

40 Hulst Rd.



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

Property Address: 40 Hulst Road, Amherst, Ma 01002
Owner's Name: Karl Gierman
Owner's Address: 88 North Silver Lane
Sunderland, MA 01375

Date of Inspection: June 9, 2004

Name of Inspector: Alan E. Weiss, R.S # 933
Company Name: Cold Spring Environmental Inc.
Mailing Address: 350 Old Enfield Road
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

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

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

Inspector's Signature:  Date: **June 9, 2004**

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

Notes and Comments:

Septic Tank had a good level upon inspection . System appears to be functional. All Stains & levels were ok at tank and D. Box. SAS is 30+/- years old. Outlet & inlet baffles are inplace. Pumping of tank was completed (5/03).

******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.**

[The text in this image is extremely faint and illegible. It appears to be a multi-paragraph document, possibly a letter or a report, but the specific words and sentences cannot be discerned.]

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

Property Address: 48 Hulst Rd.

Owner: Giesman

Date of Inspection: 6/19/04

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

A. System Passes:

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

Comments:

B. System Conditionally Passes:

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

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

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

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

ND explain:

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

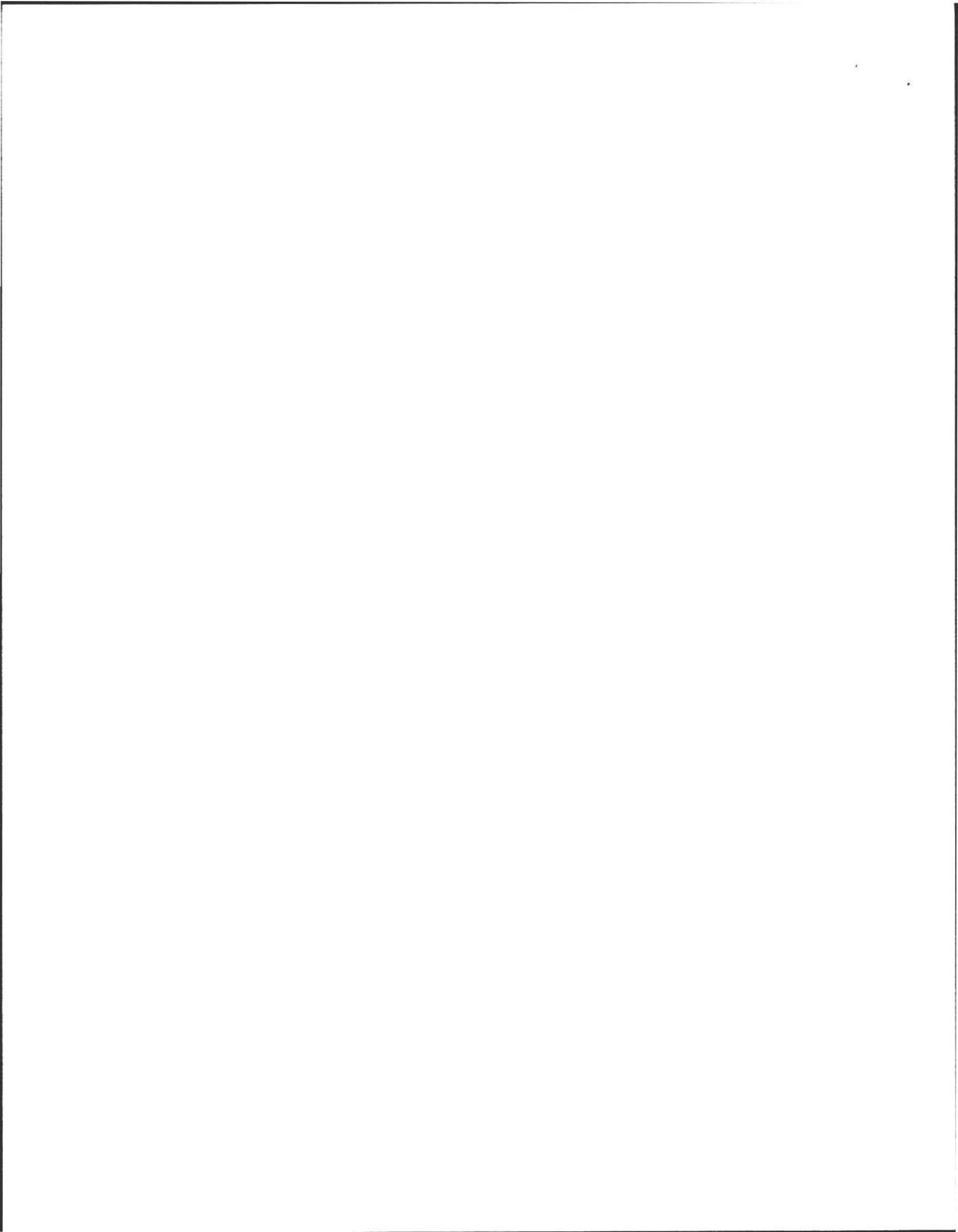
- ____ broken pipe(s) are replaced
- ____ obstruction is removed
- ____ distribution box is leveled or replaced

ND explain:

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

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

ND explain:



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

Property Address: 90 HUIST RD.

Owner: GIBMAN

Date of Inspection: 6/9/04

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

NO *(M)*

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:

