

GARSTKA
443

FLAT
H.11/S

PLANVIEW TO HEALTH BOARD

Aug 15, 91

INSPECTED SYSTEM WITH FRED FILIOS
HE STATED SYSTEM WAS "ON" TO BACK FILL
WHEN (2 WEEKS LATER) HE SENT LETTER IT HAD
DIFFERENT ELEVATIONS) PIPE FROM TANK TO "D BOX"
WAS .83 NOT 1%. PAUL FILIOS CALLED
D.E.P. NO REQS REGARDING % FROM TANK
TO D BOX — I ASKED PAUL TO GET
IT IN WRITING

9/18/91

Called Fred Filios - TALKED TO BOB STOVER
AT FILIOS OFFICE - BOB WILL TALKED TO
PAUL FILIOS ON MON SEPT. 21, 91

9/25/91

Fred Filios called - D.E.P. WILL NOT
SEND A LETTER (THERE IS NO REASON ELEVATION
(OF PIPE FROM TANK TO "D BOX"))

GARSTKA
443
FLY PLANVIEW TO HEALTH BOARD
H.1/5



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

MR

RECEIVED
 6/23/06

**TITLE V
 OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
 PART A
 CERTIFICATION**

Property Address: 443 Flat Hills Road
 Amherst MA
 Owner's Name: Garrett Garstka
 Owner's Address: same
 Date of Inspection: 06/07/2006

Name of Inspector: (please print) Nick Torretti
 Company Name: CLEAN SEPTICS
 Mailing Address: P.O. BOX 394
LUDLOW, MA
 Telephone Number: 583-2138

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

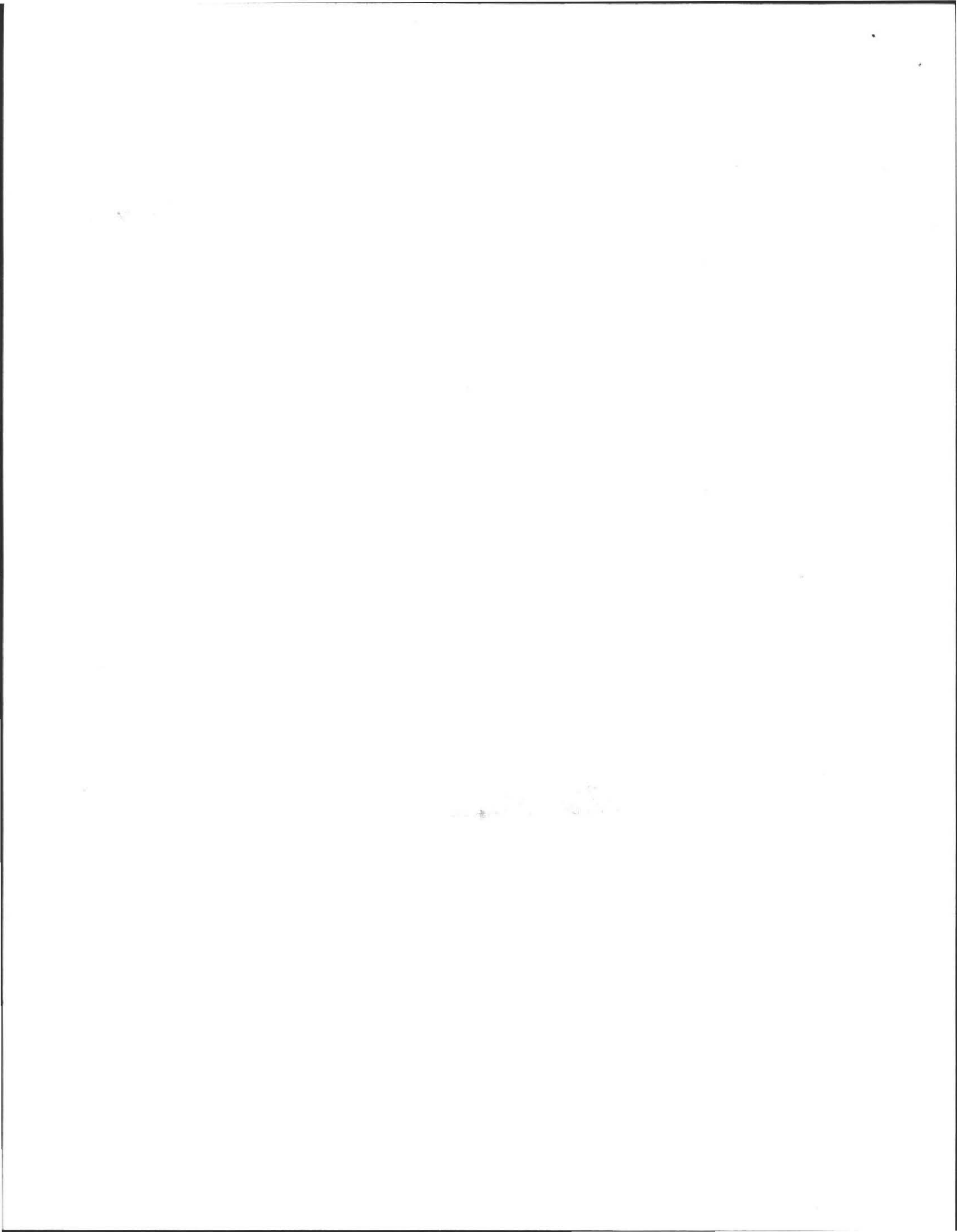
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: *Nick Torretti* Date: 06/07/2006

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments:

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.



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

Property Address: 443 Flat Hills Road
Amherst MA

Owner's Name: Garrett Garstka

Owner's Address: same

Date of Inspection: 06/07/2006

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

A. System Passes:

X 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: Pump tank annually. Recommend outlet filter and bacteria/enzymes.

B. System Conditionally Passes:

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

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

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

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

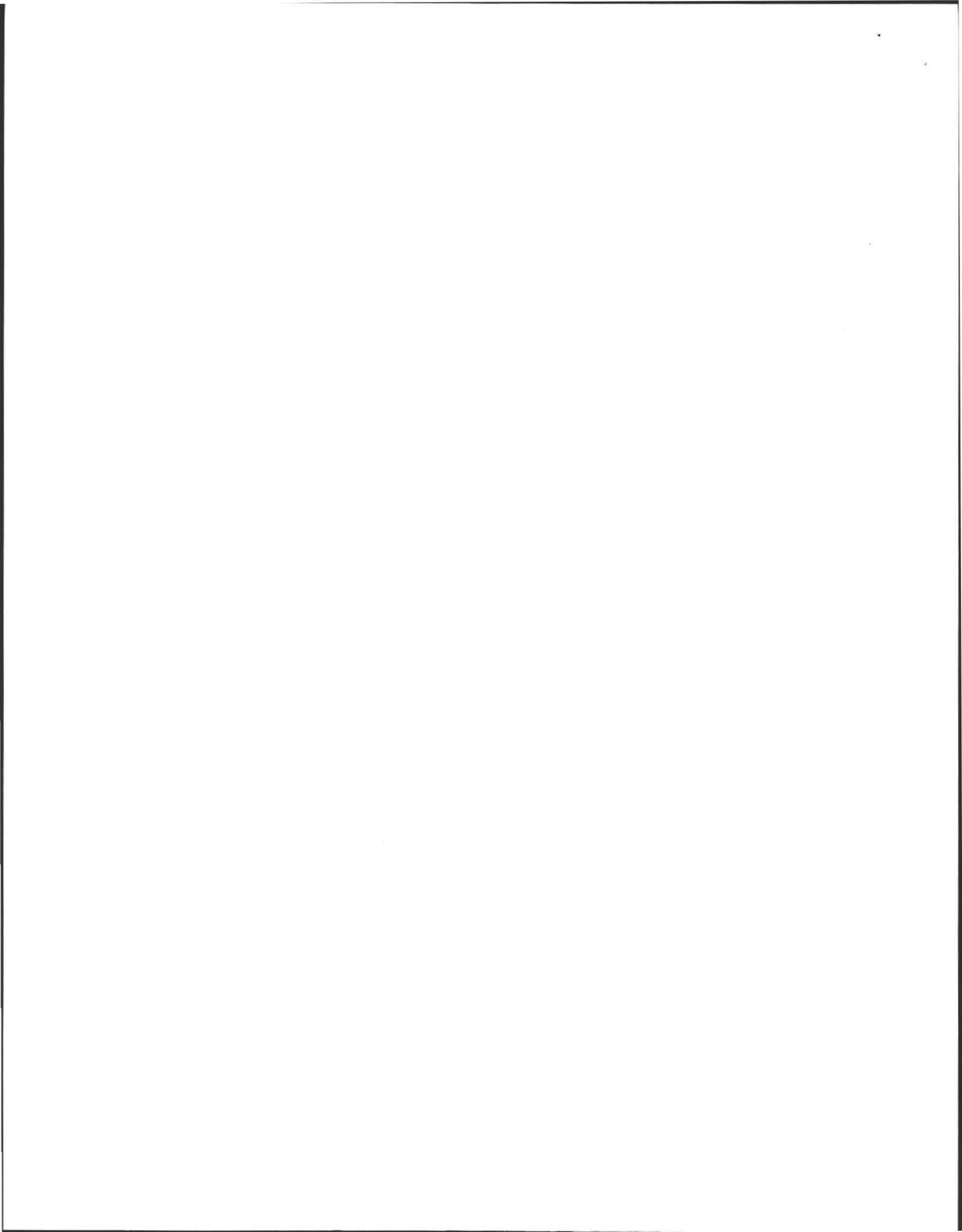
- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

ND explain:

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

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

ND explain:



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

PART A

CERTIFICATION (continued)

**Property Address: 443 Flat Hills Road
Amherst MA**

Owner's Name: Garrett Garstka

Owner's Address: same

Date of Inspection: 06/07/2006

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:

