

WEIR ENGINEERING, LLC

Job#: H-2010-06

Date: August 2, 2010

To: Mr. James Hornick

88 High Point Road Amherst, MA 01002

Re: Title V Inspection & Reporting - July 31, 2010

Dear Jim:

Enclosed is the original Title V Inspection Report for your property located at 88 High Point Road in Amherst, MA.

The system PASSES, however, I have several recommendations:

- 1. Replace the 4" Orangeburg soil piping between the house and septic tank and septic tank to D-box with new Sch. 40 PVC soil pipe prior to completing backyard renovation work.
- 2. Install 4" Sch. 40 PVC inlet and outlet tees within the septic tank due to signs of existing concrete baffle deterioration.
- 3. Consider installing an outlet effluent filter within the septic tank to maximize longevity of the existing soil adsorption system.
 - *** This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use. ***

A copy of this report has been mailed to the Town of Amherst, Board of Health (i.e. Approving Authority) in accordance with the 30-Day reporting requirements.

If you have any questions, please feel free to call me at Cell # (413) 949-0106.

Very Truly Yours,

WEIR ENGINEERING, LLC

Terrance W. Smith, P.E.

Professional Civil Engineer (MA Civil # 45904)

Cc: Town of Amherst, Board of Health Department

Change TO Q COMPITIONSON POSSES Will RE-INSPECT Will Recommendiation When DONE are Comp



Important:

When filling out forms on the computer, use

only the tab key to move your

cursor - do not

use the return

kev.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#88 High Point Road				
Property Address				
James Hornick				
Owner's Name				
Amherst	MA	01002	July 31, 2010	
City/Town	State	Zip Code	Date of Inspection	

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

A. General Information

1. Inspector:

Terrance W. Smith, P.E.
Name of Inspector

Weir Engineering, LLC Company Name

78 Old Poor Farm Road

Company Address

Ware City/Town

(413) 967-7318

Telephone Number

TERRANCE W. SMITH W.

MA State

01082 Zip Code

MA Civil # 45904

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:

Aasses Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

July 31, 2010

Date

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

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

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Commonwealth of Massachusetts

		h Poin	t Road			
		Address				
		Hornick Name	(
		W. 1. 50 W. 100 D. C.		140	04000	1.1.04.0040
	hers			MA State	01002	July 31, 2010
City	/Towr	n		State	Zip Code	Date of Inspection
						THE PROPERTY OF THE PROPERTY O
В.	Ce	ertific	cation (cont.)			
	Inst	pection	Summary: Check A,B,0	C.D or E / always co	mplete all of	Section D
	100000					
A)	Sys	stem P	asses:			
	•					
		in 310	not found any information CMR 15.303 or in 310 (led below.			failure criteria described eria not evaluated are
	Cor	mments	S'			
	001	111101110				
			XI Alle David			
B)	Sys	stem C	onditionally Passes:			
		replac		em, upon completio		nal Pass" section need to be cement or repair, as approved by
			es, no or not determined d," please explain.	(Y, N, ND) in the	for the follow	ring statements. If "not
		structi Syster	urally unsound, exhibits	substantial infiltration the existing tank is r	or exfiltratio	nk (whether metal or not) is n or tank failure is imminent. a complying septic tank as
			etal septic tank will pass npliance indicating that t			d, not leaking and if a Certificate is available.
	ND	Explai	n:			
	-					
		to brol) or due to a broken	, settled or un	level in the distribution box due leven distribution box. System will
			broken pipe(s) are rep	laced		
			obstruction is removed	4		

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Commonwealth of Massachusetts

		ih Point	Road							
10 00004006	to a suffering	Address								
-		Hornick Name			***************************************	C-0.000				
Amh	541 0 /0 7/18			MA	01002	July 31, 2010				
City/T		The state of the s		State	Zip Code	Date of Inspection				
В.	Се	ertification (cont.)								
1	B)	Systen	n Conditionally Passes (co	ont.):						
			distribution box is leveled o	r replaced						
	ND	Explain	1			¥				
-				1111-11-11-11-11-11-11-11-11-11-11-11-1						
1		The system	stem required pumping more	e than 4 times approval of th	a year due to e Board of Hea	broken or obstructed pipe(s). The				
			broken pipe(s) are replaced	d						
		П	obstruction is removed							
	ND	Explain								
	IND	LAPIGII								
			Water will be a second							
2										
	C)	Furthe	r Evaluation is Required b	y the Board	of Health:					
			ons exist which require furth			of Health in order to determine if conment.				
		15.303	stem will pass unless Boar (1)(b) that the system is no and the environment:	d of Health d ot functioning	etermines in a g in a manner	accordance with 310 CMR which will protect public health				
			Cesspool or privy is within	50 feet of a si	50 feet of a surface water					
			Cesspool or privy is within	50 feet of a b	ordering vegeta	ated wetland or a salt marsh				
		detern	stem will fail unless the Bo nines that the system is fu and environment:	ard of Health nctioning in	ı (and Public V a manner that	Vater Supplier, if any) protects the public health,				
		100 fee	et of a surface water supply	or tributary to	a surface water	m (SAS) and the SAS is within or supply. within a Zone 1 of a public water				
		supply supply	The system has a septic ta	ank and SAS a	and the SAS is	within 50 feet of a private water				

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Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	High Poir					
	perty Address					
	nes Hornic er's Name	:K				
	herst			MA	01002	July 31, 2010
	Town			State	Zip Code	Date of Inspection
В.	Certific	cation	(cont.)			
C)	Further E	valuatio	n is Required by th	e Board of H	ealth (cont.):	
			ns a septic tank and S rivate water supply w		AS is less than	n 100 feet but 50 feet or
	Metho	od used t	o determine distance	:		
	bacteria in	ndicates 5 ppm, p to this for	absent and the prese rovided that no other	ence of ammo	nia nitrogen an	P certified laboratory, for coliform d nitrate nitrogen is equal to or A copy of the analysis must be
	-					
D)	System F	ailure C	riteria Applicable to	All Systems		
υ,						
	You mus	t indicat	e "Yes" or "No" to	each of the fo	ollowing for <u>al</u>	linspections:
	Yes	No				
		\boxtimes	Backup of sewag- clogged SAS or c		or system comp	ponent due to overloaded or
		\boxtimes	Discharge or pon- due to an overloa			e of the ground or surface waters pool
		\boxtimes		in the distribu		outlet invert due to an overloaded
		\boxtimes	Liquid depth in ce than ½ day flow	esspool is less	than 6" below	invert or available volume is less
		\boxtimes	Required pumpin- obstructed pipe(s			st year <i>NOT</i> due to clogged or <u>1</u> .
		\boxtimes	Any portion of the	SAS, cesspo	ol or privy is be	elow high ground water elevation.
			Any portion of ces	sspool or privy	is within 100 f	eet of a surface water supply or

tributary to a surface water supply.

 \boxtimes

	100			,
				,
56.				



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#88 High Po							
Property Addre							
James Horn							
Owner's Name							
Amherst	× 11 - 2 - 2 - 2		MA	01002	July 31, 2010		
City/Town			State	Zip Code	Date of Inspection		
90.00							
B. Certif	ication	(cont.)					
D) System	Failure C	riteria Applicable to	All Systems	(cont.):			
Yes	No						
	\boxtimes	Any portion of a d	cesspool or pri	vy is within a Z	one 1 of a public well.		
	107747						
	\boxtimes	Any portion of a c	cesspool or pri	vy is within 50	feet of a private water supply wel		
	\boxtimes	Any portion of a	Any partian of a casengal or privy is less than 100 fact but greater than 50 fact				
			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				
					s equal to or less than 5 ppm,		
					iggered. A copy of the analysis		
		and chain of cus					
		The system is a d	cesspool servir	ng a facility wit	h a design flow of 2000gpd-		
		10,000gpd.		·9 = ·==····	. a cong or Ecoappa		
	\boxtimes				or more of the above failure		
					, therefore the system fails. The		
					alth to determine what will be		
		necessary to corr	rect the failure.				
E) Large S	ystems:	To be considered a	large system	the system n	nust serve a facility with a		
design	riow of 10	,000 gpd to 15,000	gpa.				
For large	e systems	vou must indicate e	ither "ves" or "i	no" to each of	the following, in addition to the		
	s in Section		itiloi yoo oi i	10 10 00011 01	are renewing, in addition to the		
Yes	No						
_	_						
		the system is with	nin 400 feet of	a surface drini	king water supply		
		the system is with	nin 200 feet of	a tributary to a	surface drinking water supply		
					rea (Interim Wellhead Protection		
		Area – IWPA) or	a mapped Zon	e II of a public	water supply well		
If you ha		red "yes" to any ques			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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Commonwealth of Massachusetts

#88 High Point Road

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Ad	dress				14/3 (
James Ho					
Owner's Nar	me				
Amherst			MA	01002	July 31, 2010
City/Town			State	Zip Code	Date of Inspection
C. Che	cklist			- 	
Check	k if the follow	wing have been done.	. You must inc	licate "yes" or	'no" as to each of the following:
Yes	s No				
\boxtimes		Pumping informati	ion was provid	ed by the owne	er, occupant, or Board of Health
	\boxtimes	Were any of the sy	ystem compon	ents pumped o	out in the previous two weeks?
	\boxtimes	Has the system re	ceived normal	flows in the pr	evious two week period?
	\boxtimes	Have large volume this inspection?	es of water bee	en introduced t	o the system recently or as part of
\boxtimes		Were as built plan available note as I		n obtained and	examined? (If they were not
\boxtimes		Was the facility or	dwelling inspe	ected for signs	of sewage back up?
\boxtimes		Was the site inspe	ected for signs	of break out?	
\boxtimes		Were all system c	omponents, ex	cluding the SA	AS, located on site?
			condition of the	e baffles or tee	ened, and the interior of the tank s, material of construction, d depth of scum?
					nt from owner) provided with urface sewage disposal systems?
		The size and local been determined l		oil Absorption	System (SAS) on the site has
\boxtimes		Existing information	on. For examp	le, a plan at the	Board of Health.
\boxtimes		Determined in the	field (if any of	the failure crite	eria related to Part C is at issue

approximation of distance is unacceptable) [310 CMR 15.302(5)]

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Commonwealth of Massachusetts