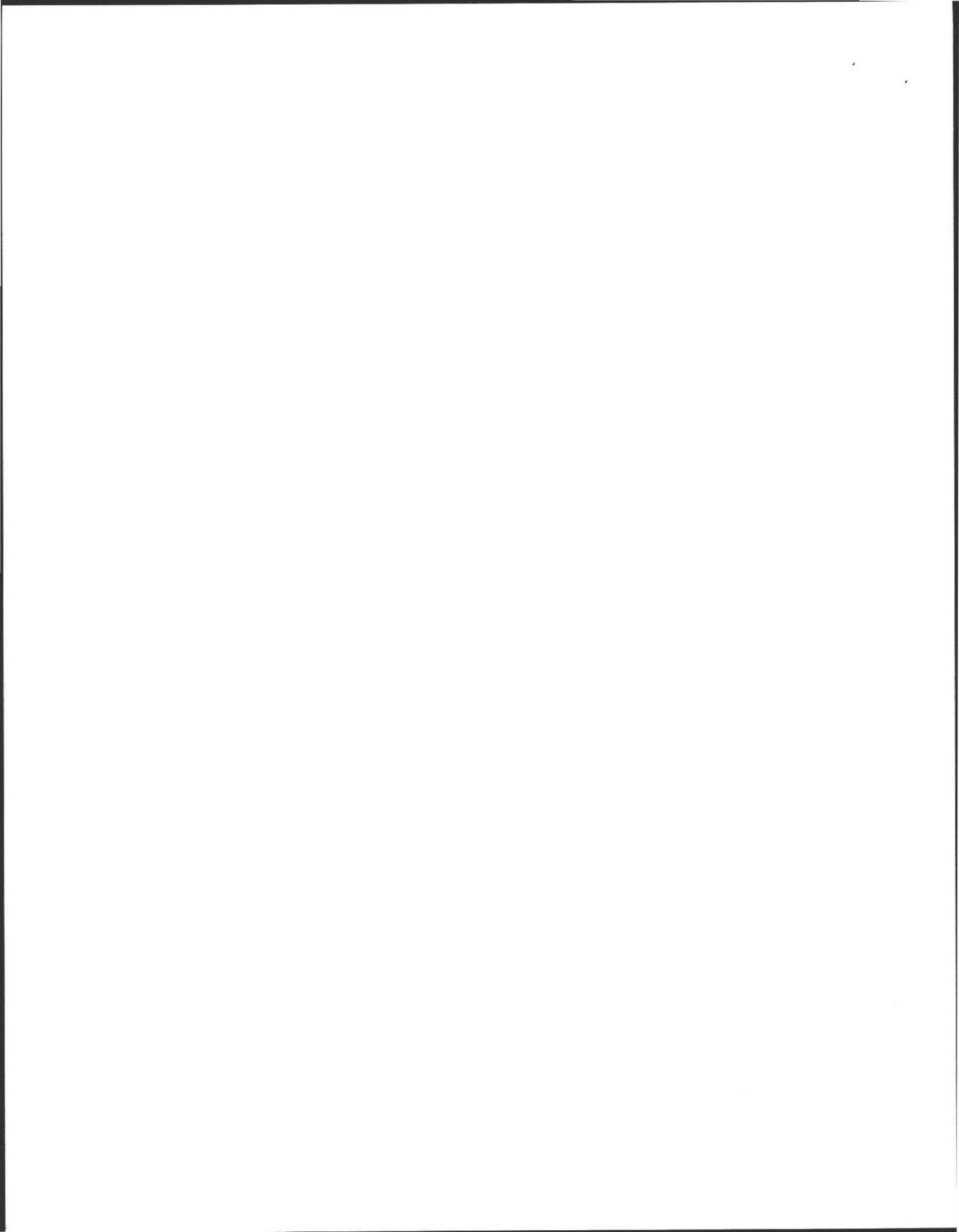
- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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: 40 Holist Rd.

Owner: Gierman

Date of Inspection: 6/9/04

D. System Failure Criteria applicable to all systems:

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

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

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

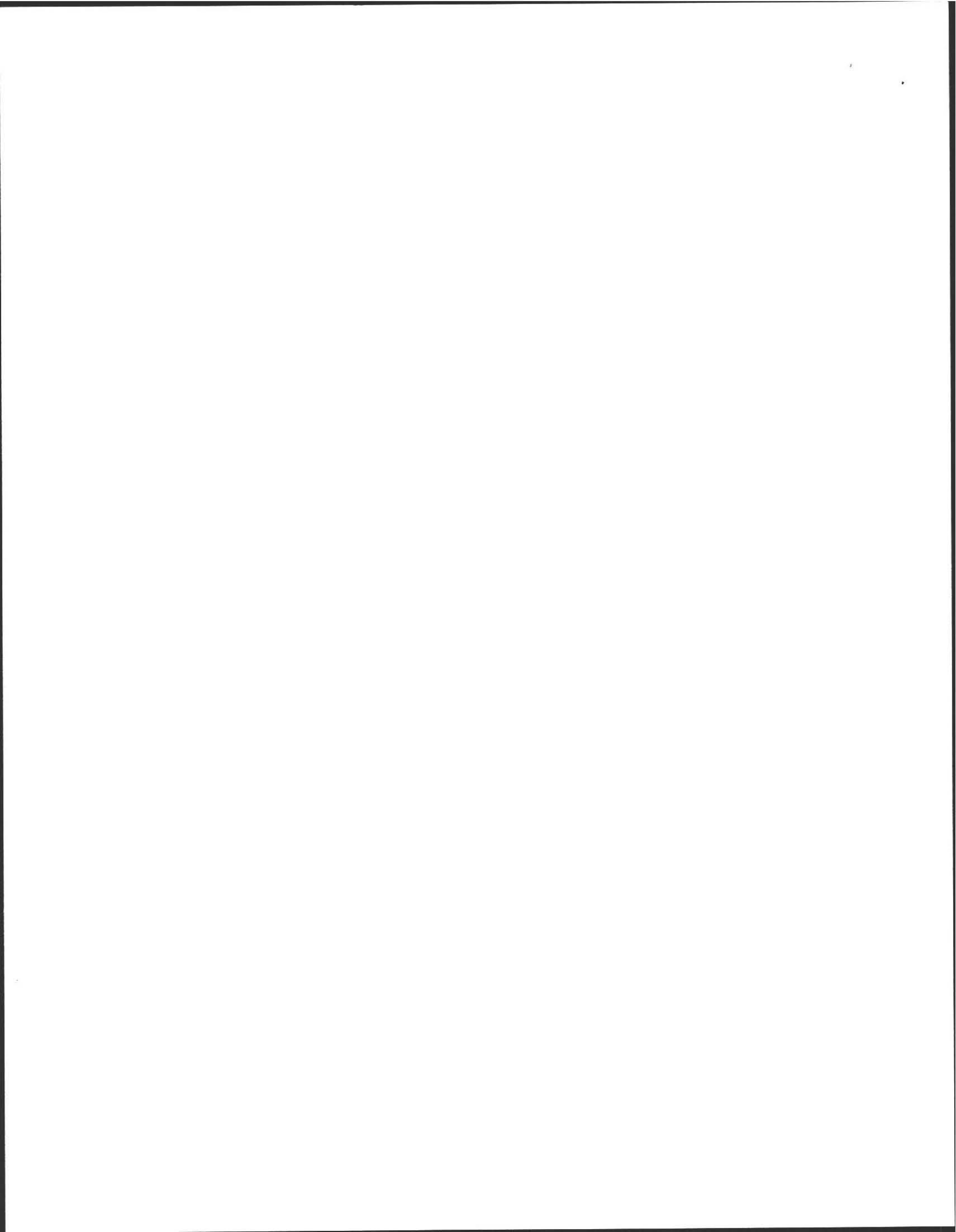
E. Large Systems:

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

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

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

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



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

Property Address: 40 Hulst Rd.

