

WILLIAM F. WELD Governor

ARGEO PAUL CELLUCCI Lt. Governor

Property Address: 31 TRILLIUM WAY, AMHERST

as approved by the Board of Health.

(revised 04/25/97)

COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION

ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

TRUDY COXE Secretary

DAVID B. STRUHS Commissioner

KATHRYN MCCUE

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

Address of Owner:

CERTIFICATION

Property Address: 31 TRILLIUM WAY, AMHERST	Address of Owner:	31 TRILLIUM WAY	
Date of Inspection: 2-11-98	(If different)	AMHERST, MA C	2001
Name of Inspector: RICHARD SCOTT	212 / 711 - 1212 - 1	(413) 256-1374	
I am a DEP approved system inspector pursuant to Section 15	.340 of little 5 (310 CA	ИК 15.000)	
Company Name: RICHARD SCOTT, P.E.			
Mailing Address: 31 SharesBury ROAD PELHAM,	44 0100Z		
Telephone Number: (413) 256-0647			
CERTIFICATION STATEMENT			
CERTIFICATION STATEMENT			
I certify that I have personally inspected the sewage disposal system at the and complete as of the time of inspection. The inspection was performed	hased on my training	and experience in the pr	oper function and
maintenance of on-site sewage disposal systems. The system:	based on my training	and experience in the pr	oper function and
THE COMPLETION OF THIS, INSPECTION SHALL NOT BE CONSTRUED AS A GUARANTEE	THAT THE SYSTEM WILL	FUNCTION SATISFACTORILY	TN THE SHAPE
✓ Passes		Tonotton Satisfactorist	IN THE PUTURE.
Conditionally Passes			
Needs Further Evaluation By the Local Approving	Authority		
Fails			
A CONTRACTOR OF THE CONTRACTOR	POST DEL DIAMETE		
Inspector's Signature: Richard First	Date: 3-6-98		
The System Inspector shall submit a copy of this inspection report to the A	Approving Authority wil	thin thirty (30) days of co	mpleting this
inspection. If the system is a shared system or has a design flow of 10,00			
the report to the appropriate regional office of the Department of Environr			
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 fail	lure criteria as defined in	310 CMR 15.303.
Any failure criteria not evaluated are indicated below.			
COMMENTS:			
	:4:		
B] SYSTEM CONDITIONALLY PASSES:			
			~-
One or more system components as described in the "Conditional		be replaced or repaired.	The system, upon
completion of the replacement or repair, as approved by the Boa	rd of Health, will pass.		
Indiana and an and determined (W. N N.D D	ontonator to all tarances	. 16 "	unlain urbu not
Indicate yes, no, or not determined (Y, N, or ND). Describe basis of deter			
The septic tank is metal, unless the owner or operator h	as 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 conforming septic tank

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

U	wner:		S: 31 TRILLIUM WAY AMHERST KATHEYN McCLE On: 2-11-98	
B	SYST	EM CON	DITIONALLY PASSES (continued)	
		-	Sewage backup or breakout or high static water level observed in the distribution box is pipe(s) or due to a broken, settled or uneven distribution box. The system will pass insp. Board of Health). Describe observations: 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 prospection if (with approval of the Board of Health): broken pipe(s) are replaced, obstruction is removed	ripe(s). The system will pass
-	EI ID	THER EV/	ALLIATION IS REQUIRED BY THE ROADD OF HEALTH.	
<u></u>		Conditio	ALUATION IS REQUIRED BY THE BOARD OF HEALTH: ons exist which require further evaluation by the Board of Health in order to determine if the lealth, safety and the environment.	ne system is failing to protect the
	1)		WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FU WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:	nctioning in a manner
		=	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)		WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APP STEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND S NMENT:	
		= ,	The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 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 the system has a septic tank and soil absorption system and the SAS is within 50 feet of a The system has a septic tank and soil absorption system and the SAS is less than 100 feet private water supply well, unless a well water analysis for coliform bacteria and volatile of the well is free from pollution from that facility and the presence of ammonia nitrogen at less than 5 ppm. Method used to determine distance	f a public water supply well. a private water supply well. but 50 feet or more from a organic compounds indicates that and nitrate nitrogen is equal to or
	3)	OTHER		•
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

