

631 West Street

615 BAY ROAD

June 11, 2013  
INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002

DATE: June 11, 2013

TO Estate of Ben Ricci; c/o James Ricci  
30 North Farms Road,  
Haydenville MA 01039-9724

RE: Invoice for Title 5 Inspection  
615 Bay Road, Amherst

Services provided by Edmund Smith

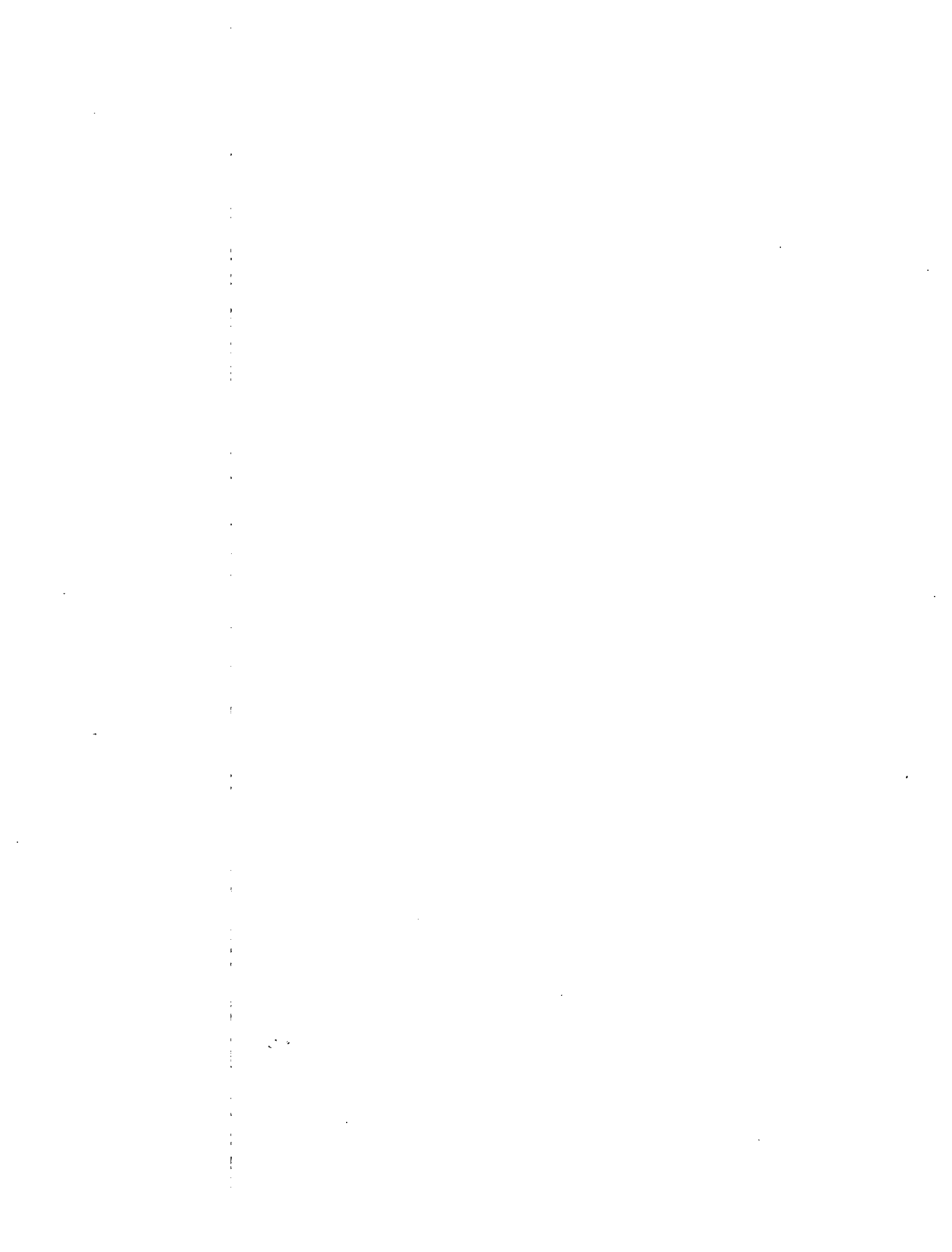
PAYMENT TERMS: : Payment due

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 Witness (system passes)	\$ 200.00	\$ 200.00
	Note: Title 5 was submitted electronically to this office by inspector Alan Weiss, along with documentary photographs of		
	D-Box, and septic tank inlet & outlet (normally witness is present at inspection but scheduling conflict prevented this).		
	This bill due upon receipt - please remit to address above.		
	thank you, Edmund Smith, Amherst Health Inspector		

18626  
catch: 6952

SUBTOTAL	\$ 200.00
SALES TAX	
TOTAL	\$ 200.00

*billed*  
*6/11/2013*



CUST NAME  
4 BOLTWOOD AVENUE  
06/18/13  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 10:45

CUST NAME

0  
DEPT

DE HEA058

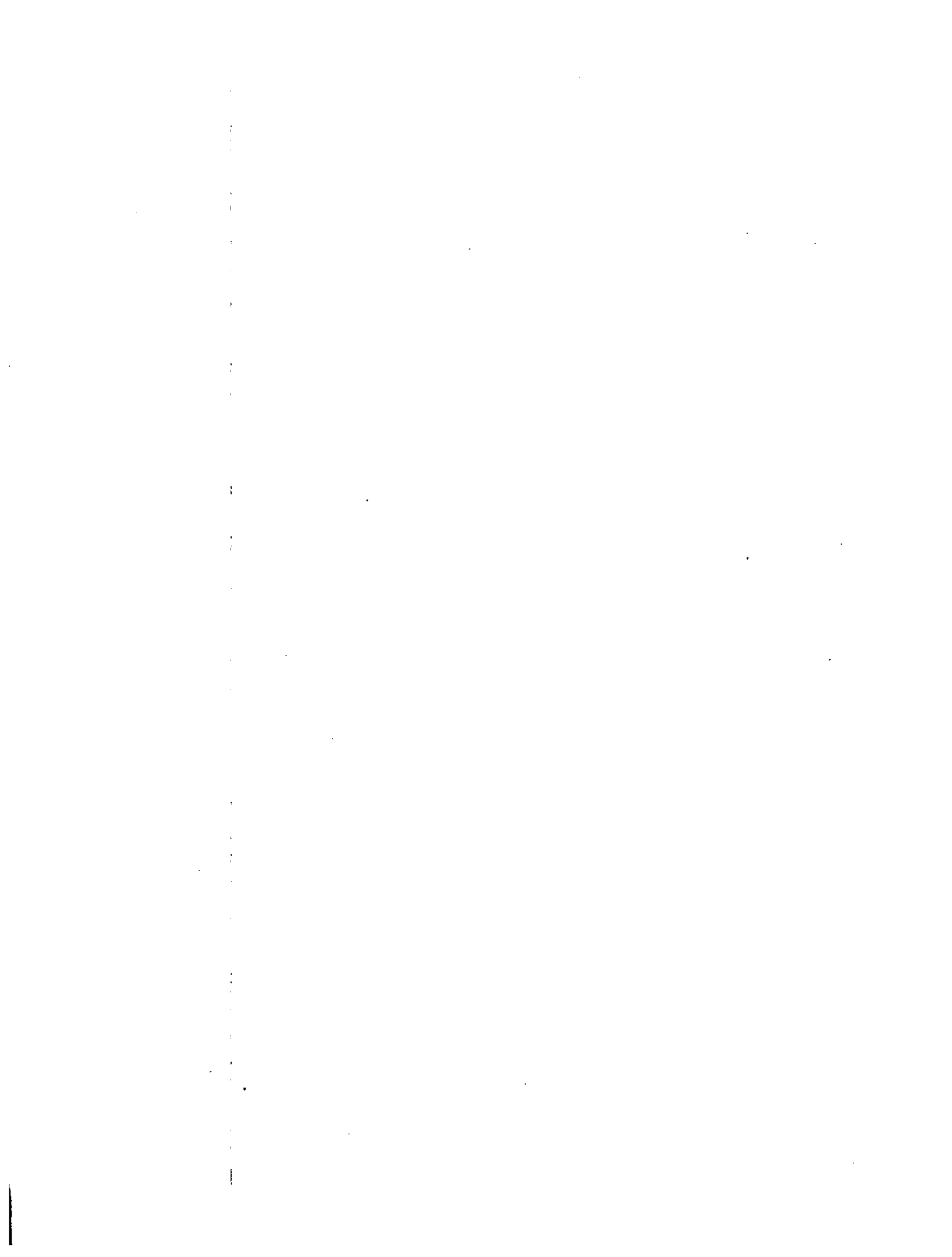
TITLE V WI 200.

RECPT TOTAL

200.00  
JAMES B RI QUA CHECK

1751

AMOUNT



#615  
98-8

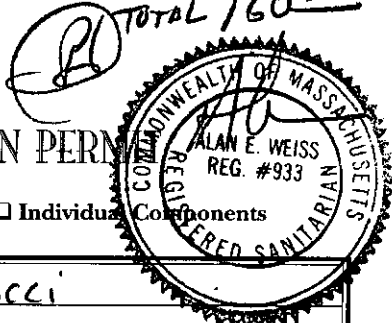
Pipe under driveway w/ septic 40 P.R.R

CH 0866 - PD 60.00  
5/7-0868 FEE 100.00 Need

(State under TANK)

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.



APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Components

Location <u>615 BAY RD.</u>	Owner's Name <u>BEN RICCI</u>
Map/Parcel# <u>LOT #40</u>	Address <u>615 BAY RD.</u>
Lot# <u>#40</u>	Telephone# <u>413-256-1313</u>
Installer's Name	Designer's Name <u>A. WEISS, R.S.</u>
Address	Address <u>BELCHERTOWN, MA.</u>
Telephone#	Telephone# <u>413-323-5957</u>

Type of Building RES Lot Size 25 AC + 1/4  
 Dwelling - No. of Bedrooms 4 Garbage grinder ( )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 440 gpd Calculated design flow 466 Design flow provided 466 gpd  
 Plan: Date 5/5/98 Number of sheets 4 Revision Date 5  
 Title SEPTIC REPAIR PLAN FOR B. RICCI  
 Description of Soil(s) SAND, CLASS I  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. WEISS Date of Evaluation 4/23/98

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW SAS (L FIELD + S. TANK).

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Benjamin Ricci Date May 6, 1998

Inspections \_\_\_\_\_

No. 98-8

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

FEE 160.00  
Alan Weiss  
7/11/98

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_ at 615 BAY ROAD

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 98-8, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer R. Mulgan Karols Site Designer: Alan Weiss Inspector: Paul Zamboni Date: 7/11/98

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

No. 98-8

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

CH 0866 FEE PD 60.00  
Need 100.00  
PD call 968  
5/7/98

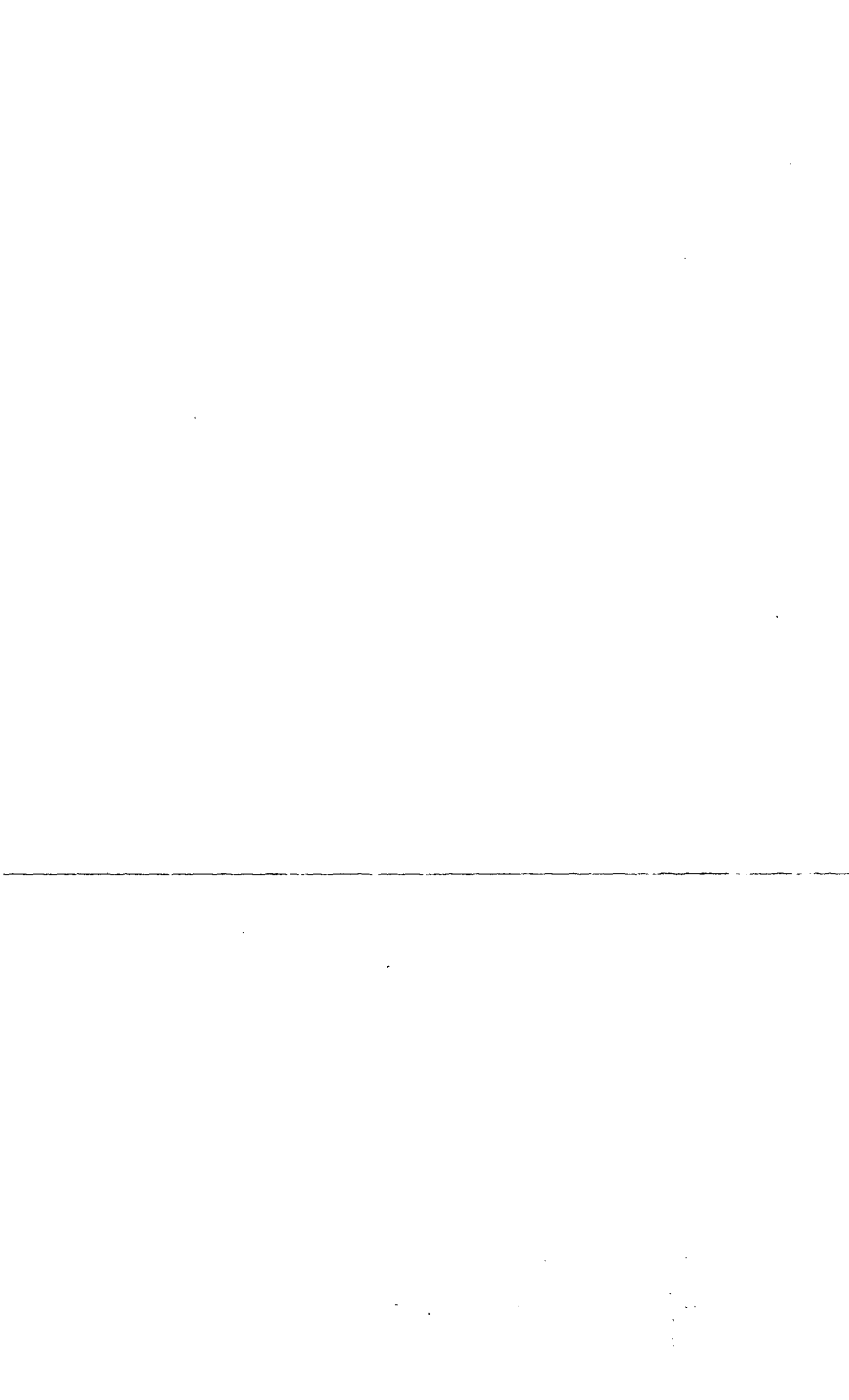
Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 615 BAY ROAD as described in the application for

