23 ALYSSUM DR

April 2013
INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: April 19, 2013

TO Bart Hollander & Catherine Sanderson
23 Alyssum Drive
Amhers, MA, 01002

RE: Invoice for **Title 5 Inspection**

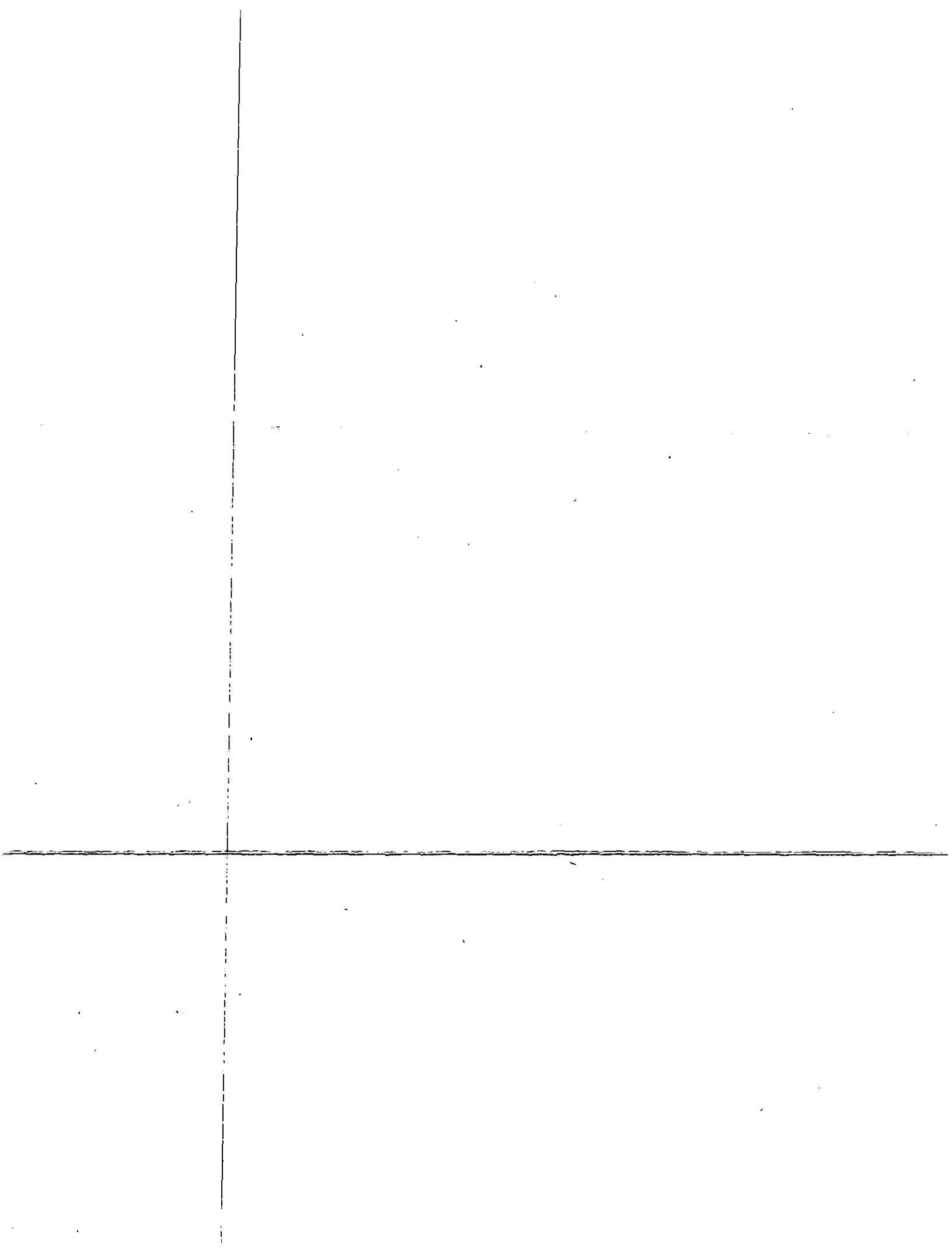
Services provided by **Edmund Smith**

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 Witness Fee	$ 200.00	$ 200.00
	The above was performed on 4/12/2013; Inspection result is a passed Title 5.		
	please remit by check payable to: Town of Amherst		
	thank you, Ed Smith, for Amherst Health Department		
		SUBTOTAL	$ 200.00
		SALES TAX	
		TOTAL	$ 200.00

Check enclosed

Batch 6096
4/23/2013



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

23 Alyssum Drive
Property Address

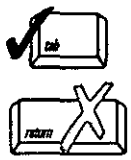
Bart Hollander and Catherine Sanderson
Owner's Name

Owner information is required for every page.

Amherst	MA	01002	04.12.2013
City/Town	State	Zip Code	Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

Alan E Weiss, M.S, Hydrogeologist, RS # 933
Name of Inspector

Cold Spring Environmental Consultants Inc.
Company Name

350 Old Enfield Road
Company Address

Belchertown	MA	01007
City/Town	State	Zip Code

413.323.5957	# 738
Telephone Number	License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

☒ Passes ☐ Conditionally Passes ☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority

[signature]	04.12.2013
Inspector's Signature	Date

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.

****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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B. Certification (cont.)

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

A) System Passes:

☒ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

Property has 1500 gal. S. tank & 1000 gallon Leaching tank that is 30+/- yrs old. Liquid liquid level & staining was proper in leach tank and septic tank) at four bedroom home . There have been five persons living in house. Tank was pumped and inlet/Outlet baffles were in place, 8" standing liquid (pumped) in Leaching tank (48" eff. ht.). Garbage Disposal is not recommended.

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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

☐ Y ☐ N ☐ ND (Explain below):

23 Alyssum Drive
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B. Certification (cont.)

B) System Conditionally Passes (cont.):

☐ 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	☐ Y	☐ N	☐ ND (Explain below):
☐	obstruction is removed	☐ Y	☐ N	☐ ND (Explain below):
☐	distribution box is leveled or replaced	☐ Y	☐ N	☐ ND (Explain below):

☐ 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	☐ Y	☐ N	☐ ND (Explain below):
☐	obstruction is removed	☐ Y	☐ N	☐ ND (Explain below):

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

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B. Certification (cont.)

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 fecal coliform bacteria indicates absent 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:

_____

_____

_____

_____

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes	No	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☐	☒	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	☒	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

Commonwealth of Massachusetts

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Amherst	MA	01002	04.12.2013
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B. Certification (cont.)

Yes	No	
☐	☒	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 SAS, cesspool or privy is below high ground water elevation.
☐	☒	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
☐	☒	Any portion of a cesspool or privy is within a Zone 1 of a public well.
☐	☒	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐	☒	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.]**
☐	☒	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☐	☒	**The system <u>fails</u>.** 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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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.

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C. Checklist

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

Yes	No	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☒	☐	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☐	☒	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
☒	☐	Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?
		The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:
☒	☐	Existing information. For example, a plan at the Board of Health.
☒	☐	Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): -

Commonwealth of Massachusetts

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D. System Information

Description:
1500 gallon S. tank & One 1000 gal. leach tank on four bedroom home.

Number of current residents: 5

Does residence have a garbage grinder? ☒ Yes ☐ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☐ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): n/a

Detail:
Laundry connected.

Sump pump? ☐ Yes ☒ No

Last date of occupancy: Current
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present? ☐ Yes ☐ No

Industrial waste holding tank present? ☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☐ No

Water meter readings, if available:

Commonwealth of Massachusetts

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Amherst	MA	01002	04.12.2013
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D. System Information (cont.)

Last date of occupancy/use: current (Date)

Other (describe below):

General Information

Pumping Records:

Source of information: Oct. 2012, "Every other year".

Was system pumped as part of the inspection? ☒ Yes ☐ No

If yes, volume pumped: 1500 gallons

How was quantity pumped determined? measured

Reason for pumping: inspection

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)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

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D. System Information (cont.)

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

30+

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade: 1.5 feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: _____ feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Septic Tank (locate on site plan):

Depth below grade: 2.4 ft feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: _____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 10.5' x 5.5' x 4.2'

Sludge depth: 10"

23 Alyssum Drive
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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: 32"

Scum thickness: 2"

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: 10"

How were dimensions determined? Observation/Meas

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 was 1500 gallon tank in good condition with baffles. Riser only found on middle opening.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

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: _____ Date

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Amherst	MA	01002	04.12.2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Dimensions:

Capacity: gallons

Design Flow: gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: Alarm in working order: ☐ Yes ☐ No

Date of last pumping: Date

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

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

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D. System Information (cont.)

Distribution Box (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 or out of box, etc.):
-

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Commonwealth of Massachusetts

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D. System Information (cont.)

Type:

☐	leaching pits	number:	
☒	leaching chambers	number:	1-1000 gal.
☐	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.):
Liquid level had been good no high staining, 8" ponding ponding, staining to 18". (40"+ air space under invert pipe.), no signs of failure.

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 ☐ No

Commonwealth of Massachusetts

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Amherst	MA	01002	04.12.2013
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

☐ hand-sketch in the area below
☒ drawing attached separately

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D. System Information (cont.)

Site Exam:

☒ Check Slope

☐ Surface water

☐ Check cellar

☐ Shallow wells

Estimated depth to high ground water: 10'+/- feet

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

☒ Obtained from system design plans on record

If checked, date of design plan reviewed: records and work in area (Date)

☐ Observed site (abutting property/observation hole within 150 feet of SAS)

☒ Checked with local Board of Health - explain:

records

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Work in area

Before filing this Inspection Report, please see Report Completeness Checklist on next page.

