			
Property Address			
760 Station Road			

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

hand-sketch in the area below





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

	Tom Fields					
on is	Owner's Name Amherst		MA	01002	03.14.2012	
for ge.	City/Town		State	Zip Code	Date of Inspection	
	D. Syste	m Information (cont.)				
	Site Exa					
	Sile EXa	un.				
	🛛 Che	ck Slope				
	🛛 Surf	ace water				
	🛛 Che	ck cellar				
	□ Sha	llow wells				
				3-4'+/-		
	Estimate	ed depth to high ground water:		feet		
	Please i	ndicate all methods used to deter	rmine the hi	gh ground wat	er elevation:	
		Obtained from system design	n plans on re	ecord		
		If checked, date of design pla	an reviewed	: Date		
		Observed site (abutting prop	erty/observa		n 150 feet of SAS)	
		Checked with local Board of				
		Checked with local board of	ricaliti - exp	nam.		
		Checked with local excavato	rs, installers	- (attach docu	mentation)	
		Accessed USGS database -	explain:			
					· · · · · · · · · · · · · · · · · · ·	
	00ar				1000	
		st describe how you established	the high gro	ound water elev	/ation:	
	VVork in	area in past.		4		,



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

A CONTRACTOR	760 Station Road			
Owner information is required for every page.	Property Address			
	Tom Fields			
	Owner's Name			
	Amherst	MA	01002	03.14.2012
	City/Town	State	Zip Code	Date of Inspection
		01 111 4		

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

PAGE 01 4135496115 KARLS EXCAVATING 18/07/2005 08:56 BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS STATUD RO - PARCEL Z (FINERICE Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE STATICN Owner TRUDY OppennermER. Address MADLEY. RIVER Fac Address KARLS Installer Date Installation Inspected and Approved Description of System: Tank Capacity: /000 Leach Field () Bed (: 1) Seepage Pit () Square Feet: /080 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6 HOUSF As .- BUILT PLAN: Rowi 1000 GAI CI 2' Drus 27 PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM 1. This system must be inspected periodically and the tank pumped out at / an interval not to exceed 3 years. 2. For your protection sanitary pumpers are licensed by the Amherst, Board of Health. Regular pumping is crucial to avoid early failure and costly repairs of 3. the system. DO NOT dispose into the system such items as rags, string, sanitary 4. napkins, coffee grounds as they can cause it to clog and fail. 5. Further information can be obtained by contacting your Health Department at 253-7077.



Inlet Baffle 760 Station Road. Amherst, MA 03.13.2012 (Spill 02.14.2012)



Outlet Baffle 760 Station Road. Amherst, MA 03.13.2012 (Spill 02.14.2012)



Old Dist. Box 760 Station Road. Amherst, MA 03.13.2012 (Spill 02.14.2012)



Old Dist. Box opening, Blk Stone 760 Station road. Amherst, MA 03.14.2012 (Spill 02.14.2012)



Blk Stone 760 Station road. Amherst, MA 03.14.2012 (Spill 02.14.2012)



D. Box Area 760 Station road. Amherst, MA 03.14.2012 (Spill 02.14.2012)



New Dist. Box and Riser 760 Station Road, Amherst 03.15.2012



Smith, Edmund

From: Sent: To: Cc: Subject: Attachments: Alan Weiss [aeweiss@charter.net] Friday, March 16, 2012 10:14 AM thosb@yahoo.com Attyjohnedwards@aol.com; Smith, Edmund Septic Inspection Report for 760 Station Road, Amherst, MA 760 Station Road Septic Report.pdf

Follow Up Flag: Flag Status: Follow up Flagged

Greetings,

Here is the report for the septic system inspection, feel free to call with questions. The questions of further repairing vs sewer connection & timing is up to the Health Agent Ed Smith from the Amherst Health Dept.

As I mentioned by phone the Town Engineer Jason,. mentioned the project is currently slated for 3 yrs out. With prompting he noted that "could" be sped up.

1

Alan Weiss Cold Spring Environmental Consultants Inc.

www.coldspringenvironmental.com