Owner: Gierman

Date of Inspection: 6/9/04

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

Yes No

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

No Were any of the system components pumped out in the previous two weeks ?

yes no Has the system received normal flows in the previous two week period ? Empty one month.

no Have large volumes of water been introduced to the system recently or as part of this inspection ? 2 persons for 2 weeks
raw water

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 ?

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 ?

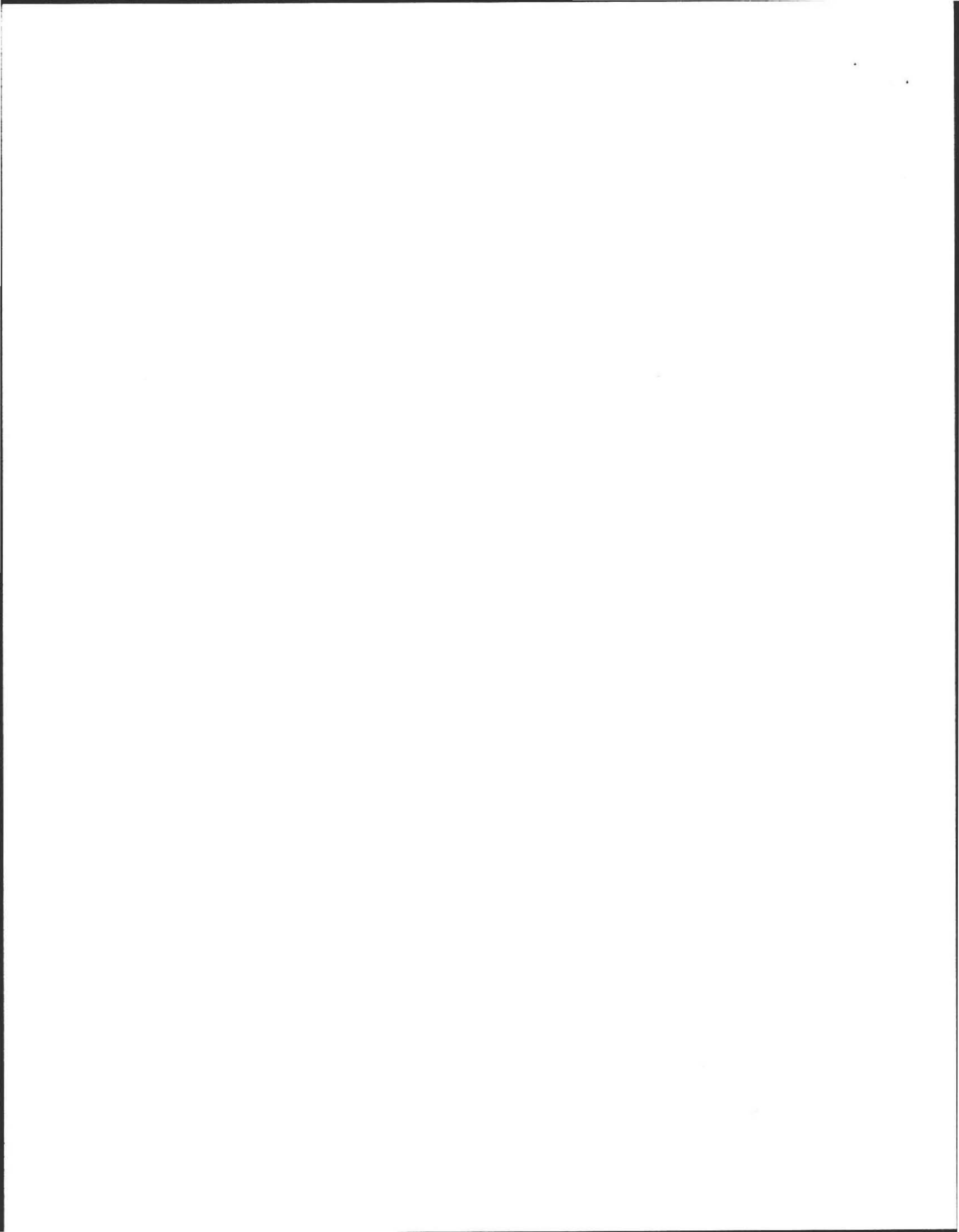
Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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

Yes no

yes Existing information. For example, a plan at the Board of Health.

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



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

Property Address: 40 Huist Rd.

