

Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

April 8, 2003

Dave Zarozinski
Inspection Services
4 Boltwood Avenue
Amherst, MA 01002-2351

Subject: Title 5 Septic System Inspection at 982 Bay Road
(Property of Margaret Csala)

Dear Dave:

On April 2, 2003 I completed an inspection of the septic system at the subject property in accordance with 310 CMR 15.000 (Title 5) requirements. A copy of the report are enclosed for your use.

This system is certified as, "Passed" by the criteria in the regulation. There is some limited documentation from the 1996 inspection and the 1991 design plan. I have copied excerpts and attached them to the report.

If you have questions on any aspect of the inspection or the report please contact me at the address above or by phone evenings.

Sincerely,



Richard Scott, P.E.

cc: Sally Malsch, Realtor
Buyer c/o Sally Malsch
Margaret Csala, Owner c/o Sally Malsch

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3. *Results*
4. *Discussion*
5. *Conclusion*

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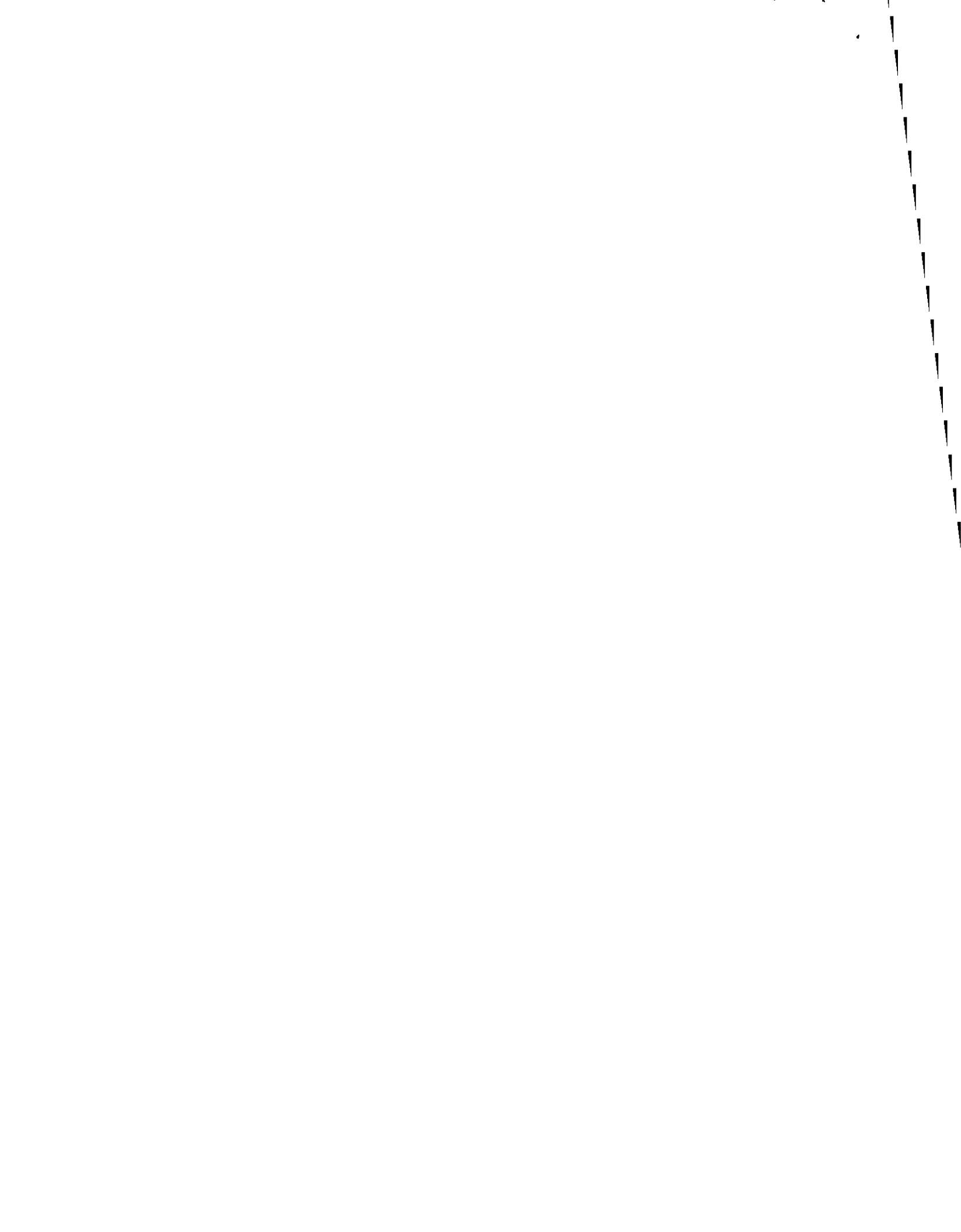
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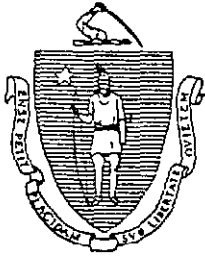
Sincerely,



Richard Scott, P.E.

cc: Sally Malsch, Realtor
Buyer c/o Sally Malsch
Margaret Csala, Owner c/o Sally Malsch





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

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

Property Address: 982 BAY ROAD
AMHERST
 Owner's Name: MARGARET CSALA
 Owner's Address: 96 SALLY MAUSCH
SAWICKI REAL ESTATE 462 MANDRILL AMHERST, MA 01002
 Date of Inspection: 3-19-03 & 4-2-03
 Name of Inspector: (please print) RICHARD SCOTT
 Company Name: RICHARD SCOTT, P.E.
 Mailing Address: 31 SUTTONSBURY ROAD
PELHAM, MA 01002
 Telephone Number: 413-256-0647

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:

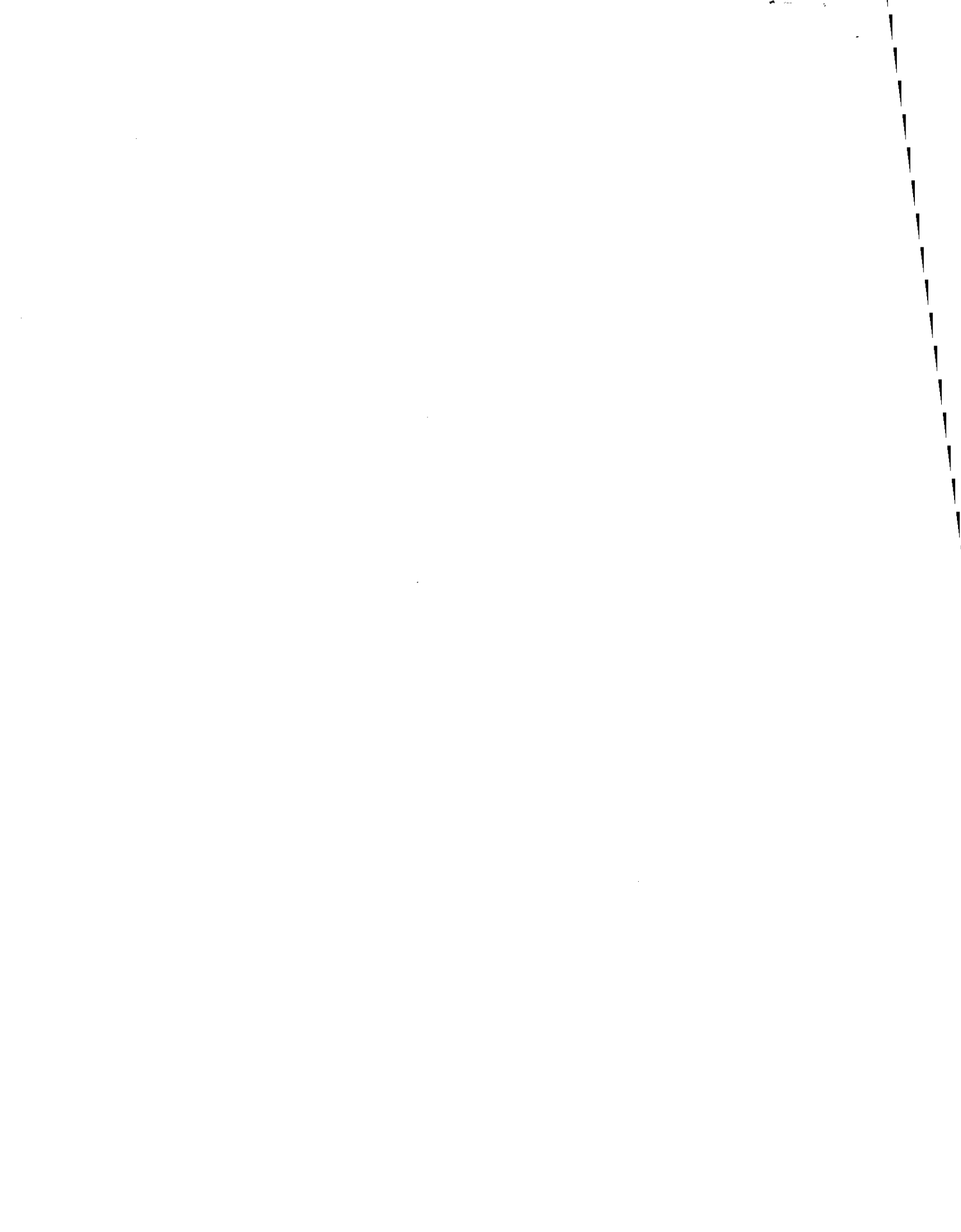
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: Richard Scott Date: 4-2-03

