

#2 TEA BERRY LADIE

~~UNDERCOVER DRIVE~~

Town of



AMHERST

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

App - 14257

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

*Bill received 6/16/12
see attached check #3105*

RE: Invoice for Septic Title V witness

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT 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		
SUBTOTAL			\$ 200.00
SALES TAX			
TOTAL			\$ 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

121 PE

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,

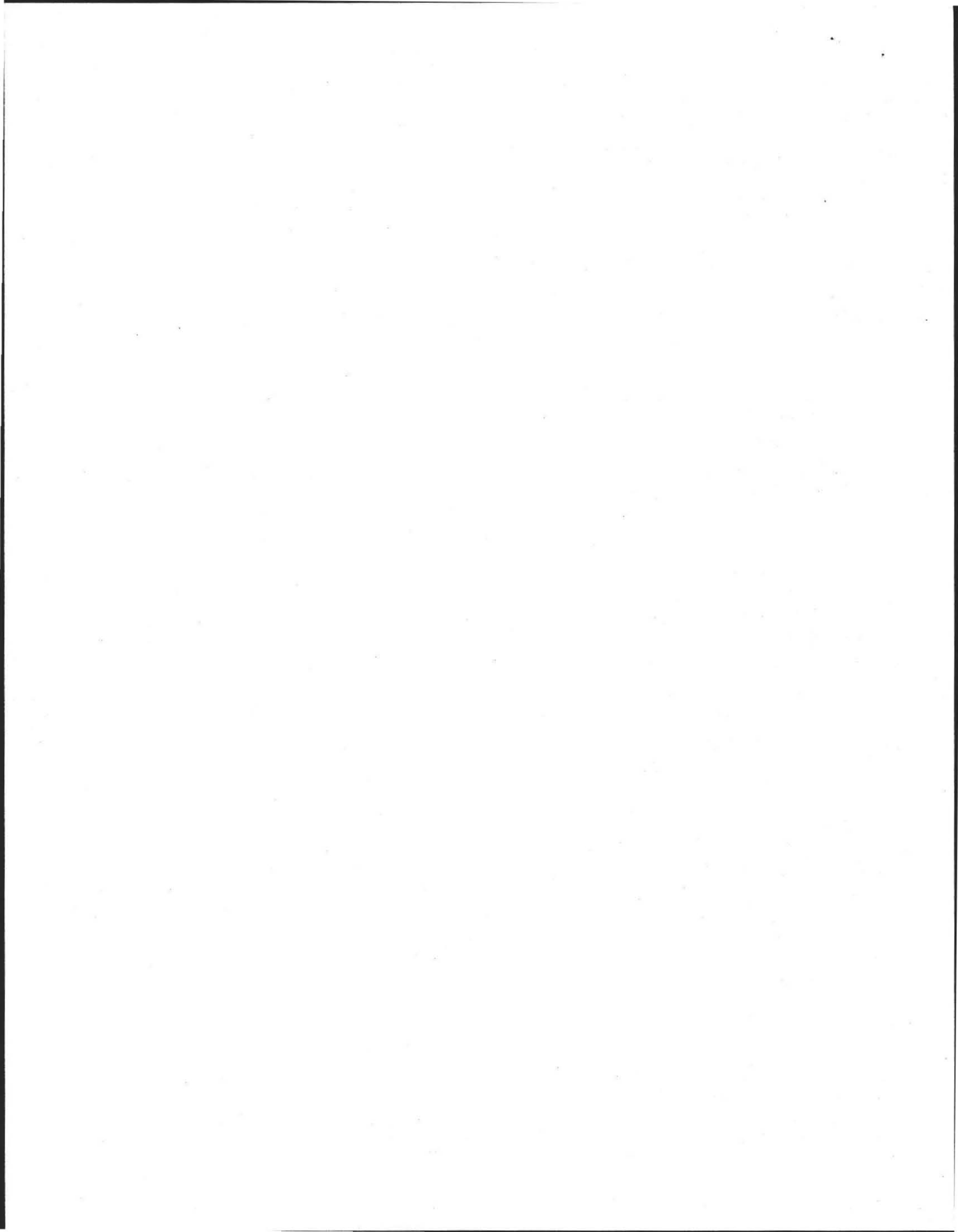
Just writing to confirm that we will be having the Title V Inspection at 2 Teaberry Ln tomorrow morning (Tuesday March 22nd) at 8:45 am. See you tomorrow!

Thanks,
Jessica Reyes

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 <jwreyes@gmail.com> 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 Reyes

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?

