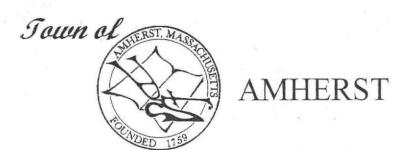
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6 BUDGOWER DRIVE



Massachusetts

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

June 15, 2012

Jessica and Rene Reyes, current owners of: 2 Teaberry Lane, Amherst MA 01002

This letter is written to clarify and reiterate, to both owner and potential buyer, that while this system technically passes the MA State Title V Inspection, the system could also exhibit symptoms that would have resulted in a clear cut failure if, for example, heavier sustained usage occurs (more occupants, and/or different habits), or if isolated heavy usage is experienced (a party with many guests, for example). The reserve space in the leach tank is limited. Both the inspector and the Town's representative do appreciate the desire of the present owner to continue to use the system during the estimated 2-3 year wait for sewer lines to be added to Teaberry Lane, and to connect to the sewer at that time.

It must be clearly understood that any failure criteria exhibited before such time as the sewer line is available will result in orders to immediately repair the soil absorption system. Failure criteria would include backup of sewage into the residence, ponding, surface breakout, damp soils above the leach tank, discharge to surface water, static liquid level in the distribution box above the inlet invert, and septic pumping more than four times per year.

Connection to the sewer is required at the first opportunity, unless the system has been upgraded and/or passes Title V inspection at the time of sewer availability.

Sincerely

Edmund Smith

Health Inspector

Amherst Health Department

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App- 14257

May 2012 INVOICE

TOTAL \$

200.00

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: May 22, 2012

TO

Jessica Reyes

2 Teaberry Lane

Amherst, MA 01002

Bell received 6/16/12 see aboded charle #3105

RE: Invoice for

Septic Title V witness

Services provided by

Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION . UN	NIT PRICE	LINE	TOTAL
1.00	Septic Title V witness: result = needs further evaluation \$	200.00	\$	200.00
	this invoice is due - please remit to address above			
			H	
		SUBTOTAL SALES TAX		200.00

CUST NAME 4 BOLTWOOD AVENUE 06/26/12 CITY, ST, ZIP

***TOWN OF A TOWN HAL AMHERST M REFERENCE DATE/TIME 14:10

CUST NAME

0 DEPT

DE HEA058

TITLE V WI 200.

RECPT TOTAL

200.00 JESSICA RE QUA CHECK

3105

AMOUNT

Smith, Edmund

From:

Smith, Edmund

Sent:

Tuesday, June 19, 2012 3:12 PM

To:

'Jessica Reyes'

Subject:

RE: 2 Teaberry Title V - Tues 3/22

Attachments:

2 Teaberry Lane.xlsx

Hi Jessica -

I've just left a voicemail on your home number. I sent an invoice for the \$200 Title V Septic Inspection Witness fee but have not received a reply. In the meantime, I have had discussions with the Title V inspector (Alan Weiss) and also with our septic expert at the state level. I can forward you an ammended Inspection marked "passed" accompanied by a letter detailing the reservations that prompted the inspector to request "further evaluation" on the initial report. I believe this will satisfy your desire to not invest further in the current system as the sewer is expected in 2-3 years for your address; this letter also satisfies our desire that a buyer is fully informed that the reserve capacity of the system is limited and repair or prompt connection to the sewer will be necessary in that 2-3 year timeframe. I can forward the report and letter on to you upon receipt of your check for \$200.

Sincerely

Ed

Edmund R. Smith

Health Inspector; (413)259-3153

my regular hours: Tuesdays 8-4:30; Thursdays 12:30-4:30; Fridays 8-4:30

Amherst Health Department

main phone #: (413)259-3077; fax (413)259-2404

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

From: Jessica Reyes [mailto:jwreyes@gmail.com]

Sent: Monday, May 21, 2012 10:51 AM

To: Alan Weiss

Cc: Ed Smith; Smith, Edmund; Rob Adair; Rick Davitt; Paula Davitt

Subject: 2 Teaberry Title V - Tues 3/22

Dear All.

Just writing to confirm that we will be having the Title V Inspection at 2 Teaberry Ln tomorrow morning (Tues March 22nd) at 8:45 am. See you tomorrow!

Thanks,

Jessica Reves

PS - our phone is 253-4144 in case anyone needs to call the house.

On Wed, May 9, 2012 at 9:30 PM, Jessica Reyes < <u>jwreyes@gmail.com</u>> wrote: Dear All,

Thank you very much. We will look forward to seeing you at 8:45 am on Tuesday May 22nd for the Title V Inspection at 2 Teaberry Lane in Amherst.

Our phone is 253-4144 in case anyone needs to call the house.

Thanks, Jessica Reves

Error! Filename not specified.

On Mon, May 7, 2012 at 12:20 PM, Alan Weiss aeweiss@charter.net> wrote:

Ed,

Ok, Tuesday the 22nd at 845 am.

Title 5 for 2 teaberry Lane, I have copied Adairs too.

Alan Co

From: Ed Smith [mailto:esmith@northamptonma.gov]

Sent: Monday, May 07, 2012 12:12 PM

To: Alan Weiss; 'Jessica Reyes'

Cc: 'Smith, Edmund'

Subject: RE: 2 Teaberry Title V - week of May 21st?

Alan - here you go:

Tuesday 5/22 8:30-4

Thursday 5/24 12:30-4

Thursday 5/31 12:30-4

Friday 6/1 8:30-4

Ed

Edmund Smith

Health Inspector, Northampton Health Department

1(413)587-1339; esmith@northamptonma.gov

regular hours: 8-4:30 Monday & Wednesday; 8-12 noon Thursday

From: Alan Weiss [mailto:aeweiss@charter.net]

Sent: Monday, May 07, 2012 11:50 AM

To: 'Jessica Reyes'

Cc: 'Smith, Edmund'; Ed Smith

Subject: FW: 2 Teaberry Title V - week of May 21st?

Ed,

Please let me know how your week looks from the 21st on. So that this can be rescheduled.

Alan

Cold Spring Environmental Consultants Inc.

www.coldspringenvironmental.com

From: Jessica Reyes [mailto:jwreyes@gmail.com]

Sent: Monday, May 07, 2012 10:18 AM

To: Alan Weiss

Subject: Re: 2 Teaberry Title V - week of May 21st?

Alan,

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- Marie		
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	A. Company of the Com	
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After we got off the phone I realize possible? We're having our open he to worry as much about the grass.				
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	2			
Thanks, talk to you soon,				
			*	
Jessica		91		

City of Northampton email messages are public records except when they fall under one of the specific statutory exemptions.

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

key.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

-	Feaberry Lane perty Address					
	7					
_	ssica Reyes ner's Name		-			
30.00		BAA.	04000		10	
-	nherst	MA_	01002		_	
City	y/Town	State	Zip Cr	£		
	spection results must be submitted o ly. Please see completeness checklis			Fusices	,	any
A.	General Information					
1.	Inspector:					
	Alan E Weiss, M.S, Hydrogeologist, R.	S # 933				
	Name of Inspector					
	Cold Spring Environmental Consultant	s Inc.				
	Company Name					
8	350 Old Enfield Road					
	Company Address	-1				
	Belchertown		MA		01007	
	City/Town		State	-	Zip Code	
	413.323.5957		# 738			

B. Certification

Telephone Number

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:

License Number

Inspector's Signature	Date	to qualify. A W	Veiss 06.15.2012
the liver	05.22.2012	Revised with H	lealth Dept letter
Needs Further Evaluation by th	e Local Approving Authority	a .	
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.

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Commonwealth of Massachusetts

		MA	01002	05 22 2012			
_	200 400000	0.0.0	p	Date of mopeotion			
О.		r E / <i>always</i>	complete all of	Section D			
A)	System Passes:						
	in 310 CMR 15.303 or in 310 CMR						
	Comments:						
	baffles inplace indicating S. tank was pr to inlet pipe and stains/level) (26" eff Ht. Unknown how long May function with/w	oper. L. tank 20-22" now ithout failure	(500 gal) liquid ponding). Hous condition being	d level was nearly fu se has had only 4 pe	l (within 6-7" rsons.		
				* 1	1		
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.						
		ermined" (Y,	N, ND) for the	following statements	. If "not		
	structurally unsound, exhibits substantia will pass inspection if the existing tank is	al infiltration of	r exfiltration or	tank failure is immin	ent. System		
			ertificate of				
	☐ Y ☐ N ☐ ND (Ex	plain below):					
				24			
	erty Address sica Reyes er's Name herst Town Certification (cont.) Inspection Summary: Check A,B,C,D of System Passes: I have not found any information whin 310 CMR 15.303 or in 310 CMR indicated below. Comments: Property has a 25 + yr old system with baffles inplace indicating S. tank was proto inlet pipe and stains/level) (26" eff Ht Unknown how long May function with/winear future. Garbage disposal not record system Conditionally Passes: One or more system components a replaced or repaired. The system, used the Board of Health, will pass. Check the box for "yes", "no" or "not detected determined," please explain. The septic tank is metal and over 20 yestructurally unsound, exhibits substantic will pass inspection if the existing tank is Board of Health. * A metal septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating that the tank is less than the septic tank will pass inspection Compliance indicating the septic tank will pass inspection the septic tank will pass inspection the septic t		67.6				

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Commonwealth of Massachusetts

		erry Lar Address	ne		-				
		Reyes							
		Name							
Amhe	ers	st		MA	01	002	05.22.	2012	
City/To	iwo	n	ie.	State	Zip	Code		Inspection	
В. С	Ce	ertific	ation (cont.)						
Е	3)	Syster	m Conditionally Passes (co	nt.):	9				
		to brok	vation of sewage backup or b ten or obstructed pipe(s) or d aspection if (with approval of	ue to a brok	en, set				
			broken pipe(s) are replaced	I	□ Y	□ N	□ ND (Explain below):	
			obstruction is removed		⊠ Y	□ N	□ ND (Explain below):	
			distribution box is leveled o	r replaced	☐ Y	□ N	□ ND (Explain below):	
_								V	
			stem required pumping more will pass inspection if (with a broken pipe(s) are replaced	approval of			alth):	obstructed pipe(s). Explain below):	The
			obstruction is removed		□ Y	□N	□ ND (Explain below):	
-				Á		, *			
_								1	3
_									
C	C)	Furthe	r Evaluation is Required by	the Board	of Hea	ilth:			
ŗ]		ons exist which require further stem is failing to protect public					order to determine	e if
		15.303	stem will pass unless Board (1)(b) that the system is no and the environment:						ealth
٠			Cesspool or privy is within 8	50 feet of a	surface	water			
			Cesspool or privy is within 5	50 feet of a	borderir	ng vegeta	ated wetlan	nd or a salt marsh	

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	(A) (X)				r#
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Commonwealth of Massachusetts

	eaberry La					8	
	perty Address						
	ssica Reye	S					
	ner's Name				04000	05.00.0040	
-	herst			MA State	01002	05.22.2012	
_	/Town			State	Zip Code	Date of Inspection	
B.	deter safety 100 fe 100 fe supply supply The s more Method ** This sy coliform b to or less be attache 3. Other:	The sy yet of a su The sy yet of a su The sy yet. The sy yet of a su The sy yet. The sy yet. Yet of a su The sy yet. The sy yet. Yet of a su The sy yet. The sy yet. Yet of a su The sy yet. The	I fail unless the Boa at the system is fun vironment: stem has a septic tar urface water supply o stem has a septic tar stem has a septic tar stem has a septic tar stem has a septic tark and Sivate water supply we determine distance: ses if the well water a dicates absent and them, provided that no ofform.	nk and soil about tributary to the and SAS and the Sell**.	sorption syste a surface wate nd the SAS is nd the SAS is AS is less that the same or med at a DE of ammonia 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 wa within 50 feet of a private wat n 100 feet but 50 feet or P certified laboratory, for feca rogen and nitrate nitrogen is elered. A copy of the analysis r	er l equal
	20" of liqu	iid in 26"	eff. ht. Itank			£	
	Ψ,						
	-						
D)	System F	ailure Cr	iteria Applicable to	All Systems	:		
	You mus	t indicate	"Yes" or "No" to e	ach of the fo	llowing for <u>al</u>	l inspections:	
	Yes	No					
		\boxtimes	Backup of sewage clogged SAS or ce		or system com	oonent due to overloaded or	
		\boxtimes		ling of effluer		e of the ground or surface wat pool	ers
		\boxtimes		n the distribu		outlet invert due to an overloa	aded
		\boxtimes			than 6" below	invert or available volume is I	ess

