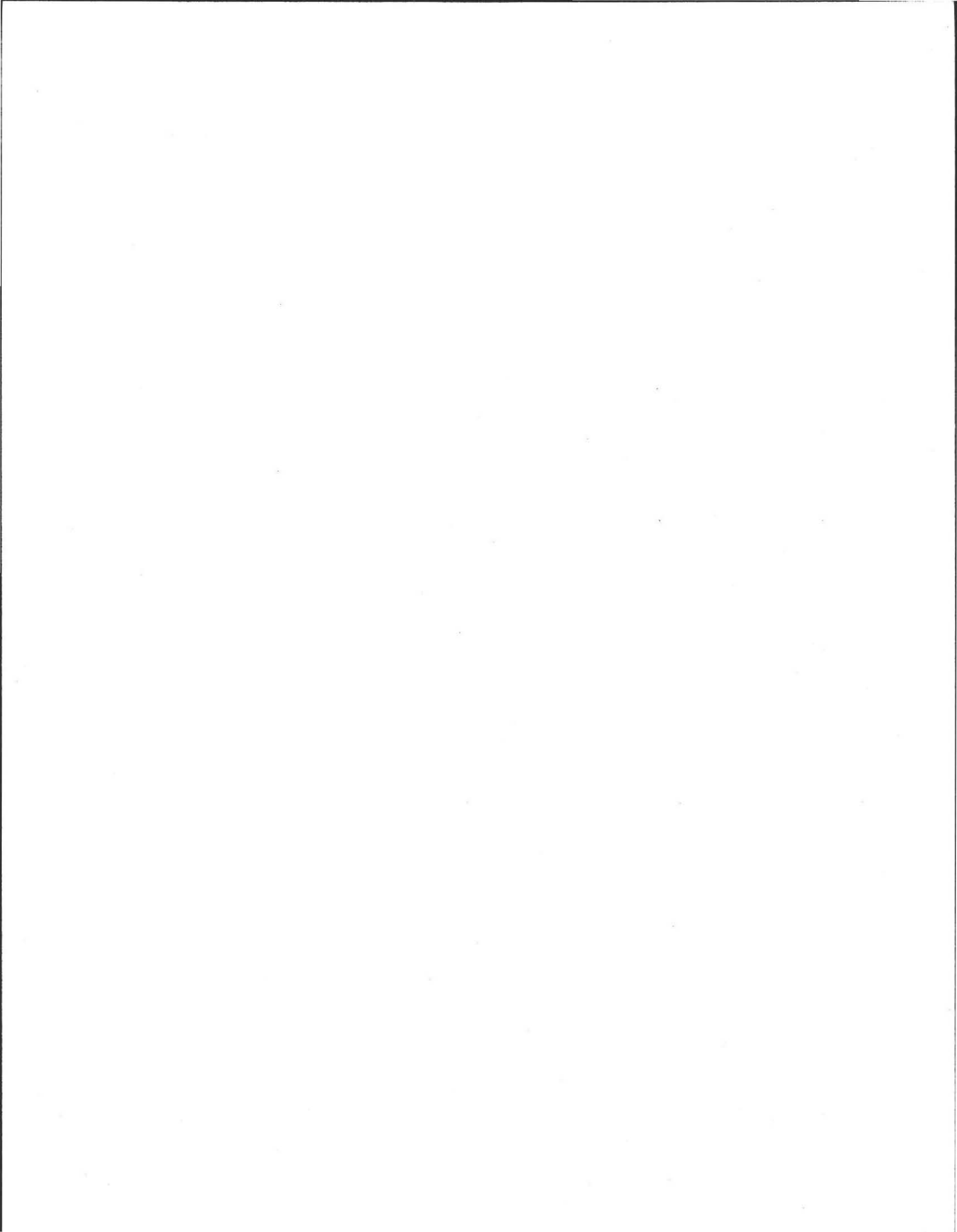


105 LevereTT
TITLE 5- PASSED
8/11/10





Smith, Edmund

From: Smith, Edmund
Sent: Friday, December 21, 2012 2:48 PM
To: 'gabrieladelgadillo@hotmail.com'
Subject: Title 5 receipt
Attachments: 105 Leverett.xlsx

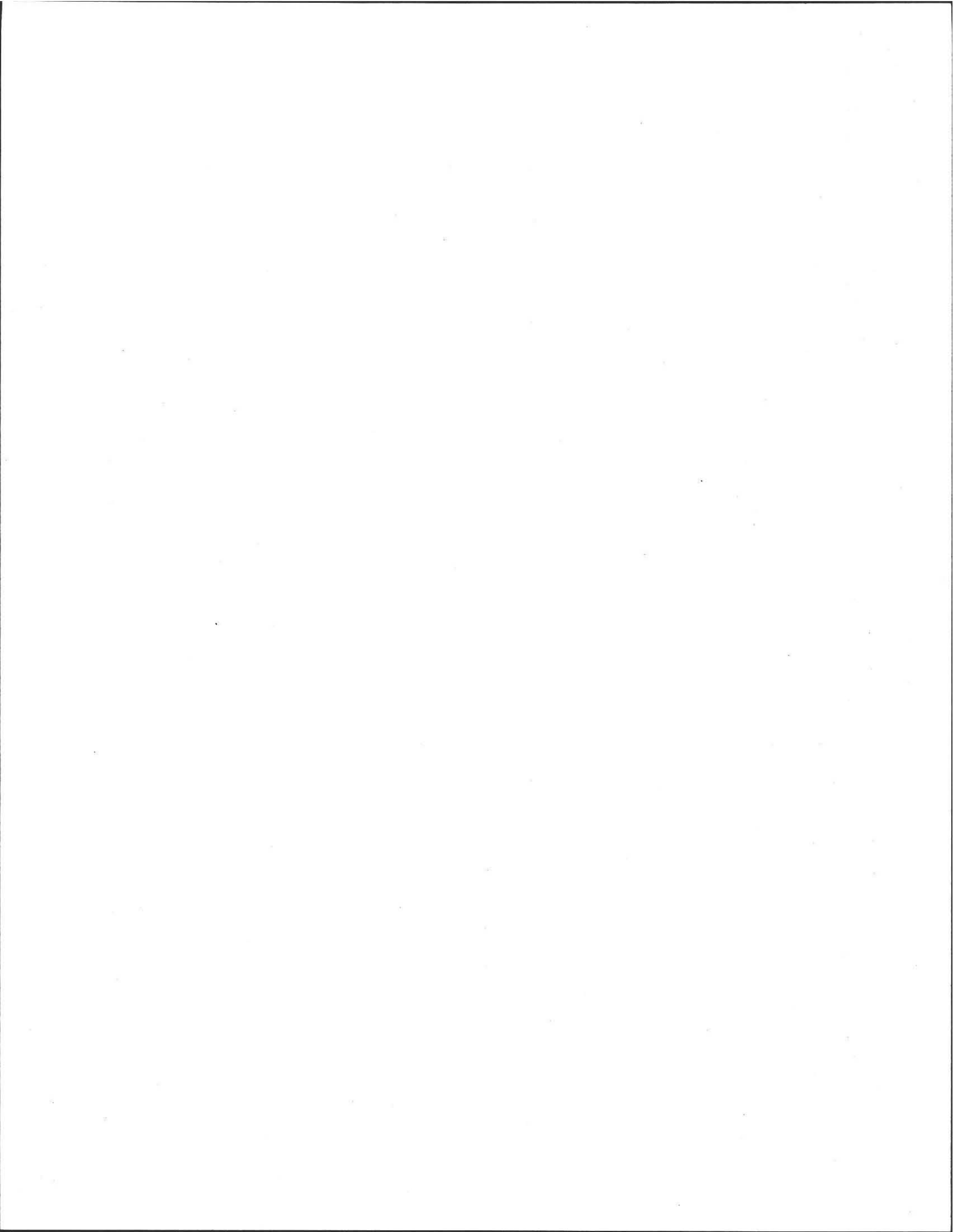
Attached is your receipt – good luck with the sale.

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

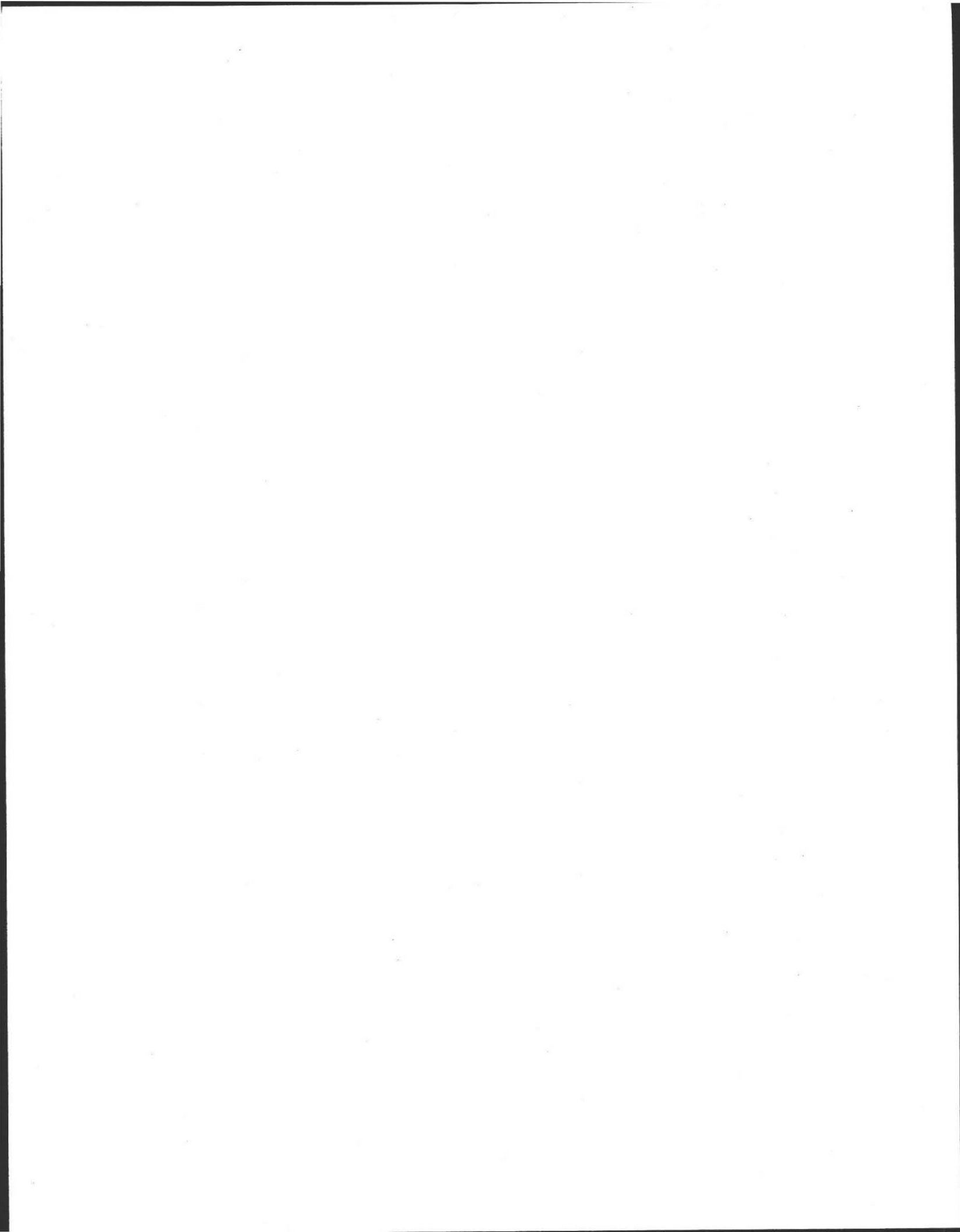
TITLE V WI 200.

RECPT TOTAL

200.00
GABRIELA D QUA CHECK

176

AMOUNT



PERMITS/INSP PAYMENT RECPT#: 11015297
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 08/12/10 TIME: 09:54
CLERK: publichea DEPT:

PAID BY:
PAYMENT METH: CHECK 850

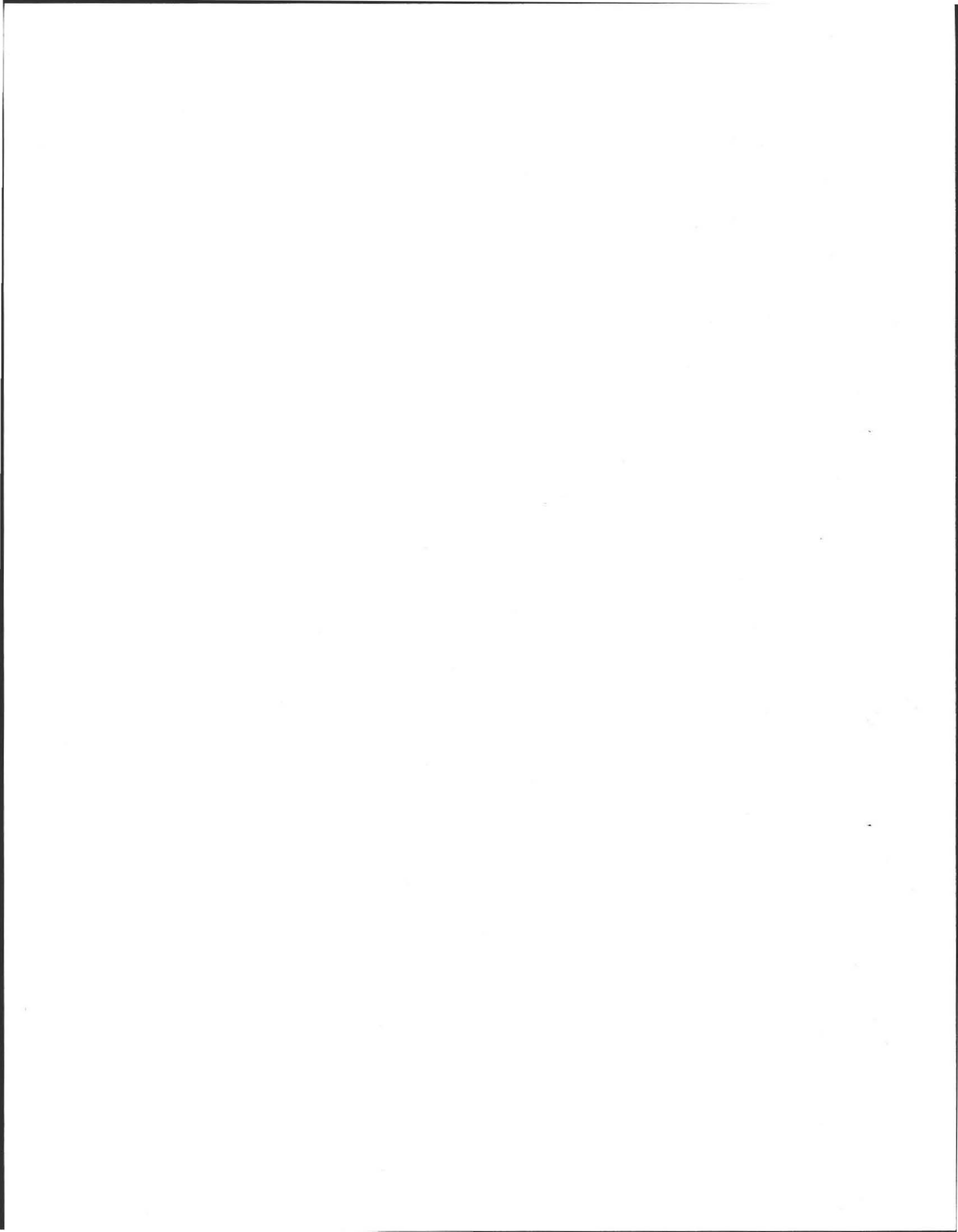
REFERENCE:

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: 105 LEVERETT ROAD

FEES:
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00





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

Owner information is required for every page.

