

No. 99-11

#20

FEE 160⁰⁰
2860

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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



Location	20 CORTLAND DR.	Owner's Name	Ann Siggia
Map/Parcel#		Address	20 CORTLAND DR.
Lot#	40	Telephone#	253-9649
Installer's Name	W.W. Clark	Designer's Name	ALAN WEISS
Address	PRATT CORNWALL RD SAVERSBURY	Address	BELCHERTOWN
Telephone#	259-1411	Telephone#	413-323-5957

Type of Building Res Lot Size 5.04 sq. ft.
 Dwelling - No. of Bedrooms 4 Garbage grinder to be removed
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 440 gpd Calculated design flow 440 Design flow provided 527 gpd
 Plan: Date 6/3/99 Number of sheets 164x sign all Revision Date _____
 Title SEPTIC SYSTEM REPAIR DESIGN
 Description of Soil(s) SAND
 Soil Evaluator Form No. _____ Name of Soil Evaluator A WEISS, RS Date of Evaluation 5/14/99

DESCRIPTION OF REPAIRS OR ALTERATIONS New SITANK + SAS.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

* Signed Ann Siggia Date June 4, 1999 *

Inspections _____

No. 99-11

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned ()

by: _____ at 20 Cortland Drive

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 99-11, dated 8-24-99. Approved Design Flow _____ (gpd)

Installer William W. Clark Designer: AL WEISS Inspector: David Zagreb Date: 8-24-99

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

No. 99-11

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 20 Cortland Drive

as described in the application for Disposal System Construction Permit No. 99-11, dated 6-4-99.

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

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA Date 6-4-99 Board of Health David E. Zagreb

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

Report of Special Agent in Charge, [Name], dated [Date], at [Location]

1. Name of Subject	[Name]
2. Address	[Address]
3. Date of Birth	[Date]
4. Sex	[Sex]
5. Race	[Race]
6. Height	[Height]
7. Weight	[Weight]
8. Eyes	[Eyes]
9. Hair	[Hair]
10. Complexion	[Complexion]
11. Occupation	[Occupation]
12. Education	[Education]
13. Social Security Number	[Number]
14. Other Identifying Data	[Data]

On [Date] at [Location], [Name] was interviewed by Special Agent [Name]. [Name] advised that [Name] is a [Nationality] born on [Date] at [Location]. [Name] is currently residing at [Address]. [Name] is employed as a [Occupation] for [Company]. [Name] has been married to [Name] since [Date]. [Name] has [Number] children, [Name] and [Name]. [Name] has no criminal record.

[Name] advised that [Name] is a [Nationality] born on [Date] at [Location]. [Name] is currently residing at [Address]. [Name] is employed as a [Occupation] for [Company]. [Name] has been married to [Name] since [Date]. [Name] has [Number] children, [Name] and [Name]. [Name] has no criminal record.

[Name] advised that [Name] is a [Nationality] born on [Date] at [Location]. [Name] is currently residing at [Address]. [Name] is employed as a [Occupation] for [Company]. [Name] has been married to [Name] since [Date]. [Name] has [Number] children, [Name] and [Name]. [Name] has no criminal record.

[Name] advised that [Name] is a [Nationality] born on [Date] at [Location]. [Name] is currently residing at [Address]. [Name] is employed as a [Occupation] for [Company]. [Name] has been married to [Name] since [Date]. [Name] has [Number] children, [Name] and [Name]. [Name] has no criminal record.

[Name] advised that [Name] is a [Nationality] born on [Date] at [Location]. [Name] is currently residing at [Address]. [Name] is employed as a [Occupation] for [Company]. [Name] has been married to [Name] since [Date]. [Name] has [Number] children, [Name] and [Name]. [Name] has no criminal record.

2/14/00

20 Centland Dr.

FD Westland

256-0540

Conv) 860-668-6139

Septic System Pipe From
House is disconnected -

- Plumbing Issue !!! -

LTK will correct Lines -

will call Al Weiss on
me to inspect Before
Covering up Pipe

ERST

Massachusetts

INSPECTION SERVICES DEPARTMENT

Fax (413) 256-4076

Phone (413) 256-4030

s received notification of a Food Sanitation
not suggesting or requiring any restaurant to
share this information in the event that

posed for your convenience.

ANNE SIGGIA
20 CORTLAND DRIVE PH. 253-9649
AMHERST, MA 01002

5-13/110
0363029663

2860

DATE June 4, 1999

PAY TO THE
ORDER OF

Town of Amherst

\$ 160.⁰⁰

One hundred sixty - ⁰⁰/₁₀₀

DOLLARS  Security Features
included
Details on back.


43303 Amherst Office
Amherst, Massachusetts 01002

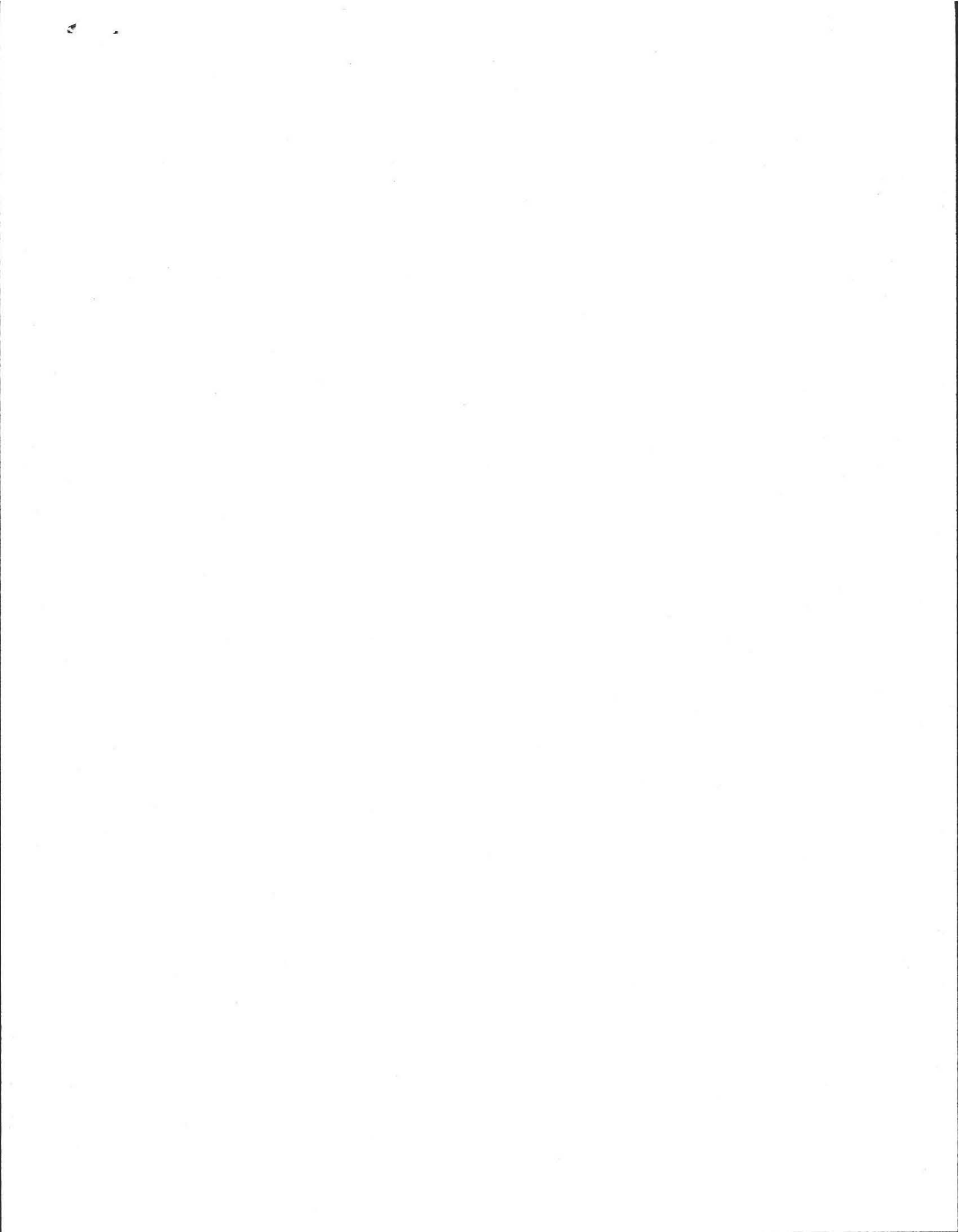
MEMO _____

Anne Siggia 

⑆011000138⑆ 03630 29663⑆ 2860

REDUCE WALLETS OR DUPLICATE

SAFETY PAPER





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

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

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

Date: 5/14/99

Commonwealth of Massachusetts
AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. WEISS

Date: 5/14/99

Witnessed By: MIKE L.

Location Address or Loc # <u>20 CORTLAND DR.</u> <u>MAP 24B, LOT 5D</u>	Owner's Name, Address, and Telephone # <u>ANU SIGGIA</u> <u>20 CORTLAND DR.</u> <u>AMHERST, MA</u> <u>01002</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit) N/A

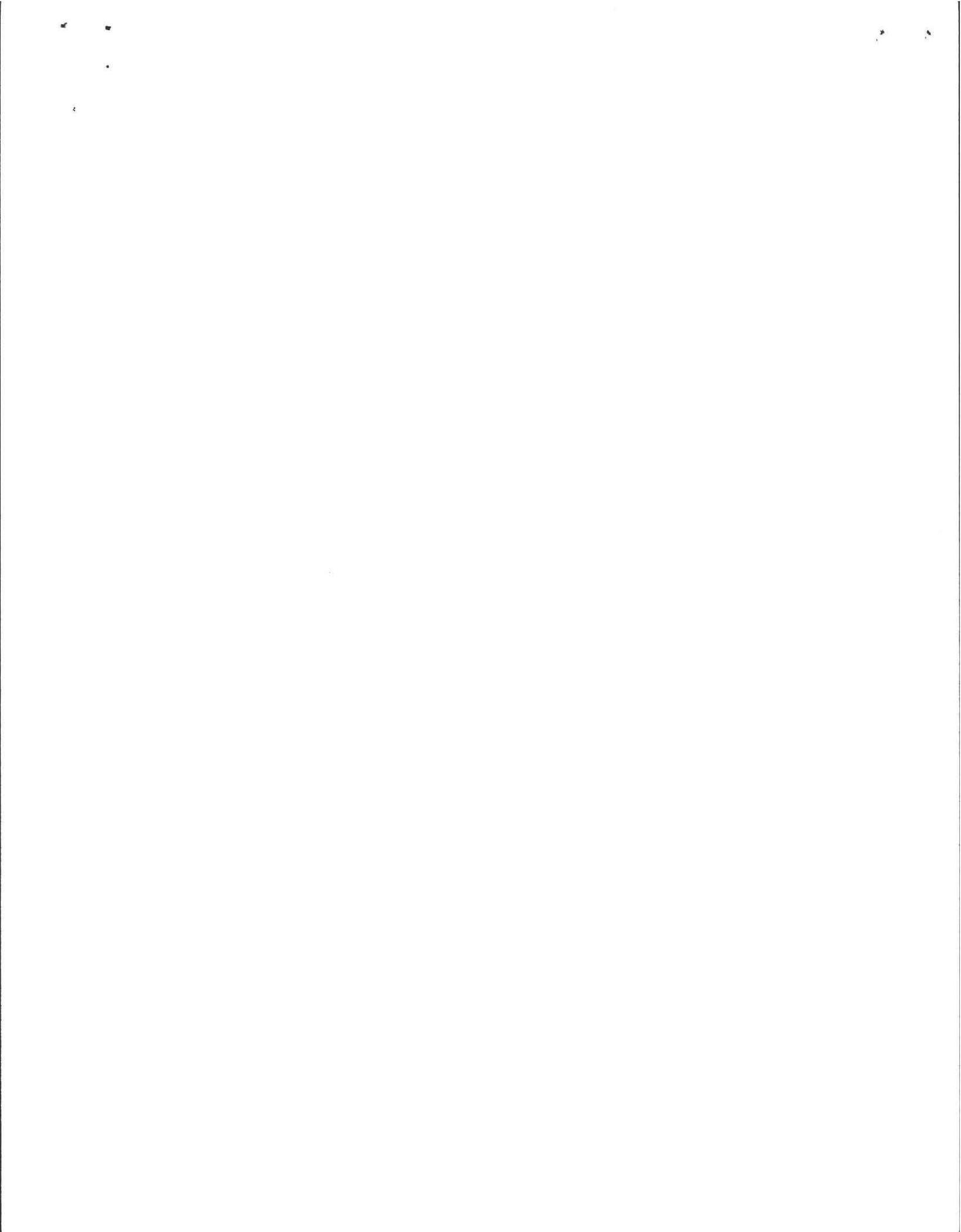
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 20 CORTLAND DR. AMHERST

On-site Review

Deep Hole Number TR-1 Date: 5/14/99 Time: 9:00 AM Weather SUN 60°F

Location (identify on site plan) _____

Land Use Resid. Slope (%) 4-8 Surface Stones None

Vegetation grass

Landform KAME TERRACE / DELTA

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100' feet Drainage way 100' feet

Possible Wet Area 100' feet Property Line 50' feet

Drinking Water Well 100' feet Other _____

* TOWN WATER

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-10"	A	FSL	10YR 3/2		FRIABLE
10-26"	Bw	FSL	10YR 4/6		FRIABLE
26-132"	C ₁	S	10YR 7/8	Not obs.	Loose med-coarse Sand, SOME GRAVEL.

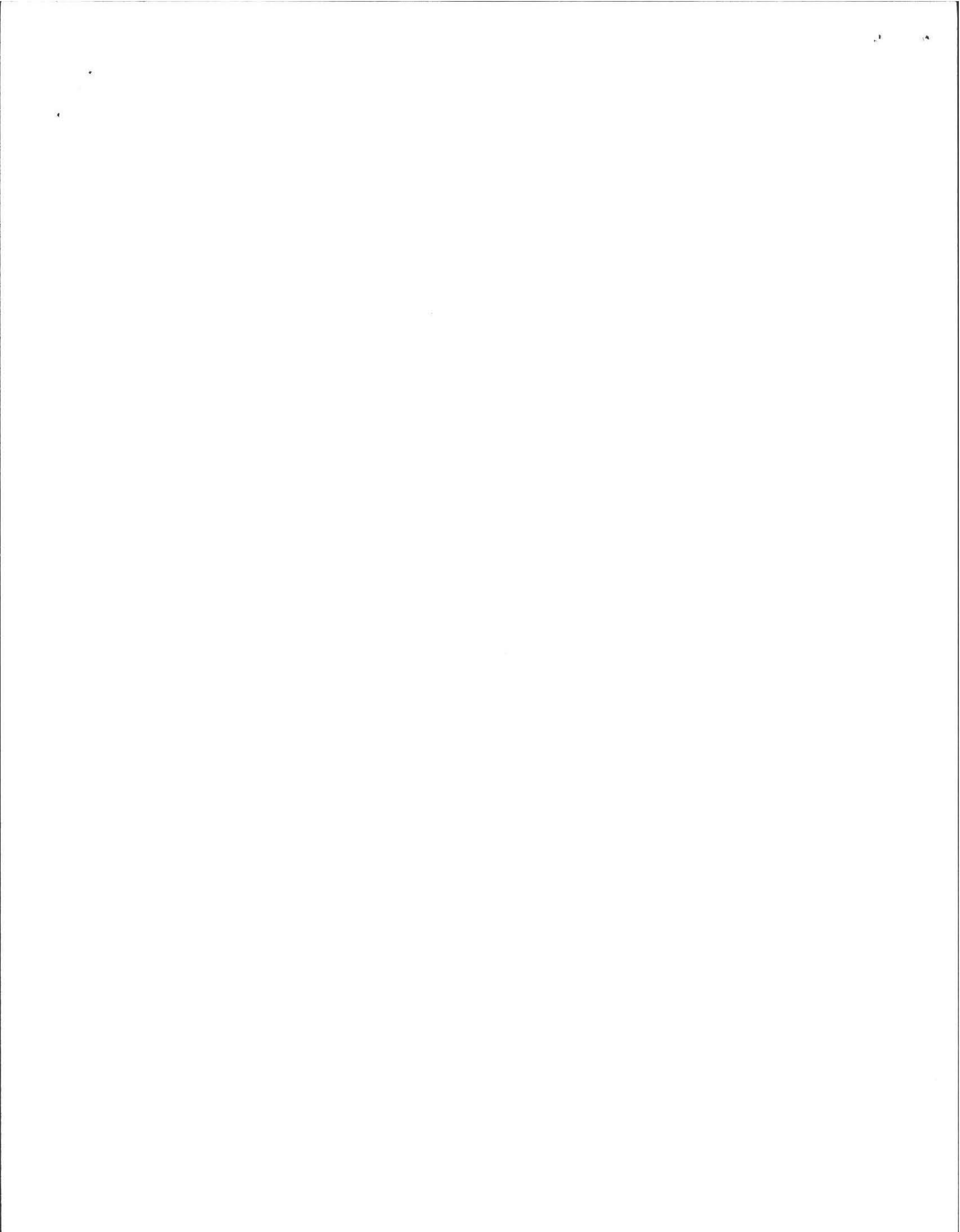
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock: Not obs.

