

966 BAY ROAD





NOT AN ACTUAL SURVEY!!
 LINES DRAWN FOR SEPTIC
 LOCATION PURPOSES ONLY!

**NOTE TO
 TOWN INS
 DESIGNED
 BEFORE S**

AS BUILT
 10.05.2011
 MAP LOT
 42,480 Sq. Feet
 0.975 Acres



INT. STREAM

S 73°41'02" E
 190.00'

SILTATION CONTROL

100'

APPROX. OLD.
 LEACH
 AREA
 (REMOVE
 AS NEEDED)

60+ NO WORK LINE

70+ FT OFFSET

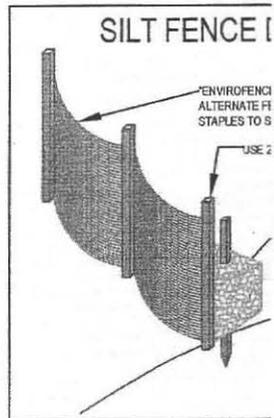
OB.S. PORT

BM:
 100.0'
 BOT.
 SIDING



REPLACED
 WITH NEW 1500 GAL
 S.TANK

- WETLAND DELINEAT**
NOTE: USE fabric silt i
(free of seeds)
1. NO ALTERATION OF SI
 ON THE DOWNGRADIE
 2. SEDIMENTATION BARI
 MANOR AS SHOWN ON
 3. NOTIFY CONSERVATIC
 START OF ON-SITE WK
 4. AS SOON AS IS POSSI
 WITH GRASS OR SIMIL
 OF SITE WORK.
 5. SILT FENCE TO REMAI
 CONTROL FUGITIVE SI
 6. REGRADE WORK ARE



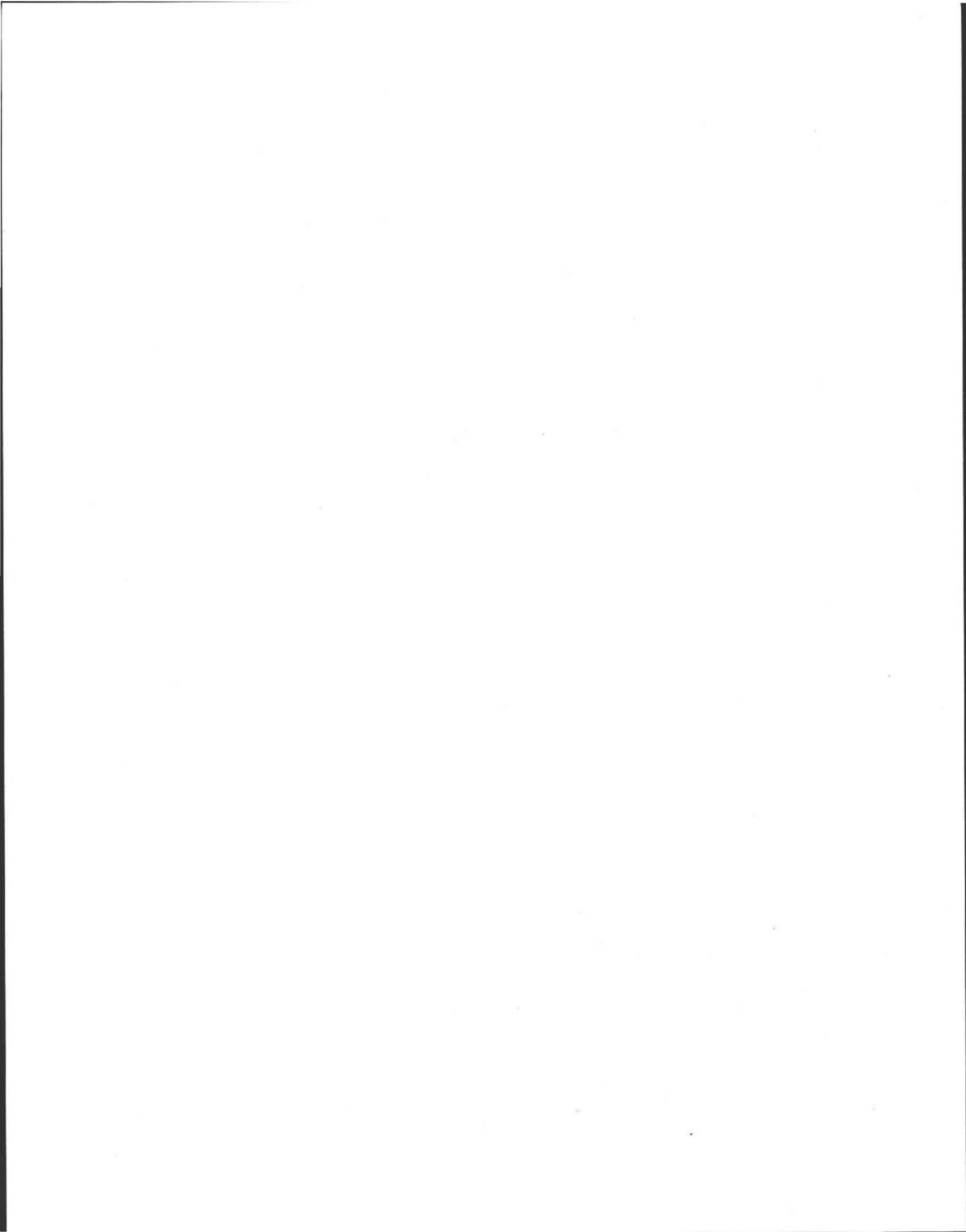
N 73°41'02" W
 190.00'

BAY ROAD

966 BAY ROAD
 AS-BUILT

filed 10-18-2011

S 02°44'53" W
 230.00'





Commonwealth of Massachusetts
 City/Town of
Certificate of Compliance
 Form 3

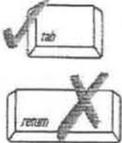
DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

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



DSCP Number _____ DSCP Date _____
 Facility Owner Nathan Herrmann
 Street Address or Lot # 966 Bay RD
Amherst MA 01002
 City/Town State Zip Code

Designer Information:

Alan Weiss, RS, # 933 Cold Spring Environmental, Inc.
 Name Name of Company
[Signature] 10/5/11
 Signature Date

Installer Information:

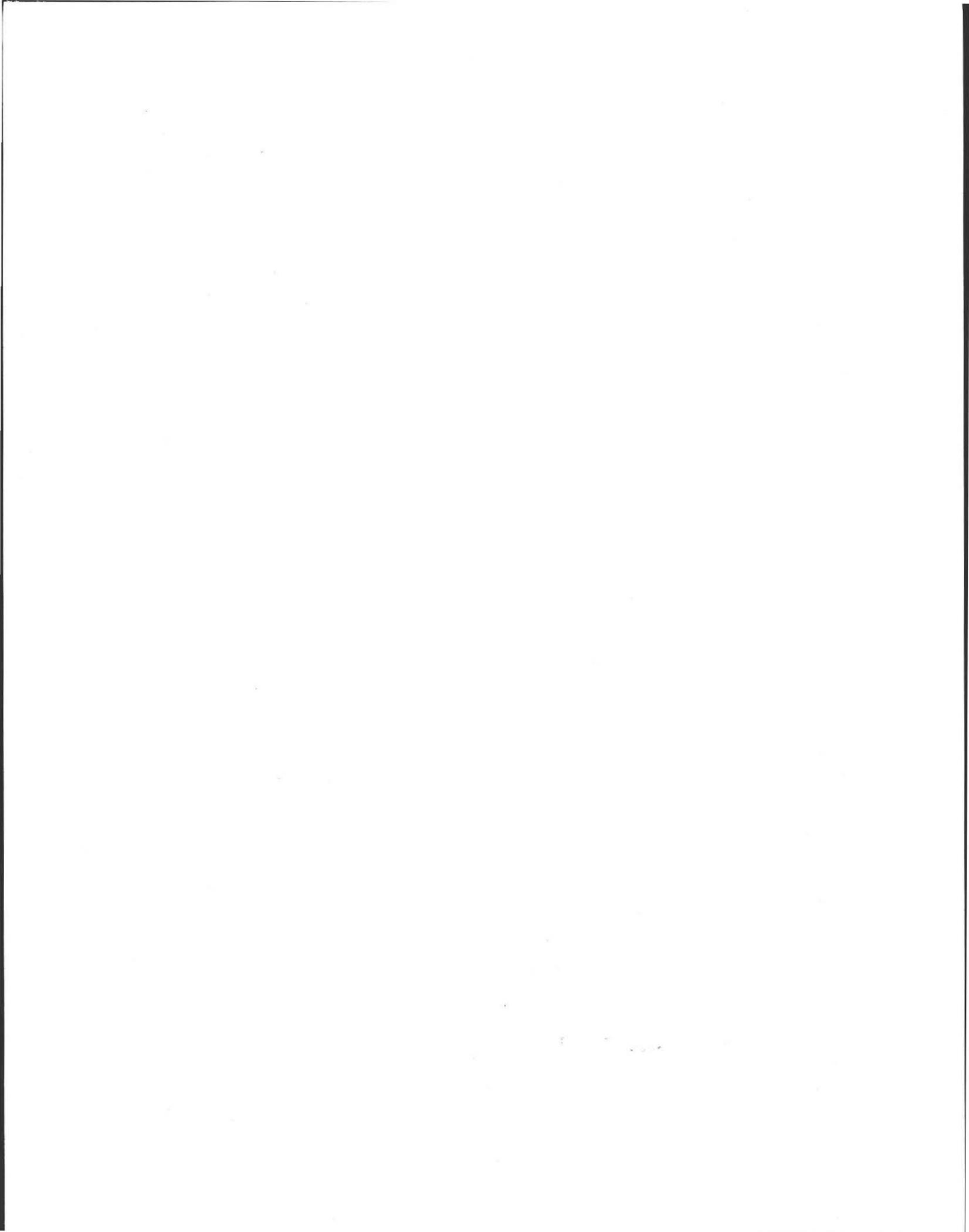
RiverDove Excavating
 Name Name of Company
Tom Weyzall 10/5/11
 Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

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

AMHERST HEALTH DEPT.
 Approving Authority
[Signature]
 Signature

10.18.2011
 Date





**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

**JULIE FEDERMAN
HEALTH**

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

September 6, 2011

RECEIVED SEP 06 2011

- Second Opinions

✓ reviewed
by Ed

Amherst Conservation Commission
Town Hall
Amherst, MA 01002

**RE: # 966 Bay Road, Septic System Repair,
Request for Determination, CSEC Proj., No. 111-3638-0722**

Dear Sir/Madam

Enclosed please find the **Septic Repair Plan** for the *Repair of the subsurface Disposal System* for the above mentioned property. The existing system is to be replaced. **The no work line as shown for the digging of the old system and (60 feet) for the new system** is delineated from the Intermittent Stream as shown, Mitigative measures are noted with properly buried (6"), staked silt fence with *straw* bale backing (Or equivalent sock/waddle sediment control). All above noted locations are referenced on the Figure 1: Site Locus Map and Figure 2: Site Construction Plan, attached.

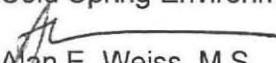
The Health Department has been contacted for proper septic permits. Stream delineation was based on (work by the writer) and our own observation of typical hydrophytic species, topography and hydrology observed in the field and in the presence of the agent for the Board of Health. The plan intention is to utilize the best part of the property with the least disturbance of the resource area.

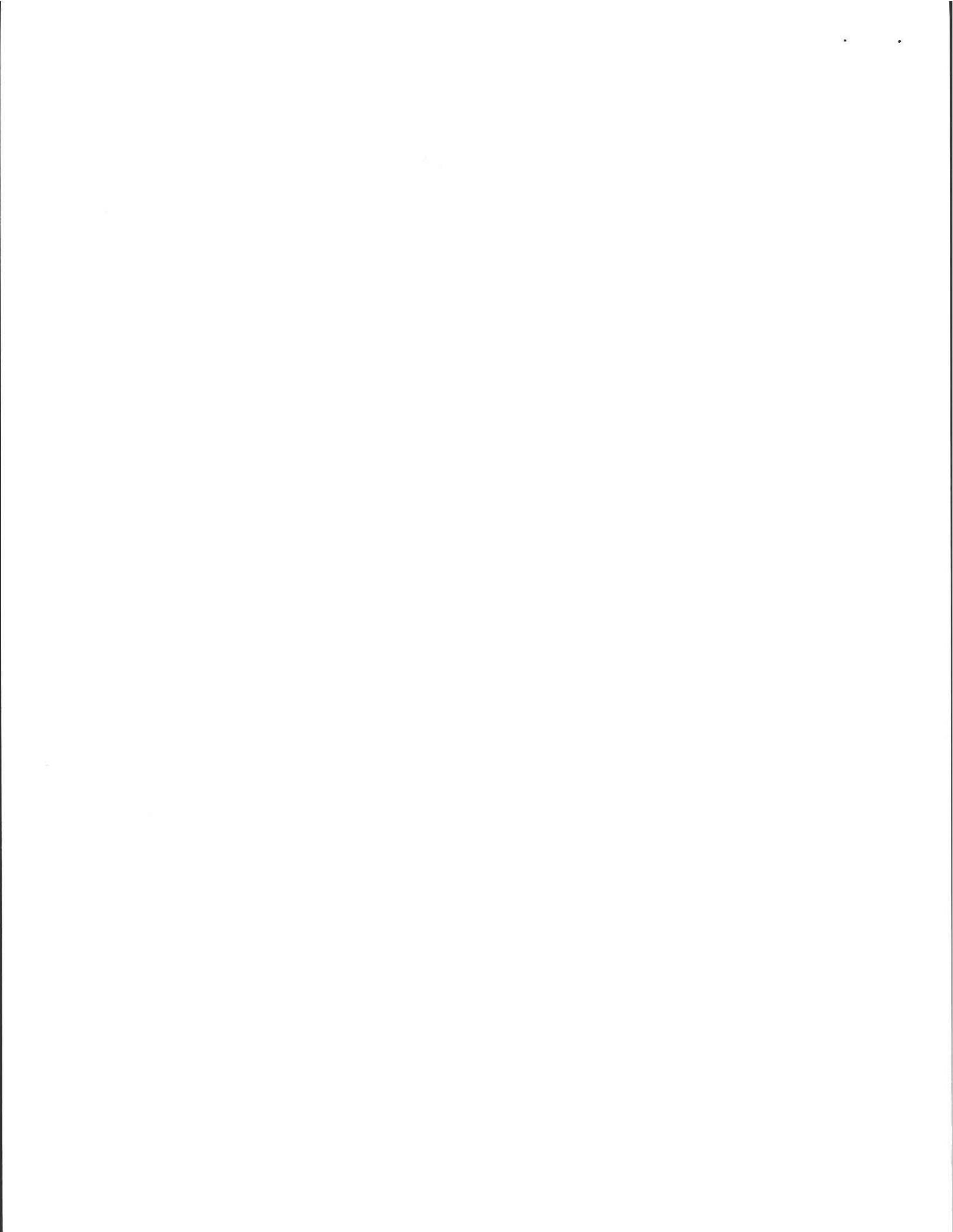
Mitigative measures include a silt fence that establishes a no work zone (60') as well as follow-up mulching and seeding of backyard margins. The septic exceeds the minimum (310 CMR 15.00) setback of >50 feet (**70+** feet noted). The work area in the buffer zone would be limited to less than **800** square feet. Fill and regrading required by Title 5 and resultant covering, seeding and mulching will occur in the 100 ft. buffer zone is as noted (including the old Septic which is to be properly decommissioned) as shown.

Please note that because of the "limited impact" near this area, our experience with most similar situations is that this type of repair work can be properly completed as shown with the noted mitigative measures followed as contingencies. The attached plan and form has been filed with the WRO-DEP. Please notify us at your earliest convenience of your next hearing date and time with sufficient time for abutter notices and a legal add as needed.

Sincerely,

Cold Spring Environmental Consultants, Inc.


Alan E. Weiss, M.S.
Principal Hydrogeologist
Registered Sanitarian Lic. #933





WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. General Information

Important:

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



1. Applicant:

Nathan and Jessica Heilman

Name E-Mail Address (if applicable)

966 Bay Road

Mailing Address

Amherst MA 01002

City/Town State Zip Code

708-707-1276

Phone Number Fax Number (if applicable)

2. Representative (if any):

Cold Spring Environmental, Inc.

Firm

Alan E. Weiss, M.S.

aeweiss@charter.net

Contact Name E-Mail Address (if applicable)

350 Old Enfield Road

Mailing Address

Belchertown MA 01007

City/Town State Zip Code

413-323-5957

Phone Number Fax Number (if applicable)

B. Determinations

1. I request the Amherst make the following determination(s). Check any that apply:
Conservation Commission

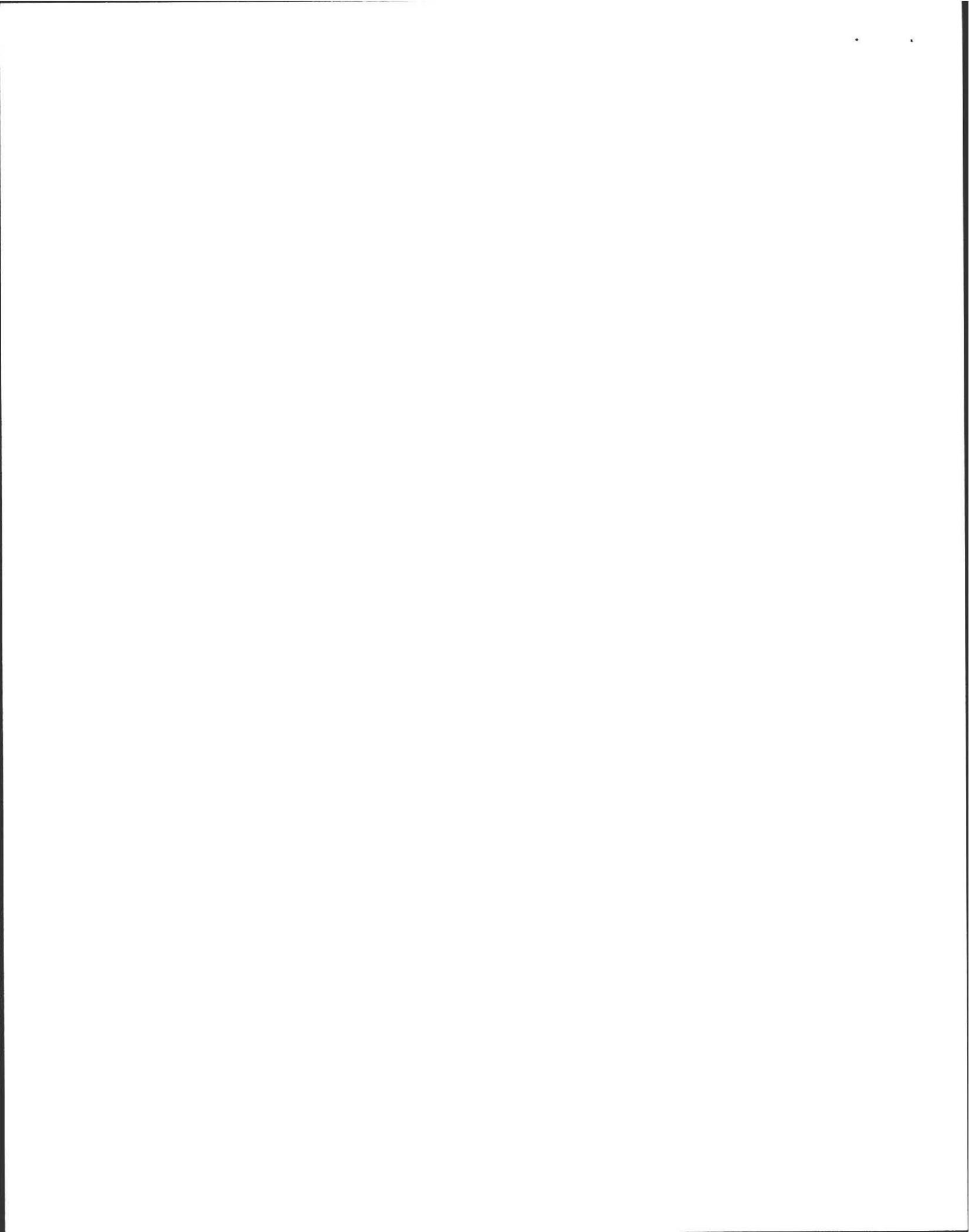
- a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Amherst

Name of Municipality

- e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).

(Single Family Home Tight tank installation) Work beyond 60 feet, within buffer of "Int. Stream" < 800 SF Work in as shown. (60-70 ft no work line).





WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

966 Bay Road	Amherst
Street Address	City/Town
27c	31
Assessors Map/Plat Number	Parcel/Lot Number

- b. Area Description (use additional paper, if necessary):

The area consists of work for installatio of a septic system repair less than 100 ft from edge of an intermittent stream. The work area would greater than 60 feet from the jurisdictional Resource area.

