

26 TEABERN LANE



PERMITS/INSP PAYMENT RECPT#: 11109574  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 05/12/11 TIME: 12:56  
CLERK: mirj DEPT:

PAID BY: ROW, HEATHER R & ROW  
PAYMENT METH: CHECK 1414

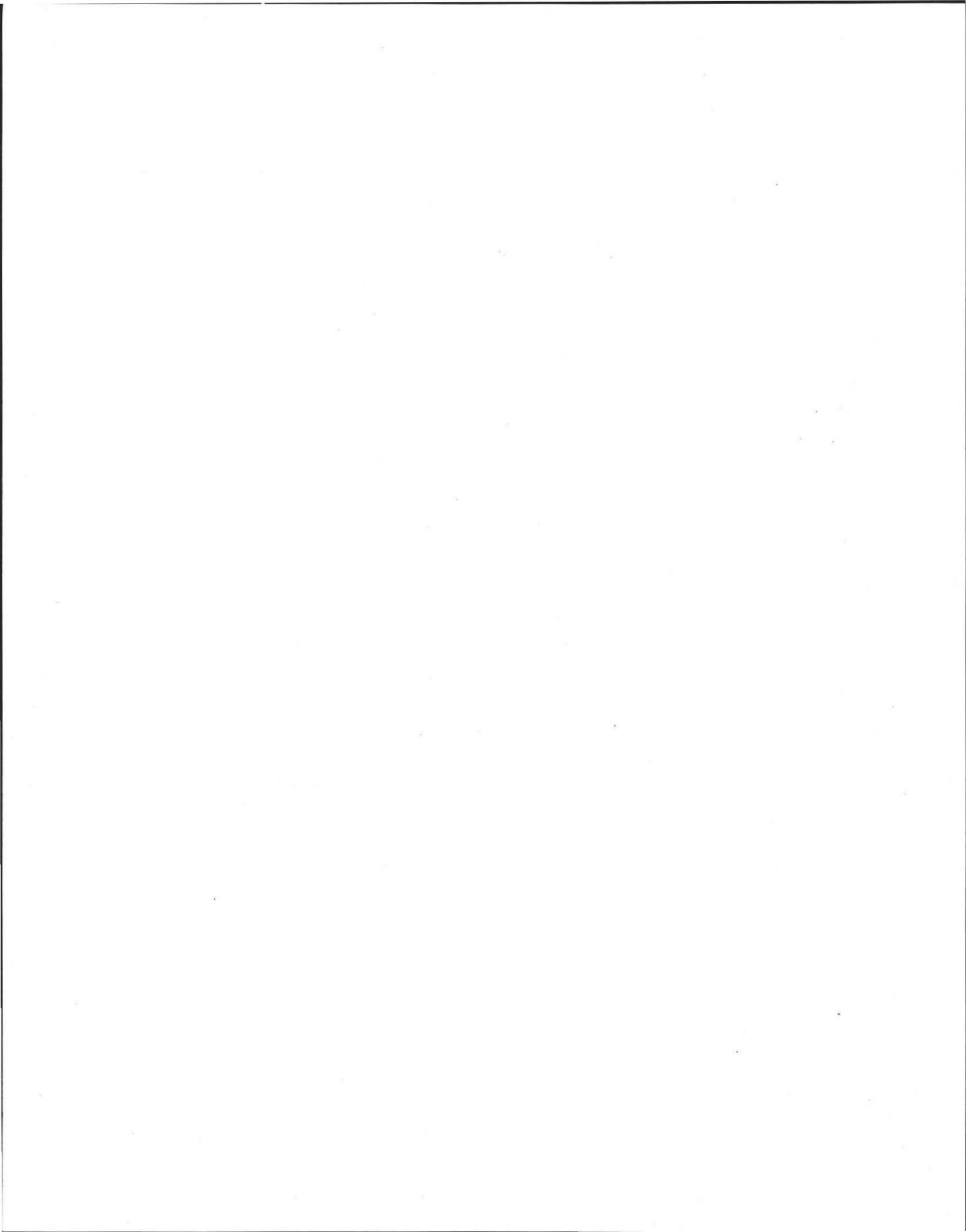
REFERENCE: 9107

AMT TENDERED: 200.00  
AMT APPLIED: 200.00  
CHANGE: .00

SITE ADDRESS: 26 TEABERRY LANE

FEES:  
HEA058 200.00

TOTAL PAID: 200.00



# IMPORTANT MESSAGE

For \_\_\_\_\_  
 Day Tue 12/6/2004 Time 10:31 A.M.  
P.M.  
 M EDWARD + DANA PERROT  
 Of 26 TEABERRY LANE  
AMHERST, MA 01002  
 Phone (413) 687 3239  
 FAX \_\_\_\_\_ Area Code \_\_\_\_\_ Number \_\_\_\_\_ Extension \_\_\_\_\_  
 MOBILE eparrot1@yahoo.com  
 Area Code \_\_\_\_\_ Number \_\_\_\_\_ Extension \_\_\_\_\_

Telephoned	<input checked="" type="checkbox"/>	Returned your call		RUSH	
Came to see you		Please call	<input checked="" type="checkbox"/>	Special attention	
Wants to see you		Will call again		Caller on hold	

Message 26 TEABERRY  
Follow up imp.  
escrow needs release /  
needs cert.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed \_\_\_\_\_

Sent letter  
 next  
 TUE

Sent letter  
 Done

EVAL  
MSO



*Town of*



AMHERST

*Massachusetts*

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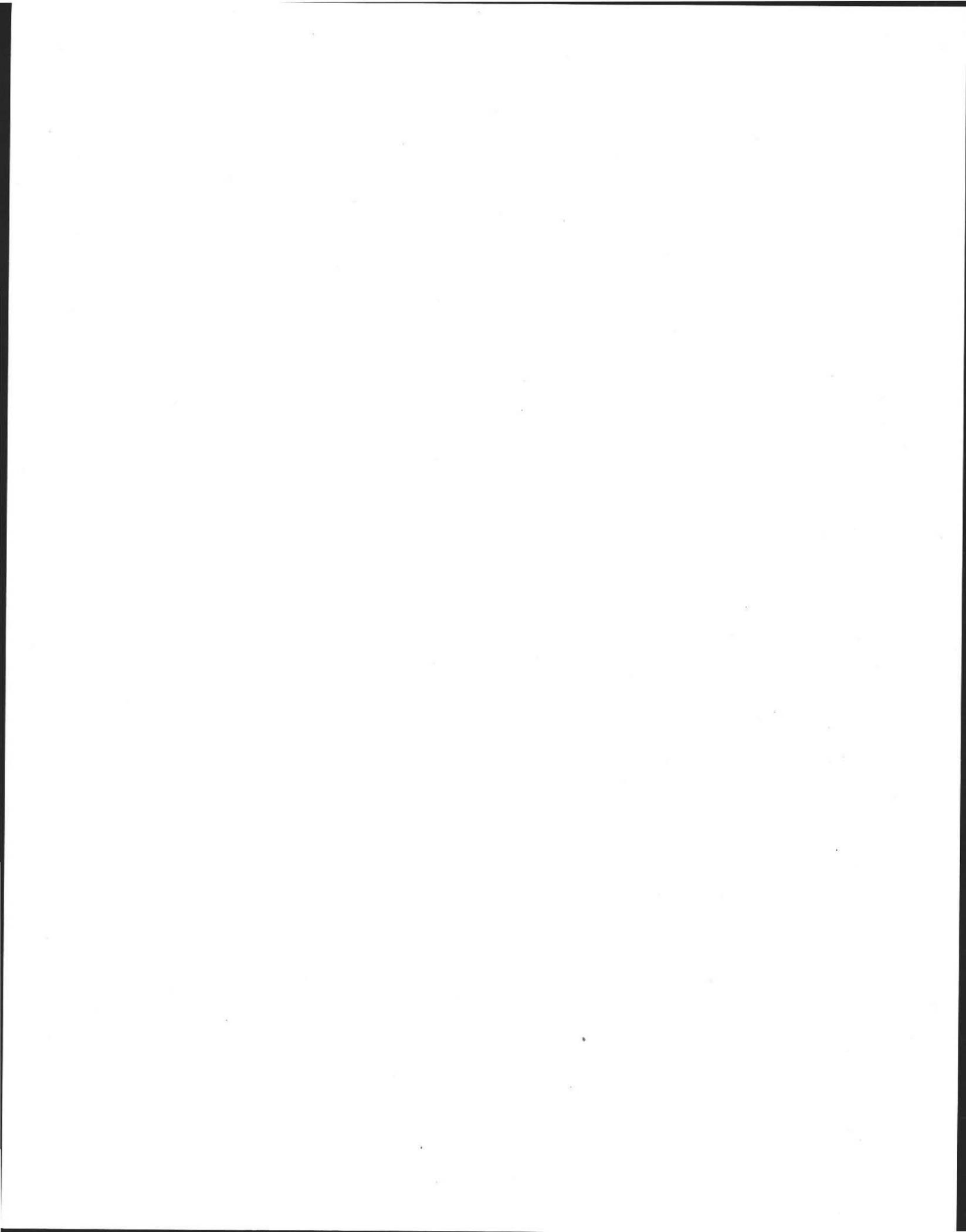
AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002  
(413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

Attn: Edward & Dana Parrot  
Regarding: 26 Teaberry Lane  
Amherst, MA 01002  
eparrot1@yahoo.com

On Wednesday November 9, 2011, this inspector returned to 26 Teaberry Lane to fulfill the reinspection clause of the conditional pass previously received by this system. The initial test was administered by Clean Septics of Ludlow, MA. At the reinspection, a full approval was granted by Clean Septics and witnessed by me for the Town of Amherst. No issues were noted.

