105 leverett Title 5- PASSED



AMHERST PUBLIC HEALTH DEPARTMENT

December 2012 INVOICE

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: Dec. 21 2012

TO

Gabriela Delgadillo 105 Leverett Rd Amherst, MA 01002

RE: Invoice for

Septic Title V witness

Services provided by

Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LIN	E TOTAL
1.00	Septic Title V witness	\$ 200.00	5	200.00
		10		
	Rec'd today your check #176 for \$200.00			4
	this invoice is paid in full/thank you			
		SUBTOTAL	\$	200.00
		SALES TAX		
		TOTAL	\$	200.00

app. - 16566 Batch - 3728

Smith, Edmund

From:

Smith, Edmund

Sent:

Friday, December 21, 2012 2:48 PM

To: Subject: 'gabrieladelgadillo@hotmail.com' Title 5 receipt

Attachments:

105 Leverett.xlsx

Attached is your receipt – good luck with the sale.

Thanks

Ed

Edmund R. Smith

Health Inspector; (413)259-3153

my regular hours: Tuesdays 8-4:30; Thursdays 12:30-4:30; Fridays 8-4:30

Amherst Health Department

main phone #: (413)259-3077; fax (413)259-2404

Bangs Community Center

70 Boltwood Walk

Amherst, MA 01002

CUST NAME 4 BOLTWOOD AVENUE 01/07/13 CITY, ST, ZIP

***TOWN OF A TOWN HAL AMHERST M REFERENCE DATE/TIME 13:53

CUST NAME

0 DEPT

DE HEA058

TITLE V WI 200.

RECPT TOTAL

200.00 GABRIELA D QUA CHECK

176

AMOUNT

RECPT#: 11015297

PERMITS/INSP PAYMENT
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 08/12/10 CLERK: publichea

TIME: 09:54 DEPT:

PAID BY: PAYMENT METH: CHECK

REFERENCE:

AMT TENDERED: AMT APPLIED:

200.00

CHANGE:

.00

SITE ADDRESS: 105 LEVERETT ROAD

FEES:

HEA058 TITLE V WITNESS

200.00

TOTAL PAID:

200.00



Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

OS I EVEDETT DOAD			
05 LEVERETT ROAD roperty Address			
INDA CARON & NILDA DELGADO			
Owner's Name			
MHERST	846	01002	8/10/2010
	MA_		8/10/2010
ity/Town	State	Zip Code	Date of Inspection
nspection results must be submitted	on this form Ir	enaction form	s may not be altered in any
yay. Please see completeness check			is may not be aftered in any
ay. I lease see completelless check	nst at the end o	the form.	
. General Information			1 1 1 1
. General illionnation		/	1 20 (10
		6	1000
Inspector:			1000/
NEIL JACKSON			THE TON
Name of Inspector			6 10
J & P ENGINEERING SERVICES			X
Company Name		- V	
30 MOUNTAINVIEW DRIVE			
Company Address			
BELCHERTOWN		MA	01007
City/Town		State	7in Code
			Zip Gode
(413) 896-6607		SI 3579	
The state of the s			
(413) 896-6607		SI 3579	
(413) 896-6607 Telephone Number		SI 3579	
(413) 896-6607 Telephone Number		SI 3579	
(413) 896-6607 Telephone Number		SI 3579	
(413) 896-6607 Telephone Number	the sewage disp	SI 3579 License Number	
(413) 896-6607 Telephone Number Certification certify that I have personally inspected		SI 3579 License Number	this address and that the
(413) 896-6607 Telephone Number Certification certify that I have personally inspected formation reported below is true, accur	rate and complet	SI 3579 License Number osal system at e as of the time	this address and that the of the inspection. The inspec
(413) 896-6607 Telephone Number Certification certify that I have personally inspected formation reported below is true, accuras performed based on my training and	rate and complet d experience in t	SI 3579 License Number osal system at e as of the time proper funct	this address and that the of the inspection. The inspection and maintenance of on sit
(413) 896-6607 Telephone Number Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP a	rate and complet d experience in t	SI 3579 License Number osal system at e as of the time proper funct	this address and that the of the inspection. The inspection and maintenance of on sit
(413) 896-6607 Telephone Number Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP a	rate and complet d experience in t	SI 3579 License Number osal system at e as of the time proper funct	this address and that the of the inspection. The inspection and maintenance of on sit
(413) 896-6607 Telephone Number Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP at the 5 (310 CMR 15.000). The system:	rate and complet d experience in t approved syster	SI 3579 License Number osal system at e as of the time he proper funct	this address and that the of the inspection. The inspection and maintenance of on sitursuant to Section 1540 of
(413) 896-6607 Telephone Number Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP at the 5 (310 CMR 15.000). The system:	rate and complet d experience in t	SI 3579 License Number osal system at e as of the time he proper funct	this address and that the of the inspection. The inspection and maintenance of on sit
(413) 896-6607 Telephone Number C. Certification certify that I have personally inspected formation reported below is true, accuras performed based on my training and awage disposal systems. I am a DEP at the 5 (310 CMR 15.000). The system: Passes	rate and complet d experience in t approved syster Conditionally	SI 3579 License Number osal system at e as of the time ne proper funct inspector pure	this address and that the of the inspection. The inspection and maintenance of on sitursuant to Section 1540 of
(413) 896-6607 Telephone Number B. Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP a title 5 (310 CMR 15.000). The system:	rate and complet d experience in t approved syster Conditionally	SI 3579 License Number osal system at e as of the time ne proper funct inspector pure	this address and that the of the inspection. The inspection and maintenance of on sitursuant to Section 1540 of
(413) 896-6607 Telephone Number 6. Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP a tile 5 (310 CMR 15.000). The system: Passes	rate and complet d experience in t approved syster Conditionally	SI 3579 License Number osal system at e as of the time ne proper funct inspector pure	this address and that the of the inspection. The inspection and maintenance of on sitursuant to Section 1540 of
(413) 896-6607 Telephone Number B. Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP a litle 5 (310 CMR 15.000). The system: Passes	rate and complet d experience in t approved syster Conditionally	SI 3579 License Number osal system at e as of the time ne proper funct in inspector put Passes Authority	this address and that the of the inspection. The inspection and maintenance of on sitursuant to Section 1540 of
(413) 896-6607 Telephone Number B. Certification certify that I have personally inspected formation reported below is true, accur as performed based on my training and ewage disposal systems. I am a DEP a litle 5 (310 CMR 15.000). The system: Passes	rate and complet d experience in t approved syster Conditionally	SI 3579 License Number osal system at e as of the time ne proper funct inspector pure	this address and that the of the inspection. The inspection and maintenance of on sitursuant to Section 1540 of

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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Commonwealth of Massachusetts

105	LEVERET	I ROAD				*	
Prop	erty Address					718	
LIN	DA CARON	& NILDA DE	ELGADO				
Own	er's Name						
and the second	HERST			MA	01002	8/10/2010	
City	Town			State	Zip Code	Date of Inspection	
B.		ation (cor Summary: C	nt.) heck A,B,C,D or	E / always c	omplete all of	Section D	
A)	System Pa	asses:				2	
	in 310					failure criteria described eria not evaluated are	
	Comments	: :					
						Ŧ.	
B)	System Co	onditionally	Passes:				
	replace		f. The system, up			al Pass" section need to be ement or repair, as approve	
		box for "yes", I," please exp		rmined" (Y, N	N, ND) for the f	ollowing statements. If "not	
	structurally	unsound, ex spection if the	hibits substantial	infiltration or	exfiltration or	rhether metal or not) is tank failure is imminent. Sy septic tank as approved by	
			I pass inspection nat the tank is les			ot leaking and if a Certificate able.	e of
	☐ Y	□N	☐ ND (Expl	ain below):			
						\$	
						·	



