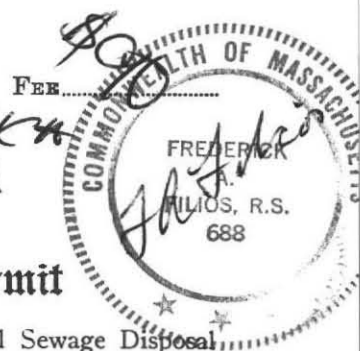


No. 86-15

#38



THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH  
TOWN OF AMHERST

FEE 4352  
CK#

Application for Disposal Works Construction Permit

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

38 AMHERST WOODS Trillium LOT # 64  
RICHARD + ANNE HENDRICK 100 HEATHERSTONE RD.  
W. W. CLARK SUITEWAY

Type of Building Dwelling — No. of Bedrooms 5 Expansion Attic ( ) Garbage Grinder (yes)  
Other — Type of Building No. of persons Showers ( ) — Cafeteria ( )  
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 825 gallons.  
Septic Tank — Liquid capacity 1500 gallons Length 10' Width 5' Diameter 5' Depth 5'  
Disposal Trench — No. 4 Width 2' Total Length 220' Total leaching area 660 sq. ft. SIDES  
Seepage Pit No. Diameter Depth below inlet Total leaching area 440 sq. ft. BOTTOM

Other Distribution box (X) Dosing tank ( )  
Percolation Test Results Performed by F.A. FILIOS Date April 23, 1985  
Test Pit No. 1 10 minutes per inch Depth of Test Pit 71/2' Depth to ground water NONE  
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil ENCLOSED

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.

Application Approved By [Signature] Date 4-7-86  
Application Disapproved for the following reasons:

Permit No. 86-15 Issued Apr. 8, 1986 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 [Signature] Installer

at [Location] 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. [Permit No.] dated [Date]

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

DATE [Date] Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH  
TOWN OF AMHERST

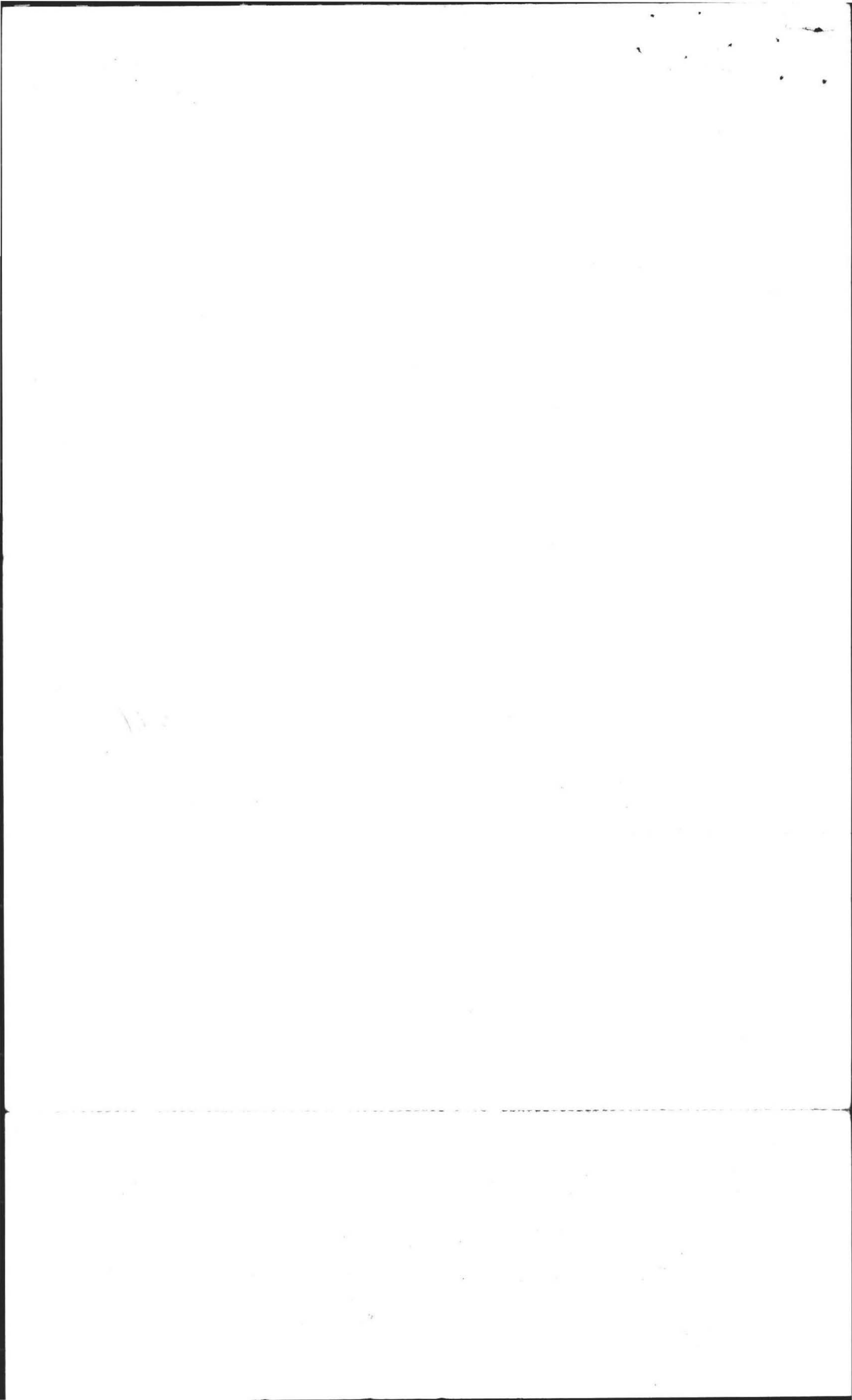
No. 86-15 FEE 890

Disposal Works Construction Permit

Permission is hereby granted RICHARD ANNA HENDRICK  
to Construct (X) or Repair ( ) an Individual Sewage Disposal System  
at No. LOT # 64 TRILLIUMWAY - Amherst Woods  
as shown on the application for Disposal Works Construction Permit No. 86-15 Dated 4/8/86

DATE 4/8/86 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE



No. 86-15

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

OK 4352



Application for Disposal Works Construction Permit

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

AMHERST WOODS Lot # 64
RICHARD + ANNE HENDRICK 100 HEATHERSTONE RD.

Type of Building: Dwelling - No. of Bedrooms: 5 Expansion Attic ( ) Garbage Grinder (yes)
Other - Type of Building: No. of persons: Showers ( ) - Cafeteria ( )

Design Flow: 55 gallons per person per day. Total daily flow: 825 gallons.
Septic Tank - Liquid capacity: 1500 gallons Length: 10' Width: 5' Diameter: Depth: 5'

Disposal Trench - No. 4 Width: 2' Total Length: 220' Total leaching area: 660 sq. ft. SIDES
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: 440 sq. ft. BOTTOM

Other Distribution box (X) Dosing tank ( )
Percolation Test Results Performed by: F.A. FILIOS Date: April 23, 1985
Test Pit No. 1: 10 minutes per inch Depth of Test Pit: 7 1/2' Depth to ground water: NONE

Description of Soil: ENCLOSED
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] Date: 4-7-86
Application Approved By: [Signature] Date: 4-8-86

Application Disapproved for the following reasons:
Permit No. 86-15 Issued: 4/8/86 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 [Location] 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. [Permit No.] dated [Date]

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

DATE [Date] Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

TOWN OF AMHERST

No. 86-15

FEE \$90

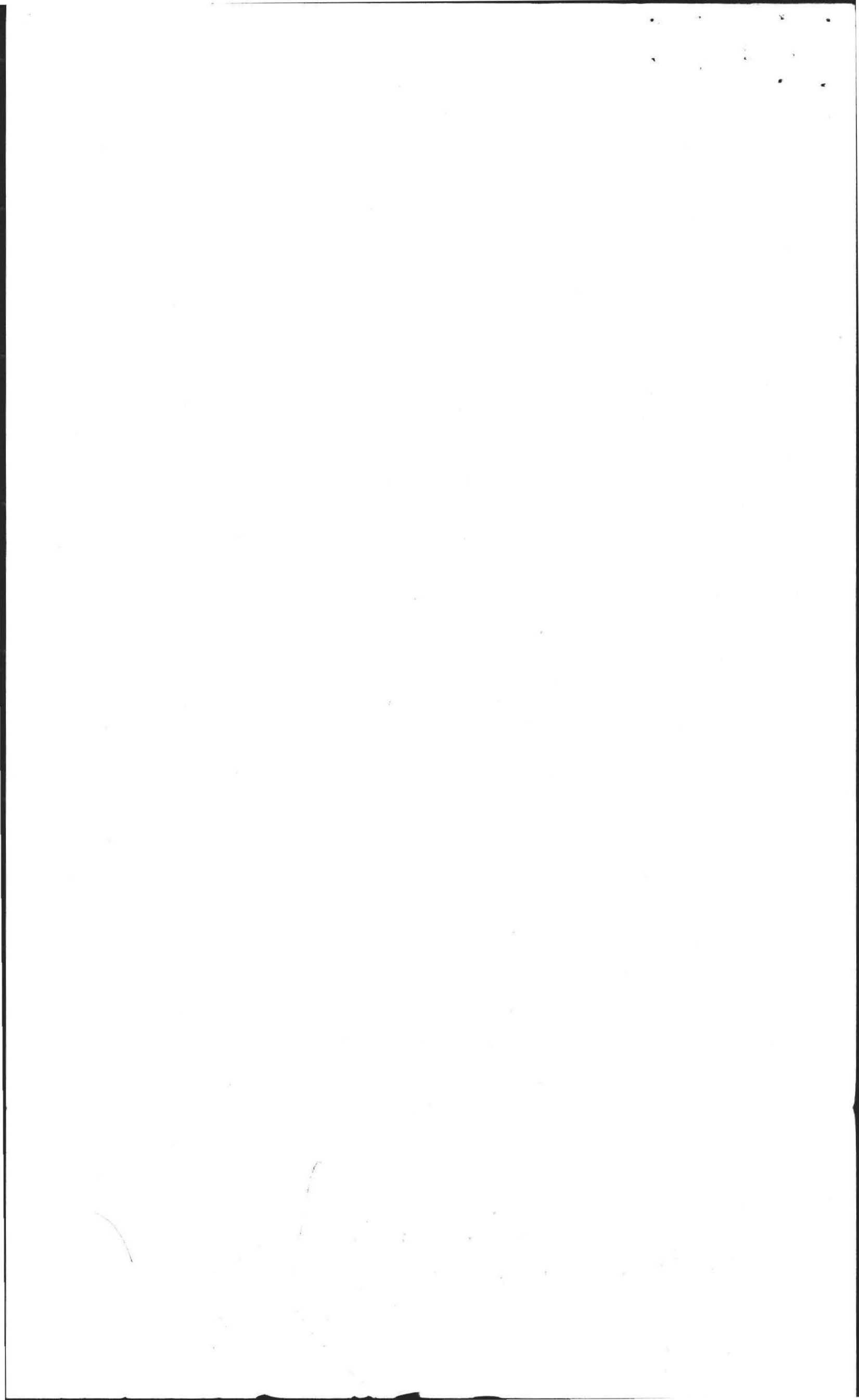
Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. [Address]

as shown on the application for Disposal Works Construction Permit No. 86-15 Dated 4-8-86

DATE 4/8/86 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT 64 TRILUM WAY

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner RICHARD + ANA HENORICK Address 100 HEATHCROSSING RD AMHERST.