- c. Plan and/or Map Reference(s):

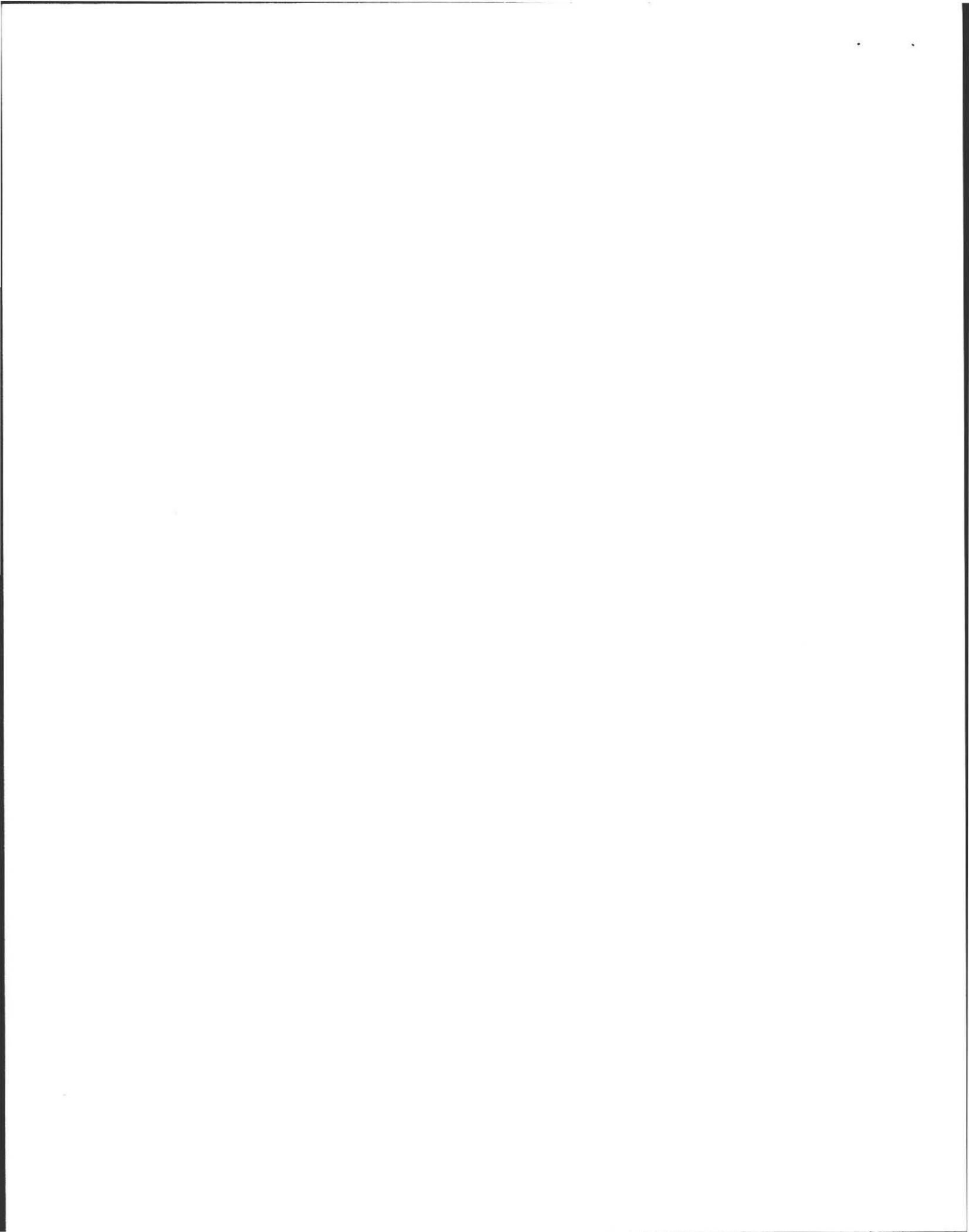
Septic Repair Plan Plan, (Attachment I)	8/25/11
Title	Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

Total area of site work is <800 Sf on site..Site work is 60+ foot from area at its closest, noted.

- b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

See above.





WPA Form 1- Request for Determination of Applicability
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

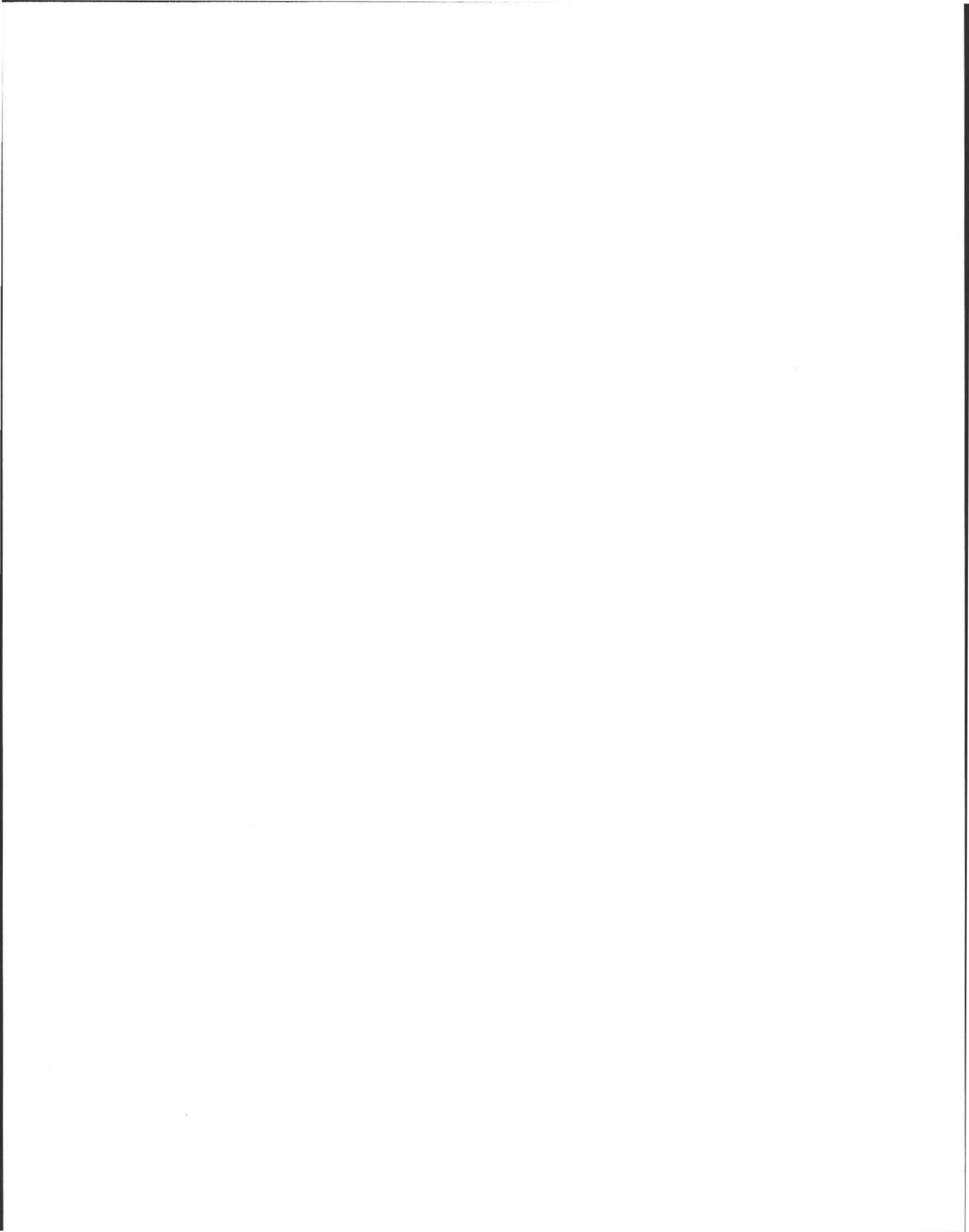
C. Project Description (cont.)

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- Single family house on a lot recorded on or before 8/1/96
- Single family house on a lot recorded after 8/1/96
- Expansion of an existing structure on a lot recorded after 8/1/96
- Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- New agriculture or aquaculture project
- Public project where funds were appropriated prior to 8/7/96
- Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- Residential subdivision; institutional, industrial, or commercial project
- Municipal project
- District, county, state, or federal government project
- Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)

N/A





WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office (see Appendix A) were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Nathan and Jessica Heilman

Name

966 Bay Road

Mailing Address

Amherst

City/Town

MA

State

01002

Zip Code

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

[Signature]

Signature of Applicant

09.02.2011

Date

[Signature]

Signature of Representative (if any)

09.02.2011

Date



- Property Map
 - Property Lines
 - Property Line
 - Hydrographic Property Line
 - Right of Way Line
 - Town Boundary
 - Other Property Lines
 - Former Property Line
 - Subdivision Lot Line
 - Easements
- Basemap
 - Trails
 - Rail Lines
- Structures
 - Building
 - Foundation or in cnst
 - Outbuilding or Miscell
 - Deck, Porch, Stairs or
 - Mobile home, Trailer
 - Swimming Pool
 - Building Ruins
 - Water storage tank
- Rivers and Streams
 - Streams
 - Major Culverts
 - Hydro Connector
 - Headwalls, Floodwalls
- Landcover
 - Brush and scrub vege
 - Tree and forest vege
 - Cultivated field
 - Gravel pile
 - Quarry
 - Misc Impervious Surfa
- Parking
 - Parking Paved
 - Parking Unpaved
- Driveways
 - Driveway Paved
 - Driveway Unpaved
- Sidewalks
- Transportation
 - Paved street polygons
 - Unpaved street polyg
- Bridges
 - Bridge decking and str
 - Foot Bridge
 - Rail Bridge

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD88, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

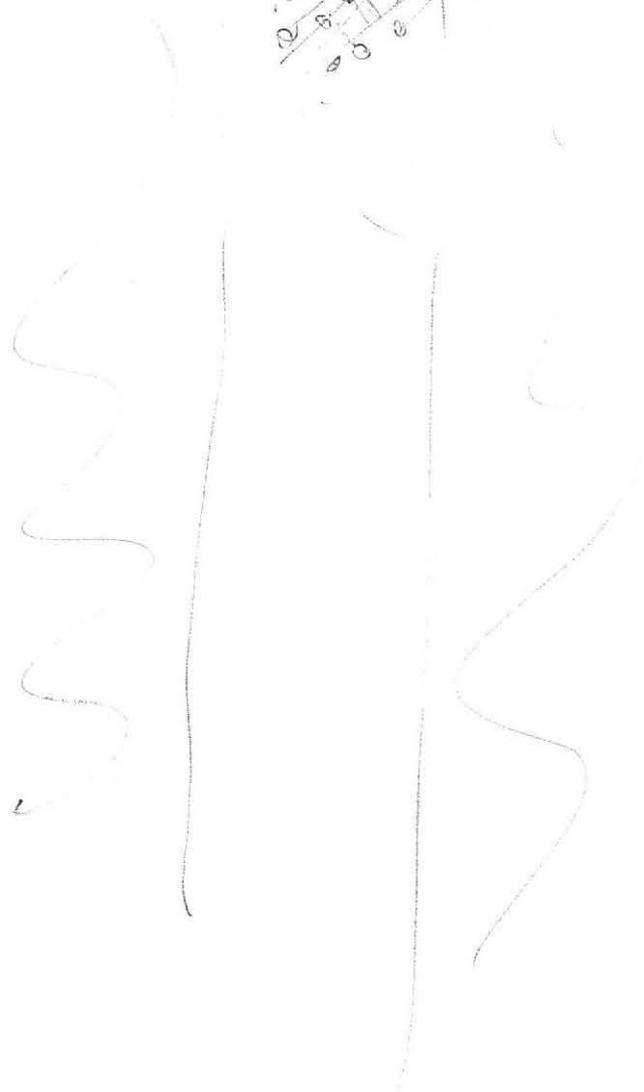
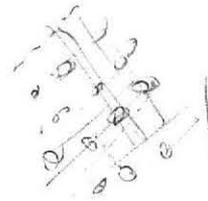
The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

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" = 200 ft



Amherst GIS Viewer September 6, 2011



Sept. 2011 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: September 21, 2011

TO Nathan P. & Jessica L. Heilman
966 Bay Road
Amherst, MA 01002

10972
10974

RE: Invoice for Septic Title V witness, Perc Test/Soil Evaluation, & Plan Review

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness 7/22/2011	\$ 200.00	\$ 200.00
1.00	Plan Review 9/21/2011	\$ 150.00	\$ 150.00
1.00	Percolation Test/Soil Evaluation 8/16/2011	300.00	\$ 300.00
	received: check #1154 for \$200.00 (Title V)	(200.00)	(200.00)
	This invoice is due on receipt: all services completed except for final system installation inspection		

10/4
paid in full -
check received
\$ 450.00

SUBTOTAL	\$	450.00
SALES TAX		
TOTAL	\$	450.00

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

PERMITS/INSP PAYMENT RECPT#: 12027859
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 10/04/11 TIME: 13:56
CLERK: smithe DEPT:

PAID BY: HEILMAN, NATHAN P &
PAYMENT METH: CHECK 1167

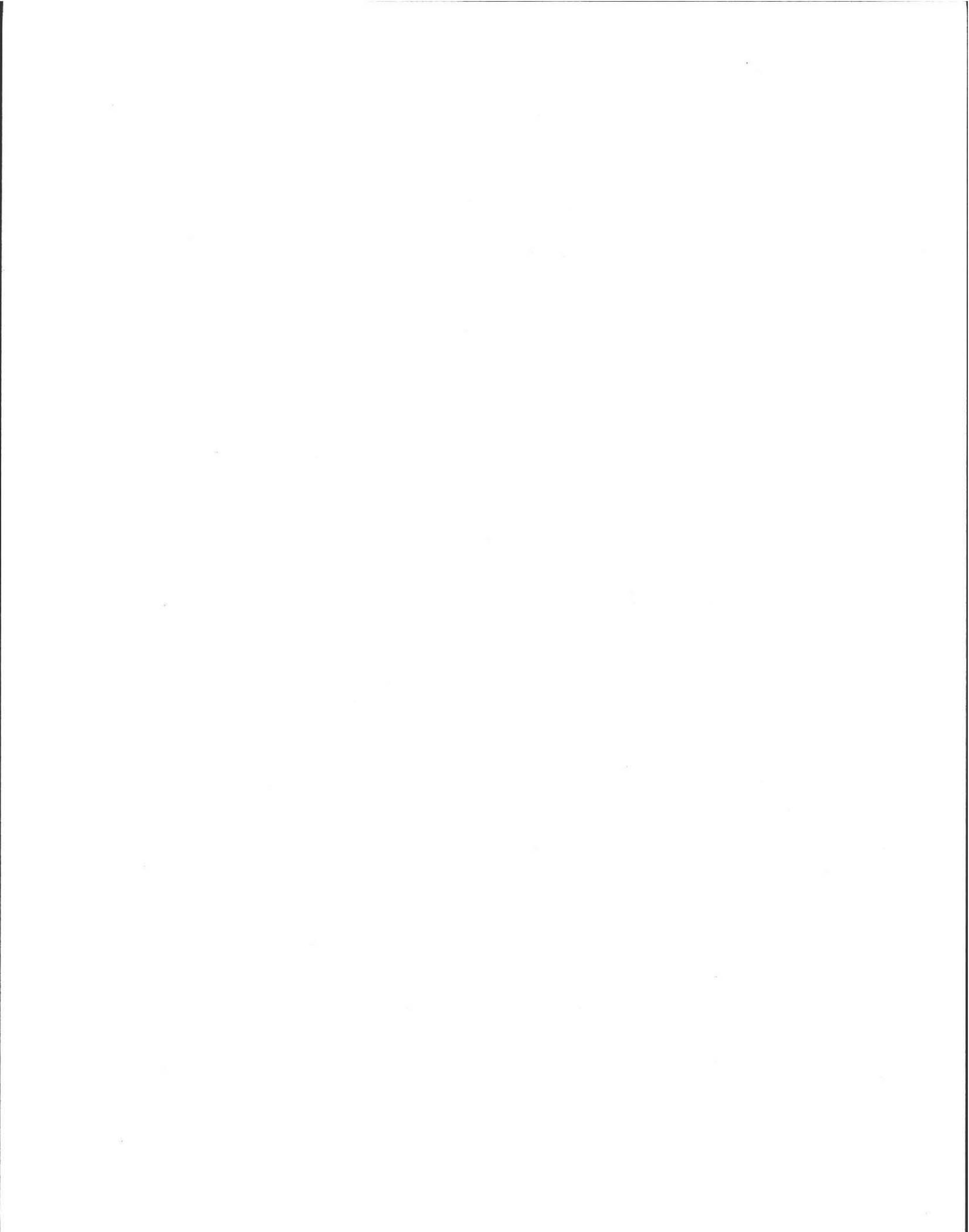
REFERENCE:

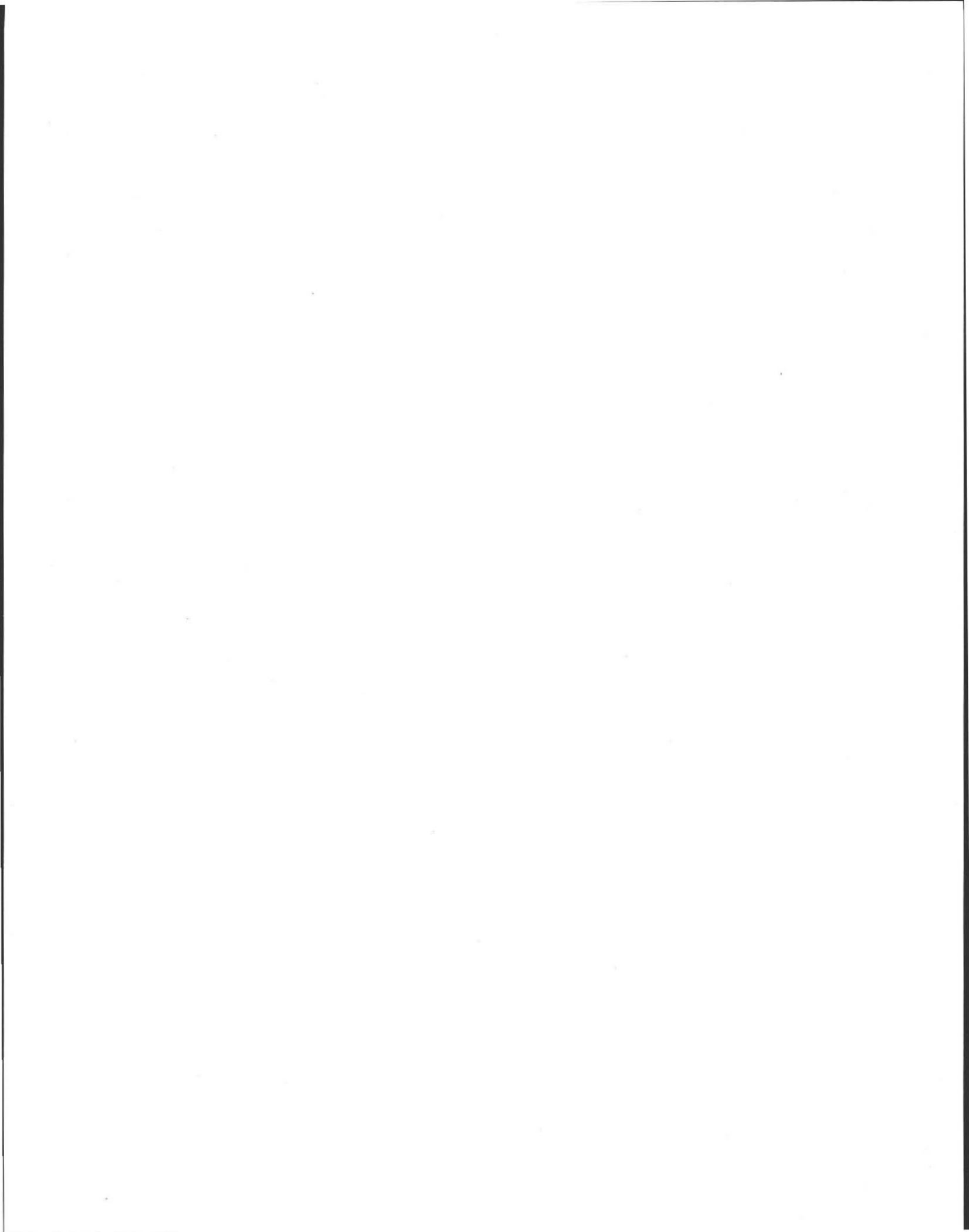
AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: 966 BAY RD

FEEs:
HEA017 150.00

TOTAL PAID: 150.00



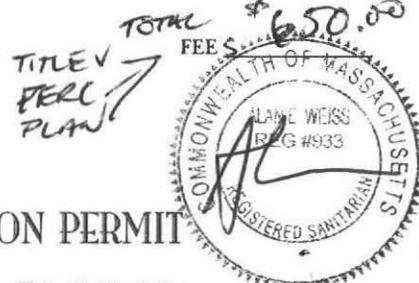


No. 12-06

Town Copy!
COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location <u>966 Bay RD</u>	Owner's Name <u>Nathan Heilman</u>
Map/Parcel#	Address <u>966 Bay RD</u>
Lot# <u>Aca. #1</u>	Telephone# <u>708-707-1276</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alane Weiss, RS</u>
Address	Address <u>Beldersham, MA</u>
Telephone#	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size 42,880 sq. ft.

Dwelling - No. of Bedrooms _____ Garbage grinder (No)

Other - Type of Building 3 Bedroom No. of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 444 gpd

Plan: Date 8/25/2011 Number of sheets _____ Revision Date _____

Title Septic System Repair Plan

Description of Soil(s) Class 1: c. sand.

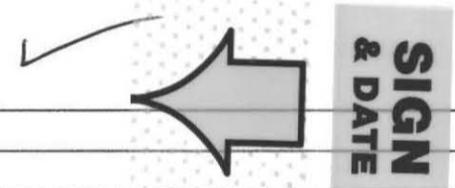
Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 08/16/2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new septic system for exist. Home.