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

****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: 982 BAY ROAD
AMHERST
Owner: MARGARET CSALA
Date of Inspection: 4-2-03

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:

B. System Conditionally Passes: N/A

_____ 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: 282 Bay Road
AMHERST
Owner: MARGARET CSALA
Date of Inspection: 4-2-03

C. Further Evaluation is Required by the Board of Health: N/A

_____ 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:

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

Property Address: 982 BAY ROAD
AMHERST
Owner: MARGARET CSALA
Date of Inspection: 4-2-03

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 <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped <u> </u> . |
| <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.] |

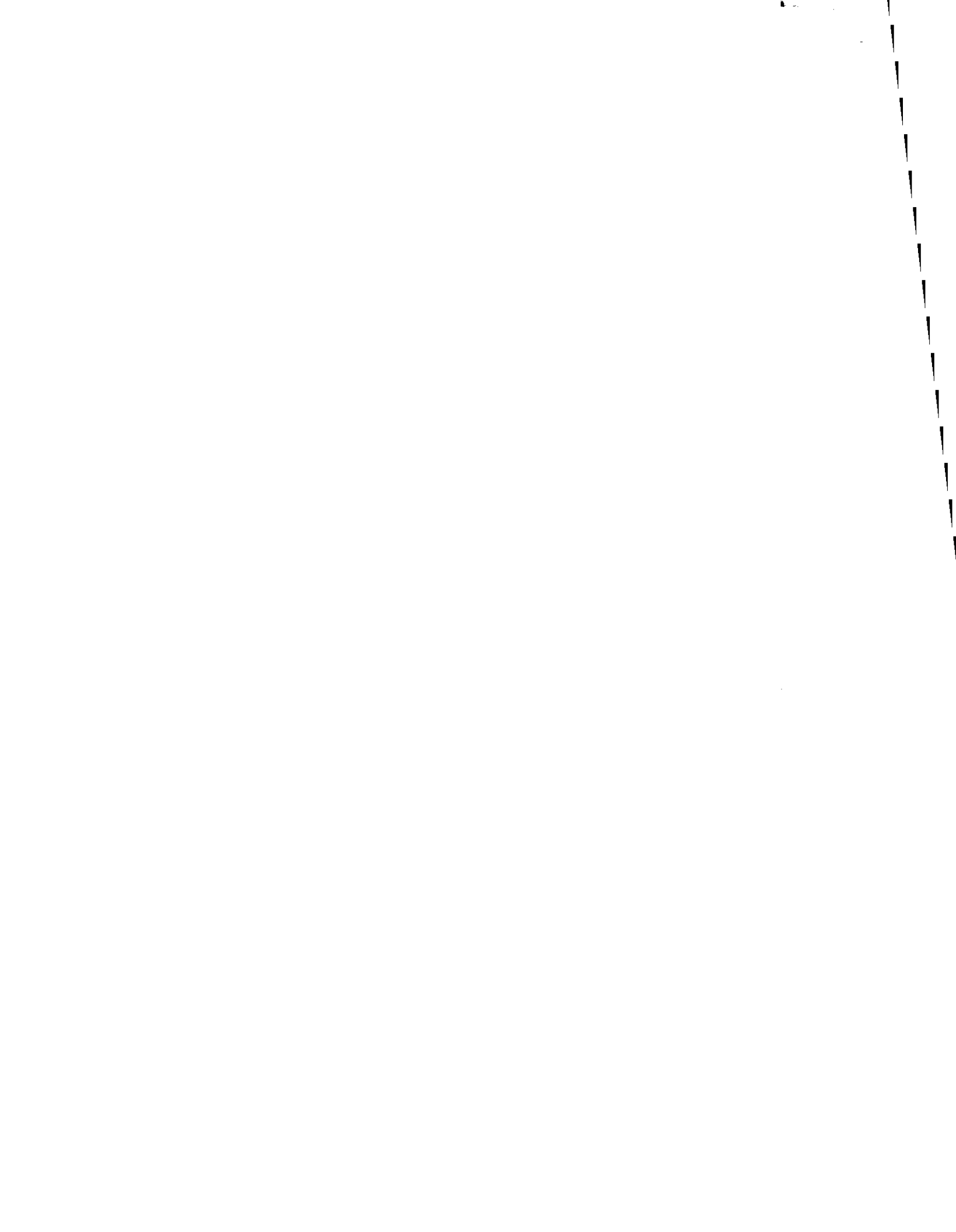
No (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems: N/A
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: 982 Bay Road
Amherst
Owner: MARGARET EJALA
Date of Inspection: 4-2-03

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 ?
- N/A 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. *1996 INSPECTION REPORT REFERS TO 1991 DESIGN PLANS. (EXCERPTS)*
- 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: 982 BAY ROAD
AMHERST
Owner: MARGARET CSALA
Date of Inspection: 4-2-03

FLOW CONDITIONS

RESIDENTIAL

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): 330
Number of current residents: 1
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): N/A
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): NOT AVAILABLE
Sump pump (yes or no): No
Last date of occupancy: CURRENTLY OCCUPIED.

COMMERCIAL/INDUSTRIAL

N/A
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: APPARENTLY NOT PUMPED SINCE INSTALLATION IN 1991.
Was system pumped as part of the inspection (yes or no): YES
If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? FROM TANK DIMENSIONS.
Reason for pumping: SOLIDS REMOVAL & CHECK TANK.

TYPE OF SYSTEM

Septic tank, ~~distribution box~~, soil absorption system SEPTIC TANK DISCHARGES TO ONE LEACH PIT
 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:
12 YEARS OLD. 1991 DESIGN PLAN EXCERPTS

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: 982 BAY ROAD
AMHERST
Owner: MARGARET CSALA
Date of Inspection: 4-2-03

BUILDING SEWER (locate on site plan)

