84-86 East Leverett Rd.

Darly 230-0652-

CK → private wells teach issue, Bleach will correct, will order clean test then 1 month follow up test.

9/3 Received call from Donna Griffin — wanted to know Health Impl. if septic was bad.
9/4 Donna called back asked for Inspection — Inspection done — felt that effulent was ponding same day send cert letter to owner ordering a title 5 Inspection.
9/5 Donna Griffin had well water sample sent to Quabbin
9/8 Title 5 was canceled due to death of evacuator. Rescheduled for 9/14 —
9/8 Test Results from sample taken by Donna showed Fecal coliform present.
9/9 Owner had test taken same Results has donna
9/8 Based on test results I issued Order of Condemnation to Owner.
9/14 Title 5 Inspection confirmed septic system in need of Repair.
9/14 Owner cleaned well per Acceptable (chlorine + flush) another test taken.
9/15 Results from 3rd test showed no fecal koliform present.
9/16 Lifted order of condemation, still under orders to replace septic system

9/29 Deep holes and perc test done for new system. Engineer Drawing new plans for approval by BOH.
Donna had 4th test, this time Quabbin labs took samples themselves. Donna had 4th test, this time Quabbin labs took samples themselves.
10/1 Old septic system being pumped
10/2 Initial Results from water test show no coliform present
Will be completed on 10/6/09.
10/6 Plans delivered by Paul — Presby system (manual calculations)
10/7 Plan approved need $100 + 150 plan review

LAWRENCE J. FARBER
Attorney at Law
30 Boltwood Walk-Front 101
Amherst, Massachusetts 01002-2187

TO:
Gary Courtemanche, Health Inspector
Town of Amherst
70 Boltwood Walk
Amherst, MA 01002

Town of AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

December 23, 2010

I, Gary Courtemanche, a Health Inspector for the Town of Amherst, hereby swear under penalties of perjury that the attached 33 pages are true and accurate copies of the originals.

Gary Courtemanche

Date: December 23, 2010

LAW OFFICE OF
LAWRENCE J. FARBER
30 Boltwood Walk - Front 101
Amherst, Massachusetts 01002-2187

Lawrence J. Farber
Kevin R. Heffernan

Tel: (413) 256-8429
Fax: (413) 256-8526

December 20, 2010

Gary Courtemanche
Health Inspector
Town of Amherst
70 Boltwood Walk
Amherst, MA 01002

Dear Mr. Courtemanche:

As per our conversation of today, I am requesting that you send us a certification letter regarding the packet of materials related to 86 East Leverett Road. I have enclosed a copy of the packet so that you may review them to determine they are in fact true and accurate copies.

I am asking that you insert the following language *on your letterhead* and mail back to us:

> "I, Gary Courtemanche, a Health Inspector for the Town of Amherst, hereby swear under penalties of perjury that the attached 33 pages are true and accurate copies of the originals."
>
> [Your Signature and date]

Thank you for your attention to this matter.

Respectfully,

Kevin Heffernan

Kevin Heffernan, Esq.

P.S. You do not need to mail the enclosed packet.

ENC

2009

↓ 84 East Leverett Rd

9/3 Received call from Donna Griffin concerned about septic system – health

9/4 Donna called back asked for Inspection
Inspection done – evidence of effulent ponding
Sent letter (certified) to owner ordering Titles

9/5 Donna had well water sample sent to Quabbin

9/8 Titles cancelled, death of excavator
Rescheduled for 9/14

9/8 Test result from sample taken by Donna showed fecal coliform present.

9/9 Owner had test taken, same results

9/8 Based on test result, order of condemnation to Donna

9/14 Titles confirmed septic system in need of repair – pumping.

9/14 Owner cleaned well per acceptable (chlorine and flush) another test taken

9/15 Results from 3rd test showed no fecal coliform present.

9/16 Order of Condemnation lifted, still under orders to Repair septic system

9/29 Deep holes and perc test done for a combined system (both houses)
Donna had 4th test, this time Quabbin took samples themselves. Old septic system pumped.

10/1
10/2 Initial results from water showed coliform present

10/6 Test on water results confirmed

10/6 Plans for new system delivered

10/7 Plans for SS approved –

Town of AMHERST, MASSACHUSETTS FOUNDED 1759

AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

Mr. Darryl Clark
84 East Leverett Rd
Amherst, MA 01002

Dear Mr. Clark

At the request of the tenant at 86 East Leverett Rd, I conducted a site visit to your property on Thursday September 3, 2009. I observed effluent ponding on the top of the leach fields. Based on that observation and on the 310 CMR 15.303(a) 2. has written below you are ordered to have a State Certified Title 5 Inspector conduct an inspection of your septic system witnessed by the Amherst Health Department to determine the proper repair plan. This inspection must be conducted within 7 days of this letter.

15.303: Systems Failing to Protect Public Health and Safety and the Environment

(1) If one or more of the following conditions exist as documented by inspection by an approved System Inspector, or determined by the local Approving Authority or the Department, the system is failing to protect public health and safety and the environment and shall be upgraded in accordance with the timeframes of 310 CMR 15.305(1) and the standards of 310 CMR 15.404 and 15.405:

15.303: continued

—. there is a discharge of effluent directly or indirectly to the surface of the ground through ponding, surface breakout or damp soils above the disposal area or to a surface water of the Commonwealth;

Sincerely,

Gary Courtemanche
Amherst Health Department
cc. Epi Bodhi

Quabbin Analytical Laboratory

received 9-8-09

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Donna Griffin	Sample Date:	9-05-09
Address:	P.O. Box 927	Report Date:	9-08-09
	Amherst, MA 01004-0927	Collected By:	Donna Griffin
Sample Location:		Type Supply:	Well
	Donna Griffin	Sample No.:	QAL 7345
	East Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	*Present	Present or Absent
Fecal Coliform Bacteria	*Present	Present or Absent
Nitrite	0	1.0 mg/l
Nitrate	0.2	10.0 mg/l
PH	*6.26	6.5-8.5
Alkalinity	10.0	No Limit
Iron	.03	.30 mg/l
Manganese	.02	.05 mg/l
Copper	.16	1.3 mg/l
Sulfate	16.0	250 mg/l
Chloride	2.45	250 mg/l
Hardness	32.0	No Limit
Conductivity	63.6	No Limit
Total Dissolved Solids	41.9	500 mg/l
Turbidity	0.4	5 NTU
Chlorine	0	No Limit
Sodium	4.35	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Total & Fecal Coliform Bacteria & pH, the sample was found to be within acceptable levels for D.E.P. Drinking Water Standards. If there are any questions on this report, please do not hesitate to call this office.

David Fredenburgh, Director

QAL #7345 Continued TESTED FOR	RESULTS	Page 2 MAX. RECOMMENDED LEVELS
Potassium	8.3	**No Limit**
Magnesium	3.9	**No Limit**
Calcium	9.6	**No Limit**
Ammonia	.02	**No Limit**
Sediment	Neg	**Pos or Neg**
Color	3.0	**15 cu**
Odor	0	**3 ton**

received
9-10-09

Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Darryl Clark	Sample Date:	9-09-09
Address:	84 E. Leverett Road	Report Date:	9-10-09
	Amherst, MA 01002	Collected By:	Darryl Clark
Sample Location:		Type Supply:	Well
	Darryl Clark	Sample No.:	QAL 7362
	84 E. Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

PARAMETER	RESULT	MAX. RECOMMENDED LEVEL
Total Coliform Bacteria	*Present	Present or Absent
Total E.Coli Bacteria	*Present	Present or Absent

*For the items tested, this sample was not found to be within acceptable levels for E.P.A. Standards.

1 month →
= sodium — evaluated.

7411

received
9-15-09

Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Daryl Clark	Sample Date:	9-14-09
Address:	84 East Leverett Road	Report Date:	9-15-09
	Amherst, MA 01002	Collected By:	
Sample Location:		Type Supply:	Well
	Darryl Clark	Sample No.:	QAL 7411
	84 East Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

PARAMETER	RESULT	MAX. RECOMMENDED LEVEL
Total Coliform Bacteria	Absent	Present or Absent

For the item tested, this sample was found to be within acceptable levels for E.P.A. Standards.

ORDER OF EMERGENCY CONDEMNATION

Mr. Darryl Clark
84 East Leveret Rd
Amherst, MA 01002

Date September 8, 2009 RE: 84 East Leveret Rd. Amherst MA 01002 (Donna Griffin)

The inspection of the above identified premises on September 8, 2009 has revealed the existence of serious conditions which render the premises unfit for human habitation.
The following conditions create an immediate danger to the occupants of the premises:

a.) 105 CMR 410.750 (A) Failure to provide a supply of water sufficient in quantity, pressure, and temperature, both hot and cold, to meet the ordinary needs of the occupant in accordance with 105 CMR 410.180 and 410.190 for a period of 24 hours or longer.
b.) 105 CMR 410.750 (E) Failure to provide a safe supply of water
c.) 105 CMR 410.750 (F) Failure to provide a toilet and maintain a sewage disposal system in operable condition as required by 105 CMR 410.150(A) (1) and 410.300.

Based upon the existence of the above conditions and pursuant to 105 CMR 410.831 (E), the Amherst, Board of Health hereby condemns the above identified premises and orders the following:

1) . The premises identified above are to be vacated of all occupants forthwith.
2) Tenants may be allowed access to the apartment only for the purpose of removing personal items.
3) The owner is ordered to secure the subject dwelling within 48 hours of receipt of this notice.
4) Premises are not to be occupied until it has been re-inspected and approved for occupancy by the Health Department.

Due to the immediate danger that the above described conditions pose to occupants of the identified premises, this Order of **Condemnation shall take effect immediately.** You are entitled to a hearing, provided a written petition is received within seven (7) days. You are also entitled to be represented by counsel and have the right to inspect and obtain copies of all relevant reports, orders and notices. Any adverse parties also have the right to appear at the hearing.

All notices, reports and documentation in possession of the Board of Health are available for inspection and or coping during normal business hours. Please call first for appointments (413) 259-3078.

If these premises are occupied as rental housing, then the occupants are entitled to exercise the statutory remedies provided, and a copy of this notice and the attached Housing Inspection Report has been provided for them. (see exhibit "A" attached hereto).

Signed and Certified under the pains
and penalties of perjury

BY _____
Housing Inspector Gary Courtemanche
cc: Amherst Board of Health.
Amherst Health Dept. Epi Bodhi
Dept. of Public Works Guilford Mooring
Town Engineer Jason Skeels
Tenant: Donna Griffin

This is an important document. You may want to have it translated.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Site Exam:

Slope 5%

Surface water N/A

Check cellar N

Shallow wells Y - 200'+ From SYSTEM

Estimated depth to ground water: 40" +/-

Please indicate all methods used to determine the high ground water elevation:

☐ Obtained from system design plans on record

If checked, date of design plan reviewed: _____ Date

☒ 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:

GROUNDWATER APPROXIMATELY 40" DEEP FROM ABUTTING PROPERTY / / THIS SYSTEM @ #86 LEVERETT ROAD WILL NEED REPLACEMENT SO ESHGW WILL NEED TO BE ESTABLISHED AT TIME OF SOIL EVALUATION.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

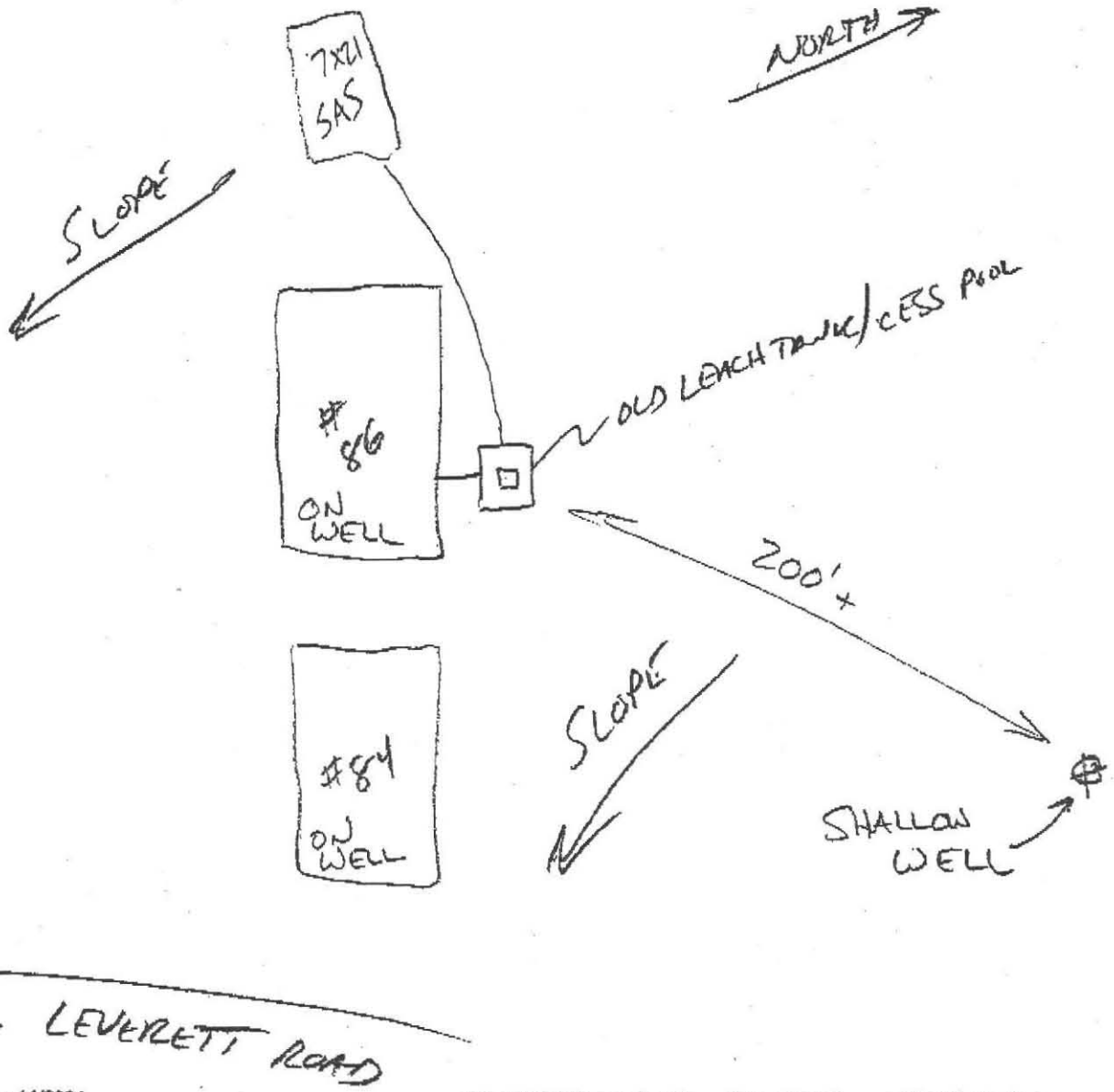
C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST	MA	01002
City/Town	State	Zip Code

DARYL CLARK	9/15/09
Owner's Name	Date of Inspection

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.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Cesspools (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 ☐ No

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.):

_____

_____

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:
SAS FOUND DURING INSPECTION

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	1EA. 8'X21'
☐	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.):
DEFINITE HYDRAULIC FAILURE / VEGETATION SHOWS SIGNS OF NITROGEN ENRICHED GROWTH / SPONGEY SOILS ENCOUNTERED AT SITE / DUG DOWN TO SYSTEM - FOUND BLACK/SEPTIC STONE / WATER ROSE TO WITHIN 4" OF SURFACE.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Tight or Holding Tank (cont.)

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: _____ Alarm in working order: ☐ Yes ☐ No

Date of last pumping: _____ Date

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

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert: COULD NOT BE LOCATED

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.):
DBOX COULD NOT BE LOCATED - - VERY DOUBTFUL THAT IT EVEN EXISTS AT THIS SITE

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
COULD NOT ACCESS BAFFLES IF THY ARE IN PLACE - SUSPECT THAT TANK IS OLD CESSPOOL THAT HAS HAD AN OUTLET PIPE INSTALLED SO NOW CESSPOOL ACTS AS SEPTIC TANK.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

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: _____ Date

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

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):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Building Sewer (locate on site plan):

Depth below grade: 2.9 feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: 200 +/- feet

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

Septic Tank (locate on site plan):

Depth below grade: 1.5 feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: _____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 7'X6'X5'D

Sludge depth: 3"

Distance from top of sludge to bottom of outlet tee or baffle

Scum thickness 2"

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

How were dimensions determined? FIELD MEASURED

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

General Information

Pumping Records:

Source of information: FROM OWNER

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

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)
- ☐ 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:

SYSTEM IS APPROX 20 YEARS OLD PER OWNER

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Residential Flow Conditions:

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: 2

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☒ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)):

Sump pump? ☐ Yes ☒ No

Last date of occupancy: CURRENT
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): N/A

Grease trap present? ☐ Yes ☒ No

Industrial waste holding tank present? ☐ Yes ☒ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☒ No

Water meter readings, if available:

Last date of occupancy/use:
Date

Other (describe):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

B. Checklist

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

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

YES	NO	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☐	☒	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☐	☒	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
☒	☐	Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?
		The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:
☐	☒	Existing information. For example, a plan at the Board of Health.
☒	☐	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)]

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST	MA	01002
City/Town	State	ZipCode

DARYL CLARK	9/15/09
Owner's Name	Date of Inspection

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 ½ 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.]**

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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

C) Further Evaluation is Required by the Board of Health (cont.):

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:

N/A

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

B) System Conditionally Passes (cont.):

☐ 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:

N/A

☐ 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:

N/A

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 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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST — City/Town
MA — State
01002 — Zip Code

DARYL CLARK — Owner's Name
9/15/09 — Date of Inspection

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

A) System Passes:

☐ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B) System Conditionally Passes:

☐ 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:

NO

Commonwealth of Massachusetts

Title 5 Official Inspection Form

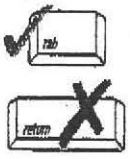
Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

Inspection results must be submitted on this form or on the official Title 5 Inspection Form dated 6/15/2000. Inspection forms may not be altered in any way.

