



#24

COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

RECEIVED JUL 19 1999

TRUDY COXE  
Secretary

DAVID B. STRUHS  
Commissioner

ARGEO PAUL CELLUCCI  
Governor

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION

Property Address: 24 TRILLIUM WAY  
AMHERST, MA 01002

Name of Owner: JON + BECKY HOLWITZ  
Address of Owner: 24 TRILLIUM WAY  
AMHERST, MA 01002

Date of Inspection: 7/16/99

Name of Inspector: (Please Print) Alan E. Weiss, R.S.

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)

Company Name: Cold Spring Environmental, Inc.

Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007

Telephone Number: 413-323-5957

**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 to ensure 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: [Signature]

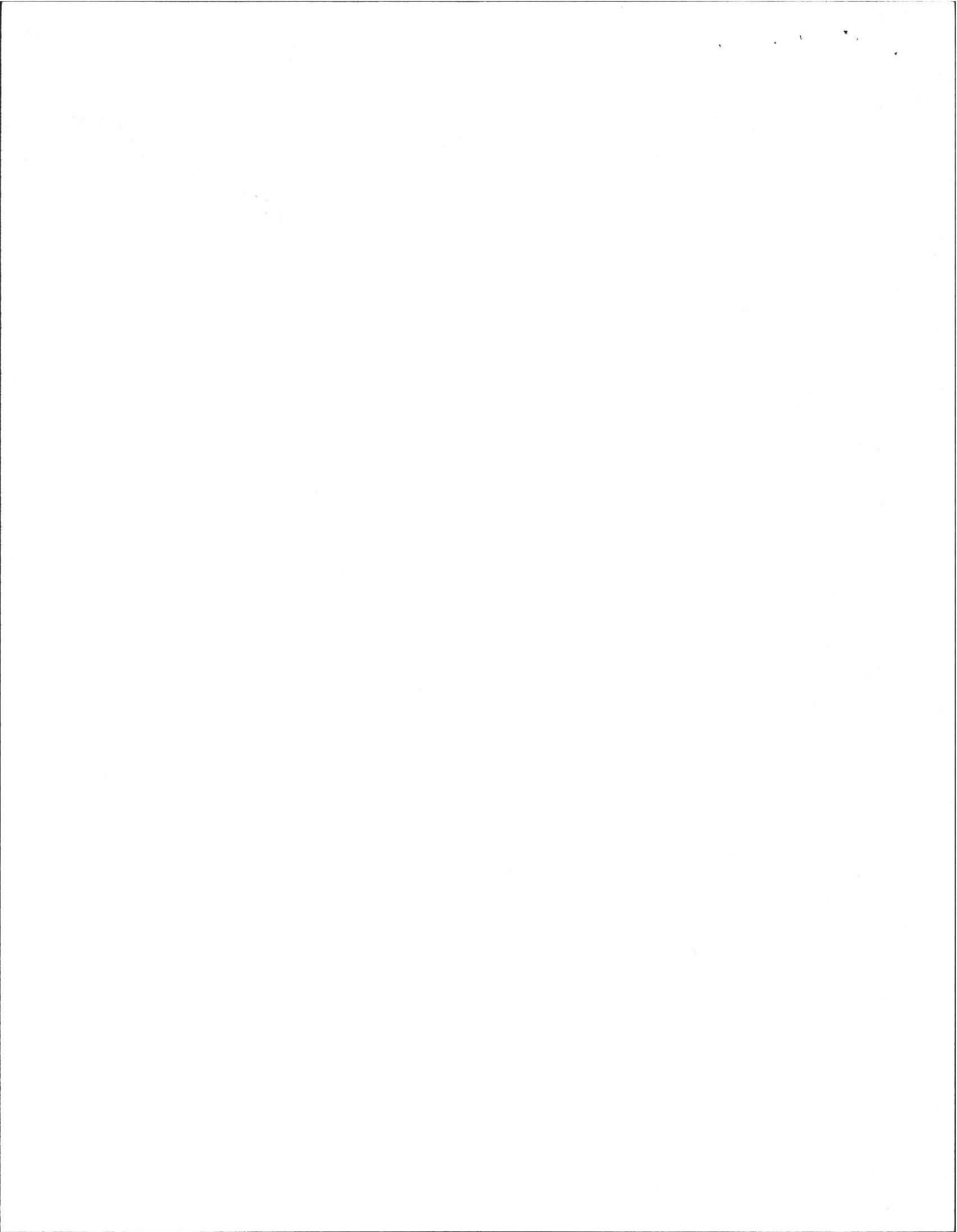
Date: 7/16/99



The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) 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.

**NOTES AND COMMENTS**

NEW SYSTEM IN SEPT. 1996



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

Property Address: 24 TRILLIUM WAY  
Owner: HORWITZ  
Date of Inspection: 7/16/99

INSPECTION SUMMARY: Check A, B, C, or D:

**A. SYSTEM PASSES:**

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

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**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.

