

55 High Point Dr.



#55



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

TRUDY CONI
Secretary

DAVID B. STRUBB
Commissioner

MARGO PAUL CELLUCCI
Governor

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 55 High Point Dr.
Amherst, Ma
Date of Inspection: 11/2/00
Name of Owner: William Thremmel
Name of Inspector: (Please Print) Pamela Dixwell
Address of Owner: _____
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Affordable Home and Septic Inspections Inc.
Mailing Address: 51 Laurel St.
Telephone Number: Holyoke, Ma. 01040 413-532-8600

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: Pamela Dixwell Date: 11/2/00

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

Was Conditional Pass based on T5 Water Analysis -
Water Sample acceptable. Passes T5 criteria.
H2O Attached

11

Sample#7747

HOWARD LABORATORIES, INC
750 North Pleasant Street
Amherst, MA 01002
MA DEP CERT #M-00851

TITLE V WELL WATER ANALYSIS REPORT

Analyzed For: Bill Thuemmel
Address: 55 High Point Drive
Amherst, MA 01002

Sample Location: 55 High Point Drive
Amherst, MA

Sampled by: JB

Date Sampled: 11/3/00

Date Received: 11/3/00

Telephone:

Parameter	Results	Limits	Comments
Total Coliform Bacteria	0 colonies/100ml	0 colonies/100 ml	OK
Nitrate	0.7 mg/l	<5.0 mg/L	OK
Ammonia	0.00 mg/l	<5.0 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.

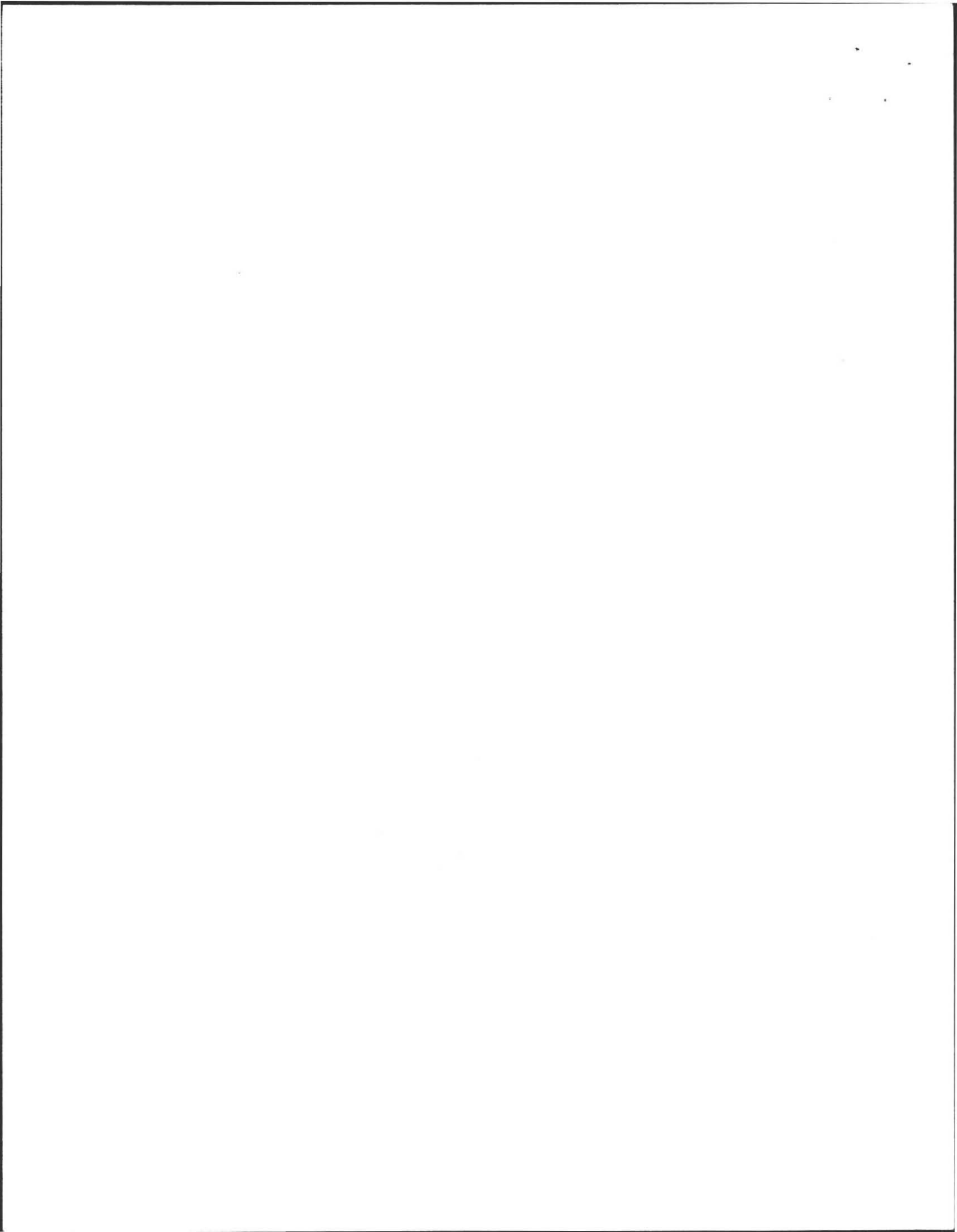
This sample meets acceptable standards of potability for the parameters tested.

Analyst: BA

Date: 11/8/00

Checked By: Jonathan S. Begg
Laboratory Supervisor





Sample#7747

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Amherst, MA 01002
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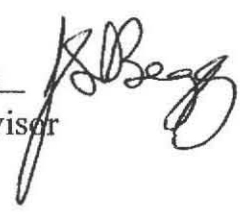
Recommendations: Title V requires that the combined total of Nitrate and Ammonia be less than 5 mg/l for the system to pass.

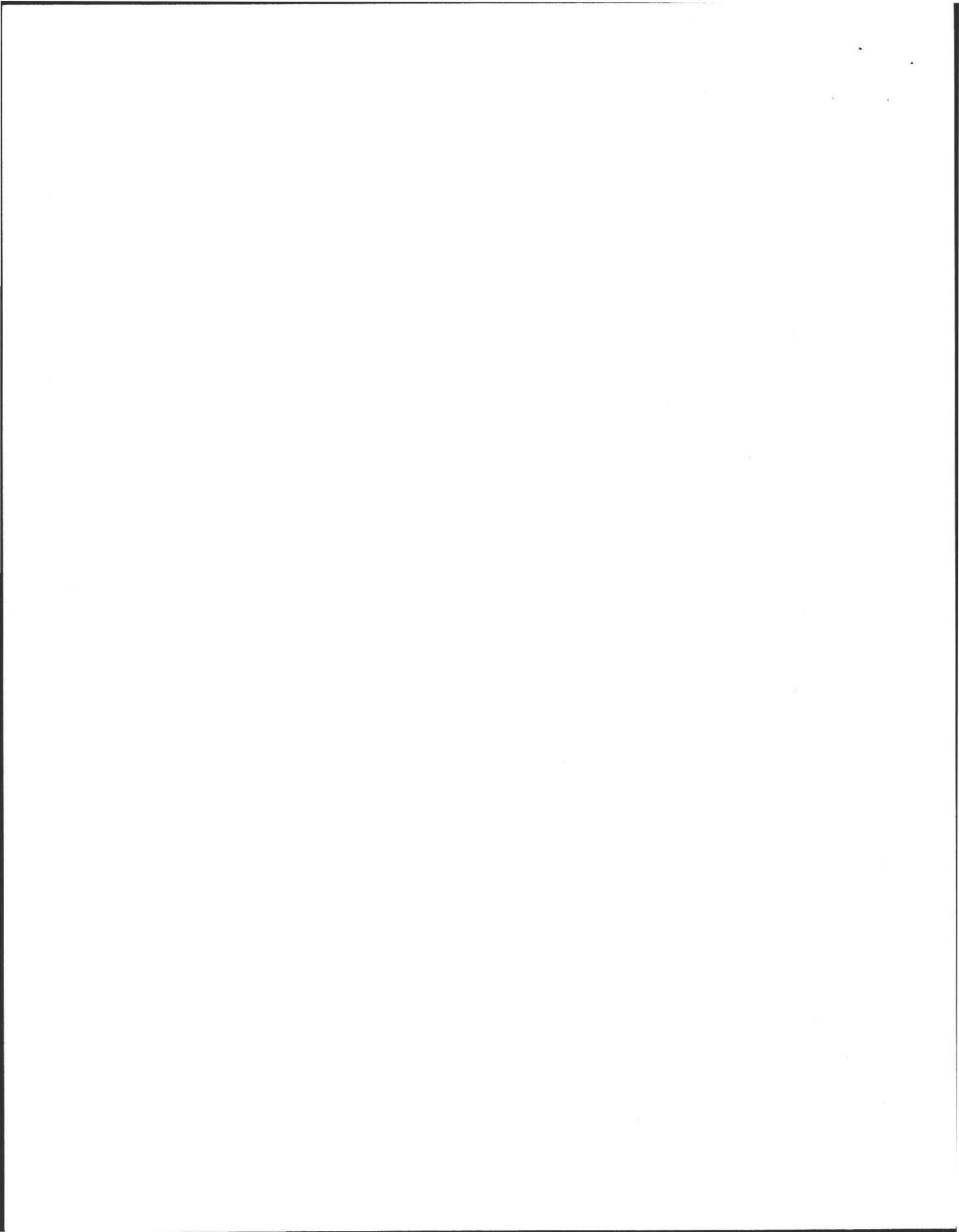
This sample meets acceptable standards of potability for the parameters tested.

