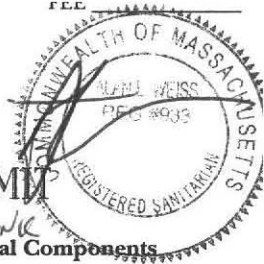


COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	<u>196 HARKNESS RD</u>	Owner's Name	<u>Megan Lambert</u>
Map/Parcel#	<u>18D / 42</u>	Address	<u>413-695-4515</u>
Lot#	<u>42</u>	Telephone#	<u>189 Pondview Dr. Amherst, MA</u>
Installer's Name	<u>Kari's Excavating</u>	Designer's Name	<u>Alan Weiss, MS.</u>
Address	<u>Hadley, MA.</u>	Address	<u>Beldene Ave, MA.</u>
Telephone#	<u>549-5396</u>	Telephone#	<u>323-5957</u>

Type of Building Dwelling Lot Size 1.18 AC +/- sq. ft.
Dwelling - No. of Bedrooms 4 Bedrooms Garbage grinder No
Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other Fixtures _____
Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided _____ gpd
Plan: Date _____ Number of sheets 1 Revision Date _____
Title Septic Tank Replacement Plan
Description of Soil(s) _____
Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS New. S tank. only + Title 5 Inspection

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

Signed Alan Weiss Date 9/7/2010
For M. Lambert

Inspections _____

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ☒ Individual Component(s) ☐ Complete System

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

by: Kari's
at 196 HARKNESShas been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated 9/13/10, Approved Design Flow 440 (gpd)Installer: Kari's Big Sewer
Designer: _____ Inspector: Alan Weiss Date: 9/13/10

