324 Leverett Rd.
Dr. Andrea Cousins

#324?

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE (LOG CABIN) REAR LOT

Owner JEFF WOOD Address LEVERETT RD

Installer SELF Address

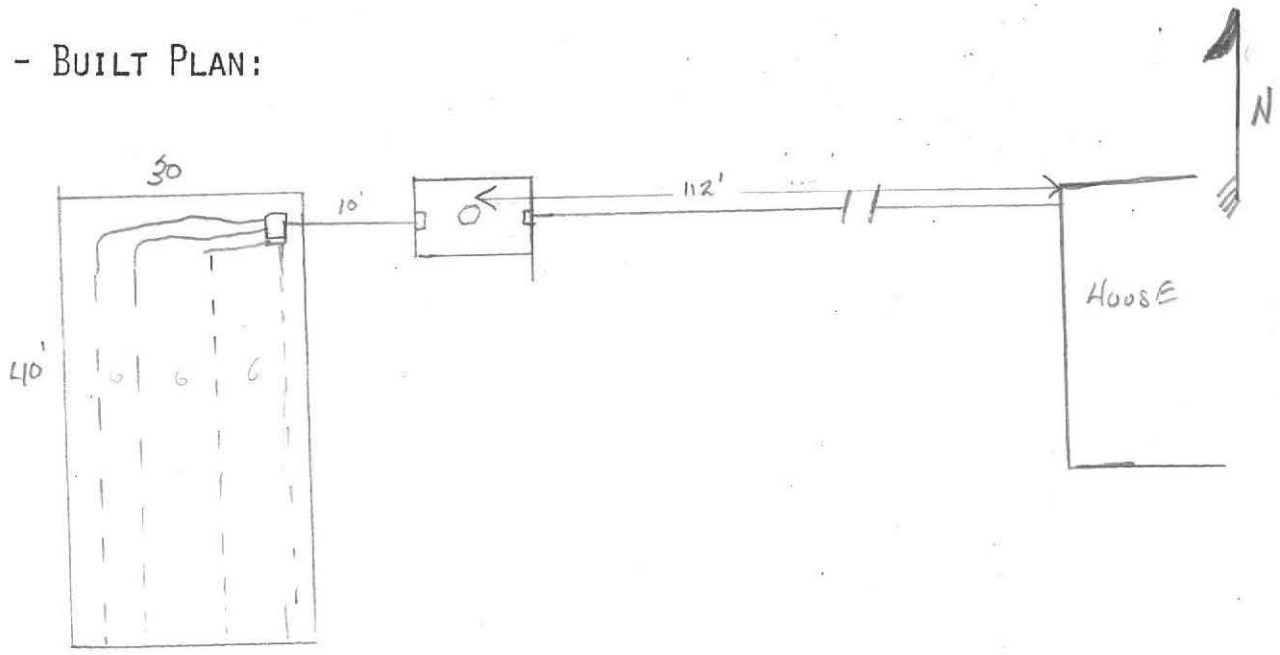
Date Installation Inspected and Approved NOV. 1974

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 1200

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 4 No. People 8

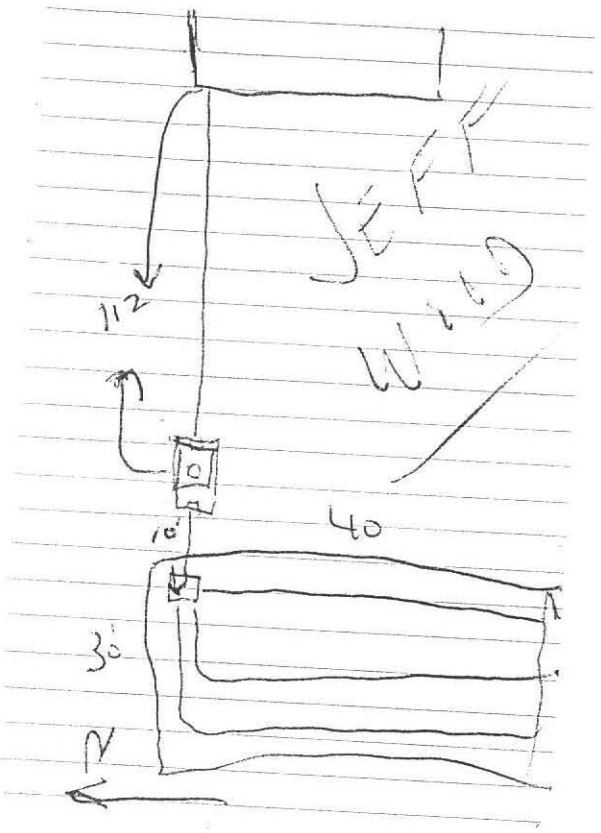
AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

549-6115


JEFF
WALD
1/2
10'
40
30'
N

No. 03-23 Revised

FEE 275

CHK 112

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS REG #933 REGISTERED SANITARIAN

Application for a Permit to Construct( ) Repair(✓) Upgrade( ) Abandon( ) - ☐ **Complete System** ☐ **Individual Components**

Location	324 Leverett Rd.	Owner's Name	DR. Andrew Cousins
Map/Parcel#	3A / 89	Address	324 Leverett Rd
Lot#	~~Lot #15~~ Kocot	Telephone#	413-~~JM~~ 548-9800
Installer's Name	~~Kocot Sitework~~	Designer's Name	A. Weiss, RS.
Address	~~Deerfield Hadley, MA. 01035~~	Address	Belchertown, MA.
Telephone#	~~549-5396~~ 665-2735	Telephone#	413-323-5957

Type of Building Residence Lot Size 4.0 Act +/- ~~sq. ft.~~

Dwelling - No. of Bedrooms 4 Garbage grinder (N)

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

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 448 gpd

Plan: Date 12/22/03 Number of sheets 1 Revision Date _____

Title Septic System Plan for Andrew Cousins

Description of Soil(s) Class 2: SL

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 12/12/03

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New L. field w/ S.Tank + Pump chamber.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections _____

No. 03-23 Revised

FEE 275.00

CHK 112

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☐ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: _____

at 324 Leverett Road

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 03-23, dated _____. Approved Design Flow _____(gpd)

Installer Tony Grzybowski

Designer: _____ Inspector: _____ Date: 8/2/04

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

No. 03-23 Revised

FEE 275.00

CHK 112

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 324 Leverett Road as described in the application for Disposal System Construction Permit No. 03-23 Revised, dated 12-22-03.