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		*
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Commonwealth of Massachusetts

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

	eaberry La					
	ssica Reves					
	ner's Name	,				
Am	herst			MA	01002	05.22.2012
City	/Town			State	Zip Code	Date of Inspection
В.	Certific	cation	(cont.)			
	Yes	No				
		\boxtimes	Required pumping obstructed pipe(s).			st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the	SAS, cesspo	ool or privy is b	elow high ground water elevation.
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water supply or
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within a 2	Zone 1 of a public well.
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within 50	feet of a private water supply well
			from a private wate system passes if laboratory, for fed of ammonia nitro	er supply we the well wa cal coliform gen and nit other failure	II with no accepter analysis, publicateria indicateria indicate nitrogen in are to criteria are to	100 feet but greater than 50 feet btable water quality analysis. [This performed at a DEP certified cates absent and the presence is equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		\boxtimes	The system is a ce 10,000gpd.	esspool servi	ng a facility wit	h a design flow of 2000gpd-
			criteria exist as des	scribed in 31 uld contact t	0 CMR 15.303 he Board of He	e or more of the above failure B, therefore the system fails. The ealth to determine what will be
E)			Fo be considered a la ,000 gpd to 15,000 gp		n the system r	nust serve a facility with a
For large systems, you must indicate either "yes" or "no" to each of the following, in addition questions in Section D.						
	Yes	No		1.3	£	
			the system is within	n 400 feet o	f a surface drin	king water supply
			the system is within	n 200 feet o	f a tributary to a	a surface drinking water supply
			the system is locat Area – IWPA) or a		•	rea (Interim Wellhead Protection water supply well
	If you hav	e answei	red "yes" to any quest	ion in Section	n 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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Commonwealth of Massachusetts

2 Teaberry Lane

Pro	perty Addres	SS					
	sica Reye	es	, i				
	ner's Name				0.4.000	05.00.0040	
_	herst Town			MA State	01002 Zip Code	05.22.2012 Date of Inspection	in .
_	Check	dict		Otate	Zip Gode	Date of mapecilo	
C.	Check	VII21					
	Check if	the follow	wing have been done. Y	ou must inc	licate "yes" or '	'no" as to each of	the following:
	Yes	No					
	\boxtimes		Pumping information	was provid	ed by the owne	er, occupant, or Bo	oard of Health
			Were any of the syst	tem compon	ents pumped o	out in the previous	two weeks?
	\boxtimes		Has the system rece				
		\boxtimes	Have large volumes this inspection?				
		\boxtimes	Were as built plans of available note as N/		n obtained and	examined? (If the	y were not
	\boxtimes		Was the facility or dv	welling inspe	cted for signs	of sewage back u	p?
			Was the site inspect	ed for signs	of break out?		
	\boxtimes		Were all system con	nponents, ex	cluding the SA	S, located on site	?
			Were the septic tank inspected for the con dimensions, depth o	ndition of the	baffles or tees	s, material of cons	
			Was the facility own information on the properties of the size and location been determined bar	roper mainte on of the So	enance of subs	urface sewage dis	sposal systems?
	\boxtimes		Existing information.	For exampl	e, a plan at the	Board of Health.	
			Determined in the fie approximation of dis				
D.	Syste	m Info	ormation				
	Residen	itial Flov	v Conditions:				
	Number	of bedro	oms (design):		Number of bed	drooms (actual):	4
	DESIGN	flow bas	sed on 310 CMR 15.203	(for examp	le: 110 gpd x #	of bedrooms):	440

		• 4
N:		
	*	



Commonwealth of Massachusetts

2 Teaberry Lane Property Address		*		_		
Jessica Reyes						
Owner's Name						
Amherst	MA	01002	05.22.2012	2		
City/Town	State	Zip Code	Date of Inspe			
D. System Information		*				
Description: 1500 gallon S. tank with 500 gal L. tank	<	: 100 : 100				
-						
		-	- 7		-3	
Number of current residents:				4		
Does residence have a garbage grinde	r?			⊠ Ye	es 🗌	No
Is laundry on a separate sewage system	m? [if yes sepa	rate inspection	n required]	☐ Ye	es 🖂	No
Laundry system inspected?				☐ Ye	es 🗌	No
Seasonal use?				☐ Ye	es 🖂	No
Water meter readings, if available (last	2 years usage	(and)).		n/a		
Detail:	z youro uougo	(964)).				
		1				,
Sump pump?				☐ Ye	es 🖂	No
Last date of occupancy:				Date		
Commercial/Industrial Flow Condition	ons:	*				
Type of Establishment:		-				
Design flow (based on 310 CMR 15.20	3):	Gallons	per day (gpd)			
Basis of design flow (seats/persons/sq.	ft., etc.):		-			
Grease trap present?				☐ Ye	s 🗌	No
Industrial waste holding tank present?				☐ Y€	es 🗌	No
Non-sanitary waste discharged to the T	itle 5 system?			☐ Y€	es 🗌	No
Water meter readings, if available:						

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4						
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Commonwealth of Massachusetts

Property Address Pulsaria Reyes Pu	Teaberry Lane			
Amerst Name Amherst State Zip Code Date of inspection D. System Information (cont.) Last date of occupancy/use: Other (describe below): Pumped March 2012. General Information Pumping Records: Source of information: Was system pumped as part of the inspection? If yes, volume pumped: How was quantity pumped determined? Reason for pumping: Type of 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 operator under contract Tight tank. Attach a copy of the DEP approval.	2 6			
Amherst MA State Zip Code 05.22.2012 Zity/Town State Zip Code 05.22.2012 Date of Inspection D. System Information (cont.) Last date of occupancy/use: Current Date Other (describe below): Pumped March 2012. General Information Pumping Records: Source of information: unk. Was system pumped as part of the inspection? Yes No No Yes, volume pumped: Gallons How was quantity pumped determined? Reason for pumping: defer to repair 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.				
State		MA	01002	05 22 2012
Current Date Other (describe below): Pumped March 2012. General Information Pumping Records: Source of information: Was system pumped as part of the inspection? If yes, volume pumped: General Information unk. Was system pumped as part of the inspection? If yes, volume pumped: General Information Unk. Yes No If yes S No If yes, volume pumped: Gefer to repair 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.				
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Other (describe below): Pumped March 2012. General Information Pumping Records: Source of information: Was system pumped as part of the inspection? If yes, volume pumped: How was quantity pumped determined? 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) 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.	Last date of occupancy/use:		100000000000000000000000000000000000000	t
General Information Pumping Records: Source of information: Was system pumped as part of the inspection?	East date of coodpanis/race.		Date	
General Information Pumping Records: Source of information: Was system pumped as part of the inspection? Yes No No No No No No No No No N	Other (describe below):			
Pumping Records: Source of information: Was system pumped as part of the inspection? If yes, volume pumped: Gallons How was quantity pumped determined? 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) 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.	Pumped March 2012.			V"
Pumping Records: Source of information: Was system pumped as part of the inspection? If yes, volume pumped: Gallons How was quantity pumped determined? 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) 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.			1	
Pumping Records: Source of information: Was system pumped as part of the inspection?				
Source of information: Was system pumped as part of the inspection? If yes, volume pumped: ———————————————————————————————————	Gen	eral Infor	mation	
Source of information: Was system pumped as part of the inspection? If yes, volume pumped: ———————————————————————————————————	Pumping Records:			
Was system pumped as part of the inspection? If yes, volume pumped: Gallons How was quantity pumped determined? 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) 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.	rumping records.	route		
How was quantity pumped determined? Reason for pumping:	Source of information:	unk.		· · · · · · · · · · · · · · · · · · ·
How was quantity pumped determined? 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) 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.	Was system pumped as part of the inspect	tion?		☐ Yes ☒ No
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) 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.	If yes, volume pumped:	gallon	s	
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.	How was quantity pumped determined?	-		
 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. 	Reason for pumping:	defe	r to repair	
 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. 	Type of System:			
 □ 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. 	Septic tank, distribution bo	ox, soil abs	sorption system	
 □ 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. 	Single cesspool			
 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. 	Overflow cesspool			
 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. 	Privy			
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.	Shared system (yes or no) (if yes, a	ttach previous i	nspection records, if any)
	maintenance contract (to	be obtaine	d from system	owner) and a copy of latest
Other (describe):	Tight tank. Attach a copy of	of the DEF	approval.	
	Other (describe):			

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Commonwealth of Massachusetts

	eaberry Lane perty Address		-				_
	sica Reyes						
_	ner's Name						
	herst		MA	01002	05.22.	121107,107000	
City	/Town		State	Zip Code	Date of	Inspection	
D.	-	rmation (cont.)		known) and	d source of in	formation:	
	Were sewage odd	ors detected when a	rriving at the site	?		☐ Yes ⊠	No
	Building Sewer (locate on site plan):					
	Depth below grad	e:	я.		1.5 feet		
	Material of constru	uction:					
	ast iron	☑ 40 PVC	other (ex	kplain):		=	
	Distance from priv	ate water supply we	ell or suction line	:	feet		
	Comments (on co	ndition of joints, ver	ting, evidence o	f leakage,	etc.):		
	pipe to tank appea	ars ok					
	pipo to tariit appor	aro or					
		μ					
	Septic Tank (loca	ate on site plan):					*
	Depth below grad	e:			12 inch feet		
	Material of constru	uction:					
	□ concrete	☐ metal	☐ fiberglas		polyethylene	☐ other	(explain)
	Tank condition fur	nctional, minimal co	rrosion at outlet	oaffle.			
					¥		
					W. I	2	
	If tank is metal, lis	t age:			years		
	Is age confirmed I	by a Certificate of C	ompliance? (atta	ch a copy		☐ Yes	☐ No
	Dimensions:					w x 4.2'd (eff)	
4	Sludge depth:				<1"		

	× ×
	# # # # # # # # # # # # # # # # # # #



Commonwealth of Massachusetts

2 Teaberry Lane Property Address				*		
Jessica Reyes						
Owner's Name			1.			
Amherst		MA	01002	05.22.20	12	
City/Town		State	Zip Code	Date of Ins	pection	
D. System Inf	ormation (cont.)				
	(c		
Septic Tank (co	nt.)					
	,			42"		
Distance from to	p of sludge to bottom	of outlet tee or	baffle	72		
Scum thickness				<1"		
Scurr unckness						
Distance from to	p of scum to top of o	utlet tee or baffle	9	6"		
				12"		
Distance from bo	ottom of scum to botte	om of outlet tee	or baffle	12		
11	:d-tid0			Observation/Meas		
How were aimer	nsions determined?			*		
	elated to outlet invert gallon, with built in ba			ndition)		
-	×				. Bar	
-						
					*	
-						
Grease Trap (lo	cate on site plan):					
Depth below gra	de:			feet		
NA-1-2-1-6				7.5		
Material of cons	truction:					
concrete	☐ metal	fibergla		polyethylene	other (explain):	
Dimensions:						
Scum thickness					<u></u>	
Distance from to	p of scum to top of o	utlet tee or baffle	e			
Distance from bo	ottom of scum to bott	om of outlet tee	or baffle			
Date of last pum	ping:		Data			
				Date		

