

84 HIGHPOINT

~~360~~ Sparrow

#84

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

No. 70-21 Date 9/3/70 Fee \$3.00 Date Rec'd. 9/3/70 By CED

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

Location—Address 84 High Point Hill or Lot No. 61

Owner Roy Industries Address Shutesbury

Contractor Bill Clarke Address "

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 Expansion Attic (n) Garbage Grinder (y) s

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 400 gallons

Septic Tank—Liquid capacity 1200 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 (X) No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date 9/3/70

Test Pit No. 1 20 minutes per inch Depth of Test Pit 24

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

Description of Soil clay Depth to Ground Water 7' est

Will disposal area be filled? _____ Cut down? _____

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

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

Will Drake
 Owner or builder

9/4/70
 date

Application Approved by Drake

9/3/70
 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 () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

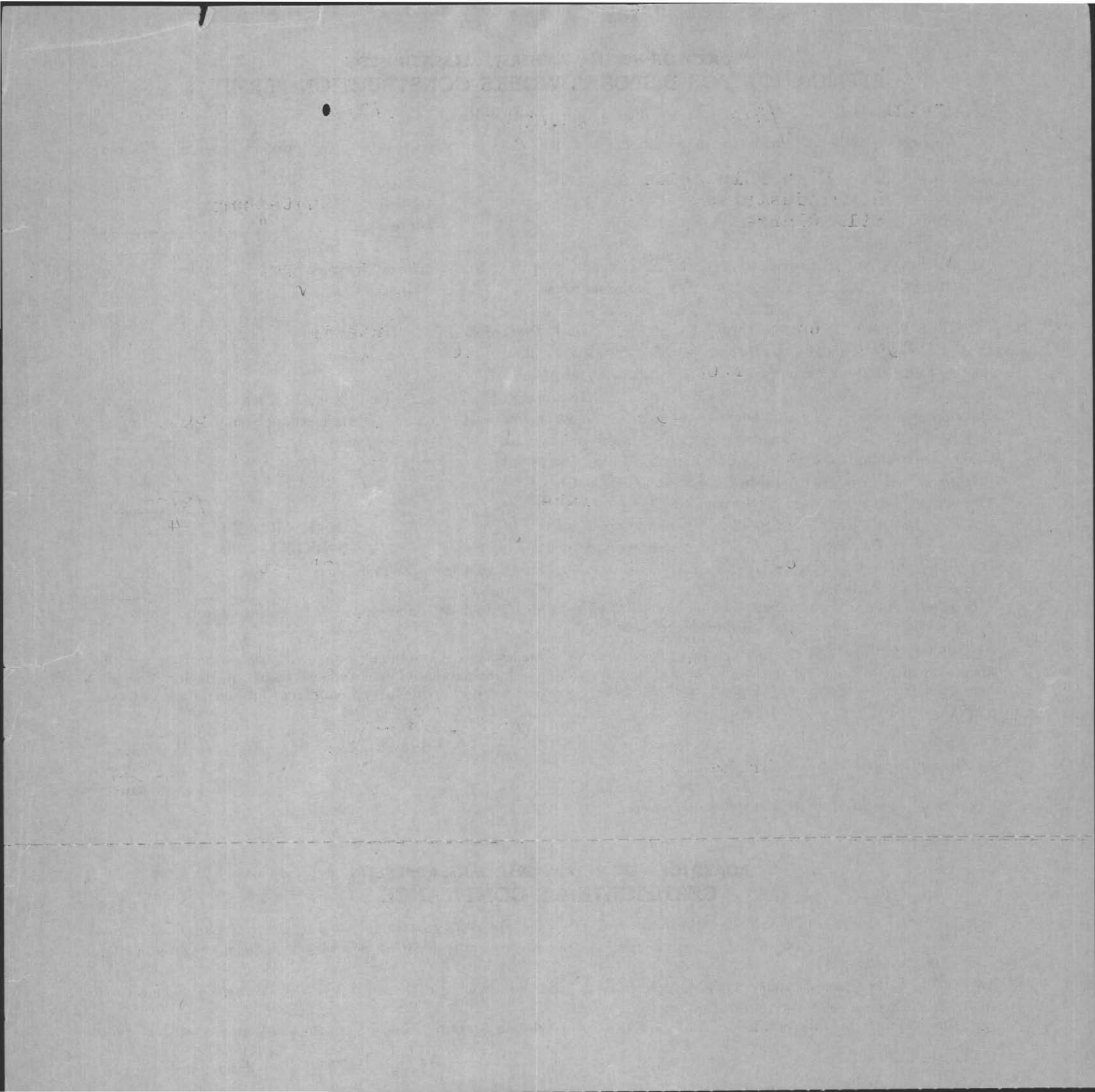
INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____