8 High Point Road							
ner's Name				-15-16-16			
herst	MA	01002	July 31, 20	10			
r/Town	State	Zip Code	Date of Inspec	tion			
System Information							
Residential Flow Conditions:							
Number of bedrooms (design):	3 ????	Number of be	edrooms (actual):		3		
DESIGN flow based on 310 CMR 15.20	03 (for examp	le: 110 gpd x	# of bedrooms):		330	???	?
Number of current residents:					2		
Does residence have a garbage grinde	r?				Yes	\boxtimes	No
Is laundry on a separate sewage system	m? [if yes sep	arate inspect	ion required]		Yes	\boxtimes	No
Laundry system inspected?				\boxtimes	Yes		No
Seasonal use?					Yes	\boxtimes	No
Water meter readings, if available (last	2 years usage	e (gpd)):		No	ne Av	/ailal	ole
Sump pump?					Yes	\boxtimes	No
Last date of occupancy:						201	0
Commercial/Industrial Flow Condition	ons:						
Type of Establishment:							
Design flow (based on 310 CMR 15.20	3):	Gallor	s 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 T	itle 5 system?	?			Yes		No
Water meter readings, if available:			***************************************				
Last date of occupancy/use:		Date			-11		
Other (describe):							
	perty Address mes Hornick her's Name sherst /Town Residential Flow Conditions: Number of bedrooms (design): DESIGN flow based on 310 CMR 15.20 Number of current residents: Does residence have a garbage grinde Is laundry on a separate sewage syste Laundry system inspected? Seasonal use? Water meter readings, if available (last Sump pump? Last date of occupancy: Commercial/Industrial Flow Condition Type of Establishment: Design flow (based on 310 CMR 15.20) Basis of design flow (seats/persons/sq.) Grease trap present? Industrial waste holding tank present? Non-sanitary waste discharged to the Tall Water meter readings, if available: Last date of occupancy/use:	perty Address mes Hornick her's Name wherst Mane was a grown of the design of the second was a garbage grinder? Design flow based on 310 CMR 15.203 (for examp Number of current residents: Does residence have a garbage grinder? Is laundry on a separate sewage system? [if yes sept Laundry system inspected? Seasonal use? Water meter readings, if available (last 2 years usage Sump pump? Last date of occupancy: Commercial/Industrial Flow Conditions: Type of Establishment: Design flow (based on 310 CMR 15.203): Basis of design flow (seats/persons/sq.ft., etc.): Grease trap present? Industrial waste holding tank present? Non-sanitary waste discharged to the Title 5 system? Water meter readings, if available: Last date of occupancy/use:	perty Address nes Hornick ner's Name her's Name her's Name her's Name her's Manue her's Manue her's Name her's	perty Address nees Hornick her's Name wherst / Town	perty Address meres Hornick ner's Name hierst Town State MA O1002 July 31, 2010 Date of Inspection System Information Residential Flow Conditions: Number of bedrooms (design): DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): Number of current residents: Does residence have a garbage grinder? Is laundry on a separate sewage system? [if yes separate inspection required] Laundry system inspected? Seasonal use? Water meter readings, if available (last 2 years usage (gpd)): Sump pump? Last date of occupancy: 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? Industrial waste holding tank present? Water meter readings, if available: Last date of occupancy/use: Date	perty Address mers Hornick her's Name herst // Town State Zip Code Date of Inspection System Information Residential Flow Conditions: Number of bedrooms (design): 3 ???? Number of bedrooms (actual): 3 DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 4 Number of current residents: 2 Does residence have a garbage grinder? yes Is laundry on a separate sewage system? [if yes separate inspection required] Yes Laundry system inspected? yes Seasonal use? yes Water meter readings, if available (last 2 years usage (gpd)): None Available (last 2 years usage (gpd)): None Available (last 2 years usage (gpd)): Sump pump? yes Commercial/Industrial Flow Conditions: Type of Establishment: Gallons per day (gpd) Gallons per day (gpd) yes Basis of design flow (seats/persons/sq.ft., etc.): Gallons per day (gpd) yes Industrial waste holding tank present? yes Vater meter readings, if available: Last date of occupancy/use: Date	mery Address mess Hornick mer's Name herst

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Commonwealth of Massachusetts

#88 High Point R Property Address	oad			
James Hornick				
Owner's Name				
Amherst		MA	01002	July 31, 2010
City/Town		State	Zip Code	Date of Inspection
D. System I	nformation (cont.)	nul (1)	*1	
	Gene	ral Infor	mation	
Pumping Re	cords:			
Source of information:			e Owner Recor	ds - Dated 6/17/2010
Was system (oumped as part of the inspection	on?		☐ Yes ⊠ No
If yes, volume	e pumped:	900 C	Gallons	
How was qua	ntity pumped determined?	See A	Attached Pump	ing Records
Reason for po	umping:	Routi	ne Pumping - L	ast Pumped 4 Years Ago
Type of Syst	em:			
\boxtimes	Septic tank, distribution box	, soil abs	orption system	
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no) (if yes, at	ach previous ir	nspection records, if any)
	Innovative/Alternative techn maintenance contract (to be inspection of the I/A system	obtained	from system of	owner) and a copy of latest
	Tight tank. Attach a copy of	the DEP	approval.	
	Other (describe):			
Approximate :	age of all components, date ins	stalled (if	known) and so	urce of information:
	& Septic >>>25+ Years , D-Bo			
CONTRACT I IPING	G 00010 20 1 16015 , D-00	A 4	10013 1/-, 0/10	years
Were sewage	odors detected when arriving	at the site	e?	☐ Yes ⊠ No

	<i>y</i>			



Commonwealth of Massachusetts

	High Point Road					
-	erty Address nes Hornick					
_	er's Name					
Am	herst		MA	01002	July 31,	2010
-	Town	9-	State	Zip Code	Date of Ins	
D.	System Info	ormation (cont.)			
	Building Sewer	(locate on site plan):				
	Depth below grad	de:			1'-6" feet	
	Material of const	ruction:				
	ast iron	☐ 40 PVC	⊠ other (e	explain):	4" Orangeburg	Pipe
Distance from private water supply well or suction line:				э:	80' feet	
	Comments (on c	ondition of joints, ver	nting, evidence o	of leakage,	etc.):	
		neowner have the Or ank and septic tank t				40 PVC soil pipe from is on-going.
	Septic Tank (loc	cate on site plan):				
	Depth below grad	de:			1'-0" feet	
	Material of const	ruction:				
	□ concrete	metal metal	☐ fiberglas	ss 🗌	polyethylene	other (explain)
	Concrete Inlet &	Outlet Baffles in-place	ce			
	If tank is metal, li	ist age:			years	H-0-1007
	Is age confirmed	by a Certificate of C	ompliance? (atta	ach a copy	of certificate)	☐ Yes ☐ No
	Dimensions:				9'-9"l x 4'-10"	d x 5'-0"w
	Sludge depth:				None Obser	ved
	Distance from to	p of sludge to bottom	n of outlet tee or	baffle	3'-10"	
	Scum thickness				<1"	
	Distance from to	p of scum to top of o	utlet tee or baffle	Э	19"	
	Distance from bo	ottom of scum to bott	om of outlet tee	or baffle	17"	
	How were dimen	sions determined?			Field Measur	ed

			, i
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Commonwealth of Massachusetts

	B High Point Road perty Address					
	nes Hornick					
-	ner's Name					
	herst		MA	0100		1, 2010
City	/Town		State	Zip Co	ode Date of	Inspection
D.	System Info	rmation (cont	:.)			
K	liquid levels as related The Inlet & Outlet Sch. 40 PVC inlet the soil piping repail longevity of the expelow the flowline 1,500 gallons and	ated to outlet inver baffles are showin and outlet tees be airs are made. Als isting S.A.S. Note of the tank and Ou sets close to level	t, evidence of leading signs of deterior installed per 310 to, recommend ares: The bottom of telt tee approximatel tee approximatel.	kage, e pration s CMR 1 n outlet the pro nately 20	tc.): so recommended 5.000 requireme effluent filter be i posed Inlet tee s 0" below. The ex	tion, structural integrity, to home owner that 4" ents at the same time as installed to maximize shall be a minimum 10" disting spetic tank is
	Grease Trap (loca	ate on site plan):				
	Depth below grade	9 :			feet	
	Material of constru	iction:				
	concrete	☐ metal	☐ fiberglas	SS	polyethylene	other (explain):
	Dimensions: Scum thickness					
	Distance from top	of scum to top of o	outlet tee or baffle)		
	Distance from bott	tom of scum to bot	tom of outlet tee	or baffle) ———	
	Date of last pumpi	ng:			Date	
		mping recommend ated to outlet inver			ee or baffle condi	tion, structural integrity,
ī					ž	
A	Tight or Holding	Tank (tank must b	e pumped at time	of insp	ection) (locate of	n site plan):
	Depth below grade	9:				
	Material of constru	uction:				
	concrete	☐ metal	☐ fibergla	SS	polyethylene	e other (explain):
		,				The second secon



Commonwealth of Massachusetts

#88 High Point Road					
Property Address					
James Hornick					
Owner's Name	(8) (8)				
Amherst	MA	01002	July 31, 2		
City/Town	State	Zip Code	Date of Insp	ection	
D. System Information (con Tight or Holding Tank (cont.) Dimensions: Capacity: Design Flow: Alarm present: Alarm level: Date of last pumping: Comments (condition of alarm and		gallons gallons per day Yes Alarm in working Date c.):	No g order:] Yes	□ No
* Attach copy of current pumping of Distribution Box (if present must lead to be a second control of the contro] Yes	□ No
Distribution Dox (ii present mast i	be opened) (lood				
Depth of liquid level above outlet in	vert	0"	vanita e e e e e e e e e e e e e e e e e e e		4
Comments (note if box is level and evidence of leakage into or out of b	distribution to ou	tlets equal, any	evidence of s	olids car	ryover, an
Precast Concrete D-Box was repla No evidence of leakage, D-Box set Outlet levelers were adjusted to ba	s close to level. 2	of 6 D-Box out	tlet knockouts	utilized.	ying over, (2) E-Z
*					
Pump Chamber (locate on site pla	an):				
Pumps in working order:			☐ Yes	□ N	0
Alarms in working order:			☐ Yes	□ N	0

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			W.