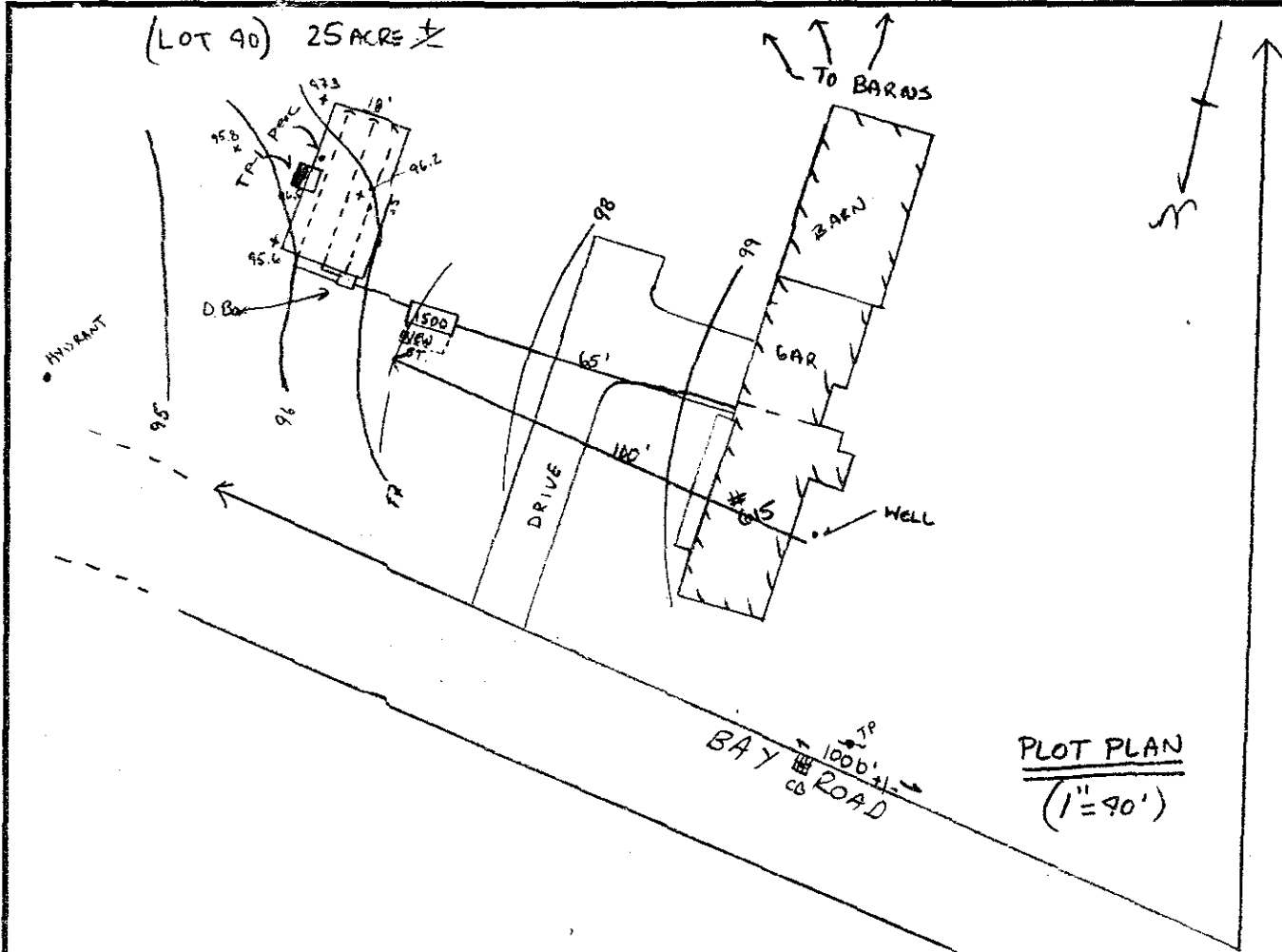
Disposal System Construction Permit No. 98-8, dated 5-7-98

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.









### TEST PIT LOG

TP-1 EL 96.51'

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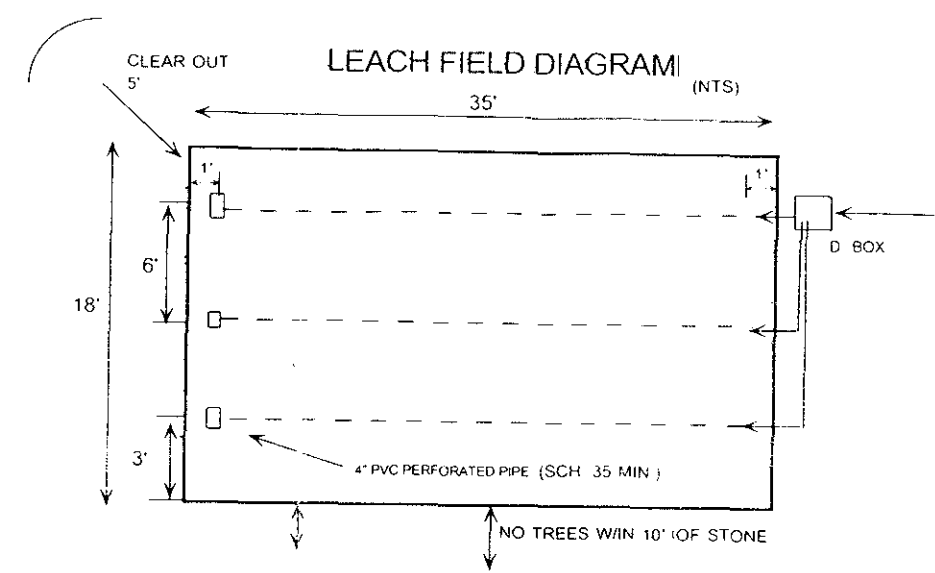
0-26"	A + B MIXED PLOW ZONE FINE SANDY LOAM (10YR3/2)
26"-126"	C1 (SAND) WELL SORTED, OUTWASH, LOOSE (10 YR 5/6)
126"-138"	C2 (SILT LOAM mod firm, DENSE SILT (10YR5/3)

ESHWT: 87.50' (90')

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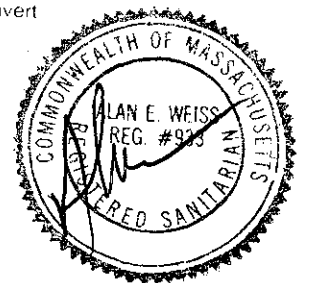
OXIDES NOT OBSERVED

114"	STANDING H <sub>2</sub> O
114"	WEeping FROM FACE
NA	BEDROCK

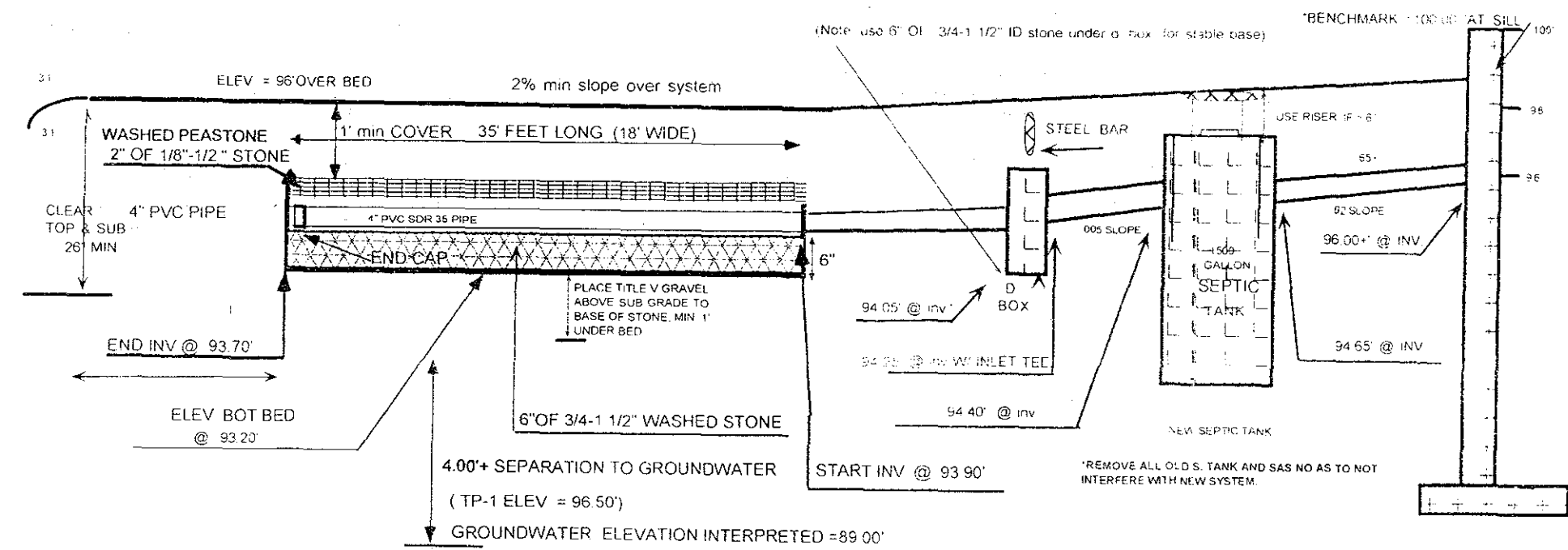


#### DESIGN NOTES:

1. 4BR x 110 gal/day = 440 gal./day
2. Use ONE Leach FIELD 18' wide x 35' LONG W/6" stone below invert  
Bot. Area: 18' wide x 35' long = 630sf  
Side Area: N.A.  
Tot. Area: 630 sf x 0.74 gal/sf = 466 gal./day
3. NO GARBAGE DISPOSAL UNIT
- 3a. WATER LINE TO BE 10'+ FROM NEW FIELD
4. ALL D. BOX OUTLET PIPES LEVEL FOR 2'
5. NO WELLS NOTED WITHIN 100 FEET OF SYSTEM (town water).
6. NO WETLANDS WITHIN 100 FEET
7. PRE & POST CONTOURS NOTED AS NECESSARY.
8. RESERVE AREA NOT REQUIRED.
9. SLOPE CALCS (SEE CONTOURS)
10. 2% MIN. SLOPE OVER SAS. CLEAR TOP AND SUB TO 26"  
CLEAR TO BASE OF B (MIN. 26") UNDER BED. (FILL AS NEEDED TO COMPLY W/TITLE V)
12. SOIL EVALUATION AND PERC. BY A. WEISS 4/23/98.  
PERC RATE 3.3 (5) MIN/IN. CLASS I SOIL RATING (SAND)
13. DEPTH OF PERC. 46"
14. USE GAS Baffle ON ST. OUTLET
15. USE NEW 1,500-GAL 2 CHAMBERED S. TANK, REPLACE SEWER PIPE AS NEEDED.



