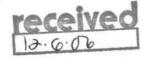
.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments





Owner informat on is required for every page.

3 SWALLOW FARMS ROAD

Property Address

NANCY BANDMAN -BOYLE

Owner's Name

AMHERST City/Tov/n

MASS State

01002 Zip Code NOVEMBER 22, 2006

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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





Δ	Gen	aral	Info	rma	tion
м.	Gen	tiai	\mathbf{H}	11110	LIUI

1. Inspector:

NICKOLAS TORRETTI

Name of Inspector

CLEAN SEPTICS

Conpany Name

252 WEST STREET

Conpany Address

LL DLOW

City/Town

413 583 2138

FAX # 413 589 1140

Telephone Number

MASS.

01056

State

Zip Code

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:

ļ	X	P	a	S	S	e	S

Inspector's Signature

☐ Conditionally Passes

Fails

□ Needs Further Evaluation by the Local Approving Authority

Nick Tonetti

DECEMBER 4, 2006

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 owne 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.



Commonwealth of Massachusetts

_			FARMS ROAD							
		Address	DMAN -BOYLE							
-	-	Name	JIVI II DOTEL							
	IHEF	010700		MASS	01002	NOVEMBER 22, 2006				
City	Tov	n		State	Zip Code	Date of Inspection				
Ins	pect	ion Sur	mmary: Check A,B,C,D o	or E / <i>always</i> comp	ete all of Sec	tion D				
B.	Ce	ertific	cation (cont.)							
A)	Sys	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.										
	Col	mment	s:							
	PU	MP SE	PTIC EVERY 2 (TWO) Y	EARS, RECOMME	NDED OUTL	ET FILTER AND RISOR				
	-									
B)	Sys	stem C	onditionally Passes:							
		replac				nal Pass" section need to be cement or repair, as approved b /				
			es, no or not determined (d," please explain.	Y, N, ND) in the	for the follow	ing statements. If "not				
		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.								
			etal septic tank will pass i npliance indicating that th			d, not leaking and if a Certificate s available.				
	NE)	Explai	n:							
		to brol		or due to a broken,	settled or un	level in the distribution box due even distribution box. System w II				
			broken pipe(s) are repla	aced						
			obstruction is removed							

4	
	×



Commonwealth of Massachusetts

		LLOW Address	FARMS ROAD				2-72				
man and bereau	. 2		MAN -BOYLE								
Owne			10000 803 10000 10000				5/2				
AMH	IEF	RST		MASS	01002	NOVEMBER 22, 2006					
City/T	01/10	n		State	Zip Code	Date of Inspection					
В. (Ce	ertification (cont.)									
E	3)	Syste	m Conditionally Passes (cont	t.):							
			distribution box is leveled or i	replaced							
١	VE)	Explai	n:								
-				V			-				
-	_										
Ε			stem required pumping more to will pass inspection if (with ap			proken or obstructed pipe(s). Th	13				
			broken pipe(s) are replaced								
			obstruction is removed								
-		Explai									
c	()	Furthe	er Evaluation is Required by t	the Board o	Health:		= =				
			ions exist which require further stem is failing to protect public			Health in order to determine if nment.					
		15.303	stem will pass unless Board of 6(1)(b) that the system is not and the environment:			ccordance with 310 CMR vhich will protect public heal	۱h				
			Cesspool or privy is within 50	feet of a sur	face water						
			Cesspool or privy is within 50	feet of a bor	dering vegeta	ed wetland or a salt marsh					
		deterr	stem will fail unless the Board nines that the system is func and environment:								
		100 fee	et of a surface water supply or The system has a septic tank	tributary to a	surface water	n (SAS) and the SAS is within supply. vithin a Zone 1 of a public wate	1				
		supply	The system has a septic tank	and SAS an	d the SAS is v	vithin 50 feet of a private water					



Commonwealth of Massachusetts

3 SWALLOW FARMS ROAD

	perty Address										
-	NCY BANK	DMAN -BC	YLE								
	ner's Name IHERST			MASS 01002 NOVEMBER 2		NOVEMBER 22, 2006					
	/Tov/n			State	Zip Code	Date of Inspection					
В.	Certific	cation	(cont.)								
C)	Further E	valuation	is Required by the Bo	oard of He	alth (cont.):						
	☐ 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 colifornal 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:										
D)	System F	ailure Cri	teria Applicable to All	Systems:							
	You must	indicate	"Yes" or "No" to each	of the fol	lowing for <u>all</u>	inspections:					
	Yes	No									
		\boxtimes	Backup of sewage into		system comp	onent due to overloaded or					
		\boxtimes	due to an overloaded	or clogged	SAS or cess						
			or clogged SAS or ces	sspool		outlet invert due to an overloaded					
			than 1/2 day flow			invert or available volume is les;					
		\boxtimes	Required pumping mo obstructed pipe(s). No			st year <i>NOT</i> due to clogged or 					
		\boxtimes	Any portion of the SAS	S, cesspoo	I or privy is be	elow high ground water elevatior.					
		\boxtimes	Any portion of cesspo tributary to a surface v			eet of a surface water supply or					

