

40 Harn's Mtn. Rd,



No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

BOARD OF HEALTH

Town of Amherst

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

40 Harris Mt. Rd Location	Sam Conti Owner's Name
Map/Parcel #	8464 Penelope Dr, Weeki Wachee Address
Lot #	352-596-1224 FL 34613 Telephone #
Karl's Excavating Installer's Name	Environmental Field Services Designer's Name
River Drive, Hadley Address	PO Box 518 Leeds MA Address
Telephone #	586 7200 Telephone #

Type of Building: Single Family Lot Size _____ Sq. feet
 Dwelling — No. of Bedrooms 3 Garbage Grinder (Y)
 Other — Type of Building _____ No. of persons 6 Showers (), Cafeteria ()
 Other fixtures _____

Design Flow (min. required) _____ gpd Calculated design flow _____ gpd Design flow provided _____ gpd

Plan: Date _____ Number of sheets N/A Revision Date _____

Title _____

Description of Soil(s) _____

Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Emergency repair of collapsed septic tank, per attached notes and sketch. Replaced with new 1500 gal., 2 comp. tank with pvc. fees.

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

Signed Sam Conti Date 1/22/02

Inspections _____

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

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

Installer _____

Designer: _____ Inspector _____ Date _____

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

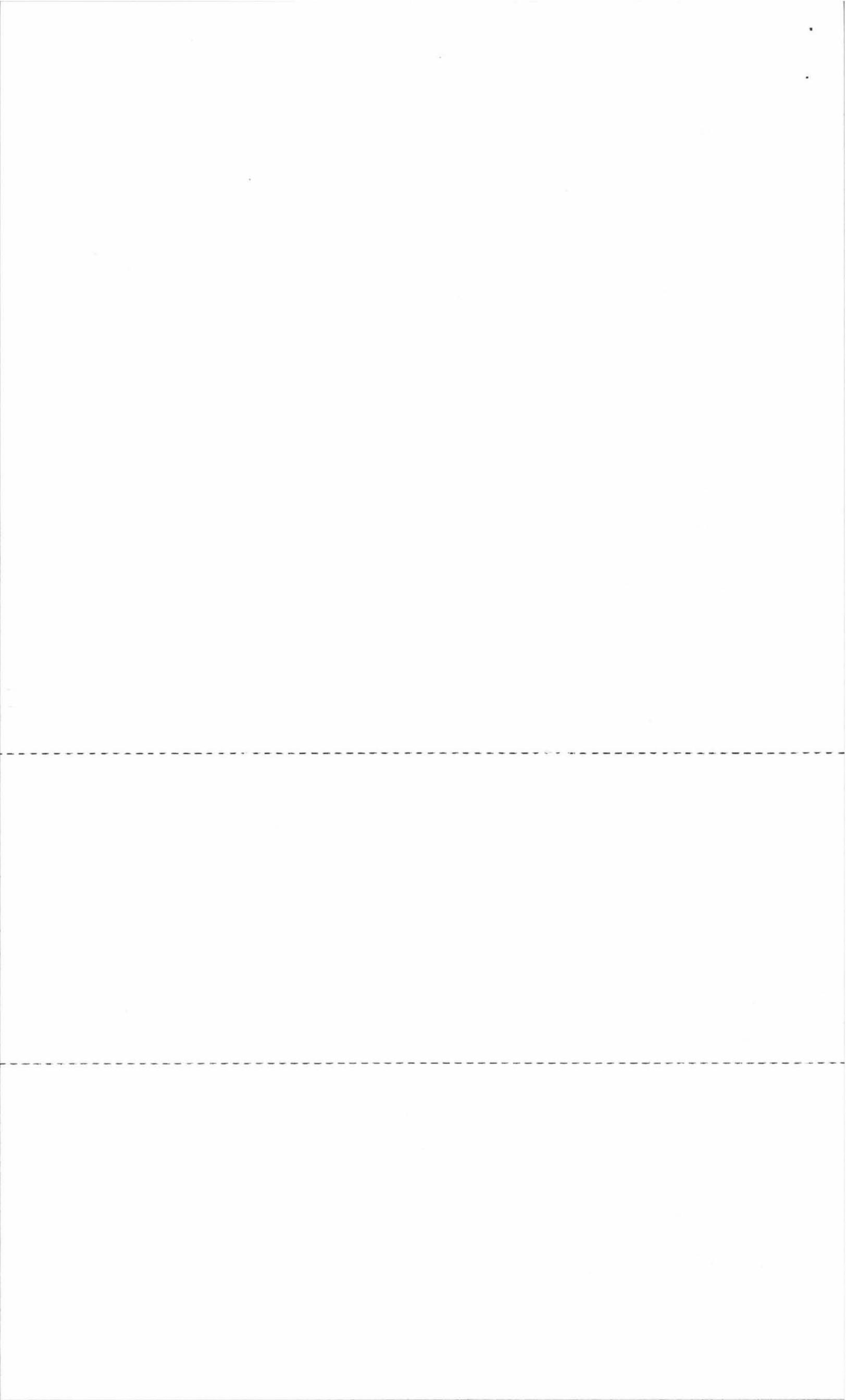
Permission is hereby granted to Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at _____ as described

