

332 WEST ST.





Commonwealth of Massachusetts  
City/Town of Amherst  
System Pumping Record  
Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

**A. Facility Information**

Important:  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. System Location:

332 West St  
Address

Amherst  
City/Town

MA  
State

Zip Code

2. System Owner:

Bob Hawley  
Name

Address (if different from location)

City/Town

State

3-3582  
Zip Code

Telephone Number

**B. Pumping Record**

1. Date of Pumping

7/16/09  
Date

2. Quantity Pumped:

600  
Gallons

3. Type of system:

☐ Cesspool(s)

☒ Septic Tank

☐ Tight Tank

☐ Grease Trap

☐ Other (describe):

4. Effluent Tee Filter present? ☐ Yes ☒ No

If yes, was it cleaned? ☐ Yes ☐ No

5. Condition of System:

Failed - Karis putting new sewer in

6. System Pumped By:

Corrigan  
Name

KARIS Site Work, Inc  
Company

H 97-380  
Vehicle License Number

7. Location where contents were disposed:

Amherst WWP

[Signature]  
Signature of Hauler

7/16/09  
Date

Signature of Receiving Facility

Date



332 West St.

6-8-09 Title 5 Inspection

owner: Mary Steigner  
Ann Lowell

FAILED

Baykemyln can contact Jason @ DPW.  
Jim Smith can tie into sewer (retired town engineer)

Arc Tank — tanks of concrete, built in place  
designed to leak out corners.

overflow pipe to take excess

Clay pipe.

Gave land to Conservation

— Public Health issue.

