

#419 Henry St. Lot 2

SPT 2005-00112





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

received  
8.06.07



Owner information is required for every page.

419 Henry Street  
Property Address

Shelly Henley and Jeff Wittman  
Owner's Name

Amherst, MA 01002 08.01.2007  
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.**

**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 Information

1. 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  
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

Inspector's Signature      08.01.2007  
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.**

100-10000



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B. 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 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:

All levels were good at inspection, system is 2 years old. Tank pumped, (D. box, & S. tank had good levels and no indication of past high staining or ponding. (Furnace condensate and dehumidifier must be disconnected. from septic)

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.

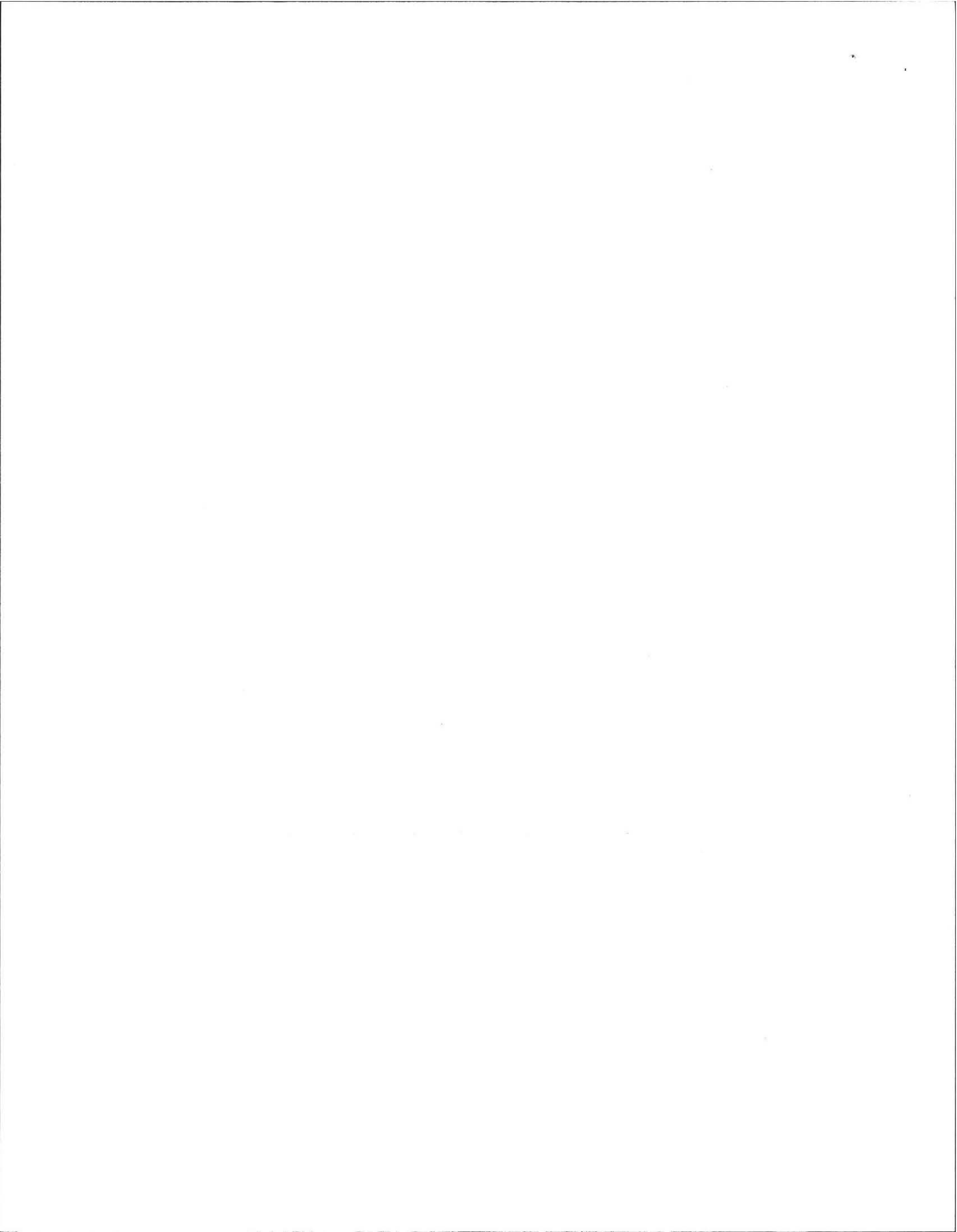
\* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

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





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- checkbox distribution box is leveled or replaced

ND Explain:

- checkbox 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):

- checkbox broken pipe(s) are replaced

- checkbox obstruction is removed

ND Explain:

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

- checkbox 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:

- checkbox Cesspool or privy is within 50 feet of a surface water

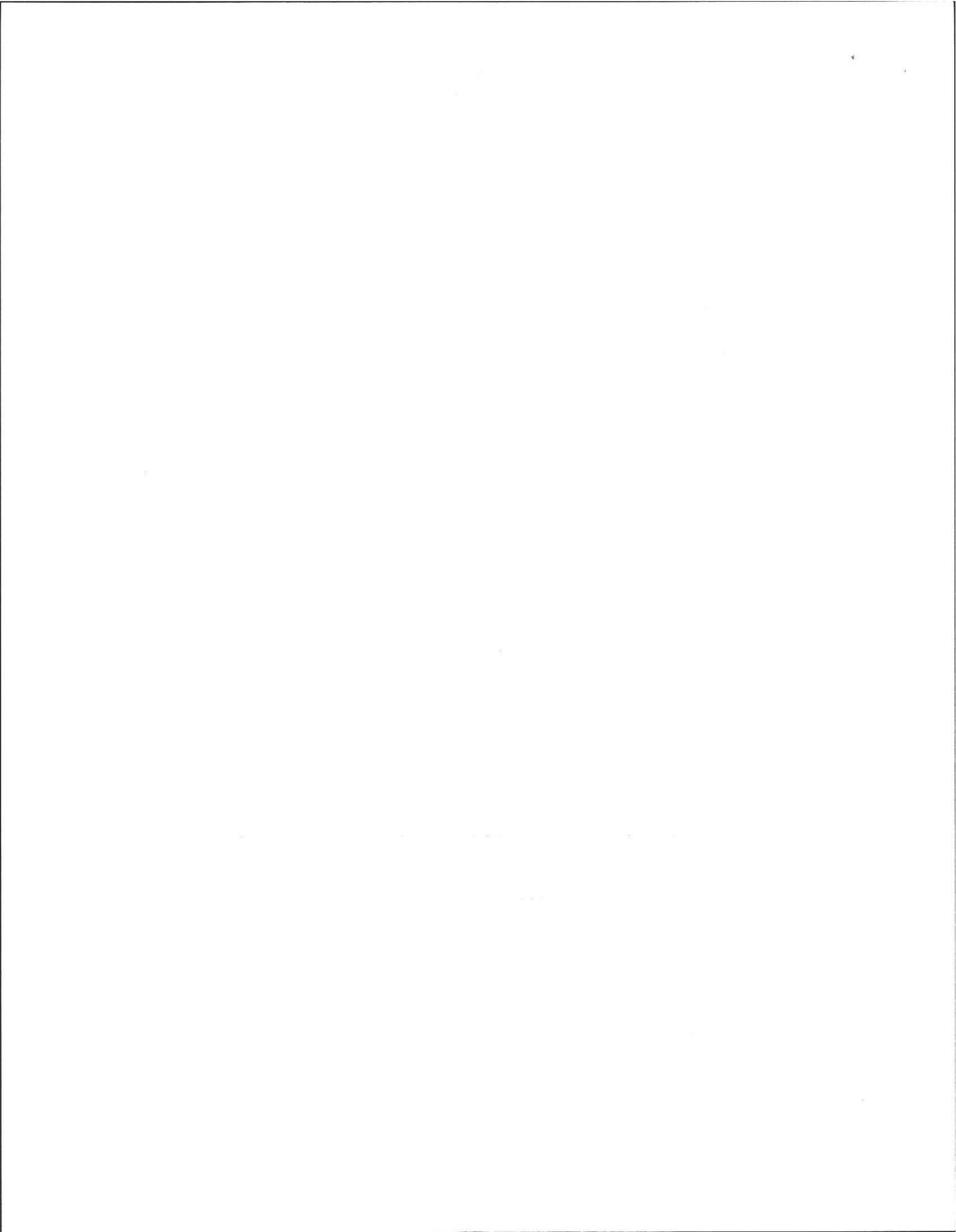
- checkbox Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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:

- checkbox 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.

- checkbox The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

- checkbox The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.







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B. Certification (cont.)

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

- 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: Measured

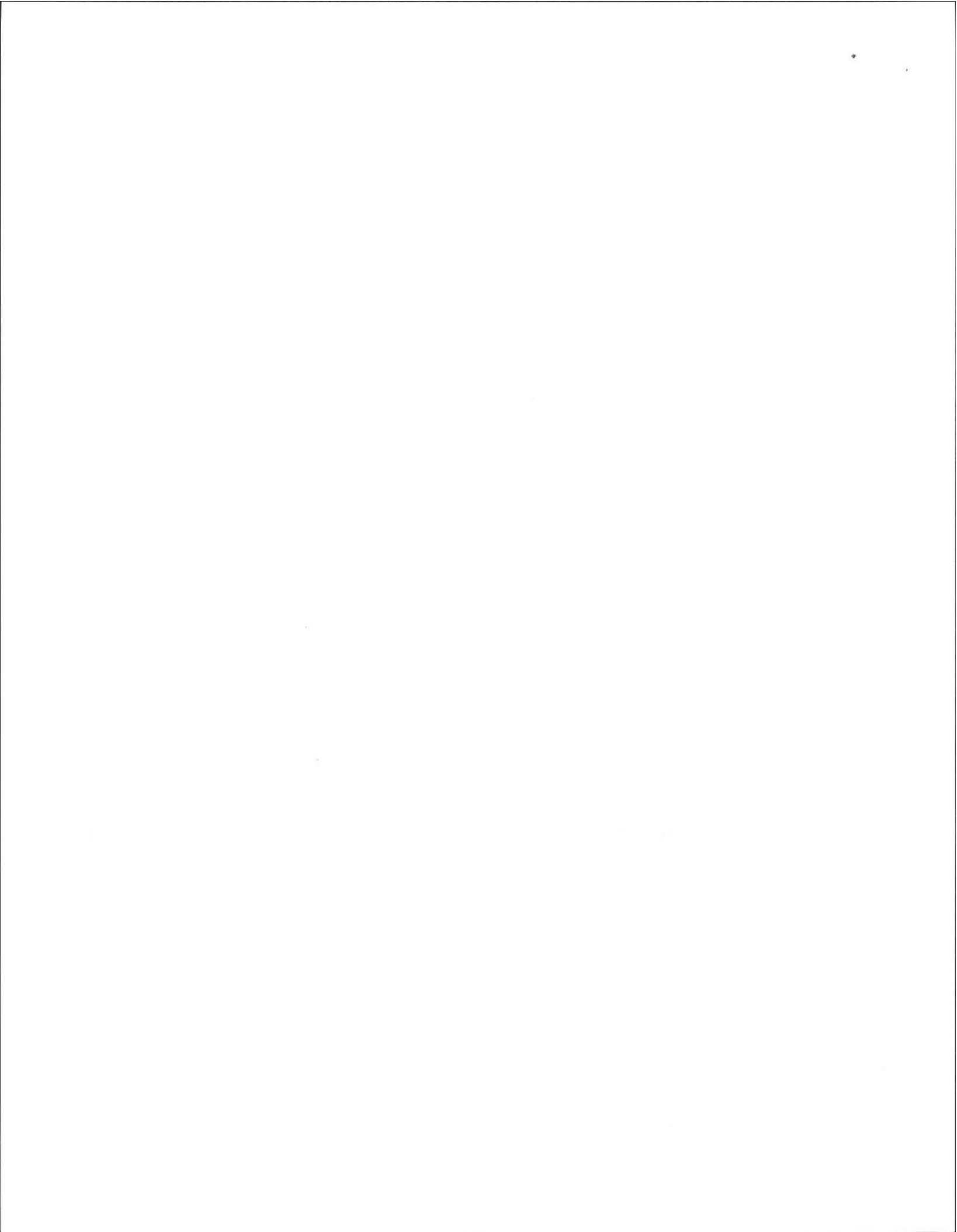
\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must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

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- Yes No Backup of sewage into facility or system component due to 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 SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.