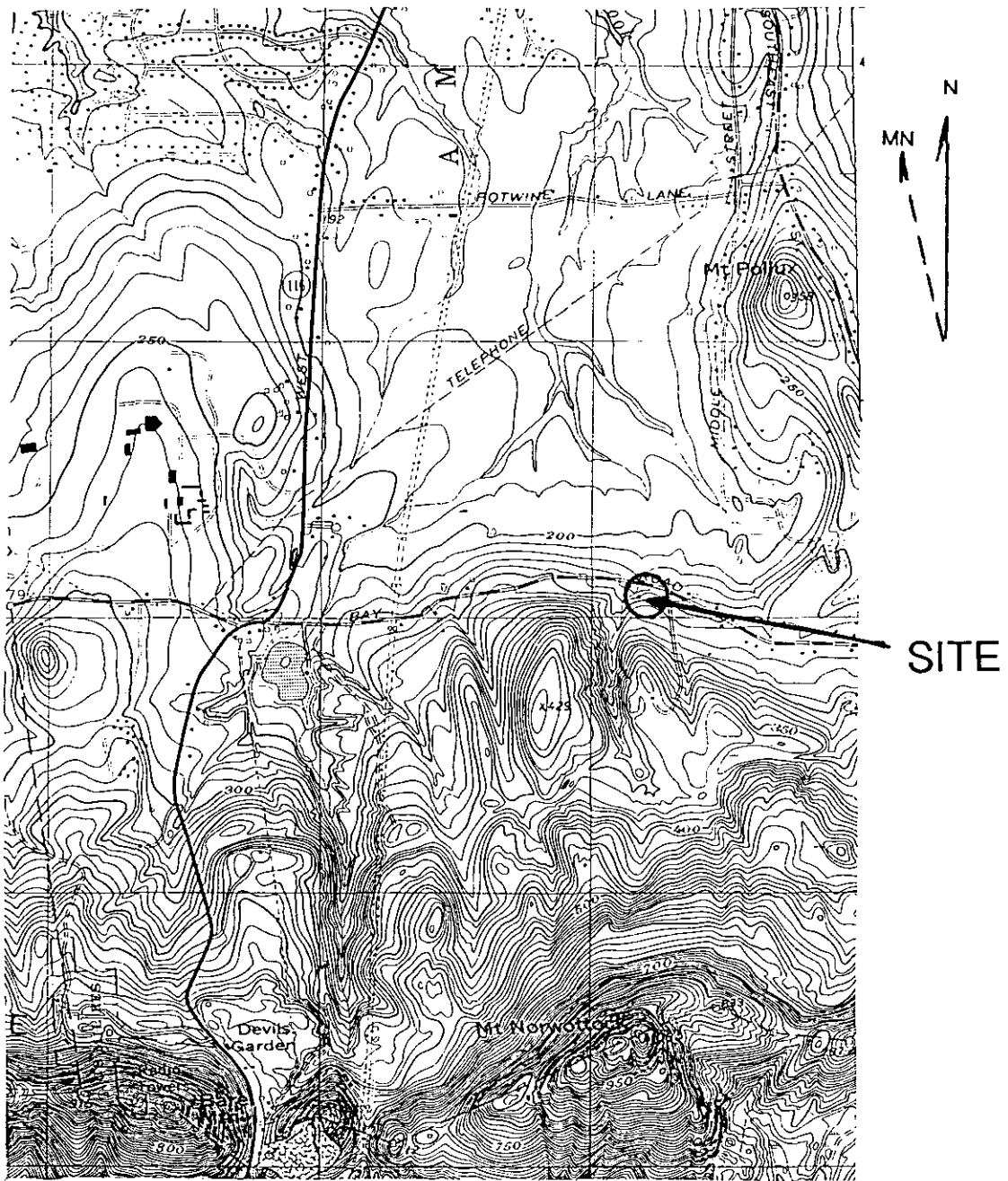
#### CROSS SECTION OF SEPTIC SYSTEM



NOTE: USE TITLE V FILL ONLY UNDER AND AROUND FIELD (5') TO MEET DESIGN ELEVATIONS AS NOTED ON PLAN AND AS PER 310 15.255 (clear all top and sub prior to fill placement)

SEPTIC REPAIR PLAN FOR BEN RICCI 615 BAY ROAD, AMHERST MA.		
SCALE: <b>NOTED</b>	APPROVED BY:	DRAWN BY: <b>AW</b>
DATE: <b>5/5/98</b>		REVISED:
<b>COLD SPRING ENVIRONMENTAL, INC.</b>		DRAWING NUMBER <b>98-879-0423</b>

# FIGURE 1: SITE LOCUS



SCALE: 1"=2,083 FT.

USGS 7.5 MIN. QUAD.







ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

350 Old Enfield Rd.  
Belchertown, MA 01007  
(413) 323-5957 & 323-4916 (FAX)

Date: 9/23/98

Commonwealth of Massachusetts  
AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. WEISS

Date:

Witnessed By: M. LOMBARD

Location Address or Lot # <u>615 BAY RD. AMHERST MA. LOT #40</u>	Owner's Name, Address, and Telephone # <u>Ben. Ricci</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No  Yes

Year Published 1989

Publication Scale

Soil Map Unit McB

Drainage Class Very Rapid

Soil Limitations Droughtiness

Surficial Geologic Report Available: No  Yes

Year Published

Publication Scale

Geologic Material (Map Unit)

Landform OUTWASH PLAIN

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) N/A.

Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. 615 BAY RD

On-site Review

Deep Hole Number TP-1 Date: 4/23/98 Time: 9:00 Weather CLOUDS 50°F

Location (identify on site plan) see attached

Land Use RURAL RES. Slope (%) 2% Surface Stones V. few

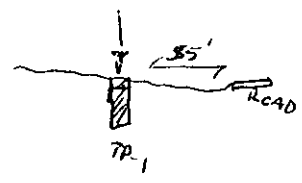
Vegetation grass

Landform Outwash plain

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100'+ feet      Drainage way 100'+ feet  
 Possible Wet Area 100'+ feet      Property Line 50' feet  
 Drinking Water Well 100'+ feet      Other



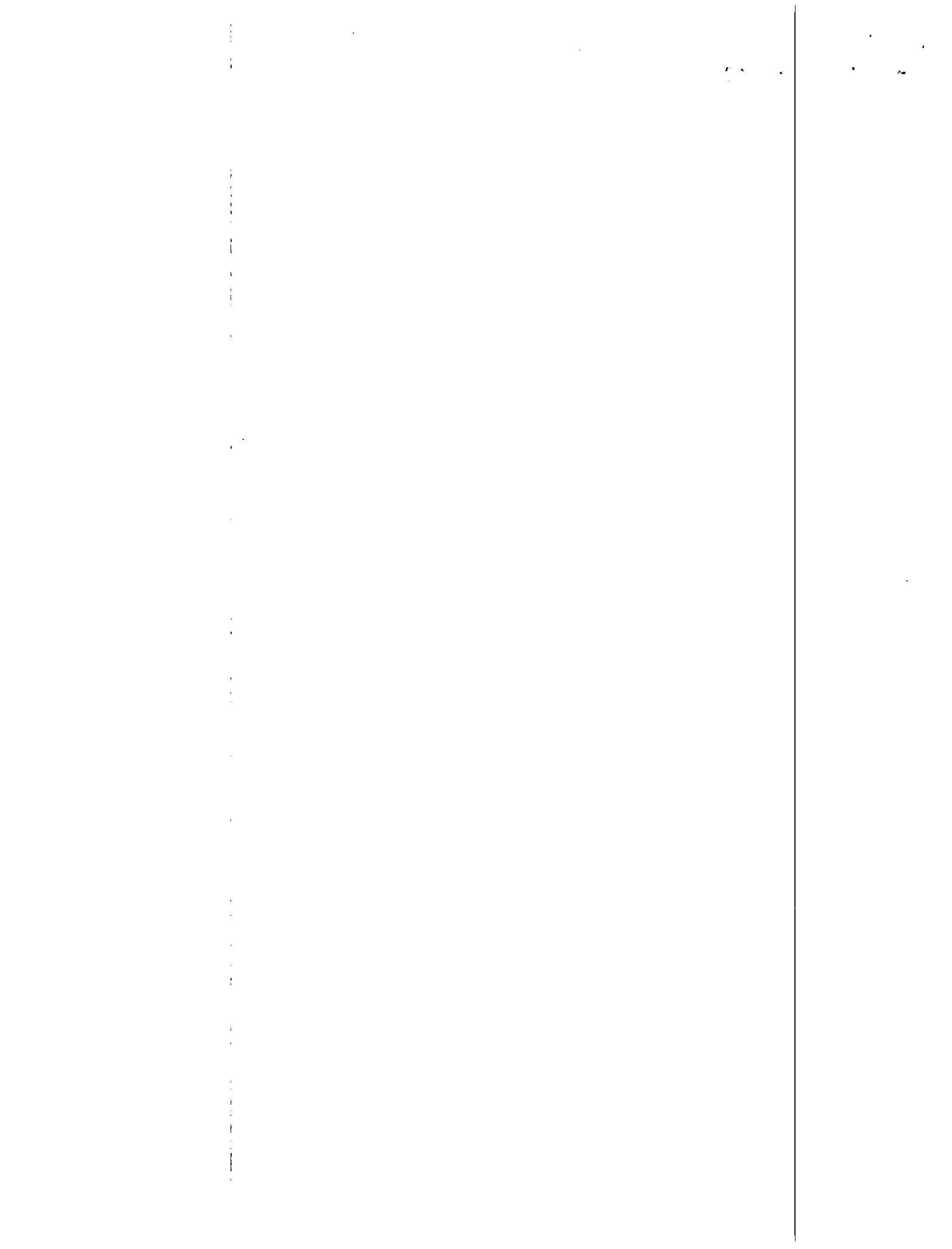
**DEEP OBSERVATION HOLE LOG\***

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0 - 26"	A+B mix plow-zone	FS L	10YR 3/2	N/A	Friable - loose
26" → 10.5'	C <sub>1</sub>	SAND	10YR 5/6	N/A	Loose med-coarse SAND. Some gravel, rounded.
10.5' → 11.5'	C <sub>2</sub>	Silt-loam	10YR 5/3	-	Dense silty-clay-

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH      Depth to Bedrock: N/A  
 Depth to Groundwater: Standing Water in the Hole: 9.5'      Weeping from Pit Face: 9.5'  
 Estimated Seasonal High Ground Water: 9.0'