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 [Signature] Date 9/20/11

Inspections _____



No. 12-06

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 (), Upgraded (), Abandoned ()

by: RIVER DRIVE EXHAUSTIVE / NATHAN HEILMAN OWNER
at 966 BAY ROAD AMHERST

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. 12-06, dated 9/20/11. Approved Design Flow 444 (gpd)

Installer RIVER DRIVE EXHAUSTIVE

Designer: A.E. WEISS Inspector: [Signature] Date: 10-18-2011

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

No. 12-06

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

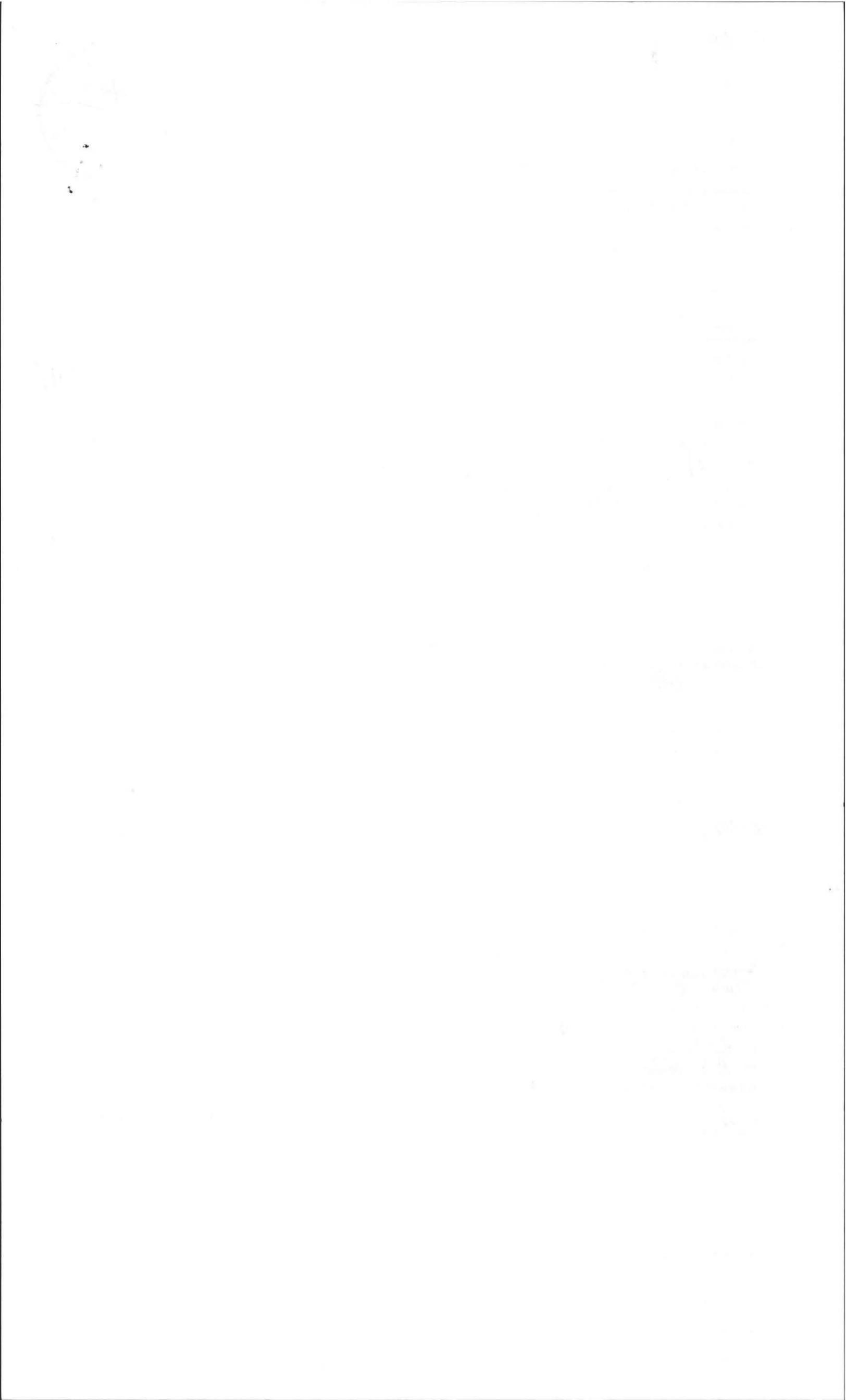
DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Disposal System Construction Permit No. 12-06, dated 9/20/2011

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

Date 9/21/2011 Board of Health [Signature]





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

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

aeweiss@charter.net

Date: 8/16/2011

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By:

A. Weiss

Witnessed By:

E. Smith

Date: 8/16/2011

Location Address or Lot # # 966 Bay Rd	Owner's Name, Address, and Telephone # Nathan P + Jessica L. Heilmann 966 Bay Rd - Amherst, MA 01002
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published

Publication Scale

Soil Map Unit

Drainage Class

Soil Limitations

Surficial Geologic Report Available: No Yes

Year Published

Publication Scale

Geologic Material (Map Unit)

Landform

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)

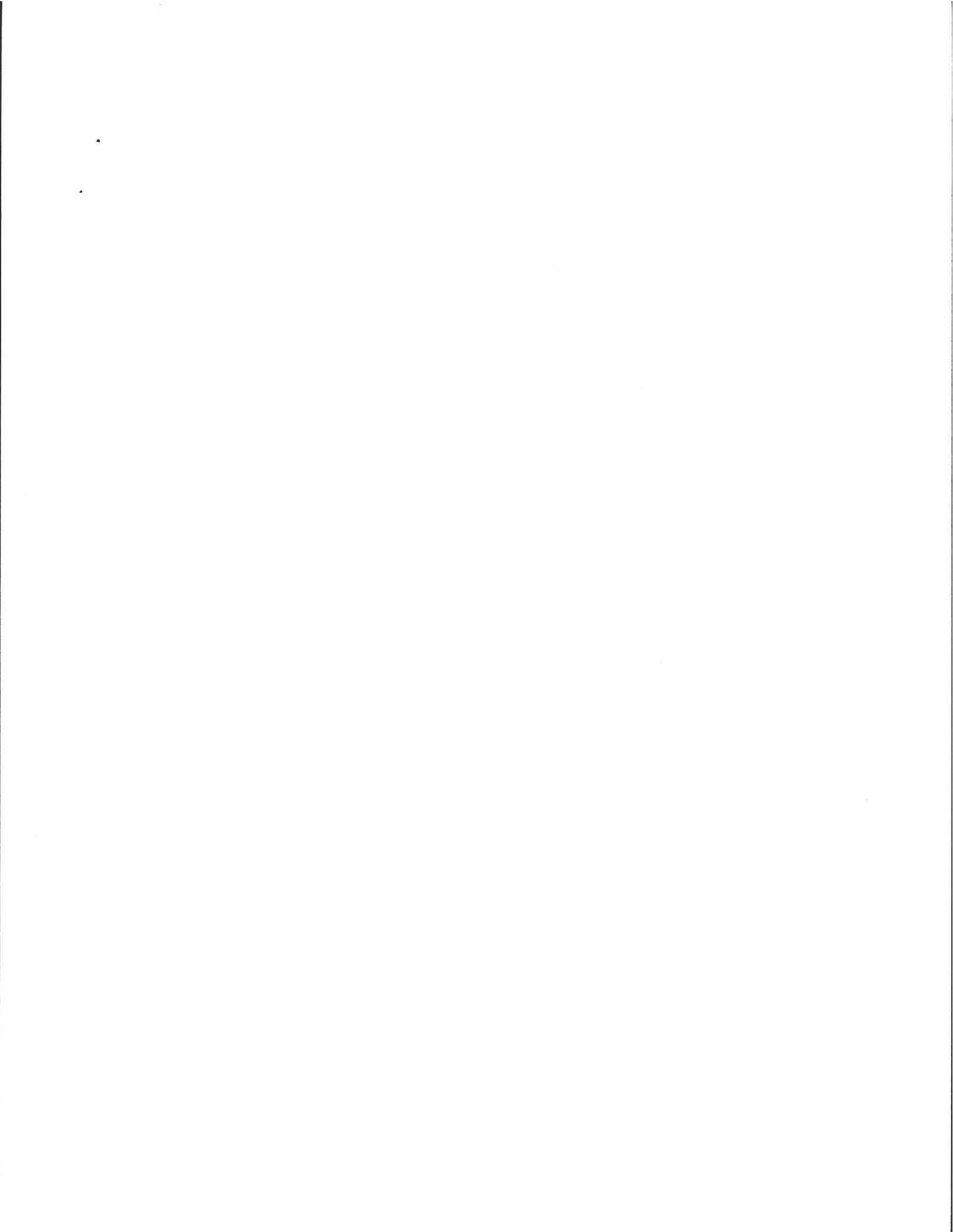
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed:





Location Address or Lot No. 966 Bay RD

COMMONWEALTH OF MASSACHUSETTS
Amherst, MA, Massachusetts

Percolation Test*		
Date: <u>8/16/2011</u>		Time: <u>11:00</u>
Observation Hole #	<u>P.</u>	
Depth of Perc	<u>50"</u>	
Start Pre-soak		
End Pre-soak	<u>11:50</u>	<u>Repair</u>
Time at 12"	<u>11:56</u>	<u>CANT</u>
Time at 9"	<u>11:56</u>	<u>Hold</u>
Time at 6"	<u>11:57</u>	<u>Soak</u>
Time (9"-6")	<u>11:59</u>	
Rate Min./Inch	<u>2 $\frac{min}{IN}$</u>	
	<u>< 2 $\frac{min}{Inch}$</u>	

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

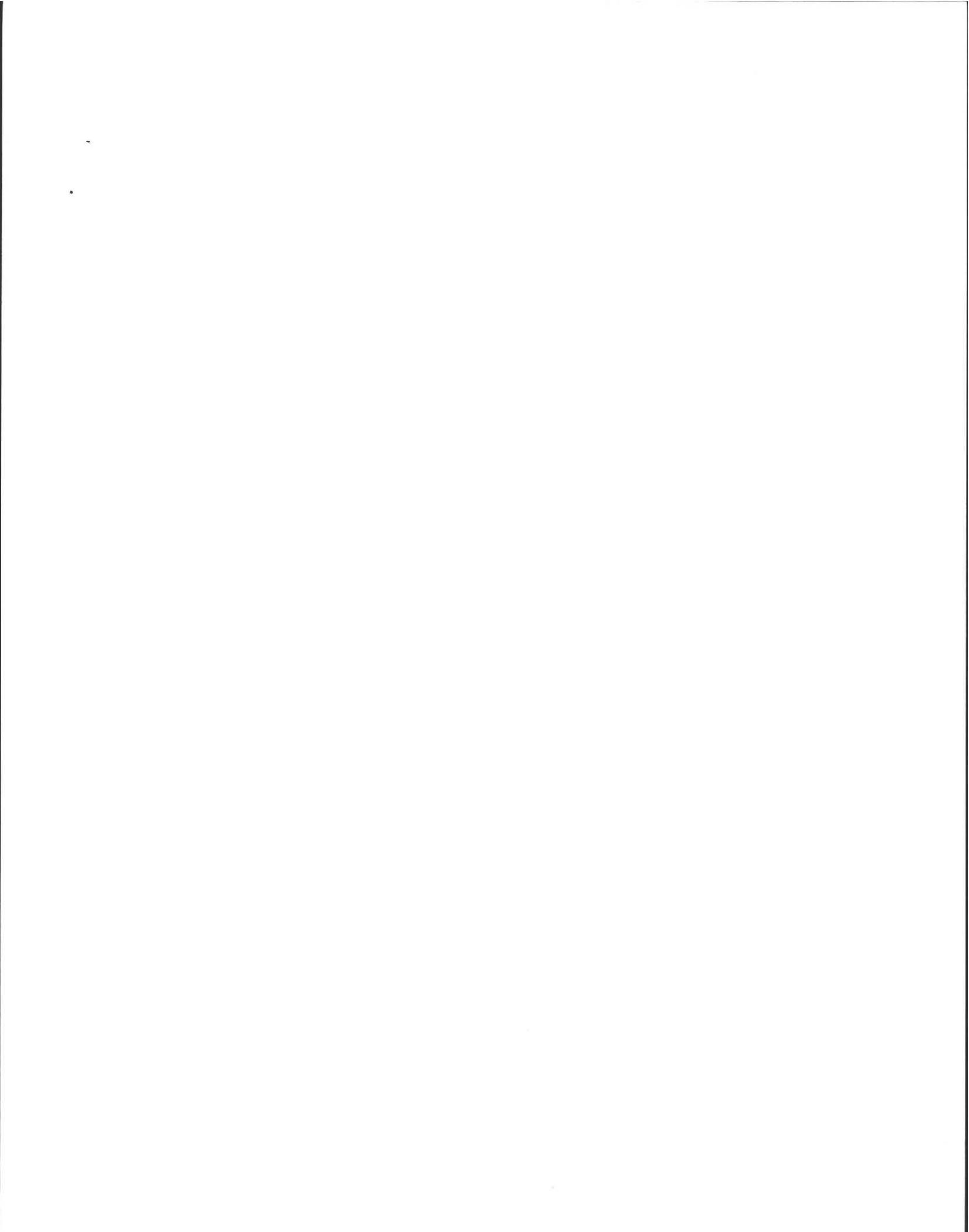
Site Passed Site Failed

Performed By: A. Willis

Witnessed By: E. Smith

Comments: _____





Location Address or Lot No. 966 Bay Rd

On-site Review

Deep Hole Number 112 Date: 8/16/2011 Time: 11:40 AM Weather Shower to

Location (identify on site plan) _____

Land Use Res. Slope (%) 2 Surface Stones Not

Vegetation _____

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 50' feet

Possible Wet Area 100' feet Property Line 15' feet

Drinking Water Well Down 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)
#1 0-8"	A	FSL	10YR 3/3		- friable, loose
8"-26"	Bw	FS	10YR 5/6	Not	- f. sand, gravel
26"-126"	C	C.S.	10YR 5/4	doS	coarse sand, loose gravel, little gravel (5%)
#2 0-8"	A	FSL	10YR 3/3		Same as #1 ↓
8"-28"	B	FS	10YR 5/6	Not	
28"-70" (terminated old system)	C	C.S.	10YR 5/4	Not doS	

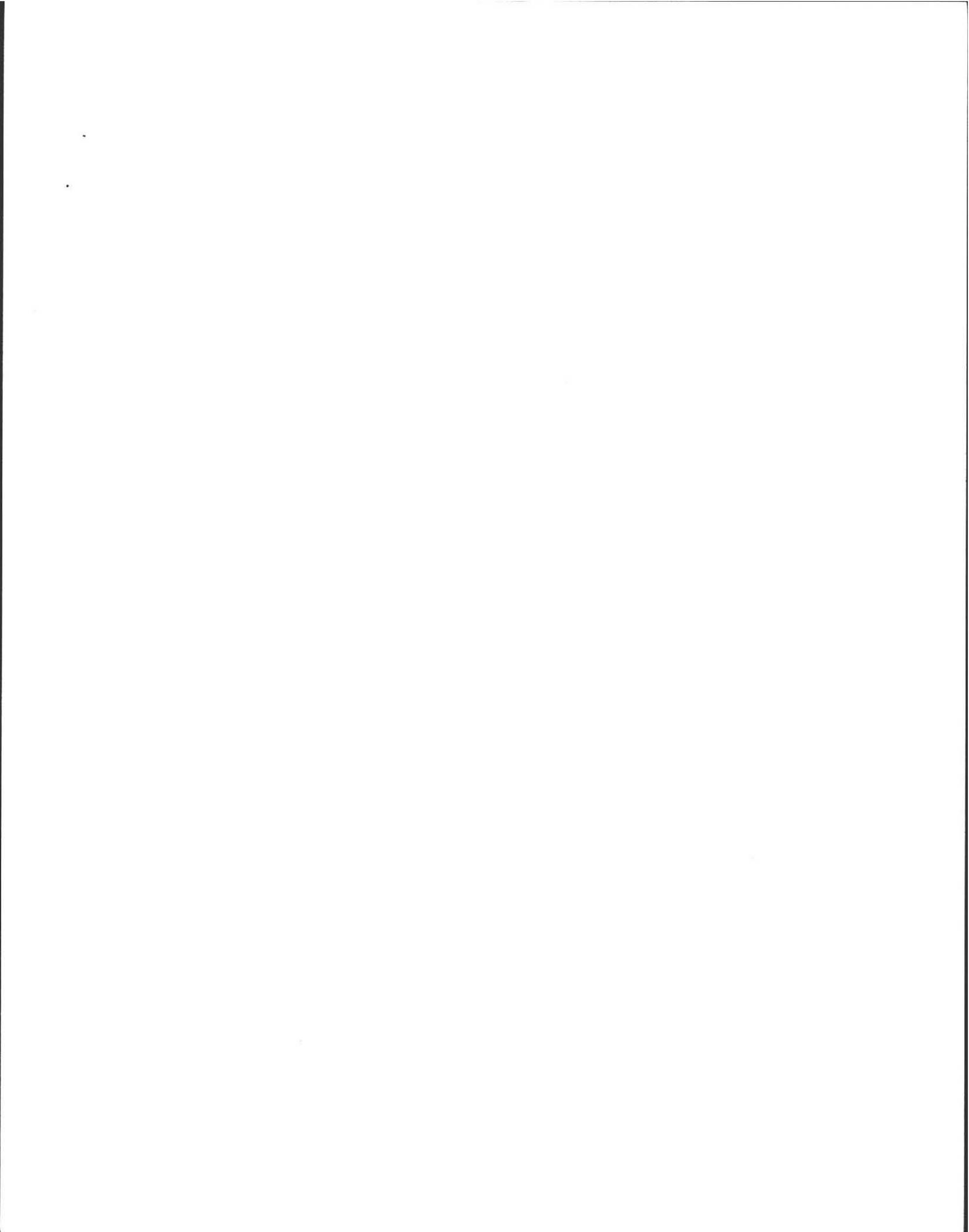
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Sand Depth to Bedrock: 126" +

Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not

Estimated Seasonal High Ground Water: 126" r





Location Address or Lot No. # 966 Bay Rd, Amherst.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles . 26" inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

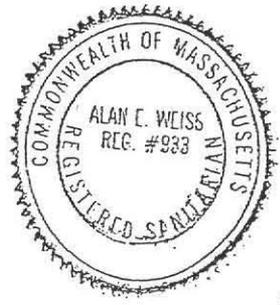
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

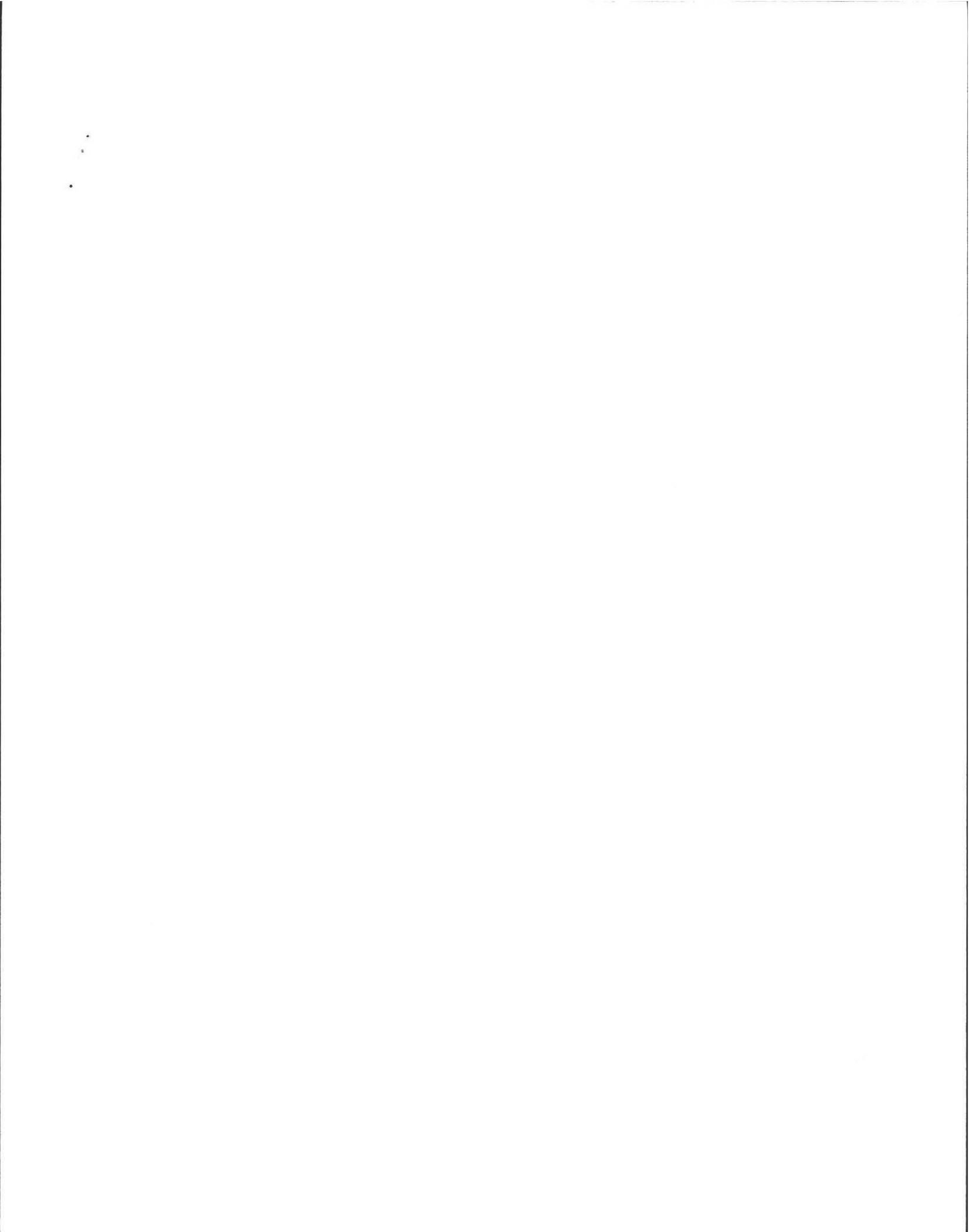
If not, what is the depth of naturally occurring pervious material? -