Sincerely,

Edmund Smith  
Assistant Sanitarian for the Town of Amherst Public Health Department  
413.579.3153  
smithe@amherstma.gov



*Town of*



AMHERST

*Massachusetts*

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(413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

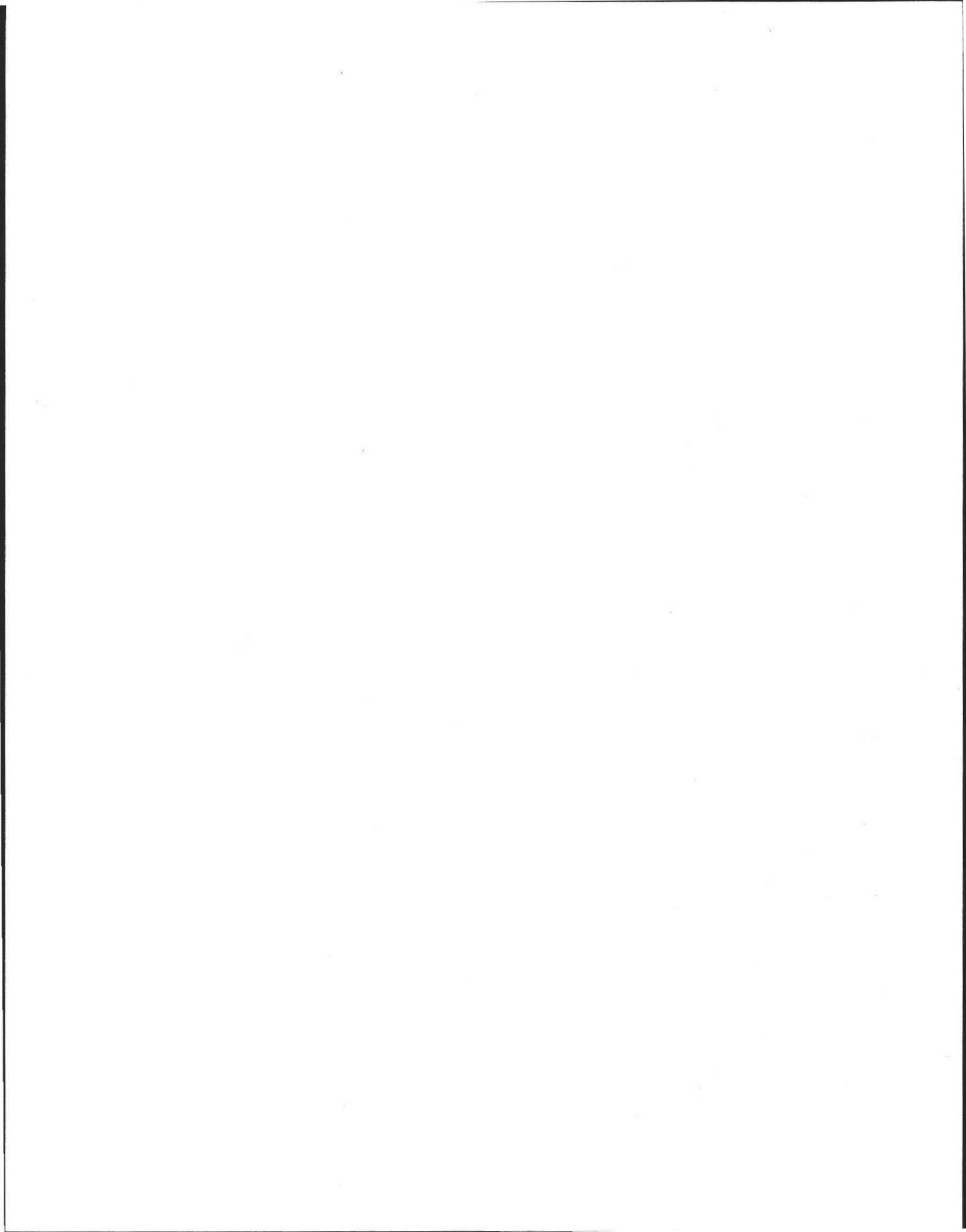
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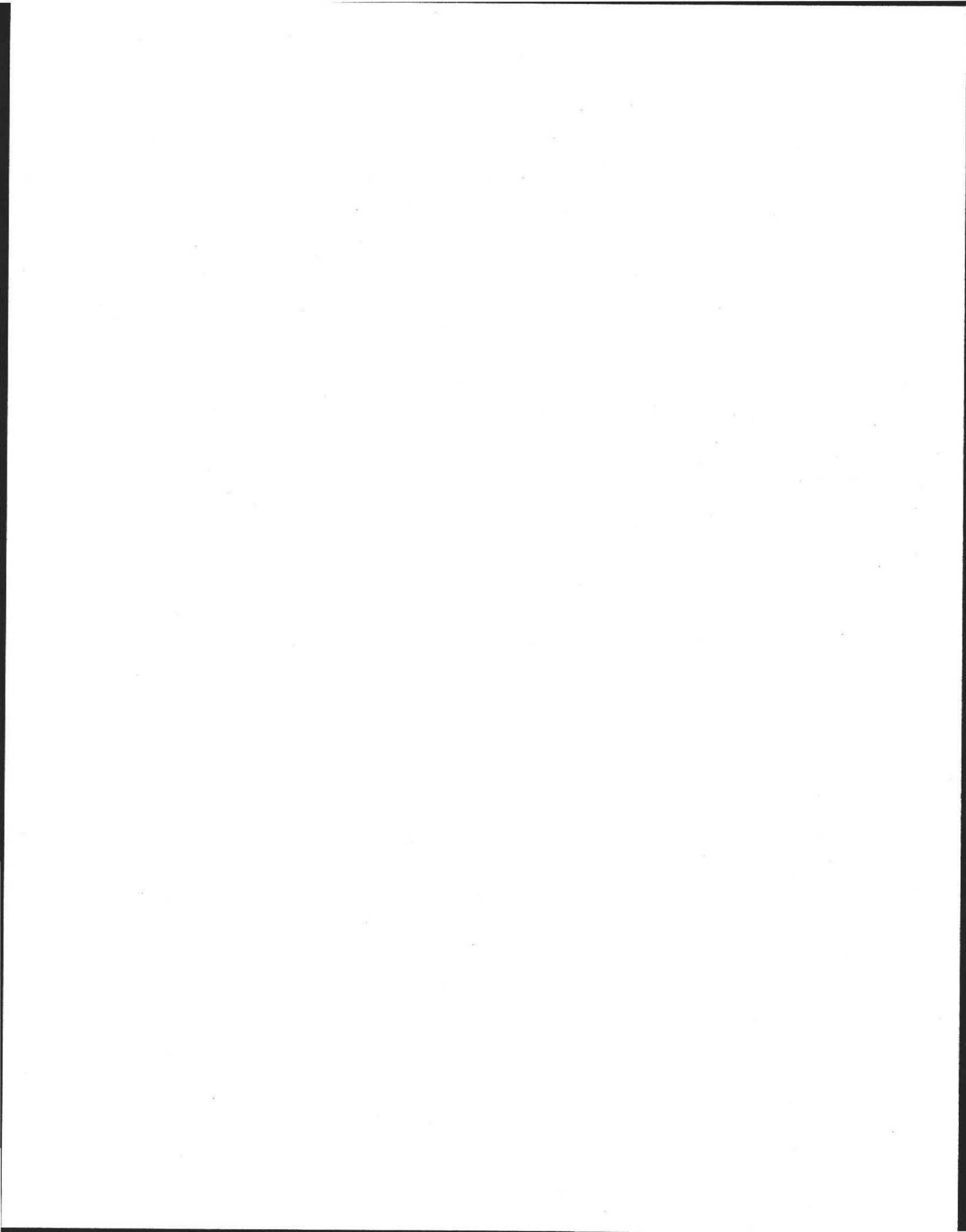
Sincerely,

*(file copy) Edmund R. Smith*

Edmund Smith  
Assistant Sanitarian for the Town of Amherst Public Health Department  
413.579.3153  
smithe@amherstma.gov









Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

26 TEABERRY LANE

Property Address

ROW

Owner's Name

AMHERST

City/Town

MASS

State

01002

Zip Code

MAY 12, 2011

Date of Inspection

Owner information is required for every page.

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

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



## A. General Information

1. Inspector:

NICK TORRETTI

Name of Inspector

CLEAN SEPTICS

Company Name

P O BOX 394 252 WEST ST

Company Address

LUDLOW

City/Town

413 583 2138

Telephone Number

MASS

State

01056

Zip Code

S I 4496

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

*Nick Torretti*

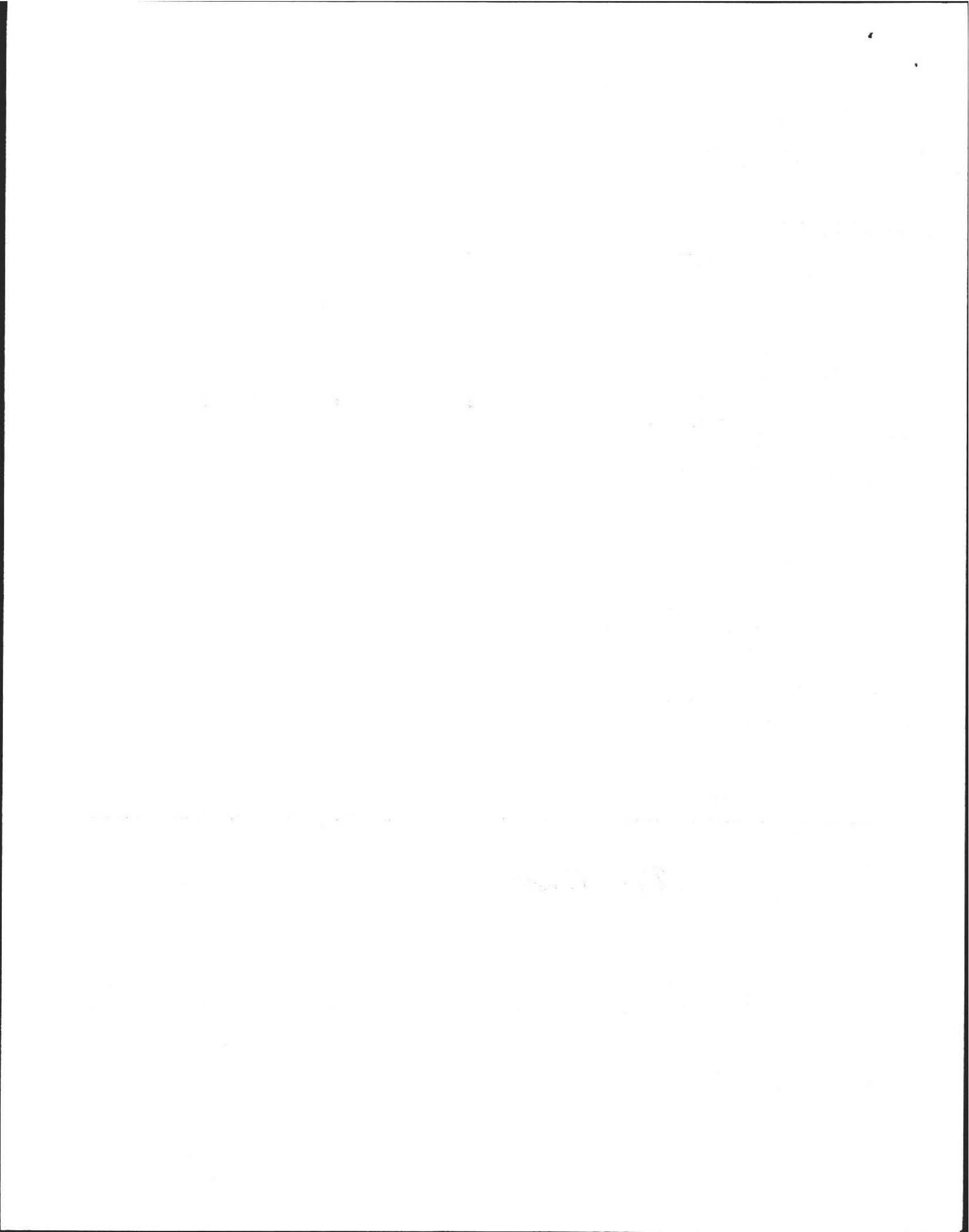
Inspector's Signature

MAY 12, 2011

Date

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

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





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## B. Certification (cont.)