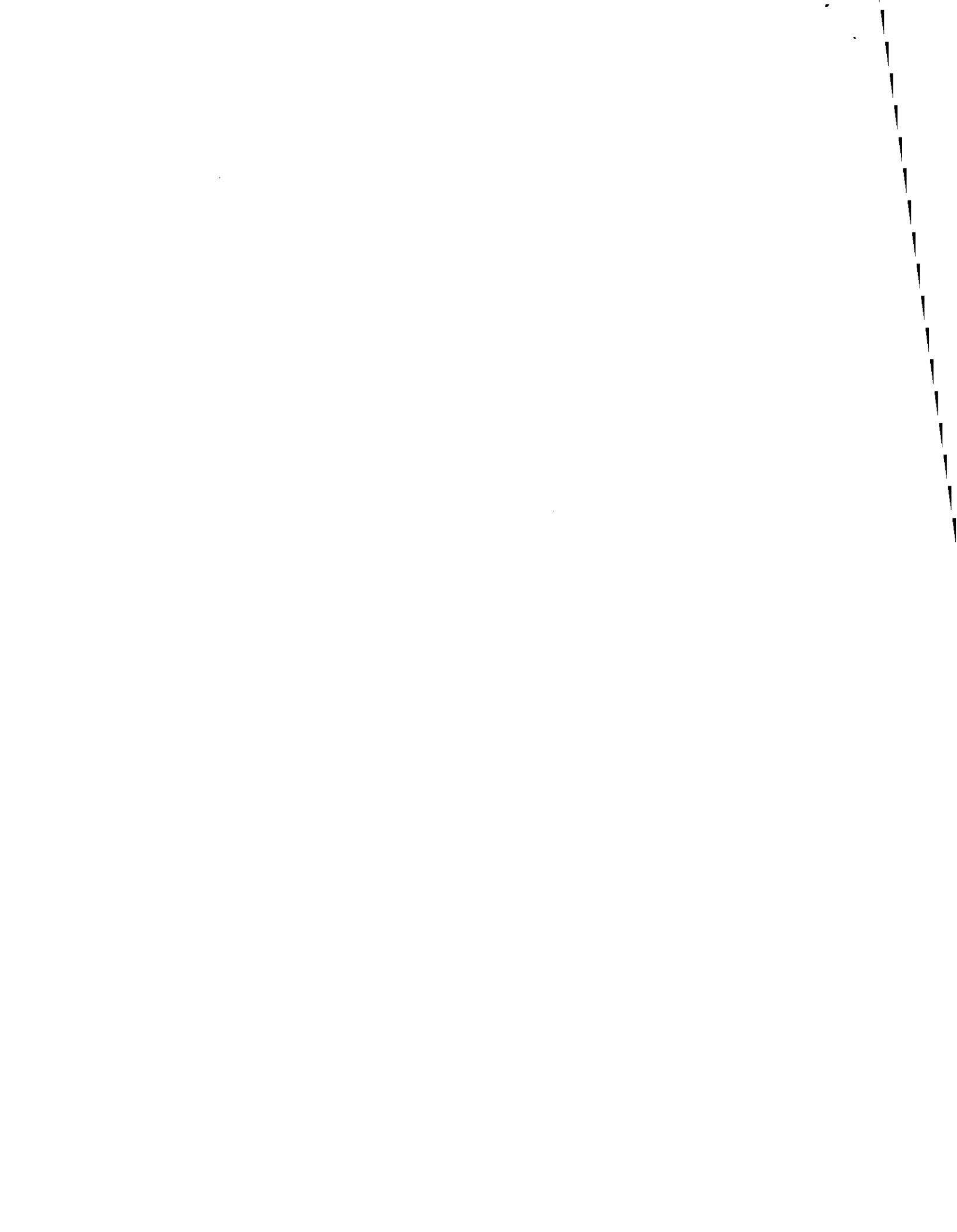
Depth below grade: 12"
Materials of construction: cast iron 40 PVC other (explain): _____
Distance from private water supply well or suction line: N/A. PUBLIC WATER SUPPLY PRESSURE LINE
Comments (on condition of joints, venting, evidence of leakage, etc.):
GOOD CONDITION. NO EVIDENCE OF LEAKAGE. VENTED TO ROOF.

SEPTIC TANK: (locate on site plan)

Depth below grade: 12"
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: 58" x 102" x 48" EFFECTIVE DEPTH
Sludge depth: 6"
Distance from top of sludge to bottom of outlet tee or baffle: 24"
Scum thickness: 4"
Distance from top of scum to top of outlet tee or baffle: 3"
Distance from bottom of scum to bottom of outlet tee or baffle: 15"
How were dimensions determined: DIRECT OBSERVATION AT TIME OF 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.):
GOOD CONDITION. CAST-IN Baffles IN GOOD CONDITION. NO EVIDENCE OF LEAKAGE LIQUID LEVEL IS CORRECT.

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

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



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

Property Address: 982 BAY ROAD
AMHERST
Owner: MARGARET CSALA
Date of Inspection: 4-2-03

TIGHT or HOLDING TANK: N/A (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: N/A (if present must be opened)(locate on site plan)

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

PUMP CHAMBER: N/A (locate on site plan)

Pumps in working order (yes or no): _____
Alarms in working order (yes or no): _____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): _____



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

Property Address: 982 BAY ROAD
AMHERST
Owner: MARGARET CIALA
Date of Inspection: 4-2-03

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

If SAS not located explain why:

Type
 leaching pits, number: ONE 16.5' x 9' x 30" BELOW INVERT (PER DESIGN PLAN EXCERPT & CONFIRMS AT SITE 4-2-03)
 leaching chambers, number: _____
 leaching galleries, number: _____
 leaching trenches, number, length: _____
 leaching fields, number, dimensions: _____
 overflow cesspool, number: _____
 innovative/alternative system Type/name of technology: _____

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

GROUND SURFACE IS GOOD. TOP OF LEACH PIT IS BURIED 30". PIT IS DRY ON 4-2-03

CESSPOOLS: N/A (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.):

PRIVY: N/A (locate on site plan)

Materials of construction: _____
Dimensions: _____
Depth of solids: _____

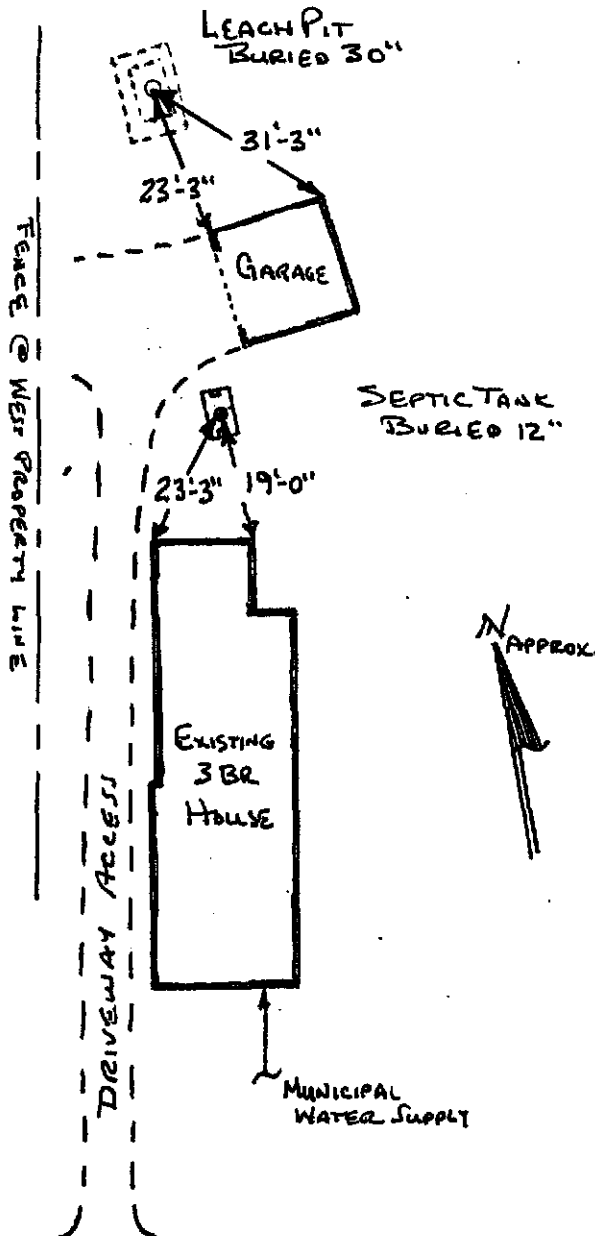
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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

Property Address: 982 Bay Road
Amherst
Owner: MARGARET CIALA
Date of Inspection: 4-2-03

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.