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

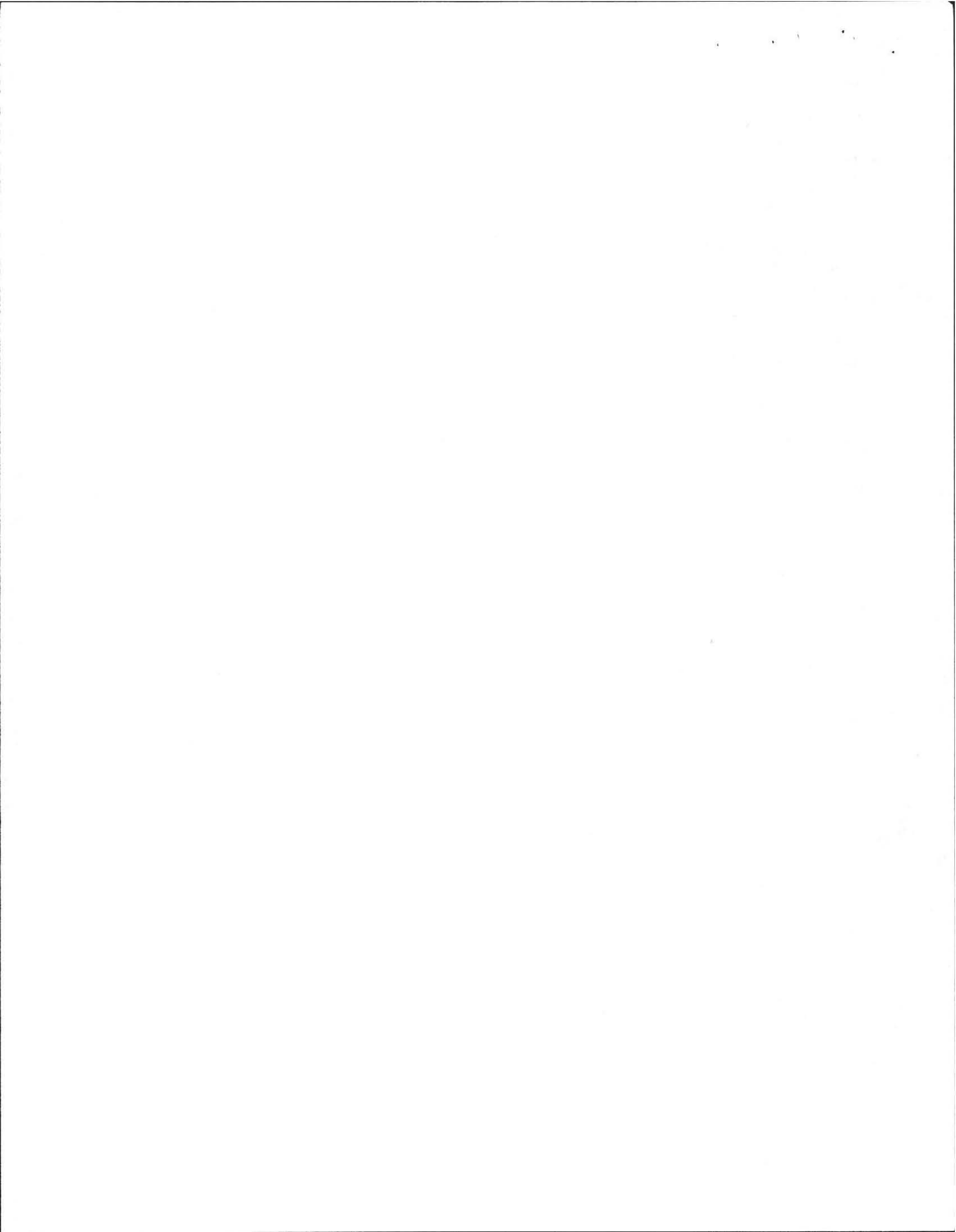
The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally 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 complying septic tank as approved by the Board of Health.

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



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

Property Address: 24 TRILLIUM WAY  
2116199  
Owner: HURWITZ  
Date of Inspection:

**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 IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

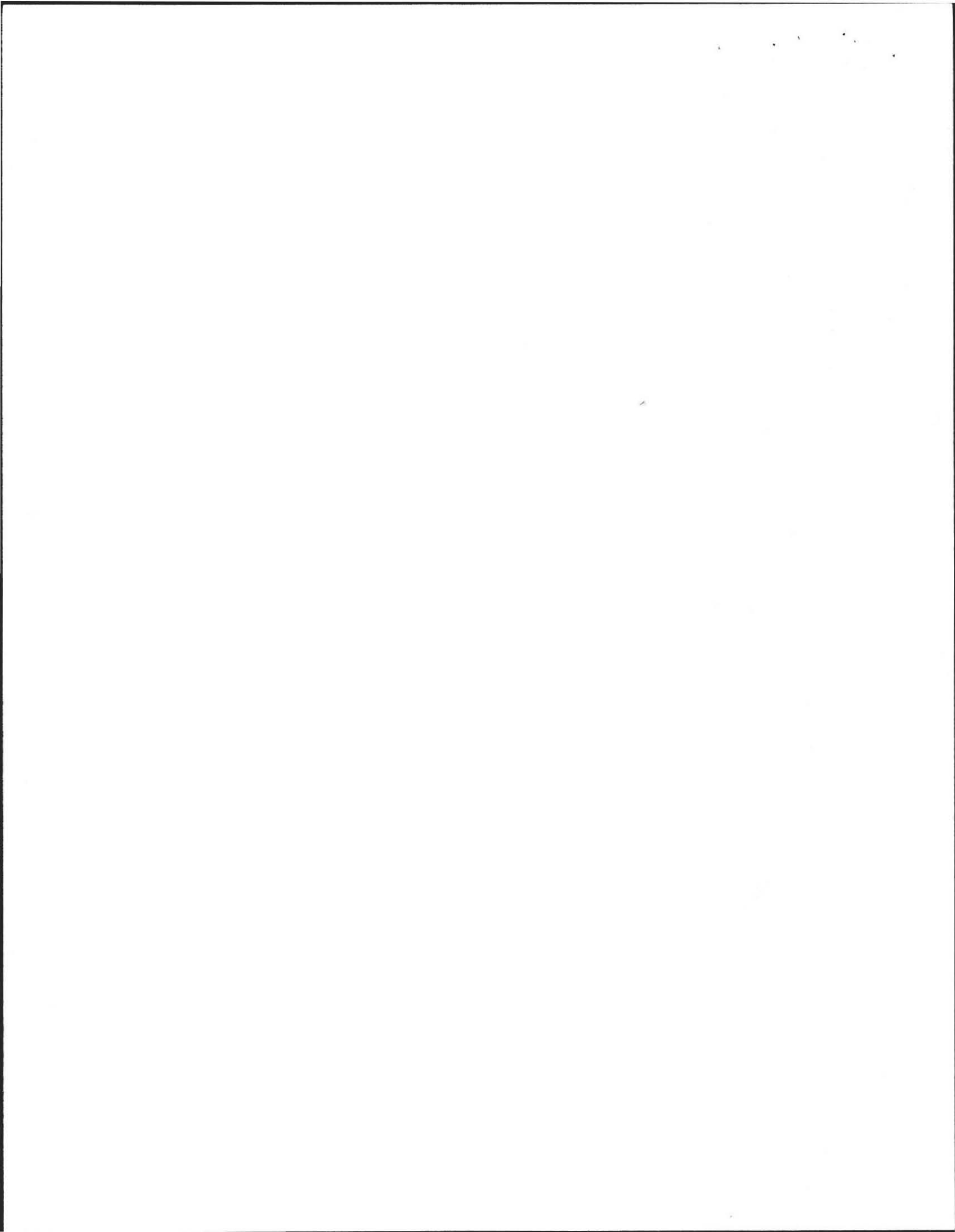
- \_\_\_ Cesspool or privy is within 50 feet of surface water
- \_\_\_ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

**2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF ANY) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE 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 soil absorption system and the SAS is within a Zone I of a public water supply well.
- \_\_\_ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- \_\_\_ The system has a septic tank and soil absorption system and the SAS 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. Method used to determine distance \_\_\_\_\_ (approximation not valid).

