

99



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET BOSTON, MA 02108 617-292-3500

WILLIAM F WELD
Governor
ARGEO PAUL CELLUCCI
Lt Governor

TRUDY COXE
Secretary
DAVID B STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 99 Wildflower Dr. Address of Owner: MR LOU FISHER
Date of Inspection: _____ (If different)
Name of Inspector: Alan E. Weiss, R.S., M.S.
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA. 01007
Telephone Number: (413) 323-5957

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 B. the Local Approving Authority
- Fails



Inspector's Signature: Alan E. Weiss Date: 5/7/98

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

A) SYSTEM PASSES: Yes

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.

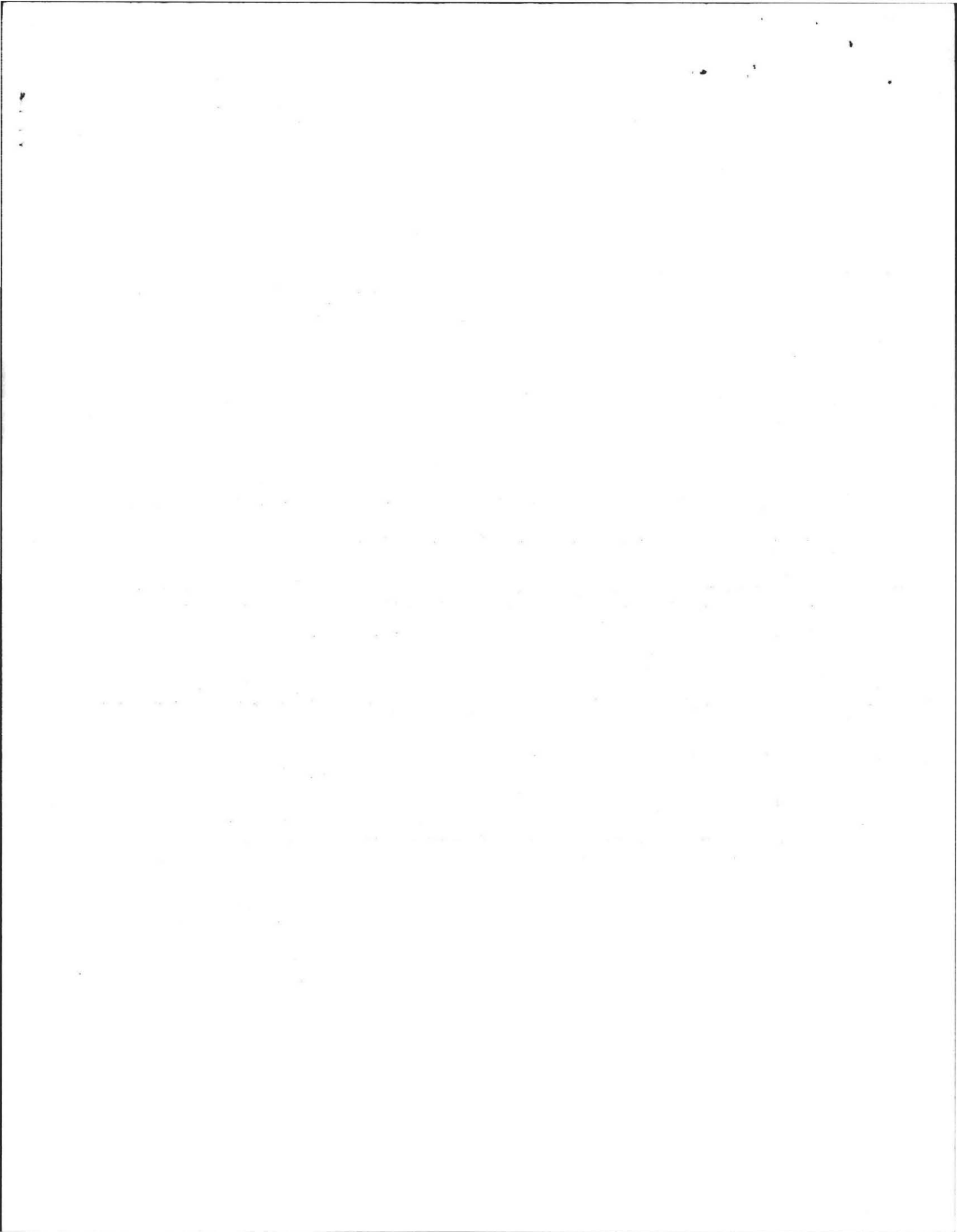
COMMENTS: good condition

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.

5-13-98



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

Property Address: 99 Wildflower Dr.
Owner: Fisher
Date of Inspection: 5/7/98

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:

N/A 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.

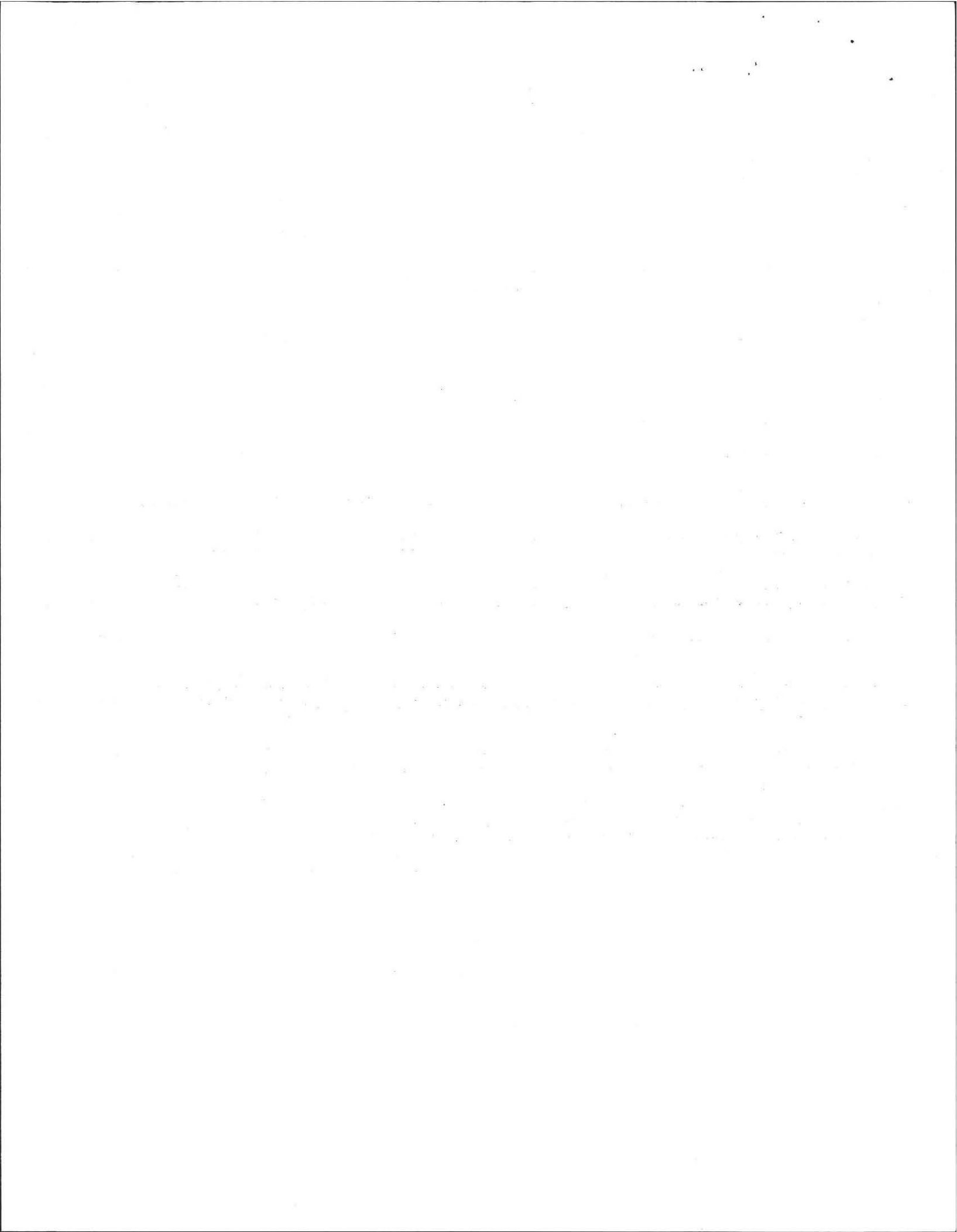
1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

