

680 BAY ROAD



PERMITS/INSP PAYMENT RECPT#: 12015684  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 08/10/11 TIME: 11:52  
CLERK: mirj DEPT:

PAID BY:  
PAYMENT METH: CHECK 134

REFERENCE:

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

SITE ADDRESS: 680 BAY ROAD

FEES:	
HEA058	200.00

TOTAL PAID:	200.00
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## AMHERST PUBLIC HEALTH DEPARTMENT

DATE: July 19, 2011

Estate of Gai Carpenter  
670 & 680 Bay Road  
Amherst, MA 01002

**PAYMENT TERMS:** Due Upon Receipt

JEFF - I'VE NOTED THAT THE SYSTEM @ 680 BAY ROAD (WILM.)  
WBE DE-COMMISSIONED, BUT IT DOES NOT APPEAR WE HAVE BEEN  
CHARGING FOR A PERMIT FOR THIS, HENCE THE BILL ABOVE  
IS COMPLETE.

SINCERELY  
Ed Smith

W/12 pd 7/29/11  
BEEN #134





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for  
every page.

Estate of Gai Carpenter: 680 Bay Road, Amherst

Property Address

C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

07.19.2011

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

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

# 738

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:

☐ Passes

☐ Conditionally Passes

☒ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

07.19.2011

Date

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

**\*\*\*\*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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## 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 very old 50 + yr old system with 800 Gal S. tank, liquid level was at outlet, Dry well was nearly full of liquid, and had been full in past with staining up to/beyond invert pipe level now 20" down. Bottom at 5+ feet in. System very degraded and breakable, hand built (block built dry well). Town Sewer connection is now available on south and east side of dwelling.

### 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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## 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

- ☐ 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 ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

### 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





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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:**

- ☐ 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.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: \_\_\_\_\_

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for 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:

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

## D) System Failure Criteria Applicable to All Systems:

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

Yes No

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow                             |





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## B. Certification (cont.)

Yes No

- |                                     |                                     |   |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 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. <b>[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.]</b> |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>The system fails.</b> 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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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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## C. Checklist

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

Yes No

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.  |
| <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) [310 CMR 15.302(5)]   |

## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design):

Number of bedrooms (actual):

3

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

\*





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## D. System Information

Description:

800 gallon S. tank with degraded block built dry well

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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## D. System Information (cont.)

Last date of occupancy/use:

current  
Date

Other (describe below):

### General Information

#### Pumping Records:

Source of information:

?

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

-  
gallons

How was quantity pumped determined?

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)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):





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## D. System Information (cont.)

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

50+

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.):

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

Depth below grade:

1.5 ft  
feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

☐ Yes ☐ No

Dimensions:

7' x 4' x 4'

Sludge depth:

6"







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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 3"

Distance from top of scum to top of outlet tee or baffle 4"

Distance from bottom of scum to bottom of outlet tee or baffle 10"

How were dimensions determined? Observation/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.):

Tank was 800 gallon, Tank was small, degraded, and old.

### 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.)

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

**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.)

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

Depth of liquid level above outlet invert \_\_\_\_\_

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.):

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

Type:

☒

leaching pits

number:

One 4' x4' diam x  
5' +deep block

☐

leaching chambers

number:

☐

leaching galleries

number:

☐

leaching trenches

number, length:

☐

leaching fields

number, dimensions:

☐

overflow cesspool

number:

☐

innovative/alternative system

Type/name of technology:

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

Liquid level staining up to invert pipe, Past Hydraulic failure, (Only 20" down while not in use).

**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







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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.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- ☐ hand-sketch in the area below  
☒ drawing attached separately





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## D. System Information (cont.)

### Site Exam:

- ☐ Check Slope
- ☐ Surface water
- ☐ Check cellar
- ☐ Shallow wells

Estimated depth to high ground water:

5+/-  
feet

Please indicate all methods used to determine the high ground water elevation:

- ☐ Obtained from system design plans on record

If checked, date of design plan reviewed:

Date

- ☐ Observed site (abutting property/observation hole within 150 feet of SAS)
- ☐ Checked with local Board of Health - explain:

- ☐ Checked with local excavators, installers - (attach documentation)

- ☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Work in area

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





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C/O Attorney Jeff Brown: 6 Southeast Street, Amherst, MA 01002

Owner's Name

Amherst

MA

01002

07.19.2011

City/Town

State

Zip Code

Date of Inspection

Owner  
information is  
required for  
every page.