Rec— 12-29-03

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 12-30-03 Board of Health _____

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

•Subsurface Investigations
•21E Site Investigations
•Pollution Remediation
•Percolation Tests and Septic Designs

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

Date: 12/12/03

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: D. ZARGZINSKI

Date: 12/12/03

Location Address or Lot #	Owner's Name, Address, and Telephone #
324 Leverett Rd. MAP 37/89 (LOT) (4AC +/-)	Andrea Cousins 324 Leverett Rd

New Construction ☐ Repair ☑

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published 1981 Publication Scale 1:5,840. Soil Map Unit 6FC

Drainage Class RAPID. Soil Limitations Not.

Surficial Geologic Report Available: No ☑ ~~Yes~~ ☐

Year Published Publication Scale

Geologic Material (Map Unit)

Landform

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☑

Within 500 year flood boundary No ☑ ~~Yes~~ ☐

Within 100 year flood boundary No ☑ ~~Yes~~ ☐

Wetland Area:

National Wetland Inventory Map (map unit)

Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range: Above Normal ☑ Normal ☐ Below Normal ☐

Other References Reviewed: _____

Location Address or Lot No. 324 Leggett Rd

On-site Review

Deep Hole Number TP 1+2 Date: 12/8/03 Time: 8:30 Weather SUNNY 30°F
Location (identify on site plan) _____
Land Use Rural Res. Slope (%) 2 Surface Stones many
Vegetation grass, Chevy, grape.
Landform _____
Position on landscape (sketch on the back) . . .
Distances from:

Open Water Body 100'+ feet Drainage way 100'+ feet
Possible Wet Area 100'+ feet Property Line 52'+ feet
Drinking Water Well 110'+ feet Other _____

DEEP OBSERVATION HOLE LOG*

	Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
TP-1	0-8"	Ap	FSL	10YR3/3	10YR3/3	Friable, loose
	8-25"	Bw	FSL	2.5y 6/6		Friable, loose
	25"-106	C1	SL	2.5y 4/2	36" 10YR 6/8	Platy F.M. Sandy till 15% boulders + cobbles
TP 2 @ pge	0-7"	Ap	FSL	10YR3/3		Friable, loose.
	7-24"	Bw	FSL	2.5y 6/6		Friable, loose
	24"-78"	C1	SL	2.5y 4/2	36" 10YR 6/8	Platy F.M Sand. 15% boulders + Cobbles

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) G. Till Depth to Bedrock: 106"+
Depth to Groundwater: Standing Water in the Hole: 48" Weeping from Pit Face: 48"
Estimated Seasonal High Ground Water: 36"

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 321 Leverett Rd

COMMONWEALTH OF MASSACHUSETTS

Amherst , Massachusetts

Percolation Test*		
Date: 12/12/03	Time: 9.00	
Observation Hole #	P_1	
Depth of Perc	38"	Repair
Start Pre-soak	9:04	
End Pre-soak	9:19	
Time at 12"	9:20	
Time at 9"	9:48	
Time at 6"	10:25	
Time (9"-6")	37	
Rate Min./Inch	15	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed ☑ Site Failed ☐

Performed By: A. Weiss

Witnessed By: D Zaplevsk.

Comments:

DEP

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. 324 Leverett Rd

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole ..... inches
- ☐ Depth weeping from side of observation hole ..... inches
- ☑ Depth to soil mottles 36 inches
- ☐ Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level

Adjustment factor ..... Adjusted ground water level .....

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

If not, what is the depth of naturally occurring pervious material? —

Certification

I certify that on June, 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 12/12/03

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Town of Amherst
GIS Browser

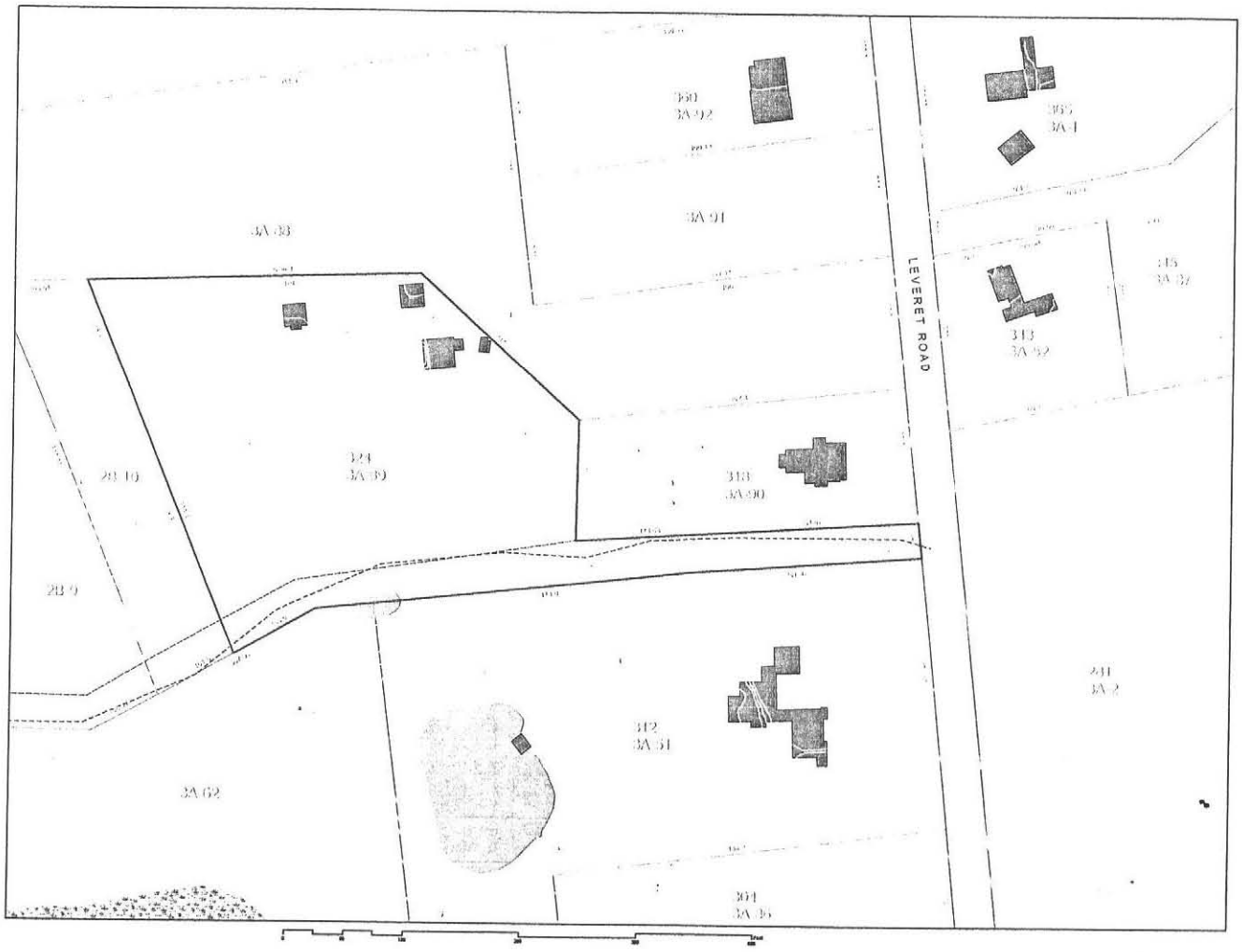
- Pavement
- Parcels
- Easements
- Structures
- Courtyard Filter
- Trails
- Railroads
- Barriers
- Headwalls, Floodwalls
- Hydro Connector
- Major Drainage Ditches
- Rivers
- Streams
- Dam
- Double Banked Rivers
- Lake, Reservoir, Ponds
- Marsh, Swamp Boundary
- Retention Basin
- Drain Man Holes
- Sewer Man Holes
- Water Man Holes
- Other Man Holes
- Catch Basins
- Water Valves
- Fire Hydrants
- Utility Poles
- Control Points
- Sewer_Lines
- Topography-10ft
- Topography-2ft
- Zoning
- Historic Districts
- Precincts

