88 HIGHPOINT

WËIR 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,
WËIR ENGINEERING, LLC

Terrance W. Smith, P.E.
Professional Civil Engineer (MA Civil # 45904)

Cc: Town of Amherst, ~~Board of~~ Health Department

Change to
conditional
Passes

Will RE-INSPECT
when RECOMMENDATION
ARE DONE

Cory

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#88 High Point Road
Property Address

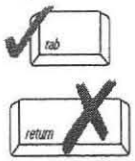
James Hornick
Owner's Name

Owner information is required for every page.

Amherst	MA	01002	July 31, 2010
City/Town	State	Zip Code	Date of Inspection

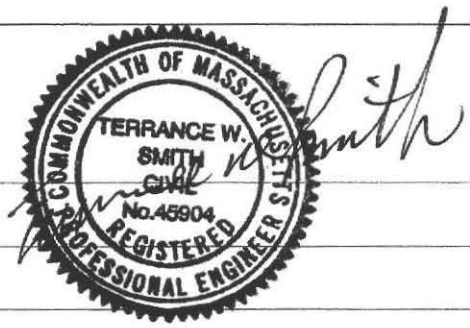
Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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:



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

Weir Engineering, LLC
Company Name

78 Old Poor Farm Road
Company Address

Ware	MA	01082
City/Town	State	Zip Code

(413) 967-7318	MA Civil # 45904
Telephone Number	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

Terrance W. Smith — July 31, 2010

Inspector's Signature — 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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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:

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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Amherst	MA	01002	July 31, 2010
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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	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☐	☒	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	☒	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
☐	☒	Required pumping more than 4 times in the last year ***NOT*** due to clogged or obstructed pipe(s). Number of times pumped: 1.
☐	☒	Any portion of the SAS, cesspool or privy is below high ground water elevation.
☐	☒	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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Amherst	MA	01002	July 31, 2010
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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 <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.

N/A **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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☐	☒	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☒	☐	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	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?
☒	☐	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:
☒	☐	Existing information. For example, a plan at the Board of Health.
☒	☐	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)]

Commonwealth of Massachusetts

Title 5 Official Inspection Form

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#88 High Point Road
Property Address

James Hornick
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Amherst (City/Town) | MA (State) | 01002 (Zip Code) | July 31, 2010 (Date of Inspection)

D. 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): 330 ????

Number of current residents: 2

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)): None Available

Sump pump? ☐ Yes ☒ No

Last date of occupancy: May 28, 2010 (Date)

N/A **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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Amherst	MA	01002	July 31, 2010
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D. System Information (cont.)

General Information

Pumping Records:

Source of information: Home Owner Records - Dated 6/17/2010

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: 900 Gallons
gallons

How was quantity pumped determined? See Attached Pumping Records

Reason for pumping: Routine Pumping - Last Pumped 4 Years Ago

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) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

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

Sewer Piping & Septic >>>25+ Years , D-Box >>> 4 Years +/-, SAS>>>25+ years

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

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#88 High Point Road
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Amherst | MA | 01002 | July 31, 2010
City/Town | State | Zip Code | Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: 1'-6" feet

Material of construction:

☐ cast iron ☐ 40 PVC ☒ other (explain): 4" Orangeburg Pipe

Distance from private water supply well or suction line: 80' feet

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

Recommend homeowner have the Orangeburg pipe replaced with new 4" Sch. 40 PVC soil pipe from house to septic tank and septic tank to D-Box inlet while house renovation work is on-going.

Septic Tank (locate on site plan):

Depth below grade: 1'-0" feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

Concrete Inlet & Outlet Baffles in-place

If tank is metal, list age: ____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 9'-9"l x 4'-10"d x 5'-0"w

Sludge depth: None Observed

Distance from top of sludge to bottom of outlet tee or baffle: 3'-10"

Scum thickness: <1"

Distance from top of scum to top of outlet tee or baffle: 19"

Distance from bottom of scum to bottom of outlet tee or baffle: 17"

How were dimensions determined? Field Measured

Commonwealth of Massachusetts

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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.):
The Inlet & Outlet baffles are showing signs of deterioration so recommended to home owner that 4" Sch. 40 PVC inlet and outlet tees be installed per 310 CMR 15.000 requirements at the same time as the soil piping repairs are made. Also, recommend an outlet effluent filter be installed to maximize longevity of the existing S.A.S. Notes: The bottom of the proposed Inlet tee shall be a minimum 10" below the flowline of the tank and Outelt tee approximately 20" below. The existing spetic tank is 1,500 gallons and sets close to level. Tank checked - Statically Water Tight.

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.):

N/A **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): _____

Commonwealth of Massachusetts

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D. System Information (cont.)

N/A **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.):

* Precast Concrete D-Box was replaced new about 4 years ago. No evidence of solids carrying over, No evidence of leakage, D-Box sets close to level. 2 of 6 D-Box outlet knockouts utilized. (2) E-Z Outlet levelers were adjusted to balance flows evenly to S.A.S. as part of this inspection.

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Commonwealth of Massachusetts

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Amherst	MA	01002	July 31, 2010
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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:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	20' x 20 ' +/-
☐	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 breakout or hydraulic failure. No damp soils conditions noticed. Existing ground is disturbed from house renovation work, no surface vegetation over field.

Commonwealth of Massachusetts

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D. System Information (cont.)

N/A **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.):

N/A **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.):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address: 1788 High Point Rd.