- 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 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. Method used to determine distance _____ (approximation not valid).

3) **OTHER**



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

Property Address: 99 Wildflower Dr.
 Owner: Fisher
 Date of Inspection: 5/7/98

D) SYSTEM FAILS:

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

N/A 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 pipes.
Number of times pumped <u> </u> |
| <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:

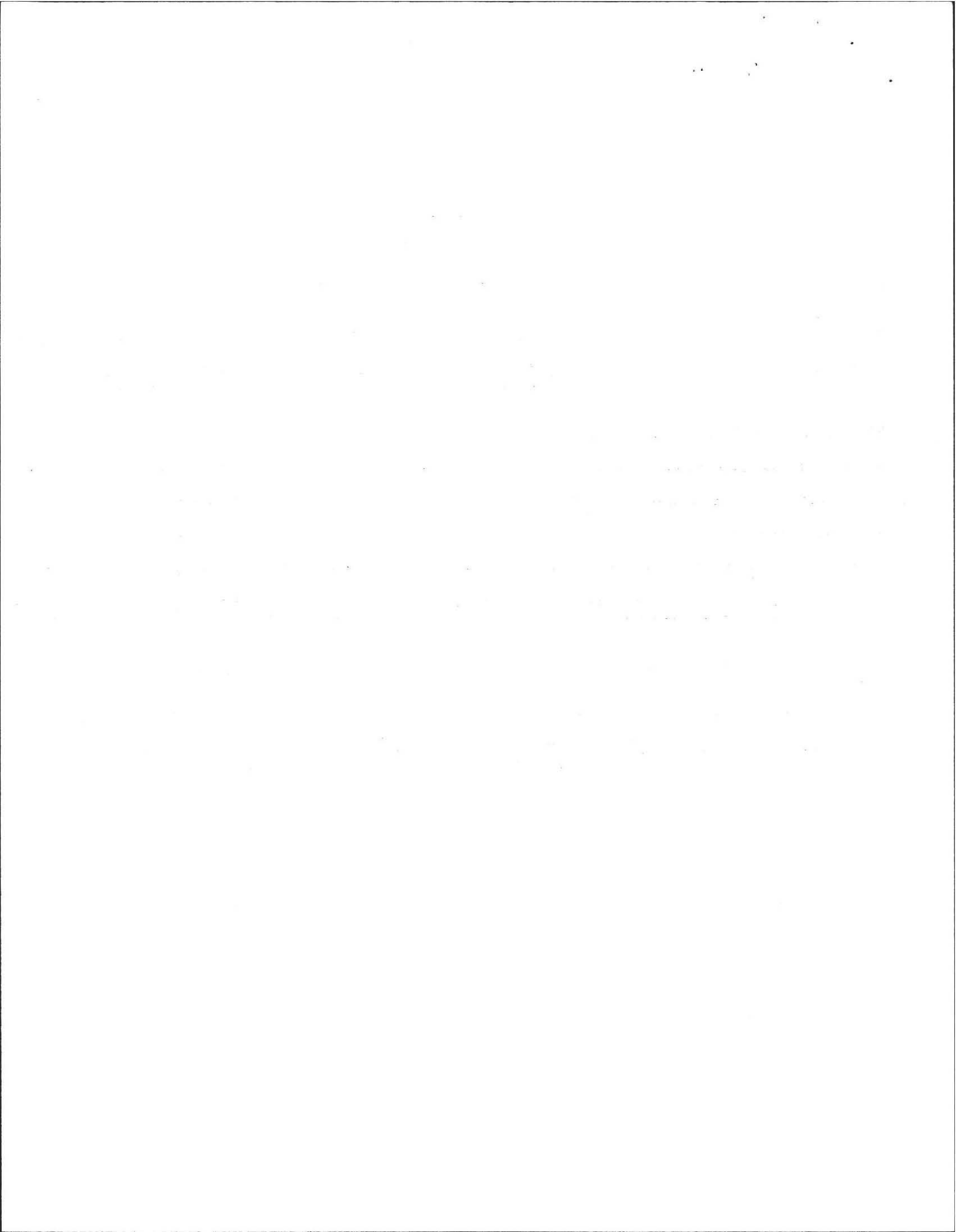
You must indicate either "Yes" or "No" as to each of the following.

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

N/A 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.

