#51

No. 84-29 FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS — FREDERICK FILIOS, R.S. 688

CHECK OR FILL IN WHERE APPLICABLE

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

Amh Woods 51 Wildflower Drive — 52
Location - Address — Lot No.

Robert Hursh — 125 Cave Hill Rd Leverett Ma.
Owner — Address

ED STONE — WEST ST MONTAGUE - MA.
Installer — Address

Type of Building — Size Lot 36,000 ± Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (X)

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 8 Width 4 Diameter ..... Depth 4.5 MIN

Disposal ~~French~~ Bed — No. 1 Width 18 Total Length 20 Total leaching area ~~360~~ sq. ft. 500

Seepage Pit No. ..... Diameter ..... Depth below inlet ..... Total leaching area ..... sq. ft.

Other Distribution box (X) Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date Apr 18 1984

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water 69"

Test Pit No. 2 ..... minutes per inch Depth of Test Pit 10' Depth to ground water 60"

Description of Soil Enclosed — System Must Be 4' Above — Water Table —

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed 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.

X Signed [signature] 7/13/84 Date

Application Approved By [signature] 7-13-84 Date

Application Disapproved *for the following reasons:* .....

Permit No. 84-29 Issued 7-16-84 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 .....

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. ..... dated .....

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

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 84-29 TOWN OF AMHERST FEE $90

Disposal Works Construction Permit

Permission is hereby granted ROBERT HURSH — ED STONE

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. LOT 52 WILDFLOWER DR. Street

as shown on the application for Disposal Works Construction Permit No. 84-29 Dated 7-13-84

DATE 7-16-84 [signature] Board of Health

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No. 84-29 Fee $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK A. FILIOS, R.S. 688

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

Amh Woods Wildflower Drive — Location - Address — 52 — Lot No.

Robert Hursh — Owner — 125 Cave Hill Rd Leverett Ma. — Address

Installer — Address

Type of Building — Size Lot 36,000 ± Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder ( )

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal ~~Trench~~ Bed — No. ..... Width ..... Total Length ..... Total leaching area ..... sq. ft.

Seepage Pit No. ..... Diameter ..... Depth below inlet ..... Total leaching area ..... sq. ft.

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date Apr 18 1984

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water 69"

Test Pit No. 2 ..... minutes per inch Depth of Test Pit 10' Depth to ground water 60"

Description of Soil Enclosed

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed 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 ..... Date .....

Application Approved By ..... Date .....

Application Disapproved *for the following reasons:* .....

Date .....

Permit No. ..... Issued ..... Date

CHECK OR FILL IN WHERE APPLICABLE

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 .....

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. ..... dated .....