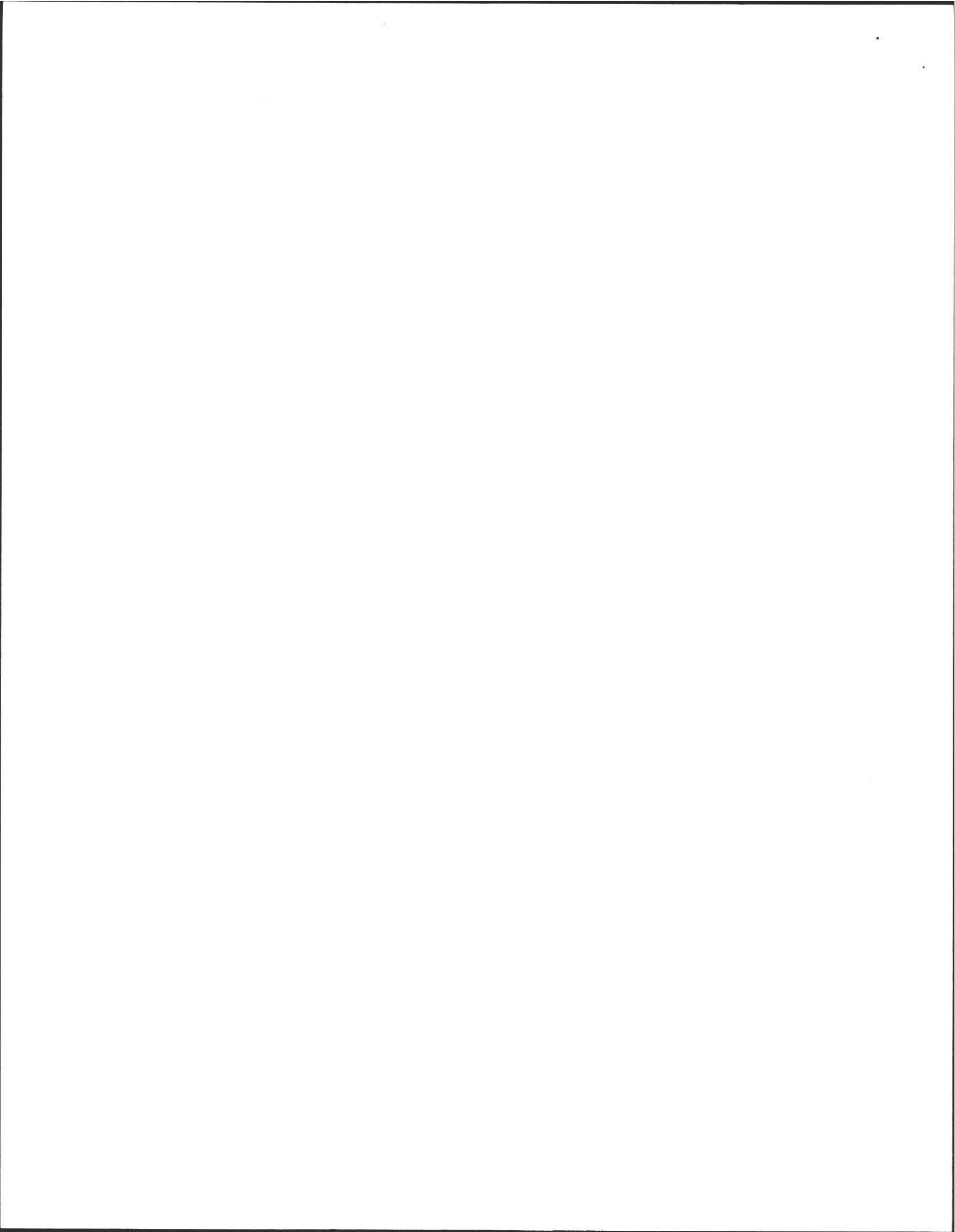
- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

PART A

CERTIFICATION (continued)

Property Address: 443 Flat Hills Road
Amherst MA

Owner's Name: Garrett Garstka

Owner's Address: same

Date of Inspection: 06/07/2006

D. System Failure Criteria applicable to all systems:

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

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged S.A.S. or cesspool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

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

E. Large Systems:

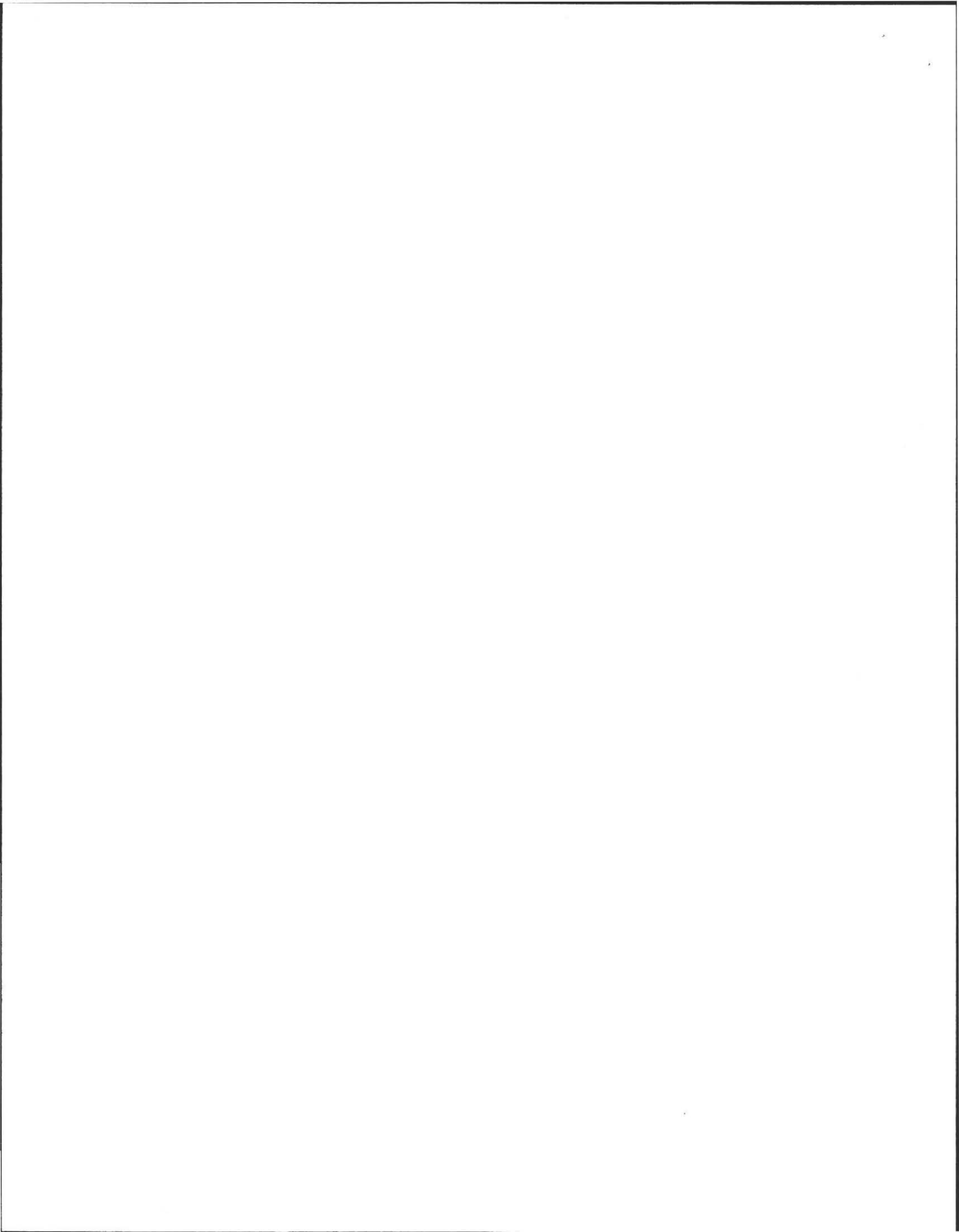
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

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

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

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



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

Property Address: 443 Flat Hills Road
Amherst MA

Owner's Name: Garrett Garstka

Owner's Address: same

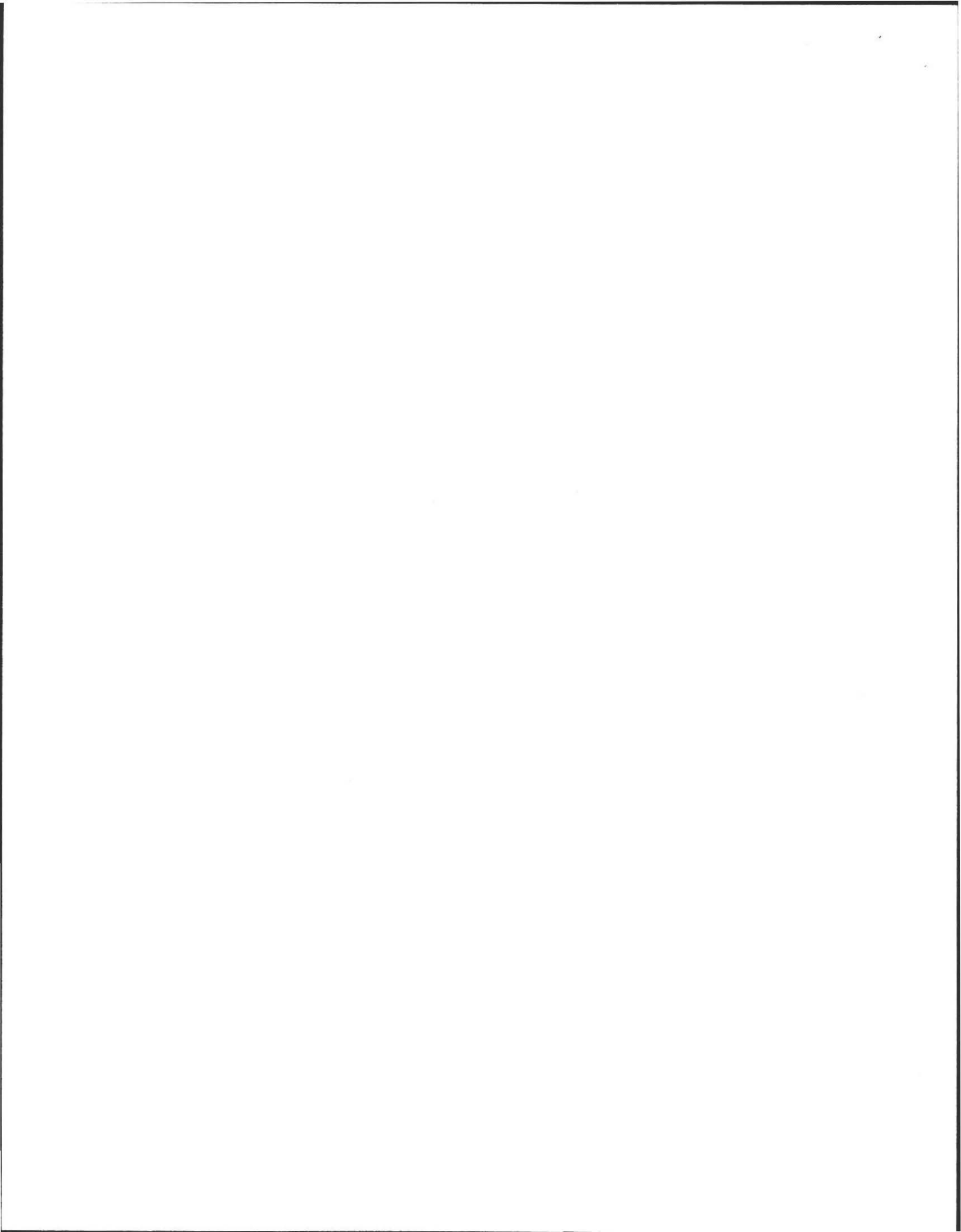
Date of Inspection: 06/07/2006

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ? |

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

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)] |



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION**

Property Address: 443 Flat Hills Road
Amherst MA

Owner's Name: Garrett Garstka

Owner's Address: same

Date of Inspection: 06/07/2006

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): _ Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 GPD