Analyst: BA

Date: 11/8/00

Checked By: Jonathan S. Begg
Laboratory Supervisor





WATER ANALYSIS LABORATORY, INC.
1252 ELM ST.

W. SPRINGFIELD, MA. 01089

Phone 413-746-4352

Fax 413-747-8040

Mass Certification No. MA 144

Ct. Certification No. PH-0162

FINAL REPORT

Client Information -----

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

Project: 55 High Point Dr.

Sample Identification -----

Lab ID: WAL01128

Client ID: 7747

Sample Description: DW

Matrix: WATER

Dilution Factor

Date Sampled: 11/03/00

Date Rec: 11/07/00

Date Analyzed: 11/08/00

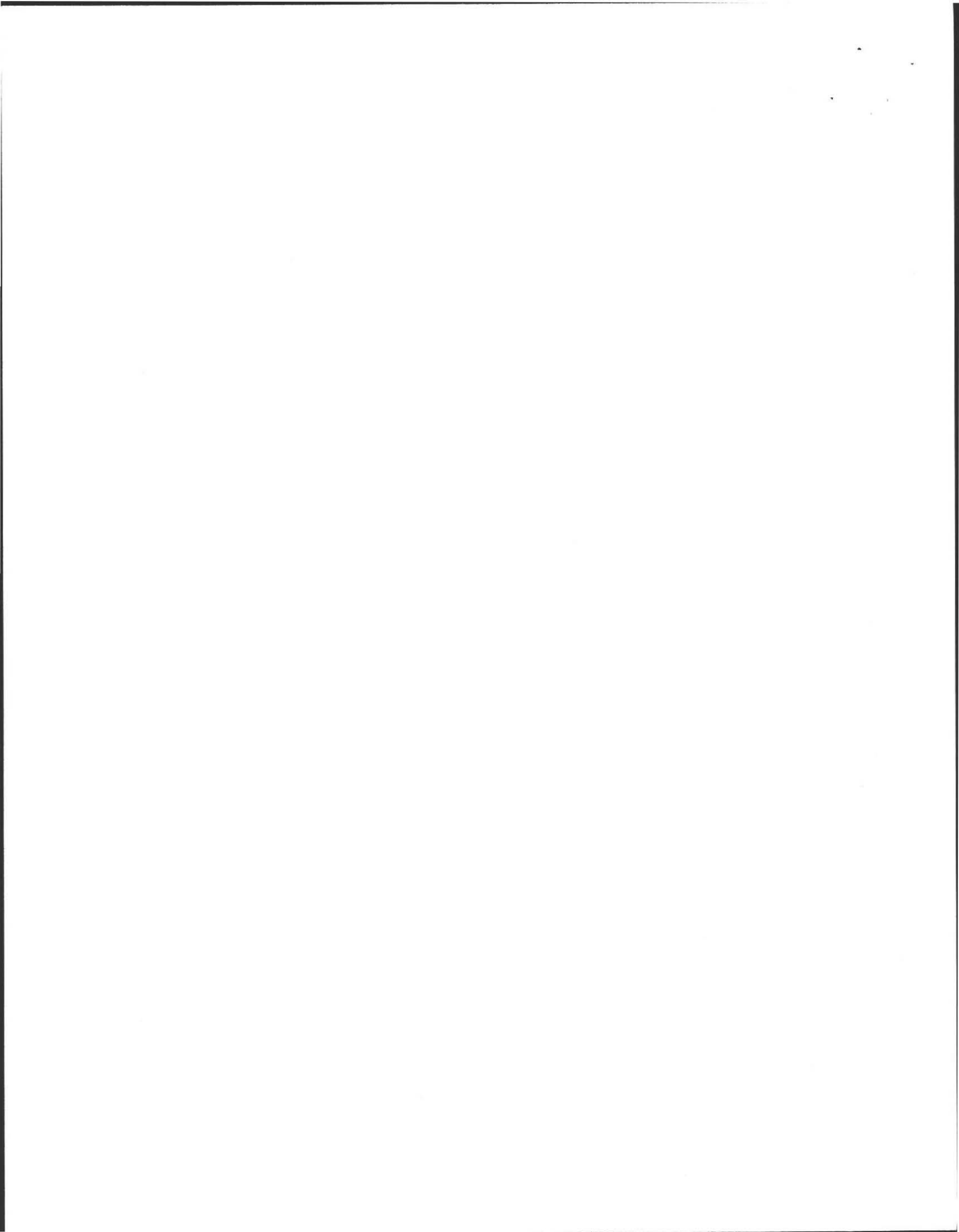
Date Reported: 11/09/00

Analyst: F LaFratta

Lab Director: *F LaFratta*

VOLATILE ORGANICS BY GC/MS (EPA524.2)

<u>COMPOUND</u>	<u>RESULT (ug/l)</u>
Benzene	ND
Bromobenzene	ND
Bromochloromethane	ND
Bromodichloromethane	ND
Bromoform	ND
Bromomethane	ND
n-Butylbenzene	ND
sec-Butylbenzene	ND
tert-Butylbenzene	ND
Carbon Tetrachloride	ND
Chlorobenzene	ND
Chloroethane	ND
Chloroform	ND
Chloromethane	ND
2-Chlorotoluene	ND
4-Chlorotoluene	ND
Dibromochloromethane	ND
1,2-Dibromoethane	ND
Dibromomethane	ND
1,2-Dichlorobenzene	ND
1,3-Dichlorobenzene	ND
1,4-Dichlorobenzene	ND
Dichlorodifluoromethane	ND
1,1-Dichloroethane	ND
1,2-Dichloroethane	ND
1,1-Dichloroethene	ND
cis-1,2-Dichloroethene	ND
trans-1,2-Dichloroethene	ND
1,2-Dichloropropane	ND
1,3-Dichloropropane	ND



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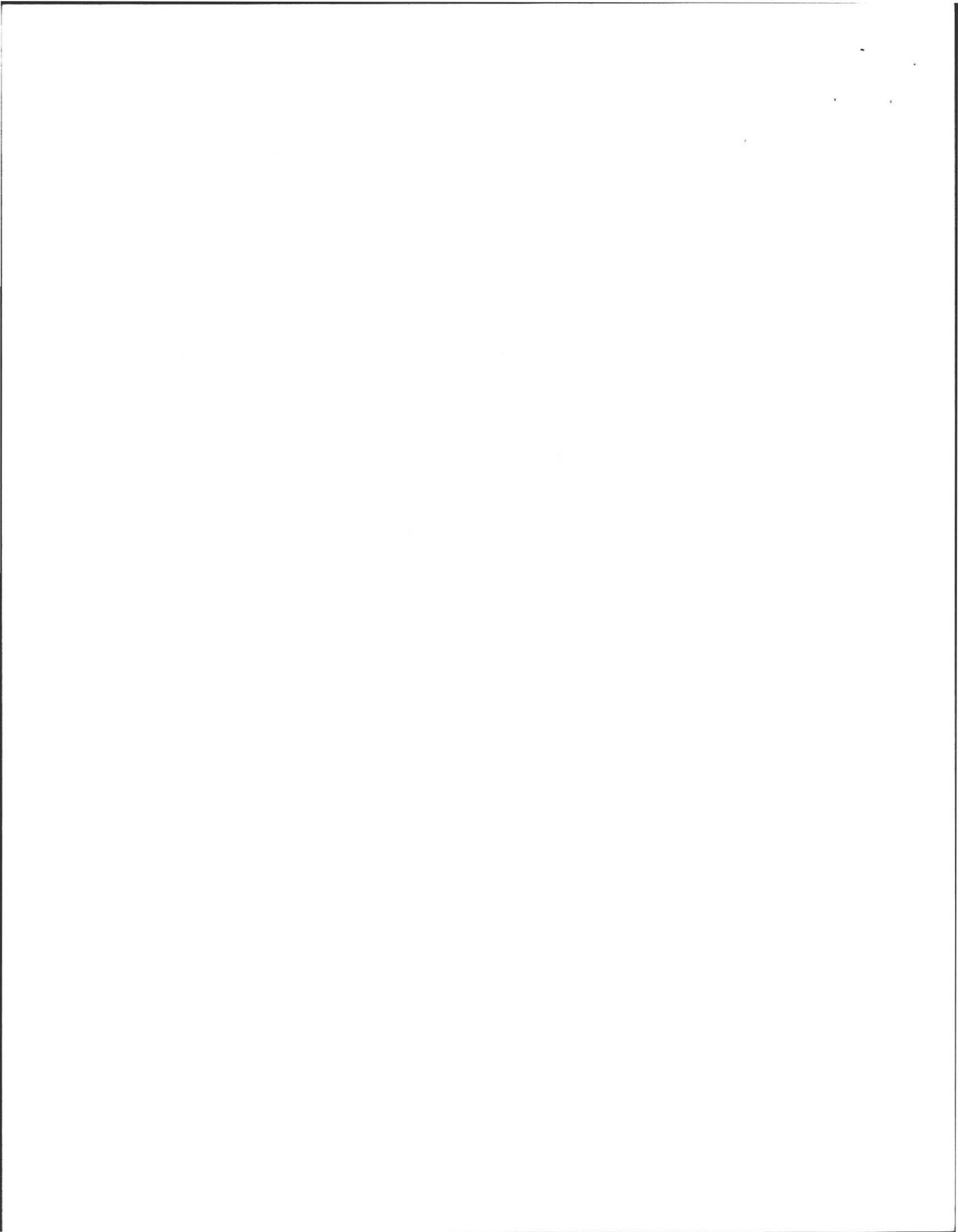
Lab Director: *F LaFratta*

