

115 High Point D.





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 HIGHPOINT DRIVE

Property Address

GOLDMAN

Owner's Name

AMHERST

City/Town

MASS.

State

01001

Zip Code

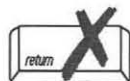
MAY 14, 2010

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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:

NATHAN TORRETTI

Name of Inspector

CLEAN SEPTICS P O BOX 394

Company Name

252 WEST STREET

Company Address

LUDLOW

City/Town

413 583 2138

Telephone Number

MASS.

State

01056

Zip Code

SI4025

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

*Nathan Torretti*

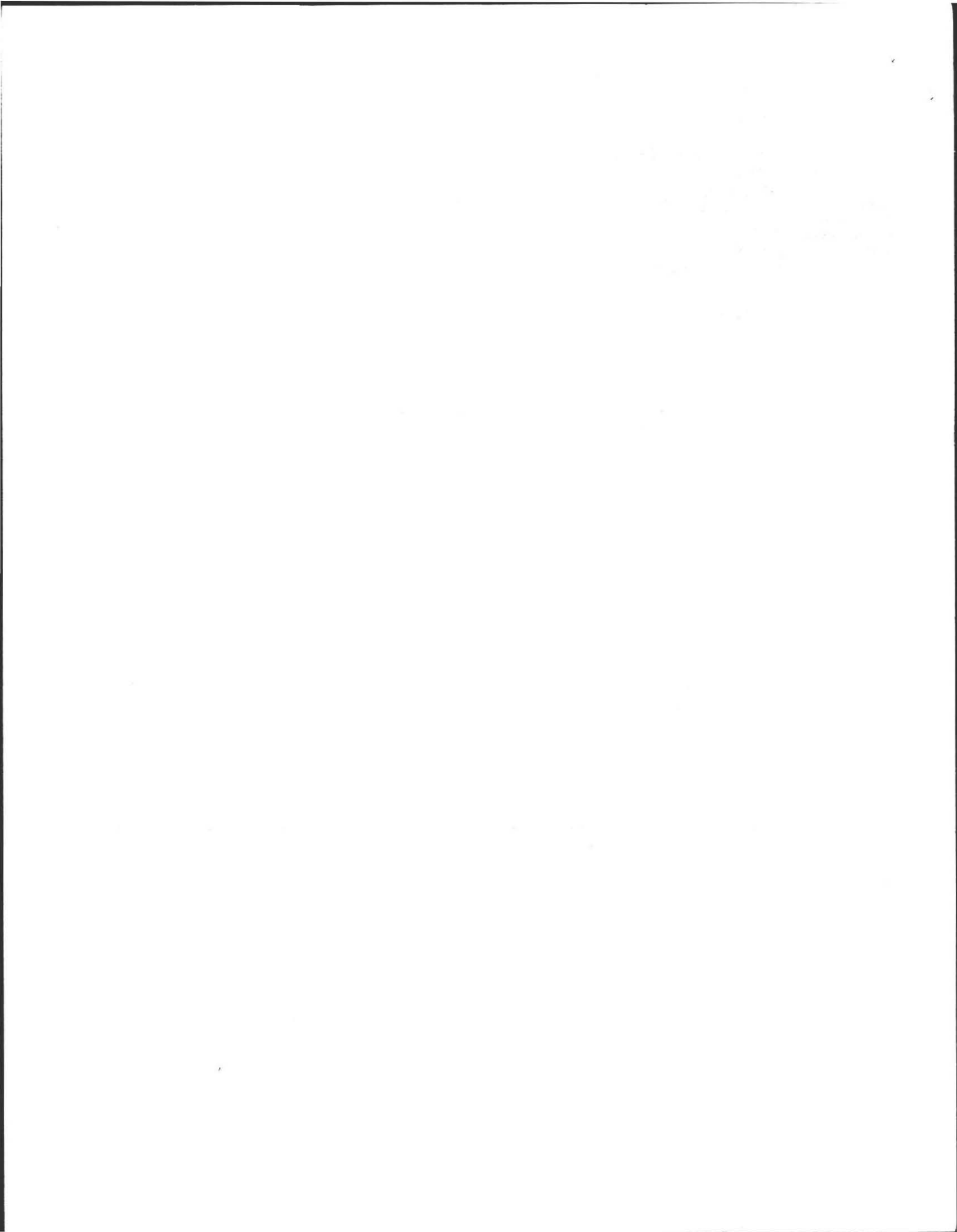
Inspector's Signature

MAY 14, 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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## 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:

RECOMMEND CCLS /BACTERIA. RECOMMEND AN OUTLET FILTER. PUMP SEPTIC TANK EVERY YEAR OR TWO.

### B) System Conditionally Passes:

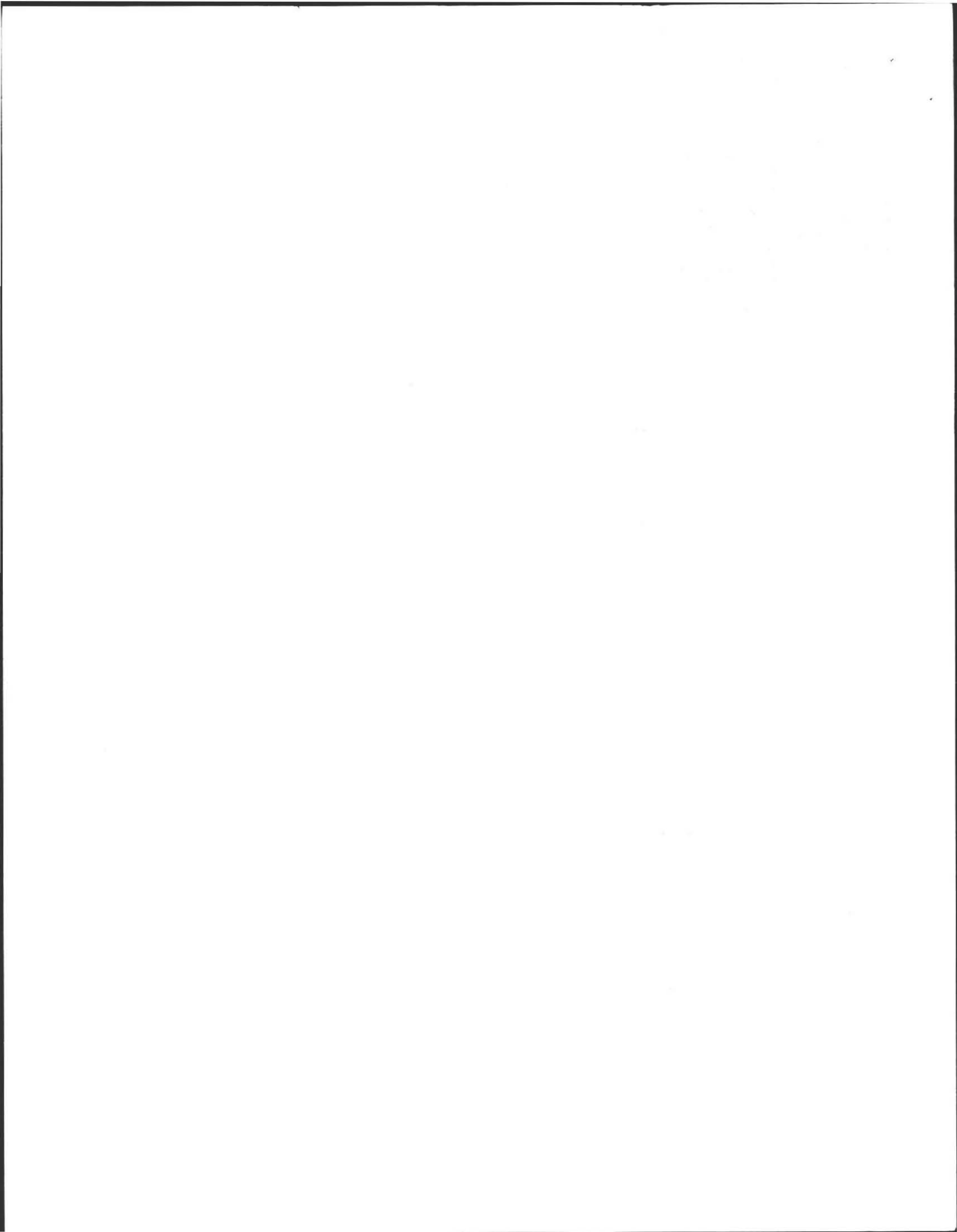
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

- Y       N       ND (Explain below):





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**B. Certification (cont.)**

**B) System Conditionally Passes (cont.):**

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  Y  N  ND (Explain below):
- obstruction is removed  Y  N  ND (Explain below):
- distribution box is leveled or replaced  Y  N  ND (Explain below):

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):

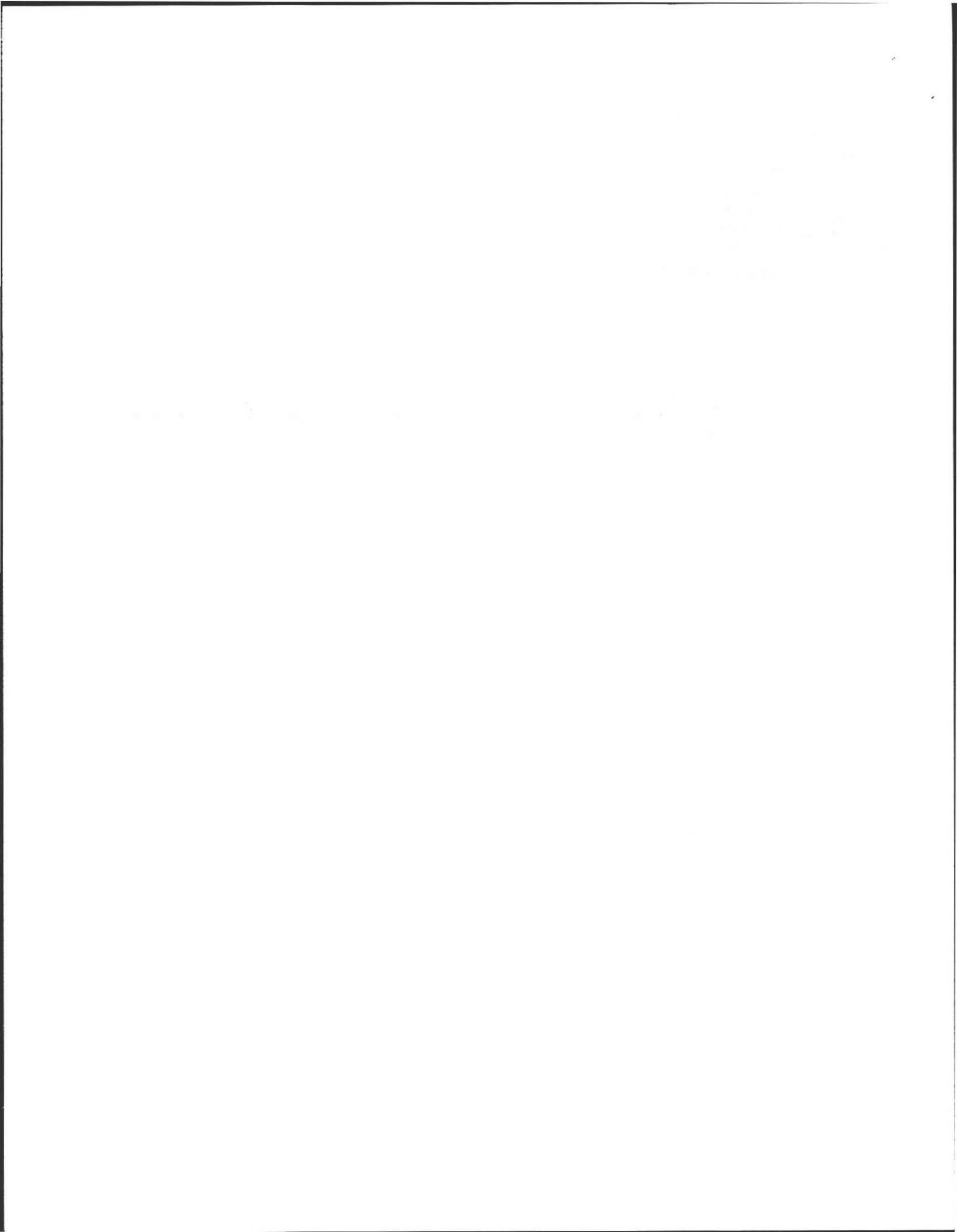
- broken pipe(s) are replaced  Y  N  ND (Explain below):
- obstruction is removed  Y  N  ND (Explain below):

**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







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**B. Certification (cont.)**

**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 indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

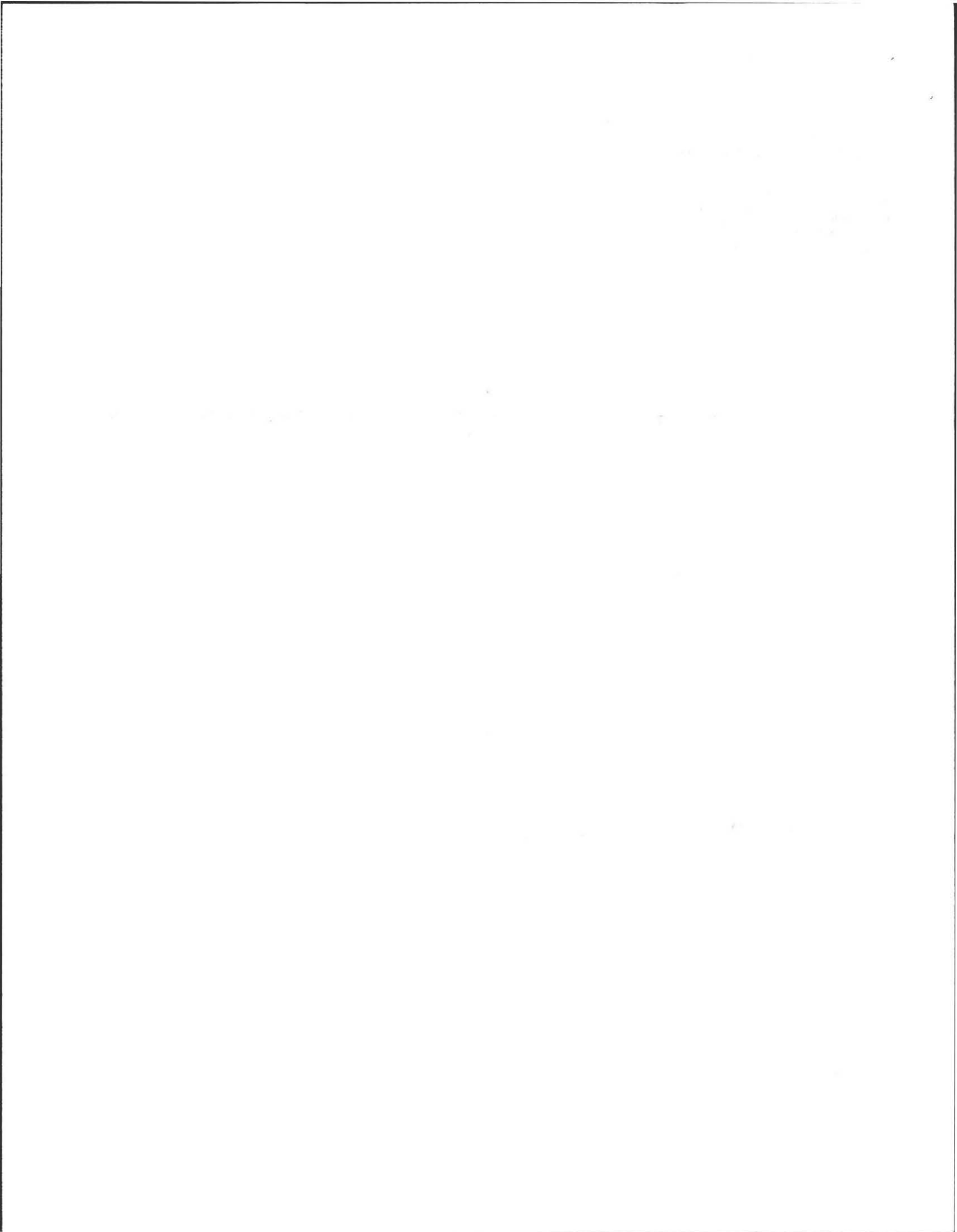
3. Other:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**D) System Failure Criteria Applicable to All Systems:**