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

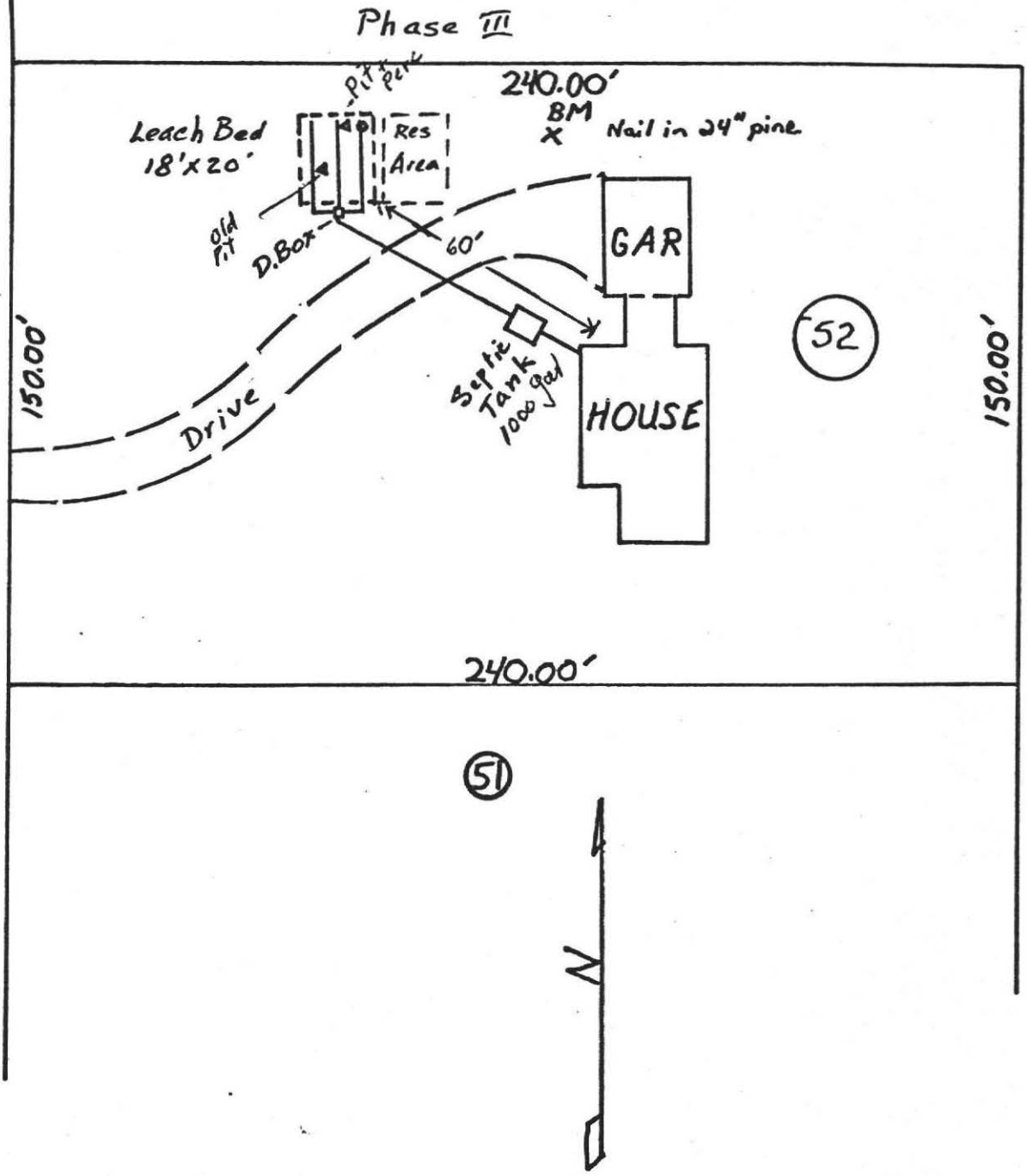
DATE ..... Inspector .....

PLAN SHOWING SEWAGE DISPOSAL

For: Bob Hursh
125 Cave Hill Rd.
Leverett, MA.
At: Wildflower Drive
Scale: 1"=40'
By: Frederick Filios

