





# April 2012 INVOICE

## AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002

DATE: April 23, 2012

TO Khama Ennis-Holcomb  
783 Bay Road  
Amherst, MA 01002

*Copy*

RE: Invoice for Septic Title V witness

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness	\$ 200.00	\$ 200.00
	Billing for this fee was overlooked - my apologies.		
	this invoice is for the Town of Amherst Witnessing Fee for Title V		
	Please remit to address above - any questions call Ed Smith		
	259-3153		
		SUBTOTAL	\$ 200.00
		SALES TAX	
		TOTAL	\$ 200.00

*check #391  
rec'd  
6/19/2012 ELS*

Can you do that?  
How long?  
Ed

India

PERMITS/INSP PAYMENT RECPT#: 12118999  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 06/20/12 TIME: 11:57  
CLERK: mirj DEPT:

PAID BY:  
PAYMENT METH: CHECK 391

REFERENCE:

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

SITE ADDRESS: 783 BAY

FEES:  
HEA058 200.00

TOTAL PAID: 200.00





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

783 Bay Road, Amherst

Property Address

Khama Ennis-Holcomb

Owner's Name

Amherst,

MA

01002

04.23.2012

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

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:

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

*Alan E Weiss*

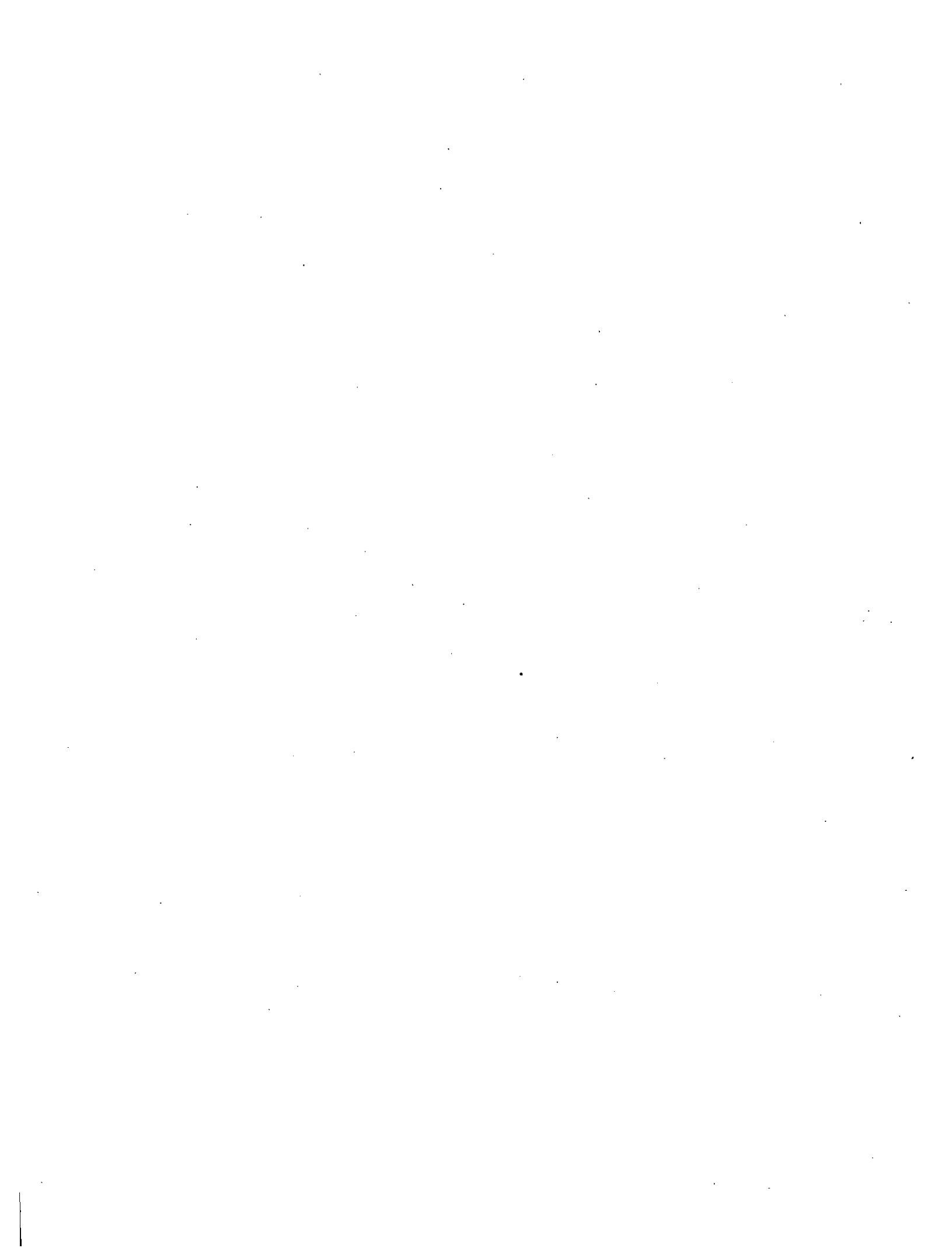
04.23.2012

Inspector's Signature

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 2 chamber, 1500 gal. S. tank and leachfield of 12 +/- yrs. System was functional with no failure evidence, with 5 persons using. Tank was pumped, All levels were good and conditions were found funtional. No signs of failure observed. Pump every 2 Years. Laundry was connected to separate outlet that is reported to tie to main system by prior inspector, R Sheehan.

### 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
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





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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:

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## 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 type="checkbox"/> | <input checked="" 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

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.

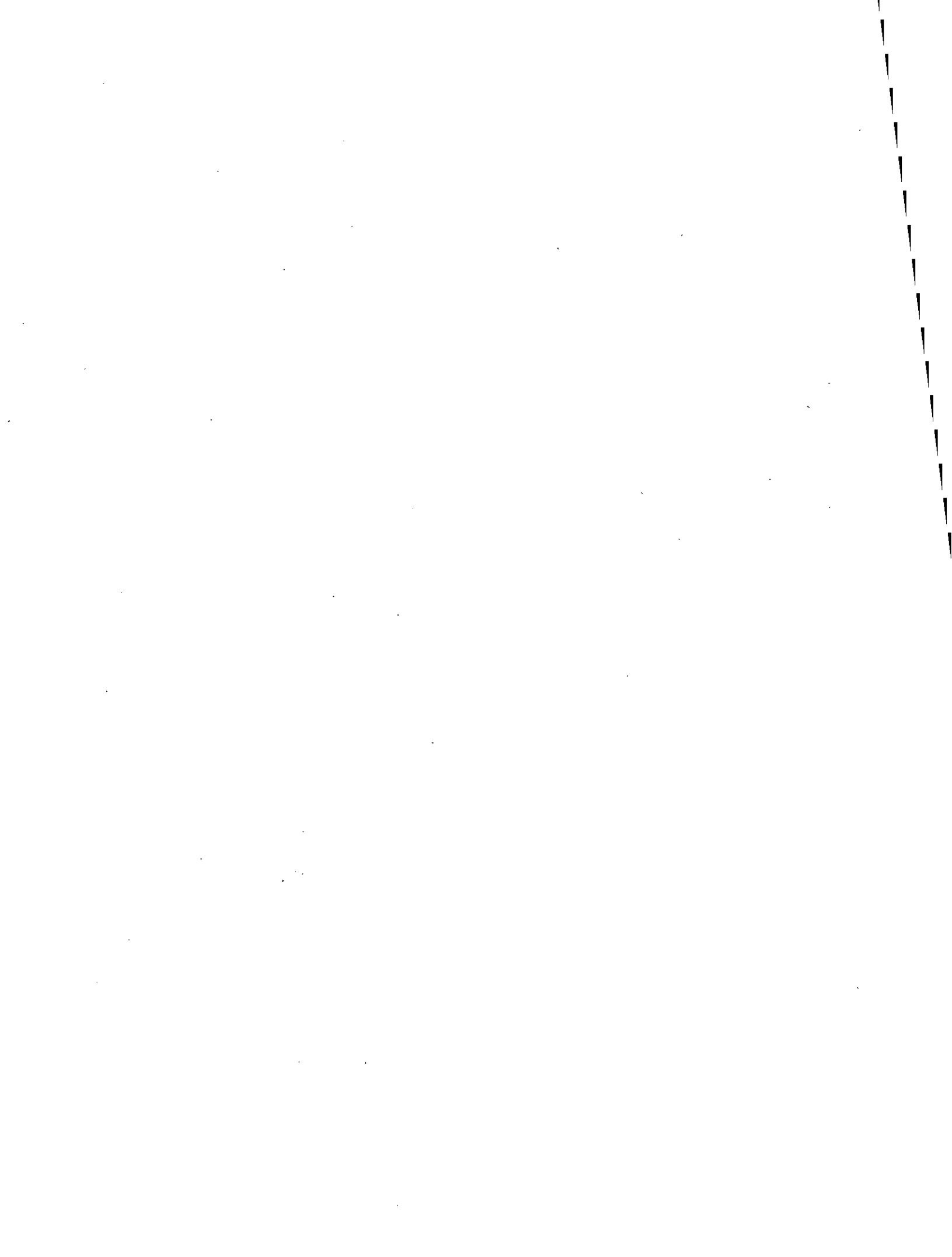
Yes No

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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## C. Checklist

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

- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440





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## D. System Information

Description:

1500 gallon S. tank & one 30' x 30' +/- l. field.

Number of current residents:

5

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:

2+yrs ago.

Was system pumped as part of the inspection?

[X] Yes [ ] No

If yes, volume pumped:

1500 gallons

How was quantity pumped determined?

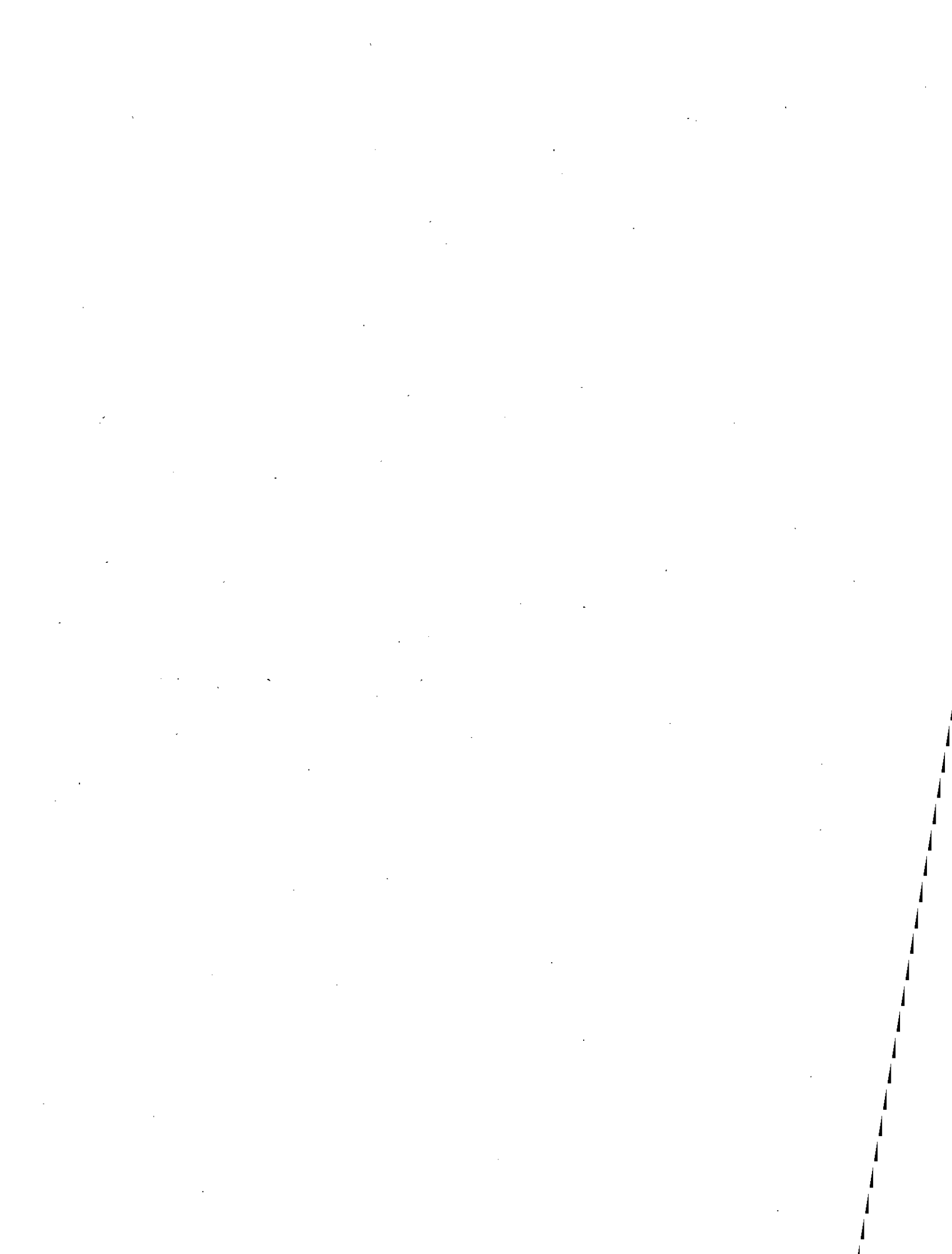
meas.

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 (cont.)

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

12 yrs s. tank and leach field.

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2 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.):

Two lines reported by prior inspector R Sheehan to connect to tank.

Septic Tank (locate on site plan):

Depth below grade:

2 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

6" of scum/solids build up otherwise good condition. Inlet tee and outlet tee on two chambered, 1500 gal. tank. Should pump every 2 years.

If tank is metal, list age:

years

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

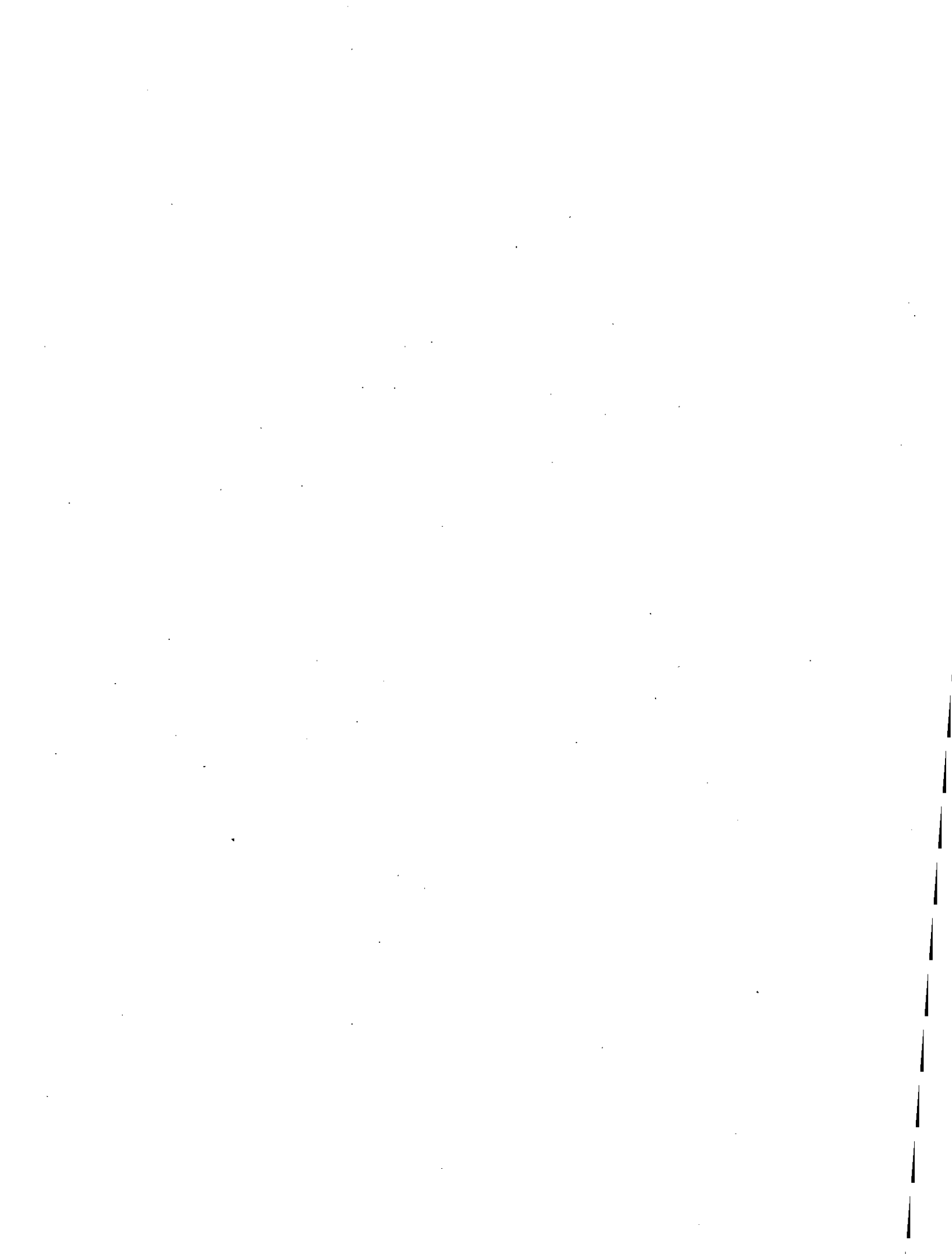
Yes No

Dimensions:

10.5 x 5.5' x 4.2'

Sludge depth:

6"







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## D. System Information (cont.)

### Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 36"

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 10"

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.)

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

@ 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 cover 35 " below grade, bit of solids cleaned out, box pumped.

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

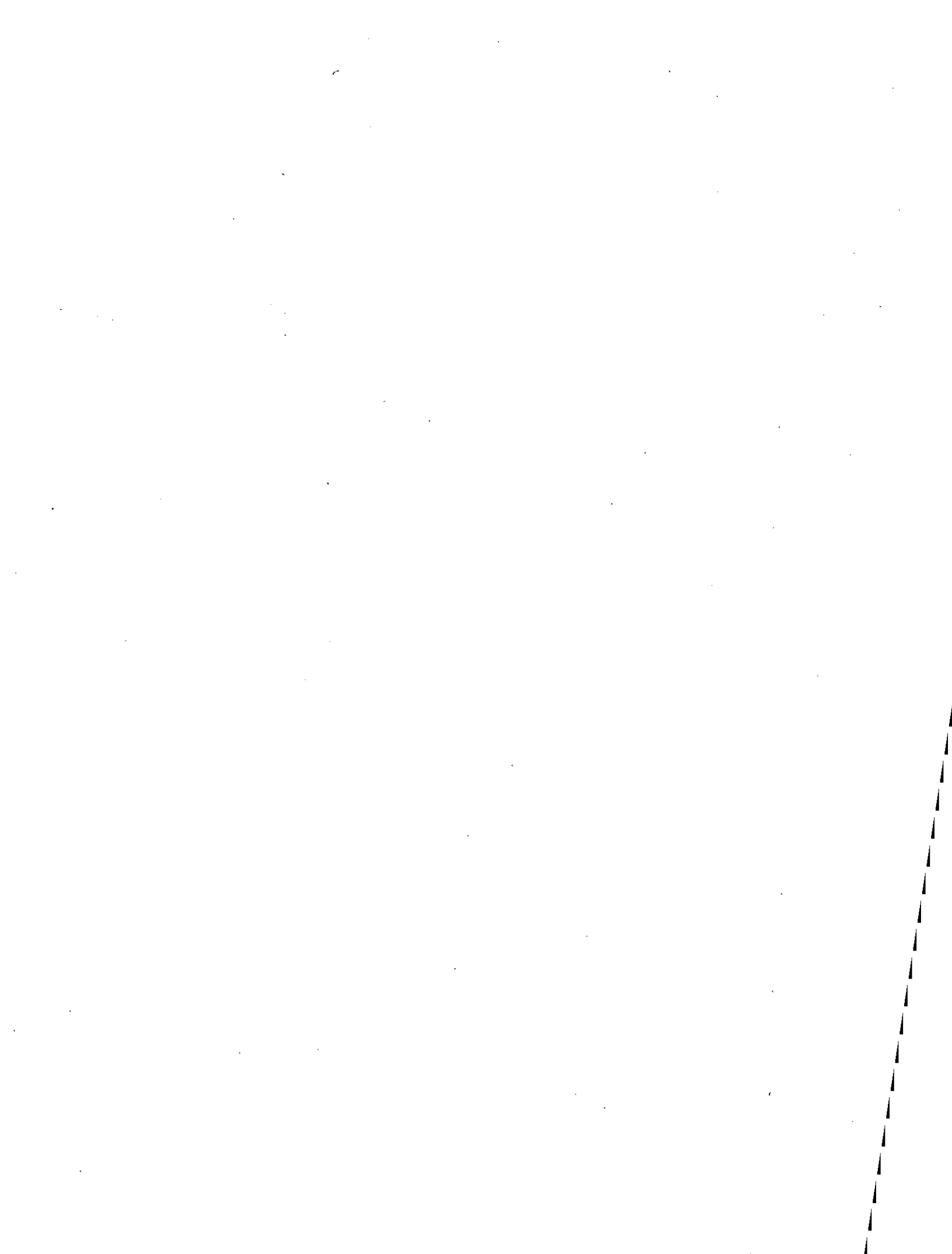
Alarms in working order:

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: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: 5 line 30' x 30'
- overflow cesspool number: \_\_\_\_\_
- innovative/alternative system

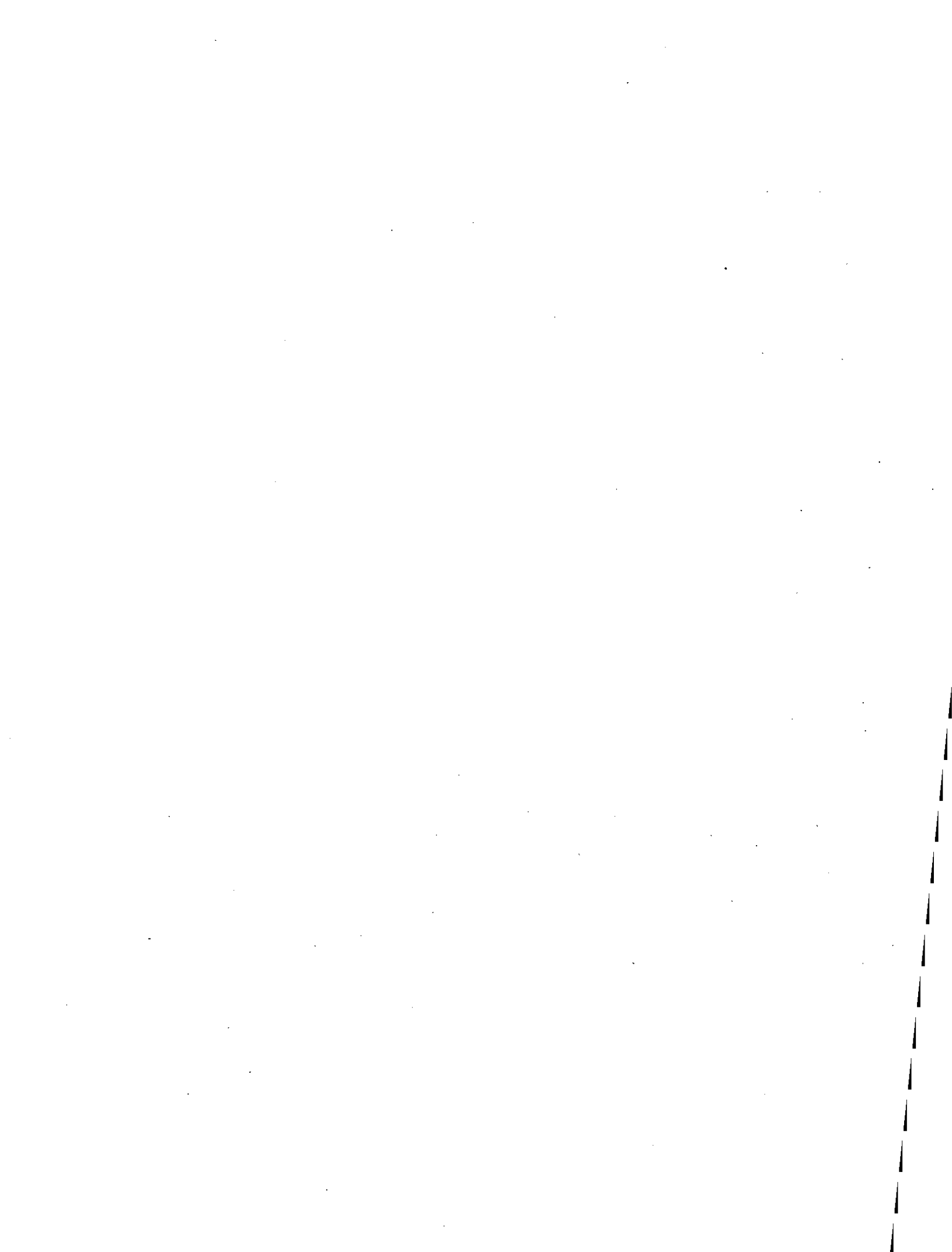
Type/name of technology: \_\_\_\_\_

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 in stone or D. box area.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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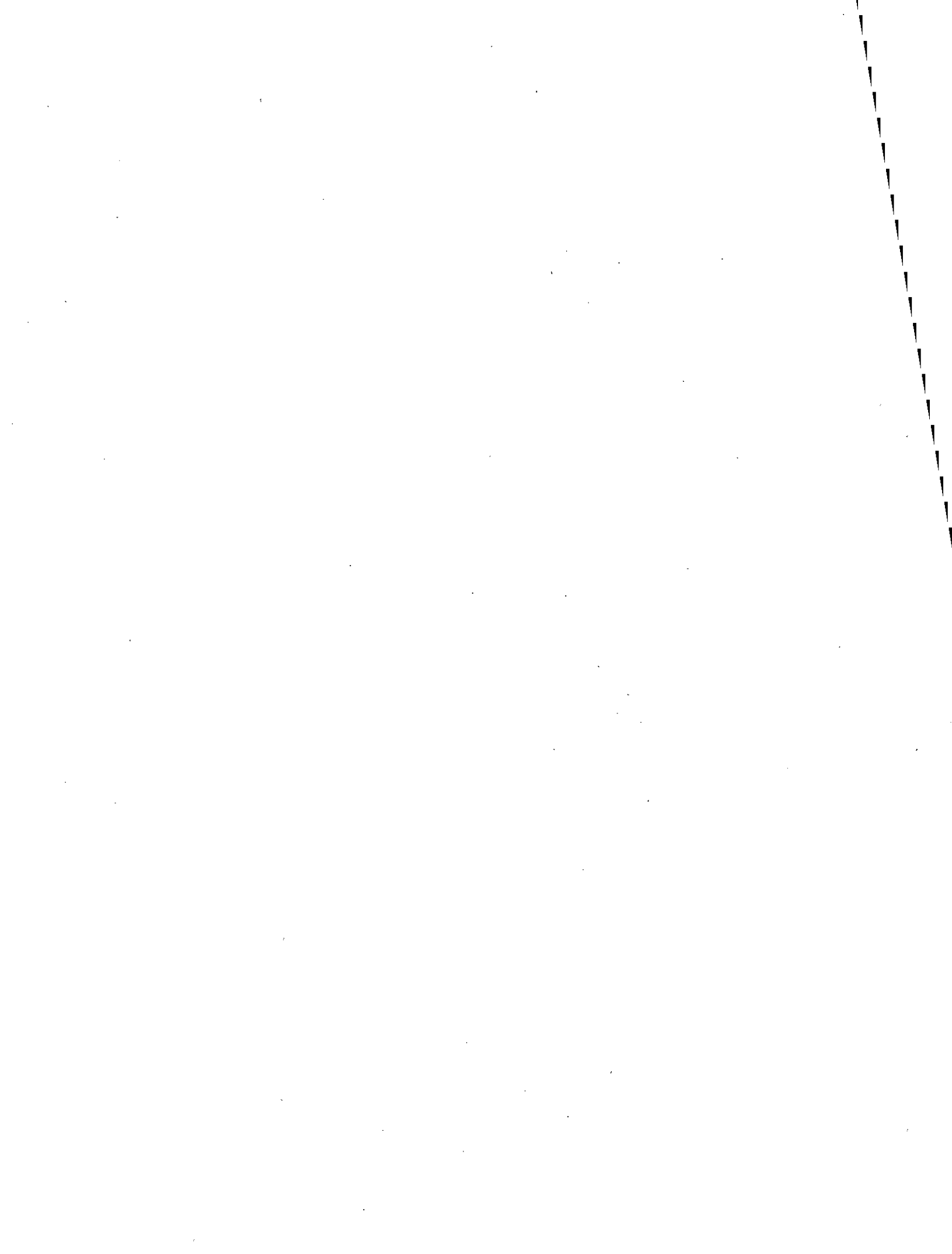
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## D. System Information (cont.)

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:

10+  
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: 2000 Plans and perc & 2005 inspection  
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
see plans & prior inspection.
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
\_\_\_\_\_

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

Interpreted soils and topography (data) on file plans.