Commonwealth of Massachusetts

			ROAD								
		Address									11
-		The second secon	& NILDA DELGADO								
		Name			_						
_	_	RST		MA		100			-	/10/2010	
_	Town	1000000000		State		ip C	ode		D	ate of Inspection	1
В.	Ce	ertific	ation (cont.)								
	B)	Systen	n Conditionally Passes (cont.):								
	Observation of sewage backup or break out or high static water level in the distributi to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box pass inspection if (with approval of Board of Health):								ution hox due oox. System will		
			broken pipe(s) are replaced			Υ		N		ND (Explain	below):
			obstruction is removed			Υ		N		ND (Explain	below):
			distribution box is leveled or rep	olaced		Υ		N		ND (Explain	below):
			stem required pumping more tha will pass inspection if (with appr							n or obstruct	ed pipe(s). The
			broken pipe(s) are replaced			Υ		N		ND (Explain	below):
			obstruction is removed			Υ		N		ND (Explain	below):
							-				
	C)	Furthe	r Evaluation is Required by the	e Board	of He	ealt	h:				
			ons exist which require further ever tem is failing to protect public he								determine if
		15.303	tem will pass unless Board of (1)(b) that the system is not fu and the environment:	Health nctionii	deter ng in	mir a m	nes i nann	n ac er w	cor hic	dance with 3 h will protec	10 CMR t public health,
			Cesspool or privy is within 50 fe	eet of a	surfac	e w	ater				
			Cesspool or privy is within 50 fe	eet of a l	borde	ring	veg	etate	ed w	etland or a s	alt marsh



Commonwealth of Massachusetts

-	5 LEVERE	The second second					
	perty Address		A DEL CADO				ê
-	ner's Name	N & NILD	A DELGADO				
AN	MHERST			MA	01002	8/10/2010	
_	//Town			State	Zip Code	Date of Inspection	on
B.	Certifi	cation	(cont.)				
5	2. Sy deter safet 100 fe suppl suppl The s more Metho ** This sy bacteria in	The system will and enverted to the system has from a principal disease a point of this form to the system has so the system passendicates a pom, proto this form to this form	I fail unless the Board at the system is functionment: Instem has a septic tank of the stem has	and soil ab tributary to a and SAS a and SAS a and SAS a S and the S	sorption system a surface water and the SAS is less than the same armed at a DEI and anitrogen and the same armed at a DEI anitrogen anitrogen and the same armed at a DEI anitrogen	m (SAS) and the r supply. within a Zone 1 o within 50 feet of a 100 feet but 50 Coertified laborated nitrate nitrogen	SAS is within f a public water a private water feet or ory, for coliform is equal to or
							2
D)	System F	ailure Cri	teria Applicable to A	II Systems			
	You mus	t indicate	"Yes" or "No" to eac	h of the fo	llowing for all	inspections:	
	Yes	No					
		\boxtimes	Backup of sewage in clogged SAS or cess		r system comp	onent due to ove	rloaded or
		\boxtimes	Discharge or pondin due to an overloaded	g of effluen			surface waters
		\boxtimes	Static liquid level in to or clogged SAS or control	he distribut			to an overloaded
		\boxtimes	Liquid depth in cessi		than 6" below	invert or available	volume is less



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	LEVERE)				
	perty Address						
LIN	IDA CARO	N & NILE	A DELGADO				
	ner's Name					4.7	
	IHERST			MA	01002	8/10/2010	
City	Town			State	Zip Code	Date of Inspection	
B.	Certific	cation	(cont.)				
			ute d				
	Yes	No					
		\boxtimes	Required pumping obstructed pipe(s			st year <i>NOT</i> due to clogge	ed or
		\boxtimes	Any portion of the	SAS, cesspo	ol or privy is be	elow high ground water ele	evation.
		\boxtimes		sspool or privy	is within 100 t	eet of a surface water sup	
		\boxtimes	Any portion of a c	esspool or pri	vy is within a Z	one 1 of a public well.	
		\boxtimes	Any portion of a c	esspool or pri	vy is within 50	feet of a private water sup	ply well
			from a private wa system passes i laboratory, for fe of ammonia nitro	ter supply well f the well wat ecal coliform ogen and nitr other failure	I with no accepter analysis, publicateria indicate nitrogen is criteria are tr	100 feet but greater than a table water quality analys erformed at a DEP certifates absent and the press equal to or less than 5 iggered. A copy of the a his form.]	is. [This ied sence ppm,
		\boxtimes	The system is a c 10,000gpd.	esspool servir	ng a facility with	a design flow of 2000gpc	-t
			criteria exist as de	escribed in 31 ould contact th	0 CMR 15.303 ne Board of He	or more of the above failu therefore the system fails alth to determine what will	s. The
E)			o be considered a 000 gpd to 15,000 g		the system n	nust serve a facility with	а
	For large : questions			ther "yes" or "	no" to each of t	he following, in addition to	the
	Yes	No					
			the system is with	in 400 feet of	a surface drink	ing water supply	
			the system is with	in 200 feet of	a tributary to a	surface drinking water su	pply
			the system is loca Area – IWPA) or a			ea (Interim Wellhead Prot water supply well	ection

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.

E)



Commonwealth of Massachusetts

City/Town	State	Zip Code	Date of Inspection	
AMHERST	MA	01002	8/10/2010	
Owner's Name				1
LINDA CARON & NILDA DELGADO				
Property Address				
105 LEVERETT ROAD				

AMHERST				MA 01002		8/10/2010				
City/T	-			State	Zip Code	Date of Inspection				
C. (Check	dist								
C	Check if	the follow	ing have been done. Yo	ou must inc	dicate "yes" or "n	o" as to each of th	ne following:			
	Yes	No								
	\boxtimes		Pumping information	was provid	ed by the owner	, occupant, or Boa	ard of Health			
		\boxtimes	Were any of the syste	Were any of the system components pumped out in the previous two weeks?						
	\boxtimes		Has the system receive	ved normal	I flows in the pre	vious two week pe	eriod?			
		\boxtimes	Have large volumes of this inspection?	Have large volumes of water been introduced to the system recently or as part of this inspection?						
	\boxtimes		Were as built plans of available note as N/A		m obtained and e	examined? (If they	were not			
	\boxtimes		Was the facility or dw	Was the facility or dwelling inspected for signs of sewage back up?						
	\boxtimes		Was the site inspecte	d for signs	of break out?					
	\boxtimes		Were all system comp	oonents, ex	cluding the SAS	, located on site?	1			
			inspected for the cond	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?						
			information on the pro	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:						
	\boxtimes		Existing information. I	For exampl	le, a plan at the l	Board of Health.				
		\boxtimes	Determined in the fiel approximation of dista				is at issue			
D. S	Syste	m Info	rmation							
F	Residen	itial Flow	Conditions:							
١	Number	of bedroo	ms (design):		Number of bedr	ooms (actual):	3			
			ed on 310 CMR 15.203	(for examp	le: 110 gpd x # c	of bedrooms):	330			

		*



Commonwealth of Massachusetts

105 LEVER	RETT ROAD							
Property Add								
	RON & NILDA DELGADO							
Owner's Nam			04000	0//0/00/0				
AMHERST City/Town		MA State	01002 Zip Code	8/10/2010 Date of Inspe	ction			_
	ana Infarmation	State	Zip Code	Date of Hispe	CLIOIT			
D. Systi	em Information							
							_	
Numbe	er of current residents:					2		
Does re	esidence have a garbage grind	der?			\boxtimes	Yes		No
Is laund	dry on a separate sewage syst	tem? [if yes sepa	arate inspectio	n required]		Yes		No
Laundr	y system inspected?					Yes		No
	Seasonal use?						\boxtimes	No
Water	meter readings, if available (la	st 2 years usage	(gpd)):		100	gpd		
Detail: TOTAL	USAGE FOR LAST 2 YEARS	S 76,500 GALL	ONS					
_						-		
Sump	pump?					Yes	_	No
Last da	ate of occupancy:				PR	ESEN	1T	
Comm	ercial/Industrial Flow Condit	tions:				4		
Type o	f Establishment:							-
Design	flow (based on 310 CMR 15.2	203):	Gallons	per day (gpd)		-		
	of design flow (seats/persons/s	sq.ft., etc.):	-					
	e trap present?	21				Yes		No
	ial waste holding tank present					Yes		No
	anitary waste discharged to the	e Title 5 system?				Yes		No
Water	meter readings, if available:							