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

A. General Information

1. Inspector:

NEIL JACKSON

Name of Inspector

J & P ENGINEERING SERVICES

Company Name

30 MOUNTAINVIEW DRIVE

Company Address

BELCHERTOWN

City/Town

MA

State

01007

Zip Code

(413) 896-6607

Telephone Number

SI 3579

License Number

Reminded 8/26/2010

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



B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.40 of Title 5 (310 CMR 15.000).** The system:

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

[Handwritten Signature]

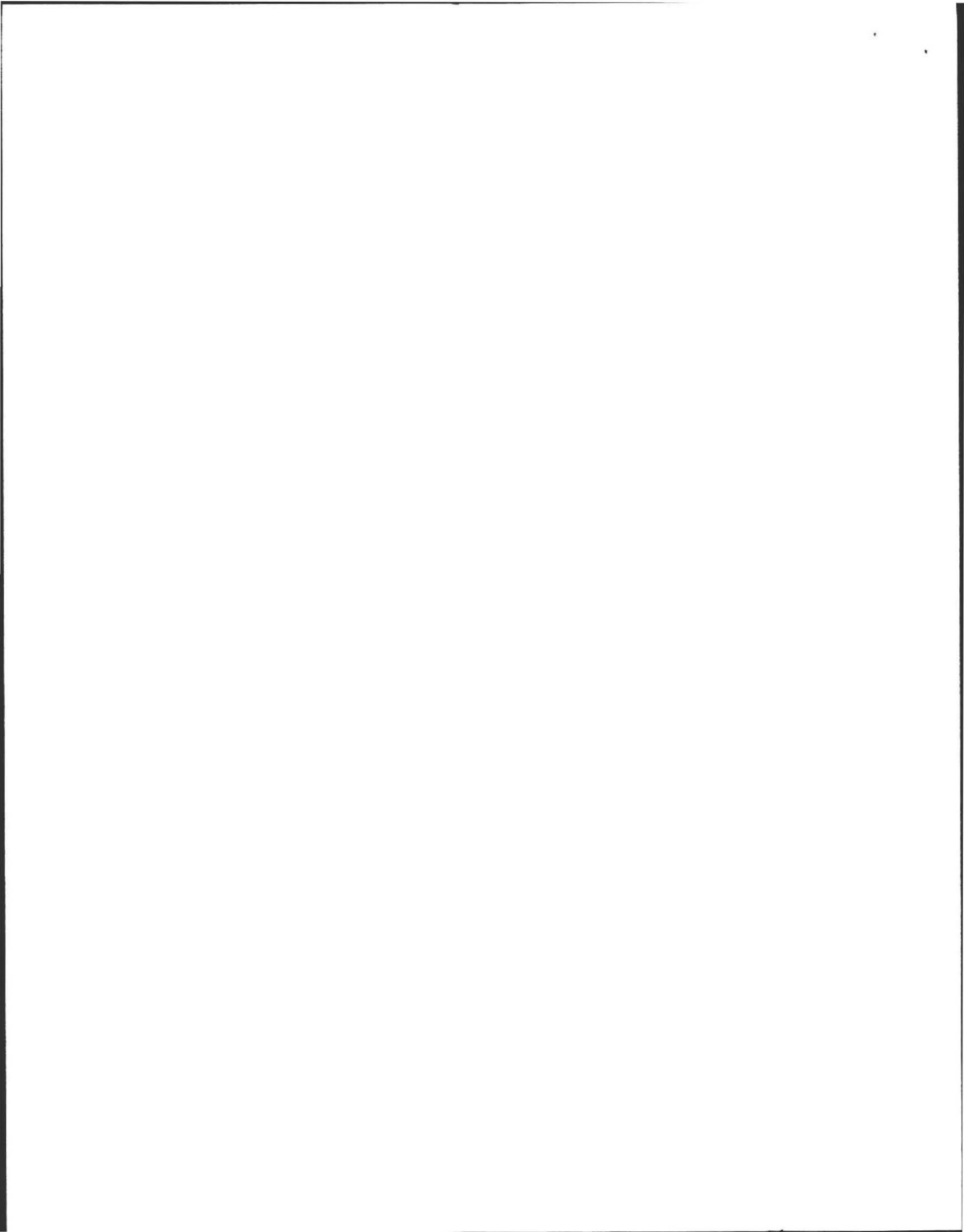
Inspector's Signature

8/10/2010

Date

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

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.





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B. Certification (cont.)

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

A) System Passes:

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

Comments:

B) System Conditionally Passes:

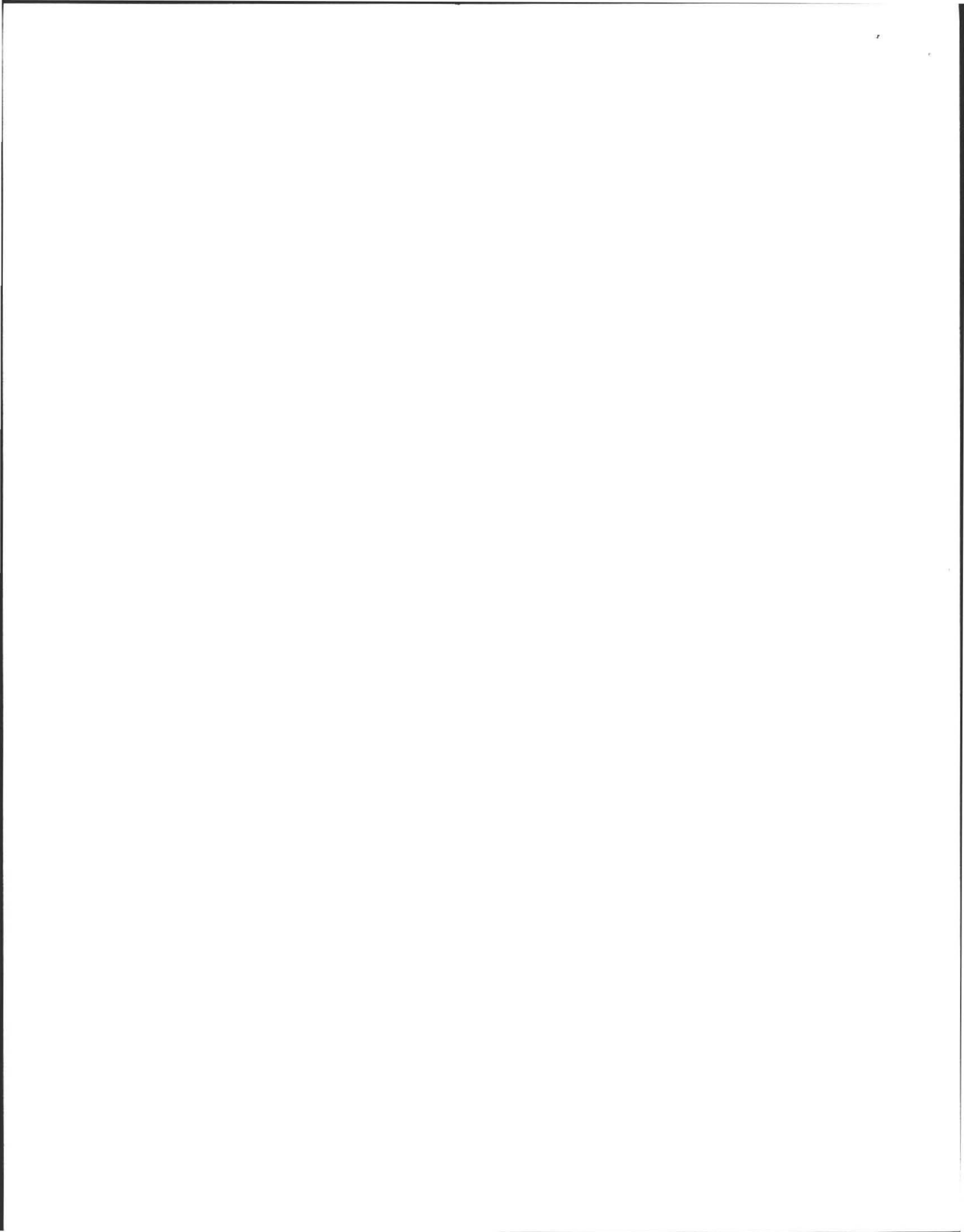
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

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

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

- Y N ND (Explain below):





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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

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

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

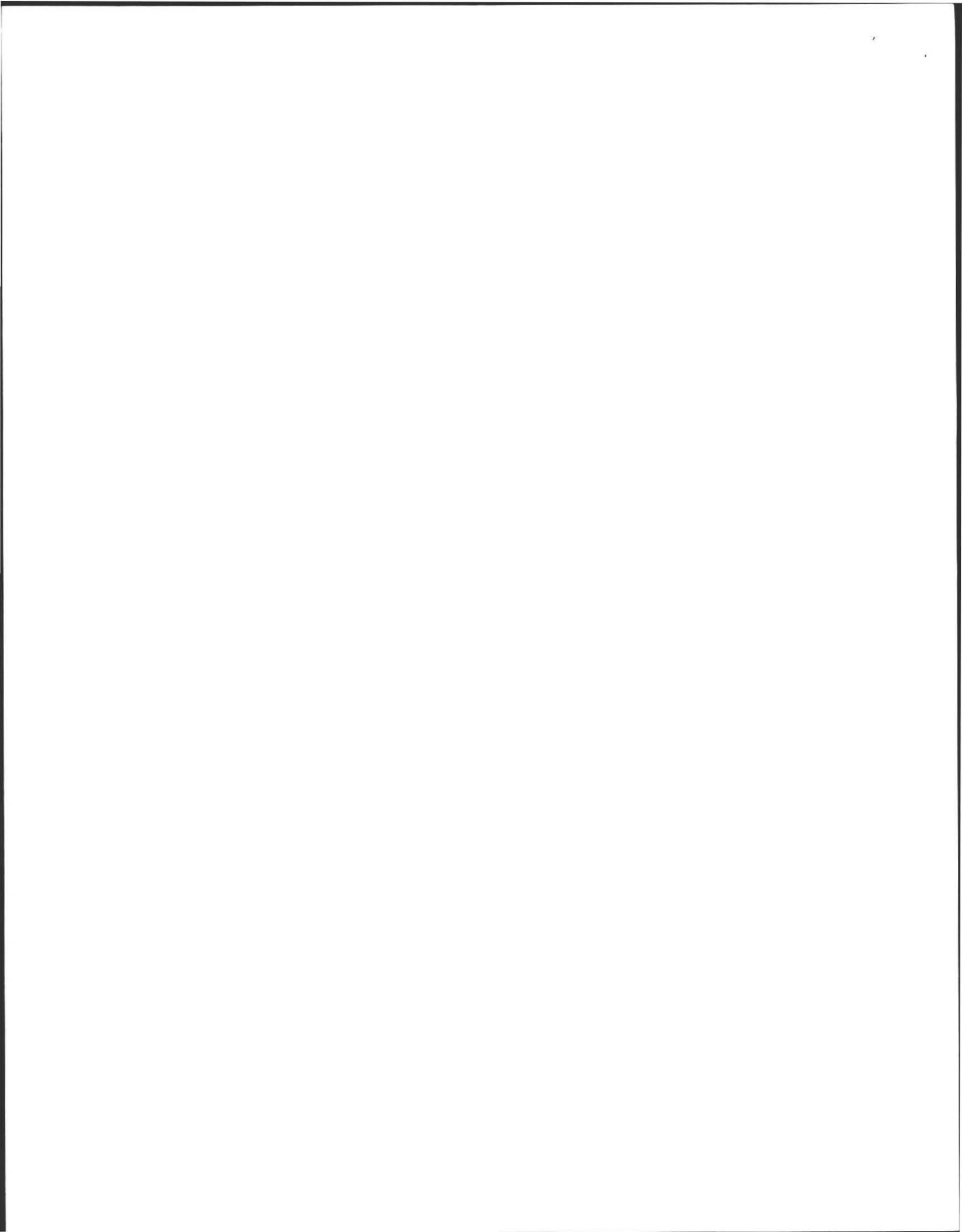
C) Further Evaluation is Required by the Board of Health:

Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

Cesspool or privy is within 50 feet of a surface water

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





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B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

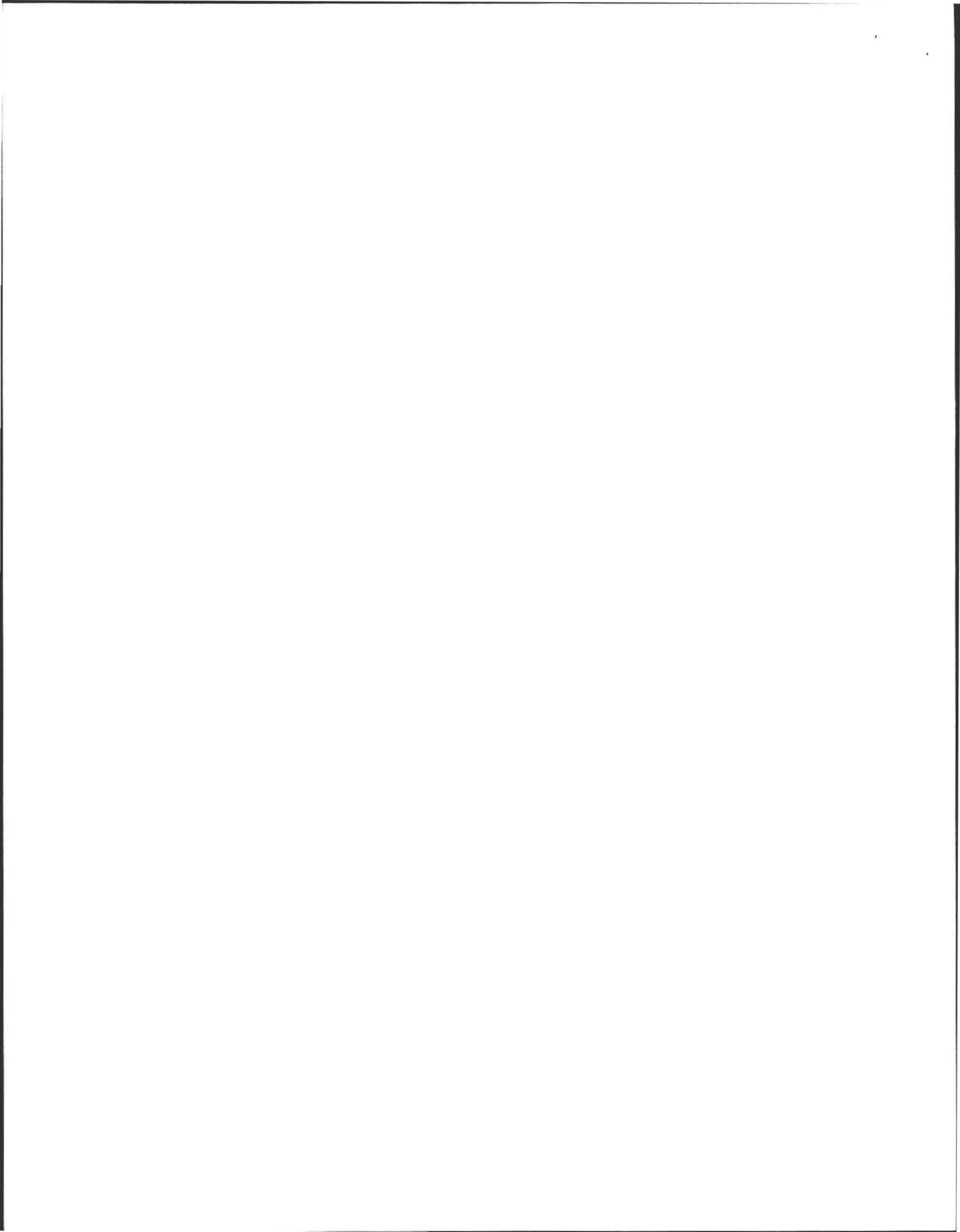
** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

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





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B. Certification (cont.)