Commonwealth of Massachusetts

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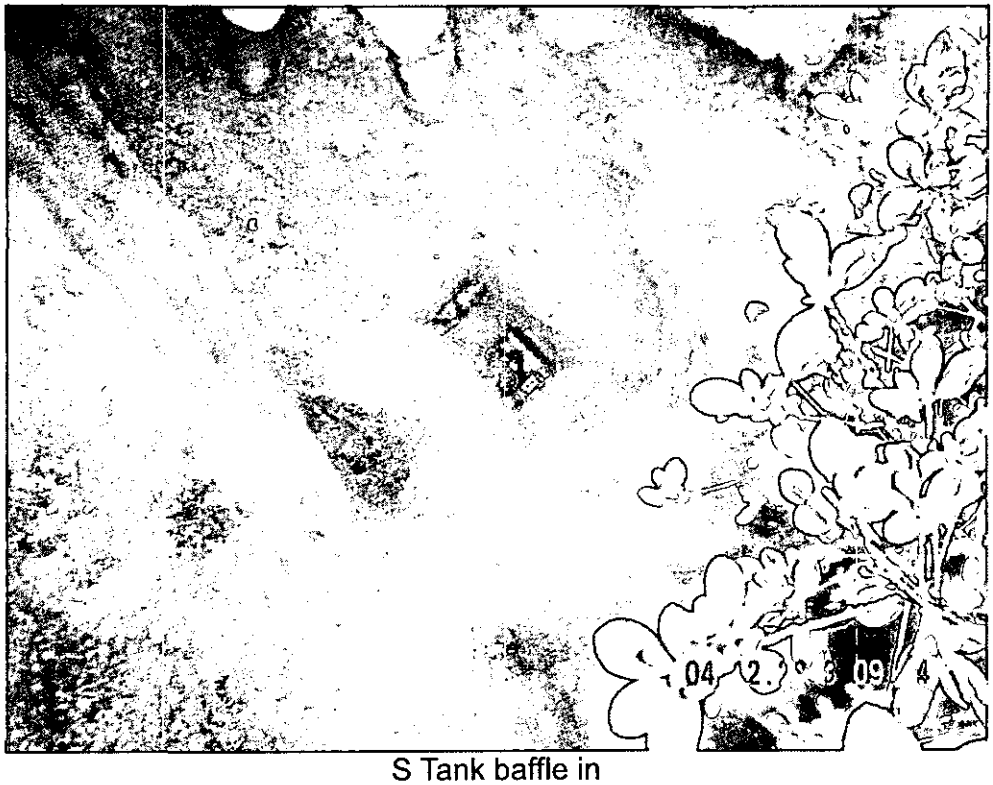
E. Report Completeness Checklist

☒ Inspection Summary: A, B, C, D, or E checked

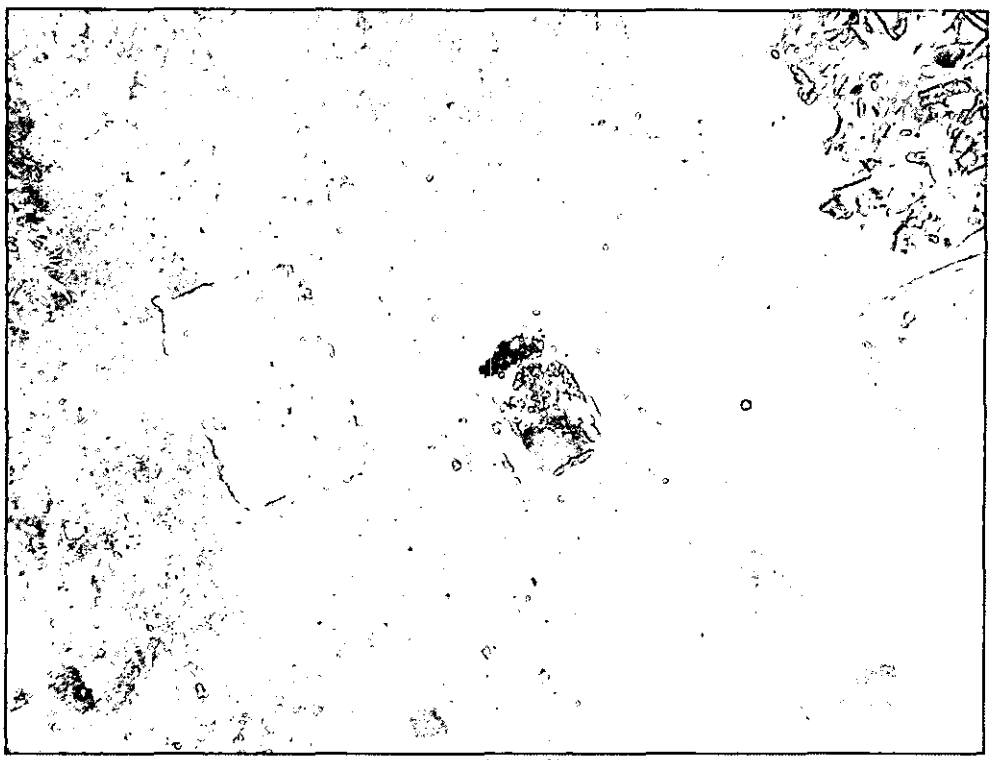
☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed

☒ System Information – Estimated depth to high groundwater

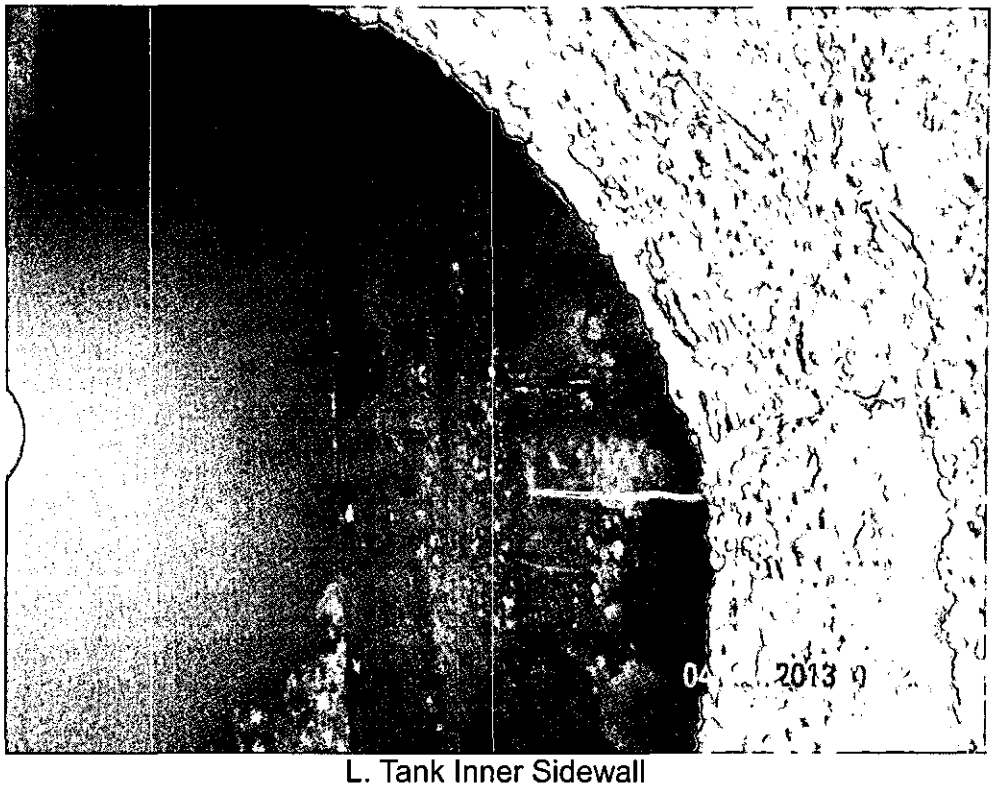
☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



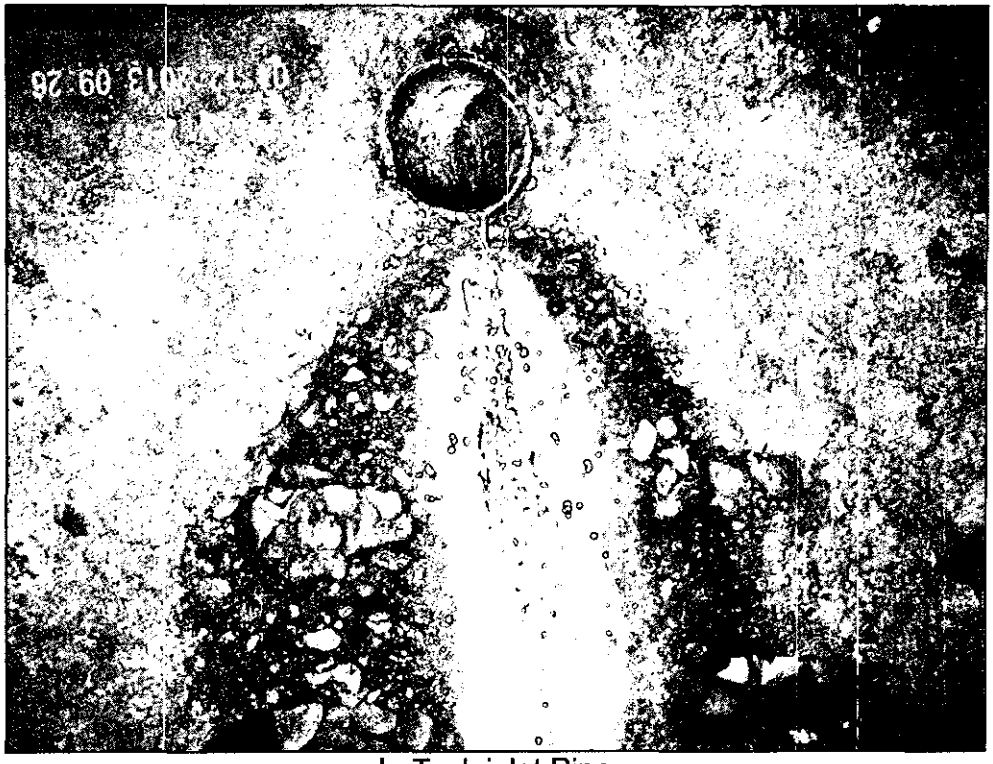
S Tank baffle in
23 Alyssum
Amherst, MA
04.12.2013



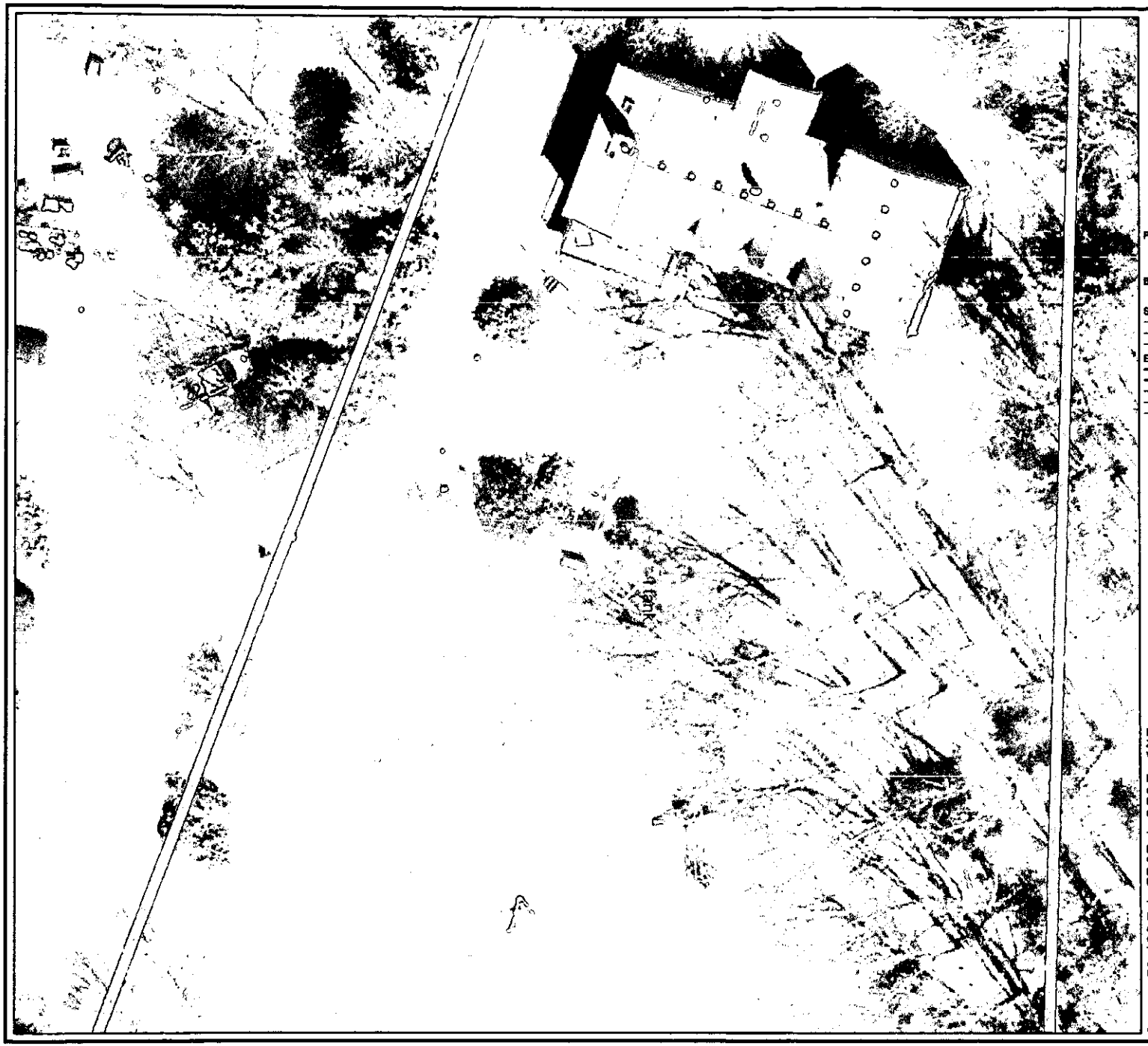
S Tank baffle
23 Alyssum
Amherst, MA
04.12.2013



