

435 Henry St.





#435

RECEIVED MAY 26 2000

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

TRUDY COXE  
Secretary

DAVID B. STRUHS  
Commissioner

ARGEO PAUL CELLUCCI  
Governor

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION

Property Address: 435 Henry St., Amherst.

Name of Owner: D. Kohl

Address of Owner: 31 Campus Plaza  
Hedley, MA. 01035

Date of Inspection: 5/23/00

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 to verify proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: [Signature]

Date: 5/23/00



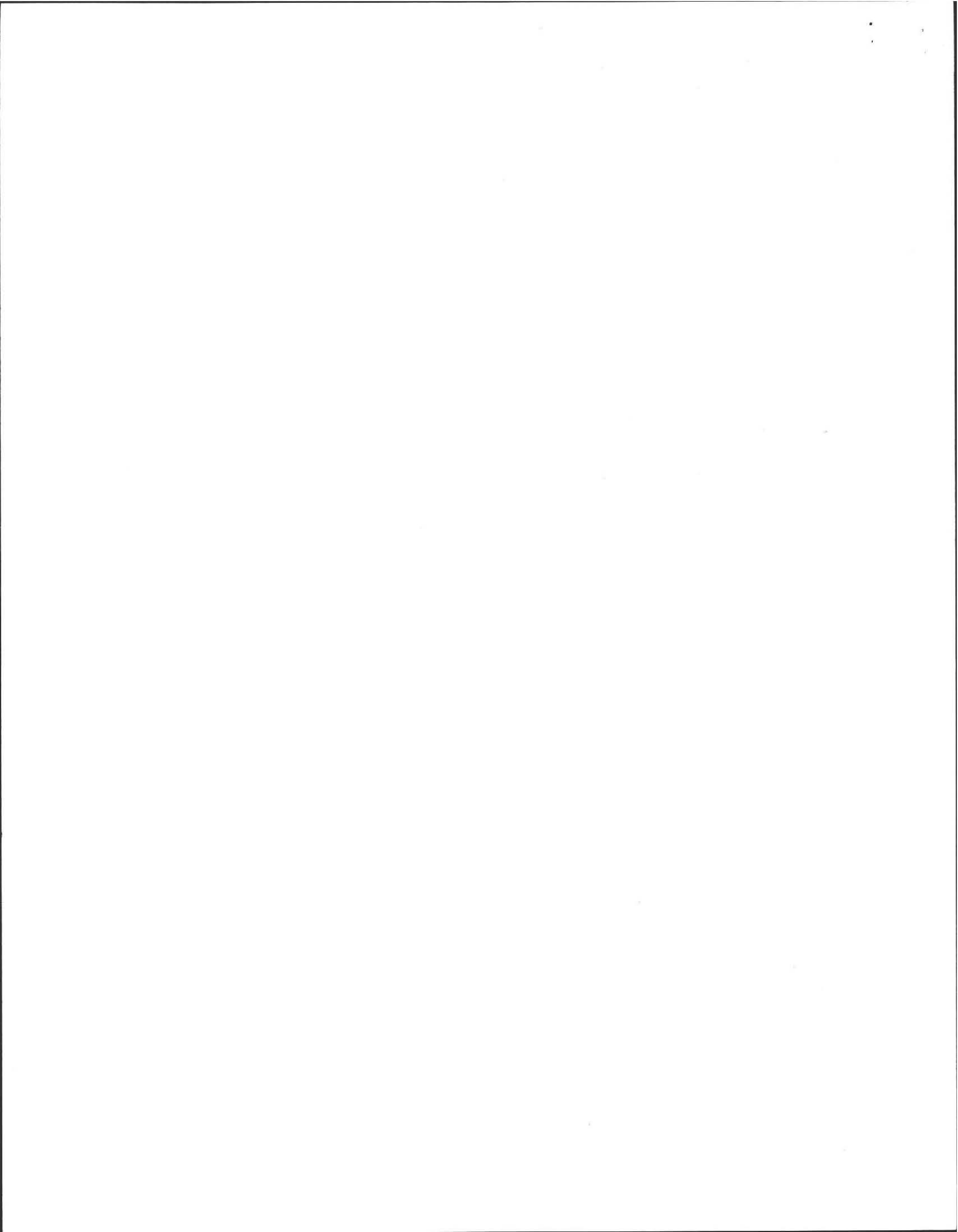
The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit 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

\* System should pass w/ new s tank + valid title V water test.

\* IF well does not pass. TOWN water is in street.

Mark's  
X new TANK  
AL is going  
to sent info



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

Property Address: 435 Henry St.  
Owner: CARLSON/KELLER  
Date of Inspection: 5/23/00

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:**

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

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

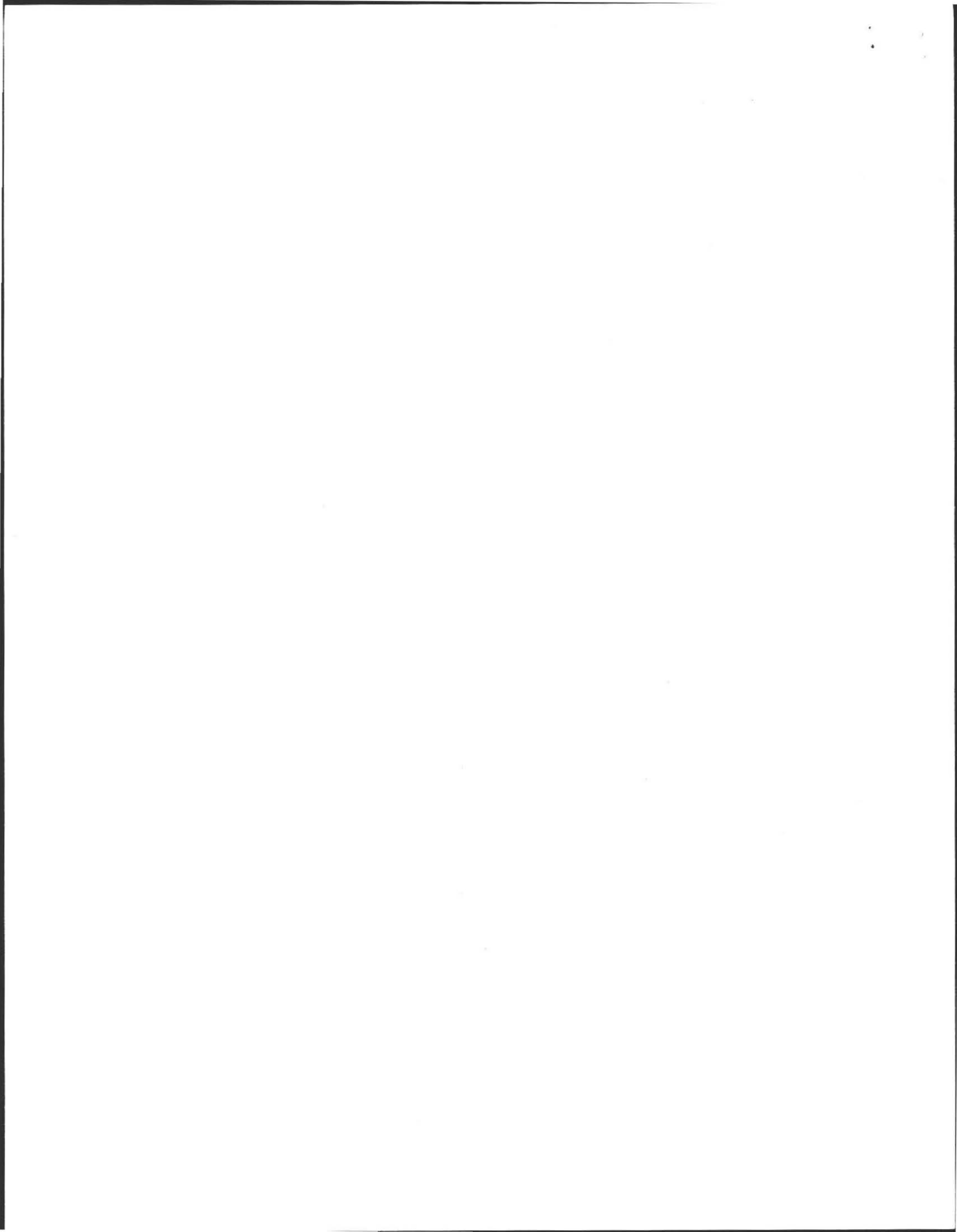
The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health. *TANK Replaced 5/23/00*

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

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

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

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



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

Property Address: 435 Henry  
Owner: Carlson/Kohl  
Date of Inspection: 5/23/00

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:

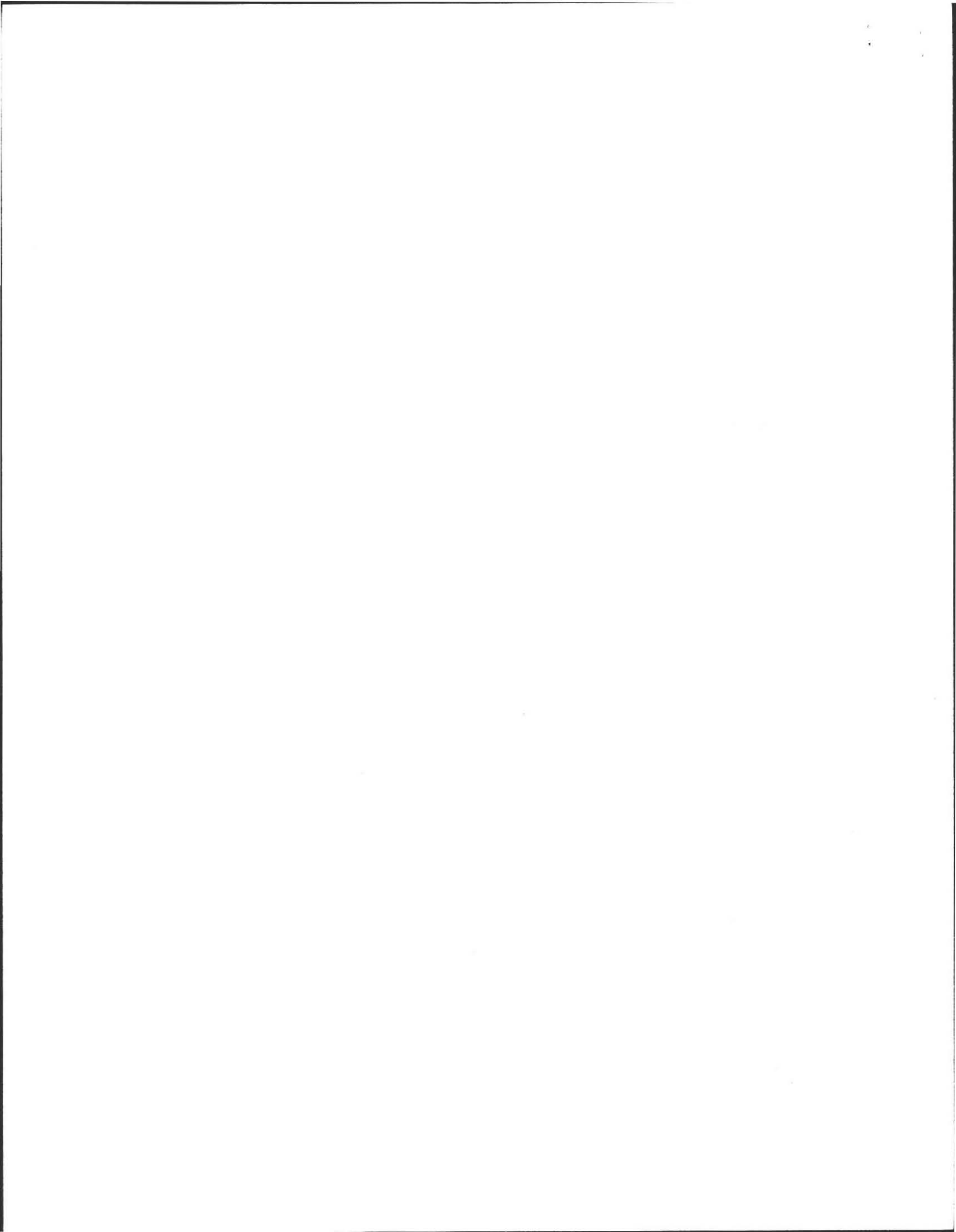
- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- The system has a septic 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 measured (approximation not valid).

