

12 TRILLION DAY

Mean + Std



#12

OCT 21 1996

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Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

William F. Weld
Governor
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Lt. Governor

Trudy Coxe
Secretary
David B. Struhs
Commissioner

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION**

Christos Cassandras
Property Address: 12 Trillium Way Amherst.

Address of Owner:
(If different)

Date of Inspection: Oct 9 1996
Name of Inspector: Cary Bissell

Company Name, Address and Telephone Number:
Affordable Home & Septic Inspection Inc.
342 West Rd. Westfield Ma. 01085.

CERTIFICATION STATEMENT 413-568-4289

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: Cary Bissell

Date: Oct-9-1996

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:

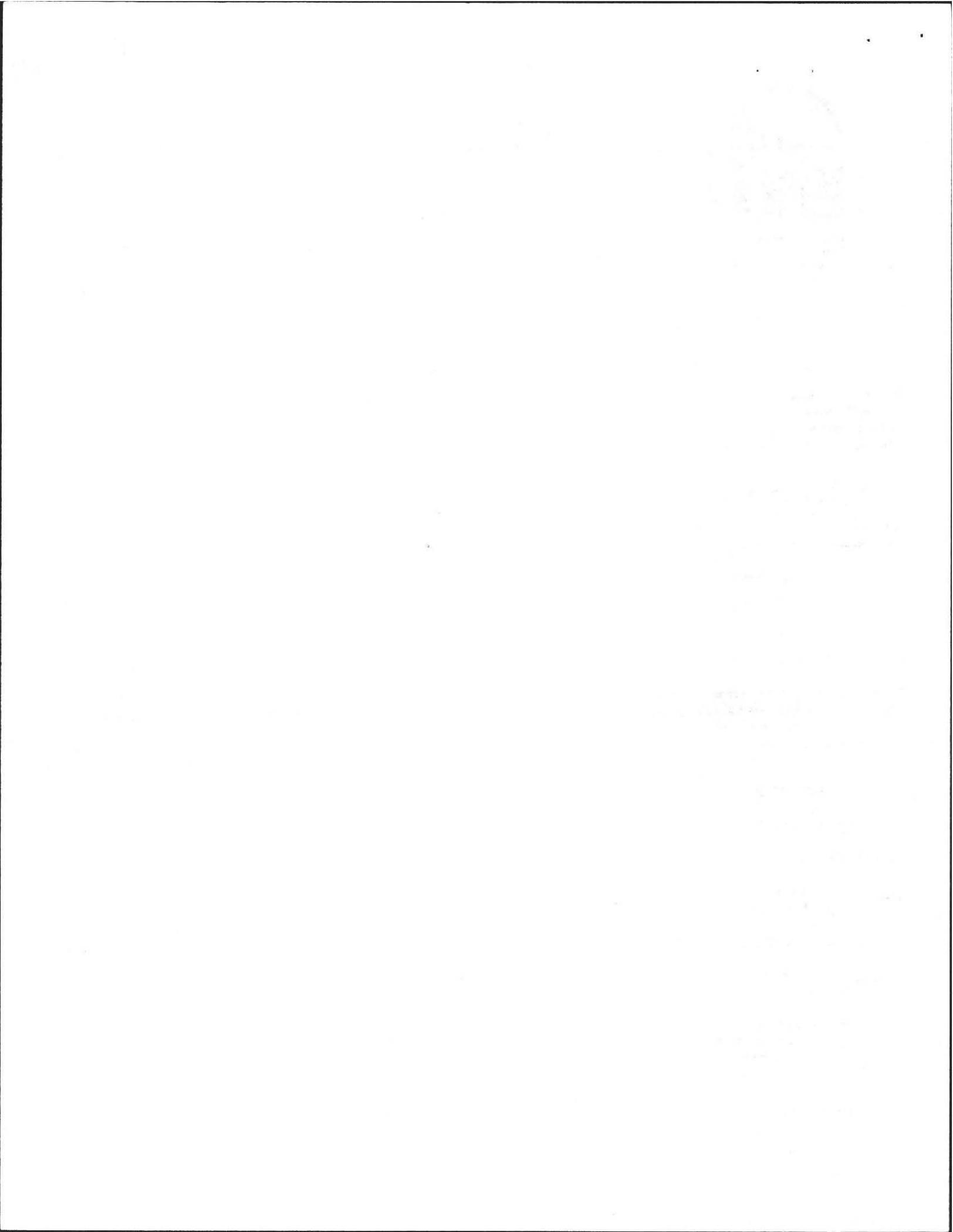
I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

