630 Bay Rd

630 BAY ROAD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-5 Date 3/28/72 Fee 3.00 Date Rec'd. 3/28/72 By D.G.F.

Application is hereby made for a permit to Construct (✓) or Repair ( ) an Individual Sewage Disposal System at:
Location—Address BAY RD SCHOOLMAKER LOTS or Lot No. #6
Owner T. BLAUVELT Address 123 MEADOW ST. FLORENCE
Contractor PLANTATION VALLEY HOMES, INC. Address " " " "
Type of Building DWELLING Dimensions 68 X 28 Size Lot 36,600±
Dwelling—No. of Bedrooms 6 (3) Expansion Attic ( ) Garbage Grinder (✓)
Other ____ No. of persons 5 Showers (2)
Other fixtures 2 TOILETS, 3 LAVS, 1 TUB & SHOWER, 1 SINK
Town Water? ✓ YES Type of Well ____
Design Flow 50 gallons per person per day. Total daily flow ____ gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L____ W____ D____
Disposal Trench—No. ____ Width ____ Total Length ____ Total leaching area ____ sq. ft.
Disposal Bed—No. 1 Diameter 10 Depth below inlet 40 Total leaching area 400 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 3/27/72
Test Pit No. 1 0.3 minutes per inch Depth of Test Pit 2'-3"
Test Pit No. 2 ____ minutes per inch Depth of Test Pit ____
Description of Soil 9" TOPSOIL 1'-6" GRAVEL 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.

Plantation Valley Homes, Inc. 3/28/72
Owner or builder date
Application Approved by [signature] by: T Blauvelt, Pres. 3-28-72
date

Application Disapproved *for the following reasons:*

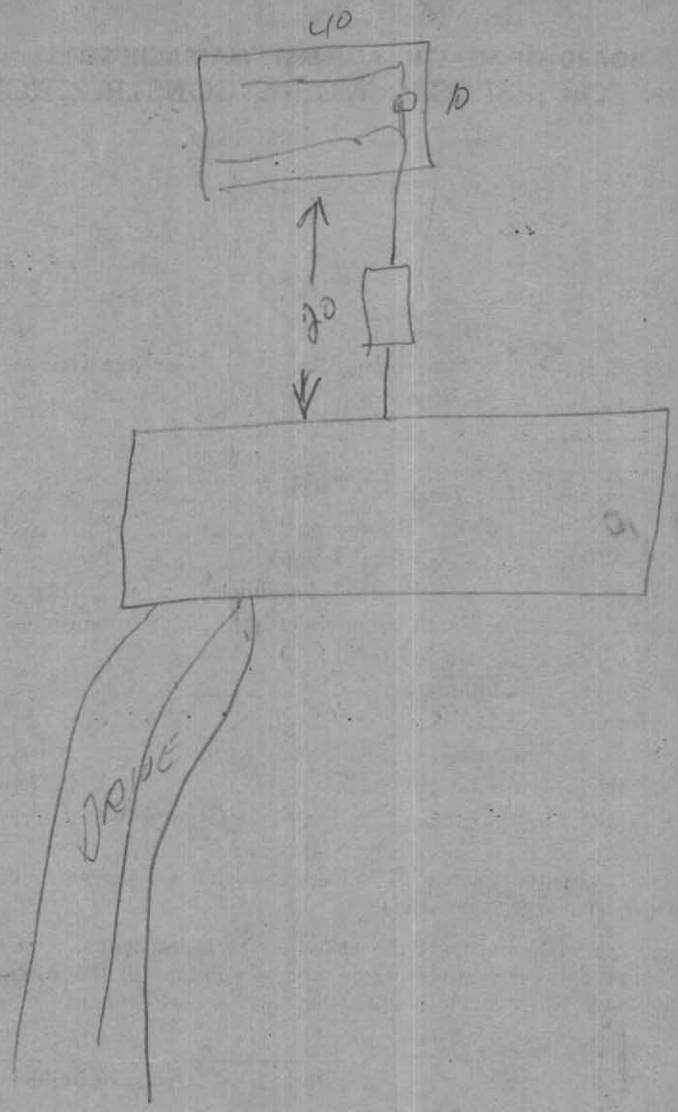
BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired ( ) by RIVER DR. EXC. at LOT #6 BAY RD 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. 72-5 dated MARCH 28, 1972

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

DATE JUNE 27, 1972 Inspector [signature]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COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

ARGEO PAUL CELLUCCI
Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 630 Bay Rd. Amherst, MA
Name of Owner Stephanie Morris
Address of Owner: 630 Bay Rd. Amherst, MA 01002
Date of Inspection: 8/24/99
Name of Inspector: (Please Print) Robert W. Stover (413) 256-8608
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Amherst Civil Engineering
Mailing Address: P.O. Box 3312, Amherst, MA 01004-3312
Telephone Number: (413) 256-3400

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: Robert W. Stover **Date:** 8/24/99

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP)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.

