



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

William F. Weld
Governor
Trudy Coxe
Secretary, EOE
David B. Struhs
Commissioner



COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

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

JOAN STORA

Property Address: 45 WARD STREET
Date of Inspection: 4/29/97
Name of Inspector: ALAN E. WEISS, R. S. #933
Company Name, Address and Telephone Number:

Address of Owner: _____
(If different) _____

COLD SPRING ENVIRONMENTAL, INC.
350 OLD ENFIELD RD. BELCHERTOWN, MA. 01007
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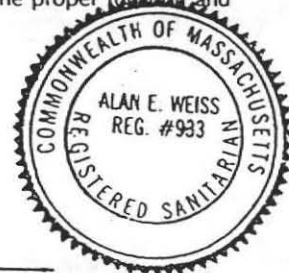
CERTIFICATION STATEMENT

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: Alan Weiss

Date: 4/29/97



The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

INSPECTION SUMMARY:

Check A, B, C, or D:

A) SYSTEM PASSES:

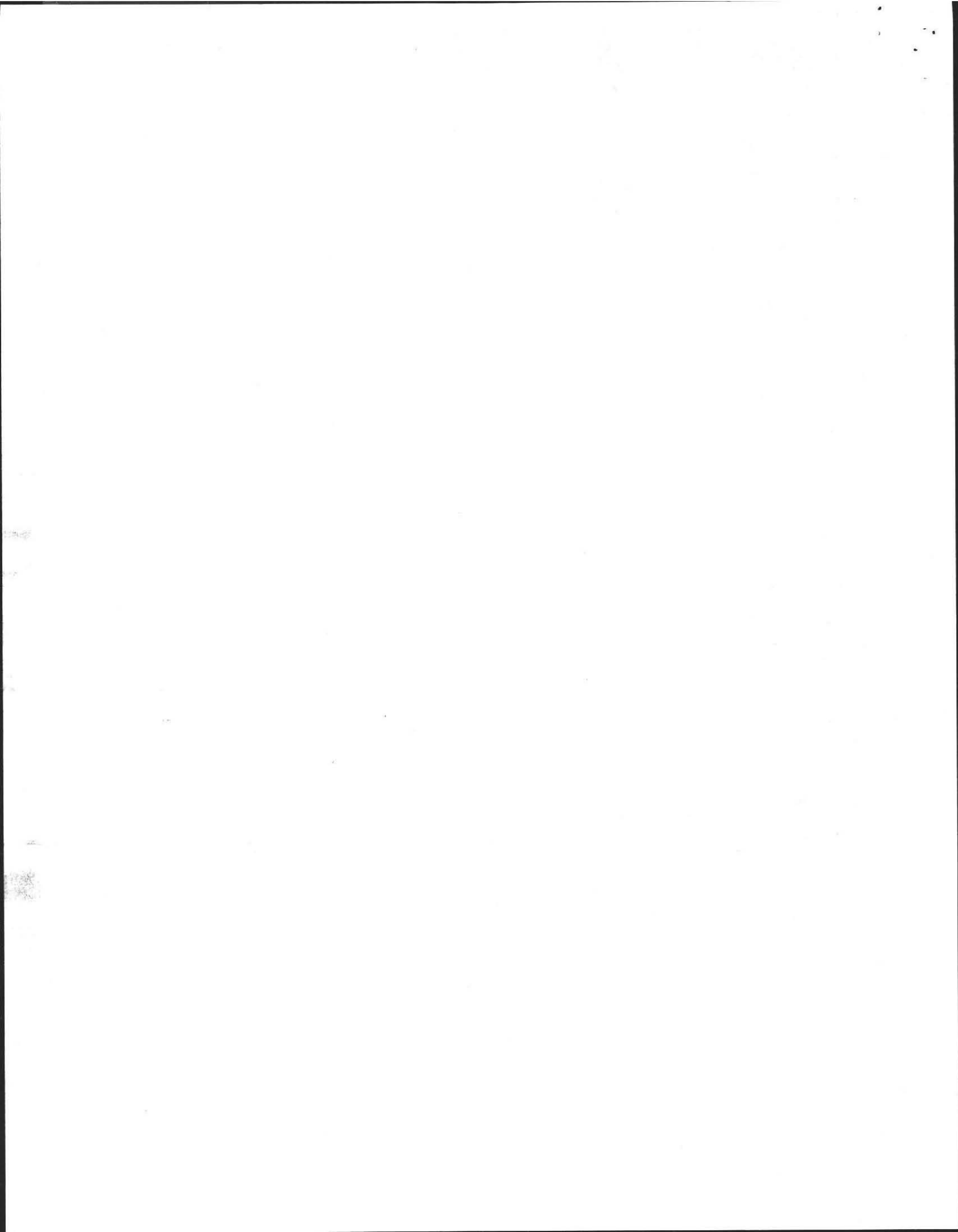
I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

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

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.
_____ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

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

Property Address: *45 WARD ST., AMHERST*
Owner: *STOIA*
Date of Inspection: *4/29/97*

B] SYSTEM CONDITIONALLY PASSES (continued)

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

- The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced
 - obstruction is removed

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

Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

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

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D] SYSTEM FAILS:

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

- Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

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

Property Address: 45 WARD ST, AMHERST

Owner: ST01A

Date of Inspection: 4/29/97

D) SYSTEM FAILS (continued):