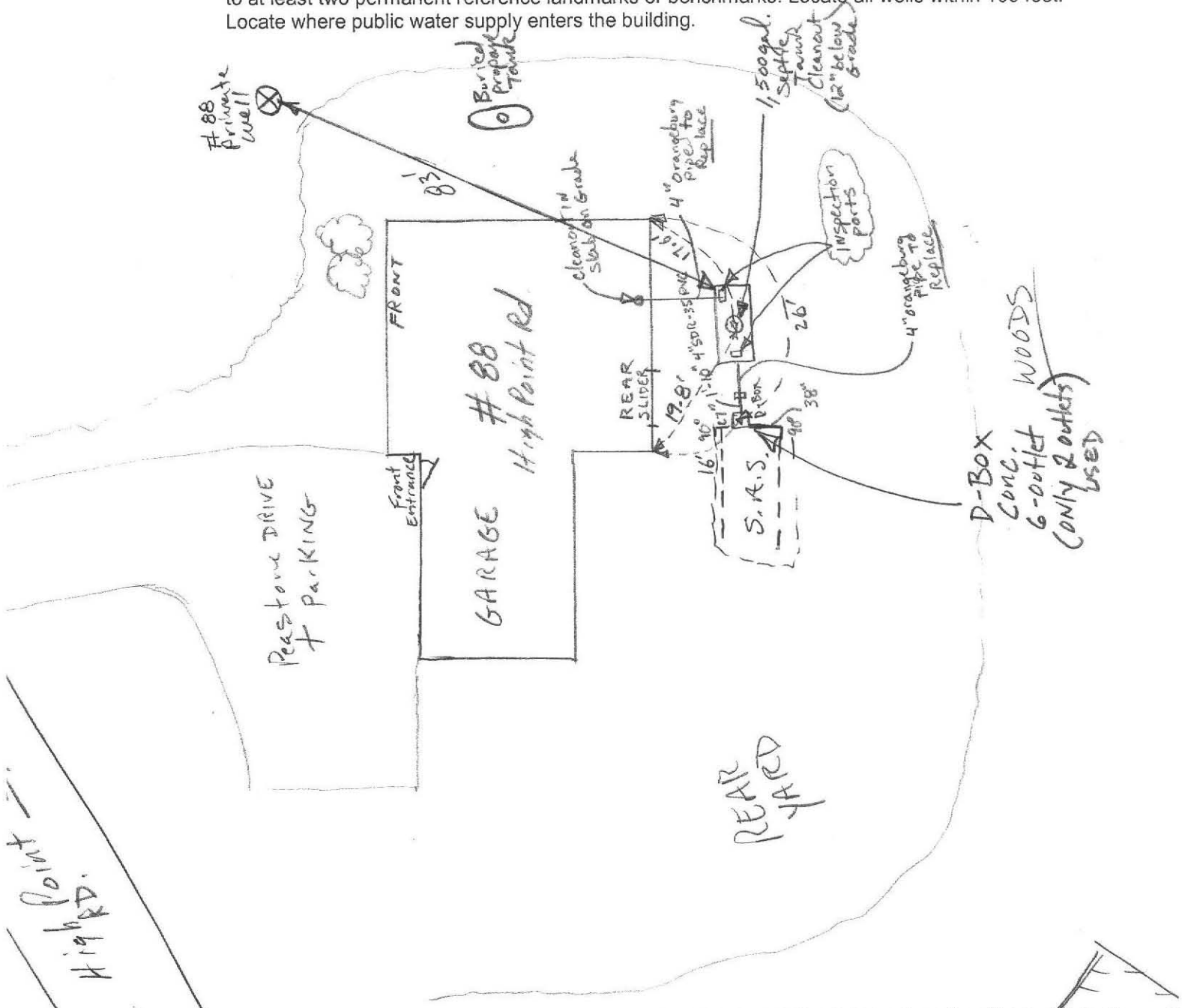
Owner's Name: James Hornick

City/Town: Amherst | State: MA | Zip Code: 01002 | Date of Inspection: July 31, 2010

Owner information is required for every page.

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

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D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☒ Shallow wells

Estimated depth to high 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: Previous Title V Inspection Report 6/9/2006

☒ 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:

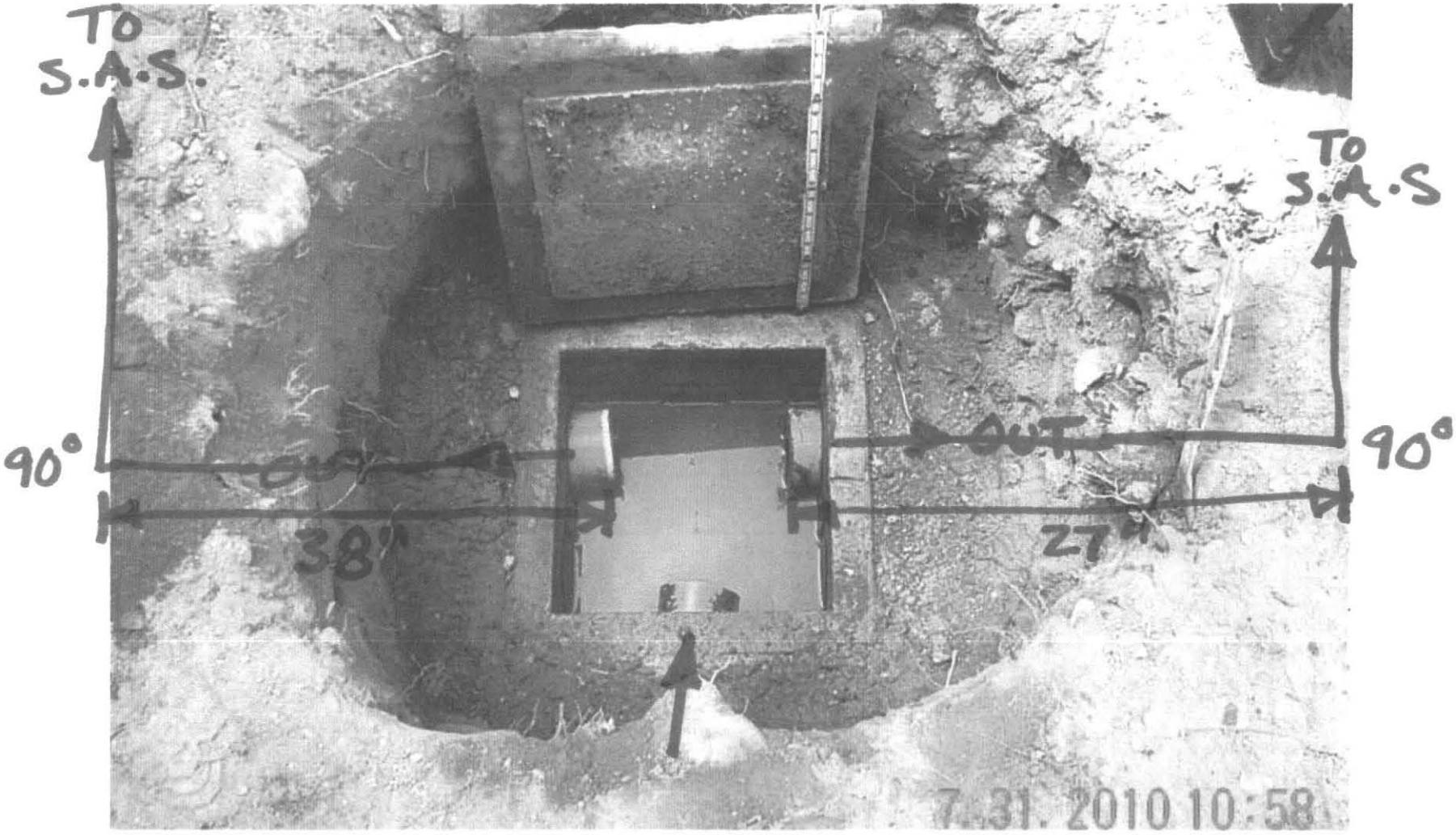
Web Soil Survey for #88 High Point Rd., Amherst MA

