197 HENRY STREET Lot D 85-12
Pending

No. 99-23

NOT PD AS OF 12-31-99

FEE 60 oc

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	197 Henry St.	Owner's Name	CAROL STEEL
Map/Parcel#		Address	c/o AH. MEG ZIONOK.
Lot#		Telephone#	259-0041
* Installer's Name	KARL'S SITEWORK	Designer's Name	Alan Weiss
Address	HADLEY, MA.	Address	Belchertown, MA.
Telephone#	549-5396	Telephone#	413-323 5957

Type of Building Res Lot Size (20,000 +/-) sq. ft.

Dwelling - No. of Bedrooms 3 Garbage grinder (N)

Other - Type of Building _____ No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

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

Plan: Date 11/29/97 Number of sheets 4 Revision Date _____

Title SEPTIC TANK Location Plan.

Description of Soil(s) _____

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

DESCRIPTION OF REPAIRS OR ALTERATIONS REPLACE SEPTIC TANK

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 Meg Z Zionok, atty in fact for Carol Steel Date 11/30/99

Inspections _____

No. 99-23

FEE 60 oc

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: KARL'S

at 197 HENRY ST

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. 99-23, dated _____. Approved Design Flow _____(gpd)

Installer _____ 12/8/99

Designer: _____ Inspector: _____ Date: 12/7/99

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

No. 99-23

FEE 60 oc

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 197 Henry ST as described in the application for Disposal System Construction Permit No. 99-23, dated 11-30-99

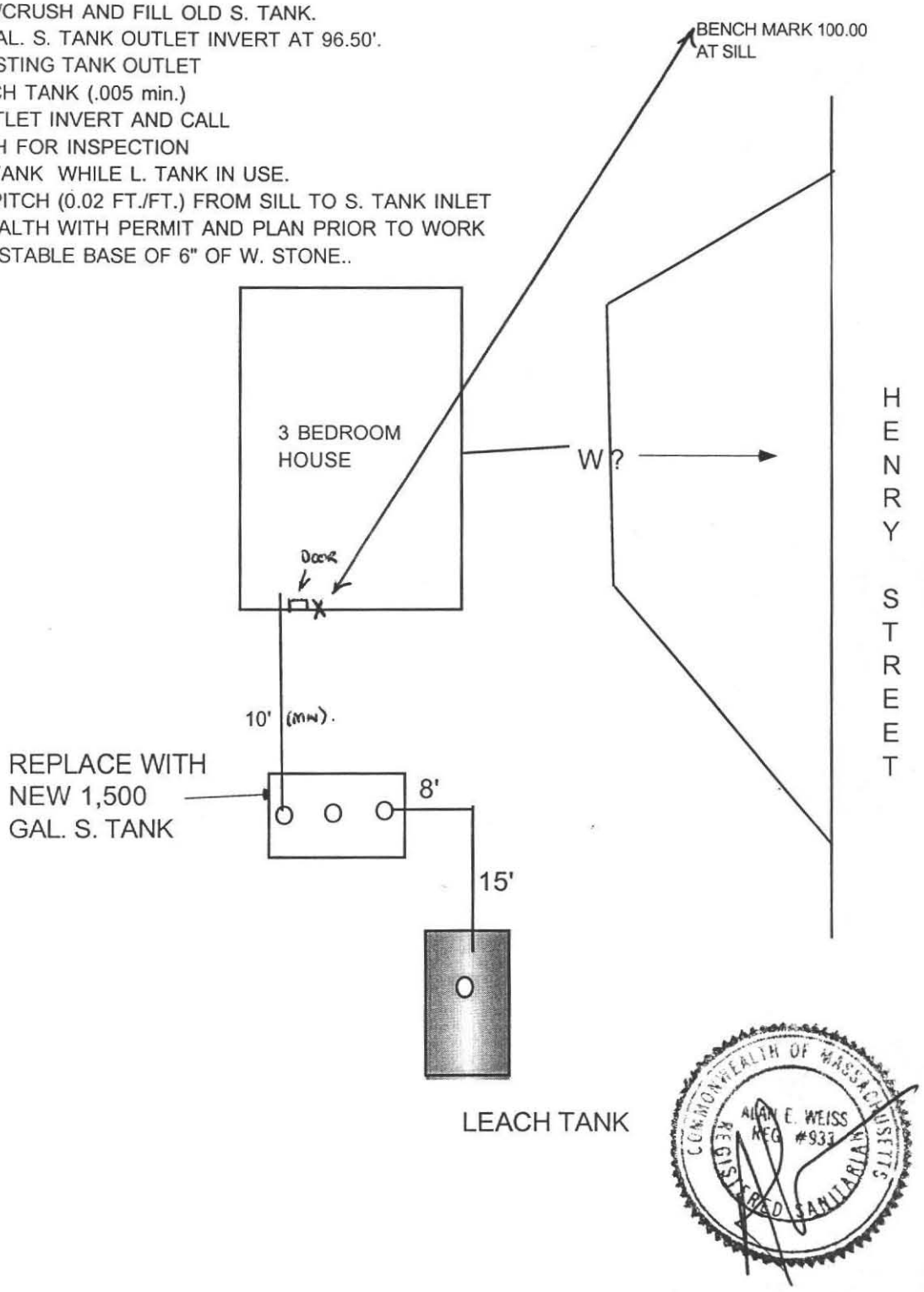
Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 11-30-99 Board of Health _____