A. Certification

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Property Information:

86 EAST LEVERETT ROAD
Property Address

DARYL CLARK
Owner's Name

84 EAST LEVERETT ROAD
Owner's Address

AMHERST | MA | 01002
City/Town | State | Zip Code

Date of Inspection: SEPTEMBER 15, 2009
Date

2. Inspector:

RAYMOND MIECZKOWSKI
Name of Inspector

SYSTEMS
Company Name

P.O. BOX 684
Company Address

HADLEY | MA | 01035
City/Town | State | Zip Code

413-374-0483
Telephone Number

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 ☒ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature | September 15, 2009
Date

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.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

Commonwealth of Massachusetts
City/Town of Amherst
Application for Disposal System Construction Permit

Form 1A

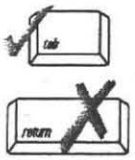
Number

$ 200
Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to:
- ☐ Construct a new on-site sewage disposal system
- ☒ Repair or replace an existing on-site sewage disposal system
- ☐ Repair or replace an existing system component

1. Location of Facility:

#84-86 East Leverett Road
Address or Lot #

Amherst | MA | 01002
City/Town | State | Zip Code

2. Owner Information

Daryl Clark
Name

Address (if different from above)

City/Town | State | Zip Code

413-549-6448
Telephone Number

3. Installer Information

Name | Name of Company

Address

City/Town | State | Zip Code

Telephone Number

4. Designer Information

Paul M. Styspeck, P.E. | same
Name | Name of Company

#3 West Street
Address

Hadley | MA | 01035
City/Town | State | Zip Code

413-585-8188
Telephone Number

COMMONWEALTH OF MASSACHUSETTS PAUL M. STYSPECK No. 40177 REGISTERED PROFESSIONAL ENGINEER

Commonwealth of Massachusetts
City/Town of Amherst
Application for Disposal System Construction Permit
Form 1A

Number

$ Fee

A. Facility Information (continued)

5. Type of Building:

☒ Dwelling ☐ Garbage Grinder (check if present)

Other: Type of Building _____ Number of Persons Served

☐ Showers _____ Number of showers ☐ Cafeteria ☒ Other fixtures

Specify other fixtures: _____

6. Design Flow: 770 Gallons per Day

Calculated Daily Flow: 77 0GPD (7 bedroom)- Gallons

7. Plan: 10/5/09 Date of Original

5 Number of Sheets n/a Revision Date

Proposed Septic System Title of Plan

8. Description of Soil:

See attached soil evaluation

9. Nature of Repairs or Alterations (if applicable):

NEW SEPTIC TANKS AND LEACH FIELD

10. Date last inspected: n/a Date

Commonwealth of Massachusetts
City/Town of Amherst
Application for Disposal System Construction Permit
Form 1A

Number

$
Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature | Date

Application Approved By:

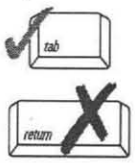
Name | Date

Application **Disapproved** for the following reasons:

Commonwealth of Massachusetts
City/Town of Amherst
Percolation Test
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Site Information

DARRYL CLARK
Owner Name

84-86 EAST LEVERETT ROAD
Street Address or Lot #

AMHERST	MA	01102
City/Town	State	Zip Code

same
Contact Person (if different from Owner)

Telephone Number

B. Test Results

	9/30/09 Date	9:00 A.M. Time	Date	Time
Observation Hole #	1			
Depth of Perc	67"			
Start Pre-Soak	9:09			
End Pre-Soak	9:24			
Time at 12"	9:25			
Time at 9"	10:51			
Time at 6"	12:21			
Time (9"-6")	90 min			
Rate (Min./Inch)	30 min/inch			
	Test Passed: ☒ Test Failed: ☐		Test Passed: ☐ Test Failed: ☐	

Raymond Mieczkowski , EIT
Test Performed By:

Gary Courtemanche , Amherst Health Dept.
Witnessed By:

Comments:

Class 2 Soil

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

DEP has provided this form for use by on-site professionals and local Boards of Health. Other forms may be used, but the information must be substantially the same as provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information

1. Facility Information

DARRYL CLARK
Owner Name

84-86 EAST LEVERETT ROAD — Map/Lot #1
Street Address

AMHERST — MA — 01002
City/Town — State — Zip Code

B. Site Information

1. (Check one) New Construction ☒ Upgrade ☐ Repair ☐

2. Published Soil Survey available? Yes ☒ No ☐ If yes: 1981 (Year Published) 1:15840 (Publication Scale) 7 (Soil Map Unit)

GLOUCESTER/MONTAUK
Soil Name

Soil limitations

3. Surficial Geological Report available? Yes ☐ No ☒ If yes: Year Published — Publication Scale — Map Unit

Geologic Material

Landform

4. Flood Rate Insurance Map:

Above the 500 year flood boundary? Yes ☐ No ☐ Within the 100 year flood boundary? Yes ☐ No ☐

Within the 500 year flood boundary? Yes ☐ No ☐ Within a Velocity Zone? Yes ☐ No ☐

5. Wetland Area: National Wetland Inventory Map — Map Unit — Name

Wetlands Conservancy Program Map — Map Unit — Name

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Deep Observation Hole Number: 1

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-21	A1	10 YR 4/3		N/A		LOAMY SAND	0	0	CRUMB / FRIABLE/ ROOTS		
21-41	Bf	10 YR 5/6		N/A		LOAMY SAND	0	0	MASSIVE / FRIABLE/CR UMBLES IN HAND		
41-55	Bw	2.5 Y 4/4		N/A		SAND	0	10	SINGLE GRAIN / >25% 2" ROUNDED STONES		
55-90	C1	2.5 Y 4/3		N/A		SAND		15	COARSE SAND / SINGLE GRAIN		
90-120	C2	2.5 Y 3/2		N/A		SAND		15	COARSE SAND / >25% ½" ROUNDED STONE		

Additional Notes _____

Commonwealth of Massachusetts
City/Town of AMHERST
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review *(minimum of two holes required at every proposed primary and reserved disposal area)*

Deep Observation Hole Number: 2 | 9/30/09 (Date) | 9:00 A.M. (Time) | OVERCAST / 60'S (Weather)

1. Location

   Ground Elevation at Surface of Hole 95.45

   Location (Identify on Plan) SEE PLAN

2. Land Use: RESIDENTIAL (e.g. woodland, agricultural field, vacant lot, etc.) | N/A (Surface Stones) | 0-15% (Slope (%))

   GRASS / LAWN (Vegetation) | MORRAINE (Landform) | SEE PLAN (Position on landscape (attach sheet))

3. Distances from: Open Water Body >200 feet | Drainage Way >100 feet | Possible Wet Area >100 feet

   Property Line 30 feet | Drinking Water Well 125+ feet | Other

4. Parent Material: GLACIAL DEPOSITION / OUTWASH | Unsuitable Materials Present: Yes ☐ No ☒

   If Yes: Disturbed Soil ☐ Fill Material ☐ Impervious Layer(s) ☐ Weathered/Fractured Rock ☐ Bedrock ☐

5. Groundwater Observed: Yes ☒ No ☐

   If Yes: Depth Weeping from Pit 102" | Depth Standing Water in Hole 108"

   Estimated Depth to High Groundwater: 102" inches | 86.95 elevation

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Deep Observation Hole Number: 2

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-23	A1	10 YR 4/3		N/A		LOAMY SAND	0	0	CRUMB / FRIABLE/ ROOTS		
23-44	Bf	10 YR 5/6		N/A		LOAMY SAND	0	0	MASSIVE / FRIABLE/CR UMBLES IN HAND		
44-51	Bw	2.5 Y 4/4		N/A		SAND	0	25	SINGLE GRAIN / >25% 2" ROUNDED STONES		
51-89	C1	2.5 Y 4/3		N/A		SAND		10	COARSE SAND / SINGLE GRAIN		
89-120	C2	2.5 Y 3/2		N/A		SAND		25	COARSE SAND / >25% ½" ROUNDED STONE		

Additional Notes _____

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method used:
   - ☐ Depth observed standing water in observation hole — A. _____ inches — B. _____ inches
   - ☒ Depth weeping from side of observation hole — 1. 98" — 2. 102"
   - ☐ Depth to soil redoximorphic features (mottles) — A. _____ — B. _____
   - ☐ Groundwater adjustment (USGS methodology) — A. _____ inches — B. _____ inches

2. Index Well Number _____ Reading Date _____ Index Well Level _____

   Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

   a. 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 ☒ No ☐

   b. If yes, at what depth was it observed? Upper boundary: 51 inches Lower boundary: 120 inches

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator — Date: 9/30/09

RAYMOND MIECZKOWSKI
Typed or Printed Name of Soil Evaluator

5/25/1998
*Date of Soil Evaluator Exam

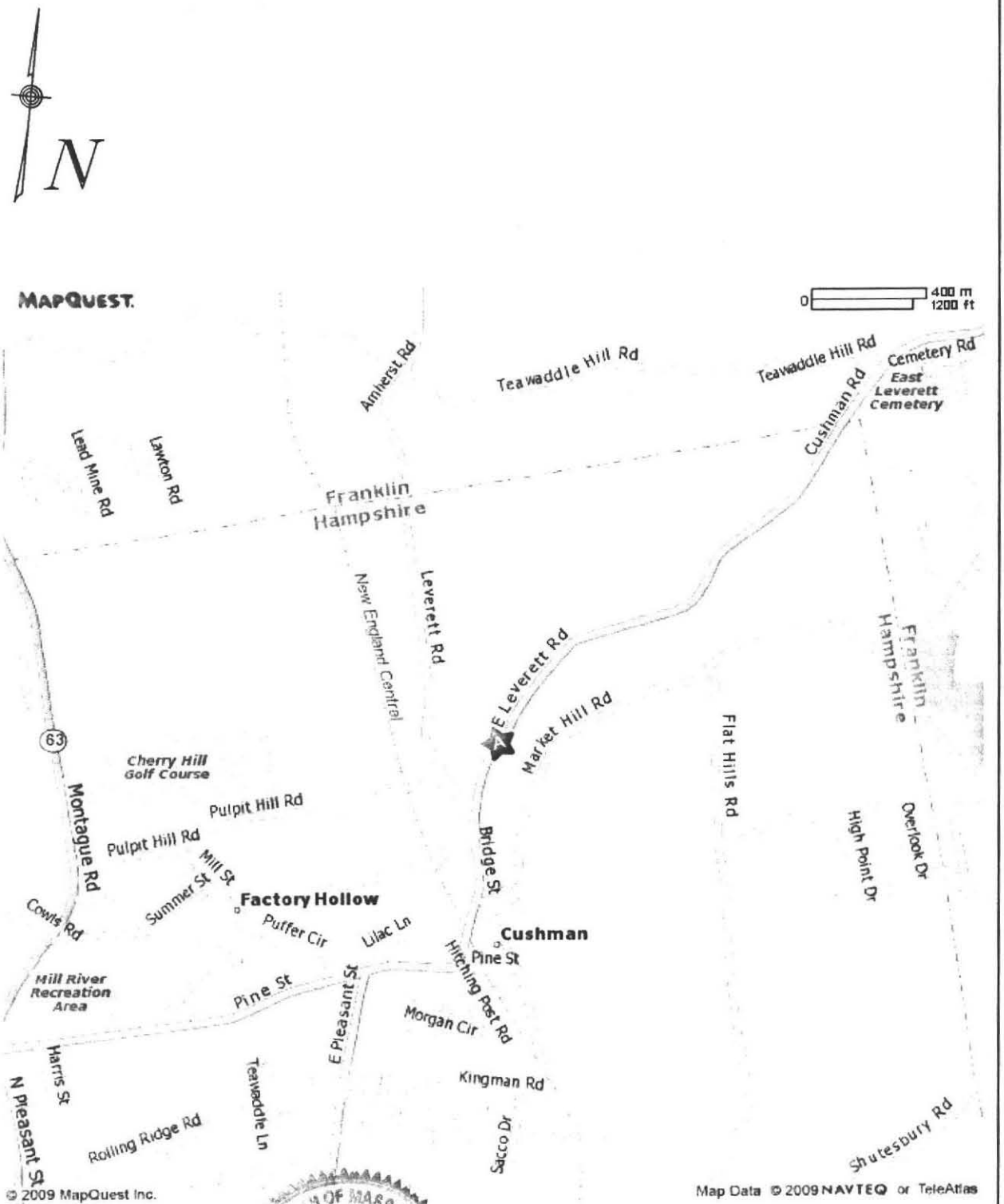
GARY COURTEMANCHE
Name of Board of Health Witness

AMHERST
Board of Health

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.

Commonwealth of Massachusetts
City/Town of AMHERST
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Use this sheet for field diagrams:



COMMONWEALTH OF MASSACHUSETTS
PAUL M. STYSPECK
CIVIL
No. 40177
REGISTERED
PROFESSIONAL ENGINEER

10-5-09

REV. NO.	DATE
0	09-30-09

SCALE: NONE

SITE LOCUS PLAN

Daryl Clark
#84-86 East Leverett Road
Amherst, MA

PAUL STYSPECK, P.E. / RAYMOND MIECZKOWSKI
3 WEST ST
HADLEY, MA. 01035

DESIGNED BY:	CHECKED BY:	DRAWN BY:	APPROVED BY:	PAGE
PS	REM	REM	PS	1 OF 5

NOTES:
1. THIS PLAN IS DERIVED FROM SURVEY PLAN BY HAROLD EATON AND ASSOCIATES FOR DARYL CLARK, JULY 19, 2006.
2. EXISTING ADDRESS #84–#86 IS THE ONLY PROPERTY IN VICINITY ON WELL WATER. NEW HOUSE AND SYSTEM ARE OVER 200' AND DOWNSTREAM OF EXISTING WELL.
3. NO HOUSE NUMBER HAS BEEN ESTABLISHED FOR THIS PROPERTY TO DATE.
4. OWNERS' ARCHITECT TO DETERMINE ACTUAL LOCATION OF NEW HOUSE.

EAST LEVERETT ROAD

A VARIABLE WIDTH COUNTY LAYOUT
SEE PLAN BOOK 15, PAGES 38–40

160.80'

W.D. COWLS, INC.
BOOK 1213, PAGE 346
SEE ALSO: BOOK 774, PAGE 411
(ENOCH CLARK LOT)

barn

#84

#86

util

util

util

util

N 60°28'52" W
105.51'

N 82°00'30" W
70.00'

S 75°22'59" W
110.77'

N 82°00'30" W
170.73'

40.20'

107.42'

273.02'

165.60'

N 07°10'48" E

N 07°11'34" E 163.00'

S 54°15'32" E 431.62'

LOT 1
1.8140± ACRES
DARRYL E. CLARK
A PORTION OF
BOOK 4365, PAGE 193 (PARCEL 1)

LOT 2
30,001± SQ. FT.
DARRYL E. CLARK
A PORTION OF
BOOK 4365, PAGE 193 (PARCEL 2)

DANIEL R. AND SYLVIA SHEPARD COOLEY
BOOK 3223, PAGE 243

WILLIAM P. AND DEBORAH T. EVANS
BOOK 5984, PAGE 22

SCALE: 1"=40'
0' 20' 40' 80'

COMMONWEALTH OF MASSACHUSETTS
PAUL M. STYSPECK
CIVIL
No. 40177
REGISTERED PROFESSIONAL ENGINEER

10/15/09

REV. NO.	DATE
0	09-30-09

SCALE: AS NOTED

SITE LOCATION PLAN

Daryl Clark
#84–86 East Leverett Road
Amherst, MA

PAUL M. STYSPECK, P.E./ RAYMOND MIECZKOWSKI, EIT
3 WEST ST
HADLEY, MA 01035

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PS	REM	PS	PS	2 OF 5

N

TO FAILED LEACH FIELD FOR #84 (ABANDON IN-PLACE)

#86

CONNECT TO EXISTING OUTLET FROM HOUSE USING FERNCO COUPLING

EXIST TANK TO BE PUMPED, CRUSHED AND FILLED

4" SCH. 35 PVC (TYP.)