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

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

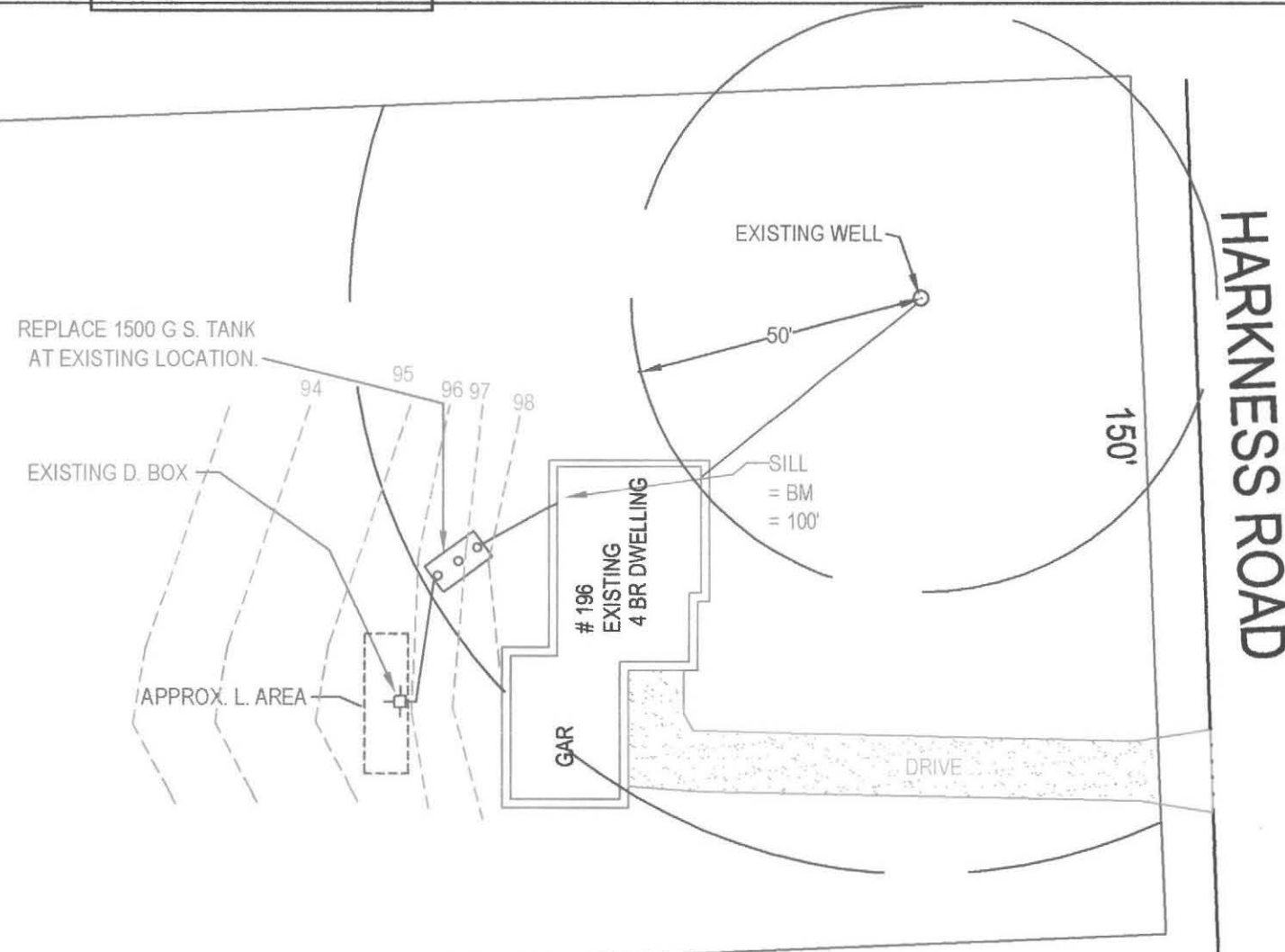
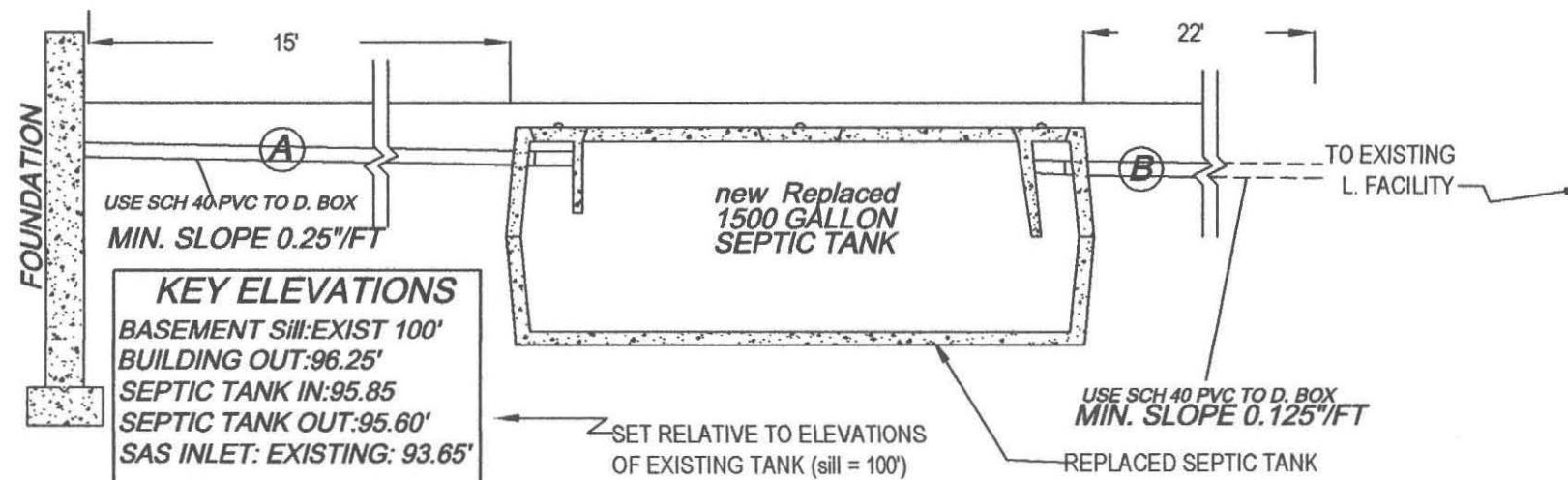
Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at _____ as described in the application for

Disposal System Construction Permit No. _____, dated _____.