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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

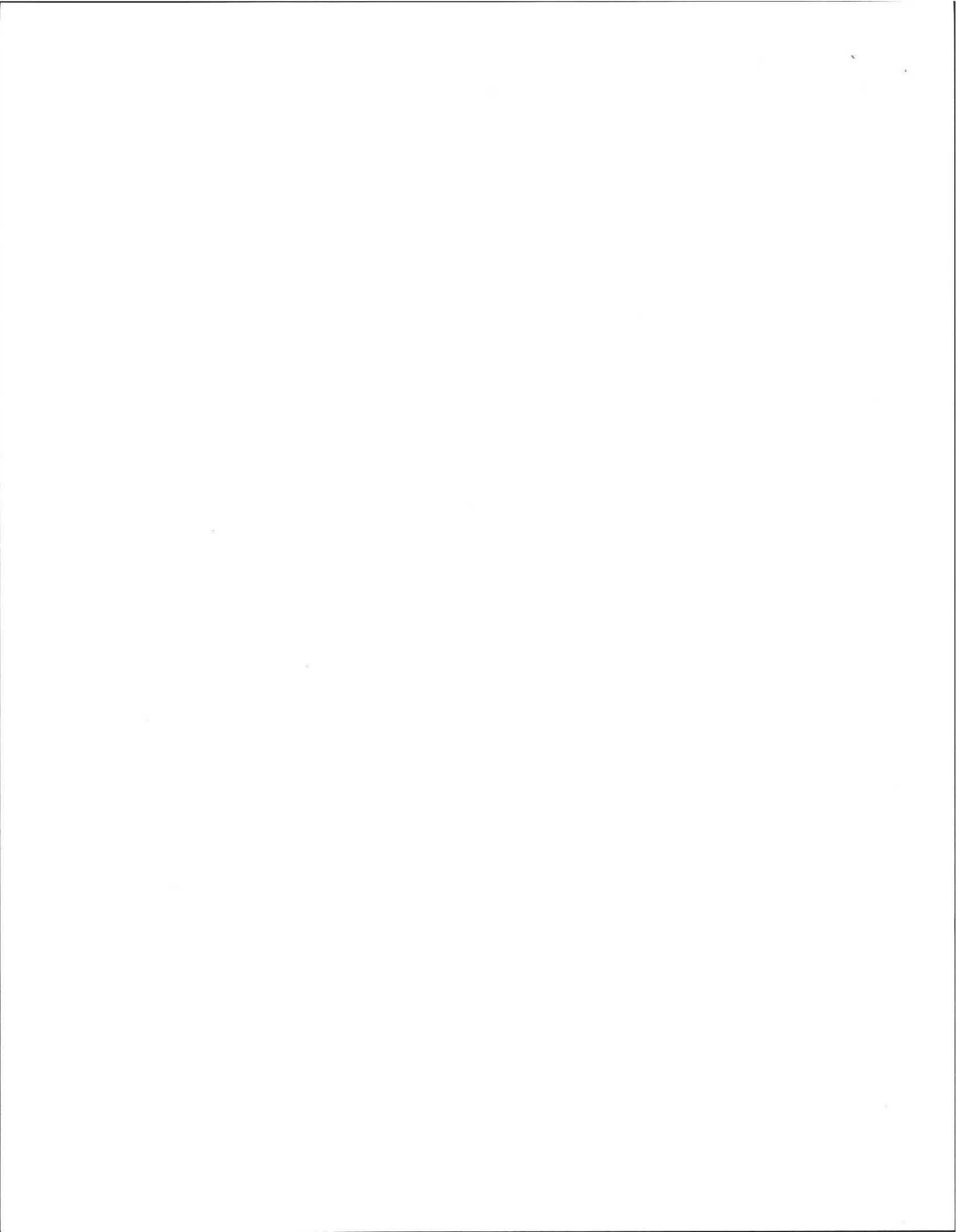
- Yes No
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis.
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
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.

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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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

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





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C. Checklist

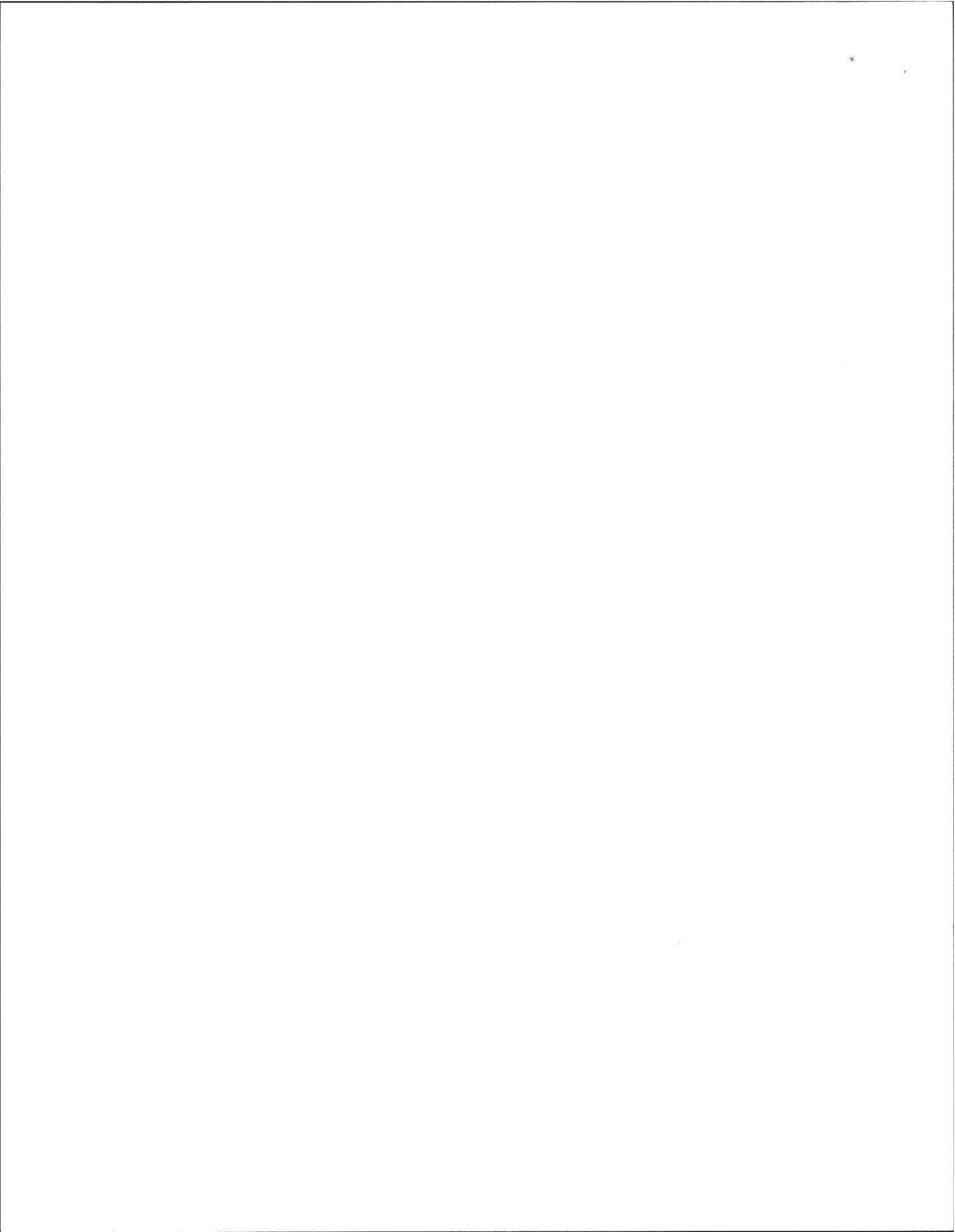
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

Yes No

- Checklist items with Yes/No checkboxes: Pumping information was provided... Were any of the system components pumped out... Has the system received normal flows... Have large volumes of water been introduced... Were as built plans of the system obtained... 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... 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:

- 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(5)]





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**D. System Information**

**Residential Flow Conditions:**

Number of bedrooms (design): 5 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 600

Number of current residents: 4

Does residence have a garbage grinder?  Yes  No

Is laundry on a separate sewage system? [if **yes** separate inspection required]  Yes  No

Laundry system inspected?  Yes  No

Seasonal use?  Yes  No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump?  Yes  No

Last date of occupancy: current  
Date

**Commercial/Industrial Flow Conditions:**

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A  
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): N/A