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

- | Yes                      | No                                  |                                                                                                                                 |
|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow                             |





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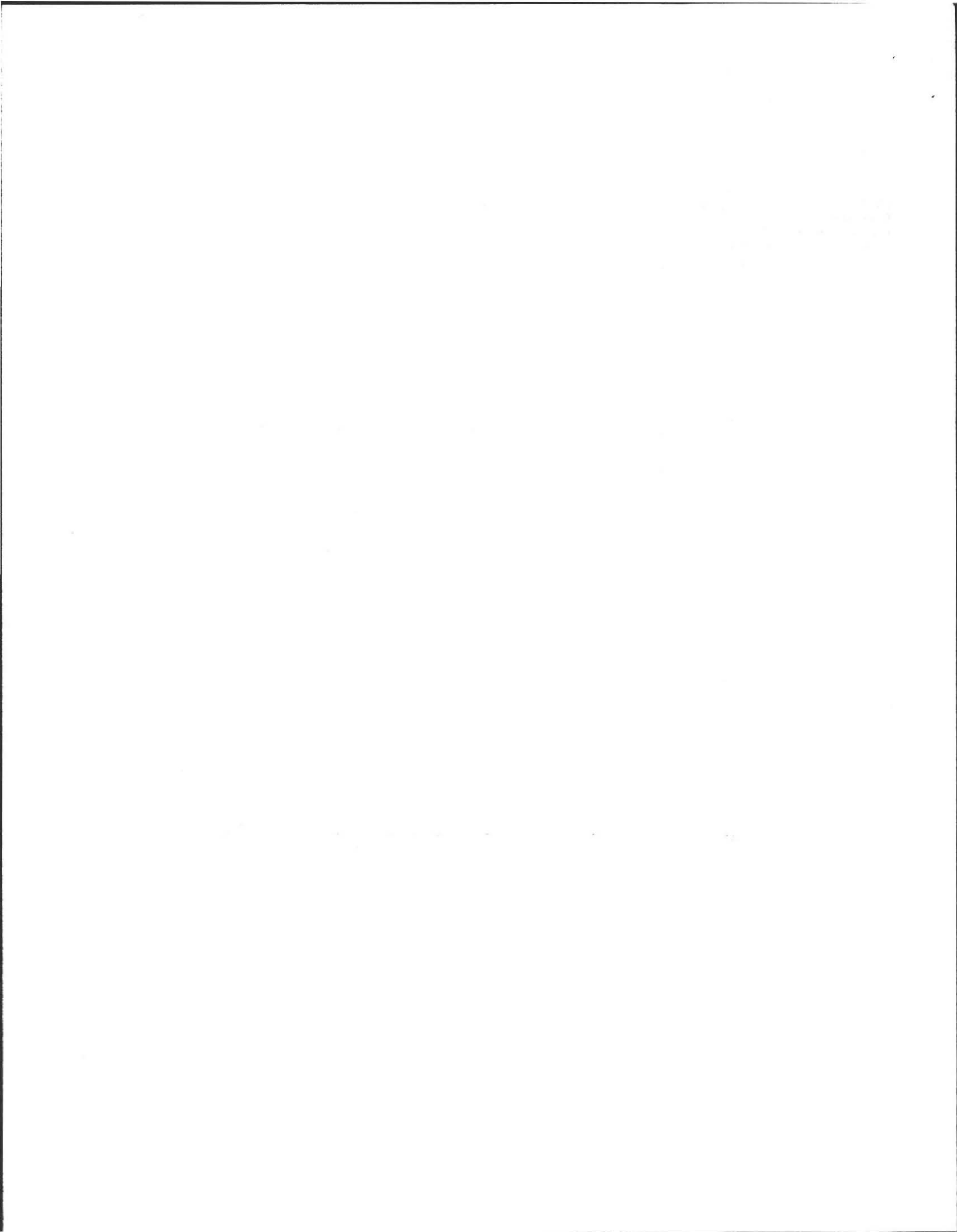
- | Yes                      | No                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. <b>[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.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.                                                                                                                                                                                                                                                             |

### E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

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

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





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**C. Checklist**

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

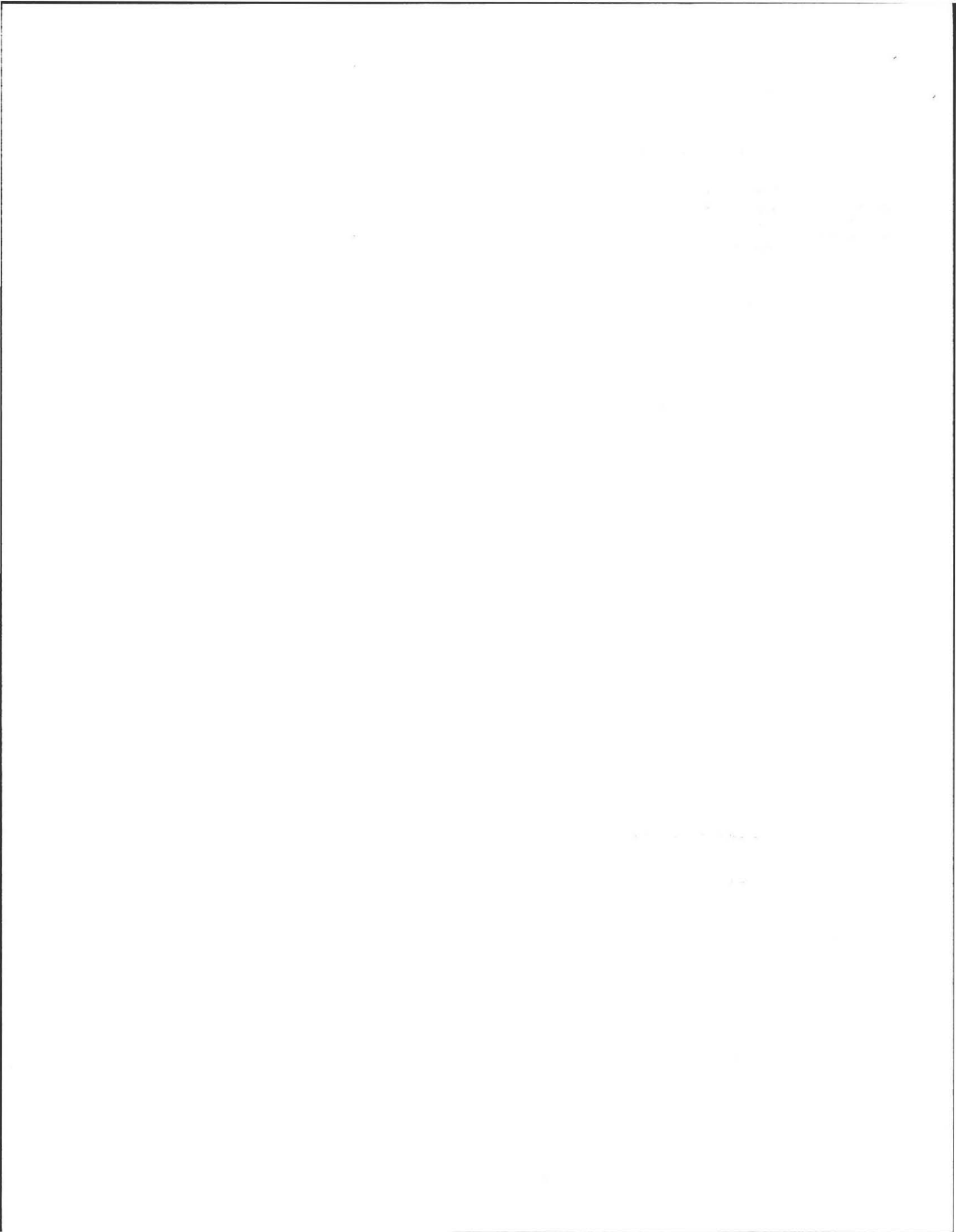
- | Yes                                 | No                                  |                                                                                                                                                                                                                                                                      |
|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health                                                                                                                                                                                          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?                                                                                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]                                                                                                                 |

**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





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**D. System Information**

Description:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of current residents: 4

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)): WELL 100'

Detail:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sump pump?  Yes  No

Last date of occupancy: PRESENT  
 Date

**Commercial/Industrial Flow Conditions:**

Type of Establishment: \_\_\_\_\_

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

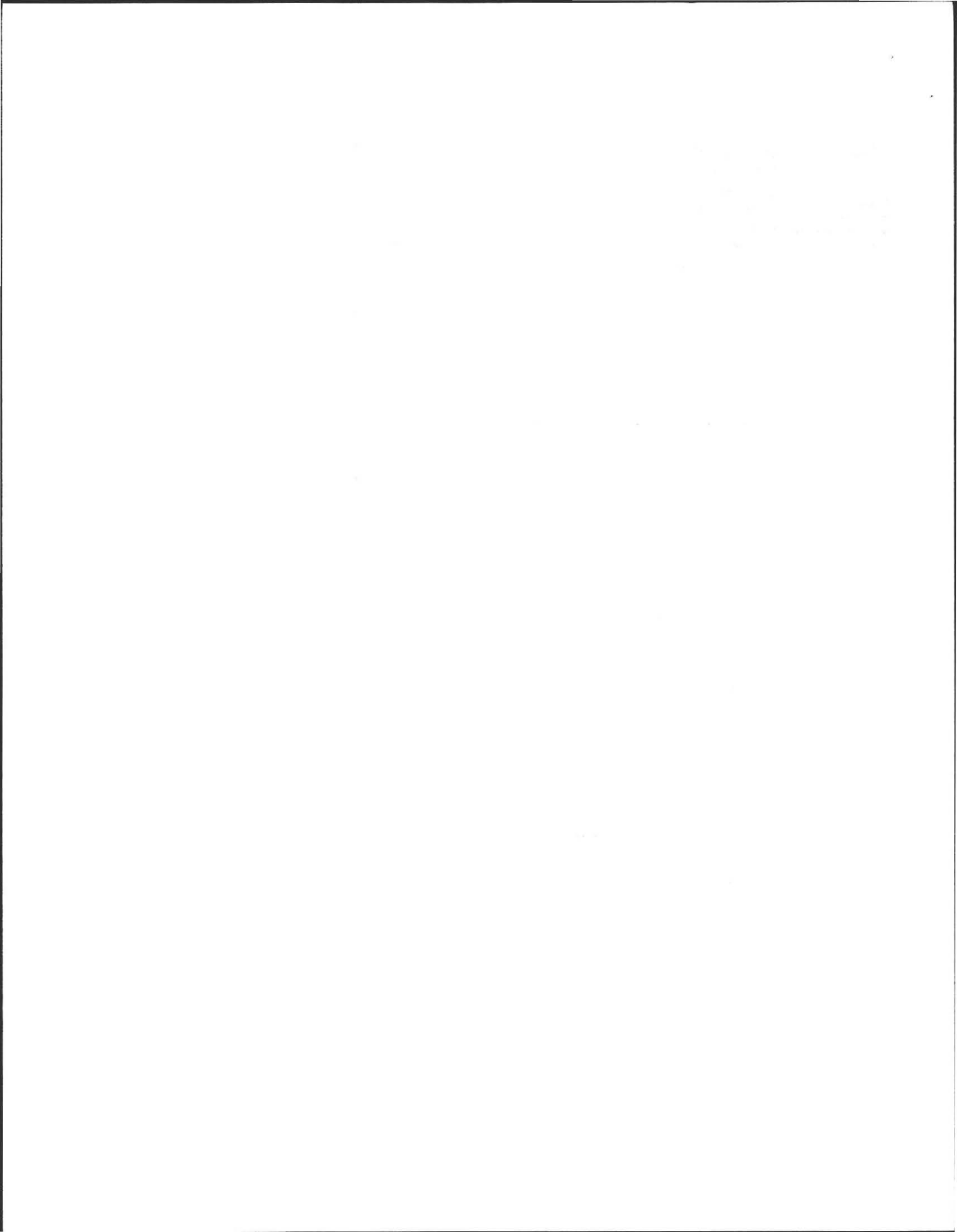
Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

Grease trap present?  Yes  No

Industrial waste holding tank present?  Yes  No

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

Water meter readings, if available: \_\_\_\_\_







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## D. System Information (cont.)

Last date of occupancy/use: \_\_\_\_\_

Date

Other (describe below):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### General Information

#### Pumping Records:

Source of information: \_\_\_\_\_

WILSON PUMPED IN 2007 FALL PER OWNER

Was system pumped as part of the inspection? \_\_\_\_\_

Yes  No

If yes, volume pumped: \_\_\_\_\_

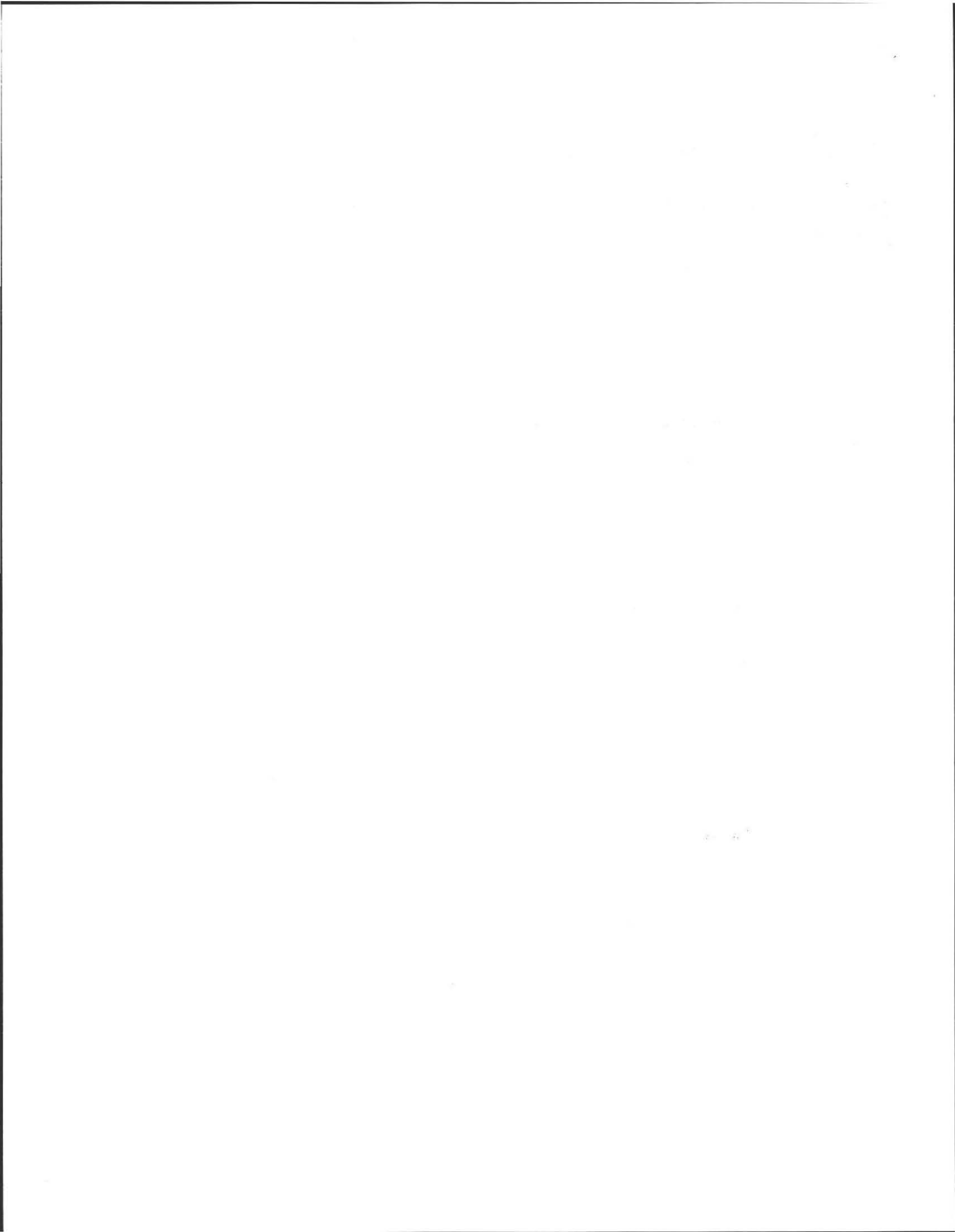
gallons

How was quantity pumped determined? \_\_\_\_\_

Reason for pumping: \_\_\_\_\_

#### Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) 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): \_\_\_\_\_





