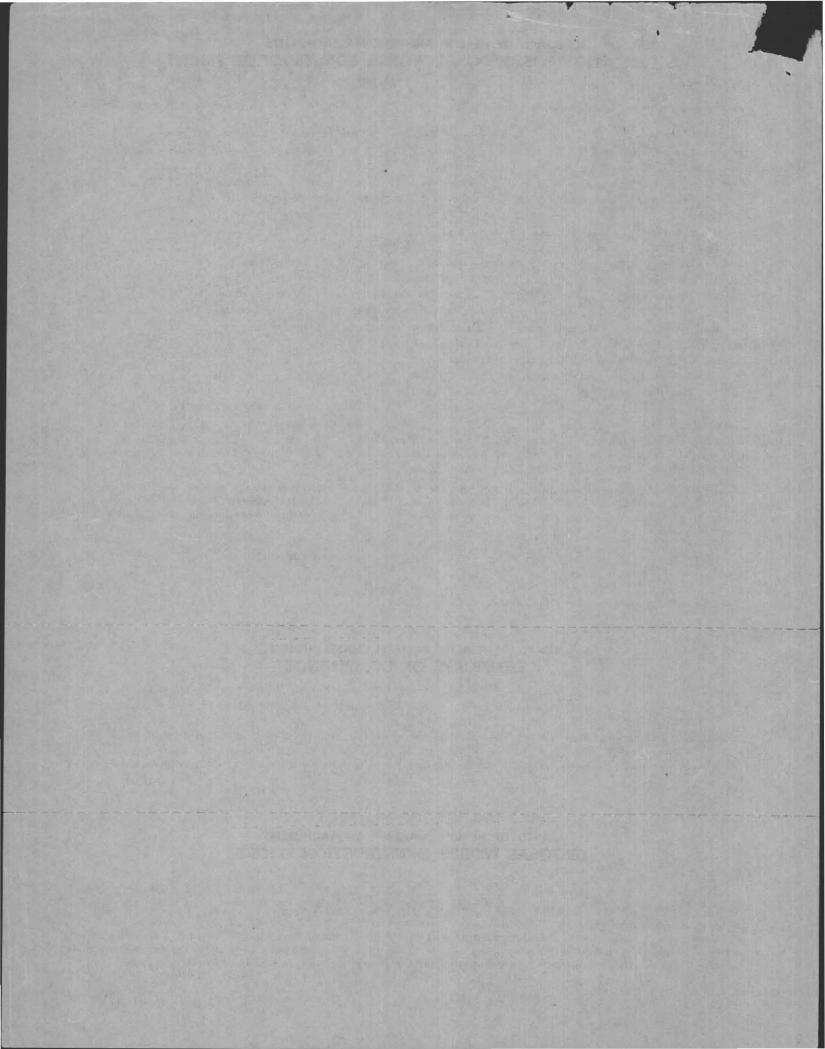


#1299

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

AFFEIGATION TON DISPOSAL WORKS C	ONSTRUCTION PERIOII
No. 72-17 Date Aug. 3, 1972 Fee \$3.00 Date Rec	3d
Application is hereby made for a permit to Construct (X) or	
System at:	Albania Tima
Location—Address 299 Bay Road , 15/100 mi. W. Belche	ertown time or Lot No.
Owner James R. Tower	Address 40 Charles St., Agawam
Contractor SECF Dimensions	Address
Type of Building Dimensions	Size Lot 3/4 acre
Dwelling—No. of Bedrooms 4 Expansion Attic (KA)	Garbage Grinder (Yes
Other No. of persons	
Other fixtures Town Water? Type of We	
Town Water? Type of We	
Design Flow 50 gallons per person per day. Total daily flow 400	gallons
Septic Tank-Liquid capacity 1000 gallons Dimensions: L	WD
Disposal Trench—No Width Total Length Disposal Bed—No Diameter Depth below inlet Depth below inlet Section Disposal Trench—No Diameter Depth below inlet Section Disposal Trench—No Diameter Depth below inlet Section Disposal Trench—No Diameter Depth below inlet Section Disposal Trench—No Disposal Bed—No Diameter Depth below inlet Section Disposal Bed—No	Total leaching area sq. ft.
Disposal Bed—No Diameter 20×30 Depth below inlet	Total leaching area 700 sq. ft.
Dry Well—No Diameter Depth below inlet T	Dimensions: 6 x x x
Other: Distribution box () No Dosing tank ()	
(Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by Market	7227-72
Percolation Test Results Performed by	Date
Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch	Depth of Test Pit
Test Pit No. 2 minutes per inch	Depth of Test Pit
Test Pit No. 2 minutes per inch Description of Soil	round Water Nor Posses
Will disposal area be filled? Cut down?	A) 0
(On reverse side or separate sheet, show plot plan with building. Inclu- Show location of wells, streams, ledge, large trees, etc.)	ide dimensions, distances from an boundaries.
AGREEMENT: The undersigned agrees to construct the aforedescribed	l individual sewage disposal system in accord-
ance with the provisions of Article XI of the Sanitary Code and regular dersigned further agrees not to place the system in operation until a	C .: C . C C . I . 1 . 1 . 1 . 1 . 1 . 1 . 1
board of health.	D 2 3 =
COVIA X Can	Owner or builder Certificate of Compliance has been issued by this Owner or builder date
	Owner or builder
Application Approved by	8-1-12
Application Discoursed to the tellusion	date
Application Disapproved for the following reasons:	
BOARD OF HEALTH, AMHERST, MA	SSACHUSETTS
CERTIFICATE OF COMP	