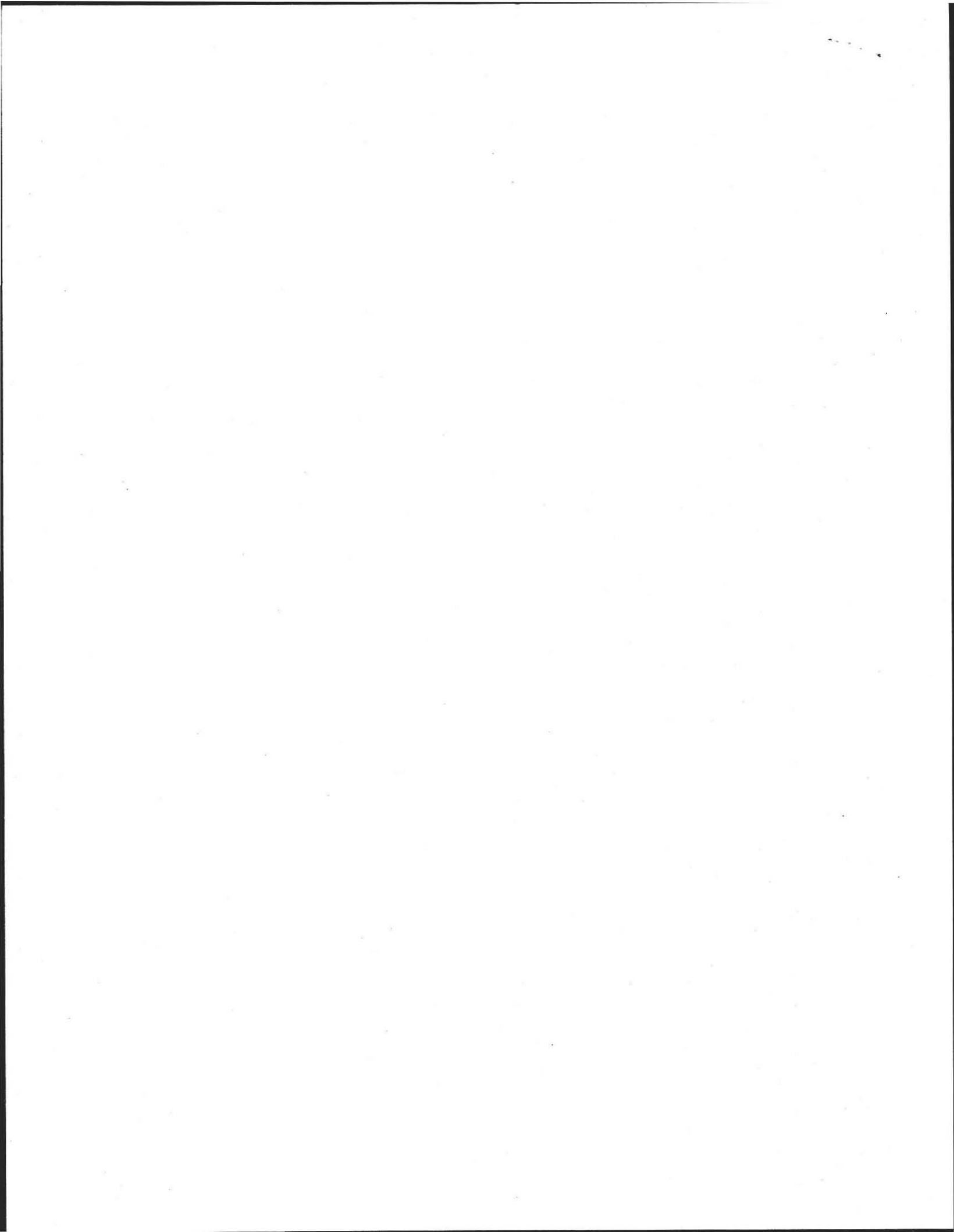
Alan,

After we got off the phone I realized that perhaps we should try to schedule sometime the week of May 21st if possible? We're having our open house on Sunday the 20th, and if the inspection is after that we wouldn't have to worry as much about the grass.

Thanks, talk to you soon,

Jessica

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Cr

Inspection results must be submitted on this form. Inspect way. Please see completeness checklist at the end of the

any

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



A. General Information

1. Inspector:

Alan E Weiss, M.S., Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

738

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

Inspector's Signature

05.22.2012

Date

Revised with Health Dept letter

to qualify. A Weiss 06.15.2012

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has a 25 + yr old system with 1500 Gal S. tank. Tank liquid level was proper with built in baffles inplace indicating S. tank was proper. L. tank (500 gal) liquid level was nearly full (within 6-7" to inlet pipe and stains/level) (26" eff Ht, 20-22" now ponding). House has had only 4 persons. Unknown how long May function with/without failure condition being reached. Sewer line scheduled in near future. Garbage disposal not recommended on septsics.

B) System Conditionally Passes:

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

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

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

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

☐ Y ☐ N ☐ ND (Explain below):



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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

Owner
information is
required for
every page.

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

- | | |
|--|---|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> distribution box is leveled or replaced | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |

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

- | | |
|--|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |

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

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

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

- | |
|---|
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a surface water |
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh |



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

Owner
information is
required for
every page.

B. Certification (cont.)

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

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.
- Method used to determine distance: _____

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

3. Other:

20" of liquid in 26" eff. ht. ltank

D) System Failure Criteria Applicable to All Systems:

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

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |



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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

Owner
information is
required for
every page.

B. Certification (cont.)

Yes No

☐☒

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

☐☒

Any portion of the SAS, cesspool or privy is below high ground water elevation.

☐☒

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

☐☒

Any portion of a cesspool or privy is within a Zone 1 of a public well.

☐☒

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

☐☒

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

☐☒

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

☐☒

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

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

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

Yes No

☐☐

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

☐☐

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

☐☐

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

C. Checklist

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information

Description:

1500 gallon S. tank with 500 gal L. tank

Number of current residents:

4

Does residence have a garbage grinder?

☒ Yes ☐ No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

☐ Yes ☒ No

Laundry system inspected?

☐ Yes ☐ No

Seasonal use?

☐ Yes ☒ No

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

n/a

Detail:

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

☐ Yes ☐ No

Industrial waste holding tank present?

☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☐ No

Water meter readings, if available:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

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

If 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.
- ☐ Other (describe):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

29 +/- yrs.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade:

1.5
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

feet

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

pipe to tank appears ok.

Septic Tank (locate on site plan):

Depth below grade:

12 inch
feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

Tank condition functional, minimal corrosion at outlet baffle.

If tank is metal, list age:

years

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

☐ Yes ☐ No

Dimensions:

11' l x 5.5' w x 4.2'd (eff)

Sludge depth:

<1"



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

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

12"

How were dimensions determined?

Observation/Meas

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

Tank was 1500 gallon, with built in baffles (kellogg type, good condition)

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

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

Depth below grade: _____

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain): _____

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day

Alarm present:

☐ Yes

☐ No

Alarm level: _____

Alarm in working order:

☐ Yes

☐ No

Date of last pumping: _____

Date

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

* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes

☐ No



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

Depth of liquid level above outlet invert

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

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes ☐ No

Alarms in working order:

☐ Yes ☐ No

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

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

If SAS not located, explain why:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Type:

☒

leaching pits

number:

4' x 8' x 2.2' ht.

☐

leaching chambers

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 hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Liquid nearly up to tank inlet pipe (within 6"), Not much effective ht. remaining.

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes ☐ No



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water:

8'+/-
feet

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

☐ Obtained from system design plans on record

If checked, date of design plan reviewed:

-
Date

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

☐ Checked with local Board of Health - explain:

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

☐ Accessed USGS database - explain:

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

Work in area in past.

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

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: 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:

- ☒ Passes
☐ Conditionally Passes
☐ Needs Further Evaluation by the Local Approving Authority
☐ Fails

Inspector's Signature:

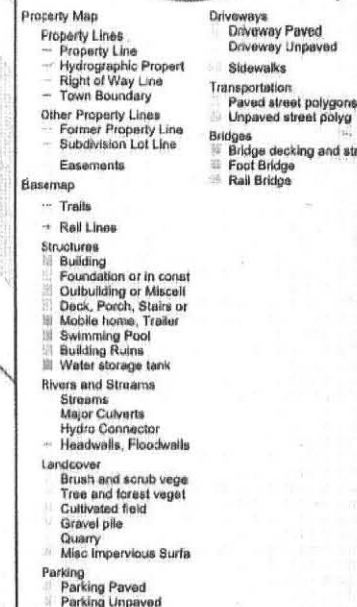
Nathan Toretti

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.