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

### A) System Passes:

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

Comments:

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### 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.

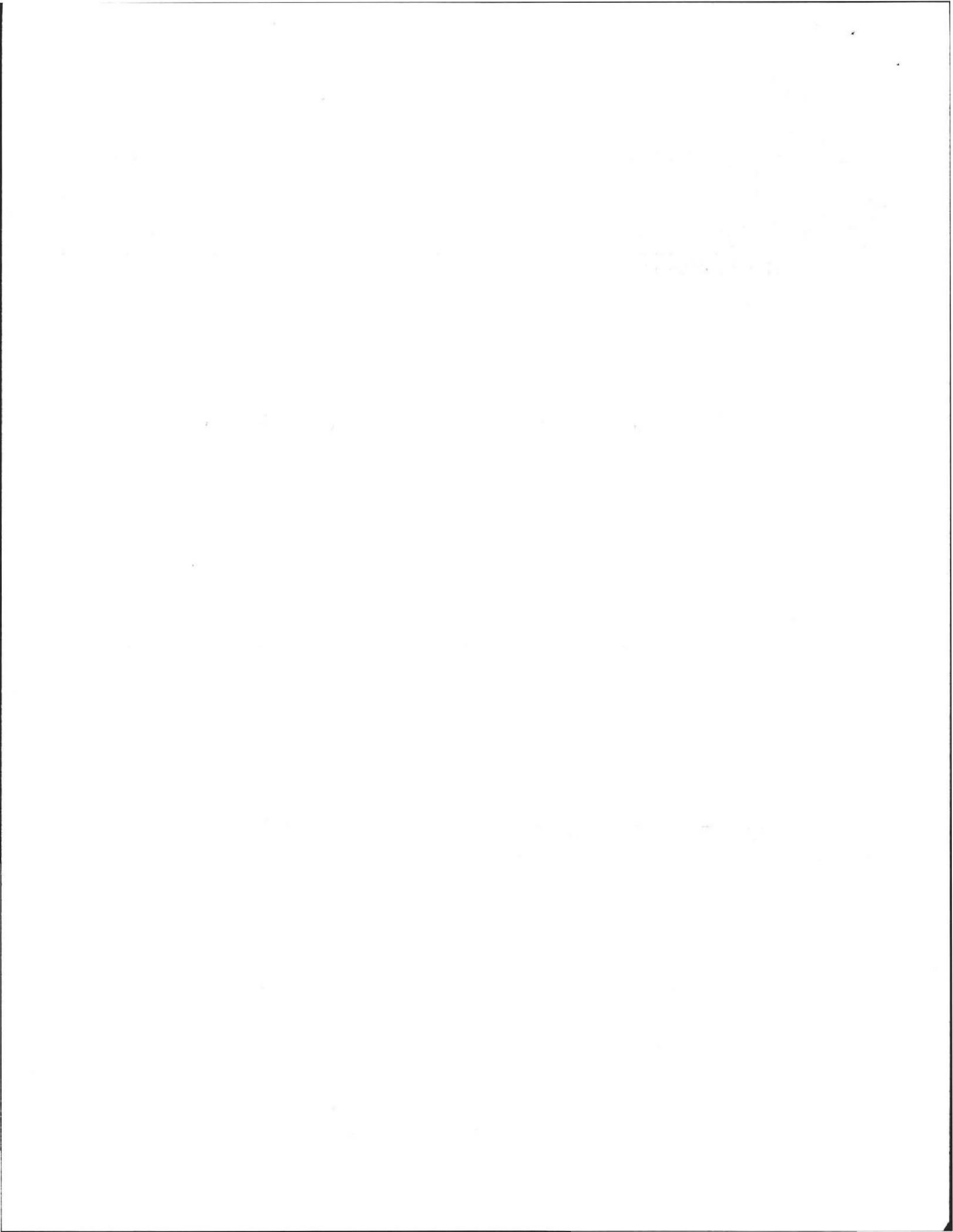
Y     N     ND (Explain below):

THE SEPIC SYSTEM HAS NOT RECEIVED NORMAL WATER FLOWS SINCE JULY 2010. SINCE HOUSE HAS BEEN VACANT; LEACHFIELD NEEDS A RE -INSPECTION SIX MONTHS AFTER OCCUPANCY; RECOMMEND HOLDING MONEY IN ESCROW.

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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

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

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

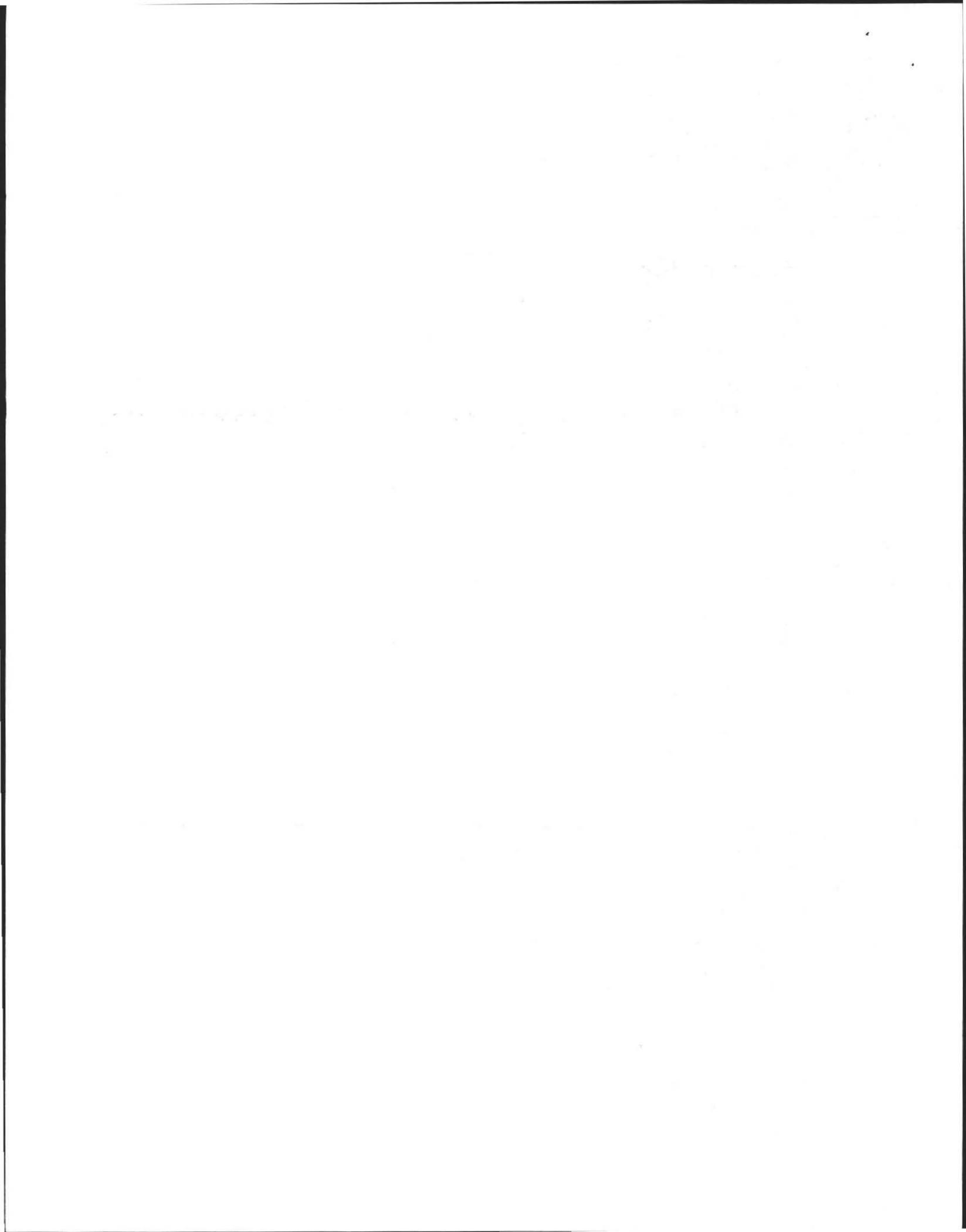
- broken pipe(s) are replaced
obstruction is removed
Y N ND (Explain below)

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

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

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

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





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## B. Certification (cont.)

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

- 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:

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### 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                             |

Handwritten text, possibly a title or header, mostly illegible due to fading.

Small handwritten mark or word.

Small handwritten mark or word.

Small handwritten text or mark.

Small handwritten text or mark.

Small handwritten mark or word.



