CHOY BAY ROAD

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# Commonwealth of Massachusetts City/Town of Amherst

#### **Certificate of Compliance**

Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

the local Board of Health to determine the form they		c. Defere doing this form, effect with
This is to Certify that the following work on an On-	Site Sewage	e Disposal System
<ul> <li>☐ Construction of a new system</li> <li>☐ Repair or replacement of an existing system</li> <li>☒ Repair or replacement of an existing system co</li> </ul>	mponent	
Has been done in accordance with Title 5 and the D		·
12-07	_B.#	7.2011
DSCP Number	DSCP Date	,,
Amaro R. Ferreira and Dulcineia M. Dos Santos	<u> </u>	
Facility Owner		
147 Bay Road Street Address or Lot #		
	MA	04000
Amherst City/Town	MA State	01002 Zip Code
Designer Information:	Otato	p
Paul M. Styspeck, PE / Robert Stover	Amharet E	invironmental Services
Name A A	Name of Cor	
ic best ) tover		
Signature	Date	and Suiter 10/10/2
Installer Information:	(	
GRANGY SEPTIC	GLEGO	EVERSON
Name	Name of Cor	
Signature	Date	
Use of this system is conditioned on compliance wi	th the provis	ions set forth below:
The issuance of this certificate shall not be constructed designed.	ed as a guai	rantee that the system will function as

9.21.2001

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





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Oct. 16. 2012 12:31PM

Amherst Public Health

No. 2334 P. 2



# Commonwealth of Massachusetts City/Town of Amherst

### Certificate of Compliance

Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use. This is to Certify that the following work on an On-Site Sewage Disposal System Construction of a new system Repair or replacement of an existing system Repair or replacement of an existing system component Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP): 12-07 **DSCP Number** Amaro R. Ferreira and Dulcineia M. Dos Santos Facility Owner 147 Bay Road Street Address or Lot# Amherst 01002 MA City/Town Slate Zip Code Designer Information: Amherst Environmental Services Paul M. Styspeck, PEDRobert Stover Name Name of Company Signature Installer Information: Use of this system is conditioned on compliance with the provisions set forth below: The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. 9-21-201/ Onto

forms on the computer, use only the tab key to move your cursor - do not use the return key.

Important: When filling out

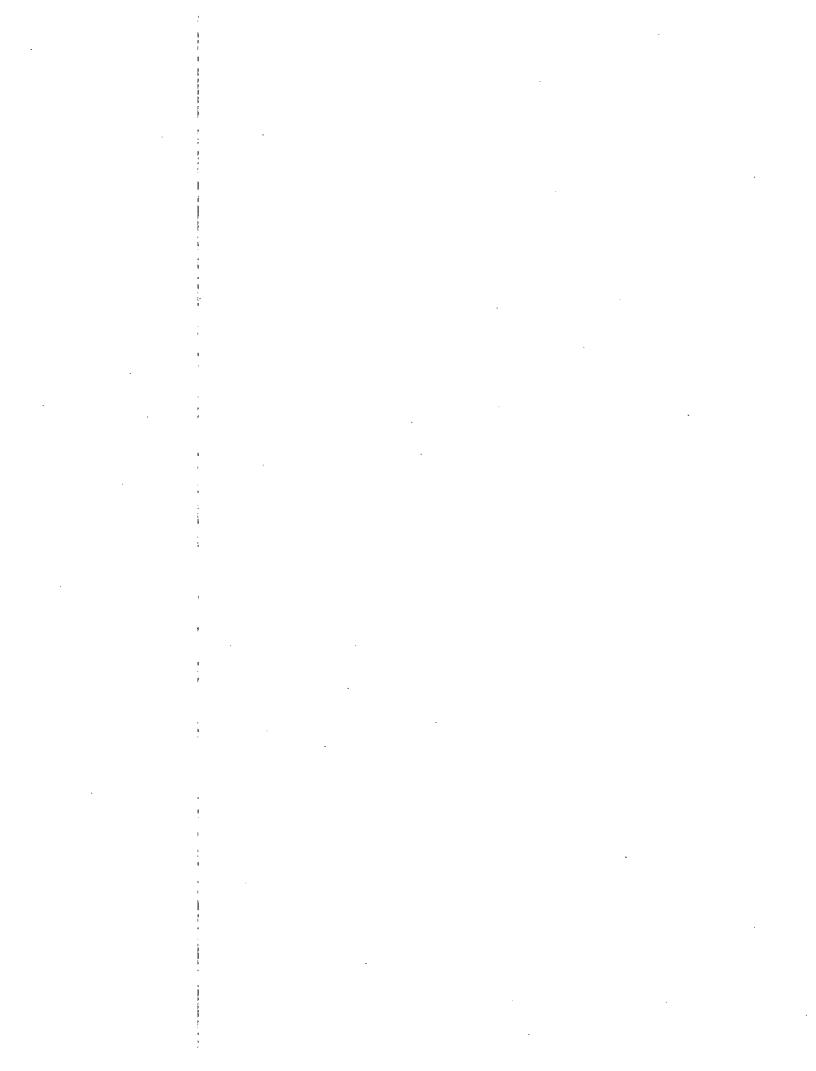




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FAX	10/16/2012	
	Number of page	es including cover sheet 2
то	l spou	<b>-</b> 1. 12
Greg	FROM	Edmund Smith
Everson		Amherst Health Department
·		Bangs Community Center
		70 Boltwood Walk
t		Amherst, MA 01002
Phone	Phone	(413) 259-3153
Fax Phone 413.536.4564	Fax Phone	(413) 259-2404
	E-Mail	smithe@amherstma.gov
REMARKS: Urgent Der you	r review 🛭 Reply	ASAP
REMARKS:	r review ⊠ Reply	ASAP
		ASAP
Hi Greg –		ASAP Please Comment
Hi Greg – Please sign off on this form and fax it back t		ASAP Please Comment
Hi Greg – Please sign off on this form and fax it back t		ASAP Please Comment
Hi Greg – Please sign off on this form and fax it back t		ASAP Please Comment
Hi Greg – Please sign off on this form and fax it back t		ASAP Please Comment
Hi Greg – Please sign off on this form and fax it back t		ASAP Please Comment

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P. '

\* \* \* Communication Result Report (Oct. 16. 2012 12:32PM) \* \* \*

Date/Time: Oct. 16. 2012 12:31PM

File No. Mode	, , , ,		Result	Page Not Sent
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Reason for error
E. 1) Hang up or line fail
E. 3) No answer
F. 5) Freeded max, F-mail size

E. 2) Busy E. 4) No facsimile connection

FAX	10/16/2012	1	
	Number of pag	es including cover sheet 2	
70 ·	PROM	Edmand Smith	
Greg Everson	•	Amherst Health Department	
ereau.	·	Bangs Community Center	
	ŀ	70 Boltwood Walk	
	·	Amherst, MA 01002	
Phone	Phone	(413) 259-3153	
Fax Phone 413.536.4564	Fax Phone	(413) 259-2404	
•	E-Mali	smithe@amherstme.gov	

REMARKS:	☐ Urgent	For your review	☑ Resply ASAP	Please Comment
HiGreg∼				
Please sign of	f on this form and	fax it back to me (25)	9-2404)	
Thanks. Ed				
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#### July 2011 INVOICE

#### AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: July 6, 2011

то

Amaro Ferreira & Dulcineia Dos Santos

147 Bay Road

Amherst, MA 01002

RE: Invoice for

Septic Title V witness

Services provided by

**Edmund Smith** 

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	Ul	NIT PRICE	LJN	E TOTAL
1.00	Septic Title V witness performed 6/29/2011 w/Clean Septics insp.	\$	200.00	\$	200.00
1.00	Plan Review	\$	150.00	\$	150.00
					<del></del>
	this invoice is paid in full: your check #1679 recd. 8/16/2011				
	thank you; questions call (413)259-3153				
			SUBTOTAL	\$ ,	350.00
			SALES TAX		
			TOTAL	\$	350.00

MUNIS # 10335

PARCEL 253-27

2530000 27

Foren 686

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RECPT#: 12017391

PERMITS/INSP PAYMENT
\*\*\*TOWN OF AMHERST\*\*\*
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 08/19/11 CLERK: publichea TIME: 14:04 DEPT:

PAID BY: PAYMENT METH: CHECK 1679

REFERENCE:

AMT TENDERED: AMT APPLIED: CHANGE: 200.00 200.00 .00

SITE ADDRESS: 147 BAY ROAD

200.00 HEA058

200.00 TOTAL PAID:

. 

RECPT#: 12017392

PERMITS/INSP PAYMENT \*\*\*TOWN OF AMHERST\*\*\* TOWN HALL 4 BOLTWOOD AVENUE AMHERST MA 01002

DATE: 08/19/11 CLERK: publichea

TIME: 14:23

DEPT:

PAID BY: PAYMENT METH: CHECK 1679

REFERENCE:

AMT TENDERED: AMT APPLIED: CHANGE:

150.00 150.00 .00

SITE ADDRESS: 147 BAY ROAD

FEES: HEA017

150.00

TOTAL PAID:

150.00

, 



#### Commonwealth of Massachusetts

City/Town of Amherst

#### **Local Upgrade Approval** Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

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



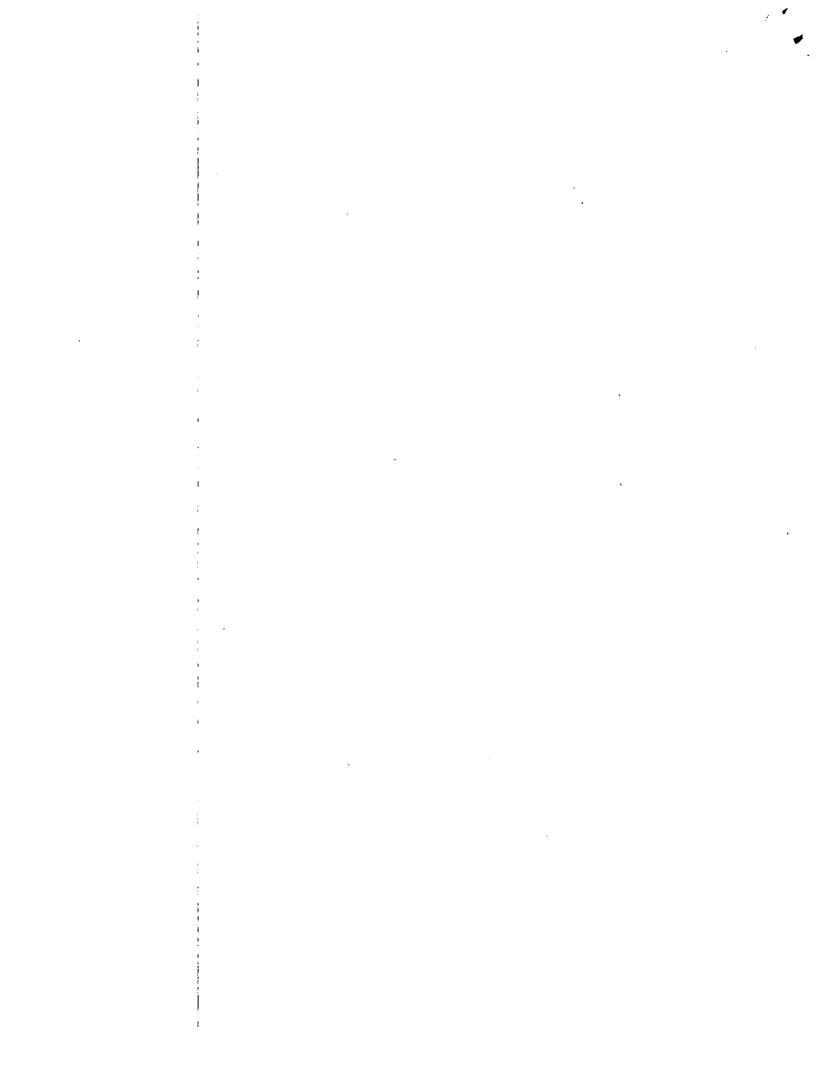
key.



Α.	Facility Information			
1.	Facility Name and Address			
	Dulcineia M. Dos Santos and Amai	ro R. Ferreira		
	Name	TO TK. T CITCHIA		
	147 Bay Road			
	Street Address			
	Amherst		MA	01002
	City/Town		State	Zip Code
2.	Owner Name and Address (if differ	ent from above):		
	same			
	Name		Street Address	
	City/Town	<u> </u>	State	
			(413) 253-9834	
	Zip Code		Telephone Number	
3.	Type of Facility (check all that appl	y):		
	□ Residential □ Institution	al 🗌 Co	ommercial	School
<b>4</b> .	Design flow per 310 CMR 15.203:	330 gpd		
5.	System Designer	-·	/speck, PE / Robt	⊠ PE □ RS
U.	System Designer:	Sto <u>ver</u>		
	P. O. Box 3312	Amherst		01004-3312
	Address	City/Town	Stat	te, ZIP
<u>B</u> .	Approval			
	• •			
1.	Local Upgrade Approval is granted	for:		
	Reduction in setback(s) – spec	cify:		
	☐ Reduction in SAS area of up to	25%:	CAC circ on 6	9/ radication

SAS size, sq. ft.

% reduction





#### **Commonwealth of Massachusetts**

City/Town of Amherst

# Local Upgrade Approval Form 9B

A	pproval (continued)				
Reduction in separation between the SAS and high groundwater:					
	Separation reduction		from 5.00 to 4.27		
	Percolation rate		less than 2		
	Depth to groundwater		87-inches		
	Relocation of water supply we	ell (explain):			
	Reduction of 12-inch separati	on between inlet ar	nd outlet tees and high groundwater		
	Use of only one deep hole in	proposed disposal	area		
	Use of a sieve analysis as a s	substitute for a perc	test		
Lis	t local variances granted not re	quiring DEP appro	val per 310 CMR 15.412(4):		
Lis	t variances granted requiring D	EP approval:			
Anr	proving Authority				
Prir	nt or Type Name and Title	Signature	Date		

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Important:

forms on the

key.

#### Commonwealth of Massachusetts City/Town of Amherst **Application for Disposal System Construction Permit**

Number	
\$	
Fee	

01002

Zip Code

F	orm	1	L

DEP has provided this form f	or use by local Boards of He	ealth if they choose to do so.	Before using
the form, check with your loc	al Board of Health to make s	sure that they will accept it.	

#### A. Facility Information

Application is hereby made for a permit to: 

Construct a new on-site sewage disposal system When filling out Repair or replace an existing on-site sewage disposal system computer, use Repair or replace an existing system component only the tab key to move your cursor - do not 1. Location of Facility: use the return 147 Bay Road Address or Lot #

Owner Information

**Amherst** 

City/Town

Dulcineia M. Dos Santos and Amaro R. Ferreira Name same Address (if different from above) 01002 City/Town State Zip Code (413) 253-9834 Telephone Number

MA

State

Installer Information

Name Name of Company Address City/Town State Zip Code Telephone Number

Designer Information

Paul M. Styspeck, PE / Robert Stover	r Amherst Enviro	nmental Services
Name	Name of Company	
P. O. Box 3312	34	
Address Amherst		
Amherst	MA MA	01004-3312
City/Town PAUL M.	State	Zip Code

(413) 256-3400 Telephone Number

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Application for Disposal System Construction Permit • Page 1 of 3

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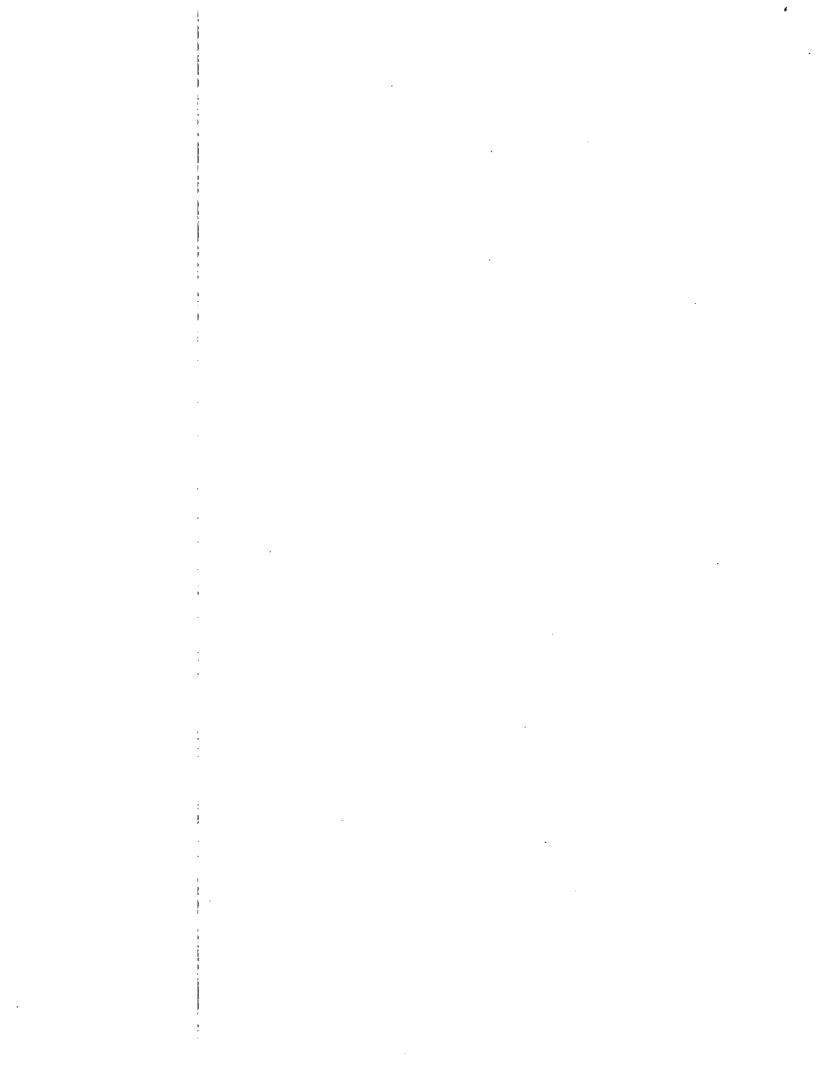
# Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit

Number	•	
\$		
Fee		 

Form 1A A. Facility Information (continued) 5. Type of Building: ☐ Garbage Grinder (check if present) □ Dwelling Other: Type of Building Number of Persons Served ☐ Showers Cafeteria Other fixtures Number of showers Specify other fixtures: 330.00 6. Design Flow: Gallons per Day 505.77 Calculated Daily Flow: Gallons 7/27/11 7. Plan: Date of Original one Number of Sheets Revision Date "Plan of Septic System Repair" Title of Plan Description of Soil: attached 9. Nature of Repairs or Alterations (if applicable): replace failed soil absorption system with new distribution box and two leaxh trenches consisting of 24 (12 per trench) Infiltrator Quick4 Plus standard low profile chambers.

10. Date last inspected:

6/29/11 by Nathan Torretti





# Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit Form 1A

Numbe	٢		
\$			
Fee			

The undersigned agrees to ensure the construction	and maintenance of the aforedescribed on-site
not to place the system in operation until a Certifica of Health.	ovisions of Title 5 of the Environmental Code and
Signature	Date
Application Approved By	9. 71. 20U
	Date
Application <b>Disapproved</b> for the following reasons:	

. 1 ï



#### Commonwealth of Massachusetts City/Town of Amherst **Disposal System Construction Permit** Form 2A

u	m	

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

	the local board of health to determine the form the	y use.	•					
	Permission is hereby granted to:							
Important:	Amaro R. Ferreira and Dulcineia M. Dos Santos							
When filling out forms on the	Name	Name of Company						
computer, use	147 Bay Road							
only the tab key	Address							
to move your	Amherst	MA	01002					
cursor - do not	City/Town	State	Zip Code					
use the return key.	·							
	to perform the following work on an on-site sewage	e disposal system:						
100	Construction							
•	Repair or replacement							
return	Repair or replacement of system components							
	same							
	Facility Address							
	City/Town	State	Zip Code ,					
•	City/10WII		<b>2.p 0000</b> ,					
	0	(413) 253-9834 Telephone Number						
	Owner	relephone Number						
	The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provision or special conditions:							
	•							
	All construction must be completed within thre	e years of the date be	elow.					
	Approved by	Date						
	Title							
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No	Date: 7/13/1
Amherst	of Massachusetts , Massachusetts For On-site Sewage Disposal
Performed By: Robert Stover Witnessed By: Ed Smith	Date: 7/13/11
Location Address or 147 Bay Road  Map 25 B Parcel 27  New Construction  Repair	Owner's Name. Dulcinea M. Santos Address, and Telephone & Armano R. Fetreira 147 Bay Rd. Amherst (413) 253-9834
Office Review  Published Soil Survey Available: No  Yes  Year Published	1:15840 Soil Map Unit Hg B
Surficial Geologic Report Available: No  Yes  Year Publication Scale  Geologic Material (Map Unit)  Landform	•
Flood Insurance Rate Map:  Above 500 year flood boundary No Yes	·
Within 500 year flood boundary No 🗹 Yes 🗌 Within 100 year flood boundary No 🗹 Yes 🗍	
Wetland Area: National Wetland Inventory Map (map unit) Wetlands Conservancy Program Map (map unit)	
Current Water Resource Conditions (USGS): Month Range: Above Normal Normal Delow Normal Other References Reviewed:	□ June, 2011



CN and CN 

## Location Address or Lot No. 147 Bay Rds Amherst

## On-site Review

Deep Hole Nun	nber 2	Date: 7/	13/11 : See	Time: H	Weather Clear, 85°=			
Deep Hole Number 2 Date: 7/13/11 Time: 1/200 Weather Clear, 85°- Location (identify on site plan) Land Use residential yard Slope (%) // Surface Stones North Vegetation Ned oak, white pine								
-	Landform Kame terrace							
Position on land		h on the back	k)		and the second s			
Distances from	: ﷺ /ater Body _	Žn. face.	Desina	Ma	00 400			
Possible	Wet Area	1 On feet t	Proper	ge way 170 tv line 20	5 teet left-sideline I			
Drinking	Water Well	2.00 feet	+ Other	· · · · · · · · · · · · · · · · · · ·				
		own wa						
		DEEP OB	SERVAT	TION HO	IFIOG*			
			OEII V A					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)			
0-5	A	FSL	soyas/3 dry	none	Friable			
5-14	Β~	LS	104R4/4 dry	none	loose to very friable			
14-110	<i>د</i> 	FS	10784)4	094"	loose, stratified sands			
				"Varved VFS+ VFLS 7.5YR4/6	firmer below 94"			
MINIMUN	OF 2 HOLES TH	HWASH	RY PROPOSE	Depth	moBedrock: > 110"			



Estimated Seasonal High Ground Water:

Location Addr	ess or Lot No	. 11	17 Ba	y Rol.			
	ļ	A	mherst	<u>g</u>			
On-site Review							
	) 	_	1.2 111		0 80'4		
Deep Hole Nur	nber	Date:/	4121,	Time:	0:15 Weather cleary 85°4		
<ul> <li>Location (ident</li> </ul>	tity on site pla	in) ;	<i>Siliki</i>	pear	man No.72		
Vegetation sed onk, white pine							
Landform	Kanne	- WIND	n Politico de la constante de				
Position on lan	)	•					
Distances from	1 *	4			X		
Open W	Vater Body 2	DO feet	Drainag	ge way No	Ne feet		
Possible	e Wet Area 🗥	OD feet	f Propert	ty Line 50	ne feet ± left sideline		
Drinking	Water Well	Zoo feet	+ Other				
	<del> </del> +8	wn wat	er .				
		DEEP OF	SERVAT	ION HO	LE LOG'		
	1	ŧ	i,				
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)		
0-8	A	FSL	10/15/3	none	Friable		
8-19	BW	LS	10YR4 4	rone	Losse, gravelly remnant Bw		
19-87	C,	FS. gravelly	DYKYHY	none	loose stratified sand+gr. Firm, "Varved" VFSL FS+F gravel		
87-110	2	VFSL	10405/3.	below 87 7.5/x4/6	Firm, "Vanved" VFSL FS+Fqravel		
MINIMUM	OF 2 HOLES RE	EQUIRED AT EV	ERY PROPOSE	DISPOSAL A	REA to Bedrock: > 1 10"		
erent Material (geok		rtwash	1504				
epth to Groundwater	-	_	1001	الكان	Weeping from Pit Face: 87"		
stimeted Seasonal H	gii uround Wate	π		_ <i>Q:L</i>	<u> </u>		



Location Address or Lot No	147 Bay Ro	200	
	Amherst		
<u>Determinati</u>	on for Seasonal	High Water Table	
Method Used:			
Depth weeping from Depth to soil mott	tanding in observation hom side of observation lates 87 inches and ustment feet	hole inches	
Index Well Number	Reading Date	Index well level	
Adjustment factor	Adjusted ground was	ter level	
Depth of Naturally Occurring  Does at least four feet observed throughout th  If not, what is the dept	t of naturally occurring ne area proposed for the	pervious material exist in all arease soil absorption system?	5 -
Certification			
I certify that on (p/19 approved by the Department was performed by me condescribed in 310 CMR 1	onsistent with the require	issed the soil evaluator examination rotection and that the above analysis ed training, expertise and experience	<b>!</b>
Signature _	Robert Stover	Date	,



Location Addi	ess or	Lot No.	147	Bay	Rd	

### COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

! ; ;	Percolation	n Test*		· .
Date:	7/13/11	Time:	10:32	7-
Observation Hole #	, 1		*	
Depth of Perc	70 L	911-		√.Z
Start Pre-soak	10:39 2	5 galis		
End Pre-soak	couldn't m	Dountain		
Time at 12"	a liquid la	vel		
Time at 9"				1,
Time at 6"		7	<del></del>	
Time (9"-6")				
Rațe Min./Inch	<2			

* Minimum of 1 percol reserve area.	lation test must be performed in both the	e primary area AND
Site Passed A Site Failed	d 🔘	
Performed By: Bob Sta	over	<u>.</u>
Witnessed By: Ed Shr	nith	
Comments: 5 water	table separation required	
•		·





#### Commonwealth of Massachusetts

City/Town of Amherst

## Local Upgrade Approval Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

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



key.



