

S17 Board

S17 Bay rd-

Belknap Road

#517

Revised
30⁰⁰

No. 92-18

Revised

FEE 30⁰⁰
Pd 10/2/92

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Application for Disposal Works Construction Permit



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

GEORGE TANG 517 BAY ROAD Amherst MA

GEORGE TANG 517 BAY ROAD Amherst MA

Owner: KARL'S Address: Size Lot: FAIR Sq. feet

Type of Building: Dwelling - No. of Bedrooms: 5 Expansion Attic: NO Garbage Grinder: YES

Other - Type of Building: Residential No. of persons: 10 Showers: (3) - Cafeteria: YES

Other fixtures: FULL BATH

Design Flow: 110 gallons per person per day. Total daily flow: 110 x 1.25 = 137.5 gallons

Septic Tank - Liquid capacity: 1170 gallons Length: 44' Width: 36" Diameter: 42" Depth: 12"

Disposal Trench - No. 2 Width: 36" Total Length: 44' Total leaching area: 2 sq. ft

Seepage Pit No. Diameter: Depth below inlet: 12" Total leaching area: sq. ft

Other Distribution box (1) Dosing tank ()

Percolation Test Results Performed by: W. J. S. Date: 10/16/92

Test Pit No. 1: 2.0 minutes per inch Depth of Test Pit: 60" Depth to ground water: 20"

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

Description of Soil: 517 BAY ROAD 20-20 COARSE SAND mixed sand layered

Nature of Repairs or Alterations - Answer when applicable: TPI-2 WAIVED BY BOH

TIPS ALSO TO BE INSTALLED IN TANK REPAIR

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: X Guy's Tang 10/5/92

Application Approved By: Date:

Application Disapproved for the following reasons: Date:

Permit No. 92-18 Revised

Issued: Date:

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (X) by: KARL'S

at: 517 Bay Road Installer

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 92-18 Revised dated:

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

DATE: Inspector:

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Disposal Works Construction Permit

Permission is hereby granted: George Tang

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

at No. 517 Bay Road Street: 92-18 Revised Dated: 10/5/92

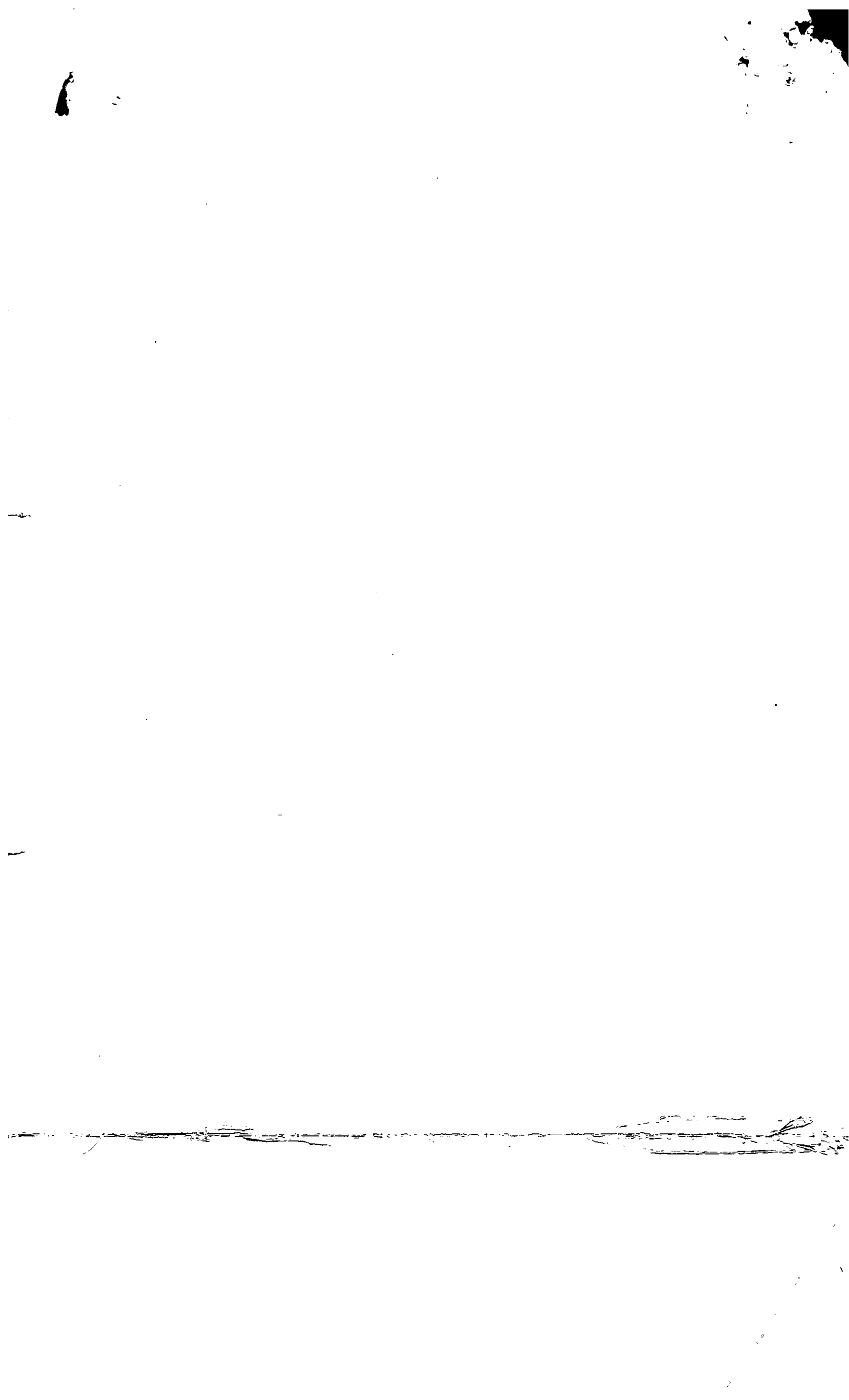
as shown on the application for Disposal Works Construction Permit No. 92-18 Revised Dated: 10/5/92