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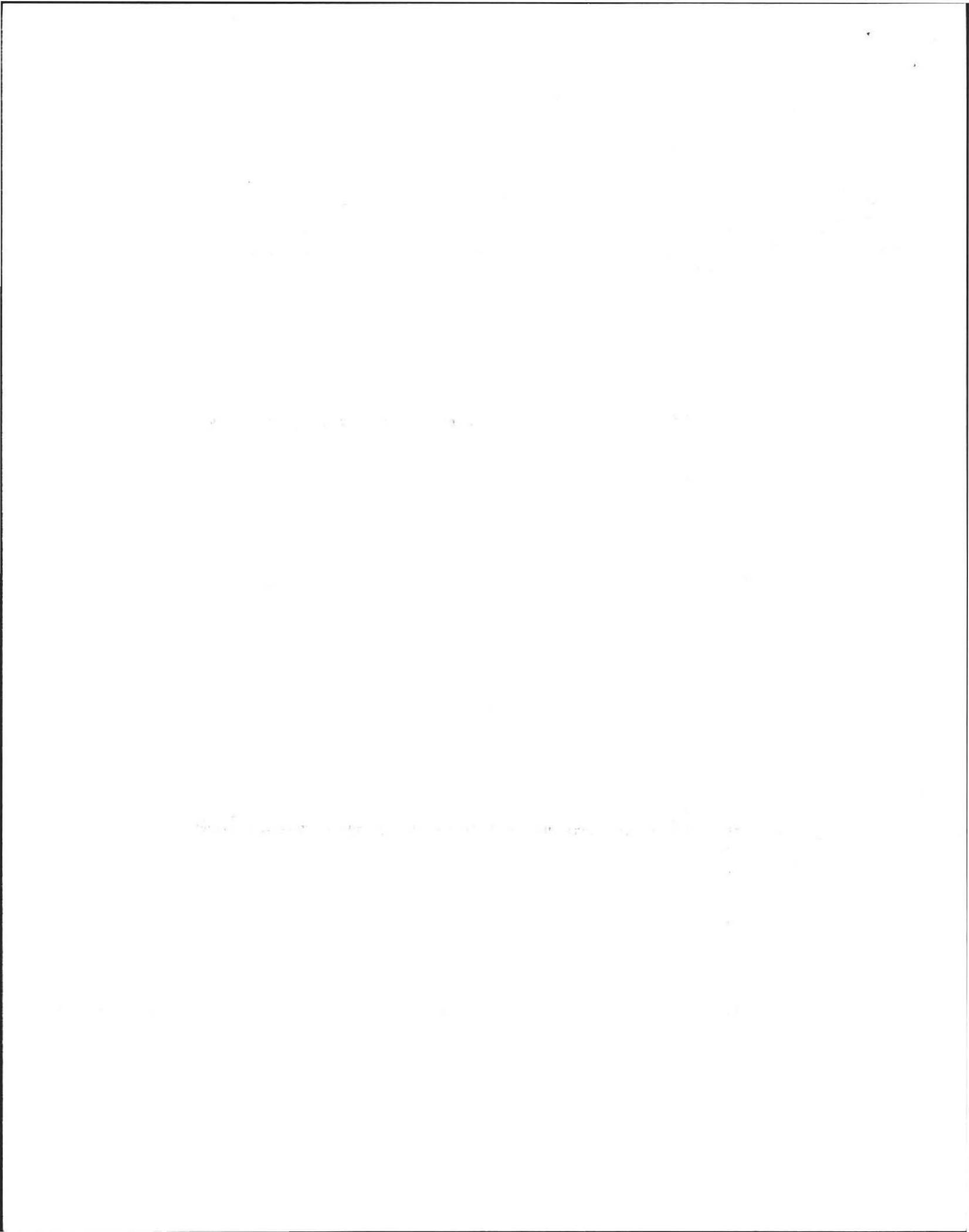
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

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

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

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





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## C. Checklist

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

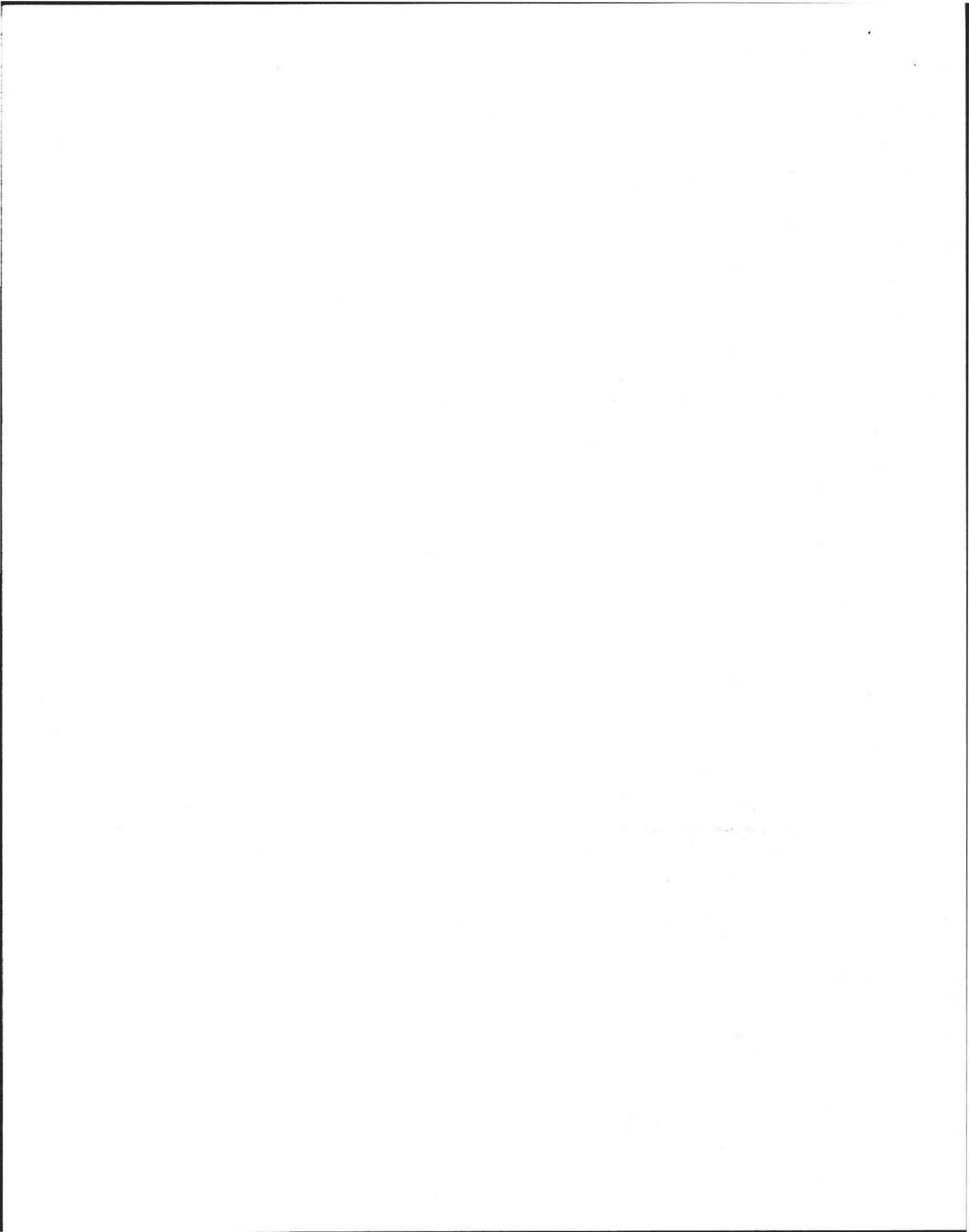
- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or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

## D. System Information

### Residential Flow Conditions:

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

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





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## D. System Information

Description:

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

Number of current residents: 0

Does residence have a garbage grinder?  Yes  No

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

Laundry system inspected?  Yes  No

Seasonal use?  Yes  No

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

Detail:  
03738373130

Sump pump?  Yes  No

Last date of occupancy: JULY OF 2010  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_  
Gallons per day (gpd)

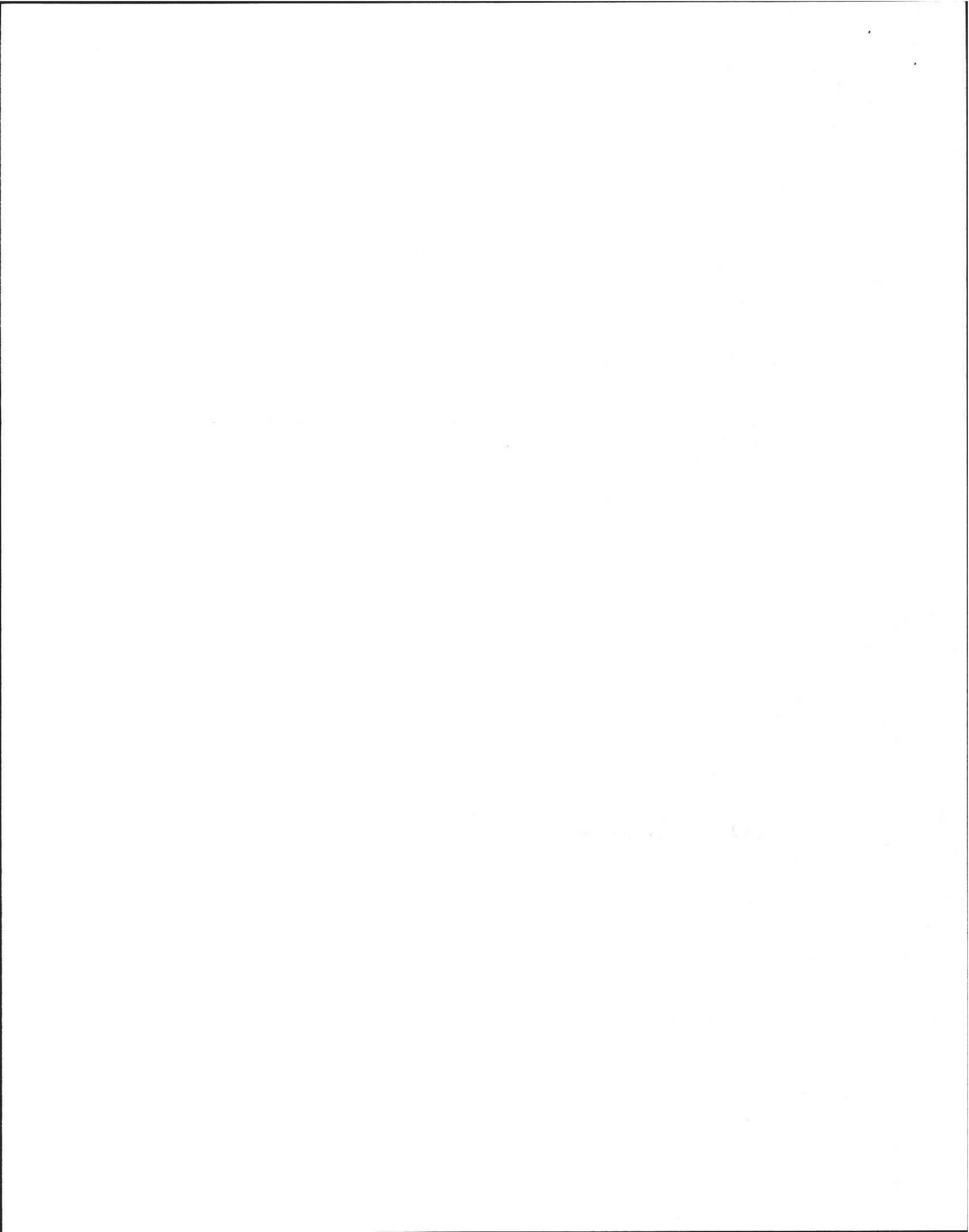
Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