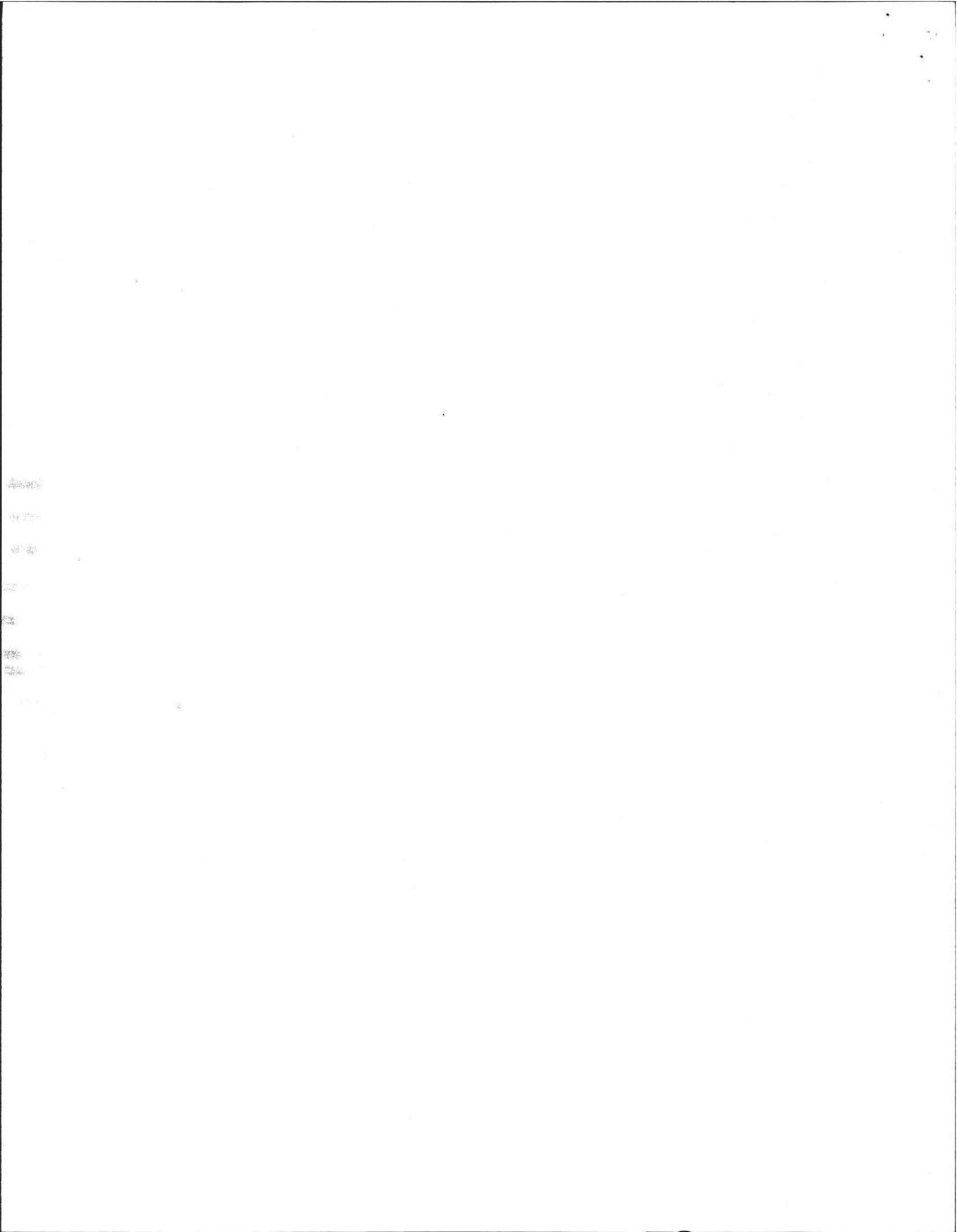
- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____
- Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone I of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:

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

- The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
 - the system is within 400 feet of a surface drinking water supply
 - the system is within 200 feet of a tributary to a surface drinking water supply
 - the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