**3) OTHER**

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



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

Property Address: 24 TRILLIUM WAY  
 Owner: HURWITZ  
 Date of Inspection: 7/16/99

**D. SYSTEM FAILS:**

You must indicate either "Yes" or "No" to each of the following:

I have determined that one or more of the following failure conditions exist as described 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.

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.  |
| <input type="checkbox"/> | <input 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 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 type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s).<br>Number of times pumped ____.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. 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:**

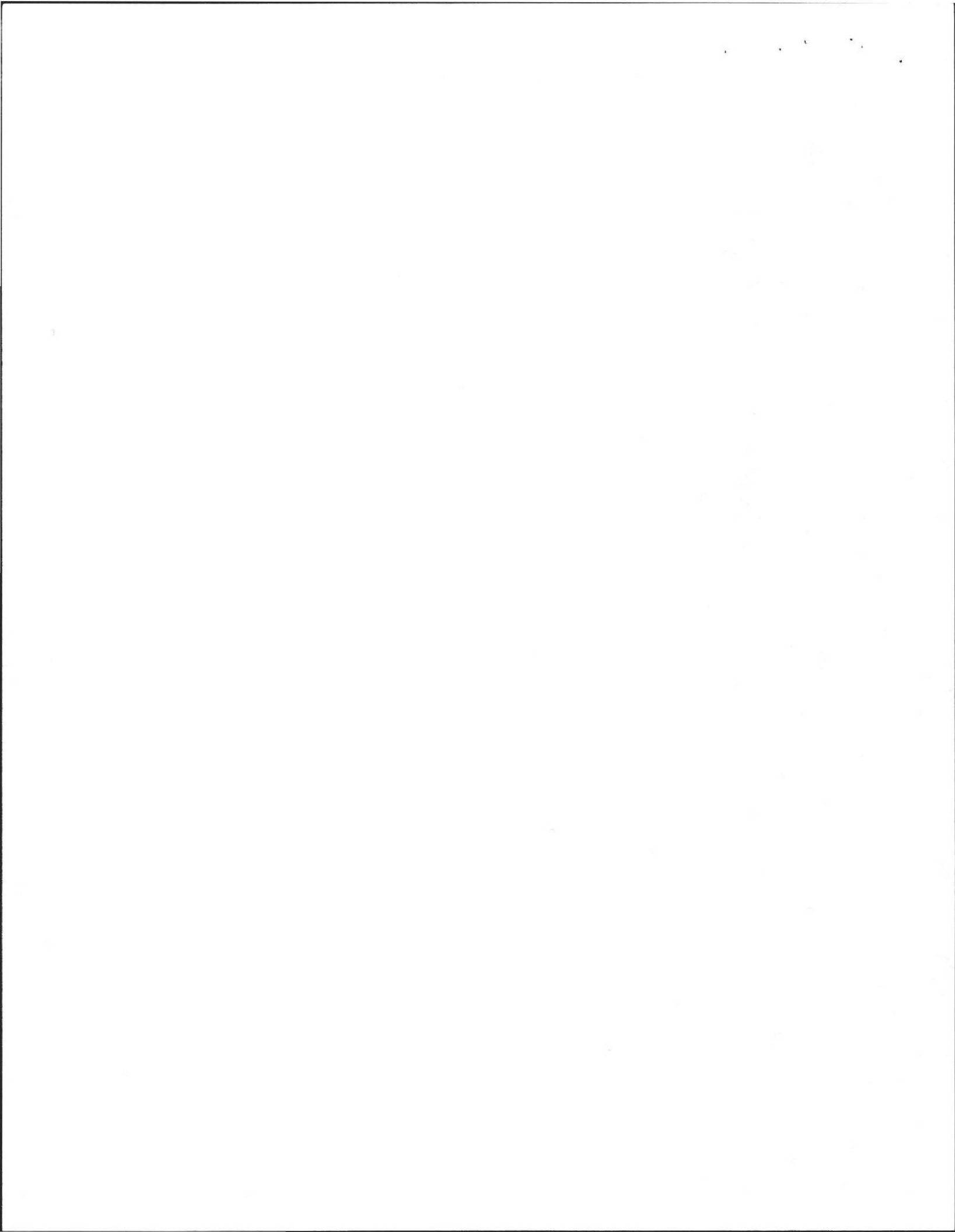
You must indicate either "Yes" or "No" to each of the following:

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

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:

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

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.