Grease trap present?  Yes  No

Industrial waste holding tank present?  Yes  No

Non-sanitary waste discharged to the Title 5 system?  Yes  No

Water meter readings, if available: \_\_\_\_\_





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## D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

### General Information

#### Pumping Records:

Source of information:

PUMPED IN 2008 PER OWNER

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

gallons

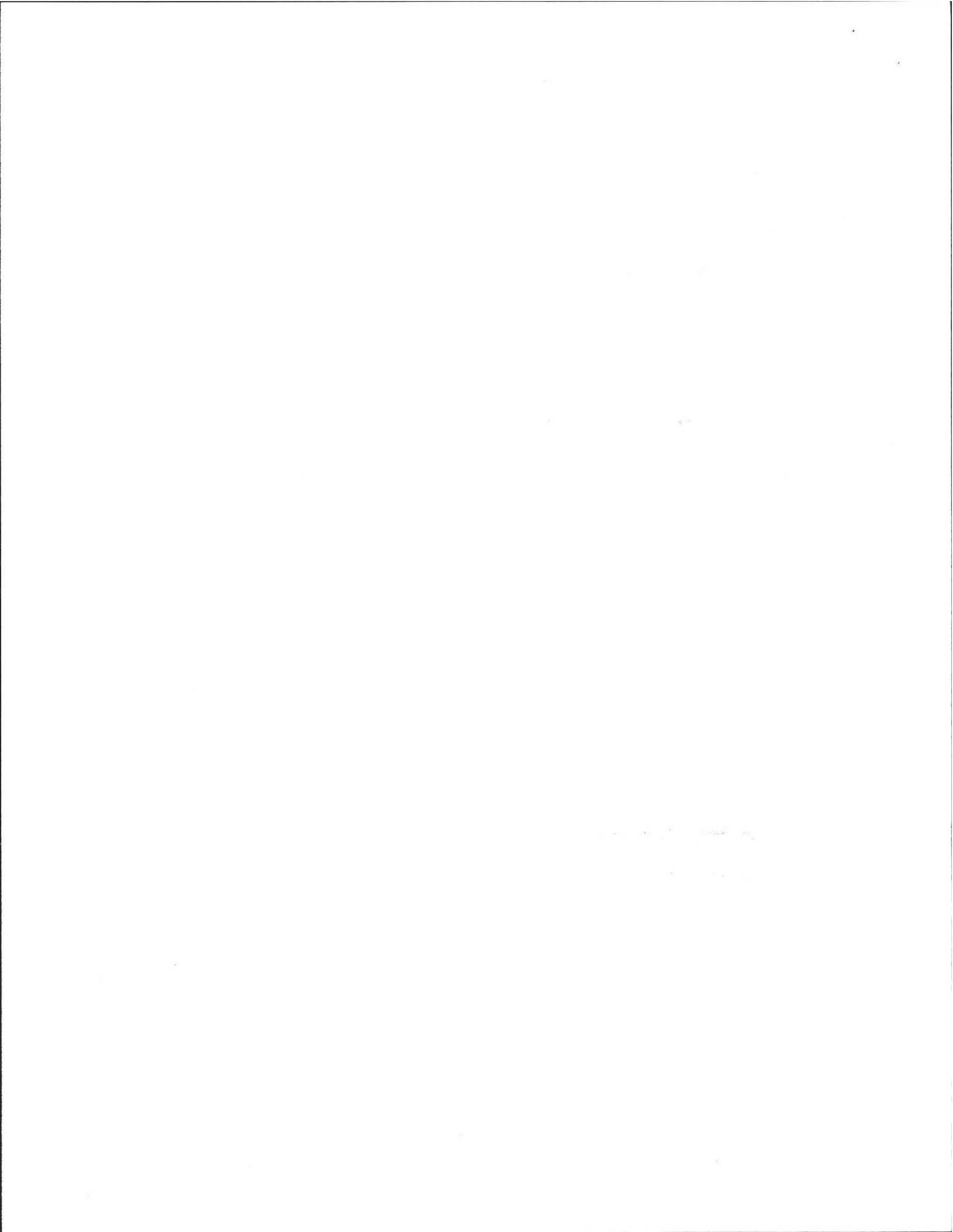
How was quantity pumped determined?

Reason for pumping:

#### Type of System:

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

LEACH PIT





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D. System Information (cont.)

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

APPROXIMATELY THIRTY YEARS OLD

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

feet

Material of construction:

cast iron 40 PVC other (explain):

TOWN WATER

Distance from private water supply well or suction line:

feet

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

JOINTS AND VENTING OK, NO LEAKAGE

Septic Tank (locate on site plan):

Depth below grade:

1' feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

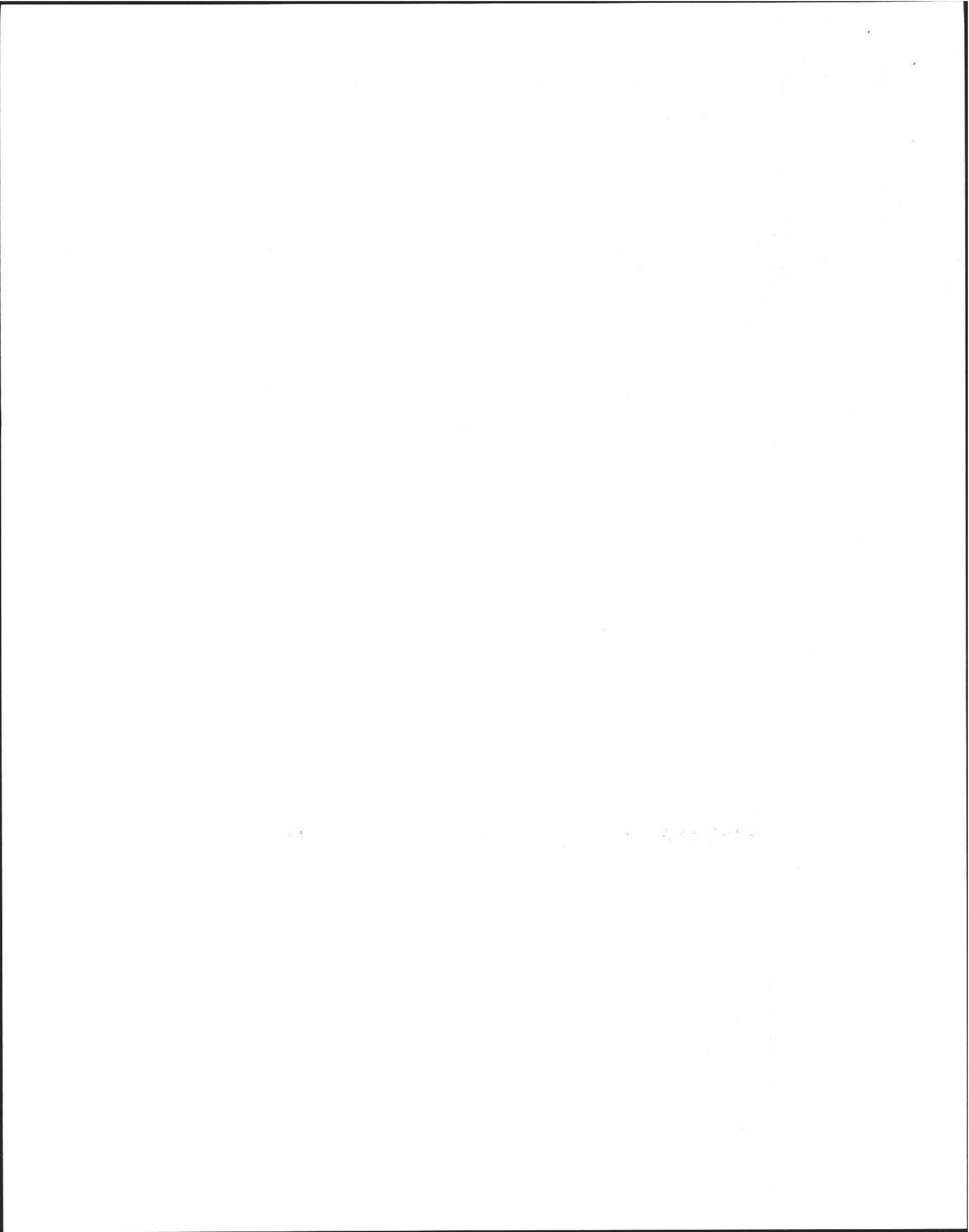
years

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

Dimensions:

L 10' 5' X W 5' X H 5'

Sludge depth:





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## D. System Information (cont.)