Commonwealth of Massachusetts

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8 High Poin	t Road				
operty Address					
mes Hornic	k .				
nherst		MA	01002	July 31, 20	010
y/Town		State	Zip Code	Date of Inspe	
. Systen	n Information (cont.)				
Comment	s (note condition of pump chamb	per, conditi	on of pumps ar	nd appurtenand	ces, etc.):
	orption System (SAS) (locate or	n site plan,	excavation not	t required):	
Type:					
	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries		number:		***************************************
	leaching trenches		number,	length:	
\boxtimes	leaching fields		number,	dimensions:	20' x 20 ' +/-
	overflow cesspool		number:		-
	innovative/alternative syste	em			

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



No signs of breakout or hydraulic failure. No damp soils conditions noticed. Existing ground is disturbed from house renovation work, no surface vegetation over field.

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Commonwealth of Massachusetts

	8 High Point Road perty Address			
	mes Hornick			
	ner's Name			W. V. GAN, 1995 HOS
AND RESIDENCE PROPERTY.	nherst //Town	MA State	01002 Zip Code	July 31, 2010 Date of Inspection
Oits	, rown	Otate	Zip Gode	Date of hispection
D	System Information (conf	·)		
11.1				
VIA	Cesspools (cesspool must be pump	ed as part of ins	pection) (locate	e 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, sigetc.):	gns of hydraulic	failure, level of	ponding, condition of vegetation,
A	Privy (locate on site plan):			
	Materials of construction:	1	V-V	
	Dimensions	1		
	Depth of solids	-		
	Comments (note condition of soil, signetc.):	gns of hydraulic	failure, level of	ponding, condition of vegetation
		1		

			× ×



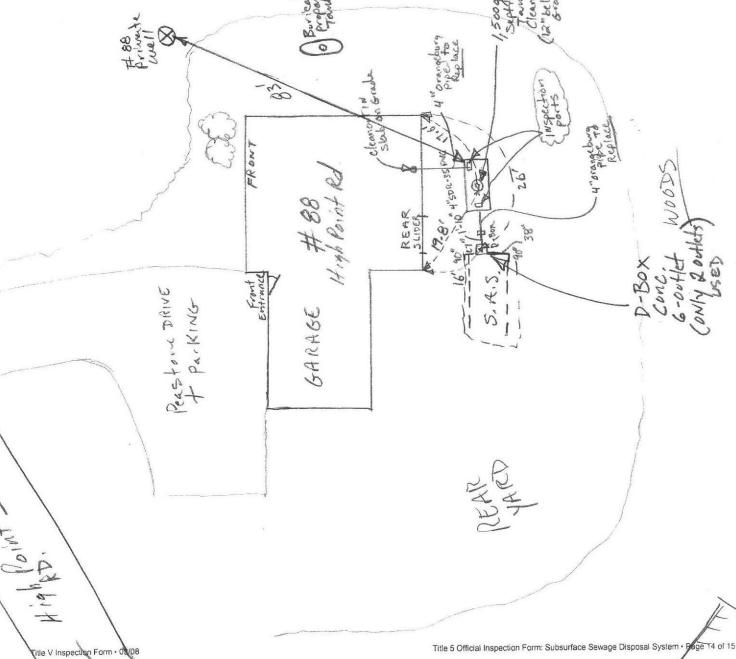
Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form Not for Voluntary Assessments

Property Address Owner's Name City/Town

D. System Information (cont.)

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



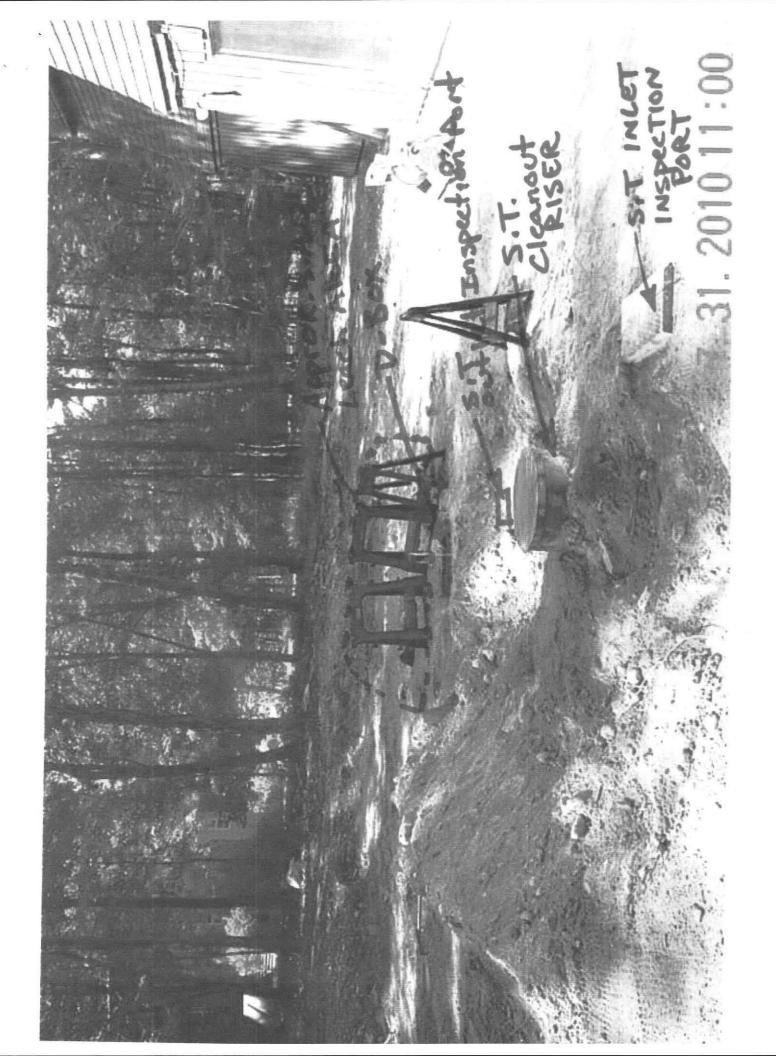
	. *



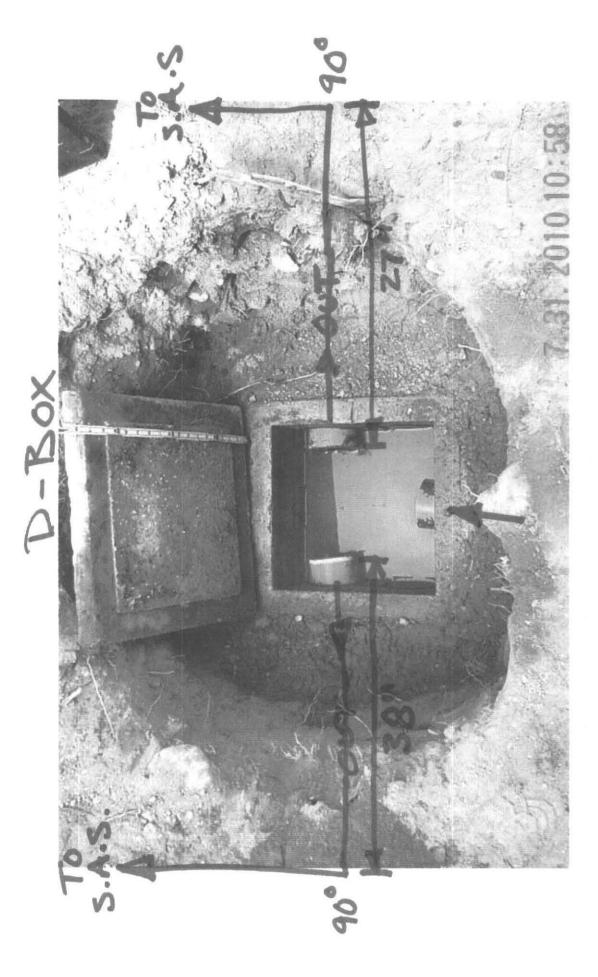
Commonwealth of Massachusetts

_	8 High Point	t Road			
	perty Address				
2000	mes Hornick ner's Name				
	nherst		MA	01002	July 31, 2010
_	y/Town		State	Zip Code	Date of Inspection
D	. System	Information (cont.)			tile servere de la companya del companya del companya de la compan
	Site Exam	:			
		Slope			
	Surface Surface	e water			
		cellar			
	⊠ Shallo	w wells			
	Estimated	depth to high ground water:		4'+ feet	
	Please ind	icate all methods used to dete	ermine the hi	gh ground wate	er elevation:
	\boxtimes	Obtained from system design	gn plans on re	ecord	
		If checked, date of design p	lan reviewed	Previous 6/9/2006	s Title V Inspection Report
	\boxtimes	Observed site (abutting pro	perty/observa	ation hole within	n 150 feet of SAS)
		Checked with local Board o	f Health - exp	olain:	
		Checked with local excavat	ors, installers	- (attach docu	mentation)
	Accessed USGS database - explain:				
		Web Soil Survey for #88 High	gh Point Rd.,	Amherst MA	
	You must	describe how you established	d the high gro	ound water elev	vation:
-	topography instrument	y, and vegetation. 3. Wetland level to be approximately 10	d elevation ac	ross from drive te elevation. 4	ed water level on on-site data, eway entrance checked by . USDA Web Soil Survey indicates oth to water table typically greater

				3 10 3



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QUABBIN ANALYTICAL LABORATORY, INC. P.O. BOX 1192, 9 STADLER STREET BELCHERTOWN, MA 01007-1192 413-323-7134 FAX 413-323-5033

7-07-10

James Hornick 88 High Point Dr Amherst, MA 01002

7-6-10

17 Item Scan @

88 High Point Dr Amherst, MA 01002 \$95.00

Please make check payable to:

Quabbin Analytical Laboratory, Inc. 9 Stadler Street, P.O. Box 1192 Belchertown, MA 01007-1192



Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	James Hornick	Sample Date:	7-5-10
Address:	88 High Point Dr.	Report Date:	7-7-10
	Amherst, MA 01002	Collected By:	Mt.Springs Pump
Sample Location:		Type Supply:	Well
	88 High Point Dr.	Sample No.:	QAL-9121
	Amherst, MA 01002	Lab ID#:	M-02454

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	Absent	Present or Absent
Fecal Coliform Bacteria	Absent	Present or Absent
Nitrite V	0	1.0 mg/l
Nitrate V	0.1	10.0 mg/l
pH	7.31	6.5-8.5
Alkalinity	106.0	No Limit
Iron	*2.75	.30 mg/l
Manganese	*.71	.05 mg/l
Copper	.04	1.3 mg/l
Sulfate	19.0	250 mg/l
Chloride	12.5	250 mg/l
Hardness	140.0	No Limit
Conductivity	270.0	No Limit
Total Dissolved Solids	178.2	500 mg/l
Turbidity	*46.8	5 NTU
Chlorine	0	No Limit
Sodium	6.08	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Iron, Manganese & Turbidity, the sample was found to be within acceptable levels for D.E.P. Drinking Water Standards. If there are any questions on this report, please do not hesitate to call this office.