May 23, 2012

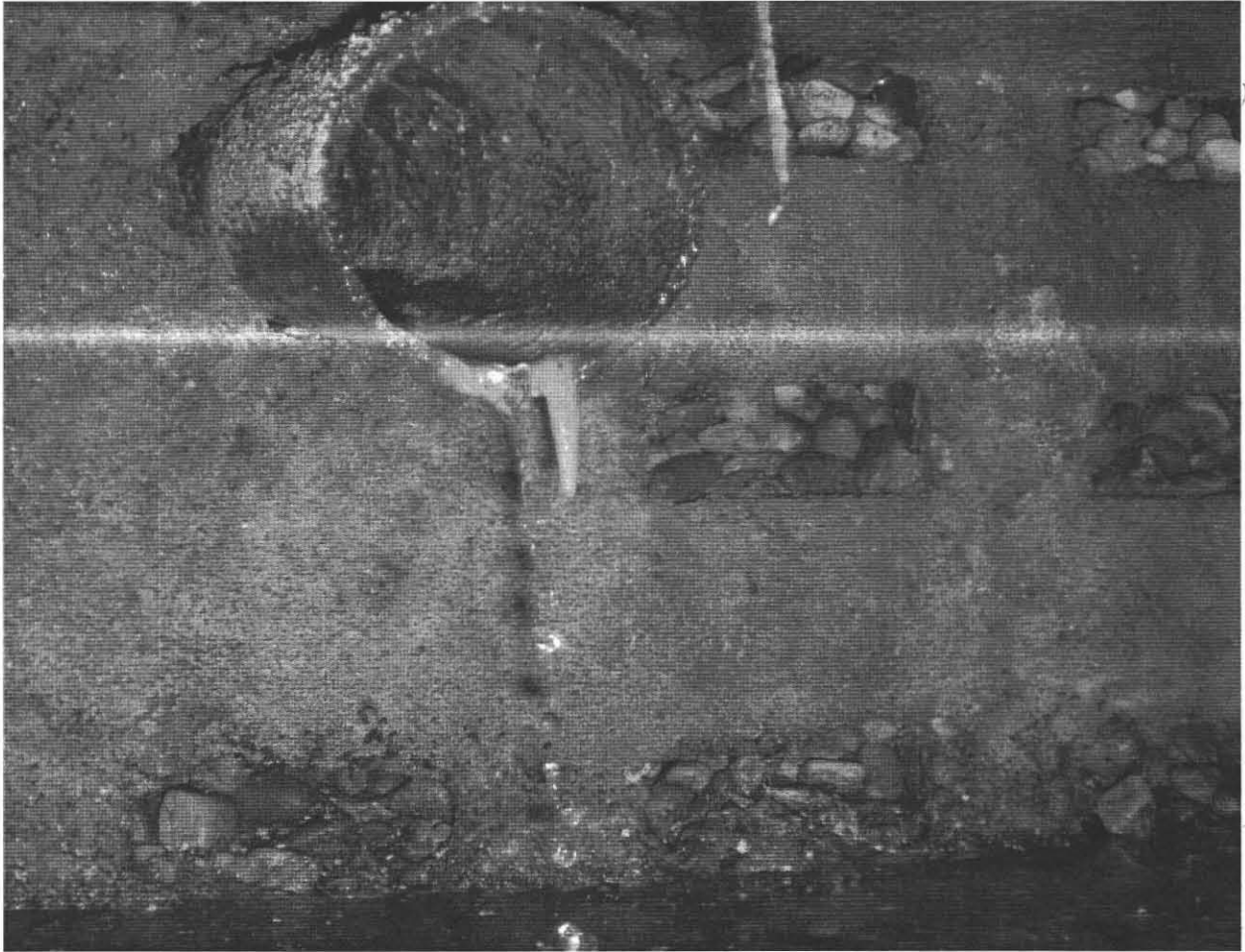




S Tank Inlet Baffle
2 Teaberry Lane
Amherst, MA
05.22.2012



S Tank Outlet Baffle
2 Teaberry Lane
Amherst, MA
05.22.2012



L. Tank inlet
2 Teaberry Lane
Amherst, MA
05.22.2012



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important:

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



A. General Information

1. Inspector:

Alan E Weiss, M.S., Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

738

License Number

FILE
COPY

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

Inspector's Signature

05.22.2012

Date

Revised with Health Dept letter

to qualify. A Weiss 06.15.2012

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has a 25 + yr old system with 1500 Gal S. tank. Tank liquid level was proper with built in baffles inplace indicating S. tank was proper. L. tank (500 gal) liquid level was nearly full (within 6-7" to inlet pipe and stains/level) (26" eff Ht, 20-22" now ponding). House has had only 4 persons. Unknown how long May function with/without failure condition being reached. Sewer line scheduled in near future. Garbage disposal not recommended on septics.

B) System Conditionally Passes:

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

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

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

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

- ☐ Y ☐ N ☐ ND (Explain below):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

- | | |
|--|---|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> distribution box is leveled or replaced | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |

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

- | | |
|--|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> ND (Explain below): |

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

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

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

- | |
|---|
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a surface water |
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh |



Owner
information is
required for
every page.

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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

B. Certification (cont.)

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

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

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

3. Other:

20" of liquid in 26" eff. ht. ltank

D) System Failure Criteria Applicable to All Systems:

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

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |



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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

Owner
information is
required for
every page.

B. Certification (cont.)

Yes No

☐☒

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

☐☒

Any portion of the SAS, cesspool or privy is below high ground water elevation.

☐☒

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

☐☒

Any portion of a cesspool or privy is within a Zone 1 of a public well.

☐☒

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

☐☒

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

☐☒

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

☐☒

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

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

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

Yes No

☐☐

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

☐☐

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

☐☐

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

C. Checklist

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information

Description:

1500 gallon S. tank with 500 gal L. tank

Number of current residents:

4

Does residence have a garbage grinder?

☒ Yes ☐ No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

☐ Yes ☒ No

Laundry system inspected?

☐ Yes ☐ No

Seasonal use?

☐ Yes ☒ No

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

n/a

Detail:

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

☐ Yes ☐ No

Industrial waste holding tank present?

☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☐ No

Water meter readings, if available:



Owner
information is
required for
every page.

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

City/Town

MA

State

01002

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

If 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.
- ☐ Other (describe):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

29 +/- yrs.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade:

1.5
feet

Material of construction:

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

Distance from private water supply well or suction line:

feet

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

pipe to tank appears ok.

Septic Tank (locate on site plan):

Depth below grade:

12 inch
feet

Material of construction:

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

Tank condition functional, minimal corrosion at outlet baffle.

If tank is metal, list age:

years

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

☐ Yes ☐ No

Dimensions:

11' l x 5.5' w x 4.2'd (eff)

Sludge depth:

<1"



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of 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 outlet tee or baffle 12"

How were dimensions determined? Observation/Meas

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

Tank was 1500 gallon, with built in baffles (kellogg type, good condition)

Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

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

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping: _____ Date



Owner
information is
required for
every page.