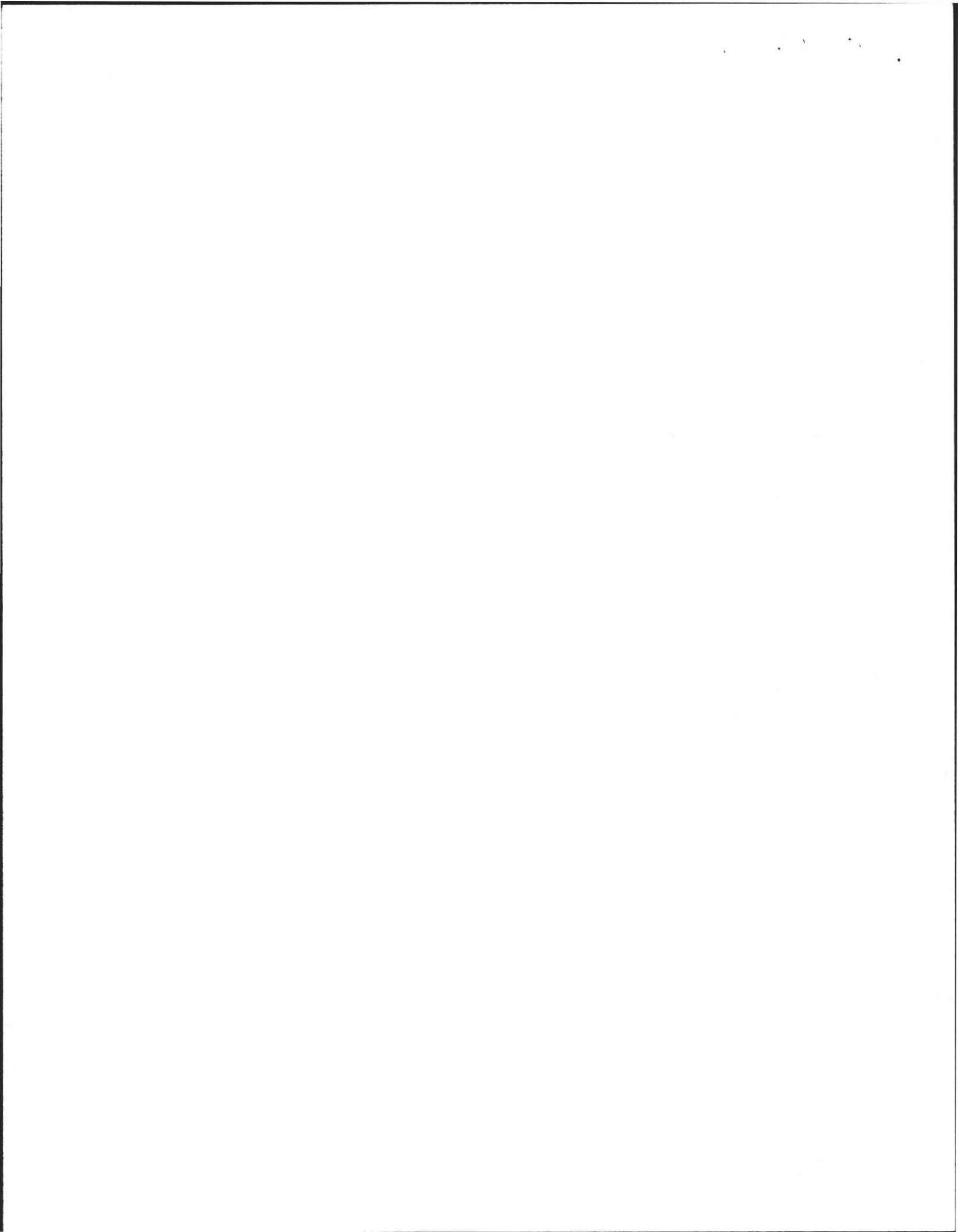


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

Property Address: 24 TRILLUM WAY  
 Owner: HURWITZ  
 Date of Inspection: 7/16/99

Check if the following have been done: You must indicate either "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 checked="" type="checkbox"/> | <input type="checkbox"/> | 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.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, Plan at B.O.H.   |
| <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) [15.302(3)(b)]  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.  |



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

Property Address: 24 TRILLIUM WAY  
Owner: H. W. IR  
Date of Inspection: 7/16/99

**FLOW CONDITIONS**

**RESIDENTIAL:**

Design flow: 550 g.p.d./bedroom.  
Number of bedrooms (design): 5 Number of bedrooms (actual): \_\_\_\_\_  
Total DESIGN flow 703  
Number of current residents: 5  
Garbage grinder (yes or no): Y *Not Recommended, Not Removed in 1996*  
Laundry (separate system) (yes or no): N; If yes, separate inspection required  
Laundry system inspected (yes or no) (yes)  
Seasonal use (yes or no): N  
Water meter readings, if available (last two year's usage (gpd): N/A  
Sump Pump (yes or no): N  
Last date of occupancy: Current

**COMMERCIAL/INDUSTRIAL:**

Type of establishment: N/A  
Design flow: \_\_\_\_\_ gpd (Based on 15.203)  
Basis of design flow \_\_\_\_\_  
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:**

Yes, new in 1996  
System pumped as part of inspection: (Yes) or no) \_\_\_\_\_  
If yes, volume pumped: 1500 gallons  
Reason for pumping: fine