July 1984

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S. 688

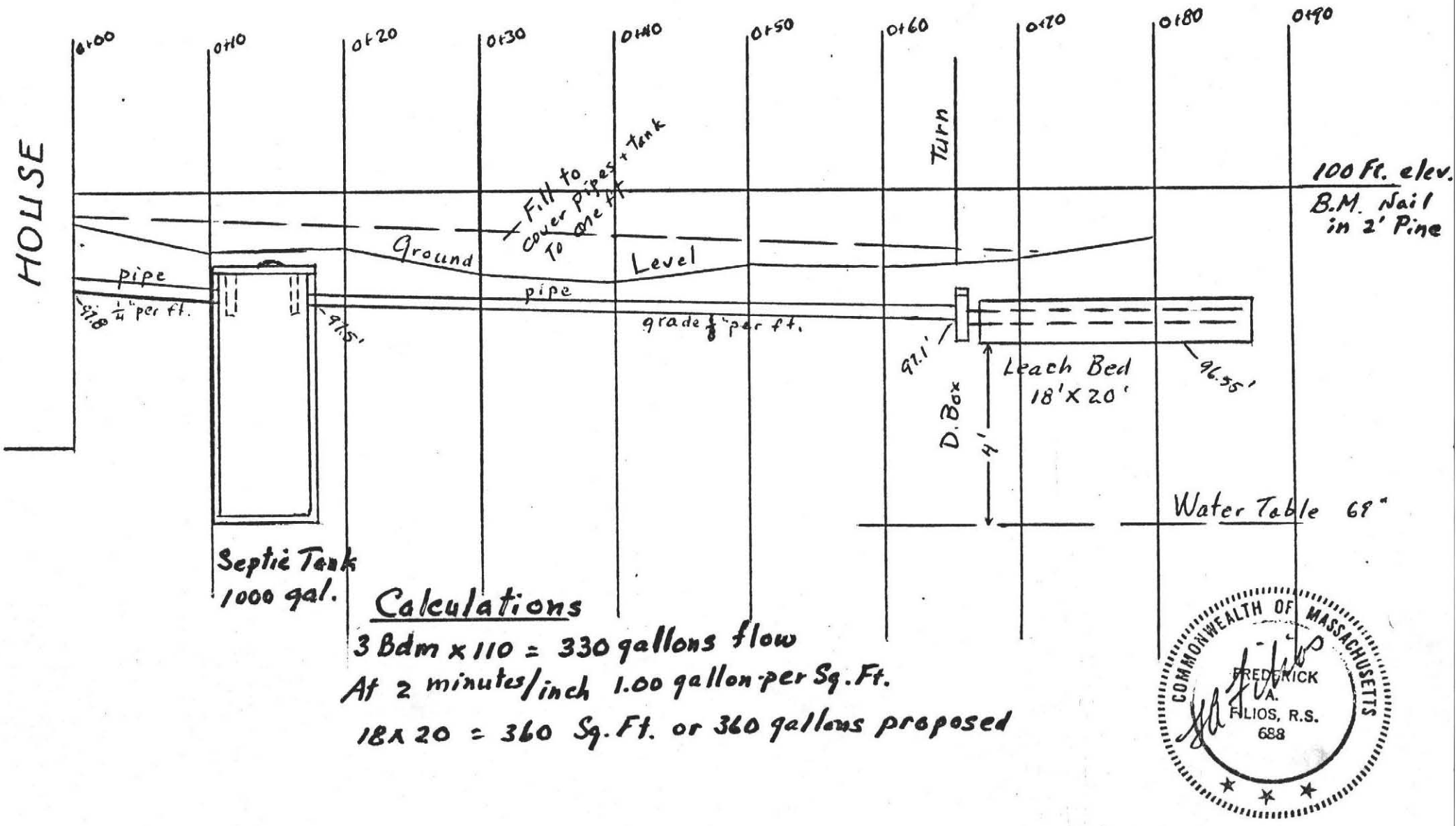


PROFILE OF SEPTIC SYSTEM

July 1984

For: Robert Hursh
125 Cave Hill Rd
Leverett Mass
At: Wildflower Drive

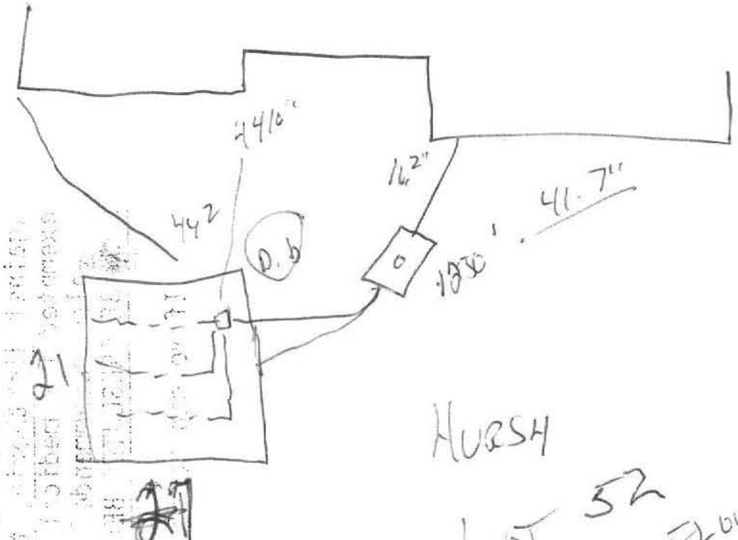
Scale: Horizontal; 1" = 10'
Vertical; 1" = 3'
By: Frederick Filios



Calculations

3 Bdm x 110 = 330 gallons flow
At 2 minutes/inch 1.00 gallon per Sq. Ft.
18 x 20 = 360 Sq. Ft. or 360 gallons proposed

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S. 688



HURSH

LOT 52

51 WILDFLOWER DR

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OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

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

A. System Passes:

__X__ 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:

_____

_____

B. System Conditionally Passes:

__N/A__ 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
____ 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:

BOH

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

TITLE 5
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 51 Wildflower Drive
Amherst, MA 01002
Owner's Name: Paula & Glenn Allen
Owner's Address: 51 Wildflower Drive
Amherst, MA
Date of Inspection: April 20, 2001

Name of Inspector: (please print) Norman Bartlett
Company Name: Bartlett Construction
Mailing Address: 109 New Athol Road
Orange, MA 01364
Telephone Number: 978 575-0888

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:

__X__ Passes
_____ Conditionally Passes
_____ Needs Further Evaluation by the Local Approving Authority
_____ Fails

Inspector's Signature: Norman Bartlett **Date:** April 21, 2001

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.