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

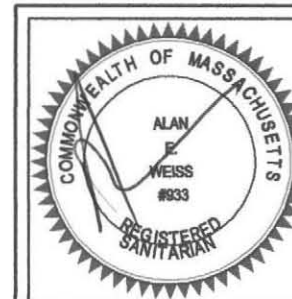


EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)

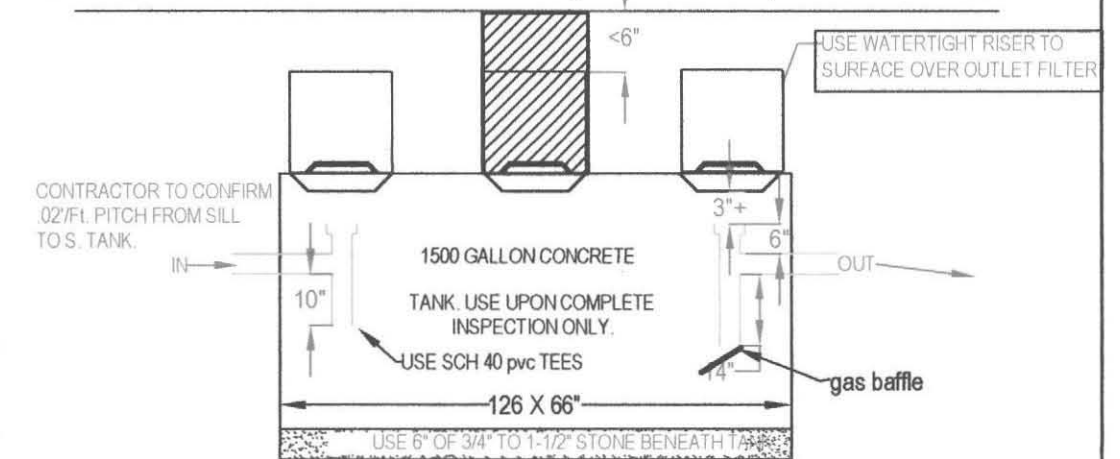


1. Pump, crush and remove old component.
2. Install new S. tank as noted on plan as per 310 CMR 15.00, with proper Sch 40 tees and gas baffle or outlet filter.
3. Contact Designer and local Health official for proper inspection prior to backfill.

NOTE: NOT A SURVEY FOR SEPTIC LOCATION ONLY: NO PROPERTY LINES WITHIN 25 FT OF PROPOSED TANK REPLACEMENT



TYPICAL NEW 1500 Gal SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.