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

Estimated Seasonal High Ground Water: 132" +





Location Address or Lot No. 20 CORTLAND DR.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole _____ inches
- Depth weeping from side of observation hole 132' inches
- Depth to soil mottles n/a inches
- Ground water adjustment _____ feet

Index Well Number _____ Reading Date _____ Index well level _____

Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Pervious Material

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

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

Certification

I certify that on June, 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.01.

Signature [Signature] Date 5/14/99



Location Address or Lot No. 20 CORTLAND DR.

COMMONWEALTH OF MASSACHUSETTS

AmHERST, Massachusetts

Percolation Test*		
Date: <u>5/14/99</u>		Time:.
Observation Hole #	<u>P.</u>	
Depth of Perc	<u>40"</u>	
Start Pre-soak	<u>9:00</u>	
End Pre-soak	<u>CAN'T HOLD H2O</u>	
Time at 12"	↓	
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch	<u>< 2 MIN IN</u>	

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

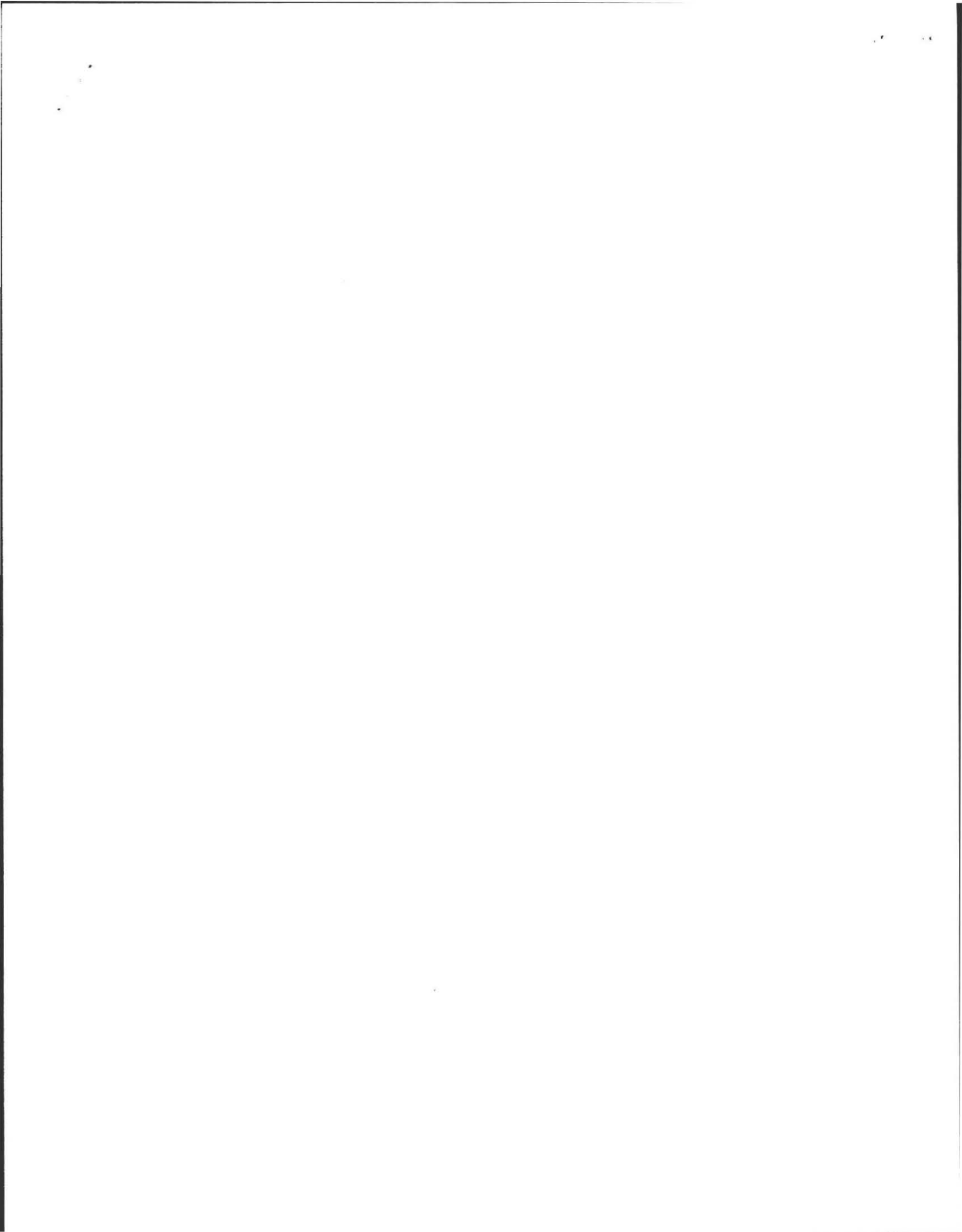
Site Passed Site Failed

Performed By: AI WEISS

Witnessed By: M. LOMBAED

Comments: 5' SEPARATION





**Town of Amherst
Inspection Services
Percolation Test Pictures**

Name: Anne Siggia
Address: 20 Cortland Drive

Date: 5/14/99
Phone:

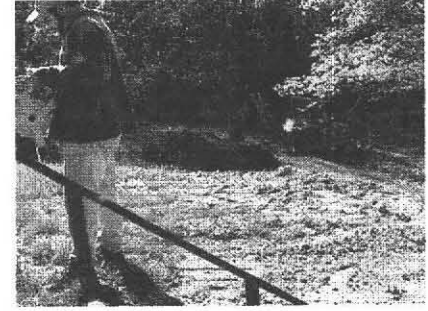
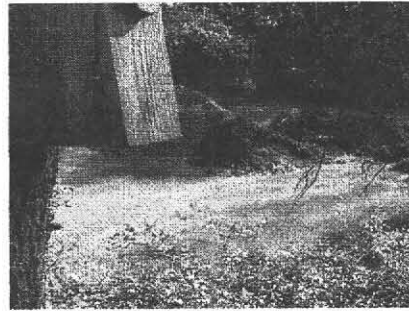
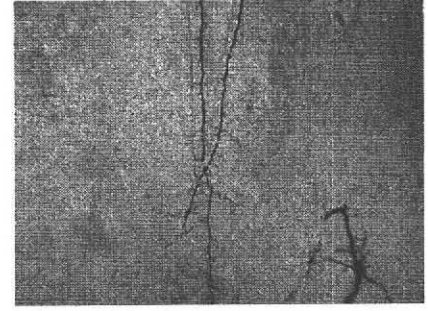
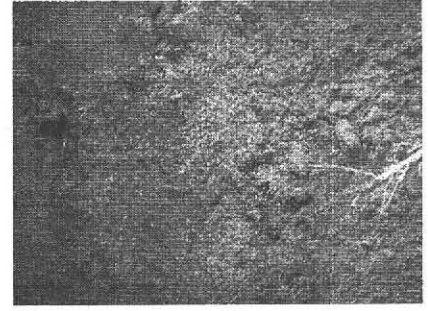
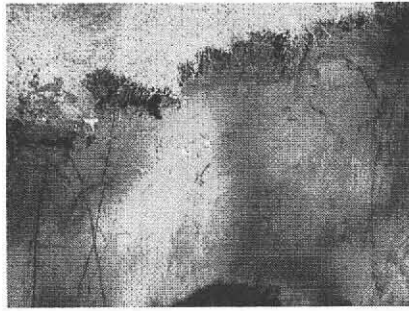
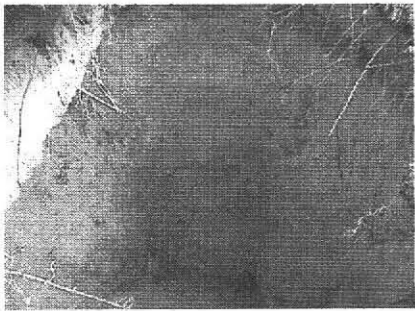
Of Occupants: _____ Total # of Rooms: _____ Town Water: _____ Well: _____

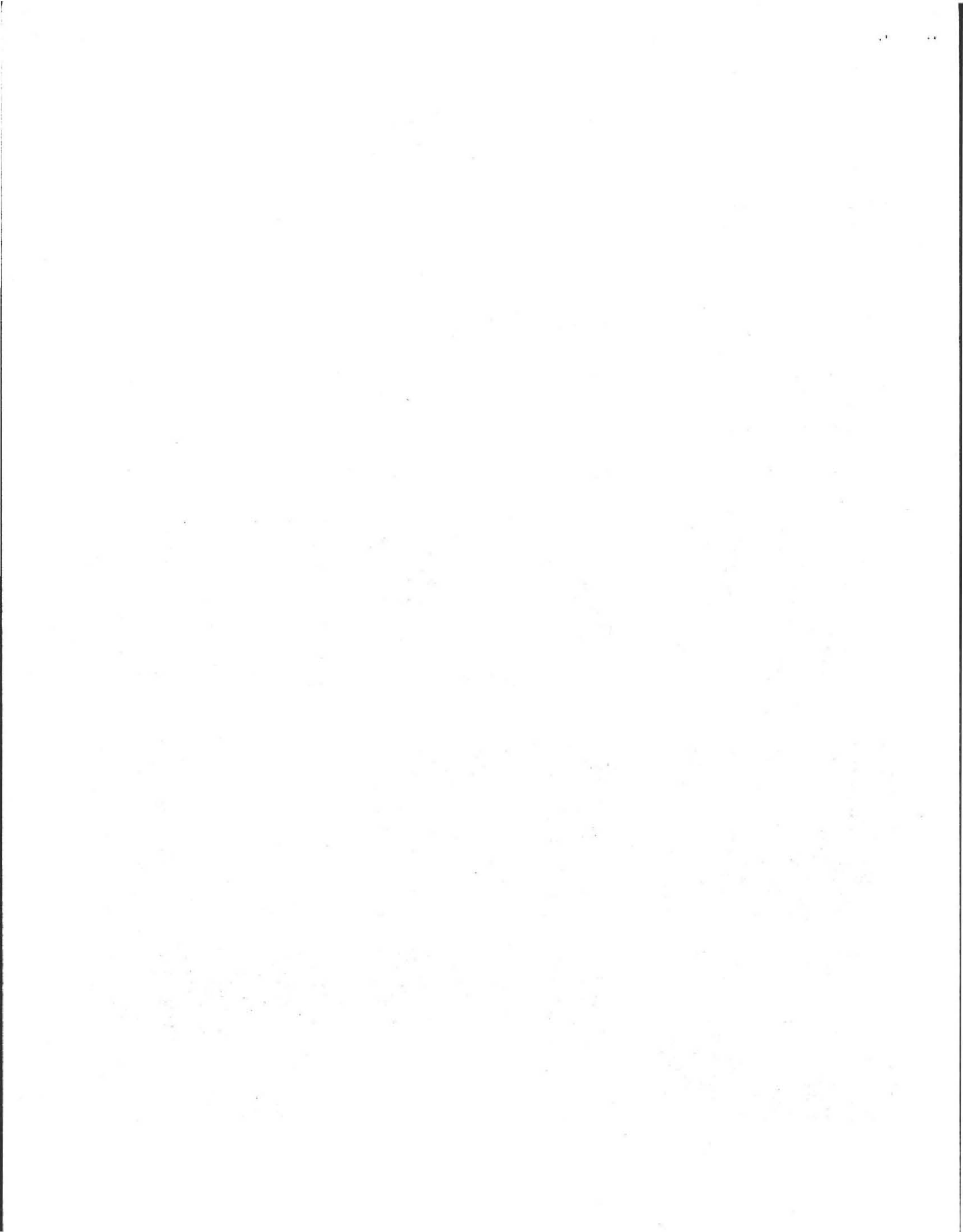
Of Bedrooms: _____ Oxides: None Seepage: None Water Table: 132"+ _____

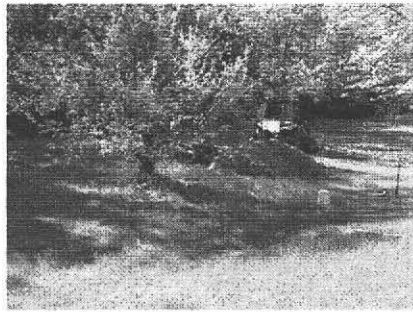
Depth of Perc: 48" Perc Rate: *Less then 2min can't hold water*