DESIGN NOTES:

1. PUMP AND REMOVE/CRUSH AND FILL OLD S. TANK.
2. PLACE NEW 1,500 GAL. S. TANK OUTLET INVERT AT 96.50'. (SAME ELEV. AS EXISTING TANK OUTLET
3. PITCH LINE TO LEACH TANK (.005 min.)
4. FILL S. TANK TO OUTLET INVERT AND CALL DESIGNER AND BOH FOR INSPECTION OF L. TANK AND S. TANK WHILE L. TANK IN USE.
5. MAINTAIN PROPER PITCH (0.02 FT./FT.) FROM SILL TO S. TANK INLET
6. PROVIDE BD. OF HEALTH WITH PERMIT AND PLAN PRIOR TO WORK
7. PLACE S. TANK ON STABLE BASE OF 6" OF W. STONE..



NOVEMBER 29, 1999 SCALE 1" =10'+/-

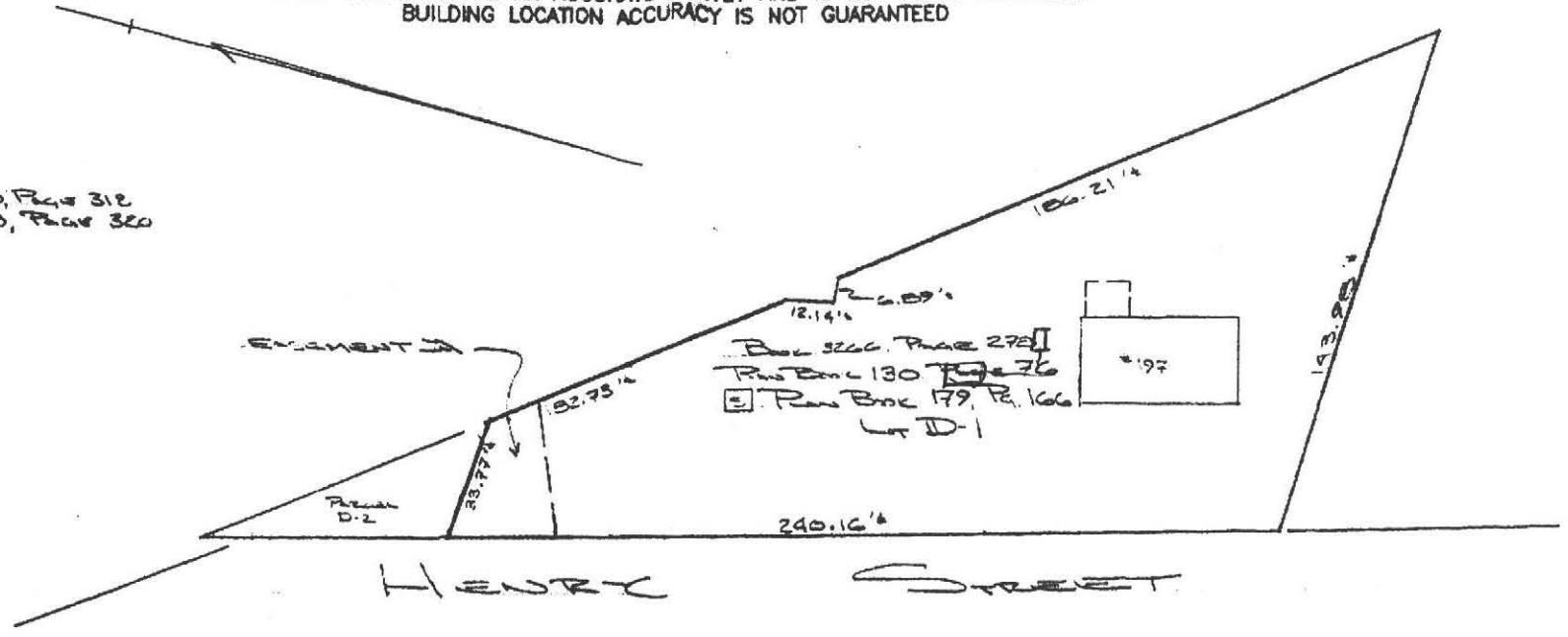
SEPTIC TANK REPLACEMENT PLAN

CAROL STEELE
197 HENRY ST.
AMHERST. MA

COLD SPRING ENVIRONMENTAL, INC.

-NOTE-

THIS PLAT IS COMPILED FROM DEEDS, PLANS AND OTHER SOURCES AND IS NOT TO BE CONSTRUED AS AN ACCURATE SURVEY AND IS NOT TO BE RECORDED. BUILDING LOCATION ACCURACY IS NOT GUARANTEED



TO: FLORENCE SAVINGS BANK &
FIRST AMERICAN TITLE INSURANCE COMPANY

TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF I HEREBY REPORT THAT I HAVE EXAMINED THE PREMISES AND BASED ON EXISTING MONUMENTATION ALL VISIBLE EASEMENTS, ENCROACHMENTS AND BUILDINGS ARE LOCATED ON THE GROUND AS SHOWN AND THAT THE BUILDINGS ARE ENTIRELY WITHIN THE LOT LINES, EXCEPT AS NOTED. I FURTHER REPORT THAT THE PROPERTY IS NOT LOCATED WITHIN A FLOOD PRONE AREA AS SHOWN ON FEDERAL FLOOD INSURANCE MAPS FOR COMMUNITY # 250156