Certification

I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 8/15/206



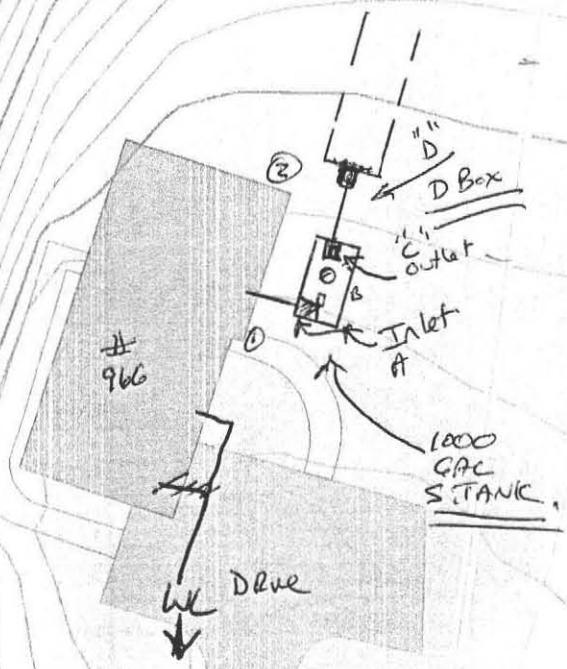




TIES

A-1 = 10'
 B-1 = 13.5'
 C-1 = 14'
 D-1 = 23'

A-2 = 22'
 B-2 = 20'
 C-2 = 16'
 D-2 = 13'



- | | |
|---------------------------|------------------------|
| Property Map | Parking |
| Property Lines | Parking Paved |
| Hydrographic Property | Parking Unpaved |
| Right of Way Line | Driveways |
| Town Boundary | Driveway Paved |
| | Driveway Unpaved |
| Easements | Sidewalks |
| Topography | Transportation |
| Elevations | Paved street polygons |
| Elevation Contours | Unpaved street polyg |
| Intermediate | Bridges |
| Index | Bridge decking and str |
| Basemap | Foot Bridge |
| Trails | Rail Bridge |
| Rail Lines | Streets |
| Structures | Local Roads |
| Building | Major Roads |
| Foundation or in cons | State Routes |
| Outbuilding or Miscell | MHD Roads |
| Deck, Porch, Stairs or | Limited Access Highw |
| Mobile home, Trailer | Multi-lane Hwy, not li |
| Swimming Pool | Other Numbered High |
| Building Ruins | Major Road, Collector |
| Water storage tank | Minor Road, Arterial |
| Rivers and Streams | |
| Streams | |
| Major Culverts | |
| Hydro Connector | |
| Headwalls, Floodwalls | |
| Water Bodies | |
| Dams | |
| Rivers, Ponds & Rese | |
| Retention ponds/Floo | |
| Wetland | |
| Forested Wetland | |

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD86, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 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" = 31 ft



Amherst GIS Viewer

July 22, 2011

BAY RD

W Drive

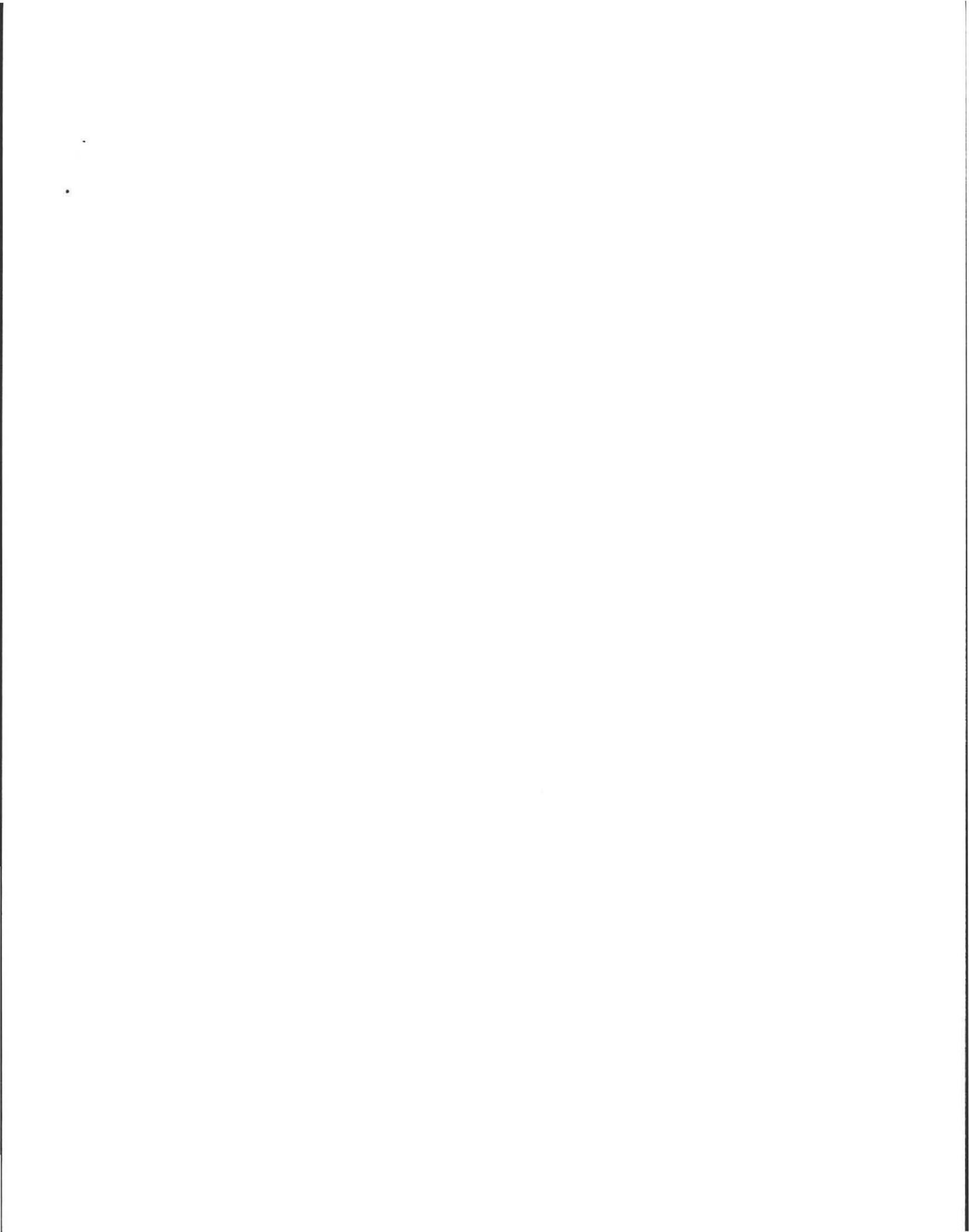
1000 GAC SITANIC

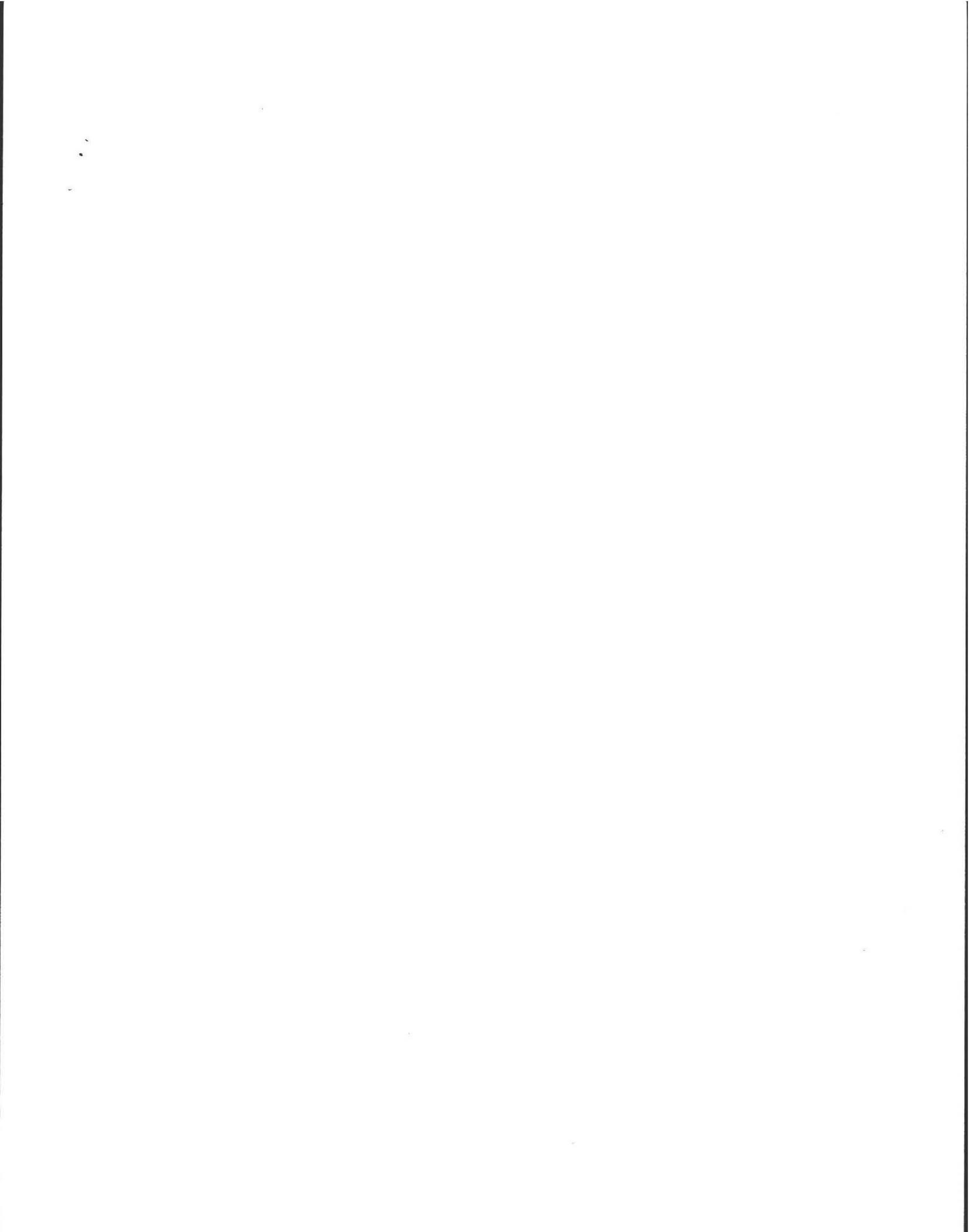
966

D Box

C' outlet

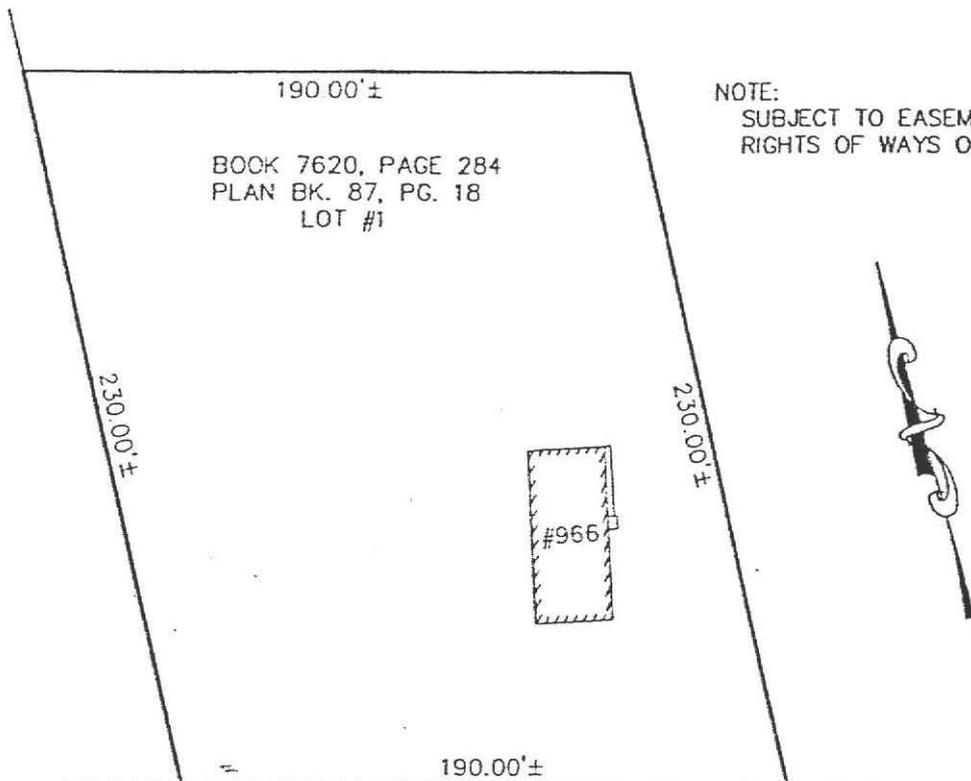
Inlet A





-NOTE-

THIS PLAT IS COMPILED FROM DEEDS, PLANS AND OTHER SOURCES AND IS NOT TO BE CONSTRUED AS AN ACCURATE SURVEY AND IS NOT TO BE RECORDED. BUILDING LOCATION ACCURACY IS NOT GUARANTEED



NOTE:
SUBJECT TO EASEMENTS AND RIGHTS OF WAYS OF RECORD.

BOOK 7620, PAGE 284
PLAN BK. 87, PG. 18
LOT #1

BAY ROAD

1" = 60'

TO: SUNTRUST MORTGAGE, INC &
FIRST AMERICAN TITLE INSURANCE COMPANY

TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF I HEREBY REPORT THAT I HAVE EXAMINED THE PREMISES AND BASED ON EXISTING MONUMENTATION ALL VISIBLE EASEMENTS, ENCROACHMENTS AND BUILDINGS ARE LOCATED ON THE GROUND AS SHOWN AND THAT THE BUILDINGS ARE ENTIRELY WITHIN THE LOT LINES, EXCEPT AS NOTED. I FURTHER REPORT THAT THE PROPERTY IS NOT LOCATED WITHIN A FLOOD PRONE AREA AS SHOWN ON FEDERAL FLOOD INSURANCE MAPS FOR COMMUNITY #250156

SURVEYOR: Randall E. Izer



-NOTE-

THIS PLAT FOR MORTGAGE LOAN PURPOSES ONLY AND DOES NOT CONSTITUTE A PROPERTY SURVEY

-MORTGAGE LOAN INSPECTION PLAT-
AMHERST, MASSACHUSETTS

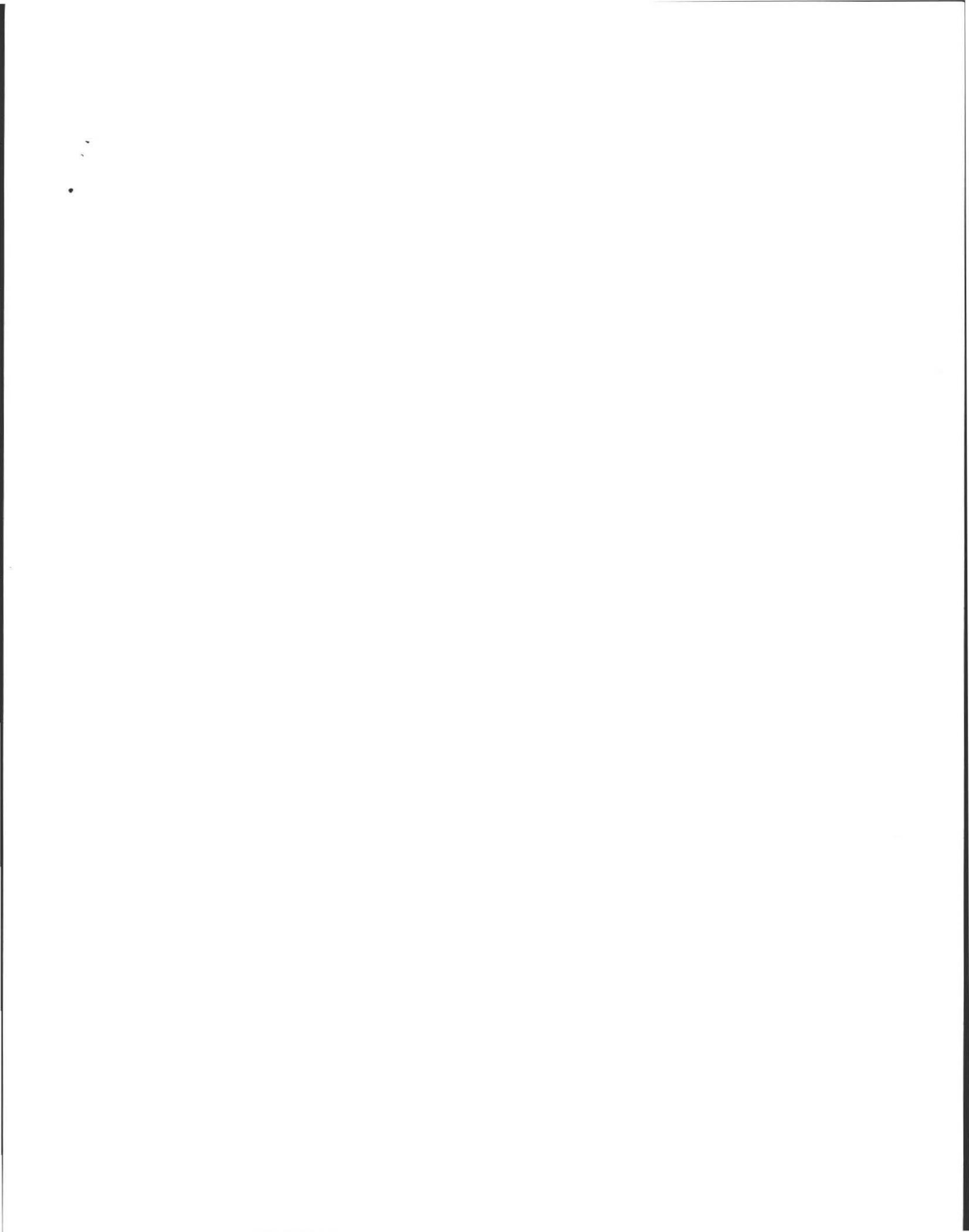
PREPARED FOR

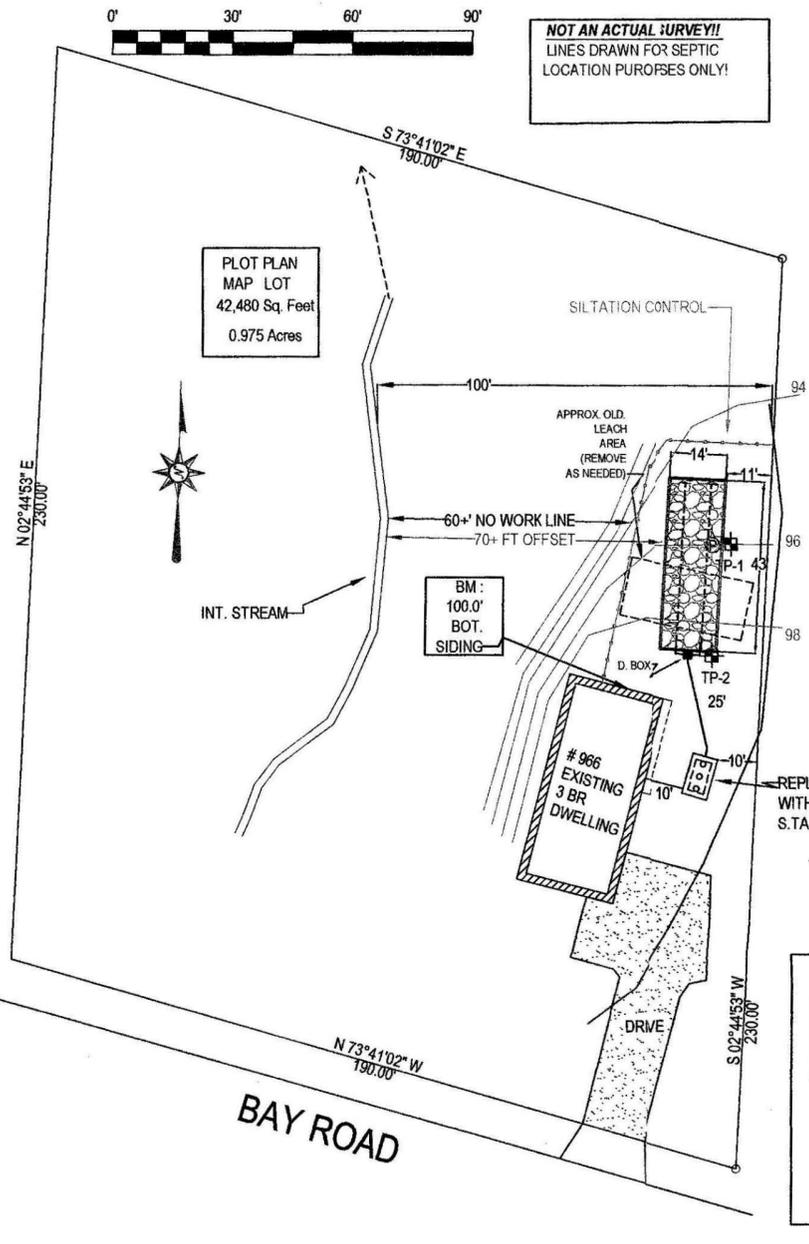
SERGIO GUZMAN-LARA & JEANNE R. STACCIARINI

SCALE: ~~1"=50'~~ JUNE 8, 2007

HAROLD L. EATON AND ASSOCIATES, INC.
REGISTERED PROFESSIONAL LAND SURVEYORS

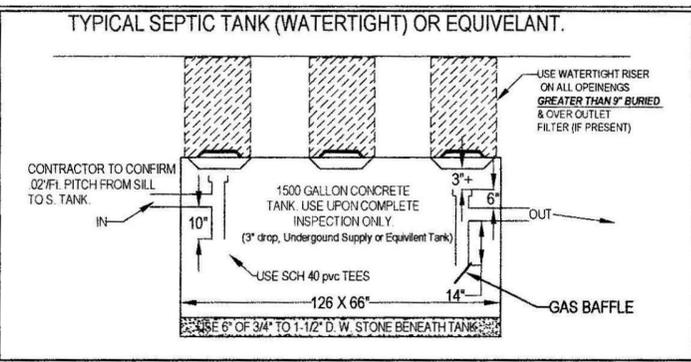
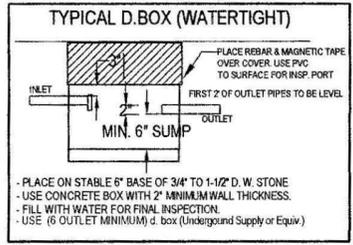
235 RUSSELL STREET - HADLEY - MASSACHUSETTS





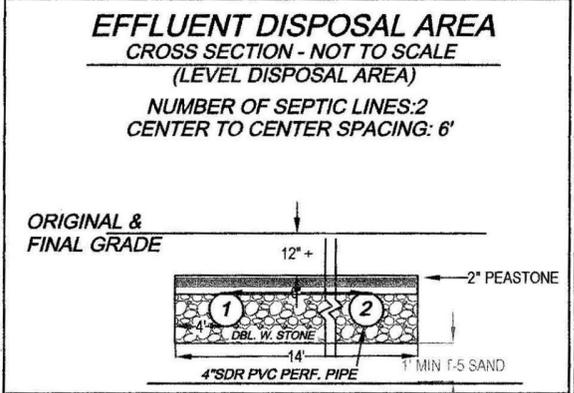
NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!

