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### Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

May 1 2012

To: Sarah Madison 163 Chauncey Walker St. Belchertown, MA 01007

RE: 167 Henry Street, Amherst, MA 01002

Pursuant to your request for an extension of the Title V inspection conducted on May 12, 2010, which passed the system (it was pumped that day), I observed the septic tank this morning at the time of pumping by Karl's Excavating. There was no staining on or above the cover of the tank, and the liquid level at the outlet of the tank was at the invert and not above. These observations support the tank draining to a soil absorption system that is handling the effluent without backing up. There was a modest accumulation of solids and scum since the 2010 pumping which should indicate relatively minor loading of the system in those nearly 2 years, and indeed you have told us the house was vacant from July 2010 to October 2011 (consistent with the state of the tank contents). The present septic tank is 1500 gallons, single compartment, dating from 2003.

My opinion is that this system is in compliance with Title V for the purposes of closing the sale of the house on or before May 31, 2012; if the sale does not close by this date please contact me at once.

Sincerely,

Edmund Smith

Asst. Sanitarian, Amherst Health Department

MA Soil Evaluator

MA Title V System Inspector

Edul R Juite

#### Smith, Edmund

From:

Sarah Madison [madison@honors.umass.edu]

Sent:

Monday, April 30, 2012 10:30 AM

To:

'Cheryl Carey'; Smith, Edmund; esmith@northamptonma.gov

Subject:

167 Henry St , Amherst - septic tank pumping

Hi Cheryl and Ed,

I just wanted to confirm that my husband and I were able to dig up the area above the septic tank hatch on Saturday so I think we're all set for the pumping as scheduled for tomorrow morning.

Best,

Sarah

Sarah Madison
Assistant Director, Advising
Commonwealth Honors College
UMass
Amherst, MA 01003
413.545.2483
madison@honors.umass.edu
www.honors.umass.edu

"Expect the Universe to support your dreams, it will."

From: Cheryl Carey [mailto:Cheryl@karlssitework.com]

Sent: Monday, April 23, 2012 1:33 PM

To: Sarah Madison

Subject: RE: septic system pumping request

Hi Sarah, thank you for the email.

Cheryl Karl's Site Work, Inc 413-549-5396

From: Sarah Madison [mailto:madison@honors.umass.edu]

Sent: Mon 4/23/2012 1:31 PM

To: info

Cc: smith@amherstma.gov; esmith@northamptonma.gov; esmith@northampton.gov; 'Kristin Henningsen'; 'Justin

Henningsen'; Sarah Madison

Subject: septic system pumping request

Hi Dee Dee and Cheryl,

Per our conversation, this is to formally request a pumping of my 1,500 gallon septic tank in preparation for a house sale closing May 31, 2012. Ed Smith of the Amherst Board of Health is to be present when the pumping is done and I understand you've negotiated May 1<sup>st</sup> at 8:30 am for the day and time. Per our conversation I will plan to dig and uncover the tank hatch this weekend, or call you if I am unsuccessful so you can have your crew do it prior May 1<sup>st</sup>.

For my records, you indicated the costs will be \$120 for pumping & transporting plus \$180 for town disposal fee. If your crew needs to do the digging, that will be an additional \$96/hr fee.

Here's the address info you requested:

Septic tank address:

167 Henry St, Amherst, MA

Billing address:

163 Chauncey Walker St., Belchertown, MA

Thanks so much for fitting me into your schedule and accommodating Ed's request. You were speedier than my typing fingers! ©

Best, Sarah

Sarah Madison
Assistant Director, Advising
Commonwealth Honors College
UMass
Amherst, MA 01003
413.545.2483
madison@honors.umass.edu
www.honors.umass.edu

"Expect the Universe to support your dreams, it will."

43R 167 Henry St. 167 HENRYST. 1100gAC. Dec 16, 2003 \* Tank replaced + TOWN SENE WATER certified we work work NO SEWER May 12, 2010 Sale pending TITLE V AT Tank pumped + certified Sale fell through 4 BE. July 2010- House vacant Oct 2011 - MAY 2012 - FAMILY OF 4 Chief dehumidi Fren use 5 A Title V Certif. Expires? May 12,2012

May 12, 2012 Title V Certif. Expires.

May 31, 2012 Closing on house sale

(on or before)

\* just I person living in house

Madisonie honors.

Madisonie honors.

madisonie honors.

madisonie honors.

SARAU MADISON 549-4027

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	9.					
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#### Commonwealth of Massachusetts

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection	
Amherst	MA	01002	05.12.2010	
Owner's Name				
Sarah Madison				
Property Address				
167 Henry Street				

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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

1.





3en	eral	In	fo	rma	ation	1
	€en	General	Beneral In	Beneral Info	Seneral Informa	Seneral Information

Inspector:			
Alan E Weiss			
Name of Inspector			
Cold Spring Environmental Consultants Inc.			
Company Name			
350 Old Enfield Road			
Company Address			
Belchertown	MA	01007	
City/Town	State	Zip Code	
413.323.5957	RS 933		
Telephone Number	License Number		

#### B. Certification

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						
AP,	05.12.2010					
Inspector's Signature	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

	7 Henry S		.70			
	perty Addre					
-	rah Madis ner's Name					
120				140	04000	05 13 3010
_	nherst //Town			MA State	01002 Zip Code	05.12.2010 Date of Inspection
	ALL DE LA CONTRACTOR DE	ination /		Otate	Zip Code	Date of inspection
<b>D</b> .	Cerui	ication (co	ont.)			
	Inspection	on Summary:	Check A,B,C,D or	E / always	complete all of	Section D
A)	System	Passes:				
	in 31					failure criteria described eria not evaluated are
	Commer	nts:				
	was four		diton with 1" pond			ok, Septic tank was good. Dry wel tank and S. tank had no high
					*	
	-					
B)	System	Conditionally	Passes:			
	repla		ed. The system, up			nal Pass" section need to be cement or repair, as approved by
		e box for "yes ed," please ex		rmined" (Y, I	N, ND) for the f	following statements. If "not
	structural	ly unsound, e inspection if the	xhibits substantial	infiltration of	r exfiltration or	whether metal or not) is tank failure is imminent. System septic tank as approved by the
			ill pass inspection that the tank is les			ot leaking and if a Certificate of able.
	□ Y	□ N	☐ ND (Expl	lain below):		
					of :	



### **Commonwealth of Massachusetts**

	ty Address							
VIEW LINE	Madiso							
	s Name							
mhe			MA		002		05.12.2010	
ity/To			State	Zip	Code	E	Date of Inspection	
		cation (cont.) m Conditionally Passes (cont.	)-					
	, Gyoto	in conditionally racece (cont.	,•					
	to bro	vation of sewage backup or bre ken or obstructed pipe(s) or due nspection if (with approval of Bo	to a brok	en, settl				
		broken pipe(s) are replaced		□ Y	□N		ND (Explain below):	
		obstruction is removed		□ Y	□ N		ND (Explain below):	
		distribution box is leveled or re	eplaced	□ Y	□N		ND (Explain below):	
5 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>								
							*	
		rstem required pumping more the will pass inspection if (with app					en or obstructed pipe(s). The	
		broken pipe(s) are replaced		Y	□ N		ND (Explain below):	
		obstruction is removed		ΠΥ	□ N		ND (Explain below):	
_								
							*	
			\$5					
C)	Furthe	r Evaluation is Required by th	ne Board	of Heal	th:			
		ons exist which require further etem is failing to protect public h						
	15.303	tem will pass unless Board of (1)(b) that the system is not for and the environment:						
		Cesspool or privy is within 50 f	eet of a s	urface w	/ater			
		Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh						



### Commonwealth of Massachusetts

# Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	ry Street				<u> </u>
Property A					
Sarah M	The state of the s				· · · · · · · · · · · · · · · · · · ·
Owner's N					
Amherst			MA	01002	05.12.2010
City/Town			State	Zip Code	Date of Inspection
B. Cei	rtification	(cont.)		V. 2	
					Vater Supplier, if any) protects the public health,
	100 feet of a s ☐ The s supply.	surface water supply or tr ystem has a septic tank a	ibutary to a	a surface water nd the SAS is	m (SAS) and the SAS is within r supply. within a Zone 1 of a public water within 50 feet of a private water
☐ T	he system ha	as a septic tank and SAS rivate water supply well* o determine distance: <u>N</u>	*.	AS is less than	100 feet but 50 feet or
	hed to this for			dio inggerou.	A copy of the analysis must be
D) Syste	em Failure Ci	riteria Applicable to All	Systems:		
You <u>r</u>	must indicate	"Yes" or "No" to each	of the fo	lowing for all	inspections:
Ye	es No				
		clogged SAS or cessp	looc		onent due to overloaded or
		due to an overloaded	or clogged	SAS or cessp	
		Static liquid level in the or clogged SAS or cest		on box above	outlet invert due to an overloaded
		Liquid depth in cessporthan ½ day flow	ool is less	than 6" below i	nvert or available volume is less

D)



E)

regional office of the Department.