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)



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

Property Address: 12 Trillium
Owner: Cassondus
Date of Inspection: 10-9

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

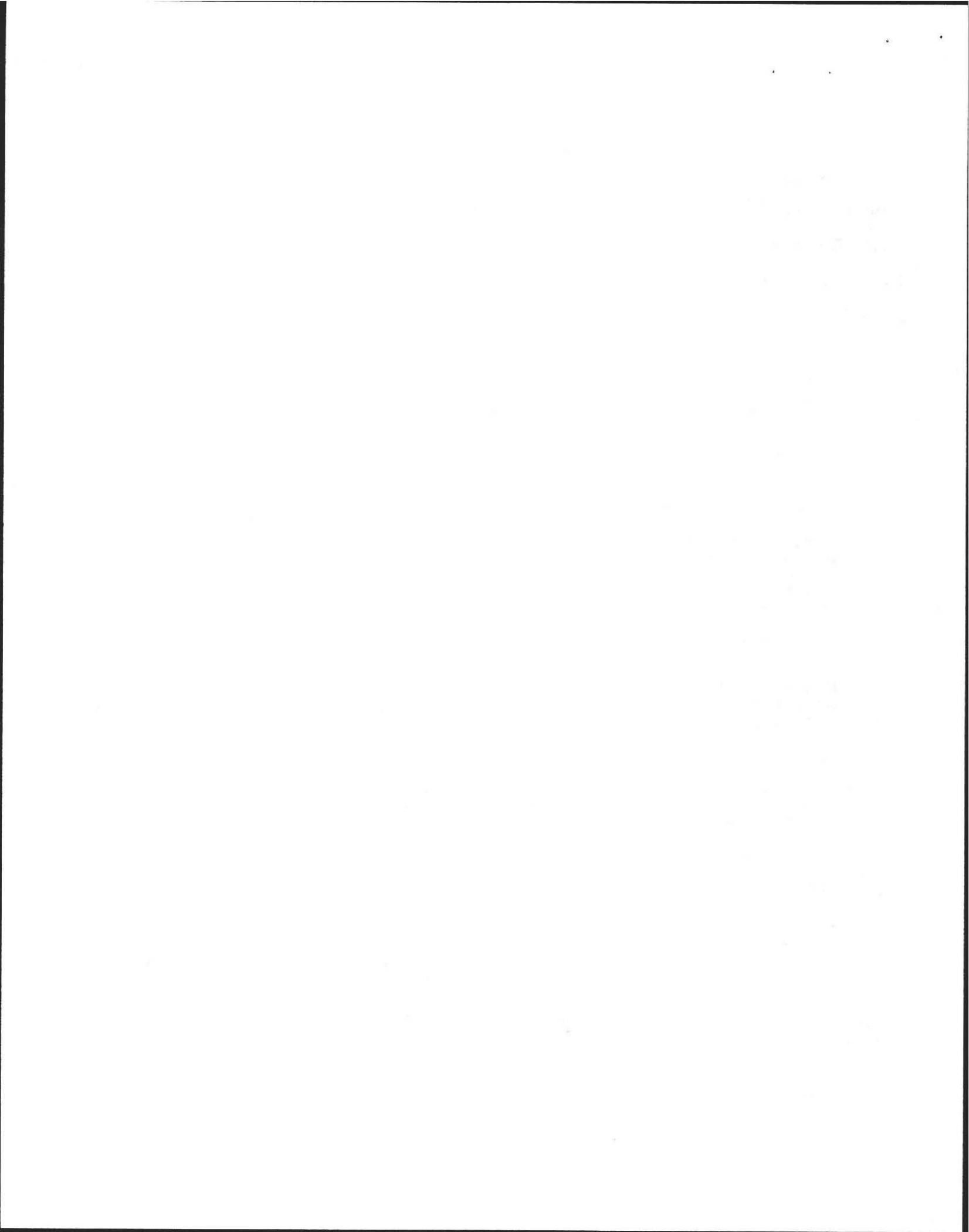
C) FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

- ___ 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



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

Property Address: 12 Trillion Way
Owner: Cassondy
Date of Inspection: 10-9-96

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.