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

1. Reviewed pevious inspection report dated June 9, 2006. 2. Based water level on on-site data, topography, and vegetation. 3. Wetland elevation across from driveway entrance checked by instrument level to be approximately 10' below the site elevation. 4. USDA Web Soil Survey indicates Gloucester fine sandy loam, 3-8% Slopes (Map Unit 441B) with depth to water table typically greater than 80".


Leach Area
D-Box
Inspection Port
S.T.
Cleanout
RISER
S.T INLET
INSPECTION
PORT
7. 31. 2010 11:00

D-BOX



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 ✓	0	1.0 mg/l
Nitrate ✓	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

Invoice

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

Bill To:
James Hornick 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	Description	Quantity	Rate	Amount
	6/17/2010 Thursday Pump septic tank @ 88 Highpoint Drive, Amherst			
11001	Septic tank pumping, waste water removal for ~~1000~~ 1,500 gallon tank	1	140.00	140.00
11006	Disposal fee @ Amherst Waste Water Treatment @ 0.15 cent per gallon	900	0.15	135.00

Paid 6/22

1.5% Interest after 30 days	Total	$275.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

c/o Att. M. Bulanski

Location	88 High Point DR	Owner's Name	Irene Janoff
Map/Parcel#		Address	88 High Point
Lot#		Telephone#	253-2885
Installer's Name	Karl's Excavating	Designer's Name	Alan Weiss
Address	Hadley, MA	Address	Belchertown, MA
Telephone#	545-5396	Telephone#	323-5957

Type of Building Residential Lot Size — sq. ft.

Dwelling - No. of Bedrooms 4 BR Garbage grinder (yes)

Other - Type of Building — No. of persons ____ Showers ( ), Cafeteria ( )

Other Fixtures ____

Design Flow (min. required) — gpd Calculated design flow — Design flow provided ____ gpd

Plan: Date See Title 5 Number of sheets ____ Revision Date ____

Title (Attached Report)

Description of Soil(s) ____

Soil Evaluator Form No. ____ Name of Soil Evaluator ____ Date of Evaluation ____

DESCRIPTION OF REPAIRS OR ALTERATIONS D. Box replaced only at Title 5 (Insp.

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

Signed Irene Janoff Date 6/22/06

Inspections ____

No. 06-11

FEE $25.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ Individual Component(s) ☐ Complete System

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

by: Karl's

at RE High Point Drive

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 06-11, dated ____. Approved Design Flow ____(gpd)

Installer Karl's Excavating

Designer: AW Inspector: [signature] Date: 6-9-06

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

No. 06-11

FEE $25.00

CC 418

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 88 High Point Drive as described in the application for Disposal System Construction Permit No. 06-11, dated 6-9-06

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

Form 1255 Rev. (98) A.M. Sullivan Co. Boston, MA

Date 6/9/06 Board of Health [signature]

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, RS # 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 is 25+/- years old. Septic tank has inlet & outlet baffles in place. No liquid 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

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

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

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

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

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

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

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

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

   ___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance ___ _____

   **This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that source 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:

   _____
   _____
   _____

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

Yes	No	
___	_x_	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	_x_	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	_x_	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	_x_	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	_x_	Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped ____.
___	_x_	Any portion of the SAS, cesspool or privy is below high ground water elevation
___	_x_	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	_x_	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	_x_	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	_x_	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

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

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes	no	
___	___	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 Inspection: June 9, 2006

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

Yes No

Yes ___ Pumping information was provided by the owner, occupant, or Board of Health

___ No Were any of the system components pumped out in the previous two weeks ? * only one person*

yes _ Has the system received normal flows in the previous two week period ?

___ NO Have large volumes of water been introduced to the system recently or as part of this inspection ?

YES ___ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes ___ Was the facility or dwelling inspected for signs of sewage back up ?

yes ___ Was the site inspected for signs of break out ?

yes ___ Were all system components, excluding the SAS, located on site ?

yes ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

yes ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes no

___ N/A___ Existing information. For example, a plan at the Board of Health.

yes ___ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

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

Property Address: 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
Does residence have a garbage grinder (yes or no): YES *GRINDERS ARE NOT RECOMMENDED)
Is laundry on a separate sewage system (yes or no): *no [if yes separate inspection required]
Laundry system inspected (yes or no): n/a
Seasonal use: (yes or no): NO
Water meter readings, if available (last 2 years usage (gpd)): N/a
Sump pump (yes or no): NO
Last date of occupancy: current ** Only 1 person**

COMMERCIAL/INDUSTRIAL
Type of establishment: N/A
Design flow (based on 310 CMR 15.203): _____gpd
Basis of design flow (seats/persons/sqft,etc.): _____
Grease trap present (yes or no):__
Industrial waste holding tank present (yes or no): _____
Non-sanitary waste discharged to the Title 5 system (yes or NO):
Water meter readings, if available:_____
Last date of occupancy/use:_____

OTHER (describe)_____

GENERAL INFORMATION

Pumping Records
Source of information: (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_ 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: 25 years+/-

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

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

Property Address: 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 iron __40 PVC ___other (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 concrete ___metal ___fiberglass ___polyethylene
___other(explain)
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: *4.5'w x 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: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):
Dimensions:
Scum thickness:
Distance from top of scum to top of outlet tee or baffle:
Distance from bottom of scum to bottom of outlet tee or baffle:
Date of last pumping:
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

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

Property Address: 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: ___concrete ____metal ____fiberglass ____polyethylene ____other(explain).
_____
Dimensions: _____
Capacity: _____gallons
Design Flow: ____ gallons/day
Alarm present (yes or no): ____
Alarm level _____Alarm in working order (yes or no): ___
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.): _____
_____
_____

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

Depth of liquid level above outlet invert: @ inv.
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)

Pumps in working order (yes or no): NO
Alarms in working order (yes or no): No
Comments (note condition of pump chamber, condition of pumps and appurtenances, 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

SOIL ABSORPTION SYSTEM (SAS): *YES* **(locate on site plan, excavation not required)**

If SAS not located explain why:

_____

_____

Type

___ leaching pits, number: _____
____ leaching chambers, number: ____
____ leaching galleries, number: ____
____ leaching trenches, number, length: ____)
__1__ leaching fields, number, dimensions: __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 of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

_____

_____

PRIVY: 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.)