David Fredenburgh, Director

Adair Construction
ADAIR CONSTRUCTION
89 Potwine Lane
Amherst, MA 01002
413-253-9925

Bill To:	
James Homick	
33 Meadow Street	
Amherst, MA 01002	

Date	Invoice No.	P.O. Number	Terms	Project
06/17/10	5081	617-818-007	Due on receipt	

Item	Item Description		Rate	Amount
	6/17/2010 Thursday Pump septic tank @ 88 Highpoint Drive, Amherst			7
11001	Septic tank pumping, waste water removal for 1000 gallon tank	1	140.00	140.00
11006	Disposal fee @ Amherst Waste Water Treatment @ 0.15 cent per gallon	900	0.15	135.00
	Pard 6/22			
1.5% Interest			Total	\$275.00

	. *
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8.	

COMMONWEALTH OF MASSACHUSETTS Board of Health, Runest, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMITS

Location SS HIGH COCAT DR	Owner's Name There Janoff
Location 88 High Beat DR Map Parcel#	Address 78 High Point
Los#	Telephone# 253 - Z885
V 15 6	Designer's Name A a West S
May excavering	That was
Telephonet SVS-5396	BLACITAL , NA
Residual Residual	1стерпапен 3735954
Type of Brotong	Lot Size eg. ft.
Dwelling - No. of Bedrooms 486	Garbage grinder (45
	No. of persons Showers (), Cafeteria ()
Other Fixtures Design Flow (min. required) — end Calculated	· - 0
	design flow Design flow provided gpd Revision Date
. (01)	KCABOU DESC
Description of Soil(s)	
oi) Enduator Form No. Name of Soil Evalu	Date of Evaluation
\sim 0	
DESCRIPTION OF REPAIRS OR ALTERATIONS <u>D</u> 13	ox replaced only at littles
nsper dons	
CUMMUNWEALIH	OF MASSACHUSETTS Plan out C Wittyle
CUMMUNW EALTH Board of Realth,	. MA.
Board of Health, ACCEPTIFICATE O	OF COMPLIANCE
CUMMUNW EALTH Board of Realth, CERTIFICATE Of Reactiffication of Work: Brindwidth Components) D Complete S	OF COMPLIANCE System
COMMONW EALTH Board of Realth, CERTIFICATE Of cacciption of Work: Dindividual Component(s) D Complete S the undersigned hereby certify that the Sewage Disposed System: Co	OF COMPLIANCE System
COMMONW EALTH Board of Realth, CERTIFICATE Of Complete State of Work: Dindividual Component(s) D Complete State of Work: Dindividual Component(s) D Complete State of Complete State of Component (s) Disposed System: Complete State of Component (s) Disposed System: Component (s)	OF COMPLIANCE System
COMMONWEALTH Board of Health, CERTIFICATE Of the understanged hereby certify that the Sewage Disposed System: Complete Sewage Disposed System: Company of the Company of	OF COMPLIANCE System : onstructed (), Repaired (), Upgraded (), Abandoned () i.00 (Title 8) and the approved design plane/as-built plans relating to
Board of Health, CERTIFICATE Of the undersigned hereby estudy that the Sewage Disposed System: Converted to the undersigned hereby estudy that the Sewage Disposed System: Converted to the sewage Disposed System: Converted Syst	OF COMPLIANCE System: onstructed (), Repaired (), Upgraded (), Abandoned () i.00 (Title 8) and the approved design plans/as-built plans relating to
CIMMON WEALTH Board of Health, CERTIFICATE Of the undersigned hereby certify that the Sewage Disposed System: Complete Sewage Disposed S	OF COMPLIANCE System : onstructed (), Repaired (), Upgraded (), Abandoned () i.00 (Title 8) and the approved design plane/as-built plans relating to
Board of Realth, CERTIFICATE Of the undersigned hereby certify that the Sewage Disposed System; Constitution of the undersigned hereby certify that the Sewage Disposed System; Constitution of the undersigned hereby certify that the provisions of 310 CMR 15 as here installed in accordance with the provisions of 310 CMR 15 applications of the undersigned dated hereby certifications. Inspector:	OF COMPLIANCE System onstructed (), Repaired (T. Upgraded (), Abandoned () i.00 (Title 5) and the approved design plans/as-built plans relating to d Design Flow
Board of Realth, CERTIFICATE Of the undersigned hereby certify that the Sewage Disposed System: Constitution of Secretary that the Sewage Disposed System: Constitution of Secretary that the provisions of S10 CMR 15 as here installed in accordance with the provisions of S10 CMR 15 applications of S10 CMR 15 applicati	OF COMPILANCE System onstructed (), Repaired (). Upgraded (), Abandoned () i.00 (Title 5) and the approved design plans/as-built plans relating to d Design Flow
CARTIFICATE O CRETIFICATE O CRETIFICATE O Complete S the undersigned hereby certify that the Sewage Disposed System; Complete S as been installed in accordance with the provisions of 310 CMR 15 control of the permit shall not be construed as a guarantee the	OF COMPLIANCE System onstructed (), Repaired (), Upgraded (), Abandoned () i.00 (Title 5) and the approved design plane/as-built plans relating to d Design Flow (gpd) Date: 6-9-06
Board of Health, CERTIFICATE Of Complete State and Components of Complete State and Components of Complete State and Components of Complete State and Components of Complete State and Components of Complete State and Components of Complete State and Components of Com	OF MASSACHUSETTS
Board of Health, CERTIFICATE Of Complete State and installed in accordance with the provisions of 310 CMR 15 and installed	OF MASSACHUSETTS
COMMONWEALTH Board of Realth, CERTIFICATE Concernition of Work: Diadvidual Component(s) Description of Work: Diadvidual Component(s) Description of Work: Diadvidual Component(s) Description of Work: Diadvidual Component(s) Disposed System: Construct of Composed System: Construct of Composed System: Construct of Commonwealth of	OF MASSACHUSETTS OF MASSACHUSETTS ON COMPILANCE System ON MASSACHUSETTS ON STRUCTION PERMIT
Doard of Health, CERTIFICATE Content of Work: Dindividual Component(s) Description of Work: Dindividual Component(s) Description of Work: Dindividual Component(s) Description of System: Content of State of Sta	OF MASSACHUSETTS OF MASSACHUSETTS ON MASSACHUSETTS ON STRUCTION PERMIT Described in the application for
COMMONWEALTH Board of Health, CERTIFICATE Of the undersigned hereby certify that the Sewage Disposed System: Complete State in a contract with the provisions of 310 CMR 15 are here installed in accordance with the provisions of 310 CMR 15 are here installed in accordance with the provisions of 310 CMR 15 are here installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are here is under the installed in accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 310 CMR 15 are hereby accordance with the provisions of 31	OF MASSACHUSETTS OF MASSACHUSETTS ON MASSACHUSETTS
Board of Realth, CERTIFICATE Of Complete State and the andersigned hereby certify that the Sewage Disposed System; Complete State and the provisions of 310 CMR 15 pplications of 310 CMR 15 pplication	OF MASSACHUSETTS OF MASSACHUSETTS ON MASSACHUSETTS ON MA. ONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal system as described in the application for the dare of this permit. All local conditions must be met.

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TITLE 5

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

Property Address: 88 Highpoint Drive, Amherst

Owner's Name: Irene Janoff C/O Attorney Michael Shea Bulman, 79 S. Pleasant St.

Address:

Amherst, MA 01002

Date of Inspection: June , 2006 (original)

Name of Inspector: Alan E. Weiss, R.S # 933

Company Name: Cold Spring Environmental Inc.

Mailing Address: 350 Old Enfield Road
Belchertown, Massachusetts 01007

Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

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

XX Passes

Conditionally Passes

Needs Further Evaluation by the Local Approving Authority

Fails

Inspector's Signature: Date: June 9, 2006 Revised

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:

Home was occupied by 1 persons. D. Box was replaced and reinspected by inspector.

SAS EL 4577- Years old. Septic tank has third a numer darkes in place. To liquid in
stone or signs of failure noted. System Now PASSES with new D. Box. Passing
water test of well water is also provided as well is 100'+/- feet away...

****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.

			 •

CERTIFICATION (continued)

Prope	erty Address: 88 Bighpoint Drive	
	of Inspection: June 9, 2006	19.4
C. F	urther Evaluation is Required by the Board of Health:	= 1
	Conditions exist which require further evaluation by the Bos n is failing to protect public health, safety or the environment.	ard of Health in order to determine if th
1.	System will pass unless Board of Health determines in acc that the system is not functioning in a manner which will environment:	
	Cesspool or privy is within 50 feet of a surface water Cesspool or privy is within 50 feet of a bordering vegeta	ted wetland or a salt marsh
2.	System will fail unless the Board of Health (and Public W that the system is functioning in a manner that protects the public	
	The system has a septic tank and soil absorption system of a surface water supply or tributary to a surface water supply	
	The system has a septic tank and SAS and the SAS is wis supply.	thin a Zone 1 of a public water
	The system has a septic tank and SAS and the SAS is with well.	thin 50 feet of a private water supply
	The system has a septic tank and SAS and the SAS is left on a private water supply well**. Method used to determine	
	* "This system passes if the well water analysis, performed at a bacteria and volatile organic compounds indicates that the well mointy and the presence of animona introgen and intrate introprovided that no other failure criteria are triggered. A copy of form,	l is free from pollution from that gen is equal to or less than 5 ppm,
3.	Other:	

CERTIFICATION (continued)

