

58 High Point D.



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

Property Address: 58 High Point Drive Amherst, MA

Owner's Name: Earl Smith

Owner's Address: 58 High Point Drive
Amherst, MA 01002

Date of Inspection: July 03, 2003

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

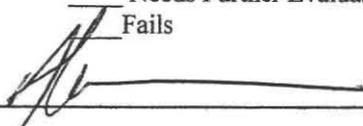
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on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

Passes

Conditionally Passes

Needs Further Evaluation by the Local Approving Authority

Fails

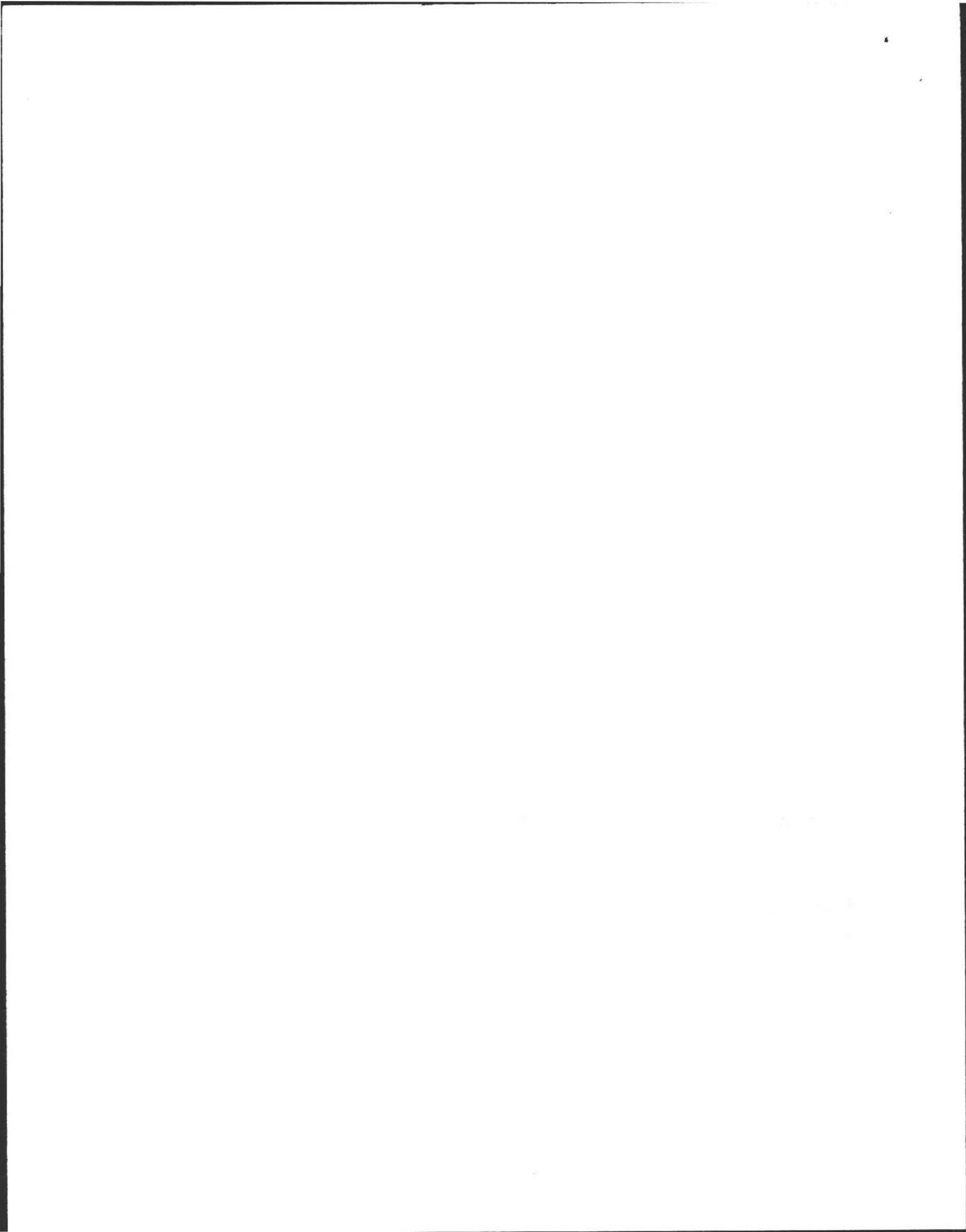
Inspector's Signature:  Date: **July 03, 2003**

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:

Septic Tank & leaching area was in good condition upon inspection. D Box was found level and functional. Pump/Pump Chamber operation and alarm was checked. Inspections found, all levels/stains & baffles were ok. We found septic system be operational per 1996 plans. System is 7+/- years old.

****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 different conditions of use.



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

PART A
CERTIFICATION (continued)

Property Address: 58 High Point

Owner: Smitz

Date of Inspection: 7/3/03

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

A. System Passes:

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

Comments:

B. System Conditionally Passes:

No One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

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

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

ND explain:

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

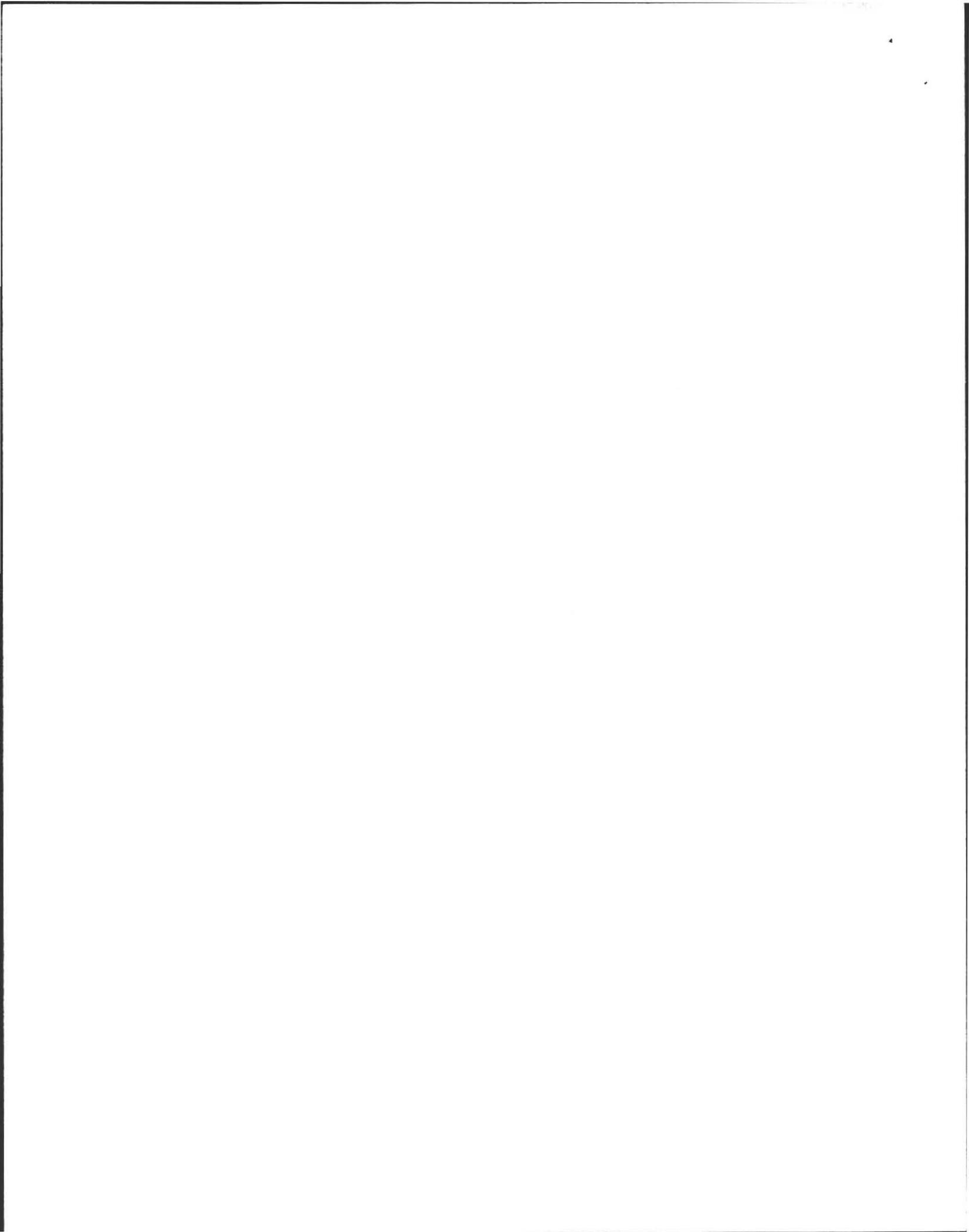
- ____ broken pipe(s) are replaced
- ____ obstruction is removed
- ____ distribution box is leveled or replaced

ND explain:

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

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

ND explain:



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

PART A
CERTIFICATION (continued)

Property Address: 58 High Ave

Owner: Smith

Date of Inspection: 7/3/03

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

No Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

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

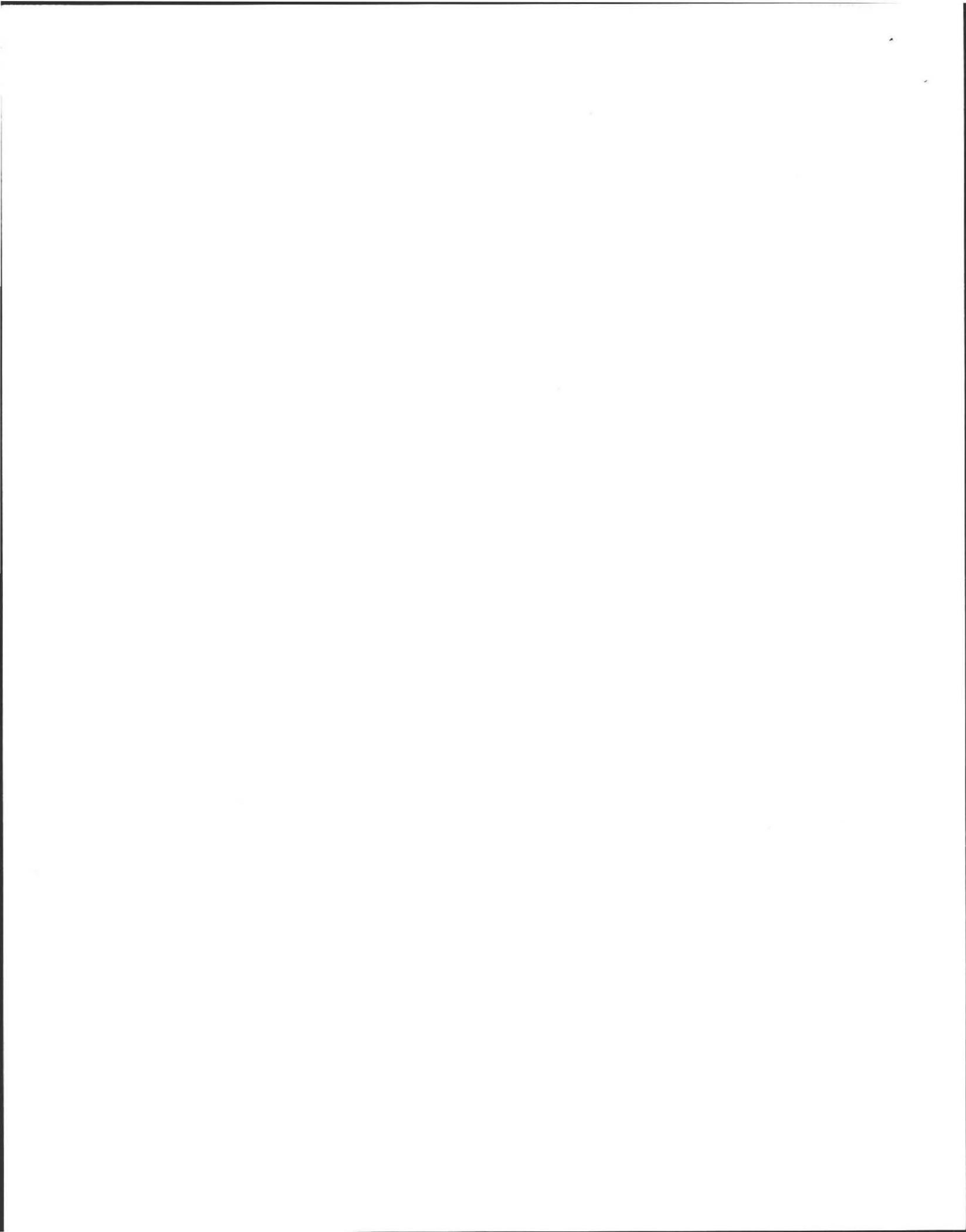
- Cesspool or privy is within 50 feet of a surface water
 Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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

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

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

3. Other:



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

Property Address: 58 High Point

Owner: Smith

Date of Inspection: 7/26/2

D. System Failure Criteria applicable to all systems:

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

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

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

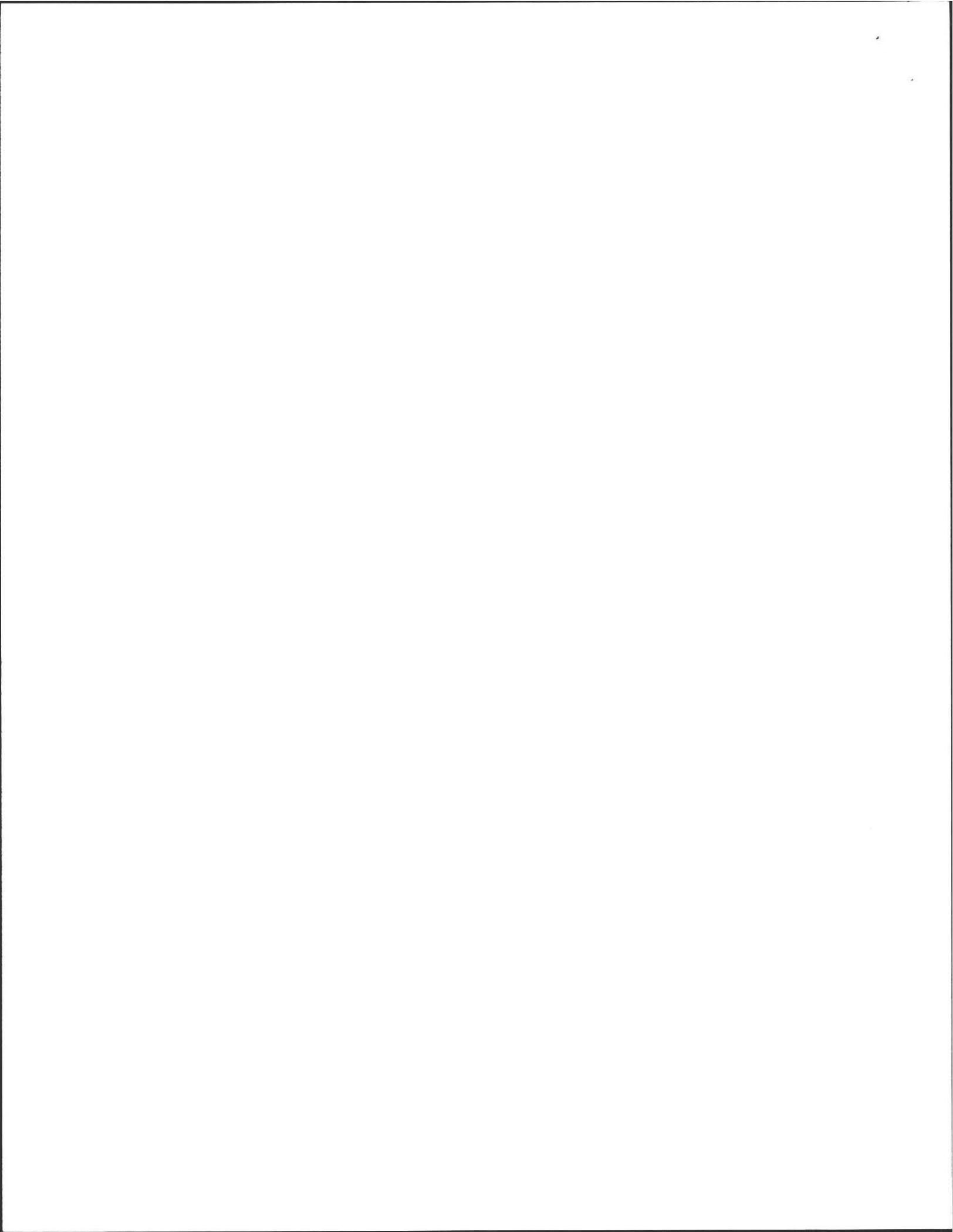
E. Large Systems:

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

You must indicate either "yes" or "no" to each of the following:
 (The following criteria apply to large systems in addition to the criteria above)

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

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



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

Property Address: SB High Point

Owner: Smith

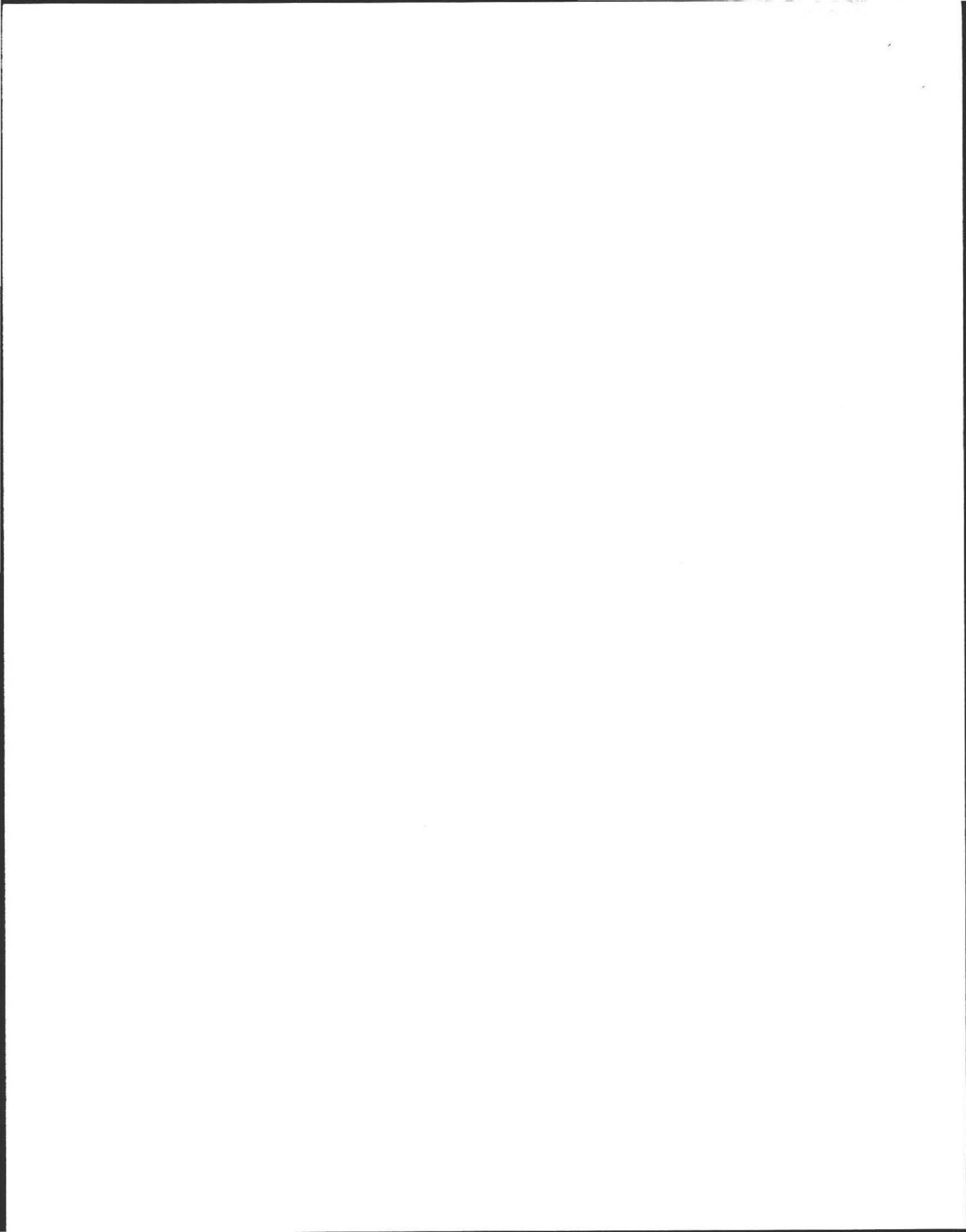
Date of Inspection: 7/3/03

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

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

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

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



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

Property Address: 58 High Point

Owner: Smith

Date of Inspection: 5/3/03

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 3-4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Number of current residents: 2

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

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

Laundry system inspected (yes or no): -

Seasonal use: (yes or no): No

Water meter readings, if available (last 2 years usage (gpd)): n/a

Sump pump (yes or no): No AC + Dehumidifier - "not connected"

Last date of occupancy: current

COMMERCIAL/INDUSTRIAL

Type of establishment: _____

Design flow (based on 310 CMR 15.203): _____ gpd

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

Grease trap present (yes or no): _____

Industrial waste holding tank present (yes or no): _____

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

Water meter readings, if available: _____

Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: Last Year

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

If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? _____

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)