3) OTHER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





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

Property Address: 435 Henry  
Owner: (Arbus) Ken I  
Date of Inspection: 5/23/00

**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

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.  |
| <input type="checkbox"/> | <input 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 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 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 type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s).<br>Number of times pumped <input type="checkbox"/> .  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.   |
| <input type="checkbox"/> | <input 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

**E. LARGE SYSTEM FAILS:**

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

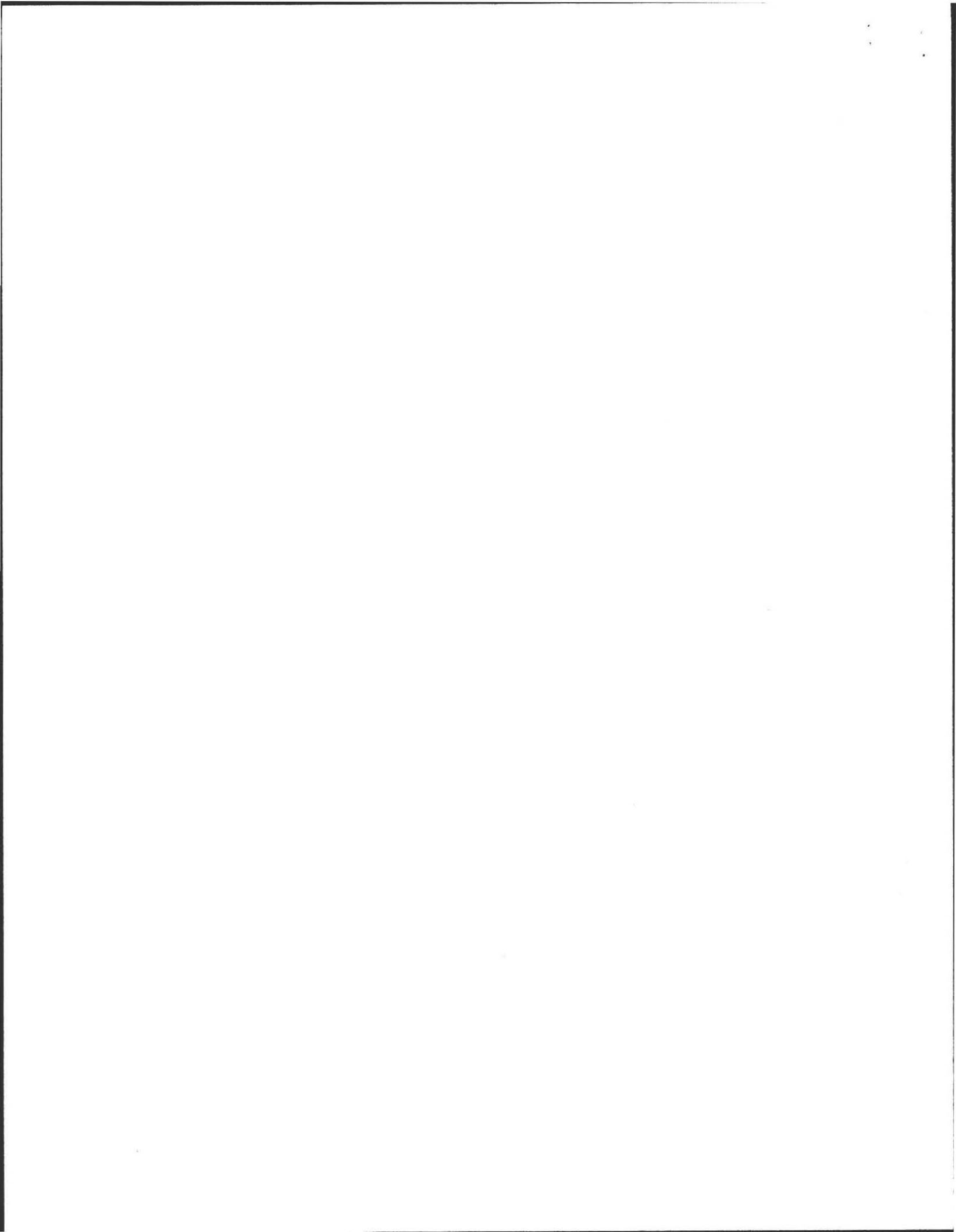
The following criteria apply to large systems in addition to the criteria above:

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

Yes    No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well) |

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

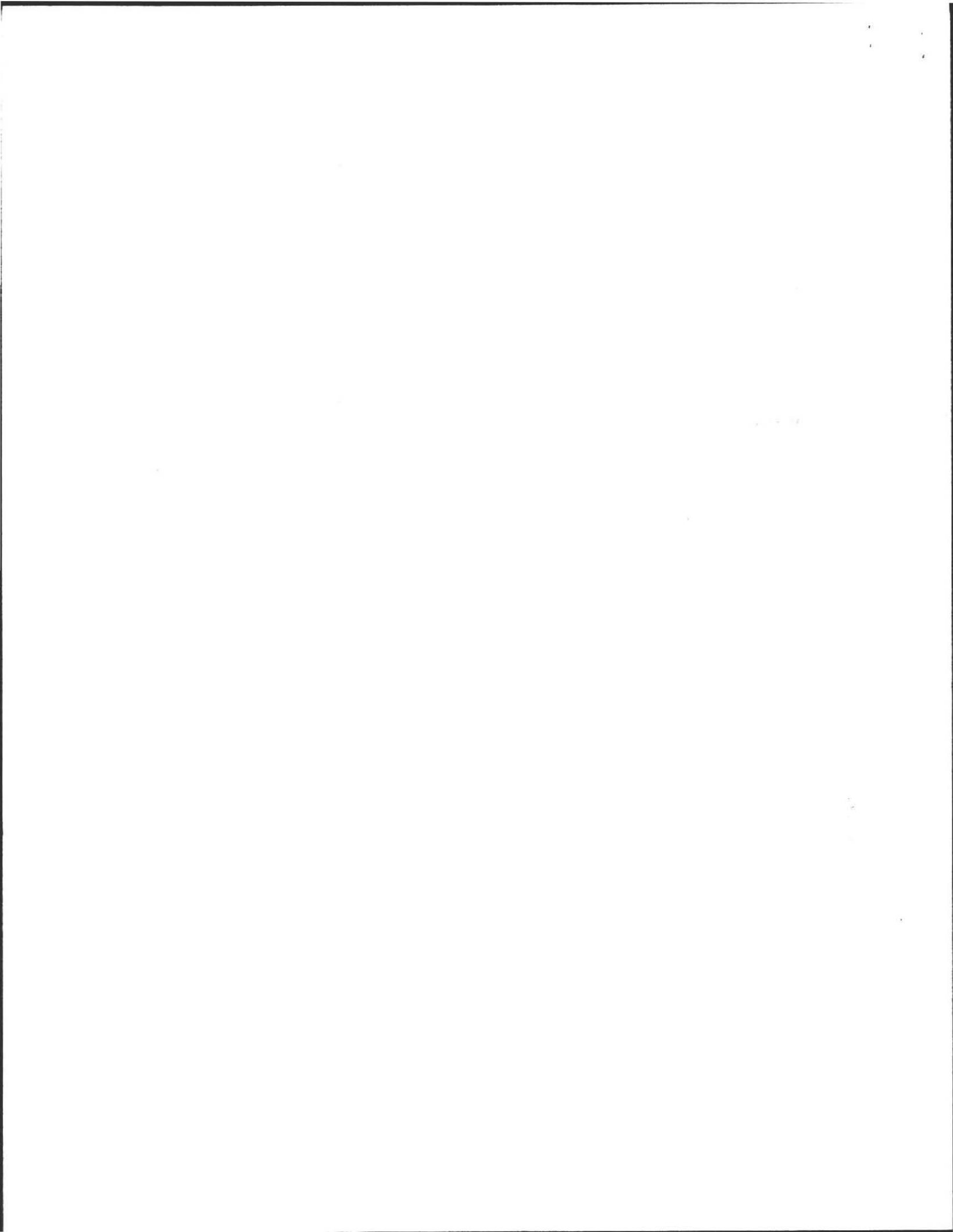


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

Property Address: 435 Henry St.  
 Owner: (Carlson/Ken)  
 Date of Inspection: 5/23/00

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

- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | None of the system components <del>have been pumped for at least two weeks and the system has been receiving normal flow rates during that period.</del> Large volumes of water have not been introduced into the system recently or as part of this inspection. (unoccupied 1-2 yrs).                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | As built plans have been obtained and examined. Note if they are not available with N/A.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The facility or dwelling was inspected for signs of sewage back-up.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The system does not receive non-sanitary or industrial waste flow.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The site was inspected for signs of breakout.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All system components, excluding the Soil Absorption System, have been located on the site.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.<br>The size and location of the Soil Absorption System on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, Plan at B.O.H.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.   |



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 435 Henry St  
Owner: Carlson, Mary Kohl  
Date of Inspection: 5/23/00

FLOW CONDITIONS

**RESIDENTIAL:**

Design flow: 330 g.p.d./bedroom.  
Number of bedrooms (design): 3 Number of bedrooms (actual): 2  
Total DESIGN flow 330  
Number of current residents: 0  
Garbage grinder (yes or no): Y \* Not Recommended  
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 (Floor Drain)  
Last date of occupancy: 1998

**COMMERCIAL/INDUSTRIAL:**

Type of establishment: \_\_\_\_\_  
Design flow: \_\_\_\_\_ gpd (Based on 15.203)  
Basis of design flow \_\_\_\_\_  
Grease trap present: (yes or no) \_\_\_\_\_  
Industrial Waste Holding Tank present: (yes or no) \_\_\_\_\_  
Non-sanitary waste discharged to the Title 5 system: (yes or no) \_\_\_\_\_  
Water meter readings, if available: \_\_\_\_\_  
Last date of occupancy: \_\_\_\_\_

OTHER: (Describe) \_\_\_\_\_  
Last date of occupancy: \_\_\_\_\_

GENERAL INFORMATION

**PUMPING RECORDS** and source of information:

New 5 tank  
System pumped as part of inspection: (yes or no) \_\_\_\_\_  
If yes, volume pumped: \_\_\_\_\_ gallons  
Reason for pumping: \_\_\_\_\_