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

Property Address: 982 Bay Road
Amherst
Owner: MARGARET CSALA
Date of Inspection: 4-2-03

- SITE EXAM
 Slope
 Surface water
 Check cellar
 Shallow wells

Estimated depth to ground water 6+ feet

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: _____
 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: _____

*1996 INSPECTION REPORT
QUOTES 1991 DESIGN PLAN
SHOWING G.WATER AT 12'*

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

CHECKED 1996 INSPECTION REPORT.
DRY CELLAR 5 FEET DEEP
SLOPE TO NORTH DROPS 6 FEET



OCT. 12 1990

90-13

9/25/90 pd. 100⁰⁰ Recd 7962
10/12/90 pd 60 w/Phn 7578

No. 90-13

#982

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit



Application is hereby made for a Permit to Construct () or Repair (✓) an Individual Sewage Disposal System at:

981 Bay Road, Amherst

EDWARD BATTISTONI

534 MARKET HILL RD, AMHERST 01002

L + F Co. Inc. Installer

Type of Building: Dwelling - No. of Bedrooms: 3 Expansion Attic () Garbage Grinder (NO)
Other - Type of Building: No. of persons: Showers () - Cafeteria ()
Other fixtures:

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: 8.5' Width: 5.0' Diameter: Depth: 5.3'
Disposal Trench - No. Width: Total Length: Total leaching area: 127.5 sq. ft. SIDES
Seepage Pit No. 1 Diameter: 16.5 x 9' Depth below inlet: 2.5' Total leaching area: 48.5 sq. ft. BOTTOM

Percolation Test Results Performed by: FILIOS ENTERPRISES, INC. Date: SEPT. 25, 1990

Test Pit No. 1: 22 minutes per inch Depth of Test Pit: 12' Depth to ground water: AT 12'
Test Pit No. 2: minutes per inch Depth of Test Pit: Depth to ground water:

Description of Soil: SEE ATTACHED SHEET

Nature of Repairs or Alterations - Answer when applicable:

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: Eugene Battiston Date: 10/12/90

Application Approved By: [Signature] Date: 10/12/90

Application Disapproved for the following reasons:

Permit No. 90-13 Issued 10/12/90 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (✓) by

at 981 Bay Road Installer

has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 90-13 dated 10/12/90

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE: 9/26/91 Inspector: [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

No. 90-13

FEE 100⁰⁰ pd

Disposal Works Construction Permit

Permission is hereby granted to Construct () or Repair (✓) an Individual Sewage Disposal System at No. 981 Bay Road

as shown on the application for Disposal Works Construction Permit No. 90-13 Dated 10/12/90

DATE: 10/12/90 Board of Health: [Signature]

CHECK OR FILL IN WHERE APPLICABLE



Town of



AMHERST

Massachusetts

Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 256-4077

September 21, 1990

Mr. Eugene Battistoni
534 Market Hill Road
Amherst, MA 01002

Dear Mr. Battistoni:

Please be advised that I have received a letter from Mr. Peter Westover, Conservation Director (copy enclosed).

With the information I have received from him I feel that there is still some question whether the proposed septic system can be called a repair or new system.

I would recommend the following steps:

- 1) Hire an engineer,
- 2) Hire a back-hoe operator,
- 3) Conduct a percolation test

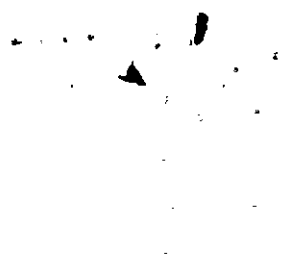
This test would help determine the soil conditions in the area in question and also help me to make a decision on this matter.

If you have any questions on this matter please feel free to call me.

Very truly yours,

David Zarozinski
David Zarozinski
Sanitarian

(EH3: dzlet/pri)



FILIOS ENTERPRISES, INC.
69 Pelham Rd.
Amherst, MA 01002

Date: *Sept. 26, 1991*

Name: *Edward Battistoni*

Address: *534 Market Hill Road*

*At: 981 Bay Road
Amherst Mass. 01002*

Dear *Mr. Battistoni*

This is to notify you that Filios Enterprises, Inc. has inspected the septic system installed

AT: *981 Bay Road
Amherst Mass*

Unless exceptions are noted below, the system complied with the approved design and elevations.

Exceptions:

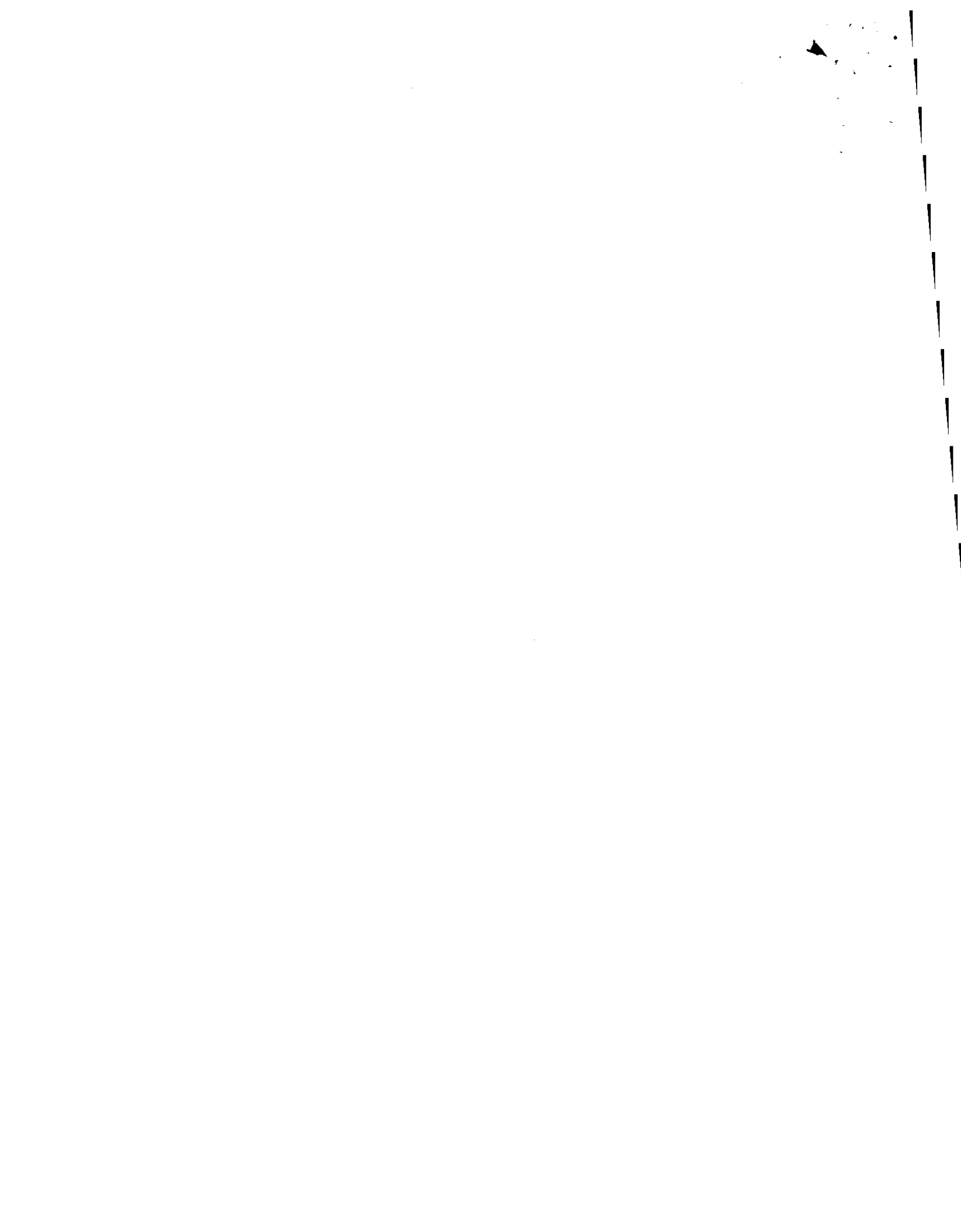
Elevations of as-built system varies from those of the design to the extent shown in red on the copy of the profile view enclosed. These are reasonably close to design, and meet the requirements of title V DEQE and Amherst Regulations

Sincerely,

Frederick A. Filios

(Frederick A. Filios)

C.C. to Board of Health



SEP 17 1990

EUGENE BATTISTONI ROOFING

534 Market Hill Road
AMHERST, MA 01002

September 17, 1990

Ms. Bettye Frederic
Board of Health Office
707 Boltwood Walk
Amherst, MA 01002



Dear Ms. Frederic:

I am interested in purchasing the property located at 981 Bay Road, Amherst, MA. Before I am able to make an offer on the property I need a septic system permit. I need to acquire this permit this fall.