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**D. System Information (cont.)**

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

\_\_\_\_\_

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

**Building Sewer** (locate on site plan):

Depth below grade: \_\_\_\_\_ feet

Material of construction:

cast iron  40 PVC  other (explain): \_\_\_\_\_

Distance from private water supply well or suction line: \_\_\_\_\_ feet

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

JOINTS AND VENTING OK, NO LEAKAGE

\_\_\_\_\_  
 \_\_\_\_\_

**Septic Tank** (locate on site plan):

Depth below grade: \_\_\_\_\_ 14" feet

Material of construction:

concrete  metal  fiberglass  polyethylene  other (explain)

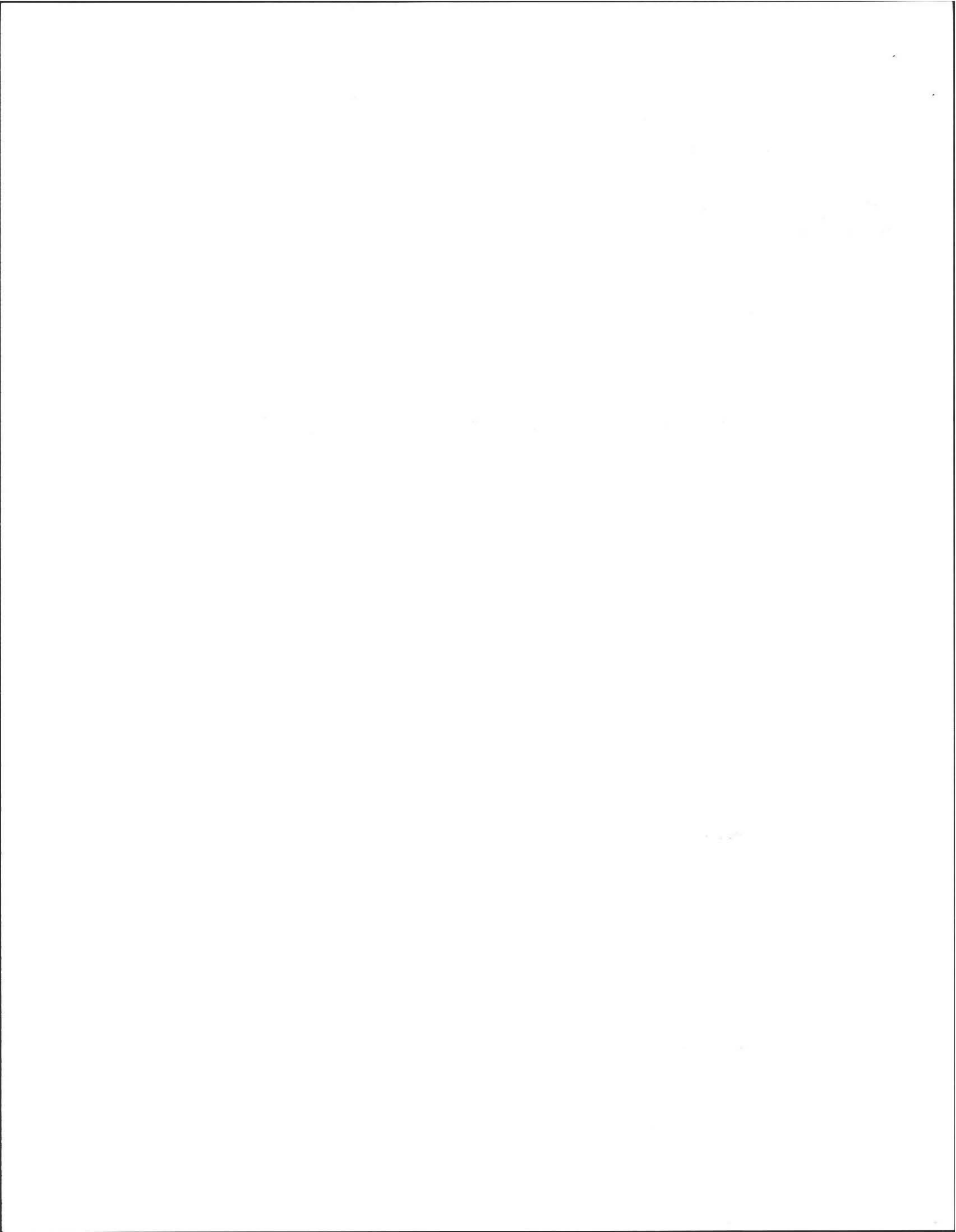
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If tank is metal, list age: \_\_\_\_\_ years

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

Dimensions: \_\_\_\_\_ L 10' 6" X W 5' X H 5'

Sludge depth: \_\_\_\_\_ NONE





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**D. System Information (cont.)**

**Septic Tank (cont.)**

Distance from top of sludge to bottom of outlet tee or baffle NONE  
 Scum thickness NONE  
 Distance from top of scum to top of outlet tee or baffle NONE  
 Distance from bottom of scum to bottom of outlet tee or baffle NONE  
 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.):  
 PUMP TANK EVERY ONE - THREE YEARS. INLET AND OUTLET BAFFLE OK. TANK IS STRUCTURALLY SOUND, LIQUID LEVELS ARE AT OUTLET INVERT, NO LEAKAGE

**Grease Trap (locate on site plan):**

Depth below grade: \_\_\_\_\_ feet

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

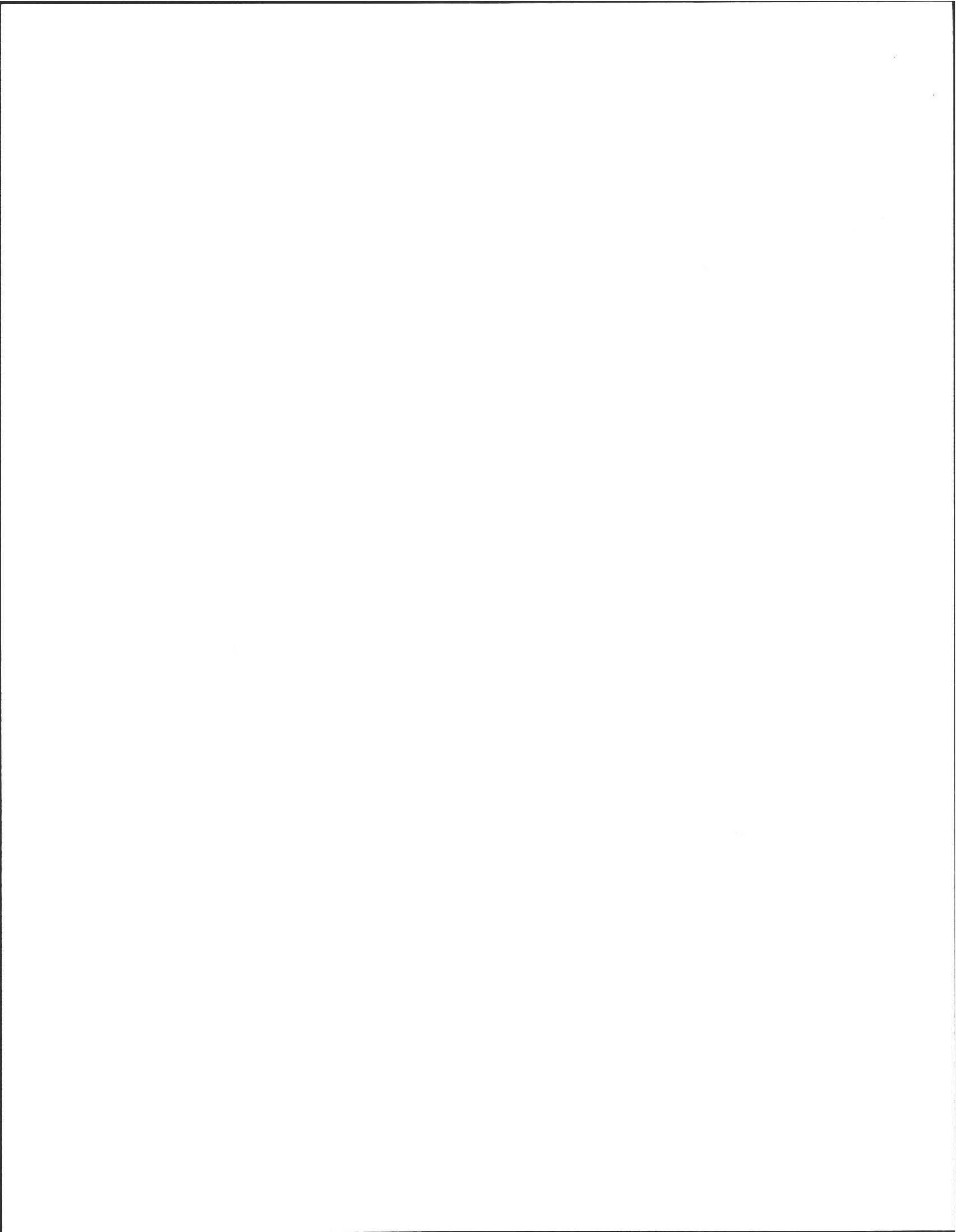
Dimensions: \_\_\_\_\_

Scum thickness \_\_\_\_\_

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

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

Date of last pumping: \_\_\_\_\_ Date





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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.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 per day

Alarm present: \_\_\_\_\_

- Yes       No

Alarm level: \_\_\_\_\_

- Alarm in working order:       Yes       No

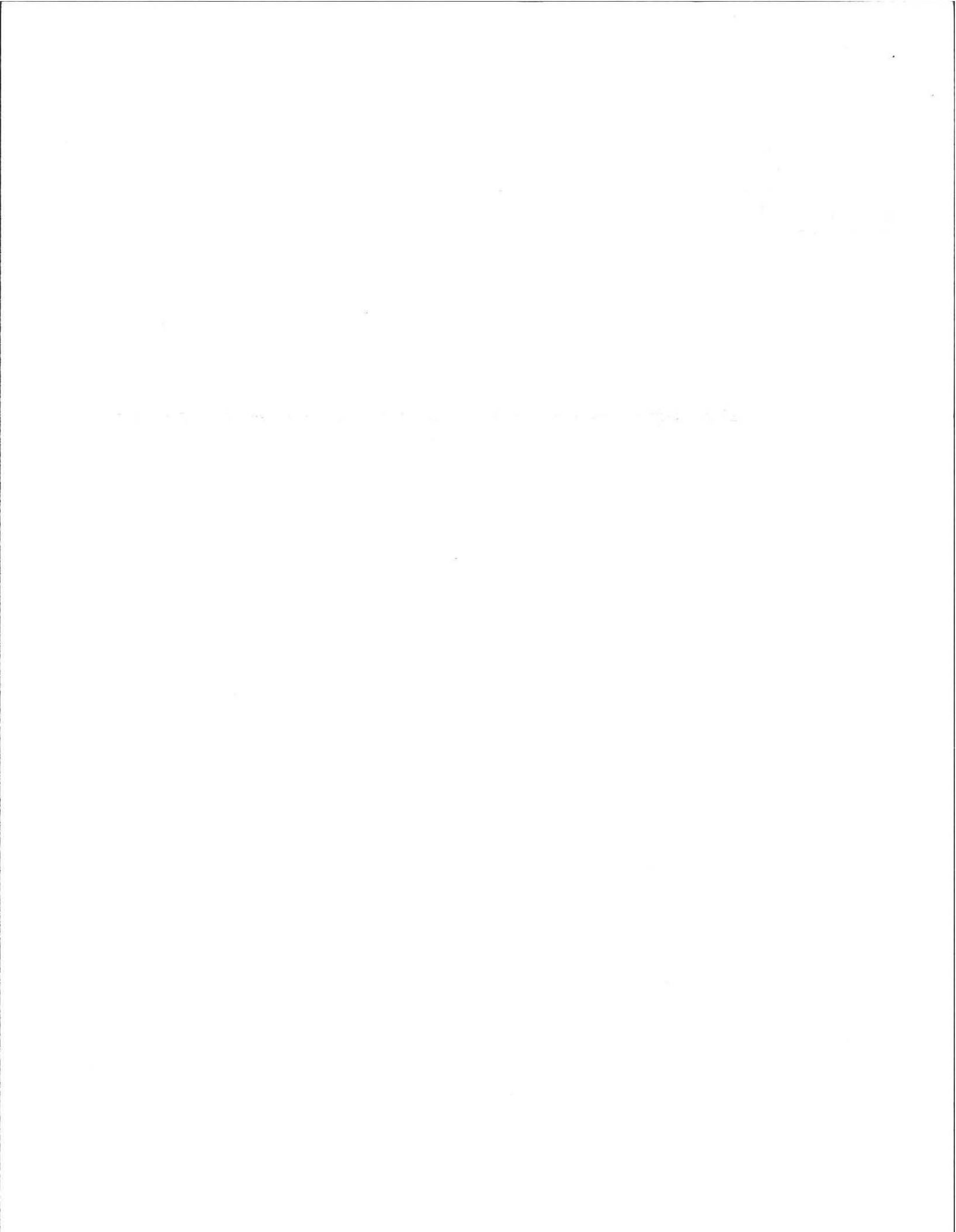
Date of last pumping: \_\_\_\_\_

Date

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Attach copy of current pumping contract (required). Is copy attached?       Yes       No







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**D. System Information (cont.)**

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

Depth of liquid level above outlet invert

0", D -BOX IS APPROXIMATELY 1' 5" DEEP

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.):

REPLACED /INSTALLED NEW THREE HOLE D -BOX, INSTALLED THREE SPEED LEVELERS

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

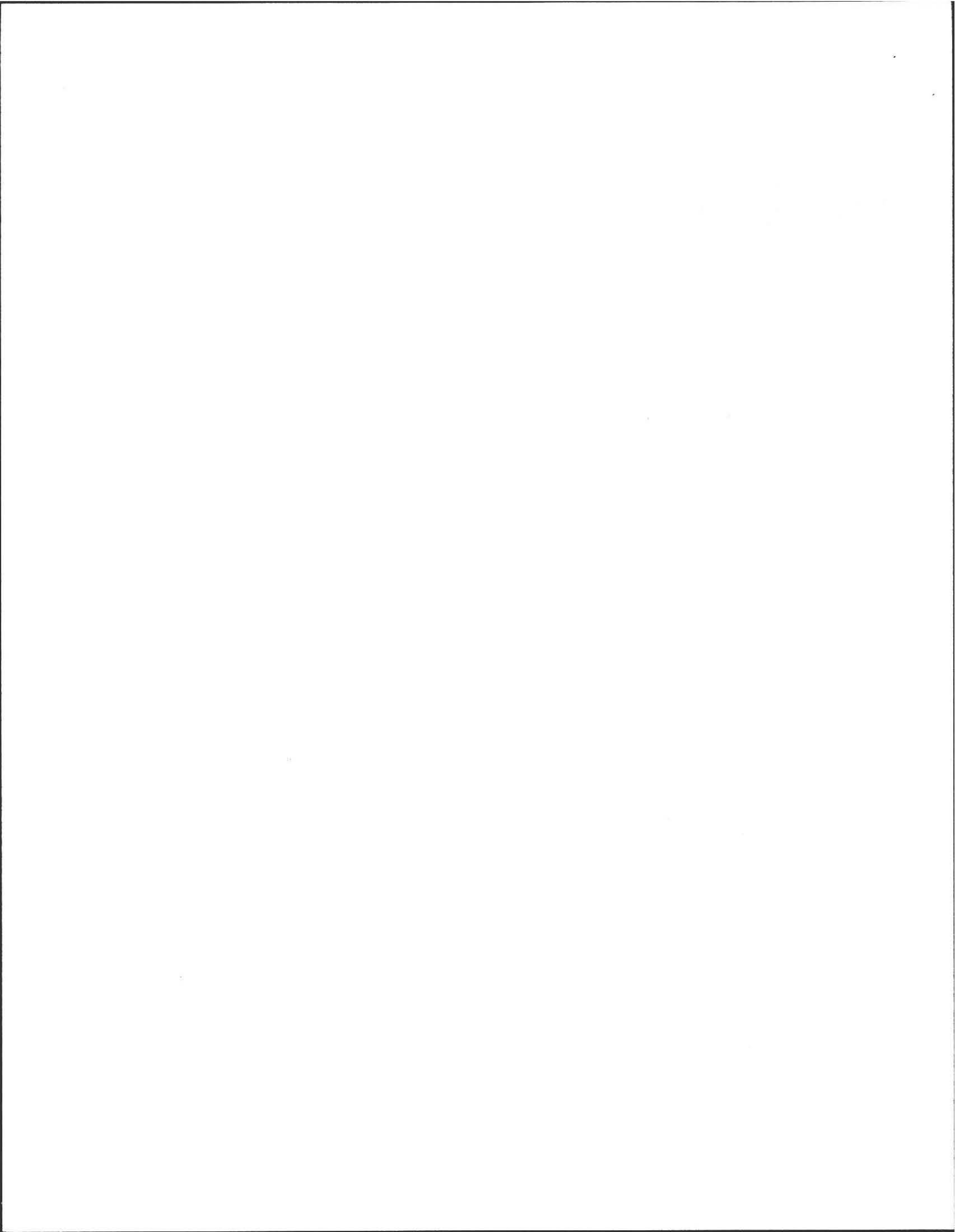
Alarms in working order:

Yes  No

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:





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**D. System Information (cont.)**

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: 30' X 35'  
ONE FIELD OK
- 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.):

SOIL AND VEGETATION ARE OK, NO SIGNS OF HYDRAULIC FAILURE

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

Number and configuration \_\_\_\_\_

Depth – top of liquid to inlet invert \_\_\_\_\_

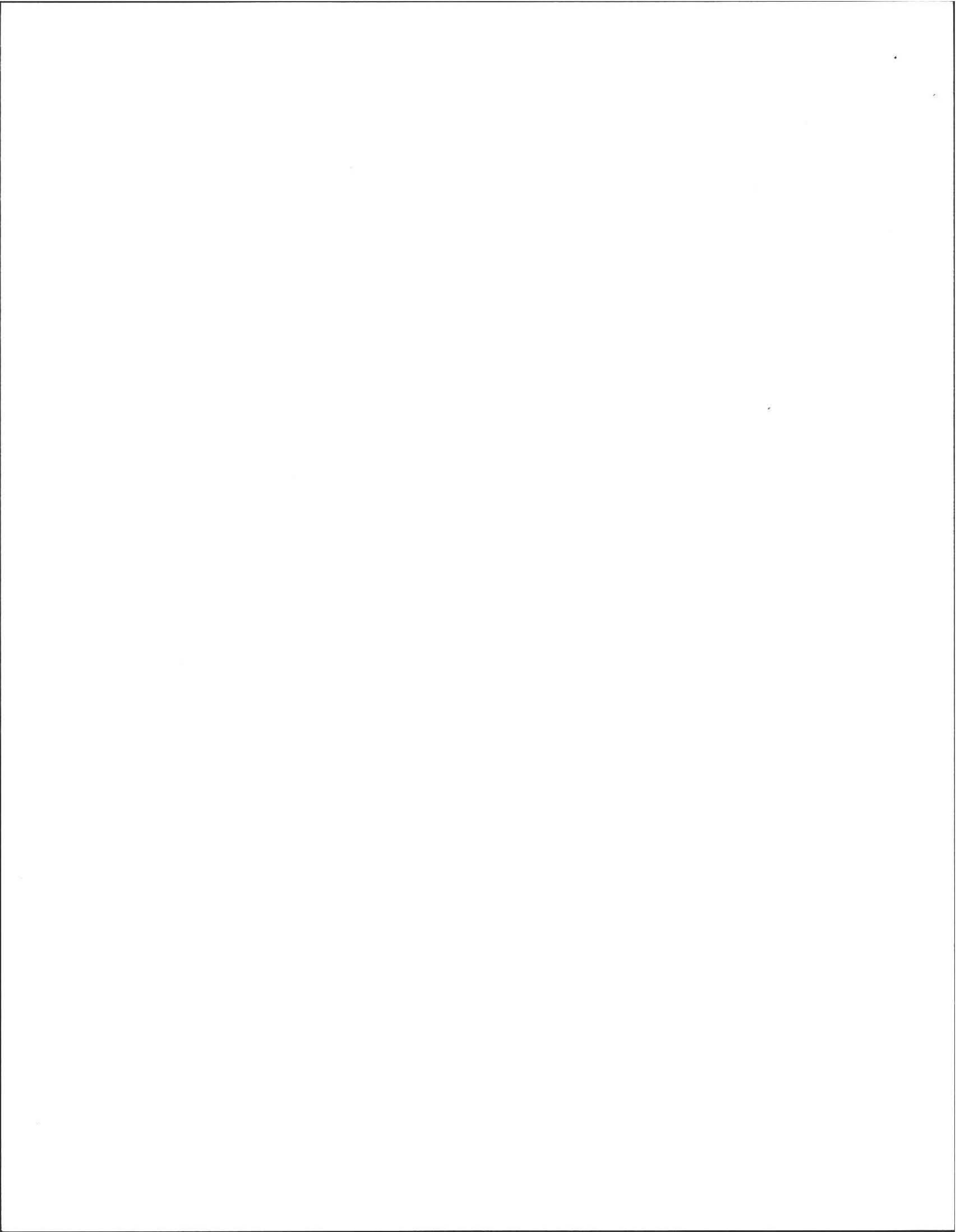
Depth of solids layer \_\_\_\_\_

Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

Materials of construction \_\_\_\_\_

Indication of groundwater inflow  Yes  No





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## D. System Information (cont.)

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

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**Privy** (locate on site plan):

Materials of construction: \_\_\_\_\_

Dimensions \_\_\_\_\_

Depth of solids \_\_\_\_\_

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

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# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 HIGHPOINT DRIVE

Property Address

GOLDMAN

Owner's Name

AMHERST

City/Town

MASS.

State

01001

Zip Code

MAY 14, 2010

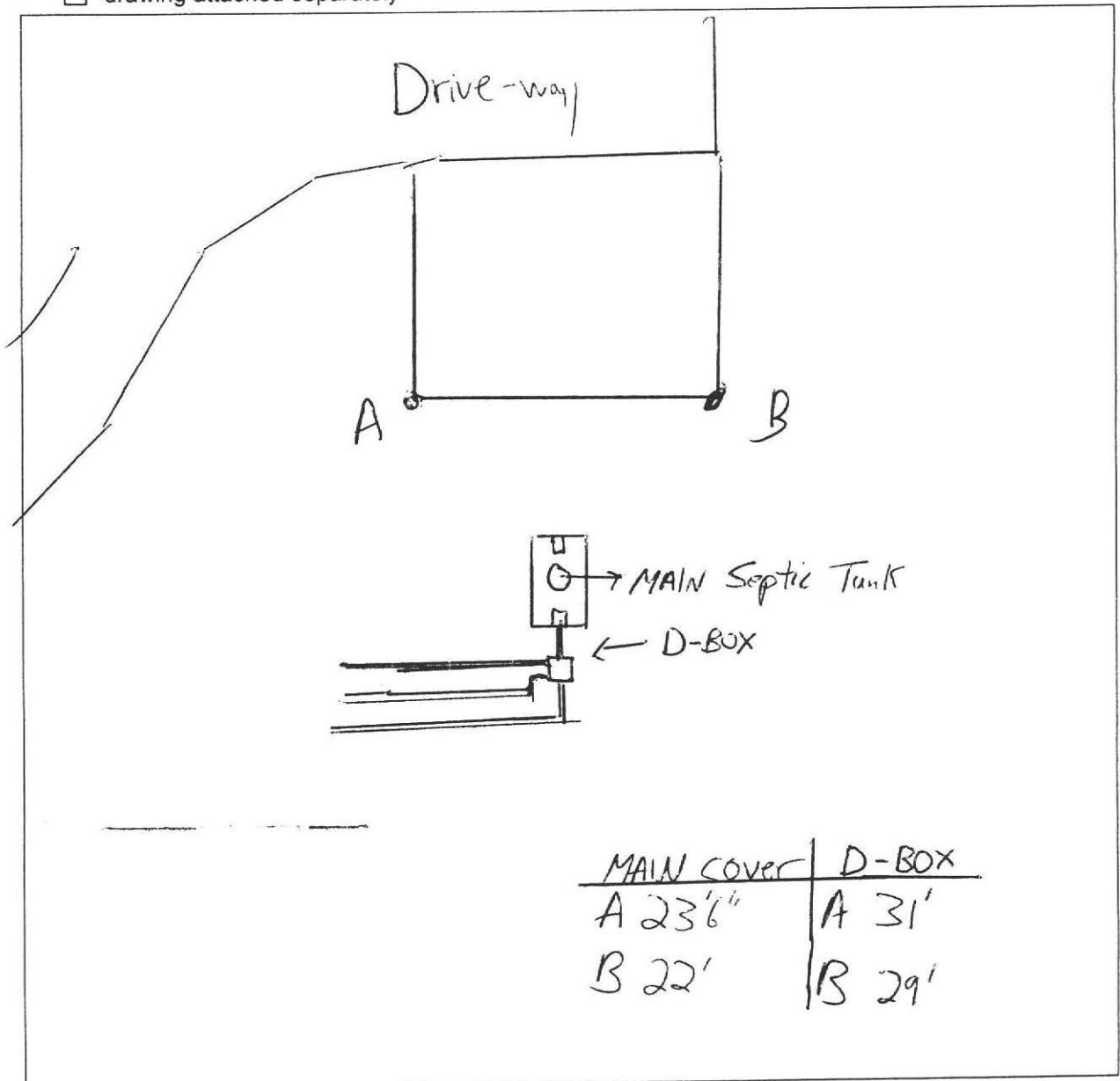
Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately









Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**  
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

115 HIGHPOINT DRIVE  
 Property Address  
 GOLDMAN  
 Owner's Name  
 AMHERST  
 City/Town  
 MASS. State  
 01001 Zip Code  
 MAY 14, 2010 Date of Inspection

**D. System Information (cont.)**

**Site Exam:**

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

Estimated depth to high ground water: NONE AT 6'  
 feet

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

- Obtained from system design plans on record  
 If checked, date of design plan reviewed: \_\_\_\_\_ Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
GARY FROM BOH WITNESSED THE INSPECTION
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
 \_\_\_\_\_

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

PERC TEST REPORT 1987

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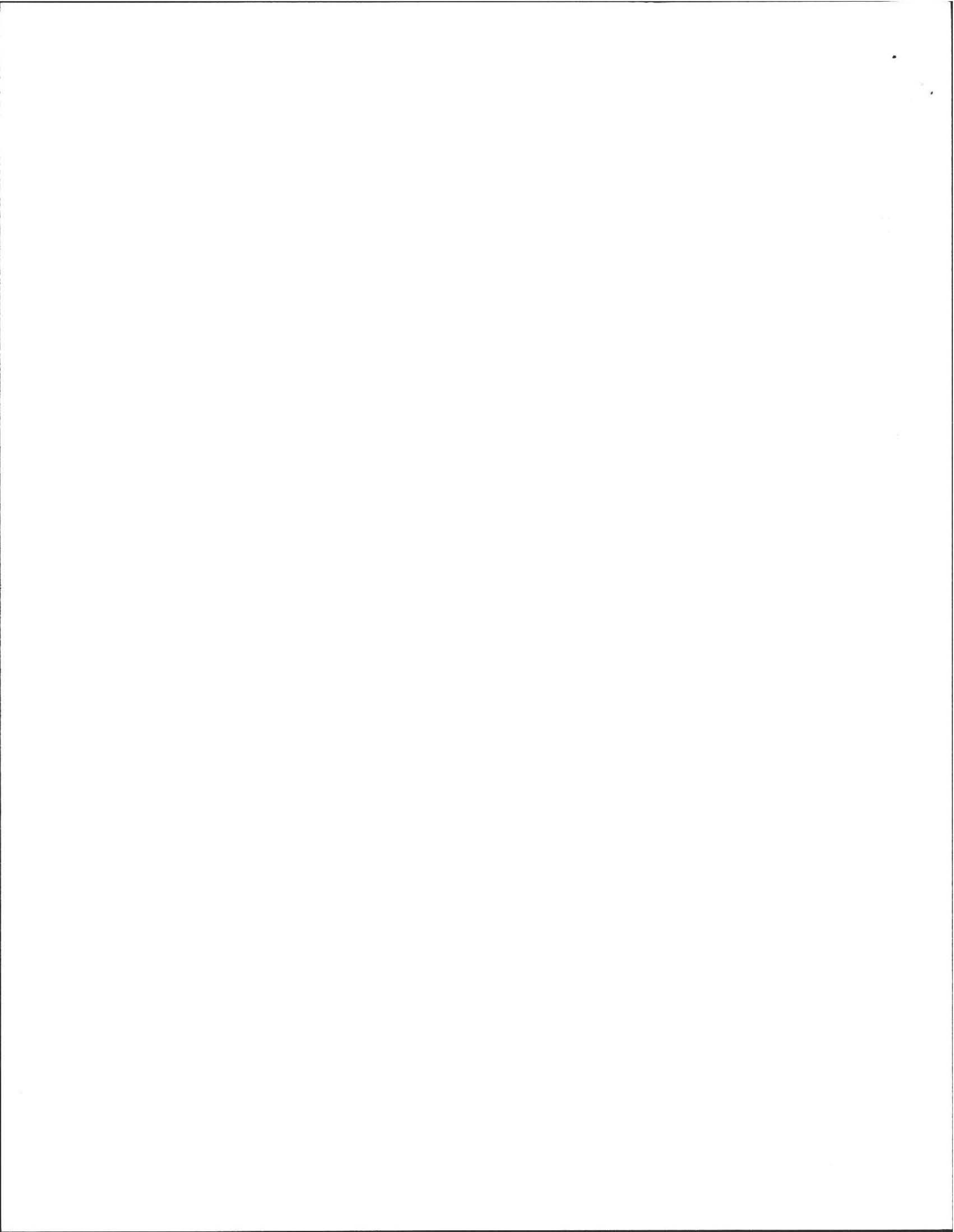


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**Before filing this Inspection Report, please see Report Completeness Checklist on next page.**





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

115 HIGHPOINT DRIVE

Property Address

GOLDMAN

Owner's Name

AMHERST

City/Town

MASS.