Property Address: 31 TRILLIUM WAY AMHERST

Owner: Date of	Inspection	KATHRYN McCUE 2-11-98	
	I have det	ther "Yes" or "No" as to each of the following: rmined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basermination is identified below. The Board of Health should be contacted to determine what will be necessary to cor	re
Yes	No ,	ackup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.	
-		ischarge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS c esspool.	r
_	_	atic liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.	
1	_	quid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.	
-		equired pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). umber of times pumped	
_		ny portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.	
	_ ,	ny portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.	
_		ny portion of a cesspool or privy is within a Zone I of a public well.	
	′	ny portion of a cesspool or privy is within 50 feet of a private water supply well.	
-	- 6	ny portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with a sceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.	nc
		AILS: ther "Yes" or "No" as to each of the following: ng criteria apply to large systems in addition to the criteria above:	
	The system public hea	serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to the hand safety and the environment because one or more of the following conditions exist:	
Yes	No t	e system is within 400 feet of a surface drinking water supply	
_	_ t	e system is within 200 feet of a tributary to a surface drinking water supply	
_		e system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a	

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 B CHECKLIST

Property Address: 31 TRILLIUM WAY AMHERST

2-11-98

KATHRYN MC CUE

Owner:

Date of Inspection:

Check if	the follow	wing have been done: You must indicate either "Yes" or "No" as to each of the following:
Yes	No .	Pumping information was provided by the owner, occupant, or Board of Health.
1	_	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.
1	_	As built plans have been obtained and examined. Note if they are not available with N/A.
1	_	The facility or dwelling was inspected for signs of sewage back-up.
\checkmark	_	The system does not receive non-sanitary or industrial waste flow.
\checkmark		The site was inspected for signs of breakout.
\checkmark	_	All system components, excluding the Soil Absorption System, have been located on the site.
1	_	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 facility owner (and occupants, if different from owner) were provided with information on the proper maintenance o Sub-Surface Disposal System.
	The :	size and location of the Soil Absorption System on the site has been determined based on:
1	_	Existing information. Ex. Plan at B.O.H.
\checkmark		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)]

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Property Address: 31 TRILLIUM WAT, AMHERST Owner: KATHRYN McCUE Date of Inspection: 2-11-98	
2-11-98	
RESIDENTIAL: Design flow: //o g.p.d./bedroom for S.A.S. Number of bedrooms: DESIGNED FOR 5 Number of current residents: /	
Carbage 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 two (2) year usage (gpd): NorAVAILABLE Sump Pump (yes or no): No	
Last date of occupancy: Currenty 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: TUMPED LAST 1993 PEROWNER	
System pumped as part of inspection: (yes or no) YES If yes, volume pumped:	
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)	
U/A Technology etc. Copy of up to date contract?	
APPROXIMATE AGE of all components, date installed (if known) and source of information: System In. RECORDS ON FILE WY TOWN OF AMHERIT	Craweo 1986 PER
Sewage odors detected when arriving at the site: (yes or no)	

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Property Address: 31 TRILLIUM WAY AMUERST
Owner: KATHETN McCUE
Date of Inspection: 2-11-98
BUILDING SEWER:
(Locate on site plan)
Depth below grade: 20"
Material of construction: cast iron 40 PVC other (explain)
Distance from private water supply well or suction line MUNICIPAL WATER SUPPLY - PRESSURE LINE
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
ALL COMPONENTS IN GOOD CONDITION. DESIGN INCLUDES A SEWAGE EJECTOR PUMP TO SERVE
ONE BATHROOM AT RAIEMENT LEVEL. EXECTOR PLMP DISCHARGE IS INTO GRAVITY SEWER INSIDE HE
SEPTIC TANK: V
(locate on site plan)
Depth below grade: 12"
Material of construction: vconcrete metal Fiberglass Polyethylene other(explain)
If tank is metal, list age Is age confirmed by Certificate of Compliance (Yes/No)
Dimensions: 126" x 68" x 54"
Sludge depth: 6"
Distance from top of sludge to bottom of outlet tee or baffle: 18"
Scum thickness: 3"
Distance from top of scum to top of outlet tee or baffle: 3"
Distance from bottom of scum to bottom of outlet tee or baffle: 28"
How dimensions were determined: DIRECT MEASUREMENT @ TIME OF 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.) CONDITION OF ALL TANK COMPONENTY IS GOOD. RECOMMEND PUMPING
EVERY OTHER YEAR
GREASE TRAP: N/A
(locate on site plan)
Depth below grade:
Material of construction:concretemetalFiberglassPolyethyleneother(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
ntegrity, evidence of leakage, etc.)
megnty, evidence of leakage, etc./