Grease trap present?  Yes  No

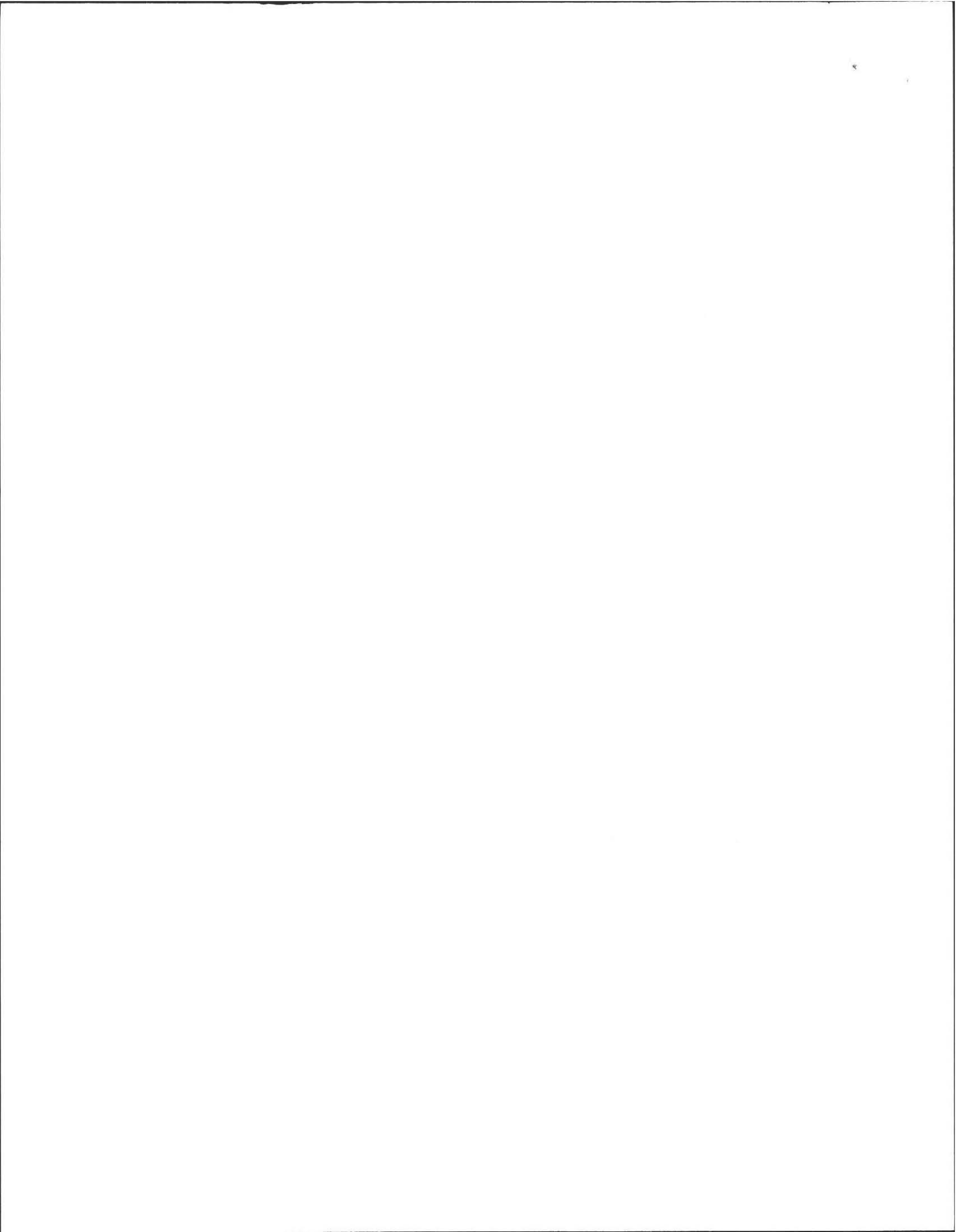
Industrial waste holding tank present?  Yes  No

Non-sanitary waste discharged to the Title 5 system?  Yes  No

Water meter readings, if available: N/A

Last date of occupancy/use: N/A  
Date

Other (describe): N/A







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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

Owner: (2+ yrs)

Was system pumped as part of the inspection?

[X] Yes [ ] No

If yes, volume pumped:

1500 g

gallons

How was quantity pumped determined?

meas.

Reason for pumping:

T-5

Type of System:

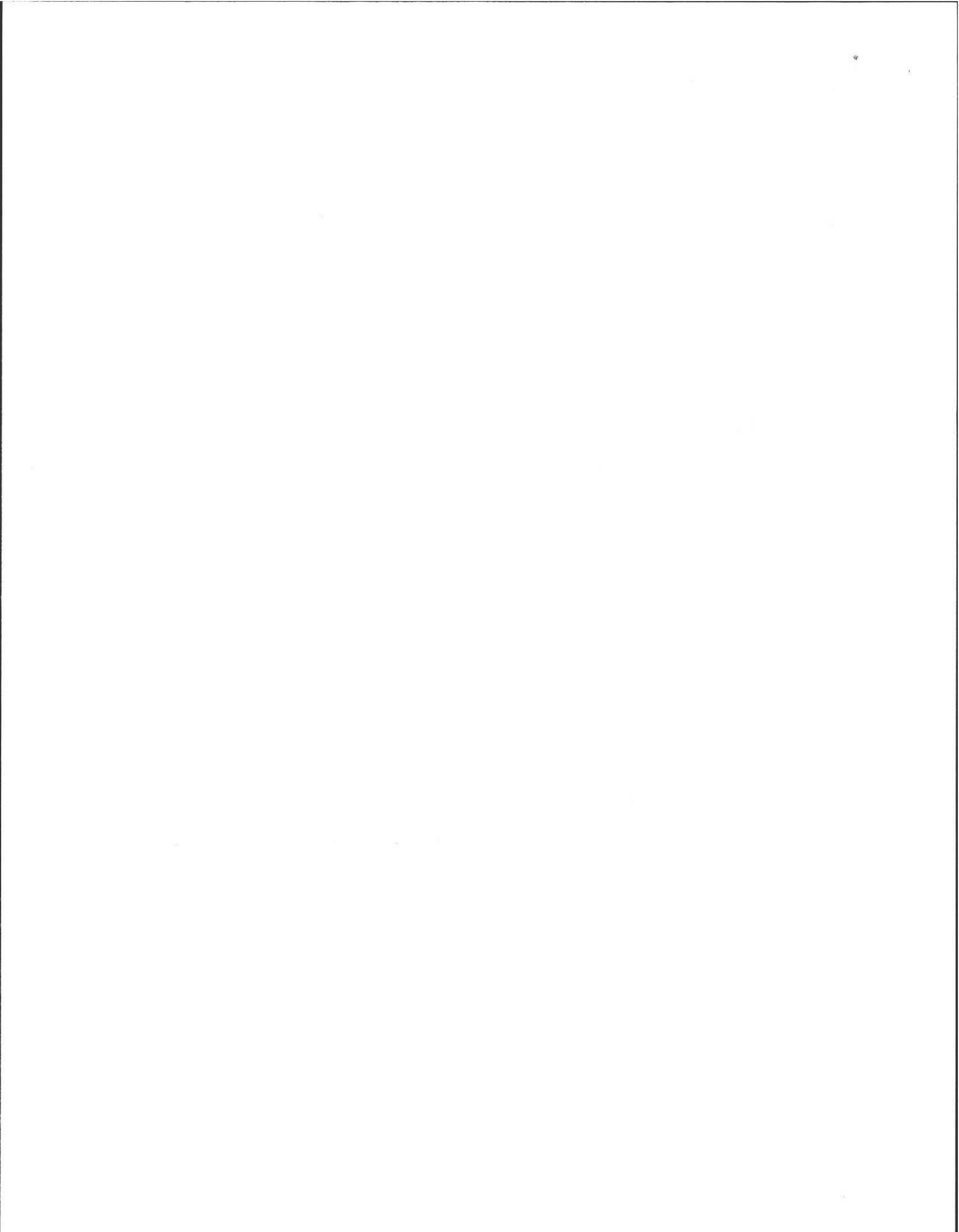
- [X] Septic tank, distribution box, soil absorption system
[ ] Single cesspool
[ ] Overflow cesspool
[ ] Privy
[ ] Shared system (yes or no) (if yes, attach previous inspection records, if any)
[ ] Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to 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:

2+ Years

Were sewage odors detected when arriving at the site?

[ ] Yes [X] No





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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1'+  
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

10'+  
feet

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

Septic Tank (locate on site plan):

Depth below grade:

14"  
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes  No

Dimensions:

10.5'X5.5'X4.'

Sludge depth:

1-2"

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

40"

Scum thickness

1-2"

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

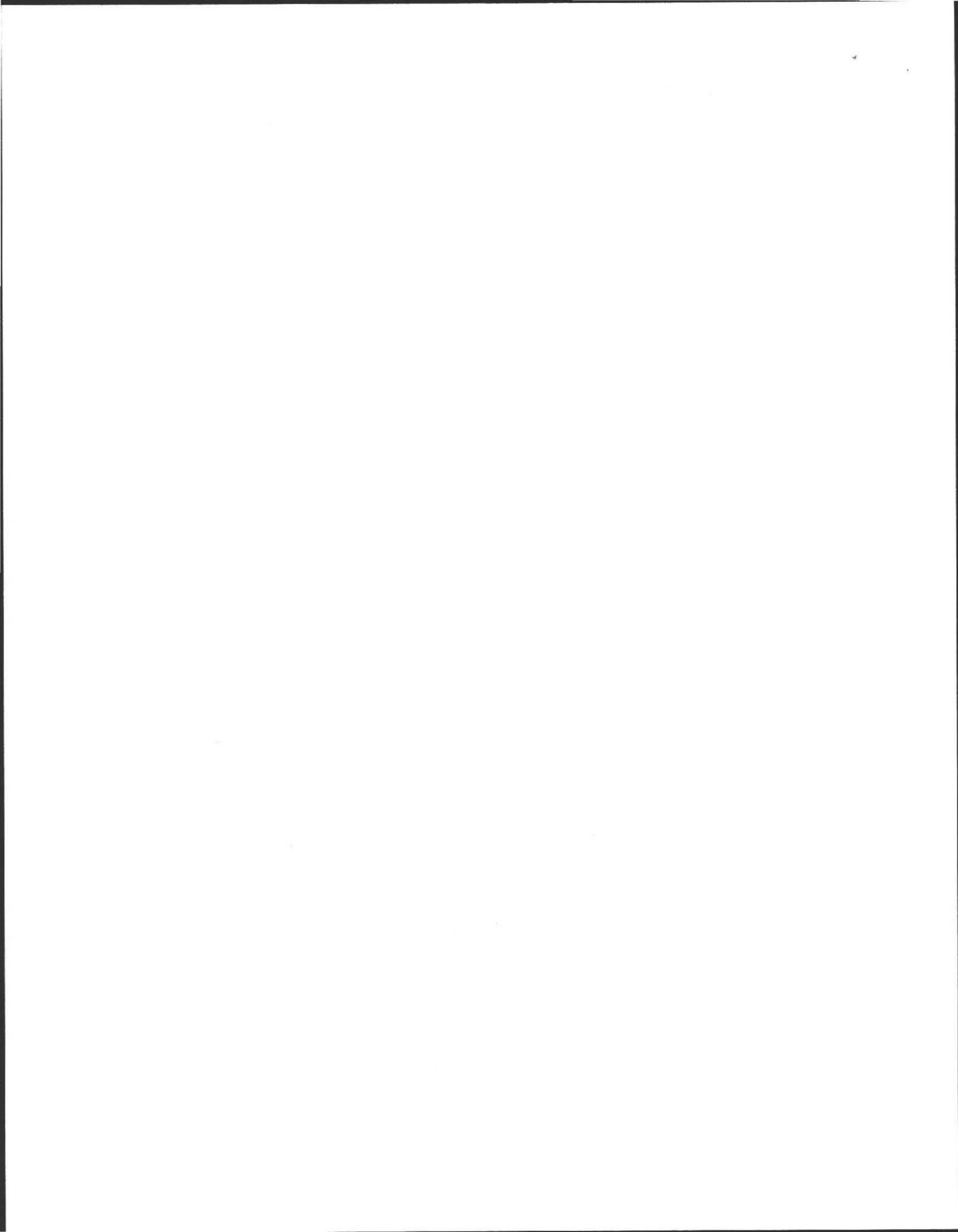
6"

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

12"

How were dimensions determined?