Owner: Gierman

Date of Inspection: 6/9/04

FLOW CONDITIONS

RESIDENTIAL

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 people for 2 weeks

Does residence have a garbage grinder (yes or no): yes * Not recommended

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

Laundry system inspected (yes or no): no

Seasonal use: (yes or no): no

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump (yes or no): no

Last date of occupancy: current

COMMERCIAL/INDUSTRIAL

Type of establishment: _____

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

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

Grease trap present (yes or no): _____

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

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

Water meter readings, if available: _____

Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: 1 yr. ago

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

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

Reason for pumping: _____

TYPE OF SYSTEM

Septic tank, distribution box, soil absorption system

Single cesspool

Overflow cesspool

Privy

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

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

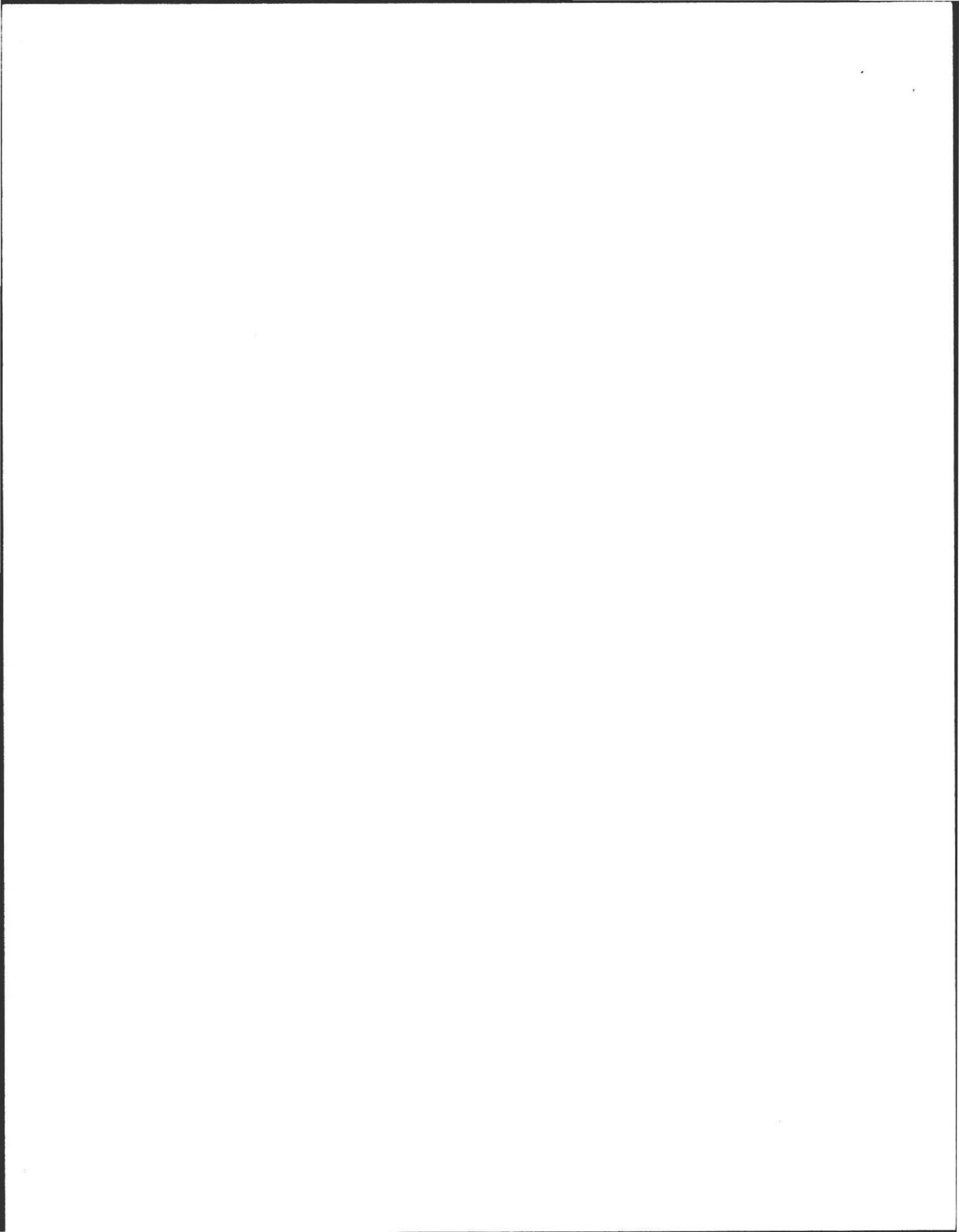
Tight tank Attach a copy of the DEP approval

Other (describe): _____

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

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: 40 hilst Rd.

Owner: Giesman

Date of Inspection: 6/9/04

BUILDING SEWER (locate on site plan)

Depth below grade: 12"

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

Distance from private water supply well or suction line: _____

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

SEPTIC TANK: Yes (locate on site plan) 1500 Gal.

Depth below grade: 33"

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

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

Dimensions: 10' x 5' x 4.5'

Sludge depth: 2"

Distance from top of sludge to bottom of outlet tee or baffle: 40"

Scum thickness: 2"

Distance from top of scum to top of outlet tee or baffle: 6"

Distance from bottom of scum to bottom of outlet tee or baffle: 12"

How were dimensions determined: Measured.

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

Baffles Built in. Tank OK.

GREASE TRAP: No (locate on site plan)