THIS IS TO CERTIFY, That the individual Sewage Dispose at Jan Bay RD has been cons	or repaired () by
installer	tructed in accordance with the provisions of
	for Disposal Works Construction Parmit No.
Article XI of the State Sanitary Code as described in the application	for Disposar works Construction Termit 140.
The issuance of this certificate shall not be construed as a guar	
DATE SON ATTRACTOR	Sugar Inspector
See HTHIRNOL	011000
BOARD OF HEALTH, AMHERST, MA	SSACHUSETTS
DISPOSAL WORKS CONSTRUC	
No. 10 Ames P 10	
Permission is hereby granted 1200	to construct (For repair () an
Individual Sewage Disposal System at 1996 A 4 Roll	77-17
This permit is issued with the understanding that future alterati permit shall not be construed as permission to create or maintain any	sewage nuisance and in the issuance of this
permit the Board of Health assumes no responsibility for the future of	peration or maintenance of the system.
09 1 71	160 6 11
	(ON KA //V
x - /- /2	Board of Health



No	
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THE COMMONWEALTH OF MASSACHUSETTS

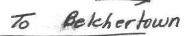
BOARD OF HEALTH

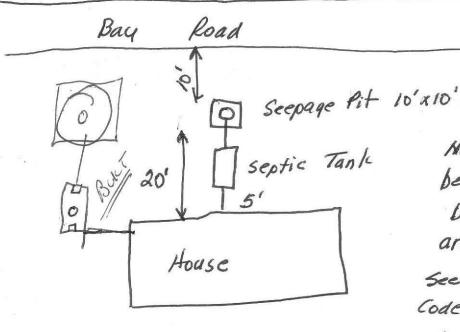
Town of Amherst

Application for Disposal Works Construction Permit

System at: Bay	Rd.		E /	15/100 Mi	W. A town	line
James	R.	Tower	the tit	46 Charle	S St. Aga	wam Mac
·		Owner		L.J.	Address	
Type of Build	ding !	Installer		· · ·	Address Size Lot	3/4 Ac. Sq. f
Dwelling	r — No.	of Bedrooms	4	Expansion Attic	() Gar	bage Grinder ()
				o, of persons		
				rson per day. Total daily		
				Total Length		
Seepage Pit	No	Diamet	er 10×10 D	epth below inlet	Total leaching d	rea 260 sq
Other Distrib	oution b	ox ()	Dosing tank	f. Huber h of Test Pit. 48"	~ ~	27.72
Percolation T	l'est Res	sults Perfor	med by////	LA J. TI MOEN	Dopth to ground	- 21-12
+ Test Pit	No. 2.	minute	s per inch Dept	h of Test Pith	Depth to ground .	water /ki./w
Description o	f Soil	100 5011	has been	removed.	0-487 clea	n Sand
			1	A		
			Answer when a	Aicose AV		
****************		()	$- \Omega - \Omega^{1}$	Y P		
Agreement:		,	() X ()		D:	
the provision	iersigne s of Art	d agrees to the	tall the atoredes	scribed Tranvidual Sewag de — The undersigned fo	ge Disposal System	in accordance wi
operation unt	il a Cer	tificate of Com	liance has been i	issued by the board of her	alth.	place the system
Application	A pprove	ad Du				Date
						Date
Application 1	Jisappro	oved for the foll	owing reasons:			
		***************************************				Date
Peri	nit No			Issue	ed	
					Date	14
		TH	IF COMMONWE	ALTH OF MASSACHUSE	TTE	
					-113	
,				OF HEALTH		

			Certificate	of Compliance	ę	
THIS I.	S TO C	ERTIFY, Tha	t the Individual	Sewage Disposal System	constructed ()	or Repaired (
by			***************************************	Installer		
at	*********					
nas been insta	alled in	accordance with	the provisions	of Article XI of The Sta	ate Sanitary Code a	s described in the
				NoIALL NOT BE CONSTR		
SYSTEM WI	LL FUI	ACTION SATI	SFACTORY.	MLL NOT BE CONSTR	DED AS A GUARA	MIEE IMAI IF
				Inspector		
Police:		V		The Section of		
		TU	E COMMONWEA	LTH OF MASSACHUSE	TTC	
		in			113	
				OF HEALTH		
No		***************************************	OF			FEE
		Aigun	anl Allamba	Construction !	Harmit	
Pormingi	m is he				EA .	
				wage Disposal System		
is shown on t	he appli	cation for Dispo	sal Works Const	ruction Permit No	Dated	3000
		1		Committee of Children Milder Milder	John States and States	
ATE					Board of Health	





Note: Town water to be used Dimensions shown are minimum. See State Santary

Code Art. XI for other specifications

Ground

2" pea stone

4'6" 3/4-1/2 stone

section of seepage pit.

SKETCH no scake

1000 (

8 × 8



Commonwealth of Massachusetts Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weid Governor Trudy Coxe Secretary, EOEA David B. Struhs Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

	CERTIFICATION
Property Address: 1299 Bay Road Date of Inspection: Oct 19, 1995 Name of Inspector: Field Filips	Address of Owner: 1299 Bay Road
Date of Inspection: Oct 17, 1775	(If different)
, , , , , , , , , , , , , , , , , , , ,	
Company Name, Address and Telephone Number:	
Filios Enterprises Inc. 69 Pelham Rad, Amhaist,	Ht 01002
	manner of the confidence and that the following manner of the last to the confidence of
	ystem at this address and that the information reported below is true, accurate
	s performed based on my training and experience in the proper function and
maintenance of on-site sewage disposal systems. The system:	· D- all ham world
Passes Conditionally Passes Needs Further Evaluation By the Local	Approving Authority
Fails	Ja 1, 196
Inspector's Signature: Frederick a Felio	Date: 10/19/95
INSPECTION SUMMARY:	
Check A, B, C, or D	
A] SYSTEM PASSES:	
I have not found any information which indicates that Any failure criteria not evaluated are indicated below	t the system violates any of the failure criteria as defined in 310 CMR 15.303.
B] SYSTEM CONDITIONALLY PASSES:	
One or more system components need to be replaced passes inspection.	d or repaired. The system, upon completion of the replacement or repair,
The septic tank is metal, cracked, structurall	asis of determination in all instances. If "not determined", explain why not) y unsound, shows substantial infiltration or exfiltration, or tank failure is if the existing septic tank is replaced with a conforming septic tank as
(revised 8/15/95)	1

One Winter Street

Boston, Massachusetts 02108

FAX (617) 556-1049 • Telephone (617) 292-5500

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

Propert Owner: Date of	erty Address: 1299 Bay Koad er: Joe Mawson of Inspection: 10/18/95	
B] SYST	STEM CONDITIONALLY PASSES (continued)	
	Sewage backup or breakout or high static water level observed in the distribution box is due pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection 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) inspection if (with approval of the Board of Health): broken pipe(s) are replaced obstruction is removed	on if (with approval of the
		*
C] FUR	URTHER 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 spublic health, safety and the environment.	system is failing to protect the
1)	SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNC WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:	TIONING IN A MANNER
	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 APPROTHE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFET ENVIRONMENT:	
	The system has a septic tank and soil absorption system and is within 100 fect to a surface water supply. The system has a septic tank and soil absorption system and is within a Zone I of a public word of the system has a septic tank and soil absorption system and is within 50 feet of a private was the system has a septic tank and soil absorption system and is less than 100 feet but 50 feet supply well, unless a well water analysis for coliform bacteria and volatile organic compound free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitroppm.	ater supply well. ter supply well. or more from a private water ds indicates that the well is
D] SYS	SYSTEM FAILS:	
	I have determined that the system violates one or more of the following failure criteria as defined in 3 for this determination is identified below. The Board of Health should be contacted to determine what 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 over	erloaded or clossed SAS or

cesspool.

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

		CERTIFICATION (CONTINUES)
Owner:	Address: Joe Inspection	
DJ SYSTI	EM FAILS	(continued):
	<u>A</u>	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
4	%	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
	Νa	Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped
	NO	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
	llo.	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
	20	Any portion of a cesspool or privy is within a Zone I of a public well. recharge area
	<u>>0</u>	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
	МŌ	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] LARGI	E SYSTEM	A FAILS:
	The follo	owing criteria apply to large systems in addition to the criteria above:
		gn flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety 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.

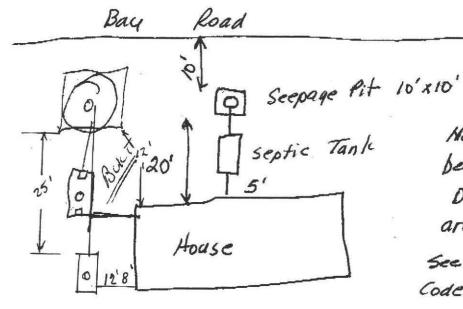
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CHECKLIST

Property Address: 1299 Bey Rd. Owner: Joe Mawson Date of Inspection: 10/19/95
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 rat 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 of 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.

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	v. *						
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To Rekhertown



Note: Town water to be used

Dimensions shown are minimum.

See State Sanstary

Code Art. XI for other specifications

18" 2" peq stone
4'6" 3/4-1/2 stone

SKETCH no scale

section of seepage pit.

10°0 0

8 × 8

8 . ÷ ...

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

Property Address: 1299 Ban Road Owner: JOE Man 301 Date of Inspection: 10/18/95
SEPTIC TANK: /500 ga /. (locate on site plan)
Depth below grade:
Dimensions:
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.) Pumped 1993
GREASE TRAP: (locate on site plan)
Depth below grade: Material of construction:concretemetalFRPother(explain)
Dimensions: Scum thickness. Distance from top of scum to top of outlet tee or baffle: Distance from bottom of scum to pottom of outlet tee or pattle
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: 1299 Bug Road Owner: JUE Mauson Date of Inspection: 10/18/95 FLOW CONDITIONS
RESIDENTIAL:
Design flow: gallons
Number of hedrooms: 3
Number of current residents: ¥5
Garbage grinder (yes or no): _NO
Laundry connected to system (yes or no): Yes
Seasonal use (yes or no): 10 Water meter readings, if available: 11/29/94/ to 3/23/95 4200 eu feet
vvater meter readings, if available:
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:
Last date of occupancy.
GENERAL INFORMATION
PUMPING RECORDS and source of information:
System pumped as part of inspection: (yes or no) <u>Yes</u>
If yes, volume pumpedgallons
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:
1970
Sewage odors detected when arriving at the site: (yes or no)
(revised 8/15/95) 5

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Owner: JOE Manson Date of Inspection: 10/18/95
Owner: JOE Manson
Date of Inspection:
SOIL ABSORPTION SYSTEM (SAS):
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)
todate on the plan, a positive, excavation not required, but may be approximated by non-integrite methods,
If not determined to be present, explain:
Type:
leaching pits, number:
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.)
Filled near to top
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.)
X .
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: Owner: Date of Inspection:
TIGHT OR HOLDING TANK: (locate on site plan)
Depth below grade: 10 Material of construction:concretemetalFRPother(explain)
Dimensions: 4 K 5 X 4 deep Capacity: 1000 gallens Design flow: gallons/day Alarm level:
Comments: (condition of inlet tee, condition of alarm and float switches, etc.)
DISTRIBUTION BOX: (locate on site plan)
Depth of liquid level above outlet invert:
Comments: (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
PUMP CHAMBER: (locate on site plan)
Pumps in working order:(yes or no)
Comments: (note condition of pump chamber, condition of pumps and appurtenances, etc.)

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

Property Address: 1299 Owner: JoE Ma. Date of Inspection:				.*
sketch of sewage Dispose include ties to at least locate all wells within	t two permanent referen	ices landmarks or benchmarks		
	See 01	igimal plans	attached	
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Ж				
DEPTH TO GROUNDWATER		7-1		
Depth to groundwater:	_feet deep proximation:	sand terrac		

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

Owner:	y Address Inspectio	oe Mawson
B] SYST	EM CONI	DITIONALLY 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):
	_	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] FUR	THER EVA	ALUATION IS REQUIRED BY THE BOARD OF HEALTH:
		ns exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the ealth, safety and the environment.
1)		WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER 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)		WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT TEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE NMENT:
		The system has a septic tank and soil absorption system and is within 100 fect to a surface water supply or tributary to a surface water supply.
	Ξ	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] SYS	TEM FAILS	is .
		etermined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis etermination is identified below. The Board of Health should be contacted to determine what will be necessary to correct e.
	_	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.



Commonwealth of Massachusetts Executive Office of Environmental Affairs

Department of Environmental Protection

na stilkh

e Telephone (617) 292-5500

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

(revised 8/15/95)

One Winter Street

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

2 0 1	2 2
Property Address: 1299 Bay Road Date of Inspection: Oct 19,1995 Name of Inspector: Fred Fillips	Address of Owner: 1299 Bay Road
Date of Inspection: Oct 19, 1995	(If different)
Name of Inspector: Fred Filios	
Company Name, Address and Telephone Number:	
Company Name, Address and Telephone Number: Filios Enterprises Inc. 69 Pelhem Rad, Amheist, HA 01002	
CERTIFICATION STATEMENT (413) 254-8008	
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 by	
maintenance of on-site sewage disposal systems. The system:	, and a second s
response a la filia e compara in distributiva sono. Sono mais 💟 controlla di filiale del confirmazione del con	
Passes	· ·
Conditionally Passes	
Needs Further Evaluation By the Local Approving A	Authority
— Fails	
Inspector's Signature: Frederick a Velico	Date: 10/19/95-
Inspector's signature: frederick a Tele of	Date: 10/19/95
¥ 100 000 000 000 000 000 000 000 000 00	
The System Inspector shall submit a copy of this inspection report to the Ap	proving Authority within thirty (30) days of completing this
inspection. If the system is a shared system or has a design flow of 10,000	
the report to the appropriate regional office of the Department of Environme	ental Protection.
The original should be sent to the system owner and copies sent to the buy	er, if applicable and the approving authority.
INICRECTION CUMMARY	
INSPECTION SUMMARY:	
Check A, B, C, or D	
Check 11, 5, C, or 5	
A] SYSTEM PASSES:	
I have not found any information which indicates that the system v	violates any of the failure criteria as defined in 310 CMR 15.303.
Any failure criteria not evaluated are indicated below.	
DI CUCTOLI COMPITIONIALIV BACCEC	
B] SYSTEM CONDITIONALLY PASSES:	7
One or more system components need to be replaced or repaired.	The system upon completion of the replacement or magic
passes inspection.	the system, upon completion of the replacement of repair,
pasts inspection.	
ndicate yes, no, or not determined (Y, N, or ND). Describe basis of determ	ination in all instances. If "not determined", explain why not)
	nows 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.	

1

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Boston, Massachusetts 02108

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

Property Add Dwner: J Date of Inspe	oe Mawson
OJ SYSTEM F	AILS (continued):
AD	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
N/A	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
Na	Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped
20	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
NO	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
20	Any portion of a cesspool or privy is within a Zone I of a public well. recharge area
<u> 10</u>	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
<u> 40</u>	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with a acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis fo coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.
] LARGE SYS	TEM FAILS:
The	following criteria apply to large systems in addition to the criteria above:
The and	design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safet 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)
he owner or	operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CHECKLIST

Property Address: 1299 Bey Rd. Owner: Joe Mawson Date of Inspection: 10/18/95
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 rate 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 o 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.
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION (continued)

Property Address: 1299 Bay Road Owner: JOE Mawson Date of Inspection: 10/18/95		
SEPTIC TANK: /5 00 90 /. (locate on site plan)		
Depth below grade: 18 ConcretemetalFRPother(explain)		
Dimensions:	÷	
Comments: (recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relintegrity, evidence of leakage, etc.) Pumped 1993	lation to outlet inver	t, structural
GREASE TRAP: (locate on site plan)		
Depth below grade: Material of construction:concretemetalFRPother(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 patite		
Comments: (recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relative integrity, evidence of leakage, etc.)	ation to outlet invert	t, structural

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION

Property Address: 1299 Bag Road Owner: JUE MAWSON		
Date of Inspection: 6 18 95 FLOW CONDITIONS		
RESIDENTIAL:		
Design flow:gallons		
Number of bedrooms: 3 Number of current residents: 45		
Garbage grinder (yes or no): NO		
Laundry connected to system (yes or no): 4es	J*:	
Seasonal use (yes or no): No Water meter readings, if available: 11/29/94/ to 3/23/95 4200	i ou Post	
Water meter readings, if available: 17/29/94/76 5/25/75 4200	cu feet	
ast date of occupancy: present		
COMMERCIAL/INDUSTRIAL:		
Type of establishment:		
Design flow:gallons/day		
Grease trap present: (yes or no) ndustrial Waste Holding Tank present: (yes or no)		
Non-sanitary waste discharged to the Title 5 system: (yes or no)		
Water meter readings, if available:		
ast date of occupancy:		
ast date of occupancy.		
OTHER: (Describe)		
ast date of occupancy:		
GENERAL INFORMATION		
PUMPING RECORDS and source of information:		
System pumped as part of inspection: (yes or no) <u>Ves</u>		-
If yes, volume pumpedgallons		
Reason for pumping:		
THE OF CUCTOU		
YPE 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)		
PPROXIMATE AGE of all components, date installed (if known) and source of information:		
1970		¥
ewage odors detected when arriving at the site: (yes or no)		

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(revised 8/15/95)

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

Property Address: 1299 Bag Road Owner: JOE Mawson Date of Inspection: 10/18/95 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: 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.)
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.)
Comments: (note condition of soil, signs of nydraulic failure, level of ponding, condition of vegetation, etc.)

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

Property Address:		
Owner:		
Date of Inspection:		
	1	
TIGHT OR HOLDING TANK:		
(locate on site plan)		
Hotale on site plany		
Depth below grade: 18		
Material of construction:concretemetalFRPother(explain)		
atter !		
Dimensions: 45 x y deep		
Capacity: 1000 gallens		
Design flow: gallons/day		
Alarm level:		
S		
Comments: (condition of inlet tee, condition of alarm and float switches, etc.)		
(condition of infet tee, condition of alarm and float switches, etc.)		
		•
DISTRIBUTION BOX:		
(locate on site plan)	-	
Depth of liquid level above outlet invert:		
Comments:		
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box	x, etc.)	
		-
PUMP CHAMBER:		
(locate on site plan)		
Pumps in working order:(yes or no)		
Comments:		
note condition of pump chamber, condition of pumps and appurtenances, etc.)		

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

dress: 1299 Bay Road

Date of Inspection:

10/18/95

SKETCH OF SEWAGE DISPOSAL SYSTEM:

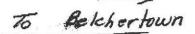
include ties to at least two permanent references landmarks or benchmarks locate all wells within 100'

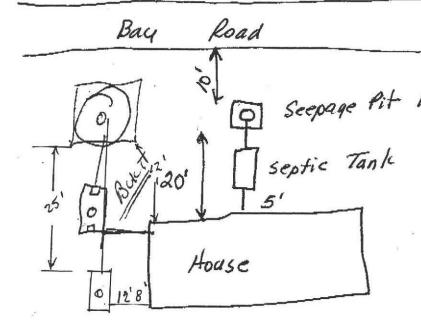
See original plans attached

DEPTH TO GROUNDWAT	EK		1.1	
Depth to groundwater: method of determination or	feet r approximat	deep	sand terrace	

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Note: Town water
be used

Dimensions shown
are minimum.

See State Sandary

Code Art. XI for
other specifications

18" 2" peq stone
4'6" 3/4-1/2 stone

SKETCH no scale

section of seepage pit.

1000 0

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

	1299 Bay Road 12 Mawson 10 118 195
B) SYSTEM COND	OTTIONALLY PASSES (continued)
-	Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed The system will pass inspection if (with approval of the pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the pipe(s) or due to a broken, settled or uneven distribution box. The system will pass 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
- SUBTUED EV	ALUATION IS REQUIRED BY THE BOARD OF HEALTH:
C) FUKIHEK E	ALUATION IS REQUIRED BY THE BOARD OF FISCHIST ions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the
Condit	health, safety and the environment.
	health, safety and the environment. M WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER H WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:
2) SYSTE	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. MILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT EXECUTED IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE
ENVI	The system has a septic tank and soil absorption system and is within 100 fect to a surface water supply or tributary to a
=	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 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. 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. 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. 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. 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. 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. 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. 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. 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. 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. 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.
for	ve determined that the system violates one or more of the following failure criteria. The Board of Health should be contacted to determine what will be necessary to correct this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct this determination is identified below.
the	failure.
\ _	Backup of sewage into facility or system component due to an overloaded or clogged SAS or Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
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William F. Weld Governor Trudy Coxe Secretary, EOEA David B. Struhs Commissioner

12 99 Ray Road

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

Property Address: 1299 Bay Road	Address of Owner: 1299 Bay Road
Date of Inspection: Oct 19, 1995	(If different)
Name of Inspector: Fred Filios	,
Company Name, Address and Telephone Number:	
Filios Enterprises Inc. 69 Peinem Rand, Amherst, Ht 0100	*
69 Pelhem Rand, Amherst, Mt 0100	2
CERTIFICATION STATEMENT (413)254-8008	
I certify that I have personally inspected the sewage disposal system at thi	s address and that the information reported below is true, accurate
and complete as of the time of inspection. The inspection was performed	
maintenance of on-site sewage disposal systems. The system:	and any manifest and experience in the proper remember and
The state of the s	
Passes	.*
Conditionally Passes	
Needs Further Evaluation By the Local Approving	Authority
Fails	Additiontly
Inspector's Signature: Frederick a Vilion	Date: 10/19/95
inspector's signature: Trederick a Tela on	Date: 10/19/95
The System Inspector shall submit a copy of this inspection report to the Anspection. If the system is a shared system or has a design flow of 10,00 the report to the appropriate regional office of the Department of Environment of	0 gpd or greater, the inspector and the system owner shall submit mental Protection.
INICRECTION CHAMADV	
INSPECTION SUMMARY:	
Shad A B S and	
Check A, B, C, or D	
A CHATTIL BLOOM	
A] SYSTEM PASSES:	
I have not found any information which indicates that the system Any failure criteria not evaluated are indicated below.	violates any of the failure criteria as defined in 310 CMR 15.303.
3) SYSTEM CONDITIONALLY PASSES:	
of Statem Conditionally Passes.	
O	The mosters come completion of the male comment or an in-
One or more system components need to be replaced or repaired passes inspection.	i. The system, upon completion of the replacement or repair,
	mination in all instances. If "not determined", explain why not) shows substantial infiltration or exfiltration, or tank failure is a septic tank is replaced with a conforming septic tank as
revised 8/15/95) 1	
One Winter Street e Boston, Massachusetts 02108 e	FAX (617) 556-1049 e Telephone (617) 292-5500

Printed on Recycled Paper

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

Owner:	y Address Joe Inspection	Mawson
D] SYS	TEM FAILS	5 (continued):
	<u> </u>	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
	N/A	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
	Na	Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped
	N.O	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
	10	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
	20	Any portion of a cesspool or privy is within a Zone I of a public well. recharge area
	04	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
	NO	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with n acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis fo coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.
E] LARC	E SYSTEM	A FAILS:
	The follo	owing criteria apply to large systems in addition to the criteria above:
		gn flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safet 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 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.

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)

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART B CHECKLIST

Property Address: 1299 Bey Rd. Owner: Joe Mawson Date of Inspection: 10/18/95
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 rat 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.

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

Property Address: 1299 Bay Road Owner: JoE Maw 301 Date of Inspection: 10/18/95	
SEPTIC TANK: 1500 90 1. (locate on site plan)	
Depth below grade: 18 ConcretemetalFRPother(explain)	
Dimensions:	
Comments: (recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet in integrity, evidence of leakage, etc.) Pumped 1993	nvert, structural
GREASE TRAP: (locate on site plan)	
Depth below grade: Material of construction:concretemetalFRPother(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 patite	
Comments: (recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet in integrity, evidence of leakage, etc.)	vert, structural

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION

Property Address: 1299 Bag Kord Owner: JUE Mawson
Date of Inspection: 10/18/95
and the second of the second o
PESIDENTIAL: Design flow:gallons Number of bedrooms:
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)
GENERAL INFORMATION
PUMPING RECORDS and source of information:
System pumped as part of inspection: (yes or no) <u>Ves</u> If yes, volume pumped <u>gallons</u> 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:
Sewage odors detected when arriving at the site: (yes or no)

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(revised 8/15/95)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Owner: JOE Mauson Date of Inspection: 10/18/95	
Date of Inspection: 10/19/95	
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: 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.)	
Filled near to tap	-
CESSPOOLS: (locate on site plan)	
Number and configuration:	
Number and configuration: Depth-top of liquid to inlet invert:	
Depth of solids layer:	
Depth of scum layer:	
Dimensions of cesspool:	
Materials of construction:	
inflow (cesspool must be pumped as part of inspection)	
intiow (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:
Owner: Date of Inspection:
Pate of Impection
TIGHT OR HOLDING TANK:
(locate on site plan)
Depth below grade: 10
Material of construction:concretemetalFRPother(explain)
Dimensions: 4 x 5 x 4 deep
Capacity: 1000 gallens
Design flow: gallons/day .
Alarm level:
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)
DISTRIBUTION BOX:
(locate on site plan)
Depth of liquid level above outlet invert:
Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
PUMP CHAMBER:
(locate on site plan)
Pumps in working order:(yes or no)
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.)
their condition of pump charmon, condition of pumps and appointmentally area.

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

Property Address: 1299 Bay Road
Owner: JoE Manson
Date of Inspection:

SKETCH OF SEWAGE DISPOSAL SYSTEM:

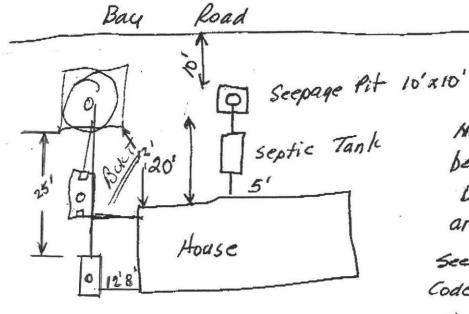
include ties to at least two permanent references landmarks or benchmarks locate all wells within 100'

See original plans attached

Depth to groundwater:feet method of determination or approximation	deep	sand terrace	

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Note: Town water to be used

Dimensions shown are minimum.

See State Sandary

Code Art. XI for other specifications

18" 2" peq stone
4'6" 3/4-1/2 stone

section of seepage pit.

SKETCH no scale

1000 0

8 × 8

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	x			