Measured





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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.):

Tank levels good. Structural integrity appeared good at time of inspection. (tees in place),

Grease Trap (locate on site plan):

Depth below grade:

N/A
feet

Material of construction:

- concrete metal fiberglass polyethylene other (explain):

Dimensions:

N/A

Scum thickness

N/A

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

N/A

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

N/A

Date of last pumping:

N/A
Date

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

N/A

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

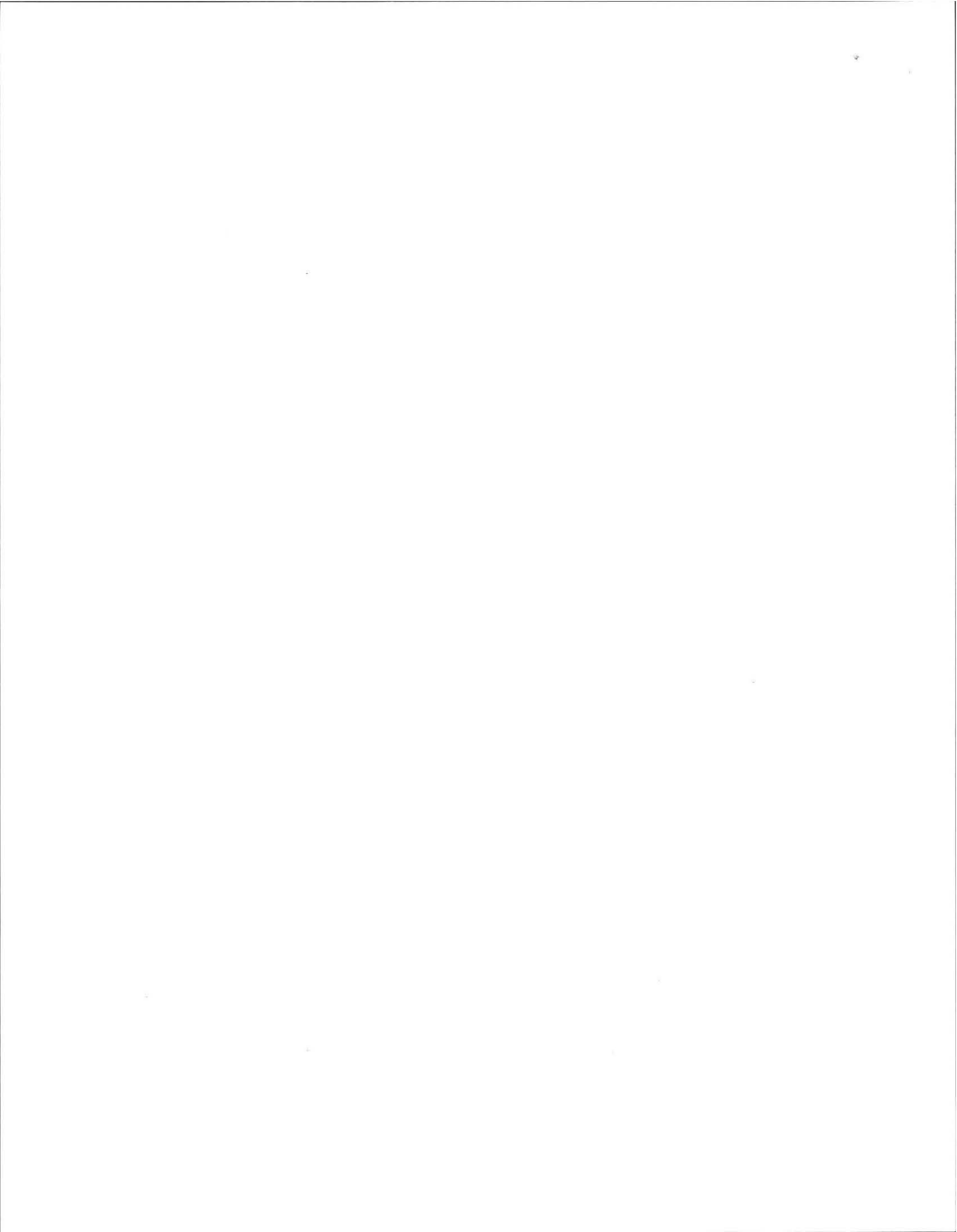
Depth below grade:

N/A

Material of construction:

- concrete metal fiberglass polyethylene other (explain):

N/A





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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes  No

Alarm level:

N/A

Alarm in working order:  Yes  No

Date of last pumping:

N/A

Date

Comments (condition of alarm and float switches, etc.):

N/A

\* Attach copy of current pumping contract (required). Is copy attached?

Yes  No

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

@ Inv. level good.

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.):

Box condition good, level (flow levelers), 20" below grade.

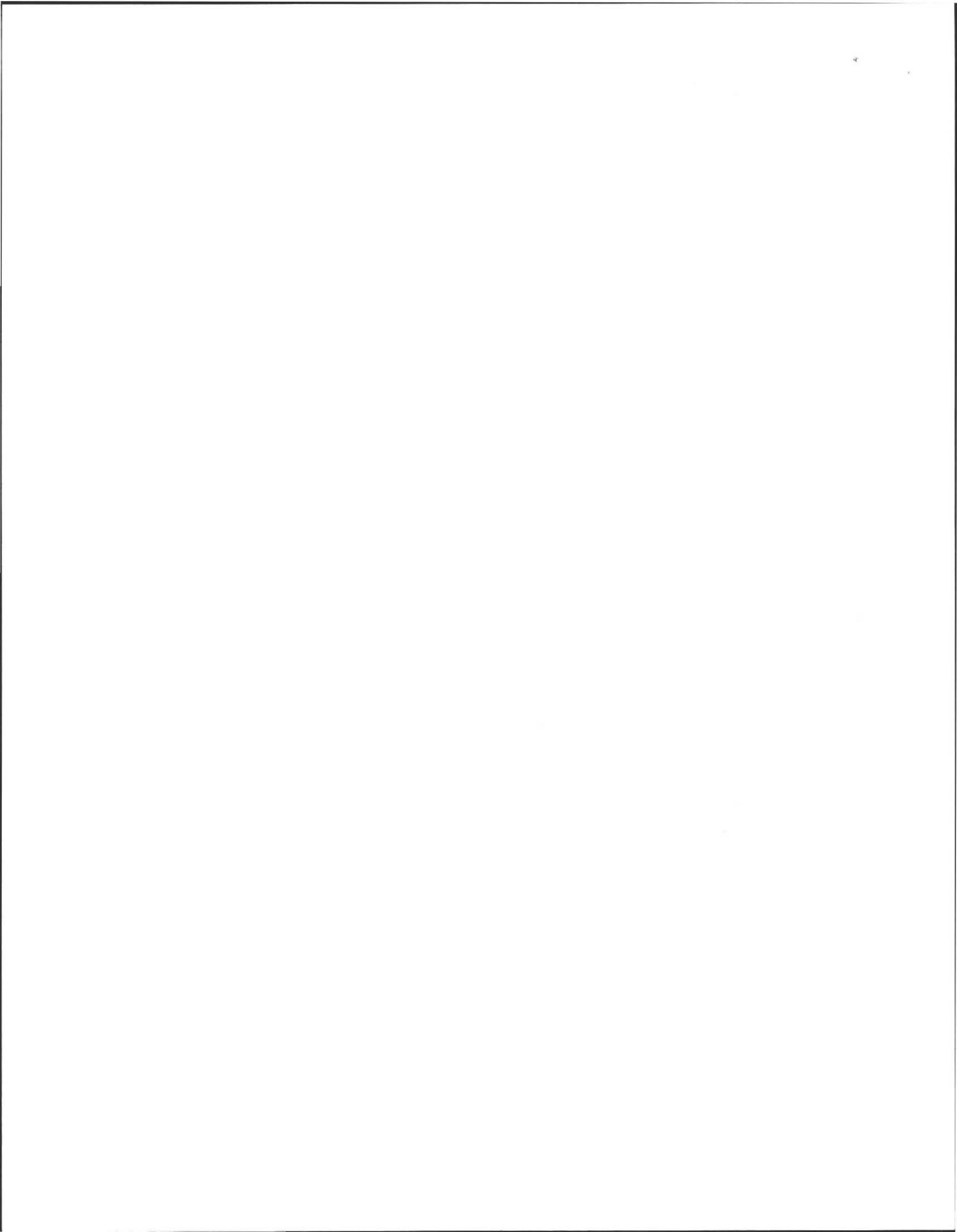
Pump Chamber (locate on site plan):

Pumps in working order:

Yes  No

Alarms in working order:

Yes  No







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## D. System Information (cont.)

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

**Soil Absorption System (SAS)** (locate on site plan, excavation not required):

If SAS not located, explain why:

See plan attached 2005

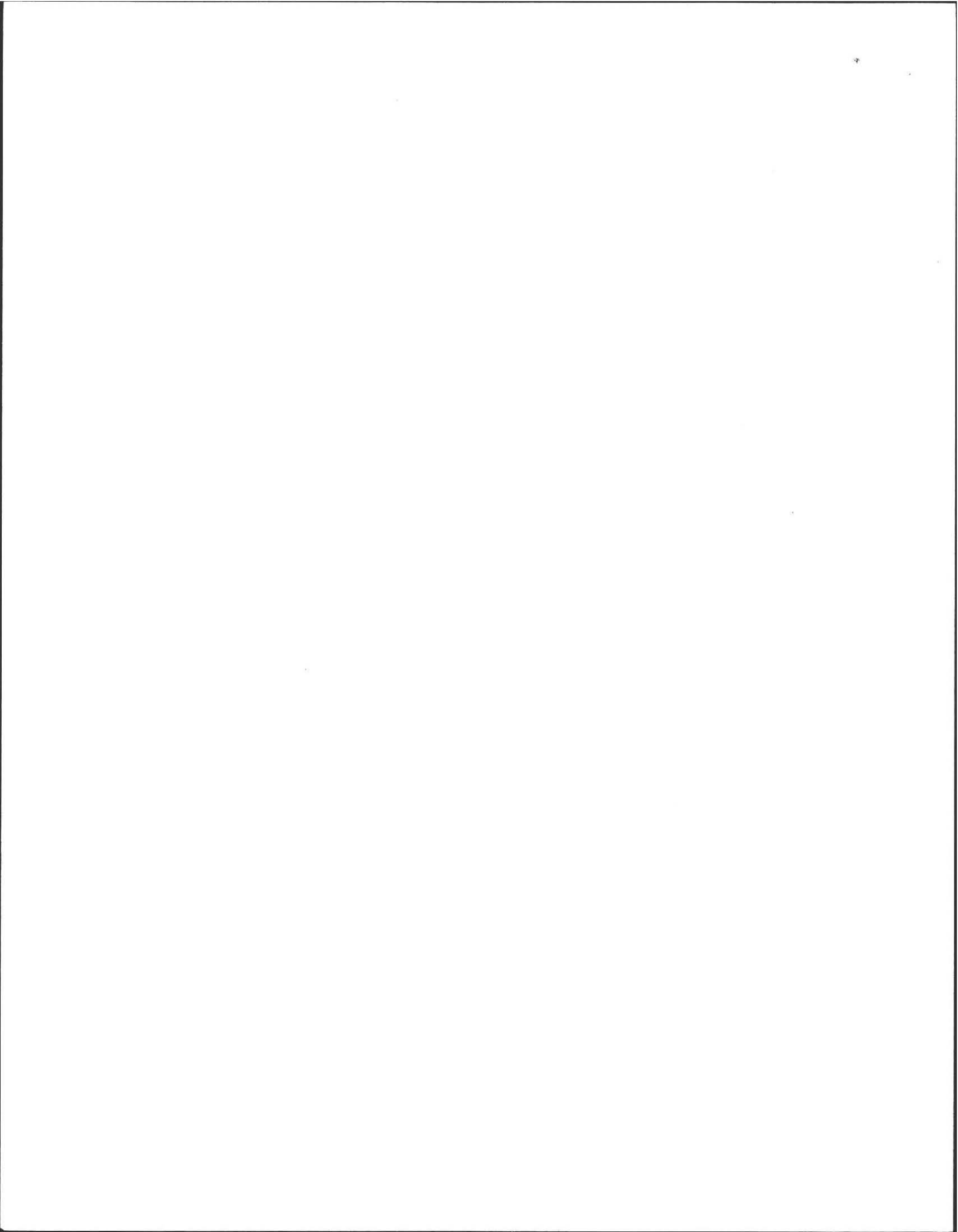
Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: 3 @ 40' L+/- x 2.5' W x 1.25' D
- leaching fields number, dimensions: \_\_\_\_\_
- overflow cesspool number: \_\_\_\_\_
- innovative/alternative system

Type/name of technology: \_\_\_\_\_

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

No evidence of hydraulic failure, soil at top good no stone staining. (No standing liquid in stone)





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D. System Information (cont.)

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  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: N/A

Dimensions N/A

Depth of solids N/A

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

N/A

\_\_\_\_\_





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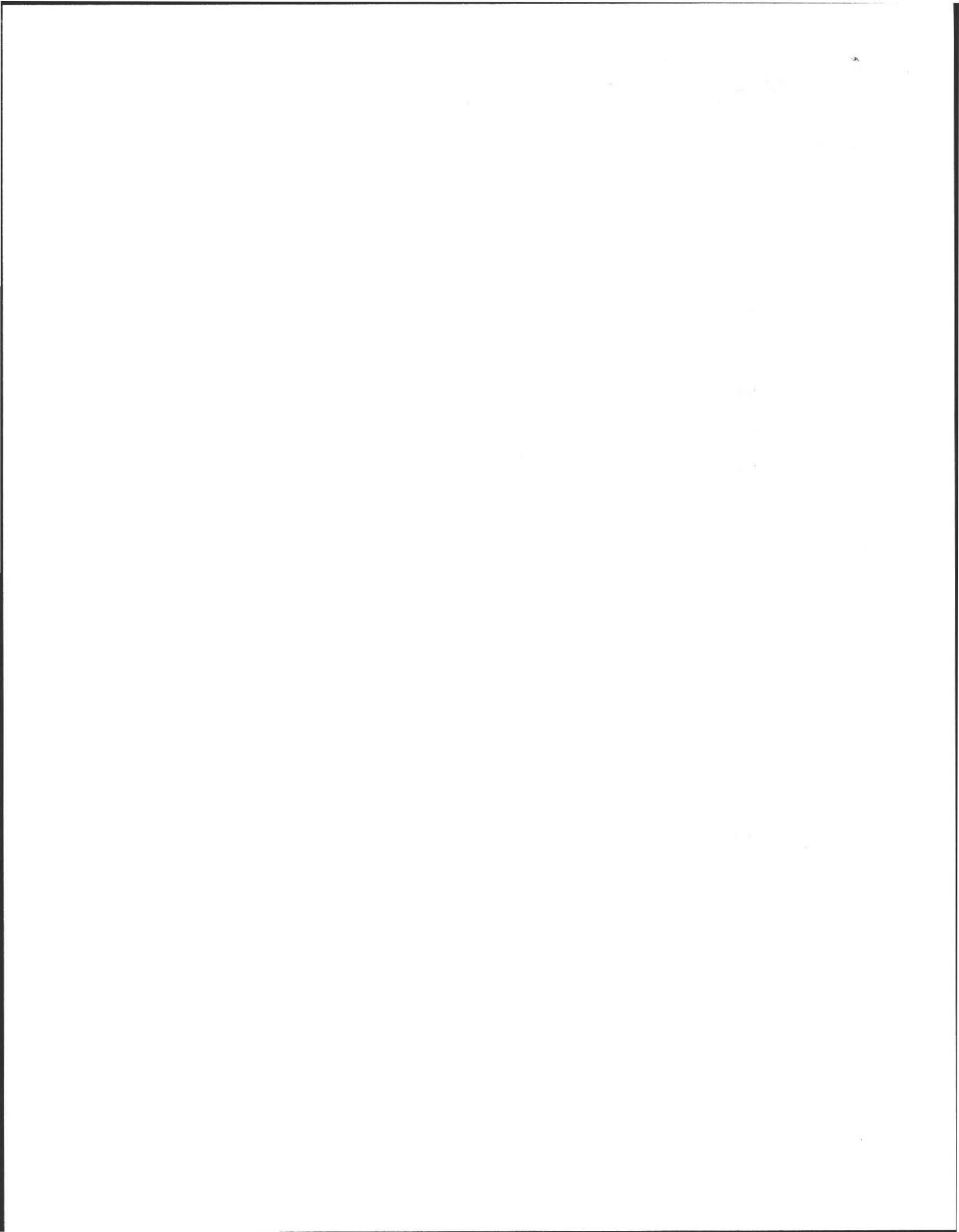
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## D. System Information (cont.)

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.





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**D. System Information (cont.)**

**Site Exam:**

- Check Slope
- Surface water
- Check cellar
- Shallow wells

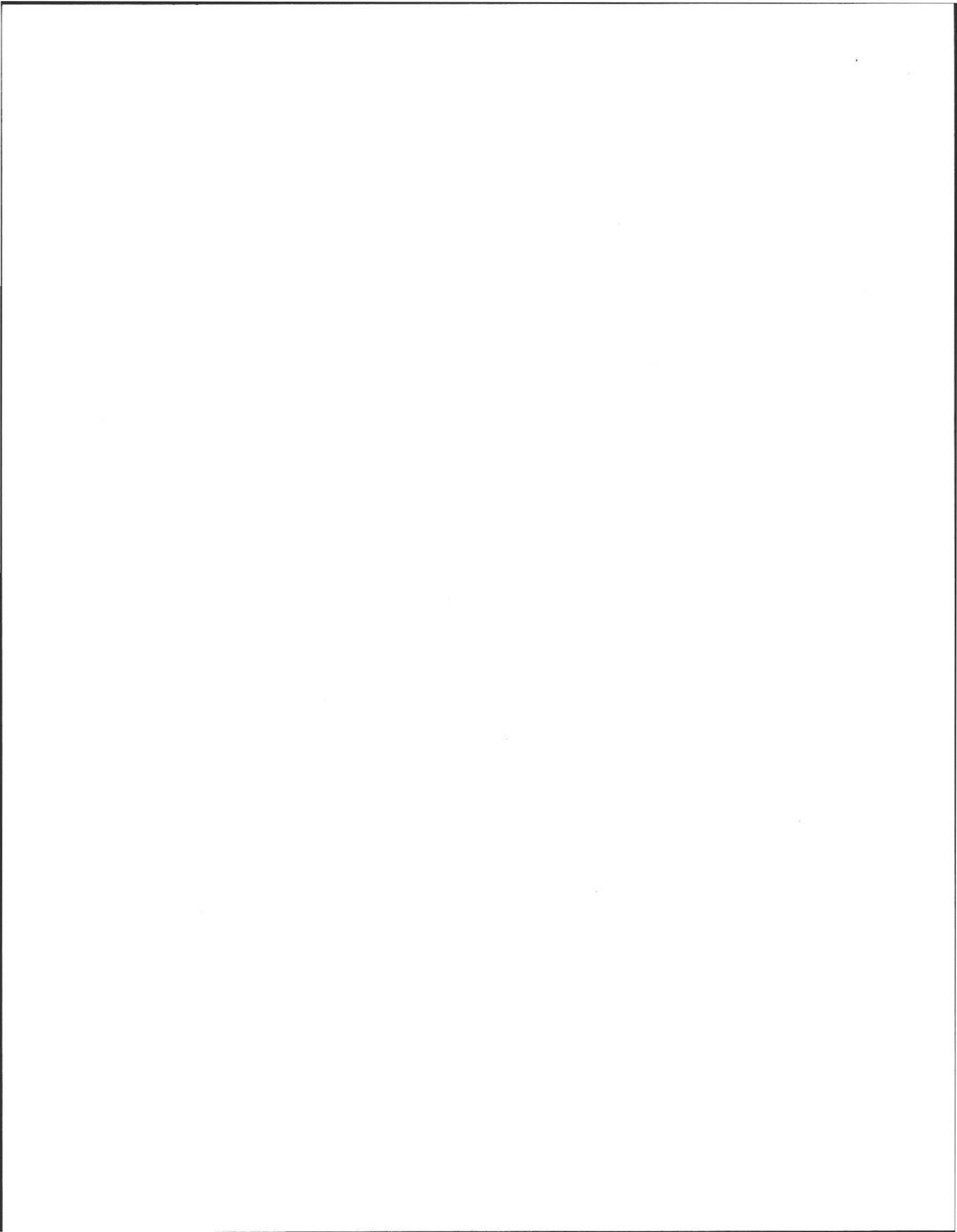
Estimated depth to ground water: 10'+ (2005 records)  
 feet

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

- Obtained from system design plans on record  
 If checked, date of design plan reviewed: n/A  
 Date
- 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:

Based on existing records and site review.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