_____

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.

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_____

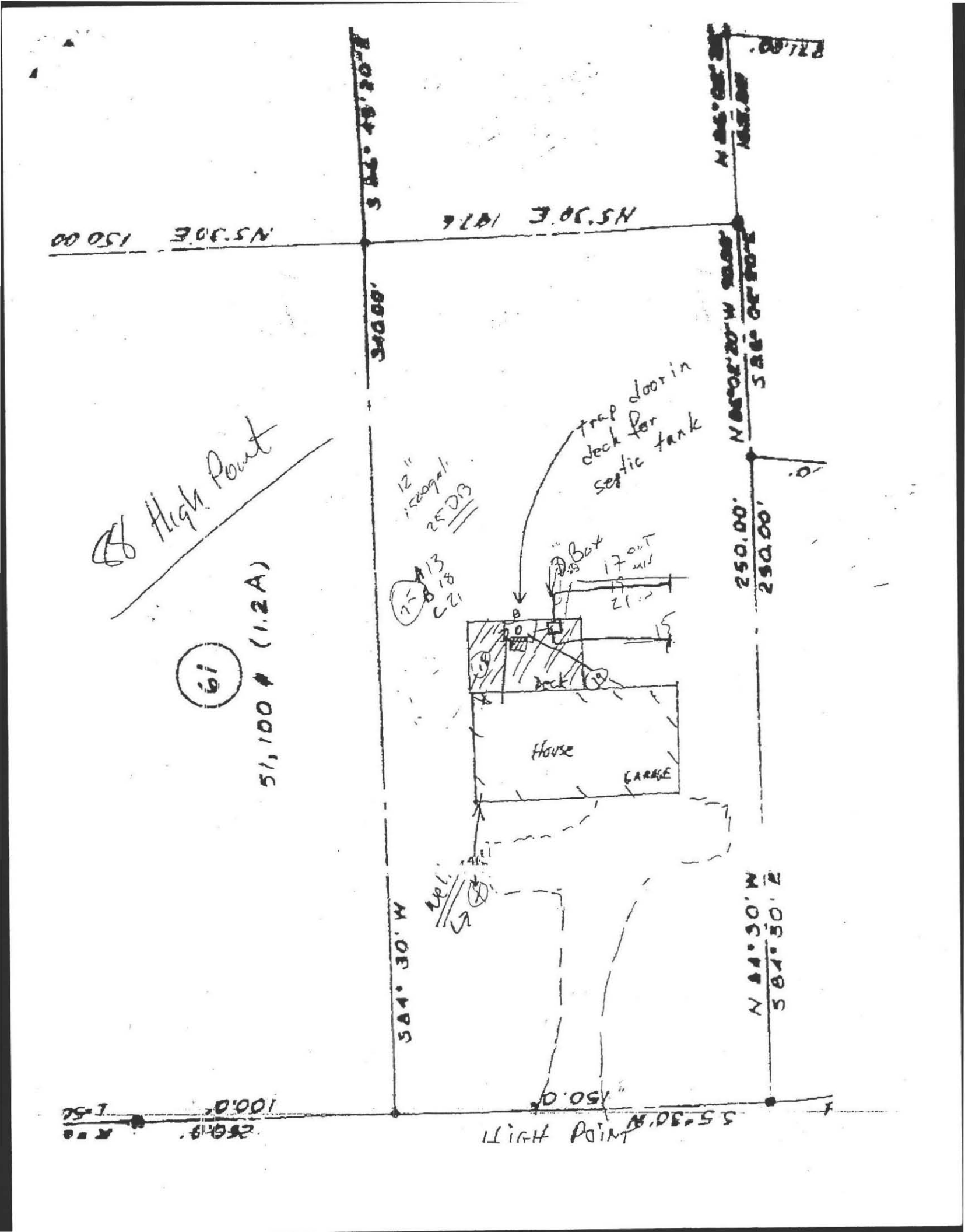
Estimated depth to ground water 4' feet

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)


High Point
61
51,100 ± (1.2A)
trap door in deck for septic tank
12" i.s.o.g.l.
Deck
House
GARAGE
250.00'
250.00'
S84° 30' W
N 84° 30' E
High Point

No. 06-11

#88 Rec'd 2033 FEE 125 cc

PC CK# 418

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS REG #933 REGISTERED SANITARIAN

Application for a Permit to Construct( ) Repair(✓) Upgrade( ) Abandon( ) - ☐ **Complete System** ☐ **Individual Components**

c/o AH. M. Bulmann

Location	88 High Point DR	Owner's Name	Irene Janoff
Map/Parcel#		Address	88 High Point
Lot#		Telephone#	253-2885
Installer's Name	KARL'S Excavating	Designer's Name	Alan Weiss
Address	Hadly, MA	Address	Belchertown, MA
Telephone#	545-5396	Telephone#	323-5957

Type of Building Residential Lot Size — sq. ft.

Dwelling - No. of Bedrooms 4 BR Garbage grinder (yes)

Other - Type of Building — No. of persons ____ Showers ( ), Cafeteria ( )

Other Fixtures ____

Design Flow (min. required) — gpd Calculated design flow — Design flow provided ____ gpd

Plan: Date See Title 5 Number of sheets ____ Revision Date ____

Title (Attached Report)

Description of Soil(s) ____

Soil Evaluator Form No. ____ Name of Soil Evaluator ____ Date of Evaluation ____

DESCRIPTION OF REPAIRS OR ALTERATIONS D. Box Replaced only at Title 5 INSP.