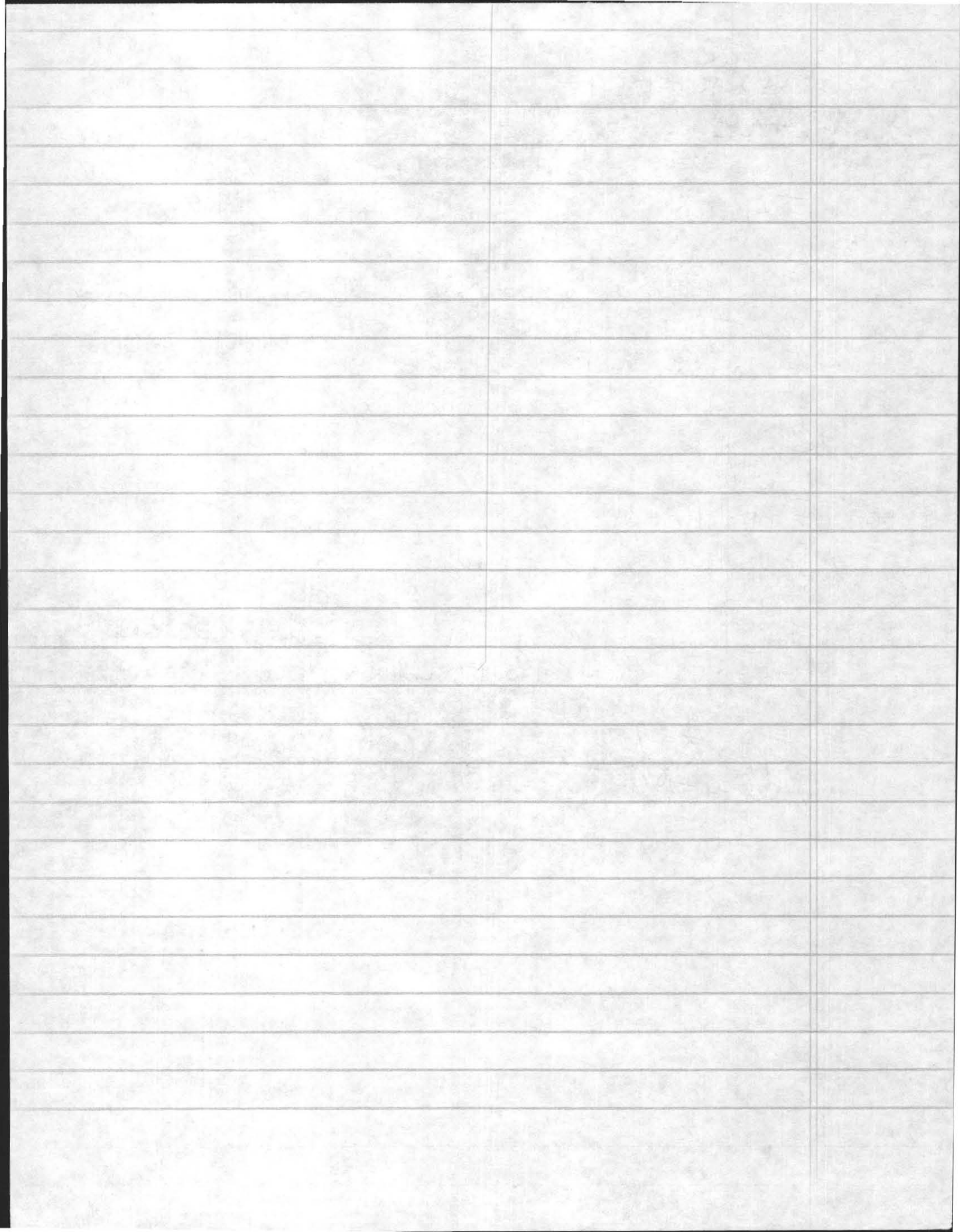
Karl's can do it, don't need Jim Smith

Gravity system.

Jason said not paving till next season.

More than 50ft of wet land.

Ellen Boh



PERMITS/INSP PAYMENT RECPT#: 9097577  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 06/08/09 TIME: 13:08  
CLERK: mirj DEPT:

PAID BY:  
PAYMENT METH: CHECK 1104

REFERENCE: A

AMT TENDERED: 200.00  
AMT APPLIED: 200.00  
CHANGE: .00

SITE ADDRESS: 332 WEST ST

FEEs:  
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00







Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

RECEIVED  
6-12-08

322 West Street, Amherst, MA (Mail POB 2592, Amherst, MA 01004-2592)

Property Address

Ann Lowell and Mary Steigner

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.08.2009

Date of Inspection

Owner  
information is  
required for  
every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

## Important:

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## A. General Information

### 1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

License Number

## B. Certification

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 the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

☐ Passes

☐ Conditionally Passes

☒ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

06.08.2008

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 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 DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

\*\*\*\*This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.





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## B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

### A) System Passes:

- ☐ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

System serves 2 Bedroom house , S Tank (700 gal.), ARC tank, was slightly corroded. D. Box was not located due to black saturated stone & system in hydraulical failure at outlet pipe. (Connection to Sewer in street recommended.)

### 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.

Answer yes, no or not determined (Y, N, ND) in the ☐ for the following statements. If "not determined," please explain.

- ☐ The septic tank is metal and over 20 years old\* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

\* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

- ☐ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- ☐ broken pipe(s) are replaced  
☐ obstruction is removed





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## B. Certification (cont.)

### B) System Conditionally Passes (cont.):

- ☐ distribution box is leveled or replaced

ND Explain:

- ☐ The system required pumping more than 4 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

ND Explain:

### 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 public health, safety or the environment.

**1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, 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 any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.





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## B. Certification (cont.)

### C) Further Evaluation is Required by the Board of Health (cont.):

- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: \_\_\_\_\_

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

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

### D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes No



Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool



Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool



Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool



Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow



Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_.



Any portion of the SAS, cesspool or privy is below high ground water elevation.



Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.







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### B. Certification (cont.)

#### D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

☐☒

Any portion of a cesspool or privy is within a Zone 1 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. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

☐☒

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

☒☐

**The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

#### E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.





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## C. Checklist

Check if the following have been done. You **must** indicate "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 type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?   |

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Existing information. For example, a plan at the Board of Health.  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |





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## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design): 2 Number of bedrooms (actual): 2

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ?

Number of current residents: 2

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☒ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump? ☐ Yes ☒ No

Last date of occupancy: current  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): N/A  
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): N/A

Grease trap present? ☐ Yes ☒ No

Industrial waste holding tank present? ☐ Yes ☒ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☒ No

Water meter readings, if available: N/A

Last date of occupancy/use: N/A  
Date

Other (describe): N/A





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## D. System Information (cont.)

### General Information

#### Pumping Records:

Source of information:

Owner: (2+yrs)

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

gallons

How was quantity pumped determined?

pumper

Reason for pumping:

Differed to pump crush and fill upon sewer connection

#### 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)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

Approximate age of all components, date installed (if known) and source of information:

40+ Years

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No







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## D. System Information (cont.)