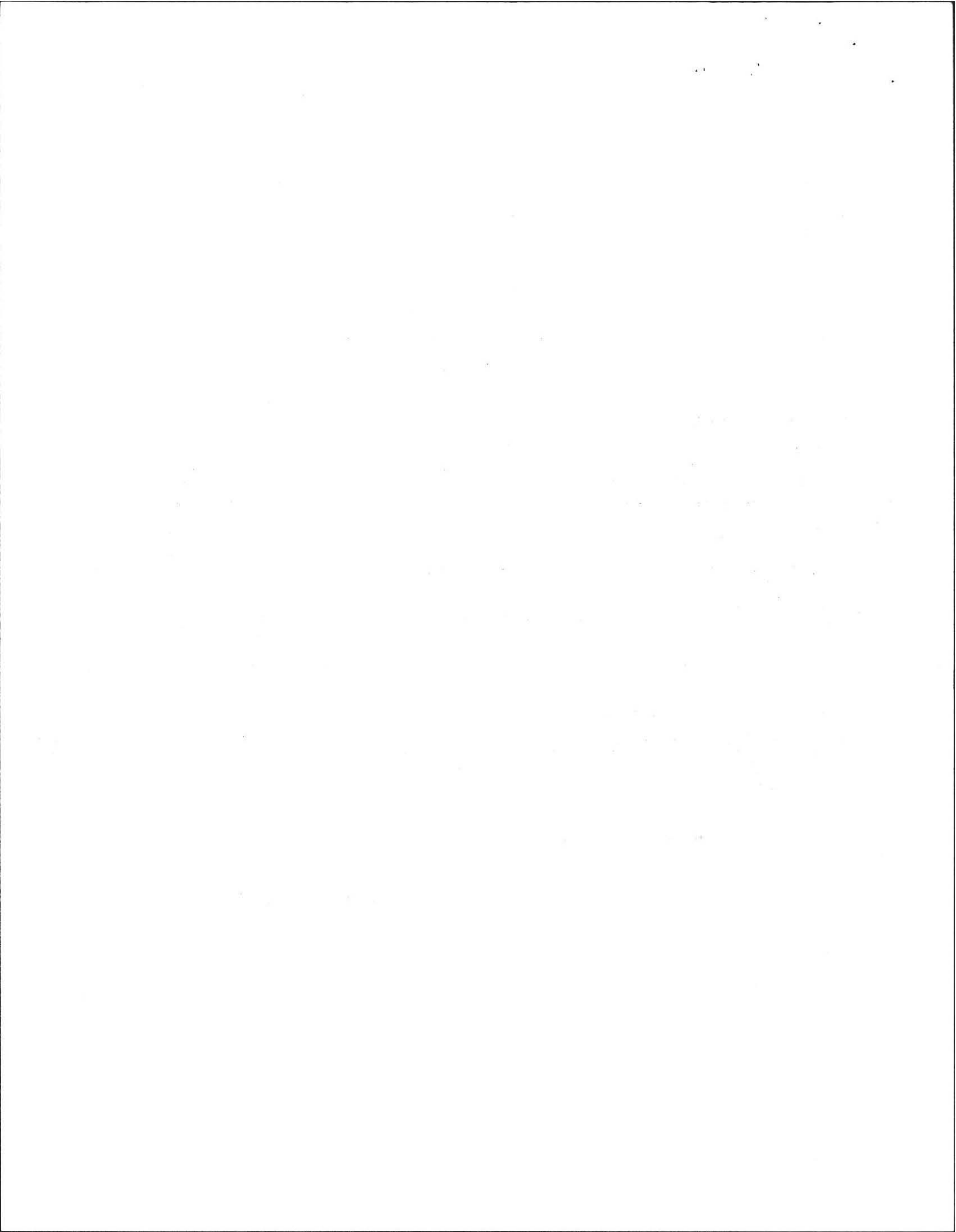


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 99 Wildflower Drive
 Owner: Fisher
 Date of Inspection: 5/7/98

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:
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: 99 Wildflower Dr.
Owner: Fisher
Date of Inspection: 5/19/98

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 g.p.d./bedroom for S.A.S.
Number of bedrooms 3
Number of current residents 2
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 two (2) year usage (gpd): unavail.
Sump Pump (yes or no): Y

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: 1000 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

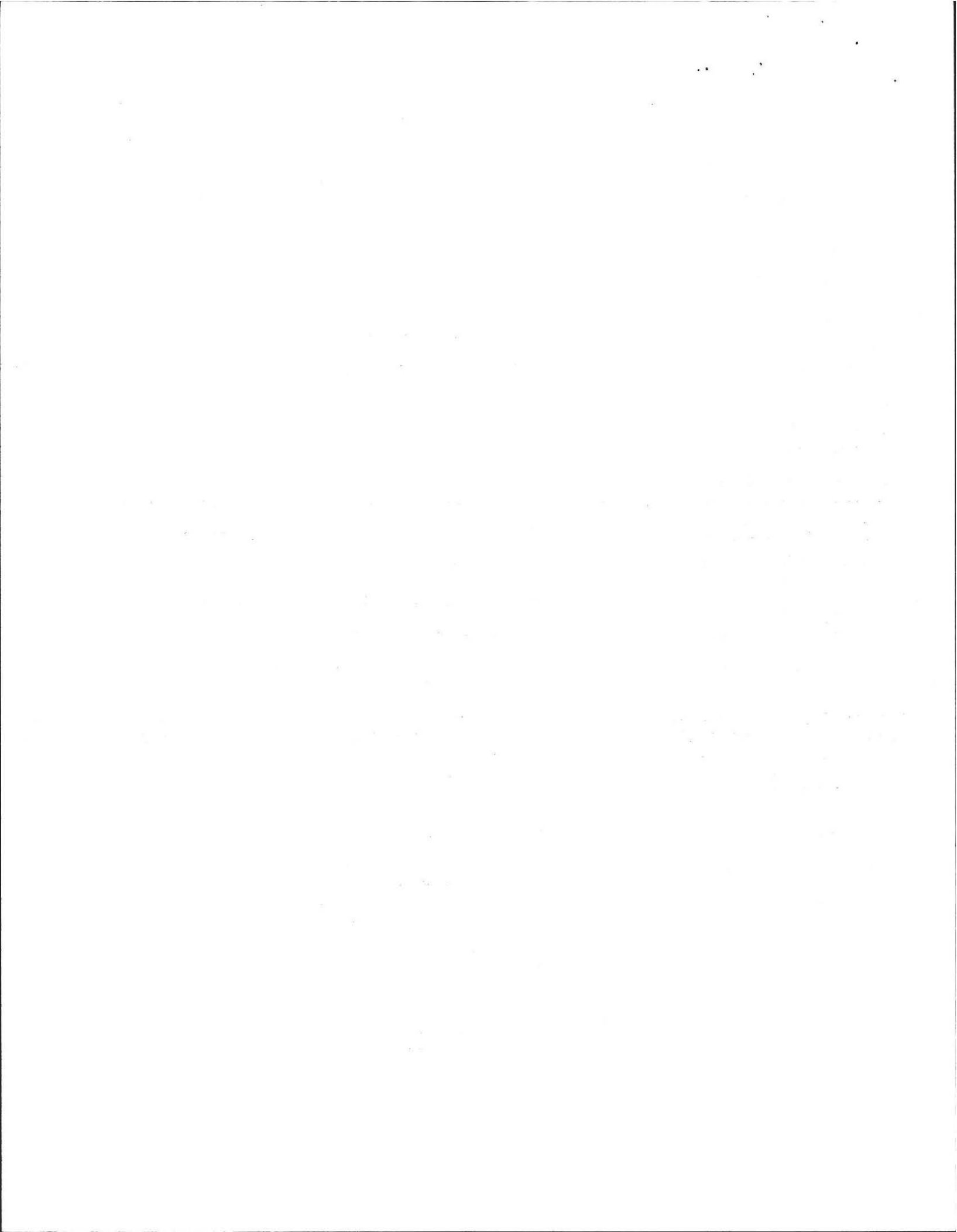
PUMPING RECORDS and source of information Mardi (98)
pumped by Karis in ~~1998~~, receipt supplied.
System pumped as part of inspection: (yes or no) N
If yes, volume pumped: 1000 gallons
Reason for pumping _____

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: 13 yrs.