DATE: 10/5/92 Board of Health: G. J. S. C. J.

Revised
30⁰⁰

Pd 10/2/92

CHECK OR FILL IN WHERE APPLICABLE



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WILLIAM J. SIERUTA, P.E.
REGISTERED PROFESSIONAL ENGINEER
46 UPLAND ROAD
HOLYOKE, MASSACHUSETTS 01040
(413) 532-8525

Board of Health
Boltwood Walk
Amherst, MA. 01002
October 9, 1992

Subject: G. Tang
Septic system inspection
122 Bay Road
So. Amherst, MA.

The subject septic system has been installed in accordance with the approved plans, 310 CMR 15 and local Board of Health regulations.

If you need any additional information please do not hesitate to contact me.

Very truly yours,

William J. Sieruta, P.E.
William J. Sieruta, P.E.
MBS



cc: G. Tang
WJS:mbs



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

Property Address: 517 BAY RD.
Owner:
Date of Inspection:

Depth to Groundwater 80" Feet

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

- Obtained from Design Plans on record
- Observation of Site (Abutting property, observation hole, basement sump etc.)
- Determine it from local conditions
- Check with local Board of health
- Check FEMA Maps
- Check pumping records
- Check local excavators, installers
- Use USGS Data

Describe in your own words how you established the High Groundwater Elevation. (Must be completed)

