

456 SUNDERLAND

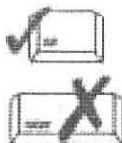
PERMIT APPLICATIONS UNDER REVIEW



Commonwealth of Massachusetts  
City/Town of  
**Percolation Test**  
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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



**A. Site Information**

Owner Name ZWINAKIS  
Street Address or Lot # 456 SUNDECLAND ROAD  
City/Town AMHERST State MA Zip Code 01002  
Contact Person (if different from Owner) \_\_\_\_\_ Telephone Number \_\_\_\_\_

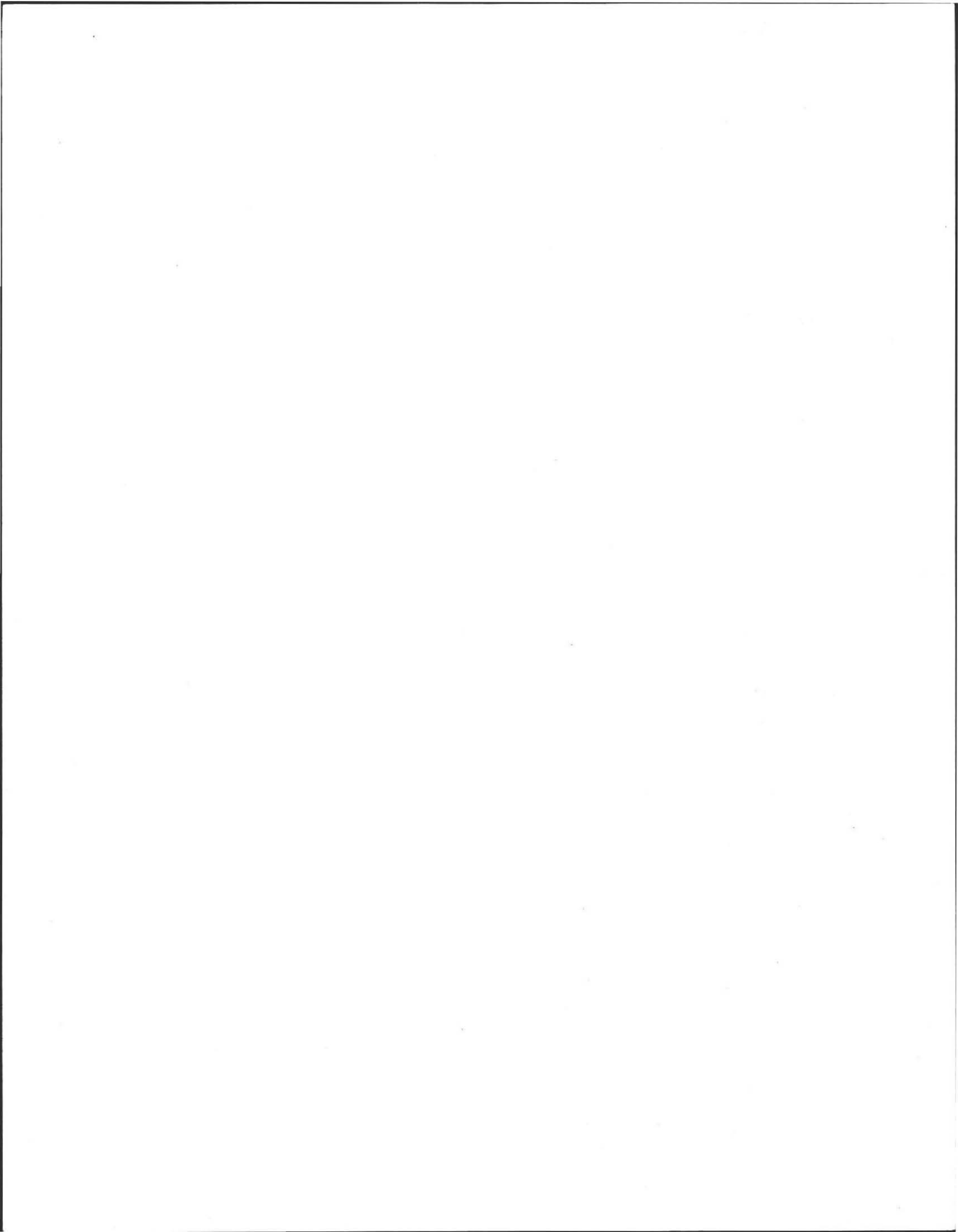
**B. Test Results**

|                    | Date                                | Time              | Date                     | Time |
|--------------------|-------------------------------------|-------------------|--------------------------|------|
| Observation Hole # |                                     |                   |                          |      |
| Depth of Perc      |                                     |                   |                          |      |
| Start Pre-Soak     |                                     |                   |                          |      |
| End Pre-Soak       |                                     |                   |                          |      |
| Time at 12"        |                                     |                   |                          |      |
| Time at 9"         |                                     |                   |                          |      |
| Time at 6"         |                                     |                   |                          |      |
| Time (9"-6")       |                                     |                   |                          |      |
| Rate (Min./Inch)   |                                     | <u>5 min/inch</u> |                          |      |
| Test Passed:       | <input checked="" type="checkbox"/> | Test Passed:      | <input type="checkbox"/> |      |
| Test Failed:       | <input type="checkbox"/>            | Test Failed:      | <input type="checkbox"/> |      |

Test Performed By: \_\_\_\_\_  
Witnessed By: SILT IN STRINGERS  
Comments: depth to solids 40"  
66" to seeps (weeping)  
Parent lacustrine depth to bedrock 132"+

| #  | Soil Description                | Depth   | Soil Type      | Percolation Rate           | Notes     |
|----|---------------------------------|---------|----------------|----------------------------|-----------|
| #1 | FRITABLE                        | 0-8"    | A              | F <sub>SL</sub> 10yr 3/2   | 25"       |
|    | FRITABLE LOOSE                  | 8-26"   | B <sub>W</sub> | LS 2.5y 5/4                | 40"       |
|    | F. SAND WELL SORTED LITTLE SILT | 26-132" | C <sub>1</sub> | FS 2.5y 5/2                | 2.5yr 4/6 |
| #2 |                                 | 0-8"    | A              | F <sub>SL</sub> 10yr 2 1/2 |           |
|    |                                 | 8-28"   | B <sub>W</sub> | LS 2.5y 5/4                | 40"       |
|    |                                 | 28-86"  | C <sub>1</sub> | FS 2.5y 5/2                | Same      |

1-2 70  
grass, kenwood





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

456 Sunderland Road, Amherst, MA  
 Property Address

Karen Zwinakis: (Mail: 9 Cricket Lane, Simsbury Ct. 06070)  
 Owner's Name

Amherst MA 01002 12.22.2011  
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**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**

*OWES TITLE  
 I FEE*

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**

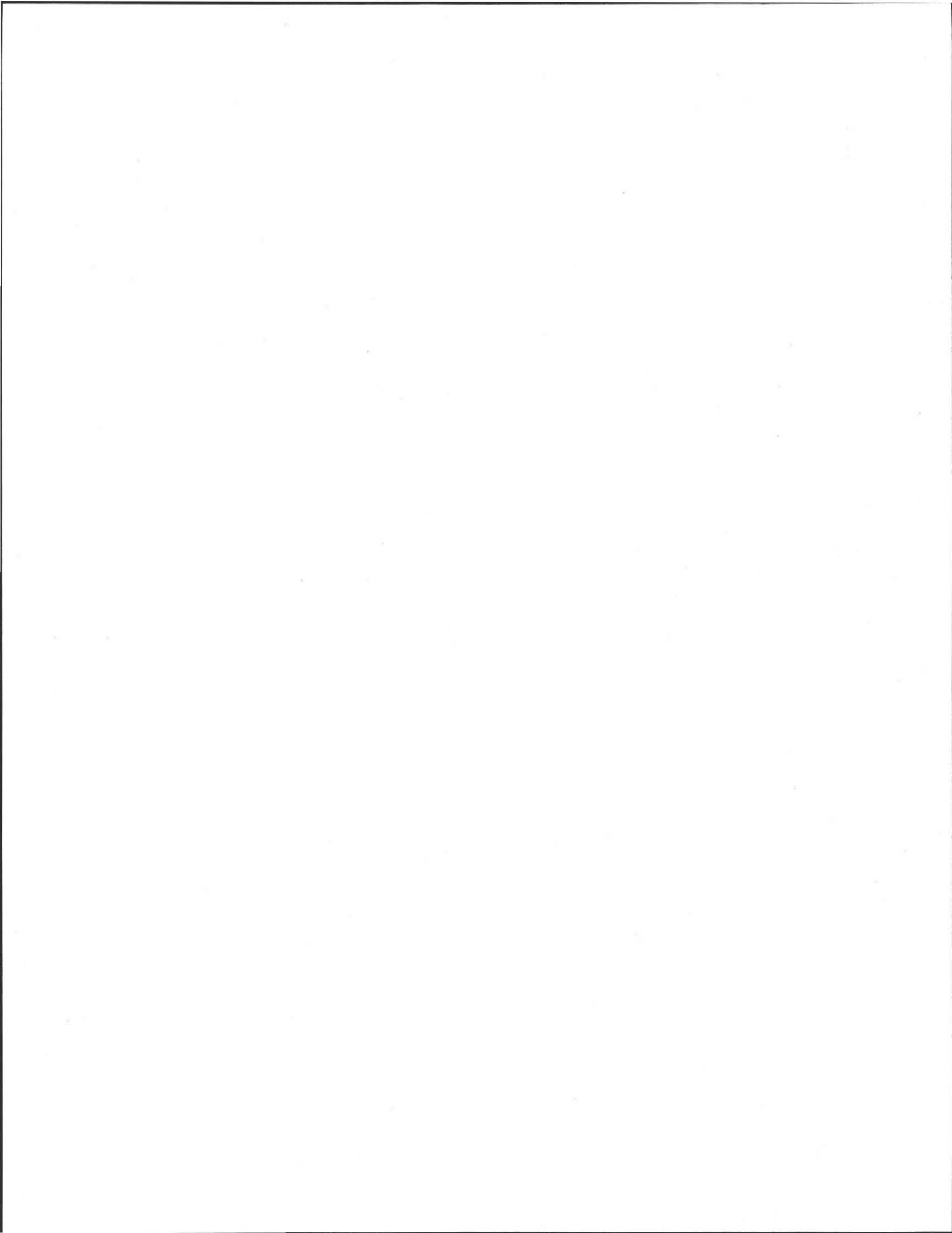
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on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

*Alan Weiss*  
 Inspector's Signature Date: 12.22.2011

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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# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

456 Sunderland Road, Amherst, MA

Property Address

Karen Zwinakis: (Mail: 9 Cricket Lane, Simsbury Ct. 06070)

Owner's Name

Amherst

MA

01002

12.22.2011

City/Town

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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 original 1000 Gal S. tank and no D. Box with L. field of 50+ yrs, Tank had no baffles (ARC type) and had some corrosion. Leach area had ponding in stone. Needs perc test and new engineered system with laundry system also connected.