		×



Commonwealth of Massachusetts

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

3 S	SWALLOW	FARMS	ROAD						
	perty Address								
_	NCY BAN	DMAN -E	BOYLE						
	ner's Name			14400	04000	NOVEMBER OF COOK			
	IHERST /Town			MASS State	01002 Zip Code	NOVEMBER 22, 2006 Date of Inspection			
Oity	710711			Otate	Zip Gode	Date of hispection			
В.	Certifi	cation	(cont.)	ė					
D)	System F	ailure C	riteria Applicable to	All Systems	(cont.):				
	Yes	No							
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									
Any portion of a cesspool or privy is less than 100 feet but greater than 50 from a private water supply well with no acceptable water quality analysis. system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the preset of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 purpovided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]									
		\boxtimes	The system is a control of the system is a control of the system is a control of the system.	cesspool serving a facility with a design flow of 2000gpd-					
			criteria exist as de	escribed in 310 buld contact the	have determined that one or more of the above failure cribed in 310 CMR 15.303, therefore the system fails. The d contact the Board of Health to determine what will be the failure.				
E)	Large Sy design fl	stems: ow of 10	To be considered a ,000 gpd to 15,000 g	large system ipd.	the system n	nust serve a facility with a			
	For large questions			ther "yes" or "n	o" to each of	the following, in addition to the			
	Yes	No							
			the system is with	in 400 feet of a	a surface drink	king water supply			
			the system is with	in 200 feet of a	a tributary to a	surface drinking water supply			
			the system is loca Area – IWPA) or a			rea (Interim Wellhead Protectior water supply well			
	If you hav	e answe	red "ves" to any ques	tion in Section	F the system	is considered a significant threat			

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



Commonwealth of Massachusetts

3 8	WALLO	N FARM	S ROAD				
	perty Addre						
	NCY BAI		-BOYLE				
	ner's Name IHERST			MASS	01002	NOVEMBER 22, 2006	
_	/Tov/n			State	Zip Code	Date of Inspection	
C.	Chec	klist			() -		
	Check if	the follo	wing have been done.	You must indi	cate "yes" or "	no" as to each of the following:	
	Yes	No					
	\boxtimes		Pumping informatio	n was provide	d by the owne	er, occupant, or Board of Health	
		\boxtimes	Were any of the sys	stem compone	ents pumped o	out in the previous two weeks?	
	\boxtimes		Has the system rec	eived normal	flows in the pr	evious two week period?	
	Have large volumes of water been introduced to the system recently or as this inspection?						
	\boxtimes				obtained and	examined? (If they were not	
	\boxtimes		Was the facility or d	welling inspec	ted for signs	of sewage back up?	
	\boxtimes		Was the site inspec	ted for signs of	of break out?		
	\boxtimes		Were all system cor	mponents, exc	luding the SA	S, located on site?	
				ndition of the	baffles or tees	ned, and the interior of the tank s, material of construction, d depth of scum?	
						nt from owner) provided with urface sewage disposal systems?	
			The size and locati		il Absorption	System (SAS) on the site has	
	\boxtimes		Existing information	. For example	, a plan at the	Board of Health.	
	\boxtimes		Determined in the fi			ria related to Part C is at issue CMR 15.302(5)]	

				*



Commonwealth of Massachusetts

-	SWALLOW FARMS ROAD								
	perty Address NCY BANDMAN -BOYLE								
-	ner's Name		7.7						
-	IHERST	MASS	010		NOVEMBER		2, 2006		
City	/Tov∕n	State	Zip C	ode	Date of Inspec	tion			
D.	System Information								
	Residential Flow Conditions:								
	Number of bedrooms (design):	1	Numbe	r of bedroo	ms (actual):		4		
	DE:SIGN flow based on 310 CMR 15.203 (fo	or example	e: 110	gpd x # of	pedrooms):		440 0	SPD)
	Number of current residents:						3		
	Does residence have a garbage grinder?						Yes	\boxtimes	СИ
	Is aundry on a separate sewage system? [if	f yes sepa	arate in	spection re	equired]		Yes	\boxtimes	СИ
	Laundry system inspected?						Yes	\boxtimes	сИ
	Seasonal use?						Yes	\boxtimes	сИ
	Water meter readings, if available (last 2 year	ars usage	(gpd))	:		ТО	WN W	ATI	EF_
	Sump pump?						Yes	\boxtimes	Νэ
	Last date of occupancy:					PR	ESEN [*]	Τ	
	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., et	tc.):							
	Grease trap present?						Yes [сИ
	Industrial waste holding tank present?						Yes [СИ
	Ncn-sanitary waste discharged to the Title 5	system?					Yes [сИ
	Water meter readings, if available:								
	Last date of occupancy/use:			Date					
	Other (describe):								



Commonwealth of Massachusetts

IANCY BANDMAN -BOYLE when's Name			
MHERST	MASS	01002 Zip Code	NOVEMBER 22, 2006
ity/Tov/n	State	Zip Code	Date of Inspection
D. System Information	(cont.)		
	General Inform	ation	
Pumping Records:			
Source of information:	AUGU	ST 2006	
Was system pumped as part	of the inspection?		☐ Yes ⊠ No
If yes, volume pumped:	gallons		
Hcw was quantity pumped de	etermined?		
Reason for pumping:			
Type of System:			
Septic tank, o Sept	distribution box, soil abso	rption system	T.
☐ Single cessp	oool		
Overflow ces	sspool		
Privy			
			nspection records, if any)
Innovative/Al maintenance	Iternative technology. Atta e contract (to be obtained	ach a copy of from system	the current operation and owner)
Tight tank. A	ttach a copy of the DEP	approval.	
Other (descri	ibe):		
-			
Approximate age of all compo	onents, date installed (if l	(nown) and so	ource of information:
AF PROXIMATELY 10/11/200	06, PLAN @ BOARD OF	HEALTH MA	CLEAY ASSOCIATES
	d when arriving at the site	2	☐ Yes ⊠ No

