TITLE 5

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

Property Address: 71 Woodlot Road, Amherst

Owner's Name: Bart Hollander
Owner's Address: 71 Woodlot Road
Amherst MA 01002
Date of Inspection: May 7, 2003

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

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:

XX Passes
___Conditionally Passes
____Needs Further Evaluation by the Local Approving Authority
____Fails

Inspector's Signature: _____ **Date: May 7, 2003**

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:

Septic Tank & leaching tank was in good condition upon inspection. System was funtional. No signs of failure noted. Pumping of septic tank was completed by Karls. New D. Box cover installed.

******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 different conditions of use.**

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

Property Address: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003

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

A. System Passes:

__XX____ 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: __Good condition, no signs of failure_____

B. System Conditionally Passes:

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

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

____ The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

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

____ broken pipe(s) are replaced
____ obstruction is removed
____ 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
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003

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

____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

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

   ___ Cesspool or privy is within 50 feet of a surface water
   ___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. **System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

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

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

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

   _____ 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 A
CERTIFICATION (continued)

Property Address: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003

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 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: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003

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

___ No 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 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

Property Address: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 3-4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ?
Number of current residents: 4
Does residence have a garbage grinder (yes or no): YES (*NOT RECOMMENDED*)
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: **current**

COMMERCIAL/INDUSTRIAL

Type of establishment: *N/A*
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

Source of information: **MAY 2001**
Was system pumped as part of the inspection (*YES* or NO): **YES**
If yes, volume pumped: *1500* gallons -- How was quantity pumped determined? **Measured**
Reason for pumping: **TIME**

TYPE OF SYSTEM

x Septic tank, distribution box, soil absorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
___ Shared system (yes or no) (if yes, attach previous inspection records, if any)
___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
_____ Tight tank ___ Attach a copy of the DEP approval
___ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information: 15 *years*

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: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003
BUILDING SEWER (locate on site plan)

Depth below grade: **14"**
Materials of construction: ___cast iron **_Y_ 40 PVC** ___other (explain): _____
Distance from private water supply well or suction line: **10'+**
Comments (on condition of joints, venting, evidence of leakage, etc.):
_____

SEPTIC TANK: Yes(locate on site plan)

Depth below grade: ***16"***
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: ***4.5'w x 10'l x 5'd***
Sludge depth: **5"**
Distance from top of sludge to bottom of outlet tee or baffle: **38"**
Scum thickness: ***1"***
Distance from top of scum to top of outlet tee or baffle: ***5"***
Distance from bottom of scum to bottom of outlet tee or baffle: ***12"***
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 CONDITION OK***
tank has built in inlet & outlet (cross sectional)
_____

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: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003

TIGHT or HOLDING TANK: **no** (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.):
_____
_____
_____

DISTRICTION BOX: **YES** if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: ***@ INV.***
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.): ***Cover replaced, Box level with good dist.***
_____

PUMP CHAMBER: **NO** (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: 71 Woodlot Road
Owner: Hollander
Date of Inspection: May 7, 2003

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

If SAS not located explain why:

_____

_____

Type

____ leaching pits, number: _____
__2__ leaching chambers, number: ***4'w x 8' l x 2' depth (2-500 gallon+/-)***
____ 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.): ***No signs of failure, stone dry, and No Groundwater within 4 of depth' Top of chamber is 2 feet down, 8" in A & 0" in B of liquid in 24" eff. Ht, staining visible for 10" from bottom in A only.***

CESSPOOLS: N/A (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: N/A (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)