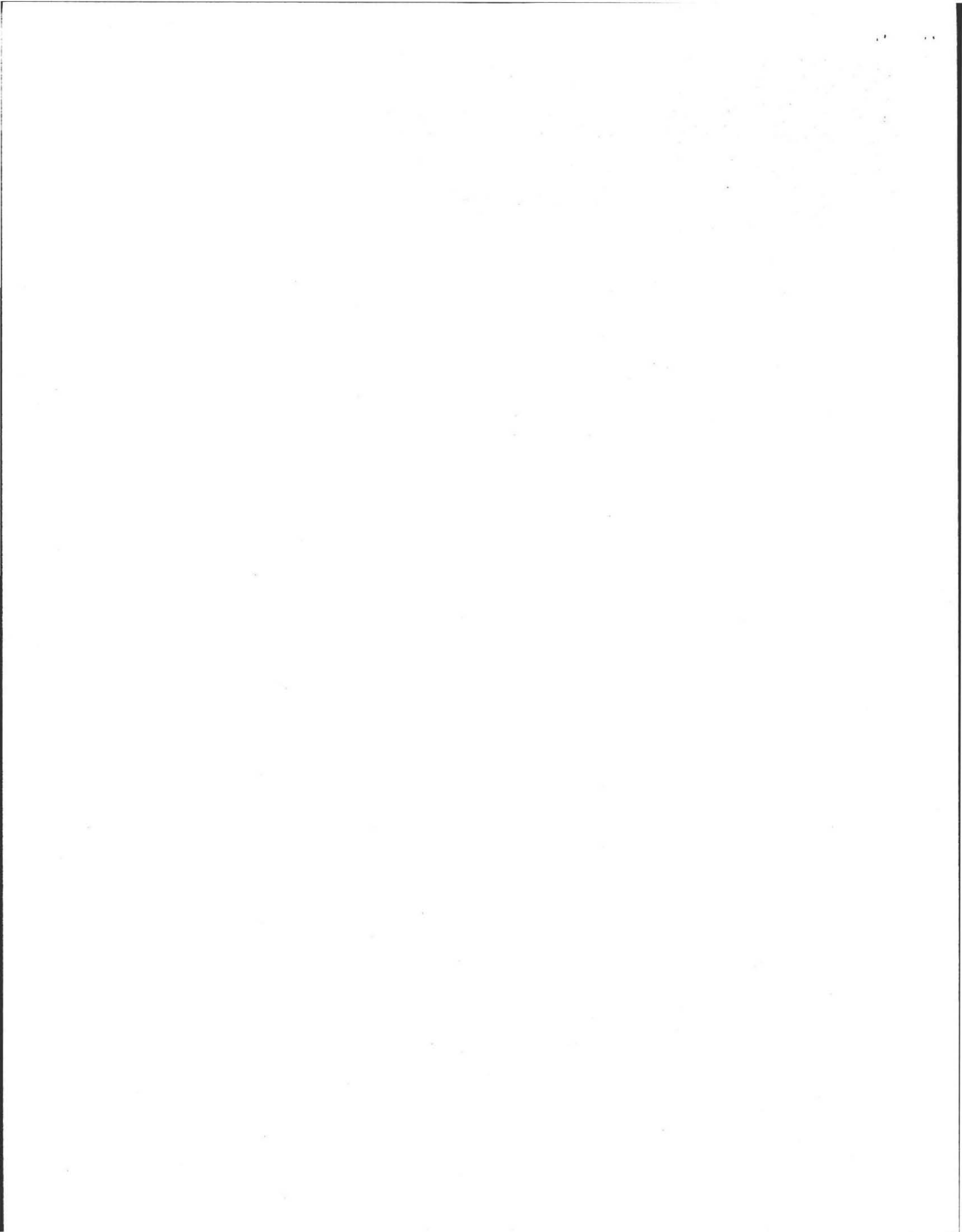
Appliance/Connections

_____ Dishwasher _____ Washing Machine _____ Garbage Disposal _____ Sump Pump









\$ 160.00

No. 20 COURTLAND DRIVE

Date: 5/14/99

Commonwealth of Massachusetts
Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: AL WIESS
Witnessed By: MIKE LOMBARD

Date: 5/14/99

Location Address or Lot # New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	Owner's Name, Address, and Telephone # <u>ANNE SIYRIA</u> <u>20 COURTLAND DRIVE</u>
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Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit) _____

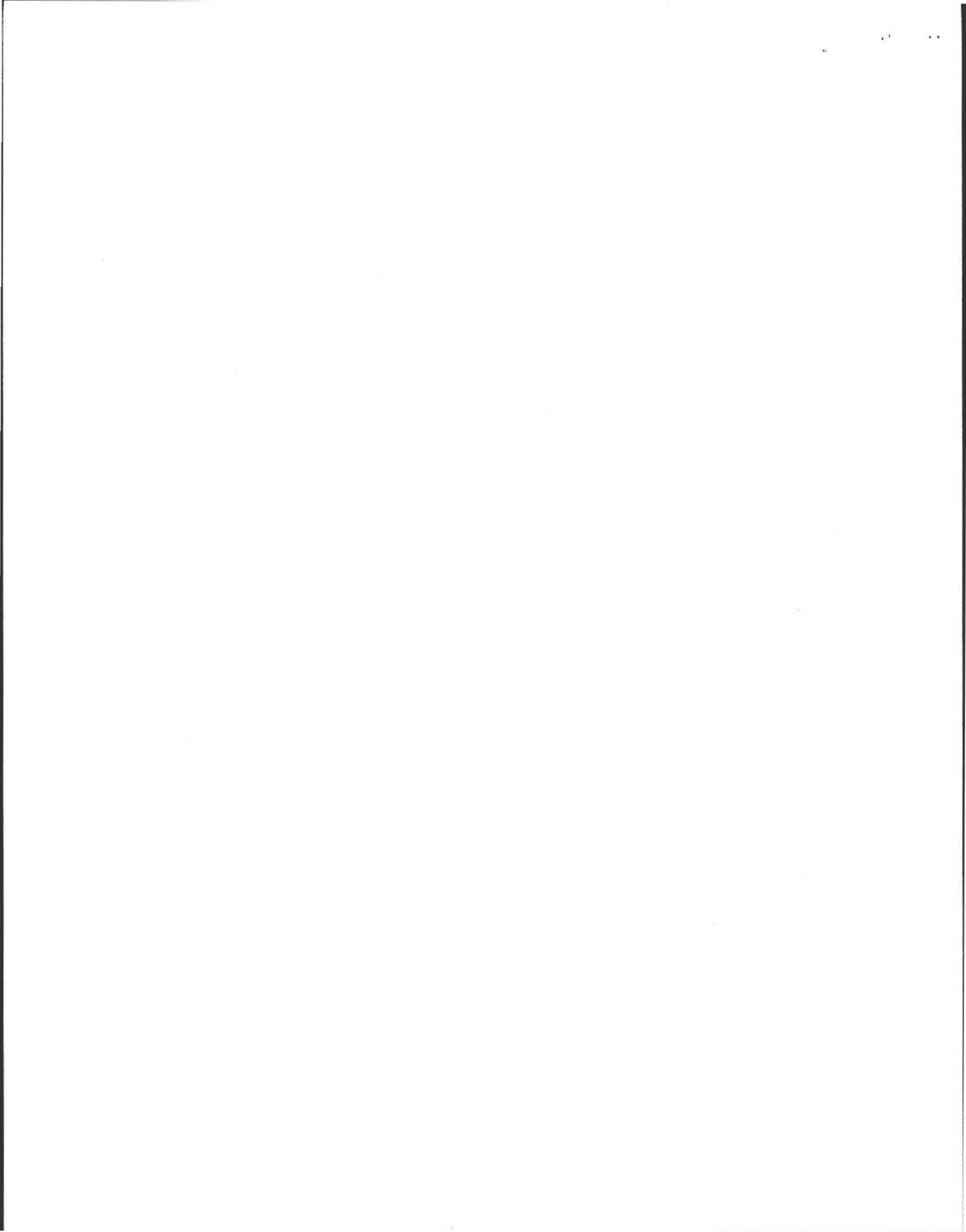
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 20 Cortland Dr.

On-site Review

Deep Hole Number 1 Date: 5-14-99 Time: 8:30 Weather Sunny
 Location (identify on site plan) _____
 Land Use grass, yard Slope (%) 5-8 Surface Stones none
 Vegetation grass
 Landform outwash Terrace
 Position on landscape (sketch on the back) _____
 Distances from:

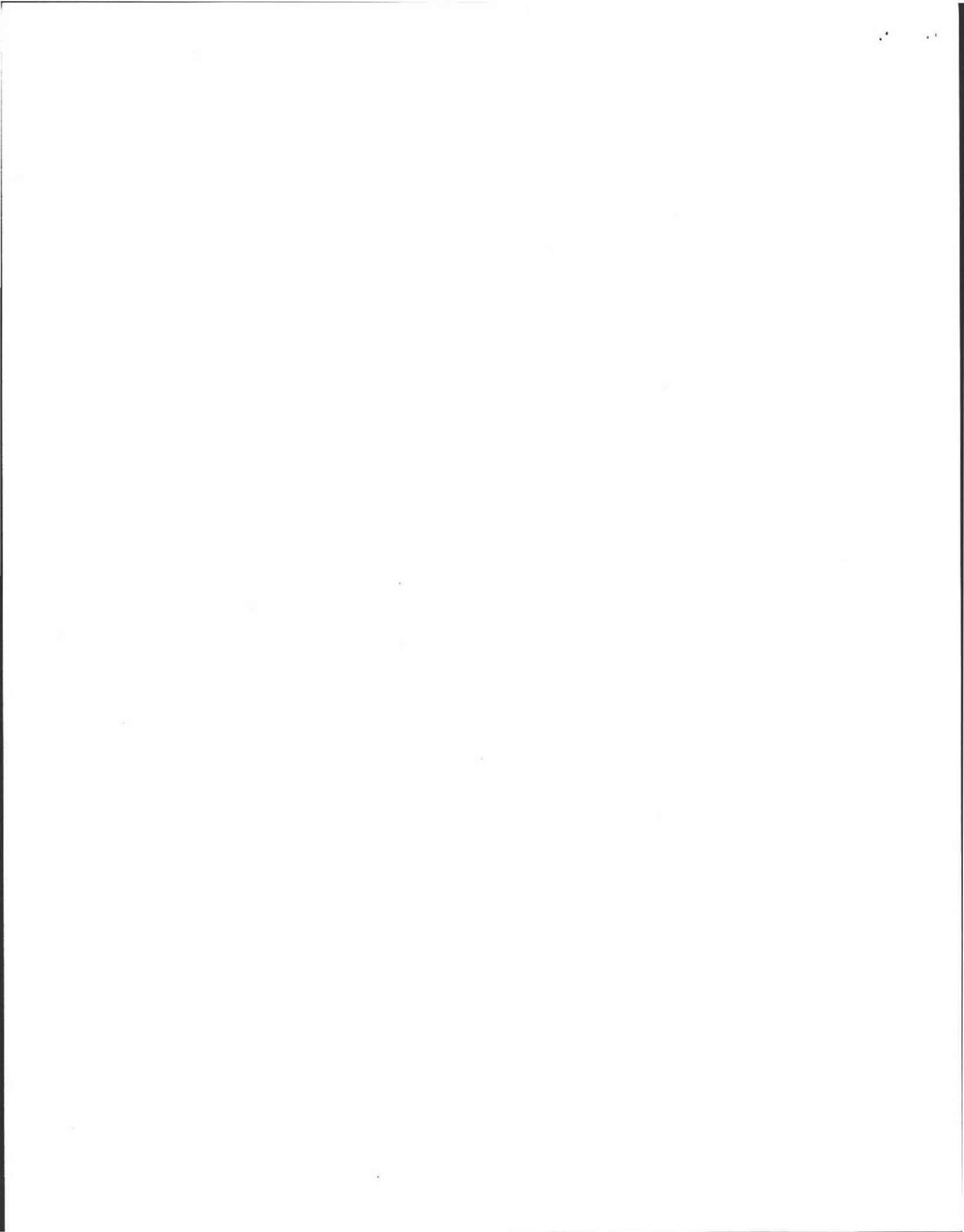
Open Water Body 100 feet⁺ Drainage way 100 feet⁺
 Possible Wet Area 100 feet⁺ Property Line 40 feet⁺
 Drinking Water Well 100 feet⁺ Other _____

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-10	A	FSL	10YR 3/2	none	LOOSE
0-26	BW	FSH	10YR 4/6	none	LOOSE
26-132	C	S	10YR 7/8	none	LOOSE, MED-COURSE

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Terrace Depth to Bedrock: 132" +
 Depth to Groundwater: Standing Water in the Hole: none Weeping from Pit Face: none
 Estimated Seasonal High Ground Water: 132" +





Location Address or Lot No. _____

On-site Review

Deep Hole Number _____ Date: _____ Time: _____ Weather: _____
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____ Surface Stones _____
 Vegetation _____
 Landform _____
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body _____ feet Drainage way _____ feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)

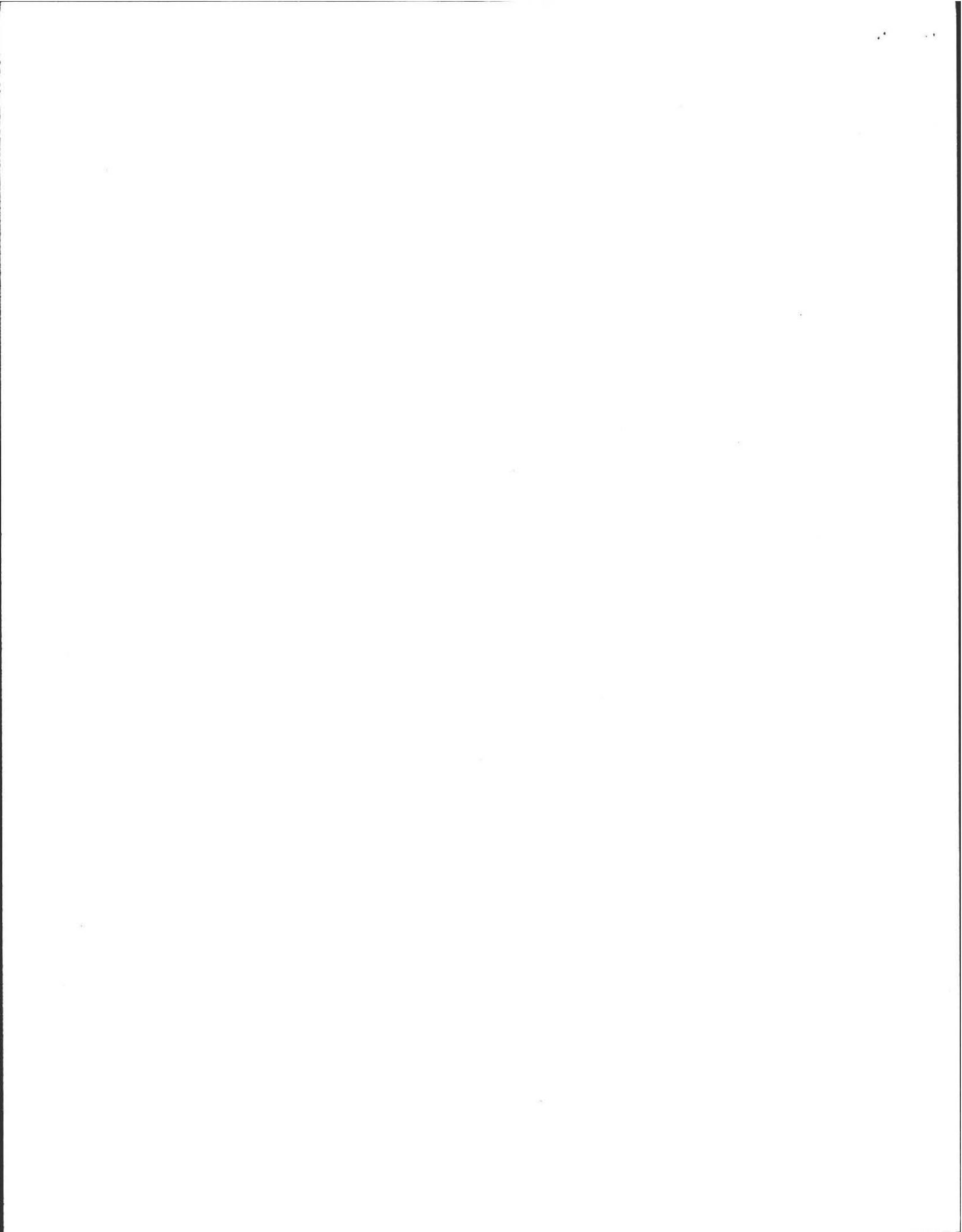
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 20 Cortland Dr.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:	<u>5-14-99</u>	Time: <u>8:30</u>
Observation Hole #	<u>1</u>	
Depth of Perc		
Start Pre-soak		
End Pre-soak		
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch		