			•
		÷	



Commonwealth of Massachusetts

3 SWALLOW FARMS I	ROAD				
Property Address	OVIE				
NANCY BANDMAN -BOOWNER'S Name	UYLE				
AMHERST		MASS	01002	NOVEM	IBER 22, 2006
City/Tov/n		State	Zip Code		
D. System Infor	mation (cont.))			
Building Sewer (Id	ocate on site plan):				
Depth below grade	•			2' 8"	
Material of construc	ction:				
☐ cast iron	⊠ 40 PVC	other (ex	plain):	(Water State of State	
Distance from priva	ite water supply we	ell or suction line		feet	
Comments (on con	dition of joints, ven	iting evidence of	leakage	etc.):	
JCINTS AND VEN		200	rounago,	0.0.7.	
JUNIO AND VEN	IING AFFLAN ON	, NO LEAKS			
Septic Tank (locate	e on site plan):				
Depth below grade	•			2'	
Deptil below glade	•			feet	
Material of construc	ction:				
⊠ concrete	☐ metal	☐ fiberglass		polyethylene	other (explair)
Z contracts	metal	liberglass	Ш,	polyetrylene	☐ other (explair)
		-			
If tank is metal, list	age:			years	
Is age confirmed by	a Certificate of Co	ompliance? (attac	h a conv		☐ Yes ☐ No
	a certificate of ce	omphance: (attac	пасору		
Dimensions:				10' 6" X 5' X	5'
Sludge depth:				1'	
Distance from top o	of sludge to bottom	of outlet tee or ba	affle		
			T-1,100 TO	3"	
Scum thickness				5	
Distance from top o	f scum to top of ou	ıtlet tee or baffle		8"	
Distance from botto	m of scum to botto	om of outlet tee or	baffle		
How were dimension	ns determined?			MEASURED	



Commonwealth of Massachusetts

3 SWALLOW FARMS F Property Address	ROAD				
NANCY BANDMAN -BO)YI F				
Owner's Name	y				
AMHERST		MASS	01002	NOVEM	BER 22, 2006
City/Town		State	Zip Code	Date of Ins	pection
D. System Infor	mation (cont)			
liquid levels as relat	ted to outlet inver	t, evidence of leak AFFLES APPEAR	age, etc.):		n, structural integrity,
Grease Trap (locat	e on site plan):				
Depth below grade:			fe	eet	
Material of construc	tion:				
concrete	☐ metal	☐ fiberglass	s 🗌 po	olyethylene	other (explair):
Dimensions:					
Scum thickness					
Distance from top o	f scum to top of o	outlet tee or baffle			
Distance from botto	m of scum to bott	tom of outlet tee o	r baffle —		
Date of last pumpin	g:		<u> </u>	ate	
Comments (on pum liquid levels as relat			utlet tee or ba		n, structural integrity,
			2		
Tight or Holding T	ank (tank must be	e pumped at time	of inspection)	(locate on s	ite plan):
Depth below grade:					
Material of construc	tion:				
concrete	☐ metal	☐ fiberglass	в 🗌 ро	lyethylene	other (explair):

	E	



Commonwealth of Massachusetts

SWALLOW FARMS ROAD operty Address				
ANCY BANDMAN -BOYLE				
wner's Name				
MHERST ty/Tov/n			NOVEMBE Date of Inspe	ER 22, 2006
ty/107/11	Address BANDMAN -BOYLE Note	Date of Inspe	Clion	
. System Information (cont.)				
Tight or Holding Tank (cont.)				
Dimensions:	-			
Capacity:	_ g	gallons		
Design Flow:	-	gallons per day		
Alarm present:	[] Yes	No	
Alarm level:	A	larm in working	order:	Yes 🗌 N
Date of last pumping:	Ī	ate		
Comments (condition of alarm and float swi	tches, etc.):		
* Attach copy of current pumping contract (r	equired). I	s copy attache	ed?	Yes 🗌 N
Distribution Box (if present must be opene	ed) (locate	on site plan):		
Depth of liquid level above outlet invert				
Comments (note if box is level and distribution evidence of leakage into or out of box, etc.):		ets equal, any	evidence of so	lids carryover,
D BOX APPEARS EQUAL AND LEVEL, N	O LEAKS	D -BOX IS	3' 8" DEEP	
Pump Chamber (locate on site plan):				
Pumps in working order:			☐ Yes	☐ No
Alarms in working order			□ Yes	□ No



Commonwealth of Massachusetts

NCY BANI ner's Name	DMAN -BOYLE				
HERST		MASS	01002	NOVEMB	ER 22, 2006
/Tov/n		State	Zip Code	Date of Inspe	ection
Syster	n Information (cont.)				
Comment	s (note condition of pump chamb	er, conditio	n of pumps and	appurtenan	ces, etc.):
	prption System (SAS) (locate on tocated, explain why:	site plan, e	excavation not re	equired):	
Typo:					
Type:	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number, len	igth:	
\boxtimes	leaching fields		number, din	nensions:	3 LINES @ 42 LENGTH
	overflow cesspool		number:		
	innovative/alternative syster	m			
	Type/name of technology:		-		
	s (note condition of soil, signs of n, etc.):	hydraulic fa	ilure, level of po	nding, dam	soil, condition o
Comment			A CONTRACTOR OF THE PARTY OF TH		

a .			