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Commonwealth of Massachusetts

eaberry Lane					
perty Address					
ssica Reyes ner's Name					
herst	MA	01002	05.22	2012	
/Town	State	Zip Code		2.2012 of Inspection	
System Information (cont		Zip oode	Date 0	mapedion	
Comments (on pumping recommend liquid levels as related to outlet inver	ations, inlet and		affle cond	lition, structu	ral integri
*					
			4	-	
Tight or Holding Tank (tank must b	e pumped at tim	e of inspection	n) (locate d	on site plan):	
Depth below grade:		4 B			
Material of construction:					
☐ concrete ☐ metal	☐ fibergla	ass 🗆 p	olyethyler	ne 🗌 oth	er (explai
Dimensions:					
Differisions.					
Capacity:		gallons			V
Design Flow:		gallons per day			
Alarm present:		☐ Yes ☐	No		
Alarm level:		Alarm in workir	g order:	Yes	☐ No
Date of last pumping:		Date			
Comments (condition of alarm and fl	oat switches, etc	5.):		. 4	
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Commonwealth of Massachusetts

	eaberry Lane				
herst Name herst State D1002 D5.22.2012 Town State Dip Code Date of Inspection 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, evidence of leakage into or out of box, etc.): Pump Chamber (locate on site plan): Pumps in working order:	perty Address				
NAME NOT STATE NOT STATE NOT STATE NOT STATE NOT STATE NOT STATE NOT SPECIAL STATE NOT STATE NOT SPECIAL STATE NOT S	ssica Reyes				
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, evidence of leakage into or out of box, etc.): 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):			0.4000		
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, evidence of leakage into or out of box, etc.):					
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, evidence of leakage into or out of box, etc.): Pump Chamber (locate on site plan): Pumps in working order:		State	Zip Code	Date of Inspe	ection
Depth of liquid level above outlet invert Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, evidence of leakage into or out of box, etc.): Pump Chamber (locate on site plan): Pumps in working order:		ened) (locate	e on site plan):		
Pump Chamber (locate on site plan): Pumps in working order: Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): Soil Absorption System (SAS) (locate on site plan, excavation not required):			-		
Pump Chamber (locate on site plan): Pumps in working order:	evidence of leakage into or out of box, e	tc.):		evidence of so	olids carryover, a
Pump Chamber (locate on site plan): Pumps in working order:				9.	
Pump Chamber (locate on site plan): Pumps in working order:			у.	(8	
Pump Chamber (locate on site plan): Pumps in working order:		-		×	
Pumps in working order:					
Pumps in working order:					8
Alarms in working order: Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): Soil Absorption System (SAS) (locate on site plan, excavation not required):	Pump Chamber (locate on site plan):				
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): Soil Absorption System (SAS) (locate on site plan, excavation not required):	Pumps in working order:			☐ Yes	☐ No
Soil Absorption System (SAS) (locate on site plan, excavation not required):	Alarms in working order:			Yes	☐ No
	Comments (note condition of pump char	mber, conditi	on of pumps and	d appurtenand	ces, etc.):
	19			-	
				*	
	Soil Absorption System (SAS) (Issets	on site plan	execution not	required):	***************************************
ii ono not located, explain why.		on site plan,	Excavation not	equileu).	
	n or to not located, explain why.				=
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Commonwealth of Massachusetts

2 Teaberry Lane

roperty Address					
essica Reyes wner's Name					
mherst		MA	01002	05.22.2012	
ity/Town		State	Zip Code	Date of Inspe	ction
D. System	Information (cont.)				
Туре:					li de la compa
\boxtimes	leaching pits		number:		4' x 8' x 2.2' h
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number, le	ength:	
	leaching fields		number, d	imensions:	-
	overflow cesspool		number:		
	innovative/alternative syste	m			
	Type/name of technology:	-			
 					
-	**************************************				
	1		4		
Consensale	/				
	(cesspool must be pumped as	part of iris	pection) (locate	on site plan).	
Number and	d configuration				
Depth - top	of liquid to inlet invert			>	
Depth of so	lids layer				
Depth of sc	um layer			3. D	
Dimensions	s of cesspool	ä		-	
Materials of	fconstruction		. * *	-	
Indication o	f groundwater inflow			☐ Yes	☐ No

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Commonwealth of Massachusetts

eaberry Lane				
perty Address	An .			
ssica Reyes				
ner's Name				
herst	MA	01002	05.22.2012	39 _
r/Town	State	Zip Code	Date of Inspection	
System Information (cont	t.)			
Comments (note condition of soil, sigetc.):	gns of hydraulic	failure, level of	ponding, condition of	of vegetation
Y				
		*		
			1 3 3	
Privy (locate on site plan):				
Materials of construction:			-	
Dimensions			¥	
Depth of solids				
Comments (note condition of soil, signetc.):	gns of hydraulic	failure, level of	ponding, condition of	of vegetation
	(40)			
				B.

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Commonwealth of Massachusetts

mherst ry/Town		MA State		05.22.2012 Date of Inspection
Sketch Of Se at least two p	ermanent reference lan	.) Provide a vie dmarks or bei	w of the sewage nchmarks. Locate	disposal system, including tie
☐ hand-ske	water supply enters the etch in the area below attached separately	building. Che	ck one of the box	res below:
			,	
		,	Å.	
	4			



Commonwealth of Massachusetts

2 Teaberry Lane

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

Property Address				
Jessica Reyes				
Owner's Name				
Amherst		MA.	01002	05.22.2012
City/Town	Information (State	Zip Code	Date of Inspection
D. System	Information (cont.)			
Site Exam			6	
□ Check	Slope			
Surface Surface	e water			
□ Check	cellar			
☐ Shallo	w wells	27		
Estimated	depth to high ground water:		8'+/- feet	
Please ind	icate all methods used to detern	nine the hi	gh ground wate	er elevation:
	Obtained from system design	plans on re	ecord	
	If checked, date of design plan	reviewed	Date	
	Observed site (abutting proper	ty/observa	tion hole within	150 feet of SAS)
	Checked with local Board of H	ealth - exp	lain:	- * * /*
	Checked with local excavators	, installers	- (attach docui	mentation)
	Accessed USGS database - e.	xplain:		
You must Work in are	describe how you established the			
				E
	4	-		
	3		*	
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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

2 Teaberry Lane				
Property Address			y	
Jessica Reyes				
Owner's Name				
Amherst	MA	01002	05.22.2012	
City/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

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

TITLE V OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM PART A CERTIFICATION

Property Address: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same

Date of Inspection: 05/03/2005

Name of Inspector: (please print) Nate Toretti

Company Name: <u>CLEAN SEPTICS</u>
Mailing Address: <u>P.O. BOX 394</u>
LUDLOW, MA

Telephone Number: __583-2138

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:

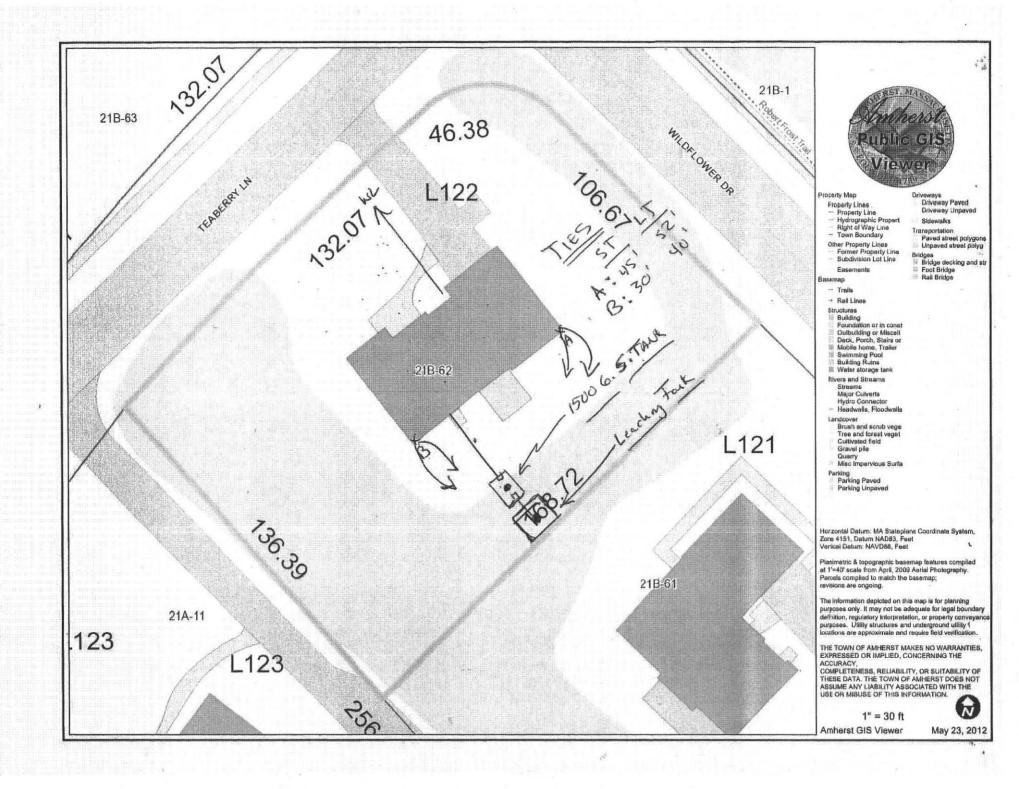
X Passes
Conditionally Passes
Needs Further Evaluation by the Local Approving Authority
Fails

	my , and	
Inspector's Signature:	Nathan Torrette	Date: _05/03/2005

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:

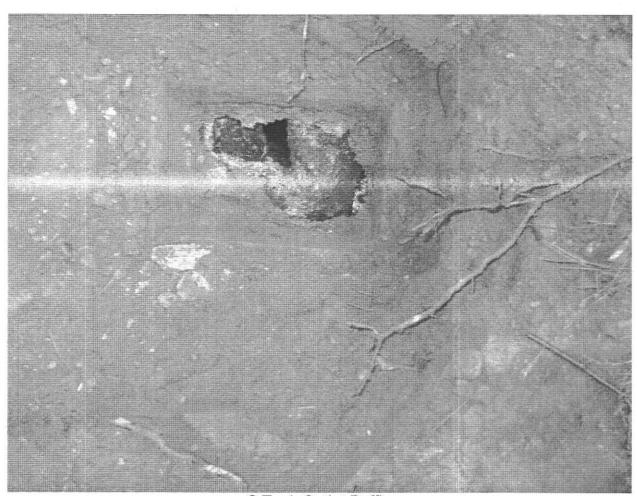
This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.





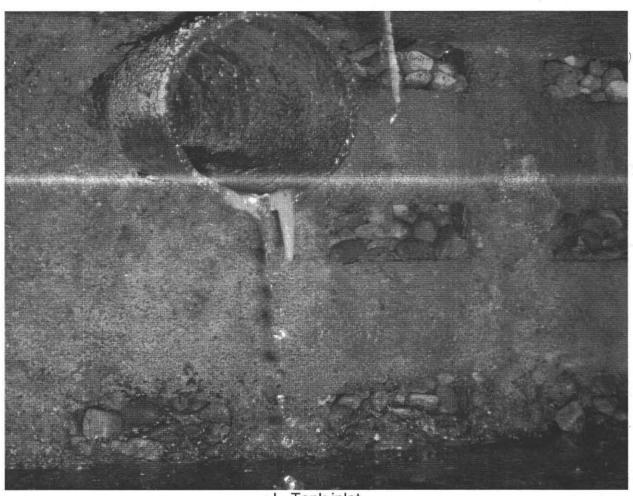
S Tank Inlet Baffle 2 Teaberry Lane Amherst, MA 05.22.2012

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S Tank Outlet Baffle 2 Teaberry Lane Amherst, MA 05.22.2012

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L. Tank inlet 2 Teaberry Lane Amherst, MA 05.22.2012

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Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Teaberry Lane				
Property Address				
Jessica Reyes				
Owner's Name				
Amherst	MA	01002	05.22.2012	
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.