Number of current residents: 2

Does residence have a garbage grinder (yes or no): yes

Is laundry on a separate sewage system (yes or no): No [if yes separate inspection required]

Laundry system inspected (yes or no): _

Seasonal use (yes or no): No

Water meter readings, if available (last 2 years usage (gpd)): Well over 100'

Sump pump (yes or no): No

Last date of occupancy: 06/01/2006

COMMERCIAL/INDUSTRIAL

Type of establishment:

Design flow (based on 310 CMR 15.203): _____gpd

Basis of design flow (seats/persons/sqft,etc.): _

Grease trap present (yes or no): ___

Industrial waste holding tank present (yes or no): ___

Non-sanitary waste discharged to the Title 5 system (yes or no): ___

Water meter readings, if available: ___

Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: Two years ago per home owner.

Was system pumped as part of the inspection (yes or no): Yes

If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? Measured

Reason for pumping: Maintenance

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)

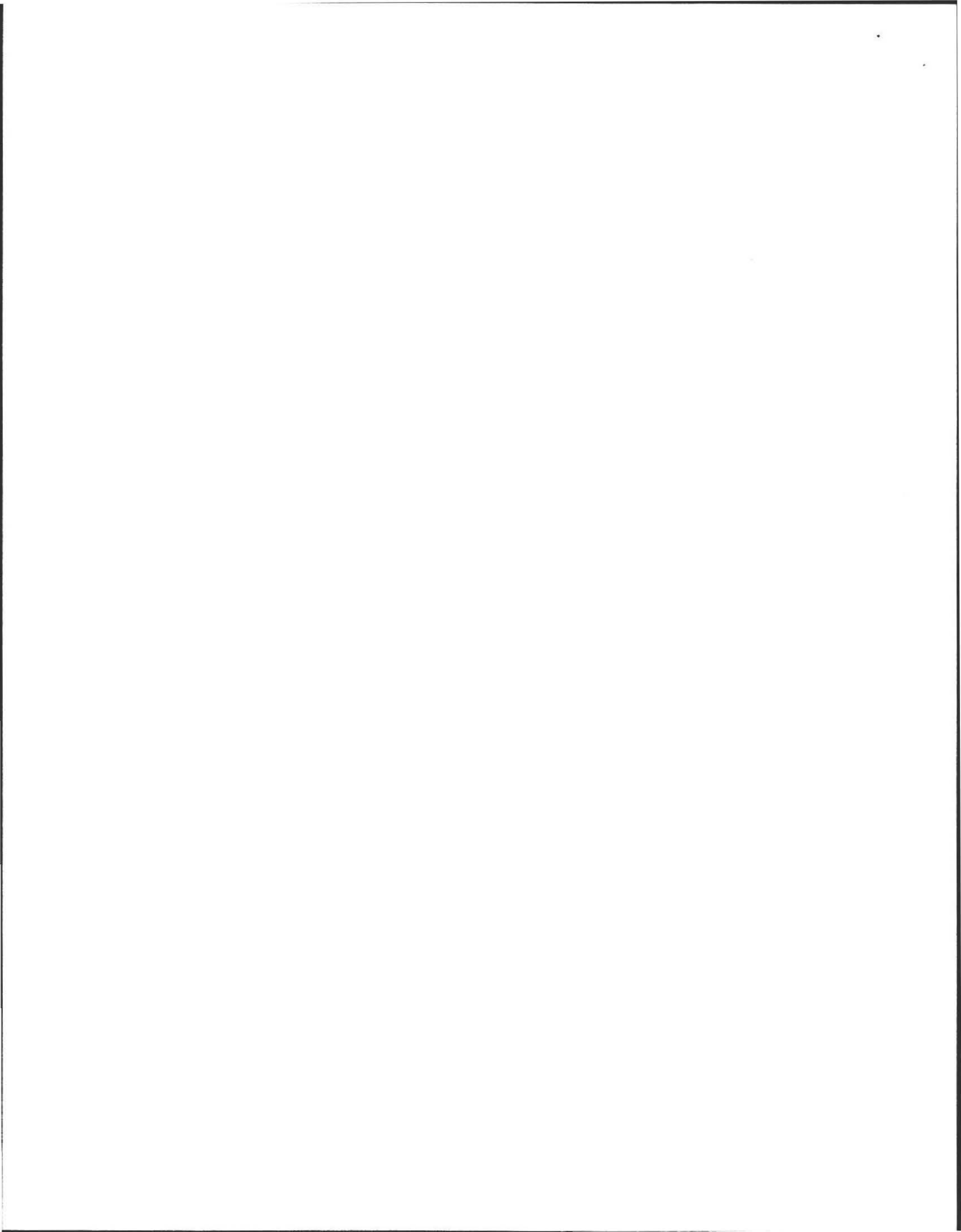
Tight tank Attach a copy of the DEP approval

Other (describe):

Approximate age of all components, date installed (if known) and source of information:

Approximately 10 years old per home owner.

Were sewage odors detected when arriving at the site (yes or no): No



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 443 Flat Hills Road
Amherst MA

Owner's Name: Garrett Garstka

Owner's Address: same

Date of Inspection: 06/07/2006

BUILDING SEWER (locate on site plan)

Depth below grade: 1'8"

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

Distance from private water supply well or suction line: N/A

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

Joints and venting appear okay. No leaks.

SEPTIC TANK: (locate on site plan)

Depth below grade: 1'

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

If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or no): (attach a copy of certificate)

Dimensions: L 8'6" x W 5' x D 5'

Sludge depth: 1'

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

Scum thickness: 3"

Distance from top of scum to top of outlet tee or baffle: 8"

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

How were dimensions determined: **Probed**

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

Pump septic tank annually. Everything appears to be in good working condition. Baffles okay. Liquid levels okay. Tank is structurally sound. No leaks.

GREASE TRAP: (locate on site plan)

Depth below grade:

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

Dimensions: gal required tank capacity

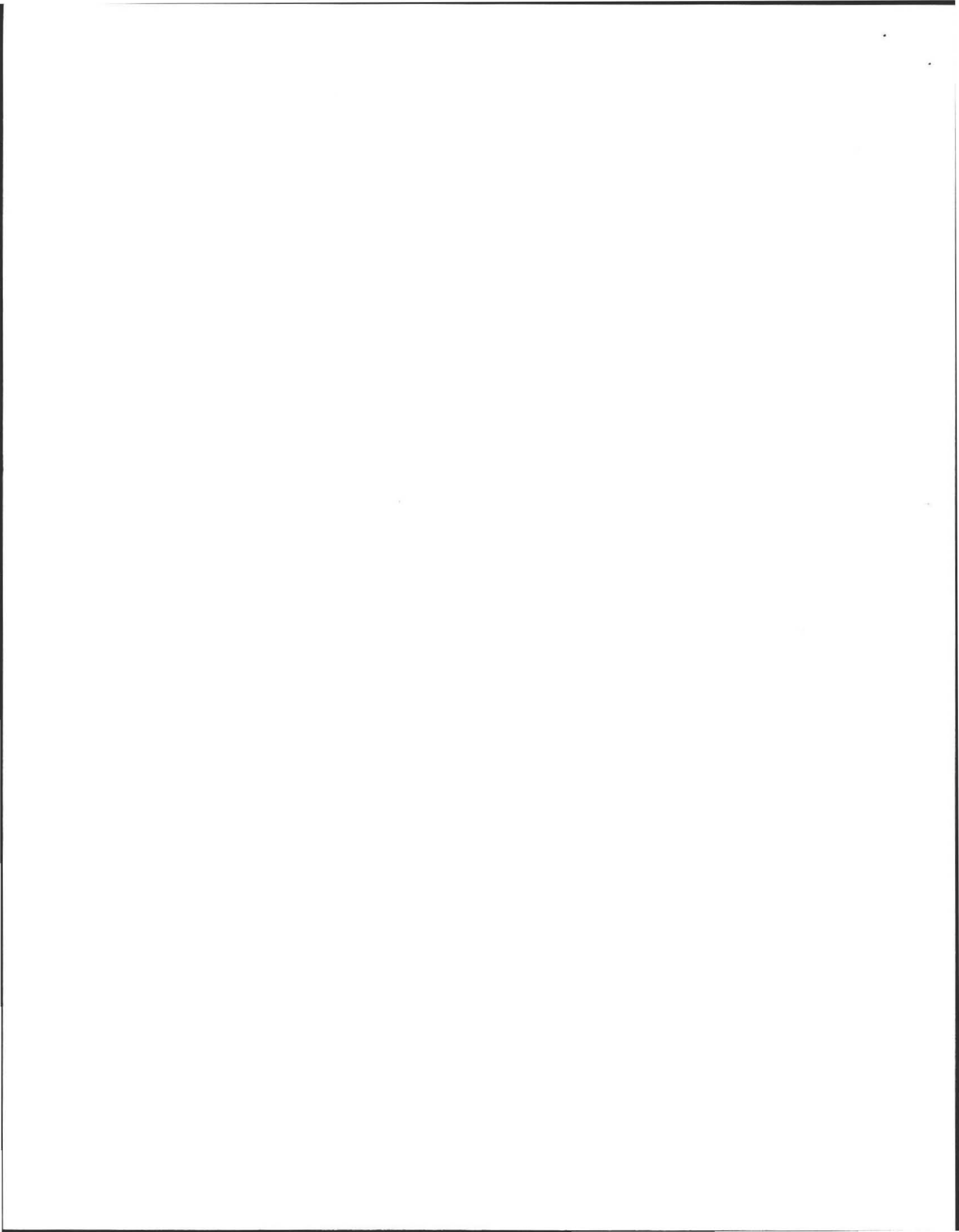
Scum thickness:

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

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

Date of last pumping:

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



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 443 Flat Hills Road
Amherst MA

Owner's Name: Garrett Garstka

Owner's Address: same

Date of Inspection: 06/07/2006

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

Depth below grade: _____

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

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons/day

Alarm present (yes or no): _____

Alarm level: _____ Alarm in working order (yes or no): _____

Date of last pumping: _____

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

DISTRIBUTION BOX: XX (if present must be opened)(locate on site plan) **D-box is approximately 4" deep.**

Depth of liquid level above outlet invert: 0"

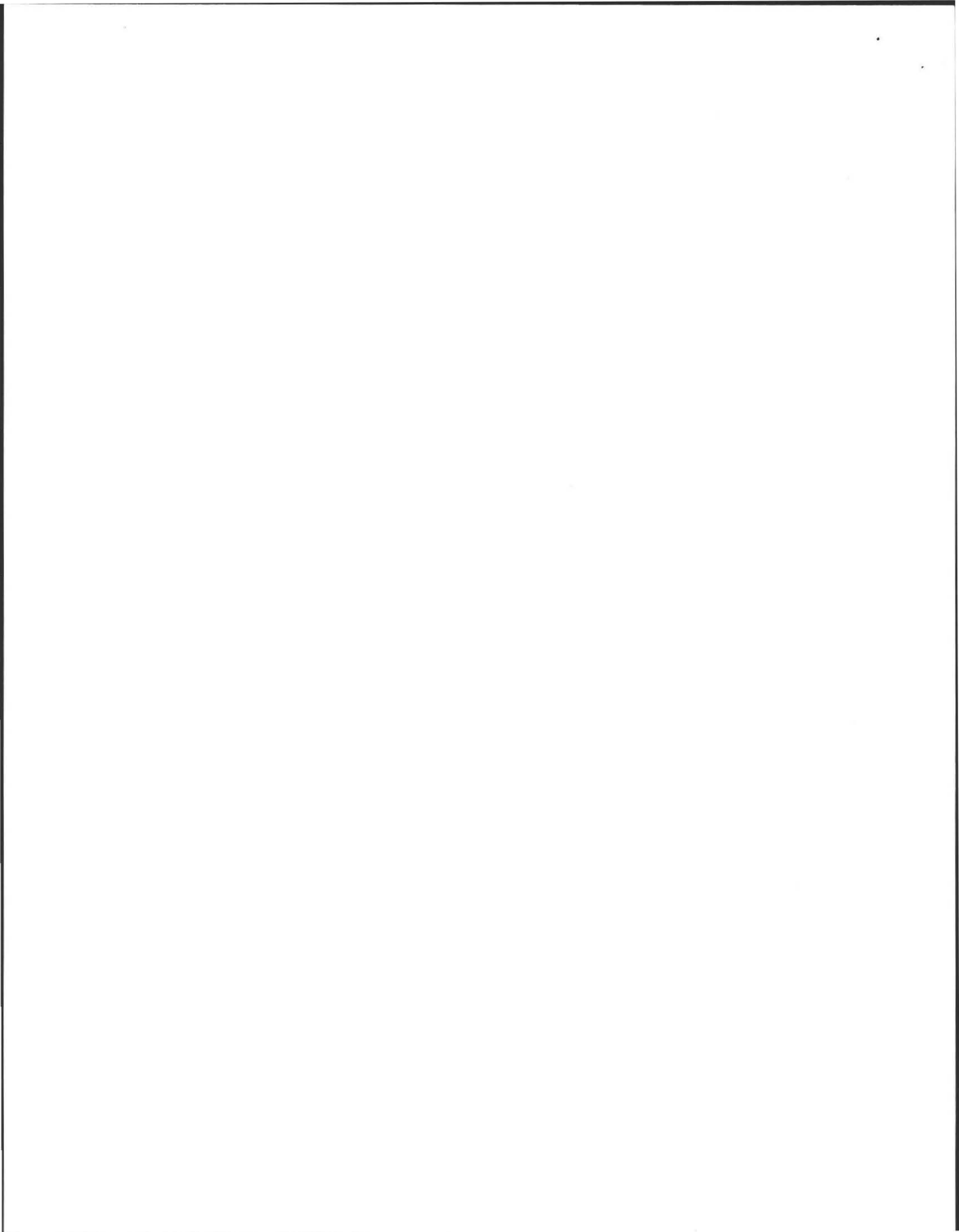
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): **D-box appears level. Distribution appears equal. No carryover or leaks.**

PUMP CHAMBER : ___ (locate on site plan)

Pumps in working order (yes or no): ___

Alarms in working order (yes or no): ___

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



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 443 Flat Hills Road
Amherst MA

Owner's Name: Garrett Garstka

Owner's Address: same

Date of Inspection: 06/07/2006

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

If SAS not located explain why:

___ leaching pits, number: _____

___ leaching chambers, number: _____

___ leaching galleries, number: _____

___ leaching trenches, number, length: _____

leaching fields, number, dimensions: **3 lines out of d-box.**

___ overflow cesspool, number: _____

___ innovative/alternative system Type/name of technology: _____

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

___ **No signs of hydraulic failure. Soil is gravel and vegetation appears okay.**

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 or no): ____

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

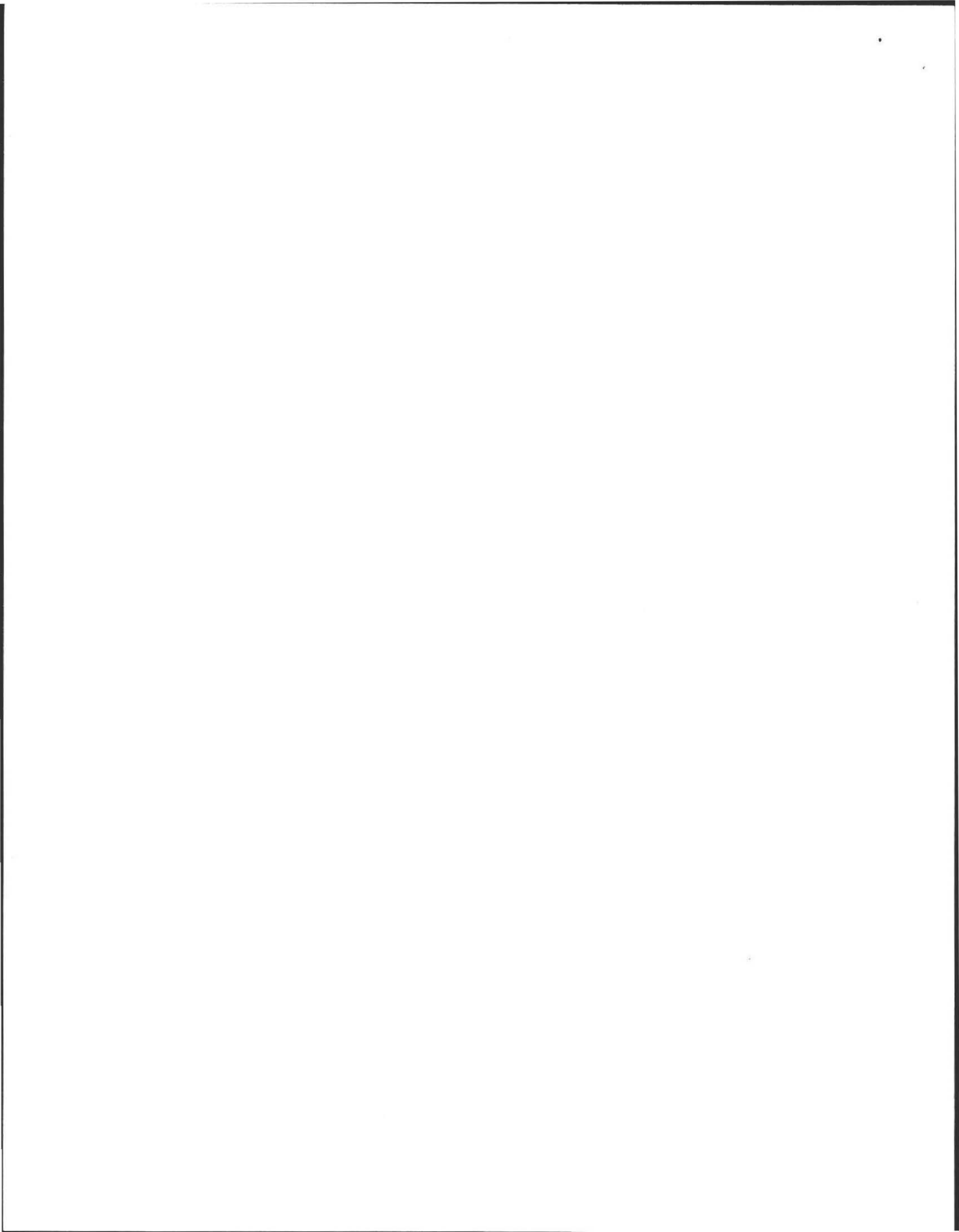
PRIVY: ____ (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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