### Septic Tank (cont.)

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

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 \_\_\_\_\_

How were dimensions determined? \_\_\_\_\_

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 ONE - THREE YEARS, INLET AND OUTLET BAFFLE OK. TANK IS STRUCTURALLY SOUND, LIQUID LEVELS ARE AT THE INVERT. NO LEAKAGE

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

Depth below grade: \_\_\_\_\_

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain): \_\_\_\_\_

Dimensions: \_\_\_\_\_

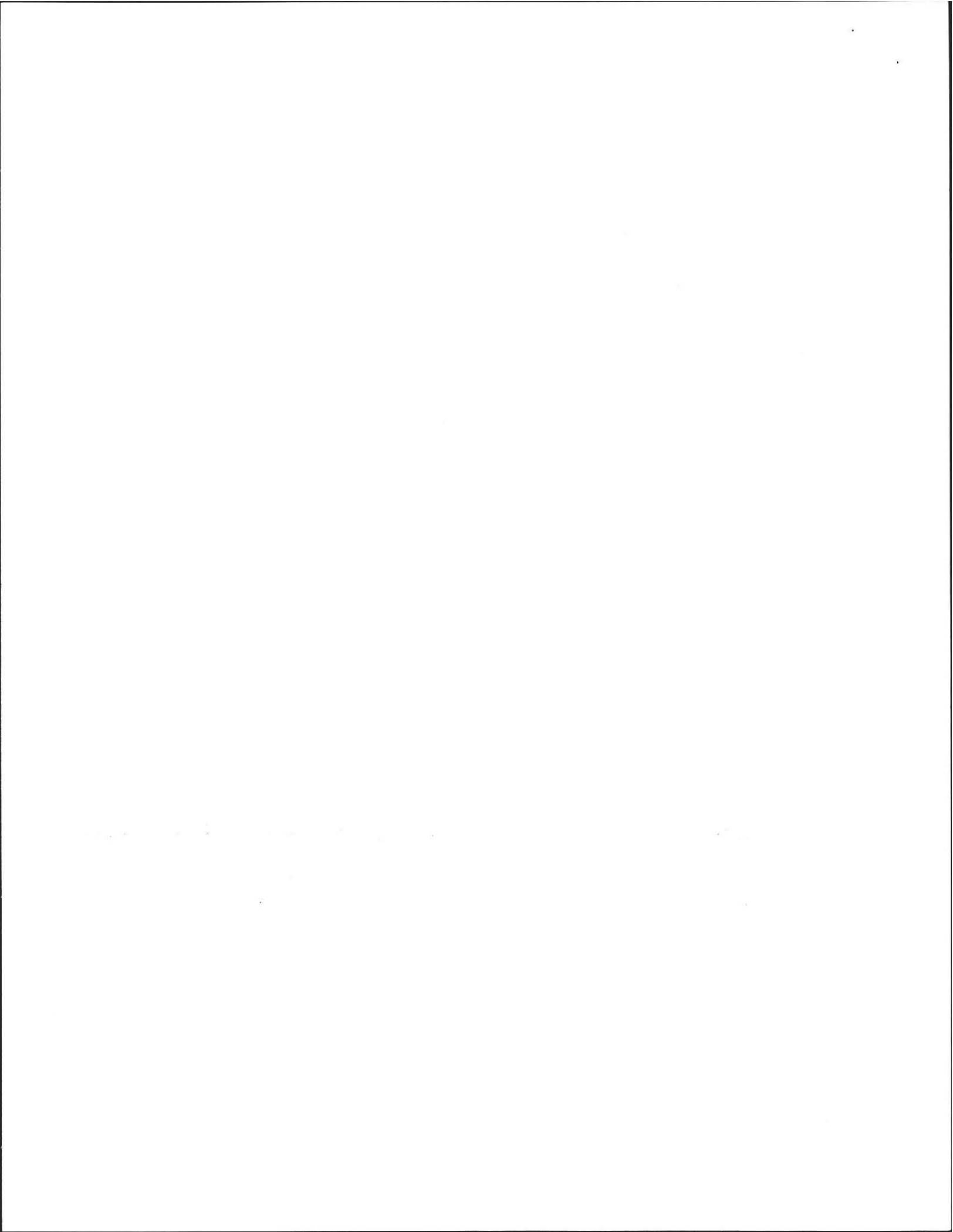
Scum thickness \_\_\_\_\_

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

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

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

Date





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## D. System Information (cont.)

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

SEPTIC TANK IS STRUCTURALLY SOUND

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_

gallons

Design Flow: \_\_\_\_\_

gallons per day

Alarm present: \_\_\_\_\_

Yes

No

Alarm level: \_\_\_\_\_

Alarm in working order: \_\_\_\_\_

Yes

No

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

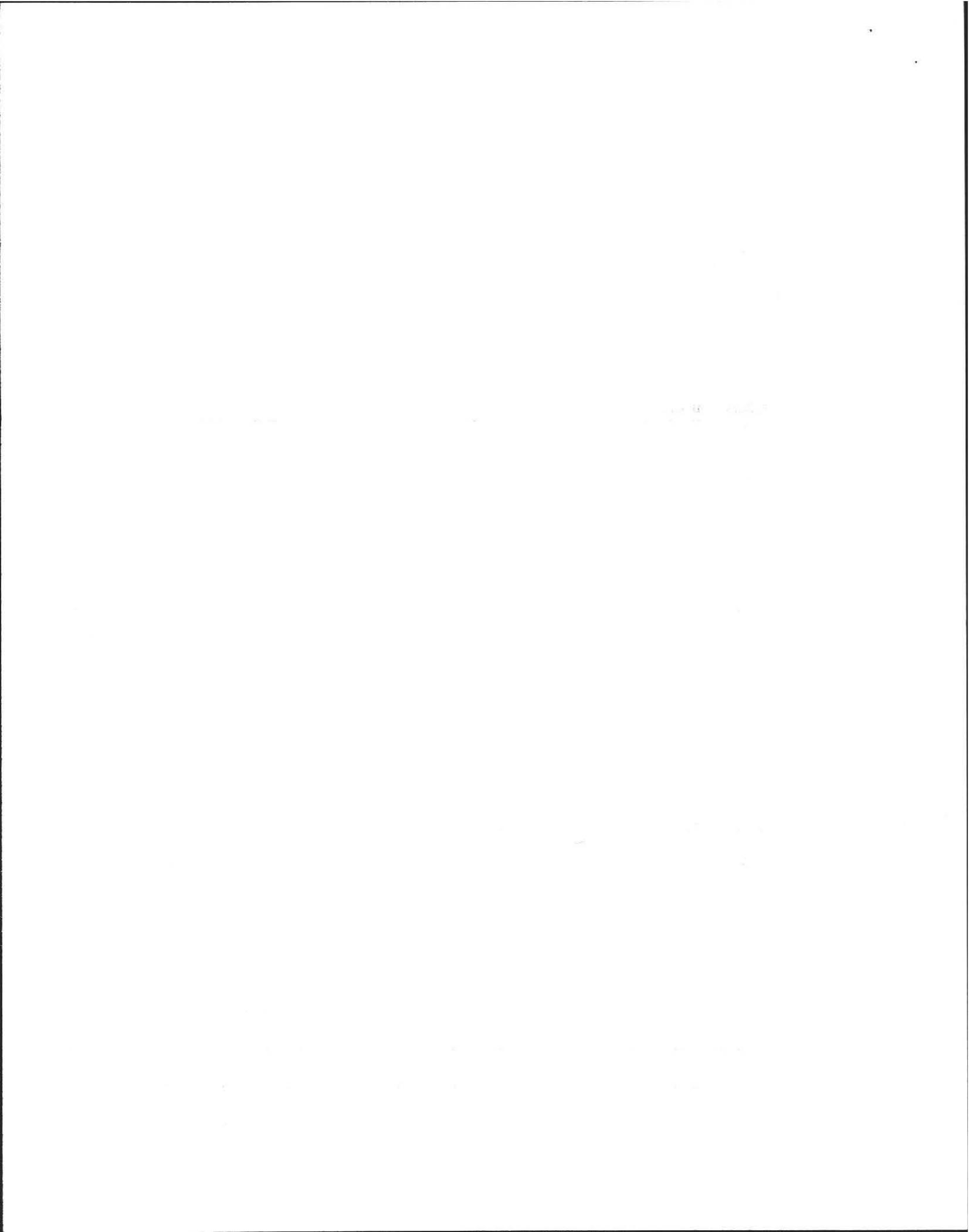
Date

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

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

Yes

No





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## D. System Information (cont.)

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

Depth of liquid level above outlet invert

NO D -BOX

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.):

NONE FOUND

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

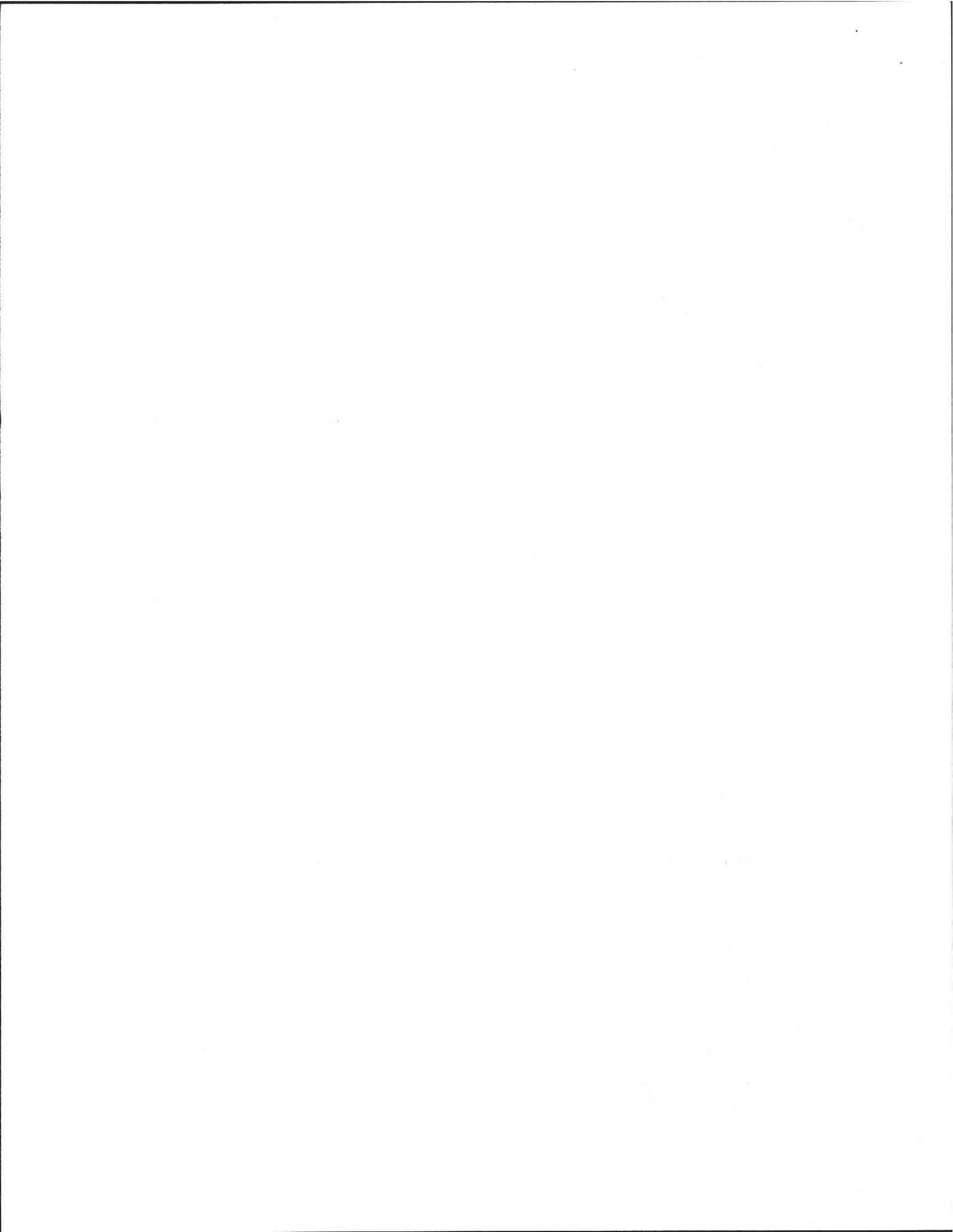
Alarms in working order:

Yes  No

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

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

If SAS not located, explain why:





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## D. System Information (cont.)

