

7 TRILLION WNY

#129 TUE BROOK

monis app-12272
Batch-3268

February 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: February 3, 2012

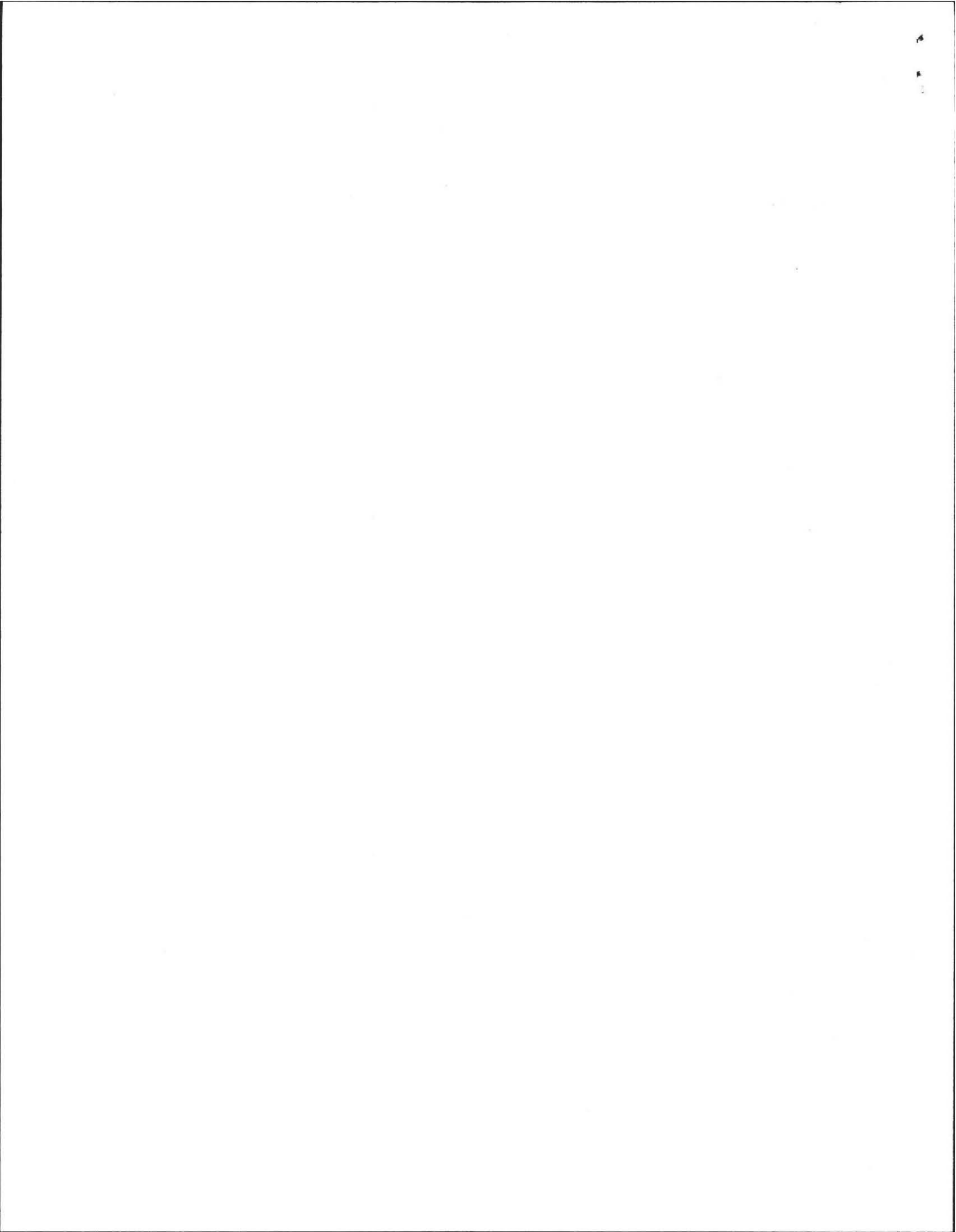
TO Leah K. Glasheen & Matthew c. Macwillimas
7 Trillium Way
Amherst, MA 01002

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	\$ 200.00	\$ 200.00
	Rec'd today your check #3363 for \$200.00		
	this invoice is paid in full/thank you		
SUBTOTAL			\$ 200.00
SALES TAX			
TOTAL			\$ 200.00



PERMITS/INSP PAYMENT RECPT#: 12065519
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 02/03/12 TIME: 13:48
CLERK: publichea DEPT:

PAID BY: LEAH GLASHEEN
PAYMENT METH: CHECK 3363

REFERENCE: 12272

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

SITE ADDRESS: 7 TRILLIUM WAY

FEES:
HEA058 200.00

TOTAL PAID: 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.

7 Trillium Way
 Property Address
 Leah Glasheen & Matt Macwilliams
 Owner's Name
 Amherst MA 01002 02.02.2012
 City/Town State Zip Code Date of Inspection

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

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return 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 MA 01007
 City/Town State Zip Code
 413.323.5957 # 738
 Telephone Number License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

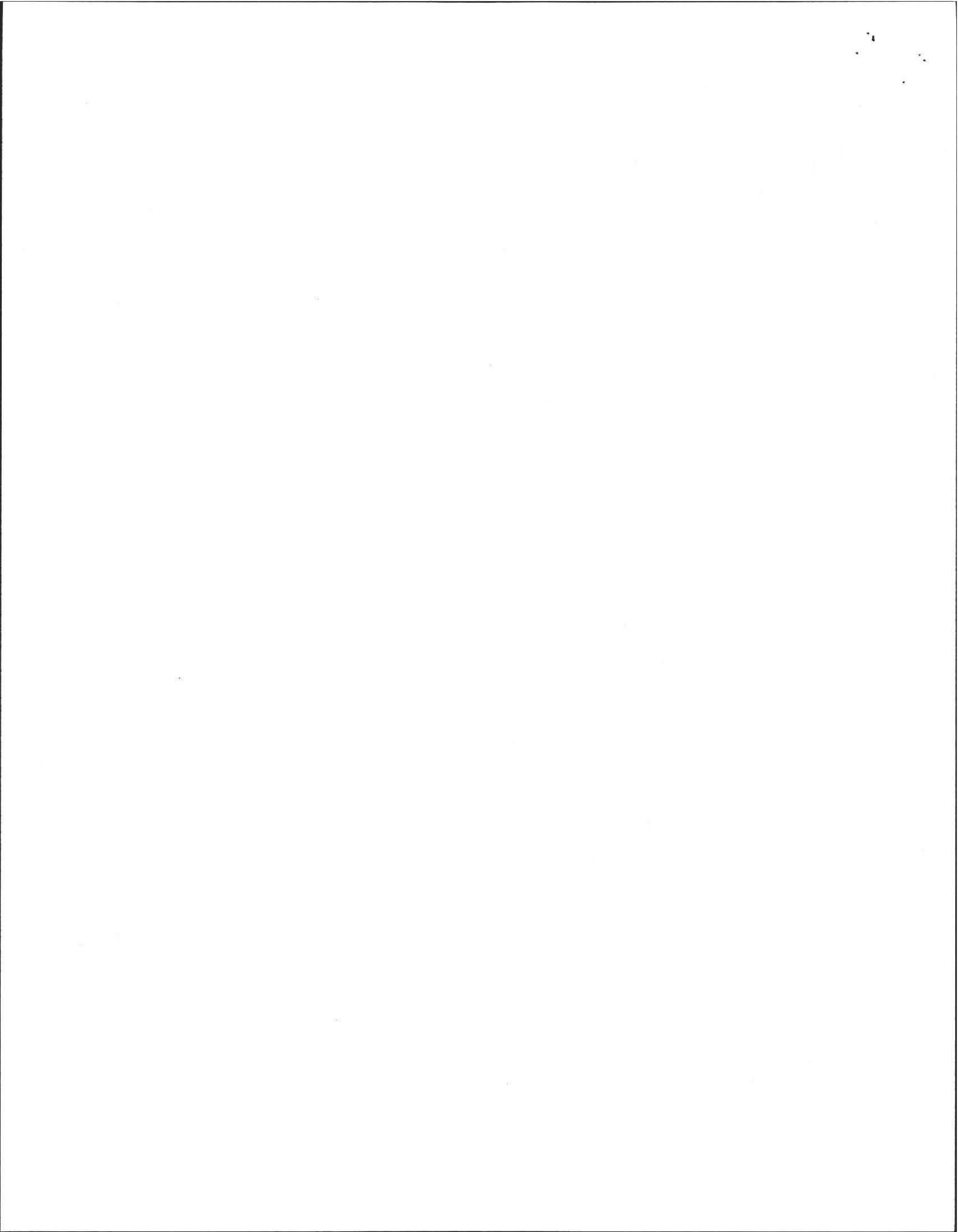
- Passes
- Conditionally Passes
- Fails
- Needs Further Evaluation by the Local Approving Authority

Inspector's Signature
 02.02.2012
 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.

witnessed 2/2/2012
by Ellen O. Smith





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B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has S. tank & L. tanks (2) that are 22 yrs old. Liquid level & staining was proper. 4 bedroom home. Outlet & Inlet baffles in place. L. tank had 2-3"+/- standing liquid with 36" eff. Ht.

B) System Conditionally Passes:

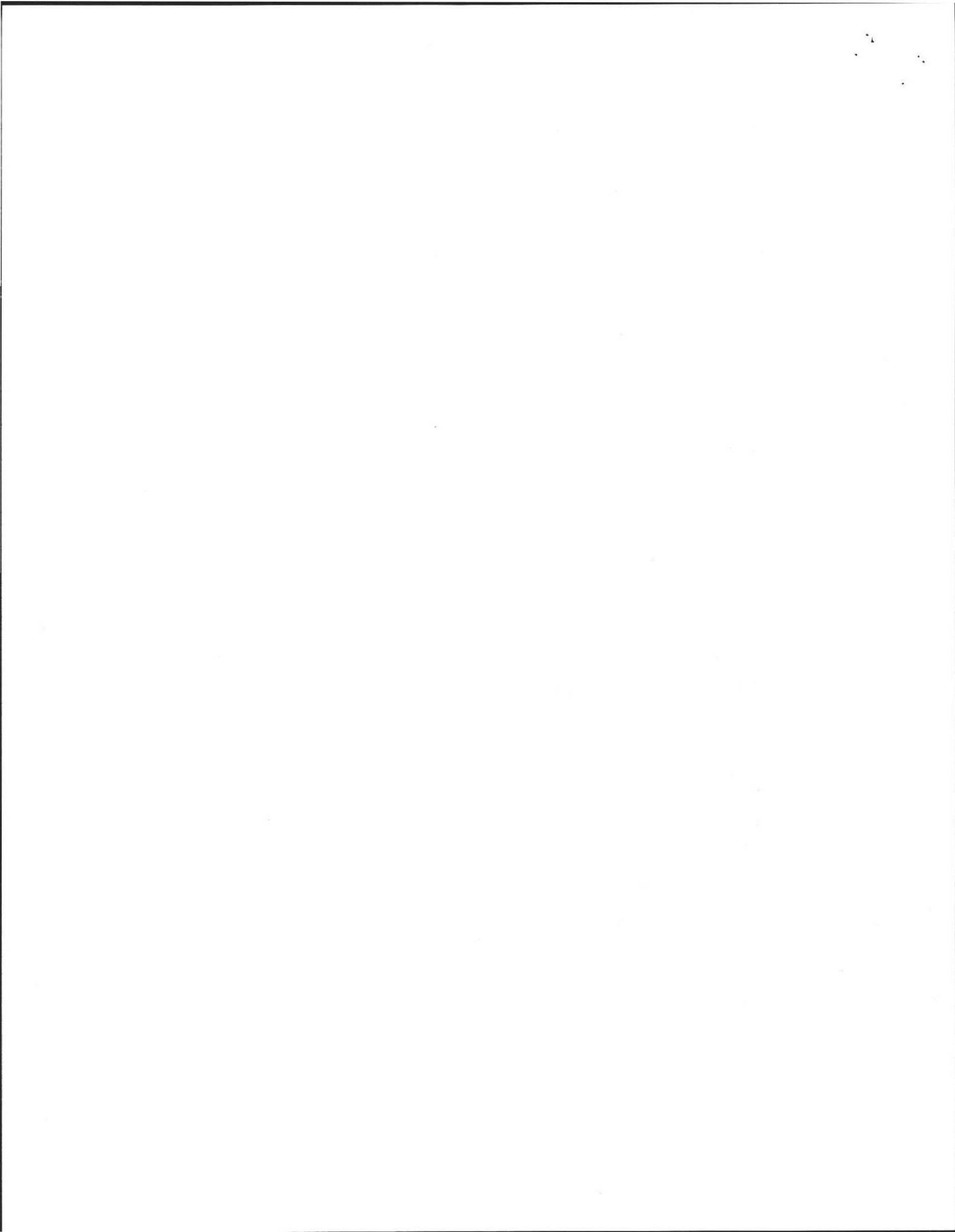
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

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

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

Y N ND (Explain below):





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

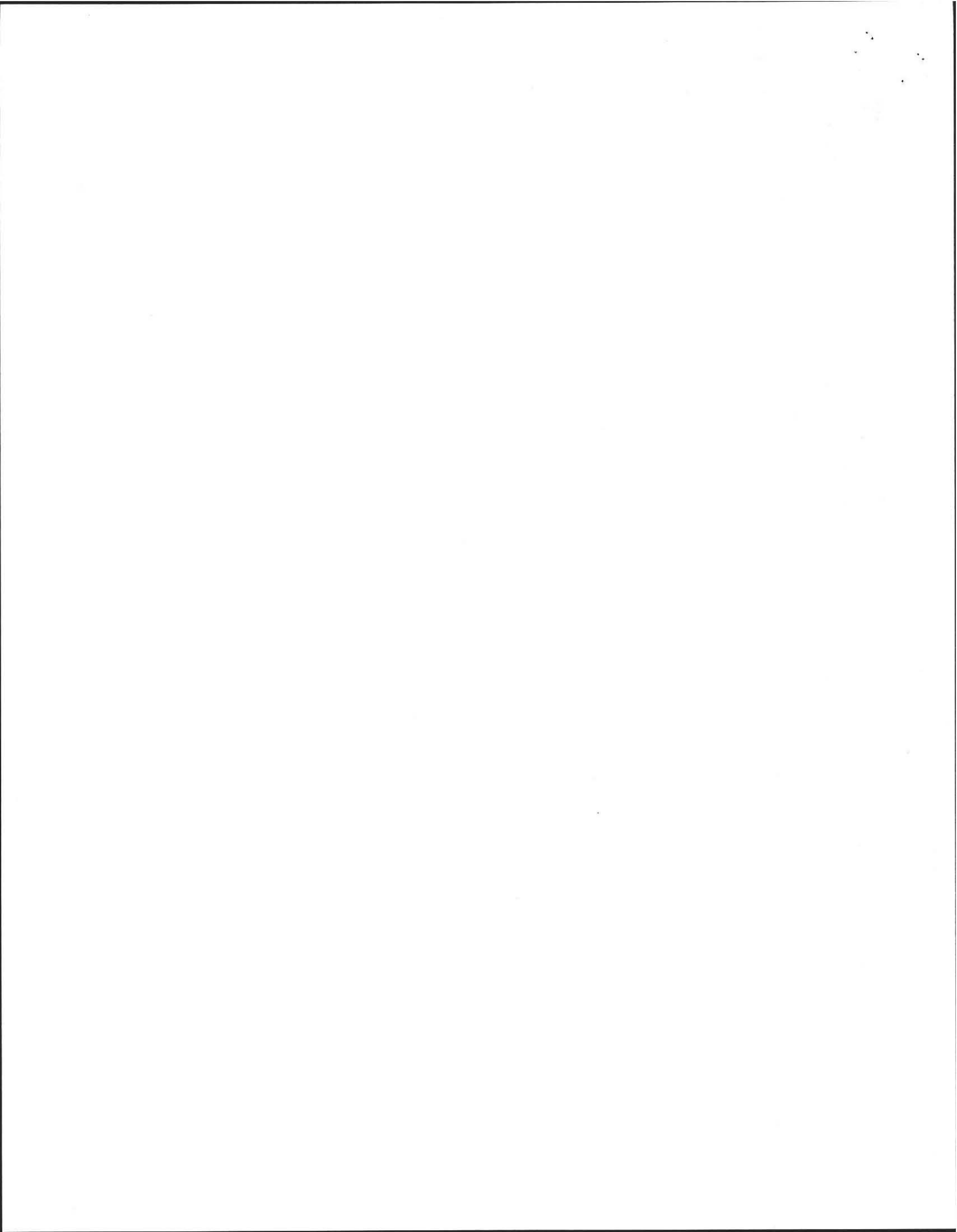
C) Further Evaluation is Required by the Board of Health:

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: _____

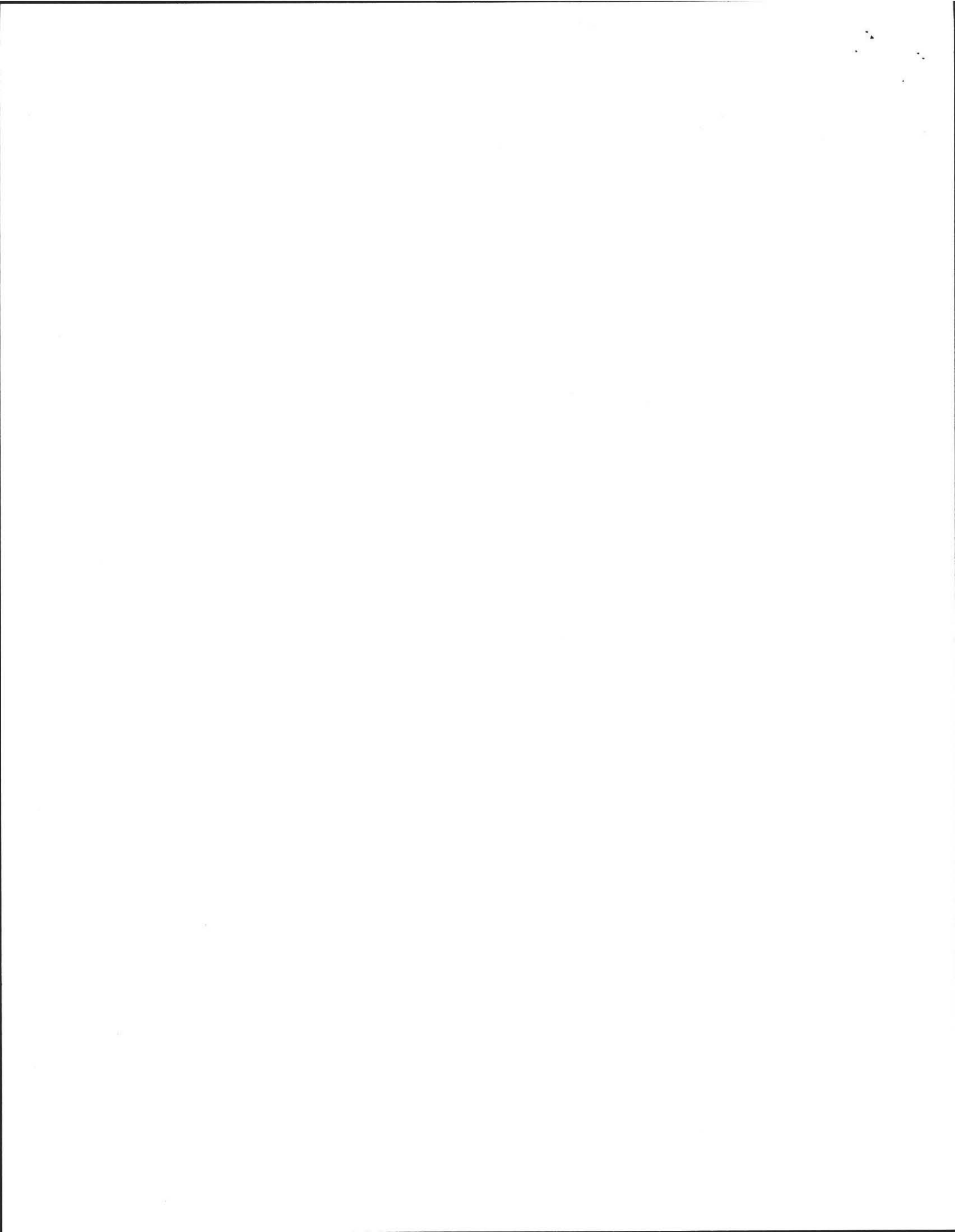
** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis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

3. Other:

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 |





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B. Certification (cont.)

Yes No

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

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

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

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

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

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

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

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

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

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

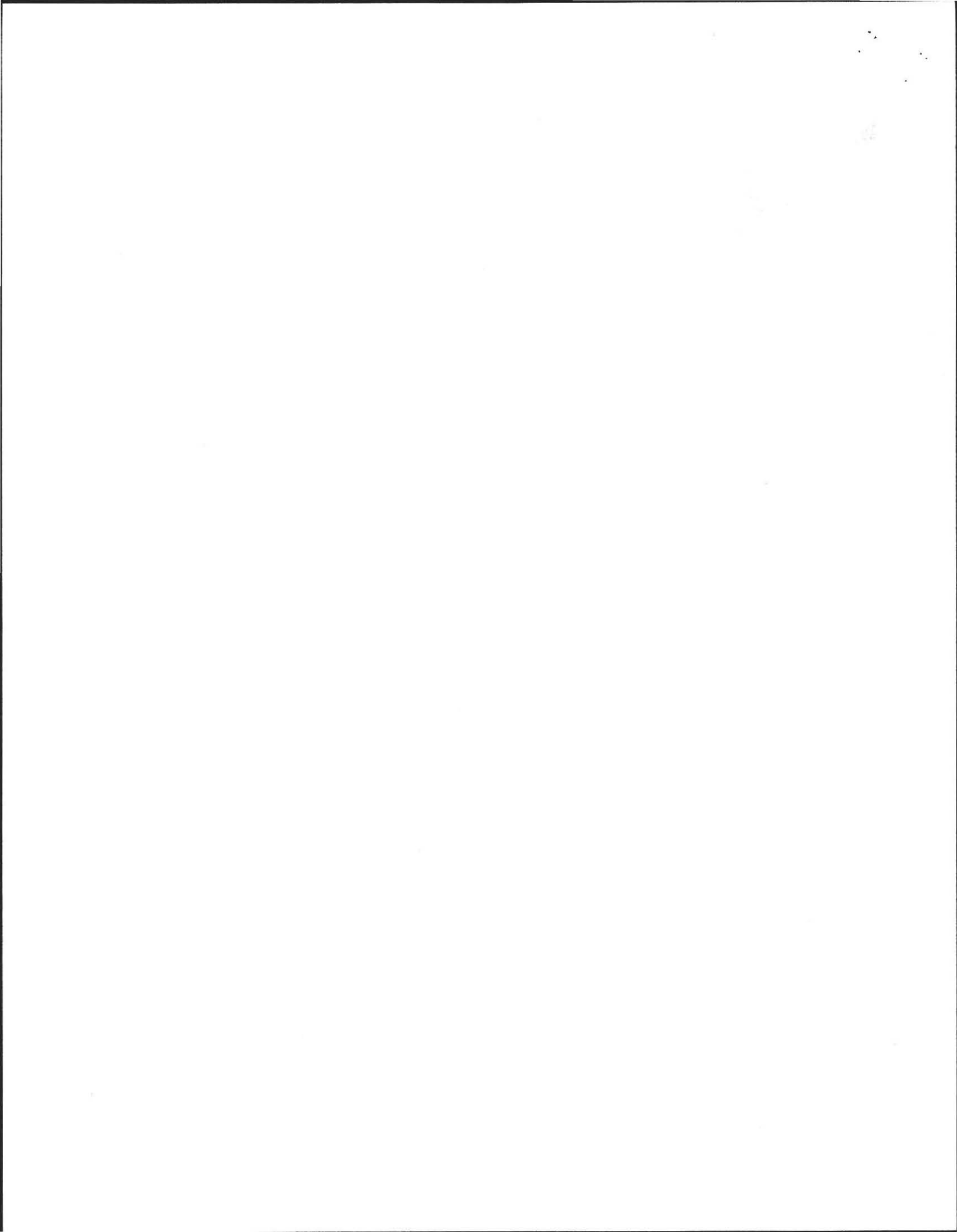
Yes No

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

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

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

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





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C. Checklist

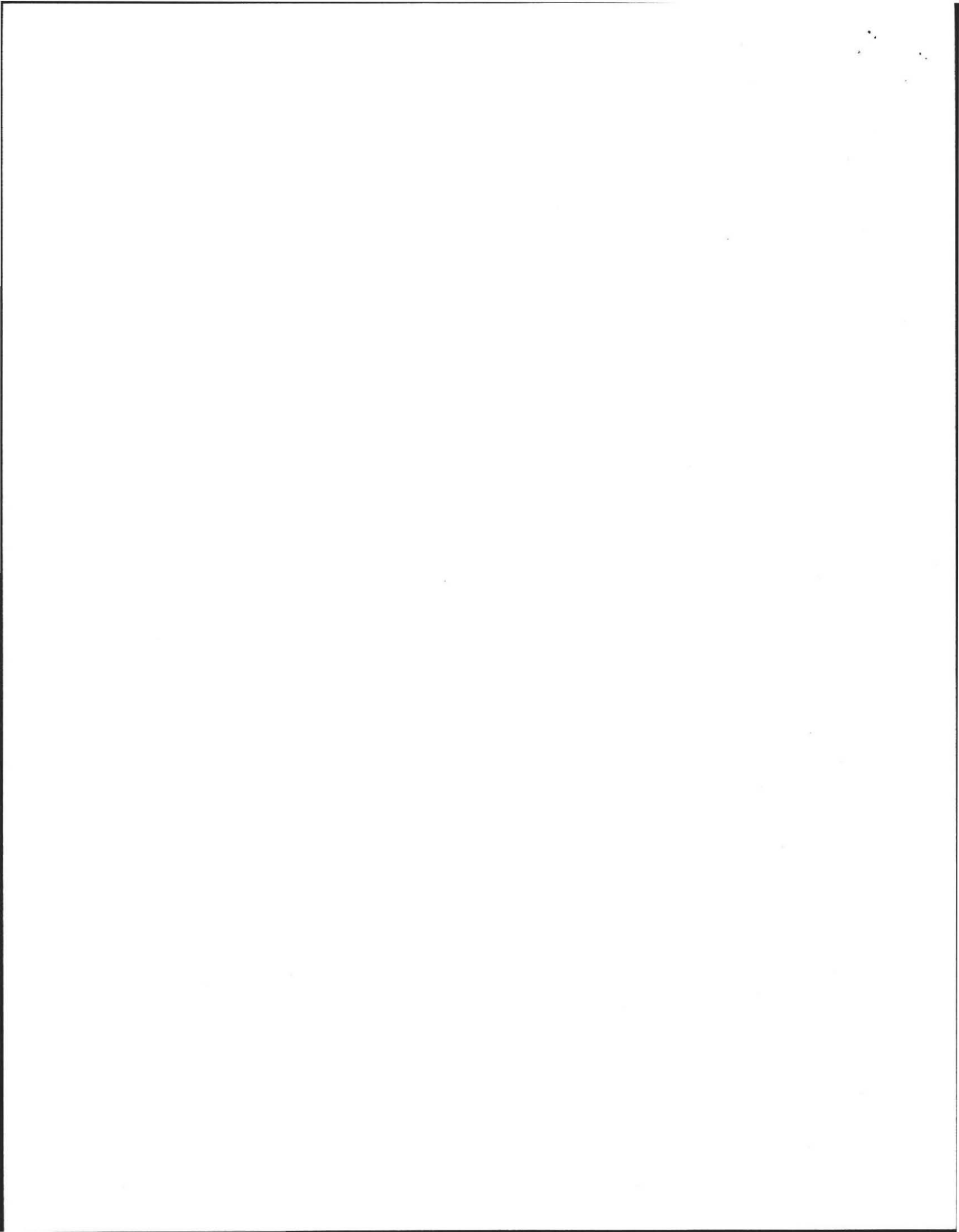
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Yes No 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:
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(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:

1500 gallon S. tank 2 leach. tanks 750 gal. ea. +/-

Number of current residents:

2

Does residence have a garbage grinder?

Yes No

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

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

n/a

Detail:

Laundry connected

Sump pump?

Yes No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes No

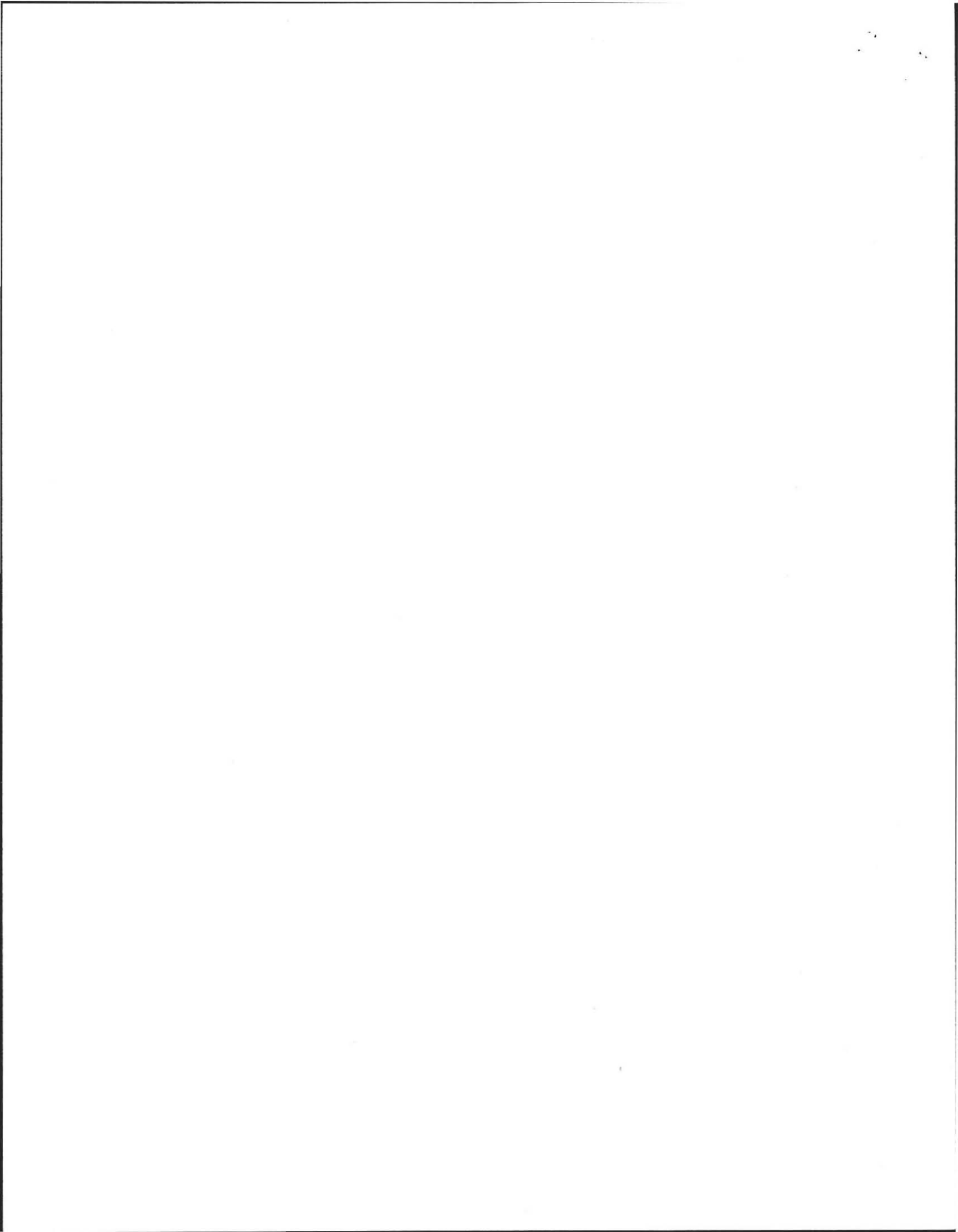
Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:





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D. System Information (cont.)

Last date of occupancy/use:

current
Date

Other (describe below):

General Information

Pumping Records:

Source of information:

?

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500
gallons

How was quantity pumped determined?