A. General Information

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

Important:





a. General information		FILE
Inspector:		Car
Alan E Weiss, M.S, Hydrogeologist, RS #	933	2087
Name of Inspector		_
Cold Spring Environmental Consultants Inc	c.	
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:

Inspector's Signature	Date	to qualify. A Weiss 06.15.2012	
She luce	05.22.2012	Revised with Health Dept letter	
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.



Commonwealth of Massachusetts

	eaberry Lane			
Prop	perty Address			a v
	sica Reyes			
	ner's Name	144	04000	05 00 0040
200	herst /Town	MA State	01002 Zip Code	05.22.2012 Date of Inspection
- 1		Otate	Zip Code	Date of hispection
Ь.	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 in 310 CMR 15.303 or in 310 CMR 15 indicated below.			
	Comments:			
	Property has a 25 + yr old system with 15 baffles inplace indicating S. tank was property to inlet pipe and stains/level) (26" eff Ht, 2 Unknown how long May function with/with near future. Garbage disposal not recomm	er. L. tank 0-22" now out failure	(500 gal) liquion ponding). Hous condition being	d level was nearly full (within 6-7" se has had only 4 persons.
B)	System Conditionally Passes:			
	One or more system components as or replaced or repaired. The system, upon the Board of Health, will pass.			
	Check the box for "yes", "no" or "not deter determined," please explain.	mined" (Y,	N, ND) for the	following statements. If "not
	The septic tank is metal and over 20 years structurally unsound, exhibits substantial i will pass inspection if the existing tank is r Board of Health.	nfiltration of	or exfiltration or	tank failure is imminent. System
	* A metal septic tank will pass inspection is Compliance indicating that the tank is less	if it is struct s than 20 y	turally sound, n ears old is avai	ot leaking and if a Certificate of lable.
	Y N ND (Expl	-		
				2
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		(4)		



Commonwealth of Massachusetts

	Address	IE .					
	Reyes			3			
wner's							
mhers	st	9	MA	010		05.22.2012	
ity/Tow		X	State	Zip (Code	Date of Inspection	
		ation (cont.) n Conditionally Passes (cont.)):				
	Observ to brok	vation of sewage backup or breaten or obstructed pipe(s) or due aspection if (with approval of Bo	ak out or h	en, settl			
		broken pipe(s) are replaced	v	□ Y	□ N	☐ ND (Explain be	low):
		obstruction is removed		⊠ Y	\square N	☐ ND (Explain be	low):
~		distribution box is leveled or re	eplaced	☐ Y	□N	☐ ND (Explain be	low):
9			7				
		stem required pumping more the will pass inspection if (with appropriate proken pipe(s) are replaced obstruction is removed					low):
_	, and the second						* .
_							
C)	Furthe	r Evaluation is Required by t	he Board	of Heal	th:		
		ions exist which require further stem is failing to protect public h					etermine if
	15.303	stem will pass unless Board of (1)(b) that the system is not f and the environment:					
4.		Cesspool or privy is within 50	feet of a s	urface v	water		
		Cesspool or privy is within 50	feet of a b	orderin	g vegeta	ited wetland or a salt	marsh



Commonwealth of Massachusetts

	eaberry L						
	perty Addres						
	ssica Reye	es					
12000110	ner's Name				04000	05.00.0040	
-	herst			MA	01002 Zip Code	05.22.2012	
-	/Town		8 8 6	State	Zip Code	Date of Inspection	
В.	Certifi	cation	(cont.)				
	dete	rmines th				Vater Supplier, if any) protects the public health	h,
	100 f	feet of a s The sy ly.	urface water supply or ystem has a septic tan	r tributary to a k and SAS a	a surface wate nd the SAS is	within a Zone 1 of a public	water
	supp	I he sy ly well.	ystem has a septic tan	ik and SAS a	nd the SAS is	within 50 feet of a private w	ater
	more	from a p	as a septic tank and Sarivate water supply we to determine distance:	ell**.	AS is less than	n 100 feet but 50 feet or	1
	be attach	ned to this		ther failure c	riteria are trigg	ered. A copy of the analysi	s must
			*			ÿ.	
						7 2	
						***************************************	í
			· · · · · · · · · · · · · · · · · · ·		n H		
						20 =	
D)	System	Failure C	riteria Applicable to	All Systems	:		
	You mus	<u>st</u> indicat	e "Yes" or "No" to e	ach of the fo	llowing for <u>al</u>	inspections:	
	Yes	No					
		\boxtimes	Backup of sewage clogged SAS or ce		r system comp	ponent due to overloaded o	r
		\boxtimes	Discharge or pond due to an overload			e of the ground or surface v pool	vaters
		\boxtimes		n the distribut		outlet invert due to an ove	rloaded
					than 6" below	invert or available volume	is less



Commonwealth of Massachusetts

regional office of the Department.

_	perty Address					
	sica Reyes					
	ner's Name					
١m	herst			MA	01002	05.22.2012
City	Town			State	Zip Code	Date of Inspection
3.	Certific	cation	(cont.)			
	Yes	No				
		\boxtimes	Required pumping obstructed pipe(s).			sst year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the	SAS, cesspo	ool or privy is b	elow high ground water elevation.
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water supply or
		\boxtimes	Any portion of a ce	sspool or pr	ivy is within a 2	Zone 1 of a public well.
		\boxtimes	Any portion of a ce	sspool or pr	ivy is within 50	feet of a private water supply well
			from a private wate system passes if laboratory, for fee of ammonia nitro	er supply we the well wa cal coliform gen and nite other failure	Il with no acce ter analysis, p bacteria indic rate nitrogen i e criteria are t	100 feet but greater than 50 feet otable water quality analysis. [This performed at a DEP certified cates absent and the presence is equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		\boxtimes	The system is a ce 10,000gpd.	sspool servi	ng a facility wit	h a design flow of 2000gpd-
			criteria exist as des	scribed in 31 uld contact t	0 CMR 15.303 ne Board of He	e or more of the above failure s, therefore the system fails. The ealth to determine what will be
(=			o be considered a la 000 gpd to 15,000 gp		the system r	nust serve a facility with a
	For large s questions			ner "yes" or "	no" to each of	the following, in addition to the
	Yes	No				
			the system is within	n 400 feet of	a surface drin	king water supply
			the system is within	n 200 feet of	a tributary to a	a surface drinking water supply
			the system is locat Area – IWPA) or a			rea (Interim Wellhead Protection water supply well
	or answer	ed "yes" ir nsidered a	n Section D above the a significant threat ur	e large systender Section	em has failed. E or failed und	is considered a significant threat, The owner or operator of any large der Section D shall upgrade the ould contact the appropriate



Commonwealth of Massachusetts

	perty Addre						
E 0535	sica Rey						
	ner's Name						
Am	herst			MA	01002	05.22.2012	
-	/Town			State	Zip Code	Date of Inspection	1
C.	Check if		wing have been done.	You must inc	dicate "yes" or '	'no" as to each of t	the following:
	Yes	No					9.
	\boxtimes		Pumping information	on was provid	ed by the owne	er, occupant, or Bo	ard of Health
		\boxtimes	Were any of the sy	stem compon	ents pumped o	out in the previous	two weeks?
	\boxtimes		Has the system red	ceived normal	flows in the pr	evious two week p	eriod?
		\boxtimes	Have large volume this inspection?	s of water bee	en introduced t	o the system recer	ntly or as part of
		\boxtimes	Were as built plans available note as N		n obtained and	examined? (If the	y were not
	\boxtimes		Was the facility or	dwelling inspe	ected for signs	of sewage back up	?
	\boxtimes		Was the site inspec	cted for signs	of break out?		
	\boxtimes		Were all system co	mponents, ex	cluding the SA	S, located on site?	?
			Were the septic tar inspected for the co- dimensions, depth	ondition of the	baffles or tees	s, material of const	
			Was the facility ow information on the The size and local been determined by	proper mainte	enance of subs	urface sewage dis	posal systems?
	\boxtimes		Existing information	n. For exampl	e, a plan at the	Board of Health.	
	\boxtimes	w	Determined in the fapproximation of di				C is at issue
D.			ormation	*			
			v Conditions:				4
			oms (design):			drooms (actual):	440
	DESIGN	flow bas	sed on 310 CMR 15.20	3 (for example	le: 110 gpd x #	of bedrooms):	440



Commonwealth of Massachusetts

2 Teaberry Lane						
Property Address Jessica Reyes						
Owner's Name						
Amherst	MA	01002	05.22.2012	2		
City/Town	State	Zip Code	Date of Inspe			
D. System Information	(*)					
Description: 1500 gallon S. tank with 500 gal L. tank						
Number of current residents:					4	
Does residence have a garbage grinder?				\boxtimes	Yes [No
Is laundry on a separate sewage system?	[if yes sep	arate inspec	tion required]		Yes 🗵	No
Laundry system inspected?					Yes [] No
Seasonal use?				□ n/a	Yes 🗵	No
Water meter readings, if available (last 2 y	ears usage	e (gpd)):		11/4		
Sump pump?		v			Yes 🗵	No No
Last date of occupancy:				Date		
Commercial/Industrial Flow Conditions	:					
Type of Establishment:		-				4
Design flow (based on 310 CMR 15.203):		Gallo	ns 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:						



Commonwealth of Massachusetts

2 Teaberry Lane						
Property Address						
Jessica Reyes Owner's Name						
		MA	01000	05 00 0010		
Amherst City/Town		MA State	01002 Zip Code	05.22.2012 Date of Inspection		
7	formation (seed)	Otate	Zip code	Date of hispection		
D. System if	nformation (cont.)					
1 - 21 - 1 - 1 - 21 - 21			curren	t		
Last date of or	ccupancy/use:		Date	-		
Other (describ	pe below):					
Pumped Marc	ch 2012.					
						
9						
	Ger	neral Infor	mation			
Pumping Rec	ords:					
Source of info	Source of information:					
Was system p	umped as part of the inspec	tion?		☐ Yes ⊠ No		
If yes, volume	pumped:	- gallon	S	h.		
How was quar	ntity pumped determined?					
Reason for pu	mping:	defer	to repair			
Type of Syste	em:					
	Septic tank, distribution bo	ox, soil abs	orption system			
	Single cesspool					
	Overflow cesspool		n e			
	Privy					
	Shared system (yes or no) (if yes, at	tach previous ir	nspection 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):					



Commonwealth of Massachusetts

Teaberry Lane					
ssica Reyes					
ner's Name					
nherst		MA	01002	at 1	
y/Town		State	Zip Code	and source of information: Yes	spection
Approximate age	ormation (cont.) of all components, da	ate installed (if	known) and s	ource of infor	mation:
29 +/- yrs.					
Were sewage odd	ors detected when arr	iving at the sit	e?	[☐ Yes ⊠ No
Building Sewer (locate on site plan):				
Depth below grad	le:		The second secon		
Material of constr	uction:				
ast iron	⊠ 40 PVC	other (explain): —		
Distance from private	vate water supply wel	l or suction lin	e: fe	et	
Comments (on co	ondition of joints, venti	ng, evidence	of leakage, etc	c.):	
pipe to tank appe	· · · · · · · · · · · · · · · · · · ·	5 5 .8			
pipo to toliit appo	aro on.				-
				¥.	
					8
Septic Tank (loca	ate on site plan):				
Depth below grad	le.			THE ALLOWERS	
Depart below grad			fe	et	
Material of constr	uction:				
□ concrete	☐ metal	☐ fibergla	ss 🗌 po	lyethylene	other (explain)
Tank condition fu	nctional, minimal corr	osion at outlet	baffle.		
If tank is metal, lis	st age:		V	agre	
Is age confirmed	by a Certificate of Co	mpliance? (att	-		☐ Yes ☐ No
	= , = 001 tilloute 01 001	piidiioo, (dit			
Dimensions:				11 1X 5.5 W	A 7.2 U (CII)
Sludge depth:				<1"	