N

All data have been projected to the Stateplane grid coordinate system, Zone 4151, Datum NAD-83 and units feet.

Coordinate Datum: NAD-83 Massachusetts Coordinate System, Mainland Zone

Vertical Reference Datum: NAVD-88



Mapwares
www.mapwares.com

FORM 11: Soil Evaluation Form NO: _____

Commonwealth of Massachusetts
Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL. Weiss Date: 12/12/03
Witnessed By: David Jarosiewicz

Location Address of: Owner's Name: ANDREA COUSINS
Lot # Address of: 324 Levenett Rd
Telephone: 548-9800

New Construction ☐ Repair ☐

Office Review

Published Soil Survey Available? No ☐ Yes ☐
Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available? No ☐ Yes ☐
Year Published _____ Publication Scale _____
Geologic Material (map unit) _____
Landform _____

Flood Insurance Rate Map:
Above 500 year flood boundary? No ☐ Yes ☐
Within 500 year flood boundary? No ☐ Yes ☐
Within 100 year flood boundary? No ☐ Yes ☐

Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): month _____
Range: Above Normal ☐ Normal ☐ Below Normal ☐

Other Reference Reviewed:

Determination: Seasonal High Water Table

Methods Used:

☐ Depth observed standing in observation hole _____ Inches
☐ Depth weeping from side of observation hole _____ Inches
☐ Depth to soil mottles _____ Inches
☐ Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feed of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

If not, what is the depth of naturally occurring previous material?
_____

Certification

I certify that on _____ (date) I. have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.

Signature _____
Date _____

324 Lovett Rd
Ms Cousins

On-Site Review

Deep Hole Number 1 Date: 12/12 Time 8:30
Weather Sunny 30°
Location (identify on site plan) _____
Land Use Rural Slope (%) 2
Surface Stone Many
Vegetation:
Grass, Cherry Stem
Landform:
Position on Landscape (sketch on back) _____
Distances from:

Open Water Body	100+ feet	Drainageway	100+ feet
Possible Wet Ares	100+ feet	Property Line	30± feet
Drinking Water Well	110'+ feet	Other	_____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	Ap	FSL	10YR 3/3	10YR 3/3 lt 36	Friable Loam
25	Bw	FSL	2.5Y 6/6	10YR 6/3	Friable Loam
106	C1	SL	2.5Y 4/2		Platey Fill, Sandy Till 15% Broken Ledge

Parent Material (geologic) Glacial Till
Depth to Bedrock 106
Depth to Groundwater :
Standing Water in the Hole 48
Weeping from Pit Face 48
Estimated Seasonal High Water 36"

On-Site Review

Deep Hole Number 2 Date: 12-12 Time _____
Weather Sunny
Location (identify on site plan) _____
Land Use _____ Slope (%) 2
Surface Stone many
Vegetation:
Same
Landform:
Position on Landscape (sketch on back) _____
Distances from:

Open Water Body	_____ feet	Drainageway	_____ feet
Possible Wet Ares	_____ feet	Property Line	_____ feet
Drinking Water Well	_____ feet	Other	_____

Rec Hole

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
7	Ap	FSL	10YR 3/3		Friable Loam
24	Bw	FSL	2.5Y 4/4	36"	Friable Loam
78	C1	SL	2.5Y 4/2	10YR 6/8	Platey Fill Sandy Till 15% Ledge Stony

Parent Material (geologic) _____
Depth to Bedrock _____
Depth to Groundwater :
Standing Water in the Hole None
Weeping from Pit Face _____
Estimated Seasonal High Water _____

FORM 12: Percolation Test
Location Address or Lot # 324 Leverett Rd.

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST * DATE: 12-12-03 TIME: 9 AM		
Observation Hole #	(1)	
Depth of Perc	38"	
Start Pre-soak	9:04	
End Pre-soak	9:19	
Time at 12"	9:29	
Time at 9"	9:48	
Time at 6"	10:25	
Time (9"-6")	36	
Rate Min./Inch	(12)	

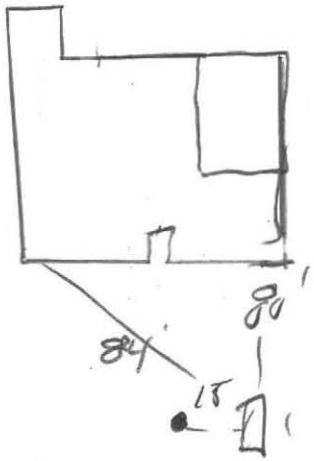
*Minimum of one percolation test must be performed in both the primary area and reserve area.

