760 STATION ROAD

Town of AMHERST, MASSACHUSETTS FOUNDED 1759 AMHERST *Massachusetts*

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

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

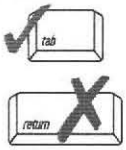
Tom Fields
Owner's Name

Owner information is required for every page.

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 computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

Alan E Weiss, M.S, Hydrogeologist, RS # 933
Name of Inspector

Cold Spring Environmental Consultants Inc.
Company Name

350 Old Enfield Road
Company Address

Belchertown	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

☐ Needs Further Evaluation by the Local Approving Authority

	03.14.2012 & 04.13.2012
Inspector's Signature	Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

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B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has 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.

☐ Y ☐ N ☐ ND (Explain below):

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B. Certification (cont.)

B) System Conditionally Passes (cont.)**:**

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

☐	broken pipe(s) are replaced	☐ Y	☐ N	☐ ND	(Explain below):
☐	obstruction is removed	☒ Y	☐ N	☐ ND	(Explain below):
☒	distribution box is leveled or replaced	☒ Y	☐ N	☐ ND	(Explain below):

New box installed 03.14.2012, New box, stone, and L pipe reinspected at end of I field on 04.13.2012 with Town Health Inspector, Witness.

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

☐	broken pipe(s) are replaced	☐ Y	☐ N	☐ ND	(Explain below):
☐	obstruction is removed	☐ Y	☐ N	☐ ND	(Explain below):

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

☐ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

☐ Cesspool or privy is within 50 feet of a surface water

☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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B. Certification (cont.)

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

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

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

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

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

** 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	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☐	☒	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	☒	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

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B. Certification (cont.)

Yes	No	
☐	☒	Required pumping more than 4 times in the last year ***NOT*** due to clogged or obstructed pipe(s). Number of times pumped: _____.
☐	☒	Any portion of the SAS, cesspool or privy is below high ground water elevation.
☐	☒	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
☐	☒	Any portion of a cesspool or privy is within a Zone 1 of a public well.
☐	☒	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐	☒	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**
☐	☒	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☐	☒	**The system <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.

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

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

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

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C. Checklist

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

Yes	No	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☒	☒	Were any of the system components pumped out in the previous two weeks?
☒	☐	Has the system received normal flows in the previous two week period?
☒	☐	Have large volumes of water been introduced to the system recently or as part of this inspection?
☒	☐	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	Were the septic tank manholes uncovered, opened, and the interior of the 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.
☒	☐	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 example: 110 gpd x # of bedrooms): -

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D. System Information

Description:
1000 gallon S. tank with 40' x 27' l field.

Number of current residents: 3 on 04.13

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☐ No

Seasonal use? ☒ Yes ☐ No

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

Detail:

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: _____

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D. System Information (cont.)

Last date of occupancy/use: current
Date

Other (describe below):

One persion using for prior visit, 43 person using for last 3-4 days. Left water running during re-inspection, New d. box took flow evenly.

General Information

Pumping Records:

Source of information: unk.

Was system pumped as part of the inspection? ☒ Yes ☐ No

If yes, volume pumped: 1000 on 03.14.2012
gallons

How was quantity pumped determined? meas.

Reason for pumping: Insp.

Type of System:

- ☒ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

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D. System Information (cont.)

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

30 +/-

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade: 2.0 feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: _____ feet

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

No problems noted. .

Septic Tank (locate on site plan):

Depth below grade: 1.5 ft feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: _____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 8.5' l x 4.5' w x 4.2'd (eff)

Sludge depth: 3"

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: 38"

Scum thickness: 2"

Distance from top of scum to top of outlet tee or baffle: 6"

Distance from bottom of scum to bottom of outlet tee or baffle: 12"

How were dimensions determined? Observation/Meas

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Tank was 1000 gallon, with baffles, some corrosion in outlet.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping: _____ Date

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D. System Information (cont.)

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

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Dimensions:

Capacity: gallons

Design Flow: - gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: Alarm in working order: ☐ Yes ☐ No

Date of last pumping: Date

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

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

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D. System Information (cont.)

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

Depth of liquid level above outlet invert: @ inv., stainin noted 1" above.

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: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

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

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

If SAS not located, explain why:

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D. System Information (cont.)

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	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

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D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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

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D. System Information (cont.)

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

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

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D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water: 3.5-4'+/- feet

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

☒ Obtained from system design plans on record

If checked, date of design plan reviewed: 1980s Date

☐ 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:

Dug deep hole for soil evaluation and perc next to leach area. Oxides found 2.5' lower than leahing system, no saturation or seeps at 7 feet on 04.13.2012, percoclation rate of 6 Min/in also logged.

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

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E. Report Completeness Checklist

☒ Inspection Summary: A, B, C, D, or E checked

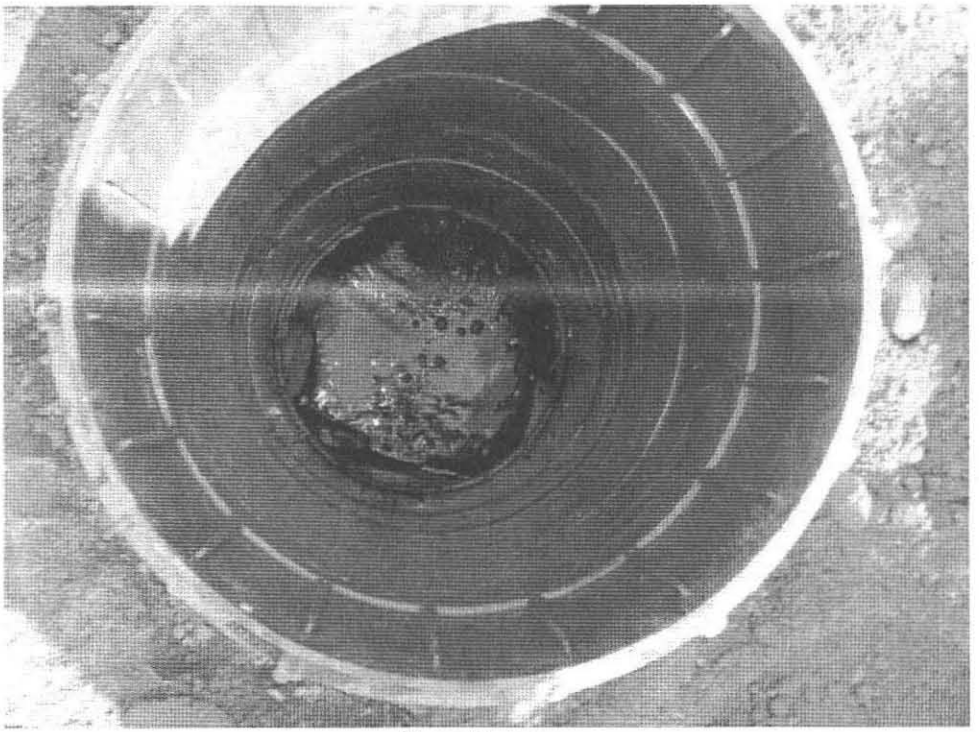
☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed

☒ System Information – Estimated depth to high groundwater

☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

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

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

STATION RD - PARCEL 2 (FARRELL LOT)

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TRUDY OPPENHEIMER Address #160 STATION RD

Installer KARLS EXC Address RIVER DR. HADLEY.

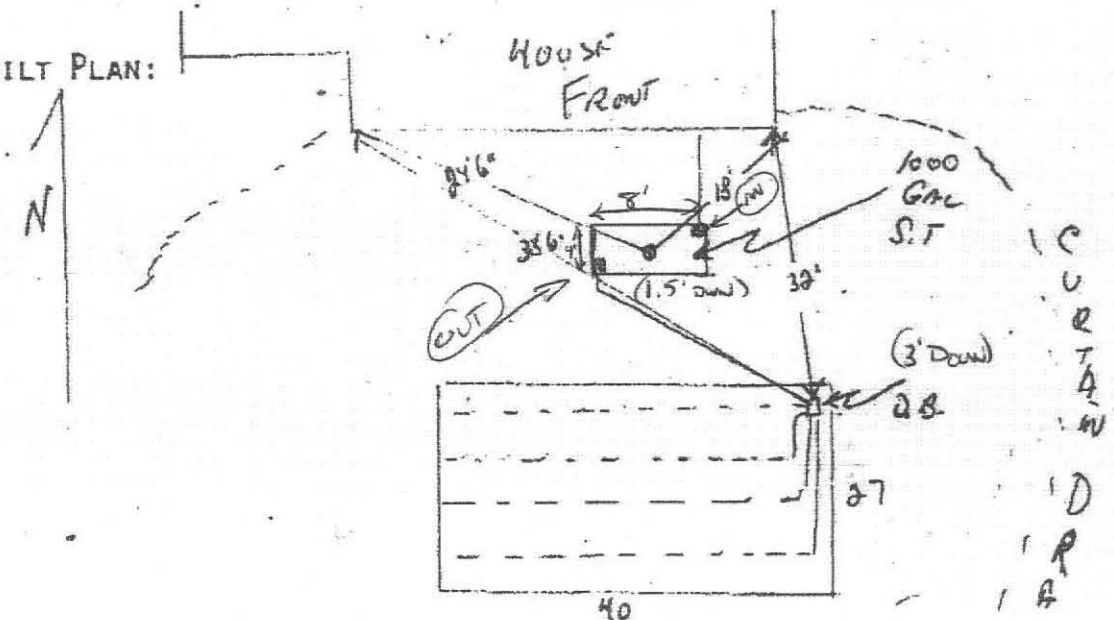
Date Installation Inspected and Approved 9/14/83

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

AS - BUILT PLAN:



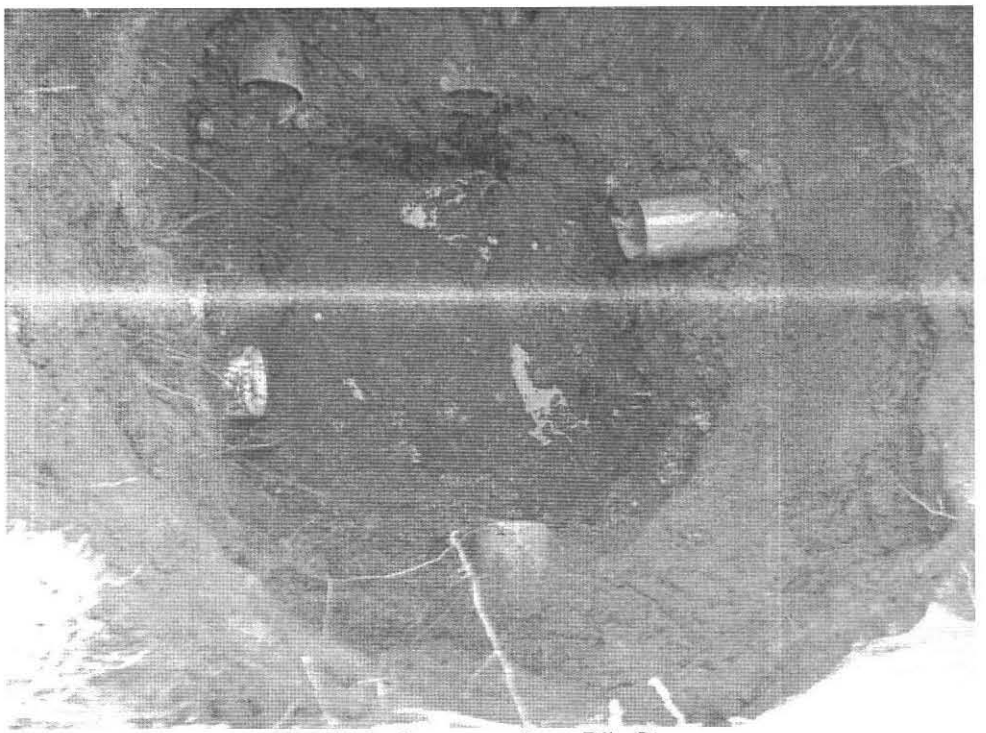
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. 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.

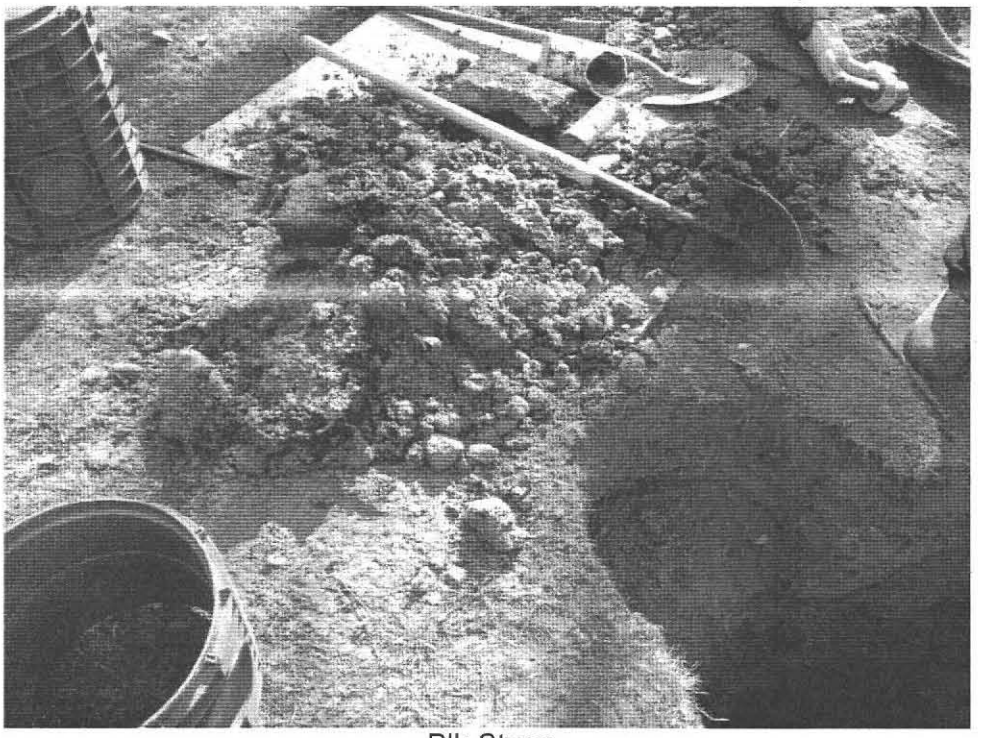
Inlet Baffle
760 Station Road.
Amherst, MA
03.13.2012
(Spill 02.14.2012)

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

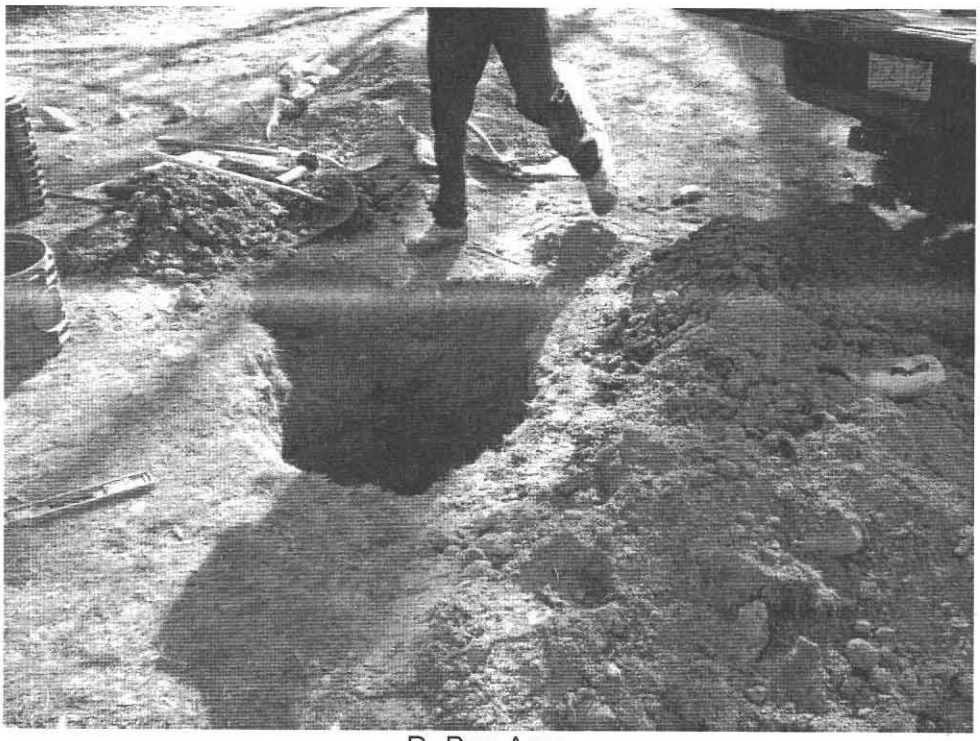
Old Dist. Box
760 Station Road.
Amherst, MA
03.13.2012
(Spill 02.14.2012)



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 questions = how many pumpings
- population 2, 3? for last year or more
- dig up

CALLED TOM FREEDS
- where is outflow of curtain ~~drain~~ drain.
- would like to go on agenda (DONE)
- ~~dbto~~ proposes - perc. + dig/expose end of leach field. (ME TALKING TO ALAN)

hook to sewer - roughly 2-3,000
- hookup 2,000

replace field - +12,000

CALLED ALAN WEISS
- is in middle (knows buyer + seller)
- knows they are negotiating - feels they have to decide who is doing what
-

App-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	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness	$ 200.00	$ 200.00
1.00	Perc Test	$ 300.00	$ 300.00
	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 AMOUNT
THOMAS B F QUA CHECK 389

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

0
DEPT

DE HEA011 PERCOLATIO 300.

RECPT TOTAL

300.00
AMOUNT
THOMAS B F QUA CHECK 389

#760

No. 83-16 FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst, Mass.

623

Application for Disposal Works Construction Permit

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

Station Road — PARCEL 2

Thomas B. Fields / Ralph K. Ferrick — Location - Address — Trudy C. Oppenheimer — or Lot No. 623 STATION RD

Owner — 186 North Pleasant St. Amherst, Mass.

KARIS Exc. — Installer — River Dr Northfield — Address — 01002

Type of Building — Size Lot 1.148 Acres Sq feet

Dwelling — No. of Bedrooms 3 — Expansion Attic ( ) — Garbage Grinder (No)

Other — Type of Building Frame — No. of persons Max. 6 — Showers ( ) — Cafeteria ( )

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 9' Width 4' Diameter Depth 5'

Disposal Trench — No. Bed Width 20' Total Length 50' Total leaching area 1000 sq. ft.

Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (X) Dosing tank ( )

Percolation Test Results Performed by John A. Brickett R.S. Date 5/2/83

Test Pit No. 1 3.35 minutes per inch Depth of Test Pit 36" Depth to ground water None

Test Pit No. 2 ----- minutes per inch Depth of Test Pit 120" Depth to ground water 72"

C. Drake was present from the Town of Amherst.

Description of Soil 0" to 6" loam - 6" to 36" sandy loam - 36" to 120" clay and sand - water at 72".