Commonwealth of Massachusetts

						0		
	1700 (CACALINE SELECTION)							
mh	erst		MA	01002	05.22.20	12		
ity/T	own		State	Zip Code				
)					
ı	Distance from top of	of sludge to bottom	of outlet tee or	baffle	42"			
					+411			
5	Scum thickness				<1"			
ſ	Teaberry Lane operty Address essica Reyes wher's Name mherst ty/Town Septic Tank (cont.) Distance from top of sludge to bottom Scum thickness Distance from bottom of scum to top of or Distance from bottom of scum to bottom How were dimensions determined? Comments (on pumping recommendaliquid levels as related to outlet invert, Tank was 1500 gallon, with built in battom Grease Trap (locate on site plan): Depth below grade: Material of construction: concrete metal Dimensions: Scum thickness Distance from top of scum to top of or Distance from bottom of scum to bottom	tlet tee or baffle		6"	6"			
I	Distance from botto	om of scum to botto	om of outlet tee	or baffle	12"	× .		
1	How were dimension	ons determined?			Observation/N	Meas		
-								
7-						¥		
(Grease Trap (locat	te on site plan):						
[Depth below grade	:			feet			
1	Material of construc	ction:						
[concrete	☐ metal	fibergla	ss [polyethylene	other (explain):		
:-								
	Dimensions:				-	à		
						ā.		
(Scum thickness	of scum to top of ou	utlet tee or baffle	e		ē.		
1	Scum thickness Distance from top o							



Commonwealth of Massachusetts

ner's Name		- A					
herst	ca Reyes I's Name erst own System Information (cont Comments (on pumping recommend quid levels as related to outlet inver	MA	01002	05 22	05 22 2012		
/Town	System Information (cont. Comments (on pumping recommend quid levels as related to outlet invertible of the property of the pr	State	Zip Code	-			
System Info	rmation (cont	+)					
Comments (on pu	mping recommend	dations, inlet and		affle cond	ocate on site plan): ethylene	ral integri	
1				,	ř		
			,		16.		
Tight or Holding	Tank (tank must b	e pumped at tim	e of inspection) (locate o	on site plan):		
Depth below grade	e:		-				
Material of construction:							
concrete	☐ metal	☐ fibergla	iss p	olyethylen	e 🗌 oth	er (expla	
						_	
Dimensions:							
Capacity:			gallons				
Design Flow:			gallons per day				
Alarm present:			☐ Yes ☐] No			
Alarm level:			Alarm in working	g order:	Yes	☐ No	
Date of last pump	ing:		Date				
Comments (condi-	tion of alarm and fl	loat switches, etc	;.):				
					•		



Commonwealth of Massachusetts

Teaberry Lane					
operty Address					
ssica Reyes					
ner's Name	NA A	04000	05 00 004	2	
nherst y/Town	MA State				
V 5 C C C C C C C C C C C C C C C C C C		Zip Code	Date of mape	SCHOTT	
System Information (con Distribution Box (if present must be		e on site plan):			
Depth of liquid level above outlet in	vert	-			
Comments (note if box is level and evidence of leakage into or out of both					
	_				
9	4				
Pump Chamber (locate on site plan	n):				
Pumps in working order:			☐ Yes	☐ No	
Alarms in working order:		N/	☐ Yes	☐ No	
Comments (note condition of pump	chamber, conditi	on of pumps ar	nd appurtenan	ces, etc.):	
			Til.		
				-	
Soil Absorption System (SAS) (lo	cate on site plan,	excavation no	required):		
If SAS not located, explain why:				A al	
			<u> </u>		
No. of the contract of the con					



Commonwealth of Massachusetts

	eaberry Lane				1.1	
	erty Address					2
	sica Reyes er's Name					
	herst		MA	01002	05.22.2012	
	Town		State	Zip Code	Date of Inspec	tion
).	System	Information (cont.)				4
	Туре:					
	\boxtimes	leaching pits		number:		4' x 8' x 2.2' ht.
		leaching chambers		number:		
		leaching galleries		number:		
		leaching trenches		number, le	ength:	
		leaching fields .		number, d	imensions:	-
		overflow cesspool		number:		
		innovative/alternative system	m			
		Type/name of technology:				
		y up to tank inlet pipe (within 6"	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	-			-		
	Cesspools	(cesspool must be pumped as	part of ins	spection) (locate	on site plan):	
	Number and	d configuration				
	Depth - top	of liquid to inlet invert			-	
	Depth of sol	ids layer			-	
	Depth of scu	um layer			:	
	Dimensions	of cesspool				
	Materials of	construction				
	Indication of	groundwater inflow			Yes	□ No



Commonwealth of Massachusetts

	01002	05.22.2012
State	Zip Code	Date of Inspection
)		
ns of hydraulic	ailure, level of	ponding, condition of vegetation
¥		
-		
ns of hydraulic	ailure, level of	ponding, condition of vegetation
		(a)
	ns of hydraulic f	State Zip Code



Commonwealth of Massachusetts

wher's Name mherst ty/Town	MA State	01002 Zip Code	05.22.2012 Date of Inspection
Sketch Of Sewage Disposal System: Pro- at least two permanent reference landma where public water supply enters the build	rks or bench	of the sewage dis marks. Locate al	sposal system, including ties Il wells within 100 feet. Locate
☐ hand-sketch in the area below drawing attached separately			00 01 T T
		2	



Commonwealth of Massachusetts

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

2 Teaberry La Property Address					
Jessica Reyes					
Owner's Name					
Amherst		MA	01002	05.22.2012	
City/Town		State	Zip Code	Date of Inspection	15.
D. Systen Site Exan	n Information (cont.)				
⊠ Check	x Slope				
Surface Surface	ce water			9	
⊠ Check	c cellar				
☐ Shallo	ow wells				
Estimated	depth to high ground water:		8'+/- feet		
Please inc	dicate all methods used to deter	mine the hi	gh ground wate	er elevation:	
	Obtained from system design	plans on re	ecord		
	If checked, date of design pla	n reviewed	Date		
	Observed site (abutting prope	erty/observa	ation hole within	n 150 feet of SAS)	
	Checked with local Board of h	Health - exp	olain:		
П	Checked with local excavator	s. installers	- (attach docu	mentation)	
	Accessed USGS database - e			•	
				(4)	
	describe how you established t	he high gro	und water elev	vation:	
Work in a	rea in past.				
1					F
	9				ā.
1					

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection	
Amherst	MA	01002	05.22.2012	
Owner's Name				
Jessica Reyes				
Property Address				
2 Teaberry Lane			7 7	

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



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

TITLE V OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM PART A CERTIFICATION

Property Address: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same

Date of Inspection: 05/03/2005

Name of Inspector: (please print) Nate Toretti

Company Name: <u>CLEAN SEPTICS</u>
Mailing Address: <u>P.O. BOX 394</u>

Telephone Number: 583-2138

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:

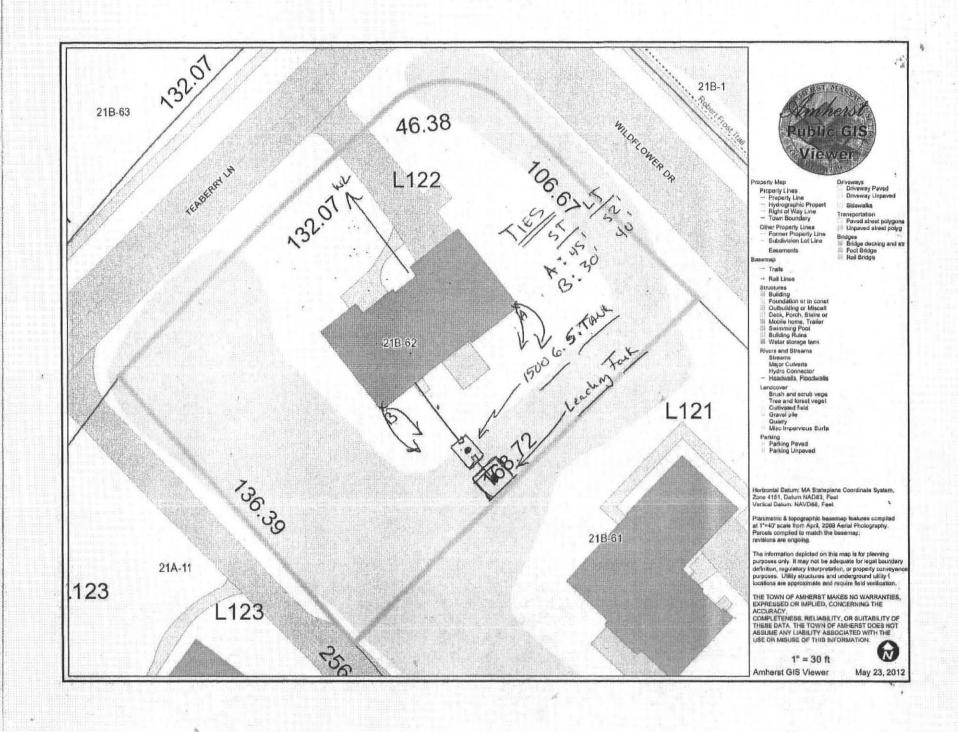
X Passes
Conditionally Passes
Needs Further Evaluation by the Local Approving Authority
Fails

Torrette	Date: _05/03/2005
	Tornetti

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.

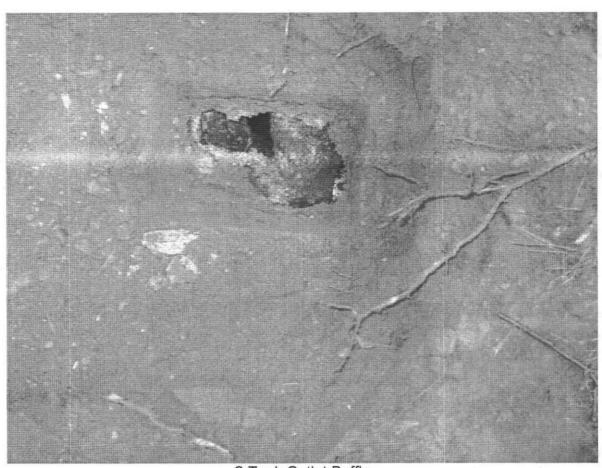
Notes and Comments:

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.

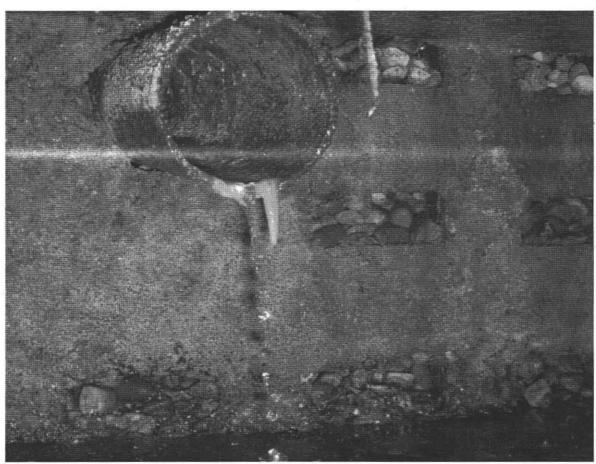




S Tank Inlet Baffle 2 Teaberry Lane Amherst, MA 05.22.2012



S Tank Outlet Baffle 2 Teaberry Lane Amherst, MA 05.22.2012



L. Tank inlet 2 Teaberry Lane Amherst, MA 05.22.2012

Smith, Edmund

From:

Skeels, Jason

Sent:

Tuesday, June 12, 2012 3:53 PM

To: Subject: Smith, Edmund RE: 818 Bay Road

Follow Up Flag:

Flag for follow up

Flag Status:

Flagged

Ed.