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

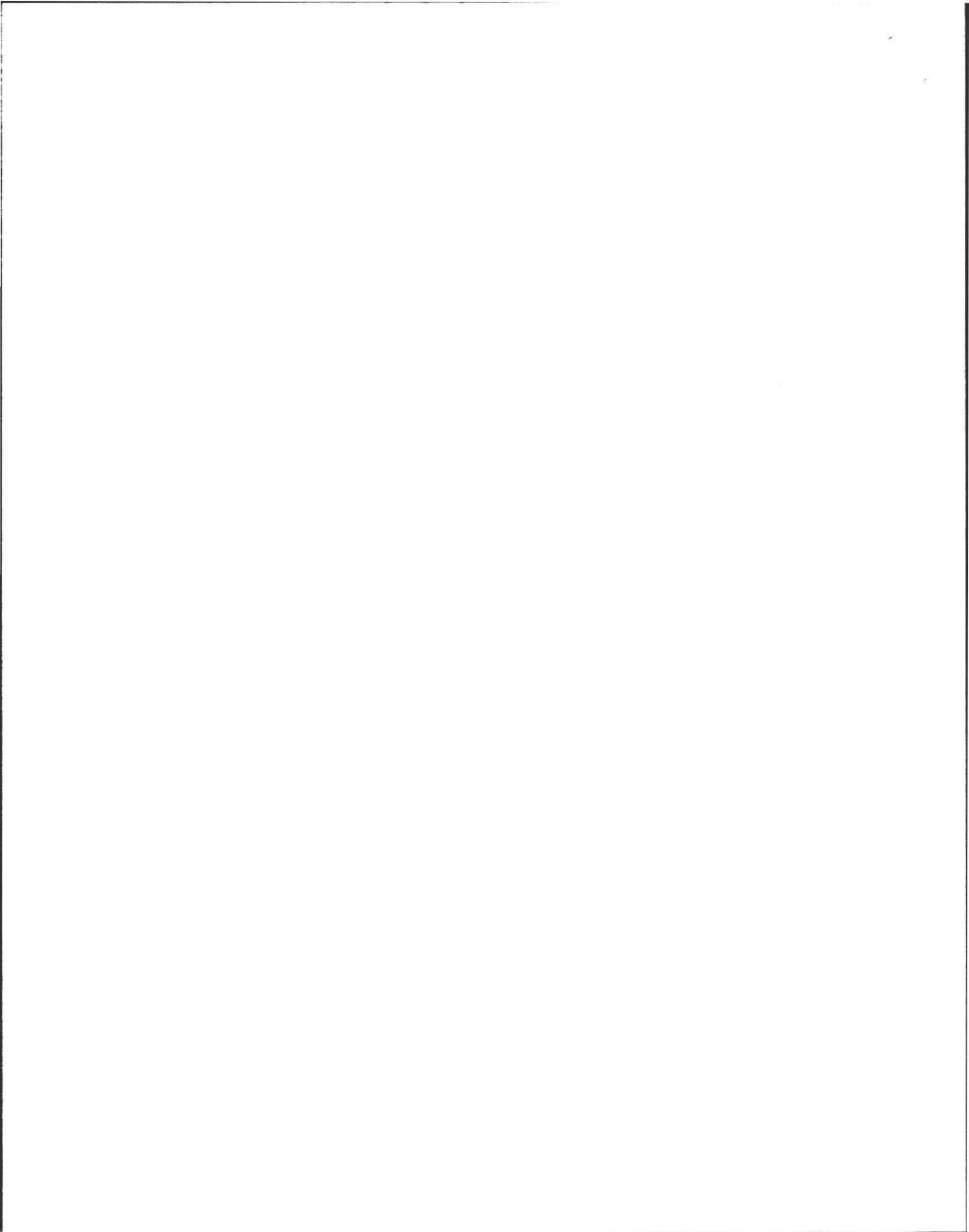
Tight tank Attach a copy of the DEP approval

Other (describe): _____

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

7 years

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



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

Property Address: 58 High Rent

Owner: Smith

Date of Inspection: 7/3/03

BUILDING SEWER (locate on site plan)

Depth below grade: 12"

Materials of construction: cast iron 40 PVC other (explain): _____

Distance from private water supply well or suction line: 10'

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

SEPTIC TANK: YES (locate on site plan)

Depth below grade: 12"

Material of construction: concrete metal fiberglass polyethylene
 other(explain) _____

If tank is metal list age: _____ Is age confirmed by a Certificate of Compliance (yes or no): _____ (attach a copy of certificate)

Dimensions: 10' x 5' x 4.5'

Sludge depth: 3"

Distance from top of sludge to bottom of outlet tee or baffle: 46"

Scum thickness: 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

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

GREASE TRAP: N (locate on site plan)

Depth below grade: _____

Material of construction: concrete metal fiberglass polyethylene other
(explain): _____

Dimensions: _____

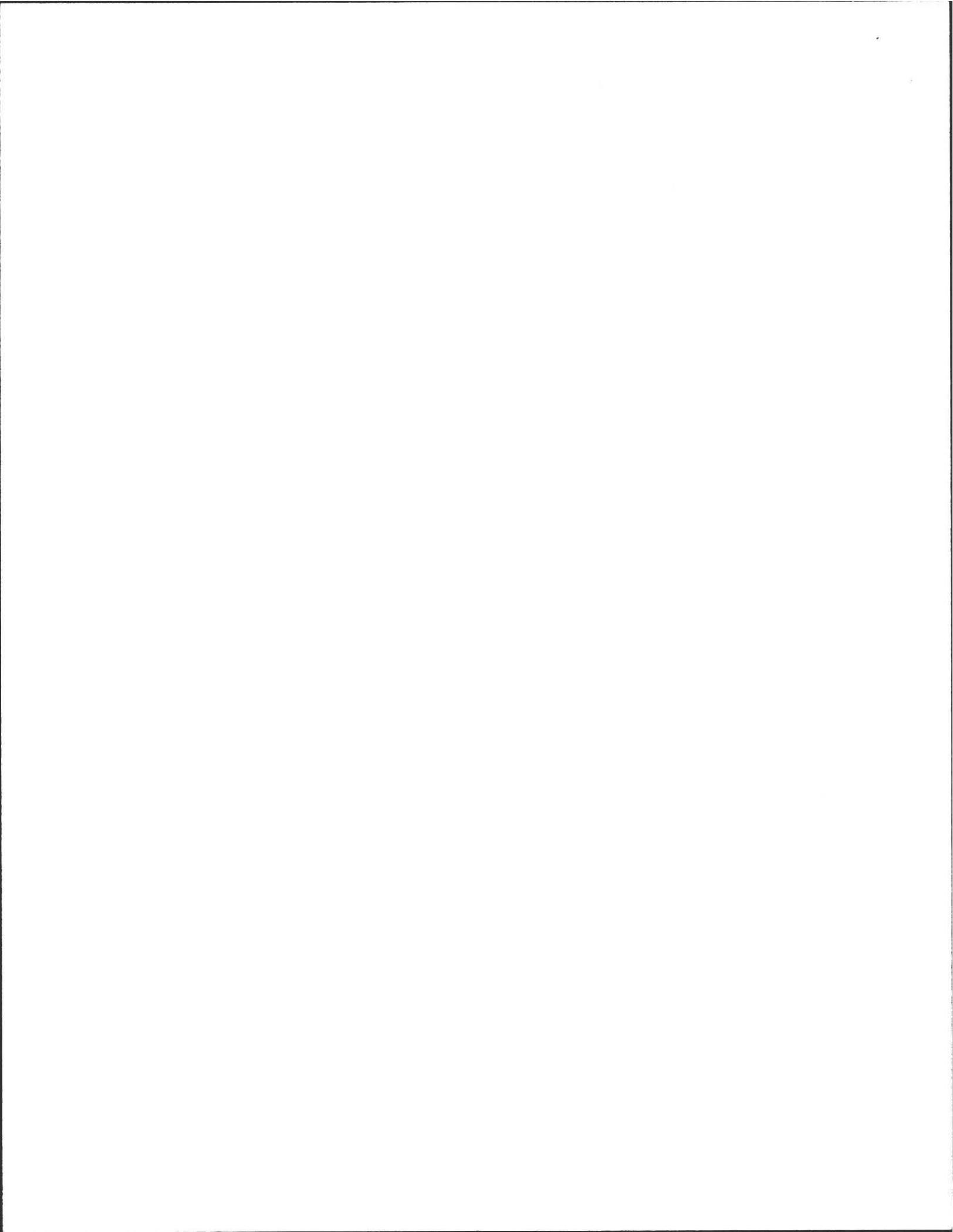
Scum thickness: _____

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

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

Date of last pumping: _____

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



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

Property Address: 58 High Point

Owner: Smith

Date of Inspection: 7/3/03

TIGHT or HOLDING TANK: No (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: _____

Material of construction: _____ concrete _____ metal _____ fiberglass _____ polyethylene _____ other(explain): _____

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons/day

Alarm present (yes or no): _____

Alarm level: _____ Alarm in working order (yes or no): _____

Date of last pumping: _____

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

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

Depth of liquid level above outlet invert: at vent

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.):

Good condition, some roots at outlet pipes (minor)

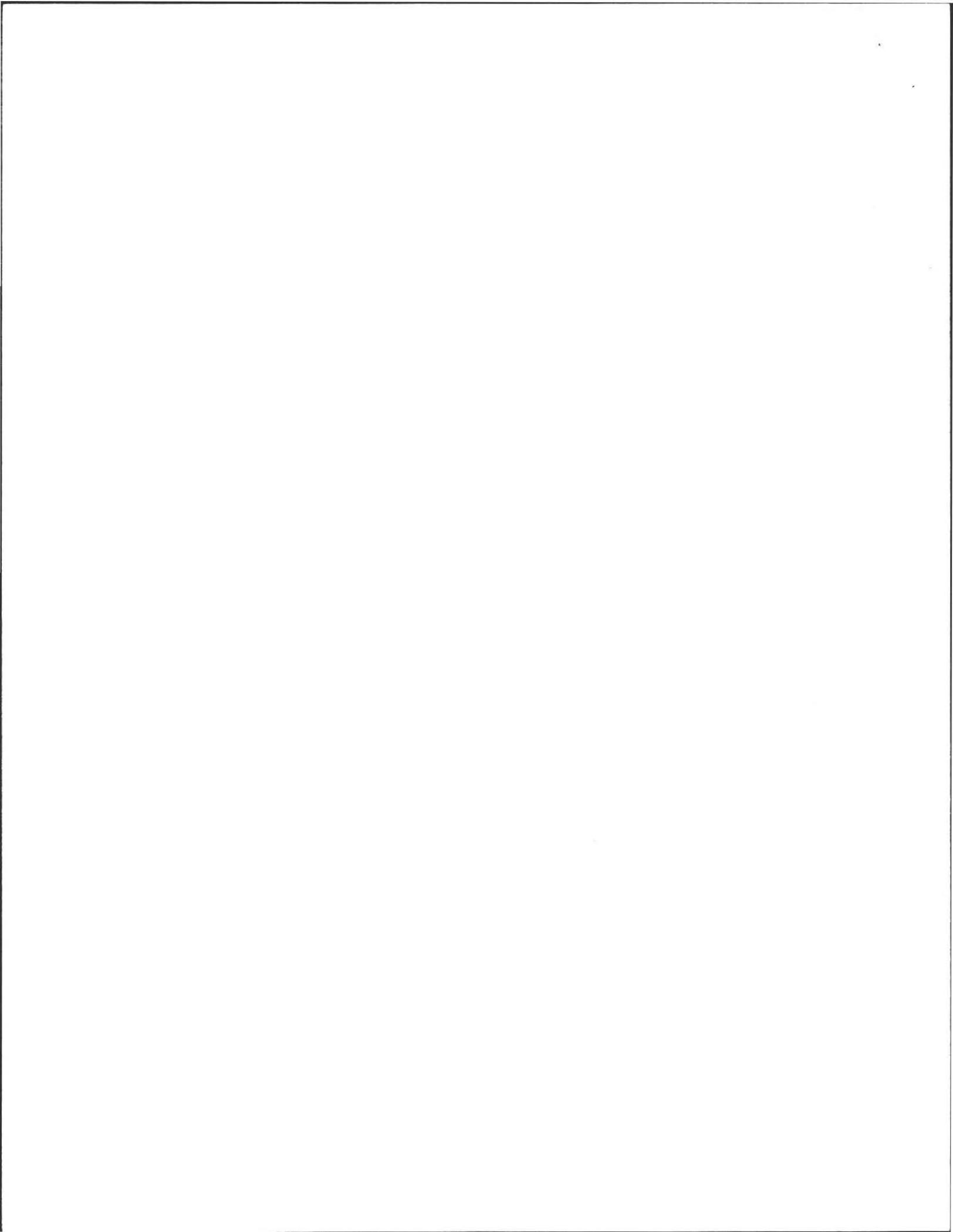
PUMP CHAMBER: Yes (locate on site plan)

Pumps in working order (yes or no): yes

Alarms in working order (yes or no): yes

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

Good working order



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

Property Address: 98 High Point

Owner: Smith

Date of Inspection: 7/3/03

SOIL ABSORPTION SYSTEM (SAS) yes (locate on site plan, excavation not required)

If SAS not located explain why:

Type

____ leaching pits, number: _____

____ leaching chambers, number: _____

____ leaching galleries, number: _____

____ leaching trenches, number, length: _____

(1) leaching fields, number, dimensions: 60' L x 14' W

____ 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 Signs OF Failure

CESSPOOLS: No (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: _____

Depth – top of liquid to inlet invert: _____

Depth of solids layer: _____

Depth of scum layer: _____

Dimensions of cesspool: _____

Materials of construction: _____

Indication of groundwater inflow (yes or no): _____

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

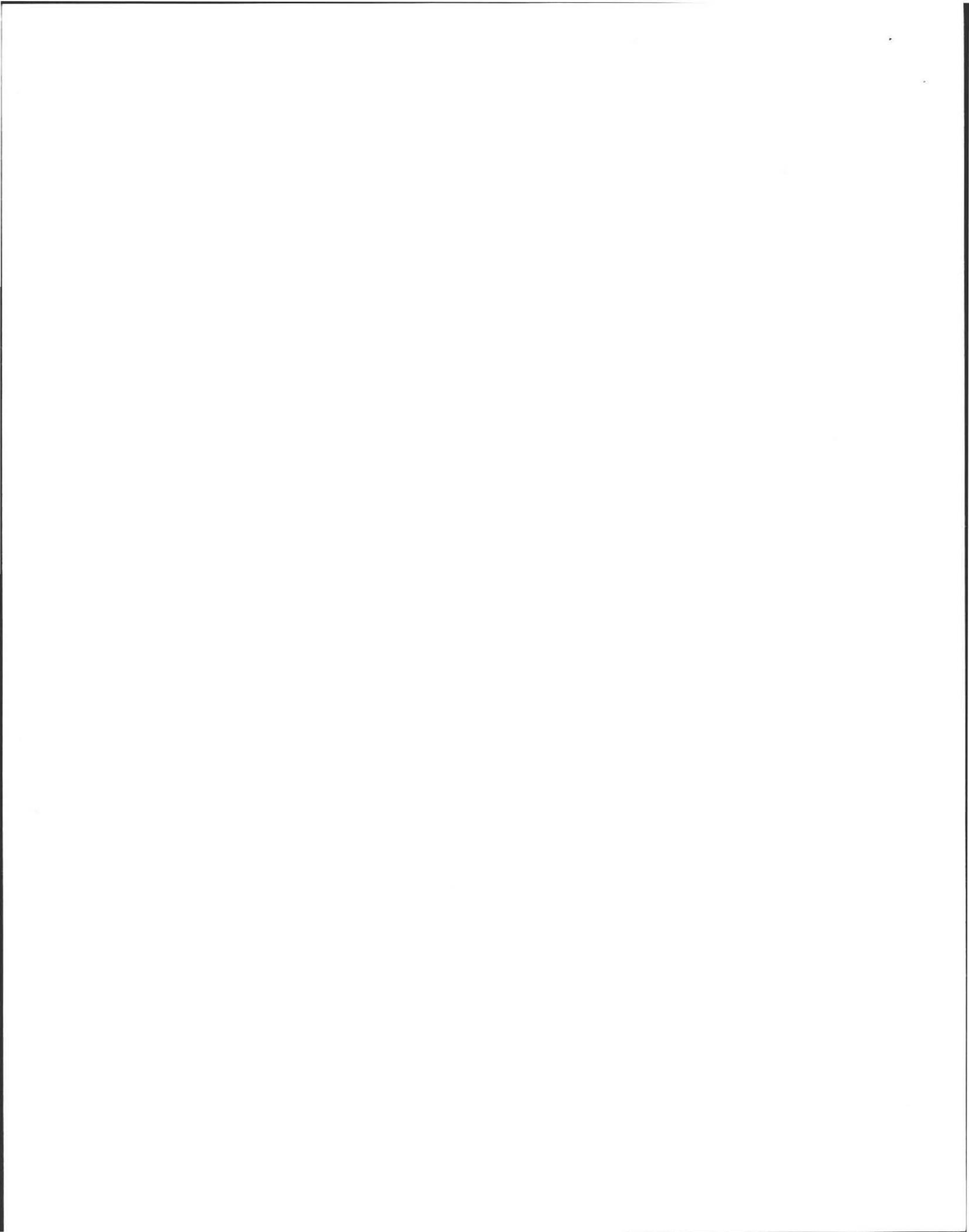
PRIVY: No (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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



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

Property Address: 58 High Point

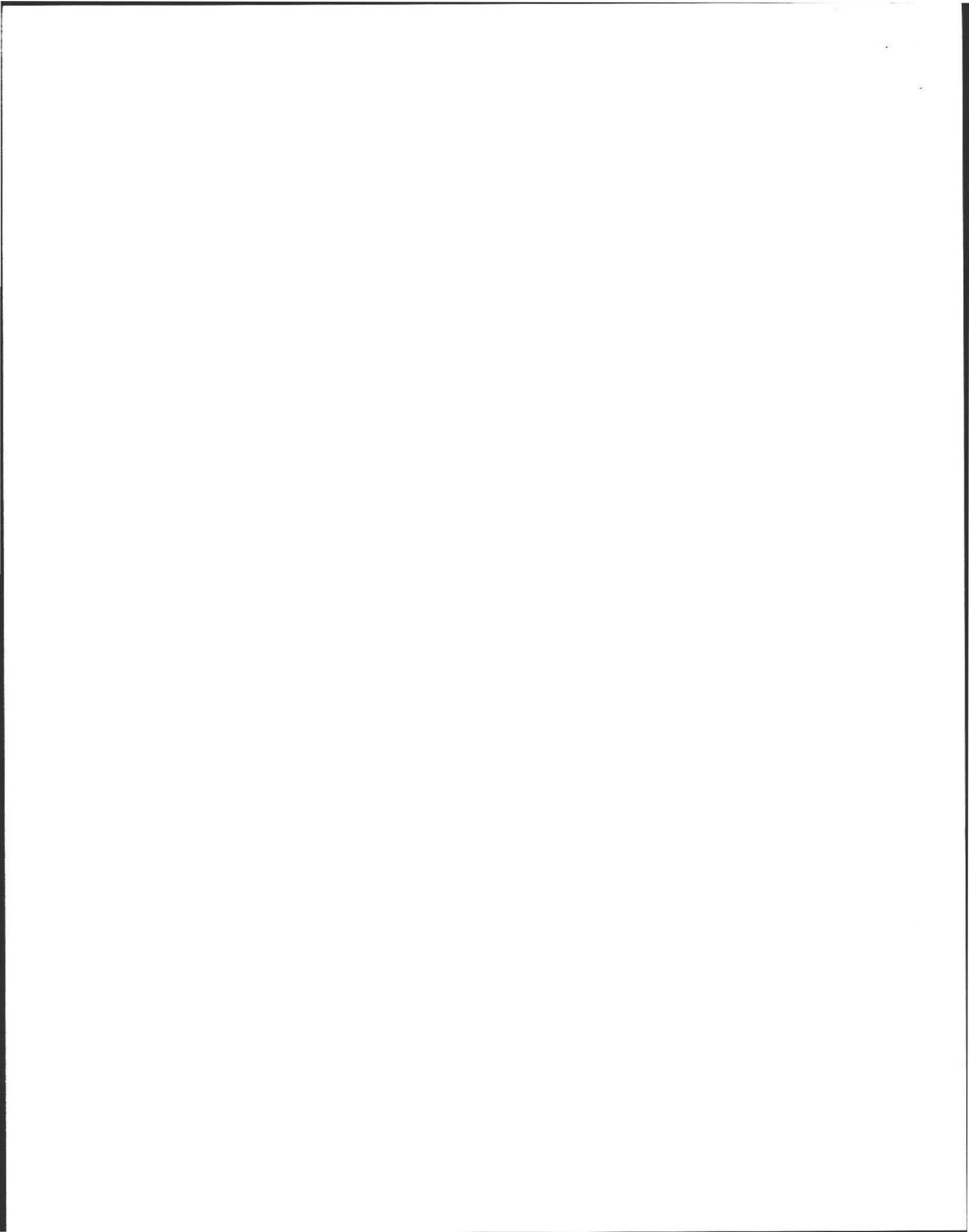
Owner: Smith

Date of Inspection: 7/3/03

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

SEE Plan attached



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

Property Address: 58 High Point

Owner: Smith

Date of Inspection: 7/3/03

SITE EXAM

- Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to ground water 5' feet

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

- Obtained from system design plans on record - If checked, date of design plan reviewed: 1996
- 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:

SEE RECORDS.



#58

No. 96-17

FORM 1 - APPLICATION FOR DSCP

Fee _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair Upgrade () Abandon () Complete System Individual Components

Location <u>58 High Point Dr.</u>	Owner's Name <u>Daniel I. Hillel-Earl Smith</u>
Map/Parcel# <u>Map 6B, Parcel 42</u>	Address <u>58 High Point Dr, Amherst, MA</u>
Lot# <u>12</u>	Telephone# <u>(413) 256-1203 01002</u>
Installer's Name	Designer's Name <u>Harold L. Stiles, P.E.</u>
Address	Address <u>6 University Dr., Amherst, MA</u>
Telephone#	Telephone# <u>(413) 256-3400 01004-6000</u>

Type of Building: Single family house Lot Size 50,965 sq. ft.
 Dwelling - No. of Bedrooms 4 Garbage grinder () NO
 Other - Type of Building _____ No. of persons _____ Showers () Cafeteria ()
 Other Features _____

Design Flow (min. required) 440 gpd Calculated design flow 445 gpd Design flow provided 445 gpd

Plans Date 11-16-96 Number of sheets 1 Revision Date _____

Title "On-Site Sewage Disposal System Repair"

Description of Soil(s) Attached

Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Stover Date of Evaluation 12/5/95

DESCRIPTION OF REPAIRS OR ALTERATIONS 1500 Gal. septic tank, pump after septic tank in 1000 pump chamber, leach field 60' x 14' remaining wall, local upgrade approval requested for 72' separation between well and leach field; water quality shall be tested.

