

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**  
**APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT** #339

No. 73-32 Date 5/9/73 Fee 3.00 Date Rec'd 5/5/73 By DGF

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

Location—Address 339 HENRY STREET. or Lot No. #4

Owner ROY INDUSTRIES INC. Address CUSHMAN ROAD SHUTTSBURY

Contractor W.W. CLARK Address SHUTTSBURY

Type of Building \_\_\_\_\_ Dimensions \_\_\_\_\_ Size Lot 65,158

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (✓)

Other \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( )

Other fixtures \_\_\_\_\_

Town Water? YES Type of Well \_\_\_\_\_

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L 10'-0" W 5'-6" D 4'-10"

Disposal Trench—No. 1 Width 21 Total Length 30 Total leaching area 600 sq. ft.

Disposal Bed—No. 00 Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Dry Well—No. 1 Diameter 6" Depth below inlet 7' Dimensions: 7 x 10 x 350

Other: Distribution box ( ) No. \_\_\_\_\_ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation \_\_\_\_\_)

Percolation Test Results Performed by J. HART-HUNTLEY ENGR Date 3/9 & 10/73

Test Pit No. 1 7 minutes per inch Depth of Test Pit 2'-6"

Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit 7'-0"

Description of Soil GRAVEL Depth to Ground Water NONE

Will disposal area be filled? \_\_\_\_\_ Cut down? \_\_\_\_\_

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] ROY INDUSTRIES INC. BY 4/9/73  
 Owner or builder W.W. Clark date 5-10-73

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**  
**CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by \_\_\_\_\_ at \_\_\_\_\_ has been constructed in accordance with the provisions of

INSTALLER  
 Article XI 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 satisfactorily.  
 DATE \_\_\_\_\_ Inspector \_\_\_\_\_

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**  
**DISPOSAL WORKS CONSTRUCTION PERMIT**

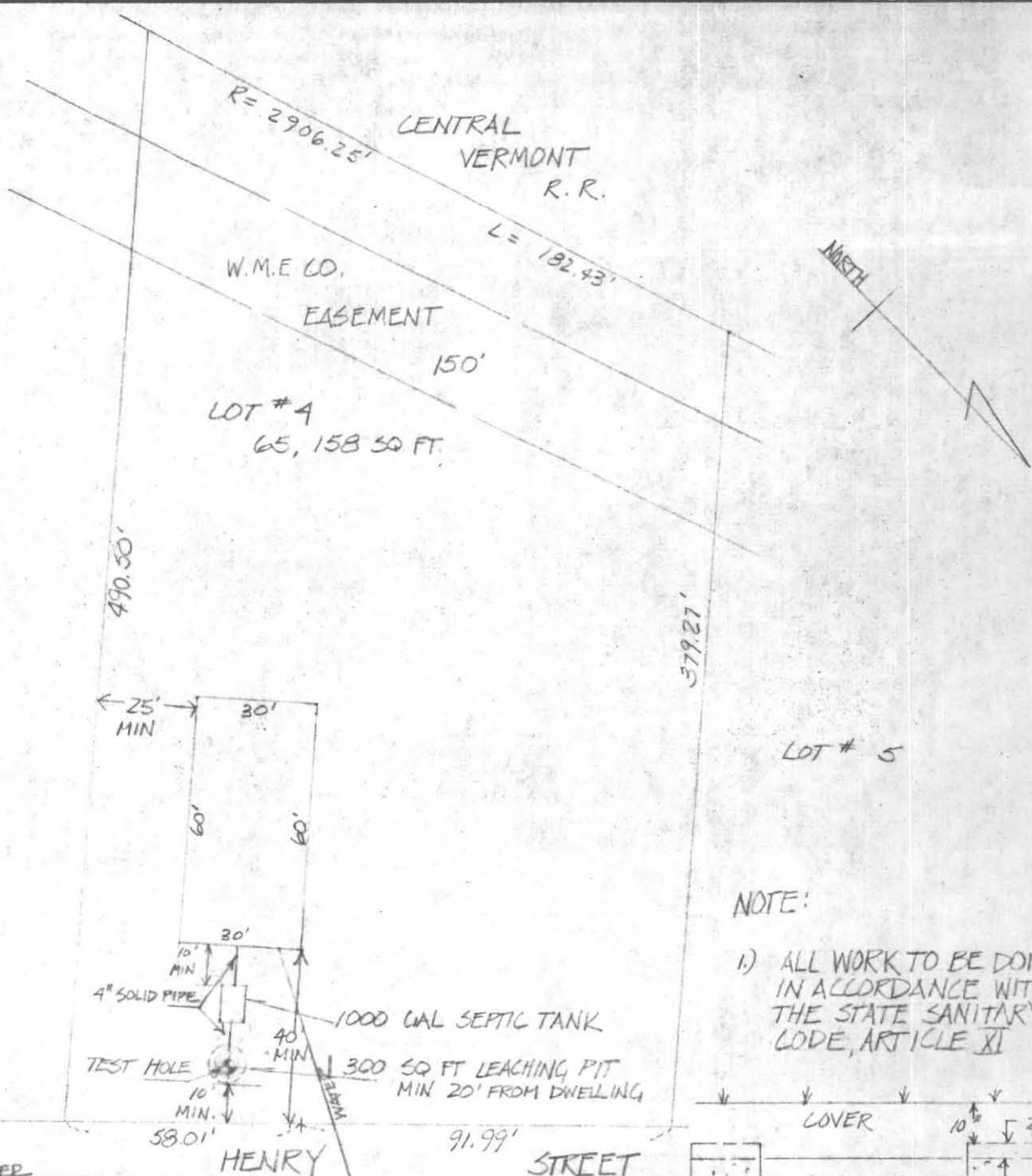
No. 73-32  
 Permission is hereby granted W. Maloney, Roy Industries to construct (X) or repair ( ) an Individual Sewage Disposal System at Lot #4, Henry St

as shown on the application for Disposal Works Construction Permit No. 73-32

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

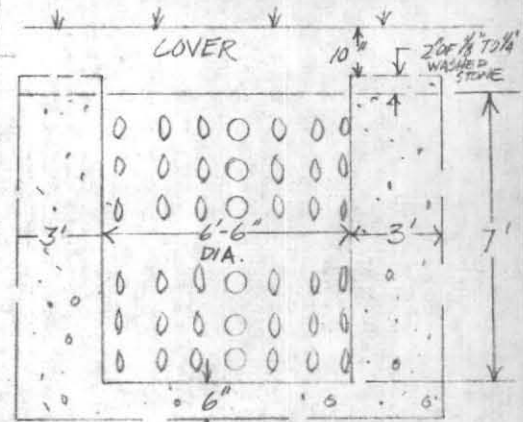
DATE May 10, 1973 [Signature]  
 Board of Health





NOTE:

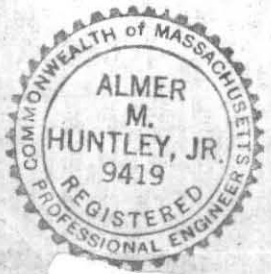
- 1) ALL WORK TO BE DONE IN ACCORDANCE WITH THE STATE SANITARY CODE, ARTICLE XI



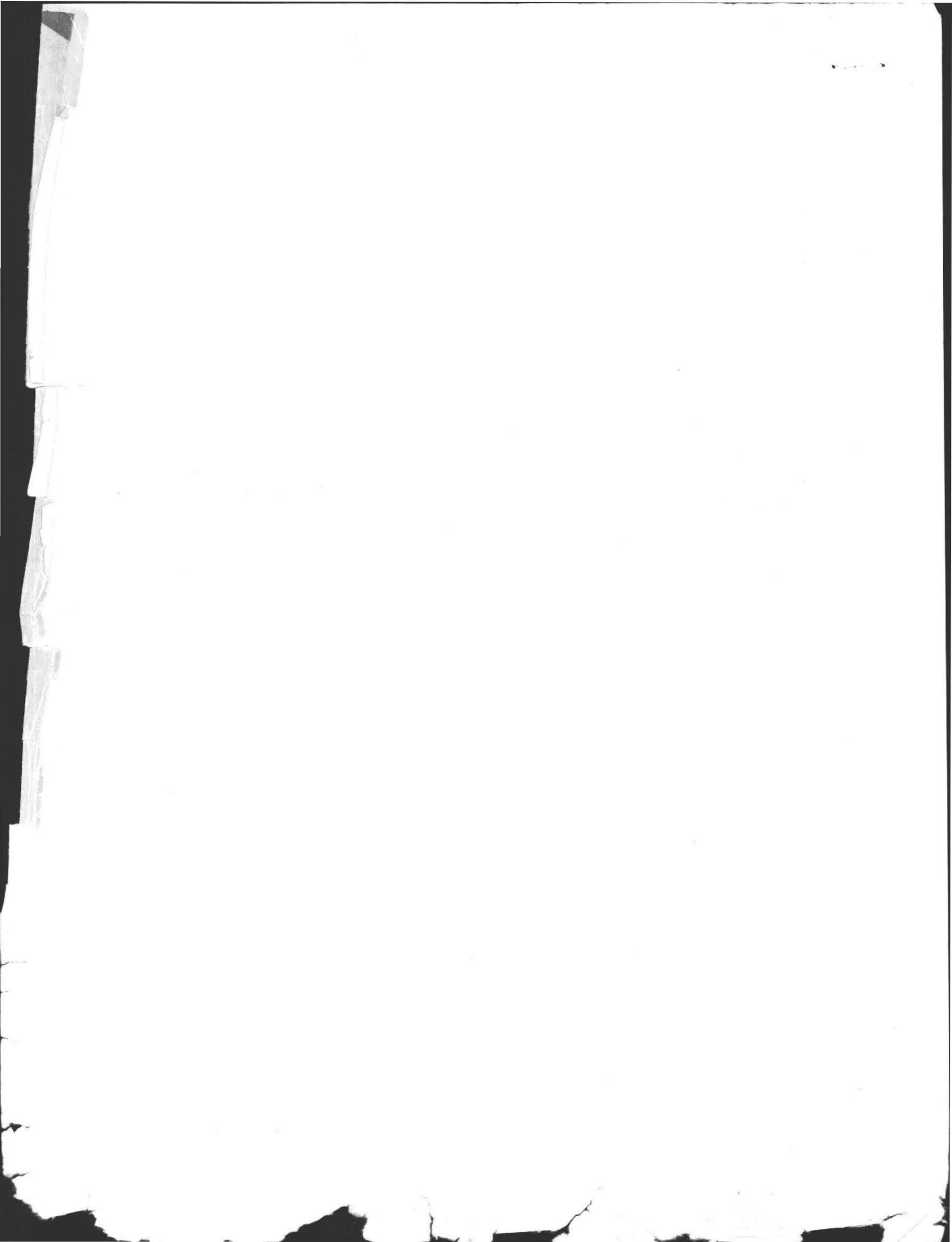
PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM  
AMHERST, MASS.

PREPARED FOR  
**ROY INDUSTRIES, INC.**  
1" = 40' 5/3/73

3/4" TO 1 1/2" WASHED STONE  
**DETAIL-LEACHING PIT**  
NO SCALE



**ALMER HUNTLEY, JR. & ASSOCIATES, INC.**  
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS  
238 BRIDGE STREET  
NORTHAMPTON, MASS.



OBSERVATION PIT

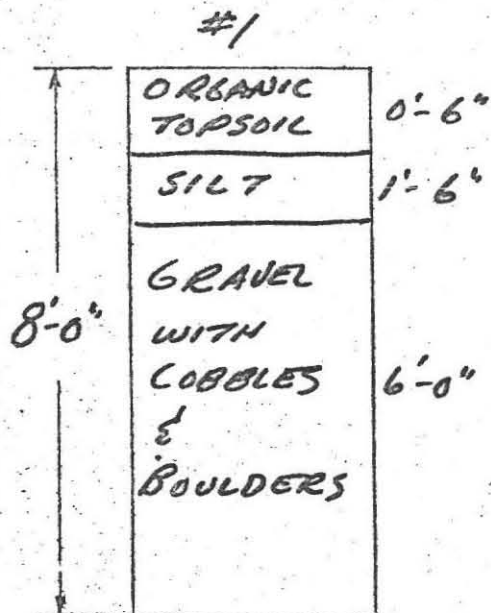
REQUESTED BY: ROY IND'S INC.

DATE: 3/9/73

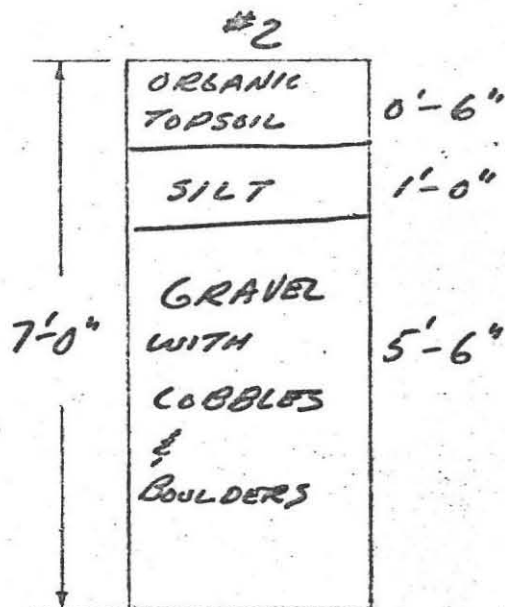
LOCATION: HENRY ST. AMHERST

OBSERVER: \_\_\_\_\_

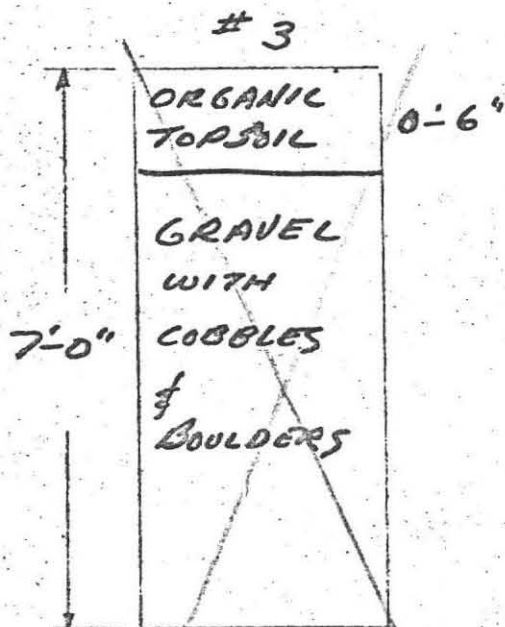
MAIL ADDRESS: \_\_\_\_\_



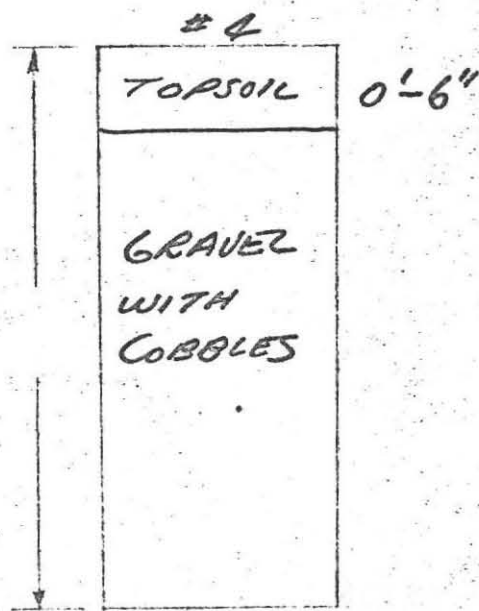
GROUND WATER NONE  
PERC. RATE = 5 MIN./IN.



GROUND WATER NONE  
PERC. RATE = 5 MIN./IN.



GROUND WATER NONE  
PERC. RATE = 5 MIN./IN.



GROUND WATER NONE  
PERC. RATE = 7 MIN./IN.

ALMER HUNTLEY, JR. & ASSOCIATES, INC.