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

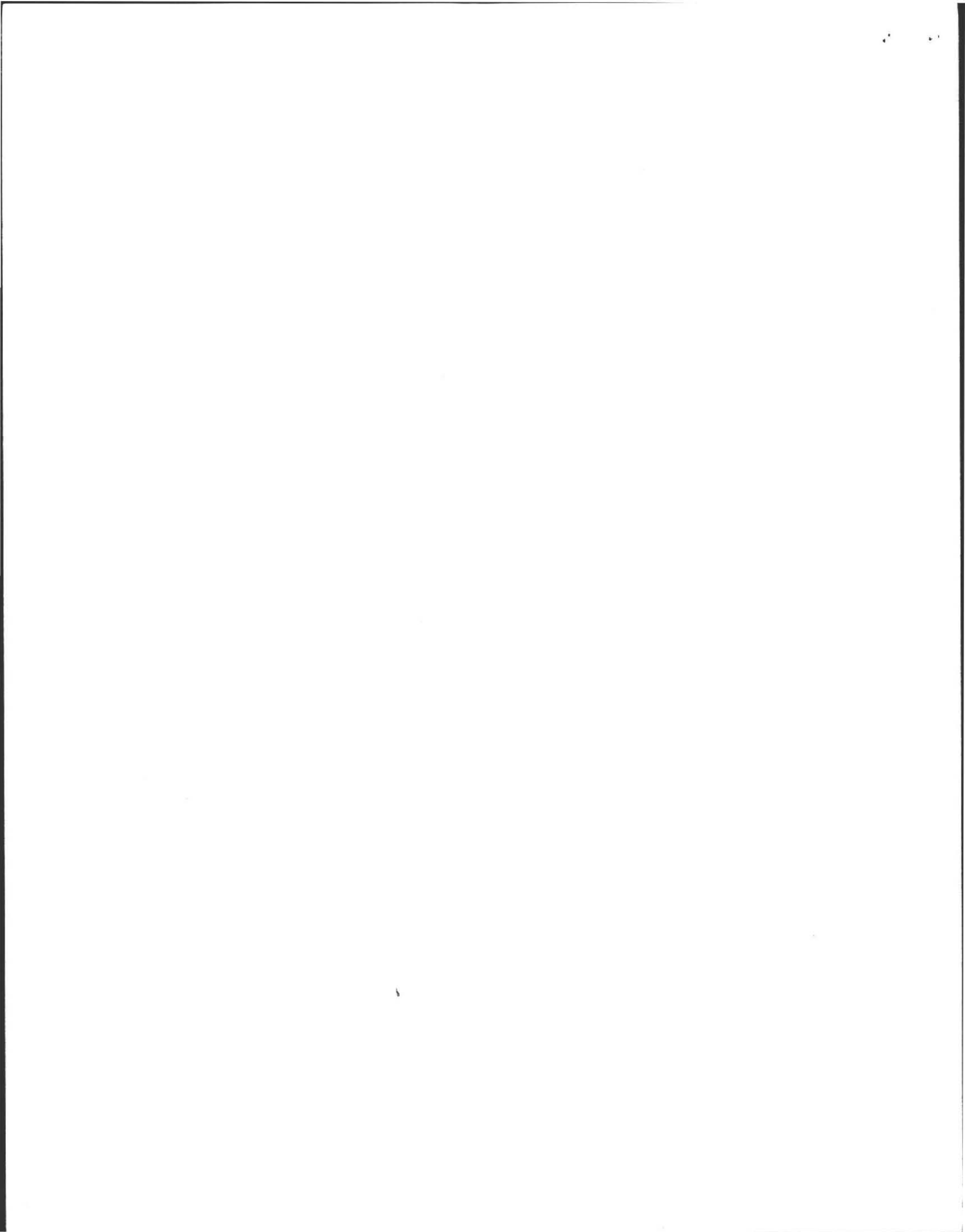
Site Passed Site Failed

Performed By: Al Weiss

Witnessed By: Mike Lombard, Bonnie Sieruta

Comments: Less than 2 min - cannot hold water





**Town of Amherst
Inspection Services
Percolation Test Pictures**

Name: Anne Siggia
Address: 20 Cortland Drive

Date: 5/14/99
Phone:

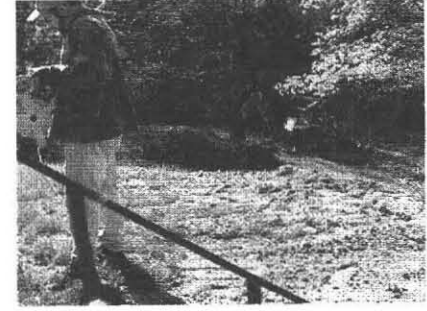
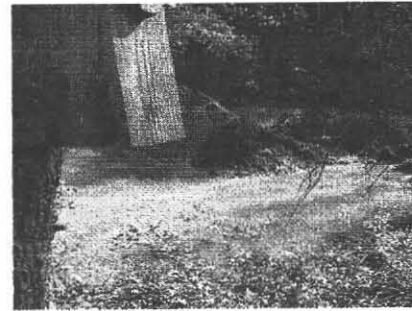
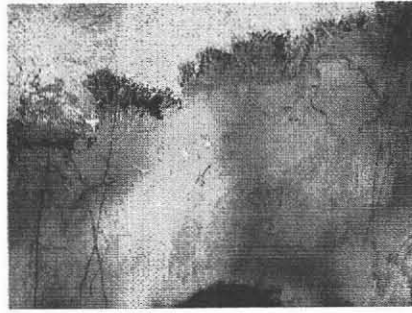
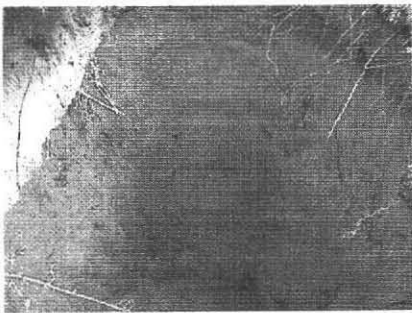
Of Occupants: _____ Total # of Rooms: _____ Town Water: _____ Well: _____

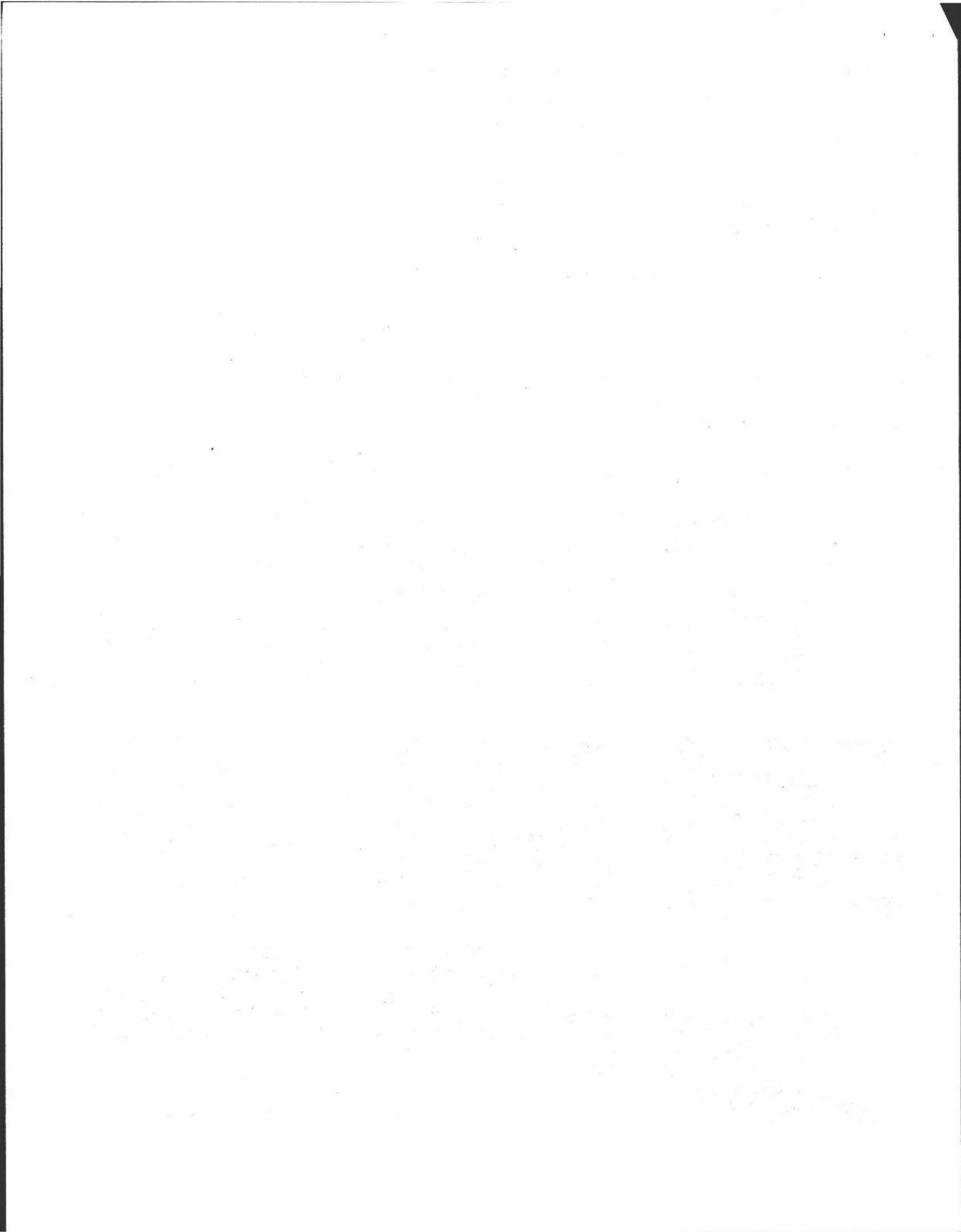
Of Bedrooms: _____ Oxides: None Seepage: None Water Table: 132"+

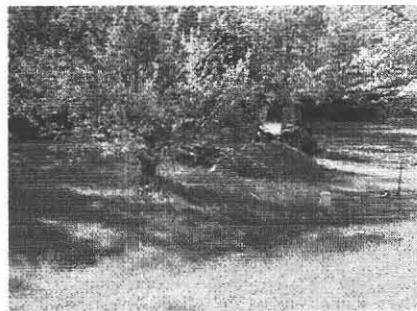
Depth of Perc: 48" Perc Rate: *Less than 2min can't hold water*

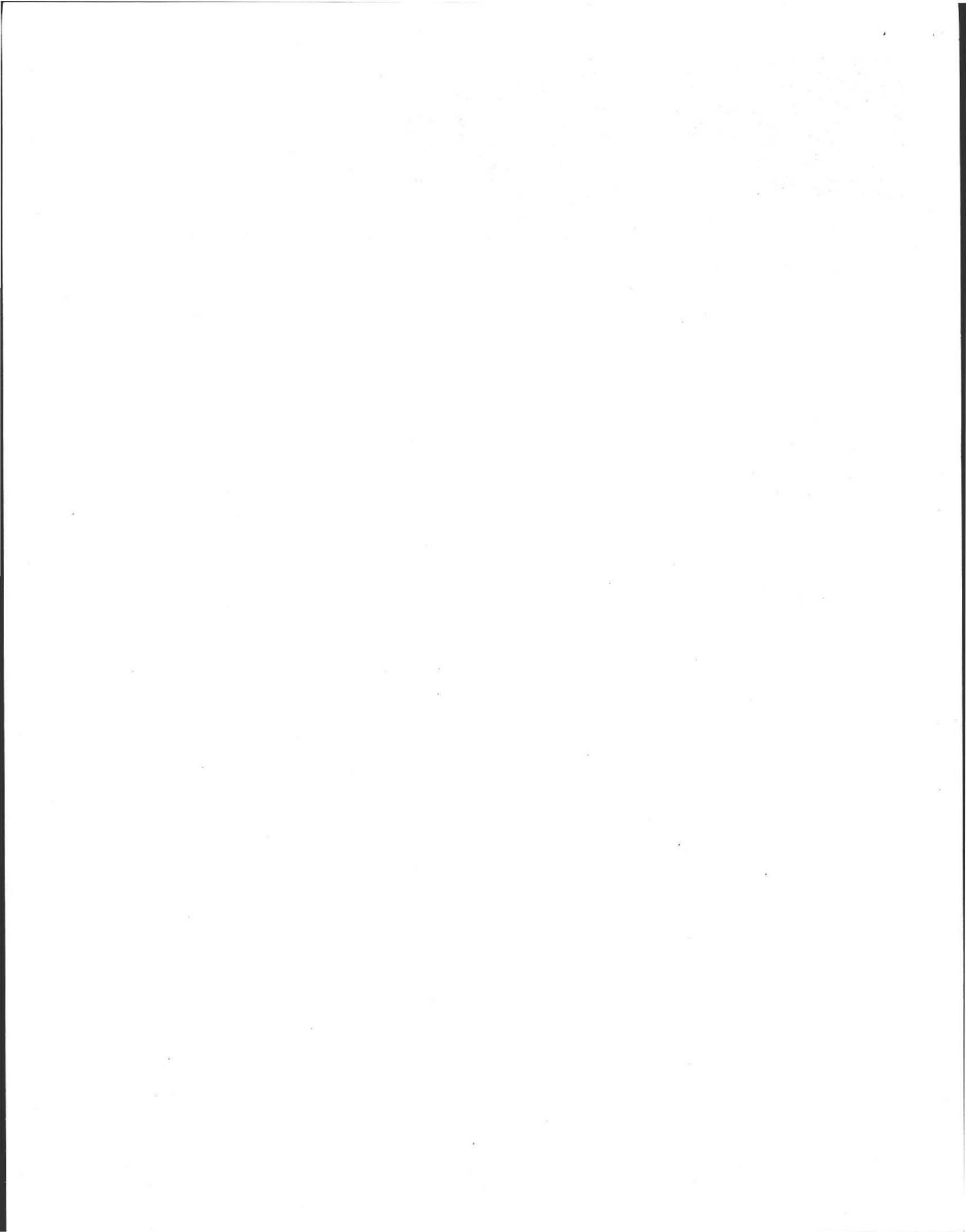
Appliance/Connections

_____ Dishwasher _____ Washing Machine _____ Garbage Disposal _____ Sump Pump











COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

TRUDY COXE
 Secretary

DAVID B. STRUHS
 Commissioner

ARGEO PAUL CELLUCCI
 Governor

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
 PART A
 CERTIFICATION

Property Address: 20 CORTLAND DR.
AMHERST, MA. Name of Owner: Ann Siggia
 Address of Owner: 20 CORTLAND DR AMHERST, MA. 01002 413-253-9649
 Date of Inspection:
 Name of Inspector: (Please Print) Alan E. Weiss, R.S.
 I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
 Company Name: Cold Spring Environmental, Inc.
 Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007
 Telephone Number: 413-323-5957

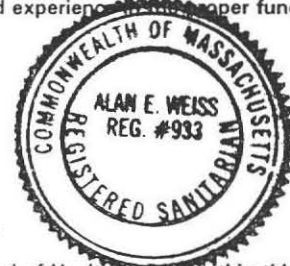
CERTIFICATION STATEMENT

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 to ensure proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: Alan E. Weiss