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

Signed Irene Janoff Date 6/22/06

Inspections ____

No. 06-11

FEE 125 cc

Plan on CK# 418

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☐ **Complete System**

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

by: Karl's

at 88 High Point Drive

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 06-11, dated ____. Approved Design Flow ____(gpd)

Installer (AW) Karl's

Designer: Al Inspector: Dave Rayment Date: 6-9-06

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

No. 06-11

FEE 125 cc

CK# 418

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 88 High Point Drive as described in the application for Disposal System Construction Permit No. 06-11, dated 6-9-06

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

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

Date 6/28/06 Board of Health Dave Rayment for Amherst Health Dept

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 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 / ALWAYS complete all of Section D

A. System Passes:

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

Comments: 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 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.

_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 exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health. *A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

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

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

ND explain:

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

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

ND explain:

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

Property Address: 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 if the system is failing to protect public health, safety or the environment.

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

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

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

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

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

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

   ** The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance __ _____

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

3. **Other:**

   _____
   _____
   _____

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

Yes	No	
___	x	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	x	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	x	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	x	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	x	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	x	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	x	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	x	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	x	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	x	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

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

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes	no	
___	___	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 Inspection: June 9, 2006

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

Yes No

Yes ___ Pumping information was provided by the owner, occupant, or Board of Health

__ No Were any of the system components pumped out in the previous two weeks ? * only one person*

yes _ Has the system received normal flows in the previous two week period ?

___ NO Have large volumes of water been introduced to the system recently or as part of this inspection ?

YES ___ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes ___ Was the facility or dwelling inspected for signs of sewage back up ?

yes ___ Was the site inspected for signs of break out ?

yes ___ Were all system components, excluding the SAS, located on site ?

yes ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

yes ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes no

___ N/A Existing information. For example, a plan at the Board of Health.

yes ___ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

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

Property Address: 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*
Does residence have a garbage grinder (yes or no): **YES *GRINDERS ARE NOT RECOMMENDED)***
Is laundry on a separate sewage system (yes or no)**: *no** [if yes separate inspection required]
Laundry system inspected (yes or no): **n/a**
Seasonal use: (yes or no): *NO*
Water meter readings, if available (last 2 years usage (gpd)): *N/a*
Sump pump (yes or no): NO
Last date of occupancy**: current ** Only 1 person****

COMMERCIAL/INDUSTRIAL
Type of establishment: *N/A*
Design flow (based on 310 CMR 15.203): _____gpd
Basis of design flow (seats/persons/sqft,etc.): _____
Grease trap present (yes or no):__
Industrial waste holding tank present (yes or no): _____
Non-sanitary waste discharged to the Title 5 system (yes or NO):
Water meter readings, if available:_____
Last date of occupancy/use:_____

OTHER (describe)_____

GENERAL INFORMATION

Pumping Records
Source of information**: (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 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**: 25 *years+/-***

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

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

Property Address: 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 iron __40 PVC ___other (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 concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: *4.5'w x 8.5'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: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
_____

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

Property Address: 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: ___concrete ____metal ____fiberglass ____polyethylene ____other(explain):
_____
Dimensions: _____
Capacity:_____gallons
Design Flow:____ gallons/day
Alarm present (yes or no):____
Alarm level:_____Alarm in working order (yes or no): ___
Date of last pumping:_____
Comments (condition of alarm and float switches, etc.): _____
_____.
_____

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

Depth of liquid level above outlet invert: *@ inv.*
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)

Pumps in working order (yes or no): NO
Alarms in working order (yes or no): No
Comments (note condition of pump chamber, condition of pumps and appurtenances, 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

SOIL ABSORPTION SYSTEM (SAS): *YES* **(locate on site plan, excavation not required)**

If SAS not located explain why:

_____

_____

Type

___ leaching pits, number: _____
____ leaching chambers, number: ____
____ leaching galleries, number: ____
____ leaching trenches, number, length: ___)
__1__ leaching fields, number, dimensions: _ _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 of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

_____

_____

PRIVY: 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.):

_____

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.

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_____

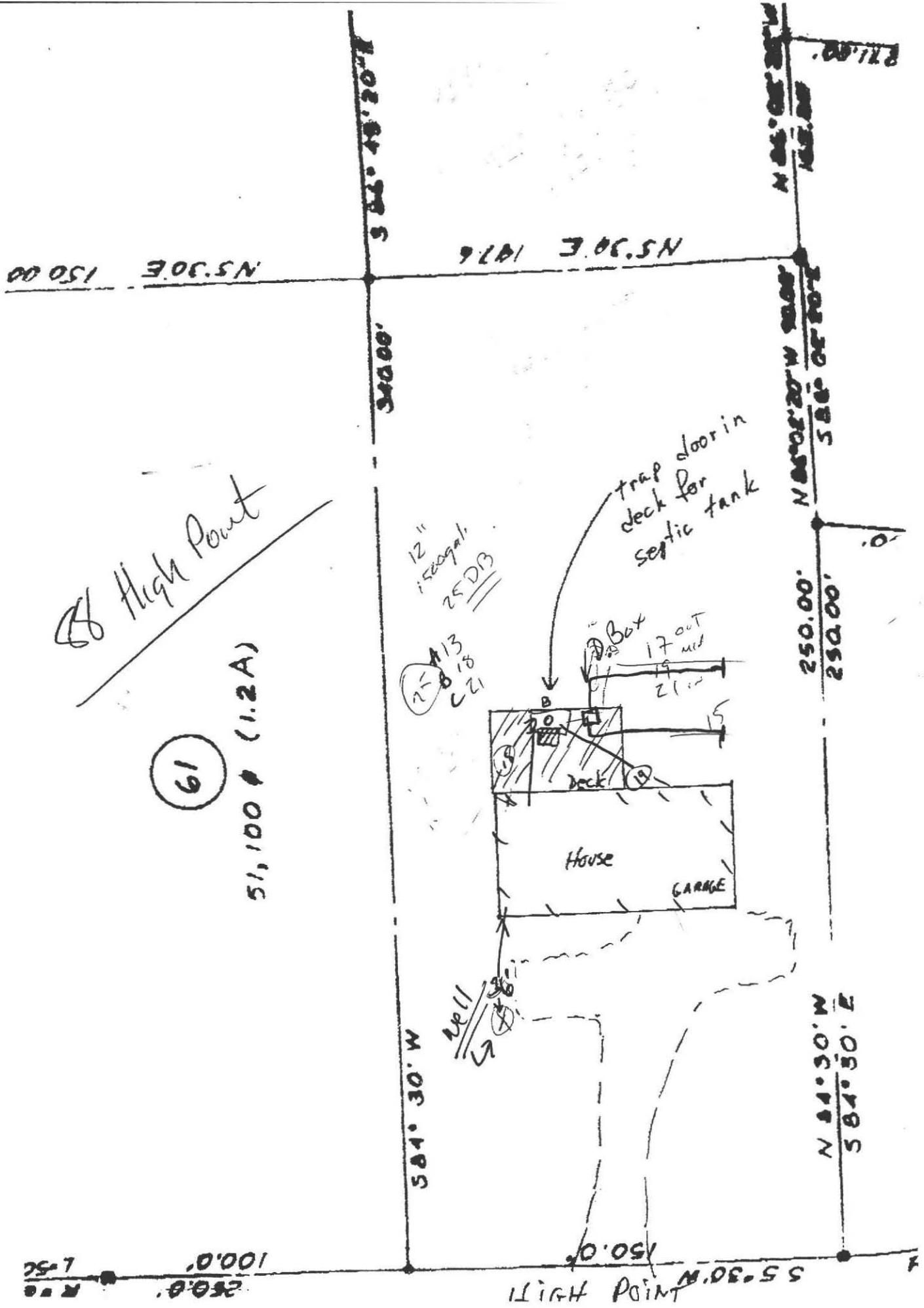
Estimated depth to ground water **4'** feet