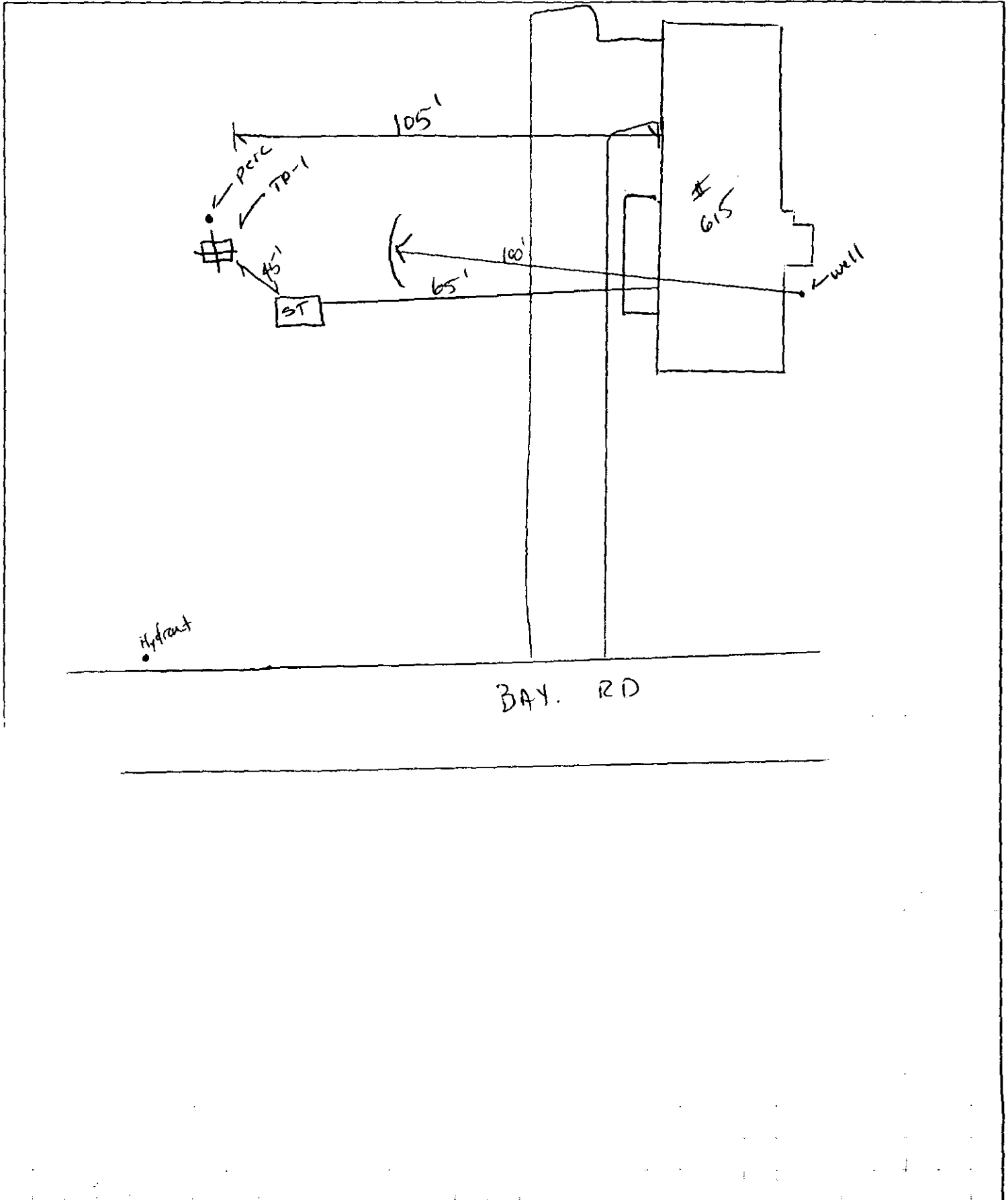


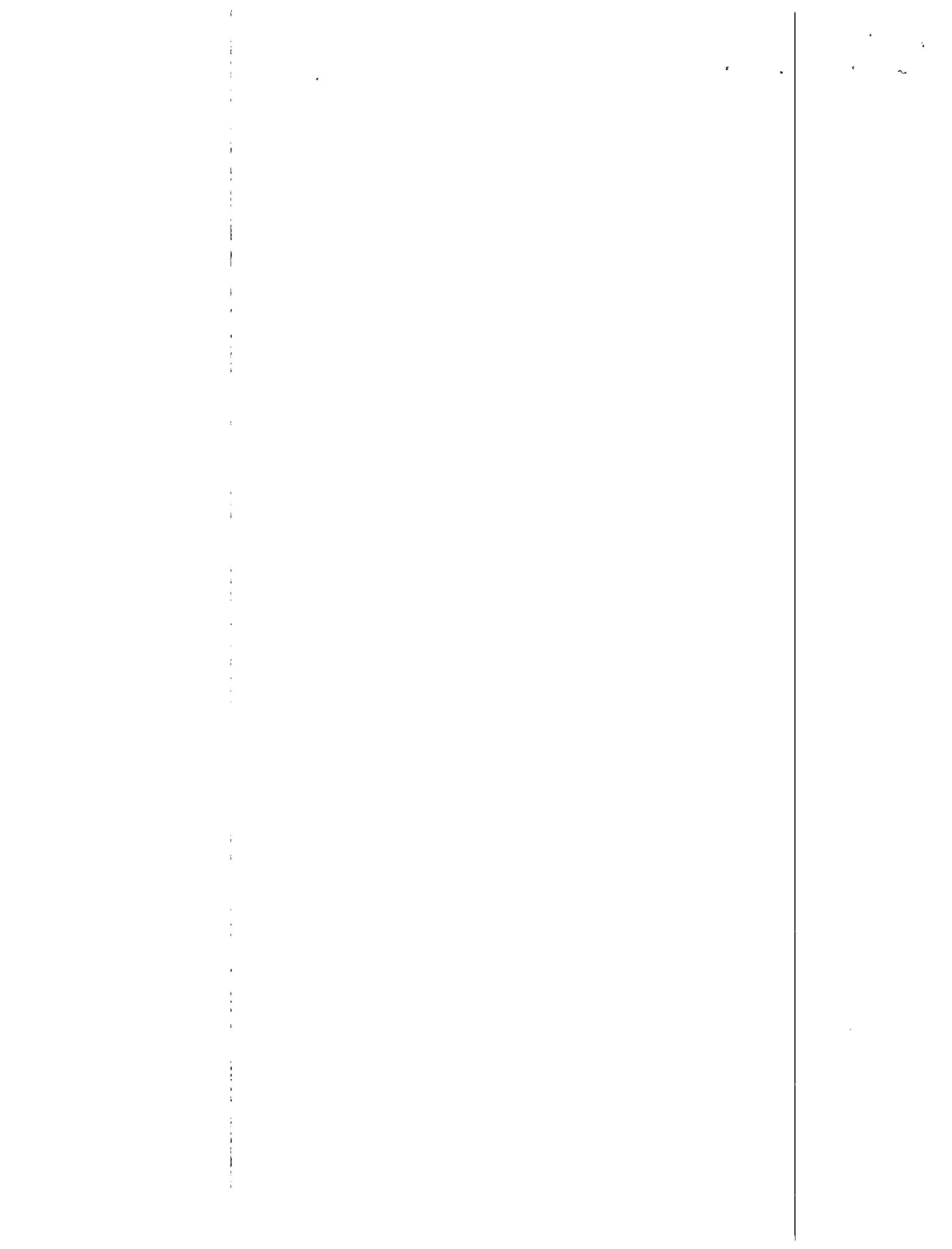


**COLD SPRING ENVIRONMENTAL  
CONSULTANTS**

Belchertown, MA 01007 • (413) 323-5957

JOB RIKLI - 615 ISAY  
 SHEET NO. \_\_\_\_\_ OF \_\_\_\_\_  
 CALCULATED BY AW DATE 4/23/98  
 CHECKED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 SCALE NTS





Location Address or Lot No. 615 BAY RD

COMMONWEALTH OF MASSACHUSETTS  
 , Massachusetts

Percolation Test*		
Date: <u>4/23/98</u>		Time: <u>9:00</u>
Observation Hole #	<u>P<sub>1</sub></u>	
Depth of Perc	<u>76'</u>	
Start Pre-soak	<u>9:06</u>	
End Pre-soak	<u>9:21</u>	
Time at 12"	<u>9:21</u>	
Time at 9"	<u>9:26</u>	
Time at 6"	<u>9:36</u>	
Time (9"-6")	<u>10</u>	
Rate Min./Inch	<u>3.33</u>	

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

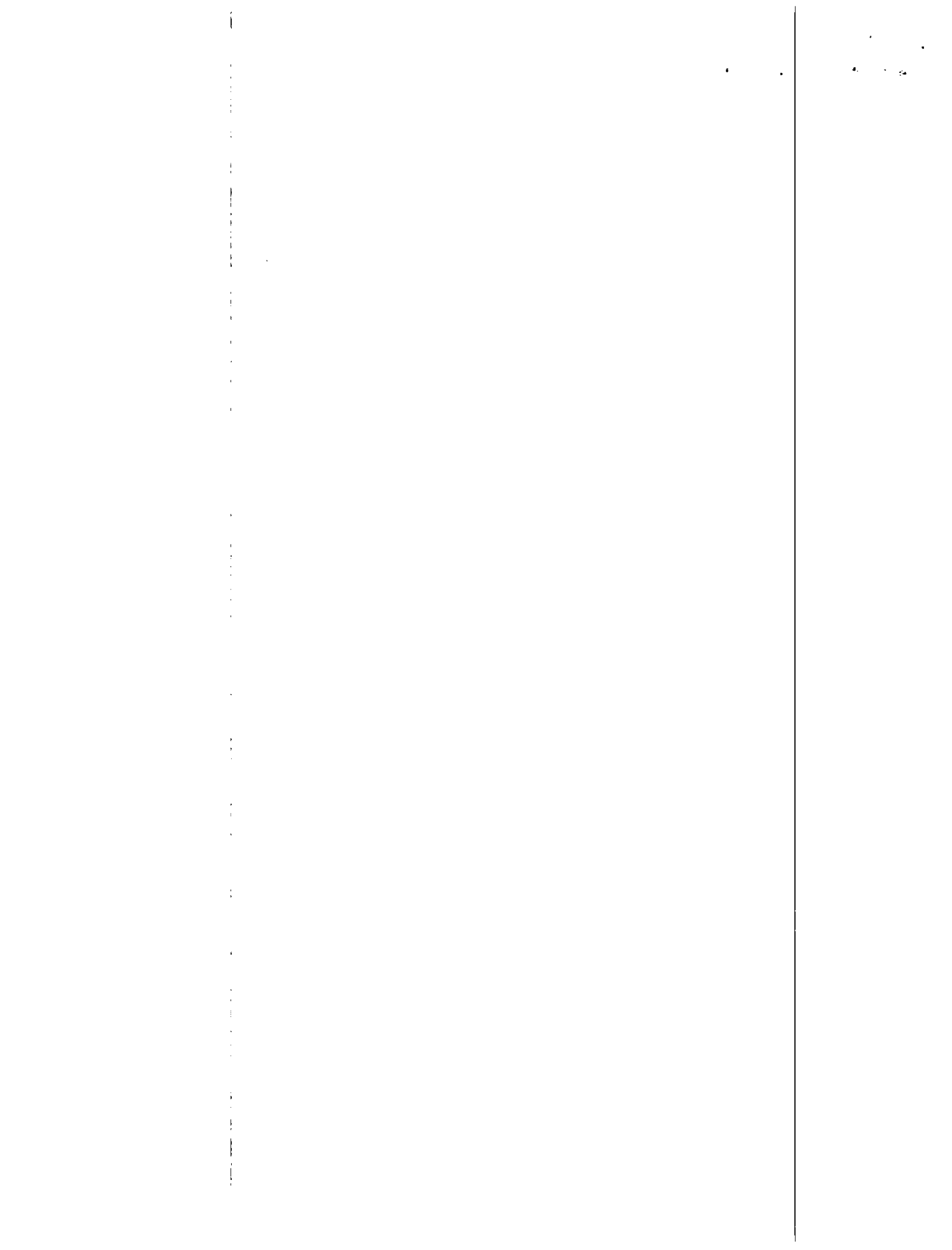
Site Passed  Site Failed

Performed By: A. WEISS

Witnessed By: M. LOMBARD

Comments: NEW S.I.T. (OLD ONE 35 YRS. OLD.)





Location Address or Lot No. 615 BAY RD.

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 108 inches
- Ground water adjustment                    feet

Index Well Number                    Reading Date                    Index well level

Adjustment factor                    Adjusted ground water level

Depth of Naturally Occurring Pervious Material

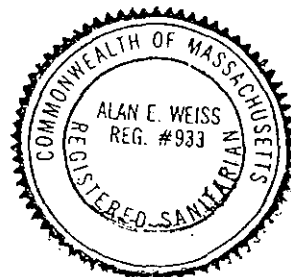
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

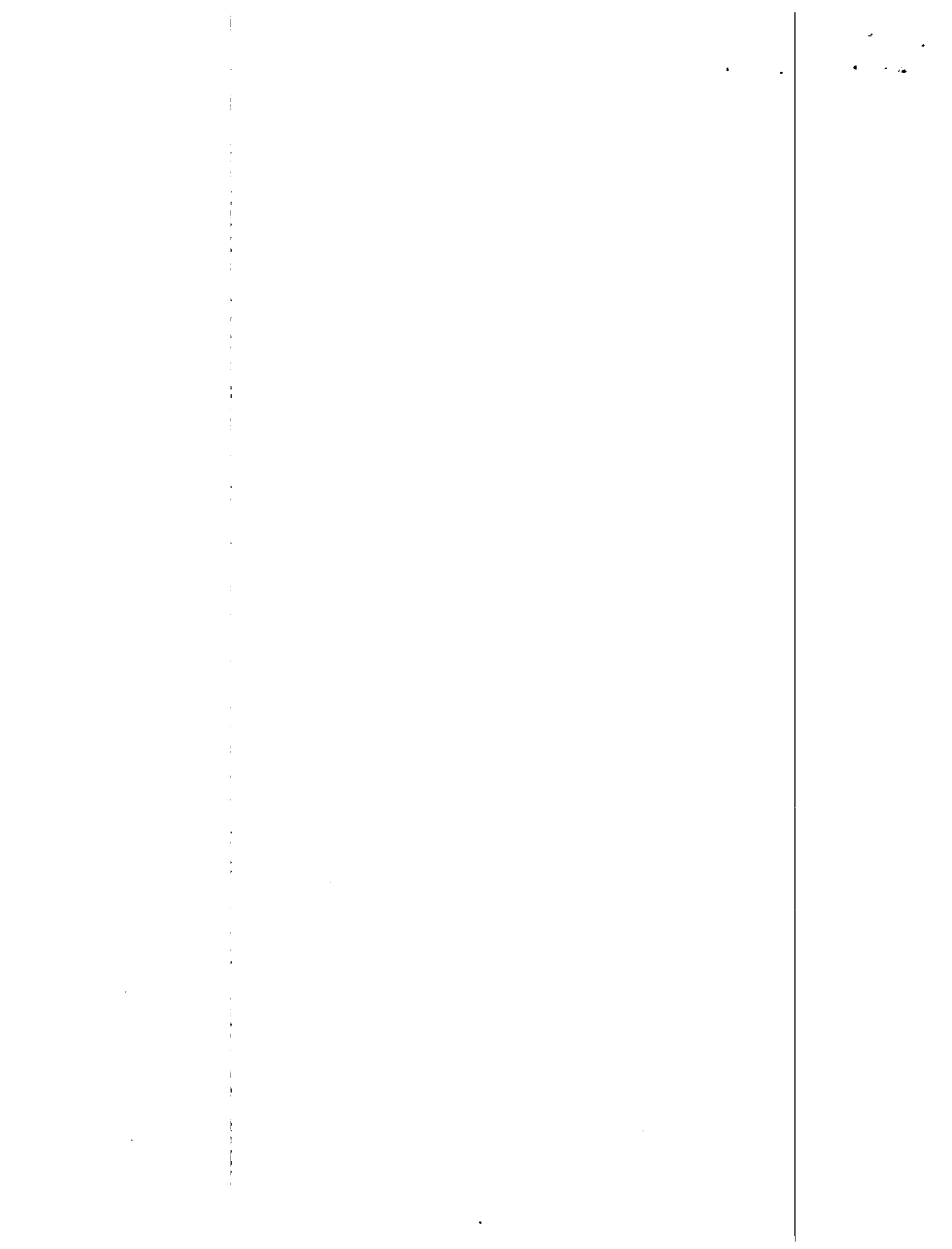
If not, what is the depth of naturally occurring pervious material?                   

Certification

I certify that on June 95 (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 Alan Weiss                    Date 8/23/98





45969

TOWN OF AMHERST  
HEALTH PERMITS/ INSPECTION SERVICES

No 0341

Received of Ben Ricci of 615 Bay Rd.

For Property Located at: 615 Bay Rd Street Address Ben Ricci Address Owner

- HEA009 Bakery \_\_\_\_\_  
R6510 443508
- HEA001 Bed & Breakfast \_\_\_\_\_  
R6510 443516
- HEA025 Burial Permits \_\_\_\_\_  
R6510 443517
- HEA002 Catering License \_\_\_\_\_  
R6510 443507
- HEA003 Food Handler \_\_\_\_\_  
R6510 443515
- HEA004 Frozen Desserts \_\_\_\_\_  
R6510 443501
- HEA024 Funeral Director License \_\_\_\_\_  
R6510 443502
- HEA005 Health Dept. Housing Insp. \_\_\_\_\_  
R6510 432302
- HEA006 Massage Therapy License \_\_\_\_\_  
R6510 443504
- HEA007 Milk & Cream License \_\_\_\_\_  
R6510 443500
- HEA008 Motel License \_\_\_\_\_  
R6510 443506
- HEA010 Removal of Offal \_\_\_\_\_  
R6510 443513
- HEA011 Percolation Test Fees 100.00 \_\_\_\_\_  
R6510 432300
- HEA013 Recreation Camp License. \_\_\_\_\_  
R6510 443503
- HEA014 Retail Store Permit \_\_\_\_\_  
R6510 443514
- HEA015 Sanitary Code Booklets \_\_\_\_\_  
R6510 432305
- HEA016 Septic Tank Permit-Installers \_\_\_\_\_  
R6510 443511
- HEA017 Septic Tank Permit-Private \_\_\_\_\_  
R6510 443510
- HEA018 Septic Tank Reinspection Fee \_\_\_\_\_  
R6510 432301
- HEA026 Smoking & Tobacco Reg. Violations \_\_\_\_\_  
R6510 443518
- HEA019 Sub-Division Review Fee \_\_\_\_\_  
R6510 432306
- HEA012 Swimming Pool Permits \_\_\_\_\_  
R6510 443512
- HEA023 TB Clinic \_\_\_\_\_  
R6510 432303
- HEA020 Tanning License \_\_\_\_\_  
R6510 443509
- HEA022 Tobacco License \_\_\_\_\_  
R6510 443505
- HEA \_\_\_\_\_
- HEA \_\_\_\_\_

TOTAL FEE: five

[Signature]  
Inspection Services/Health Department

5/2/98  
Date

1- Page 1425

Must be validated by the Collector's Office to be considered paid.