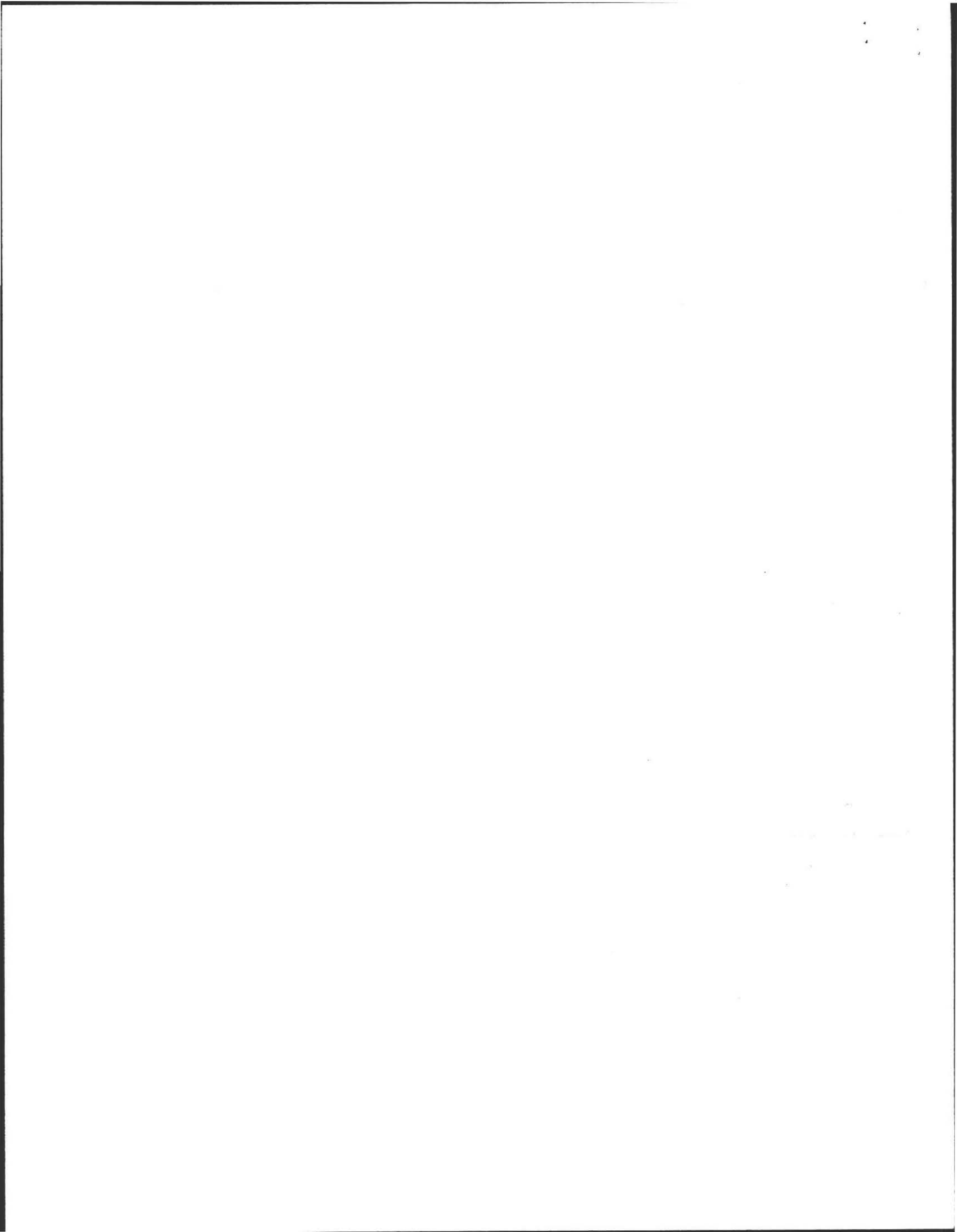
**TYPE OF SYSTEM**

- 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: 16 yrs

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



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

Property Address: 435 Henry St  
Owner: Carlos Kan  
Date of Inspection: 5/23/00

**BUILDING SEWER:**  
(Locate on site plan)

Depth below grade: 16"  
Material of construction:  cast iron  40 PVC  other (explain)  
Distance from private water supply well or suction line: 10' f  
Diameter: 4"  $\phi$   
Comments: (condition of joints, venting, evidence of leakage, etc.)

**SEPTIC TANK:**   
(locate on site plan)

New tank installed 5/23/00  
(old tank collapsed).

Depth below grade: 16"  
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: 10' x 5' x 9.5'  
Sludge depth: 0  
Distance from top of sludge to bottom of outlet tee or baffle: 0  
Scum thickness: 0  
Distance from top of scum to top of outlet tee or baffle: 0  
Distance from bottom of scum to bottom of outlet tee or baffle: 0 (New Tank)  
How dimensions were determined: Measured,

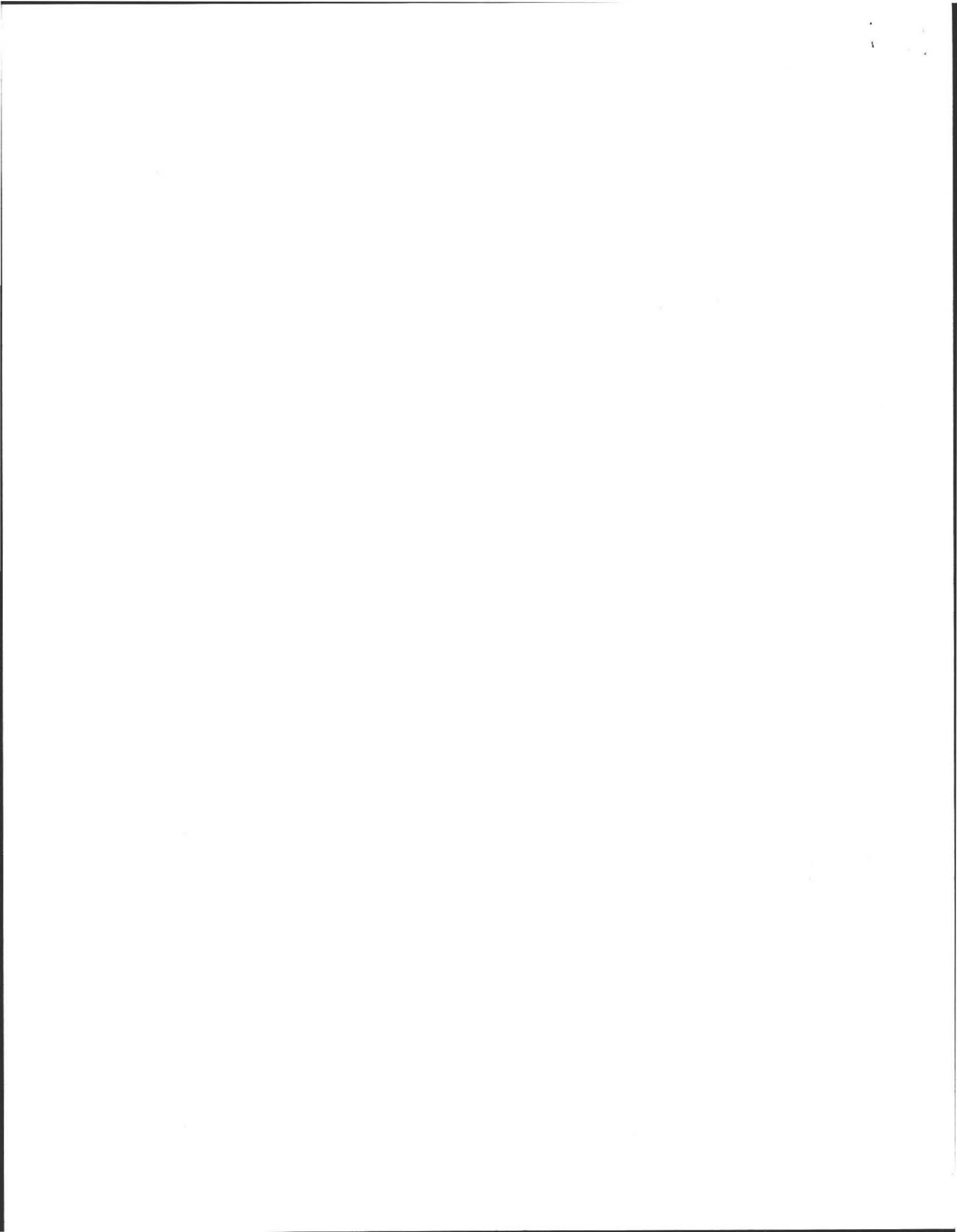
Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

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





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 435 Henry St.

Owner: certson/kand

Date of Inspection: 5/23/02

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

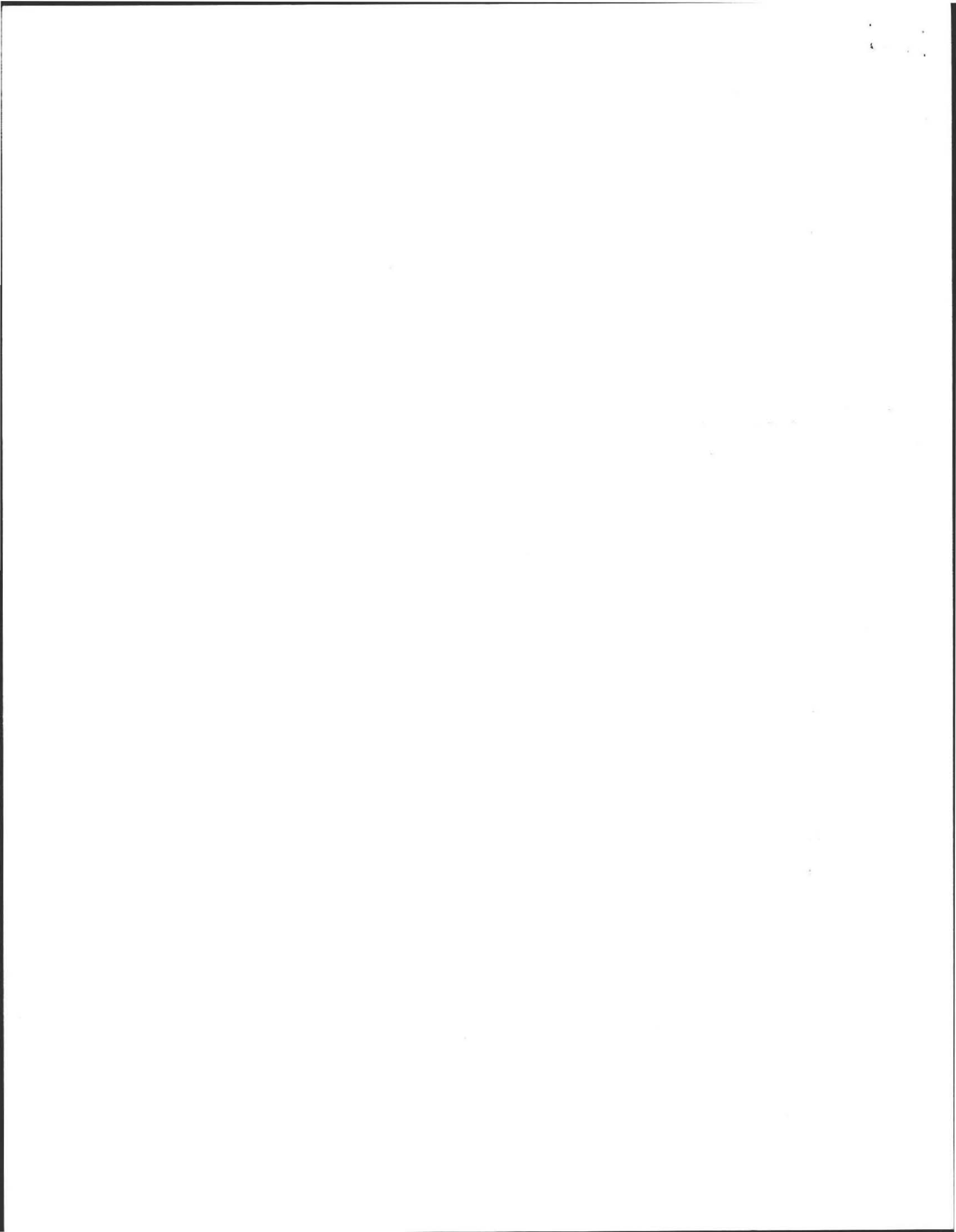
(locate on site plan)

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.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 435 Henry  
Owner: Carl Saw/Kohl  
Date of Inspection: 5/23/00

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: (1) 9' x 8' x 4.5' (1000 gal.)  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number, length: \_\_\_\_\_  
leaching fields, number, dimensions: \_\_\_\_\_  
overflow cesspool, number: \_\_\_\_\_  
Alternative system: \_\_\_\_\_  
Name of Technology: \_\_\_\_\_

Comments:

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

Inst. 1984, v. limited soil staining no liquid in L. tank.