Property Address: 88 Highpoint Drive	
Owner: Janoff	
Date of Inspection: June 9, 2006	78.5%
,	
D. System Failure Criteria applicable to all systems:	
You must indicate "yes" or "no" to each of the following for all inspections	
Total attings indicate yes of the content of the content of the	
Yes No	
m i c i c iii c iii a la l	clogged SAS or cesspool
Di I C. Mund to the numbers of the mound or surface win	sters due to an overloaded or
z Discharge of ponding of extitient to the surface of the ground of surface was	
	rloaded or clopped SAS or
Static liquid level in the distribution box above outlet invert due to an over cesspool	
7: 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	s less than 1/2 day flow
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or obstructed pipe(s). Number of
times pumped	or confidence by before
x Any portion of the SAS, cesspool or privy is below high ground water elev	ation
C 1 mining 100 God - Co and construction	ly or tributary to a surface water
supply.	,
Any portion of a cesspool or privy is within a Zone 1 of a public well.	
t i C - 1 - i - i - i - i - i - i - i - i - i	ly well
1) feet from a private water supply
well with no acceptable water quality analysis. [This system passes if the	well water analysis
well with no acceptable water quarty analysis, I has system passes in the	alatila arganic romnounds
performed at a DEP certified laboratory, for coliform bacteria and v	presence of emmonic nitrogen
indicates that the well is free from pollution from that facility and the	wher failure criteria are
and nitrate nitrogen is equal to or less than 5 ppm, provided that no	Muci landie citteria are
triggered. A copy of the analysis must be attached to this form.]	
NO (N. Al.) The section of the Advantage of the Aller of	he shows failure criteria eviet
NO (Yes/No) The system fails. I have determined that one or more of t	he above randie criteria cost
as described in 310 CMR 15.303, therefore the system fails. The s	
the Board of Health to determine what will be necessary to correct	t the failure.
E. Large Systems:	
To be considered a large system the system must serve a facility with a de-	sign 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)	
The following criteria apply to large systems in addition to the criteria above:	
124/SUZ SAMMI	
yes no	
the system is within 400 feet of a surface drinking water supply	
1	
the system is within 200 feet of a tributary to a surface drinking water supply	
	nima) as a manual
the system is located in a nitrogen sensitive area (Interim Wellhead Protection	Arca - JWPA) or a mapped
Zone II of a public water supply well	
f you have unswered "yes" to any question in Section E the system is considered a signifi	cant threat, or answered yes in
Section D above the large system has failed. The owner or operator of any large system	considered a significant invest
under Section E or failed under Section D shall upgrade the system in accordance with 3	10 CMER 15.304. The system
owner should contact the appropriate regional office of the Department.	

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Property Address: 88 Highpoint Drive	Negation is
Owner: Janoff Date of Inspection: June 9, 2006	
Check if the following have been done You must indicate "yes" or "vo" 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 ? * or	ily one person*
<u>ves</u> _ 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 t	his inspection?
YES Were as built plans of the system obtained and examined? (If they were not avail-	able note as N/A)
wes 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 inspect the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and	
yes Was the facility owner (and occupants if different from owner) provided with informaintenance of subsurface sewage disposal systems?	mation on the proper
The size and location of the Soil Absorption System (SAS) on the site based on;	as been determined
Yes no	
Existing information. For example, a plan at the Board of Health.	
<u>yes</u> Determined in the field (if any of the faulure criteria related to Part C is at issue an unacceptable) [310 CMR 15.302(3)(b)]	proximation of distance is

			c

The state of the s	Search
Property Address: 88 Highpoint Drive	
Owner: Janoff	*
Date of Inspection: June 9, 2006	
FLOW CONDITIONS	•
RESIDENTIAL	
Number of bedrooms (design): _?? 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	18
Does residence have a garbage grinder (yes or no): YES *GRINDERS ARE NOT RECOMME	ENDEDI
Is laundry on a separate sewage system (yes or no): *no [if yes separate inspection required]	
Laundry s, stem inspected (yes or no): n/a	
Seasonal use: (yes or no): <u>NO</u>	
Water moter readings, if available (last 2 years usage (gpd)): Na	
Sump punip (yes or no): NO	
Last date of occupancy: current ** Only 1 person ***	
COMMERCIAL/INDUSTRIAL	
Type of establishment: N/A	
Design flew (based on 310 CMR 15.203):gpd	
Basis of design flow (seats/persons/sqft,ctc.):	
Grease trap present (yes or no):	
Industrial waste holding tank present (yes or no):	
Non-samitary waste discharged to the Title 5 system (yes or NO):	
Water meter readings, if available:	_
Last date of occupancy/use:	
OTHER (describe)	
GENERAL INFORMATION	
Pampini; Records	
Source of information: (owner & Inspection)	
Was system pumped as part of the inspection (YES or no): YES)	
If yes, volume pumped: 1.500 gallons - How was quantity pumped determined? Measured	
Reason for pumping: TIME	
TYPE OF SYSTEM	
x Septia 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 of	ontract (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: 25 year	s+/-

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Property Address: 88 Highpoint Drive Owner: Janoff	Track.
Date of Inspection: June 9, 2006	À
BUILDING SEWER (locate on site plan)	
Depth below grade: 12" Materials of construction:cast iron40 PVCother (explain): _Orangeburg Distance from private water supply well or suction line; 10'+ Comments (on condition of joints, venting, evidence of leakage, etc.):	
SEPTIC TANK: Yes(locate on site plan)	
Depth below grade: _12" Material of construction: X concretemetalfiberglasspolyethylene other(explain)	
If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or recopy of certificate) Dimensions: _4.5'wx \(\frac{6}{2}5'\)\(\frac{1}{2}\)\(\frac{4.5'd}{4.5'd}\)\(\frac{(Under deck)}{4.5''}\) Sludge dopth: _1''	no): (attach a
Distance from top of sludge to bottom of outlet tee or baffle:46" Scum thickness:1"	
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:10" How were dimensions determined:MEASURED	
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, struevels as related to outlet invert, evidence of leakage, etc.): <u>TANK CONDITION</u> was ok with baffles in place	ctural integrity, liquid
GREASE TRAP: N/A (locate on site plan)	
Deput below grade Material of construction:concretemetalfiberglasspolyethyleneothe (explain):	था .
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:	
Commerts (on pumping recommendations, inlet and outlet tee or baffle condition, structurely as related to outlet invert, evidence of leakage, etc.):	ctural integrity, liquid

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	*	

Property Address: 88 Highpoint Drive	
Owner: Janoff	ž
Date of Inspection: June 9, 2006	
TIGHT or HOLDING TANK:(tank must be pumped at time of inspection)(la	ocate on site plan)
Depth be ow grade:	ather(emlain)
Iviate (a) (i) ConstructionConcretemetalnoergiasspolyethylene	ouler(explain).
Dimensions: Capacity:gallons Design Flow:gallons/day	
Capacity: gallons	
Design Flow: gallons/day	
Alarm present (yes or no):	
Alarm in working order (yes or no):	
Comments (condition of alarm and float switches, etc.):	
DISTRUMUTION BOX: YES (if present must be opened)(locate on site plan)	
w 1 40 10 11 21	
Depth of liquid level above outlet invert: @ inv.	
Comments (note if box is level and distribution to outlets equal, any evidence of solids	
evidence of leakage into or out of box, etc.) New box due to weakness of concrete it	n old one
PUMP ('HAMBER: NO (locate on site plan)	
Promo in madring and a form and a NO	
Pumps in working order (yes or no): NO	
Alarms ir working order (yes or no): No	X
Comments (note condition of pump chamber, condition of pumps and appurtenances,	etc.):

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Property Address: 88 Highpoint Drive	99-
Owner: Japost	
Date of Inspection: June 9, 2006	. 7
SOIL AESORPTION SYSTEM (SAS): YES (locate on site plan, excavati	on not required)
If SAS not located explain why:	
Туре	
leaching pits, number:	
leaching chambers, number:	
leaching galleries, number:	
leaching trenches, number, length:l	
overflow cesspool, number:	
innc vative/alternative system Type/name of technology:	
Comments (note condition of soil, signs of hydraulic failure, level of ponding, d	amp soil, condition of
vegetation, etc.): No signs of failure noted, stone ok, no Groundwater or ox	ides observed in auger hole
I ft below d box, stone ok	
CESSPOOLS: N/A (cesspool must be pumped as part of inspection)(locate o	n site plan)
Number and configuration:	
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, co	ondition of vegetation, etc.):
PRIVY: _N/A (locate on site plan)	
Materials of construction:	
Dimensions:	
Depth of solids:	
Comments (note condition of soil, signs of hydraulic failure, level of ponding, co	andition of vegetation, etc.)

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SYSTEM INFORMATION (continued)

Property Address: 88 Highpoint Drive

Janoff

Date of Inspection: June 9, 2006

SKETCH OF SEWAGE DISPOSAL SYSTEM

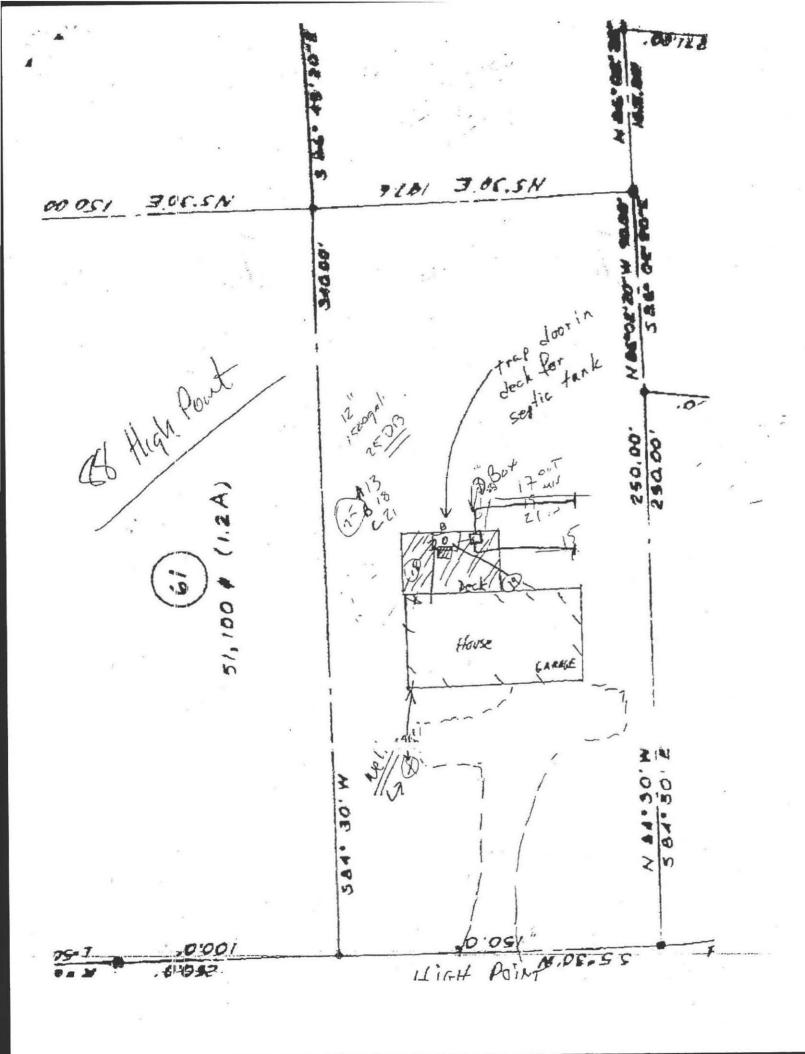
Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet Locate where public water supply enters the building.