CURTAIN DRAIN MUST BE USED

Nature of Repairs or Alterations — Answer when applicable

COMMONWEALTH OF MASSACHUSETTS — JOHN A. BRICKETT — No. 68 — REGISTERED PROFESSIONAL SANITARIAN

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

X Signed Trudy C. Oppenheimer 5/2/93 Date

Application Approved By Date

Application Disapproved *for the following reasons:*

Permit No. 83-16 Issued 6-22-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

by Installer

at

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 83-16 Town OF Amherst FEE $90

Disposal Works Construction Permit

Permission is hereby granted KARIS Exc. T Oppenheimer

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. PARCEL 2 STATION RD — Street — FARRICK

as shown on the application for Disposal Works Construction Permit No. 83-16 Dated 6-21-83

Board of Health

DATE 6-22-83

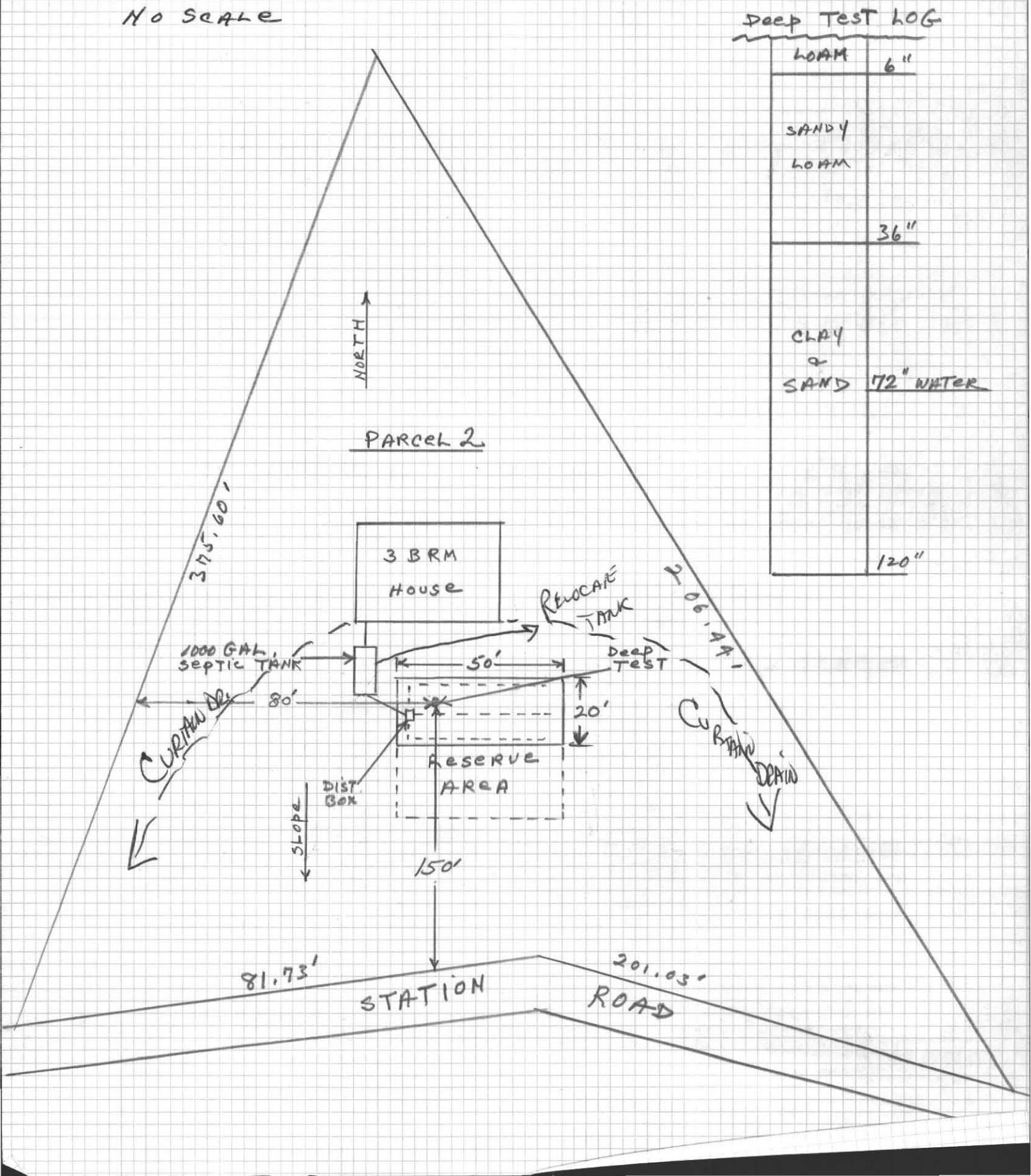
FORM 1255 A. M. SULKIN, INC., BOSTON

CHECK OR FILL IN WHERE APPLICABLE

JOHN A. BRICKETT, R.S.
19 SUMMER STREET
GREENFIELD, MASS. 01301

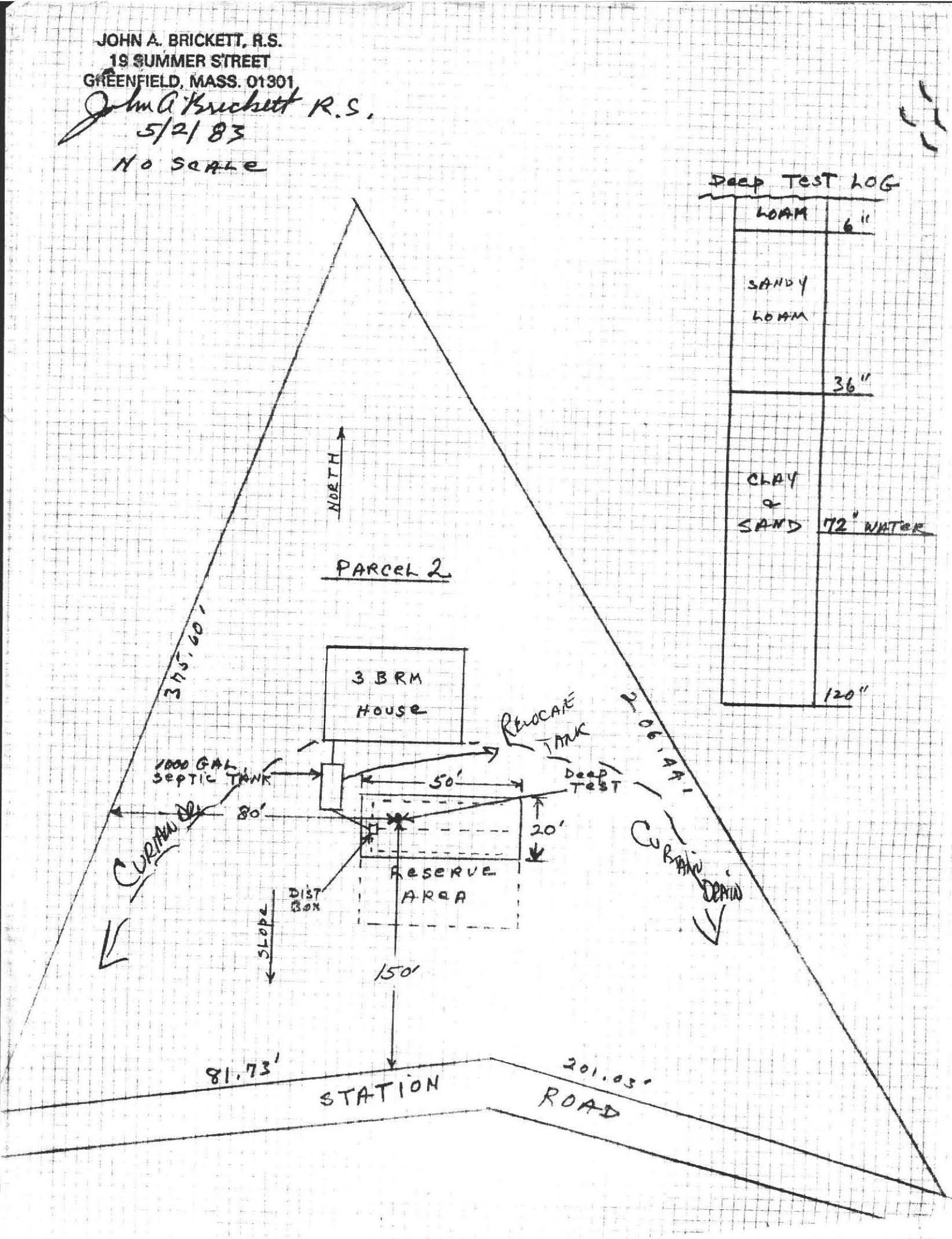
John A Brickett R.S.
5/2/83

No Scale



JOHN A. BRICKETT, R.S.
19 SUMMER STREET
GREENFIELD, MASS. 01301

John A Brickett R.S.
5/2/83
No Scale



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

STATION RD - PARCEL 2 (FARRELL LOT)

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TRUDY OPPENHEIMER Address STATION RD

Installer KARLS EXC Address RIVER DR. HADLEY.