#### Commonwealth of Massachusetts

### Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Property Add		West Control of the C			
Sarah Mad					
Owner's Nam					
Amherst			MA	01002	05.12.2010
City/Town	5-243 Sept.		State	Zip Code	Date of Inspection
B. Cert	ification	(cont.)			
Ye	s No				¥
		Required pumping nobstructed pipe(s).			st year <i>NOT</i> due to clogged or
	$\boxtimes$	Any portion of the Sa	AS, cesspo	ol or privy is be	elow high ground water elevation.
		Any portion of cessp tributary to a surface			eet of a surface water supply or
	$\boxtimes$	Any portion of a ces	spool or pri	vy is within a Z	one 1 of a public well.
	$\boxtimes$	Any portion of a ces	spool or pri	vy is within 50	feet of a private water supply well
, ,		from a private water system passes if the laboratory, for fecal of ammonia nitroge	supply well ne well wat al coliform en and nitr ther failure	l with no accepter analysis, pe bacteria indicate nitrogen is criteria are tri	100 feet but greater than 50 feet table water quality analysis. [This erformed at a DEP certified ates absent and the presence sequal to or less than 5 ppm, iggered. A copy of the analysis his form.]
	$\boxtimes$	The system is a cess 10,000gpd.	spool servir	ng a facility with	a design flow of 2000gpd-
		criteria exist as desc	cribed in 310 d contact th	CMR 15.303, e Board of Hea	or more of the above failure therefore the system fails. The alth to determine what will be
		be considered a lar 00 gpd to 15,000 gpd		the system m	ust serve a facility with a
	je systems, y ns in Section		r "yes" or "r	no" to each of t	ne following, in addition to the
Yes	No	res			
		the system is within	400 feet of	a surface drink	ing water supply
		the system is within 2	200 feet of	a tributary to a	surface drinking water supply
		the system is located Area – IWPA) or a m			ea (Interim Wellhead Protection water supply well
or answ	ered "yes" ir	Section D above the I	large syster	m has failed. Ti	is considered a significant threat, ne owner or operator of any large er Section D shall upgrade the

system in accordance with 310 CMR 15.304. The system owner should contact the appropriate



#### Commonwealth of Massachusetts

	Henry S								
San	ah Madis	son							
	er's Name								
-	herst Town			MA State	01002 Zip Code	Date of Inspection	n		
-	Chec	clint		State	Zip Code	Date of Hispection	ri .		
C.	Chec	KIISL	ė.						
	Check if	the follow	ving have been done. Yo	ou <b>must</b> ind	licate "yes" or "	no" as to each of	the following:		
	Yes	No							
	$\boxtimes$		Pumping information	was provide	ed by the owne	r, occupant, or Bo	oard of Health		
		$\boxtimes$	Were any of the syste	em compon	ents pumped o	ut in the previous	two weeks?		
	$\boxtimes$		Has the system recei	ved normal	flows in the pre	evious two week p	period?		
			Have large volumes of this inspection?	of water bee	en introduced to	the system recei	ntly or as part of		
	$\boxtimes$		Were as built plans o available note as N/A		n obtained and	examined? (If the	y were not		
	$\boxtimes$		Was the facility or dw	elling inspe	cted for signs o	of sewage back up	?		
	$\boxtimes$		Was the site inspecte	ed for signs	of break out?				
	$\boxtimes$		Were all system com	ponents, ex	cluding the SAS	S, located on site?	?		
	$\boxtimes$		Were the septic tank inspected for the condimensions, depth of	dition of the	baffles or tees	, material of const			
	$\boxtimes$		information on the pro The size and locatio	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:					
	$\boxtimes$		Existing information. I	or example	e, a plan at the	Board of Health.			
	$\boxtimes$		Determined in the fiel approximation of dista				C is at issue		
D. \$	Syster	m Info	rmation	<del></del>			1		
F	Resident	tial Flow	Conditions:						
١	Number o	of bedroom	ms (design):		Number of bedr	rooms (actual):	4		
	DESIGN	flow base	d on 310 CMR 15.203 (	for example	e: 110 gpd x # c	of bedrooms):	440		



### Commonwealth of Massachusetts

167 Henry Street					37		
Property Address							
Sarah Madison							
Owner's Name	and Madison are's Name herst Town  State  MA  O1002  O5.12.201 Date of Inspi  System Information  Description:  Number of current residents:  Does residence have a garbage grinder?  Is laundry on a separate sewage system? [if yes separate inspection required]  Laundry system inspected?  Seasonal use?  Water meter readings, if available (last 2 years usage (gpd)):  Detail:  Sump pump?  Last date of occupancy:  Commercial/Industrial Flow Conditions:  Type of Establishment:  Design flow (based on 310 CMR 15.203):  Gallons per day (gpd)  Gallons per day (gpd)						
Amherst City/Town	_						
	0.010	Zip occo	Date of Hop	Journ			
D. System information							
Description:							
							-
S	57						
Number of current residents:	*				1		
	_						
Does residence have a garbage grinder	r?				Yes	$\boxtimes$	No
Is laundry on a separate sewage system	n? [if <b>yes</b> sepa	rate inspectio	n required]		Yes	$\boxtimes$	No
Launday ayatam inanastad2					Yes		No
Laundry system inspected?					165		No
Seasonal use?					Yes	$\boxtimes$	No
Water meter readings, if available (last )	2 years usage	(apd)):					
25 E	e youre adage	(900)).					
Detail.							
				-201			
**************************************						-	
Sump pump?					Yes	$\boxtimes$	No
				cur	rent	<del></del>	
Last date of occupancy:				Date	1775/88/37/2017/		
Commercial/Industrial Flow Condition	ns:						
Type of Establishment							
Type of Establishment.							
Design flow (based on 310 CMR 15.203	3):	Gallons	per day (gpd)				
Pasis of design flow (contr/persons/og f	t oto):	277822407.03	, , , , , ,				
basis of design now (seats/persons/sq.n	i., eic. <i>)</i> .						
Grease trap present?					Yes		No
Industrial waste holding tank present?					Yes	П	No
madelial waste fiolding talk present?				اب	, 00		. 40
Non-sanitary waste discharged to the Ti	tle 5 system?			N	Yes		No
Water meter readings, if available:							



### Commonwealth of Massachusetts

167 Henry Street	et			
Property Address				
Sarah Madison Owner's Name				
Amherst		MA	01002	05.12.2010
City/Town		State	Zip Code	Date of Inspection
	Information (cont.)			
Last date of	occupancy/use:		Date	
Other (desc	ribe below):			
	Ge	neral Infor	mation	
Pumping Re	ecords:			
Source of inf	formation:	2+ yr	S	
Was system	pumped as part of the inspe			
If yes, volum	e pumped:	1500 gallons	3	
How was qua	antity pumped determined?	Volur		
Reason for p	oumping:	Inspe	ction	*
Type of Sys	tem:			
$\boxtimes$	Septic tank, distribution b	ox, soil abs	orption system	
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no	) (if yes, att	ach previous in	espection records, if any)
	Innovative/Alternative tec maintenance contract (to inspection of the I/A syste	be obtained	from system of	wner) and a copy of latest
	Tight tank. Attach a copy	of the DEP	approval.	1
	Other (describe):			