	31	TSTEM INFORMATION (continued)	
Property Address: Owner: Date of Inspection:	31 TRILLIUM WAY, AMI KATHERN MCCUE 2-11-98	HERST	
TIGHT OR HOLDIN (locate on site plan)	G TANK: N/A (Tank must be pu	numped prior to, or at time, of inspection)	
Depth below grade:_ Material of constructi		orglassPolyethyleneother(explain)	
Dimensions:	gallons		
Date of previous pur	Alarm in working order Ye	res; No	
Comments: (condition of inlet tee	, condition of alarm and float swit	itches, etc.)	
DISTRIBUTION BOX locate on site plan)	D-Box Buries 18"		
Depth of liquid level	above outlet invert: 0"		
Comments: note if level and distr Sounds Conceyo	ibution is equal, evidence of solid	ds carryover, evidence of leakage into or out es Repair of Deteriorated Co.	of box, etc.) No SIBNIFICANT
PUMP CHAMBER: No locate on site plan)	/A		
Pumps in working ord			

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

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Property Address: 31 TRILLIUM WAY AMHERST
Owner: Katheya McCue
Date of Inspection: Z-11-98
SOIL ABSORPTION SYSTEM (SAS):
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)
(locate on site plan, it possible, excavation not required, but may be approximated by non-initiative methods)
If not determined to be present, explain:
Type:
leaching pits, number:
leaching chambers, number:
leaching galleries, number:
leaching trenches, number, length: 6@ 30' LONG, Z'WIDE, I'DEEP PER 1985 DESIGN PLAN
leaching fields, number, dimensions:
overflow cesspool, number:
Alternative system:
Name of Technology:
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
GROUND FURFACE CONDIMON IS GOOD. NO SIGNS OF PROBLEM.
CESSPOOLS: N/A
(locate on site plan)
tiocate on site plan?
Number and configuration:
Depth-top of liquid to inlet invert:
Dēpth 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)
and the parties as part of inspection,
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
,
PRIVY: N/A
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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Property Address:

31 TRILLIUM WAY AMHERST

Owner:

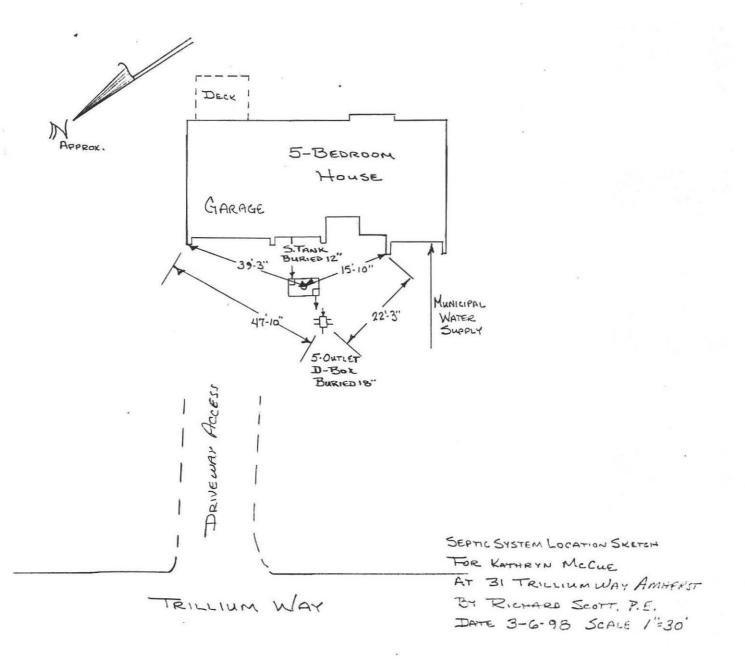
KATHRYN McChE

Date of Inspection:

2-11-98

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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



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Property Address:	31	TRILLIUM WAY	AMHERST
Owner:	Va	-1041 M-C -	

