

Belchertown Road - Complete E.d



#893  
(2006)  
✓

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

COPY


Property Address: 893 Belchertown, Road Amhest MA 01002  
Owner's Name: Jonathan Leighton,  
Address: 1315 Federal Street, Belchertown, MA 01007  
Date of Inspection: May 17, 2006

Name of Inspector: Alan E. Weiss, R.S # 933, Hydrogeologist, M.S.  
Company Name: Cold Spring Environmental Inc.  
Mailing Address: 350 Old Enfield Road  
Belchertown, Massachusetts 01007  
Telephone Number: (413) 323-5957 fax: 413-323-4916

**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:  Date: **May 17, 2006**

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:

Septic Tank had good level upon inspection. System otherwise appears to be fine. All levels were ok at D. box. Field is 16+/- yrs old, tank installed in 1988. Outlet & inlet baffles are in place with 1500 gal s. tank. Pumping of tank was completed. All staining was proper. All D. box levels OK and walls competent, with mulitple (3) lines out. Design records recalled 3 trenches 50 ft. long.

\*\*\*\*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 different conditions of use.

1900

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

Property Address: 893 Belchertown, Road, Amherst, MA

Owner: Leighton

Date of Inspection: May 17 2006

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

**A. System Passes:**

yes 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: No signs of failure

---

---

**B. System Conditionally Passes:**

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

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

\_\_\_ The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or **exfiltration** or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health. \*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

\_\_\_ observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

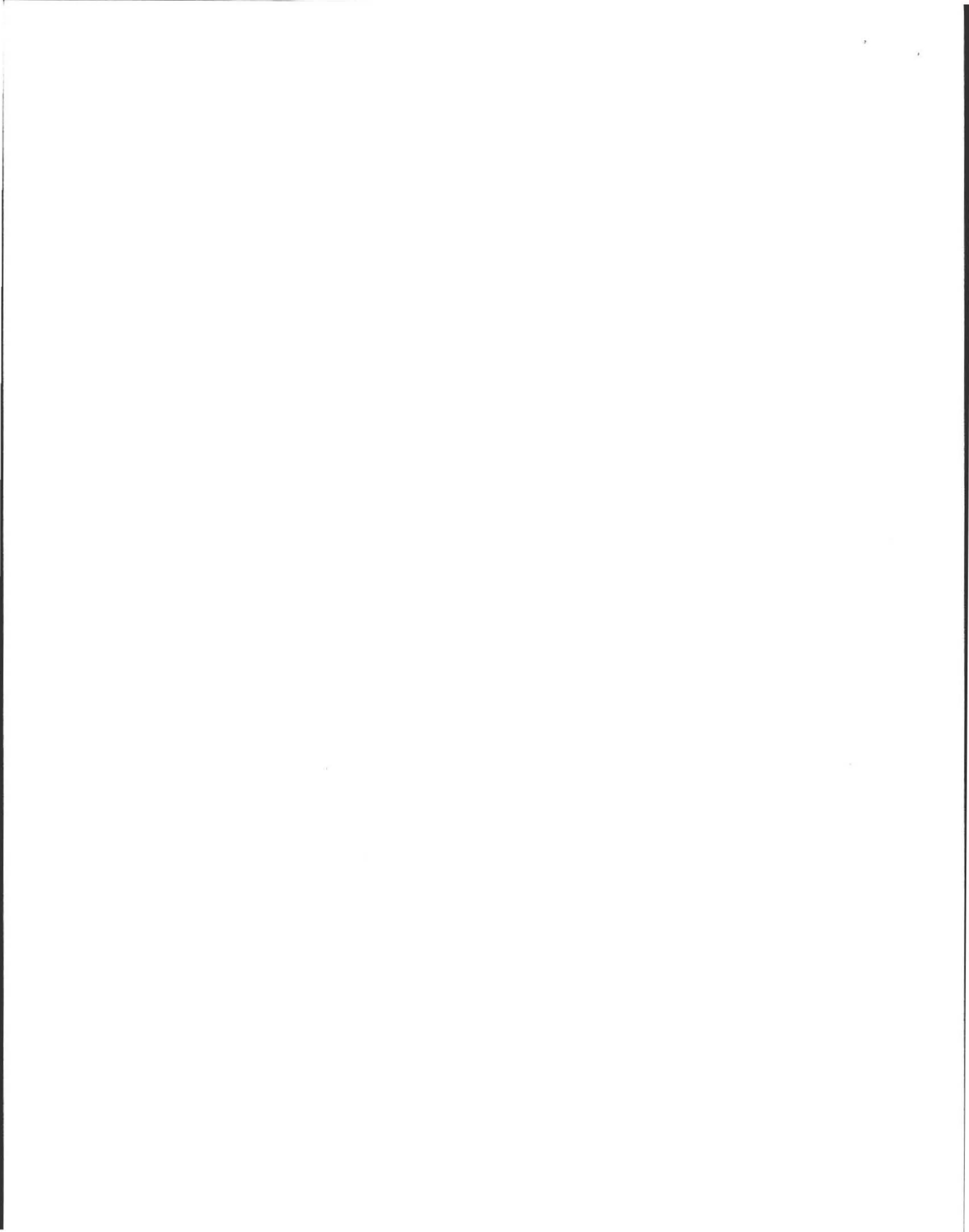
- \_\_\_ broken pipe(s) are replaced
- \_\_\_ obstruction is removed
- \_\_\_ distribution box is leveled or replaced

ND explain:

\_\_\_ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- \_\_\_ broken pipe(s) are replaced
- \_\_\_ obstruction is removed

ND explain:



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

Property Address: 893 Belchertown, Road, Amherst, MA

Owner: Leighton

Date of Inspection: May 17 2006

**C. Further Evaluation is Required by the Board of Health:**

NO 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.

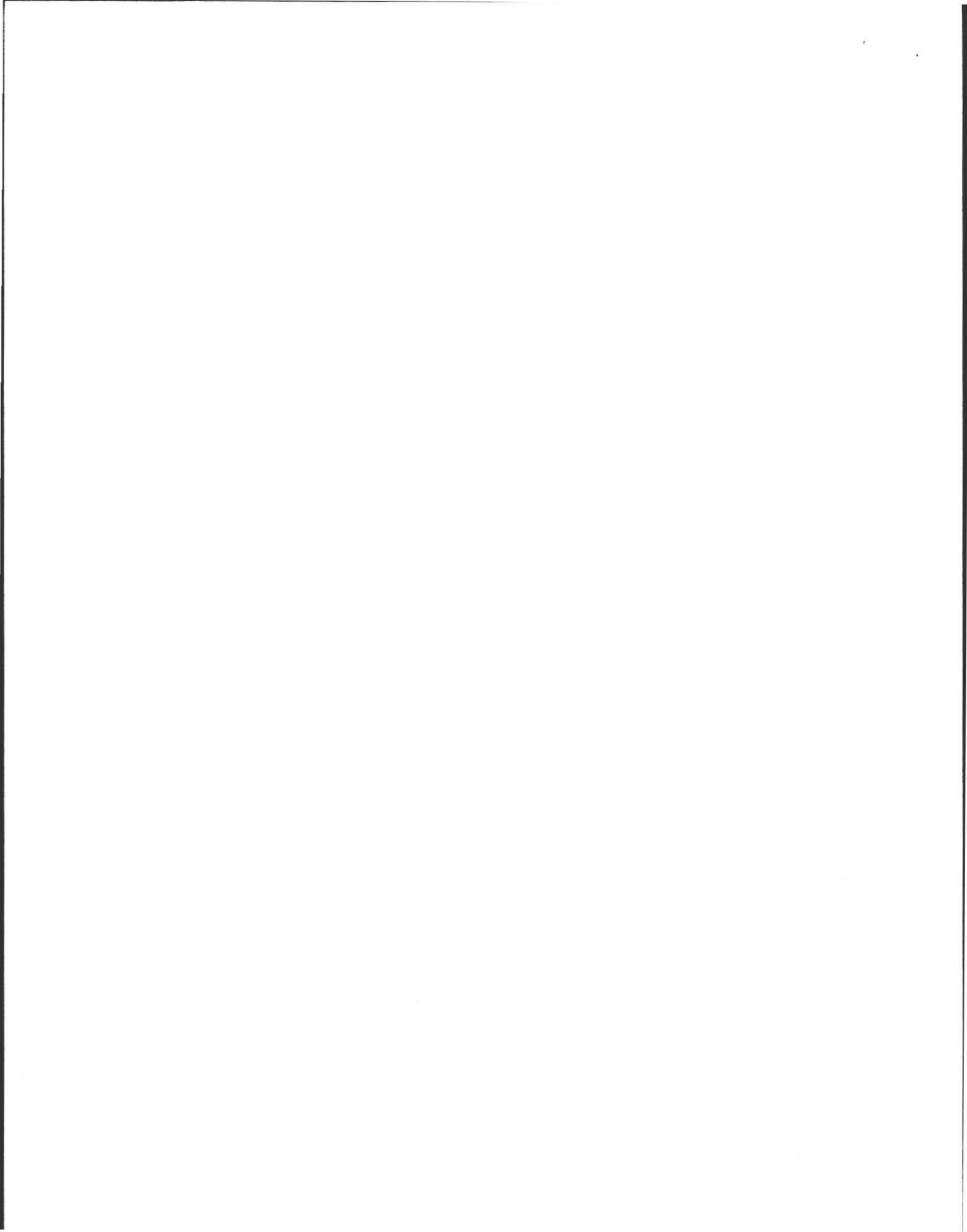
The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

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: 893 Belchertown, Road, Amherst, MA

Owner: Leighton

Date of Inspection: May 17 2006

**D. System Failure Criteria applicable to all systems:**

You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes    No

- Backup of sewage into facility or system component due to 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
- 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 SAS, cesspool or privy is below high ground water elevation.
- Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone 1 of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

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

**E. Large Systems:**

**To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.**

You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

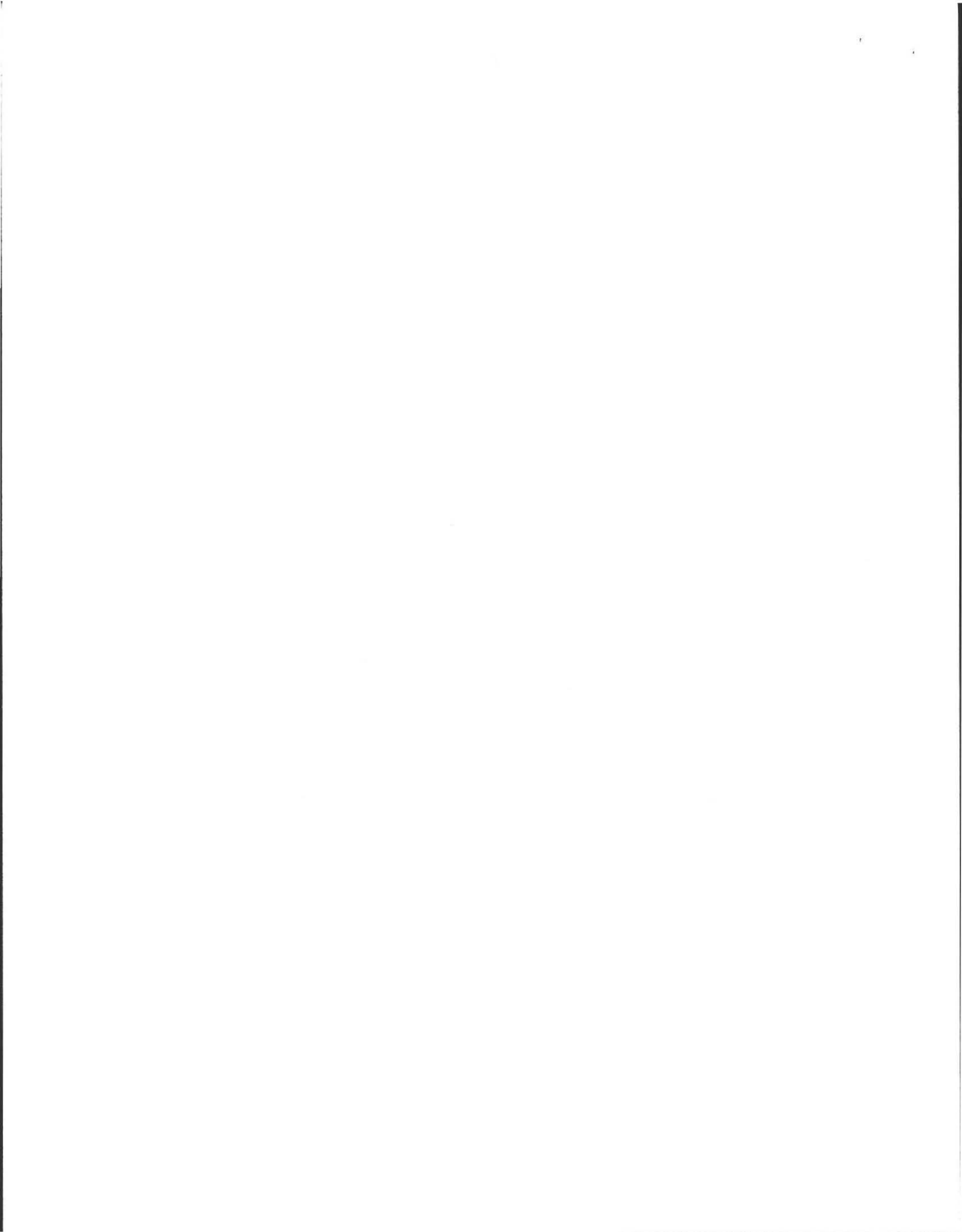
yes    no

the system is within 400 feet of a surface drinking water supply

the system is within 200 feet of a tributary to a surface drinking water supply

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



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

Property Address: 893 Belchertown, Road, Amherst, MA

Owner: Leighton

Date of Inspection: May 17 2006

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

Yes No

YES \_\_\_\_\_ Pumping information was provided by the owner, occupant, or Board of Health

NO \_\_\_\_\_ Were any of the system components pumped out in the previous two weeks ?