The undersigned agrees to install the above described individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued.

Signed Robert Stover (for D.I. Hillel, E. Smith) Date 12/3/96

Inspector _____



DEP APPROVED FORM 5/96

11/20/96

FORM 3 - CERTIFICATE OF COMPLIANCE

No. 96-17

Fee _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System: Constructed (), Repaired Upgraded (), Abandoned ()

by: _____

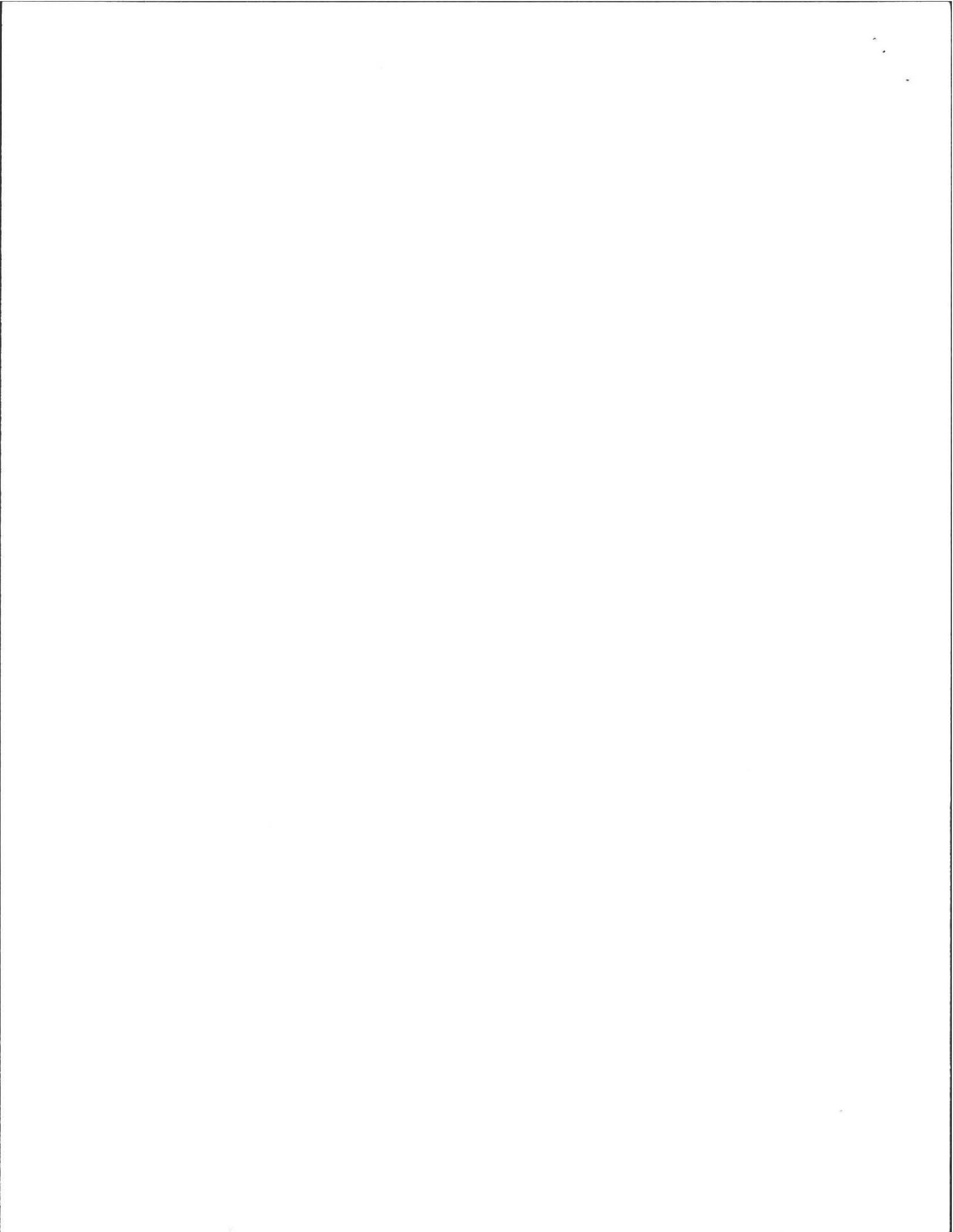
at 58 High Point Drive

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 96-17 dated _____ Approved Design Flow 445 (gpd)

Installer William W. Clark

Designer: H.L. Stiles, P.E. Amherst Civil Engineering Inspector Robert L. Stover Date _____

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

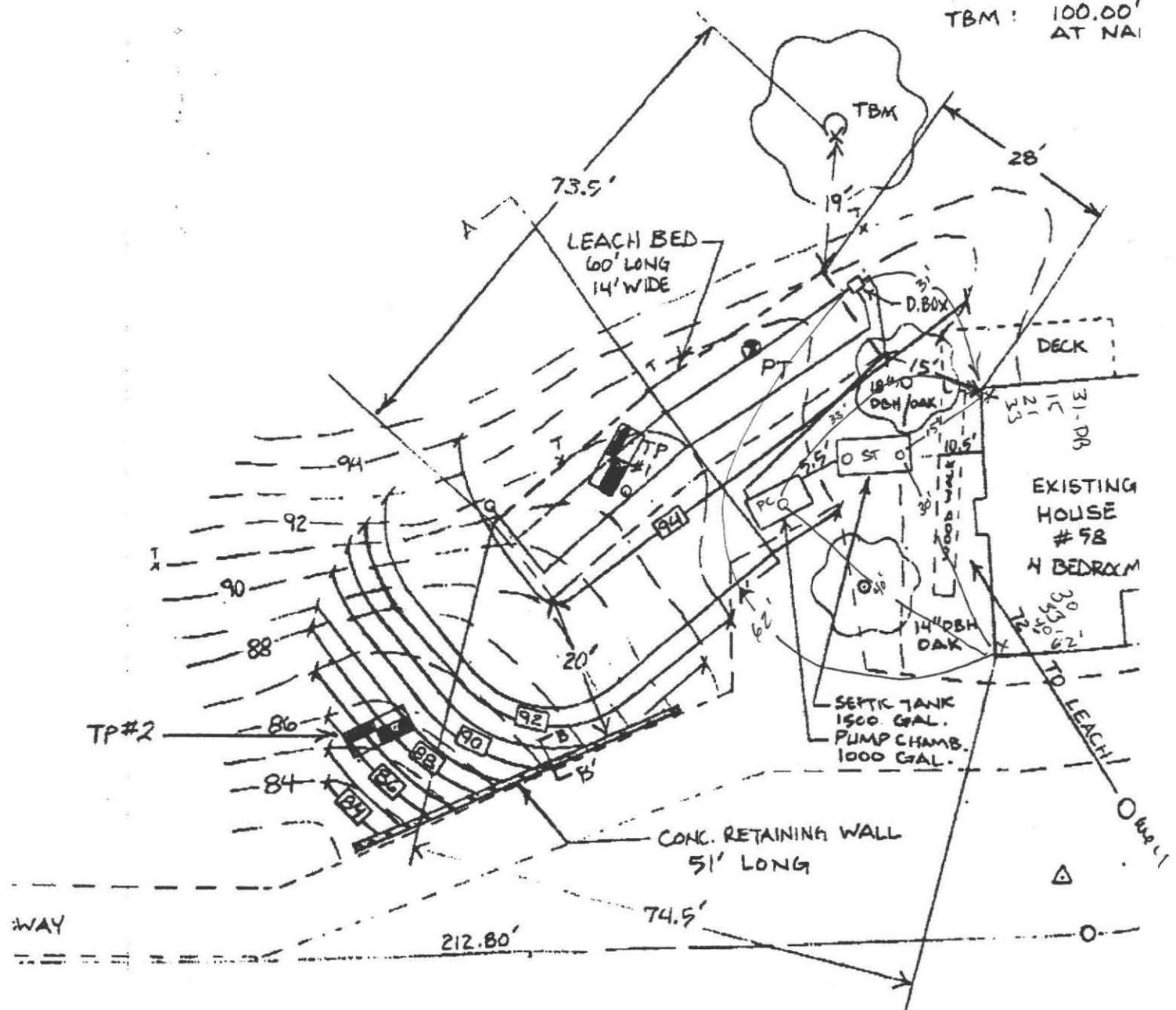


NO INFO ON
733
STAT. MARK

58

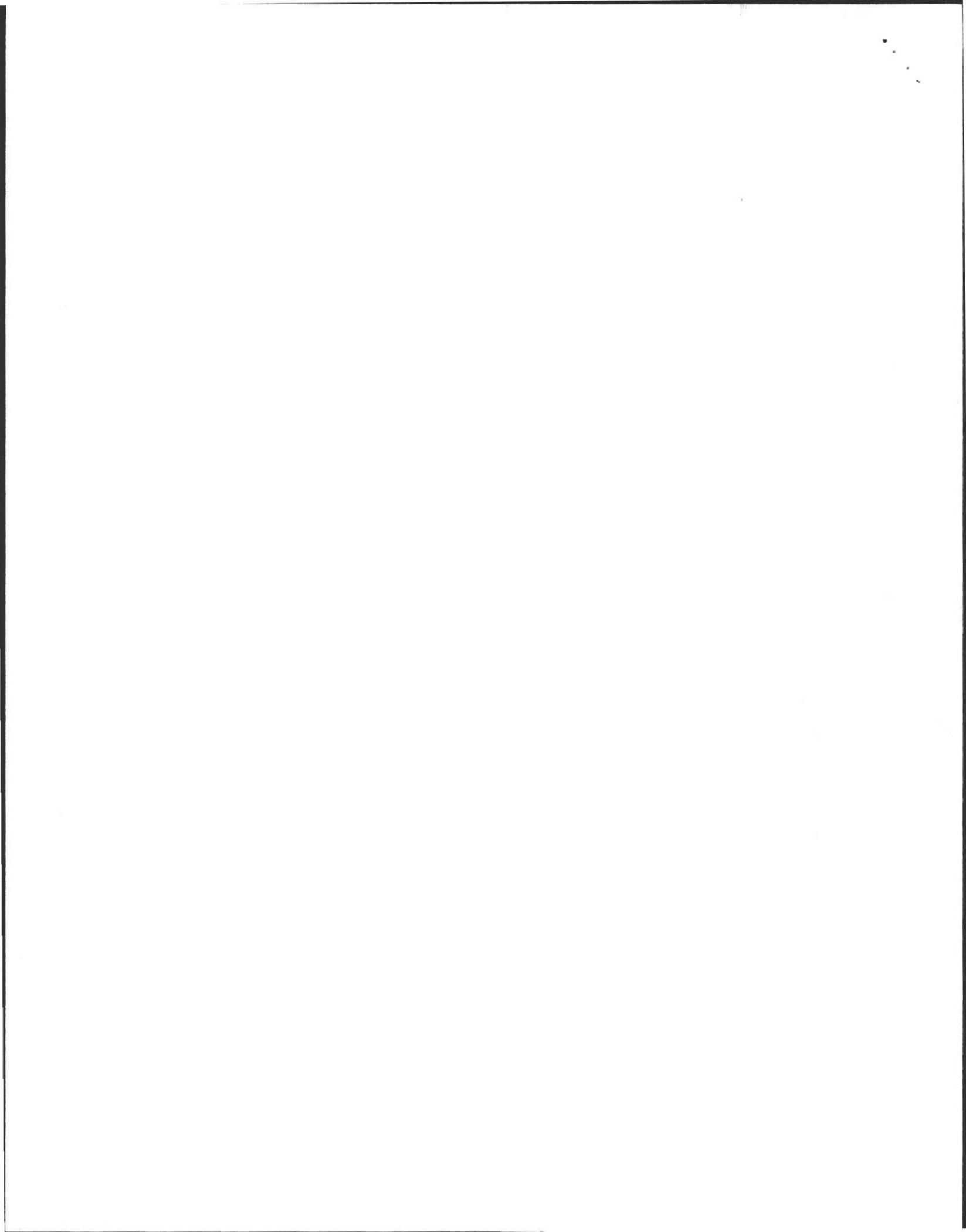
321.50'

TBM: 100.00'
AT NAI



PROPOSED





Earl L. Smith, Jr.

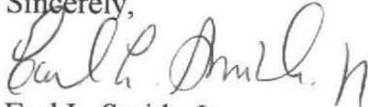
**58 HIGH POINT DRIVE
AMHERST, MA 01002
(413) 256-1203**

David Zarozinski, Sanitarian
Town of Amherst
Town Hall
4 Boltwood Avenue
Amherst, MA 01002-2351

Dear Mr. Zarozinski:

In accordance with your letter of November 26, 1996, you find enclosed the two water test reports you requested. The replacement septic system was installed between April 22 and May 15, 1997. I hope this satisfies your requirement.

Sincerely,

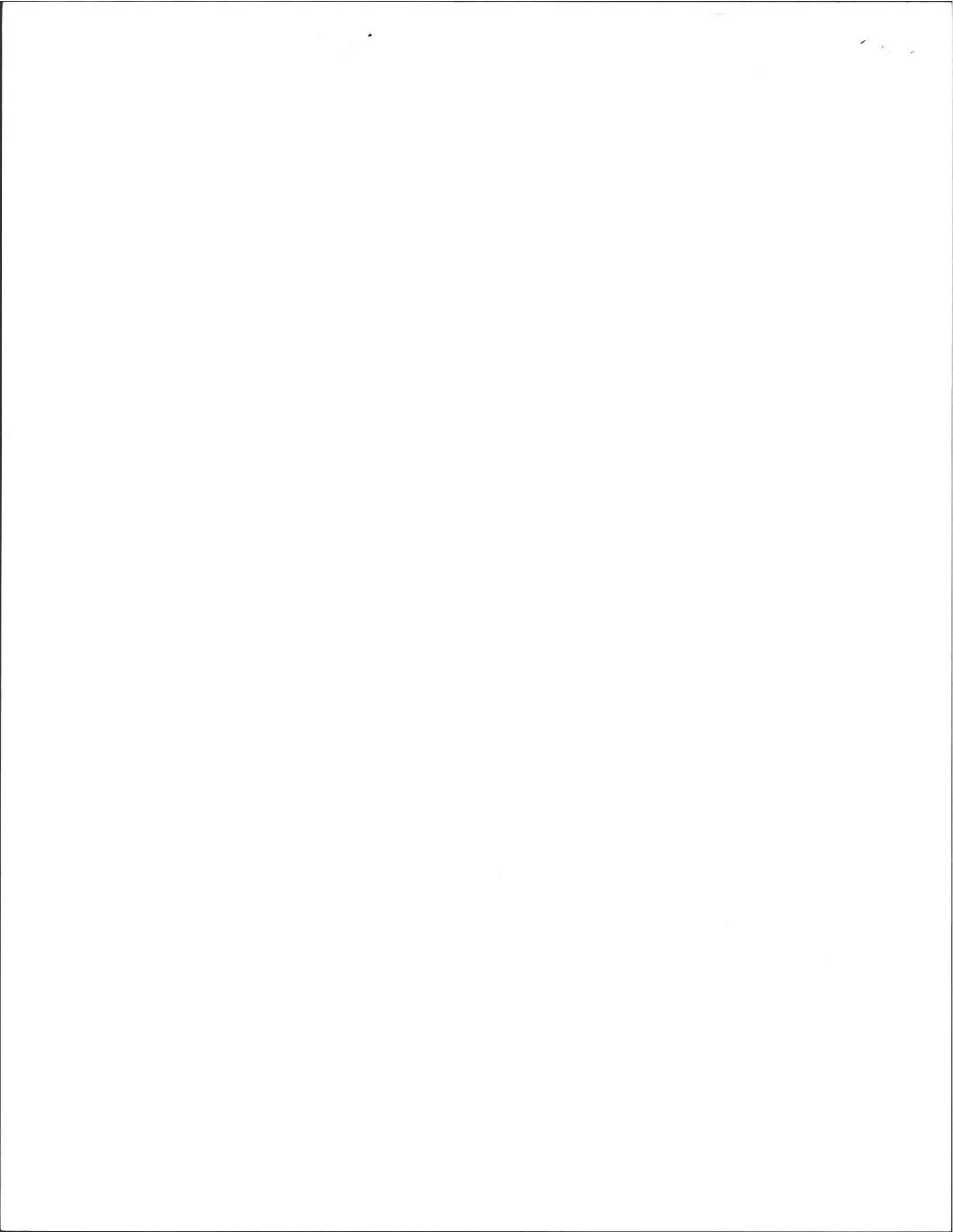


Earl L. Smith, Jr.

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Rec. 3/17/98

RECEIVED



No. 96-17

#58

FORM 1 - APPLICATION FOR DSCP

Fee _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair Upgrade () Abandon () Complete System Individual Components

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Lot# <u>12</u>	Telephone# <u>(413) 256-1203 01002</u>
Installer's Name	Designer's Name <u>Harold L. Stiles, P.E.</u>
Address	Address <u>6 University Dr., Amherst, MA</u> <u>Box 144</u>
Telephone#	Telephone# <u>(413) 256-3400 0004-6000</u>

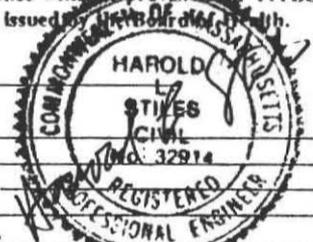
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 Other - Type of Building _____ No. of persons _____ Showers () _____ Cafeteria () _____
 Other Fixtures _____

Design Flow (min. required) 440 gpd Calculated design flow 445 gpd Design flow provided 445 gpd
 Plan: Date 11-16-96 Number of sheets 1 Revision Date _____
 Title "On-Site Sewage Disposal System Repair"

Description of Soil(s) Attached
 Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Stover Date of Evaluation 12/5/95

DESCRIPTION OF REPAIRS OR ALTERATIONS 1500 Gal. septic tank, pump after septic tank in 1000 pump chamber, leach field 60' x 14' retaining wall, local upgrade approval requested for 72' separation between well and leach field. Water quality shall be tested.
 The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Robert Stover (for D.I. Hillel & E. Smith) Date 12/3/96



Inspections _____

DEP APPROVED FORM 5/96

FORM 3 - CERTIFICATE OF COMPLIANCE

No. 96-17

Fee _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired Upgraded (), Abandoned ()

by: _____

at 58 High Point Drive

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 96-17 dated _____ Approved Design Flow 445 (gpd)

Installer William W. Clark

Designer: H.L. Stiles, P.E. Inspector Robert W. Stover Date _____

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

DEP APPROVED FORM 5/96

FORM 2 - DSCP

No. 96-17

Fee _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair Upgrade () Abandon () an individual sewage disposal system at 58 High Point Drive as described in the application for Disposal

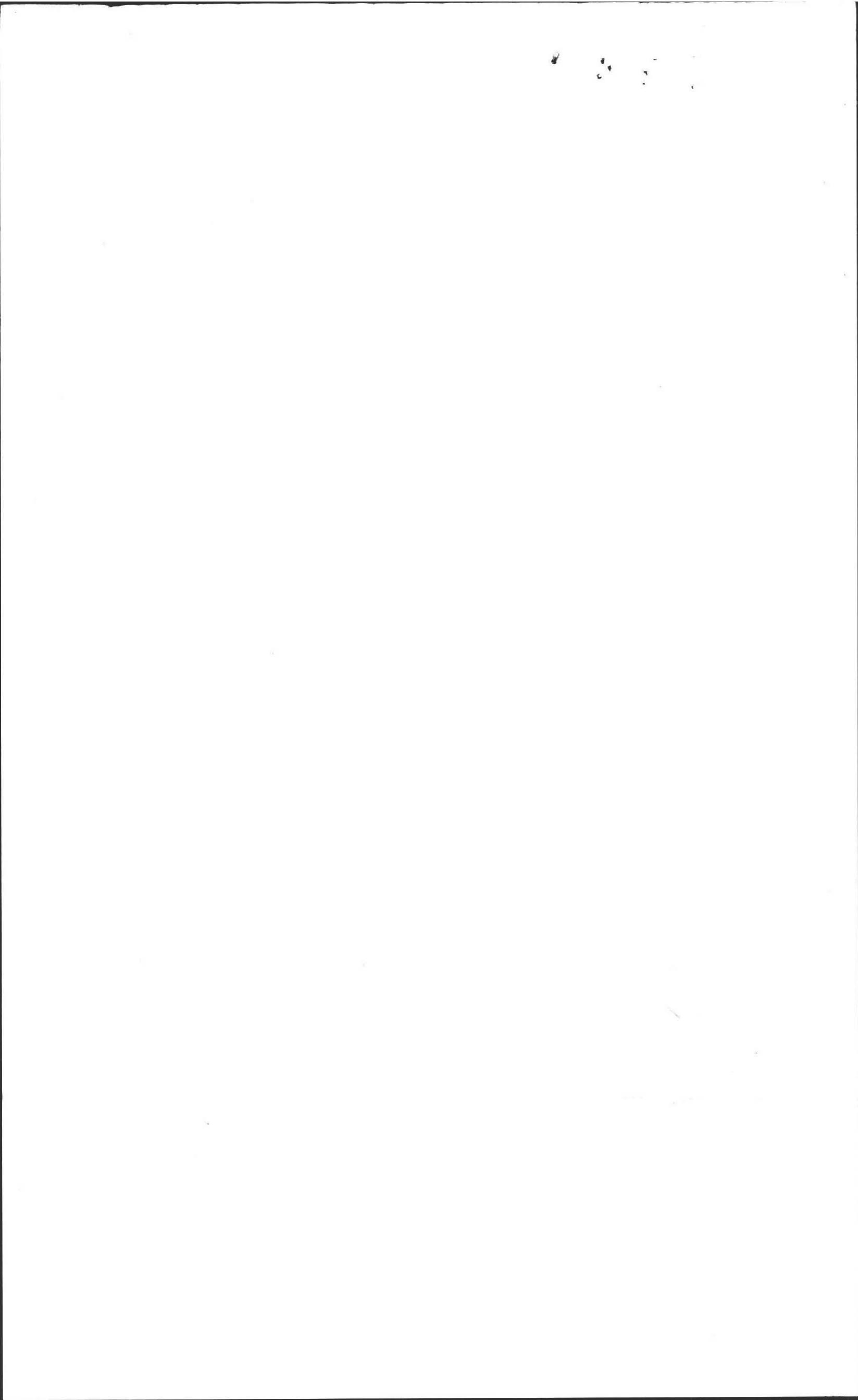
System Construction Permit No. 96-17, dated _____

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

DEP APPROVED FORM 5/96

Date 11-25-96 Board of Health

David Bagnardi for Inspector
 Voted on Nov 25th, 1996
 IN FLOOR OF VORHERR'S



Town of



AMHERST Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

FAX COVER SHEET

TO: STEPHEN B. MONSEIN

COMPANY: MONSEIN, MONSEIN + MACCONNELL, P.C.