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

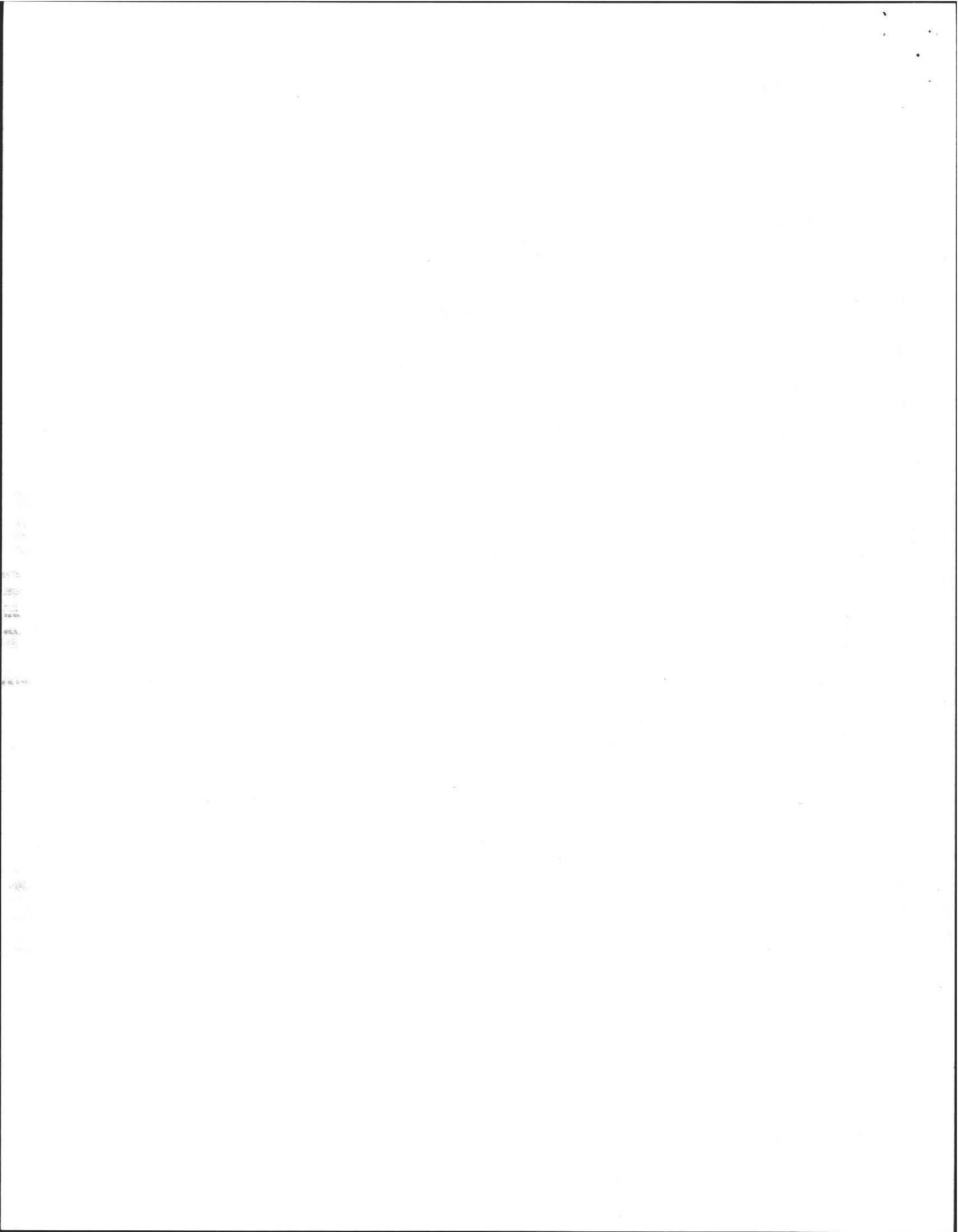


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 45 WARD ST., AMHERST
Owner: STICA
Date of Inspection: 4/21/97

Check if the following have been done:

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 45 WAZD ST. AMHERST
Owner: ST10A
Date of Inspection: 4/29/97

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 900 gallons 11- (1971)
Number of bedrooms: 4
Number of current residents: 3
Garbage grinder (yes or no): N
Laundry connected to system (yes or no): Y
Seasonal use (yes or no): N
Water meter readings, if available: -

Last date of occupancy: CURRENT

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A
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:

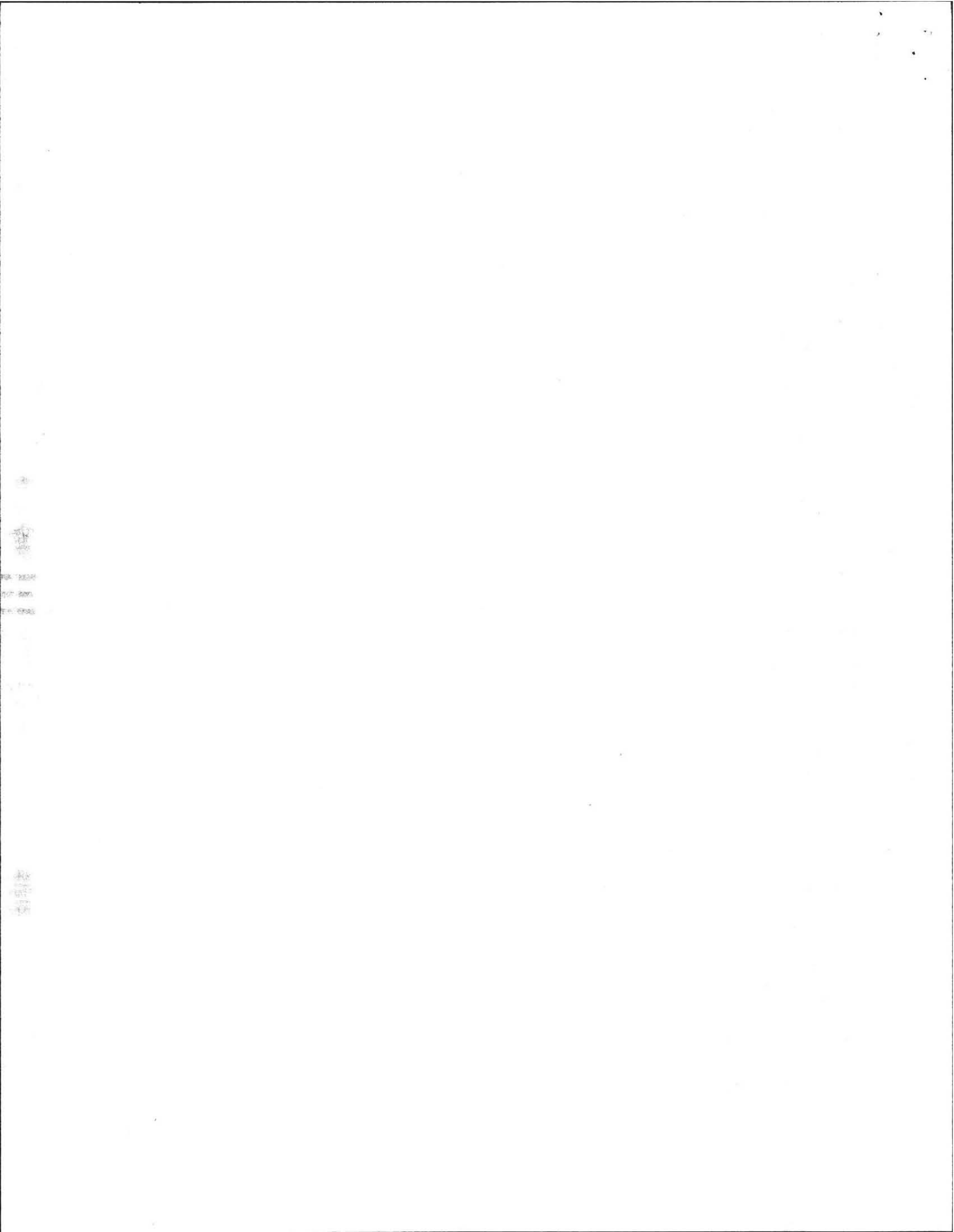
3-6 years?
System pumped as part of inspection: (yes or no) Y
If yes, volume pumped 1200 gallons
Reason for pumping: TIME, DUNOR REQUEST, BUILD-UP