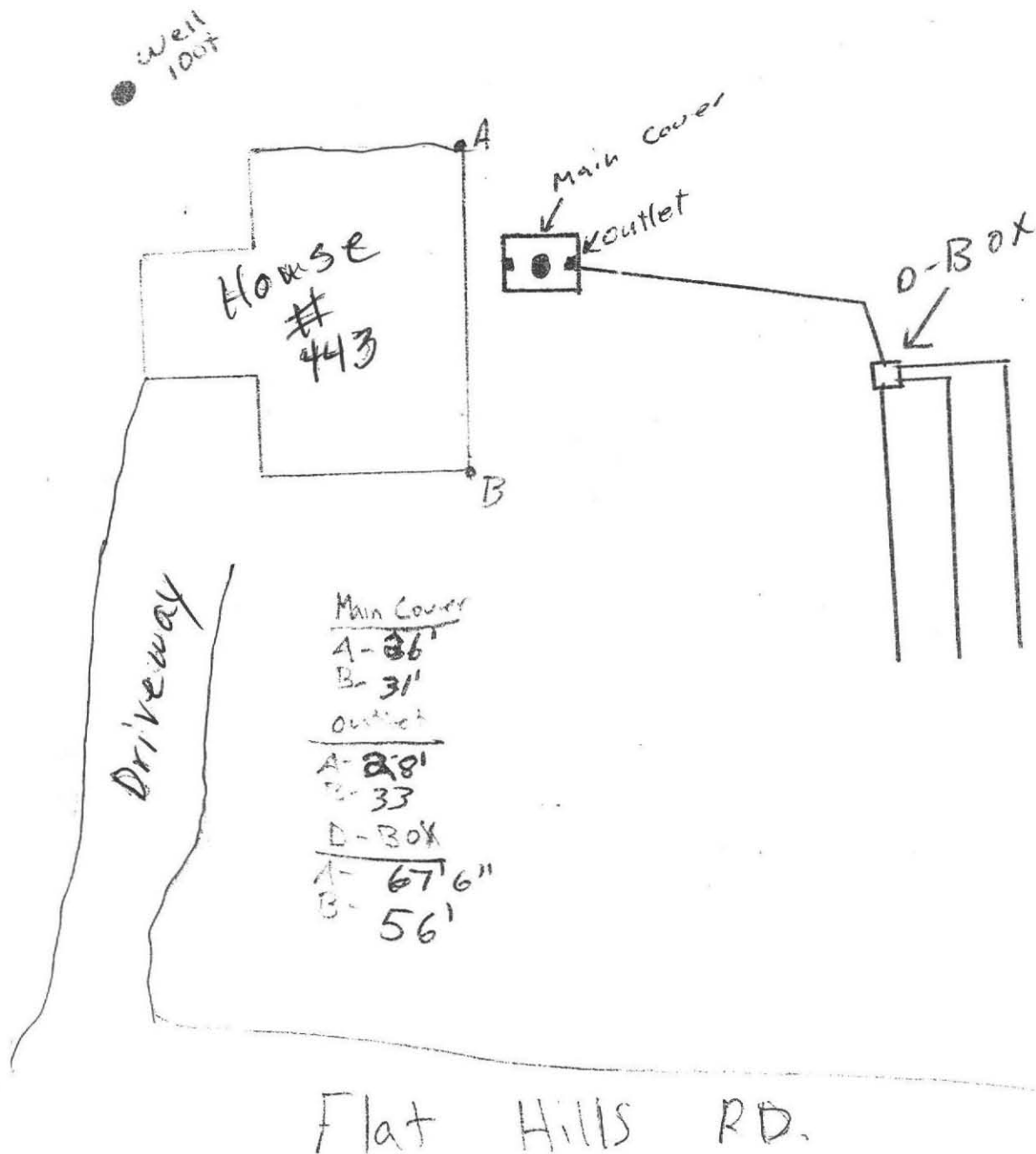


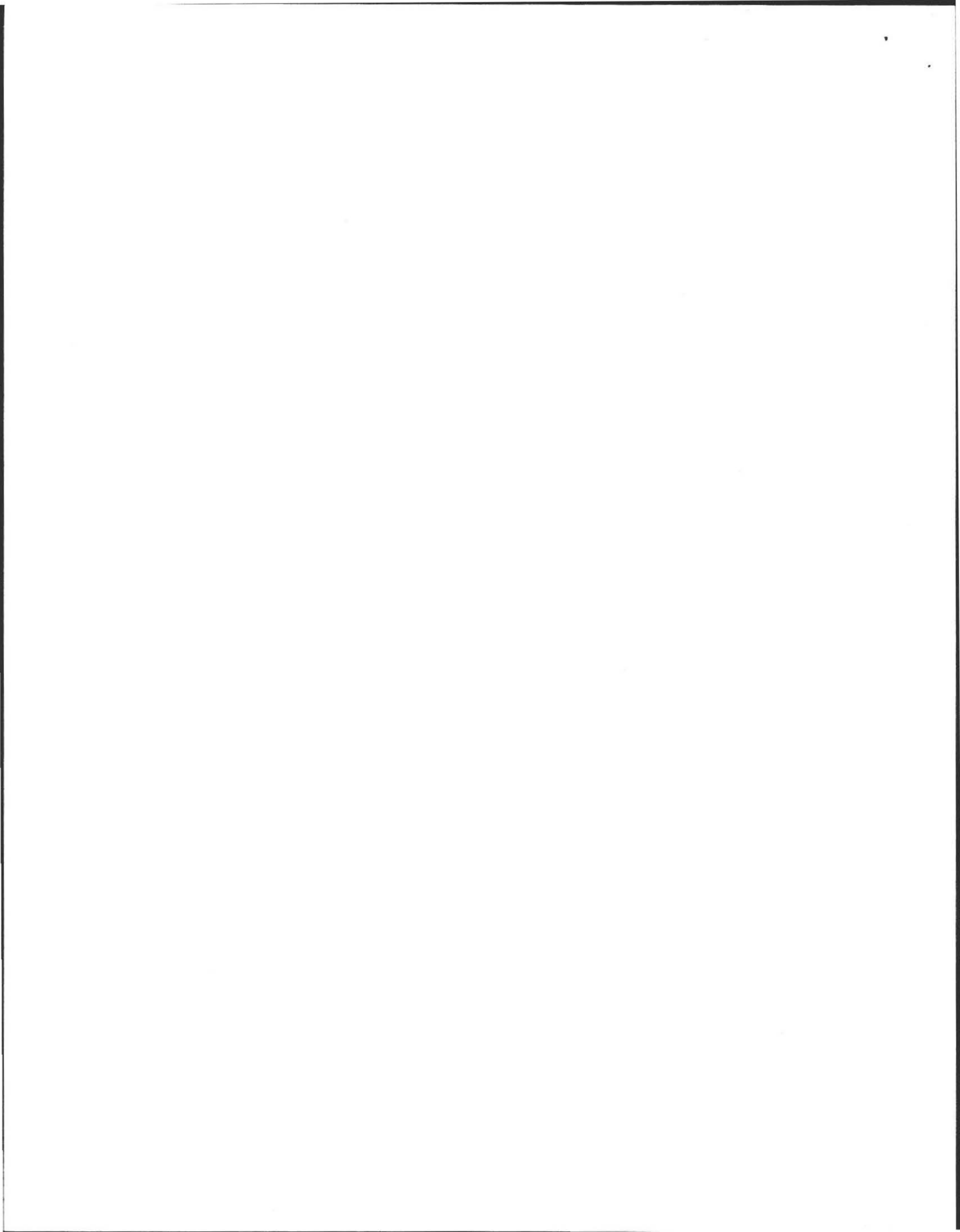
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 443 Flat Hills Road
Amherst MA
Owner's Name: Garrett Garstka
Owner's Address: same
Date of Inspection: 06/07/2006

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.
Drawing not to scale.





OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 443 Flat Hills Road
Amherst MA
Owner's Name: Garrett Garstka
Owner's Address: same
Date of Inspection: 06/07/2006

SITE EXAM

Slope XXX
Surface water
Check cellar
Shallow wells

Estimated depth to ground water: **None @ 3'**.

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

- Obtained from system design plans on record - If checked, date of design plan reviewed:
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain: _____
- Checked with local excavators, installers- (attach documentation)
- Accessed USGS database-explain: _____

You must describe how you established the high ground water elevation:
Slope in yard and observed abutting properties.

No. 86-39

APR 23 1986

12:05 pm

#444

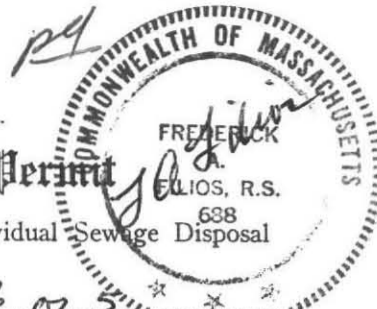
FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



Application is hereby made for a Permit to Construct (✓) or Repair () an Individual Sewage Disposal

System at:

444 Flat Hills Rd

Location - Address

Ted Crossman

Owner

KARL'S EXCAVATING

Installer

LOT C or 5

or Lot No.

234 Heatherstone Rd Amherst Ma

Address

HADLEY, MA. 01035

Address

Type of Building

Size Lot 150,400 ± Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic () Garbage Grinder () no

Other — Type of Building No. of persons Showers () — Cafeteria ()

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length Width 35' Diameter Depth

Disposal Trench — No. 1 Width 18' Total Length 40' Total leaching area 630 sq. ft.

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

Other Distribution box (✓) Dosing tank ()

Percolation Test Results Performed by Almer Huntley Assoc. Date 4/28/86

Test Pit No. 1 10 minutes per inch Depth of Test Pit 5' Depth to ground water

Test Pit No. 2 minutes per inch Depth of Test Pit 7' Depth to ground water none

Description of Soil Attached

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed

Edward W. Gummer

4/25/86

Application Approved By

[Signature]

4/25/86

Application Disapproved for the following reasons:

Permit No. 86-39

Issued

4/28/86

Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

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

Installer

at

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE

Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF AMHERST

No. 86-39

FEE

\$90

Disposal Works Construction Permit

Permission is hereby granted TEO CROSSMAN - KARLS ETC.

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

at No. LOT C or 5 - FLAT HILLS ROAD

Street

as shown on the application for Disposal Works Construction Permit No. 86-39 Dated

4/28/86

DATE

4/28/86 - 7:50 AM

Board of Health

CHECK OR FILL IN WHERE APPLICABLE

No.