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.

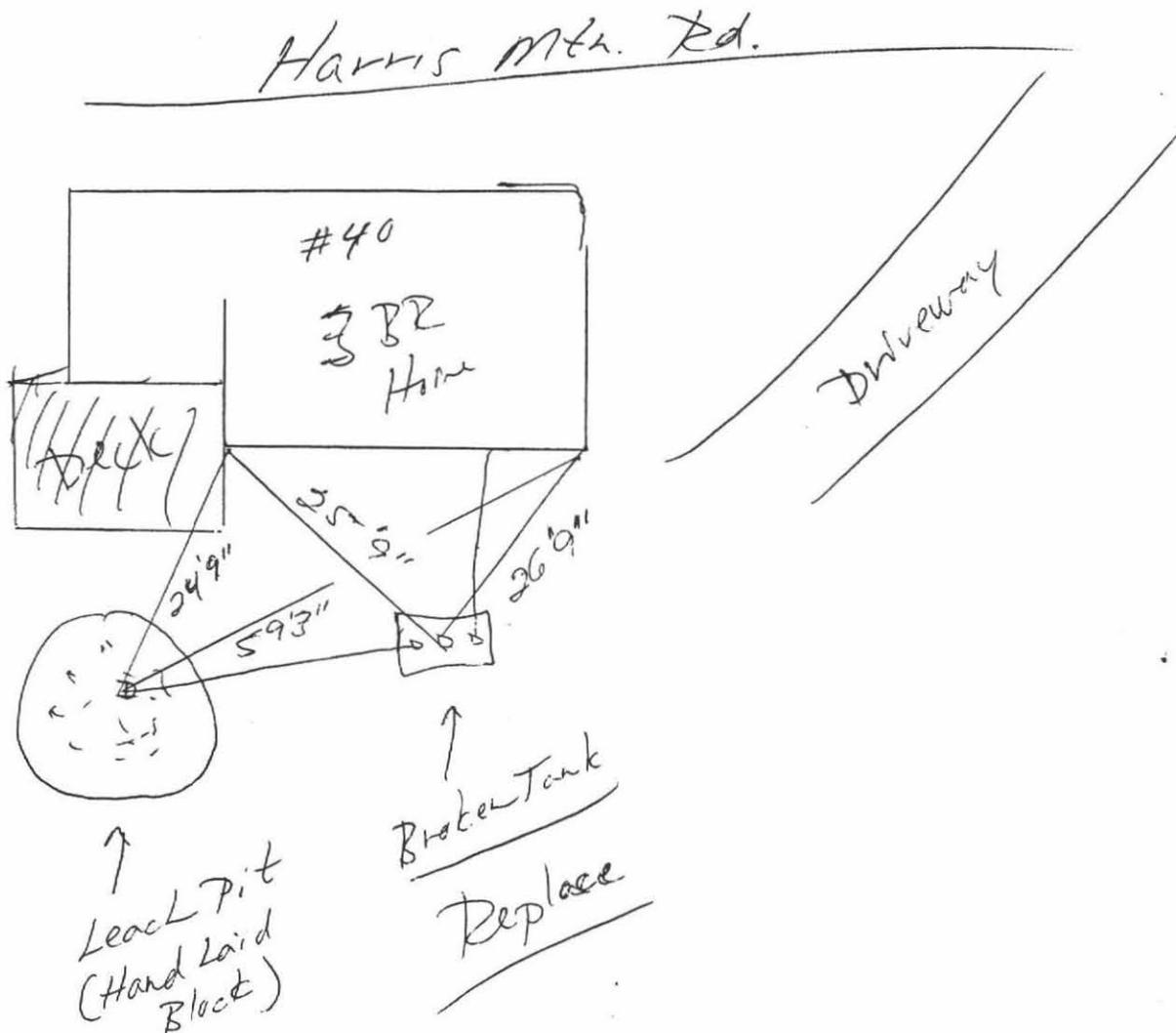
Date _____ Board of Health _____

FORM 2 - DSCP DEP APPROVED FORM 5/96



Emergency Repair Notes

- 1.) All Construction to be in accordance with Title V.
- 2.) New Septic Tank to be 1500 gallon two compartment tank.
- 3.) Fit new tank with 4" pvc inlet and outlet tees, 12" & 14" respectively.
- 4.) Tank to be two compartment (for garbage disposal) with venting as required by Title V.
(Call Dave Z. if there are any questions!)
- 5.) Set tank a minimum of ten feet from foundation.
- 6.) Pipe pitch from house to tank to be 2% minimum, 4" PVC Sch. 40.
- 7.) Pipe pitch from tank to leach pit to be 1% minimum, SDR 35 Minimum.
(Tie in with Fernco coupling, leach pit is hand laid block.)
- 8.) Tank to be set on a solid base of $\frac{3}{4}$ " - $1\frac{1}{2}$ " stone, a minimum of 6" deep
- 9.) Existing tank to be pumped, crushed and backfilled with clean sand.
- 10.) Construction to be inspected by engineer and/or B.O.H. prior to back filling







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

TRUDY COXE
 Secretary

DAVID B. STRUHS
 Commissioner

ARGEO PAUL CELLUCCI
 Governor

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
 PART A
 CERTIFICATION

Property Address: 40 Harris Mtn Road Name of Owner: Sam Conti
Amherst, MA Address of Owner: Sam
 Date of Inspection: 1-22-02
 Name of Inspector: (Please Print) Michael Lavigae
 I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
 Company Name: Environmental Field Services, Inc.
 Mailing Address: P.O. Box 518 Leeds, MA
 Telephone Number: 586-7200

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: [Signature] Date: 2/4/02

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

NOTES AND COMMENTS Septic Tank collapsed during inspection.
Replaced with new 1500 gal. Tank.
See D.W.C.P. attached.

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

Property Address:
Owner:
Date of Inspection:

See Page 1

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

A. SYSTEM PASSES:

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

COMMENTS: Tank replaced, D.W.C.P. attached.

B. SYSTEM CONDITIONALLY PASSES:

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

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

_____ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health.

_____ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health).

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

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

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

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

Property Address: See Page 1
Owner: See Page 1
Date of Inspection: See Page 1

C. FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

_____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

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

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

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF ANY) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- ___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ___ The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- ___ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- ___ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

3) OTHER

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

Property Address:
Owner:
Date of Inspection:

See Page 1

D. SYSTEM FAILS:

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

No I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes | No | |
|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to an 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"/> | <u>N/A</u> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <u>N/A</u> | 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 <u>NOT</u> due to clogged or obstructed pipe(s).
Number of times pumped <u> </u> . |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| <input type="checkbox"/> | <u>N/A</u> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <u>N/A</u> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <u>N/A</u> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <u>N/A</u> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

E. LARGE SYSTEM FAILS:

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

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

The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

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

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address:
Owner:
Date of Inspection:

See Page 1

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
The size and location of the Soil Absorption System on the site has been determined based on: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Existing information. For example, Plan at B.O.H. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems. |