### B) System Conditionally Passes:

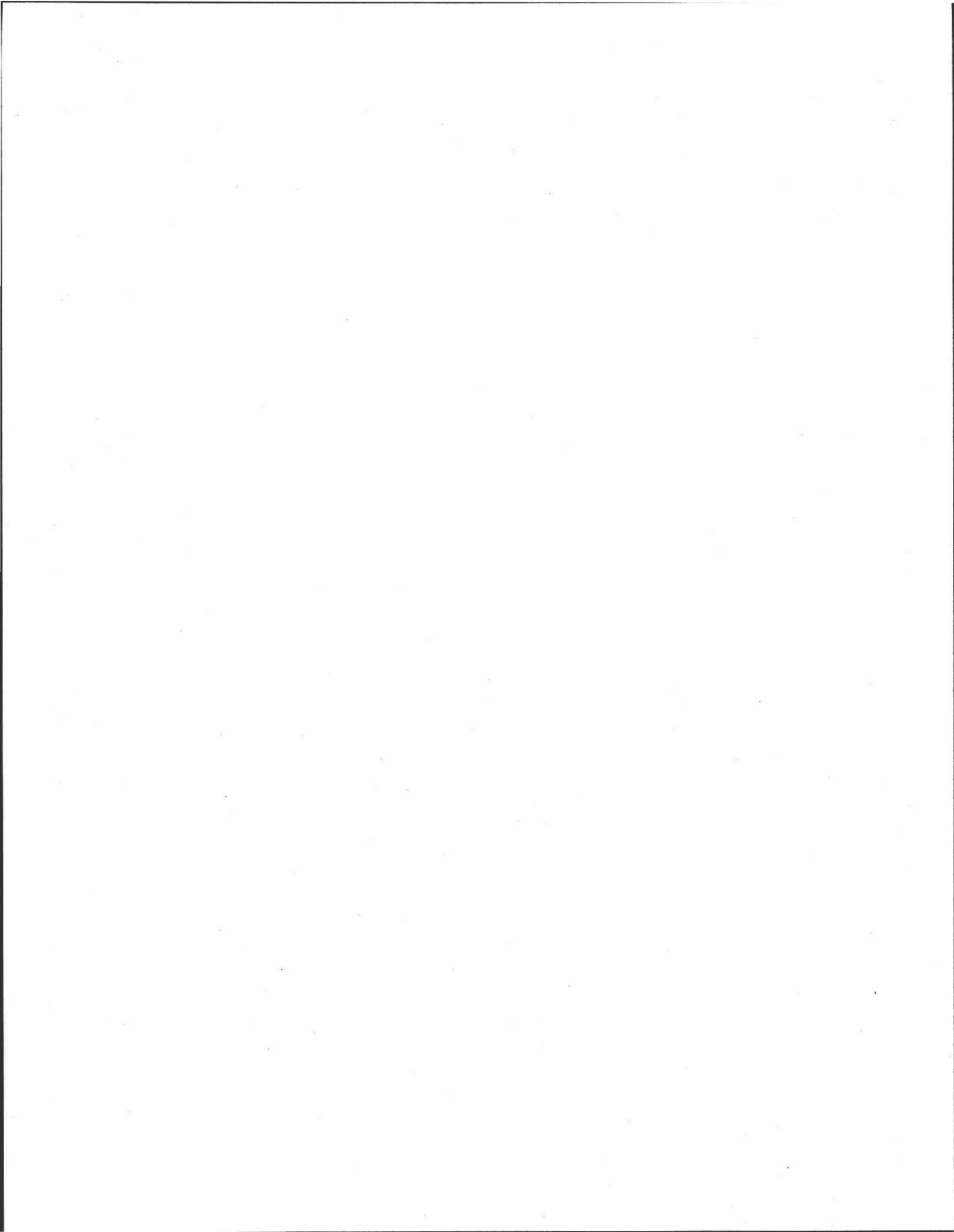
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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
obstruction is removed
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):

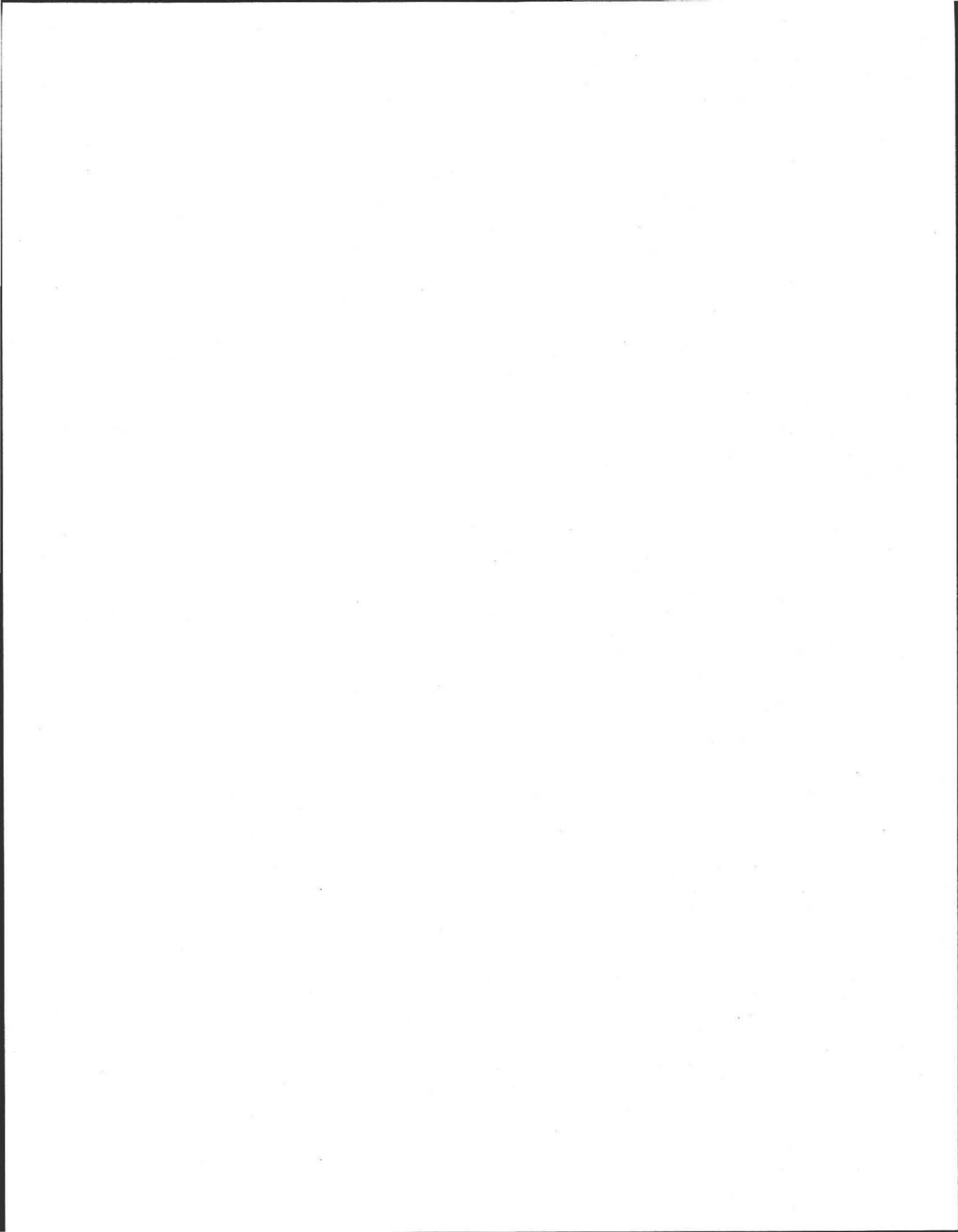
- broken pipe(s) are replaced
obstruction is removed
Y N ND (Explain below)

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:

- Four checkbox options regarding septic tank and SAS placement relative to surface water and private wells.

\*\* 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.

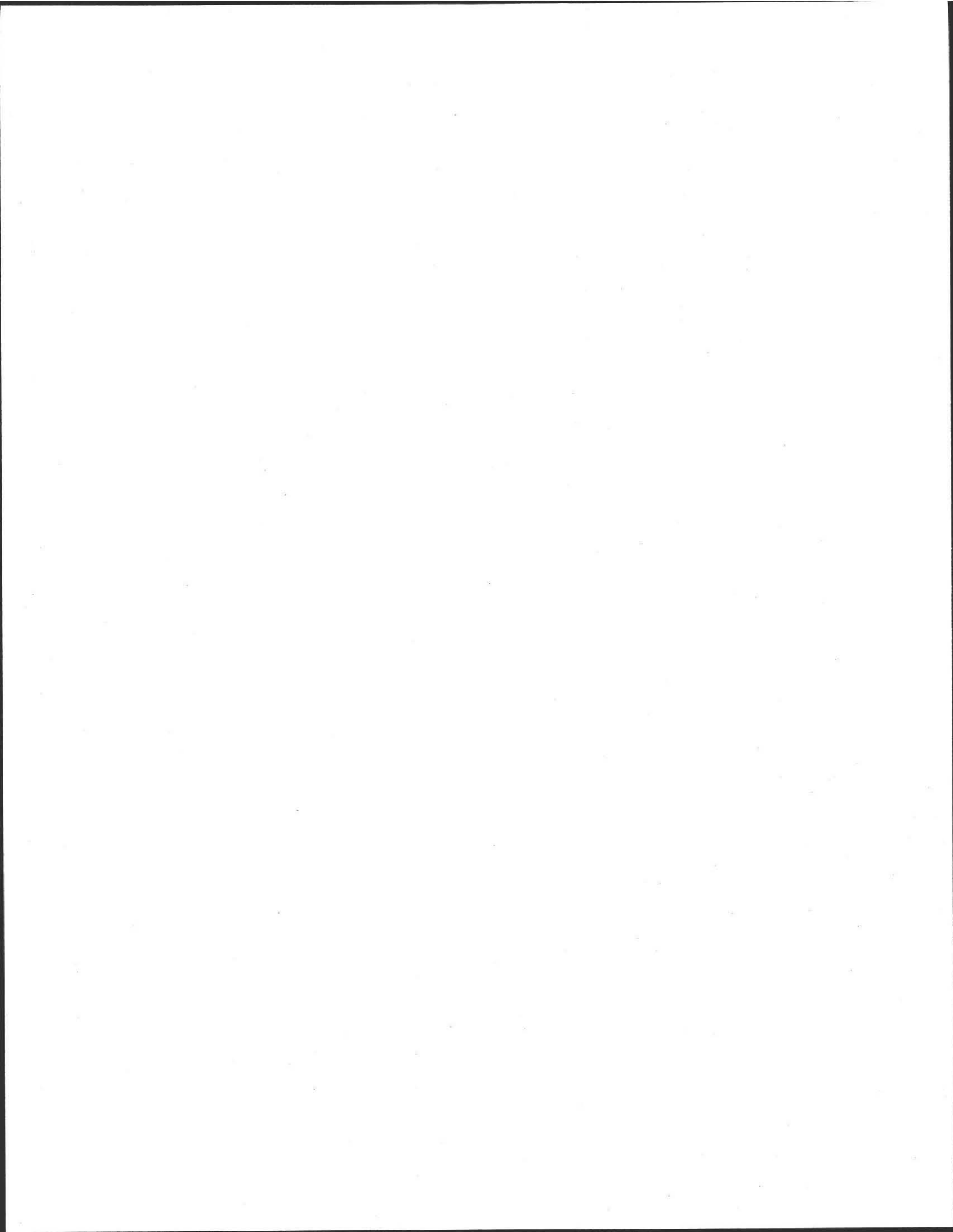
3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

- Table with 2 columns: Yes, No. Rows describe failure criteria like backup of sewage, discharge to surface, static liquid level, and liquid depth in cesspool.