VIRGINIA S. RICCI  
BENJAMIN RICCI  
615 BAY ROAD  
AMHERST, MA 01002

5-20/110  
0363114691

0868

DATE 5/6/98

PAY TO THE  
ORDER OF

Town of Amherst, Inspection Services \$ 100.00

One hundred

DOLLARS  Security features  
included.  
Examine on back.

  
43303 Amherst Office  
Amherst, Massachusetts 01002

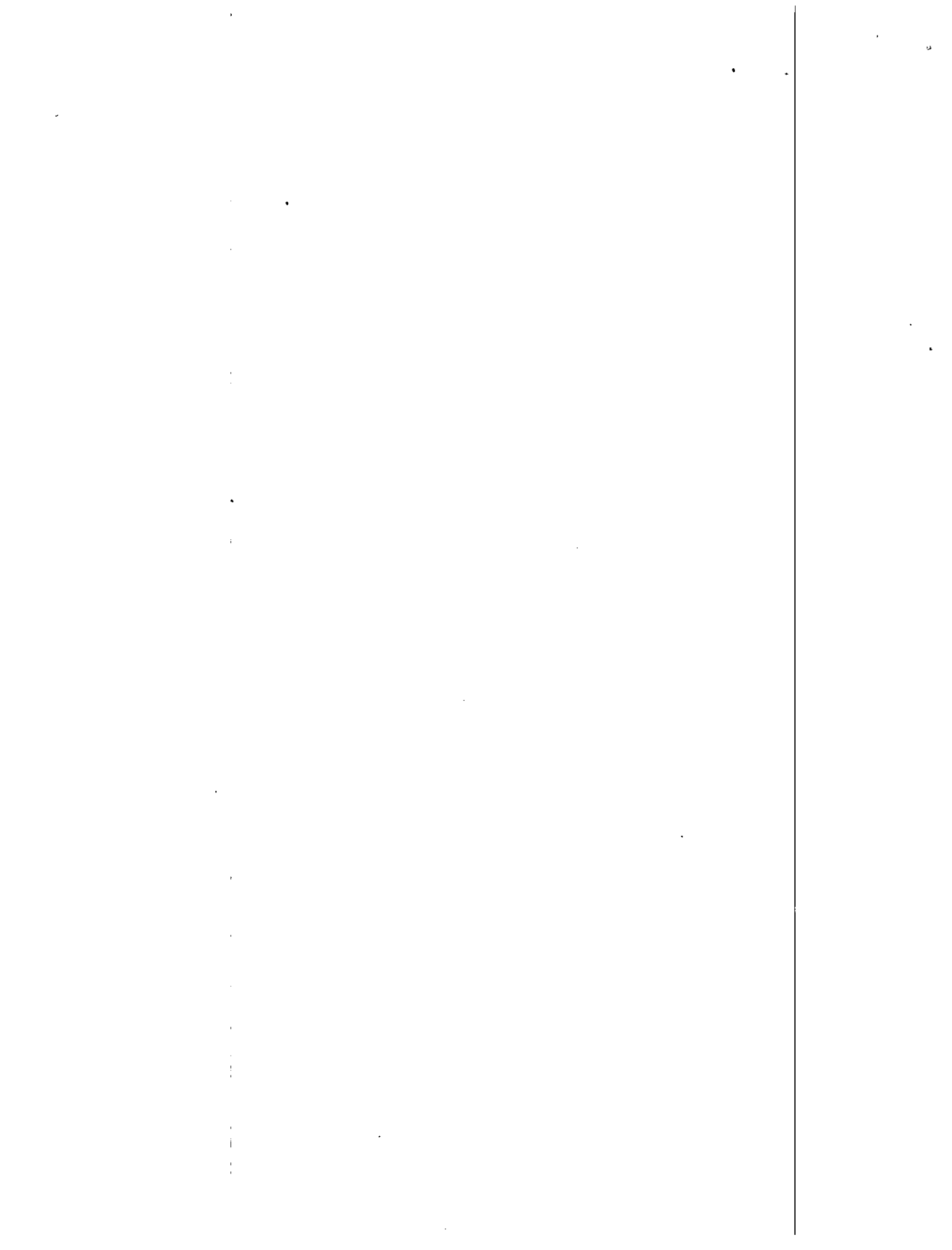
MEMO

Virginia S. Ricci MP

⑆011000206⑆ 03631 14691⑈ 0868

© DELUXE WALLET OR DUPLICATE

SAFETY PAPER



**TOWN OF AMHERST  
HEALTH PERMITS/ INSPECTION SERVICES**

No. 0338

Received of BENJAMIN RICCI of 1015 BAY RD, Amh. MA 01002

For Property Located at: SAME OWNER

- |   |       |  |       |
|---|-------|--|-------|
| HEA009 Bakery<br>R6510 443508                     | _____ | HEA014 Retail Store Permit<br>R6510 443514               | _____ |
| HEA001 Bed & Breakfast<br>R6510 443516            | _____ | HEA015 Sanitary Code Booklets<br>R6510 432305            | _____ |
| HEA025 Burial Permits<br>R6510 443517             | _____ | HEA016 Septic Tank Permit-Installers<br>R6510 443511     | _____ |
| HEA002 Catering License<br>R6510 443507           | _____ | HEA017 Septic Tank Permit-Private <i>APP</i> <i>6000</i> | _____ |
| HEA003 Food Handler<br>R6510 443515               | _____ | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      | _____ |
| HEA004 Frozen Desserts<br>R6510 443501            | _____ | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____ |
| HEA024 Funeral Director License<br>R6510 443502   | _____ | HEA019 Sub-Division Review Fee<br>R6510 432306           | _____ |
| HEA005 Health Dept. Housing Insp.<br>R6510 432302 | _____ | HEA012 Swimming Pool Permits<br>R6510 443512             | _____ |
| HEA006 Massage Therapy License<br>R6510 443504    | _____ | HEA023 TB Clinic<br>R6510 432303                         | _____ |
| HEA007 Milk & Cream License<br>R6510 443500       | _____ | HEA020 Tanning License<br>R6510 443509                   | _____ |
| HEA008 Motel License<br>R6510 443506              | _____ | HEA022 Tobacco License<br>R6510 443505                   | _____ |
| HEA010 Removal of Offal<br>R6510 443513           | _____ | HEA  | _____ |
| HEA011 Percolation Test Fees<br>R6510 432300      | _____ | HEA  | _____ |
| HEA013 Recreation Camp License.<br>R6510 443503   | _____ |  |       |

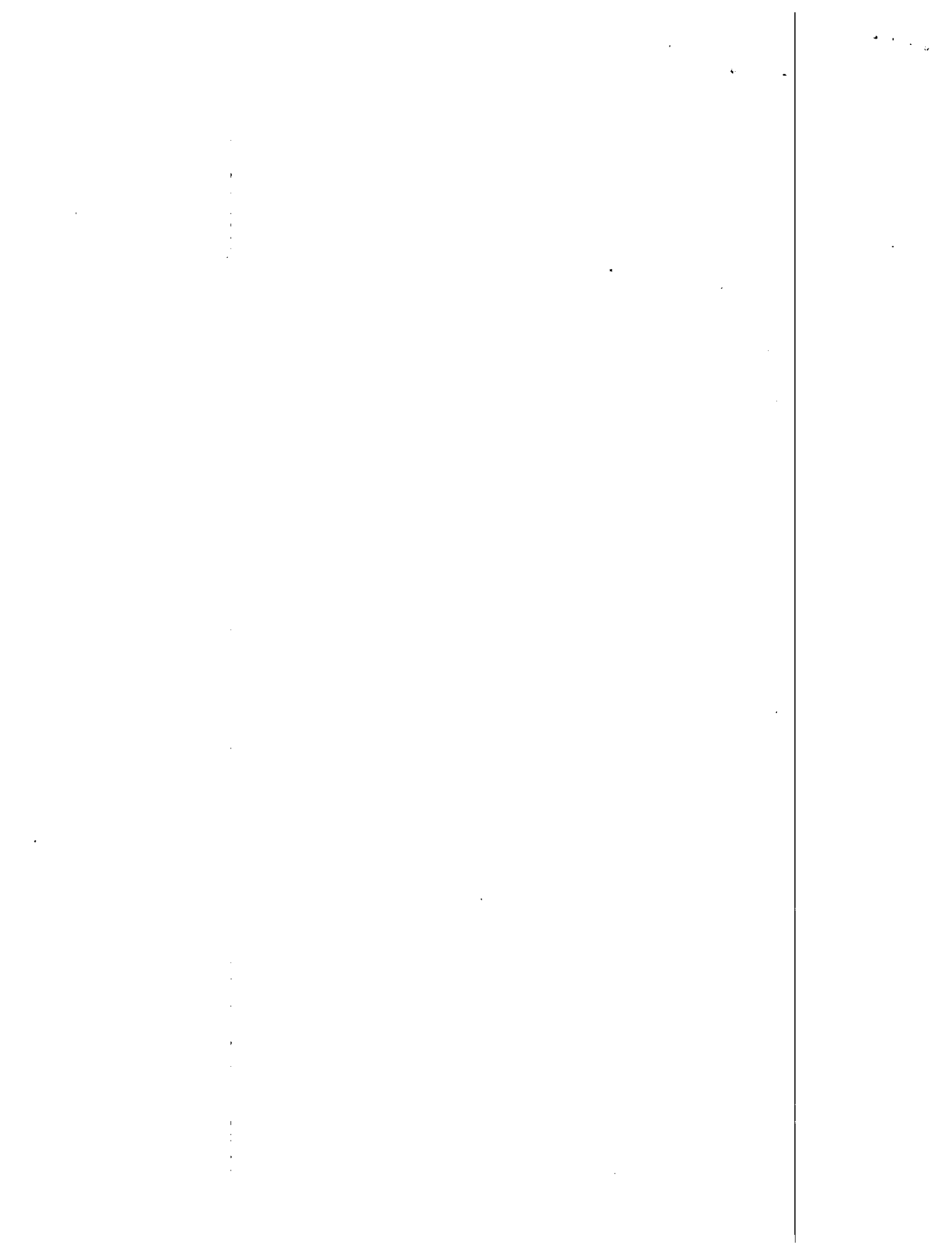
TOTAL FEE: \$1000

*Benjamin Ricci*  
Inspection Services/Health Department

5/6/98  
Date

*5/6/98*  
*CHK. #0866*

Must be validated by the Collector's Office to be considered paid.



VIRGINIA S. RICCI  
BENJAMIN RICCI  
615 BAY ROAD  
AMHERST, MA 01002

5-20/110  
0363114691

0866

DATE May 6, 1998

PAY TO THE  
ORDER OF

Town of Amherst


\$ 60<sup>00</sup>/<sub>100</sub>

Sixty only

DOLLARS  Security features  
included.  
Drawn on back.