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



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

Property Address: 99 Wildflower Dr.
Owner: Fisher
Date of Inspection: 5/7/98

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 18"
Material of construction: cast iron 40 PVC other (explain)

Distance from private water supply well or suction line: _____
Diameter: 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
OK.

SEPTIC TANK: Y
(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)

Dimensions: 9' x 4.5' x 5.0'
Sludge depth: 0-1"
Distance from top of sludge to bottom of outlet tee or baffle: 43"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 7"
Distance from bottom of scum to bottom of outlet tee or baffle: 15"
How dimensions were determined: measured.

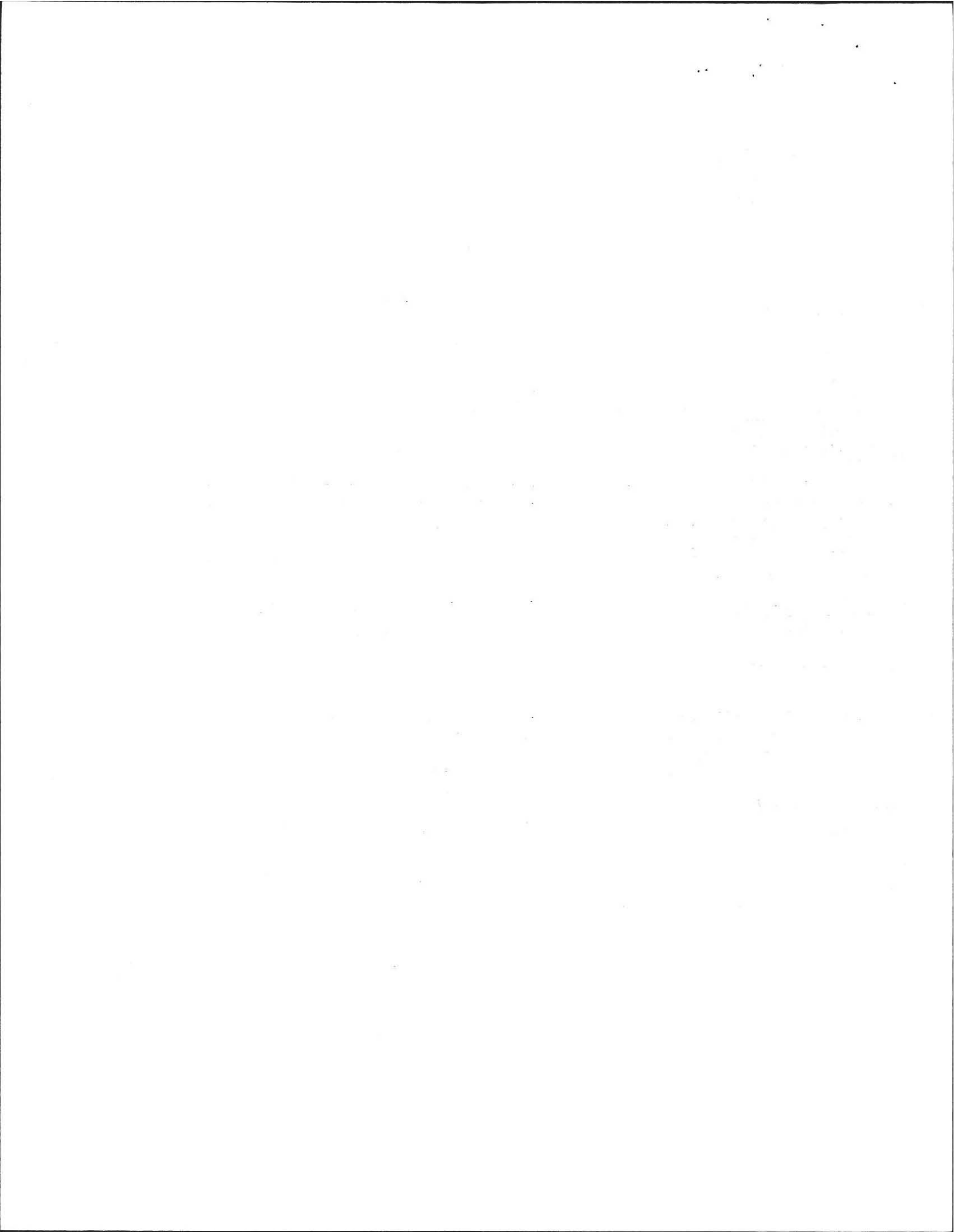
Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Good condition, baffles built in OK.

GREASE TRAP: N
(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: 99 Wildflower Dr.
Owner: Fisher
Date of Inspection: 5/7/98

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

Depth of liquid level above outlet invert: _____

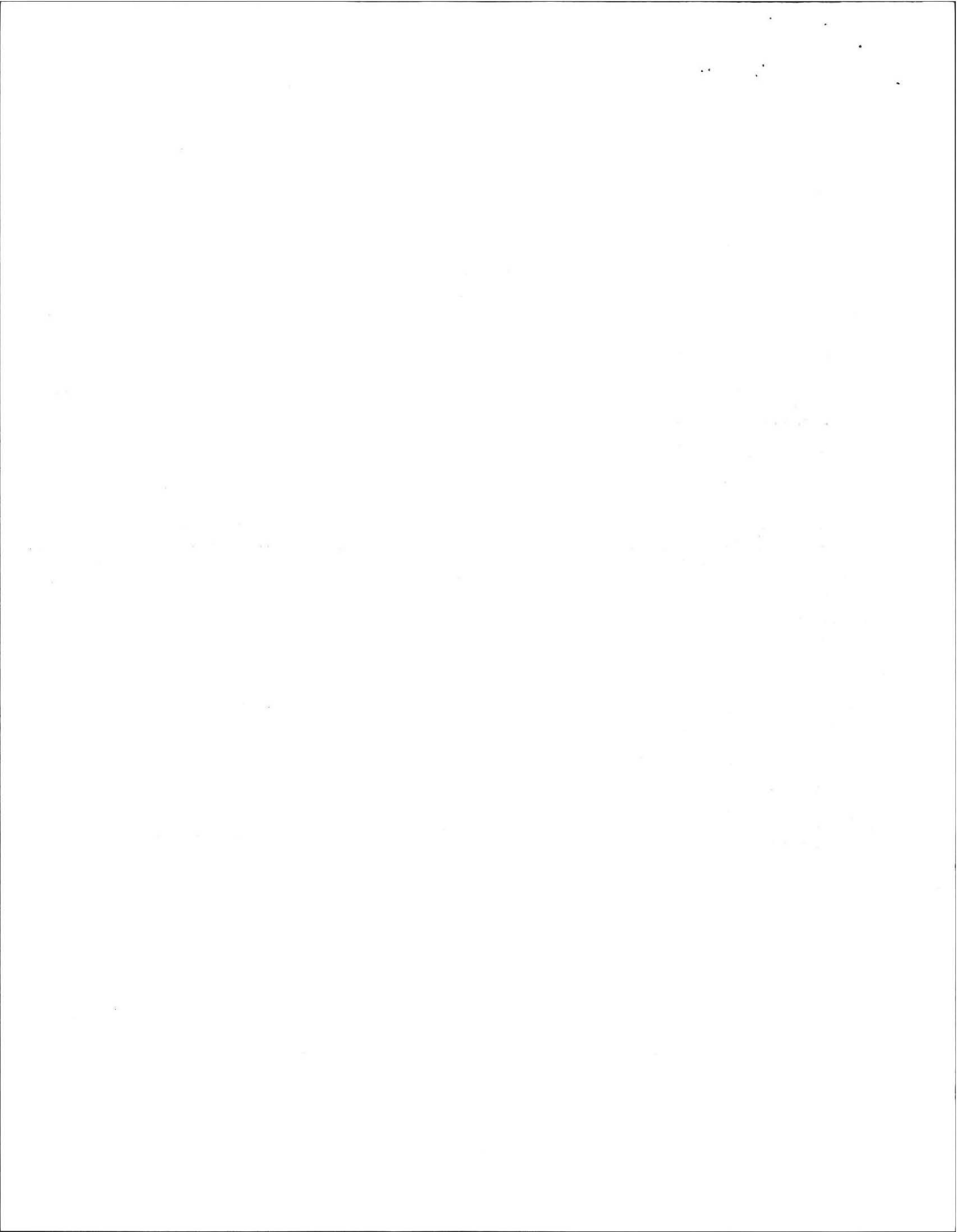
Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) _____