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

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

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

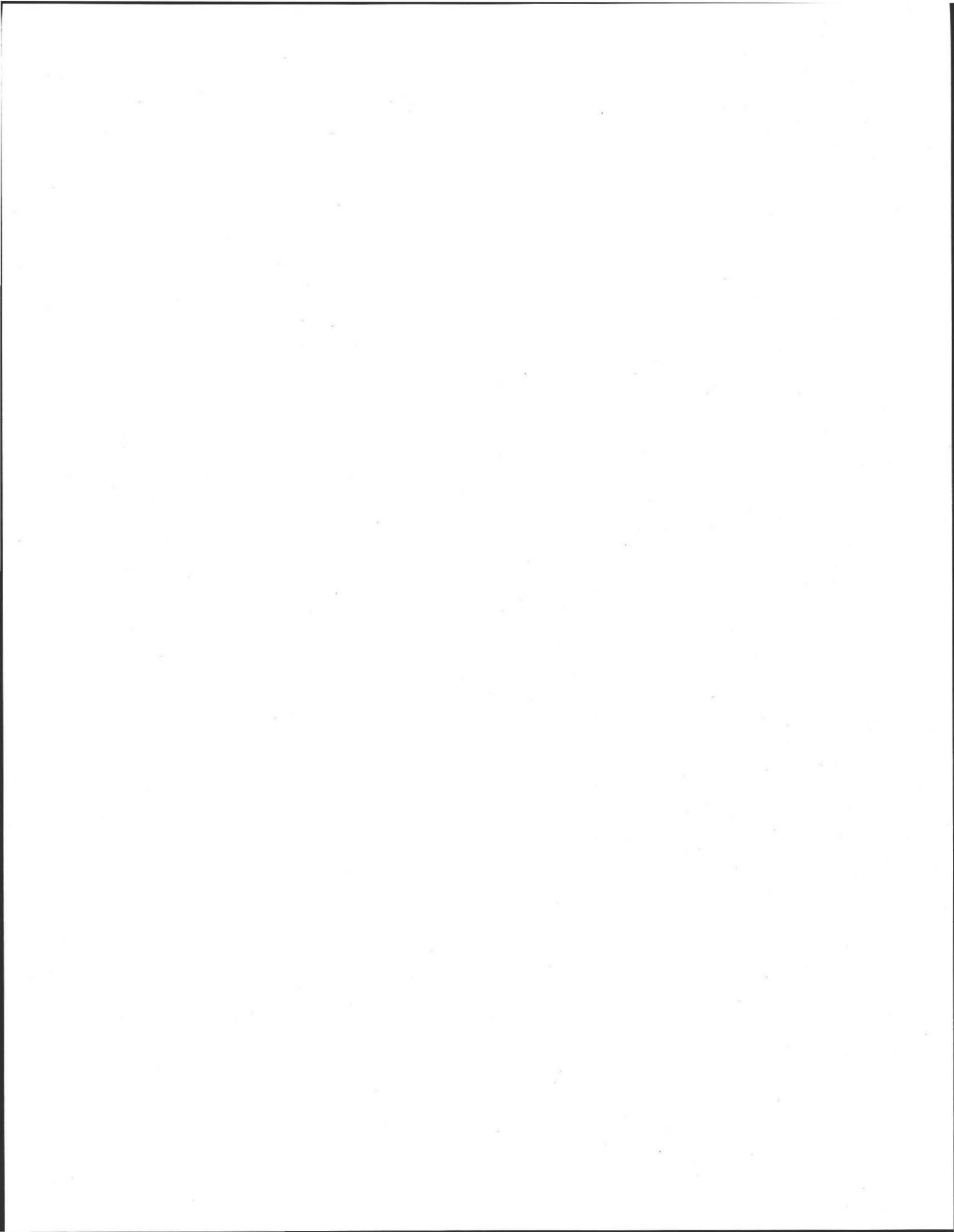
Yes No

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

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

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

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





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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:

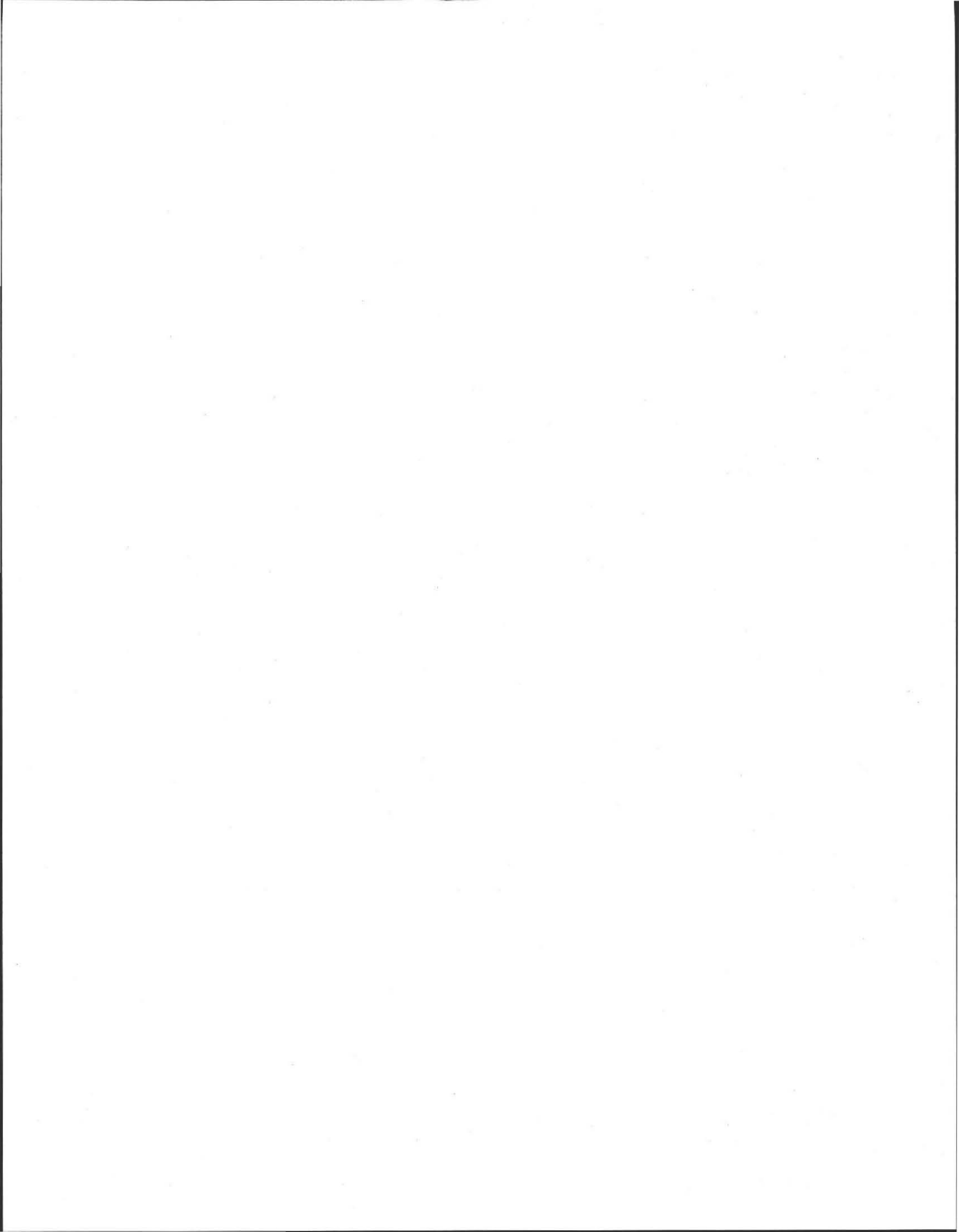
- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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): ? 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 and leach area ( no d box), orange burg pipe and stone in hydraulic failure.

Number of current residents:

0

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:

Laundry needs to be connected to main system and old discharge closed.