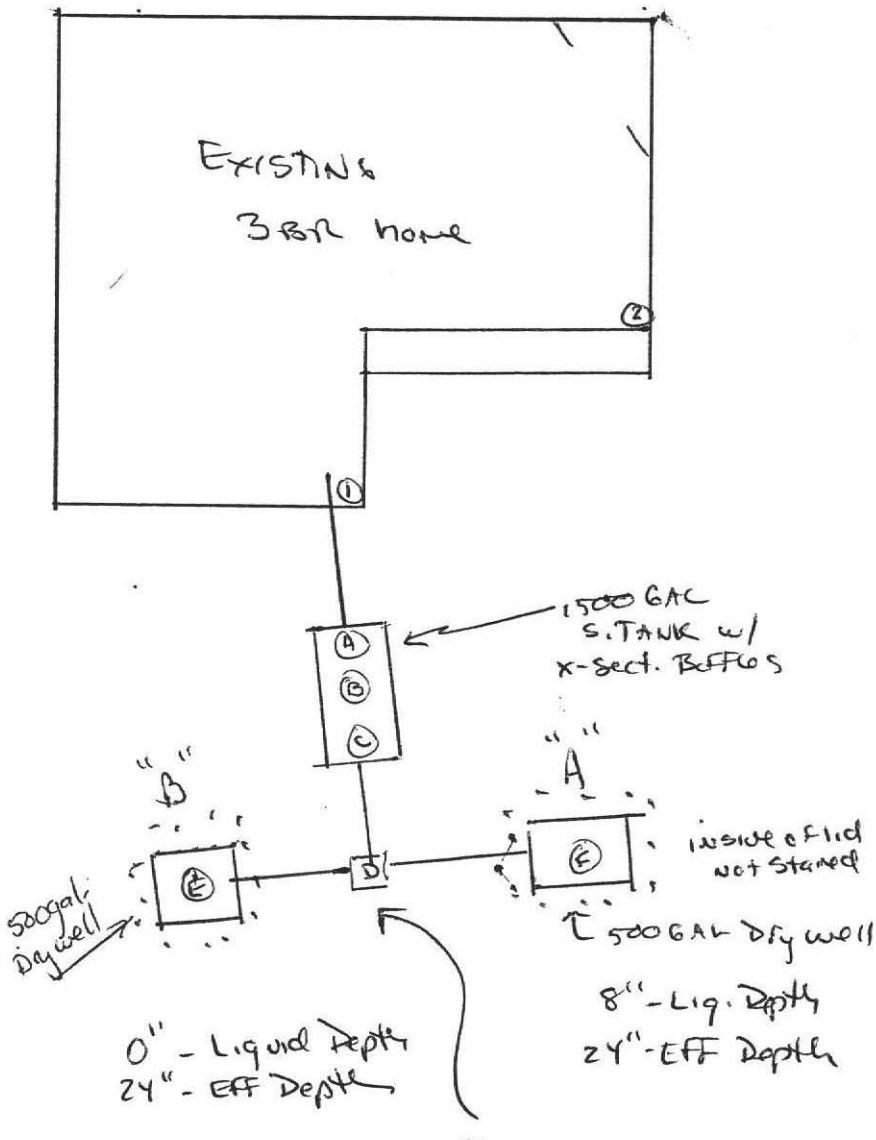
Property Address: 71 Woodlot

Owner: Hollander

Date of Inspection: 5/7/03

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.



Ties

A-1 = 11
B-1 = 15
C-1 = 20
D-1 = 28
E-1 = 28
F-1 = 34

DRIVE

Ties

A-2 = 29'
B-2 = 31'
C-2 = 34'
D-2 = 38'
E-2 = 47
F-2 = 42'

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

Property Address: 71 Woodlot Road
Owner: *Hollander*
Date of Inspection: May 7, 2003

SITE EXAM
Slope *YES*
Surface water
Check cellar *YES* *
Shallow wells_____

Estimated depth to ground water 10'+ feet

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

N/A 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:

Water level based on on-site data & from topography vegetation, 1989Excavation area to 6 feet all well drained sand.

#71

Application originally submitted to P.K.

No. 87-23

Fee 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN of AMHERST

COMMONWEALTH OF MASSACHUSETTS — FREDERICK A. GILLIOS, R.S. 688

DEC 3 1987

Application for Disposal Works Construction Permit

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

71 WOODLOT Road LANE — Location - Address — LOT 143 — or Lot No.

Henry Whitlock — Owner — 181 North Street Belchertown, MA. — Address

Stoneys Exc. — Installer — Address

Type of Building — Size Lot 24,114 ± Sq. feet

Dwelling — No. of Bedrooms 4 — Expansion Attic ( ) — Garbage Grinder (✓)

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

Other fixtures .....