SURVEYOR: Randall E. Izer

COMMONWEALTH OF MASSACHUSETTS
RANDALL E. IZER #35032
REGISTERED PROFESSIONAL LAND SURVEYOR

-NOTE-
THIS PLAT FOR MORTGAGE LOAN PURPOSES ONLY AND DOES NOT CONSTITUTE A PROPERTY SURVEY

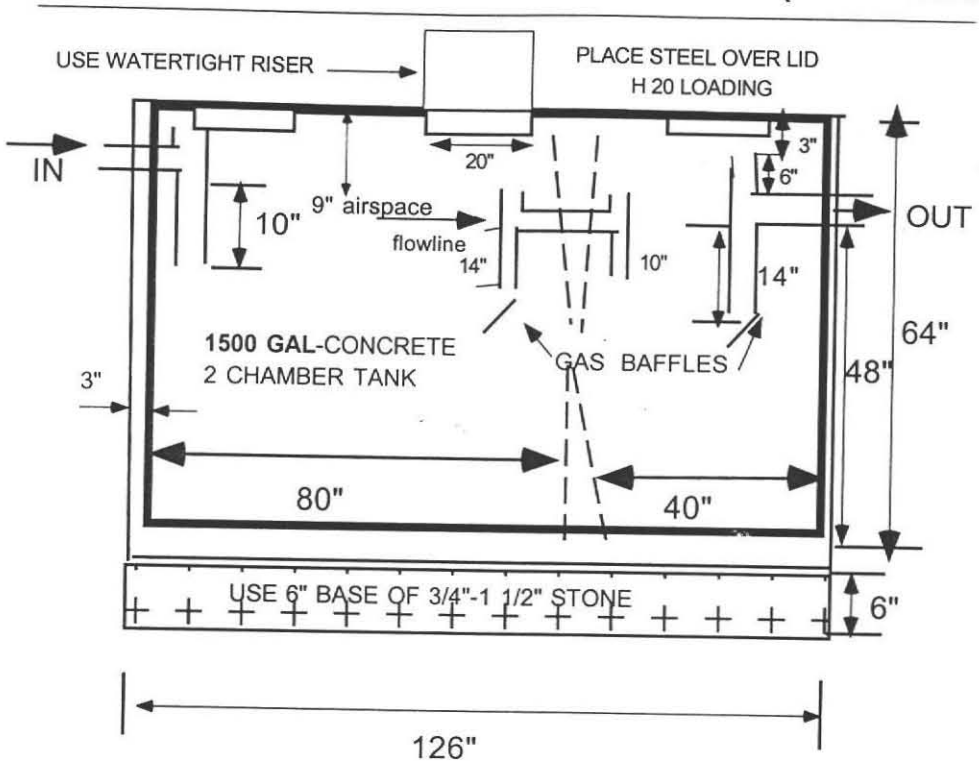
-MORTGAGE LOAN INSPECTION PLAT-

AMHERST, MASSACHUSETTS
PREPARED FOR