Depth below grade: _____

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

Dimensions: _____

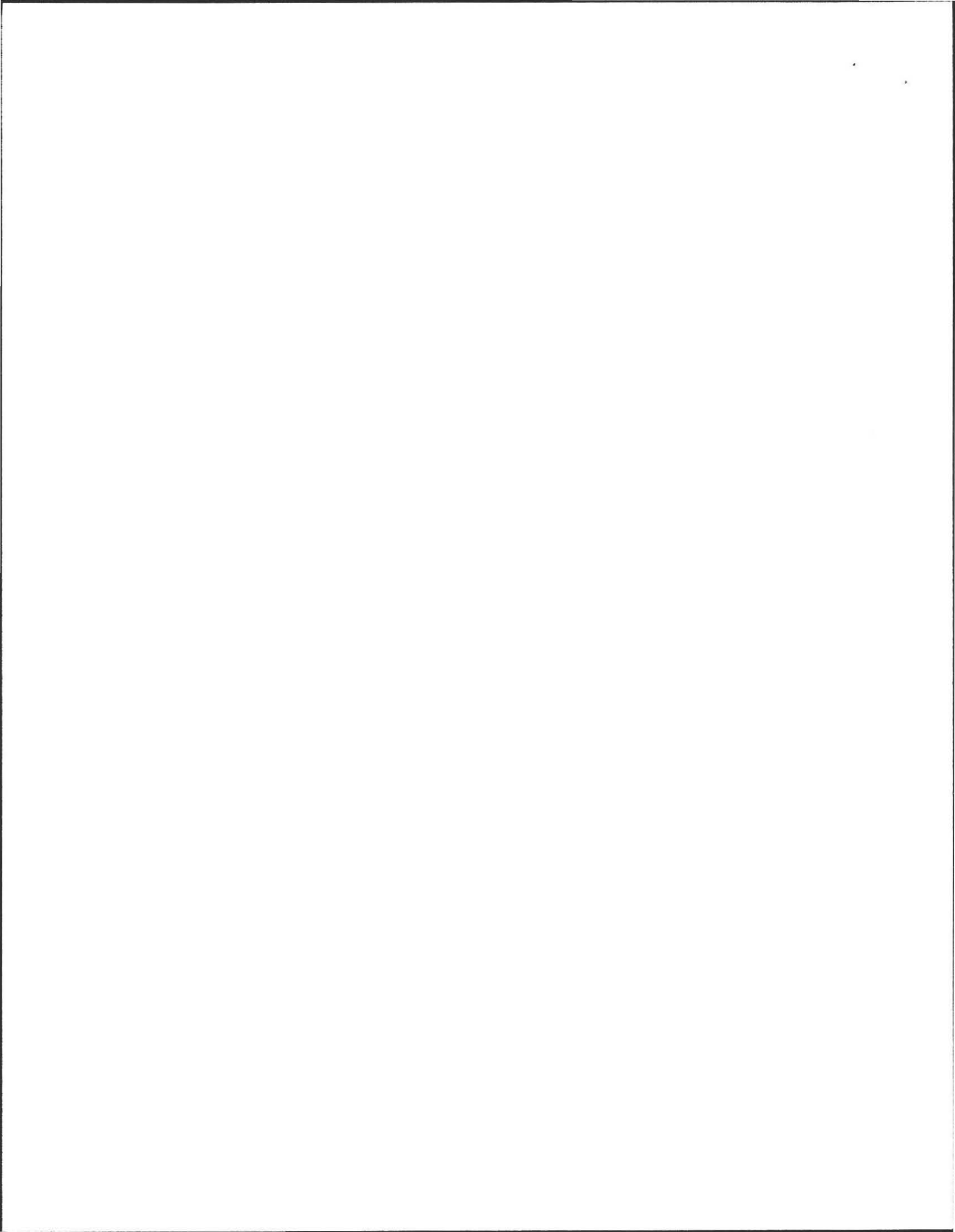
Scum thickness: _____

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: 40 Hulst. Rd.

Owner: G. ORMAN

Date of Inspection: 6/9/04

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

Depth below grade: _____

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

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons/day

Alarm present (yes or no): _____

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

Date of last pumping: _____

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

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

Depth of liquid level above outlet invert: 1/2"

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.):

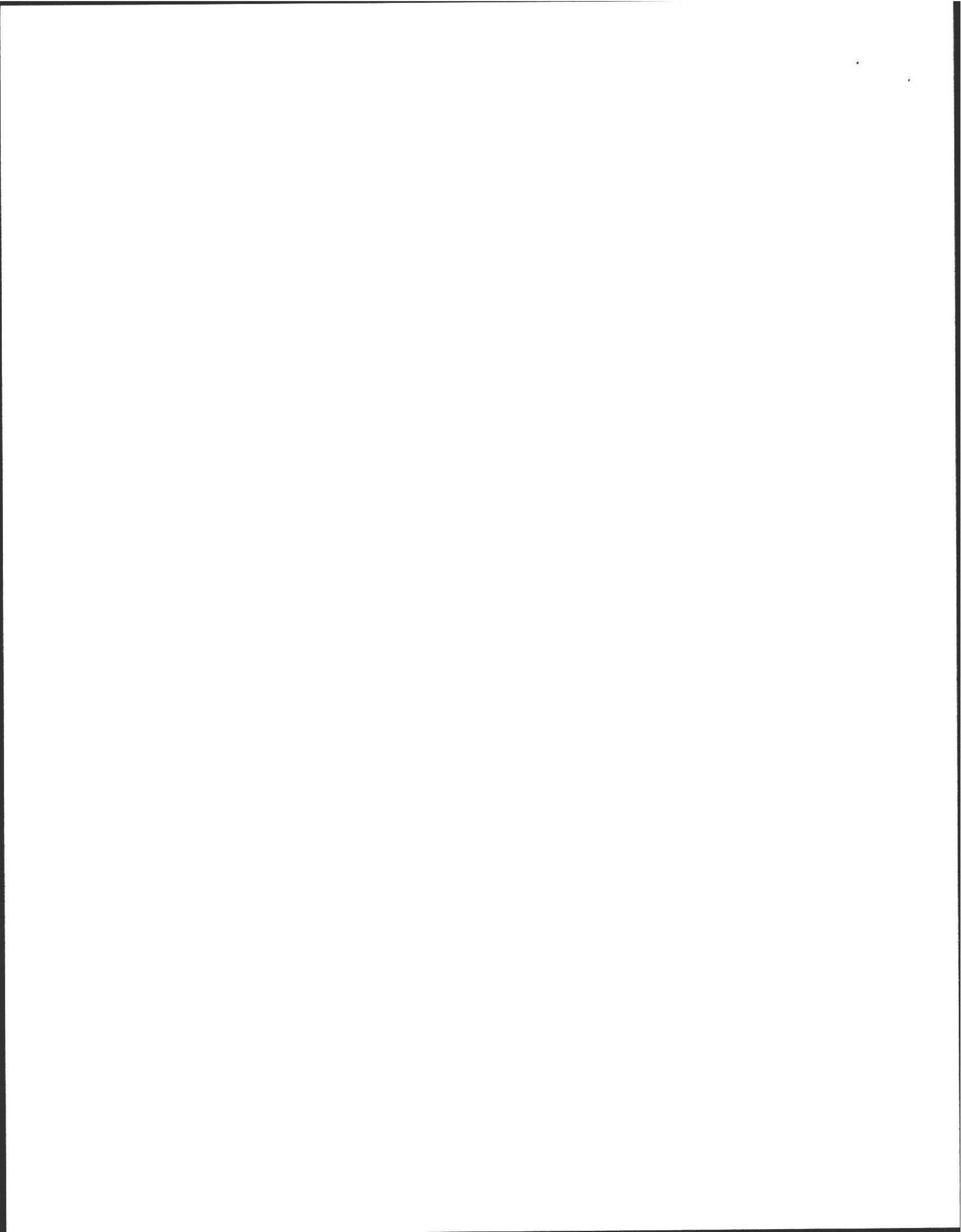
- Transite pipe ok. All 3 pipes taking flow.
- No staining over water level.

PUMP CHAMBER: No (locate on site plan)

Pumps in working order (yes or no): _____

Alarms in working order (yes or 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: 10 Hulst, Al.

Owner: Gierman

Date of Inspection: 6/9/04

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: _____
- leaching fields, number, dimensions: 11' x 51'
- 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.):

FIELD. 11' W x 51' L. No sign of failure.