VOLATILE ORGANICS BY GC/MS (EPA524.2)

COMPOUND

RESULT (ug/l)

Benzene	ND
Bromobenzene	ND
Bromochloromethane	ND
Bromodichloromethane	ND
Bromoform	ND
Bromomethane	ND
n-Butylbenzene	ND
sec-Butylbenzene	ND
tert-Butylbenzene	ND
Carbon Tetrachloride	ND
Chlorobenzene	ND
Chloroethane	ND
Chloroform	ND
Chloromethane	ND
2-Chlorotoluene	ND
4-Chlorotoluene	ND
Dibromochloromethane	ND
1,2-Dibromoethane	ND
Dibromomethane	ND
1,2-Dichlorobenzene	ND
1,3-Dichlorobenzene	ND
1,4-Dichlorobenzene	ND
Dichlorodifluoromethane	ND
1,1-Dichloroethane	ND
1,2-Dichloroethane	ND
1,1-Dichloroethene	ND
cis-1,2-Dichloroethene	ND
trans-1,2-Dichloroethene	ND
1,2-Dichloropropane	ND
1,3-Dichloropropane	ND



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FINAL REPORT

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Client ID: 7747

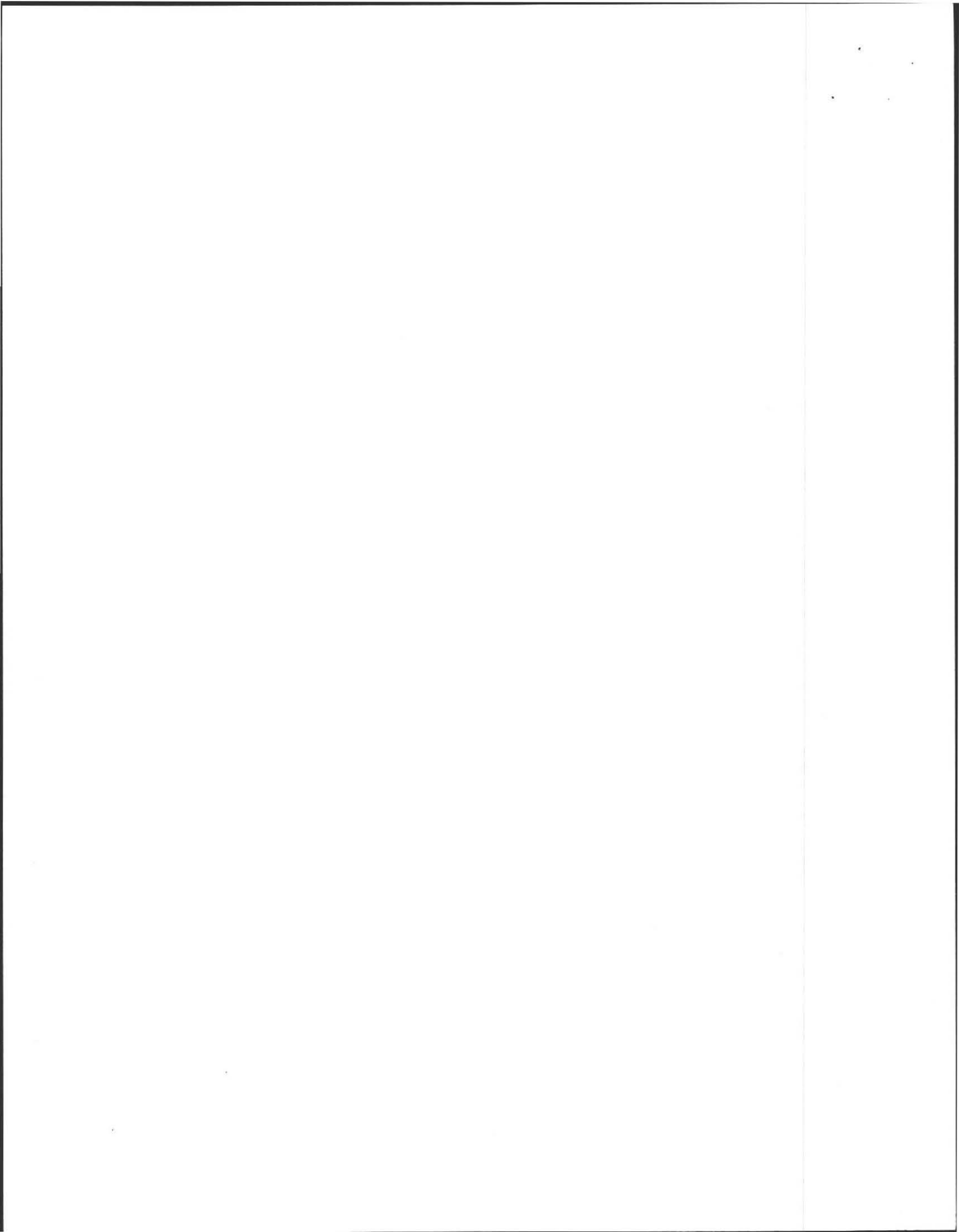
VOLATILE ORGANICS BY GC/MS (EPA524.2)

COMPOUND	RESULT (ug/l)
2,2-Dichloropropane	ND
1,1-Dichloropropene	ND
cis-1,3-Dichloropropene	ND
trans-1,3-Dichloropropene	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
Trichlorofluoromethane	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 (MBTE)	ND (1.0)

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

SURROGATE RECOVERY

Compound	% Recovery	QC Limits
4-Bromofluorobenzene	105.0	80-120
1,2-Dichlorobenzene-d4	97.0	80-120





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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
 PART A
 CERTIFICATION

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Amherst
 Name of Owner: William; Eleanor Thawmull
 Address of Owner: _____
 Date of Inspection: 11/2/00
 Name of Inspector: (Please Print) Pamela Bixell
 I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
 Company Name: Affordable Home and Septic Inspections Inc.
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- Passes
- Conditionally Passes
- Needs Further Evaluation By the Local Approving Authority
- Fails

Inspector's Signature: Pamela Bixell Date: 11/2/00

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

SAS functional; Well at 79' from leaching site. VOC is drawn. Conditional Pass based on water results.



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

Property Address: 55 High Point Dr, Amherst
Owner: Shuemmel
Date of Inspection: 11/2/00

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:

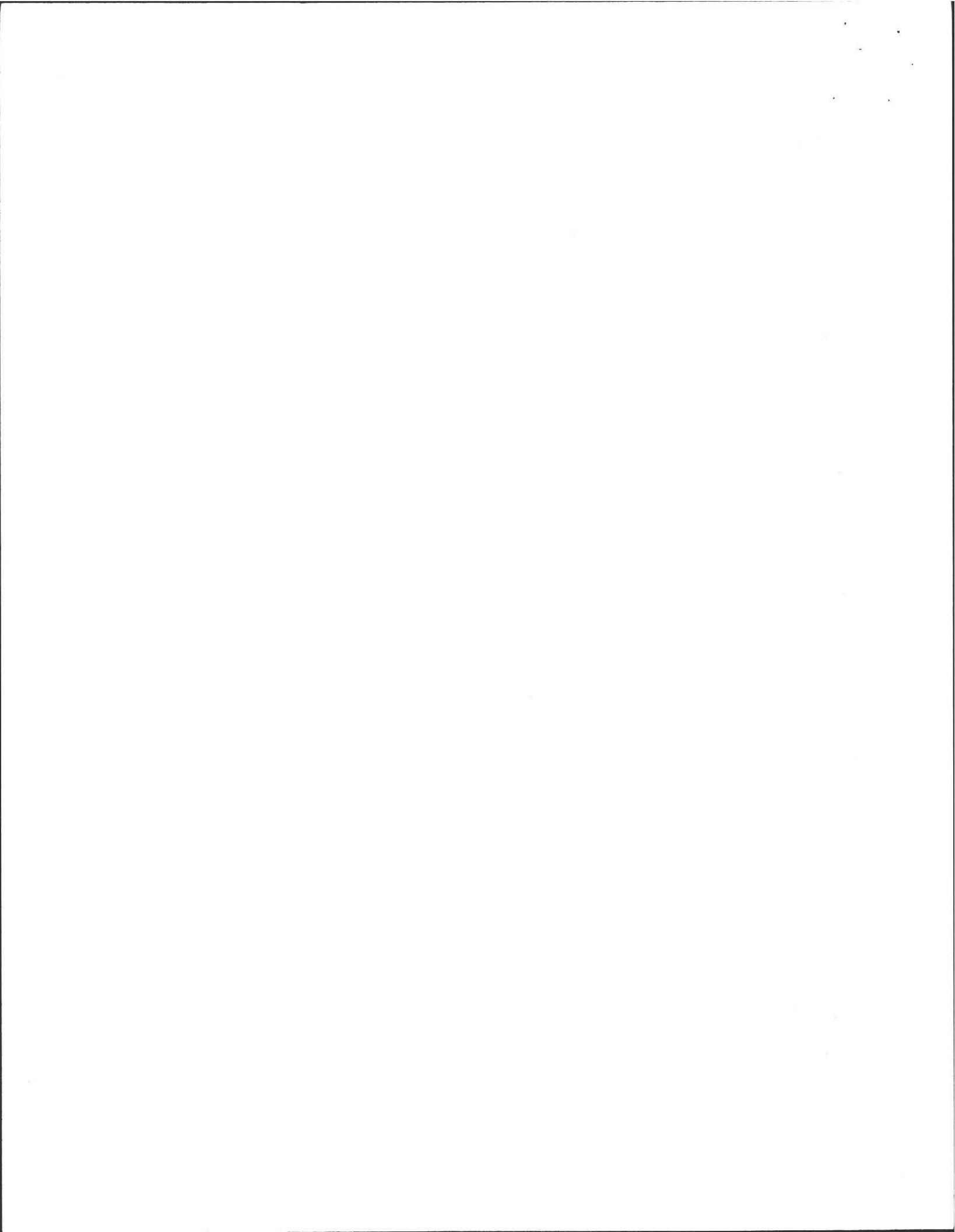
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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.