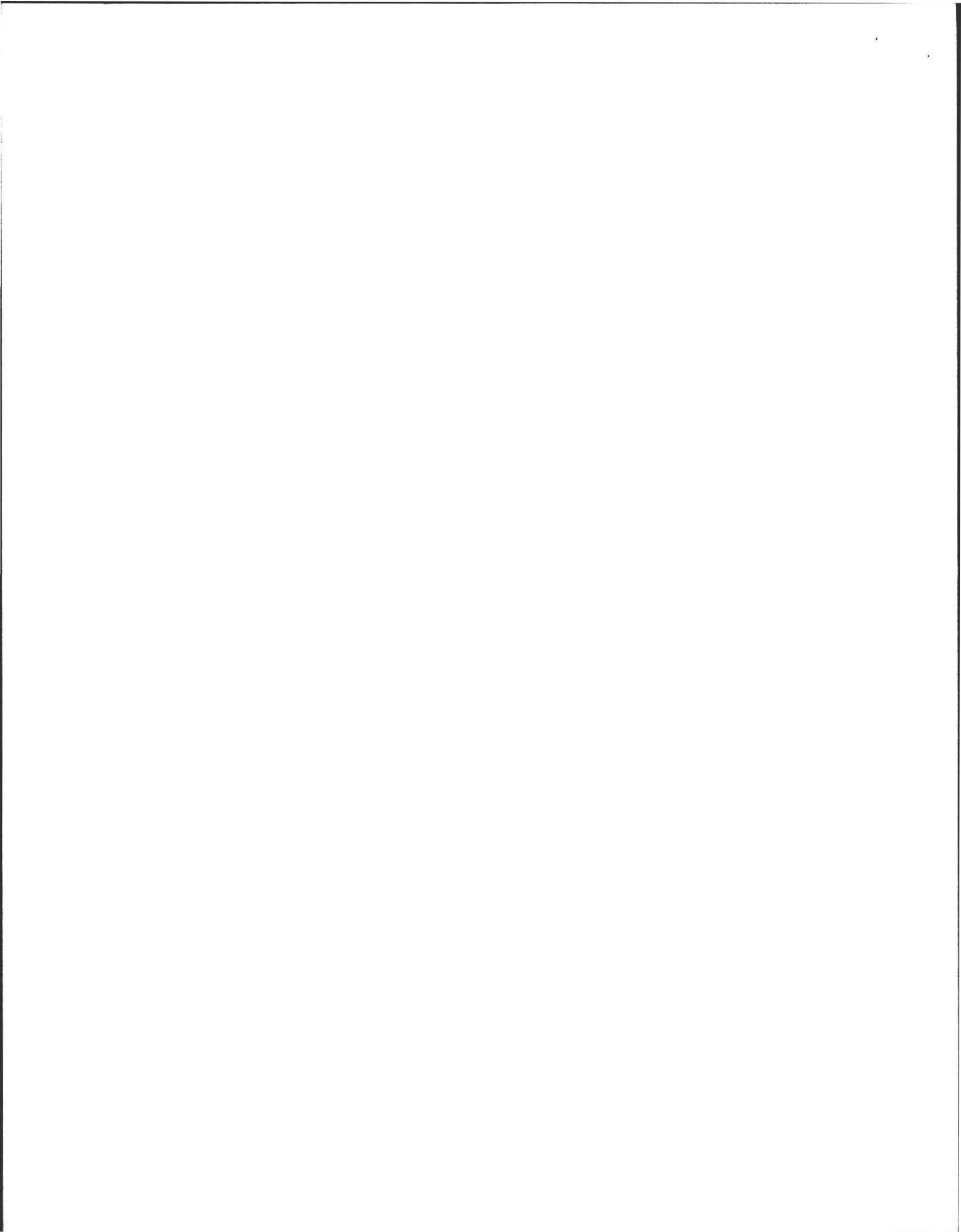
- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

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

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

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





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C. Checklist

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

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

D. System Information

Residential Flow Conditions:

Number of bedrooms (design):

3

Number of bedrooms (actual):

3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms):

330





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D. System Information

Description:

Number of current residents:

2

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

105 gpd

Detail:

TOTAL USAGE FOR LAST 2 YEARS--- 76,500 GALLONS

Sump pump?

Yes No

Last date of occupancy:

PRESENT

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

_____ Gallons per day (gpd)

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

Grease trap present?

Yes No

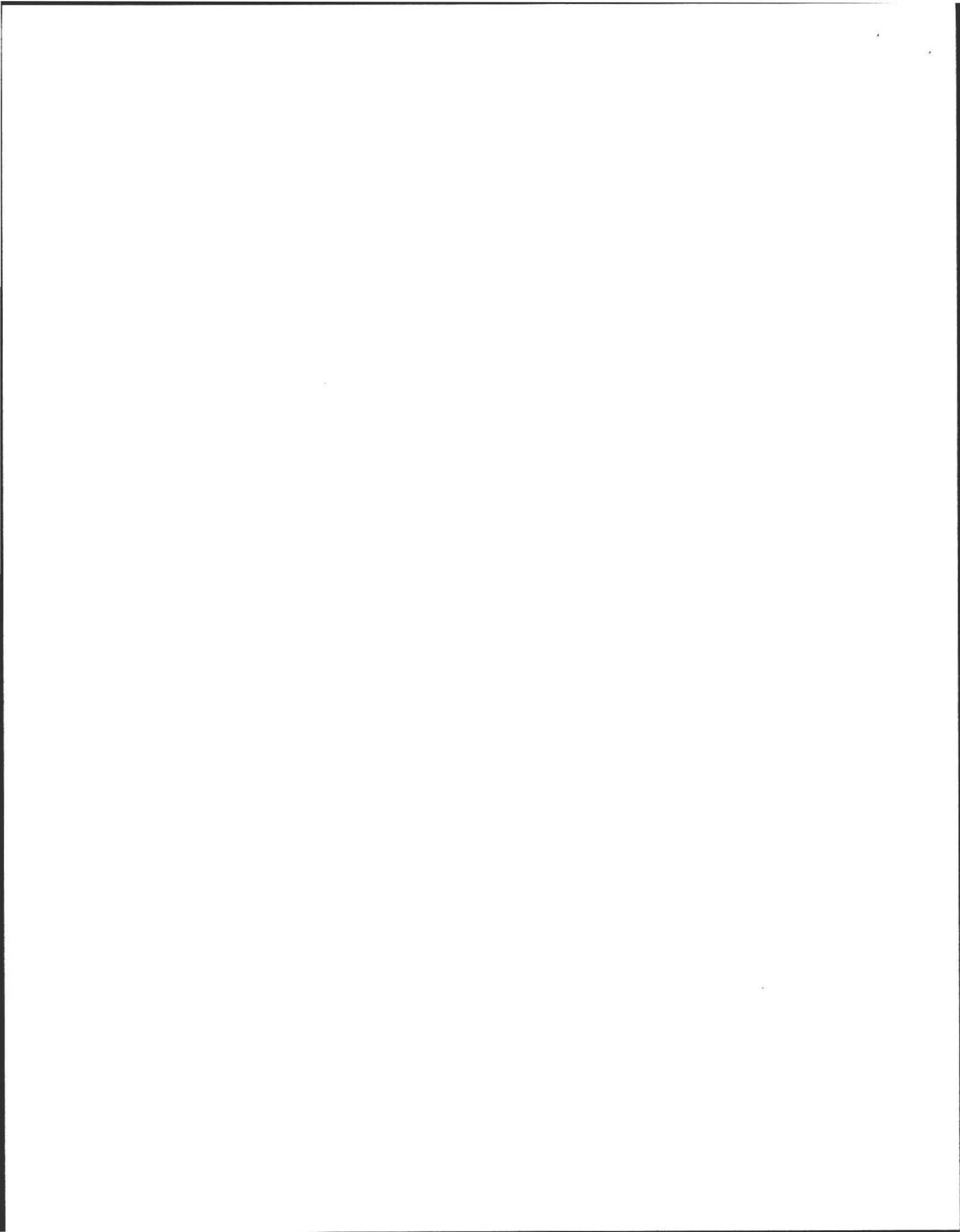
Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Date of Inspection

D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

11/26/06, TITLE V ON RECORD

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1000

gallons

How was quantity pumped determined?

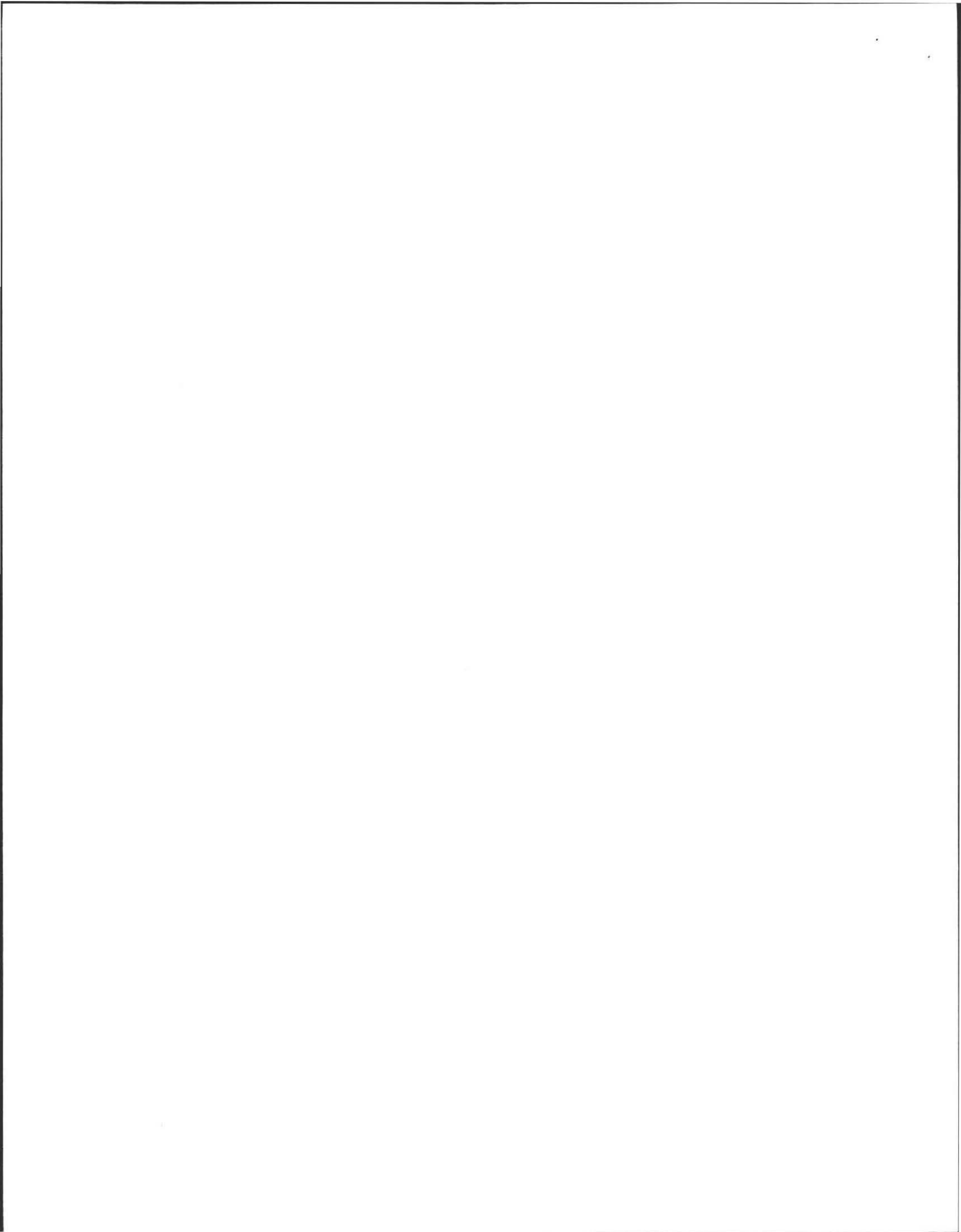
COMPLETE SEPTIC

Reason for pumping:

ROUTINE MAINTENANCE

Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):





Title 5 Official Inspection Form

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Date of Inspection

D. System Information (cont.)

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

9/1/87, CERTIFICATE OF COMPLIANCE

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

3'
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

PUBLIC
feet

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

Septic Tank (locate on site plan):

Depth below grade:

3.0'
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

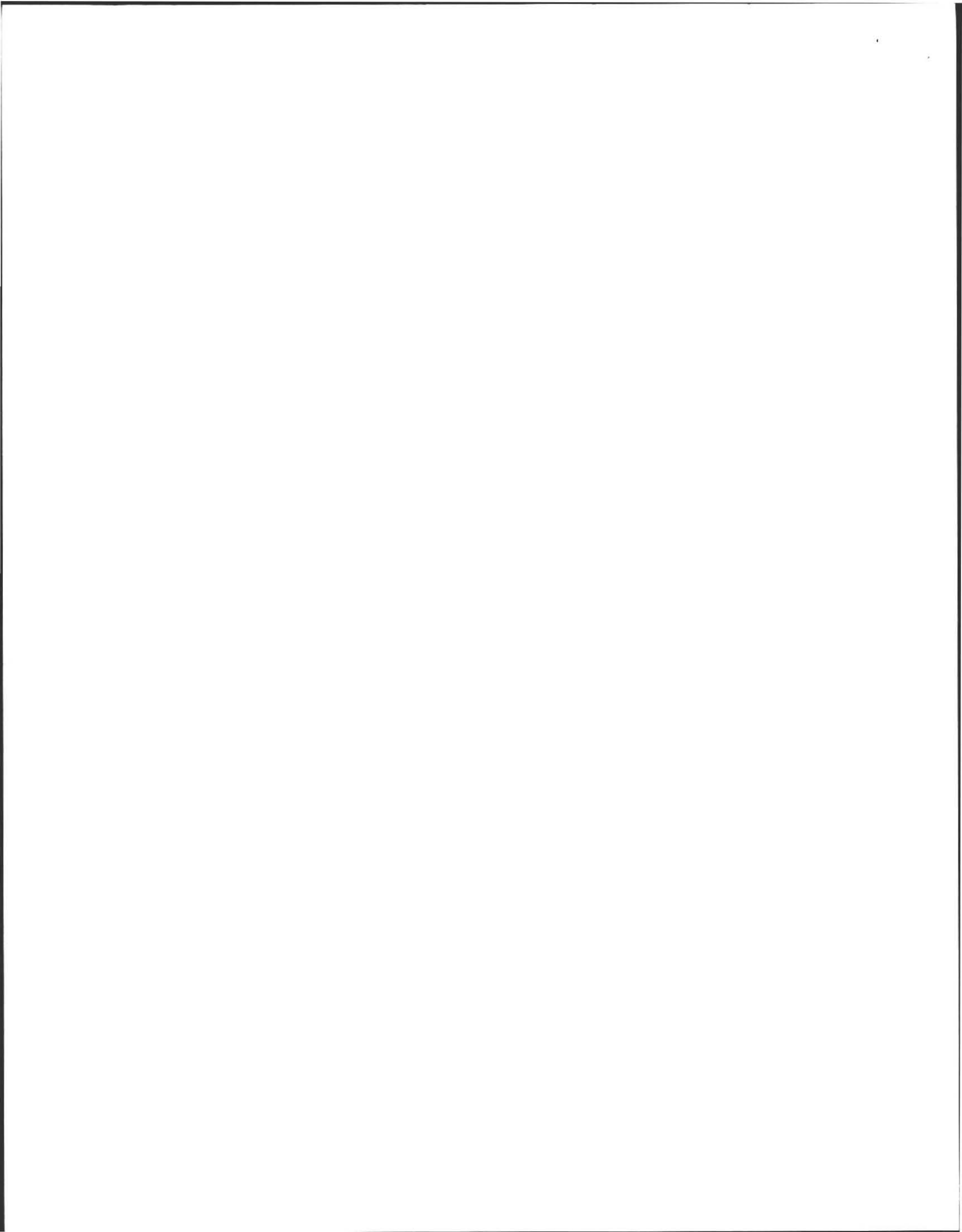
Yes No

Dimensions:

1000 GALLONS, 5' X 8'

Sludge depth:

1"





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 26"

Scum thickness 0"

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

Distance from bottom of scum to bottom of outlet tee or baffle 21"

How were dimensions determined? MEASURED

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

PUMP NOW & EVERY 2 - 3 YEARS IN FUTURE, INLET AND OUTLET BAFFLES IN GOOD CONDITION, NO SIGNS OF LEAKAGE, RISERS ON INLET AND CENTER COVERS

Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

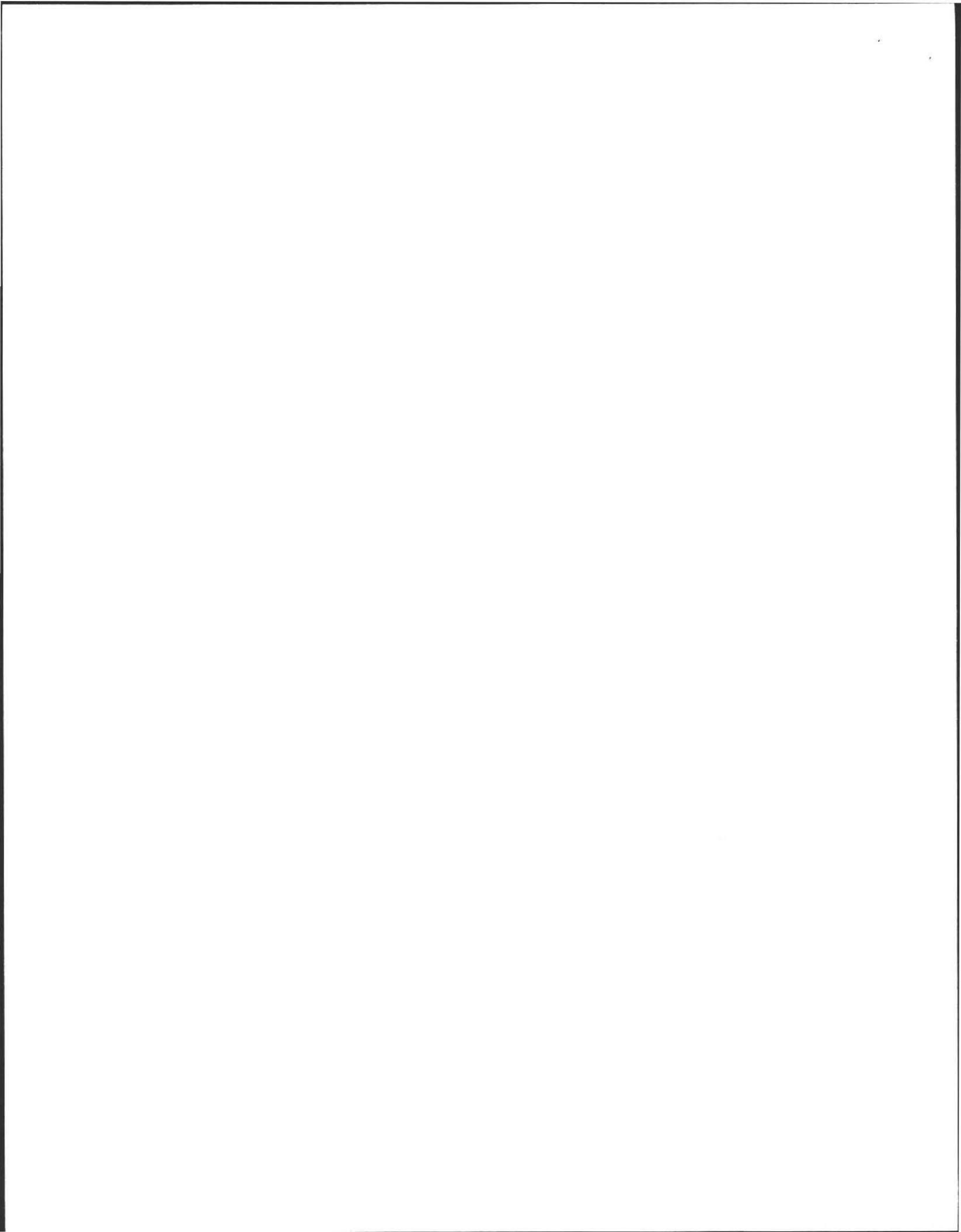
Dimensions: _____

Scum thickness _____

Distance from top of scum to top of outlet tee or baffle _____

Distance from bottom of scum to bottom of outlet tee or baffle _____

Date of last pumping: _____ Date





Commonwealth of Massachusetts

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D. System Information (cont.)

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

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: _____

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____

gallons

Design Flow: _____

gallons per day

Alarm present: _____

Yes No

Alarm level: _____

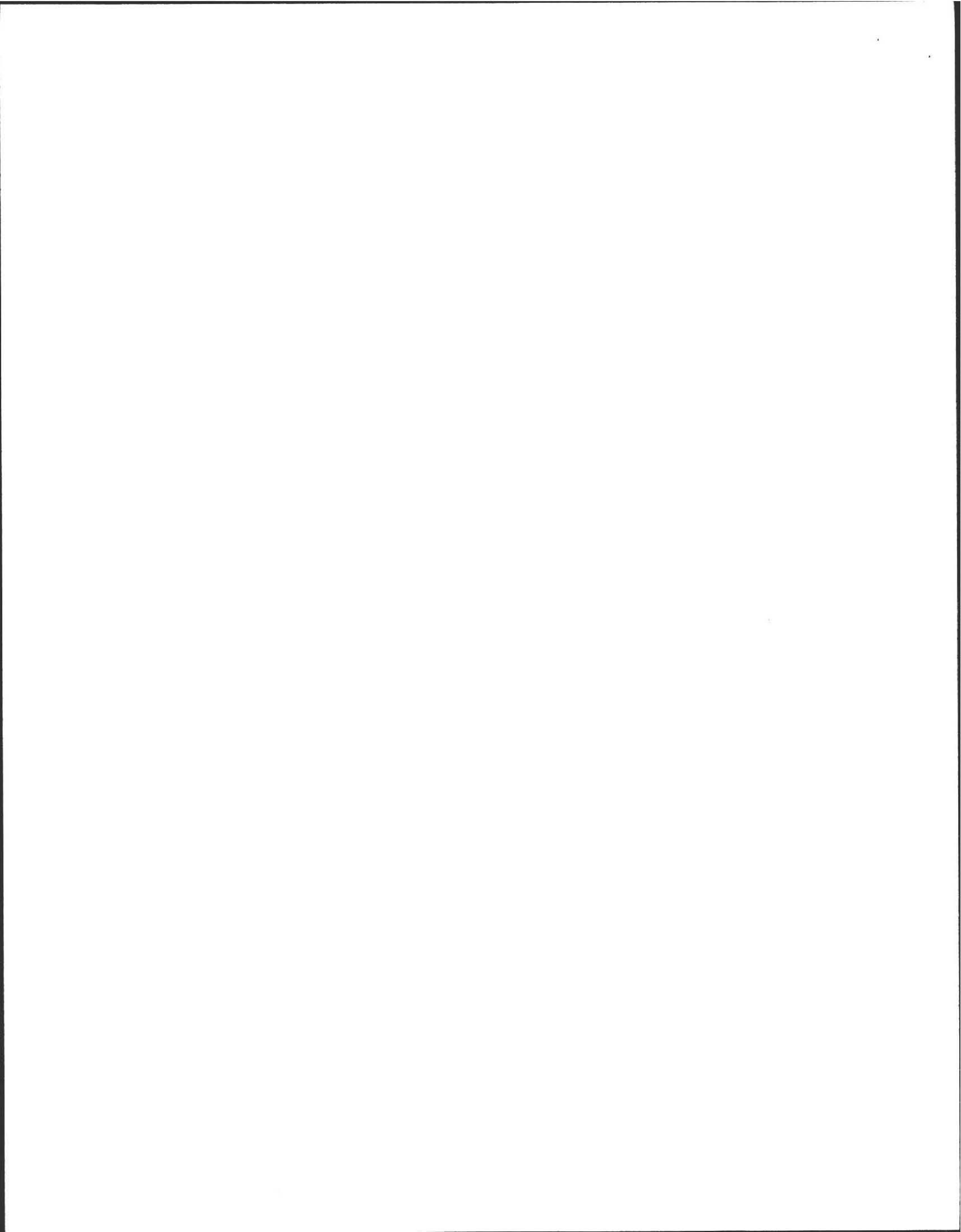
Alarm in working order: Yes No

Date of last pumping: _____

Date

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

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





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D. System Information (cont.)

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

Depth of liquid level above outlet invert 0"

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.):

LEVEL, DISTRIBUTION EQUAL, NO SIGNS OF LEAKAGE, SOME SIGNS OF SOLIDS CARRYOVER, LEVELERS WERE INSTALLED DURING INSPECTION, 4.5' BELOW GRADE

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

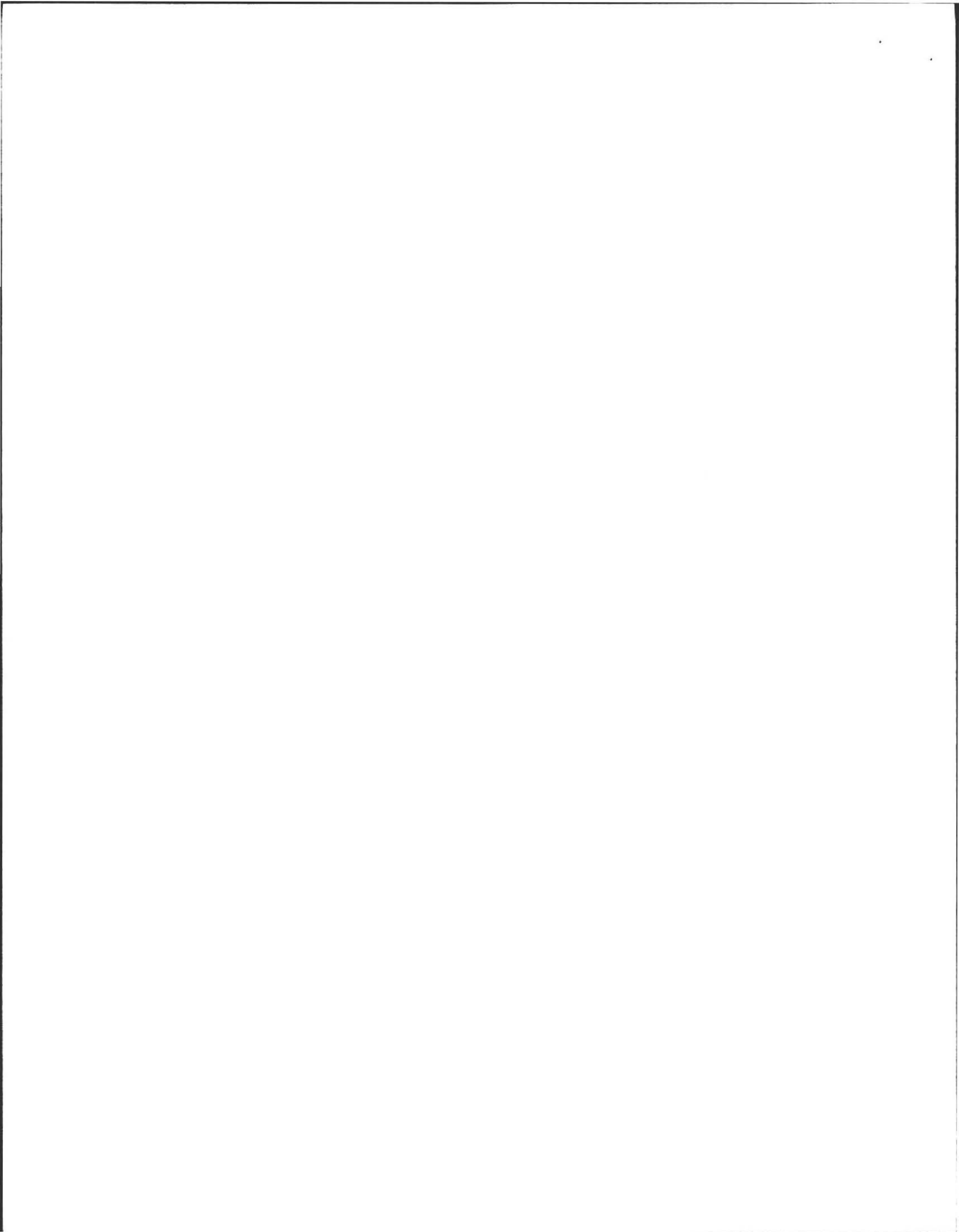
Alarms in working order:

Yes No

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:





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D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: ONE- 24'W X 35'L W' 4 LINES
- 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 HYDRAULIC FAILURE, NO PONDING

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

Number and configuration _____

Depth – top of liquid to inlet invert _____

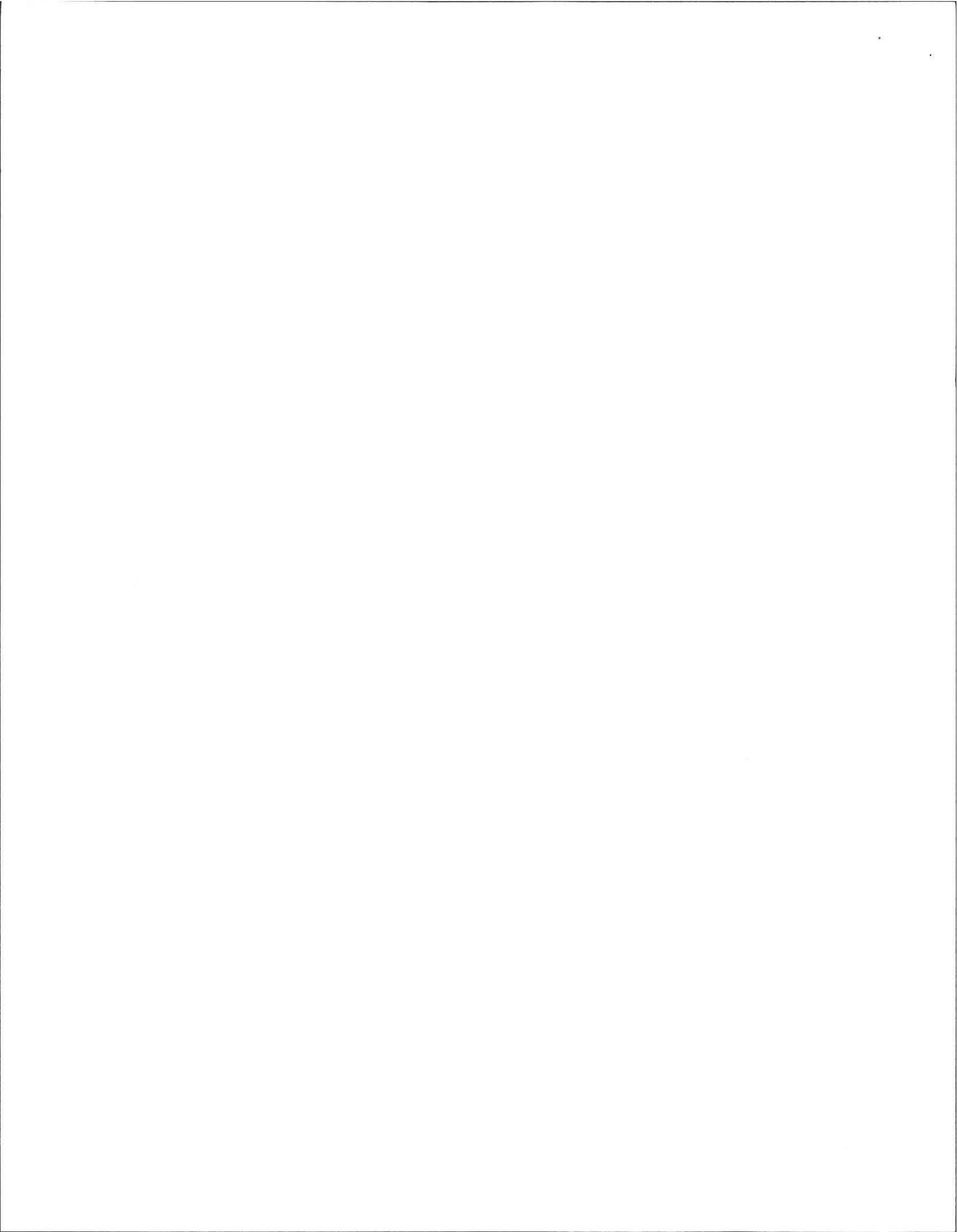
Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No





Commonwealth of Massachusetts

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D. System Information (cont.)