Installer W. W. CLARK Address PRATT CORNER RD. SEVENTSBURY

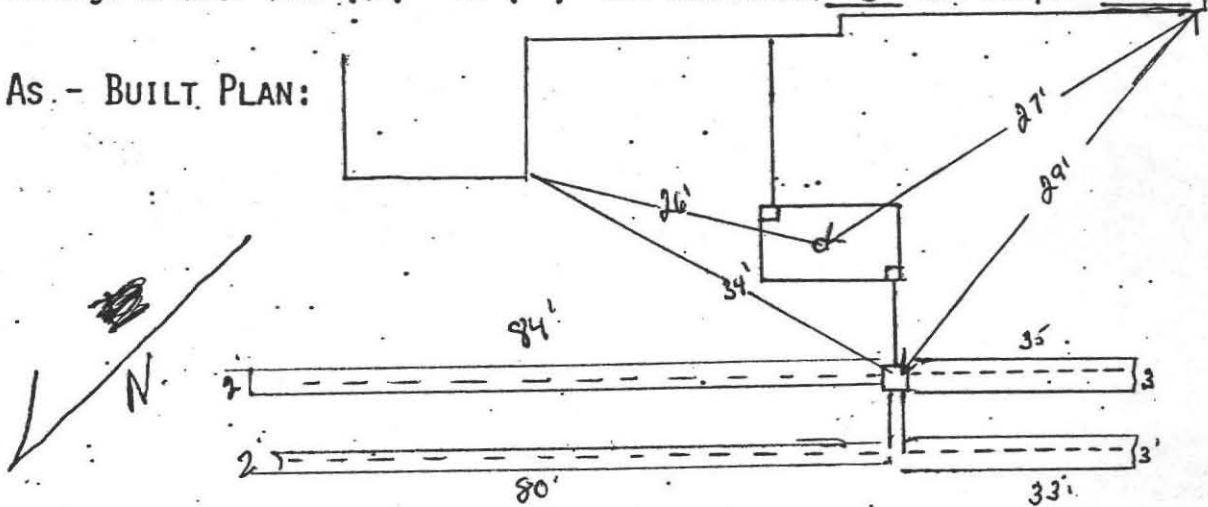
Date Installation Inspected and Approved 7/23/86

Description of System: Tank Capacity: 1500 GALLON SEPTIC TANK  
600 <sup>sq</sup> SIDES

Leach Field (X) Bed ( ) Seepage Pit ( ). Square Feet: 532 <sup>sq</sup> BOTTOM

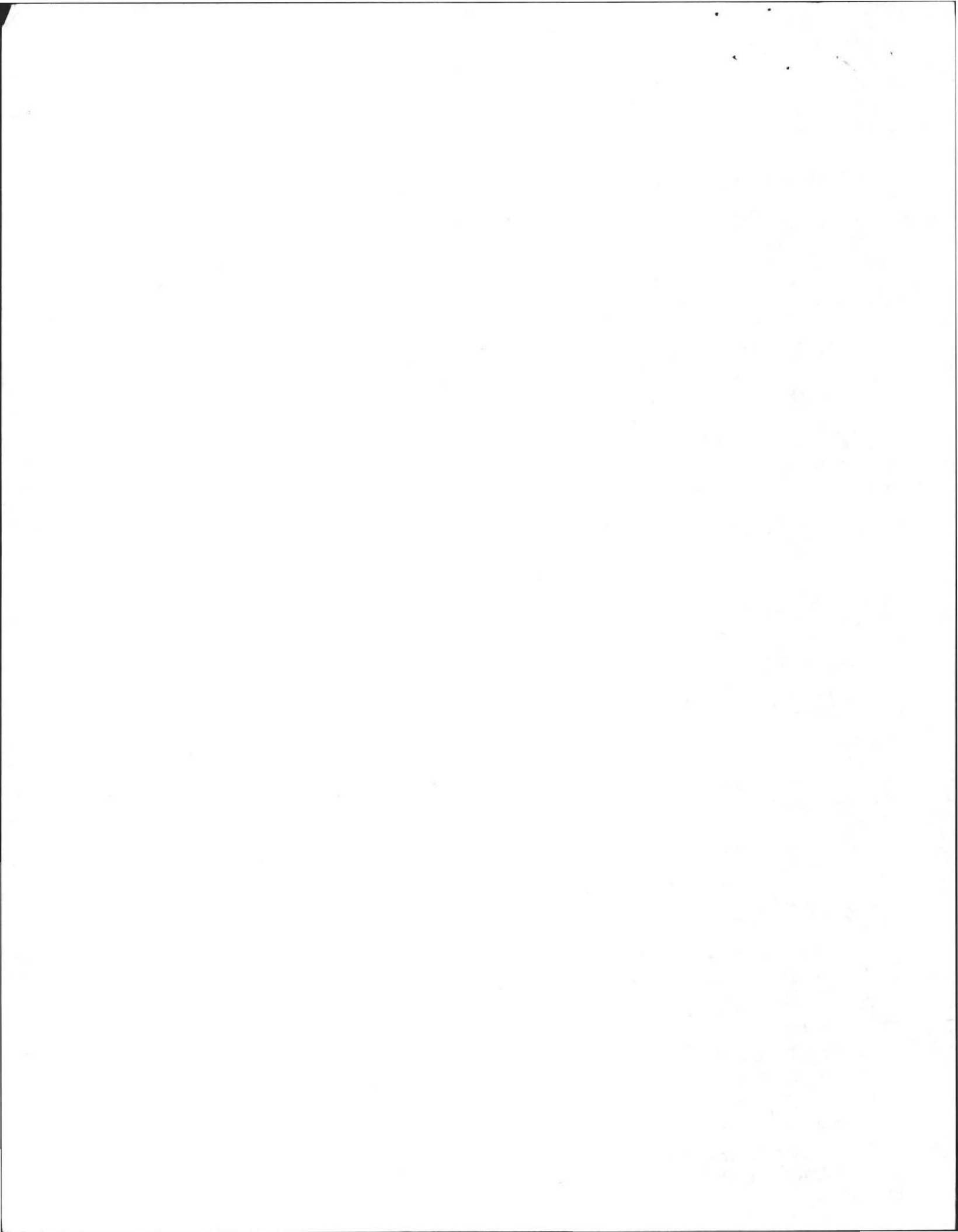
Garbage Grinder Yes (X) - No ( ) No. Bedrooms: 5 No. People 10

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



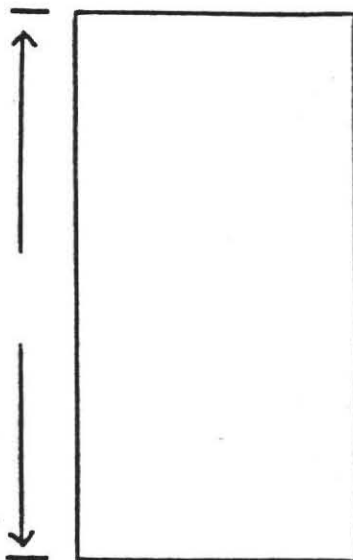
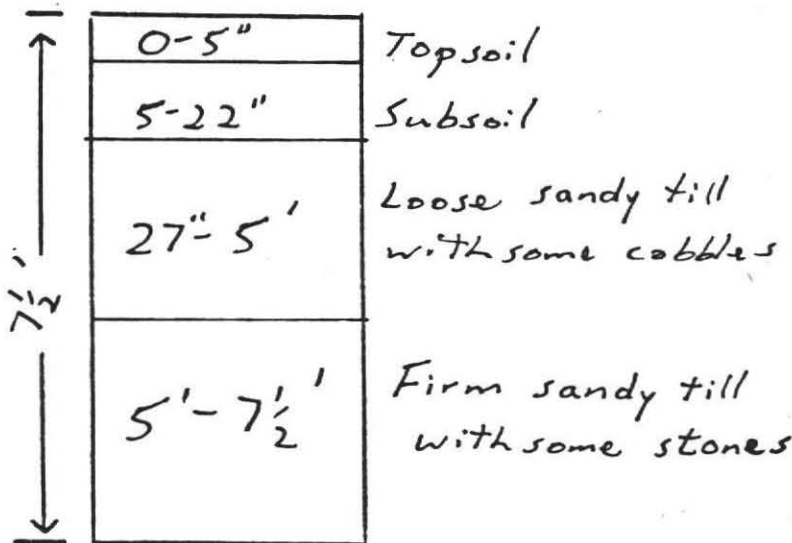
DEEP SOIL LOGS

OWNER Amherst Woods Inc.

DATE April 23, 1985

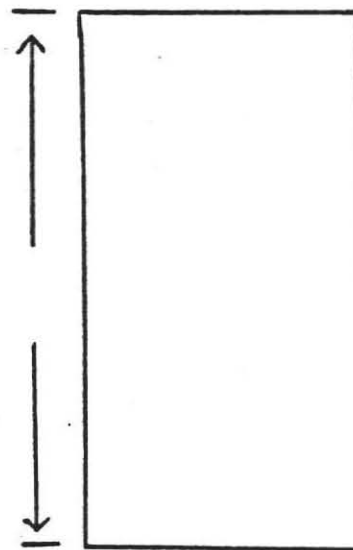
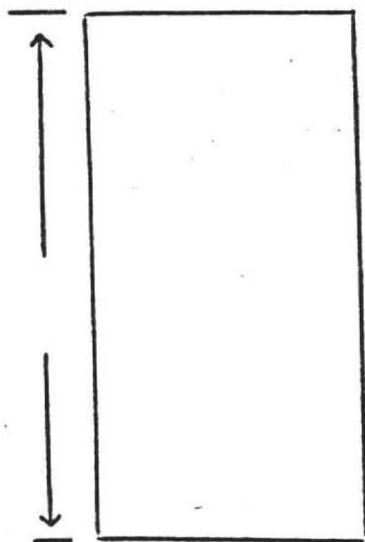
LOCATION Amherst Woods  
Lot # 64