- 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: *55 High Point Dr, Amherst*
Owner: *Thuemmel*
Date of Inspection: *11/2/00*

C. FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

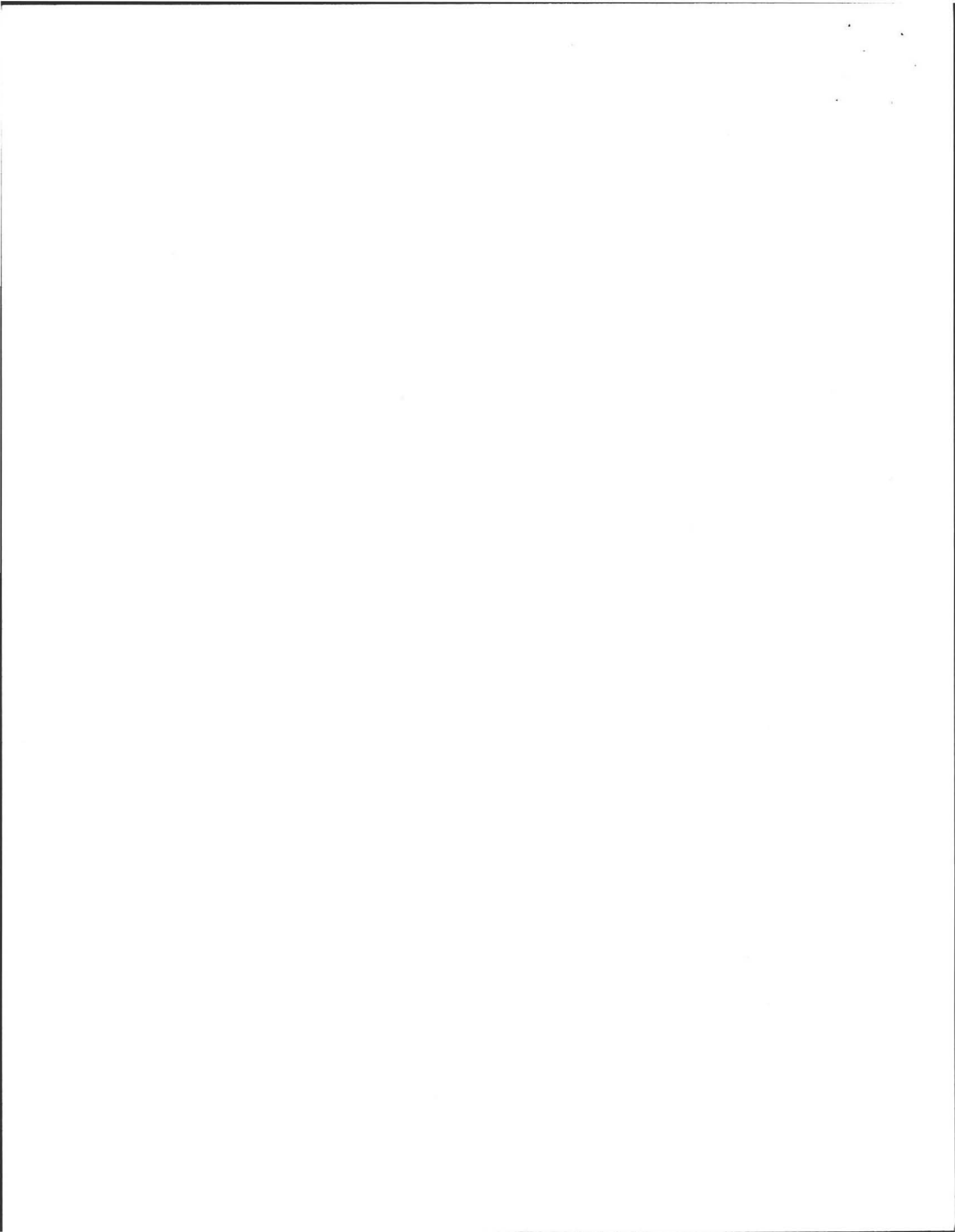
- Cesspool or privy is within 50 feet of surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF ANY) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

3) OTHER

Well at 78' from leach site. VOC's drawn.



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

Property Address: 55 High Point Dr, Amherst
 Owner: Thamuel
 Date of Inspection: 11/2/00

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 <u>NOT</u> due to clogged or obstructed pipe(s).
Number of times pumped <u> </u> . |
| <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:

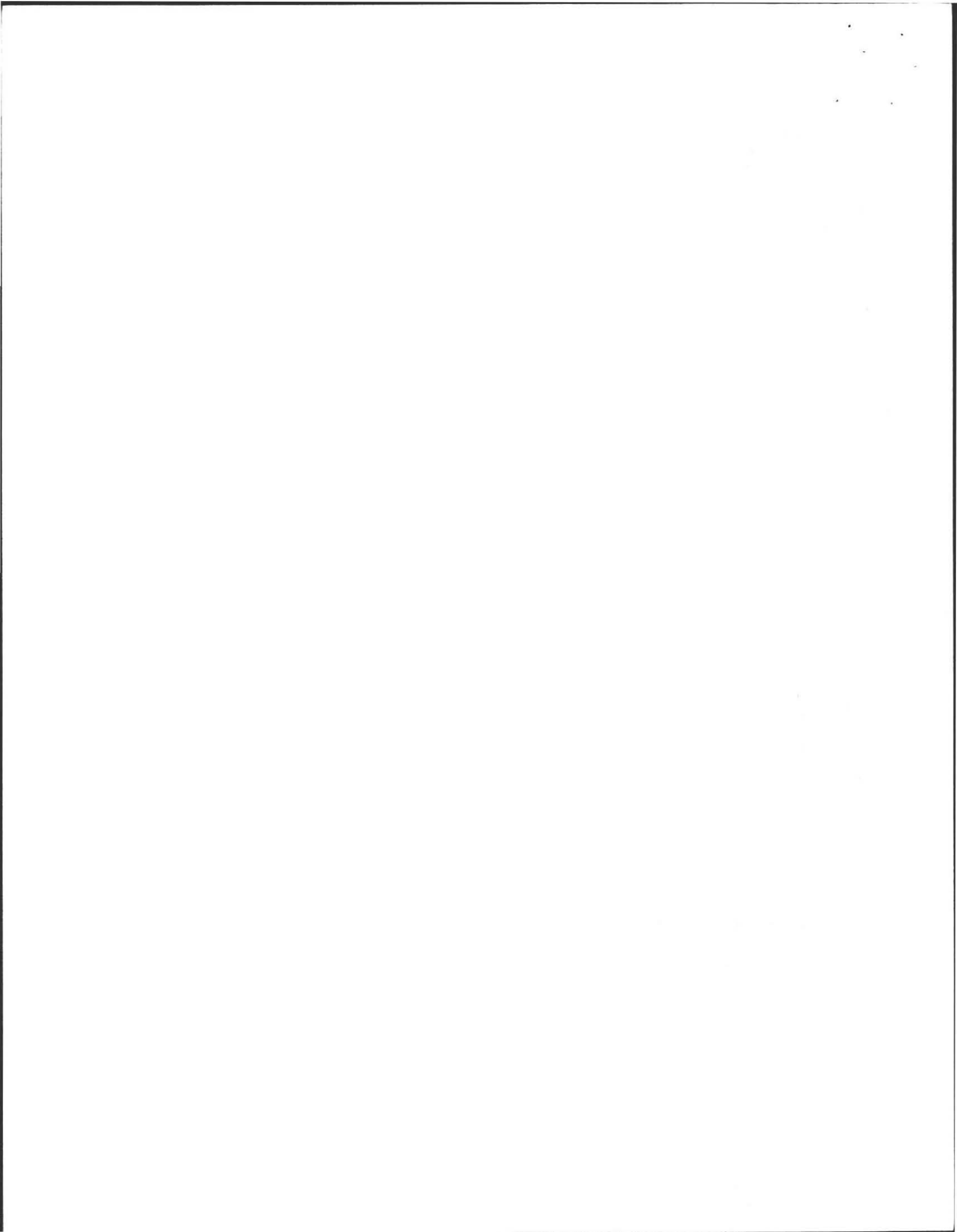
You must indicate either "Yes" or "No" to each of the following:

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.