PUMP CHAMBER: N
(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: 99 wildflower Dr.
Owner: Fisher
Date of Inspection: 5/7/98

SOIL ABSORPTION SYSTEM (SAS): _____
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

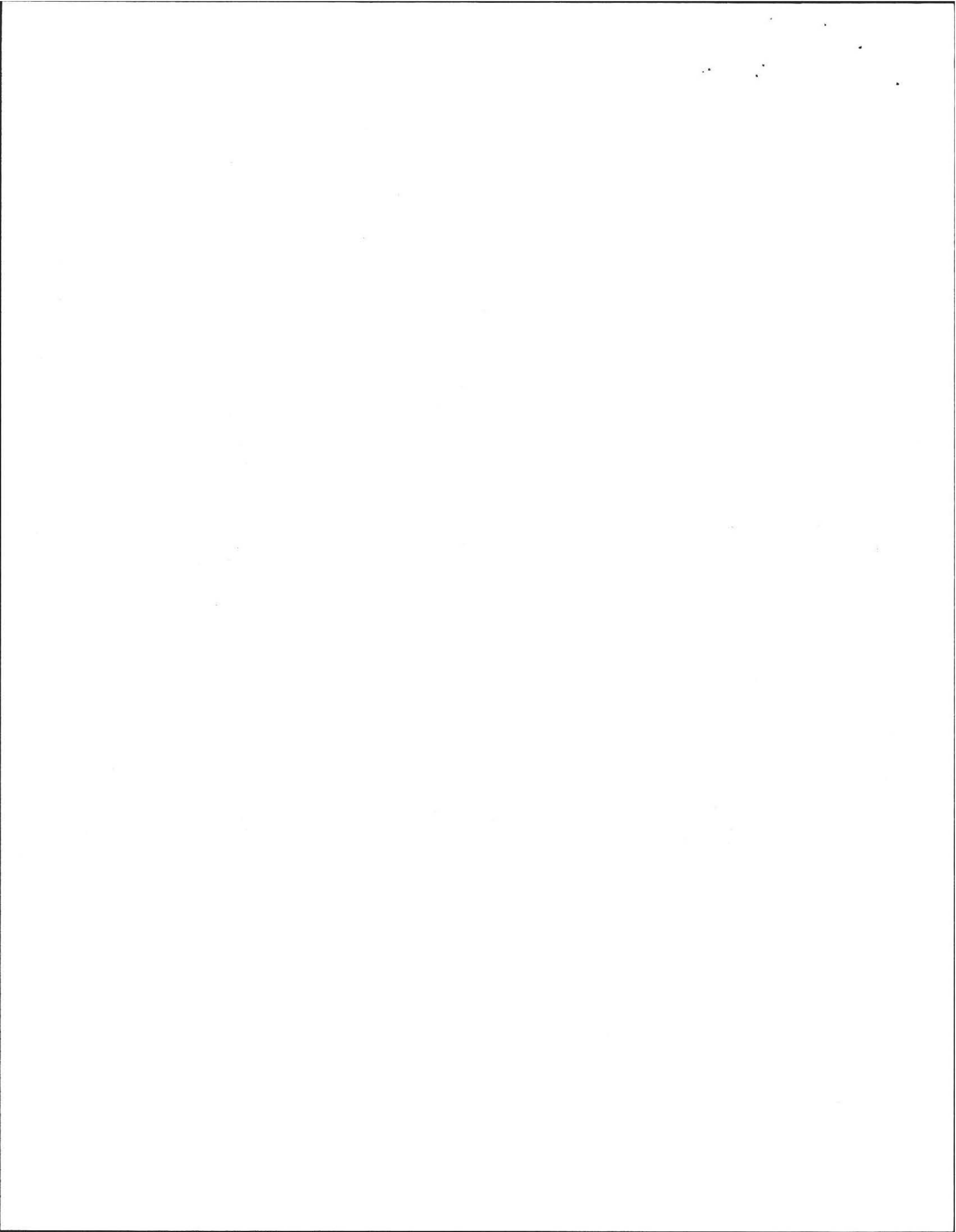
Type:
leaching pits, number: 1 10' x 5' x 3' (w/ 9' OFSTONE)
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: _____
overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
OK, water level 2' below INV. - only 1-2" liquid in L. TANK.

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.)