CESSPOOLS:

(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) \_\_\_\_\_

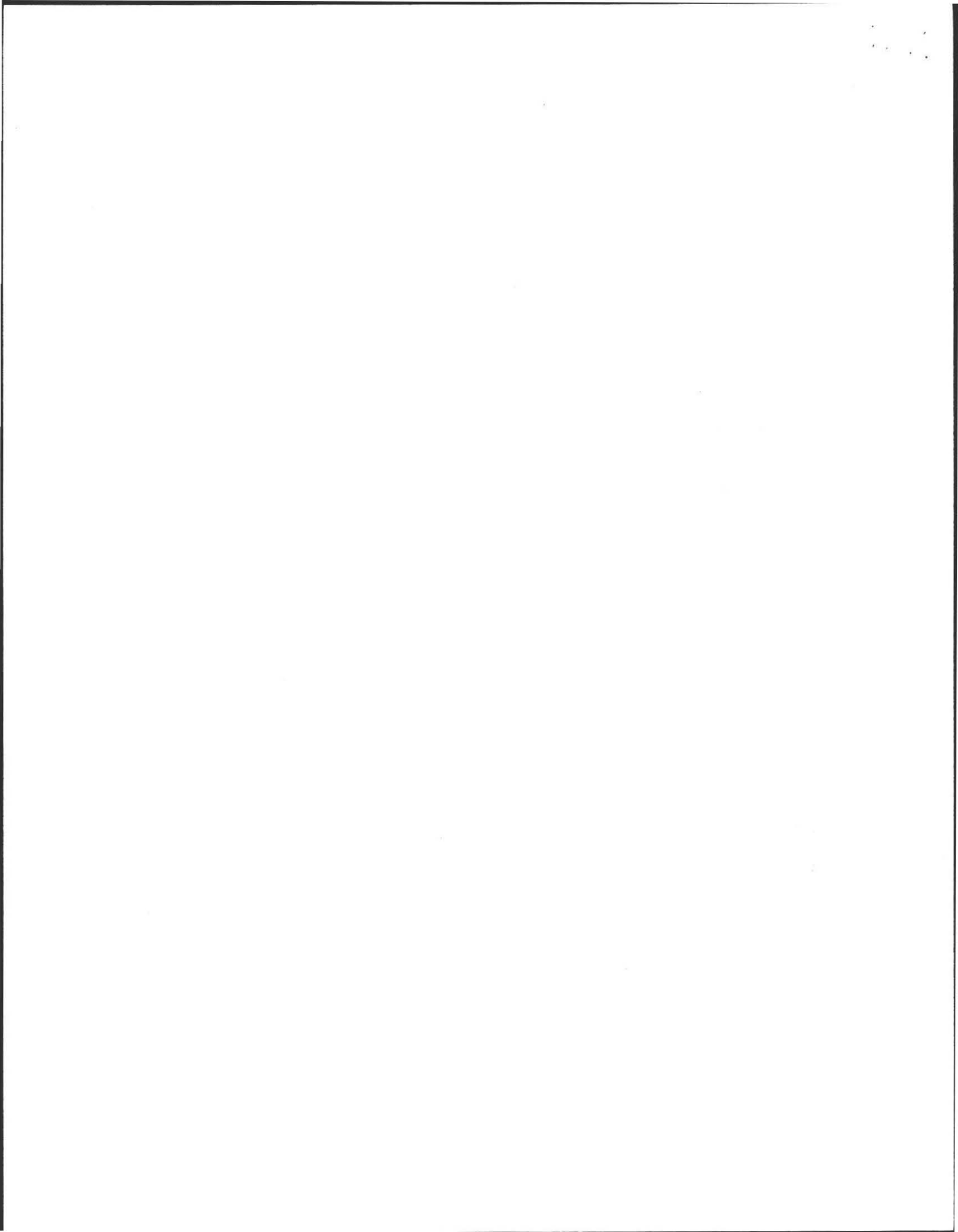
Comments:

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

PRIVY:

(locate on site plan)

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

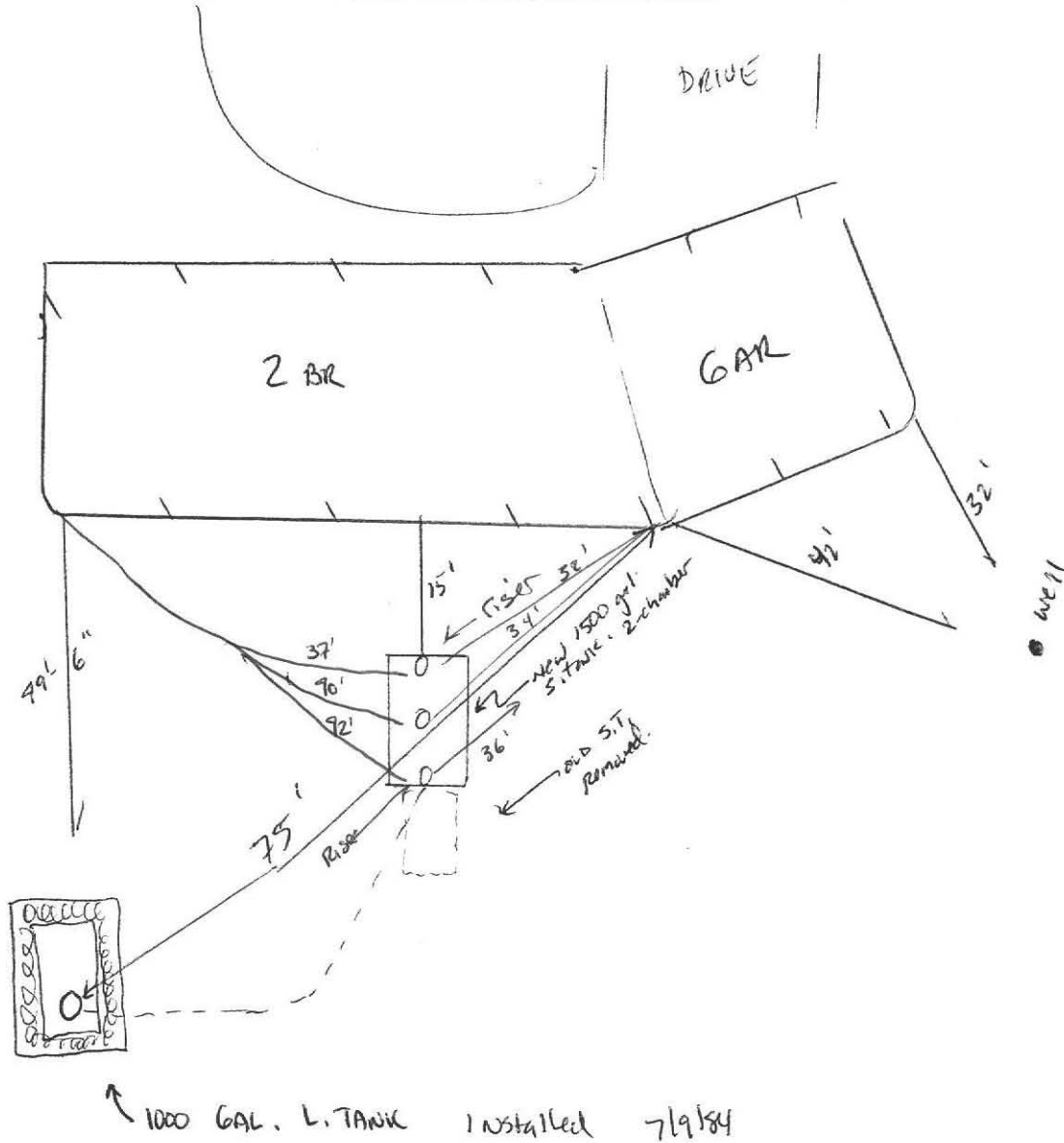
PART C

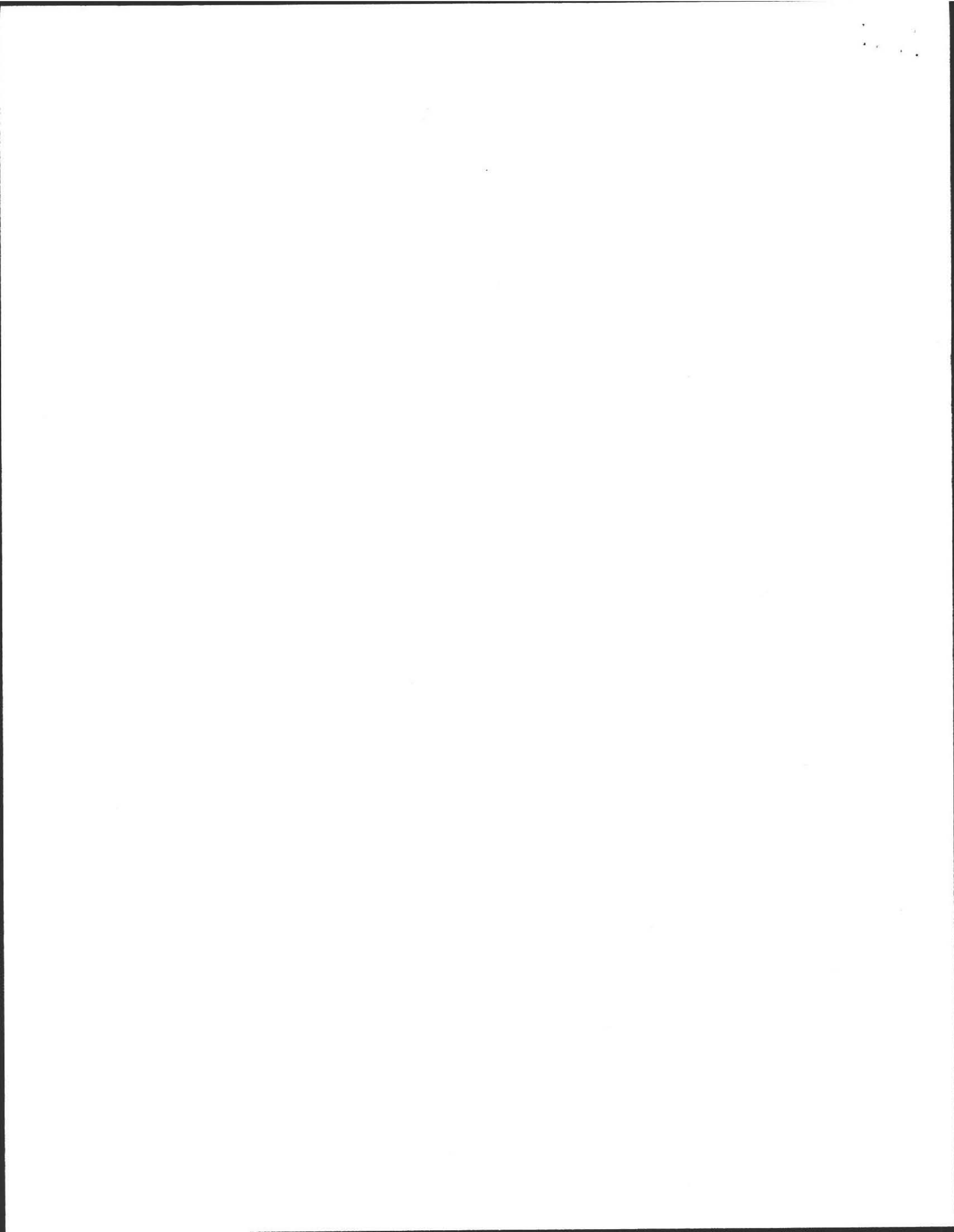
SYSTEM INFORMATION (continued)

Property Address: 435 Henry St.  
Owner: CAROL SWANIK  
Date of Inspection: 5/23/02

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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





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

Property Address: 435 Hermy St.  
Owner: Carl Swisher  
Date of Inspection: 5/23/00