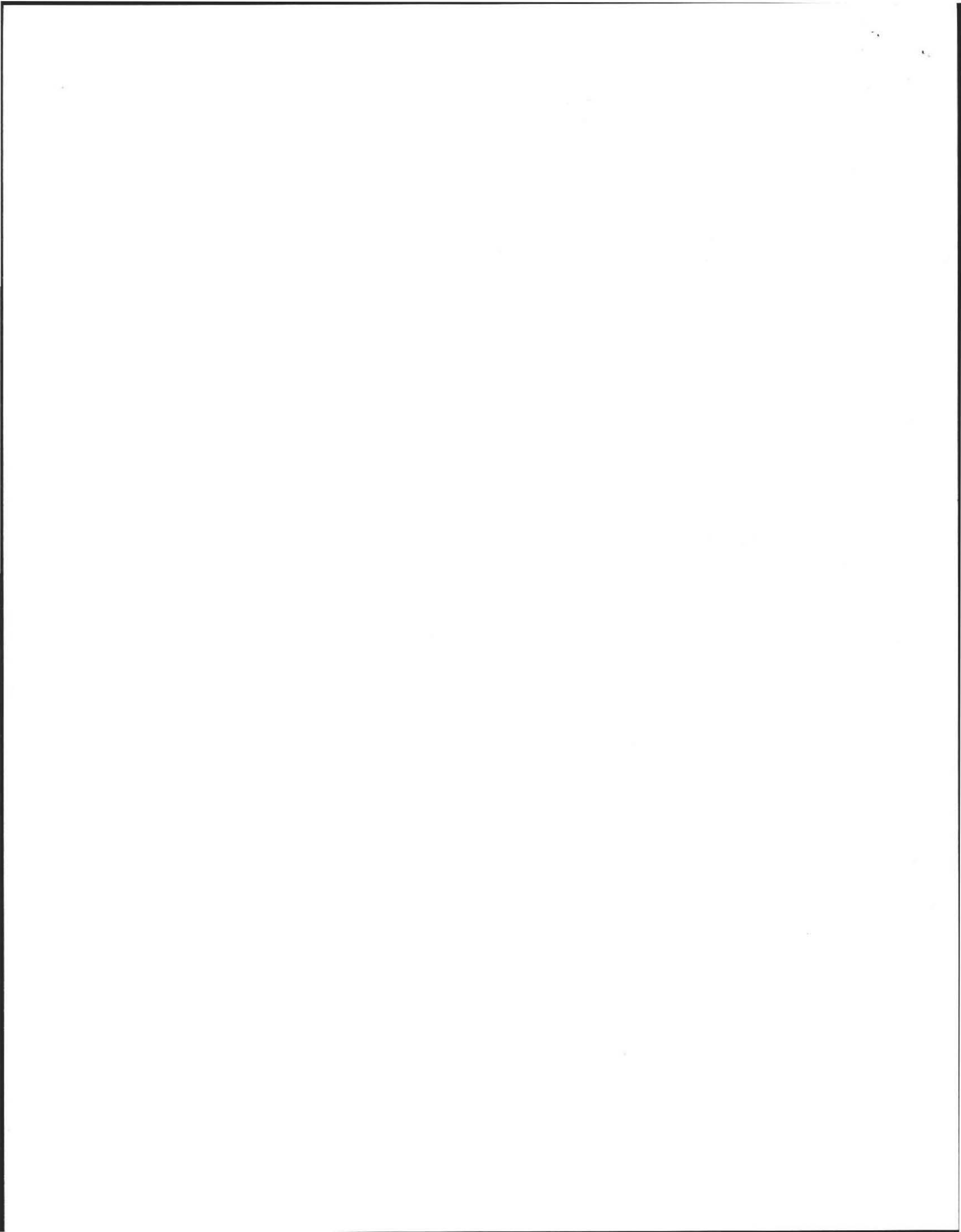
meas.

Reason for pumping:

Insp.

Type of System:

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





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D. System Information (cont.)

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

22+

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.):

Septic Tank (locate on site plan):

Depth below grade:

1.5 ft
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)

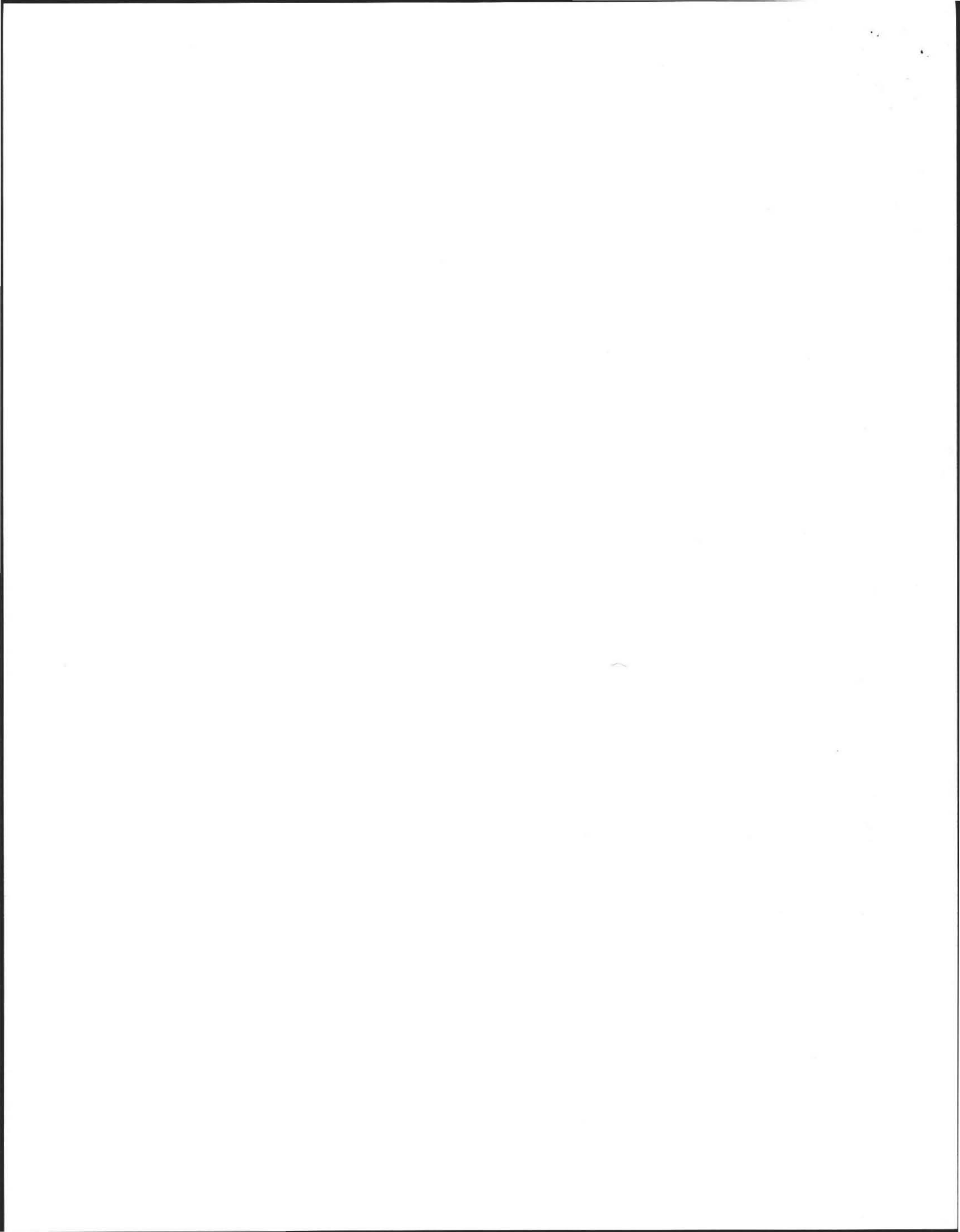
Yes No

Dimensions:

10.5' x 5.5' x 4.2'

Sludge depth:

6"





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 38"

Scum thickness 3"

Distance from top of scum to top of outlet tee or baffle 5"

Distance from bottom of scum to bottom of outlet tee or baffle 10"

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, Tank in good condition with built in baffles and proper level.

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

checkbox concrete checkbox metal checkbox fiberglass checkbox polyethylene checkbox other (explain):

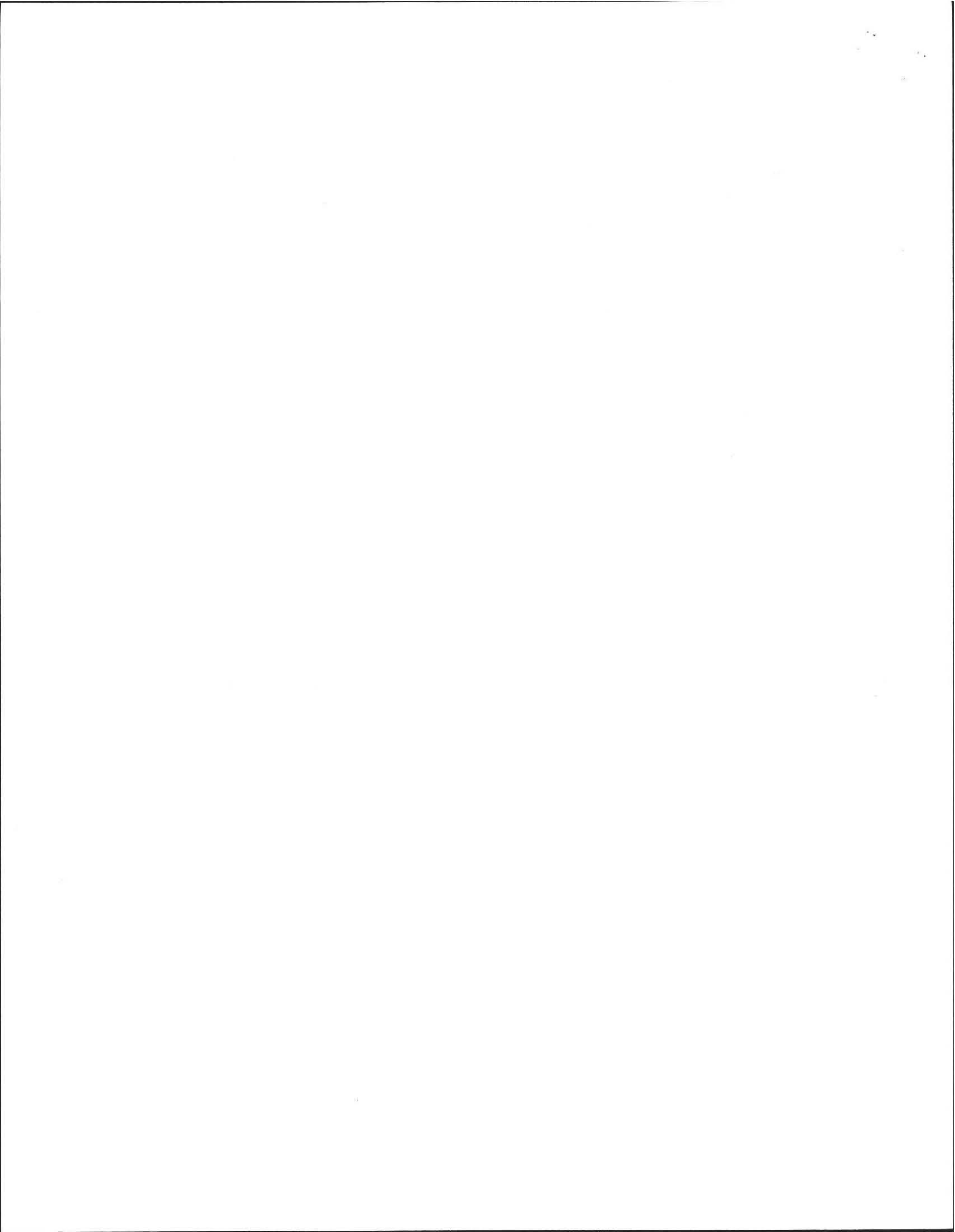
Dimensions:

Scum thickness

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

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

Date of last pumping: Date





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D. System Information (cont.)

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

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

Depth below grade: _____

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

-

gallons per day

Alarm present: Yes No

Alarm level: _____

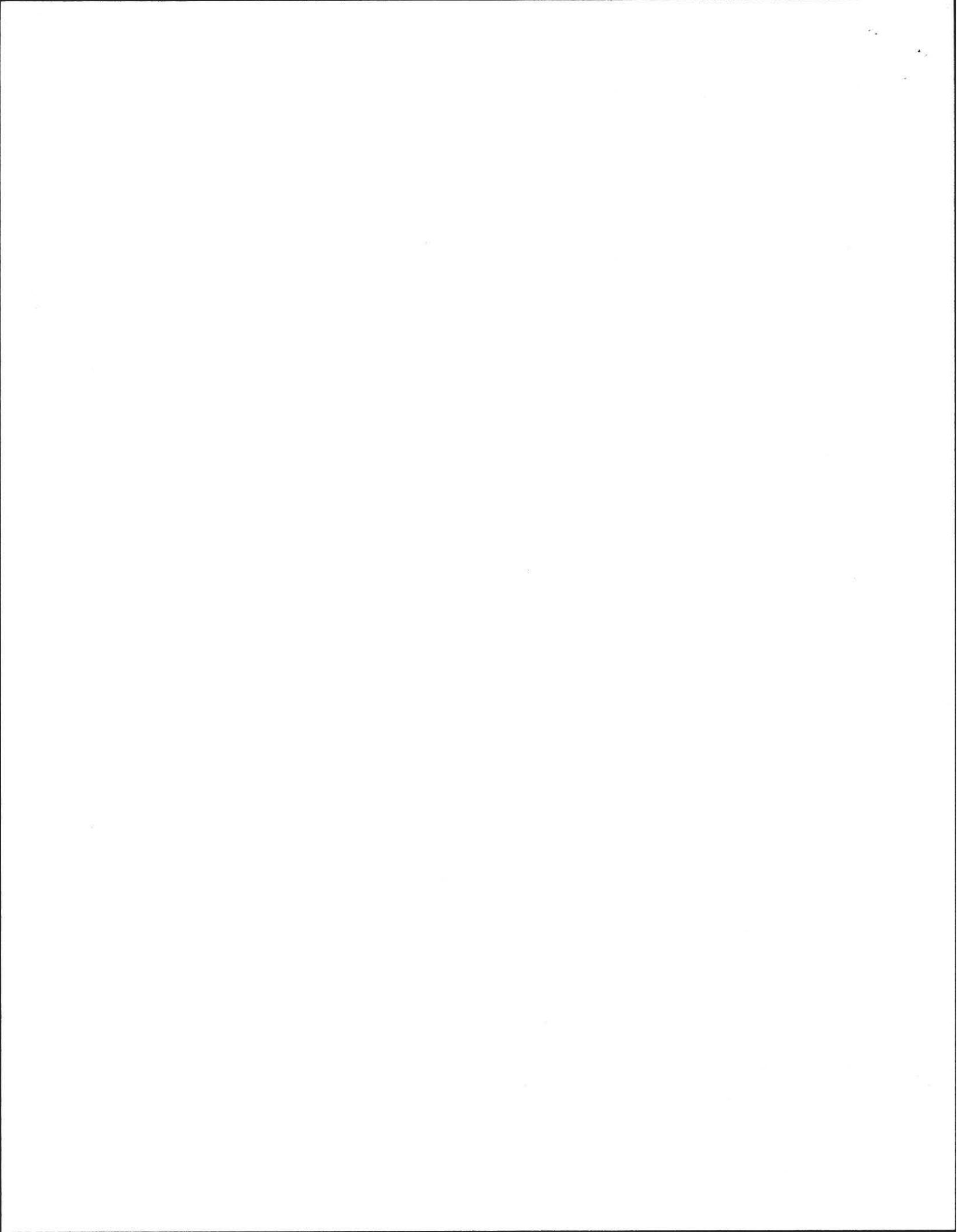
Alarm in working order: Yes No

Date of last pumping: _____

Date

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

* Attach copy of current pumping contract (required). Is copy attached? Yes No





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D. System Information (cont.)