At my request, Peter Westover went out to the site and measured from wet lands. He sent a letter with his findings showing that there is an area that met the distance requirement.

I would like this to be treated as a repair, and if so, get the proper permits and have the septic system drawn up. Could you advise me how to go about this?

My intent is to repair the property and restore it to an attractive, liveable property.

If you have any questions, you can contact me at 549-2693.

Thank you for your time and help.

Sincerely,



Eugene Battistoni

EB/b



REPAIR

TOWN OF AMHERST

pd. CH 2962
EUGENE 100#
BATTISTONI
3 Bedrooms Perc
TEST

PERC TEST DATA SHEET

981?

DATE 9/25/90 LOCATION 982 BAY ROAD LOT SIZE _____

OWNER ESTATE OF SANDERS ADDRESS _____ TELE # _____

P.E./RS Fred Filios FIRM FILIOS ENTERPRISE OBSERVED BY D. ZAROZINSKI

BACK HOE OPERATOR _____ BENCH MARK _____

PERC DEPTH 4 1/2" PRE SOAK TIME _____ PERC DEPTH _____ PRE SOAK TIME _____

TEST 9:18 DRILL HOLE _____

9:20⁵⁰ 9" _____

9:24²⁰ 8" _____

9:25³⁷ 6" _____

RATE 924⁵⁷ 7" _____ RATE _____

2

#1

TOP 18
SUB 27
SAND

WATER 12'

TOP
SUB

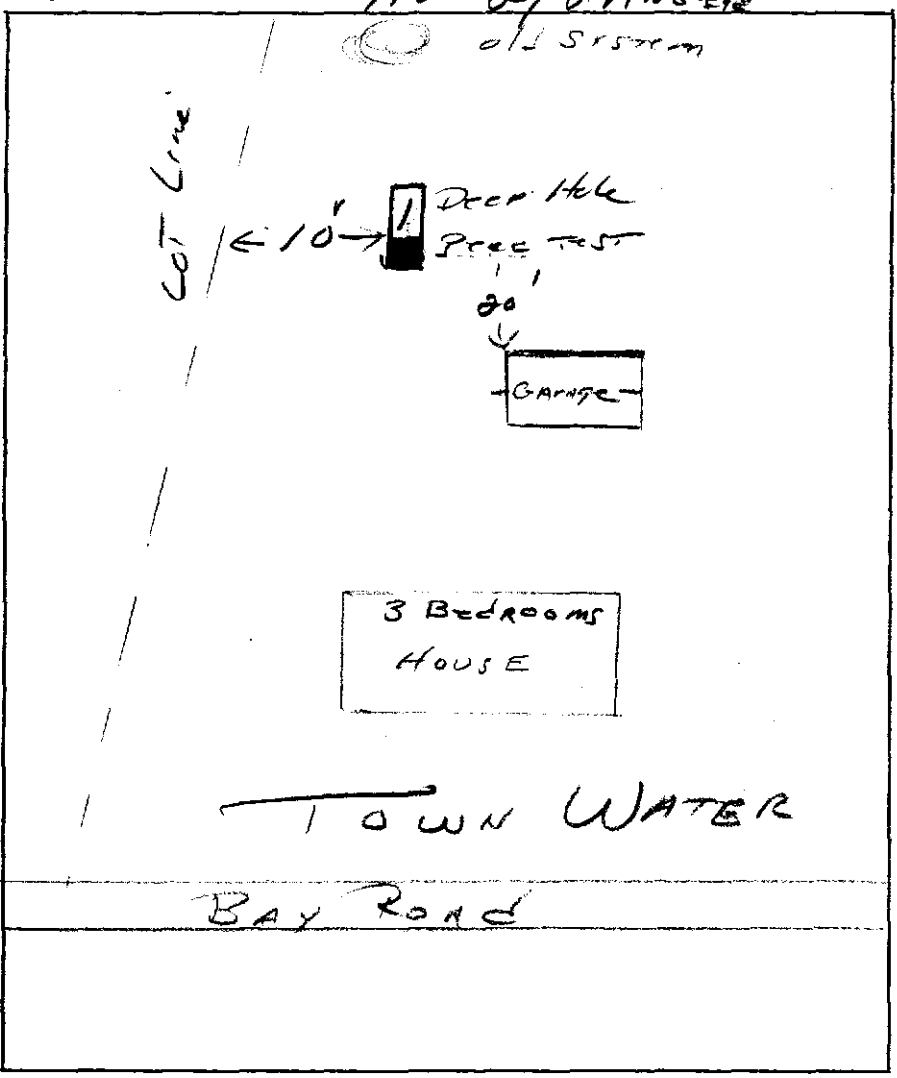
TOP
SUB

TOP
SUB

TOP
SUB

TOP
SUB

TOWN WATER NO. 2 / GRINDER



OCT 02 1990

OCT 02 1990

OCT 12 1990

OCT 12 1990



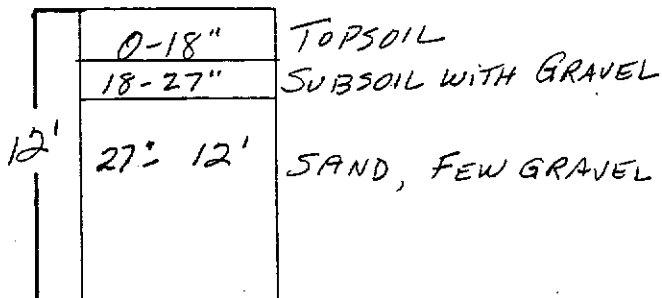
Percolation Test Report and Deep Soil Log

FILIOS ENTERPRISES

69 Pelham Rd., Amherst MA 01002, (413) 256-8008

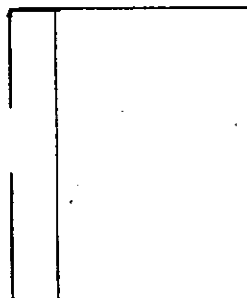
Owner: EUGENE BATTISTONI Date: SEPT. 25, 1990
 Location: 981 BAY RD. B. of H. DAVID ZAROZINSKI
AMHERST, MA

DEEP HOLE 1



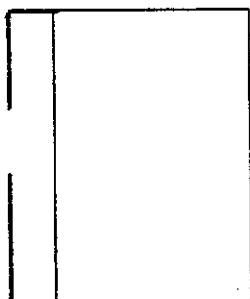
Ground Water AT 12'

DEEP HOLE 2



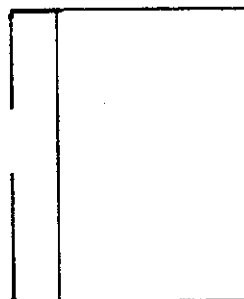
Ground Water _____

DEEP HOLE 3



Ground Water _____

DEEP HOLE 4



Ground Water _____

PERC TEST

DEPTH OF PERC 45"

PERC RATE <2 MIN./IN.