### Commonwealth of Massachusetts

67 Henry Street						
roperty Address						
arah Madison						
wner's Name						
mherst		MA	01002	05.12.		
ity/Town	100	State	Zip Code	Date of	Inspection	
	ormation (cont		known) and	source of inf	formation:	-
Were sewage or	dors detected when a	arriving at the site	?		☐ Yes	⊠ No
Building Sewer	(locate on site plan)	:				
Depth below gra	ide:			1.5' feet		
Material of const	truction:			27:33		
ast iron	☑ 40 PVC	other (ex	(plain):	, ,		
Distance from pr	ivate water supply w			-		
Diotarioe from pr	Trate trater supply tr	on or ododon mio	7	feet		
			,			
Septic Tank (loc	cate on site plan):					
Depth below grad	de:		_	22" feet		
Material of const	ruction:					
⊠ concrete	☐ metal	☐ fiberglass	s □ p	olyethylene	oth	er (explain
3.					r	
2						
If tank is metal, li	st age:		-			
	by a Certificate of Co	ompliance? (attac		rears f certificate)	☐ Ye	s 🗌 No
Dimensions:		* The state of the	1 2	10.5' x 5.5' >	_	
				6"		
Sludge depth:				-		



### Commonwealth of Massachusetts

107 Helliy Street					
Property Address					
Sarah Madison					
Owner's Name		140	04000	05 40 00	340
Amherst City/Town		MA State	01002 Zip Code	05.12.20 Date of Ins	
D. System Infor				200 01 111	
Distance from top of	of sludge to botto	m of outlet tee or	baffle -	36"	
Scum thickness				4"	a)
Distance from top of	of scum to top of	outlet tee or baffle		6"	
Distance from botto	om of scum to bo	ttom of outlet tee	or baffle	10"	
How were dimension	ons determined?			Meas.	TOTAL TAXABELL
Comments (on pun liquid levels as related tank was ok with go	ted to outlet inve	rt, evidence of lea	kage, etc.):	affle conditio	n, structural integrity,
		=			
Grease Trap (locate	e on site plan):	ū.			
Depth below grade:			f	eet	
Material of construc	tion:				
concrete	☐ metal	fiberglas	ss 🗆 p	olyethylene	other (explain):
Dimensions:			_		
Scum thickness			_		
Distance from top of	f scum to top of c	outlet tee or baffle	-		
Distance from botton	m of scum to bot	tom of outlet tee o	or baffle -		
Date of last pumping	<b>j</b> :		ī	Date	



### Commonwealth of Massachusetts

roperly Address arrah Madison were's Name mherst WityTown State Zip Code Date of Inspection  D. System Information (cont.)  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	167 Henry Street						The Carlotte
mherst MA 01002 05.12.2010  ItityTown State Zip Code Date of Inspection  D. System Information (cont.)  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	Property Address						
MA							
State   Zip Code   Date of Inspection			MA 01002	05.12	2010		
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							
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		ormation (con	t )		The state of the s		
Depth below grade:  Material of construction:    concrete	Comments (on p	pumping recommend	dations, inlet and	outlet tee or lakage, etc.):	baffle condi	tion, structu	ıral integrity
Depth below grade:  Material of construction:    concrete					***************************************		
Depth below grade:  Material of construction:    concrete							
Material of construction:    concrete	<del>.</del> .	*	e pumped at tim	e of inspection	n) (locate o	n site plan):	
□ concrete □ metal □ fiberglass □ polyethylene □ other (explain   Dimensions: □ gallons   Capacity: □ gallons   Design Flow: □ gallons per day   Alarm present: □ Yes □ No   Alarm level: □ Alarm in working order: □ Yes □ No   Date □ Date	Depth below gra	ide:					•
Dimensions:  Capacity:  gallons  Design Flow:  gallons per day  Alarm present:  Yes No  Alarm in working order: Yes No  Date of last pumping:	Material of const	truction:					
Capacity:  Design Flow:  Gallons  gallons per day  Alarm present:  Yes No  Alarm in working order: Yes No  Date of last pumping:	☐ concrete	☐ metal	☐ fibergla	iss 🗆 p	oolyethylene	e 🗌 oth	er (explain)
Capacity:  Design Flow:  Gallons  gallons per day  Alarm present:  Yes No  Alarm in working order: Yes No  Date of last pumping:	Dimensions						
Design Flow:    Gallons per day	Dimensions.					11-2	
Alarm present:    Yes   No     Alarm in working order:   Yes   No     Date of last pumping:   Date	Capacity:			gallons			7 Selv. A
Alarm level:  Alarm in working order:  Date of last pumping:  Alarm in working order:  Date	Design Flow:			gallons per day			Wagani ya
Date of last pumping:	Alarm present:			☐ Yes ☐	] No		
Date	Alarm level:	-		Alarm in workir	ng order:	☐ Yes	☐ No
Comments (condition of alarm and float switches, etc.):	Date of last pum	ping:		Date			
	Comments (cond	dition of alarm and fl	oat switches, etc	:.):			
	4						
·							
	2						
* Attach copy of current pumping contract (required). Is copy attached?  Yes No				•			



### Commonwealth of Massachusetts

roperty Address		Who are the second	
arah Madison			
wner's Name			
mherst	MA	01002	05.12.2010
ity/Town	State	Zip Code	Date of Inspection
<ol> <li>System Information (cont.</li> <li>Distribution Box (if present must be</li> </ol>		e on site plan):	
Depth of liquid level above outlet inve	ert	-	
Comments (note if box is level and di evidence of leakage into or out of box	istribution to out	lets equal, any	evidence of solids carryover, ar
		10.5	
	-		
Pump Chamber (locate on site plan)	:		
Pumps in working order:			☐ Yes ☐ No
Alarms in working order:			☐ Yes ☐ No
Comments (note condition of pump of	hamber, condition	on of pumps an	nd appurtenances, etc.):
·			
Soil Absorption System (SAS) (local	te on site plan,	excavation not	required):
If SAS not located, explain why:			



### Commonwealth of Massachusetts

167 Henry Stre	et				* *
Property Address Sarah Madison					
Owner's Name					K.
Amherst		MA	01002	05.12.201	0
City/Town		State	Zip Code	Date of Inspe	ection
D. System	Information (cont.)				
Type:				В	
$\boxtimes$	leaching pits		number.		1 @ 10' x 5 ' deep. 38" down
	leaching chambers		number:		-
	leaching galleries		number:		-
	leaching trenches		number, I	ength:	
	leaching fields		number, o	dimensions:	-
	overflow cesspool		number:		
	innovative/alternative sys	stem			
	Type/name of technology	<i>/</i> :			
1" liquid, 24 tank.	-28" of headspace from liqui	d to invert, I.	tank had no hig	h liquid staini	ng on stone and
-					11 A
<del> </del>					
Cesspools	(cesspool must be pumped	as part of ins	pection) (locate	on site plan):	
Number and	I configuration			X(1)	
Depth - top	of liquid to inlet invert				
Depth of sol	ids layer				
Depth of scu	ım layer			-	
Dimensions	of cesspool				
Materials of	construction				
Indication of	groundwater inflow			Yes	□ No



### Commonwealth of Massachusetts

rty Address h Madison c's Name erst bown  System Information (cont.)  Comments (note condition of soil, signs tc.):	MA State	01002 Zip Code	05.12.2010 Date of Inspection	1
r's Name erst bystem Information (cont.) Comments (note condition of soil, signs	State			
Bystem Information (cont.) Comments (note condition of soil, signs	State			
System Information (cont.) Comments (note condition of soil, signs	State			
System Information (cont.) Comments (note condition of soil, signs		Zip Code	Date of Inspection	
Comments (note condition of soil, signs	of hydraulic			
	of hydraulic			
	o, ilyaraano	failure, level of	ponding, condition of veg	jetation
rivy (locate on site plan):				
laterials of construction:				
imensions	1		0.00	<u> </u>
epth of solids	(2)			
omments (note condition of soil, signs tc.):	of hydraulic f	ailure, level of	conding, condition of veg	etation
<del></del>	-		<del></del>	