A.	Facility Information						
1.	Facility Name and Address						
	Dulcineia M. Dos Santos and Amaro R. Ferreira						
	Name						
	147 Bay Road						
	Street Address						
	Amherst		MA	01002			
	City/Town		State	Zip Code			
2.	Owner Name and Address (if differ	ent from above):					
	same						
	Name		Street Address				
	City/Town		State (413) 253-9834				
	Zip Code		Telephone Number				
3.	Type of Facility (check all that appl	y):					
	□ Residential □ Institutional	al 🗌 Co	ommercial	☐ School			
4.	Design flow per 310 CMR 15.203:	330	· ·				
		gpd					
5.	System Designer:	Stover	yspeck, PE / Robt	PE □ RS			
	P. O. Box 3312	Amherst		MA 01004-3312			
	Address	City/Town		State, ZIP			
			···-				
В.	Approval						
1.	Local Upgrade Approval is granted for:						
	Reduction in setback(s) – spec	sify:					
	☐ Reduction in SAS area of up to	. 25%·					
	Reduction in OAG area of up to	O - O - O - O - O - O - O - O - O	SAS size, sq. ft.	% reduction			

.



City/Town of Amherst

## Local Upgrade Approval

Reduction in separation between th	e SAS and high groundwater:
Separation reduction	from 5.00 to 4.27 ft.
Percolation rate	less than 2 min./inch
Depth to groundwater	87-inches ft.
Relocation of water supply well (exp	plain):
Reduction of 12-inch separation be	tween inlet and outlet tees and high groundwater
☐ Reduction of 12-inch separation bed☐ Use of only one deep hole in propos	
·	sed disposal area
☐ Use of only one deep hole in propos ☐ Use of a sieve analysis as a substit	sed disposal area
☐ Use of only one deep hole in propose ☐ Use of a sieve analysis as a substit	sed disposal area
☐ Use of only one deep hole in propos ☐ Use of a sieve analysis as a substit	sed disposal area
☐ Use of only one deep hole in propose ☐ Use of a sieve analysis as a substit List local variances granted not requirin	sed disposal area ute for a perc test g DEP approval per 310 CMR 15.412(4):
☐ Use of only one deep hole in propos ☐ Use of a sieve analysis as a substit	sed disposal area ute for a perc test g DEP approval per 310 CMR 15.412(4):

Signature

Print or Type Name and Title

1			
		·	
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•			

Important:

When filling out forms on the

computer, use

use the return

key.

only the tab key to move your cursor - do not

# Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit

12-07	
Number	
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has provided this form for use by local Boards of Health if they choose to do so	Before using	

#### DEP the form, check with your local Board of Health to make sure that they will accept it. A. Facility Information Application is hereby made for a permit to: Construct a new on-site sewage disposal system Repair or replace an existing on-site sewage disposal system Repair or replace an existing system component 1. Location of Facility: 147 Bay Road Address or Lot # Amherst MA 01002 City/Town State Zip Code 2. Owner Information Dulcineia M. Dos Santos and Amaro R. Ferreira Name same Address (if different from above) 01002 City/Town State Zip Code (413) 253-9834 Telephone Number 3. Installer Information EJECSON Name of Company 01033 State Zip Code 413-531-4693 Telephone Number CEU.

4. Designer Information

Paul M. Styspeck, PE / Robert Stover	Amherst Environ	mental Services
Name	Name of Company	
P. O. Box 3312		
Address	<b>.</b>	
Address Amherst	MA	01004-3312
City/Town PAUL M.	State	Zip Code
STYSPECK	(413) 256-3400	
CIVIL NO. 49177	Telephone Number	
C Table	Application for Disposal Sys	stem Construction Permit • Page 1 of 3

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# Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit

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۱.	Facility Information	on (continued)		
	Type of Building:			
	Dwelling		Garbage Grind	ler (check if present)
	Other: Type of Building			Number of Persons Serve
	Showers	Number of showers	Cafeteria	☐ Other fixtures
	Specify other fixtures:			-
	Design Flow:		330.00 Gallons per Day	
	Calculated Daily Flow:		505.77 Gallons	
	Plan:		7/27/11 Date of Original	
	one Number of Sheets "Plan of Septic System ReTitle of Plan	epair"	Revision Date	
	Description of Soil: attached			
		ion system with new di		eaxh trenches consisting o
l.	•	ion system with new di		

10. Date last inspected:

6/29/11 by Nathan Torretti

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## Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit

Number	
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Fee	 

For	m 1A
В.	Agreement
	The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.
	Signature Date
<u>.</u>	Application Approved By:  Sound Cau Hua 8/17/11
C	Name Date /
	Application <b>Disapproved</b> for the following reasons:

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#### Commonwealth of Massachusetts City/Town of Amherst **Disposal System Construction Permit** Form 2A

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Ni	ım	her

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with

mportant:  When filling out orms on the omputer, use only the tab key or move your ursor - do not	Permission is hereby granted to:  Amaro R. Ferreira and Dulcineia M. Dos Santos Name 147 Bay Road Address	Name of Company			
Vnen filling out orms on the omputer, use only the tab key o move your ursor - do not	Name 147 Bay Road Address	Name of Company			
orms on the omputer, use only the tab key o move your ursor - do not	147 Bay Road Address	Name of Company			
omputer, use nly the tab key o move your ursor - do not	Address				
nly the tab key o move your ursor - do not	Address				
ursor - do not					
	Amherst	MA	01002		
se the return	City/Town	State	Zip Code		
ey.	to perform the following work on an on-site sewage	disposal system:			
	to person and tonouning more on an and contago disposal dystolin.				
	☐ Construction				
<b></b>	Repair or replacement				
return A	Repair or replacement of system components				
	_ , , , ,				
	same				
	Facility Address				
	City/Town	State	Zip Code		
	OKJ. TOWN		Zip Code		
	Owner	(413) 253-9834 Telephone Number			
	Owner	relephone Number			
	The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provision or special conditions:				
		·			
	All construction must be completed within thre	_	low.		
	All construction must be completed within three  Approved by  ACST. SANITANIAN	e years of the date be 8. / ∕ 2. 20 ∪	low.		

Title

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To: Amaro R. Ferreira & Dulcineia M. Dos Santos

147 Bay Road

Amherst, MA 01002

413-221-1344 (Dulcineia cell)

From: Granby Septic Service

36 Kellogg Street Granby, MA 01033 413-531-4693 Cell 413-467-1931 Office

## RE: Installation of replacement leach field for 147 Bay Road, Amherst, MA

I will provide a gravity fed septic system for a 3 bedroom existing home in accordance with Amherst Environmental Services approved plan dated 7/27/11. The existing septic tank will be pumped out at the time of the installation. The price and installation of a new septic tank is not included in this proposal. At the homeowner's option, I can add an effluent filter to the outlet end of the septic tank along with a new baffle for an additional \$50.

The new leachfield will be made from Quick-4 low profile infiltrators. One new Massachusetts style 5 outlet distribution box will be installed with a 12" riser to with 6" of the finish grade. The existing leachfield will be abandoned on site. The distribution box will be crushed and filled in.

The existing loam will be dozed into a pile at the onset of construction and will be spread on the job upon completion. At the property owner's request we are proposing to install this septic to "rough grade". After the final inspection by Bob Stover and the Amherst Health agent, we will backill the system with the existing material and we will spread the small amount of stockpiled loam. We will haul away all excess dirt. The new leachfield will need to have grass planted over it.

Homeowner is responsible for all necessary septic permits and related inspection fees. It is the homeowner's responsibility to ensure that all grey water inside the house exits into the new septic system.

This price could be susceptible to change due to unforeseen conditions. If any change is to take place other than what is specified in this contract a change order must be agreed upon and signed by both parties.

Price for replacement septic system, price includes excavation, materials, trucking, and backfilling to rough grade

Payment schedule is as follows: 100% due upon completion which is backfilling to rough grade.

8/7/11

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Respectfully submitted,
Greg Everson, owner

The above prices, specifications and conditions are satisfactory and are hereby accepted. Granby Septic Service is authorized to do the work as specified. Payment will be made as outlined above.

#### Signature of Acceptance

References will gladly be provided if interested in our services.

· 1

Plan: _	147 BAYROAD Designed by: ROBT. STOVER
′	CHECK LIST FOR SEPTIC PLANS
•	Application page attached to plan
	PE or RS stamp, date, signature
	Variances to property line setback distances must have Surveyor Stamp 15970 (3)
	Legal boundaries noted
·	Easements noted
	Dwellings and buildings existing or proposed noted
	Location of driveway or parking areas, other impervious areas
	Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
÷.,	System design calculations
	Garbage grinder Y on W
;	Benchmark not disturbed during construction, within 75 feet of facility CMR15.220 (4)(q)
	V North arrow CMR 15.200 (4) (g)
7 7	Contours.
	Deep hole location and data
	Perchole location and data
	Elevations  Names of approving authority and soil evaluator CMR 15.211 p. 49
	M Location of every water supply, public and private CMR 15.211 b. 49
	Within 400 feet of system in case of surface water and gravel packed public water supply
	Within 250 feet of system in case of tubular public water supply
	Within 150 feet of private supply wells see sepic ses.
	Well statement if applicable
	Location of any surface waters, rivers, vegetated wetlands
4	Location of water lines and other subsurface utilities
	Observed and adjusted ground water elevation in the vicinity of system 15,220 (4)(n)
<del> </del>	Profile of system
: " <del> </del>	Locus plan to show location of facility, including nearest street
	Materials of construction and specs for system
	Ø Gas Baffle 15.12.7.4
,	Pipe in center line of tank 310 CMR 15.227, 15.06(8)
1	Double washed stone
Ī	Schedule 40 PVC for trafficked areas, house to tank
	Distances noted from house to tank, etc.
	If dosing is proposed, design and specs of dosing system
·	When alternative technology is required, complete plan and specs, including hydraulic profile
, 1	Trenches preferred over beds CMR 15.240 (6)
	Buoyancy calculations for tanks or components partly below H20 table 15.221(8) p. 56
آپ	1/3 to 1 slope outside of mound, toe ending 5 feet from property line
	V Local upgrade requests on the plan
	Local upgrade forms attached to application
	Note on plan listing all variances sought in conjunction with the plan
	医内侧角膜 化连续 医克克氏 医二氏试验 人名英格兰人 克克斯特 人名英格兰人姓氏克克斯特的变体 化二氯甲基甲基乙基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲
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City/Town of Amherst

#### Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

<u>NOTE:</u> Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

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





## A. Facility Information 1. Facility Name and Address: Dulcineia M. Dos Santos and Amaro R. Ferreira Name

147 Bay Road Street Address **Amherst** MA 01002 City/Town Zip Code Owner Name and Address (if different from above): same Street Address Name City/Town State (413) 253-9834 Telephone Number Zip Code 3. Type of Facility (check all that apply): □ Residential Institutional Commercial School Describe Facility: three bedroom full-time single family house without a garbage grinder Type of Existing System: Privy Cesspool(s) Conventional Other (describe below):

Type of soil absorption system (trenches, chambers, leach field, pits, etc):

existing: two pipe and stone leach trenches

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City/Town of Amherst

## Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

. Facility Informa	ation (continued)					
Design Flow per 310 C	Design Flow per 310 CMR 15.203:					
Design flow of existing system:  Design flow of proposed upgraded system		not known gpd				
		505.77 gpd				
Design flow of facility:		330.00 gpd				
B. Proposed Upgrade of System						
Proposed upgrade is (	check one):					
☐ Voluntary ☐	Required by order, lette	er, etc. (attach copy)				
⊠ Required following	inspection pursuant to 3	310 CMR 15.301:	June 29, 2011 date of inspection			
	upgrade to the system:					
Describe the proposed install distribution box andard low profile chamb	and two leach trenches of	consisting of 24 (12 per tr	rench) Infiltrator Quick4 Plus			
install distribution box	and two leach trenches of	consisting of 24 (12 per tr	rench) Infiltrator Quick4 Plus			
install distribution box andard low profile chamb	and two leach trenches of		rench) Infiltrator Quick4 Plus			
install distribution box andard low profile chamb Local Upgrade Approv	and two leach trenches opers	k all that apply):	rench) Infiltrator Quick4 Plus			
install distribution box andard low profile chamb Local Upgrade Approv	and two leach trenches opers  al is requested for (checock(s) – describe reduction	k all that apply): ons:	rench) Infiltrator Quick4 Plus			
install distribution box andard low profile chamber an	and two leach trenches opers  al is requested for (checock(s) – describe reduction	k all that apply): ons:  SAS size, sq. ft.				
install distribution box andard low profile chamber that the chamber of the chamb	and two leach trenches opers  all is requested for (checked) – describe reduction  area of up to 25%:  ration between the SAS	k all that apply): ons:  SAS size, sq. ft.				
install distribution box andard low profile chamber and ard low profile chamber and ard low profile chamber and ard low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and are low profile chamber and low profile ch	and two leach trenches opers  all is requested for (checked) – describe reduction  area of up to 25%:  ration between the SAS	k all that apply):  ons:  SAS size, sq. ft.  and high groundwater:  from 5.00 to 4.27				

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City/Town of Amherst

### Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B.	Pr	Proposed Upgrade of System (continued)			
		Relocation of water supply	well (explain):		
		Reduction of 12-inch sepa	ration between inlet ar	nd outlet tees and high groundwater	
		Use of only one deep hole	in proposed disposal	area	
		Use of a sieve analysis as	a substitute for a perc	test	
		Other requirements of 310 Code:	CMR 15.000 that can	not be met – describe and specify sections of the	
				·	
abs hig	sorpt h gro embe	ion system and the high groundwater elevation pursuater or agent of the local ap	oundwater elevation, a ant to 310 CMR 15.405 proving authority.	red separation between the bottom of the soil an Approved Soil Evaluator must determine the $s(1)(h)(1)$ . <i>The soil evaluator must be a</i>	
	Higi	h groundwater evaluation o	letermined by:	7/13/11	
	Eval	uator's Name (type or print)	Signature	Date of evaluation	
C.	E	xplanation			
		olain why full compliance, a	s defined in 310 CMR	15.404(1), is not feasible. (Each section must be	
1.	An	upgraded system in full co	mpliance with 310 CMI	R 15.000 is not feasible:	
	grou			o system inspector Nathan Torretti and it's high in ation from the estimated seasonal high ground	
2.	An	alternative system approve	ed pursuant to 310 CM	R 15.283 to 15.288 is not feasible:	
	Thi	s facility does not warrant a	an alternative system.		
	Thi	s facility does not warrant a	an alternative system.	•	

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#### **Commonwealth of Massachusetts**

City/Town of Amherst

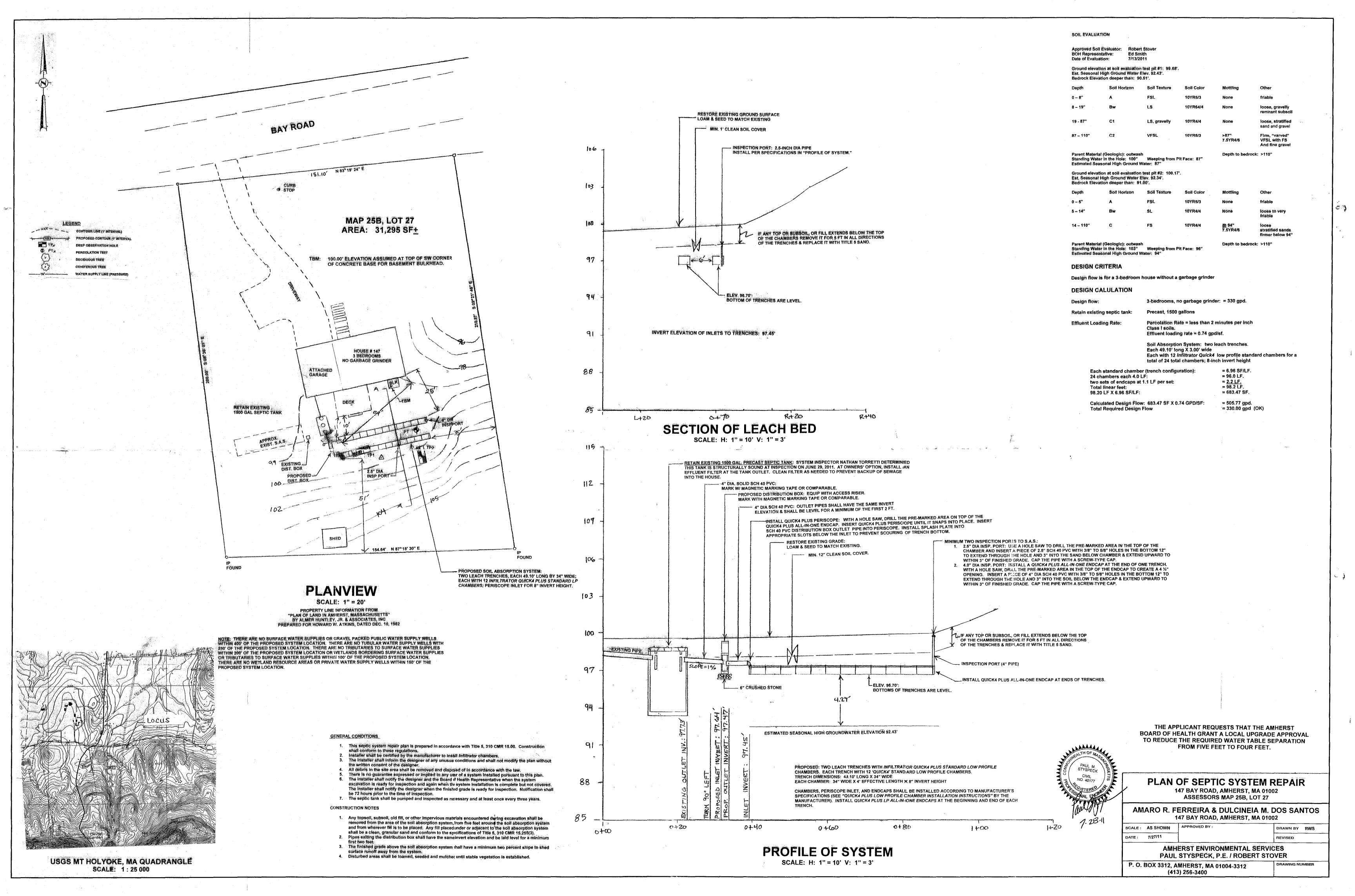
### Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C.	Explanation (continued)					
3.	A shared system is not feasible:					
circ	There is no abutter known to need to share a syst	tem. A shared system is not warranted by the				
4.	Connection to a public sewer is not feasible:	Connection to a public sewer is not feasible:				
	This area is not served by public sewer.					
5.	The Application for Local Upgrade Approval must appropriate boxes):	be accompanied by all of the following (check the				
	Application for Disposal System Construction Permit					
	○ Complete plans and specifications       ○ Complete plans and					
	Site evaluation forms					
	A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).					
	Other (List):					
"], kno	Certification the facility owner, certify under penalty of law that towledge and belief, are true, accurate, and complensequences for submitting false information, includorisonment for deliberate violations."	te. I am aware that there may be significant				
	Whilina des Sans	8/11/11				
	Facility Owner's Signature	Date				
	Dulcineia M. Dos Santos & Amaro R. Ferreira					
	Print Name Robert Stover	7/28/11				
	Name of Preparer	Date				
	P. O. Box 3312	Amherst				
	Preparer's address	City/Town				
	01004-3312	(413) 256-3400				
	State/ZIP Code	Telephone				

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Location Address or Lot No.	147	Bay	Rd	
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#### COMMONWEALTH OF MASSACHUSETTS

Amherst., Massachusetts

	Percolation Tes	t*
Date:	7/13/1\ T	ime:  0 132
Observation Hole #		
Depth of Perc	49"	
Start Pre-soak	10:39 25 gali	5
End Pre-soak	couldn't mountain	n
Time at 12"	a liquid level	Const. G
Time at 9"		100
Time at 6"	3	
Time (9"-6")		
Rate Min./Inch	<2 ·	

\* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed Site Failed 

Performed By: Bob Stover

Witnessed By: Ed Smith

Comments: 5' water tuble separation required



Location Address or Lot No. 147 Bay Road
Location Address or Lot No. 147 Bay Road  Amherst
Determination for Seasonal High Water Table
Method Used:
Depth observed standing in observation hole inches  Depth weeping from side of observation hole inches  Depth to soil mottles 87 inches and 94  Ground water adjustment feet
Index Well Number Reading Date Index well level
Adjustment factor Adjusted ground water level
Depth of Naturally Occurring Pervious Material
Peptir of Maturally Occurring Colonias Material
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system?
If not, what is the depth of naturally occurring pervious material?
<u>Certification</u>
I certify that on 4/1993 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.
Signature Robert Stover Date 7/13/11



Location Addi	ress or Lot No		17 Banherst	y Rd.				
		A		z <u>Reviev</u>	<u>v</u>			
Land Use Vegetation Landform Position on land Distances from Open V Possible	tify on site plantia Led on K Karrel Idscape (sketon): Vater Body I e Wet Area I g Water Well	Slope White Herrace th on the back	E (%)   Pine  Drainay Propert Cother	Surface Surface ge way Noty Line 50	Ne feet Diddene teet ± left sidelene			
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, %			
0-8	A	FSL	10/25/3	none	Friable	•		
8-19	BW	LS	10484 JU	rone	Losse, gravelly remnant Bu			
19-87	C,	F5 gravelly	ЮХКУЛУ	none	bose stratified sand+gr.			
87-110	١٧	VFSL	10 Ye 5/3	below 87 7.5184/0	bose stratified sand+gr, Firm, "Varved" VFSL FS+Fgravel			
MINIMUI erent Meterial (geol	wrent Material (geologic)							



Location Address or Lot No. 147 Bay Rds Amherst

## On-site Review

Deep Hole Number 2 Date: 7/13/11 Time: 11:40 Weather clear, 85°+
Location (identify on site plan) See plan
Land Use residential / yall Slope (%) / Surface Stones North
Vegetation red oak, white pine
Landform Kame terrace
Position on landscape (sketch on the back)
Open Water Body 200 feet Drainage way None feet  Possible Wet Area 100 feet Property Line 35 feet Left 5 deline
Drinking Water Well 200 feet + Other  +own water
DEEP OBSERVATION HOLE LOG*

	,	DEEP OF	SERVA	TION HO	LE LOG
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-5	A	FSL	soyrd3 dry	none	Friable
5-14	BV	LS	104R4/4 dry	none	loose to very friable
14-110	<i>C</i>	FS	10784/4	094"	loose, stratified sands
		·		"Varved" VF5+ VFL5 7.5YR 4/6	firmer below 94"

MINIMUM OF 2 HOLES RECIDINED AT EVERY PROPOSED DIS	SPOSAL AREA
Parent Material (geologic) OUTWASh	DepthtoBedrock: > 110"
Death to Groundwater: Standing Water in the Hole: 10311	Weeping from Pit Face: 96 //
Estimated Seasonal High Ground Water:	94"





City/Town of Amherst

## **Local Upgrade Approval**

Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

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





Α.	Facility Information						
1.	Facility Name and Address						
	Dulcineia M. Dos Santos and Amaro R. Ferreira						
	Name						
	147 Bay Road						
	Street Address						
	Amherst	<del></del>	MA	01002			
	City/Town		State	Zip Code			
2.	Owner Name and Address (if differ	ent from above):					
	same						
	Name		Street Address				
	City/Town	<del></del>	State				
		<del></del>	<u>(413) 253-983</u>				
	Zip Code		Telephone Number	er			
3.	Type of Facility (check all that appl	y):		*,			
	□ Residential □ Institution	<del></del>	ommercial	☐ School			
4.	Design flow per 310 CMR 15.203:	330 gpd					
5.	System Designer:	Paul M. Sty Stover	yspeck, PE / Ro	<sup>bt</sup> ⊠ PE □ RS			
	P. O. Box 3312	Amherst		MA 01004-3312			
	Address	City/Town		State, ZIP			
<b>B</b> .	Approval						
1.	Local Upgrade Approval is granted	for:					
	Reduction in setback(s) – spec	sify:					
	☐ Reduction in SAS area of up to	25%:	SAS size, sq. ft.	% reduction			

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City/Town of Amherst

## Local Upgrade Approval Form 9B

. Approval (continued)	· · · · · · · · · · · · · · · · · · ·
Reduction in separation between the S	SAS and high groundwater:
Separation reduction	from 5.00 to 4.27 ft.
Percolation rate	less than 2 min./inch
Depth to groundwater	87-inches ft.
Relocation of water supply well (explain	n):
	•
Reduction of 12-inch separation between	en inlet and outlet tees and high groundwater
☐ Use of only one deep hole in proposed	disposal area
Use of a sieve analysis as a substitute	for a perc test
List local variances granted not requiring D	EP approval per 310 CMR 15.412(4):
List variances granted requiring DEP appro	oval:
Approving Authority	
Print or Type Name and Title Signature	Date

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No	Date: // 13/1
Amherst	of Massachusetts
Performed By: Robert Stove Witnessed By: Ed Smith	Date: 7/8/11
Map 25 B Parcel 27  New Construction Repair D  Office Review	Owner's Name. Dulcinea M. Santos Address and Telephone 1 Armoro R. Ferreira 147 Bay Rd. Armherst (413) 253-9834
Published Soil Survey Available: No Yes  Year Published 1981 Publication Scale  Drainage Class A Soil Limitations  Surficial Geologic Report Available: No Yes	e 1:15840 Soil Map Unit HgB
Year Published Publication Sca Geologic Material (Map Unit) Landform Flood Insurance Rate Map:	•
Above 500 year flood boundary No Yes  Within 500 year flood boundary No Yes	
Within 100 year flood boundary No 2 Yes  Wetland Area: National Wetland Inventory Map (map unit)  Wetlands Conservancy Program Map (map unit)	
Current Water Resource Conditions (USGS): Month Range : Above Normal Normal Delow Normal Other References Reviewed:	al [ June, 2011



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Location Address or Lot No.	147	Bay	Rd	
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### COMMONWEALTH OF MASSACHUSETTS

Amherst., Massachusetts

	·	<u> </u>				
Percolation Test*						
Date: 7/13/11 Time: 10:32						
Observation Hole #						
Depth of Perc	49"	11				
Start Pre-soak	10:39 25 galis					
End Pre-soak	couldn't maintair					
Time at 12"	a liquid level	gar i				
Time at 9"		4 12 A				
Time at 6"	, ,					
Time (9"-6")						
Rate Min./Inch	<2.					