COMENTS: _____



982



Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Trudy Coxe
Secretary, EOE
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

Property Address: *982 Bay Road Amh.*
Date of Inspection: *10-17-96*
Name of Inspector: *Fred Filios*
Company Name, Address and Telephone Number:
Filios Enterprises Inc
69 Pelham Rd
Amherst MA. 01002

Address of Owner: *E. Market +*
Eugene Battistoni
(If different) *534 Market Hill Rd.*
Amherst MA. 01002

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: *Fredrick A Filios* Date: *10-17-96*

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

INSPECTION SUMMARY:

Check A, B, C, or D

A) SYSTEM PASSES:

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not

The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

(revised 8/15/95)

1

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

Property Address:
Owner:
Date of Inspection:

B) SYSTEM CONDITIONALLY PASSES (continued)

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is levelled or replaced

- The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced
 - obstruction is removed

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 the public health, safety and the environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND 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 APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D) SYSTEM FAILS:

I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

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

Property Address:

Owner:

Date of Inspection:

D] SYSTEM FAILS (continued):

- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____
- Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- Any portion of a 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 I 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

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

- The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
 - the system is within 400 feet of a surface drinking water supply
 - the system is within 200 feet of a tributary to a surface drinking water supply
 - the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: *982 Bay Road Amh.*
Owner: *Merker + Battistoni*
Date of Inspection: *10/17/96*

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The system does not receive non-sanitary or industrial waste flow
- The site was inspected for signs of breakout.
- All system components, excluding the Soil Absorption System, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

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

Property Address: 992 Bay Rod. Amb.
Owner: Markert + Battistoni
Date of Inspection: 10/17/96

SEPTIC TANK: 1000 gal
(locate on site plan)

Depth below grade: 11"
Material of construction: concrete metal FRP other(explain)

Dimensions: 8 1/2' x 5' x 4' deep
Sludge depth: < 1"
Distance from top of sludge to bottom of outlet tee or baffle: 47"
Scum thickness: 0
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: 20"

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

GREASE TRAP: _____
(locate on site plan)

Depth below grade: _____
Material of construction: concrete metal FRP 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: _____

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 982 Bay Road
Owner: Markert + Battistoni
Date of Inspection: 10/17/96

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 gallons
Number of bedrooms: 3
Number of current residents: 2
Garbage grinder (yes or no): no
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): no
Water meter readings, if available: _____ N/A

Last date of occupancy: present

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: _____ gallons/day
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present: (yes or no) _____
Non-sanitary waste discharged to the Title 5 system: (yes or no) _____
Water meter readings, if available: _____

Last date of occupancy: _____

OTHER: (Describe) _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

Not been pumped since built 1991
System pumped as part of inspection: (yes or no) no
If yes, volume pumped _____ gallons
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)
 - Other (explain) _____
-

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1991

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

982 Bay Rd Amherst SYSTEM INFORMATION (continued)

Property Address: Market + Bettistoni
Owner:
Date of Inspection: 10/17/96

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

If not determined to be present, explain:

Type:
leaching pits, number: 1 16.5' x 9' x 2.5 below inlet
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: _____
overflow cesspool, number: _____

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

CESSPOOLS: _____
(locate on site plan)

Number and configuration: _____
Depth-top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater: _____
inflow (cesspool must be pumped as part of inspection) _____

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

PRIVY: _____
(locate on site plan)

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

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

Property Address: *982 Bay Road*
Owner: *Markert + Battistoni*
Date of Inspection: *10 / 17 / 96*

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

See maps

DEPTH TO GROUNDWATER

Depth to groundwater: *12'* feet

method of determination or approximation: *From old septic Design*

Town of



AMHERST

Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

CONSERVATION COMMISSION
AND
CONSERVATION DIRECTOR
(413) 256-0413

September 10, 1990

David Zarozinski
Amherst Health Department
Bangs Center
Boltwood Walk
Amherst, MA 01002

RE: 981 Bay Road, proposed
septic system

Dear Dave:

Regarding Gene Battistoni's request to install a septic system at 981 Bay Road (property of the Estate of James B. Sanders), I have inspected the site as follows:

The distance from the eastern edge of his proposed septic system to the nearest wetland that runs along the stream east of the driveway appears to be, by measuring tape, exactly 100 feet.

That leaves no room for error or expansion or movement of the system from the location he has indicated he wants to use. In other words, his preferred location (which he will have perc-tested next spring) extends exactly 20 feet east from the wire running along the west property line of the parcel.

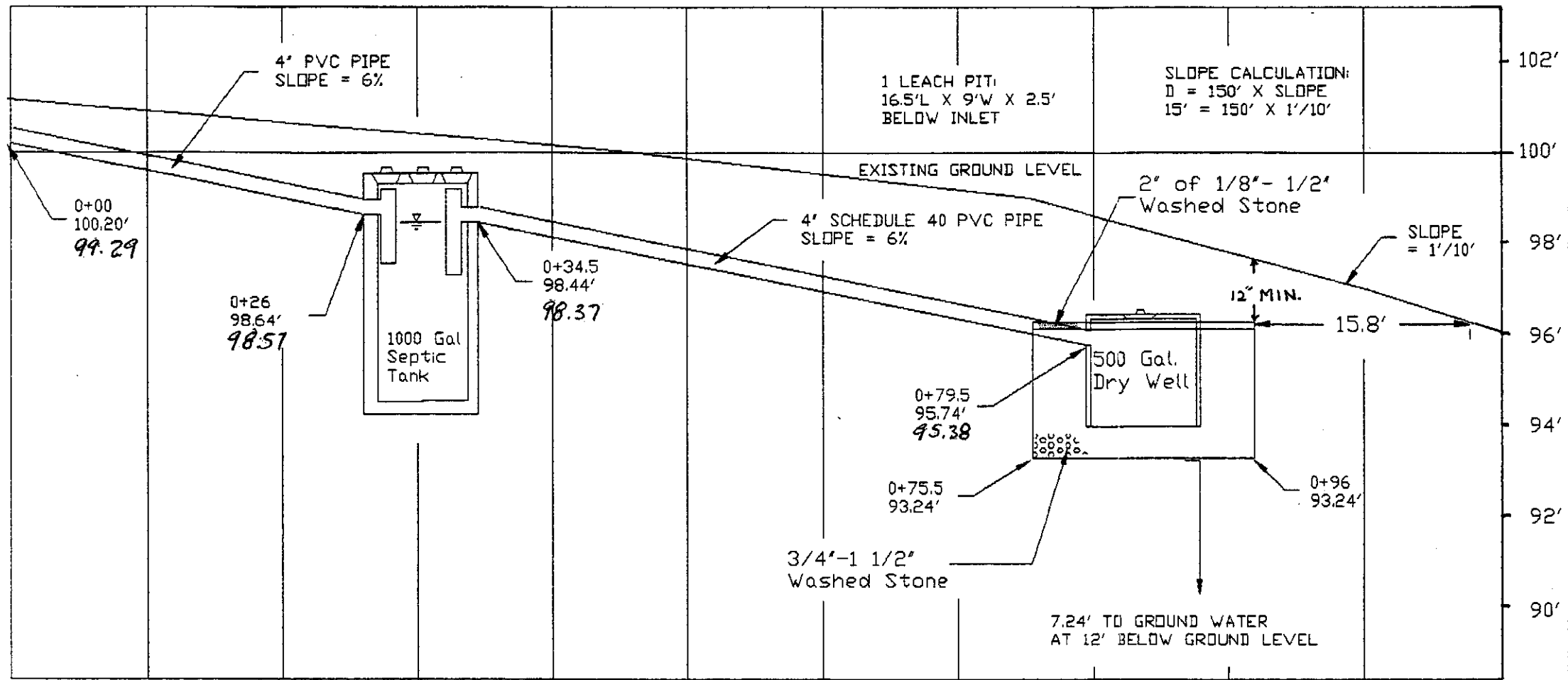
Let me know if you need more information.

Sincerely,

Pete Westover
Conservation Director

xc: Gene Battistoni

0+00 0+20 0+40 0+60 0+80 A 1+00



SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DEPT. OF ENVIRONMENTAL PROTECTION STATE ENVIRONMENTAL CODE TITLE 5.