CONNECT TO EXISTING OUTLET FROM HOUSE USING FERNCO COUPLING

PROPOSED (2)1500 GALLON DUAL COMPARTMENT SEPTIC TANKS

EXIST PEACH TREE TO BE REMOVED

PROPOSED CONTOURS. SEE NOTE 5.

PROPOSED DBOX

APPROXIMATE PROPERTY LINE SEE NOTE 6.

108
107
106
105
104
103
102
101
100
99
98
97
96
95
94
93
92

EDGE OF WOODS

TBM= SPIKE IN 18" ASH TREE ELEV.= 100.00 (ASSUMED)

EXISTING WELL

100' RADIUS TO WELL PER CMR 15.211

PROPOSED VENT

PROPOSED LEACH FIELD

EXISTING WELL WATER LINE. SEE NOTE 9.

DRIVEWAY

#84

U.P.O

EXIST TANK TO BE PUMPED, CRUSHED AND FILLED

FAILED LEACH FIELD REMOVE SYSTEM AS REQUIRED TO INSTALL NEW SYSTEM.

PERC #1

TEST PIT. SEE NOTE 13.

LIMIT OF 5' LAYER OF TITLE 5 SAND

DRIVEWAY

barn

SCALE: 1"=20'

0' 10' 20' 40'

CONSTRUCTION AND MAINTENANCE NOTES:

1. ALL WORK IS TO BE PERFORMED IN ACCORDANCE WITH MASSACHUSETTS TITLE V CODE AND ADDITIONAL REGULATIONS OF THE TOWN OF AMHERST.
2. SEE PRINT 2 FOR ABSORPTION SYSTEM DETAILS.
3. SEE PRINT 3 FOR SOIL AND DESIGN INFORMATION.
4. EXISTING WELL IS BEYOND 100' OF PROPOSED SYSTEM AS REQUIRED.
5. FINAL GRADING TO BE COORDINATED WITH OWNER.
6. PROPERTY LINES AND CORNERS ARE APPROXIMATE ONLY. ACTUAL LINES TO BE ESTABLISHED BY A REGISTERED SURVEYOR IF NECESSARY.
7. BENCHMARK = 100.00 ON FLAGGED SPIKE IN 18" ASH TREE AS SHOWN ON PRINT.
8. NEW SEPTIC TANKS TO BE LOCATED MINIMUM 10' FROM FOUNDATION PER CMR 15.211. NEW LEACH FIELD TO BE LOCATED MINIMUM OF 20' FROM FOUNDATION PER 15.211.
9. ALL SYSTEM COMPONENTS TO BE LOCATED MINIMUM 10' FROM WATER LINE PER CMR 15.211. EXISTING WATER LINE SHOWN IS APPROXIMATE ONLY. WATER LINE IS ESTIMATED AT 7' FROM EDGE OF GARAGE/BARN.
10. FOR SOIL INFO, SEE TITLE V REPORT (ATTACHED).
11. CONTRACTOR TO REMOVE MATERIAL TO TOP OF C1 LAYER, EL.87.69.
12. PER 15.221(12) PLACE MAGNETIC MARKING TAPE OR COMPARABLE MEANS TO LOCATE ALL COMPONENTS ONCE BURIED.
13. A TEST PIT IS RECOMMENDED TO ACCURATELY LOCATE THE EXISTING WELL SUPPLY LINE TO AVOID CONFLICTS.

COMMONWEALTH OF MASSACHUSETTS
PAUL M. STYSPECK
CIVIL
No. 40177
REGISTERED PROFESSIONAL ENGINEER

10/5/09

REV. NO.	DATE
0	09-30-09

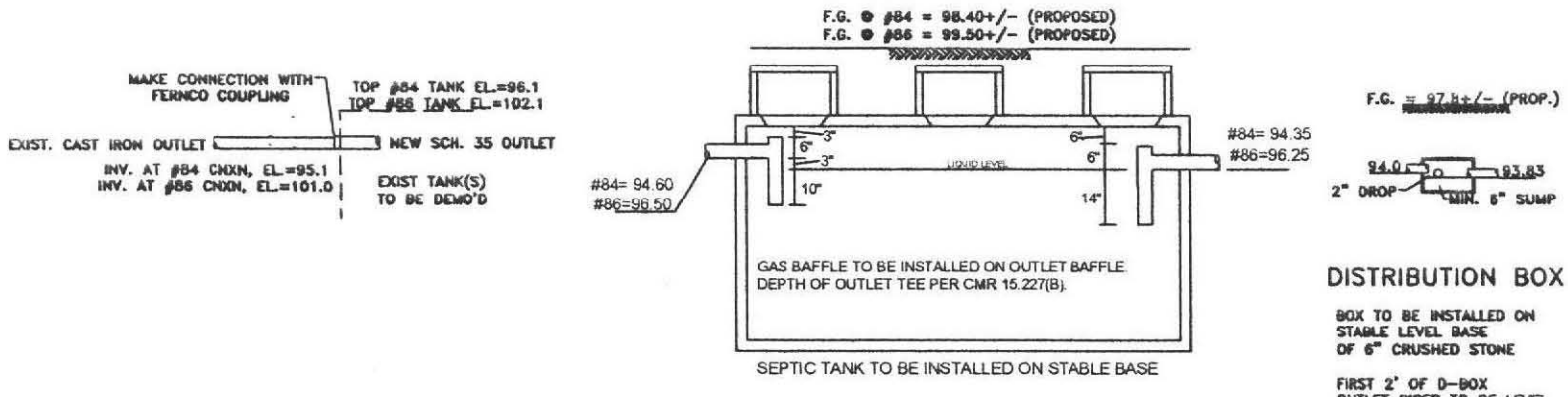
SCALE: AS NOTED

PROPOSED SEPTIC SYSTEM

Daryl Clark
#84-86 East Leverett Road
Amherst, MA

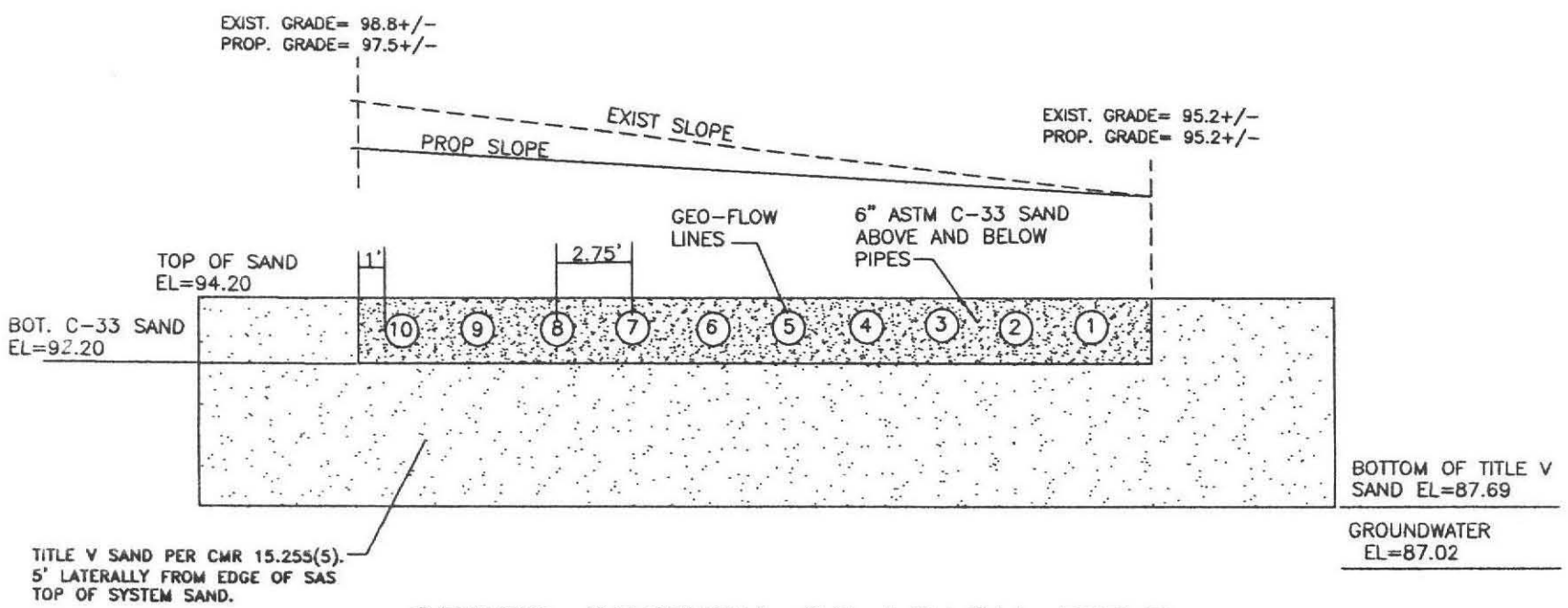
PAUL M. STYSPECK, P.E./ RAYMOND MIECZKOWSKI, EIT
3 WEST ST
HADLEY, MA. 01035

DESIGNED BY:	CHECKED BY:	DRAWN BY:	APPROVED BY:	PAGE 3 OF 5
PS	REM	PS	PS	

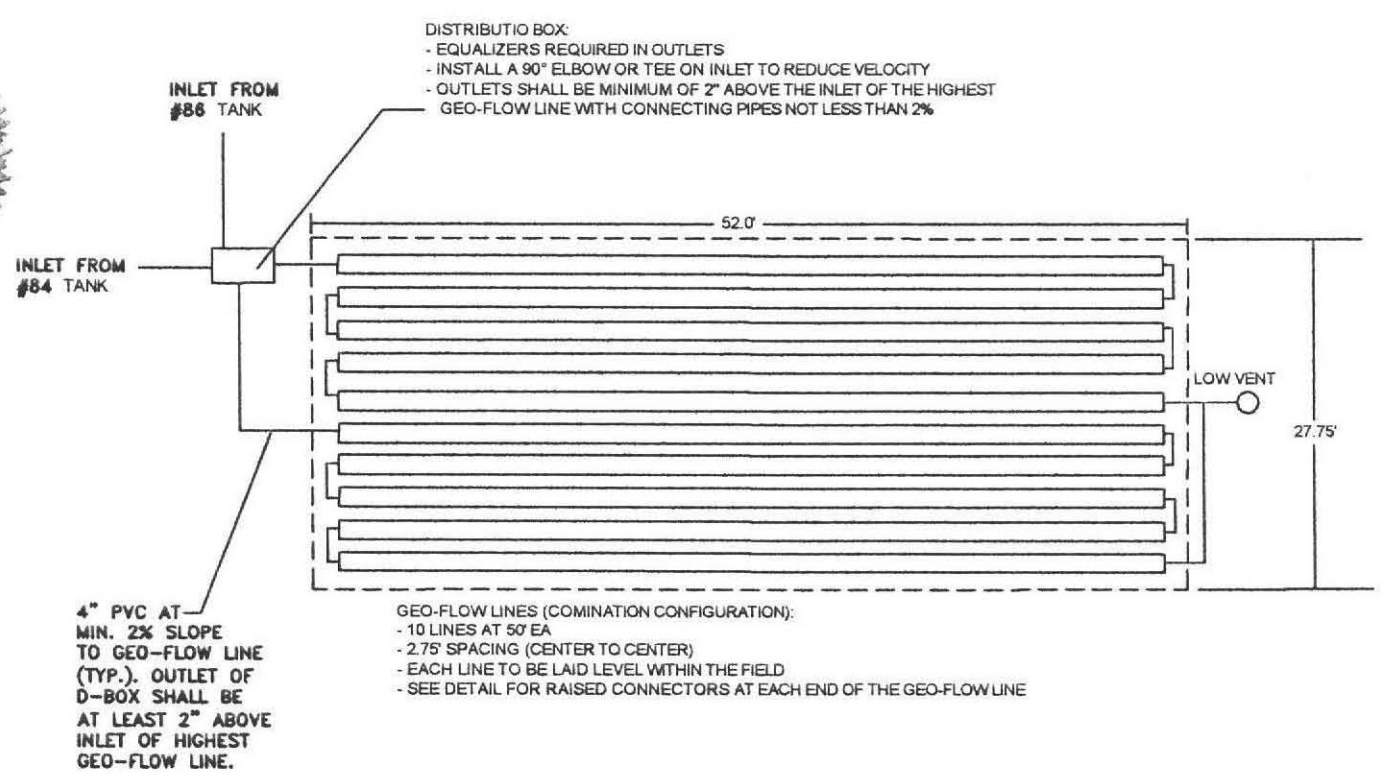


SEPTIC TANK(S) (NO SCALE)

1500 GALLON DUAL COMPARTMENT CONCRETE TANK (5'x10'x6.5')
TANK TO BE INSTALLED ON A STABLE BASE (6" CRUSHED STONE)
INLET AND OUTLET TEES LOCATED ON CENTERLINE OF TANK.



CROSS SECTION OF LEACH FIELD
NO SCALE:



LEACH FIELD LAYOUT
NO SCALE:

COMMONWEALTH OF MASSACHUSETTS
PAUL M. STYSPECK
CIVIL
No. 40177
REGISTERED PROFESSIONAL ENGINEER

PROPOSED SEPTIC SYSTEM

Daryl Clark
#84-86 East Leverett Road
Amherst, MA

PAUL STYSPECK, P.E. / RAYMOND MIECZKOWSKI
3 WEST ST
HADLEY, MA. 01035

REV. NO.	DATE
0	09-30-09

SCALE: AS NOTED

DESIGNED BY:	CHECKED BY:	DRAWN BY:	APPROVED BY:	PAGE 4 OF 5
PS	REM	REM	PS	

NOTES AND CALCULATIONS

NOTES:

1. THIS PLAN IS FOR THE INSTALLATION OF A REPAIRED SEPTIC SYSTEM. AN ADS GEO-FLOW OR PRESBY ENVIRO-SEPTIC LEACHING SYSTEM IS DESIGNED. IN ACCORDANCE WITH CMR 15.242, A CONVENTIONAL LEACH BED SYSTEM WITH ASSOCIATED RESERVE AREA HAS ADEQUATE AREA ON THIS SITE FOR INSTALLATION.
2. TITLE 5 REQUIRES OBSERVATION OF THE SUB-GRADE AND INSTALLED SYSTEM BY THE DESIGN ENGINEER AND THE BOARD OF HEALTH REPRESENTATIVE PRIOR TO FINAL BACKFILL. THE SYSTEM MUST NOT BE BACKFILLED PRIOR TO INSPECTION.
3. ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, SEEDED, FERTILIZED, AND MULCHED AT THE COMPLETION OF CONSTRUCTION.
4. 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM EXCEPT WHERE OTHERWISE NOTED.
5. ADS GEO-FLOW OR PRESBY ENVIRO-SEPTIC PIPE TO BE USED IN LEACHING AREA.
6. TWO 1500 GALLON DUAL-COMPARTMENT REINFORCED CONCRETE SEPTIC TANK TO BE USED.
7. ELEVATIONS ARE BASED ON ASSUMED DATUM.
8. UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY OTHER APPLICABLE LOCAL RULES AND REGULATIONS.
9. ANY CHANGES IN THIS PLAN MUST BE APPROVED BY THE LOCAL BOARD OF HEALTH AND THE DESIGN ENGINEER.
10. THERE IS NO GUARANTEE OR WARRANTY, EXPRESSED OR IMPLIED TO THE ULTIMATE USER OF ANY SYSTEM INSTALLED ACCORDING TO THIS PLAN.
11. CONTACT ENGINEER AT 585-8188 48 HOURS IN ADVANCE FOR INSPECTION.

DESIGN INFORMATION :
ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15 TITLE 5 AND ANY LOCAL BOARD OF HEALTH REGULATIONS
DESIGN FLOW: 310 CMR 15.203
THIS NEW SYSTEM WILL REPLACE THE FAILED SYSTEMS OF #84 AND #86 EAST LEVERETT ROAD WHICH ARE BOTH PART OF ONE CONTINOUS PROPERTY.
#84 HAS 4 BEDROOMS, #86 HAS 3 BEDROOMS FOR A TOTAL OF 7 BEDROOMS.