Date of Inspection: 2-11-98

Depth to Groundwater 6+ Feet
Please indicate all the methods used to determine High Groundwater Elevation:
✓ Obtained from Design Plans on record
Observation of Site (Abutting property, observation hole, basement sump etc.)
Determine it from local conditions
Check with local Board of health
Check FEMA Maps
Check pumping records
Check local excavators, installers
Use USGS Data
Describe in your own words how you established the High Groundwater Elevation. (Must be completed)
- APRIL 1984 SOIL TEST SHOWS NO GROUNDWATER TO 10'
- DRY FINISH BASEMENT FLOOR IS 5' BELOW GROUND SURFACE
- SAS LOCATION IS ON A HIGHER RIDGE BETWEEN ROAD AND LOW
AREA BEHIND HOUSE

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Richard Scott, P.E. 31 Shutesbury Road Pelham, MA 01002 (413) 256-0647

March 6, 1998

Dave Zarozinski Health Department Boltwood Walk Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 31 Trillium Way (Property of Kathryn McCue)

Dear Dave:

On February 11, 1998 I completed an inspection of the septic system at the subject property in accordance with 310 CMR 15.000 (Title 5) requirements. Two copies of the report are enclosed for your use.

This system is certified as, "Passed" by the criteria in the regulation. Additional comments are included in the report. Note that the distribution box has been replaced as part of the maintenance of this system.

If you have questions on any aspect of the inspection or the report please contact me at the address above or by phone evenings.

Sincerely,

Richard Scott, P.E.

cc: Kathryn McCue, Owner Helene Lambert, Realtor Buyer c/o Helene Lambert

20e3/12/98

Richard Scott, P.E. 31 Shutesbury Road Pelham, MA 01002 (413) 256-0647

March 6, 1998

Dave Zarozinski Health Department Boltwood Walk Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 31 Trillium Way (Property of Kathryn McCue)

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Sincerely,

Richard Scott, P.E.

cc: Kathryn McCue, Owner Helene Lambert, Realtor Buyer c/o Helene Lambert

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Richard Scott, P.E. 31 Shutesbury Road Pelham, MA 01002 (413) 256-0647

March 6, 1998

Dave Zarozinski Health Department Boltwood Walk Amherst, MA 01002

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If you have questions on any aspect of the inspection or the report please contact me at the address above or by phone evenings.

Sincerely,

Richard Scott, P.E.

cc: Kathryn McCue, Owner Helene Lambert, Realtor Buyer c/o Helene Lambert

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WILLIAM F. WELD Governor

ARGEO PAUL CELLUCCI Lt. Governor

COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION

ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

TRUDY COXE Secretary

DAVID B. STRUHS Commissioner

KATHRYN McCUE

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A CERTIFICATION

Date of Inspection: 2-11-98	(If different)	31 TRILLIUM WAY
Name of Inspection: RICHARD SCOTT	(ii different)	AMHERST, MA 01002 (413) 256-1374
I am a DEP approved system inspector pursuant to Section	15.340 of Title 5 (310 CA	MR 15.000)
Company Name: RICHARD SCOTT, P.E.		,
Mailing Address: 31 SHUTESBURY ROAD PELHAM	MA DIDOZ	
Telephone Number: (413) 256-0647	-,	
	-	
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 perform	ned based on my training	and experience in the proper function and
maintenance of on-site sewage disposal systems. The system:		
THE COMPLETION OF THIS INSPECTION SHALL NOT BE CONSTRUED AS A GUARAN	TEE THAT THE SYSTEM WILL	FUNCTION SATISFACTORILY IN THE FUTURE.
<u>✓</u> Passes		
Conditionally Passes		
Needs Further Evaluation By the Local Approv	ing Authority	
Fails		
Inspector's Signature: Richard Forth	Date: 3-6-98	
Inspector's signature:	Date:	_
The System Inspector shall submit a copy of this inspection report to the inspection. If the system is a shared system or has a design flow of 10,	,000 gpd or greater, the ir	spector and the system owner shall submit
the report to the appropriate regional office of the Department of Envir and copies sent to the buyer, if applicable, and the approving authority		original should be sent to the system owner
and copies sent to the odyer, if applicable, and the approving authority	•	
INSPECTION SUMMARY: Check A, B, C, or D:		
INSTECTION SOMEONET. CHECK A, B, C, Of B.		
A] SYSTEM PASSES:		
. ,		
I have not found any information which indicates that the syst	tem violates any of the fai	lure criteria as defined in 310 CMR 15.303.
Any failure criteria not evaluated are indicated below.	-,	
COMMENTS:		
	14)	
B] SYSTEM CONDITIONALLY PASSES:		
One or more system components as described in the "Conditi		
completion of the replacement or repair, as approved by the E	Board of Health, will pass.	
		(C)
ndicate yes, no, or not determined (Y, N, or ND). Describe basis of de	termination in all instance	s. If not determined, explain why not.

as approved by the Board of Health.