YES \_\_\_\_\_ Has the system received normal flows in the previous two week period ?

NO \_\_\_\_\_ Have large volumes of water been introduced to the system recently or as part of this inspection ?

yes \_\_\_\_\_ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes \_\_\_\_\_ Was the facility or dwelling inspected for signs of sewage back up ?

yes \_\_\_\_\_ Was the site inspected for signs of break out ?

yes \_\_\_\_\_ Were all system components, excluding the SAS, located on site ?

yes \_\_\_\_\_ 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 ?

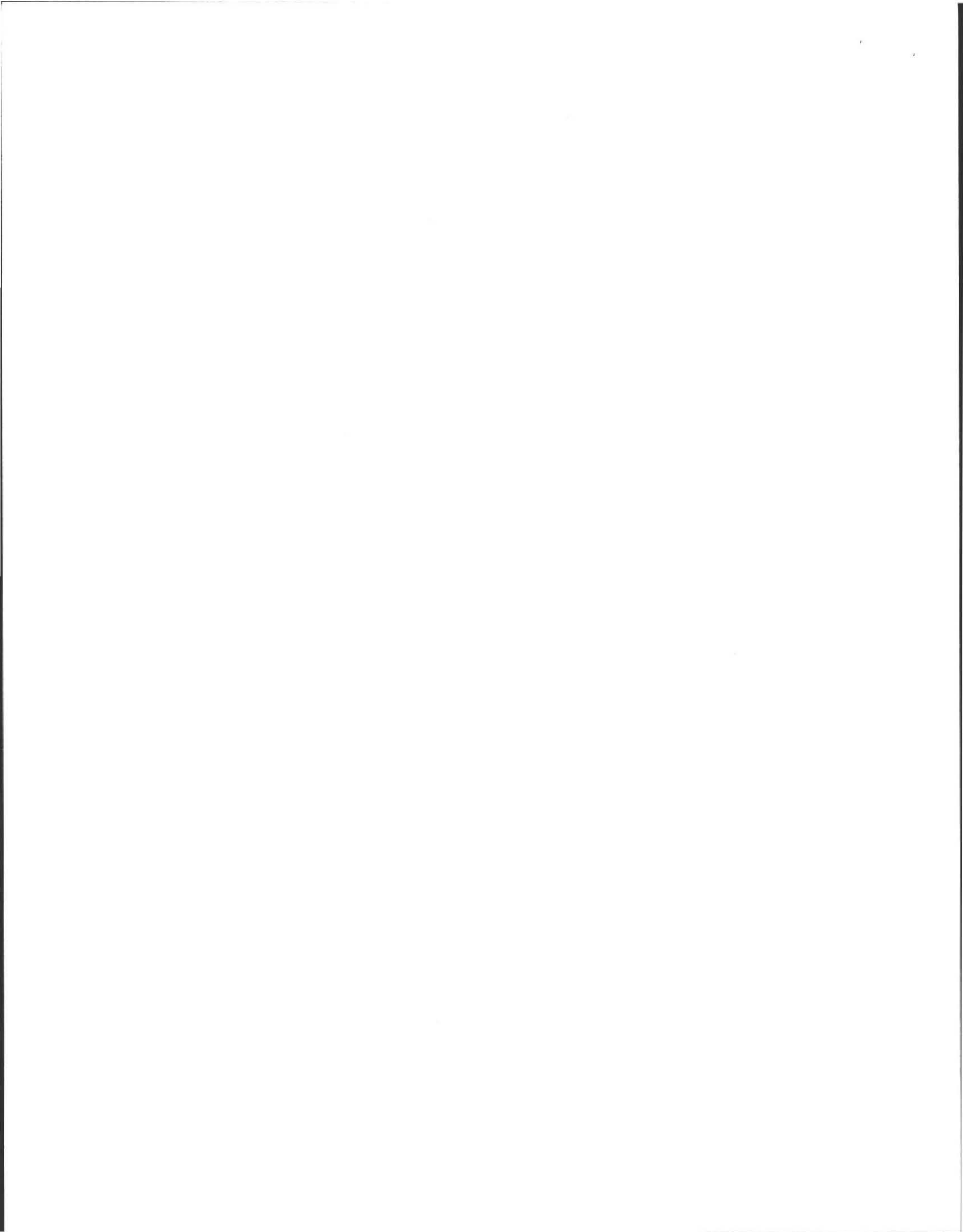
yes \_\_\_\_\_ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes no

YES \_ Existing information. For example, a plan at the Board of Health.

yes \_\_\_\_\_ 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: 893 Belchertown, Road, Amherst, MA

Owner: Leighton

Date of Inspection: May 17 2006

**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, GRINDERS ARE NOT RECOMMENDED

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)): N/a

Sump pump (yes or no): NO

Last date of occupancy: Current

**COMMERCIAL/INDUSTRIAL**

Type of establishment: N/A

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: (owner)

Was system pumped as part of the inspection (**YES** or no): YES

If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? Measured

Reason for pumping: Time/Insp. 6 yr since pumping

**TYPE OF SYSTEM**

Septic tank, distribution box, soil absorption system

Single cesspool

Overflow cesspool

Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

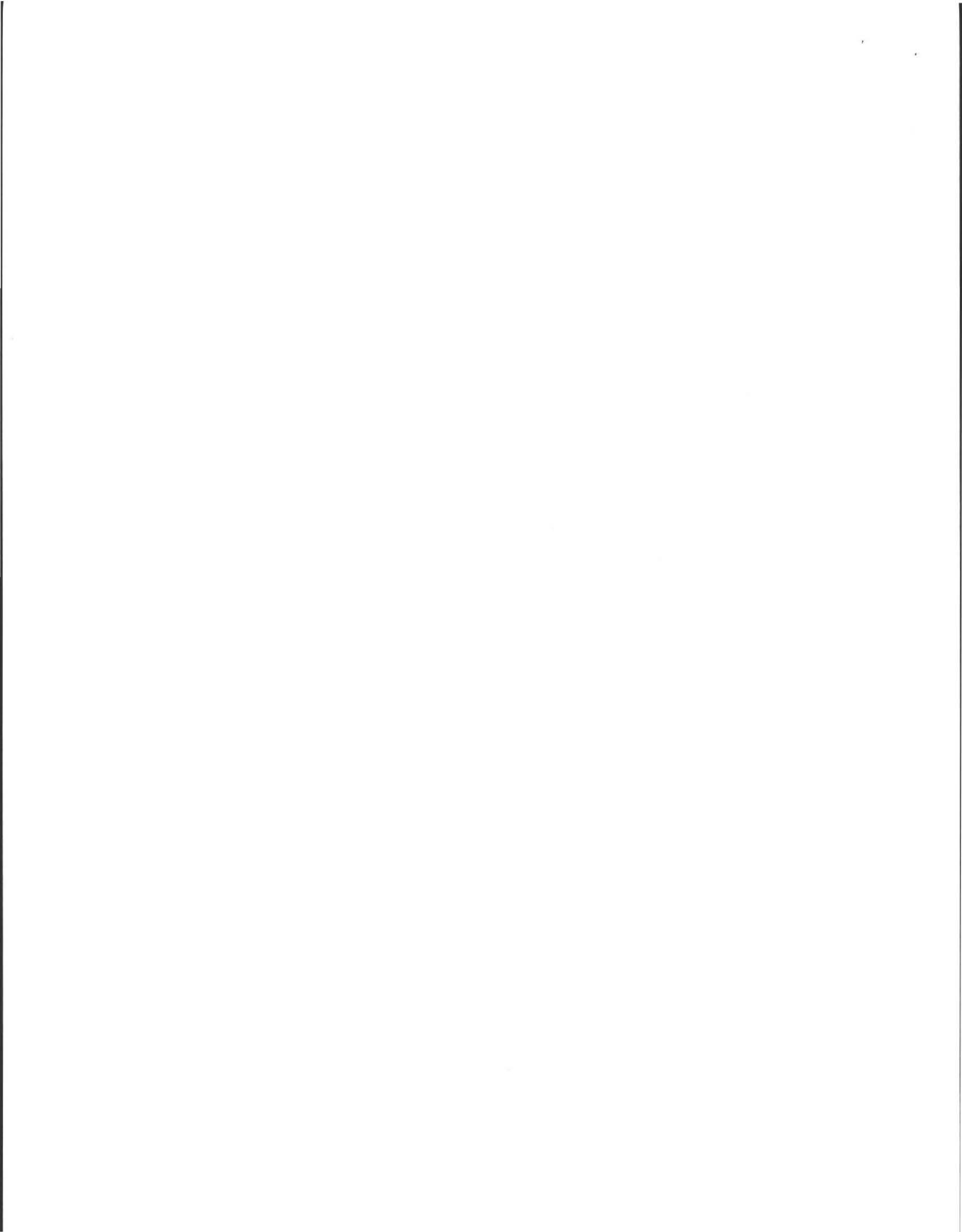
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

Tight tank  Attach a copy of the DEP approval

Other (describe): \_\_\_\_\_

Approximate age of all components, date installed (if known) and source of information: 7 years+/- (town BOH called).

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: 893 Belchertown, Road, Amherst, MA

Owner: Leighton

Date of Inspection: May 17 2006

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

Depth below grade: 10"

Materials of construction: \_\_\_ cast iron X 40 PVC \_\_\_ other (explain): \_\_\_

Distance from private water supply well or suction line: 10'+

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

**SEPTIC TANK: Yes (locate on site plan)**

Depth below grade: 8" Material of construction: X 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: 4.5'w x 10.5'l x 5'd

Sludge depth: 2

Distance from top of sludge to bottom of outlet tee or baffle: 49"

Scum thickness: 2"

Distance from top of scum to top of outlet tee or baffle: 5"

Distance from bottom of scum to bottom of outlet tee or baffle: 14"

How were dimensions determined: MEASURED

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

Baffles (OK), in place, Should be pumped (every 2 years).

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

Depth below grade: \_\_\_

Material of construction: \_\_\_ concrete \_\_\_ metal \_\_\_ fiberglass \_\_\_ polyethylene \_\_\_ other  
(explain): \_\_\_\_\_

Dimensions: \_\_\_\_\_

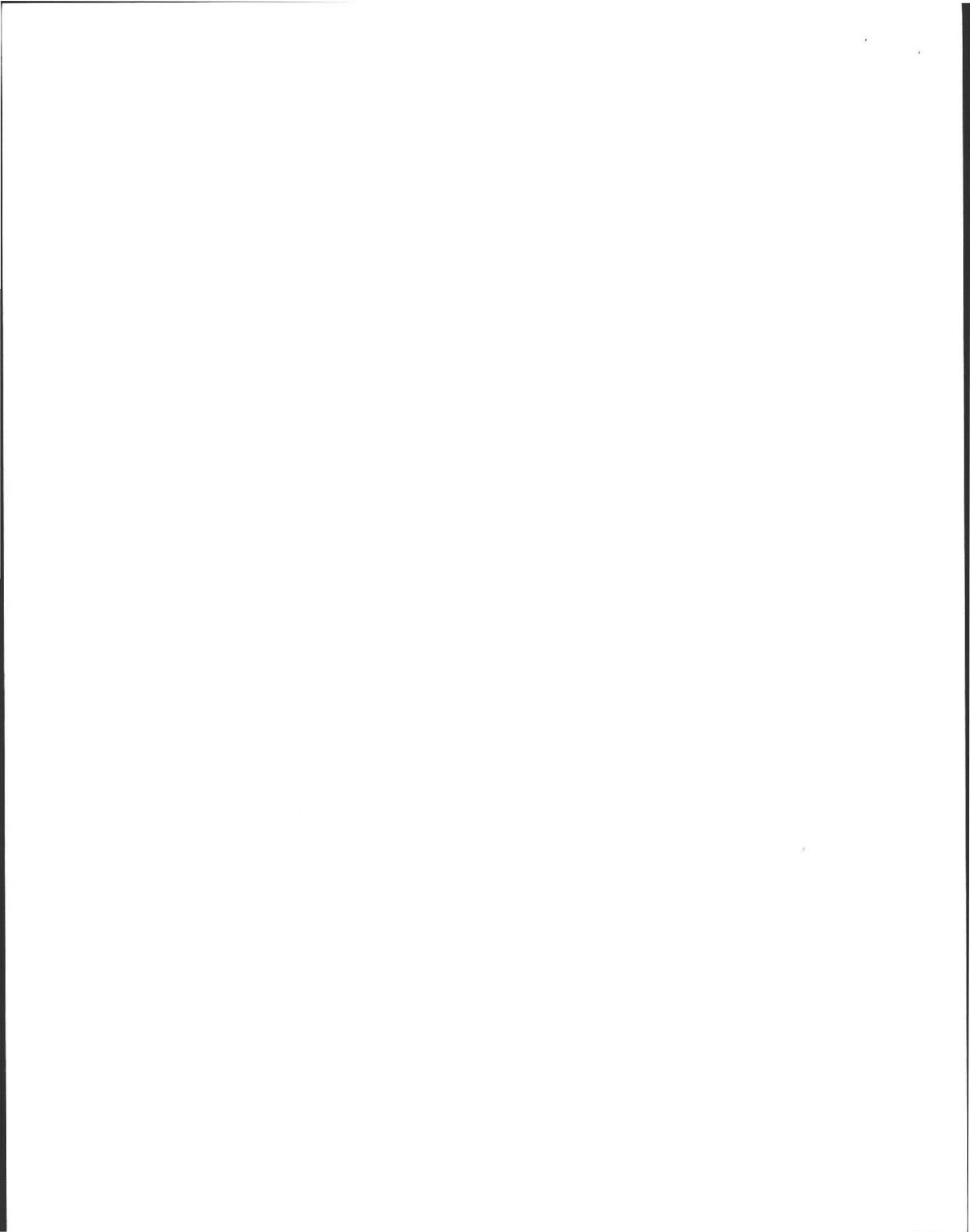
Scum thickness: \_\_\_\_\_

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: 893 Belchertown, Road, Amherst, MA