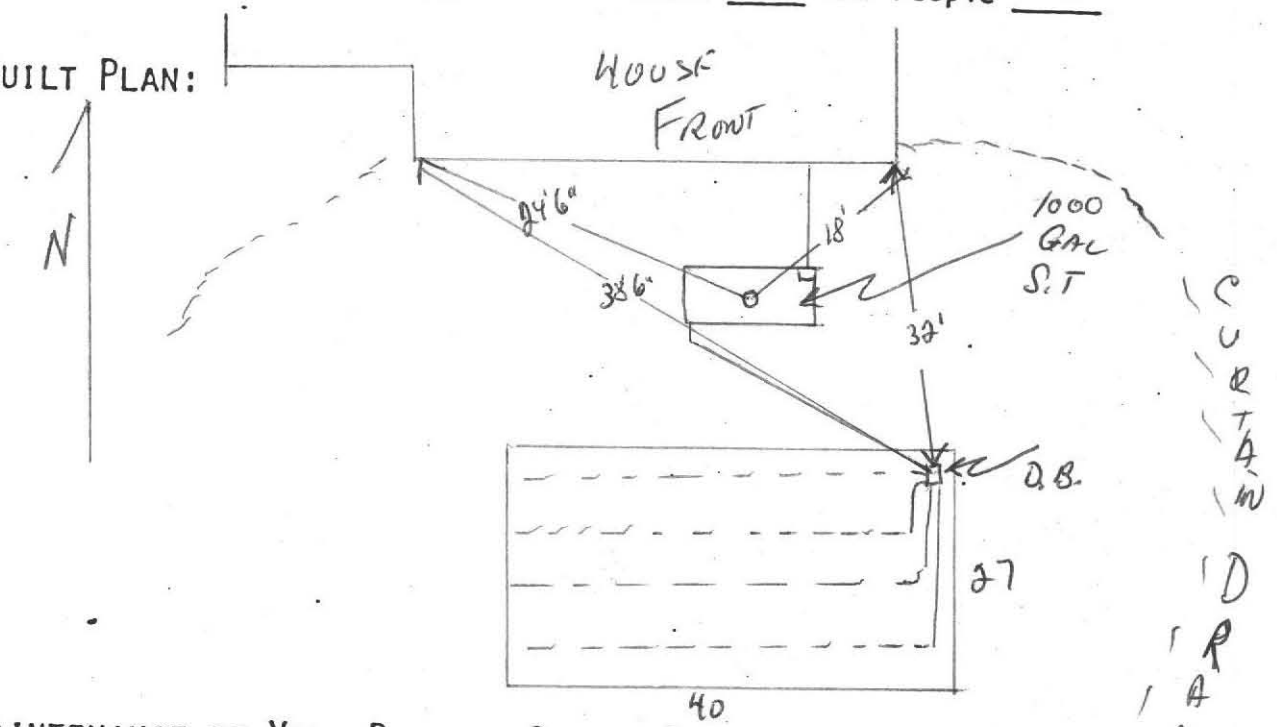
Date Installation Inspected and Approved 9/14/83

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

AS - BUILT PLAN:



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.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. 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.

#760 file

SEP 20 1996

SEP 2[illegible]

Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

William F. Weld
Governor
Argeo Paul Cellucci
Lt. Governor

Trudy Coxe
Secretary
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: Oppenheimer 760 Station Rd Amherst
Date of Inspection: Sept 6 1996
Name of Inspector: CARY Bissell
Company Name, Address and Telephone Number:
Affordable Home & Septic Inspection Inc.
342 West Rd. Westfield Ma. 01085.
413-568-4289

Address of Owner: (If different)

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

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

Inspector's Signature: Cary Bissell **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:

Check A, B, C, or D:

A] SYSTEM PASSES:

X 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.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • 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 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**

___ _____
___ _____

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 cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

___ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

___ Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped ____

___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ Any portion of a cesspool or privy is within a Zone I of a public well.

___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

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 (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.

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.**
- ✓ N/A **As built plans have been obtained and examined. Note if they are not available with N/A.**
- ✓ **The facility or dwelling was inspected for signs of sewage back-up.**
- ✓ **The system does not receive non-sanitary or industrial waste flow.**
- ✓ **The site was inspected for signs of breakout.**
- ✓ **All system components, excluding the Soil Absorption System, have been located on the site.**
- ✓ **The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.**
- ✓ **The size and location of the Soil Absorption System on the site has been determined based on 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.**

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address:
Owner:
Date of Inspection:

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 gallons
Number of bedrooms: 3
Number of current residents: 2
Garbage grinder (yes or no): NO
Laundry connected to system (yes or no) YES
Seasonal use (yes or no): NO
Water meter readings, if available: Town water - total usage 9-95 to 9-96
40,500 gals (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-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:
UNK
System pumped as part of inspection: (yes or no)___
If yes, volume pumped: _____gallons
Reason for pumping: _____

TYPE OF SYSTEM
✓ **Septic tank/distribution box/soil absorption system**
_____ **Single cesspool**
_____ **Overflow cesspool**
_____ **Privy**
_____ **Shared system (yes or no) (if yes, attach previous inspection records, if any)**
_____ **Other (explain)**_____
_____

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

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

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

Property Address:
Owner:
Date of Inspection:

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 16"
Material of construction: ✓ concrete __metal __FRP __other(explain)

Dimensions: 4'X8'½'L X 4'½'D
Sludge depth: 2-3"
Distance from top of sludge to bottom of outlet tee or baffle: 26"
Scum thickness: 8-10"
Distance from top of scum to top of outlet tee or baffle: 16"
Distance from bottom of scum to bottom of outlet tee or baffle: 13"

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.) Baffles in place - liquid level OK - System 15 yr. due to be pumped.

GREASE TRAP:__
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __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:_____

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

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

Property Address:
Owner:
Date of Inspection:

TIGHT OR HOLDING TANK:__
(locate on site plan)

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

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

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

DISTRIBUTION BOX: ✓
(locate on site plan)

Depth of liquid level above outlet invert: even w/ bottom of outlet

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Box was level - no solids - Box is 4ft. Deep (below surface)

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.)

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

Property Address:
Owner:
Date of Inspection:

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation 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: 4 @ 40'
- overflow cesspool, number:___

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation,etc.) Sandy soil - no signs of breakout

CESSPOOLS: ___
(locate on site plan)

Number and configuration:___
Depth-top of liquid to inlet invert:___
Depth of solids layer:___
Depth of scum layer:___
Dimensions of cesspool:___
Materials of construction:___
Indication of groundwater:___
inflow (cesspool must be pumped as part of inspection)___

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

PRIVY: ___
(locate on site plan)

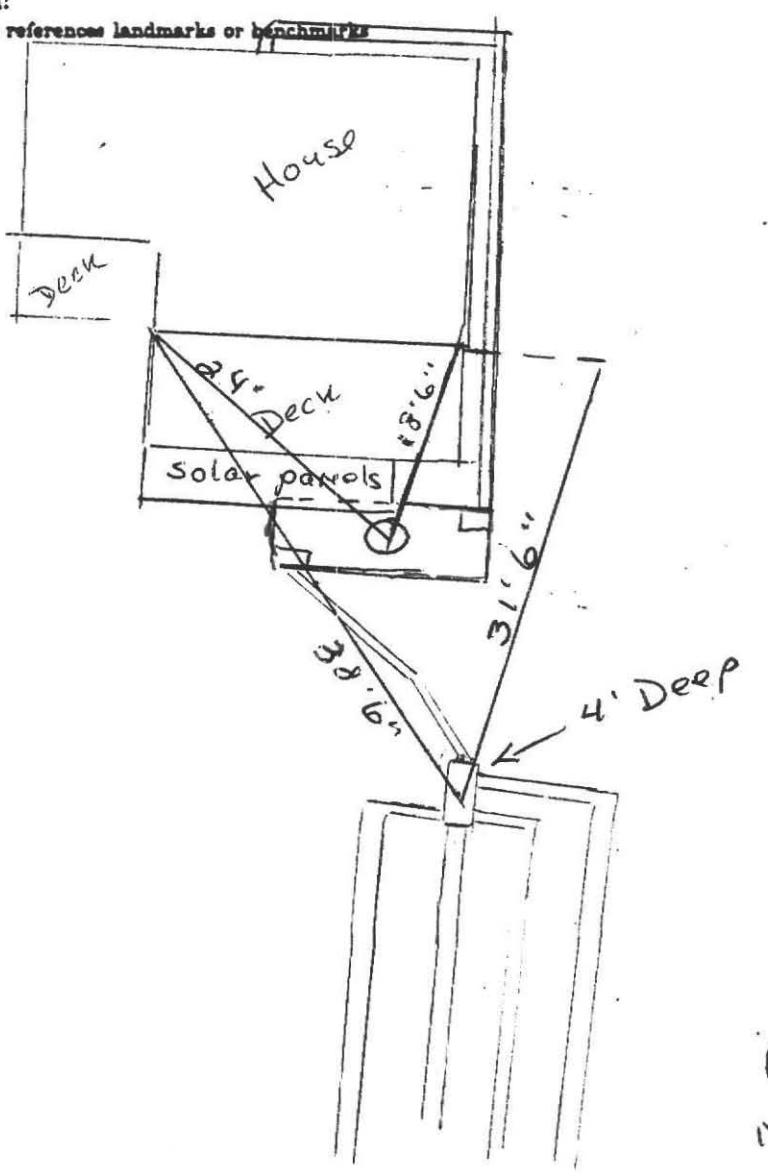
Materials of construction:___ Dimensions:___
Depth of solids:___
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)___

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

Property Address:
Owner:
Date of Inspection:

Rear

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



Front
Not to scale

DEPTH TO GROUNDWATER

Depth to groundwater: 0 feet
method of determination or approximation: Dug 8' No water.

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

pw

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: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 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: Trudy Oppenheimer
Date of Inspection: October 14, 2005

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: Trudy Oppenheimer
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:**

   _____
   _____
   _____

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	
___	_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.
___	x	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	x	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	x	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.]**

__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
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 ?

_x_ ___ Has the system received normal flows in the previous two week period ?

___ _x_ 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 ?

_x_ ___ Was the site inspected for signs of break out ?

_x_ ___ Were all system components, excluding the SAS, located on site ?

_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 ?

_x_ ___ 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.

_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)]

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

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): _NO,GRINDERS ARE NOT RECOMMENDED**
Is laundry on a separate sewage system (yes or no): *NO* [if yes separate inspection required]
Laundry system inspected (yes or no): _no_(Owner has no laundry connected)._
Seasonal use: (yes or no): _no
Water meter readings, if available (last 2 years usage (gpd)): _*N/a*_____
Sump pump (yes or no): NO___
Last date of occupancy: current__

COMMERCIAL/INDUSTRIAL

Type of establishment: *N/A*
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): _____
Non-sanitary waste discharged to the Title 5 system (yes or NO):
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: 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

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: Trudy Oppenheimer
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: 38"
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.): *TANK CONDITION OK*
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.):
_____
_____

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: Trudy Oppenheimer
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: yes (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: ***@ inv. Levels good.***
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.): ***No evidence of carry over, level and ok condition, 4 outlet lines noted(new cover 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.):
_____
_____

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: Trudy Oppenheimer
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' l +/- (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 @ 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.):
_____

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: Trudy Oppenheimer
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

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: Trudy Oppenheimer
Date of Inspection: October 14, 2005

SITE EXAM
Slope *YES*
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

STATION RD - PARCEL 2 (FARRICK LOT)

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TRUDY OPPENHEIMER Address #160 STATION RD

Installer KARLS EXC Address RIVER DR. HADLEY.