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





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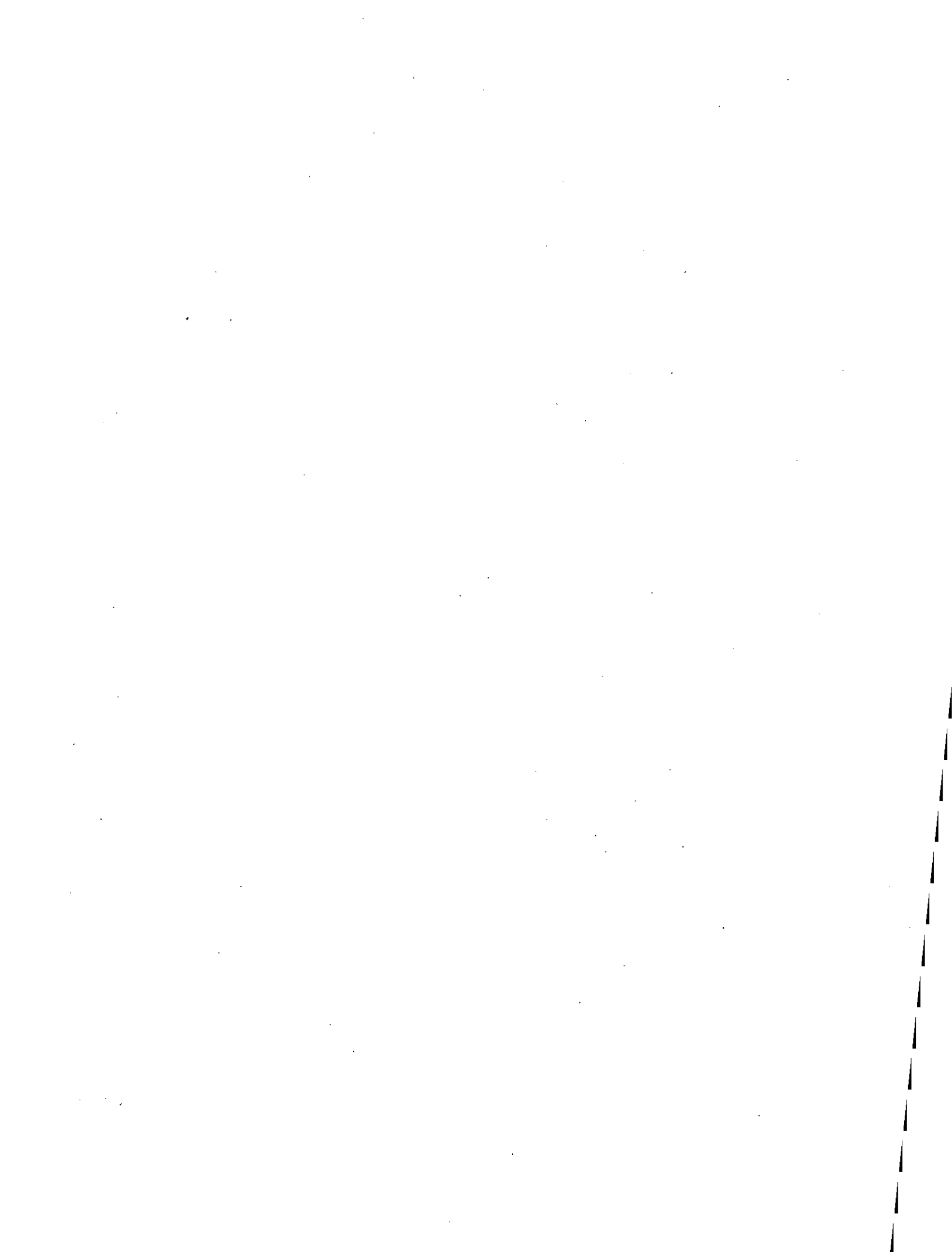
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## E. Report Completeness Checklist

- 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



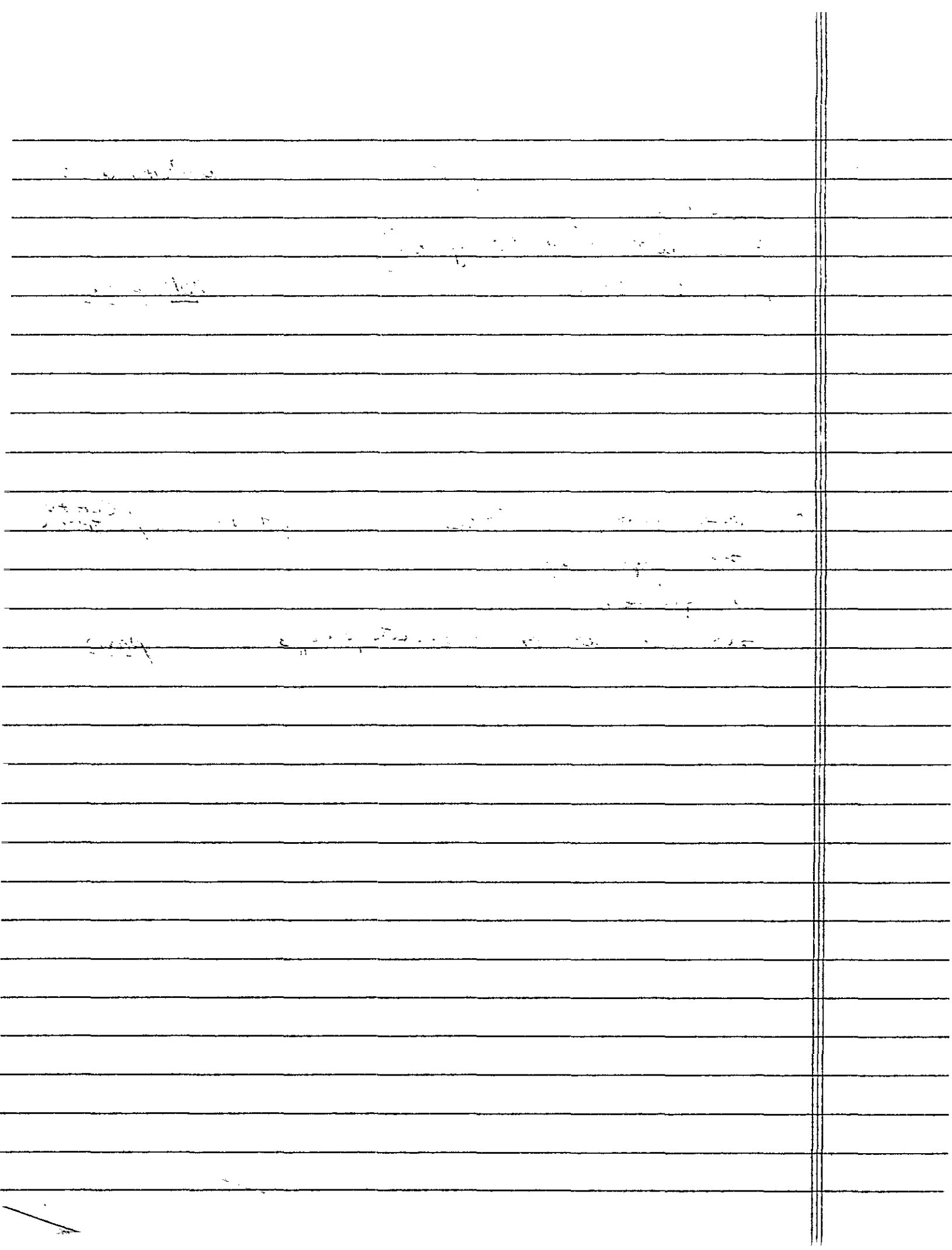


4/27/2003 891 Bay Road fail w/ALAN WEISS

venting...  
tank sleet (600-700 gallons)  
pipe 30' long not paid

177 ~~BAY ROAD~~ Henry Street pass w/ CLEAN SEPTICS

no pump pump  
no quality  
no dehumid or condensation pumps PAID

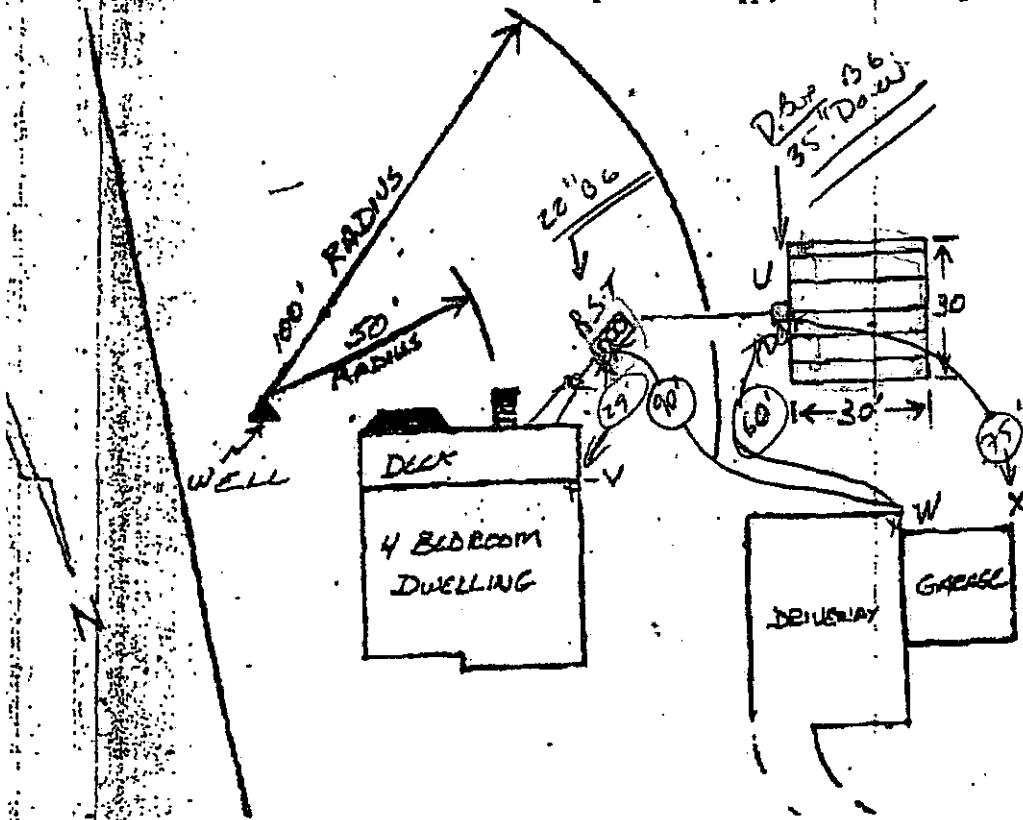


OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 783 Bay Road, Amherst, MA  
Owner's Name: Joseph Grazadel  
Owner's Address: 783 Bay Road, Amherst, MA  
Date of Inspection: July 12, 13, 14, 2005

SKETCH OF SEWAGE DISPOSAL SYSTEM

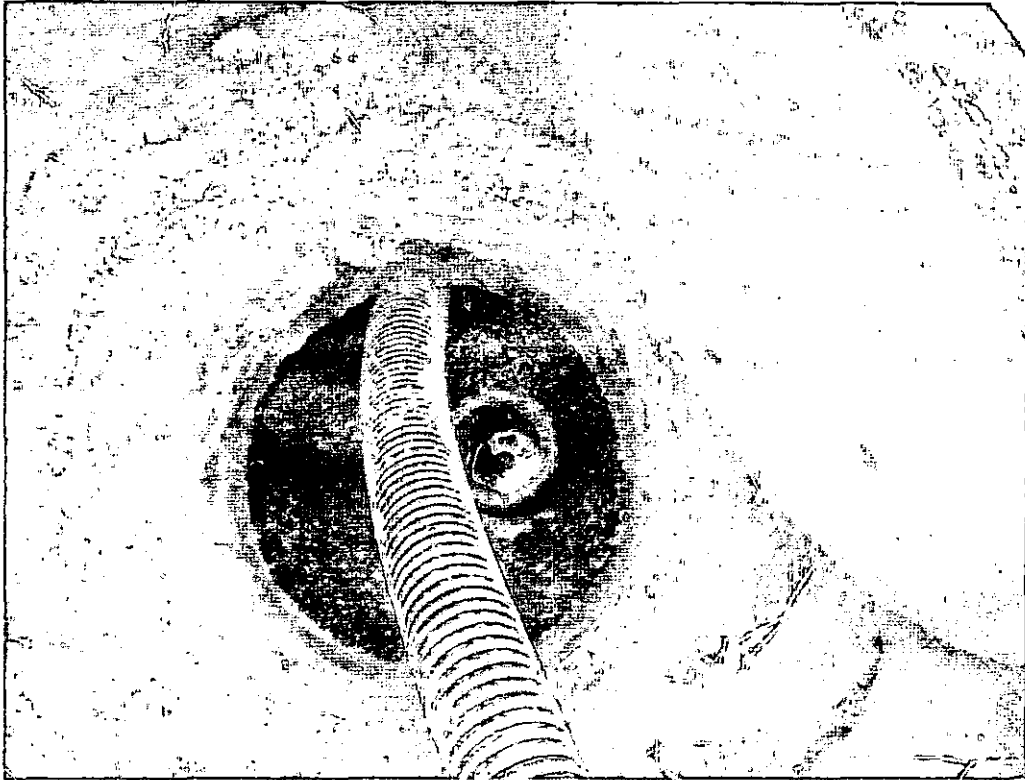
Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



- R = RILI COVER SEPTIC TANK
- S = PUMP COVER SEPTIC TANK
- T = OUTLET COVER SEPTIC TANK
- U = DISTRIBUTION BOX
- V = SOURCE CORNER
- W = SOUTH EASTERLY GARAGE CORNER
- X = SOUTH WESTERLY GARAGE CORNER
- TOP OF D-BOX: 35" BELOW GRADE

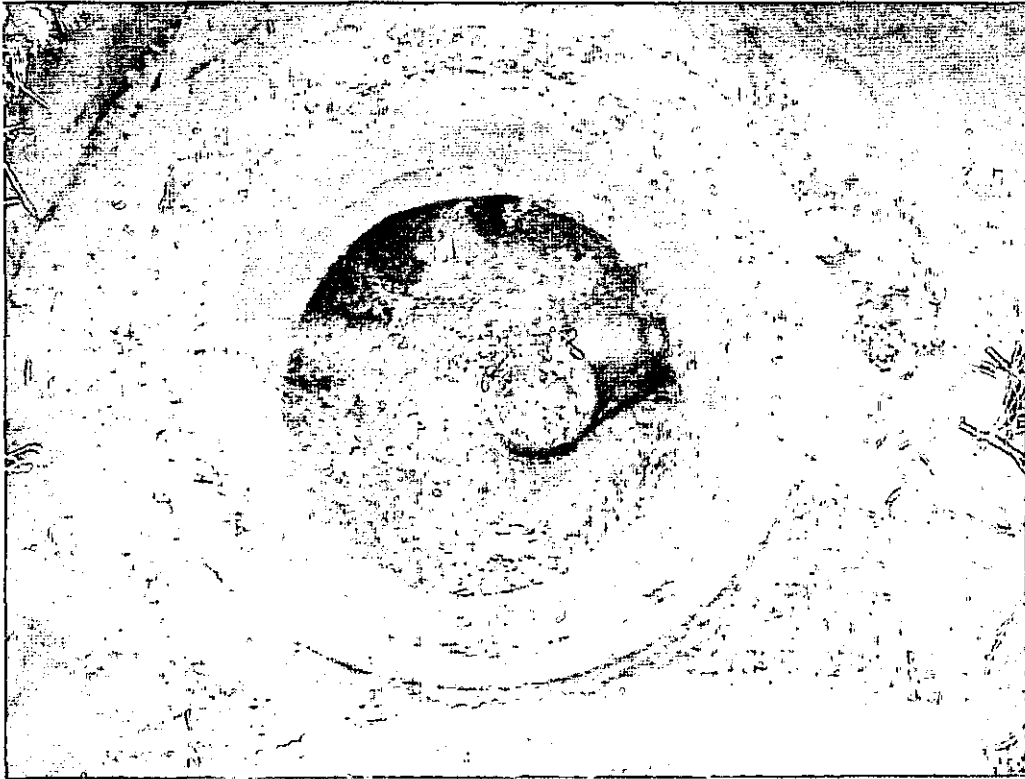
V-R = 29.5 FEET, W-R = 80 FEET  
 V-S = 32 FEET, W-S = 77 FEET  
 V-T = 31.5 FEET, W-T = 75.5 FEET  
 W-U = 60 FEET, X-U = 75 FEET





S. Tank Inlet  
783 Bay Road  
Amherst, MA  
04.23.2012





S. Tank Outlet  
783 Bay Road  
Amherst, MA  
04.23.2012

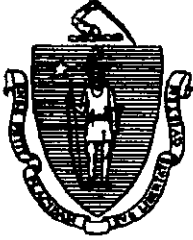






D Box  
783 Bay Road  
Amherst, MA  
04.23.2012





COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

*Handwritten initials*

TITLE 5  
 OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
 PART A  
 CERTIFICATION

Property Address: 783 Bay Road, Amherst, MA  
 Owner's Name: Joseph Graziadei  
 Owner's Address: 783 Bay Road, Amherst, MA  
 Date of Inspection: July 12, 13, 14, 2005

Name of Inspector: (please print) Robert F. Sheehan Jr.  
 Company Name: R. F. Sheehan Associates Inc.  
 Mailing Address: 146 Taylor Street, Granby, MA  
 Telephone Number: 413-467-7228