Owner: Leighton

Date of Inspection: May 17 2006

**TIGHT or HOLDING TANK:** \_\_\_\_ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: \_\_\_\_

Material of construction: \_\_\_\_ concrete \_\_\_\_ metal \_\_\_\_ fiberglass \_\_\_\_ polyethylene \_\_\_\_ other(explain):

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_ gallons

Design Flow: \_\_\_\_ gallons/day

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

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

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

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

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

Depth of liquid level above outlet invert: boxes found all levels @ inv. 24"+ cover material

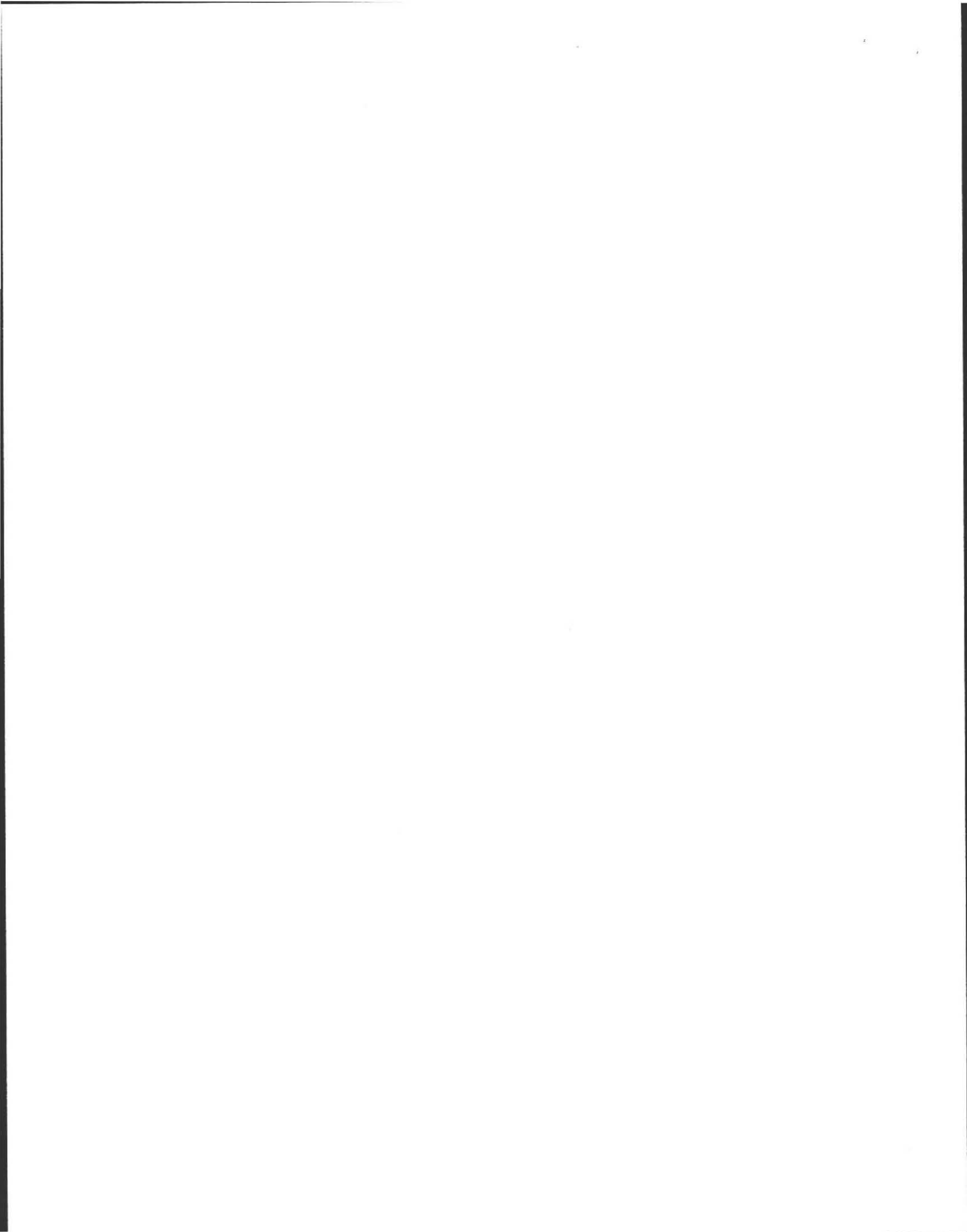
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): level equal, OK condition

**PUMP CHAMBER:** NO (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: 893 Belchertown, Road, Amherst , MA

Owner: Leighton

Date of Inspection: May 17 2006

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

If SAS not located explain why:

\_\_\_\_\_  
\_\_\_\_\_

**Type**

\_\_\_\_ leaching pits, number: \_\_\_\_\_

\_\_\_\_ leaching chambers, number: \_\_\_\_\_

\_\_\_\_ leaching galleries, number: \_\_\_\_\_

3 Leaching trenches, number, length: 2' x 50'

\_\_\_\_ 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.): No signs of failure (stone not saturated), no Groundwater observed,

No staining above piping inverts of system, no evidence of stone in EHGW.

**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)

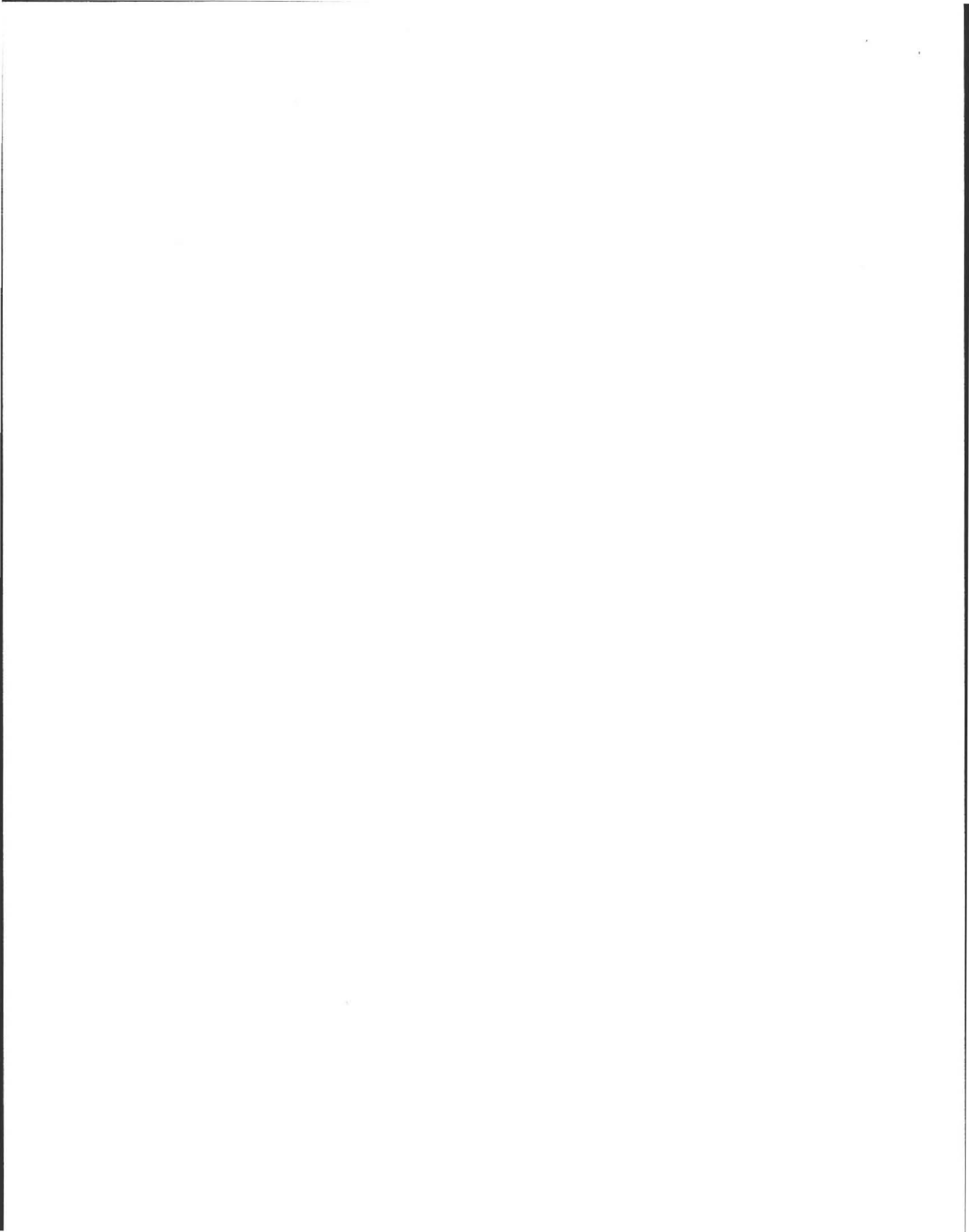
Materials of construction: \_\_\_\_\_

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:** 893 Belchertown, Road, Amherst, MA

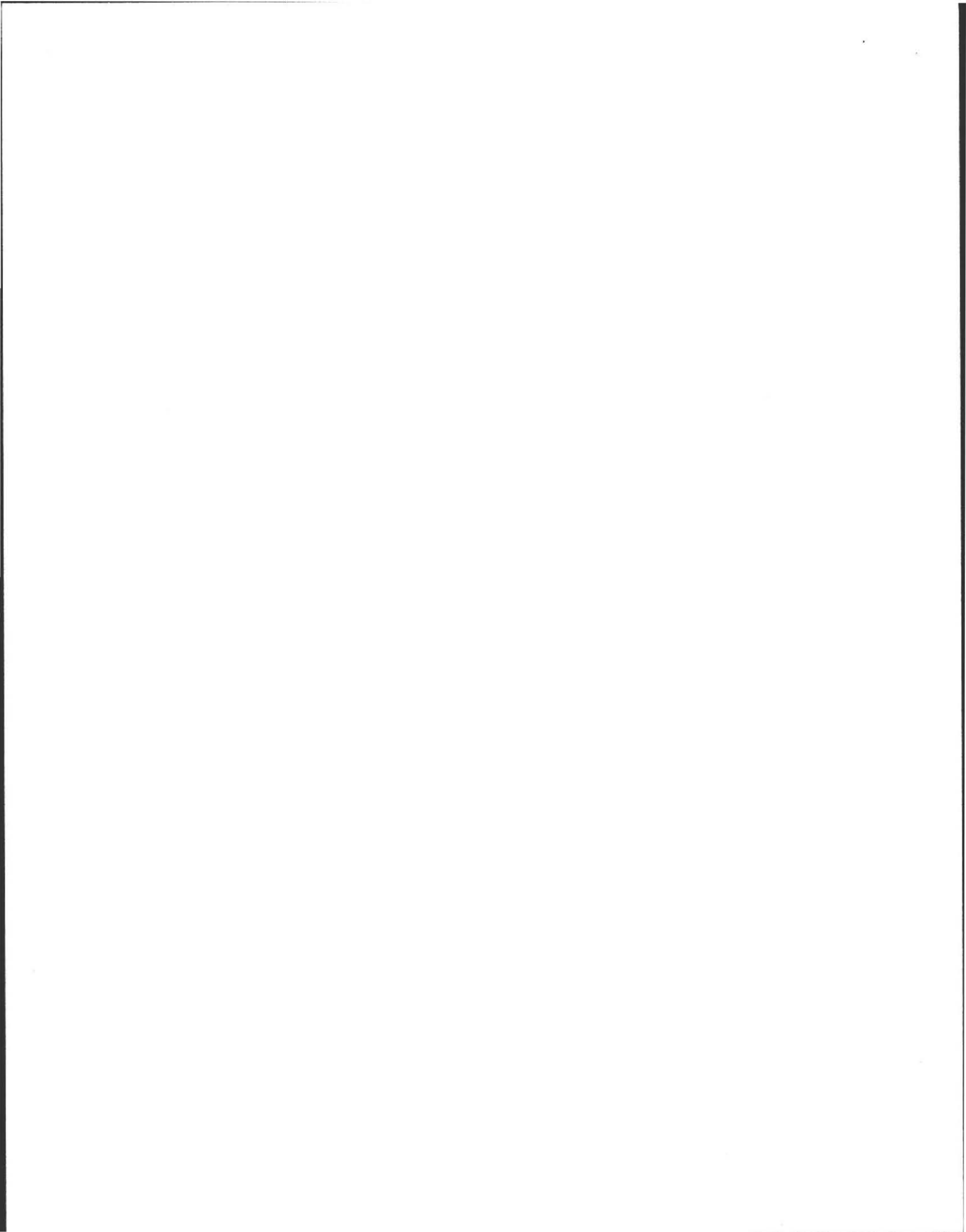
**Owner:** Leighton

**Date of Inspection:** May 17 2006

**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.

See Attached.