REGISTERED LAND SURVEYORS & CIVIL ENGINEERS

238 BRIDGE STREET





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

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

Property Address: 339 Henry Street  
Amherst, MA  
 Owner's Name: Donna Lyden  
 Owner's Address: 37 Whitting Way  
Needham, MA 02492  
 Date of Inspection: 6/21/01  
 Name of Inspector: (please print) Jonathan Begg  
 Company Name: Howard Environmental Services  
 Mailing Address: 750 N. Pleasant St.  
Amherst, MA 01002  
 Telephone Number: 413-256-18008

CERTIFICATION STATEMENT

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

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

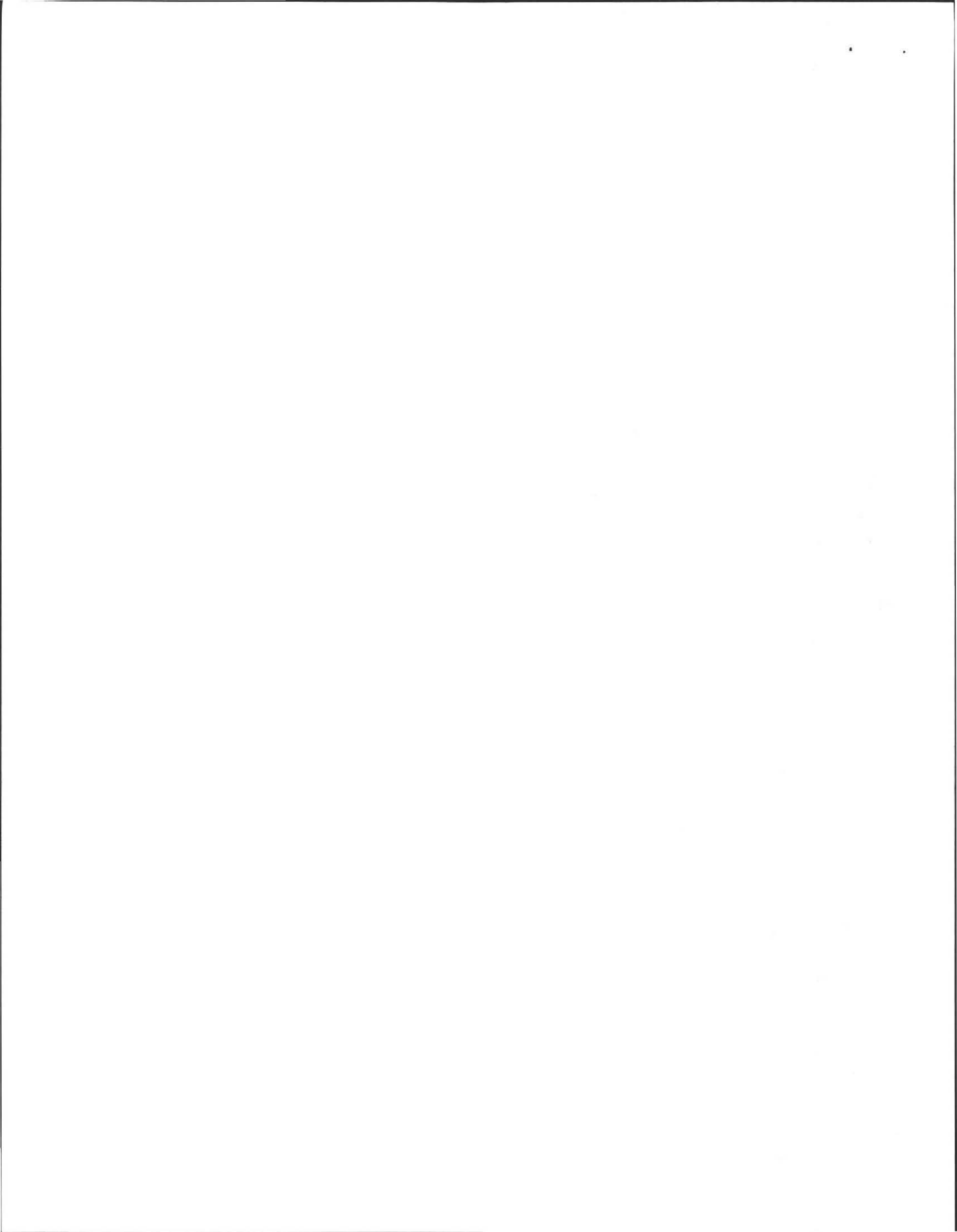
Inspector's Signature: [Signature] Date: 6/21/01

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

Notes and Comments

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

*Handwritten note:* a/c/on \$2





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

PART A  
CERTIFICATION (continued)

Property Address: 339 Henry Street

Owner: Lynch Amherst

Date of Inspection: 6/21/01

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

A. System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

\_\_\_\_\_

B. System Conditionally Passes:

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

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

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

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

ND explain:

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

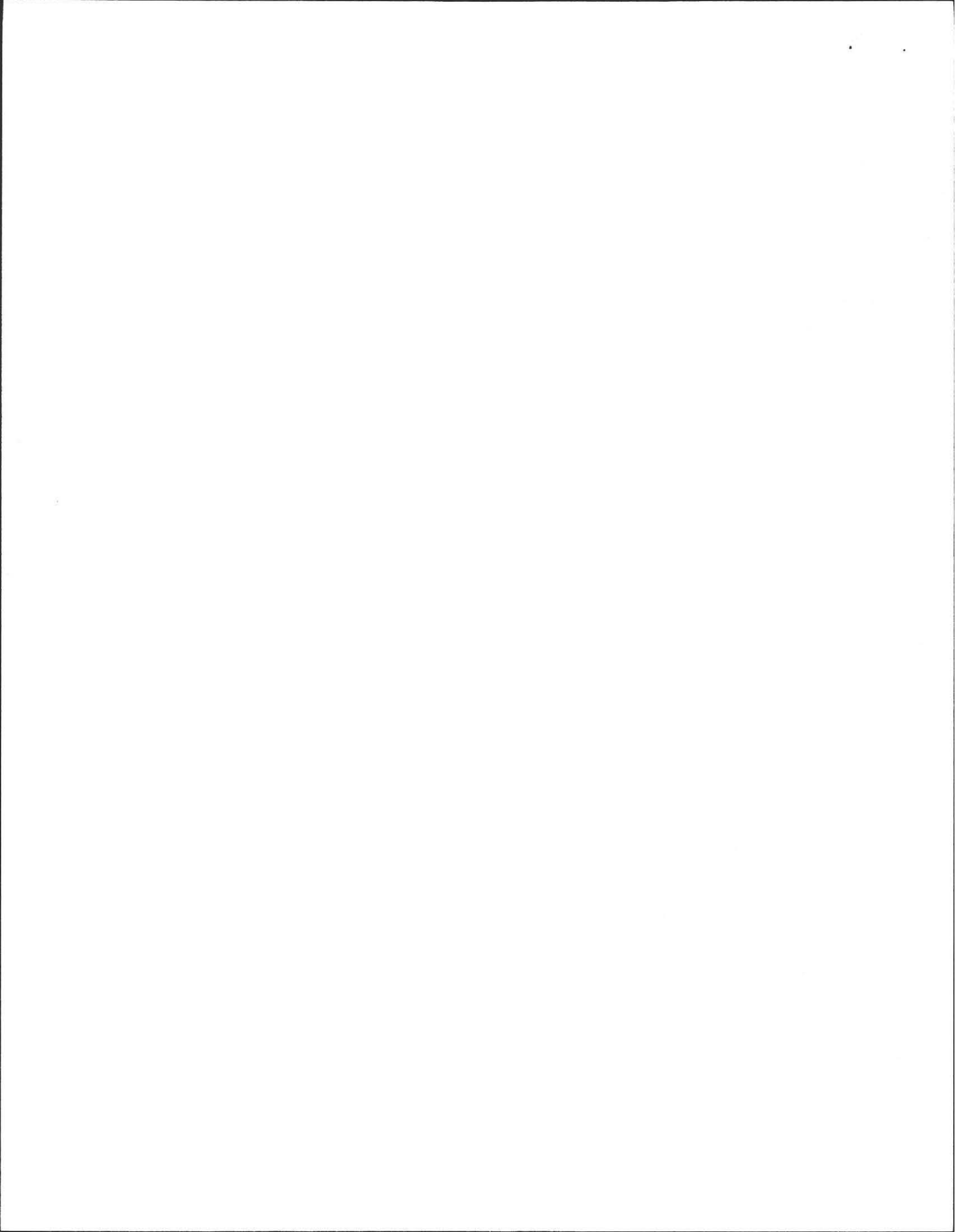
- \_\_\_\_\_ broken pipe(s) are replaced
- \_\_\_\_\_ obstruction is removed
- \_\_\_\_\_ distribution box is leveled or replaced

ND explain:

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

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

ND explain:



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

PART A

CERTIFICATION (continued)

Property Address: 339 Henry Street

Owner: Lynch Amherst

Date of Inspection: 6/21/01

C. Further Evaluation is Required by the Board of Health:

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

- 1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

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

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

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

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

- 3. Other:

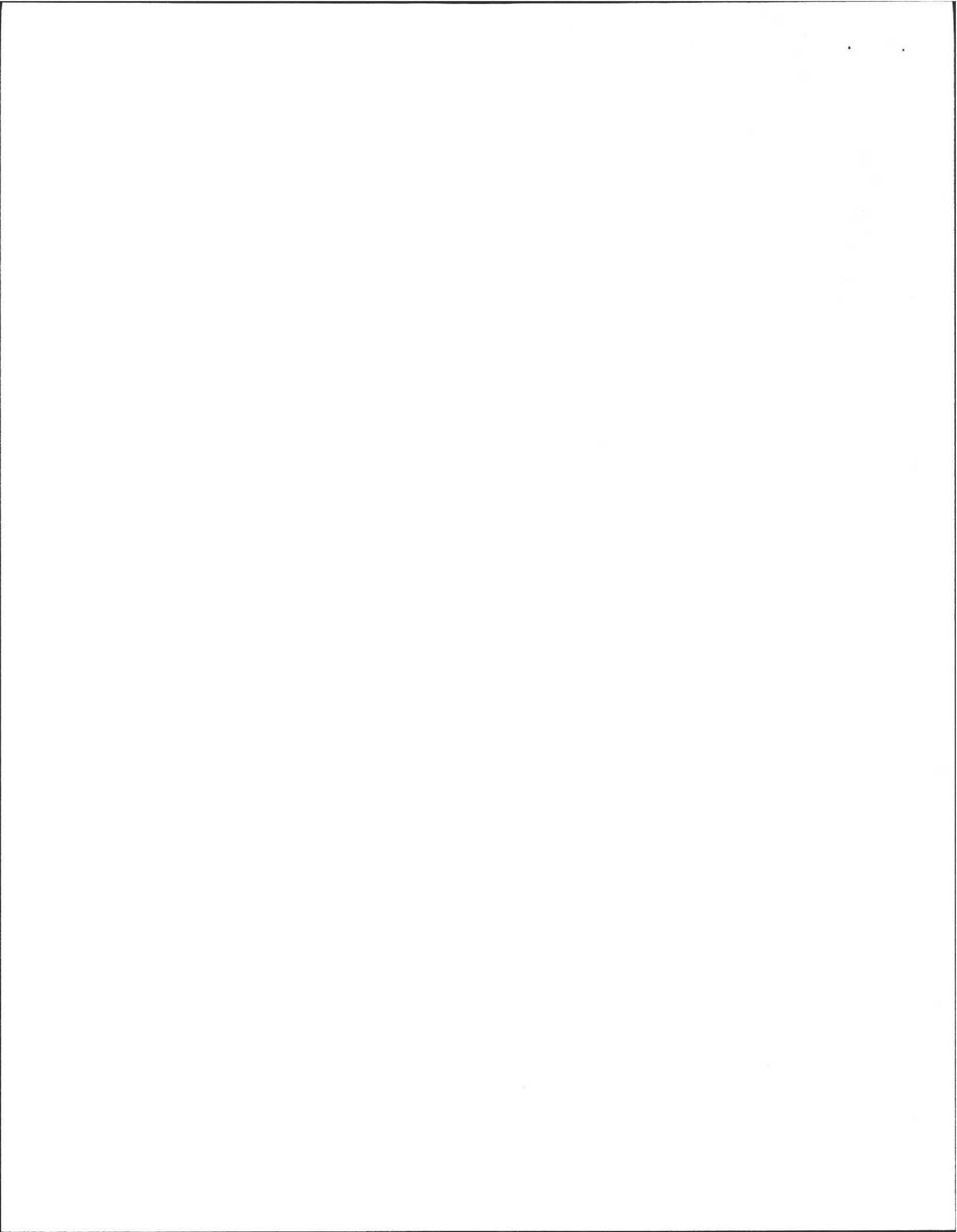
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OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A  
CERTIFICATION (continued)

Property Address: 339 Henry St.  
Owner: Lynch Amherst  
Date of Inspection: 6/21/01

D. System Failure Criteria applicable to all systems:

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

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

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

E. Large Systems:

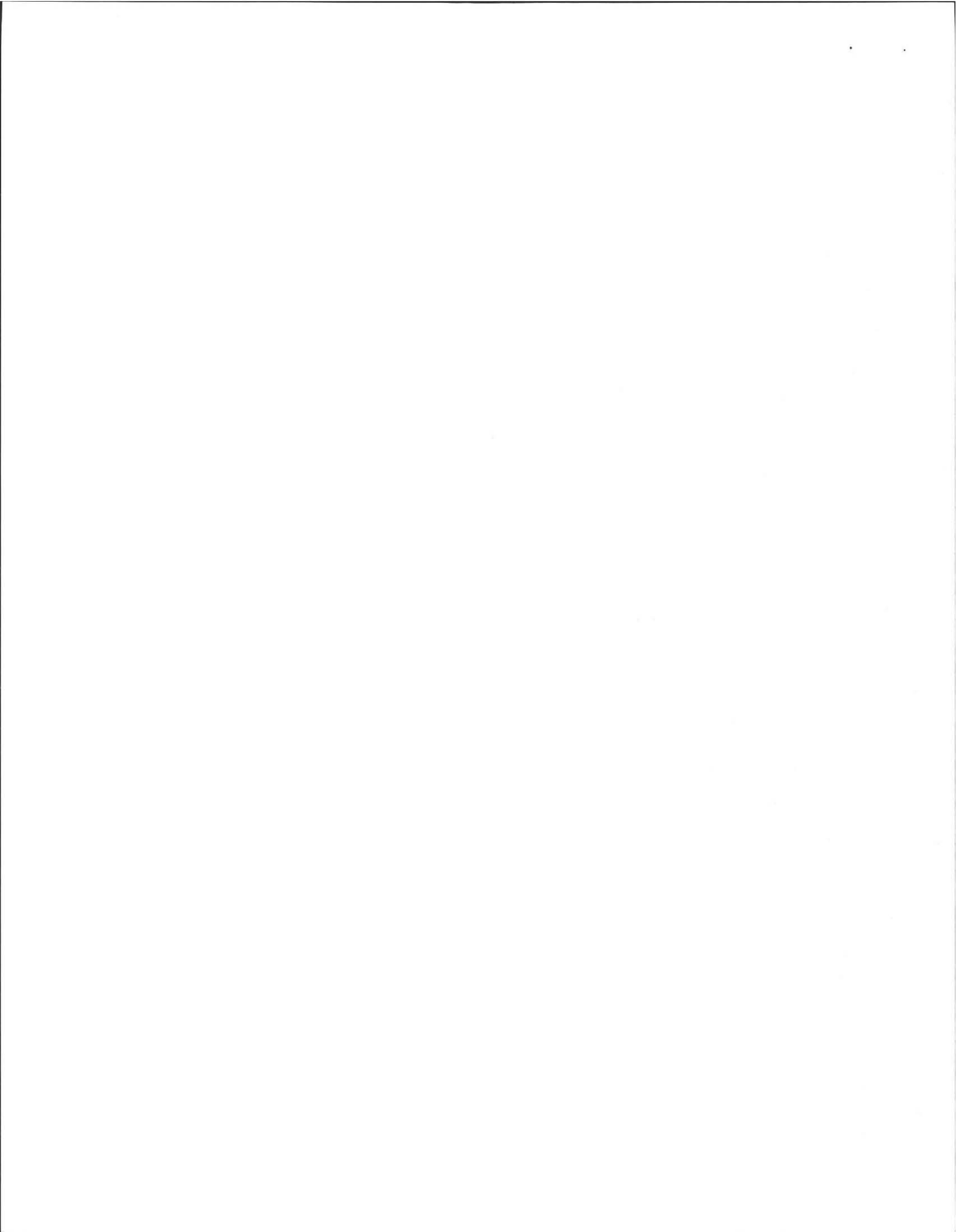
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