Site Passed  Site Failed		. •
Site Passed by Site Palled L.		
Performed By: Bob Stover		·
Witnessed By: Ed Smith		
Comments: 5' water table	separation required	and the second of the second o
· ·		



Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Location Address or Lot No. 147 Bay Road	
Location Address or Lot No. 147 Bay Road  Amherst	
Determination for Seasonal High Water Table	
Method Used:	
Depth observed standing in observation hole inches  Depth weeping from side of observation hole inches  Depth to soil mottles 87 inches and 99  Ground water adjustment feet	
Index Well Number Reading Date Index well level	
Adjustment factor Adjusted ground water level	
Depth of Naturally Occurring Pervious Material	
Does at least four feet of naturally occurring pervious material exist in all are observed throughout the area proposed for the soil absorption system?	3S —
If not, what is the depth of naturally occurring pervious material?	•
Certification	
I certify that on $\frac{6\sqrt{1993}}{1993}$ (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.	n is e
Signature Robert Stover Date 7/13/11	-



Location Address or Lot No. 147 Bay Rds Amherst

## On-site Review

Deep Hole Number 2 Date: 7/13/11 Time: 11:00 Weather Clear, 85°- Location (identify on site plan)  Land Use residential yard Slope (%):// Surface Stones Morre  Vegetation Med. oak, white pine  Landform   Came terrace  Position on landscape (sketch on the back)  Distances from:  Open Water Body 200 feet Drainage way Morre  Possible Wet Area   Op feet the Property Line 35 feet Left sideline  Drinking Water Well 200 feet the Other  + own water							
		DEEP OB	SERVAT	rion ho	LE LOG		
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)		
05	A	FSL	soyas/3 dry	none	Friable		
5-14	B~	LS	104R4/4 dry	none	loose to very friable		
14-110	C	FS	107R4/4	094"	loose, stratified sands		
MINIMUK	A OF 2 HOLES R	EGUIREO AT EV	ERY PROPOSE	"Varved VFS+ VFLS 7.5YR 4/6	firmer below 94"		

Weeping from Pit Face:



Perent Material (geologic)

Estimated Seasonal High Ground Water:

Depth to Groundwater: Standing Water in the Hole:

Location Address or Lot No. 147 Bay Rol.  Amherst  On-site Review							
Deep Hole Number   Date: 7/13   11 Time: 10:15 Weather Deary 85'- Location (identify on site plan)   See plan  Land Use residential Slope (%)   Surface Stones Nane  Vegetation All onk white pine  Landform Kapple Henace  Position on landscape (sketch on the back)  Distances from:  Open Water Body 200 feet + Drainage way none feet possible Wet Area 100 feet + Property Line 50 feet ± left sideline  Drinking Water Well 200 feet + Other							
		DEEP OB		ION HO	LE LOG'		
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)		
0-8	A	FSL	10/12/3	none	friable		
8-19	BW	LS	10424/4	rone	Losses gravelly remnant Bu		
19-87	<i>C</i> ,	F5 gravelly	10YKY/Y	none	bose stratified sand+gr. Firm, "Varved" VFSL FS+F gravel		
87-110	2	VFSL	10 Fe 5/3.	below 87 7.51×4/6	Firm, "Varved" VFSL FS+ F gravel		
MINIMUN prent Material (geok		HWash	INT PROPUSEL	Depth	to Bedrock: > 110"		
epith to Groundwater: Standing Water in the Hole: 150" Weeping from Pit Face: 87" stimeted Seasonal High Ground Water: 8"							



DEP APPROVED FORM - 12/07/95

No	Date: // 13/.
Amherst	of Massachusetts
Performed By: Robert Stove Witnessed By: Ed Smith	Date: 7/13/11
Map 25 B Parcel 27  New Construction Repair D  Office Review	Owner's Name. Dulcinea M. Santos Address and Telephone 1 Armano R. Ferreira 147 Bay Rd. Amherst (413)253-9834
Published Soil Survey Available: No Yes  Year Published 1981 Publication Scale  Drainage Class A Soil Limitations	e 1:15840 Soil Map Unit Hg B
Surficial Geologic Report Available: No  Yes  Year Published Publication Sca  Geologic Material (Map Unit)  Landform	•
Flood Insurance Rate Map:  Above 500 year flood boundary No Yes   Within 500 year flood boundary No Yes	
Within 100 year flood boundary No Pyes  Wetland Area:	
National Wetland Inventory Map (map unit) Wetlands Conservancy Program Map (map unit)	
Current Water Resource Conditions (USGS): Month Range: Above Normal Normal Delow Normal Other References Reviewed:	i 🗆 June, 2011



C 1 -10. 

Location Address or Lot No.	147	Bay	Rd	
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## COMMONWEALTH OF MASSACHUSETTS

Amherst., Massachusetts

		<del> </del>			
	Percolation	on Test*	-		
Date:	7/13/11	Time:	Jo ::	32	•
Observation Hole #	1		·	,	<del></del>
Depth of Perc	100 L	9"	-		• •
Start Pre-soak	10:39 2	5 galis	· · · · · · · · · · · · · · · · · · ·	<del></del>	
End Pre-soak	couldn't n	novintain			
Time at 12"	a liquid L	evel	≱.4-`		
Time at 9"		***************************************	A STATE OF THE STA		
Time at 6"		,	*		
Time (9"-6")		georg		•	
Rate Min./Inch	<2		*		

. • Minimu reserve		percolation tes	st must be perfor	med in bot	h the primar	y area AND
Site Passed	₹ Sit	e Failed		e e e e e e e e e e e e e e e e e e e		
Performed By:	Bob	Stover		•		
Witnessed By:	Ed	Smith		·	·	
Comments:	5'	water table	separation	requir	ل	er manga nyikakakakaka titori mananga.
i			•	/		



Location Address or Lot No. 147 Bay Road  Amherst
Amherst
Determination for Seasonal High Water Table
Method Used:
Depth observed standing in observation hole inches  Depth weeping from side of observation hole inches  Depth to soil mottles 87 inches and 94  Ground water adjustment feet
Index Well Number Reading Date Index well level
Adjustment factor Adjusted ground water level
Depth of Naturally Occurring Pervious Material
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system?
If not, what is the depth of naturally occurring pervious material?
Certification
I certify that on 6/1993 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.
Signature Robert Stover Date 7/13/11



Location Addre	ess or Lot No		17 Ba	y Rd.	·
		Ar	nherst	<u> </u>	
		-	On-site	<u>Reviev</u>	<u>v</u>
Deep Hole Nun	ify on site pla	រក្)	/13/11 . See	Time: 1	0:15 Weather cleary 85'4
Land Use	esidentia	Slope	(%)	Surface	Stones None
Vegetation	ed onk	white-	pine		
Landform	Karre	terrace	•	`	The contract of the contract o
Position on land	•	n on the back	<b>()</b>		and the second second second second second second second second second second second second second second second
Distances from		DO foot 4	< Drainar	TA WEW OF	Of feet
Possible	e Wet Area /	OD feet	Propert	vline 50	ne feet ± left sideline
Drinking	Water Well	Zoo feet	+ Other		
	_	wn wate			
		DEEP OB		ION HO	IEIOG'
f		DELI OD	OFILANI		
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8	A	FSL	10/15/3	none	Friable
8-19	BW				Losse, grantly remnant Bu
19-87	C,	F5 gravelly	10YKY/Y	none	loose stratified sand+gr. Firm, "Varved" VFSL FS+Fquavel
87-110	[2	VFSL.	10/25/3	87 7.51×4/6	Firm, "Varved" VFSL FS+ Fquavel
Million	n O. 21100037	1 1	RY PROPOSEI		11.61
erent Material (geok		Mash_	1 = 0 #	Depth	10 Bedrock: > 110 11
epth to Groundwate			100"	الم	Weeping from Pit Face: 8711
stimeted Seasonal H	ligh Ground Wate	er:		_8/_	



Bay Rd., Amherst
On-site Review Location Address or Lot No. \_

Deep Hole Number 2 Date: 7/13/11 Time: 11:00 Weather Clear, 85°- Location (identify on site plan) Land Use residential yard Slope (%):   Surface Stones Mone Vegetation Med only white fine Landform   Came terrace Position on landscape (sketch on the back)  Distances from:  Open Water Body 200 feet Drainage way Mone feet Possible Wet Area   Op feet + Property Line 35 feet Left sideline  Drinking Water Well 200 feet + Other  + own water  DEEP OBSERVATION HOLE LOG*							
Depth from.	Soil Horizon	Soil Texture	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, %		
0 -5	A	FSL		none	Gravel)		
5-14	₿~	LS	104R4/4 dry	none	loose to very friable		
14-110	<i>C</i>	Fs ·	10784)4	094" "varved"	loose, stratified sands		
MINIMUN	i of 2 Holes मा	EGÜIRED AT EV	RY PRŌPOSE	VFS+ VFLS 7.5YR4/6	firmer below 94"		

Parent Material (geologic) \_\_\_ <u>Depth to Groundwater:</u> Standing Water in the Hole: Estimated Seasonal High Ground Water:



•		•	1 7
No		en en en en en en en en en en en en en e	Date: 7/13/1
<u>Soil Suitabili</u>	Amherst	of Massachusetts - , Massachuset for On-site Se	
Performed By: Rad Witnessed By: Ed	sert Stove Smith	Y	Date: 7/13/11
Law Map 25 B P.  New Construction  Rep	arcel 27	Owner's Name. Dulcined Address, and Telephone & Armono 147 Bac (413) 25	M. Santos R. Ferreira Y Rd. Amherst 53-9834
Office Review	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Published Soil Survey Availab Year Published 1981 Drainage Class A Surficial Geologic Report Ava Year Published Geologic Material (Map Unit) Landform	Publication Scale Soil Limitations Ilable: No Yes Publication Sca	1:15840 soil por 5.14ec	Map Unit Hig B
Flood Insurance Rate Map:			
Above 500 year flood boundar Within 500 year flood boundar Within 100 year flood boundar	y No Yes 🗆		
Wetland Area: National Wetland Inventory Management Metlands Conservancy Program	<i>/</i>		
Current Water Resource Condit Range :Above Normal \times Normal Other References Reviewed:		I - June, 20	 >1) .



A Marine Commence 1 N -^ **t** 



City/Town of Amherst

#### Form 9A - Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

<u>NOTE:</u> Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

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





A. Facility Information	
A. Fasiita Name and Address.	

1.	Facility Name and Address:		
	Dulcineia M. Dos Santos and Amaro R. Ferreira		
	Name		
	147 Bay Road Street Address		
	Amherst	MA	01002
	City/Town	State	Zip Code
2.	Owner Name and Address (if different from above):		
	same		
	Name	Street Address	
	City/Town	State	
	Zip Code	(413) 253-9834 Telephone Number	
	Zip Code	relephone Number	
}.	Type of Facility (check all that apply):		
	□ Residential □ Institutional □ Co     □ Co	ommercial 🔲 School	I
	Describe Facility:		
	•	a aarbaga arindar	
	three bedroom full-time single family house without	a garbage grinder	
5.	Type of Existing System:		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	☐ Privy ☐ Cesspool(s) ☒ Convention	nal 🔲 Other (describe	e below):
			r
<b>3</b> .	Type of soil absorption system (trenches, chambers	leach field, pits, etc):	
		,,  ,/,	
	existing: two pipe and stone leach trenches		

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City/Town of Amherst

## Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Α.	Facility Information (continued)		
7.	Design Flow per 310 CMR 15.203:		
	Design flow of existing system:	not known gpd	
	Design flow of proposed upgraded system	505.77 gpd	
	Design flow of facility:	330.00 gpd	
В.	Proposed Upgrade of System		
1.	Proposed upgrade is (check one):		
	☐ Voluntary ☐ Required by order, letter	er, etc. (attach copy)	
	□ Required following inspection pursuant to 3	10 CMR 15.301:	June 29, 2011 date of inspection
2.	Describe the proposed upgrade to the system:		
sta	install distribution box and two leach trenches c ndard low profile chambers	onsisting of 24 (12 per to	elich) illimitator Quick4 Pius
3.	Local Upgrade Approval is requested for (check	all that apply):	
	Reduction in setback(s) – describe reductio	ns:	
	Reduction in SAS area of up to 25%:	SAS size, sq. ft.	% reduction
	Reduction in separation between the SAS a	and high groundwater:	,
	Separation reduction	from 5.00 to 4.27 ft.	
	Percolation rate	less than 2 min./inch	•
	Depth to groundwater	87-inches	

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City/Town of Amherst

### Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

В.	Proposed Upgrade of System (continu	ed)
	Relocation of water supply well (explain):	
	Reduction of 12-inch separation between inlet and	outlet tees and high groundwater
	☐ Use of only one deep hole in proposed disposal are	ea
	☐ Use of a sieve analysis as a substitute for a perc te	st
	Other requirements of 310 CMR 15.000 that canno Code:	t be met – describe and specify sections of the
abs	ne proposed upgrade involves a reduction in the required orption system and the high groundwater elevation, and groundwater elevation pursuant to 310 CMR 15.405(1	Approved Soil Evaluator must determine the
	mber or agent of the local approving authority.	MIN 17. THE SON EVALUATION IN USE DE U
	High groundwater evaluation determined by:	
	Evaluator's Name (type or print)  Signature	7/13/11 Date of evaluation
	Evaluation of the highest of printy originature	Date of Grandaton
C.	Explanation	
	Explain why full compliance, as defined in 310 CMR 15 completed)	6.404(1), is not feasible. (Each section must be
1.	An upgraded system in full compliance with 310 CMR	15.000 is not feasible:
	Existing septic tank is structurally sound according to s ground but it is still too deep to allow for a 5-ft separation er elevation.	
2.	An alternative system approved pursuant to 310 CMR	15.283 to 15.288 is not feasible:
	This facility does not warrant an alternative system.	
	This facility does not warrant an alternative system.	

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City/Town of Amherst

### Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C.	Explanation (continued)	
3.	A shared system is not feasible:	
	There is no abutter known to need to share a syst	em. A shared system is not warranted by the
CIFC	umstances of this facility.	
4.	Connection to a public sewer is not feasible:	
	This area is not served by public sewer.	
5.	The Application for Local Upgrade Approval must	be accompanied by all of the following (check the
	appropriate boxes):	are accompanied by an or are renewing (cricent are
	Application for Disposal System Construction	Permit
	○ Complete plans and specifications	
	Site evaluation forms	
	☐ A list of abutters affected by reduced setbacks Provide proof that affected abutters have been no	
	Other (List):	
"I, t kno cor	Certification the facility owner, certify under penalty of law that to wledge and belief, are true, accurate, and complete asequences for submitting false information, includor or sonment for deliberate violations."	te. I am aware that there may be significant
	Wellina des Sant	8/11/11
	Facility Owner's Signature	Date
	Dulcineia M. Dos Santos & Amaro R. Ferreira	
	Print Name Robert Stover	7/28/11
	Name of Preparer	7728/11 Date
	P. O. Box 3312	Amherst
		Onnicist
	Preparer's address	City/Town
	Preparer's address 01004-3312	City/Town (413) 256-3400

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City/Town of Amherst

## **Local Upgrade Approval**

Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

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





١.	Facility Name and Address			
	Dulcineia M. Dos Santos and Amai	ro R. Ferreira		
	Name			
	147 Bay Road			
	Street Address			
	Amherst		MA	01002
	City/Town		State	Zip Code
2.	Owner Name and Address (if differ	ent from above):		
	same			
	Name		Street Address	
	City/Town		State	
			(413) 253-9834	
	Zip Code		Telephone Number	
3.	Type of Facility (check all that appl	y):		
	□ Residential □ Institution	al 🗌 Co	ommercial	School
١.	Design flow per 310 CMR 15.203:	330 gpd		
5.	System Designer:	Paul M. St Stover	yspeck, PE / Robt	⊠ PE □ RS
	P. O. Box 3312	Amherst	M	A 01004-3312
	Address	City/Town		ate, ZIP
3.	Approval			
t.	Local Upgrade Approval is granted	for:		
	Reduction in setback(s) – spec	sify:		

SAS size, sq. ft.

Reduction in SAS area of up to 25%:

% reduction

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City/Town of Amherst

# Local Upgrade Approval Form 9B

. Approval (continued)	
Reduction in separation b	etween the SAS and high groundwater:
Separation reduction	from 5.00 to 4.27
Percolation rate	less than 2
Depth to groundwater	87-inches
Relocation of water suppl	.,
Reduction of 12-inch sepa	ration between inlet and outlet tees and high groundwater
☐ Use of only one deep hole	in proposed disposal area
Use of a sieve analysis as	a substitute for a perc test
List local variances granted no	ot requiring DEP approval per 310 CMR 15.412(4):
List variances granted requirir	g DEP approval:
Approving Authority	
Print or Type Name and Title	Signature Date

. 



Important: When

filling out forms on the computer, use only the tab key to move your

cursor - do not

use the return

key.

#### Commonwealth of Massachusetts

City/Town of

### **Septic System Installation Checklist**

DEP has provided this form for use by local Boards of Health if they wish to do so.

A. Applicant Information

Pulped Dos Santos E Amaro Ferceira

Name

147 BAY ROAD

Address

Address

Address

Aurices State

71A 01002

City State Zip Code

12-07

Disposal System Construction Permit # Map Lot

GRANBY SERRC

Zeturn Zeturn

	GRAMBY SEPTIC		_		
	Installer				<u>_</u> _
	POR STOVEN				
	Evando Surry				
	Board of Health Representative				
	Inspection Dates:				
	PASSED 6/29/2011			9/21	/20 n
	ank: Date	Leach Area:		Date	·
	Final: ( 7/2, /2 on Date	Other:		Date	
	Date			Date	
		· <del></del>			
B.	Application Checklist				
1.	Pre-Construction Conference		Approved	N/A	Problem
	Sieve analysis supplied for sand				
	Current approved plans (3 copies)		उ	otag	
	System staked prior to construction				
	On-site check for tank water-tightness				
	Abandonment of existing system (repairs)		7		
	Plan revision(s)				
	Conditions/Approvals				
	O/M Plan on file	ı			
	DEP approval on file				
		•			

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# Commonwealth of Massachusetts City/Town of

## Septic System Installation Checklist

#### B. Application Checklist (cont.)

2.	Construction Inspection		_	1	
a)	Building Sewer (310 CMR 15.222)		Approved	N/A	Problem
	All waste pipes tied into building sewer	Basement check		甲	
	Schedule 40 PVC 4" or cast iron	Verify by reading pipe		ф	
	Minimum slope of 0.01-0.02	Visual		ф	
	Pipe laid in continuous straight line	Visual			
	Pipe laid on compact, firm base	Visual		ф	
	Cleanouts precede all changes in alignment/grade	Verify by visual/tape		ф	
	Cleanout provided every 100 ft.	Verify by visual/tape			
	Backfill material clean	Visual			
b)	Septic Tank (310 CMR 15.223)		Approved	N/A	Problem
	Tank is set level with 6" stone under (15.228)	Check with level	MA		
mik	Tank is required size/loading per plan	Verify with plan	MA		
present bledson	Inlet and outlet are at proper location (15.227)	Verify with plan	N/A		
TLE	Tank is water tight (15.226)	Test	ATA.		
	Outlet tees extend 6" above flow line	Verify by visual/tape			
	Approved filter device placed at outlet	DEP list	\ <del>\</del>		
	Gas baffle installed at outlet tee	Visual	l <del>d</del>		
	Inlet and outlet tees on center line	Visual			
	Tank is backfilled with acceptable material	Visual	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Notes:		1		
	,			_	
					<del></del>

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City/Town of

## **Septic System Installation Checklist**

#### B. Application Checklist (cont.)

) [	Distribution Box (310 CMR 15.232)	9/21/2001	Approved	N/A	Problem
	All outlet pipes at same elevation	Check by adding water	J	□.	
ı	Number of outlets per plan	Number of laterals	<u>フ</u> per plan		
ı	Inlet tee min. 1" over outlet	Visual and w/tape	☐ O		
1	D box set on level base	Visual	<b>I</b>		
	Top of D box 36" max depth	Visual and w/tape	e e		
ļ	D box is water-tight	Add water	ď		
	D box has a minimum of 2" thick wall and 12" inside dimension		g		
) !	Pump Chamber (310 CMR 15.231)	•	Approved	N/A	Problem
-	Tank is set level	Visual and w/level		口	
ı	Proper volume is provided	Check plan and tank		4	
ı	Float elevations set per plan	Measure w/tape	. $\square$	$\varphi$	
I	Min. 2" delivery line to D box	Visual		$\Rightarrow$	
ı	Number of pumps:			Ţ	
	Specified pump provided or designers approval for equal pump			$\downarrow$	
(	Correct pump sequence				
(	Covers set to grade			ф	
ı	Electrical permit provided				
6	6" of stone beneath chamber	Visual		ф	
(	Chamber is water-tight	Test		ф	
Ī	Min. 9" cover provided	Visual		ф	
(	Correct loading provided per plan	Visual on tank		ф	
ı	Notes:			1	

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# Commonwealth of Massachusetts City/Town of

## **Septic System Installation Checklist**

#### B. Application Checklist (cont.)

e)	Leaching Facility (310 CMR 15.240)		Approved	N/A	Problem
	No frozen material used including back fill	Visual			
	No clay, tailings or stones larger than 6" for cover material	r	Image: Control of the control of the		
	Soil at bottom/sides of excavation matches info on deep holes	<b>3</b>			
	All impervious layers removed	Visual	Image: section of the		
	No remaining A/B horizons	Visual	ď		
	Groundwater conditions match plan and deep holes	Visual/check plan	Image: Control of the control of the		
	Vented if under impervious cover per plan (15.241)				
	Vent is protected from precipitation and animal entry			Image: section of the	
	Cover of a minimum of 9" over leach area		$\square$		
	Pipe slope equal to 0.005	Check w/transit	Image: Control of the control of the		
	Leach area per design (15.241)		Image: Control of the control of the		
	Excavation is level and at required depth	Visual/check plan			
	Removal of 5 ft material and replacement (if in fill)	Visual/check plan	Z		
	Back fill material is acceptable	Visual	<b>☑</b>		
	Final contours correct per plan	Check with plan	I		
	Surface/subsurface drainage away from leach area		ď		
	Final grade and side slopes are stable				
	Distribution lines are capped, vented, or connected together		o o		
	Impermeable barrier (15.255[2])				
	Retaining wall inspected by PE				
	Retaining wall is water-proofed			Image: Control of the control of the	
	Retaining wall/barrier is at correct				

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City/Town of

## Septic System Installation Checklist

В.	Application Checklist (cont.)				
f)	Leaching trenches (310 CMR 15.251)		Approved	N/A	Problem
	Number of trenches:				
	Depth of trenches:	23'			
	Width of trenches: INFILITATEL	34"			
	Trench spacing per plan				
	Stone is double-washed [3/4" to 11/2"] (15	.247)			
g)	Leaching fields (310 CMR 15.242)				
	Length of field:			Ф	
	Width of field:			ф	
	Min. of 2 distribution lines			1	
	Separation distance conforms to plan			7	
	Stone is double-washed [3/4" to 11/2"] (15	.247)	. 🗆		
h)	Leaching Pits (310 CMR 15.253)				
	Number of pits:	<u> </u>		ф	
	Depth of pits:			þ	
	Stone is double-washed [3/4" to 1½"] (15	.247)		þ	
	Each pit has min. 1 20" access cover			þ	
	Piping network and configuration of pits/chambers per plan				
į i)	Tight Tank (310 CMR 15.260)				
	Tank is set level with 6" stone under	Visual and with level		Щ	
	Tank is proper size per plan	Visual with plan			
	Pumping contract has been provided				
	Covers to grade	Visual			
	A/V alarm set at 3/5 tank capacity	Check floats by raising		ф	- ,
	AV alarm test on separate circuit	Set off alarm	П	4	