		*
	*	



Commonwealth of Massachusetts

O1002 Zip Code Date	8/10/2010 Date of Inspection ON RECORD			
Zip Code Date	Date of Inspection			
Zip Code Date	Date of Inspection			
Zip Code Date	Date of Inspection			
Date				
nation				
nation				
	ON RECORD			
/06, TITLE V C	ON RECORD			
/06, TITLE V C	ON RECORD			
	⊠ Yes □ No			
gallons COMPLETE SEPTIC				
ROUTINE MAINTENANCE				
orption system				
	d.			
ach previous ir	nspection records, if any)			
	the current operation and owner) and a copy of latest der contract			
approval.	į.			
	*			
	PLETE SEPTION FINE MAINTER Drption system ach previous in ach a copy of a from system m operator und			

		*



Commonwealth of Massachusetts

105 LEVERETT ROAD Property Address)				
LINDA CARON & NILD	A DELGADO				
Owner's Name	TO DECOMBO				
AMHERST		MA	01002	8/10/20	10
City/Town		State	Zip Code	Date of In	spection
Approximate age o	f all components, o	date installed (if	known) and s	ource of info	rmation:
Were sewage odor	s detected when a	rriving at the site	?	[☐ Yes ⊠ No
Building Sewer (Id	ocate on site plan):				ă.
Depth below grade			3' fee		
Material of construc	ction:				9,
⊠ cast iron	☐ 40 PVC	other (e	xplain): —		
Distance from priva	ate water supply we	ell or suction line	e: P	UBLIC	
Comments (on con	dition of joints wen	ting evidence o			
Septic Tank (locate	e on site plan):				
Depth below grade			3. fee		
Material of construc	ction:				
⊠ concrete	☐ metal	fiberglas	ss po	lyethylene	other (explain)
If tank is metal, list	age:		ye	ars	
Is age confirmed by	a Certificate of Co	ompliance? (atta	ach a copy of	certificate)	☐ Yes ☐ No
Dimensions:				1000 GALLO	NS, 5' X 8'
Sludge depth:				1"	

		*



Commonwealth of Massachusetts

105 LEVERETT ROA	D				
Property Address					
LINDA CARON & NIL Owner's Name	DA DELGADO				
AMHERST		MA	01002	8/10/201	0
City/Town		State	Zip Code	Date of Ins	
D. System Info	rmation (conf	t.)			Š
Septic Tank (con	t.)				
Distance from top	of sludge to botton	m of outlet tee or	baffle	26"	
Scum thickness				0"	
Distance from top	of scum to top of	outlet tee or baffle		6"	
Distance from bot	tom of scum to bot	ttom of outlet tee	or baffle	21"	
How were dimens	ions determined?			MEASURED	<u> </u>
	/ERY 2 - 3 YEARS SIGNS OF LEAKA				

Grease Trap (loca	ate on site plan):				
Depth below grad	e:			feet	
Material of constru	uction:				3
concrete	☐ metal	fiberglas	ss 🗆	polyethylene	other (explain):
Dimensions:					
Scum thickness					
Distance from top	of scum to top of	outlet tee or baffle		-	
Distance from bot	tom of scum to bot	tom of outlet tee	or baffle		
Date of last pump	ing:			Date	

		ÿ.



Commonwealth of Massachusetts

105 LEVERETT ROAD

operty Address								
NDA CARON & NIL	DA DELGADO							
wner's Name			0.4000	0//0/00/0				
MHERST ty/Town		MA State	01002 Zip Code	8/10/2010 Date of Inspection				
). System Info	rmotion /		Zip Code	Date of Inspection				
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural liquid levels as related to outlet invert, evidence of leakage, etc.):								
					~			
Tight or Holding	Tank (tank must b	be pumped at time	e of inspection)	(locate on site plan): ⁵			
Depth below grad	e:		_	X - 110				
Material of constr	uction:							
concrete	☐ metal	☐ fibergla	ss 🗌 po	lyethylene	ther (explain)			
Dimensions:		-						
Capacity:			gallons		ψ.			
Design Flow:			gallons per day					
Alarm present:			☐ Yes ☐	No				
Alarm level:			Alarm in working	order: Yes	☐ No			
Date of last pump	ing:		Date		3 2			
Comments (condi	ition of alarm and f	float switches, etc	.):		1.			
* Attach copy of c	urrent pumping co	ntract (required).	Is copy attache	d?	☐ No			

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Commonwealth of Massachusetts

05 LEVERETT ROAD					
operty Address NDA CARON & NILDA DELGADO					
wner's Name					
MHERST	MA	01002	8/10/2010		
ty/Town	State	Zip Code	Date of Inspe	ection	
. System Information (cont.)					
Distribution Box (if present must be ex-	Š.				
Distribution Box (if present must be on	pened) (locate			Ψ,	
Depth of liquid level above outlet invert					
Comments (note if box is level and distrevidence of leakage into or out of box, e LEVEL, DISTRIBUTION EQUAL, NO SCARRYOVER, LEVELERS WERE INST	etc.): SIGNS OF LE	AKAGE, SOM	E SIGNS OF S	SOLIDS	
a decimal and the second and the sec					
				*	
Pump Chamber (locate on site plan): Pumps in working order:			☐ Yes	□ No	
Alarms in working order:			☐ Yes	☐ Nc.	
Comments (note condition of pump cha	mber, condition	on of pumps ar	d appurtenan	ces, etc.):	
				ő	
Soil Absorption System (SAS) (locate	on site plan,	excavation not	required):		
If SAS not located, explain why:					



Commonwealth of Massachusetts

105 LEVERET	T ROAD				
Property Address		***************************************			
INDA CARON Owner's Name	N & NILDA DELGADO				
AMHERST		MA	01002	8/10/2010	
City/Town		State	Zip Code	Date of Inspe	
	Information (cont.)		or to the second of the secon		7 - 1 - 1 (MA)
J. Oyotom	· · · · · · · · · · · · · · · · · · ·				
Type:					
71					å.
	leaching pits		number:		
	la a alaine a labarraharra				
	leaching chambers		number:		
	leaching galleries		number:		
	3 3				
	leaching trenches		number,	ength:	n
	ta a a latina di a tata		a mark and	dius = u = i = u = .	ONE- 24'W X
\boxtimes	leaching fields		number,	dimensions:	35'L W.' 4 LINES
	overflow cesspool		number:		<u></u>
	innovative/alternative sys	stem			
	Type/name of technology	\r			
				(a)	100 MM A
	(note condition of soil, signs	of hydraulic	failure, level of	ponding, dam	o soil, condition of
vegetation,	, etc.): S OF HYDRAULIC FAILURE,	NO PONDIN	IG		
140 010110	OF THE NACE OF ALCORE,	NO FORDIN			
					4
		(Augustus III - II - II - II - II - II - II - I			
a					
Cesspools	s (cesspool must be pumped	as part of ins	pection) (locate	e on site plan):	
	neral Constant Programmers & Constant				
Number ar	nd configuration				21
Denth – to	p of liquid to inlet invert				<u></u>
Deptil to	p or riquid to irriot irrior				9
Depth of so	olids layer				
	double Discours				
Depth of so	cum layer			-	
Dimension	s of cesspool				
Materials of	of construction				
[mullactics	of aroundwater inflam			☐ Yes	□ No
indication (of groundwater inflow			☐ 1es	

			•



Commonwealth of Massachusetts

AC LEVEDETT DOAD				* *
05 LEVERETT ROAD				
operty Address				
NDA CARON & NILDA DELGADO				
wner's Name		04000	041010040	
MHERST	MA	01002	8/10/2010	
ty/Town	State	Zip Code	Date of Inspection	1
. System Information (cont.)				
Comments (note condition of soil, signs etc.):	s of hydraulic	failure, level of	ponding, condition	of vegetation
etc.).				
		0112		***************************************
Privy (locate on site plan):				
Materials of construction:				
Dimensions		iiolis — iii	· · · · · · · · · · · · · · · · · · ·	·
Depth of solids				
Comments (note condition of soil, signs etc.):	s of nydraulic	rallure, level of	ponding, condition	or vegetation
			· · · · · · · · · · · · · · · · · · ·	
				1
And the second s	- content of the in-			

			•

Owner

information is

required for

every page.