## E. Report Completeness Checklist

- ☒ Inspection Summary: A, B, C, D, or E checked
- ☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- ☒ System Information – Estimated depth to high groundwater
- ☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file







## **COLD SPRING ENVIRONMENTAL CONSULTANTS INC.**

---

- 2IE Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

### **Title 5 Attachments**

Prepared by:

**Cold Spring Environmental Consultants, Inc.  
350 Old Enfield Road  
Belchertown, MA. 01007**

Prepared for:

**C/O Attorney Jeff Brown  
6 Northeast Street  
Amherst, MA 01002**

Location at:

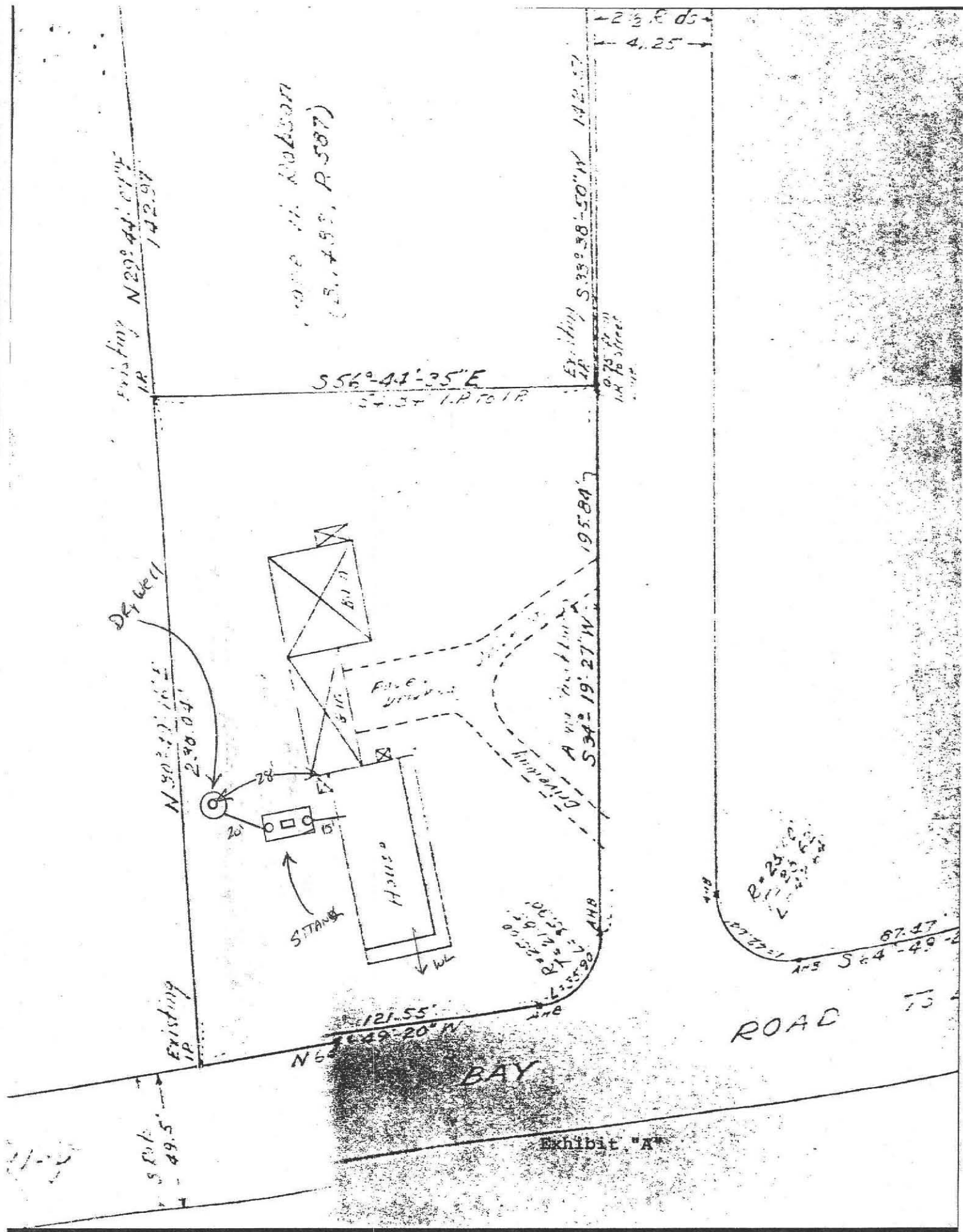
**680 Bay Road Amherst, MA**

**Project Number: 111-3636-0719**

**System Evaluator: Alan Weiss, RS**

**Date: July 19, 2011**









Dry well  
680 Bay Road  
Amherst, MA  
7.19.2011





- Utility Poles
  - Control Points
  - Scanned Documents
  - Water Distribution System
  - Water Valve
  - Main Line Gate
  - Unknown Gate
  - Blowoff
  - Meter Pit
  - Fire Hydrants
  - Water Line
  - TOA Water Line
  - Missing TOA Water L
  - UWAC/HC Water Ln
  - Hydrant Line
  - TOA Raw Water Ln
  - TOA Service Line
  - Private or Other Lines
  - Property Map
  - Property Lines
  - Other Property Lines
  - Former Property Line
  - Subdivision Lot Line
  - Easements
  - Topography
  - Elevations
  - Elevation Contours
  - Intermediate
  - Index
  - Basemap
  - Trail
  - Rail Lines
  - Slidewells
- Pump Stations
  - Residential Pump
  - Commercial Pump
  - Water Distribution System
  - Water Valve
  - Main Line Gate
  - Unknown Gate
  - Blowoff
  - Meter Pit
  - Fire Hydrants
  - Water Line
  - TOA Water Line
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  - Rail Lines
  - Slidewells
- Sanitary Sewer System
  - Sewer Manholes
  - Private
  - Town of Amherst
  - Sewer Lines
  - Active
  - Abandoned
  - Sewer Force Mains
- Drainage System
  - Catch Basins
  - Drain Manholes
  - Stormwater Outfalls
  - Culverts
  - Drain Lines
  - Active
  - Abandoned
  - Sanitary Sewer System
  - Sewer Manholes