FEE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Location - Address: Flat Hills Rd
Owner: Ted Crossman
Address: 234 Heatherstone Rd Amherst Ma

Type of Building: Dwelling - No. of Bedrooms: 3
Expansion Attic ()
Garbage Grinder ()
Other - Type of Building: No. of persons: Showers () - Cafeteria ()

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: Width: 35' Diameter: Depth:
Disposal Trench - No. 1 Width: 18' Total Length: 40' Total leaching area: 630 sq. ft.
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: sq. ft.
Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by: Almer Huntley Assoc. Date: 4/28/76
Test Pit No. 1: 10 minutes per inch Depth of Test Pit: 5' Depth to ground water:
Test Pit No. 2: minutes per inch Depth of Test Pit: 7' Depth to ground water: none

Description of Soil: Attached
Nature of Repairs or Alterations - Answer when applicable:

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: _____ Date: _____
Application Approved By: _____ Date: _____
Application Disapproved for the following reasons: _____ Date: _____
Permit No. _____ Issued: _____ Date: _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

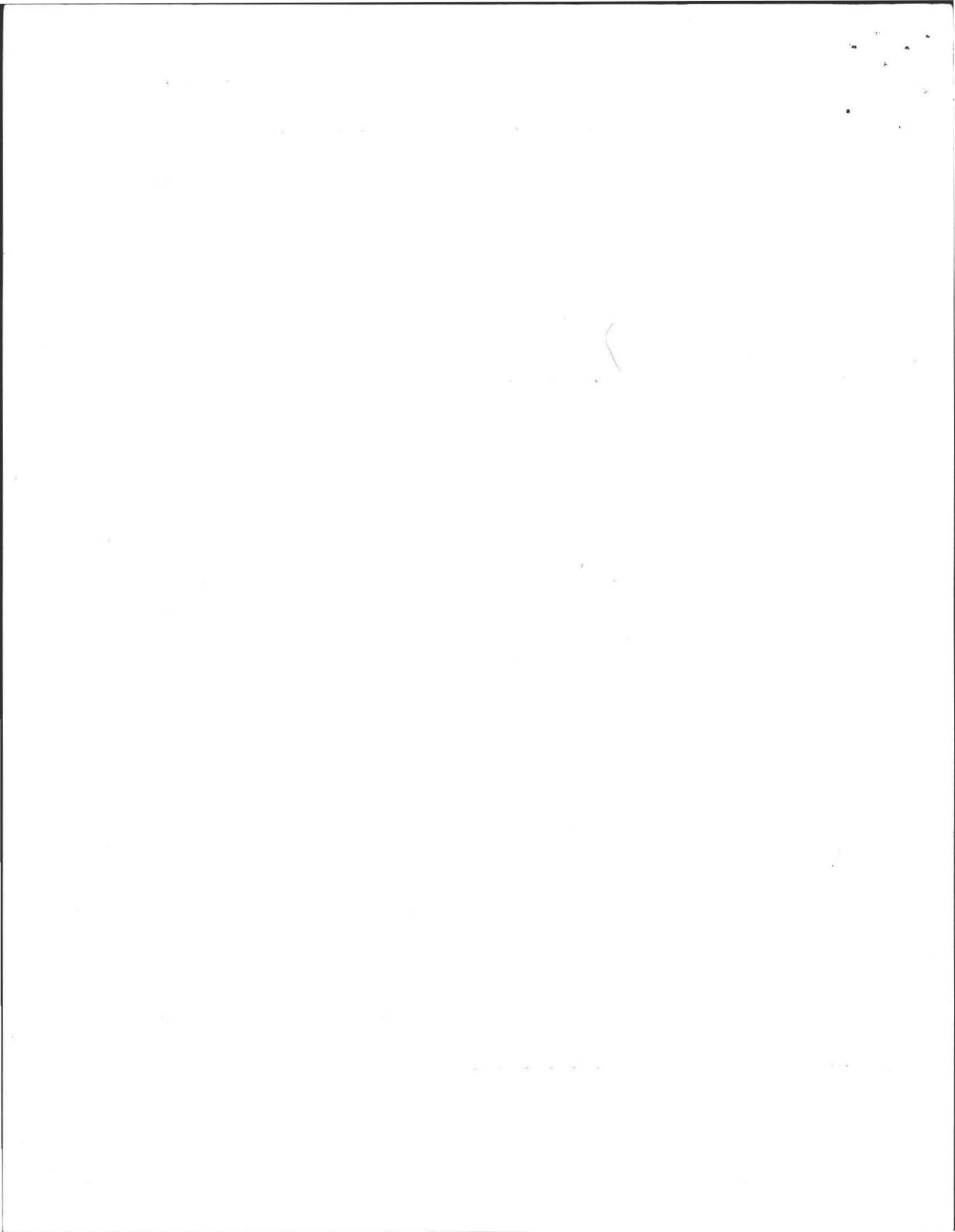
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____ at _____ has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE: _____ Inspector: _____

CHECK OR FILL IN WHERE APPLICABLE



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

FLAT WINDS RD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

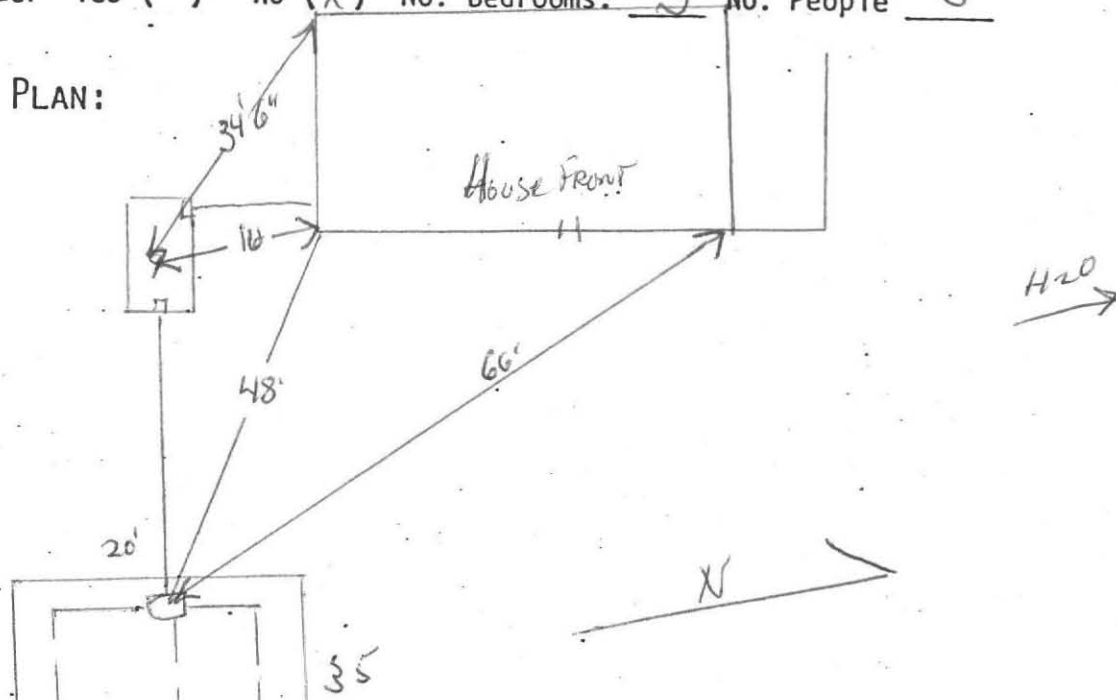
Owner TED CROSSMAN Address LEVERETT RD
Installer W. W. CLARK Address PRATT CENTER RD SWINDEN
Date Installation Inspected and Approved DEC 1986

Description of System: Tank Capacity: 1000

Leach Field () Bed (X) Seepage Pit () Square Feet: 700

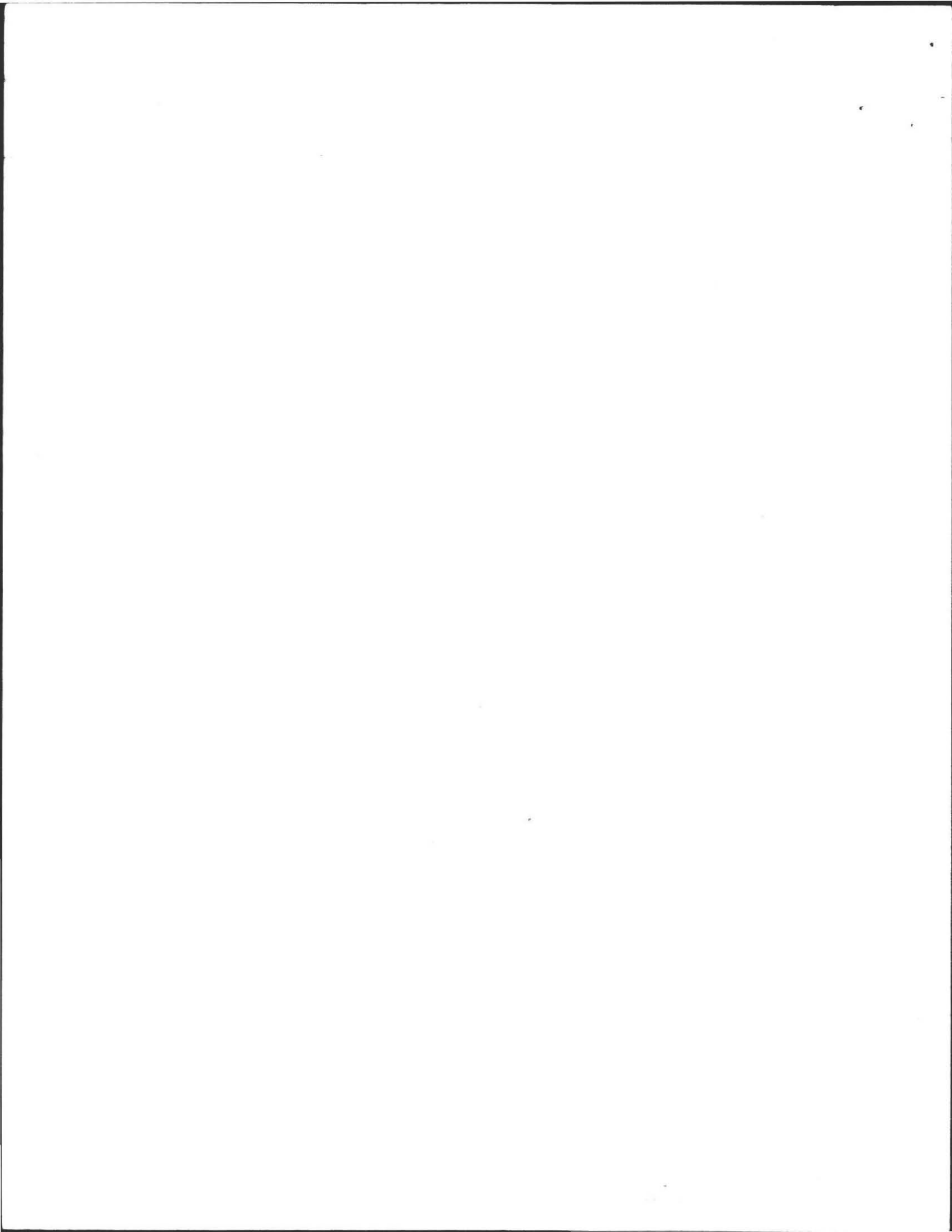
Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