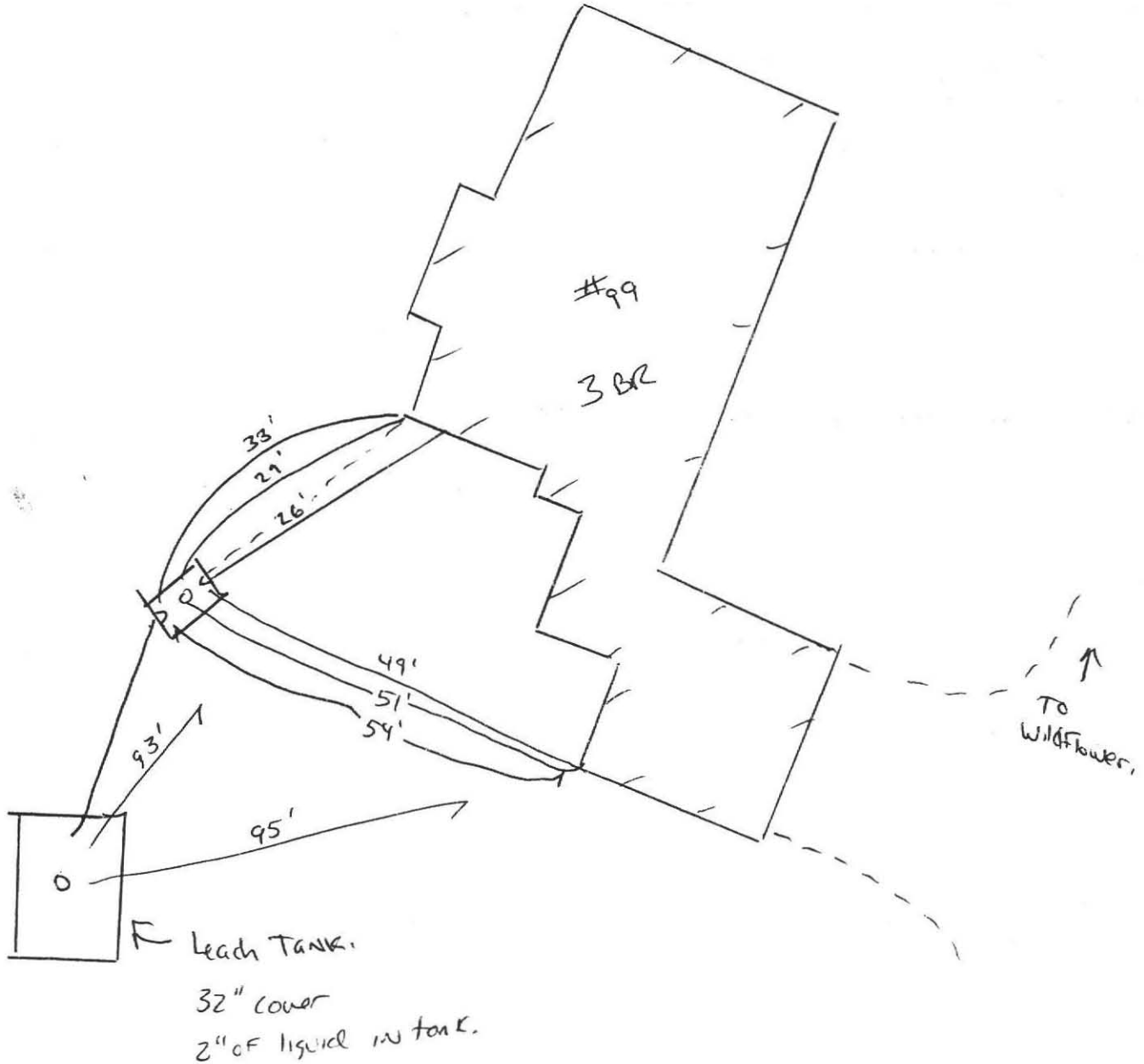


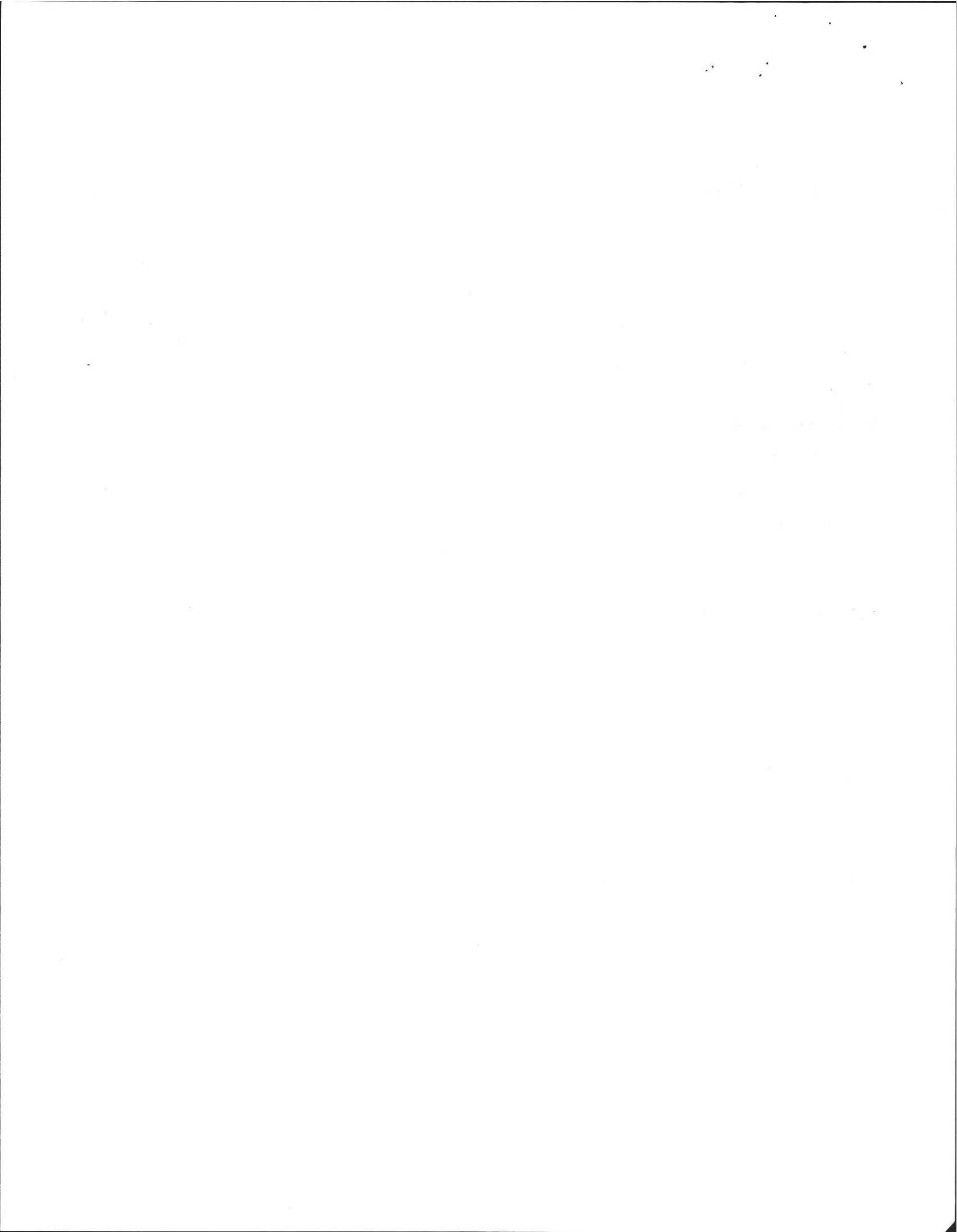
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 99 Wildflower
Owner: Fisher
Date of Inspection: 5/7/98