OBSERVER F.A. Filios



GROUND WATER None

GROUND WATER \_\_\_\_\_

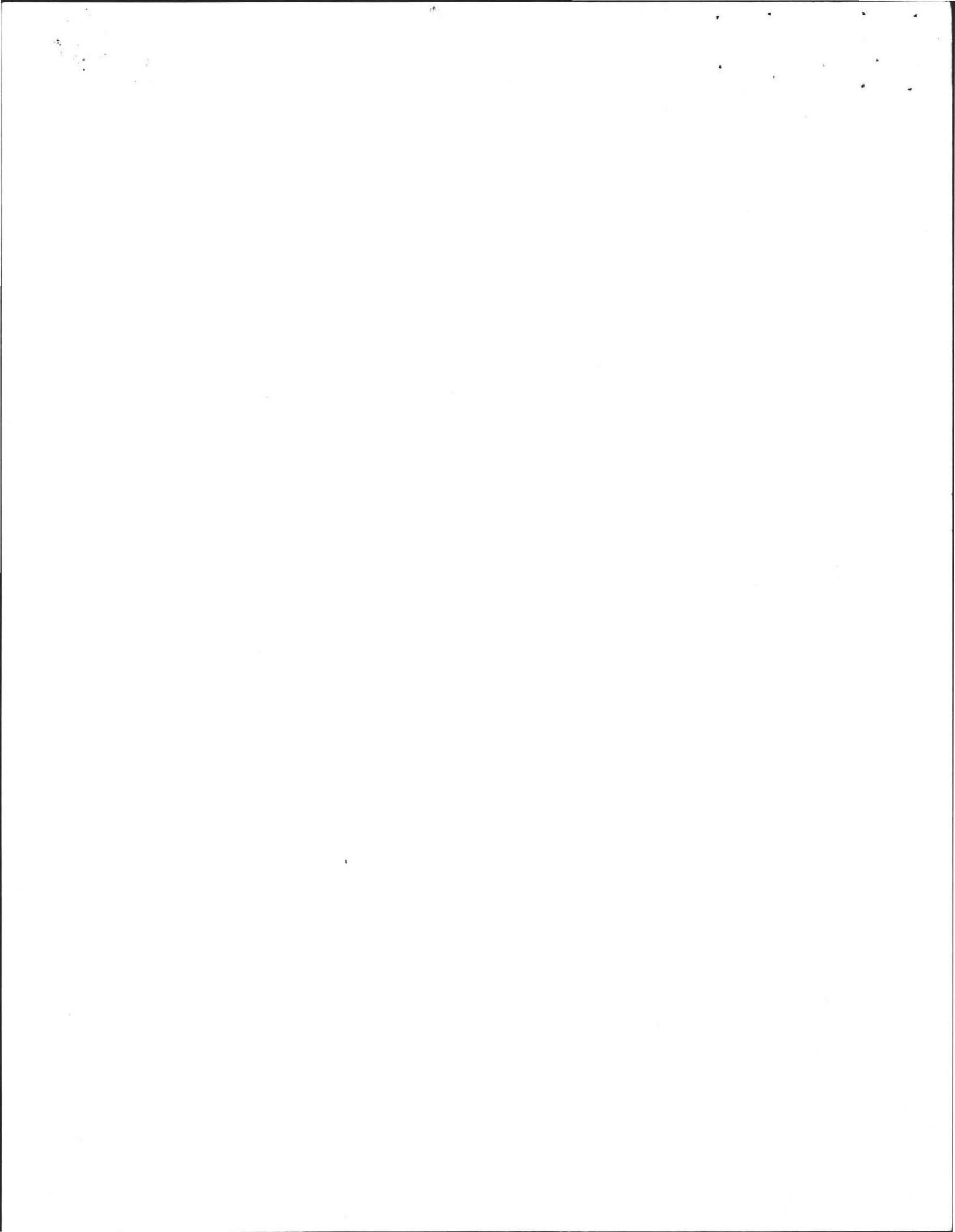


GROUND WATER \_\_\_\_\_

GROUND WATER \_\_\_\_\_

Percolation Rate at 36" :

10min/inch

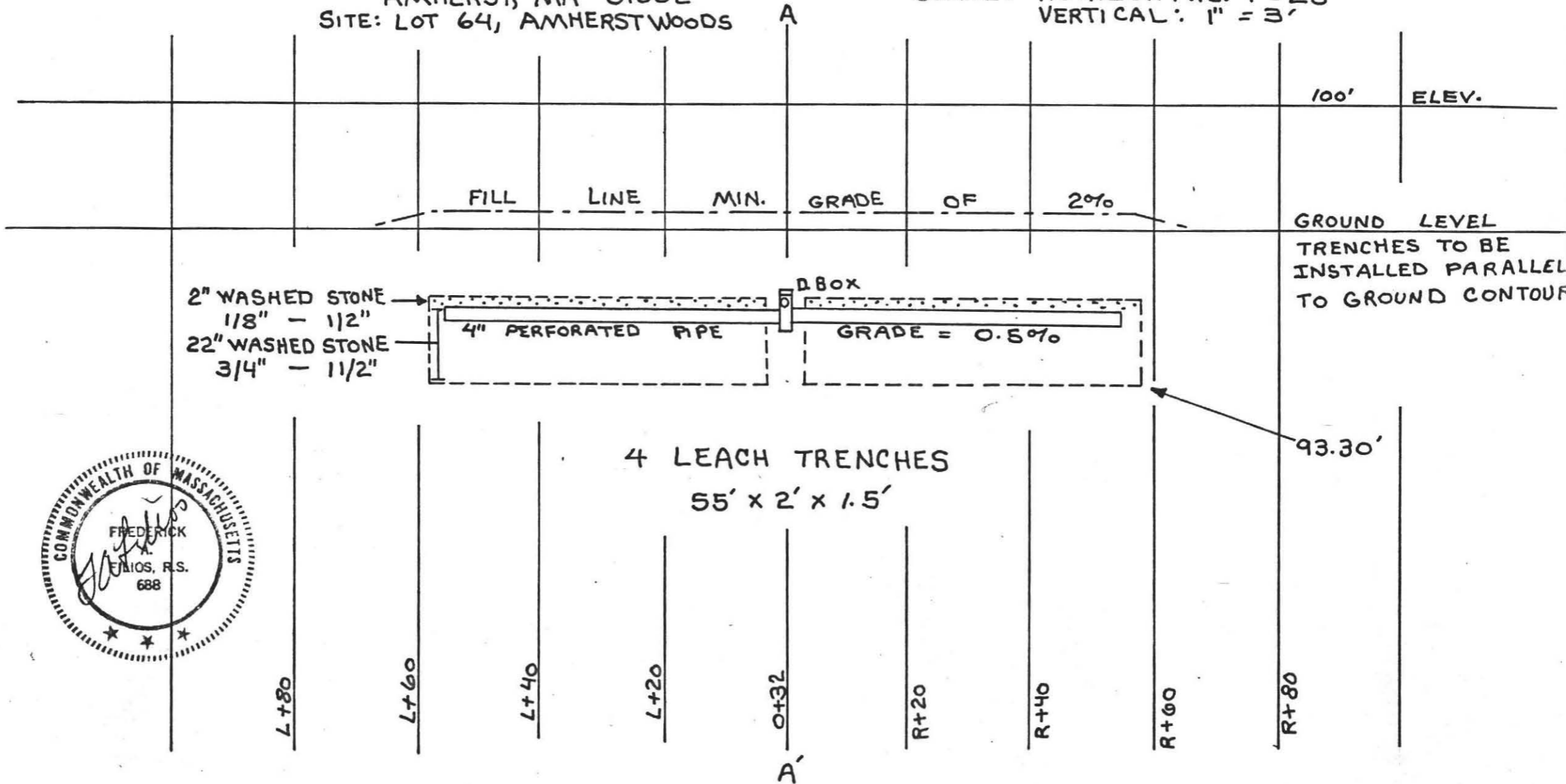


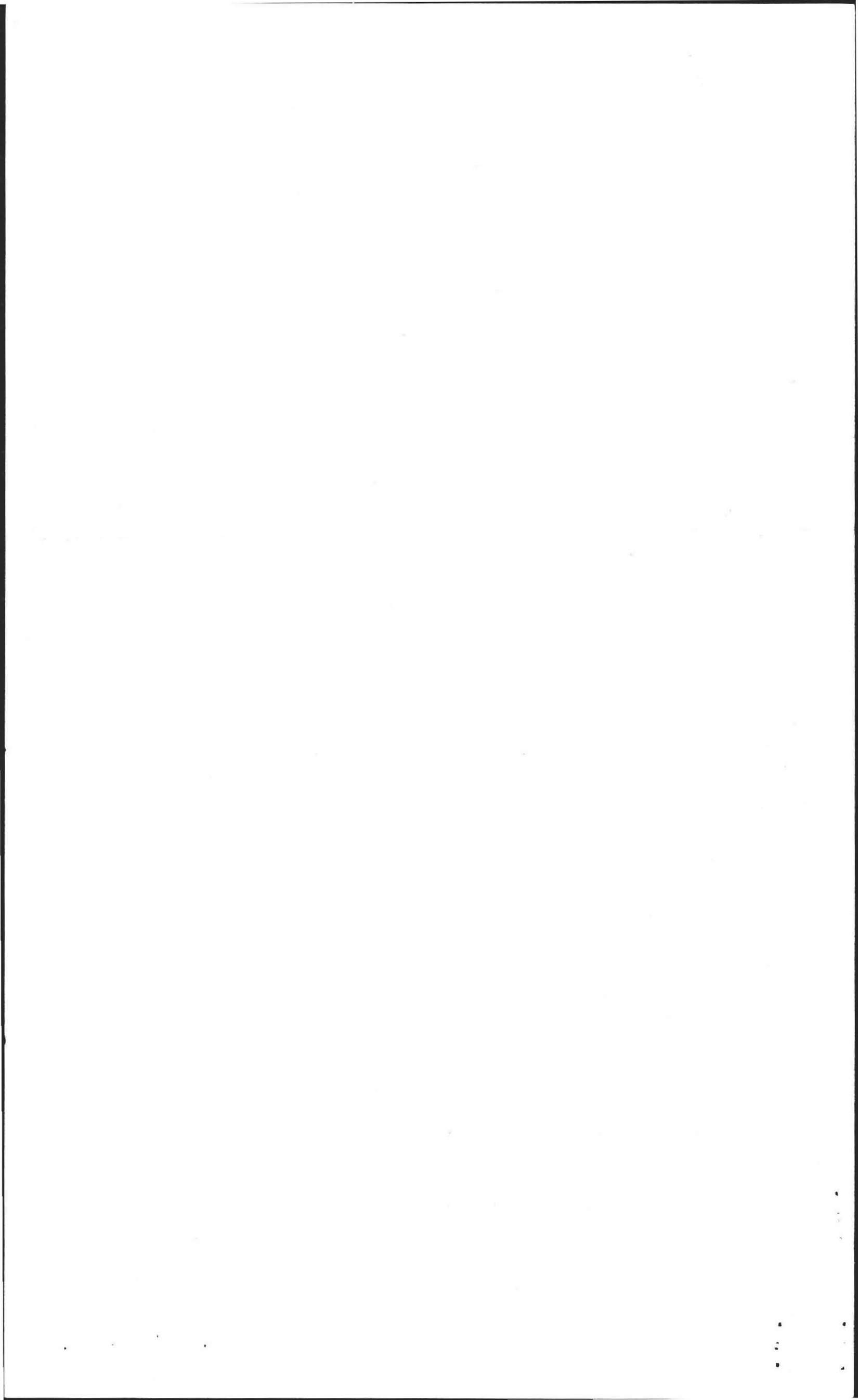


# CROSS-SECTION AT A-A' (0+32)

FOR: RICHARD + ANNE HENDRICK  
 100 HEATHERSTONE RD.  
 AMHERST, MA 01002  
 SITE: LOT 64, AMHERST WOODS

BY: FREDERICK A. FILIOS  
 APRIL 1, 1986  
 SCALE: HORIZONTAL: 1" = 20'  
 VERTICAL: 1" = 3'





# PROFILE OF SEPTIC SYSTEM

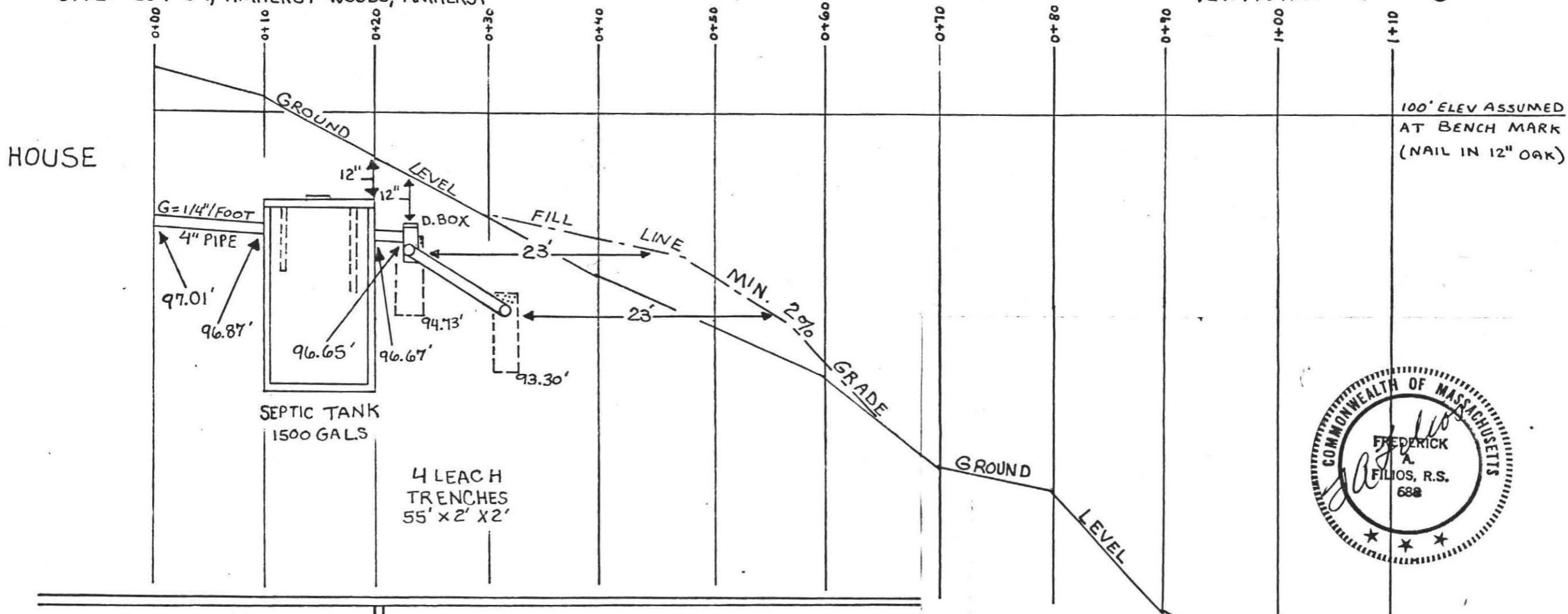
FOR: RICHARD & ANNE HENDRICK  
100 HEATHERSTONE RD.