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

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

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



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

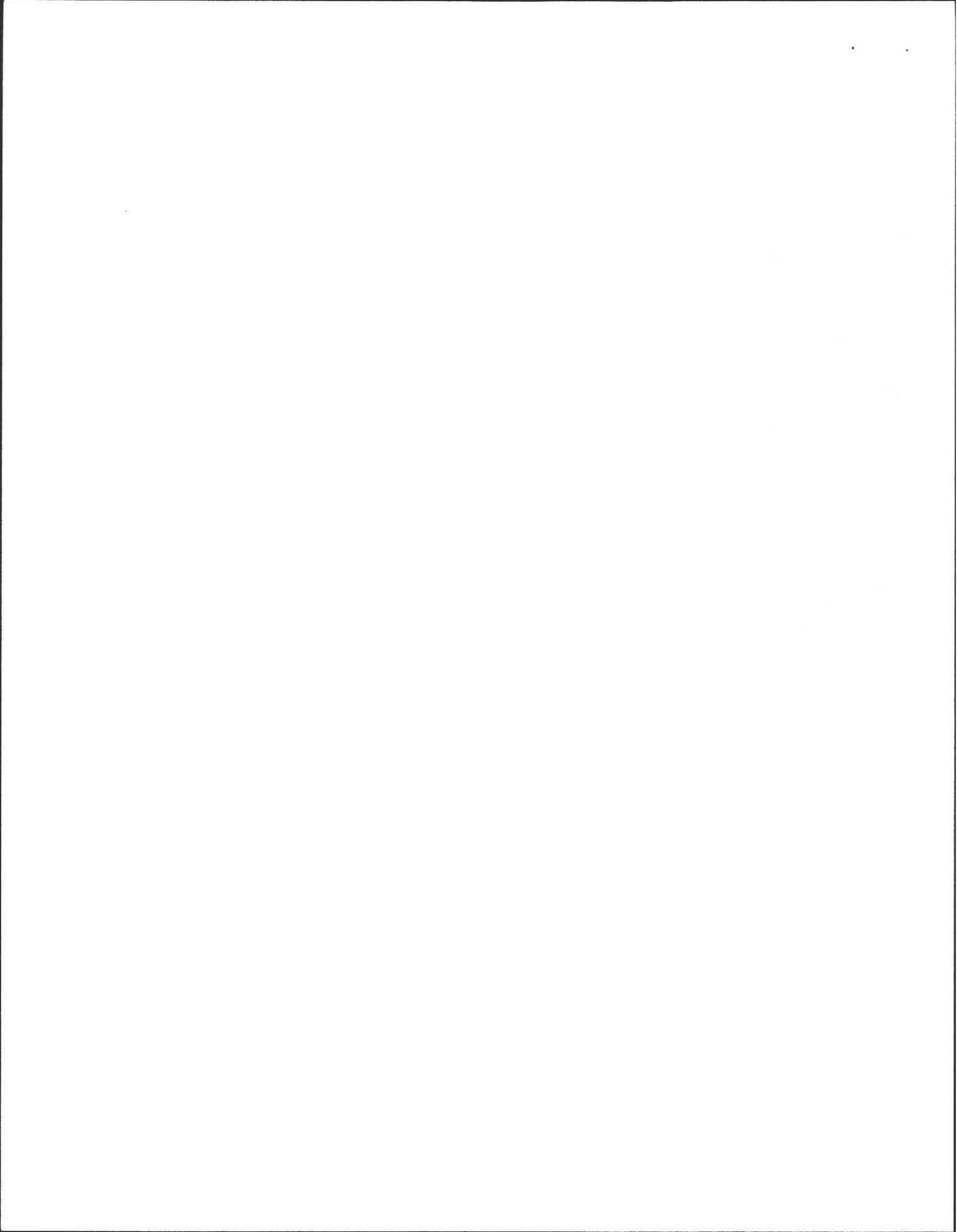
Property Address: 339 Henry St.  
Amherst  
Owner: Lynch  
Date of Inspection: 6/21/01

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

- Yes  No
- Pumping information was provided by the owner, occupant, or Board of Health
  - Were any of the system components pumped out in the previous two weeks?
  - Has the system received normal flows in the previous two week period?
  - Have large volumes of water been introduced to the system recently or as part of this inspection?
  - N/A Were as built plans of the system obtained and examined? (If they were not available note as N/A)
  - Was the facility or dwelling inspected for signs of sewage back up?
  - Was the site inspected for signs of break out?
  - Were all system components, excluding the SAS, located on site?
  - Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
  - Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?

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

- Yes  no
- Existing information. For example, a plan at the Board of Health.
  - Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]





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

Property Address: 339 Henry St.

Owner: Lynch Amherst

Date of Inspection: 6/21/01

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): — Number of bedrooms (actual): 2-3

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

Number of current residents: 4

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

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

Laundry system inspected (yes or no): NO

Seasonal use: (yes or no): NO

Water meter readings, if available (last 2 years usage (gpd)): 249 gpd

Sump pump (yes or no): NO

Last date of occupancy: currently occupied

COMMERCIAL/INDUSTRIAL

Type of establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_ gpd

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

Grease trap present (yes or no): \_\_\_\_\_

Industrial waste holding tank present (yes or no): \_\_\_\_\_

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

Water meter readings, if available: \_\_\_\_\_

Last date of occupancy/use: \_\_\_\_\_

OTHER (describe): \_\_\_\_\_

GENERAL INFORMATION

Pumping Records

Source of information: ~ 5 years ago 1995-1996; owner

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

If yes, volume pumped: 1,000 gallons - How was quantity pumped determined? \_\_\_\_\_

Reason for pumping: due for pumping

TYPE OF SYSTEM

Septic tank, ~~distribution box~~, soil absorption system

Single cesspool

Overflow cesspool

Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

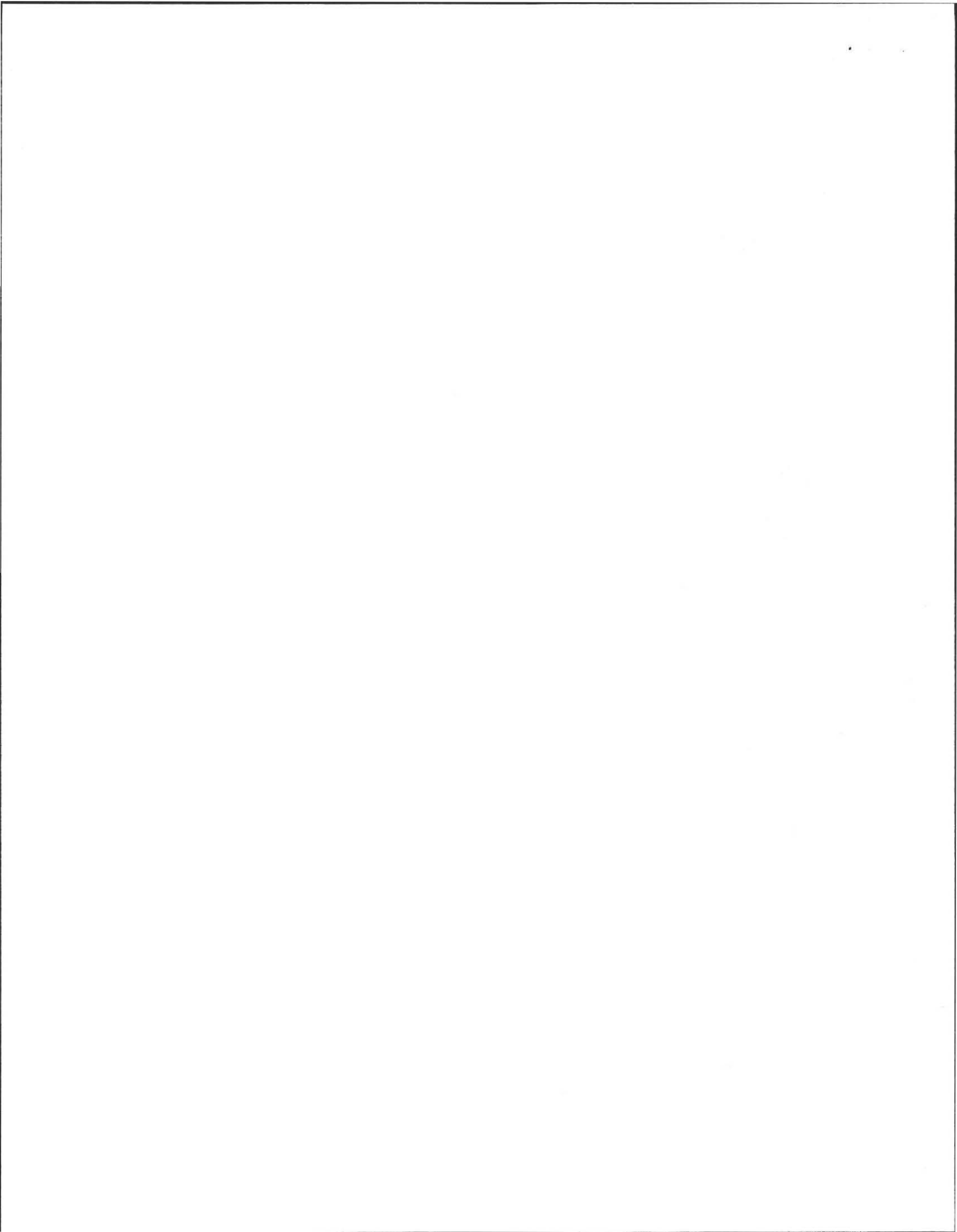
Tight tank  Attach a copy of the DEP approval