L. Tank Inner Sidewall
23 Alyssum
Amherst, MA
04.12.2013



L. Tank inlet Pipe
23 Alyssum
Amherst, MA
04.12.2013



Layout

Amherst Public GIS Viewer

Property Map
- Property Lines
- Easements

Basemap
- Trails

Streets
- Local Roads
- Major Roads
- State Routes

EOT Roads
- Limited Access Highw
- Multi-lane Hwy, not li
- Other Numbered High
- Major Road, Collector
- Minor Road, Arterial

Horizontal Datum: MA Statoplane Coordinate System, Zone 4151, Datum NAD83, Feet
Vertical Datum: NAVD88, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 30 ft

Amherst GIS Viewer

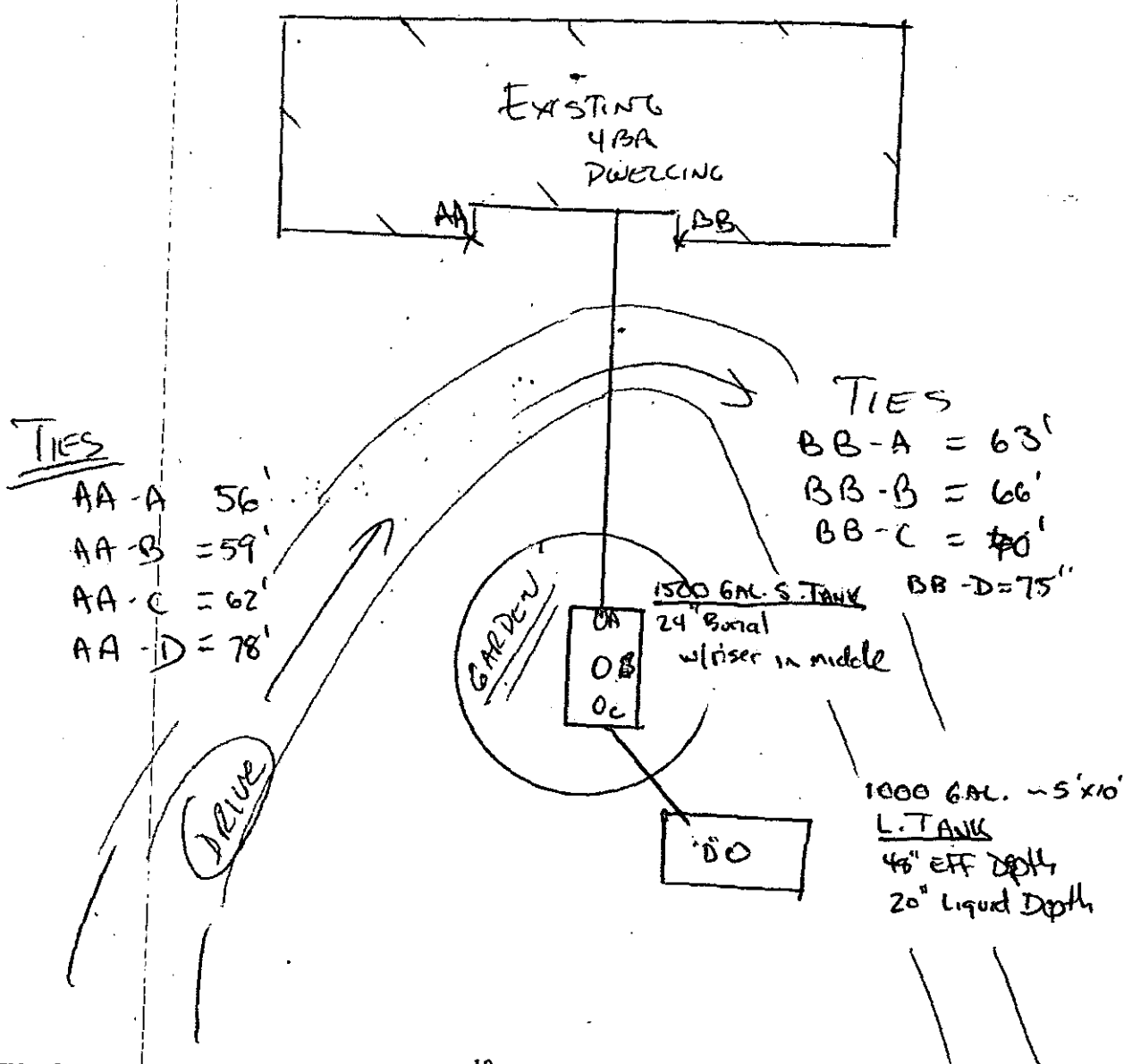
April 13, 2013

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

Property Address: 23 Alyssum

Owner: Logan
Date of Inspection: 8/7/03

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.



SERVICE CONTRACT FOR THE PROVISION OF SHARED SERVICES
BETWEEN THE
TOWN OF AMHERST AND THE CITY OF NORTHAMPTON

This Agreement is hereby entered into this 27th day of April, 2012 by and between the Town of Amherst ("Amherst") and the City of Northampton ("Northampton") to share the services of the Assistant Sanitarian for the Town of Amherst and the Public Health Nurse for the City of Northampton:

1. Purpose: The purpose of this contract is to permit the Amherst Assistant Sanitarian to provide Health Inspection services, as described herein, to Northampton through its Health Department and to permit the Northampton Public Health Nurse to provide nursing services, as described herein, to Amherst. This agreement is authorized by General Laws Chapter 40, Section 4A, which allows for intergovernmental agreements and provides for financial safeguards for all participants.

2. Term: This contract is for the period of July 1, 2012 to June 30, 2013 and may be renewed on an annual basis by March 1 of each year by the mutual written agreement of both parties. Either party may terminate this Agreement by providing the other with ninety (90) days written notice.

3. Scope of Services:

A. Assistant Sanitarian: The Shared Assistant Sanitarian will be an employee of the Town of Amherst. The Town of Amherst will provide Health Inspection services to Northampton as described in the Job Description attached hereto as Appendix A, which is incorporated herein. The Assistant Sanitarian will work under the supervision and direction of the Health Director and shall provide sanitarian services for 20 hours per week, as directed by said Department. Hours will be mutually agreed to by the Assistant Sanitarian, the Health Director of Amherst and the Health Director of Northampton, at the outset of this agreement. It is understood by both parties that sanitarian services will not be provided when the Assistant Sanitarian is utilizing earned leaves (vacation, personal days and sick leave).

B. Public Health Nurse: The Public Health Nurse will be an employee of the City of Northampton. The City of Northampton will provide Public Health Nursing services to Amherst as described in the Job Description attached hereto as Appendix A, which is incorporated herein. The Public Health Nurse will work under the supervision and direction of the Health Director and shall provide public health services for 20 hours per week, as directed by said Department. Hours will be mutually agreed to by the Public Health Nurse, the Health Director of Northampton, and the Health Director of Amherst, at the outset of this agreement. It is understood by both parties that public health services will not be provided when the Public Health Nurse is utilizing earned leaves (vacation, personal days and sick leave).

4. Assessment of Costs:

Amherst and Northampton will evenly split the following costs:

Base Salary: Amherst and Northampton will equally share the base salary of each position and that base salary will be calculated on the actual salary. Using actual costs for the calculation of the base will take into account the respective collective bargaining and personnel actions that can impact salaries before and after the start of the fiscal year. For planning and budgeting purposes, a base salary of $52,187 for 40 hours per week will be used.

Fringe Benefits: Fringe benefits will be calculated as 40% of the base salary. Fringe benefits will be assumed to cover workers compensation insurance, retirement assessment, health and life insurance benefits, and Medicare. Each employee will be eligible to receive fringe benefits per the municipality in which they are employed.

Proviso: In doing this calculation, if the difference in the cost to Amherst and the cost to Northampton are within $1,000, there will be no monetary exchange. If the difference in the cost exceeds $1,000 then the town paying the great cost will be reimbursed so that the end result is that each community will pay an equal share.

Additional costs will be provided as follows:

Travel Reimbursement:

A. The Assistant Sanitarian will be provided with a City of Northampton vehicle when available for use on the job in Northampton. Northampton will assume the cost of maintaining that vehicle and providing fuel for the vehicle. Amherst will provide the employee with a monthly stipend to cover vehicle use in both communities.

B. The Public Health Nurse will not be provided with a municipal vehicle and therefore shall submit mileage logs to Northampton and to Amherst for travel. The Public Health Nurse will be provided reimbursement at the standard mileage reimbursement rate for each municipality and will be reimbursed from Amherst for mileage incurred on the job in Amherst and from Northampton for mileage incurred on the job in Northampton.

Cell Phones:

Northampton will provide a cell phone stipend for the Public Health Nurse and the Nurse will use the phone for both Northampton and Amherst business. Amherst will provide the Assistant Sanitarian either a cell phone or cell phone stipend and the Assistant Sanitarian will use the phone for both Amherst and Northampton business.

On-Call:

It is understood that both the Assistant Sanitarian and the Public Health Nurse will from time to time be required to respond to service needs outside of normal business hours. The requirement to do so will be at the discretion of each Health Director.