### Commonwealth of Massachusetts

wner's Name				
mherst	MA	01002	05.12.2010	
ity/Town	State	Zip Code	Date of Inspection	
Sketch Of Sewage Disposal System: P at least two permanent reference landn where public water supply enters the bu	narks or benc	hmarks. Locate	all wells within 100	
☐ hand-sketch in the area below ☐ drawing attached separately	- to in part			
SE	E AT	TACHES	>	
			D. w	
74				*
	*			
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### Commonwealth of Massachusetts

## Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Str			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Property Address				
Sarah Madiso Owner's Name	IL			
Amherst		MA	01002	05.12.2010
City/Town	200/Exercises	State	Zip Code	Date of Inspection
-	n Information (cont.)			
Site Exam	1.			
	Slope			
Surfac	ce water			
	cellar			
☐ Shallo	w wells			
Estimated	depth to high ground water:		8 ft. feet	
Please ind	icate all methods used to deterr	mine the hig	h ground wate	er elevation:
	Obtained from system design	plans on re	cord	
	If checked, date of design plan	n reviewed:	Date	
	Observed site (abutting proper	rty/observa	tion hole within	150 feet of SAS)
$\boxtimes$	Checked with local Board of H	lealth - exp	lain:	
	Next door lot			
	Checked with local excavators	s, installers	- (attach docur	nentation)
	Accessed USGS database - e.	xplain:		
	describe how you established the			
	and the second s			According to Manager Annual Ac

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



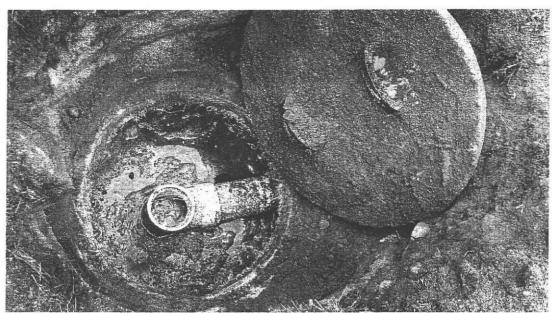
#### Commonwealth of Massachusetts

## Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry Street				
Property Address	2 1			
Sarah Madison				
Owner's Name				
Amherst	MA	01002	05.12.2010	
City/Town	State	Zip Code	Date of Inspection	

### E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



Inlet Tee 167 Henry Street Amherst, MA 05.12.2010



Leaching Tank 167 Henry Street Amherst, MA 05.12.2010

Henry St. Expense

Karls Site Work 327 River Drive Hadley,MA 01035-

Phone: (413)-549-5396 Fax: (413)-549-6115

Customer: MADSAR

SARAH MADISON

167 HENRY STREET

**AMHERST** 

MA 01002

STATEMENT

As Of: 7/1/10

Page: 1

Invoice Date Invoice No

Description

**Amount Due** 

6/3/2010

8177

11310 - Madison/T5/167Henry/Amherst

\$654.38

poher 185

\$0.00

	The second secon		1.0				
-							
					9		
				( <b>*</b> )			
			*				
			4				
					*		
			- A				

### Cold Spring Environmental, Inc

350 Dld Enfield Road Belehertown, MA-01007

Phone #: (413) 323-5957 Fax #: (413) 323-4916 email: Aeweiss@charter.net

### Invoice:

Date	Invoice #
5/13/2010	110-3373

Bill To:	
Sarah Madison	
167 Henry Street	
Amherst, MA 01002	

Site Location:			

Payment Terms:	Project #:
Due on Recipt	

Description	Rate	Amount
Inspect Septic System, Measure Levels and Locations & File a Report.	295.00	295.00
A W S		
	Inspect Septic System, Measure Levels and Locations & File a Report.	Inspect Septic System, Measure Levels and Locations & File a 295.00 Report.

Phone #		Fax#	
	413-323-5957	413-323-4916	

**Total Due:** 

<u>\$295.00</u>

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<i>a</i>	
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#### Commonwealth of Massachusetts

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

COP 167 Henry Street Property Address Sarah Madison Owner's Name Amherst MA 01002 05.12.2010 City/Town State Zip Code Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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



key.



A.	General	Informa	tion

#### 1. Inspector: Alan E Weiss Name of Inspector Cold Spring Environmental Consultants Inc. Company Name 350 Old Enfield Road Company Address Belchertown 01007 MA City/Town State Zip Code 413.323.5957 RS 933 Telephone Number License Number

#### B. Certification

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	
AP,	05.12.2010	
Inspector's Signature	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

	7 Henry Street			
Prop	perty Address			
_	rah Madison			
	ner's Name			
	herst	MA	01002	05.12.2010
	Town	State	Zip Code	Date of Inspection
В.	Certification (cont.) Inspection Summary: Check A,B,C,D	or E / always	complete all of	Section D
A)	System Passes:			
	I have not found any information v in 310 CMR 15.303 or in 310 CMI indicated below.			
	Comments:			
	System was found to pass, Septic tan was found in good conditon with 1" postaining, (Tank was pumped).			
B)	System Conditionally Passes:			
	One or more system components replaced or repaired. The system the Board of Health, will pass.			
	Check the box for "yes", "no" or "not d determined," please explain.	letermined" (Y,	N, ND) for the	following statements. If "not
	The septic tank is metal and over 20 y structurally unsound, exhibits substantial pass inspection if the existing tank Board of Health.	itial infiltration o	or exfiltration or	tank failure is imminent. System
	* A metal septic tank will pass inspect Compliance indicating that the tank is			
	□ Y □ N □ ND (I	Explain below):		

		,



#### Commonwealth of Massachusetts

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

roperty Address				
arah Madison	1			
wner's Name				
Amherst		010	002	05.12.2010
ity/Town	Stat	ie Zip	Code	Date of Inspection
Observato brok	m Conditionally Passes (cont.):  vation of sewage backup or break out ten or obstructed pipe(s) or due to a b aspection if (with approval of Board of	roken, settl		
	broken pipe(s) are replaced	□ Y	□ N	□ ND (Explain below):
	obstruction is removed			
	obstruction is removed	□ Y	$\square$ N	☐ ND (Explain below):

	stem required pumping more than 4 time will pass inspection if (with approval of t			
	broken pipe(s) are replaced	□ Y	$\square$ N	□ ND (Explain below):

### C) Further Evaluation is Required by the Board of Health:

obstruction is removed

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

Y N ND (Explain below):

	~	



### Commonwealth of Massachusetts

167	Henry Str	eet				
Prop	erty Address					
Sar	ah Madiso	n		.,		
Owr	ner's Name					
	herst			MA	01002	05.12.2010
City	Town			State	Zip Code	Date of Inspection
	2. Sy detern safety 100 fe supply supply The sy more Method  ** This sys bacteria in	stem will mines tha y and env The system of a su The systy The systy y well. y stem has from a pri od used to stem pass ndicates a 5 ppm, pr	fail unless the Boars at the system is fundation from the system is fundation from the stem has a septic tank at the septic tan	rd of Health ctioning in a  k and soil ab rtributary to a k and SAS a k and SAS a AS and the S II**. Measured malysis, perfecce of ammo	(and Public Variant P	Vater Supplier, if any) protects the public health, m (SAS) and the SAS is within
	-					
D)			iteria Applicable to a	-		<u>∥</u> inspections:
	Yes	No				
		$\boxtimes$	Backup of sewage clogged SAS or ce		or system com	ponent due to overloaded or
		$\boxtimes$		ing of effluer		e of the ground or surface waters spool
		$\boxtimes$	Static liquid level in or clogged SAS or		tion box above	outlet invert due to an overloaded
		$\boxtimes$	Liquid depth in ces	sspool is less	than 6" below	invert or available volume is less

		٠.,



### Commonwealth of Massachusetts

167 Henry Street

regional office of the Department.