State

01001

Zip Code

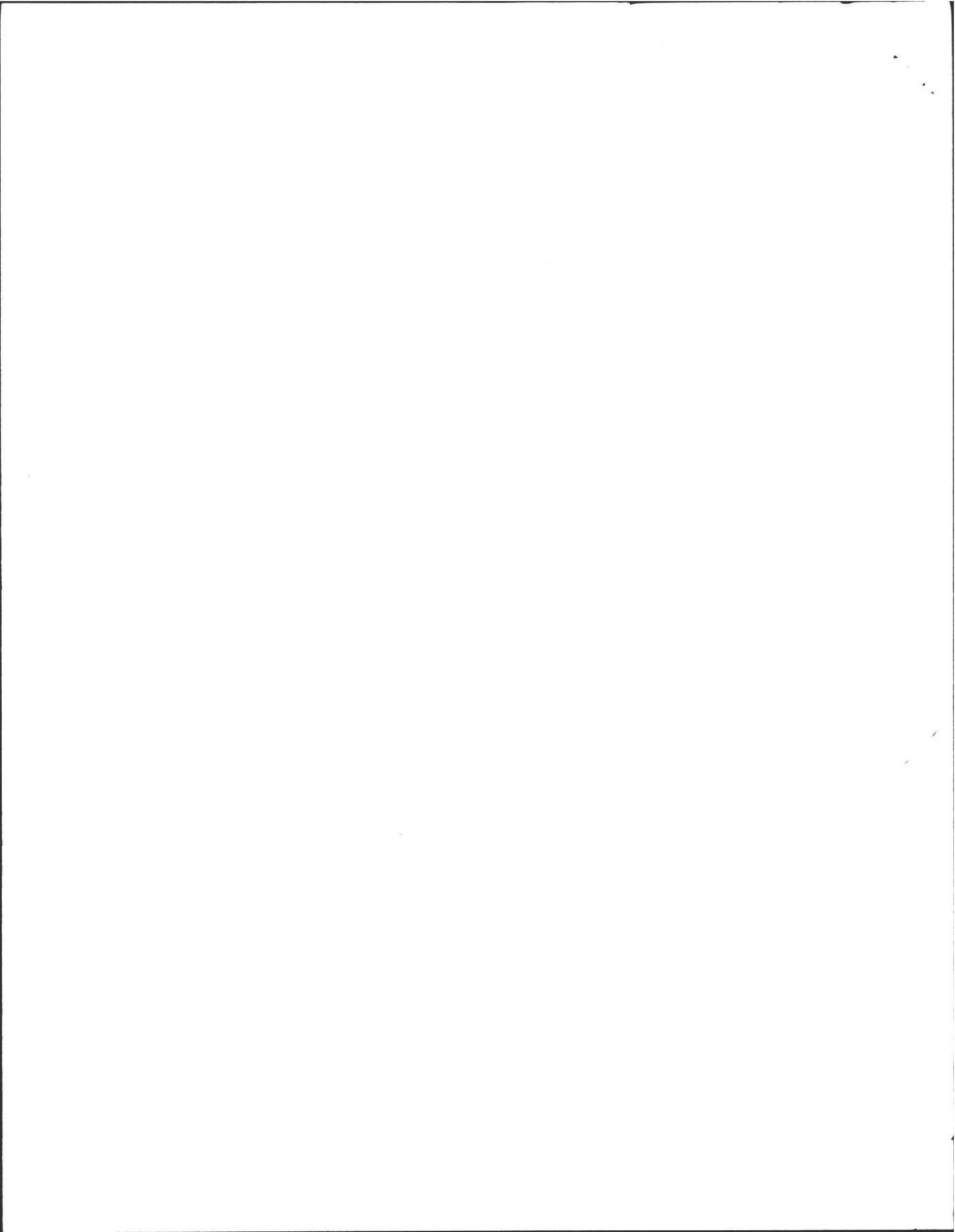
MAY 14, 2010

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



#115



Commonwealth of Massachusetts  
Executive Office of Environmental Affairs

# Department of Environmental Protection

COPY

William F. Weld  
Governor  
Trudy Coxe  
Secretary, EOE  
David B. Struhs  
Commissioner

## SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

Property Address: 115 HIGH POINT DR, AMHERST

Address of Owner: FRANK BARRETT MILLS  
(If different)

Date of Inspection: 9/10/97

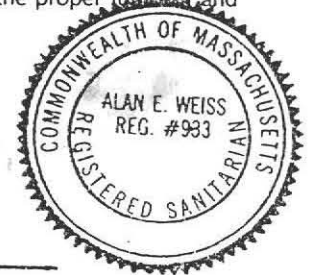
Name of Inspector: ALAN E. WEISS, R. S. #933

Company Name, Address and Telephone Number: COLD SPRING ENVIRONMENTAL, INC.  
350 OLD ENFIELD RD. BELCHERTOWN, MA. 01007  
PH: (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 inspection. The inspection was performed based on my training and experience in the proper functioning and maintenance of on-site sewage disposal systems. The system:

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



Inspector's Signature: Alan Weiss

Date: 9/10/97

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

### INSPECTION SUMMARY:

Check A, B, C, or D:

#### A) SYSTEM PASSES:

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

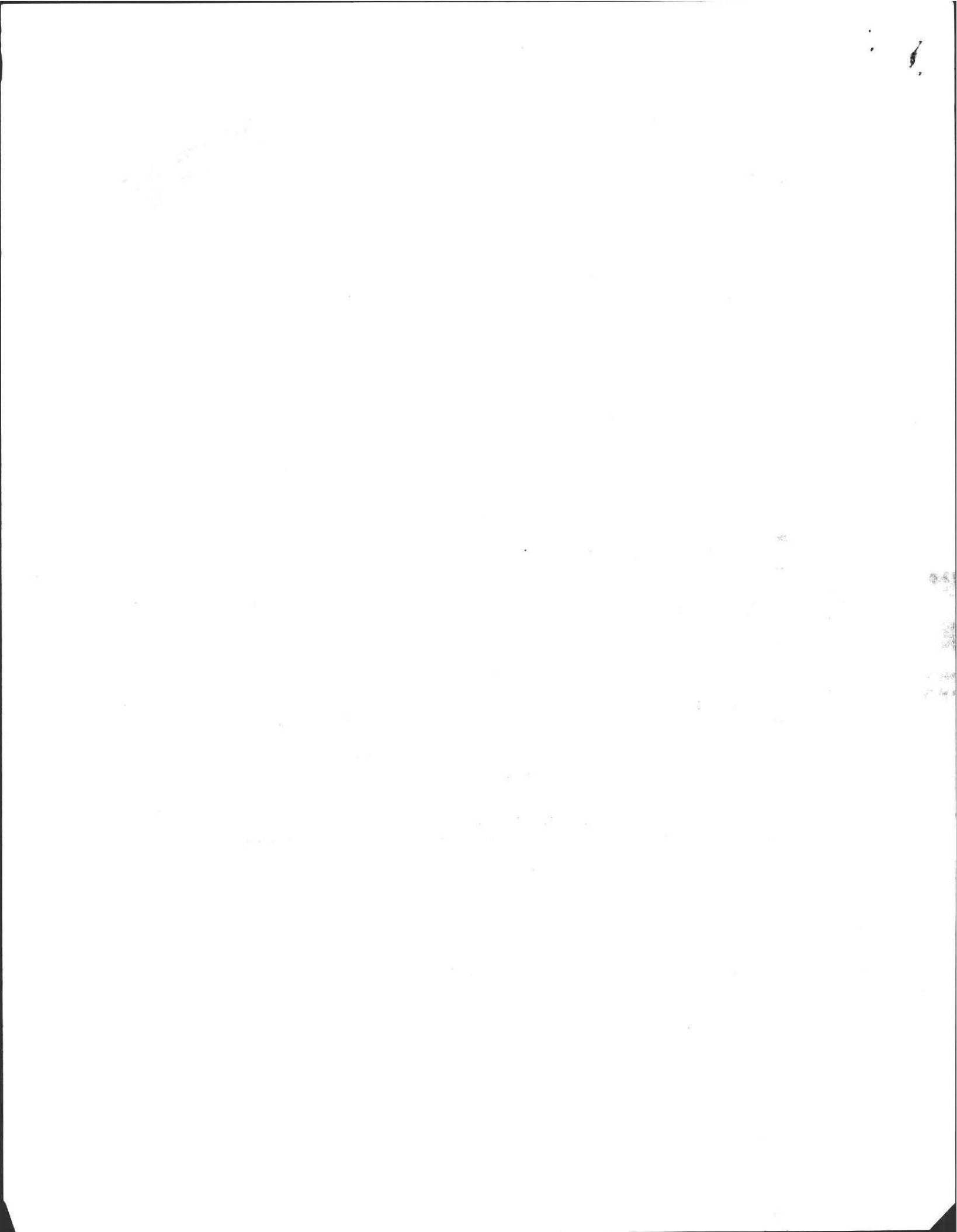
#### B) SYSTEM CONDITIONALLY PASSES:

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not

The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

(revised 8/15/95)



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

Property Address: 115 HIGH POINT DR.  
Owner: ~~E~~ BARRETT - MILLS  
Date of Inspection: 9/10/97

**B) SYSTEM CONDITIONALLY PASSES (continued)**

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):
- broken pipe(s) are replaced
  - obstruction is removed
  - distribution box is levelled or replaced
- The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
- broken pipe(s) are replaced
  - obstruction is removed

**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 the public health, safety and the environment.

**1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

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

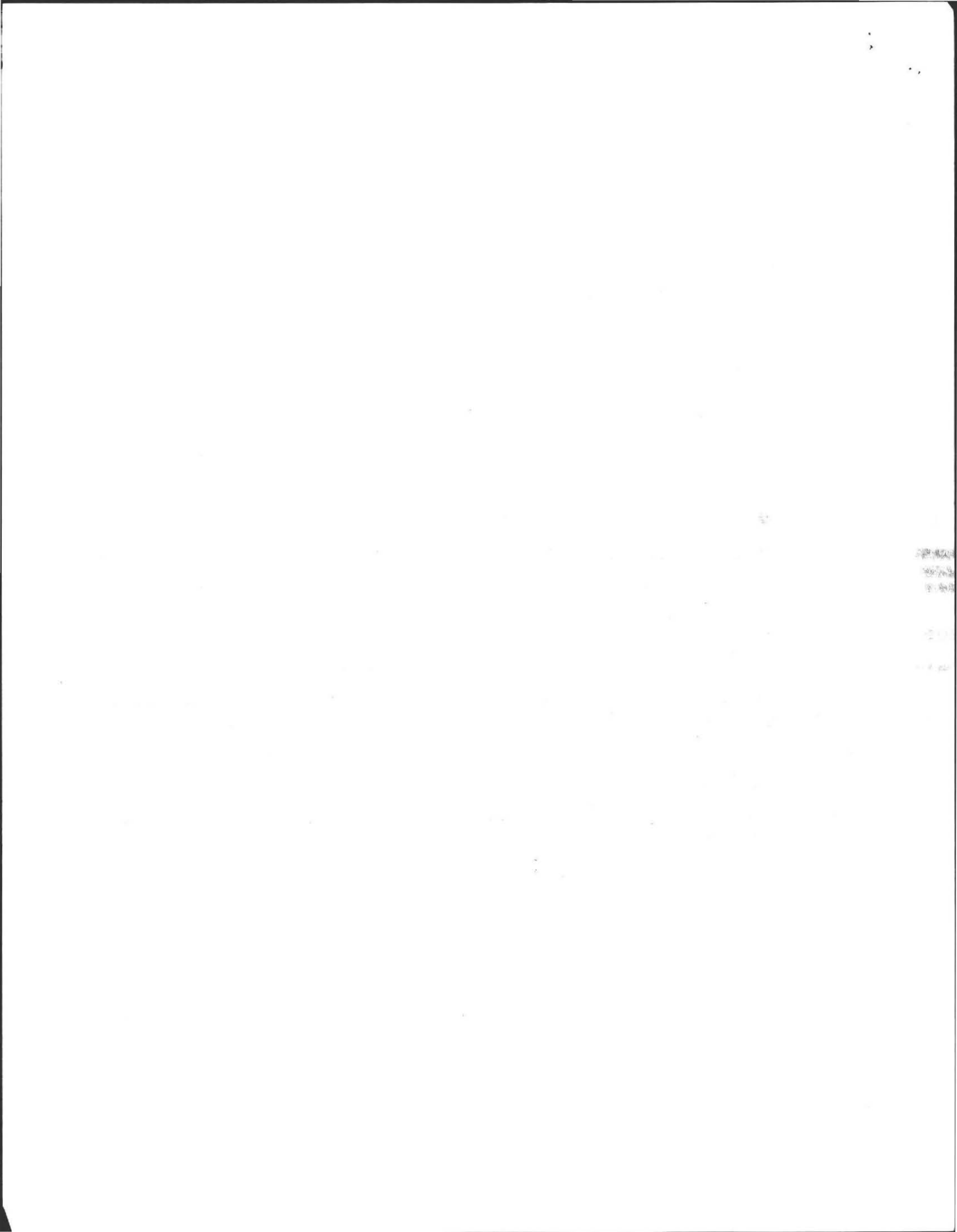
**2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

**D) SYSTEM FAILS:**

I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- Backup of sewage into facility or system component due to an 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.





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

Property Address: 115 HIGH POINT DR.  
Owner: BARRETT-MILLS  
Date of Inspection: 9/10/97

D] SYSTEM FAILS (continued):

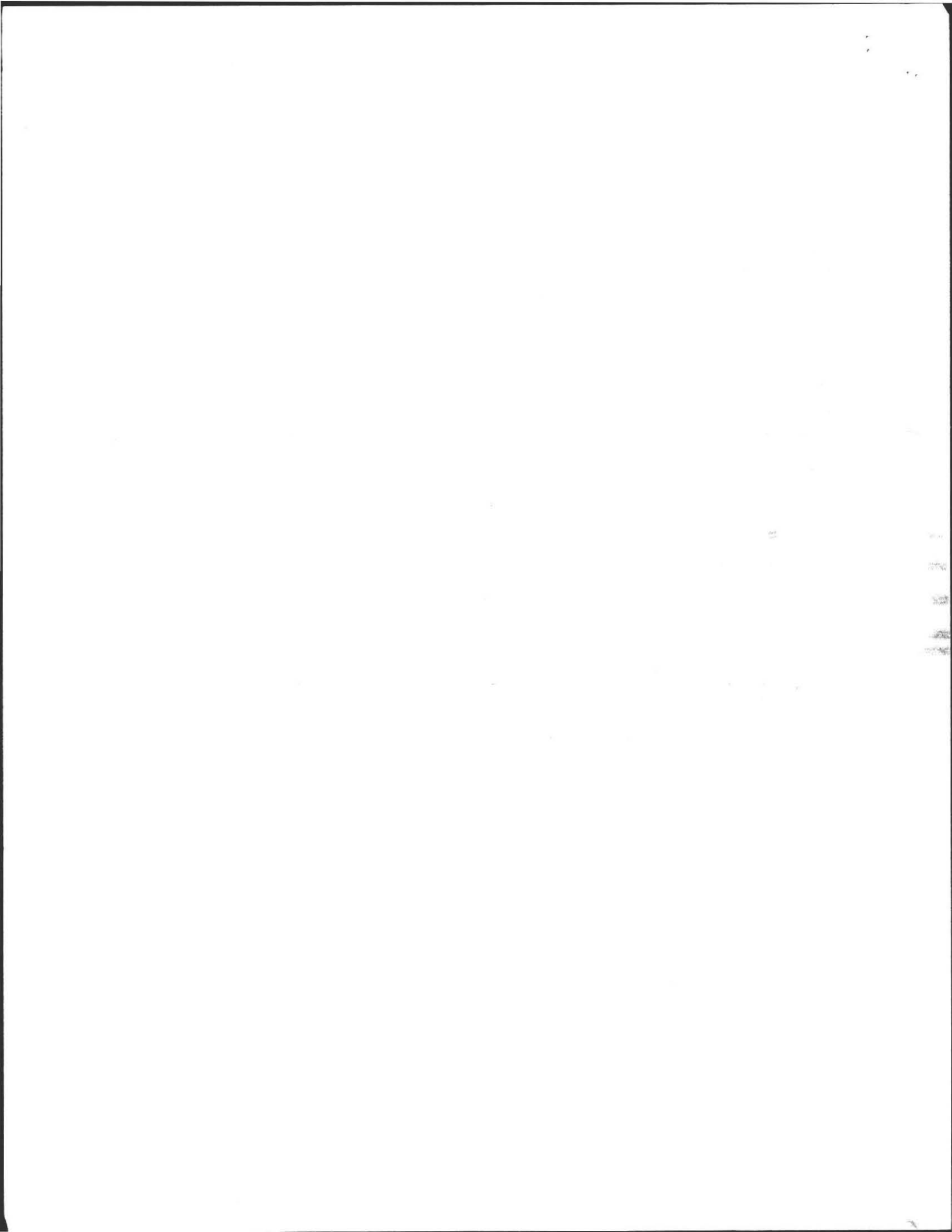
- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).  
Number of times pumped \_\_\_\_\_
- Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone I 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

- The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
  - 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)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