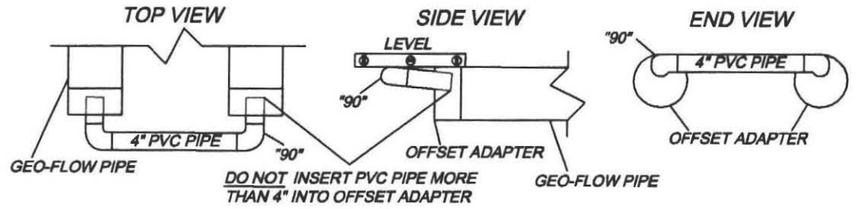
NO GARBAGE DISPOSAL TO BE USED.
SEPTIC TANK(S): 310 CMR 15.223
REQUIRED 400 GALS/DAY X 200% = 800 GALS/DAY FOR #84
REQUIRED 300 GALS/DAY X 200% = 600 GALS/DAY FOR #86
USE 1500 GALLON TANKS.
LEACHING SYSTEM: 310 CMR 15.000
ADS GEO-FLOW OR PRESBY ENVIRO-SEPTIC LEACHING SYSTEMS TO BE USED.
FOR SOIL CONDITIONS OF PERC=30 MIN./IN, CLASS II SOIL.
USING THE PRESBY RECOMMENDED CALCULATION:
TASK 1- LINEAR FEET REQUIRED: FROM TABLE A, 462LF IS REQUIRED FOR 7 BEDROOMS.
TASK 2- % SLOPE ON SYSTEM: 10% AT PROPOSED LEACH FIELD.
TASK 3- PIPE SPACING: FROM TABLE B, USE 2.75' PIPE SPACING.
TASK 4- DETERMINE PIPE LAYOUT: FROM TABLE C, TRY LENGTH OF 50' AND 10 LEACH LINES. CTR-CTR SPACING 2.75', WIDTH = 25.75'
TASK 5- CALCULATE TOTAL SAND AREA (FOR <10% SLOPE):
(2+50')x(2+25.75') = 1443 Sq FT
VERIFY Sq Ft REQUIRED FOR SYSTEM USING TABLE D.
FOR 7 BEDROOMS, PERC=30MIN/IN AND CLASS II SOIL
USE 1400 Sq. Ft IS REQUIRED
1443 Sq. Ft > 1400 Sq. Ft DESIGNED. SYSTEM SIZE ALLOWABLE

SOIL DATA

SEE ATTACHED SOILS EVALUATION FOR ALL DATA

NOTE:
CONTRACTOR TO REMOVE EXISTING MATERIAL TO 90" FROM GRADE AT PERC TEST OR EL.=87.69. FILL WITH APPROVED TITLE V SAND TO TOP OF ASTM C-33 SAND.

RAISED CONNECTION DETAIL FOR OFF-SET ADAPTORS
(NOT TO SCALE)



COMMONWEALTH OF MASSACHUSETTS
PAUL M. STYSPECK
CIVIL
No. 40177
REGISTERED PROFESSIONAL ENGINEER
10/5/09

REV. NO.	DATE
0	9-30-09

SCALE: AS NOTED

PROPOSED SEPTIC SYSTEM

Daryl Clark
#84-86 East Leverett Road
Amherst, MA

PAUL STYSPECK, P.E.
3 WEST ST
HADLEY, MA. 01035

DESIGNED BY:	CHECKED BY:	DRAWN BY:	APPROVED BY:	PAGE 5 OF 5
PS	REM	PS	PS	

LAW OFFICE OF
LAWRENCE J. FARBER
30 Boltwood Walk - Front 101
Amherst, Massachusetts 01002-2187

SPRINGFIELD MA 010
03 DEC 2010 PM 3 L

Gary Courtemanche
Amherst Health Department
70 Boltwood Walk
Amherst, MA 01002

01002+2341

2009

↓ 84 East Leverett Rd

9/3 Received call from Donna Griffin concerned about septic system – health

9/4 Donna called back asked for Inspection
Inspection done – evidence of effulent ponding
Sent letter (certified) to owner ordering titles

9/5 Donna had well water sample sent to Quabbin

9/8 Titles cancelled, death of excavator
Rescheduled for 9/14

9/8 Test result from sample taken by Donna showed fecal coliform present.

9/9 Owner had test taken, same results

9/8 Based on test result, order of condemnation followed

9/14 Titles confirmed septic system in need of repair – pumping

9/14 Owner cleaned well per acceptable (chlorine and flush) another test taken

9/15 Results from 3rd test showed no fecal coliform present.

9/16 Order of Condemnation lifted, still under orders to repair septic system

9/29 Deep holes and perc test done for a combined system (both houses)
Donna had 4th test, this time Quabbin took samples themselves
Old septic system pumped.

10/1
10/2 Initial results from water showed coliform present

10/6 Test on water results confirmed

10/6 Plans for new system delivered

10/7 Plans for SS approved –

LAW OFFICE OF
LAWRENCE J. FARBER
30 Boltwood Walk - Front 101
Amherst, Massachusetts 01002-2187

Lawrence J. Farber
Kevin R. Heffernan

Tel: (413) 256-8429
Fax: (413) 256-8526

December 8, 2010

Gary Courtemanche
Amherst Health Department
70 Boltwood Walk
Amherst, MA 01002

Re: 86 East Leverett Road, Amherst

Dear Mr. Courtemanche,

Please be advised that I represent Darryl Clark, the property owner of 84 and 86 East Leverett Road, Amherst. I am requesting a copy of any inspection report, correspondence, order, notice, etc. related to 86 East Leverett Road between January 2008 and December 2009. I am particularly interested in documents from August through December 2009 regarding the water quality at the premises and the septic system.

I appreciate your assistance in this matter, and if you have any questions regarding this request, please contact my office. Further, if there is any fee for providing these documents, please let me know.

Very Truly Yours,

Lawrence J. Farber

LF/bj

cc: Darryl Clark
84 East Leverett Road
Amherst, MA 01002

2004

↓ 84 East Leverett Rd

9/3 Received call from Donna Griffin concerned about septic system – health

9/4 Donna called back asked for Inspection
Inspection done – evidence of effulent ponding
Sent letter (certified) to owner ordering titles

9/5 Donna had well water sample sent to Quabbin

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Donna had 4th test, this time Quabbin took samples themselves. Old septic system pumped.

10/1

10/2 Initial results from water showed coliform present

10/6 Test on water results confirmed

10/6 Plans for new system delivered

10/7 Plans for SS approved –

11/2/10 Talked to Attorney Marsia Elkins (representing Donna Griffin) Informed my ~~manager~~ director She will contact Town Counsel.
Ms. Elkins 253 9700—

Town of AMHERST, MASSACHUSETTS, FOUNDED 1759

AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

Mr. Darryl Clark
84 East Leverett Rd
Amherst, MA 01002

Dear Mr. Clark

At the request of the tenant at 86 East Leverett Rd, I conducted a site visit to your property on Thursday September 3, 2009. I observed effluent ponding on the top of the leach fields. Based on that observation and on the 310 CMR 15.303(a) 2. has written below you are ordered to have a State Certified Title 5 Inspector conduct an inspection of your septic system witnessed by the Amherst Health Department to determine the proper repair plan. This inspection must be conducted within 7 days of this letter.

15.303: Systems Failing to Protect Public Health and Safety and the Environment

(1) If one or more of the following conditions exist as documented by inspection by an approved System Inspector, or determined by the local Approving Authority or the Department, the system is failing to protect public health and safety and the environment and shall be upgraded in accordance with the timeframes of 310 CMR 15.305(1) and the standards of 310 CMR 15.404 and 15.405:

15.303: continued

—. there is a discharge of effluent directly or indirectly to the surface of the ground through ponding, surface breakout or damp soils above the disposal area or to a surface water of the Commonwealth;

Sincerely,

Gary Courtemanche
Amherst Health Department
cc. Epi Bodhi

MAKE SMOKING HISTORY

Quabbin Analytical Laboratory

received 9-8-09

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Donna Griffin	Sample Date:	9-05-09
Address:	P.O. Box 927	Report Date:	9-08-09
	Amherst, MA 01004-0927	Collected By:	Donna Griffin
Sample Location:		Type Supply:	Well
	Donna Griffin	Sample No.:	QAL 7345
	East Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	*Present	Present or Absent
Fecal Coliform Bacteria	*Present	Present or Absent
Nitrite	0	1.0 mg/l
Nitrate	0.2	10.0 mg/l
PH	*6.26	6.5-8.5
Alkalinity	10.0	No Limit
Iron	.03	.30 mg/l
Manganese	.02	.05 mg/l
Copper	.16	1.3 mg/l
Sulfate	16.0	250 mg/l
Chloride	2.45	250 mg/l
Hardness	32.0	No Limit
Conductivity	63.6	No Limit
Total Dissolved Solids	41.9	500 mg/l
Turbidity	0.4	5 NTU
Chlorine	0	No Limit
Sodium	4.35	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Total & Fecal Coliform Bacteria & pH, the sample was found to be within acceptable levels for D.E.P. Drinking Water Standards. If there are any questions on this report, please do not hesitate to call this office.

David Fredenburgh, Director

QAL #7345 Continued TESTED FOR	RESULTS	Page 2 MAX. RECOMMENDED LEVELS
Potassium	8.3	**No Limit**
Magnesium	3.9	**No Limit**
Calcium	9.6	**No Limit**
Ammonia	.02	**No Limit**
Sediment	Neg	**Pos or Neg**
Color	3.0	**15 cu**
Odor	0	**3 ton**

received
9-10-09

Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Darryl Clark	Sample Date:	9-09-09
Address:	84 E. Leverett Road	Report Date:	9-10-09
	Amherst, MA 01002	Collected By:	Darryl Clark
Sample Location:		Type Supply:	Well
	Darryl Clark	Sample No.:	QAL 7362
	84 E. Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

PARAMETER	RESULT	MAX. RECOMMENDED LEVEL
Total Coliform Bacteria	*Present	Present or Absent
Total E.Coli Bacteria	*Present	Present or Absent

*For the items tested, this sample was not found to be within acceptable levels for E.P.A. Standards.

1 month →
= sodium – evaluated.

7411

received
9-15-09

Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Daryl Clark	Sample Date:	9-14-09
Address:	84 East Leverett Road	Report Date:	9-15-09
	Amherst, MA 01002	Collected By:	
Sample Location:		Type Supply:	Well
	Darryl Clark	Sample No.:	QAL 7411
	84 East Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

PARAMETER	RESULT	MAX. RECOMMENDED LEVEL
Total Coliform Bacteria	Absent	Present or Absent

For the item tested, this sample was found to be within acceptable levels for E.P.A. Standards.

ORDER OF EMERGENCY CONDEMNATION

Mr. Darryl Clark
84 East Leveret Rd
Amherst, MA 01002

Date September 8, 2009 RE: 84 East Leveret Rd. Amherst MA 01002 (Donna Griffin)

The inspection of the above identified premises on September 8, 2009 has revealed the existence of serious conditions which render the premises unfit for human habitation.
The following conditions create an immediate danger to the occupants of the premises:

a.) 105 CMR 410.750 (A) Failure to provide a supply of water sufficient in quantity, pressure, and temperature, both hot and cold, to meet the ordinary needs of the occupant in accordance with 105 CMR 410.180 and 410.190 for a period of 24 hours or longer.
b.) 105 CMR 410.750 (E) Failure to provide a safe supply of water
c.) 105 CMR 410.750 (F) Failure to provide a toilet and maintain a sewage disposal system in operable condition as required by 105 CMR 410.150(A) (1) and 410.300.

Based upon the existence of the above conditions and pursuant to 105 CMR 410.831 (E), the Amherst, Board of Health hereby condemns the above identified premises and orders the following:

1) . The premises identified above are to be vacated of all occupants forthwith.
2) Tenants may be allowed access to the apartment only for the purpose of removing personal items.
3) The owner is ordered to secure the subject dwelling within 48 hours of receipt of this notice.
4) Premises are not to be occupied until it has been re-inspected and approved for occupancy by the Health Department.

Due to the immediate danger that the above described conditions pose to occupants of the identified premises, this Order of **Condemnation shall take effect immediately.** You are entitled to a hearing, provided a written petition is received within seven (7) days. You are also entitled to be represented by counsel and have the right to inspect and obtain copies of all relevant reports, orders and notices. Any adverse parties also have the right to appear at the hearing.

All notices, reports and documentation in possession of the Board of Health are available for inspection and or coping during normal business hours. Please call first for appointments (413) 259-3078.

If these premises are occupied as rental housing, then the occupants are entitled to exercise the statutory remedies provided, and a copy of this notice and the attached Housing Inspection Report has been provided for them. (see exhibit "A" attached hereto).

Signed and Certified under the pains
and penalties of perjury

BY _____
Housing Inspector Gary Courtemanche
cc: Amherst Board of Health.
Amherst Health Dept. Epi Bodhi
Dept. of Public Works Guilford Mooring
Town Engineer Jason Skeels
Tenant: Donna Griffin

This is an important document. You may want to have it translated.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Site Exam:

Slope 5%

Surface water N/A

Check cellar N

Shallow wells Y - 200'+ From SYSTEM

Estimated depth to ground water: 40" +/-

Please indicate all methods used to determine the high ground water elevation:

☐ Obtained from system design plans on record

If checked, date of design plan reviewed: _____ Date

☒ 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:

GROUNDWATER APPROXIMATELY 40" DEEP FROM ABUTTING PROPERTY / / THIS SYSTEM @ #86 LEVERETT ROAD WILL NEED REPLACEMENT SO ESHGW WILL NEED TO BE ESTABLISHED AT TIME OF SOIL EVALUATION.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

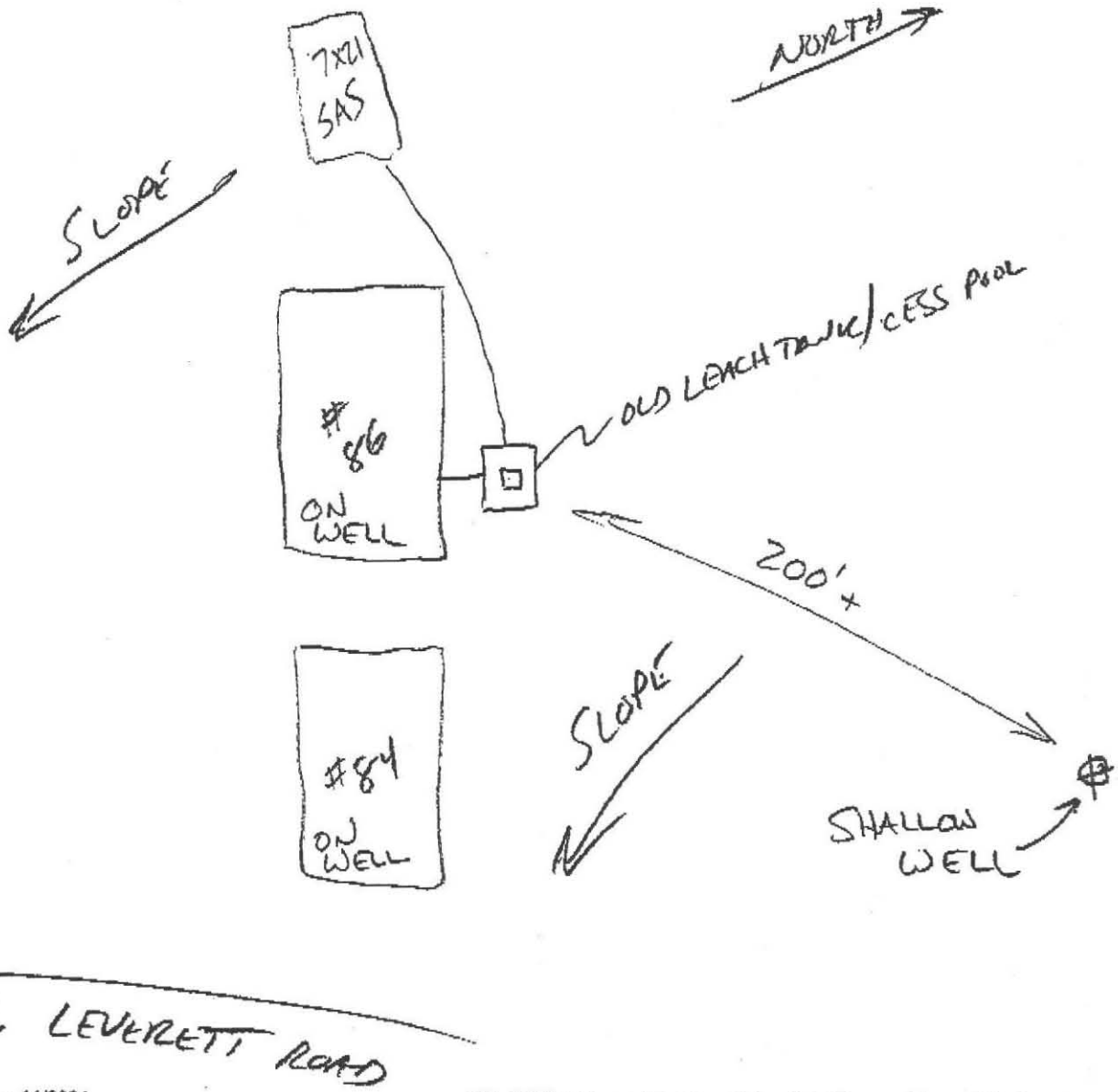
C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST	MA	01002
City/Town	State	Zip Code

DARYL CLARK	9/15/09
Owner's Name	Date of Inspection

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.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Cesspools (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 ☐ No

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.):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:
SAS FOUND DURING INSPECTION

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	1EA. 8'X21'
☐	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.):
DEFINITE HYDRAULIC FAILURE / VEGETATION SHOWS SIGNS OF NITROGEN ENRICHED GROWTH / SPONGEY SOILS ENCOUNTERED AT SITE / DUG DOWN TO SYSTEM - FOUND BLACK/SEPTIC STONE / WATER ROSE TO WITHIN 4" OF SURFACE.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Tight or Holding Tank (cont.)