BY: FREDERICK A. FILIOS

MARCH 31, 1986

SCALE: HORIZONTAL: 1" = 10'  
VERTICAL: 1" = 3'

SITE: LOT 64, AMHERST WOODS, AMHERST



## SPECIFICATIONS

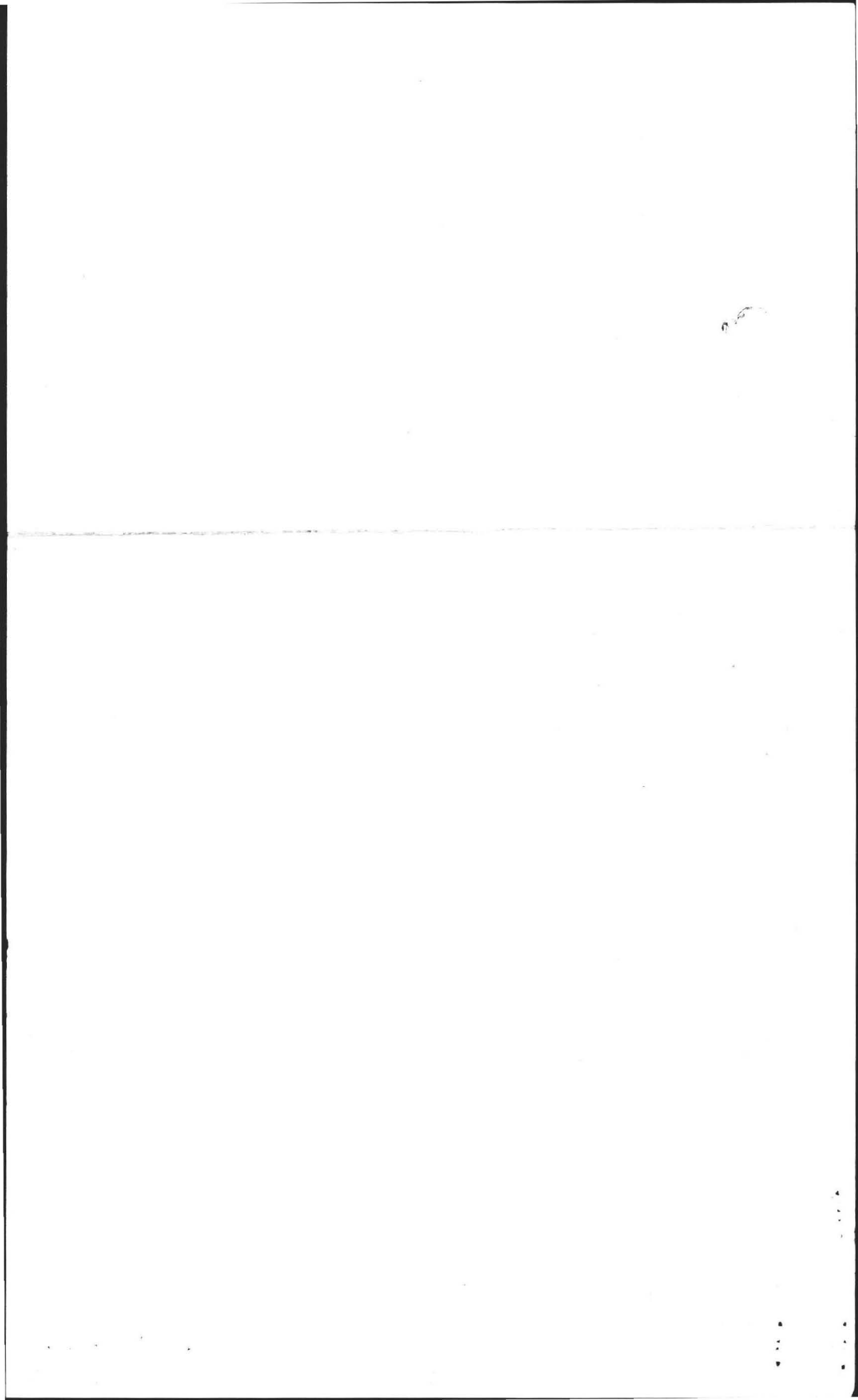
ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

## CALCULATIONS

5 BDRMS @ 110 = 550 + 50% FOR G.GRINDER = 825 GAL.S REQ.  
 PERC RATE @ 10 MINUTES PER INCH ~ SIDES: 1 GAL. PER S.F.  
 BOTTOM AREA: .55 GAL PER S.F.  
 LEACH TRENCHES: 55' x 2' x 1.5' BELOW INLET ~ 4 TR.S  
 SIDES: 55' x 1.5' x 2 (SIDES) x 4 TR.S = 660 S.F. x 1 = 660 GAL.S  
 BOTTOM: 55' x 2' x 4 TRENCHES = 440 S.F. x .55 = 242 GAL.S

TOTAL DAILY CAPACITY OF SYSTEM = 902 GAL.S

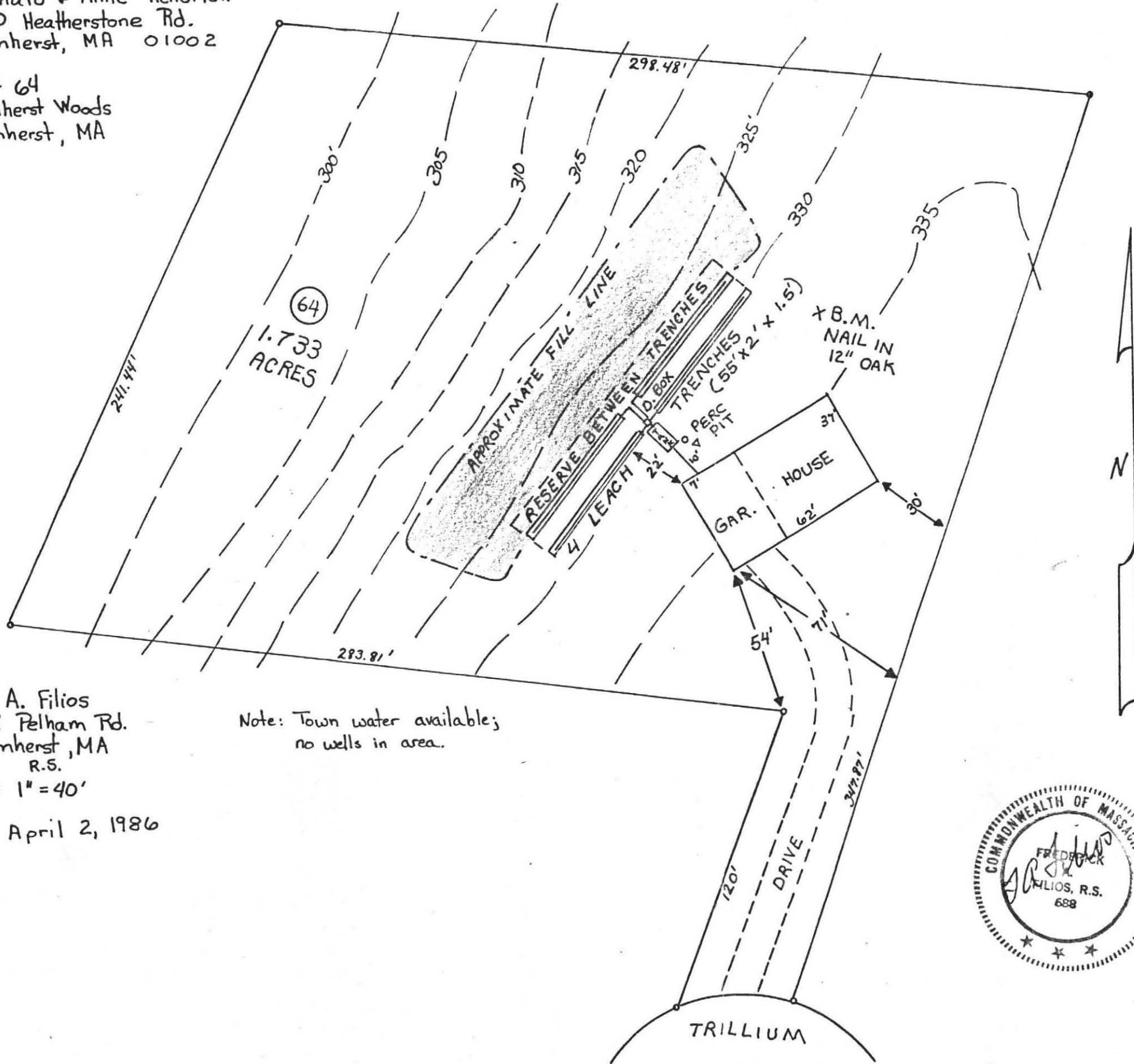
CROSS-SECTION OF PROFILE ON SEPARATE SHEET.



# PLAN SHOWING SEWAGE DISPOSAL

FOR: Richard + Anne Hendrick  
 100 Heatherstone Rd.  
 Amherst, MA 01002

SITE: Lot 64  
 Amherst Woods  
 Amherst, MA



BY: F. A. Filios  
 69 Pelham Rd.  
 Amherst, MA  
 R.S.