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERETT ROAD

Property Address

LINDA CARON & NILDA DELGADO

Owner's Name

AMHERST City/Town

MA State 01002 Zip Code 8/10/2010

Date of Inspection

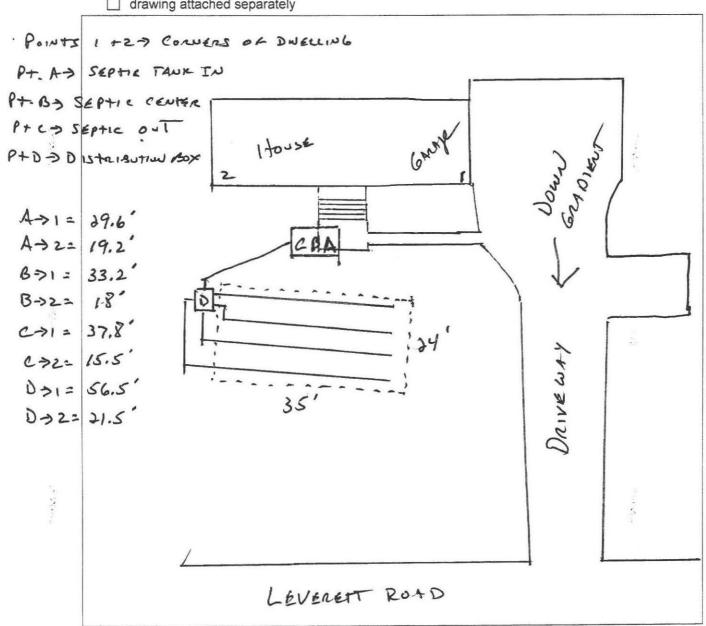
D. System Information (cont.)

Commonwealth of Massachusetts

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

105 LEVERETT ROAD

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

operty Addre	ess				
NDA CAR	ON & NILDA DELGADO				
vner's Name					
MHERST		MA	01002	8/10/2010	
y/Town		State	Zip Code	Date of Inspection	1
. Syste	em Information (cont.)				
Site Exa	am:				
⊠ Che	eck Slope				* \$
⊠ Surf	face water				A.
⊠ Che	eck cellar				
Sha	llow wells				
Estimate	ed depth to high ground water:		6 FEE feet	T	
Please i	indicate all methods used to dete	rmine the hi	gh ground wate	er elevation:	
\boxtimes	Obtained from system desig	n plans on r	ecord))
	If checked, date of design pl	an reviewed	8/10/87 Date		
	Observed site (abutting prop	erty/observa	tion hole within	n 150 feet of SAS)	
	Checked with local Board of	Health - exp	olain:		
	Checked with local excavator	ors, installers	- (attach docu	mentation)	1
	Accessed USGS database -	explain:			50. 3
DESIGN	st describe how you established NOF SEPTIC SYSTEM INDICAT GRADE.	72 30			W PROPOSEI

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

Property Address				
riopeity Address				
LINDA CARON & NILDA DELGADO				
Owner's Name				
AMHERST	MA	01002	8/10/2010	
City/Town	State	Zip Code	Date of Inspection	

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

					*	′•
£						



Commonwealth of Massachusetts

Title 5 Official Inspection Form



Owner information is required for every page.

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERETT ROAD				
Property Address	1,000			
VICTOR ZUMBRUSKI				1/
Owner's Name				
AMHERST	MA.	01002	11/29/06	V
City/Town	State	Zip Code	Date of Inspection	

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

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return





A.	General Information				
1.	Inspector:				
	PHILIP J. PASIECNIK				
	Name of Inspector		100 14		
	GREG'S WASTEWATER REMOVAL				
	Company Name				
	239 GREENFIELD ROAD				
	Company Address				
	SOUTH DEERFIELD	MA.		01373	
	City/Town	 State		Zip Code	
	413-665-3989	N/A			
	Telephone Number	 License Number	er		

B. Certification

Telephone Number

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	
Philipp , Paser	11/29/06 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.



Commonwealth of Massachusetts

105	5 LE	VERE	TT ROAD								
		Address			- 1500-1						
VIC	OTC	R ZUM	IBRUSKI								
Owr	ner's	Name									
	-	RST		<u>M</u> A.	01002	11/29/06					
City	/Tow	n		State	Zip Code	Date of Inspection					
В.	Ce	Certification (cont.)									
	Ins	pectior	n Summary: Check A,B,C,[D or E / <i>always</i> co	omplete all of	Section D					
A)	Sys	stem P	Passes:								
	\boxtimes	☑ 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.									
	Co	mment	ts:								
	-										
B)	Sys	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.										
		struct Syste	eptic tank is metal and over urally unsound, exhibits sub m will pass inspection if the oved by the Board of Health.	estantial infiltration existing tank is r	n or exfiltration	or tank failure is imminent.					
			etal septic tank will pass ins			d, not leaking and if a Certificate savailable.					
	ND	Expla	in:								
						- 111 -					
					That constant						
		to bro		r due to a broken	, settled or un	level in the distribution box due even distribution box. System will					
			broken pipe(s) are replace	ced							
		П	obstruction is removed								



Commonwealth of Massachusetts

			T ROAD					
			DDIICKI					
-			SNUSKI					
AM	HEF	RST		MA.	01002	11/29/06		
	□ The system required pumping mo system will pass inspection if (with □ broken pipe(s) are replace □ obstruction is removed ND Explain: □ Conditions exist which require furt the system is failing to protect pub 1. System will pass unless Boa 15.303(1)(b) that the system is n safety and the environment: □ Cesspool or privy is within		State	Zip Code	Date of Inspection	1		
B.	Ce	ertific	ation (cont.)		familia de la composição	o de la co		
	B)	Certification (cont.) System Conditionally Passes (conditionally	m Conditionally Passes (con	t.):				
			distribution box is leveled or	replaced				
	ND	Explair		•				
	-							
		The sy	stem required pumping more	than 4 times	a year due to le Board of Hea	proken or obstructed pipe (th):	∋(s). The	
			broken pipe(s) are replaced			- W-		
			ab about the state of the state					
		ш						
	ND	Explair	1:					
	-			-				
	C)	Furthe	er Evaluation is Required by	the Board	of Health:			
		Condit	ions exist which require furthe stem is failing to protect public	r evaluation health, safe	by the Board of ty or the enviro	Health in order to determent.	mine if	
		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						
			Cesspool or privy is within 50	0 feet of a su	ırface water	8		
			Cesspool or privy is within 50	0 feet of a bo	ordering vegeta	ed wetland or a salt mar	sh	
		detern	tem will fail unless the Boar nines that the system is fund and environment:	rd of Health ctioning in a	(and Public W manner that	ater Supplier, if any) protects the public hea	lth,	
			The system has a septic tank 100 feet of a surface water s	k and soil ab	sorption system	n (SAS) and the SAS is v	within	
			The system has a septic tanl	k and SAS a	nd the SAS is v	vithin a Zone 1 of a publi	c water	
			supply. The system has a septic tank supply well.	k and SAS a	nd the SAS is v	vithin 50 feet of a private	water	



Commonwealth of Massachusetts

_	LEVERE									
	CTOR ZUN									
-	ner's Name									
_	HERST			MA.	01002	11/29/06				
City	/Town			State	Zip Code	Date of Inspection				
B.	Certific	cation (cont.)							
C)	Further Evaluation is Required by the Board of Health (cont.):									
			a septic tank and S ate water supply w		AS is less than	100 feet but 50 feet or				
	Metho	od used to	determine distance	:						
	bacteria in less than	ndicates ab 5 ppm, pro to this form	sent and the prese vided that no other	nce of ammo	nia nitrogen an	certified laboratory, for coliform d nitrate nitrogen is equal to or A copy of the analysis must be				
					AL					
D)	System F	Failure Crit	eria Applicable to	All Systems						
	You mus	<u>t</u> indicate	"Yes" or "No" to	each of the fo	ollowing for al	l inspections:				
	Yes	No								
			Backup of sewage		or system comp	ponent due to overloaded or				
			due to an overloa	ded or clogge	d SAS or cess					
			or clogged SAS of	r cesspool		outlet invert due to an overloaded				
		\boxtimes	than 1/2 day flow			invert or available volume is less				
			Required pumpin obstructed pipe(s			st year <i>NOT</i> due to clogged or				
		\boxtimes	Any portion of the	SAS, cesspo	ool or privy is be	elow high ground water elevation.				
			Any portion of cestributary to a surfa			eet of a surface water supply or				