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

Property Address: 893 Belchertown. Road, Amherst , MA

Owner: Leighton

Date of Inspection: May 17 2006

**SITE EXAM**

Slope YES

Surface water

Check cellar YES ,

Shallow wells \_\_\_\_\_

Estimated depth to ground water 5' + 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)

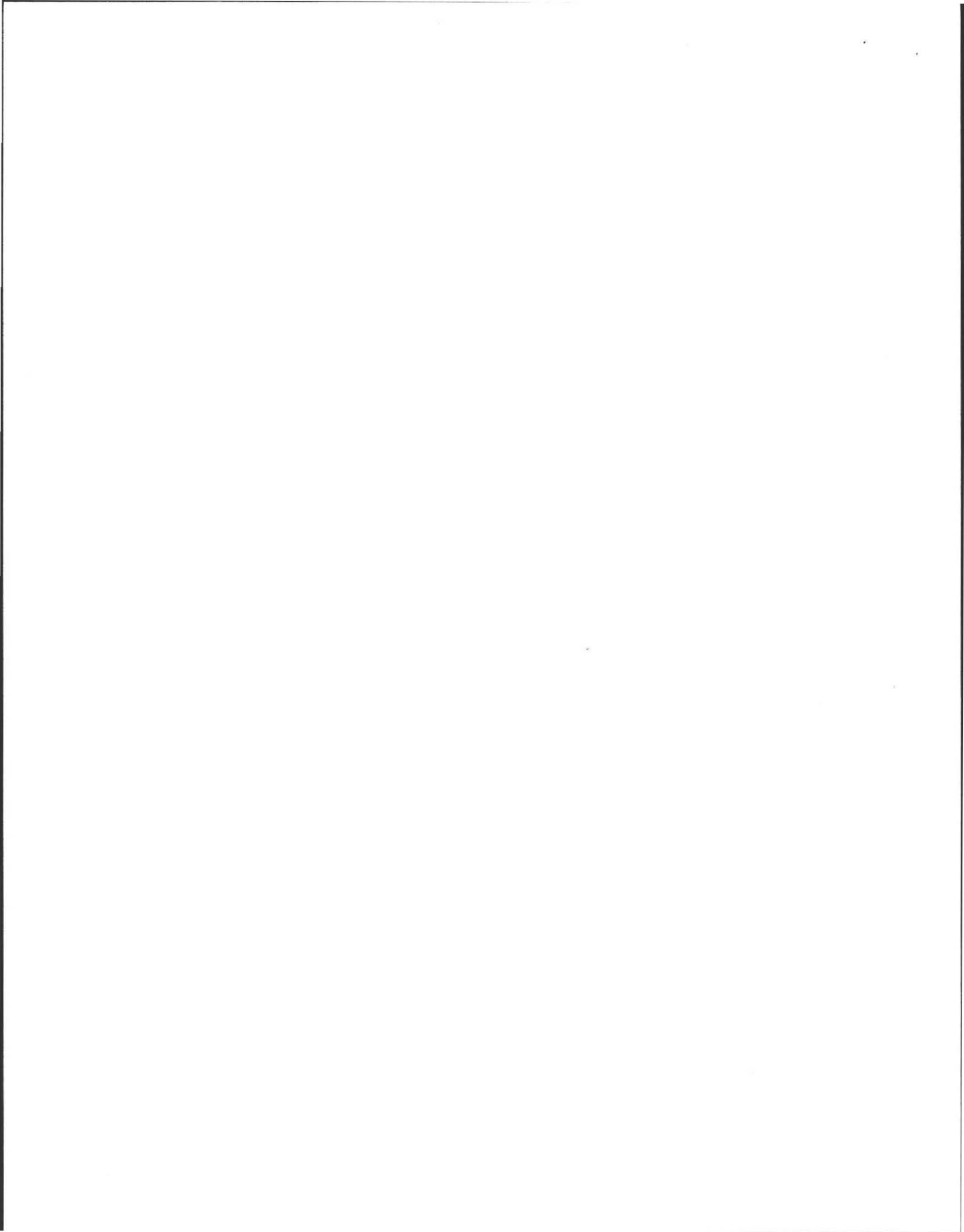
\_\_\_\_ Checked with local Board of Health-explain: \_\_\_\_\_

\_\_\_\_ Checked with local excavators, installers- (attach documentation)

\_\_\_\_ Accessed USGS database-explain: \_\_\_\_\_

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

**Water level based on on-site data & from topography & vegetation and soil type (NO evidence of high g. water observed in area of field, deep holes done in area 17 yrs ago, see record).**

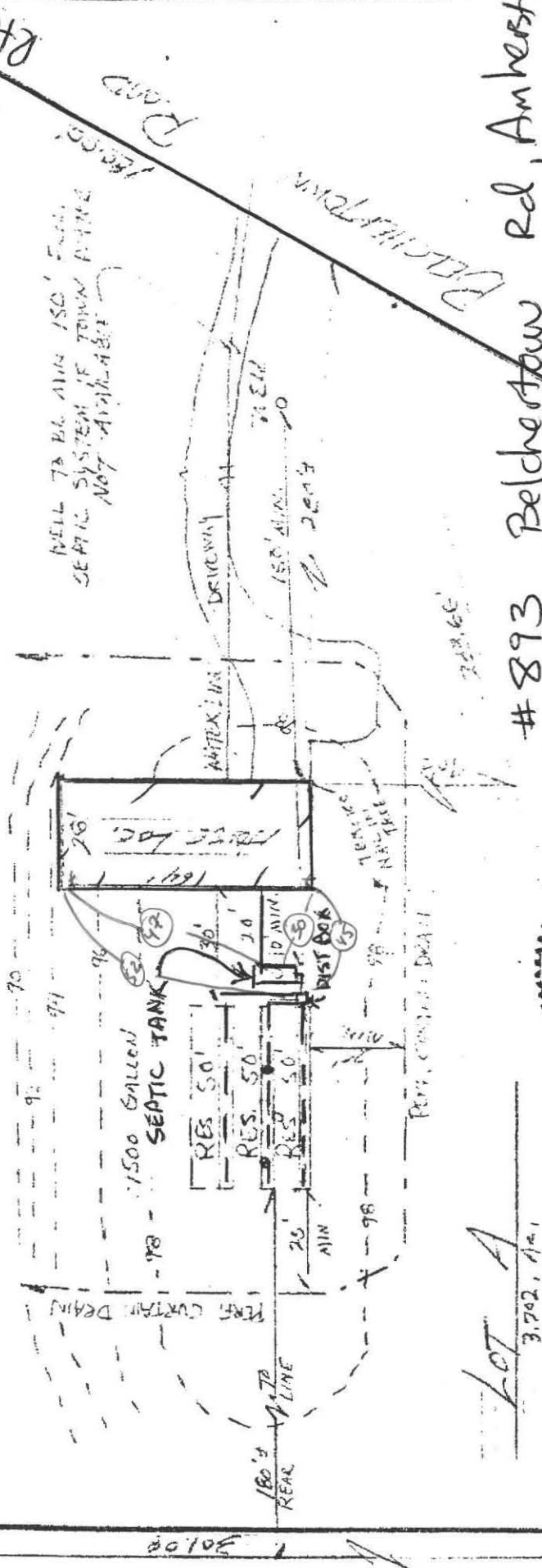




9 - DEEP HOLE LOC.  
 10 - PERC TEST LOC.  
 NOTE - CURTAIN DRAIN LOCATION  
 IS APPROX. BASED ON NUMBERS  
 INFORMATION

73070'

INSURE TANK IS STAYING THROUGH  
 AS SHOWN - SPACE BETWEEN 6' SIDE TO  
 SIDE FOR RESERVE



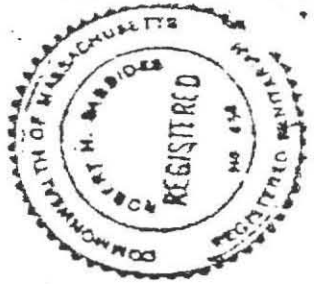
WELL TO BE 110' 150' FROM  
 SEPTIC SYSTEM IF TOWN PERMITS  
 NOT APPROVED

#893 Belchertown Rd, Amherst

PROPOSED SEPTIC SYSTEM

SITE PLAN - Deheny

Lot A  
3,702 sq. ft.



SCALE: 1"=4'

APPROVED BY: R.H.B.

DRAWN BY:

Lot A Belchertown Road

Robin H. Smaydes, P.E.

DRAWING NUMBER

Rt 9

DRIVEWAY

Belchertown

APPROXIMATE

WELL

150' MIN.

2' DEPTH

PERM. CURTAIN DRAIN

PERM. CURTAIN DRAIN

180' REAR

30100



No. 88-17 Revision

MAY 25 1988

Fee 90.00

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:

Belchertown Road

Lot A

Location - Address or Lot No. Amherst, Ma.

Mike Bonafini

Address

Owner Ken's Excavating

Installer

Address

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (  )

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 1500 gallons Length 10' Width 5' Diameter \_\_\_\_\_ Depth 5'

Disposal Trench - No. 3 Width 24" Total Length 150' Total leaching area 300 sq. ft.

Seepage Pit No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F. Fillos Date 4/21/88

Test Pit No. 1 10 minutes per inch Depth of Test Pit 56" Depth to ground water 108"

Test Pit No. 2 minutes per inch Depth of Test Pit \_\_\_\_\_ Depth to ground water \_\_\_\_\_

Description of Soil Loam, Subsoil, Sand, Silt Stone... SEE SOIL LOG

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 Sanitary 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 Michael L. Bonafini

Date 5/25/88

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for the following reasons: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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

Issued \_\_\_\_\_ Date \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

OF \_\_\_\_\_

Certificate of Compliance

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

by \_\_\_\_\_ Installer

at \_\_\_\_\_

has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE \_\_\_\_\_ Inspector \_\_\_\_\_

Designed to certify in writing that  
the sewage disposal system is  
installed in accordance with  
the approved plan, Title V reg 15.02(8).

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

TOWN OF Amherst

Disposal Works Construction Permit

Permission is hereby granted \_\_\_\_\_

to Construct (  ) or Repair ( ) an Individual Sewage Disposal System

at No. Mike Bonafini Lot A Belchertown Road

as shown on the application for Disposal Works Construction Permit No. 88-17 Dated \_\_\_\_\_

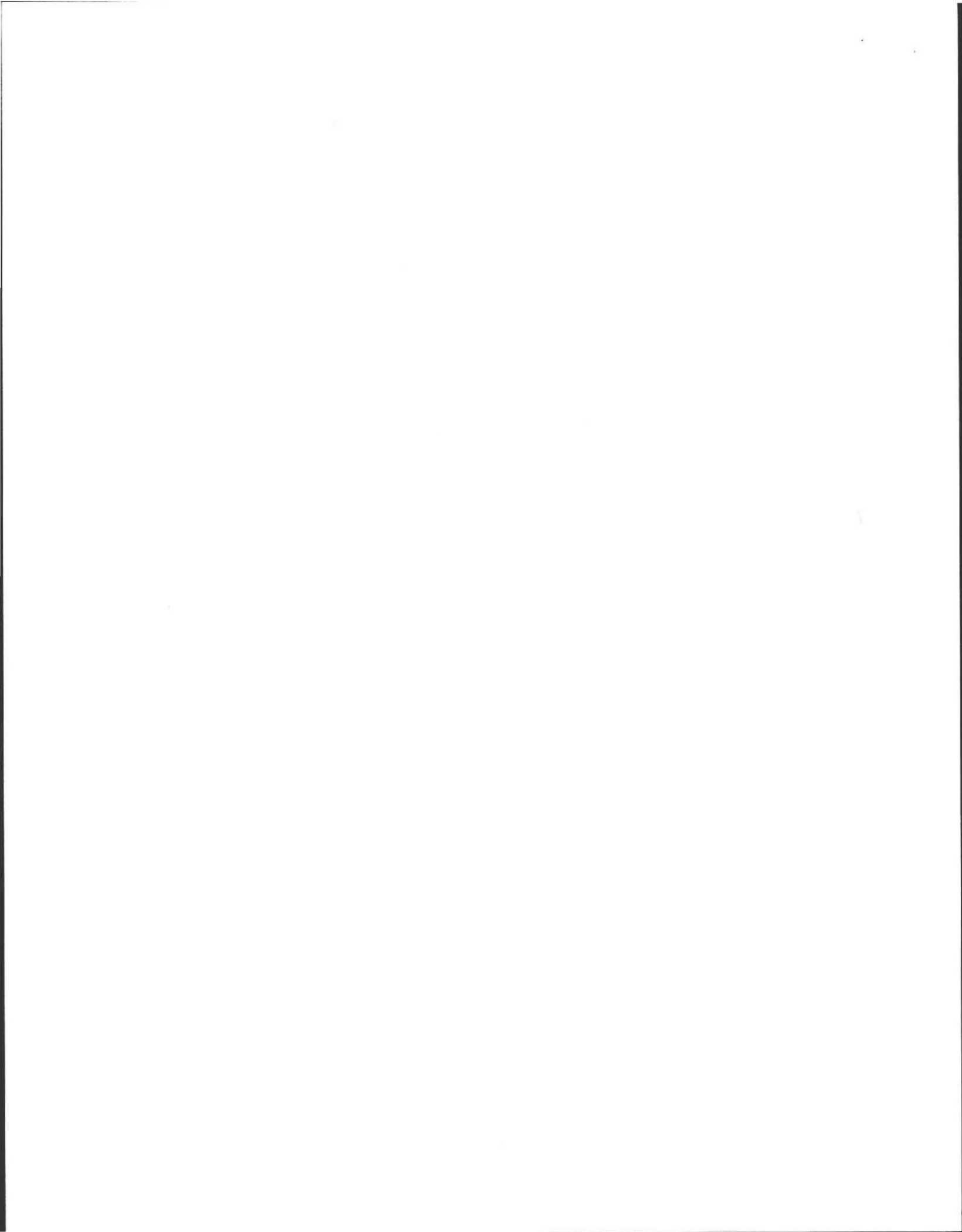
for Amherst Health Dept. Dennis W. Perkins