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 conforming septic tank

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

Property Address: 31 TRILLIUM WAY AMHERST

CALLE	•	KATHRYN Me	CHE			•			
Date o	f Inspecti	on: 2-11-98			•			j	
B] SYS	TEM CON	DITIONALLY PASS	ES (continued)						
	-	pipe(s) or due to a Board of Health).	a broken, settled	or uneven distribution ations: re replaced		stribution box is due em will pass inspection			
	•			is levelled or replac	ted				
	-	inspection if (with		Board of Health): re replaced	year due to broker	or obstructed pipe(s). The system	n will pa	55
					Set.				
] FUF	RTHER EV	ALUATION IS REQ	UIRED BY THE B	OARD OF HEALTH	l:				
		ons exist which requ nealth, safety and the		tion by the Board o	f Health in order	to determine if the sy	stem is failing	g to prote	ect the
1)		WILL PASS UNLES				TEM IS NOT FUNCT	TONING IN	A MANN	ŧER
	_	Cesspool or privy Cesspool or privy		of a surface water of a bordering veget	ated wetland or a	salt marsh.			
2)	THE SYS					JPPLIER, IF APPROP HEALTH AND SAFET			THA
	_	The system has a stributary to a surface		il absorption system	(SAS) and the SA	S is within 100 feet	to a surface w	rater supp	ply or
	=	The system has a s	septic tank and so septic tank and so	il absorption system il absorption system	and the SAS is wand the SAS is le	ithin a Zone I of a printing 50 feet of a prints than 100 feet but	vate water sup 50 feet or mo	oply well ore from a	l. a
		the well is free from	m pollution from	that facility and the	presence of amn	ia and volatile organ nonia nitrogen and n oximation not valid	itrate nitrogen		
3)	OTHER								
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

Property Address: 31 TRILLIUM WAY AMHERST

Date of	Inspectio	KATHRYN Mc CUE 1. 2-11-98
	I have d	e either "Yes" or "No" as to each of the following: etermined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis determination is identified below. The Board of Health should be contacted to determine what will be necessary to corre
Yes —	No .	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.
<u>.</u>	_	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 <u>NOT</u> 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 SYSTEM st indicate The follo	A FAILS: either "Yes" or "No" as to each of the following: owing criteria apply to large systems in addition to the criteria above:
	The syste	em serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to ealth and safety and the environment because one or more of the following conditions exist:
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)

Page 3 of 10

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: 31 TRILLIAM WAY AMHERST

2-11-98

KATHRYN MC CUE

Owner:

Date of Inspection:

Check if	the follow	ring have been done: You must indicate either "Yes" or "No" as to each of the following:
Yes	No .	Pumping information was provided by the owner, occupant, or Board of Health.
\checkmark	-	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.
1		The facility or dwelling was inspected for signs of sewage back-up.
\checkmark	_	The system does not receive non-sanitary or industrial waste flow.
\checkmark	_	The site was inspected for signs of breakout.
1	_	All system components, excluding the Soil Absorption System, have been located on the site.
1	_	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 facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.
	The s	ize and location of the Soil Absorption System on the site has been determined based on:
1	_	Existing information. Ex. Plan at B.O.H.
\checkmark	_	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)]

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Property Address: 31 TRILLIAM WAY, AMHERST

