

ce 6-6950 #255

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

No. 65-33 Date 11/10/65 Fee \$300 Date Rec'd. Nov. 10/65 By G.G.

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

Location—Address 255 Market Hill Rd. or Lot No. _____

Owner Harry Schinner Address _____

Contractor Babushinsky Bros. Address _____

Type of Building 1 Family Dwelling Dimensions 48 X 24 Size Lot 2 233 X 400

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

Other _____ No. of persons 4 Showers (2)

Other fixtures _____

Town Water? yes? Type of Well _____

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

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

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

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

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

Percolation Test Results Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

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

Description of Soil _____ Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(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 Drab

Harry Schinner
Owner or builder
10-10-65
date
10-15-65
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

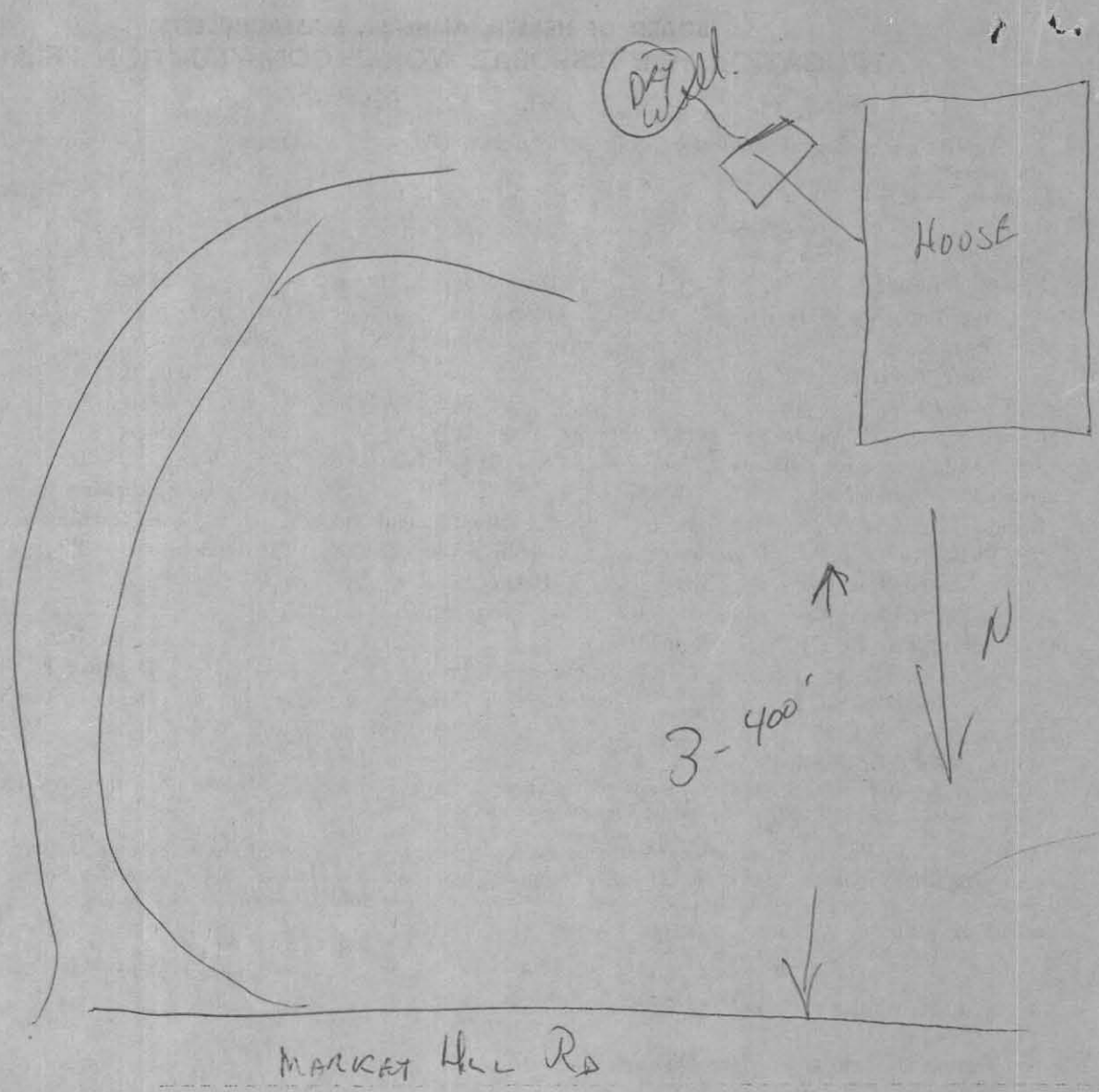
No. 65-33 Permission is hereby granted Harry Schinner to construct (X) or repair () an Individual Sewage Disposal System at 255 Market Hill Rd.