Commonwealth of Massachusetts

NCY BANDMAN -BOYLE mer's Name IHERST MASS 01002 NOVEMBER 22, 2006 VTov/n State Zip Code Date of Inspection	SWALLOW FARMS ROAD			
IHERST MASS 01002 NOVEMBER 22, 2006 INTO INTO INTO INTO INTO INTO INTO INTO	perty Address			
MASS State D1002 NOVEMBER 22, 2006 Date of Inspection System Information (cont.) 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 Matterials of construction Indication of groundwater inflow Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatic etc): Privy (locate on site plan): Matterials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatic etc):				
System Information (cont.) 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 Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatic 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 vegetatic etc.):		MACC	01002	NOVEMBER 22, 2006
System Information (cont.) 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 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.):				
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 Inclication of groundwater inflow Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetatic 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 vegetatic etc.):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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	. System Information (cont.)			
Depth of solids layer Depth of scum layer Dimensions of cesspool Materials of construction Indication of groundwater inflow 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.):	Cesspools (cesspool must be pumped	as part of insp	ection) (locat	e on site plan):
Depth of solids layer Depth of scum layer Dimensions of cesspool Materials of construction Indication of groundwater inflow 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.):	Number and configuration			·
Depth of scum layer Dimensions of cesspool Materials of construction Inclication of groundwater inflow Cc mments (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 Cc mments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation etc.):	Depth – top of liquid to inlet invert			-
Dimensions of cesspool Materials of construction Inclication of groundwater inflow Ccmments (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 Ccmments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation etc.):	Depth of solids layer			
Materials of construction Inclication of groundwater inflow Cc mments (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 Ccmments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation etc)	Depth of scum layer			:
Inclication of groundwater inflow Ccmments (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 Ccmments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation).	Dimensions of cesspool			
Ccmments (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 Ccmments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation).	Materials of construction			
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)	Indication of groundwater inflow			☐ Yes ☐ No
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)		of hydraulic fa	ailure, level of	ponding, condition of vegetatio
Dimensions Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)				
Depth of solids Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation)	Materials of construction:			
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation	Dimensions	-	-	
	Depth of solids	· · · · · · · · · · · · · · · · · · ·		
		of hydraulic fa	ailure, level of	ponding, condition of vegetatio

		ray.
		¥



Owner information is required for

every page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subst rface Sewage Disposal System Form - Not for Voluntary Assessments

3 SWALLOW FARMS ROAD

Propert Address

NANCY BANDMAN -BOYLE

Owner's Name

AMHERST

City/Town

MASS State

01002

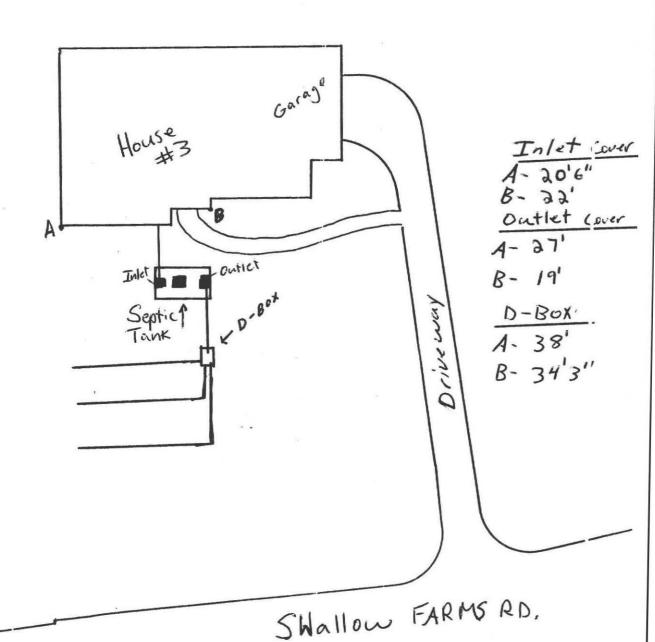
Zip Code

NOVEMBER 22, 2006

Date of Inspection

D. System Information (cont.)

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.



				,	2



Commonwealth of Massachusetts

3 SWALLOW FARMS ROAD

Property Addre	ess						
	NDMAN -BOYLE			1			
Owner's Name							
MHERST		MASS	01002	NOVEMBER 22, 2006			
City/Town		State	Zip Code	Date of Inspection			
D. Syste	em Information (cont.)	[8]	1				
Site Ex	am:						
Slope							
Surface	water						
Check o	cellar						
Shallow	wells						
Estimate	ed depth to ground water:						
Please	indicate all methods used to dete	ermine the hig	h ground water	elevation:			
\boxtimes							
	If checked, date of design p	lan reviewed:	MAY 14, 2 Date	2006			
	Observed site (abutting prop	perty/observat	on hole within	150 feet of SAS)			
	Checked with local Board of	f Health - expl	ain:				
	Checked with local excavator	ors, installers	(attach docum	nentation)			
	Accessed USGS database	- explain:					
NONE (ist describe how you established ② 150" SLOPE IN YARD AND OPERFORMED BY DOULAS J. Ma	OBSERVED A CLEAY	BUTTING PRO				