SEE ATTACHED.

	,		

Property Address: 88 Highpoint Drive	Tru-
Owner: Janoff	
Date of Inspection: June 9, 2006	
SITE EXAM	
Slope <u>YES</u>	
Surface water	
Check cellar YES'	
Shallow wells	
3	
Estimated depth to ground water 4' feet	
Please indicate (check) all methods used to determine the high ground of the control of the checked, date of the checked site (abutting property/observation hole within 150 feet the checked with local Board of Health-explain:	design plan reviewed: _ of SAS)
Checked with local excavators, installers- (attach documentation)	
Accessed USGS database-explain:	ÿ.
You must describe how you established the high ground water elev	ation:
Water level based on on-site data & from topography & vegetation E	
wetland at end of driveway 5-6'feet lower. (across street in 1998)	xcavanon in area by inspector.
across street in 1998	L

		A
		^
	*	



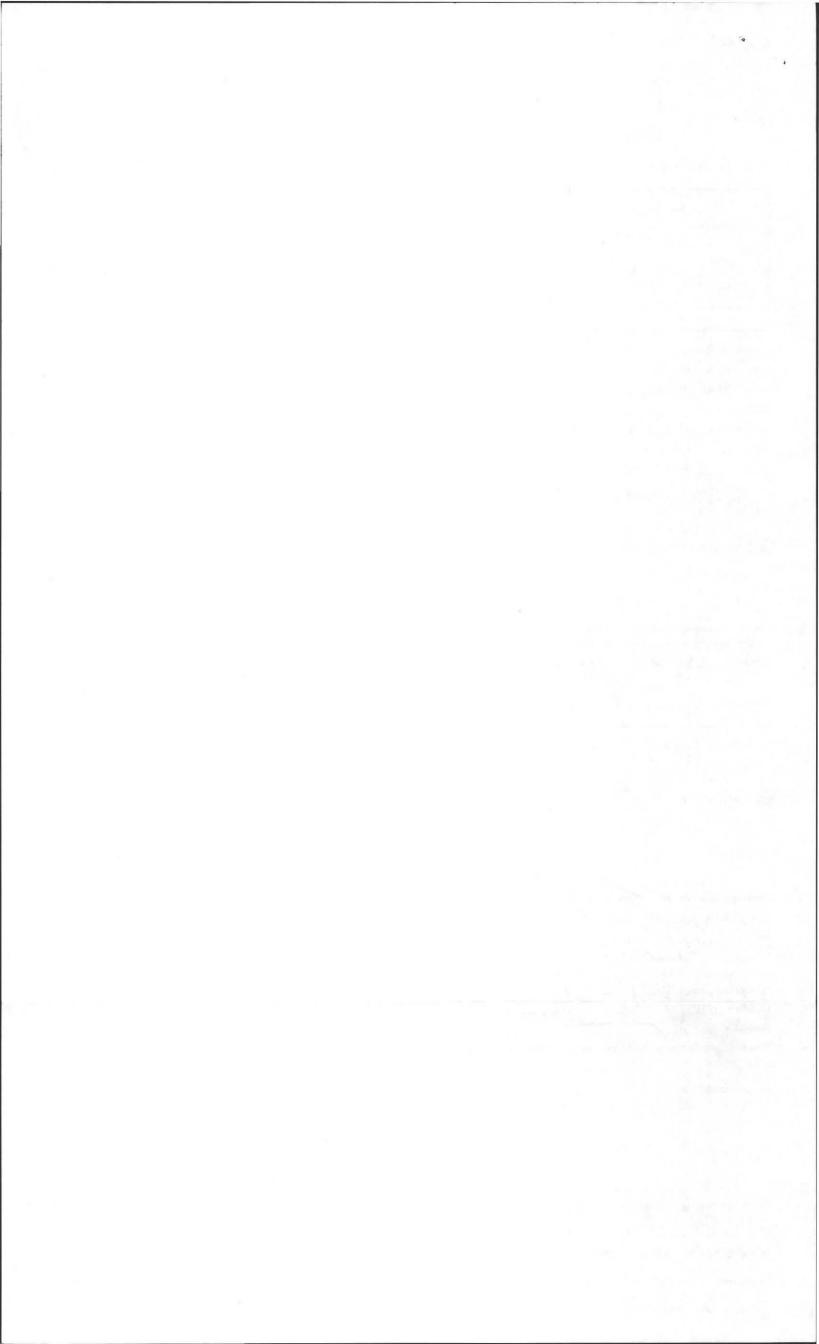
		*. .

Location 88	Construct() Repair() Upgrade() A	bandon() - 🗖 Complet	te System, 🗖 Individ	ual Components
Location 75 7	1/ 1 0 1 2 2	T A	10 AH. M.	BU Mann
	High Birt DR	[13]	gre Janof	
Map/Parcel#		Address 78	High Point	
Lot#		Telephone#	A(,)	253-2885
Installer's Name	ARL'S Excavatin	Designer's Name	Han Weiss	
Address	Hadly, me	Address	Belchertou	. MA
Telephone#	545-5396	Telephone#	373 - 5957	F135-376
Type of Building	120 I clu Cal		Lot Size	sq. ft.
	1 - 1			
Other - Type of Building		No. of		
			1	
Design Flow (min. required)	gpd Calculated of	design flow	_ Design flow pro	ovidedgpd
Plan: Date See 7.H	Number of sheets		Revision Date	
Title (Attached	d Report)			
Description of Soil(s)				
oil Evaluator Form No	Name of Soil Evalu	ator	Date of Evaluatio	n
	ORALTERATIONS DIB		ed only	at Title
JASP!	71			
				0 3 0
				.01
No. 06-11	COMMONWEALTH	OF MACCACHIIC	TETTC	ree 125 00
		1	Pla	~ outout
	Board of Health,	nkest, M	IA.	
	CERTIFICATE O	OF COMPLIANCE		
Description of Work: 🗆 Ind	ividual Component(s) Complete S	System		
he undersigned hereby cert	ify that the Sewage Disposal System; Co	onstructed (), Repaired	(), Upgraded (), A	Abandoned ()
y: 1/01/5	10:00	4		
00 11	16 1911 1 100			
88 14,5	and with the manisions of 910 CMB 15	00 (Title 5) and the		. 1 . 11 . 1
	nce with the provisions of 310 CMR 15			as-built plans relating to
	nce with the provisions of 310 CMR 15 Approved		proved design plans/ _(gpd)	as-built plans relating to
pplication Vo. 06 -//		d Design Flow	(gpd)	as-built plans relating to $-9-06$
pplication to	, dated Approved	d Design Flow	Date:	
pplication to		d Design Flow	Date:	
pplication to		d Design Flow	Date:	-9-06 FEE 125
pplication to		d Design Flow	Date:	
pplication to		d Design Flow at the system will function OF MASSACHUS	Date: 6	-9-06 FEE 125
pplication to	Inspector:	of Design Flow	Date:	-9-06 FEE 125
pplication Vo. 06 -// nstaller Designer:		of Design Flow	Date:	7-9-06

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date Board of Health

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



TITLE 5

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

Property Address: 88 Highpoint Drive, Amherst

Owner's Name: Irene Janoff C/O Attorney Michael Shea Bulman, 79 S. Pleasant St.

Address:

Amherst, MA 01002

Date of Inspection: June, 2006 (original)

Name of Inspector: <u>Alan E. Weiss, R.S # 933</u> Company Name: Cold Spring Environmental Inc.

Mailing Address: 350 Old Enfield Road

Belchertown, Massachusetts 01007

Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

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

	XX Passes
	Conditionally Passes
	Needs Further Evaluation by the Local Approving Authority
	\Fails
nector's Signature	Date: June 9, 2006 Revised

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:

Home was occupied by 1 person. D. Box was replaced and reinspected by inspector. SAS is 25+/- years old. Septic tank has inlet & outlet baffles in place. No liquid in stone or signs of failure noted. System Now PASSES with new D. Box. Passing water test of well water is also provided as well is 100'+/- feet away..

****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: 88 Highpoint Drive
Owner: Janoff
Date of Inspection: June 9, 2006
Inspection Summary: Check A,B,C,D or E / <u>ALWAYS</u> 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: No signs of failure (D. Box replaced)
System Conditionally Passes:
NO One or more system components as described in the "Conditional Pass" section need to be replace 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.
NO 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 exhibitation 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:
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:

ger Timer 3 -

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

CERTIFICATION (continued)

Property Address: 88 Highpoint Drive Owner: Janoff	
Date of Inspection: June 9, 2006	
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 system is failing to protect public health, safety or the environment.	e if the
 System will pass unless Board of Health determines in accordance with 310 CMR 15.303 that the system is not functioning in a manner which will protect public health, safety an 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) determine that the system is functioning in a manner that protects the public health, safety and environme	
The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 of a surface water supply or tributary to a surface water supply.	feet
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 su well.	pply
** The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or make from a private water supply well**. Method used to determine distance	iore
**This system passes if the well water analysis, performed at a DEP certified laboratory, for confidence 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 ppr provided that no other failure criteria are triggered. A copy of the analysis must be attached to form.	m,
3. Other:	

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

CERTIFICATION (continued)

Property Address: 88 Highpoint Drive Owner: Janoff Date of Inspection: June 9, 2006
 D. System Failure Criteria applicable to all systems: You <u>must</u> indicate "yes" or "no" to each of the following for <u>all</u> inspections:
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 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 <u>fails</u> . 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 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.