Design Flow 82.5 gallons per person per day. Total daily flow 660 x1.25 = 825 gallons.

Septic Tank — Liquid capacity 1500 gallons Length 10.5' Width 5' Diameter ..... Depth 5'

~~Disposal Trench — No.~~ ..... Width 7' Total Length 33' Total leaching area 244.4 sq. ft. Sides

Seepage Pit No. 2 ~~Diameter~~ ..... Depth below inlet 2.6' Total leaching area 231 sq. ft. Bottom

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F.A. Filios Date 3/5/86

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water NONE

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil Enclosed.

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

CHECK OR FILL IN WHERE 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 Henry E. Whitlock 10/15/87 (Date)

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

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

Date .....

Permit No. 87 - 23 Issued ..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN of AMHERST

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired ( )

by Clark Excavating (Installer)

at Lot 143 Woodlot Lane. Henry Whitlock

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. 87 - 23 dated .....

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

DATE May 11, 1988 Inspector Dennis A. Pinski for Amherst Health Dept.

Designer to certify in writing that the sewage disposal system is installed in accordance with the approved plans (submitted Dec 2, 1987). Title V reg. 15.02 (8)

Remove designer cert. DP 1/19/88

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN of AMHERST

No. 87 - 23 Fee 90.00

Disposal Works Construction Permit

Permission is hereby granted Henry Whitlock

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

at No. Lot 143 Woodlot Lane (Street)

as shown on the application for Disposal Works Construction Permit No. 87-23 Dated .....

for Amherst Health Dept: Dennis Pinski (Board of Health)

DATE Dec. 7, 1987

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

PROFILE OF SEPTIC SYSTEM

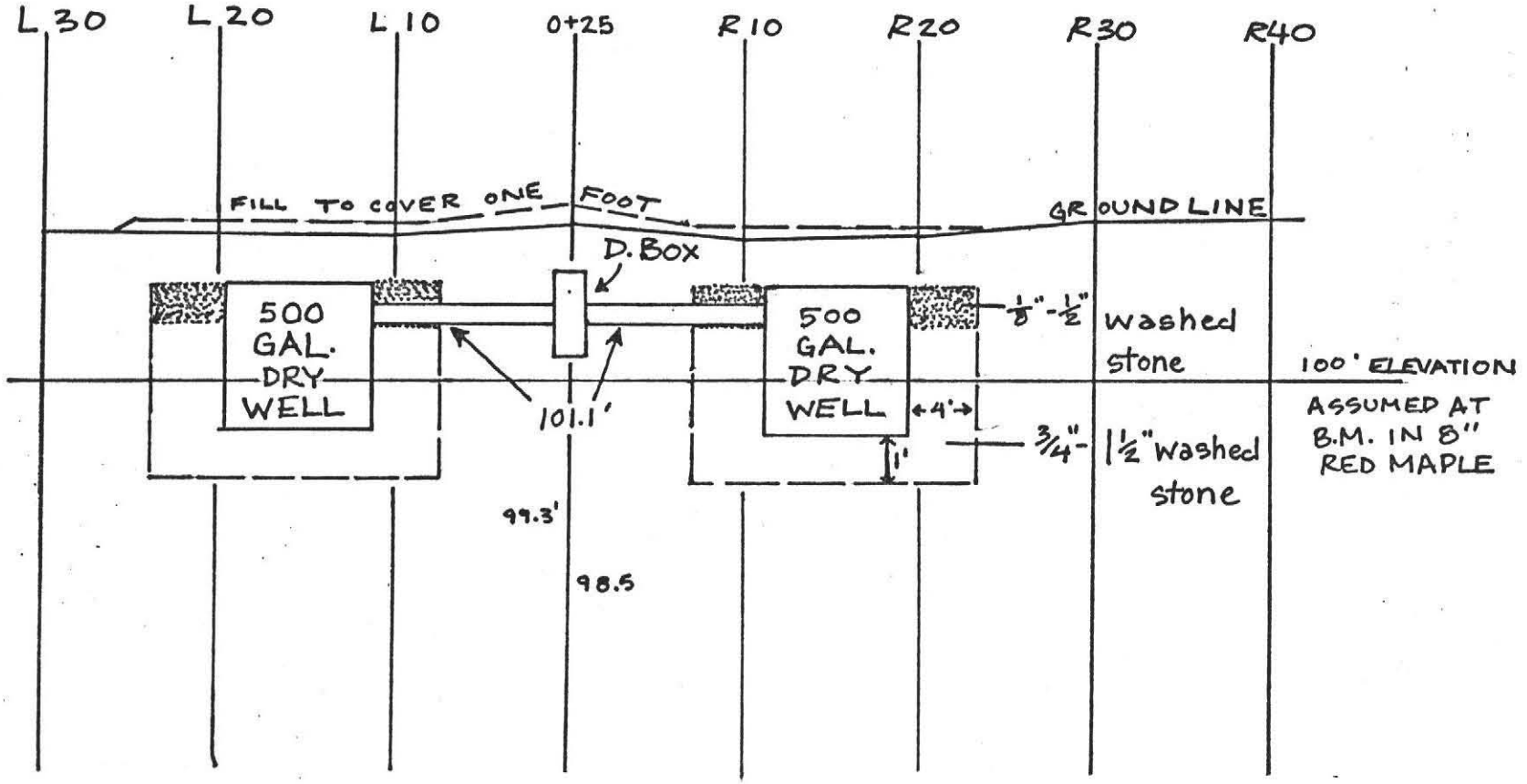
FOR: HENRY WHITLOCK
181 NORTH STREET
BELCHERTOWN, MA.