Calculations

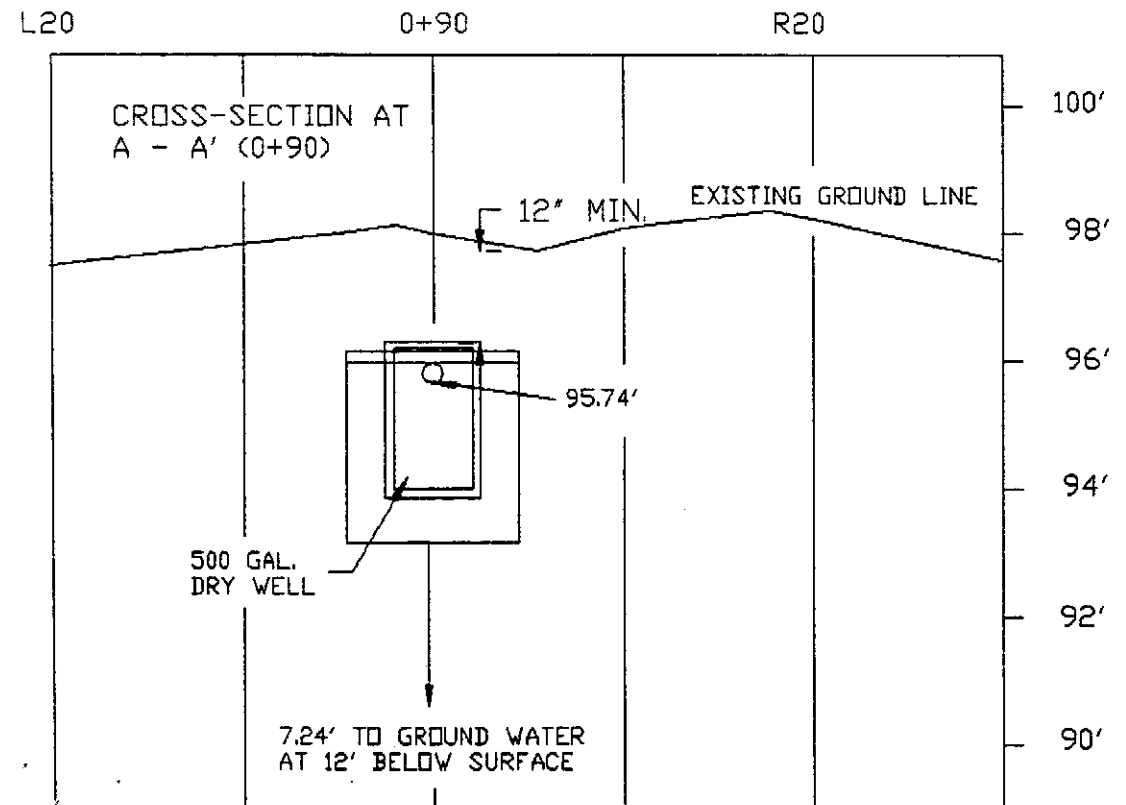
Required:
FOR A THREE BEDROOM HOUSE WITHOUT A GARBAGE GRINDER A TOTAL CAPACITY OF 330 GAL. X 1.25 SAFETY FACTOR = 413 GAL.

Designed:
A LEACH PIT 16.5' LONG X 9' WIDE X 2.5' BELOW INLET (EFFECTIVE DEPTH. DESIGNED WITH A PERCOLATION RATE OF 2 MIN./INCH AND SIDE AND BOTTOM LOADING FACTORS OF 2.5 AND 1.0 GAL./SQ.FT. RESPECTIVELY.

Sidewall: 2 SIDES (16.5' X 2.5')	2.5 GAL./SQ.FT.	= 206 GAL.
Endwall: 2 ENDS (9' X 2.5')	2.5 GAL./SQ.FT.	= 112 GAL.
Bottom: 16.5' X 9' X 1.0	GAL./SQ.FT.	= 148 GAL.
Total:		466 GAL.

Construction Notes

1. Septic tank should be inspected and pumped annually.
2. Inlet and outlet tees must extend 14" and 24" below the flow line respectively.

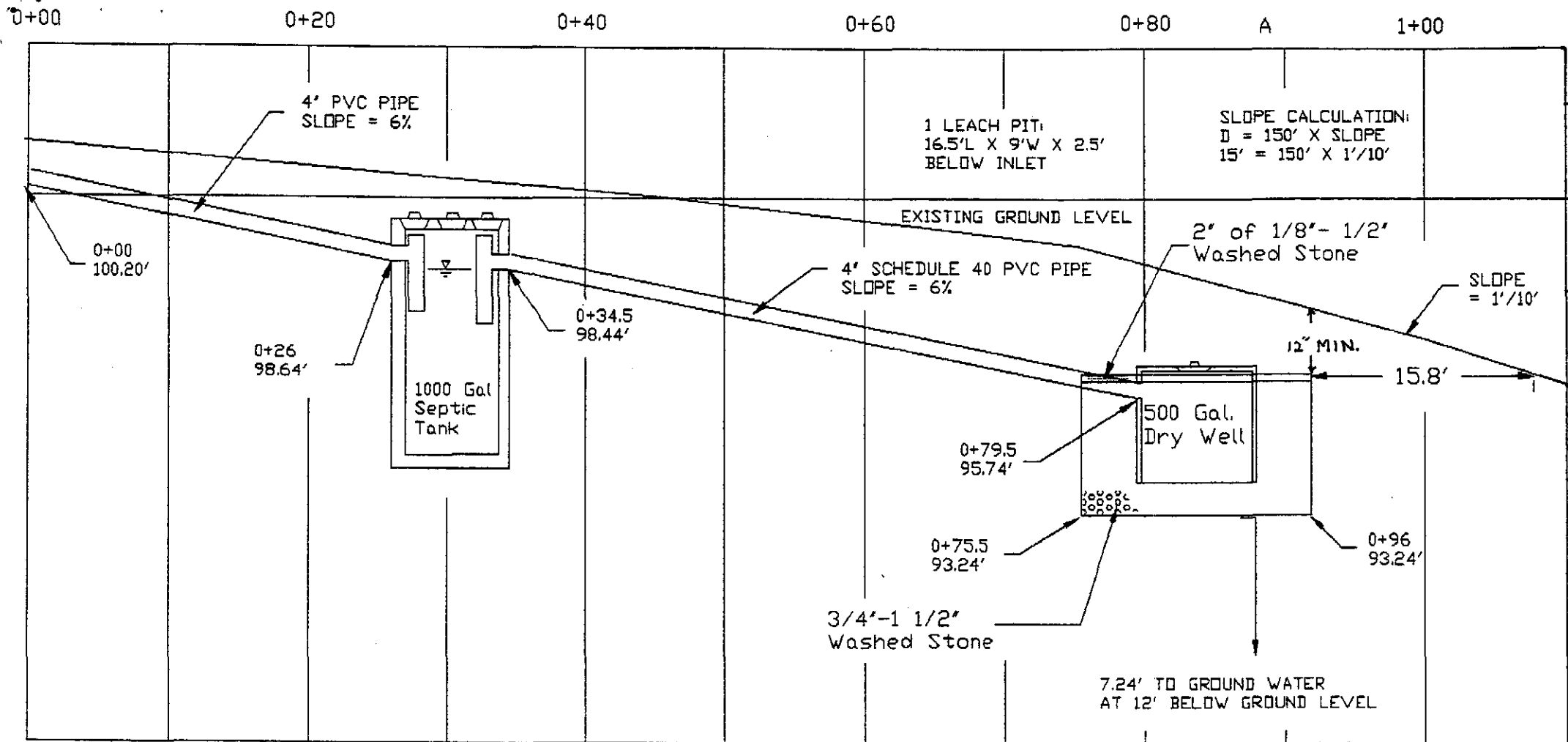


100' Elevation Assumed at TBM. TBM is top of concrete pad as shown on Plan view.



PROFILE	
AT: 981 BAY ROAD, AMHERST, MA 01002	
By: Filios Enterprises, Inc. 69 Pelham Rd. Amherst, MA 01002 (413) 256-8008	FOR: EUGENE BATTISTONI 534 MARKET HILL RD. AMHERST, MA 01002
Drawn By: P. Filios	SCALE: HOR 1"=10.0' VER 1"=3.0'
10 OCTOBER, 1990	PAGE 2 OF 2





SPECIFICATIONS
 ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DEPT. OF ENVIRONMENTAL PROTECTION STATE ENVIRONMENTAL CODE TITLE 5.