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

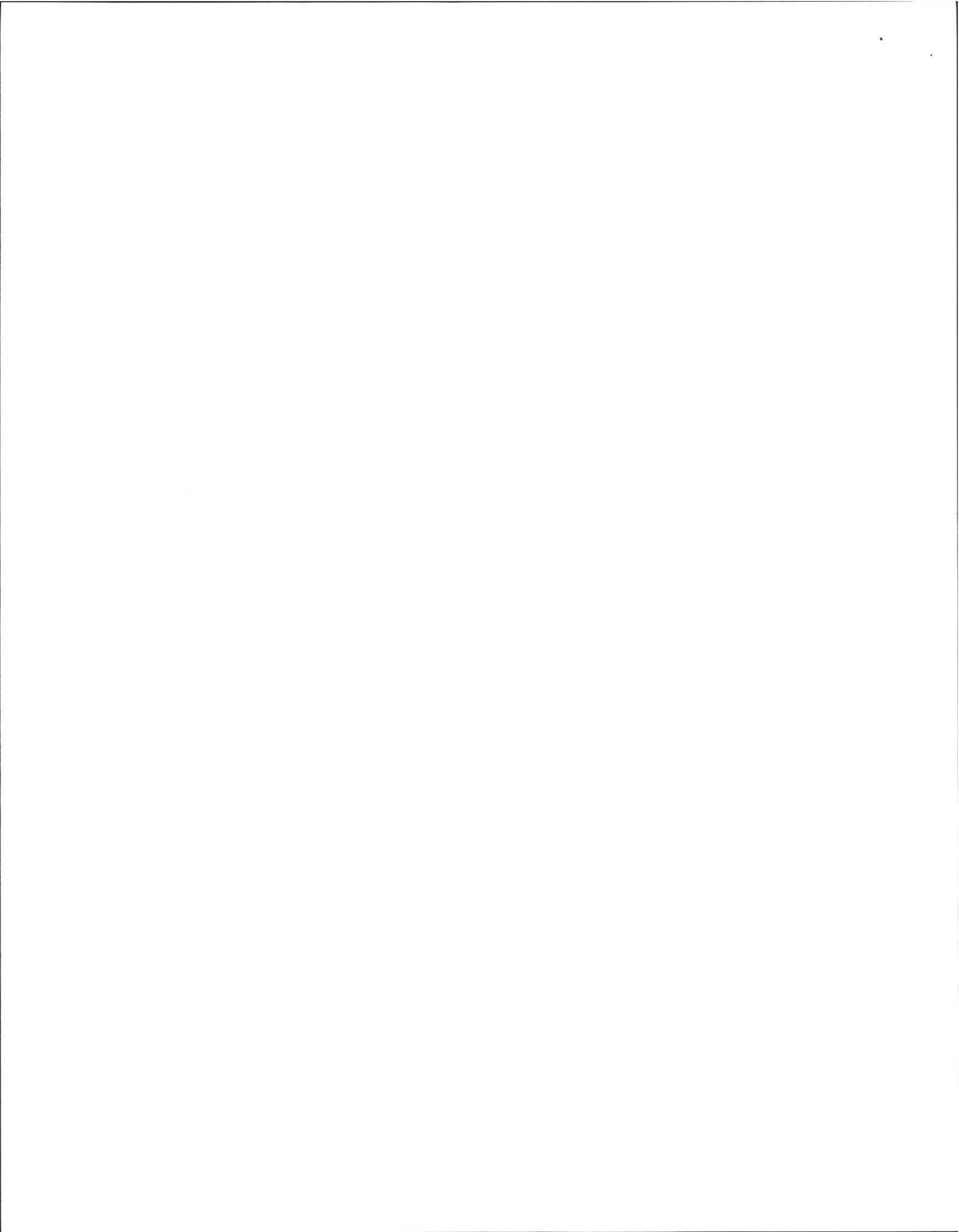
Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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





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

Owner information is required for every page.

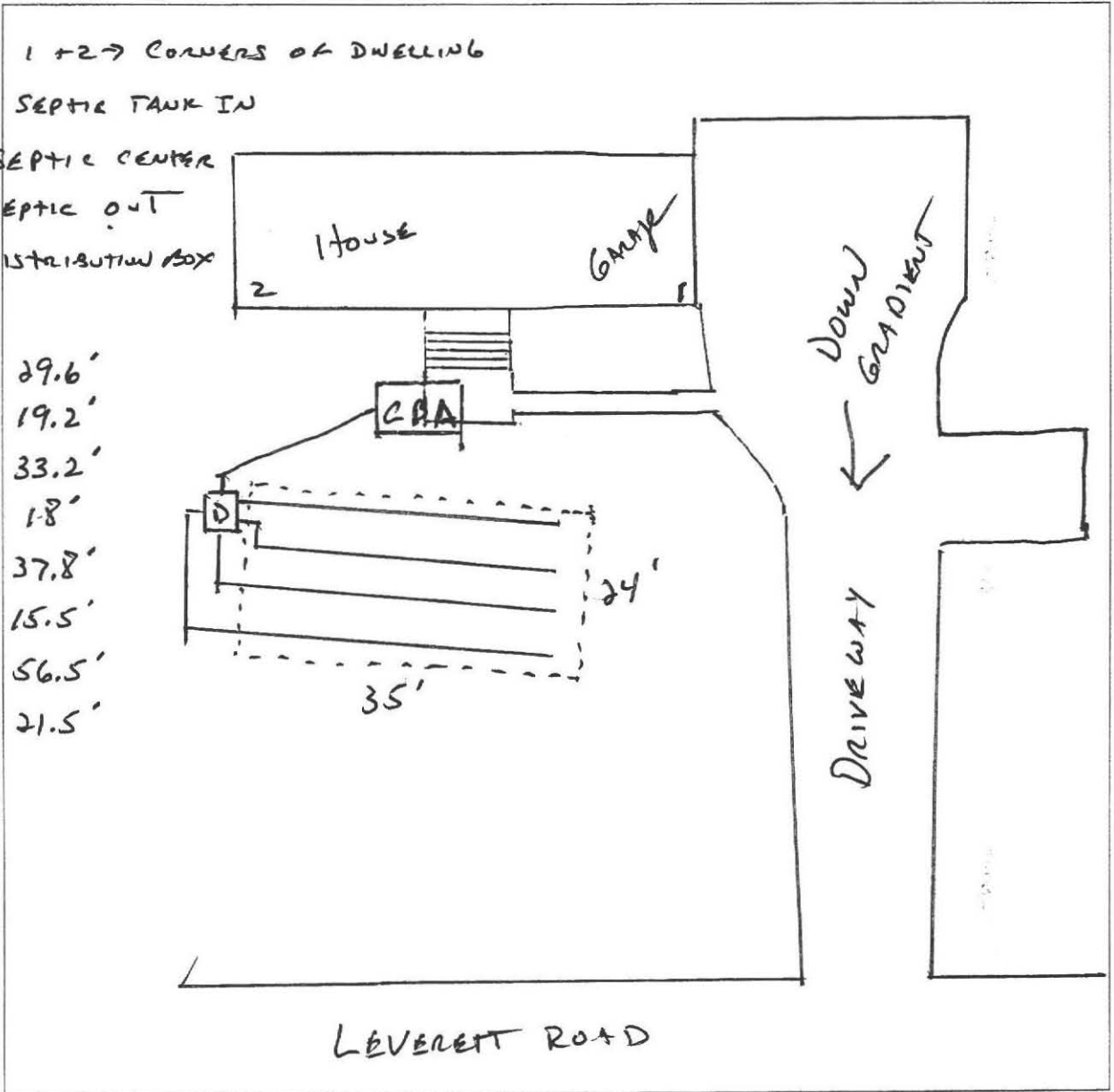
D. System Information (cont.)

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

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

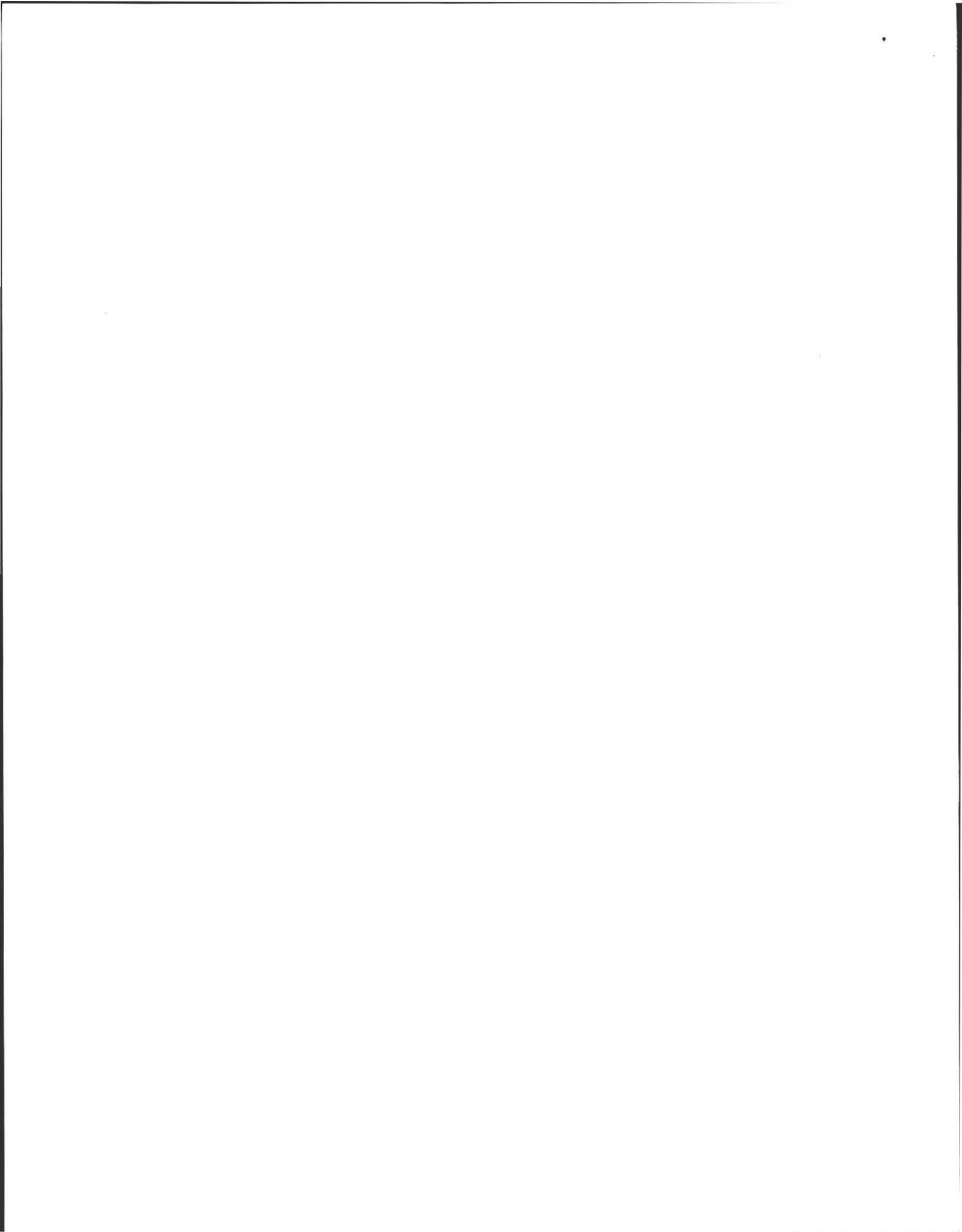
- POINTS 1 + 2 → CORNERS OF DWELLING
- Pt. A → SEPTIC TANK IN
- Pt. B → SEPTIC CENTER
- Pt. C → SEPTIC OUT
- Pt. D → DISTRIBUTION BOX

- A → 1 = 29.6'
- A → 2 = 19.2'
- B → 1 = 33.2'
- B → 2 = 1.8'
- C → 1 = 37.8'
- C → 2 = 15.5'
- D → 1 = 56.5'
- D → 2 = 21.5'



LEVERETT ROAD

NOT TO SCALE





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

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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: 6 FEET
feet

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

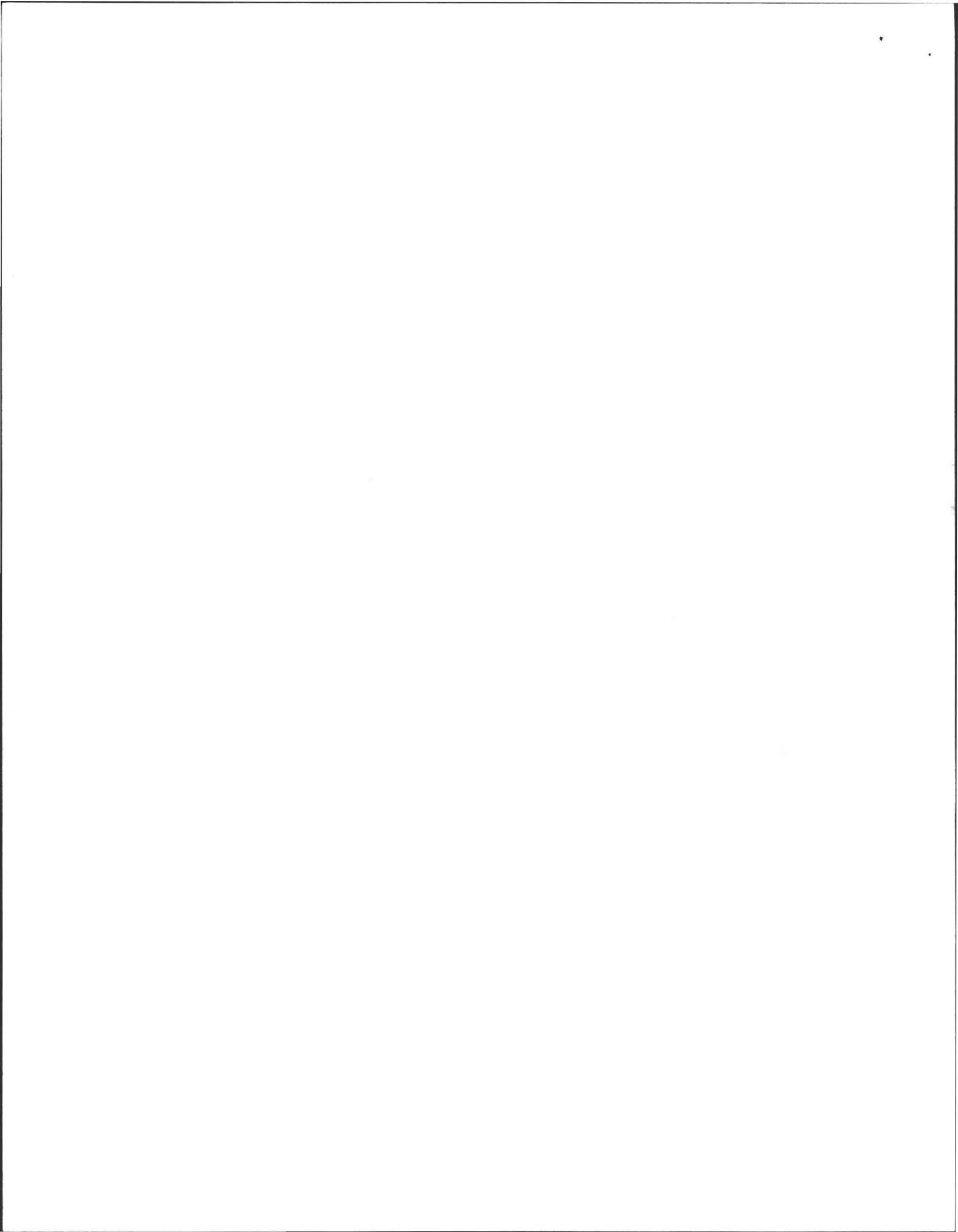
- Obtained from system design plans on record
If checked, date of design plan reviewed: 8/10/87
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:

- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

DESIGN OF SEPTIC SYSTEM INDICATES GROUNDWATER ELEVATION 6' BELOW PROPOSED FINISH GRADE.