CAROL A. STEELE

SCALE: 1"=40' JANUARY 29, 1998

HAROLD L. EATON AND ASSOCIATES, INC.
REGISTERED PROFESSIONAL LAND SURVEYORS
235 RUSSELL STREET - HADLEY - MASSACHUSETTS

TYPICAL 2 CHAMBER S. TANK OR EQUIV. (WATERTIGHT)



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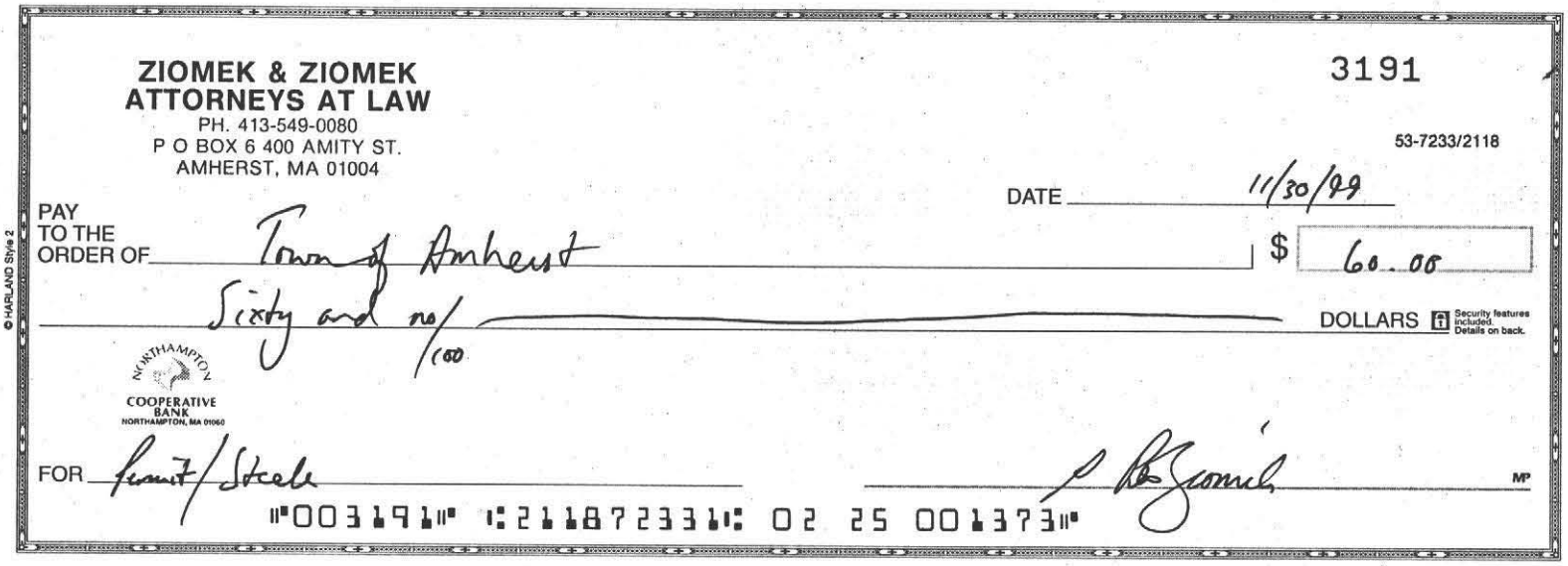