Professional Development:

It is agreed that professional development will be mutually beneficial to each community and therefore, Amherst and Northampton agree to split the costs associated with professional development, provided that is approved by both Health Directors. The employee will be reimbursed for approved professional development by the municipality in which they are the employee. The Health Directors will then split the cost and one community will reimburse the other community. Professional Development may include the cost of the training opportunity, mileage, food and overnight accommodations if necessary and subject to available operating or grant funds.

Uniform Allowances: Each community will be responsible for providing the shared employee with any identifying clothing necessary to perform the duties in that community.

Office Supplies: Each community will provide sufficient office supplies and office space to conduct the responsibilities of the job.

Medical Supplies: Each community will purchase and pay for any medical supplies necessary for the conduct of public health nursing responsibilities.

Inspectional Equipment: It is agreed that the purchase of inspectional equipment will be mutually beneficial to each community and therefore, Amherst and Northampton agree to split the costs associated with inspectional equipment, provided that is approved by both Health Directors. The employee will be reimbursed for approved equipment by the municipality in which they are the employee. The Health Directors will then split the cost and one community will reimburse the other community.

Rabies Mailings and Unanticipated Costs: Each community will pay for any reasonable costs associated in transporting specimens for testing. From time to time, other unanticipated costs may also arise. The employee shall be reimbursed by the community for which the service was provided when it is determined that the employee must "up-front" the cost and be reimbursed.

Advertising Costs: Each community will purchase and pay for any advertising necessary for the conduct of business. Where advertising can be done jointly, the two communities will equally share in that cost.

5. Reporting and Auditing Requirements: The Health Departments will keep accurate and comprehensive records of services performed, costs incurred and reimbursements and

contributions received. Such records shall be audited annually. Financial statements regarding the costs incurred under the Agreement shall be provided quarterly by the employing governmental unit to the other governmental unit.

6. Liability: Per C. 40 S. 4A, the equipment and employees of a governmental unit vehicle engaged in performing any such service, activity or undertaking under such an agreement shall be deemed to be engaged in the service and employment of such unit, not withstanding such service, activity or undertaking is being performed in or for another governmental unit or units. Therefore, the Assistant Sanitarian will remain throughout the duration of this contract for services, a full-time regular employee of the Town of Amherst and the Public Health Nurse will remain throughout the duration of this contract for services, a full-time regular employee of the City of Northampton.

7. Vacancy in either position: If a vacancy should occur in either position, it is agreed that the Health Directors will mutually interview and agree upon the candidate to be hired to provide shared services.

In Witness Whereof, the parties hereunto set their hands and seals this 27th day of April, 2012.

Town of Amherst

John Musante
Town Manager

City of Northampton

David J. Narkewicz
Mayor

4/11/13 23 ALLYSUM

Ed Squire

leach tank - okay - some wet in bottom but no high staining

septic tank - sound, needs pumping

baffles - inlet - good

outlet tile - good

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

Property Address: 23 Alyssum Road, Amherst

Owner's Name: Lisa Logan
Owner's Address: 142 Acorn Lane
Shelburnet VT 05482
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.

****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: 23 Alyssum Drive
Owner: Logan
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: 23 Alyssum Drive
Owner: Logan
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: 23 Alyssum Drive
Owner: Logan
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: 23 Alyssum Drive
Owner: Logan
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: 23 Alyssum Drive
Owner: Logan
Date of Inspection: May 7, 2003

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): _4 Number of bedrooms (actual): 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: **Dec 1999**
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: **18 *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: 23 Alyssum Drive
Owner: Logan
Date of Inspection: May 7, 2003
BUILDING SEWER (locate on site plan)

Depth below grade: 24"
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: _30"_
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: _3"_____
Distance from top of sludge to bottom of outlet tee or baffle: _*42"*_____
Scum thickness: _*3"*_____
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: _*16"*____
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: 23 Alyssum Drive
Owner: Logan
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.):
_____
_____
_____

DISTRIBUTION BOX: _No_ 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 or out of box, etc.): _____
_ _____

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: 23 Alyssum Drive
Owner: Logan
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: _____
__1__ leaching chambers, number: ***4'w x 8' l x 4' depth (1-1000 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, 20" of liquid in 48-50 ff. Ht, staining visible for 24" from bottom.***

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)

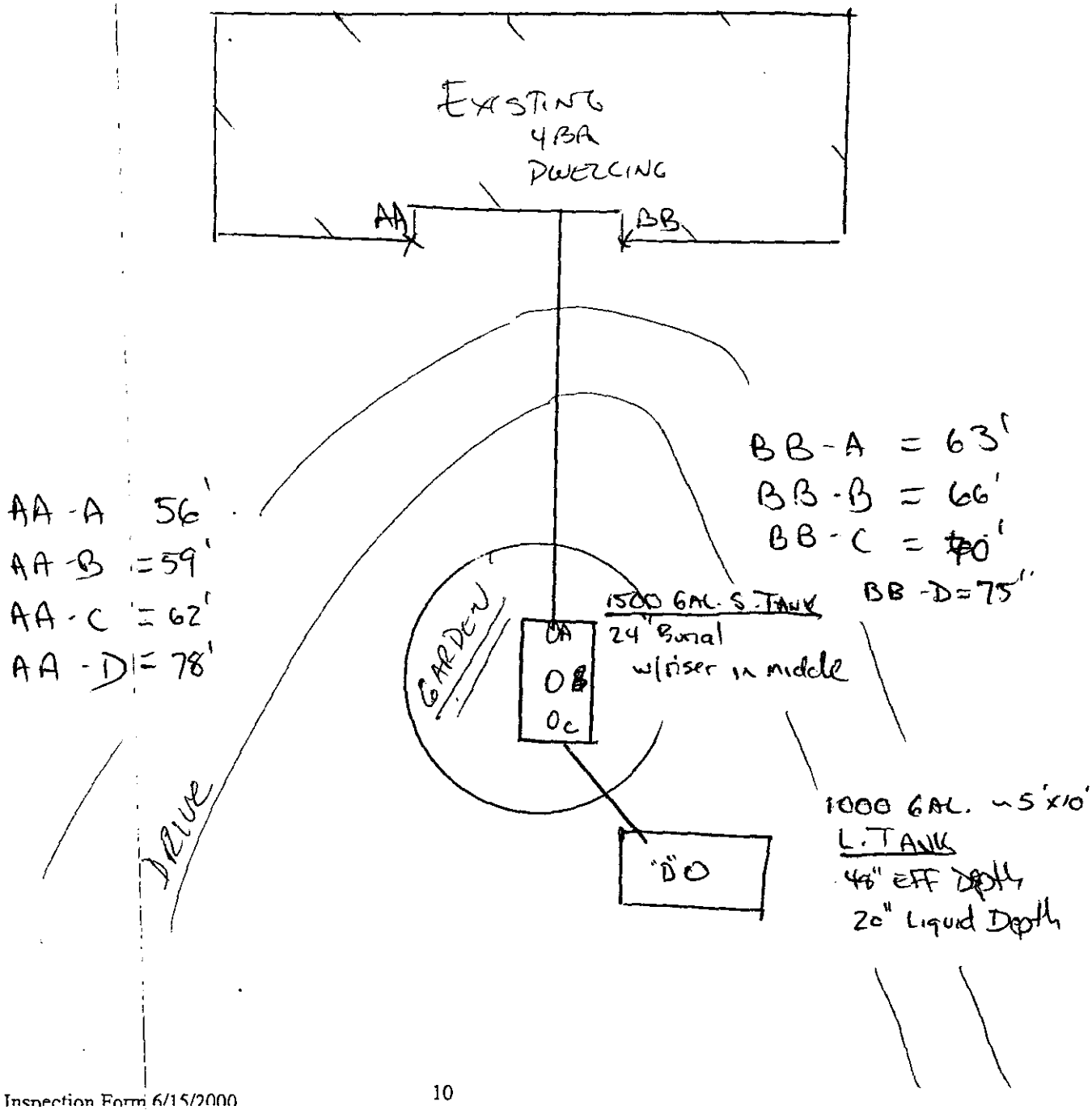
Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.): _____

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

Property Address: 23 Alyssum

Owner: Logan
Date of Inspection: 8/7/03

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.



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

Property Address: 23 Alysssum Road
Owner: *Logan*
Date of Inspection: May 7, 2003

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

Estimated depth to ground water 8'+ 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, 1986 Excavation area to 6 feet all well drained sand.

Dennis Pinski Amherst Health Dept.
tel. 253-7097

No. 88-34 FEE $90.00 paid

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

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

23 Alyssum Drive, Amherst (#11)
Location - Address or Lot No.

Mark & Sandra Parent Same
Owner Address

Karl's Excavating River Drive, Hadley, MA
Installer Address

CHECK OR FILL IN WHERE APPLICABLE

Type of Building Size Lot ..... Sq. feet

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

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

Other fixtures .....

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

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

Disposal Trench — 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 ..... Date .....

Test Pit No. 1 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

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

Description of Soil .....

Nature of Repairs or Alterations — Answer when applicable

Relocation of septic tanks, not leach pit.

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.

285 Stanley St, Amherst Signed Gordon Fletcher-Howell Oct 5, 1988
Date

Application Approved By ..... Date

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

Date

Permit No. 88-34 Issued Oct. 5, 1988
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. 88-34 Town OF Amherst FEE $90.00

Disposal Works Construction Permit

Permission is hereby granted Karl's Excavating

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

at No. 23 Allysum Drive Mark & Sandra Parent
Street

as shown on the application for Disposal Works Construction Permit No. 88-34 Dated 10/5/88

Richard A. Pinski

DATE Oct 5, 1988 Board of Health
for Amherst Health Dept.