NOTES AND COMMENTS

This system is 27 years old and has not been pumped prior to this inspection. Outlet baffles have broken off outlet lid completely. How long outlet baffle has been missing is not known. Karl's will replace with PVC Tee. Distribution box shows some deterioration around pipes but it is functional. Soil at this site is well drained sandy outwash.

revised 9/2/98

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

Property Address: 630 Bay Rd. Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

INSPECTION SUMMARY: Check ***A, B, C, or D***:

A. SYSTEM PASSES:

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

COMMENTS: See page 1

B. SYSTEM CONDITIONALLY PASSES:

no 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.

no 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 complying septic tank as approved by the Board of Health.

no 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

no 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

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

Property Address: 630 Bay Rd Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

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

ND 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 IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

N/A Cesspool or privy is within 50 feet of surface water
N/A 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 AND SAFETY AND THE ENVIRONMENT:

ND 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.
ND The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
ND The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
ND 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 area on town water

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

Property Address: 630 Bay Rd. Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

D. SYSTEM FAILS:

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

__no__ **I have determined that one or more of the following failure conditions exist as described 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.
__ N/A __		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.
__ N/A __		Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
__ N/A __		Any portion of a cesspool or privy is within a Zone I of a public well.
__ N/A		Any portion of a cesspool or privy is within 50 feet of a private water supply well.
__ N/A __		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" to each of the following:

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

N/A **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 upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 630 Bay Rd, Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

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

Yes	No	
✓		Pumping information was provided by the owner, occupant, or 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. For example, Plan at B.O.H.
✓		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)] Distribution box located and inspected
✓		The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 630 Bay Rd. Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 110 g.p.d./bedroom.
Number of bedrooms (design): 3 Number of bedrooms (actual): 3
Total DESIGN flow 330
Number of current residents: 1
Garbage grinder (yes or no): no
Laundry (separate system) (yes or no): no; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): no
Water meter readings, if available (last two year's usage (gpd): 68.65 gpd ave usage.
Sump Pump (yes or no): no
Last date of occupancy: present

COMMERCIAL/INDUSTRIAL:
Type of establishment: N/A
Design flow: _____ gpd (Based on 15.203)
Basis of design flow _____
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:
By report of owner system was not pumped for 24 years.
System pumped as part of inspection: (yes or no) yes
If yes, volume pumped: 1500 gallons
Reason for pumping: inspection & Maintenance

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. Attach copy of up to date operation and maintenance contract
- ___ Tight Tank ___ Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed ~~(if known)~~ and ~~source of information~~: System first put into use in 1972

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

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

Property Address: 630 Bay Rd. Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

BUILDING SEWER: inv. = 46 1/2" below top of foundation
(Locate on site plan)

Depth below grade: 24"
Material of construction: ✓ cast iron __ 40 PVC __ other (explain)

Distance from private water supply well or suction line 2' from public water service line.
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
in good condition, no evidence of leakage.

SEPTIC TANK: ✓
(locate on site plan)

Depth below grade: 15"
Material of construction: ✓ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)

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

Dimensions: inside: 9' x 5' x 4.5' liquid depth
Sludge depth: 24"
Distance from top of sludge to bottom of outlet tee or baffle: outlet baffle missing
Scum thickness: 0"
Distance from top of scum to top of outlet tee or baffle: none
Distance from bottom of scum to bottom of outlet tee or baffle: none
How dimensions were determined: measured

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.) outlet baffle was concrete cast-to-lid enclosed but it had broken off. To be replaced with Sch 40 PVC tee. Inlet baffle is enclosed concrete cast-to-lid in functional condition. Structural integrity of tank appeared good. No evidence of leakage observed. I recommend pumping tank every 2 years to prolong life of leach bed.

GREASE TRAP: N/A
(locate on site plan)

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

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

Comments:
(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: 630 Bay Rd. Amherst MA
Owner: Morris
Date of Inspection: 8/24/99

TIGHT OR HOLDING TANK: N/A **(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 present_____
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) 21" below grade

Depth of liquid level above outlet invert: ½" ± below invert of outlet pipes.

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Box in fair condition - some deterioration around pipes and unused outlet ports. Box probably leaks slightly. No solids observed. Some scum build up on inlet and outlet pipe ends in box. Box is level and distribution is reasonably equal.

PUMP CHAMBER: N/A
(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.) _____

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

Property Address: 630 Bay Rd. Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

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

If not located, explain:

Type:
- leaching pits, number:___
- leaching chambers, number:___
- leaching galleries, number:___
- leaching trenches, number, length:_____
- leaching fields, number, dimensions: 1 estimated dimensions: 20' X 15' 2 lines
- overflow cesspool, number:___
- Alternative system: _____
  - Name of Technology: _____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)
condition of soil and vegetation normal- no evidence of ponding or hydraulic failure observed

CESSPOOLS: N/A
(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: N/A
(locate on site plan)