### **Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	perty Address					
-	rah Madisor	1				
	ner's Name herst			MA	01002	05 12 2010
-	/Town			State	Zip Code	05.12.2010 Date of Inspection
B.	Certific	ation	(cont.)			200 26 years # 61 80 25 1
	V					
	Yes	No				
		$\boxtimes$	Required pumping a obstructed pipe(s).			st year <i>NOT</i> due to clogged or
		$\boxtimes$	Any portion of the S	SAS, cesspo	ool or privy is be	elow high ground water elevation.
		$\boxtimes$	Any portion of cess tributary to a surface			eet of a surface water supply or
		$\boxtimes$	Any portion of a ces	sspool or pr	ivy is within a Z	one 1 of a public well.
		$\boxtimes$	Any portion of a ces	sspool or pr	ivy is within 50	feet of a private water supply well
			from a private wate system passes if t laboratory, for fec of ammonia nitrog	r supply we the well wa al coliform jen and nitother failure	II with no accepter analysis, posteria indicate nitrogen in criteria are to	100 feet but greater than 50 feet btable water quality analysis. [This erformed at a DEP certified ates absent and the presence s equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		$\boxtimes$	The system is a ces	sspool servi	ng a facility wit	h a design flow of 2000gpd-
			The system fails. I criteria exist as des	cribed in 31 Ild contact t	0 CMR 15.303 he Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be
E)			o be considered a la 000 gpd to 15,000 gp		n the system n	nust serve a facility with a
	For large s			er "yes" or '	'no" to each of	the following, in addition to the
	Yes	No				
			the system is within	400 feet of	f a surface drin	king water supply
			the system is within	200 feet of	f a tributary to a	surface drinking water supply
			the system is locate Area – IWPA) or a i			rea (Interim Wellhead Protection water supply well
	or answere system co	ed "yes" i nsidered	n Section D above the a significant threat un	e large syste der Section	em has failed. T E or failed und	is considered a significant threat, The owner or operator of any large ler Section D shall upgrade the ould contact the appropriate

			•
			•



#### Commonwealth of Massachusetts

### **Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	Henry St								
27 124 31 104	rty Addres								
-	h Madis	on							
	r's Name								
Amh				MA	01002	05.12.2010			
City/T				State	Zip Code	Date of Inspection			
C. (	Check	dist							
(	Check if	the following	ng have been done. Yo	u <b>must</b> ind	licate "yes" or "i	no" as to each of the	e following:		
	Yes	No							
	$\boxtimes$		Pumping information v	was provide	ed by the owne	r, occupant, or Boar	rd of Health		
		$\boxtimes$	Were any of the syste	m compon	ents pumped o	ut in the previous tw	vo weeks?		
	$\boxtimes$		Has the system receiv	ed normal	flows in the pre	evious two week per	riod?		
		$\boxtimes$	Have large volumes of this inspection?	f water bee	en introduced to	the system recentl	y or as part of		
	$\boxtimes$		Were as built plans of the system obtained and examined? (If they were not available note as N/A)						
	$\boxtimes$		Was the facility or dwelling inspected for signs of sewage back up?						
	$\boxtimes$	☐ Was the site inspected for signs of break out?							
	$\boxtimes$		Were all system comp	onents, ex	cluding the SA	S, located on site?			
	$\boxtimes$		Were the septic tank r inspected for the cond dimensions, depth of	dition of the	baffles or tees	, material of constru			
	$\boxtimes$		Was the facility owner (and occupants if different from owner) provided with						
	$\boxtimes$		Existing information. F	or exampl	e, a plan at the	Board of Health.			
	$\boxtimes$		Determined in the field approximation of dista				is at issue		
<u>D</u>	Synta	m Info	mation						
	-		mation						
	Residen	tial Flow	Conditions:				4		
	Number	of bedroor	ms (design): $\frac{4}{}$		Number of bed	Irooms (actual):	4		
	DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms):								

		*



### **Commonwealth of Massachusetts**

167 Henry Street Property Address					
Sarah Madison					
Owner's Name					
Amherst	MA	01002	05.12.201		
City/Town	State	Zip Code	Date of Inspe	ection	
D. System Information					
Description:					
				8	
Number of current residents:				1	
Does residence have a garbage grinder	?			☐ Yes ⊠	No
Is laundry on a separate sewage system	n? [if <b>yes</b> sepa	rate inspection	n required]	☐ Yes ⊠	No
Laundry system inspected?				☐ Yes ⊠	No
Seasonal use?				☐ Yes 🏻	No
Water meter readings, if available (last : Detail:	2 years usage	(gpd)):		: <del></del>	
Sump pump?				☐ Yes ⊠	No
Last date of occupancy:				current Date	
Commercial/Industrial Flow Condition	ns:				
Type of Establishment:		-			
Design flow (based on 310 CMR 15.20)	3):	Gallons	per day (gpd)		
Basis of design flow (seats/persons/sq.	ft., etc.):				
Grease trap present?				☐ Yes ☐	No
Industrial waste holding tank present?				☐ Yes ☐	No
Non-sanitary waste discharged to the T	itle 5 system?			☐ Yes ☐	No
Water meter readings, if available:		-			

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		×	



### Commonwealth of Massachusetts

167 Henry Street			110000000000000000000000000000000000000			
Property Address						
Sarah Madison Owner's Name	7.					
Amherst		MA	01002	05.12.2010		
City/Town		State	Zip Code	Date of Inspection		
D. System Ir	nformation (cont.)					
	man to the terror and the					
Last date of o	ccupancy/use:		Date			
Other (describ	pe below):					
		neral Infor	mation			
Pumping Red	cords:					
Source of info	rmation:	2+ yr	S			
Was system p	numped as part of the inspec			⊠ Yes □ No		
If yes, volume	pumped:	1500 gallon				
How was qua	ntity pumped determined?		Volume			
Reason for pu	umping:	Inspe	ection			
Type of Syst	em:					
	Septic tank, distribution be	ox, soil abs	sorption system	1		
	Single cesspool					
	Overflow cesspool					
	Privy					
	Shared system (yes or no	) (if yes, a	ttach previous i	nspection records, if any)		
	maintenance contract (to	Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract				
	Tight tank. Attach a copy	of the DEF	approval.			
	Other (describe):					

	*)



### Commonwealth of Massachusetts

167 Henry Street Property Address				¥	
Sarah Madison					
Owner's Name					
Amherst		MA	01002	05.12.20	10
City/Town		State	Zip Code	Date of Ins	
	ormation (cont.)		known) and so	ource of infor	mation:
Were sewage or	dors detected when a	rriving at the site	e?	[	☐ Yes ⊠ No
Building Sewer	(locate on site plan):				
Depth below gra	de:		1.		
Material of const	truction:				
ast iron	⊠ 40 PVC	other (e	xplain): —		
Distance from pr	ivate water supply we	ell or suction line	e: <u>-</u>	et	
Comments (on c	condition of joints, ver	iting, evidence o	of leakage, etc	.):	
Confin Total (In					
	cate on site plan):		22	)II	
Depth below gra	de:		fee		
Material of const	truction:				
□ concrete	☐ metal	fiberglas	ss  pol	yethylene	other (explain)
					-1
If tank is metal, I	ist age:		ye	ars	
Is age confirmed	by a Certificate of C	ompliance? (atta	ach a copy of	certificate)	☐ Yes ☐ No
Dimensions:				10.5' x 5.5' x	4.0'
Sludge depth:			_6	6"	

		* .