PROPOSED HOME, SEPTIC SYSTEM AND LOCATION PLAN  
 KOHL CONSTRUCTION  
 LOT 2, PERC "C" #419 HENRY STREET, AMHERST, MA

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

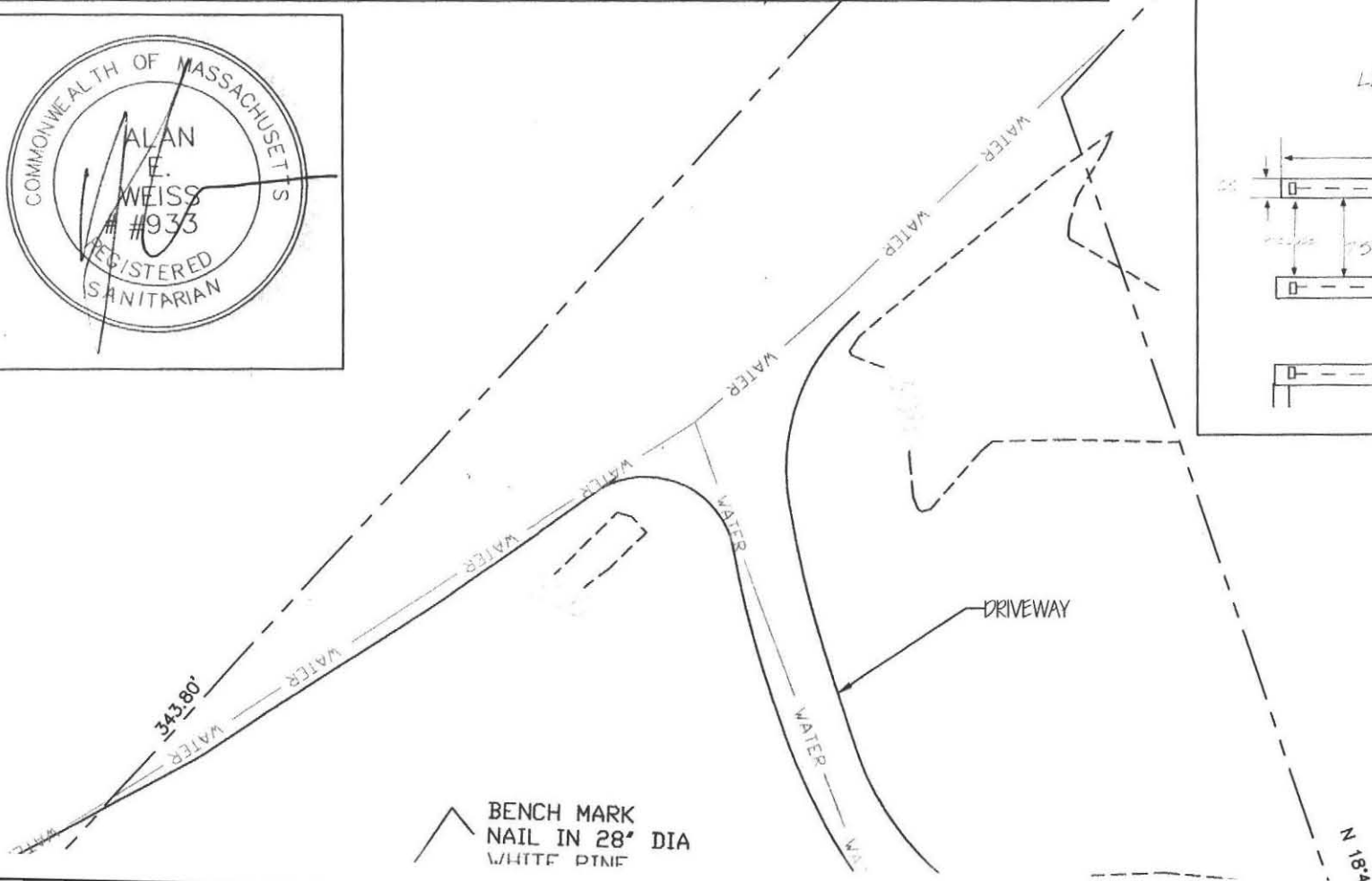
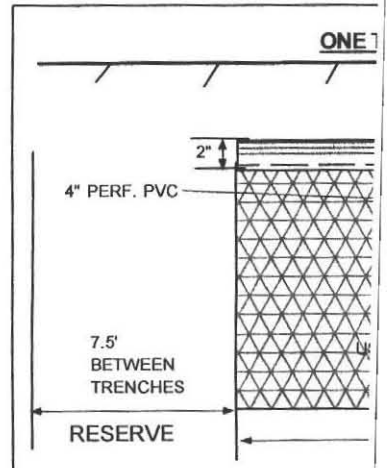
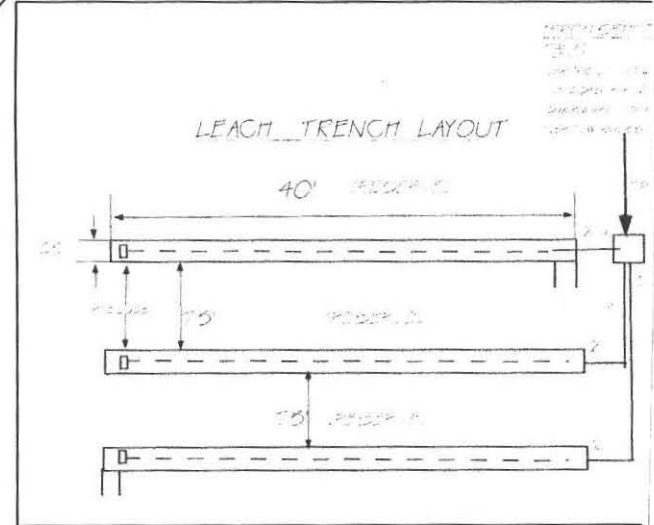
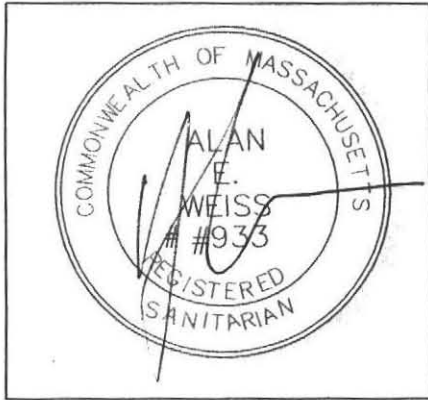
PHONE: (413) 323-5951 FAX: (413) 323-4916  
 BELCHERTOWN, MA. EMAIL: AWEISS@CHARTER.NET

DATE: 12/28/2004 DRAWN BY: ALAN WEISS REVISED: 12/30/2004  
 SCALE: 1" = 30' DRAWING NUMBER: 100-1206-0505

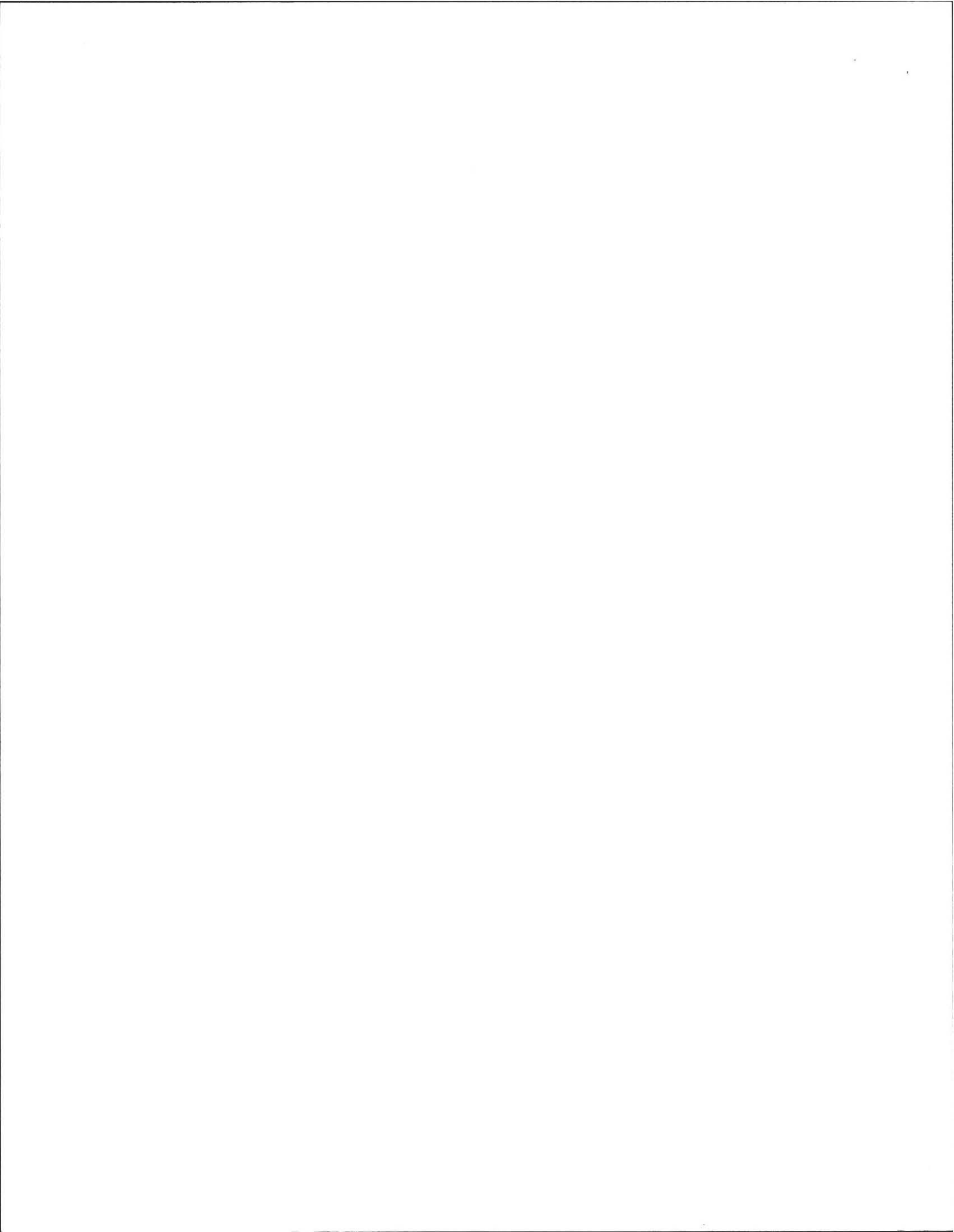
N 42°28'31" E

**NOTE: INSTALLER MUST CALL FOR INSPECTION. INSTALLER WILL NOT BE GIVEN TO BA**

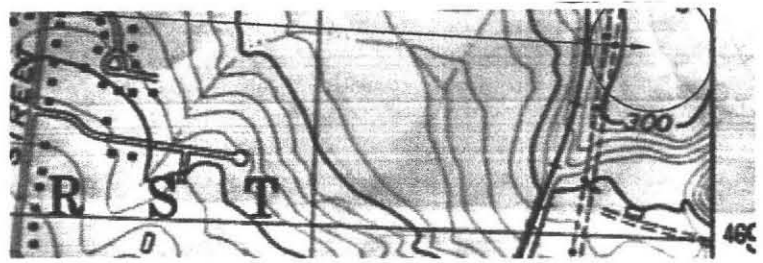
**ATTENTION INSTALLER!! CALL DIG SAFE BEFORE YOU REQUIRE THAT PREMARKING LINES BE MADE A MINIMUM OF**