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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

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

Depth below grade: _____

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain): _____

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day

Alarm present:

☐ Yes

☐ No

Alarm level: _____

Alarm in working order:

☐ Yes

☐ No

Date of last pumping: _____

Date

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

* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes

☐ No



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

Depth of liquid level above outlet invert

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

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes ☐ No

Alarms in working order:

☐ Yes ☐ No

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

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

If SAS not located, explain why:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Type:

☒

leaching pits

number:

4' x 8' x 2.2' ht.

☐

leaching chambers

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 hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Liquid nearly up to tank inlet pipe (within 6"), Not much effective ht. remaining.

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes ☐ No



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water:

8'+/-
feet

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

☐ Obtained from system design plans on record

If checked, date of design plan reviewed:

-
Date

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

☐ Checked with local Board of Health - explain:

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

☐ Accessed USGS database - explain:

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

Work in area in past.

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

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 Teaherry 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:

- ☒ Passes
☐ Conditionally Passes
☐ Needs Further Evaluation by the Local Approving Authority
☐ Fails

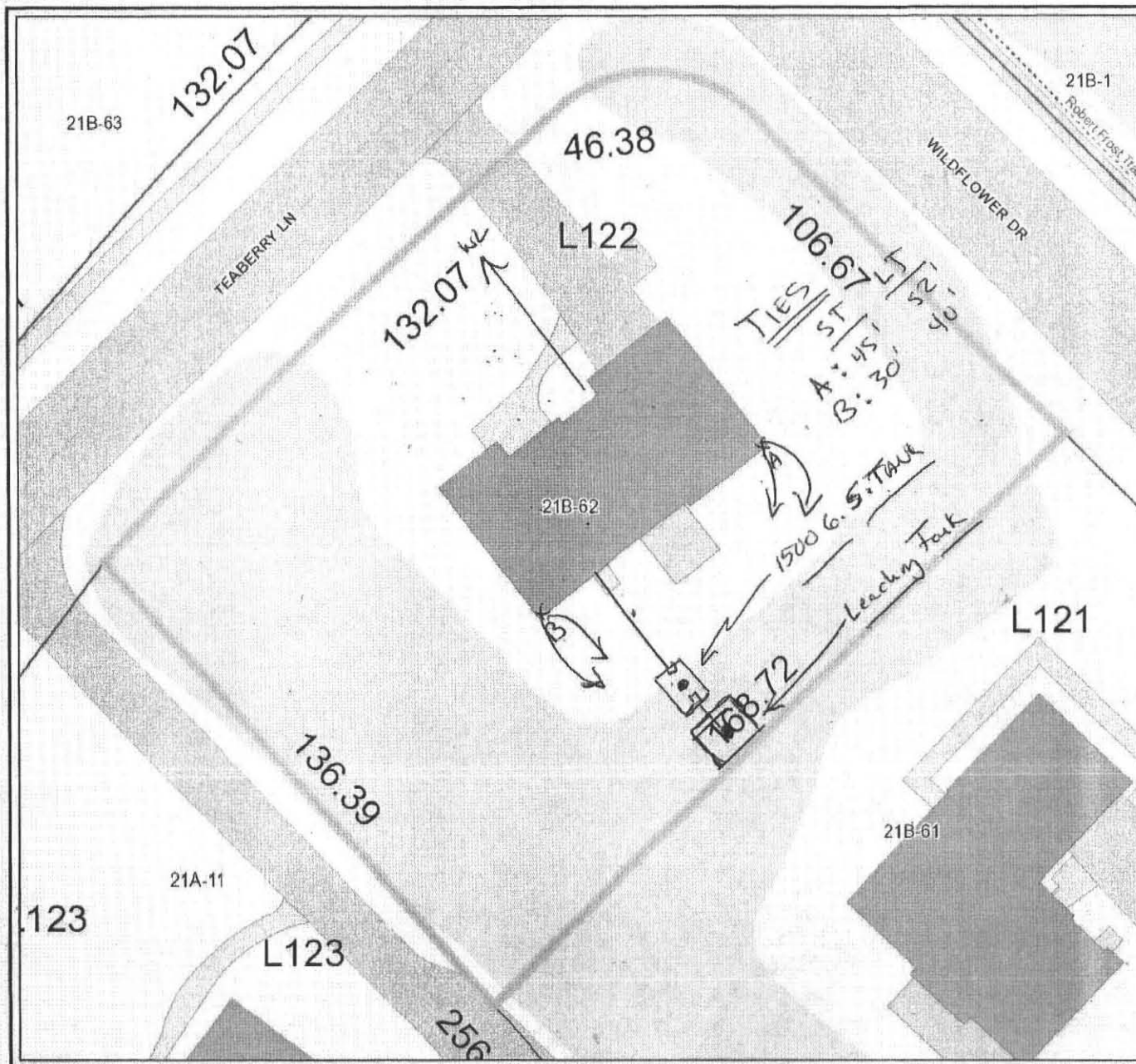
Inspector's Signature: Nathan Toretti

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.



- Property Map**
- Property Lines
 - Property Line
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
 - Other Property Lines
 - Former Property Line
 - Subdivision Lot Line
 - Easements
- Basemap**
- Trails
 - Rail Lines
- Structures**
- Building
 - Foundation or in constr
 - Outbuilding or Miscell
 - Deck, Porch, Stairs or
 - Mobile home, Trailer
 - Swimming Pool
 - Building Ruins
 - Water storage tank
- Rivers and Streams**
- Streams
 - Major Culverts
 - Hydro Connector
 - Headwalls, Floodwalls
- Landcover**
- Brush and scrub vege
 - Tree and forest vege
 - Cultivated field
 - Gravel pile
 - Quarry
 - Misc Impervious Surfa
- Parking**
- Parking Paved
 - Parking Unpaved
- Driveways**
- Driveway Paved
 - Driveway Unpaved
- Sidewalks**
- Sidewalks
- Transportation**
- Paved street polygons
 - Unpaved street polyg
- Bridges**
- Bridge decking and str
 - Foot Bridge
 - Rail Bridge

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
Vertical Datum: NAVD86, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 30 ft