AT: LOT 143 WOODLOT LANE
AMHERST, MA. 01002

BY: FILIOS ENTERPRISES, INC.
69 PELHAM RD.
AMHERST, MA.

SCALE: HORIZONTAL: 1"=10'
VERTICAL: 1"= 3'

CROSS-SECTION AT A-A'



DEC 2 1987

PLAN SHOWING SEWAGE DISPOSAL SYSTEM

FOR: Henry Whitlock
181 North Street
Belchertown, MA

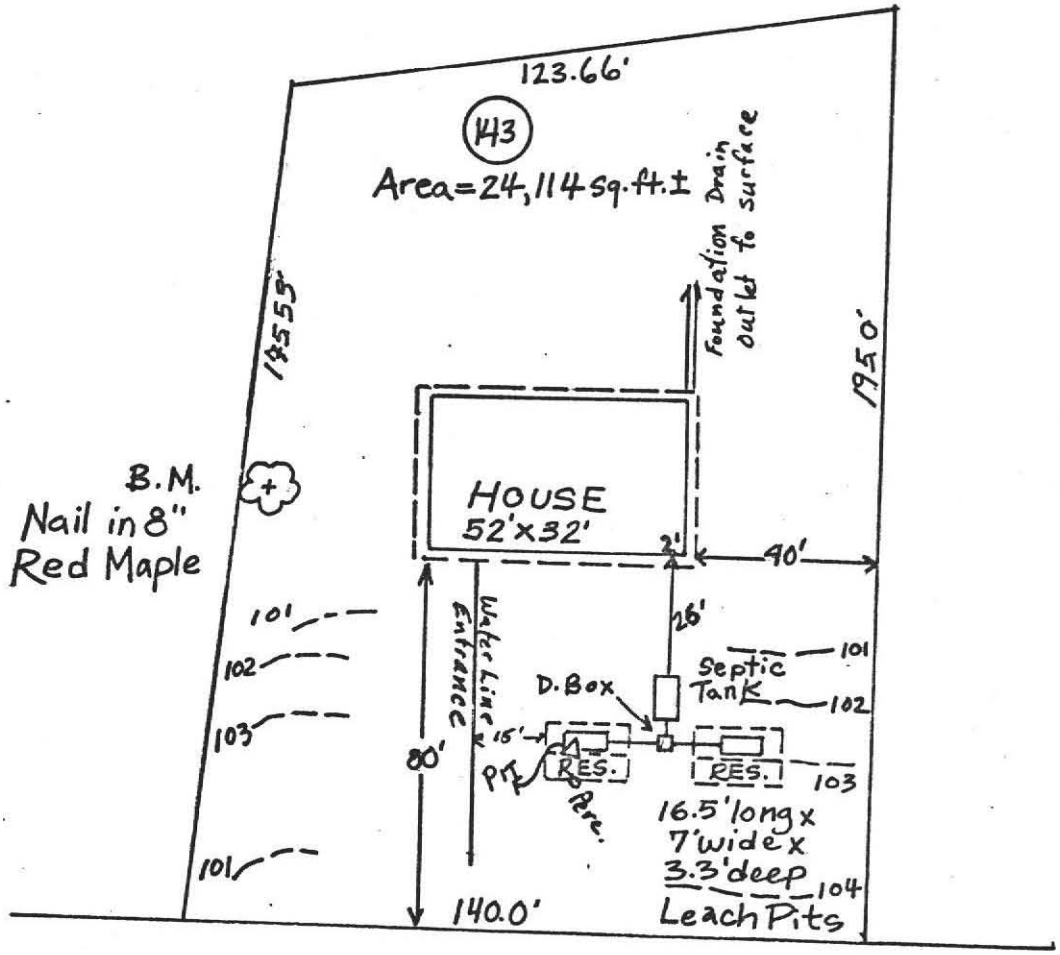
AT: Lot 143
Woodlot Lane
Amherst Woods
Amherst, MA.

BY: Filios Enterprises, Inc.
69 Pelham Road
Amherst, MA.

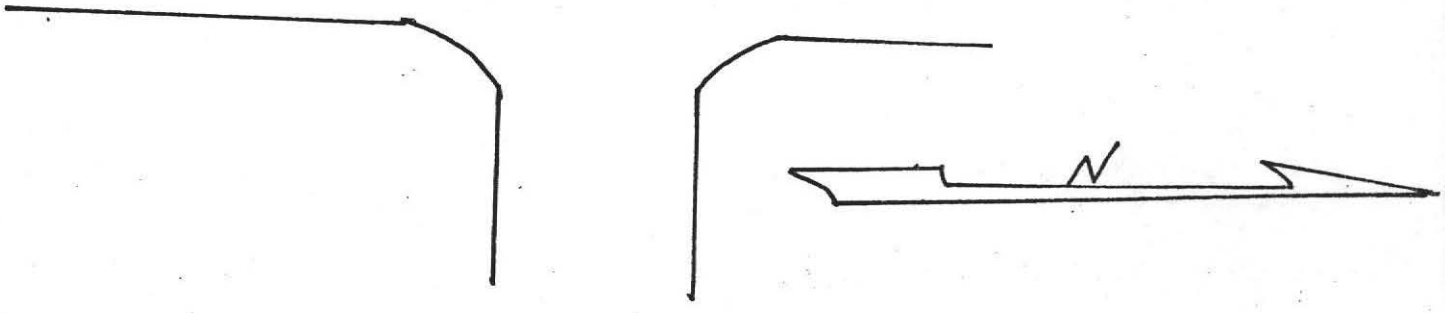
SCALE: 1"=40'