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 \_\_\_\_\_

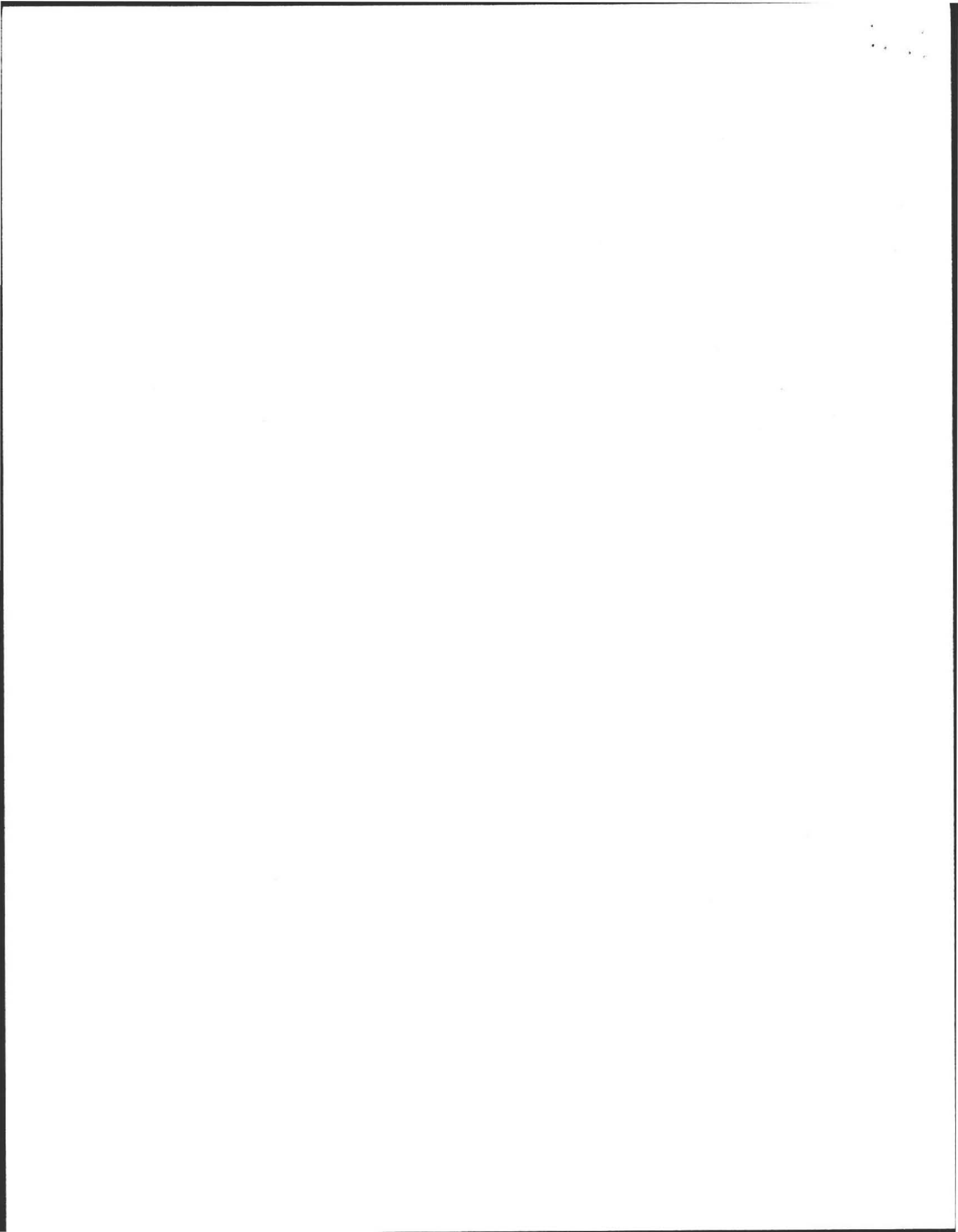
Estimated Depth to Groundwater 10' Feet

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

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

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

- 10' test pit w/ D. hoe for S. tank.  
- TPO. + Vegit.





BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

435 HENRY ST

Important Information Regarding Your Private Sewage Disposal System

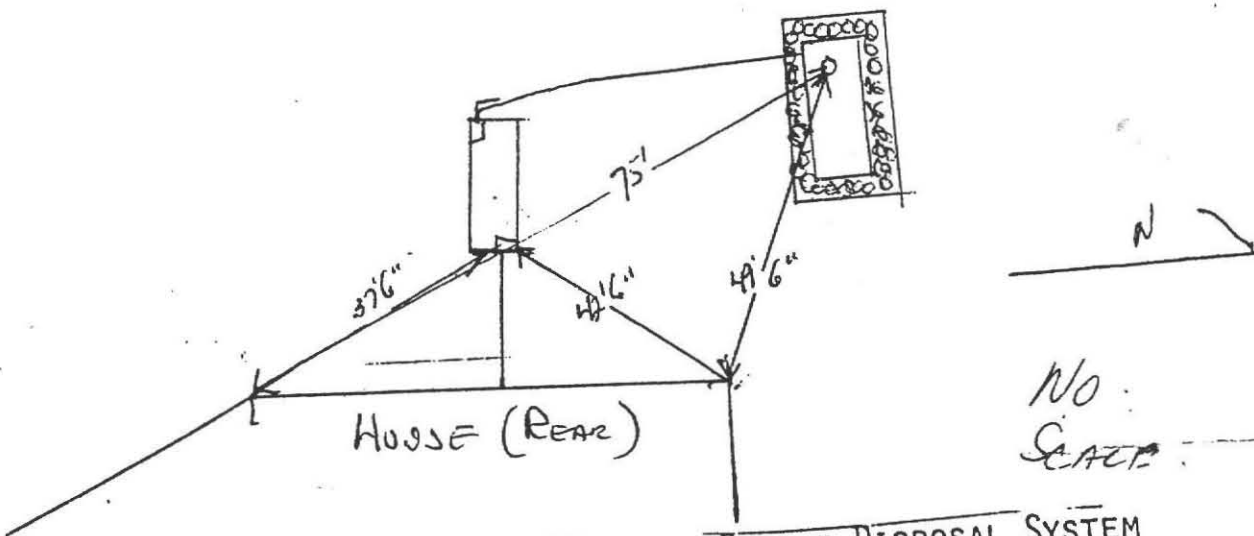
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner - ERNEST CARLSON Address 435 HENRY ST  
Installer KARL'S E.C.C. Address RIVER DRIVE HADLEY  
Date Installation Inspected and Approved 4-9-84

Description of System: Tank Capacity: EXISTING ART CEMENT TANK 600-750 GALLONS

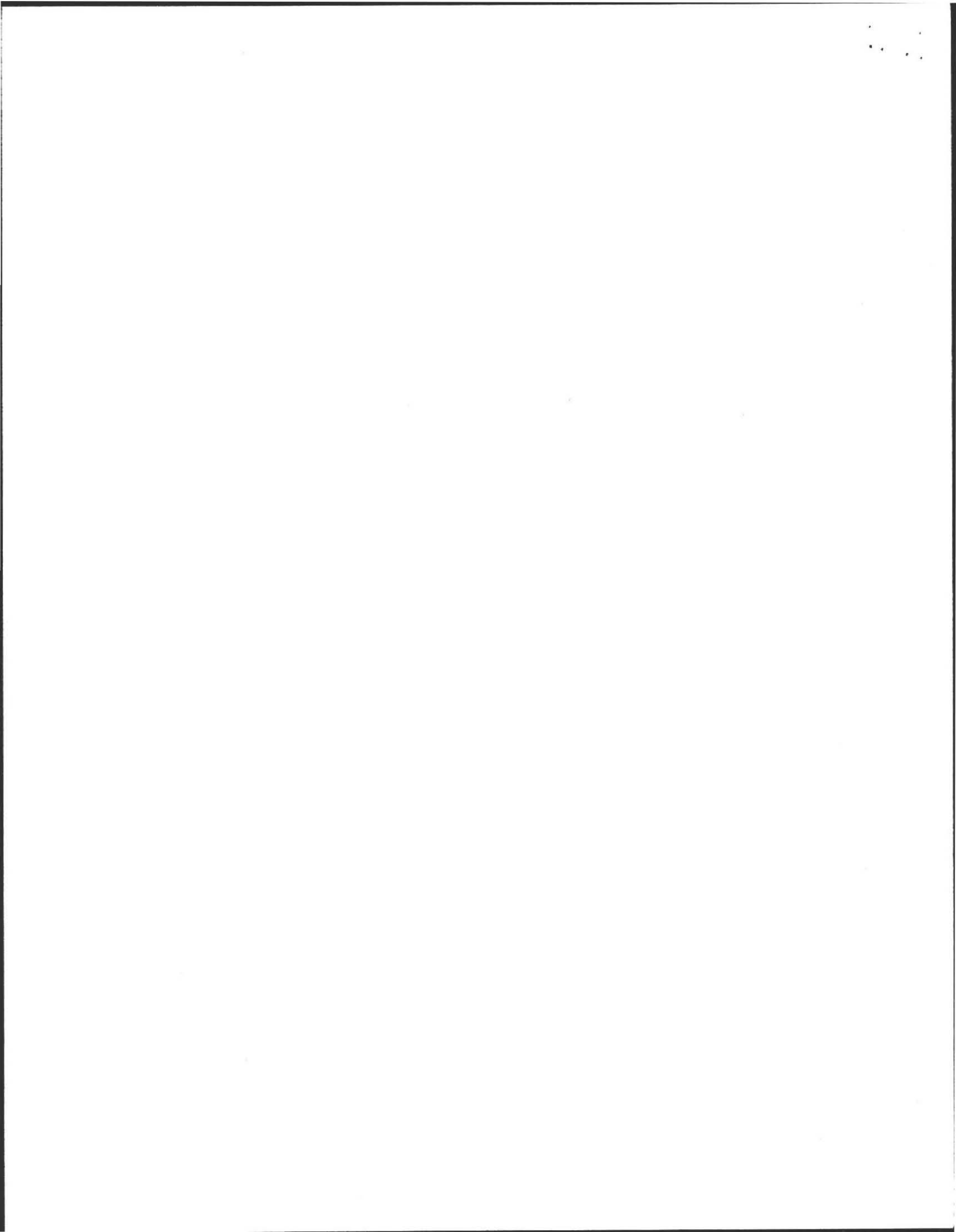
Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 330  
Garbage Grinder Yes ( ) No ( ) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



# BOARD OF HEALTH

## TOWN OF AMHERST, MASSACHUSETTS

### 435 HENRY ST

### Important Information Regarding Your Private Sewage Disposal System

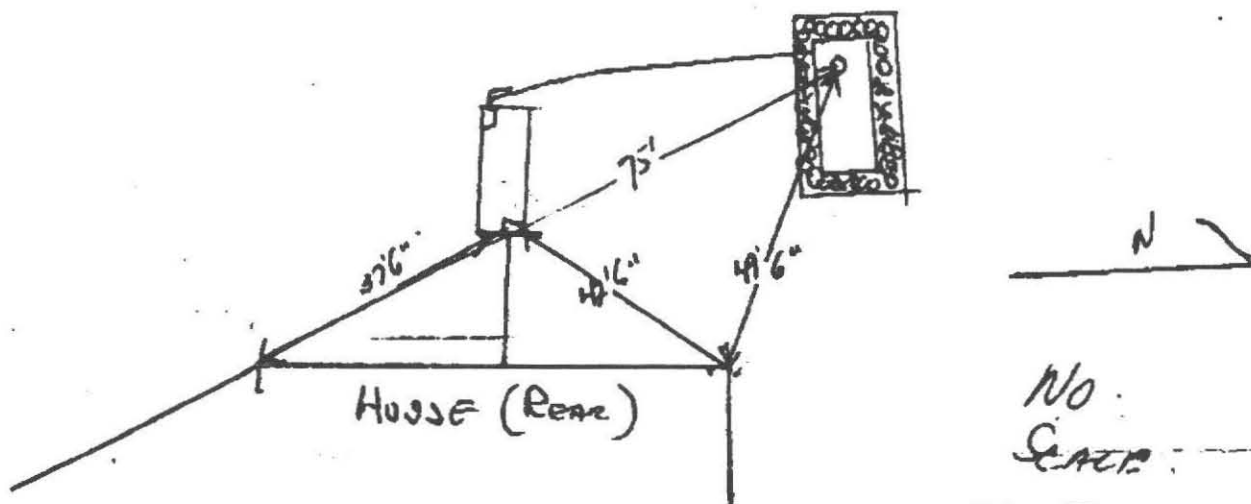
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner - ERNEST KARLSON Address 435 HENRY ST  
 Installer KARL'S EXCAVATING Address RIVER DRIVE WADLEY  
 Date Installation Inspected and Approved 7-9-84