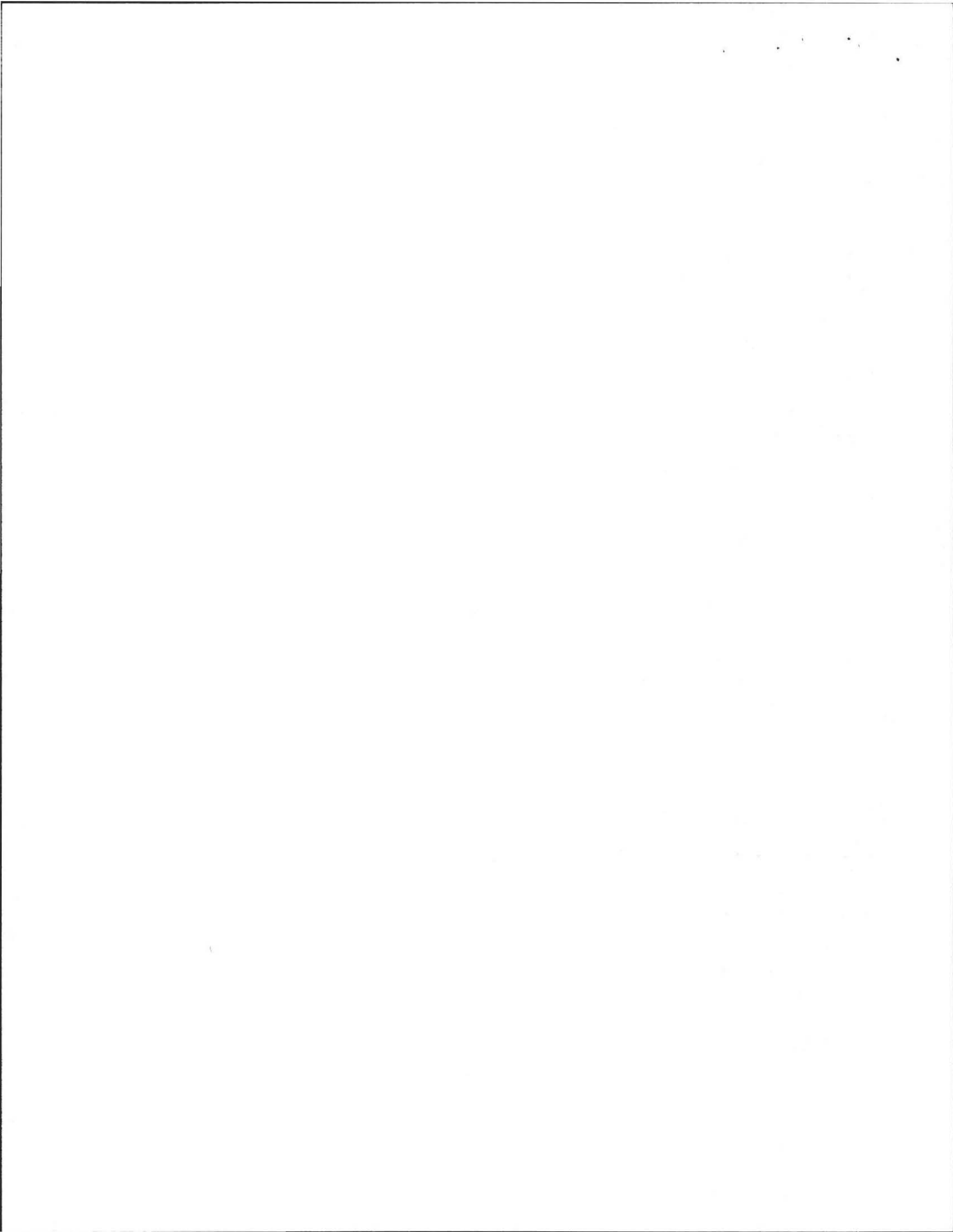
**TYPE OF SYSTEM**

- 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)  
 I/A Technology etc. Attach copy of up to date operation and maintenance contract  
 Tight Tank \_\_\_\_\_ Copy of DEP Approval

Other \_\_\_\_\_

APPROXIMATE AGE of all components, date installed (if known) and source of information: 3 years

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



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

Property Address: 24 TRILLIUM WAY  
Owner: HURWITZ  
Date of Inspection: 7/16/99

**BUILDING SEWER:**  
(Locate on site plan)

Depth below grade:    
Material of construction:  cast iron  40 PVC  other (explain)

Distance from private water supply well or suction line 10'+  
Diameter 4" Ø  
Comments: (condition of joints, venting, evidence of leakage, etc.)

**SEPTIC TANK:**   
(locate on site plan)

Depth below grade: 12"  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other (explain)  
New in 1996  
If tank is metal, list age      Is age confirmed by Certificate of Compliance      (Yes/No)

Dimensions: 10.5' x 4.5' x 4.5'  
Sludge depth: 6"  
Distance from top of sludge to bottom of outlet tee or baffle: 43"  
Scum thickness: 2"  
Distance from top of scum to top of outlet tee or baffle: 12"  
Distance from bottom of scum to bottom of outlet tee or baffle: 41"  
How dimensions were determined: Measured.

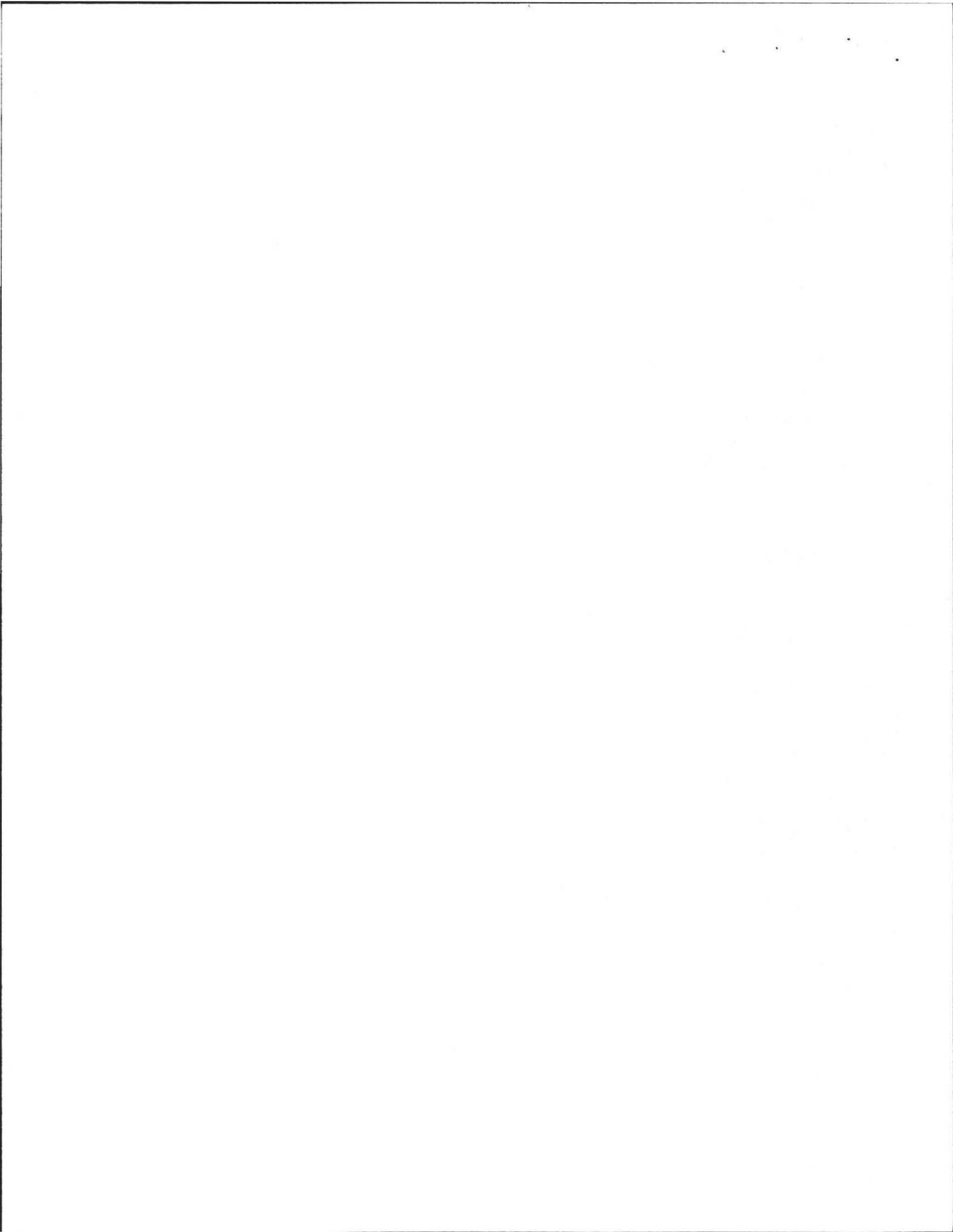
Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) OK. CONDITION

**GREASE TRAP:** N/A  
(locate on site plan)

Depth below grade:       
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:     

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: 24 TRILLIUM WAY  
Owner: HOLWITZ  
Date of Inspection: 7/16/98

**TIGHT OR HOLDING TANK:** N/A (Tank must be pumped prior to, or at time of, inspection)  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction: \_\_\_concrete \_\_\_metal \_\_\_Fiberglass \_\_\_Polyethylene \_\_\_other(explain)

Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design flow: \_\_\_\_\_ gallons/day  
Alarm present \_\_\_\_\_  
Alarm level: \_\_\_\_\_ Alarm in working order: Yes \_\_\_ No \_\_\_  
Date of previous pumping: \_\_\_\_\_  
Comments:  
(condition of inlet tee, condition of alarm and float switches, etc.)