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)





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

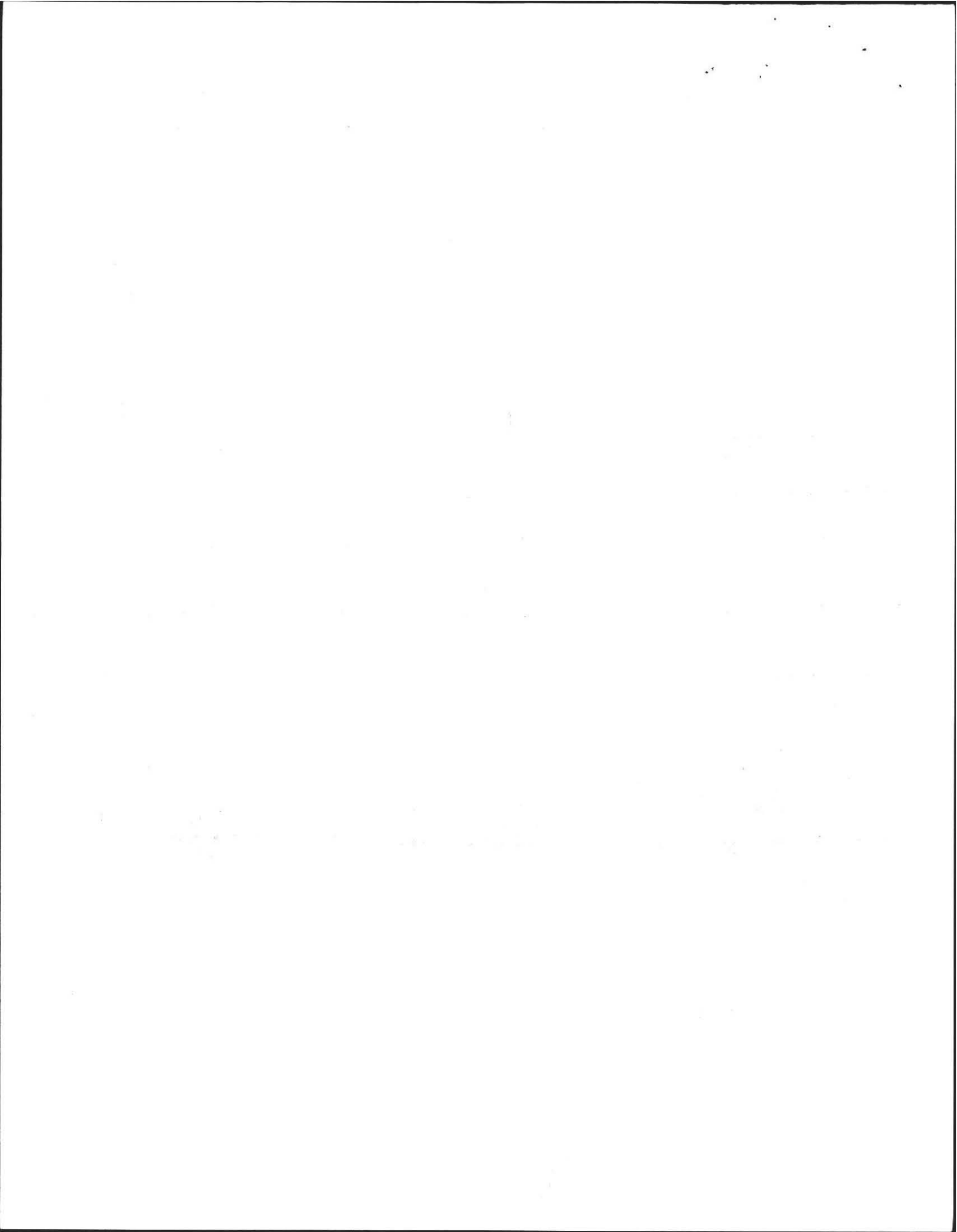
Property Address: 99 wildflower
Owner: Fisher
Date of Inspection: 5/7/98

Depth to Groundwater 10' Feet + from 1985 perc. F.F.U.O.S.

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

- Obtained from Design Plans on record 4/26/85 perc. - D_y to 10-12'
- 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):



Commonwealth of Massachusetts
AMHERST , Massachusetts

System Pumping Record

System Owner <i>L. Fischer</i>	System Location <i>99 Wildflower</i>
-----------------------------------	-----------------------------------------

Date of Pumping: *3-23-98*

Quantity Pumped: *1000* gallons

Type: Emergency Routine

Cesspool: No Yes Septic Tank: No Yes

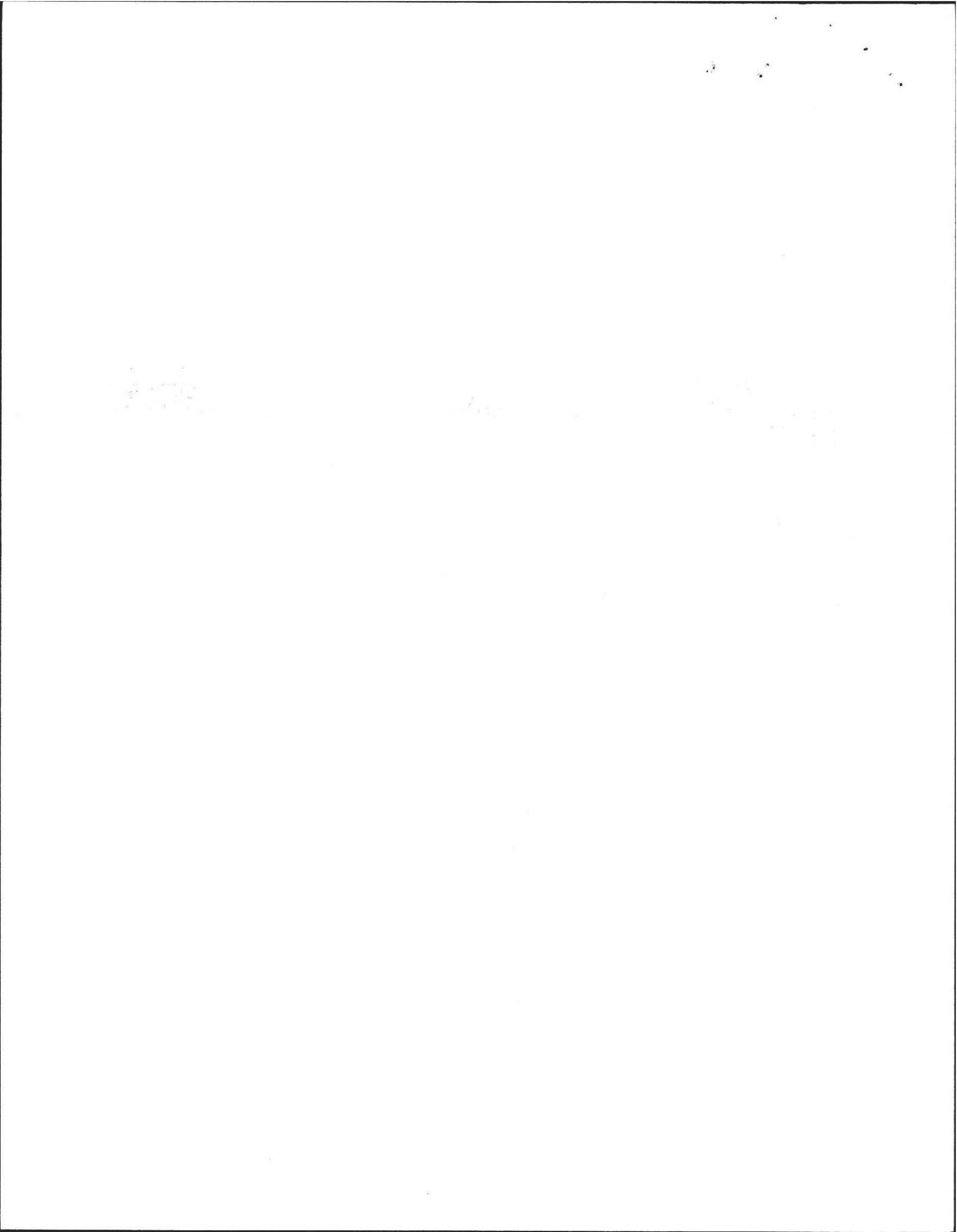
System Pumped by (Company): Karl's Site Work Inc Permit #: 98-01 (OF)