NOTE TO INSTALLER:
TOWN INSPECTOR AND SYSTEM DESIGNER MUST BE CALLED 48 HRS BEFORE START OF SYSTEM INSTALL



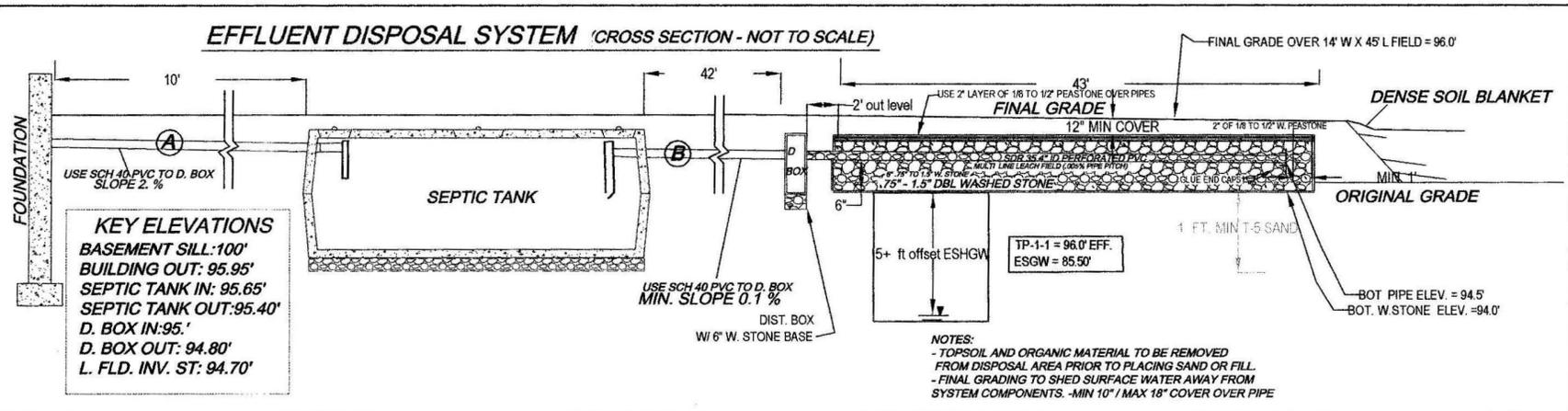
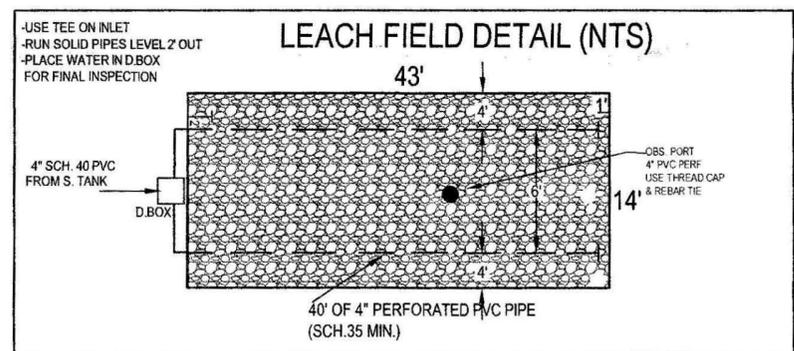
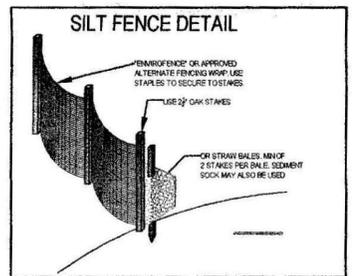
WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:
NOTE: USE fabric silt fence OR Double Staked Virgin Straw Bales OR SEDIMENT SOCK (free of seeds) in order to prevent fugitive re-seeding in Resource Area.

- NO ALTERATION OF SEDIMENT, STOCKPILING, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE).
- SEDIMENTATION BARRIER TO BE ERRECTED IN A STABLE AND LASTING MANNER AS SHOWN ON THE PLAN.
- NOTIFY CONSERVATION ADMINISTRATOR AT LEAST 72 HOURS (IF REQ'D.) PRIOR TO START OF ON-SITE WORK, AFTER COMPLETE ON SILT FENCE INSTALLATION.
- AS SOON AS IS POSSIBLE WORK AREA SHALL BE SEEDED, REVEGETATED WITH GRASS OR SIMILAR GROUND COVER AND MULCHED UPON COMPLETION OF SITE WORK.
- SILT FENCE TO REMAIN STANDING UNTIL REGROWTH IS SUFFICIENT TO CONTROL FUGITIVE SEDIMENT RUNOFF.
- REGRADE WORK AREA AS NOTED TO PREVENT CHANGE IN SLOPE OR RUNOFF PATTERNS.



DESIGN NOTES AND CALCULATIONS:

- 3 (BEDROOM HOME) = 330 GPD MIN. REQUIRED.
- USE LEACHING FIELD 14' WIDE X 43' LONG WITH 6\"/>
- TOTAL AREA: 602SF X .74 GAL/SF = 445 GPD PROVIDED.
- GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
- NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
- NO OTHER WETLANDS/STREAMS WITHIN 100 FEET OF SAS, FILE RDA WITH CONSV. COMM.
- USE NEW S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
- INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10\"/>
- USE LARGE STYLE (6 OUTLET) D. BOX ONLY.
- ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2' BOXES MUST HAVE 2\"/>
- D. BOXES WITH MORE THAN 9\"/>
- ANY /ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
- USE (.75\"/>
- USE ONLY DBL. WASHED APPROVED (.75\"/>
- USE PROPER SCH. 40 PVC TEES AS SHOWN.
- PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
- SLOPE CALCS: (SEE CONTOURS), SUBGRADE INSP. REQ'D.
- USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
- USE 2% MIN. SLOPE OVER SAS
- CLEAR TOP /AND SUB TO 28\"/>
- CLEAR PASTI BASE OF B (MIN. 28\") & SCARIFY UNDER BED PRIOR TO TITL V SAND/STONE PLACEMENT.
- EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
- SOIL EVALUATION BY A. WEISS, RS. (E. Smith, BOH AGENT).
- DEPTH OF PIERC. 50\"/>
- PERC RATE = 2- MIN / IN,
- CLASS 1, f. SAND SOIL RATING
- NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
- ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
- BM=100.00 @ (bot siding., as noted), CONFIRM PROPER PIPE SLOPES
- USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
- GRADE MULCH AND SEED OVER SAS AS NOTED.
- INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
- USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4\"/>



TEST PIT LOG:

TP-1 EFF. ELEV.				SOIL EVALUATOR: A. WEISS, RS				DATE OF EVALUATION: 08.16.2011	
DEPTH	HORIZ.	TEXTURE	COLOR (MUNSELL)	MATERIAL	DEPTH	HORIZ.	TEXTURE	COLOR (MUNSELL)	MATERIAL
0-8"	A	FSL	10 YR 3.3	FRIABLE	0-8"	A	FSL	10 YR 3.3	FRIABLE
8-26"	Bw	FS	10 YR 5.6	F. SANDY	8-26"	Bw	FS	10 YR 5.6	F. SANDY
26-126"	C1	CS	10 YR 5.4	F-C SANDY OUTWASH LOOSE GRANULAR LITTLE GRAVEL	28-70"	C1	LS	10 YR 5.4	F-C SANDY OUTWASH LOOSE TERMINATED (OLD SYSTEM)
OXIDES: NOT				OXIDES: NOT					
EHWT: 126"				EHWT: 42"					
STANDING H2O: NOT				STANDING H2O: 100"					
WEEPING: NOT				WEEPING: 96"					
BEDROCK: 126\"+				BEDROCK: -					

SEPTIC SYSTEM REPAIR PLAN FOR NATHAN HEILMAN
966 BAY ROAD
AMHERST, MA

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

PHONE: (413) 323-5957
FAX: (413) 323-4916
e-Mail: ALWEISS@charter.net

DATE: 08.25.2011
DRAWN BY: ALAN WEISS
REVISIONS:

SCALE: 1"=30'
DRAWING NUMBER: 111-3738-0722

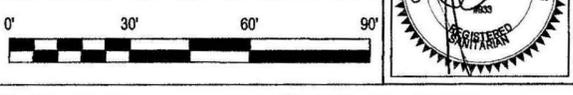
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
CALL DIG SAFE BEFORE YOU DIG! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



Plan:

966 BAY ROAD

Designed by: A.E. WEISS

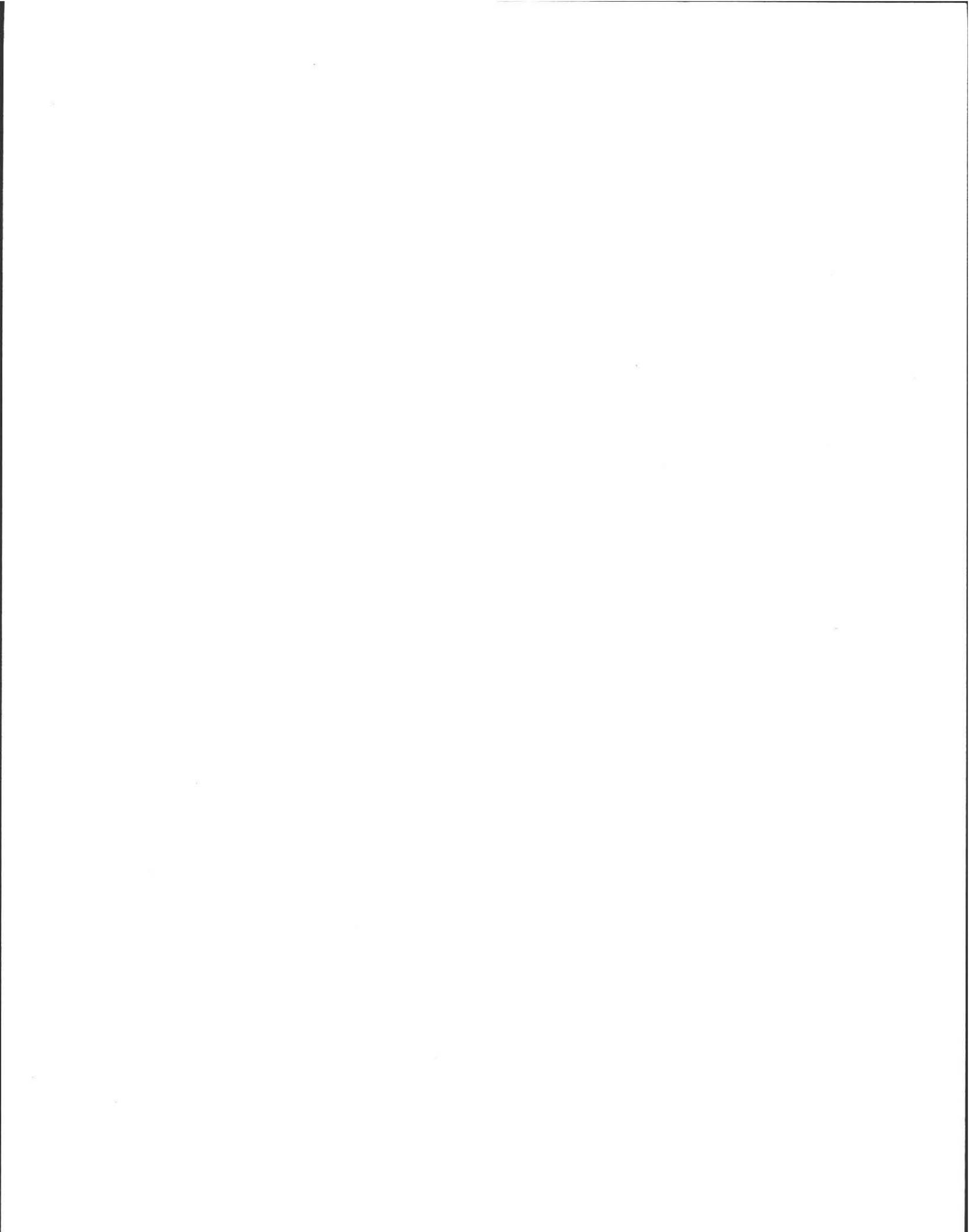
HEILMAN

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp 15270 (3)
- Legal boundaries noted
- Easements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private. CMR 15.220(k):
 - Within 400 feet of system in case of surface water and gravel packed public water supply
 - Within 250 feet of system in case of tubular public water supply
 - Within 150 feet of private supply wells 100' septic sys. ; 5' Tank
- Well statement if applicable
- Location of any surface waters, rivers, vegetated wetlands
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 15.227.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

NOTES:

Approved 9/21/2011 Edward Heilman



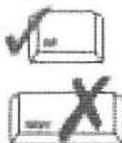
8/16/2011



Commonwealth of Massachusetts City/Town of Percolation Test Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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



A. Site Information

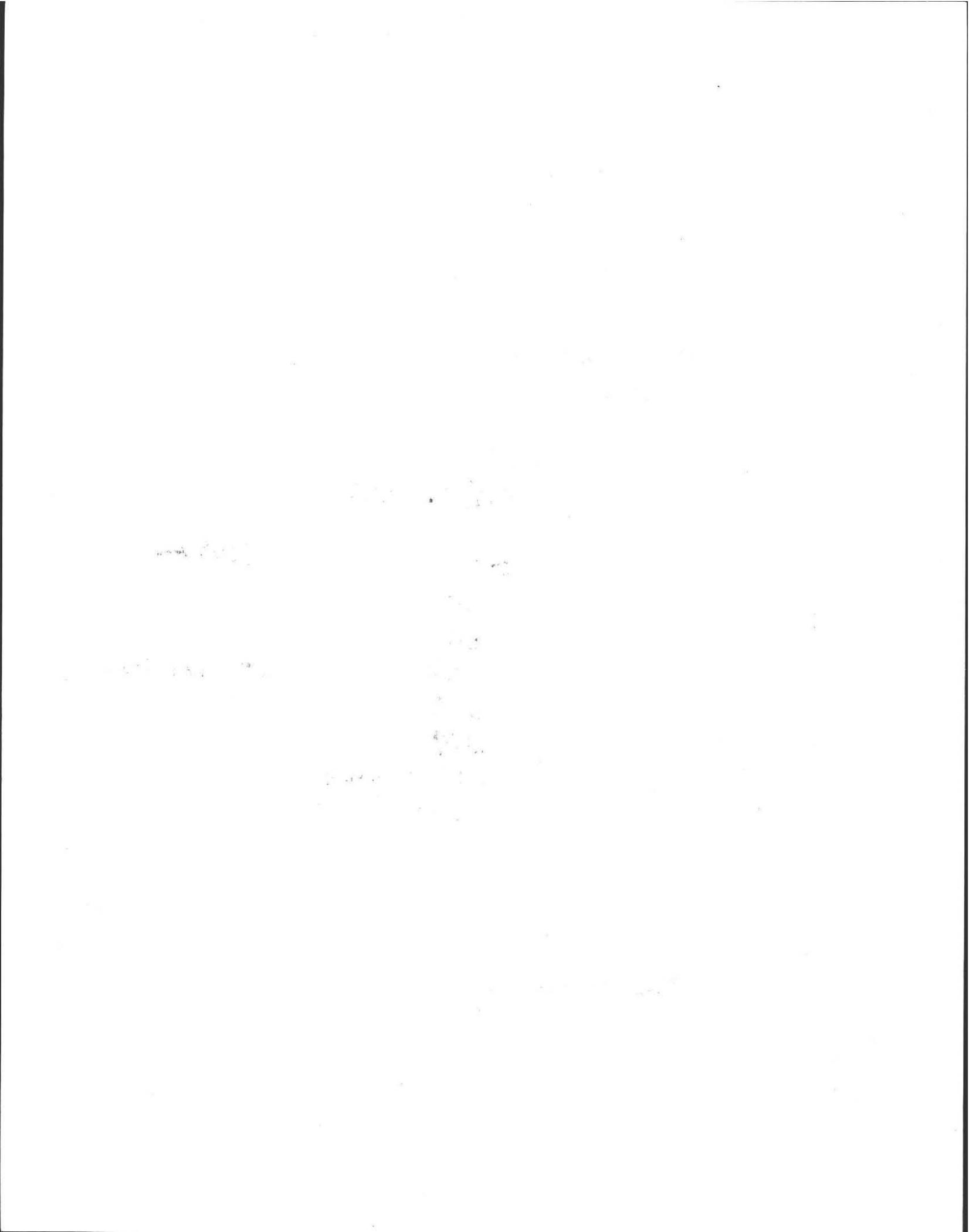
Owner Name _____
 Street Address or Lot # 966 BAY ROAD
 City/Town AMHERST State _____ Zip Code _____
 Contact Person (if different from Owner) _____ Telephone Number _____

B. Test Results

	Date	Time	Date	Time
Observation Hole #	<u>8/16/2011</u>	<u>11:50</u>		
Depth of Perc	<u>1</u>			<u>REPAIR</u>
Start Pre-Soak	<u>50"</u>			
End Pre-Soak	<u>TTi</u>			
Time at 12"	<u>11:50</u>			
Time at 9"	<u>11:56</u>			<u>CAN'T HOLD SOAK</u>
Time at 6"	<u>11:57</u>			
Time (9"-6")	<u>11:58</u>			
Rate (Min./Inch)	<u>1.5 min. 2 mins.</u>			
	<u>2"</u>			

Test Passed: Test Passed:
 Test Failed: Test Failed:

Test Performed By: _____
 Witnessed By: _____
 Comments: 3 BR ? (check)





Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

960 BAY ROAD AMHERST

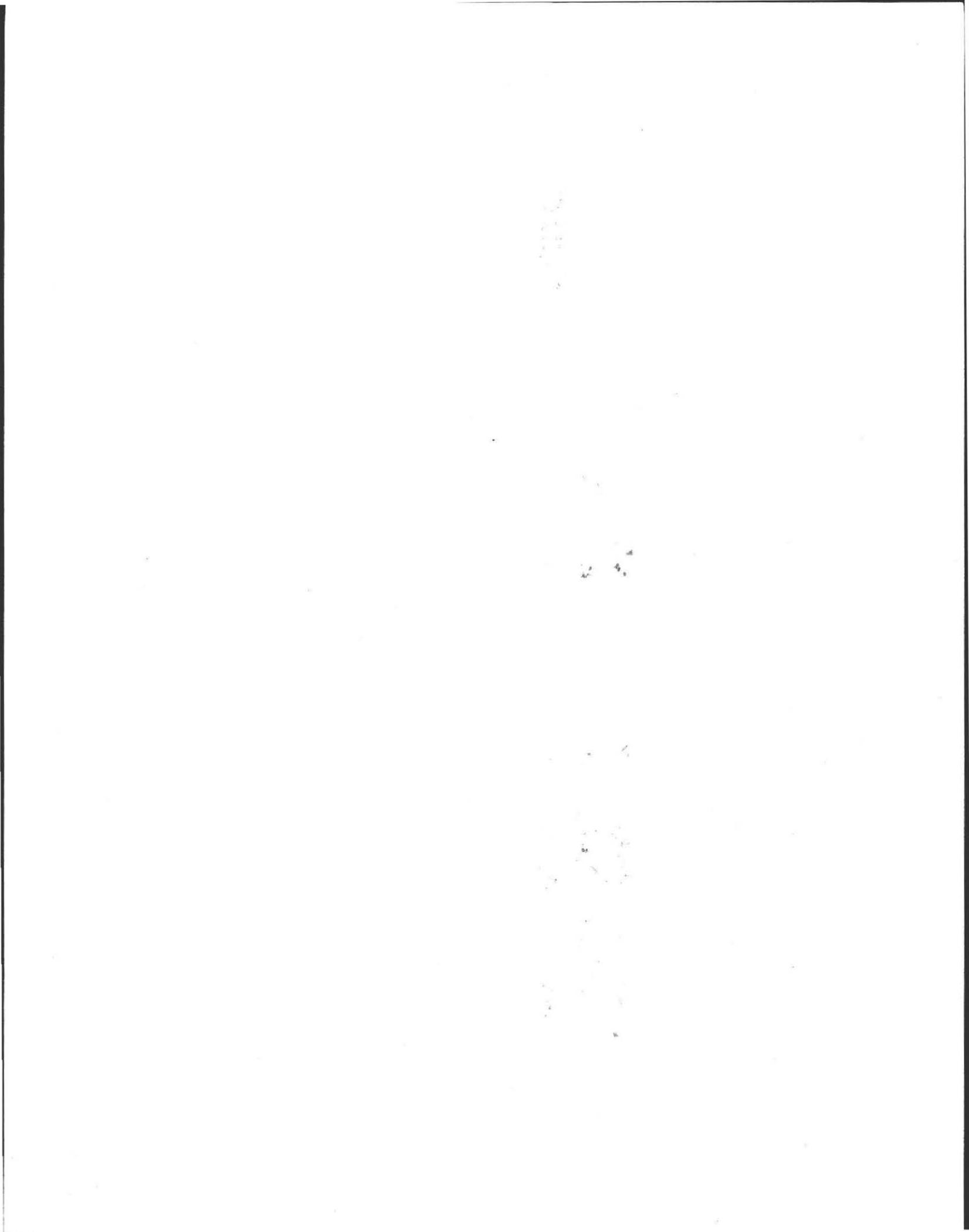
8/16/2011

C. On-Site Review (continued)

Deep Observation Hole Number: 1

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-8"	A	10YR 3/3	✓			FSL					
8-26"	B _w	10YR 5/6	✓			FS	5%				
26-126"	C ₁	10YR 5/4	✓			C.S				COARSE SAND + GRAVEL	

Additional Notes:



PREPARED BY	
DATE	

7/22/11	PAGE NO.
---------	----------

TITLE ✓ WITNESS

PROJECT ACTION NOTES

PROJECT PLANNING NOTES

966 BAY RD.
NATURAL
NATE.KEILMAN@YAHOO.COM

\$ 200 TITLE ✓
~~\$ 150 RAW REVIEW~~

- fails tank, D-BOX 30-35 years old
- liquid level above pipe bottom in lines.
- inlet baffle broken off

PERMITS/INSP PAYMENT RECPT#: 12010015
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/29/11 TIME: 10:49
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 1154

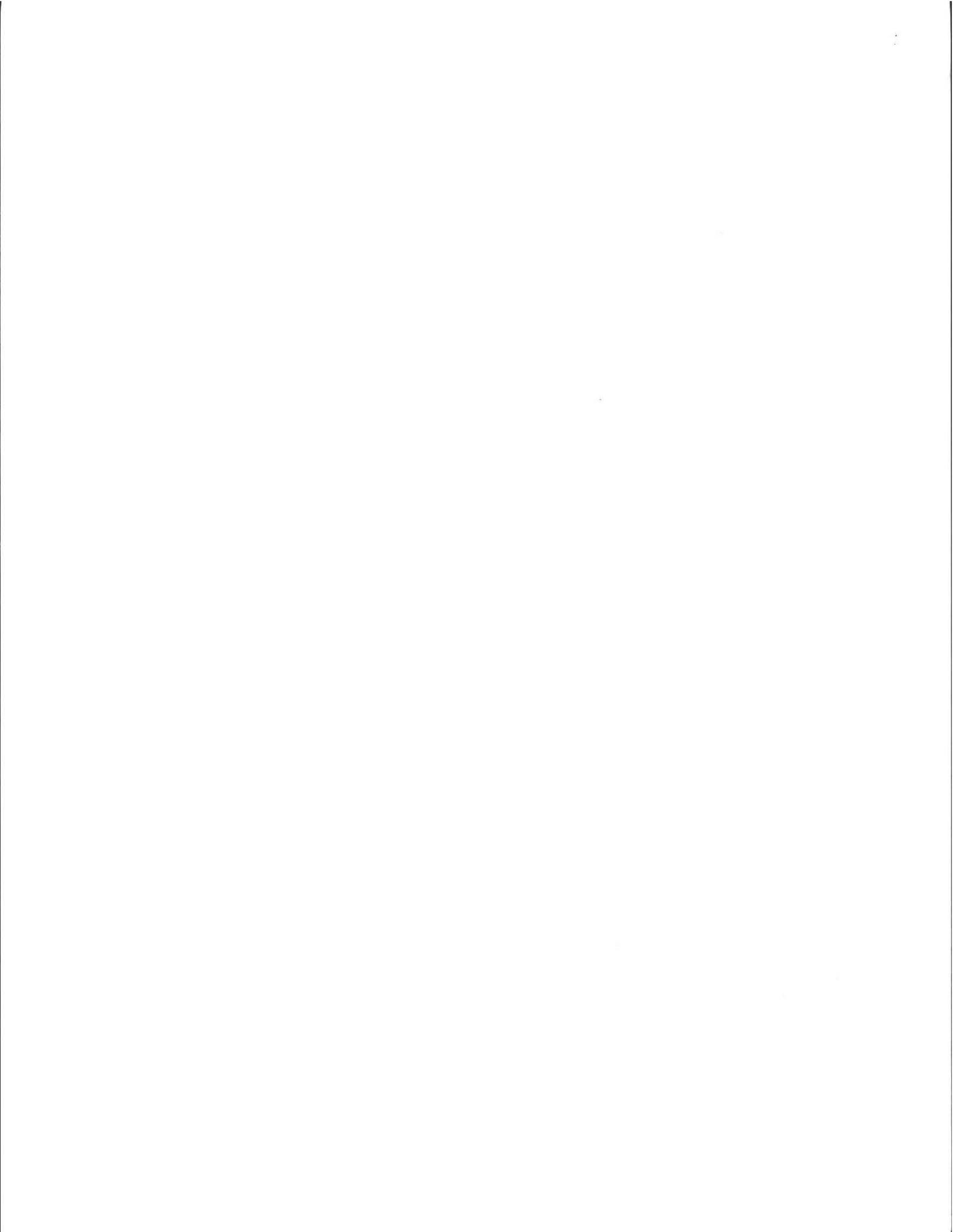
REFERENCE:

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

SITE ADDRESS: N. & J. HEILMAN

FEES:
HEA058 200.00

TOTAL PAID: 200.00



966 Bay RA



Commonwealth of Massachusetts

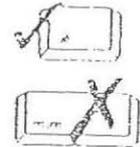
Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

Inspection results must be submitted on this form or on the official Title 5 Inspection Form dated 6/15/2000. Inspection forms may not be altered in any way.

A. Certification

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



1. Property Information

Property Address: 966 BAY RD.

Owner's Name: GUZMAN-LARA

Owner's Address: SAME

City/Town: AMHERST State: MASS Zip Code: 01002

Date of Inspection: _____ Date: 8/24/06

2. Inspector

Name of Inspector: JOHN ALVES

Company Name: _____

Company Address: Alves Inspection

City/Town: 10 Brimfield St State: Ludlow, MA 01058 Zip Code: _____

Telephone Number: 589-0831

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

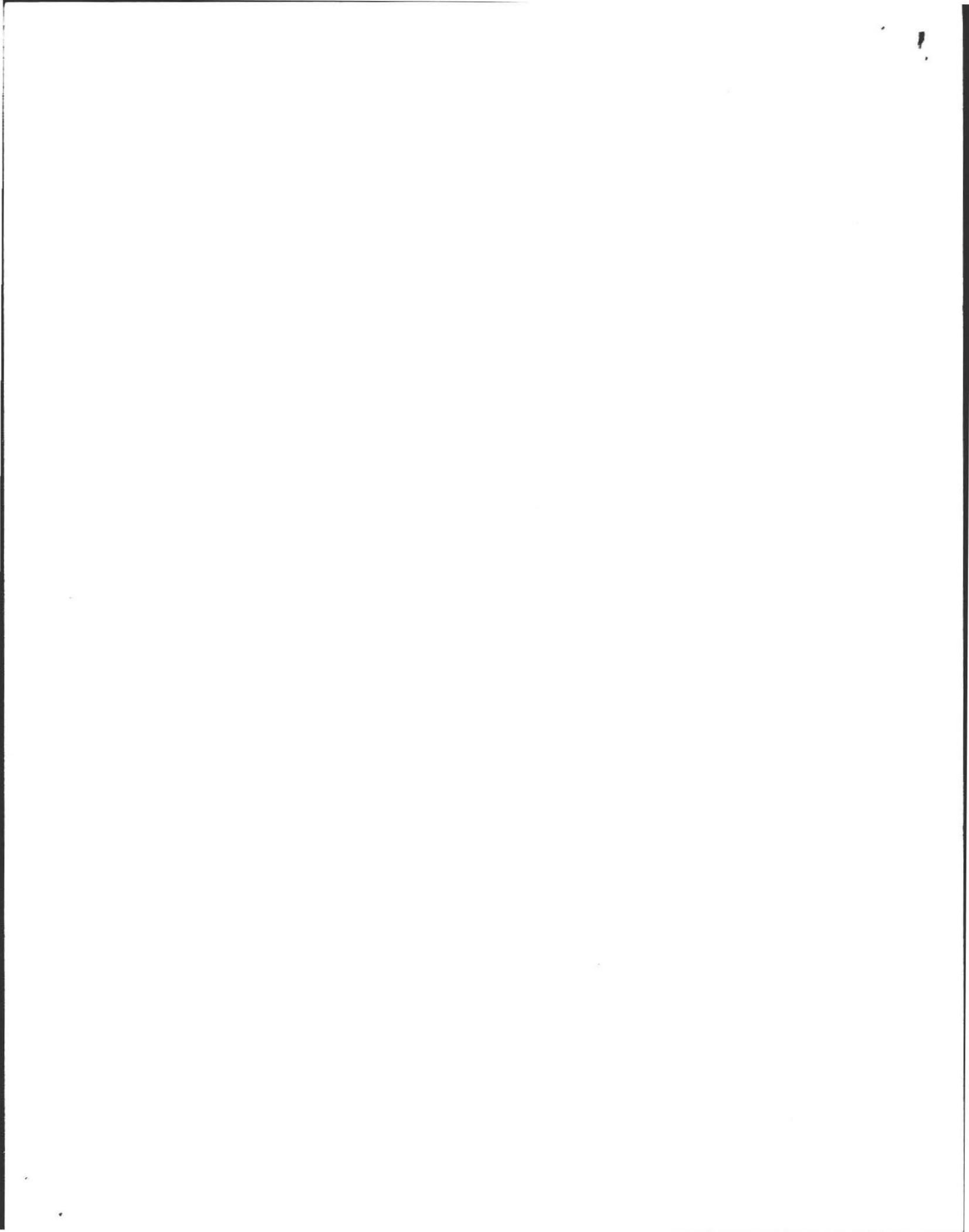
Passes Conditionally Passes Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature: John Alves Date: 8/24/06

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.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

A. Certification (cont.)

Property Address: 966 BAY RD.
 City/Town: AMHERST State: MASS Zip Code: 01002
 Owner's Name: GUZMAN - LARA Date of Inspection: 8/24/06

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 15.003 or in 310 CMR 15.004 exist. Any failure criteria not evaluated are indicated below.

Comments

DISPOSAL SHOULD BE REMOVED - OWNER TO PUMP TANK

B) System Conditionally Passes:

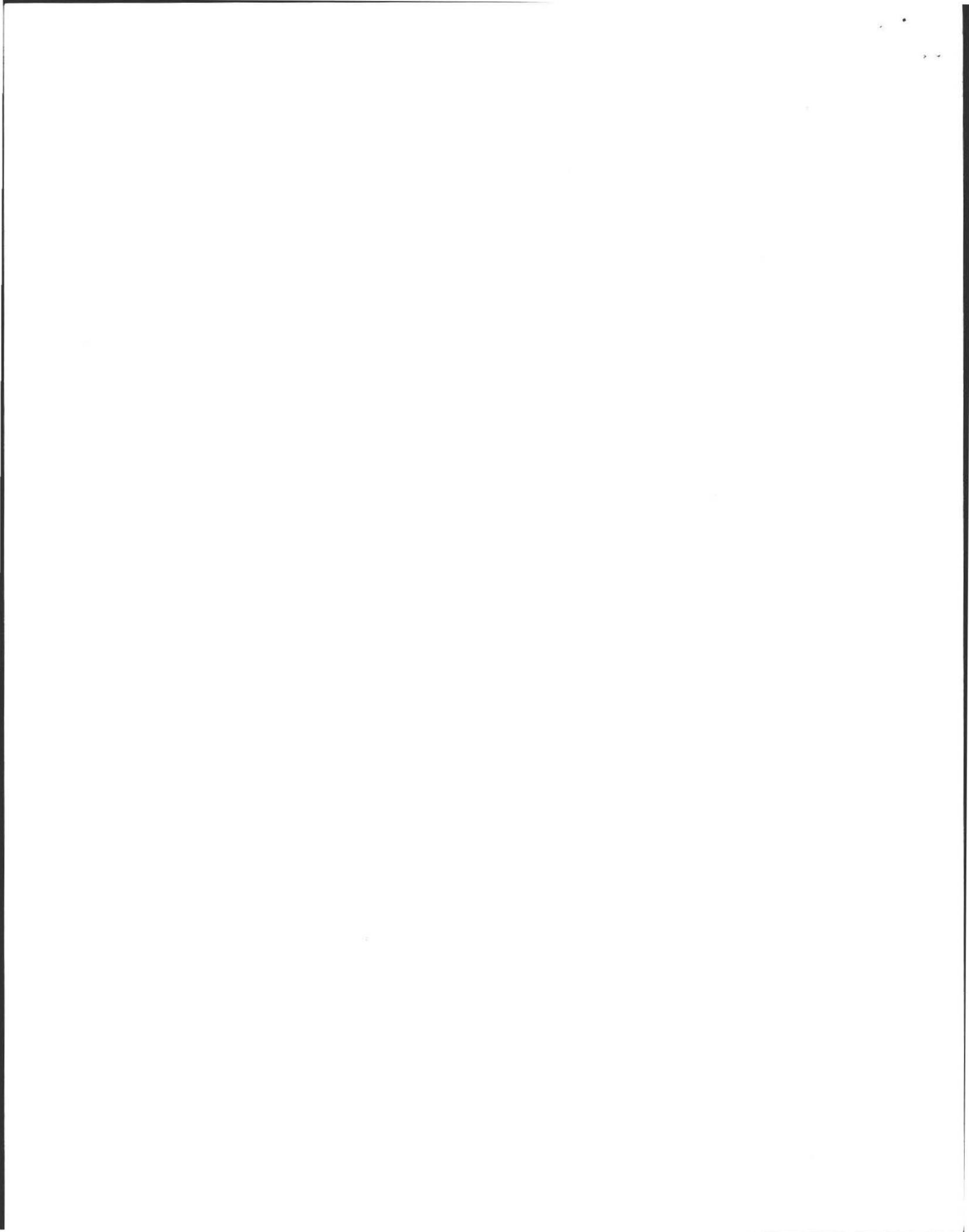
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

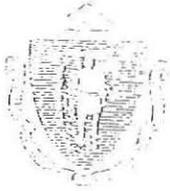
Answer yes, no or not determined (Y, N, ND) in the for the following statements. If "not determined," please explain.

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

A. Certification (cont.)

Property Address: 966 BAY RD.
 City/Town: AMHERST State: MASS Zip Code: 01002
 Owner's Name: GUZMAN - LARA Date of Inspection: 8/24/06

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

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

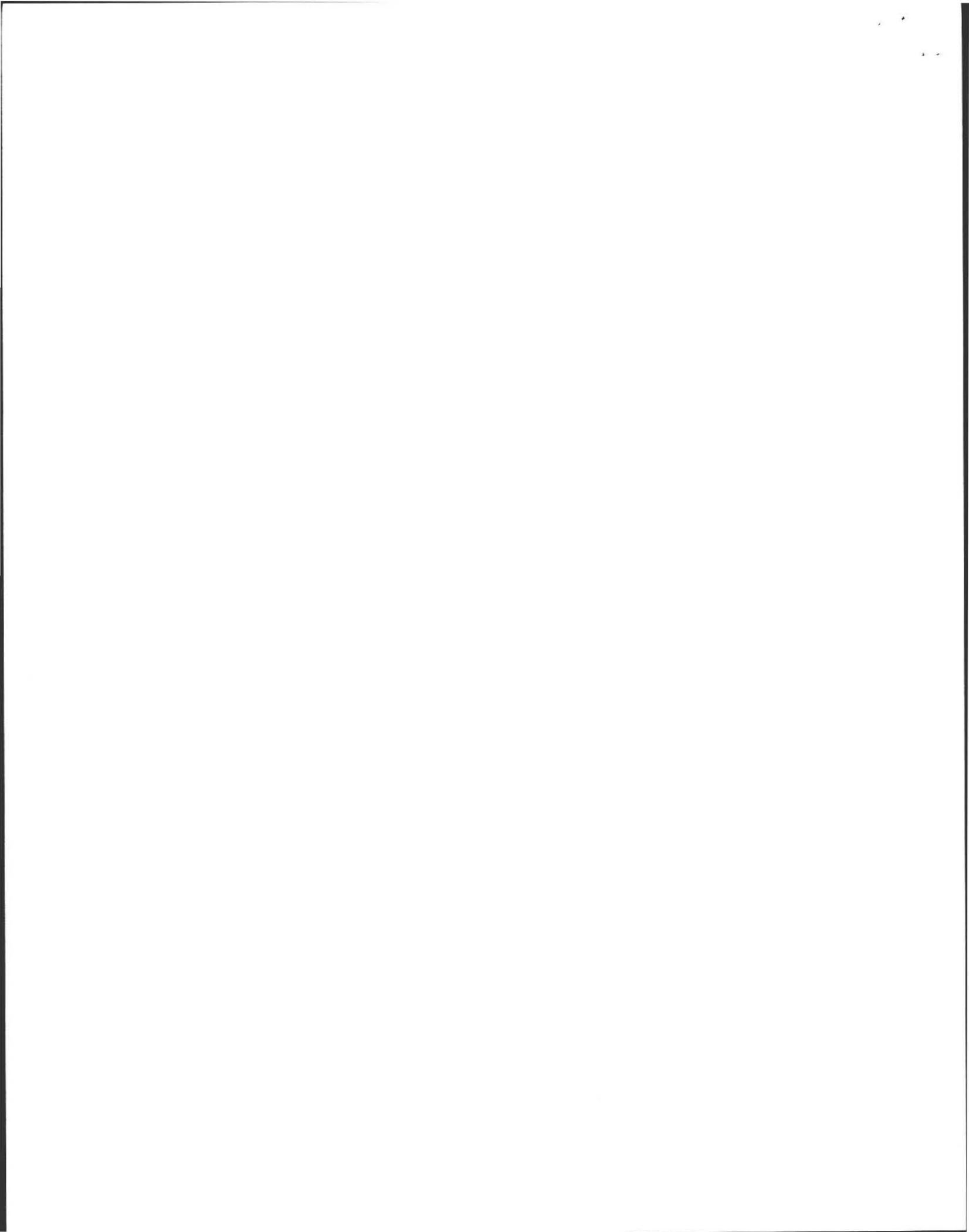
ND Explain

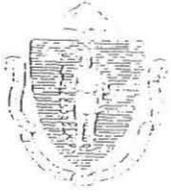
C) Further Evaluation is Required by the Board of Health.

- 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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

A. Certification (cont.)

Property Address: 966 BAY RD.

City/Town: AMHERST State: MASS Zip Code: 01002

Owner's Name: GUZMAN - LARA Date of Inspection: 8/24/06

C) Further Evaluation is Required by the Board of Health (cont.)