**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 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:

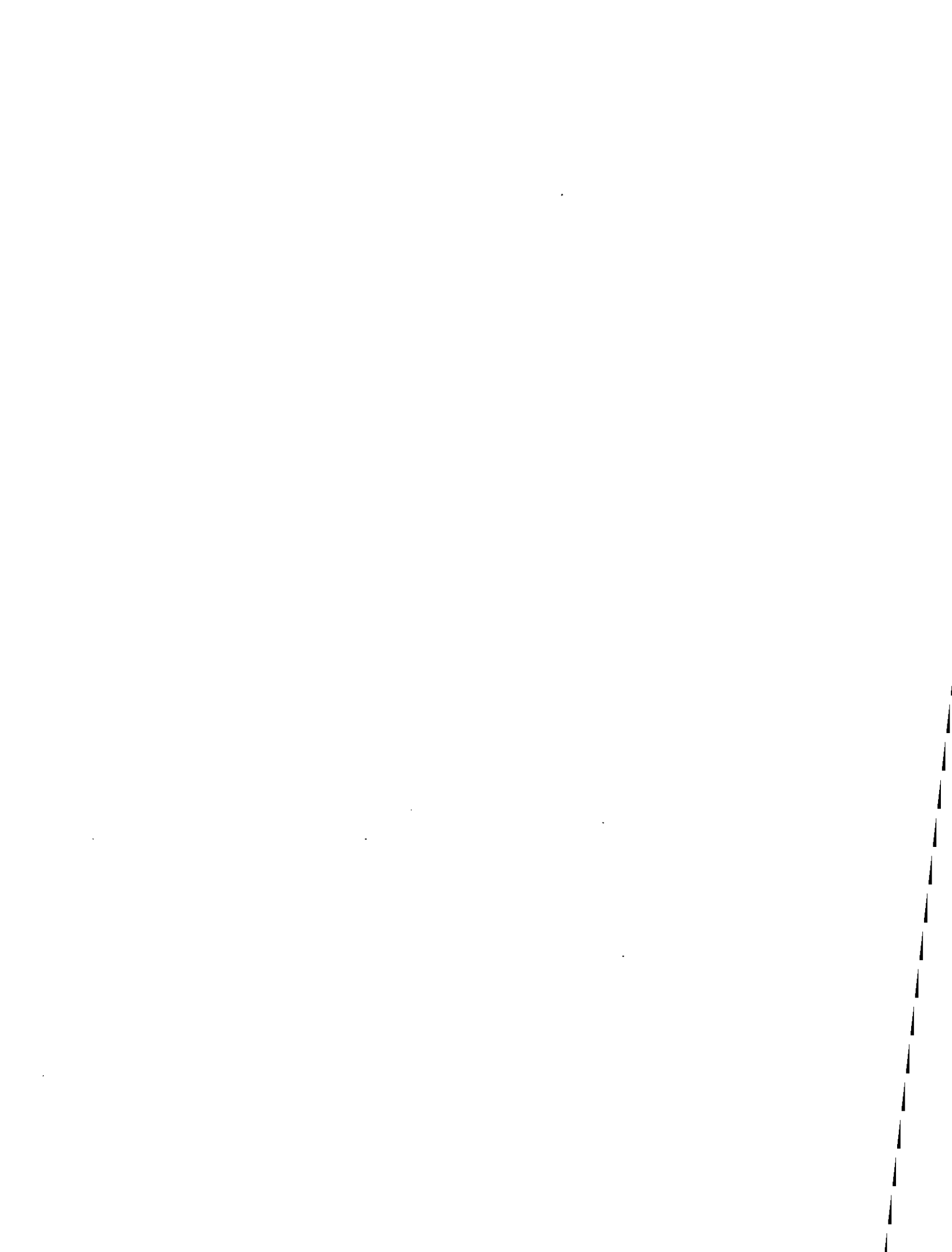
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: *Robert F. Sheehan Jr.* Date: August 4, 2005

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.

Notes and Comments: At the time of the inspection no failure criteria were observed. The top of the septic tank was uncovered and the baffles were inspected. The septic tank was also pumped. The distribution box (d-box) was also uncovered and inspected. The d-box was very corroded above the liquid level. This corrosion was perhaps due to sewer gases. A new d-box was installed on 7/14/05 by a licensed installer. Proper permit was obtained, attached. The liquid levels in both the tank and the d-box were ok. This septic system was installed and inspected on 9/7/00. Some solids had escaped from the septic tank to the leaching facility (SAS) it is impossible to determine if any or how much damage may have been done to the SAS. There are 2 pipes exiting the dwelling the cast iron pipes carries the majority of the waste and the PVC pipe carries the washing machine waste. Both pipes tie together prior to entering the septic tank. Recommend pumping tank every two years. A garbage grinder is prohibited. Never introduce additives, grease, food products, animal fats, or any foreign materials into the septic system. Recommend the installation of water conservation devices throughout the house.

\*\*\*\*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.



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 783 Bay Road, Amherst, MA  
Owner's Name: Joseph Graziadei  
Owner's Address: 783 Bay Road, Amherst, MA  
Date of Inspection: July 12, 13, 14, 2005

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:

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**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.

Answer yes, no or not determined (Y,N,ND) in the \_\_\_\_\_ 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.

ND explain:

\_\_\_\_\_ 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

ND explain:

\_\_\_\_\_ 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

ND explain:



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)**

Property Address: 783 Bay Road, Amherst, MA  
Owner's Name: Joseph Graziadei  
Owner's Address: 783 Bay Road, Amherst, MA  
Date of Inspection: July 12, 13, 14, 2005

**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

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 \_\_\_\_\_

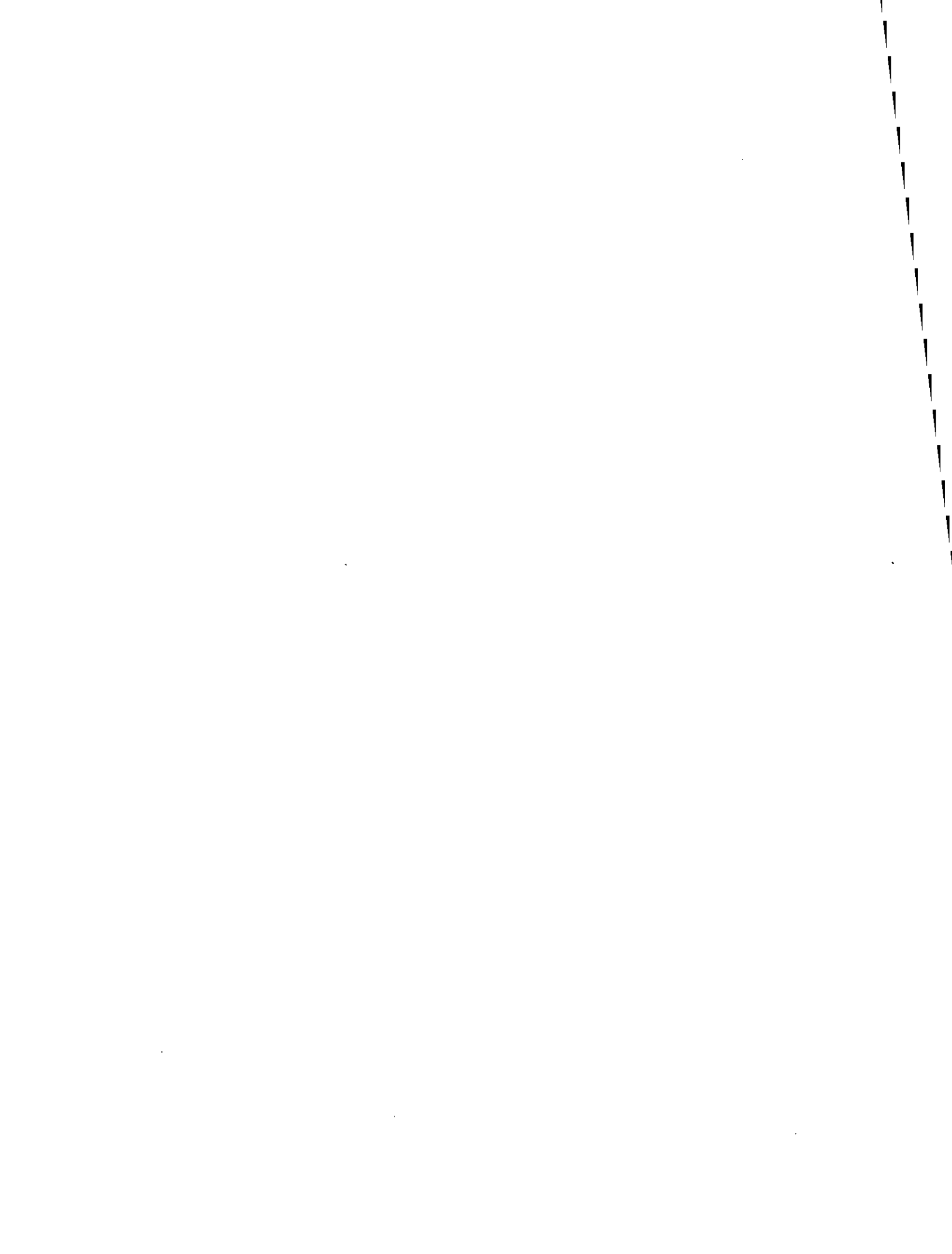
\*\*This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm,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

3. Other:

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**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

**PART A  
CERTIFICATION (continued)**

Property Address: 783 Bay Road, Amherst, MA  
Owner's Name: Joseph Graziadei  
Owner's Address: 783 Bay Road, Amherst, MA  
Date of Inspection: July 12, 13, 14, 2005

**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 type="checkbox"/> | <input checked="" 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   |
| <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).<br>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. [This system passes if the well water analysis, performed at a DEP certified laboratory, 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

No (Yes/No) 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.

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)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| 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.



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

**Property Address: 783 Bay Road, Amherst, MA  
Owner's Name: Joseph Graziadei  
Owner's Address: 783 Bay Road, Amherst, MA  
Date of Inspection: July 12, 13, 14, 2005**

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

Yes No

- Pumping information was provided by the owner, occupant, or Board of Health
- Were any of the system components pumped out in the previous two weeks ?
- Has the system received normal flows in the previous two week period ?
- Have large volumes of water been introduced to the system recently or as part of this inspection ?
- Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- Was the facility or dwelling inspected for signs of sewage back up ?
- Was the site inspected for signs of break out ?
- Were all system components, excluding the SAS, located on site ?
- 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 ?
- Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

Yes no

- Existing information. For example, a plan at the Board of Health.
- 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(3)(b)]



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION**

Property Address: 783 Bay Road, Amherst, MA  
Owner's Name: Joseph Graziadei  
Owner's Address: 783 Bay Road, Amherst, MA  
Date of Inspection: July 12, 13, 14, 2005

**FLOW CONDITIONS**

**RESIDENTIAL**

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): 666 gpd over designed per BOH  
Number of current residents: 3  
Does residence have a garbage grinder (yes or no): No  
Is laundry on a separate sewage 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 2 years usage (gpd)): Private well  
Sump pump (yes or no): No  
Last date of occupancy: current     

**COMMERCIAL/INDUSTRIAL**

Type of establishment:       
Design flow (based on 310 CMR 15.203):      gpd  
Basis of design flow (seats/persons/sqft, etc.):       
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/use:     

**OTHER (describe):**     

**GENERAL INFORMATION**

**Pumping Records**

Source of information: Pumped every 2 years per property owner       
Was system pumped as part of the inspection (yes or no): Yes       
If yes, volume pumped: 1500      gallons – How was quantity pumped determined? Calculated       
Reason for pumping: To inspect structural integrity of tank.     

**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)  
 Tight tank  Attach a copy of the DEP approval  
  
 Other (describe):     

Approximate age of all components, date installed (if known) and source of information: Installed 9/7/00 per our records and BOH records.

Were sewage odors detected when arriving at the site (yes or no): No



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)**

**Property Address: 783 Bay Road, Amherst, MA**  
**Owner's Name: Joseph Graziadei**  
**Owner's Address: 783 Bay Road, Amherst, MA**  
**Date of Inspection: July 12, 13, 14, 2005**

**BUILDING SEWER (locate on site plan)**

Depth below grade: Cast iron 56" below sill, PVC 82" below sill  
Materials of construction:  cast iron  40 PVC  other (explain): \_\_\_\_\_  
Distance from private water supply well or suction line: \_\_\_\_\_  
Comments (on condition of joints, venting, evidence of leakage, etc.): \_\_\_\_\_

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**SEPTIC TANK:  (locate on site plan) 1500 gallon 2 compartment septic tank.**

Depth below grade: 22", risers at all inspection ports, inlet riser 11", pump cover riser 5", outlet riser 7"  
Material of construction:  concrete  metal  fiberglass  polyethylene  
 other(explain) \_\_\_\_\_  
If tank is metal list age: \_\_\_\_ Is age confirmed by a Certificate of Compliance (yes or no): \_\_\_\_ (attach a copy of certificate)  
Dimensions: 126" long x 68" wide x 48" effective depth \_\_\_\_\_  
Sludge depth: 1 1/2" inlet compartment, 1" solids outlet compartment \_\_\_\_\_  
Distance from top of sludge to bottom of outlet tee or baffle: 25" \_\_\_\_\_  
Scum thickness: 3" at inlet, 1/2" at outlet  
Distance from top of scum to top of outlet tee or baffle: 7" \_\_\_\_\_  
Distance from bottom of scum to bottom of outlet tee or baffle: 21 1/2"  
How were dimensions determined: Graduated measuring stick \_\_\_\_\_  
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): Recommend pumping every 2 years, baffles ok, structural integrity ok, liquid levels ok, no evidence of leakage in or out.