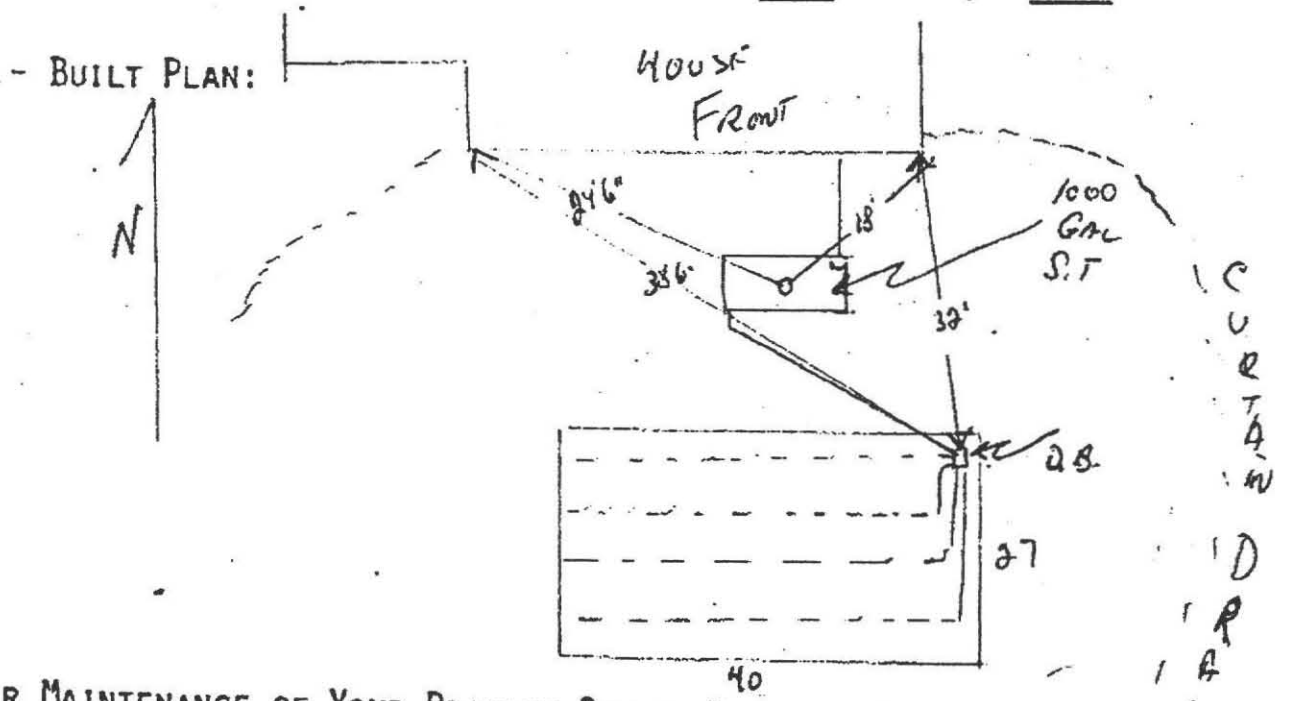
Date Installation Inspected and Approved 9/14/83

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

AS - BUILT PLAN:



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.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. 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.

No. 83-16

#760

Fee $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst, Mass.

623

Application for Disposal Works Construction Permit

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

Station Road — Location - Address — PARCEL 2 — or Lot No. — 623 STANDISH RD

Thomas B. Fields, Ralph K. Parrick — Owner — Trudy C. Oppenheimer, 136 North Pleasant St., Amherst, Mass. — Address

KARLS EXC. — Installer — River Dr Northampton 01002 — Address

Type of Building — Size Lot 1.148 Acres ~~Sq ft~~

Dwelling — No. of Bedrooms 3 — Expansion Attic ( ) — Garbage Grinder (No)

Other — Type of Building Frame — No. of persons Max. 6 — Showers ( ) — Cafeteria ( )

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons — Length 9' — Width 4' — Diameter — Depth 5'

Disposal Trench — No. Bed — Width 20' — Total Length 50' — Total leaching area 1000 sq. ft.

Seepage Pit No. — Diameter — Depth below inlet — Total leaching area — sq. ft.

Other Distribution box (X) — Dosing tank

Percolation Test Results — Performed by John A. Brickett R.S. — Date 5/2/83

Test Pit No. 1 3.35 minutes per inch — Depth of Test Pit 36" — Depth to ground water None

Test Pit No. 2 ---- minutes per inch — Depth of Test Pit 120" — Depth to ground water 72"

C. Drake was present from the Town of Amherst.

Description of Soil 0" to 6" loam - 6" to 36" sandy loam - 36" to 120" clay and sand - water at 72".

CURTAIN DRAIN MUST BE [illegible]

Nature of Repairs or Alterations — Answer when applicable

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board with.

COMMONWEALTH OF MASSACHUSETTS — JOHN A. BRICKETT — No. 69 — REGISTERED PROFESSIONAL SANITARIAN

X Signed Trudy C. Oppenheimer — 5/2/93 Date

Application Approved By — Date

Application Disapproved *for the following reasons:*

Permit No. 83-16 — Issued 6-22-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

by — Installer

at

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 83-16 — Town of Amherst — Fee $90

Disposal Works Construction Permit

Permission is hereby granted Karls Exc. T Oppenheimer

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. PARCEL 2 STATION RD — FARRICK Street

as shown on the application for Disposal Works Construction Permit No. 83-16 Dated 6-21-83