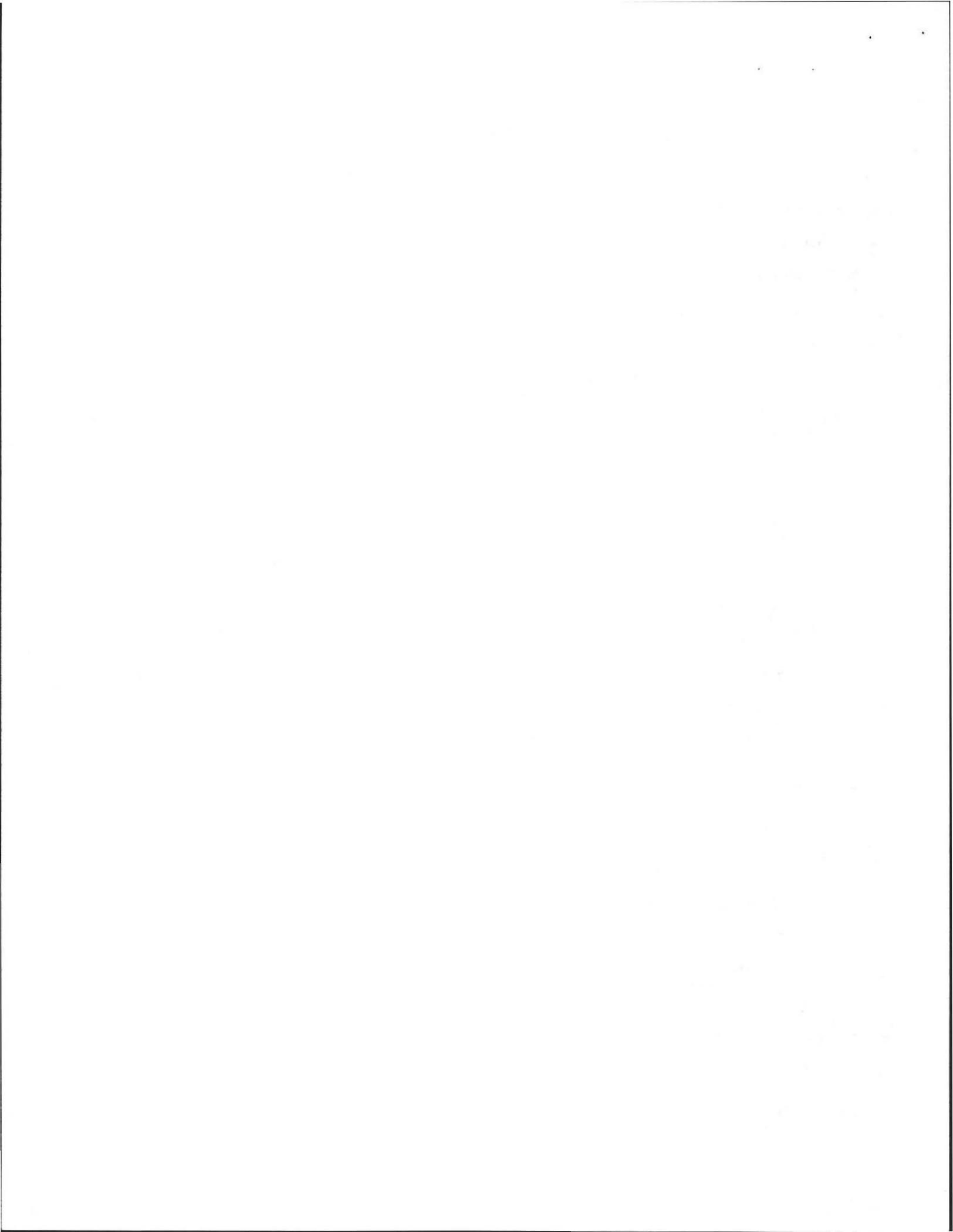
E) LARGE SYSTEM FAILS:

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.