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

Depth of liquid level above outlet invert _____

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

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:
leaching chambers number:
leaching galleries number: 2- 750+/- g. tanks
leaching trenches number, length:
leaching fields number, dimensions:
overflow cesspool number:
innovative/alternative system

Type/name of technology:

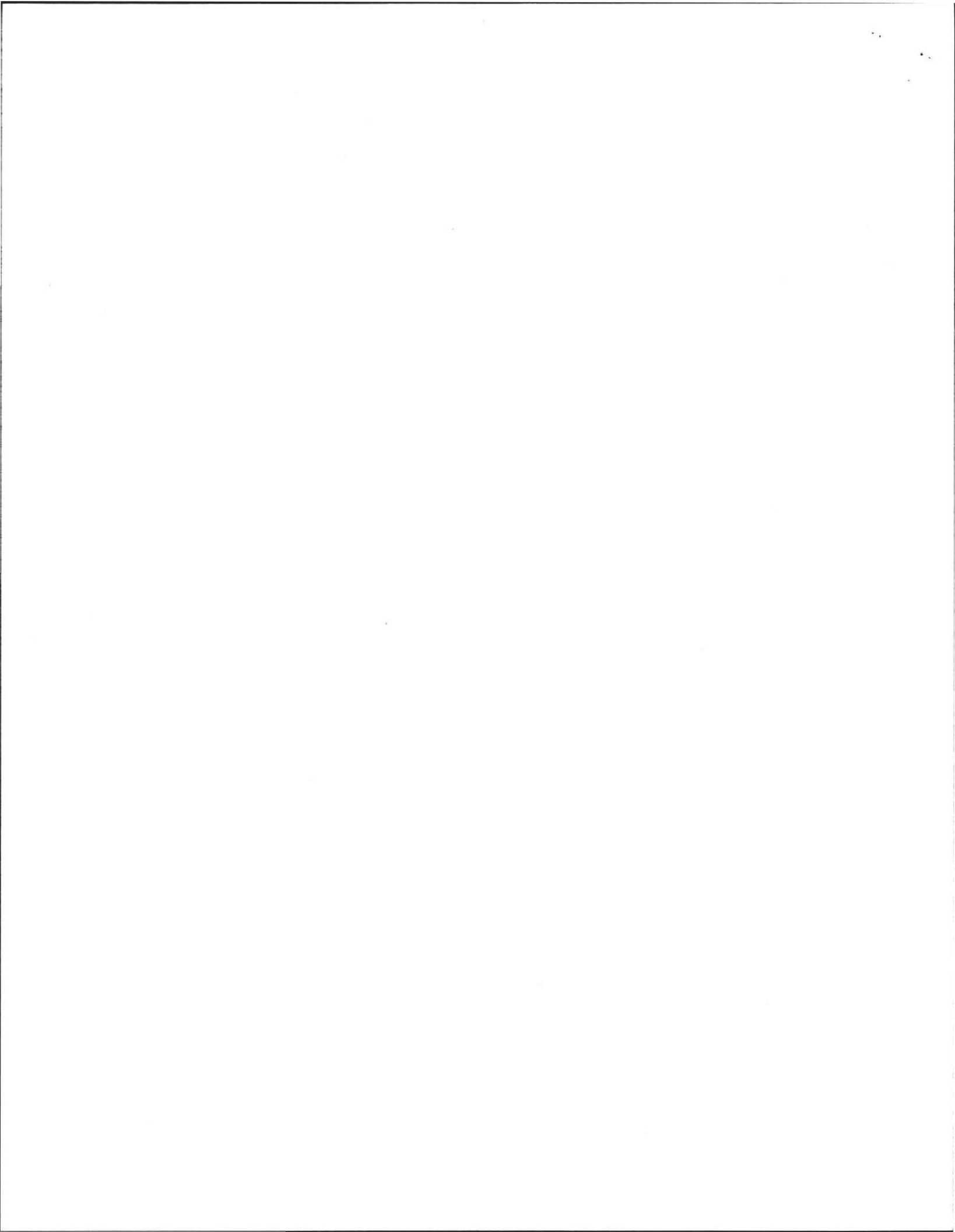
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Liquid level good 2-3" in 36" eff. ht. 1 tank, no high staining.

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





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D. System Information (cont.)

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

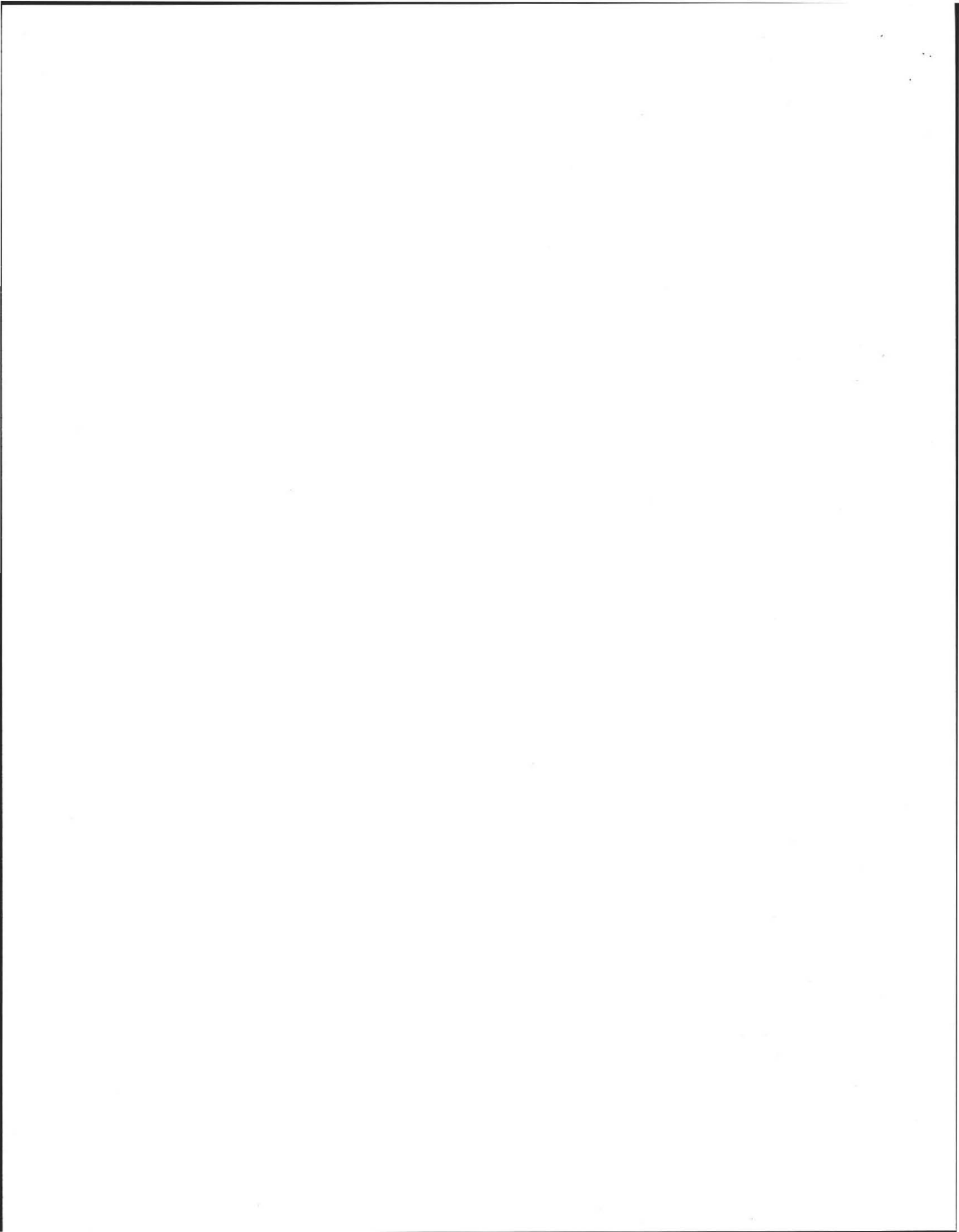
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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





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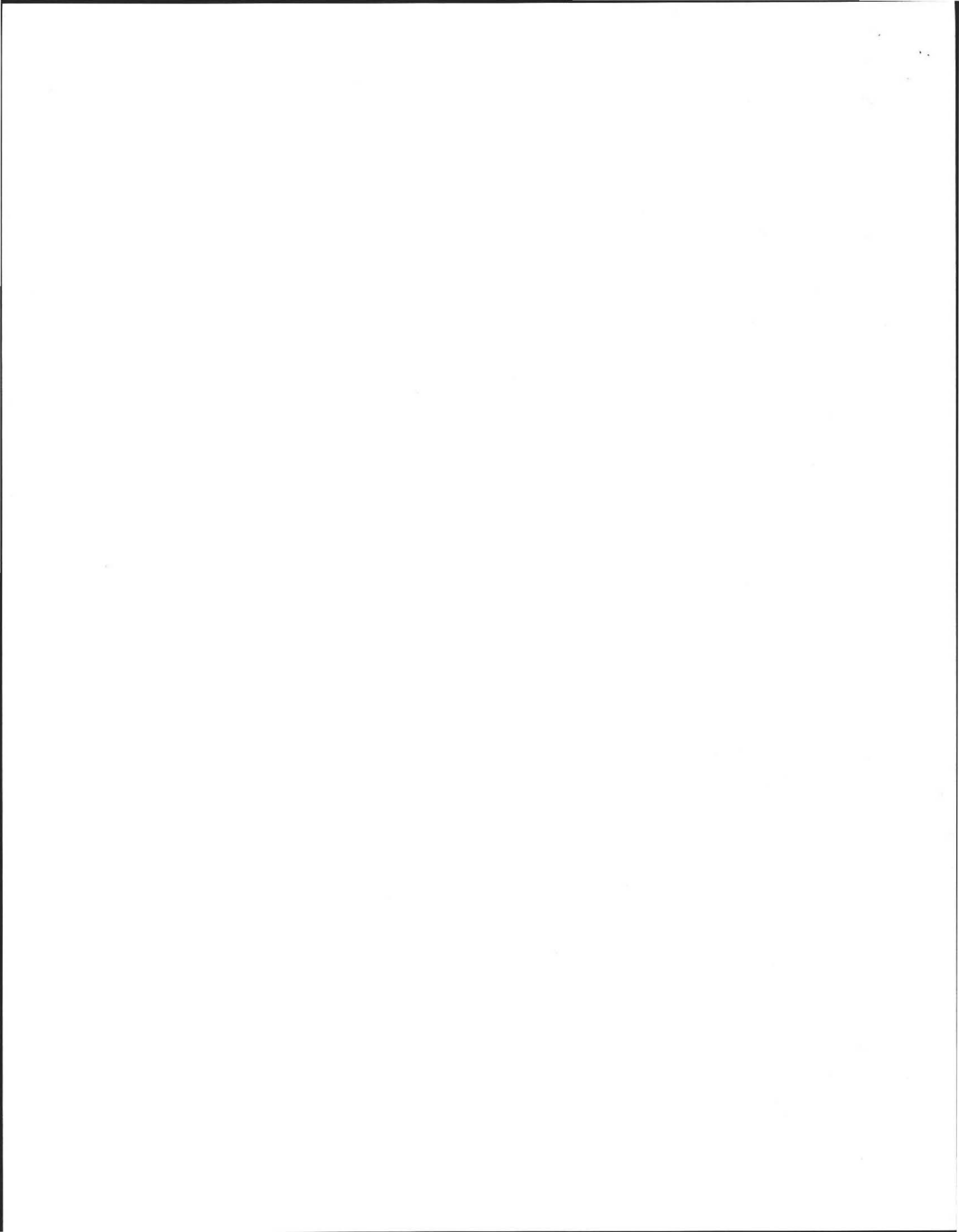
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D. System Information (cont.)

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

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





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D. System Information (cont.)

Site Exam:

- Check Slope
Surface water
Check cellar
Shallow wells

Estimated depth to high ground water: 5 feet

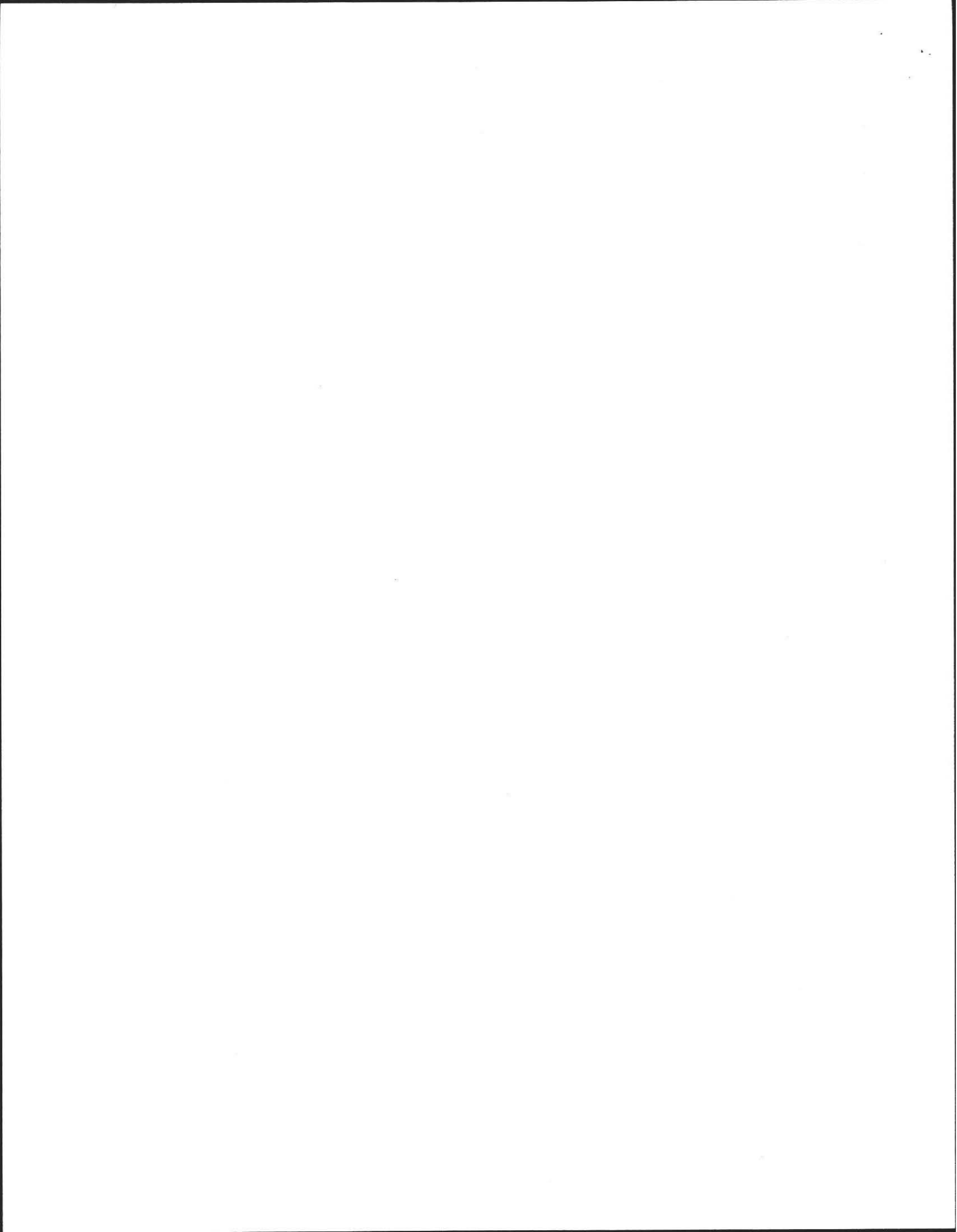
Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record
If checked, date of design plan reviewed: f. filioios (10') 1986-90
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

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





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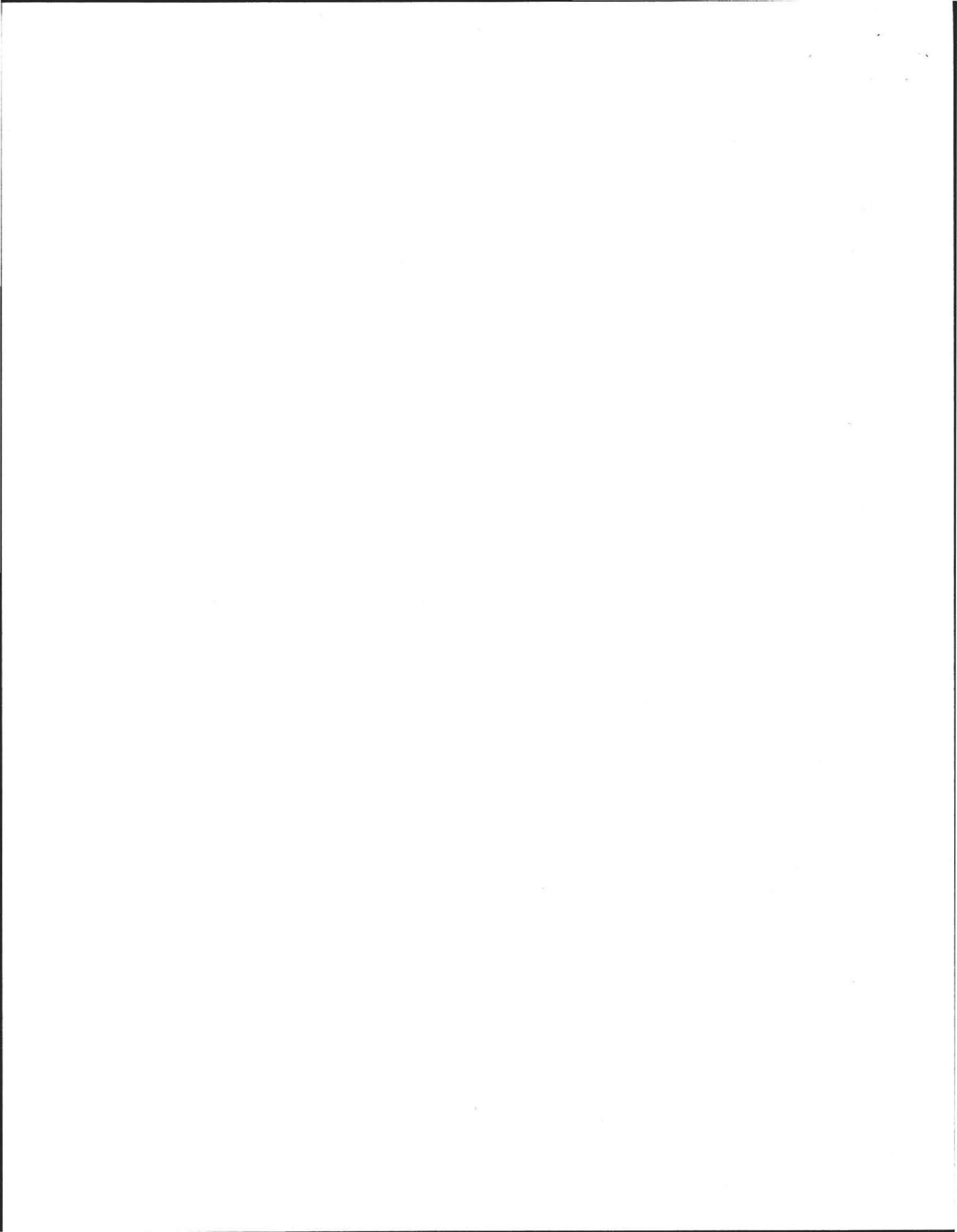
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E. Report Completeness Checklist