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT # 11

~~WILDFLOWER DRIVE~~

Important Information Regarding Your Private Sewage Disposal System

23 ALYSSUM DRIVE

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner MARK PARENT Address _____

Installer HATHAWAY TRUCKING Address _____

Date Installation Inspected and Approved 12-9-83

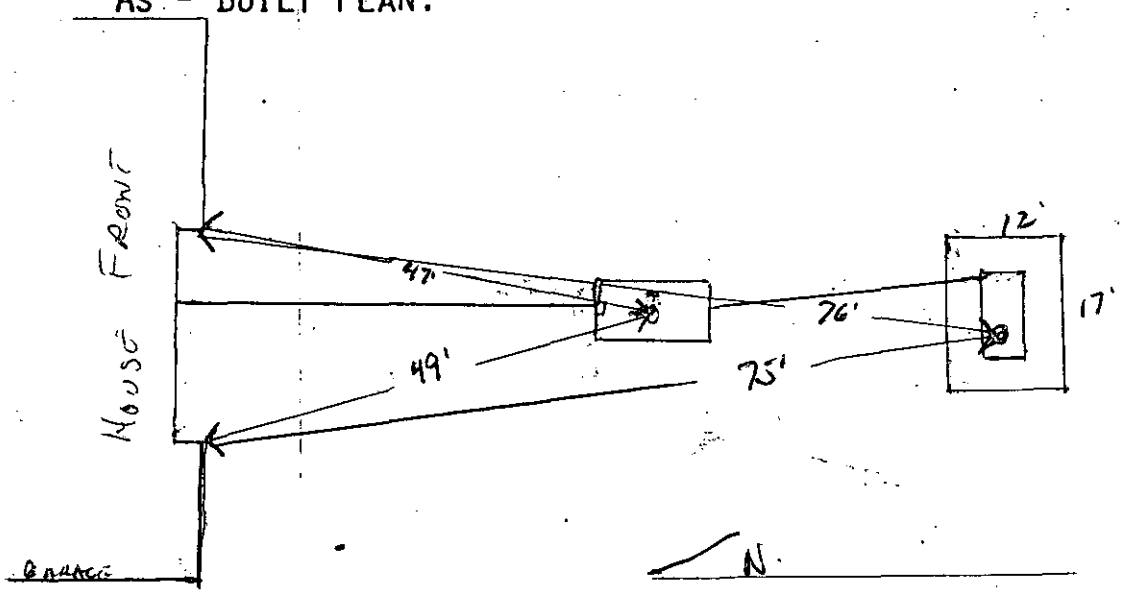
Description of System: Tank Capacity: 1500

12 x 6 x 2 = 144
17 x 6 x 2 = 204
12 x 17 = 204

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 552

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

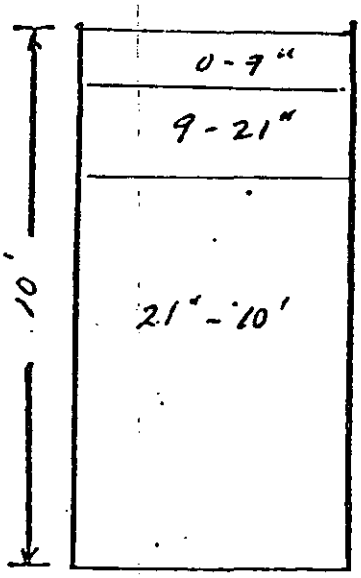
1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

DEEP SOIL LOGS

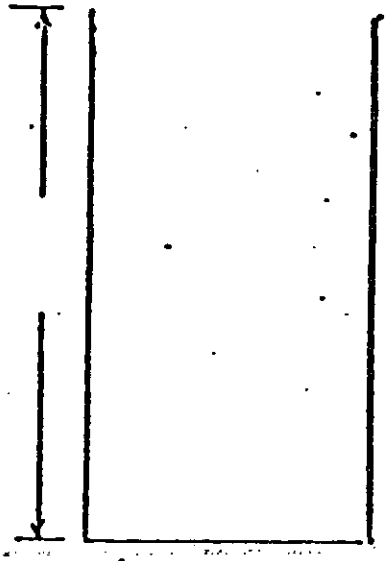
OWNER Amherst Woods Phase I Date Mar. 15 1981

LOCATION Rudbeckia Road OBSERVER F.A. Filios

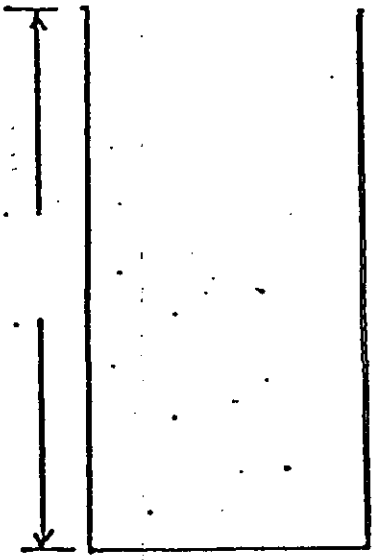
Soil Lot # 11



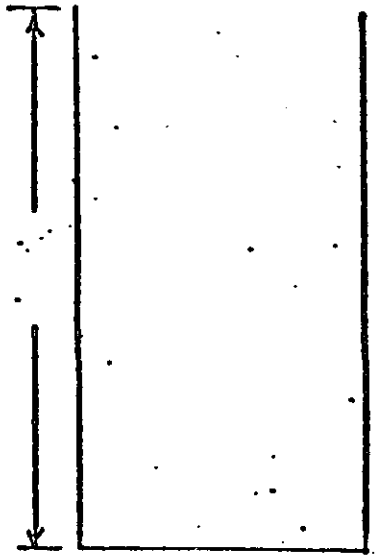
Ground Water at 10'



Ground Water ____



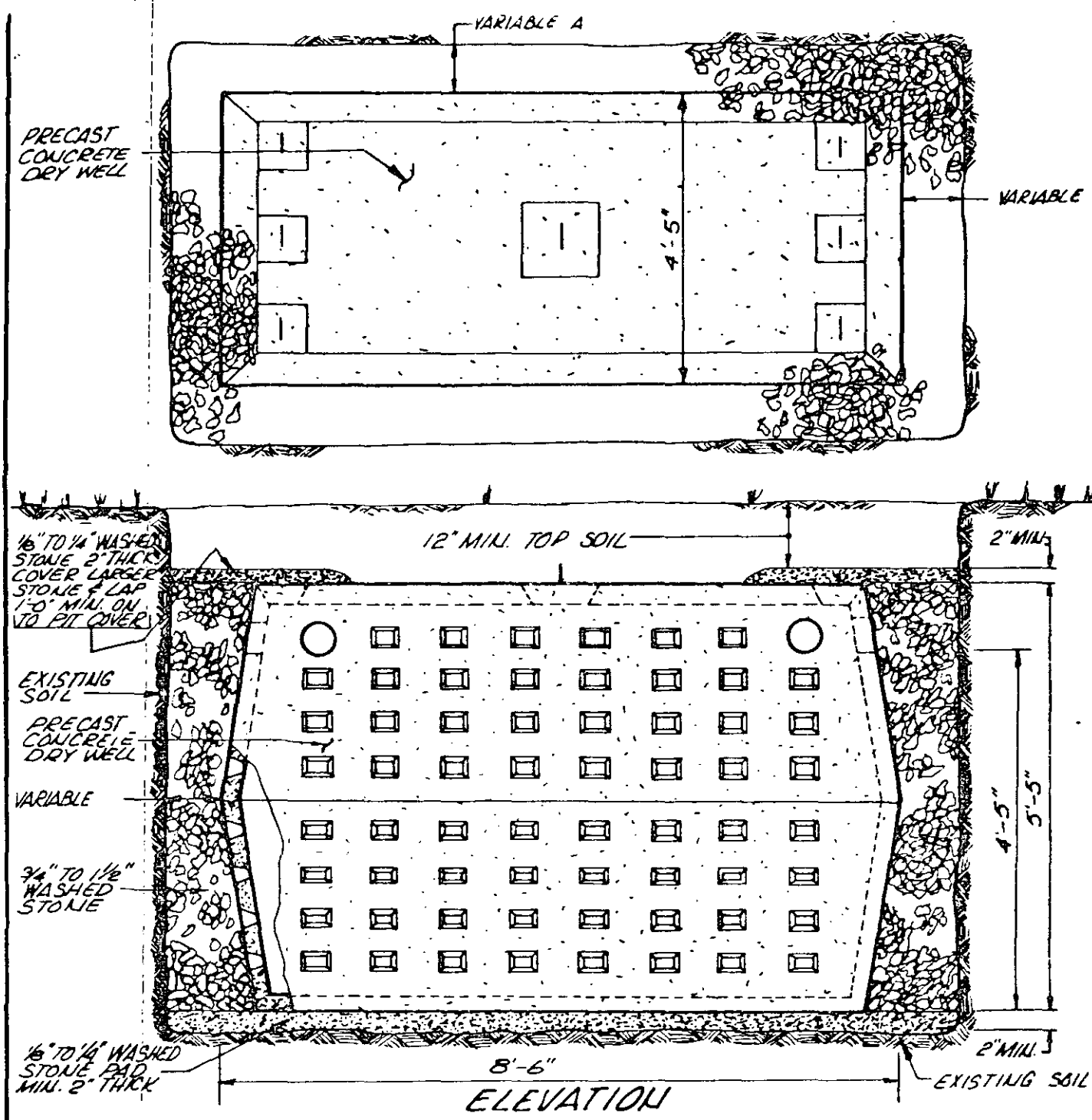
Ground Water ____



Ground Water ____

Percolation at 34"

0.3 minutes/inch



NOTE: • ALL WORK WILL BE DONE IN ACCORDANCE WITH THE STATE ENVIRONMENTAL CODE - TITLE 5.

• SPACING WHEN MORE THAN ONE SEEPAGE PIT OR DRY WELL ARE BEING USED IS TO BE TWICE THE GREATEST EFFECTIVE WIDTH OR DEPTH OF THE PIT, WHICHEVER IS GREATER.

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

LEACHING PIT DESIGN

Precast Pit Used: 8.5' Long x 4.5' Wide x 4.5' Effective Depth

Using 3.0' of stone all around and 0.25' of stone under pit.

SIDEWALL AREA:

14.5' Long x 4.75' Effective Depth x 2 Sides = 137.8 SF

12.5' Wide x 4.75' Effective Depth x 2 Sides = 118.8 SF

Total of 256.6 SF (Sidewall Area) x 2.5 Gal/SF = 641 Gal/Pit (Sidewall)

BOTTOM AREA:

14.5' Long x 12.5' Wide = 181.3 SF

181.3 SF (Bottom Area) x 1.0 Gal/SF = 181 Gal/Pit (Bottom)

641 Gal/Pit (Sidewall)

\+ 181 Gal/Pit (Bottom)

= 822 TOTAL Gal/Pit (Designed)

* Without Garbage Disposal: _____ Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x 440 Gal/Day (Daily Flow) = 660 Gal/Pit (REQUIRED)

Using 660 Gal/Day (Daily Flow) ÷ 822 Gal/Pit = 1 Pit(s)

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: MARK and Sandy Parent

Location: LOT #11 ALLYSM DRIVE, AMHERST

Number of Bedrooms: 4 Garbage Disposal: YES

LEACH AREA DESIGN

4 Bedrooms x 2 persons/bedroom = 8 persons

8 Persons x 55 gallons of wastewater/person/day = 440 total gallons of wastewater/day.

Percolation Rate: 03 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

0.3 min/inch - 2.5 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

* If a leach bed is to be installed, no sidewall is allowed.
* If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity

** WITH GARBAGE DISPOSAL:

440 Gallons of wastewater/day x 200% = 880 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacit

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 83-21 Date July 28, 1983 Fee 90 Date Rec'd. July 28, 1983 By [signature]

Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:
Location—Address 13 Allysm Drive or Lot No. 11
Owner Mark and Sandy Parent
Contractor Sundance Designs Address 3 Sam Hathaway Rd Amherst
Address 11 Londonderry Rd Amherst
Type of Building _____ Dimensions _____ Size Lot 1.087 ACRES
Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (X)
Other _____ No. of persons _____ Showers ( )
Other fixtures _____
Town Water? yes Type of Well _____
Design Flow 55 gallons per person per day. Total daily flow 440 gallons
Septic Tank—Liquid capacity 1500 gallons Dimensions: L _____ W _____ D _____
Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.
Dry Well—No. 1 Diameter _____ Depth below inlet 4.75' Dimensions: 14.5 x 12.5 x 4.75
Other: Distribution box ( ) No. _____ Dosing tank ( )
(Depth of Soil Line Below finished grade at foundation _____)
Percolation Test Results Performed by F.A. Filios Date Mar. 15, 1981
Test Pit No. 1 0.3 minutes per inch Depth of Test Pit _____
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____
Description of Soil sand w/fine gravel Depth to Ground Water 10'0
Will *disposal area* be filled? _____ Cut down? _____
(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

[signature] July 27, 83
Owner or builder date

Application Approved by [signature] July 27, 83
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER
Article XI 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 satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 83-21
Permission is hereby granted Sundance Design to construct (X) or repair ( ) an Individual Sewage Disposal System at Lot #11 Allysm Dr.
as shown on the application for Disposal Works Construction Permit No. _____
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 7-28-83

[signature]
Board of Health

Dennis Pinski, Amherst Health Dept.
tel. 253-7097

No. 88-34

Fee $90.00 pd

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Detailed see note on 2nd pg.