Notes and Comments

****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.**

Removal of garbage disposal is recommended as it will effect the function and life of SAS.

F.16

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes	No	
___	_x_	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	_x_	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	_x_	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	_x_	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	_x_	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	_x_	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	_x_	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	_x_	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	_x_	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	_x_	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.]**

_no_ (Yes/No) **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.
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 significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered 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.

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

C. Further Evaluation is Required by the Board of Health:

N/A 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.

____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:

_____
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 51Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): **3** Number of bedrooms (actual): **2**
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): **330**
Number of current residents: **3**
Does residence have a garbage grinder (yes or no): **yes**
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 2 years usage (gpd)): **N/A**
Sump pump (yes or no): **no**
Last date of occupancy: **Currently**

COMMERCIAL/INDUSTRIAL
Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____gpd
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): ___
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records Pumped every 2 to 3 years.
Source of information: **Owner**
Was system pumped as part of the inspection (yes or no): **no**
If yes, volume pumped: _____gallons -- How was quantity pumped determined?
Reason for pumping:

TYPE OF SYSTEM
X Septic tank, distribution box, soil absorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
no 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: **16 years old, Plan by Filios dated July 1984, Owner states that it was installed in 1985.**

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

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes No

X ___ Pumping information was provided by the owner, occupant, or Board of Health

___ X Were any of the system components pumped out in the previous two weeks

X ___ Has the system received normal flows in the previous two week period

___ X Have large volumes of water been introduced to the system recently or as part of this inspection

___ N/A Were as built plans of the system obtained and examined? (If they were not available note as N/A)

X ___ Was the facility or dwelling inspected for signs of sewage back up

X ___ Was the site inspected for signs of break out

X ___ Were all system components, excluding the SAS, located on site

X ___ 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

X ___ 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:

Yes no

X ___ Existing information. For example, a plan at the Board of Health.

X ___ 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)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

TIGHT or HOLDING TANK: n/a (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: _____gallons
Design Flow: _____gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): ____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.):
_____
_____

DISTRIBUTION BOX: X (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: **¼ inch**
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.):
D-Box is level but distribution not equal, solid carryover was evident, likely due to the presence of a garbage disposal, no evidence of any leakage. Speed levelers recommended and installed on this date to correct distribution.

PUMP CHAMBER: N/A (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.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

BUILDING SEWER (locate on site plan)

Depth below grade: **4 inches**
Materials of construction: ___cast iron **X** 40 PVC ___other (explain):
Distance from private water supply well or suction line: **N/A**
Comments (on condition of joints, venting, evidence of leakage, etc.): **Good condition, no evidence of leakage, Properly vented.**

SEPTIC TANK: X (locate on site plan)

Depth below grade: **14 inches**
Material of construction: **X** concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: **102 inches long X 58 inches wide X 48 inch effective depth**
Sludge depth: **4 inches**
Distance from top of sludge to bottom of outlet tee or baffle: **31 inches**
Scum thickness: **1 inch**
Distance from top of scum to top of outlet tee or baffle: **8 inches**
Distance from bottom of scum to bottom of outlet tee or baffle: **13 inches**
How were dimensions determined: **measured**
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): **Tank is structurally sound as are concrete baffles, liquid level at invert out, no evidence of leakage. Pumping recommended at 2 to 3 year intervals, installing risers to within 6 inches of finish grade is recommended.**