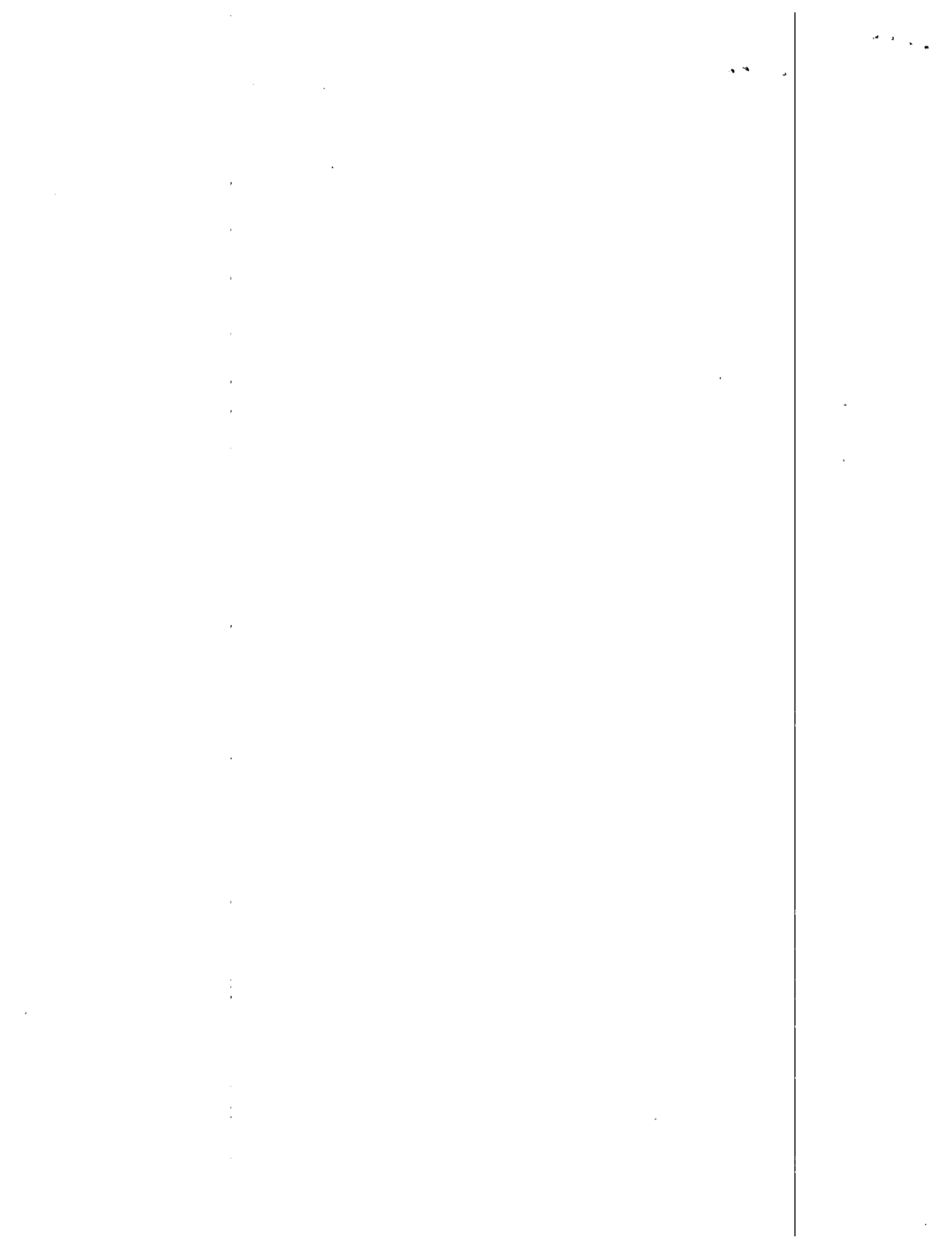
  
43303 Amherst Office  
Amherst, Massachusetts 01002

MEMO \_\_\_\_\_

Benjamin Ricci 

⑆011000206⑆ 03631 14691⑆ 0866

SAFETY PAPER



**TOWN OF AMHERST  
HEALTH PERMITS/ INSPECTION SERVICES**

0338

Received of BENJAMIN RICE of 615 BRYAN RD, Amherst MA 01002

For Property Located at: Same Street Address Owner

- |  |       |   |       |
|--|-------|---|-------|
| <b>HEA009</b> Bakery<br>R6510 443508                     | _____ | <b>HEA014</b> Retail Store Permit<br>R6510 443514               | _____ |
| <b>HEA001</b> Bed & Breakfast<br>R6510 443516            | _____ | <b>HEA015</b> Sanitary Code Booklets<br>R6510 432305            | _____ |
| <b>HEA025</b> Burial Permits<br>R6510 443517             | _____ | <b>HEA016</b> Septic Tank Permit-Installers<br>R6510 443511     | _____ |
| <b>HEA002</b> Catering License<br>R6510 443507           | _____ | <b>HEA017</b> Septic Tank Permit-Private<br>R6510 443510        | _____ |
| <b>HEA003</b> Food Handler<br>R6510 443515               | _____ | <b>HEA018</b> Septic Tank Reinspection Fee<br>R6510 432301      | _____ |
| <b>HEA004</b> Frozen Desserts<br>R6510 443501            | _____ | <b>HEA026</b> Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____ |
| <b>HEA024</b> Funeral Director License<br>R6510 443502   | _____ | <b>HEA019</b> Sub-Division Review Fee<br>R6510 432306           | _____ |
| <b>HEA005</b> Health Dept. Housing Insp.<br>R6510 432302 | _____ | <b>HEA012</b> Swimming Pool Permits<br>R6510 443512             | _____ |
| <b>HEA006</b> Massage Therapy License<br>R6510 443504    | _____ | <b>HEA023</b> TB Clinic<br>R6510 432303                         | _____ |
| <b>HEA007</b> Milk & Cream License<br>R6510 443500       | _____ | <b>HEA020</b> Tanning License<br>R6510 443509                   | _____ |
| <b>HEA008</b> Motel License<br>R6510 443506              | _____ | <b>HEA022</b> Tobacco License<br>R6510 443505                   | _____ |
| <b>HEA010</b> Removal of Offal<br>R6510 443513           | _____ | <b>HEA</b>  | _____ |
| <b>HEA011</b> Percolation Test Fees<br>R6510 432300      | _____ | <b>HEA</b>  | _____ |
| <b>HEA013</b> Recreation Camp License.<br>R6510 443503   | _____ |   | _____ |

TOTAL FEE: 516.17

5/6/98  
Date

Benjamin Rice  
Inspection Services/Health Department

5/6/98  
Phk. F. U. 110

RECEIVED BY: \_\_\_\_\_  
DATE: 5/6/98  
AMOUNT: \$516.17  
PAID TO: \_\_\_\_\_  
BY: \_\_\_\_\_

Must be validated by the Collector's Office to be considered paid.









Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

615 Bay Road

Property Address

Estate of Ben Ricci ( C/O James Ricci: 30 North Farms Road, Haydenville, MA 01039-9724)

Owner's Name

Amherst

MA

01002

05.13.2013

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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert @ inv.

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Good level flow, no high staining or carry over.

Pump Chamber (locate on site plan):

Pumps in working order: [ ] Yes [ ] No

Alarms in working order: [ ] Yes [ ] No

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

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

If SAS not located, explain why:





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615 Bay Road  
 Property Address  
 Estate of Ben Ricci ( C/O James Ricci: 30 North Farms Road, Haydenville, MA 01039-9724)  
 Owner's Name  
 Amherst MA 01002 05.13.2013  
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**D. System Information (cont.)**

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

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_ gallons

Design Flow: \_\_\_\_\_ gallons per day

Alarm present:  Yes     No

Alarm level: \_\_\_\_\_ Alarm in working order:  Yes     No

Date of last pumping: \_\_\_\_\_ Date

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

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





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 30"

Scum thickness 4"

Distance from top of scum to top of outlet tee or baffle 6"

Distance from bottom of scum to bottom of outlet tee or baffle 12"

How were dimensions determined? Meas.

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

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions:

Scum thickness

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

Date of last pumping: Date





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**D. System Information (cont.)**

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

15 yrs.

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

**Building Sewer** (locate on site plan):

Depth below grade: 1.5 feet

Material of construction:

cast iron  40 PVC  other (explain):

Distance from private water supply well or suction line: feet

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

ok

**Septic Tank** (locate on site plan):

Depth below grade: 1.25 feet

Material of construction:

concrete  metal  fiberglass  polyethylene  other (explain)

Good condition.

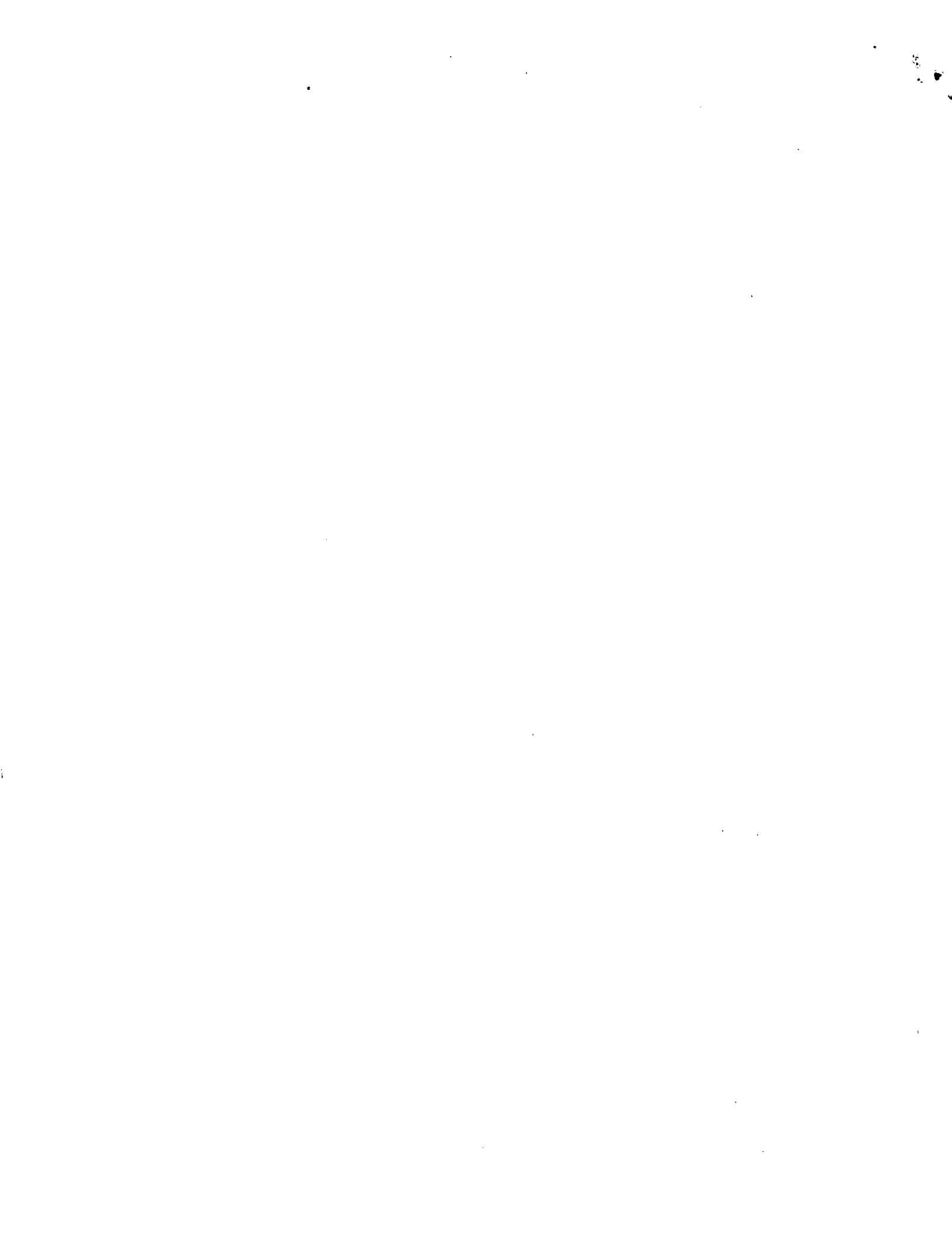
If tank is metal, list age: years

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

Dimensions: 10.5 x 5.5' x 4.2'

Sludge depth: 16"







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D. System Information (cont.)

Last date of occupancy/use: current Date

Other (describe below):

General Information

Pumping Records:

Source of information: New system 15 yrs ago (unk pumped prior)

Was system pumped as part of the inspection? [X] Yes [ ] No

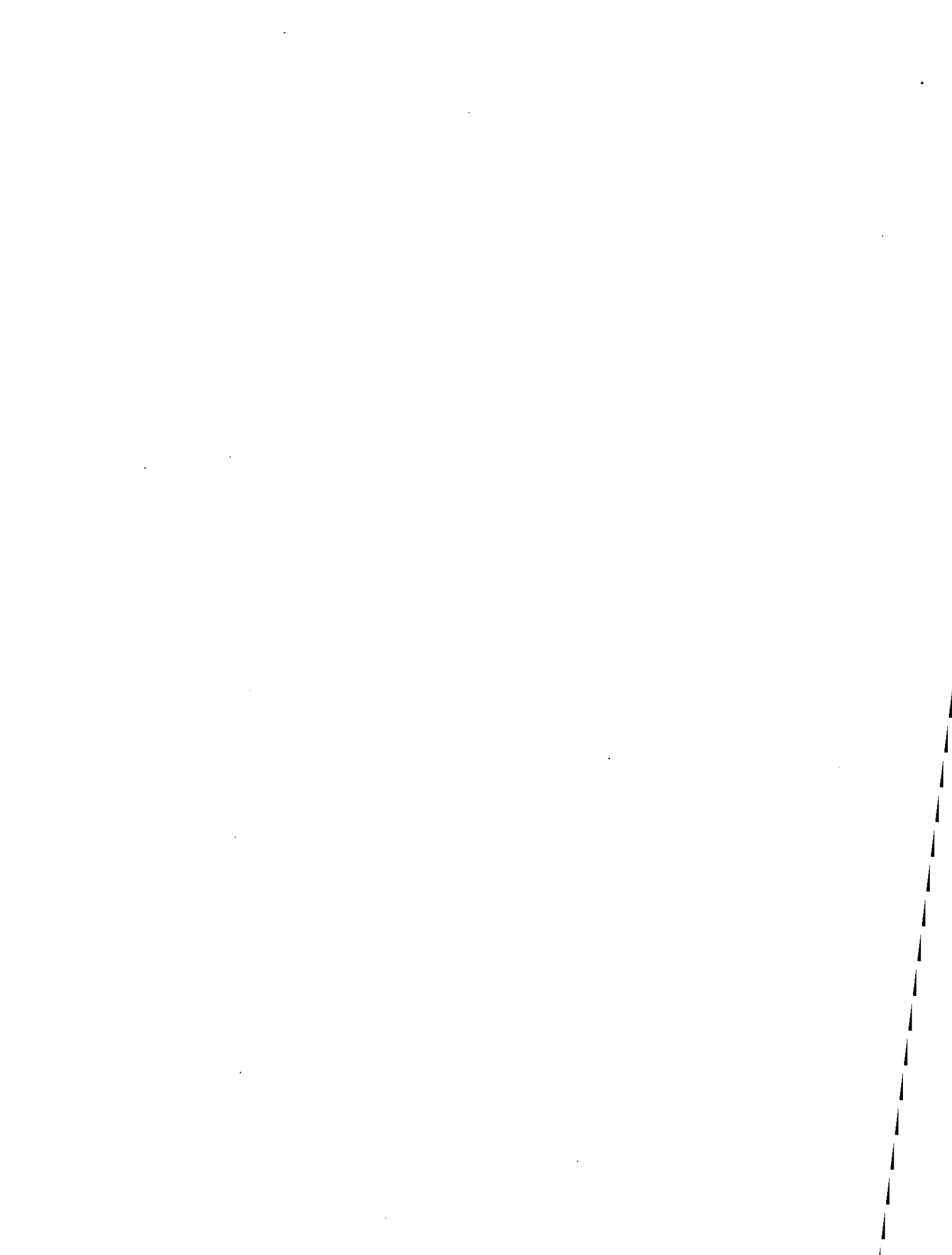
If yes, volume pumped: 1500 pumped gallons

How was quantity pumped determined? meas.