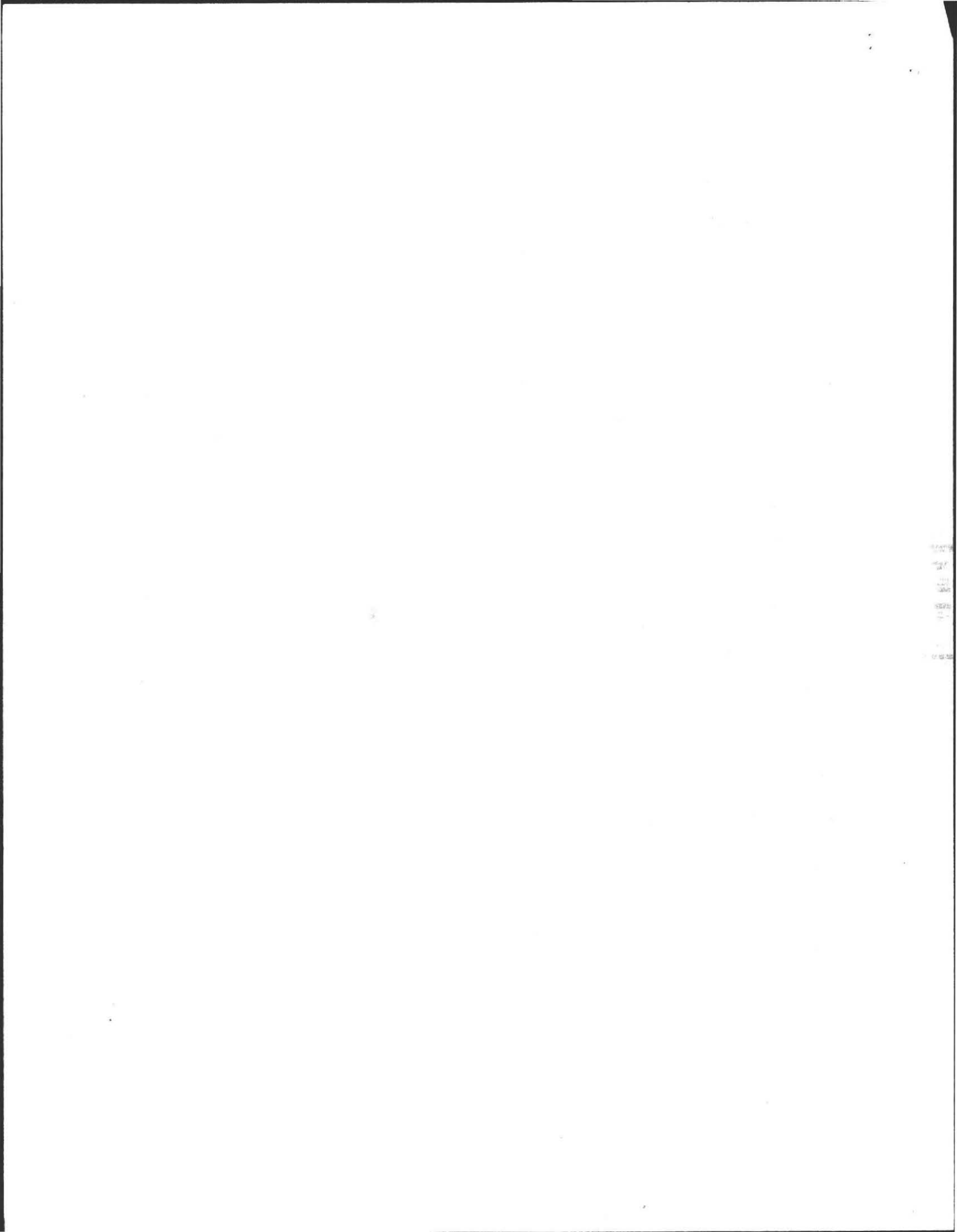


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST

Property Address: 115 HIGH POINT DR.  
Owner: BARRETT - MILLS  
Date of Inspection: 9/10/97

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The system does not receive non-sanitary or industrial waste flow
- The site was inspected for signs of breakout.
- All system components, excluding the Soil Absorption System, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 115 HIGH POINT DR., AMHERST  
Owner: BARRETT-MILLS  
Date of Inspection: 9/10/99

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 gallons

Number of bedrooms: 3

Number of current residents: 4

Garbage grinder (yes or no): No

Laundry connected to system (yes or no): Y

Seasonal use (yes or no): N

Water meter readings, if available: N

Last date of occupancy: CURRENT

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A

Design flow: \_\_\_\_\_ gallons/day

Grease trap present: (yes or no) \_\_\_\_\_

Industrial Waste Holding Tank present: (yes or no) \_\_\_\_\_

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

Water meter readings, if available: \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

OTHER: (Describe) \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

GENERAL INFORMATION

PUMPING RECORDS and source of information:

YEARLY

System pumped as part of inspection: (yes or no) \_\_\_\_\_

If yes, volume pumped 1500 gallons

Reason for pumping: TIME/OWNER REQUEST

TYPE OF SYSTEM

Septic tank/distribution box/soil absorption system

Single cesspool

Overflow cesspool

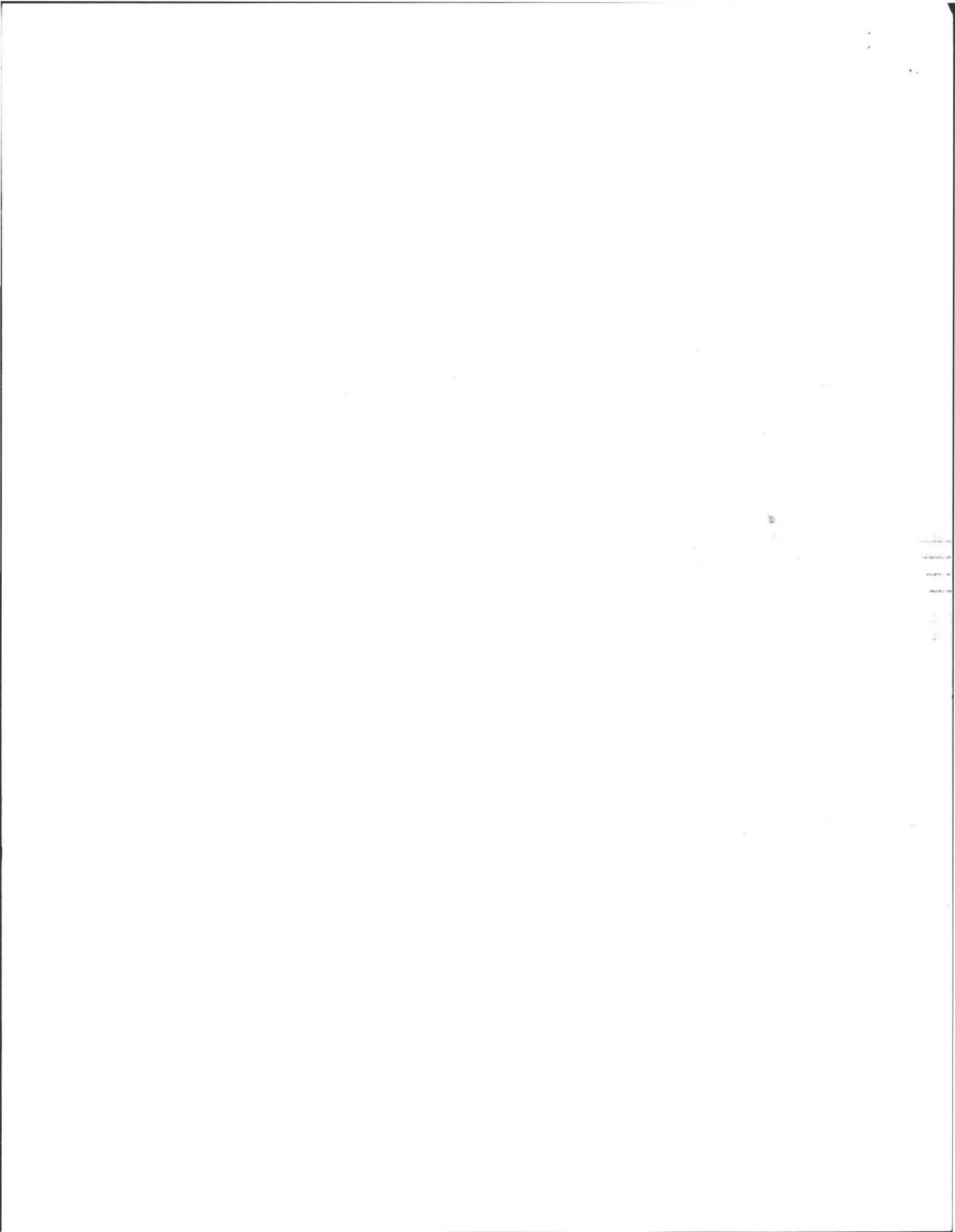
Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

Other (explain) \_\_\_\_\_

APPROXIMATE AGE of all components, date installed (if known) and source of information: 10 YRS.

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



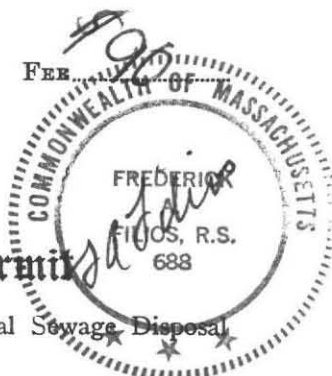
No. 85-20

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

115 High Point Drive Location - Address
George Spence Owner
Ray's Excavating Installer
P.O. Box 9, Amherst Rd., N. Amherst Address
RATTLE SNARE CUSTOM Address

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (✓)
Other - Type of Building No. of persons Showers ( ) - Cafeteria ( )
Other fixtures

Design Flow gallons per person per day. Total daily flow 511.2 gallons.
Septic Tank - Liquid capacity 1500 gallons Length Width Diameter Depth
Disposal Trench - No. Width 18' Total Length 40' Total leaching area 720 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (✓) Dosing tank ( )
Percolation Test Results Performed by F.A. Filios Date Jan. 25, 1985
Test Pit No. 1 6 minutes per inch Depth of Test Pit 7' Depth to ground water 38"
Test Pit No. 2 minutes per inch Depth of Test Pit 7' Depth to ground water 50"

Description of Soil enclosed - CURTAIN DRAIN REQUIRED SEE NOTES

Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Application Approved By Date

Application Disapproved for the following reasons:

Permit No. 85-20 Issued 6-7-85 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( ) by Installer

at has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

FEE \$90

No. 85-20

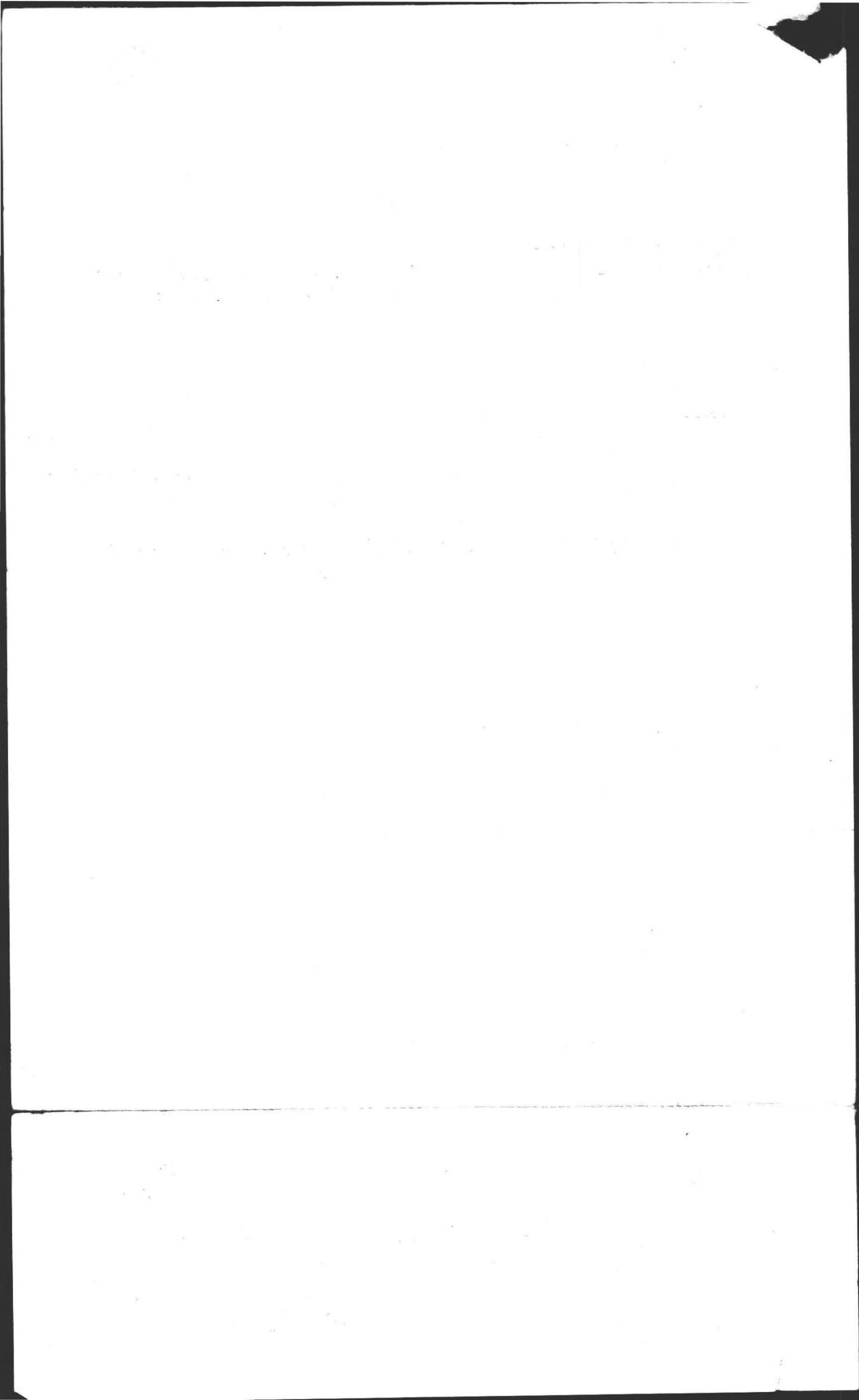
Disposal Works Construction Permit

Permission is hereby granted G.E.O. SPENCE - RAY'S EXCAVATING to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. 107-29 115 High Point Dr Street as shown on the application for Disposal Works Construction Permit No. 85-20 Dated 6-7-85

DATE 6-7-85 Board of Health

CHECK OR FILL IN WHERE APPLICABLE





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

Property Address: 115 HIGH POINT DR.  
Owner: BARETT - MILLS  
Date of Inspection: 9/10/97

SEPTIC TANK: Y  
(locate on site plan)

Depth below grade: 12  
Material of construction:  concrete  metal  FRP  other(explain)

Dimensions: 10.5' x 4.5'  
Sludge depth: 2-3"  
Distance from top of sludge to bottom of outlet tee or baffle: 20"  
Scum thickness: 4-6"  
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: 14"

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) GOOD CONDITION, BUILT-IN BAFFLES OK.