- 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

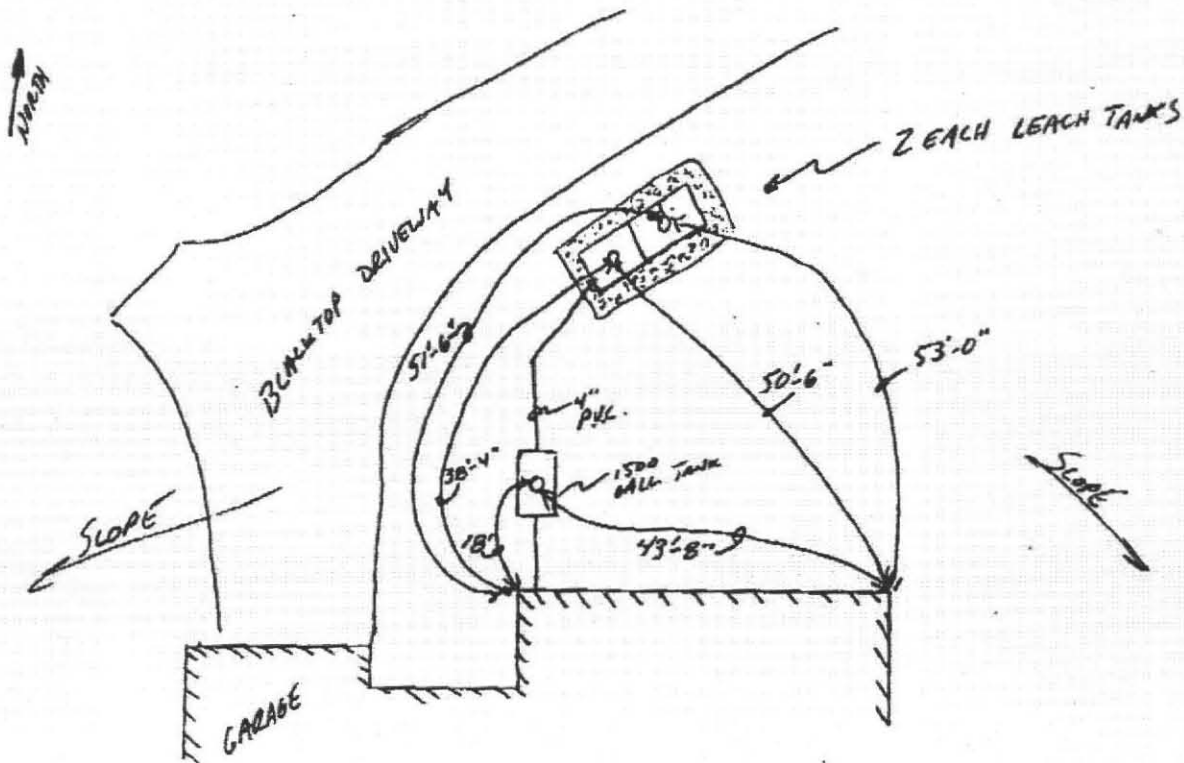


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)**

Property Address: 7 TRILLING WAY, AMHERST MA.
 Owner: LON GALLINARO
 Date of Inspection: 2-15-97

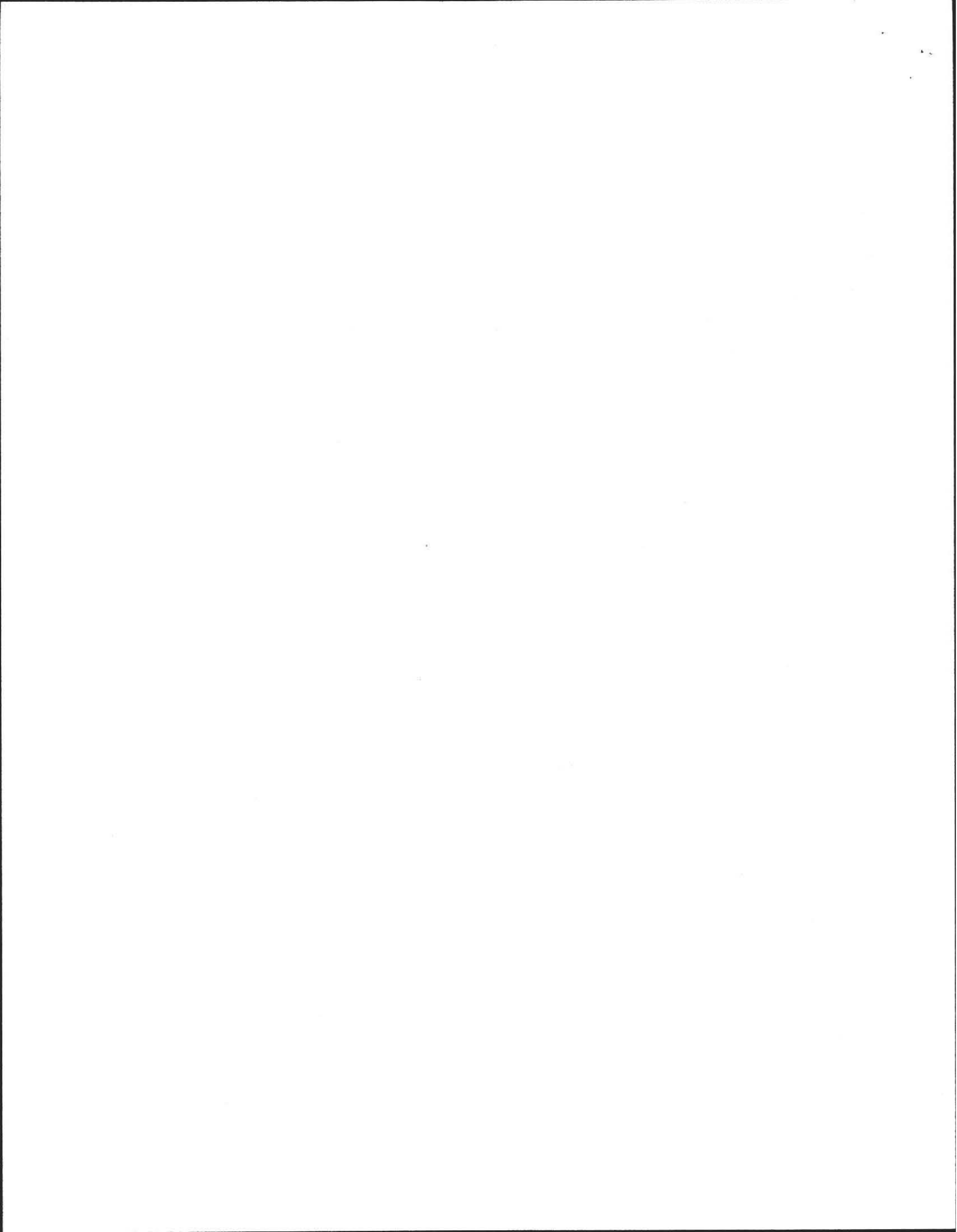
SKETCH OF SEWAGE DISPOSAL SYSTEM:

include this to at least two permanent references landmarks or benchmarks
 locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 10'± feet
 method of determination or approximation: SURROUNDING TOPOGRAPHY + SOIL OBSERVATIONS
IN 1986



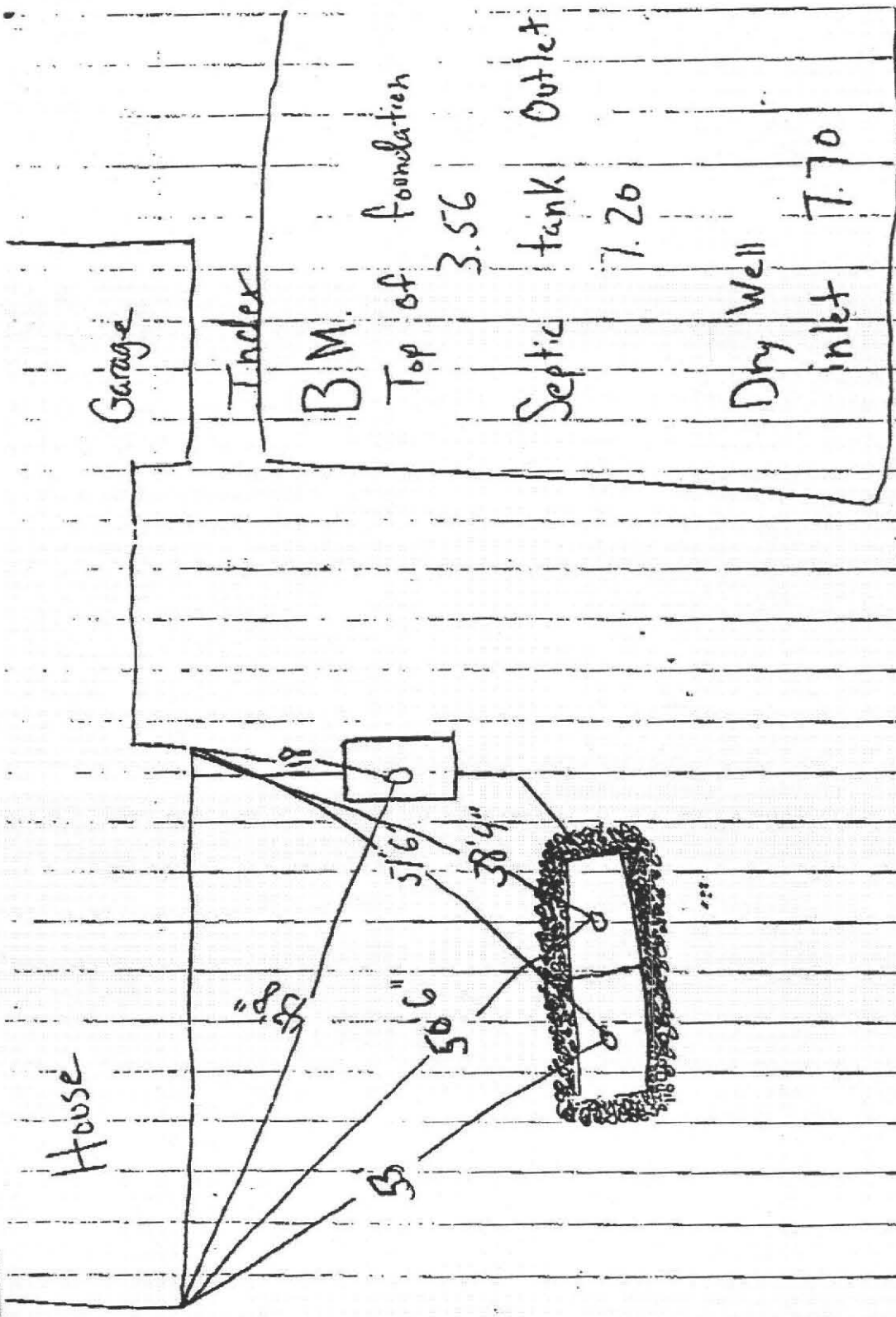
#7 Trillion

ptic stem

190

Drawing

-allinard
m way
1, MA 01002



House

Garage

Index

B.M.

Top of foundation

3.56

Septic tank

Outlet

7.26

Dry Well

inlet

7.70

R. H. Roberts Esq

8'8"

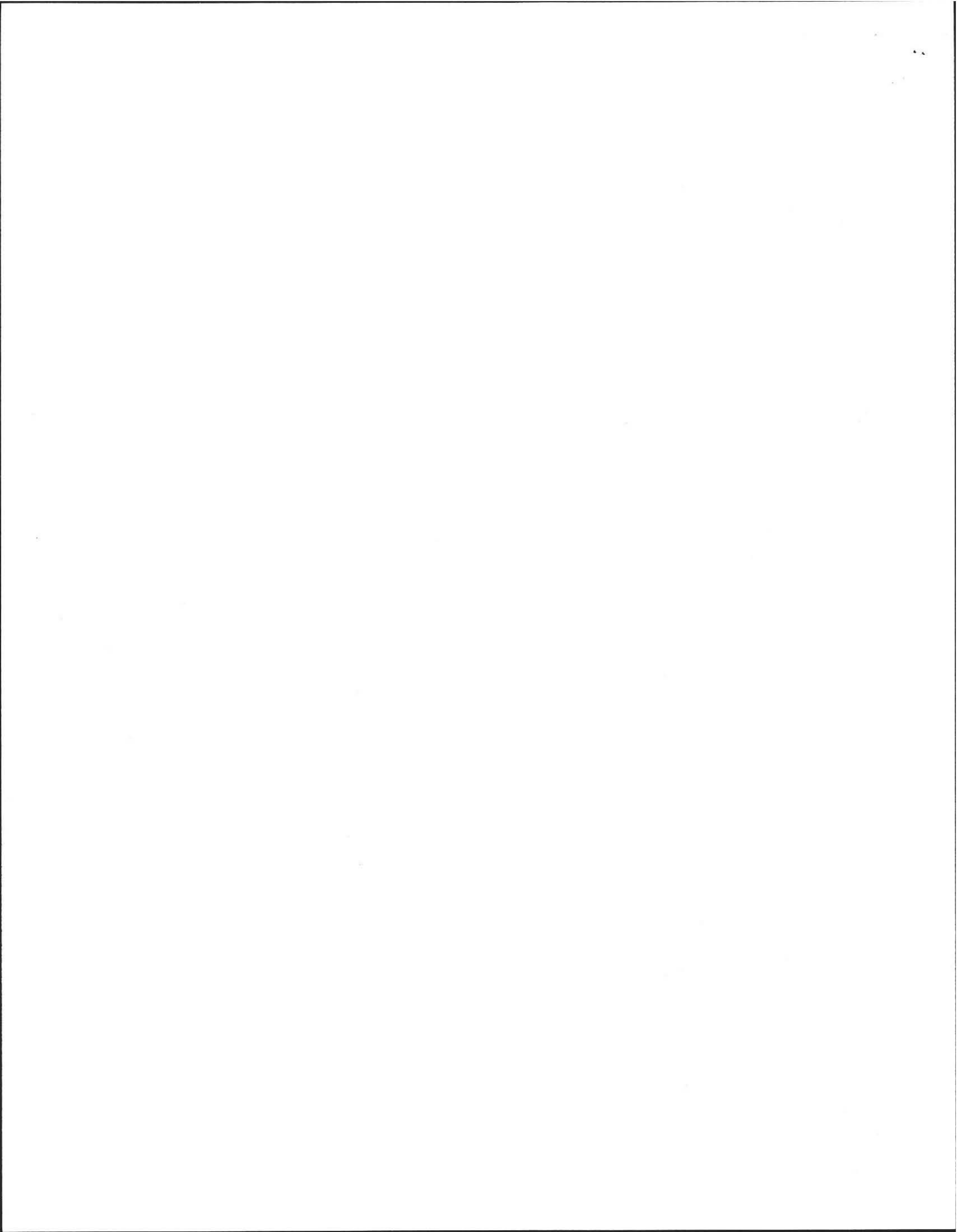
5'6"

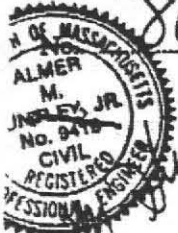
5'6"

38'4"

18

B





86-4
[Signature]

\$90
PCK 1961

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town OF Amherst

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (X) or Repair () an Individual Sewage Disposal System at:

7 Trillium Way, Amherst Lot 55
Location - Address
Warren HALL P.O. Box 511 Amherst
Address
R. ROBERTS Owner
L. ROBERTS Address
Installer

Type of Building
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures _____

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.
Septic Tank - Liquid capacity 1500 gallons Length _____ Width _____ Diameter _____ Depth _____
Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 2 Diameter _____ Depth below inlet 3' Total leaching area _____ sq. ft.
Other Distribution box () Dosing tank () capacity 566 GPD

Percolation Test Results Performed by Frederick A. Filios, R.S. Date 5-1-85
Test Pit No. 14..0 minutes per inch Depth of Test Pit 10' Depth to ground water _____
Test Pit No. 2 minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil 6" topsoil 1'6" subsoil 8' coarse sand and gravel with cobbles and a boulder at 9' No ground water at 10'
REDUC-3-3-86

Nature of Repairs or Alterations - Answer when applicable.