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: _____ Alarm in working order: ☐ Yes ☐ No

Date of last pumping: _____ Date

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

_____

_____

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert: COULD NOT BE LOCATED

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.):
DBOX COULD NOT BE LOCATED - - VERY DOUBTFUL THAT IT EVEN EXISTS AT THIS SITE

_____

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
COULD NOT ACCESS BAFFLES IF THY ARE IN PLACE - SUSPECT THAT TANK IS OLD CESSPOOL THAT HAS HAD AN OUTLET PIPE INSTALLED SO NOW CESSPOOL ACTS AS SEPTIC TANK.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

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: _____ Date

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

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): _____

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Building Sewer (locate on site plan):

Depth below grade: 2.9 feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: 200 +/- feet

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

Septic Tank (locate on site plan):

Depth below grade: 1.5 feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: _____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 7'X6'X5'D

Sludge depth: 3"

Distance from top of sludge to bottom of outlet tee or baffle

Scum thickness 2"

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

How were dimensions determined? FIELD MEASURED

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

General Information

Pumping Records:

Source of information: FROM OWNER

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

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)
- ☐ 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:

SYSTEM IS APPROX 20 YEARS OLD PER OWNER

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

C. System Information

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

Residential Flow Conditions:

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: 2

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☒ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)):

Sump pump? ☐ Yes ☒ No

Last date of occupancy: CURRENT
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): N/A

Grease trap present? ☐ Yes ☒ No

Industrial waste holding tank present? ☐ Yes ☒ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☒ No

Water meter readings, if available:

Last date of occupancy/use:
Date

Other (describe):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

B. Checklist

86 EAST LEVERETT ROAD
Property Address

AMHERST	MA	01002
City/Town	State	Zip Code

DARYL CLARK	9/15/09
Owner's Name	Date of Inspection

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

YES	NO	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☐	☒	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☐	☒	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
☒	☐	Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?
		The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:
☐	☒	Existing information. For example, a plan at the Board of Health.
☒	☐	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)]

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST	MA	01002
City/Town	State	Zip Code

DARYL CLARK	9/15/09
Owner's Name	Date of Inspection

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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | ZipCode

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

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 ½ 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.]**

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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

Inspection results must be submitted on this form or on the official Title 5 Inspection Form dated 6/15/2000. Inspection forms may not be altered in any way.

A. Certification

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

1. Property Information:

86 EAST LEVERETT ROAD
Property Address

DARYL CLARK
Owner's Name

84 EAST LEVERETT ROAD
Owner's Address

AMHERST | MA | 01002
City/Town | State | Zip Code

Date of Inspection: SEPTEMBER 15, 2009
Date

2. Inspector:

RAYMOND MIECZKOWSKI
Name of Inspector

SYSTEMS
Company Name

P.O. BOX 684
Company Address

HADLEY | MA | 01035
City/Town | State | Zip Code

413-374-0483
Telephone Number

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 ☒ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature | September 15, 2009
Date

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.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST — City/Town
MA — State
01002 — Zip Code

DARYL CLARK — Owner's Name
9/15/09 — Date of Inspection

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

A) System Passes:

☐ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B) System Conditionally Passes:

☐ 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:

NO

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

B) System Conditionally Passes (cont.):

☐ 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:

N/A

☐ 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:

N/A

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 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

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

A. Certification (cont.)

86 EAST LEVERETT ROAD
Property Address

AMHERST | MA | 01002
City/Town | State | Zip Code

DARYL CLARK | 9/15/09
Owner's Name | Date of Inspection

C) Further Evaluation is Required by the Board of Health (cont.):

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:

N/A

Town of
AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033

Commonwealth of Massachusetts
City/Town of Amherst
Application for Disposal System Construction Permit
Form 1A

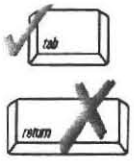
Number

$ 200
Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to:
- ☐ Construct a new on-site sewage disposal system
- ☒ Repair or replace an existing on-site sewage disposal system
- ☐ Repair or replace an existing system component

1. Location of Facility:

#84-86 East Leverett Road
Address or Lot #

Amherst | MA | 01002
City/Town | State | Zip Code

2. Owner Information

Daryl Clark
Name

Address (if different from above)

City/Town | State | Zip Code

413-549-6448
Telephone Number

3. Installer Information

Name | Name of Company

Address

City/Town | State | Zip Code

Telephone Number

4. Designer Information

Paul M. Styspeck, P.E. | same
Name | Name of Company

#3 West Street
Address

Hadley | MA | 01035
City/Town | State | Zip Code

413-585-8188
Telephone Number

COMMONWEALTH OF MASSACHUSETTS PAUL M. STYSPECK CIVIL No. 40177 REGISTERED PROFESSIONAL ENGINEER

Commonwealth of Massachusetts
City/Town of Amherst
Application for Disposal System Construction Permit
Form 1A

Number

$
Fee

A. Facility Information (continued)

5. Type of Building:

☒ Dwelling ☐ Garbage Grinder (check if present)

Other: Type of Building _____ Number of Persons Served

☐ Showers _____ Number of showers ☐ Cafeteria ☒ Other fixtures

Specify other fixtures: _____

6. Design Flow: 770 Gallons per Day

Calculated Daily Flow: 77 0GPD (7 bedroom)- Gallons

7. Plan: 10/5/09 Date of Original

5 Number of Sheets n/a Revision Date

Proposed Septic System Title of Plan

8. Description of Soil:

See attached soil evaluation

9. Nature of Repairs or Alterations (if applicable):

NEW SEPTIC TANKS AND LEACH FIELD

10. Date last inspected: n/a Date

Commonwealth of Massachusetts
City/Town of Amherst
Application for Disposal System Construction Permit
Form 1A

Number

$
Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature | Date

Application Approved By:

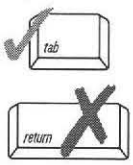
Name | Date

Application **Disapproved** for the following reasons:

Commonwealth of Massachusetts
City/Town of Amherst
Percolation Test
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Site Information

DARRYL CLARK
Owner Name

84-86 EAST LEVERETT ROAD
Street Address or Lot #

AMHERST | MA | 01102
City/Town | State | Zip Code

same |
Contact Person (if different from Owner) | Telephone Number

B. Test Results

	9/30/09 Date	9:00 A.M. Time	Date	Time
Observation Hole #	1			
Depth of Perc	67"			
Start Pre-Soak	9:09			
End Pre-Soak	9:24			
Time at 12"	9:25			
Time at 9"	10:51			
Time at 6"	12:21			
Time (9"-6")	90 min			
Rate (Min./Inch)	30 min/inch			
	Test Passed: ☒ Test Failed: ☐		Test Passed: ☐ Test Failed: ☐	

Raymond Mieczkowski , EIT
Test Performed By:

Gary Courtemanche , Amherst Health Dept.
Witnessed By:

Comments:

Class 2 Soil

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

DEP has provided this form for use by on-site professionals and local Boards of Health. Other forms may be used, but the information must be substantially the same as provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information

1. Facility Information

DARRYL CLARK
Owner Name

84-86 EAST LEVERETT ROAD — Map/Lot #1
Street Address

AMHERST — MA — 01002
City/Town — State — Zip Code

B. Site Information

1. (Check one) New Construction ☒ Upgrade ☐ Repair ☐

2. Published Soil Survey available? Yes ☒ No ☐ If yes: 1981 (Year Published) 1:15840 (Publication Scale) 7 (Soil Map Unit)

GLOUCESTER/MONTAUK (Soil Name) — (Soil limitations)

3. Surficial Geological Report available? Yes ☐ No ☒ If yes: (Year Published) (Publication Scale) (Map Unit)

(Geologic Material) — (Landform)

4. Flood Rate Insurance Map:

Above the 500 year flood boundary? Yes ☐ No ☐ Within the 100 year flood boundary? Yes ☐ No ☐

Within the 500 year flood boundary? Yes ☐ No ☐ Within a Velocity Zone? Yes ☐ No ☐

5. Wetland Area: National Wetland Inventory Map (Map Unit) (Name)

Wetlands Conservancy Program Map (Map Unit) (Name)

Commonwealth of Massachusetts
City/Town of AMHERST
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

6. Current Water Resource Conditions (USGS) _____ (Month/Year) Range: Above Normal ☐ Normal ☐ Below Normal ☐

7. Other references reviewed: _____

C. On-Site Review

(minimum of two holes required at every proposed primary and reserved disposal area)

Deep Observation Hole Number: 1 | 9/30/09 (Date) | 9:00 A.M. (Time) | OVERCAST / 60'S (Weather)

1. Location

Ground Elevation at Surface of Hole 95.19

Location (Identify on Plan) SEE PLAN

2. Land Use: RESIDENTIAL (e.g. woodland, agricultural field, vacant lot, etc.) | N/A (Surface Stones) | 0-15% (Slope (%))

GRASS / LAWN (Vegetation) | MORRAINE (Landform) | SEE PLAN (Position on landscape (attach sheet))

3. Distances from: Open Water Body >200 feet Drainage Way >100 feet Possible Wet Area >100 feet
Property Line 30 feet Drinking Water Well 125+ feet Other _____

4. Parent Material: GLACIAL DEPOSITION / OUTWASH Unsuitable Materials Present: Yes ☐ No ☒

If Yes: Disturbed Soil☐ Fill Material☐ Impervious Layer(s) ☐ Weathered/Fractured Rock☐ Bedrock☐

5. Groundwater Observed: Yes ☒ No ☐

If Yes: Depth Weeping from Pit 98" Depth Standing Water in Hole 108"

Estimated Depth to High Groundwater: 98" (inches) 87.02 (elevation)

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Deep Observation Hole Number: 1

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-21	A1	10 YR 4/3		N/A		LOAMY SAND	0	0	CRUMB / FRIABLE/ ROOTS		
21-41	Bf	10 YR 5/6		N/A		LOAMY SAND	0	0	MASSIVE / FRIABLE/CR UMBLES IN HAND		
41-55	Bw	2.5 Y 4/4		N/A		SAND	0	10	SINGLE GRAIN / >25% 2" ROUNDED STONES		
55-90	C1	2.5 Y 4/3		N/A		SAND		15	COARSE SAND / SINGLE GRAIN		
90-120	C2	2.5 Y 3/2		N/A		SAND		15	COARSE SAND / >25% ½" ROUNDED STONE		

Additional Notes _____

Commonwealth of Massachusetts
City/Town of AMHERST
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review *(minimum of two holes required at every proposed primary and reserved disposal area)*

Deep Observation Hole Number: 2 | 9/30/09 (Date) | 9:00 A.M. (Time) | OVERCAST / 60'S (Weather)

1. Location

   Ground Elevation at Surface of Hole 95.45

   Location (Identify on Plan) SEE PLAN

2. Land Use: RESIDENTIAL (e.g. woodland, agricultural field, vacant lot, etc.) | N/A (Surface Stones) | 0-15% (Slope (%))

   GRASS / LAWN (Vegetation) | MORRAINE (Landform) | SEE PLAN (Position on landscape (attach sheet))

3. Distances from: Open Water Body >200 feet | Drainage Way >100 feet | Possible Wet Area >100 feet

   Property Line 30 feet | Drinking Water Well 125+ feet | Other

4. Parent Material: GLACIAL DEPOSITION / OUTWASH | Unsuitable Materials Present: Yes ☐ No ☒

   If Yes: Disturbed Soil ☐ Fill Material ☐ Impervious Layer(s) ☐ Weathered/Fractured Rock ☐ Bedrock ☐

5. Groundwater Observed: Yes ☒ No ☐

   If Yes: Depth Weeping from Pit 102" | Depth Standing Water in Hole 108"

   Estimated Depth to High Groundwater: 102" inches | 86.95 elevation

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Deep Observation Hole Number: 2

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-23	A1	10 YR 4/3		N/A		LOAMY SAND	0	0	CRUMB / FRIABLE/ ROOTS		
23-44	Bf	10 YR 5/6		N/A		LOAMY SAND	0	0	MASSIVE / FRIABLE/CR UMBLES IN HAND		
44-51	Bw	2.5 Y 4/4		N/A		SAND	0	25	SINGLE GRAIN / >25% 2" ROUNDED STONES		
51-89	C1	2.5 Y 4/3		N/A		SAND		10	COARSE SAND / SINGLE GRAIN		
89-120	C2	2.5 Y 3/2		N/A		SAND		25	COARSE SAND / >25% ½" ROUNDED STONE		

Additional Notes _____

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method used:
   - ☐ Depth observed standing water in observation hole — A. _____ inches — B. _____ inches
   - ☒ Depth weeping from side of observation hole — 1. 98" — 2. 102"
   - ☐ Depth to soil redoximorphic features (mottles) — A. _____ — B. _____
   - ☐ Groundwater adjustment (USGS methodology) — A. _____ inches — B. _____ inches

2. Index Well Number _____ Reading Date _____ Index Well Level _____

   Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

   a. 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 ☒ No ☐

   b. If yes, at what depth was it observed? Upper boundary: 51 inches Lower boundary: 120 inches

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

_____ 9/30/09
Signature of Soil Evaluator — Date

RAYMOND MIECZKOWSKI — 5/25/1998
Typed or Printed Name of Soil Evaluator — *Date of Soil Evaluator Exam

GARY COURTEMANCHE — AMHERST
Name of Board of Health Witness — Board of Health

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.

Commonwealth of Massachusetts
City/Town of AMHERST

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Use this sheet for field diagrams:

Influenza Vaccine Products for the 2010–11 Influenza Season

Information about influenza vaccine products

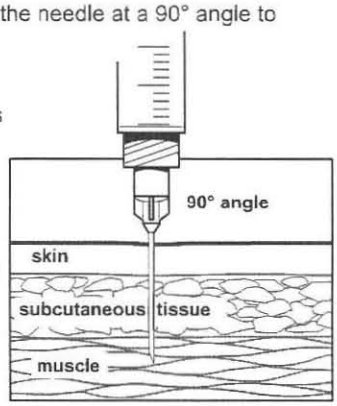
Manufacturer	Trade Name	How Supplied	Mercury Content (µg Hg/0.5mL)	Age Group	CPT Code[1]
CSL Biotherapies	Afluria (TIV)[2]	0.5 mL (single-dose syringe)	0	9 years & older[3]	90656
GlaxoSmithKline	Fluarix (TIV)	0.5 mL (single-dose syringe)	0	3 years & older	90658
ID Biomedical Corp of Quebec, a subsidiary of GlaxoSmithKline	FluLaval (TIV)	5.0 mL (10-dose vial)	25	18 years & older	90658
MedImmune	FluMist (LAIV)[2]	0.2 mL (single-use nasal spray)	0	2 through 49 years	90660
Novartis Vaccines	Fluvirin (TIV)	0.5 mL (single-dose syringe)	≤1	4 years & older	90656
		5.0 mL (10-dose vial)	25		90658
	Agriflu (TIV)	0.5 mL (single-dose syringe)	0	18 years & older	90656
sanofi pasteur	Fluzone (TIV)	0.25 mL (single-dose syringe)	0	6 through 35 months	90655
		0.5 mL (single-dose syringe)	0	36 months & older	90656
		0.5 mL (single-dose vial)	0	36 months & older	90656
		5.0 mL (multi-dose vial)	25	6 months & older	90658
	Fluzone High-Dose (TIV)	0.5 mL (single-dose syringe)	0	65 years & older	90662

1. Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association (AMA); it is used here with AMA's permission.
2. TIV is the abbreviation for trivalent inactivated influenza vaccine (injectable); LAIV is the abbreviation for live attenuated influenza vaccine (nasal spray).
3. On August 6, 2010, ACIP recommended that Afluria not be used in children younger than age 9 years. If no other age-appropriate TIV is available, Afluria may be considered for a child age 5 through 8 years at high risk for influenza complications, after risks and benefits have been discussed with the parent or guardian. Afluria should not be used in children younger than age 5 years.

How to administer injectable and nasal spray influenza vaccines

Intramuscular injection of Trivalent Inactivated Influenza Vaccines (TIV)

1. Use a needle long enough to reach deep into the muscle. Infants age 6 through 11 mos: 1"; 1 through 2 yrs: 1–1¼"; children and adults 3 yrs and older: 1–1½".
2. With your left hand*, bunch up the muscle.
3. With your right hand*, insert the needle at a 90° angle to the skin with a quick thrust.
4. Push down on the plunger and inject the entire contents of the syringe. There is no need to aspirate.
5. Remove the needle and simultaneously apply pressure to the injection site with a dry cotton ball or gauze. Hold in place for several seconds.
6. If there is any bleeding, cover the injection site with a bandage.
7. Put the used syringe in a sharps container.