### Commonwealth of Massachusetts

167 Henry Street					
Property Address					
Sarah Madison					
Owner's Name					
Amherst		MA	01002	05.12.201	
City/Town		State	Zip Code	Date of Insp	pection
D. System Inform  Septic Tank (cont.)  Distance from top of a Scum thickness  Distance from top of a Distance from bottom  How were dimension  Comments (on pump liquid levels as relate	sludge to bottom scum to top of on of scum to bottom s determined?	n of outlet tee or outlet tee or baffle com of outlet tee ations, inlet and	e or baffle outlet tee o		n, structural integrity,
Grease Trap (locate	on site plan):				
Depth below grade:				feet	
Material of constructi	ion:				
concrete	☐ metal	☐ fibergla	ss [	] polyethylene	other (explain):
Dimensions:					
Scum thickness					
Distance from top of	scum to top of o	outlet tee or baffl	е	***************************************	
Distance from botton	n of scum to bot	tom of outlet tee	or baffle		
Date of last pumping	i.			Date	



### Commonwealth of Massachusetts

7 Henry Street					
operty Address					
arah Madison					
vner's Name	/ <b>PATTER 7</b> (C)				
mherst	MA	01002	05.12.2		
y/Town	State	Zip Code	Date of Ir	rspection	
Comments (on pumping recommend liquid levels as related to outlet inver	dations, inlet and		affle condition	on, structui	ral integrity
Tight or Holding Tank (tank must b	pe pumped at tim	e of inspection	n) (locate on	site plan):	
Depth below grade:		5	·		
Material of construction:					
☐ concrete ☐ metal	☐ fibergla	ass p	oolyethylene	oth	er (explain
Dimensions:					
Capacity:		gallons			
Design Flow:		gallons per day			
Alarm present:		☐ Yes ☐	No		
Alarm level:	A	Alarm in working	ng order:	☐ Yes	☐ No
Date of last pumping:		Date			
Comments (condition of alarm and f	loat switches, et	c.):			
		700		*	
* Attach copy of current pumping co	ntract (required)	. Is copy attach	ned?	☐ Yes	☐ No

			٠.



#### Commonwealth of Massachusetts

7 Henry Street			
pperty Address			
arah Madison			
vner's Name	¥14.2		
nherst	_ MA	01002	05.12.2010
y/Town	State	Zip Code	Date of Inspection
Distribution Box (if present must be o	ppened) (locate	e on site plan):	
Depth of liquid level above outlet invert	t		
Comments (note if box is level and disterior evidence of leakage into or out of box,		lets equal, any	evidence of solids carryover, a
			=
Pump Chamber (locate on site plan):			
Pumps in working order:			☐ Yes ☐ No
Alarms in working order:			☐ Yes ☐ No
Comments (note condition of pump ch	amber, condit	on of pumps a	nd appurtenances, etc.):
Soil Absorption System (SAS) (locate	te on site plan	excavation no	t required):
If SAS not located, explain why:			

	1



### Commonwealth of Massachusetts

167 Henry Street

Property Address					
Sarah Madison Owner's Name					
Amherst		MA	01002	05.12.2010	)
City/Town		State	Zip Code	Date of Inspe	
D. System	Information (cont.)				
Type:					
$\boxtimes$	leaching pits		number:		1 @ 10' x 5 ' deep. 38" down
	leaching chambers		number:		School
	leaching galleries		number:		39-1
	leaching trenches		number,	length:	15-
	leaching fields		number,	dimensions:	
	overflow cesspool		number:		J
	innovative/alternative sys	tem			
	Type/name of technology	·			1
vegetation, 1" liquid, 24 tank.	-28" of headspace from liquid	d to invert, I.	tank had no hi	gh liquid stainir	ng on stone and
	(cesspool must be pumped a	as part of ins	spection) (locat	e on site plan):	
	d configuration				
Depth – top	of liquid to inlet invert				
Depth of so	lids layer				
Depth of sc	um layer				
Dimensions	of cesspool				
Materials of	construction			-	
Indication o	f groundwater inflow			☐ Yes	☐ No

		٠.
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### Commonwealth of Massachusetts

7 Henry Street			
operty Address			
arah Madison			
vner's Name			
mherst	MA	01002	05.12.2010
y/Town	State	Zip Code	Date of Inspection
System Information (cont.)     Comments (note condition of soil, sign etc.):		failure, level of	ponding, condition of vegetation,
Privy (locate on site plan):			
Materials of construction:	-		
Dimensions	<del></del>		
Depth of solids			
Comments (note condition of soil, sign etc.):	s of hydraulic	failure, level of	ponding, condition of vegetation



### Commonwealth of Massachusetts

167 Henry Street			
Property Address			, , , , , , , , , , , , , , , , , , ,
Sarah Madison			
Owner's Name			
Amherst	MA	01002	05.12.2010
City/Town	State	Zip Code	Date of Inspection
D. System Information (cont.)			
Sketch Of Sewage Disposal System: Pro at least two permanent reference landma where public water supply enters the buil	arks or bencl	nmarks. Locate	all wells within 100 feet. Locate
<ul><li>☐ hand-sketch in the area below</li><li>☐ drawing attached separately</li></ul>			
		***************************************	



#### Commonwealth of Massachusetts

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

167 Henry St Property Addres				
Sarah Madiso				
Owner's Name		90.000		
Amherst City/Town		MA State	01002 Zip Code	05.12.2010 Date of Inspection
	m Information (cont.)	Otate	2.10 0000	Date of mapastion
o, cyclo.	in internation (cont.)			
Site Exa	m:			
○ Checo     ○	ck Slope			
Surfa	ace water			
□ Chec     □	ck cellar			
☐ Shall	ow wells			
Estimate	d depth to high ground water:		8 ft. feet	
Please in	ndicate all methods used to de	etermine the hi	gh ground wate	er elevation:
	Obtained from system des	sign plans on re	ecord	
	If checked, date of design	plan reviewed	. Date	
	Observed site (abutting pr	operty/observa	ation hole withi	n 150 feet of SAS)
$\boxtimes$	Checked with local Board	of Health - exp	olain:	
	Next door lot			
	Checked with local excava	ators, installers	s - (attach docu	imentation)
	Accessed USGS database	e - explain:		
	st describe how you establish area, discussions with Health			
-				

Before filing this Inspection Report, please see Report Completeness Checklist on next page.

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### Commonwealth of Massachusetts

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection	
Amherst	MA	01002	05.12.2010	
Owner's Name				
Sarah Madison				
Property Address				
167 Henry Street				

### E. Report Completeness Checklist

- System Information Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

		*

189.50

INDENTIFY LOCATION OF PUBLIC WATER SUPPLY LINE AND RELOCATE AS NECESSARY TO ACHIEVE A 10 FT. .. SEPARATION FROM TANK. DALUEWAY

10'+

TBM: 100.00 ELEVATION ASSUMED LEFT FRONT CORNER CONCRETE FRONT PORCH.

200,36

HOUSE #167 98.36

TIE#1

\$1.98.47

REPLACE EXISTI TANK IN PLACE W 1500 GAL

PRECAST SEP

167 HENRY.

**PLANVIEW** SCALE: 1" 20"

AS-BUI

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Outlet Tee 167 Henry Street Amherst, MA 05.12.2010

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Inlet Tee 167 Henry Street Amherst, MA 05.12.2010

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# 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