Site Passed ☐ Site failed ☐

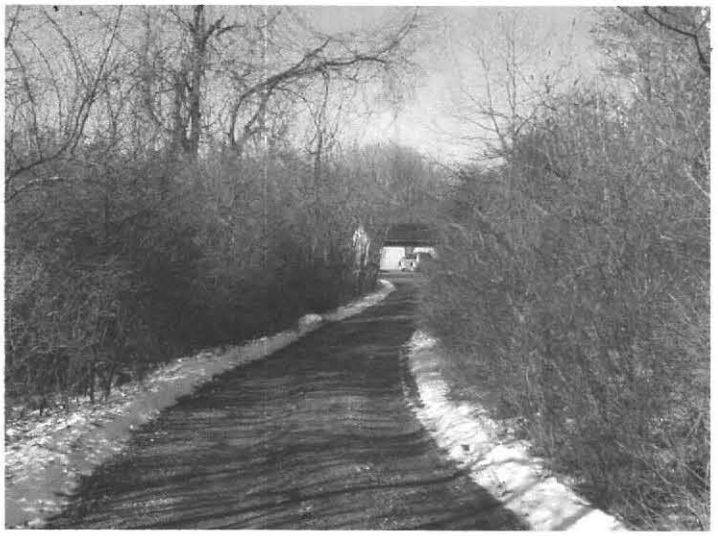
Performed by AL Weiss

Witnessed by David Zmrozinski

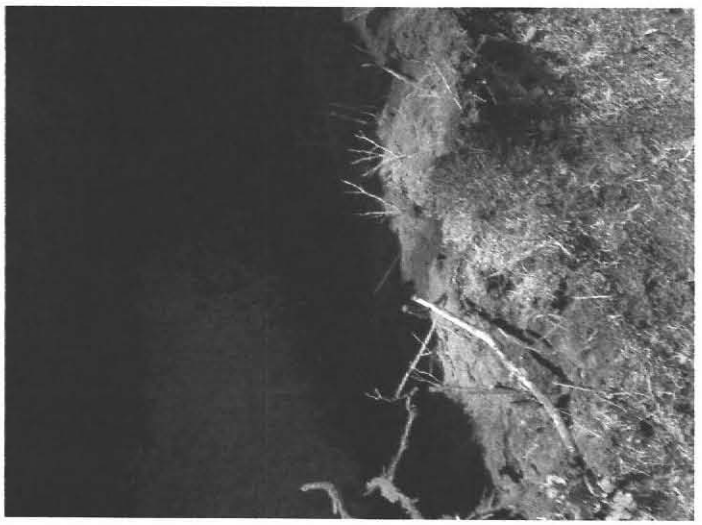
Comments:



324 Leverett Rd



Dr. Andrea Cousins Leverett Rd



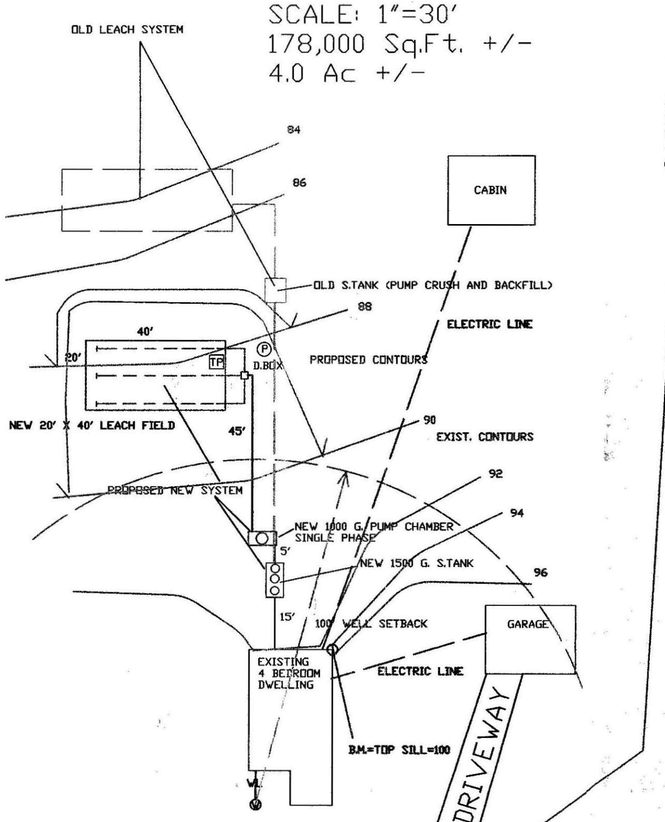
Dr. Andrea Cousins 324 Leverett Rd.

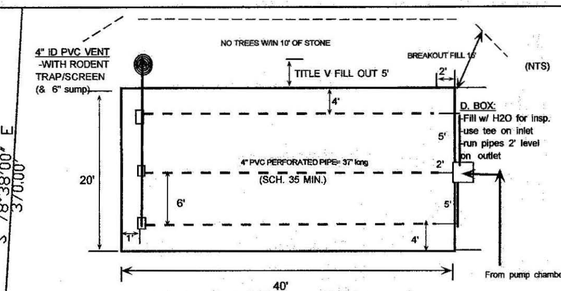




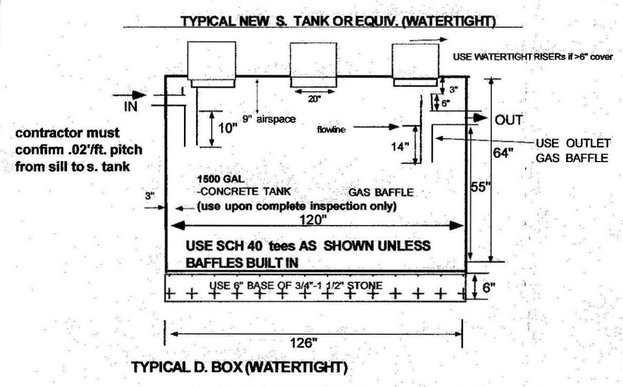

Dr. Andrea Cousins 324 Leverett Rd.