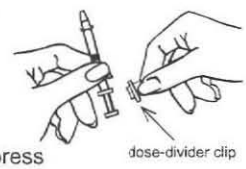


*Use the opposite hand if you are left-handed.

Intranasal administration of Live Attenuated Influenza Vaccine (LAIV)

1. FluMist (LAIV) is for intranasal administration only. Do not inject FluMist.
2. Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.
3. With the patient in an upright position (i.e., head not tilted back), place the tip just inside the nostril to ensure LAIV is delivered into the nose. The patient should breathe normally.

4. With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.
5. Pinch and remove the dose-divider clip from the plunger.
6. Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine.



7. Dispose of the applicator in a sharps container.

Technical content reviewed by the Centers for Disease Control and Prevention. August 2010.

www.immunize.org/catg.d/p4072.pdf • Item #P4072 (8/10)

7008 2810 0001 1436 2425

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Darryl Clark

Street, Apt. No.; or PO Box No. 84 East Lawrence Rd

City, State, ZIP+4 Amherst, MA 01002

PS Form 3800, August 2006 See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement *"Restricted Delivery"*.
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 *(Reverse)* PSN 7530-02-000-9047

7005 0390 0002 0944 9581

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Darby Clark

Street, Apt. No.; or PO Box No. 81 East Leverett

City, State, ZIP+4 Amherst MA 01002

PS Form 3800, June 2002 See Reverse for Instructions

Certified Mail Provides:

- A mailing receipt
- A unique identifier for your mailpiece
- A record of delivery kept by the Postal Service for two years

PS Form 3800, June 2002 (Reverse)

Important Reminders:

- Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.
- Certified Mail is *not* available for any class of international mail.
- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.
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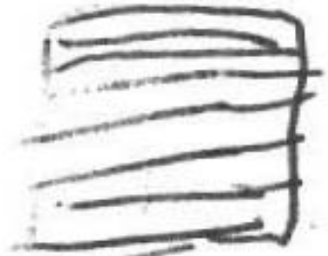
IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail addressed to APOs and FPOs.

STIOM  Robert

FIRE Camherst ma.gov

- Vegetables (from Uncles Idrees)

in Refrigerator for you.

-check with church

plz Check w/ Keith for insurance for those girls @ 5401 (Mill Valley

Donna Griffin
PO Box 927
Amherst, MA 01004

Copy

UNITED STATES POSTAL SERVICE

SPRINGFIELD MA 01

08 SEP 2000 PM 3

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Amherst Health Dept
70 Boltwood Walk
Amherst, MA 01002

341

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darryl Clark
84 East Leverett
Amherst Ma 01002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

B. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7005 0390 0002 0944 9581

PS Form 3811, February 2004 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

SPRINGFIELD MA 011

11 SEP 2009 PM 3 T

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Amherst Health
70 Boltwood
Amherst MA 01002

2271

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Darryl Clark
84 East Leverett
Amherst, MA 01002

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 9/11.

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7008 2810 0001 1436 2425

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Plan: 09-10 Designed by: Paul M Styspeck, P.E

CHECK LIST FOR SEPTIC PLANS

- [x] Application page attached to plan
- [x] PE or RS stamp, date, signature
- [ ] Variances to property line setback distances must have Surveyor Stamp 15020 (3)
- [x] Legal boundaries noted
- [ ] Easements noted N/A
- [x] Dwellings and buildings existing or proposed noted
- [x] Location of driveway or parking areas, other impervious areas
- [ ] Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4) N/A Repair
- [x] System design calculations
- [x] Garbage grinder Y or (N)
- [x] Benchmark not disturbed during construction, within 75 feet of facility CMR15.220 (4)(q)
- [x] North arrow CMR 15.200 (4) (g)
- [x] Contours
- [x] Deep hole location and data
- [x] Perc hole location and data
- [x] Elevations
- [x] Names of approving authority and soil evaluator CMR 15.211 p. 49
- [x] Location of every water supply, public and private CMR 15.220(k):
  - Within 400 feet of system in case of surface water and gravel packed public water supply
  - Within 250 feet of system in case of tubular public water supply
  - Within 150 feet of private supply wells 100' septic sys.; 50' tank
- [ ] **Well statement if applicable**
- [x] Location of any surface waters, rivers, vegetated wetlands
- [x] Location of water lines and other subsurface utilities SEE NOTES
- [x] Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- [x] Profile of system
- [x] Locus plan to show location of facility, including nearest street
- [x] Materials of construction and specs for system
- [x] Gas Baffle 15.227.4
- [x] Pipe in center line of tank 310 CMR 15.227, 15.06(8) 3
- [ ] Double washed stone
- [x] Schedule 40 PVC for trafficked areas, house to tank 35 PVC
- [x] Distances noted from house to tank, etc.
- [ ] If dosing is proposed, design and specs of dosing system N/A
- [ ] When alternative technology is required, complete plan and specs, including hydraulic profile N/A
- [ ] Trenches preferred over beds CMR 15.240 (6)
- [ ] Buoyancy calculations for tanks or components partly below H20 table 15.221(8) p. 56 N/A
- [ ] 3 to 1 slope outside of mound, toe ending 5 feet from property line 10/1 ✓
- [ ] Local upgrade requests on the plan N/A
- [ ] Local upgrade forms attached to application N/A
- [ ] Note on plan listing all variances sought in conjunction with the plan N/A

NOTES: Calculations based on Presby charts approved by DEP. Gayl Cantemanche

received
9-10-09

Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Darryl Clark	Sample Date:	9-09-09
Address:	84 E. Leverett Road	Report Date:	9-10-09
	Amherst, MA 01002	Collected By:	Darryl Clark
Sample Location:		Type Supply:	Well
	Darryl Clark	Sample No.:	QAL 7362
	84 E. Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

PARAMETER	RESULT	MAX. RECOMMENDED LEVEL
Total Coliform Bacteria	*Present	Present or Absent
Total E.Coli Bacteria	*Present	Present or Absent

*For the items tested, this sample was not found to be within acceptable levels for E.P.A. Standards.

1 month →
= sodium – evaluated.

received
9-10-09

Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

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1 month →
= sodium — evaluated.

TO:
GARY
COURTEMANCHE
AMHERST
B.O.H.

FROM:
RAY
MIECZKOWSKI

RE:
86 N. LEVERETT ROAD
T-5

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033

ALLISON, ANGIER & BARTMON LLP

COUNSELORS AT LAW

69 SOUTH PLEASANT STREET, SUITE 201

AMHERST, MASSACHUSETTS 01002

TELEPHONE: (413) 253-9700
FACSIMILE: (413) 256-0170

FREDERIC G. BARTMON
fgb@aab-law.com
DAVID A. ANGIER
daa@aab-law.com
DONALD J. ALLISON
dja@aab-law.com
SANDRA J. STAUB
sjs@aab-law.com
MARISSA ELKINS
melkins@aab-law.com

June 30, 2010

Amherst Board of Health
Town Hall
4 Boltwood Avenue
Amherst, MA
01002

Re: 86 Leverett Road, Amherst

To Whom it May Concern:

Please be advised that this office represents Donna Griffin in connection with pending litigation regarding her tenancy at 86 Leverett Road. Kindly provide our office with copies of any and all documents relating to the above address that the Board of Health has on file.

Should you have any questions or concerns, please feel free to contact this office. When the documents are prepared, feel free to call so that someone from our office can come retrieve them.

Thank you for your assistance.

Sincerely,

Marissa Elkins (LAF)

Marissa Elkins, Esq.

ME/laf

Town of AMHERST, MASSACHUSETTS FOUNDED 1759

AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

September 4, 2009

Mr. Darryl Clark
84 East Leverett Rd
Amherst, MA 01002

Certified Mail: 7005 3090 0002 0944 9581

Dear Mr. Clark:

At the request of the tenant at 86 East Leverett Road, I conducted a site visit to your property on Thursday September 3, 2009. I observed effluent ponding on the top of the leach fields. Based on my observation, and on the 310 CMR 15.303(a) 2. as written below, you are ordered to have a State Certified Title 5 Inspector conduct an inspection of your septic system witnessed by the Amherst Health Department to determine the proper repair plan. This inspection must be conducted within 7 days of receipt of this letter.

15.303: Systems Failing to Protect Public Health and Safety and the Environment

(1) If one or more of the following conditions exist as documented by inspection by an approved System Inspector, or determined by the local Approving Authority or the Department, the system is failing to protect public health and safety and the environment and shall be upgraded in accordance with the timeframes of 310 CMR 15.305(1) and the standards of 310 CMR 15.404 and 15.405:

15.303: continued

—. there is a discharge of effluent directly or indirectly to the surface of the ground through ponding, surface breakout or damp soils above the disposal area or to a surface water of the Commonwealth;

Sincerely,

Gary Courtemanche
Amherst Health Department

cc. Epi Bodhi

Roy R → 413 259-3074
Charley K → 617 859 3237

Quabbin Analytical Laboratory

received 9-8-09

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Donna Griffin	Sample Date:	9-05-09
Address:	P.O. Box 927	Report Date:	9-08-09
	Amherst, MA 01004-0927	Collected By:	Donna Griffin
Sample Location:		Type Supply:	Well
	Donna Griffin	Sample No.:	QAL 7345
	East Leverett Road	Lab ID#:	M-02454
	Amherst, MA 01002		

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	*Present	Present or Absent
Fecal Coliform Bacteria	*Present	Present or Absent
Nitrite	0	1.0 mg/l
Nitrate	0.2	10.0 mg/l
PH	*6.26	6.5-8.5
Alkalinity	10.0	No Limit
Iron	.03	.30 mg/l
Manganese	.02	.05 mg/l
Copper	.16	1.3 mg/l
Sulfate	16.0	250 mg/l
Chloride	2.45	250 mg/l
Hardness	32.0	No Limit
Conductivity	63.6	No Limit
Total Dissolved Solids	41.9	500 mg/l
Turbidity	0.4	5 NTU
Chlorine	0	No Limit
Sodium	4.35	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Total & Fecal Coliform Bacteria & pH, the sample was found to be within acceptable levels for D.E.P. Drinking Water Standards. If there are any questions on this report, please do not hesitate to call this office.

David Fredenburgh, Director

QAL #7345 Continued TESTED FOR	RESULTS	Page 2 MAX. RECOMMENDED LEVELS
Potassium	8.3	**No Limit**
Magnesium	3.9	**No Limit**
Calcium	9.6	**No Limit**
Ammonia	.02	**No Limit**
Sediment	Neg	**Pos or Neg**
Color	3.0	**15 cu**
Odor	0	**3 ton**

Paul M Styspeck, P.E.
Consulting Civil Engineer

3 West Street
Hadley, MA 01035

To: Amherst Board of Health
From: Paul M. Styspeck, P.E.
Date: October 5, 2009
Re: #84 & #86 East Leverett Road – Daryl Clark, Amherst

Attached are three copies of the design for the septic system repair for the above property. Both addresses are located on the same continuous property under the same owner, Daryl Clark. It was recently determined that both existing septic systems have failed and require replacement. This property is serviced with an off-site well which expedites the need to replace the failed systems as soon as possible.

Rather than install two separate leach fields for this property, one new leach field has been designed with adequate capacity to serve both houses (7 bedrooms total, 4 at #84 and 3 at #86). Two separate septic tanks have been designed just to provide a minimum amount of maintenance separation between the two houses.

A leach field using the Presby method has been calculated as this method can utilize a 40% reduction in the leach field size rather than a traditional leach field. However, the Presby pipe material or ADS Geo-flow material can be used and that calculations for the system apply to both materials. See Page 5 for a detail of the calculations. This type of pipe material also has a reportedly cleaner effluent after treatability based on manufacturer testing which is desired in this site since it is served by nearby wells.

If you have questions during the review, I can be contacted at 413-237-4733 or paul.styspeck@verizon.net. I will be available for any questions you may have or further coordination with if required. Please notify either myself or the property owner when the plans are approved so he can proceed with construction as this is a timely matter.

Thank you again for the consideration,

Paul

Paul M. Styspeck, P.E.

attachments

PERMITS/INSP PAYMENT RECPT#: 10029594
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 10/09/09 TIME: 11:55
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 4562

REFERENCE: A

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: 84 EAST LEVERETT

FEES:
HEA043 PLAN REVIEW 150.00

TOTAL PAID: 150.00

PERMITS/INSP PAYMENT RECPT#: 10029594
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 10/09/09 TIME: 11:55
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 4562

REFERENCE: A

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: 84 EAST LEVERETT

FEES:
HEA043 PLAN REVIEW 150.00

TOTAL PAID: 150.00

A-1 0-21

B-F 21-41

Bw 41-55

C1 55-90

C2 90 120+

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 84/86 East Leverett

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:		Time:
Observation Hole #	1	
Depth of Perc	67	
Start Pre-soak	909	
End Pre-soak	924	
Time at 12"	925	
Time at 9"	1051	
Time at 6"	1125	
Time (9"-6") 2 / 3:86		
Rate Min./Inch 60/2	38 min/IN.	

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

Site Passed ☑ Site Failed ☐

Performed By: _____

Witnessed By: G. Courtemanche

Comments: Replace with TITLE 5 Sand.

DEP

DEP APPROVED FORM - 12/07/95

7 bedrooms

Location Address or Lot No. 84 E. Leverett.

On-site Review

Deep Hole Number ____ Date: 9/30 Time: 8:30 a.m. Weather C

Location (identify on site plan) ____

Land Use Residual Slope (%) ____ Surface Stones ____

Vegetation grass

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 120+ 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)
A-1	0-21	L.S.	10YR4/3	N/A	Roots, Friable
BF	21-41	L.S.	10YR5/6	N/A	Roots, Very Loose
BW	41-55	S.	2.5Y4/4	N/A	>25% 2" Rounded Stone.
C1	55-90	S.	2.5Y4/3	N/A	Coarse Sand single grain.
C2	90-120		2.5Y3/2	N/A	

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Fluvioglacial Outwash Depth to Bedrock: —

Depth to Groundwater: Standing Water in the Hole: 138" Weeping from Pit Face: 98"

Estimated Seasonal High Ground Water: 98"

Class 2 Soil

Well Closure

X. DECOMMISSIONING REQUIREMENTS

Abandoned wells, test holes, and borings shall be decommissioned so as to prevent the well, including the annular space outside the casing, from being a channel all-owing the vertical movement of water.

The owner of the private well shall decommission the well if the well meets any of the following criteria:

1) construction of the well is terminated prior to completion of the well
2) the well owner notifies the Board that the use of the well is to be permanently discontinued.
3) the well has been out of service for at least three years
4) the well is a potential hazard to public health or safety and the situation cannot be corrected
5) the well is in such a state of disrepair that its continued use is impractical
6) the well has the potential for transmitting contaminants from the land surface into an aquifer or from one aquifer to another and the situation cannot be corrected

The property owner shall be responsible for ensuring that all abandoned wells and test holes or borings associated with private well installation are properly plugged. Only registered well drillers may plug abandoned wells, test holes, and borings.
In the case of new well construction, all test holes and borings shall be plugged before the well driller completes work at the site.

Abandoned wells or borings shall be completely filled with a grout which cures with a final permeability of less than IXIO-7 cm/sec. Wells shall be plugged with neat cement grout, sand cement grout, concrete, or bentonite grout.

Regardless of the type used, the grout:

1) shall be sufficiently fluid so that it can be applied through a tremie pipe from the bottom of the well upward
2) shall remain as a homogeneous fluid when applied to the subsurface rather than disaggregating by gravity into a two phase substance
3) shall be resistant to chemical or physical deterioration
4) shall not leach chemicals, either organic or inorganic, that will adversely affect the quality of the groundwater where it is applied

The plugging materials shall be introduced at the bottom of the well or boring and placed progressively upward to a level approximately four (4) feet below the ground surface. Sealing materials shall never be poured from the land surface into the well, borehole, or annular space being sealed.

The contractor shall emplace the surface seal no sooner than 24 hours after the well or boring has been plugged. Before the surface seal is placed, casing remaining in the hole shall be cut off. The remaining four feet at the top of the well or boring shall then be filled with concrete. The top of the seal shall comprise a concrete slab above the top of the plugged well or boring. This concrete slab shall be at least six inches thick and shall be at least two feet greater in diameter than the well
casing or borehole wall.
[Optional: The DEP Private Well Guideline, section entitled "Decommissioning Abandoned Wells, Test Holes, and Dry or Inadequate Borings, " contains a more comprehensive discussion of plugging procedures and other aspects of decommissioning and contains specific recommendations for the contents of a well Decommissioning Report which the Board may choose to require that a well driller supply.]
see: http://www.state.ma.us/dep/brp/dws/files/modwell.doc

Well Closure

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Regardless of the type used, the grout:

1) shall be sufficiently fluid so that it can be applied through a tremie pipe from the bottom of the well upward
2) shall remain as a homogeneous fluid when applied to the subsurface rather than disaggregating by gravity into a two phase substance
3) shall be resistant to chemical or physical deterioration
4) shall not leach chemicals, either organic or inorganic, that will adversely affect the quality of the groundwater where it is applied

The plugging materials shall be introduced at the bottom of the well or boring and placed progressively upward to a level approximately four (4) feet below the ground surface. Sealing materials shall never be poured from the land surface into the well, borehole, or annular space being sealed.