Reason for pumping: Inspection

Type of System:

- [X] Septic tank, distribution box, soil absorption system
[ ] Single cesspool
[ ] Overflow cesspool
[ ] Privy
[ ] Shared system (yes or no) (if yes, attach previous inspection records, if any)
[ ] Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract...
[ ] Tight tank. Attach a copy of the DEP approval.
[ ] Other (describe):





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D. System Information

Description:

1500 gallon S. tank three leach lines in 18' by 35' l. field.

Number of current residents:

0

Does residence have a garbage grinder?

Yes  No

Is laundry on a separate sewage system? [if yes separate inspection required]

Yes  No

Laundry system inspected?

Yes  No

Seasonal use?

Yes  No

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

n/a

Detail:

Sump pump?

Yes  No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes  No

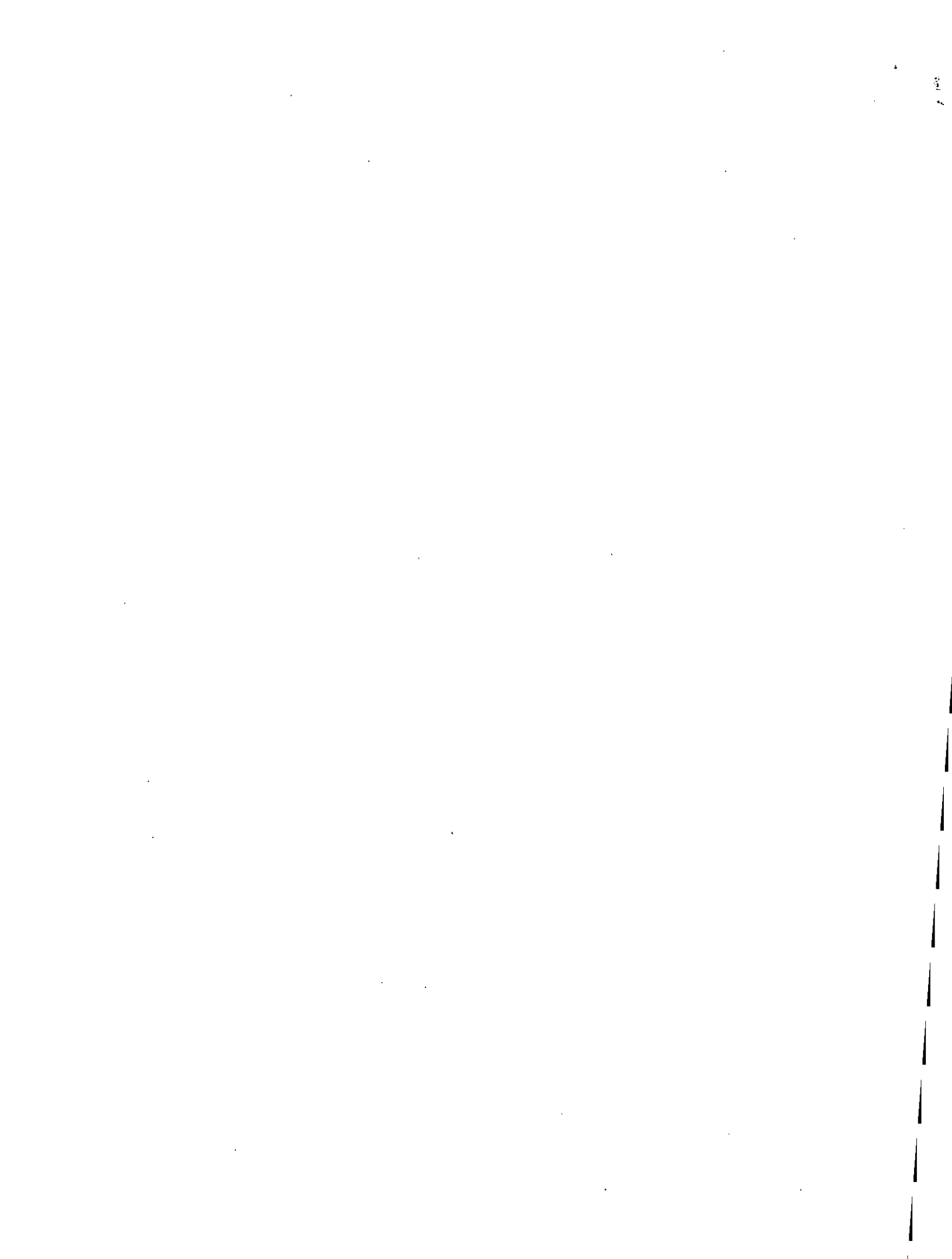
Industrial waste holding tank present?

Yes  No

Non-sanitary waste discharged to the Title 5 system?

Yes  No

Water meter readings, if available:





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C. Checklist

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

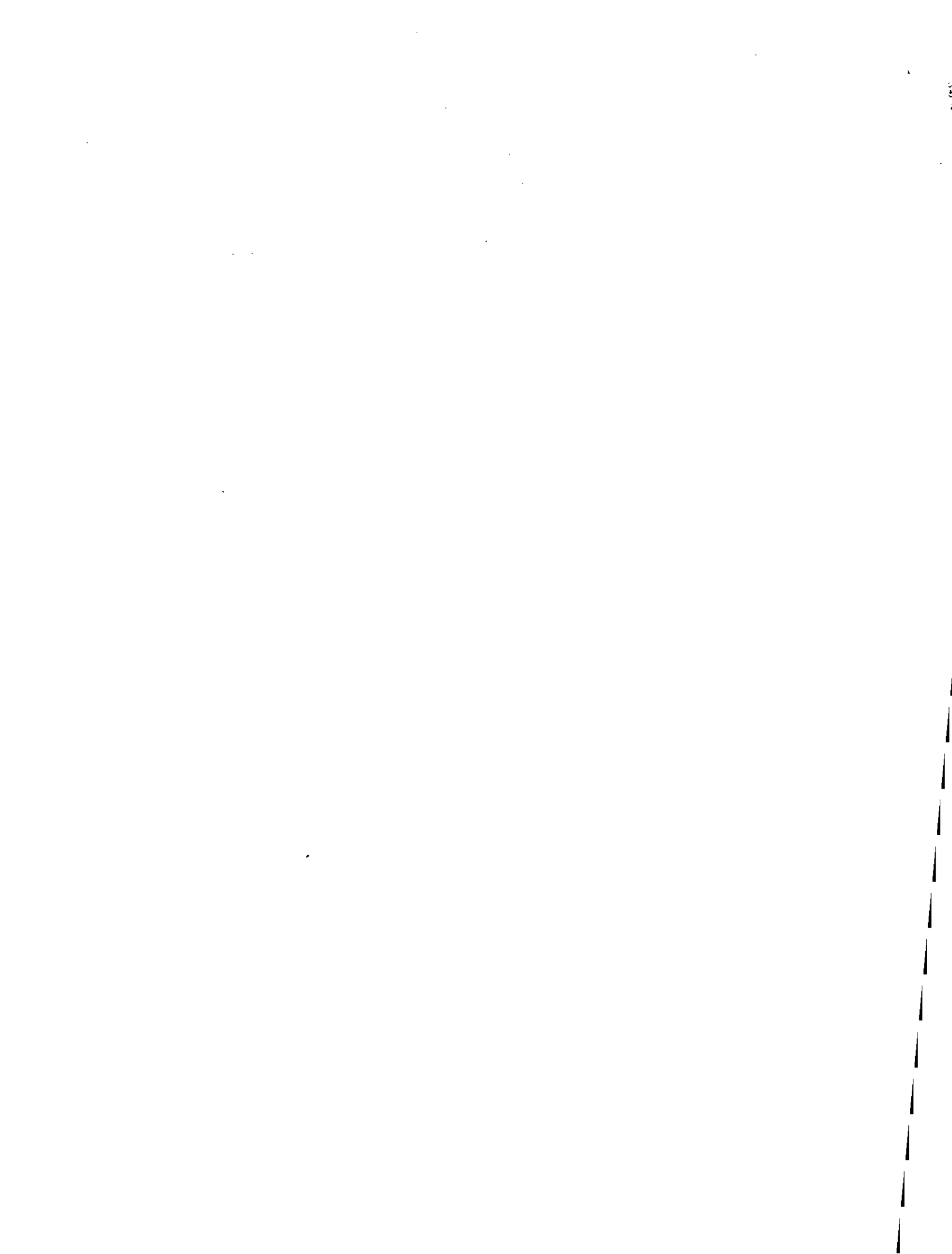
- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, water volumes, plans, sewage back up, break out, system components location, septic tank inspection, facility owner information, and field determination.

D. System Information

Residential Flow Conditions:

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

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 466





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B. Certification (cont.)

- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_.
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.







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B. Certification (cont.)

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

- Checkboxes for system failure criteria: 100 feet of surface water supply, Zone 1 of public water supply, 50 feet of private water supply well, and 100 feet but 50 feet or more from private water supply well.

Method used to determine distance:

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns 'Yes' and 'No' and four rows of failure criteria: Backup of sewage, Discharge of effluent, Static liquid level, and Liquid depth in cesspool.





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

- broken pipe(s) are replaced
obstruction is removed
distribution box is leveled or replaced

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

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

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

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

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

Handwritten marks or scribbles in the top right corner.



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B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has 1500 gal. S. tank and 18' x 35' leachfield of 15yrs age. System was functional with no failure evidence, with no persons using for last few months. Tank was pumped, All conditions were funtional. No signs of failure observed.

B) System Conditionally Passes:

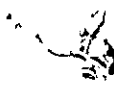
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

\* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

Y N ND (Explain below):





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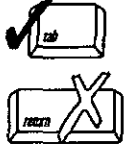
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Estate of Ben Ricci ( C/O James Ricci: 30 North Farms Road, Haydenville, MA 01039-9724)
Owner's Name
Amherst MA 01002 05.13.2013
City/Town State Zip Code Date of Inspection

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

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



A. General Information

1. Inspector:
Alan E Weiss, M.S, Hydrogeologist, RS # 933
Name of Inspector
Cold Spring Environmental Consultants Inc.
Company Name
350 Old Enfield Road
Company Address
Belchertown MA 01007
City/Town State Zip Code
413.323.5957 # 738
Telephone Number License Number

B. Certification

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

- [X] Passes [ ] Conditionally Passes [ ] Fails
[ ] Needs Further Evaluation by the Local Approving Authority

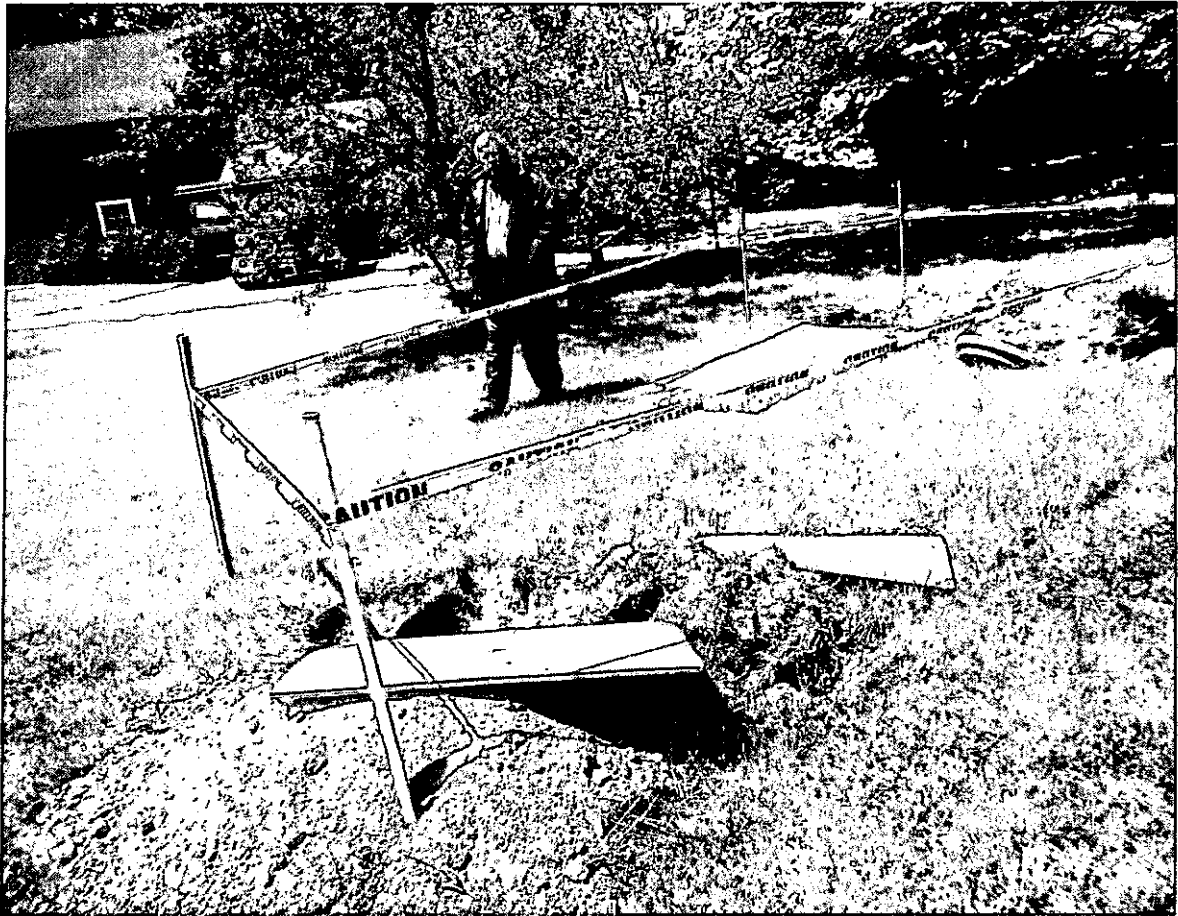
Inspector's Signature Date 05.13.2012

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

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



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Septic Area  
615 Bay Road  
Amherst MA  
05.13.2013





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## D. System Information (cont.)