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105	LEVERET	T ROAD					
Proj	perty Address						
VIC	CTOR ZUM	BRUSKI					
	ner's Name			22.0			
	IHERST			MA.	01002	11/29/06	
City	/Town			State	Zip Code	Date of Inspection	
В.	Certific	cation ((cont.)			ALC: No	
D)	System F	ailure Cri	teria Applicable to	All Systems	(cont.):		
	Yes	No					
			Any portion of a ce	esspool or pri	vy is within a Z	one 1 of a public wel	1.
		\boxtimes	Any portion of a ce well.	esspool or pri	vy is within 50	feet of a private water	er supply
			from a private wat system passes if	er supply wel	l with no accep ter analysis, p	100 feet but greater pale table water quality as erformed at a DEP states absent and the	nalysis. [This certified
			of ammonia nitro	gen and niti	rate nitrogen i e criteria are t	s equal to or less the riggered. A copy of	nan 5 ppm,
			The system is a control of the system is a contr	esspool servi	ng a facility wit	h a design flow of 20	00gpd-
			criteria exist as de	scribed in 31	0 CMR 15.303	or more of the above , therefore the system alth to determine who	n fails. The
			necessary to corre			and to dotomino with	at will be
E)	Large Sys design flo	stems: To ow of 10,0	o be considered a l 000 gpd to 15,000 g	arge system pd.	the system n	nust serve a facility	with a
	For large s	systems, y in Section	ou must indicate eit D.	her "yes" or "	no" to each of	the following, in addit	ion to the
	Yes	No					
			the system is with	in 400 feet of	a surface drini	king water supply	
			the system is with	n 200 feet of	a tributary to a	surface drinking war	ter supply
			the system is local Area – IWPA) or a			rea (Interim Wellhead water supply well	d Protection
	If you have	e answere	d "yes" to any quest	ion in Section	E the system	is considered a signi	ficant threat,

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERE	ETT RC	DAD				£	
Property Addres							
VICTOR ZU	MBRUS	SKI				The same of the same	
Owner's Name				B.4.A	04000	4.4.100.100	
AMHERST City/Town		- J		MA. State	01002 Zip Code	11/29/06 Date of Inspection	
City/ Town				Glate	Zip Code	Date of Inspection	
C. Checl	klist				I. T. e. a. v	*F = 12. * 1	
Check if	the foll	owing have b	een done. Y	ou must ind	icate "yes" or "	no" as to each of t	he following:
Yes	No						
		Pumping	g informatior	n was provide	ed by the owne	r, occupant, or Bo	ard of Health
		Were ar	ny of the sys	tem compon	ents pumped o	out in the previous	two weeks?
	- 🗆 .	Has the	system rece	eived normal	flows in the pro	evious two week p	eriod?
		Have la		of water bee	en introduced to	the system recer	itly or as part o
		Were as			n obtained and	examined? (If the	y were not
		Was the	e facility or d	welling inspe	cted for signs	of sewage back up	1?
	- Д	Was the	site inspect	ted for signs	of break out?		
		Were al	ll system cor	mponents, ex	cluding the SA	S, located on site?	?
		inspecte	ed for the co	ndition of the	baffles or tees	ened, and the interi s, material of const d depth of scum?	
		Was the	e facility own tion on the p	er (and occurroper mainte	pants if differe enance of subs	nt from owner) pro urface sewage dis	vided with posal systems
	90						
			e and locati etermined ba		oil Absorption	System (SAS) or	the site has
		Existing	information	. For examp	e, a plan at the	Board of Health.	
		approxi	mation of dis	stance is una	the failure crite cceptable) [31	eria related to Part 0 CMR 15.302(5)]	C is at issue
			E147		1		
			* Ja Tähk go Ed				



Commonwealth of Massachusetts

City/Town	State	Zip Code	Date of Inspection	
AMHERST	MA.	01002	11/29/06	
Owner's Name				
VICTOR ZUMBRUSKI				
Property Address				
105 LEVERETT ROAD		x	1	

AMHERST	MA.	01002	11/29/06	
City/Town	State	Zip Code	Date of Inspection	
D. System Information				
Residential Flow Conditions:				
Number of bedrooms (design):		Number of bedro	oms (actual):	3
DESIGN flow based on 310 CMR 15.203 (for example	e: 110 gpd x # of	bedrooms):	330 G.P.D.
Number of current residents:				2
Does residence have a garbage grinder?				Yes 🗌 No
Is laundry on a separate sewage system?	[if yes sepa	rate inspection r	equired]	Yes 🛛 No
Laundry system inspected?				Yes 🗌 No
Seasonal use?				Yes 🛛 No
Water meter readings, if available (last 2 y	ears usage	(gpd)):		,980 Gallons 6 G.P.D.
Sump pump?				Yes 🛛 No
Last date of occupancy:				URRENTLY CCUPIED
Commercial/Industrial Flow Conditions	:		_	
Type of Establishment:				
Design flow (based on 310 CMR 15.203):		Gallons pe	r day (gpd)	
Basis of design flow (seats/persons/sq.ft.,	etc.):			
Grease trap present?				Yes 🗌 No
Industrial waste holding tank present?				Yes 🗌 No
Non-sanitary waste discharged to the Title	5 system?			Yes 🗌 No
Water meter readings, if available:		-		
Last date of occupancy/use:	47.16	Date		
Other (describe):		ESSERT STATE OF THE SECOND		



Commonwealth of Massachusetts

105 LEVERETT ROAD				
Property Address				r .
VICTOR ZUMBRUSKI				
Owner's Name				
AMHERST		IA.	01002	11/29/06
City/Town	Si	tate	Zip Code	Date of Inspection
D. System Information	(cont.)		*	
	General	Inforn	nation	
Pumping Records:				
Source of information:				ANK WAS LAST PUMPED PER OUR RECORDS.
Was system pumped as part	of the inspection			
If yes, volume pumped:		1000 gallons	1141	
How was quantity pumped de	etermined?	TANK	DIMENSIONS	5
Reason for pumping:		TANK	INSPECTION	AND SOLIDS REMOVAL
Type of System:				
Septic tank,	distribution box, s	oil abso	orption system	
☐ Single cessp	pool			
Overflow ces	sspool			
Privy	*			
2 2	572			nspection records, if any)
Innovative/A maintenance	Iternative technological liternative technological literative technologica	ogy. Att obtained	ach a copy of from system	the current operation and owner)
☐ Tight tank. A	Attach a copy of th	e DEP	approval.	
Other (descr	ribe):			
N-				- Anne de la company de la com
Approximate age of all comp				ource of information:
19 YEARS OLD / 9/1/87 /	CERTIFICATE O	F COM	PLIANCE	
Were sewage odors detected	d when arriving at	the sit	e?	☐ Yes ⊠ No



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105	LEVERETT ROAD				
	perty Address				
	CTOR ZUMBRUSKI		-/		
155 115 115	ner's Name HERST	MA.	01002	11/29/06	
-	Town	State	Zip Code	Date of Ins	
			1		
D.	System Information (cont.)				et all trouversone associate somewall
	Building Sewer (locate on site plan):				
	Depth below grade:			4 feet	
	Material of construction:				
	☐ cast iron ☐ 40 PVC	other (ex	plain):		
	Distance from private water supply well	or suction line:		TOWN WATER	R
	Comments (on condition of joints, venting	ng, evidence of	leakage,	etc.):	
	JOINTS SEEMED TO BE IN GOOD CO DWELLING ON THE ROOF. NO LEAK			AS VISIBLE OU	TSIDE THE
	Septic Tank (locate on site plan):				
	Depth below grade:			3 feet	
	Material of construction:				
	⊠ concrete ☐ metal	fiberglass		polyethylene	other (explain)
	If tank is metal, list age:			-	
	Is age confirmed by a Certificate of Con	nliance? (attac	h o oony	years	□ Vaa □ Na
		iphance: (attac		or certificate)	☐ Yes ☐ No
	Dimensions:			8'6"Lx4'10"W	x5'6"D
	Sludge depth:			6"	
	Distance from top of sludge to bottom or	f outlet tee or ba	affle	28"	
	Scum thickness			5"	
	Distance from top of scum to top of outle	et tee or baffle		8"	
	Distance from bottom of scum to bottom	of outlet tee or	baffle	10"	

How were dimensions determined?