					×	*
			¥			
						,



Owner

information is

required for every

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

3 SWALLOW FARMS	ROAL
Property Address	

BANDMAN -BOYLE

Owner's Name

AMHERST City/Town MASS State 01002 Zip Code SEPTEMBER 30, 2011

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 Info	rmation			
1.	Inspector:				
	NICK TORRETTI				
	Name of Inspector				
	CLEAN SEPTICS				
	Company Name				
	P O BOX 394	252 WEST ST			
	Company Address				
	LUDLOW		MASS	01056	

State

S I 4496

License Number

B. Certification

413 583 2138

Telephone Number

City/Town

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:

Inspector's Signature	Date	Date			
Rick Ton	SEPTEMBER	30, 2011			
☐ Needs Further Evaluation b	y the Local Approving Authority				
□ Passes	☐ Conditionally Passes	Fails			

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.

		- X X		
		27,344, 84, 44	0.3	



Commonwealth of Massachusetts

-	WALLOW FARMS ROAD							
	perty Address NDMAN -BOYLE							
	er's Name							
AM	HERST	MASS	01002	SEPTEMBER 30, 2011				
City	Town	State	Zip Code	Date of Inspection				
B.	Certification (cont.) Inspection Summary: Check A,B,C,D	or E / <i>always</i> c	omplete 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:							
	RECOMMEND PUMPING EVERY TWO YEARS AND ADDING CCLS BACTERIA. RECOMMEND A RISER AND FILTER ON OUTLET							
B)	System Conditionally Passes:							
	One or more system components replaced or repaired. The system, the Board of Health, will pass.							
	Check the box for "yes", "no" or "not d determined," please explain.	etermined" (Y, N	I, ND) for the	following statements. If "not				
	The septic tank is metal and over 20 y unsound, exhibits substantial infiltration inspection if the existing tank is replace Health.	n or exfiltration	or tank failure	is imminent. System will pass				
	* A metal septic tank will pass inspecti Compliance indicating that the tank is							
	□ Y □ N □ ND (E	Explain below):						



Commonwealth of Massachusetts

_		LLOW F Address	FARMS ROAD					
BA	NDN	/IAN -BO	DYLE					
Owi	ner's l	Name						
-	IHEF	-		MASS	010		SEPTEMBE	
-	Towi			State	Zip (Code	Date of Inspect	on
B.			ation (cont.) n Conditionally Passes (cont.):					
		to brok	ration of sewage backup or break en or obstructed pipe(s) or due to spection if (with approval of Boar	o a broker	n, settle			
			broken pipe(s) are replaced		Y	\square N	☐ ND (Explai	in below):
			obstruction is removed		_ Y	\square N	☐ ND (Explai	n below):
			distribution box is leveled or rep	olaced	Y	\square N	☐ ND (Explai	in below):
			stem required pumping more tha will pass inspection if (with appro					cted pipe(s). The
			broken pipe(s) are replaced		_ Y	\square N	☐ ND (Explai	n below):
	-		obstruction is removed		☐ Y	□N	☐ ND (Explai	in below):
	C)	Furthe	r Evaluation is Required by the	Board o	f Heal	th:		
			ons exist which require further extem is failing to protect public hea					to determine if
		15.303	tem will pass unless Board of (1)(b) that the system is not fur and the environment:					
			Cesspool or privy is within 50 fe	et of a su	rface v	vater		
			Cesspool or privy is within 50 fe	et of a bo	rdering	g vegeta	ted wetland or a	salt marsh

		,



Commonwealth of Massachusetts

_	WALLOW		ROAD			
	perty Address					
_	NDMAN -E	BOYLE				
	ner's Name			MACC	04000	CEPTEMBER 20 2014
	Town			MASS	01002 Zip Code	SEPTEMBER 30, 2011 Date of Inspection
_	Shall District			State	Zip Code	Date of Inspection
_	2. Sy deter safet 100 fe suppl suppl Method ** This sy coliform be	The sy yeet of a si The sy yell. System ha from a prodused to stem pas pacteria in than 5 pped to this	I fail unless the Boar at the system is fund vironment: stem has a septic tan urface water supply or stem has a septic tan stem has a septic tan stem has a septic tan a septic tank and Skivate water supply we or determine distance: ses if the well water a dicates absent and them, provided that no or	k and soil abset tributary to a k and SAS ark and SAS ark and the SAS ark and the SAS and	sorption syste surface water and the SAS is and the SAS is AS is less that the same at a DE fammonia nit	Vater Supplier, if any) protects the public health, m (SAS) and the SAS is within r supply. within a Zone 1 of a public water within 50 feet of a private water n 100 feet but 50 feet or P certified laboratory, for fecal rogen and nitrate nitrogen is equal lered. A copy of the analysis must
D)	•		riteria Applicable to a	-0		I inspections:
	Yes	No No	e les of No to ea	acti of the for	nowing for <u>an</u>	<u>.</u> mopeodono.
		\boxtimes	Backup of sewage clogged SAS or ce		r system com	oonent due to overloaded or
		\boxtimes	due to an overload	ed or clogged	SAS or cess	The state of the s
		\boxtimes	Static liquid level in or clogged SAS or		on box above	outlet invert due to an overloaded
		\boxtimes	Liquid depth in ces	spool is less	than 6" below	invert or available volume is less