Board of Health

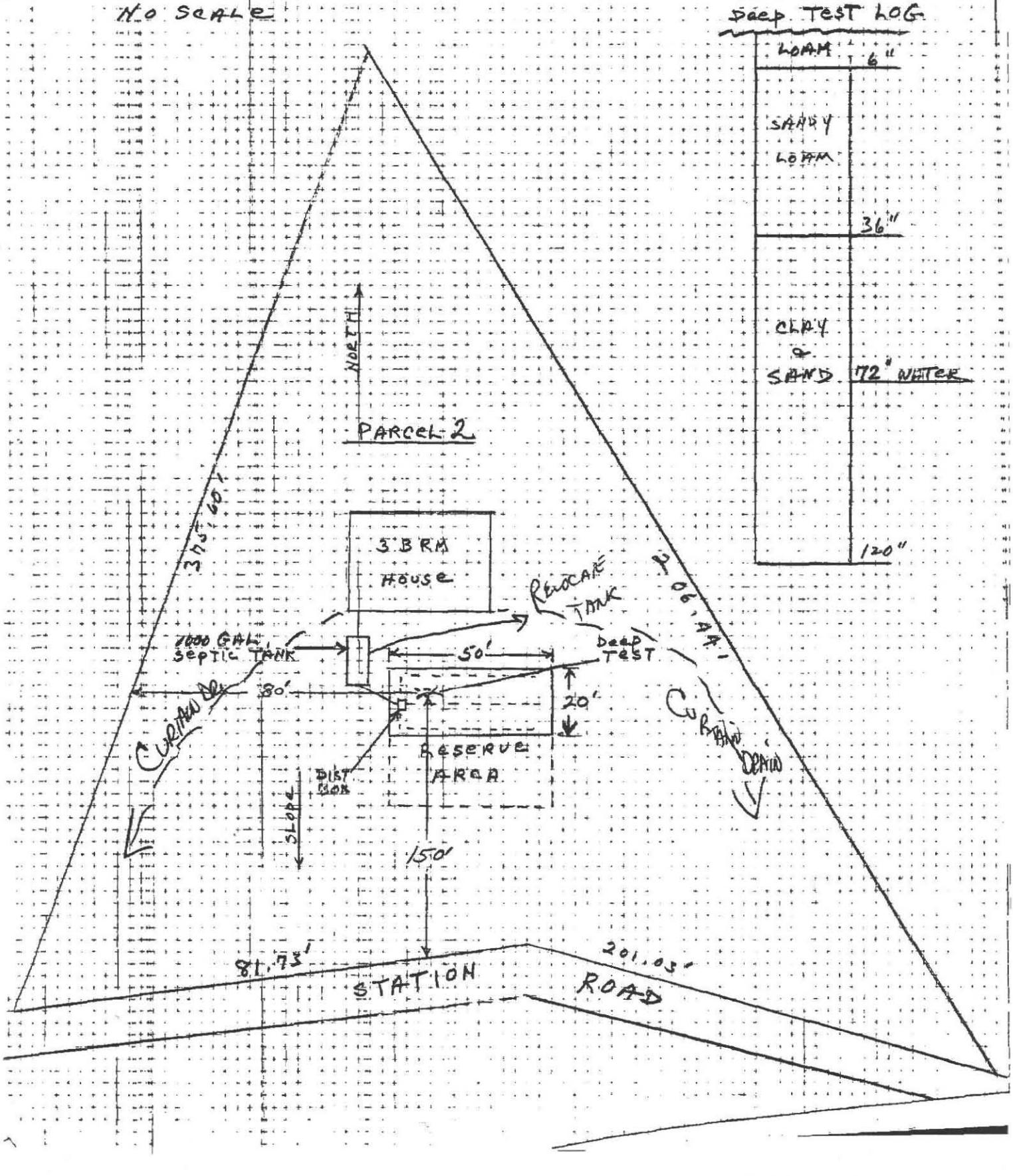
DATE 6-22-83

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

JOHN A. BRICKETT, R.S.
19 SUMMER STREET
GREENFIELD, MASS. 01301

John A Brickett R.S.
5/2/83

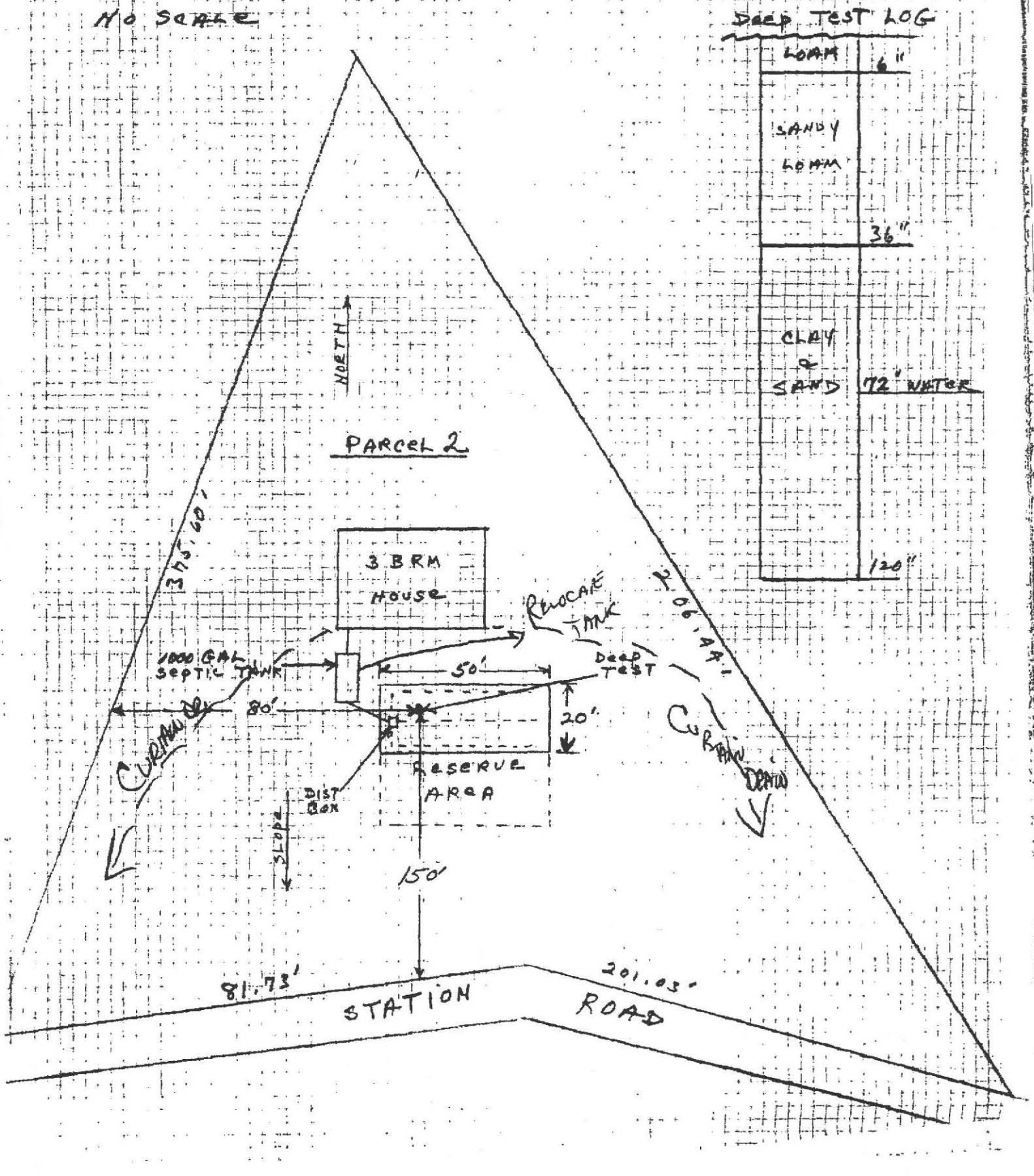
NO SCALE



JOHN A. BRICKETT, R.S.
19 SUMMER STREET
GREENFIELD, MASS. 01301

John A Brickett R.S.
5/2/83

NO SCALE



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

STATION RD - PARCEL 2 (FARRICK LOT)

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TRUDY OPPENHEIMER. Address STATION RD

Installer KARLS EXC Address RIVER DR. HADLEY.

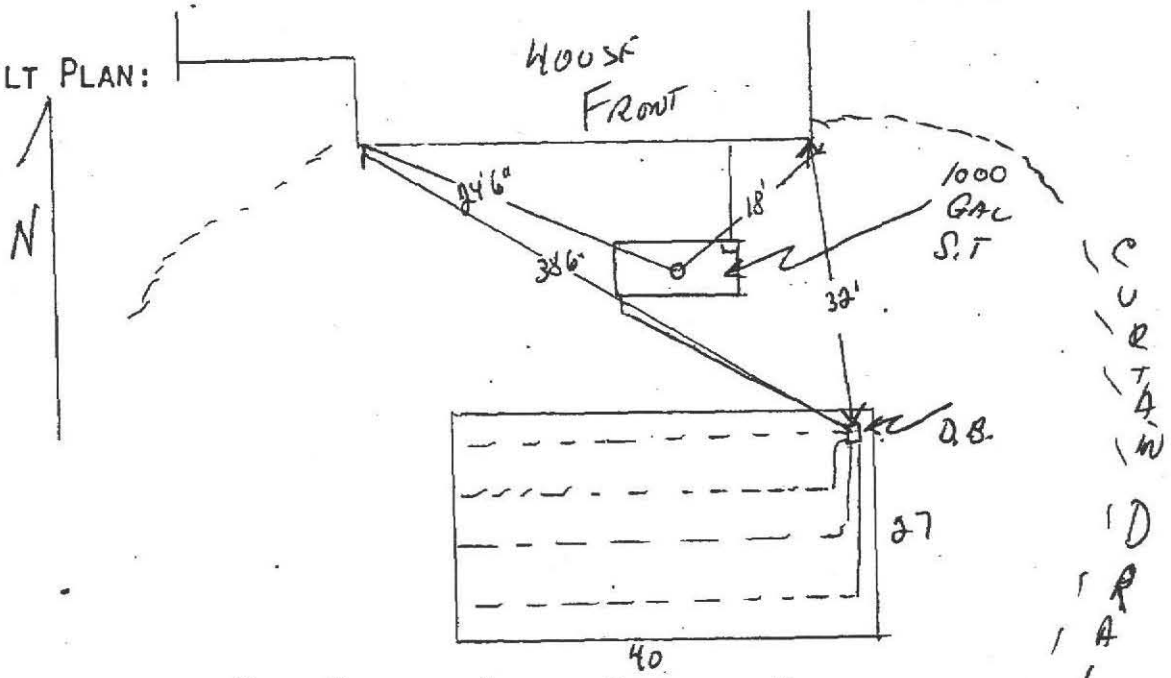
Date Installation Inspected and Approved 9/14/83

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

AS - BUILT PLAN:



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.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. 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.

#760 file

SEP 20 1996

SEP 2[illegible]

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Argeo Paul Cellucci
Lt. Governor

Trudy Coxe
Secretary
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: oppenheimer 760 Station Rd Amherst
Date of Inspection: Sept 6 1996
Name of Inspector: CARY Bissell
Company Name, Address and Telephone Number:
Affordable Home & Septic Inspection Inc.
342 West Rd. Westfield Ma. 01085.
413-568-4289

Address of Owner: (If different)

CERTIFICATION STATEMENT

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

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

Inspector's Signature: Cary Bissell **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:

Check A, B, C, or D:

A] SYSTEM PASSES:

X 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.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • 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 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**

___ _____
___ _____

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 cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

___ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

___ Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped ____

___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ Any portion of a cesspool or privy is within a Zone I of a public well.

___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

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 (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.

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.

✓ N/A As built plans have been obtained and examined. Note if they are not available with N/A.

✓ The facility or dwelling was inspected for signs of sewage back-up.

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

✓ The site was inspected for signs of breakout.

✓ All system components, excluding the Soil Absorption System, have been located on the site.

✓ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

✓ The size and location of the Soil Absorption System on the site has been determined based on 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.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address:
Owner:
Date of Inspection:

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 gallons
Number of bedrooms: 3
Number of current residents: 2
Garbage grinder (yes or no): NO
Laundry connected to system (yes or no): YES
Seasonal use (yes or no): NO
Water meter readings, if available: Town works - total usage 9-95 to 9-96
410 560 gls (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-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:
UNK
System pumped as part of inspection: (yes or no) ___
If yes, volume pumped: _____ **gallons**
Reason for pumping: _____

TYPE OF SYSTEM
✓ **Septic tank/distribution box/soil absorption system**
_____ **Single cesspool**
_____ **Overflow cesspool**
_____ **Privy**
_____ **Shared system (yes or no) (if yes, attach previous inspection records, if any)**
_____ **Other (explain)** _____

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

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

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

Property Address:
Owner:
Date of Inspection:

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 16"
Material of construction: √ concrete __ metal __ FRP __ other(explain)

Dimensions: 4'x8'x6' x 4'x2'D
Sludge depth: 2-3"
Distance from top of sludge to bottom of outlet tee or baffle: 36"
Scum thickness: 8-10"
Distance from top of scum to top of outlet tee or baffle: 10"
Distance from bottom of scum to bottom of outlet tee or baffle: 13"

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.) Baffles in place - liquid level OK - System is due to be pumped.