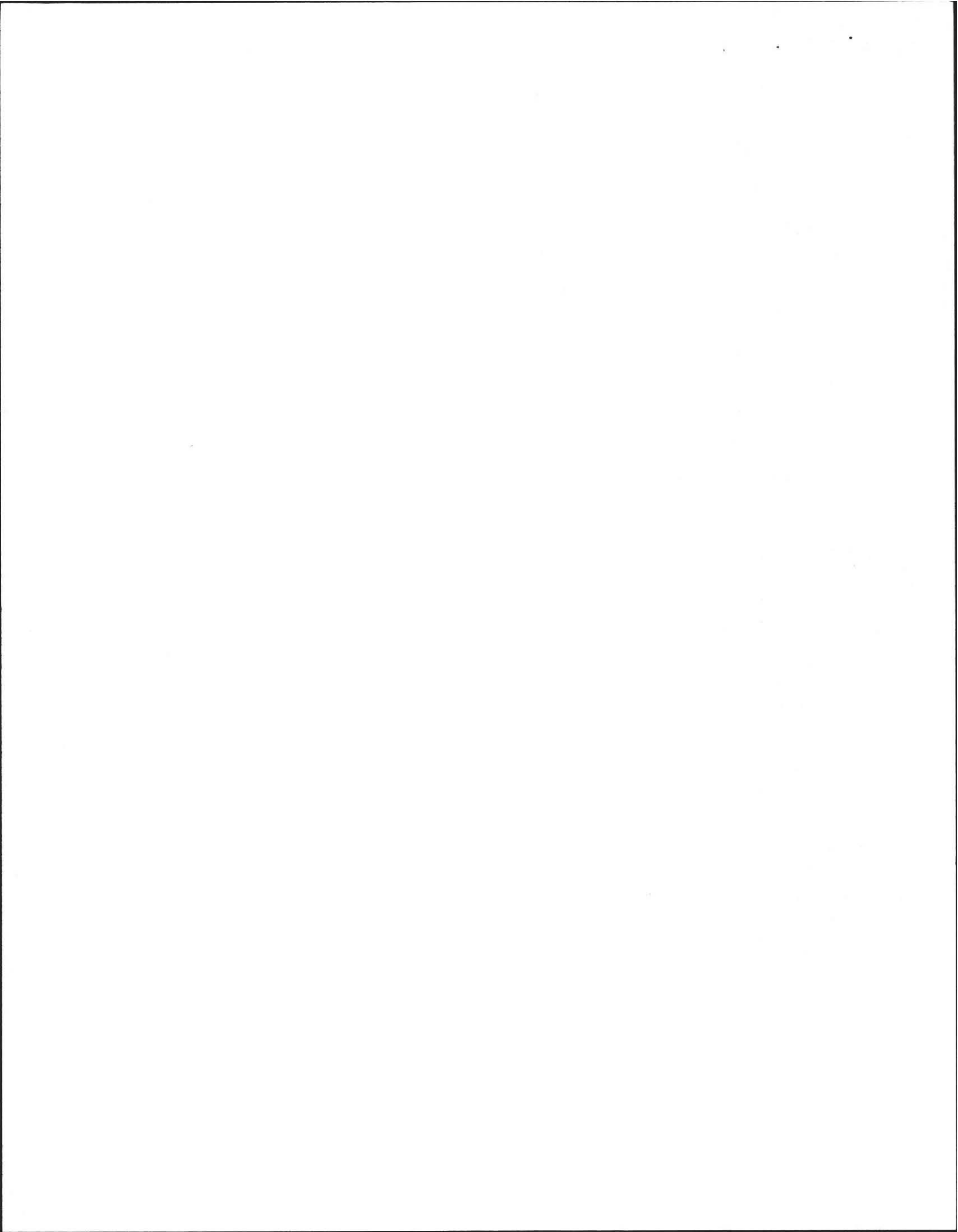
**DISTRIBUTION BOX:** Y  
(locate on site plan)

Depth of liquid level above outlet invert: at inlet

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

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

Pumps in working order: (Yes or No) \_\_\_\_\_  
Alarms in working order (Yes or No) \_\_\_\_\_  
Comments:  
(note condition of pump chamber, condition of pumps and appurtenances, etc.) \_\_\_\_\_





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

Property Address: 24 TRILLIUM WAY  
Owner: HURWITZ  
Date of Inspection: 7/16/99

**SOIL ABSORPTION SYSTEM (SAS):** Y  
(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

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Type:

leaching pits, number: \_\_\_\_\_  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number, length: 2 at 82 ft. LONG x 3 FT W. DE x 2 FT DEEP.  
leaching fields, number, dimensions: \_\_\_\_\_  
overflow cesspool, number: \_\_\_\_\_  
Alternative system: \_\_\_\_\_  
Name of Technology: \_\_\_\_\_

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)  
OK, NO SIGN OF FAILURE, GOOD FLOW.