MEASURED



Commonwealth of Massachusetts

pperty Address					
CTOR ZUMBRUSK mer's Name	(I				
MHERST		MA.	01002	11/29/06	
y/Town	ш	State	Zip Code	Date of Inst	pection
,,			_p	Dute of may	
. System Info	rmation (cont	:.)	X		
CAST IN PLACE BELOW THE FLO CONDITION AND SEPTIC TANK W	umping recommend lated to outlet inverton THE SEPTIC TO CONCRETE INLET OW LINE. CAST IN DEXTENDS 15" BE VAS GOOD. THE LI RISERS ON THE IN	t, evidence of leal FANK SHOULD B F BAFFLE WAS I PLACE CONCR ELOW THE FLOV QUID LEVEL WA	(age, etc.): E PUMPED E N GOOD COM ETE OUTLET V LINE. STRU S AT THE OU	EVERY TWO NDITION AND BAFFLE WA ICTURAL INT JTLET INVER	TO THREE YEARS DEXTENDS 13" AS IN GOOD TEGRITY OF THE RT. NO LEAKAGE
Grease Trap (loc					
Donth holow grad	lo:		_		
Depth below grad	ie.		f	eet	
Material of constr			f	eet	
N.77		☐ fiberglas		olyethylene	other (explain
Material of constr	ruction:		ss		other (explain
Material of construction of concrete Dimensions: Scum thickness Distance from top	ruction: metal of scum to top of co	outlet tee or baffle	ss		other (explain
Material of construction of concrete Dimensions: Scum thickness Distance from top	metal or of scum to top of continuous of scum to bot	outlet tee or baffle	es po	olyethylene	other (explain
Dimensions: Scum thickness Distance from too Distance from boo Date of last pump	metal or of scum to top of continuous of scum to bot	outlet tee or baffle ttom of outlet tee	or baffle	olyethylene	
Material of construction of concrete Dimensions: Scum thickness Distance from top Distance from bood Date of last pump Comments (on poliquid levels as reconstructions)	metal metal of scum to top of of the scum of scum to both both bring: umping recommendelated to outlet inverse	outlet tee or baffle ttom of outlet tee dations, inlet and t, evidence of lea	or baffle outlet tee or becage, etc.):	Oate affle condition	n, structural integrity
Dimensions: Scum thickness Distance from too Distance from boo Date of last pump Comments (on pliquid levels as re	metal metal of scum to top of of the scum to both top of scum top of scu	outlet tee or baffle ttom of outlet tee dations, inlet and t, evidence of lea	or baffle outlet tee or becage, etc.):	Oate affle condition	n, structural integrity
Material of construction of concrete Dimensions: Scum thickness Distance from too Distance from boo Date of last pump Comments (on p liquid levels as re	metal metal of scum to top of control of scum to both of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of scum to top of control of scum to top of scum	outlet tee or baffle ttom of outlet tee dations, inlet and t, evidence of lea	or baffle outlet tee or becage, etc.):	Oate affle condition	n, structural integrity
Dimensions: Scum thickness Distance from too Distance from boo Date of last pump Comments (on pliquid levels as re	metal metal of scum to top of control of scum to both of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of control of scum to top of scum to top of scum to top of control of scum to top of scum	outlet tee or baffle ttom of outlet tee dations, inlet and t, evidence of lea	or baffle outlet tee or becage, etc.):	Oate affle condition	



Owner information is

required for every page.

Commonwealth of Massachusetts

05	LEVERETT ROAD					
	perty Address					
/IC	TOR ZUMBRUSKI					
Own	ner's Name					
MA	HERST	MA.	01002	11/29/06		
City	Town	State	Zip Code	Date of Inspec	tion	
Э.	System Information (cont.)		The second	The state of the		
	Tight or Holding Tank (cont.)					
	Dimensions:		***************************************			
	management of the second of the	* .		2		
	Capacity:		gallons			
	Design Flow:		gallons per day			
	Alarm present:		☐ Yes ☐	No		
	Alarm level:		Alarm in working	order:	Yes	☐ No
	Date of last pumping:		Date			that the same of t
	Comments (condition of alarm and float swi	itches, e	tc.):			
	* Attach copy of current pumping contract (r	required). Is copy attache	d? 🗆	Yes	☐ No
	Distribution Box (if present must be opened	ed) (loca	te on site plan):			
	Depth of liquid level above outlet invert		NOT ABOVE			
	Comments (note if box is level and distribution evidence of leakage into or out of box, etc.):	ion to ou	ıtlets equal, any e	evidence of solid	ds carryo	over, any
	BOX SEEMED LEVEL AND DISTRIBUTION SOLIDS CARRYOVER WAS IN THE BOX WAS EVIDENT INTO OR OUT OF THE BOX	WHEN (OPENED FOR IN	SPECTION. NO	O LEAK	AGE
	Pump Chamber (locate on site plan):					
	Pumps in working order:			☐ Yes	☐ No	
	Alarms in working order:			☐ Yes	☐ No	



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERE	TT ROAD				
Property Address	S			1	
VICTOR ZUM	MBRUSKI				
Owner's Name					*
AMHERST	(A) =	MA.	01002	11/29/06	
City/Town		State	Zip Code	Date of Inspe	ction
D. Syster	n Information (cont.)		· 7		TEST
Commen	ts (note condition of pump chan	nber, condition	on of pumps ar	nd appurtenanc	es, etc.):
If SAS no	orption System (SAS) (locate of the located, explain why: SATED, BUT NOT EXCAVATED		excavation not	required):	
Type:					
	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries	-5. *	number:		W
	leaching trenches		number, l	ength:	
\boxtimes	leaching fields		number,	dimensions:	4 - Pipe L-Field 35' L x 24' W
	overflow cesspool		number:		
	innovative/alternative syst	em			
	Type/name of technology:	-			

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

THE SOIL WAS SANDY LOAM WITH COBBLES. CLOGGING OF THE SOIL WASN'T EVIDENT. NO SIGNS OF HYDRAULIC FAILURE OR PONDING. THE SOIL WASN'T DAMP OVER THE LEACHFIELD. VEGETATION WAS MOWED GRASS WHICH WAS UNIFORM IN GROWTH.



Commonwealth of Massachusetts

LEVERETT ROAD				
perty Address				
TOR ZUMBRUSKI				
er's Name HERST	MA.	01002	11/29/06	
Town	State	Zip Code	Date of Inspection	
System Information (cont.)	.			
Cesspools (cesspool must be pumped	as part of ins	spection) (locat	e on site plan):	
Number and configuration				
Depth – top of liquid to inlet invert			***************************************	
Depth of solids layer			-	
Depth of scum layer				
Dimensions of cesspool				
Materials of construction				
Indication of groundwater inflow			☐ Yes ☐ No	
Comments (note condition of soil, signs etc.):	s of hydraulic	failure, level of	ponding, condition of vegetatio	
-				
			a .	
Privy (locate on site plan):		3:-2	i	
Privy (locate on site plan): Materials of construction:	, , , , ,			
Materials of construction:				
Materials of construction: Dimensions			ponding, condition of vegetatio	