PERC 6121192
W.J. SIRVUTA

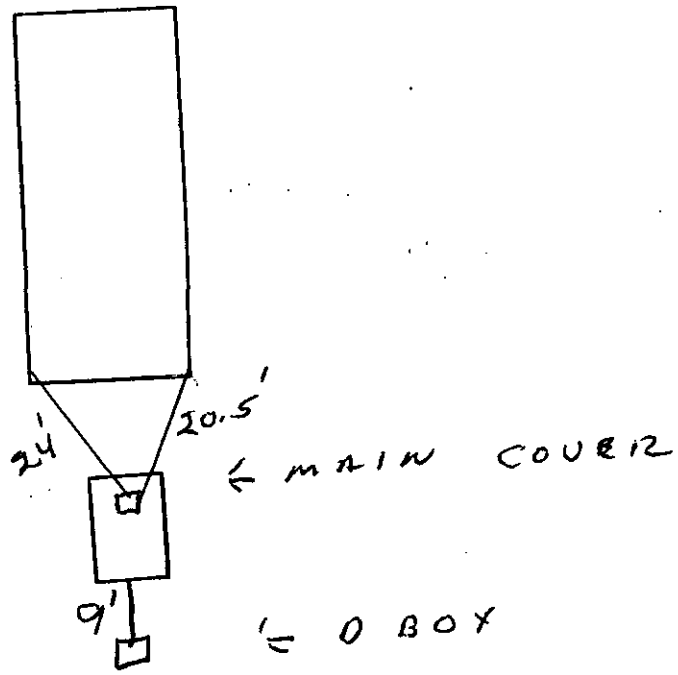
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 517 BAY RD.
Owner: TANG
Date of Inspection: 11/16/98

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



To all parties concerned with this report. This inspection carries no warranties or guarantees. The condition's of this system may change due to maintenance, elements of the weather, number of occupants ect. ect. and respect for the system. These systems do not last forever. This is a limited inspection only, intended to provide information concerning the physical condition observed at the time of the visual inspection. Again this is not a general warrantee or guarantee.



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

Property Address: 517 BAY RD.
Owner: TANE
Date of Inspection: 11/16/98

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

If not determined to be present, explain:

Type:

leaching pits, number:
leaching chambers, number:
leaching galleries, number:
leaching trenches, number, length: 4 @ 44'
leaching fields, number, dimensions:
overflow cesspool, number:
Alternative system:
Name of Technology:

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
SOIL SILTY GRAVEL, NO HYDRAULIC FAILURE
VEGETATION OK.

CESSPOOLS:
(locate on site plan)

Number and configuration:
Depth-top of liquid to inlet invert:
Depth of solids layer:
Depth of scum layer:
Dimensions of cesspool:
Materials of construction:
Indication of groundwater:
inflow (cesspool must be pumped as part of inspection)

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

PRIVY:
(locate on site plan)

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

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

Property Address: 517 BAY RD.
Owner: TANG
Date of Inspection: 11/16/98

TIGHT OR HOLDING TANK: (Tank must be pumped prior to, or at time, of inspection)
(locate on site plan)

Depth below grade:
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm level: _____ Alarm in working order Yes; No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX:
(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
LEVEL, DISTRIBUTION EQUAL, NO CARRYOVER
NO LEAKS

PUMP CHAMBER:
(locate on site plan)

Pumps in working order: (Yes or No)
Alarms in working order (Yes or No)
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

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

Property Address: 517 BAY RD.
Owner: TANG
Date of Inspection: 11/16/98

BUILDING SEWER:
(Locate on site plan)

Depth below grade: _____
Material of construction: ___ cast iron ___ 40 PVC ___ other (explain)

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

SEPTIC TANK: _____
(locate on site plan)

Depth below grade: 8"
Material of construction: concrete ___ metal ___ Fiberglass ___ Polyethylene ___ other(explain)

If tank is metal, list age _____ Is age confirmed by Certificate of Compliance _____ (Yes/No)

Dimensions: 10.5' L
Sludge depth: 8"
Distance from top of sludge to bottom of outlet tee or baffle: 42"
Scum thickness: 0"
Distance from top of scum to top of outlet tee or baffle: 8"
Distance from bottom of scum to bottom of outlet tee or baffle: 10"
How dimensions were determined: PROBE + MEASUREMENT.

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) NO PUMP, BAFFLES OK
LIQUID OIL, TANK OK, NO LEAKS

GREASE TRAP: _____
(locate on site plan)

Depth below grade: _____
Material of construction: ___ concrete ___ metal ___ Fiberglass ___ Polyethylene ___ other(explain)

Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 517 BAY RD.
Owner: FANG
Date of Inspection: 11/18/98

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 688 g.p.d./bedroom for S.A.S.
Number of bedrooms: 5
Number of current residents: 2
Garbage grinder (yes or no): NO
Laundry connected to system (yes or no): YES
Seasonal use (yes or no): NO
Water meter readings, if available (last two (2) year usage (gpd): N/A
Sump Pump (yes or no): NO