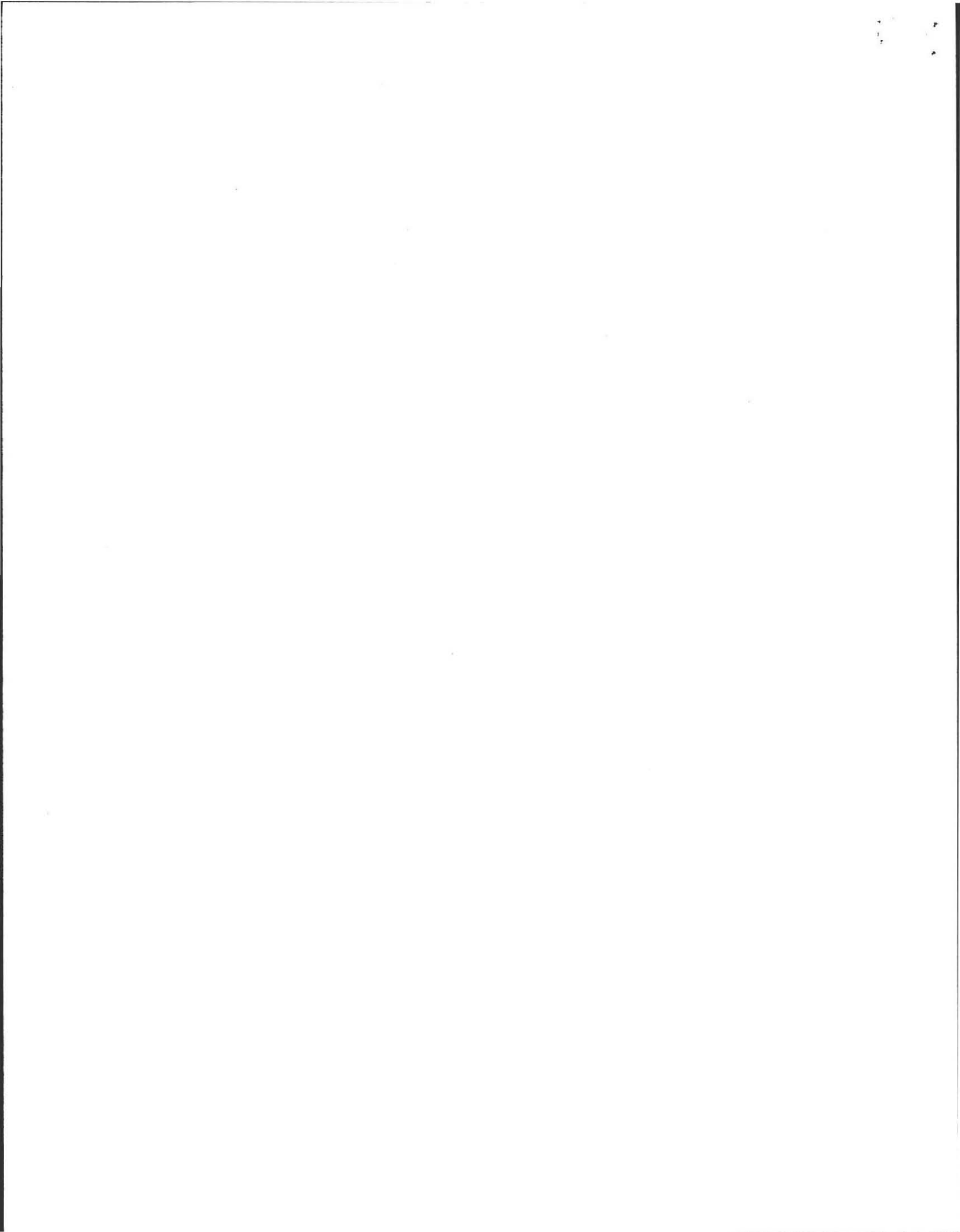
Date: 4/17/99



The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) 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.

NOTES AND COMMENTS

- * Drywell / Leach Chamber Full
- * Recommend grinder removed from kit. Sink.



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

Property Address: 20 CORTLAND DR
Owner: S1661A
Date of Inspection: 4/17/99

INSPECTION SUMMARY: Check A, B, C, or D:

A. SYSTEM PASSES:

_____ I have not found any information which indicates that any of the failure conditions described in 310 CMR 15.303 exist. Any failure criteria not evaluated are indicated below.

COMMENTS: _____

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.

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

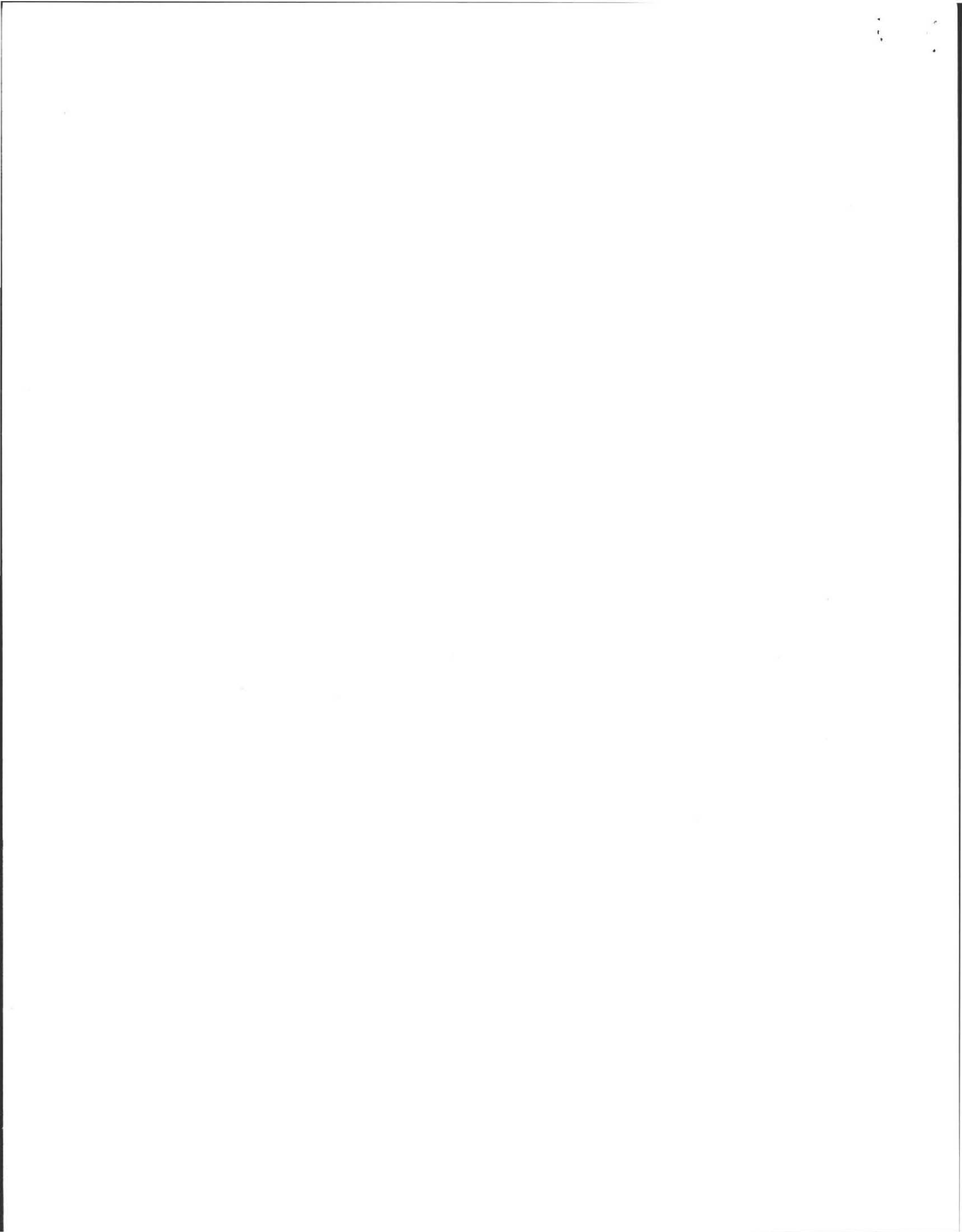
_____ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, 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 complying septic tank as approved by the Board of Health.

_____ 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



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

Property Address: 20 CORTLAND
Owner: SIGGIA
Date of Inspection: 4/17/99

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.

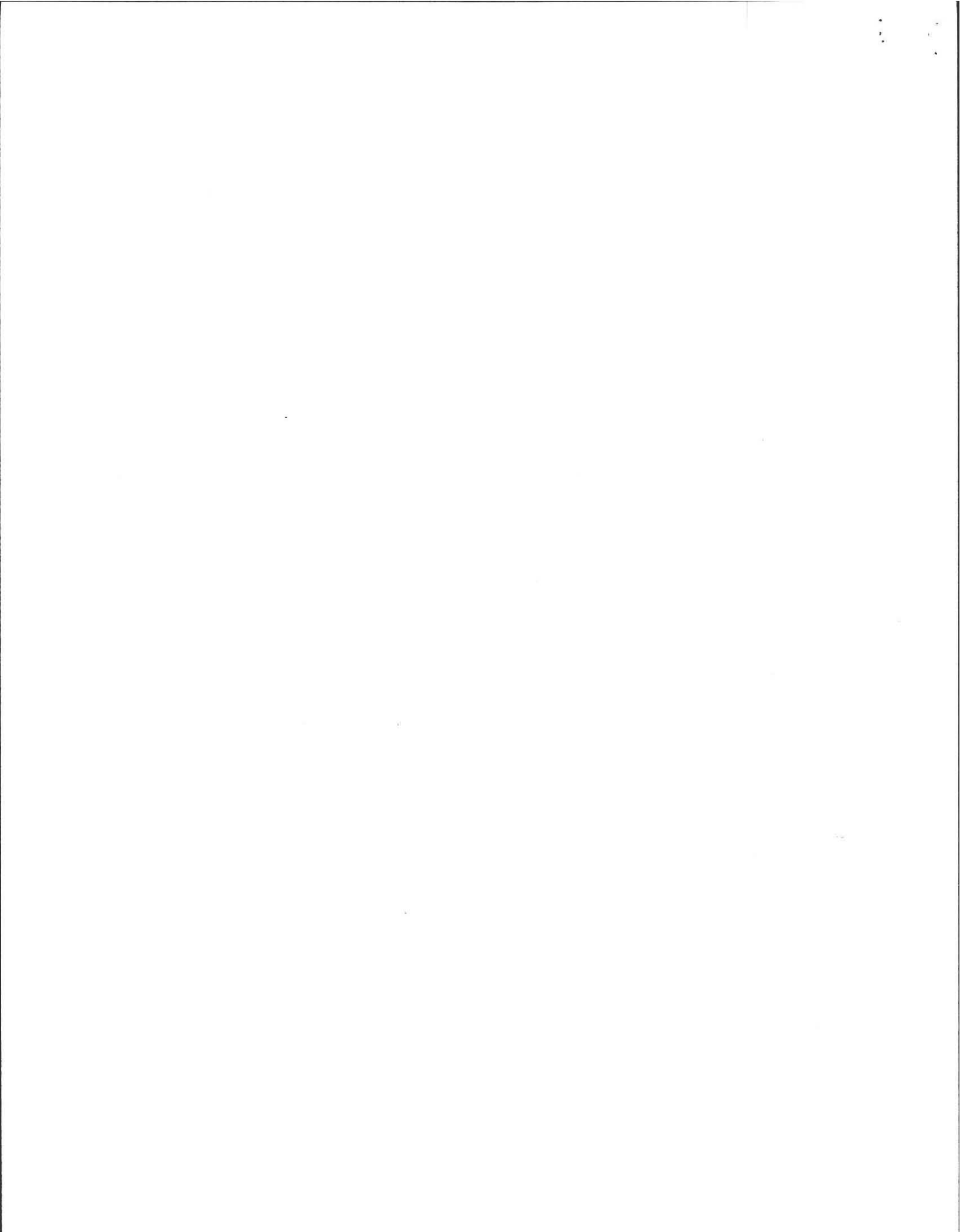
1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- ___ Cesspool or privy is within 50 feet of 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 AND SAFETY AND THE 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 soil absorption system and the SAS is within a Zone I of a public water supply well.
- ___ The system has a septic tank and soil absorption system and the SAS is less than 50 feet of a private water supply well.
- ___ The system has a septic tank and soil absorption system and the SAS 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. Method used to determine distance _____ (approximation not valid).

3) OTHER



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION (continued)

Property Address: 20 CORTLAND DR.

Owner: SIEGIA

Date of Inspection: 4/14/99

D. SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

I have determined that one or more of the following failure conditions exist as described 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.

- | Yes | No | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow. |
| <input type="checkbox"/> | <input type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped ____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. 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:

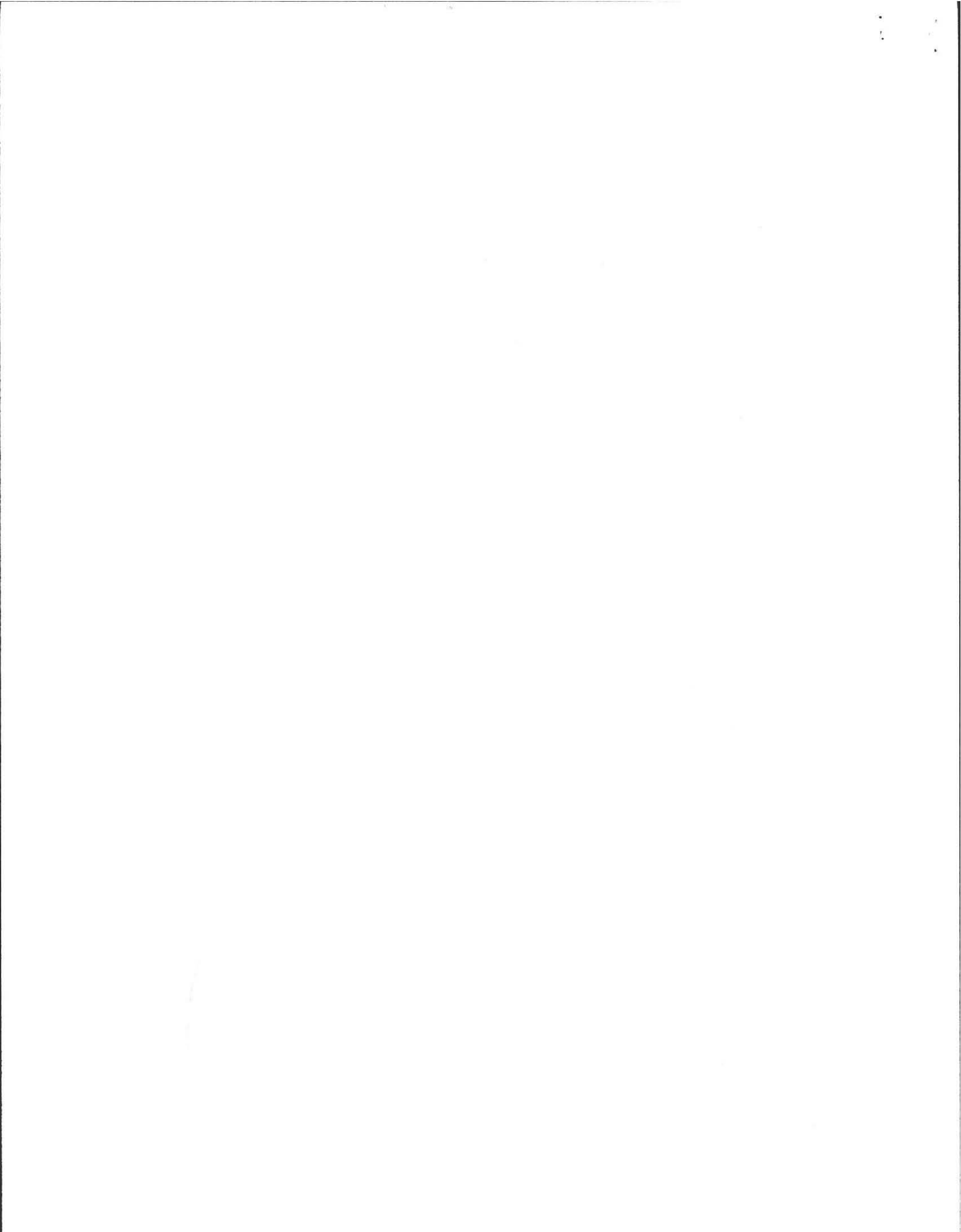
You must indicate either "Yes" or "No" to each of the following:

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

The system serves a facility with a design flow of 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:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well) |

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

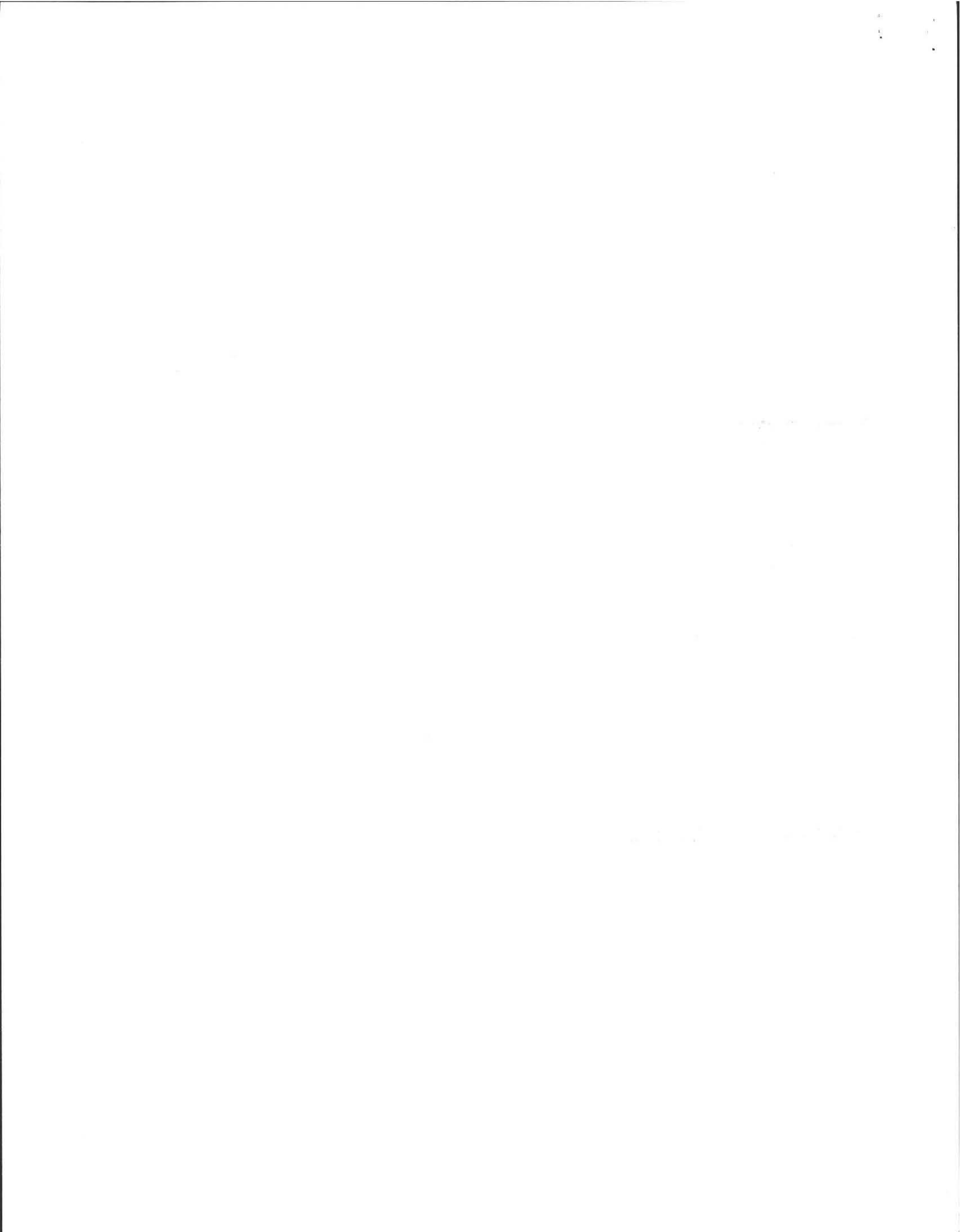


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 20 CORTLAND
 Owner: 516617
 Date of Inspection: 4/17/99

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, Plan at B.O.H. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems. |



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION**

Property Address: 20 CORTLAND DR.
Owner: SIGBIA
Date of Inspection: 4/17/99

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 440 g.p.d./bedroom.

Number of bedrooms (design): 4 Number of bedrooms (actual):

Total DESIGN flow 440

Number of current residents: 1

* Garbage grinder (yes or no): Y (Not recommended) (Recommend removal).

Laundry (separate system) (yes or no): N; If yes, separate inspection required

Laundry system inspected (yes or no)

Seasonal use (yes or no): N

Water meter readings, if available (last two year's usage (gpd): N/A

Sump Pump (yes or no): N

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A

Design flow: gpd (Based on 15.203)

Basis of design flow

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: Current

GENERAL INFORMATION

PUMPING RECORDS and source of information:

3 mos. ago

System pumped as part of inspection: (yes or no) no

If yes, volume pumped: 1200 gallons

Reason for pumping:

TYPE OF SYSTEM

Septic tank/distribution box/soil absorption system

Single cesspool

Overflow cesspool

Privy

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

I/A Technology etc. Attach copy of up to date operation and maintenance contract

Tight Tank Copy of DEP Approval

Other

APPROXIMATE AGE of all components, date installed (if known) and source of information: 30 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: 20 CORTLAND
Owner: S1661A
Date of Inspection: 4/17/99

✓ **BUILDING SEWER:**
(Locate on site plan)

Depth below grade: _____
Material of construction: ___ cast iron ___ 40 PVC ___ other (explain) _____

Distance from private water supply well or suction line _____
Diameter _____
Comments: (condition of joints, venting, evidence of leakage, etc.) _____

✓ **SEPTIC TANK: Y**
(locate on site plan)

* Note tank is 7-9' below grade *

Depth below grade: (9' 0")
Material of construction: concrete ___ metal ___ Fiberglass ___ Polyethylene ___ other(explain) _____

If tank is metal, list age ___ Is. age confirmed by Certificate of Compliance ___ (Yes/No)

Dimensions: 9' x 4' x 4'
Sludge depth: 0"
Distance from top of sludge to bottom of outlet tee or baffle: 35"
Scum thickness: 0"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: -
How dimensions were determined: measured

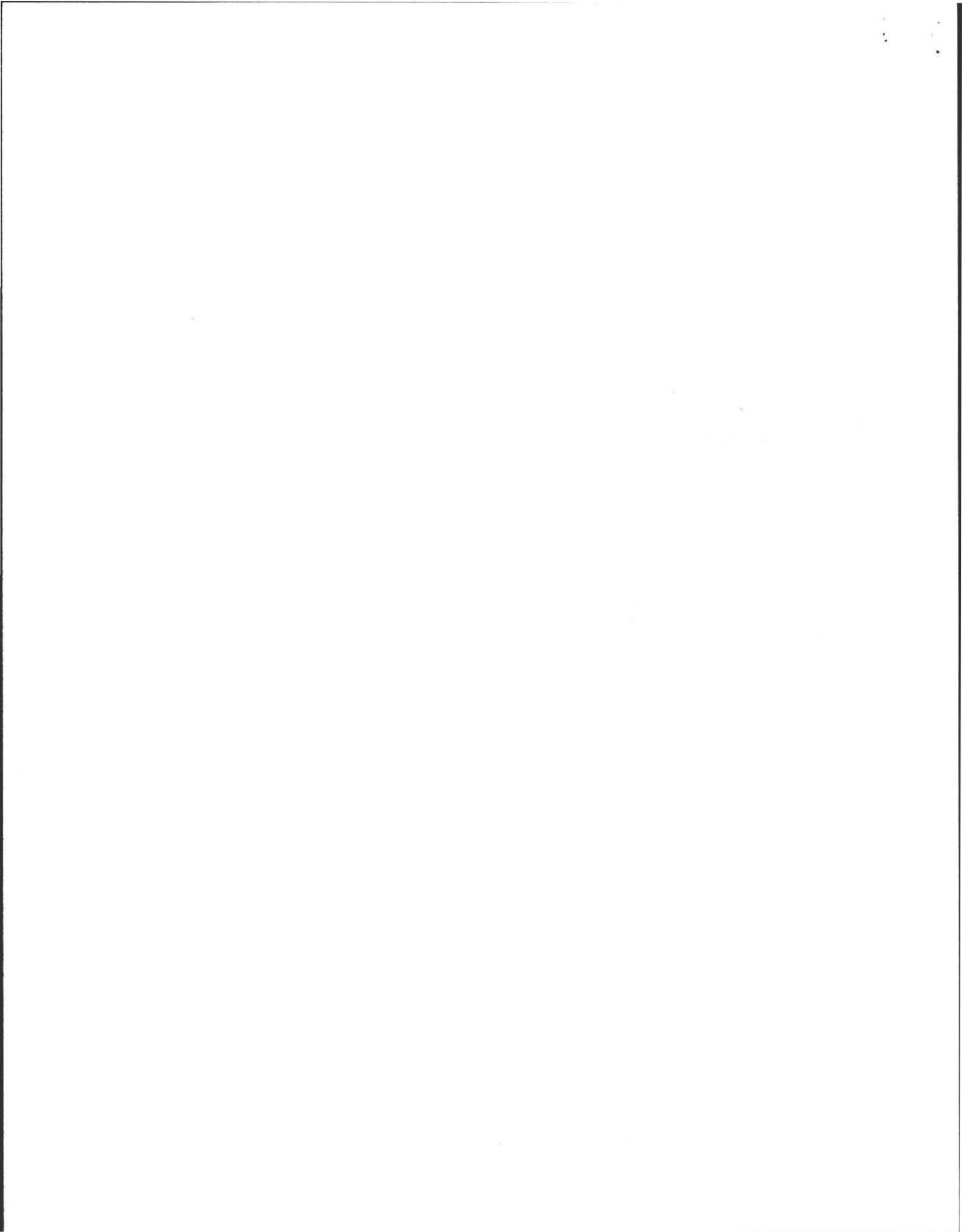
Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) OK, but 30 yrs old + very deep.

GREASE TRAP: Y
(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:
(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: 20 CORTLAND DR.
Owner: S1661A
Date of Inspection: 4/17/99

TIGHT OR HOLDING TANK: N (Tank must be pumped prior to, or 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
Alarm level: _____ Alarm in working order: Yes No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

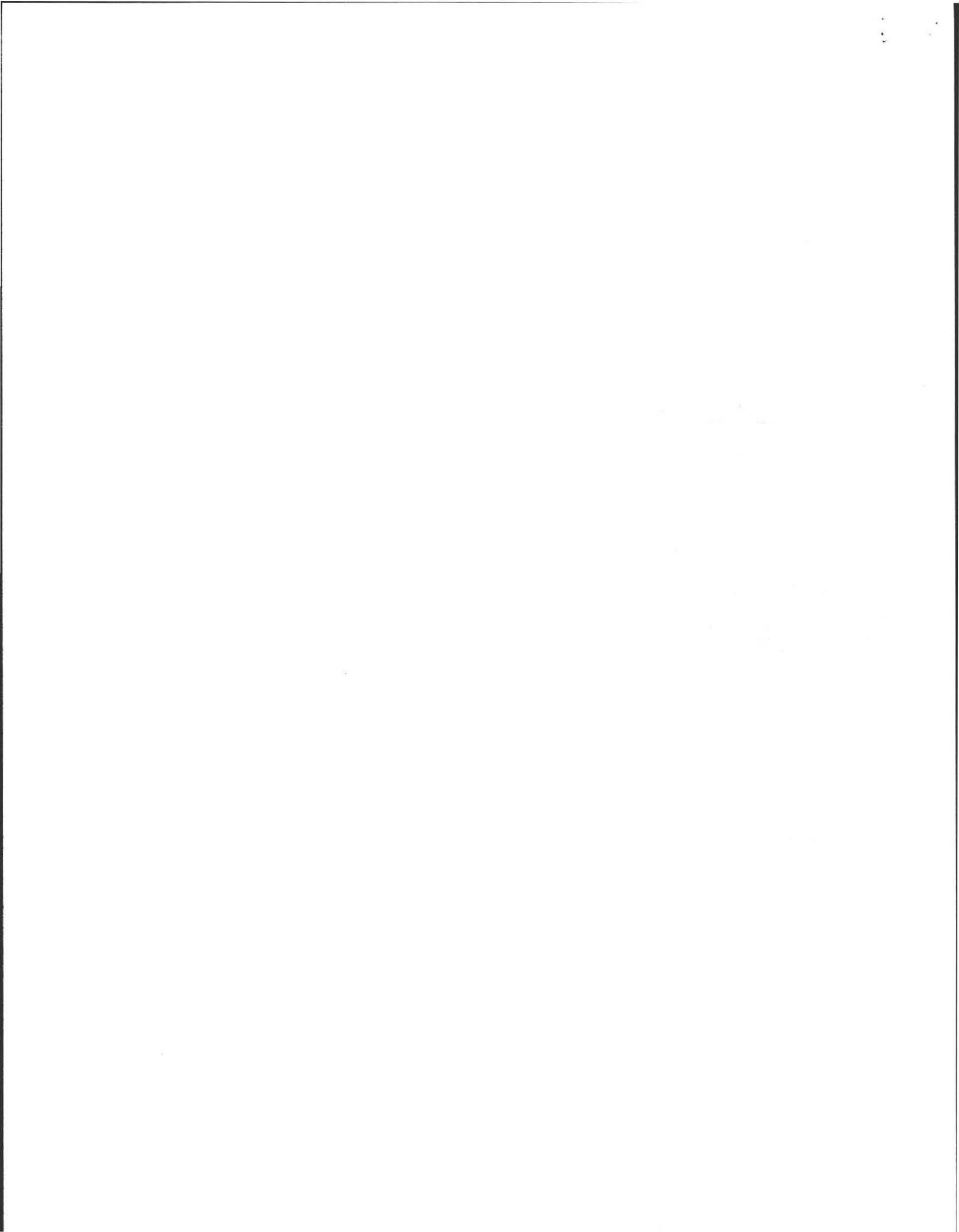
DISTRIBUTION BOX: N
(locate on site plan)

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: N
(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.) _____



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

Property Address: 20 CORTLAND DR.
Owner: 51661A
Date of Inspection: 4/17/99

SOIL ABSORPTION SYSTEM (SAS): Y

(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

Type:

leaching pits, number: (1) 6' ϕ x 6' DEEP. (5' below grade)
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: _____
overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments:

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

Full up to invert pipe 3" from top.