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

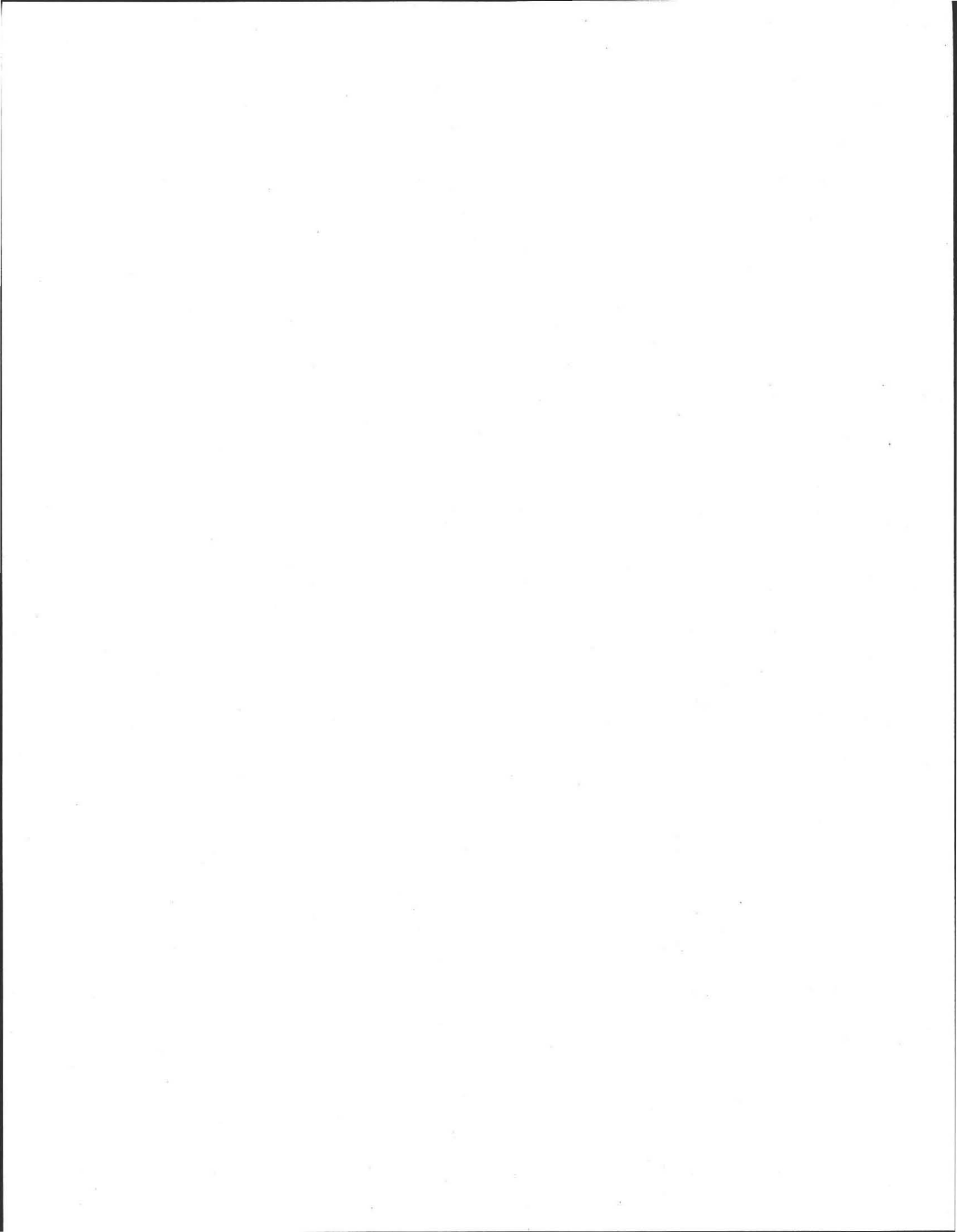
Industrial waste holding tank present?

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### General Information

#### Pumping Records:

Source of information: ?+ yrs.

Was system pumped as part of the inspection?  Yes  No

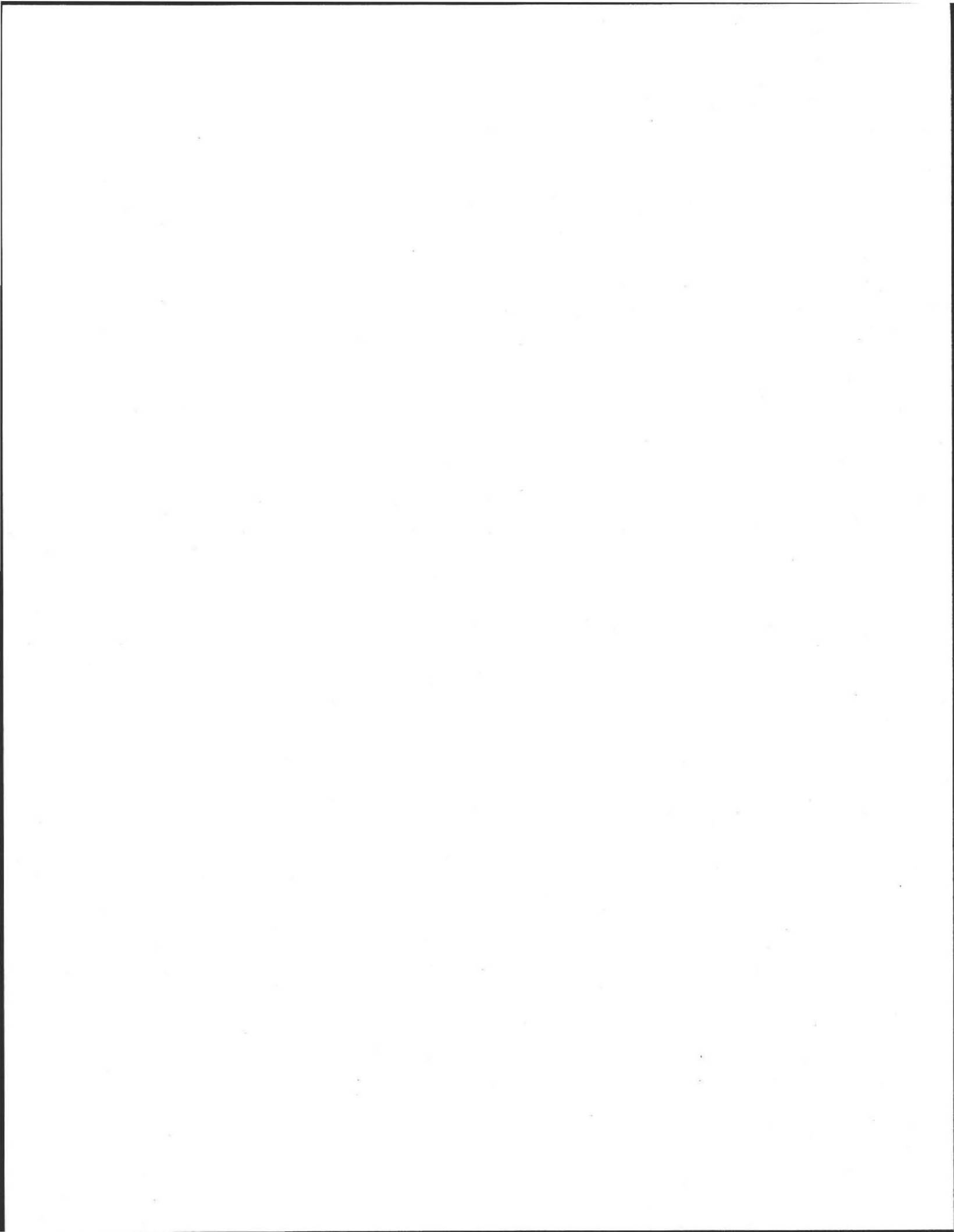
If yes, volume pumped: 1000  
gallons

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):  
No box ( only y)





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## D. System Information (cont.)

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

50+

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.):

Good condition

**Septic Tank** (locate on site plan):

Depth below grade:

2.5  
feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

ARC type

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

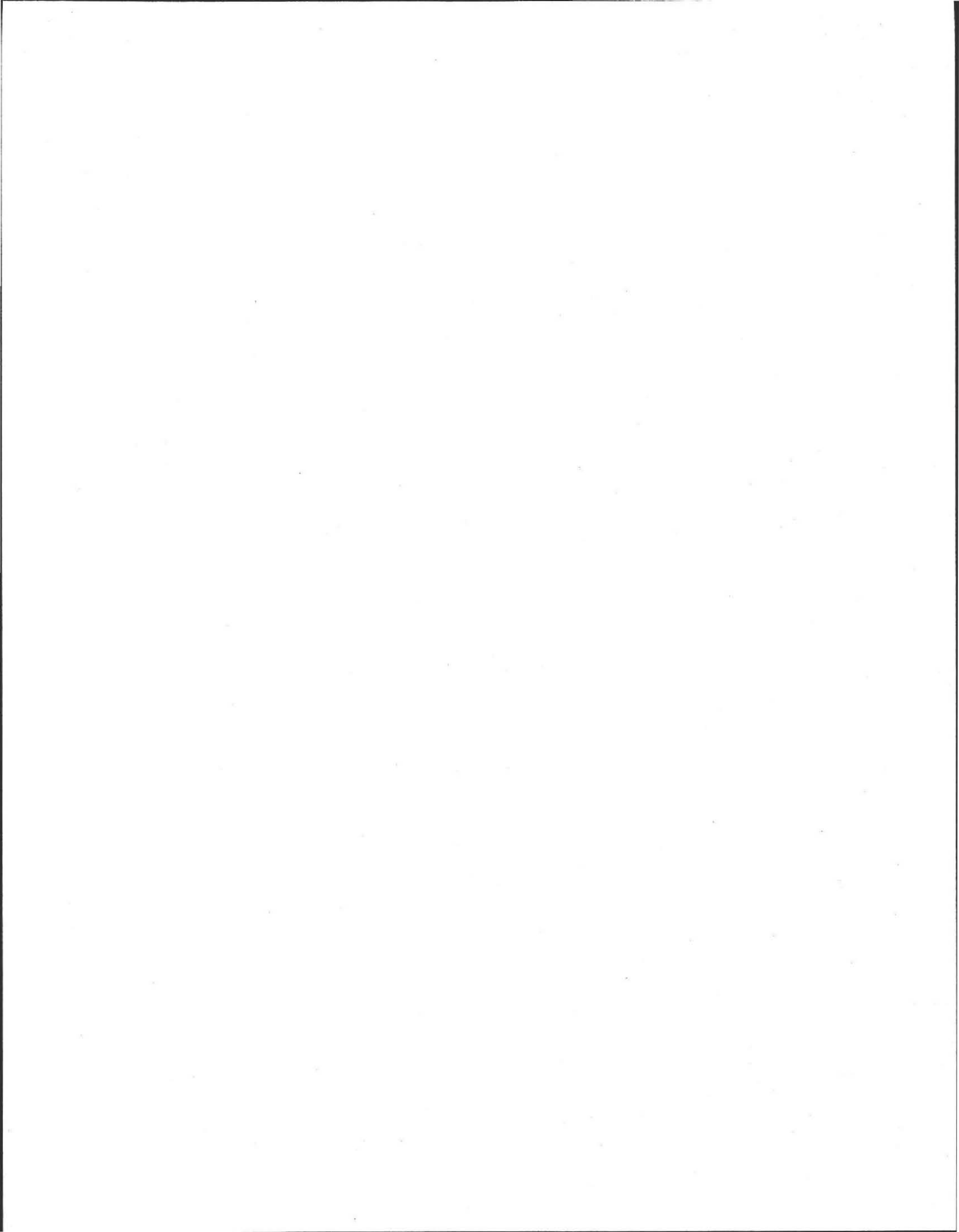
Yes  No

Dimensions:

9.5 x 4.0' x 3.8'

Sludge depth:

<8"





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## D. System Information (cont.)

### Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle

40"

Scum thickness

6"

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

-

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

-

How were dimensions determined?

Obs

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 had good level and had no baffles or tees. Somewhat corroded.

### Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

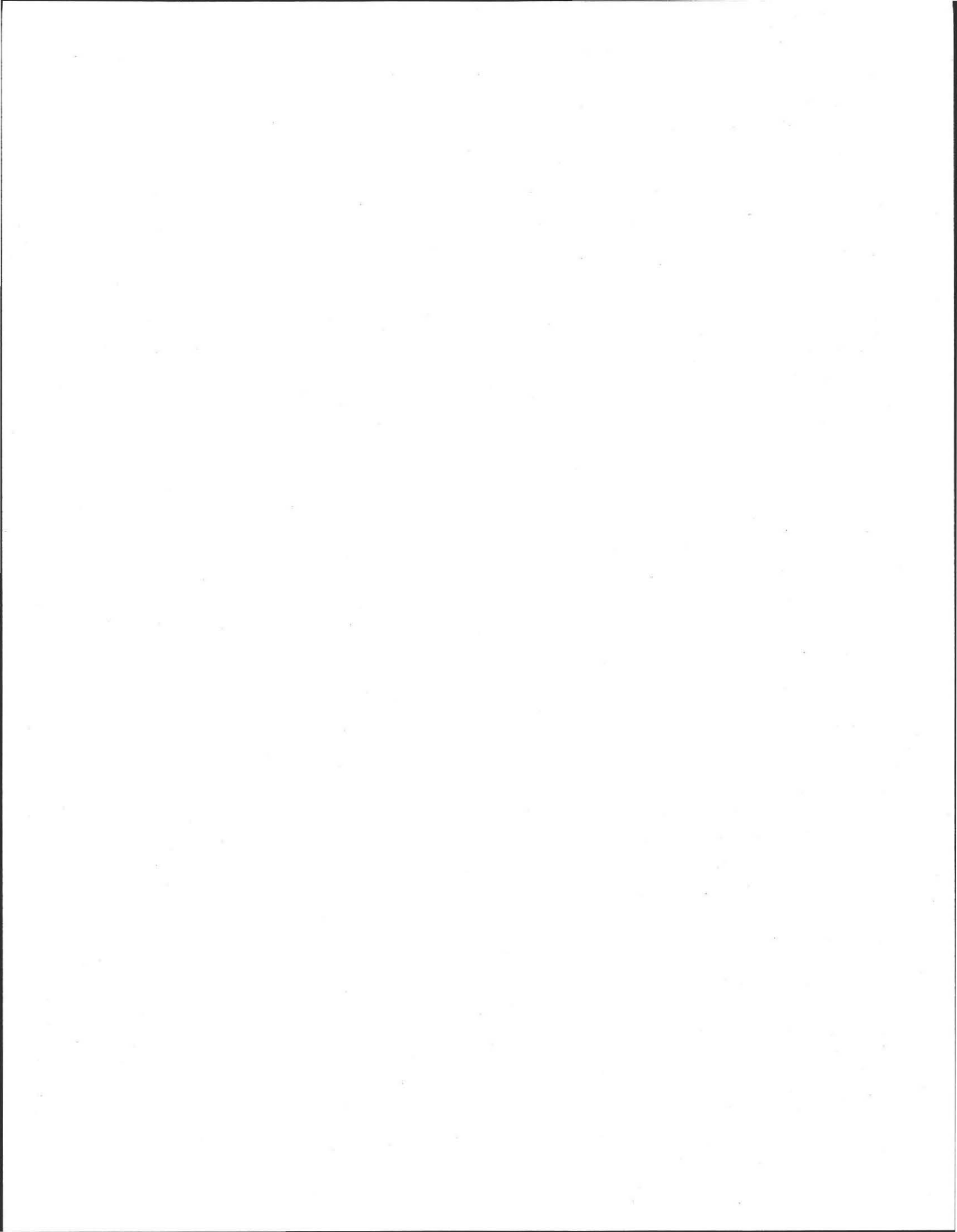
Scum thickness

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

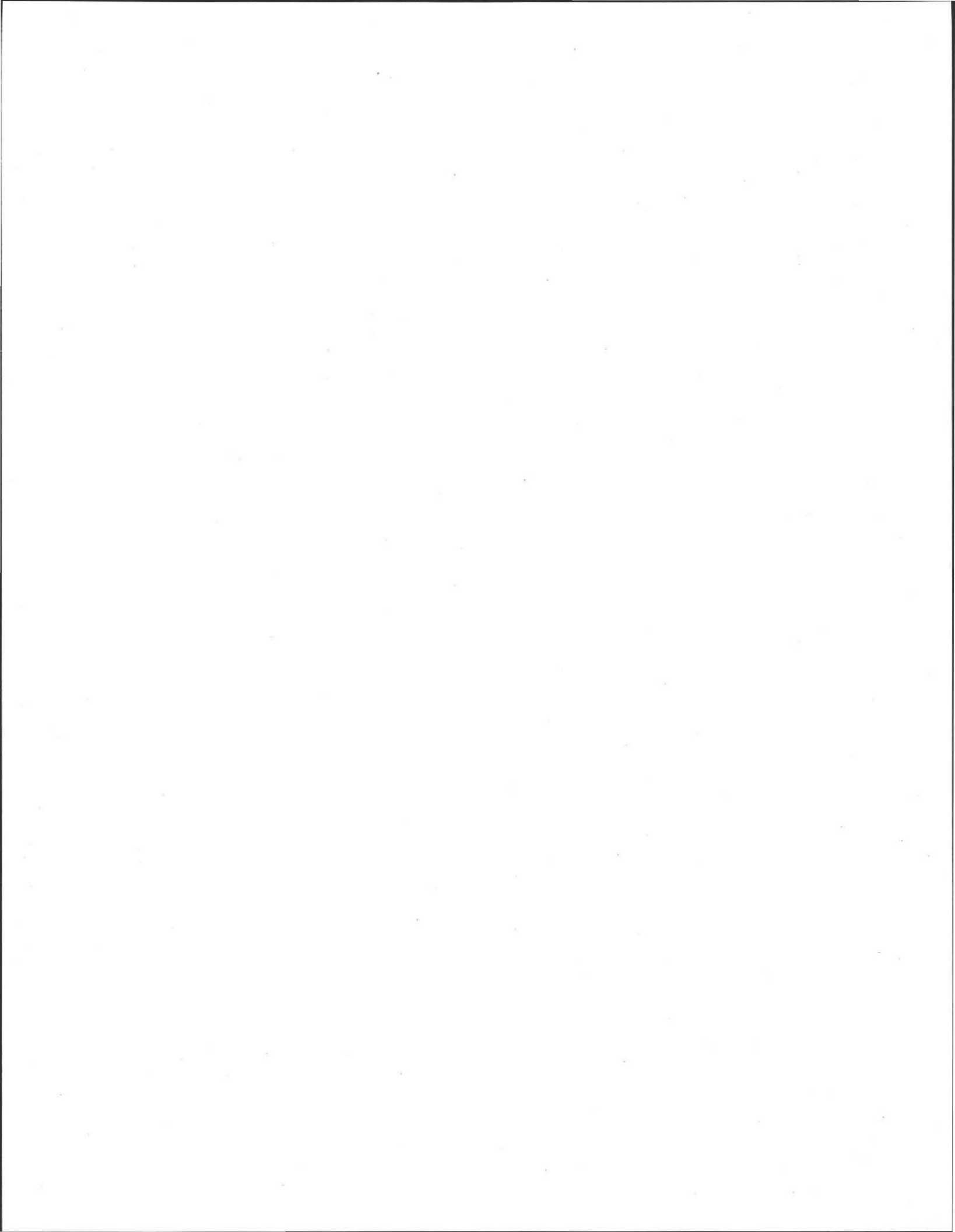
Date of last pumping: \_\_\_\_\_

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 \_\_\_\_\_

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.):

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**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.):

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

If SAS not located, explain why:

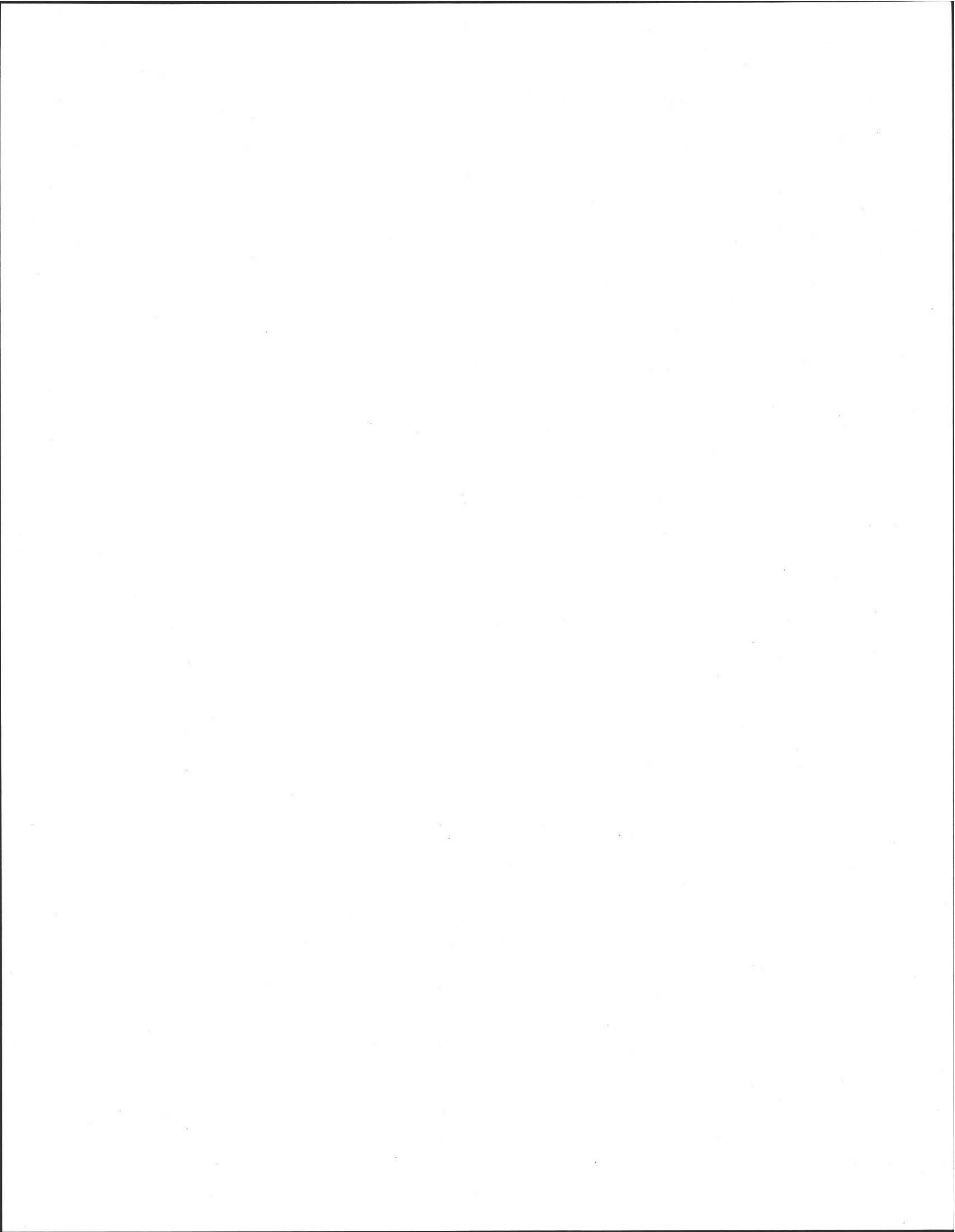
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D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 3 lines in failure
overflow cesspool number:
innovative/alternative system