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

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

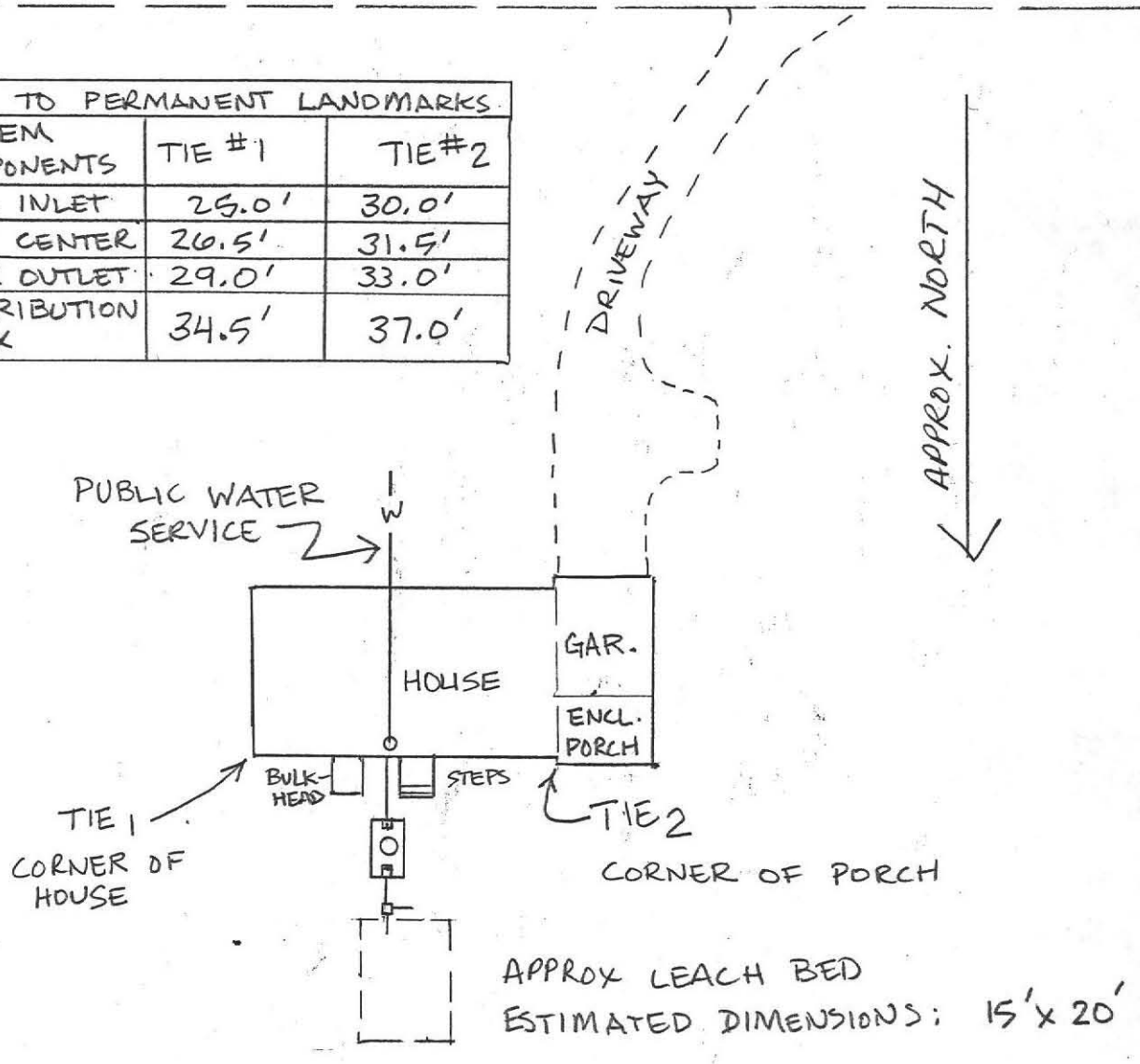
Property Address: 630 Bay Rd. Amherst, MA
Owner: Morris
Date of Inspection: 8/24 199

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)

1" = 30'

BAY ROAD

TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENTS	TIE #1	TIE #2
TANK INLET	25.0'	30.0'
TANK CENTER	26.5'	31.5'
TANK OUTLET	29.0'	33.0'
DISTRIBUTION BOX	34.5'	37.0'



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

Property Address: 630 Bay Rd. Amherst, MA
Owner: Morris
Date of Inspection: 8/24/99

NRCS **Report name** Soil Survey of Hampshire County, Mass. - Central Part
Soil Type HgA
Typical depth to groundwater >6'

USGS **Date website visited**
Observation Wells checked
Groundwater depth: Shallow_____ **Moderate**_____ **Deep**_____

SITE EXAM
Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater >6 **Feet**

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

____ **Obtained from Design Plans on record**

✓ **Observed Site (Abutting property, observation hole, basement sump etc.)**

____ **Determined from local conditions**

____ **Checked with local Board of health**

____ **Checked FEMA Maps**

____ **Checked pumping records**

____ **Checked local excavators, installers**

____ **Used USGS Data**

Describe how you established the High Groundwater Elevation. (Must be completed)

Site observations of topography, vegetation, cellar confirmed Soil Survey information cited above. Depth to groundwater is at least 6 feet.