FAX #: 256-6469

FROM: DAVID ZAROZINSKI

COMPANY: Amherst Health Dept

PHONE # FOR TRANSMISSION PROBLEMS: (413) 256-4030

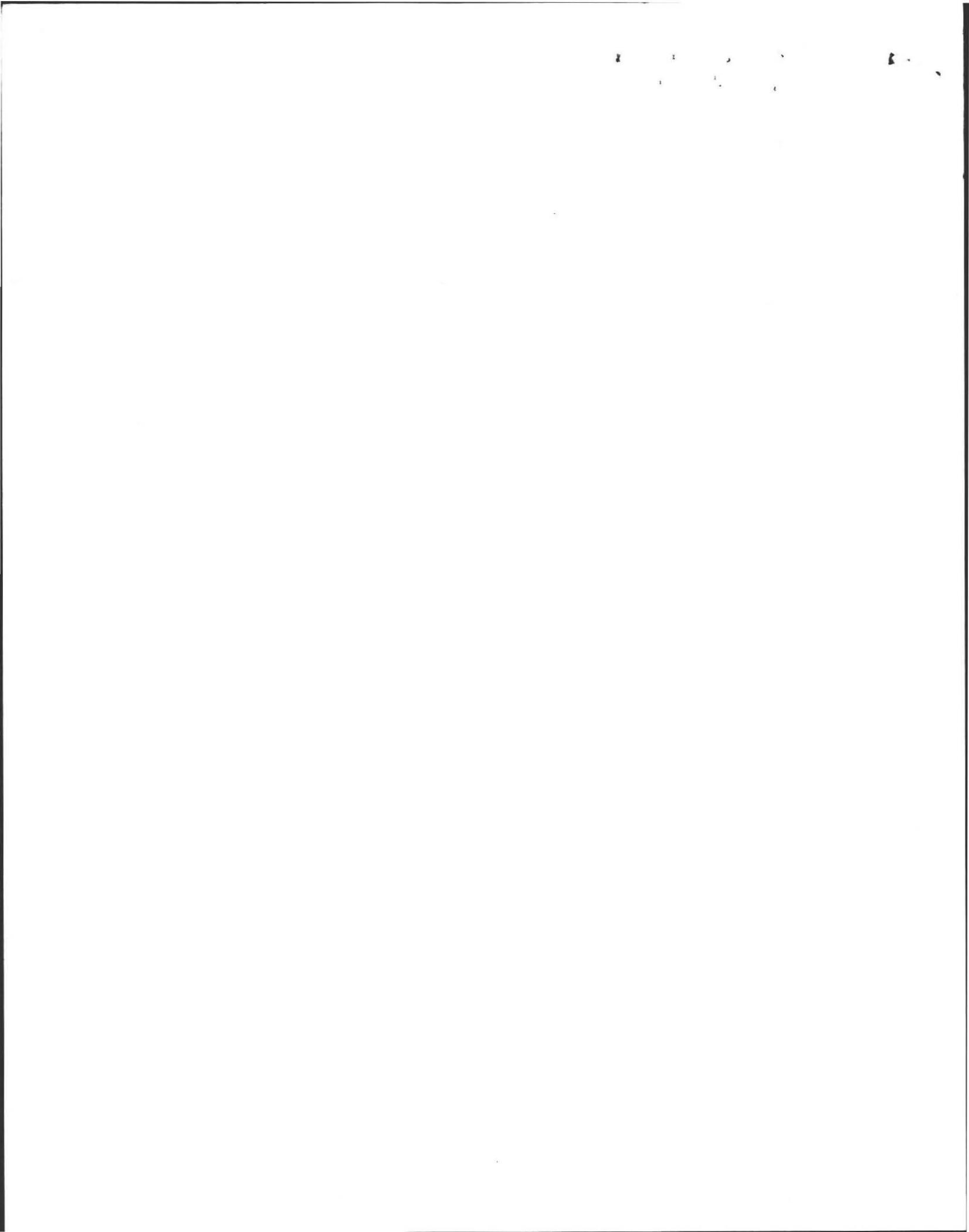
NUMBER OF PAGES (INCLUDING COVER SHEET): _____

DATE SENT: 11/29/95

TIME SENT: 8:30

COMMENTS: AS PER OUR TELEPHONE CONVERSATION OF 11/29/95
THE HOME AT 58 HIGH POINT DRIVE, AMHERST MASS HAS
A FAILED SEPTIC SYSTEM. THIS HOME MAY BE OCCUPIED
UNTIL THE SYSTEM HAS BEEN REPAIRED - REPLACED ON OR
BEFORE JULY 1, 1996 WITH THE EXCEPTION THAT IF ANY
TIME BETWEEN 11/29/95 AND THE JULY 1, 1996 DEADLINE
THERE IS A PUBLIC HEALTH NUISANCE THE SYSTEM MUST BE
REPAIRED IMMEDIATELY.

WP/LL/FAX



Monsein, Monsein & MacConnell, P.C.
Attorneys at Law

6 South East Street, P.O. Box 2060 - Amherst, Massachusetts 01004

STEPHEN B MONSEIN
PETER W MacCONNELL
JANET KENTON-WALKER

413 256-8701

ABRAHAM MONSEIN
OF COUNSEL

FAX 413 256-0469

November 28, 1995

David Zarozinski
Department of Inspection Services
Town Hall
Amherst, MA 01002

Re: **Daniel Hillel Residence**
58 High Point Drive, Amherst, MA
SEWERAGE DISPOSAL SYSTEM

Dear Mr. Zarozinski:

This law office represents Daniel Hillel who is the present owner of the property at 58 High Point Drive in Amherst.

In accordance with the terms of a Purchase and Sale Agreement, Mr. Hillel is intending to sell the above referenced property on November 30, 1995 to Earl L. Smith, Jr. and Diane M. Smith. Mr. & Mrs. Smith are represented by Attorney Michael S. Bulman of Amherst.

The parties have agreed upon an escrow of monies pursuant to an Escrow Agreement that will be held by both attorneys from which the cost of the design and installation of a new septic system for the property will be completed on or before July 1, 1996.

In order for the closing to take place as scheduled on November 30, 1995, we need a statement from you which clearly states that although the septic system has failed the required inspection under Title V that the property may continue to be occupied for residential purposes until a new system is installed in accordance with the appropriate rules and regulations on or before July 1, 1996.

Since time is of the essence, all of us would truly appreciate if you could provide this office with such a statement/acknowledgement by return facsimile communication with original being forwarded to this office at the address shown on my letterhead.

David Zarozinski

-2-

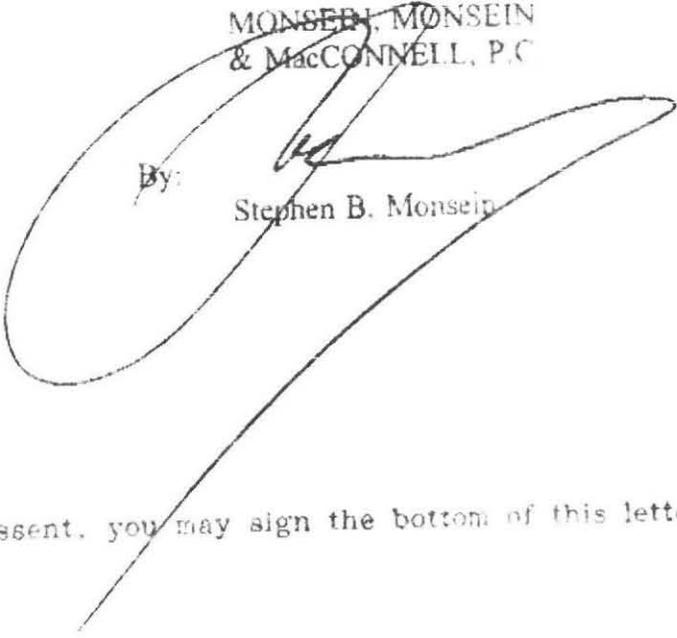
November 28, 1995

You can fax the statement to me at 413-256-6469.

Call me should you have any questions.

Very truly yours,

MONSEIN, MONSEIN
& MacCONNELL, P.C.

By: 

Stephen B. Monsein

SBM:sjb

Via Telefax #256-4041

cc Michael S. Bulman, Esq

P.S. To expedite your assent, you may sign the bottom of this letter and fax it back to me

Y I 2 4 5

Monsein, Monsein & MacConnell, P.C.
Attorneys at Law

6 South East Street P.O. Box 2060 - Amherst Massachusetts 01004

STEPHEN B. MONSEIN
PETER W. MACCONNELL
JANE F. KENTON WALKER

413 256-6701

ABRAHAM MONSEIN
OF COUNSEL

FAX 413 256-6469

November 28, 1995

FACSIMILE COVER SHEET

PLEASE DELIVER THE FOLLOWING 4 PAGES (INCLUDING THIS PAGE) TO

NAME: **David Zarozinski**

COMPANY OR FIRM NAME: **Town of Amherst**

DEPARTMENT: **Inspection Services**

FAX NO.: **1-413-256-4041**

FROM: **Stephen B. Monsein**

OUR FAX NO. (413) 256-6469
OUR PHONE NO. (413) 256-6701

COMMENTS

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE. THANK YOU.

4 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Town of



AMHERST Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

INSPECTION SERVICES DEPARTMENT
Phone (413) 256-4030

June 28, 1996

Stephen B. Monsein
C/O Monsein, Monsein, & McConnell P.C.
6 Southeast Street
Amherst, Ma. 01002

Dear Mr. Monsein:

On November 21, 1995 and December 5th 1995, Perc Tests were conducted at 58 High Point Drive, Amherst., Ma. The fee for these Perc Test is 100.00 per test. The fee for the septic system plan is 60.00 The check for \$260.00 must be made out to the Town of Amherst.

Thank you for your prompt attention to this matter.

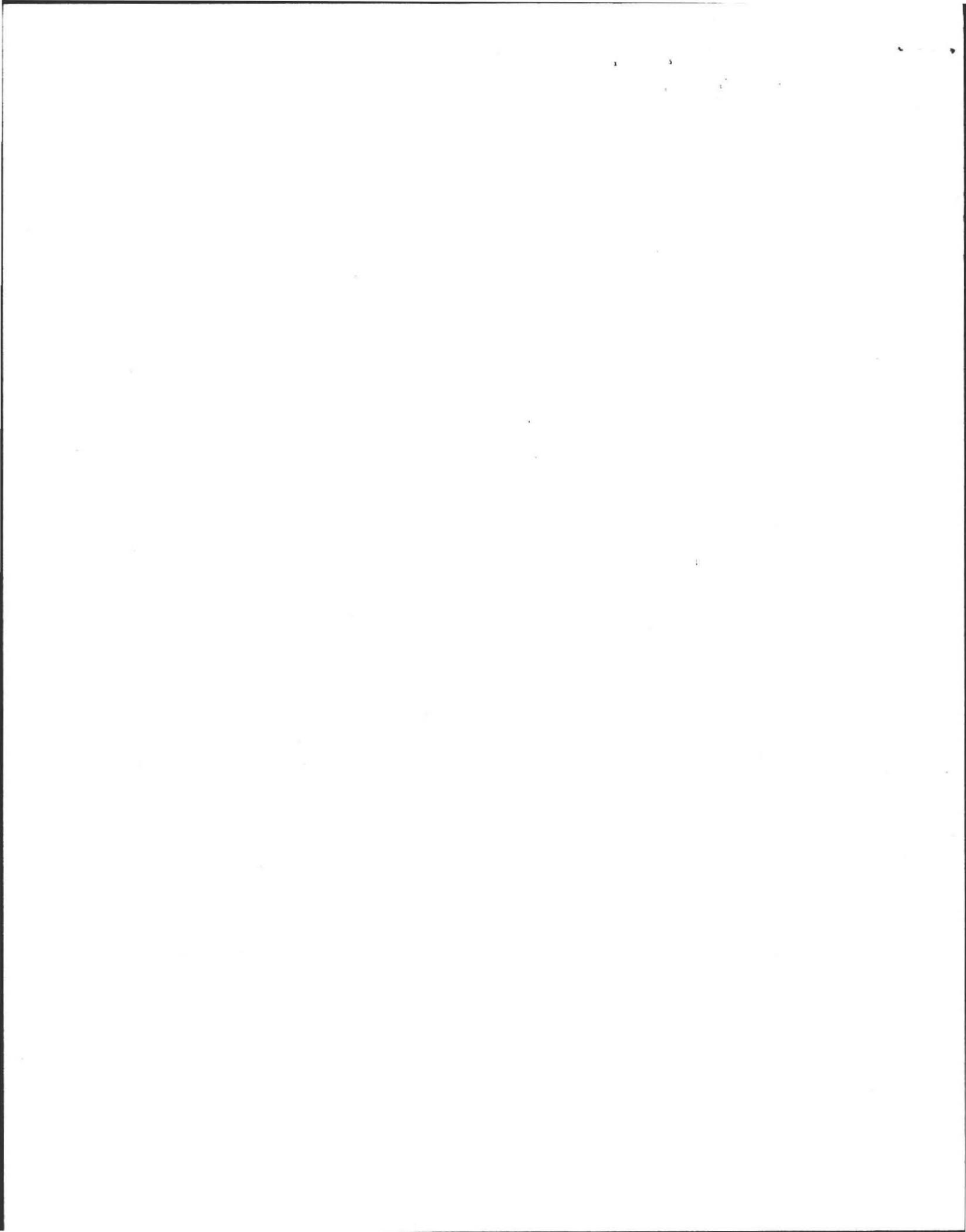
Sincerely,

Dave Zarozinski, Sanitarian

DZ/bd

260

*Always Put your initials
of the person who dictated it
to you*



STEPHEN B. MONSEIN
c/o MONSEIN MONSEIN + Mc CONNELL P.C.
6 SOUTHEAST ST
AMHERST MASS 01002

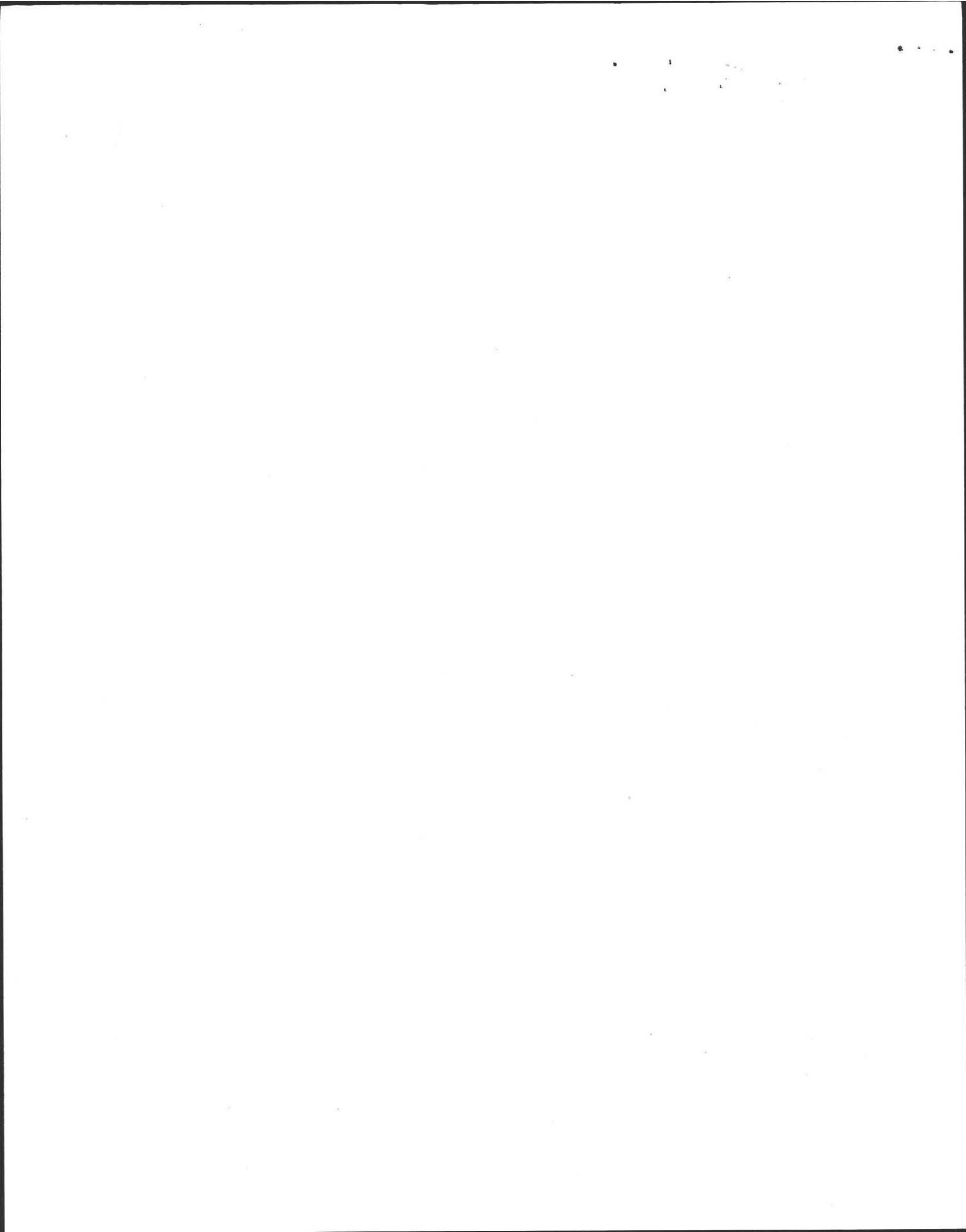
On November 21, 1995, and December 5
1995, perc tests were conducted at 58
High Point Drive Amherst Mass. The
fee for these perc test is 100.00 per
test. The fee for the septic system
plan is 60.00. The check for 260⁰⁰
must be made out to the Town of Amherst
Thank you for ^{your prompt attention} ~~dealing with~~ this matter.

UTX
D. 7—
SANITARY

Completed
& done (typed)
12/19/95

9:17 line end
2:5 hrs - to start
date finish.

DZ/bd
Monsein Ltr.



Town of



AMHERST Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

INSPECTION SERVICES DEPARTMENT
Phone (413) 256-4030

June 28, 1996

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C/O Monsein, Monsein, & McConnell P.C.
6 Southeast Street
Amherst, Ma. 01002

Dear Mr. Monsein:

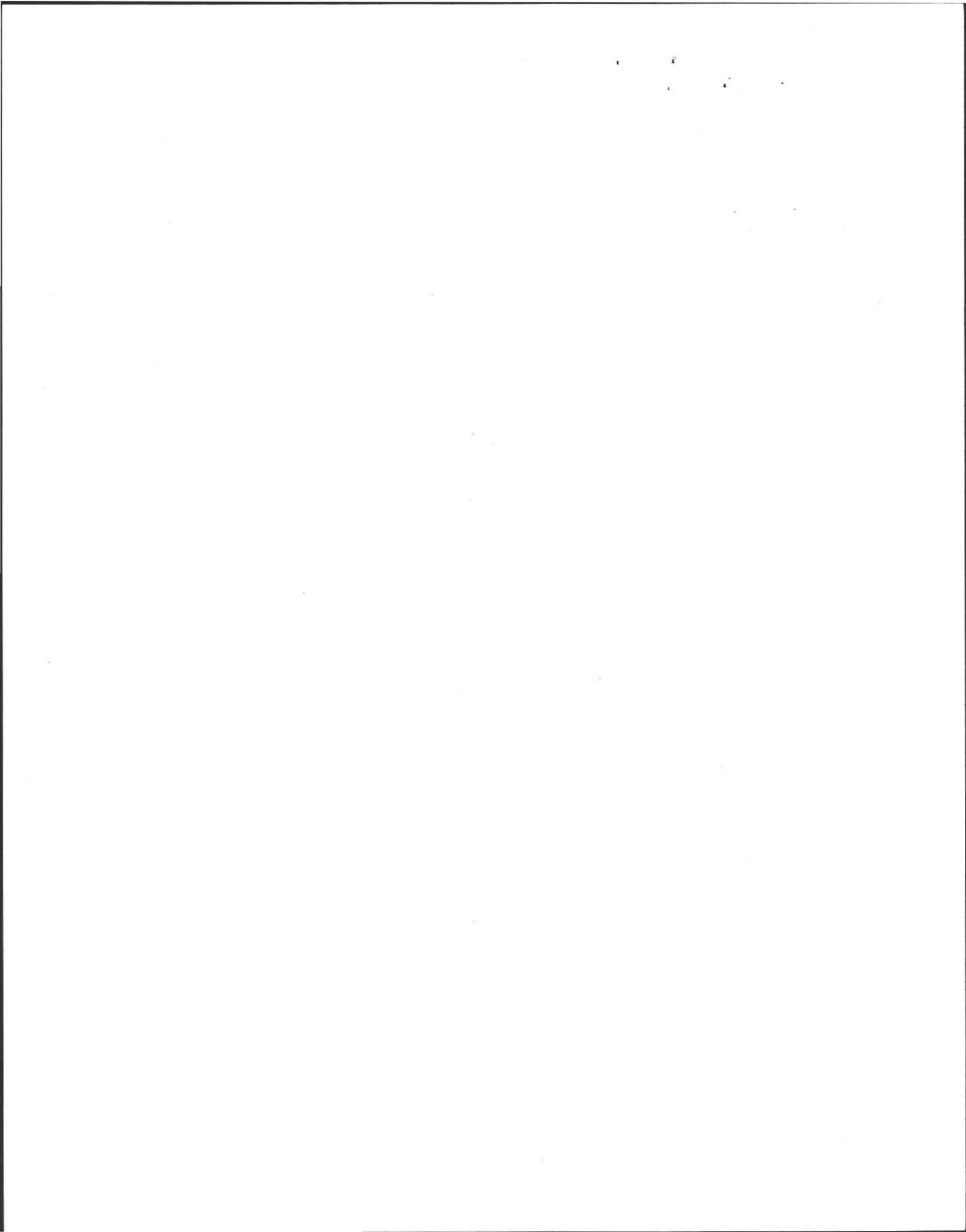
On November 21, 1995 and December 5th 1995, Perc Tests were conducted at 58 High Point Drive, Amherst., Ma. The fee for these Perc Test is 100.00 per test. The fee for the septic system plan is 60.00 The check for \$260.00 must be made out to the Town of Amherst.