TYPE OF SYSTEM

- Septic tank/distribution box/soil absorption system
 Single cesspool
 Overflow cesspool
 Privy
 Shared system (yes or no) (if yes, attach previous inspection records, if any)
 Other (explain) _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 20 yrs +

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



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

Property Address: 45 WARD STREET
Owner: STORA
Date of Inspection: 4/29/97

SEPTIC TANK: (1200 GALS)
(locate on site plan)

Depth below grade: 18"
Material of construction: concrete metal FRP other(explain)

Dimensions: 8' x 4' x 5.5'
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 28"
Scum thickness: 10"
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: 16"

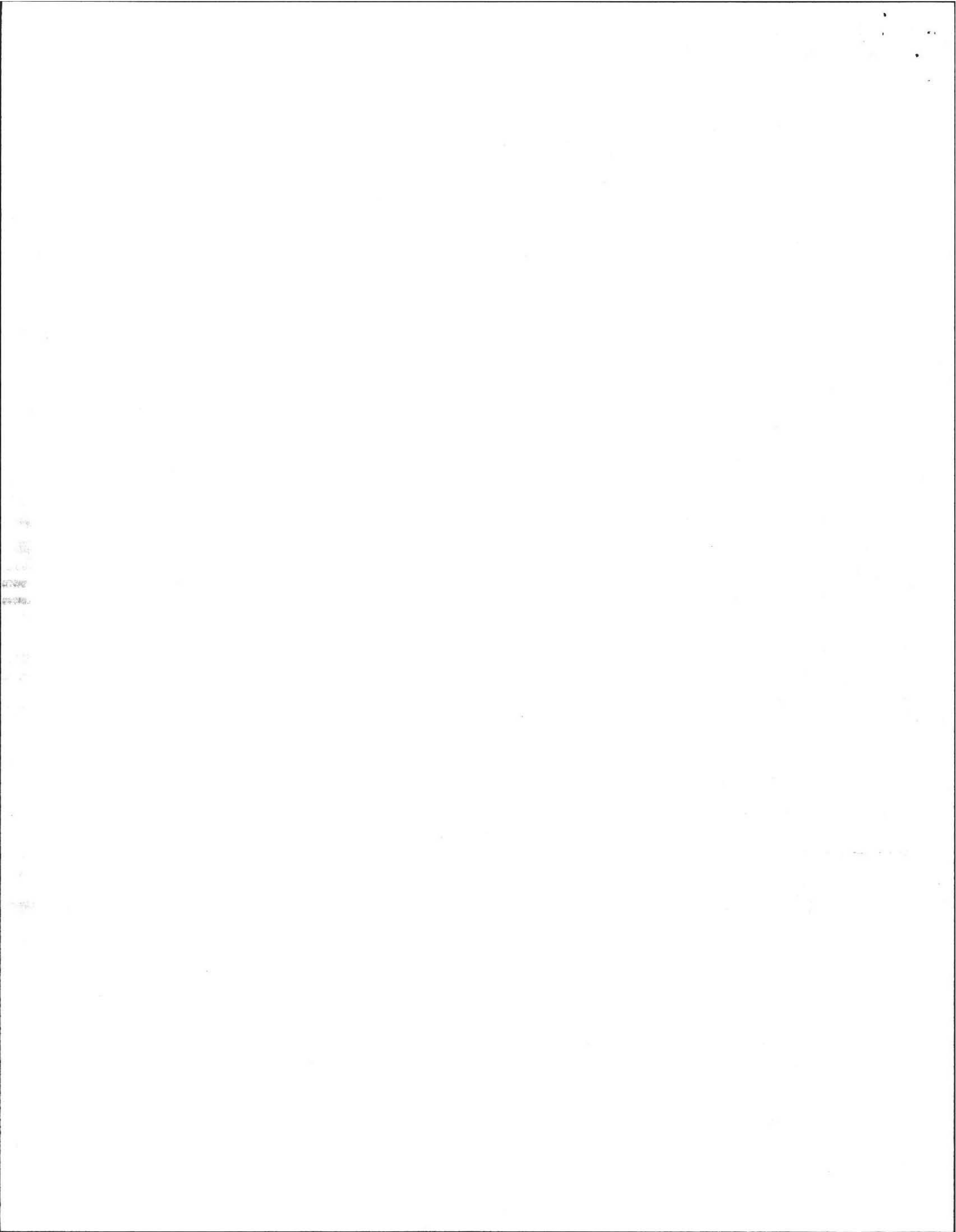
Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) SITANK IN GOOD CONDITION, baffles + liquid level OK.