Owner: KATHRIN	McCue		96		
Date of Inspection: 2-11-98					
- 1. 18					
accinciation.	FL	OW CONDITIONS			
RESIDENTIAL:					
Design flow: 1/0 g.p.d./bedroor					
Number of bedrooms: DESIG	JED FOR J				
Number of current residents: 1					
Garbage grinder (yes or no): YES	J.				
Laundry connected to system (yes o	r no): <u>765</u>				
Seasonal use (yes or no): No		1 1			
Water meter readings, if available (I.	ast two (2) year usage (gpd): NOTHVAILABLE		-	
Sump Pump (yes or no): NO					
Last date of occupancy: Current	+ DECUPIED	•			
COMMERCIAL/INDUSTRIAL: Type of establishment:					•
Design flow: gallons/day		-			
			4		
Grease trap present: (yes or no)					
Industrial Waste Holding Tank prese					
Non-sanitary waste discharged to the Water meter readings, if available:					
vvaler meter readings, if available					
Last date of occupancy:					
OTHER: (Describe)					
Last date of occupancy:					
	GENE	RAL INFORMATION			
PUMPING RECORDS and source of	_			21.0	
	IT 1993 PEROW.				
System pumped as part of i		7			
If yes, volume pumped:	1500 gallons	- 1			
Reason for pumping:	IOS REMOVAL & INSPE	ET TANK			
TYPE OF SYSTEM				_	
Septic tank/distribution box	/soil absorption system				
Single cesspool	son absorption system				
Overflow cesspool					
Privy					
Shared system (yes or no) (if yes, attach previous insp	ection records, if any)			
I/A Technology etc. Copy of					
Other	op to one contract				
					,
APPROXIMATE AGE of all componer	nts, date installed (if knowr	n) and source of information	on: Stitem Install	ED 1986 M	ER
RECORDS ON FILE W/ TO	WN OF AMHERST	*			
		1-			
sewage odors detected when arriving	g at the site: (yes or no) 🖊	0			

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Property Address.	31 PRILLIUM WAY HALVERST			
Owner:	KATHRIN MCCUE		~	
Date of Inspection:	2-11-98			
BUILDING SEWER:				
(Locate on site plan)				
Depth below grade:	20"			
Material of construct	ion: cast iron 40 PVC othe	r (explain)		
Distance from private	e water supply well or suction line	MUNICIPAL WATERS	BOLL BOSSINGE 1	4
Diameter 4"	- water supply well of suction line	THE REPORT OF THE PARTY OF THE	COOK - PRESSURE LIN	E
	o of injets venting avidance of larks			
	n of joints, venting, evidence of leakage		Co sace Exercis	Poma - Gare
	ITI IN GOOD CONDITION.			
ONE BATHROO	OM AT BASEMENT LEVEL.	EXTECTOR PUMP DISCHAR	EGE IS INTO GRAVI	TY DEWER INSIDE NO
SEPTIC TANK:				
(locate on site plan)				
	N		W.	
Depth below grade:_				
Material of constructi	on: _vconcretemetalFiberglass	Polyethyleneother(exp	ılain)	
If tank is metal, list as	ge Is age confirmed by Certificat	e of Compliance (Yes/No.)	•
Dimensions: 126°	"x68"x 54"			
Sludge depth: 6"		_		
	sludge to bottom of outlet tee or baffle	: 18"		
Scum thickness: 3'				
	scum to top of outlet tee or baffle:	3 * *		
	of scum to bottom of outlet tee or ba			
	e determined: Dieser Measure			
Tion dimensions inc.	DICEL PIEMS DICE	HEAT C TIME OF TUMPE	JG.	
Comments:				
	pumping, condition of inlet and outle	tage or haffler donth of liquis	d lovel in relation to outle	t invest structural
integring avidence of	leakage, etc.) Condition of filler and outle	tees or barries, depth of figure	level in relation to outle	Rivert, structural
		FLC TANK COMPONENTS	15 Good. Kell	MMEND VUMPING
EVERT OTHER	IEAK			
	*			
N/	/_			
GREASE TRAP:	A			
(locate on site plan)	1		~	
Depth below grade:_				
Material of construction	on:concretemetalFiberglass	Polyethyleneother(expl	ain)	
Dimensions:		_		
Scum thickness:				
	scum to top of outlet tee or baffle:			
	of scum to bottom of outlet tee or bal			
Date of last pumping:				
- are or last pullping.				
Comments:				
	numning and the of the order	tone on haffler double of the cold	lovel is relation to suf-	t invest structural
	pumping, condition of inlet and outlet		level in relation to outle	invert, structural
ntegrity, evidence of	leakage, etc.)			