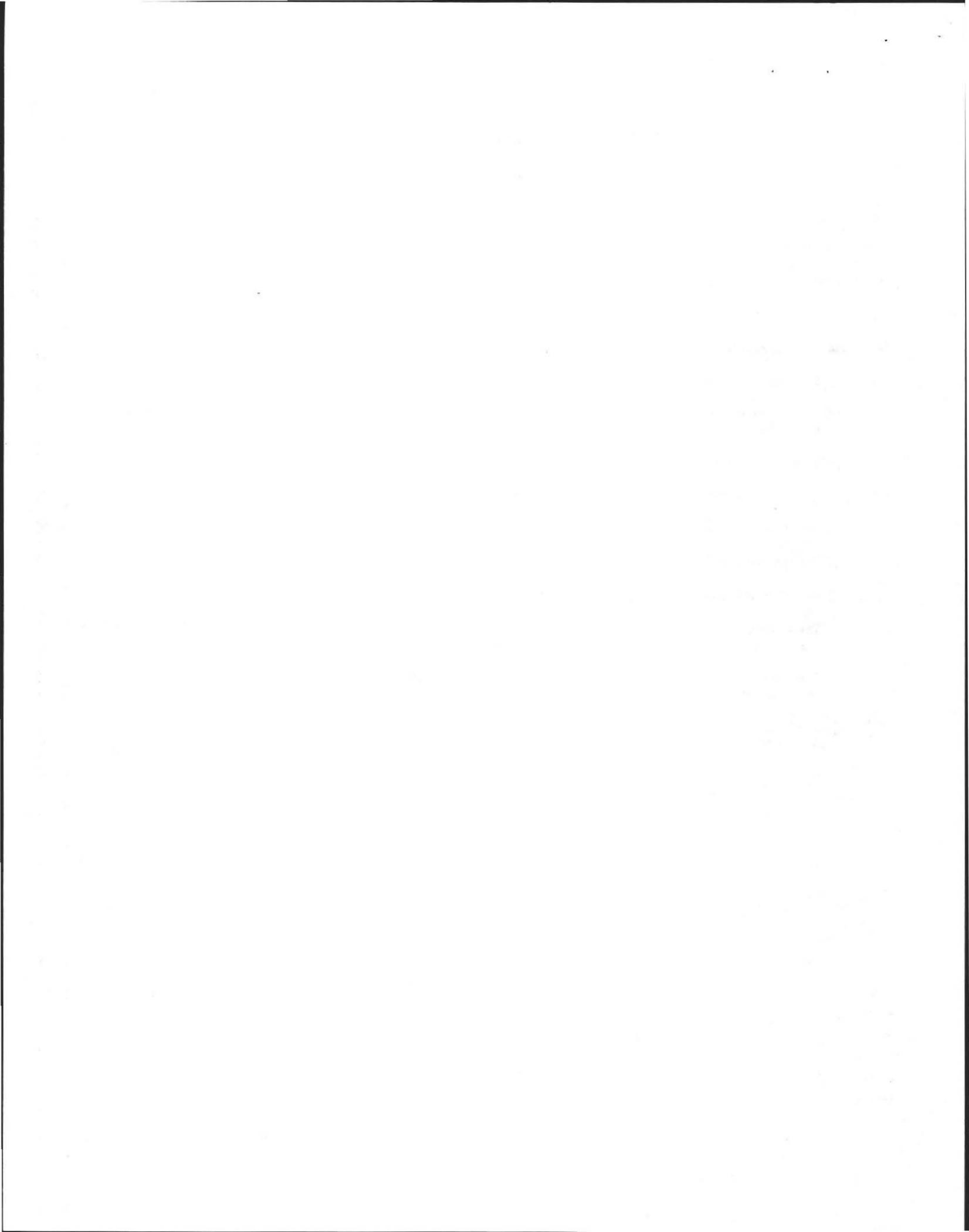
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 120 Tuililiua Way
Owner: Casson Clark
Date of Inspection: 10-9-96

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.



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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 12 Tullium Way
Owner: Cassandras
Date of Inspection: 10-9-96

FLOW CONDITIONS

RESIDENTIAL:

Design flow: .55 gallons per person
Number of bedrooms: 4
Number of current residents: 3
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: Tower - Past 4 Qtrs total usage is 20,000 cu. ft. or 150K gals - on avg dly usage 410 gals.

Last date of occupancy: currently

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:

4-20-1995 - per owner & receipt

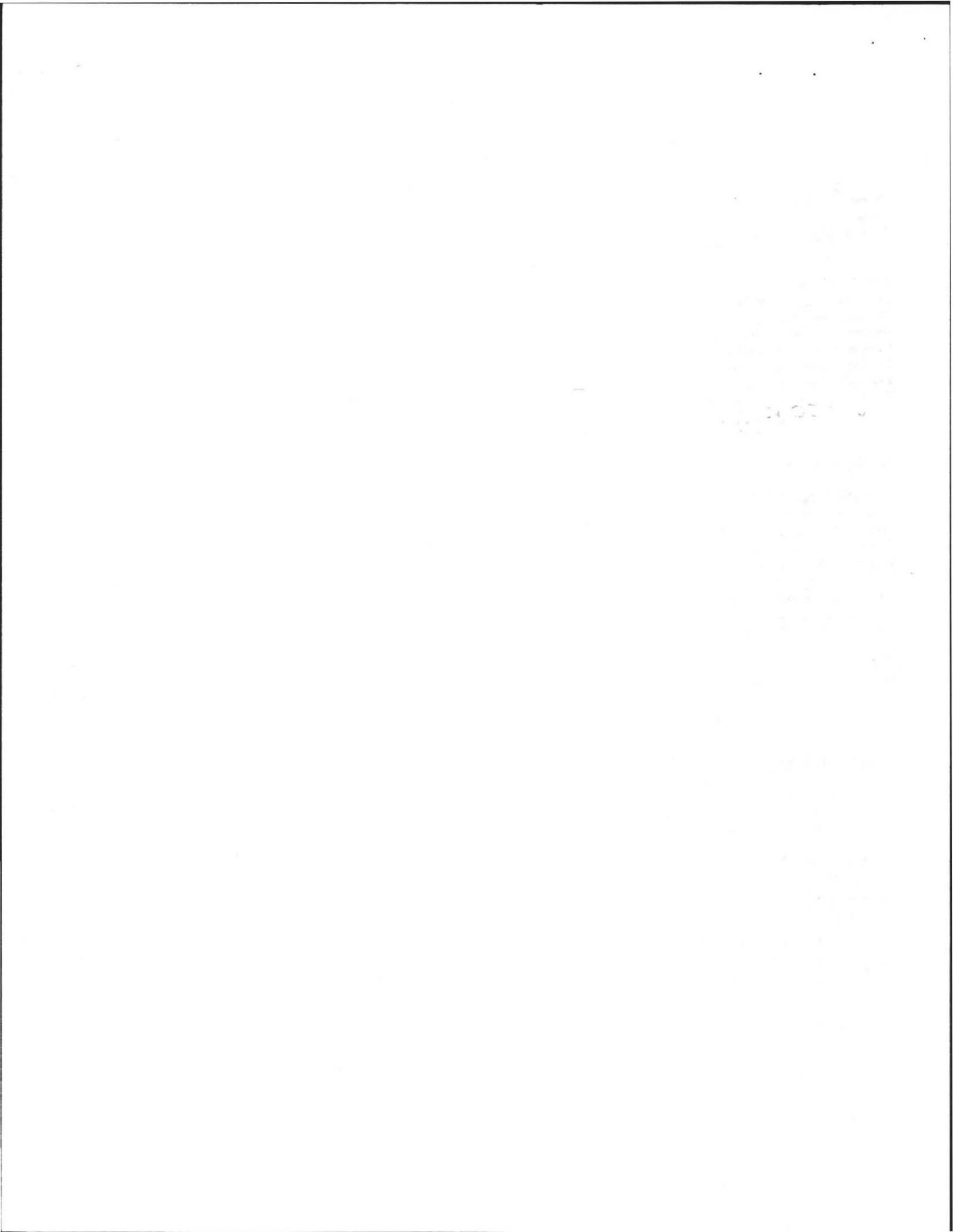
System pumped as part of inspection: (yes or no) NO
If yes, volume pumped: _____ gallons
Reason for pumping: _____

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)
- Other (explain) _____

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

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



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

Property Address: 12 Tulliam way
Owner: Cassondras
Date of Inspection: 10-9-96

SEPTIC TANK:
(locate on site plan)

Depth below grade: 21"
Material of construction: concrete metal FRP other(explain)

Dimensions: 5'6" x 10'6" x 5'0"
Sludge depth: 1-2"
Distance from top of sludge to bottom of outlet tee or baffle: 30"
Scum thickness: 0-1"
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: 18"