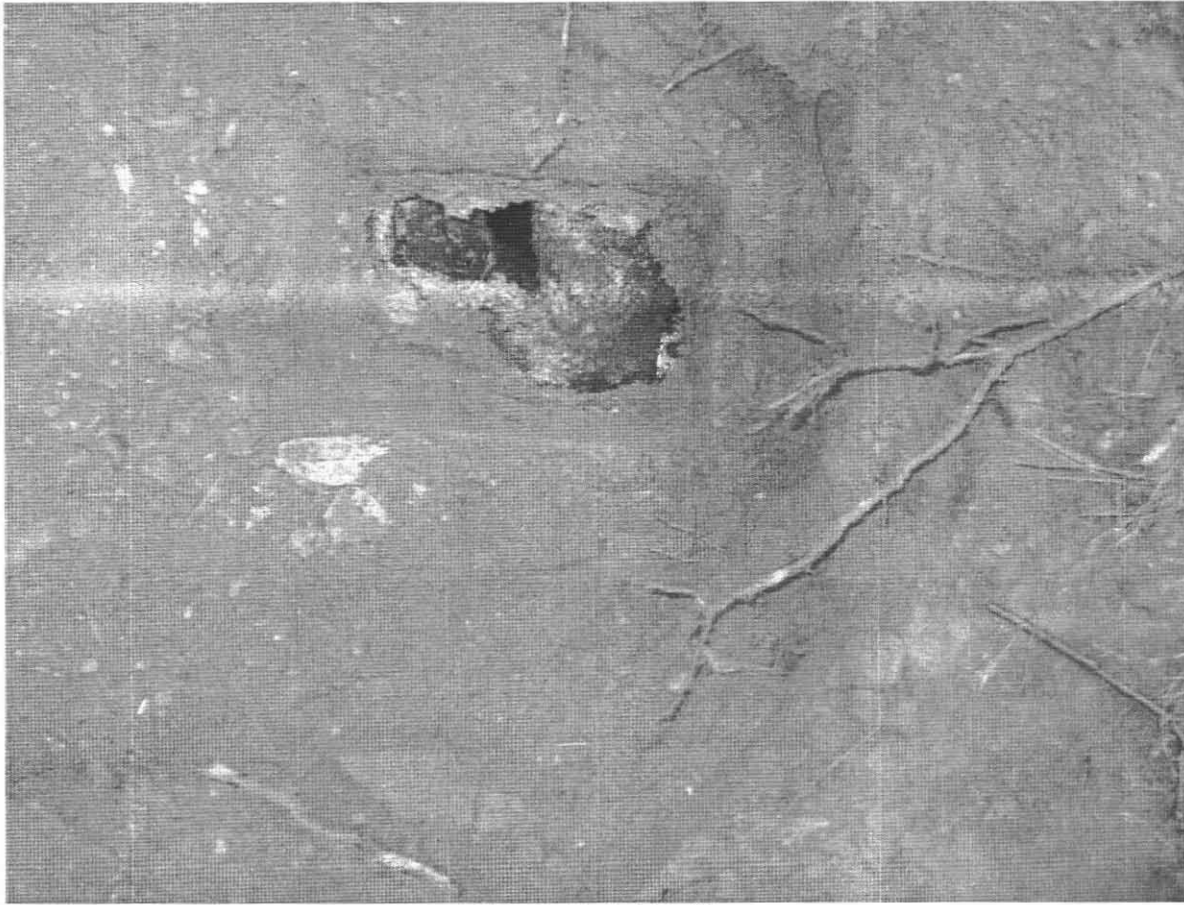


Amherst GIS Viewer

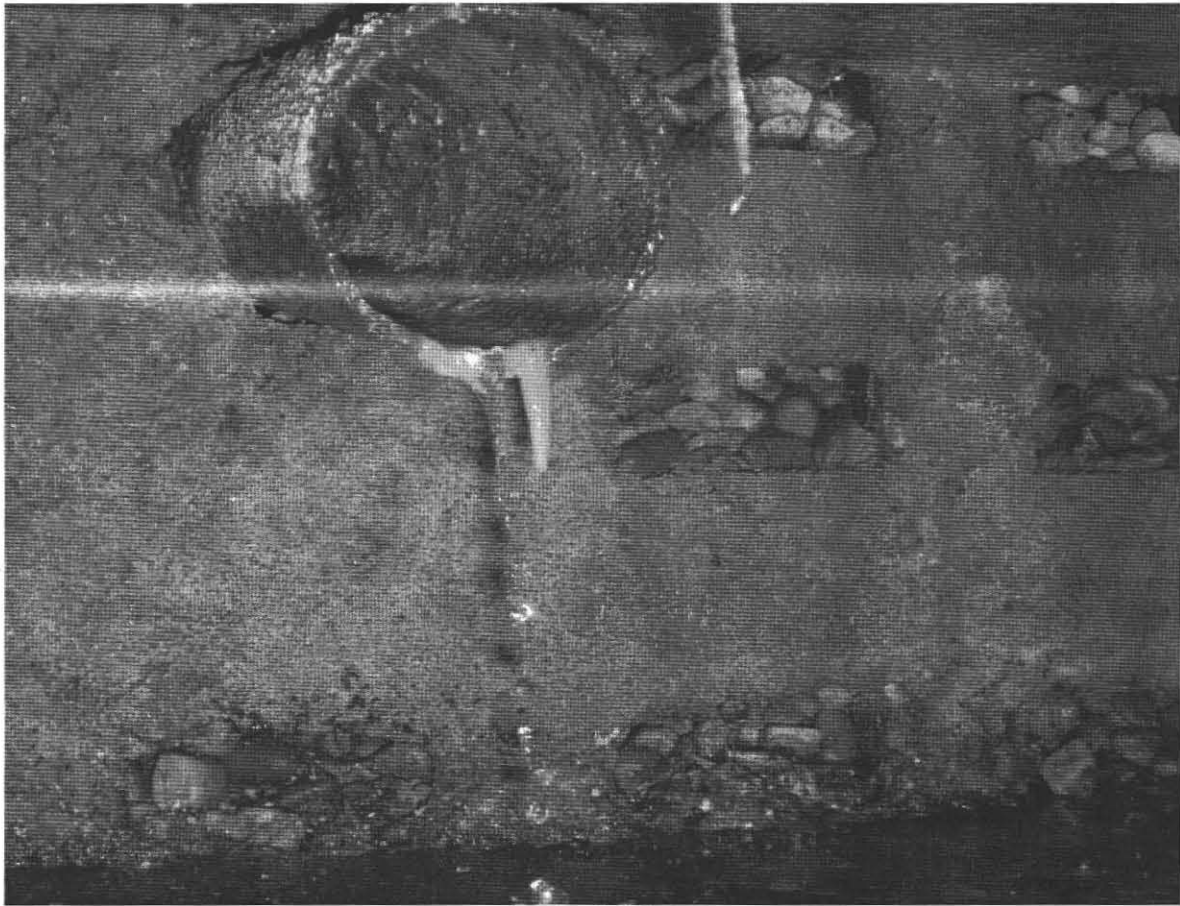
May 23, 2012



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: Smith, Edmund
Subject: RE: 818 Bay Road

Follow Up Flag: Flag for follow up
Flag Status: Flagged

Ed,
There are no near term plans for sewerage 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