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed [Signature] 3-6-86
Application Approved By [Signature] 3-6-86
Date

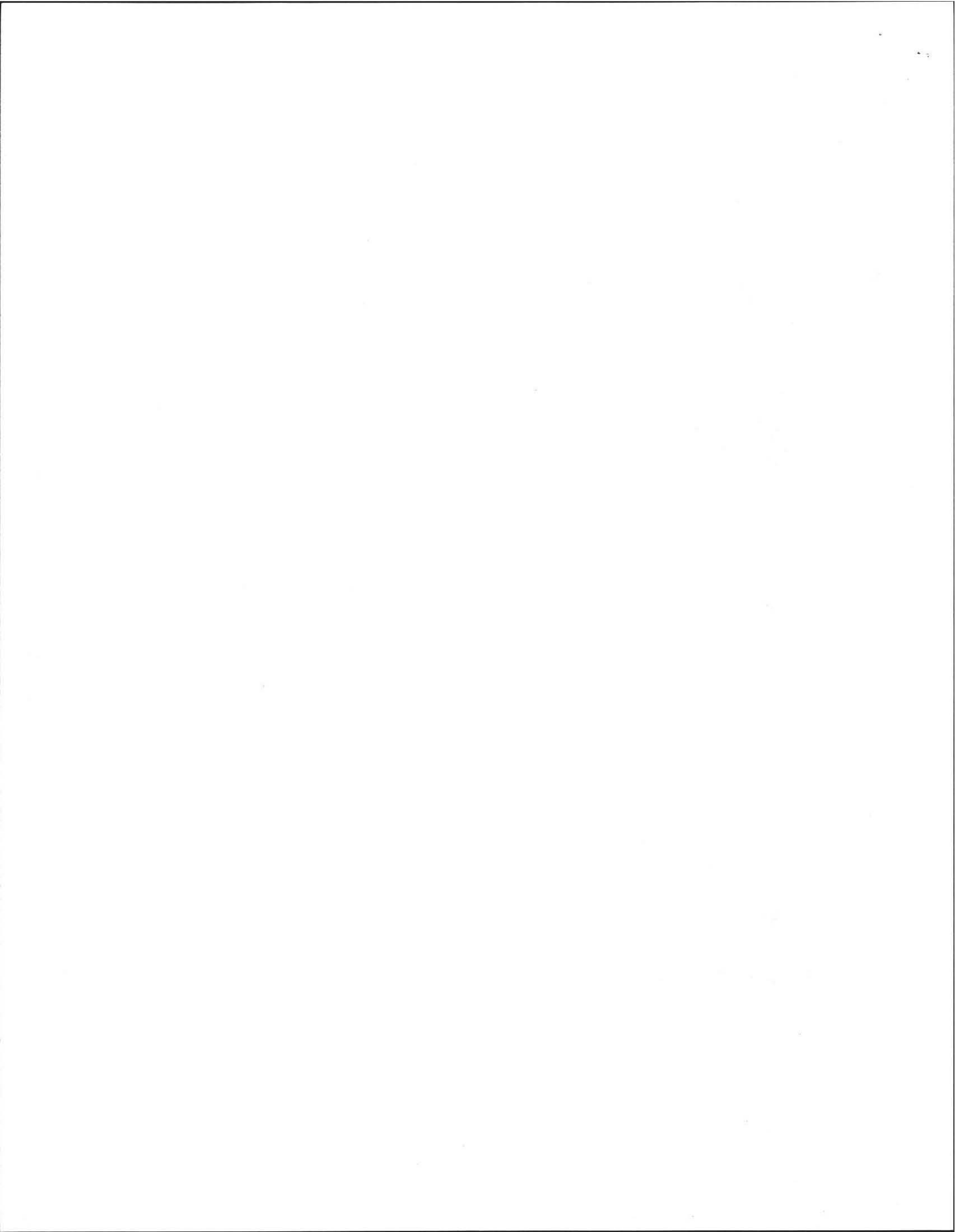
Application Disapproved for the following reasons:

Permit No. 86-4 Issued 3-6-86 Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
OF

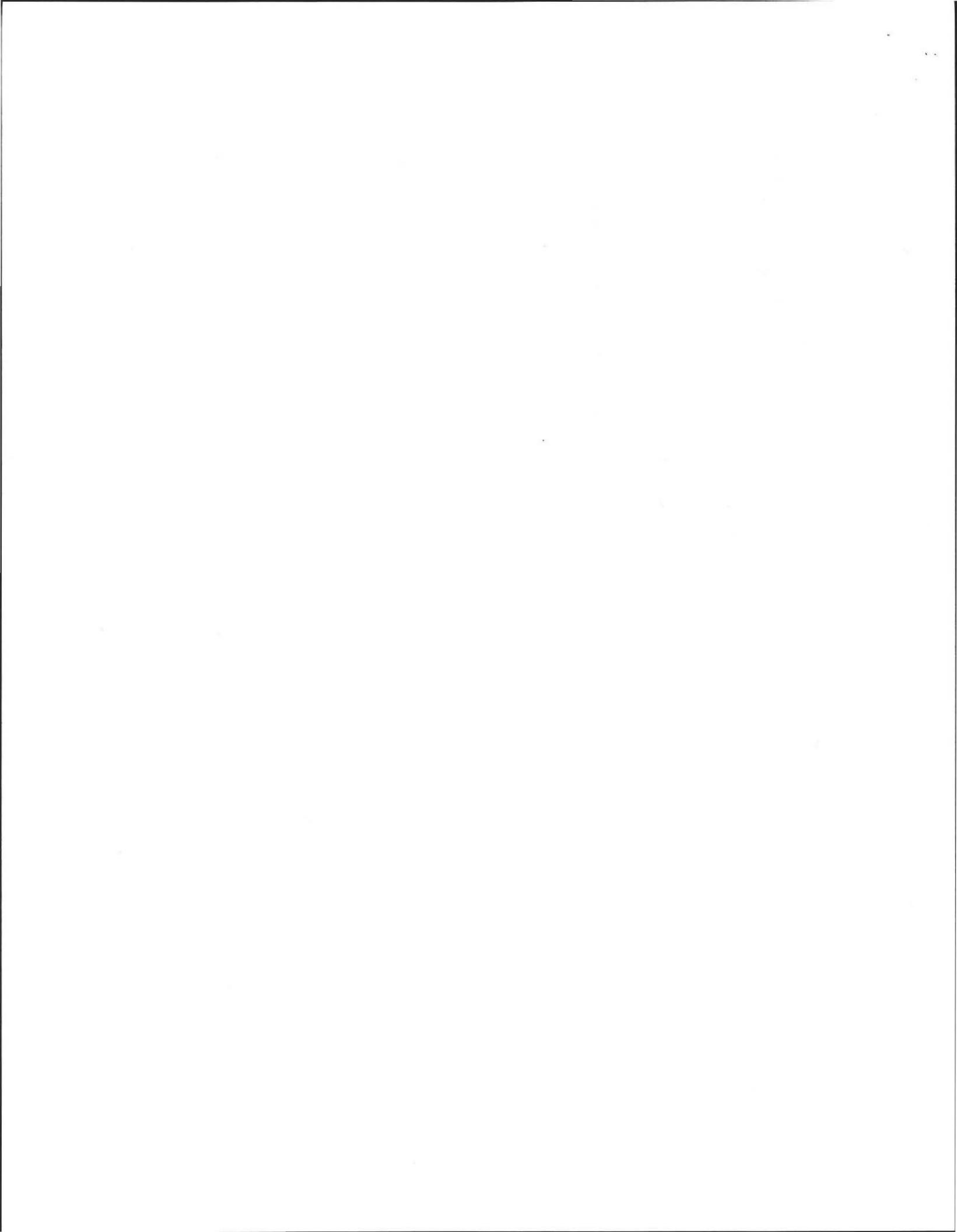
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired ()
by _____
Installer
at _____
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the
Application for Disposal Works Construction Permit No. _____ dated _____
AS A GUARANTEE THAT THE



