





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:	15 Wildflower Lane	
	Amherst, MA 01002	
Owner's Name:	Jeffery & Patricia Sedgwick	
Owner's Address:	2111 Jefferson Davis Hwy	
Apartment 715S	-	
Arlington, Virginia	22202	
Date of Inspection:	7/3/06 & 7/20/06 (pumping)	
Name of Inspector:	(please print) John J. Higgins	
Company Name	Northeast Environmental Corporation	

Company Name: Northeast Environmental Corporation
Mailing Address: 68 Fairview Street
South Hadley, MA 01075
Telephone Number: (413) 532-6131

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 the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant 1 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:**

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) withi days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspecto 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: concrete in tank is in very good condition for 20+ years of use.

****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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OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

Property Address: _15 Wildflower Lane	
Amherst, MA 01002	
Owner:Jeffery & Patricia Sedgwick	
Date of Inspection:7/3/06&7/20/06	

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

A. System Passes:

 \underline{X} I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 3 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,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, exhibi substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced w 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 th 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 obstructe 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:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS



PART A CERTIFICATION (continued)

Property Address: 15 Wildflower Lane	
Amherst, MA 01002	
Owner: Jeffery & Patricia Sedgwick	
Date of Inspection: 7/3/06&7/20/06	

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 t 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 vola organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitroga 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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OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

Property Address: 15 Wildflower Lane	
Amherst, MA 01002	
Owner: Jeffery & Patricia Sedgwick	
Date of Inspection: 7/3/06&7/20/06	

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
- NA Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
 - _____NA Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
- _____X___ Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of time pumped _____.
 - _____X___ Any portion of the SAS, cesspool or privy is below high ground water elevation.
- NA Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply
- NA Any portion of a cesspool or privy is within a Zone 1 of a public well.
- _____NA Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- _____NA Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well v no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certif laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from polluti 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 be necessary to correct the failure.

E. Large Systems: NA

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 II of a public water supply well

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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.



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

CHECKLIST

Property Address: _15 Wildflower Lane	
Amherst, MA 01002	
Owner: Jeffery & Patricia Sedgwick	
Date of Inspection:7/3/06&7/20/06	

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 ?
- _X____ 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 maintenar 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)]

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

SYSTEM INFORMATION

Property Address: _15 Wildflower Lane	
Amherst, MA 01002	
Owner: Jeffery & Patricia Sedgwick	
Date of Inspection: 7/3/06&7/20/06	

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): _3 Number of bedrooms (actual): _3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _330gpd
Number of current residents:2
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): NA
Seasonal use: (yes or no): _No
Water meter readings, if available (last 2 years usage (gpd)): _see attachedowner indicates most readings were estimated an
not actual
Sump pump (yes or no): _No
Last date of occupancy: _present

COMMERCIAL/INDUSTRIAL NA

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	n (yes or no):	
Water meter readings, if available:		
Last date of occupancy/use:		

OTHER (describe):

GENERAL INFORMATION

Pumping Records

Source of information: owner

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

If yes, volume pumped:	1500	gallons How was quantity pumped determined?	tank	volume
Reason for pumping:	sludge leve	el was at 12 inches		

TYPE OF SYSTEM

X Septic tank, distribution box, soil absorption system (tank & leaching pit)

- ____ 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: _____1983 - as built plan_____

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 C

SYSTEM INFORMATION (continued)

Property Address: 15 Wildflower Lane	
Amherst, MA 01002	
Owner:Jeffery & Patricia Sedgwick	
Date of Inspection:7/3/06&7/20/06	

BUILDING SEWER (locate on site plan)

Depth below grade: 12 inches			
Materials of construction: X cast iron	40 PVC	other (explain):	
Distance from private water supply well or s	suction line:	NA	
Comments (on condition of joints, venting,	evidence of l	eakage, etc.):	

SEPTIC TANK: ____ (locate on site plan)

Depth below grade: 3"-12"
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:5x10x6
Sludge depth: 12"
Distance from top of sludge to bottom of outlet tee or baffle: >12 inches
Scum thickness: <1 inch
Distance from top of scum to top of outlet tee or baffle: NA
Distance from bottom of scum to bottom of outlet tee or baffle: NA
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 had not been pumped in many years according to owner. Tank in very good conditionno evidence of spalling.