There are no near term plans for sewering 818 Bay Rd. That area only rated a "minor need" for sewerage.

Teaberry is planned but is at least 2-3 years off.

Harkness Rd and Amherst Woods both rated as a "moderate need" and that is what Town Meeting approved for bonding, design and installation.

Thanks,

JASON O SKEELS, P.E.
TOWN ENGINEER
PUBLIC WORKS DEPARTMENT
586 SOUTH PLEASANT ST
AMHERST, MA 01002

PHONE: 413-259-3224 FAX: 413-259-2414

E-MAIL: SKEELSJ@AMHERSTMA.GOV

From: Smith, Edmund

Sent: Tuesday, June 12, 2012 3:12 PM

To: Skeels, Jason

Subject: FW: 818 Bay Road

I have the same question for 2 Teaberry – how far off is sewer for this area? I have a system at this address without much capacity at this time; technically passes but little storage capacity.

Edmund R. Smith

Health Inspector; (413)259-3153

my regular hours: Tuesdays 8-4:30; Thursdays 12:30-4:30; Fridays 8-4:30

Amherst Health Department

main phone #: (413)259-3077; fax (413)259-2404

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

From: Smith, Edmund

Sent: Tuesday, June 12, 2012 10:15 AM

To: Skeels, Jason Subject: 818 Bay Road

				•
		ă.		
				* 1
*				* 1
* *2				
				*
	2			
	Е			
				*

Hi Jason

I have an inquiry from homeowners at this address. They acted proactively some years ago and had a design made for a replacement septic system for their property, hedging against when the system they bought (and passed Title V) should fail in the future. System probably dates to 1975 when the house was built. They now would rather tie into the sewer (if it is coming) than maintain a septic on their property. They need to renew a 2 year local upgrade approval to keep their plans viable, but won't bother if the sewer is just around the corner – can you tell me if/when this part of Bay Road will get a sewer line?

Thanks Ed

Edmund R. Smith Health Inspector; (413)259-3153

my regular hours: Tuesdays 8-4:30; Thursdays 12:30-4:30; Fridays 8-4:30

Amherst Health Department

main phone #: (413)259-3077; fax (413)259-2404

Bangs Community Center

70 Boltwood Walk Amherst, MA 01002

May 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: May 22, 2012

TO

Jessica Reyes 2 Teaberry Lane Amherst, MA 01002

RE: Invoice for

Septic Title V witness

Services provided by

Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UN	IIT PRICE	LIN	E TOTAL
1.00	Septic Title V witness: result = needs further evaluation	\$	200.00	\$	200.00
	this invoice is due - please remit to address above				
			SUBTOTAL SALES TAX	-	200.0
			TOTAL	-07	200.00

	*	



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Teaberry Lane				
Property Address				
Jessica Reyes				
Owner's Name			į.	
Amherst	MA	01002	05.22.2012	
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





۹.	General Information		
١.	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		
1.0			
In war	05.22.2012	6	
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.



Commonwealth of Massachusetts

	eaberry Lane perty Address				F.5				
					*				
	ssica Reyes ner's Name								
	herst		MA	01002	05.22.2012				
_	/Town		State	Zip Code	Date of Inspection				
	Certification (cont)							
υ.	Inspection Summary		E / always	complete all of	Section D				
A)	System Passes:								
					failure criteria described eria not evaluated are				
	Comments:	Comments:							
	baffles inplace indicato inlet pipe and stair	ating S. tank was prons/level) (26" eff Ht, May function with/wi	oper. L. tank 20-22" now thout failure	(500 gal) liqui ponding). Hous condition being	d level was proper with build d level was nearly full (with se has had only 4 persons. g reached. Sewer line sched	n 6-7"			
B)	System Conditiona	lly Passes:							
		ired. The system, up			nal Pass" section need to be cement or repair, as approv				
	Check the box for "ye determined," please		ermined" (Y,	N, ND) for the	following statements. If "no	t			
	structurally unsound,	exhibits substantia	I infiltration of	or exfiltration or	whether metal or not) is tank failure is imminent. Sy septic tank as approved by				
	* A metal septic tank Compliance indicating	will pass inspection g that the tank is le	n if it is struct ss than 20 ye	turally sound, n ears old is avai	ot leaking and if a Certificat	te of			
	□ Y □ N	☐ ND (Exp	olain below):						
					2,8,				
				- X					
						7			



Commonwealth of Massachusetts

		erry Lan	e							
		Address								
		Reyes Name							-	
	hers			MA	(10	02		05.22.2012	
_	Town			State	-		Code		Date of Inspection	
-			ation (cont.)							
		,, .,,,,	ation (cont.)							
	B)	Systen	n Conditionally Passes (cont.)):						
		to brok	vation of sewage backup or brea en or obstructed pipe(s) or due spection if (with approval of Bo	to a brok	en, se	ettle				
			broken pipe(s) are replaced			Υ		N [ND (Explain belo	ow):
			obstruction is removed		\boxtimes	Υ		N [ND (Explain belo	ow):
			distribution box is leveled or re	eplaced		Υ		N [ND (Explain belo	ow):
			ž							
			2							
								-		
			stem required pumping more th will pass inspection if (with app							ipe(s). The
			broken pipe(s) are replaced			Υ		N	ND (Explain belo	ow):
			obstruction is removed			Υ		N [ND (Explain belo	ow):
									, , , , , , , , , , , , , , , , , , ,	
				-						
	C)	Furthe	r Evaluation is Required by th	ne Board	of H	eal	th:			
	\boxtimes		ons exist which require further extem is failing to protect public h							termine if
		15.303	tem will pass unless Board o (1)(b) that the system is not for and the environment:							
			Cesspool or privy is within 50	feet of a	surfac	e v	vater			
			Cesspool or privy is within 50	feet of a l	borde	rin	g vege	etated	wetland or a salt n	narsh



Commonwealth of Massachusetts

2 Teaberry	Lane					
Property Addr	ess					
Jessica Re					4	
Owner's Name	9			21222		
Amherst			MA State	01002	05.22.2012	
City/Town			State	Zip Code	Date of Inspec	tion
2. det saf 100 Sup Sup The mon Mei	System with ermines the ermine	ill fail unless the Bonat the system is functionment: yestem has a septic tale surface water supply yestem has a septic tale system has a septic tale as a septic tank and rivate water supply we do determine distance assess if the well water ndicates absent and pm, provided that no	ank and soil about tributary to ank and SAS and the Swell**. analysis, perfethe presence of	(and Public Variance that sorption system a surface wate and the SAS is and the SAS is that the SAS is less that the same at a DE of ammonia nit	Vater Supplier, protects the point (SAS) and the rapply. within a Zone 1 within 50 feet of 100 feet but 50 P certified laborrogen and nitrates.	if any) ublic health, e SAS is within of a public water f a private water 0 feet or atory, for fecal
3. Othe		eff. ht. Itank				1 8
*						
		¥			×	
D) System	Failure C	riteria Applicable to	All Systems	:		
You mu	<u>ıst</u> indicat	e "Yes" or "No" to	each of the fo	llowing for <u>al</u>	l inspections:	
Yes	No					
	\boxtimes	Backup of sewag clogged SAS or of	cesspool			
	\boxtimes	due to an overloa	aded or clogge	d SAS or cess	pool	or surface waters
	\boxtimes	or clogged SAS of	or cesspool			e to an overloaded
	\boxtimes	Liquid depth in ce	esspool is less	than 6" below	invert or availab	ole volume is less



Commonwealth of Massachusetts

	eaberry La					
25/02/523	ssica Reyes					
	ner's Name	e.				
_	herst Town	121		MA State	01002 Zip Code	05.22.2012 Date of Inspection
_	Certific	ation	(cont)	State	Zip Code	Date of Inspection
٥.	Certini	alion	(COTIL.)			
	Yes	No				
		\boxtimes	Required pumping obstructed pipe(s)			st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the	SAS, cesspo	ool or privy is b	elow high ground water elevation.
		\boxtimes	Any portion of ces tributary to a surfa			feet of a surface water supply or
		\boxtimes	Any portion of a c	esspool or pr	ivy is within a Z	one 1 of a public well.
		\boxtimes	Any portion of a c	esspool or pr	ivy 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 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 preser of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 pp provided that no other failure criteria are triggered. A copy of the anal and chain of custody must be attached to this form.]					
		\boxtimes	The system is a c 10,000gpd.	esspool servi	ng a facility wit	h a design flow of 2000gpd-
			The system fails criteria exist as de	escribed in 31 ould contact t	0 CMR 15.303 he Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be
E)			To be considered a 000 gpd to 15,000 g		n the system r	nust serve a facility with a
	For large s			ther "yes" or '	no" to each of	the following, in addition to the
	Yes	No				
			the system is with	in 400 feet of	a surface drin	king water supply
			the system is with	in 200 feet of	a tributary to a	surface drinking water supply
						rea (Interim Wellhead Protection water supply well
	or answer	ed "yes"	in Section D above to	he large syste	em has failed.	is considered a significant threat, The owner or operator of any large



Commonwealth of Massachusetts

	eaberry L									
	erty Addres									
	sica Reyo er's Name	es	*							
	herst			MA	01002	05.22.2012				
-	Town			State	Zip Code	Date of Inspection				
	Check	dist		V						
	Check if	the follow	ving have been done. Y	ou must ind	licate "yes" or "	no" as to each of th	ne following:			
	Yes	No								
	\boxtimes		Pumping information	was provide	ed by the owne	er, occupant, or Boa	ard of Health			
// -		\boxtimes	Were any of the syst	Were any of the system components pumped out in the previous two weeks?						
	\boxtimes		Has the system rece	Has the system received normal flows in the previous two week period?						
		\boxtimes	Have large volumes this inspection?	of water bee	en introduced to	the system recent	tly or as part of			
		\boxtimes	Were as built plans of available note as N/A		n obtained and	examined? (If they	were not			
	\boxtimes		Was the facility or dw	Was the facility or dwelling inspected for signs of sewage back up?						
	\boxtimes		Was the site inspected for signs of break out?							
	\boxtimes		Were all system components, excluding the SAS, located on site?							
	\boxtimes		Were the septic tank inspected for the con dimensions, depth of	ndition of the	baffles or tees	s, material of constr				
			Was the facility owner information on the properties of the size and location been determined bases.	oper mainte	nance of subs	urface sewage disp	osal systems?			
	\boxtimes		Existing information.	For example	e, a plan at the	Board of Health.				
	\boxtimes		Determined in the fie approximation of dist) is at issue			
D.	Syste	m Info	ormation		*	*	41 91			
	Residen	tial Flov	Conditions:							
	Number	of bedro	oms (design):		Number of bed	frooms (actual):	4			
	DESIGN	flow bas	ed on 310 CMR 15.203	(for example	e: 110 gpd x #	of bedrooms):	440			



Commonwealth of Massachusetts

2 Teaberry Lane							
Property Address		-^					
Jessica Reyes							
Owner's Name							
Amherst	MA	01002	05.22.2012	2			-40
City/Town	State	Zip Code	Date of Inspe	ction			
D. System Informati	ion						
Description: 1500 gallon S. tank with 5	500 gal L. tank						
	9			-		-	
-				7	*		
			4				
Number of current resider	nts:				4		
Does residence have a ga	arbage grinder?			\boxtimes	Yes		No
Is laundry on a separate s	sewage system? [if yes sepa	arate inspection	required]		Yes	\boxtimes	No
Laundry system inspected	d?				Yes		No
Seasonal use?					Yes	\boxtimes	No
Water meter readings, if a	available (last 2 years usage	(gpd)):		n/a			1.0
Detail:							
a			4				- 5
-			2.				
Sump pump?			,		Yes	\boxtimes	No
Last date of occupancy:				Date	e		
Commercial/Industrial F	low Conditions:						
Type of Establishment:		-					
Design flow (based on 31	0 CMR 15.203):	0-11	d (d)				
Basis of design flow (seaf		Gallons p	er day (gpd)				
Grease trap present?					Yes		No
Industrial waste holding to	ank present?				Yes		No
Non-sanitary waste disch	arged to the Title 5 system?				Yes		No
Water meter readings, if a	available:		-			_	_