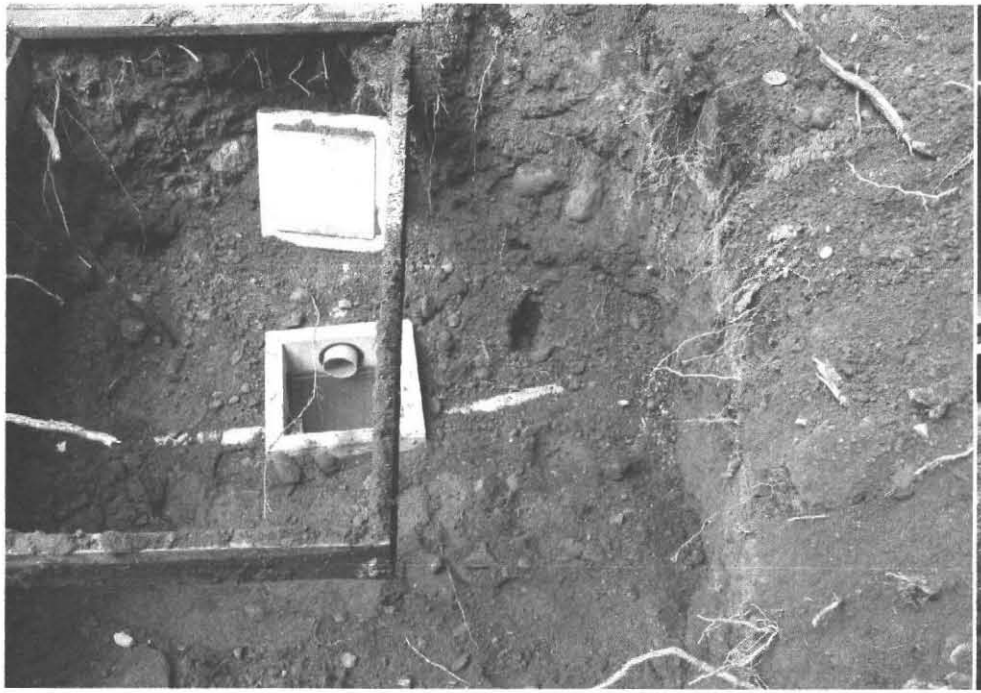
Please indicate (check) all methods used to determine the high ground water elevation:

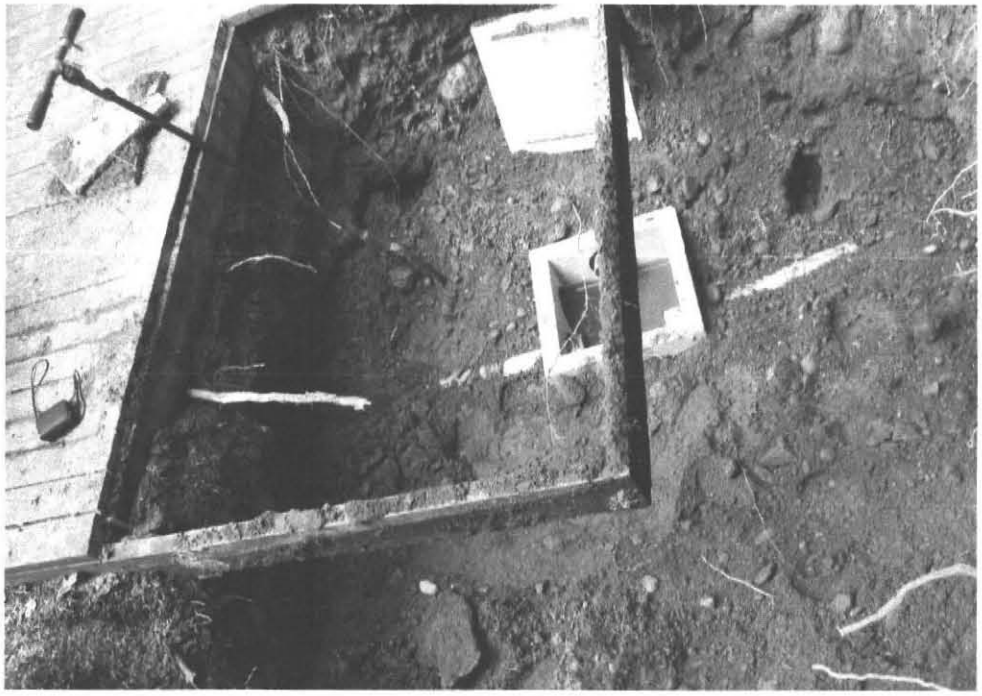
___ Obtained from system design plans on record - If checked, date of design plan reviewed: _
X___ Observed site (abutting property/observation hole within 150 feet of SAS)
____ Checked with local Board of Health-explain: _____
____ Checked with local excavators, installers- (attach documentation)
____ 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)


trap door in deck for septic tank
12" issogal 25 DB
17 out mid
House
GARAGE
Deck
Well
250.00'
250.00'
S84° 30' W
N 84° 30' W
S 84° 30' E
150.0'
HIGH POINT
61
51,100 ± (1.2A)