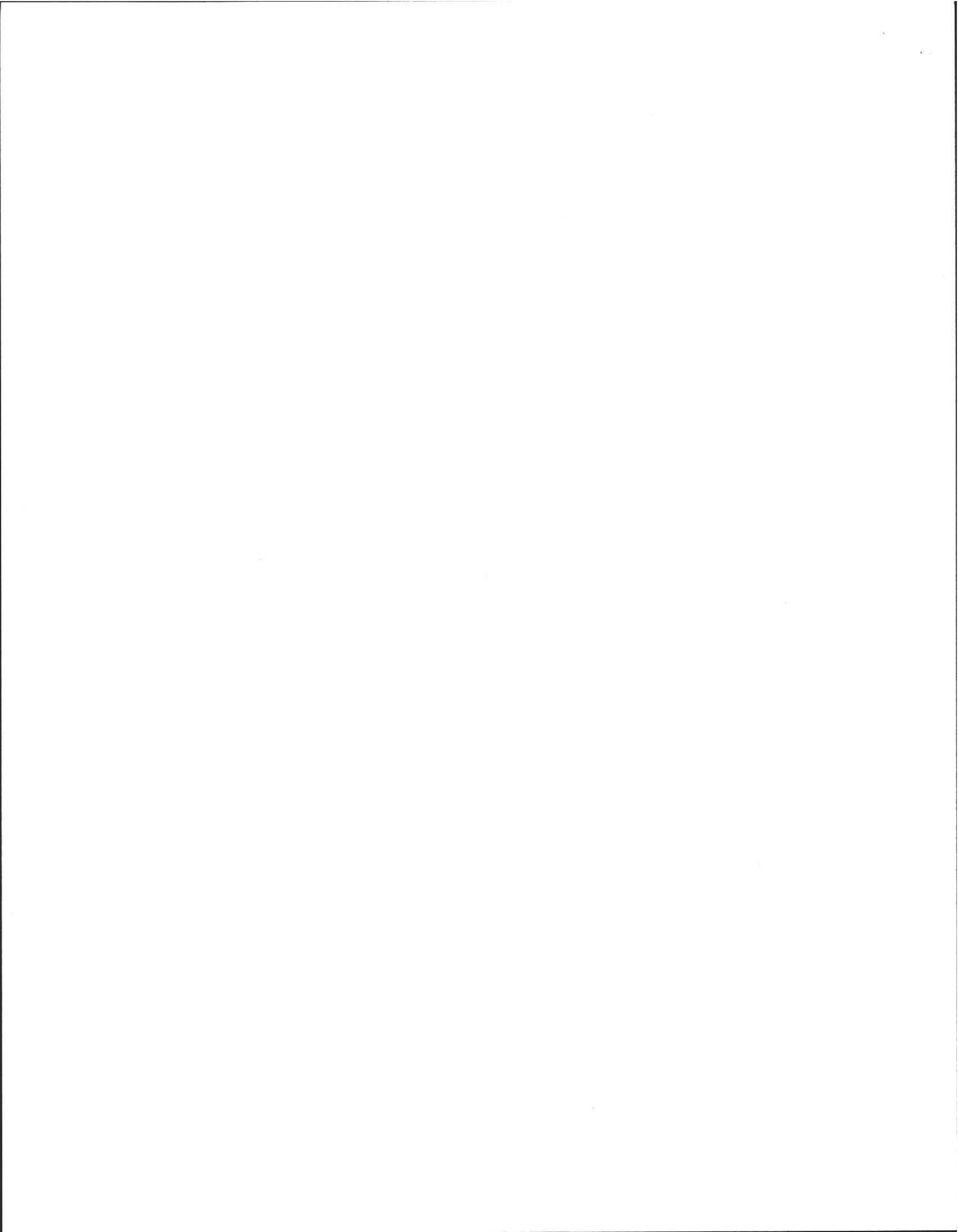


Septic Tank Area
7 Trillium Way
Amherst, MA
02.02.2012



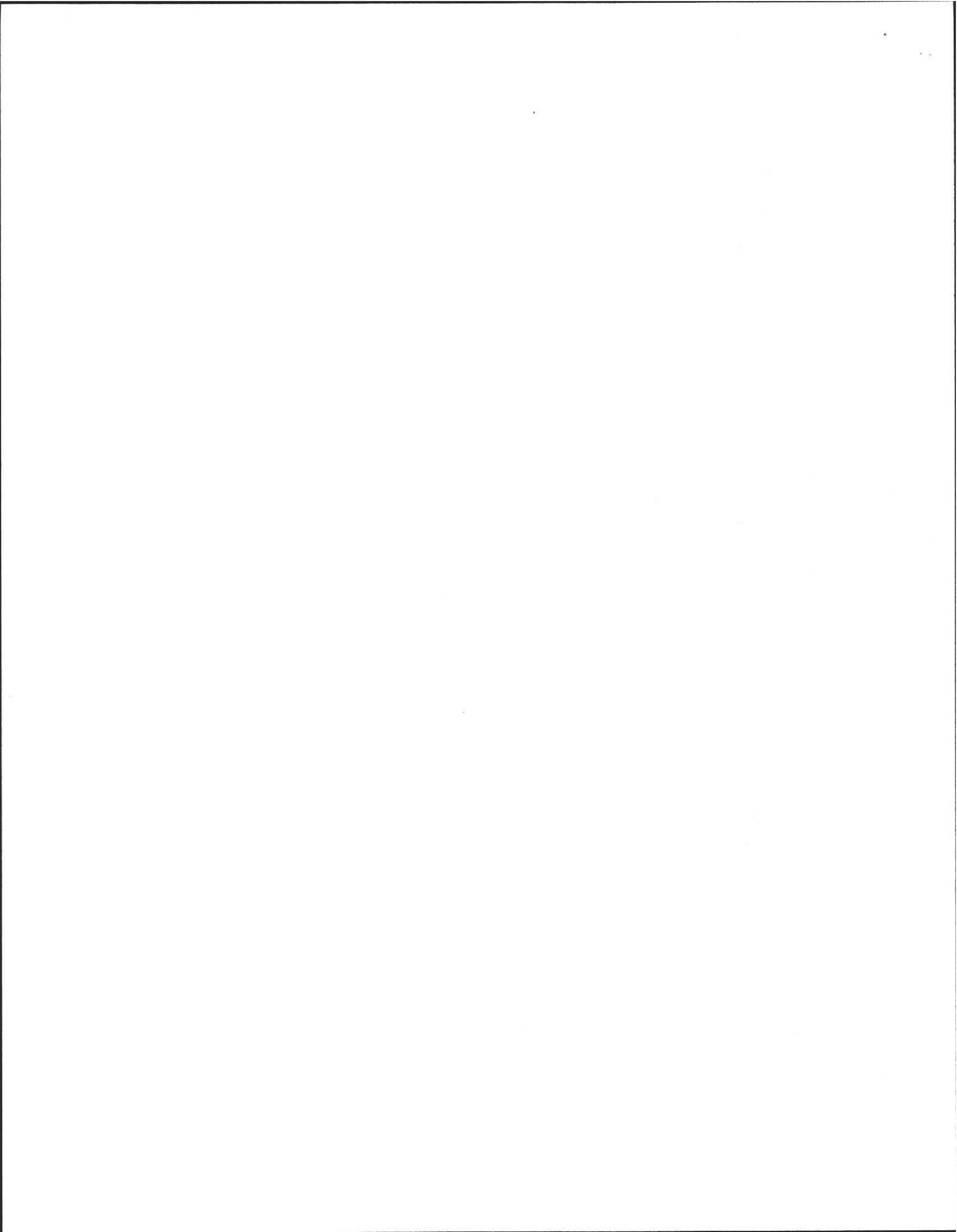


Septic Tank Inlet
7 Trillium Way
Amherst, MA
02.02.2012



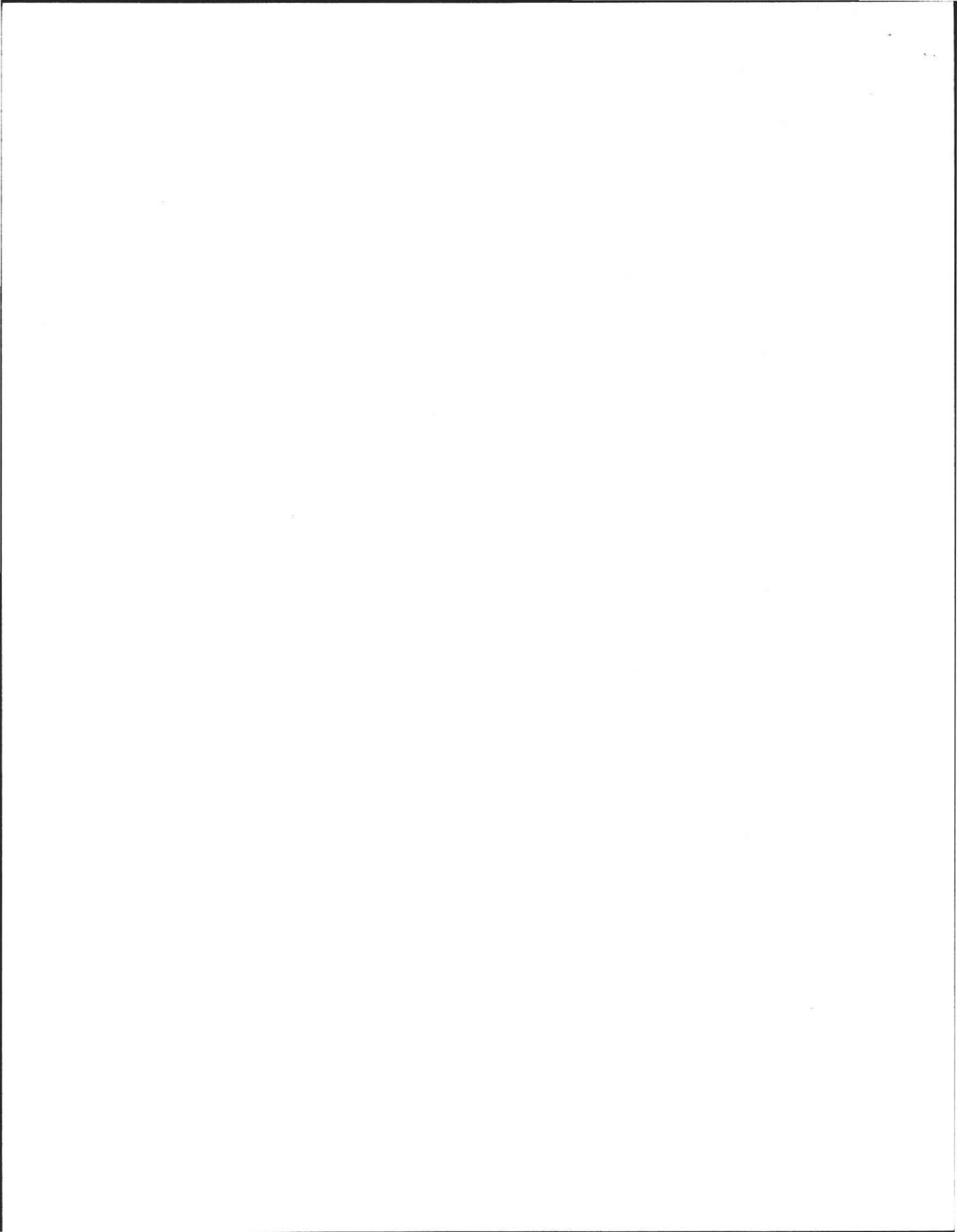


Septic Tank Outlet
7 Trillium Way
Amherst, MA
02.02.2012





Inside inlet of I. tank
7 Trillium Way
Amherst, MA
02.02.2012



#7 Trillium

Board of Health
Town of Amherst
Bangs Community Center
70 Boltwood Walk
Amherst, Ma. 01002

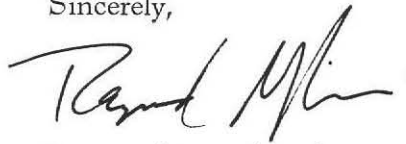
February 25, 1997

To Whom It May Concern:

Please find enclosed a copy of a Title 5 septic system inspection for the existing system at 7 Trillium Way owned by Lou Gallinaro. This inspection was conducted on February 15, 1997 which resulted in passing of the system.

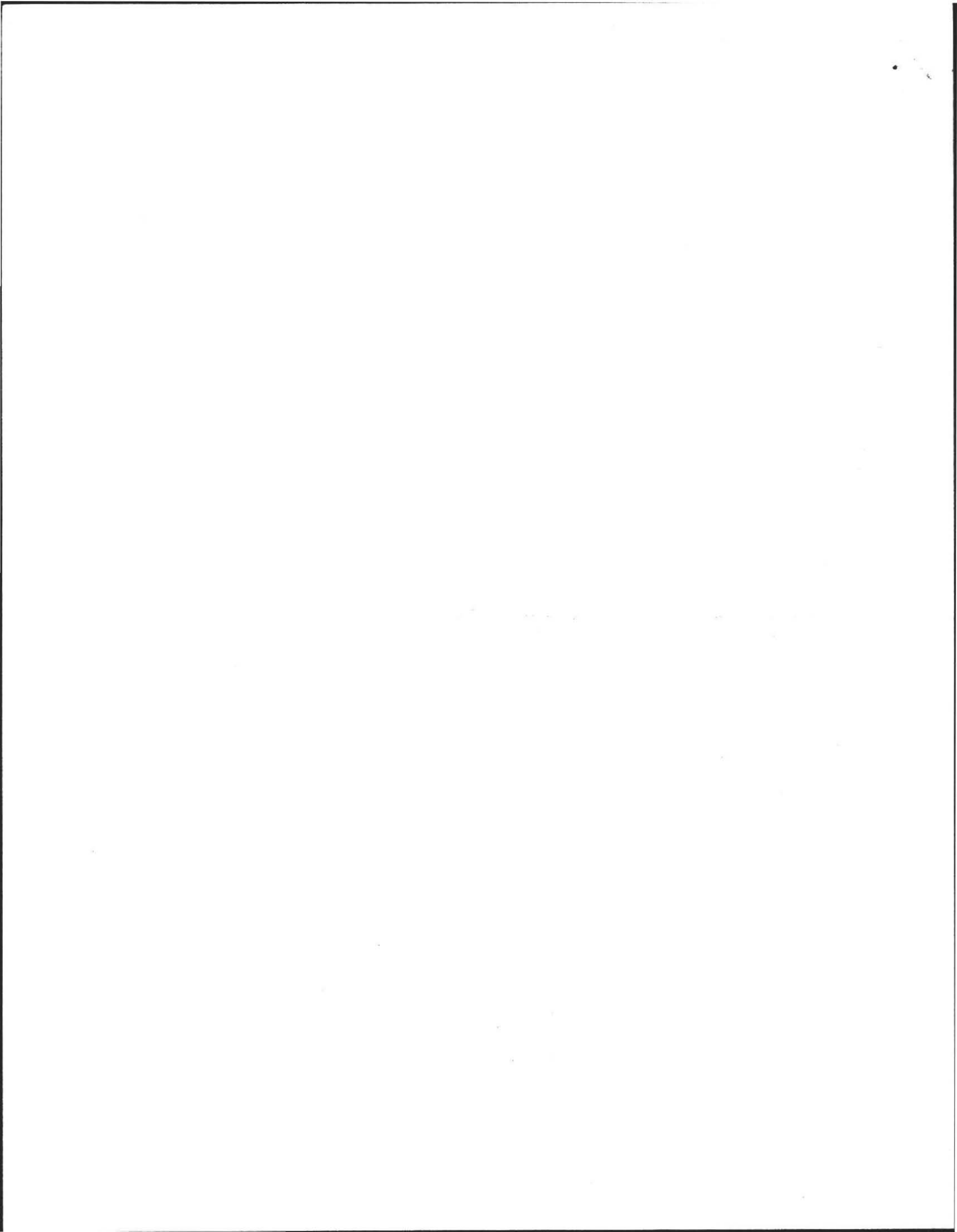
If you have any questions, please do not hesitate to call me at (413) 549-6013.

Sincerely,



Raymond Mieczkowski

3/5/97



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address:
Owner:
Date of Inspection:

B) SYSTEM CONDITIONALLY PASSES (continued)

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):
- broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is levelled or replaced
- The system required pumping more than four 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

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 the public health, safety and the environment.
- 1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND 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 APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**
- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
 - The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
 - The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
 - The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis 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.
- 3) **OTHER**
- _____
- _____



Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Argeo Paul Cellucci
Lt. Governor

Trudy Cox
Secretary
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

Property Address: 7 TRILLUM WAY, AMHERST, MA.
Date of Inspection: 2-15-97
Name of Inspector: RAYMOND MIELEKOWSKI
Company Name, Address and Telephone Number:

Address of Owner:
(If different)

SYSTEMS
P.O. BOX 684
HAOLEY, MA. 01035 (413) 549-6013

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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- Passes
 Conditionally Passes
 Needs Further Evaluation By the Local Approving Authority
 Fails

Inspector's Signature:

Date: 2-18-97

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (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 Department of Environmental Protection.

The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

INSPECTION SUMMARY:

Check A, B, C, or D:

A) SYSTEM PASSES:

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

(revised 11/03/95)

1

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 7 TRILLIUM WAY, AMHERST, MA.
Owner: LOU GALLINARO
Date of Inspection: 2-15-97

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The system does not receive non-sanitary or industrial waste flow
- The site was inspected for signs of breakout.
- All system components, excluding the Soil Absorption System, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address:
Owner:
Date of Inspection:

D) SYSTEM FAILS:

_____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- ___ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- ___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- ___ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- ___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- ___ 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 Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- ___ Any portion of a 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 I 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

- _____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
- ___ 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)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 7 TRILLIUM WAY, AMHERST, MA.

Owner: LOU GALLINARO

Date of Inspection: 2-15-97

SEPTIC TANK:

(locate on site plan)

Depth below grade: 6"

Material of construction: concrete metal FRP other(explain)

Dimensions: 10x6 - 1500 GAL. TANK

Sludge depth: 4"

Distance from top of sludge to bottom of outlet tee or baffle: 2'-5"

Scum thickness: 3"

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: 1'-3"

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) TANK IS IN EXCELLENT CONDITION / INLET & OUTLET Baffles IN PLACE
AND APPEAR TO BE FUNCTIONING PROPERLY / LIQUID LEVEL IN TANK IS LEVEL
WITH OUTLET PIPE / NO INFILTRATION SEEN / NO SIGNS OF BACK-UP

GREASE TRAP: N/A

(locate on site plan)

Depth below grade: _____

Material of construction: concrete metal FRP 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: _____

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION**

Property Address: 7 TRILLIUM WAY, AMHERST, MA.

Owner: LA GALLINARO

Date of Inspection: 2-15-97

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 440 gallons

Number of bedrooms: 4

Number of current residents: 4

Garbage grinder (yes or no): YES

Laundry connected to system (yes or no): YES

Seasonal use (yes or no): NO

Water meter readings, if available: _____

Last date of occupancy: CURRENTLY OCCUPIED

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____

Design flow: _____ gallons/day

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: _____

OTHER: (Describe) _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

System pumped as part of inspection: (yes or no) YES

If yes, volume pumped: 1500+ gallons

Reason for pumping: CHECK INTERIOR OF TANK

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)

Other (explain) _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 88-89

Sewage odors detected when arriving at the site: (yes or no) NO

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)**

Property Address: 7 TRILLIUM WAY, AMHERST, MA.

Owner: LOW GALLINARO

Date of Inspection: 2-15-97

SOIL ABSORPTION SYSTEM (SAS):

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number: _____

leaching chambers, number: - 2 EA

leaching galleries, number: _____

leaching trenches, number, length: _____

leaching fields, number, dimensions: _____

overflow cesspool, number: _____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) NO SIGNS OF HYDRAULIC FAILURE / NO SIGNS OF SOLIDS CARRY-OVER / LEACH TANKS APPEAR TO BE FUNCTIONING PROPERLY

CESSPOOLS: N/A

(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 (cesspool must be pumped as part of inspection) _____

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

PRIVY: N/A

(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.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 7 TRILLIUM WAY, AMHERST, MA.
Owner: LOU GALLINARO
Date of Inspection: 2-15-97

TIGHT OR HOLDING TANK: N/A
(locate on site plan)

Depth below grade: _____
Material of construction: concrete metal FRP other(explain)

Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm level: _____

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

DISTRIBUTION BOX: N/A
(locate on site plan)

Depth of liquid level above outlet invert: _____

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

PUMP CHAMBER: N/A
(locate on site plan)

Pumps in working order:(yes or no) _____

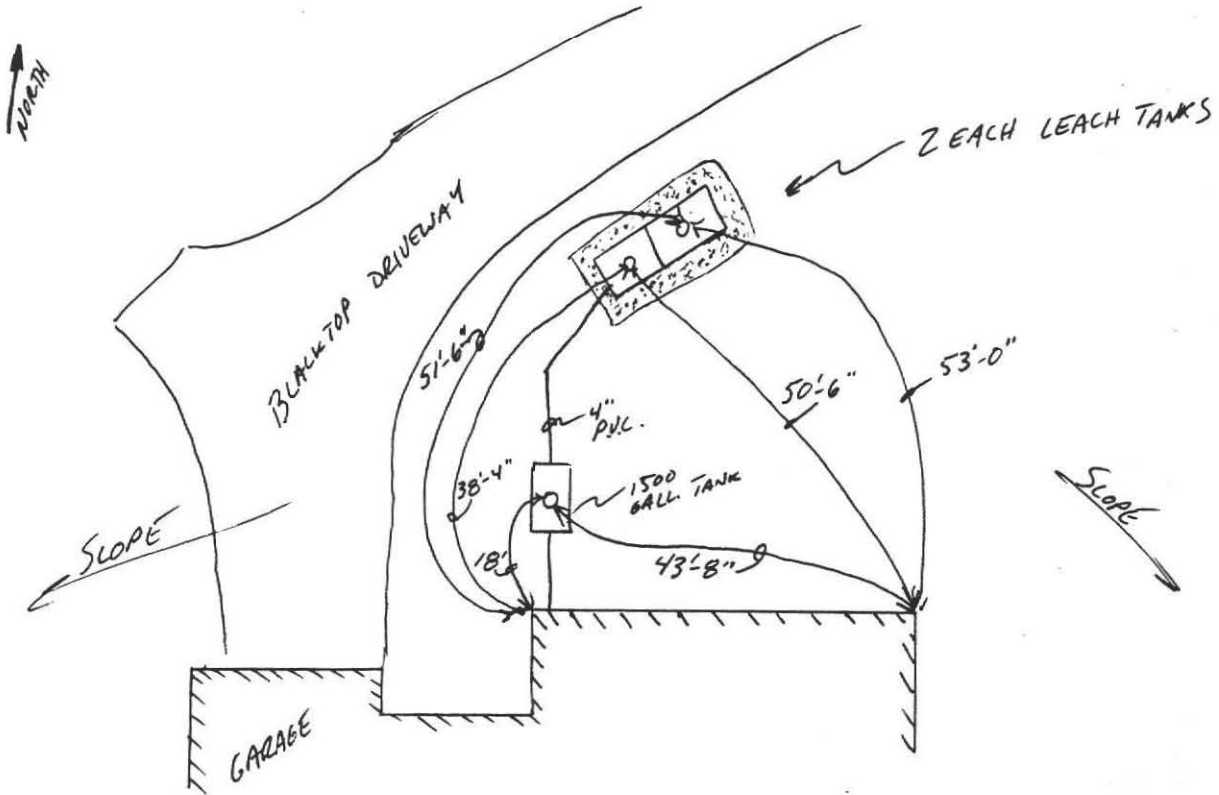
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 7 TRILLIUM WAY, AMHERST MA.
Owner: LOU GALLINARO
Date of Inspection: 2-15-97