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Property Address: 31 TRILLIUM WAY AMHERST
Owner: KATHERN McCue

Date of Inspection: 2-11-98	
TIGHT OR HOLDING TANK: N/A (Tank must be pumped prior to, or at time, of inspection) (locate on site plan)	ä
Depth below grade: Material of construction:concretemetalFiberglassPolyethyleneother(explain)	
Dimensions:	
Capacity: gallons	
Design flow: gallons/day	
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: V (locate on site plan) D-Box Buries 18" Depth of liquid level above outlet invert: 0" Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, Silvids Carryover. D-Box Regulares Repair of Deteriorates Concrete	etc.) No SIBNIFICANT
PUMP CHAMBER:	
The second of parties and apparentalises, steely	

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SYSTEM INFORMATION (CONTINUED)	
Property Address: 31 TRILLIAN WAY AMHERST	
Date of Inspection: Z-11-98	*
SOIL ABSORPTION SYSTEM (SAS):	in matheda
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrus	ive methods)
If not determined to be present, explain:	
Type: leaching pits, number:	
leaching chambers, number:	
leaching galleries, number:	
leaching trenches, number, length: 6@ 30' LONG, Z'WIDE, I DEEP PER 1985	DESIGN PLAN
leaching fields, number, dimensions:	
overflow cesspool, number:	
Alternative system:	
Name of Technology:	,
Comments:	
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)	
GROWD FURFACE CONDITION IS GOOD. NO SIGNS OF PROTECTION.	
CESSPOOLS: N/A	
(locate on site plan)	
totale on the plant	•
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)	
	1.5
Comments:	
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)	
PRIVY: N/P	
(locate on site plan)	
nocate on site plant	
Materials of construction:	Dimensions:
Depth of solids:	D. Michalona,
Comments:	
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)	
and the state of the state of portunity, condition of regulation, etc.)	

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Property Address:

31 TRILLIUM WAY AMHERST

Owner:

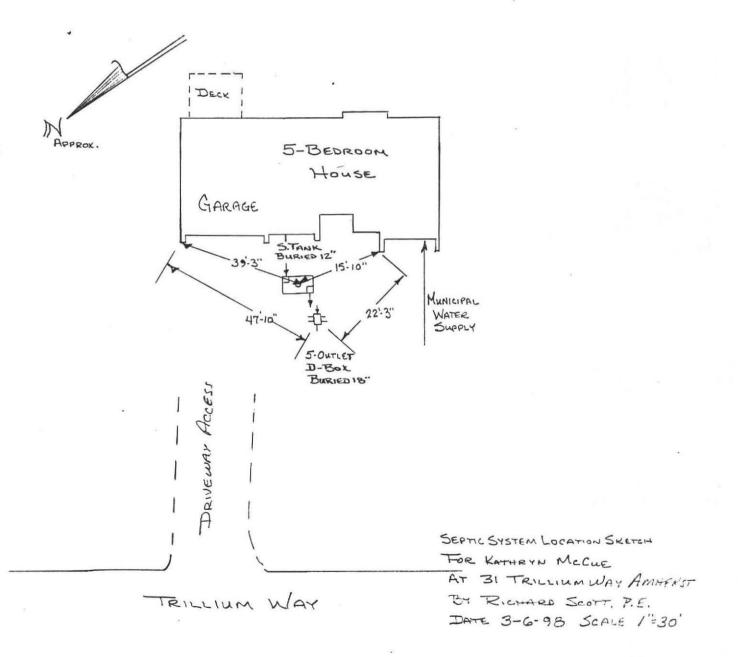
KATHRYN MCCLE

Date of Inspection:

2-11-98

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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



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Property Address:	31 TRILLIUM WAY	AMHERST
Owner:	KATHERY MCC.	

Date of Inspection: 2-11-98

Depth to Groundwater 6+ Feet	
Please indicate all the methods used to determine High Groundwater Elevation:	
Obtained from Design Plans on record	
Observation of Site (Abutting property, observation hole, basement sump etc.)	
Determine it from local conditions	
Check with local Board of health	
Check FEMA Maps	
Check pumping records	
Check local excavators, installers	
Use USGS Data	
Describe in your own words how you established the High Groundwater Elevation. (Must be completed)	
- APRIL 1984 SOIL TEST SHOWS NO GROUNDWATER TO 10'	
- DRY FINISH BASEMENT FLOOR IS 5' BELOW GROUND SURFACE	
- SAS LOCATION IS ON A HIGHER RIDGE BETWEEN ROAD	AND LOW
AREA BEHIND HOUSE	

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