OF .....

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at: 23 Alyssum Drive, Amherst (#11)
Location - Address or Lot No.

Mark & Sandra Parent Same
Owner Address

Karl's Excavating River Drive, Hadley, MA
Installer Address

Type of Building Size Lot ..... Sq. feet

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

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

Other fixtures .....

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

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

Disposal Trench — 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 ..... Date .....

Test Pit No. 1 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

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

Description of Soil .....

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

Relocation of septic tanks, not leach pit.

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.

285 Stanley St, Amherst Signed Gordon Fletcher-Howell Oct 5, 1988
Date

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

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

Date

Permit No. 88-34 Issued Oct. 5, 1988
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 .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 88-34 Town OF Amherst Fee $90.00

Disposal Works Construction Permit

Permission is hereby granted Karl's Excavating
to Construct ( ) or Repair (X) an Individual Sewage Disposal System
at No. 23 Alyssum Drive Mark & Sandra Parent
Street
as shown on the application for Disposal Works Construction Permit No. 88-34 Dated 10/5/88

DATE Oct 5, 1988 Dennis A. Pinski
Board of Health
for Amherst Health Dept.

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

(1) 90.00 pd Fee 88-34

(2) attached form need to be filled out.

(3) Give them old COPY of Septic System

Please let us know what happening with this system

Thanks for task being completed already done.

[redacted] person's stool are brought into
almonellosis which appear 6-72 hours
owing the bacteria include diarrhea,
r, and general weakness. Among people
ions are the very young, very old, or

has emerged as a significant pathogen of
dreds of serotypes of salmonella that
y by the Centers for Disease Control
ons have increased nearly five-fold
States. In 1985, they accounted for
monellosis. This increase has been
ociated with consumption of raw and
eggs from poultry farms throughout the
gs become contaminated is under

ted the Massachusetts Department of
dborne Illness Control to issue the
all long-term care facilities, hospitals,
ollow these guidelines in order to
monella pathogens.

imal origin, may cause Salmonella
be considered "health food". Raw eggs
ets of immunocompromised or other

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Mark Parent Address 23 Alyssum Dr.

Installer Karl's Excavating Address 327 River Drive, Hadley

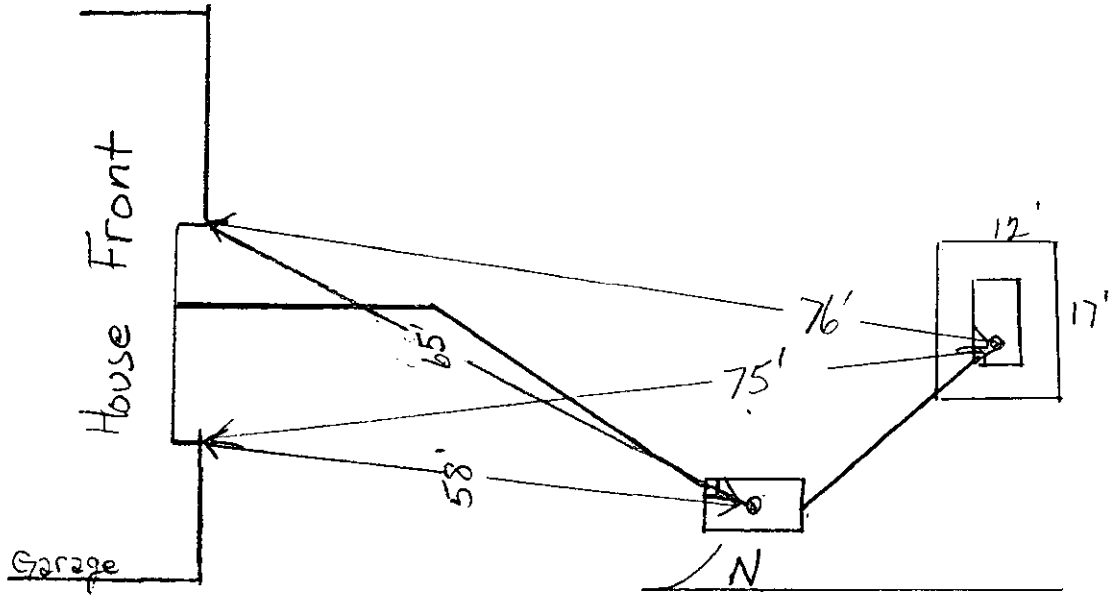
Date Installation Inspected and Approved 10/14/88

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 552

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

Parent 253-7114 #8834

BOARD OF HEALTH

Installed

TOWN OF AMHERST, MASSACHUSETTS

Lot # 11

~~Wildflower Drive~~

Important Information Regarding Your Private Sewage Disposal System

23 Alyssum Drive

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner MARK PARENT Address _____

Installer HATHAWAY TRUCKING Address _____

Date Installation Inspected and Approved 12-9-83

Description of System: Tank Capacity: 1500

12 x 4 x 2 = 144
17 x 6 x 2 = 204
12 x 17 = 204

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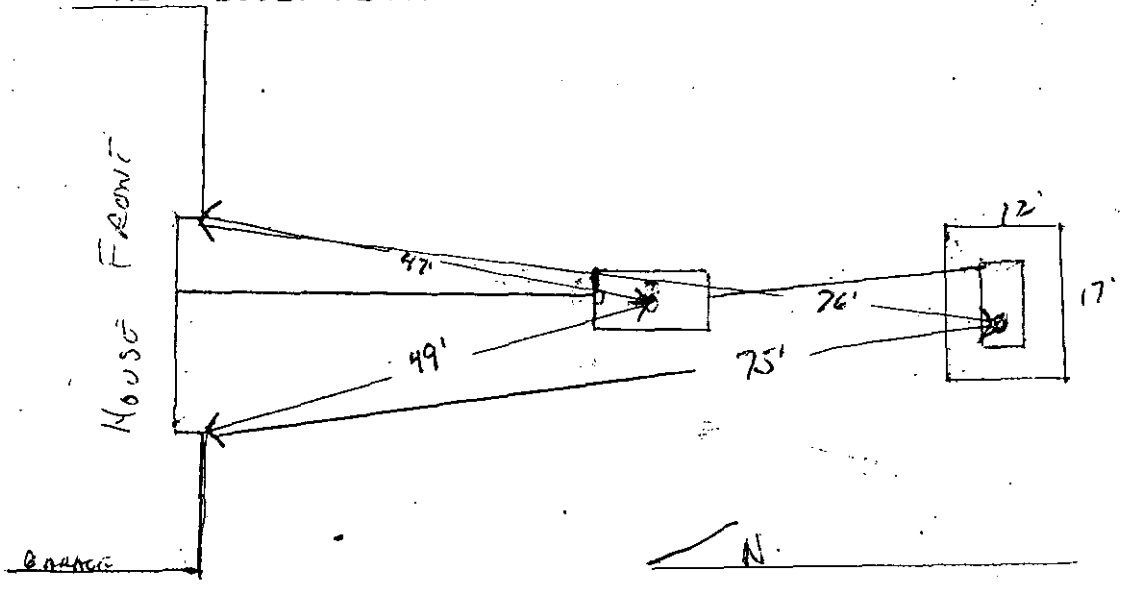

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BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 83-21 Date July 28, 1983 Fee 40 Date Rec'd. July 28, 1983 By CED

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

Location—Address 13 Allysm Drive or Lot No. 11

Owner Mark and Sandy Parent Address 3 Same

Contractor Sundance Designs Inc James WATHAWAY Address 11 Boundary Rd Leverett

Type of Building _____ Dimensions _____ Size Lot 1.087 Acres

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

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? yes Type of Well _____

Design Flow 55 gallons per person per day. Total daily flow 440 gallons

Septic Tank—Liquid capacity 1500 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter _____ Depth below inlet 4.75' Dimensions: 14.5 x 12.5 x 4.75

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by F.A. Filios Date Mar. 15, 1981

Test Pit No. 1 0.3 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil sand w/fine gravel Depth to Ground Water 10'0

Will *disposal area* be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

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Owner or builder — July 27, 83 date

Application Approved by _____ July 27, 83 date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

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DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 83-21

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DATE 7-28-83

Board of Health

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: MARK and Sandy Parent

Location: LOT #11 ALLYSM Drive, Amherst

Number of Bedrooms: 4 Garbage Disposal: YES

LEACH AREA DESIGN

4 Bedrooms x 2 persons/bedroom = 8 persons

8 Persons x 55 gallons of wastewater/person/day = 440 total gallons of wastewater/day.

Percolation Rate: .03 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

0.3 min/inch = 2.5 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

* If a leach bed is to be installed, no sidewall is allowed.
* If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capaci

** WITH GARBAGE DISPOSAL:

440 Gallons of wastewater/day x 200% = 880 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capac

LEACHING PIT DESIGN

Precast Pit Used: 8.5' Long x 4.5' Wide x 4.5' Effective Depth

Using 3.0' of stone all around and 0.25' of stone under pit.