ZIOMEK & ZIOMEK
ATTORNEYS AT LAW
PH. 413-549-0080
P O BOX 6 400 AMITY ST.
AMHERST, MA 01004

3191

53-7233/2118

DATE 11/30/99

PAY TO THE ORDER OF Town of Amherst $ 60.00

Sixty and no/100 DOLLARS

Security features included. Details on back.

© HARLAND Style 2

NORTHAMPTON COOPERATIVE BANK NORTHAMPTON, MA 01060

FOR Permit/Steele

MP

⑈003191⑈ ⑆211872331⑆ 02 25 001373⑈

R # 1052

Cold Spring Environmental
350 Old Enfield Road
Belchertown, Ma. 01007

413-323-5957, phone
413-323-4916, fax

transmittal

To: Attorney Meg Ziomek

From: Alan E. Weiss **Date:** 11/15/99

Re: Title V Report **Pages:**

CC: Karl's

Ms. Steele,

Amherst Inspection Services,

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Att: Ziomek

Here is the Title V report for 197 Henry Street. We await your authorization for further work,

Alan Weiss

545-0080

Called Meg Ziomek Comment within A few Days

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

ARGEO PAUL CELLUCCI
Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 197 HENRY ST. Amherst **Name of Owner** CAROL STEELE
Address of Owner: 35 Spruce Hill Ave
Florence, MA 01062 (585-8086)

Date of Inspection: 10/27/99
Name of Inspector: (Please Print) Alan E. Weiss, R.S.
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007
Telephone Number: 413-323-5957

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

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Inspector's Signature: _____ **Date:** 10/27/99

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 HAS ONLY 18" OF LIQUID.
* Karl's attempted to repair bottom plug. Tank still would not fill.
* Retured on 11/3/99. Tank still only 1/2 full.; recommend replacement of septic tank only.

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revised 9/2/98

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

Property Address: 197 Henry ST. Amherst
Owner: Steele
Date of Inspection: 10/27/99

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: _____

B. SYSTEM CONDITIONALLY PASSES:

yes 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.

yes 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~~ may 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

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

Property Address: 197 - Henry St., Amherst
Owner: Steele
Date of Inspection: 10/27/99

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

__ _____
_____
_____

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

Property Address: 197 Henry St
Owner: Steele
Date of Inspection: 10/27/99

D. SYSTEM FAILS:

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

_____ 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	
___	___	Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
___	___	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
___	___	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
___	___	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
___	___	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ___.
___	___	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
___	___	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	___	Any portion of a cesspool or privy is within a Zone I of a public well.
___	___	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	___	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. 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	
___	___	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)

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.

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 197 Henry St.
Owner: Steele
Date of Inspection: 10/27/99

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

Yes	No	
✓		Pumping information was provided by the owner, occupant, or Board of Health.
✓		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.
✓		As built plans have been obtained and examined. Note if they are not available with N/A.
✓		The facility or dwelling was inspected for signs of sewage back-up.
✓		The system does not receive non-sanitary or industrial waste flow.
✓		The site was inspected for signs of breakout.
✓		All system components, excluding the Soil Absorption System, have been located on the site.
✓		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:
✓		Existing information. For example, Plan at B.O.H.
✓		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)]
✓		The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 197 Hemp St.
Owner: Steele
Date of Inspection: 10/27/99

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 g.p.d./bedroom.
Number of bedrooms (design): 3 Number of bedrooms (actual): 3
Total DESIGN flow 330
Number of current residents: 3
Garbage grinder (yes or no): N
Laundry (separate system) (yes or no): N; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): N
Water meter readings, if available (last two year's usage (gpd): N/A.
Sump Pump (yes or no): N
Last date of occupancy: current