Thank you for your prompt attention to this matter.

Sincerely,

Dave Zarozinski, Sanitarian

DZ/bd



NOT PAID 11/22/95

No. _____

Date _____

Commonwealth of Massachusetts
, Massachusetts

Site Suitability Assessment for On-site Sewage Disposal

Performed By: _____

Certification Number: _____

Witnessed By: _____

Location Address or Lot No. DAN HILTEL 58 High Point	Owner's Name, Address and Tel. # DAN HILTEL
--	--

New Construction

Repair

Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

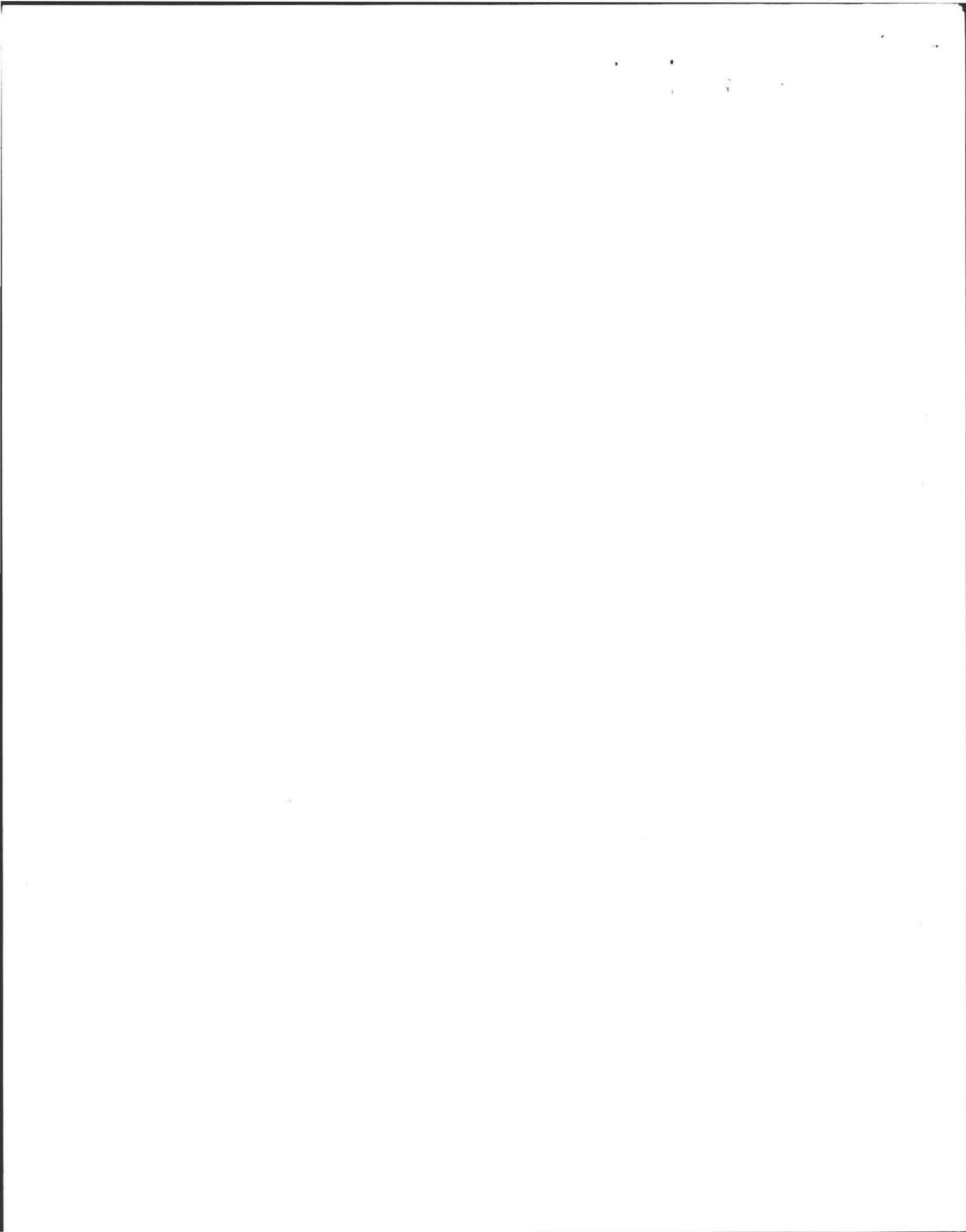
National Wetland Inventory Map (map unit) _____

Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal Normal Below Normal

Other References Reviewed: _____



Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

58 High Point

Percolation Test		
Date: <i>11/21/95</i>		Time:
Observation Hole #		
Depth of Perc	<i>40"</i>	
Start Pre-soak	<i>11:57</i>	
End Pre-soak	<i>12:12</i>	
Time at 12"	<i>12:12</i>	<i>11" 12:40</i>
Time at 9"	<i>2:07</i>	<i>10" 1:11</i>
Time at 6"		<i>8 3132 7 441 77</i>
Time (9"-6")	<i>5:58</i>	<i>19 8</i>
Rate Min./Inch	<i>77</i>	

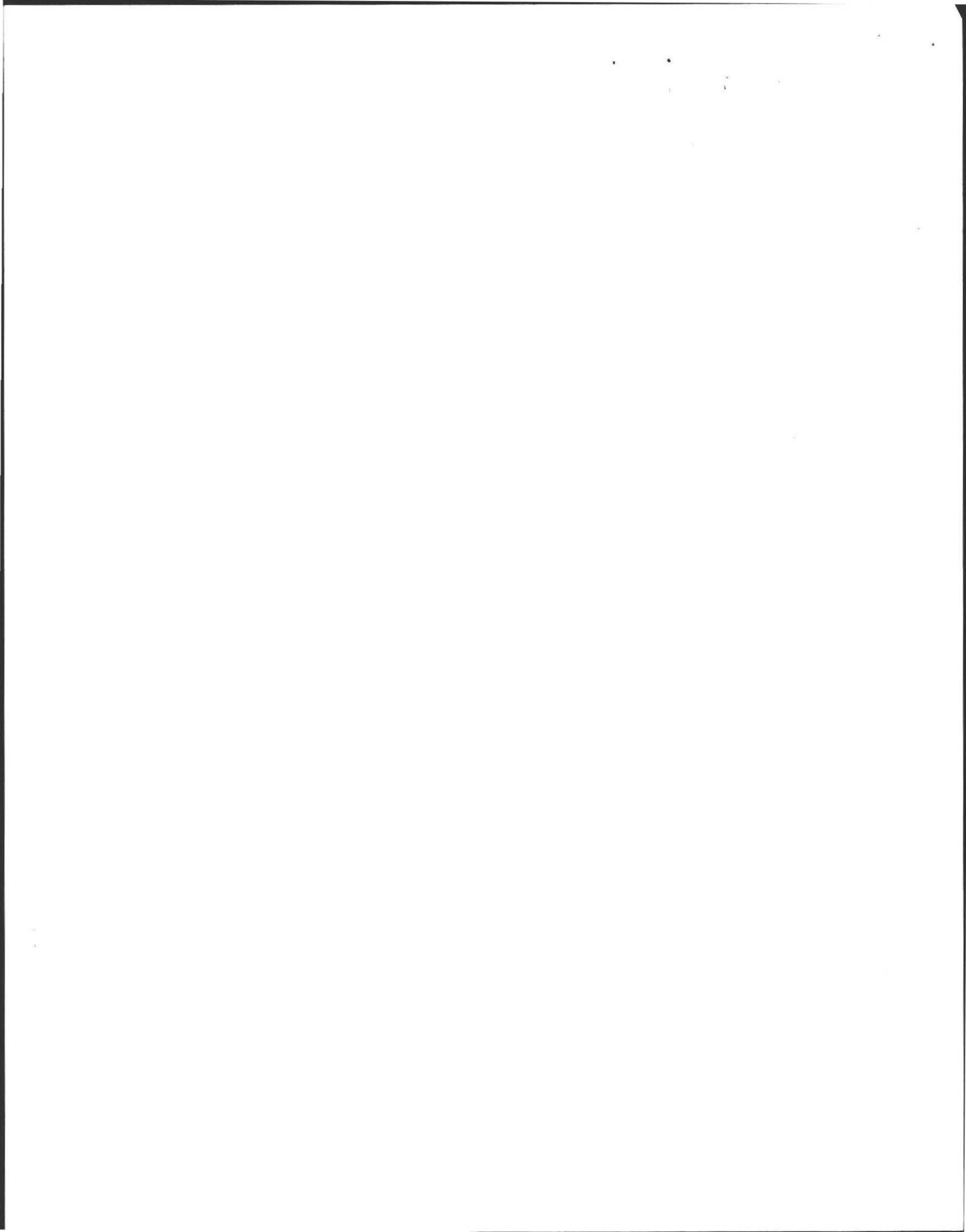
Site Suitability Assessment: Site Passed Site Failed

Additional Testing Needed:

Performed By: Certification Number:

Witnessed By:

Comments:



On-site Review

Deep Hole Number #1 Date: 11/21/95 Time: 10:30 Weather cloudy

Location (identify on site plan) 58 High Point Drive

Land Use Residential Slope (%) _____ Surface Stones _____

Vegetation _____

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body _____ feet Drainageway _____ feet

Possible Wet Area _____ feet Property Line 50+ feet

Drinking Water Well _____ feet Other _____

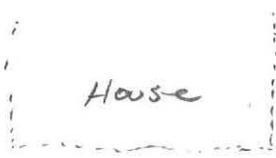
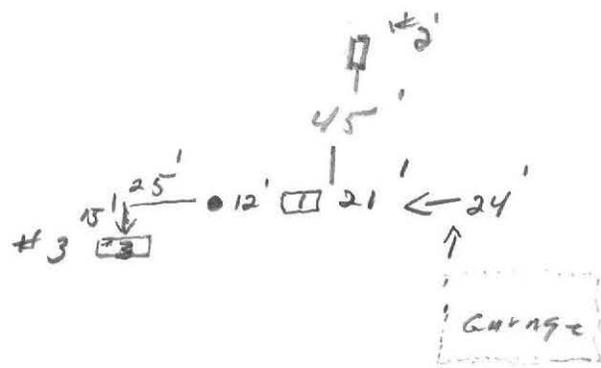
DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-3"	A	U FSL	7.5YR ³ /3	none	mch. FRABLE
3-21"	Bw	FSL	7.5YR ⁵ /6	none	FRABLE
21-96"	C	FSL	2.5YR ⁵ /3	c5% 10YR ⁵ /6	Firm

Parent Material (geologic) GLACIAL Till Depth to Bedrock: 96"

Depth to Groundwater: _____ Standing Water in the Hole: None Weeping from Pit Face: None

Estimated Seasonal High Ground Water: 96"



SB High Point

On-site Review

Deep Hole Number # 2 Date 11/21/95 Time: 12:35 Weather same

Location (identify on site plan) _____

Land Use _____ Slope (%) _____ Surface Stones _____

Vegetation _____

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body _____ feet Drainageway _____ feet

Possible Wet Area _____ feet Property Line _____ feet

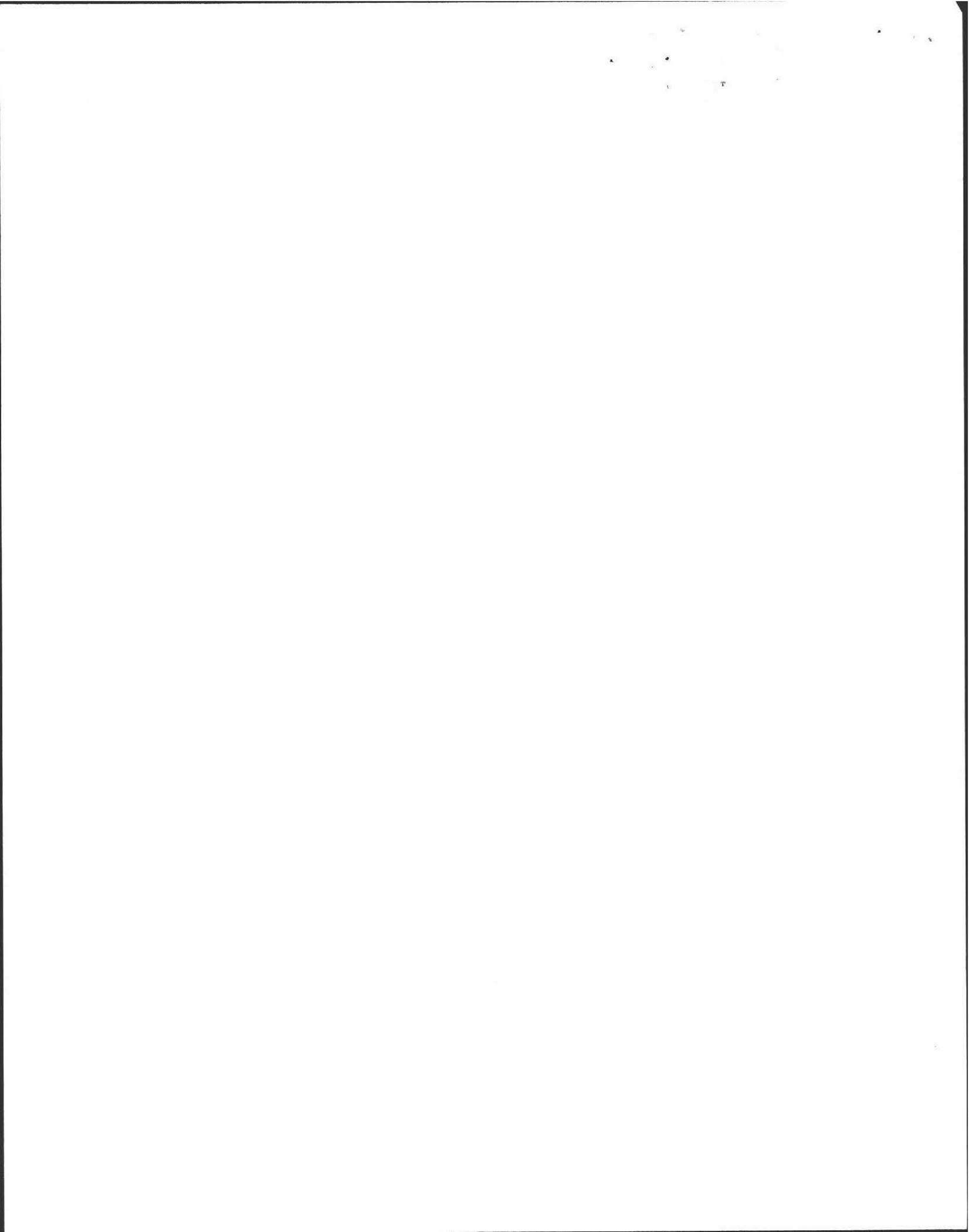
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-3					
3-22					
	<i>Same</i>				
	<i>AS</i>				
	<i>H 1</i>				
22-108"					

Parent Material (geologic) _____ Depth to Bedrock: _____

Depth to Groundwater: _____ Standing Water in the Hole: _____ Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____



58 High Point

On-site Review

Deep Hole Number 73 Date: 11/21/95 Time: _____ Weather _____

Location (identify on site plan) _____

Land Use _____ Slope (%) _____ Surface Stones _____

Vegetation _____

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

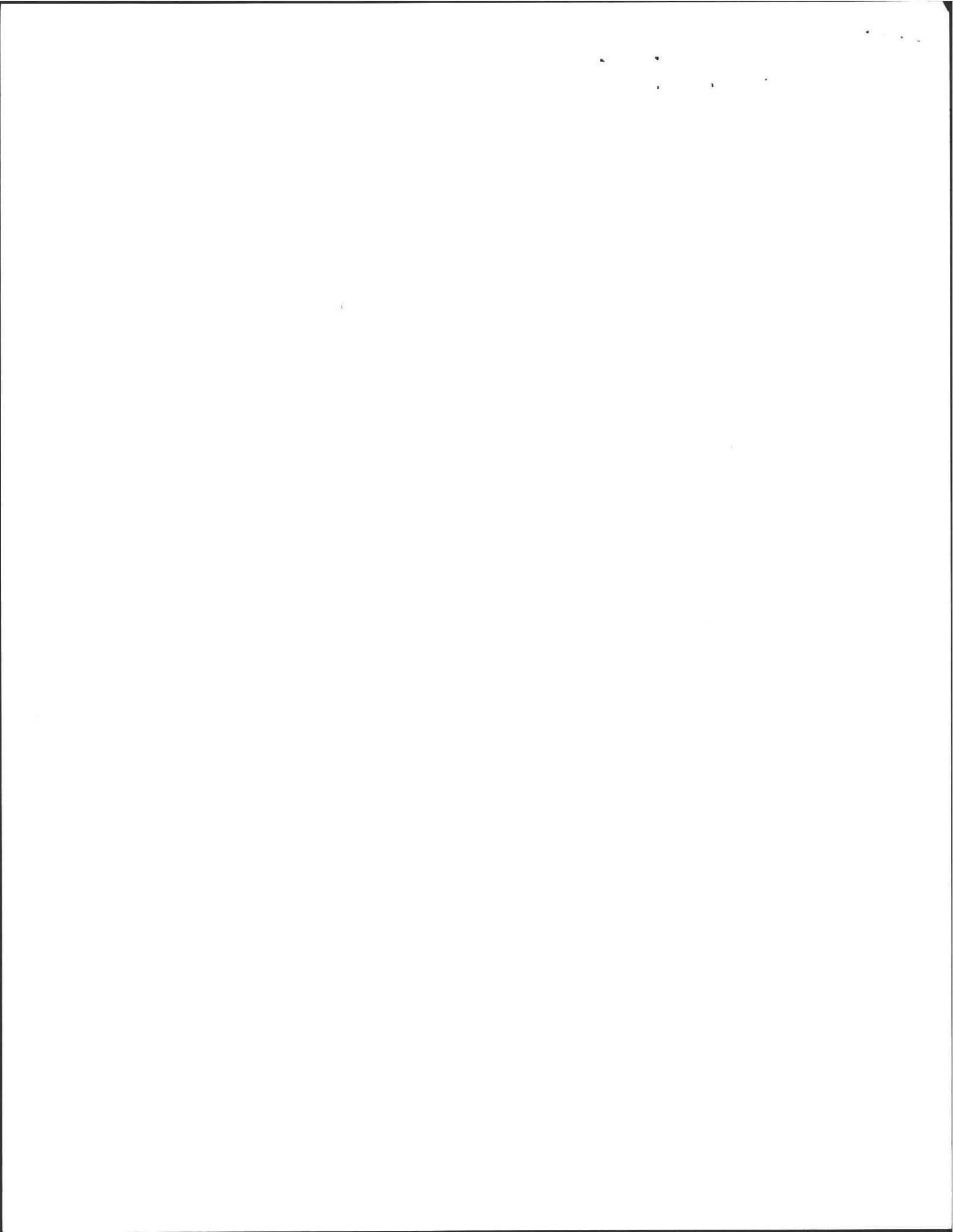
Open Water Body _____ feet Drainsway _____ feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0 - 3	A	UFSL	7.5 YR 7/3	None	Much FRIBLE
3 - 28"	Bw	FSL	7.5 YR 5/6	None	FRIBLE
28" - 72"	C	FSL	2.5 YR 5/3	5/0 10 YR 5/6	FIRM (Fracture Wedge)

Parent Material (geologic) _____ Depth to Bedrock: _____

Depth to Groundwater: _____ Standing Water in the Hole: _____ Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____



No. _____

Date 12/5/95

Commonwealth of Massachusetts
Massachusetts

Site Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover

Certification Number: _____

Witnessed By: Daniel Zarnoff

Location Address or Lot No. <u>58 High Point Drive</u>	Owner's Name, Address and Tel. # <u>DAN HILTEL</u>
---	---