DATE: Nov. 16, 1987

DEC 2 1987



WOODLOT LANE



PROFILE OF SEPTIC SYSTEM

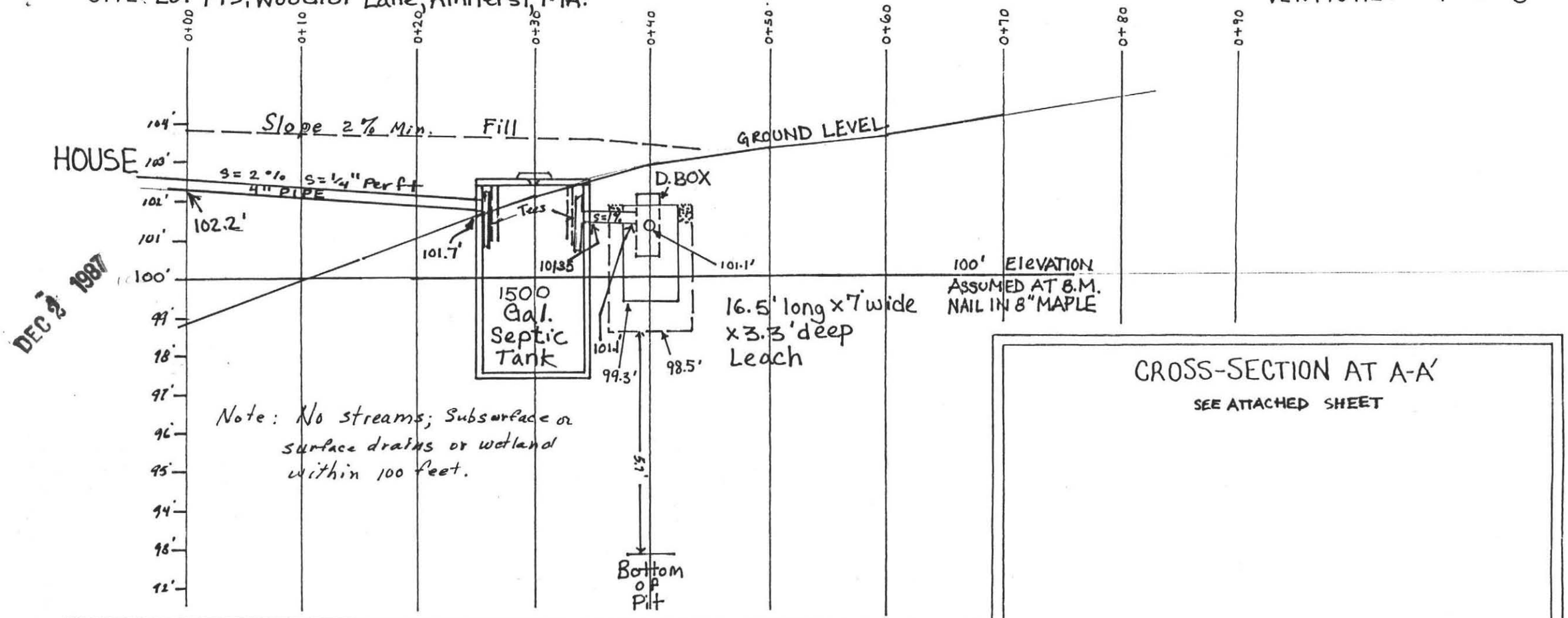
FOR: Henry Whitlock
181 North Street, Belchertown, MA.

SITE: Lot 143, Woodlot Lane, Amherst, MA.

BY: FREDERICK A. FILIOS

DATE: Nov. 18, 1987

SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'



Note: No streams; Subsurface or surface drains or wetland within 100 feet.

CROSS-SECTION AT A-A'

SEE ATTACHED SHEET

SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

4 Bdm x 110 = 440 + 50% for GG = 660 x 1.25 = 825 gallons
Perc. Rate = 2 min/inch Sides = 2.5 gal/sq ft Bottom = 1.0 gal./sq. ft.
2 Leach Pits / 16.5' long x 7' wide x 3.3' deep
Sides: 16.5 x 2.6' x 2 = 85.8 sq.ft. x 2.5 gal/sq.ft. = 214.5 gal.
7' x 2.6' x 2 = 36.4 sq.ft. x 2.5 gal/sq.ft. = 91.0 gal.
Bottom: 16.5' x 7' = 115.5 sq.ft. x 1.0 gal/sq.ft. = 115.5 gal.
421.0 gal.
421 x 2 pits = 842 gallons Total

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

WILLIAM F. WELD
Governo:

ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 71 Woodlot
Date of Inspection:
Name of Inspector: Alan E. Weiss, R.S., M.S.
Address of Owner: (If different) NANCY MAGLIOCE 71 WOODLOT DR.