CESSPOOLS: N

(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) _____

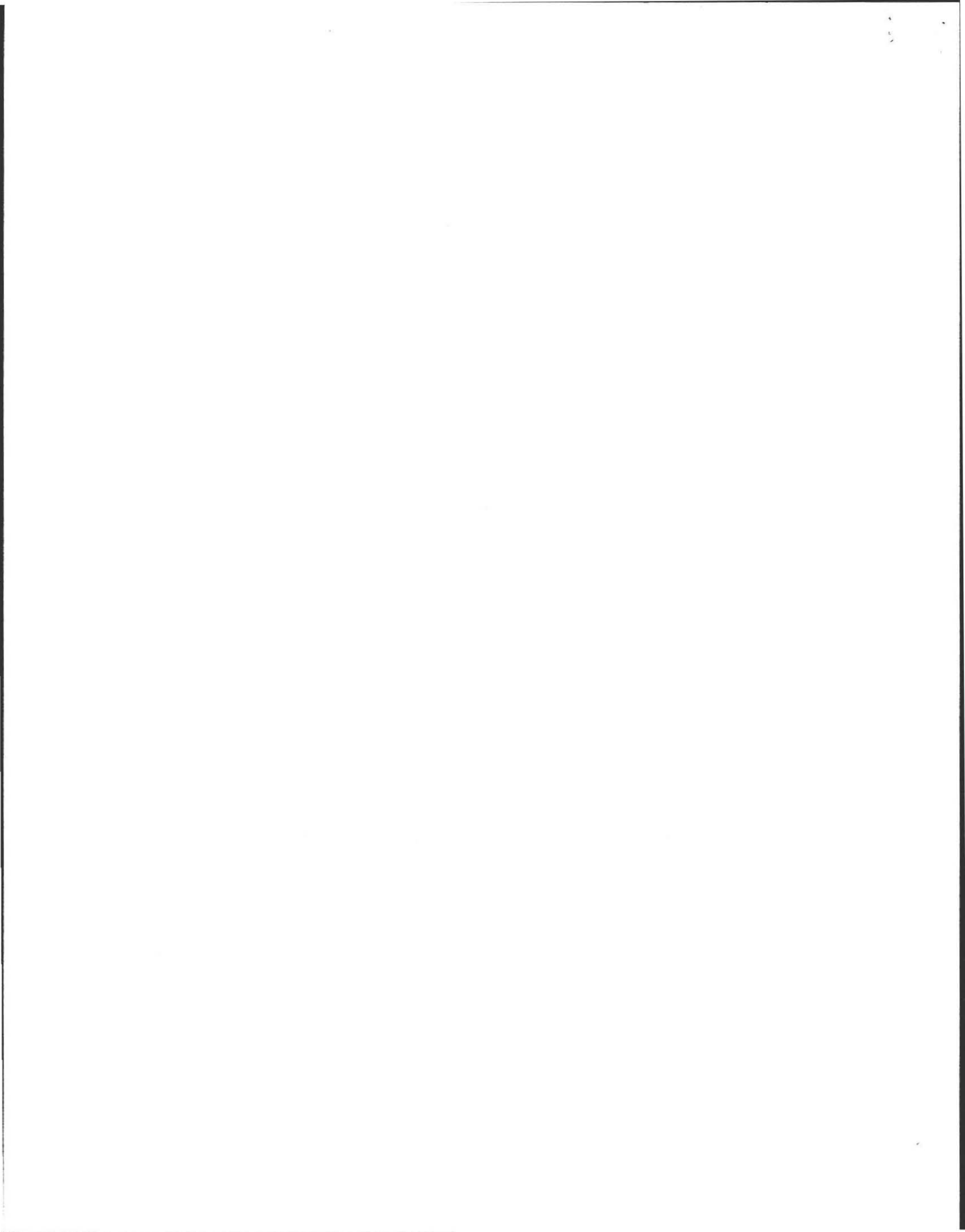
Comments:

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

PRIVY: N

(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.)

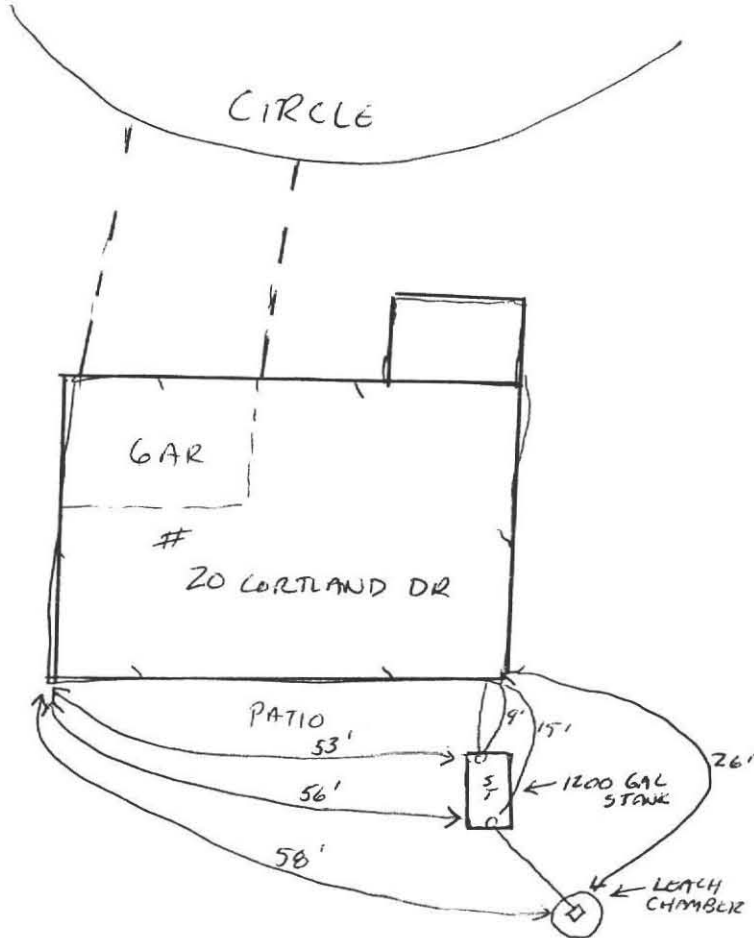


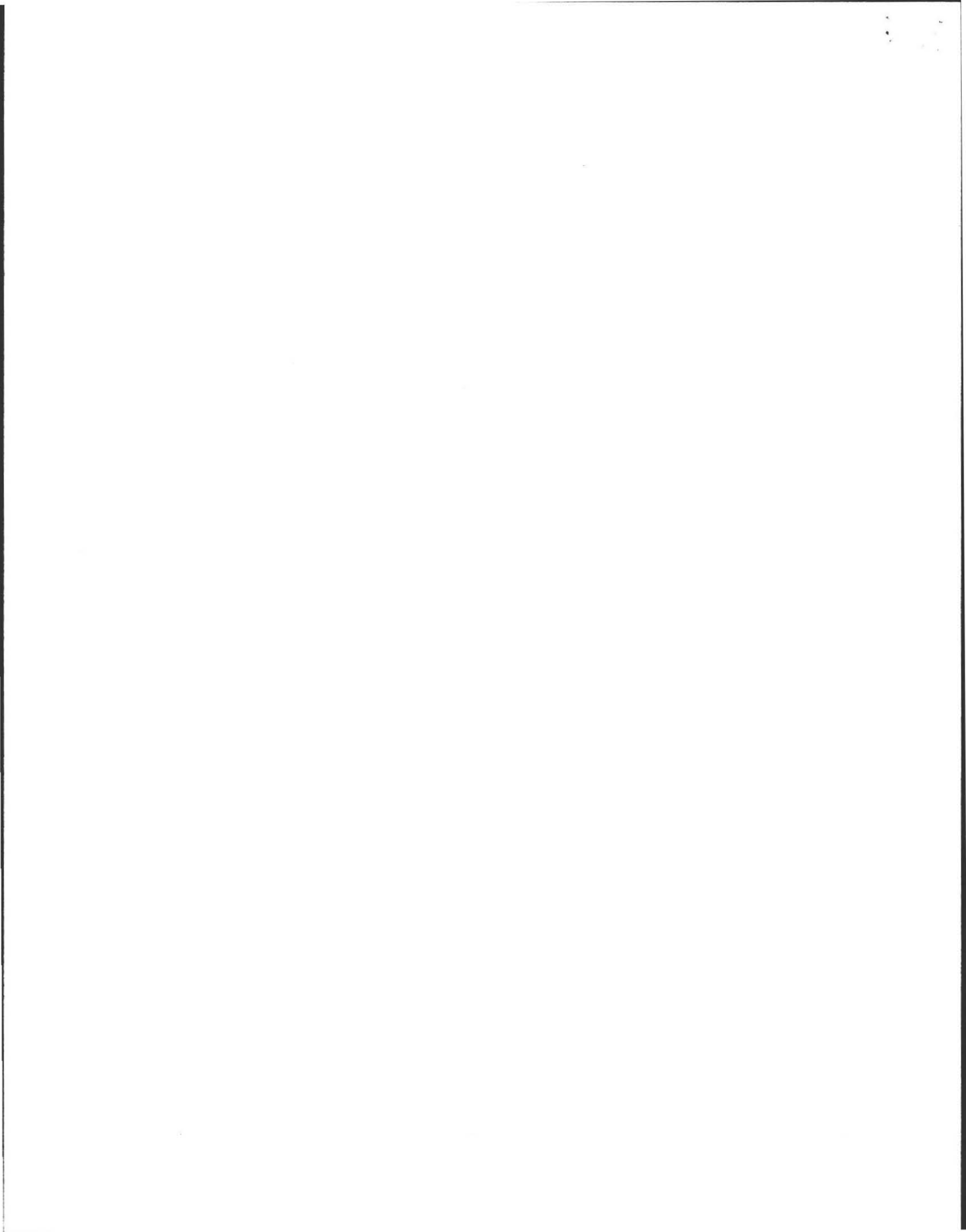
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 20 CORTLAND DR.
Owner: 51661A
Date of Inspection: 4/17/99

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)





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

Property Address: 20 CORTLAND DR.
Owner: SIGGIA
Date of Inspection: 4/17/99

NRCS Report name _____
Soil Type _____
Typical depth to groundwater _____

USGS Date website visited _____
Observation Wells checked _____
Groundwater depth: Shallow _____ Moderate _____ Deep _____

SITE EXAM Slope _____
Surface water _____
Check Cellar _____
Shallow wells _____

Estimated Depth to Groundwater 10' Feet

Please indicate all the methods used to determine High Groundwater Elevation:

- Obtained from Design Plans on record
- Observed Site (Abutting property, observation hole, basement sump etc.) *Perc next door (1998) outwash 10-12' ESHWT.*
- Determined from local conditions
- Checked with local Board of health
- Checked FEMA Maps
- Checked pumping records
- Checked local excavators, installers
- Used USGS Data

Describe how you established the High Groundwater Elevation. (**Must** be completed)

TOPOGRAPHY, VEGETATION + NEARBY PERC

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 676 Date 4-6-67 Fee 3.00 Date Rec'd. 4/17/67 # check 2542 By _____

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

Location—Address 20 CORTLAND DR. or Lot No. _____

Owner SIOMEY SIGGIA Address WEDGIER COURT.

Contractor BARCZENSKI BROS. (KONKOWNY) Address GREENFIELD

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 Expansion Attic (X) Garbage Grinder (YES)
Other _____ No. of persons _____ Showers ()

Other fixtures _____
Town Water? YES Type of Well _____

Design Flow 76 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1200 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. 1 Diameter 6' Depth below inlet 6' Dimensions: 6 x 8 x _____

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

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Shabe Date _____

Test Pit No. 1 -2 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.

Application Approved by Shabe Barczenski Bros Owner or builder By Joe Barczenski date 4-7-67

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

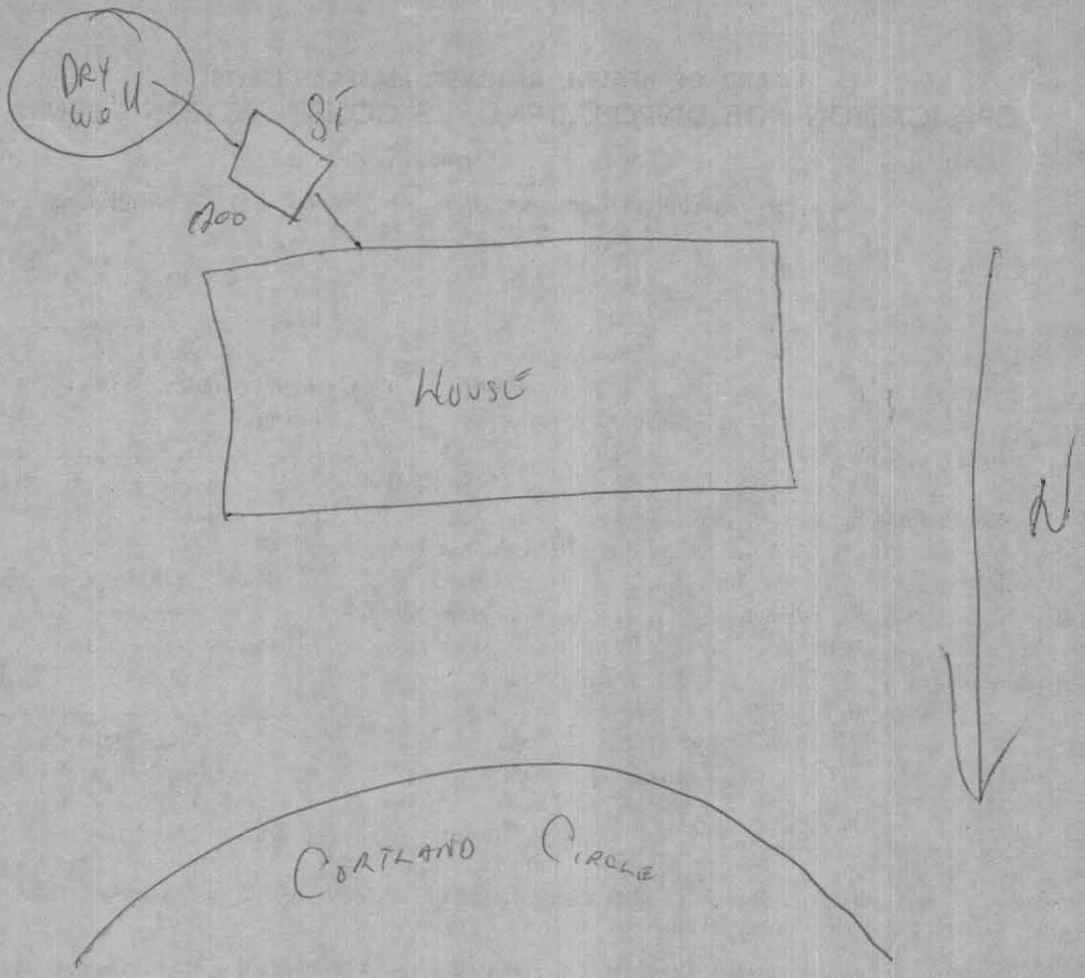
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 67-6 Permission is hereby granted BARCZENSKI BROS to construct (X) or repair () an Individual Sewage Disposal System at CORTLAND DR

as shown on the application for Disposal Works Construction Permit No. 67-6

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 4-6-67 Shabe Board of Health