PLOT PLAN
SCALE: 1"=30'
178,000 Sq.Ft. +/-
4.0 Ac +/-

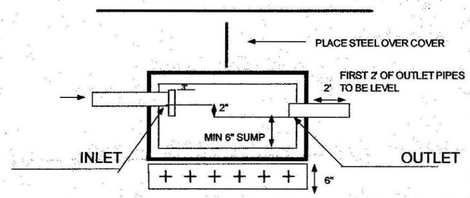




LEACH FIELD DIAGRAM

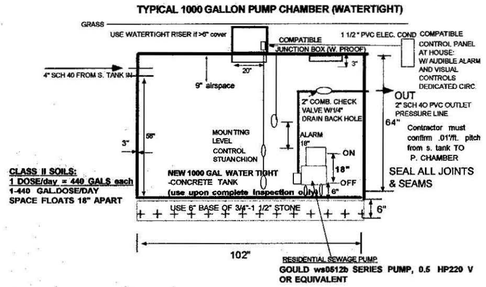


TYPICAL D. BOX (WATERTIGHT)



- PLACE ON STABLE BASE OF 6" 3/4-1 1/2 " CRUSHED STONE
- USE CONCRETE BOX W/ 2" MIN WALL THICKNESS
- FILL WITH WATER FOR FINAL INSPECTION
- USE SPEED LEVELERS ON OUTLETS.

TYPICAL 1000 GALLON PUMP CHAMBER (WATERTIGHT)



NOTE: ANY COMPONENTS ASSOC. WITH THE PUMP AND PUMP CHAMBER MAY BE APPROPRIATELY SUBSITUTED AT THE CONTRACTORS DISCRETION IF OF EQUAL OR BETTER SPECIFICATIONS.

PITCH ALL FORCE MAIN PIPING BACK TO DRAIN TO PUMP CHAMBER

PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. *****HAVE PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED (IF PRESENT) ANNUALLY***
3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
7. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. ***USE WATER SAVING DEVICES AND FIXTURES ONLY.***
8. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

NOTE FOR HOMEOWNER: MOUNDS where used ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE OF EFFLUENT FILTRATION FROM THE BOTTOM OF THE FIELD TO THE ESTIMATED HIGH GROUNDWATER THE "SEPARATION" FROM BOTTOM OF FIELD TO HIGH GROUNDWATER (3.4 OR 5 FEET) IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION".

NOTE: INSTALLER MUST CONTACT ENGINEER 48 HOURS PRIOR TO SUBGRADE INSPECTIO INSTALLER MUST HAVE ALL BREAK OUT FILL ON-SITE AND IN PLACE PRIOR TO SIGN-OFF BY ENGINEER ATTIME OF FINAL INPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.

ATTENTION INSTALLER!!

CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE, AND CABLE TV UTILITY LINES BE MADE *MINIMUM* OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

SITE LOCUS

DESIGN NOTES:

1. 4 BR. x 110 gal/day = 440 gal./day 4 BEDROOM DESIGN
2. Uses ONE Leachfield 20' wide x 40' LONG W/6" double washed stone below invert.
   Bot. Area: 20' wide X 40' long = 800 sf.
   Tot. Area: 800 sf x 0.56 gal.sf. =448 gal./day.
3. GAIRBAGE DISPOSAL IS NOT ALLOWED; PUMP S. TANK EVERY OTHER YEAR.
4. ALL D. BOX OUTLET PIPES LEVEL FOR 2', ALL PERF./PIPE MIN. SDR . 35.
5. NO other WELLS NOTED WITHIN 150 FEET OF SAS
6. USIE WATERTIGHT 1500 GAL SEPTIC TANK W/ SCH. 40 GAS BAFFLE & TEES.

6B. NO WETLANDS NOTED WITHIN 100 FEET FROM PROPOSED LEACH FIELD .

7. PRE & POST CONTOURS NOTED AS NECESSARY, CHANGE IN GRADE AS REQUIRED.
8. RESERVE AREA .
9. SLOPE CALCS NOTED (SEE CONTOURS) 3:1 SLOPE MET.
10. 2% MIN. SLOPE OVER SAS., SLOPE FINAL GRADE AWAY FROM SILL AND SAS FOR RUNOFF:
11. USE NEW 1000 GAL WATERTIGHT PUMP CHAMBERS W/ PROPER DEDICATED CIRCUITS FOR FLOATS AND ALARMS PER 310 CMR. 15.231. USE one DOSES/DAY; PLACE FLOATS 18" APART.
12. INSTALL SCH 40 TEES IN 1500 GAL. S. TANK , 10" AT INLET, 14" AT OUTLET, IF POSSIBLE .
13. DIEEP HOLE BY A. WEISS ON 1212/2003, (D Zarozinski, HEALTH AGENT)
    PERC RATE OF (15 MIN/IN) @ 38" . BY A WEISS 12/12/2003
    -CLASS 2 SOILS C HORIZON IDENTIFIED. (Plately F. SANDy till (SL, USED CLASS 2 FOR LOADING FACTOR)
    -CLAISS 2 SOIL, (DESIGN) @ 0.56 GAL/SF. BM1=TOP OF SILL =100.00' ,(92.60' at walkout door).
14. REMOVE 26" SUBGRADE AND USE 3+ FT TITLE V SAND TO MAKE UP GRADE UNDER BASE OF BED.
15. Four *FOOT* SEPARATION PROVIDED AT TP-1 (ELEV. 88.00 ; ESHGW.=85.00')
16. USE APPROVED DOUBLE WASHED 1 1/2 IN. STONE UNDER BED, ALSO USE 6" OF STD. 3/4-1 1/2 INCH STONE UNDER. D. BOX & S. TANK AND P. CHAMBER.
17. CONTRACTOR TO CONFIRM STONE UNDER BED IS PROPERLY DOUBLE WASHED WITH BUCKET/SILT H2O TEST.
18. PRIOPERLY GRADE AWAY FROM LEACH FIELD & HOME WITH SLIGHT SLOPE (2%) SO NOT LOWEST SPOT
19. USIE LEACHING BED INSTEAD OF TRENCHES DUE TO TOPOGRAPHY OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)