---

**GREASE TRAP:  (locate on site plan)**

Depth below grade: \_\_\_\_  
Material of construction:  concrete  metal  fiberglass  polyethylene  other (explain): \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Scum thickness: \_\_\_\_\_  
Distance from top of scum to top of outlet tee or baffle: \_\_\_\_\_  
Distance from bottom of scum to bottom of outlet tee or baffle: \_\_\_\_\_  
Date of last pumping: \_\_\_\_\_  
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): \_\_\_\_\_

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**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)**

**Property Address:** 783 Bay Road, Amherst, MA  
**Owner's Name:** Joseph Graziadei  
**Owner's Address:** 783 Bay Road, Amherst, MA  
**Date of Inspection:** July 12, 13, 14, 2005

**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/day

Alarm present (yes or no): \_\_\_\_

Alarm level: \_\_\_\_ Alarm in working order (yes or no): \_\_\_\_

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

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

**DISTRIBUTION BOX:**  X  (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: Equal

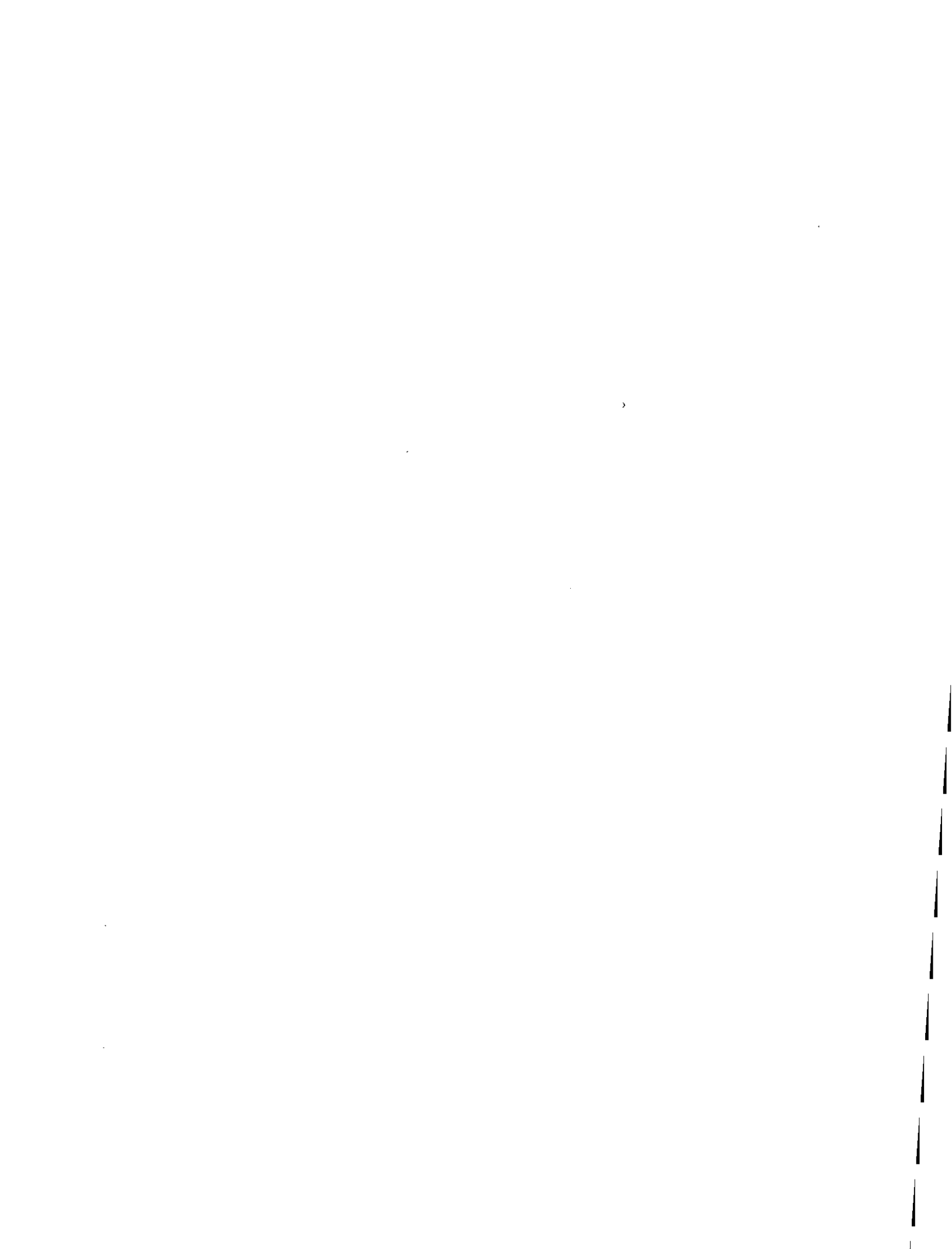
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): New d-box and flow levelers installed during inspection due to corrosion, yes evidence of slight solids carryover it is impossible to determine if any or how much damage may have been done to the leaching facility, no evidence of leakage in or out.

**PUMP CHAMBER:** \_\_\_\_ (locate on site plan)

Pumps in working order (yes or no): \_\_\_\_

Alarms in working order (yes or no): \_\_\_\_

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



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)**

Property Address: 783 Bay Road, Amherst, MA  
Owner's Name: Joseph Graziadei  
Owner's Address: 783 Bay Road, Amherst, MA  
Date of Inspection: July 12, 13, 14, 2005

**SOIL ABSORPTION SYSTEM (SAS):** \_\_\_\_ (locate on site plan, excavation not required)

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If SAS not located explain why:

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**Type**

\_\_\_\_ leaching pits, number: \_\_\_\_  
\_\_\_\_ leaching chambers, number: \_\_\_\_  
\_\_\_\_ leaching galleries, number: \_\_\_\_  
\_\_\_\_ leaching trenches, number, length: \_\_\_\_  
 leaching fields, number, dimensions: 30 feet wide x 30 feet long \_\_\_\_  
\_\_\_\_ 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.): Soil firm, no signs of hydraulic failure, no ponding observed, no unusual vegetation.

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**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 or no): \_\_\_\_

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

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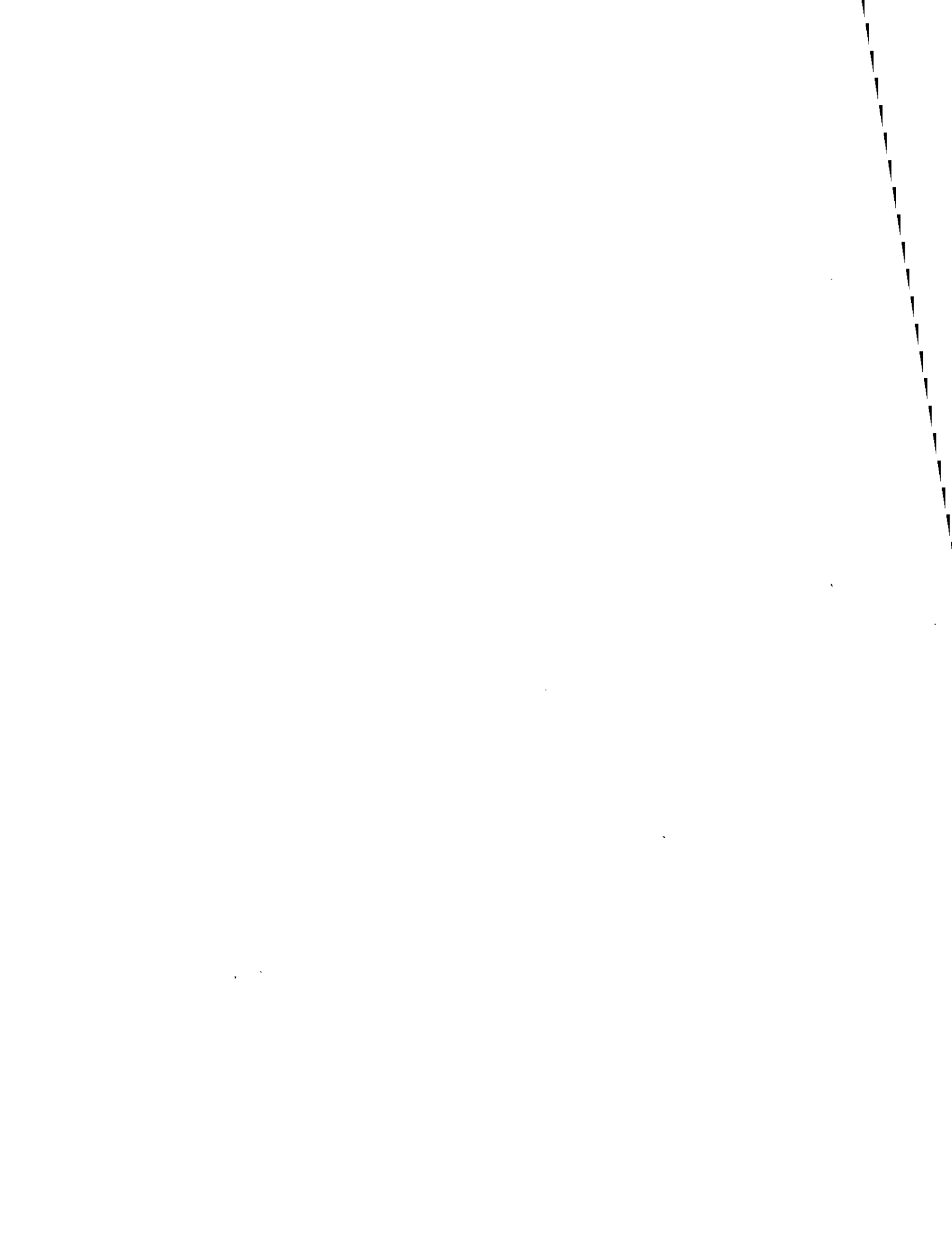
**PRIVY:** \_\_\_\_ (locate on site plan)

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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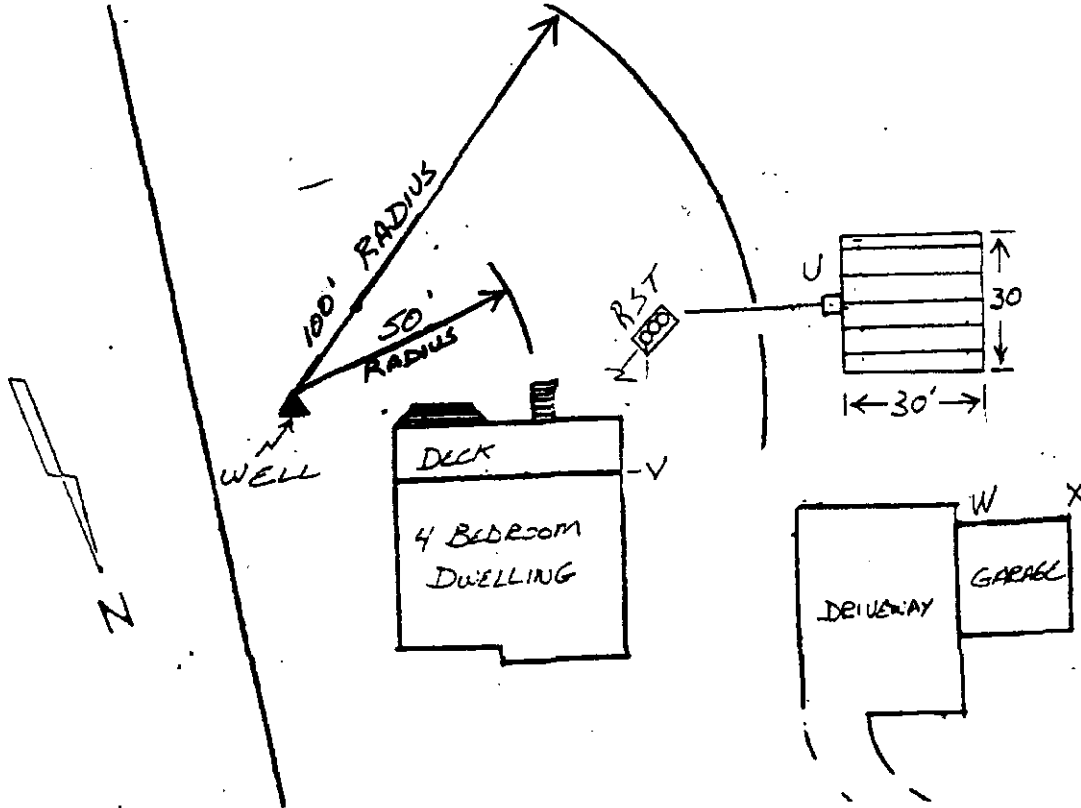


**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 783 Bay Road, Amherst, MA  
 Owner's Name: Joseph Graziadei  
 Owner's Address: 783 Bay Road, Amherst, MA  
 Date of Inspection: July 12, 13, 14, 2005

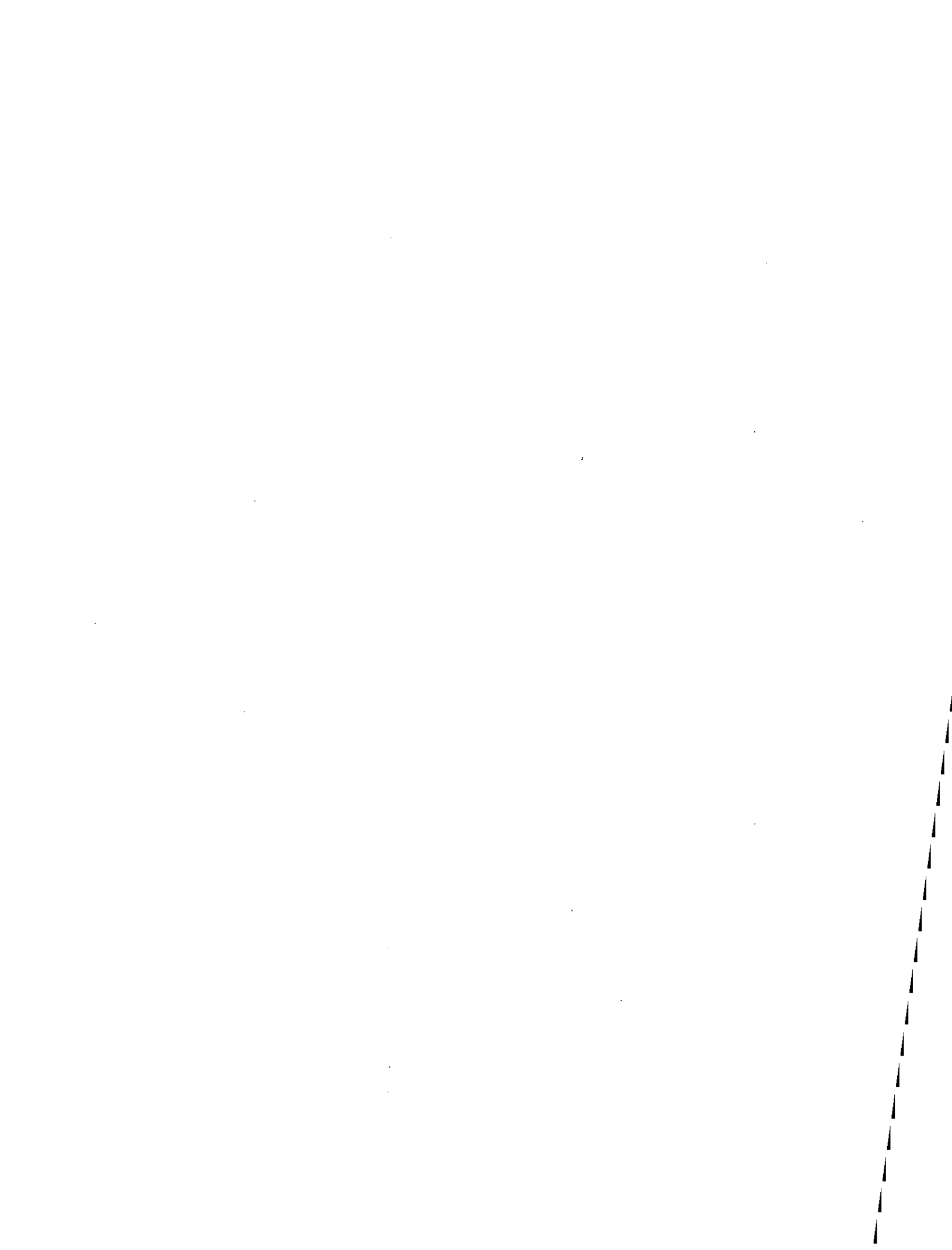
**SKETCH OF SEWAGE DISPOSAL SYSTEM**

Provide a sketch 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.



- R - INLT COVER SEPTIC TANK
- S - PUMP COVER SEPTIC TANK
- T - OUTLET COVER SEPTIC TANK
- U - DISTRIBUTION BOX
- V - HOUSE CORNER
- W - SOUTH EASTERLY GARAGE CORNER
- X - SOUTH WESTERLY GARAGE CORNER
- TOP OF D-BOX 35" BELOW GRADE

- V-R = 29.5 FEET, W-R = 80 FEET
- V-S = 32 FEET, W-S = 77 FEET
- V-T = 33.5 FEET, W-T = 75.5 FEET
- W-U = 60 FEET, X-U = 75 FEET



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

**Property Address:** 783 Bay Road, Amherst, MA  
**Owner's Name:** Joseph Graziadei  
**Owner's Address:** 783 Bay Road, Amherst, MA  
**Date of Inspection:** July 12, 13, 14, 2005

**SITE EXAM**

Slope 2-4%  
Surface water None observed  
Check cellar Cellar dry  
Shallow wells None observed

Estimated depth to ground water > 140 inches from grade

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

- Obtained from system design plans on record - If checked, date of design plan reviewed: 8/28/00 \_\_\_\_\_  
 Observed site (abutting property/observation hole within 150 feet of SAS)  
 Checked with local Board of Health-explain: on 8/14/00 a soil percolation test was performed with a Health Agent present.  
\_\_\_\_ Checked with local excavators, installers- (attach documentation)  
\_\_\_\_ Accessed USGS database-explain: \_\_\_\_\_

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

On 8/28/00 a soil percolation test and deep observation hole evaluation was performed. No ground water or mottling, was observed down to a depth of 140 inches. This inspector, who conducted the perc test and soil evaluation, and an Amherst Health Agent, who witnessed the perc test, are both Massachusetts Certified Soil Evaluators.