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	WALLOW perty Address		OAD							
	NDMAN -B									
_	er's Name									
-	HERST Town			MASS State	01002 Zip Code	SEPTEMBER 30, 2011 Date of Inspection				
В.	Certific	cation (cont.)							
	Yes	No								
		\boxtimes	Required pumping mo			st year <i>NOT</i> due to clogged or				
		\boxtimes	Any portion of the SA	any portion of the SAS, cesspool or privy is below high ground water elevation.						
		\boxtimes		Any portion of cesspool or privy is within 100 feet of a surface water supply or ributary to a surface water supply.						
		\boxtimes	Any portion of a cess	pool or priv	y is within a Z	one 1 of a public well.				
		\boxtimes	Any portion of a cesspool or privy is within 50 feet of a private water supply wel							
			from a private water s system passes if the laboratory, for fecal of ammonia nitroger	supply well well wate coliform be and nitra er failure	with no acceptor analysis, poacteria indicate nitrogen is criteria are tr	100 feet but greater than 50 feet batable water quality analysis. [This erformed at a DEP certified ates absent and the presence s equal to or less than 5 ppm, riggered. A copy of the analysis this form.]				
		\boxtimes	The system is a cess 10,000gpd.	pool servin	g a facility wit	h a design flow of 2000gpd-				
			criteria exist as descr	ibed in 310 contact the	CMR 15.303	or more of the above failure , therefore the system fails. The alth to determine what will be				
E)			o be considered a larg 00 gpd to 15,000 gpd.		the system n	nust serve a facility with a				
		systems, y in Section		"yes" or "n	o" to each of	the following, in addition to the				
	Yes	No								
			the system is within 4	00 feet of a	a surface drinl	king water supply				
			the system is within 2	00 feet of a	a tributary to a	surface drinking water supply				
			the system is located Area – IWPA) or a ma			rea (Interim Wellhead Protection water supply well				
	If you hav	e answere	d "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.

			: 40



Commonwealth of Massachusetts

		FARMS	ROAD		V 9 V I		
200 000	erty Addres IDMAN -						
Owne	er's Name						
AMI- City/	TERST Town			MASS State	01002 Zip Code	SEPTEMBER Date of Inspection	30, 2011
-	Check	dist		V-90-100-A00	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Check if	the followi	ng have been done. You	must indic	cate "yes" or "r	o" as to each of th	e following:
	Yes	No					
	\boxtimes		Pumping information wa	as provide	d by the owner	, occupant, or Boa	rd of Health
		\boxtimes	Were any of the system	compone	nts pumped ou	it in the previous to	vo weeks?
	\boxtimes		Has the system receive	d normal f	lows in the pre	vious two week pe	riod?
		\boxtimes	Have large volumes of this inspection?	water beer	introduced to	the system recent	ly or as part of
	\boxtimes		Were as built plans of the available note as N/A)	ne system	obtained and	examined? (If they	were not
	\boxtimes		Was the facility or dwell	ling inspec	ted for signs o	f sewage back up?	
	\boxtimes		Was the site inspected	for signs o	f break out?		
	\boxtimes		Were all system compo	nents, exc	luding the SAS	6, located on site?	
			Were the septic tank mainspected for the condit dimensions, depth of liq	ion of the b	paffles or tees,	material of constru	
			Was the facility owner (information on the proportion The size and location been determined based	er mainten of the Soi	ance of subsu	rface sewage disp	osal systems?
	\boxtimes		Existing information. Fo	r example	a plan at the	Board of Health.	
	\boxtimes		Determined in the field approximation of distan				is at issue
D.	Syste	m Infor	mation				
	Residential Flow Conditions:						
	Number	of bedroor	ns (design):	N	umber of bedr	ooms (actual):	4
	DESIGN	flow base	d on 310 CMR 15.203 (fc	or example	: 110 gpd x # c	of bedrooms):	440 GPD

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		y	



Commonwealth of Massachusetts

3 SWALLOW FARMS ROAD				
Property Address BANDMAN -BOYLE Dwner's Name AMHERST MASS 01002 SEPTEMBI City/Town State Zip Code Date of Inspect				
Annual Control				
	MASS	01002	SEPTEME	BER 30, 2011
City/Town				
D. System Information Description:				
Number of current residents:				4
Does residence have a garbage grinder?	1			☐ Yes ☒ No
Is laundry on a separate sewage system	? [if yes sepa	arate inspection	on required]	☐ Yes ⊠ No
Laundry system inspected?				☐ Yes ⊠ No
Seasonal use?				☐ Yes ☒ No
	years usage	(gpd)):		TOWN WATER
Sump pump?				☐ Yes ⊠ No
Last date of occupancy:				PRESENT Date
Commercial/Industrial Flow Condition	s:			
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 Tit	le 5 system?			☐ Yes ☐ No
Water meter readings, if available:				