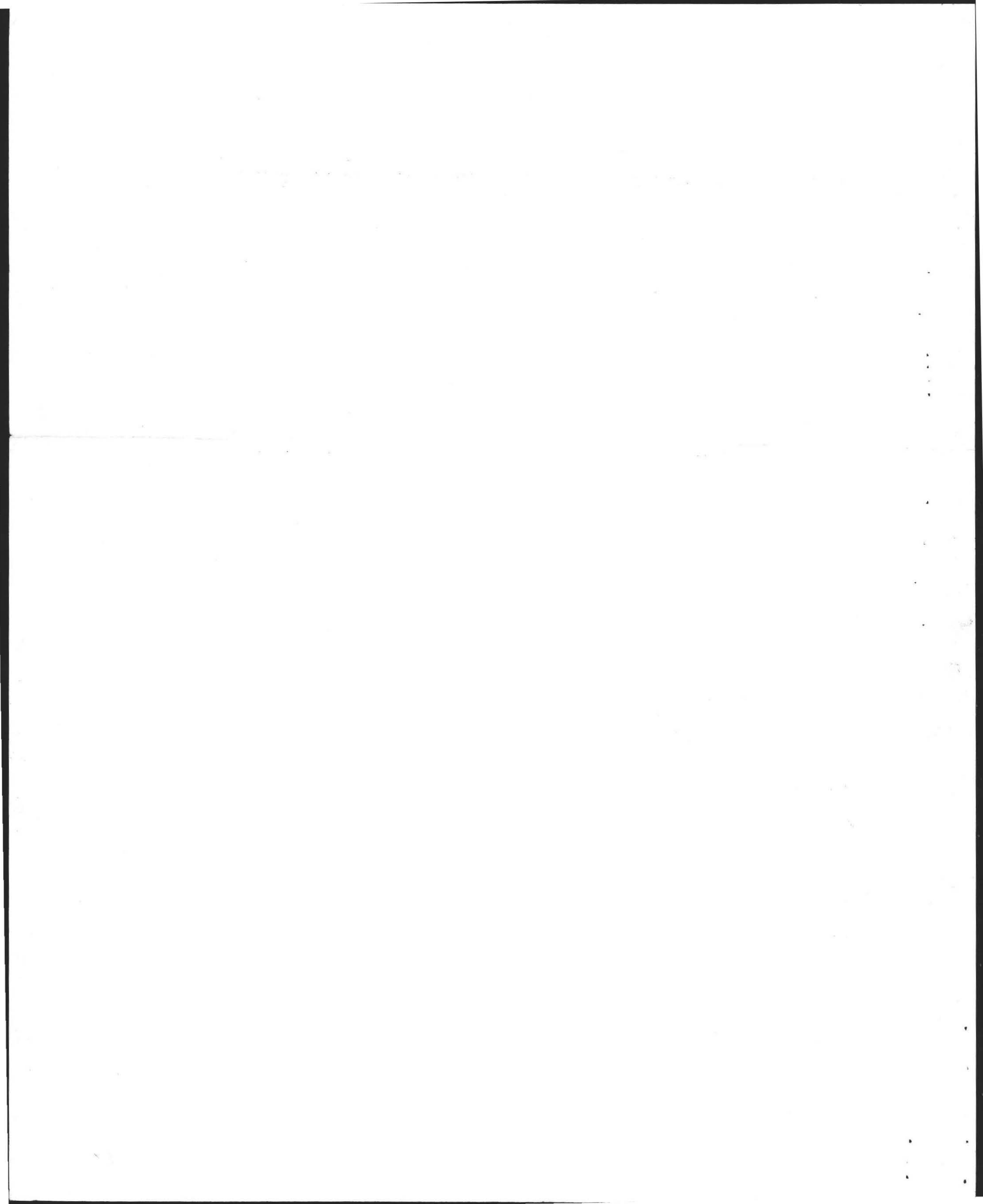
Note: Town water available;  
 no wells in area.

SCALE: 1" = 40'

DATE: April 2, 1986



TRILLIUM



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A

CERTIFICATION (continued)

Property Address: 38 Trillium Way, Amherst  
 Owner: Ana; Richard Hendrick  
 Date of Inspection: 12/9/98

**D) SYSTEM FAILS:**

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

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.

- | 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 <u>NOT</u> 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:**

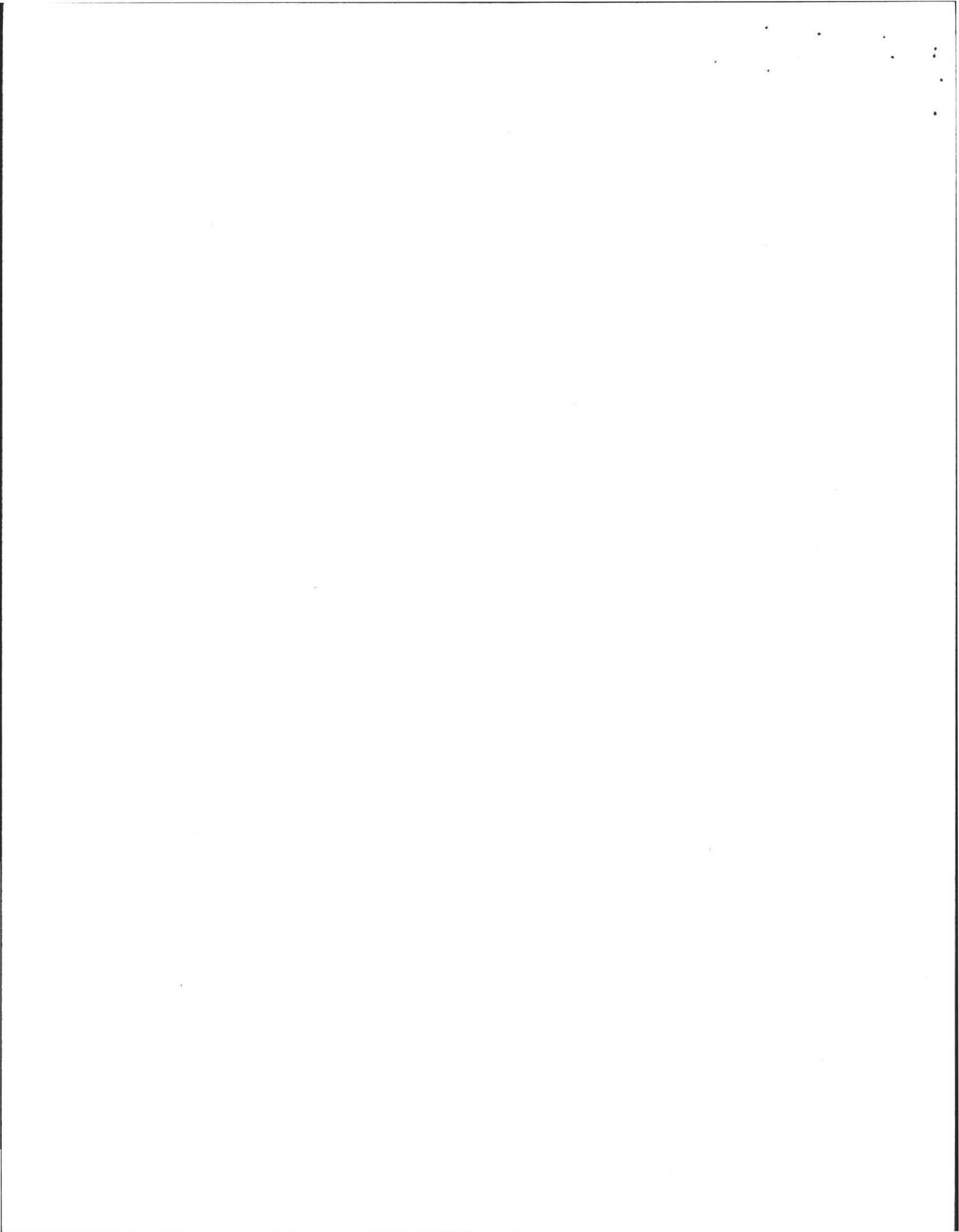
You must indicate either "Yes" or "No" as to each of the following.

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 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 A

CERTIFICATION (continued)

Property Address: 38 Trillium Way, Amherst  
Owner: Mrs. Richard Nendrick  
Date of Inspection: 12/9/98

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). 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 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:

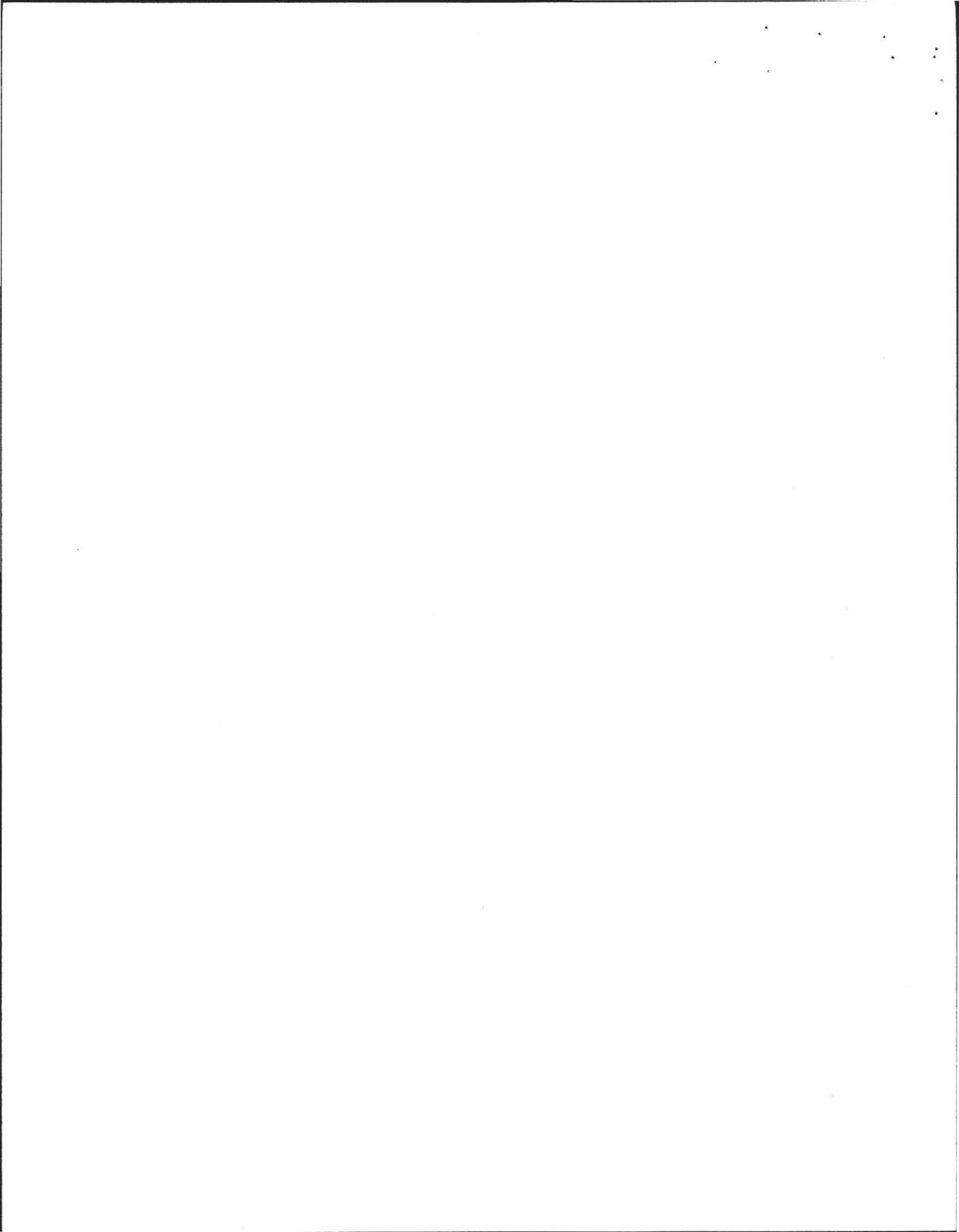
- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

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 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 to 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 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

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





COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 ONE WINTER STREET, BOSTON, MA 02108 617-392-5500

WILLIAM F WELD  
 Governor  
 ARGO PAUL CELLUCCI  
 Lt Governor

TRUDY COXE  
 Secretary  
 DAVID B STRUHS  
 Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
 PART A  
 CERTIFICATION

Property Address: Ana: Richard Hendrick  
38 Trillium Way, Netherst  
 Date of Inspection: 12/9/98  
 Name of Inspector: Pamela Russell  
 Address of Owner:  
 (If different)

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)  
 Company Name: Affordable Home and Septic Inspections Inc.  
 Mailing Address: 129 N. Elm St. Westfield, Ma. 01085  
 Telephone Number: 413 - 568-4289

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: Pamela Russell Date: 12/9/98

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

*SAS functional, No signs of failure*

A) SYSTEM PASSES:

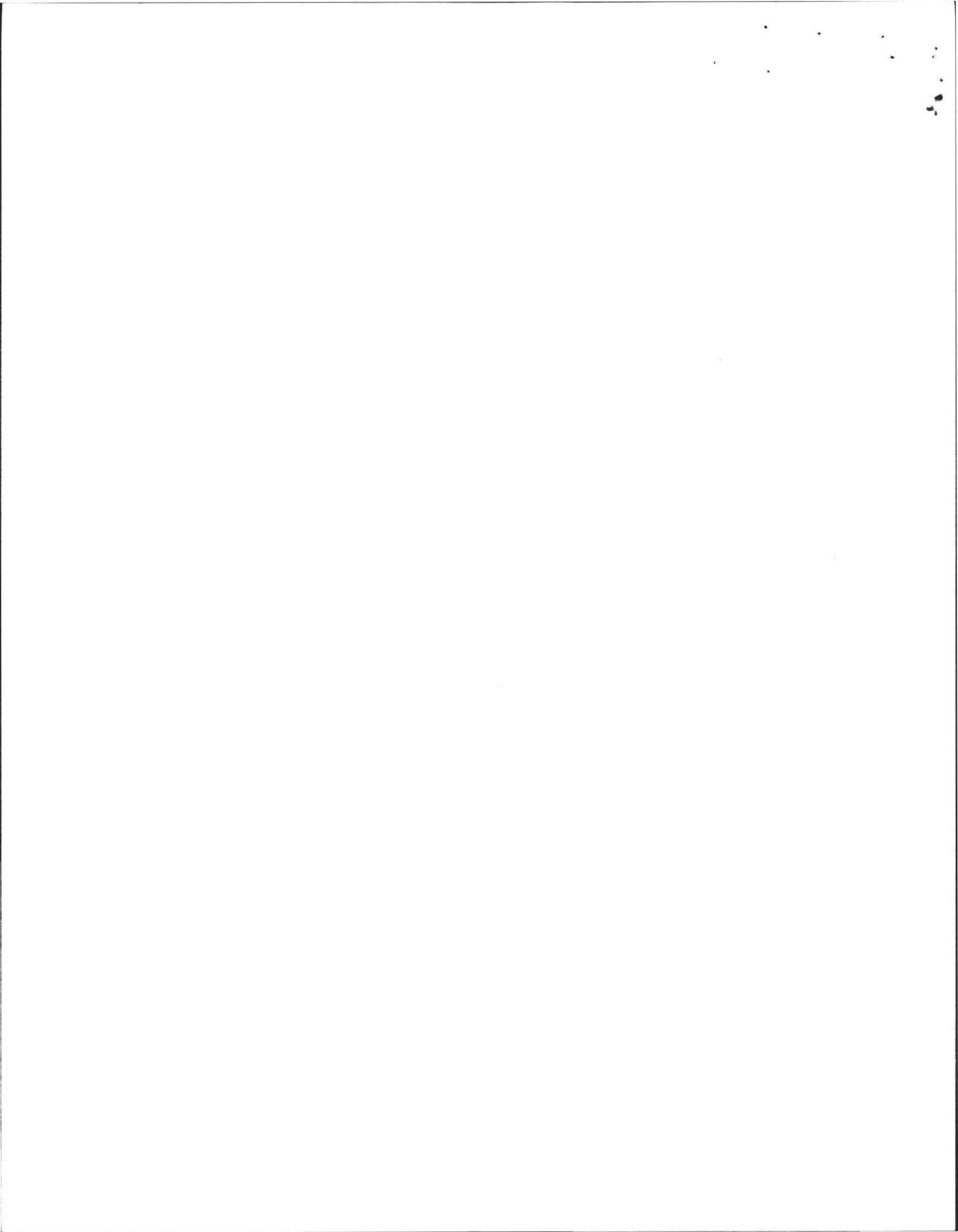
I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

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 conforming septic tank as approved by the Board of Health.

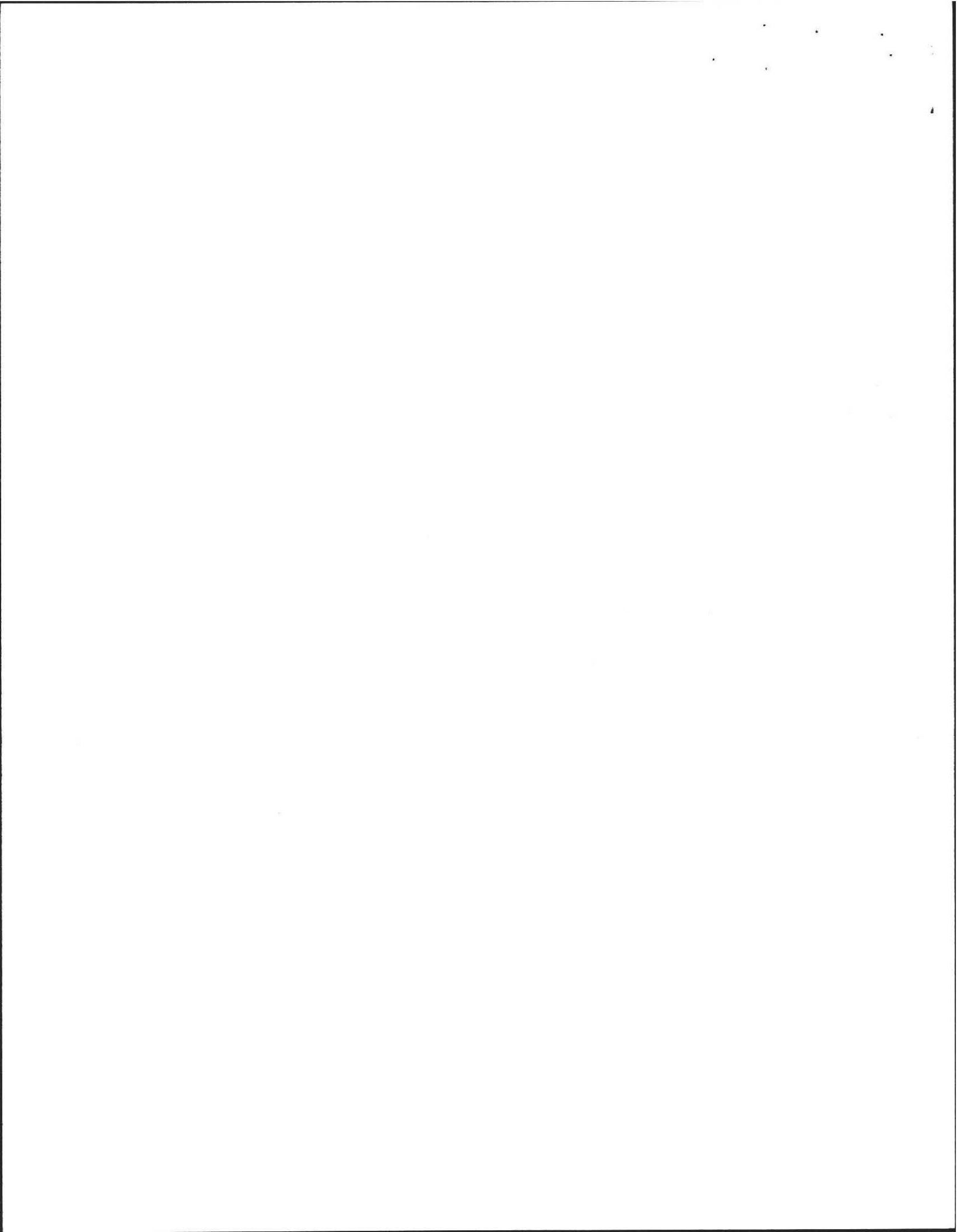


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST

Property Address: 38 Trillium Way, Amherst  
 Owner: Ana & Richard Hendrick  
 Date of Inspection: 12/9/98

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.                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The size and location of the Soil Absorption System on the site has been determined based on.                                                                                                                                                         |
| <input type="checkbox"/>            | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. Ex. 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)]                                                                                                      |



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION

Property Address: 38 Trillium Way, Amherst  
Owner: Ana Richard Hendrick  
Date of Inspection: 12/9/98

FLOW CONDITIONS

RESIDENTIAL: 55/  
Design flow 800 g.p.d./bedroom for S.A.S  
Number of bedrooms 5  
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 (last two (2) year usage (gpd): Town Water  
Sump Pump (yes or no): no

Last date of occupancy: Presently

COMMERCIAL/INDUSTRIAL:

Type of establishment \_\_\_\_\_  
Design flow \_\_\_\_\_ gallons/day  
Grease trap present: (yes or no) 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

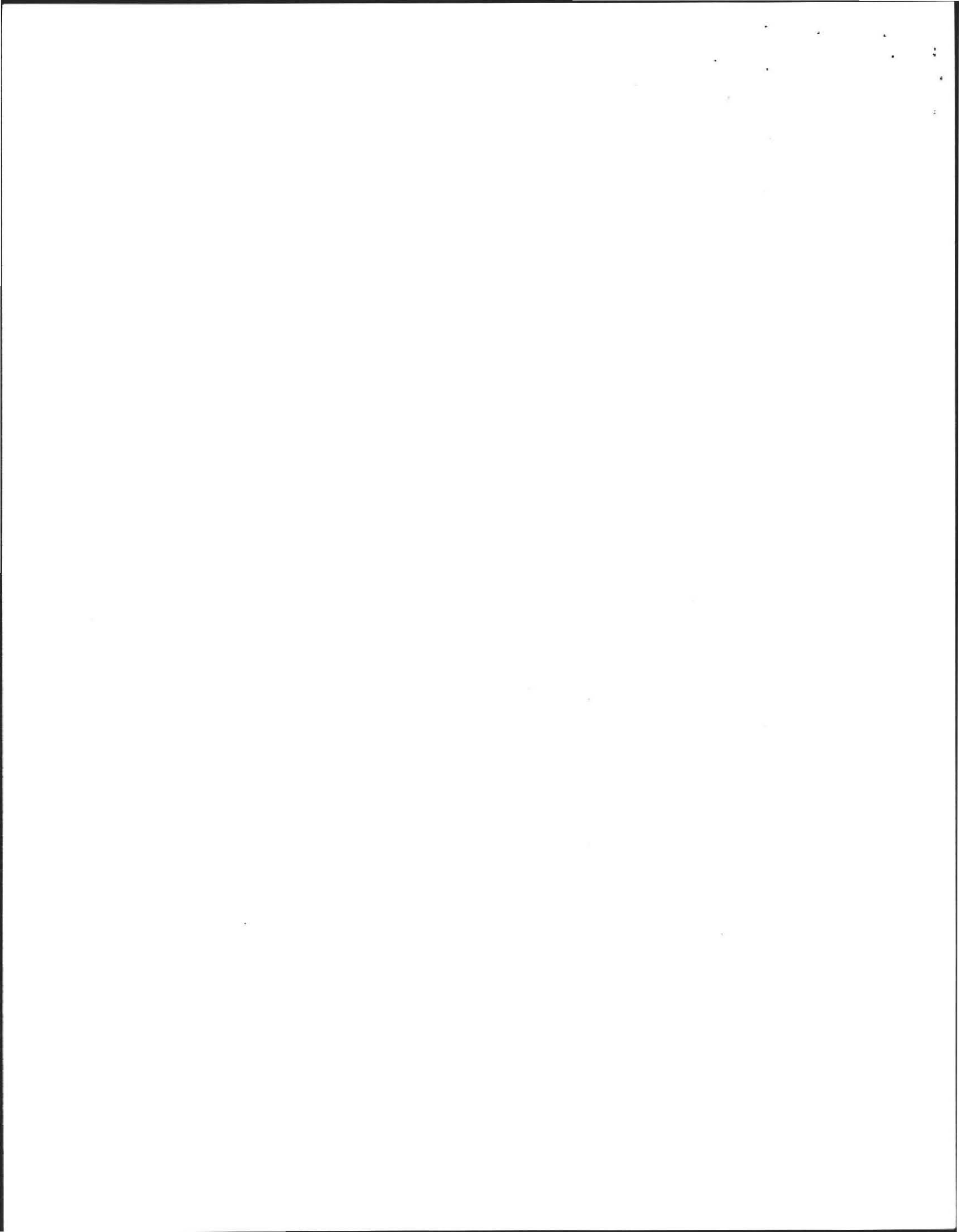
PUMPING RECORDS and source of information  
1997 - Kaul's  
System pumped as part of inspection (yes or no): no  
If yes, volume pumped \_\_\_\_\_ gallons  
Reason for pumping: \_\_\_\_\_