Demorty Address: 167 Henry Kt
Property Address: 167 New Clova
Owner's Name: Sarch Madison
Owner 91 and
Owner's Address: (Mana)
Data of Inspection: 12/16/03
Date of the beautiful
Cary Bissell
Name of Inspector: (please print) Pamela / Cary Bissell
Nome Alli unit and
Mailing Address: 51 Laurel St. Holyoke< Ma. 01040
HDIVUNG TITAL TO THE PARTY OF T
Telephone Number: 413-532-8600
Telephone Number: 413-532-5000 CERTIFICATION STATEMENT CERTIFICATION STATEMENT I certify that I have personally inspected the sewage disposal system at this address and that the information reported I certify that I have personally inspected the sewage disposal system at this address and that the information reported I certify that I have personally inspected the sewage disposal system. The inspection was performed based on my
CERTIFICATION STATES And the inspected the sewage disposal system at this address and that the intermitted on my like that I have personally inspected the sewage disposal system. I am a DEP below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my below is true, accurate and complete as of the time of the inspection.
l certify that I have personally inspected in the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed based on the below is true, accurate and complete as of the time of the inspection. The inspection was performed by the below is true, accurate and the below is true, accurate and the below is true.
training and experience in the proper function and the 340 of Title 5 (310 CMR 15.000). The system:
below is true, accurate and complete as of maintenance of on site sewage disposal systems. I am training and experience in the proper function and maintenance of on site sewage disposal systems. The training and experience in the proper function and maintenance of on site sewage disposal systems. The training and experience in the proper function and maintenance of on site sewage disposal systems. The training and experience in the proper function and maintenance of on site sewage disposal systems. The training and experience in the proper function and maintenance of on site sewage disposal systems. The training and experience in the proper function and maintenance of on site sewage disposal systems.
Passes
Conditionally Passes  Needs Further Evaluation by the Local Approving Authority
Needs Further Evaluation of
Fails
Date: 12/10/03
1 arnelle
Inspector's Signature:    Annual Composition   Annu
The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Heath) of The system inspector shall submit a copy of this inspection. If the system is a shared system or has a design flow of 10,000 DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of the DEP) within 30 days of completing this inspector and the system owner shall submit the report to the appropriate regional office of the
The system inspector shall submit a copy of the system is a shared system of has a designal office of the
DEP) within 30 days of complete owner shall stiomit the report to the superoving
and or greater, the inspector and the system owner and copies sent to the buyer, it approaches
DEP. The original should be sent to the system
authority. Sistem was conditional part as placed
the been replaced
gpd or greater, the inspector and the system owner and copies sent to the buyer, it applicates, and DEP. The original should be sent to the system owner and copies sent to the buyer, it applicates, and on the system was conditional part of and on replaced.  Notes and Comments failers fare new in To complease at that
To compliance
Dybler row 12 0
****This report only describes conditions at the time of inspection and under the conditions of use at that
***This report only describes conditions at the time of inspection and under the conditions of different
***This report only describes the system will perform in the system

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

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UNIVERSITY of MASSACHUSETTS 504 Goodell Building 140 Hicks Way Amberst, MA 01003-9272

COMMONWEALTH COLLEGE
Office of the Dean
voice: 413.545.2483
fax: 413.545.4469
e-mail: contcol@comcol.umass.edu

Facsimile Transmittal Coversheet
To: Affordable 105pections Fax: 532-3767,
From: SARAH MADISON DAG: 12/15/03
(413) 545-4469 Pages: 4 plus Cover Page
Phone: (413) 545-3527 (world-UMass)
5 Septic Tank Replacement + Approval
Cl Urgent

Here's the paperwork showing replacement of septic tank for Sarah Madison 167 Henry St.

Amherst, MA. 01002

This is the information you required in order to "pass" my septic system inspection.

Thanks guys! Merry Christmas!!!

Farah

	2	1

Nor 03-16

THE COMMONWEALTH OF MASSACHUSETTS

## BOARD OF HEALTH

Town of Amherit

Ch # 4035

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair ( Upgrade ( )	Abandon ( ) - [ Complete System
167 Henry St.	Sarah Madison
Location	167 Henry St., Amherst. MA
Map/Percel #	(413)549-4027 Address 01002
Karl's Site Work, Inc	Richard Costa Pt Telephone & Robert Stover
River Dr., Hadley, MA 01035	P.O. Box 3312, Amherst, MA 01004-
(413) 549 5 396	(413) Z56-340 3312
Telephone #	Telephone #
Type of Building: Single Family house  Dwelling — No. of Bedrooms 4  Other — Type of BuildingNo. of  Other fixtures	Lot SizeSq. feet Garbage Grinder (no) persons Showers ( ), Cafeteria ( )
Design Flow (min., required) 440 gpd Calculated de	esign flowgpd Design flow providedgpd
Plan: Date Number of sheets	ante Replacement"
111111	)
Description of Soil(s) Herebeat Not a Soil Evaluator Form No. Name of Soil Evaluator	or Date of Evaluation
DESCRIPTION OF REPAIRS OR ALTERATIONS	
substantial expiltration f	rom existing temps
Inspections	Date
FORM 1 - APPLICATION FOR DSCP DEP APP	PROVED FORM 5/96
Amherst B CERTIFICATE O	OF MASSACHUSETTS  OARD OF HEALTH  FCOMPLIANCE  Richard E Cost
Description of Work: Individual Component(s)	Complete System
The undersigned hereby certify that the Sewage Disposal System	; Constructed ( ), Repaired (X), Opprage (5), Programme (1)
by: Sarah Madison	SOMAL TELY 9/11/03
at 167 Henry 54,	CMR 15.00 (Title 5) and the approved design plans/as-built
plans relating to application No. 05-16 dated	. Approved Design Flow(gpu)
Installer Walter Casto for KA	als
Designer: Lovert offore 10/7/03 Inspector	warantee that the system will function as designed.
The issuance of this certificate shall not be construed as a g FORM 3 - CERTIFICATE OF COMPLIANCE D	EP APPROVED FORM 5/96

		T

No. 03-16

#### THE COMMONWEALTH OF MASSACHUSETTS

FEE /00

Amherst B

BOARD OF HEALTH

# DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Constru	uct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage
disposal system at   6 / Flent	1
in the application for Disposal System Const	within three years of the date of this permit. All local conditions must be met.
Provided: Construction shall be completed	Board of Health Jaco Jaco Por Journal
Date	
FORM =	54
FORM 1255 (REV 5/96) H&W Hoses &	Narren™ PUBLISHERS - BOSTON

		t n	

KARL'S SITE WORK, INC. 327 RIVER DRIVE HADLEY, MA 01035 (413) 549-5396

10/07/2003	NUMBER		
10/07/2003	0000030819		

Page: 1

Invoice

PLEASE PAY FROM THIS INVOICE

STATEMENTS WILL NOT BE MAILED.

SARAH MADISON 167 HENRY STREET

AMHERST, MA 01002-

TERMS: 30 DAYS, 1-1/2% OVER 30 DAYS.

	Quantity	2.20.25	eye.
REPLACE SEPTIC TANK	1.0000	2,800.0000 Tax:	2,800.00 0.00
RAKE& SEED	1.0000	445.0000 Tax:	445.00 0.00

10/0/03 men 1058

Invoice Totals

3,245.00 Gross

0.00 Tax

3,245.00 Invoice Totals

WHEN REMITTING PLEASE INCLUDE INVOICE NUMBER ON CHECK.

PLEASE ORDER FROM MoBBE REORDER EXPRESS 1 800 862-238

V.	•	

#### TOWN OF AMHERST **HEALTH PERMITS/INSPECTION SERVICES**

For Prope	arty Located at: 59 ml		same	
	. Street Address		Owner	
HUEA009	Bakery R6510 443508	HEA015	Sanitary Code Booklets R6510 432305	
HEA001	Bed & Breakfast	HEA016	Septic Tank Permit-Installers R6510 443511	1
HEA002	Catering License	HEA017	Septic Tank Permit-Private	O 100.00
HEA003	Food Handler	HEA018	Septic Tank Reinspection Fee	
HEA004	Frozen Deserts	HEA019 R6510 4323	Sub-Division Review Fee	•
HEA005	Health Dept. Housing Isp.	HEA012 R6510 4435	Swimming Pool Permits	
HUEA006	Massage Therapy License	HEA020	Tanning License	
HEA007	Milk & Cream License	HEA024	Funeral Director License R610 443302	BLASHING TO THE STREET
HEA008	Motel License R6310 443306	HEA034	Immunization Clinic R6510 432307	
HEA010	Removal of Offal	HEA030	Car Setits 8407 258004	
HEA021	Removal of Rubbish	HEA026	Smoking & Tobacco Reg. Violati	ons
HEA011	Percolation Test Fees	HEA023	TB Clinic R6510 43:2303	
HEA013	Recreation Camp License	HEA022	Tobacco License R6510 441505	
HEA014	Retail Store Permit	HEA		
		HEA	8 8	Water to the same of the same
				.,
		# 100		

827/027/VS TATE ON OF AMERICAN

Date

17:144

MISC CASH RECEIPTS

Date / Time

r 09/24/03 E5:47

Payment

c \$100.00

Receipt #

1 33.707

Chack/Conditions B 2586/096035

Heart Department

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

SYSTEM INFORMATION (continued)