SEPTIC TANK(ONLY) REPLACEMENT PLAN FOR MEGAN LAMBERT

196 HARKNESS ROAD
AMHERST, MA

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007

PJFD.NC: (413) 323-5957
 FAX: (413) 323-4916

e-Mail: AEWEISS@charter.net

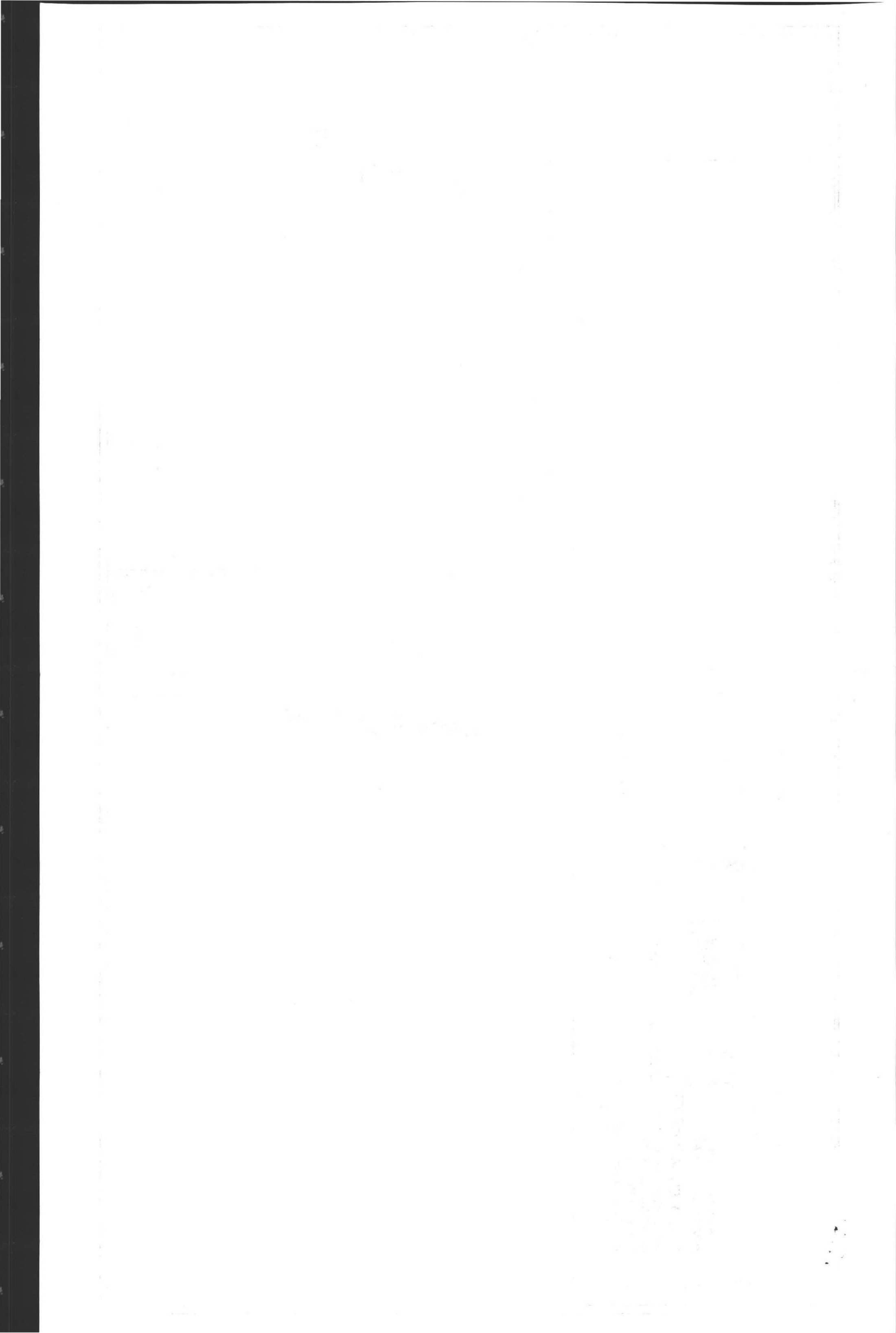
DATE: 09.07.2010

DRAWN BY: ALAN WEISS

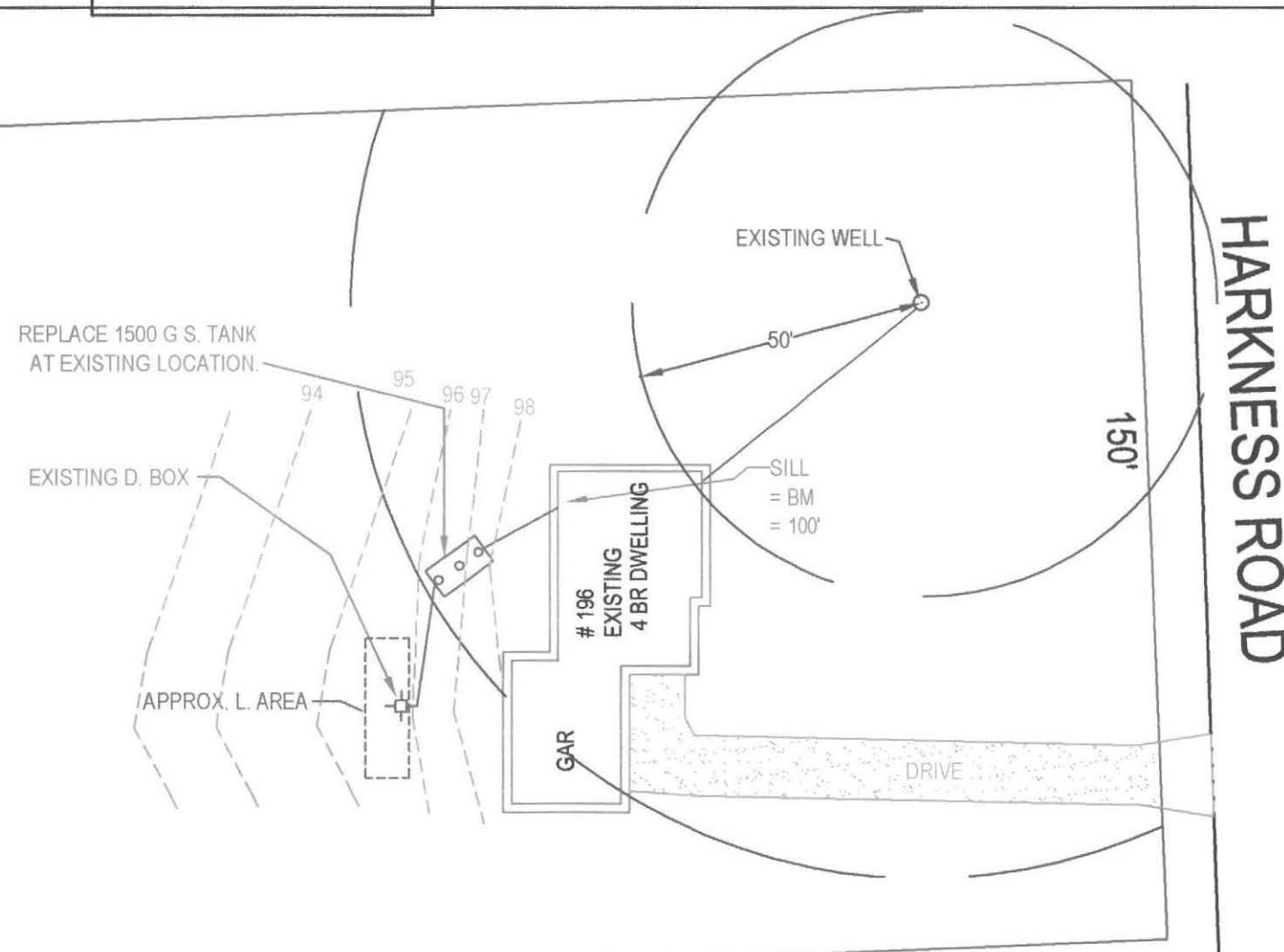
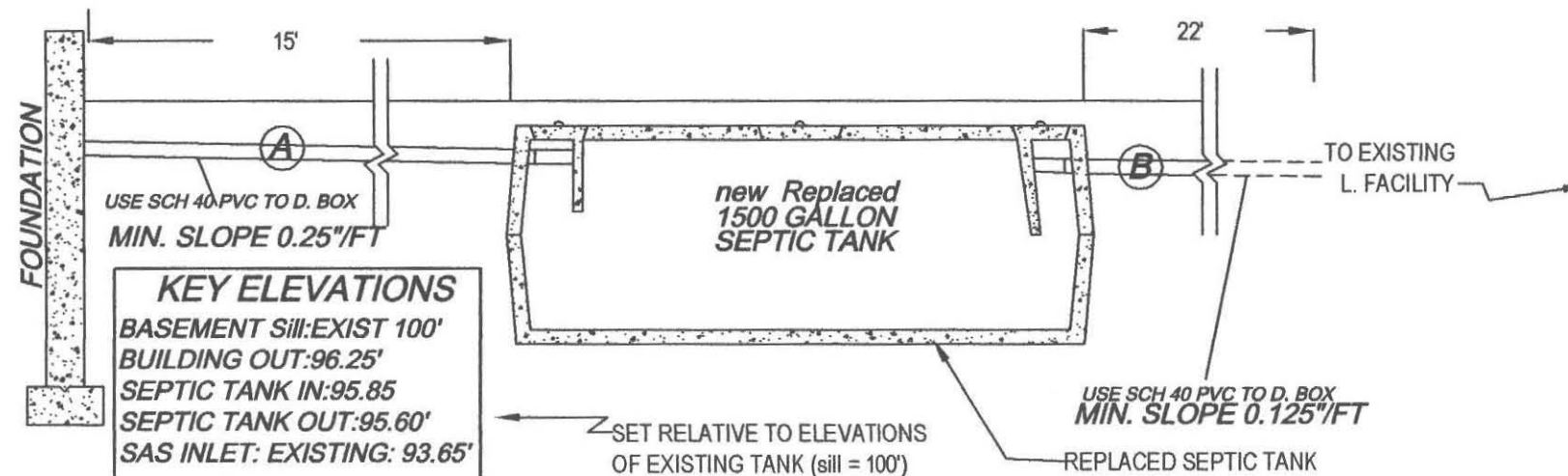
REVISED:

SCALE: 1"=30'

DRAWING NUMBER: 110-3555-0907



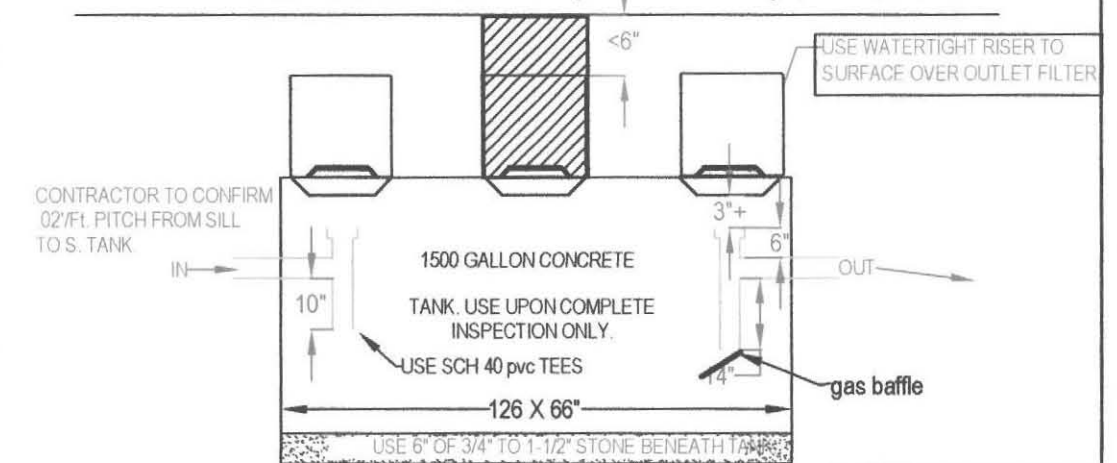
EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



1. Pump, crush and remove old component.
2. Install new S. tank as noted on plan as per 310 CMR 15.00, with proper Sch 40 tees and gas baffle or outlet filter.
3. Contact Designer and local Health official for proper inspection prior to backfill.

NOTE: NOT A SURVEY
FOR SEPTIC LOCATION ONLY:
NO PROPERTY LINES
WITHIN 25 FT OF PROPOSED
TANK REPLACEMENT

TYPICAL NEW 1500 Gal SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.