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERETT ROAD

Property Address

VICTOR ZUMBRUSKI

Owner's Name

AMHERST

City/Town

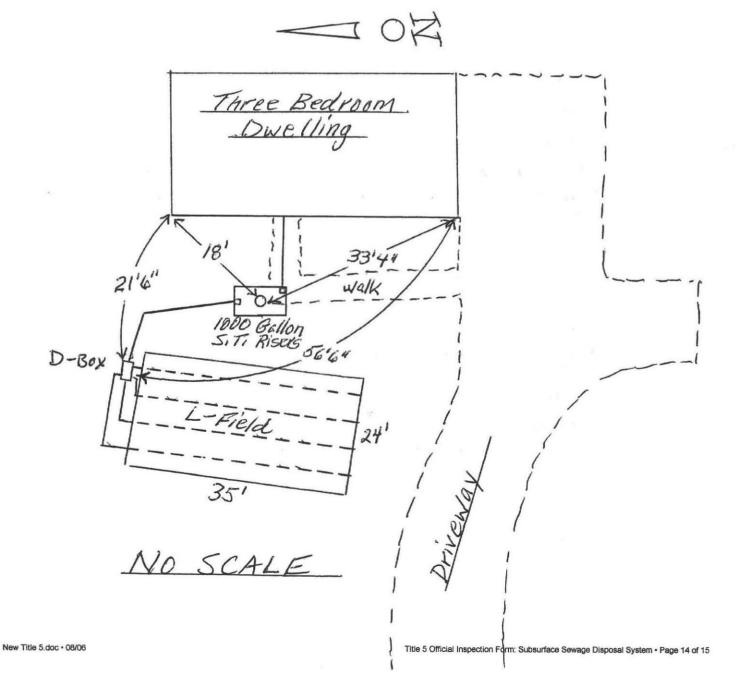
MA. State

01002 Zip Code 11/29/06

Date of Inspection

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.





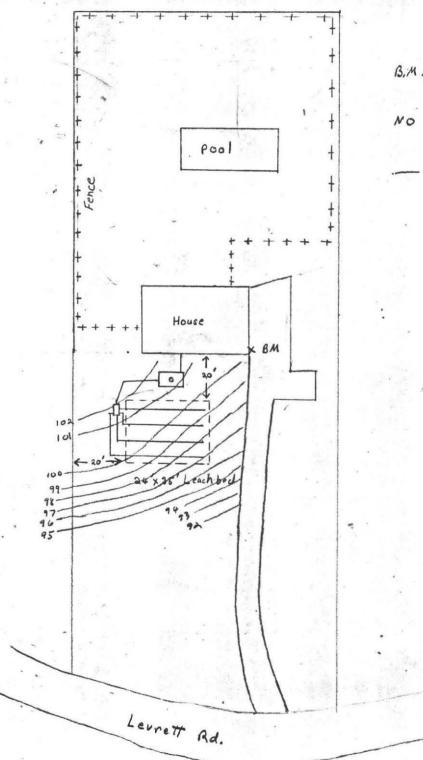
Commonwealth of Massachusetts

05 LEVER	ETT ROAD			
and the same of th	IMBRUSKI			
wner's Name		144	01003	11/20/06
MHERST ity/Town		MA. State	01002 Zip Code	11/29/06 Date of Inspection
. Syste	em Information (cont.)			
Site Ex	am:			
⊠ Che	eck Slope			. Taloni
⊠ Sur	face water			
⊠ Che	eck cellar			
☐ Sha	allow wells			
Estimat	ed depth to ground water:		6 feet	»
Please	indicate all methods used to determ	ine the hi	gh ground wate	er elevation:
\boxtimes	Obtained from system design p	lans on r	ecord	
	If checked, date of design plan	reviewed	8/10/87 Date	
	Observed site (abutting propert	y/observa	ation hole within	n 150 feet of SAS)
	Checked with local Board of He	ealth - exp	olain:	
	Checked with local excavators,	installers	s - (attach docu	mentation)
	Accessed USGS database - ex	plain:		An 18 1
200				
	ist describe how you established the XAM AND DESIGN PLAN PROVIDE			
SITE	WIN YIND DESIGN LEVIN LKONDE	בט פו אר	OPENII OW	NEIX.
-				
3				

PLAN SHOWING SEWAGE DISPOSAL

For: Victor Zumbrush: 105 Levrett Rd. Amh., Mass.

AT: 105 Levrett Ad. Amh., Mass. Bx: Karl's Excarating Scale 1"= 40'



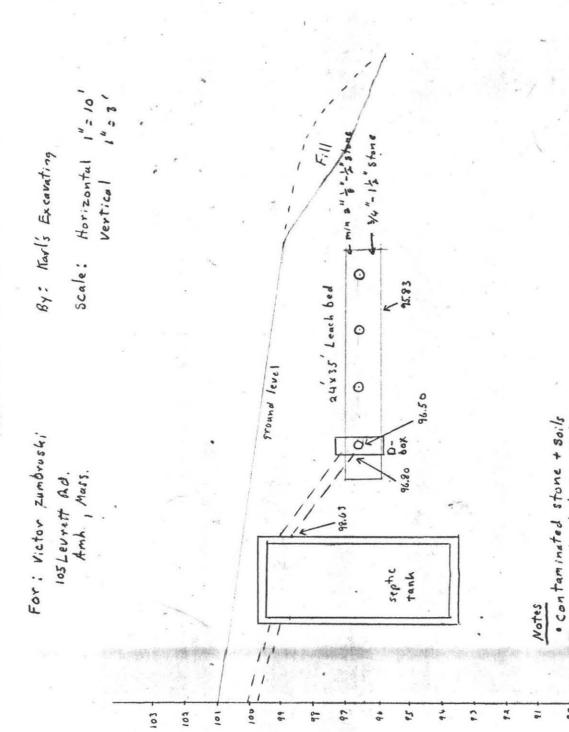
B.M. garage floor = 100.00

No wells within area

- Existing Contours

	8		

BM= 100.00 Garge Floor



from old leach bed will be

06

House

5

removed from the area

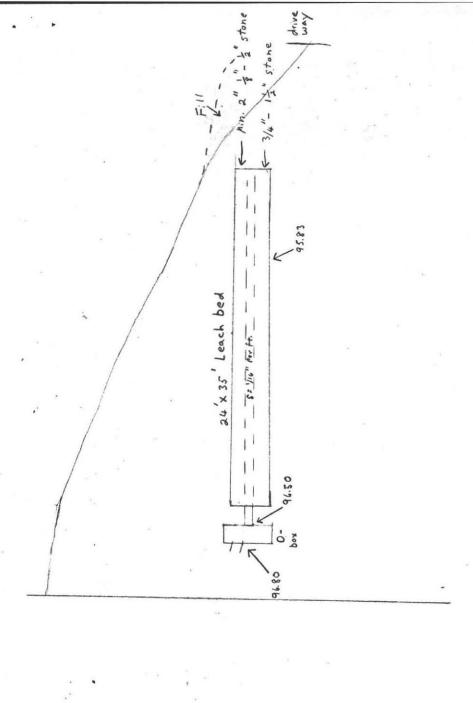
			•

For: Victor Zunbrushi 105 Levrett Ad. Amh., Mass.

By: Kauls Excavating

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

	. *			1
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		200	. =	*
	Z Z	110	ht te bbly bso	
-	10	T'9	13 3 3	