COMMERCIAL/INDUSTRIAL:
Type of establishment: N/A
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:

System pumped as part of inspection: (yes or no) Y
If yes, volume pumped: 3000 gallons 3007
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)
_____ 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~~: 14 years

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

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

Property Address: 197 Henry St.
Owner: Steele,
Date of Inspection: 10/27/99

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 12"
Material of construction: __ cast iron ✓ 40 PVC __ other (explain)

Distance from private water supply well or suction line 10'+
Diameter 4" ø
Comments: (condition of joints, venting, evidence of ~~leakage~~, etc.)
OK.

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 18"
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: 8'x4.5'x 4.5'
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 32"
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 26"
Distance from bottom of scum to bottom of outlet tee or baffle: 22"
How dimensions were determined: measured.

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.) Tank less than 1/2 full, Evidence of leakage.

GREASE TRAP: N
(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.) _____

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

Property Address: 497 Henry St.
Owner: Steele
Date of Inspection: 10/27/99

TIGHT OR HOLDING TANK: N (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
(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
(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.)

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

Property Address: 197 Hemy St.
Owner: Steele.
Date of Inspection: 10/27/99

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:

Type:
leaching pits, number:___
leaching chambers, number: (1) 700gal. 18'x13'
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.)
Store, Clear, No liquid, Tank Looks fine. No Signs of Hi water table.

CESSPOOLS: N
(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
(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.)

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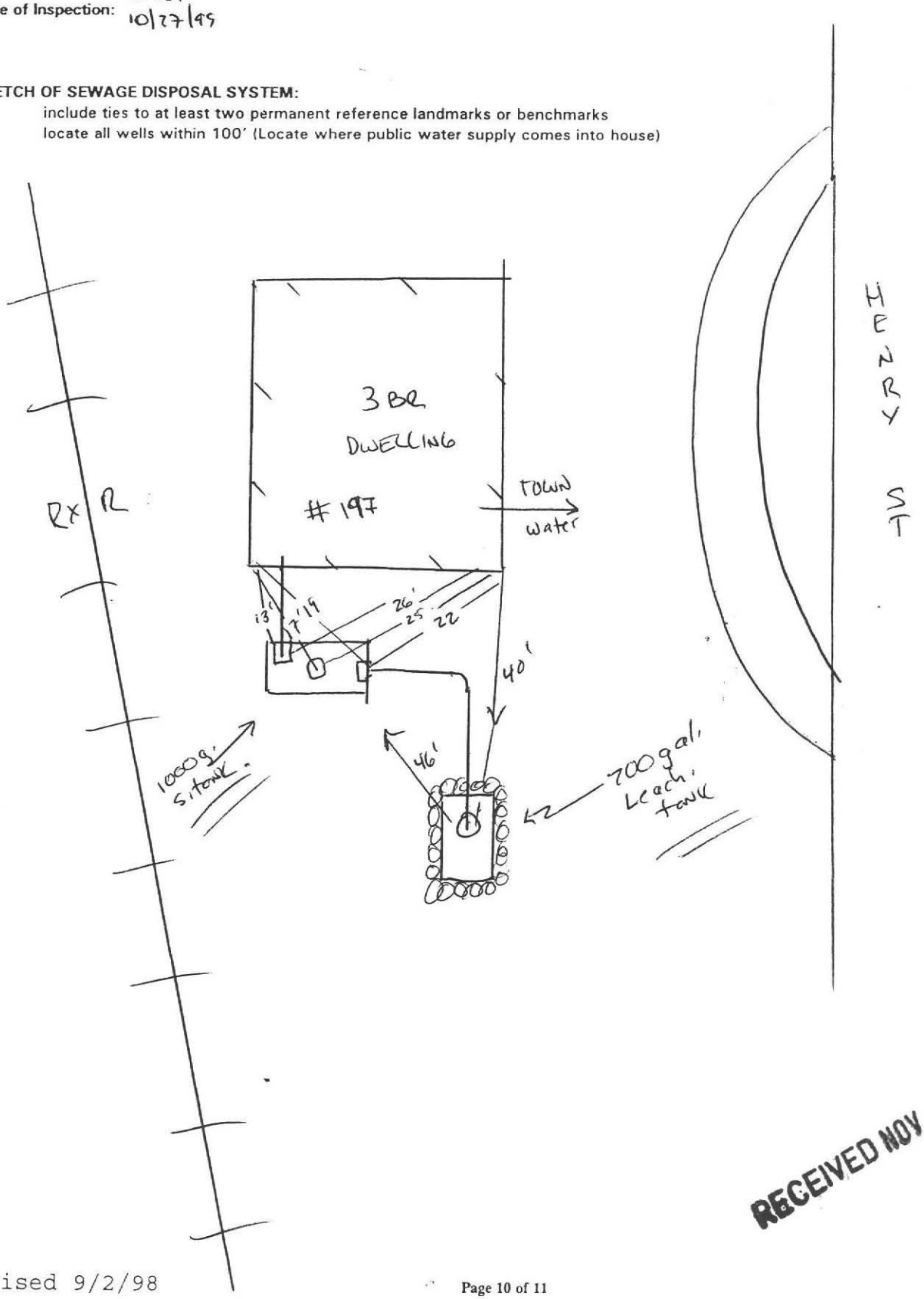
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 197 Henry St.
Owner: Steel.
Date of Inspection: 10/27/99