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

105 LEVERETT ROAD

Property Address

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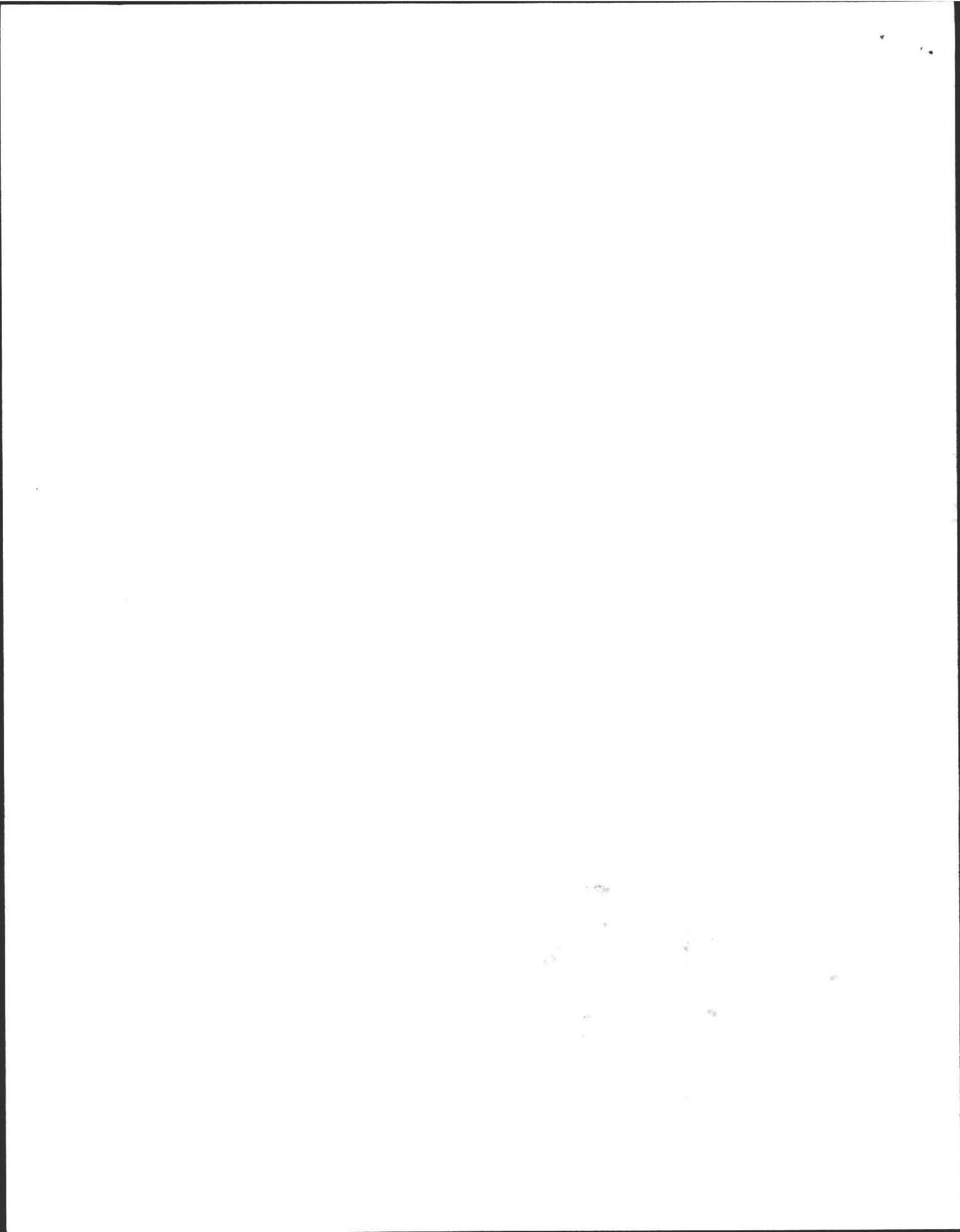
8/10/2010

Date of Inspection

Owner information is required for every page.

E. Report Completeness Checklist

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



B.O.H. COPY



Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

received
12-1-06

105 LEVERETT ROAD

Property Address

VICTOR ZUMBRUSKI

Owner's Name

AMHERST

City/Town

MA.

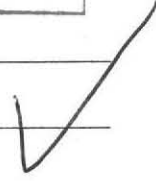
State

01002

Zip Code

11/29/06

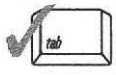
Date of Inspection



Owner information is required for every page.

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

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



A. General Information

1. Inspector:

PHILIP J. PASIECNIK

Name of Inspector

GREG'S WASTEWATER REMOVAL

Company Name

239 GREENFIELD ROAD

Company Address

SOUTH DEERFIELD

City/Town

413-665-3989

Telephone Number

MA.

State

01373

Zip Code

N/A

License Number

B. Certification

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

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

Philip J. Pasiecznik
Inspector's Signature

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

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERETT ROAD

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Owner's Name

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State

01002
Zip Code

11/29/06
Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

A) System Passes:

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

Comments:

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



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERETT ROAD

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11/29/06

Date of Inspection

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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- 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:

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

- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

- Cesspool or privy is within 50 feet of a surface water

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

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.



Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

105 LEVERETT ROAD

Property Address

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Owner's Name

AMHERST

City/Town

MA. State

01002 Zip Code

11/29/06 Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance:

** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

Three horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns Yes/No and seven failure criteria items.



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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

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

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

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



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C. Checklist

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

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, normal flows, water introduction, built plans, sewage back up, site inspection, system components location, septic tank manholes, and facility owner information.

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

- Checklist items regarding the determination of the Soil Absorption System (SAS) size and location.



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 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** separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): 91,980 Gallons
126 G.P.D.

Sump pump? Yes No

Last date of occupancy: CURRENTLY OCCUPIED

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

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

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

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

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

Water meter readings, if available: _____

Last date of occupancy/use: _____
Date

Other (describe): _____



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D. System Information (cont.)

General Information

Pumping Records:

Source of information: SYSTEM SEPTIC TANK WAS LAST PUMPED 9/22/03 BY GREG'S PER OUR RECORDS.

Was system pumped as part of the inspection? [X] Yes [] No

If yes, volume pumped: 1000 gallons

How was quantity pumped determined? TANK DIMENSIONS

Reason for pumping: TANK INSPECTION AND SOLIDS REMOVAL

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:

19 YEARS OLD / 9/1/87 / CERTIFICATE OF COMPLIANCE

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



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Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

4

feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

TOWN WATER

feet

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

JOINTS SEEMED TO BE IN GOOD CONDITION. VENTING WAS VISIBLE OUTSIDE THE DWELLING ON THE ROOF. NO LEAKAGE WAS EVIDENT.

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:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes

No

Dimensions:

8'6"Lx4'10"Wx5'6"D

Sludge depth:

6"

Distance from top of sludge to bottom of outlet tee or baffle

28"

Scum thickness

5"

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

10"

How were dimensions determined?

MEASURED



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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D. System Information (cont.)

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

THE SEPTIC TANK SHOULD BE PUMPED EVERY TWO TO THREE YEARS. CAST IN PLACE CONCRETE INLET BAFFLE WAS IN GOOD CONDITION AND EXTENDS 13" BELOW THE FLOW LINE. CAST IN PLACE CONCRETE OUTLET BAFFLE WAS IN GOOD CONDITION AND EXTENDS 15" BELOW THE FLOW LINE. STRUCTURAL INTEGRITY OF THE SEPTIC TANK WAS GOOD. THE LIQUID LEVEL WAS AT THE OUTLET INVERT. NO LEAKAGE WAS EVIDENT. RISERS ON THE INLET AND CENTER COVERS WERE 3" BELOW GRADE.

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date

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

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

concrete metal fiberglass polyethylene other (explain):



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

Capacity:

Design Flow:

Alarm present:

Alarm level:

Date of last pumping:

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

gallons

gallons per day

Yes No

Alarm in working order: Yes No

Date

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

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

Depth of liquid level above outlet invert

NOT ABOVE

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.):

BOX SEEMED LEVEL AND DISTRIBUTION WAS EQUAL TO ALL FOUR OUTLET PIPES. SOME SOLIDS CARRYOVER WAS IN THE BOX WHEN OPENED FOR INSPECTION. NO LEAKAGE WAS EVIDENT INTO OR OUT OF THE BOX. COVER TO THE BOX WAS 36" BELOW GRADE.

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No



Commonwealth of Massachusetts

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D. System Information (cont.)

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes

No

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.):



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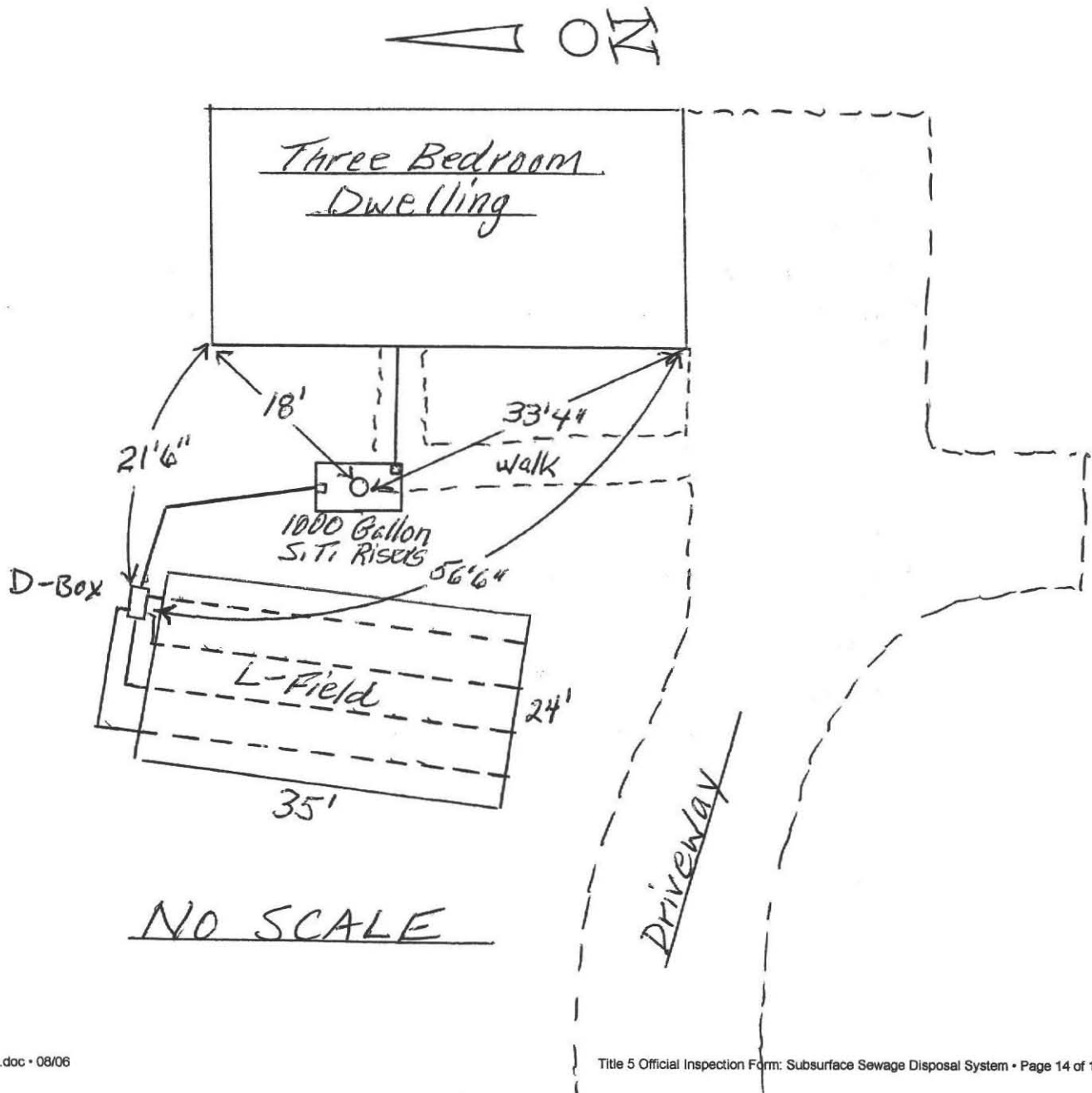
01002
Zip Code

11/29/06
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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.





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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

6

feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed:

8/10/87

Date

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:

SITE EXAM AND DESIGN PLAN PROVIDED BY PROPERTY OWNER.

... the ... of ...

... the ... of ...