go ^{de}	*	
	*	

CHECK OR FILL IN WHERE APPLICABLE

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: 105 Levrett Bd. Amh.
Victor Zunoruis. 105 Levrett Bd. Amb
tarl's Executing 327 Bire Dr. Hadley has
Type of Building Dwelling — No. of Bedrooms. Size Lot 100 × 300 Sq. feet Expansion Attic () Garbage Grinder ()
Other — Type of Building
Design Flow
Septic Tank — Liquid capacity gallons Length Width Diameter Depth Disposal Trench — No. Width 4 Total Length 5 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
Test Pit No. 1minutes per inch Depth of Test PitDepth to ground waterDepth to ground water
Description of Soil Tight white Solbly subscil, some clay
Nature of Repairs or Alterations — Answer when applicable Leach bed replacement
Nature of Repairs of Pitterations—Pinswer 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 Steven Borres 8/10/87
Application Approved By. Signed Steven Borneys. Signed Steven Borneys. Date
Application Disapproved for the following reasons:
Date
Permit No
Permit No
Permit No
Permit No
Permit No. Issued Date THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH Jown of Amherit Certificate of Compliance
Permit No. Issued Date THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH Jown OF Amherit Certificate of Compliance THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (X) by Excavaring Installer the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired () are also and the Individual Sewage Disposal System constructed () or Repaired () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constr
Permit No. Issued Date THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH Jown OF Amherit Certificate of Compliance THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (X) by Excavaring Installer the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired (X) are also and the Individual Sewage Disposal System constructed () or Repaired () are also and the Individual Sewage Disposal System constructed () or Repaired () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constructed () are also and the Individual Sewage Disposal System constr
Permit No
Permit No
Permit No
Permit No. Issued THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH Jown OF Amherit Certificate of Compliance THIS IS TO CERTIFY. That the Individual Sewage Disposal System constructed () or Repaired () by Installer of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 87-20 dated.
THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OWN OF Management Certificate of Communicative THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by Certain of System constructed () or Repaired () at 105 Leventh Advantage of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 17-20 dated 0.8 0.8 1 of The System WILL FUNCTION SATISFACTORY. DATE Inspector For Ambent Bala Health: No Health:
THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF DIMERS THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by Karl's Cicavating at 105 Lourst Ad. Installer Installer 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. 87-20. dated. 0.8 10.8 7. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY. DATE. The COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF
THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF Dominante THIS IS TO CERTIFY. That the Individual Sewage Disposal System constructed () or Repaired X by at 105 Lowerth Rd. Installs 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. 87-20 dated. 0810.17. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY. DATE THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH
Permit No. THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF Amhert Certificate of Compliance THIS IS TO CERTIFY. That the Individual Sewage Disposal System constructed () or Repaired (X) by Faris Escavating at 105 Lowerth Ad. Installed in accordance with the provisions of TITIE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 27-20 dated 0.8.10 17 THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY. DATE Inspector Dr Amherst Bafol Health: THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH
THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF Monest Certificate of Communication THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (X) by Saria Excelsing at 105 Leverett Ad. Instally Mears has been installed in accordance with the provisions of TITIE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 27-20 dated. 08:10.17 THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY. DATE THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH No. OF FEE Pliannal Morks Construction Permit Permission is hereby granted.
THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF Mertificate of Communicative THIS IS TO CERTIFY. That the Individual Sewage Disposal System constructed () or Repaired (X) by Karl's Excavating at 105 Lowett Ad.: Installer than the Individual Sewage Disposal System constructed () or Repaired (X) 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. 27-20. dated 08.108.7 THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY. DATE Inspector Dy Mertit Bald Health: THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH No. OF FEE. Permission is hereby granted. to Construct () or Repair (X) an Individual Sewage Disposal System at No.

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

4-14

No. 70-5 Date 3/24/70 Fee \$3.00 Date Rec'd. March 27, 1970 By D. G. F.
Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal
System at: Location—Address Leverett Road, Cushman OwnerVictor Zumbruski Contractor
Location—Address Leverett Road, custimati or Lot No.
Contractor " " Address Address
Type of Building Dwelling Dimensions 28 x 44' Size Lot 100ft, x 300 ft.
Dwelling—No. of Bedrooms 3 Expansion Attic (no Garbage Grinder (yes
Other No. of persons Showers (2)
Other fixtures Washing machine, dishwasher maybe
Town Water? yes Type of Well
Design Flow gallons per person per day. Total daily flow gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L W D
Disposal Trench—No Width Total Length Total leaching area sq. ft.
Disposal Bed No Diameter 530 Depth below inlet Total leaching area 400 sq. ft.
Dry Well—No Diameter 6 Depth below inlet Dimensions: x x x
Other: Distribution box () No Dosing tank ()
(Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by Test Pit No. 1 Test Pit No. 2 minutes per inch Depth of Test Pit Depth of Test Pit
Percolation Test Results Performed by Date y-23-10
Test Pit No. 1 minutes per inch Depth of Test Pit
Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil Swift Country Depth to Ground water 1971
Will disposal area be filled? Cut down? Mo (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 accord-
ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un-
dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this
board of health.
OG 6 Owner or builder date
Application Approved by CE Male Owner or builder
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
No. 70 - DISPOSAL WORKS CONSTRUCTION PERMIT
No. 10-1 Permission is hereby granted Victor Zungerschild to construct (y or repair () an Individual Sewage Disposal System at Leverschild Course
Permission is hereby granted to construct (or repair () an
Individual Sewage Disposal System at Level 17 10 10 10 10 10 10 10 10 10 10 10 10 10
as shown on the application for Disposal Works Construction Permit No. 70-5 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.
(066)

Board of Health

	BOARD OF HEALTH, AMHERST, MASSACHUSETT	
	APPLICATION FOR DISPOSAL WORKS CONSTRUC	TION PERMIT
	No. 49-63 Date 10/17/63 Fee 3.00 Date Rec'd. 10/	
	Application is hereby made for a permit to Construct () or Repair () System at:	7
10	Location—Address Quentle Pol	or Lot No.
() 1 (Location—Address Owner Contractor Address Address Address	134 mortage Pel
DULL ES		
unes	Type of Building Namh Dimensions 26 x 44	Size Lot _ 100 × 17 7
	Dwelling-No. of Bedrooms 5 Expansion Attic (M. Garbage Gr	inder (AX
	Other No. of persons 3 Showers (Other fixtures / Ald Bath + Kitchen	1/2
	Other futures 1 At 1 But + Vitables	
	The William of William	
	Town water:	11
	Town Water? Type of Well gallons per person per day. Total daily flow ga	llons
	Septic Tank—Liquid capacity gallons Dimensions: L W	D
	Septic Tank—Liquid capacity 900 gallons Dimensions: L W_Disposal Trench—No. Width 23 Total Length 1501 Total	leaching area 300 sq. ft.
	Disposal Bed—No Diameter Depth below inlet To	otal leaching area sq. ft.
	Disposal Bed—No Diameter Depth below inlet To Dry Well—No Diameter Depth below inlet Dimens	ions: 8 x S x S Mu
	Other: Distribution how (V) No And Doging tonk ()	
	(Depth of Soil Line Below finished grade at foundation)
	Percolation Test Results Performed by J.A. String	Date
	Test Pit No. 1 / minutes per inch	Depth of Test Pit 4'
	Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch	Depth of Test Pit 4'
	Test Pit No. 2 minutes per inch Description of Soil Depth to Ground Water	1014
	Will disposal area be filled? Cut down?	10
	(On reverse side or separate sheet, show plot plan with building. Include dimension	as distances from all boundaries
	Show location of wells, streams, ledge, large trees, etc.)	is, distances from an boundaries.
1	AGREEMENT: The undersigned agrees to construct the aforedescribed individual ance with the provisions of Article XI of the Sanitary Code and regulations of the dersigned further agrees not to place the system in operation until a Certificate of board of health. Owner or but the Application Approved by	Amherst Board of Health. The un- Compliance has been issued by this 10 7 6 3 10 8 5 10 8 5 10 10 10 10 10 10 10 10
	Application Disapproved for the following reasons:	dâte
	BOARD OF HEALTH, AMHERST, MASSACHUSETT CERTIFICATE OF COMPLIANCE THIS IS TO CERTIFY That the individual Sewage Disposal System ins	
	THIS IS TO CERTIFY, That the individual Sewage Disposal System installer	ccordance with the provisions of
	Article XI of the State Sanitary Code as described in the application for Disposal 49-63 dated 10-17-63	
	The issuance of this certificate shall not be construed as a guarantee that the	system will function satisfactorily.
	DATE 5 -6 - 64	respector (Ed) ho
2-1-	BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PER	
	No. 49-63	
	Permission is hereby granted W. D. OWLS INC. to	construct or repair () an
	Individual Sewage Disposal System at LEVERETT RD 4	07#1
	as shown on the application for Disposal Works Construction Permit No.	
	This permit is issued with the understanding that future alterations or additional transfer of the state of t	ons will be made if necessary. This
	permit shall not be construed as permission to create or maintain any sewage nuis	ance and in the issuance of this
	permit the Board of Health assumes no responsibility for the future operation or m	aintenance of the system.
		J. G. Airin

MacHPir ZORYWELL OF LEACH LINES RUERETT Road to D.D. Ruxton Gravel Pit ELEVERETT RO STATE ST hea d