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

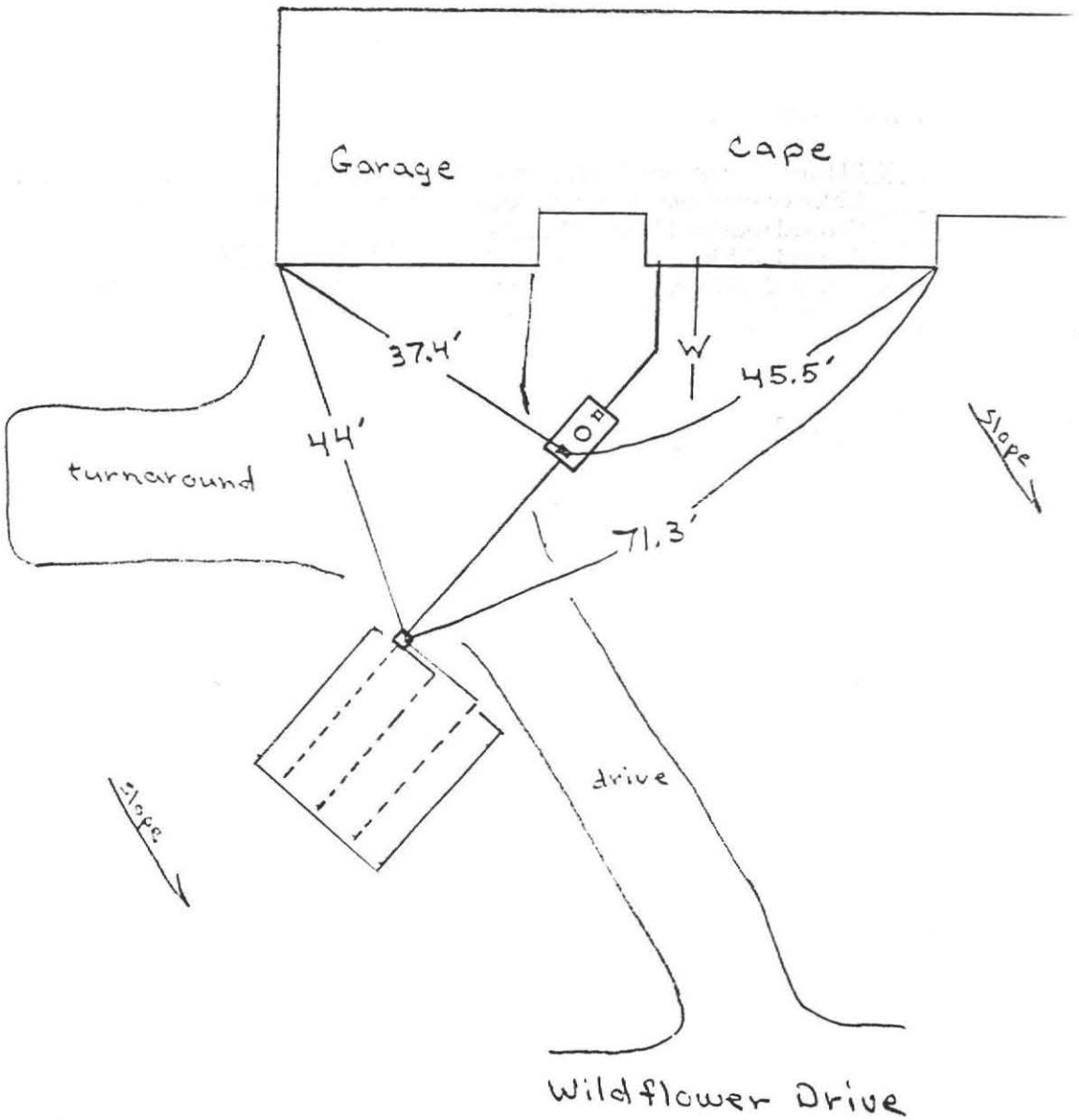
Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

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.



OFFICIAL INSPECTION FORM-NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

SOIL ABSORPTION SYSTEM (SAS): X (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:
__X__leaching fields, number, dimensions: **1 @ 18 feet by 20 feet**
____ 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.): **Dry, coarse loamy sand and gravel, no signs of hydraulic failure or ponding observed around or within leach area.**

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 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.):

_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 51 Wildflower Dr
Amherst, MA
Owner: Allen
Date of Inspection: April 20, 2001

SITE EXAM
Slope **gradually rolling**
Surface water **none**
Check cellar **dry**
Shallow wells **none**

Estimated depth to ground water __5__ feet

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

__X__ Obtained from system design plans on record - If checked, date of design plan reviewed: **July 1984**
_____ 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)
__X__ Accessed USGS database-explain: **maps for March shows groundwater to be normal, observation well #23 in Pelham indicates a high groundwater level of 10.52 for the month of April, being .76 inches below its highest recorded level.**

You **must** describe how you established the **high ground water elevation**: **Taken from plan on file indicating water at 69 inches. Checked the footing drain and saw no staining**