**Building Sewer** (locate on site plan):

Depth below grade:

.5'+  
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

10'  
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

**Septic Tank** (locate on site plan):

Depth below grade:

1.0'

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

☐ Yes ☒ No

Dimensions:

7'X4.'X3.5'

Sludge depth:

-"

Distance from top of sludge to bottom of outlet tee or baffle

-"

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

-"

How were dimensions determined?





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## D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Evid. of Tank backup. Some corrosion of tank.

**Grease Trap** (locate on site plan):

Depth below grade:

N/A  
feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

N/A

Scum thickness

N/A

Distance from top of scum to top of outlet tee or baffle

N/A

Distance from bottom of scum to bottom of outlet tee or baffle

N/A

Date of last pumping:

N/A  
Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

N/A

**Tight or Holding Tank** (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

N/A

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

N/A





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## D. System Information (cont.)

### Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

☐ Yes

☐ No

Alarm level:

N/A

Alarm in working order:

☐ Yes

☐ No

Date of last pumping:

N/A

Date

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

N/A

\* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes

☐ No

**Distribution Box** (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

pipe/stone in failure

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

**Pump Chamber** (locate on site plan):

Pumps in working order:

☐ Yes

☐ No

Alarms in working order:

☐ Yes

☐ No





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## D. System Information (cont.)

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

**Soil Absorption System (SAS)** (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

☐

leaching pits

number:

☐

leaching chambers

number:

☐

leaching galleries

number:

☐

leaching trenches

number, length:

☒

leaching fields

number, dimensions:

one pipe field

☐

overflow cesspool

number:

☐

innovative/alternative system

Type/name of technology:

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

Hydraulic failure conditions beginning to develop in stone. (Bd. of Health present).







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## D. System Information (cont.)

**Cesspools** (cesspool must be pumped as part of inspection) (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

☐ Yes ☐ No

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

**Privy** (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A





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## D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.





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## D. System Information (cont.)

### Site Exam:

- ☒ Check Slope
- ☐ Surface water
- ☒ Check cellar
- ☐ Shallow wells

Estimated depth to ground water:

2-4'  
feet

Please indicate all methods used to determine the high ground water elevation:

- ☒ Obtained from system design plans on record  
If checked, date of design plan reviewed: \_\_\_\_\_ Date
- ☐ Observed site (abutting property/observation hole within 150 feet of SAS)
- ☐ Checked with local Board of Health - explain:  
\_\_\_\_\_
- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:  
\_\_\_\_\_

You **must** describe how you established the high ground water elevation:

Topo and elevation to adjacent wetland over bank 50'





- Utility Poles
- Control Points
- Documents
  - Scanned Documents
  - Gate Card
  - Linen Plan
  - Fiche Plan
  - Easement Plan
  - Subdivision Plan
  - Record Plan
  - As-Built Plan
  - Site Plan
  - Deed
  - ▲ Sewer Svc Cards
  - Drain Svc Cards
- Drainage System
  - Catch Basins
  - Drain Manholes
  - Stormwater Outfalls
  - Culverts
- Drain Lines
  - Active
  - Missing
  - Abandoned
- Sanitary Sewer System
  - Sewer Manholes
    - Private
    - Town of Amherst
  - Sewer Lines
    - Active
    - Missing
    - Abandoned
  - Sewer Force Mains
    -
  - Pump Stations
    - Pump Station
    - Residential Pump
    - Commercial Pump

Horizontal Datum: MA Stateplane Coordinate System,  
Zone 4151, Datum NAD83, Feet

Planimetric basemap features compiled at 1"=40' and  
1"=100' scale from April, 1999 Aerial Photography.  
Aerial Photography: April, 2004. Parcels compiled through  
a "best-fit" methodology to match the basemap; revisions  
are ongoing.

The information depicted on this map is for planning  
purposes only. It may not be adequate for legal boundary  
definition, regulatory interpretation, or property  
conveyance purposes. Utility structures and underground  
utility locations are approximate and require field  
verification.

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INFORMATION.

1" = 50 ft



Amherst GIS Viewer

June 8, 2009







Septic tank Location  
322 West Street  
Amherst, MA  
06.08.2009





Hydraulic Failure  
322 West Street  
Amherst, MA  
06.08.2009