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 By the Local Approving Authority
- ___ Fails

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Inspector's Signature: Alan E. Weiss Date: 11/20/98

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:

✓ 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: _____

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.

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

Property Address: 71 WOODLOT LA.
Owner: MAGLIONE
Date of Inspection: 11/20/98

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:

_____ 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: 71 Woodlot Dr.
Owner: Maglione
Date of Inspection: 11/20/98

D] SYSTEM FAILS:

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

_____ 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	
—	—	Backup of sewage into facility or system component due to an 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 a 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. 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:

_____ 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	
—	—	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)

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: 71 WOODLOT LA.
Owner: MAGLIONE
Date of Inspection: 11/20/98

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 provided by the owner, occupant, or Board of Health.
✓	—	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
✓	—	As built plans have been obtained and examined. Note if they are not available with N/A
✓	—	The facility or dwelling was inspected for signs of sewage back-up.
✓	—	The system does not receive non-sanitary or industrial waste flow.
✓	—	The site was inspected for signs of breakout.
✓	—	All system components, excluding the Soil Absorption System, have been located on the site.
✓	—	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.
✓	—	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.
✓	—	Existing information. Ex. Plan at B.O.H.
✓	—	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: 71 WOODLOT DR.
Owner: MAGLIONE
Date of Inspection: 11/20/98

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 g.p.d./bedroom for S.A.S
Number of bedrooms: 3
Number of current residents: 1
Garbage grinder (yes or no): Y - NOT RECOMMENDED
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): N/A
Sump Pump (yes or no): N

Last date of occupancy: CURRENT

COMMERCIAL/INDUSTRIAL:
Type of establishment: N/A
Design flow: _____ 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:
1996
System pumped as part of inspection: (yes or no) Y
If yes, volume pumped: 1500 gallons
Reason for pumping Request

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: 10 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: 71 WOODLOT LANE
Owner: MAGLIONE
Date of Inspection: 11/20/98

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 12"
Material of construction: __ cast iron ✓ 40 PVC __ other (explain)

Distance from private water supply well or suction line: 10'+
Diameter 4" ϕ
Comments: (condition of joints, venting, evidence of leakage, etc.)
OK

SEPTIC TANK: Y
(locate on site plan)

Depth below grade: 16"
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: (10' x 4.5' x 5')
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 33"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 6"
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.) 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: 71 WOODLEY DR.
Owner: MAGLIONE
Date of Inspection: 11/20/98

TIGHT OR HOLDING TANK:_____ (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: Y @ 28" belowgrade.
(locate on site plan)

Depth of liquid level above outlet invert: @ INV. @

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

PUMP CHAMBER:____
(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: 71 WOODLOT LANE
Owner: MAGLIONE
Date of Inspection: 11/20/98

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: (2) 500 gal. (16.5' Long x 7' wide x 3.3' deep.)
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. No hydraulic back up. OK levels, No Ponding.

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.)