The contractor shall emplace the surface seal no sooner than 24 hours after the well or boring has been plugged. Before the surface seal is placed, casing remaining in the hole shall be cut off. The remaining four feet at the top of the well or boring shall then be filled with concrete. The top of the seal shall comprise a concrete slab above the top of the plugged well or boring. This concrete slab shall be at least six inches thick and shall be at least two feet greater in diameter than the well
casing or borehole wall.
[Optional: The DEP Private Well Guideline, section entitled "Decommissioning Abandoned Wells, Test Holes, and Dry or Inadequate Borings, " contains a more comprehensive discussion of plugging procedures and other aspects of decommissioning and contains specific recommendations for the contents of a well Decommissioning Report which the Board may choose to require that a well driller supply.]
see: http://www.state.ma.us/dep/brp/dws/files/modwell.doc

PERMITS/INSP PAYMENT RECPT#: 10027871
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 10/02/09 TIME: 09:32
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 433

REFERENCE: A

AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS: 84 EAST LEVERETT

FEES:
HEA011 PERCOLATIONS TE 300.00

TOTAL PAID: 300.00

PERMITS/INSP PAYMENT RECPT#: 10027871
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
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CHANGE: .00

SITE ADDRESS: 84 EAST LEVERETT

FEES:
HEA011 PERCOLATIONS TE 300.00

TOTAL PAID: 300.00

Property Location: 84-86 EAST LEVERETT RD | MAP ID: 3C/ / 12/ / | Bldg Name: | State Use: 1090

Vision ID: 5686 | Account #8480 | Bldg #: 2 of 2 | Sec #: 1 of 1 | Card 2 of 2 | Print Date: 12/30/2008 09:14

CURRENT OWNER	TOPO.	UTILITIES	STRT./ROAD	LOCATION
CLARK, DARRYL E 84 EAST LEVERETT RD AMHERST, MA 01002 Additional Owners:				

SUPPLEMENTAL DATA

Other ID:	03C000012	Precinct	
Calc Frontag	558.5	Vote At	
Owner Occupi		SCHOOL	
		PARENT	
		CREATED	
GIS ID: 3C-12		ASSOC PID#	

CURRENT ASSESSMENT

Description	Code	Appraised Value	Assessed Value
RESIDNTL	1090	289,700	289,700
RES LAND	1090	135,400	135,400
RESIDNTL	1090	2,600	2,600
	Total	427,700	427,700

601 AMHERST, MA

VISION

RECORD OF OWNERSHIP

	BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.
CLARK, DARRYL E	4365/ 193	12/01/1993	U	I	135,000	1G
SIMANSKI, PEARL A & MCDONALD D	3462/ 331	10/16/1989			0	
WILLIAMS, ELMER L & SIMANSKI P	3008/ 202	06/30/1987			0	
WILLIAMS, ELMER L & LAURA P	1418/ 232	01/01/1963			0	
FINZI, MAUD I	533/ 107				0	

PREVIOUS ASSESSMENTS (HISTORY)

Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
2009	1090	289,700	2008	1090	268,100	2007	1090	268,100
2009	1090	135,400	2008	1090	116,800	2007	1090	116,800
2009	1090	2,600	2008	1090	2,600	2007	1090	2,600
	Total:	427,700		Total:	387,500		Total:	387,500

EXEMPTIONS

Year	Type	Description	Amount
2008	ER	OWNER OCCUPIED	0
		Total:	0

OTHER ASSESSMENTS

Code	Description	Number	Amount	Comm. Int.

This signature acknowledges a visit by a Data Collector or Assessor

APPRAISED VALUE SUMMARY

Appraised Bldg. Value (Card)	107,800
Appraised XF (B) Value (Bldg)	0
Appraised OB (L) Value (Bldg)	0
Appraised Land Value (Bldg)	5,800
Special Land Value	0
Total Appraised Parcel Value	427,700
Valuation Method:	C
Adjustment:	0
Net Total Appraised Parcel Value	427,700

ASSESSING NEIGHBORHOOD

NBHD/ SUB	NBHD NAME	STREET INDEX NAME	TRACING	BATCH
CU/A				

NOTES

BUILDING PERMIT RECORD

Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments

VISIT/ CHANGE HISTORY

Date	Type	IS	ID	Cd.	Purpose/Result
10/27/2005			SS	15	DRIVE BY FIELD REVIE
6/1/1995			EB		

LAND LINE VALUATION SECTION

B #	Use Code	Use Description	Zone	D	Frontage	Depth	Units		Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	Adj. Unit Price	Land Value
2	1090	MULTI HSES MDL-01	RO33				1.12	AC	5,200.00	1.00	0	1.0000	1.00	CU	1.00			5,200.00	5,800

Total Card Land Units: 1.12 AC | Parcel Total Land Area: 1.81 AC | Total Land Value: 5,800

Property Location: 84-86 EAST LEVERETT RD | MAP ID:3C/ / 12/ / | Bldg Name: | State Use: 1090

Vision ID: 5686 | Account #8480 | Bldg #: 1 of 2 | Sec #: 1 of 1 | Card 1 of 2 | Print Date: 12/30/2008 09:14

CURRENT OWNER	TOPO.	UTILITIES	STRT./ROAD	LOCATION
CLARK, DARRYL E				
84 EAST LEVERETT RD				
AMHERST, MA 01002				
Additional Owners:				

SUPPLEMENTAL DATA

Other ID:	03C000012	Precinct	
Calc Frontag	558.5	Vote At	
Owner Occupi		SCHOOL	
		PARENT	
		CREATED	
GIS ID: 3C-12		ASSOC PID#	

CURRENT ASSESSMENT

Description	Code	Appraised Value	Assessed Value
RESIDNTL	1090	289,700	289,700
RES LAND	1090	135,400	135,400
RESIDNTL	1090	2,600	2,600
	Total	427,700	427,700

601 AMHERST, MA

VISION

RECORD OF OWNERSHIP

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CLARK, DARRYL E	4365/ 193	12/01/1993	U	I	135,000	1G
SIMANSKI, PEARL A & MCDONALD D	3462/ 331	10/16/1989			0	
WILLIAMS, ELMER L & SIMANSKI P	3008/ 202	06/30/1987			0	
WILLIAMS, ELMER L & LAURA P	1418/ 232	01/01/1963			0	
FINZI, MAUD I	533/ 107				0	

PREVIOUS ASSESSMENTS (HISTORY)

Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
2009	1090	289,700	2008	1090	268,100	2007	1090	268,100
2009	1090	135,400	2008	1090	116,800	2007	1090	116,800
2009	1090	2,600	2008	1090	2,600	2007	1090	2,600
	Total:	427,700		Total:	387,500		Total:	387,500

EXEMPTIONS

Year	Type	Description	Amount
2008	ER	OWNER OCCUPIED	0
		Total:	0

OTHER ASSESSMENTS

Code	Description	Number	Amount	Comm. Int.

This signature acknowledges a visit by a Data Collector or Assessor

APPRAISED VALUE SUMMARY

Appraised Bldg. Value (Card)	181,900
Appraised XF (B) Value (Bldg)	0
Appraised OB (L) Value (Bldg)	2,600
Appraised Land Value (Bldg)	129,600
Special Land Value	0
Total Appraised Parcel Value	427,700
Valuation Method:	C
Adjustment:	0
Net Total Appraised Parcel Value	427,700

ASSESSING NEIGHBORHOOD

NBHD/ SUB	NBHD NAME	STREET INDEX NAME	TRACING	BATCH
CU/A				

NOTES

TWO HOUSES ON SITE, HIGH
ON LOT
INTERIOR ALT & ENCLOSED
PORCH FY96
ADDED 3C-23 & 3C-93
FY2002

BUILDING PERMIT RECORD

Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments
PLM06-128	11/22/2005	PL	Plumbing	0		0		HOT WTR TANK
BLD01-103	08/15/2000	AD	Addition	990		0		BLD STP
ELE00-847	06/01/2000	EL	Electric	0		0		SERV CHNG, WR 2ND F
BLD00-558	04/12/2000	RE	Remodel	7,000		0		STRIP & RESHINGLE R
BLD95-574	06/08/1995	AD	Addition	1,785		0		deck
95B-62	07/27/1994			6,400		0		

VISIT/ CHANGE HISTORY

Date	Type	IS	ID	Cd.	Purpose/Result
10/27/2005			SS	15	DRIVE BY FIELD REVIE
6/1/1995			EB		

LAND LINE VALUATION SECTION

B #	Use Code	Use Description	Zone	D	Frontage	Depth	Units		Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	Adj. Unit Price	Land Value
1	1090	MULTI HSES MDL-01	RO30		463		30,000	SF	4.75	0.91	3	1.0000	1.00	CU	1.00			4.32	129,600

Total Card Land Units: 0.69 AC | Parcel Total Land Area: 1.81 AC | Total Land Value: 129,600

Property Location: 84-86 EAST LEVERETT RD *MAP ID:* 3C/ / 12/ / *Bldg Name:* *State Use:* 1090

Vision ID: 5686 *Account #*8480 *Bldg #:* 1 of 2 *Sec #:* 1 of 1 *Card* 1 of 2 *Print Date:* 12/30/2008 09:14

CONSTRUCTION DETAIL

Element	Cd.	Ch.	Description
Style	04		Cape Cod
Model	01		Residential
Grade	24		Grade = 120%
Stories	1.5		1 1/2 Stories
Occupancy			
Exterior Wall 1	11		Clapboard
Exterior Wall 2			
Roof Structure	03		Gable/Hip
Roof Cover	03		Asph/F Gls/Cmp
Interior Wall 1	03		Plaster/SkimC
Interior Wall 2	05		Drywall/Sheet
Interior Flr 1	09		Pine/Soft Wood
Interior Flr 2			
Heat Fuel	02		Oil
Heat Type	04		Forced Air-Duc
AC Type	01		None
Total Bedrooms	05		5 Bedrooms
Total Bthrms	1		
Total Half Baths	0		
Total Xtra Fixtrs			
Total Rooms	8		8 Rooms
Bath Style	02		Average
Kitchen Style	02		Modern

CONSTRUCTION DETAIL (CONTINUED)

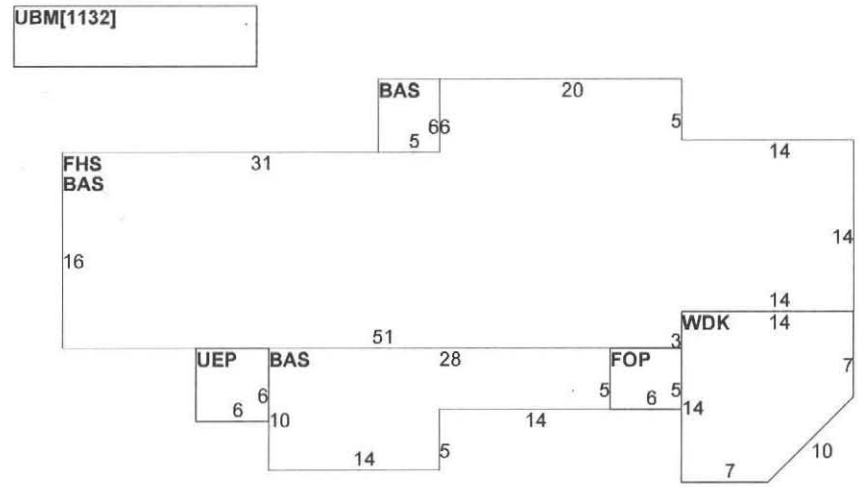
Element	Cd.	Ch.	Description
Foundation			

MIXED USE

Code	Description	Percentage
1090	MULTI HSES MDL-01	100

COST/MARKET VALUATION

Adj. Base Rate:	107.33
Section. RCN:	242,561
Net Other Adj:	0.00
Replace Cost	242,561
AYB	1850
EYB	1983
Dep Code	GD
Remodel Rating	
Year Remodeled	
Dep %	25
Functional Obslnc	0
External Obslnc	0
Cost Trend Factor	1
Condition	
% Complete	
Overall % Cond	75
Apprais Val	181,900
Dep % Ovr	0
Dep Ovr Comment	
Misc Imp Ovr	0
Misc Imp Ovr Comment	
Cost to Cure Ovr	0
Cost to Cure Ovr Comment	



OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)

Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
BRN1	BARN - 1 STOR			L	1,052	10.00	1951		0		25	2,600

BUILDING SUB-AREA SUMMARY SECTION

Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,372	1,372	1,372	107.33	147,254
FHS	Half Story, Finished	623	1,132	623	59.07	66,865
FOP	Porch, Open, Finished	0	30	6	21.47	644
UBM	Basement, Unfinished	0	1,132	226	21.43	24,256
UEP	Porch, Enclosed, Unfinished	0	36	16	47.70	1,717
WDK	Deck, Wood	0	172	17	10.61	1,825
	Ttl. Gross Liv/Lease Area:	1,995	3,874	2,260		242,561

Property Location: 84-86 EAST LEVERETT RD *MAP ID:*3C/ / 12/ / *Bldg Name:* *State Use:* 1090

Vision ID: 5686 *Account* #8480 *Bldg #:* 2 of 2 *Sec #:* 1 *of* 1 *Card* 2 *of* 2 *Print Date:* 12/30/2008 09:14

CONSTRUCTION DETAIL

Element	Cd.	Ch.	Description
Style	06		Conventional
Model	01		Residential
Grade	24		Grade = 120%
Stories	1.5		1 1/2 Stories
Occupancy	1		
Exterior Wall 1	03		Below Average
Exterior Wall 2	11		Clapboard
Roof Structure	03		Gable/Hip
Roof Cover	03		Asph/F Gls/Cmp
Interior Wall 1	03		Plaster/SkimC
Interior Wall 2			
Interior Flr 1	09		Pine/Soft Wood
Interior Flr 2			
Heat Fuel	02		Oil
Heat Type	04		Forced Air-Duc
AC Type	01		None
Total Bedrooms	03		3 Bedrooms
Total Bthrms	1		
Total Half Baths	0		
Total Xtra Fixtrs			
Total Rooms	5		5 Rooms
Bath Style	02		Average
Kitchen Style	02		Modern

CONSTRUCTION DETAIL (CONTINUED)

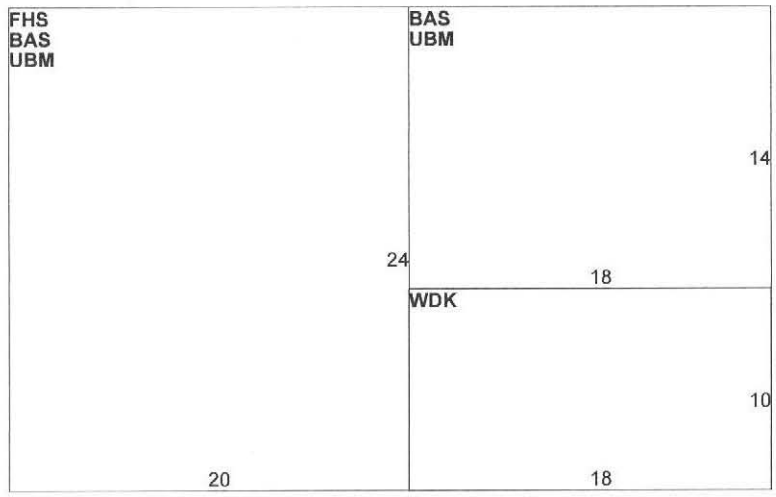
Element	Cd.	Ch.	Description
Foundation			

MIXED USE

Code	Description	Percentage
1090	MULTI HSES MDL-01	100

COST/MARKET VALUATION

Adj. Base Rate:	123.90
Section. RCN:	143,724
Net Other Adj:	0.00
Replace Cost	143,724
AYB	1930
EYB	1983
Dep Code	GD
Remodel Rating	
Year Remodeled	
Dep %	25
Functional Obslnc	0
External Obslnc	0
Cost Trend Factor	
Condition	
% Complete	
Overall % Cond	75
Apprais Val	107,800
Dep % Ovr	0
Dep Ovr Comment	
Misc Imp Ovr	0
Misc Imp Ovr Comment	
Cost to Cure Ovr	0
Cost to Cure Ovr Comment	



No Photo On Record

OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)

Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value

BUILDING SUB-AREA SUMMARY SECTION

Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	732	732	732	123.90	90,695
FHS	Half Story, Finished	264	480	264	68.15	32,710
UBM	Basement, Unfinished	0	732	146	24.71	18,089
WDK	Deck, Wood	0	180	18	12.39	2,230
	Ttl. Gross Liv/Lease Area:	996	2,124	1,160		143,724

Other Health topics:

Basics

What is Health?