Other (describe): \_\_\_\_\_

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

27 years; 1974; owner

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



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

Property Address: 339 Henry St.  
Amherst  
Owner: Lynch  
Date of Inspection: 6/21/01

BUILDING SEWER (locate on site plan)

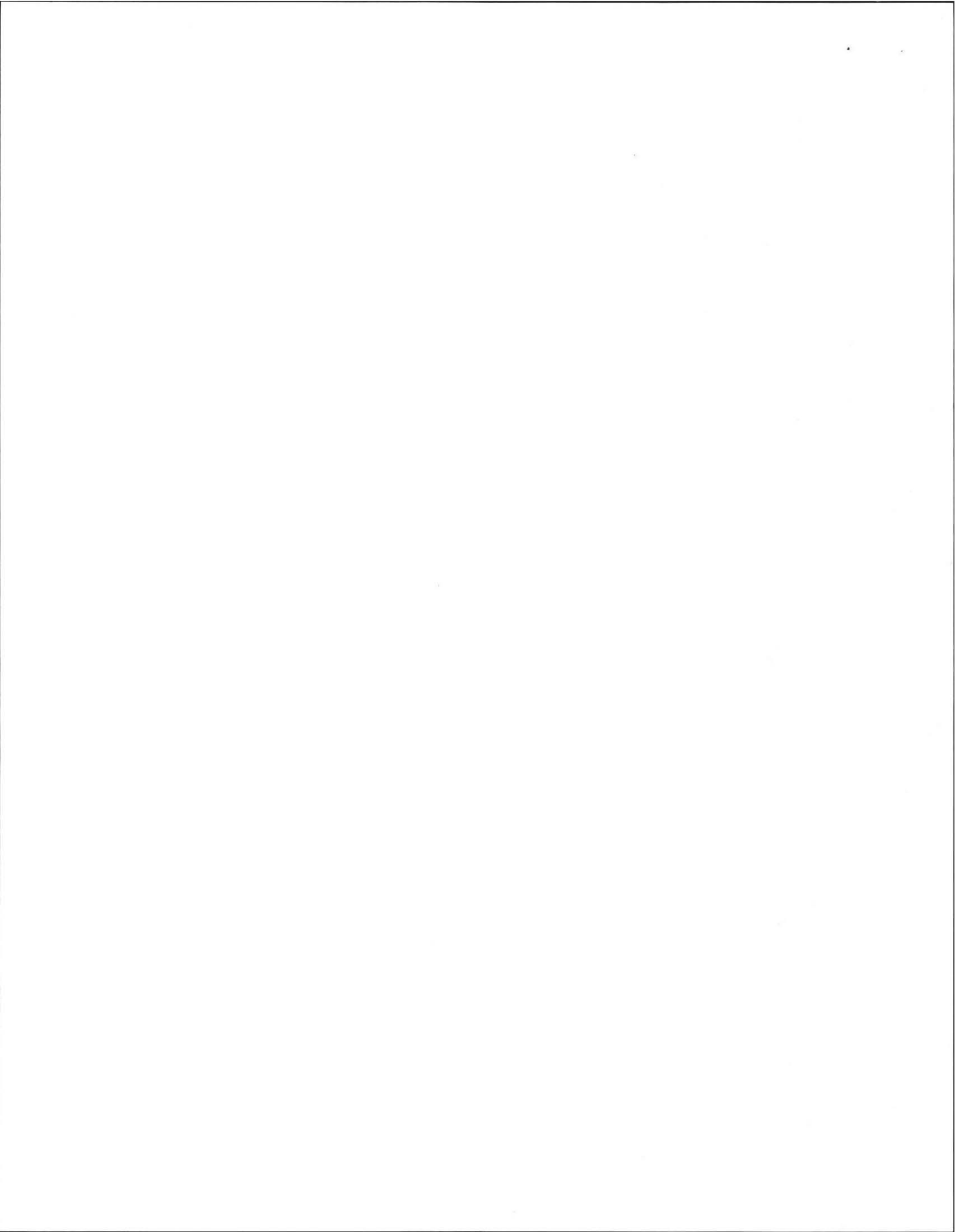
Depth below grade: 19"  
Materials of construction:  cast iron  40 PVC  other (explain): \_\_\_\_\_  
Distance from private water supply well or suction line: 50'  
Comments (on condition of joints, venting, evidence of leakage, etc.):  
all in good condition

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 a Certificate of Compliance (yes or no): \_\_\_\_\_ (attach a copy of certificate)  
Dimensions: 15' x 5' x 8'  
Sludge depth: 8"  
Distance from top of sludge to bottom of outlet tee or baffle: 19"  
Scum thickness: 10"  
Distance from top of scum to top of outlet tee or baffle: 5"  
Distance from bottom of scum to bottom of outlet tee or baffle: 16"  
How were dimensions determined: measured/estimate  
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):  
pump more often every 3 years; baffles O.K. structural integrity good, liquid levels at outlet invert, no evidence of leakage.

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



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

Property Address: 339 Henry St.  
Amherst  
Owner: Lynch  
Date of Inspection: 6/21/01

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

Depth below grade: \_\_\_  
Material of construction: \_\_\_ concrete \_\_\_ metal \_\_\_ fiberglass \_\_\_ polyethylene \_\_\_ other(explain):

Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design Flow: \_\_\_\_\_ gallons/day  
Alarm present (yes or no): \_\_\_  
Alarm level: \_\_\_ Alarm in working order (yes or no): \_\_\_  
Date of last pumping: \_\_\_  
Comments (condition of alarm and float switches, etc.):

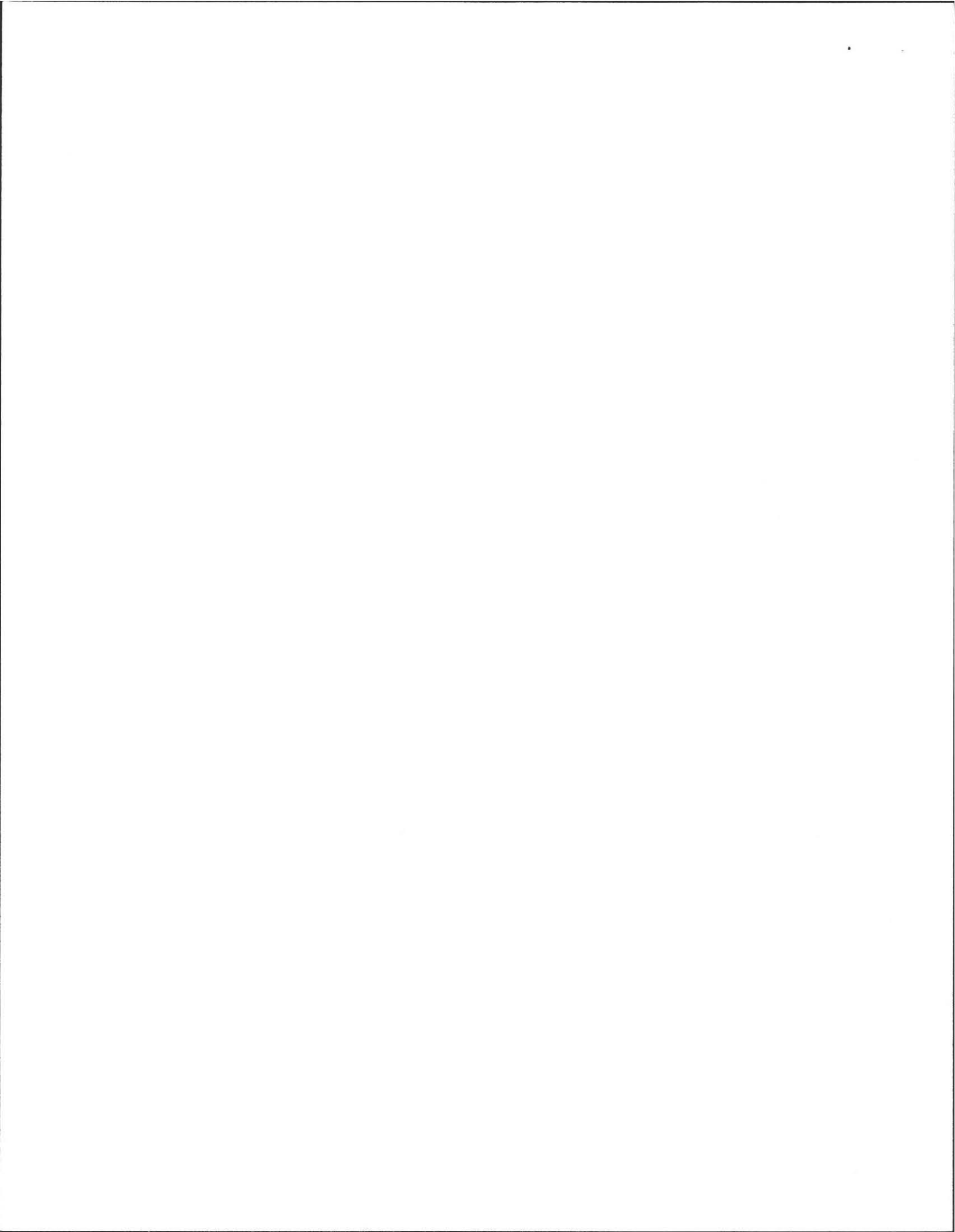
DISTRIBUTION BOX: \_\_\_ (if present must be opened)(locate on site plan)