Description of System: Tank Capacity: EXISTING ART CEMENT TANK 600-750 GALLONS

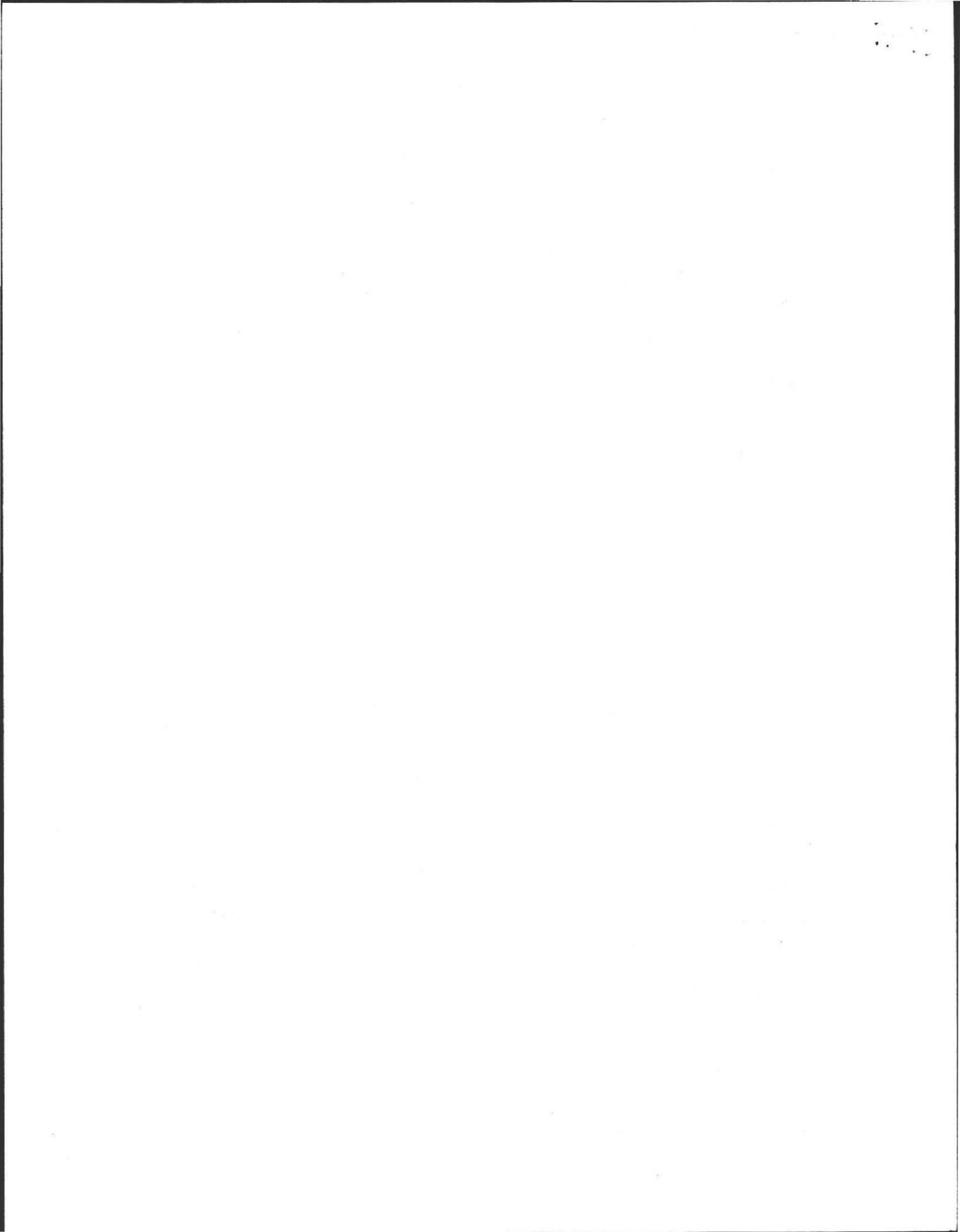
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BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

435 HENRY ST

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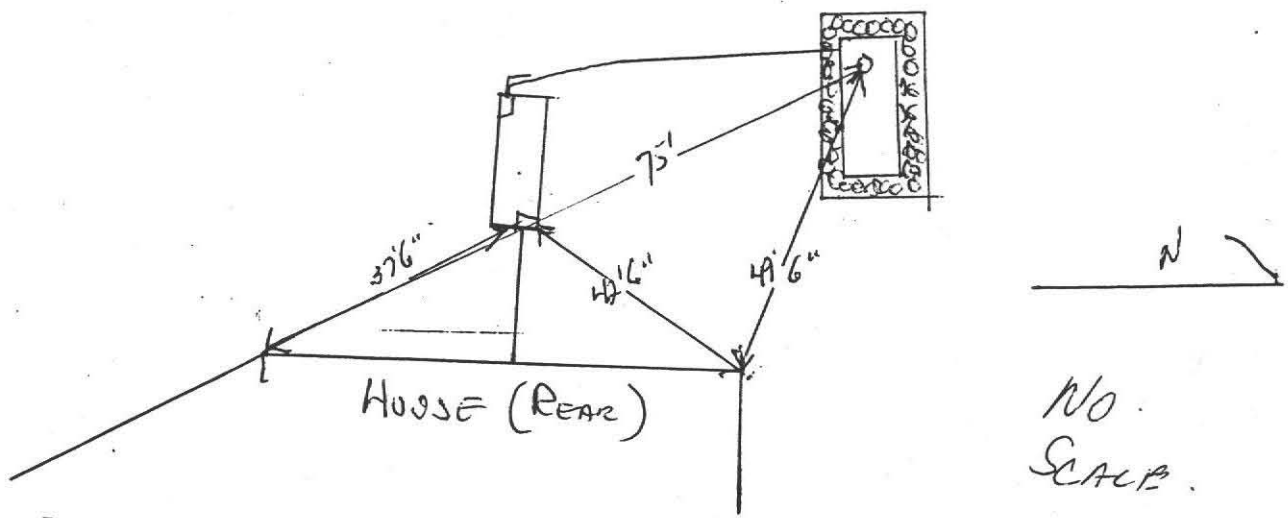
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Installer KARL'S E.C. Address RIVER DRIVE HEADLEY  
Date Installation Inspected and Approved 7-9-84

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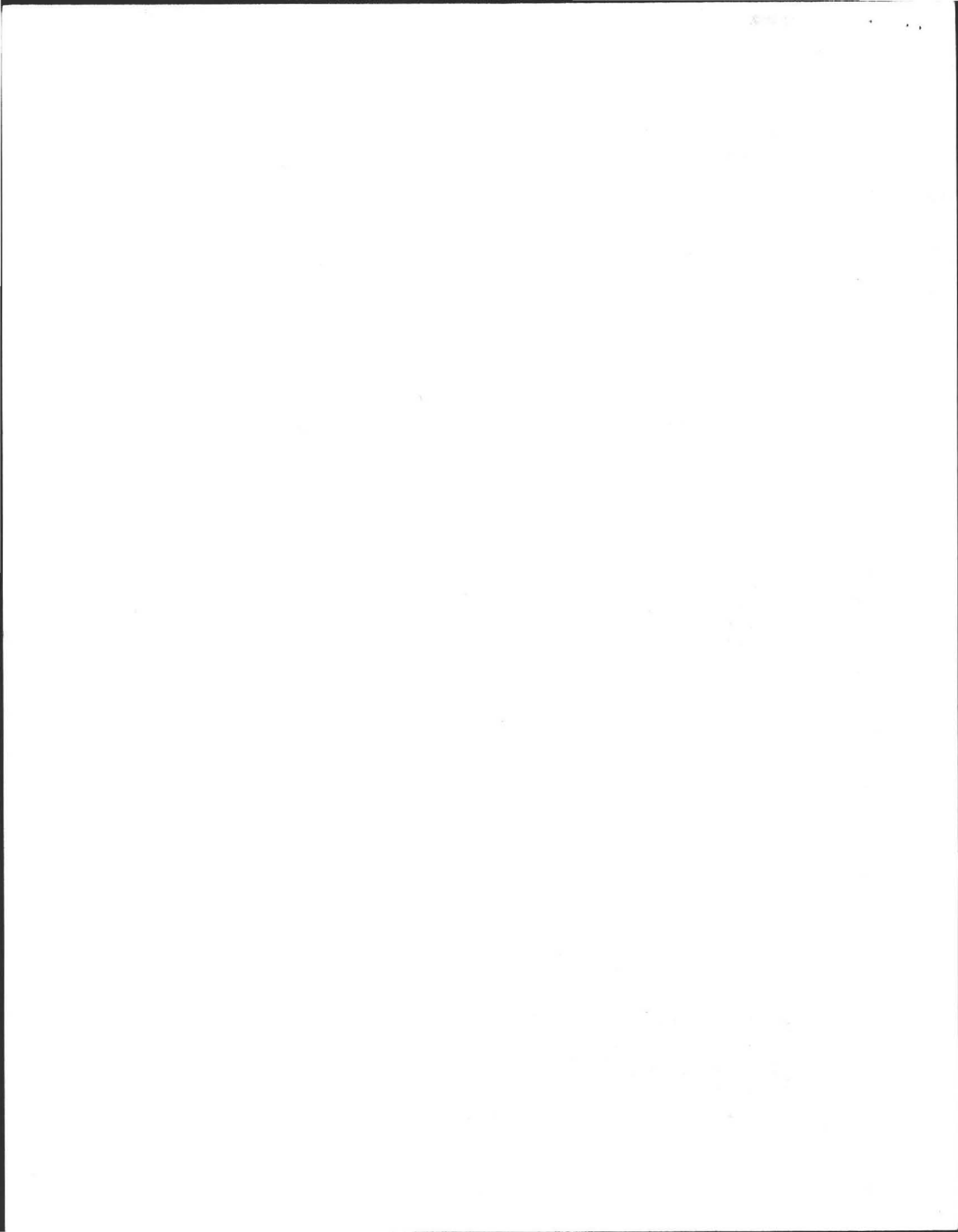
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AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



Cold Spring Environmental  
350 Old Field Road,  
Belchertown, MA 01007  
413-323-5957, fax 323-4916

facsimile transmittal

To: Dave Z. Fax: 413-256-4053

---

From: Alan E. Weiss, M.S. Date: 05/14/01

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Re: Revised Cover page Pages: 4

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CC: Ellen Stutsman

Urgent     For Review     Please Comment     Please Reply     Please Recycle

Dave :

This is revised cover page for Title V at 435 Henry Street. Septic tank was replaced and inspected by you and I on 5/23/00. The water test attached make this a "PASS".