BENCH MARK  
 NAIL IN 28" DIA  
 WHITE PTNF



# SUBJECT SITE

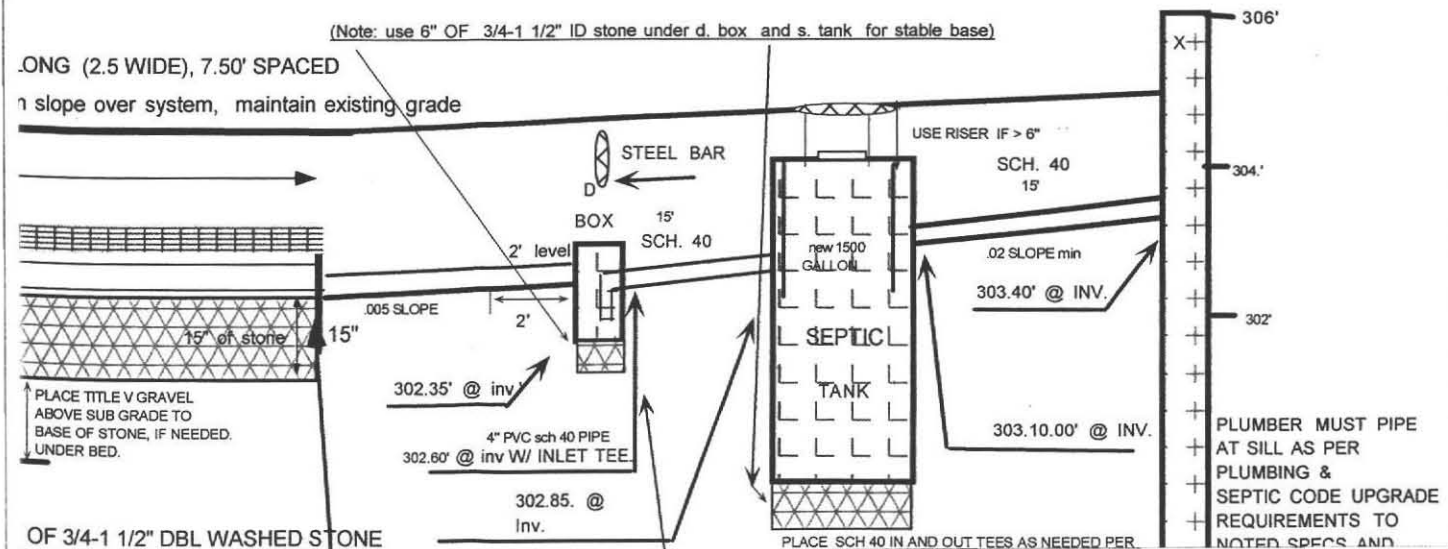


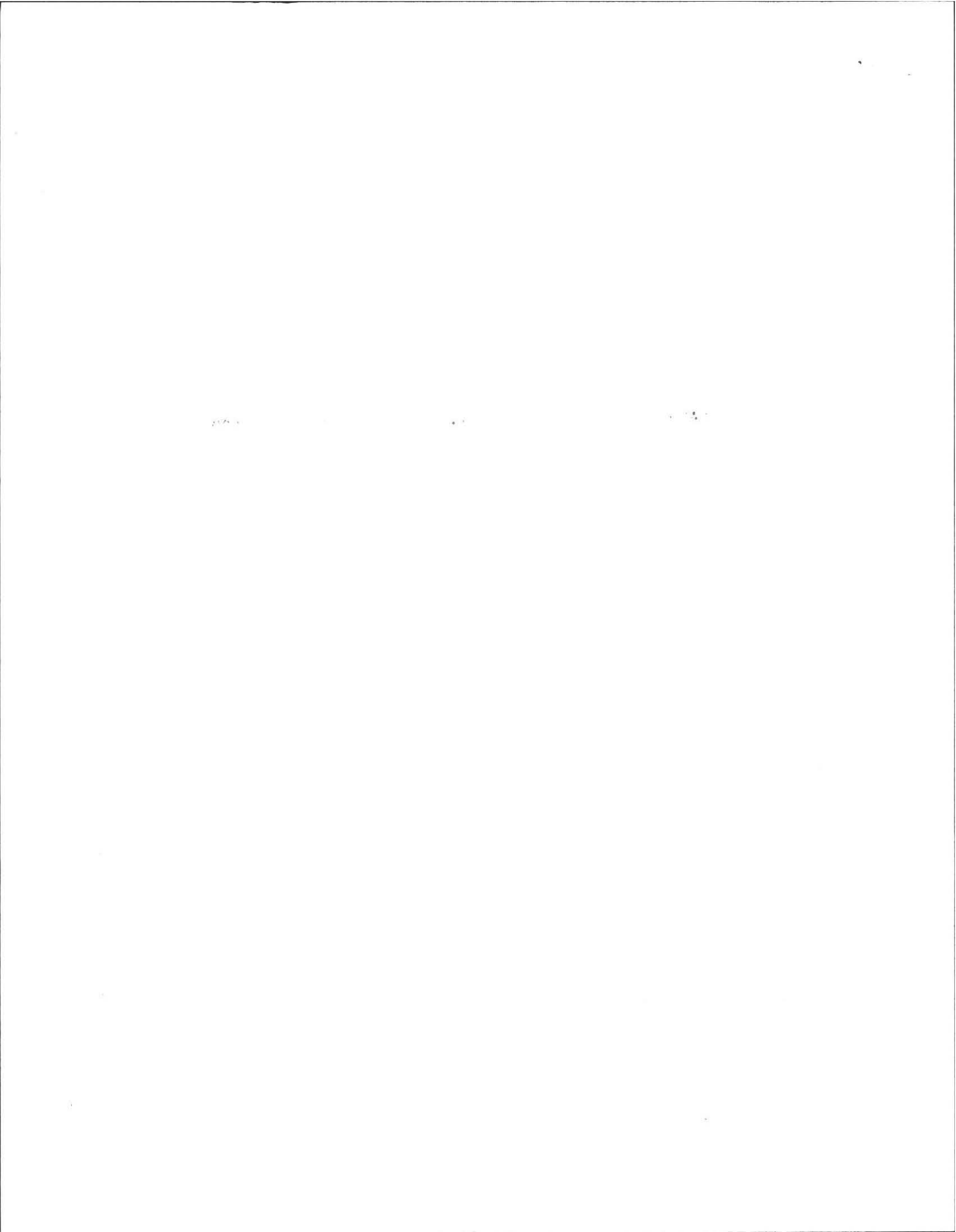
## DESIGN NOTES:

1. 5 BR X 110 GAL./ PERSONS/ DAY = 550 GAL./ DAY (5 bedroom design),
2. -Use THREE TRENCHES 2.5' wide x 40' LONG W/ 2.0' DEEP of DBL washed stone below invert.  
 Bot. Area: 3( 2.5' wide x 40' long) = 300 SF.  
 Side Area: 3( 2' HIGH X 40' LONG) X 2 SIDES = 480 SF  
 Side End Area: 3( 2' HIGH X 2.5' WIDE) X 2 = 30 SF  
 Tot. Area: 810 sf x 0.74 gal/ sf. = 600 GAL./ DAY.
3. GARBAGE DISPOSAL NOT ALLOWED
4. ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'.
5. NO other PRIVATE WELLS WITHIN 150 FEET OF SAS (TOWN WATER).
6. NO WETLAND WITHIN 150 FEET OF SAS (SEE PLAN).
7. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE NOTED.
8. SUBGRADE & FINAL INSPECTION REQUIRED
- 8A USE NEW 1500 GAL WATERTIGHT S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK, PLACE HOUSE SEWER IF NEEDED.
9. SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
10. 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 28" MIN. AS NEEDED.  
 CLEAR TO BASE OF B (MIN. 28") & SCARIFY SOIL UNDER BED PRIOR TO TITLE V SAND PLACEMENT (if needed).
11. SOIL EVALUATION BY A. WEISS, RS. 5/15/2000 (D. ZAROZINSKI, BOH AGENT).
12. DEPTH OF PERC. 48 & 49" BY A. WEISS 5-15-2000, D. ZAROZINSKI, HEALTH AGENT
13. PERC RATE = < 2 MIN/ IN, CLASS I SOIL RATING ( 5)
14. INSTALL/ INSPECT SCH. 40 TEES/ BAFFLES (10" INLET, 14" OUTLET).
15. USE APPROVED (1 1/2") DBL. WASHED STONE UNDER BED & D. BOX FOR 6".  
 CONFIRM STONE PROPERLY WASHED (WITH BUCKET / H2O TEST) PRIOR TO PLACEMENT.
16. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
17. ENGINEER TO INSPECT SUBGRADE, STUMPS AND BOULDERS WHERE INTERFERES WITH NEW SAS.
18. T.B.MI. 100.00 AT TOP OF HYDRANT AT STREET (RTE 63, AS NOTED), CONFIRM PROPER PIPE SLOPES USE/ INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
20. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
21. USE LEACHING TRENCHES DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)

## CROSS SECTION OF SEPTIC SYSTEM

(Note: use 6" OF 3/4-1 1/2" ID stone under d. box and s. tank for stable base)





6/25/2013 - Ed's notes for T-5 witnesses:

35 TRILLION

- d-box level, pipes good angle.
- 20' off of foundation
- observation port ✓
- can hear plumbing vent coming into septic tank

4/9 HENRY - Scott Ardison /

4 people, 5 bedrooms, tank good, d-box - has scum (needs pumping)  
paid \$200



Commonwealth of Massachusetts  
 City/Town of  
**Certificate of Compliance**  
 Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**This is to Certify** that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number \_\_\_\_\_ DSCP Date \_\_\_\_\_

Facility Owner \_\_\_\_\_

Street Address or Lot # \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Designer Information:**

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Installer Information:**

Name \_\_\_\_\_ Name of Company \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Use of this system is conditioned on compliance with the provisions set forth below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

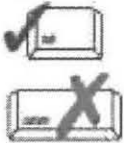
The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

Approving Authority \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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



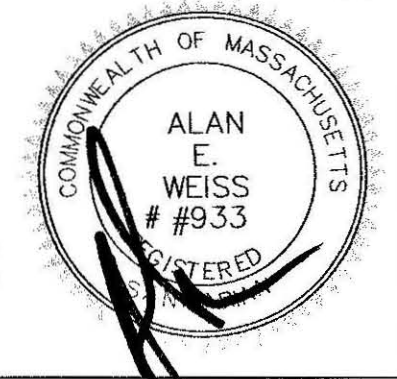


PROPOSED HOME, SEPTIC SYSTEM AND LOCATION PLAN  
 KOHL CONSTRUCTION  
 LOT 2, PERC "C" #419 HENRY STREET, AMHERST, MA

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.  
 BELCHERTOWN, MA

PHONE: (413) 325-5951 FAX: (413) 325-4916  
 EMAIL: AWEISS@CHARTER.NET

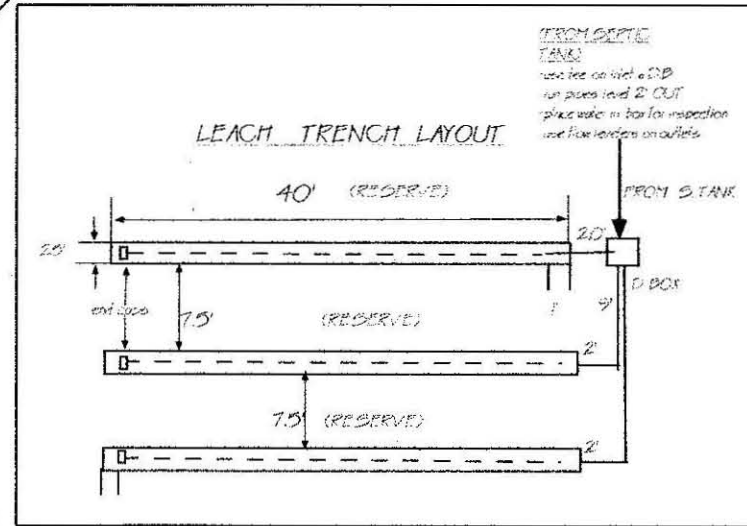
DATE: 12/28/2004 DRAWN BY: ALAN WEISS REVISED: 12/30/2004  
 SCALE: 1" = 30' DRAWING NUMBER: 100-1206-0505



REVISED

NOTE: INSTALLER MUST CONTACT ENGINEER 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.