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

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

Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____

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



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

Property Address: 45 WARD STREET
Owner: STICA
Date of Inspection: 4/29/87

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

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

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

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

DISTRIBUTION BOX: y
(locate on site plan)

Depth of liquid level above outlet invert: at invert

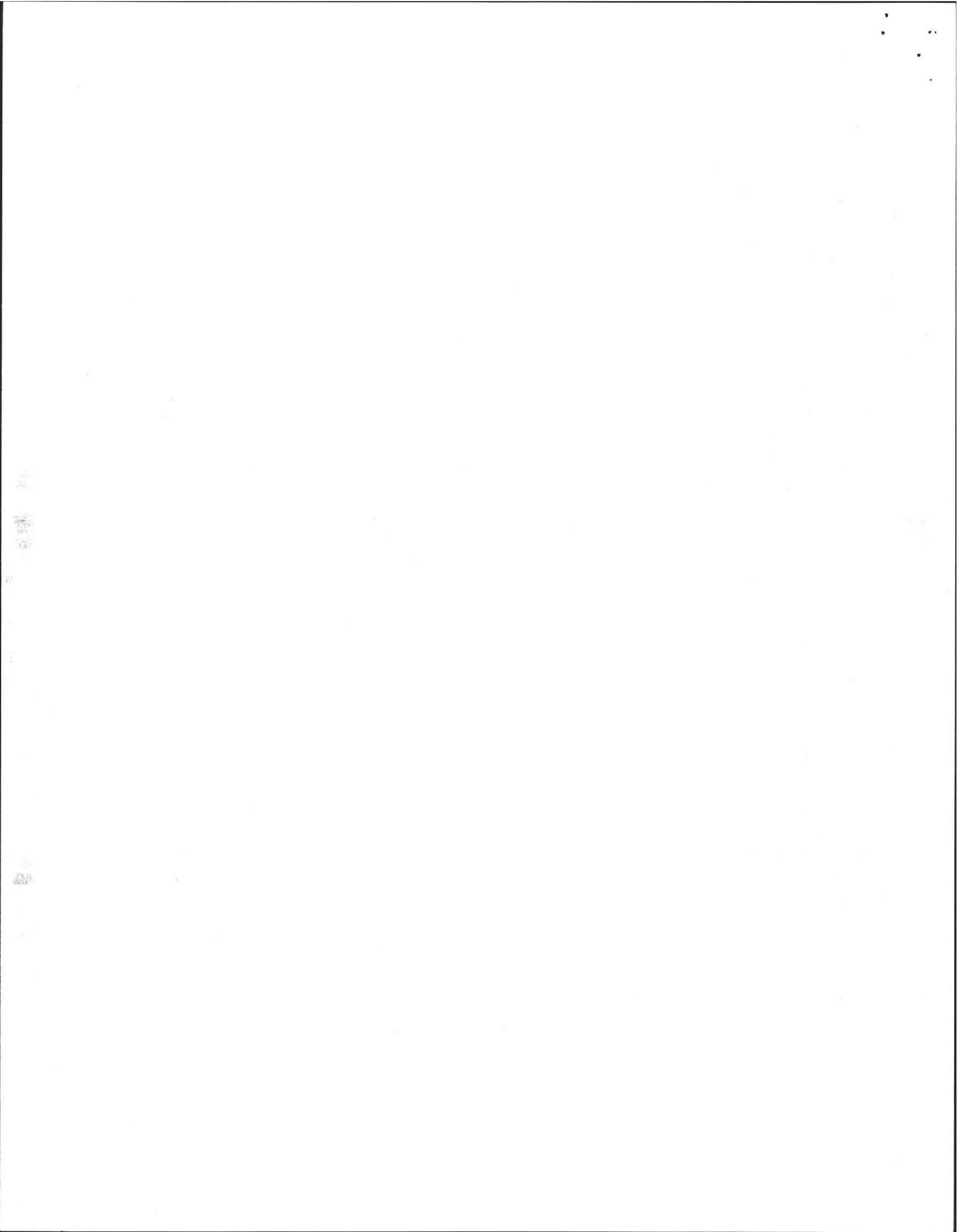
Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) _____

NO carry over. box is level

PUMP CHAMBER: N
(locate on site plan)

Pumps in working order:(yes or no) _____

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



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

Property Address: 45 WARD STREET

Owner: STIGA

Date of Inspection: 4/2/99

SOIL ABSORPTION SYSTEM (SAS): Y

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

If not determined to be present, explain:

Type:

leaching pits, number: _____

leaching chambers, number: _____

leaching galleries, number: _____

leaching trenches, number, length: _____

leaching fields, number, dimensions: (1) 27' x 30'

overflow cesspool, number: _____

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

No hydraulic failure noted.