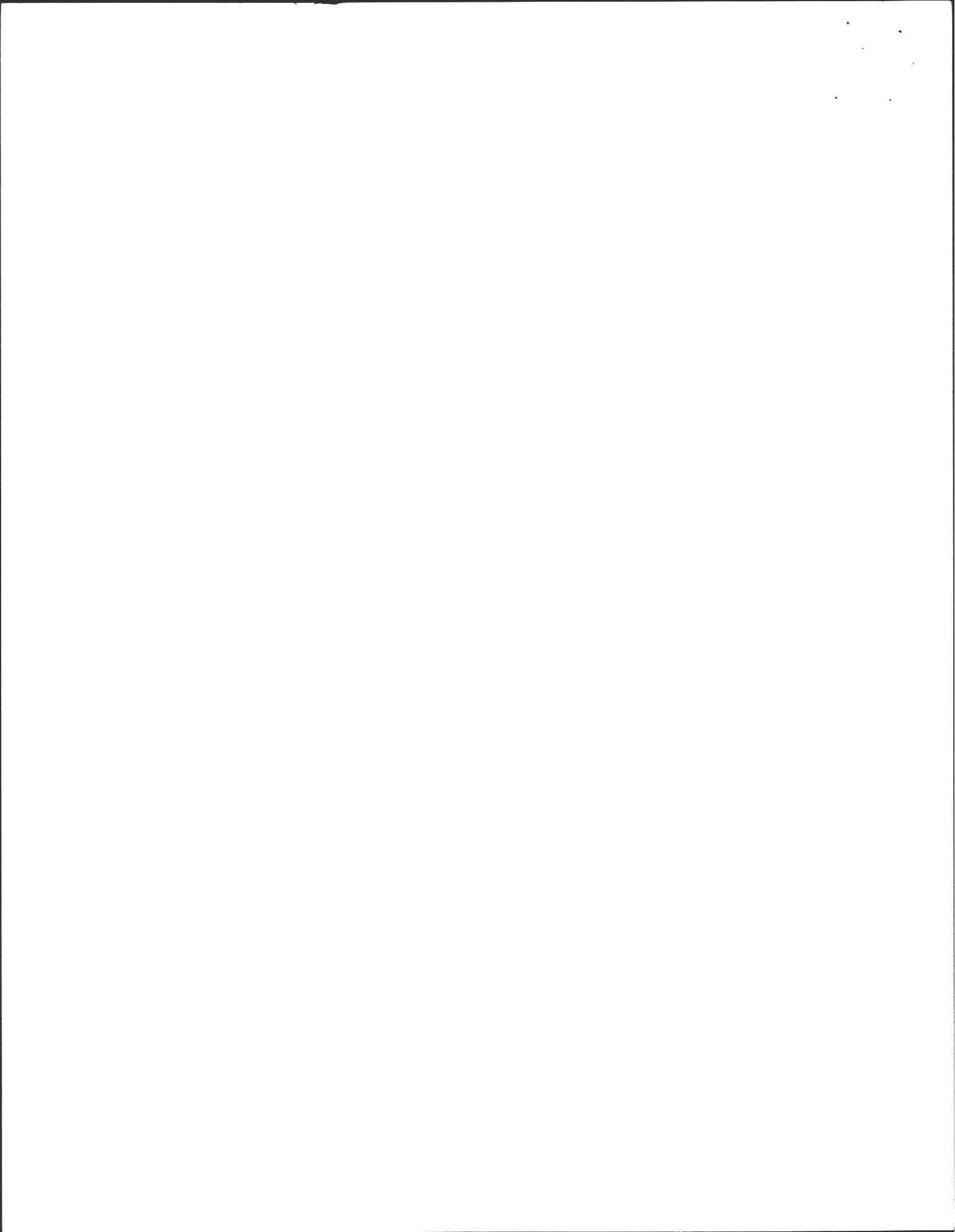


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 55 High Point Dr, Amherst
 Owner: Thompson
 Date of Inspection: 11/2/00

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 checked="" type="checkbox"/> | <input type="checkbox"/> | None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. |
| <input 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.
The size and location of the Soil Absorption System on the site has been determined based on: |
| <input 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: 55 High Point Dr; Amherst
Owner: Thuenen
Date of Inspection: 11/2/00

FLOW CONDITIONS

RESIDENTIAL:

Design flow: unk g.p.d./bedroom.
Number of bedrooms (design): 4 Number of bedrooms (actual): 3
Total DESIGN flow unk
Number of current residents: 2
Garbage grinder (yes or no): Yes
Laundry (separate system) (yes or no): No; If yes, separate inspection required
Laundry system inspected (yes or no) _____
Seasonal use (yes or no): No
Water meter readings, if available (last two year's usage (gpd)): Well Water
Sump Pump (yes or no): No
Last date of occupancy: Presently

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: 5/99 - K&K

System pumped as part of inspection: (yes or no) No
If yes, volume pumped: _____ gallons
Reason for pumping: _____

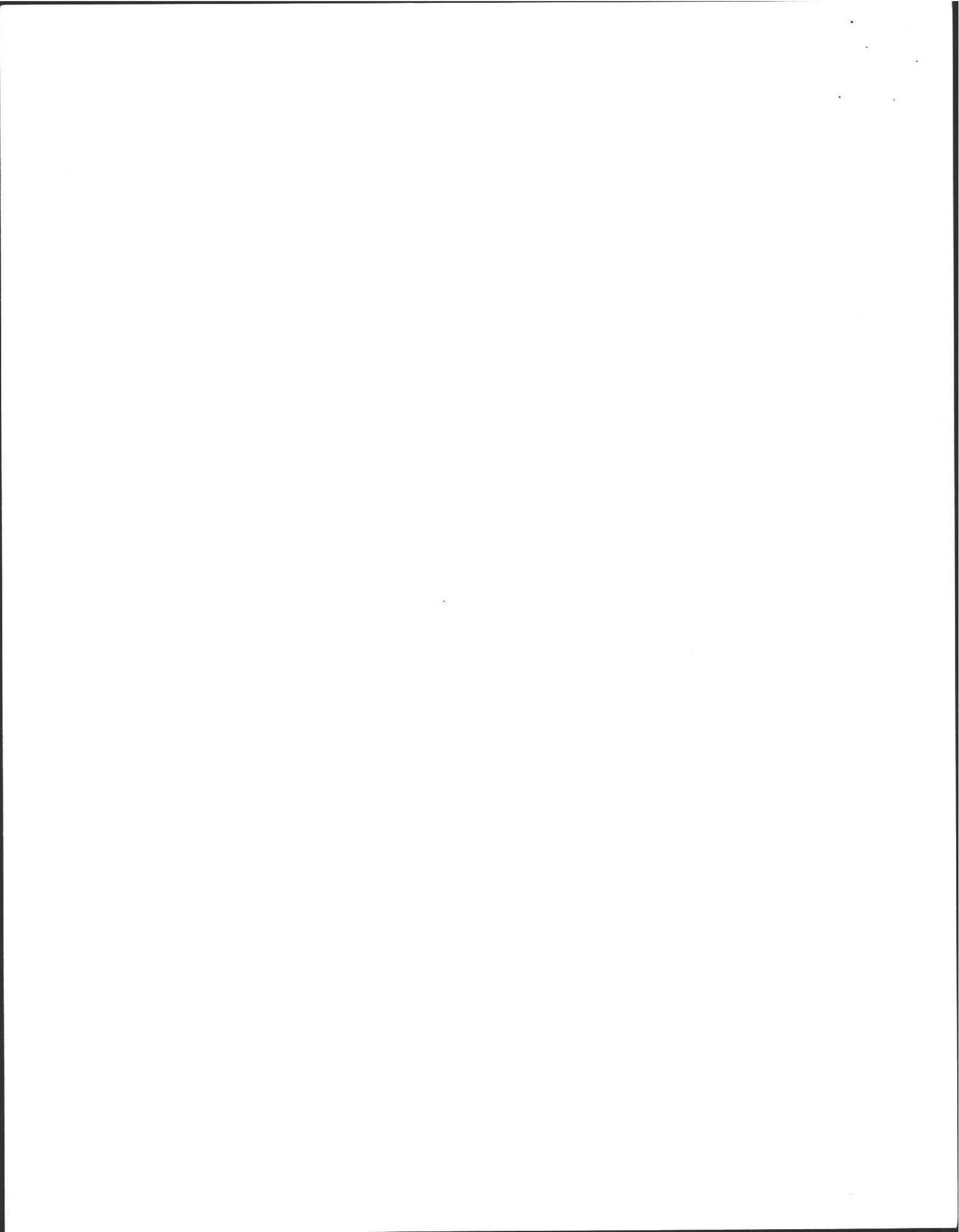
TYPE OF SYSTEM

- 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: 1972

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



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

Property Address: 55 High Point Dr, Amherst
Owner: Thummel
Date of Inspection: 11/2/00