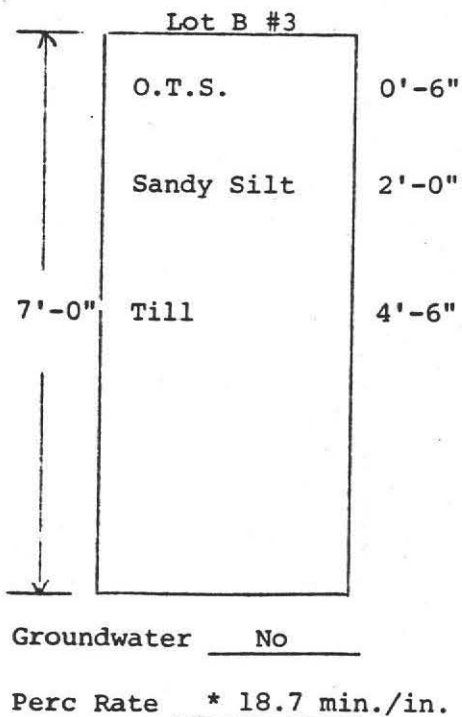
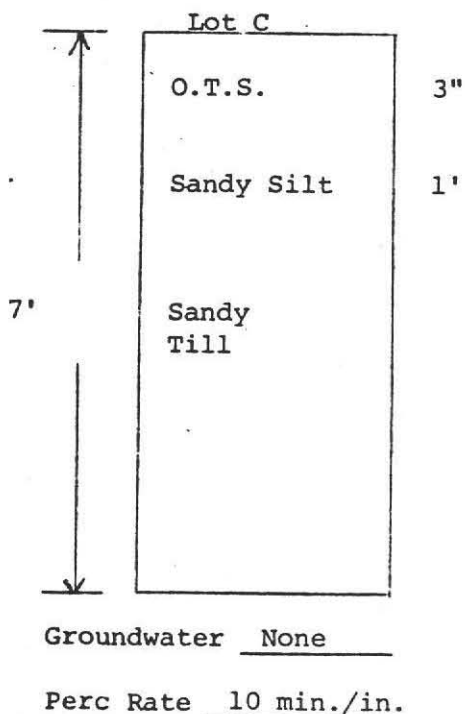
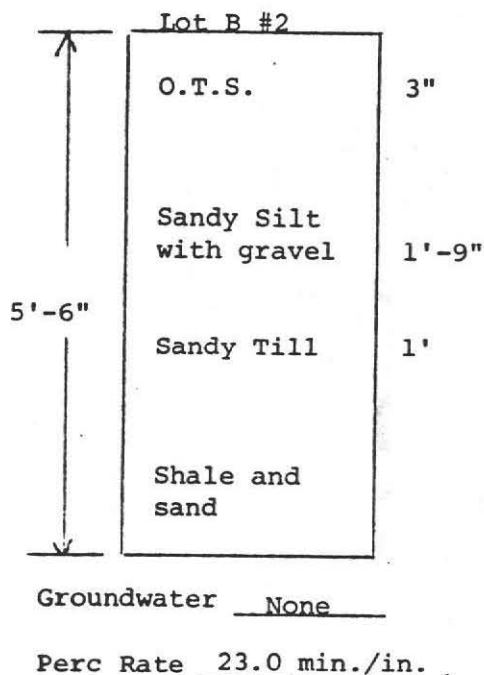
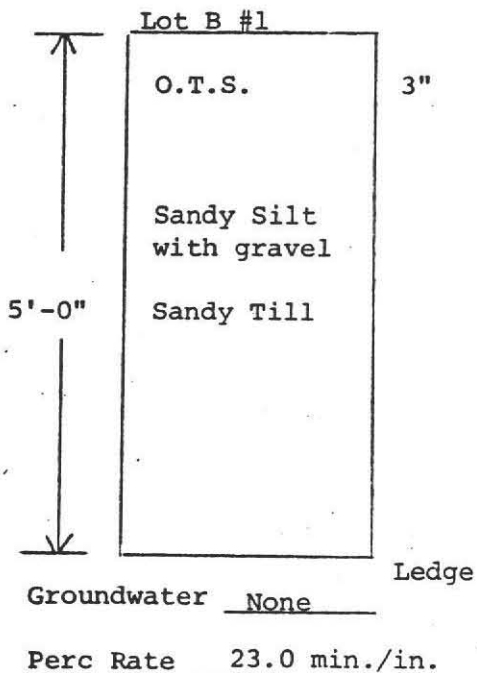
OBSERVATION PITS

REQUESTED BY: B.D. Crossman

LOCATION: Flat Hills Road
Amherst

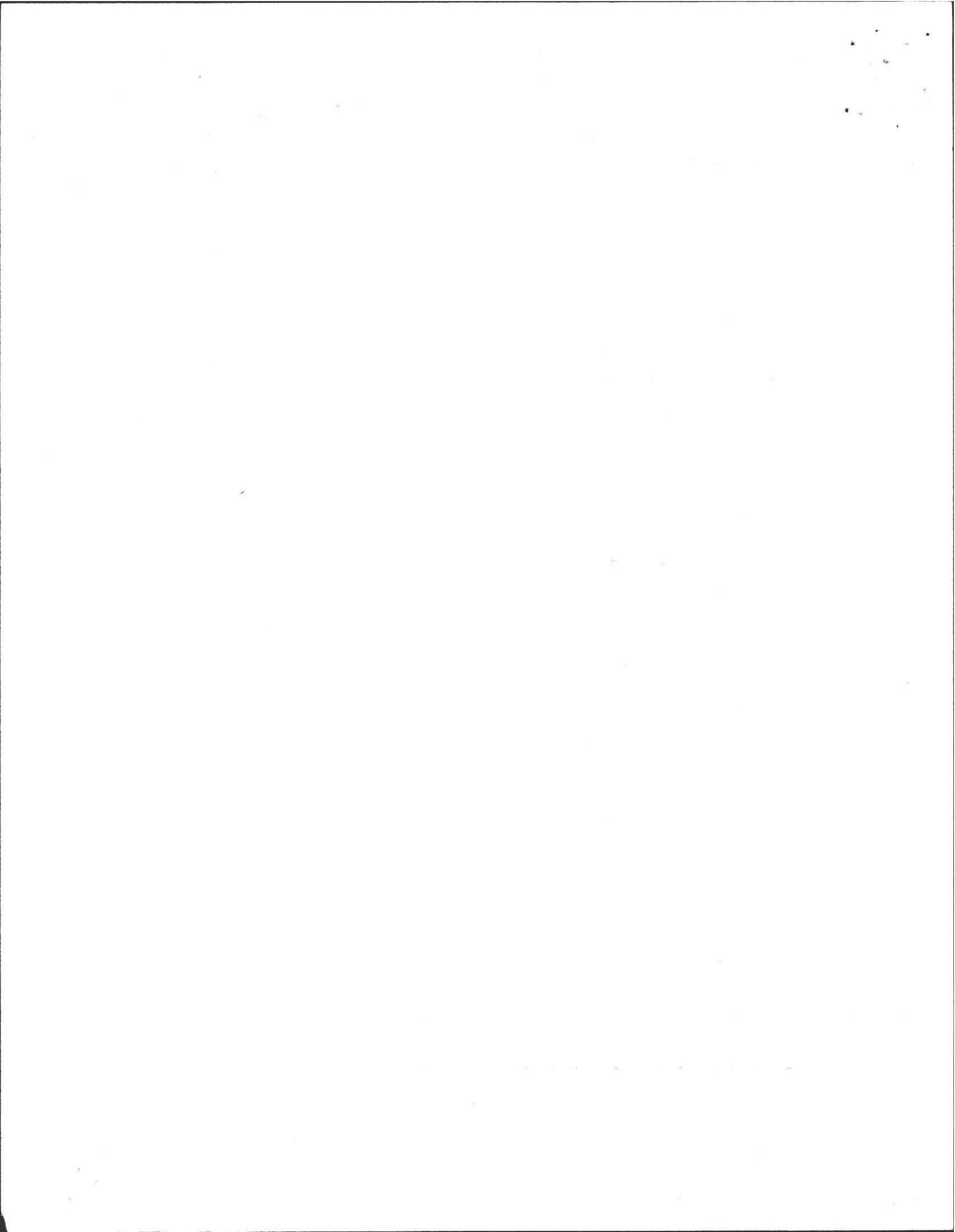
MAILING ADDRESS: _____

DATE: 4/28/76 OBSERVER: R.P.B.