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: See Page 1
Owner:
Date of Inspection:

FLOW CONDITIONS

RESIDENTIAL:

Design flow: N/A g.p.d./bedroom.
Number of bedrooms (design): N/A Number of bedrooms (actual): 3
Total DESIGN flow N/A
Number of current residents: 2
Garbage grinder (yes or no): yes
Laundry (separate system) (yes or no): No; If yes, separate inspection required
Laundry system inspected (yes or no) (yes)
Seasonal use (yes or no): NO
Water meter readings, if available (last two year's usage (gpd): N/A, well
Sump Pump (yes or no): No
Last date of occupancy: current

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: _____ gpd (Based on 15,203)
Basis of design flow _____
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present: (yes or no) _____
Non-sanitary waste discharged to the Title 5 system: (yes or no) _____
Water meter readings, if available: _____
Last date of occupancy: _____
OTHER: (Describe) _____
Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

_____ ~ 5 yrs. ago, per owner.
System pumped as part of inspection: (yes or no) Yes
If yes, volume pumped: N/A gallons
Reason for pumping: Tank collapsed, replaced

TYPE OF SYSTEM

Septic tank/~~distribution box~~/soil absorption system
 Single cesspool
 Overflow cesspool
 Privy
 Shared system (yes or no) (if yes, attach previous inspection records, if any)
 I/A Technology etc. Attach copy of up to date operation and maintenance contract
 Tight Tank _____ Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: ... ~ 1972, per owner.

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

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

Property Address:
Owner: See Page 1
Date of Inspection:

BUILDING SEWER:
(Locate on site plan)

Depth below grade: ~18"
Material of construction: cast iron 40 PVC other (explain)

Distance from private water supply well or suction line 7100'
Diameter 4"

Comments: (condition of joints, venting, evidence of leakage, etc.)
No problems noted.

SEPTIC TANK:
(locate on site plan)

Depth below grade: ~12"
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

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

Dimensions: 1500 gal.
Sludge depth: N/A
Distance from top of sludge to bottom of outlet tee or baffle: N/A
Scum thickness: N/A
Distance from top of scum to top of outlet tee or baffle: N/A
Distance from bottom of scum to bottom of outlet tee or baffle: N/A
How dimensions were determined: N/A

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

Existing tank collapsed during inspection.
Replaced with new 1500 gal. tank.
DWCP attached.

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

Depth below grade: _____
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

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

Property Address: See Page 1
Owner: See Page 1
Date of Inspection: _____

TIGHT OR HOLDING TANK: N/A (Tank must be pumped prior to, or at time of, inspection)
(locate on site plan)

Depth below grade: _____
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm present
Alarm level: _____ Alarm in working order: Yes No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: N/A
(locate on site plan)

Depth of liquid level above outlet invert: _____

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

PUMP CHAMBER: N/A
(locate on site plan)

Pumps in working order: (Yes or No) _____
Alarms in working order (Yes or No) _____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.)

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

Property Address:
Owner: See Page 1
Date of Inspection:

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

If not located, explain: Excavated and inspected.

Type:
leaching pits, number: 1, ~ 4' deep x 12" dia.
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: _____
overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)
Stone beside hand laid block leach pit was excavated to a depth of ~ 5'. Stone clean and dry. No problems noted.

CESSPOOLS: N/A
(locate on site plan)

Number and configuration: _____
Depth-top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater: _____
inflow (cesspool must be pumped as part of inspection) _____

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

PRIVY: N/A
(locate on site plan)

Materials of construction: _____ Dimensions: _____
Depth of solids: _____
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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