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)



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revised 9/2/98

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

Property Address: 197 Henry St.
Owner: Steele
Date of Inspection: 10/27/99

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 8'+ Feet (10'-6") on 12/4/84 Perc Test.) (R.B. Huntley)

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)

* Used Topo + vegitation, No evid. of g.w. at bottom of leach tank.

RECEIVED NOV 1 8 1999

No. 85-12

Fee 40

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

197 Henry Street — Location - Address — Lot D — or Lot No.

Ress Building Corp. — Owner — Route 66, Westhampton — Address

Karl's Exc. — Installer — River Dr. Hadley — Address

Type of Building — Size Lot 21,030 Sq. feet

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

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

Other fixtures .....

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

Septic Tank — Liquid capacity.....gallons Length..... Width..... Diameter..... Depth.....

Disposal Trench — No. ..... Width..... Total Length..... Total leaching area.....sq. ft.

~~Seepage Pit~~ Dry Well 1 Diameter..... Depth below inlet..... Total leaching area.....sq. ft.

Other Distribution box ( ) Dosing tank ( ) Dimensions 18'x13'x0" Capacity=699GPD

Percolation Test Results Performed by RPB Huntley Assoc. Date Dec. 4, 1984

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit..... Depth to ground water.....

Test Pit No. 2.....minutes per inch Depth of Test Pit..... Depth to ground water.....

Description of Soil C/M sand and gravel groundwater @ 10' 6"

Nature of Repairs or Alterations — Answer when applicable.....

Agreement:

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

Signed Robert E. Huntley Pres 4/10/85

Application Approved By ..... Date 4/9/85

Application Disapproved *for the following reasons:*.....

Permit No. 85-12 Issued 4/9/85 Date

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THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

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

by..... Installer

at.....

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

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

DATE..... Inspector.....

CHECK OR FILL IN WHERE APPLICABLE

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: Ress Building Corp

Location: Lot "D", Henry ST, Amherst

Number of Bedrooms: 3 Garbage Disposal: NO

LEACH AREA DESIGN

3 Bedrooms x 2 persons/bedroom = 6 persons

6 Persons x 55 gallons of wastewater/person/day = 330 total gallons of wastewater/day.

Percolation Rate: 2.0 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

2.0 min/inch = 2.5 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

* If a leach bed is to be installed, no sidewall is allowed.
* If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

330 Gallons of wastewater/day x 150% = 495 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity

** WITH GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 200% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacit

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ALMER HUNTLEY, JR., & ASSOCIATES, INC.