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

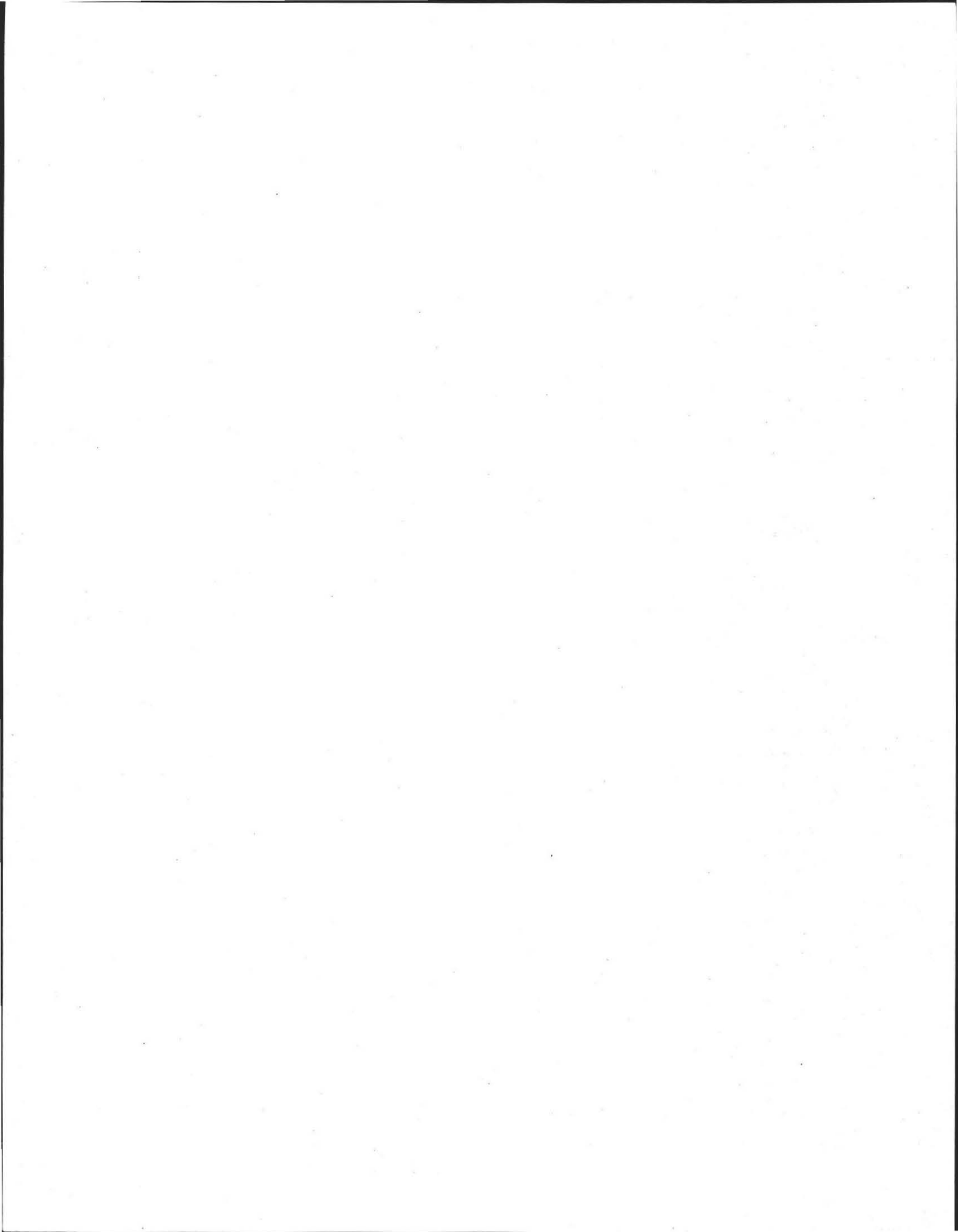
TO Jessica Reyes
2 Teaberry Lane
Amherst, MA 01002

RE: Invoice for Septic Title V witness

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT 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		
SUBTOTAL			\$ 200.00
SALES TAX			
TOTAL			\$ 200.00





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

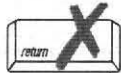
Zip Code

05.22.2012

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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



A. General Information

1. Inspector:

Alan E Weiss, M.S, Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

738

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

Inspector's Signature

05.22.2012

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.



Owner
information is
required for
every page.

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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has a 25 + yr old system with 1500 Gal S. tank. Tank liquid level was proper with built in baffles inplace indicating S. tank was proper. L. tank (500 gal) liquid level was nearly full (within 6-7" to inlet pipe and stains/level) (26" eff Ht, 20-22" now ponding). House has had only 4 persons. Unknown how long May function with/without failure condition being reached. Sewer line scheduled in near future. Garbage disposal not recommended on septics.

B) System Conditionally Passes:

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

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

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

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

☐ Y ☐ N ☐ ND (Explain below):



Owner
information is
required for
every page.

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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

- | | | | |
|--|---------------------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed | <input checked="" type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> distribution box is leveled or replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |

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

- | | | | |
|--|----------------------------|----------------------------|--|
| <input type="checkbox"/> broken pipe(s) are replaced | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |
| <input type="checkbox"/> obstruction is removed | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> ND (Explain below): |

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

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

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

- | |
|---|
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a surface water |
| <input type="checkbox"/> Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh |



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

B. Certification (cont.)

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

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

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

3. Other:

20" of liquid in 26" eff. ht. ltank

D) System Failure Criteria Applicable to All Systems:

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

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |



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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

Owner
information is
required for
every page.

B. Certification (cont.)

Yes No

☐☒

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

☐☒

Any portion of the SAS, cesspool or privy is below high ground water elevation.

☐☒

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

☐☒

Any portion of a cesspool or privy is within a Zone 1 of a public well.

☐☒

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

☐☒

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

☐☒

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

☐☒

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

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

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

Yes No

☐☐

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

☐☐

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

☐☐

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

C. Checklist

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

Yes No

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information

Description:

1500 gallon S. tank with 500 gal L. tank

Number of current residents:

4

Does residence have a garbage grinder?

☒ Yes ☐ No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

☐ Yes ☒ No

Laundry system inspected?

☐ Yes ☐ No

Seasonal use?

☐ Yes ☒ No

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

n/a

Detail:

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

☐ Yes ☐ No

Industrial waste holding tank present?

☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☐ No

Water meter readings, if available:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

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

If 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.
- ☐ Other (describe):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

29 +/- yrs.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade:

1.5
feet

Material of construction:

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

Distance from private water supply well or suction line:

feet

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

pipe to tank appears ok.

Septic Tank (locate on site plan):

Depth below grade:

12 inch
feet

Material of construction:

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

Tank condition functional, minimal corrosion at outlet baffle.

If tank is metal, list age:

years

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

☐ Yes ☐ No

Dimensions:

11' l x 5.5' w x 4.2'd (eff)

Sludge depth:

<1"



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

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

12"

How were dimensions determined?