*NO D-BOX*

Depth of liquid level above outlet invert: \_\_\_  
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

PUMP CHAMBER: \_\_\_ (locate on site plan)

Pumps in working order (yes or no): \_\_\_  
Alarms in working order (yes or no): \_\_\_  
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):



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

Property Address: 339 Henry St.

Owner: Lynch Amherst

Date of Inspection: 6/21/01

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

If SAS not located explain why:

- leaching pits, number: 1
- leaching chambers, number: \_\_\_\_
- leaching galleries, number: \_\_\_\_
- leaching trenches, number, length: \_\_\_\_\_
- leaching fields, number, dimensions: \_\_\_\_\_
- overflow cesspool, number: \_\_\_\_
- innovative/alternative system Type/name of technology: \_\_\_\_\_

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

Soil dry, no signs of hydraulic failure, no ponding, vegetation normal.

CESSPOOLS: \_\_\_\_ (cesspool must be pumped as part of inspection)(locate on site plan)

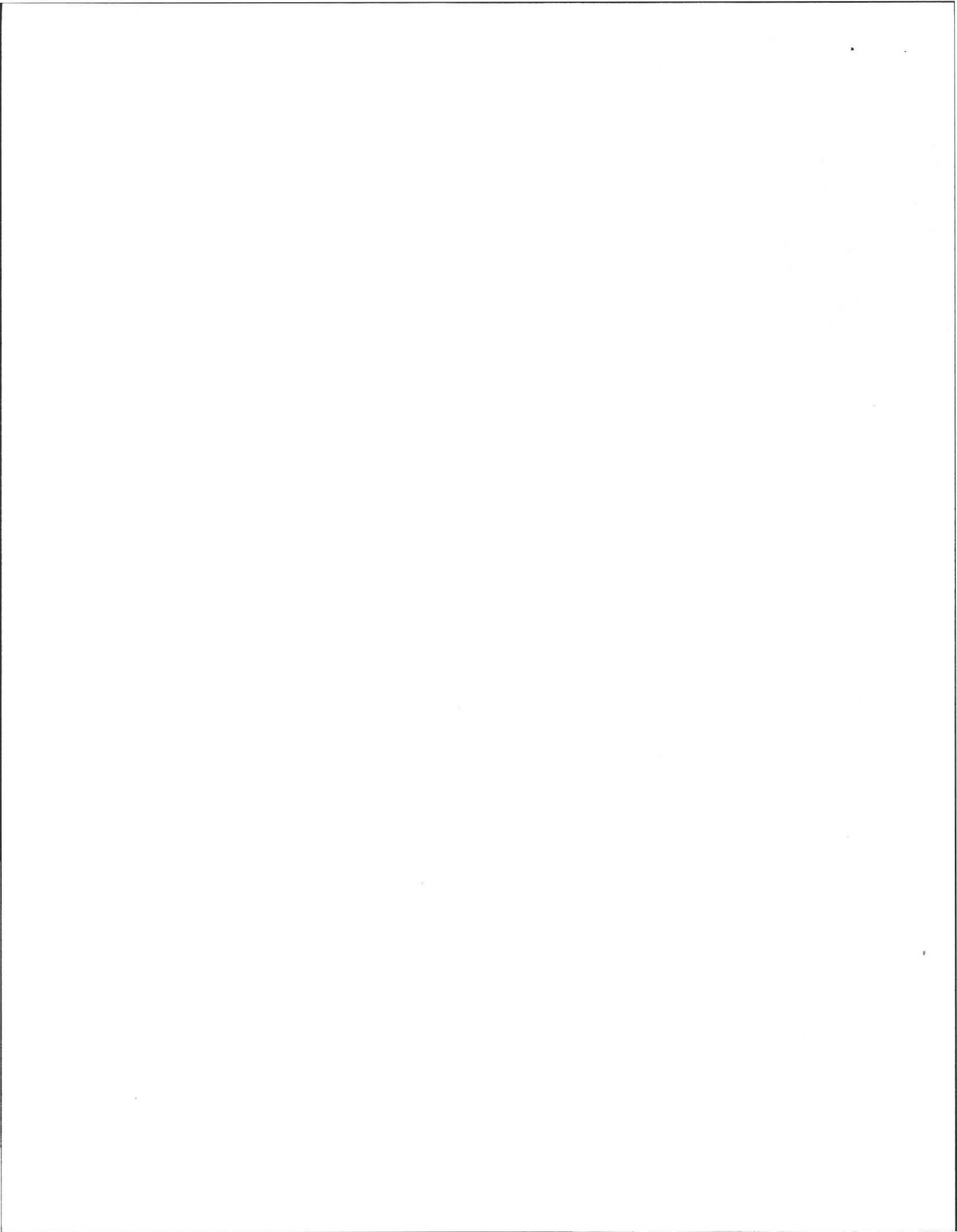
- Number and configuration: \_\_\_\_\_
- Depth – top of liquid to inlet invert: \_\_\_\_\_
- Depth of solids layer: \_\_\_\_\_
- Depth of scum layer: \_\_\_\_\_
- Dimensions of cesspool: \_\_\_\_\_
- Materials of construction: \_\_\_\_\_
- Indication of groundwater inflow (yes or no): \_\_\_\_

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

PRIVY: \_\_\_\_ (locate on site plan)

- Materials of construction: \_\_\_\_\_
- Dimensions: \_\_\_\_\_
- Depth of solids: \_\_\_\_\_