New Construction Repair

Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit) _____

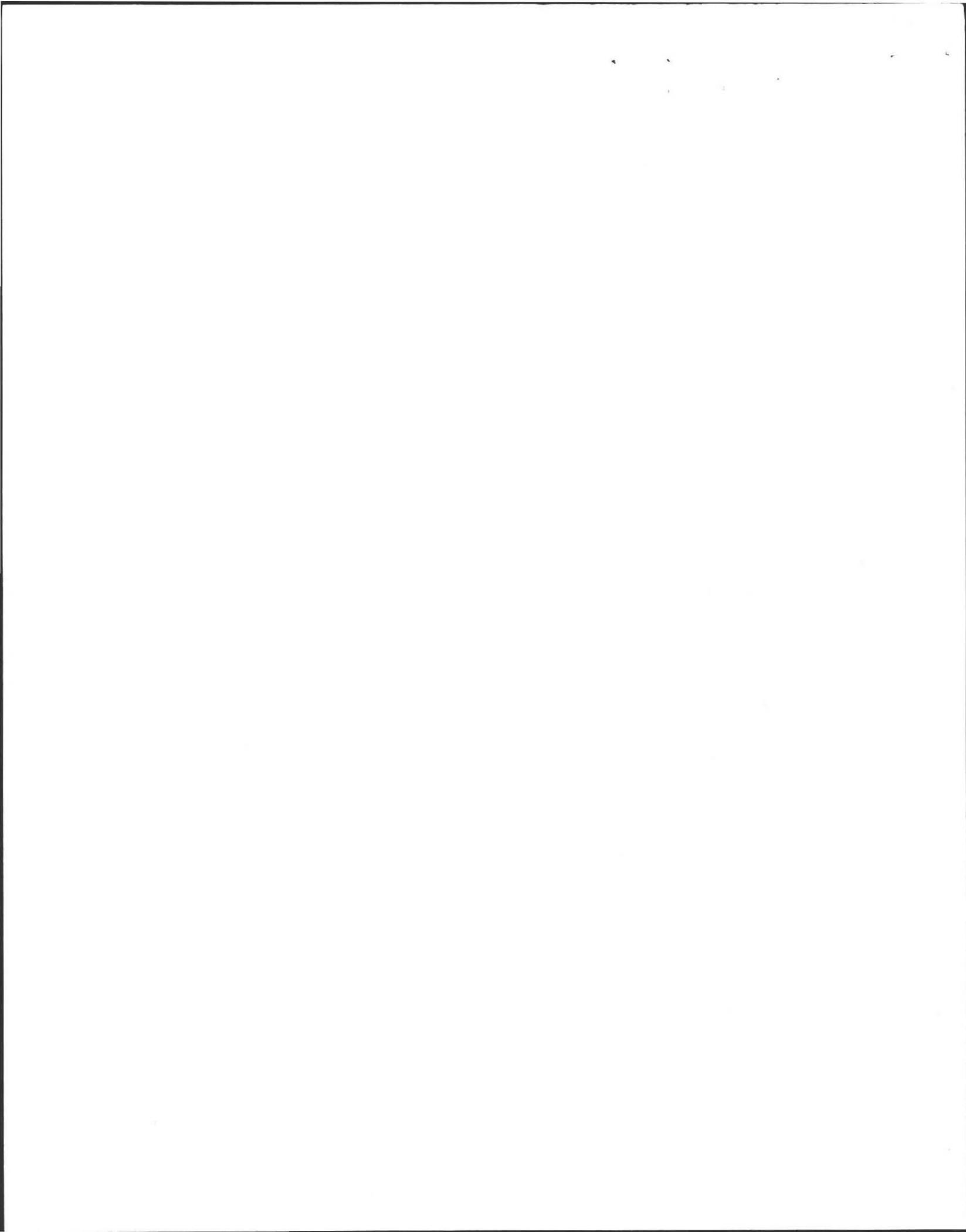
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range: Above Normal Normal Below Normal

Other References Reviewed: _____

Dec 5th 95
OWE FOR 2 PAGES 100⁰⁰
1 PLAN 60 TOTAL 260⁰⁰



Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Percolation Test		
Date: <u>12/5/95</u>		Time: <u>9:14</u>
Observation Hole #		
Depth of Perc	33"	
Start Pre-soak	9:14	
End Pre-soak	9:29	15 min
Time at 12"	9:29	21 min
Time at 9"	9:50	60
Time at 6"	10:50	
Time (9"-6")	60 min (20 min)	
Rate Min./Inch	20 min	

9:50 9"
10:07 8"
10:27 7"
10:50 6"

Site Suitability Assessment: Site Passed Site Failed

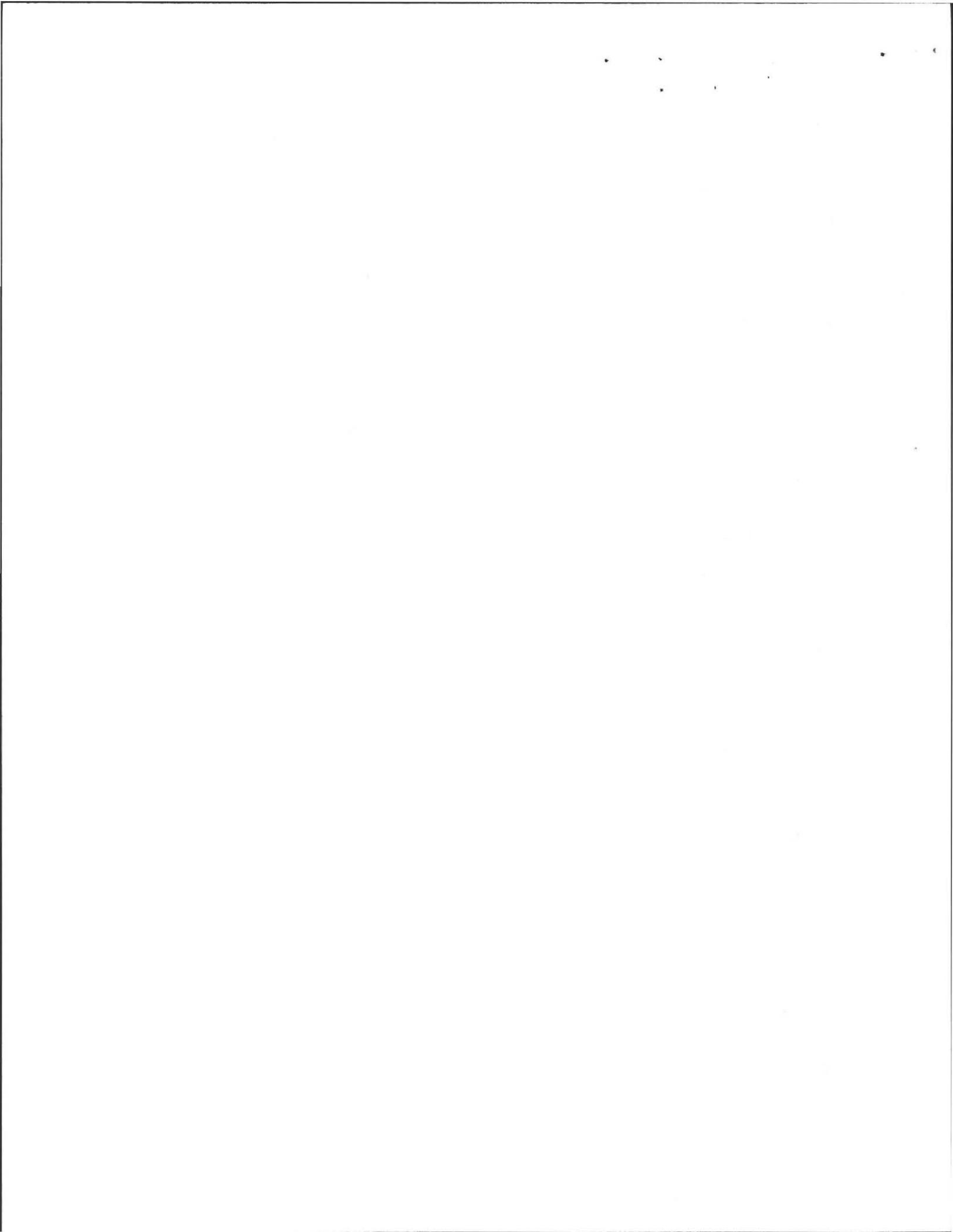
Additional Testing Needed: _____

Performed By: Robert Stove

Certification Number: _____

Witnessed By: David Z...

Comments: _____



Town of



AMHERST

Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

INSPECTION SERVICES DEPARTMENT
Phone (413) 256-4030

November 26, 1996

To: B.O.H.

From: David Zarozinski, Sanitarian *DZ*

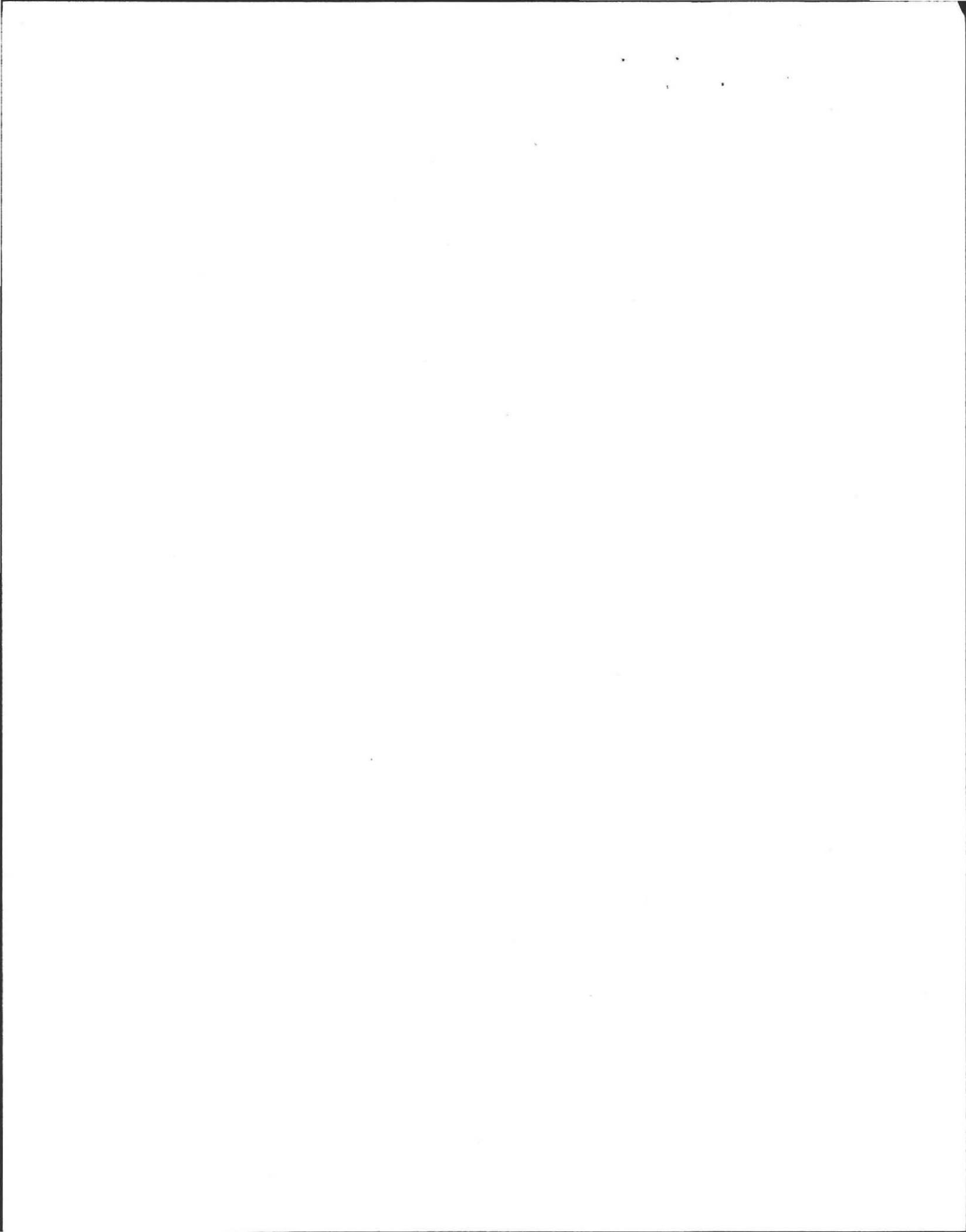
Re: Variance for a failing Septic System, located at 58 High Point Drive, Amherst, MA 01002.

The applicant is requesting a local upgrade approval pursuant with 310.CMR 15.405 (1) (h) to reduce the system location setback from a private water supply well from 100 feet to 72 feet and also to allow the size of the leaching area to be the minimum area required by Title 5.

It is my opinion that the same degree of environmental protection will take place therefore, I would support this variance with the following stipulation. A water test (Total Coliform) must be conducted prior to the new installation and also a water test (Total Coliform) done six months to a year after the installation of the new system. The test results must be submitted to me in writing.

cc: Epi Bodhi - Health Director
Earl Smith - 58 High Point Dr.
Robert Stover - Engineer

DZ:bd



On-site Review

On-site Review

Deep Hole Number Date: Time: Weather
 Location (identify on site plan)
 Land Use Slope (%) Surface Stones
 Vegetation
 Landform
 Position on landscape (sketch on the back)
 Distances from:
 Open Water Body feet Drainageway feet
 Possible Wet Area feet Property Line feet
 Drinking Water Well feet Other

Deep Hole Number Date: Time: Weather
 Location (identify on site plan)
 Land Use Slope (%) Surface Stones
 Vegetation
 Landform
 Position on landscape (sketch on the back)
 Distances from:
 Open Water Body feet Drainageway feet
 Possible Wet Area feet Property Line feet
 Drinking Water Well feet Other

#1

#2

DEEP OBSERVATION HOLE LOG

DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-3	A	F.S.L	7.5YR 2.5/2		Firm BL loosey roots
3-25	B _{cu}	F.S.L	10YR 5/8		Firm
25-33	B _{1c}	F.S.L	10YR 5/4		U Firm
33- (36-70")	C	Silt loam	5.5Y 5/1		SATURATED
			30p 10YR 5/6	MOISTENING	

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-24"		TOP + SUB	10YR 4/3		
24"-		F.S.L	10YR 5/3		
		F.S.L	5YR 5/8		
			25/10 bottles		

Parent Material (geologic)
 Depth to Groundwater:
 Standing Water in the Hole:
 Weeping from Pit Face:
 Estimated Seasonal High Ground Water:

Parent Material (geologic)
 Depth to Groundwater:
 Standing Water in the Hole:
 Weeping from Pit Face:
 Estimated Seasonal High Ground Water:

#3 Back Side

33 - (48-18)¹/₂
 " Deep end
 " Shallow end of hole
 34 H.W.I.

3-20 13w
 20-33 13c
 0-3" A
 3

1+2
 1+2

Monsein, Monsein & MacConnell, P.C.
Attorneys at Law

6 South East Street, P.O. Box 2060 - Amherst, Massachusetts 01004

STEPHEN B. MONSEIN
PETER W. MacCONNELL
JANET KENTON-WALKER

413 256-6701

ABRAHAM MONSEIN
OF COUNSEL

FAX: 413 256-6469

November 27, 1996

David Zarozinski
Amherst Board of Health
Bangs Center/Town Hall
Amherst, MA 01002

Re: **58 High Point Drive, Amherst**

Dear Mr. Zarozinski:

Enclosed please find my trustee check in the amount of \$260.00 representing the outstanding fees due to your office with regard to your involvement in percolation tests on the subject property. I was directed to forward these monies to you by Robert Stover of Amherst Civil Engineering.

Very truly yours,

MONSEIN, MONSEIN & MacCONNELL, P.C.

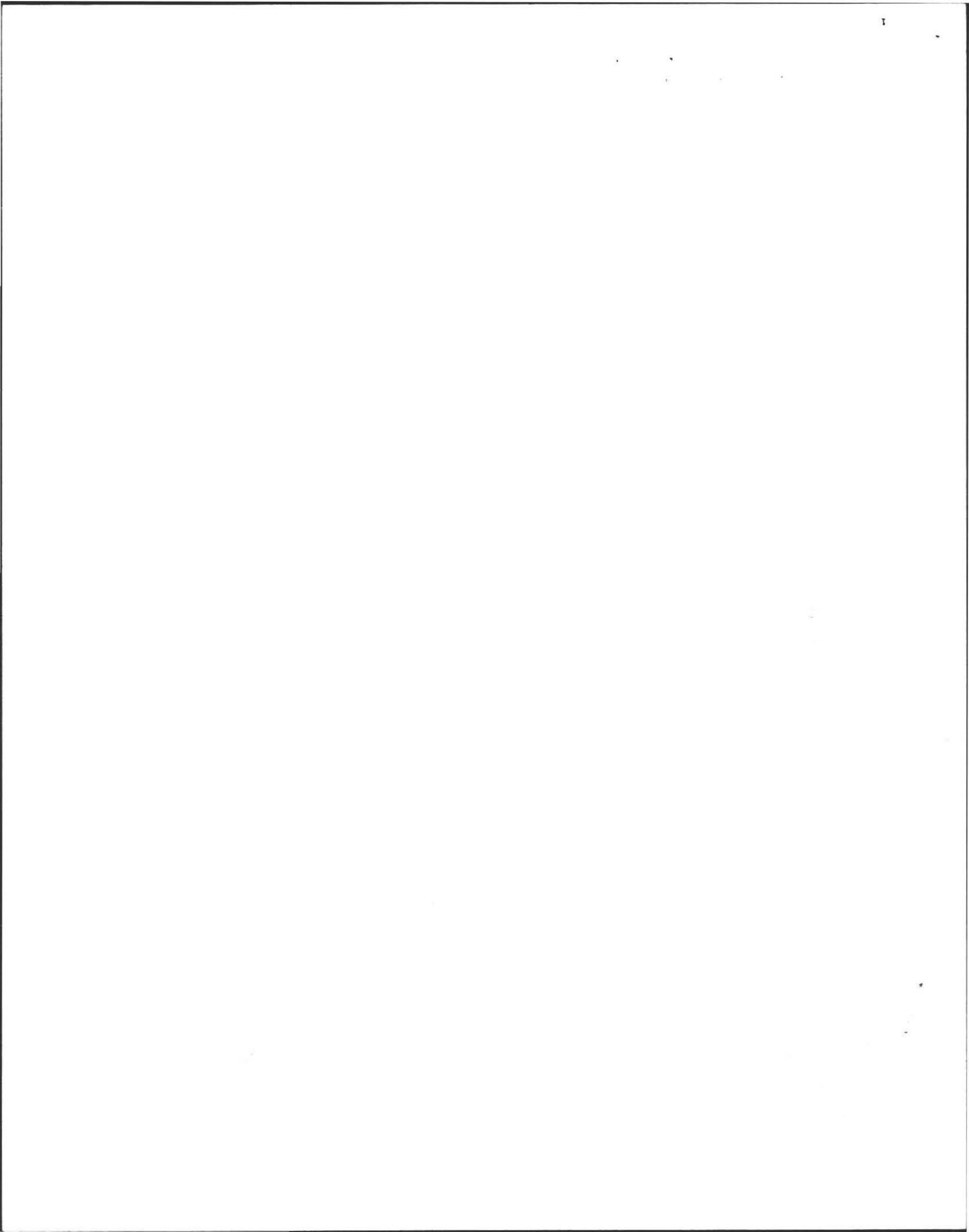
By:

Stephen B. Monsein

SBM:sjb

Enc.

cc: Michael S. Bulman, Esq.



Monsein, Monsein & MacConnell, P.C.
Attorneys at Law

6 South East Street, P.O. Box 2060 - Amherst, Massachusetts 01004

STEPHEN B. MONSEIN
PETER W. MacCONNELL
JANET KENTON-WALKER

413 256-6701

ABRAHAM MONSEIN
OF COUNSEL

FAX: 413 256-6469

November 27, 1996

David Zarozinski
Amherst Board of Health
Bangs Center/Town Hall
Amherst, MA 01002

Re: **58 High Point Drive, Amherst**

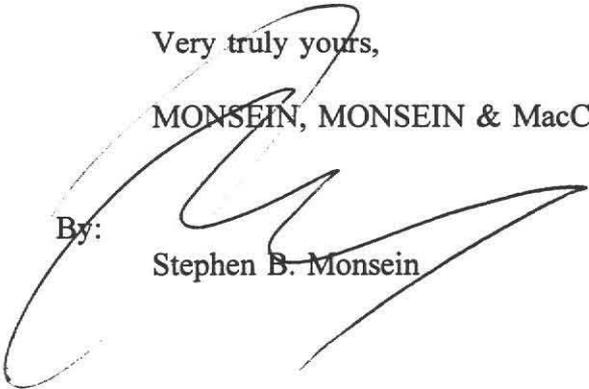
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MONSEIN, MONSEIN & MacCONNELL, P.C.

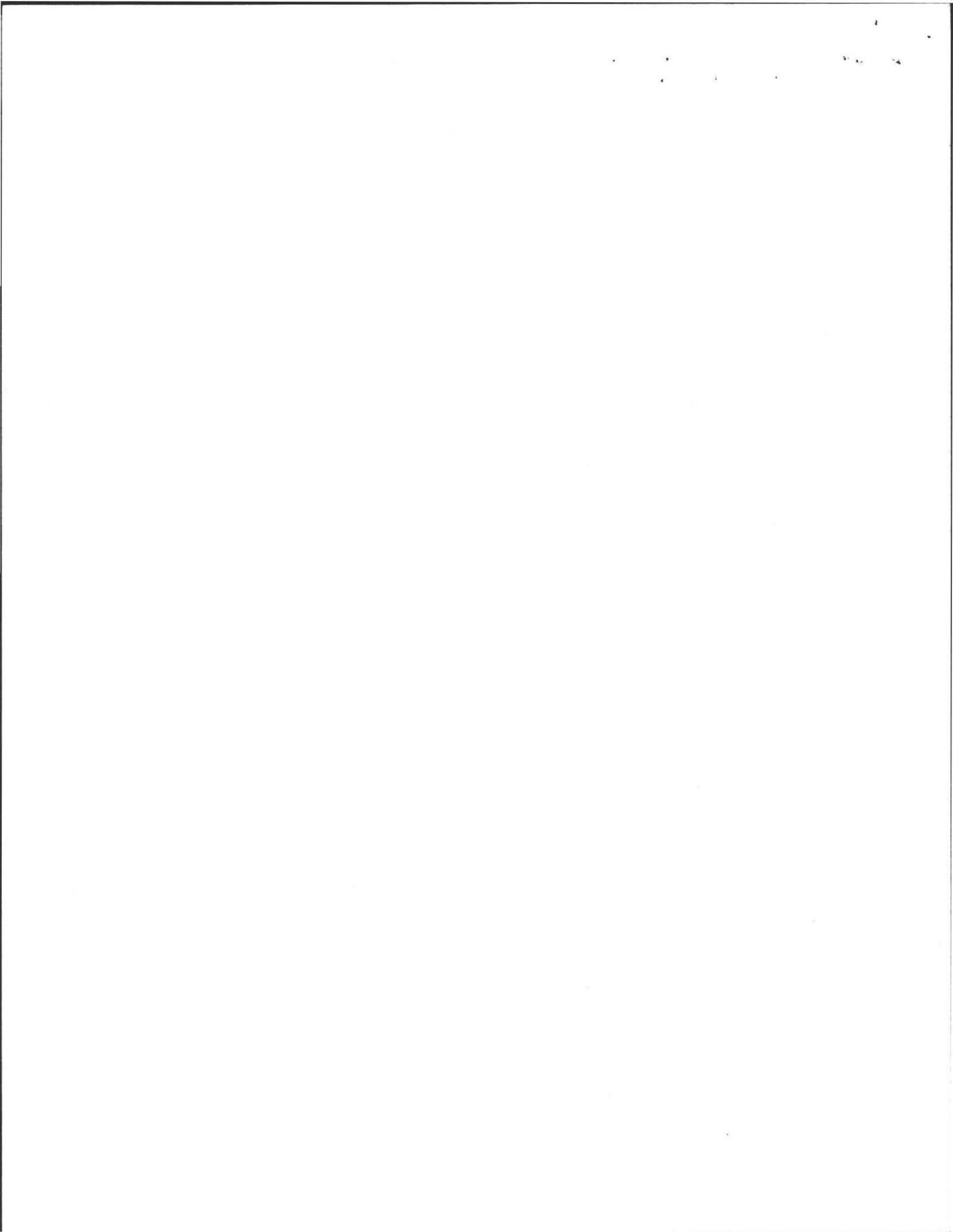
By:

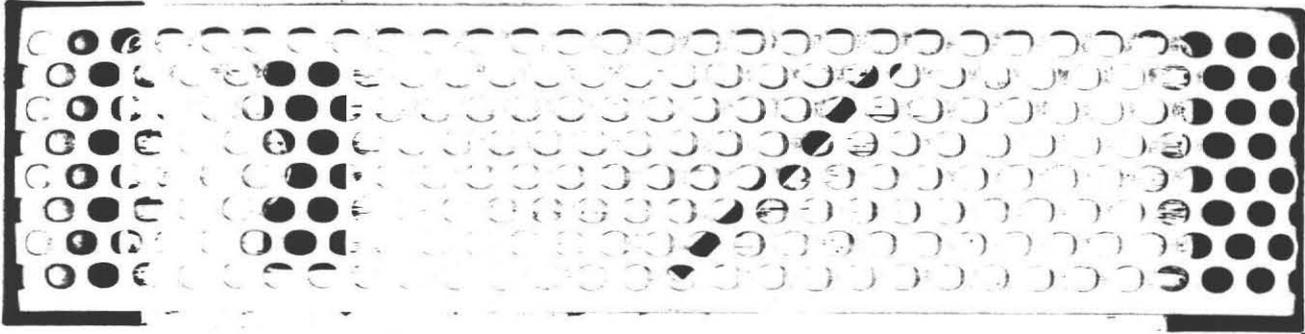

Stephen B. Monsein

SBM:sjb

Enc.

cc: Michael S. Bulman, Esq.