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**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) \_\_\_\_\_

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

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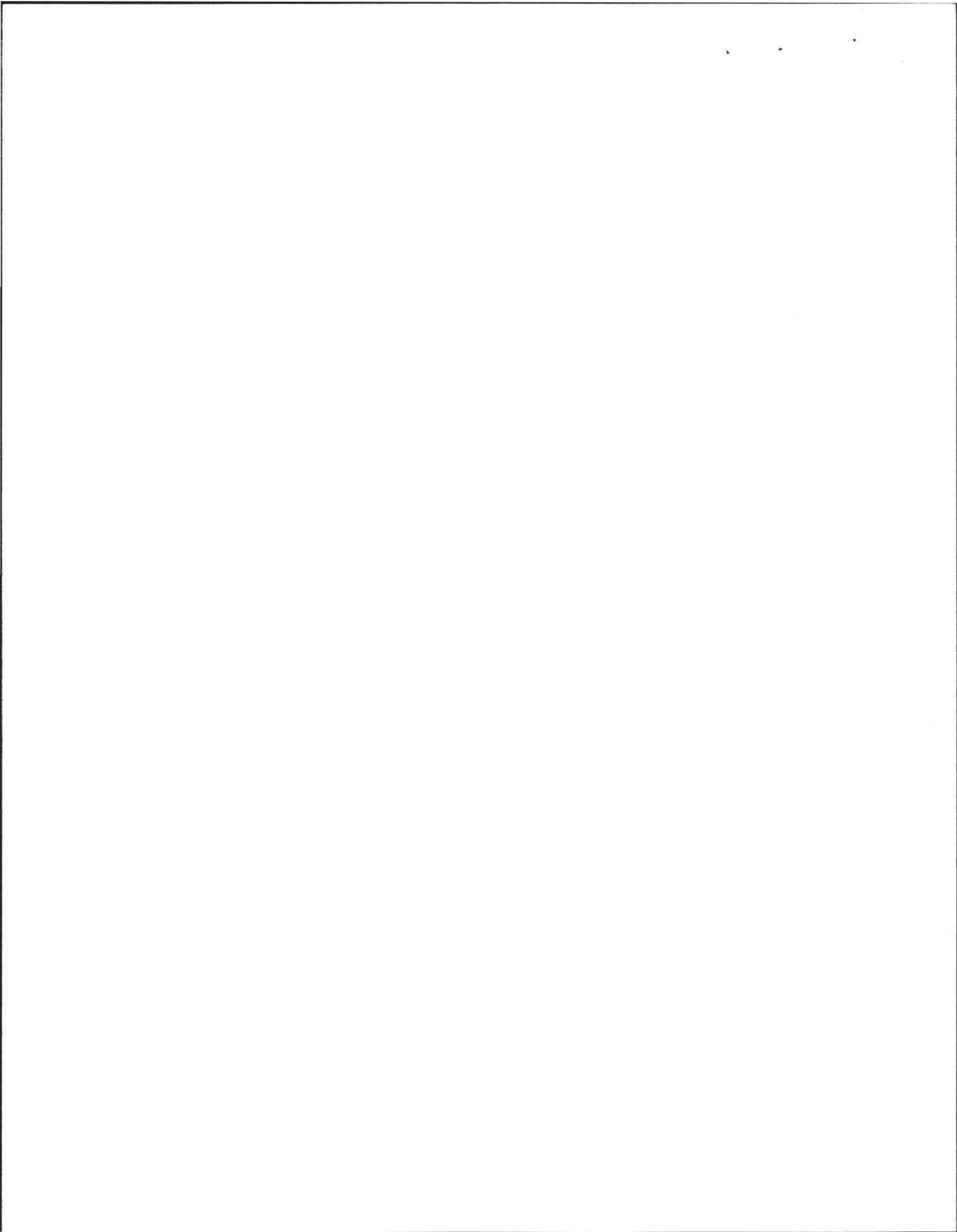
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**PRIVY:** N/A  
(locate on site plan)

Materials of construction: \_\_\_\_\_ Dimensions: \_\_\_\_\_  
Depth of solids: \_\_\_\_\_  
Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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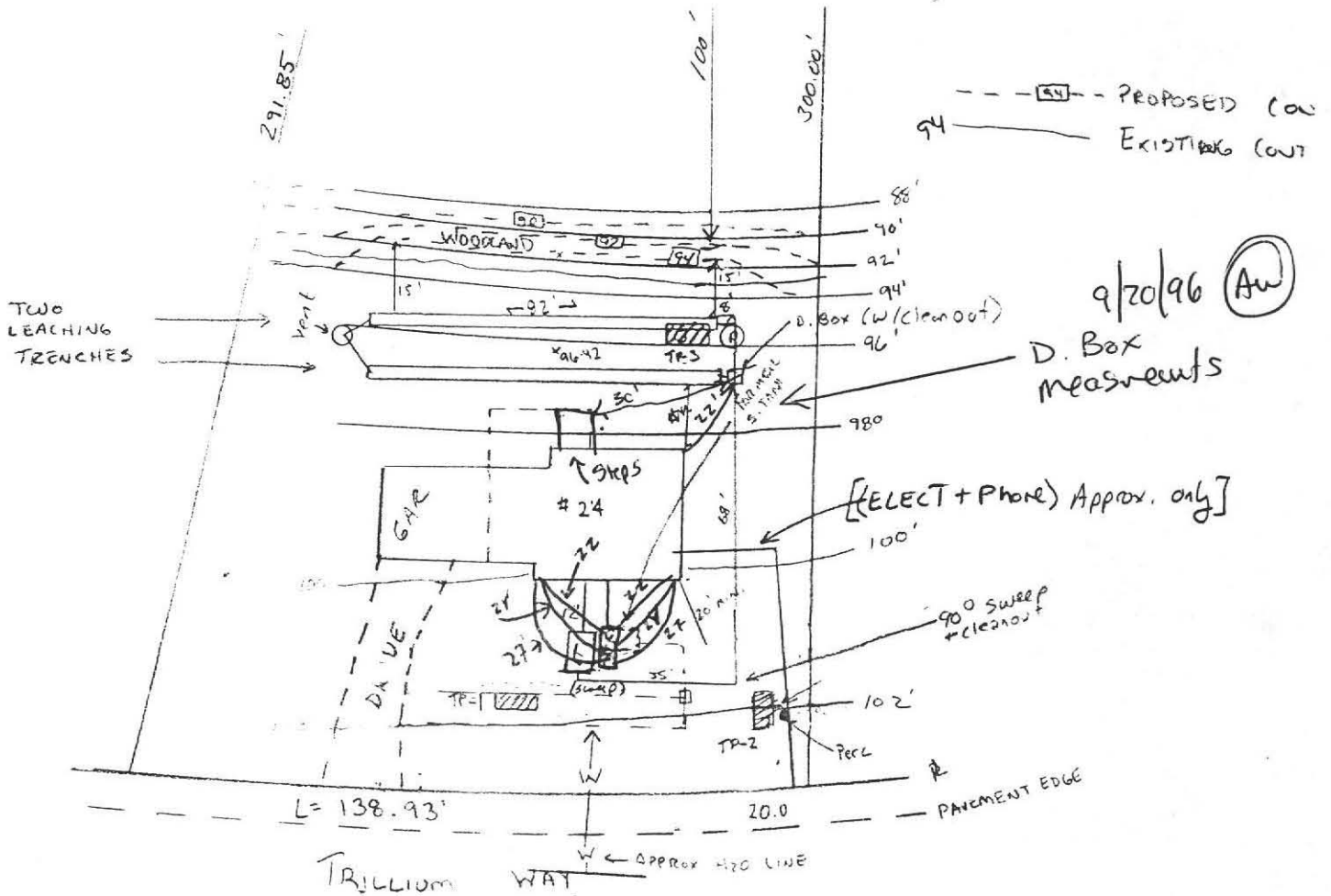