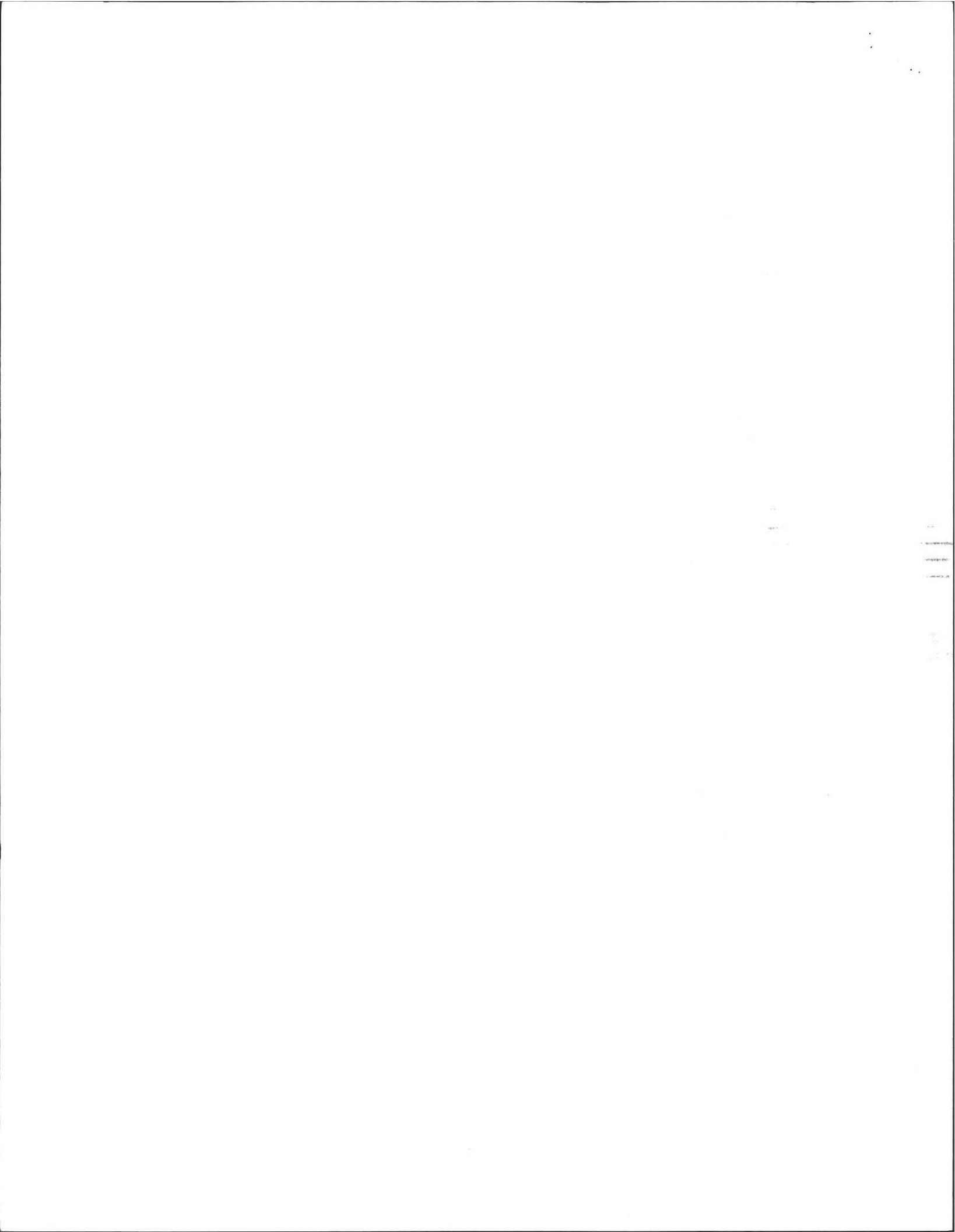
GREASE TRAP: N/A  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction:  concrete  metal  FRP  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: \_\_\_\_\_

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) \_\_\_\_\_



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

Property Address: 115 HIGH POINT DR., AMHERST  
Owner: BARRETT-MILLS  
Date of Inspection: 9/10/97

TIGHT OR HOLDING TANK: N  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction:  concrete  metal  FRP  other(explain)

Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design flow: \_\_\_\_\_ gallons/day  
Alarm level: \_\_\_\_\_

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

DISTRIBUTION BOX: Y  
(locate on site plan)

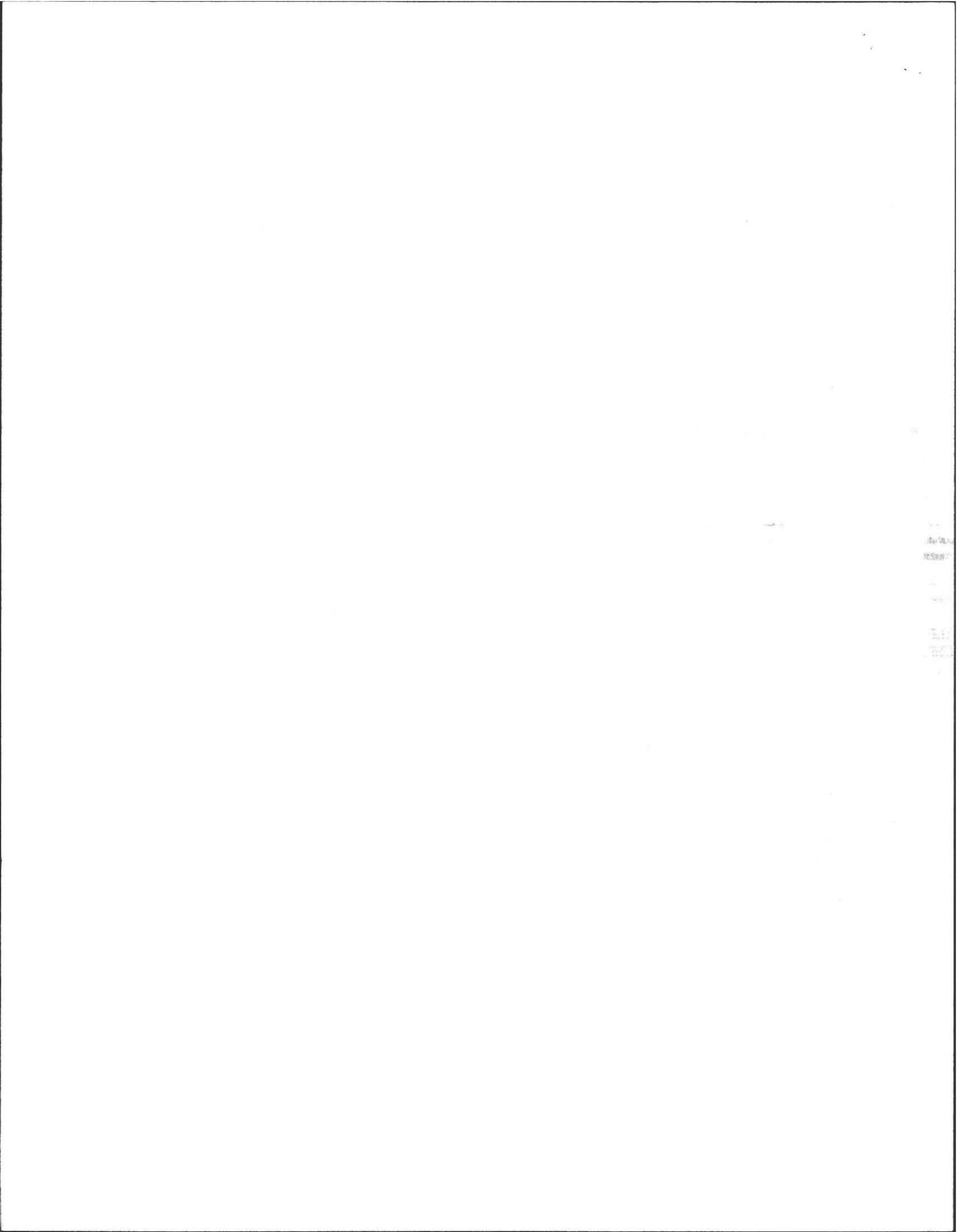
Depth of liquid level above outlet invert: AT INVERT

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)  
OK, NEEDS NEW COVER, MINIMAL (1") SLUDGE ON BOT. PUMPED OUT.

PUMP CHAMBER: N  
(locate on site plan)

Pumps in working order:(yes or no) \_\_\_\_\_

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



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

Property Address: 115 HIGH POINT DR.  
Owner: BARRETT MILLS  
Date of Inspection: 9/10/97

SOIL ABSORPTION SYSTEM (SAS): Y  
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

\_\_\_\_\_

Type:

leaching pits, number: \_\_\_\_\_  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number, length: \_\_\_\_\_  
leaching fields, number, dimensions: 30' x 35' - ONE FIELD OK.  
overflow cesspool, number: \_\_\_\_\_

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

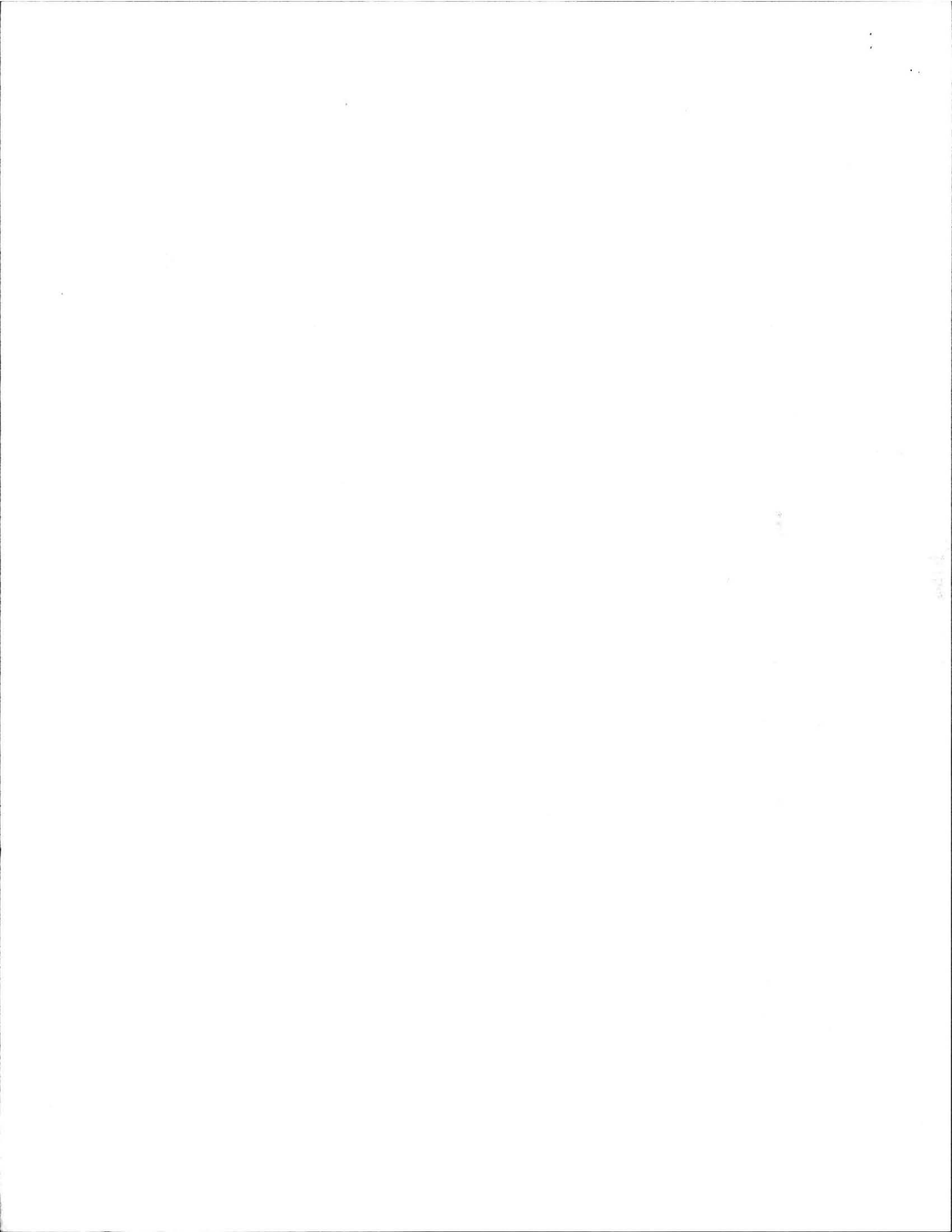
CESSPOOLS: N  
(locate on site plan)

Number and configuration: \_\_\_\_\_  
Depth-top of liquid to inlet invert: \_\_\_\_\_  
Depth of solids layer: \_\_\_\_\_  
Depth of scum layer: \_\_\_\_\_  
Dimensions of cesspool: \_\_\_\_\_  
Materials of construction: \_\_\_\_\_  
Indication of groundwater: \_\_\_\_\_  
inflow (cesspool must be pumped as part of inspection) \_\_\_\_\_

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

PRIVY: N  
(locate on site plan)

Materials of construction: \_\_\_\_\_ Dimensions: \_\_\_\_\_  
Depth of solids: \_\_\_\_\_  
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) \_\_\_\_\_

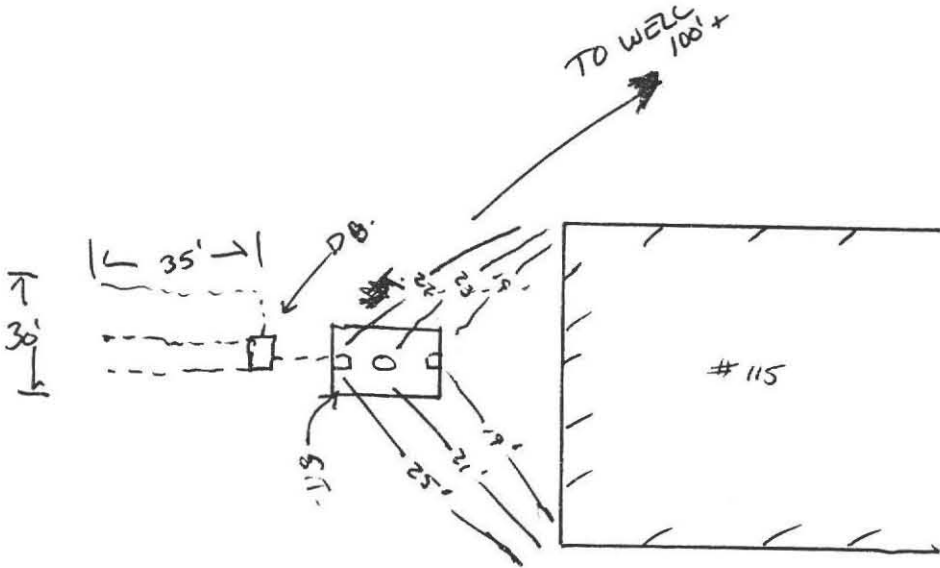


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 115 HIGH POINT DR AMHERST  
Owner: BARKETT-MILLS  
Date of Inspection: 9/10/97

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks  
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 6' + feet  
method of determination or approximation: perc test report 1987





No. 85-20

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town Amherst OF Amherst

Application for Disposal Works Construction Permit



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

System at:

115 High Point Drive  
Location - Address  
George Spence  
Owner  
Rays Excavating  
Installer

29  
or Lot No.  
P.O. Box G, Amherst Rd., N. Amherst  
Address  
Leicester MA  
Address

Type of Building \_\_\_\_\_ Size Lot \_\_\_\_\_ Sq. feet  
Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (✓)  
Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ) — Cafeteria ( )  
Other fixtures \_\_\_\_\_

Design Flow \_\_\_\_\_ gallons per person per day. Total daily flow 511.2 gallons.  
Septic Tank — Liquid capacity 1500 gallons Length \_\_\_\_\_ Width \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_  
Disposal Trench — No. \_\_\_\_\_ Width 18' Total Length 40' Total leaching area 720 sq. ft.  
Seepage Pit No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.  
Other Distribution box (✓) Dosing tank ( )  
Percolation Test Results Performed by F.A. Filios Date Jan. 25, 1985  
Test Pit No. 1 6 minutes per inch Depth of Test Pit 7' Depth to ground water 38"  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit 7' Depth to ground water 50"

Description of Soil enclosed. CURTAIN DRAIN REQUIRES SEE PLAN.  
Nature of Repairs or Alterations — Answer when applicable \_\_\_\_\_

Agreement:  
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.  
Signed \_\_\_\_\_ Date 6-7-85

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for the following reasons: \_\_\_\_\_

Permit No. 85-20 Issued 6-7-85 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