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 1 1/2'
Material of construction: cast iron 40 PVC other (explain)

Distance from private water supply well or suction line _____
Diameter 4"

Comments: (condition of joints, venting, evidence of leakage, etc.)
No signs of leakage

SEPTIC TANK: Precast
(locate on site plan)

Depth below grade: 14"
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: 9 x 4 x 5
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 30"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 8"
Distance from bottom of scum to bottom of outlet tee or baffle: 15"
How dimensions were determined: Sludge Judge / Tape

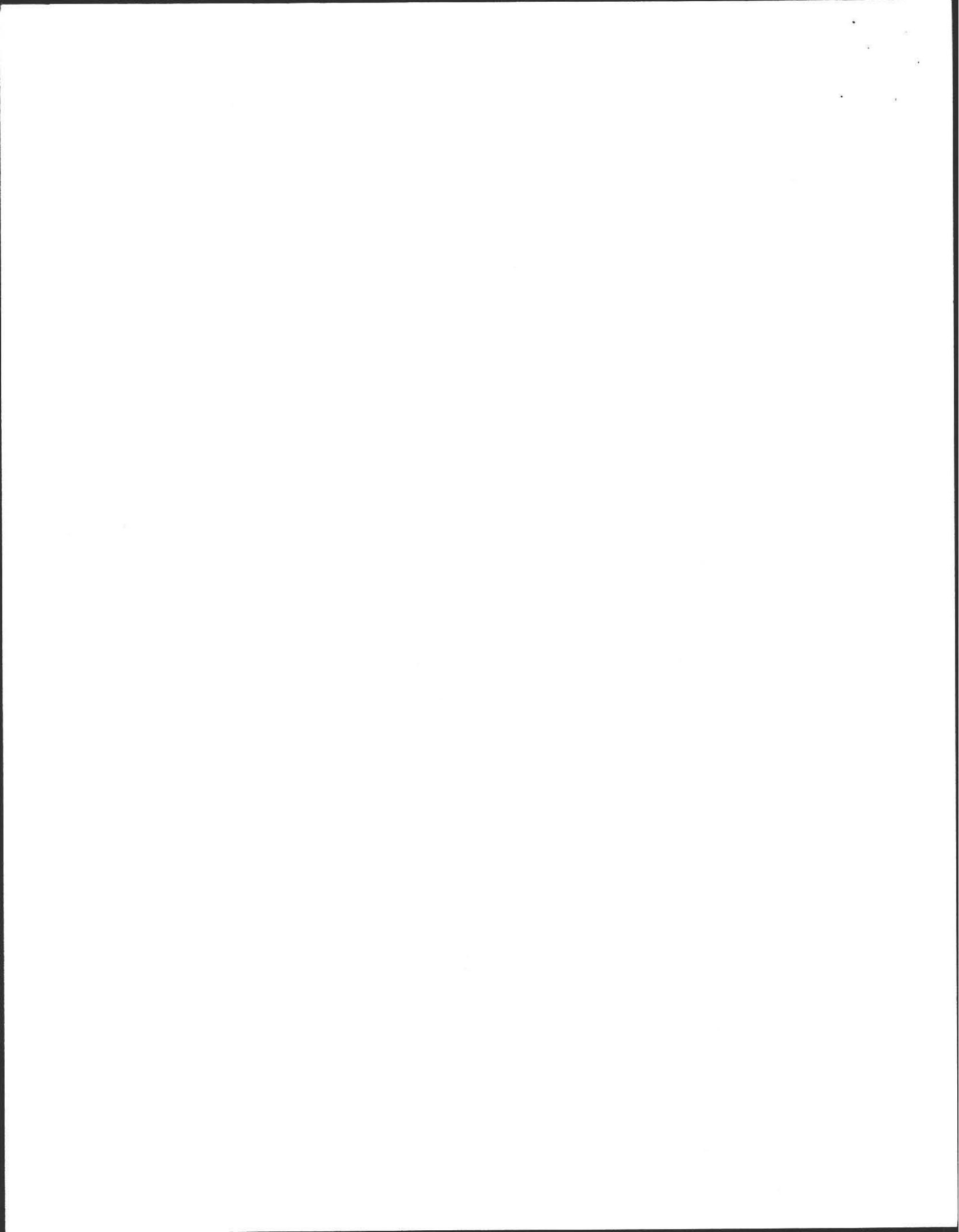
Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)
Tank appears sound. Raffles intact. No signs of infiltration or exfiltration.

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: 55 High Point Dr., Amherst
Owner: Thummel
Date of Inspection: 11/2/80

TIGHT OR HOLDING TANK: _____ (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.)

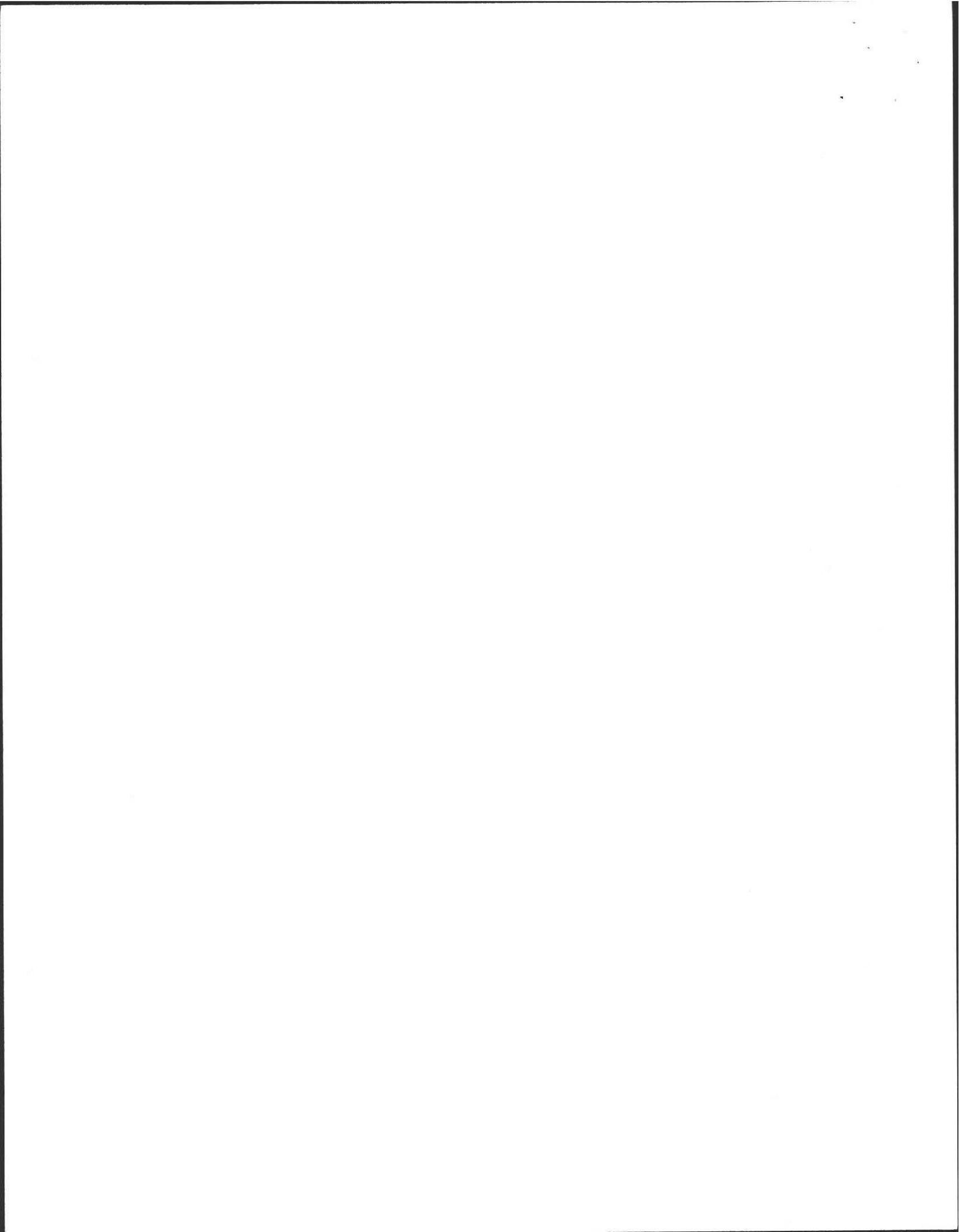
DISTRIBUTION BOX: Pervert
(locate on site plan)

Depth of liquid level above outlet invert: 0

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
low - 3 speed levelers added to equalize flow. Flow improved. Inlet pipe not functional

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.) _____



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 55 High Point Dr, Amherst
Owner: Thummel
Date of Inspection: 11/2/00

SOIL ABSORPTION SYSTEM (SAS): Present

(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

Type:

leaching pits, number: _____
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: (3) approx 20'
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.)

Three leach trenches present, approx 20'. No signs of breakout or ponding noted. Fairly gravel soil. System closed to ground water based on TDR data.