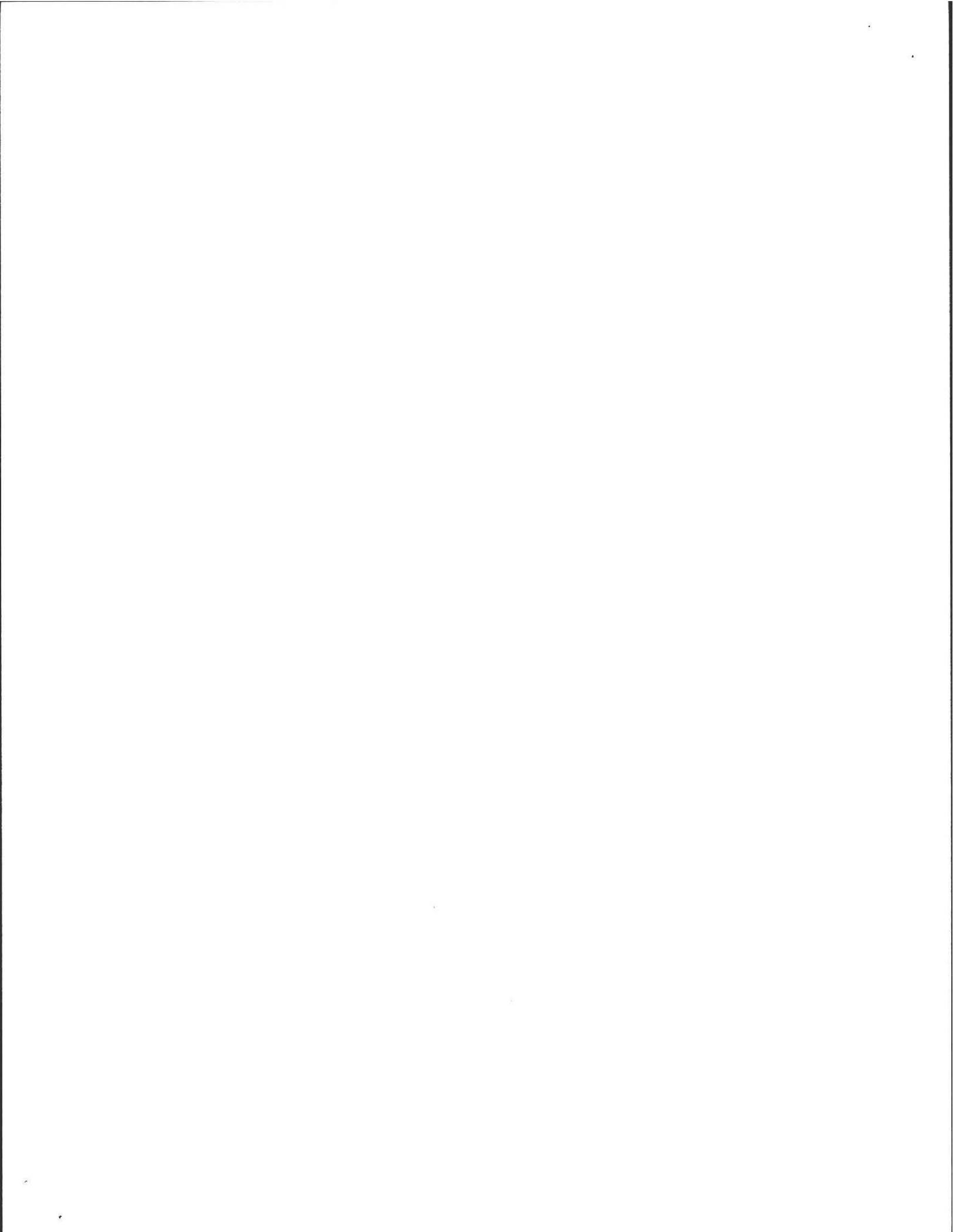
2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment

- 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 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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

A. Certification (cont.)

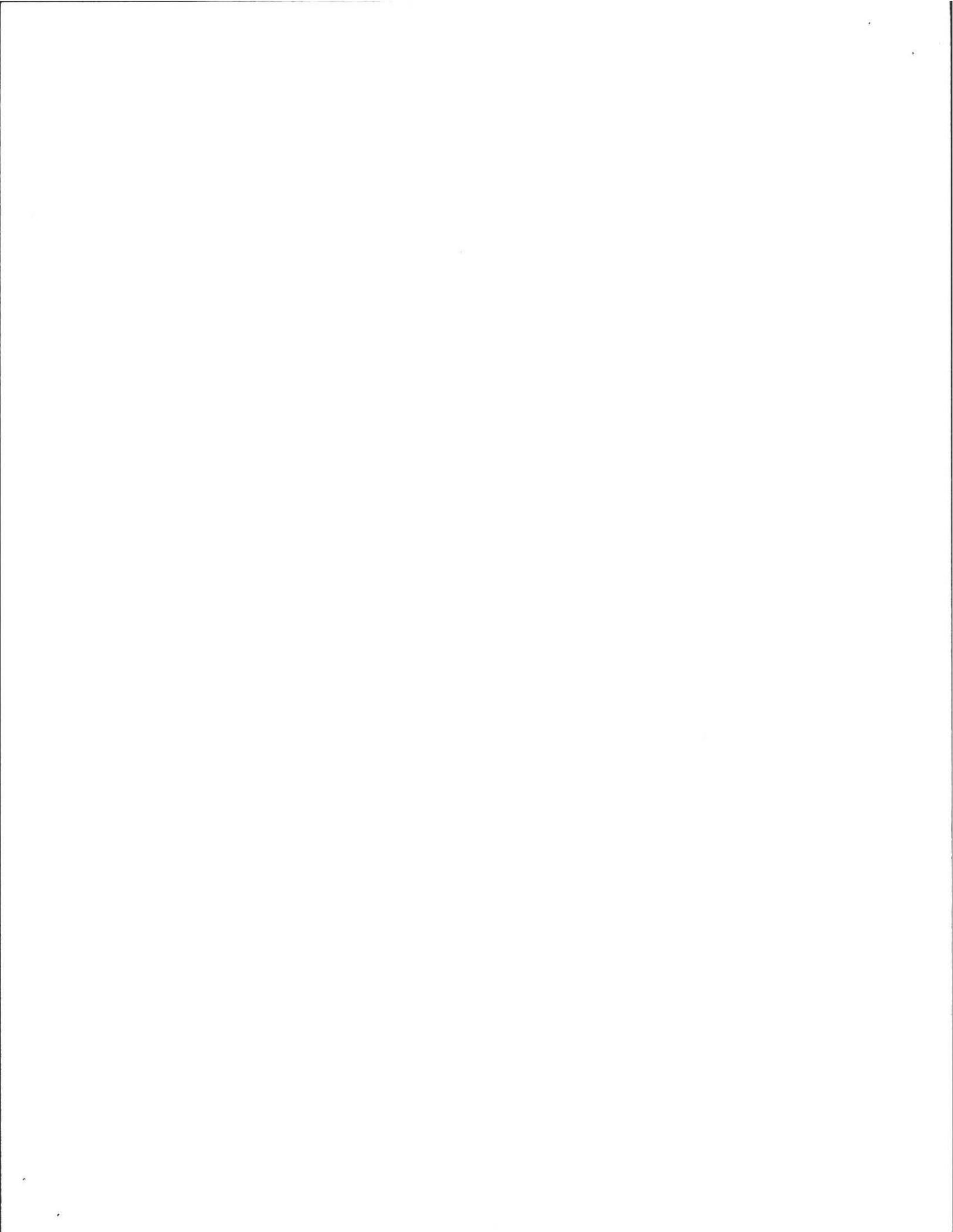
Property Address: 966 BAY RD.
 City/Town: AMHERST State: MASS Zip Code: 01002
 Owner's Name: GUZMAN - LARA Date of Inspection: 8/24/06

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 checked="" type="checkbox"/> | <input 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 <i>NOT</i> 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 type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well |
| <input type="checkbox"/> | <input 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.] |

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system <u>fails</u> . 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 |





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Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

A Certification (cont.)

966 BAY RD.
 Property Address
AMHERST
 City/Town
MASS 01002
 State Zip Code
GUZMAN - LARA
 General Name
8/24/06
 Date of Inspection

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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Not For Voluntary Assessments
Subsurface Sewage Disposal System Form

B. Checklist

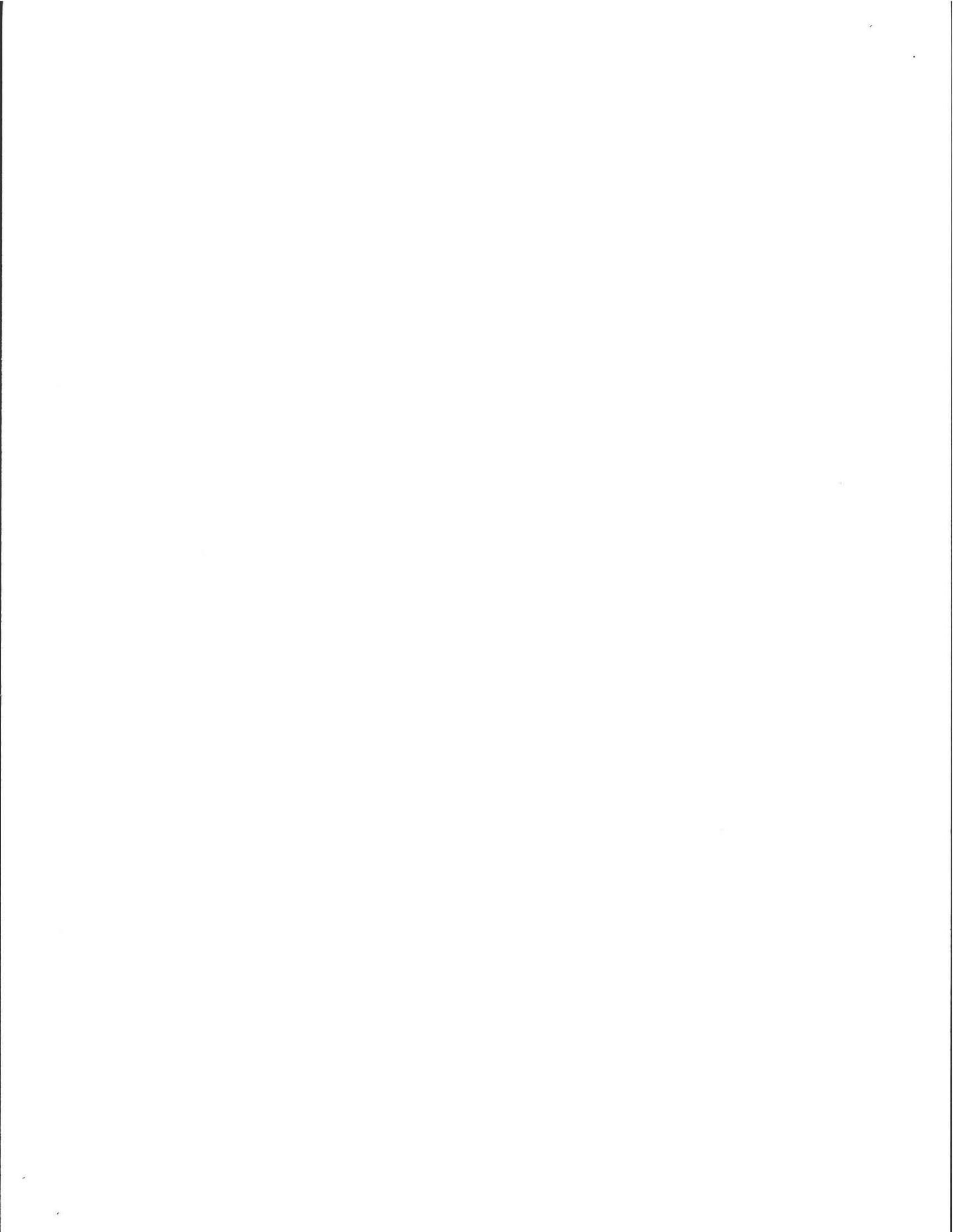
Property Address: 966 BAY RD.

City/Town: AMHERST State: MASS Zip Code: 01002

Owner's Name: GUZMAN-LARA Date of Inspection: 8/24/06

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 size and location of the Soil Absorption System (SAS) 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(3)(b)] |





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

C System Information

Property Address 966 BAY RD.

City/Town AMHERST

State MASS

Zip Code 01002

Owner Name GUZMAN - LARA

Date of Inspection 8/24/06

Residential Flow Conditions

Number of bedrooms (design) 3

Number of bedrooms (actual) 3

DESIGN flow based on 310 CMR 15 203 (for example 110 gpd x # of bedrooms) -

Number of current residents 4

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

Sump pump? Yes No

Last date of occupancy PRESENT
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

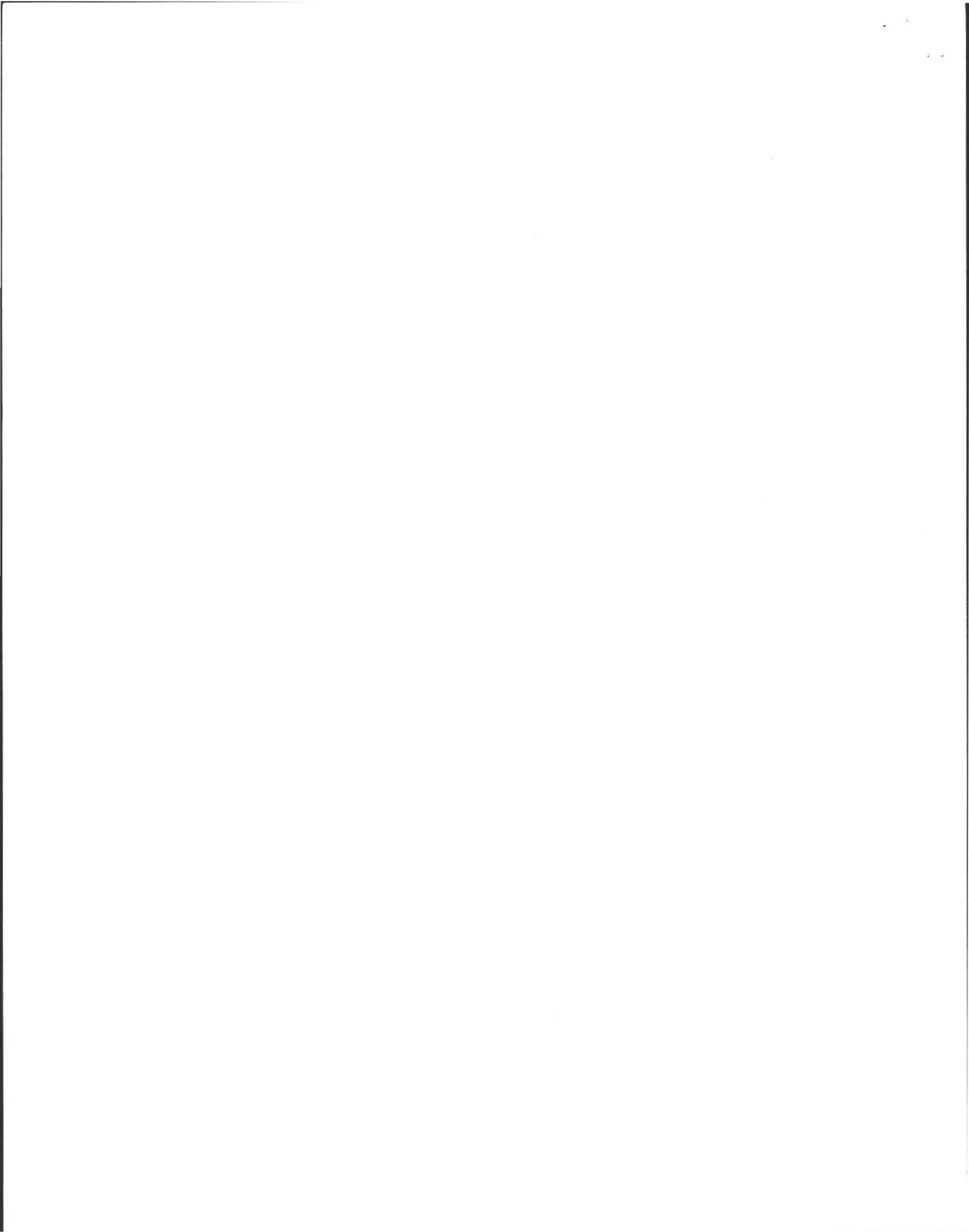
Non-sanitary waste discharged to the Title 5 system? Yes No

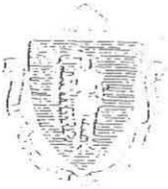
Water meter readings, if available _____

Last date of occupancy/use _____
Date

Other (describe) _____

N/A





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

C. System Information (cont.)

966 BAY RD.
Property Address

AMHERST
City/Town

MASS
State

01002
ZIP Code

GUZMAN - LARA
Owner's Name

8/24/06
Date of Inspection

General Information

Pumping Records

Source of information

2003 - PREVIOUS TITLED
TO BE PUMPED BY OWNER
8/28/06

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:

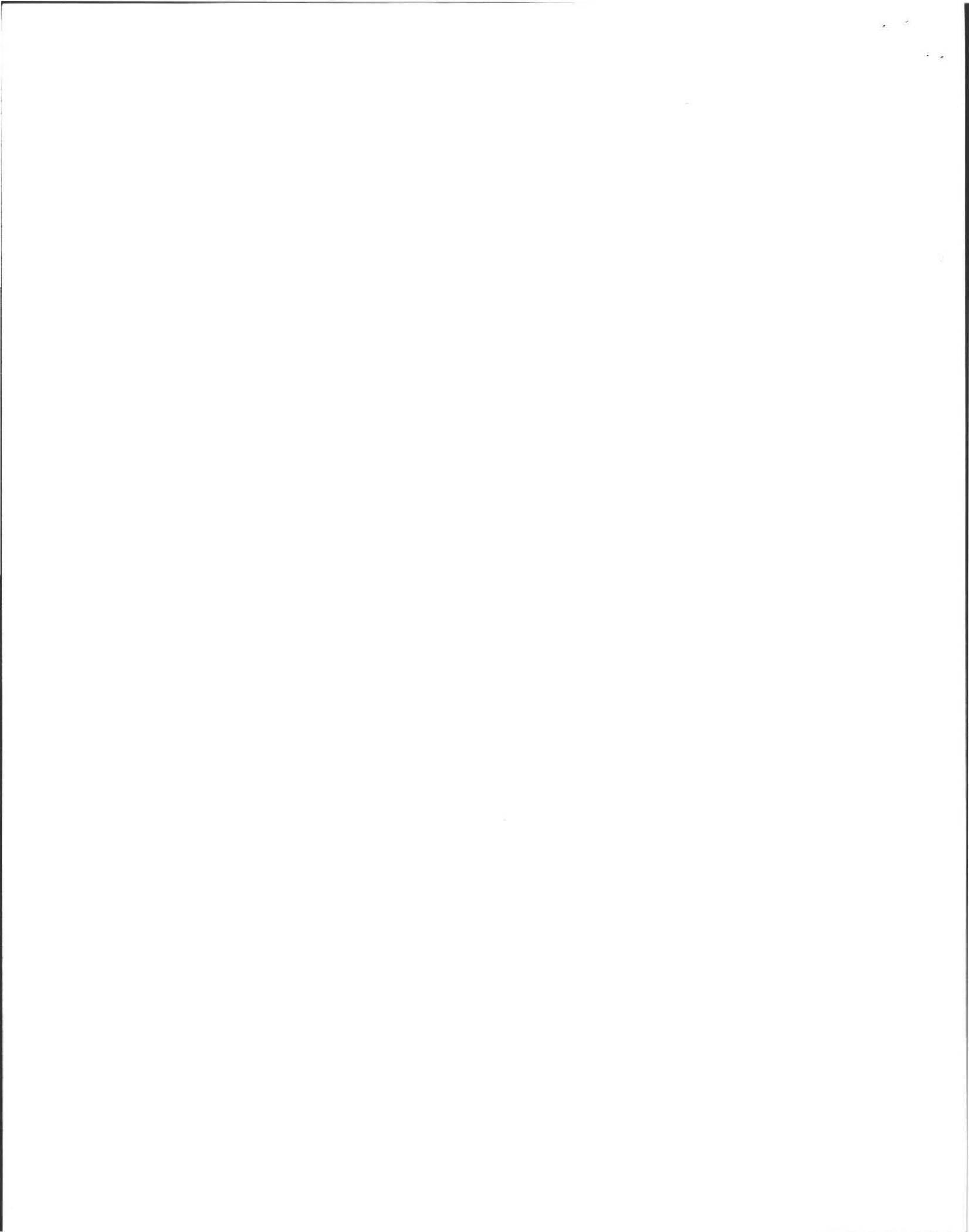
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from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

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

30 YRS - REALTOR

Were sewage odors detected when arriving at the site?

Yes No





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

C. System Information (cont.)

Property Address: 966 BAY RD.

City/Town: AMHERST

State: MASS

Zip Code: 01002

Owner's Name: GUZMAN-LARA

Date of Installation: 8/24/06

Building Sewer (locate on site plan)

Depth below grade

3' 2"
feet

Material of construction

cast iron 40 PVC other (explain)

Distance from private water supply well or suction line

10'
feet

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

JOINTS OK, VENT OK, NO LEAKS

Septic Tank (locate on site plan)

Depth below grade

30"
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

8.5' L 5' W 4' D.