GREASE TRAP:__
(locate on site plan)

Depth below grade:____
Material of construction: __ concrete __ metal __ FRP __ 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:_____

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

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

Property Address:
Owner:
Date of Inspection:

TIGHT OR HOLDING TANK:__
(locate on site plan)

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

Dimensions:_____
Capacity:_____**gallons**
Design flow:_____**gallons/day**
Alarm level:_____

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

DISTRIBUTION BOX: ✓
(locate on site plan)

Depth of liquid level above outlet invert: even w/ bottom of outlet

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Box uses level - no solids - Box is 4ft' Deep (below surface)

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.) _____

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

Property Address:
Owner:
Date of Inspection:

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation 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:** 4 @ 40'
- **overflow cesspool, number:**___

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
Sandy soil - No signs of breakout

CESSPOOLS: ___
(locate on site plan)

Number and configuration:___
Depth-top of liquid to inlet invert:___
Depth of solids layer:___
Depth of scum layer:___
Dimensions of cesspool:___
Materials of construction:___
Indication of groundwater:___
inflow (cesspool must be pumped as part of inspection)___

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

PRIVY: ___
(locate on site plan)

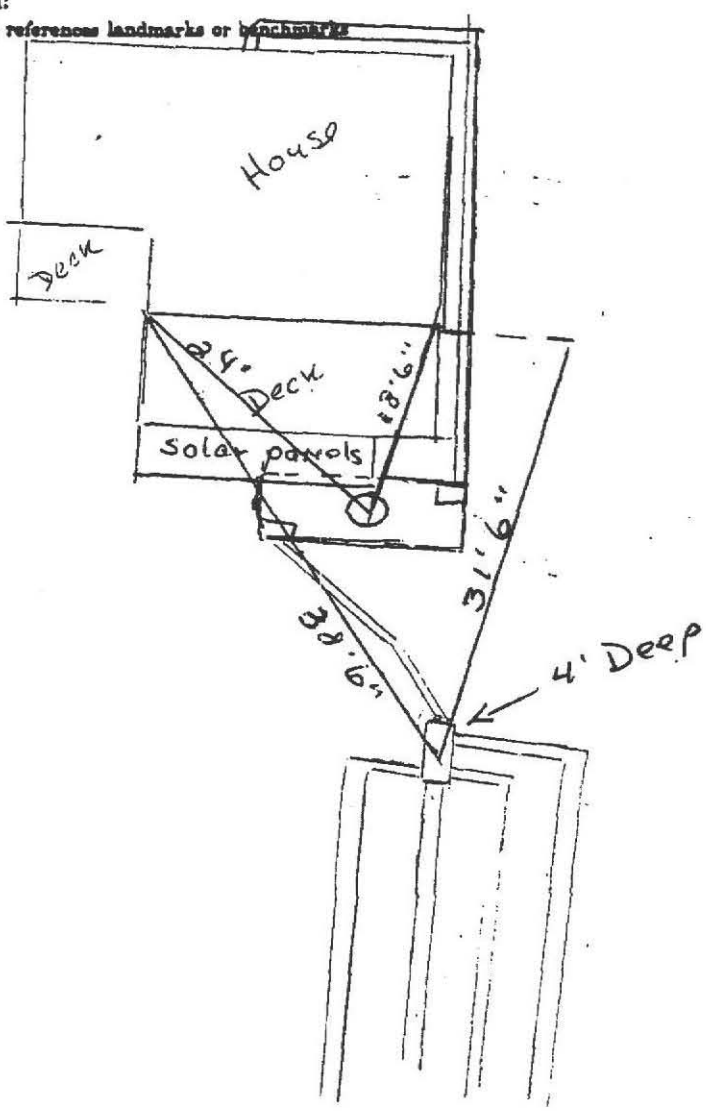
Materials of construction:___ **Dimensions:**___
Depth of solids:___
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)___

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

Property Address:
Owner:
Date of Inspection:

Rear

SKETCH OF SEWAGE DISPOSAL SYSTEM:
Include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



Front
Not to scale

DEPTH TO GROUNDWATER

Depth to groundwater: 0 **feet**
method of determination or approximation: Dug 8' No water.

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

pwl

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: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 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: Trudy Oppenheimer
Date of Inspection: October 14, 2005

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: Trudy Oppenheimer
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:**

   _____
   _____
   _____

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	
___	_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.
___	_x_	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	_x_	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	_x_	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.]**

__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
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 ?

_x_ ___ Has the system received normal flows in the previous two week period ?

___ _x_ 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 ?

_x_ ___ Was the site inspected for signs of break out ?

_x_ ___ Were all system components, excluding the SAS, located on site ?

_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 ?

_x_ ___ 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.

_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)]

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

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): NO,GRINDERS ARE NOT RECOMMENDED**
Is laundry on a separate sewage system (yes or no): *NO* [if yes separate inspection required]
Laundry system inspected (yes or no): no (Owner has no laundry connected).
Seasonal use: (yes or no): no
Water meter readings, if available (last 2 years usage (gpd)): *N/a*
Sump pump (yes or no): NO
Last date of occupancy: current

COMMERCIAL/INDUSTRIAL

Type of establishment: *N/A*
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): _____
Non-sanitary waste discharged to the Title 5 system (yes or NO):
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: 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

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: Trudy Oppenheimer
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: 38"
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.): *TANK CONDITION OK*
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.):
_____
_____

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: Trudy Oppenheimer
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: yes (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: *@ inv. Levels good.*
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.): *No evidence of carry over, level and ok condition, 4 outlet lines noted(new cover 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.):
_____
_____

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: Trudy Oppenheimer
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' l +/- (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 @ 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.):

_____

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: Trudy Oppenheimer
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

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: Trudy Oppenheimer
Date of Inspection: October 14, 2005

SITE EXAM
Slope *YES*
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

STATION RD - PARCEL 2 (FARMER LOT)

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TRUDY OPPENHEIMER Address #10 STATION RD

Installer KARLS EXC Address RIVER DR. HADLEY.

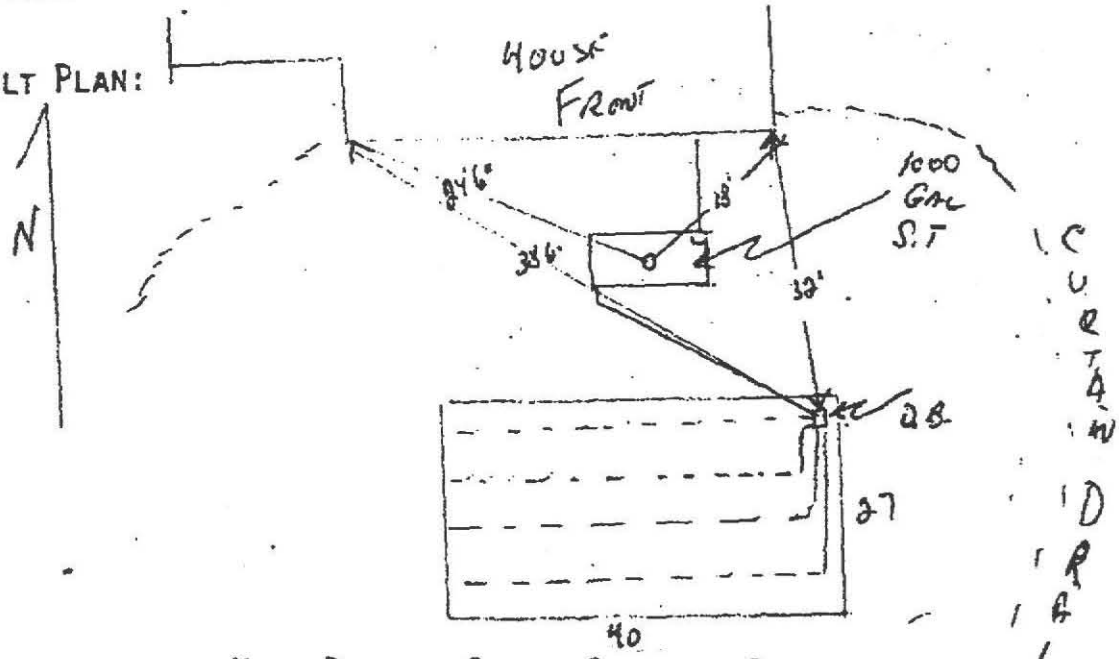
Date Installation Inspected and Approved 9/14/83

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

AS - BUILT PLAN:



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.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. 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

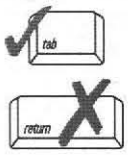
Tom Fields
Owner's Name

Owner information is required for every page.

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.

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



A. General Information

1. Inspector:

Alan E Weiss, M.S, Hydrogeologist, RS # 933
Name of Inspector

Cold Spring Environmental Consultants Inc.
Company Name

350 Old Enfield Road
Company Address

Belchertown	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

☒ Needs Further Evaluation by the Local Approving Authority

	03.13 & 14.2012
Inspector's Signature	Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

760 Station Road
Property Address

Tom Fields
Owner's Name

Owner information is required for every page.

Amherst	MA	01002	03.14.2012
City/Town	State	Zip Code	Date of Inspection

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.

☐ Y ☐ N ☐ ND (Explain below):

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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

☐	broken pipe(s) are replaced	☐ Y	☐ N	☐ ND	(Explain below):
☐	obstruction is removed	☒ Y	☐ N	☐ ND	(Explain below):
☒	distribution box is leveled or replaced	☐ Y	☐ N	☐ ND	(Explain below):

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

☐	broken pipe(s) are replaced	☐ Y	☐ N	☐ ND	(Explain below):
☐	obstruction is removed	☐ Y	☐ N	☐ ND	(Explain below):

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

☒ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

☐ Cesspool or privy is within 50 feet of a surface water

☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Property Address

Tom Fields
Owner's Name

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Amherst	MA	01002	03.14.2012
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B. Certification (cont.)

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

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

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

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

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

** 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 commenst 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	
☒	☐	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☒	☐	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	☒	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

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B. Certification (cont.)

Yes	No	
☐	☒	Required pumping more than 4 times in the last year ***NOT*** due to clogged or obstructed pipe(s). Number of times pumped: _____.
☐	☒	Any portion of the SAS, cesspool or privy is below high ground water elevation.
☐	☒	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
☐	☒	Any portion of a cesspool or privy is within a Zone 1 of a public well.
☐	☒	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐	☒	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**
☐	☒	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☒	☐	**The system <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.

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

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

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

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C. Checklist

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

Yes	No	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☒	☒	Were any of the system components pumped out in the previous two weeks?
☒	☐	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☒	☐	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	Were the septic tank manholes uncovered, opened, and the interior of the 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.
☒	☐	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 example: 110 gpd x # of bedrooms): -

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

760 Station Road
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D. System Information

Description:
1000 gallon S. tank with 40' x 27' l field.