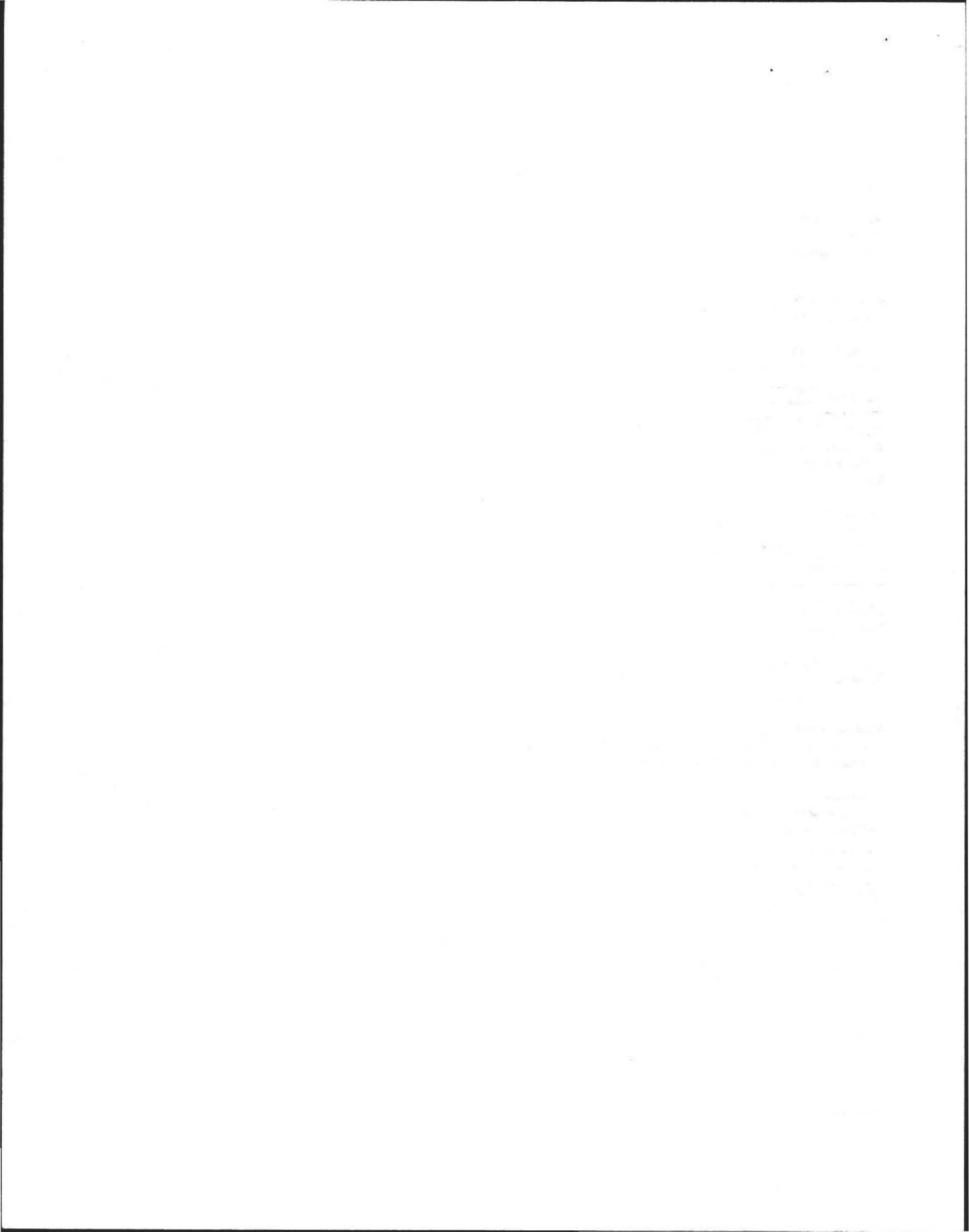
Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Pumping isn't necessary - baffles in place
structure looks appropriate.

GREASE TRAP:
(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 (continued)

Property Address: 12 Trillium Way
Owner: Cassondra
Date of Inspection: 10-9-96

TIGHT OR HOLDING TANK: _____
(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:
(locate on site plan)

Depth of liquid level above outlet invert: even w/ bottom of outlet's.

