#14

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 85-2 Date 2-26-85 Fee $90 Date Rec'd. 2/28 By CEH

Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:
Location—Address 14 INDIAN PIPE LANE or Lot No. #33
Owner ROBERT & PATRICIA GARMIRIAN Address 34 ALLEN RD BELCHERTOWN
Contractor RICH. ROBERTS Address LEVERETT MA.
Type of Building _____ Dimensions _____ Size Lot 31,922
Dwelling—No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (X)
Other _____ No. of persons _____ Showers ( )
Other fixtures _____
Town Water? yes Type of Well _____
Design Flow 55 gallons per person per day. Total daily flow 330 gallons
Septic Tank—Liquid capacity _____ gallons Dimensions: L _____ W _____ D _____
Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.
Dry Well—No. 1 Diameter _____ Depth below inlet 2.0' Dimensions: 18 x 13 x 3.5
Other: Distribution box ( ) No. _____ Dosing tank ( ) total capacity = 776=GPD
(Depth of Soil Line Below finished grade at foundation _____)
Percolation Test Results Performed by Fred Filios RS 688 Date May 1984
Test Pit No. 1 2.0 minutes per inch Depth of Test Pit _____
Test Pit No. 2 _____ minutes per inch Depth of Test Pit 132"
Description of Soil 11'-0" Sand & Gravel Depth to Ground Water None at 11'-0"
Will *disposal area* be filled? NO Cut down? NO
(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.

Warren Hall - BUILDER 2-26-85
Owner or builder date

Application Approved by CE Roberts 2-26-85
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. 85-2

Permission is hereby granted R.GARMARIAN WARREN HALL - R. ROBERTS to construct (X) or repair ( ) an Individual Sewage Disposal System at LOT 33 INDIAN PIPE LA.
as shown on the application for Disposal Works Construction Permit No. 85-2

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 2-26-85

CE Roberts
Board of Health

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: Robert & Patricia Garmirian

Location: Lot # 33, Indian Pipe Lane, Amherst

Number of Bedrooms: 3 Garbage Disposal: Yes

LEACH AREA DESIGN

3 Bedrooms x 2 persons/bedroom = 6 persons

6 Persons x 55 gallons of wastewater/person/day = 330 total gallons of wastewater/day.

Percolation Rate: 2.0 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

2.0 min/inch = 2.5 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

* If a leach bed is to be installed, no sidewall is allowed.
* If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity).

** WITH GARBAGE DISPOSAL:

330 Gallons of wastewater/day x 200% = 660 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 gal. Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacity)

LEACHING PIT DESIGN

Precast Pit Used: 10 ' Long x 5 ' Wide x 2 ' Effective Depth

Using 4 ' of stone all around and 1.5 ' of stone under pit.

SIDEWALL AREA:

18 ' Long x 3.5 ' Effective Depth x 2 Sides = 126 SF

13 ' Wide x 3.5 ' Effective Depth x 2 Sides = 91 SF

Total of 217 SF (Sidewall Area) x 2.5 Gal/SF = 542 Gal/Pit (Sidewall)

BOTTOM AREA:

18 ' Long x 13 ' Wide = 234 SF

234 SF (Bottom Area) x 1.0 Gal/SF = 234 Gal/Pit (Bottom)

542 Gal/Pit (Sidewall)

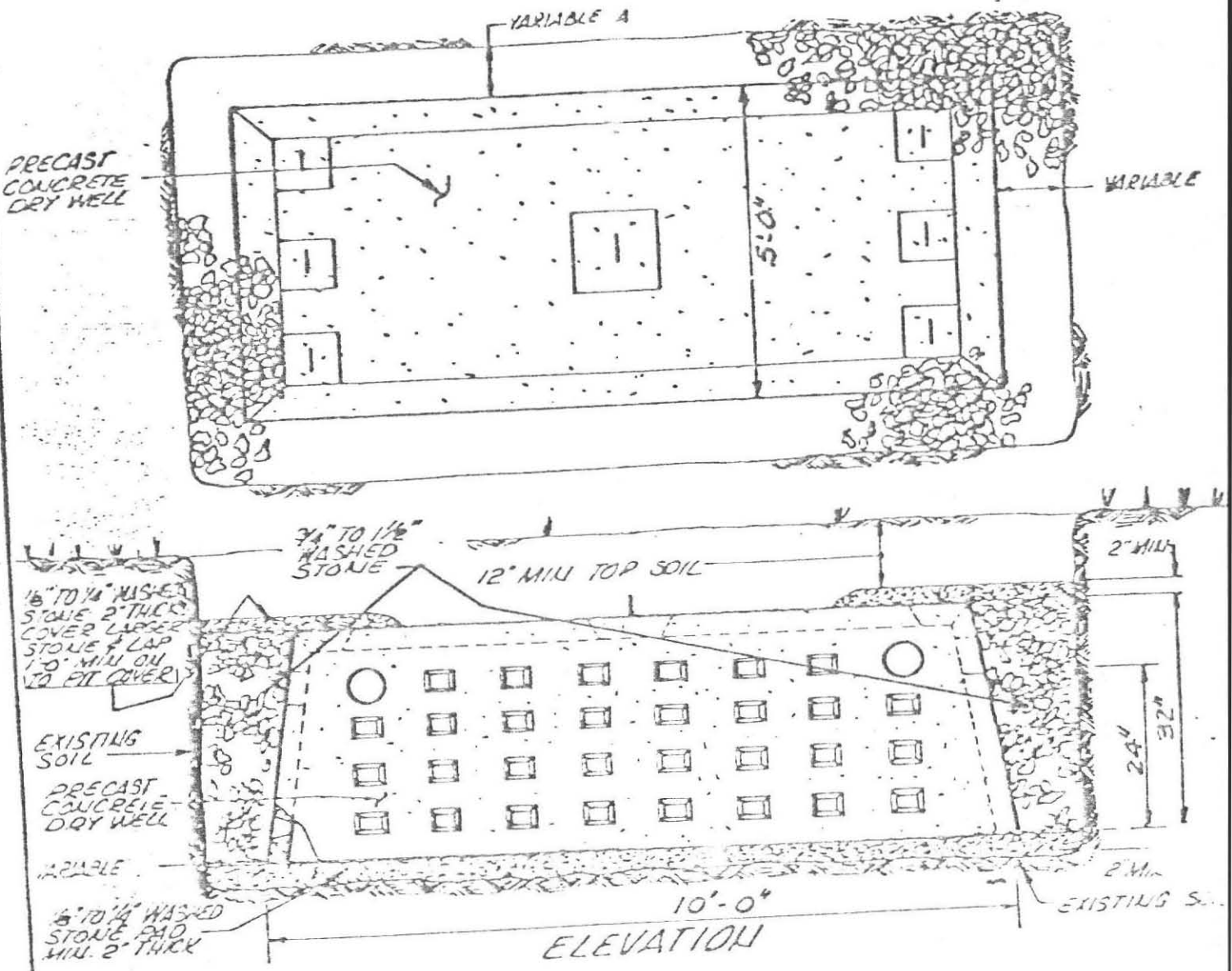
\+ 234 Gal/Pit (Bottom)

= 776 TOTAL Gal/Pit (Designed)

* Without Garbage Disposal: _____ Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x 330 Gal/Day (Daily Flow) = 495 Gal/Pit (REQUIRED)

Using 495 Gal/Day (Daily Flow) ÷ 776 Gal/Pit = 1 Pit(s)



NOTE:
- ALL WORK WILL BE DONE IN ACCORDANCE WITH THE STATE ENVIRONMENTAL CODE - TITLE 5.
- SPACING WHEN MORE THAN ONE SEEPAGE PIT OR DRY WELL ARE BEING USED IS TO BE THREE THE GREATEST EFFECTIVE WIDTH OR DEPTH OF THE PIT, WHICHEVER IS GREATER.

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

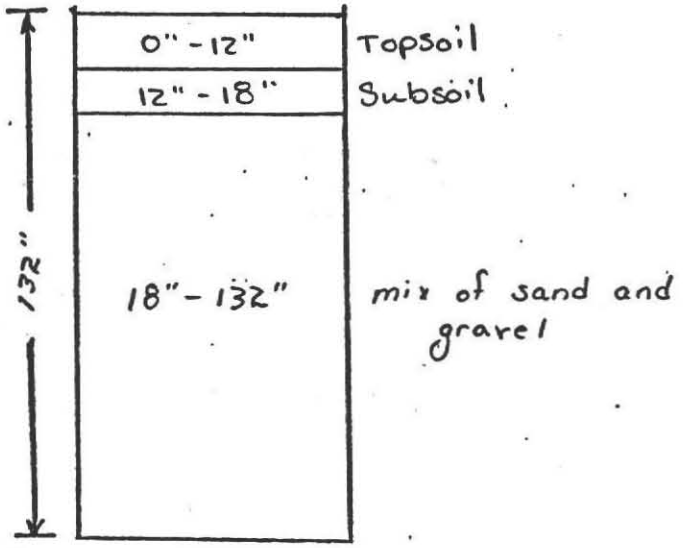
DEEP SOIL LOGS

OWNER Amherst Woods, Phase II

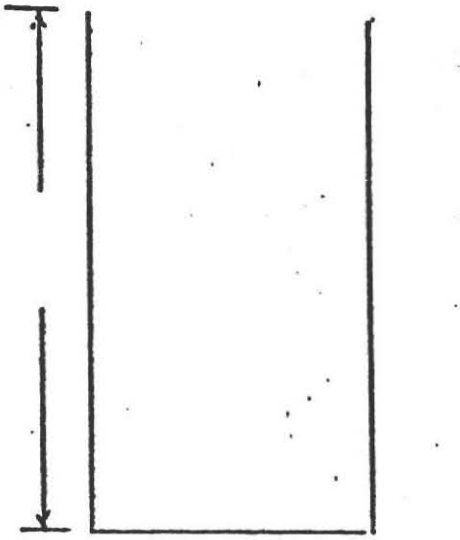
Date June 1984

LOCATION Indian Pipe Lane
Lot # 33

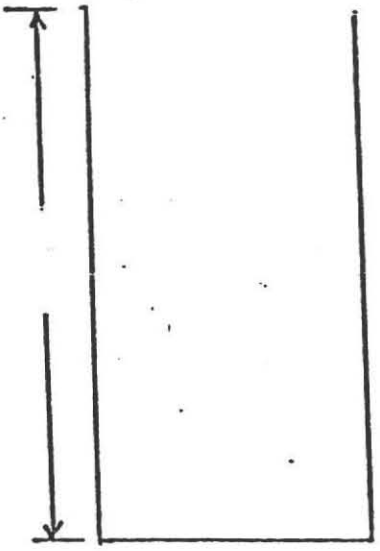
OBSERVER F.A. Filios



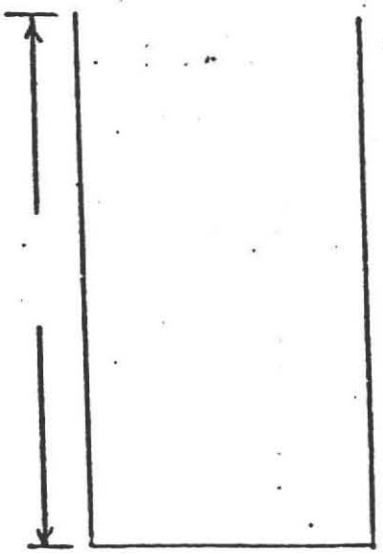
Ground Water none



Ground Water ____



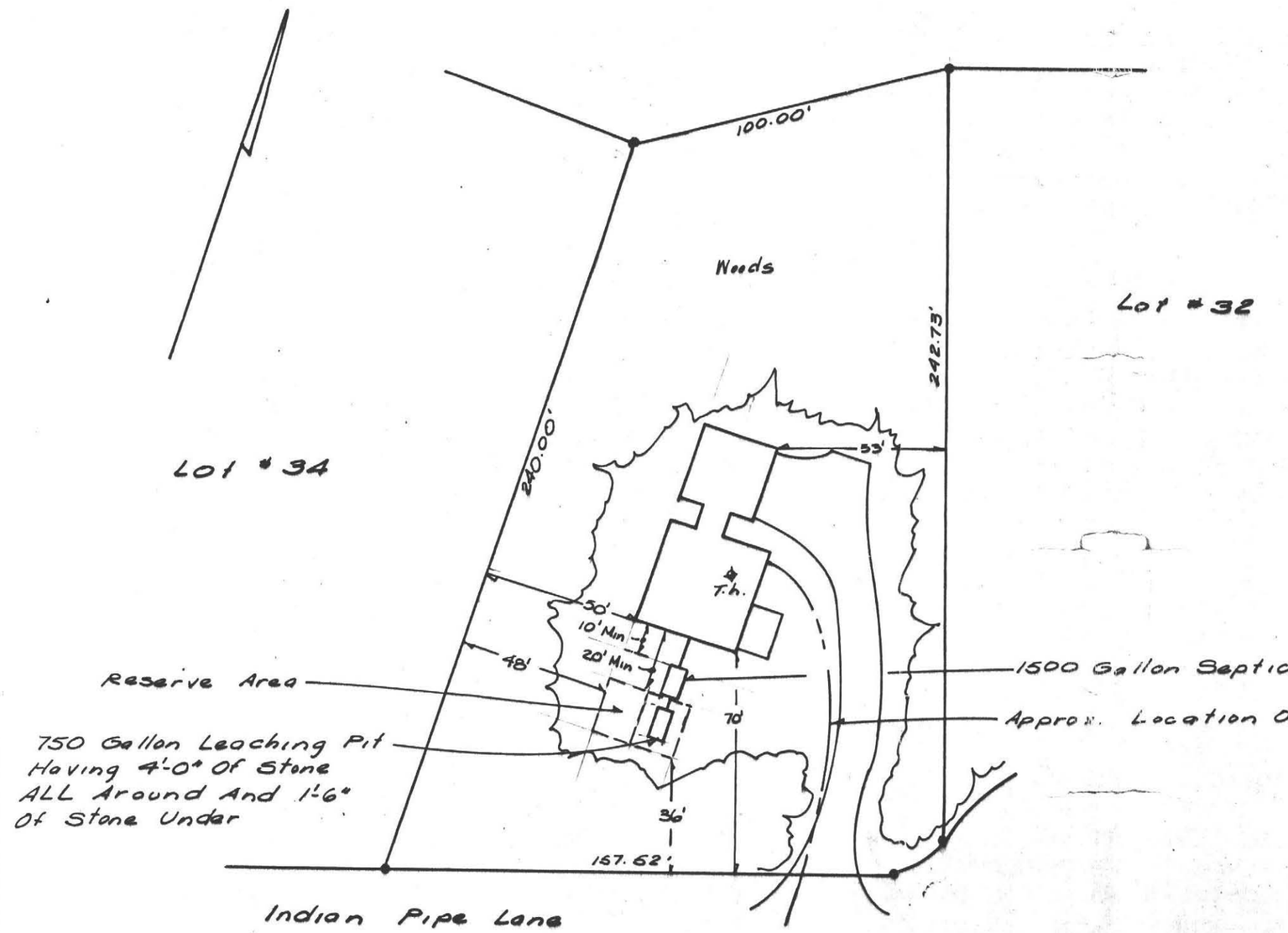
Ground Water ____



Ground Water ____

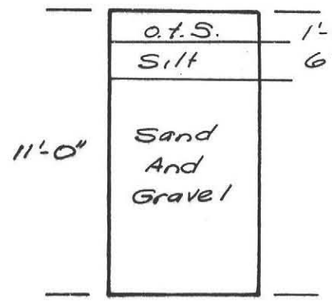
Percolation Rate at
< 2 min/inch

Land Of Amherst Woods, Inc



OBSERVATION PIT

DATE: 6-84



GROUNDWATER = None
PERC. RATE = 2.0 Min/Inch

OBSERVATION PIT

DATE:

GROUNDWATER =
PERC. RATE =

NOTE: ALL WORK TO BE DONE IN ACCORDANCE WITH TITLE 5, STATE ENVIRONMENTAL CODE.

PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM FOR LOT #33, INDIAN PIPE LANE, AMHERST, MA.,

PREPARED FOR

ROBERT & PATRICIA GARMIRIAN

FIELD WORK:	
COMPUTATIONS:	
DRAFTING:	RPB
CHECKED:	AMH
SCALE:	1" = 40'
DATE:	2-22-85

COMMONWEALTH OF MASSACHUSETTS
ALMER M. HUNTLEY JR
No. 9419
REGISTERED PROFESSIONAL ENGINEER

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - PLANNERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

P-1127

SHEET: OF:

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT 33 AMHERST WOODS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

ROBERT GARMIRIAN — INDIAN PIPE LANE

Owner WARREN HALL Address _____

Installer RICH ROBERTS Address LEVERETT.

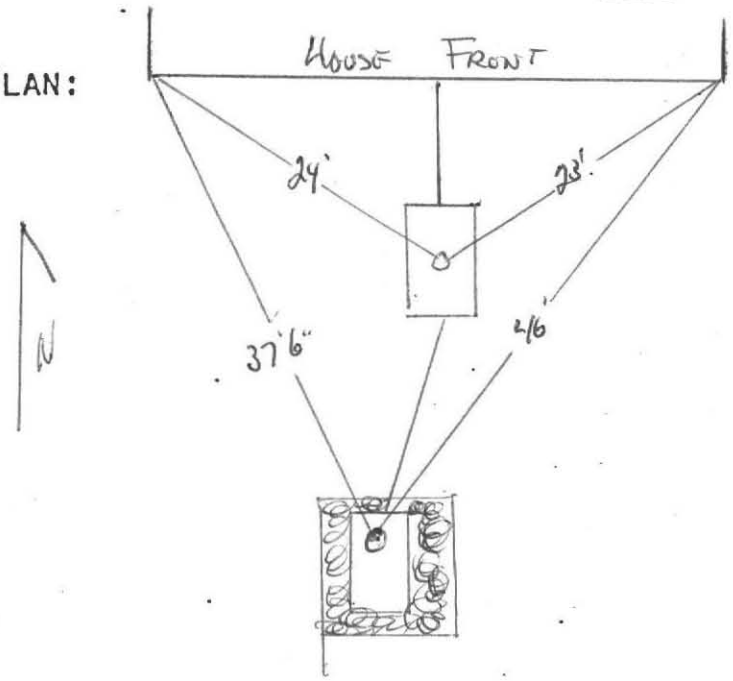
Date Installation Inspected and Approved 6-7-85

Description of System: Tank Capacity: 1500 — 234 ☑ Bottom

Leach Field ( ) Bed (:) Seepage Pit ( ) Square Feet: 225 ☑ Bottom Sides

Garbage Grinder Yes ( ) No ( ) No. Bedrooms: ____ No. People ____

AS - BUILT PLAN:



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 253-7077.

#15

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

Property Address: 15 Indian Pipe Lane, Amherst, MA

OWNER Name: Ron Nathan
Owner's Address: 15 Indian Pipe Lane
Amherst, MA 01002
Date of Inspection: October 14, 2005

COPY

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: May 17, 2006**

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 System was in functional condition, There is no sign of current or past failing condition. S. Tank (1500 gallon) was in OK shape. Outlet & inlet baffles were in place. Septic tank was pumped. L. tank & cover were level and in good condition. All stains & levels were good in tanks. (*System is 20+/- years old Approx. 15' wide by 20' long. (3 Bedroom permit/design. Garbage disposal is not recommended.*)

******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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 2006

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

A. System Passes:

__XX__ 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: System is 20+yrs. old & all levels good.

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
____ 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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 2006

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

Yes No

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

___ _X_ Were any of the system components pumped out in the previous two weeks ?

_x_ ___ Has the system received normal flows in the previous two week period ?

___ _x_ Have large volumes of water been introduced to the system recently or as part of this inspection ?

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

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

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

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

_x_ ___ 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 ?

_x_ ___ 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

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

_x_ ___ 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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 2006

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
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): no (Owner has no laundry connected).
Seasonal use: (yes or no): no
Water meter readings, if available (last 2 years usage (gpd)): *N/a*
Sump pump (yes or no): **NO** (ejector pump for laundry sink)
Last date of occupancy: **current**

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 & records (2 Yrs.)**
Was system pumped as part of the inspection (***YES*** or no): **NO**
If yes, volume pumped: **1500** gallons -- How was quantity pumped determined? **Measured**
Reason for pumping: **REQUEST**

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: **20+/- years old**

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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 2006

BUILDING SEWER (locate on site plan)

Depth below grade: *-12+"*
Materials of construction: ___cast iron _X_ 40 PVC ___other (explain): _____
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: **14"**
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.'w x 10.5'l x 4.5'd***
Sludge depth: **2"**
Distance from top of sludge to bottom of outlet tee or baffle: **48"**
Scum thickness: **1"**
Distance from top of scum to top of outlet tee or baffle: ***5"***
Distance from bottom of scum to bottom of outlet tee or baffle: **14"**
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 OK***
S. tank had baffles, recommend pumping every other year.
_____
_____

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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 2006

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: NO (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: _.
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.): _
noted._____

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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 2006

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

If SAS not located explain why:

_____

_____

Type
1 leaching pits, number: **750 gal pits, 20' l x 15' w by 2.5' deep.**
____ leaching chambers, number: ____
____ leaching galleries, number: ____
___ leaching trenches, number, length: ___
____ leaching fields, number, dimensions: _____
____ 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, stone ok, and no Groundwater noted, Top of Box @ 2' No standing liquid.***

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: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 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.

Also See attached

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

Property Address: 15 Indian Pipe Lane, Amherst, MA
Owner: Ron Nathan
Date of Inspection: May 17, 2006

SITE EXAM
Slope *YES*
Surface water
Check cellar
Shallow wells_____

Estimated depth to ground water 8'+/-feet

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

YES 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:

Water level based on on-site data from topography, records, and work in area..

#15 Indian Pipe

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot 29 Indian Pipe Lane

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner WARREN HALL Address P.O Box 511 Amherst 01004

Installer RICHARD ROBERTS Address Hitchcock Rd Leverett

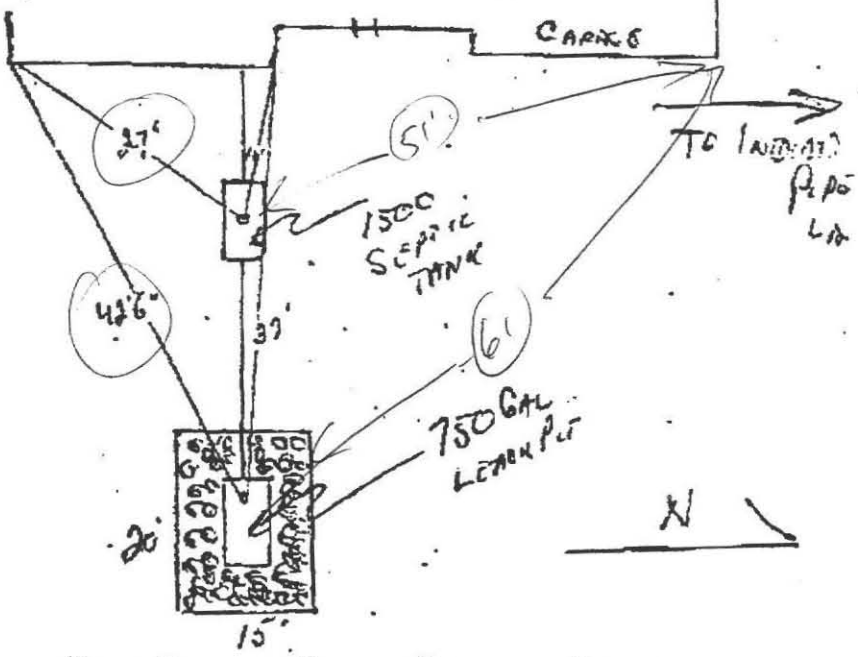
Date Installation Inspected and Approved 6/30/86

Description of System: Tank Capacity: 1500 2 Compartments

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 250 Bottom

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 3 No. People 8

AS - BUILT PLAN:



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 253-7077.

86-3

Fee 90

CK # 938

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 (X) or Repair ( ) an Individual Sewage Disposal System at:

15 Indian Pipe Lane, Amherst (Location - Address) Lot 29 (or Lot No.)

Warren Hall (Owner) P.O. Box 511 Amherst (Address)

R. Rogers (Installer) Leverett (Address)

Type of Building Size Lot ..... Sq. feet

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

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1500 gallons Length 10 Width 7 Diameter ..... Depth 5

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

Seepage Pit No. 1 Diameter ..... Depth below inlet 3' Total leaching area 699 ~~XXXXX~~ GPD

Other Distribution box ( ) Dosing tank ( )

Frederick A. Filios - R.S. #688 Date March 1984

IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

15 Indian Pipe

No. 86-3 Town OF Amherst Fee $90

Disposal Works Construction Permit

Permission is hereby granted Warren Hall By R. Rogers

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 29 Indian Pipe Lane (Street)

as shown on the application for Disposal Works Construction Permit No. 86-3 Dated 3-6-86

DATE 3-6-86 Board of Health

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

Permit No. 86-3 Issued 3-6-86 (Date)

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

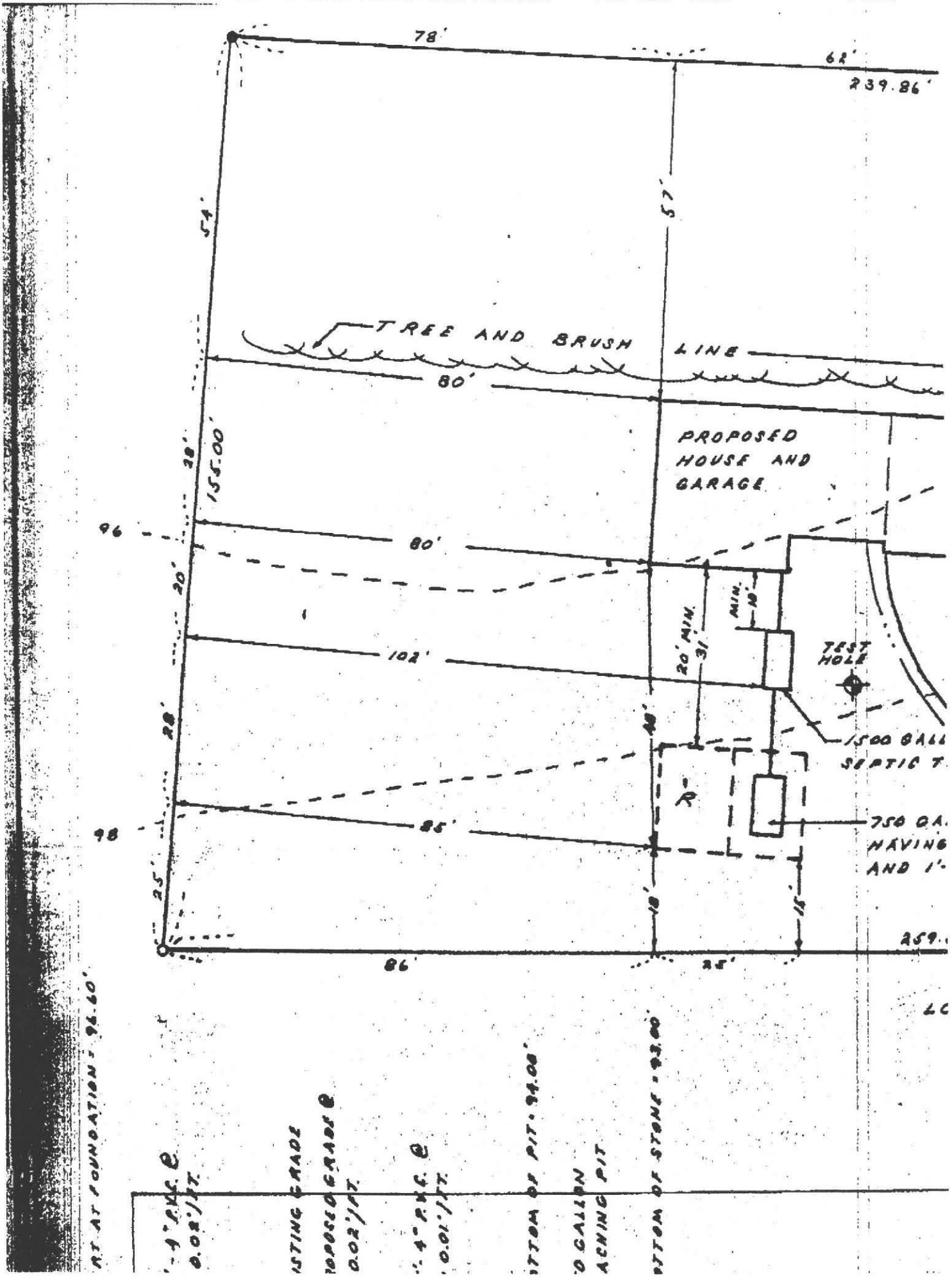
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

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.


78'
62'
239.86'
54'
57'
TREE AND BRUSH LINE
80'
PROPOSED HOUSE AND GARAGE
154.00'
96
80'
20'
102'
20' MIN.
31'
MIN. 10'
TEST HOLE
1500 GALL
SEPTIC T
98
85'
750 GA.
HAVING
AND 1'
25'
259.
86'
25'
10'
15'
R-
LC
AT AT FOUNDATION = 96.60'
-4" R.W.C. @
0.02'/FT.
ISTING GRADE
ROPOSED GRADE @
0.02'/FT.
-4" R.W.C. @
0.01'/FT.
TTOM OF PIT = 94.08'
D GALLON
ACHING PIT
TTOM OF STONE = 93.00'