Type:

leaching pits

number:

ONE LEACH PIT  
LEACH PIT IS 2' 6"

leaching chambers

number:

DEEP

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.):

SOIL AND VEGETATION ARE OK, NO SIGNS OF HYDRAULIC FAILURE

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

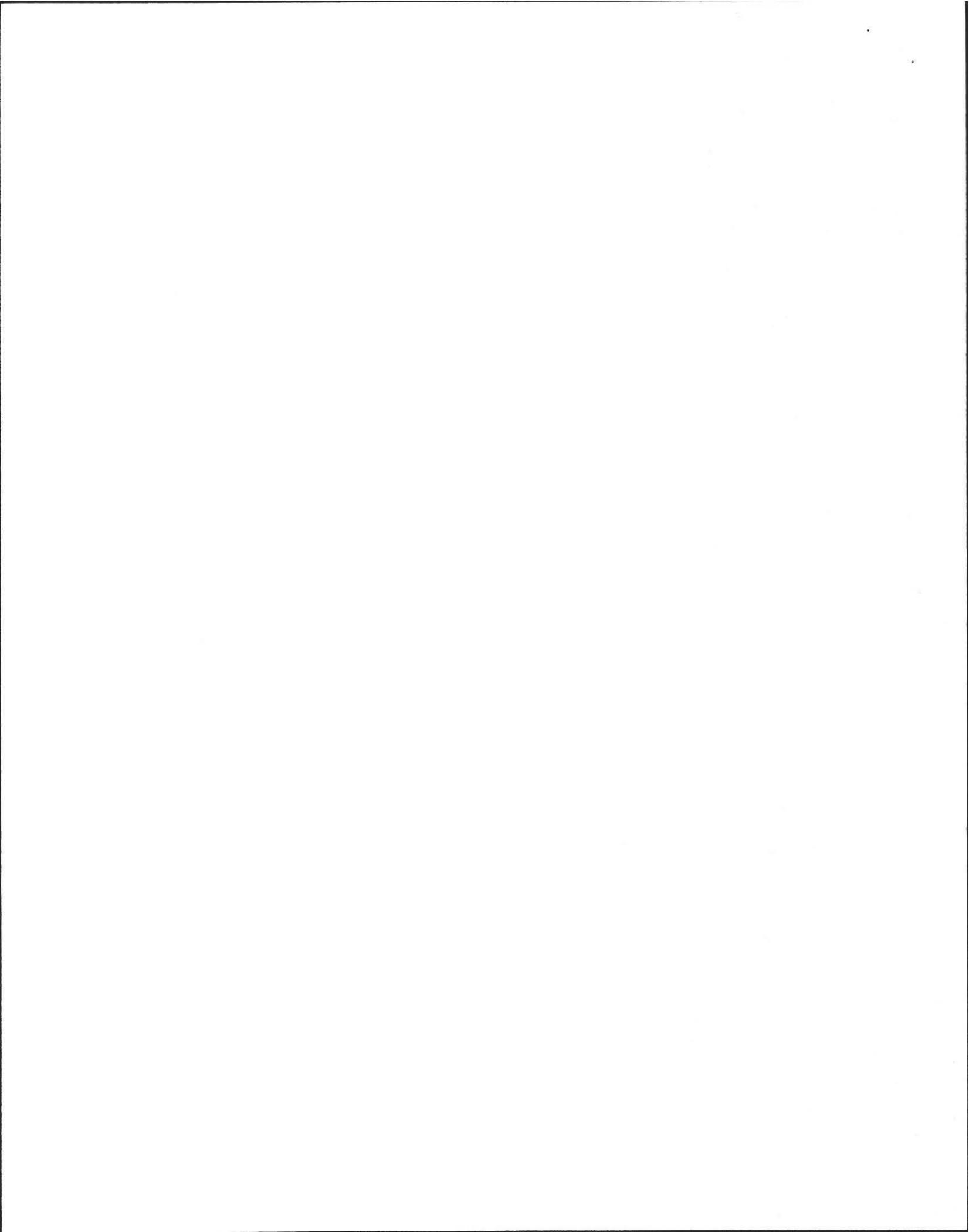
Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

 Yes No





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

26 TEABERRY LANE

Property Address

ROW

Owner's Name

AMHERST

City/Town

MASS

State

01002

Zip Code

MAY 12, 2011

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

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

Materials of construction:

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Dimensions

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Depth of solids

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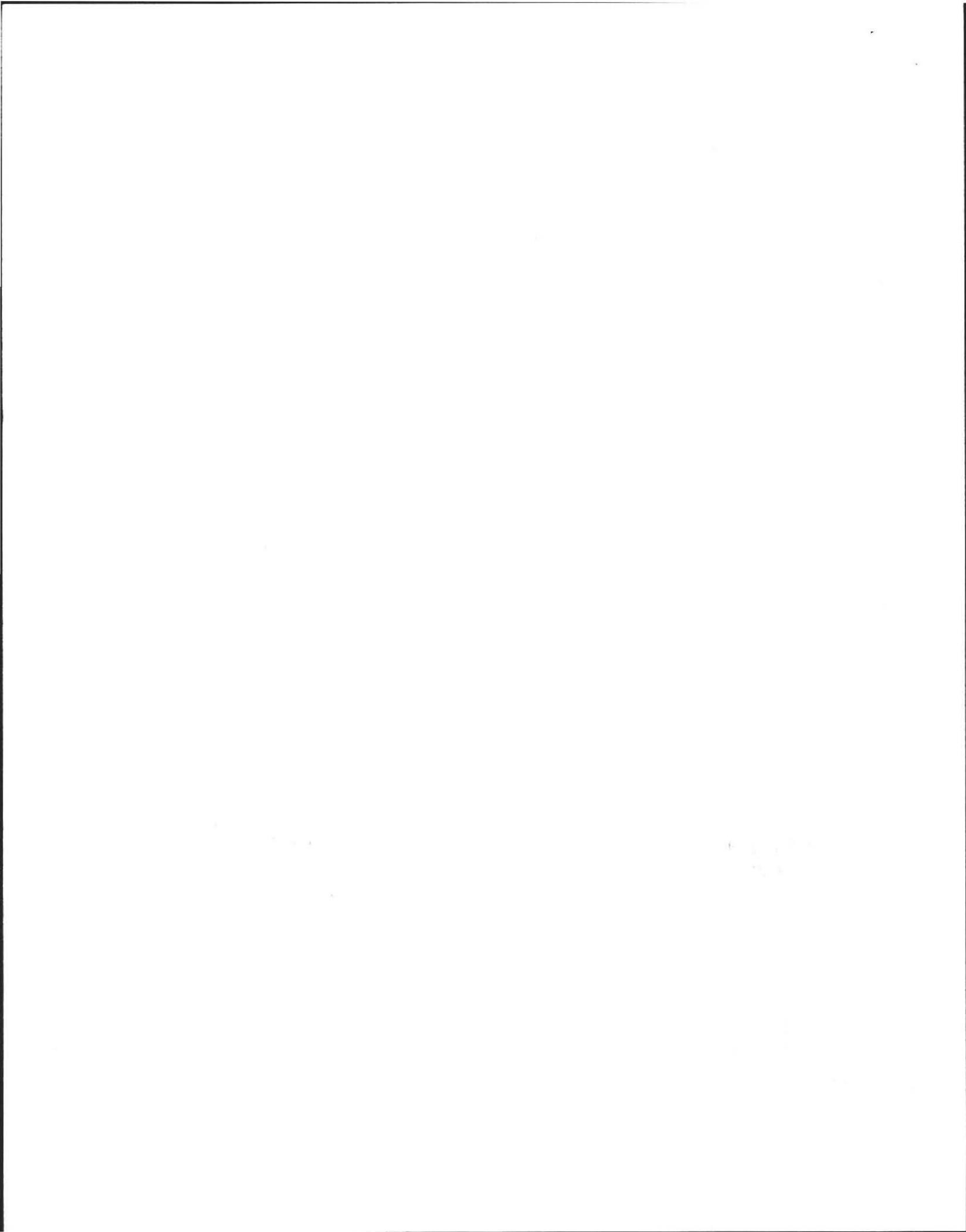
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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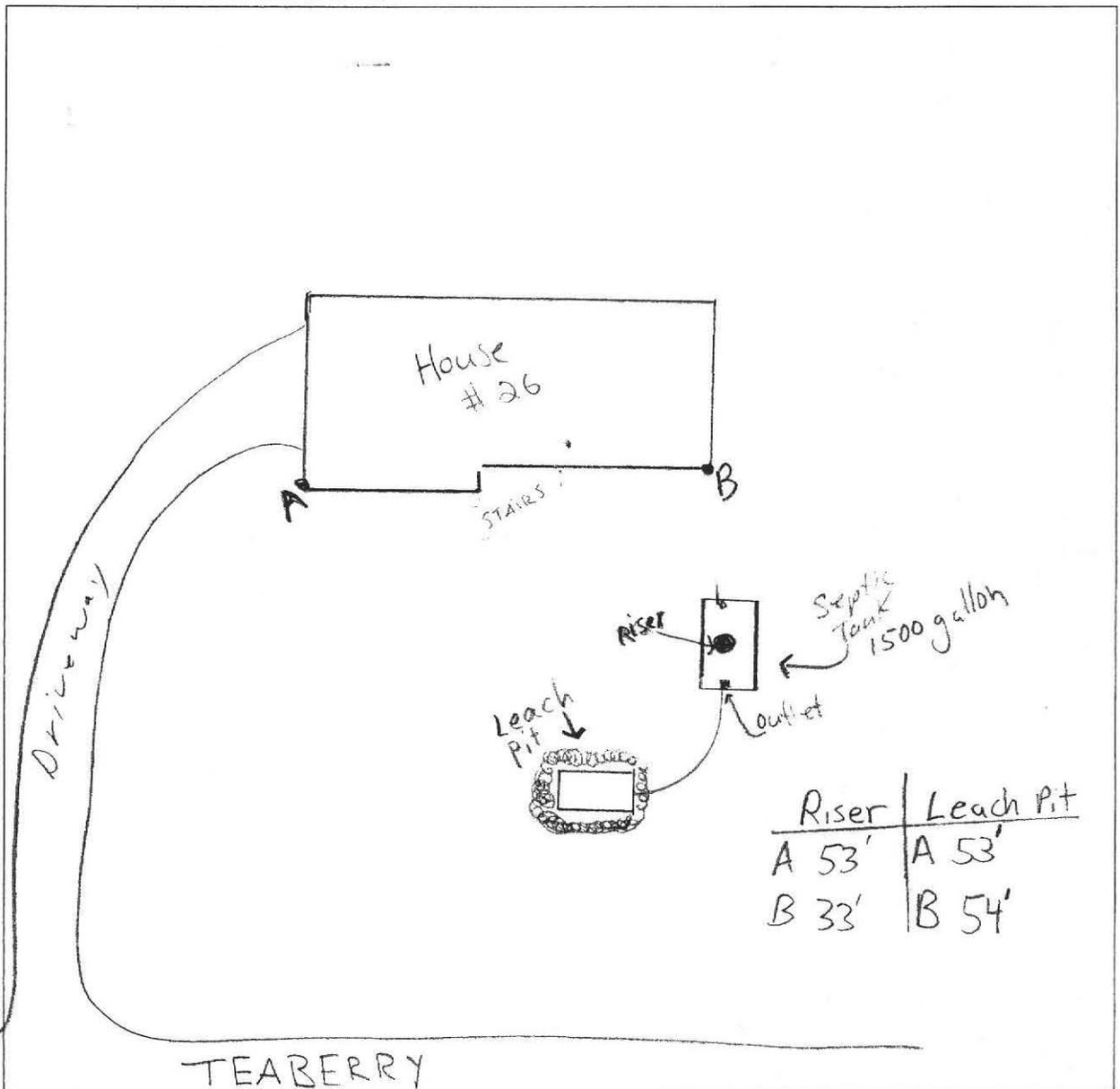
MAY 12, 2011  
Date of Inspection