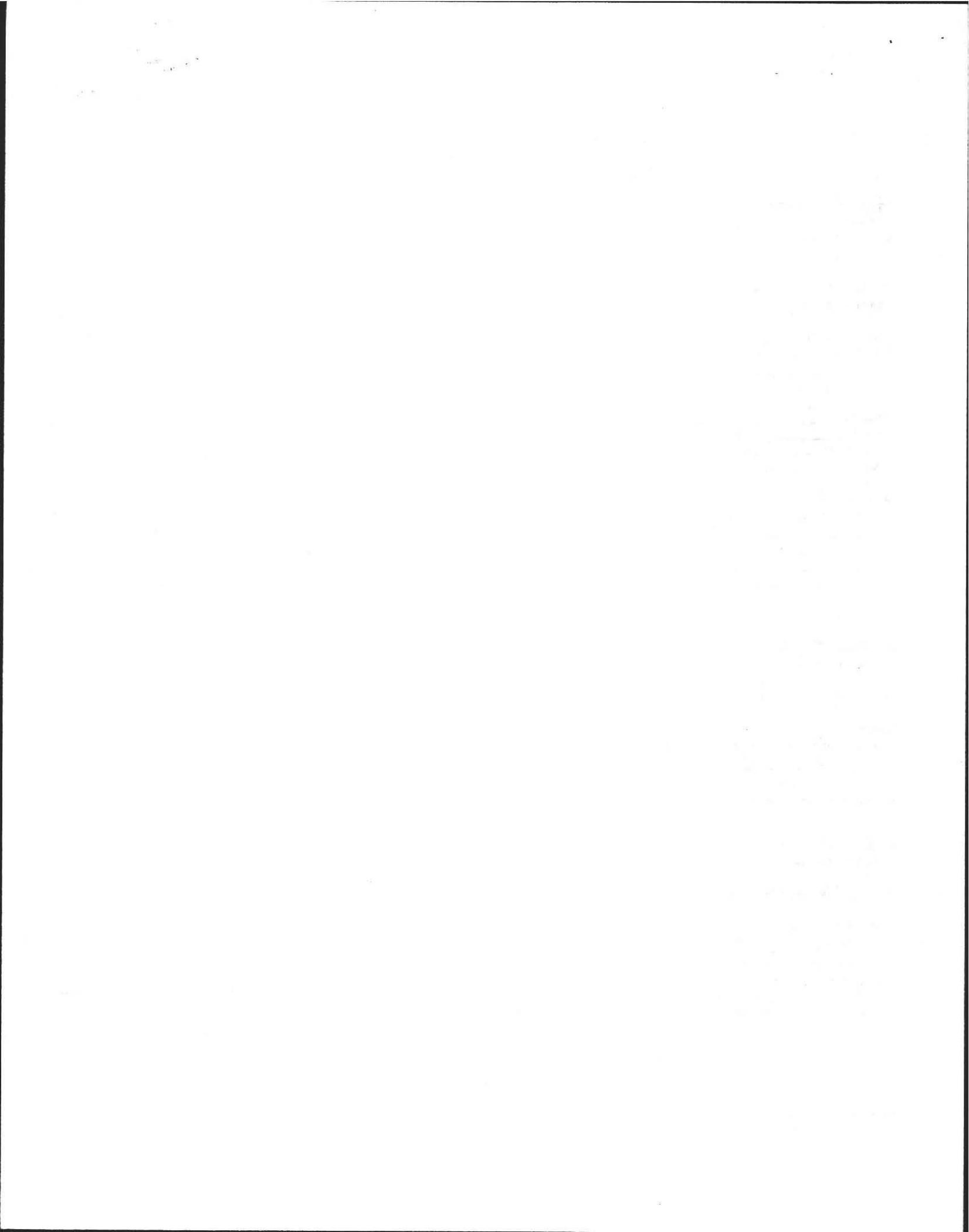
Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)

box & liquid appear level & functional.

PUMP CHAMBER: _____
(locate on site plan)

Pumps in working order: (yes or no) _____

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



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

Property Address: 12 Trillium Way
Owner: Carsondeas
Date of Inspection: 10-4-96

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: _____
- leaching galleries, number: _____
- leaching trenches, number, length: _____
- leaching fields, number, dimensions: 4 @ 60'
- overflow cesspool, number: _____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
Soil is sandy gravel - no evidence of ponding