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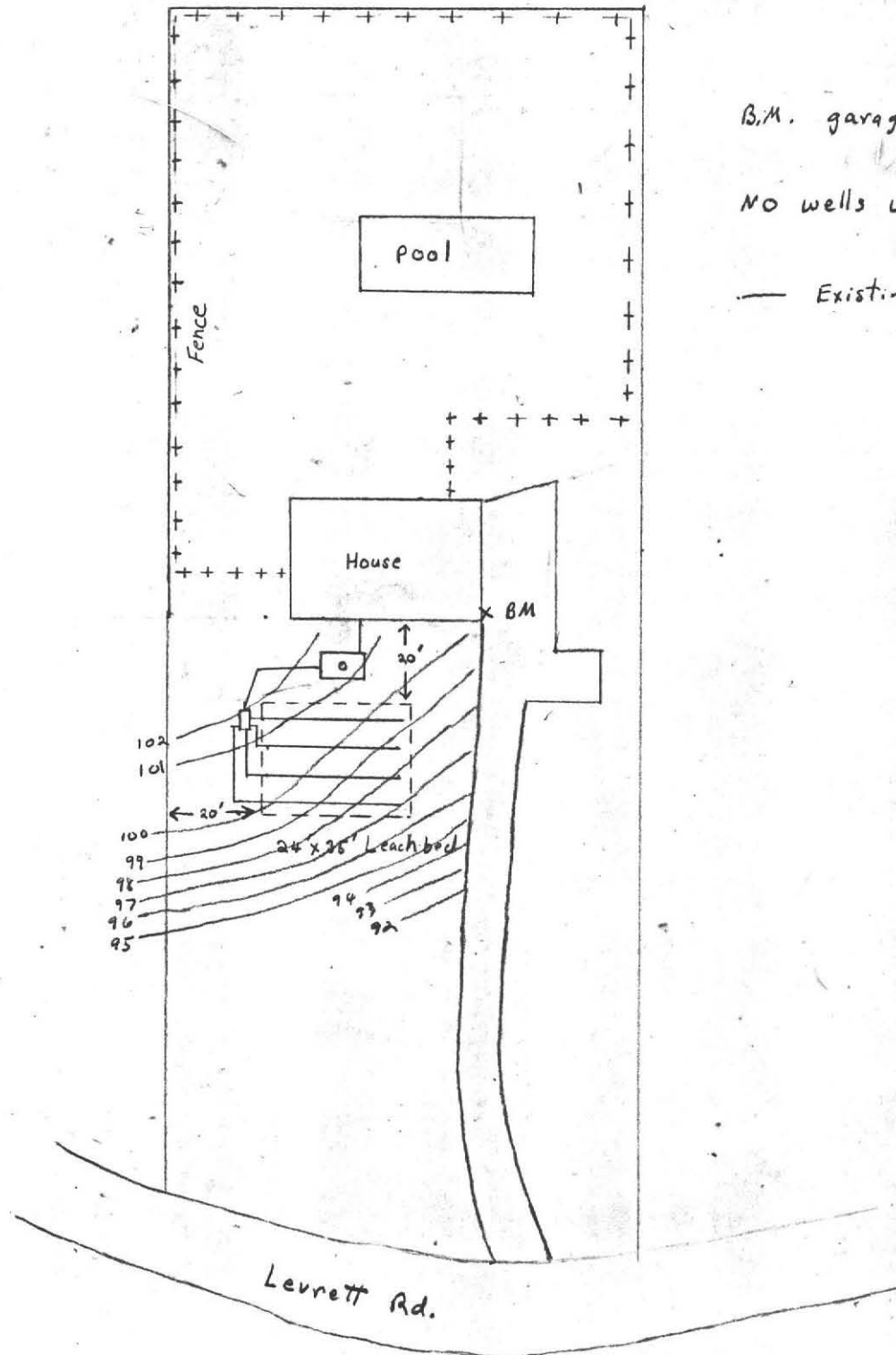
... the ... of ...

PLAN SHOWING SEWAGE DISPOSAL

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

By: Karl's Excavating
scale 1" = 40'

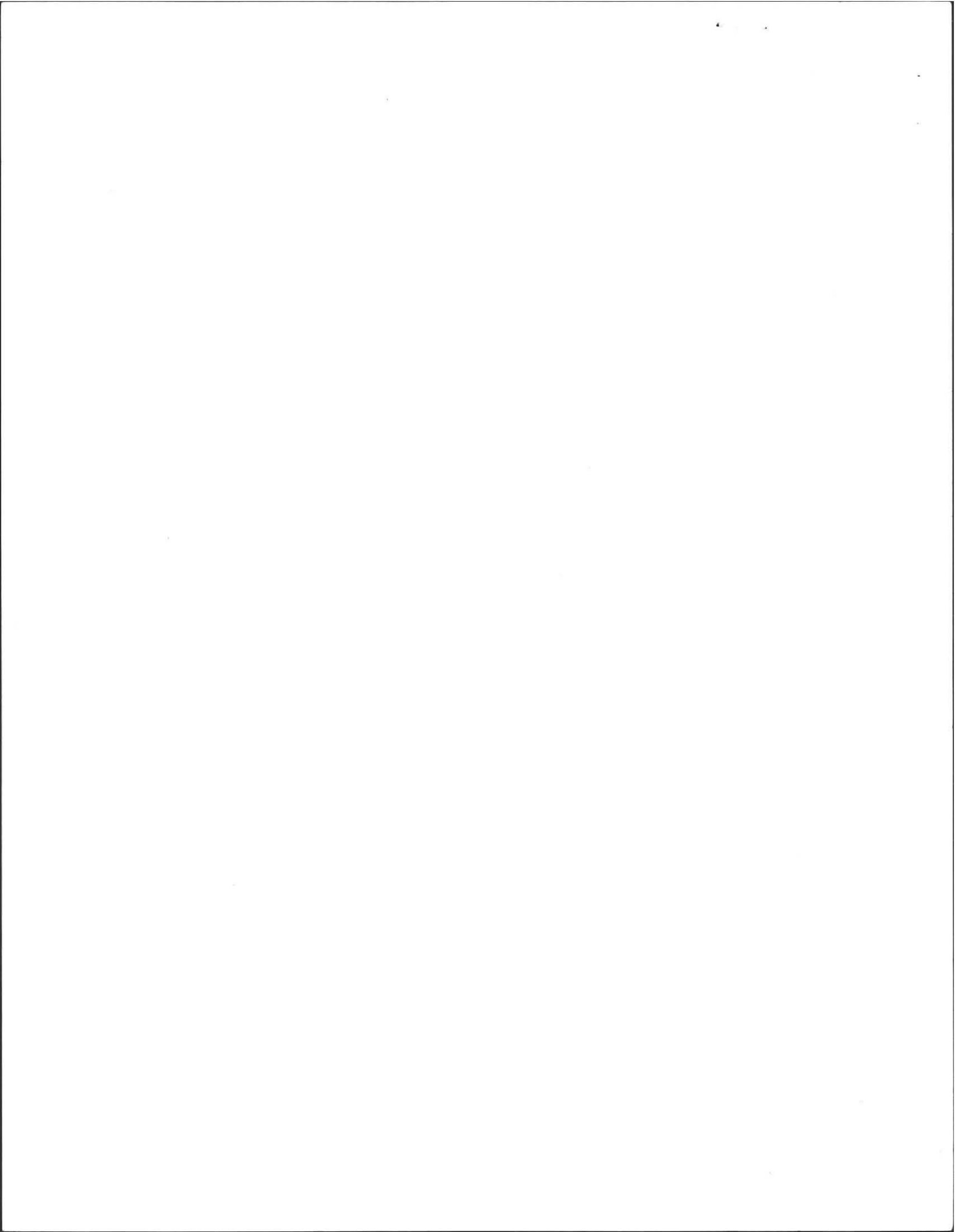
AT: 105 Levrett Rd.
Amh., Mass.



B.M. garage floor = 100.00

NO wells within area

— Existing contours



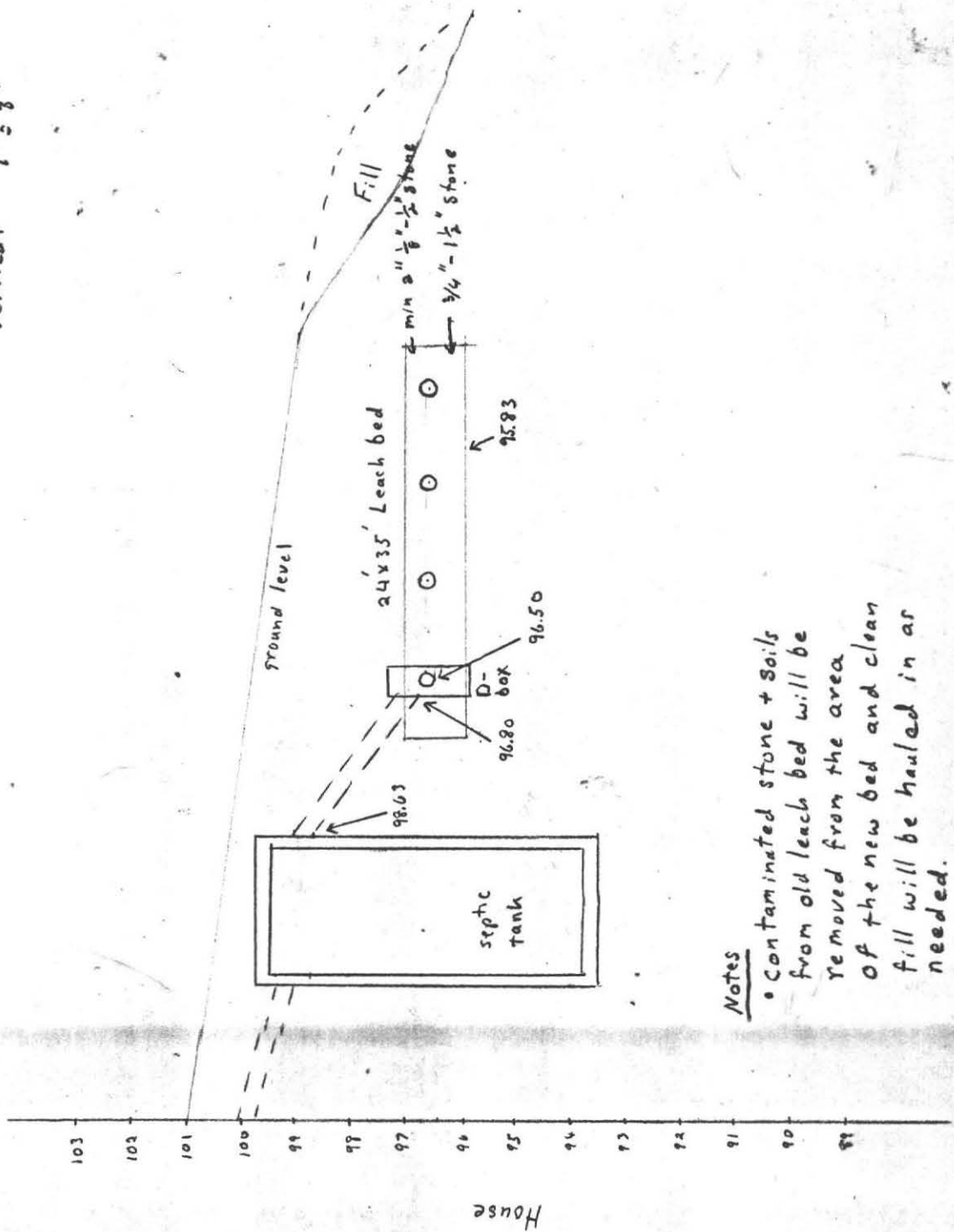
PROFILE OF SEPTIC SYSTEM

For: Victor Zumbroski
 105 Leveitt Rd.
 Amh. 1, Mass.

By: Karl's Excavating

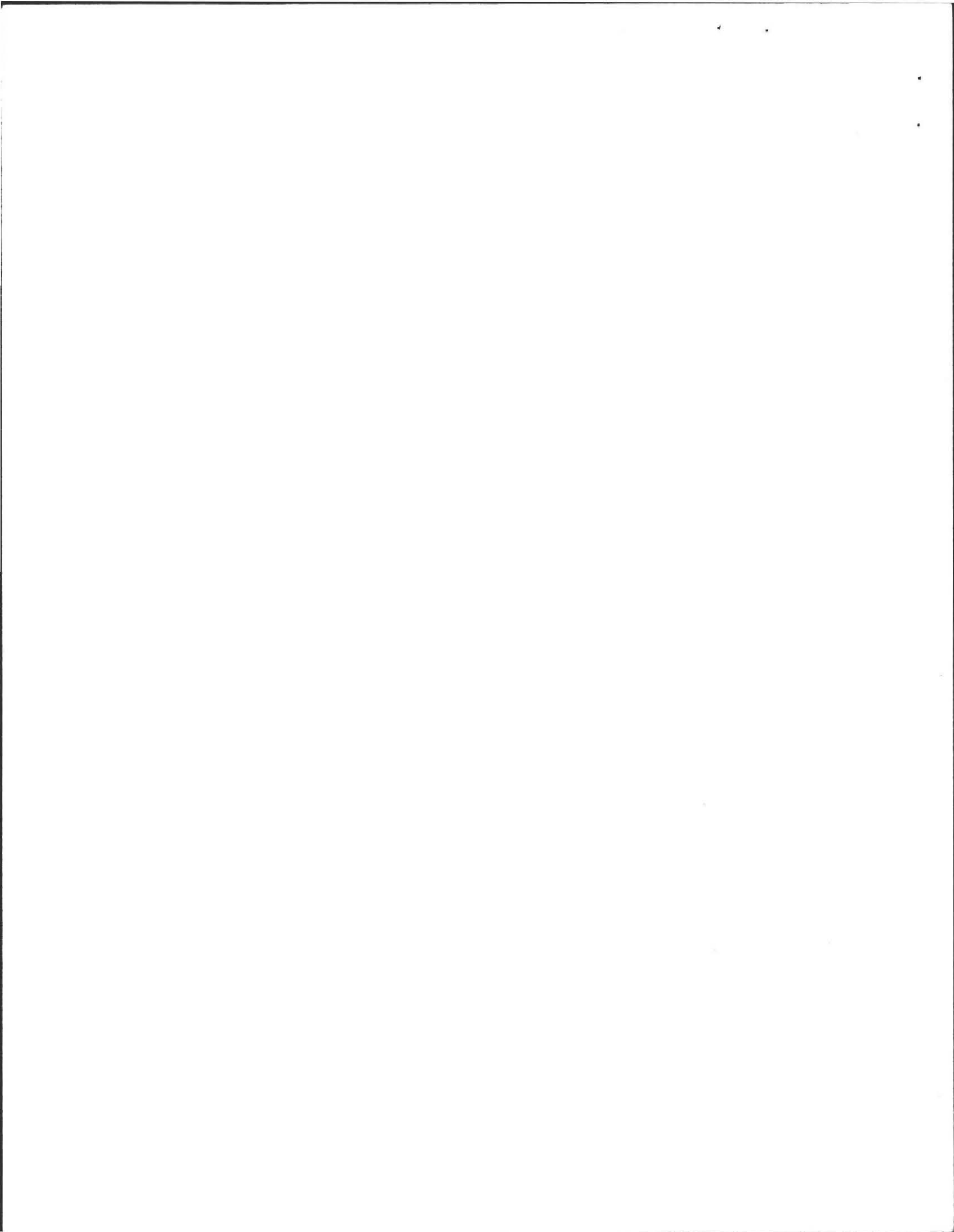
BM = 100.00
 Gage floor

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



Notes

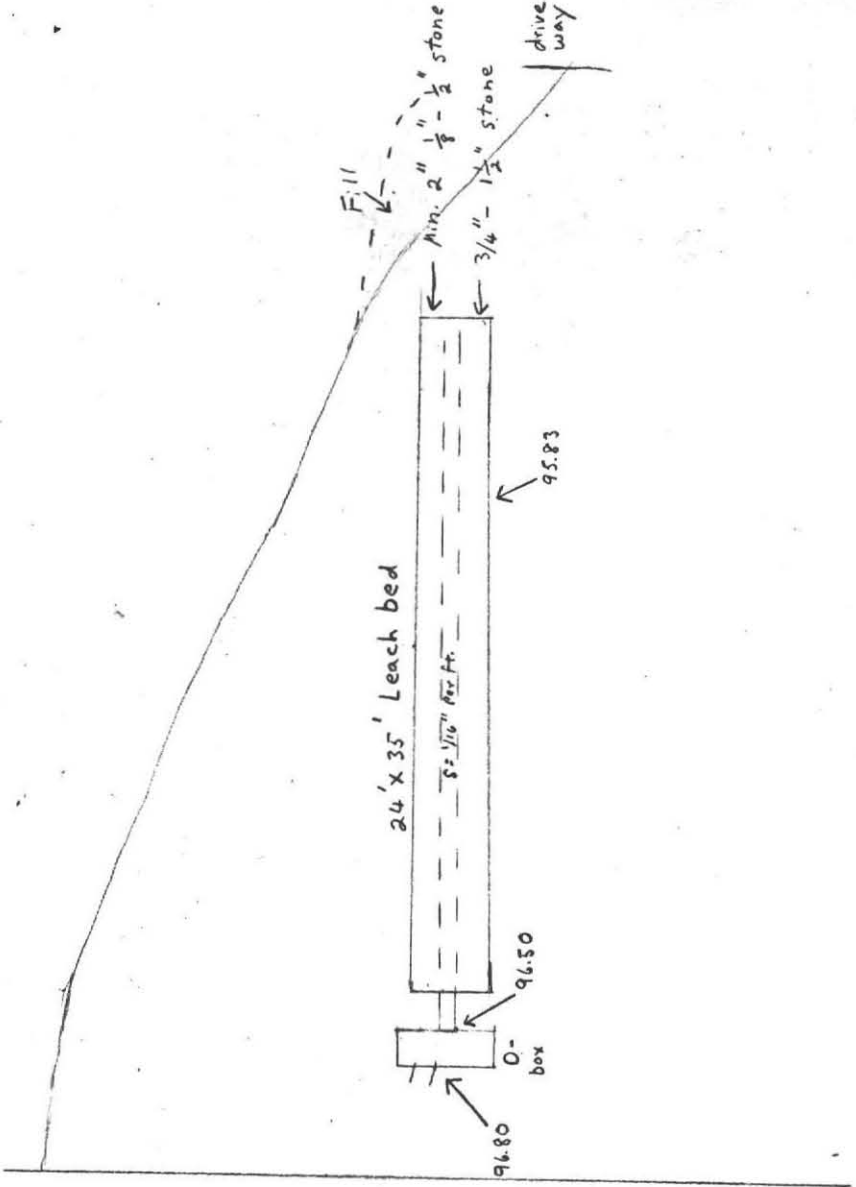
- Contaminated stone + soils from old leach bed will be removed from the area
- Of the new bed and clean fill will be hauled in as needed.