Please call with any questions,

Thank You,

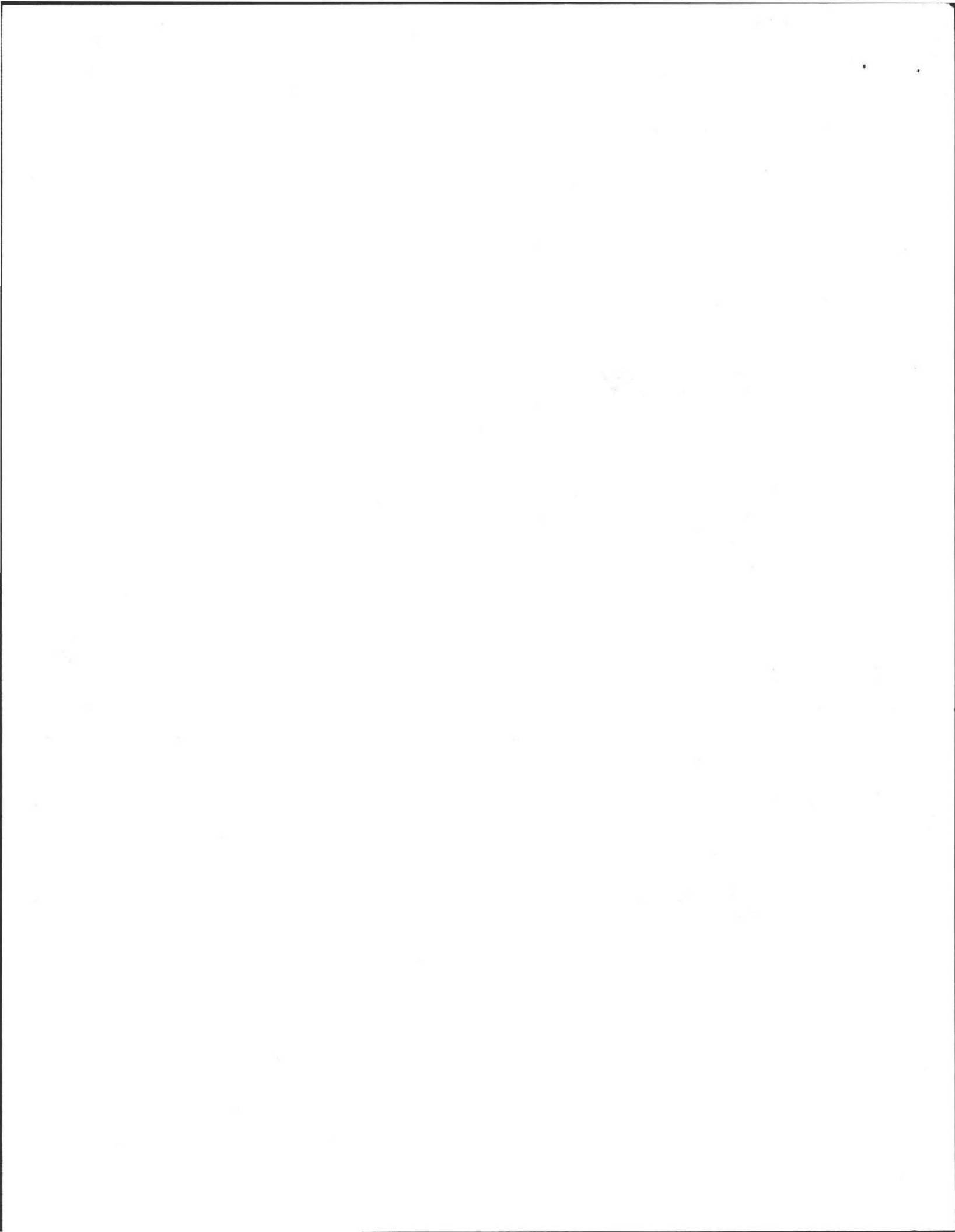
Alan E. Weiss,

Ph: 323 -5957, fax 323-4916, cell 531, 4015

Aweiss@supplyguys.net

CONFIDENTIAL

File





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

Property Address: 435 Henry Street, Amherst, MA

Owner's Name: Carlson Estate C/O Ellen Stutsman @ Sawicki Real Estate  
Owner's Address: 462 Main Street  
Amherst, MA 01002

Date of Inspection: May 23, 2000 Water Test Revision May 14, 2001

Name of Inspector: Alan E. Weiss, R.S # 933  
Company Name: Cold Spring Environmental Inc.  
Mailing Address: 350 Old Enfield Road  
Belchertown, Massachusetts 01007  
Telephone Number: (413) 323-5957 fax: 413-323-4916

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:

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

Inspector's Signature: *AW* Date: May 23, 2000  
Water Test Revision May 14, 2001

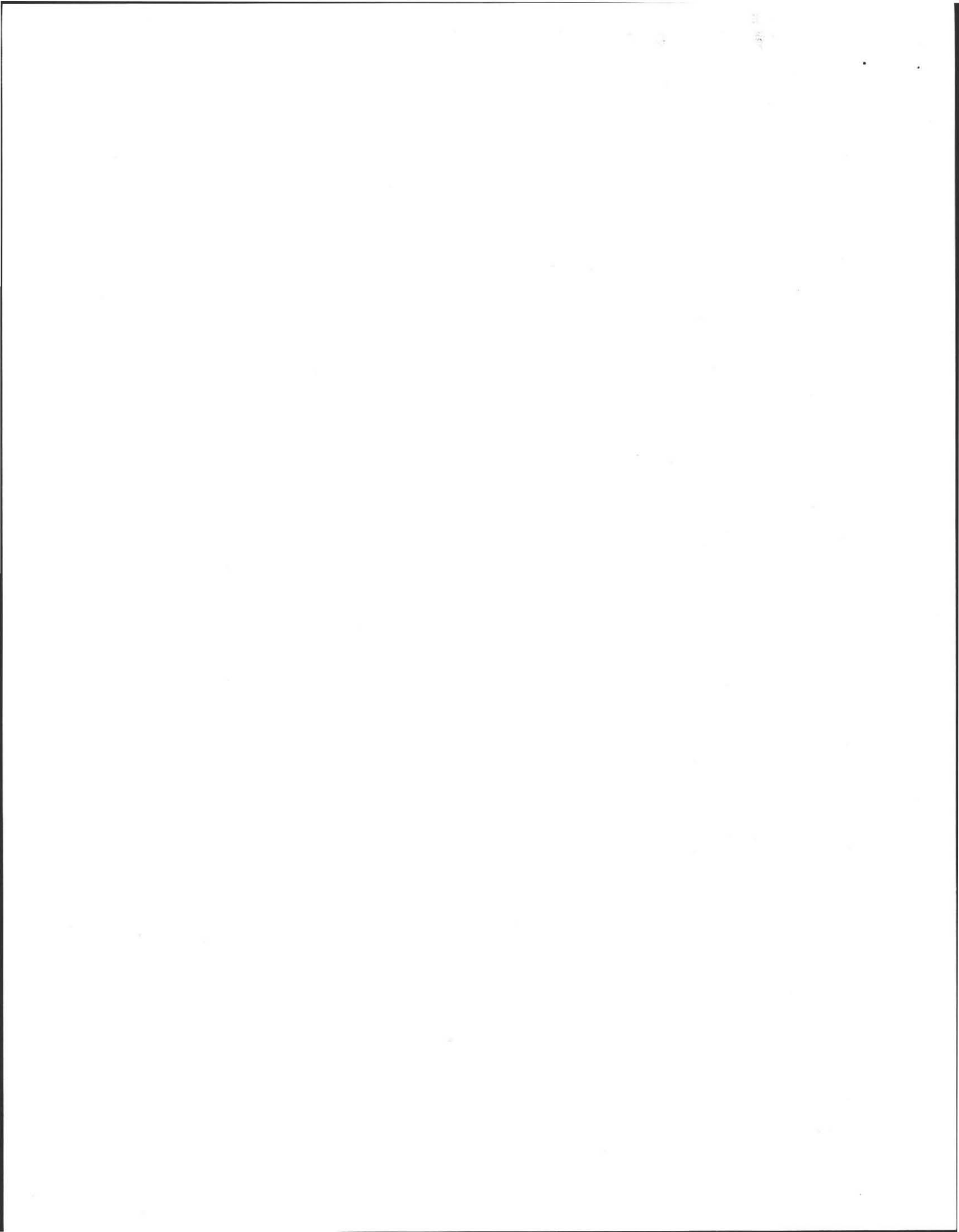


The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report 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

**System is old but functioning. New Septic Tank installed and inspected. System now passes with good Title V water test.**  
**Note: \*\*Garbage Grinder on K. Sink is not recommended!**

\*\*\*\*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.



**REALTY WORLD**

*The right agent  
makes all the difference  
in the world.*

Facsimile transmittal cover sheet

RE: Henry St title V

DATE: 5-10-01

TIME: \_\_\_\_\_

TO: Alan Weiss

TELEPHONE #: \_\_\_\_\_

FAX: 323-4916

FROM: ellen stutzman

TOTAL # OF PAGES: \_\_\_\_\_

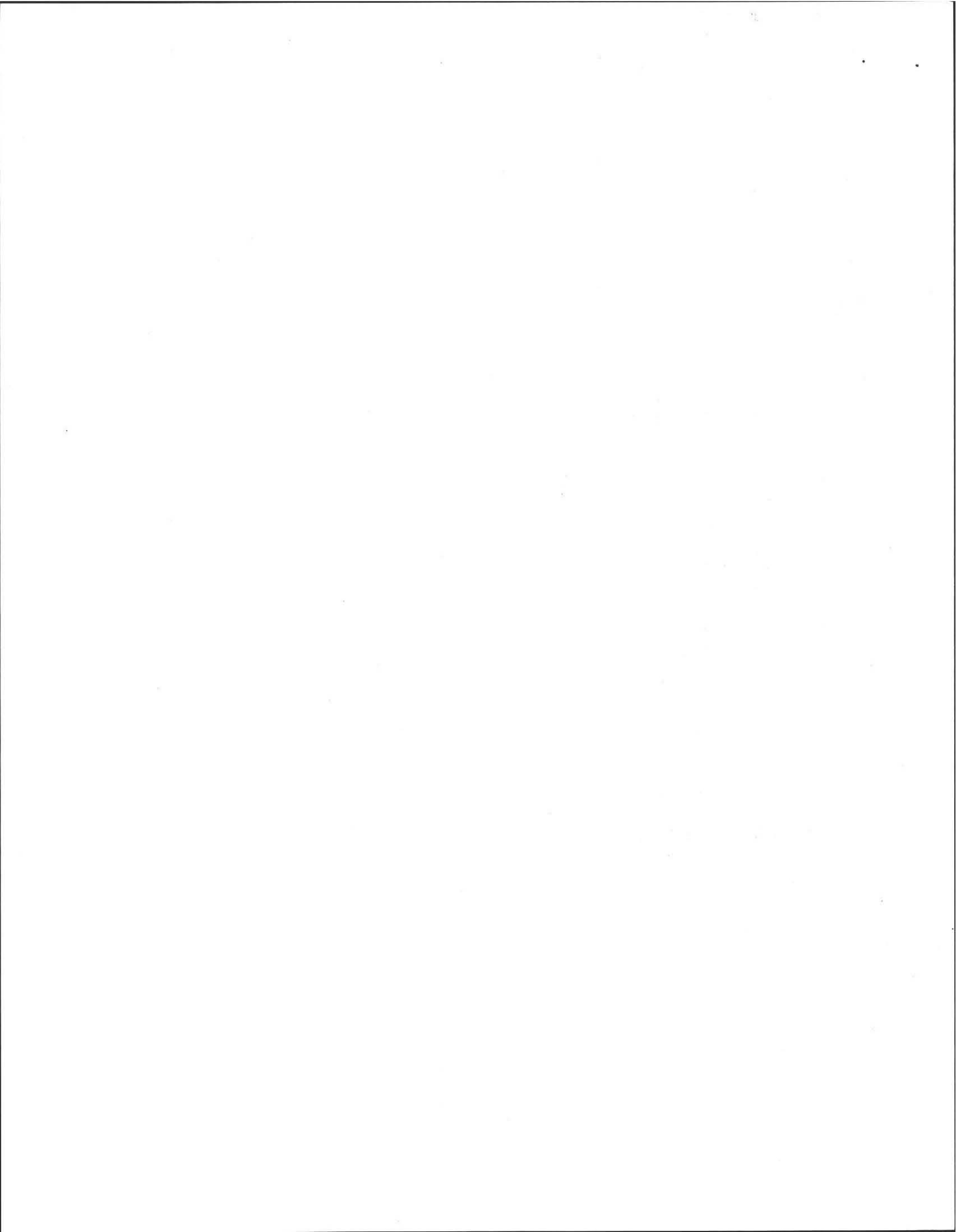
If you experience any difficulty with this transmission or do not receive the entire document

please contact \_\_\_\_\_ at (413) 256-0321

(253-7826)

Title V water test report follows  
for 435 Henry St, Amherst.