SIDEWALL AREA:

14.5' Long x 4.75' Effective Depth x 2 Sides = 137.8 SF

12.5' Wide x 4.75' Effective Depth x 2 Sides = 118.8 SF

Total of 256.6 SF (Sidewall Area) x 2.5 Gal/SF = 641 Gal/Pit (Sidewa

BOTTOM AREA:

14.5' Long x 12.5' Wide = 181.3 SF

181.3 SF (Bottom Area) x 1.0 Gal/SF = 181 Gal/Pit (Bottom)

641 Gal/Pit (Sidewall)

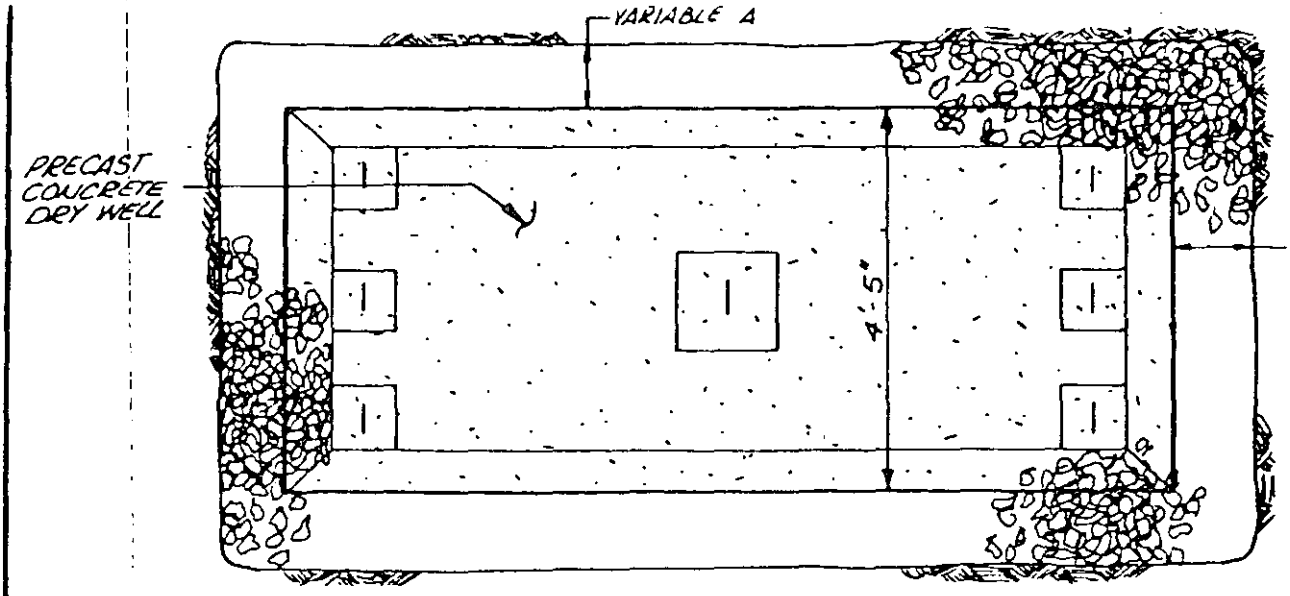
\+ 181 Gal/Pit (Bottom)

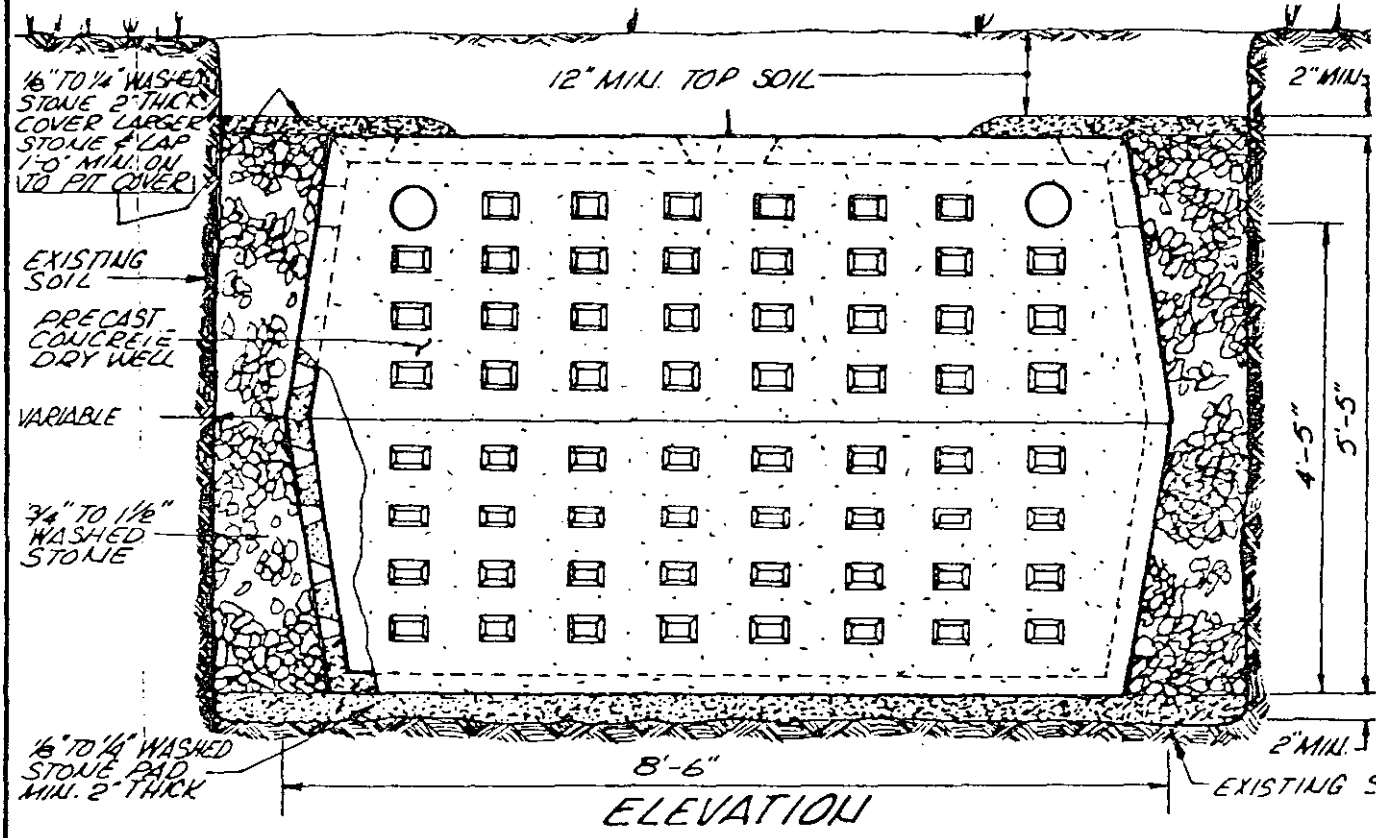
= 822 TOTAL Gal/Pit (Designed)

* Without Garbage Disposal: _____ Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x 440 Gal/Day (Daily Flow) = 660 Gal/Pit (REQUIR

Using 660 Gal/Day (Daily Flow) ÷ 822 Gal/Pit = 1 Pit(s)



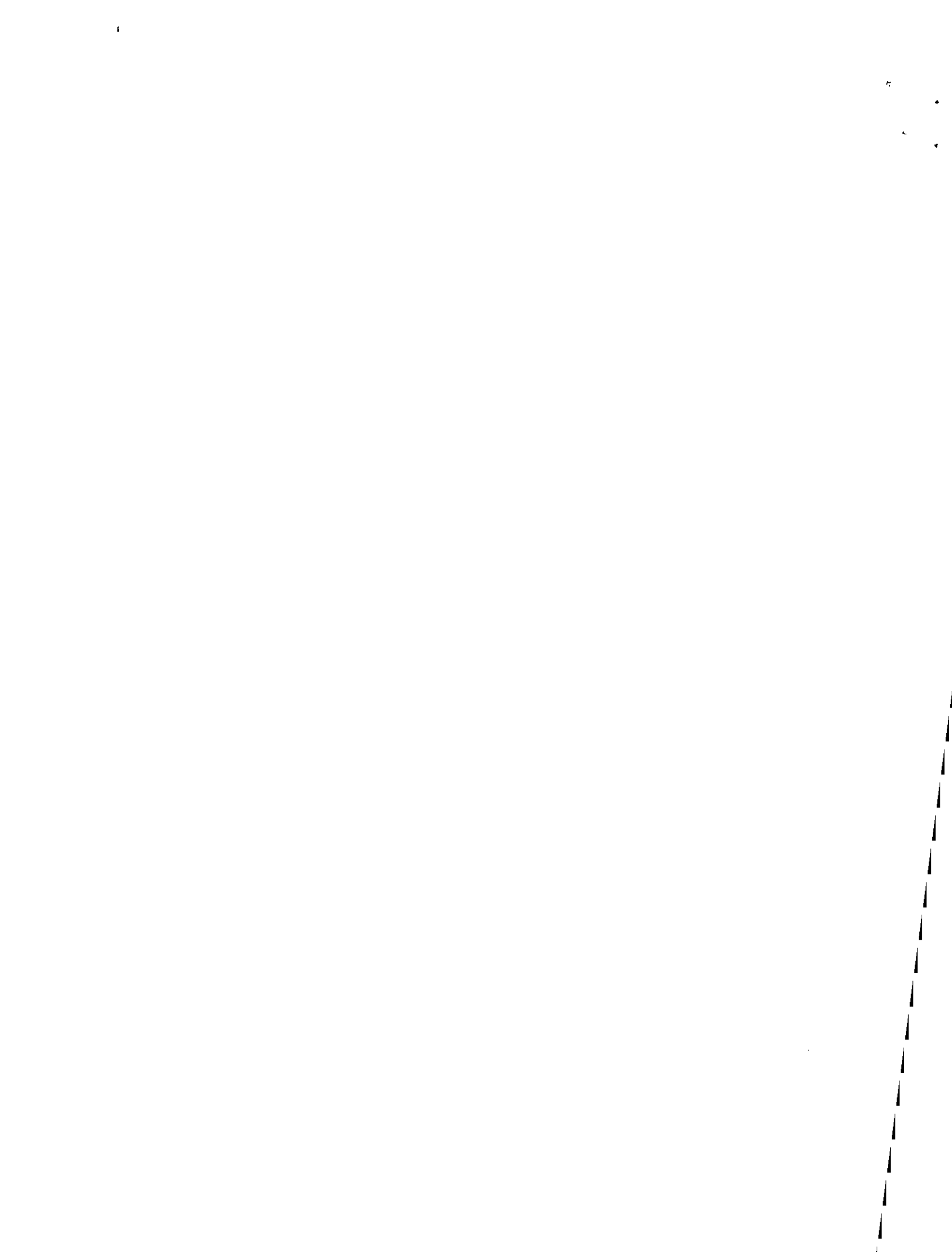


ELEVATION

NOTE: • ALL WORK WILL BE DONE IN ACCORDANCE WITH THE STATE ENVIRONMENTAL CODE - TITLE 5.

• SPACING WHEN MORE THAN ONE SEEPAGE PIT OR DRY WELL ARE BEING USED IS TO BE TWICE THE GREATEST EFFECTIVE WIDTH OR DEPTH OF THE PIT, WHICHEVER IS GREATER.