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

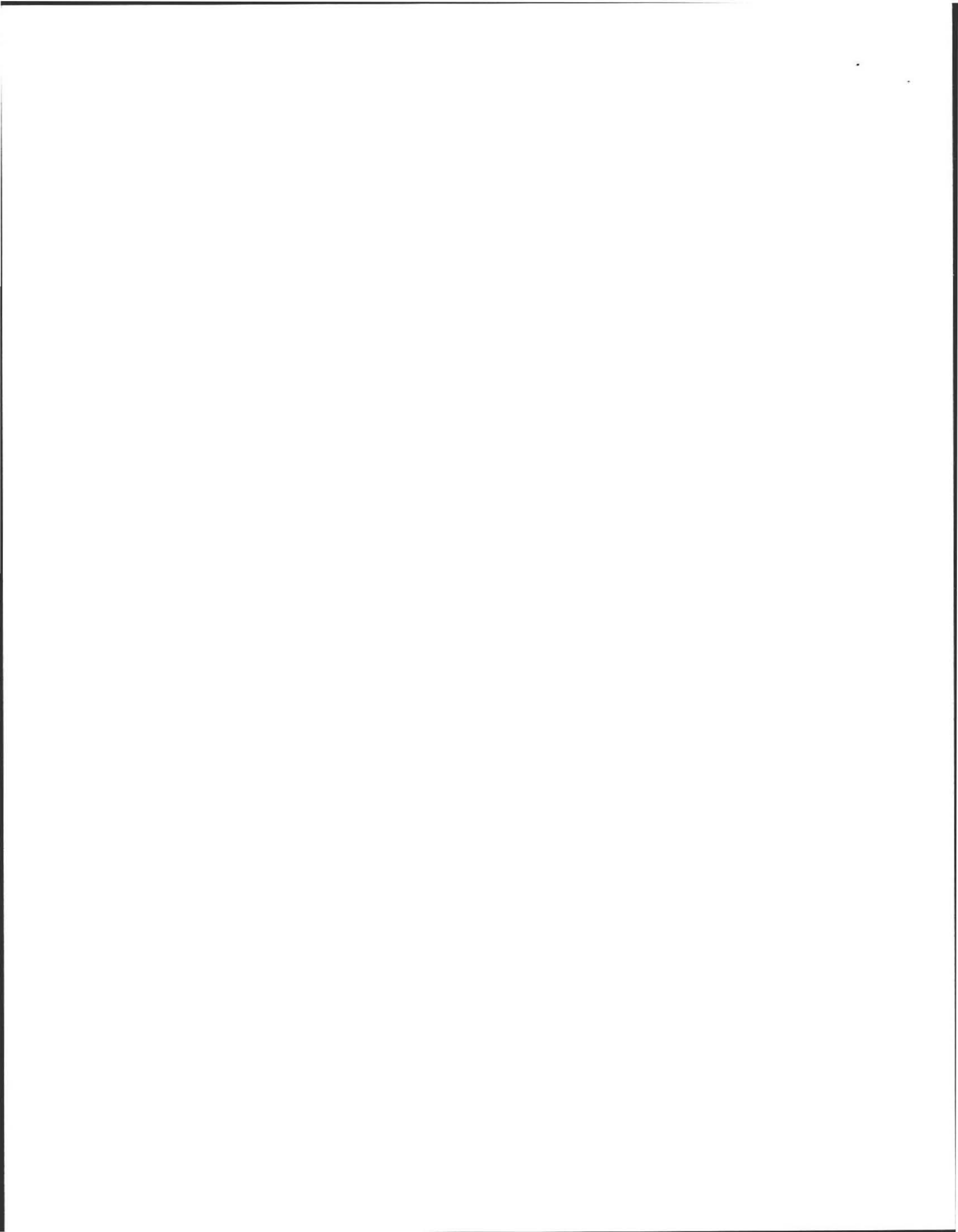
- Number and configuration: _____
- Depth – top of liquid to inlet invert: _____
- Depth of solids layer: _____
- Depth of scum layer: _____
- Dimensions of cesspool: _____
- Materials of construction: _____
- Indication of groundwater inflow (yes or no): _____

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

PRIVY: No (locate on site plan)

- Materials of construction: _____
- Dimensions: _____
- Depth of solids: _____

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



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

Property Address: 40 Hulst. Rd.