Number of current residents: 1

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☐ No

Seasonal use? ☒ Yes ☐ No

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

Detail:

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:

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

Last date of occupancy/use: current
Date

Other (describe below):

General Information

Pumping Records:

Source of information: unk.

Was system pumped as part of the inspection? ☒ Yes ☐ No

If yes, volume pumped: 1000 gallons

How was quantity pumped determined? meas.

Reason for pumping: Insp.

Type of System:

- ☒ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

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

30 +/-

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade: 2.0 feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: _____ feet

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

No problems noted. .

Septic Tank (locate on site plan):

Depth below grade: 1.5 ft feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: _____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 8.5' l x 4.5' w x 4.2'd (eff)

Sludge depth: 3"

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: 38"

Scum thickness: 2"

Distance from top of scum to top of outlet tee or baffle: 6"

Distance from bottom of scum to bottom of outlet tee or baffle: 12"

How were dimensions determined? Observation/Meas

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Tank was 1000 gallon, with baffles, some corrosion in outlet.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping: _____ Date

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D. System Information (cont.)

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

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Dimensions:

Capacity: gallons

Design Flow: - gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: Alarm in working order: ☐ Yes ☐ No

Date of last pumping: Date

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

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

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D. System Information (cont.)

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

Depth of liquid level above outlet invert @ inv., stainin noted 1" above.

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: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

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

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

If SAS not located, explain why:

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Property Address

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D. System Information (cont.)

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	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. 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

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D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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

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D. System Information (cont.)

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

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

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D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water: 3-4'+/- feet

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

☐ Obtained from system design plans on record

If checked, date of design plan reviewed: _____ Date

☐ Observed site (abutting property/observation hole within 150 feet of SAS)

☐ Checked with local Board of Health - explain:

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

☐ Accessed USGS database - explain:

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

Work in area in past.

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

Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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E. Report Completeness Checklist

☒ Inspection Summary: A, B, C, D, or E checked

☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed

☒ System Information – Estimated depth to high groundwater

☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

STATION RD - PARCEL 2 (FARRELL LOT)

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TRUDY OPPENHEIMER Address #10 STATION RD

Installer KARLS EXC Address RIVER DR. HADLEY.

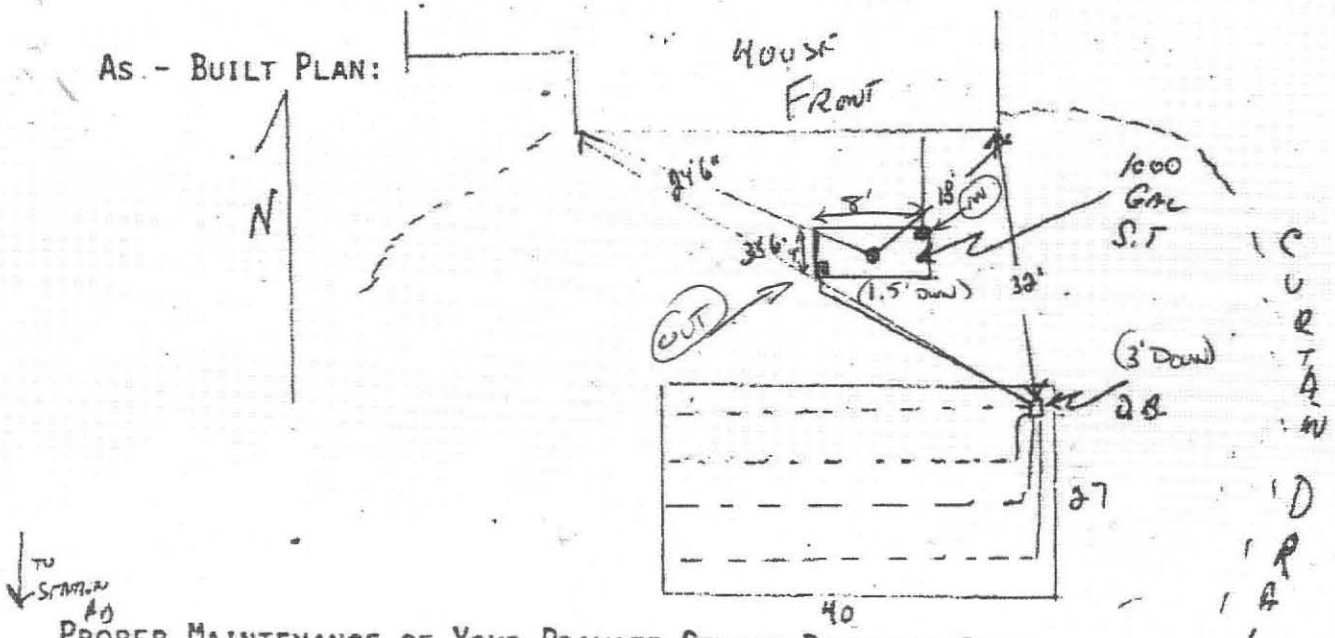
Date Installation Inspected and Approved 9/14/83

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

AS - BUILT PLAN:

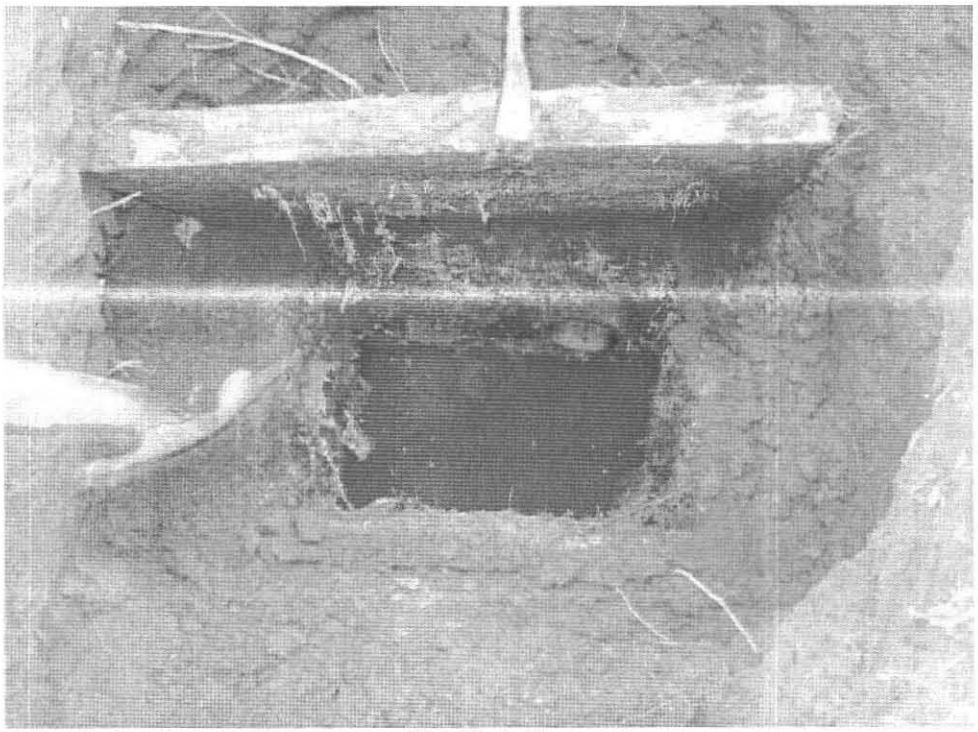


PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

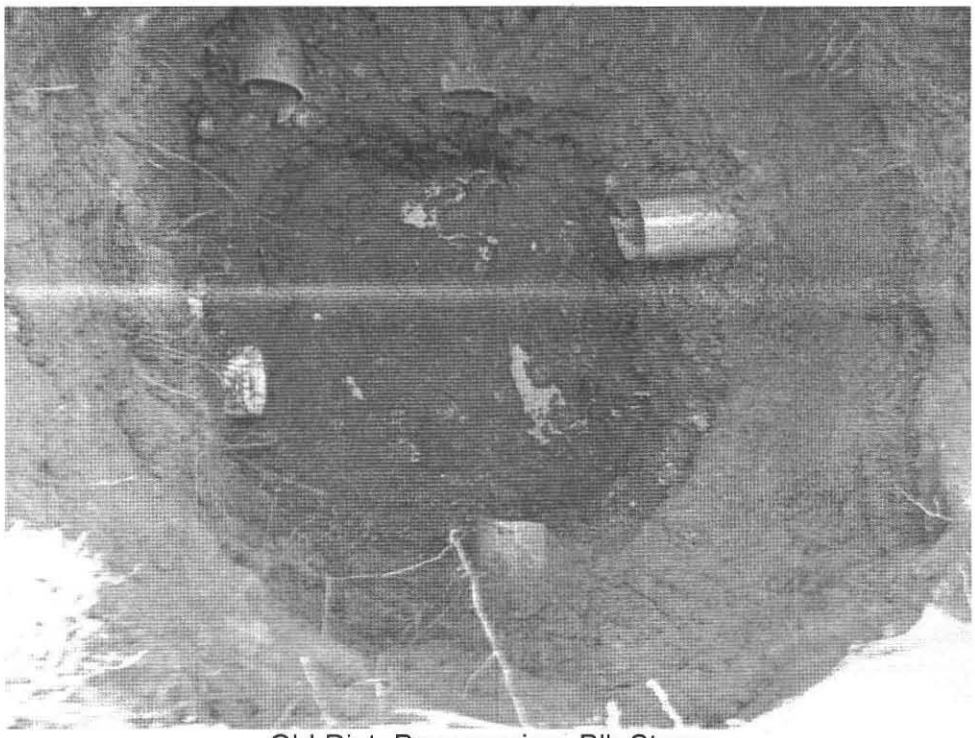
1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into 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.

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

Follow Up Flag: Follow up
Flag Status: 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.

Alan Weiss
Cold Spring Environmental Consultants Inc.

www.coldspringenvironmental.com