Report Date:
15-Jun-06 08:58

☑ Final Report
☐ Re-Issued Report
☐ Revised Report

SPECTRUM ANALYTICAL, INC.
Featuring
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	Client Sample ID	Matrix	Date Sampled	Date Received
SA46207-01	SP5625	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).
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New York # 11393/11840
Rhode Island # 98
USDA # S-51435
Vermont # VT-11393

Authorized by:

Hanibal C. Tayeh, Ph.D.
President/Laboratory Director

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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	Report Date:	6-16-06
	Amherst, MA 01002	Collected By:	Michael Bulman
Sample Location:		Type Supply:	Well
	Irene Janoff	Sample No.:	QAL 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

Sample Identification	Client Project #	Matrix	Collection Date/Time	Received
SP5625 SA46207-01	[none]	Drinking Water	09-Jun-06 00:00	12-Jun-06

CAS No.	Analyte(s)	Result	Flag	Units	*RDL	Dilution	Method Ref.	Prepared	Analyzed	Batch	Analyst
Volatile Organic Compounds											
524.2 Purgeable Organic Compounds											
Prepared by method SW846 5030 Water MS											
67-64-1	Acetone	BRL		µg/l	10.0	1	EPA 524.2	13-Jun-06	13-Jun-06	6060870	KS
107-13-1	Acrylonitrile	BRL		µg/l	1.0	1	"	"	"	"	"
71-43-2	Benzene	BRL		µg/l	0.5	1	"	"	"	"	"
108-86-1	Bromobenzene	BRL		µg/l	0.5	1	"	"	"	"	"
74-97-5	Bromochloromethane	BRL		µg/l	0.5	1	"	"	"	"	"
75-27-4	Bromodichloromethane	BRL		µg/l	0.5	1	"	"	"	"	"
75-25-2	Bromoform	BRL		µg/l	0.5	1	"	"	"	"	"
74-83-9	Bromomethane	BRL		µg/l	0.5	1	"	"	"	"	"
78-93-3	2-Butanone (MEK)	BRL		µg/l	10.0	1	"	"	"	"	"
104-51-8	n-Butylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
135-98-8	sec-Butylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
98-06-6	tert-Butylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
75-15-0	Carbon disulfide	BRL		µg/l	0.5	1	"	"	"	"	"
56-23-5	Carbon tetrachloride	BRL		µg/l	0.5	1	"	"	"	"	"
108-90-7	Chlorobenzene	BRL		µg/l	0.5	1	"	"	"	"	"
75-00-3	Chloroethane	BRL		µg/l	0.5	1	"	"	"	"	"
67-66-3	Chloroform	BRL		µg/l	0.5	1	"	"	"	"	"
74-87-3	Chloromethane	BRL		µg/l	0.5	1	"	"	"	"	"
95-49-8	2-Chlorotoluene	BRL		µg/l	0.5	1	"	"	"	"	"
106-43-4	4-Chlorotoluene	BRL		µg/l	0.5	1	"	"	"	"	"
96-12-8	1,2-Dibromo-3-chloropropane	BRL		µg/l	0.5	1	"	"	"	"	"
124-48-1	Dibromochloromethane	BRL		µg/l	0.5	1	"	"	"	"	"
106-93-4	1,2-Dibromoethane (EDB)	BRL		µg/l	0.5	1	"	"	"	"	"
74-95-3	Dibromomethane	BRL		µg/l	0.5	1	"	"	"	"	"
95-50-1	1,2-Dichlorobenzene	BRL		µg/l	0.5	1	"	"	"	"	"
541-73-1	1,3-Dichlorobenzene	BRL		µg/l	0.5	1	"	"	"	"	"
106-46-7	1,4-Dichlorobenzene	BRL		µg/l	0.5	1	"	"	"	"	"
75-71-8	Dichlorodifluoromethane (Freon12)	BRL		µg/l	0.5	1	"	"	"	"	"
75-34-3	1,1-Dichloroethane	BRL		µg/l	0.5	1	"	"	"	"	"
107-06-2	1,2-Dichloroethane	BRL		µg/l	0.5	1	"	"	"	"	"
75-35-4	1,1-Dichloroethene	BRL		µg/l	0.5	1	"	"	"	"	"
156-59-2	cis-1,2-Dichloroethene	BRL		µg/l	0.5	1	"	"	"	"	"
156-60-5	trans-1,2-Dichloroethene	BRL		µg/l	0.5	1	"	"	"	"	"
78-87-5	1,2-Dichloropropane	BRL		µg/l	0.5	1	"	"	"	"	"
142-28-9	1,3-Dichloropropane	BRL		µg/l	0.5	1	"	"	"	"	"
594-20-7	2,2-Dichloropropane	BRL		µg/l	0.5	1	"	"	"	"	"
563-58-6	1,1-Dichloropropene	BRL		µg/l	0.5	1	"	"	"	"	"
10061-01-5	cis-1,3-Dichloropropene	BRL		µg/l	0.5	1	"	"	"	"	"
10061-02-6	trans-1,3-Dichloropropene	BRL		µg/l	0.5	1	"	"	"	"	"
100-41-4	Ethylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
87-68-3	Hexachlorobutadiene	BRL		µg/l	0.5	1	"	"	"	"	"
591-78-6	2-Hexanone (MBK)	BRL		µg/l	10.0	1	"	"	"	"	"
98-82-8	Isopropylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
99-87-6	4-Isopropyltoluene	BRL		µg/l	0.5	1	"	"	"	"	"
1634-04-4	Methyl tert-butyl ether	BRL		µg/l	0.5	1	"	"	"	"	"
108-10-1	4-Methyl-2-pentanone (MIBK)	BRL		µg/l	10.0	1	"	"	"	"	"
75-09-2	Methylene chloride	BRL		µg/l	0.5	1	"	"	"	"	"
91-20-3	Naphthalene	BRL		µg/l	0.5	1	"	"	"	"	"
103-65-1	n-Propylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
100-42-5	Styrene	BRL		µg/l	0.5	1	"	"	"	"	"

This laboratory report is not valid without an authorized signature on the cover page.