ATTENTION INSTALLER!!  
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.



**TEST PIT LOG:**

TP-C1 EFF. EL. 304.75' EFF. ELEV. ( TP-C2 )

0-9" A: FRABLE LOOSE FB. (10' R 5' S) 0-9"

9-28" BW: FRABLE LOOSE, SANDY LOAM (10' R 5' S) 9-28"

28-146" C1: SAND, GRANULAR MED-COARSE SAND & GRW 10% COBBLES. (10' R 5' S) 28-146"

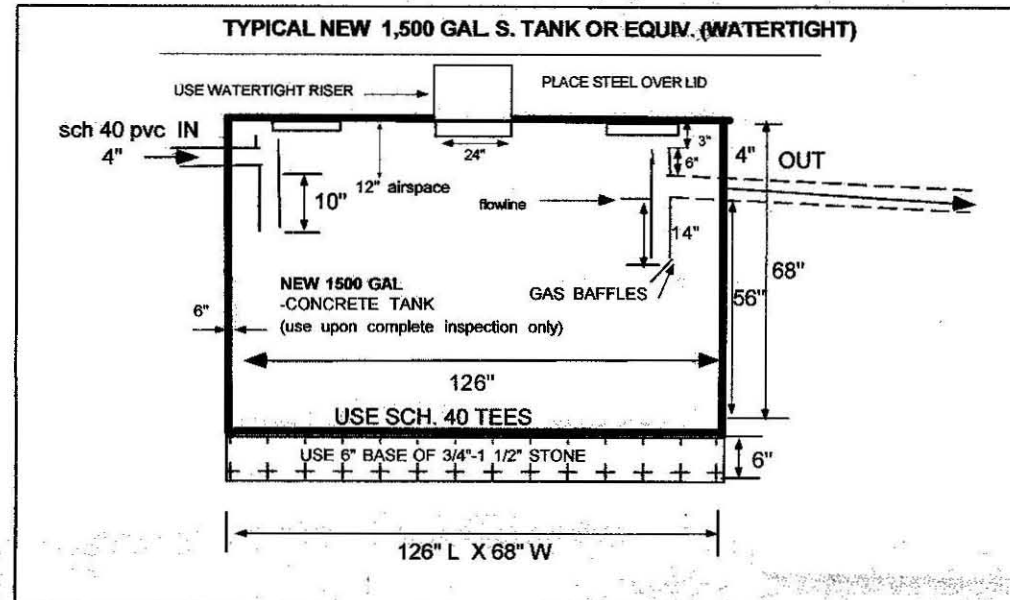
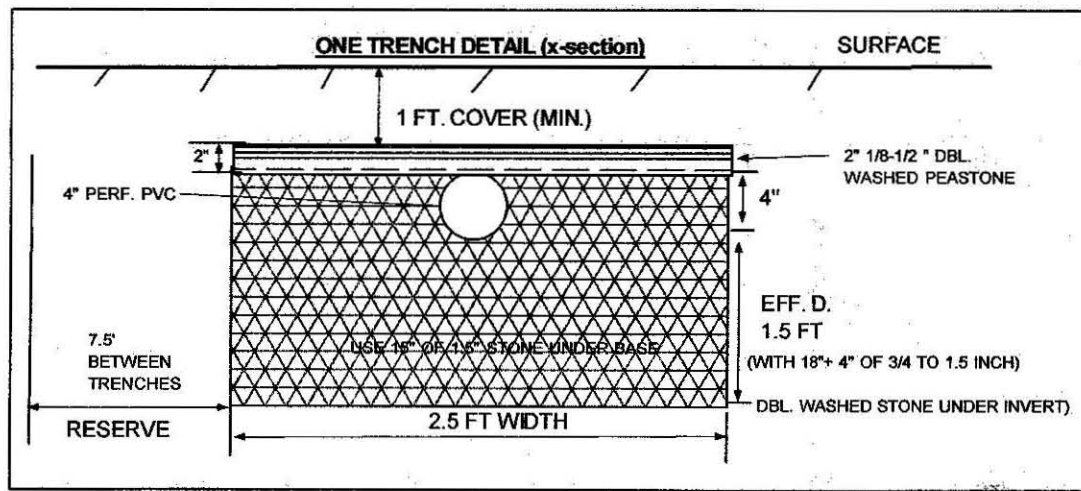
OXIDES: @ 146" ASSUMED (NOT OBS)

ESHWT: ASSUMED @ 146" IN 1" D. FOR DESIGN (5' SEPARATION PROVIDED) = 292.75'

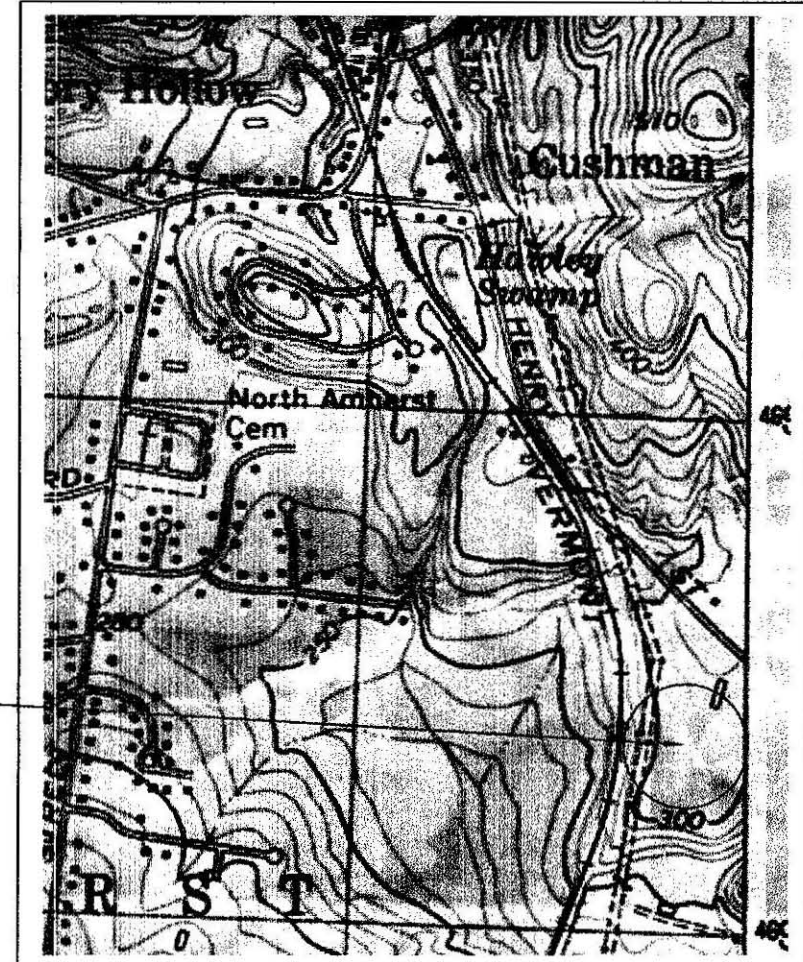
NOT OBS" STANDING H2O

NOT OBS" WEEPING FROM FACE

132" + BEDROCK



- DESIGN NOTES:**
- 1.5 BR X 110 GAL / PERSONS / DAY = 550 GAL / DAY (5 bedroom design).
  - USE THREE TRENCHES 2.5' WIDE X 40' LONG W/ 2.0' DEEP OF DBL. WASHED STONE below invert.
  - Garbage disposal NOT ALLOWED.
  - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'.
  - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS (TOWN WATER).
  - NO WETLAND WITHIN 150 FEET OF SAS (SEE PLAN).
  - PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE NOTED.
  - SUBGRADE & FINAL INSPECTION REQUIRED.
  - USE NEW 1500 GAL. WATERTIGHT S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK. PLACE HOUSE SEWER IF NEEDED.
  - SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
  - 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 28" MIN. AS NEEDED. CLEAR TO BASE OF B (MIN. 28") & SCARIFY SOIL UNDER BED PRIOR TO TITL V SAND PLACEMENT (if needed).
  - SOIL EVALUATION BY A. WEISS, RS. 5/15/2000 (D. ZAROZINSKI, BOH AGENT).
  - DEPTH OF PERC. #8 & #9" BY A. WEISS 5-15-2000 (D. ZAROZINSKI, HEALTH AGENT).
  - PERC RATE = < 2 MIN / IN. CLASS I SOIL RATING (5).
  - INSTALL / INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET).
  - USE APPROVED (1 1/2") DBL. WASHED STONE UNDER BED & D. BOX FOR 6". CONFIRM STONES PROPERLY WASHED (WITH BUCKET / H2O TEST) PRIOR TO PLACEMENT.
  - NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITL V FILL 5' OUT.
  - ENGINEER TO INSPECT SUBGRADE, STUMPS AND BOLLERS WHERE INTERFERES WITH NEW SAS.
  - 1.5 MI. 100.00' AT TOP OF HYDRANT AT STREET (RTE 65, AS NOTED). CONFIRM PROPER PIPE SLOPES USE / INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK.
  - GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
  - USE LEACHING TRENCHES PLE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)



BENCH MARK NAIL IN 28" DIA WHITE PINE ELEV 308.03'

USE THREE 40' LONG BY 2.5' WIDE LEACHING TRENCHES WITH 2" HI STONE

BENCH MARK NAIL IN 24" DIA WHITE PINE ELEV 307.92'

PROPOSED 5 BEDROOM HOUSE

1500 G. S. TANK

PLOT PLAN LOT 2  
 1" = 30'  
 BASE SURVEY FROM KOHL CONSTRUCTION

- GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.**
- 1.) HAVE TANK PUMPED EVERY 2 YEARS.
  - 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
  - 3.) DO NOT PLANT ANT TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF SYSTEM.
  - 4.) USE ONLY LIQUID DETERGENTS IN WASHERS.