Monsein, Monsein & MacConnell, P.C.
 ATTORNEYS AT LAW
 IOLTA TRUST ACCOUNT
 AMHERST, MA 01004

REMITTANCE ADVICE			
58 High Street	Amherst, MA		
Debit - Trust			

53-248/118

3880

PAY Two Hundred Sixty and 00/100 DOLLARS

DATE	TO THE ORDER OF
11/27/96	Loan of Amherst

CHECK AMOUNT
260 00

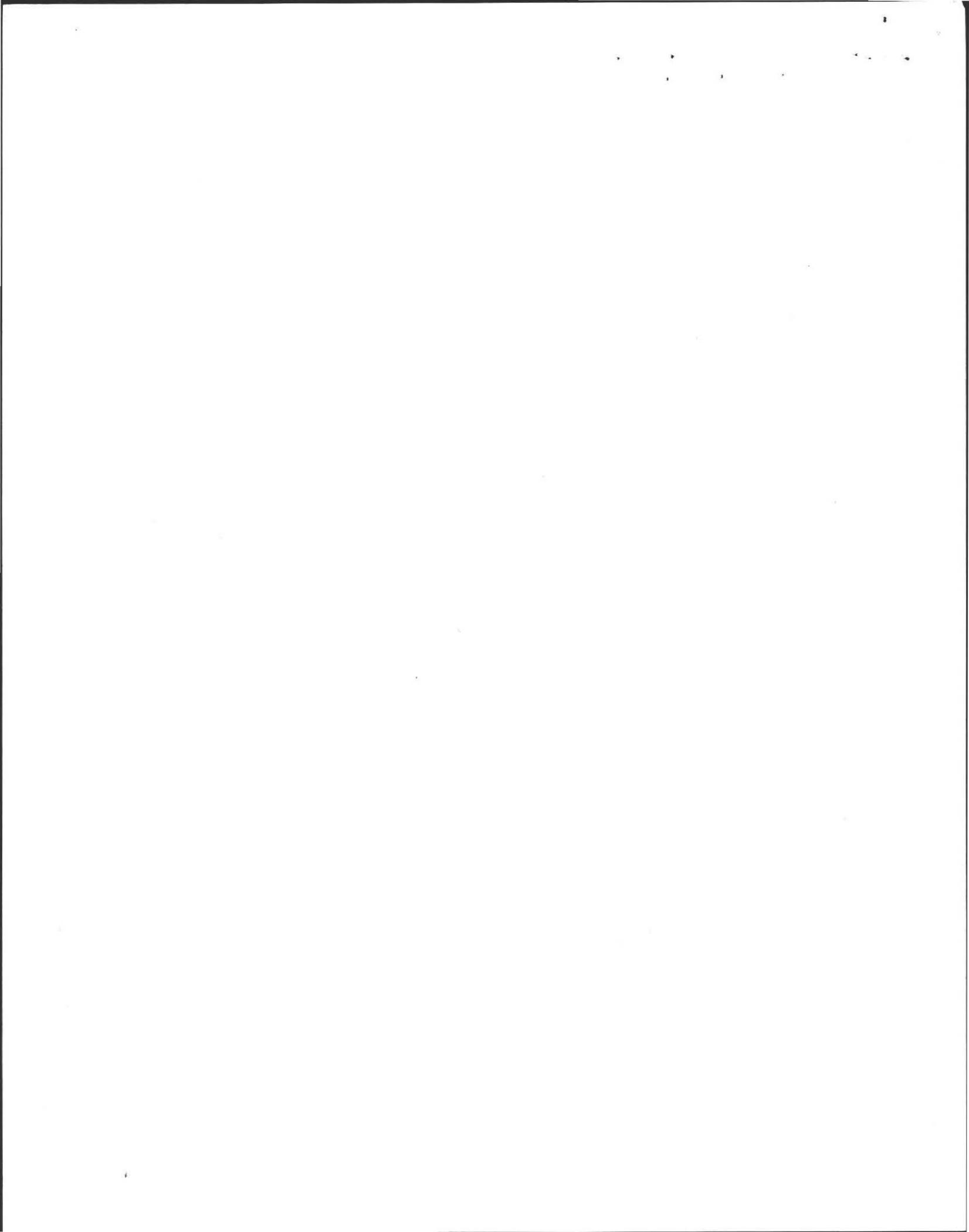
CLIENT FUNDS

[Signature]

THE BANK OF WESTERN MASSACHUSETTS
 SPRINGFIELD, MASSACHUSETTS

⑈003880⑈ ⑆011802488⑆ 08 00202027⑈





TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

Received of Monsein, Monsein, & MacConnell, P.C. of 6 SE Street, P.O. Box 2060, Amh. Ma. 01004
Name Address

For Property Located at 58 High Point Dr., Amh. Ma. 01002
Street Address Owner

<input type="checkbox"/> Bakery	01-0-501-4433-00	<u>2</u>	Perc Test @ \$100 ⁰⁰ ea	01-0-501-4344-00
<input type="checkbox"/> Bed & Breakfast	01-0-501-4474-01		Pool	01-0-501-4471-00
<input type="checkbox"/> Catering	01-0-501-4429-00		Rec. Camp	01-0-501-4424-00
<input type="checkbox"/> Food Handler	01-0-501-4474-00		Retail Permit	01-0-501-4473-00
<input type="checkbox"/> Frozen Desserts	01-0-501-4421-00		Sanitary Code Booklet	01-0-501-4380-00
<input type="checkbox"/> Housing Inspection	01-0-501-4348-00		Septic Installers Permit	01-0-501-4470-01
<input type="checkbox"/> Massage	01-0-501-4425-00		Septic Private Applications <u>160⁰⁰</u>	01-0-501-4470-00
<input type="checkbox"/> Milk	01-0-501-4420-00	<u>1</u>	Septic - Reinspection <u>1000</u>	01-0-501-4345-00
<input type="checkbox"/> Motel License	01-0-501-4428-00		Sub-Division Rev.	01-0-501-4460-00
<input type="checkbox"/> Miscellaneous	01-0-501-_____		Tanning	01-0-501-4434-00
<input type="checkbox"/> Offal/Garbage	01-0-501-4472-00		Twenty-one D Tickets	01-0-501-4879-00

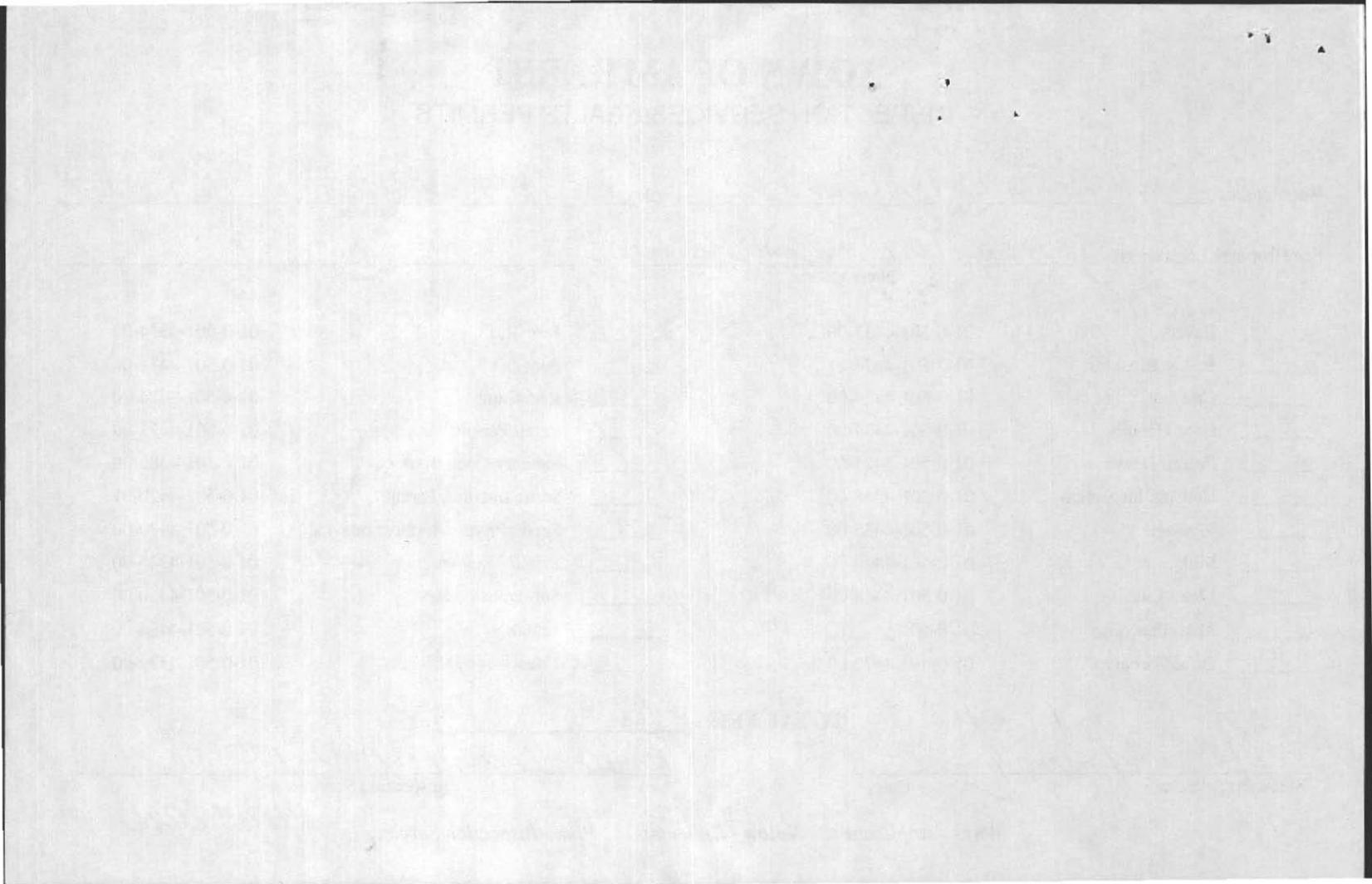
TOTAL FEE: \$260⁰⁰

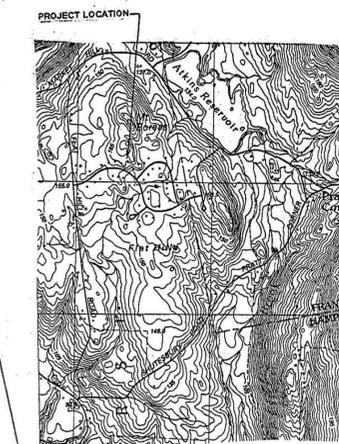
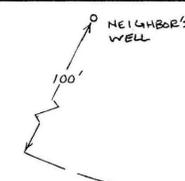
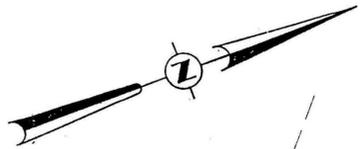
Nancy J. Lynch
Treasurer/Collector Date

Bridget Dwyer for AHD 12/21/96
Inspection Services

White - Applicant Yellow - Collector Pink - Inspection Services

CHK# 3000





GENERAL CONDITIONS

1. LOCAL UPGRADE APPROVAL AND WAIVERS OF LOCAL REGULATIONS REQUESTED. THE APPLICANT REQUESTS A LOCAL UPGRADE APPROVAL PURSUANT WITH 310 CMR 15.405(1)(h) TO REDUCE THE SYSTEM LOCATION SETBACK FROM A PRIVATE WATER SUPPLY WELL FROM 100 FEET TO 72 FEET (WATER QUALITY OF WELL SHALL BE TESTED). WAIVERS TO THE AMHERST BOARD OF HEALTH REGULATIONS - TITLE 5 AMENDMENTS: 1. (SECTION 2 (a)) TO ALLOW THE SIZE OF THE LEACHING AREA TO BE THE MINIMUM AREA REQUIRED BY TITLE 5; 2. (SECTION 3 (d)) TO ALLOW THE REPLACEMENT SEWAGE DISPOSAL SYSTEM TO BE LOCATED CLOSER THAN 100 FEET TO THE WATER SUPPLY (THE REPLACEMENT SYSTEM TO BE AT LEAST THE SAME DISTANCE FROM THE WELL AS THE EXISTING SYSTEM).
2. This on-site sewage disposal system repair plan is prepared in accordance with 310 CMR 15.00 (Title 5). Construction shall conform to same.
3. The installer shall notify designer of any unusual conditions and shall not modify the plan without the written consent of the designer. All debris in the site area shall be disposed of in accordance with the law.
4. There is no guarantee express or implied to any user of a system installed pursuant to this plan.
5. Inspections of excavations and installation: The installer shall notify the designer when the excavation for the leaching bed is ready for inspection. The installer shall notify the designer and the Amherst Health Inspector for final inspection when the system installation is complete and prior to placement of the cover material.
6. The on-site sewage disposal system shall be pumped and inspected as necessary and at least once every three years.

SOIL INVESTIGATION

TEST PIT NO. 1 EL.: 91.00'
Est. Seasonal High Water Table at EL. 88.00'. Bedrock at EL. >85.00'.
TEST PIT NO. 2 EL.: 85.15'
Est. Seasonal High Water Table at EL. 82.15'. Bedrock at EL. >78.65'.
PERCOLATION TEST AT 33"
Saturation Period: 15 min.
Percolation Rate: 20 min/in.
Deep Observation Hole Logs in Soil Suitability Assessment Report. Wetlands within 100 ft. and wells within 200 ft. of the proposed soil absorption system as shown on the planview. Soils evaluation and percolation testing by Robert W. Stover, Certified Soil Evaluator, on December 5, 1995 and witnessed by the Amherst Health Inspector David Zarozinski, Certified Soil Evaluator.

DESIGN CRITERIA

four bedroom house. No garbage grinder.
Proposed septic tank: 1500 Gal.

DESIGN CALCULATION

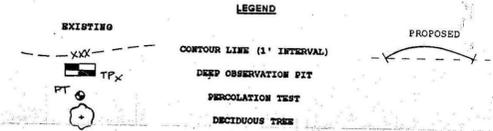
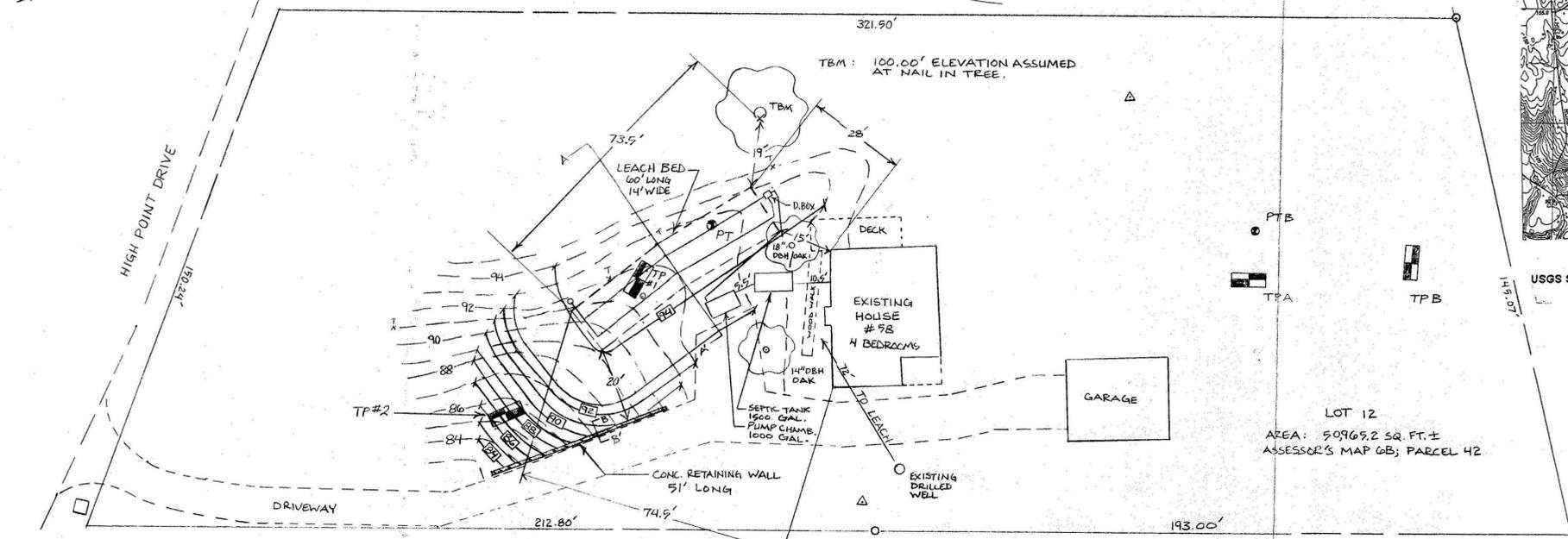
Design flow: 4 bdrm @ 110gpd/bdrm = 440 gpd.
Soil loading factor: Perc rate = 20 min/in., Soil loading: 0.53 gpd/sq.ft.
Proposed soil absorption system: 1 leach bed 60.0 feet long by 14.0 feet wide.
Bottom area: 14' x 60' = 840 sq.ft.
Sideload area: not allowed.
Total leaching area: = 840 sq.ft.
840 sq.ft. x 0.53 gpd/sq.ft. = 445.2 gpd design flow
Total required capacity: = 440 gpd OK

CONSTRUCTION NOTES

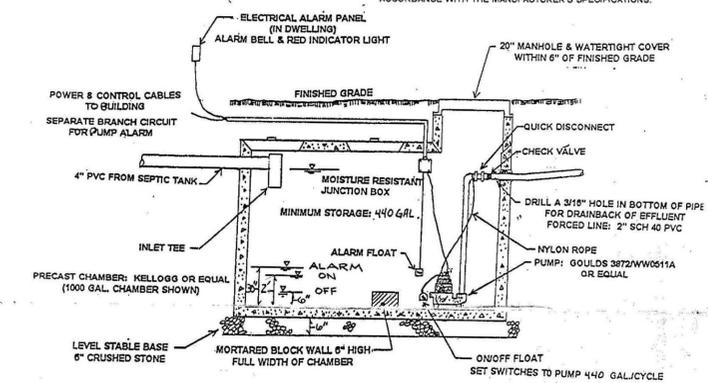
1. All topsoil, subsoil, stumps, roots, and stones shall be removed from the area of the leach bed and the area five feet around the leach bed and wherever fill is to be placed. Any fill shall be a clean granular sand and conform to the specifications of Title 5, 310 CMR 15.25(5).
2. Disposal of the existing sewage disposal system shall conform to the requirements of the Amherst Health Department.
3. The pipes exiting the distribution box shall have the same invert elevation and shall be level for at least the first two feet of length.
4. Disturbed areas shall be loamed, seeded and mulched until stable vegetative cover is established. Groundcover plantings to be specified by present owner.
5. Retaining Wall: the retaining wall shall be constructed of reinforced concrete, shall have no weep holes, and the upgradient side of the wall shall be waterproofed.