Sludge depth

4'

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

20"

Scum thickness

2"

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

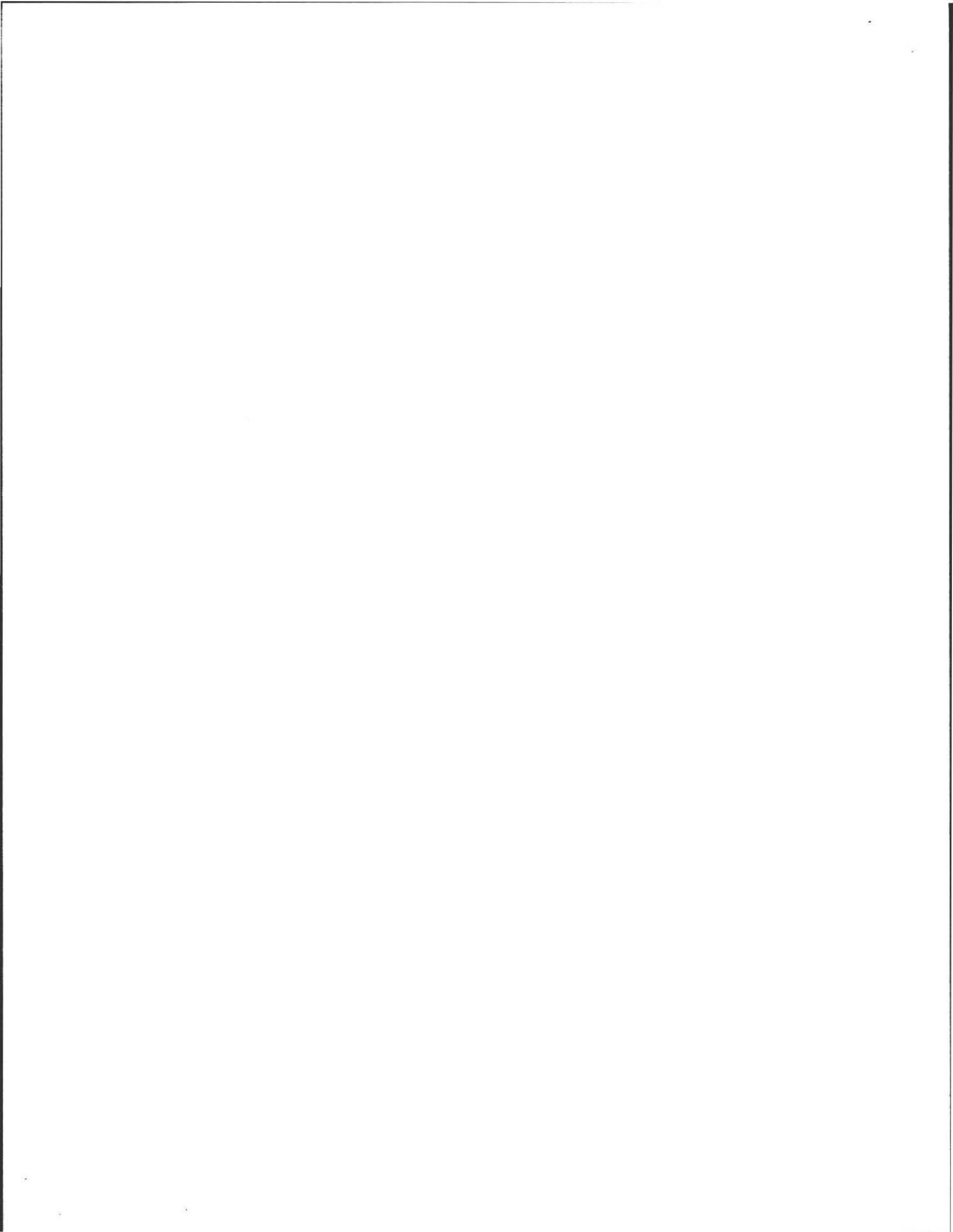
5"

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

17"

How were dimensions determined?

PROBE MEASURED.





Commonwealth of Massachusetts

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Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

C. System Information (cont.)

Property Address: 966 BAY RD.

City/Town: AMHERST

State: MASS

Zip Code: 01002

Owner's Name: GUZMAN - LARA

Date of Inspection: 8/24/06

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

PUMP, BAFLES OK, T, TANK OK
LEVEL OK, NO LEAKS

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

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

N/A

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

Depth below grade

Material of construction:

concrete

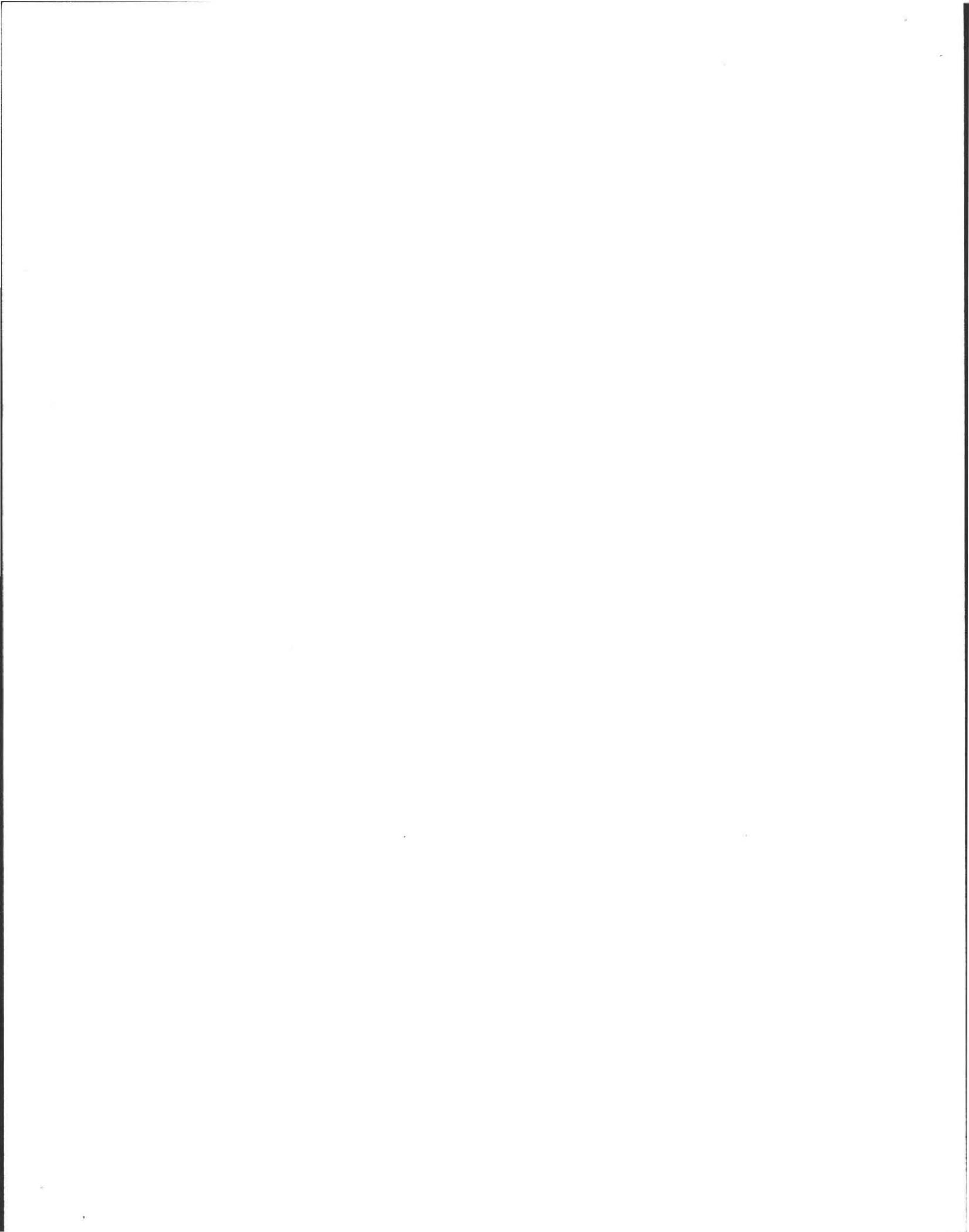
metal

fiberglass

polyethylene

other (explain)

N/A





Commonwealth of Massachusetts

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Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

C System Information (cont.)

Property Address: 966 BAY RP.

City/Town: AMHERST

State: MASS

Zip Code: 01002

Owner's Name: GUZMAN-LARA

Date of Inspection: 8/24/06

Tight or Holding Tank (cont.)

Dimensions:

Capacity:

Design Flow:

gallons

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.)

NIA

2.5' DEEP

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

Depth of liquid level above outlet invert

0"

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.)

LEVEL, DISTRIBUTION EQUAL, NO CARRYOVER, PREVIOUS TITLET CLEANED 0-BOX, SOIL DRY, NO LEAKS

Pump Chamber (locate on site plan)

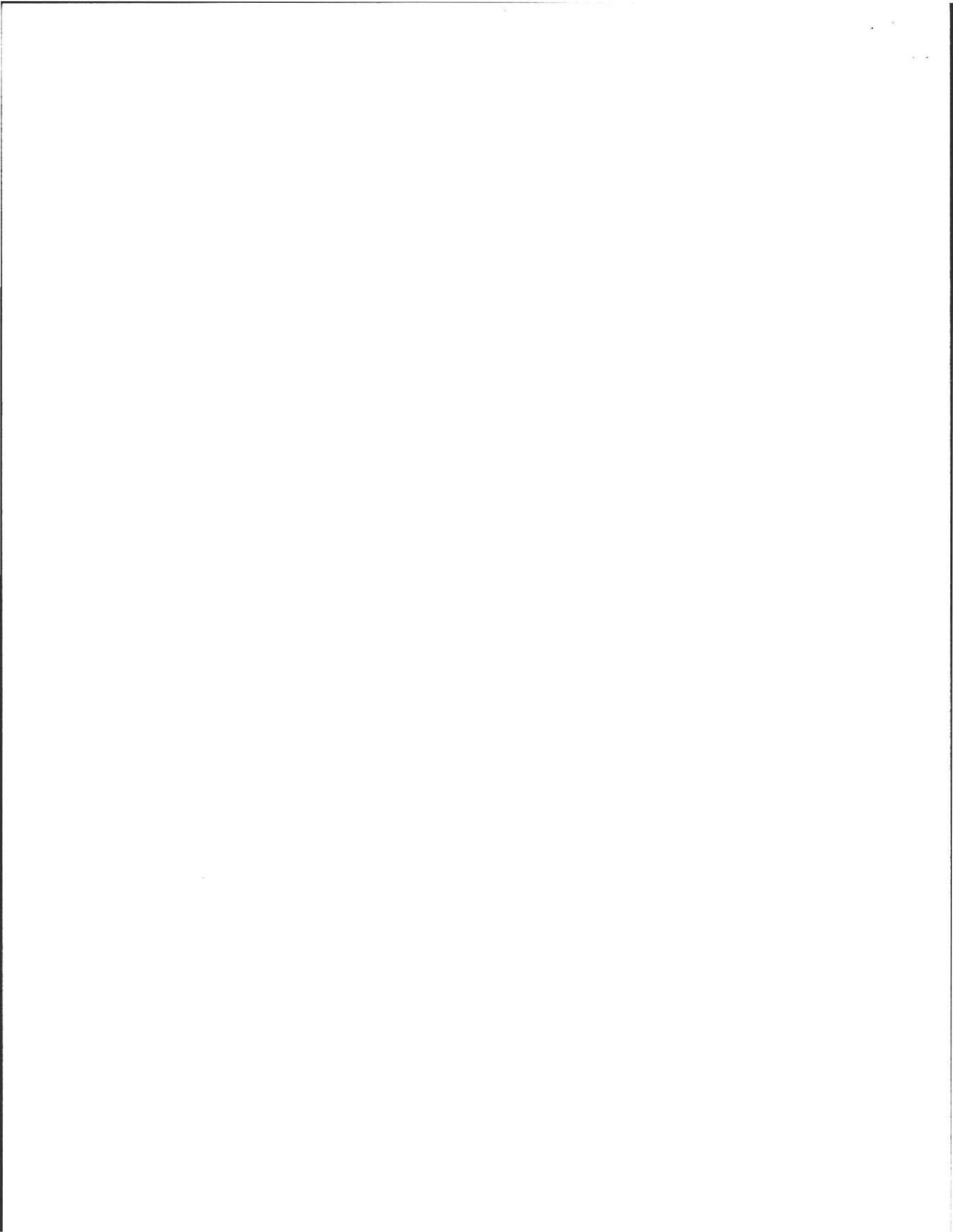
Pumps in working order

Yes No

Alarms in working order

Yes No

NIA





Commonwealth of Massachusetts

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Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

C. System Information (cont.)

Property Address: 966 BAY RD.

City/Town: AMHERST

State: MASS

Zip Code: 01002

Owner's Name: GUZMAN - LARA

Date of Inspection: 8/24/06

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

N/A

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

If SAS not located, explain why

Type

- leaching pits number _____
- leaching chambers number _____
- leaching galleries number _____
- leaching trenches number, length _____
- leaching fields 1 number, dimensions 10' x 35'
- overflow cesspool number _____
- innovative/alternative system

Type/name of technology _____

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

SOIL GRAVELLY, NO HYDRAULIC FAILURE

SOIL DRY, VEGETATION OK



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Net for Voluntary Assessments
Subsurface Sewage Disposal System Form

C. System Information (cont.)

Property Address: 966 BAY RD.
 City/Town: AMHERST State: MASS Zip Code: 01002
 Owner Name: GUZMAN - LARA Date of Inspection: 8/24/06

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

Number and configuration _____

Depth - top of liquid to inlet insert _____

Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow

Yes No

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

N/A

Privy (locate on site plan)

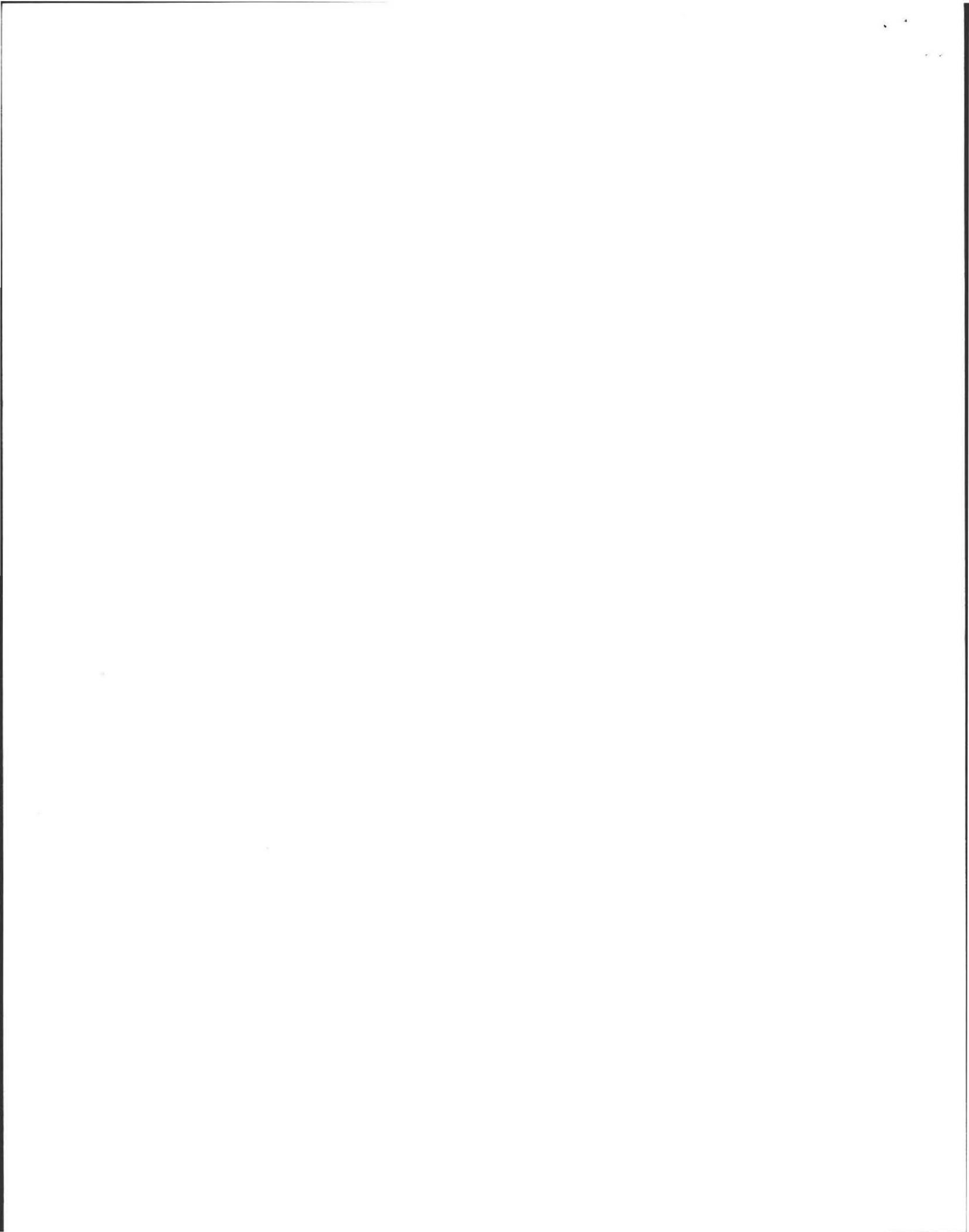
Materials of construction _____

Dimensions _____

Depth of solids _____

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

N/A





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Submittal for Sewage Disposal System Form

C System Information (cont.)

Property Address: 966 BAY RD.

City/Town: AMHERST

State: MASS

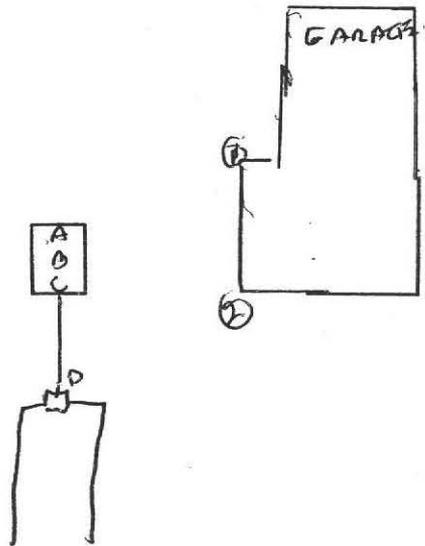
Zip Code: 01002

Inspector Name: GUZMAN - LARA

Date of Inspection: 8/24/06

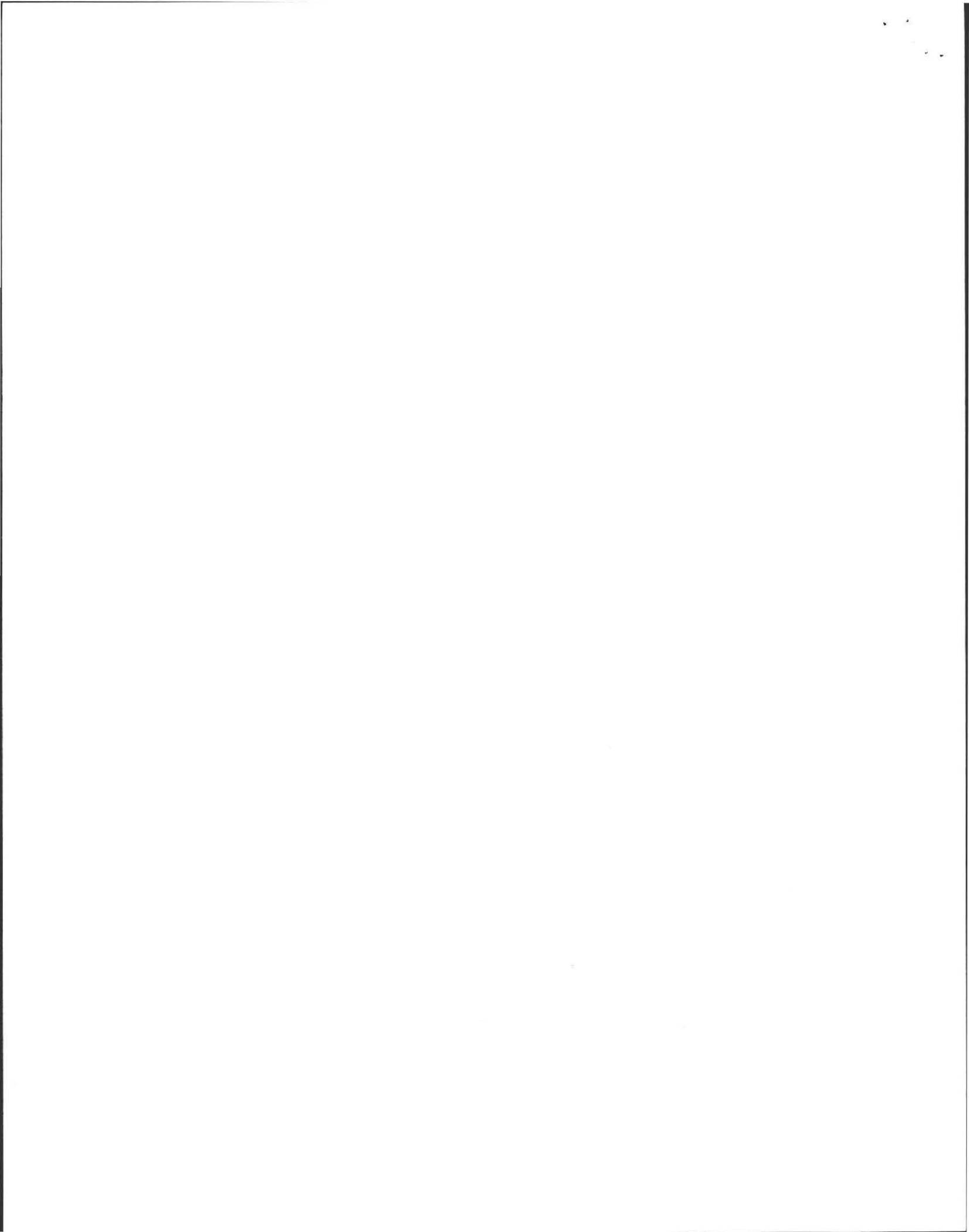
Sketch of Sewage Disposal System. Provide a sketch of the sewage disposal system including lines to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

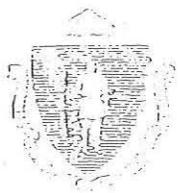
BAY RD.



2 TO A	22'
2 TO B	20'
2 TO C	16'
2 TO D	13'

1 TO A	10'
1 TO B	13.5'
1 TO C	14'
1 TO D	23'





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

Property Address: 966 BAY RD.
 City/Town: AMHERST State: MASS Zip Code: 01002
 Owner's Name: GOZMAN - LARA Date of Inspection: 8/24/06

Site Exam

Slope: SIDE YARD

Surface water: NONE

Check cellar: O.K.

Shallow wells: NO

Estimated depth to ground water: 6'±

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: 8/23/06 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:

BASEMENT DRY - NO SUMP PUMP
SLOPE TO WET AREA 8'
PREVIOUS TITLE IV 7/23/03
ALLAN WISE RS #933