Type/name of technology:

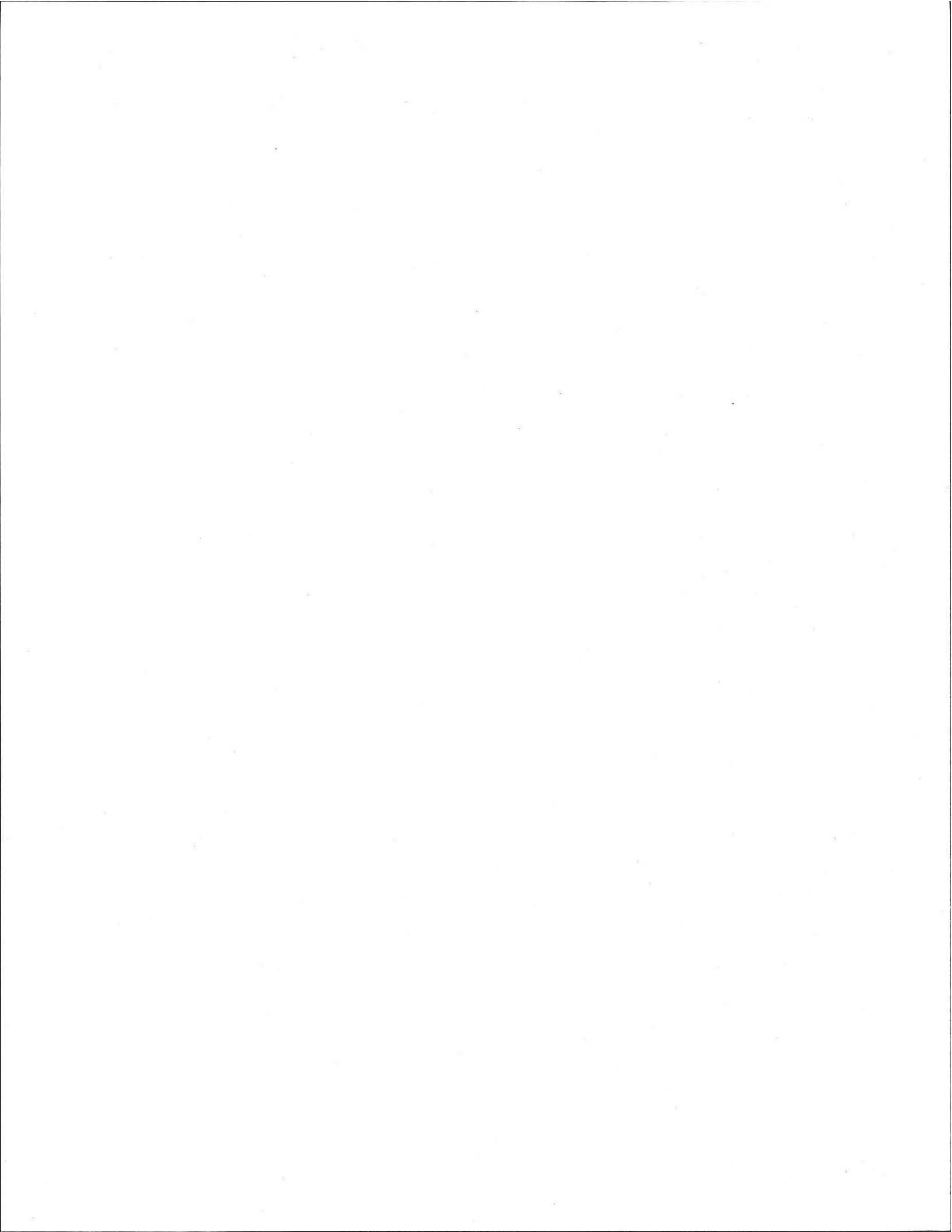
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Stone in failure

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

- Number and configuration
Depth - top of liquid to inlet invert
Depth of solids layer
Depth of scum layer
Dimensions of cesspool
Materials of construction
Indication of groundwater inflow

Yes No





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

456 Sunderland Road, Amherst, MA

Property Address

Karen Zwinakis: (Mail: 9 Cricket Lane, Simsbury Ct. 06070)

Owner's Name

Amherst

MA

01002

12.22.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

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**Privy** (locate on site plan):

Materials of construction: \_\_\_\_\_

Dimensions \_\_\_\_\_

Depth of solids \_\_\_\_\_

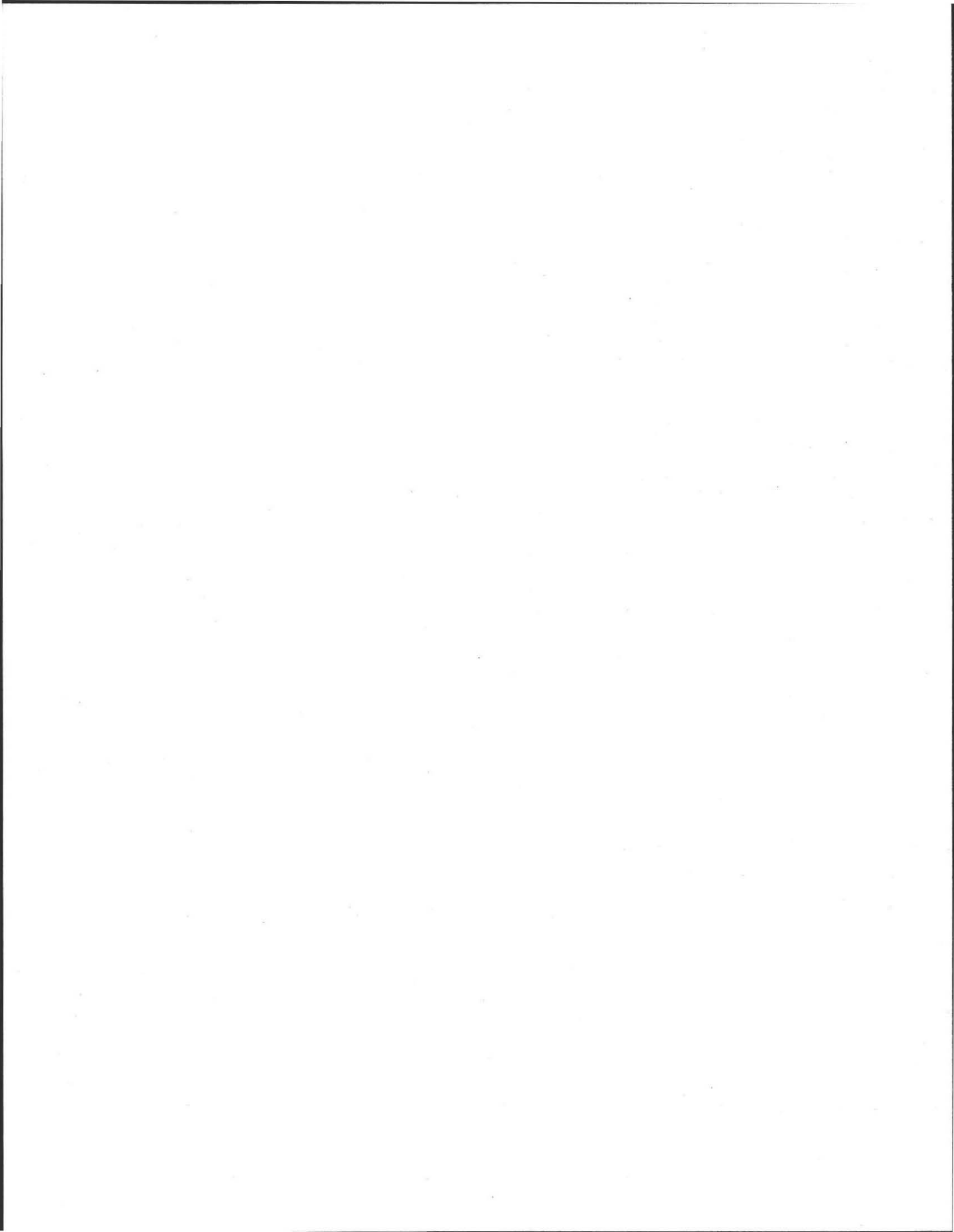
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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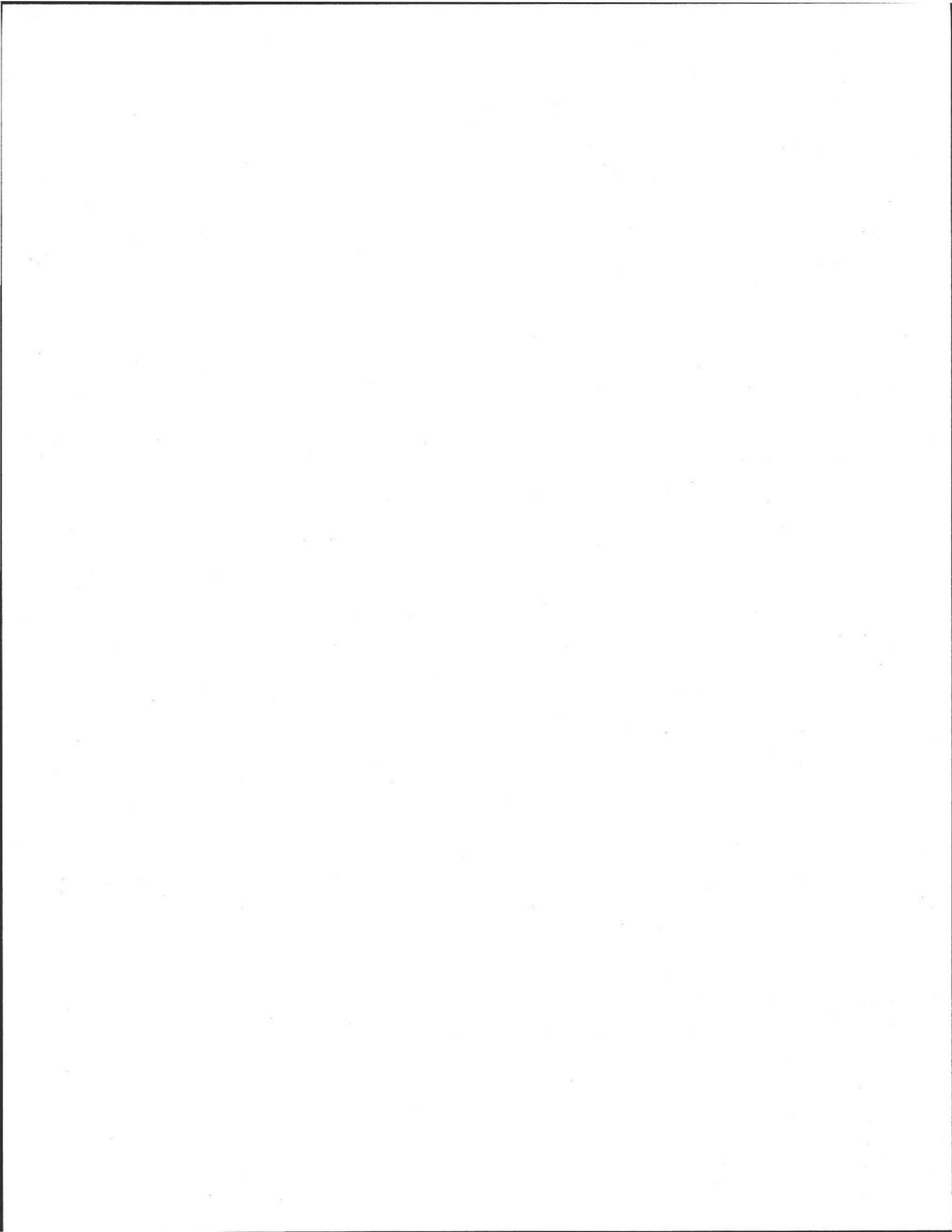
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## D. System Information (cont.)