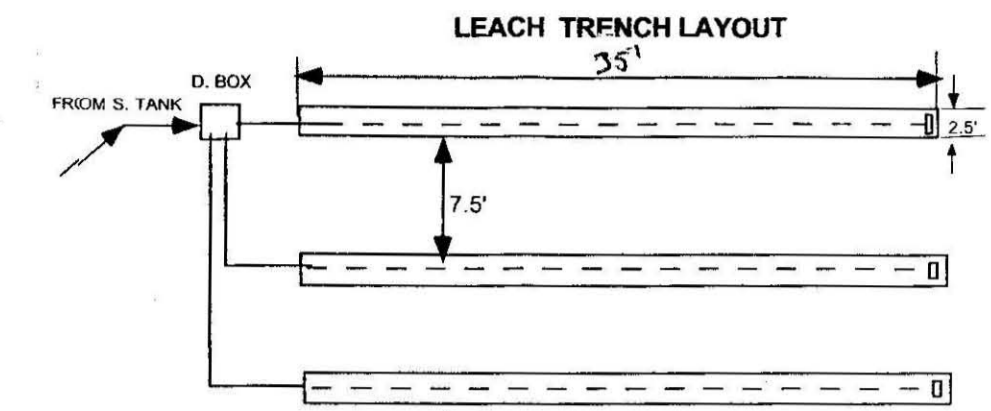
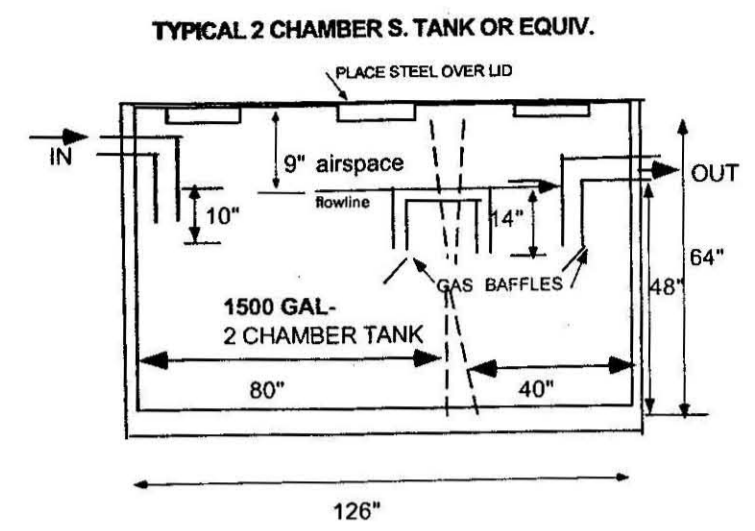
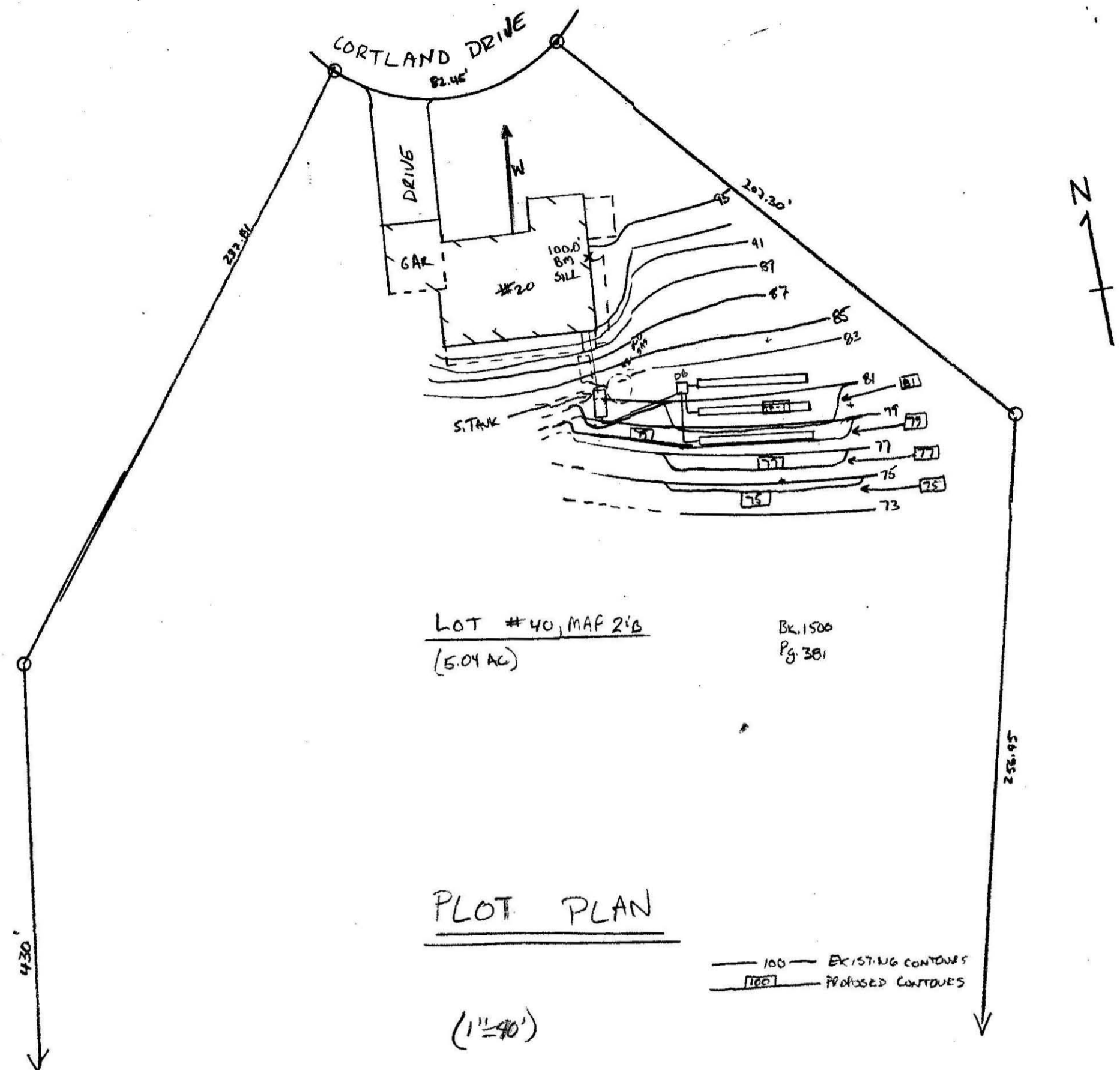
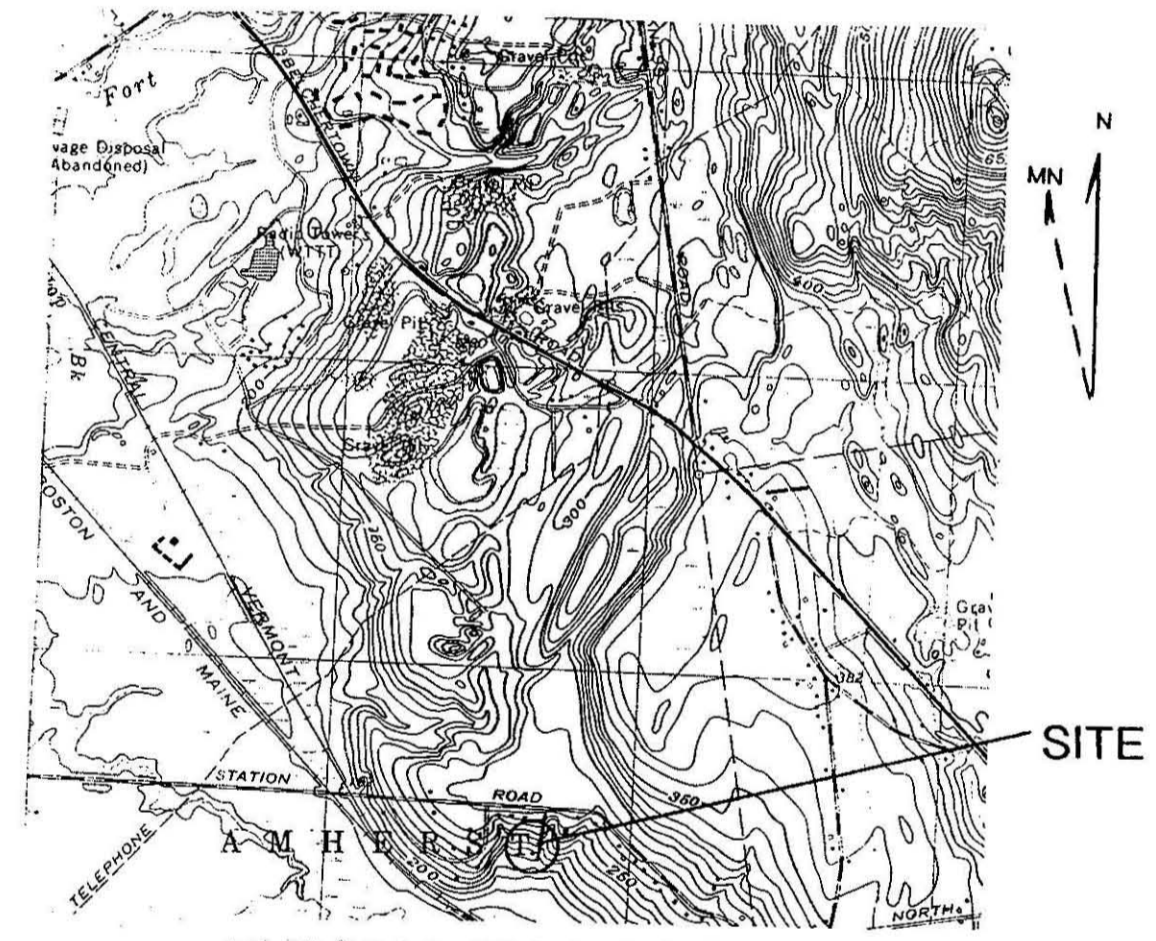


FIGURE 1: SITE LOCUS



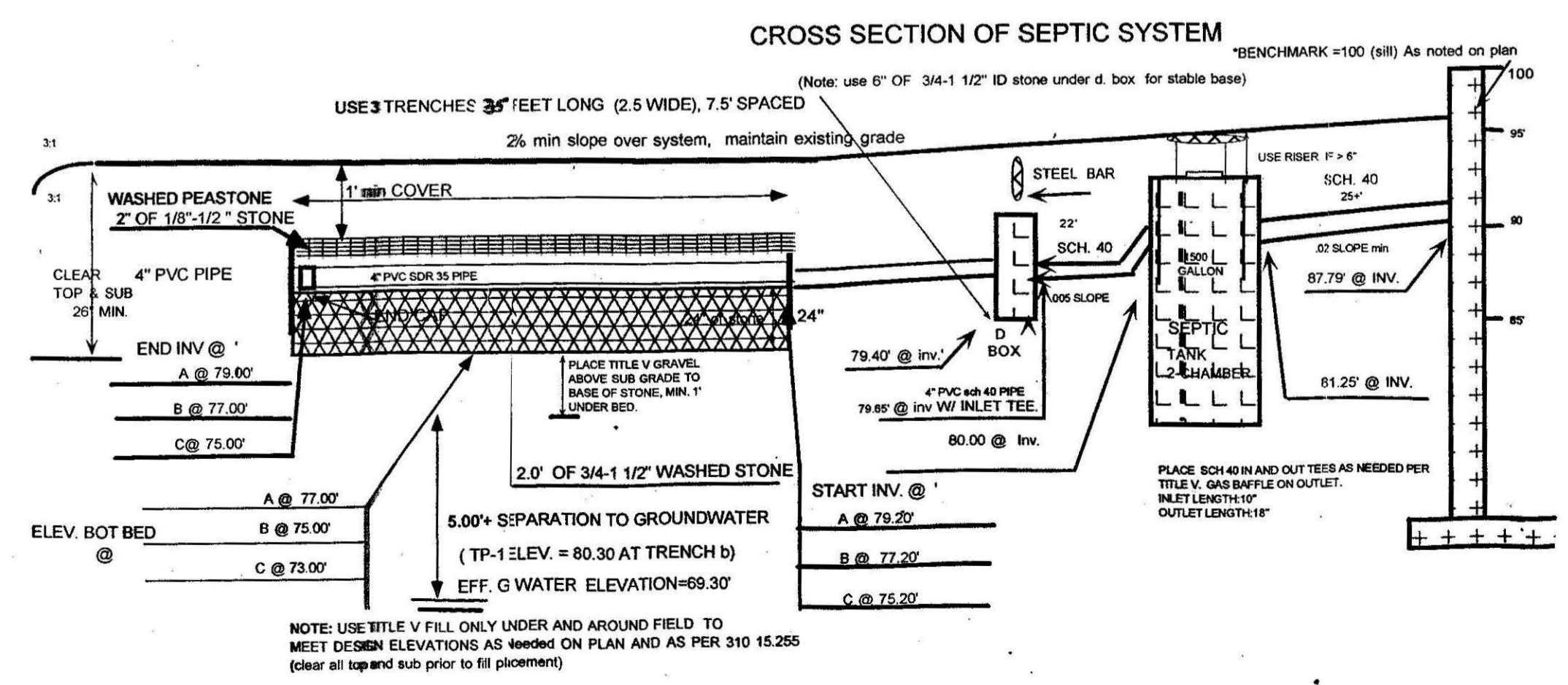
TEST PIT LOGS

TP-A5A	ELEV. 80.30'	TP-
0-10" "A"	FINE SANDY LOAM	10 yr 3/2 "
10-26" "Bw"	FINE SANDY LOAM	10yr 4/6 "
26-132" "C1"	SAND GRANULAR loose MED TO COARSE SAND, WELL SORTED	10yr 7/8 "

OXIDES @ NOT OBSERVED
NO SEEPS AND NO STATIC H2O OBS.
BEDROCK NOT OBS.

DESIGN NOTES:

- 4 BR. x 110 gal/day x =440 gal./day
- Use THREE Leach Trenches: 35' long x 2.5' wide x 24" stone below invert.
Bot. Area: 2.5' wide x 35' long x 3= 262.50sf.
Side Area: 2.0' x 35' long x 2 x 3= 420 sf.
Side Area 2.0'x 2.5' wide x2 x 3= 30sf
Tot. Area: 712 sf x 0.74 gal.sf. = 527 gal./day.
- NO GARBAGE DISPOSAL ALLOWED
- ALL D. BOX OUTLET PIPES LEVEL FOR 2"; TEE AT D. BOX. INLET
- NO WELLS WITHIN 100 FEET OF SYSTEM NOTED.
- no WETLANDS WITHIN 100 FEET OF SYSTEM NOTED
- PRE & POST CONTOURS NOTED AS NECESSARY.
- RESERVE AREA NOTED (BETWEEN TRENCHES).
- SLOPE CALCS APPLIC, REGRADE OVER TRENCHES AS NOTED.
- 9A SUBGRADE INSPECTION REQUIRED
- PLACE (TITLE V FILL AND STONE) OVER SUBGRADE as needed
- SOIL EVALUATION BY A. WEISS, 05/14/99
- 2% MIN. SLOPE OVER SAS UPON FINAL.
- DEEP HOLE TP-1 BY A. Weiss, R.S., Soil Eval. ON 05/14/99, PERCS by A. Weiss 40", RATE= <2 MIN./IN. "SAND", USE 5' SEPARATION
- INSTALL GAS BAFFLE AT CHAMBER AND OUTLET AS NOTED
- USE APPROVED 3/4" DBL. WASHED STONE, CONFIRM W. BUCKET TEST.



**SEPTIC SYSTEM DESIGN FOR MS. ANN GIGGIA
20 CORTLAND DRIVE, AMHERST, MA**

SCALE: NOTED	APPROVED BY: <i>[Signature]</i>	DRAWN BY: AW
DATE: 6/3/99		REVISED
COLD SPRING ENVIRONMENTAL, INC.		DRAWING NUMBER 99-1055-0417