DATE May 27, 1988 Board of Health

263 9146

CHECK OR FILL IN WHERE APPLICABLE





DEEP SOIL LOGS

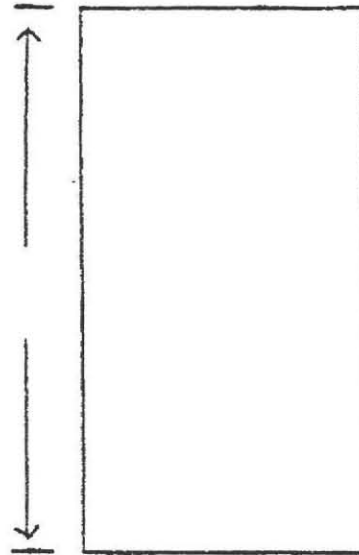
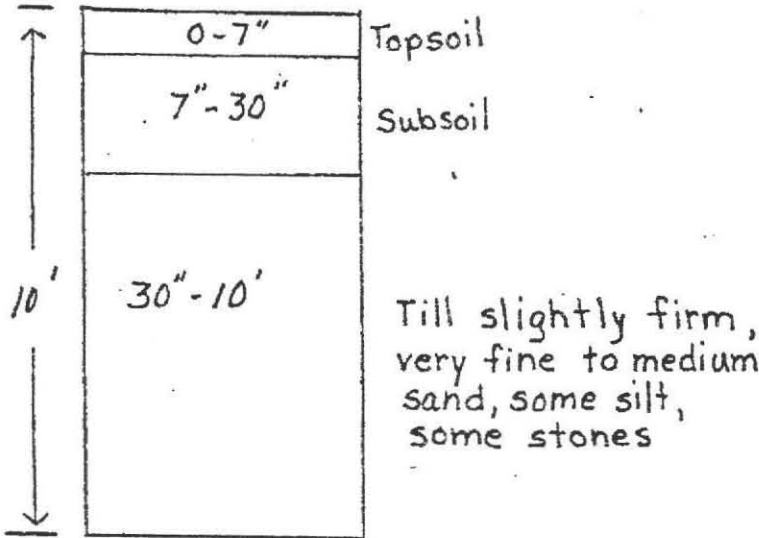
OWNER Michael Bonafini

DATE March 8, 1988

LOCATION Belchertown Rd.  
Amherst, MA

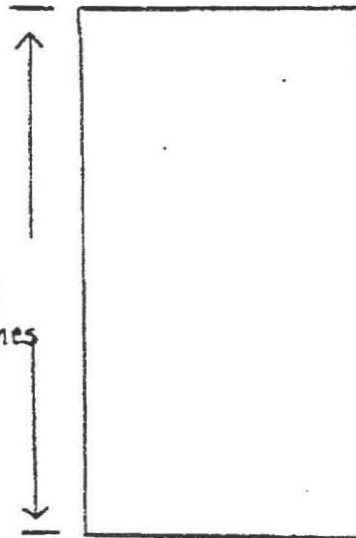
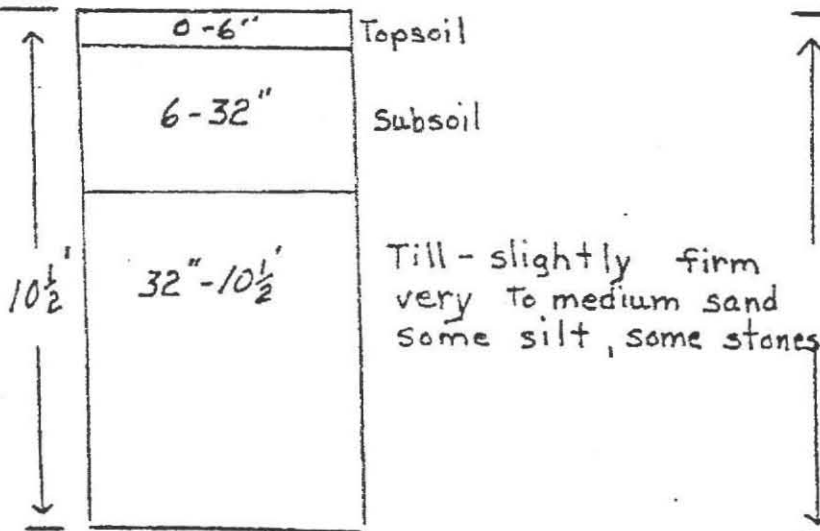
OBSERVER Filios Enterprises Inc  
B of H D. Pinski

H<sub>1</sub>



GROUND WATER 2'  
H<sub>2</sub>

GROUND WATER \_\_\_\_\_

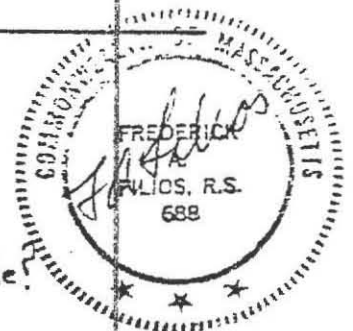


GROUND WATER 30"

GROUND WATER \_\_\_\_\_

PERCOLATION RATE AT \_\_\_\_\_ :  
min./inch

Water too high  
to perc now  
Curtain drain possible!





OWNER Mike Bonafini

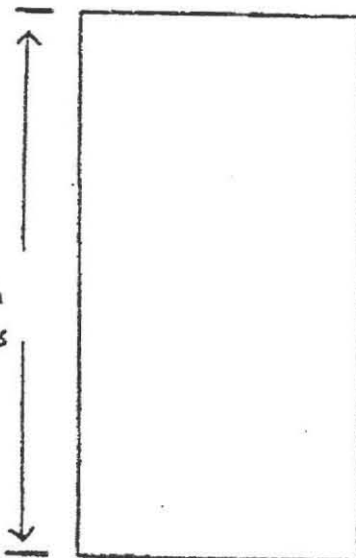
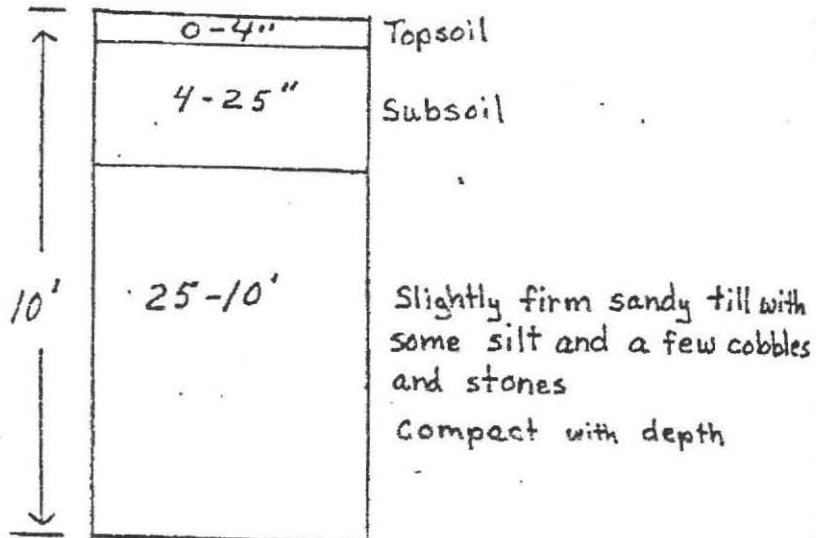
DATE April 21, 1988

LOCATION Belchertown Rd.  
Amherst, MA

OBSERVER Filios Enterprises Inc

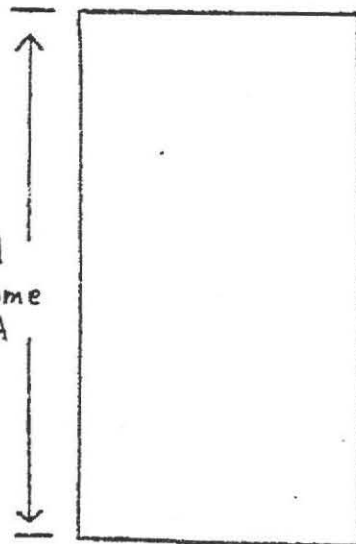
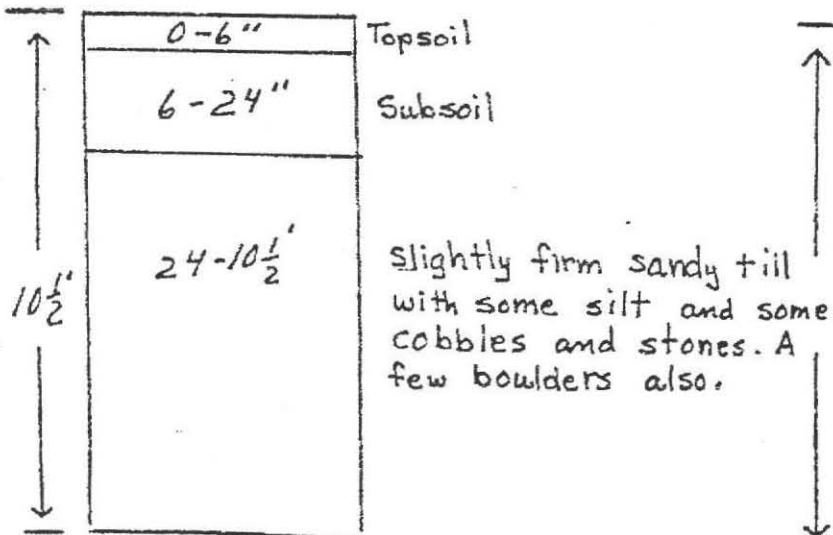
B of H D. Pinski

H<sub>1</sub>



GROUND WATER 9'  
H<sub>2</sub>

GROUND WATER \_\_\_\_\_

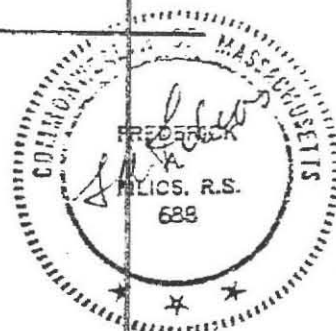


GROUND WATER None

GROUND WATER \_\_\_\_\_

PERCOLATION RATE AT 56":

10 min./inch







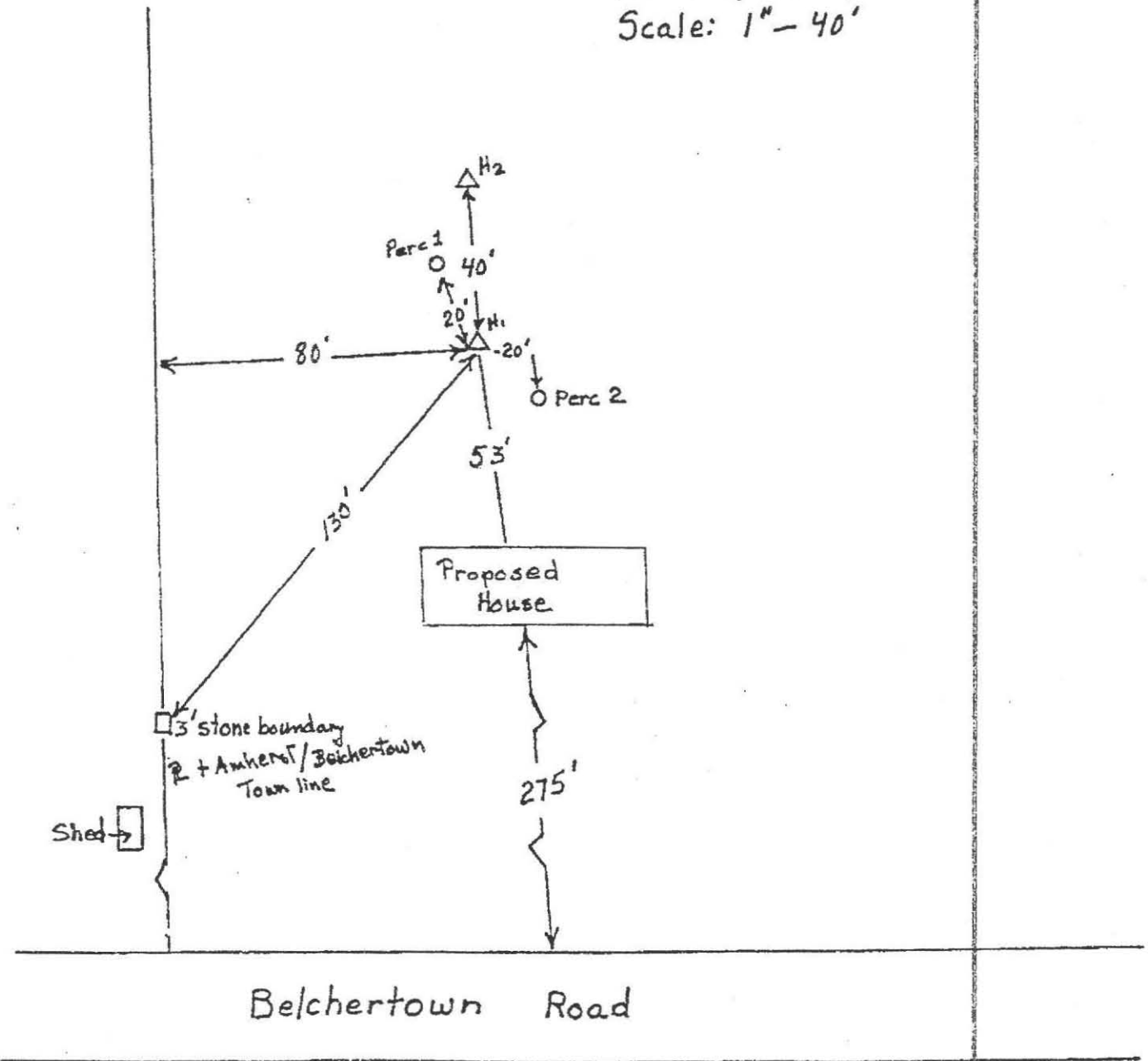
# PERCOLATION TEST LOCATION

For: Michael Bonafini  
22 Lessey St.  
Amherst, MA Apt. 316

By: Filios Enterprises, Inc.  
69 PELHAM Rd.  
Amherst, MA 01002

Site: Belchertown Rd.  
Amherst, MA

Date: April 21, 1988  
Scale: 1" = 40'