Contents transferred to:

Amherst WWT

Date: *3-23-98* Pumper Signature: *[Signature]*

Observations/Comments: *See below*





KARL'S SITE WORK, INC.
 327 RIVER DRIVE
 HADLEY, MA 01035
 (413) 549-5396

DATE	NUMBER
6-APR-1998	0000017100

Page: 1

6-APR-1998

TO:
 To: LOUIS FISHER

99 WILDFLOWER DRIVE
 AMHERST MA 01002

**PLEASE PAY FROM
 THIS INVOICE**

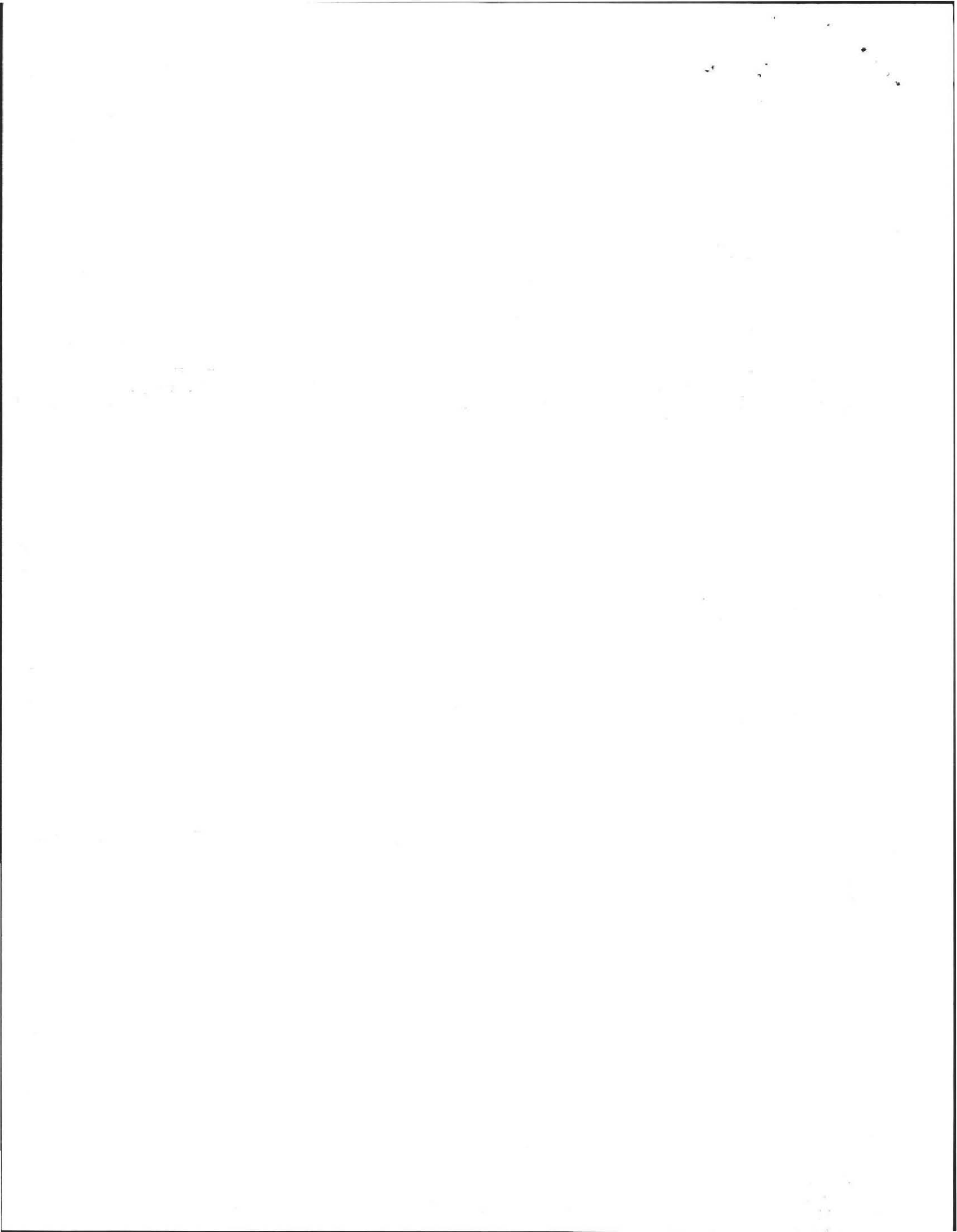
**STATEMENTS WILL NOT
 BE MAILED.**

TERMS: 30 DAYS, 1-1/2% OVER 30 DAYS.

DESCRIPTION	QUANTITY	UNIT PRICE	UNIT	TAX	TOTAL
DISPOSAL FEE 1000 GAL 3/23	1.0000	100.00	LOAD		100.00
				TAX:	
PUMP & TRANSPORT 3/23	1.0000	75.00	HR		75.00
				TAX:	
UNCOVER TANK 3/23	.5000	25.00	HR		12.50
				TAX:	

Invoice Totals
 Gross 187.
 Tax .

WHEN REMITTING PLEASE INCLUDE INVOICE NUMBER ON CHECK. **TOTAL DUE 187.**



T. O'Keefe
from A. Weiss
"Fisher" 99 Wildflower Ln.
Amherst

FOUNDATIONS
NO DISPOSED

3 BEDROOMS
2 BATH ROOMS
NO DISPOSED

4' x 12' CURB

GARAGE