Commonwealth of Massachusetts

	eaberry Lane					
	perty Address					
	ssica Reyes ner's Name					
-			MA		01002	05 22 2012
-	herst Town		Sta		Zip Code	05.22.2012 Date of Inspection
		fa	Ota	ite	Zip Code	Date of mapection
υ.	System in	formation (cont.)				
	12 12 2 2 2				curren	t
	Last date of oc	cupancy/use:			Date	
	Other (describ	e below):				
	Pumped Marc	*				
	r umped mare					
		Pio Pio				
			-0			
		Ti de la companya di managana	51.6	in size	Media	
		Ge	eneral	Informa	ation	
	Pumping Rec	ords.				
	r umping reco	orus.				
	Source of infor	mation:		unk.		
	Was system po	umped as part of the inspe	ection?			☐ Yes ☒ No
	If yes, volume	pumped:		-		
	, 00, 10,0,	panipa.		gallons		
	How was quan	tity pumped determined?	1			
	Decem for no			defer to	repair	
	Reason for pur	nping.			-	
	Type of Syste	m:				
	_					
	\boxtimes	Septic tank, distribution	box, so	il absor	ption system	
		Single cesspool				
		on gic occopoor				
		Overflow cesspool				
		Privy				
		Shared system (yes or r	no) (if ve	es. atta	ch previous i	nspection records, if any)
	_	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, (,	,		,
		Innovative/Alternative te	chnolo	gy. Atta	ch a copy of	the current operation and
						owner) and a copy of latest
		inspection of the I/A sys	tem by	system	operator und	der contract
		Tight tank. Attach a copy	v of the	DEP	nnroval	
		ngin tain. Attach a cop	, or the	DLI a	ppioval.	
		Other (describe):				
		150				



Commonwealth of Massachusetts

Teaberry Lane						
operty Address						
essica Reyes						
vner's Name mherst		MA	01002	05.22.2	2012	
ty/Town		State	Zip Code		nspection	
A CONTRACTOR OF THE PROPERTY O	ormation (cont.	5000000	3-4			
. System min	offiation (cont.	.)				
Approximate age	e of all components,	date installed (if	known) ar	nd source of info	ormation.	
	or all components,	acte motanea (n	itilowilly di	id dodi do di ilili	orridaori.	
29 +/- yrs.	FI					
727						
Were sewage oc	dors detected when a	arriving at the site	€?		☐ Yes ⊠	No
Building Sewer	(locate on site plan)	i.				
	(reduce on one plan)			4.5		
Depth below gra	de:			1.5 feet		
Material of const	ruction:					
ast iron	⊠ 40 PVC	other (e	volain).			
odot iron	2 401 00		Apidin).			
Distance from pr	rivate water supply w	ell or suction line	: :	feet		
Comments (on c	condition of joints, ver	nting, evidence o	it leakage,	, etc.):		
pipe to tank appe	ears ok.					
2						
()						
Septic Tank (loc	cate on site plan):					
			-	12 inch		
Depth below gra	de:			feet		
Material of const	truction:					
Waterial of collec	i dollori.					
□ concrete	□ metal	☐ fiberglas	ss 🗆	polyethylene	other	(explain)
Tank condition for	unctional, minimal co	rrosion at outlet	baffle.			
If to all in months I	:-4·					
If tank is metal, I	ist age:			years		
Is age confirmed	by a Certificate of C	ompliance? (atta	ach a copy	of certificate)	☐ Yes	□ No
Dimensions:				11 1X 5.5 W	x 4.2'd (eff)	
Clarate and the				<1"		
Sludge depth:						



Commonwealth of Massachusetts

? Teaberry Lane				
Property Address				
essica Reyes Owner's Name				
Amherst	MA	01002	05.22.20	12
City/Town	State	Zip Code	Date of Inst	
D. System Information (cont.)	.4		5	
Septic Tank (cont.)				
Distance from top of sludge to bottom of o	outlet tee or	baffle	42"	
Scum thickness			<1"	
Distance from top of scum to top of outlet	tee or baffle		6"	
Distance from bottom of scum to bottom of	of outlet tee	or baffle	12"	
How were dimensions determined?			Observation/M	leas
Comments (on pumping recommendation liquid levels as related to outlet invert, evidence Tank was 1500 gallon, with built in baffles	dence of lea	kage, etc.):		n, structural integrity,
Tank was 1500 gailon, with built in barries	s (kellogg ty)	be, good com	ultion)	
				4.
Grease Trap (locate on site plan):		*		
Depth below grade:			feet	
Material of construction:				
☐ concrete ☐ metal	fibergla	ss 🔲	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				
	of outlet tee	or baffle		



Commonwealth of Massachusetts

poerty Address sistica Reyes mer's Name nherst	eaberry Lane					
mer's Name nherst	A					
MA						
System Information (cont.) Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural intelliquid 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		MA	01002	05.22.2012		
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural intelliquid 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			Company of the Compan			
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural intelliquid 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		ant)	•			
Depth below grade: Material of construction: concrete metal fiberglass polyethylene other (expectation) Dimensions: Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping: Date	Comments (on pumping recomme	endations, inlet and		e condition, structu	ural integri	
Depth below grade: Material of construction: concrete metal fiberglass polyethylene other (expectation) Dimensions: Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping:						
Depth below grade: Material of construction: concrete metal fiberglass polyethylene other (expectation) Dimensions: Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping:	(9)					
Depth below grade: Material of construction: concrete metal fiberglass polyethylene other (expectation) Dimensions: Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping:	4				: ()	
Material of construction: concrete metal fiberglass polyethylene other (explain of the concrete) Dimensions: Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping:	Tight or Holding Tank (tank mus	st be pumped at tim	e of inspection) (I	ocate on site plan)	:	
□ concrete □ metal □ fiberglass □ polyethylene □ other (explain of the polyethylene) Dimensions: □ gallons Capacity: □ gallons Design Flow: □ Yes □ No Alarm present: □ Yes □ No Alarm level: □ Alarm in working order: □ Yes □ Date	Depth below grade:					
Dimensions: Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping: Gallons	Material of construction:					
Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping: gallons - gallons - gallons per day Alarm in working order: Date	☐ concrete ☐ metal	☐ fibergla	ss poly	ethylene	her (explai	
Design Flow: Alarm present: Alarm level: Date of last pumping:	Dimensions:			*		
Design Flow: Alarm present: Alarm level: Date of last pumping:	Capacity:					
Alarm present: Yes No Alarm in working order: Yes Date of last pumping: Date	Supusity.		gallons			
Alarm level: Date of last pumping: Alarm in working order: Date	Design Flow:		gallons per day			
Date of last pumping:	Alarm present:		☐ Yes ☐ N	lo		
Date	Alarm level:	<u>K</u>	Alarm in working o	rder: Yes	☐ No	
Comments (condition of alarm and float switches, etc.):	Date of last pumping:		Date			
	Comments (condition of alarm an	d float switches, etc	c.):			
* Attach copy of current pumping contract (required). Is copy attached?		OUT MINERS SEE SHARE	g un w «	2 208	□ No	



Commonwealth of Massachusetts

Teaberry Lane pperty Address				F	
ssica Reyes					
ner's Name					
nherst	MA	01002	05.22.2012	2	
y/Town	State	Zip Code	Date of Inspection		
System Information (cont.) Distribution Box (if present must be op	ened) (locate	e on site plan):			
Depth of liquid level above outlet invert		<u>-</u>			
Comments (note if box is level and districted evidence of leakage into or out of box, e		lets equal, any e	vidence of so	olids carryover, a	
				ŧ	
Pump Chamber (locate on site plan):					
Pumps in working order:			☐ Yes	☐ No	
Alarms in working order:			☐ Yes	☐ No	
Comments (note condition of pump char	mber, conditi	on of pumps and	appurtenand	ces, etc.):	
			9		
- F					
Soil Absorption System (SAS) (locate If SAS not located, explain why:	on site plan,	excavation not r	equired):		
in one not located, explain why.			<u>-</u>		
*					



Commonwealth of Massachusetts

	eaberry Lane					
	perty Address					
	ssica Reyes ner's Name					
٩m	herst		MA	01002	05.22.2012	
City	/Town		State	Zip Code	Date of Inspec	tion
Ο.	System I	nformation (cont.)	K			
	Type:					
	\boxtimes	leaching pits	*	number:		4' x 8' x 2.2' ht.
		leaching chambers		number:		
		leaching galleries		number:		
		leaching trenches		number, ler	ngth:	-
		leaching fields		number, dir	mensions:	-
		overflow cesspool		number:		
		innovative/alternative system				
		Type/name of technology:				4 /
	Liquid nearly	up to tank inlet pipe (within 6")	, Not much	effective ht. re	maining.	
		,				
			4+5			
	Cesspools (c	cesspool must be pumped as p	art of inspe	ection) (locate o	on site plan):	
	Number and	configuration				
	Depth – top o	f liquid to inlet invert				
	Depth of solid	ls layer				
	Depth of scun	n layer				
	Dimensions o	f cesspool				
	Materials of c	onstruction				
	Indication of g	roundwater inflow			☐ Yes	☐ No



Commonwealth of Massachusetts

eaberry Lane				
perty Address				
sica Reyes				
er's Name				
herst	MA	01002	05.22.2012	
Town	State	Zip Code	Date of Inspection	
System Information (con	nt.)			
Comments (note condition of soil, s etc.):	igns of hydraulic	failure, level of	ponding, condition of vegetation	
		Oper		
	p		14,7	
- William Control of the Control of			,	
Privy (locate on site plan):				
Materials of construction:	3			
Dimensions	-			
Depth of solids				
Comments (note condition of soil, s etc.):	igns of hydraulic	failure, level of	ponding, condition of vegetatio	
		×	k 1 ×	



Commonwealth of Massachusetts

wner's Name					
mherst		MA	01002	05.22.2012	
ty/Town		State	Zip Code	Date of Inspection	1
Sketch Of Sewage Dispo at least two permanent re where public water suppl	osal System: Pr eference landm	arks or bench	marks. Locate	all wells within 10	
☐ hand-sketch in the all ☐ drawing attached set					9 T
	×				
	×				



Commonwealth of Massachusetts

operty Address			
essica Reyes			
wner's Name		24222	25.22.2242
mherst ty/Town	MA State	01002 Zip Code	05.22.2012 Date of Inspection
. System Information (cont.)	Oldic	Zip Gddc	Date of Hispection
. System information (cont.)			
Site Exam:			
5			
☐ Check Slope			
Surface water ■ Surface water			á l
N 01 1 1			
☐ Check cellar			
☐ Shallow wells			
		8'+/-	
Estimated depth to high ground water:		feet	
Please indicate all methods used to det	termine the hi	gh ground wate	er elevation:
Obtained from system desi	gn plans on r	ecora	
If checked, date of design p	olan reviewed	: Date	
Observed sits (shutting pro	nortu/ohoon		n 1EO foot of CAC)
Observed site (abutting pro	perty/observa	ation note withi	II 150 leet of SAS)
Checked with local Board of	of Health - exp	olain:	
☐ Checked with local excavat	tors, installers	s - (attach docu	imentation)
☐ Accessed USGS database	- explain		
	охрісії і		
1			
You must describe how you establishe	d the high ard	ound water elev	vation:
Work in area in past.			
TYOK III area III past.			
1 4			



Commonwealth of Massachusetts

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

City/Town	State	Zip Code	Date of Inspection	
Amherst	MA	01002	05.22.2012	
Owner's Name				
Jessica Reyes				
Property Address			4)	
2 Teaberry Lane				