* Reportable Detection Limit BRL = Below Reporting Limit

Sample Identification	Client Project #	Matrix	Collection Date/Time	Received
SP5625 SA46207-01	[none]	Drinking Water	09-Jun-06 00:00	12-Jun-06

CAS No.	Analyte(s)	Result	Flag	Units	*RDL	Dilution	Method Ref.	Prepared	Analyzed	Batch	Analyst
Volatile Organic Compounds											
524.2 Purgeable Organic Compounds											
Prepared by method SW846 5030 Water MS											
630-20-6	1,1,1,2-Tetrachloroethane	BRL		µg/l	0.5	1	EPA 524.2	13-Jun-06	13-Jun-06	6060870	KS
79-34-5	1,1,2,2-Tetrachloroethane	BRL		µg/l	0.5	1	"	"	"	"	"
127-18-4	Tetrachloroethene	BRL		µg/l	0.5	1	"	"	"	"	"
108-88-3	Toluene	BRL		µg/l	0.5	1	"	"	"	"	"
87-61-6	1,2,3-Trichlorobenzene	BRL		µg/l	0.5	1	"	"	"	"	"
120-82-1	1,2,4-Trichlorobenzene	BRL		µg/l	0.5	1	"	"	"	"	"
71-55-6	1,1,1-Trichloroethane	BRL		µg/l	0.5	1	"	"	"	"	"
79-00-5	1,1,2-Trichloroethane	BRL		µg/l	0.5	1	"	"	"	"	"
79-01-6	Trichloroethene	BRL		µg/l	0.5	1	"	"	"	"	"
75-69-4	Trichlorofluoromethane (Freon 11)	BRL		µg/l	0.5	1	"	"	"	"	"
96-18-4	1,2,3-Trichloropropane	BRL		µg/l	0.5	1	"	"	"	"	"
95-63-6	1,2,4-Trimethylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
108-67-8	1,3,5-Trimethylbenzene	BRL		µg/l	0.5	1	"	"	"	"	"
75-01-4	Vinyl chloride	BRL		µg/l	0.5	1	"	"	"	"	"
1330-20-7	m,p-Xylene	BRL		µg/l	0.5	1	"	"	"	"	"
95-47-6	o-Xylene	BRL		µg/l	0.5	1	"	"	"	"	"
109-99-9	Tetrahydrofuran	BRL		µg/l	10.0	1	"	"	"	"	"
994-05-8	Tert-amyl methyl ether	BRL		µg/l	0.5	1	"	"	"	"	"
637-92-3	Ethyl tert-butyl ether	BRL		µg/l	0.5	1	"	"	"	"	"
108-20-3	Di-isopropyl ether	BRL		µg/l	0.5	1	"	"	"	"	"
75-65-0	Tert-Butanol / butyl alcohol	BRL		µg/l	10.0	1	"	"	"	"	"
Surrogate recoveries:											
460-00-4	*4-Bromofluorobenzene*	*100*		*80-120 %*			"	"	"	"	"
2037-26-5	*Toluene-d8*	*102*		*80-120 %*			"	"	"	"	"
17060-07-0	*1,2-Dichloroethane-d4*	*100*		*80-120 %*			"	"	"	"	"
1868-53-7	*Dibromofluoromethane*	*99.4*		*80-120 %*			"	"	"	"	"

The last 4 numbers 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

This laboratory report is not valid without an authorized signature on the cover page.

* Reportable Detection Limit BRL = Below Reporting Limit

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 aliquot 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 analyte concentration is greater than zero and is determined from analysis of a sample in a given matrix type containing the analyte.

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.

Surrogate: 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

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

2033

Received of IRENE JANOFF of 88 HIGH POINT DR.
Name Address

For Property Located at: SAME SAME
Street Address Owner

HEA009	Bakery R6510 443509		HEA016	Septic Tank Permit-Installers R6510 443511	
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 R6510 443504		HEA034	Immunization Clinic R6510 432307	
HEA008	Motel License R6510 443506		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA010	Removal of Offal R6510 443513		HEA022	Tobacco License R6510 443505	
HEA021	Removal of Rubbish R6510 443520		HEA042	Body Arts / Tatoo R6510 443521	
HEA011	Percolation Test Fees R6510 432300		HEA043	Food Service Plan Review R6510 432308	
HEA013	Recreation Camp License R6510 443503		HEA044	Porta Potties R6510 432309	
HEA014	Retail Store Permit R6510 443514		HEA045	Ice Rinks R6510 443522	
HEA015	Sanitary Code Booklets R6510 432305		HEA046	Rental Registration R6510 432310	
			HEA047	Fines R6510 48200	
			HEA		
			HEA		

TOTAL FEE: # 125-

Amherst Health Department

7/12/06
Date

OFFICE USE ONLY

CHECK #	CASH
418	Ø

TOWN OF AMHERST T1146
MISC CASH RECEIPTS
Date / Time : 07/14/06 14:11
Payment : $125.00
Receipt # : 106713
Check/Credit Card #: 418
Paid by : JANOFF, IRENE

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

WHITE – Applicant YELLOW – Collector PINK – Accounting GOLD – Health / Inspections

#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 (x) or Repair ( ) an Individual Sewage Disposal System at:

Location—Address 88 High Point Hill or Lot No. 60

Owner Roy Industries Address Shutesbury

Contractor Bill Clarke Address "

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 Expansion Attic (no) Garbage Grinder (yes)

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? no Type of Well Artesian

Design Flow 50 gallons per person per day. Total daily flow 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 10X40 Depth below inlet _____ Total leaching area 400 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

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

Percolation Test Results Performed by Drake Date _____

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 Gravel 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 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.

Wm Z Mag
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. 70-22

Permission is hereby granted Roy Industries to construct (x) or repair ( ) an Individual Sewage Disposal System at Lot 60 88 High Point Hill

as shown on the application for Disposal Works Construction Permit No. 70-22

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

C E Drake
Board of Health