Commonwealth of Massachusetts

3 SWALLOW FARI Property Address	MS ROAD							
BANDMAN -BOYL	E							
Owner's Name								
AMHERST		MASS	01002	SEPTEMBER 30, 2011				
City/Town		State	Zip Code	Date of Inspection				
D. System In	formation (cont.)							
Last date of oc	cupancy/use:		Date					
Other (describe	e below):							
	0							
Bumping Book	eral Inform	nation						
Pumping Reco	oras:							
Source of infor	Source of information: Was system pumped as part of the inspection			PUMPED AUGUST 2006 PER OWNER				
Was system pu				on? ☐ Yes ☒ No				
If yes, volume p	oumped:	gallons	7					
How was quan	tity pumped determined?	-						
Reason for pur	nping:	*						
Type of Syste	m:							
\boxtimes	Septic tank, distribution box	x, soil abso	orption system					
	Single cesspool							
	Overflow cesspool							
	Privy							
	Shared system (yes or no)	(if yes, atta	ach previous ir	nspection records, if any)				
	maintenance contract (to b	e obtained	ology. Attach a copy of the current operation and obtained from system owner) and a copy of latest by system operator under contract					
	Tight tank. Attach a copy o	of the DEP	approval.					
	Other (describe):							



Commonwealth of Massachusetts

3 SWALLOW FARMS ROAD						
Property Address BANDMAN -BOYLE						
Owner's Name	E-line-pro	***************************************				
AMHERST		MASS	01002		MBER 30, 2	2011
City/Town		State	Zip Code	Date of Ir	nspection	
Approximate age of all contents and approximate age of all contents and approximate age of all contents and approximate age of all contents age of all contents and approximate age of all contents age of all	NS AT BOAR ing at the site ☐ other (exert suction line: g, evidence of	D OF HE	2' 8" feet TOWN WATE	∖Y ASSOC. 1	0/11/2006 No	
Septic Tank (locate on si	te plan):					
	The second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section i			2'		
Depth below grade:				feet		
Material of construction:						
⊠ concrete □	metal	fiberglass	s 🗆	polyethylene	other	(explain)
: 						
If tank is metal, list age:				years		
Is age confirmed by a Cer	tificate of Com	nliance? (atta	ch a conv	A POPULATION OF THE PROPERTY O	☐ Yes	□ No
is age committed by a Cel	imoate of Com	plialice (alla	л а сору	ST. AND THE PROPERTY OF THE PROPERTY OF		L NO
Dimensions:				L 10' 5' X W	5 VH 2	
Sludge depth:						

2		



Commonwealth of Massachusetts

3 SWALLOW FARMS ROAD				
Property Address BANDMAN -BOYLE				
Owner's Name				
AMHERST	MASS	01002	SEPTEM	BER 30, 2011
City/Town	State	Zip Code	Date of Insp	
D. System Information (cont.)				
Septic Tank (cont.)				
Distance from top of sludge to bottom of o	utlet tee or b	affle		
Scum thickness				
Distance from top of scum to top of outlet	tee or baffle			
Distance from bottom of scum to bottom o	f outlet tee o	r baffle		
How were dimensions determined?				
Comments (on pumping recommendations liquid levels as related to outlet invert, evid PUMP SEPTIC TANK EVERY ONE - THE	dence of leak REE YEARS,	(age, etc.) INLET Al	: ND OUTLET BAI	FFLE OK. TANK IS
STRUCTURALLY SOUND, LIQUID LEVE	LS ARE AT	THE INVE	RI. NO LEAKA	JE .
-				
-				
Grease Trap (locate on site plan):				
Depth below grade:				
			feet	
Material of construction:				
☐ concrete ☐ metal	fiberglas	s [polyethylene	other (explain):
Dimensions:			-	
Scum thickness				
Scull trickness				
Distance from top of scum to top of outlet	tee or baffle			
Distance from bottom of scum to bottom or	f outlet tee o	r baffle		
Date of last pumping:			Date	



Commonwealth of Massachusetts

SWALLOW FARMS	ROAD					
operty Address						
ANDMAN -BOYLE wner's Name						
MHERST ity/Town		MACC	04000	CEDTEM	DED 00	0044
		MASS State	01002 Zip Code	SEPTEME Date of Insp), 2011
	ormation (conf	200 Laboratory	Zip Gode	Date of hisp	ection	
Comments (on pu	umping recommend lated to outlet invel STRUCTURALLY	dations, inlet and ort, evidence of lea		affle condition	, structu	ral integrity,
Tight or Holding	ן Tank (tank must b	pe pumped at time	of inspection) (locate on sit	te plan):	
Dopan bolow grad	.0.					
Material of constr	ruction:					
☐ concrete	☐ metal	fiberglas	ss 🗌 p	olyethylene	oth	er (explain)
Dimensions:		_				
Capacity:		g	allons			
Design Flow:		g	allons per day			
Alarm present:			Yes [No No		
Alarm level:	S 		Alarm in working	g order:	Yes	☐ No
Date of last pump	oing:	Ī	Date			
Comments (cond	ition of alarm and fl	loat switches, etc.):			
* Attach copy of c	current pumping co	ntract (required). I	s copy attach	ed?] Yes	☐ No

		\$ 10	

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Commonwealth of Massachusetts