INSTALLATION IN LOW GROUNDWATER SEASON REcommended •

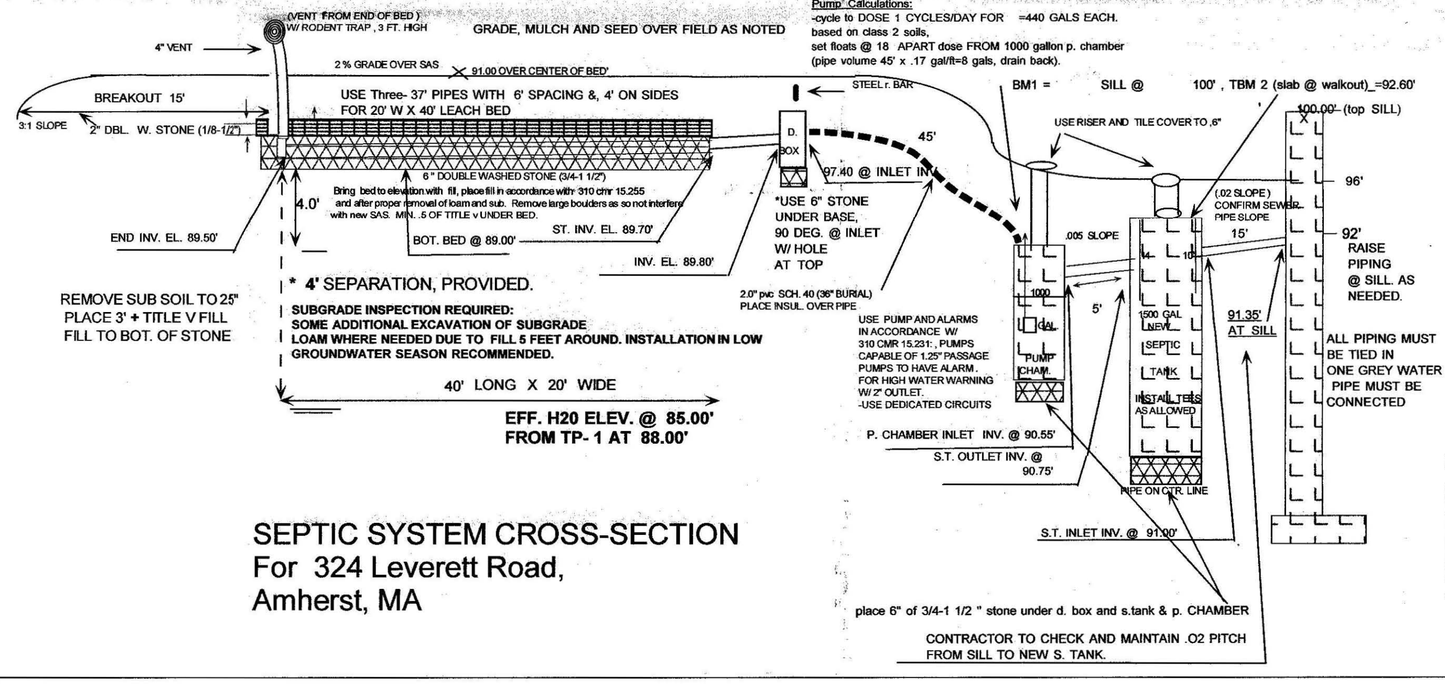
20. EXISTING ON-SITE WELL NOTED 100'+ FROM SAS,

TEST PIT LOGS

TP-1 EL. 88.00' (EFF. FOR DESIGN)			TP-2 (@ perc)
00-8	FINE SANDY LOAM, FRIABLE (10 YR 3/3)	A	0-7"
8-225"	Fine Sandy Loam, Friable Loose	BW	7-24"
225-106"	(2.5 Y 6/6) platey fine to med. SANDY TILL (2.5 Y 4/2)	C1	24-78"

EOP 106" @ TP- 1

ESHWT= 36" @ TP-1 = 85.00' (44")
OXIDES =NOTED @ 36" (EFFECTIVE FOR DESIGN),
STATICC =48" (TP-1 OR 2)
SEEPSI = 48" (TP-1 OR 2)
106" + BEDROCK



Pump Calculations:
-cycle to DOSE 1 CYCLES/DAY FOR =440 GALS EACH.
based on class 2 soils,
set floats @ 18 APART dose FROM 1000 gallon p. chamber
(pipe volume 45' x .17 gal/ft=8 gals, drain back).

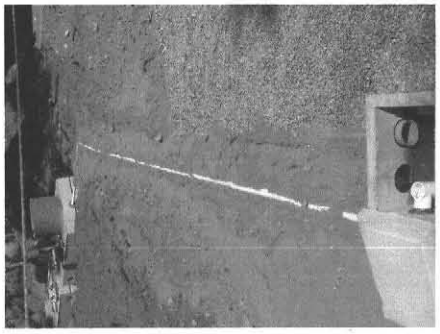
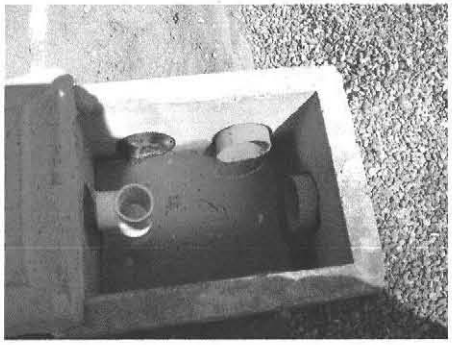
SEPTIC SYSTEM CROSS-SECTION
For 324 Leverett Road,
Amherst, MA

SEPTIC SYSTEM REPAIR PLAN FOR Dr. ANDREA COUSINS
324 LEVERETT RD.
AMHERST, MA.

SCALE: 1"=30'	APPROVED BY:	DRAWN BY: A.E.W.
DATE: 12/22/03		REVISED:

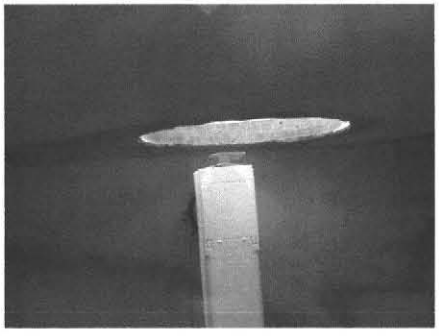
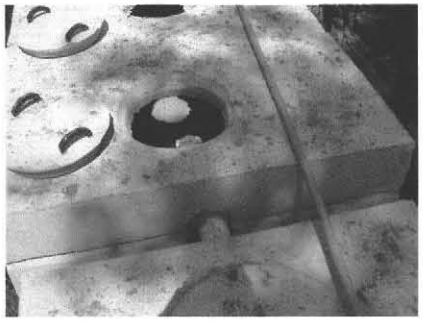
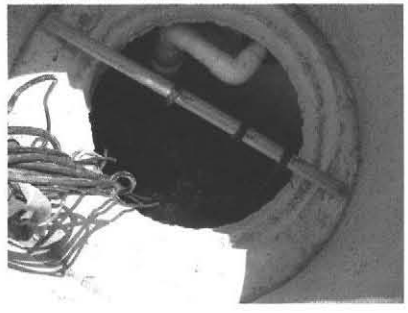
COLD SPRING ENVIRONMENTAL