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# Commonwealth of Massachusetts City/Town of

## **Septic System Installation Checklist**

В.	Application Checklist (co	nt.)							
)	Certificate of Compliance (310 C	MR 15.021)							
	As Built Plan Submitted		Date						
	Signed by Installer		Date	<u>_</u>					
	Signed by Designer		Date				****		<del> </del>
	Certificate of Compliance Issued		Date						
	Notes:								
				,					
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#### Commonwealth of Massachusetts City/Town of Amherst **Application for Disposal System Construction Permit**

Numb	er	 	
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Fee			

Fo	orm 1A		
_	DEP has provided this form for use by local Boar the form, check with your local Board of Health to	rds of Health if they choo o make sure that they wil	se to do so. Before us
Ā	. Facility Information		
ut Ap		a new on-site sewage disp replace an existing on-site replace an existing system	sewage disposal system
t 1.	Location of Facility:		
	147 Bay Road		
	Address or Lot #	<del></del>	<del></del>
	Amherst	MA .	01002
	City/Town	State	Zip Code
	OKJ. TOWN	Otale	Zip Code
2.	Owner Information	,	
	Dulcineia M. Dos Santos and Amaro R. Ferreira		
	Name		
	same	•	
	Address (if different from above)	<i>j</i>	·
		•	01002
	City/Town	State	Zip Code
		<u>(413) 253-9834</u>	
		Telephone Number	<del></del>
3.	Installer Information		
	Name	Name of Company	
	Address		
	City/Town	State	Zip Code
		Telephone Number	
4.	Designer Information	·	
٦,	•		
	Paul M. Styspeck, PE / Robert Stover	Amherst Environme	ntal Services
	Name	Name of Company	
	P. O. Box 3312		
	P. O. Box 3312  Address  Amherst  City/Town  PAUL M.  PAUL M.  CTOOL M.  CTO	144	04004.0040
	Amherst Paul M	MA	01004-3312
	City/Town PAUL M. STYSPECK	State	Zip Code
	<b>ではなり こことが 1 位 399</b>	(413) 256 3400	

(413) 256-3400 Telephone Number

Application for Disposal System Construction Permit • Page 1 of 3

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# Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit Form 1A

Number	
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Fee	

□ Dwelling		☐ Garbage Grind	der (check if present)
Other: Type of Building			Number of Persons Serve
Showers	Number of showers	☐ Cafeteria	☐ Other fixtures
Specify other fixtures:			
Design Flow:		330.00 Gallons per Day	
Calculated Daily Flow:		505.77 Gallons	
Plan:		7/27/11 Date of Original	
Number of Sheets		Revision Date	
"Plan of Septic System R Title of Plan	epair"		
Description of Soil:			
attached			
Nature of Repairs or Alter	rations (if applicable):		
replace failed soil absorp		stribution box and two ld low profile chambers.	leaxh trenches consisting o
24 (12 per trench) inilitia			
24 (12 per denon) inilida			
24 (12 per denon) militar			
24 (12 per denon) militar		6/29/11 by Nathan	Torrotti

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# Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit Form 1A

Number	
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Fac	

Agreement	
sewage disposal system in accordance with the protection of to place the system in operation until a Certification of the system in operation until a Certification of the system in operation until a Certification of the system in accordance with the protection of the system in operation until a Certification of the system in the s	on and maintenance of the aforedescribed on-site provisions of Title 5 of the Environmental Code and cate of Compliance has been issued by this Board
of Health.	Rhilu
Signature	Date
Application Approved By:  Name	Date
Application <b>Disapproved</b> for the following reason	ns:

		•
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### Commonwealth of Massachusetts City/Town of Amherst **Disposal System Construction Permit** Form 2A

_		
N	umt	)er

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with

	the local Board of Health to determine the form the		doing and form, oncok war
	Permission is hereby granted to:		
Important: When filling out	Amaro R. Ferreira and Dulcineia M. Dos Santos		
forms on the	Name	Name of Company	
computer, use	147 Bay Road		
only the tab key	Address		
to move your cursor - do not	Amherst	<u>MA ·                                     </u>	01002
use the return	City/Town	State	Zip Code
key.	to perform the following work on an on-site sewage	e disposal system:	
<b>V</b> 100	Construction		
1/	Repair or replacement		
COLUMN A	Repair or replacement of system components		
Total	_ ,,,,,,,,		
	same		
	Facility Address		
,			
	City/Town	State	Zip Code
	Owner	(413) 253-9834 Telephone Number	
	Owner	releptione stampes	
	The work to be performed is further described in the Permit. The applicant recognizes his/her duty to coor special conditions:		
	All construction must be completed within three	ee years of the date be	low.
	Approved by	Date	

Title

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## Commonwealth of Massachusetts City/Town of Amherst Certificate of Compliance

#### Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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





This is to Certify that the following work on a	an On-Site Sewage Dis	posal System
<ul> <li>☐ Construction of a new system</li> <li>☐ Repair or replacement of an existing syst</li> <li>☒ Repair or replacement of an existing syst</li> </ul>		
Has been done in accordance with Title 5 and	d the Disposal System	Construction Permit (DSCP):
DSCP Number	DSCP Date	
Amaro R. Ferreira and Dulcineia M. Dos San	tos	
Facility Owner		·
147 Bay Road Street Address or Lot #		
	MA	01002
Amherst City/Town	MA State	01002 Zip Code
Designer Information:	ou.c	2.9 0000
Paul M. Styspeck, PE / Robert Stover	Amherst Enviro	onmental Services
Name	Name of Company	
Signature	Date	
Installer Information:		
Name	Name of Company	,
Signature	Date	
		and former balance
Use of this system is conditioned on complian	nce with the provisions	set forth below:
	<del></del>	
	<u> </u>	
The issuance of this certificate shall not be codesigned.	onstrued as a guarante	e that the system will function as
-		
Approving Authority		
0		
Signature	Date	

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City/Town of Amherst

## Form 9A - Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

<u>NOTE:</u> Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

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





## A. Facility Information

Name		
147 Bay Road		
Street Address	844	01002
Amherst City/Town	MA State	Zip Code
		Zip Oode
Owner Name and Address (if different from above):		
same	•	
Name	Street Address	
City/Town	State	ů.
	(413) 253-9834	
Zip Code	Telephone Number	
Type of Facility (check all that apply):		
,,,,,		
□ Residential □ Institutional □ Comparison     □	ommercial 🔲 Scho	ool
	ommercial 📋 Scho	ool
□ Residential    □ Institutional    □ Co     □ Describe Facility:	ommercial 📋 Scho	ool
	<del></del>	ool
Describe Facility:	<del></del>	ool
Describe Facility: three bedroom full-time single family house without	<del></del>	ool
Describe Facility:	<del></del>	ool
Describe Facility: three bedroom full-time single family house without	a garbage grinder	

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City/Town of Amherst

## Form 9A - Application for Local Upgrade Approval

Α.	Facility Information (continued)		
7.	Design Flow per 310 CMR 15.203:		
	Design flow of existing system:	not known gpd	
	Design flow of proposed upgraded system	505.77 gpd	
	Design flow of facility:	330.00 gpd	
В.	Proposed Upgrade of System		•
1.	Proposed upgrade is (check one):		
	☐ Voluntary ☐ Required by order, letter	er, etc. (attach copy)	
	□ Required following inspection pursuant to 3	10 CMR 15.301:	June 29, 2011 date of inspection
2.	Describe the proposed upgrade to the system:		
sta	install distribution box and two leach trenches c ndard low profile chambers	onsisting of 24 (12 per t	rench) Infiltrator Quick4 Plus
3.	Local Upgrade Approval is requested for (check	k all that apply):	
	Reduction in setback(s) – describe reduction	ons:	
	Reduction in SAS area of up to 25%:	SAS size, sq. ft.	% reduction
	Reduction in separation between the SAS a	•	
	Separation reduction	from 5.00 to 4.27	
	Percolation rate	less than 2	
	Depth to groundwater	87-inches	

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City/Town of Amherst

## Form 9A – Application for Local Upgrade Approval

If the proposabsorption high ground member of Evaluato	lse of only one deep house of a sieve analysis another requirements of 3 code:  posed upgrade involves in system and the high indwater elevation purs	paration between in ole in proposed disp as a substitute for a 10 CMR 15.000 tha s a reduction in the groundwater elevat	perc test t cannot be met describe and specify sections of the required separation between the bottom of the soil ion, an Approved Soil Evaluator must determine the
Use Use Use Ott Cor  If the proper absorption high ground member of Evaluato  C. Exp	lse of only one deep house of a sieve analysis and the requirements of 3 code:	ole in proposed disposes a substitute for a 10 CMR 15.000 that the second secon	osal area  perc test  t cannot be met – describe and specify sections of the required separation between the bottom of the soil ion, an Approved Soil Evaluator must determine the
Use Use Use Ott Cor  If the proper absorption high ground member of Evaluato  C. Exp	lse of only one deep house of a sieve analysis and the requirements of 3 code:	ole in proposed disposes a substitute for a 10 CMR 15.000 that the second secon	osal area  perc test  t cannot be met – describe and specify sections of the required separation between the bottom of the soil ion, an Approved Soil Evaluator must determine the
If the propose absorption high ground member of Evaluato	Ise of a sieve analysis and the requirements of 3 code:  posed upgrade involves an system and the high and and the high and and the purs	as a substitute for a 10 CMR 15.000 tha s a reduction in the groundwater elevat	perc test t cannot be met describe and specify sections of the required separation between the bottom of the soil ion, an Approved Soil Evaluator must determine the
If the proposed absorption high ground member of Evaluato	other requirements of 3 code:  posed upgrade involves in system and the high indwater elevation purs	10 CMR 15.000 tha	required separation between the bottom of the soil ion, an Approved Soil Evaluator must determine the
If the proposed absorption high ground member of Evaluato	posed upgrade involves in system and the high ndwater elevation purs	s a reduction in the groundwater elevat	required separation between the bottom of the soil ion, an Approved Soil Evaluator must determine the
absorption high ground member of High gr  Evaluato  C. Exp	n system and the high ndwater elevation purs	groundwater elevat	ion, an Approved Soil Evaluator must determine the
absorption high ground member of High gr  Evaluato  C. Exp	n system and the high ndwater elevation purs	groundwater elevat	ion, an Approved Soil Evaluator must determine the
C. Exp	or agent of the local a groundwater evaluation	approving authorit	5.405(1)(h)(1). <i>The soil evaluator must be a</i> ty.
C. Exp			7/13/11
Explair	itor's Name (type or print)	Signature	Date of evaluation
	planation		
comple	ain why full compliance, pleted)	, as defined in 310 (	CMR 15.404(1), is not feasible. (Each section must b
1. An upg	ograded system in full o	compliance with 310	CMR 15.000 is not feasible:
	id but it is still too deep		ling to system inspector Nathan Torretti and it's high eparation from the estimated seasonal high ground
2. An alte		oved pursuant to 31	0 CMR 15.283 to 15.288 is not feasible:
This fa	ternative system appro		tem.

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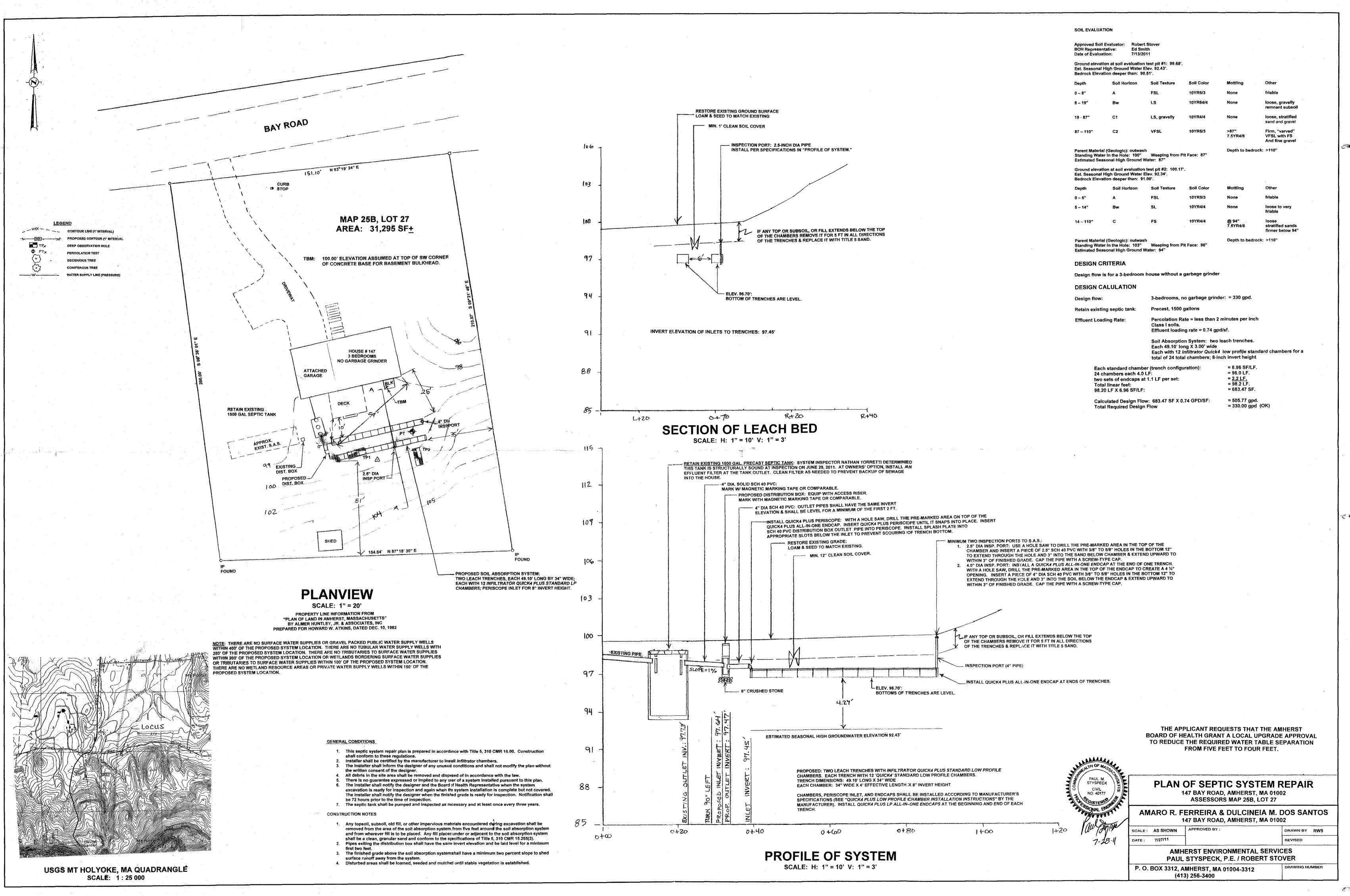


City/Town of Amherst

## Form 9A - Application for Local Upgrade Approval

O F	
C. Explanation (continued)	
A shared system is not feasible:	
There is no abutter known to need to share circumstances of this facility.	a system. A shared system is not warranted by the
4. Connection to a public sewer is not feasible:	· · ·
This area is not served by public sewer.	
5. The Application for Local Upgrade Approval appropriate boxes):	I must be accompanied by all of the following (check the
Application for Disposal System Constru	uction Permit
○ Complete plans and specifications	
Site evaluation forms	
A list of abutters affected by reduced se Provide proof that affected abutters have be	etbacks to private water supply wells or property lines. een notified pursuant to 310 CMR 15.405(2).
Other (List):	,
knowledge and belief, are true, accurate, and co	that this document and all attachments, to the best of nomplete. I am aware that there may be significant including, but not limited to, penalties or fine and/or
Whilina des Sant	Elulu
Facility Owner's Signature	Date
Dulcineia M. Dos Santos & Amaro R. Ferrei	ira
Print Name	7/00/44
Robert Stover Name of Preparer	7/28/11 Date
P. O. Box 3312	Amherst
Preparer's address	City/Town
01004-3312	(413) 256-3400
State/ZIP Code	Telephone

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Cesspool(s)

existing: two pipe and stone leach trenches

☐ Privy

City/Town of Amherst

### Form 9A - Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

<u>NOTE:</u> Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

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





Α.	Facility Information	· <del></del>	
1.	Facility Name and Address:		
	Dulcineia M. Dos Santos and Amaro R. Ferreira		
	Name		
	147 Bay Road		
	Street Address		
	Amherst	<u>MA</u>	01002
	City/Town	State	Zip Code
2.	Owner Name and Address (if different from above):		
	same	·	
	Name	Street Address	
	City/Town	State	
		(413) 253-9834	
	Zip Code	Telephone Number	
3.	Type of Facility (check all that apply):		
	□ Residential □ Institutional □ Comparing □ C	ommercial	i
4.	Describe Facility:		
	three bedroom full-time single family house without	a garbage grinder	
5.	Type of Existing System:		
٠.	. 1 E. a. a		

□ Conventional

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

Other (describe below):

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City/Town of Amherst

## Form 9A - Application for Local Upgrade Approval

Α.	Facility Information (continued)		
7.	Design Flow per 310 CMR 15.203:		
	Design flow of existing system:	not known	
	Design flow of proposed upgraded system	505.77 gpd	
	Design flow of facility:	330.00 gpd	
В.	Proposed Upgrade of System	gro	
1.	Proposed upgrade is (check one):		
	☐ Voluntary ☐ Required by order, lett	er, etc. (attach copy)	
	Required following inspection pursuant to	310 CMR 15.301:	June 29, 2011 date of inspection
2.	Describe the proposed upgrade to the system:		
sta	install distribution box and two leach trenches on and low profile chambers	consisting of 24 (12 per to	rench) Infiltrator Quick4 Plus
3.	Local Upgrade Approval is requested for (chec	k all that apply):	
	Reduction in setback(s) – describe reduction	ons:	
	Reduction in SAS area of up to 25%:	SAS size, sq. ft.	% reduction
		and high groundwater:	
	Separation reduction	from 5.00 to 4.27 ft.	
	Percolation rate	less than 2	
	Depth to groundwater	87-inches	



City/Town of Amherst

## Form 9A – Application for Local Upgrade Approval

D.	Proposed Upgrade	of System (continu	ed)
	Relocation of water supp	ly well (explain):	
	Reduction of 12-inch sep	paration between inlet and	outlet tees and high groundwater
	☐ Use of only one deep hol	le in proposed disposal are	ea
	Use of a sieve analysis a	ıs a substitute for a perc te	st
	Other requirements of 31 Code:	0 CMR 15.000 that canno	t be met – describe and specify sections of the
			d separation between the bottom of the soil
abs high	sorption system and the high o	groundwater elevation, an uant to 310 CMR 15.405(1) pproving authority.	Approved Soil Evaluator must determine the )(h)(1). <i>The soil evaluator must be a</i>
abs high <b>me</b> i	sorption system and the high on the high of the groundwater elevation pursumber or agent of the local a	groundwater elevation, an uant to 310 CMR 15.405(1) pproving authority.	Approved Soil Evaluator must determine the
abs high <b>me</b> i	sorption system and the high of the groundwater elevation pursumber or agent of the local and High groundwater evaluation	groundwater elevation, an uant to 310 CMR 15.405(1 pproving authority.  I determined by:	Approved Soil Evaluator must determine the )(h)(1). <i>The soil evaluator must be a</i> 7/13/11
abs high <b>me</b> i	sorption system and the high of the groundwater elevation pursumber or agent of the local and High groundwater evaluation	groundwater elevation, an uant to 310 CMR 15.405(1 pproving authority.  I determined by:	Approved Soil Evaluator must determine the )(h)(1). <i>The soil evaluator must be a</i> 7/13/11
abs high <b>me</b> i	sorption system and the high of high groundwater elevation pursuamber or agent of the local at High groundwater evaluation  Evaluator's Name (type or print)  Explanation	groundwater elevation, an uant to 310 CMR 15.405(1 pproving authority.  I determined by:  Signature	Approved Soil Evaluator must determine the )(h)(1). <i>The soil evaluator must be a</i> 7/13/11
abs high <b>me</b> i	sorption system and the high of high groundwater elevation pursuamber or agent of the local at High groundwater evaluation  Evaluator's Name (type or print)  Explanation  Explain why full compliance,	groundwater elevation, an uant to 310 CMR 15.405(1 approving authority.  I determined by:  Signature  as defined in 310 CMR 15	Approved Soil Evaluator must determine the )(h)(1). The soil evaluator must be a  7/13/11  Date of evaluation  5.404(1), is not feasible. (Each section must be
abs high me	sorption system and the high of high groundwater elevation pursumber or agent of the local at High groundwater evaluation  Evaluator's Name (type or print)  Explanation  Explain why full compliance, completed)  An upgraded system in full compliance system in full complexity.	groundwater elevation, an uant to 310 CMR 15.405(1 approving authority.  I determined by:  Signature  as defined in 310 CMR 15.405 C	Approved Soil Evaluator must determine the )(h)(1). The soil evaluator must be a  7/13/11  Date of evaluation  5.404(1), is not feasible. (Each section must be
abs high me	sorption system and the high of high groundwater elevation pursuamber or agent of the local at High groundwater evaluation  Evaluator's Name (type or print)  Explanation  Explain why full compliance, completed)  An upgraded system in full or Existing septic tank is structure ground but it is still too deep ter elevation.	aroundwater elevation, an uant to 310 CMR 15.405(1) approving authority.  I determined by:  Signature  as defined in 310 CMR 15.00 CMR 1	Approved Soil Evaluator must determine the )(h)(1). The soil evaluator must be a  7/13/11  Date of evaluation  5.404(1), is not feasible. (Each section must be 15.000 is not feasible: system inspector Nathan Torretti and it's high in

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City/Town of Amherst

## Form 9A – Application for Local Upgrade Approval

C.	Explanation (continued)				
3.	A shared system is not feasible:				
circ	There is no abutter known to need to share a sys umstances of this facility.	tem. A shared system is not warranted by the			
١.	Connection to a public sewer is not feasible:	<u> </u>			
	This area is not served by public sewer.				
i.	The Application for Local Upgrade Approval must appropriate boxes):	t be accompanied by all of the following (check the			
	Application for Disposal System Construction Permit				
	□ Complete plans and specifications				
	⊠ Site evaluation forms				
	☐ A list of abutters affected by reduced setbacks to private water supply wells or property lines.  Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).				
	Provide proof that affected abutters have been no				
	Provide proof that affected abutters have been not the Other (List):  Certification	otified pursuant to 310 CMR 15.405(2).			
'I, t kno cor	Provide proof that affected abutters have been not the Other (List):  Certification	this document and all attachments, to the best of rete. I am aware that there may be significant			
I, t kno cor mp	Provide proof that affected abutters have been not the facility owner, certify under penalty of law that to wledge and belief, are true, accurate, and completing the facility owner in the facility owner in the facility owner, certify under penalty of law that to wledge and belief, are true, accurate, and completing the facility owner in the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certify under penalty of law that the facility owner, certification is the facility of law that the facility owner, certification is the facility of law that the facility owner, certification is the facility of law that the facility owner, certification is the facility of law that the facility owner, certification is the facility of law that the facility of law that the facility owner, certification is the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of law that the facility of l	this document and all attachments, to the best of rete. I am aware that there may be significant			
'I, t kno cor mp	Provide proof that affected abutters have been not the Certification  The facility owner, certify under penalty of law that to owledge and belief, are true, accurate, and complete asequences for submitting false information, include or or or or or or or or or or or or or	this document and all attachments, to the best of rete. I am aware that there may be significant ling, but not limited to, penalties or fine and/or			
'I, t kno cor mp	Provide proof that affected abutters have been not the facility owner, certify under penalty of law that aboved and belief, are true, accurate, and complete asequences for submitting false information, include or isonment for deliberate violations."	this document and all attachments, to the best of rete. I am aware that there may be significant ling, but not limited to, penalties or fine and/or			
'I, t kno cor mp	Provide proof that affected abutters have been not the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility owner, certify under penalty of law that the balance of the facility of the facility owner, certify under penalty of law that the balance of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility o	this document and all attachments, to the best of rete. I am aware that there may be significant ling, but not limited to, penalties or fine and/or			
'I, t kno cor imp	Provide proof that affected abutters have been not the Certification the facility owner, certify under penalty of law that the owledge and belief, are true, accurate, and complete asequences for submitting false information, include or penalty of law that the owledge and belief, are true, accurate, and complete asequences for submitting false information, include or penalty owner to submitte the owner of the complete and the owner of the complete and the comple	this document and all attachments, to the best of rete. I am aware that there may be significant ling, but not limited to, penalties or fine and/or  Date 7/28/11			
"I, t kno cor imp	Provide proof that affected abutters have been not the facility owner, certify under penalty of law that to be and belief, are true, accurate, and complete asequences for submitting false information, include prisonment for deliberate violations."    Watter Complete   Comple	this document and all attachments, to the best of rete. I am aware that there may be significant ling, but not limited to, penalties or fine and/or  Date  7/28/11  Date			
"I, t kno cor imp	Provide proof that affected abutters have been not the facility owner, certify under penalty of law that to be facility owner, certify under penalty of law that to be facility owner, accurate, and complete asequences for submitting false information, include or isonment for deliberate violations."    Certification	this document and all attachments, to the best of rete. I am aware that there may be significant ling, but not limited to, penalties or fine and/or  Date  7/28/11  Date  Amherst			
"I, t kno cor imp	Provide proof that affected abutters have been not the facility owner, certify under penalty of law that to be and belief, are true, accurate, and complete asequences for submitting false information, include prisonment for deliberate violations."    Watter Complete   Comple	this document and all attachments, to the best of rete. I am aware that there may be significant ling, but not limited to, penalties or fine and/or  Date  7/28/11 Date			

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

key.

## Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit

Number		<del>-</del> _	
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Fee			

DEP has provided this form for use by locathe form, check with your local Board of H		
. Facility Information	Calif to make sure that they will	нассерги.
	onstruct a new on-site sewage dispepair or replace an existing on-site epair or replace an existing system	sewage disposal system
Location of Facility:		
147 Bay Road		
Address or Lot #		
Amherst	MA	01002
City/Town	State	Zip Code
Owner Information	,	
Dulcineia M. Dos Santos and Amaro R. Fe		
Name		
same	•	
Address (if different from above)		
	<u></u>	01002
City/Town	State	Zip Code
	(413) 253-9834 Telephone Number	<u> </u>
	releptione Number	
Installer Information		
Name	Name of Company	
Address		
City/Town	State	Zip Code
	Telephone Number	
Designer Information		
•	A sets and Employees	ntal Comissa
Paul M. Styspeck, PE / Robert Stover	Amherst Environme	ntai Services

MΑ

State

(413) 256-3400

Telephone Number

PAUL M. STYSPECK

CIVIL

t5form1a.doc• 06/03

Address Amherst

City/Town

Application for Disposal System Construction Permit • Page 1 of 3

01004-3312

Zip Code

1	



## Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit

Number	 -
\$	
Fee	

. Facility Information	on (continued)		
Type of Building:			
□ Dwelling		☐ Garbage Grind	ler (check if present)
Other: Type of Building			Number of Persons Served
Showers	Number of showers	- Cafeteria	☐ Other fixtures
Specify other fixtures:			
Design Flow:		330.00 Gallons per Day	
Calculated Daily Flow:		505.77 Gallons	
Plan:		7/27/11 Date of Original	
one Number of Sheets "Plan of Septic System Re Title of Plan	epair"	Revision Date	
Description of Soil: attached			
Nature of Repairs or Alter replace failed soil absorpt 24 (12 per trench) Infiltrate	ion system with new di		eaxh trenches consisting of

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## Commonwealth of Massachusetts City/Town of Amherst Application for Disposal System Construction Permit

Number		 
\$		

3.	Agreement	
	The undersigned agrees to ensure the constru- sewage disposal system in accordance with the not to place the system in operation until a Cer of Health.	ction and maintenance of the aforedescribed on-site e provisions of Title 5 of the Environmental Code and tificate of Compliance has been issued by this Board
	William do Saus	
	Application Approved By:	
	Name	Date
	Application <b>Disapproved</b> for the following reas	sons:

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## Commonwealth of Massachusetts City/Town of Amherst Disposal System Construction Permit Form 2A

Number	

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:		
Amaro R. Ferreira and Dulcineia M. Dos S	Santos	
Name	Name of Company	
147 Bay Road	realing of Company	
Address	<del></del>	
Amherst	MA	01002
City/Town	State	Zip Code
to perform the following work on an on-sit	e sewage disposal system:	
Construction		
Repair or replacement		
Repair or replacement of system com	nonents	
Z Tropair of replacement of system con-	iponento	
same		
Facility Address		
City/Town	State	Zip Code
	(440) 050 0004	
	(413) 203-9034	
Owner	(413) 253-9834 Telephone Number	
Owner  The work to be performed is further descr Permit. The applicant recognizes his/her or special conditions:	Telephone Number	
The work to be performed is further describer of the performed in the second se	Telephone Number	
The work to be performed is further describer of the performed in the second se	Telephone Number	
The work to be performed is further describer of the performed in the second se	Telephone Number	
The work to be performed is further describer of the performed in the second se	Telephone Number	
The work to be performed is further describer of the performed in the second se	Telephone Number	
The work to be performed is further descr Permit. The applicant recognizes his/her or or special conditions:	Telephone Number ribed in the Application for Disp duty to comply with Title 5 and	the following local provis
The work to be performed is further describer of the performed in the second se	Telephone Number ribed in the Application for Disp duty to comply with Title 5 and	the following local provis

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





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## Commonwealth of Massachusetts City/Town of Amherst Certificate of Compliance

Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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





This is to Certify that the following work on a	in On-Site Sewage Dis	posal System
<ul><li>☐ Construction of a new system</li><li>☐ Repair or replacement of an existing system</li><li>☐ Repair or replacement of an existing system</li></ul>		
Has been done in accordance with Title 5 and	I the Disposal System	Construction Permit (DSCP):
DSCP Number	DSCP Date	
Amaro R. Ferreira and Dulcineia M. Dos Sant	os	
Facility Owner		
147 Bay Road Street Address or Lot #		
Amherst	MA	01002
City/Town	State	Zip Code
Designer Information:		·
Paul M. Styspeck, PE / Robert Stover	Amberst Enviro	nomental Services
Name	Amherst Environmental Services  Name of Company	
Signature	Date	
Installer Information:		
Name	Name of Company	,
Signature	Date	
Use of this system is conditioned on complian	nce with the provisions	set forth below:
The issuance of this certificate shall not be codesigned.  Approving Authority	enstrued as a guarante	e that the system will function as
Signature	Date	

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#### On-Site Review

	Location Land Us	i (identify of the Stone on;	NONE	20' OF		M. ODLE CF ( Slope (%) 0-	37.
	Landfor				ug lake	WHOTE PIN	
	Distance	on Landsca es from: Open Wate Possible W	r Body <u>NA</u> et Ares <u>NA</u> ater Well <u>NA</u>	n back) feet feet	Drai: Prop	nageway NA perty Line 35-4	feet feet
η <sup>1,33</sup>	depth from surface (inches) 0-8n 8-79 19-87 110n	B C, C2 BOTTOM	DEEP OBSE  SOIL TEXTURE (USDA)  FINE SONDY LOAM  SOND  CLAYEUY  SOLO  SELESOND  VELY FINE SANDY LOAM	Soil color (Munsel)  10 YR 5/1  10 YR 5/1  10 YR 5/1  10 YR 5/1  10 YR 5/1  10 YR 5/1  10 YR 5/1  10 YR 5/1	soit motiling	other (structure, stone Consistency, %  57RATIFIESANOS+ 1576 ANOS+ 1576 ANOS	GCAVEL GCENTEL
	Depth to Depth to	Bedrock		ole /0(	y or (8/9	(n)	

#### On-Site Review

Vegetation	on:	site plan) 3		J <b>O 5E A</b>	EAR CORNER ope (%)	
Landforn	1: ESCOPE	reced		ike bed	·	
		· 				
Position Distance	_	pe (sketch o	п раск)			_
		Body	feet	Draina	gewayf	eet
F	ossible We	t Ares	feet	Proper	ty Line <u>35-40</u> f	eet
Į	Orinking Wa	ter Well	feet	Other	·	<u> </u>
		<del></del>				1
4 - 45 - 5				HOLE LOG		<del></del> }
depth from surface (inches)	soil horizon	SOII TEXTURE (USDA)	soil color (Munsel)	soii mottiing	other (structure, stones, bot Consistency, % grave)	
0-5	A	:	SAME			
5-14	B		SAME COLONS WRE	ς		
1-110	C,	-ESTHATE				
94" 96"	**		EPAGE			
1104	. }	B	OTTOM			
	laterial (geo Bedrock		DUTION	54		
Depth to	Groundwat		ole /0	3 "		

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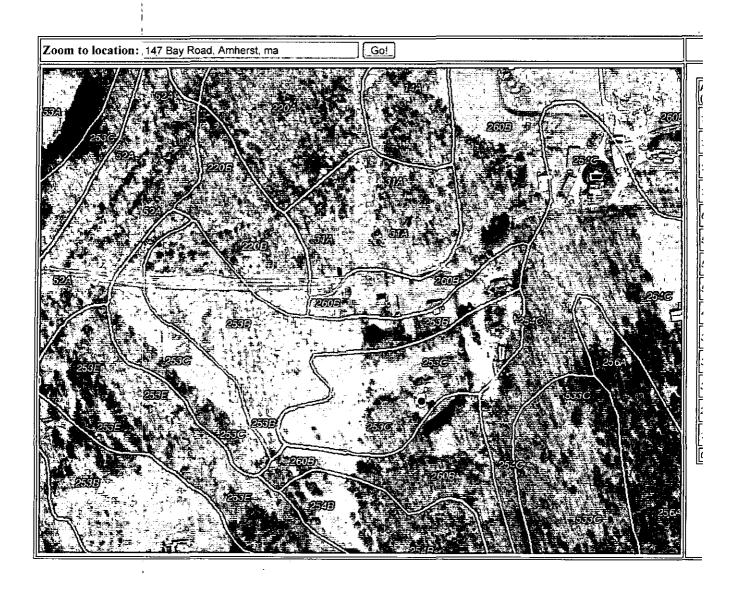
FORM 11: Soil Evaluation Form NO:	
Commonwealth of Massachusetts Town of	~
Soil Suitability Assessment : On-Site Sewage Disposal	<u>Determination: Seasona</u>
Performed By: ISOB STOVER Date:	Methods Used:
Location Address of:  Lot #  Address of:  Telephone:	☐ Depth observed standing in
New Construction □ Repair □	Index Well No Reading Date Adjustment factor Adjusted groun
Office Review  Published Soil Survey Available? No  Yes  Year Published Publication Scale 1:1540 Soil Map Unit 2535  Drainage Class	Depth of Naturally Occurring Previous  Does at least four feed of naturally
Surficial Geologic Report Available? No D Yes D Year Published Publication Scale Geologic Material (map unit)	If not, what is the depth of natural
Landform	Certification
Flood Insurance Rate Map:  Above 500 year flood boundary? No    Within 500 year flood boundary? No    Within 100 year flood boundary? No    Yes    Yes    Yes    Yes	I certify that on evaluator examination approved by the Protection and that the above analysis was the required training, expertise, and example 15.017.
Wetland Area:  National Wetland Inventory Map (map unit)  Wetlands Conservancy Program Map (map unit)	Signature Date
Current Water Resource Conditions (usgs): month	
Other Reference Reviewed:	

### ıl High Water Table

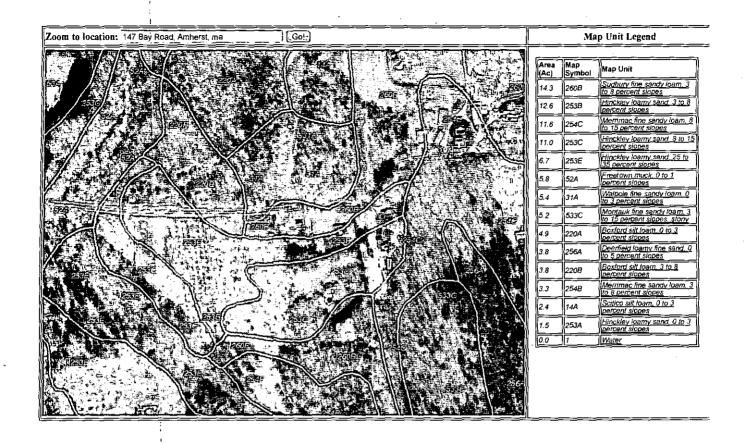
Methods Used:
☐ Depth observed standing in observation hole inches ☐ Depth weeping from side of observation hole inches ☐ Depth to soil mottles inches ☐ Ground water adjustment feet
Index Well No Reading Date Index Well Level Adjustment factor Adjusted ground water level
Depth of Naturally Occurring Previous Material
Does at least four feed of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system?
If not, what is the depth of naturally occurring previous material?
Certification
I certify that on (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.
Signature

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	Commonwealth of Mass Town of	acnuseπs
·	42	
	PERCOLATION TEST	T-18.4C°.
Observation Hole #	TE: 7/13/2011	TIME:
	·	
Depth of Perc	324 494 (bottom	thole)
Start Pre-soak	10:32 10:39	Word Soak
End Pre-soak	10:39	25 945
Time at 12"		FOUNCY
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch	< 2 mm/in	
*Minimum of one pand reserve area:	ercolation test must be perf	ormed in both the primary o
Site Passed 🗹	Site failed □	
	OB STOVEL	
Witnessed by	B SHIM AW	HEEST BOH

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page.

#### **Commonwealth of Massachusetts**

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

147 BAY ROAD				
Property Address				
DOS SANTOS				
Owner's Name				
AMHERST	MASS	01002	JUNE 29, 2011	
City/Town	State	Zin 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





. General Info	ormation		
Inspector:			
NATHAN TORRE	:TTI		
Name of Inspector			
CLEAN SEPTICS	5		
Company Name			
P O BOX 394	252 WEST ST		
Company Address			
LUDLOW		MASS	01056
City/Town		State	Zip Code
413 583 2138		S I 4025	
Telephone Number		License Number	

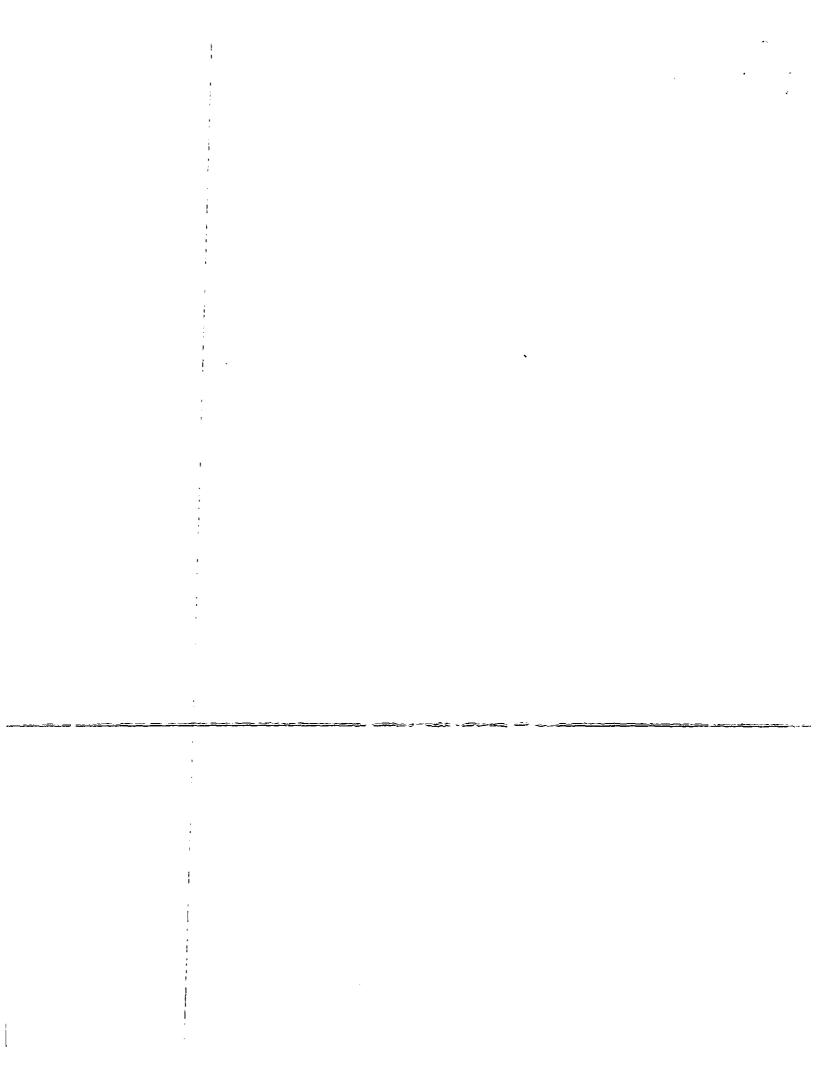
#### **B.** Certification

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:

Needs Further Evaluation	Conditionally Passes on by the Local Approving Authority	
Nathan To	rretti JUNE 29,	2011
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.

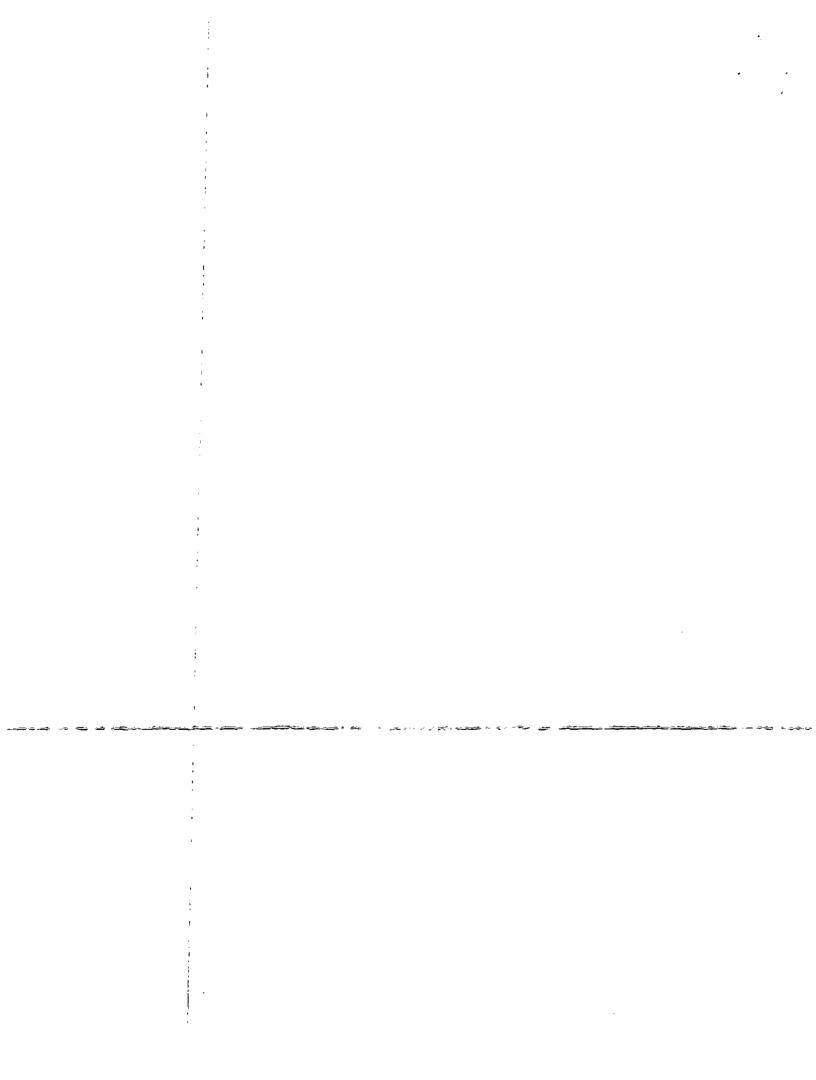
<sup>\*\*\*\*</sup>This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.





#### **Commonwealth of Massachusetts**

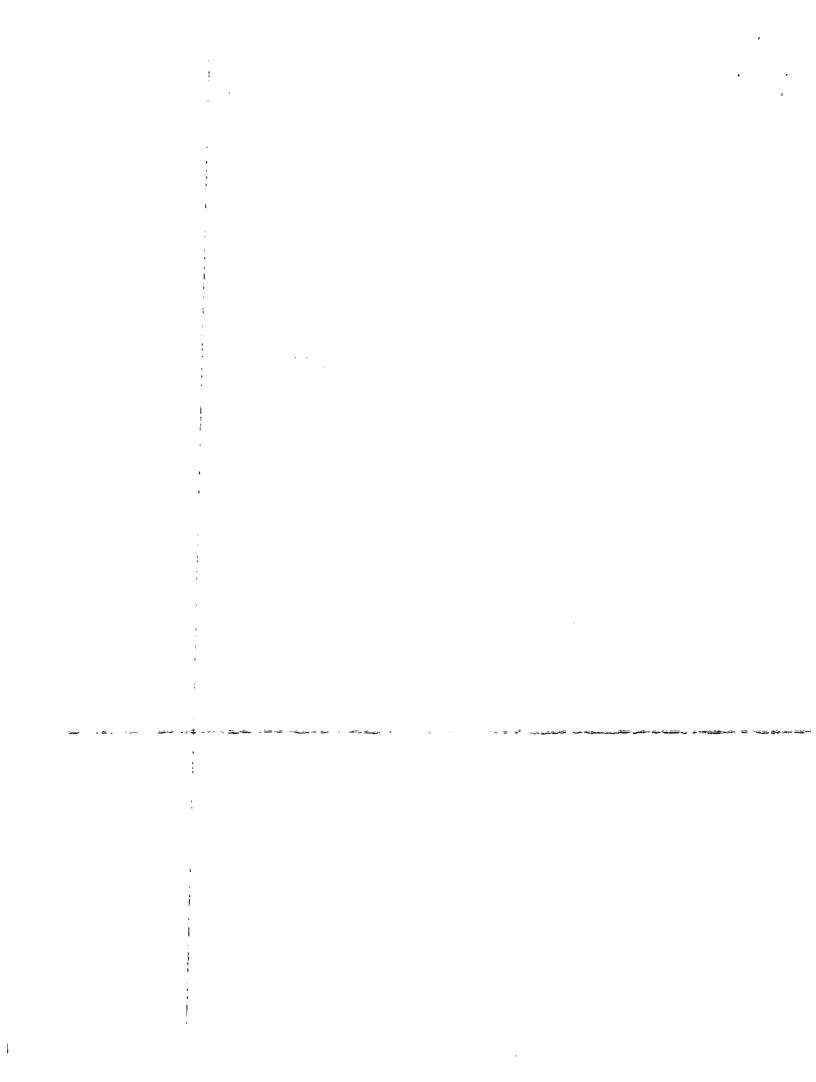
	BAY ROA								
-	perty Address S SANTO								
	ner's Name								
	HERST			MASS	01002	JUNE 29, 2011			
_	/Town			State	Zip Code	Date of Inspection			
В.	Certific	cation (co	ont.)						
	Inspection	n Summary: (	Check A,B,C,D or E	/ <b>always</b> o	omplete all of	Section D			
A)	System F	System Passes:							
	in 310	e not found ar 0 CMR 15.300 ited below.	ny information which 3 or in 310 CMR 15.3	indicates t 304 exist. A	hat any of the Any failure crit	failure criteria described eria not evaluated are			
	Comment	s:							
					<u> </u>				
B)	System C	Conditionally	Passes:						
	replac		d. The system, upon			nal Pass" section need to be cement or repair, as approved by			
		box for "yes' d," please ex		ined" (Y, N	, ND) for the	following statements. If "not			
	unsound,	exhibits subs	tantial infiltration or e	exfiltration	or tank failure	whether metal or not) is structurally is imminent. System will pass ak as approved by the Board of			
			ill pass inspection if i that the tank is less t			ot leaking and if a Certificate of able.			
	□ Y	□N	☐ ND (Explain	n below):					
		<del></del>	<del></del>						





#### **Commonwealth of Massachusetts**

	AY ROA Address	D				
	ANTOS					
Owner's			<del></del>		·	
<u>AMHEI</u>	RST		MASS	010	002	JUNE 29, 2011
City/Tow	/n		State	Zip	Code	Date of Inspection
B. C	ertific	ation (cont.)				,
B)	Syster	m Conditionally Passes (cont.):				
	to brok	vation of sewage backup or breaken or obstructed pipe(s) or due to spection if (with approval of Boar	o a broker	n, settl	tic water led or un	r level in the distribution box due neven distribution box. System will
		broken pipe(s) are replaced		□ Y	□ N	☐ ND (Explain below):
		obstruction is removed	1	☐ Y	□ N	ND (Explain below):
		distribution box is leveled or rep	olaced	Y	□N	☐ ND (Explain below):
		stem required pumping more that will pass inspection if (with appro broken pipe(s) are replaced				broken or obstructed pipe(s). The alth):  ☐ ND (Explain below):
<u> </u>		obstruction is removed	]	☐ Y 	□ N	☐ ND (Explain below):
c)	Conditi the sys 1. Sys 15.303	r Evaluation is Required by the ons exist which require further extem is failing to protect public heatem will pass unless Board of [1](b) that the system is not fur and the environment:	/aluation b alth, safet Health de	y the y or th termi	Board o e enviro nes in a	nment.
		Cesspool or privy is within 50 fe	et of a su	face v	water	
		Cesspool or privy is within 50 fe	et of a bo	rdering	g vegeta	ated wetland or a salt marsh





#### **Commonwealth of Massachusetts**

### Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	BAY RO					
	erty Address					
	S SANTO	<u>s</u>				
	er's Name					
	HERST			MASS	01002	JUNE 29, 2011
<u> </u>	/Town			State	Zip Code	Date of Inspection
Б.	Certific 2. Sy	/stem wi	Il fail unless the Board	d of Health (	and Public V	Vater Supplier, if any) protects the public health,
	safet	y and en	vironment:	noming in a	manner mat	protects the public health,
	☐ suppl ☐	eet of a so The sy y. The sy	urface water supply or t rstem has a septic tank	tributary to a and SAS an	surface wate d the SAS is	m (SAS) and the SAS is within r supply. within a Zone 1 of a public water within 50 feet of a private water
	☐ The s	from a pr	is a septic tank and SA rivate water supply well o determine distance:	S and the SA	AS is less than	n 100 feet but 50 feet or
	coliform b	acteria in than 5 pp	idicates absent and the om, provided that no oth	presence of	ammonia nitr	P certified laboratory, for fecal rogen and nitrate nitrogen is equal ered. A copy of the analysis must
D)	System F	ailure C	riteria Applicable to A	II Systems:		
	You <u>mus</u>	t indicate	e "Yes" or "No" to eac	ch of the fol	lowing for <u>all</u>	inspections:
	Yes	No				
	$\boxtimes$		clogged SAS or ces	spool		ponent due to overloaded or
		$\boxtimes$	due to an overloade	d or clogged	SAS or cess	
	$\boxtimes$		or clogged SAS or c	esspool		outlet invert due to an overloaded
		$\boxtimes$	Liquid depth in cess than ½ day flow	pool is less t	han 6" below	invert or available volume is less

D)

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#### **Commonwealth of Massachusetts**

147 BAY ROAD

E)

regional office of the Department.

### Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Pro	perty Address					
DC	S SANTOS					
Ow	ner's Name		<del></del>			
ΑM	HERST_			MASS	01002	JUNE 29, 2011_
City	/Town			State	Zip Code	Date of Inspection
В.	Certific	ation (	cont.)			
	Yes	No				
		$\boxtimes$	Required pumping mobstructed pipe(s). N	ore than 4 t umber of tir	times in the la mes pumped:	st year <i>NOT</i> due to clogged or
		$\boxtimes$	Any portion of the SA	S, cesspoo	ol or privy is be	elow high ground water elevation.
		$\boxtimes$	Any portion of cesspo tributary to a surface			eet of a surface water supply or
		$\boxtimes$	Any portion of a cess	pool or priv	y is within a Z	one 1 of a public well.
		$\boxtimes$	Any portion of a cess	pool or priv	y is within 50	feet of a private water supply well.
			from a private water s system passes if the laboratory, for fecal of ammonia nitroger	supply well well wate coliform b n and nitra	with no accepter analysis, poacteria indicate nitrogen is criteria are tr	100 feet but greater than 50 feet stable water quality analysis. [This erformed at a DEP certified ates absent and the presence is equal to or less than 5 ppm, iggered. A copy of the analysis this form.]
		$\boxtimes$	The system is a cess 10,000gpd.	pool servin	g a facility wit	h a design flow of 2000gpd-
			criteria exist as descr	ibed in 310 contact the	CMR 15.303	or more of the above failure , therefore the system fails. The alth to determine what will be
E)			be considered a larg 00 gpd to 15,000 gpd.		the system n	nust serve a facility with a
	For large s questions i			"yes" or "n	o" to each of	the following, in addition to the
	Yes	No				
			the system is within 4	00 feet of a	a surface drink	king water supply
			the system is within 2	00 feet of a	a tributary to a	surface drinking water supply
			the system is located Area – IWPA) or a ma			rea (Interim Wellhead Protection water supply well
						is considered a significant threat, he 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

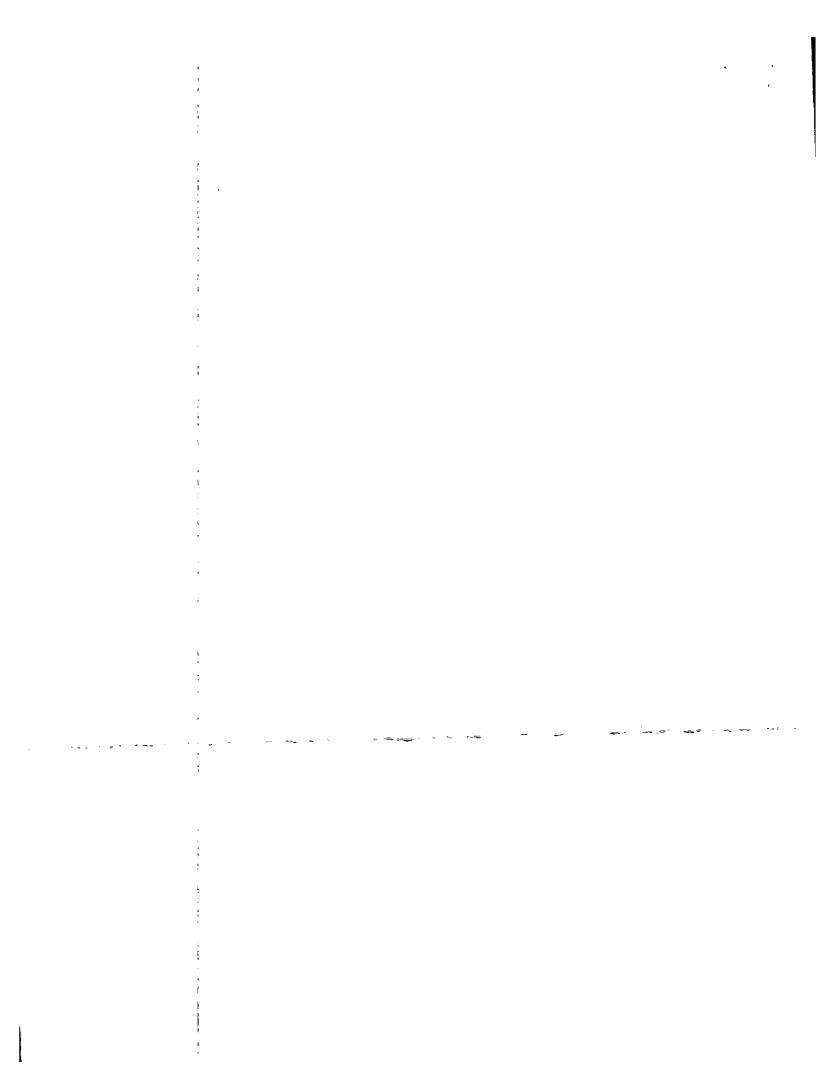
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#### Commonwealth of Massachusetts

147 BAY ROAD

Prop	erty Addres	is						
DOS	SANTO	S						
Own	er's Name							
<u>AMI</u>	HERST			MAS	<u>s</u>	01002	JUNE 29, 201	1
City/	Town			State	_	Zip Code	Date of Inspection	
_	Check Check if		ving have been do	ne. You <b>must</b>	indic	cate "yes" or "	no" as to each of th	ne following:
	Yes	No						
	$\boxtimes$		Pumping inform	nation was pro	vide	d by the owne	er, occupant, or Boa	ard of Health
		$\boxtimes$	Were any of the	e system comp	one	nts pumped o	out in the previous t	wo weeks?
	$\boxtimes$		-			_	evious two week pe	
		$\boxtimes$	this inspection?	•			o the system recent	
		$\boxtimes$	Were as built pl available note a		tem	obtained and	examined? (If they	were not
	$\boxtimes$		Was the facility	or dwelling ins	spec	ted for signs o	of sewage back up?	? .
	$\boxtimes$		Was the site ins	spected for sig	ns o	f break out?		
	$\boxtimes$		Were all systen	n components,	exc	luding the SA	S, located on site?	
			inspected for th	e condition of	the t	paffles or tees	ned, and the interions, material of construiction of scum?	
	$\boxtimes$		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:					
		$\boxtimes$	_				Board of Health.	
	$\boxtimes$						ria related to Part ( ) CMR 15.302(5)]	) is at issue
			rmation					
	Residen	tial Flow	Conditions:	3				3
	Number	of bedroo	oms (design):	3	Ν	lumber of bed	Irooms (actual):	330
	DESIGN	flow base	ed on 310 CMR 1	5.203 (for exar	nple	: 110 gpd x#	of bedrooms):	<u> </u>



#### Commonwealth of Massachusetts

147 BAY ROAD						
Property Address						
DOS SANTOS Owner's Name						
AMHERST	MACC	04000	U.N.E. 00	0044		
City/Town	MASS State	01002 Zip Code	JUNE 29 Date of Insp			
<del></del>	- Grate	Zip Code	Date of map	ection		
D. System Information						
Description:						
Number of current residents:					2	
Does residence have a garbage grinder	?				Yes 🏻	No
Is laundry on a separate sewage system	n? [if <b>yes</b> sepa	rate inspectio	n required]		Yes 🛚	No
Laundry system inspected?					Yes 🛚	No
Seasonal use?					Yes ⊠ NN WA1	
Water meter readings, if available (last 2 Detail:	? years usage	(gpd)):				
Sump pump?					Yes □ ESENT	No
Last date of occupancy:				Date		
Commercial/Industrial Flow Condition	18:					
Type of Establishment:						
Design flow (based on 310 CMR 15.203	):	Gallons	per day (gpd)			<u> </u>
Basis of design flow (seats/persons/sq.ff	t., etc.):			<del>_</del> _		· ·
Grease trap present?					Yes 🗌	No
Industrial waste holding tank present?					Yes 🗌	No
Non-sanitary waste discharged to the Ti	tle 5 system?				Yes 🗌	No
Water meter readings, if available:						

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#### **Commonwealth of Massachusetts**

147 BAY ROAD							
Property Address							
DOS SANTOS Owner's Name	<del></del>						
AMHERST		MASS	01002	JUNE 29, 2011			
City/Town		State	Zip Code	Date of Inspection			
D. System	Information (cont.)						
Last date of	occupancy/use:		Date				
Other (desc	Other (describe below):						
	Gener	al Inform	nation				
Pumping Re	ecords:						
Source of inf	ormation:	PUMF	PUMPED 6 / 13 / 2008 BY CLEAN SEPTICS				
Was system	pumped as part of the inspectio	n?		☐ Yes ⊠ No			
If yes, volum	e pumped:	gallons					
How was qua	antity pumped determined?						
Reason for p	oumping:						
Type of Sys	tem:						
$\boxtimes$	Septic tank, distribution box,	soil abso	orption system	r			
	Single cesspool			•			
	Overflow cesspool						
	Privy						
	Shared system (yes or no) (i	if yes, att	ach previous i	nspection records, if any)			
	Innovative/Alternative technomaintenance contract (to be inspection of the I/A system	obtained	from system	owner) and a copy of latest			
	Tight tank. Attach a copy of	the DEP	approval.				
	Other (describe):						

t ; 1 



#### Commonwealth of Massachusetts

147 BAY ROAD					
Property Address					
DOS SANTOS Owner's Name					·
AMHERST		MASS	01002	JUNE 2	9, 2011
City/Town		State	Zip Code	Date of Ins	
•	ormation (cont. e of all components, c LY N /A		known) and so	ource of infor	mation:
Were sewage or	dors detected when a	rriving at the site	?	[	☐ Yes ⊠ No
<b>Building Sewer</b>	(locate on site plan):				
Depth below gra	de:		fee	et	
Material of const	truction:				
⊠ cast iron	40 PVC	other (ex	kplain): —		
Distance from pr	rivate water supply we	ell or suction line	: To	OWN WATEI	₹
•	condition of joints, ven	•	f leakage, etc	.):	
Septic Tank (loc	cate on site plan):				
Depth below gra	de:		1' fee	et	
Material of const	truction:				
⊠ concrete	☐ metal	☐ fiberglas	s  po	lyethylene	other (explain)
If tank is metal, I	ist age:		ye	ars	
le age confirmed	by a Certificate of Co	omnliance? (atta			☐ Yes ☐ No
Dimensions:	i by a Germicale of G	omphance: (alle		_ 10' 5' X W !	
Sludge depth:			_		

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#### **Commonwealth of Massachusetts**

147 BAY ROAD					
Property Address					
DOS SANTOS	<del></del>				
Owner's Name					
AMHERST		MASS	01002	JUNE 2	
City/Town		State	Zip Code	Date of Ins	spection
D. System Info		t.)			
Distance from to	p of sludge to botto	m of outlet tee or	baffle -		
Scum thickness			-		
Distance from to	p of scum to top of	outlet tee or baffle	· -		
Distance from bo	ottom of scum to bot	ttom of outlet tee	or baffle -		,
How were dimen	sions determined?		-		
liquid levels as re PUMP SEPTIC	elated to outlet inver	t, evidence of lea - THREE YEARS	kage, etc.): , INLET AND	OUTLET BA	n, structural integrity, FFLE OK. TANK IS GE
			<del></del>		,
				•	
Grease Trap (lo	cate on site plan):				
, , , , , , , , , , , , , , , , , , ,					
Depth below grad	de:		- 1	eet	
			·		
Material of const	ruction:				
☐ concrete	☐ metal	☐ fiberglas	ss 🗆 p	olyethylene	other (explain)
Dimensions:			_		
Scum thickness			-		
	n of soum to ton of :	outlet too or boffle	_		
	p of scum to top of o				
	ottom of scum to bot	tom of outlet tee o	ог ратіе —		
Date of last pum	ping:		Ī	Date	

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#### **Commonwealth of Massachusetts**

BAY ROAD		<u></u>				
erty Address						
S SANTOS	<del></del>					
ier's Name		14400	04000	11.15	IE 00 0044	
IHERST /Town		MASS State	01002 Zip Code		E 29, 2011	
<del></del>			Zip Cou	e Date	of Inspection	
Comments (on p	Ormation (cont umping recommend elated to outlet inver S STRUCTURALLY	lations, inlet and o			dition, structu	ıral integr
Depth below grad	<b>g Tank</b> (tank must b de:	e pumped at time	or inspe	ction) (locate	on site plan):	
Material of const	ruction:					
☐ concrete	☐ metal	☐ fiberglas	S	polyethyle	ene 🗌 oth	er (expla
Dimensions:		_	_			
Capacity:		g	allons			
Design Flow:		9	allons per	day		<u> </u>
Alarm present:		[	Yes	☐ No		
Alarm level:	<del></del>		Jarm in w	orking order:	☐ Yes	□ N
Date of last pum	ping:	Ī	ate			· · · · · · · · · · · · · · · · · · ·
Comments (cond	lition of alarm and fl	oat switches, etc.	<b>)</b> :			
			_			
					<del></del>	····
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#### **Commonwealth of Massachusetts**

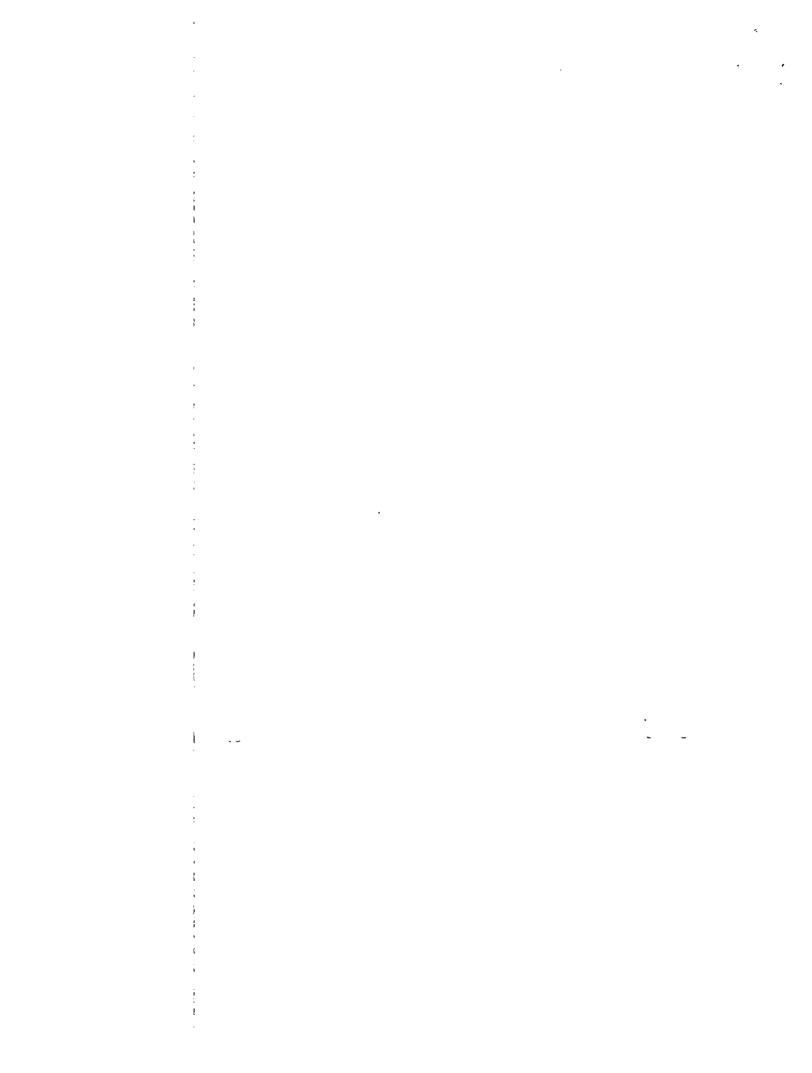
47 BAY ROAD			
roperty Address			
OS SANTOS			
wner's Name		-	
MHERST	<u>MASS</u>	01002	JUNE 29, 2011
ity/Town	State	Zip Code	Date of Inspection
). System Information (cont.)			
Distribution Box (if present must be open	ed) (locate	on site plan);	
Depth of liquid level above outlet invert		2", D -BOX IS	S APPROXIMATELY 1'2" DEE
Comments (note if box is level and distribu evidence of leakage into or out of box, etc. S.A. S. IS FLOODED	tion to outle ):	ets equal, any	evidence of solids carryover, any
Pump Chamber (locate on site plan):  Pumps in working order:			☐ Yes ☐ No
Alarms in working order:			☐ Yes ☐ No
Comments (note condition of pump chamb	er, conditio	n of pumps an	
	<del>.</del>	·	
Soil Absorption System (SAS) (locate on	site plan, e	excavation not	required):
If SAS not located, explain why:			
		<del></del>	
	<del></del>		





### **Commonwealth of Massachusetts**

roperty Address	<u> </u>					
OS SANTOS						
wner's Name						
MHERST ty/Town		MASS	01002 Zip Code	JUNE 29	JUNE 29, 2011	
		State		Date of Inspection		
. System	Information (cont.)					
Туре:						
	leaching pits		number:			
	leaching chambers	•	number:			
	leaching galleries		number:			
$\boxtimes$	leaching trenches		number, length:		2, 30' TO 35" LENGTHS OFF D -BOX	
	leaching fields		number, dimensions:			
	overflow cesspool		number:			
	innovative/alternative sys	tem				
	Type/name of technology	r: ———				
-	(cesspool must be pumped a configuration	as part of insp	ection) (locate	on site plan)	:	
	of liquid to inlet invert					
Depth of sol	-					
Depth of scu					<del></del>	
Dimensions	of cesspool					
Materials of	construction					
Indication of	groundwater inflow			☐ Yes	☐ No	





Owner information is required for every page.

#### **Commonwealth of Massachusetts**

### Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

BAY ROAD			
perty Address			
S SANTOS			
ner's Name			
HERST	MASS_	01002	JUNE 29, 2011
/Town	State	Zip Code	Date of Inspection
System Information (cont.)			
Comments (note condition of soil, signs etc.):	s of hydraulic fa	ailure, level of	ponding, condition of vegetation
		<u> </u>	
Privy (locate on site plan):  Materials of construction:			
Waterials of construction.			
Dimensions			
Depth of solids			
Comments (note condition of soil, signs etc.):	s of hydraulic fa	ailure, level of	ponding, condition of vegetation,

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Owner information is required for every page.

#### **Commonwealth of Massachusetts**

### **Title 5 Official Inspection Form**

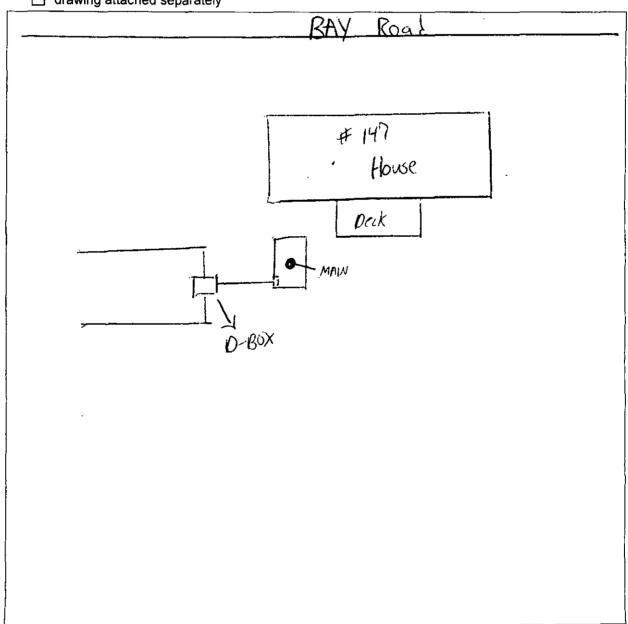
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

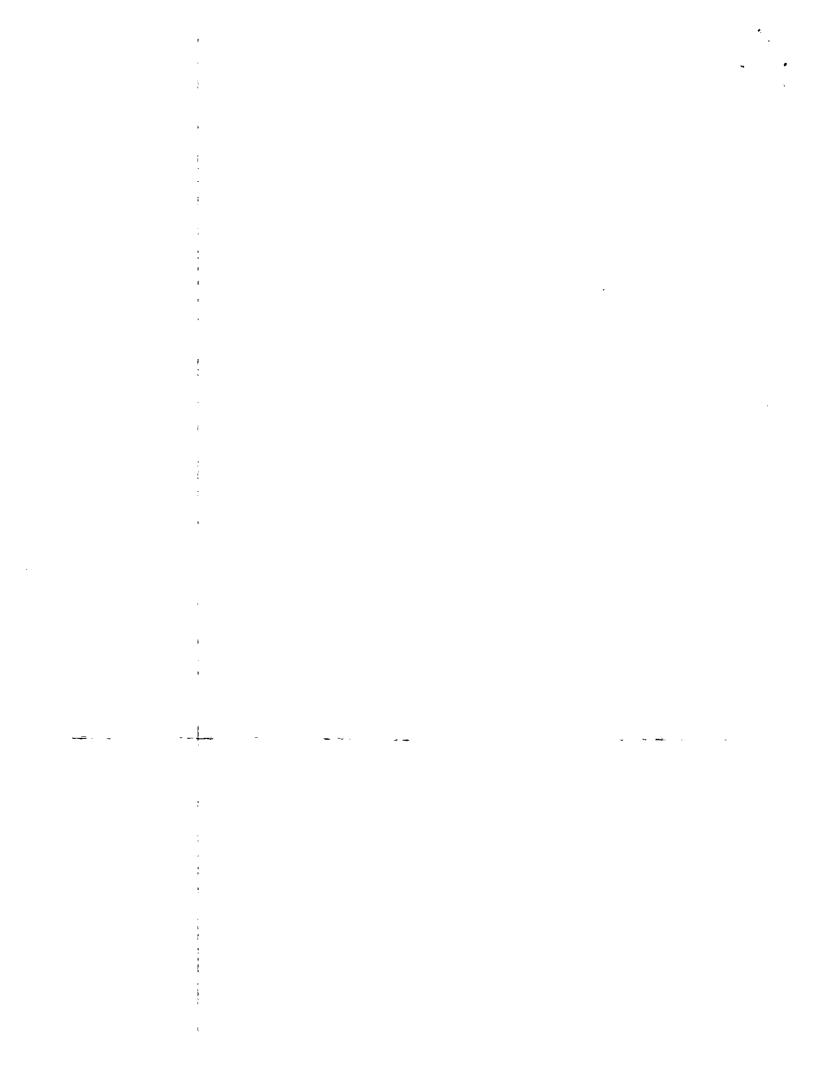
147 BAY ROAD			
Property Address			
DOS SANTOS			
Owner's Name			
AMHERST	MASS	01002	JUNE 29, 2011
City/Town	State	Zip Code	Date of Inspection

#### 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







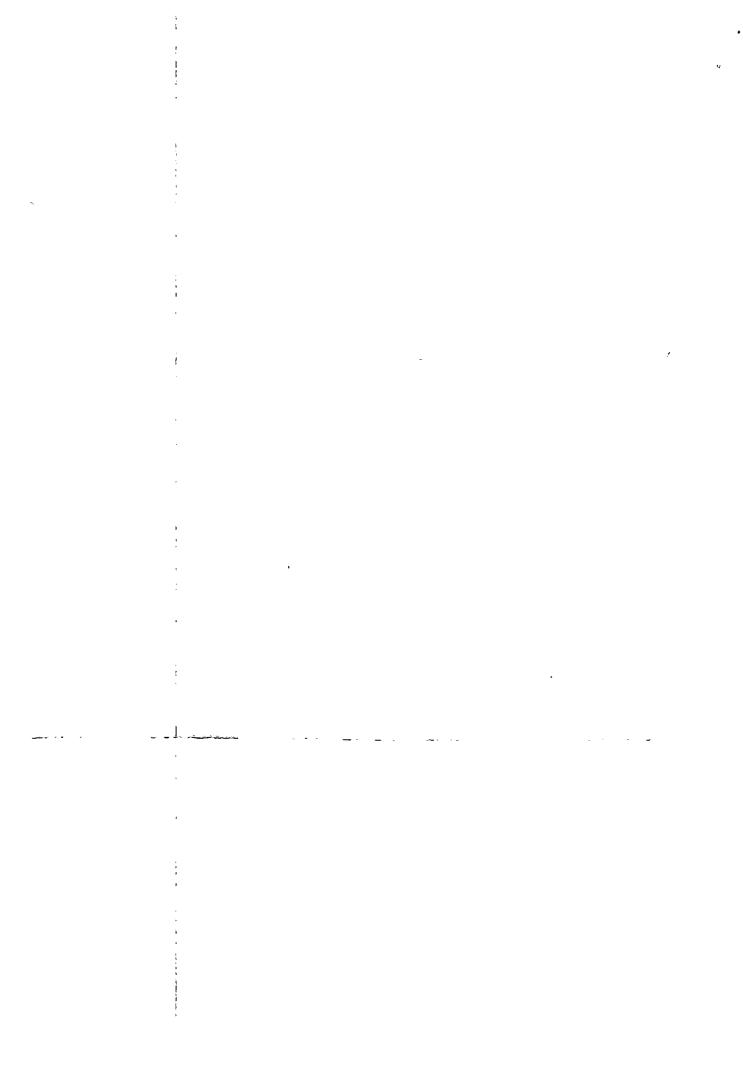
Owner information is required for every page.