PUMP SPECIFICATIONS:

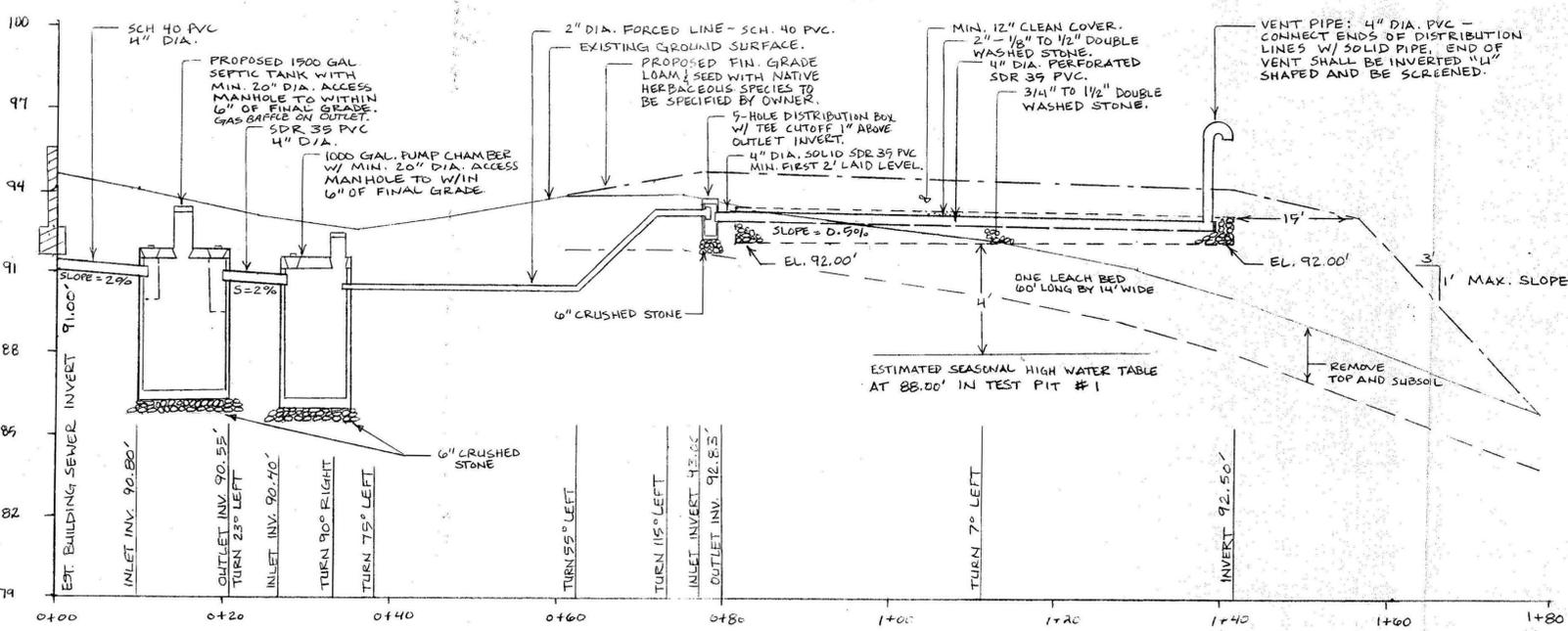
REQUIRED DOSING FREQUENCY: 1 DOSE PER DAY
SET ON/OFF SWITCHES TO PUMP 440 GAL./CYCLE (1.5 FT. DRAW DOWN IN KELLOGG 1000 GAL. TANK)
EMERGENCY STORAGE:
REQUIRED: 440 GAL.
AVAILABLE (IN 1000 GAL. CHAMBER): 670 GAL.
PUMP SHALL BE CAPABLE OF PASSING A MINIMUM SOLID SIZE OF 1 1/4 INCH DIAMETER AND SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS.



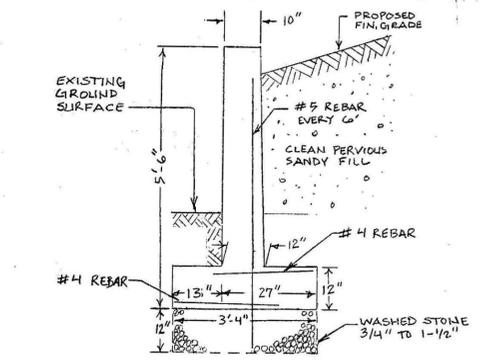
PLANVIEW
SCALE: 1" = 20'



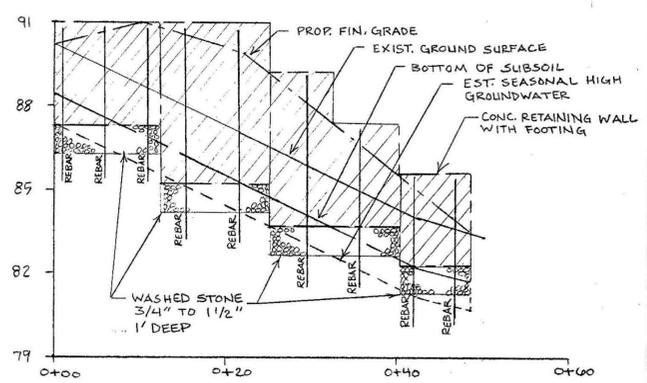
SECTION VIEW: PUMP CHAMBER



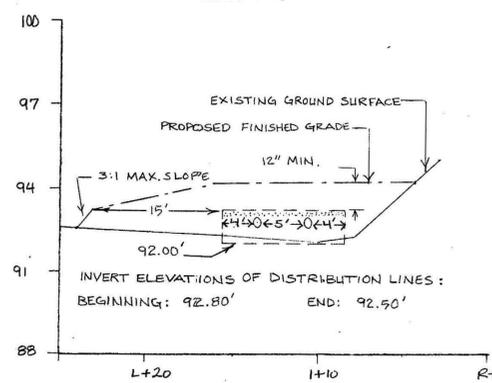
SYSTEM PROFILE
SCALE: H: 1" = 10' V: 1" = 3'



SECTION AT "B - B" RETAINING WALL
SCALE: 1" = 2'



RETAINING WALL PROFILE
SCALE: H: 1" = 10' V: 1" = 3'



SECTION AT "A - A": LEACH BED
SCALE: H: 1" = 10' V: 1" = 3'

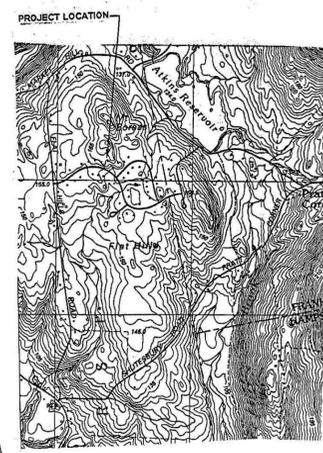
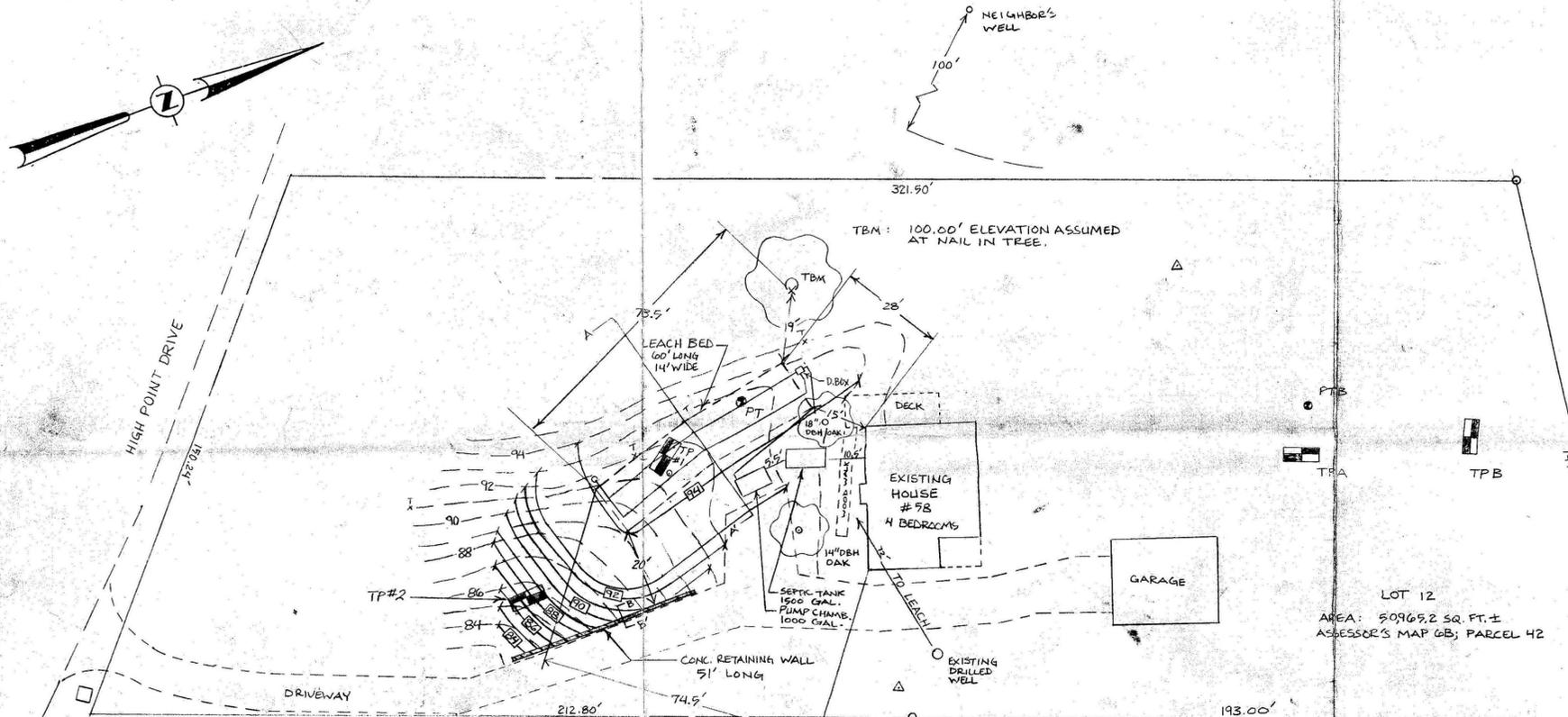


ON-SITE SEWAGE DISPOSAL SYSTEM REPAIR
58 HIGH POINT DRIVE, AMHERST, MA

DANIEL I. HILLEL/EARL SMITH
58 HIGH POINT DRIVE, AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY HAROLD L. STILES, P.E. / ROBERT STOVER
DATE: 11-16-96 DRAWN BY: RWS

AMHERST CIVIL ENGINEERING
HAROLD L. STILES, P.E. / ROBERT STOVER
6 UNIVERSITY DR., BOX 144, AMHERST, MA 01004-6000 (413) 256-3400



GENERAL CONDITIONS

1. LOCAL UPGRADE APPROVAL AND WAIVERS OF LOCAL REGULATIONS REQUESTED: THE APPLICANT REQUESTS A LOCAL UPGRADE APPROVAL PURSUANT WITH 310 CMR 15.405(1)(h) TO REDUCE THE SYSTEM LOCATION SETBACK FROM A PRIVATE WATER SUPPLY WELL FROM 100 FEET TO 72 FEET (WATER QUALITY OF WELL SHALL BE TESTED). WAIVERS TO THE AMHERST BOARD OF HEALTH REGULATIONS - TITLE 8 AMENDMENTS: 1. (SECTION 2 (a)) TO ALLOW THE SIZE OF THE LEACHING AREA TO BE THE MINIMUM AREA REQUIRED BY TITLE 8; 2. (SECTION 3 (d)) TO ALLOW THE REPLACEMENT SEWAGE DISPOSAL SYSTEM TO BE LOCATED CLOSER THAN 100 FEET TO THE WATER SUPPLY (THE REPLACEMENT SYSTEM TO BE AT LEAST THE SAME DISTANCE FROM THE WELL AS THE EXISTING SYSTEM).
2. This on-site sewage disposal system repair plan is prepared in accordance with 310 CMR 15.00 (Title 8). Construction shall conform to same.
3. The installer shall notify designer of any unusual conditions and shall not modify the plan without the written consent of the designer. All debris in the site area shall be disposed of in accordance with the law.
4. There is no guarantee express or implied to any user of a system installed pursuant to this plan.
5. Inspections of excavations and installation: the installer shall notify the designer when the excavation for the leaching bed is ready for inspection. The installer shall notify the designer and the Amherst Health Inspector for final inspection when the system installation is complete and prior to placement of the cover material.
6. The on-site sewage disposal system shall be pumped and inspected as necessary and at least once every three years.

SOIL INVESTIGATION

TEST PIT NO. 1 EL.: 91.00'
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TEST PIT NO. 2 EL.: 85.15'
Est. Seasonal High Water Table at EL. 82.15'. Bedrock at EL. >78.65'.
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DESIGN CRITERIA

four bedroom house. No garbage grinder.
Proposed septic tank: 1500 Gal.

DESIGN CALCULATION

Design flow: 4 bdrm @ 110gpd/bdrm = 440 gpd.
Soil loading factor: Perc rate = 20 min./in., Soil loading: 0.53 gpd/sq.ft.
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Bottom area: 14' x 60' = 840 sq.ft.
Sideload area: not allowed.
Total leaching area: = 840 sq.ft.
840 sq.ft. x 0.53 gpd/sq.ft. = 445.2 gpd design flow
Total required capacity: = 440 gpd OK

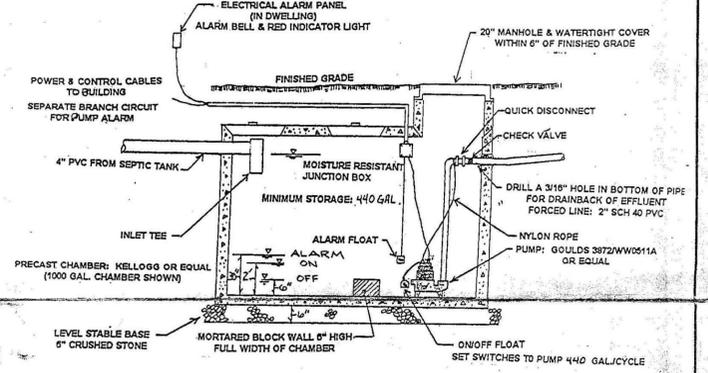
CONSTRUCTION NOTES

1. All topsoil, subsoil, stumps, roots, and stones shall be removed from the area of the leach bed and the area five feet around the leach bed and wherever fill is to be placed. Any fill shall be a clean granular sand and conform to the specifications of Title 8, 310 CMR 15.255(3).
2. Disposal of the existing sewage disposal system shall conform to the requirements of the Amherst Health Department.
3. The pipes exiting the distribution box shall have the same invert elevation and shall be level for at least the first two feet of length.
3. The finished grade above the soil absorption system shall have a minimum two percent (2%) slope to shed surface runoff away from system.
4. Disturbed areas shall be loamed, seeded and mulched until stable vegetative cover is established. Groundcover plantings to be specified by present owner.
5. Retaining Wall: the retaining wall shall be constructed of reinforced concrete, shall have no weep holes, and the upgradient side of the wall shall be waterproofed.
6. Addendum (12/13/96): Installer shall specify to current owner all trees to be lost by implementation of this plan before clearing commences.

R.W.S.

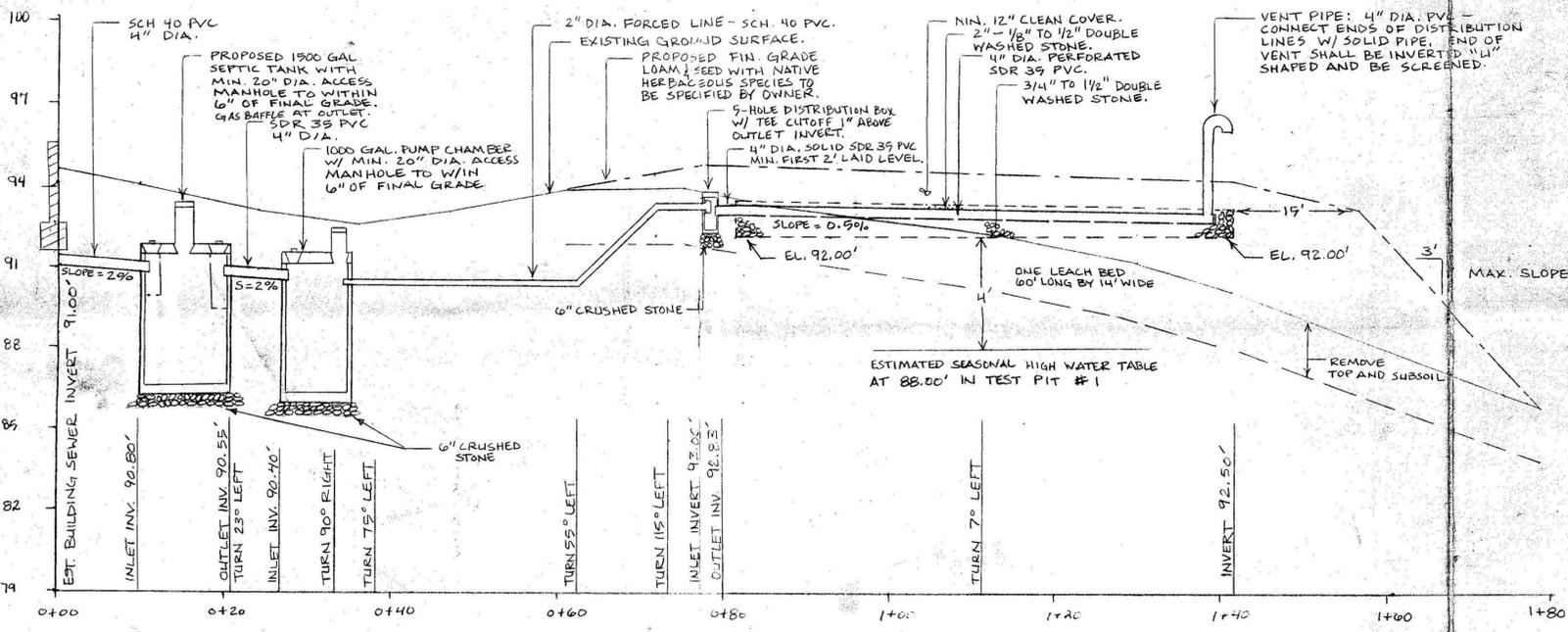
PUMP SPECIFICATIONS

REQUIRED DOSING FREQUENCY: 1 DOSE PER DAY
SET ON/OFF SWITCHES TO PUMP 440 GAL/CYCLE (1.5 FT. DRAW DOWN IN KELLOGG 1000 GAL. TANK)
EMERGENCY STORAGE: REQUIRED: 440 GAL. AVAILABLE (IN 1000 GAL. CHAMBER): 870 GAL.
PUMP SHALL BE CAPABLE OF PASSING A MINIMUM SOLID SIZE OF 1 1/4 INCH DIAMETER AND SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S SPECIFICATIONS.

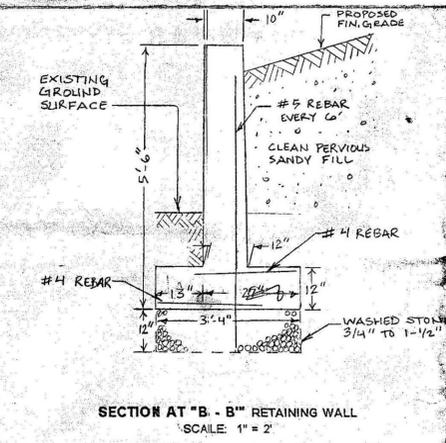


SECTION VIEW: PUMP CHAMBER

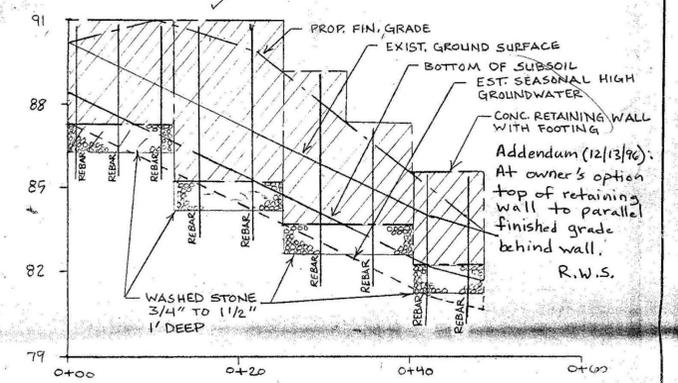
PLANVIEW
SCALE: 1" = 20'



SYSTEM PROFILE
SCALE: H: 1" = 10' V: 1" = 3'



SECTION AT "B - B" RETAINING WALL
SCALE: 1" = 2'



RETAINING WALL PROFILE
SCALE: H: 1" = 10' V: 1" = 3'

SECTION AT "A - A": LEACH BED
SCALE: H: 1" = 10' V: 1" = 3'

ON-SITE SEWAGE DISPOSAL SYSTEM REPAIR
58 HIGH POINT DRIVE, AMHERST, MA

DANIEL I. HILLEL/EARL SMITH
58 HIGH POINT DRIVE, AMHERST, MA 01002

SCALE: AS SHOWN DATE: 11-16-96 APPROVED BY: HAROLD L. STILES, P.E. / ROBERT STOVER DRAWN BY: RWS

AMHERST CIVIL ENGINEERING
HAROLD L. STILES, P.E. / ROBERT STOVER
6 UNIVERSITY DR., BOX 144, AMHERST, MA 01004-6000 (413) 256-3400 DRAWING NUMBER

11/28/96

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

Date APR 24-70 Fee 3.00 Date Rec'd. 5-7-70 By CE D

Permission is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal

Address 38 High Point Hill or Lot No. 12

A. MARTINBEAULT Address 32 Suckman Ave Northampton
 or BILL CLARK Address SAUTESBURY

Type of Building _____ Dimensions _____ Size Lot 30,000+

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____
 Town Water? _____ Type of Well ARTESIAN

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

Septic Tank—Liquid capacity _____ gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area 500 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 CE Drake Date MAY 1, 1970

Test Pit No. 1 4 minutes per inch Depth of Test Pit 18"

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

Description of Soil CLAY-LEDGE-3' Depth to Ground Water 2'

Will disposal area be filled? *YES 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.

*REMOVE TOPSOIL FILL WITH GRAVEL 1 1/2' BANK X A. Martinbeault 4.24-70
 Application Approved by CE Drake Build system top of this date
5-7-70
 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired () by W.W. CLARK at lot 12 High Point 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. 70-9 dated 5-7-70

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

DATE Aug 1970 Inspector CE Drake

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 70-9
 Permission is hereby granted A. MARTINBEAULT to construct (X) or repair () an Individual Sewage Disposal System at lot 12 as shown on the application for Disposal Works Construction Permit No. 70-9

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

DATE May 7, 1970 CE Drake
 Board of Health