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 197 HENRY STREET, AMHERST, MA.
Date of Inspection: OCTOBER 10, 1996 / NOVEMBER 1, 1996
Name of Inspector: RAYMOND MIECZKOWSKI
Company Name, Address and Telephone Number:
SYSTEMS
P.O. BOX 684 (413)549-6013
HADLEY, MA. 01035

Address of Owner: (If different)

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: Raymond E. Mieczkowski **Date:** 11/7/96

The System Inspector shall submit a copy of this inspection report to the Approving Authority 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.

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INSPECTION SUMMARY:

Check A, B, C, or D:

A] SYSTEM PASSES:

✓ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B] SYSTEM CONDITIONALLY PASSES:

___ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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

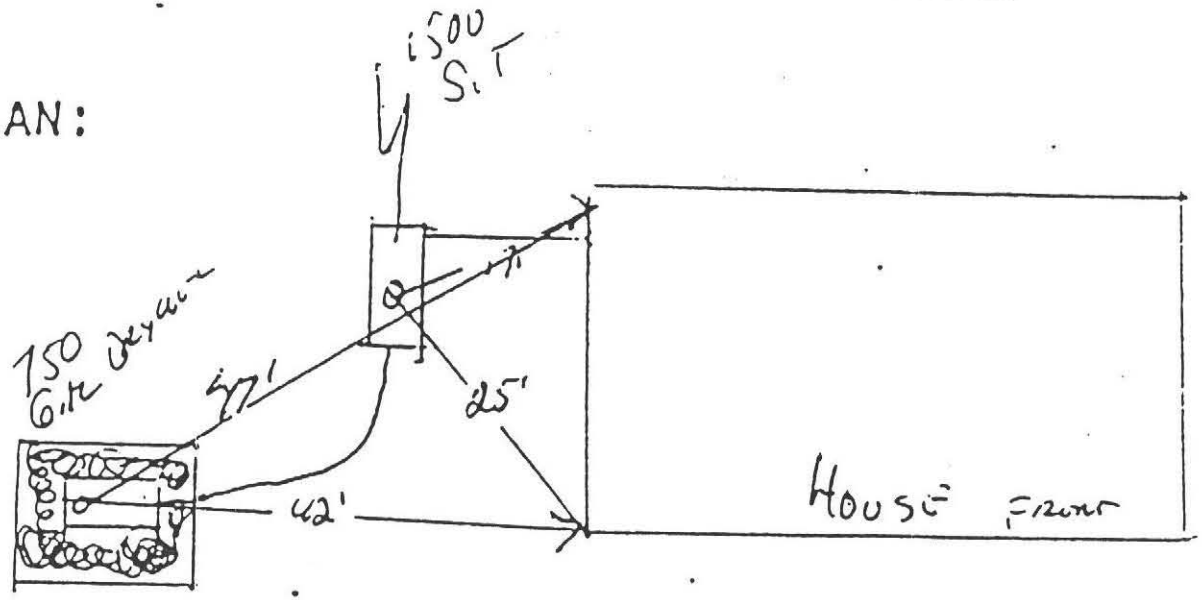
___ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

... Bed (...) Seepage Pit (X) Square Feet: 120 Bottom

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

; - BUILT PLAN:



N

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Henry St

ER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.

LEACHING PIT DESIGN

Precast Pit Used: 10 ' Long x 5 ' Wide x 2 ' Effective Depth

Using 4 ' of stone all around and 1.0 ' of stone under pit.

SIDEWALL AREA:

13 ' Long x 3 ' Effective Depth x 2 Sides = 103 SF

13 ' Wide x 3 ' Effective Depth x 2 Sides = 78 SF

Total of 186 SF (Sidewall Area) x 2.5 Gal/SF = 465 Gal/Pit (Sidewall)

BOTTOM AREA:

13 ' Long x 13 ' Wide = 234 SF

234 SF (Bottom Area) x 1.0 Gal/SF = 234 Gal/Pit (Bottom)

465 Gal/Pit (Sidewall)

\- 234 Gal/Pit (Bottom)

= 699 TOTAL Gal Pit (Designed)

* Without Garbage Disposal: 330 Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x _____ Gal/Day (Daily Flow) = _____ Gal/Pit (REQUIRED)

Using 330 Gal/Day (Daily Flow) ÷ 699 Gal/Pit = 1 Pit

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