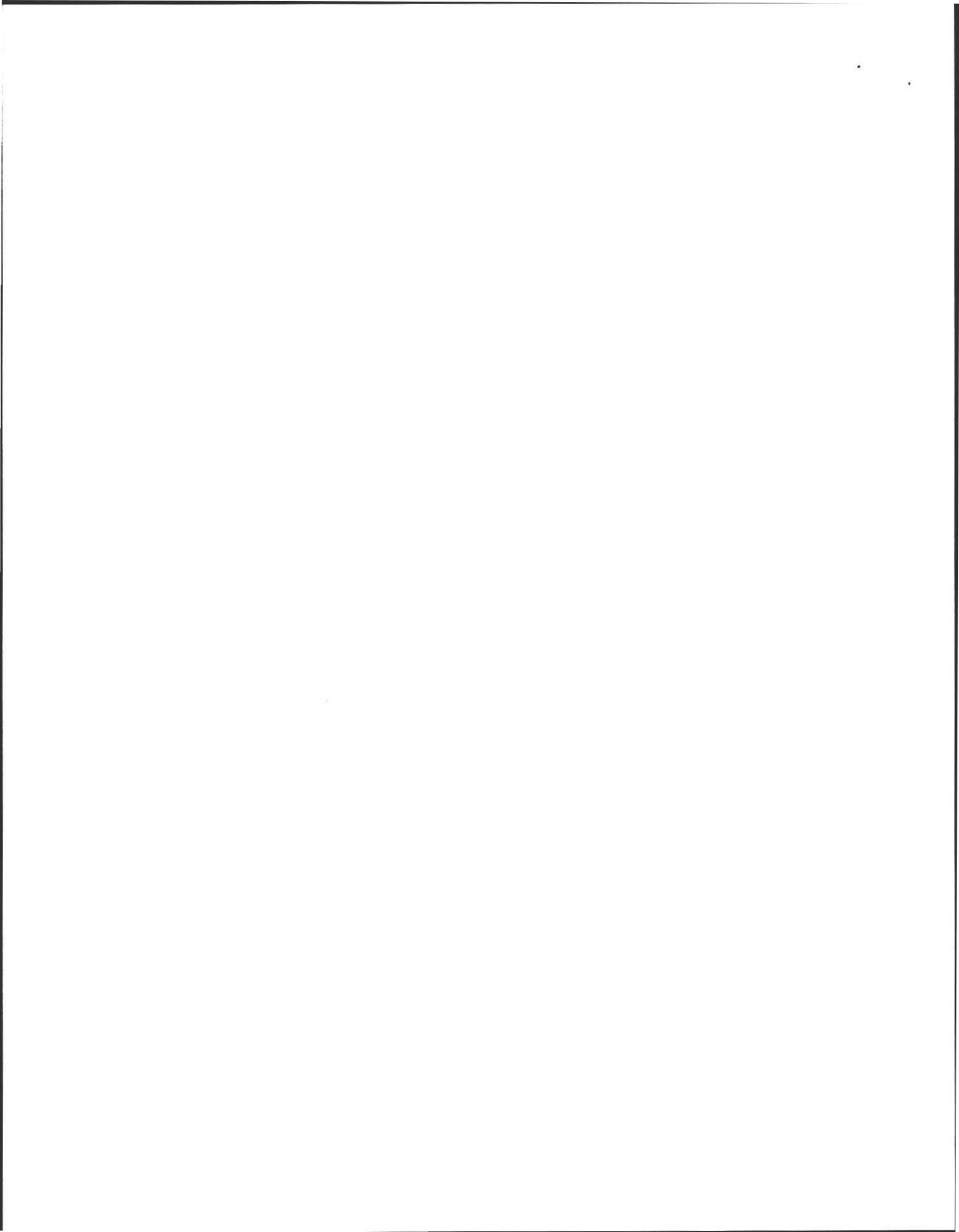
Owner: Gierman

Date of Inspection: 6/9/04

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: 40 Hulst. rd.

Owner: Gresman

Date of Inspection: 6/9/04

SITE EXAM

Slope

Surface water

Check cellar

Shallow wells

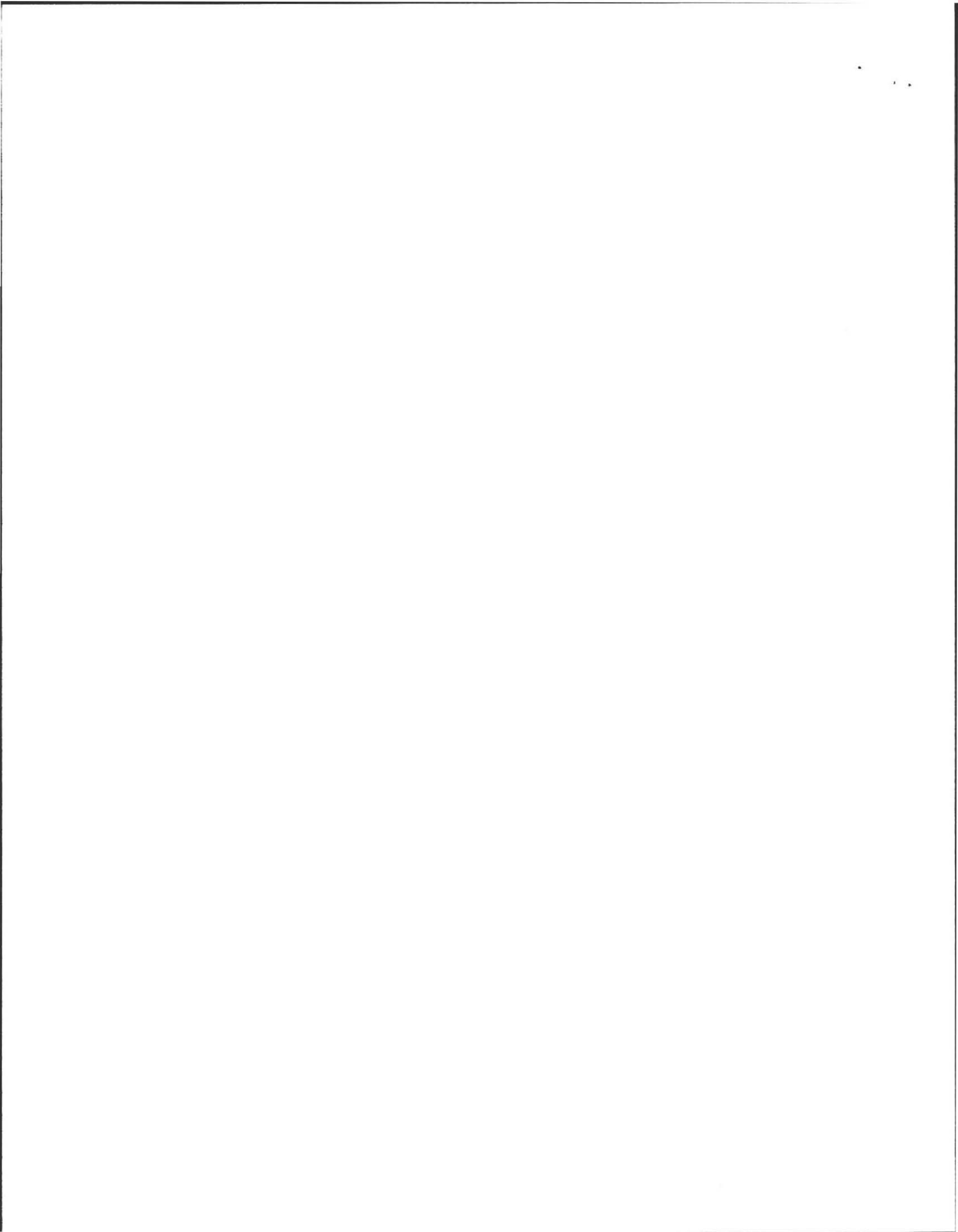
Estimated depth to ground water 5' feet

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

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

Attended records



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

40 HULST Rd

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner PLANTATION VALLEY HOMES Address FLORENCE