CESSPOOLS: N

(locate on site plan)

Number and configuration: _____

Depth-top of liquid to inlet invert: _____

Depth of solids layer: _____

Depth of scum layer: _____

Dimensions of cesspool: _____

Materials of construction: _____

Indication of groundwater: _____

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

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

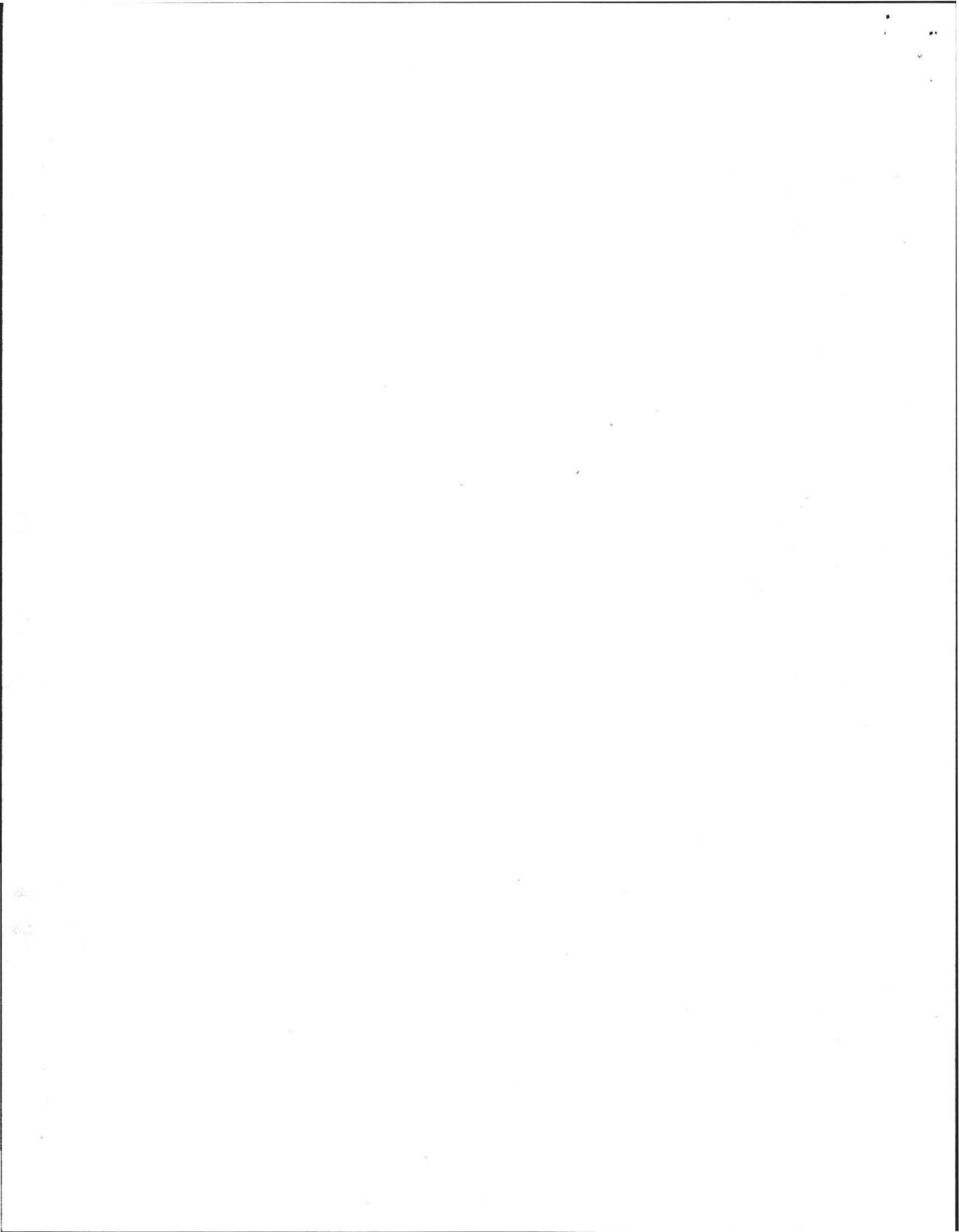
PRIVY: N