CROSS - SECTION OF SEPTIC SYSTEM

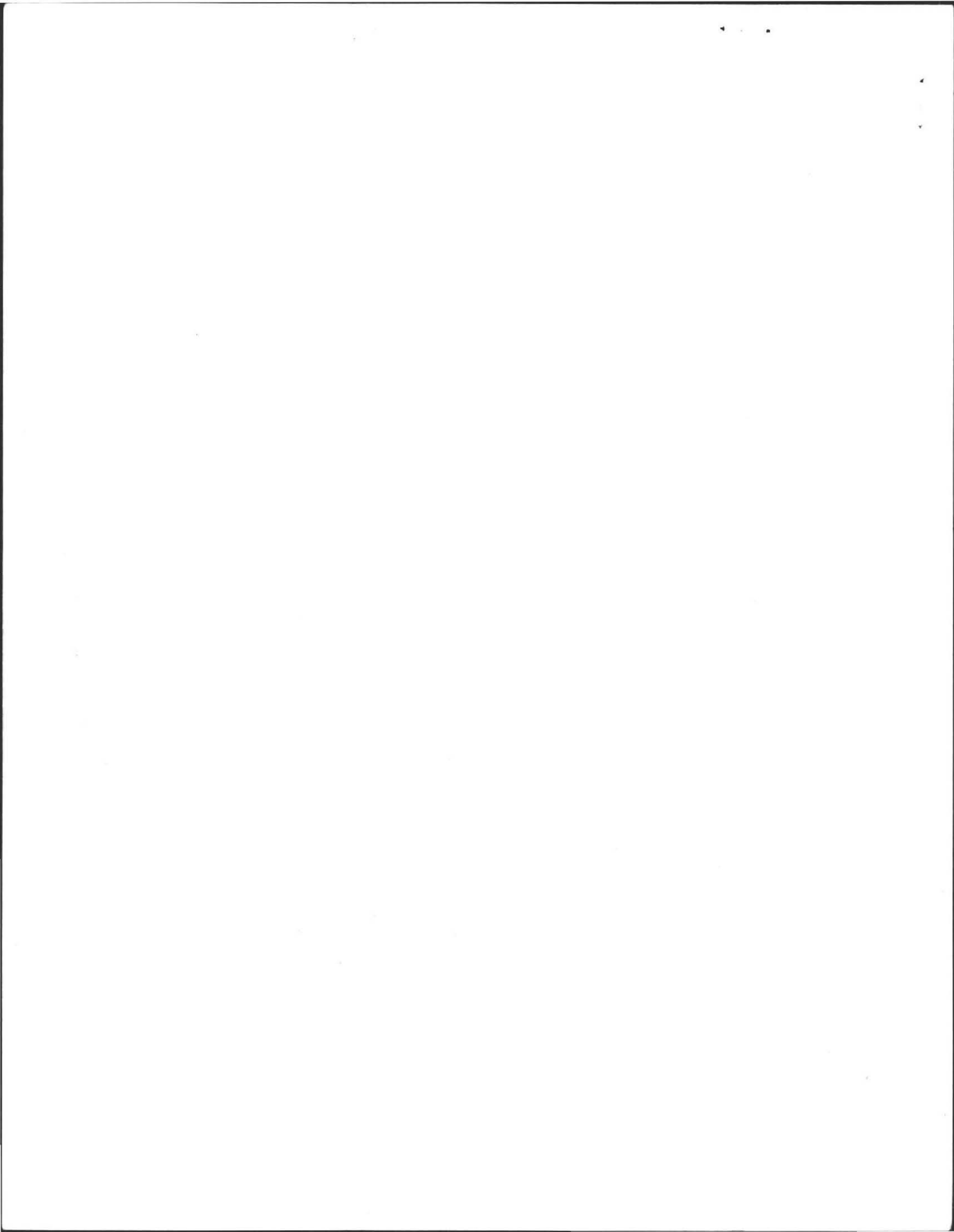
For: Victor Zamburski
 105 Leveitt Rd.
 Amh., Mass.

By: Kav's Excavating
 Scale: Horizontal 1" = 10'
 Vertical 1" = 3'



Soil Profile

loam	6"
Tight red cobby subsoil	1'
Tight white cobby subsoil	9'



No. 87-20

#105

FEE 90.00 pd

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 (X) an Individual Sewage Disposal System at:

105 Leveett Rd. Amh

Victor Zumbroisk

Karl's Excavating

105 Leveett Rd. Amh

327 River Dr. Hadley, Mas

Type of Building

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

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

Other fixtures

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

Septic Tank - Liquid capacity 2 gallons Length Width Diameter Depth

Disposal Trench - No. Width 24 Total Length 35 Total leaching area 840 sq. ft.

Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by Date

Test Pit No. 1 minutes per inch Depth of Test Pit Depth to ground water

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

Description of Soil Tight white sandy subsoil, some clay

Nature of Repairs or Alterations - Answer when applicable Leach bed replacement

Agreement:

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

Signed Steve Roney

8/10/87

Application Approved By

Application Disapproved for the following reasons:

Permit No.

Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY That the Individual Sewage Disposal System constructed () or Repaired (X) by Karl's Excavating

at 105 Leveett Rd. Amherst

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. 87-20 dated 08/10/87

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE 9/1/87

Inspector for Amherst Bd of Health: D. Pinski

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No.

OF

FEE

Disposal Works Construction Permit

Permission is hereby granted to Construct () or Repair (X) an Individual Sewage Disposal System at No.

as shown on the application for Disposal Works Construction Permit No. Dated WE have 28

DATE Aug 10 1987

Board of Health

CHECK OR FILL IN WHERE APPLICABLE

THE HISTORY OF THE UNITED STATES

The history of the United States is a story of growth and expansion. From a small collection of colonies on the eastern coast, the nation grew to encompass a vast continent. This growth was driven by a desire for land, resources, and a new political identity. The American Revolution was a pivotal moment, leading to the birth of a new nation based on the principles of liberty and democracy. The subsequent years saw the westward expansion of the United States, a process that was both ambitious and controversial. The acquisition of new territories and the settlement of the West shaped the nation's geography and culture. The Civil War, a defining conflict in American history, resolved the issue of slavery and preserved the Union. The Reconstruction era followed, a period of significant social and political change. The late 19th and early 20th centuries saw the rise of industrialization and the emergence of a powerful global presence for the United States. The Progressive Era sought to address the social and economic challenges of the industrial revolution. The 20th century was marked by the Great Depression, World War II, and the Cold War, which solidified the United States as a superpower. The latter half of the century also saw the Civil Rights Movement, which fought for equality and justice for all Americans. Today, the United States continues to evolve, facing new challenges and opportunities in a globalized world.

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#105

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

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 or Lot No. _____

Owner Victor Zumbroski Address 113 Union St., Easthampton

Contractor _____ 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 2 Showers (2)

Other fixtures Washing machine, dishwasher maybe

Town Water? yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300-300 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. 1 Diameter 15x30 Depth below inlet _____ Total leaching area 450 sq. ft.

Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: 6 x 8 x 8

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

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

Percolation Test Results Performed by C. E. Drake Date 3-25-70

Test Pit No. 1 10 minutes per inch Depth of Test Pit 36"

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

Description of Soil Sand Gravel Sand Clay Depth to Ground Water With bond 10'+ 65"

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

x Victor J. Zumbroski 3-27-70
Owner or builder date

Application Approved by C. E. Drake

3-25-70
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

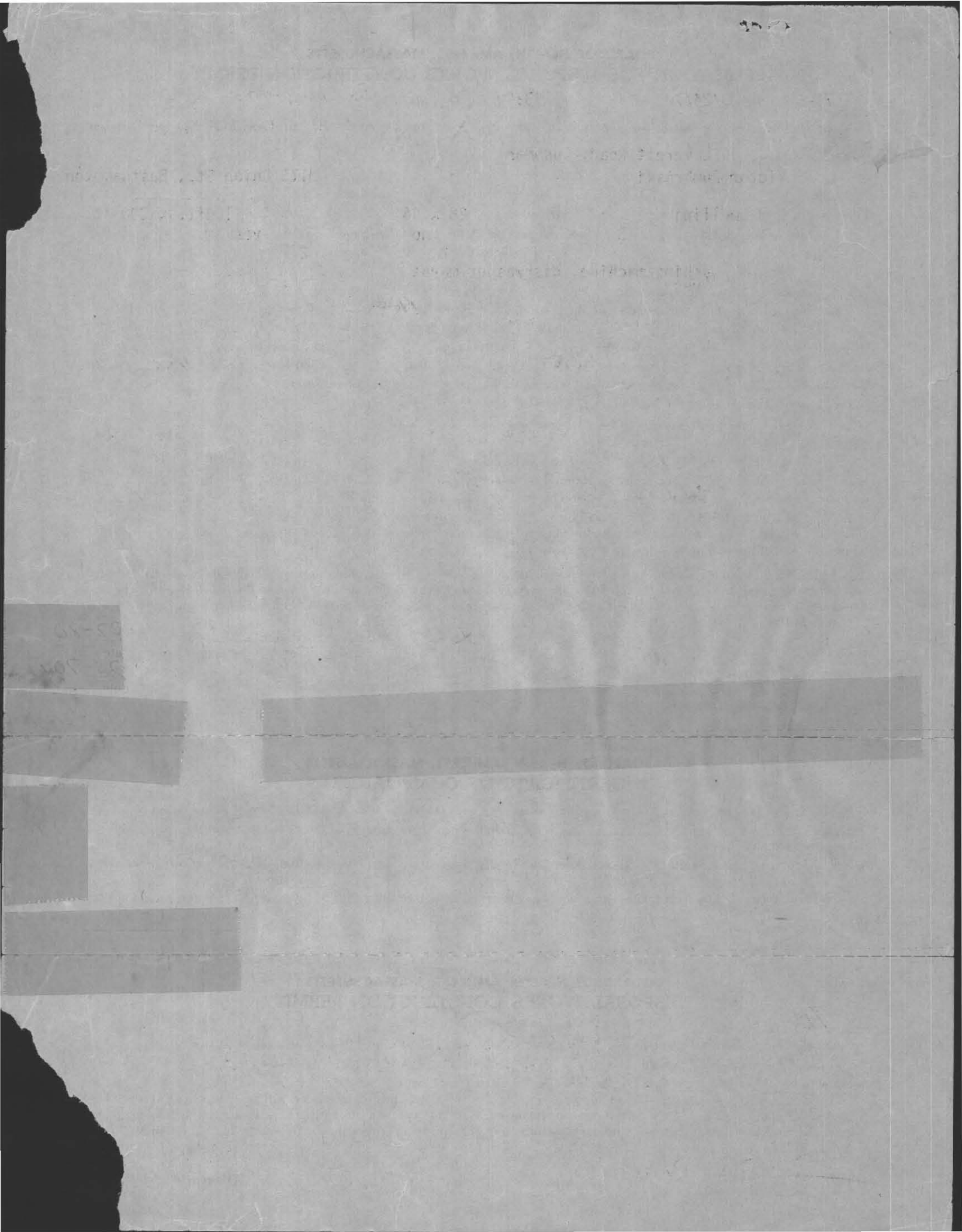
No. 70-5 Permission is hereby granted Victor Zumbroski to construct (X) or repair () an Individual Sewage Disposal System at LEVERETT RD CUSHMAN

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.

DATE 3-25-70

C. E. Drake
Board of Health



105 Leverett Road

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 49-63 Date 10/17/63 Fee \$3.00 Date Rec'd. 10/17/63 By [Signature]

W.D.
COWLES

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

Location—Address Leverett Rd or Lot No. 7

Owner [Signature] Address 134 Mountain Rd

Contractor SAME Address SAME

Type of Building ranch Dimensions 26 x 44 Size Lot 100 x 177

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

Other [Blank] No. of persons 3 Showers ()

Other fixtures 1 Ad Bath + Kitchen

Town Water? Yes Type of Well [Blank]

Design Flow 50 gallons per person per day. Total daily flow 900 gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L [Blank] W [Blank] D [Blank]

Disposal Trench—No. [Blank] Width 2-3 Total Length 1501 Total leaching area 300 sq. ft.

Disposal Bed—No. [Blank] Diameter [Blank] Depth below inlet [Blank] Total leaching area [Blank] sq. ft.

Dry Well—No. 1 Diameter 8-10 Depth below inlet 6-7 Dimensions: 8 x 8 x 8 min.

Other: Distribution box () No. 6 Dosing tank ()

(Depth of Soil Line Below finished grade at foundation 12")

Percolation Test Results Performed by J.A. Sims Date [Blank]

Test Pit No. 1 1 minutes per inch Depth of Test Pit 4'

Test Pit No. 2 [Blank] minutes per inch Depth of Test Pit 4'

Description of Soil Gravel Depth to Ground Water 10'+

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

Application Approved by [Signature] [Signature] Owner or builder [Signature] date 10/17/63
= DENNISON H. JONES date 10/18/63

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 VALLEY TANK at Lot #7 Leverett Rd 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. 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 Inspector [Signature]

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 49-63

Permission is hereby granted W.D. Cowles, Inc to construct () or repair () an Individual Sewage Disposal System at LEVERETT RD LOT #7

as shown on the application for Disposal Works Construction Permit No. [Blank]

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 10/18/63 [Signature] Board of Health

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Lot 6

Leach P.

House

DRY WELL OF LEACH LINES

LOT #7 177'

X LOT #6

LEVERETT RD

Road to D.D. Ruston
Gravel Pit

E. LEVERETT RD

STATE ST

Cushman Bridge