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) _____

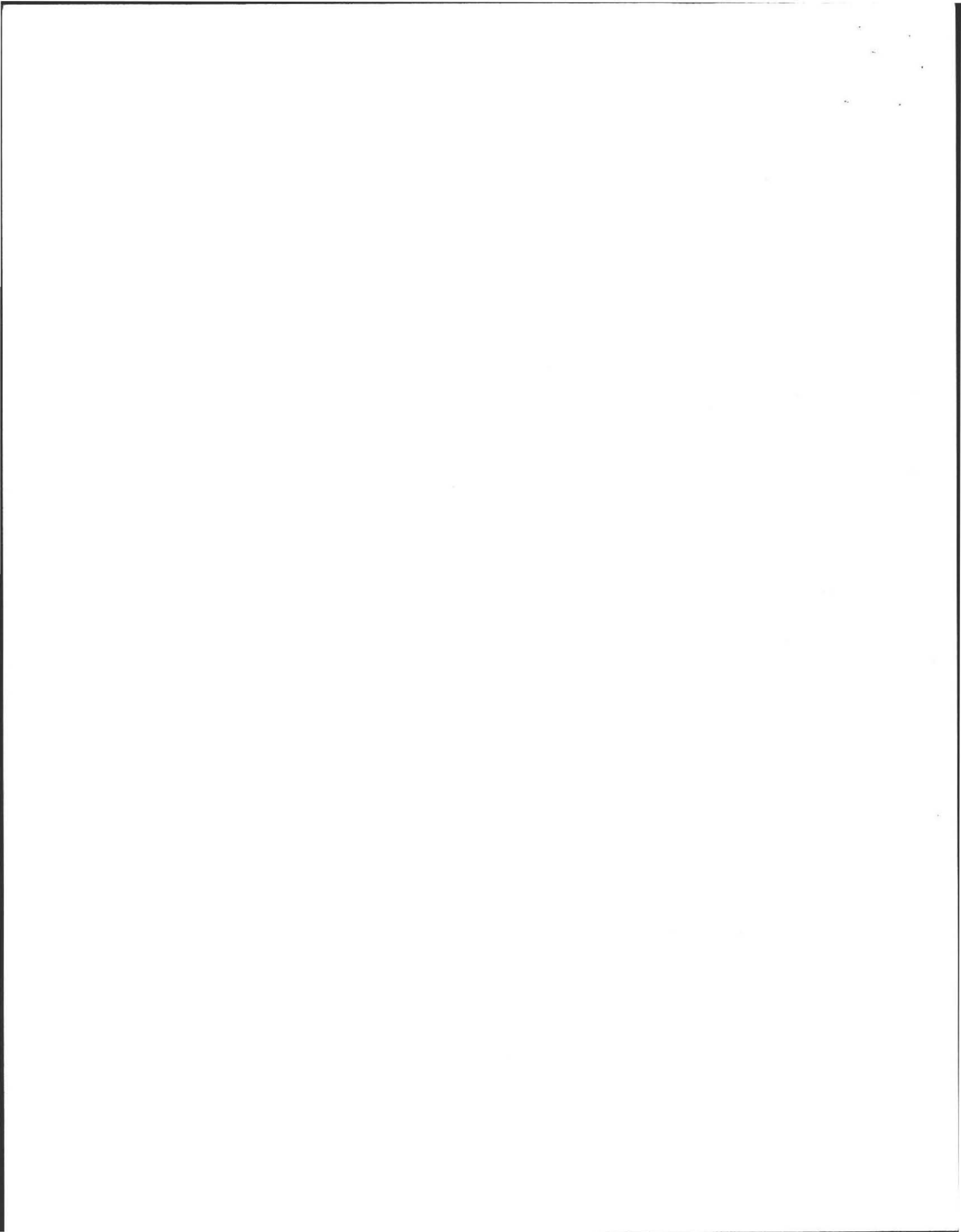
Comments:

(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

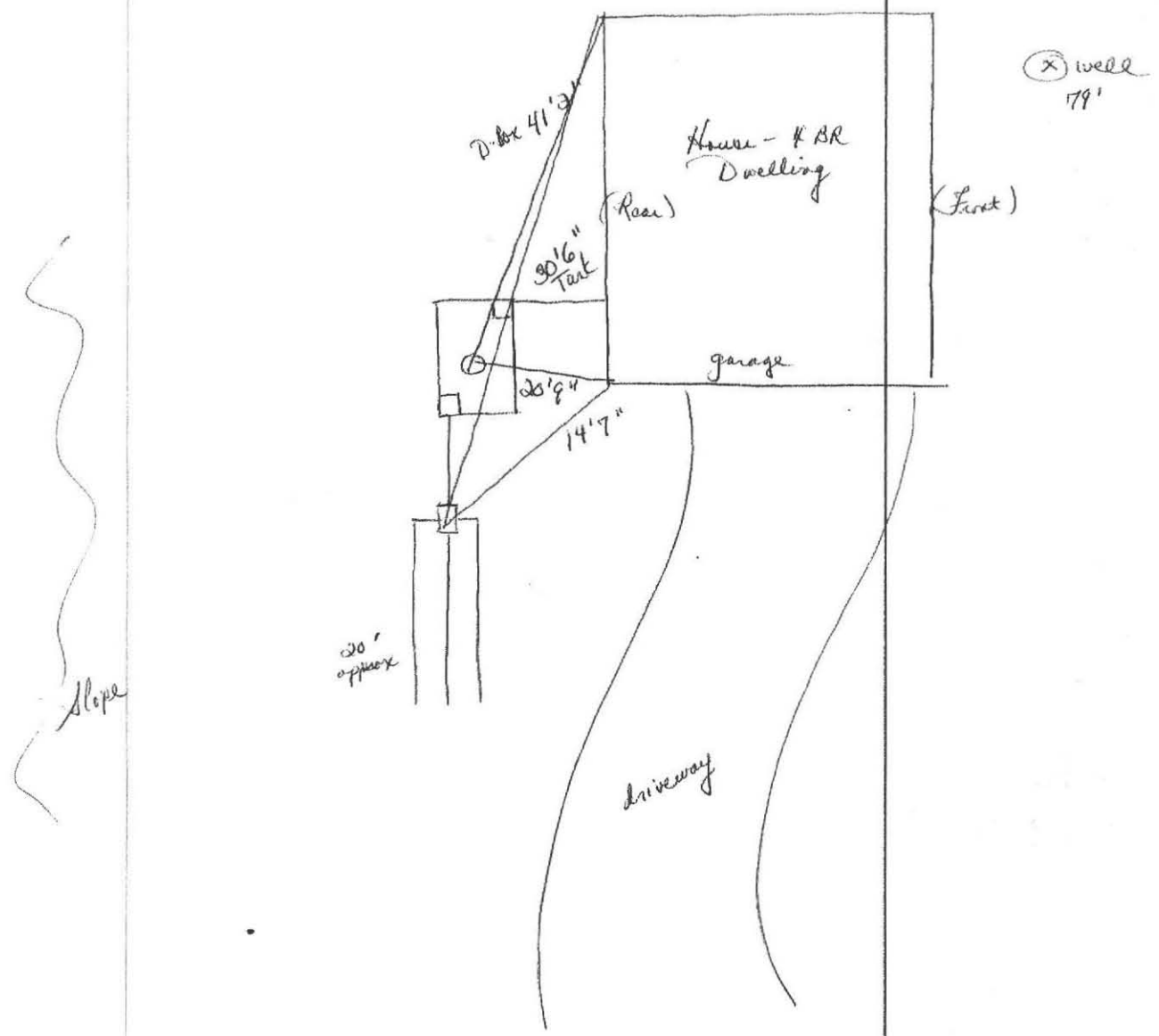
PART C

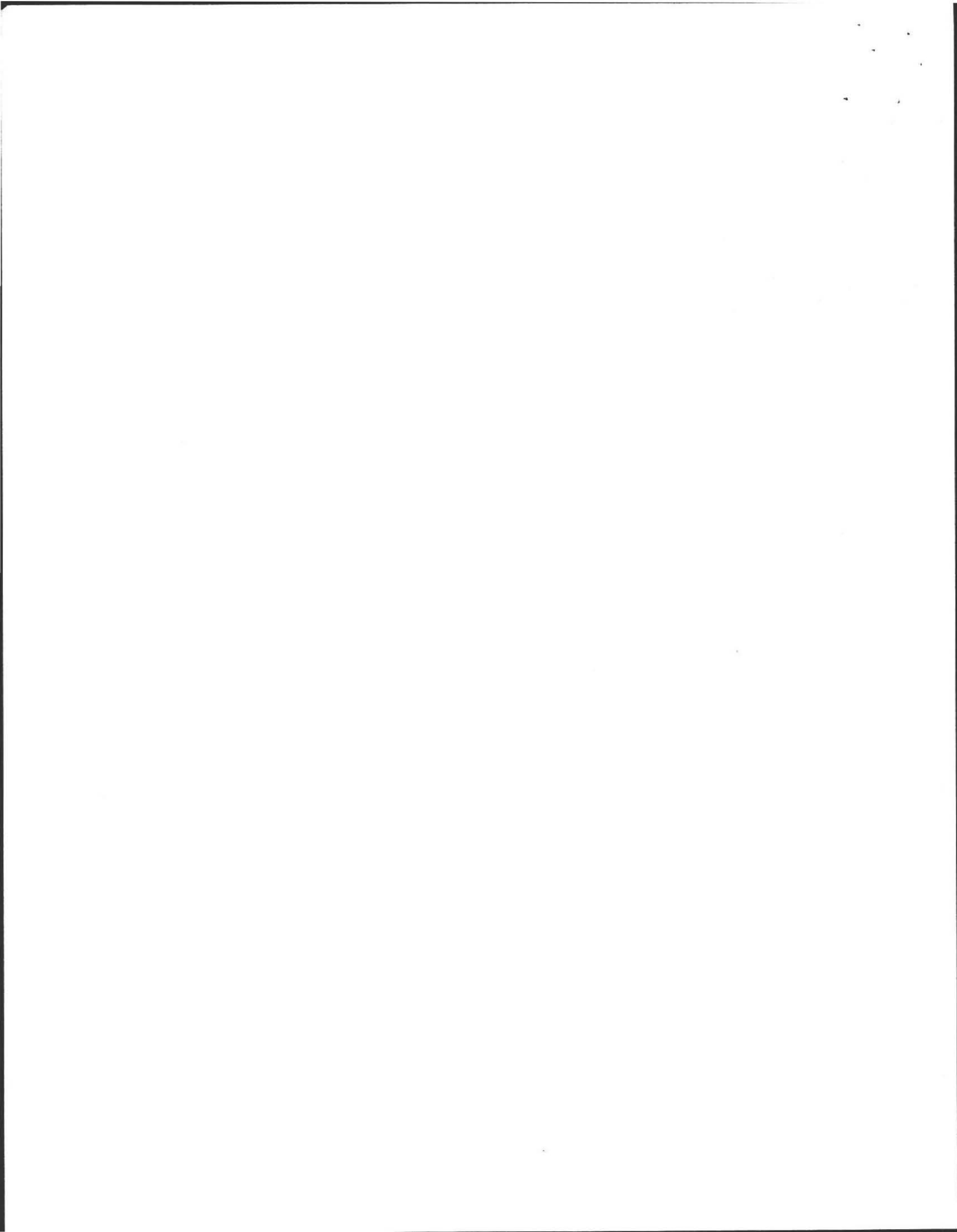
SYSTEM INFORMATION (continued)

Property Address: 55 High Point Dr, Amberst
Owner: [unclear]
Date of Inspection: 11/2/00

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: 55 High Point Dr, Amherst
Owner:
Date of Inspection: 11/2/00

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 _____

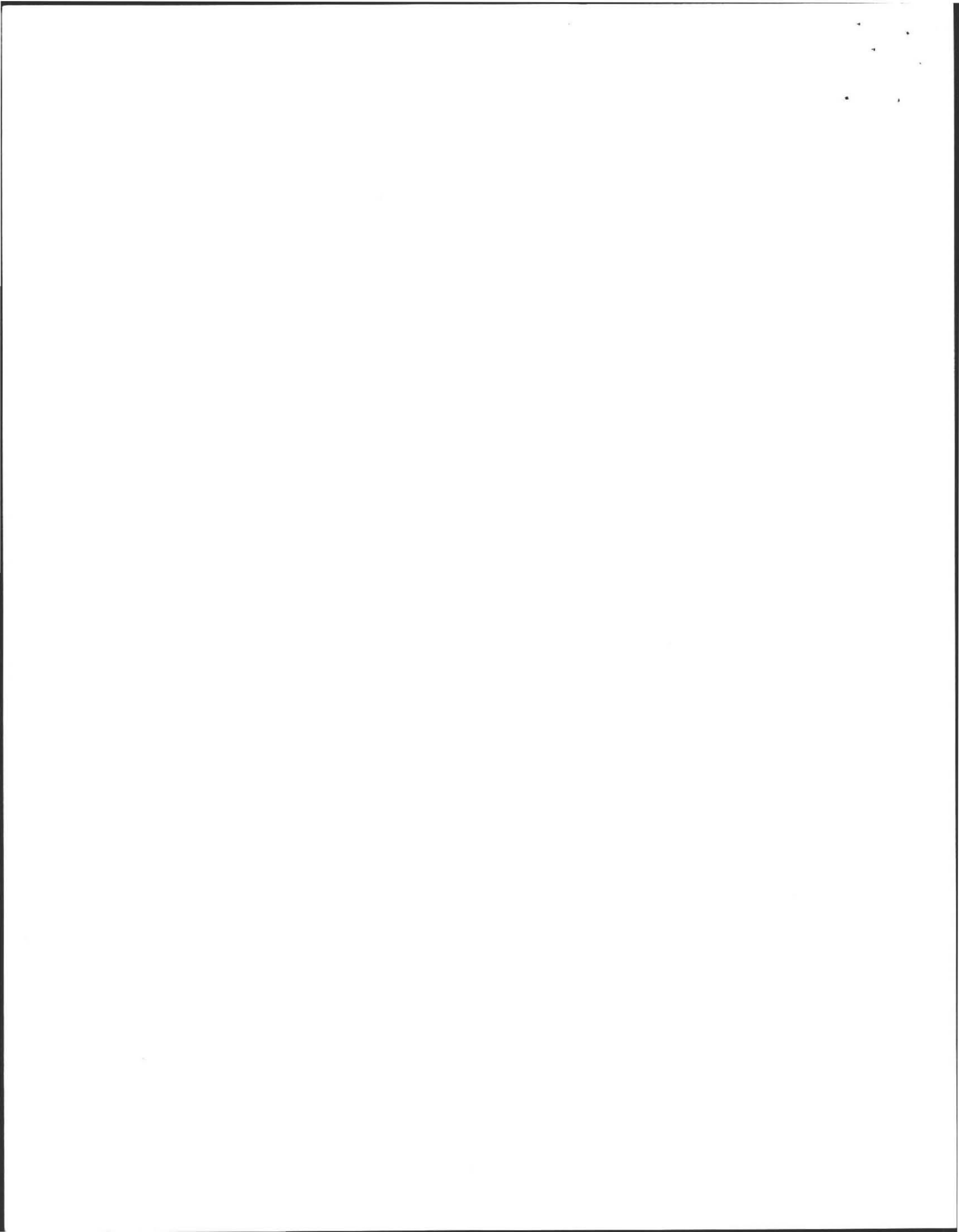
Estimated Depth to Groundwater 3 1/4 feet

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)

Ground water estimated at 3-4' based on terrain adjacent to lot. No signs at leach sites



AFFORDABLE HOME INSPECTION
TITLE V SEPTIC SYSTEM EVALUATION AGREEMENT

I. Affordable Home Inspections, represented by Cary/Pamela Bissell as the property inspector, has been contracted:

1.) To inspect the septic system located at:

55 High Point Dr, Amherst

2.) By Client:

William; Eleanor Thuermer

3.) For The Fee of:

300

This fee represents the standard time schedule of three hours for the onsite inspection. Time exceeding this shall be charged at \$45.00 per hour. On site inspection commences at the time of arrival at the above address.

4.) By your signature, it is understood that this inspection does not serve as a warranty implied or expressed, nor any form of surety, and does not absolve the seller of any possibility of liability.

5.) Further more it is understood that this inspection and the opinion contained within the report are performed and based upon the abilities, knowledge and experience of the named inspector regarding Title V Septic Inspections.

II The Inspector Intends To:

- 1.) Visually inspect all major structural components of the Septic System relative to Title V requirements.
- 2.) Visually identify obvious, existing problems and where possible indicate areas of potential problems.

III. The Inspector Will Not :

- 1.) Make repairs, nor enter septic tank, nor be responsible for any damage to the septic system or property.

IV. Inspector is not a guarantor of the future life, adequacy or performance of the septic system.

V. Inspections are limited to visual defects and general appearance of the septic system and property at the time of inspection.

VI. Neither the contents of this report nor any representations made herein are assignable without the expressed written consent of Affordable Home Inspections.

VII. Affordable Home Inspections liability is limited to the cost of the inspection.

VIII. Septic Inspection results are filed with the local Board of Health as required by Title V regulations.

Signed: Eleanor A. Thuermer

Date 11/2/2000

Affordable Home Inspections

Pamela Bissell

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11
12

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

No. 70-3 Date MAR 23, 1970 Fee 300 Date Rec'd. MAR 30 1970 By CEA

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

Location—Address 55 HIGH POINT DRIVE or Lot No. 41

Owner ROY INDUSTRIES Address Box 472 Amherst

Contractor Bill Clark Address SWITTESBURY

Type of Building _____ Dimensions _____ Size Lot 30,000 ±
Dwelling—No. of Bedrooms 3 Expansion Attic NO Garbage Grinder (YES)
Other _____ No. of persons _____ Showers ()

Other fixtures _____
Town Water? No Type of Well ARTESIAN

Design Flow 50 gallons per person per day. Total daily flow 500 gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Disposal Bed—No. 1 Diameter 15x40 Depth below inlet _____ Total leaching area 600 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____
Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)
Percolation Test Results Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil _____ Depth to Ground Water 18"
Will disposal area be filled? YES 2' 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 CEA William L. Malby Owner or builder date 3-25-70

Application Disapproved for the following reasons: * Area to be contain drainage IMPROVISED MATERIAL REMOVED REPLACED WITH BANK RUN GRAVEL

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

55 High Point

No. 70-3 Permission is hereby granted ROY INDUSTRIES to construct (X) or repair () an Individual Sewage Disposal System at Lot 41, 55 High Point Hill

as shown on the application for Disposal Works Construction Permit No. 70-3

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 Mar 24-70 CEA Board of Health