DRAWING NUMBER: 103-1884-1203






324 Leverett Road
Installer: Kocot
Engineer: Alan Weiss

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

Property Address: 324 Leverett Road, Amherst, MA

Owner's Name: Andrea Cousins
Owner's Address: 324 Leverett Road
Amherst, Ma 010054
Date of Inspection: December 5, 2003 *** REVISED REPORT
Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

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

____ Passes
____ Conditionally Passes
____ Needs Further Evaluation by the Local Approving Authority
__XX__ Fails

Inspector's Signature: _____ **Date: December 5, 2003**

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

Notes and Comments:

Septic tank was 1000 gallon, 30+years old, with loose tees. Pipe levels in D. box were ok upon first review but box was cracked. SAS (field) stone was in hydraulic Failure upon attempt to replace D. Box. Recomend perc test and new engineered new system.

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

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

Property Address: 324 Leiberett Rd

Owner: Cousins

Date of Inspection: 12/3/03

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

A. System Passes:

No I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B. System Conditionally Passes:

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

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

_____ The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

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

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

ND explain:

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

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

ND explain:

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

Property Address: 324 Leverett Rd

Owner: COUSINS

Date of Inspection: 12/3/03

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

No Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

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

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

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

___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

___ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

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

3. **Other:**

_____
_____
_____

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

Property Address: 324 Leverett Rd

Owner: Cousins

Date of Inspection: 12/3/03

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes	No	
___	No	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	No	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	No	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	No	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	No	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	No	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	No	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	No	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	No	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	No	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

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

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes	no	
___	___	the system is within 400 feet of a surface drinking water supply
___	___	the system is within 200 feet of a tributary to a surface drinking water supply
___	___	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

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

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

Property Address: 324 Leverett Rd

Owner: Cousins

Date of Inspection: 12/3/03

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

Yes No

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

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

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

___ no Have large volumes of water been introduced to the system recently or as part of this inspection ?

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

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

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

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

yes ___ 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 ?

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

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

Yes no

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

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

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

Property Address: 324 Leverett Rd

Owner: Cousins

Date of Inspection: 12/3/03

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 2
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____
Number of current residents: 1
Does residence have a garbage grinder (yes or (no)): No
Is laundry on a separate sewage system (yes or (no)): No [if yes separate inspection required]
Laundry system inspected (yes or no): —
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): N/A
Sump pump (yes or no): yes
Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL

Type of establishment: N/A
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sqft,etc.): _____
Grease trap present (yes or no): ___
Industrial waste holding tank present (yes or no): ___
Non-sanitary waste discharged to the Title 5 system (yes or no): ___
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: (3 years Owner)
Was system pumped as part of the inspection (yes) or no): ___
If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? MEAS.
Reason for pumping: Request/Inspect

TYPE OF SYSTEM

✓ Septic tank, distribution box, soil absorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
___ Shared system (yes or no) (if yes, attach previous inspection records, if any)
___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
___ Tight tank ___ Attach a copy of the DEP approval

___ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:
28 years - 30 years

Were sewage odors detected when arriving at the site (yes) or no): No

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

Property Address: 324 Leverett Rd

Owner: Cousins

Date of Inspection: 12/3/03

BUILDING SEWER (locate on site plan)

Depth below grade: 12"
Materials of construction: ___cast iron ___40 PVC ___other (explain): _____
Distance from private water supply well or suction line: 10'+
Comments (on condition of joints, venting, evidence of leakage, etc.):

SEPTIC TANK: yes (locate on site plan) (Should have 9" Cover Min)

Depth below grade: 6-8"
Material of construction: ✓concrete ___metal ___fiberglass ___polyethylene ___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: 102" L x 60" W x 72" Ht (64" Liq. Ht)
Sludge depth: _____
Distance from top of sludge to bottom of outlet tee or baffle: 28
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 5"
Distance from bottom of scum to bottom of outlet tee or baffle: 30"
How were dimensions determined: MEAS
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Need new Tees + Outlet Cover + Hydraulic cement at outlet
Some corrosion at Inlet + Outlet.

GREASE TRAP: No (locate on site plan)

Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

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

Property Address: 324 Locust Rd

Owner: Cousins

Date of Inspection: 12/3/05

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

Depth below grade: _____
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):
_____
Dimensions: _____
Capacity: _____gallons
Design Flow: _____gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): ____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.):
_____
_____

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

Depth of liquid level above outlet invert: @ INV
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.):
Needed replacement, hydraulically. Failing in Store.
_____

PUMP CHAMBER: No (locate on site plan)

Pumps in working order (yes or no): ____
Alarms in working order (yes or no): ____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):
_____
_____

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

Property Address: 324 Leverett Rd

Owner: CWSP
Date of Inspection: 12/3/03

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

If SAS not located explain why:

Type
____ leaching pits, number: ___
____ leaching chambers, number: ____
____ leaching galleries, number: ____
____ leaching trenches, number, length: _____
(1) leaching fields, number, dimensions: 30' x 40'
____ 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.):
Store was saturated, as obs. at attempted D. Box replacement.

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

Number and configuration: _____
Depth – top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: No (locate on site plan)

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

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

Property Address: 324 Leverett Rd

Owner: Loring's

Date of Inspection: 12/3/03

SKETCH OF SEWAGE DISPOSAL SYSTEM

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

See sketch Attached

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

Property Address: 324 Leverett Rd

Owner: Lavins

Date of Inspection: 12/3/03

SITE EXAM

✓ Slope

✓ Surface water

Check cellar

Shallow wells

Estimated depth to ground water 54' feet

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

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

✓ Observed site (abutting property/observation hole within 150 feet of SAS)

____ Checked with local Board of Health-explain: _____

____ Checked with local excavators, installers- (attach documentation)

____ Accessed USGS database-explain: _____

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

Topo, Vegit. reg by Work

#324?