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: 5-6' topo of terrace.  
feet

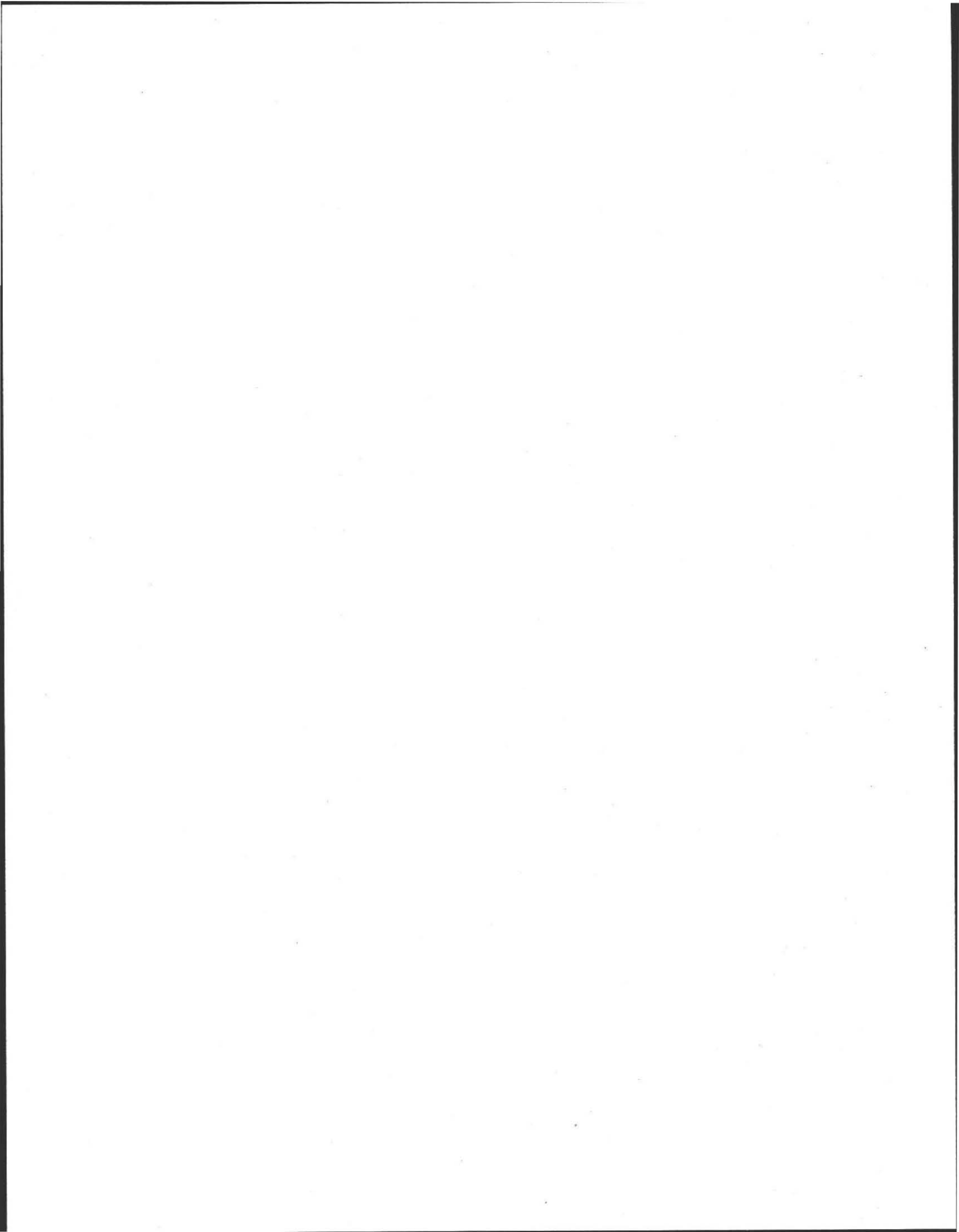
Please indicate all methods used to determine the high ground water elevation:

- 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:  
Work at site across st.
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
\_\_\_\_\_

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

topo and levation of terrace to wetland and pond,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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





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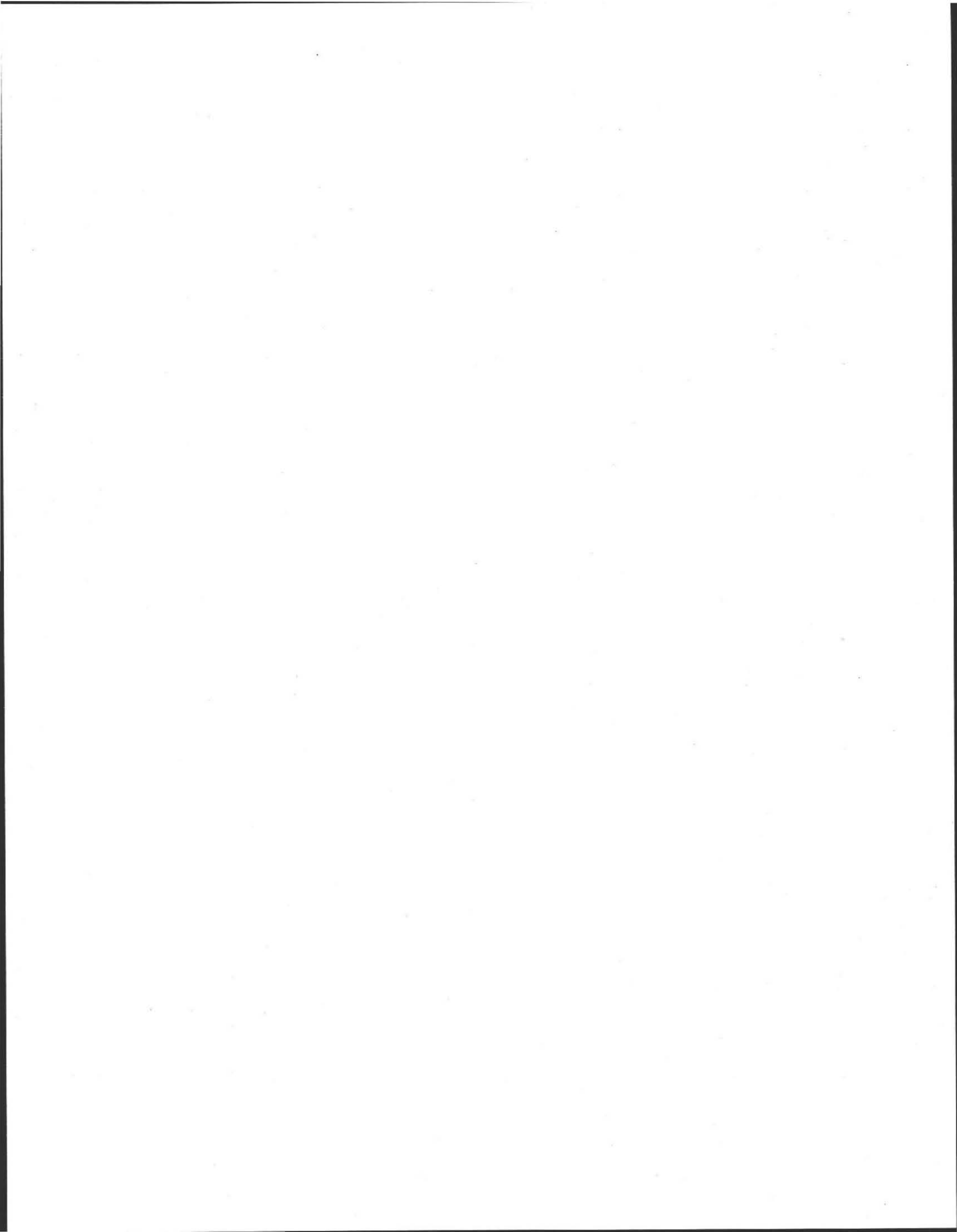
Zip Code

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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