#### Commonwealth of Massachusetts

### Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

147 BAY ROPERTY Address	<del></del>			
DOS SANT				
Owner's Name		<del></del>	<u></u>	
AMHERST City/Town		MASS State	01002 Zip Code	JUNE 29, 2011
<del></del>	em Information (cont.)	State	Zip Code	Date of Inspection
Di Oyou	om imormation (cont.)			
Site Ex	am;			
⊠ Che	eck Slope			
☐ Sur	face water			
⊠ Che	eck cellar		· ·	· · · · · · · · · · · · · · · · · · ·
☐ Sha	allow wells			
Estimat	ed depth to high ground water:		feet	
Please	indicate all methods used to deter	mine the hig	h ground wate	er elevation:
	Obtained from system design	n plans on red	cord	
	If checked, date of design pla	n reviewed:	Date	
$\boxtimes$	Observed site (abutting prope	erty/observat	ion hole withir	n 150 feet of SAS)
$\boxtimes$	Checked with local Board of I	Health - expl	ain:	
	INSPECTION WITNESS BY	THE BOARD	OF HEALTH	<u> </u>
	Checked with local excavator	rs, installers -	(attach docu	mentation)
	Accessed USGS database - 6	explain:		
	st describe how you established to			ation:
		<del></del>		

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





Owner information is required for every page.

#### **Commonwealth of Massachusetts**

### Title 5 Official Inspection Form

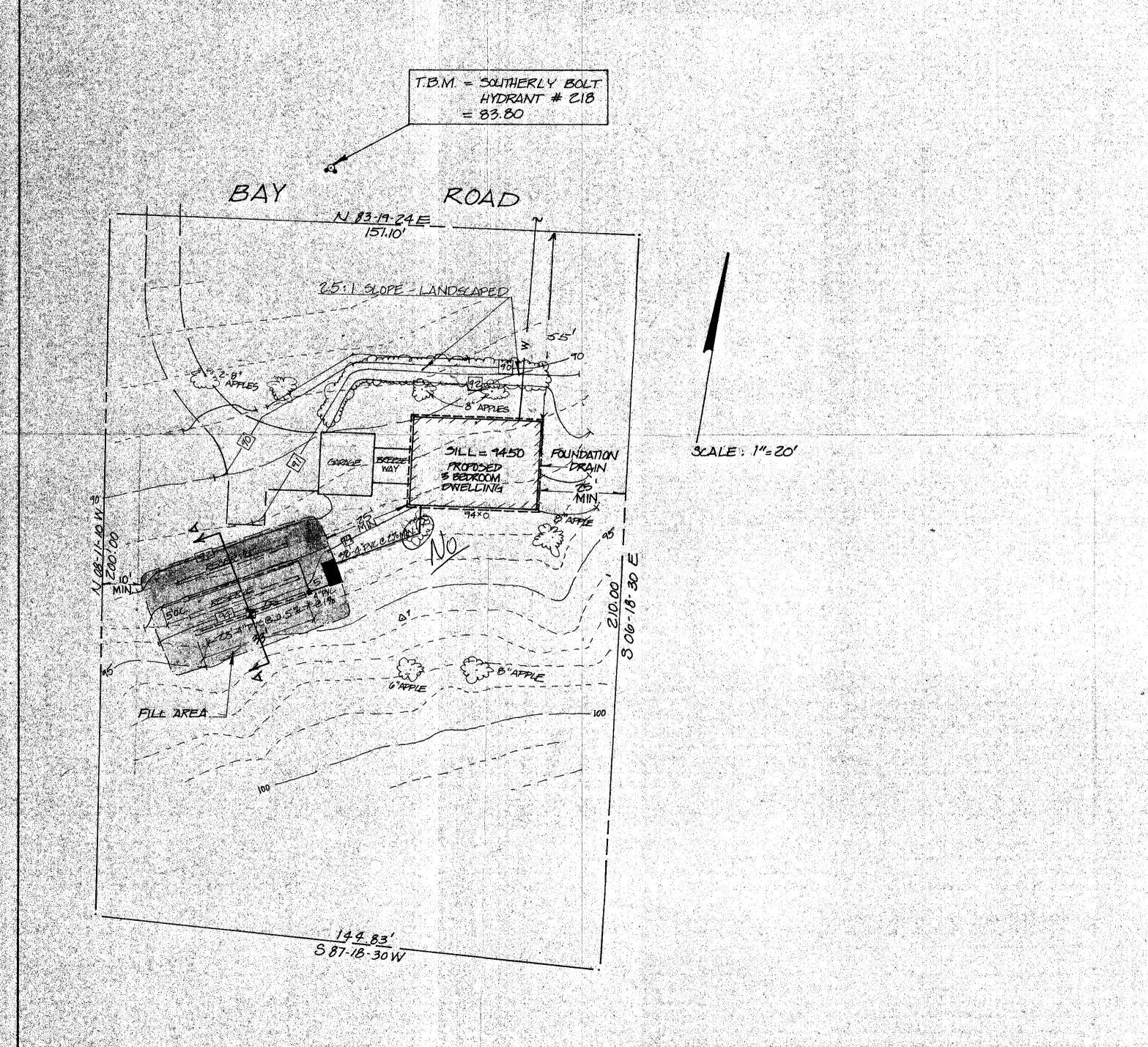
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

147 BAY ROAD				
Property Address				
DOS SANTOS				
Owner's Name				
AMHERST	MASS	01002	JUNE 29, 2011	
City/Town	State	Zip Code	Date of Inspection	

#### E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- System Information Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

. j. . . . . .



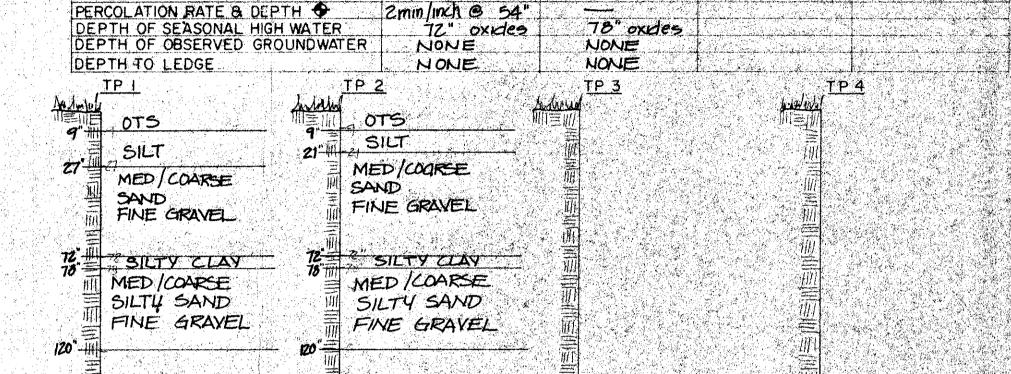
### DESIGN CRITERIA

- LLOCATION OF STREAMS, SURFACE AND SUBSURFACE DRAINS AND WETLANDS GREATER THAN 100 ! SUBSURFACE DRAINS GREATER THAN 251. 2 WATER SUPPLY SOURCE: MUNICIPAL WATER
- 3. SYSTEM IS \_NOT\_ DESIGNED FOR GARBAGE DISPOSAL.
- 4. HOUSE 2 BEDROOMS

L = 66 FT

- 5. DESIGN FLOW: 110 GPD X 3 BEDROOMS = 330 GPD
- 6 DESIGN CALCULATIONS: DESIGN PERC RATE = Z MINI /INCH, SIDEWALL AREA = 25 SF/GAL. 330 GPD = 2.5 SF/GAL X (1'WIDE X L) X 2 SIDES
  - USE 2 TRENCHES AT 33 FT X 1 FT WIDE X 1 FT DEEP
- 7 SEPTIC TANK CAPACITY: 1000 GAL.
- 8 FOUNDATION TO BE \_\_\_ DRAINED
- 9. SOIL TYPE

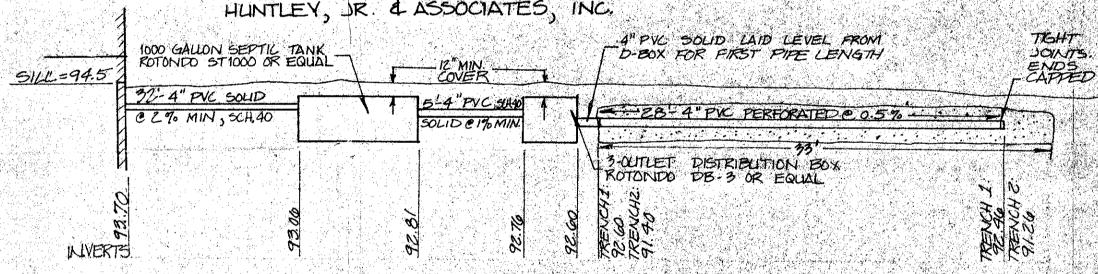
IO. TEST PITS 💆



- TP 3

TP 4

NOTE: SOIL OBSERVATIONS & PERCOLATION TESTS TAKEN 4-23-86 BY ALMER HUNTLEY, JR. 4 ASSOCIATES, INC.



SYSTEM PROFILE NO SCALE REMOVE ALL TREES SHRUBS & STUMPS FROM FILL AREA. "MIN. LOAM E"MIN - 11/8"-1/2" WASHED STONE 34"-11/2" WASHED STONE SOIL REMOVAL: ZA" MIN. OR TO TOP OF SAND & GRAVEL LAYER FILL MATERIAL: CLEAN COARSE

WASHED GRANULAR MATERIAL FREE FROM

CLAY, FINES, DUST, STONES, MASONRY &

ORGANIC MATERIALS & SHALL, HAVE A PERG

RATE OF 5 TO IDMINUTES / INCH BEFORE

AND AFTER PLACEMENT.

SITE LOCATION



GENERAL NOTES

R=RESERVE AREA

- 1. SYSTEM DESIGNED ACCORDING TO: TITLE ▼, MASSACHUSETTS DEGE, CHAPTER 30A.

  CONSTRUCTION TO CONFORM TO SAME.

  2. —IX—INDICATES EXISTING CONTOUR, —LDZ]—INDICATES PROPOSED CONTOUR.

  3. C.T. MALE ASSOCIATES, INC. HAS FURNISHED THIS DESIGN & PLAN BUT HAS NOT BEEN RETAINED TO CONSTRUCT OR SUPERVISE CONSTRUCTION OF THE SYSTEM. THEREFORE, NO GUARANTEE OR WARRANTY, EXPRESS OR IMPLIED, IS MADE TO THE ULTIMATE USER RELATIVE TO ANY SYSTEM INSTALLED PURSUANT TO THE PLAN. CONTRACTOR TO NOTIFY ENGINEER OF ANY SITE CONDITION DIFFERING FROM THOSE INDICATED OR OF FIELD CHANGES MADE.

REVISED HOUSE LOCATION & GRADING

C.T. MALE ASSOCIATES, INC.

Engineers, Surveyors and Planners Gordon E. Ainsworth & Associates, Inc.

SCALE AS NOTED DATE JULY 28, 1986 PROJECT NO. 86-150 RAWN DW CHECKED BY WWS

APPROVED BY WWS

PAUL RACKOWE

BAY ROAD AMHERST, MASSACHUSETTS SHEET TITLE

SUBSURFACE SEWAGE DISPOSAL

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

### BOARD OF HEALTH Town of Amherst

Application for Bisposal Works Construction Permit

System at:	by made for a Permit to Cons		( ) an Individua	al Sewage Disposal
147 Bay	Road (but #1) Location Address ACKOWE JAMES	04 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	or Lot No.	***************************************
TRAC	ACKOWE JAMES  Sowner Man Survey  Mixed	ea ea	Williams BUR	, MA
Type of Ruilding	Instalier		Address Size Lot 3	0/282 Sq. feet
Dwelling — No. of Other — Type of	Building No.	of persons	( ) Ga:	rbage Grinder ( )
Design Flow Septic Tank — Liquid Disposal Trench — No. Seepage Pit No	tures / TVB/Shower  gallons per perso capacity 1000 gallons Length Width 2 F.T.  Diameter Dep  ( ) Dosing tank (	on per day. Total daily Width	Diameter Total leaching a Total leaching a	Depth rea <b>/32</b> sq. ft. <b>&amp;</b> areasq. ft.
Test Pit No. 1	Dosing tank ( ts Performed by ALMEA minutes per inch Depth minutes per inch Depth	of Test Pit	. Depth to ground	water
Description of Soil & Grave ; 6.2 Hing grave Nature of Repairs or A	"OTS 18" SILT.  L Silty of Ay; MEA	3'-9" MEA T OUM TO COA licable	O COARS ES & SILTY	E SAMA JEWA
the provisions of TITLE	( 16X ) 15	— The undersigned fu	orther agrees not to	
Application Disapprove	ed for the following reasons:	***************************************		Date
Permit No		Issue th of massachuse	nd // -20 Date	7.86
	Certificate RTIFY, That the Individual Se	of Compliance ewage Disposal System	ę	or Repaired ( )
at				
application for Disposal THE ISSUANCE	cordance with the provisions of Works Construction Permit No OF THIS CERTIFICATE SHAUTION SATISFACTORY.	0	dated	
DATE		Inspector		
		e eg egan egan e	re de la company	
		TH OF MASSACHUSE	TTS	-1.
No. 86-41	JOWN OF	MHGEST		FEE 90
-	Dispusal Morks	Construction '	Permit	,
to Construct (X) or F	Repair ( ) an Individual Sewa	age Disposal System	<b>5</b>	4-25-86
as shown on the applicat	ion for Disposal Works Constru	action Permit No	Dated	
DATE NOV 20	v1986		Board of Health	

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

#### BOARD OF HEALTH

#### TOWN OF AMHERST, MASSACHUSETTS

10+ 4/ 147 BAYRD

#### Important Information Regarding Your Private Sewage Disposal System

#### DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner PAUL W. RACKOWE Address 34 CLARKST LASTANDER MA.	
Installer Mistocka Inc Address 339 Westmanprov MA	
Date Installation Inspected and Approved 4/6/87	
Description of System: Tank Capacity: 1500 160 \$ Sinces	
Leach Field (X) Bed ( ) Seepage Pit ( ) Square Feet: 160 Borron	
Garbage Grinder Yes ( ) - No ( $\checkmark$ ) No. Bedrooms: $3$ No. People $6$	
As - Built Plan: Property Septic Time to Septic Tim	E-MO

#### 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.
- 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.
- Further information can be obtained by contacting your Health Department at 253-7077

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

### PART A CERTIFICATION (continued)

Property Address: 147 Bay Rd
Owner: Rackowe Date of Inspection: 7/8/02
Inspection Summary: Check A,B,C,D or E / <u>ALWAYS</u> complete all of Section D
A. System Passes:
15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.
Comments: Lee page one
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:



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

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

Date of Inspection: 7/8/02  Name of Inspector: (please print) Robert Stover Company Name: Amherst Civil Engineering Mailing Address: 1.0. box 3312  Amherst, MA 01004-3312  Telephone Number: (413) 25
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:
Passes Conditionally Passes Needs Further Evaluation by the Local Approving Authority Fails
Inspector's Signature: Release W. Store Date: 7/8/02  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 5 years is 15 years old, in gravelly soil and had relatively light use (2 persons). Distribution box has some cracks in sidewalls but is solidly in place and functional and not leaking.  ****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.  I recommend pumping thus tank every two years or once a year if there are more than  Title 5 Inspection Form 6/15/2000 page 1  H occupants in the house. Use Liquid launday detergents
- mar

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

SYSTEM INFORMATION (continued)

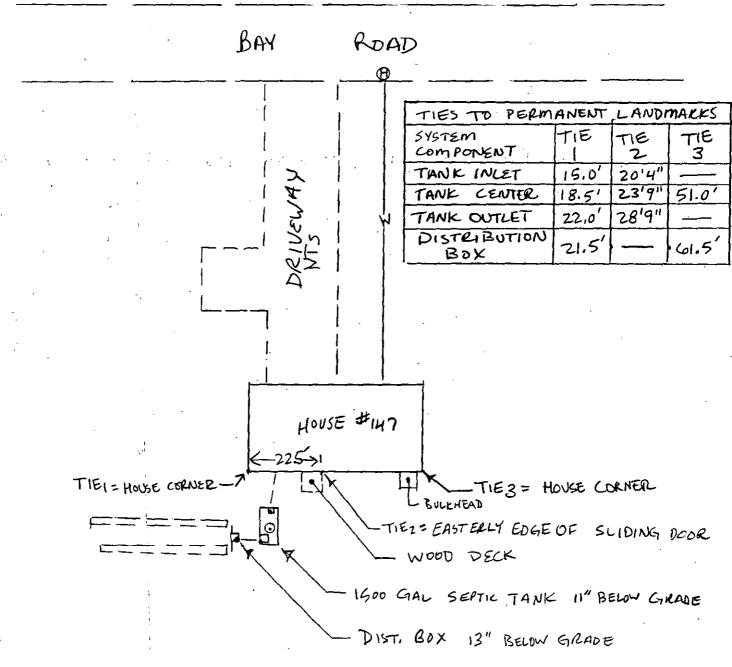
Property Address: H. Bay Rd.
Owner: Racknown
Date of Inspection: 1/8/02
SOIL ABSORPTION SYSTEM (SAS): (locate on site plan, excavation not required)
COLL ADSORT TION STSTEM (SAS). V (locate on she pian, excavation not required)
If SAS not located explain why:
Typeleaching pits, number: leaching chambers, number:
leaching galleries, number:  Verification leaching trenches, number, length:  Verification length:  Verificati
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,
No evidence of hydraulic failure, no ponding observed-no dampson vegetation normal.
CESSPOOLS: NA (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):
PRIVY: HA (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.):
<del></del>

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

Property Address:	147	Bay	Pd	
0	Amb	ers+	-	_
Owner: Kacki	we			
Date of Inspection:	7/	8/03	2	
	- 1	- 1		

#### 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: 147 Bay Rd.
Owner: Lackane
Date of Inspection: 7/8/02
BUILDING SEWER (locate on site plan) 34" below top found. to invert 7'4" from
Depth below grade: 17"  Materials of construction:cast iron
Distance from private water supply well or suction line:
Comments (on condition of joints, venting, evidence of leakage, etc.):
everything appears to be in good condition + no evadence of Reatage
SEPTIC TANK: (locate on site plan) 11" below grade
Depth below grade: 11"
Material of construction:
other(explain)
If tank is metal list age: NA Is age confirmed by a Certificate of Compliance (yes or no):(attach a copy of
Dimensions: 10.5 x 5.5 x 4.0 below owlet invert
Sludge depth:10"
Distance from top of sludge to bottom of outlet tee or baffle: 24"
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:
How were dimensions determined:
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels
as related to outlet invert, evidence of leakage, etc.):
Inlet battle is enclosed cast-to-walls concrete in good conditional conditiona
Outlet battle is enclosed cast-to-walk concrete in functional condi
The structural integrates of the tank is good - no signs of leakage observed - liquid level was at the invert of the outlet.
not apply
Depth below grade:
Material of construction:concretemetalfiberglasspolyethyleneother
(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: 147 Bay Pd.
R Hmherst
Owner: <u>Nackowe</u>
Date of Inspection: 7/8/02
TIGHT or HOLDING TANK: (tank must be pumped at time of inspection)(locate on site plan)
Depth below grade: not apply
Material of construction:concretemetalfiberglasspolyethyleneother(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: V (if present must be opened)(locate on site plan) 13" be low grade
Depth of liquid level above outlet invert: 0
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of
leakage into or out of how etc.):
Box is reasonably level med distribution is reasonably equal-very
Little carryover & solids. There are several cracks in box sidewalls
and same consome Brisile wall also Qualled and but
and some corrosion of inside walls above liquid level but There was no evidence of leakage and the box is functional. PUMP CHAMBER: (locate on site plan)
PUMP CHAMBER: (locate on site plan)
not apply
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 B

#### PART B CHECKLIST

Property Addres	is: 147 Boy Rd	· · · · · · · · · · · · · · · · · · ·
Owner: Kac	COMP	
Date of Inspection	on: 7/8/02	•
	$T^{-1}$	
Check if the follo	wing have been done. You must indicate "yes" or	"no" as to each of the following:
Yes No Pumpi	ng information was provided by the owner occup	ant, or Board of Health
Were a	any of the system components pumped out in the p	previous two weeks?
Has th	e system received normal flows in the previous tw	o week period?
Have I	arge volumes of water been introduced to the syst	em recently or as part of this inspection?
Were a	as built plans of the system obtained and examined	i? (If they were not available note as N/A)
Was th	ne facility or dwelling inspected for signs of sewag	ge back up ?
Was th	ne site inspected for signs of break out?	
Were a	all system components, excluding the SAS, located	d on site ?
	he septic tank manholes uncovered, opened, and tes, material of construction, dimensions, depth of	
	e facility owner (and occupants if different from obsurface sewage disposal systems?	owner) provided with information on the proper
	w.:	1 es
The size	and location of the Soil Absorption System (SA	S) on the site has been determined based on:
Yes no Existin	g information. For example, a plan at the Board o	sketch - see attached
is unaccentable) [3	nined in the field (if any of the failure criteria relat	ed to Part C is at issue approximation of distance
d.	box located and un	covered.

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

#### SYSTEM INFORMATION

Property Address: 147 Bay Rd  Amber(St. Mass
Owner: Ackows  Date of Inspection: 7/8/02  FLOW CONDITIONS
Number of bedrooms (design): 3 Number of bedrooms (actual): 3  DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330  Number of current residents: 1  Does residence have a garbage grinder (yes or no): 100  Is laundry on a separate sewage system (yes or no): no [if yes separate inspection required]  Laundry system inspected (yes or no): N/A  Seasonal use: (yes or no): 100  Water meter readings, if available (last 2 years usage (gpd)): 1000 Water 1045  Sump pump (yes or no): 100  Last date of occupancy: 100 at time of 1060.
Type of establishment:  Design flow (based on 310 CMR 15.203): gpd  Basis of design flow (seats/persons/sqft,etc.):  Grease trap present (yes or no):  Industrial waste holding tank present (yes or no):  Non-sanitary waste discharged to the Title 5 system (yes or no):  Water meter readings, if available:  Last date of occupancy/use:
OTHER (describe):
Pumping Records Source of information: DW Ner reported that tank was last pumped Was system pumped as part of the inspection (yes or no): Yes approx. 3 yrs. ags + 3-4 Was system pumped: 1500 gallons - How was quantity pumped determined? tank dimmin before that, Reason for pumping: inspection & too time wavi towance + pean shows  TYPE OF SYSTEM:  1500 gal. tank
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:
Were sewage odors detected when arriving at the site (yes or no): <u>ND</u>

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

#### CERTIFICATION (continued)

Property Address: 147 Bay Kd
Owner: Harkowe
Date of Inspection: 7/8/02
C. Further Evaluation is Required by the Board of Health:
No 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:  Ort apply  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:
No 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.
$\int 0$ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
10 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)

D A

Property A	Address: 147 Bay Kd	
Owner:	Amnust 11/17	
Date of In:	spection: 7/R/02	,
- 410 01 1-4	70/02	
D. System	n Failure Criteria applicable to all systems:	
	indicate "yes" or "no" to each of the following for all inspections:	
	· · · · · · · · · · · · · · · · · · ·	
Yes No.		
<b>1/.</b>	Backup of sewage into facility or system component due to overloaded or clogged SAS or ces	spool
— <del>7</del>	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overl	oaded or
	clogged SAS or cesspool	
	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged	SAS or
	cesspool	
NIA	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flo	)W
	Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s	
	of times pumped	•
1/	Any portion of the SAS, cesspool or privy is below high ground water elevation.	
NIA	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a s	urface
	water supply.	
NIA	Any portion of a cesspool or privy is within a Zone I of a public well.	
NA	Any portion of a cesspool or privy is within 50 feet of a private water supply well.	
110	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	
	performed at a DEP certified laboratory, for coliform bacteria and volatile organic comp	
	indicates that the well is free from pollution from that facility and the presence of ammo	
•	nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failu	
	are triggered. A copy of the analysis must be attached to this form.]	
<b>.</b> 1		
NO (Ye	es/No) The system fails. I have determined that one or more of the above failure criteria exist a	S
	described in 310 CMR 15.303, therefore the system fails. The system owner should contact the	e Board of
	Health to determine what will be necessary to correct the failure.	
	·	
E. Large S	Systems: not apply	
To be consi	idered a large system the system must serve a facility with a design flow of 10,000 gpd to I	5,000
gpd.		
	ndicate either "yes" or "no" to each of the following:	
	ring criteria; apply to large systems in addition to the criteria above)	
`		
yes no		
the	e system is within 400 feet of a surface drinking water supply	
the	e system is within 200 feet of a tributary to a surface drinking water supply	
the	e system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or	a mapped
	one 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 C

SYSTEM INFORMATION (continued)

Property Address: 147 Bay Rd.
Owner: <u>Vackowe</u> Date of Inspection: 7/8/02
SITE EXAM Slope Surface water now Check cellar Shallow wells
Estimated depth to ground water 72 feet inches
Please indicate (check) all methods used to determine the high ground water elevation:  Obtained from system design plans on record - If checked, date of design plan reviewed: 4/23/86  Observed site (abutting property/observation hole within 150 feet of SAS)  Checked with local Board of Health-explain: for plans + 5iil loga  Checked with local excavators, installers- (attach documentation)  Accessed USGS database-explain:
You must describe how you established the high ground water elevation:  high groundwath observation faken from 1095 of 5011  test pits done be Almer Huntles It & Associates) The dated 4/23/As (she atterhed). Oxides were reported at 72" + 75" - well below bottom of existing S. A.S.  NRCS 5011 Survey shows this site has MRB (windsor) 5011 W/ x typical high water table deeper than 6'.
soil w/ a typical high water table desper than 6.