Last date of occupancy: PRESENT

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: _____ gallons/day
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present: (yes or no) _____
Non-sanitary waste discharged to the Title 5 system: (yes or no) _____
Water meter readings, if available: _____

Last date of occupancy: _____

OTHER: (Describe) _____
Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information: THREE TIMES LAST 6 YEARS
System pumped as part of inspection: (yes or no) NO
If yes, volume pumped: _____ gallons
Reason for pumping: _____

TYPE OF SYSTEM

- Septic tank/distribution box/soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- I/A Technology etc. Copy of up to date contract?
- Other: _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: TANK 1972
LEACH 1992

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

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**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 517 DAY RD.
 Owner: TANE
 Date of Inspection: 11/18/98

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The size and location of the Soil Absorption System on the site has been determined based on:
The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. Ex. Plan at B.O.H. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)] |



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

Property Address: 517 BAY RD.
Owner: TANG
Date of Inspection: 11/16/98

D) SYSTEM FAILS:

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

_____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool. |
| ___ | ___ | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool. |
| ___ | ___ | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| ___ | ___ | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow. |
| ___ | ___ | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s).
Number of times pumped ___. |
| ___ | ___ | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| ___ | ___ | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| ___ | ___ | Any portion of a cesspool or privy is within a Zone I of a public well. |
| ___ | ___ | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| ___ | ___ | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

E) LARGE SYSTEM FAILS:

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

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

_____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | the system is within 400 feet of a surface drinking water supply |
| ___ | ___ | the system is within 200 feet of a tributary to a surface drinking water supply |
| ___ | ___ | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well) |

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

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

Property Address: 517 BAY RD.
Owner: T N W G
Date of Inspection: 11/16/98

B) SYSTEM CONDITIONALLY PASSES (continued)

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health). Describe observations:
 - broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is levelled or replaced

- The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced
 - obstruction is removed

C) FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

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

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

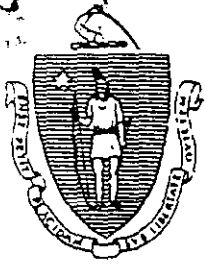
2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

3) OTHER

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#517 B.H.



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

WILLIAM F WELD
Governor
ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary
DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: TANG DAY RD AMHERST.
Date of Inspection: 11/16/98
Name of Inspector: JOHN ALVES
Address of Owner: (If different)
Company Name: CLEAN SEPTICS
Mailing Address: 540 CENTER ST. LUDLOW
Telephone Number: 413 683-2138

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- Passes
- Conditionally Passes
- Needs Further Evaluation By the Local Approving Authority
- Fails

Inspector's Signature: John Alves Date: 11/16/98

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

INSPECTION SUMMARY: Check (A) B, C, or D:

(A) SYSTEM PASSES:

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

-COMMENTS: TP 1-2 WAIVED BY B.O.H.

B) SYSTEM CONDITIONALLY PASSES:

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

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.
The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

Rec 11-24-98



7/4/92

Plan # 92-18

10/5/92
92-18
Revised

TOWN OF AMHERST

PERC TEST DATA SHEET

Pd 160⁰⁰
CK 1585
Pd BY Bill Steurta
6/16/92

DATE 6/16/92 LOCATION 517 Bay Road LOT SIZE _____

OWNER George Tang ADDRESS 517 Bay Road TELE # _____

P.E./RS Bill Steurta FIRM Same OBSERVED BY David Zamboni

BACK HOE OPERATOR Bill Steurta BENCH MARK _____

PERC DEPTH 67" PRE SOAK TIME 9:25 PERC DEPTH _____ PRE SOAK TIME _____

TEST	<u>25 gal -</u>	<u>0" 9:37</u>	<u>8" 9:40"</u>
	<u>13 MIN</u>	<u>11 9:38</u>	<u>7' 9:41</u>
		<u>10 9:39"</u>	<u>6" 9:42</u>
		<u>5" 9:40</u>	

RATE (2) RATE _____

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TOP 8	TOP
SUB 20	SUB
Sep 80"	
120	
TOP	TOP
SUB	SUB
TOP	TOP
SUB	SUB