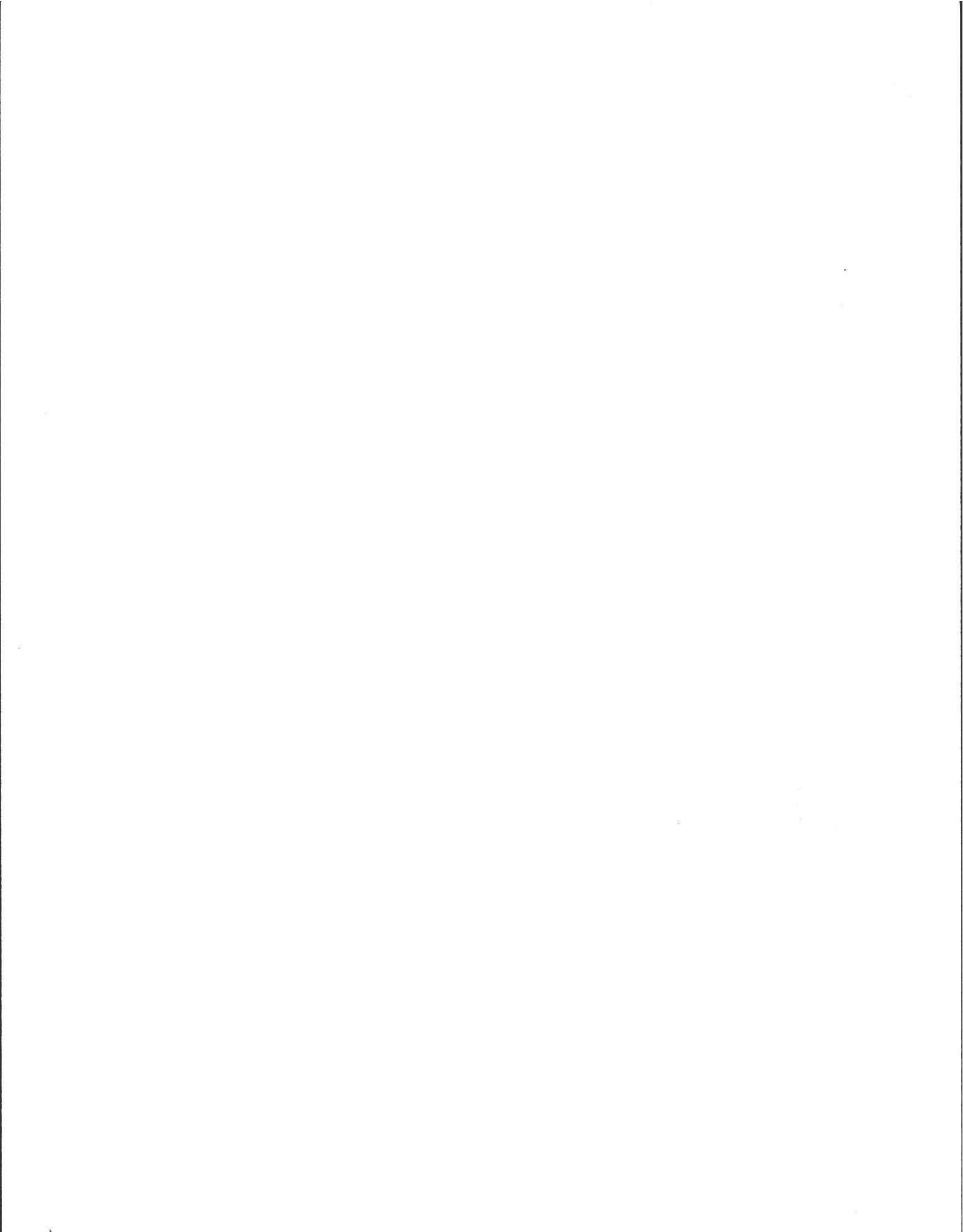
# SEPTIC TANK INSPECTIONS

①

~~1953~~

NAME	ADDRESS	DATE	REMARKS
DJIUBA	Amity St ✓	3/20/53	NOT APPROVED - REFERRED TO Supt of SEWERS. DJIUBA REQUESTED HEARING WITH B. OF H & SEWER COMM. RESULT - ALLOWED TO ENTER TOWN SYSTEM - PROVIDED HE INSTALLS CHECK VALVE & GATE VALVE TO PREVENT BACKFLOW.
MALESKO JOHN	BELCHERTOWN RD ✓	3/26/53	APPROVED.
MILLER DONALD	So EAST ST ✓	3/26/53	APPROVED TWO INSTALLATIONS
MILLER	WEST ST ✓	3/30/53	APPROVED
PETERSON CARL	So PLEASANT ✓	4/8/53	APPROVED
H. HATCH	WEST ST ✓	7/10/53	APPROVED
BRACKMERE	WILD WOOD LANE ✓	7/10/53	APPROVED

18 INSTALLATIONS  
1 NOT APPROVED  
17 ——— " "



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

No. 71-20 Date 8-23-71 Fee 3.00 Date Rec'd. 8/23/71 By CPD

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

Location—Address Belchertown Rd. above Radio Station WTTT or Lot No. \_\_\_\_\_

Owner Paparazzo, Otto. Address P.O. Box 840

Contractor Paparazzo Associates inc. Address " " "

Type of Building Trailer Dimensions 14 x 60 Size Lot N.A.

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

Other Const. Trailer (Temp.) No. of persons 4 Showers ( N.A. )

Other fixtures Water Closet and Lavatory

Town Water? Yes. Type of Well \_\_\_\_\_

Design Flow 15 gallons per person per day. Total daily flow 80 gallons

Septic Tank—Liquid capacity N.A. gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Disposal Trench—No. N.A. Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Disposal Bed—No. N.A. Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Dry Well—No. One Diameter 5 Feet Depth below inlet 4 x 5' Dimensions: 5' dia. x 6' deep

Other: Distribution box ( ) No. N.A. Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation 4 foot cover, minimum )

Percolation Test Results Performed by Gerald Thoreaux Date 8/23/71

Test Pit No. 1 -2 minutes per inch Depth of Test Pit 3 feet

Test Pit No. 2 -2 minutes per inch Depth of Test Pit 3 feet

Description of Soil Sandy Gravel Depth to Ground Water N.A.

Will disposal area be filled? No 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.)

AGREEMENT: The undersigned agrees to construct the aforescribed 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.

Paparazzo Associates Inc. 8/23/71  
 Owner or builder date

Application Approved by CPD

date

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**

**CERTIFICATE OF COMPLIANCE**

PAPARAZZO ASSOC.  
 THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (  ) or repaired ( ) by RUSSELL ROBERTS at BELCHERTOWN 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.

71-20 dated Aug 23, 1971

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

DATE Aug 25, 1971

Inspector CPD

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**

**DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 71-20 Permission is hereby granted PAPARAZZO ASS. INC. to construct (  ) or repair ( ) an

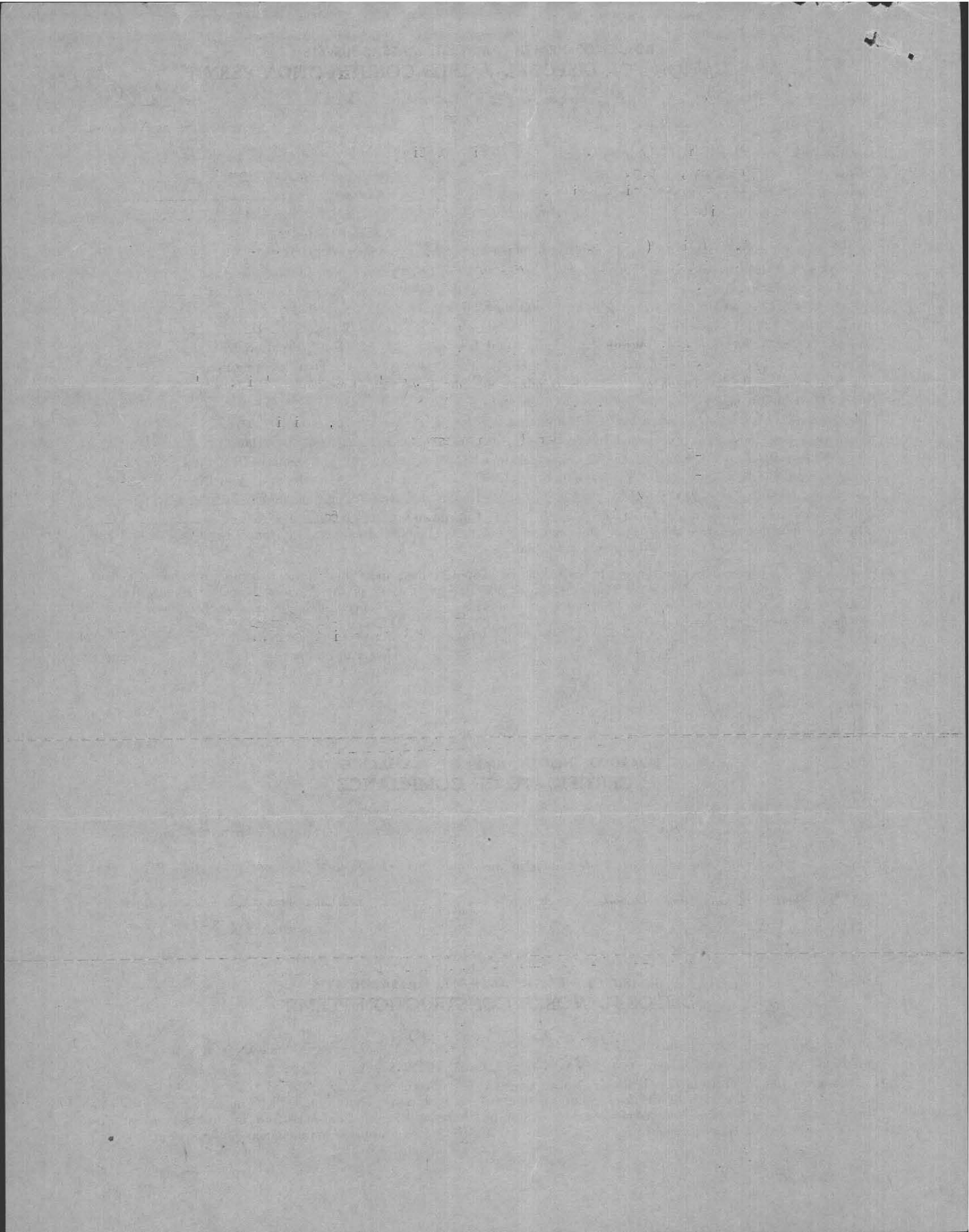
Individual Sewage Disposal System at BELCHERTOWN RD

as shown on the application for Disposal Works Construction Permit No. 71-20

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.