• .

CHECK OR FILL IN WHERE APPLICABLE

DATE

THE COMMONWEALTH OF MASSACHUSETTS

### BOARD OF HEALTH

CK by FEE 90.00 Hast may 1986

#### Application for Disposal Works Construction Permit

147 Bay Roa	d (but#1)			
PAUL W. RACK	DWE James	34 CRARK	STEASTHAMA	eron
TRAC EX	CAUTONG MISTER		VICCIOMS BUAG 1111	+
Type of Building  Dwelling — No. of Bedro  Other — Type of Buildin  Other fixtures	oms 3  No. of p	Expansion Attic (	Size Lot. 30/282 S ) Garbage Grinde Showers (1) — Cafeteri	er ( ) a ( )
	Width 2 F.C. Totaliameter Depth be Dosing tank ( ) Performed by ALMER Heinutes per inch Depth of T	Width Il Length Elow inlet  WATCEY JR. HP Cest Pit 120"	Diameter	sq. ft. sq. it.
Test Pit No. 2nr	inutes per inch Depth of T	est Pit I	Depth to ground water	
Pine grave	ns — Answer when applicab	le	COARSE SAMO SE SILTY SAMO	Wir
Agreement: The undersigned agrees he provisions of TITLE 5 of operation until a Certificate of Application Approved By	to install the aforedescribed the State Sanitary Code — Compliance has been issued	Individual Sewage The undersigned furth by the board of healt	Disposal System in accordance ther agrees not to place the system.  Nov. 19 Date Date	ce with stem in
Agreement:  The undersigned agrees the provisions of TITLE 5 of operation until a Certificate of Application Approved By	to install the aforedescribed the State Sanitary Code — Compliance has been issued	Individual Sewage The undersigned furt by the board of hyfit	Disposal System in accordance ther agrees not to place the system.  Nov. 19 Date Date	ce with stem in 198
Agreement:  The undersigned agrees he provisions of TITLE 5 of operation until a Certificate of Application Approved By	to install the aforedescribed the State Sanitary Code — Compliance has been issued Signed Sig	Individual Sewage The undersigned furt by the board of hybit  I ssued	Disposal System in accordance ther agrees not to place the system.  Nov. 10  Date  11-20-86  Date	ce with stem in 198
Agreement:  The undersigned agrees the provisions of TITLE 5 of peration until a Certificate of Application Approved By	to install the aforedescribed the State Sanitary Code — Compliance has been issued to Signed Signed The following reasons:	Individual Sewage The undersigned furt by the board of healt  Issued	Disposal System in accordance ther agrees not to place the system.  Nov. 10  Date  11-20-86  Date	ce with stem in
Agreement:  The undersigned agrees he provisions of TITLE 5 of peration until a Certificate of Application Approved By	to install the aforedescribed the State Sanitary Code — Compliance has been issued Signed Sig	Individual Sewage The undersigned furt by the board of healt  Issued	Disposal System in accordance ther agrees not to place the system.  Nov. 10  Date  11-20-86  Date	ce with stem in
Agreement:  The undersigned agrees ne provisions of TITLE 5 of peration until a Certificate of Application Approved By	to install the aforedescribed the State Sanitary Code— Compliance has been issued  Signed—  Following reasons:  THE COMMONWEALTH  BOARD OF	Individual Sewage The undersigned furth by the board of healt  Issued  OF MASSACHUSET  HEALTH	Disposal System in accordance ther agrees not to place the system.  Nov. 19  Nov. 20  Date  11-20-86  Date	ce with stem in
Agreement: The undersigned agrees he provisions of TITLE 5 of peration until a Certificate of Application Approved By  Application Disapproved for the Permit No	to install the aforedescribed the State Sanitary Code— Compliance has been issued  Signed  THE COMMONWEALTH  BOARD OF  OF  OF	Individual Sewage The undersigned furt by the board of healt  Issued  OF MASSACHUSET  HEALTH	Disposal System in accordance ther agrees not to place the system.  Nov. 19  Nov. 20  Date  11-20-86  Date	ce with stem in
Agreement: The undersigned agrees he provisions of TITLE 5 of operation until a Certificate of Application Approved By  Application Disapproved for the Permit No	to install the aforedescribed the State Sanitary Code— Compliance has been issued  Signed Signed Signed  THE COMMONWEALTH  BOARD OF  OF  Urrificate of  That the Individual Seway	Individual Sewage The undersigned furth by the board of half  Issued  OF MASSACHUSET  HEALTH  Compliance ge Disposal System	Disposal System in accordance ther agrees not to place the system.  Nov. 19  Nov. 19  Date  11-20-86  Date  Ts  constructed ( ) or Repaired	ce with stem in 2, 192
Agreement:  The undersigned agrees the provisions of TITLE 5 of operation until a Certificate of Application Approved By  Application Disapproved for the Permit No	to install the aforedescribed the State Sanitary Code— Compliance has been issued  Signed Signed  THE COMMONWEALTH  BOARD OF  OF  Urrificate of  That the Individual Seway	Individual Sewage The undersigned furth by the board of half  Issued  OF MASSACHUSET  HEALTH  Compliance ge Disposal System	Disposal System in accordance ther agrees not to place the system.  Nov. 19  Nov. 19  Date  11-20-86  Date  Ts  constructed ( ) or Repaired	ce with stem in 2, 1986.

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#### BOARD OF HEALTH

#### TOWN OF AMHERST, MASSACHUSETTS

Lot 4/ 147 BAYRD

#### Important Information Regarding Your Private Sewage Disposal System

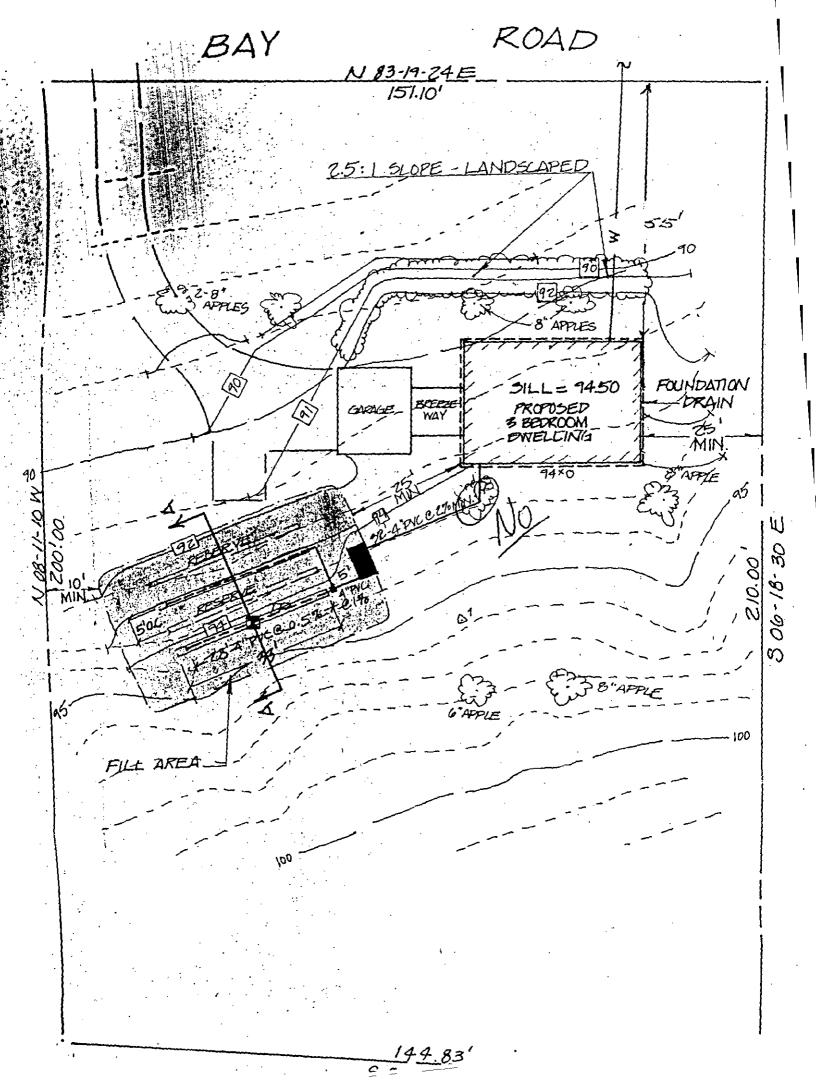
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HISPLAY	THIS	HOCHMENT	IN A	PROMINENT	LIAUE
7 1 C 1 C 1 1			***	1 1/01/11/2/1	

Owner PAUL W. RACKOWE Address 34 CLARKST EASTERNAMENTA.
Installer Misrocka Inc Address 339 WESTHAMPRON MA
Date Installation Inspected and Approved 4/6/87
Description of System: Tank Capacity: 1500 160 \$ Sinces
Leach Field (X) Bed ( ) Seepage Pit ( ) Square Feet: 160 Borrow
Description of System: Tank Capacity:
As Built Plan:  Parento  216" 136"  Septic  Time  Septic  Time  Septic  Time  Septic  Time  Septic  Time  Septic  Time  Septic  Time  Septic  Time

#### 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.
- 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.

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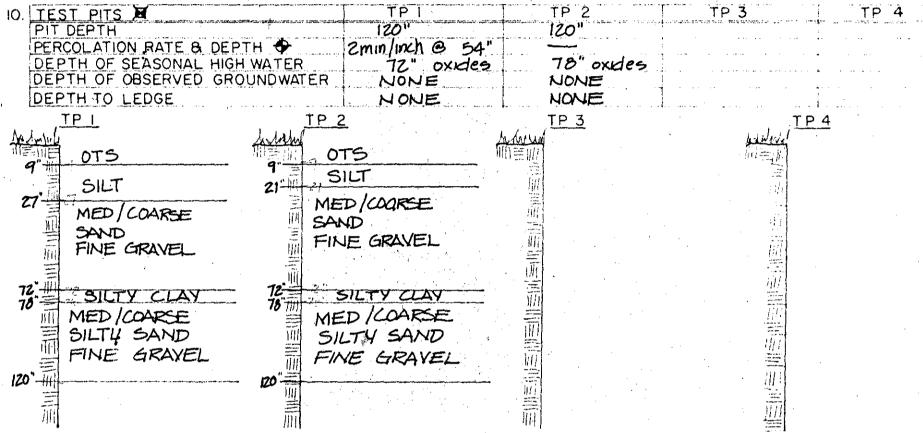
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#### DESIGN CRITERIA

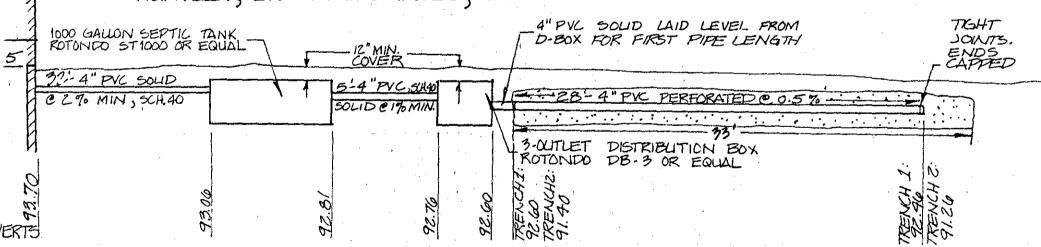
- LOCATION OF STREAMS, SURFACE AND SUBSURFACE DRAINS AND WETLANDS GREATER THAN 100 ! SUBSURFACE DRAINS GREATER THAN 251.
- 2. WATER SUPPLY SOURCE: MUNICIPAL
- 3. SYSTEM IS \_NOT\_ DESIGNED FOR GARBAGE DISPOSAL.
- 4. HOUSE \_\_\_\_\_\_ BEDROOMS
- 5. DESIGN FLOW: 110 GPD X 3 BEDROOMS = 330 GPD
- 6. DESIGN CALCULATIONS: DESIGN PERC RATE = Z MIN. /INCH, SIDEWALL AREA = 25 SF/GAL. 330 GPD = 2.5 SF/GAL X (1'WIDE X L) X 2 SIDES

4 = 66 FT USE Z TRENCHES AT 33 FT X 1 FT WIDE X 1 FT DEEP

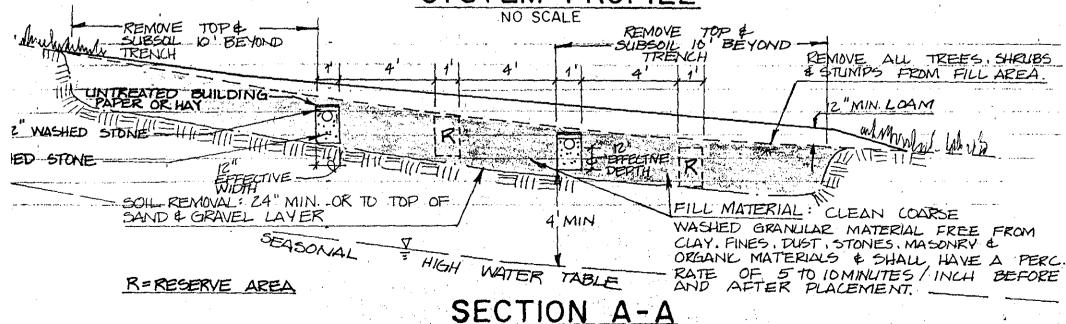
- 7 SEPTIC TANK CAPACITY: 1000 GAL.
- 8. FOUNDATION TO BE \_\_\_ DRAINED
- 9. SOIL TYPE:



NOTE: SOIL OBSERVATIONS & PERCOLATION TESTS 4-23-86 BY TAKEN ALMER HUNTLEY, JR. 4 ASSOCIATES, INC.



#### SYSTEM PROFILE NO SCALE

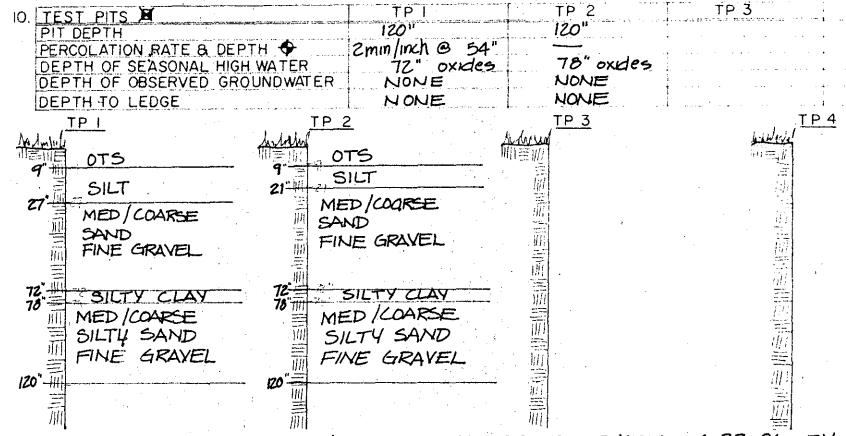


#### GENERAL NOTES

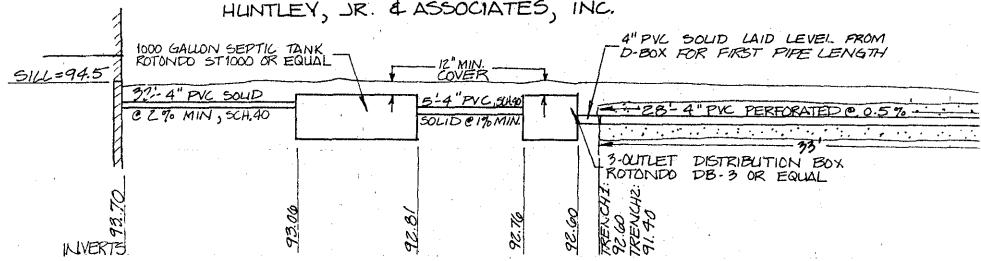
1. SYSTEM DESIGNED ACCORDING TO: TITLE I, MASSACHUSETTS DEGE, CHAPTER 30A.

TION TO CONFORM TO SAME

- 2. WATER SUPPLY SOURCE: MUNICIPAL WATER
- 3. SYSTEM IS NOT DESIGNED FOR GARBAGE DISPOSAL.
- 4. HOUSE 2 BEDROOMS
- 5. DESIGN FLOW: 110 GPD X 3 BEDROOMS = 330 GPD
- 6. DESIGN CALCULATIONS: DESIGN PERC RATE = Z MIN. /INCH, SIDEWALL AREA = 2.5 SF 330 GPD = 2.5 SF/GAL X (1'WIDE X L) X 2 SIDES L = 66 F.T USE 2 TRENCHES AT 33 FT X 1 FT WIDE X 1 FT DEEP
- 7 SEPTIC TANK CAPACITY: 1000 GAL.
- 8. FOUNDATION TO BE \_\_\_ DRAINED
- 9. SOIL TYPE:

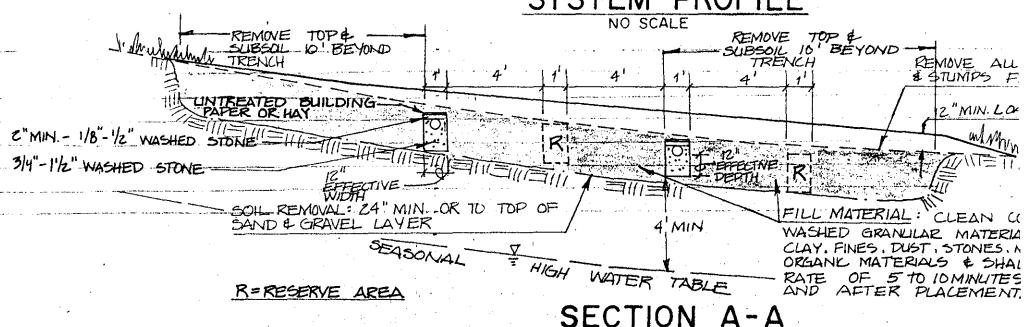


NOTE: SOIL OBSERVATIONS & PERCOLATION TESTS 4-23-86 TAKEN HUNTLEY, JR. & ASSOCIATES, INC.





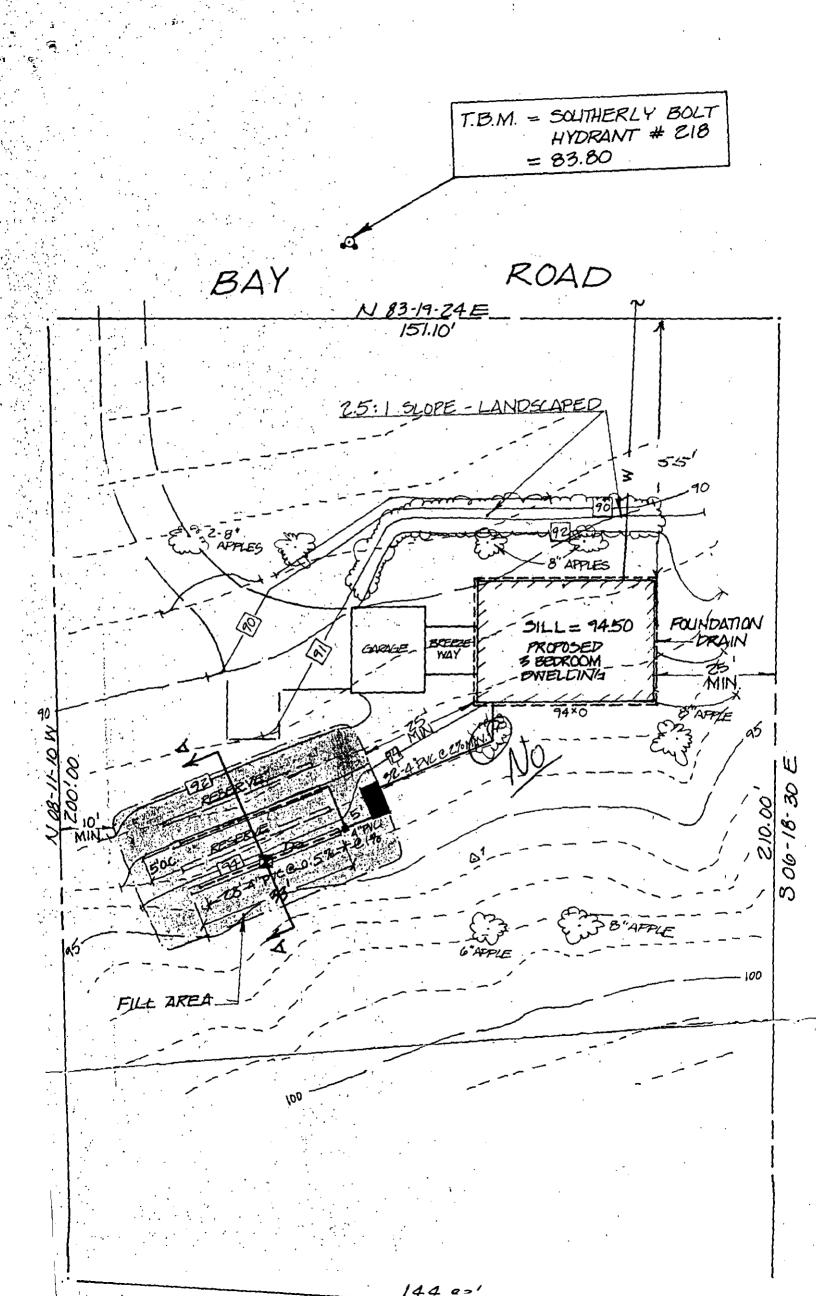
NO SCALE



#### GENERAL NOTES

- 1. SYSTEM DESIGNED ACCORDING TO: TITLE I, MASSACHUSETTS DEGE, CHAPTER 30A. CONSTRUCTION TO CONFORM TO SAME.
- 2. 102 INDICATES EXISTING CONTOUR, LTDZ INDICATES PROPOSED CONTOUR.

  3. C.T. MALE ASSOCIATES, INC. HAS FURNISHED THIS DESIGN & PLAN BUT HAS NOT BEEN RETAINE OR SUPERVISE CONSTRUCTION OF THE SYSTEM. THEREFORE, NO GUARANTEE OR WARRANTY, OR IMPLIED, IS MADE TO THE ULTIMATE USER RELATIVE TO ANY SYSTEM INSTALL TO THE PLAN. CONTRACTOR TO NOTIFY ENGINEER OF ANY SITE CONDITION DIFFERINTHOSE INDICATED OR OF FIELD CHANGES MADE.



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RECEIVED INY - 3 2000

FIRE .\_

A.S.A.P.

**COMPENSATION** SPECIAL INVESTIGATION

**CASUALTY** 

Adjustment Service, Inc.

24 Elm Street, Suite #3 Westfield, MA 01085

"Multiline Adjusters Specializing in Quality"

Tel. (413)562-4154 Fax (413)562-7993

05/02/00

To:

Board of Health or Board of Selectmen CITY HALL AMHERST, MA. 01002

Re:

Insured:

PAUL RACKOWE

Property Address: 147 BAY ROAD

AMHERST, MA 01002

Policy No.: NBSL38573

Loss of:

04/08/00

Loss Type:

WIND

CO

File No.:

00-048672-00P

Claim has been made involving loss, damage or destruction of the above captioned property, which may either exceed \$ 1,000.00 or cause Mass.Gen. Law, Chapter 143, Section 6 to be applicable.

If any notice under Mass. Gen. Laws, Ch. 139, Sec. 3B is appropriate please direct it to the attention of the writer and include a reference to the captioned insured, location, policy number, date of loss and claim or file number.

> Adjuster Ken Bourque,

On this date, I caused copies of this notice to be sent to the persons named above at the addresses indicated above by first class mail.

Signature and Date