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE (Log Cabin) Rear Lot

Owner JEFF WOOD Address LEVERETT RD

Installer SELF Address _____

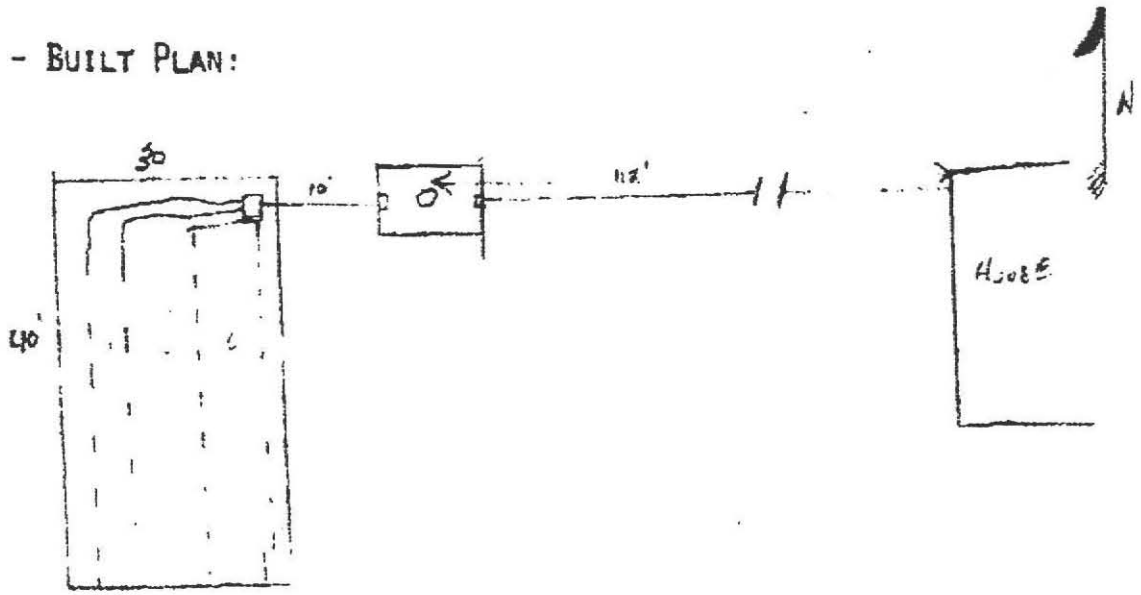
Date Installation Inspected and Approved NOV. 1974

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 1200

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



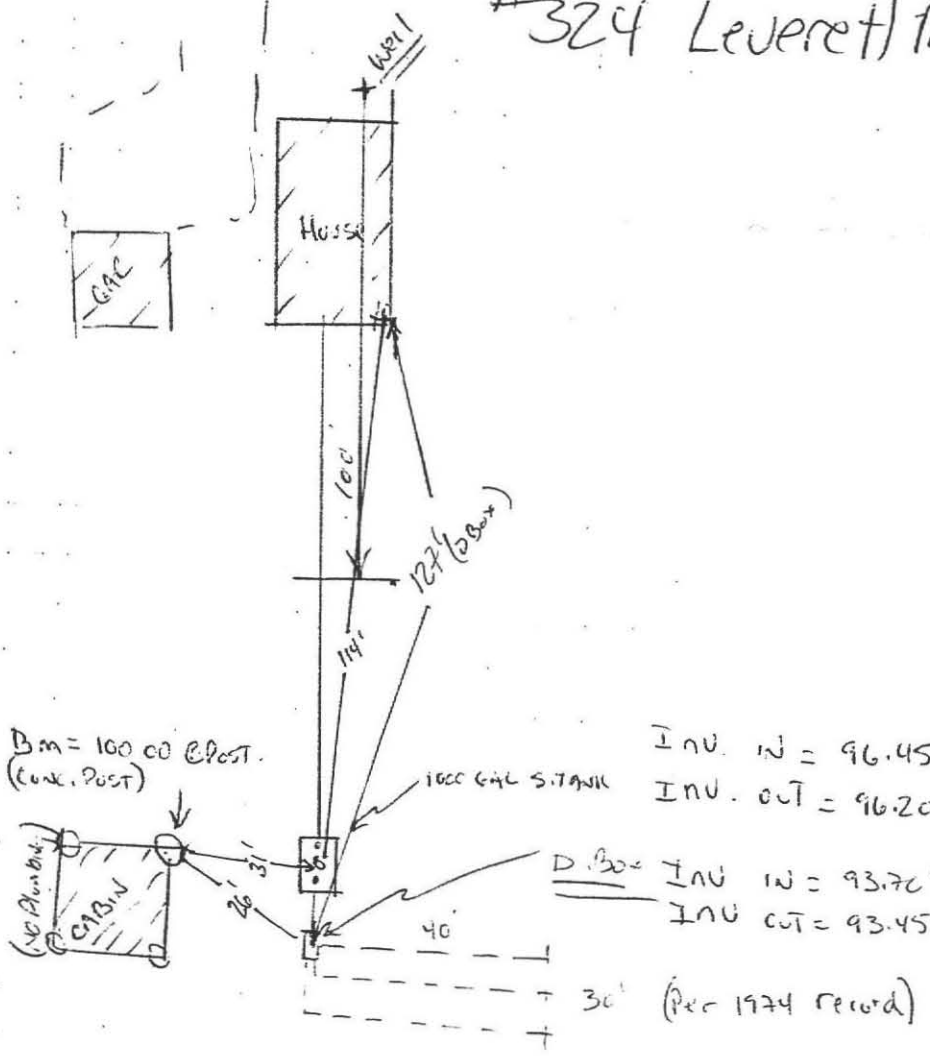
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

CONSULTANTS
Belchertown, MA 01007 • (413) 323-5957

SHEET NO. COUSINS OF
CALCULATED BY DATE 12/3/03
CHECKED BY A W DATE
SCALE 1"=40'

#324 Leverett Rd., Amherst



* S. TANK Need new Sch 40 PVC Tees *
" "
* OUTLET NEEDS Hydraulic cement at Pipe and new cover

COMMONWEALTH OF MASSACHUSETTS
ALANE WEISS
REG #9339
REGISTERED SANITARIAN