Factors Involved in Physical Health

Preventing Diseases

Curing Diseases

Healing Damage from Injury or Disease

X-ray Health Risks

Diagnosis

When Doctors Used to Smell

Urine Color as Health Indicator

General diseases

Achilles Tendon Injuries

Floaters in the Field of Vision

Migraine Headaches

Pneumonia Vaccine to Prevent Disease

Harnessing a Child\'s Hyperactivity

SfC Home > Physical Health >

Explanation of how to chlorinate your well to remove bacteria contamination - Strategies for Staying Healthy. Also refer to health, coliform, chlorination, bleach, environment, pollution, Ron Kurtus, School for Champions.

Protect Health by Chlorinating Your Well

by Ron Kurtus (revised 18 February 2001)

If you have a private well that supplies drinking water to your household, you may occasionally have to have that well chlorinated to protect against bacteria that may have contaminated your water. The chlorination process is relatively simple, although many people hire professionals to do the job.

Questions you may have include:

- How does a well become contaminated?
- How do I check your well?
- How do I chlorinate my well?

This lesson will answer those questions. There is a mini-quiz near the end of the lesson. Health Disclaimer

Well contamination

The water in my household comes from our 300 foot deep private well. In 1998 a severe rainstorm flooded our community, and we found that our well water was contaminated with bacteria. It may or may not have been caused by the flood, but it is something that must be taken care of immediately.

After some research, I found information on how to remove the bacteria from a private well. This essay explains how to chlorinate your well.

How bacteria gets in well

There are several ways that bacteria can get into a well. Often, after a flood many wells in the area become contaminated with bacteria. This can happen if the wellhead gets submerged, allowing dirty water to leak down into the well.

It can also happen by excess water draining into the well aquifer—or underground source of water—without being properly filtered through the ground. Shallow wells are more likely to become contaminated than deep wells.

Shingles

Vertigo

Vertigo Case Studies

Meniere Disease

Digestive problems

Dealing with Simple Indigestion

Heartburn

Stopping Flatulence (Farting)

Reasons for Vomiting

Cooking

Leaching from Cooking Surfaces

Waterless Cooking

Cookware Companies

GABA Rice Has Health Benefits

Hazards in Microwaving Food

Diet

High-Fat Diets often from Local Culture

Trans-Fat is Bad for Your Health

Lose Weight to Decrease Your Risk of Diabetes

Certain Foods Good for Eye Health

The Food-Mood Connection

Healthy Recipe Choices for Permanent Weight Loss

Health Benefits of

Types of bacteria

The types of bacteria that usually contaminate wells are coliform and E. coli bacteria. These often come from animal waste. This type of bacteria can cause stomach discomfort and diarrhea. E. coli bacteria can cause serious illness and even death.

Check your well

Private wells should be checked periodically and especially after flood conditions.

Method to check the water

The method to check the water is to let it run until you are getting fresh water from the well. It is preferred not to test water that has been sitting in your pipes. Then you collect the water in a sterile container and bring it to a testing agency. Local government agencies or private well inspection companies will check the water for contaminants.

Check for other contaminants

Besides having the water checked for bacteria, it is also wise to have it checked for metal contaminants, petroleum products and pesticides. Each requires a separate check.

Chlorinating your well

To disinfect your well and eliminate the bacteria, you should chlorinate the well. You can hire a company that services wells to do the chlorinating. The cost ranges from $80 - $200.

You can also perform the task yourself. It simply consists of pouring diluted chlorine into the water, letting it sit for a while, and then flushing the chlorine out of the system. You do this by making preparations, adding the chlorine bleach, and disinfecting the well. The following explains how to do this.

Make preparations

Before you start, you should make some preparations.

1. Determine where you wellhead is and how to remove the top.
2. Determine the quantity of bleach to use. (The quantity depends on the size and depth of your well. See chart below.)
3. Buy the necessary quantity of unscented chlorine bleach from the store.
4. You want to to mix the disinfectant evenly throughout the water in the well and to force it into surrounding water-bearing rocks. It also prevents the concentrated chlorine from corroding the metal pump or other metal parts in the well.
5. Get containers ready to dilute the chlorine with water. There are several opinions (taken from the references at the end of this lesson) on what mixture to use:
    - One method says to mix in a ratio of 1 part chlorine bleach to 100 parts water in a new garbage can. Figure on using enough to meet or exceed the total volume of your well. Plan to put the solution in your well 25 gallons at a time.
    - Another method says to mix 1.5 quarts of bleach with 6 to 10 gallons (3 or 4 buckets) of water for a 6 inch diameter x 100-foot well (4.5

Spices and Herbs

Cleanliness

Preventing Dirty Bottled Water

Chlorinating Your Well

Longevity

Principles of Longevity

Quality of Life in Late Adulthood

Degradation of the Brain with Age

Complementary medicine

Reflexology

Basis of Therapeutic Touch and Healing Touch

Dental health

Symptoms of TMJ Dysfunction

Causes of TMJ Dysfunction

Treatment of TMJ Dysfunction

Also see:

Weekly Feedback Blog

Health Survey Results

Good Mental Health

Healthy Animals

Good Character

quarts with 30 gallons for a 6 inch x 300-foot well).
    - A third suggested mixture is 3 quarts of bleach and 36 quarts or 18 gallons of water (a 1 to 12 ratio of bleach to water) for a 6x300 well. This could be done by mixing about 1 1/2 cups of bleach in a gallon container of water. This is the method we used.
6. Turn off your water heater.
7. Turn off your water softener, so it won't recycle during the chlorinating process.
8. Identify all your water faucets, according to distance from the well.
9. Remove aerator screens from all the faucets.

Amount of chlorine bleach to use for disinfecting wells

Chlorine required	Depth:	100 feet	200 feet	300 feet	400 or more
Diameter					
4 inches		1/2 qt.	1 qt.	1 1/2 qt.	2 qt.
6 inches		1 qt.	2 qt.	3 qt.	4 qt.
8 inches		2 qt.	4 qt.	6 qt.	8 qt.

Add chlorine bleach

Now you can go through the process of killing the bacteria in your well.

1. Check the area around the top of the well for spiders and especially earwigs. You don't want any to fall into your well when you remove the cover.
2. Remove the top of the well.
3. Pour the chlorine-water mixture into the well.
    - One method is to pour the diluted solution directly into the pipe, trying to coat the sides of the well casing as you pour. If you get chlorine on the pump or wiring, flush thoroughly with fresh water so the metal doesn't corrode.
    - Another method is to use a hose and put it as far down as you can into the well and to pour the chlorine with a funnel through the hose.
4. Rinse down the sides of the well casing with a garden hose that is connected to the system being chlorinated. This will circulate the solution throughout the water system. Run the water until you can smell chlorine from the hose. It should take 5 - 10 minutes.
5. Cover the well and make sure it is sealed.

Kill the bacteria

Next, you want to get the chlorinated water throughout your water system in your house, so that it will kill all bacteria.

1. Starting with the faucet closest to the well, open your faucets and run until you can smell the chlorine or bleach smell.
2. Then allow things to sit for from at a very minimum of 4 to 24 hours or longer.
3. Then thoroughly flush out your water system until you no longer smell the bleach. This may require running the water for up to 2 hours.
4. After several days, have your water checked for bacteria again.
5. Then check it once more after a few months.

If the water becomes contaminated again after a short time, you had better try to find the source of contamination.

(Note: After chlorinating your well, rust often gets into the water and can even

temporarily clog your pump filter. Usually the rust settles and things get back to normal after a short while.)

Summary

Although you can hire professionals to chlorinate your well, it is possible to do the job yourself. After contamination, the wells should be checked again to make sure that the contamination wasn't just a random occurrence.

Answers to Readers' Questions

Good water is most important for good health

Resources

The following are resources on this subject.

Websites

General Health Resources

Books

Top-rated books on Chlorination

Top-rated books on General Health

Help others and *Champion* a worthy cause.

Mini-quiz to check your understanding

1. If the well is deep enough, how can bacteria get in the water?

a. It can leak in through the well head

b. Bacteria cannot live in deep wells

c. It can come from plants growing in the well

2. What does the pipe diameter have to do with the amount of chlorine to use?

a. So you know what size bleach bottle will fit in the pipe

b. The diameter determines the amount of water in the pipe

c. You need to know in case you have to climb down the well

3. Why run the water until it does not smell anymore?

a. So you need to use more bleach

b. That indicates that most of the chlorine has been removed

c. It is an age-old tradition that no one knows the reason

If you got all three correct, you are on your way to becoming a Champion in being Healthy. If you had problems, you had better look over the material again.

What do you think?

Do you have any questions, comments, or opinions on this subject? If so, send an email with your feedback. We will try to get back to you as soon as possible.

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Or use our form to send this link to yourself or a friend.

Students and researchers

The Web address of this page is
www.school-for-champions.com/health/chlorwell.htm.

Please include it as a reference in your report, document, or thesis.

Where can you go from here?

School for Champions

Physical Health topics

Protect Health by Chlorinating Your Well

The *School for Champions* helps you become the type of person who can be called a Champion.

The *School for Champions* is an educational website that shows you how to achieve your dreams.

Ron Kurtus'
School for Champions™

Search Site

Other Health topics:

Basics

What is Health?

Factors Involved in Physical Health

Preventing Diseases

Curing Diseases

Healing Damage from Injury or Disease

X-ray Health Risks

Diagnosis

When Doctors Used to Smell

Urine Color as Health Indicator

General diseases

Achilles Tendon Injuries

Floaters in the Field of Vision

Migraine Headaches

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Explanation of how to chlorinate your well to remove bacteria contamination - Strategies for Staying Healthy. Also refer to health, coliform, chlorination, bleach, environment, pollution, Ron Kurtus, School for Champions.

Protect Health by Chlorinating Your Well

by Ron Kurtus (revised 18 February 2001)

If you have a private well that supplies drinking water to your household, you may occasionally have to have that well chlorinated to protect against bacteria that may have contaminated your water. The chlorination process is relatively simple, although many people hire professionals to do the job.

Questions you may have include:

- How does a well become contaminated?
- How do I check your well?
- How do I chlorinate my well?

This lesson will answer those questions. There is a mini-quiz near the end of the lesson. Health Disclaimer

Well contamination

The water in my household comes from our 300 foot deep private well. In 1998 a severe rainstorm flooded our community, and we found that our well water was contaminated with bacteria. It may or may not have been caused by the flood, but it is something that must be taken care of immediately.

After some research, I found information on how to remove the bacteria from a private well. This essay explains how to chlorinate your well.

How bacteria gets in well

There are several ways that bacteria can get into a well. Often, after a flood many wells in the area become contaminated with bacteria. This can happen if the wellhead gets submerged, allowing dirty water to leak down into the well.

It can also happen by excess water draining into the well aquifer—or underground source of water—without being properly filtered through the ground. Shallow wells are more likely to become contaminated than deep wells.

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Types of bacteria

The types of bacteria that usually contaminate wells are coliform and E. coli bacteria. These often come from animal waste. This type of bacteria can cause stomach discomfort and diarrhea. E. coli bacteria can cause serious illness and even death.

Check your well

Private wells should be checked periodically and especially after flood conditions.

Method to check the water

The method to check the water is to let it run until you are getting fresh water from the well. It is preferred not to test water that has been sitting in your pipes. Then you collect the water in a sterile container and bring it to a testing agency. Local government agencies or private well inspection companies will check the water for contaminants.

Check for other contaminants

Besides having the water checked for bacteria, it is also wise to have it checked for metal contaminants, petroleum products and pesticides. Each requires a separate check.

Chlorinating your well

To disinfect your well and eliminate the bacteria, you should chlorinate the well. You can hire a company that services wells to do the chlorinating. The cost ranges from $80 - $200.

You can also perform the task yourself. It simply consists of pouring diluted chlorine into the water, letting it sit for a while, and then flushing the chlorine out of the system. You do this by making preparations, adding the chlorine bleach, and disinfecting the well. The following explains how to do this.

Make preparations

Before you start, you should make some preparations.

1. Determine where you wellhead is and how to remove the top.
2. Determine the quantity of bleach to use. (The quantity depends on the size and depth of your well. See chart below.)
3. Buy the necessary quantity of unscented chlorine bleach from the store.
4. You want to to mix the disinfectant evenly throughout the water in the well and to force it into surrounding water-bearing rocks. It also prevents the concentrated chlorine from corroding the metal pump or other metal parts in the well.
5. Get containers ready to dilute the chlorine with water. There are several opinions (taken from the references at the end of this lesson) on what mixture to use:
    - One method says to mix in a ratio of 1 part chlorine bleach to 100 parts water in a new garbage can. Figure on using enough to meet or exceed the total volume of your well. Plan to put the solution in your well 25 gallons at a time.
    - Another method says to mix 1.5 quarts of bleach with 6 to 10 gallons (3 or 4 buckets) of water for a 6 inch diameter x 100-foot well (4.5

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quarts with 30 gallons for a 6 inch x 300-foot well).
   - A third suggested mixture is 3 quarts of bleach and 36 quarts or 18 gallons of water (a 1 to 12 ratio of bleach to water) for a 6x300 well. This could be done by mixing about 1 1/2 cups of bleach in a gallon container of water. This is the method we used.
6. Turn off your water heater.
7. Turn off your water softener, so it won't recycle during the chlorinating process.
8. Identify all your water faucets, according to distance from the well.
9. Remove aerator screens from all the faucets.

Amount of chlorine bleach to use for disinfecting wells

Chlorine required	Depth:	100 feet	200 feet	300 feet	400 or more
Diameter					
4 inches		1/2 qt.	1 qt.	1 1/2 qt.	2 qt.
6 inches		1 qt.	2 qt.	3 qt.	4 qt.
8 inches		2 qt.	4 qt.	6 qt.	8 qt.

Add chlorine bleach

Now you can go through the process of killing the bacteria in your well.

1. Check the area around the top of the well for spiders and especially earwigs. You don't want any to fall into your well when you remove the cover.
2. Remove the top of the well.
3. Pour the chlorine-water mixture into the well.
   - One method is to pour the diluted solution directly into the pipe, trying to coat the sides of the well casing as you pour. If you get chlorine on the pump or wiring, flush thoroughly with fresh water so the metal doesn't corrode.
   - Another method is to use a hose and put it as far down as you can into the well and to pour the chlorine with a funnel through the hose.
4. Rinse down the sides of the well casing with a garden hose that is connected to the system being chlorinated. This will circulate the solution throughout the water system. Run the water until you can smell chlorine from the hose. It should take 5 - 10 minutes.
5. Cover the well and make sure it is sealed.

Kill the bacteria

Next, you want to get the chlorinated water throughout your water system in your house, so that it will kill all bacteria.

1. Starting with the faucet closest to the well, open your faucets and run until you can smell the chlorine or bleach smell.
2. Then allow things to sit for from at a very minimum of 4 to 24 hours or longer.
3. Then thoroughly flush out your water system until you no longer smell the bleach. This may require running the water for up to 2 hours.
4. After several days, have your water checked for bacteria again.
5. Then check it once more after a few months.

If the water becomes contaminated again after a short time, you had better try to find the source of contamination.

(Note: After chlorinating your well, rust often gets into the water and can even

temporarily clog your pump filter. Usually the rust settles and things get back to normal after a short while.)

Summary

Although you can hire professionals to chlorinate your well, it is possible to do the job yourself. After contamination, the wells should be checked again to make sure that the contamination wasn't just a random occurrence.

Answers to Readers' Questions

Good water is most important for good health

Resources

The following are resources on this subject.

Websites

General Health Resources

Books

Top-rated books on Chlorination

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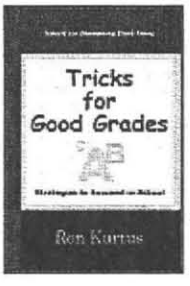

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Mini-quiz to check your understanding

1. If the well is deep enough, how can bacteria get in the water?

a. It can leak in through the well head

b. Bacteria cannot live in deep wells

c. It can come from plants growing in the well

2. What does the pipe diameter have to do with the amount of chlorine to use?

a. So you know what size bleach bottle will fit in the pipe

b. The diameter determines the amount of water in the pipe

c. You need to know in case you have to climb down the well

3. Why run the water until it does not smell anymore?

a. So you need to use more bleach

b. That indicates that most of the chlorine has been removed

c. It is an age-old tradition that no one knows the reason

If you got all three correct, you are on your way to becoming a Champion in being Healthy. If you had problems, you had better look over the material again.

What do you think?

Do you have any questions, comments, or opinions on this subject? If so, send an email with your feedback. We will try to get back to you as soon as possible.

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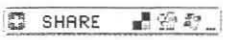

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