610 Bay Rd

OCT 21 1996

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

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: Moore 610 Bay Rd. Amherst
Date of Inspection: 10-1-96
Name of Inspector: Cary Bissell
Company Name, Address and Telephone Number:
Affordable Home & Septic Inspection Inc.
342 West Rd. Westfield Ma. 01085.
413-568-4289

Address of Owner: (If different)

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: Cary Bissell **Date:** Oct. 11, 1996

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:

This was a conditional pass - system needed an outlet tee (baffle) and needed pumping & cleaning. This has been completed and system appears to meet DEP. guidelines.
C Bissell

Check A, B, C, or D:

A] SYSTEM PASSES:

X 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.

B] SYSTEM CONDITIONALLY PASSES:

_____ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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, 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.

(revised 11/03/95)

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

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___ Passes
X Conditionally Passes
___ Needs Further Evaluation By the Local Approving Authority
___ Fails

Inspector's Signature: Cary Bissell **Date:** Oct 1, 1996

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.

B] SYSTEM CONDITIONALLY PASSES:

X One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection. Install outlet Tee & pump

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)
No The septic tank is metal, 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.

(revised 11/03/95)

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

Property Address:
Owner:
Date of Inspection:

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):

_____ 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 PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system and 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 is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and 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.

3) **OTHER**

___ _____
___ _____

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

Property Address:
Owner:
Date of Inspection:

D) SYSTEM FAILS:

_____ 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.

___ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

___ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

___ Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped ____

___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ Any portion of a cesspool or privy is within a Zone I of a public well.

___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:

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:

___ the system is within 400 feet of a surface drinking water supply

___ the system is within 200 feet of a tributary to a surface drinking water supply

___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address:
Owner:
Date of Inspection:

Check if the following have been done:

- ✓ Pumping information was requested of the owner, occupant, and Board of Health.
- ✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- ✓ As built plans have been obtained and examined. Note if they are not available with N/A.
- ✓ The facility or dwelling was inspected for signs of sewage back-up.
- ✓ The system does not receive non-sanitary or industrial waste flow
- ✓ The site was inspected for signs of breakout.
- ✓ All system components, excluding the Soil Absorption System, have been located on the site.
- ✓ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- ✓ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- ✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address:
Owner:
Date of Inspection:

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 **gallons**
Number of bedrooms: 3
Number of current residents: 1
Garbage grinder (yes or no): yes
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): NO
Water meter readings, if available: Town water

Last date of occupancy: currently

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:
over 5 yrs - per owner
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)**
_____ **Other (explain)** _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1973 as per perc info

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

OCT 21 [illegible]

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

Property Address:
Owner:
Date of Inspection:

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 8"
Material of construction: ✓ concrete __ metal __ FRP __ other(explain)

Dimensions: 4'W x 8'L x 4½'D
Sludge depth: 5"
Distance from top of sludge to bottom of outlet tee or baffle: 3'1"
Scum thickness: 0-5"
Distance from top of scum to top of outlet tee or baffle._____ } Baffle is eroded.
Distance from bottom of scum to bottom of outlet tee or baffle._____

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.) Baffle is eroded - replace w/ tee
liquid levels ok

GREASE TRAP:__
(locate on site plan)

Depth below grade:____
Material of construction: __ concrete __ metal __ FRP __ 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:____

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

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

Property Address:
Owner:
Date of Inspection:

TIGHT OR HOLDING TANK:__
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other:(explain)

Dimensions:
Capacity:_____gallons
Design flow:_____gallons/day
Alarm level:_____

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: every w/ bottom of outlets

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Box is level —
No solid carryover —

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order:(yes or no)____

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

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

Property Address:
Owner:
Date of Inspection:

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:_____
leaching fields, number, dimensions: 3 @ 40'
overflow cesspool, number:____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation,etc.)
Field appears functional - no ponding or back up during inspection

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.)