No. 00-15

FEE 225.00

CHK # 1651

Pd 8/14/00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

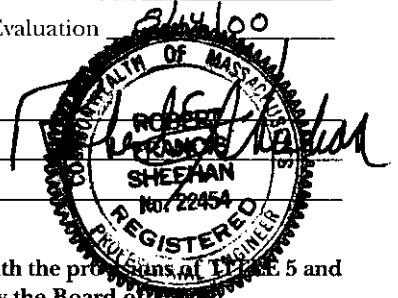
APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>SAME</u>	Owner's Name <u>JOSEPH GRAZIADEI</u>
Map/Parcel#	Address <u>783 BAY ROAD</u>
Lot#	Telephone# <u>413 253-7856</u>
Installer's Name <u>RIVER DRIVE EXCAVATING</u>	Designer's Name <u>R.F. SHEEHAN ASSOC INC.</u>
Address <u>RIVER DRIVE, HADLEY MA</u>	Address <u>146 TAYLOR ST GRANBY MA</u>
Telephone# <u>413 584 1814</u>	Telephone# <u>413 467-7228</u>

Type of Building DWELLING Lot Size 2.5 ACRES sq. ft.  
 Dwelling - No. of Bedrooms 4 Garbage grinder ( NO )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ) , Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 666 gpd  
 Plan: Date 8/28/00 Number of sheets 2 Revision Date \_\_\_\_\_  
 Title DWG # 00149 RSP  
 Description of Soil(s) SAND  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator RF SHEEHAN JR Date of Evaluation 8/14/00

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW SEPTIC TANK & SAS  
FILL REQUIRED



The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of 310 CMR 15.00 (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 Joseph Graziaidei Date 8/10/00

Inspections \_\_\_\_\_

No. 00-15

FEE 225.00

CHK # 1651

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

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

by: RIVER DRIVE EXCAVATING  
at 783 BAY RD

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. \_\_\_\_\_, dated 8/28/00. Approved Design Flow 666 (gpd)

Installer \_\_\_\_\_  
Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. 00-15

FEE 225.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 783 BAY RD as described in the application for

Disposal System Construction Permit No. 00-15, dated \_\_\_\_\_.

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

Date 8/23/00 Board of Health David Fitzgerald



FORM 1A - APPLICATION FOR DSCP

No. WT5

Fee 225

COMMONWEALTH OF MASSACHUSETTS  
Board of Health, AMHEEST, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to: Construct ( ) Repair (X) Upgrade ( ) Abandon ( )

Complete System     Individual Components

Location <u>SAME</u>	Owner's Name <u>JOSEPH GRAZIADI</u>
Map/Parcel#	Address <u>783 BAY ROAD AMHEEST MA</u>
Lot#	Telephone# <u>413 253-7856</u>
Installer's Name <u>RIVER DRIVE EXCAVATING</u>	Designer's Name <u>R.F. SHEEHAN ASSOC INC</u>
Address <u>RIVER DRIVE MADLY MA</u>	Address <u>146 TAYLOR ST GRANBY MA</u>
Telephone# <u>413 584 1814</u>	Telephone# <u>413 467-7228</u>

Type of Building: DWELLING  
 Dwelling - No. of Bedrooms 4  
 Other - Type of Building \_\_\_\_\_  
 No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_

Lot Size 2.5 ACRES  
 Garbage grinder NO

Design Flow (min. required) 110 gpd    Calculated design flow 440 gpd  
 Design flow provided 666 gpd



Plan: Date 8/28/00 Number of sheets 2 Revision Date \_\_\_\_\_  
 Title DWG # 00149 PDR

Description of Soil(s) SAND  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator R.F. SHEEHAN JR  
 Date of Soil Evaluation 8/14/00

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW SEPTIC TANK, NEW SAS, FILL REQUIRED

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 Joseph Graziadi Date 8/18/00

Inspections \_\_\_\_\_





No. 00-15

Fee 225<sup>00</sup>  
pd

COMMONWEALTH OF MASSACHUSETTS  
Board of Health, AMHEEST, MA.

**DISPOSAL SYSTEM CONSTRUCTION PERMIT**

Permission is hereby granted to: Construct( ) Repair() Upgrade( ) Abandon( ) an individual  
sewage disposal system at 783 BAY RD

as described in the application for Disposal System Construction Permit No. 00-15

dated 8/23/00

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

Date 8/23/00 Board of Health *David Zayant*





No. \_\_\_\_\_

Fee \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System;

Constructed ( ), Repaired (K), Upgraded ( ), Abandoned ( )

by: RIVER DRIVE EXCAVATING

at: 783 BAY RD

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. \_\_\_\_\_

dated 8/28/00 . Approved Design Flow 666 (gpd)

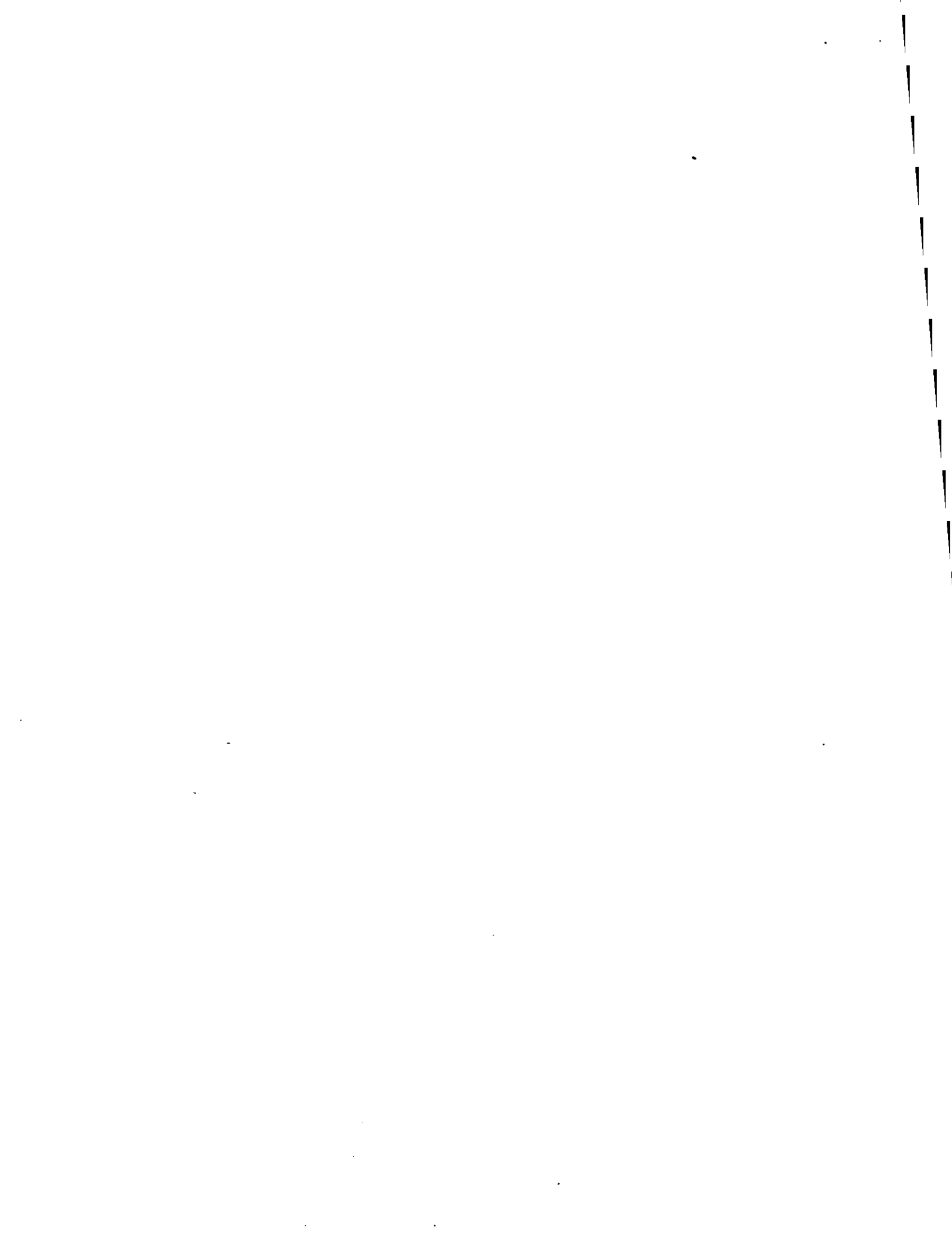
Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector \_\_\_\_\_

Date \_\_\_\_\_

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







No. \_\_\_\_\_

Date: \_\_\_\_\_

Commonwealth of Massachusetts  
AMHERST, Massachusetts  
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: R.F. SHEEHAN ASSOC INC  
Witnessed By: DAVID ZAROZINSKI

Date: 8/14/08

Location Address or Lot # <u>SAME</u>	Owner's Name, Address, and Telephone # <u>JOSEPH GRAZIADEI</u> <u>783 BAY RD</u> <u>AMHERST MA</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No  Yes

Year Published 1979 Publication Scale 1:25000 Soil Map Unit \_\_\_\_\_

Drainage Class 1 Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform OUTWASH FLAIN

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) NA

Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month July/00

Range :Above Normal  Normal  Below Normal

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





Location Address or Lot No. 783 BAY RD

On-site Review

Deep Hole Number 1 Date: 8/14/00 Time: 8:00 AM Weather RAIN

Location (identify on site plan) \_\_\_\_\_

Land Use LAWN Slope (%) -0- Surface Stones NO

Vegetation GRASS

Landform OUTWASH PLAIN

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body 150+ feet      Drainage way 100+ feet  
 Possible Wet Area 150+ feet      Property Line 50+ feet  
 Drinking Water Well 100+ feet      Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG*						
DATE: AUGUST 14, 2000.						
HOLE NUMBER	HORIZON	DEPTH FROM SURFACE INCHES	SOIL TEXTURE	SOIL COLOR MUNSELL	MOTTLING	OTHER
1	A	0-11	SL	10YR4/4		
	Bw	11-16	LS	10YR5/6		
	C 1	16-27	MS	10YR5/6		LOOSE SINGLE GRAIN, WELL DRAINED
	C 2	27-49	FstS	10YR5/3		TIGHT, SMEARS WAVY
	C 3	49-140	MS	10YR6/4		LOOSE SINGLE GRAIN, WELL DRAINED

ELEVATION AT GRADE: 91.44  
 ELEVATION OF BOTTOM OF H1: 79.77  
 WEeping = NONE; ESTIMATED GROUND WATER > 140", ELEVATION = 79.77  
 LEDGE => 140" NOT IN FLOOD PLAIN

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

Parent Material (geologic) SAND Depth to Bedrock: 7 140"

Depth to Groundwater: Standing Water in the Hole: -0- Weeping from Pit Face: -0-

Estimated Seasonal High Ground Water: 7 140"



DEP APPROVED FORM - 12/07/95

REPAIR PERC TEST FOR JOSEPH GRAZIADEI  
 783 BAY ROAD AMHERST, MA



Location Address or Lot No. 783 BAY RD AMHERST

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole 0 inches
- Depth weeping from side of observation hole 0 inches
- Depth to soil mottles 0 inches
- Ground water adjustment ..... feet

Index Well Number 61 Reading Date AUG/00 Index well level 1.61

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 JULY 1999 (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 [Handwritten Signature] Date 8/14/00





Location Address or Lot No. 783 BAY RD

COMMONWEALTH OF MASSACHUSETTS

AMHERST, Massachusetts

Percolation Test*		
Date: <u>8/14/00</u>		Time: <u>8:00</u>
Observation Hole #	<u>1</u>	<u>NOT</u>
Depth of Perc	<u>73"</u>	<u>USED</u>
Start Pre-soak	<u>8:19</u>	}
End Pre-soak	<u>POURED 24 GALLONS WATER WON'T HOLD WATER</u>	
Time at 12"	<u>8:30</u>	
Time at 9"	<u>8:32</u>	
Time at 6"	<u>8:35</u>	
Time (9"-6")	<u>3 MINUTES</u>	
Rate Min./Inch	<u>&lt; 2 MIN/INCH</u>	

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

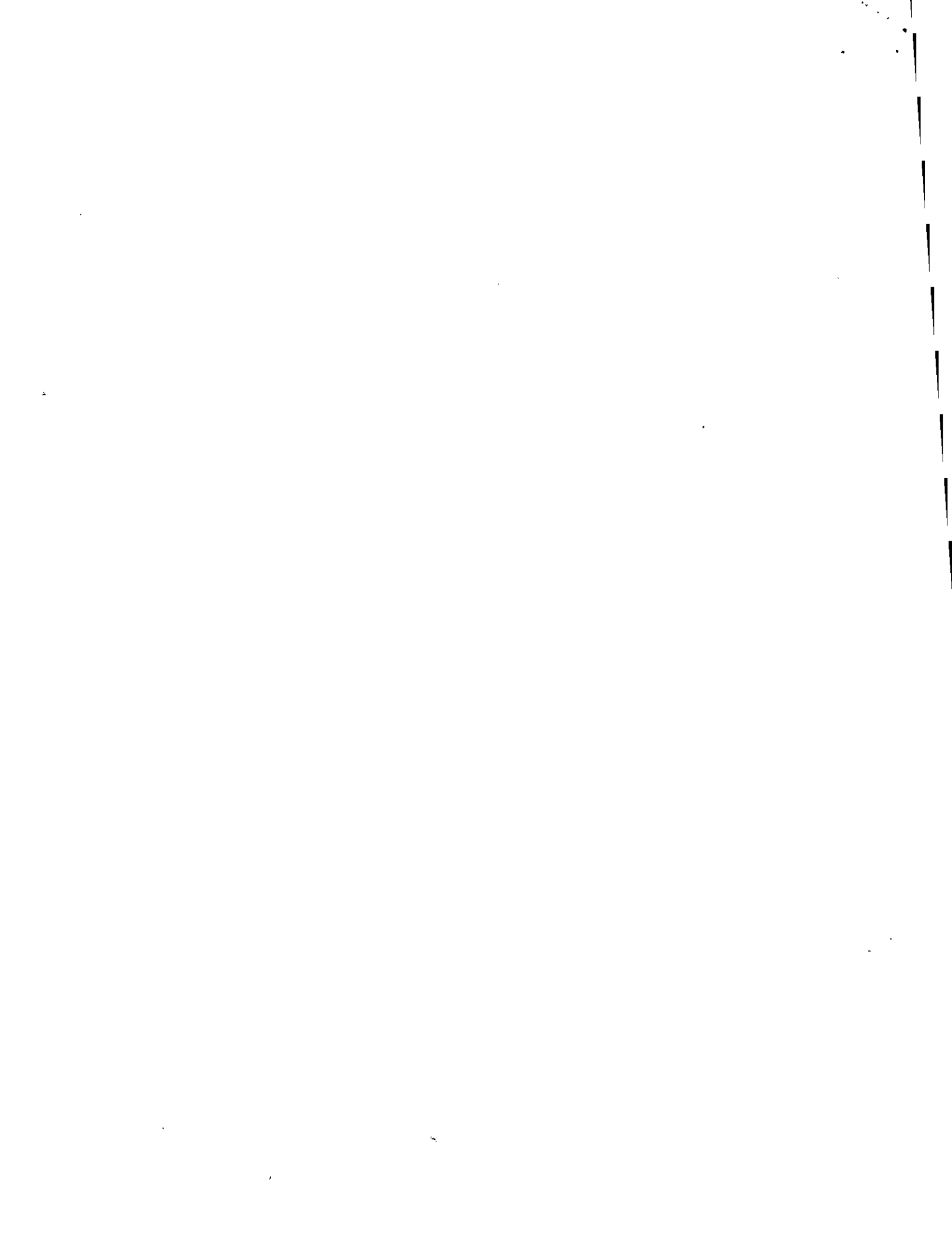
Site Passed  Site Failed

Performed By: R. F. SHEEHAN ASSOC INC

Witnessed By: DAVID ZAROZINSKI

Comments: THE C2 HORIZON MUST BE REMOVED & REPLACED WITH BOH APPROVED FILL.