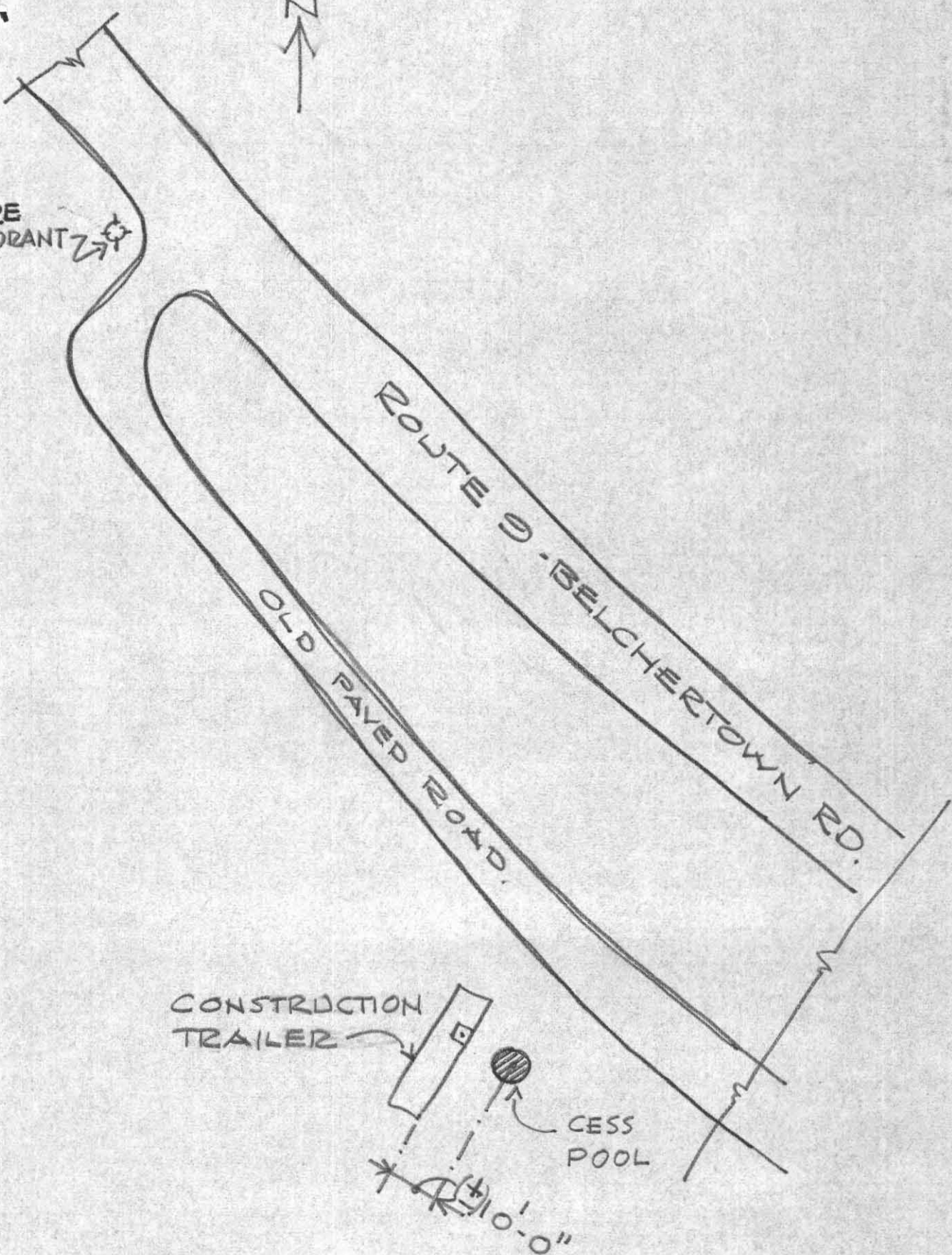
DATE 8/23/71

CPD  
 Board of Health





FIRE  
HYDRANT

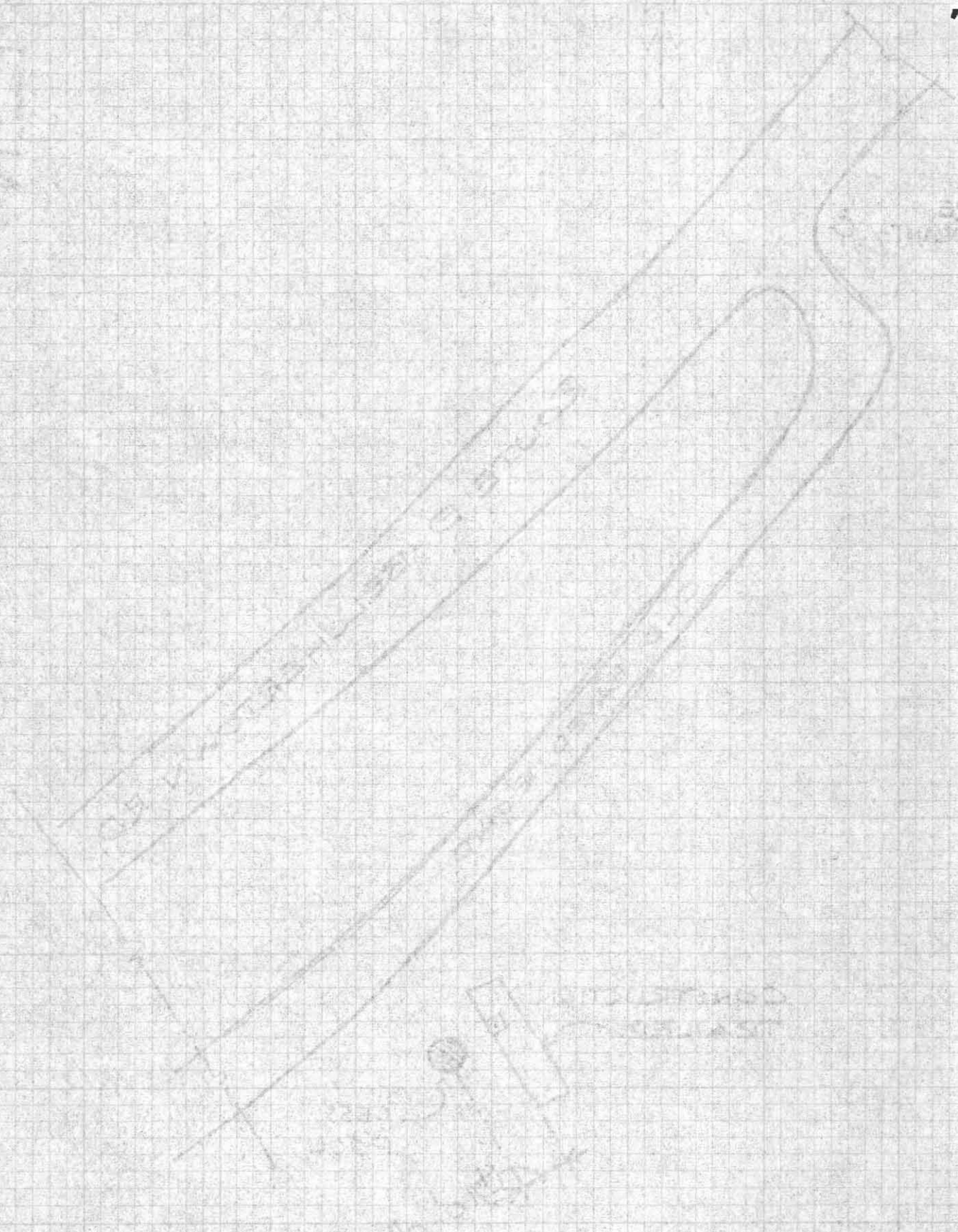


PROPOSED CESS POOL LOCATION  
(TEMPORARY) FOR PAPARAZZO ASSOC.

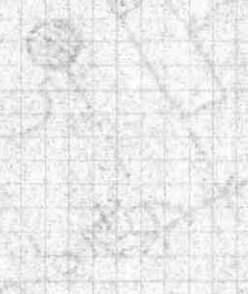
SCALE - 1" = 60'

8-19-71

FIG. 1  
PLAN



CONSTRUCTION  
DETAILS



REPORT OF THE NATIONAL BUREAU OF STANDARDS  
 ON THE PROPERTIES OF THE METALS OF THE  
 GROUP I AND II OF THE PERMANENT  
 METALS

PRINTED ON CLEARPRINT 1903





AMHERST *file*  
Massachusetts

BOARD OF HEALTH

August 18, 1971

Paparazzo Associates  
Box 840  
Amherst, Mass. 01002

Attention: Mr. Chuck Bass

Dear Mr. Bass:

The Board of Health will permit the installation of a cess pool as a temporary means of sewage disposal for a construction trailer subject to the following conditions:

1. A satisfactory percolation test is completed by a properly qualified person in the presence of a representative of the Board of Health;
2. The maximum period of usage does not exceed two years from date of issue of the permit, and
3. The system will be abandoned under condition 2 above or sooner should a sewer connected facility be available.

Please indicate to this office in writing your approval of these conditions and complete the enclosed application forms, and the permit can be issued.

Very truly yours,

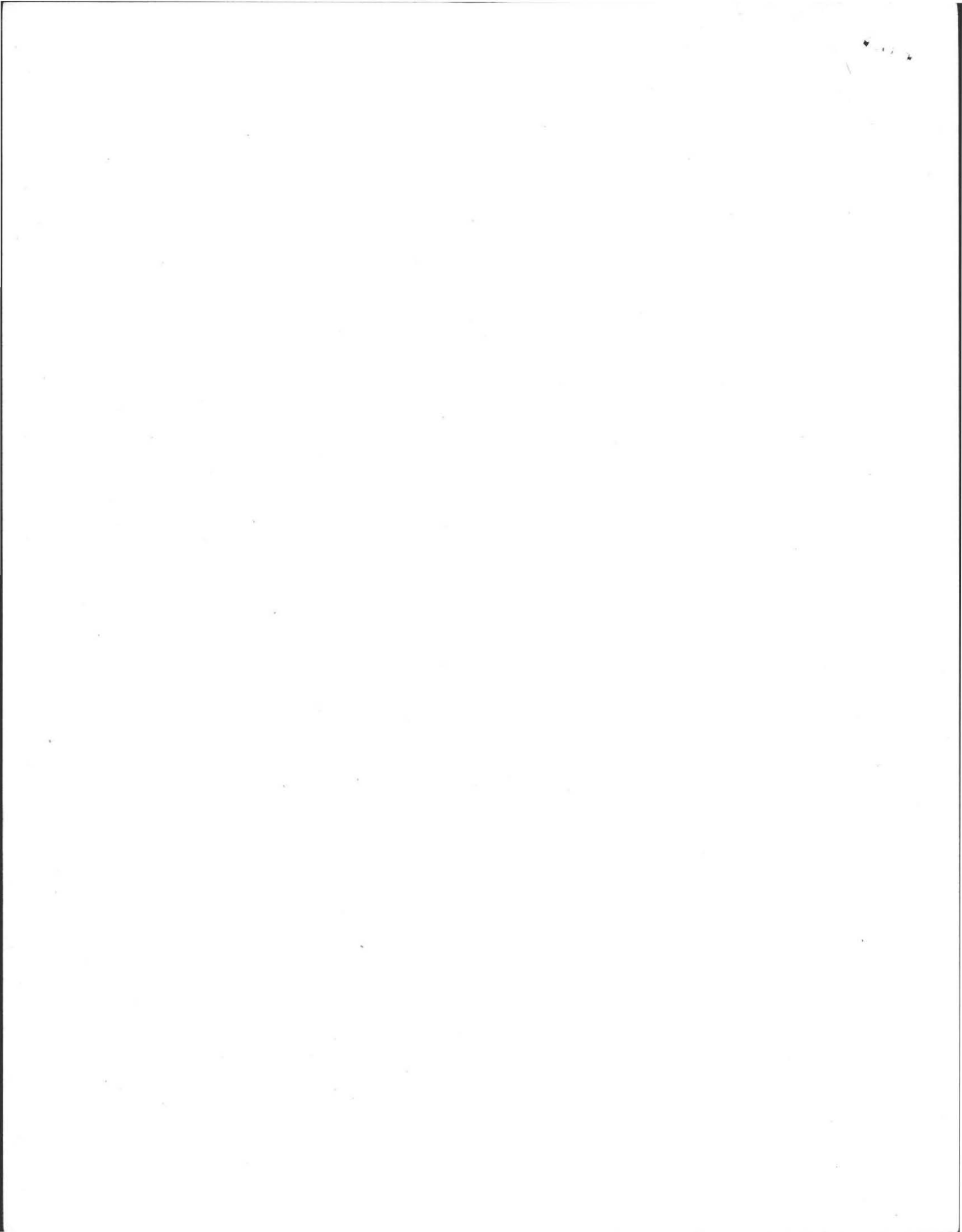
Charles E. Drake, Jr.  
Director of Public Health

CED:f

encl.

cc Mr. Penza, Director of  
Inspection Services

*O.K. Chuck Bass  
Rep. for Paparazzo  
Assoc.*



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

No. 774-15 Date 12/10/74 Fee \$3.00 Date Rec'd. 12/10/74 By DGF

Application is hereby made for a permit to ~~Construct~~ <sup>Relocate</sup> ~~or Repair~~ <sup>Septic Tank Only</sup> an Individual Sewage Disposal System at:

Location—Address Corner Blechertown Rd. & South East St. or Lot No. \_\_\_\_\_

Owner Amherst Savings Bank Address South Pleasant St., Amherst

Contractor Philip Shumway Address 482 South Pleasant St.

Type of Building \_\_\_\_\_ Dimensions \_\_\_\_\_ Size Lot \_\_\_\_\_

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

Other Branch Bank No. of persons 3 Showers ( N )

Other fixtures 2 toilets - 2 lavatories

Town Water? Yes Type of Well \_\_\_\_\_

Design Flow \_\_\_\_\_ gallons per person per day. Total daily flow \_\_\_\_\_ gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

\*\* Disposal Trench—No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Disposal Bed—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

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

Other: Distribution box ( ) No. \_\_\_\_\_ Dosing tank ( )  
(Depth of Soil Line Below finished grade at foundation \_\_\_\_\_)

Percolation Test Results Performed by Don G. F. Date \_\_\_\_\_

Test Pit No. 1 \_\_\_\_\_ minutes per inch \_\_\_\_\_ Depth of Test Pit \_\_\_\_\_

Test Pit No. 2 \_\_\_\_\_ minutes per inch \_\_\_\_\_ Depth of Test Pit \_\_\_\_\_

Description of Soil \_\_\_\_\_ Depth to Ground Water \_\_\_\_\_

Will disposal area be filled? \_\_\_\_\_ Cut down? \_\_\_\_\_

(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.)

AGREEMENT: The undersigned agrees to construct the aforescribed 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.