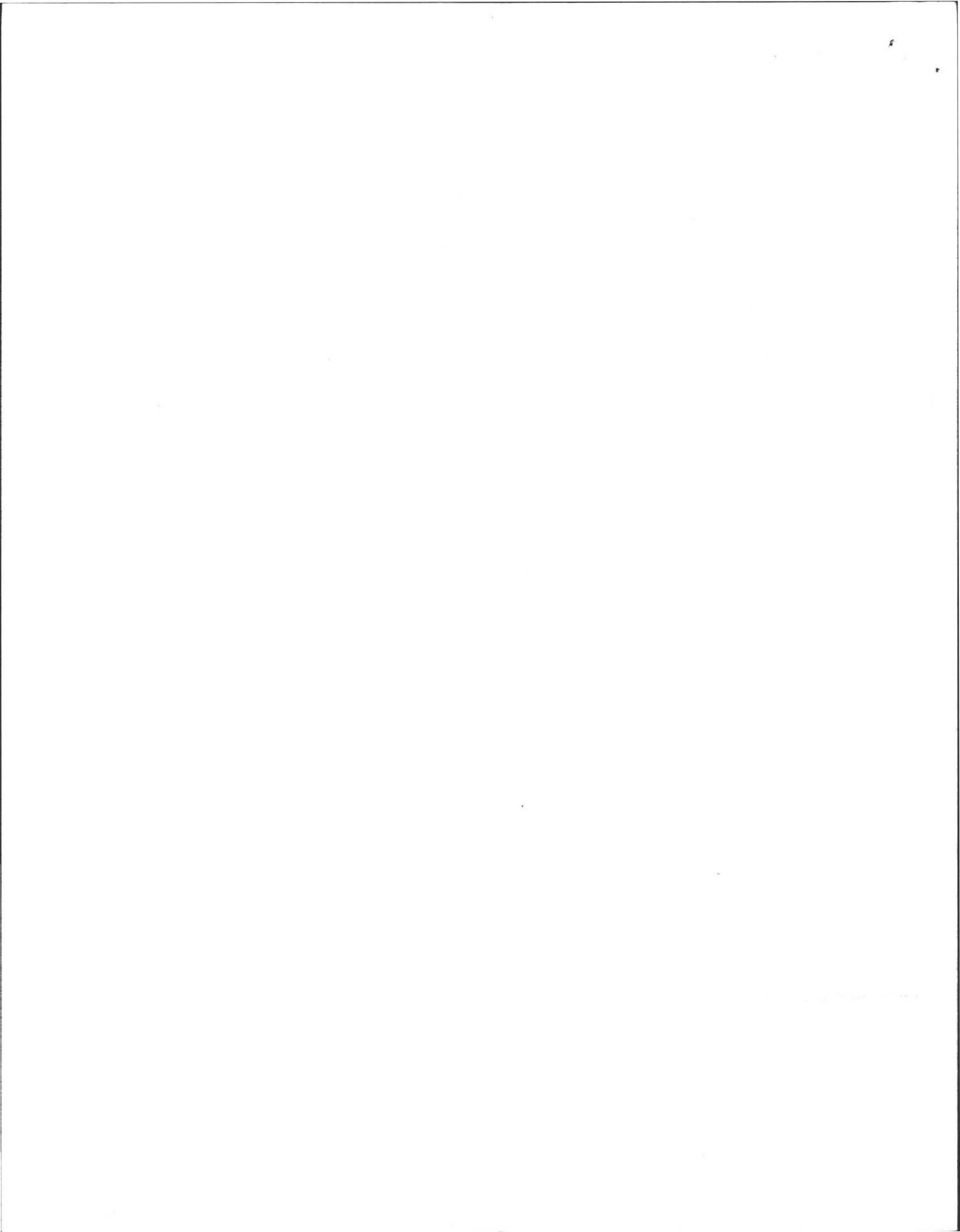
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )  
by \_\_\_\_\_ Installer  
at \_\_\_\_\_  
has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE \_\_\_\_\_ Inspector \_\_\_\_\_

CHECK OR FILL IN WHERE APPLICABLE



DEEP SOIL LOGS

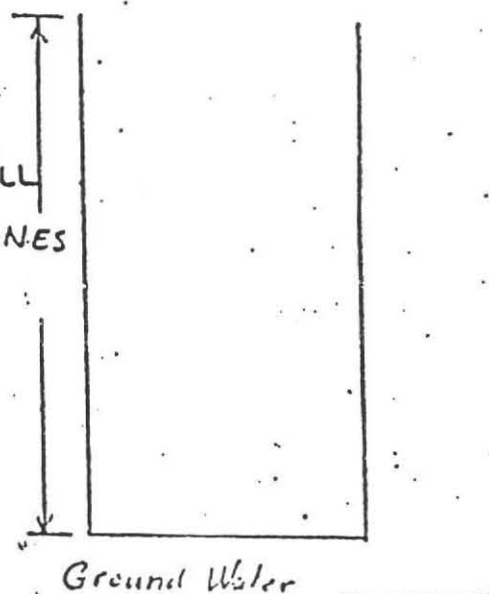
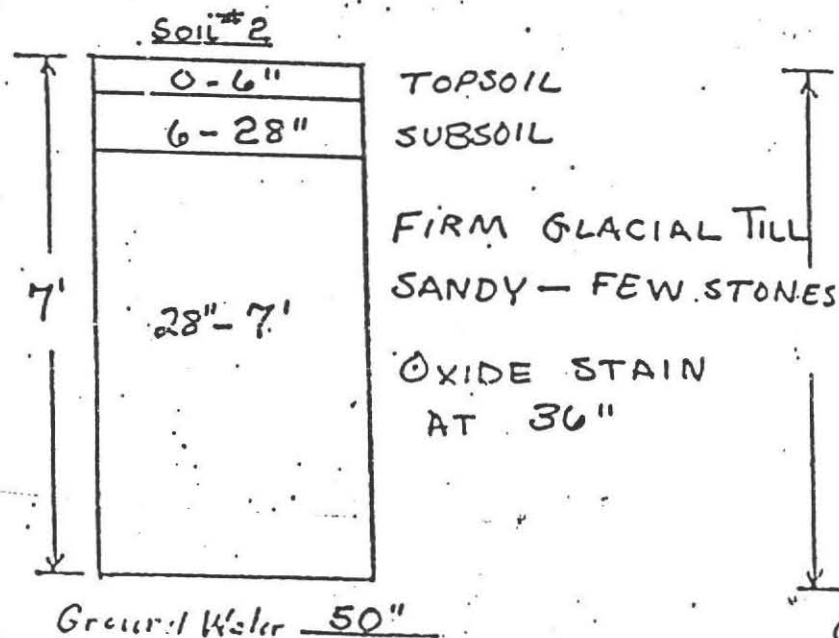
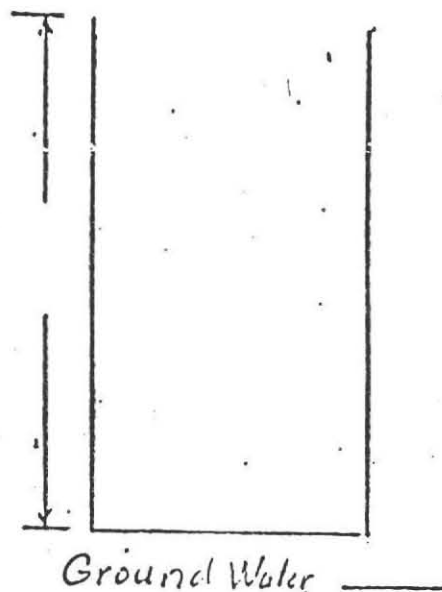
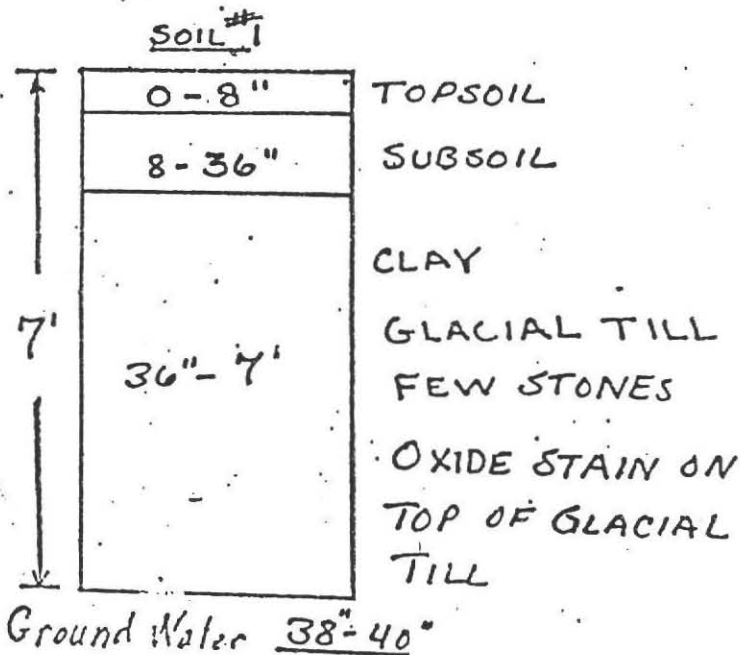
2115  
Highpoint

OWNER GEO. GE. SPENCE

Date JAN. 25, 198

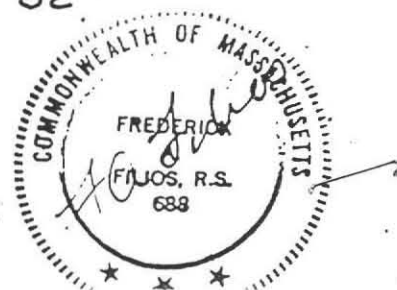
LOCATION HIGH POINT DR., AMHERST

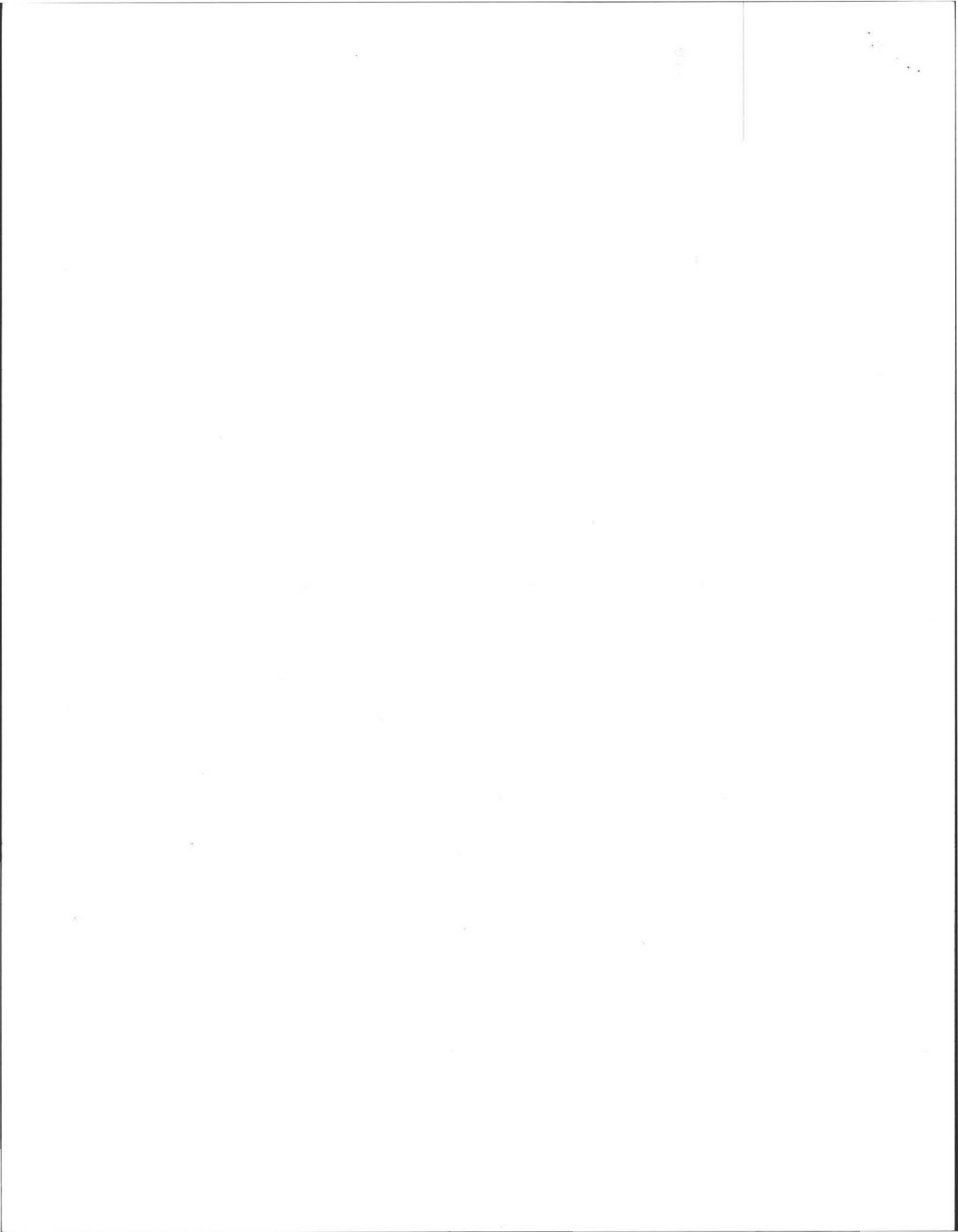
OBSERVER F.A. FILIOS



PERCOLATION RATE AT 32"

4 1/3 MINUTES / INCH





# PROFILE OF SEPTIC SYSTEM

May 30, 1985

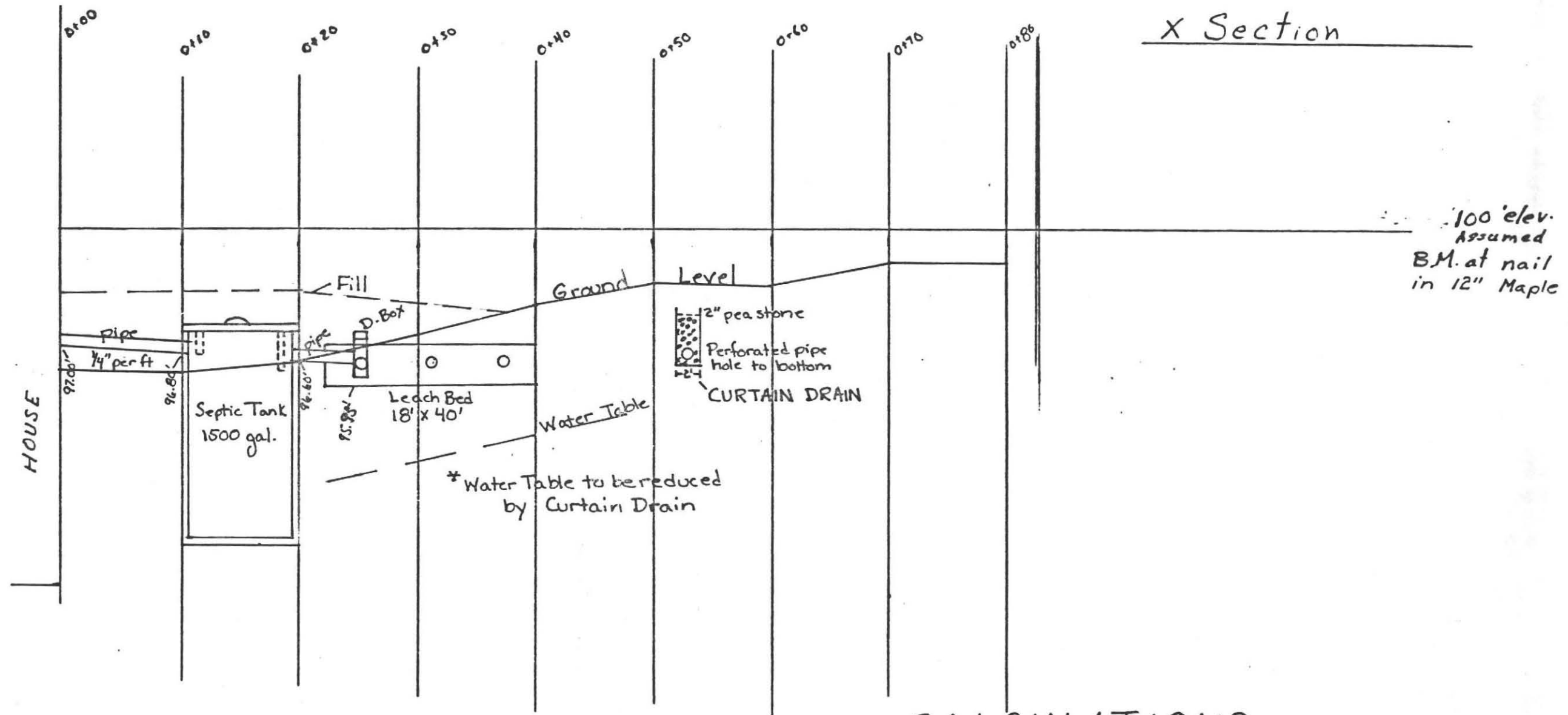
For: George Spence  
P.O. Box G Amherst Rd.  
North Amherst, MA

Scale: Horizontal, 1" = 10'  
Vertical, 1" = 3'

By: Frederick Filios



At: High Point Dr.  
Amherst, MA



## SPECIFICATIONS

All materials and construction are to be in accordance with Comm. of Mass D.F.Q.E. State Environmental Code Title 5..

## CALCULATIONS

3 bedrooms x 110 gal/bedm = 330 gal + 50% GG = 495 gallons  
 At 6 min/inch = .71 gal. per sq. ft.  
 18 ft x 40 ft = 720 sq. ft.  
 720 sq. ft. x .71  $\frac{\text{gal}}{\text{sq. ft.}}$  = 511.2 gallons proposed.