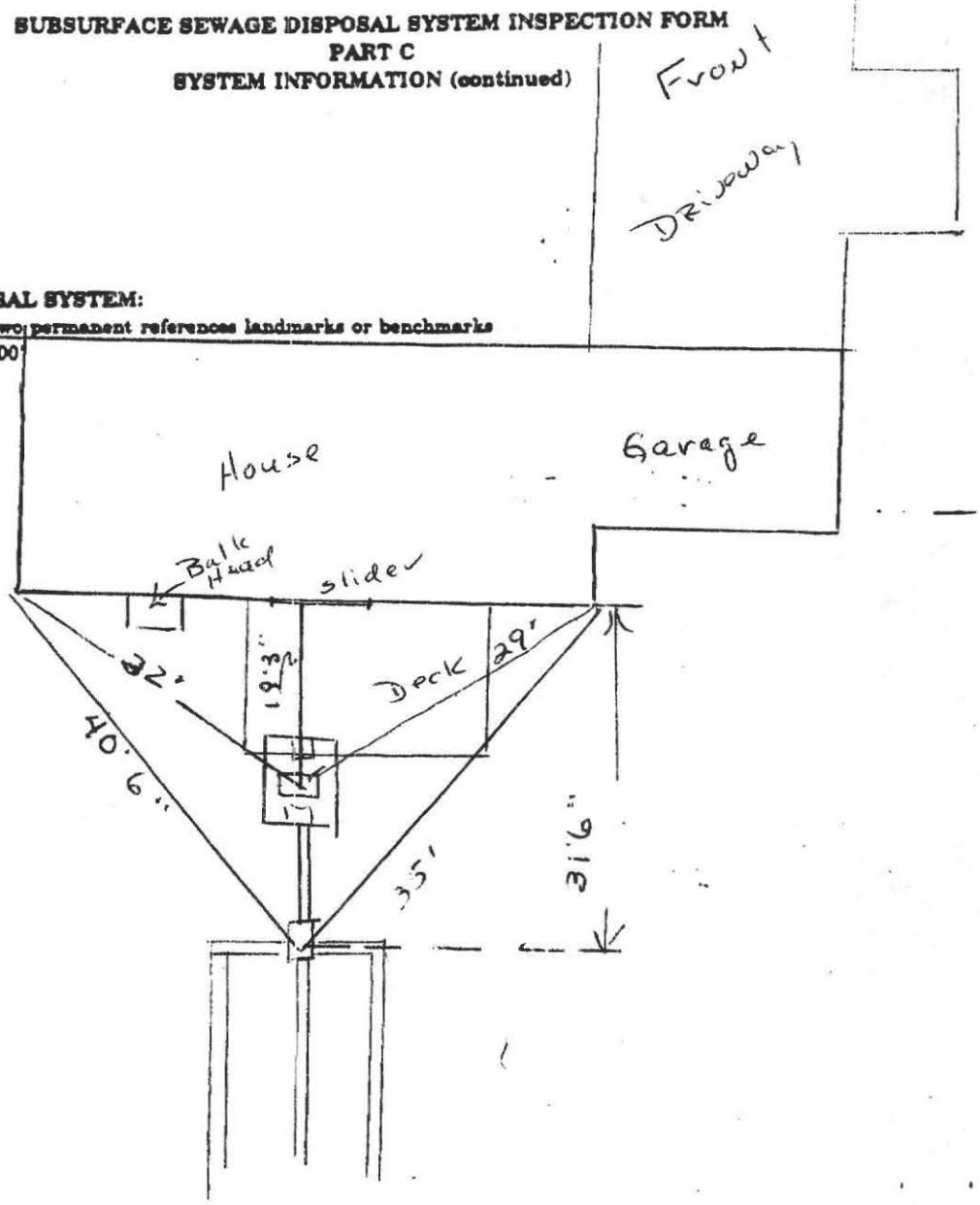
PRIVY: ___
(locate on site plan)

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

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

Property Address:
Owner:
Date of Inspection:

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 12+ **feet**
method of determination or approximation: perc info

610 BAY ROAD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-32 Date 9/25/72 Fee $3.00 Date Rec'd. 9/25/72 By DHF

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

Location—Address BAY ROAD or Lot No. 4

Owner T. BLAUVELT Address MEADOW ST. FLORENCE

Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot 34260 S.F.

Dwelling—No. of Bedrooms (3) Expansion Attic ( ) Garbage Grinder (✓)

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 5'-4" D 4'-10"

Disposal Trench—No. 4 Width 3'-0" Total Length 135 Total leaching area 400 sq. ft.

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

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

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

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

Percolation Test Results Performed by J. HART & HUNTLEY ENGR. Date 9/12/72

Test Pit No. 1 1 minutes per inch Depth of Test Pit 2'-6"

Test Pit No. 2 — minutes per inch Depth of Test Pit 9'-0"

Description of Soil GRAVEL & SAND Depth to Ground Water NONE

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

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

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

T. BLAUVELT OWN. 9-25-72
Owner or builder date

Application Approved by C. E. Drake Jr. 9-25-72
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

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

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 7232

Permission is hereby granted T. BLAUVELT to construct (✓) or repair ( ) an Individual Sewage Disposal System at Lot #4 BAY RD.

as shown on the application for Disposal Works Construction Permit No. 72-32

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9-26-72 C. E. Drake Jr.
Board of Health