Inspector _____



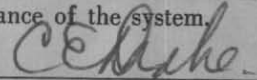
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 70-21

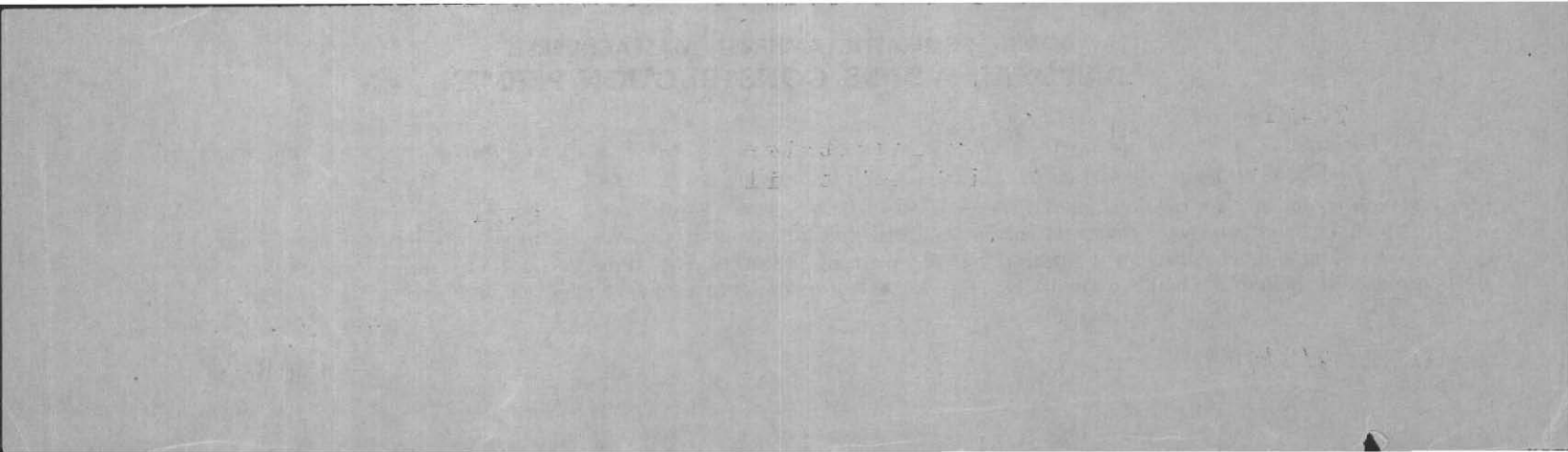
Permission is hereby granted Roy Industries to construct (x) or repair () an Individual Sewage Disposal System at 84 High point Hill as shown on the application for Disposal Works Construction Permit No. 70-21

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 9/3/70



Board of Health





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

84 HIGHPOINT DR

Property Address

ELIZIBETH WILL

Owner's Name

AMHERST

City/Town

MA

State

01002

Zip Code

9/11/09

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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



A. General Information

1. Inspector:

RICHARD LARSEN

Name of Inspector

Company Name

135 ATHOL RD

Company Address

ORANGE

City/Town

978-575-0081

Telephone Number

MA

State

01364

Zip Code

2864

License Number

B. Certification

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

☒ Passes

☐ Conditionally Passes

☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

Date

9-11-09

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

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



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B. Certification (cont.)

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

A) System Passes:

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

Comments:

1 PERSON LIVED IN HOUSE FOR 20 YEARS

B) System Conditionally Passes:

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

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

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

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

ND Explain:

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

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



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- ☐ 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:

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

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

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

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

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

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

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

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

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



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B. Certification (cont.)