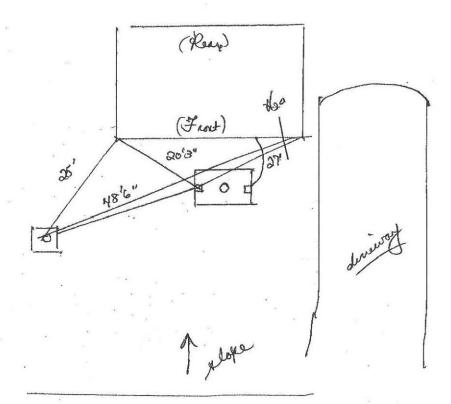
Property Address:

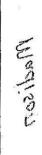
167 Henry It

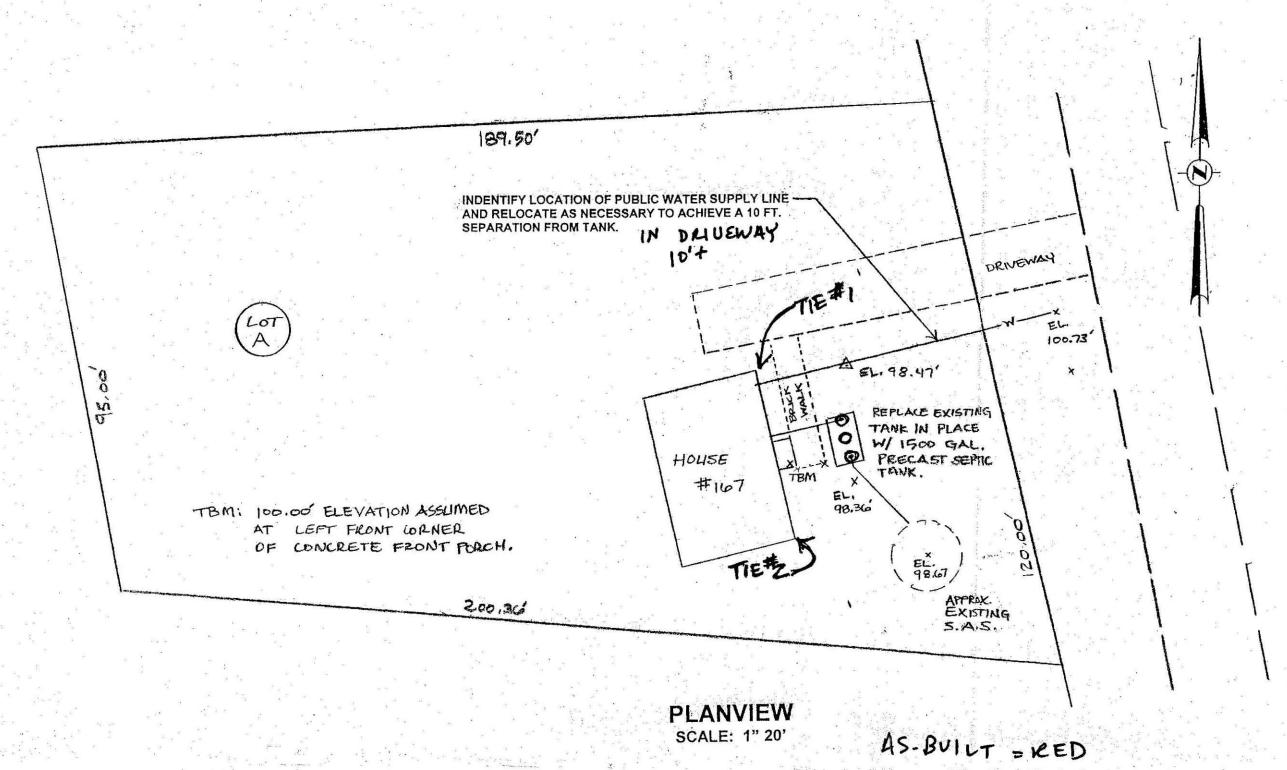
Owner: Madis

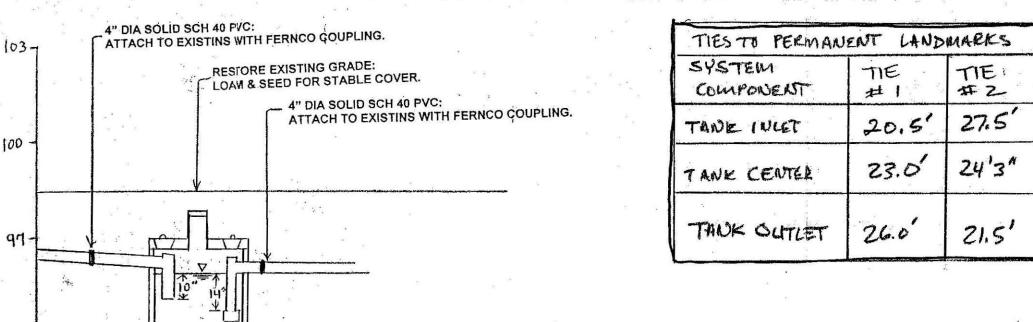
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SKETCH OF SEWAGE DISPOSAL SYSTEM
Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.









REPLACEMENT 1500 GAL, PRECAST SEPTIC TANK.

AT THE TANK OUTLET.

6" CRUSHED STONE TO CREATE A STABLE, LEVEL BASE.

0+40

0+20

PROFILE OF SEPTIC TANK

SCALE: H: 1" = 10' V: 1" = 3'

0400

TO EXTEND 6" ABOVE THE FLOWLINE WITH A 3" AIR SPACE BETWEEN TOPS OF TEES AND THE INSIDE OF THE TANK COVER. EXTEND INLET PIPE TO CENTERLINE OF TANK. INSTALL AT LEAST

ONE ACCESS RISER TO WITHIN 6" OF FIN. GRADE & A GAS BAFFLE

RREQUIRED TANK CAPACITY

Required: For a single family dwelling unit, a minimum effective liquid capacity of 200% of the design flow or a minimum hydraulic detention flow of 48 hours, whichever is greater, shall be required. In no case shall the effective liquid capacity of the tank be less than 1500 gallons.

Facility to be served: A single family house with four bedrooms and no garbage grinder.

Required design flow: 4 bedrooms X 110 gpd/bedroom = 440 gpd. 200% of 440 gpd = 880 gal.

Proposed: 1500 gal precast septic tank.



PROJECT LOCATION

### USGS WILLIAMSBURG, MASS. QUADRANGLE SCALE: 1:25,000

#### GENERAL CONDITIONS

This system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.

The installer shall notify the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.

3. All debris in the site area shall be removed and disposed of in accordance with the law.

DATE: 9/11/03

4. There is no guarantee expresised of implied to any user of this a system installed pursuant to this plan.

5. The installed the life t

 The installer shall notify the designer and the Board of Health when the installation is complete and prior to placement of the cover material for final inspection. Notification shall be 48 hours prior to the time of inspection.

6. The septic tank shall be shall be pumped and inspected as necessary and at least once every 3 years.

#### CONSTRUCTION NOTES

- Install 4" dia. Solid SCH 40 PWC tees at the septic inlet and outlet. Tees shall extend 6" above the flowline with a 3" air space between the tops of the tees and the inside of the tank cover. Install at least one access riser to within 6" of the finished grade and a gas baffle at the tank outlet.
- 2. The existing septic tank shall be disposed of in accordance with the requirements of the Board of health.

AS-BUILT

# PLAN OF SEPTIC TANK REPLACEMENT 167 HENRY STREET, AMHERST, MASS.

SARAH MADISON
167 HENRY STREET, AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY DRAWN BY RWS

AMHERST CIVIL ENGINEERING RICHARD COSTA, P.E. / ROBERT STOVER

P.O. BOX 3312, AMHERST, MA 01004-3312 (413)256-3400 DRAWING NUMBER

RETTE PRO-FORM 920PF PRINTED