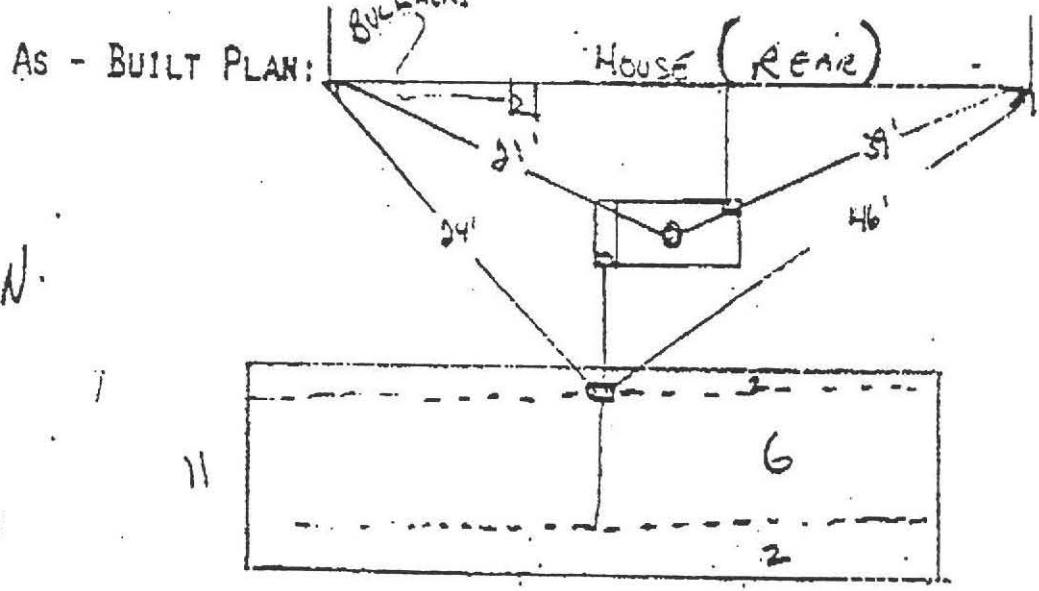
Installer EO STONE Address MONTAGUE

Date Installation Inspected and Approved 7-9-76

Description of System: Tank Capacity: 1500 GALLONS

Leach Field () Bed (X) Seepage Pit () Square Feet: 500

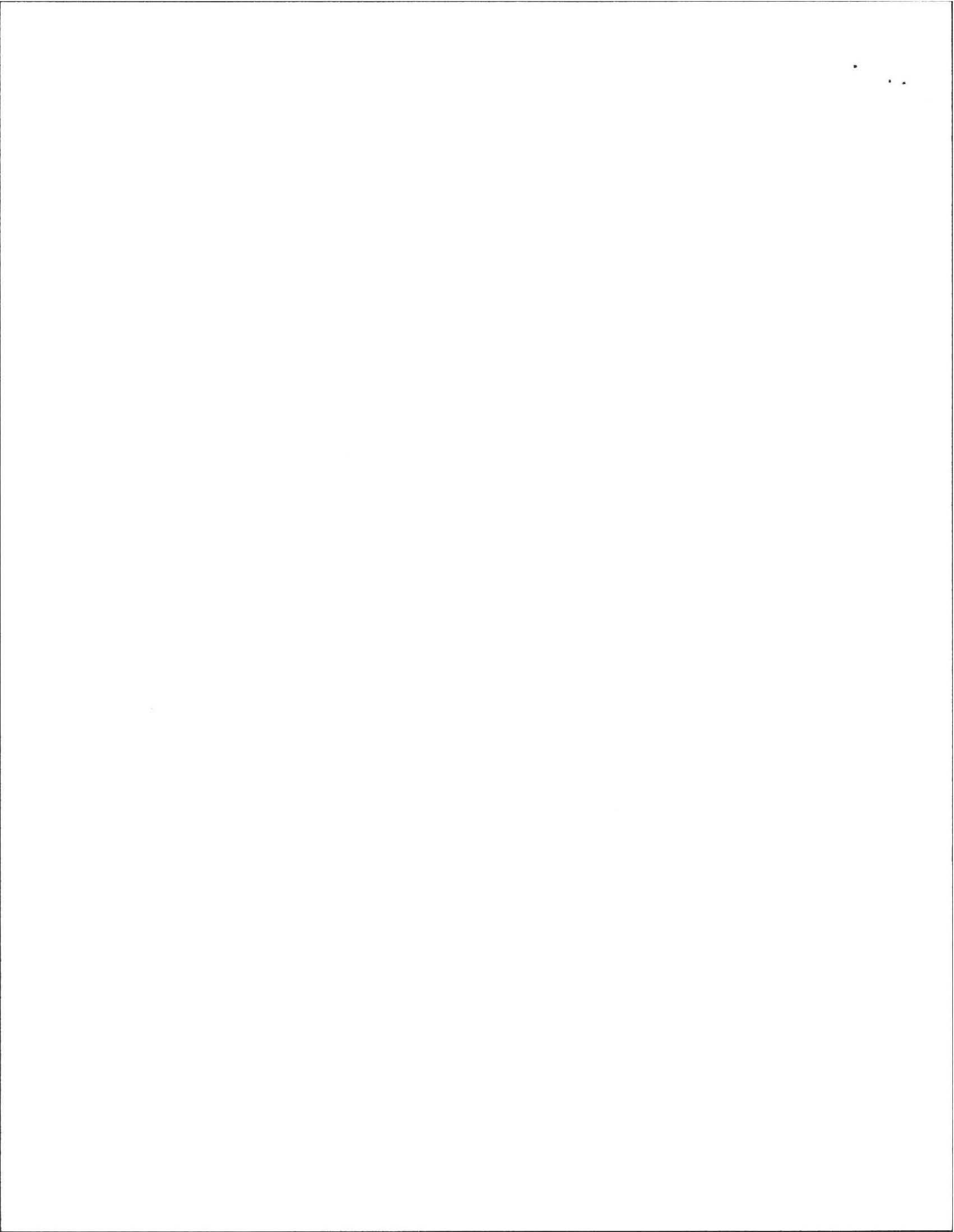
Garbage Grinder Yes (X) No () No. Bedrooms: 3 No. People 6



LOT #9 51 HULST ROAD

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 262-7077.



APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 7-2 Date 2-24-76 For 3⁰⁰ Date Rec'd. 2-24-76

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

Location—Address Orchard Road or Lot No. 9 FILIOS P.S.

Owner Theodore Blauvelt Address 125 Meadow St. Flex 888

Contractor Ed Stone Address MACTAGUE

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1800 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter 20'x25' Depth below inlet 1' Total leaching area 500 sq. ft. Min

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

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

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

Percolation Test Results Performed by Frederick Filios Date Apr. 22, 1975

24" Test Pit No. 1 2 minutes per inch Depth of Test Pit 7'

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

Description of Soil clay Depth to Ground Water 7'

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.)

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

Application Approved by Ed Stone Plantation Valley Home, 2 2/24/76
date
2-25
date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY That the individual Sewage Disposal System installed (X) or repaired () by Ed Stone at Lot #9 Hedges has been constructed in accordance with the provisions of

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 76-2 dated 2-24-76

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

DATE 7-9-76 Inspector Ed Stone

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 76-2 Permission is hereby granted THEODORE BLAUVELT to construct (X) or repair () an individual Sewage Disposal System at LOT #9 ORCHARD RD as shown on the application for Disposal Works Construction Permit No. 76-2

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 2-24-76 Board of Health