3 SWALLOW FARMS ROAD

Property Address				
BANDMAN -BOYLE				
Owner's Name	144.00	04000	0====	
AMHERST City/Town	MASS	01002 Zip Code	Date of Inspec	ER 30, 2011
D. System Information (cont.)	Otato	Zip Gode	Date of maper	3.011
3. Cystem information (cont.)				
Distribution Box (if present must be ope	ened) (locate	on site plan):		
		0" D -BOX IS	S APPROXIMA	TELY 3'8" DEEP
Depth of liquid level above outlet invert		5,2 -0,,,,		
Comments (note if box is level and distrib evidence of leakage into or out of box, etc		ets equal, any	evidence of sol	lids carryover, any
D -BOX IS EQUAL AND LEVEL NO LEA		RRY OVER		
·				
Pump Chamber (locate on site plan):				
Pumps in working order:			☐ Yes	∐ No
Alarms in working order:			☐ Yes	☐ No
Comments (note condition of pump cham	ber, conditio	n of pumps ar	nd appurtenance	es, etc.):
	8310-311-32			
Soil Absorption System (SAS) (locate of	on site plan, e	excavation not	required):	
If SAS not located, explain why:				
in one her lecated, explain my.				
,				



Commonwealth of Massachusetts

	FARMS ROAD				
Property Address BANDMAN -BO	OVIE				
Owner's Name	OTLE				
AMHERST		MASS	01002	SEPTEME	BER 30, 2011
City/Town		State	Zip Code	Date of Insp	ection
D. System	Information (cont.)				
Type:					
	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries		number:		-
	leaching trenches		number, l	ength:	-
\boxtimes	leaching fields		number, o	dimensions:	3 LINES @ 42' LENGTHS
	overflow cesspool		number:		1-
	innovative/alternative syst	em			
	Type/name of technology:				
vegetation SOIL AND	VEGETATION ARE OK, NO S	SIGNS OF H	YDRAULIC FA	ILURE	
	s (cesspool must be pumped a	s part of insp	pection) (locate	on site plan)	1
Number ar	nd configuration			10	
Depth - to	p of liquid to inlet invert			-	
Depth of se	olids layer			2 	·
Depth of se	cum layer			-	
Dimension	s of cesspool				
Materials of	of construction			-	
Indication	of groundwater inflow			☐ Yes	☐ No

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				•



Commonwealth of Massachusetts

operty Address			
NDMAN -BOYLE			
ner's Name			
MHERST	MASS	01002	SEPTEMBER 30, 2011
r/Town	State	Zip Code	Date of Inspection
. System Information (cont.)			
Comments (note condition of soil, signs of etc.):	f hydraulic fa	ilure, level of	ponding, condition of vegetation,
Privy (locate on site plan):			
Materials of construction:			
Materials of construction:			
Materials of construction: Dimensions	f hydraulic fa	illure, level of	ponding, condition of vegetation,
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of	f hydraulic fa	ailure, level of	ponding, condition of vegetation,
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of	f hydraulic fa	ailure, level of	ponding, condition of vegetation,
Materials of construction: Dimensions Depth of solids Comments (note condition of soil, signs of	f hydraulic fa	ailure, level of	ponding, condition of vegetation,

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

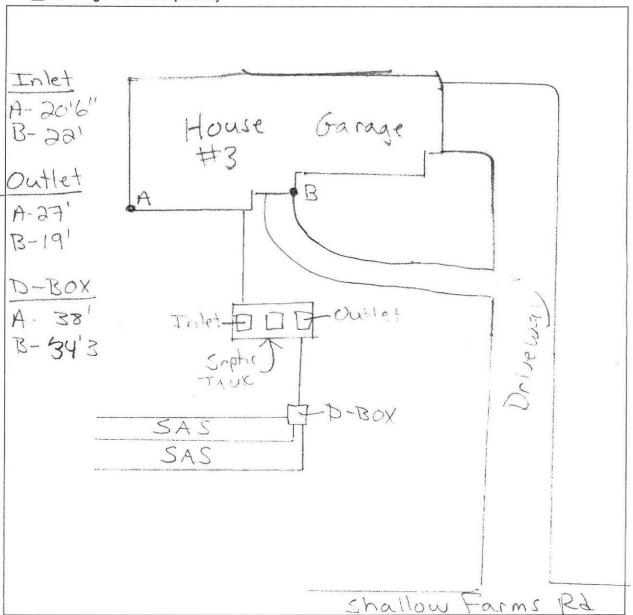
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection
AMHERST	MASS	01002	SEPTEMBER 30, 2011
Owner's Name			
BANDMAN -BOYLE			
Property Address			
3 SWALLOW FARMS ROAD			

D. System Information (cont.)

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

⋈ hand-sketch in the area belowdrawing attached separately



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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Accessed USGS database - explain:

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	3 SWALLOW I	-ARMS ROAD					
	Property Address	perty Address					
	BANDMAN -BO	OYLE					
	Owner's Name						
	AMHERST		MASS	01002	SEPTEMBER 30, 2011		
City/Town			State	Zip Code	Date of Inspection		
	D. System	Information (cont.)					
	Site Exam	C .					
	□ Check Slope □						
	☐ Surface water						
	☐ Check cellar						
	Shallo	☐ Shallow wells					
	Estimated	depth to high ground water:		NONE AT 50" feet			
	Please ind	dicate all methods used to determine the high ground water elevation:					
		Obtained from system design plans on record					
		If checked, date of design plan	reviewed:	5 / 14 / 20 Date	006		
		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)					

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

SLOPE AND CHECKED CELLAR. PERC BY DOUGLAS MACLEAY

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection
AMHERST	MASS	01002	SEPTEMBER 30, 2011
Owner's Name			
BANDMAN -BOYLE			
Property Address			
3 SWALLOW FARMS ROAD			

E. Report Completeness Checklist

- ☑ 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

		* ,
		,