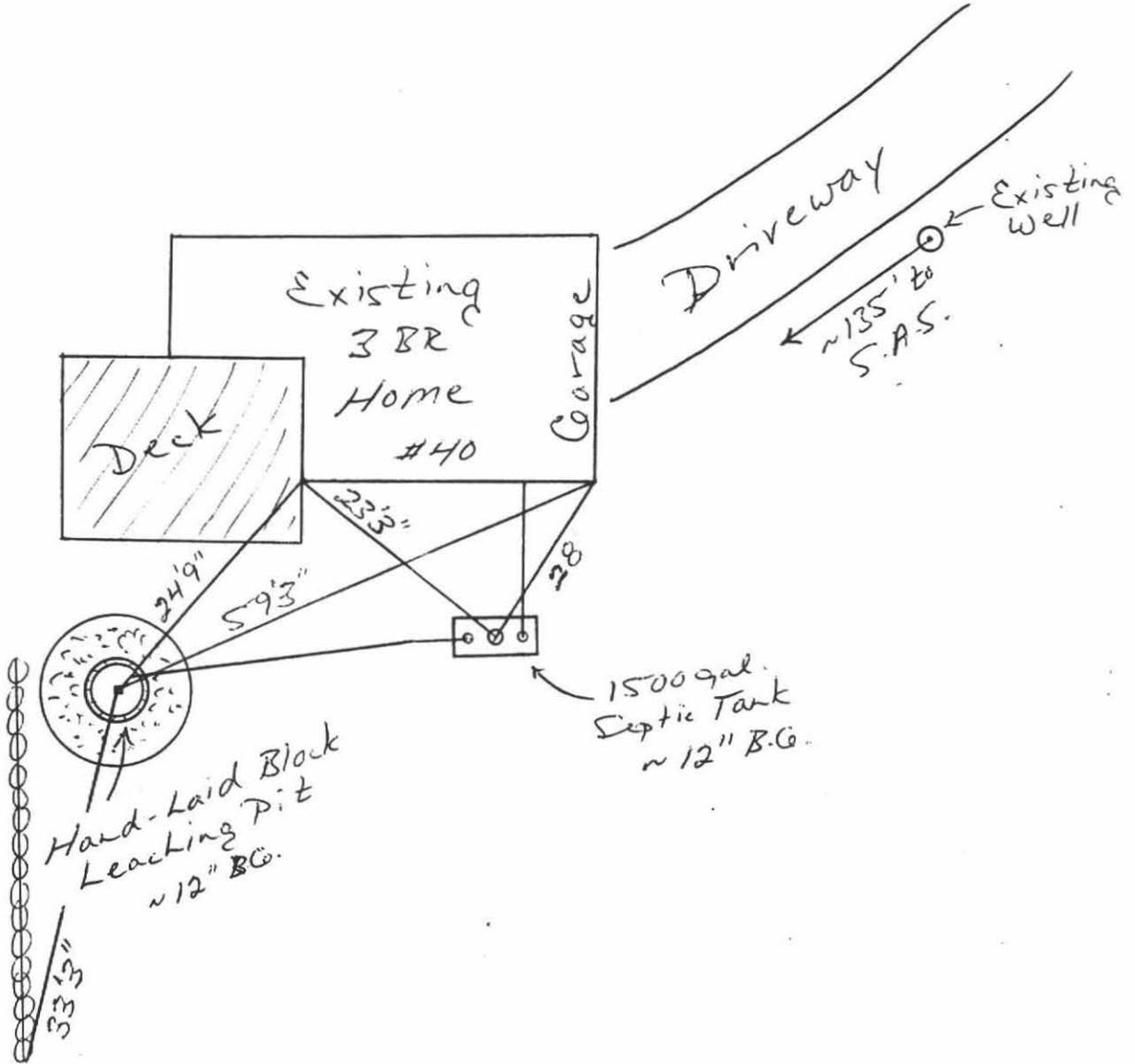
Property Address:
Owner:
Date of Inspection:

Conti
40 Harris Mtn. Rd. Amherst, MA
1-22-02

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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

Harris Mountain Road



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

Property Address:
Owner:
Date of Inspection:

See Page 1

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

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

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

Estimated Depth to Groundwater 28 Feet

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

- Obtained from Design Plans on record
 Observed Site (Abutting property, observation hole, basement sump etc.)
 Determined from local conditions
 Checked with local Board of health
 Checked FEMA Maps
 Checked pumping records
 Checked local excavators, installers
 Used USGS Data

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

Site is on Hill, in Sandy soils, 30' to 40' above stream.