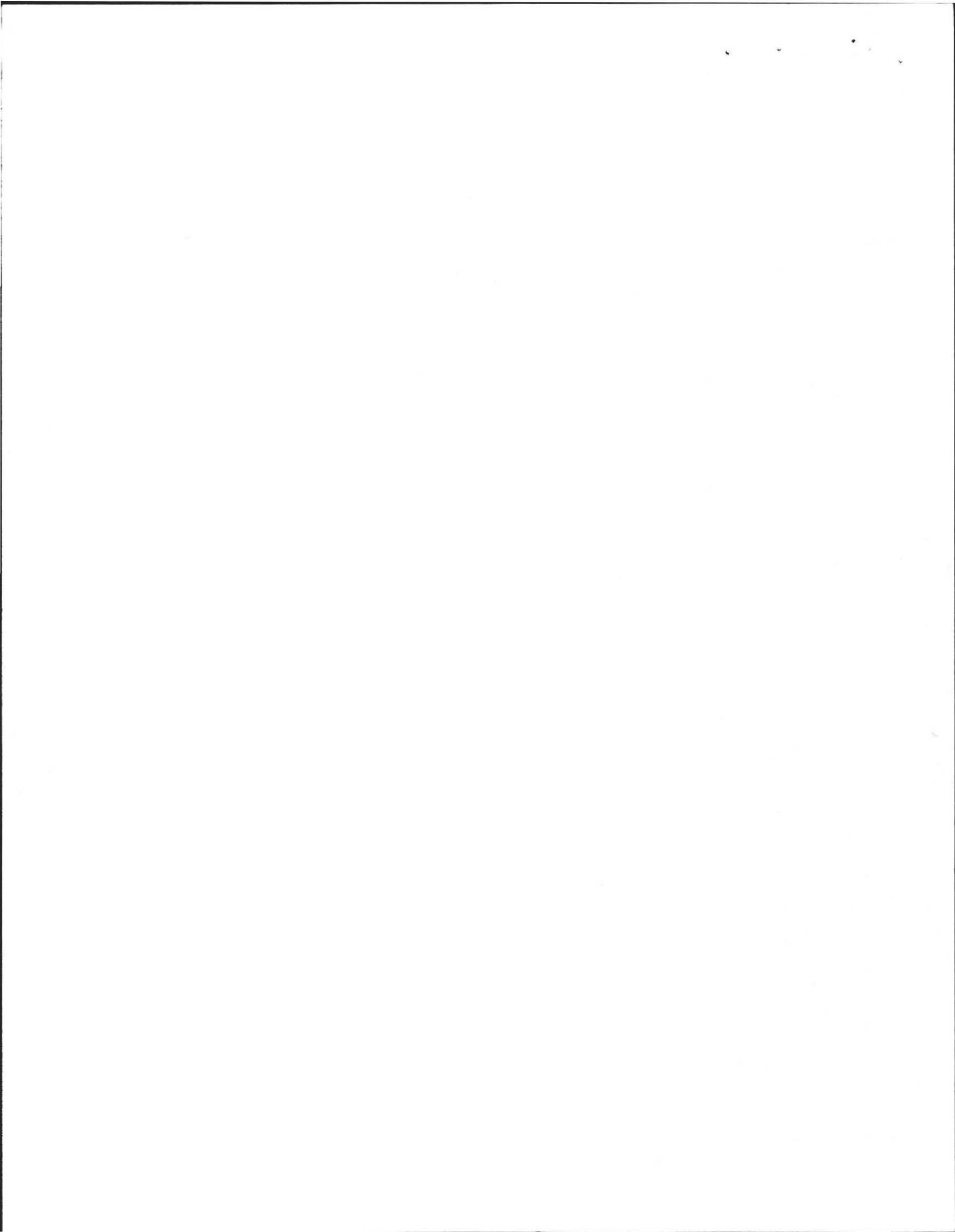
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 24 TRILLIUM WAY  
 Owner: HURWITZ  
 Date of Inspection: 7/16/99

**SKETCH OF SEWAGE DISPOSAL SYSTEM:**

include ties to at least two permanent reference landmarks or benchmarks  
 locate all wells within 100' (Locate where public water supply comes into house)





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

Property Address: 24 TRILLIUM WAY  
Owner: KULWITZ  
Date of Inspection: 7/16/99

NRCS Report name \_\_\_\_\_  
Soil Type \_\_\_\_\_  
Typical depth to groundwater \_\_\_\_\_

USGS Date website visited \_\_\_\_\_  
Observation Wells checked \_\_\_\_\_  
Groundwater depth: Shallow \_\_\_\_\_ Moderate \_\_\_\_\_ Deep \_\_\_\_\_

SITE EXAM  Slope  
 Surface water  
 Check Cellar  
 Shallow wells

Estimated Depth to Groundwater 11+ Feet (Oct. 95. perc + deep hole)

Please indicate all the methods used to determine High Groundwater Elevation:

- Obtained from Design Plans on record
- Observed Site (Abutting property, observation hole, basement sump etc.)
- Determined from local conditions
- Checked with local Board of health
- Checked FEMA Maps
- Checked pumping records
- Checked local excavators, installers
- Used USGS Data

Describe how you established the High Groundwater Elevation. (**Must** be completed)

BASED ON SITE REVIEW AND 1995 DEEP HOLE TEST.