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





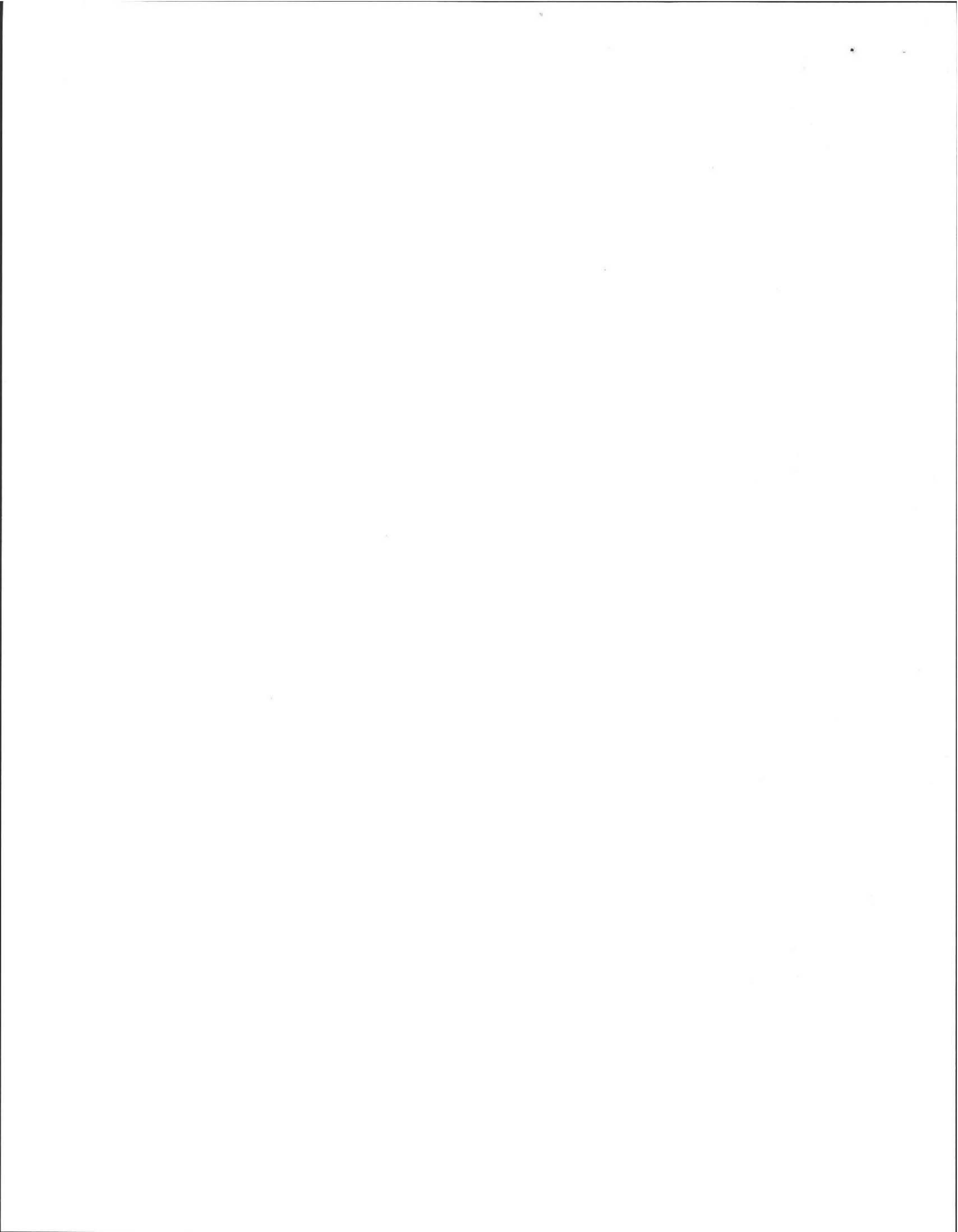
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 339 Henry St.  
Owner: Lynch Amherst  
Date of Inspection: 6/2/01

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.

(See attached)



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

PART C

SYSTEM INFORMATION (continued)

Property Address: 339 Henry St.

Owner: Lynch Amherst

Date of Inspection: 6/21/01

SITE EXAM

Slope 0  
Surface water no  
Check cellar dry  
Shallow wells no

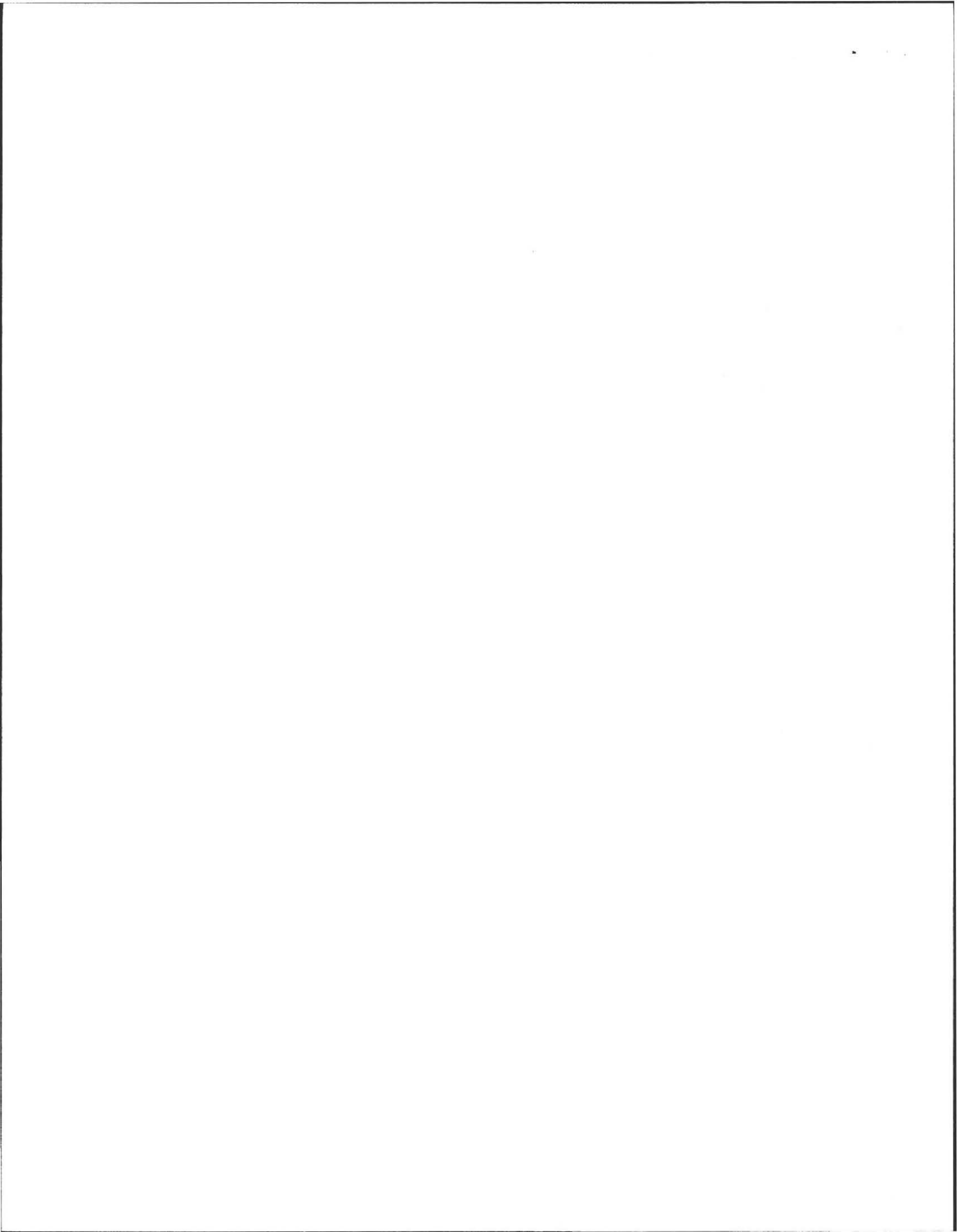
Estimated depth to ground water 6+ feet

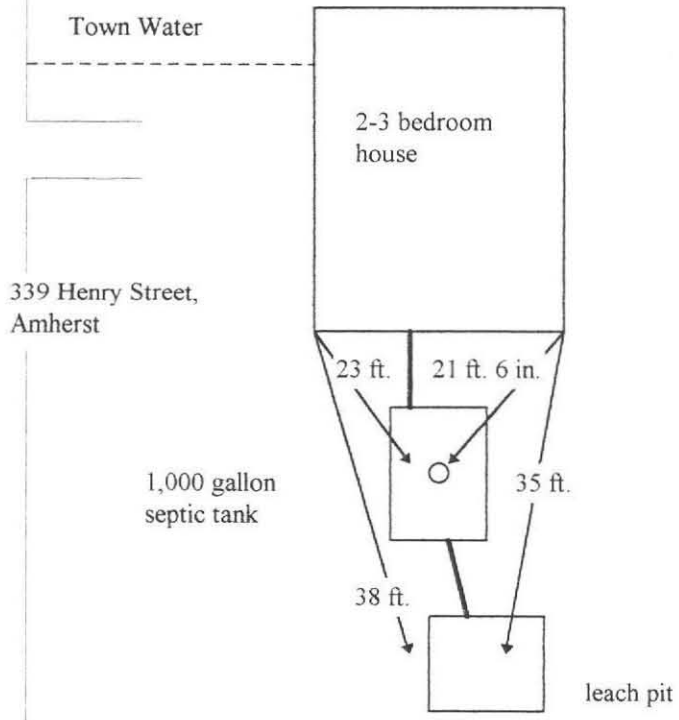
Please indicate (check) all methods used to determine the high ground water elevation:

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

You must describe how you established the high ground water elevation:

Soil Survey book sets high ground water elevation at 6+ feet  
and a 6 foot hole was excavated during inspection with no signs  
of weeps or standing water.





Not To Scale