Observation/Meas

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

Tank was 1500 gallon, with built in baffles (kellogg type, good condition)

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

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

Depth below grade: _____

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain): _____

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day

Alarm present:

☐ Yes

☐ No

Alarm level: _____

Alarm in working order:

☐ Yes

☐ No

Date of last pumping: _____

Date

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

* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes

☐ No



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

Depth of liquid level above outlet invert

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

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes ☐ No

Alarms in working order:

☐ Yes ☐ No

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

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

If SAS not located, explain why:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Type:

☒

leaching pits

number:

4' x 8' x 2.2' ht.

☐

leaching chambers

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 hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Liquid nearly up to tank inlet pipe (within 6"), Not much effective ht. remaining.

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes

☐ No



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

MA

01002

05.22.2012

City/Town

State

Zip Code

Date of Inspection

Owner
information is
required for
every page.

D. System Information (cont.)

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

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



Owner
information is
required for
every page.

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

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

D. System Information (cont.)

Site Exam:

- ☒ Check Slope
- ☒ Surface water
- ☒ Check cellar
- ☐ Shallow wells

Estimated depth to high ground water:

8'+/-
feet

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

- ☐ Obtained from system design plans on record
If checked, date of design plan reviewed: _____
Date
- ☐ Observed site (abutting property/observation hole within 150 feet of SAS)
- ☐ Checked with local Board of Health - explain:

- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:

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

Work in area in past.

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

2 Teaberry Lane

Property Address

Jessica Reyes

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2012

Date of Inspection

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: 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:

- ☒ Passes
☐ Conditionally Passes
☐ Needs Further Evaluation by the Local Approving Authority
☐ Fails

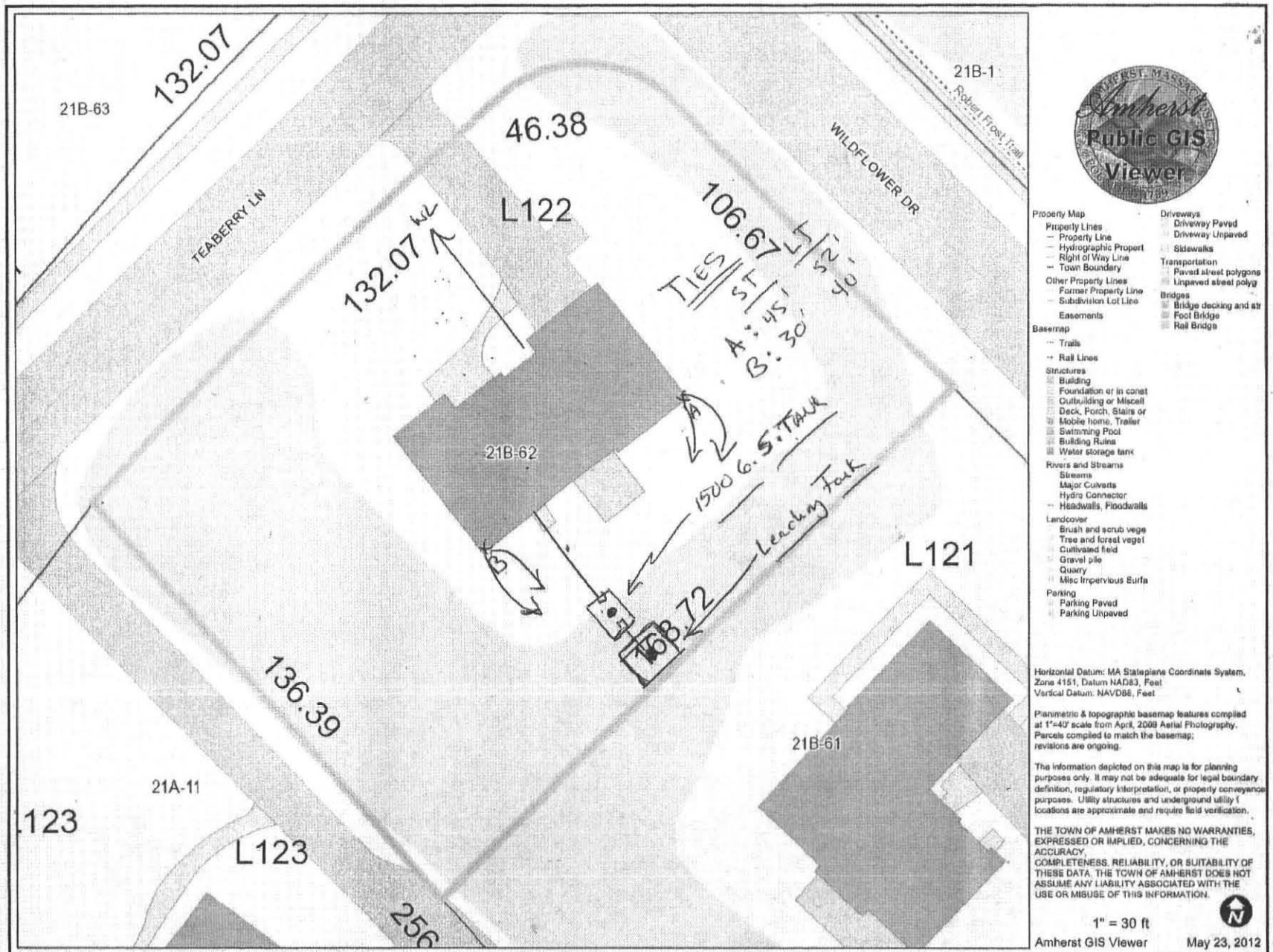
Inspector's Signature: Nathan Toretti

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.