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



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

TITLE V OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM PART A CERTIFICATION

Property Address: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same Date of Inspection: 05/03/2005

Name of Inspector: (please print) Nate Toretti

Company Name: <u>CLEAN SEPTICS</u>
Mailing Address: _P.O. BOX 394

Telephone Number: 583-2138

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:

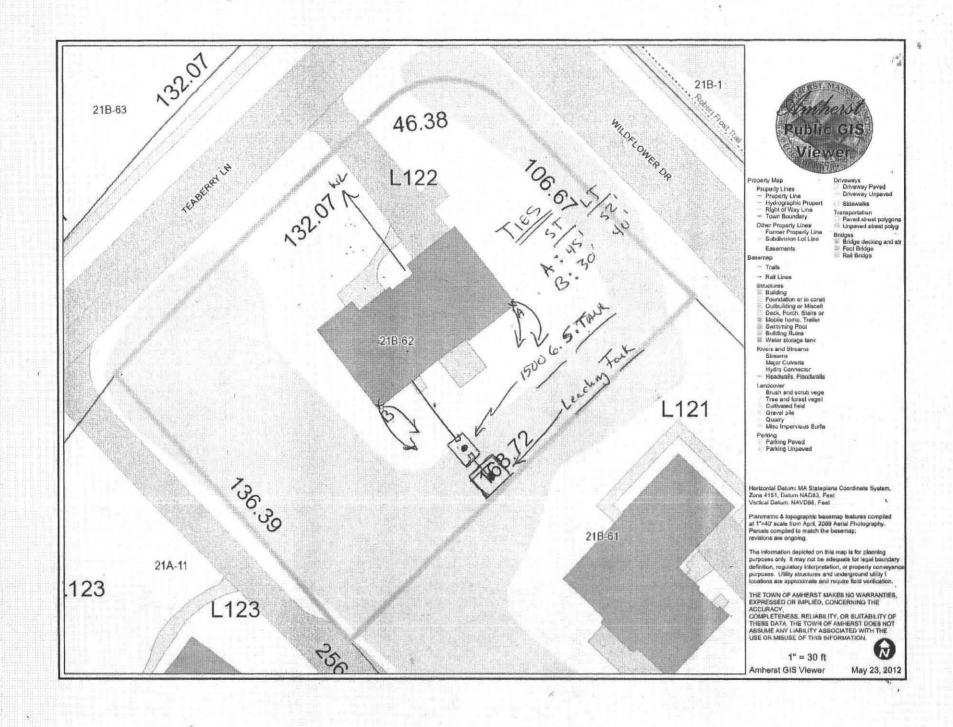
X Passes
Conditionally Passes
Needs Further Evaluation by the Local Approving Authority
Fails

	on,	
Inspector's Signature:	Nathan Torretta	Date: _05/03/2005

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:

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.

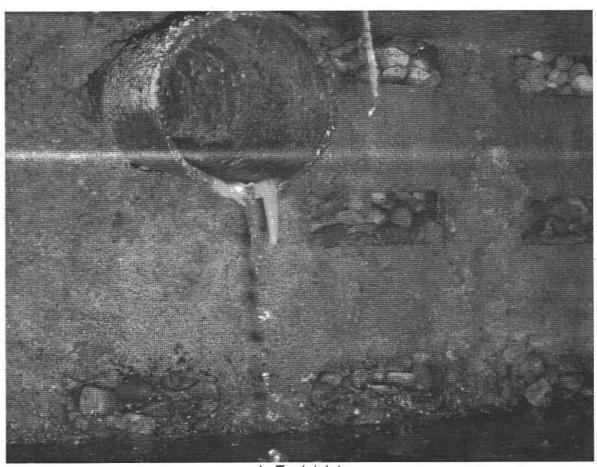




S Tarik Inlet Baffle 2 Teaberry Lane Amherst, MA 05.22.2012



S Tank Outlet Baffle 2 Teaberry Lane Amherst, MA 05.22.2012



L. Tank inlet 2 Teaberry Lane Amherst, MA 05.22.2012

#2



COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS

DEPARTMENT OF ENVIRONMENTAL PROTECTION



TITLE V OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM PART A CERTIFICATION

Property Address: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same

Date of Inspection: 05/03/2005

Name of Inspector: (please print) Nate Toretti

Company Name: CLEAN SEPTICS
Mailing Address: P.O. BOX 394

LUDLOW, MA

Telephone Number: 583-2138

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:

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

Inspector's Signature:	Nathan Torretta	Date: 05/03/2005

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:

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.

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

CERTIFICATION (continued)

Property Address: 2 Teaberry Lane Amherst MA Owner's Name: Amy Zuckerman Owner's Address: same Date of Inspection: 05/03/2005 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: Pump septic tank every year. Recommend removing garbage disposal and installing an outlet filter. **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 exhibits and in 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: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same D

Da	of Inspection: 05/03/2005	
C.	urther Evaluation is Required by the Board of Health:	
fail	Conditions exist which require further evaluation by the Board of Health in order to determine if the system is to protect public health, safety or the environment.	S
	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	
	System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the tem 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.	æ
	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 privary water supply well**. Method used to determine distance	ite
	**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria 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.	
	Other:	
		100

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

CERTIFICATION (continued)

Property Address: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same Date of Inspection: 05/03/2005

D. System Failure Criteria applicable to all systems:

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

Yes	No	
2000		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 S.A.S. or cesspool.
	X	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspoo
_		Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
		Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped
	X	Any portion of the SAS, cesspool or privy is below high ground water elevation.
		Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
	X	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 a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the wel 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 <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.
To be	e cons must i	Systems: idered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd. ndicate either "yes" or "no" to each of the following: ving criteria apply to large systems in addition to the criteria above)
yes	no	
	tl	he system is within 400 feet of a surface drinking water supply
	tl	he system is within 200 feet of a tributary to a surface drinking water supply
		he system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped one 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: 2 Teaberry Lane

Amherst MA

unacceptable) [310 CMR 15.302(3)(b)]

Owner's Name: Amy Zuckerman

Owner's Address: same Date of Inspection: 05/03/2005

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

Yes _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_the b		Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
X main		Was the facility owner (and occupants if different from owner) provided with information on the proper ce of subsurface sewage disposal systems?
	Т	he 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

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

SYSTEM INFORMATION

Property Address: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same Date of Inspection: 05/03/2005

FLOW CONDITIONS	
RESIDENTIAL	
Number of bedrooms (design): _4_ Number of bedrooms (actual): _4	
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _440 GPD	
Number of current residents: 3	
Does residence have a garbage grinder (yes or no): YES	
Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]	
Laundry system inspected (yes or no): NO	
Seasonal use (yes or no): NO	
Water meter readings, if available (last 2 years usage (gpd)): Town water	
Sump pump (yes or no): NO	
Last date of occupancy: present	
COMMERCIAL/INDUSTRIAL	
Type of establishment:	
Design flow (based on 310 CMR 15.203):gpd	
Basis of design flow (seats/persons/sqft,etc.):	
Grease trap present (yes or no):	
Industrial waste holding tank present (yes or no):	
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: Pumped in July 2004	
Was system pumped as part of the inspection (yes or no): NO	
If yes, volume pumped:gallons How was quantity pumped determined?	
Reason for pumping:	
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 con	ntract (to be obtained
from system owner)	
Tight tank Attach a copy of the DEP approval	
_X Other (describe): Leach pit	
Approximate age of all components, date installed (if known) and source of information:	
S. A. S. is approximately 19 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)

Amherst MA
Owner's Name: Amy Zuckerman
Owner's Address: same
Date of Inspection: 05/03/2005
DITT DING SEWED (lecete on site plan)
BUILDING SEWER (locate on site plan) Depth below grade: 1'6"
Materials of construction: cast iron X 40 PVCother (explain):
Distance from private water supply well or suction line:
Comments (on condition of joints, venting, evidence of leakage, etc.):
Joints and venting appear okay. No leaks.
SEPTIC TANK: X (locate on site plan)
Depth below grade: 10"
Material of construction: X concretemetalfiberglasspolyethylene _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: L 10'x W 5'xD 5'
Sludge depth:
Distance from top of sludge to bottom of outlet tee or baffle:
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 7"
Distance from bottom of scum to bottom of outlet tee or baffle: 15"
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.):
Pump septic tank every year. Everything appears to be in good working condition. No leaks.
GREASE TRAP:(locate on site plan)
Depth below grade:
Material of construction:concretemetalfiberglasspolyethyleneother
(explain):
Dimensions: gal required tank capacity
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.):

-			
		B.	
		a:	

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Address: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same Date of Inspection: 05/03/2005

TIGHT or HOLDING TA	NK: (tank	k must be p	numped at time	of inspection)(loca	ate 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: Alar	m in working	order (yes	or no):			
Date of last pumping:		127				
Comments (condition of ala		witches, et	c.):			
DISTRIBUTION BOX:_ Depth of liquid level above		esent must	be opened)(loc	ate on site plan)		
Comments (note if box is le into or out of box, etc.):		ution to ou	tlets equal, any	evidence of solids	s carryover, any evide	ence of leakage
PUMP CHAMBER:	(locate on site	e plan)				
Pumps in working order (ye		Compression Market				
Alarms in working order (y						
Comments (note condition	of pump chaml	ber, conditi	ion of pumps ar	nd appurtenances,	etc.):	

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

SYSTEM INFORMATION (continued)

Property Address: 2 Teaberry Lane Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same Date of Inspection: 05/03/2005

If SAS not located explain why: X leaching pits, number: leaching chambers, number: leaching galleries, number: leaching galleries, number: leaching trenches, number, length: leaching fields, number, dimensions: overflow cesspool, number: innovative/alternative system Type/name of technology: Comments (note condition of soil signs of hydroxide follows level of ponding deem soil condition of proceedings):
X leaching pits, number:leaching chambers, number:leaching galleries, number:leaching trenches, number, length:leaching fields, number, dimensions:overflow cesspool, number:innovative/alternative system Type/name of technology:
leaching chambers, number: leaching galleries, number: leaching trenches, number, length: leaching fields, number, dimensions: overflow cesspool, number: innovative/alternative system Type/name of technology:
leaching galleries, number: leaching trenches, number, length: leaching fields, number, dimensions: overflow cesspool, number: innovative/alternative system Type/name of technology:
leaching trenches, number, length: leaching fields, number, dimensions: overflow cesspool, number: innovative/alternative system Type/name of technology:
leaching fields, number, dimensions: overflow cesspool, number: innovative/alternative system Type/name of technology:
overflow cesspool, number: innovative/alternative system Type/name of technology:
innovative/alternative system Type/name of technology:
innovative/alternative system Type/name of technology:
Comments (note condition of coil cions of hydroulis failure level of nonding down coil condition of contains ato)
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
No signs of hydraulic failure. Soil and vegetation appear okay. From leach pit to effluent level in pit there is
2'9" of space.
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 or no):
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: (locate on site plan)
and the pattern
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: 2 Teaberry Lane

Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same

Date of Inspection: 05/03/2005

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.

Drawing not to scale.

Deck House Drive Teaberry Lane

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Addres	ss: 2 Teaberry Lane Amherst MA			
Owner's Name: Owner's Addres	Amy Zuckerman s: same			
Date of Inspection	on: 05/03/2005			
SITE EXAM				
Slope Surface water	XXX			
Check cellar Shallow wells	XXX			
Estimated depth t	o ground water: none @ 6'			
7.5%				
Please indicate (c	heck) all methods used to determine	the high ground water ele	vation:	
Observed : Checked w	irom system design plans on record - site (abutting property/observation ho vith local Board of Health-explain: vith local excavators, installers- (attac USGS database-explain:	ole within 150 feet of SAS 		
You must describ	e how you established the high groun	nd water elevation:		
Slone in yard an	d checked cellar			

3			