ALMER HUNTLEY, JR. & ASSOCIATES, INC
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

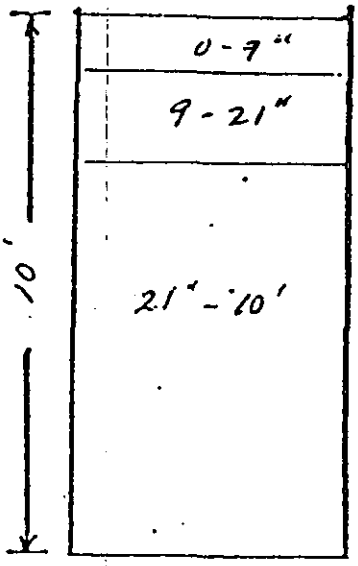


DEEP SOIL LOGS

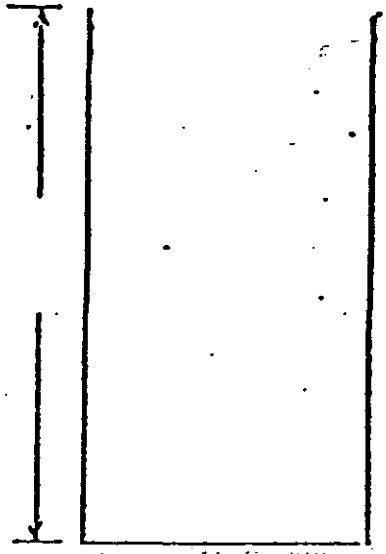
OWNER Amherst Woods Phase I Date Mar. 15 1981

LOCATION Rudbeckia Road OBSERVER F.A. Filios

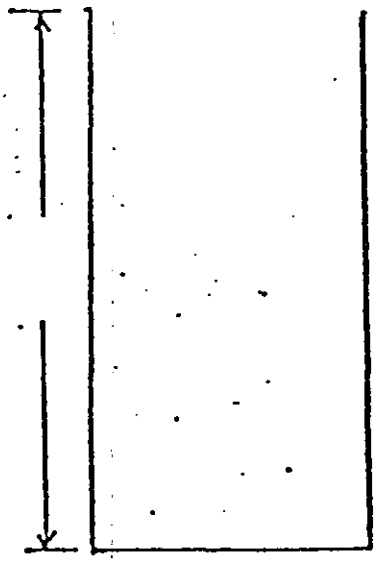
Soil Lot # 11



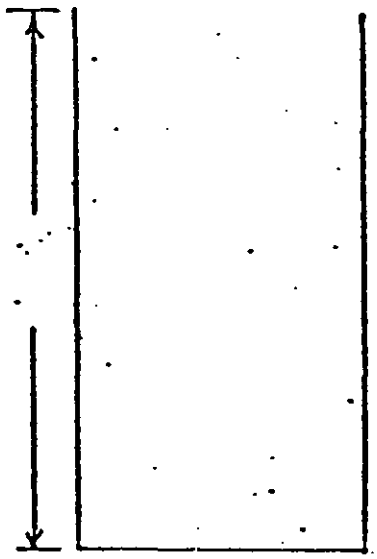
Ground Water at 10'



Ground Water



Ground Water



Ground Water

Percolation at 34"

0.3 minutes/inch

Total Needed 1,031 gal.

Pit 1 (10 min/in) 298.50 gal.

Pit 2 (10 min/inch) 551 gal.

(4 min/inch) 947 gal

Design 1 (10 minutes)

298.50
551.00
849.50

Design 2 (mixed)

298.50
947.00
1265.50

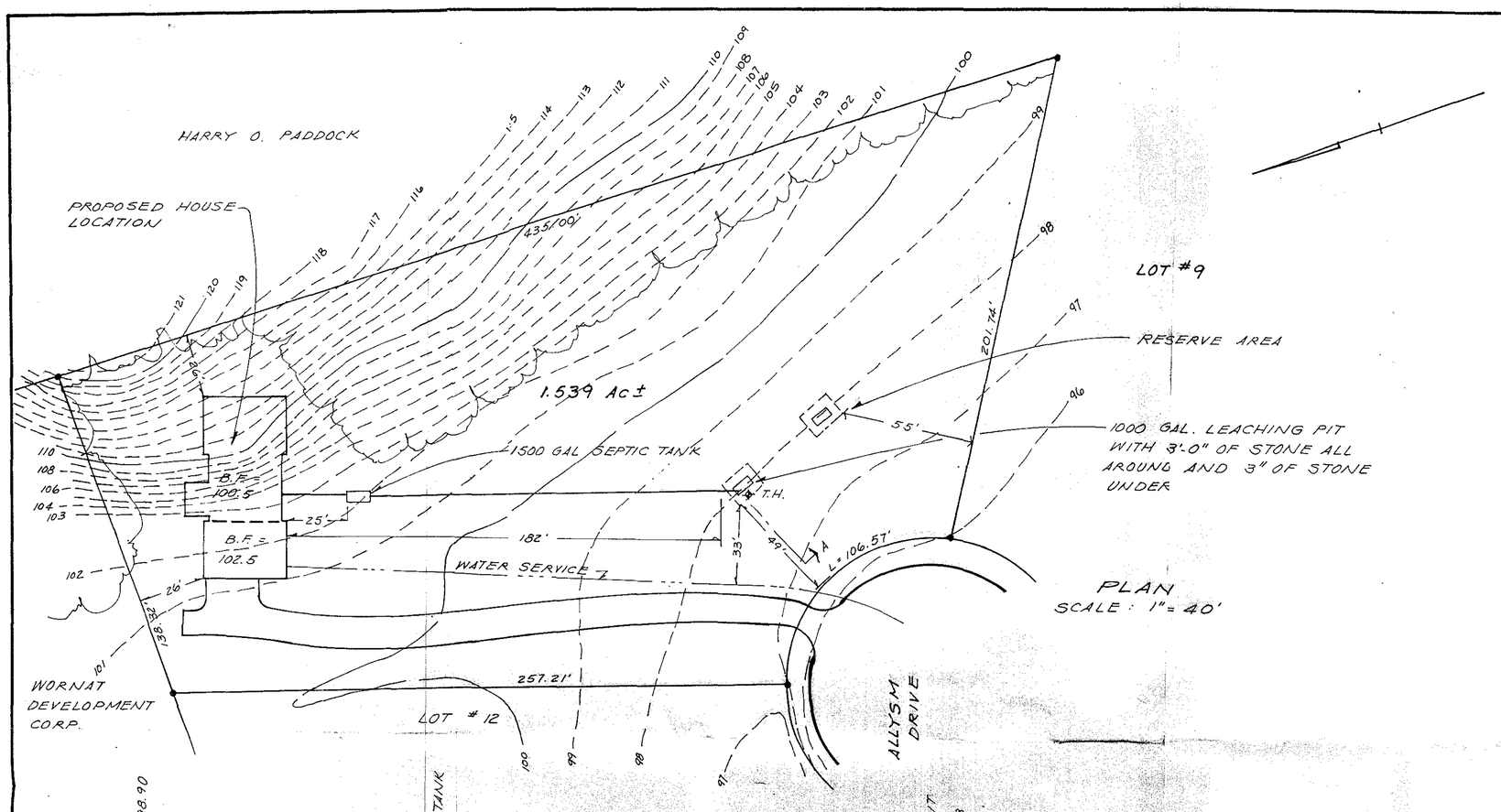
Pit 1 — L × W × D: 25 × 10 × 2.3

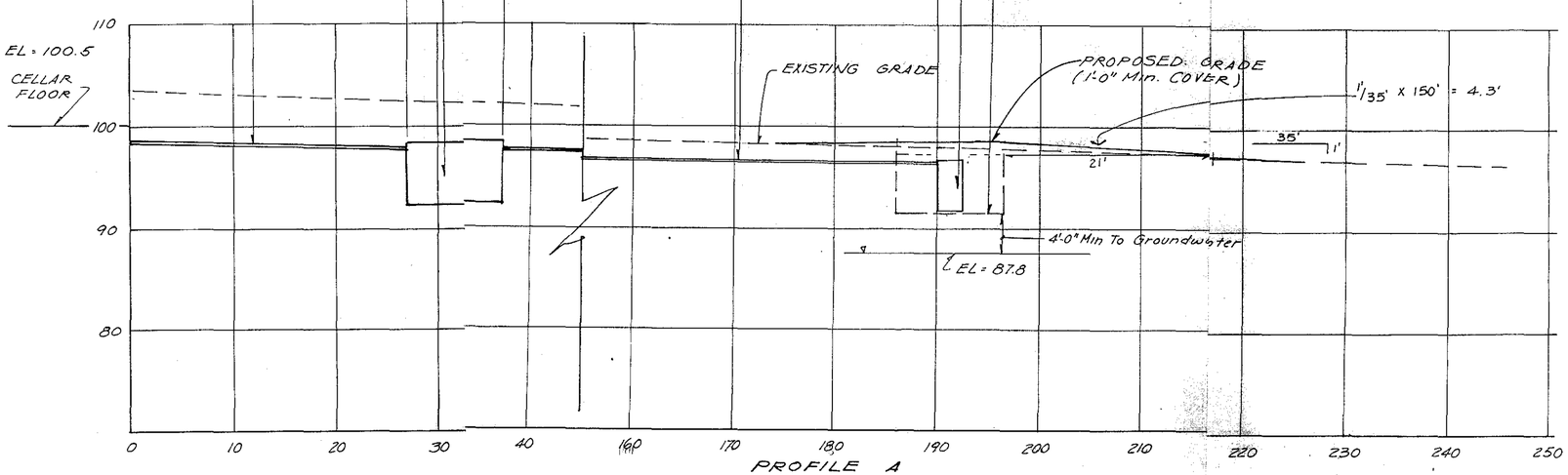
Sidewall area	(L) (D) (sides): 25 × 2.3 × 2	= 115 ft²	Use 10 min/inch	115 ft² × 1.0 gal/ft² = 115 gal
	(W) (D) sides: 10 × 2.3 × 2	= 46 ft²		46 ft² × 1.0 gal/ft² = 46 gal
Bottom area	(L) (W): 25 × 10	= 250 ft²	Use 10 min/inch	250 ft² × 0.55 gal/ft² = 137.5 gal
Total				298.50

Pit 2 — L × W × D: 50 × 10 × 2.3

Sidewall area	(L) (D) (sides): 50 × 2.3 × 2	= 230 ft²		230 ft² × 1.0 gal/ft² = 230 gal
	(W) (D) (sides): 10 × 2.3 × 2	= 46 ft²		46 ft² × 1.0 gal/ft² = 46 gal
Bottom area	(L) × (W): 50 × 10	= 500 ft²		500 ft² × 0.55 gal/ft² = 275 gal
				551 gal

298.50
551.00
849.50 gal at 10 min per rate





OBSERVATION PIT

DATE:

97.8 — OTS 9"
SANDY SILT 1'-0"
10'-0" — SAND WITH FINE GRAVEL
87.8

GROUNDWATER = 10'-0"
PERC. RATE = 0.3 Min/in

OBSERVATION PIT

DATE:

GROUNDWATER =
PERC. RATE =

NOTE: ALL WORK TO BE DONE IN ACCORDANCE WITH TITLE 5, STATE ENVIRONMENTAL CODE.

PROPOSED SEWAGE DISPOSAL SYSTEM FOR LOT # 11, ALLYSM DRIVE, AMHERST

PREPARED FOR

MARK & SANDY PARENT

FIELD WORK:	M M
COMPUTATIONS:	R P B
DRAFTING:	R P B
CHECKED:	A M H
SCALE:	AS NOTED
DATE:	7-23-83

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - PLANNERS
125 PLEASANT STREET
NORTHAMPTON, MASS.
584-7414

P-843

SHEET: OF: