1351 Bay Rd

1351 BAY RD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 78-2 Date 12/12/77 Fee No Fee Date Rec'd. _____ By C.D.

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

Location—Address 1351 Bay Road or Lot No. _____

Owner John Robinson Address 1351 Bay Road

Contractor _____ Address _____

Type of Building Wood Ffrme Dimensions 28' X 40' Size Lot 4 Acres

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )

Other _____ No. of persons _____ Showers (X)

Other fixtures _____

Town Water? Yes - 475 GPD Avg. Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow 600 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 6'-0" W 5'-6" D 4'-0" Existing

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 2 Diameter 20'X30' Depth below inlet _____ Total leaching area 600 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box (X) No. 2 Dosing tank ( )

Depth of Soil Line Below finished grade at foundation 2 Feet)

Percolation Test Results Performed by Michael G. Suprenant, P.E. Date 12/03/77

Test Pit No. 1 7 minutes per inch Depth of Test Pit 3'-0"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

No. 2 Description of Soil See Plan Depth to Ground Water None

Will *disposal area* be filled? Partly Cut down? No.

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

Michael G. Suprenant. COMMONWEALTH OF MASSACHUSETTS REGISTERED PROFESSIONAL ENGINEER

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Mrs John A Robinson 5/5/78
Owner or builder date

Application Approved by C. Edward Jr. RS 5-8-78
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired (X) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 78-2

Permission is hereby granted John Robinson to construct ( ) or repair (X) an Individual Sewage Disposal System at 1351 Bay Road as shown on the application for Disposal Works Construction Permit No. 78-2

This permit is issued with the understanding that future alterations or additions will be made if necessary. This 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 operation or maintenance of the system.

DATE 5-8-78

C. Edward Jr.
Board of Health

Rec 6-17-96

Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Paul Shuldiner

Property Address: # 1351 BAY ROAD, AMHERST
Date of Inspection: 6/13/96
Name of Inspector: ALAN E. WEISS, R. S. #933
Company Name, Address and Telephone Number: COLD SPRING ENVIRONMENTAL, INC.
350 OLD ENFIELD RD. BELCHERTOWN, MA. 01007
PH: (413) 323-5957 FAX: (413) 323-4916

Address of Owner: 185 ZERAH FISKE RD.
(If different) SHELBOURNE, MA. 01370
(O) 545-7688

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

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Inspector's Signature: Alan E. Weiss Date: 6/13/96

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: → SYSTEM IS MORE THAN 20 YRS. OLD. TECHNICALLY PASSES, WATER CONSERVATION IS RECOMMENDED DUE TO AGE + GENERAL PRACTICAL ADVICE.
→ GARBAGE DISPOSALS ARE NOT RECOMMENDED.

Check A, B, C, or D:

A] SYSTEM PASSES:

Yes 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.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

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

Property Address: 1351 BAY RD.
Owner: SHULDNER
Date of Inspection: 6/13/96

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: 1351 BAY RD. AMHERST
Owner: SHULDINER
Date of Inspection: 6/3/96

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: 851 BAY RD. AMHERST
Owner: SHULDINER
Date of Inspection: 6/18/96

Check if the following have been done:

Y Pumping information was requested of the owner, occupant, and Board of Health.

Y 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.

Y As built plans have been obtained and examined. Note if they are not available with N/A.

Y The facility or dwelling was inspected for signs of sewage back-up.

Y The system does not receive non-sanitary or industrial waste flow

Y The site was inspected for signs of breakout.

Y All system components, excluding the Soil Absorption System, have been located on the site.

Y 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.

Y 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.

Y 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

Property Address:
Owner:
Date of Inspection:

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 600 gallons
Number of bedrooms: 4
Number of current residents: 2
Garbage grinder (yes or no): Y (NOT RECOMMENDED)
Laundry connected to system (yes or no): Y
Seasonal use (yes or no): N
Water meter readings, if available: _____

Last date of occupancy: _____

COMMERCIAL/INDUSTRIAL: N/A
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:
TIME
System pumped as part of inspection: (yes or no) Y
If yes, volume pumped 1000 gallons
Reason for pumping 1987

TYPE OF SYSTEM
Y 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: 1978 (18 Years)
_____ NOTE: SYSTEM SHOULD BE PUMPED EVERY 2-3 YEARS.

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

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

Property Address: 1351 BAY RD., AMHERST
Owner: SHUL DINER
Date of Inspection: 6/13/96

SEPTIC TANK: Y
(locate on site plan)

Depth below grade: 18"
Material of construction: ✓concrete __metal __FRP __other(explain)
BAFFLES OK.
Dimensions: 8.5' x 9.5' x 56"
Sludge depth: 4-6"
Distance from top of sludge to bottom of outlet tee or baffle: 32"
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 46"
Distance from bottom of scum to bottom of outlet tee or baffle: 16"

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.) GOOD CONDITION, BUILT IN BAFFLES

GREASE TRAP: N/A
(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 (continued)

Property Address: 1351 BAY RD., AMHERST
Owner: SHULDINER
Date of Inspection: 6/13/96

TIGHT OR HOLDING TANK: N/A
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions:_____
Capacity:_____gallons
Design flow:_____gallons/day
Alarm level:_____

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

DISTRIBUTION BOX: Y (3' + below grade)
(locate on site plan)

Depth of liquid level above outlet invert: Y/4" Pumped out minimal Sludge at D. box, No backupover invertt.
- No backflow, level at inlets

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) Good Distribution and level, Slight Sludge at invert, Pumped/Cleaned D. box.

PUMP CHAMBER: N/A
(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: 1351 BAY RD., AMHERST
Owner: 6/13/96
Date of Inspection: SHOLDINER

SOIL ABSORPTION SYSTEM (SAS): Y 36"
(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: ONE 20'x30' ALSO OLD BED (ORIGINAL) STILL CONNECTED.
overflow cesspool, number:____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation,etc.) NO OBSERVED CONDITION OF FAILURE,

CESSPOOLS: ___
(locate on site plan)

[illegible] 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.)

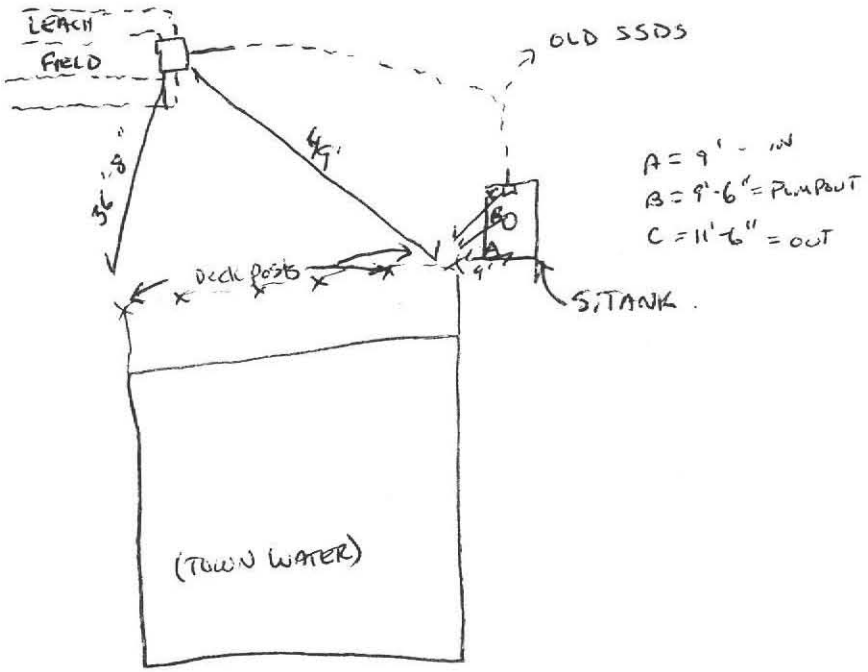
PRIVY: ___
(locate on site plan)

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: 1351 BAY RD. AMHERST
Owner: SHULDINER
Date of Inspection: 6/13/96

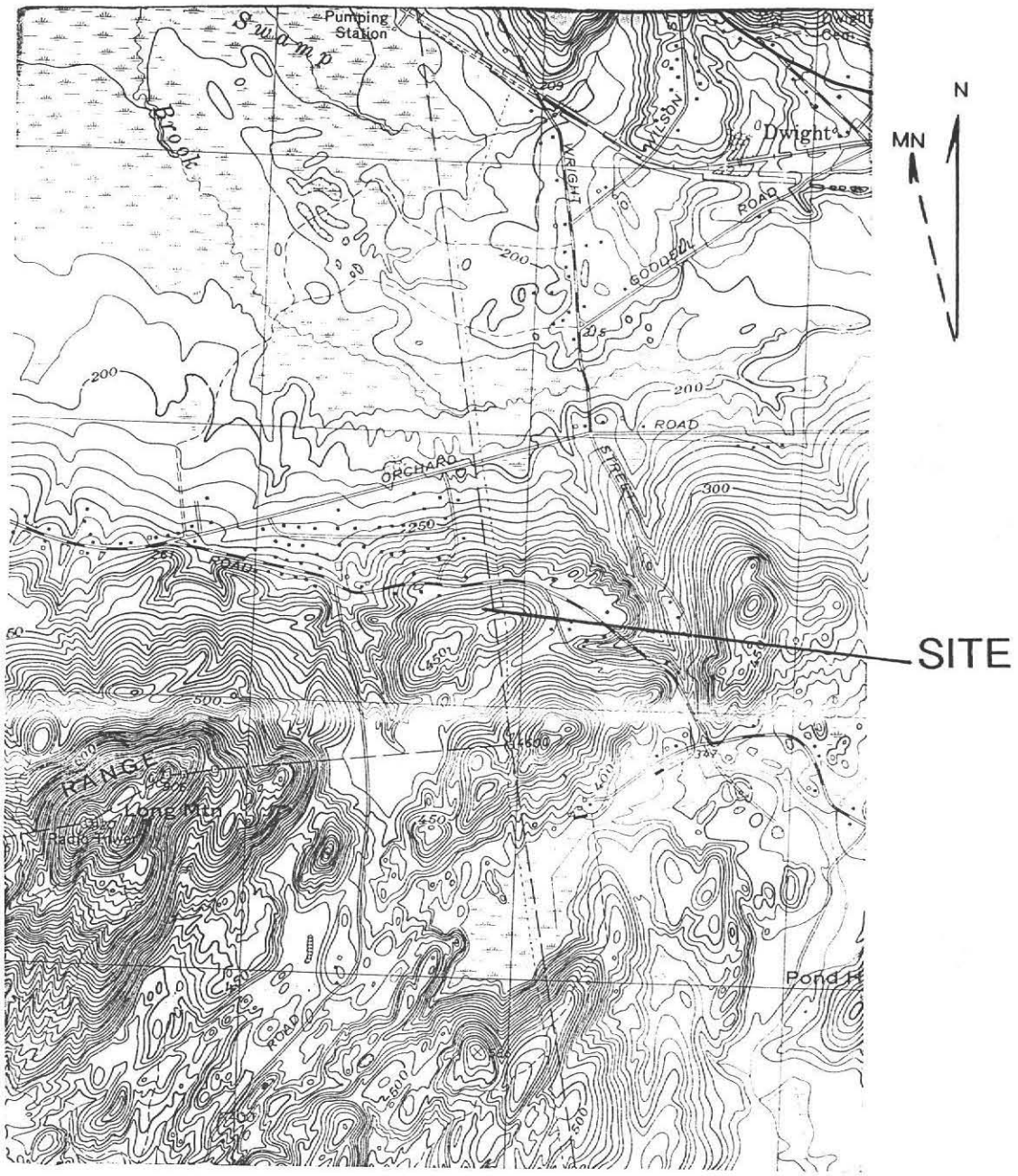
SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 6' feet
method of determination or approximation: DUG D. BOX W/ BACK HOE NO W.T. IN 4.5' hole

FIGURE 1: SITE LOCUS



SCALE: 1"=2,083 FT.

USGS 7.5 MIN. QUAD.

0 FEET 2000

COLD SPRING ENVIRONMENTAL INC.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 78-2 Date 12/12/77 Fee Ak Fee Date Rec'd. ________ By [signature]

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

Location—Address 1351 Bay Road or Lot No. ________

Owner John Robinson Address 1351 Bay Road

Contractor ________ Address ________

Type of Building Wood Ffrme Dimensions 28' X 40' Size Lot 4 Acres

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )

Other ________ No. of persons ________ Showers (X)

Other fixtures ________

Town Water? Yes - 475 GPD Avg. Type of Well ________

Design Flow 75 gallons per person per day. Total daily flow 600 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 6'-0" W 5'-6" D 4'-0" Existing

Disposal Trench—No. ________ Width ________ Total Length ________ Total leaching area ________ sq. ft.

Disposal Bed—No. 2 Diameter 20'X30' Depth below inlet ________ Total leaching area 600 sq. ft.

Dry Well—No. ________ Diameter ________ Depth below inlet ________ Dimensions: ____ x ____ x ____

Other: Distribution box (X) No. 2 Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation 2 Feet)

Percolation Test Results Performed by Michael G. Suprenant, P.E. Date 12/03/77

Test Pit No. 1 7 minutes per inch Depth of Test Pit 3'-0"

Test Pit No. 2 ________ minutes per inch Depth of Test Pit ________

Description of Soil See Plan Depth to Ground Water None

Will disposal area be filled? Partly Cut down? No.

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

COMMONWEALTH OF MASSACHUSETTS Michael G. Suprenant No. REGISTERED PROFESSIONAL ENGINEER

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Mr John A Robinson 5/5/78
Owner or builder date

Application Approved by [signature] R.S. 5-8-78
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired (X) by ________ at ________ has been constructed in accordance with the provisions of
INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. ________ dated ________

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

DATE ________ Inspector ________

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

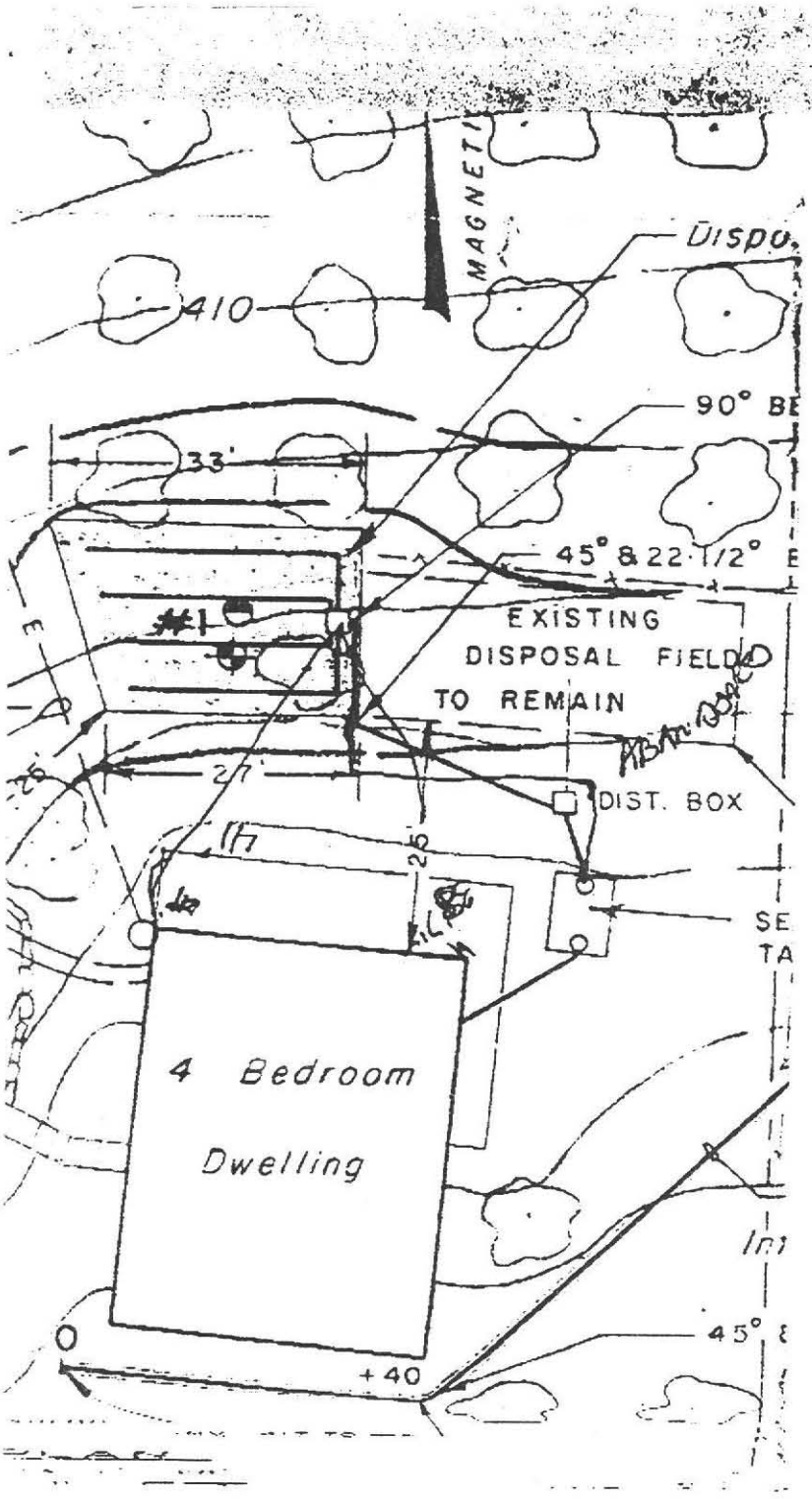
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 78-2

Permission is hereby granted John Robinson to construct ( ) or repair (X) an Individual Sewage Disposal System at 1351 Bay Road as shown on the application for Disposal Works Construction Permit No. 78-2

This permit is issued with the understanding that future alterations or additions will be made if necessary. This 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 operation or maintenance of the system.

5-8-78 [signature]
Board of Health


MAGNETI
Dispo
410
90° BE
33'
45° & 22 1/2°
EXISTING
DISPOSAL FIELD
TO REMAIN
DIST. BOX
25'
4 Bedroom
Dwelling
45°
+40