CESSPOOLS: _____
(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: _____

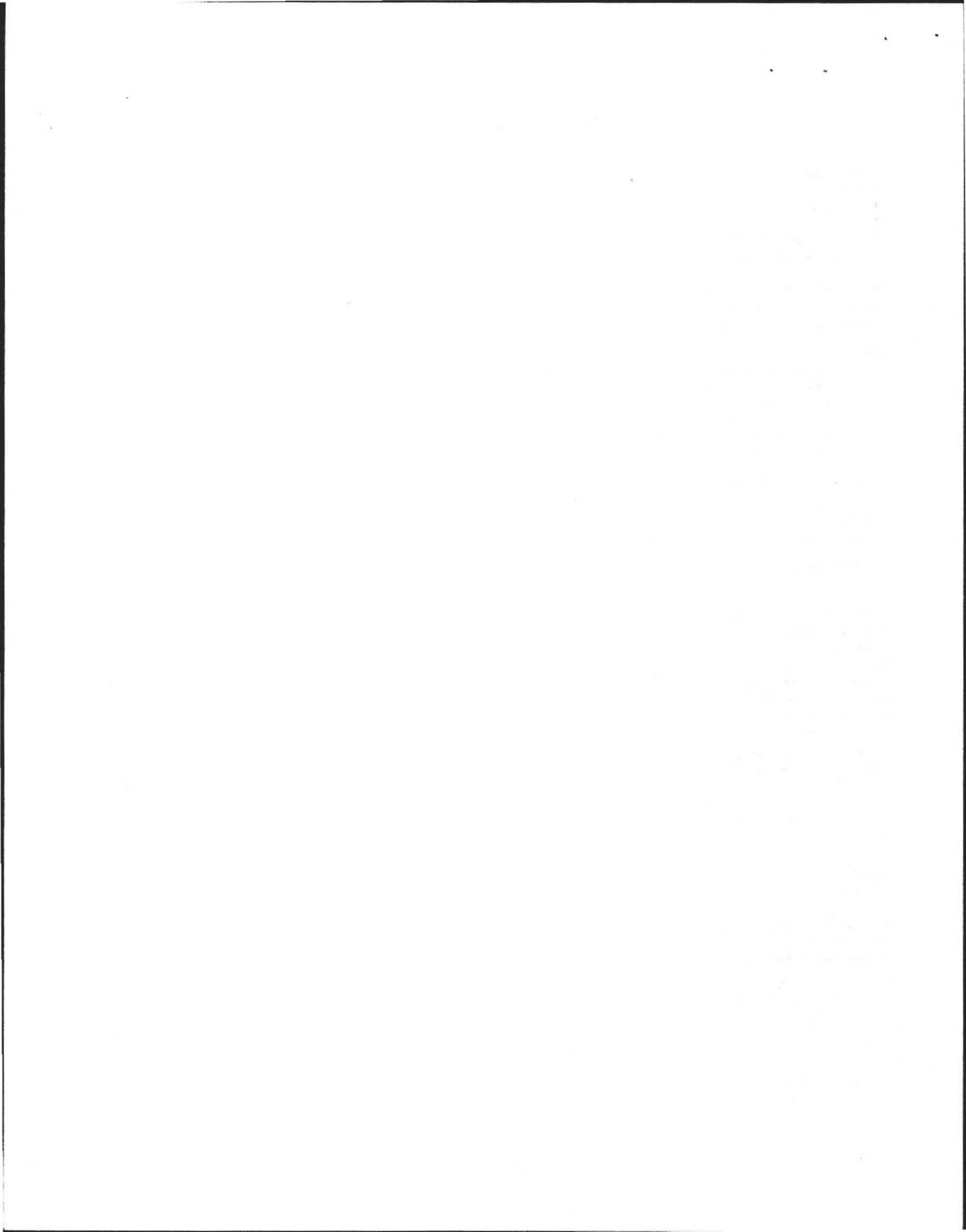
inflow (cesspool must be pumped as part of inspection) _____

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

PRIVY: _____
(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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STATE OF CALIFORNIA

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

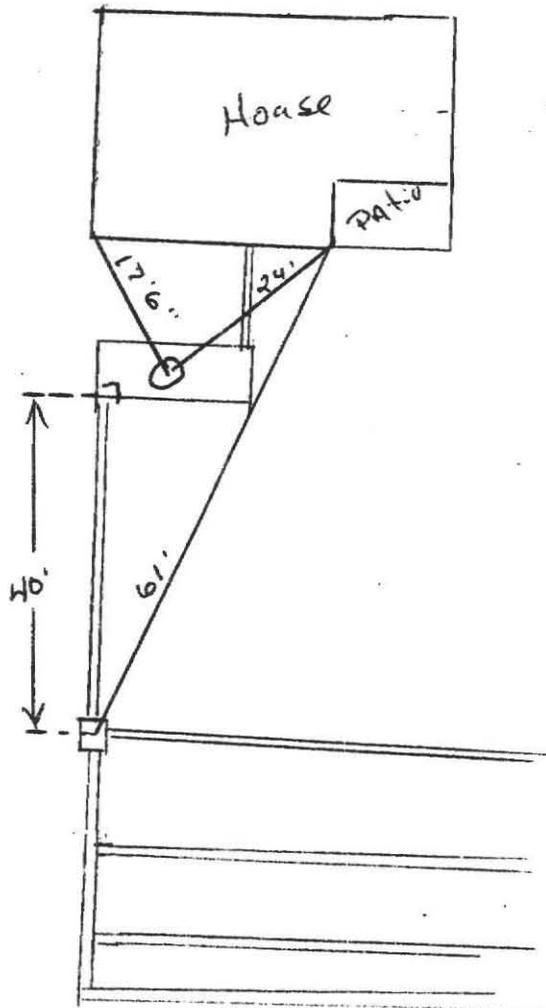
Property Address: 12 Tillamook Way
Owner: Cassandras
Date of Inspection: 10-9-96

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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

Front

Rear
not to
scale



DEPTH TO GROUNDWATER

Depth to groundwater: 20" feet
method of determination or approximation: According to perc 4-27-1986

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