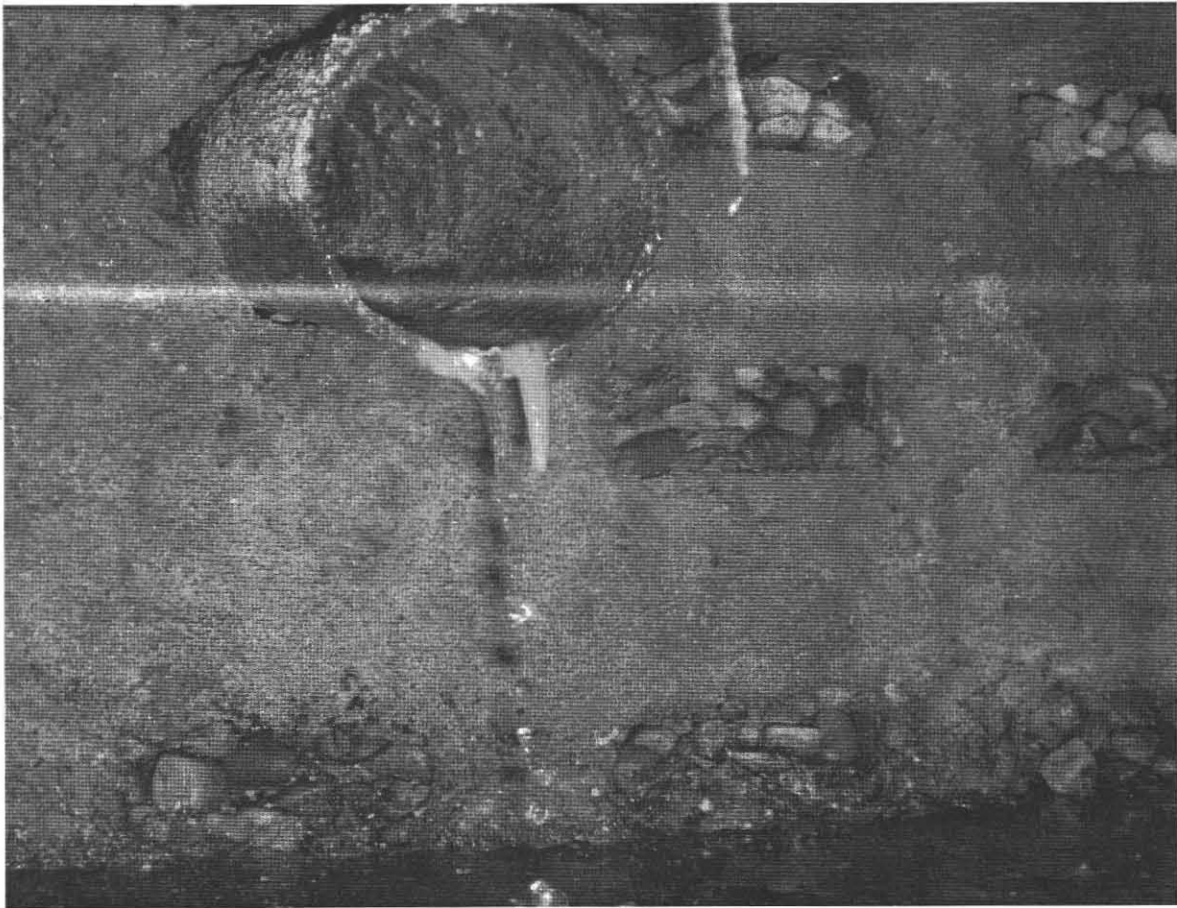




S Tank Inlet Baffle
2 Teaberry Lane
Amherst, MA
05.22.2012



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

RECEIVED
4/6/05

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:

- ☒ Passes
☐ Conditionally Passes
☐ Needs Further Evaluation by the Local Approving Authority
☐ Fails

Inspector's Signature: Nathan Toretti

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 exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

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

ND explain:

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

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

ND explain:

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

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

ND explain:

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

**PART A
CERTIFICATION (continued)**

Property Address: 2 Teaberry Lane
Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same

Date of Inspection: 05/03/2005

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

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

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

- ___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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

- ___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

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

- 3. Other:**

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

**PART A
CERTIFICATION (continued)**

Property Address: 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 | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

NO (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:

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

You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

- | yes | no | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

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

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

Property Address: 2 Teaberry Lane

Amherst MA

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 No

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

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

☒ ☐ Has the system received normal flows in the previous two week period ?

☐ ☒ Have large volumes of water been introduced to the system recently or as part of this inspection ?

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

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

☒ ☐ Was the site inspected for signs of break out ?

☒ ☐ Were all system components, excluding the SAS, located on site ?

☒ ☐ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

☒ ☐ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes No

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

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

**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 contract (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)

Property Address: 2 Teaberry Lane
Amherst MA
Owner's Name: Amy Zuckerman
Owner's Address: same
Date of Inspection: 05/03/2005

BUILDING SEWER (locate on site plan)

Depth below grade: 1'6"

Materials of construction: cast iron ☒ 40 PVC ☐ other (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: ☒ (locate on site plan)

Depth below grade: 10"

Material of construction: ☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other
(explain):

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

Dimensions: L 10' x W 5' x D 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: ☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other
(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.):

**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 TANK: ____ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: ____

Material of construction: ____ concrete ____ metal ____ fiberglass ____ polyethylene ____ other(explain):

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons/day

Alarm present (yes or no): ____

Alarm level: ____ Alarm in working order (yes or no): ____

Date of last pumping: ____

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

DISTRIBUTION BOX: NONE (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert:

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

PUMP CHAMBER : ____ (locate on site plan)

Pumps in working order (yes or no): ____

Alarms in working order (yes or no): ____

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

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

SYSTEM INFORMATION (continued)

Property Address: 2 Teaberry Lane
Amherst MA

Owner's Name: Amy Zuckerman

Owner's Address: same

Date of Inspection: 05/03/2005

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

If SAS not located explain why:

☒ 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: ____

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)

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

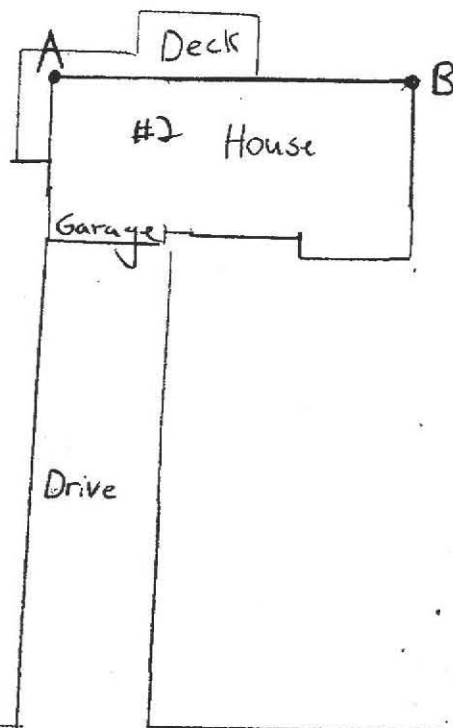
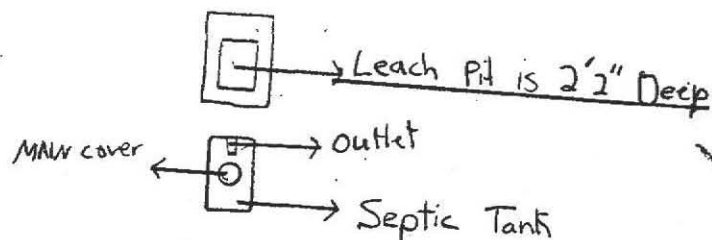
Date of Inspection: 05/03/2005

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.

MAIN cover	Leach Pit
A 45'	A 52'
B 30'	B 40'



Teaberry Lane

**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

SITE EXAM

Slope XXX

Surface water

Check cellar XXX

Shallow wells

Estimated depth to ground water: none @ 6'

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

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

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

___ Checked with local Board of Health-explain: ___

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

___ Accessed USGS database-explain: _____

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

Slope in yard and checked cellar.