Calculations

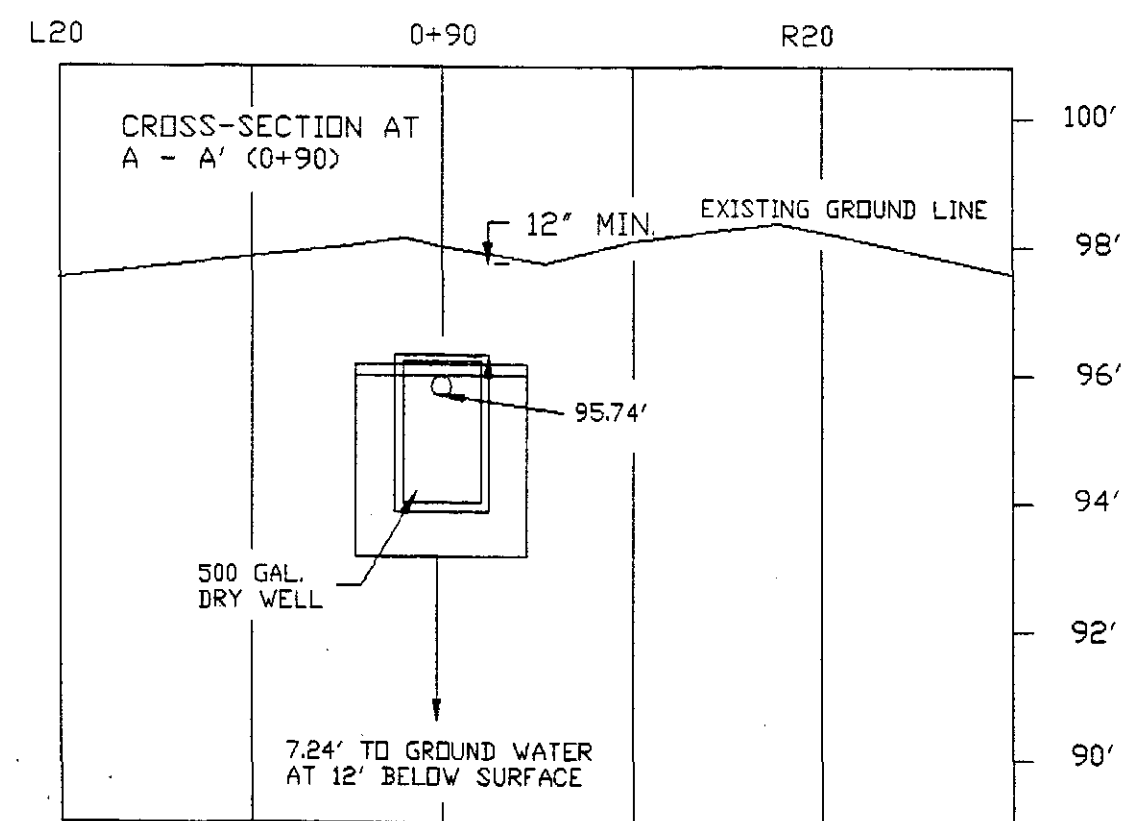
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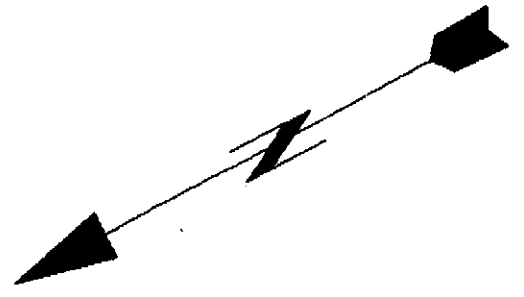
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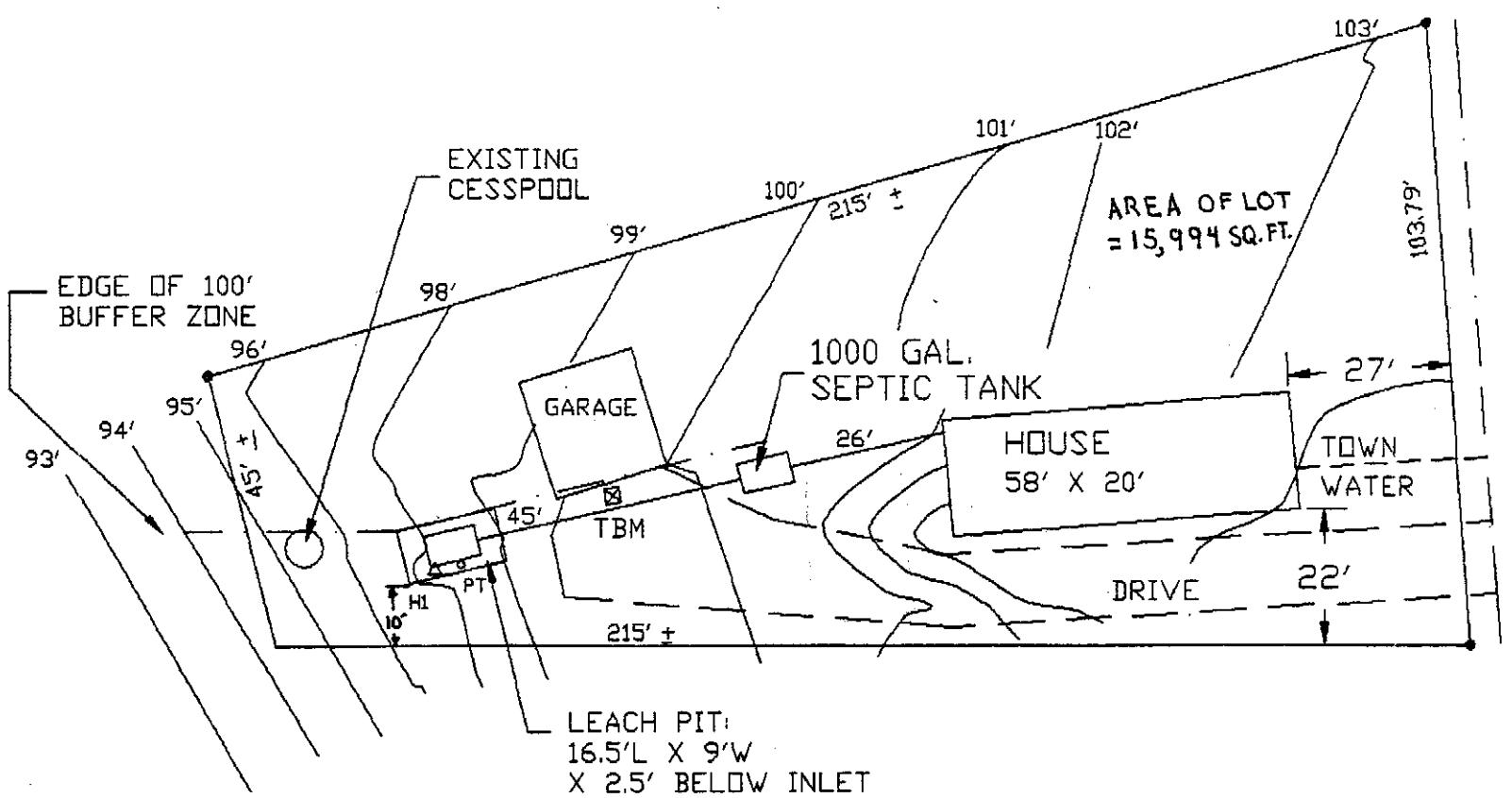
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AT: 981 BAY ROAD, AMHERST, MA 01002	
By: Filios Enterprises, Inc. 69 Pelham Rd. Amherst, MA 01002 (413) 256-8008	FOR: EUGENE BATTISTONI 534 MARKET HILL RD. AMHERST, MA 01002
Drawn By: P. Filios	SCALE: HOR 1"=10.0' VER 1"=3.0'
10 OCTOBER, 1990	PAGE 2 OF 2



OCT 12 1990



BORDERING VEGETATED WETLANDS



BAY ROAD

NOTES:

1. TBM IS TOP OF CONCRETE PAD AT THE CENTER FRONT OF GARAGE.
2. NO OTHER WELLS WITHIN 200' OF THE LEACH AREA AT THE TIME OF SURVEY.

LEGEND

- PT PERCOLATION TEST
- △ HX DEEP TEST PIT
- ~ CONTOUR LINES (1' INTERVAL)



PLAN OF SEWAGE DISPOSAL SYSTEM	
AT: 981 BAY ROAD, AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: EUGENE BATTISTONI 534 MARKET HILL ROAD AMHERST, MA 01002
DRAWN BY: P. FILIOS	SCALE: 1"=30'
10 OCTOBER, 1990	PAGE 1 OF 2