GREASE TRAP: _NA__(locate on site plan)

Depth below grade:	
Material of construction:concreteme	alfiberglassother
(explain):	
Dimensions:	
Scum thickness:	
Distance from top of scum to top of outlet tee	or baffle:
Distance from bottom of scum to bottom of o	utlet tee or baffle:
Date of last pumping:	
Comments (on pumping recommendations, in outlet invert, evidence of leakage, etc.):	let and outlet tee or baffle condition, structural integrity, liquid levels as related
outlet invert, evidence of leakage, etc.):	



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

SYSTEM INFORMATION (continued)

Property Address: _15 Wildflower Lane ______ _Amherst, MA 01002 ______ Owner: __Jeffery & Patricia Sedgwick ______ Date of Inspection: 7/3/06&7/20/06

TIGHT or HOLDING TANK: _NA___ (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 pumpi	ng:
Comments (condit	ion of alarm and float switches, etc.):

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

Depth of liquid level above outlet invert: ______ Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into out of box, etc.):

PUMP CHAMBER: _NA_ (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: _15 Wildflower Lane _____Amherst, MA 01002_____ Owner: __Jeffery & Patricia Sedgwick______ Date of Inspection: 7/3/06&7/20/06

SOIL ABSORPTION SYSTEM (SAS): _X_ (locate on site plan, excavation not required)

If SAS not located explain why:

Type

X leaching pits, number:

leaching chambers, number:

leaching galleries, number:

leaching trenches, number, length:

leaching fields, number, dimensions:

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.): _____N(sign of breakout or other problems

CESSPOOLS: <u>NA</u> (cesspool must be pumped as part of inspection)(locate on site plan)

PRIVY: NA (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: _15 Wildflower Lane ______ _Amherst, MA 01002 ______ Owner: __Jeffery & Patricia Sedgwick ______ Date of Inspection: __7/3/06&7/20/06 ______

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. See attached as built plan



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

SYSTEM INFORMATION (continued)

Property Address: _15 Wildflower Lane ______ Amherst, MA 01002 ______ Owner: __Jeffery & Patricia Sedgwick ______ Date of Inspection: 7/3/06&7/20/06

SITE EXAM Slope X Surface water X Check cellar X Shallow wells X

Estimated depth to ground water _<10 feet _____ feet

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

You **must** describe how you established the **high ground water elevation**: _site is steeply sloped. Hillside continues down or other side of road. No sign of groundwater seeps on slopes despite high levels of rainfall over preceding several weeks.



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THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH Town or Amberst Application for Bisponsal Morks Construction Permit Application is bredy made for a Permit to Construct () or Repair () an Individual Surve Disponsal System at: Multilleuver Dr. Battact Colspan="2">Board La Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Col	,		#15
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Denald La Contractione The Station Station Station Y = 0 Station No. 0 Station Station Station Type of Building No. of Bersons Station Station Station Station DwellingNo. of Bedrooms Station Store Lot. 1 Ac. 1 Street DwellingNo. of Bedrooms Store No. 1 Ac. 1 Street Design Flow 5.5 gallons per person per day. Total daily flow 3.2.0 gallons. Septic Tank Liquid capacity ASP. Total Length Total leaching area Street Disposal Trench No. Width Total Length Total leaching area Street Sepage Pit No. 1 Design tank (10 Design tank (10 Percolation feet Results Performed by Instate Fit Depth to ground water 10 112 Percolation of Soil Act.Class.cl Instate Act.Class.cl Instate 10 10 10 Nature of Repairs or Alterations Answer when applicable Agreement: Instate 10 10 10 10 10 10 10 10 10 <td></td> <td></td> <td></td>			
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Disposal Trench - No			
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Application Disapproved for the following reasons: Permit No	Application Approv	ed By	
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BOARD OF HEALTH

TOWN OF AMMERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Defay Vigeocon Demer Sandy Ango Address Tap State Ro Installer <u>Ea Store</u> Address <u>Mexica</u> Date Installation Inspected and Approved <u>Conta Det (1973</u>) Description of System: Tank Capacity: <u>1500</u> Leach Field () Bed (:) Seepage Pit (χ) Square Feet: <u>400</u> Garbage Grinder Yes (χ) No () No. Bedrooms: <u>3</u> No. People <u>6</u>



< N WINGFLOWADE

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- This system must be inspected periodically and the tank pumped out at an interval not to exceed ______ years.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of . the system.
- DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
- Further information can be obtained by contacting your Health Department at 253-7077.



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