\*\* TO USE EXISTING LEACHING FACILITY  
Application Approved by Charles C. Drach, Jr. Philip E. Shumway 12/10/74  
D.G.F. Owner or builder date  
12/10/74  
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 ( ) 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 \_\_\_\_\_

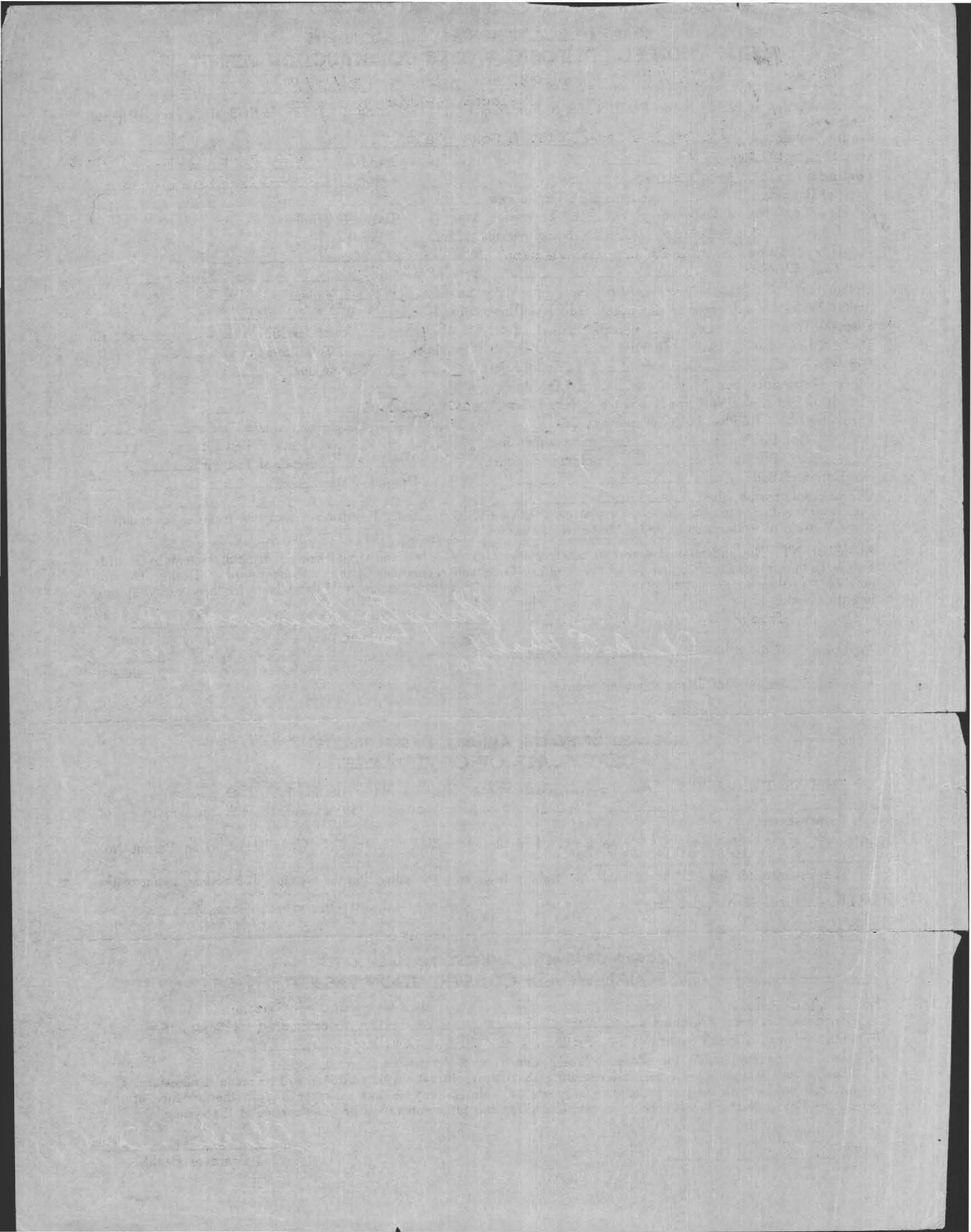
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 774-15 Relocate  
Permission is hereby granted Philip Shumway to ~~construct~~ ~~or repair~~ ( ) an Individual Sewage Disposal System at Belchertown Rd. and South East St.

as shown on the application for Disposal Works Construction Permit No. 774-15

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 12/10/74  
Charles C. Drach, Jr.  
Board of Health D.G.F.





2000  
Fee Rec'd  
\$300  
FASimo

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR  
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS. Washinton R.D. No. 31  
Augustine L. Cavallaro JR. of Mailman Radio Station & ERI - Wately, R.D. No. 29-62  
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a RADIO STATION  
(residence, store, etc.)

which will be located at THE LYMAN FARM, BELCHERTOWN RD. to be installed by  
(name) (address) (phone)

Builder is W.D. COWLS INC. Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 50 ACRES Type of Soil GRAVEL Well or Town Water? well

Distance to Town Sewer 2000 FT. Depth to Ground Water 20 ft. Kind of Well

Will Lot be Graded? Yes By Filling or Removing Soil? REMOVING

Building: Dimensions 26 x 44 No. Bedrooms No. Occupants

Fixtures: No. Toilets 2 Urinals 1 Wash Basins 2 Bathtubs

Showers 1 Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

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

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 10/1/62

Augustine L. Cavallaro Jr.  
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 29-62

..... is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of ..... Gals. Liquid Capacity.

Leaching System: Trenches of not less than ..... Sq. Ft. bottom area.

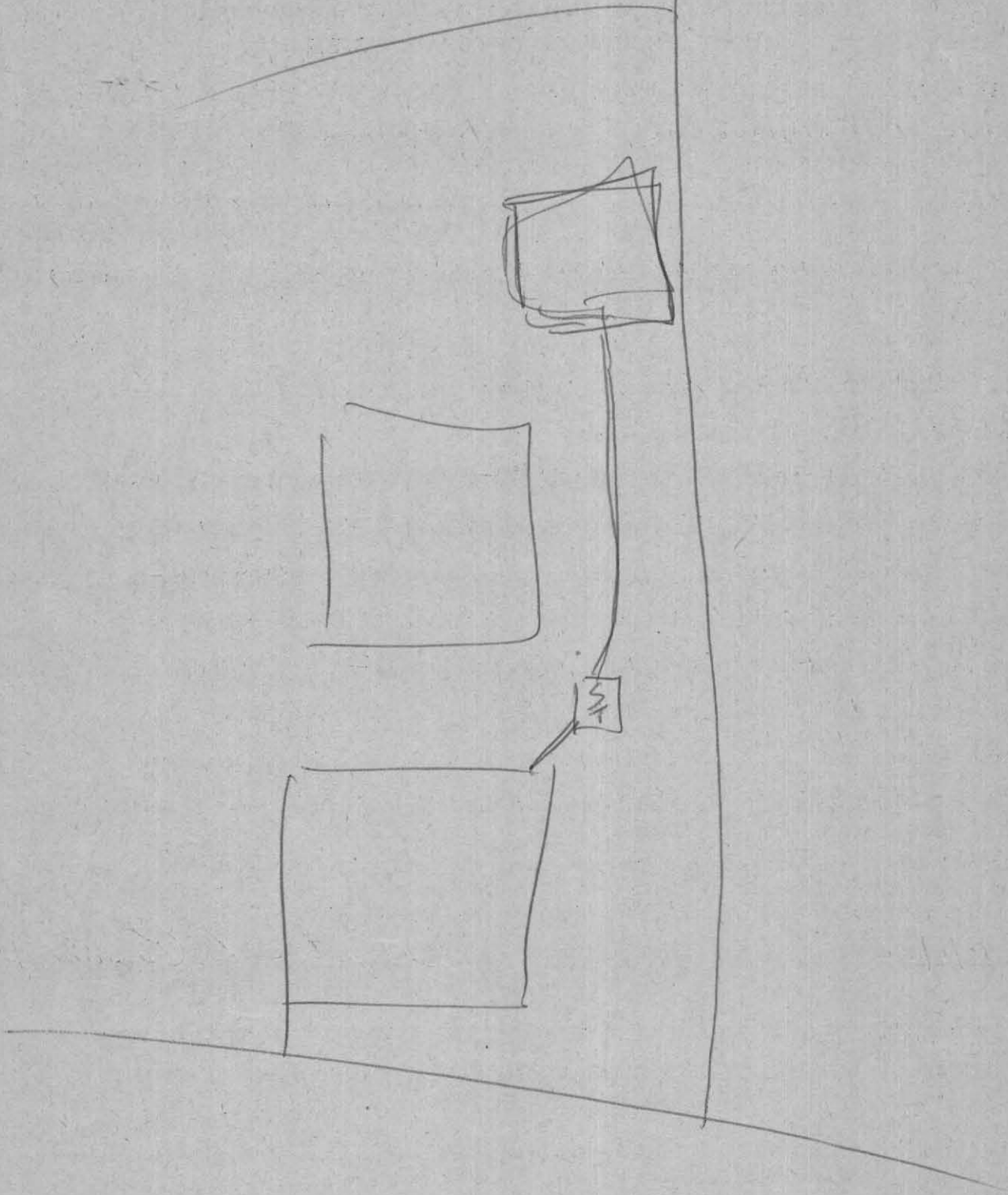
Dry well ..... ft. bottom area and ..... ft. below the inlet.

Other .....

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.

G. G. Simo  
for the Board of Health date

Inspected ..... Approved G. G. Simo



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR  
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 13-59

Robert + Barbara Heald of RFD # 2 Amherst Mass  
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence  
(residence, store, etc.)

which will be located at Belchertown Rd to be installed by  
Charles Bluemer  
(name) (address) (phone)

Builder is Heald Plumber is Charles Bluemer

Description of lot, building and fixtures as follows:

Lot: Dimensions 200' x 250' x 300' Type of Soil Gravel Well or Town Water? Well

Distance to Town Sewer 1 mile Depth to Ground Water 12 ft Kind of Well Shallow

Will Lot be Graded? yes By Filling or Removing Soil? Filling

Building: Dimensions 32' x 34' No. Bedrooms 2 down 2 up No. Occupants 2

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders 0

Auto Dishwasher 0 Auto. Clotheswasher 0 Other (basement) washing machine

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

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 6-29-59

Robert E Heald  
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 13-59

R+B Heald is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 750 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

Dry well 32 sq. ft. bottom area and 6 ft. below the inlet.

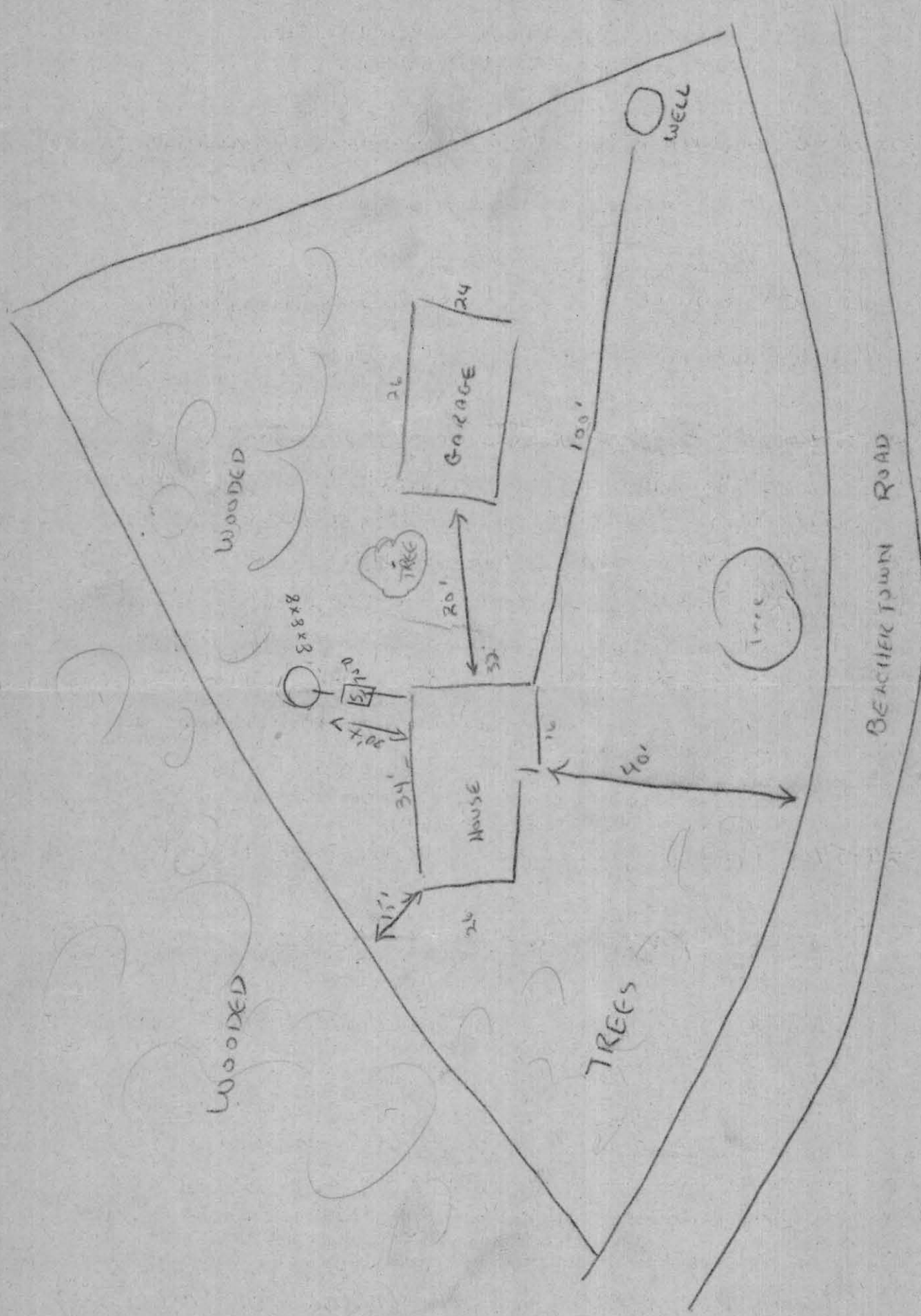
Other

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.

G. A. Sims 6/29/59  
for the Board of Health date

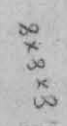
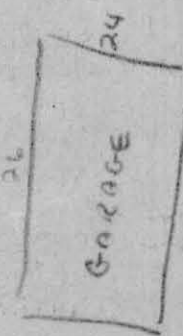
Inspected Approved OK. FAS





WOODED

WOODED



TREES

BEACHER TOWN ROAD