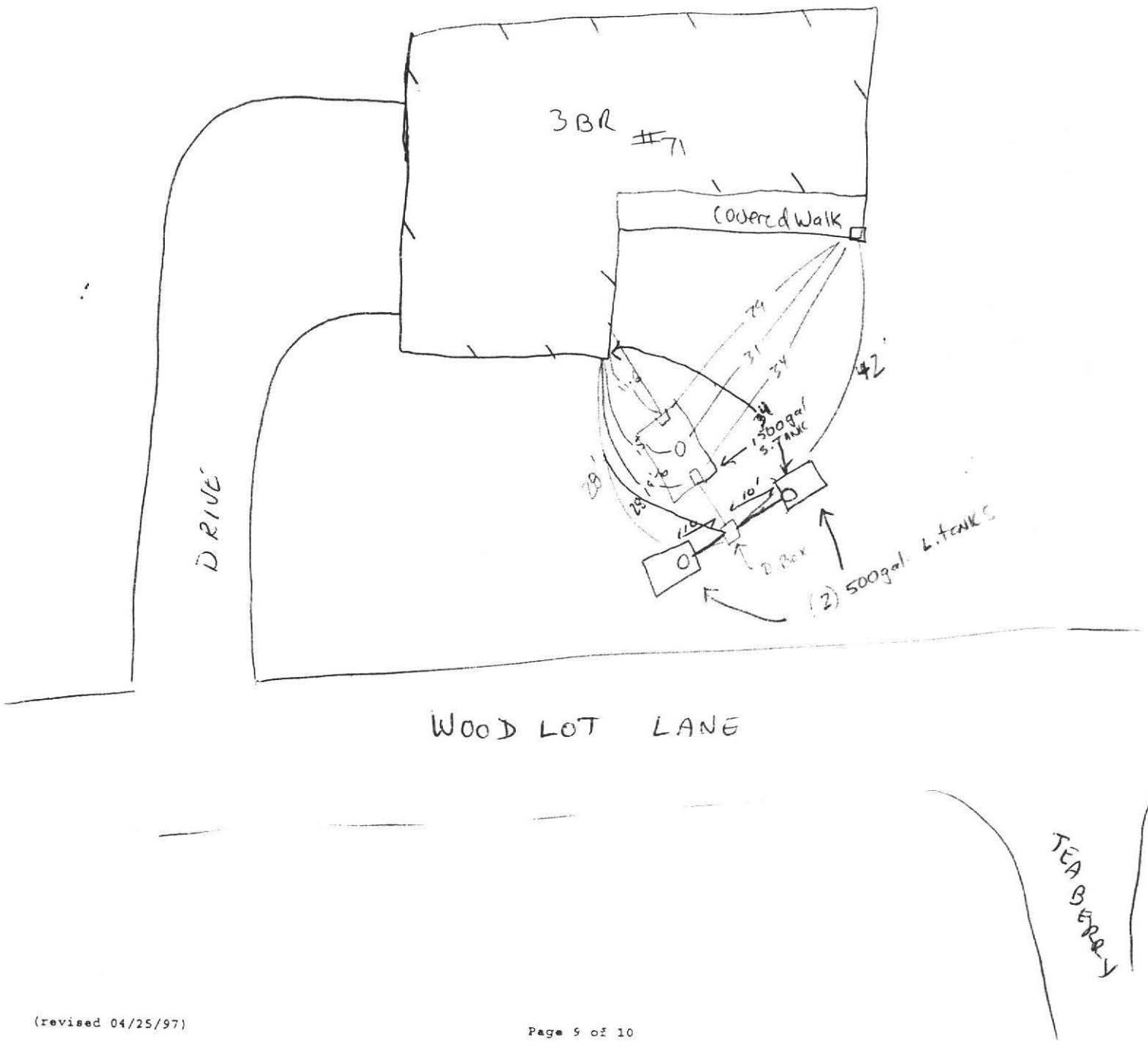
PRIVY: N
(locate on site plan)

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: 71 WOODLOT DR
Owner: MAGLIOZZI
Date of Inspection: 11/20/98

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: 71 WOODLOT LANE
Owner: MAGLIONE
Date of Inspection: 11/20/98

Depth to Groundwater 10' Feet + (1986 Files perc) <2 min 12in

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

✓ Obtained from Design Plans on record

____ 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)

* Local vegitation + slope + nearby percs by Winter.
* NO G.W in L. TANKS at 5'.

COLD SPRING ENVIRONMENTAL
CONSULTANTS, INC.

350 Old Enfield Road Belchertown, MA 01007

Mr. David Zarozinski
Insp. Services
Town Hall
Amherst, mA 01002

RECEIVED NOV 25 1998

01092+2358