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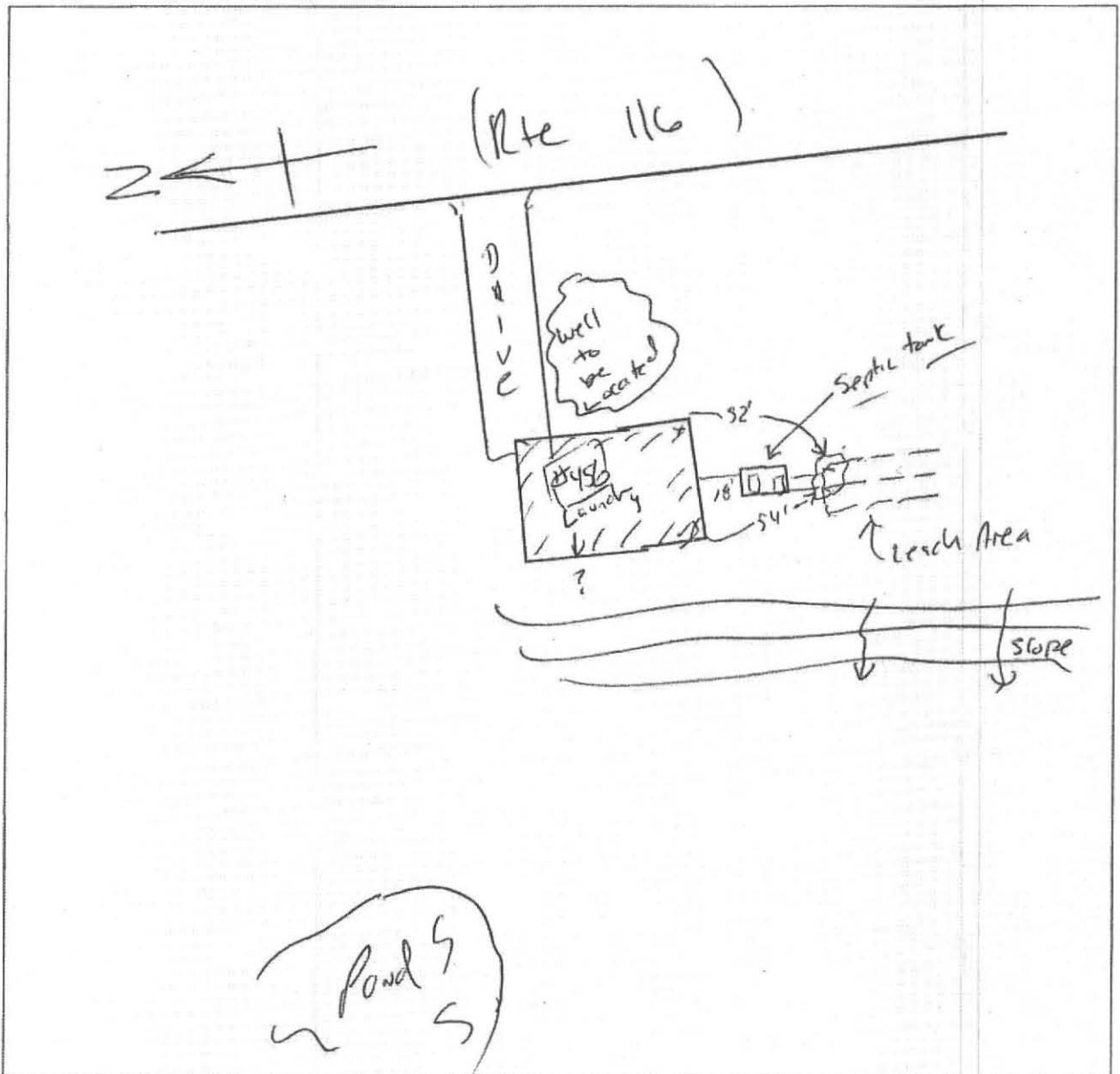
Date of Inspection

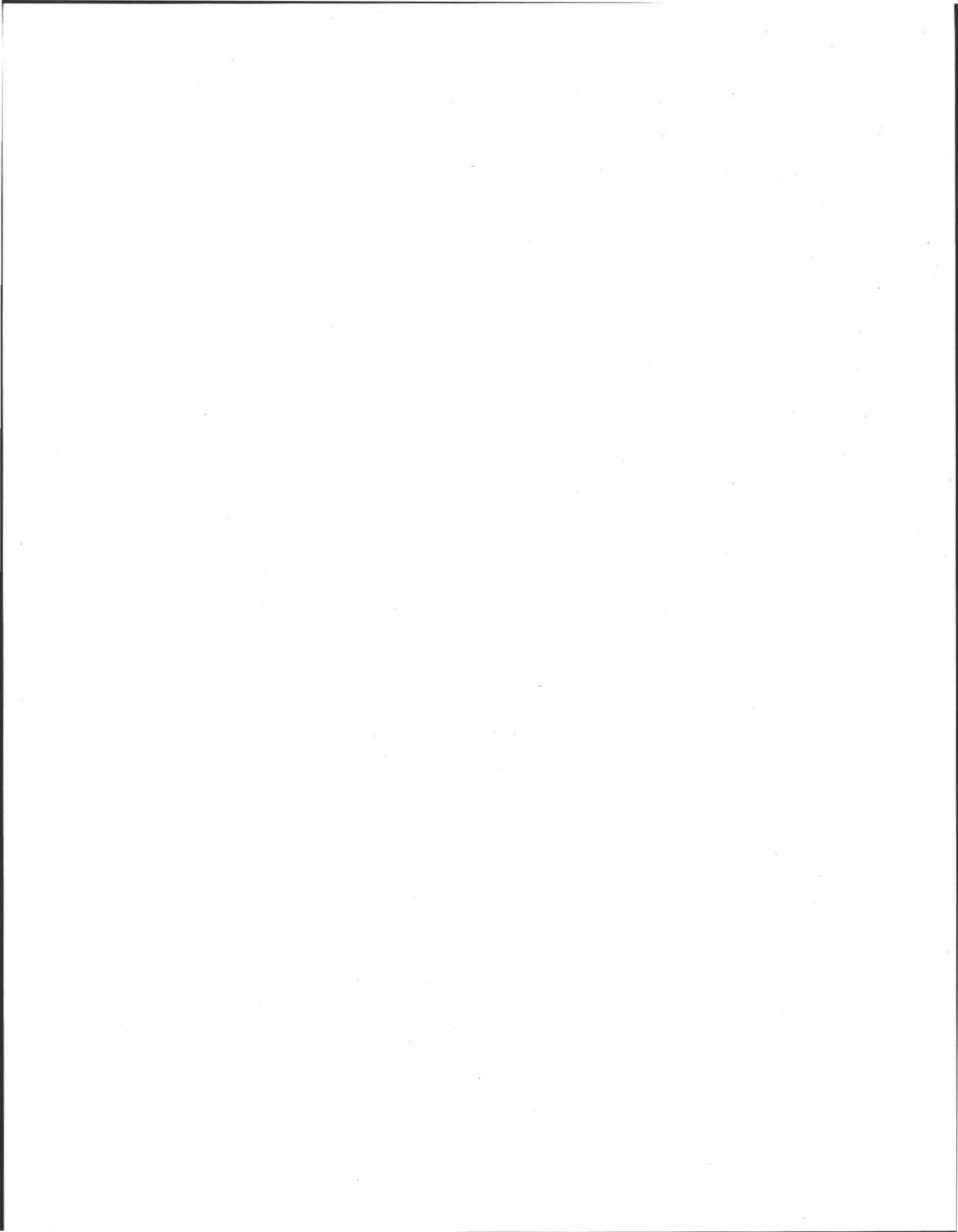
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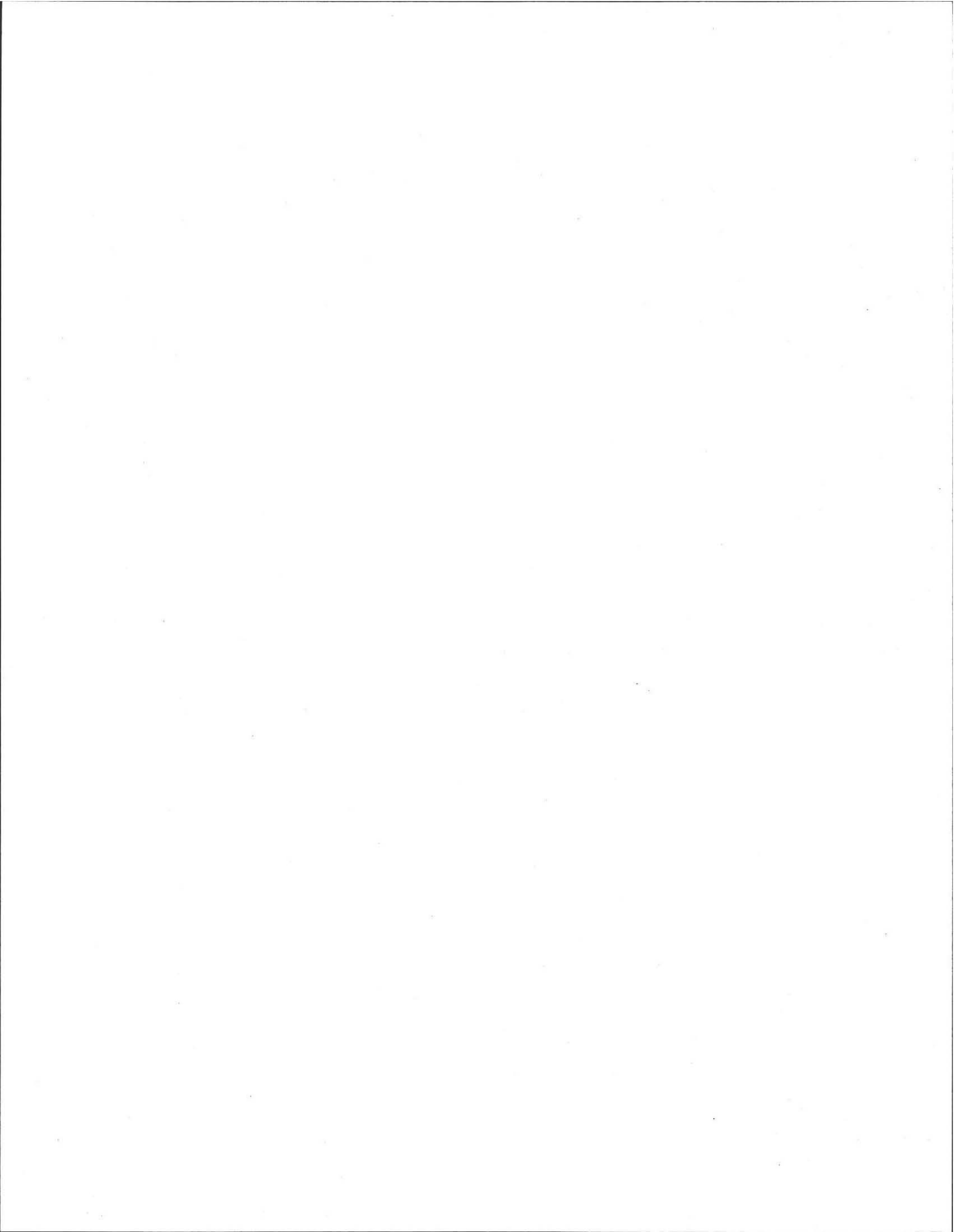








Arc Type Septic Tank  
456 Sunderland Road  
Amherst, MA  
12.22.2011





Failed Leach Area (Ponding in Stone)  
456 Sunderland Road  
Amherst, MA  
12.22.2011