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)
- I/A Technology etc. Copy of up to date contract?
- Other \_\_\_\_\_

APPROXIMATE AGE of all components, date installed (if known) and source of information: 12 yrs old

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: 38 Trillium Way, Amherst  
Owner: Ana; Richard Hendrick  
Date of Inspection: 12/9/98

**BUILDING SEWER:**

(Locate on site plan)

Depth below grade: 10"  
Material of construction:  cast iron  40 PVC  other (explain)

Distance from private water supply well or suction line: N/A  
Diameter: 4"

Comments (condition of joints, venting, evidence of leakage, etc.):  
No signs of leakage

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

Depth below grade: 6"  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other (explain)

If tank is metal, list age:      Is age confirmed by Certificate of Compliance:      (Yes/No)

Dimensions: 16 X 15 X 5  
Sludge depth: 4"  
Distance from top of sludge to bottom of outlet tee or baffle: 3"  
Scum thickness: 1"  
Distance from top of scum to top of outlet tee or baffle: 9"  
Distance from bottom of scum to bottom of outlet tee or baffle: 15"  
How dimensions were determined: Sludge Judge

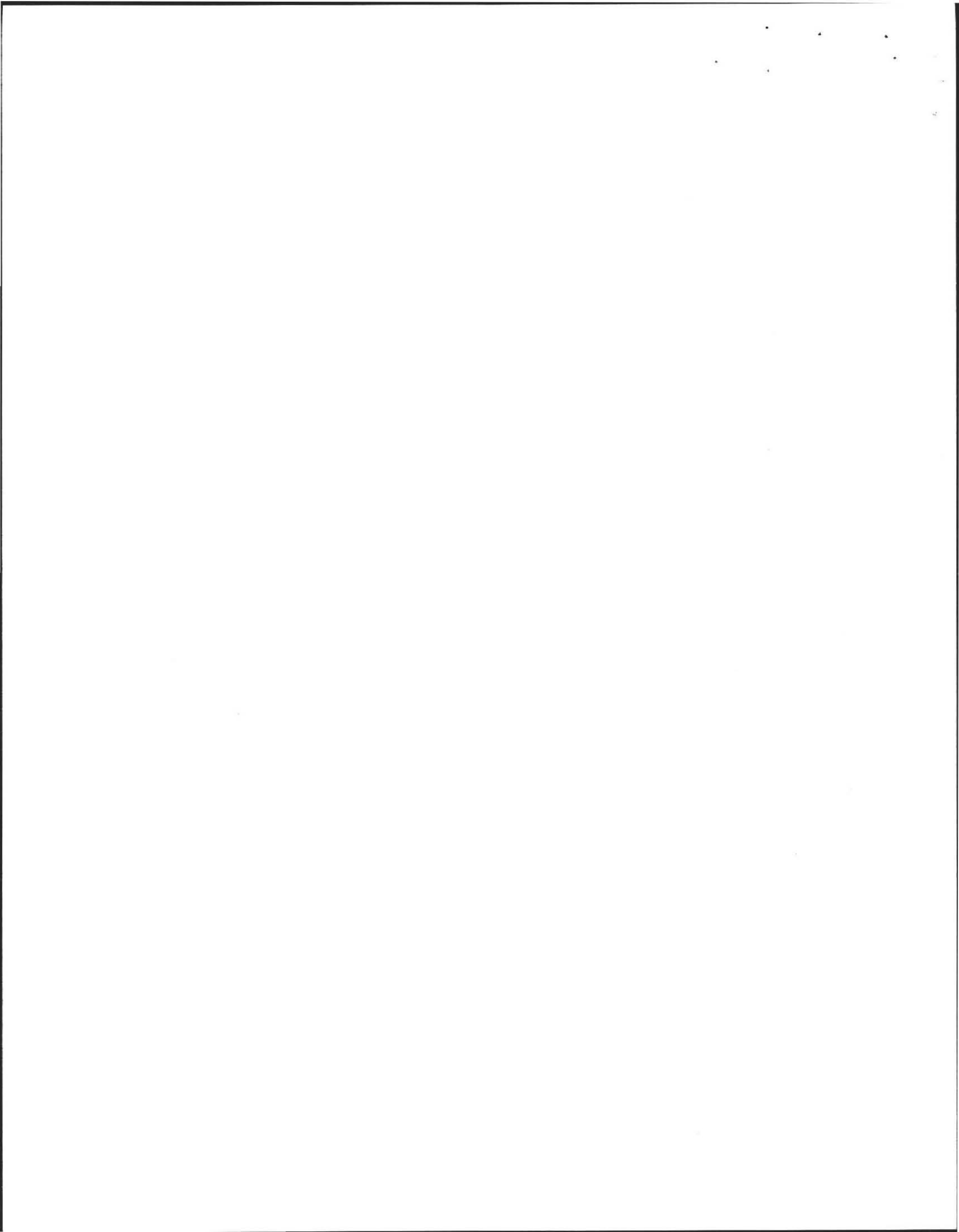
Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)  
Ripples intact. No signs of exfiltration noted. Effluent/sludge layers appropriate

**GREASE TRAP:**       
(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: 38 Trillium Way; Amherst  
Owner: Ana; Richard Hendrick  
Date of Inspection: 12/9/98

TIGHT OR HOLDING TANK: \_\_\_\_\_ 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)

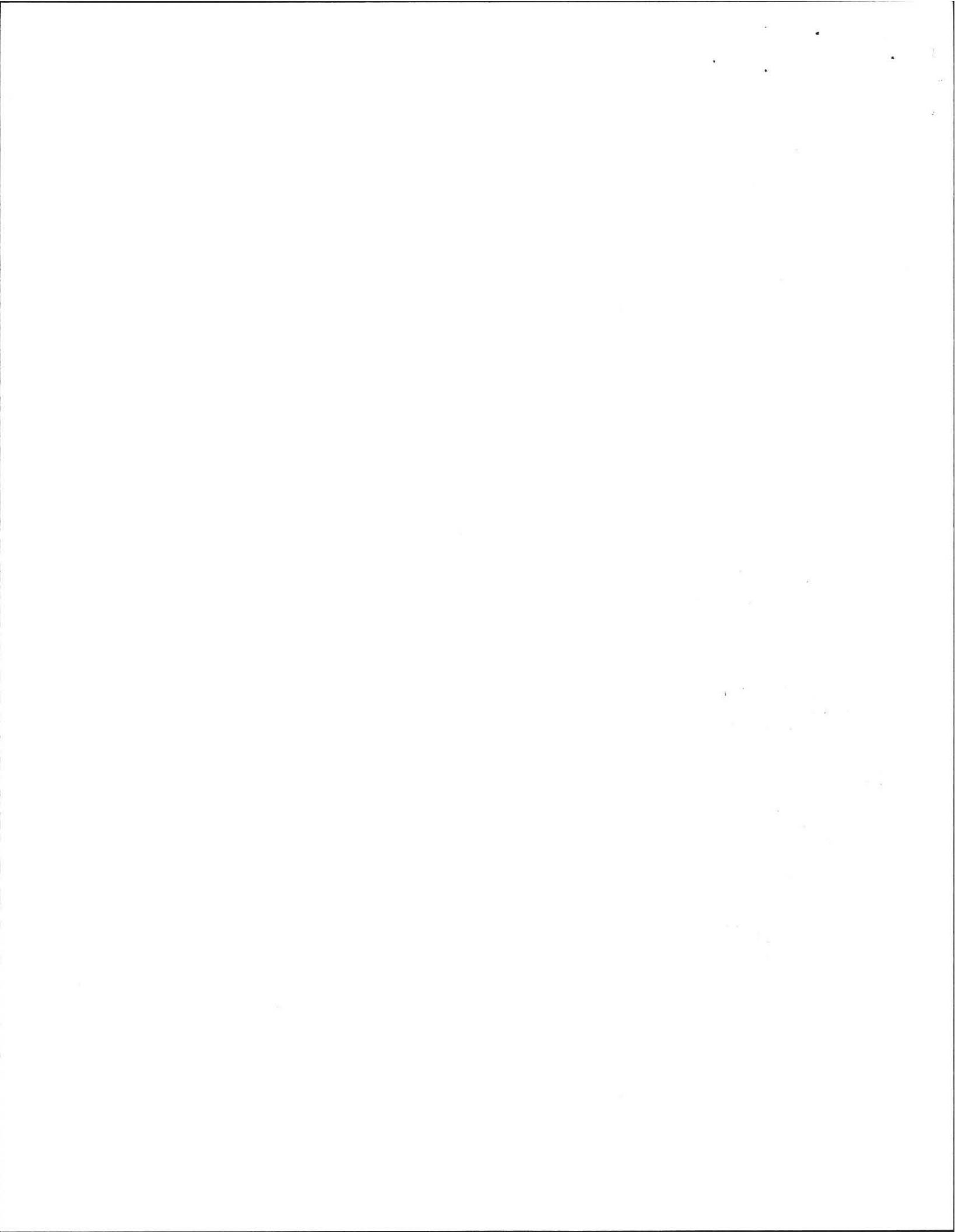
Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design flow: \_\_\_\_\_ gallons/day  
Alarm level: \_\_\_\_\_ Alarm in working order: Yes \_\_\_\_\_ No  
Date of previous pumping: \_\_\_\_\_  
Comments:  
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: Present  
(locate on site plan) 4.5' deep  
Depth of liquid level above outlet: invert  $\phi$

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)  
Box intact. No evidence of leakage. No carryover.  
4 French outlets present.

PUMP CHAMBER: \_\_\_\_\_  
(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: 38 Trillium Way, Amherst  
Owner: Ana & Richard Herdick  
Date of Inspection: 12/9/98

SOIL ABSORPTION SYSTEM (SAS): Present  
(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: (4) 2 about 35' 2 about 50'  
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.)

No signs of SAS failure. No unusual ponding or vegetation.

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.)