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

Property Address: 88 Highpoint Drive

Owner: Janoff Date of Largestian Aug. 2006
Date of Inspection: June 9, 2006
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:
W V
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 ? * only one person*
<u>yes</u> 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?
<u>YES</u> 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?
<u>yes</u> 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?
<u>yes</u> 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:
V.
Yes no NA Existing information. For example, a plan at the Board of Health.
<u>yes</u> 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 $\underline{\text{DISPOSAL}}$ SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION

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

SYSTEM INFORMATION (continued)

Property Address: 88 Highpoint Drive Owner: Janoff Date of Inspection: June 9, 2006
BUILDING SEWER (locate on site plan)
Depth below grade: 12" Materials of construction:cast iron40 PVCother (explain): _Orangeburg Distance from private water supply well or suction line: 10'+ Comments (on condition of joints, venting, evidence of leakage, etc.):
SEPTIC TANK: Yes (locate on site plan)
Depth below grade: _12" Material of construction: X concretemetalfiberglasspolyethyleneother(explain) If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or no): (attach a copy of certificate) Dimensions: _4.5'w x \cdot 5'l x 4.5'd (Under deck) Sludge depth: _1" Distance from top of sludge to bottom of outlet tee or baffle:46" Scum thickness: _1" 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:10" 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.):TANK CONDITION was ok with baffles in place
GREASE TRAP: N/A (locate on site plan)
Depth below grade: Material of construction:concretemetalfiberglasspolyethyleneother (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
evels 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: 88 Highpoint Drive
Owner: Janoff
Date of Inspection: June 9, 2006
TIGHT or HOLDING TANK:(tank must be pumped at time of inspection)(locate on site plan)
Depth below grade: Material of construction:concretemetalfiberglasspolyethyleneother(explain):
Dimensions:gallons
Capacity: gallons
Design Flow: gallons/day
Alarm present (yes or no):
Alarm level:Alarm in working order (yes or no):
Date of last pumping:
Date of last pumping:
DISTRIBUTION BOX: YES (if present must be opened)(locate on site plan)
Depth of liquid level above outlet invert: <u>@ inv.</u>
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.) New box due to weakness of concrete in old one.
PUMP CHAMBER: NO (locate on site plan)
Domesia condition and a (con a con). NO
Pumps in working order (yes or no): NO
Alarms in working order (yes or no): No

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

SYSTEM INFORMATION (continued)

Property Address: 88 Highpoint Drive Owner: Janoff Date of Inspection: June 9, 2006
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:)
1leaching fields, number, dimensions:20 x 20 +/- ??' (2 lines out) 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 noted, stone ok, no Groundwater or oxides observed in auger hole 1 ft. below d. box, stone ok.
CESSPOOLS: N/A (cesspool must be pumped as part of inspection)(locate on site plan)
Number and configuration: Depth - top of liquid to inlet invert:
Depth - top of liquid to inlet invert: Depth of solids layer:
Depth of sound 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: N/A (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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OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

SYSTEM INFORMATION (continued)

Property Address: 88 Highpoint Drive

Owner:

Janoff

Date of Inspection: June 9, 2006

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.

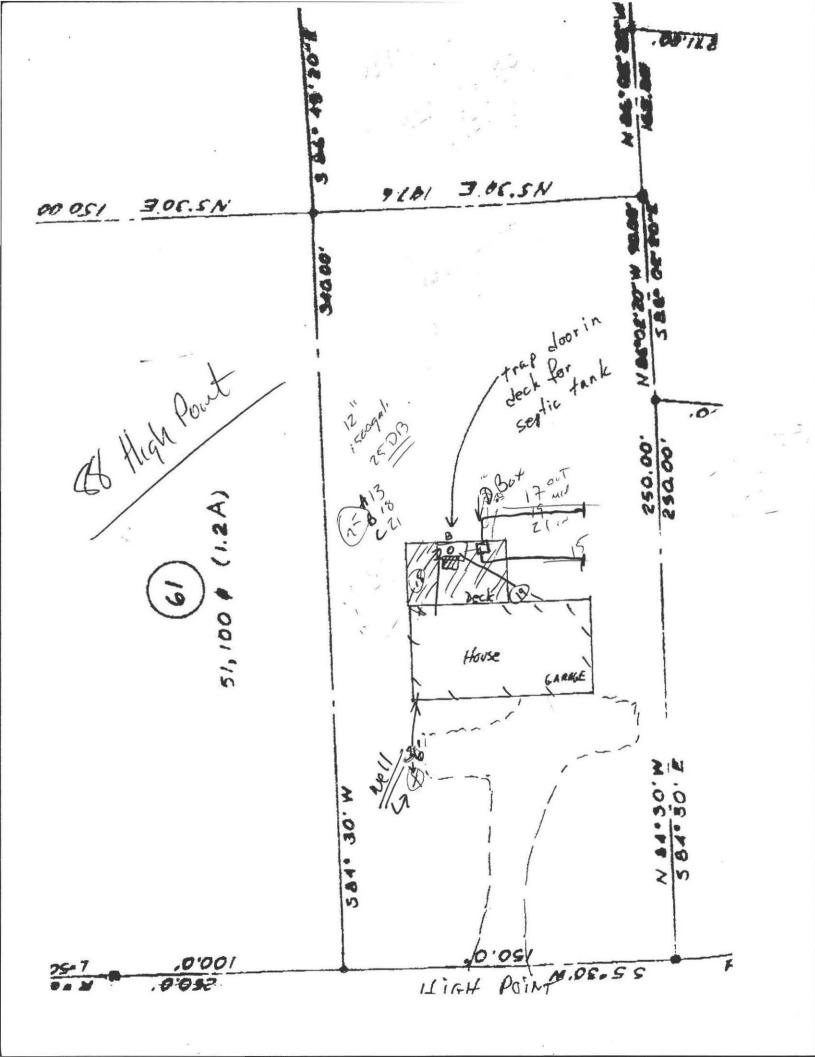
SEE ATTACHED.

of the state

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

SYSTEM INFORMATION (continued)

Property Address: 88 Highpoint Drive Owner: Janoff Date of Inspection: June 9, 2006
SITE EXAM Slope YES Surface water Check cellar YES' Shallow wells
Estimated depth to ground water 4' 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: X 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:
Water level based on on-site data & from topography & vegetation Excavation in area by inspector. wetland at end of driveway 5-6'feet lower. (across street in 1998)



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Report Date: 15-Jun-06 08:58



Final Report Re-Issued Report Revised Report

HANIBAL TECHNOLOGY

Laboratory Report

Quabbin Analytical Lab Stadler Street: P.O. Box 1192 Belchertown, MA 01007 Attn: David S. Fredenburgh

Project: 88 High Point Drive - Amherst, MA

Project [none]

Laboratory ID SA46207-01

Client Sample ID

SP5625

Matrix

Date Sampled

Date Received

Drinking Water

09-Jun-06 00:00

12-Jun-06 08:50

I attest that the information contained within the report has been reviewed for accuracy and checked against the quality control requirements for each method. All applicable NELAC requirements have been met.

Please note that this report contains 4 pages of analytical data plus Chain of Custody document(s).

This report may not be reproduced, except in full, without written approval from Spectrum Analytical, Inc.

Massachusetts Certification # M-MA138/MA1110 Connecticut # PH-0777 Florida # E87600/E87936 Maine # MA138 New Hampshire # 2538/2972 New York # 11393/11840 Rhode Island #98 USDA # S-51435

Vermont # VT-11393



Presiden/Laboratory Director

Spectrum Analytical, Inc. is a NELAC accredited laboratory organization and meets NELAC testing standards. Use of the NELAC logo however does not insure that Spectrum is currently accredited for the specific method indicated. Please refer to our "Quality" webpage at www.spectrum-analytical.com for a full listing of our current certifications.

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Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name: Michael Bulman Sample Date: 6-09-06 Address: 79 South Pleasant Street 6-16-06 Report Date: Amherst, MA 01002 Collected By: Michael Bulman Sample Location: Type Supply: Well Irene Janoff Sample No.: OAL 8046 with SP 5625 88 High Point Drive Lab ID#: M-02454 & MA-1110 Amherst, MA 01002

TITLE 5 WATER ANALYSIS

PARAMETER RESULT

COLIFORM BACTERIA Absent

NITRATE 0.2 mg/l

NITROGEN AMMONIA 0

See Volatile Organic report on next page

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Sample Identification

Client Project # Matrix Collection Date/Time Received SP5625 [none] **Drinking Water** 09-Jun-06 00:00 12-Jun-06 SA46207-01 CAS No. Analyte(s) Method Ref. Result Flag Units *RDL Dilution Prepared Analyzed Batch Analyst Volatile Organic Compounds 524.2 Purocable Organio Compounds Prepared by method SW846 5030 Water MS KS 67-84-1 Agetone 10.0 EPA 824.2 13-Jun-05 13-Jun-05 5060870 ug/i 1 107-13-1 Acrylonitrile BRL 1.0 1 149/1 71-43-2 Benzene BAL MO/ 0.8 1 108-86-1 Bromobenzene BAL ug/i 0.5 1 74-97-5 Bromochloromethane BAL US! 0.5 1 75-27-4 Bromodichloromethane BRL 0.5 1 h8y 75-25-2 Bramoform BRL Ma/ 0.5 1 74-83-0 Bromomethane BRL 0.5 1 MAY 2-Butanone (MEK) 78-93-3 BRL Mgň 10.0 1 104-51-8 n-Butylbenzene BRL UG/I 0,5 1 135-98-8 sec-Butylbertzene BRI 0.5 µg/l 1 08-06-5 tert-Butybenzene BRL ug/l 0.5 75-15-0 Carbon disulfide BRL hay 8.0 1 55-23-5 Carbon tetrachloride BAL Ŗ O.F h\$/ 1 108-90-7 Chiorobenzene BRL 0.5 110/ 1 75-00-3 Chioroethane BRL OF μg/l 67-65-6 Chloroform BRL ugri 0.5 1 74-67-3 Chloromethane BAL 0.5 ועמעו 96-49-5 2-Chlorotoluene BAL HO4 0.5 5 4-Chlorotoluene 106-43-4 BRL ug/i 0.5 1 98-12-8 1,2-Dibromo-3-chloropropana BRL ugñ 05 1 **Olbromochloromethane** 12448-1 BRL UQ/ 0.8 1 106-93-4 1,2-Dibromoethane (EDB) BRL 0.5 ug/l 1 74-95-3 Dibromomethane BRL 0.5 yg/i 1 95-50-1 1.2-Dichlorobenzens RO μgá 0.5 1 541-73-1 1,3-Dichlorobenzene BAL 0.5 1 ug/l 106-46-7 1,4-Diohlombenzene BAL 05 1 **HO**I 75-71-6 Dichlorodifluoromethane (Freont2) BRI yg/i 0.5 1 75-34-3 1.1-Dichloroethane BRL 0.5 UOV 1 107-08-2 1,2-Dichloroethane BRL VQ/I 0.5 1 1,1-Dichloroethene 76-36-4 BRL 0.5 ug/l 156-59-2 cis-1,2-Dichloroethene BRL ug/i 0.5 156-60-5 trans-1.2-Dichloroethene BAL n.s MON 1,2-Dichloropropane 78-87-5 BRL μολ 0.5 142-28-9 1,3-Dichloropropane BRL HOT 0,5 1 594-20-7 2,2-Dichloropropane BAL 0.5 µg/l 1 1.1-Dichloropropene 663-5B-8 BRIL MA. 0.5 1 10051-01-5 cis-1,3-Dighloropropens BAL 0.5 MO/ 1 10061-02-6 trans-1,3-Dichloropropene BAL MA 0.5 1 100-41-4 Ethylbenzene BAL Mar 05 1 87-58-1 **Hexachlorobutadiene** BAL ועפע 0.5 1 591-78-8 2-Hexanone (MBK) BRL ועפע 10.0 1 98-53-8 Isopropyibenzene BR UQ/ 0.5 1 4-Isopropyltoluene 90-87-8 BRL 10 0.5 1634-04-4 Methyl tert-butyl ether BRL DO/ 0.5 1 108-10-1 4-Methyl-2-pentanone [MIBK] BAL 10.0 hou 1 75-09-2 Methylene chloride BRL Ug/ 0.5 91-20-3 Nachthalens BAL ושנו 0.5 4 103-65-1 n-Propyibanzona BRI VQ! 0.5 1 100-42-5 Stytene BRL MO!