R# 1431

CAF 1651  
PD 225<sup>00</sup>  
8/14/00

No. \_\_\_\_\_

Date: 8-14-00

Commonwealth of Massachusetts  
Massachusetts  
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: BOB SHEEHAN JR. Date: 8-14-00  
Witnessed By: DAVID ZAROZIN

Location Address or Lot #	Owner's Name, Address, and Telephone # <u>Joe GRAZIADEI</u> <u>703 BAY ROAD</u> <u>253-7856</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No  Yes

Year Published 1979 Publication Scale 1-25,000 Soil Map Unit \_\_\_\_\_

Drainage Class 1 Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform OUTWASH

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) NA

Wetlands Conservancy Program Map (map unit) NA

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: 8/11/00 DEP WEBSITE FOR MONTH OF JULY





Location Address or Lot No. 783 BAY ROAD

On-site Review

Deep Hole Number 1 Date: 8-14-00 Time: 8:00 AM Weather RAINY

Location (identify on site plan) \_\_\_\_\_

Land Use LAWN Slope (%) 0 Surface Stones NONE

Vegetation GRASS

Landform OUTWASH

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)
<u>0-11</u>	<u>A</u>	<u>SL</u>	<u>10YR4/4</u>		
<u>11-16</u>	<u>BW</u>	<u>LS</u>	<u>10YR5/6</u>		
<u>16-27</u>	<u>C1</u>	<u>MS</u>	<u>10YR5/6</u>		
<u>27-49</u>	<u>C2</u>	<u>SILTY SAND FINE</u>	<u>10YR5/3</u>		<u>REMOVE CO<sub>2</sub> TIGHT SMears</u>
<u>49-140</u>	<u>C3</u>	<u>M.S.</u>	<u>10YR6/4</u>		<u>ESGWD</u>
<u>HOLE 2</u>					

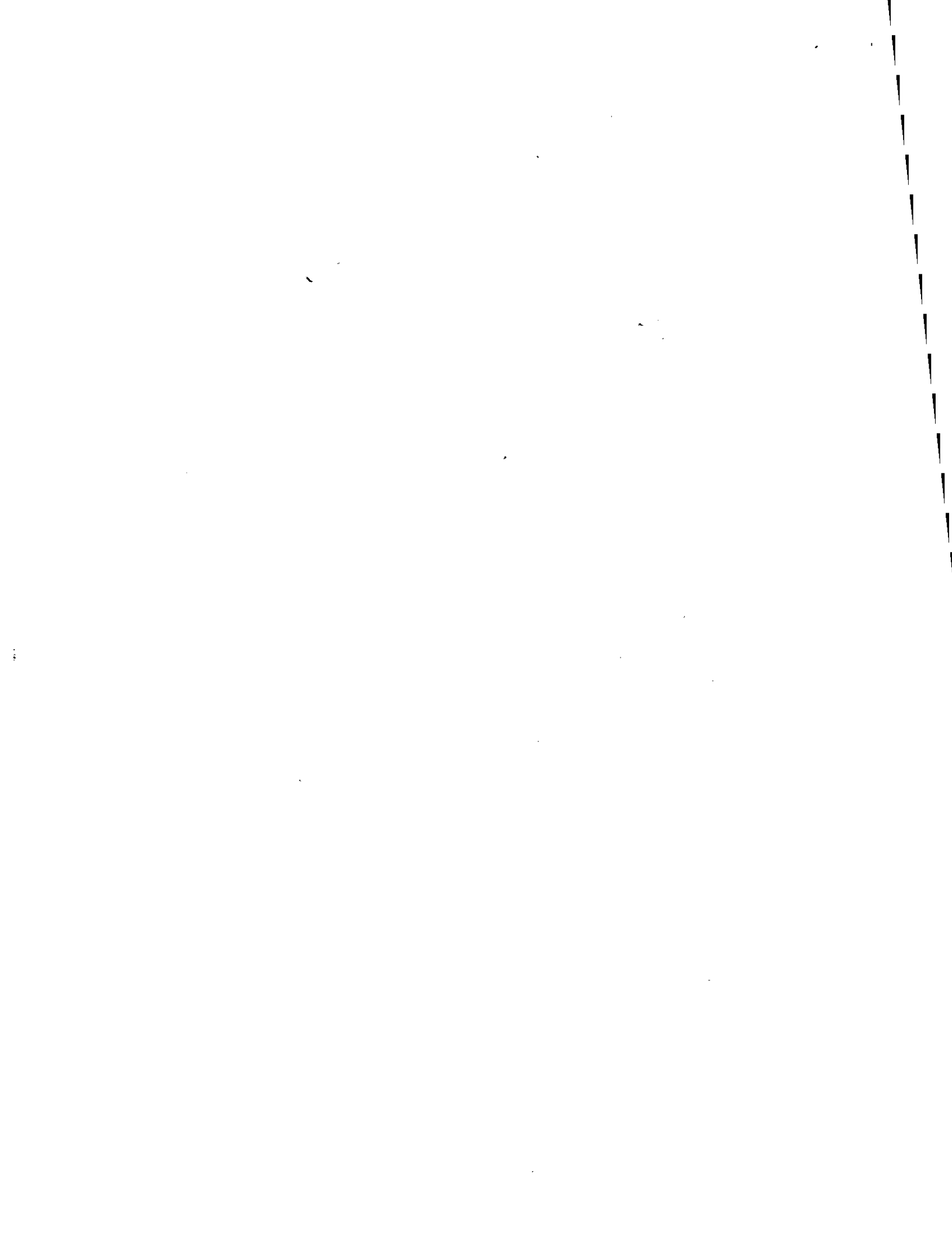
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) SAND Depth to Bedrock: 7140"

Depth to Groundwater: Standing Water in the Hole: 0 Weeping from Pit Face: 0

Estimated Seasonal High Ground Water: 7140"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 783 Bay Road

COMMONWEALTH OF MASSACHUSETTS  
 , Massachusetts

Percolation Test*		
Date: <u>8-14-00</u>		Time: <u>8:00 AM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>73"</u>	
Start Pre-soak	<u>8:19 AM</u>	
End Pre-soak		
Time at 12"	<u>8:30 AM</u>	
Time at 9"	<u>8:32 AM</u>	
Time at 6"	<u>8:35 AM</u>	
Time (9"-6")	<u>3 min.</u>	
Rate Min./Inch	<u>&lt; 2 min/TN.</u>	

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

Site Passed  Site Failed

Performed By: BOB SHREHAN JR.

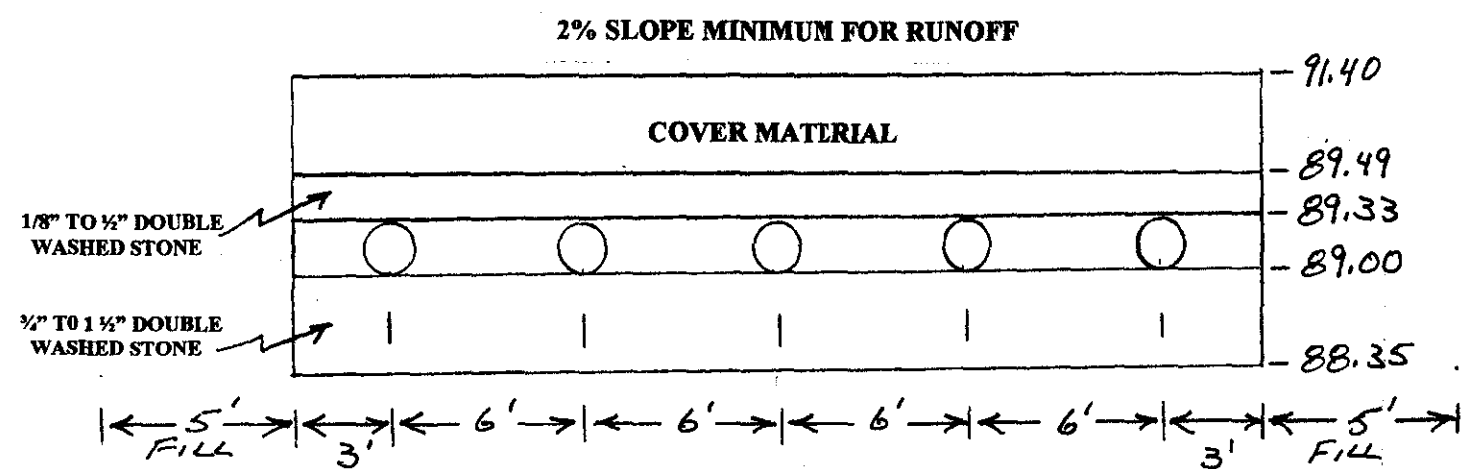
Witnessed By: DAVID ZAROZINSKI

Comments: \_\_\_\_\_

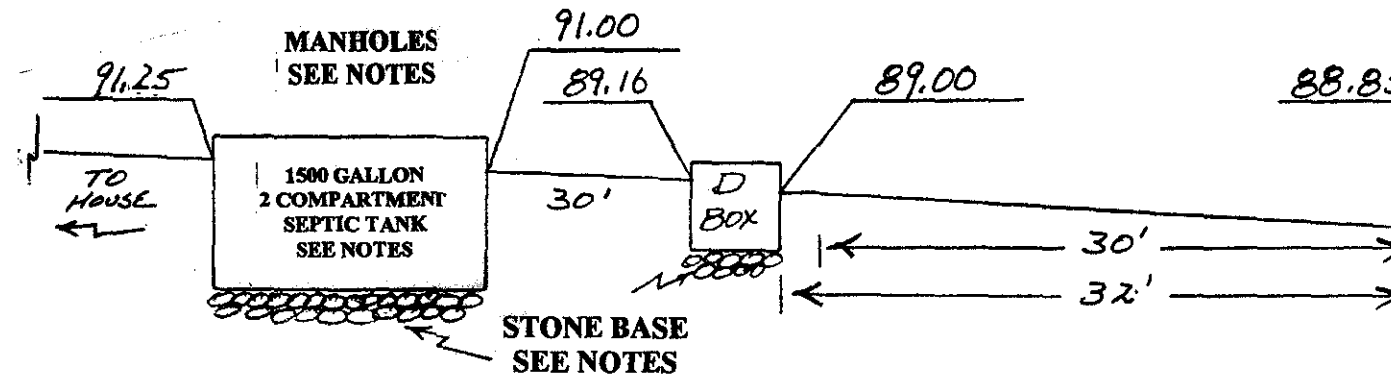




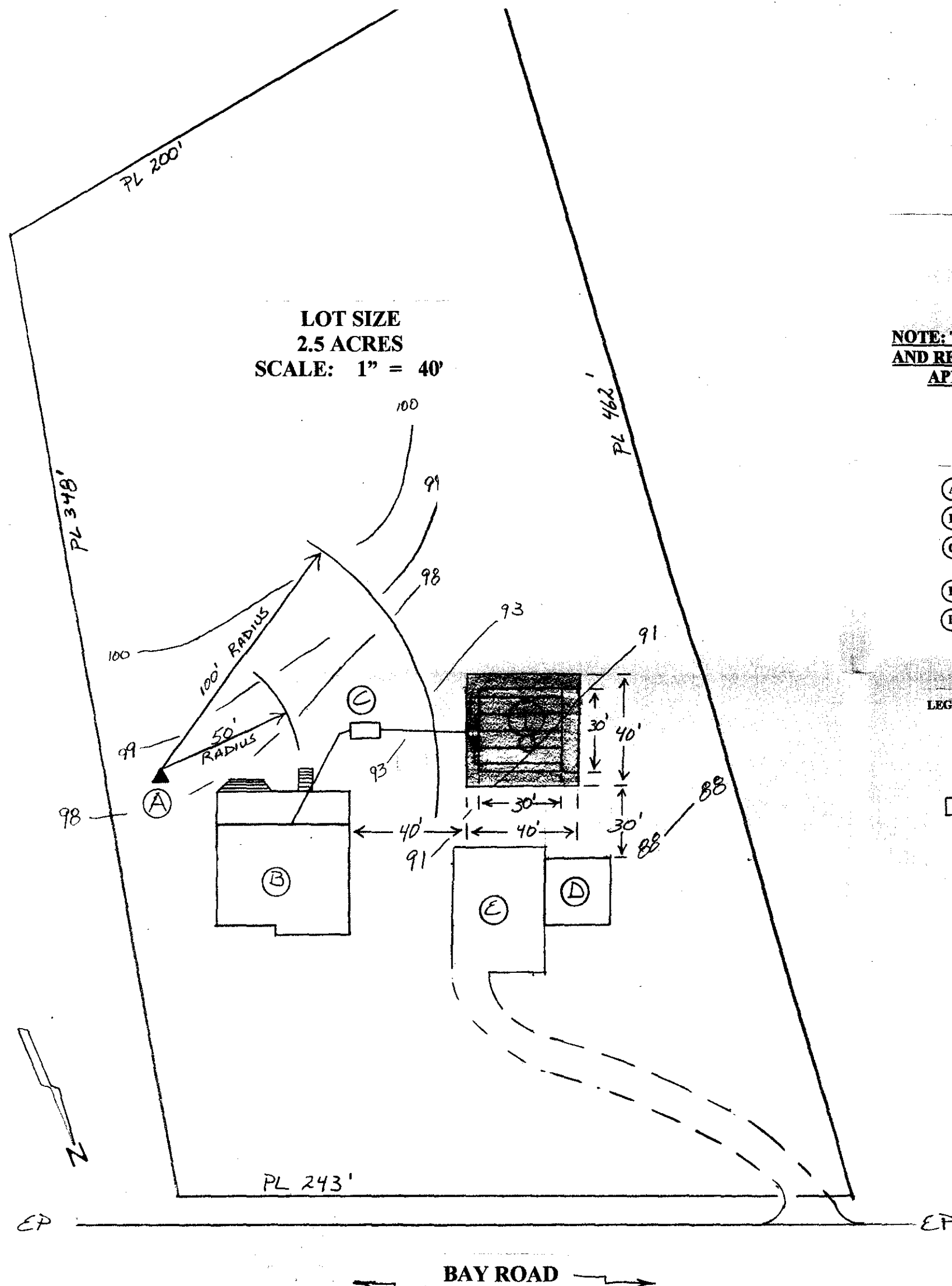
2



**CROSS SECTION OF LEACHING BED  
WITH ELEVATIONS SHOWN AT D BOX**  
NO SCALE



**PROFILE OF SEPTIC SYSTEM  
WITH INVERT ELEVATIONS**  
NO SCALE



ALL TOP SOIL AND SUBSOIL FOR A DISTANCE OF 5 FEET IN ALL DIRECTIONS AROUND THE LEACHING SYSTEM (SHADED AREA) MUST BE REMOVED AND REPLACED WITH CLEAN FILL WHICH IS APPROVED BY THE BOARD OF HEALTH.