(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.) _____

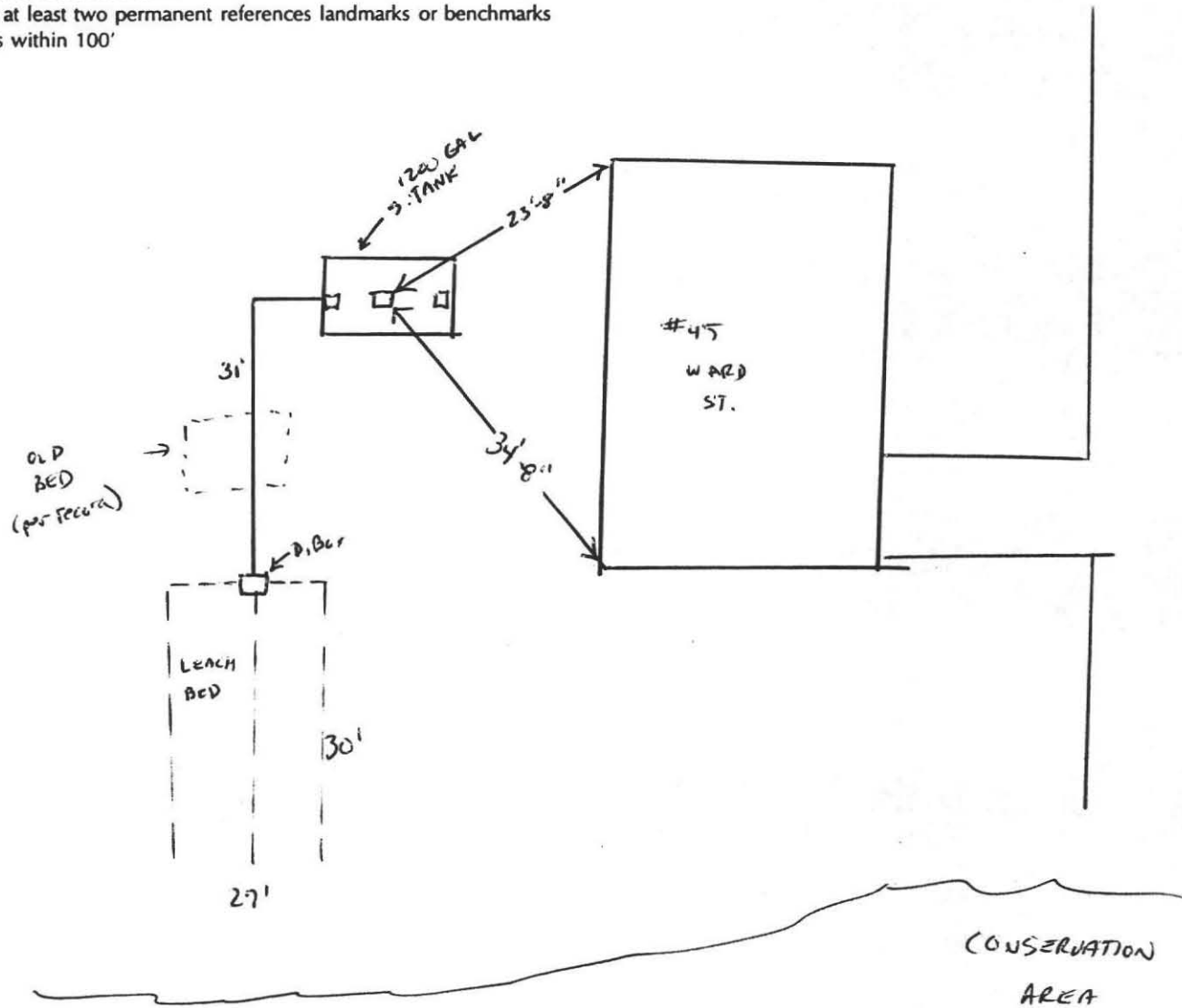


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 45 WARD ST. AMHERST
 Owner: STDA
 Date of Inspection: 4/29/97

SKETCH OF SEWAGE DISPOSAL SYSTEM:

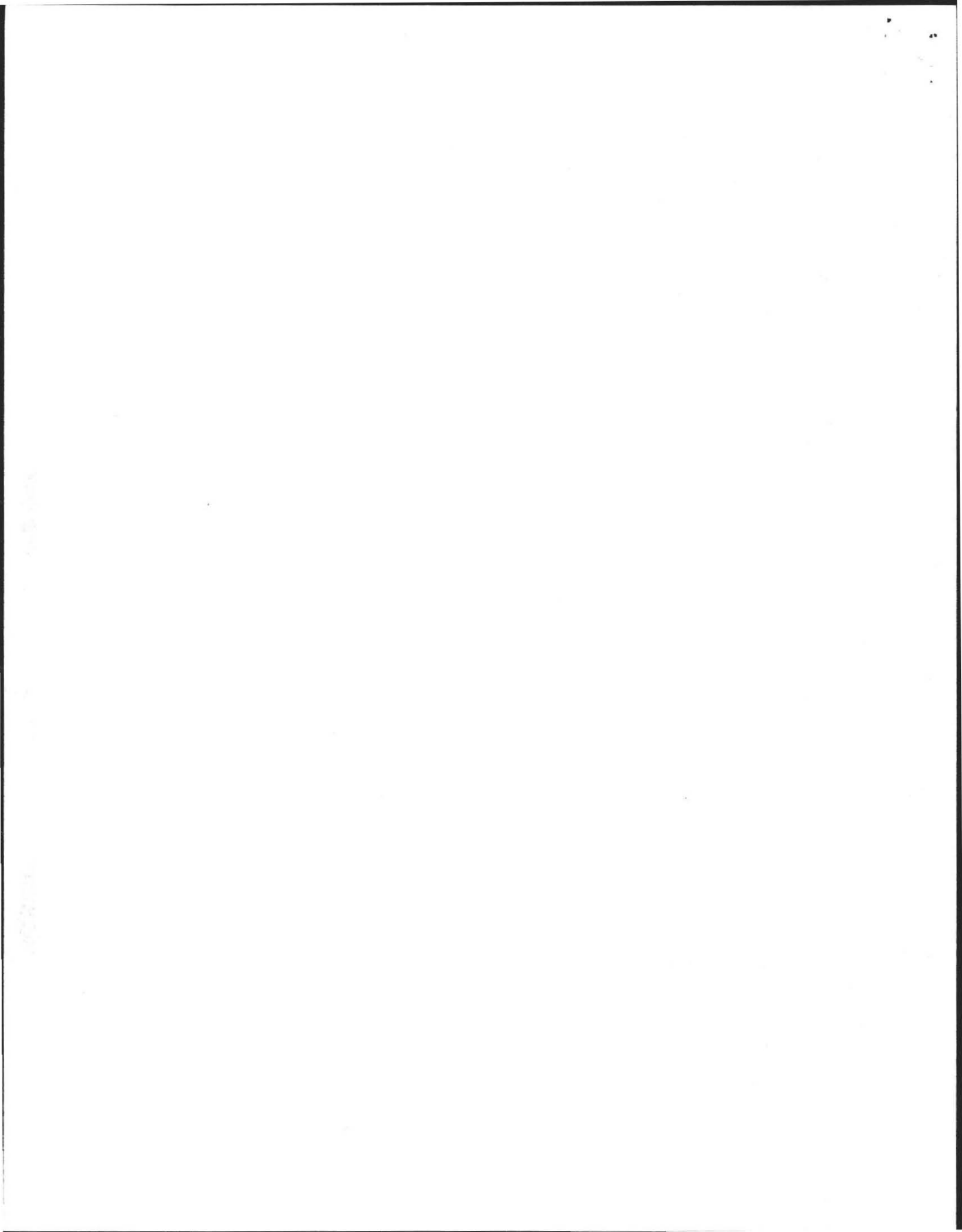
include ties to at least two permanent references landmarks or benchmarks
 locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 6.8' feet