Thanks again for going the extra  
mile on the pre test today!  
e



Sample # 8130

## HOWARD LABORATORIES OF NEW ENGLAND, INC.

750 North Pleasant Street

Amherst, MA 01002

Phone: (413) 549-8260 Fax: (413) 549-1850

MA Lab License: M-00851

## TITLE V WATER ANALYSIS REPORT

Analyzed For: Sawicki Real Estate  
 Address: 462 Main Street  
 Amherst, MA 01002

Sample Location: 435 Henry St.  
 Amherst, MA

Sampled By: JB  
 Date Sampled: 5/4/01  
 Date Received: 5/4/01

Telephone:

PARAMETER	RESULTS	LIMITS	COMMENTS
Total Coliform Bacteria	0 Colony/100ml	0 Colony/100ml	OK
Nitrate	0.1 mg/l	<5.0 mg/l	OK
Ammonia	0.31 mg/l	<3.0 mg/l	OK

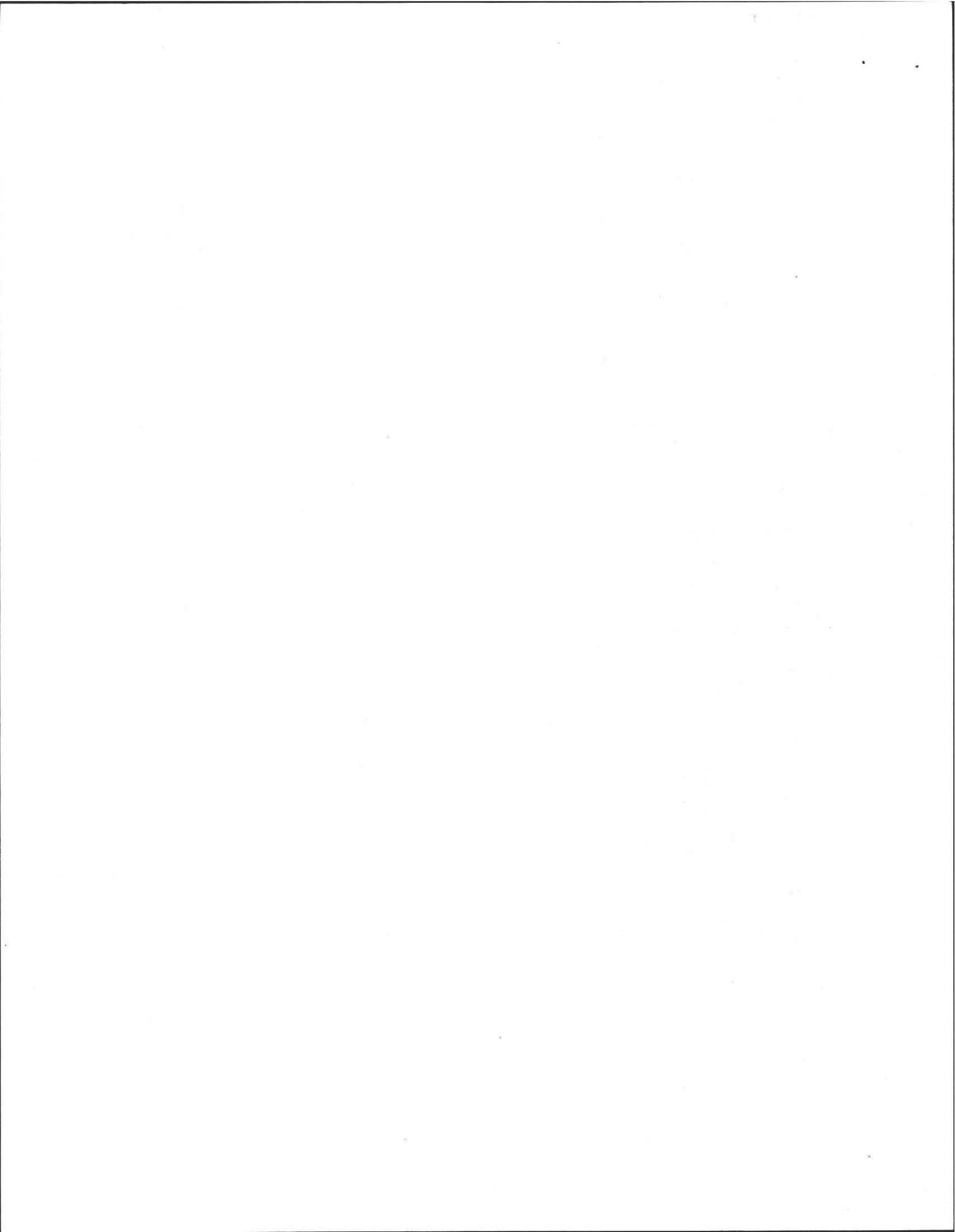
Recommendations: Title V requires that the combined total of Nitrate and Ammonia be less than 5 mg/l for the system to pass.

This sample meets acceptable standards of potability for the parameters tested.

Analyst: BA

Checked By: Jonathan S. Begg  
 Laboratory Supervisor

Date: 5/5/01



**WATER ANALYSTS LABORATORY, INC.**  
 122 ELB ST.  
 N. SPRINGFIELD, MA 01089  
 Phone 413-746-4352  
 Fax 413-747-8848  
 NEMs Certification No. MA 144  
 Ct. Certification No. PH-0162

**FINAL REPORT****Client Information**

Account: *Howard Laboratories*  
 Address: 750 N. Pleasant St.  
 Amherst, Ms. 01002

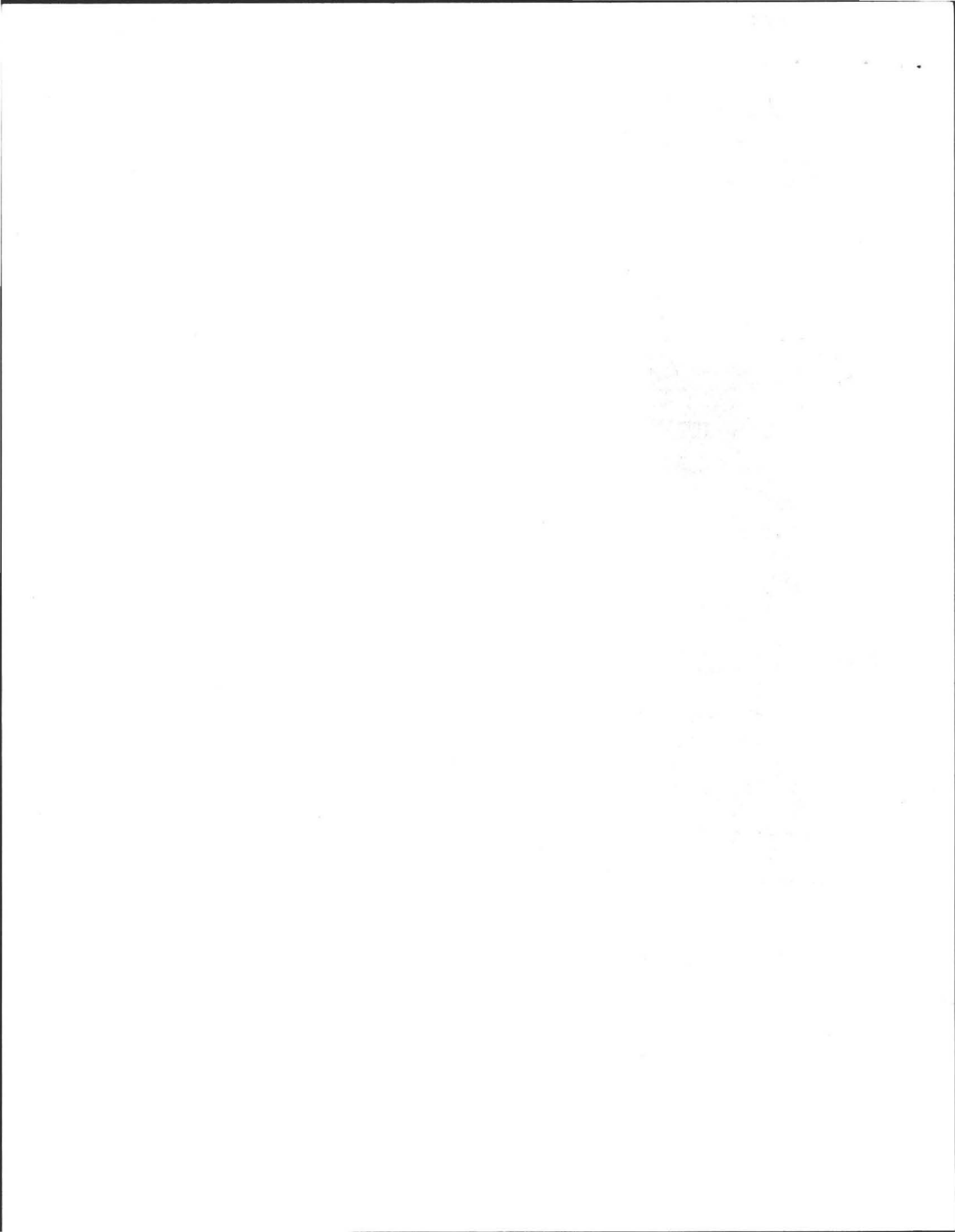
Project: *Henry St.***Sample Identification**

Lab ID: *VAL10347*  
 Client ID: *8130*  
 Sample Description: *DW*  
 Matrix: *WATER*  
 Dilution Factor

Date Sampled: *05/04/01*  
 Date Recd: *05/08/01*  
 Date Analyzed: *05/08/01*  
 Date Reported: *05/18/01*  
 Analyst: *F LaFretta*  
 Lab Director: *Th. P. M.*

**VOLATILE ORGANICS BY GC/MS (EPA824.2)**

<u>COMPOUND</u>	<u>RESULT (ng/l)</u>
Benzene	ND
Bromobenzene	ND
Bromochloroethane	ND
Bromodichloroethane	ND
Bromoform	ND
Bromoethane	ND
n-Butylbenzene	ND
sec-Butylbenzene	ND
tert-Butylbenzene	ND
Carbon Tetrachloride	ND
Chlorobenzene	ND
Chloroethane	ND
Chloroform	ND
Chloroethane	ND
2-Chlorotoluene	ND
4-Chlorotoluene	ND
Dibromochloroethane	ND
1,2-Dibromoethane	ND
Dibromoethane	ND
1,3-Dichlorobenzene	ND
1,2-Dichlorobenzene	ND
1,4-Dichlorobenzene	ND
Dichlorodifluoroethane	ND
1,1-Dichloroethane	ND
1,2-Dichloroethane	ND
1,1-Dichloroethane	ND
cis-1,2-Dichloroethane	ND
trans-1,2-Dichloroethane	ND
1,2-Dichloropropane	ND
1,3-Dichloropropane	ND





**WATER ANALYSIS LABORATORY, INC.**  
 1252 ELM ST.  
 W. SPRINGFIELD, MA. 01099  
 Phone 413-746-6332  
 Fax 413-747-8040  
 Mass Certification NO. MA 144  
 Ct. Certification NO. PH-0162

**FINAL REPORT****Sample Identification** -----

Lab ID: WAL10547  
 Client ID: 8130

**VOLATILE ORGANICS BY GC/MS (EPA524.2)**

<u>COMPOUND</u>	<u>RESULT (ug/l)</u>
2,2-Dichloropropane	ND
1,1-Dichloropropane	ND
cis-1,3-Dichloropropane	ND
trans-1,3-Dichloropropane	ND
Ethylbenzene	ND
Hexachlorobutadiene	ND
Isopropylbenzene	ND
4-Isopropyltoluene	ND
Methylene Chloride (Dichloromethane)	ND
Naphthalene	ND
n-Propylbenzene	ND
Styrene	ND
1,1,1,2-Tetrachloroethane	ND
1,1,2,2-Tetrachloroethane	ND
Tetrachloroethylene	ND
Toluene	ND
1,2,3-Trichlorobenzene	ND
1,2,4-Trichlorobenzene	ND
1,1,1-Trichloroethane	ND
1,1,2-Trichloroethane	ND
Trichloroethylene	ND
Trichlorofluoroethane	ND
1,2,3-Trichloropropane	ND
1,2,4-Trimethylbenzene	ND
1,3,5-Trimethylbenzene	ND
Vinyl Chloride	ND
Xylenes (total)	ND
Methyl-t-butyl ether (MTBE)	ND (1.0)

Limit of Practical Quantitation is 0.5 ug/l, unless otherwise noted in brackets.

**SURROGATE RECOVERY**

Compound	% Recovery	GC Limits
4-Bromofluorobenzene	111.5	80-120
1,2-Dichlorobenzene-d4	104.5	80-120