**NOTE: THE C 2 HORIZON MUST BE REMOVED AND REPLACED WITH CLEAN FILL WHICH IS APPROVED BY THE BOARD OF HEALTH. SEE SOIL LOGS.**

- (A) BENCHMARK: TOP OF WELL CAP  
RELATIVE ELEVATION 100.00
- (B) 4 BEDROOM DWELLING. NO GARBAGE GRINDER
- (C) EXISTING TANK REPLACED WITH NEW 1500 GALLON, 2 COMPARTMENT CONNECTICUT STYLE SEPTIC TANK.
- (D) GARAGE
- (E) GRAVEL DRIVEWAY

**LEGEND**

- ⊙ LOCATION OF DEEP OBSERVATION HOLE
- LOCATION OF PERC TEST WELL
- ▲ POSSIBLE WETLAND
- 104 — EXISTING CONTOUR
- 104 - - FINISH CONTOUR
- EP EDGE OF PAVEMENT
- PL APPROXIMATE PROPERTY LINE

**SOIL LOGS**

DATE: AUGUST 14, 2000.

SOLE NUMBER	HORIZON	DEPTH FROM SURFACE INCHES	SOIL TEXTURE	SOIL COLOR MUNSELL	MOTTLING	OTHER
1	A	0-11	SL	10YR4/4		
	Bw	11-16	LS	10YR5/6		
	C 1	16-27	MS	10YR5/6		LOOSE SINGLE GRAIN, WELL DRAINED
	C 2	27-49	FdS	10YR5/3		TIGHT, SMEARS WAVY
	C 3	49-140	MS	10YR6/4		LOOSE SINGLE GRAIN, WELL DRAINED

ELEVATION AT GRADE: 91.44  
ELEVATION OF BOTTOM OF H1: 79.77  
WEEPING = NONE; ESTIMATED GROUND WATER > 140", ELEVATION = 79.77  
LEDGE => 140" NOT IN FLOOD PLAIN

**SITUATION:**

4 BEDROOM DWELLING, NO GARBAGE GRINDER, PERC RATE AT HOLE 1 OF 2 MINUTES PER INCH, DOP 73 INCHES

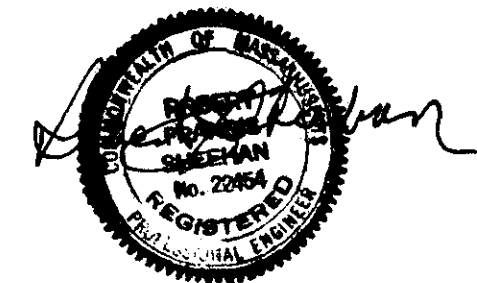
PERC TEST DATE: AUGUST 14, 2000, BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI  
SOIL EVALUATOR: ROBERT F. SHEEHAN JR., CERTIFIED JULY 1999.

4 BEDROOMS @ 110 GALS = 440 GALLONS  
ESTIMATED AVERAGE DAILY FLOW BASED ON 1995 TITLE 5 REGULATIONS

LEACHING SYSTEM IS TO CONSIST OF A LEACH BED 30 FEET LONG X 30 FEET WIDE WITH A MINIMUM OF 0.50 FEET OF STONE UNDER THE DISTRIBUTION LINES.

**DESIGN CALCULATIONS:**

BOTTOM = 30 FT. X 30 FT. = 900 SQ FT X 0.74 G/SQ FT = 666.0 GALS  
1995 TITLE 5 LOADING FACTORS USED FOR CALCULATIONS.  
THIS LEACH SYSTEM OVER DESIGNED PER BOARD OF HEALTH RECOMMENDATION



**REPAIR SEPTIC SYSTEM DESIGN  
783 BAY ROAD AMHERST, MA**

SUBMITTED TO

BOARD OF HEALTH AUG. 28, 2000

SHEET 1 OF 2

**REPAIR SEPTIC SYSTEM DESIGN  
FOR JOSEPH GRAZIADEI**

R. F. SHEEHAN ASSOCIATES INC  
GRANBY, MA

DRAWING NUMBER

00149 PDR

**NOTES:**

FIRST 2 FEET OUT OF D BOX TO BE LEVEL.  
 ENDS OF DISTRIBUTION LINES TO BE CAPPED.  
 BOTTOM OF TRENCHES OR BED TO BE LEVEL.  
 ALL STONE MUST BE DOUBLE WASHED.  
 SEWER PIPE FROM HOUSE TO SEPTIC TANK MUST  
 HAVE A SLOPE OF 0.02 AND MUST BE 4 INCH  
 SOLID WALL PVC. SDR 35. 40  
 PIPE BETWEEN SEPTIC TANK AND DISTRIBUTION  
 BOX IS TO BE 4" SOLID WALL PVC SDR 35  
 SEPTIC TANK AND DISTRIBUTION BOX MUST BE  
 SET LEVEL AND TRUE TO GRADE ON A STABLE  
 BASE OF STONE 6" THICK WHICH HAS BEEN  
 MECHANICALLY COMPACTED.  
 1500 GALLON 2 COMPARTMENT (CONNECTICUT  
 STYLE) SEPTIC TANK MUST HAVE 3 ACCESS  
 MANHOLES WITH A MINIMUM DIAMETER  
 OF 20" AND BE NO MORE THAN 12" BELOW  
 GRADE. ONE MANHOLE OVER INLET BAFFLE,  
 OUTLET BAFFLE THE THIRD MANHOLE MUST  
 BE LOCATED OVER THE CONCRETE DIVIDER  
 BETWEEN THE FIRST COMPARTMENT AND THE  
 SECOND COMPARTMENT. WHEN THIS COVER  
 IS REMOVED EASY ACCESS TO BOTH COMPARTMENTS  
 MUST BE AVAILABLE FOR PUMPING. I.E., ADEQUATE  
 ROOM TO INSERT A CONVENTIONAL PUMP HOSE AND  
 FOR VISUAL INSPECTION. DO NOT USE ANY TANK  
 WITH AN OPENING TOO SMALL TO PERMIT THE HOSE  
 TO BE INSERTED. IF THE TOP OF THE SEPTIC TANK  
 IS MORE THAN 12" BELOW GRADE, CHIMNEYS  
 MUST BE PROVIDED.  
 THE TOP OF ALL SEPTIC SYSTEM COMPONENTS  
 SHALL BE NO MORE THAN 36" BELOW  
 FINISHED GRADE.  
 IF THE TOP OF THE SEPTIC TANK IS MORE THAN  
 12" BELOW GRADE THE SEPTIC TANK MUST  
 HAVE 3 ACCESS MANHOLES WITH A MINIMUM  
 DIAMETER OF 20" AND BE FLUSH WITH GRADE.  
 ONE MANHOLE OVER EACH BAFFLE AND ONE  
 OVER THE CENTER.  
 INLET AND OUTLET TEES SHALL BE CAST IRON,  
 SCHEDULE 40 PVC OR CAST IN PLACE CONCRETE  
 AND BE ON THE CENTER LINE OF THE SEPTIC  
 TANK. CROSS SECTIONAL FLOW BAFFLES  
 SHALL NOT BE USED AS SUBSTITUTES PER  
 15.227(1). INLET AND OUTLET TEES MUST BE  
 LOCATED AT CENTER OF TANK, EVEN IF ENTRY  
 IS THROUGH THE SIDE OF THE TANK.  
 SEPTIC TANK OUTLET TEE MUST BE EQUIPPED  
 WITH GAS BAFFLE WHICH SHALL BE  
 CONSTRUCTED FROM SCHEDULE 40 PVC  
 4" DIAMETER PIPE GLUED JOINTS. GAS  
 BAFFLE SHALL BE INSTALLED SO THAT  
 BOTTOM IS 14" BELOW LIQUID LINE FOR  
 A 48" DEEP TANK 19" FOR A 60" DEEP TANK.  
 A 90 DEGREE ELBOW IS TO BE GLUED IN  
 PLACE POINTING TOWARD THE CENTER  
 OF THE SEPTIC TANK. A TEE MAY BE  
 SUBSTITUTED FOR THE ELBOW.  
 DO NOT USE ANY SEPTIC TANK THAT HAS  
 A HOLE IN THE BOTTOM OR IN THE SIDE.  
 DISTRIBUTION BOX MUST HAVE A MINIMUM  
 INSIDE DIMENSION OF 12" WITH A 6" SUMP.  
 ALL DISTRIBUTION LINES MUST HAVE  
 ADJUSTABLE FLOW LEVELERS TO PROVIDE  
 FOR EQUAL DISTRIBUTION OF LEACHATE.  
 A MINIMUM OF 9" OF COVER, EXCLUDING TOP  
 SOIL MUST BE PLACED AS BACKFILL OVER  
 THE SEPTIC SYSTEM.

DISTRIBUTION LINES SHALL BE SCHEDULE 40  
 IF NO VEHICULAR TRAFFIC IS ANTICIPATED  
 SDR 35 MAY BE USED.  
 ALL SEPTIC TANKS, PUMP CHAMBERS AND  
 DISTRIBUTION BOXES MUST BE WATER  
 TIGHT.  
 IF LEDGE IS ENCOUNTERED HIGHER THAN  
 ANTICIPATED OR HIGHER THAN OBSERVED  
 DURING THE EVALUATION OF DEEP  
 OBSERVATION HOLES (PERC TEST), FILL  
 MUST BE ADDED TO RAISE THE BOTTOM  
 OF THE LEACHING SYSTEM AT LEAST 4 FEET  
 ABOVE THE HIGHEST ELEVATION OF LEDGE  
 FOUND.  
 ANY PART OF THE SEPTIC SYSTEM THAT WILL BE  
 SUBJECT TO VEHICULAR TRAFFIC MUST HAVE  
 AN H 20 WHEEL LOAD RATING.  
 NO WELLS OBSERVED WITHIN 150' OF PROPOSED  
 LEACHING SYSTEM OTHER THAN SHOWN.  
 PROPERTY OWNER IS RESPONSIBLE FOR COMPLIANCE  
 WITH ALL LOCAL ZONING REGULATIONS,  
 CONSERVATION COMMISSION REGULATIONS AND  
 MASSACHUSETTS WETLAND PROTECTION ACT..  
 EXISTING SEPTIC TANK MUST BE REMOVED AND  
 DEBRIS DISPOSED OF IN A MANNER ACCEPTABLE  
 TO THE BOARD OF HEALTH.  
 ANY DEBRIS ENCOUNTERED FROM EXISTING SEPTIC  
 SYSTEM MUST BE DISPOSED OF IN A MANNER  
 ACCEPTABLE TO THE BOARD OF HEALTH.  
 PROPERTY LINES MUST BE ESTABLISHED BY A  
 REGISTERED LAND SURVEYOR IN ORDER TO  
 MAINTAIN PROPER SETBACK.  
 NO DRIVEWAY, PARKING AREA OR OTHER  
 IMPERVIOUS SURFACE SHALL BE LOCATED  
 ABOVE THE LEACHING SYSTEM EXCEPT WHERE  
 UNAVOIDABLE. IN SUCH CASES VENTING MUST  
 BE PRESENT.  
 ANY WORK DONE BY THE PROPERTY OWNER LESS  
 THAN 100' FROM A WETLAND WILL REQUIRE  
 THAT HE FILE A NOTICE OF INTENT WITH THE  
 LOCAL CONSERVATION COMMISSION.  
 NO SEPTIC SYSTEM ADDITIVES MAY BE PLACED IN  
 A SEPTIC TANK.  
 NO PART OF A LEACHING SYSTEM MAY BE  
 LOCATED LESS THAN 100 FEET FROM  
 ANY WELL OR EDGE OF A WETLAND OR  
 LESS THAN 10 FEET FROM ANY PROPERTY  
 LINE.  
 PROPERTY OWNER IS RESPONSIBLE FOR FINISH  
 GRADING AND SEEDING. EXCAVATOR IS  
 RESPONSIBLE FOR BACKFILLING AND  
 ROUGH GRADING UNLESS OTHERWISE  
 NEGOTIATED WITH PROPERTY OWNER.  
 THIS SEPTIC SYSTEM DESIGN IS NOT INTENDED  
 TO BE A SITE PLAN.  
 EXCAVATOR MUST CALL DIG SAFE FOR  
 CLEARANCE BEFORE STARTING WORK.  
 TEL: 1 888 344-7233.  
 DO NOT SCALE DRAWING.

THE DESIGN ENGINEER MUST INSPECT ALL  
 COMPONENTS OF THE SUBSURFACE  
 ABSORPTION SYSTEM PRIOR TO  
 BACKFILLING. 15.021(3)  
 TEL: 413 467-7228  
 PLEASE ALLOW 24 - 48 HOURS NOTICE

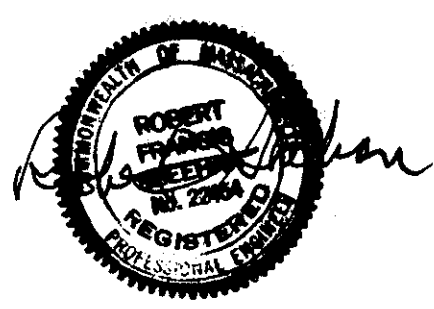
**WASHED STONE — CLEAN STONE**  
 THE MASSACHUSETTS DEP HAS ESTABLISHED A TEST TO DETERMINE  
 THE CLEANLINESS OF "WASHED STONE" USED IN THE LEACHING SYSTEM.

MARK A 5 GALLON WHITE PLASTIC BUCKET AT THE 1 GALLON HEIGHT  
 AND THE 4 GALLON HEIGHT. PLACE STONE FROM THE PILE OR TRUCK  
 IN THE BUCKET UP TO THE 11 GALLON MARK. MAKE SURE THAT STONE  
 COMES FROM SEVERAL DIFFERENT PLACES IN THE TRUCK OR PILE.  
 FILL THE BUCKET TO THE 4 GALLON MARK WITH CLEAN WATER,  
 AGITATE THE STONE - WATER MIXTURE TO SUSPEND ANY FINE PARTICLES.  
 WAIT 60 SECONDS. AFTER 60 SECONDS IF THE OUTLINES OF THE INDIVIDUAL  
 PIECES OF STONE ARE CLEARLY VISIBLE THE STONE CAN BE ASSUMED TO BE  
 REASONABLY FREE OF FINES. IF THE INDIVIDUAL STONE PIECES CANNOT  
 BE CLEARLY SEEN THE STONE IS PROBABLY TOO "DIRTY" AND SHOULD NOT  
 BE USED IN A TITLE 5 SOIL ABSORPTION SYSTEM. IF SUCH STONE IS USED  
 THE SYSTEM WILL BE REJECTED.

**MINIMUM SETBACK DISTANCES**

	SEPTIC TANK	SOIL ABSORPTION SYSTEM
CELLAR WALL	10 FEET	20 FEET
SWIMMING POOL (INGROUND)	10 FEET	20 FEET
WATER SUPPLY LINE	10 FEET (1)	10 FEET (1)

(1) DISPOSAL FACILITIES SHALL ALSO BE AT LEAST 18 INCHES BELOW  
 WATER SUPPLY LINES. WHEREVER SEWER LINES MUST CROSS WATER  
 SUPPLY LINES, BOTH PIPES SHALL BE CONSTRUCTED OF CLASS 150  
 PRESSURE PIPE AND SHALL BE PRESSURE TESTED TO ASSURE  
 WATERTIGHTNESS. 310 CMR 15.211 (1) (1)



<b>REPAIR SEPTIC SYSTEM DESIGN</b> 783 BAY ROAD AMHERST, MA	
SUBMITTED TO BOARD OF HEALTH AUG. 28, 2000	SHEET 2 OF 2
<b>REPAIR SEPTIC SYSTEM DESIGN</b> FOR JOSEPH GRAZIADEI	
R. F. SHEEHAN ASSOCIATES INC GRANBY, MA	DRAWING NUMBER <b>00149 PDR</b>