SEPTIC TANK(ONLY) REPLACEMENT PLAN FOR MEGAN LAMBERT

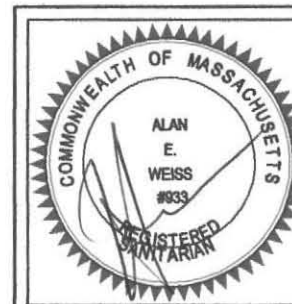
196 HARKNESS ROAD
AMHERST, MA

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007

PHONE: (413) 323-5957
 FAX: (413) 323-4916

e-Mail: ACWES@charter.net

DATE:	09.07.2010	DRAWN BY:	ALAN WEISS	REVISED:
SCALE:	1"=30'			DRAWING NUMBER:
				110-3555-0907





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

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

Property Address: 196 HARKNESS RD
AMHERST, MA
Owner's Name: SUSAN CUMBERLEDGE
Owner's Address: SAME

Date of Inspection: 05/7/04

Name of Inspector: (please print) NATHAN 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: Nathan Torretti

Date: 05/07/04

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: 196 HARKNESS RD
AMHERST, MA

Owner: CUMBERLEDGE

Date of Inspection: 5/7/04

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:

PUMP SEPTIC TANK EVERY YEAR

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: 196 HARKNESS RDAMHERST, MAOwner: CUMBERLEDGEDate of Inspection: 5/7/04**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 SAS 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 ½ 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 <u> </u> . |
| <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 1 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) NO The system **fails**. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:

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

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

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

yes no

☐ ☐ the system is within 400 feet of a surface drinking water supply☐ ☐ the system is within 200 feet of a tributary to a surface drinking water supply☐ ☐ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

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

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

Property Address: 196 HARKNESS RD

AMHERST, MA

Owner: CUMERLEDGE

Date of Inspection: 5/7/04

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:

Yes no

☐ ☒ 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)]

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

Property Address: 196 HARKNESS RD
AMHERST, MA

Owner: CUMBERLEDGE

Date of Inspection: 5/7/04

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 3
 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330
 Number of current residents: 3
 Does residence have a garbage grinder (yes or no): NO
 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: PRESENT

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: PUMPED IN SUMMER OF 2001
 Was system pumped as part of the inspection (yes or no): YES
 If yes, volume pumped: 1500 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:

S.A.S. IS APPROX 20 YRS OLD

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: 196 HARKNESS RD
AMHERST, MA
Owner: CUMBERLEDGE
Date of Inspection: 5/7/04

BUILDING SEWER (locate on site plan)

Depth below grade: 1'6"

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

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

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

JOINTS, VENTS APPEAR OK, NO EVIDENCE OF LEAKS

SEPTIC TANK: ☒ (locate on site plan)

Depth below grade: 6"

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

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

Dimensions: 10'6" L, 5' W, 5' D

Sludge depth: 6"

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

Scum thickness: 4"

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

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

How were dimensions determined: MEASURED

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

PUMP SEPTIC TANK EVERY YEAR, STRUCTURAL INTEGRITY, LIQUID LEVELS APPEAR TO BE IN GOOD WORKING CONDITION, NO LEAKS

GREASE TRAP: XX (locate on site plan)

Depth below grade: XX

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

Dimensions: XX

Scum thickness: XX

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

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

Date of last pumping: XX

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

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: 196 HARKNESS RD
AMHERST, MA

OWNER: CUMBERLEDGE

Date of Inspection: 5/7/04

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 3 LEACH LINES OUT OF D-BOX
 leaching fields, number, dimensions:
 overflow cesspool, number:
 innovative/alternative system Type/name of technology:

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
NO SIGNS OF HYDRAULIC FAILURE, SOIL AND VEGETATION OK

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: 196 HARKNESS RD
AMHERST, MA
Owner: CUMBERLEDGE
Date of Inspection: 5/7/04

SITE EXAM

☒ Slope
☐ Surface water
☒ Check cellar
☐ Shallow wells

Estimated depth to ground water NONE @ 5'

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:

CHECKED CELLAR

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

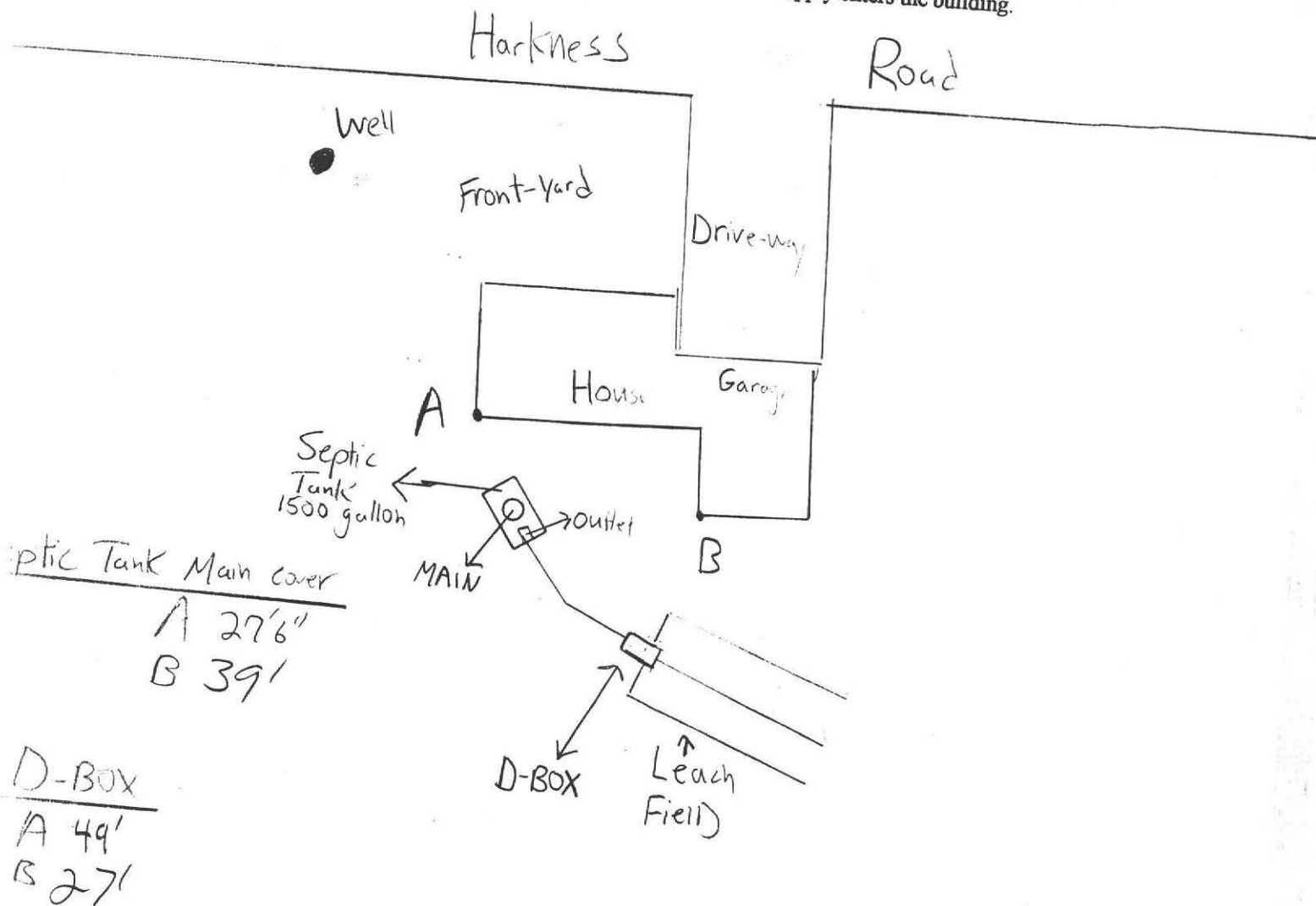
Property Address: _____

Owner: _____

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.



Drawing Not to Scale