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

- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

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

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

Yes No

- | | | |
|--------------------------|-------------------------------------|--|
| <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: _____ |
| <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. |



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B. Certification (cont.)

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

Yes No

☐☒

Any portion of a cesspool or privy is within a Zone 1 of a public well.

☐☒

Any portion of a cesspool or privy is within 50 feet of a private water supply well.

☐☒

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

☐☒

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

☐☒

The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. 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.

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

Yes No

☐☐

the system is within 400 feet of a surface drinking water supply

☐☐

the system is within 200 feet of a tributary to a surface drinking water supply

☐☐

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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



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C. Checklist

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

Yes No

- | | | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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:

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |



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D. System Information

Residential Flow Conditions:

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

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

Number of current residents: 1

Does residence have a garbage grinder? ☒ Yes ☐ No

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

Laundry system inspected? ☒ Yes ☐ No

Seasonal use? ☐ Yes ☒ No

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

Sump pump? ☐ Yes ☒ No

Last date of occupancy: VACANT
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

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

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

Grease trap present? ☐ Yes ☐ No

Industrial waste holding tank present? ☐ Yes ☐ No

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

Water meter readings, if available: _____

Last date of occupancy/use: _____
Date

Other (describe): _____



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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

EVERY 2 YEARS HOME OWNER

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1,000
gallons

How was quantity pumped determined?

SIZE OF TANK

Reason for pumping:

INSPECTION

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:

MID 80'S CARE TAKER

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No



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Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

8"

feet

Material of construction:

☒ cast iron

☐ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

20'

feet

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

GOOD, GOOD, NO LEAKAGE

Septic Tank (locate on site plan):

Depth below grade:

14"

feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

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

☐ Yes

☐ No

Dimensions:

5'X5'X8'

Sludge depth:

2"

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

31"

Scum thickness

1"

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

4"

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

17"

How were dimensions determined?

STEEL TAPE



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D. System Information (cont.)

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

RECOMMEND YEARLY PUMPING, INLET AND OUTLET BAFFLES IN PLACE, STRUCTURALLY SOUND, 0 IN RELATION TO OUTLET INVERT, NO EVIDENCE OF LEAKAGE

Grease Trap (locate on site plan):

Depth below grade:

feet

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:

Date

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

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

Depth below grade:

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

☐ Yes ☐ No

Alarm level:

Alarm in working order: ☐ Yes ☐ No

Date of last pumping:

Date

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

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

☐ Yes ☐ No

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

Depth of liquid level above outlet invert

0

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

BOX LEVEL AND EQUAL, NO EVIDENCE OF LEAKAGE, NO CARRYOVER, NORMAL GRASS

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes ☐ No

Alarms in working order:

☐ Yes ☐ No



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D. System Information (cont.)

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

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

If SAS not located, explain why:

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|-----------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input checked="" type="checkbox"/> | leaching fields | number, dimensions: | 1=24'X30' |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | 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.):

SANDY GRAVEL , NO, 0, NO, NO,NORMAL GRASS

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
JANUARY 1950

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DEPARTMENT OF CHEMISTRY
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D. System Information (cont.)

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes

☐ No

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

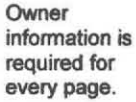
Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



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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.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

84 HIGHPOINT DR

Property Address

ELIZIBETH WILL

Owner's Name

AMHERST

City/Town

MA

State

01002

Zip Code

9/11/09

Date of Inspection

Owner
information is
required for
every page.

D. System Information (cont.)

Site Exam:

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

Estimated depth to ground water:

4'
feet

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

- ☐ Obtained from system design plans on record
If checked, date of design plan reviewed: _____ Date
- ☐ Observed site (abutting property/observation hole within 150 feet of SAS)
- ☐ Checked with local Board of Health - explain:

- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:

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

PROBED DOWN 4.5' BESIDE D BOX CAME UP DRY

1. The first part of the paper is devoted to the study of the properties of the function $f(x)$ defined by the equation

$$f(x) = \int_0^x \frac{1}{1+t^2} dt$$

for $x \in \mathbb{R}$.

$$f(x) = \arctan x$$

for $x \in \mathbb{R}$.

It is well known that

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