Lot C
or S

* Overnight Test



PLAN SHOWING SEWAGE DISPOSAL

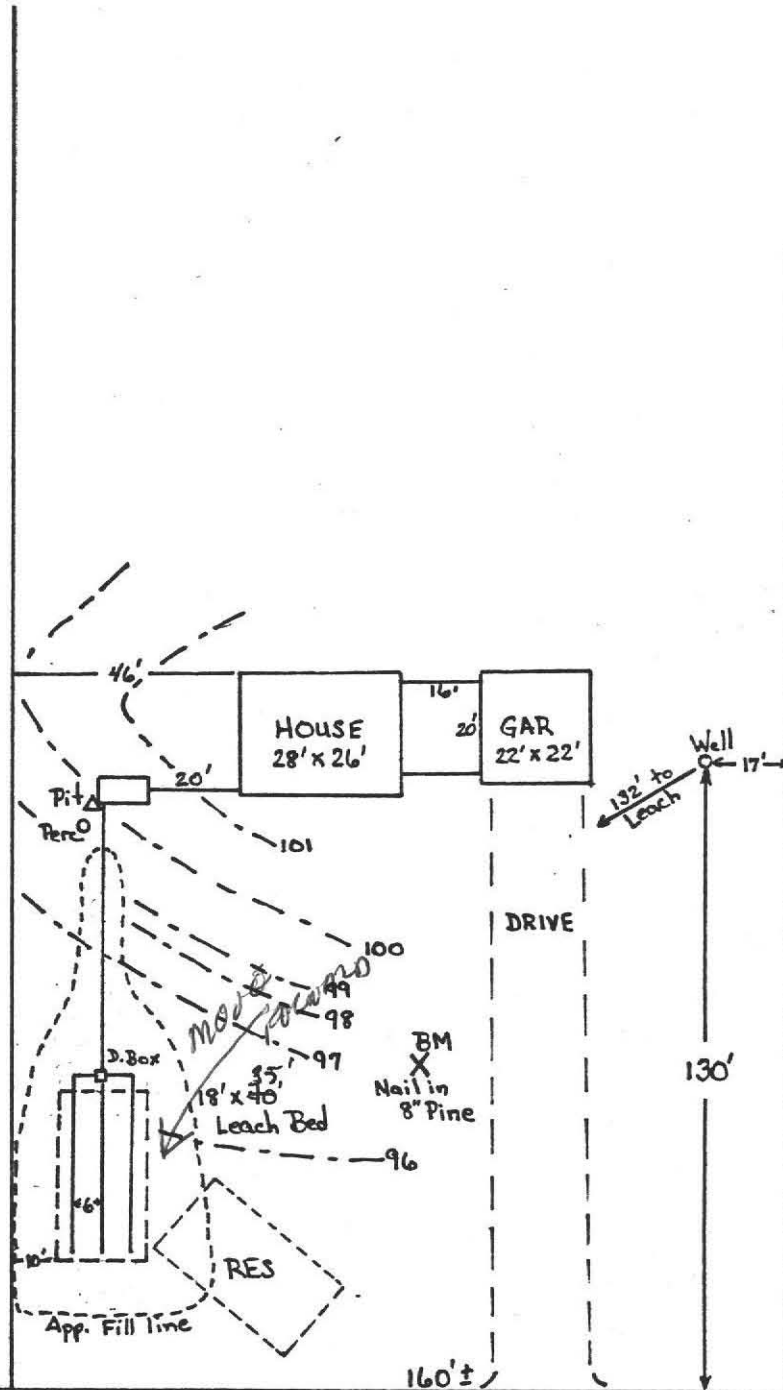
FOR: Ted Crossman
234 Heatherstone Road
Amherst, MA

BY: F.A. Filios ^{w.t.}
69 Pelham Road
Amherst, MA

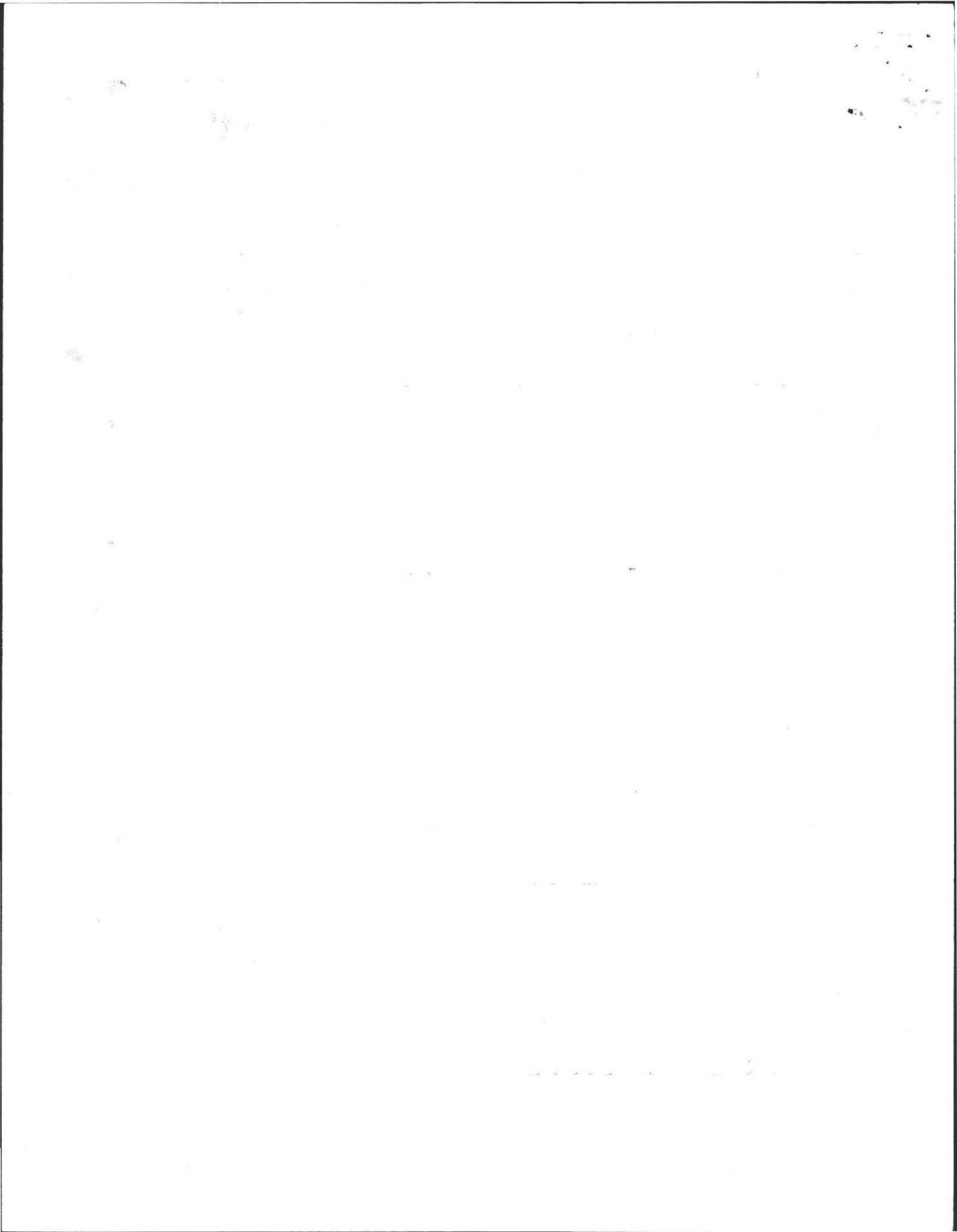
AT: Flat Hills Road
Amherst, MA

SCALE: 1" = 40'

DATE: April 21, 1986



FLAT HILLS ROAD

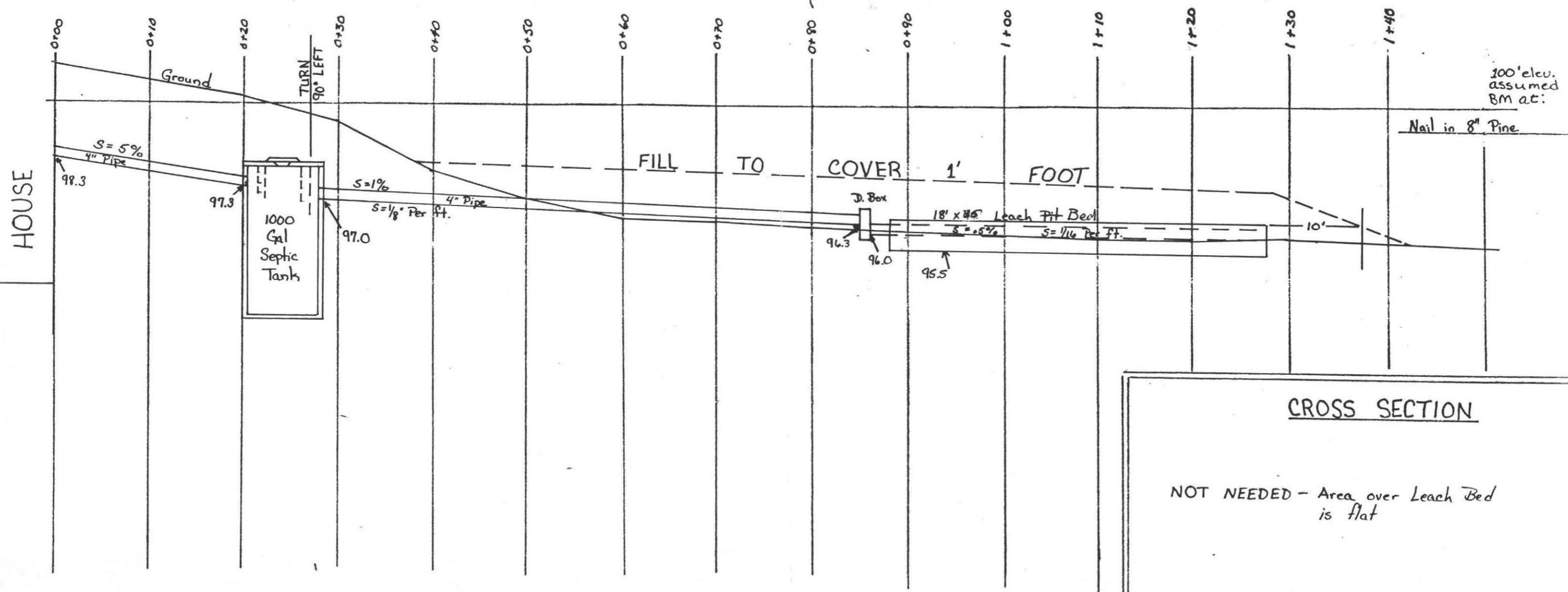


PROFILE OF SEPTIC SYSTEM

FOR: Fred Crossman
234 Heatherstone Road Amherst, MA
 SITE: Flat Hills Road
Amherst, MA

BY: Frederick A. Filios w.T.
69 Pelham Road
Amherst, MA
01002

DATE: April 21, 1986
 SCALE: Horizontal: 1" = 10'
 Vertical: 1" = 3'



CROSS SECTION

NOT NEEDED - Area over Leach Bed is flat

COMMONWEALTH OF MASSACHUSETTS
 FREDERICK A. FILIOS, R.S.
 688

SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

3 Bdm x 110 = 330 gallons
Perc Rate = 10 min/inch
Sides = 1.0 gal/s.f., Bottom = .55 gal/s.f.
Leach Bed: 18' wide x 35' long
18' x 35' = 630 x .55 = 346.5 gallons