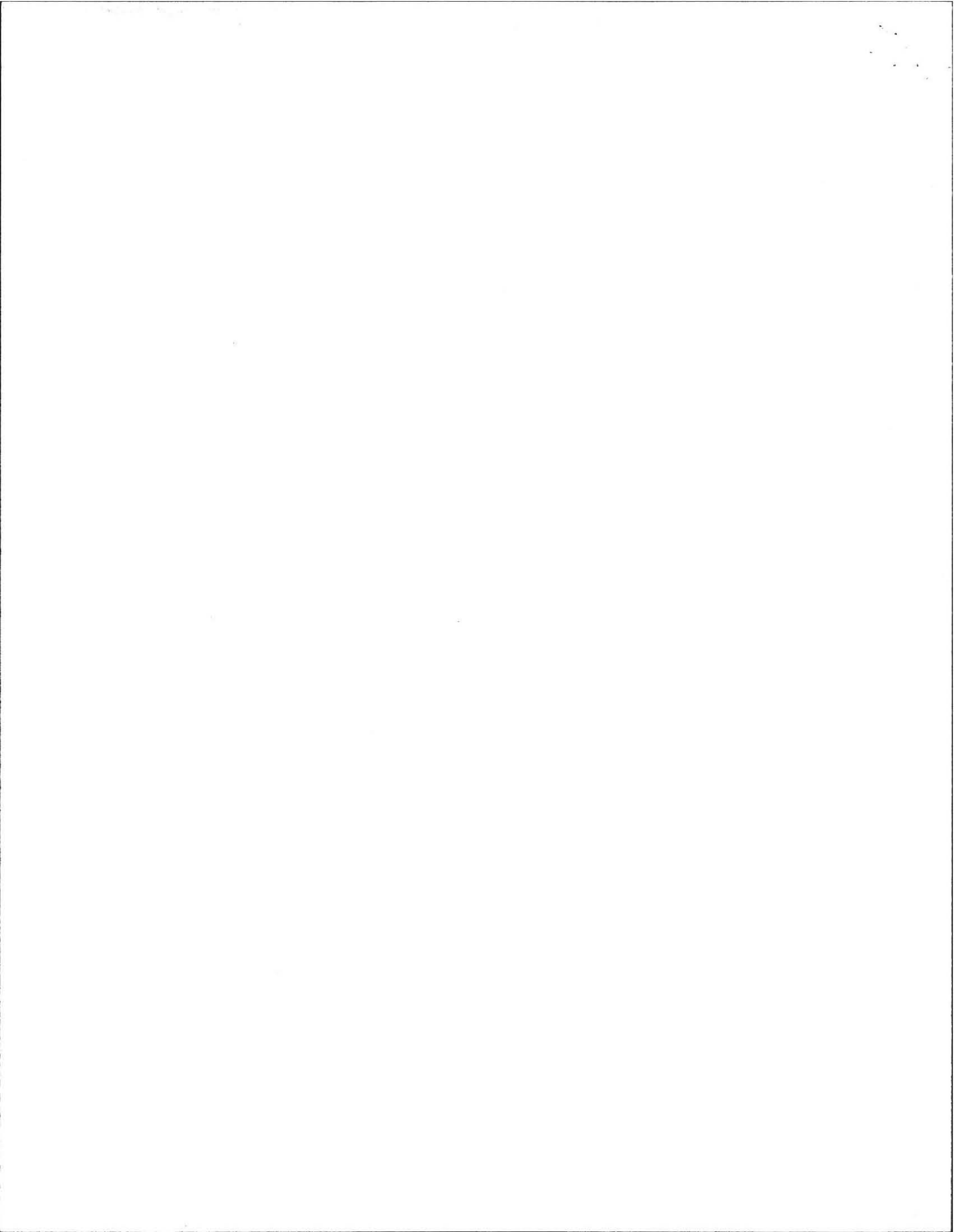
SKETCH OF SEWAGE DISPOSAL SYSTEM:

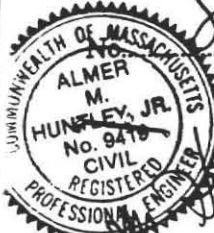
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 10'± feet
method of determination or approximation: SURROUNDING TOPOGRAPHY + SOIL OBSERVATIONS
IN 1986





86-4
[Handwritten signature]

\$90
FEB
PCK 1961

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town OF Amherst

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (X) or Repair () an Individual Sewage Disposal System at:

7 Trillium Way, Amherst

Lot 55

Warren HALL Location - Address

P.O. Box 511 Amherst

R. ROBERTS Owner

LEVERETT Address

Installer

Type of Building
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.

Septic Tank - Liquid capacity 1500 gallons Length Width Diameter Depth

Disposal Trench - No. Width Total Length Total leaching area sq. ft.

Seepage Pit No. 2 Diameter Depth below inlet 3' Total leaching area ~~sq. ft.~~

Other Distribution box () Dosing tank () capacity 500 GPD

Percolation Test Results Performed by Frederick A. Filios, R.S. Date 5-1-85

Test Pit No. 1 4.0 minutes per inch Depth of Test Pit 10' Depth to ground water

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil 6" topsoil 1'6" subsoil 8' coarse sand and gravel with cobbles and a boulder at 9' No ground water at 10'

REDUC 3-3-86

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed *[Handwritten signature]*

3-6-86

Application Approved By *[Handwritten signature]*

3-6-86

Date

Application Disapproved for the following reasons:

Permit No. 86-4

Issued 3-6-86 Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
OF

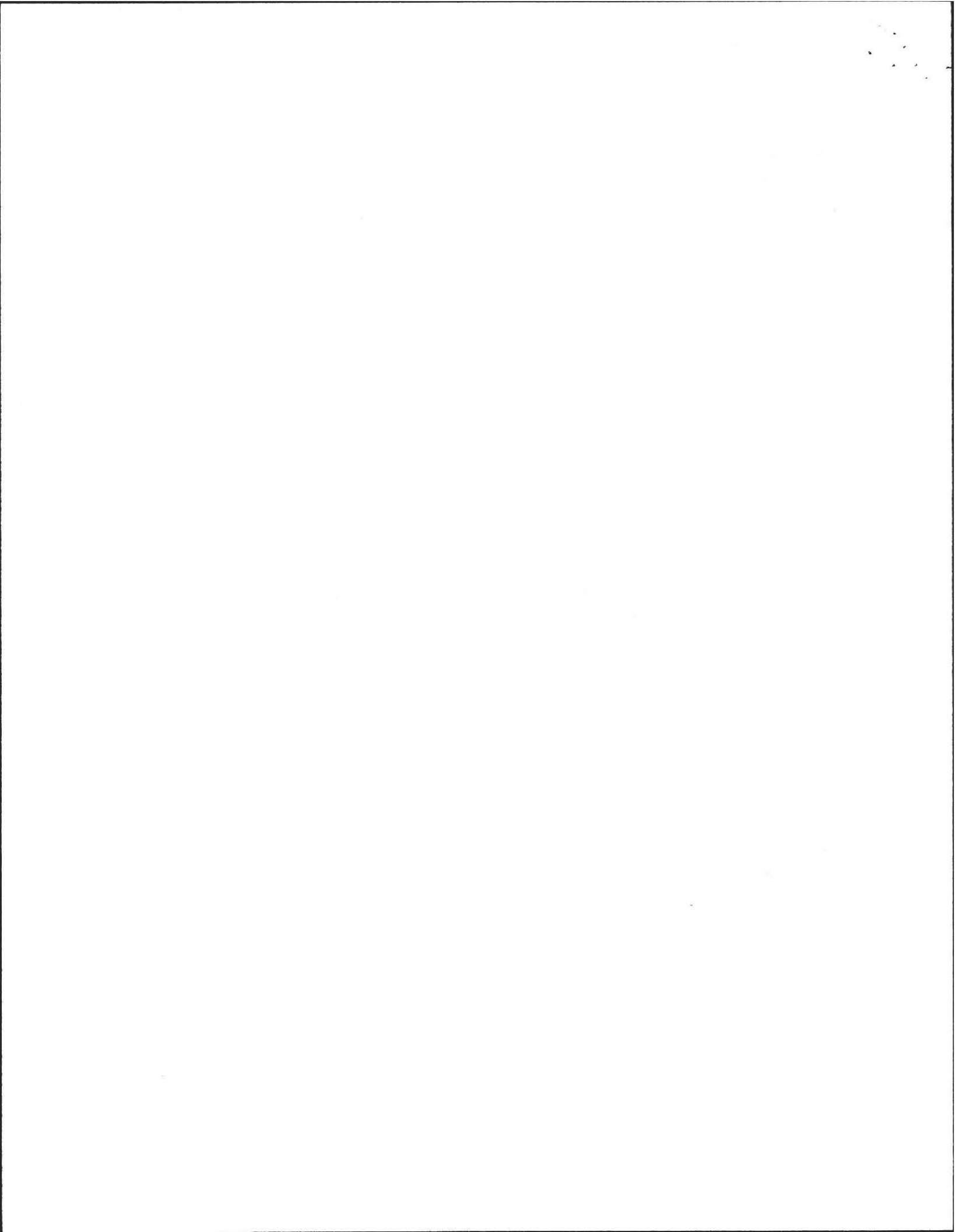
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____ Installer

at _____ has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

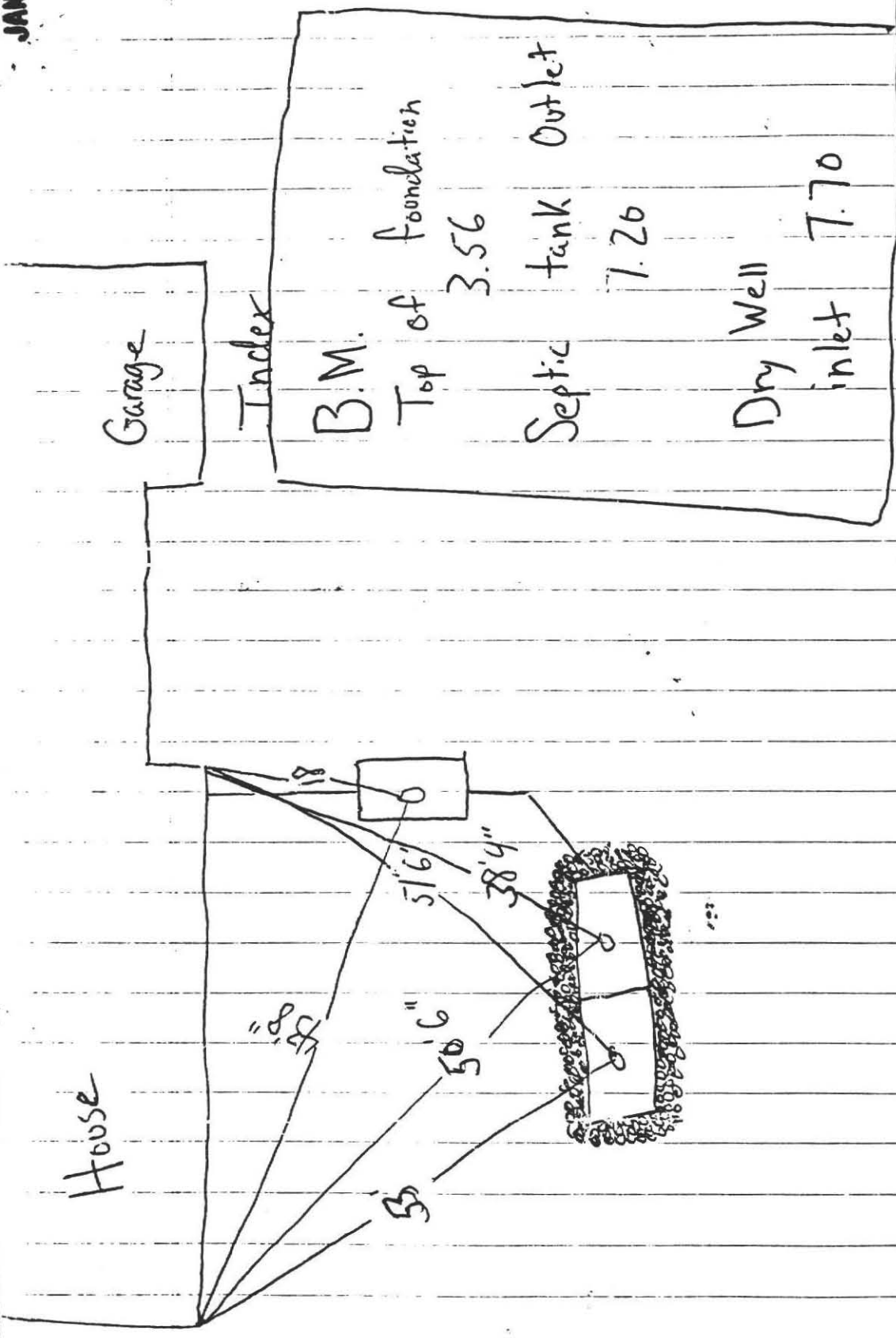
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

CHECK OR FILL IN WHERE APPLICABLE



Trillion
Septic
system
19/90

Gallinaro
um way
st, MA 01002



Index

B.M.

Top of foundation

3.56

Septic tank

Outlet

7.20

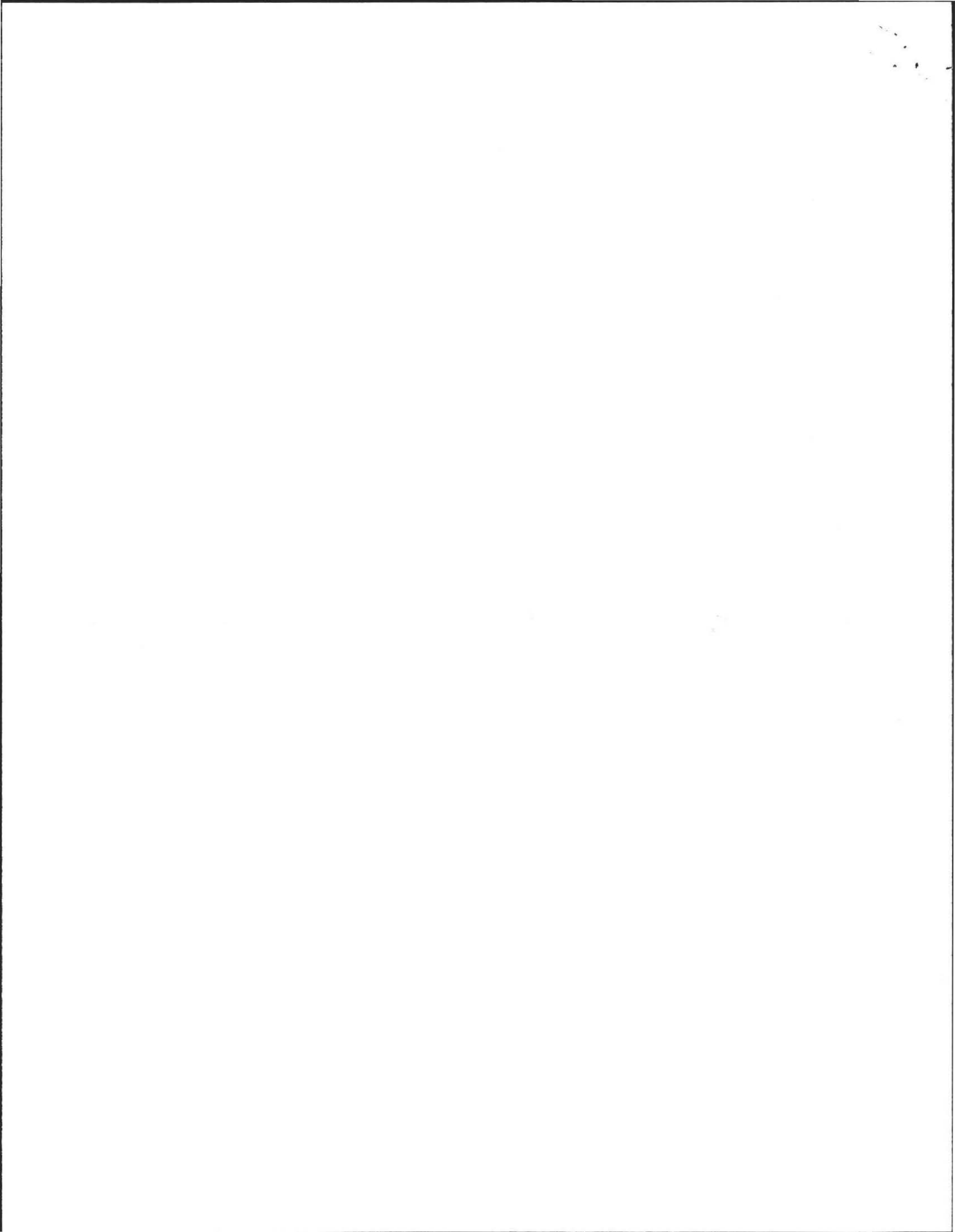
Dry Well

inlet

R. H. Roberts EPC

House

Garage



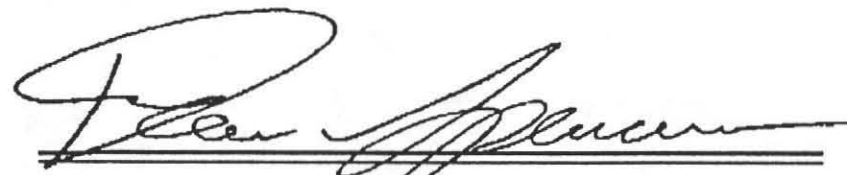


**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BE IT KNOWN THAT**

Raymond Mieczkowski

Has satisfied the Department's qualifications as required and is hereby
authorized to use the title
CERTIFIED TITLE 5 SYSTEM INSPECTOR
as provided in 310 CMR 15.340 and Section 13 of Chapter 21A of the
General Laws. Issued by The Department of Environmental Protection.

May 25, 1995



Acting Director of the Division of Water Pollution Control