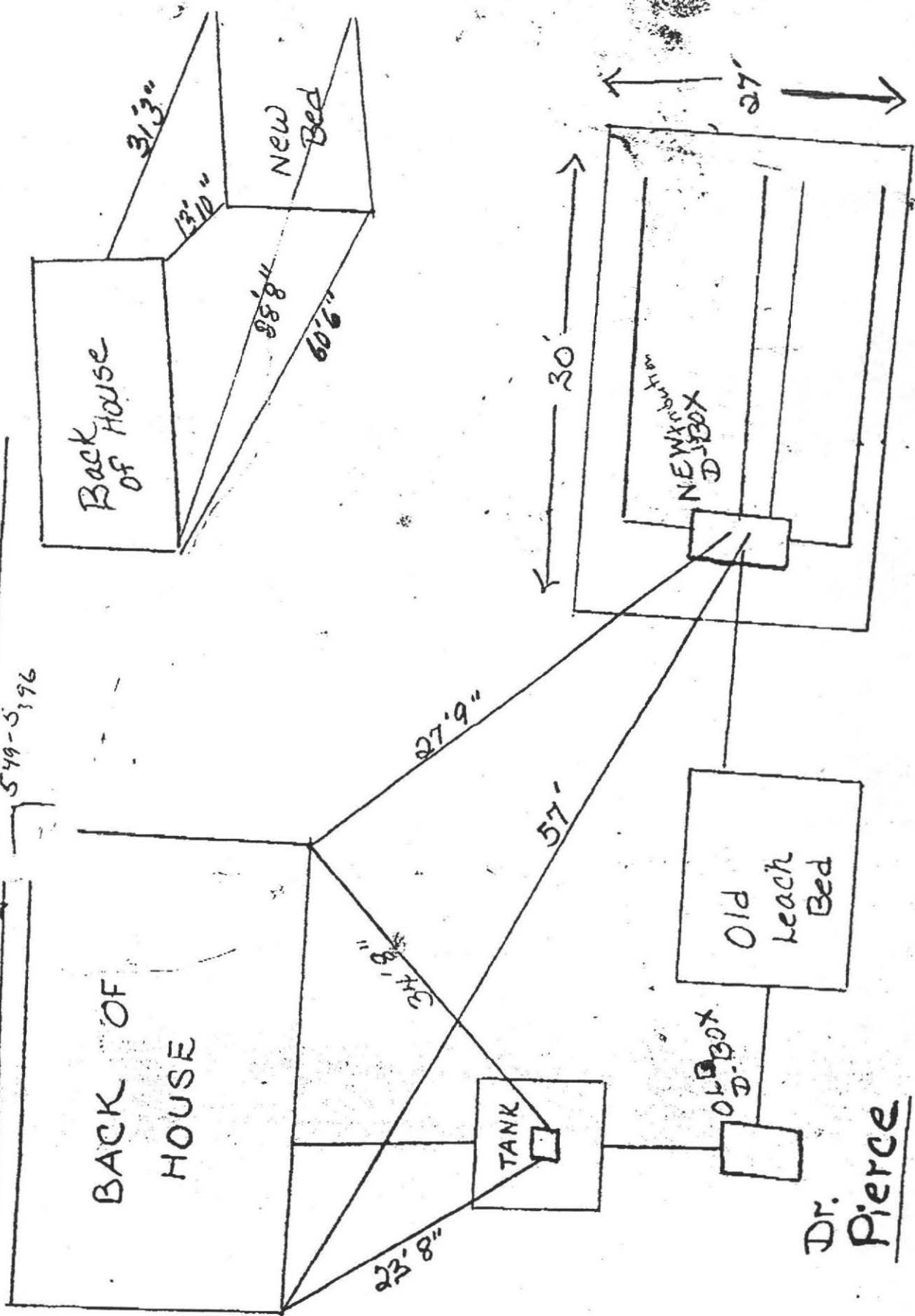
method of determination or approximation: OLD PERM/PERMIT + TOPO.



June 1977

549-5396

From: Karl's Excavating



Dr. Pierce

Ward St. Pelham