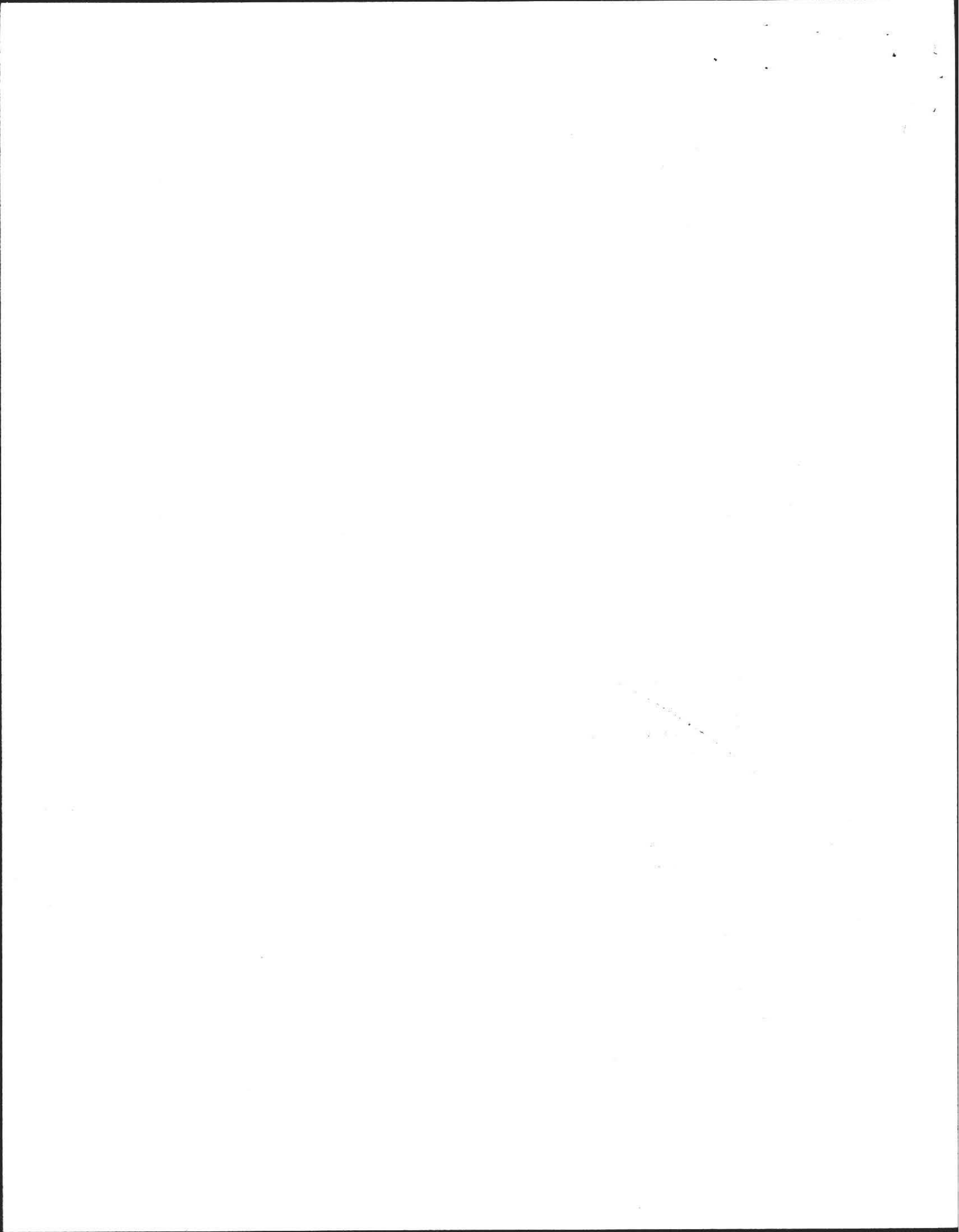
PRIVY: \_\_\_\_\_  
(locate on site plan)

Materials of construction: \_\_\_\_\_ Dimensions: \_\_\_\_\_

Depth of solids: \_\_\_\_\_

Comments:

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

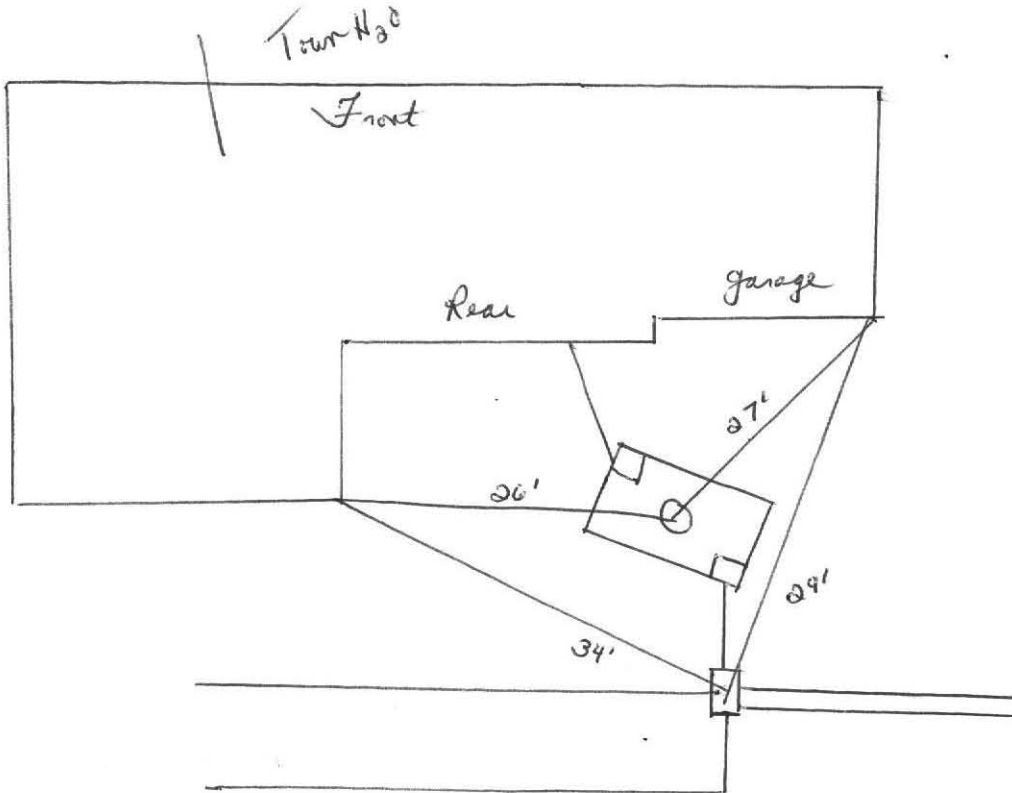
PART C

SYSTEM INFORMATION (continued)

Property Address: 38 Trillium Way, Amherst  
Owner: Ana & Richard Hendrick  
Date of Inspection: 12/9/98

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)



(not  
to  
scale)





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

Property Address: 38 Trillium Way; Amherst  
Owner: Ana; Richard Hendrick  
Date of Inspection: 12/9/98

Depth to Groundwater <sup>none at</sup> 17.5 Feet

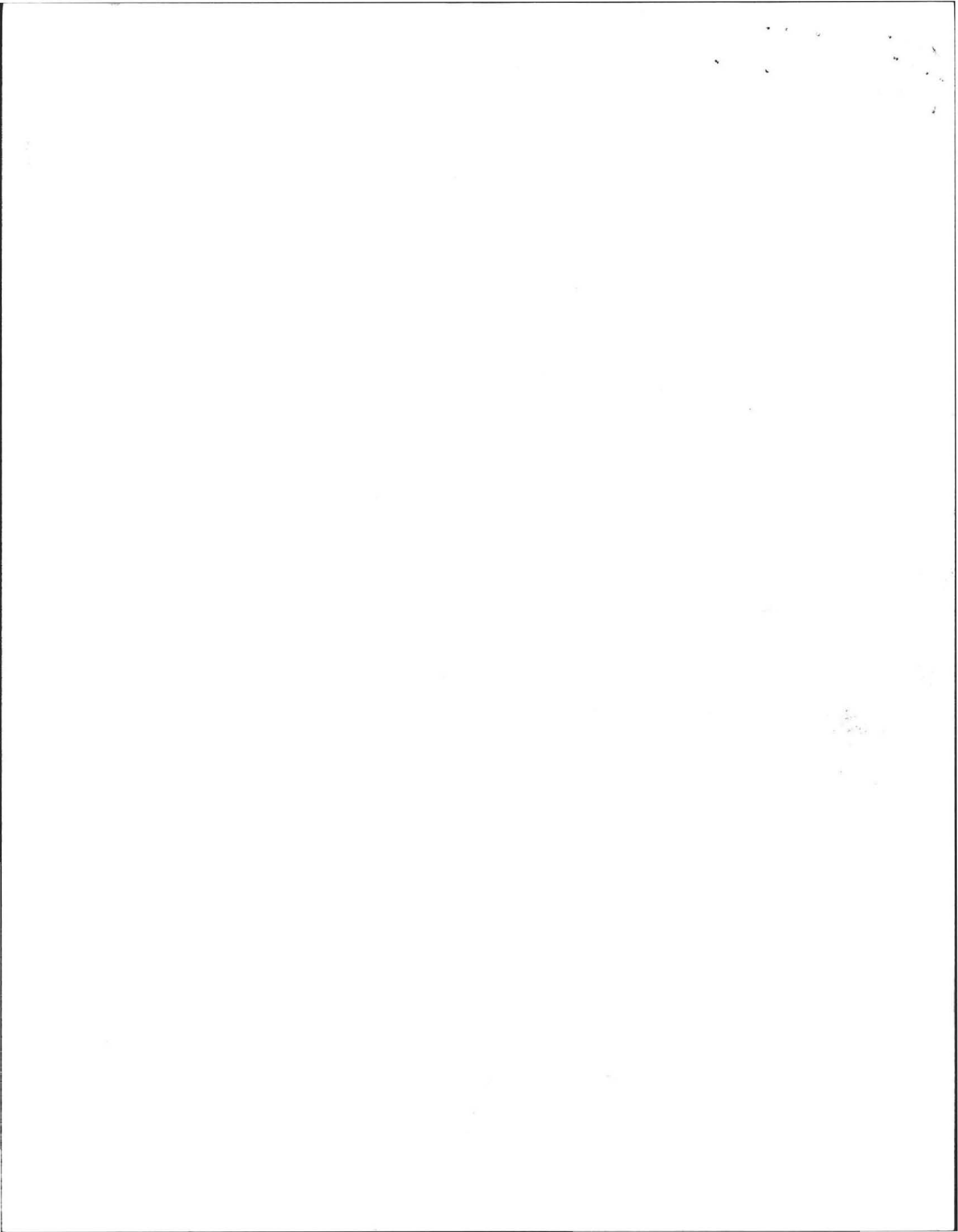
Please indicate all the methods used to determine High Groundwater Elevation:

- 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):

Per original perc test 4/23/1985  
F.A. Filias

No signs of HGW on site during excavation



AFFORDABLE HOME INSPECTIONS  
TITLE V SEPTIC SYSTEM EVALUATION AGREEMENT

I. Affordable Home Inspections, represented by Cary/Pamela Bissell as the property inspector, has been contracted:

1.) To inspect the septic system located at:

38 TRILLIUM WAY AMHERST, MA

2.) By Client: ANA & RICHARD HENDRICK

3.) For The Fee of: \$300 - 20 + 280.

This fee represents the standard ~~time~~ schedule of three hours for the onsite inspection. Time exceeding this shall be charged at \$5.00 per hour. On site inspection commences at the time of arrival at the above address.

- 4.) By your signature, it is understood that this inspection does not serve as a warranty implied or expressed; Nor any form of surety, and does not absolve the seller of any possibility of liability.
- 5.) Further more it is understood that this inspection and the opinion contained within the report are performed and based upon the abilities, knowledge and experience of the named inspector regarding Title V Septic Inspections.

II The Inspector Intends To:

- 1.) Visually inspect all major structural components of the Septic System relative to Title V requirements.
- 2.) Visually identify obvious, existing problems and where possible indicate areas of potential problems.

III. The Inspector Will Not :

- 1.) Make repairs, nor enter setic tank, nor be responsible for any damage to the septic system or property.

IV. Inspector is not a quarrantor of the future life, adequacy or performance of the septic system.

V. Inspections are limited to visual defects and general appearance of the septic system and property at the time of inspection.

VI. Neither the contents of this report nor any representations made herein are assignable without the expressed written consent of Affordable Home Inspections.

VII. Affordable Home Inspections liability is limited to the cost of the inspection.

VIV. Septic Inspection results are filed with the local Board of Health as required by Title V regulations.

Signed: Ana O. Hendrick Date 12/9/98

Affordable Home Inspections Cary Bissell