  - Private
  - Town of Amherst
  - Sewer Lines
  - Active
  - Abandoned
  - Sewer Force Mains

Horizontal Datum: MA Stateplane Coordinate System,  
Zone 4151, Datum NAD83, Feet  
Vertical Datum: NAVD83, Feet

Planimetric & topographic basemap features compiled  
at 1"=40' scale from April, 2006 Aerial Photography.  
Parcels compiled to match the basemap.  
revisions are ongoing.

The information depicted on this map is for planning  
purposes only. It may not be adequate for legal boundary  
definition, regulatory interpretation, or property conveyance  
purposes. Utility structures and underground utility  
locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES,  
EXPRESSED OR IMPLIED, CONCERNING THE  
ACCURACY,  
COMPLETENESS, RELIABILITY, OR SUITABILITY OF  
THESE DATA. THE TOWN OF AMHERST DOES NOT  
ASSUME ANY LIABILITY ASSOCIATED WITH THE  
USE OR MISUSE OF THIS INFORMATION.



1" = 60 ft

Amherst GIS Viewer

July 19, 2011







## AMHERST PUBLIC HEALTH DEPARTMENT

DATE: July 19, 2011

**PAYMENT TERMS:** Due Upon Receipt

[illegible]



311 Strong Street Anchorage 8:30 A.M.

PREPARED BY	ERS
DATE	7/19/2004

loading oil tank into water  
tote, DEP, VAC truck

PAGE  
NO.

PROJECT ACTION NOTES

PROJECT PLANNING NOTES

670 + 680 Bay Road  
Alan Weiss 531.4015

752 Northeast Street

T-5  
PASSES

670 Bay - Estate of Ray Carpenter

- D-Box somewhat corroded, okay
- no staining above tank lids

- no ponding

- vacant since January

- would have to connect to sewer from

680 - excavator may create easement for  
680

T-5 FAILS

Send  
invoice to  
Jeffrey  
Brown

680 - older system

800 + gallons 4' x 4' x 5' deep

- vacant since mid February

- fails - cinder block leads tank  
too fragile

septic tank also corroded

- can connect to street

within 100' of block

- Alan will do decommissioning permit  
if possible

check for  
minor change

SEND  
INVOICE TO  
T-5 J  
PSS

GOLD FIBRE®

752 NORTHEAST 10 YRS OLD, TITLED 3 YEARS AGO  
1500 GALLON 2 CHAMBER TANK

P BOX SLIGHTLY CORRODED (Water Softener?)

2 tanks of lead tanks - no staining, no stain