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

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---

---

**Privy** (locate on site plan):

Materials of construction:

---

Dimensions

---

Depth of solids

---

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

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**D. System Information (cont.)**

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: 3 line 18' x 35'
- overflow cesspool number: \_\_\_\_\_
- innovative/alternative system

Type/name of technology: \_\_\_\_\_

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

No signs of failure or ponding noted.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Cesspools** (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration \_\_\_\_\_

Depth – top of liquid to inlet invert \_\_\_\_\_

Depth of solids layer \_\_\_\_\_

Depth of scum layer \_\_\_\_\_

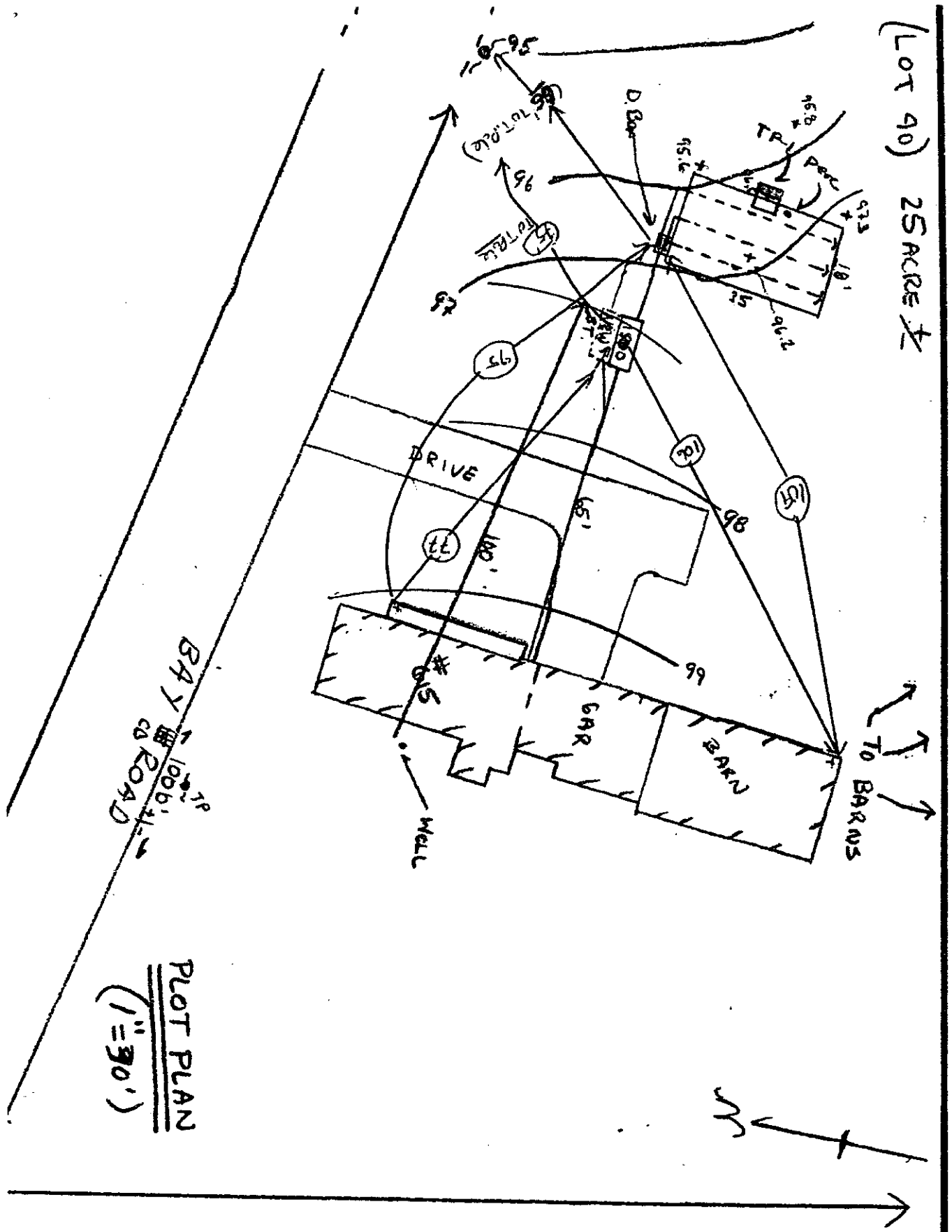
Dimensions of cesspool \_\_\_\_\_

Materials of construction \_\_\_\_\_

Indication of groundwater inflow  Yes  No



(Lot 90) 25 ACRES ±



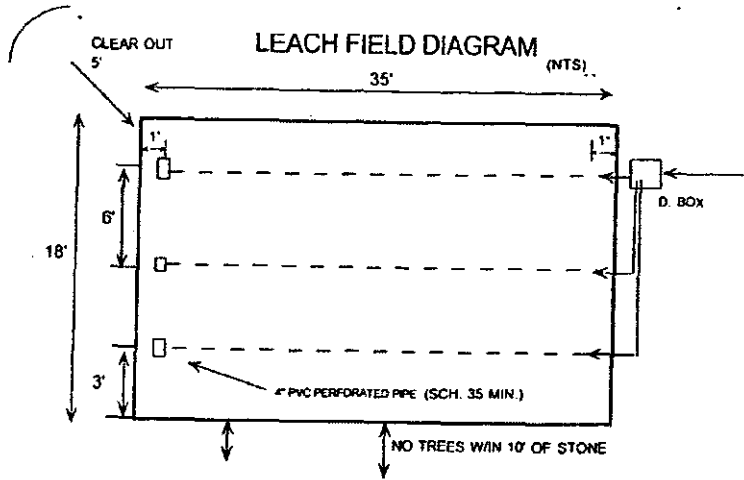
PLAT PLAN  
(1"=30')

- TP-1 EL
- 0-26"
- 26"-126"
- 126"-138
- ESHWT:
- 114"
- 114"
- NA



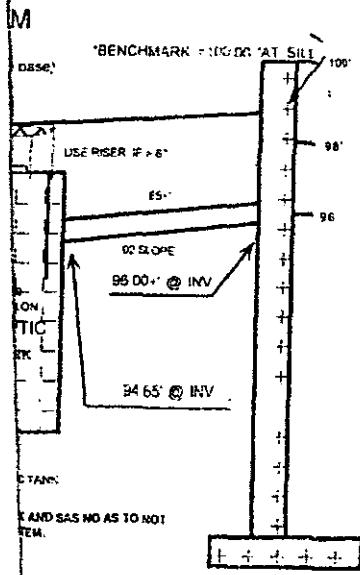


TEST PIT LOG	
6.51'	
A + B MIXED PLOW ZONE: FINE SANDY LOAM (10YR3/2)	
C1 (SAND): WELL SORTED, OUTWASH, LOOSE (10 YR 5/0)	
C2 (SILT LOAM mod. firm, DENSE SILT.(10YR5/3)	
1.57' (9.0')	
WELLS NOT OBSERVED STANDING H2O DRAINAGE FROM FACE BEDROCK	



**DESIGN NOTES:**

- 4BR x 110 gal/day = 440gal/day
- Use ONE Leach FIELD 18' wide x 35' LONG W/6" stone below invert.  
Bot. Area: 18' wide x 35' long = 630sf.  
Side Area: N.A.  
Tot. Area: 630 sf x 0.74 gal.sf. = 466 gal./day.
- NO GARBAGE DISPOSAL UNIT
- 3a. WATER LINE TO BE 10'+ FROM NEW FIELD.
- ALL D. BOX OUTLET PIPES LEVEL FOR 2'
- NO WELLS NOTED WITHIN 100 FEET OF SYSTEM (town water).
- NO WETLANDS WITHIN 100 FEET
- PRE & POST CONTOURS NOTED AS NECESSARY.
- RESERVE AREA NOT REQUIRED.
- SLOPE CALCS (SEE CONTOURS).
- 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 26".  
CLEAR TO BASE OF B (MIN. 26") UNDER BED. (FILL AS NEEDED TO COMPLY W/TITLE V).
- SOIL EVALUATION AND PERC. BY A. WEISS 4/23/98.
- DEPTH OF PERC. 46"  
PERC RATE 3.3 (5) MIN/IN. CLASS I SOIL RATING (SAND)
- USE GAS BAFFLE ON ST. OUTLET
- USE NEW 1,500 GAL 2 CHAMBERED S.TANK, REPLACE SEWER PIPE AS NEEDED.



<b>SEPTIC REPAIR PLAN FOR BEN RICCI 615 BAY ROAD, AMHERST MA.</b>		
SCALE: <b>NOTED</b>	APPROVED BY:	DRAWN BY: <b>AW</b>
DATE: <b>5/5/98</b>		REVISED
<b>COLD SPRING ENVIRONMENTAL, INC.</b>		DRAWING NUMBER <b>98-879-0423</b>



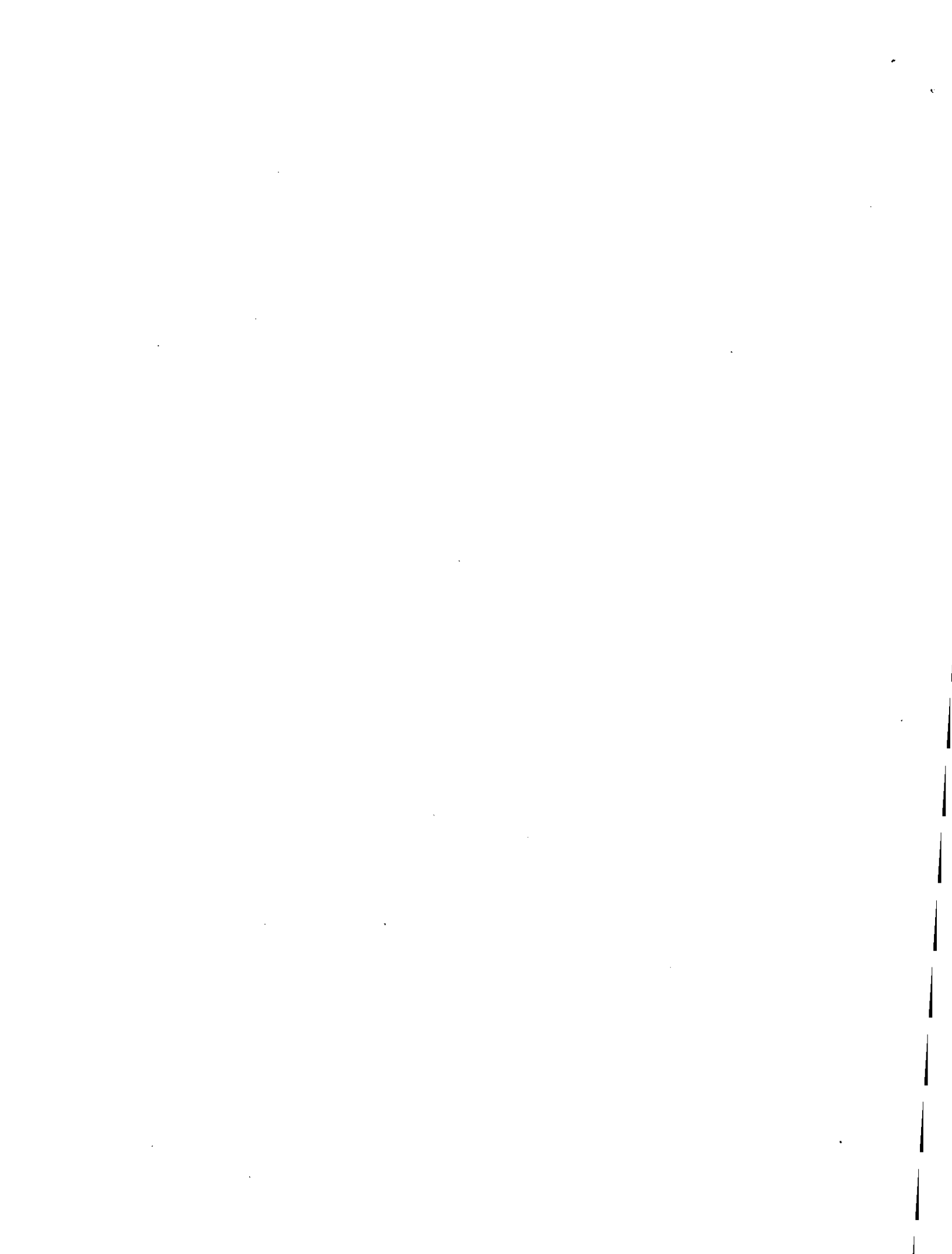


Distribution Box  
615 Bay Road  
Amherst MA  
05.13.2013





Septic Tank Outlet Tee  
615 Bay Road  
Amherst MA  
05.13.2013





Septic Tank inlet Tee  
615 Bay Road  
Amherst MA  
05.13.2013