COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5 INSPECTION FORM

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification

Property Address:	641 West Street, South Amherst, Ma.	Name of Owner:	Laszlo & Doris Tikos
Date of Inspection:	March 18, 2003	Address of Owner:	P.O. Box 263, Leverett, Ma.
Name of Inspector:	Philip J. Pasiecnik		
Company Name:	**Greg's Wastewater Removal** **239A Greenfield Road** **S. Deerfield, MA 01373**		
Company Phone:	(413) 665 - 3989		

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 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
- ☐ Needs Further Evaluation by the local Approving Authority
- ☒ Fails

INSPECTOR'S SIGNATURE: Philip J. Pasiecnik **DATE:** 3/18/03

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

NOTES AND COMMENTS: Failure criteria as described on page four of this report was found at the time of inspection of this system.

***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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Part A
Certification (continued)

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

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 conditions described in 310 CMR 15.303 or in CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

COMMENTS:_____

B] SYSTEM CONDITIONALLY PASSES:

☐ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer YES, NO, or Not Determined (**Y**,**N**, or **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 breakout or high static water level 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 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:

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Part A

Certification (continued)

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

D] SYSTEM FAILURE CRITERIA applicable to all systems:

You **must** indicate either "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 Soil Absorption System, cesspool, or privy is below the high groundwater elevation.
☐	☒	Any portion of 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. [**This system passes if the well water analysis, performed at a DEP certified laboratory, 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.**]
☒	☐	**The system fails.** I have determined that one or more of the above failure criteria exists as defined 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.

You must indicate either "Yes" or "No" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

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 threat, or answered "yes" in Section D above the large system has failed. The owner or operator or 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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Part A
Certification (continued)

Property Address: 641 West Street, South Amherst, Ma.
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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, 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 THE 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 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 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 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.
   - ☐ 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 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3) Other
_____

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Part C
SYSTEM INFORMATION

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

FLOW CONDITIONS

Residential:

Number of bedrooms (design): N/A Number of bedrooms (actual) 2

DESIGN Flow: 220 G.P.D. (based on 310 CMR 15.203 - for example: 110 gpd x # of bedrooms)

Number of current residents: 3

Is Garbage Grinder present (yes or no) No

Is laundry on a separate sewage system (yes or no) No____if **yes** separate inspection required

Laundry system inspected (yes or no)

Seasonal Use (yes or no) No

Water Meter readings - if available
(last two (2) year usage (gpd) 165,000 Gallons / 226 G.P.D.

Sump Pump (yes or no) Yes

Last Date of Occupancy: Currently occupied

Commercial/Industrial:

Type of establishment:

Design flow: (Based on 310 CMR 15.203) _____ gallons per day

Basis of design flow (seats/persons/sqft,etc.) _____

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)

Last Date of Occupancy/Use:

OTHER (describe):

GENERAL INFORMATION

PUMPING RECORDS

Source of information: Pumped 9/12/02 and 12/19/99 by Greg's per our records.

Was system pumped as part of the inspection: (yes or no) Yes

If YES -enter volume pumped 1000 gallons
How was the quantity pumped determined? Tank dimensions

Reason for pumping: Tank was full over the outlet invert.

TYPE OF SYSTEM:

☒ Septic Tank / D Box / Soil Absorption System
☐ Overflow Cesspool
☐ Single Cesspool
☐ Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any) No

Innovative/Alternative technology. Attach a copy of up the current operation and maintenance contract (to be obtained from system owner)

Tight Tank _____ Attach a copy of DEP Approval

OTHER (describe):

Approximate age of all components, date installed (if known) and source of information:
25 - 30 Years old / Estimated

Were sewage odors detected when arriving at site: (yes or no) No

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Part B
CHECKLIST

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

Check if the following have been done. You **must** indicate either "Yes" or "No" as to each of the following:

Yes	No	
☒	☐	Pumping information was requested of the owner, occupant, or Board of Health.
☐	☒	Were any of the system components pumped out in the previous two weeks?
☒	☐	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☐	☒	Were as built plans of the system obtained and examined? (If they were not available note as N/A) N/A
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the Soil Absorption System, located on site?
☒	☐	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?
☒	☐	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:

☐	☒	Existing information. For example, a plan at the Board of Health.
☒	☐	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 (3)(b)]

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Part C
SYSTEM INFORMATION (continued)

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

TIGHT or HOLDING TANK:_____(Tank must be pumped at time of inspection) (locate on site plan)
Depth below grade:_____
Material of Construction: ☐ Concrete ☐ Metal ☐ Fiberglass ☐ Polyethylene _____ Other (explain)

_____ Dimensions:
_____ Capacity in gallons
Design flow in gallons per day
_____ Alarm present (Yes or No)
_____ Alarm level Alarm in working order ☐Yes ☐ No
_____ Date of last pumping

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

DISTRIBUTION BOX ☒ Yes ☐ No (If present, MUST be opened - locate on site plan)

Depth of liquid level above outlet invert: 6"

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.) Box was full of liquid before the tank was pumped. Box was pumped out to see if the outlet pipes ran back from the leaching field. Solids carryover was evident in the box and outlet pipes. Leakage was evident out of the box due to hydraulic failure.

PUMP CHAMBER: ☐ (located 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.) _____.

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Part A

Certification (continued)

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
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BUILDING SEWER (Locate on site plan): ☒
Depth below grade: 24"
Material of construction: XXX cast iron _____ 40 PVC _____ other (explain)
_____
Distance from private water supply well or suction line Public water supply
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)Joints were in good condition with no evidence of leakage. Venting pipe was visible thru the dwelling roof.

SEPTIC TANK (locate on site plan): ☒

Depth below grade: 18"
Material of Construction: ☒ Concrete ☐ Metal ☐ Fiberglass ☐ Polyethylene _____ Other (explain)
_____

If tank is metal, list age _____ Is age confirmed by Certificate of Compliance _____
(Yes/No) (If "Y", attach copy of Certificate of Compliance)

8'Lx5'Wx5'D	Dimensions:
4"	Sludge Depth
No Tee or Baffle	Distance from top of sludge to bottom of outlet tee or baffle
2"	Scum thickness
No Tee or Baffle	Distance from top of scum to top of outlet tee or baffle
No Tee or Baffle	Distance from bottom of scum to bottom of outlet tee or baffle
Measured	How dimensions were determined:

Comments: (On pumping recommendations, inlet & outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.) Septic tanks in general should be pumped every three years. Inlet baffle was in fair condition. There was no outlet tee or baffle. There was PVC pipe with an elbow extending down approx. 20" into the tank. The septic tank was in fair condition. The liquid level was 6" above the outlet invert. Replacement of the tank is recommended. .

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 / baffle
_____	Distance from bottom of scum to bottom of outlet tee / baffle
_____	Date of last pumping:

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

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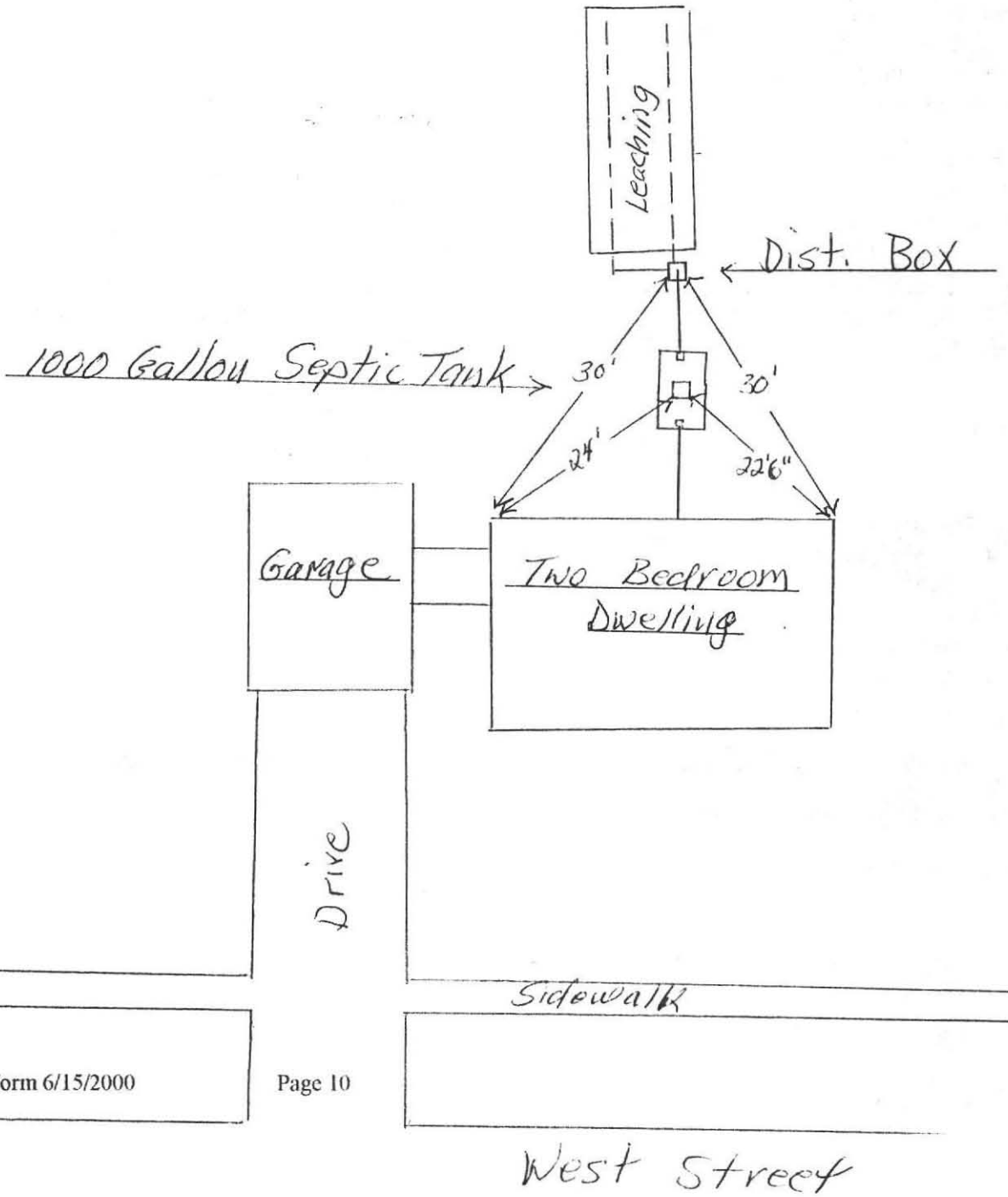
Part C

SYSTEM INFORMATION

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

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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Part C

SYSTEM INFORMATION (continued)

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

SOIL ABSORPTION SYSTEM (SAS): ☒
(locate on site plan, if possible; excavation not required.)

If SAS is not located explain why:_____.

TYPE:
Leaching pits & number _____
Leaching chambers & number _____
Leaching galleries & number _____
Leaching trenches, number, length _____
Leaching fields, number, dimensions 2 - Pipe Leachfield
Overflow cesspool, number _____
Innovative/Alternative system: _____
Name of Technology: _____

Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.) The soil was sandy loam with clogging evident. Hydraulic failure was evident. There wasn't any ponding to surface at this time. The soil was a little damp above the system due to snow melt. Most of the vegetation was snow covered. While pumping out the d-box liquid ran back for a few minutes at quarter to half a pipe from the leachfield. .

CESSPOOLS ☐ (Cesspool must be pumped as part of inspection - locate on site plan)

Number & 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 or 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 _____
Dimensions _____
Depth of solids _____
Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) ____.

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Part C
SYSTEM INFORMATION (continued)

Property Address: 641 West Street, South Amherst, Ma.
Owner: Laszlo & Doris Tikos
Date of Inspection: March 18, 2003

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

Estimated Depth to Groundwater > 2.5 Feet

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

☐ Obtained from system design plans on record - If checked, date of design plan reviewed:_____

☒ 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:**
Sump pump in the basement of the dwelling. Low lying area West of the system seemed to be wet. No system design plans on record. High Groundwater Elevation will be determined by a licensed Soil Evaluator for system repair.