Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

William F. Weld
Governor
Argeo Paul Cellucci
Lt. Governor

Trudy Coxe
Secretary
David B. Struhs
Commissioner

06-13-96 A10:07 IN

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: GUN DER SAEN 87 LARKSPUR AMHERST
Date of Inspection: 5/30/96
Name of Inspector: JOHN N. ALURS
Address of Owner: (If different)
Company Name, Address and Telephone Number: CLEAN SEPTIC 540 CENTER ST LUDLOW 01056 5832138

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 function 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: John N. Alurs **Date:** 5/30/96

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.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

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

Property Address: 87 LARK SPUR
Owner: TUNDERSAL IM
Date of Inspection: 5/30/96

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.

3) **OTHER**

___ _____

_____

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

Property Address: 87 LARK SPUR
Owner: CUNDARSITRIM
Date of Inspection: 5/30/96

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.

___ 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 system serves a facility with a design flow of 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: 87 LARK SPUR
Owner: TUNDER SHRIM
Date of Inspection: 5/30/96

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: 87 LARK SPUR
Owner: TUNDERSHIM
Date of Inspection: 5/30/96

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 gallons
Number of bedrooms: 3
Number of current residents: 2
Garbage grinder (yes or no): NO
Laundry connected to system (yes or no): YES
Seasonal use (yes or no): NO
Water meter readings, if available: 50-60 every 6 MONTHS

Last date of occupancy: PRESENT

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: UNKNOWN
System pumped as part of inspection: (yes or no) YES
If yes, volume pumped: 1000 gallons
Reason for pumping: HEAVY SCUM

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 "YEARS" TOWN RECORDS

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 87 LARKSPUR
Owner: TUNDER SHEIM
Date of Inspection: 5/30/96

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 2' ✓
Material of construction: ✓ concrete __metal __FRP __other(explain)

Dimensions: 1000 gall. KELLOG
Sludge depth: 8" "
Distance from top of sludge to bottom of outlet tee or baffle: 44 "
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 8 "
Distance from bottom of scum to bottom of outlet tee or baffle: 6

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.) PUMP, BAFFLES OK, LEVEL OK TANK OK, NO LEAKS

GREASE TRAP:__
(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 integri
evidence of leakage, etc.) ____

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

Property Address: 87 LARKSPUR
Owner: SUNDERSTRIM
Date of Inspection: 5/30/96

TIGHT OR HOLDING TANK:__
(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:__
(locate on site plan) NONE

Depth of liquid level above outlet invert:_____

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)_____

PUMP CHAMBER:___
(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: 87 LARKSPUR
Owner: SUNDERSHEIM
Date of Inspection: 5/30/96

SOIL ABSORPTION SYSTEM (SAS): ___
(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: 1 - 1000 gall
leaching chambers, number: ___
leaching galleries, number: ___
leaching trenches, number, length: ___
leaching fields, number, dimensions: ___
overflow cesspool, number: ___

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
SOIL OK NO HYDRAULIC FAILURE
PONDING 50%
VEGETATION OK

CESSPOOLS: ___
(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: ___
(locate on site plan)

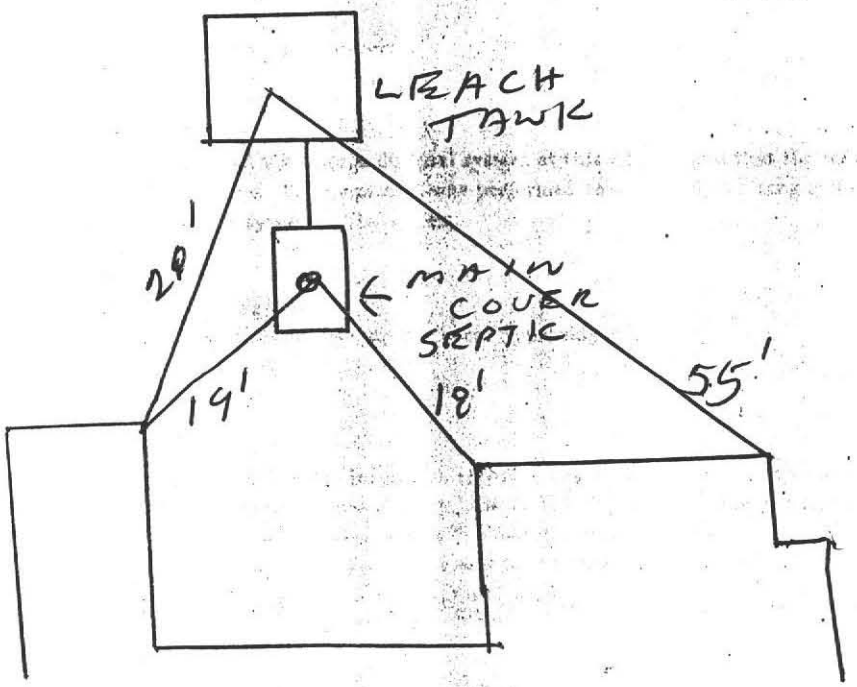
Materials of construction: ___ Dimensions: ___
Depth of solids: ___
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) ___

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

Property Address: 87 LARK SPUR
Owner: CUNDERSHRIN
Date of Inspection: 5/30/96

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: _____ **feet**
method of determination or approximation: MOTTLE AT 10"
PERC 1985

#87 APR 17 1986 11:45 am

No. 86-27

pd Fee $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

NOTICE

Application for Disposal Works Construction Permit

FREDERICK A. FILIOS, R.S. 688

Application is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at: 87 Larkspur Willaflower + Larkspur # 104

AMHERST WOODS PHASE III or Lot No.

Location - Address

NORMAN VEYLER 140 West Pomroy, Amherst

Owner Address

✓ ED STONE Montague Mass

Installer Address

Type of Building Size Lot 40,000 Sq. feet

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

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 1000 gallons Length 8.5' Width 5' Diameter ..... Depth 5'

Disposal Trench — No. ..... Width ..... Total Length ..... Total leaching area ..... 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 Ap. 25, 1985

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water NONE

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil SAND + GRAVEL

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed 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 Norman Veyler 4/18/86 Date

Application Approved By C.E. Dreby Jr. 4/18/86 3:45 pm Date

Application Disapproved *for the following reasons:* .....

Permit No. 86-27 Issued 4/18/86 Date 3:45 pm Date

CHECK OR FILL IN WHERE APPLICABLE

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

No. 86-27 TOWN OF AMHERST Fee $90

Disposal Works Construction Permit

Permission is hereby granted NORMAN VEYLER - ED STONE

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

at No. LOT # 104 LARKSPUR DRIVE Street

as shown on the application for Disposal Works Construction Permit No. 86-27 Dated 4/18/86

C.E. Dreby Jr. Board of Health

DATE 4/18/86

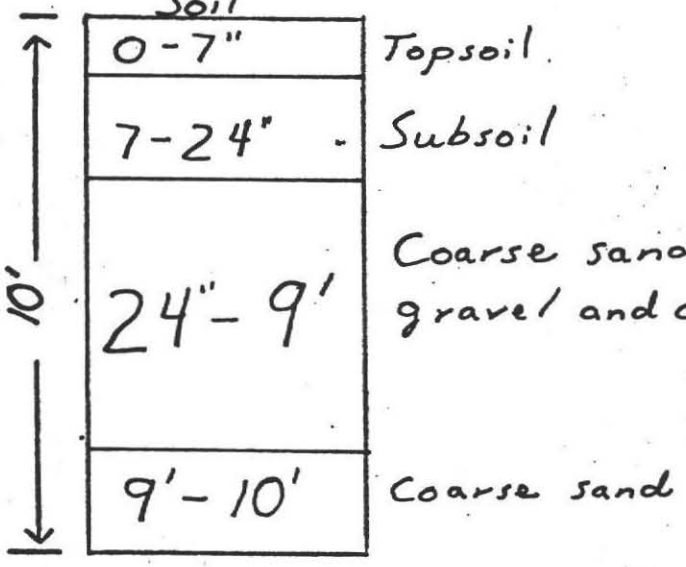
FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

DEEP SOIL LOGS

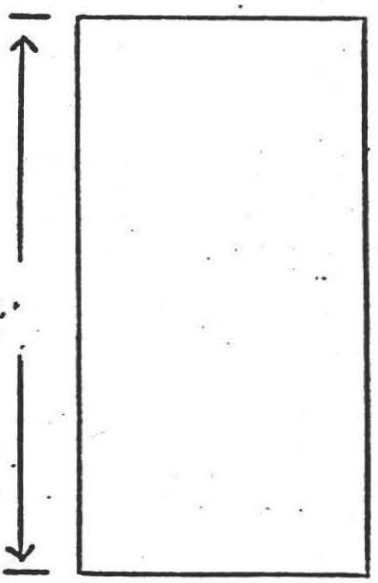
OWNER Amherst Woods Inc. DATE April 25, 1985

LOCATION Amherst Woods OBSERVER F.A. Filios

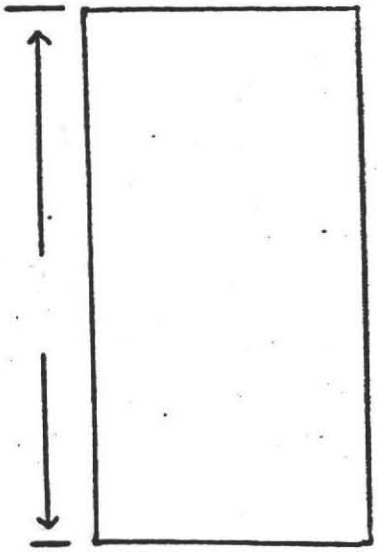
Lot # 104



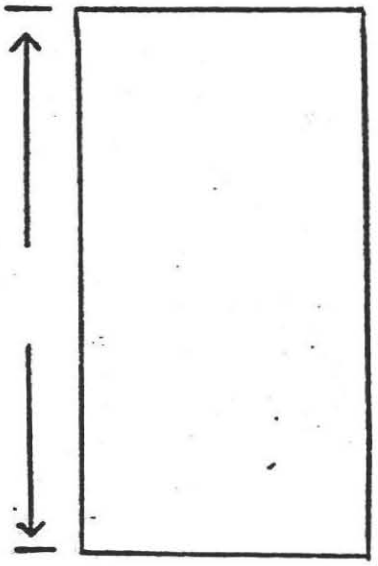
GROUND WATER None



GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

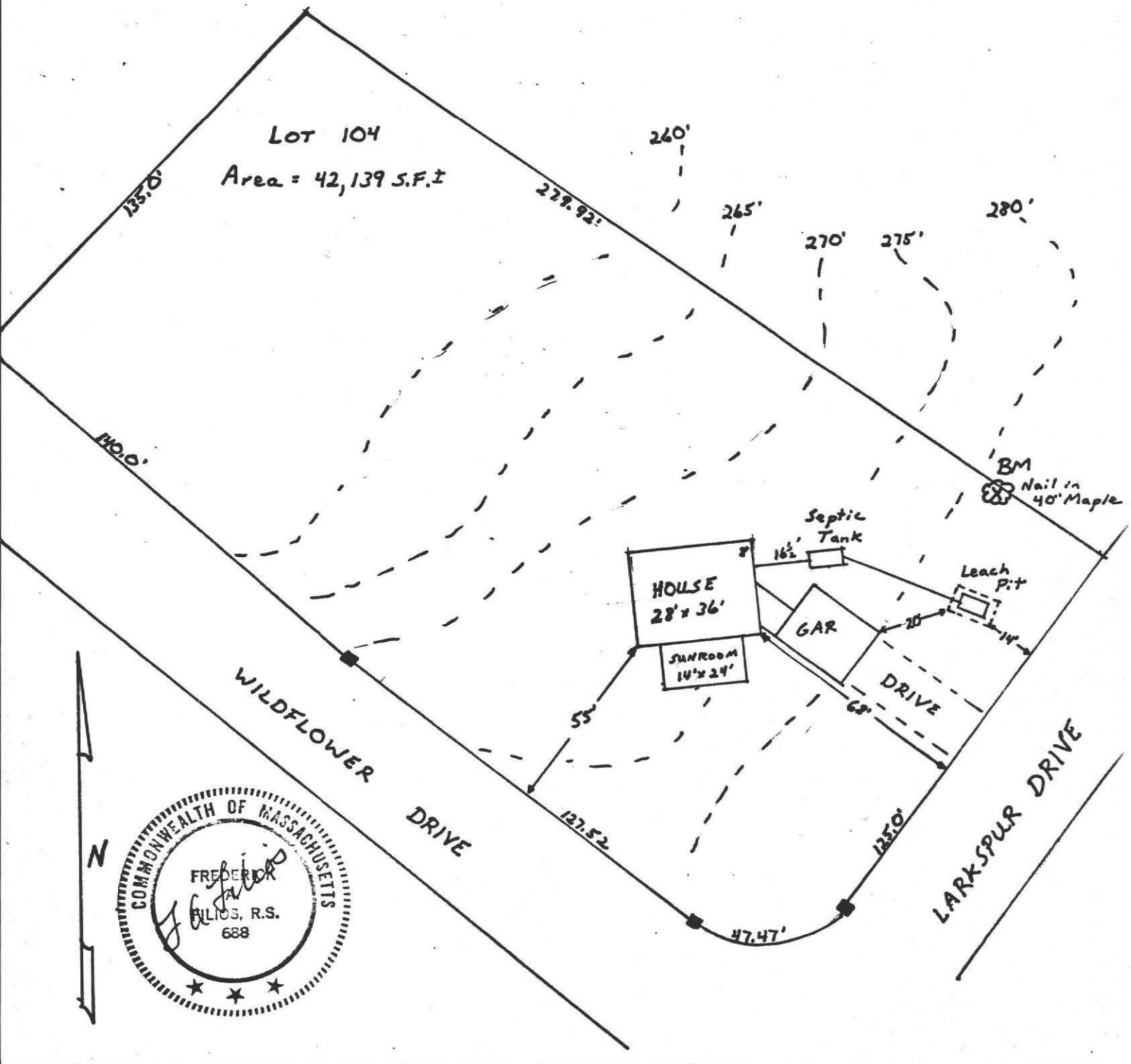
PERCOLATION RATE AT 43":

< 2 min/inch

PLAN SHOWING SEWAGE DISPOSAL

For: Norman Vexler
140 West Pomeroy Lane
Amherst Mass
By Frederick Filios

Scale: 1" = 40'
Apr. 17, 1986



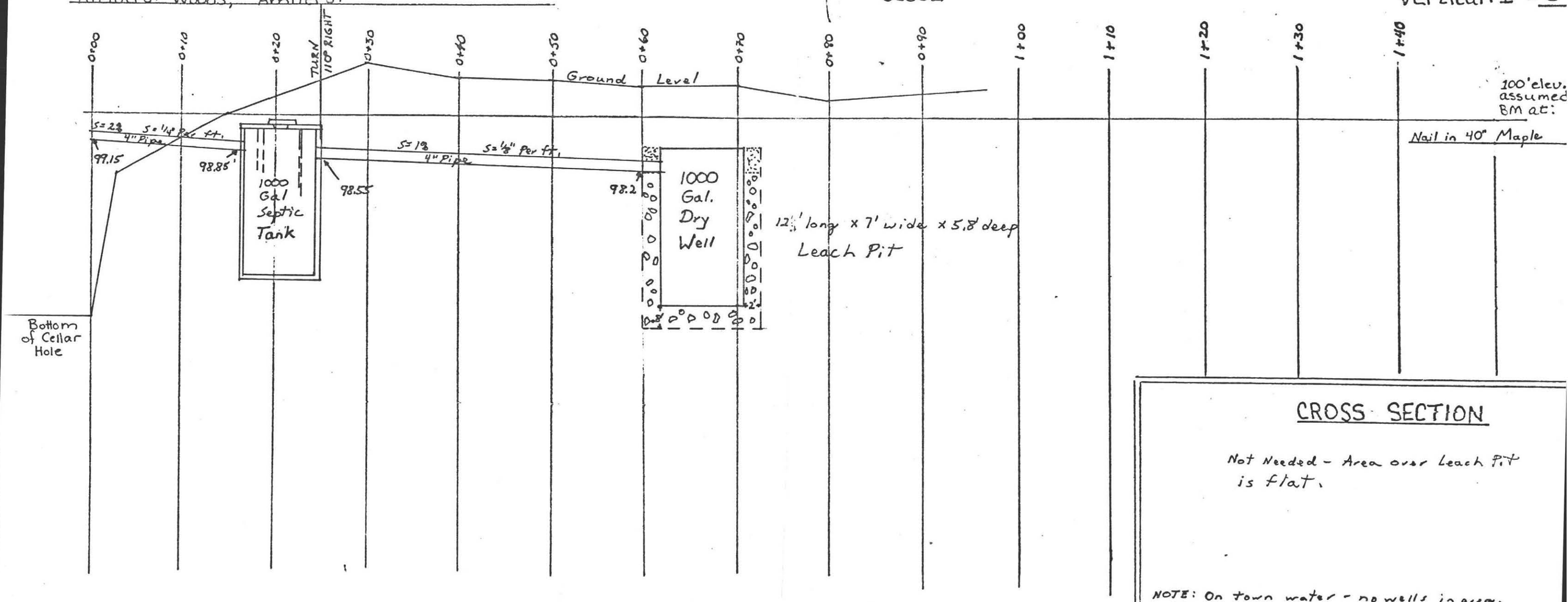
PROFILE OF SEPTIC SYSTEM

OR: Norman Vexler
140 West Pomroy Lane, Amherst
TE: Lot 104 Larkspur Drive,
Amherst Woods, Amherst

BY: Frederick A. Filios L.S.
69 Pelham Road
Amherst, MA
01002

DATE: April 17, 1986

SCALE: Horizontal: 1" = 1
Vertical: 1" = 3'



CROSS SECTION

Not Needed - Area over Leach Pit is flat.

NOTE: On town water - no wells in area.

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
688

SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

3 bedrooms x 110 Gal./bdrm = 330 required gallons
Perc Rate: 2 min/inch
Side: 2.5 gal/S.F. Bottom: 1.0 gal/S.F.
Leach Pit 12.5' long x 7' wide x 5.8' deep
Sides: 12.5' x 5' x 2 = 125 S.F x 2.5 gal/S.F = 312.5 gal
7' x 5' x 2 = 70 S.F x 2.5 gal/S.F = 175 gal
Bottom: 12.5' x 7' = 87.5 S.F x 1.0 gal/S.F = 87.5 gal
Proposed Total = 575 gallons

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT 104 LARKSPUR DRIVE

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner NORMAN VELLER Address W. POMEROY LANE

Installer ED STONE Address MONTAGUE MA

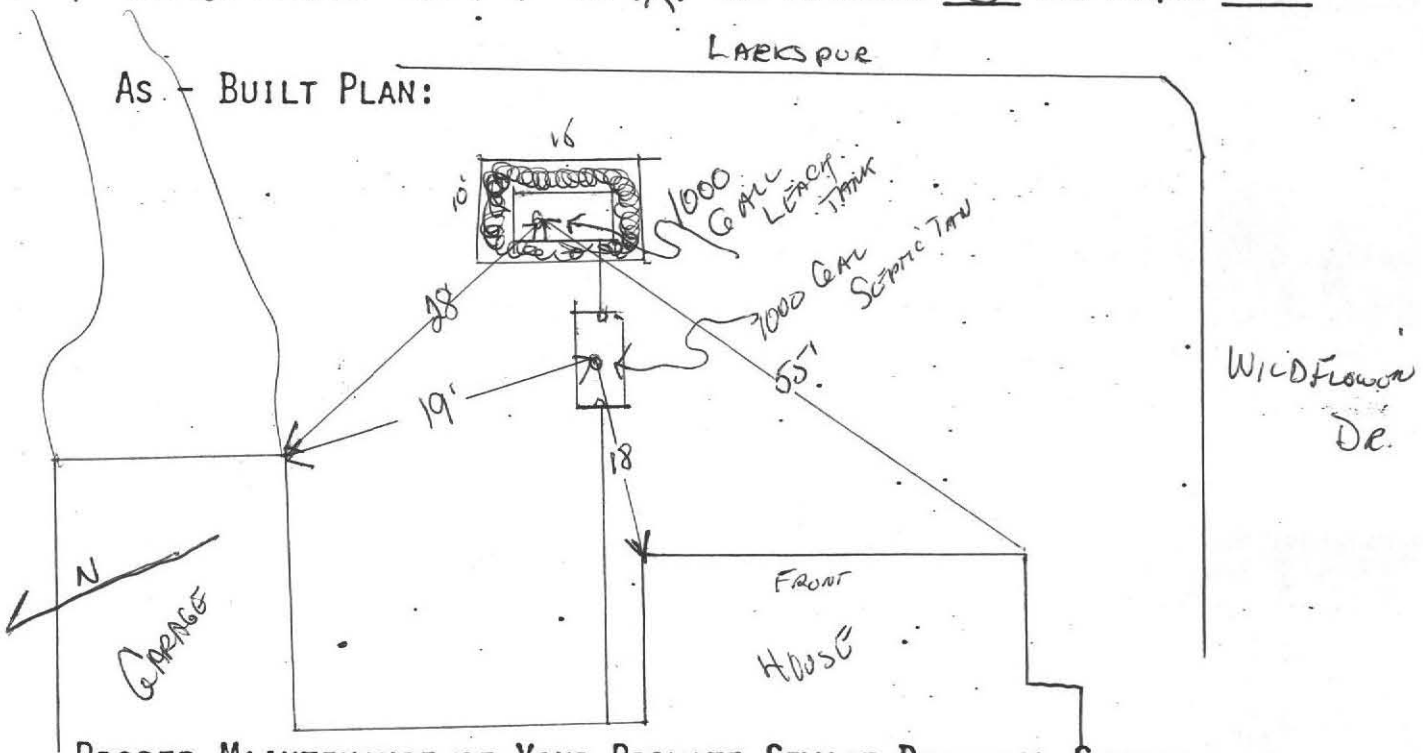
Date Installation Inspected and Approved AUG 1986

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed (:) Seepage Pit (X). Square Feet: 150 250 SIDES & BOTTOM

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

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.