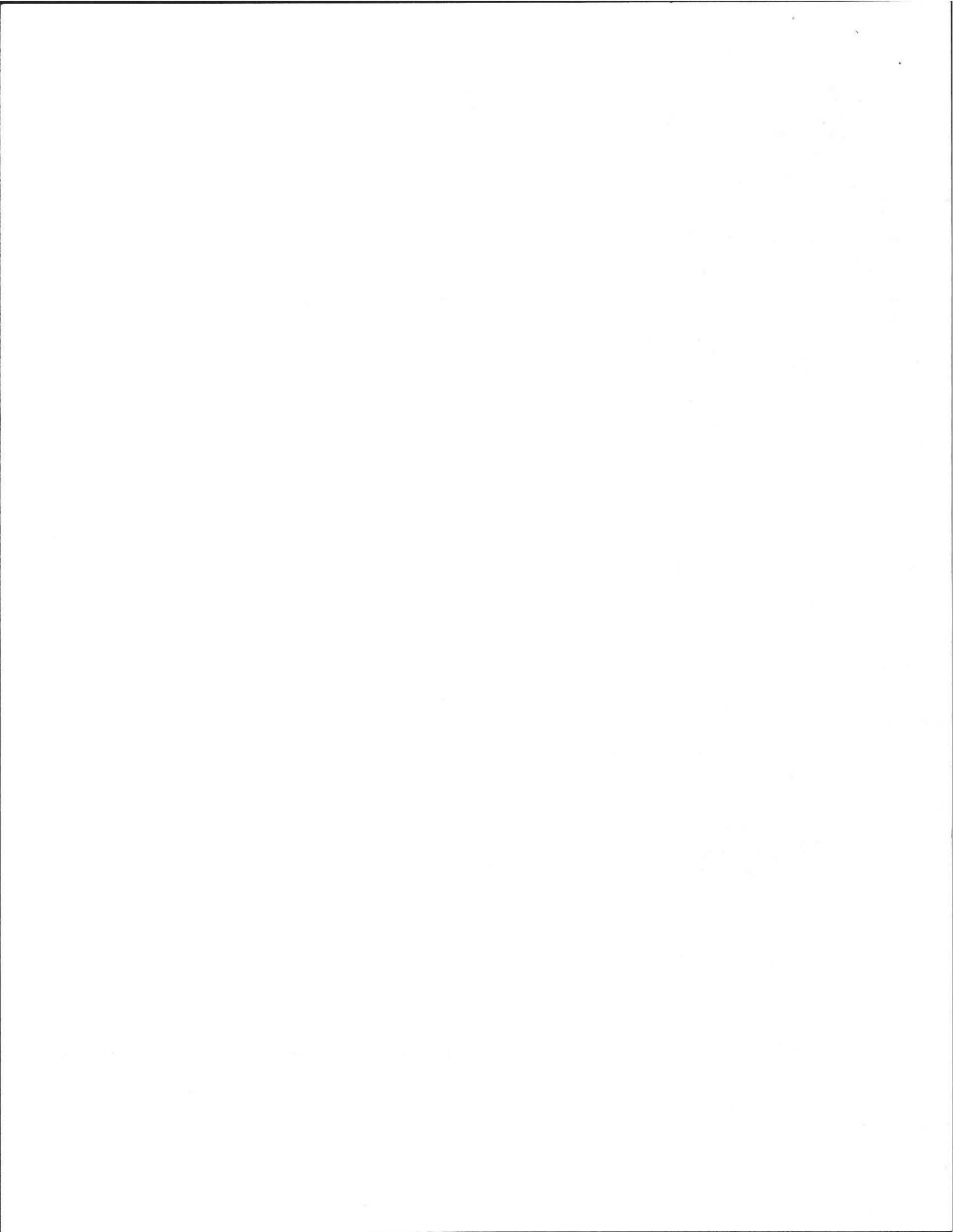
Owner information is required for every page.

## 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







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## D. System Information (cont.)

### Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

NONE AT 7'  
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:

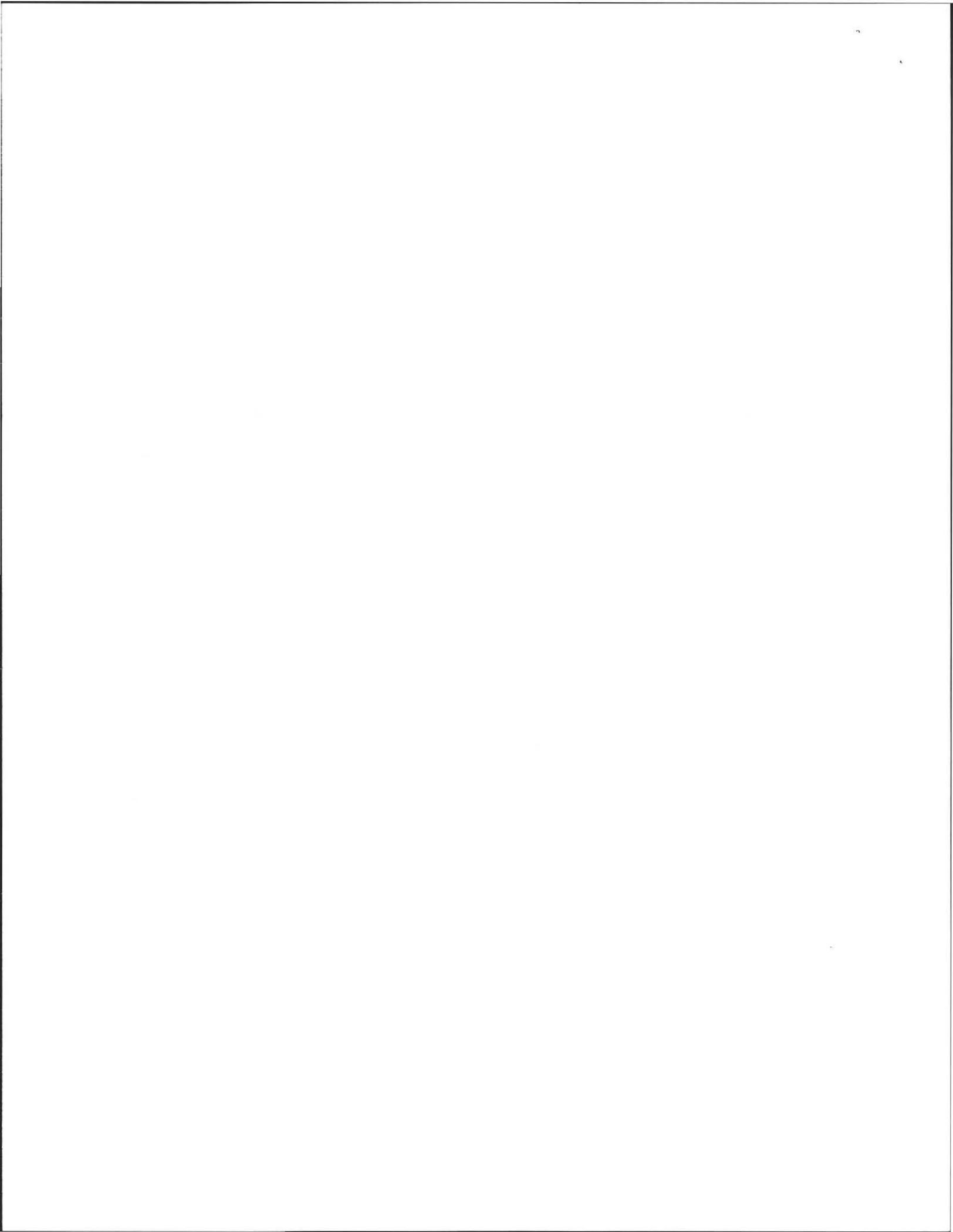
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

SLOPE AND CHECKED CELLAR.

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





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## E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