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1885-59-7 Dibromofluoromethene

Sample Identification Client Project # Matrix Collection Date/Time Received SP5625 09-Jun-06 00:00 12-Jun-06 **Drinking Water** [none] SA46207-01 CAS No. Analyte(s) Result Unite *RDL Dilution Method Ref. Prepared Analyzed Batch Analyst Flag Volatile Organic Compounds 524.2 Purgeable Omanic Compounds Prepared by method 8W846 5030 Water MS KS 13-Jun-06 6060870 630-20-6 1,1,1,2-Tetrachlomethane 0.5 EPA 524.2 13-Jun-06 Nou 1,1,2,2-Tetrachloroethane 79-34-5 BAL ugi 0.5 1 Tetrachloroathene 0.5 BAL 127-18-4 **WW** 109-66-3 Toluene BAL ug/ 0.5 1.2.3-Trichlorobenzene 87-61-8 BAL UQ/ 0.5 1 1,2,4-Trichiorobenzene BAL 0.5 120-82-1 UQ/ 1 71-55-8 1.1.1-Trichloroethane BAL MON 0.5 1 79-00-5 1,1,2-Trichloroethane BRL 0.5 Ngy 1 79-01-6 Trichloroethene BAL UC/I 0.5 76-69-4 Trichlorofluoromethane (Freon 11) BRL ועסעו 0.5 1 SE-18-6 1,2,3-Trichioropropane BRL 0.5 hāy! 1 95-63-6 1,2,4-Trimethylbenzena BRL 0.5 µg/l 108-57-8 1,3,5-Trimethylbenzene BAL 0.5 µg/l 1 Vinyl chlorida 75-01-4 BAL 0.5 1 MQ/ 1330-20-7 m.p-Xylene BAL 0.5 UQ/ 95-47-6 o-Xylene BAL 0.5 NO/ 1 Telrahydrofuran 109-99-9 BAL 10.0 1 ug/l 994-05-8 Tert-arrayl methyl ether BAL ROU 0.5 1 637-52-3 Ethyl tert-butyl ather BRL 0.5 MON 1 108-20-3 Di-isopropyl ether 0.5 BAL pg/i 1 Tert-Butanoi / butyl alcohol 75-65-0 BAL ug/l 10.0 Surrogate recoveries: 4-Bromoftvorobenzene E 80-120 % 460-00-4 100 Toluene-d8 2037-28-5 100 80-120 % 17000-07-0 1,2-Dichloroethane-d4 100 80-120 %

80-120 %

The last in members are not to be considered in the reporting text of this report. These are figures that are generated in the standardization of the equipment and are used solely for that purpose

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Notes and Definitions

BRL Below Reporting Limit - Analyte NOT DETECTED at or above the reporting limit

dry Sample results reported on a dry weight basis

NR Not Reported

RPD Relative Percent Difference

A plus sign (+) in the Method Reference column indicates the method is not accredited by NELAC.

Laboratory Control Sample (LCS): A known matrix spiked with compound(s) representative of the target analytes, which is used to document laboratory performance.

Matrix Duplicate: An intra-laboratory split sample which is used to document the precision of a method in a given sample matrix.

Matrix Spike: An aliquet of a sample spiked with a known concentration of target analyte(s). The spiking occurs prior to sample preparation and analysis. A matrix spike is used to document the bias of a method in a given sample matrix.

Method Blank: An analyte-free matrix to which all reagents are added in the same volumes or proportions as used in sample processing. The method blank should be carried through the complete sample preparation and analytical procedure. The method blank is used to document contamination resulting from the analytical process.

Method Detection Limit (MDL): The minimum concentration of a substance that can be measured and reported with 99% confidence that the analysis of a sample in a given matrix type containing the analyse.

Reportable Detection Limit (RDL): The lowest concentration that can be reliably achieved within specified limits of precision and accuracy during routine laboratory operating conditions. For many analytes the RDL analyte concentration is selected as the lowest non-zero standard in the calibration curve. While the RDL is approximately 5 to 10 times the MDL, the RDL for each sample takes into account the sample volume/weight, extract/digestate volume, cleanup procedures and, if applicable, dry weight correction. Sample RDLs are highly matrix-dependent.

<u>Surrogate</u>: An organic compound which is similar to the target analyte(s) in chemical composition and behavior in the analytical process, but which is not normally found in environmental samples. These compounds are spiked into all blanks, standards, and samples prior to analysis. Percent recoveries are calculated for each surrogate.

Validated by: Hanibal C. Tayeh, Ph.D. Nicole Brown

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Received (of MEDE UT	MOFF		of 88 HIGH POINT DI	e.
For Proper	rty Located at:	Name SamE		Address	E
ror rropo.		Street Address		Owner	
HEA009	Bakery R6510 443509		HEA016	Septic Tank Permit-Installers R6510 443511	401-
HEA001	Bed & Breakfast R6510 443516		HEA017	Septic Tank Permit-Private R6510 443510	#125-
HEA002	Catering License R6510 443507		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA003	Food Handler R6510 443515		HEA019	Sub-Division Review Fee R6510 432306	
HEA004	Frozen Deserts R6510 443501		HEA012	Swimming Pool Permits R6510 443512	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA020	Tanning License R6510 443509	
HEA006	Massage Therapy License		HEA034	Immunization Clinic R6510 432307	
HEA008	Motel License R6510 443506		HEA026	Smoking & Tobacco Reg. Violations	3
HEA010	Removal of Offal R6510 443513		HEA022	Tobacco License R6510 443505	
HEA021	Removal of Rubbish		HEA042	Body Arts / Tatoo	-
HEA011	Percolation Test Fees R6510 432300		HEA043	Food Service Plan Review R6510 432308	-
HEA013	Recreation Camp License		HEA044	Porta Potties R6510 432309	-
HEA014	Retail Store Permit		HEA045	Ice Rinks R6510 443522	-
HEA015	Sanitary Code Booklets		HEA046	Rental Registration	
			HEA047	Fines R6510 48200	-
			HEA		
			HEA		
				TOTAL FEE:	# 125-
	Amherst Health Departm	nent		7/12/00 Date	2

Must be Validated by the Collector's Office to be considered paid

CHECK # CASH

TDW* OF AM ERST

MAD ASH RECLIPTS

Date / Time : 07/14/06 14:11

Payment : \$125.00

Receipt # : 106713

GOLD—Health / Inspections

		*	2.2	10.7	

#-88

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

No. 70-22 Date 9/3/70 Fee \$3.00 Date Rec'd. 9/3/70 By CED
Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal
System at: Location—Address Shigh Point Hill Or Lot No. 60 Owner Roy Industries Address Shutesbury
Location—Address Strigh Point Hill or Lot No. OU
Owner Roy Industries Address Shutesbury
Owner Roy Industries Address Shutesbury Contractor Bill Clarke Dimensions Size Lot
Dwelling—No. of Bedrooms 4 Expansion Attic (n) Garbage Grinder (y) 5
Other No. of persons Showers ()
Other fixtures Town Water? Type of Well Artesian
Design Flow 50 gellons per person per day Total daily flow 400 gellons
Design Flow50 gallons per person per day. Total daily flow400gallons Septic Tank—Liquid capacity1200 gallons Dimensions: L W D
Disposal Trench—No. Width Total Length Total leaching area sq. ft.
Disposal Bed—No. 1 Diameter 10X40 Depth below inlet Total leaching area 400 sq. ft.
Disposal Trench—No Width Total Length Total leaching area sq. ft. Disposal Bed—No Diameter Depth below inlet Total leaching area to sq. ft. Dry Well—No Diameter Depth below inlet Dimensions: x x x x
Other: Distribution box () No Dosing tank ()
(Double of Cail I in Dalan Grishel and at foundation
Percolation Test Results Performed by Drake Test Pit No. 1 2 minutes per inch Test Pit No. 2 minutes per inch Depth of Test Pit 30 Depth of Test Pit 100 De
Test Pit No. 1 2 minutes per inch Depth of Test Pit 30
Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil Depth to Ground Water not found
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 aforedescribed individual sewage disposal system in accord-
ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un-
dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this
board of health. Will 2 mas 9/4/20
Owner or brillian +'
Application Approved by Drake Owner or builder O
uale
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
1 1 77 4 1 0 0 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No.
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.
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dated
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The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. 70-22 Permission is hereby granted Roy Industries to construct (X) or repair () an
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