as shown on the application for Disposal Works Construction Permit No. 65-33

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 11-15-65

Drab
Board of Health



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION (continued)

Property Address: 255 Market Hill Rd.
Amherst, MA
Owner: Harry Schumer
Date of Inspection: 10/2/96

B) SYSTEM CONDITIONALLY PASSES (continued)

NO Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
- obstruction is removed
- distribution box is levelled or replaced

NO The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

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

C) FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- N/A Cesspool or privy is within 50 feet of a surface water supply.
- N/A Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- NO The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- NO The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- NO The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- NO The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

3) OTHER 



Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Argeo Paul Cellucci
Lt. Governor

Trudy Cox
Secretary
David B. Struhs
Commissioner

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A CERTIFICATION

Property Address: 255 Market Hill Rd
Amherst, MA 01002 Address of Owner: Harry Schumer
Date of Inspection: 10/2/96 (If different) Same
Name of Inspector: Robert Stover
Company Name, Address and Telephone Number: Amherst Civil Engineering (413)549-0595
P.O. Box 3312
Amherst, MA 01004-3512 (413)256-3400

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: Robert W Stover Date: 10/2/96

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

INSPECTION SUMMARY:

Check A, B, C, or D:

A) SYSTEM PASSES:

YES I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

NO One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.
NO The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

(revised 11/03/95)

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 255 Market Hill Rd.
Amherst, MA
Owner: Harry Schumer
Date of Inspection: 10/2/96

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- N/A As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The system does not receive non-sanitary or industrial waste flow
- The site was inspected for signs of breakout.
- All system components, excluding the Soil Absorption System, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
add outlet baffle
- The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A

CERTIFICATION (continued)

Property Address: 255 Market Hill Rd,
Amherst, MA
Owner: Harry Schumer
Date of Inspection: 10/2/96

D) SYSTEM FAILS:

NO I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- NO Backup of sewage into facility or system component due to an 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 ^{dry well} ~~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 1/2 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 Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- NO Any portion of a 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 I 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

N/A The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- the system is within 400 feet of a surface drinking water supply
- the system is within 200 feet of a tributary to a surface drinking water supply
- the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

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

Property Address: 255 Market Hill Rd. Amherst MA
Owner: Harry Schumer
Date of Inspection: 10/2/96

SEPTIC TANK:
(locate on site plan)

Depth below grade: 2.5'
Material of construction: concrete metal FRP other(explain)

Dimensions: 8.5' X 5.3' X 4.0' Liquid Depth
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 44"
Scum thickness: 1/2-2"
Distance from top of scum to top of outlet tee or baffle: 9"
Distance from bottom of scum to bottom of outlet tee or baffle: 13"

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Outlet baffle needed to be replaced otherwise tank is functional structurally. Liquid level at outlet invert. No evidence of leakage. Recommend pumping at least every two years. add outlet baffle

GREASE TRAP: N/A
(locate on site plan)

Recommend removal of garbage grinder to prolong life of leach pits.

Depth below grade: _____
Material of construction: concrete metal FRP other(explain)

Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 255 Market Hill Rd
Owner: Amherst, MA
Date of Inspection: Harry Schummer
10/2/97

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 660 gallons
Number of bedrooms: 4
Number of current residents: 2
Garbage grinder (yes or no): Yes
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): NO
Water meter readings, if available: Last 2 Years: 28,640 cu. ft. used = 293 GPD Ave.

Last date of occupancy: presently occupied

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A
Design flow: _____ gallons/day
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present: (yes or no) _____
Non-sanitary waste discharged to the Title 5 system: (yes or no) _____
Water meter readings, if available: _____

Last date of occupancy: _____

OTHER: (Describe) _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

owner reported last pumped about 3 yrs ago
System pumped as part of inspection: (yes or no) YES
If yes, volume pumped: 1000 gallons
Reason for pumping: inspection & 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)
 Other (explain) _____

APPROXIMATE AGE of all components, date installed (if known) and source of information:

30 years + 13 years
original system built in 1966. Another leach pit was added to system in 1983.

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

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

Property Address: 255 Market Hill Rd, Amherst, MA
Owner: Harry Schumer
Date of Inspection: 10/21/96

SOIL ABSORPTION SYSTEM (SAS):
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number: 2
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: _____
overflow cesspool, number: _____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
Soil and vegetation normal, liquid level below inlet. No evidence
of hydraulic failure observed.

CESSPOOLS: N/A
(locate on site plan)

Number and configuration: _____
Depth-top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater: _____
inflow (cesspool must be pumped as part of inspection) _____

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

PRIVY: N/A
(locate on site plan)

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

Property Address: 255 Market Hill Rd., Amherst, MA
Owner: Harry Schumer
Date of Inspection: 10/2/96

TIGHT OR HOLDING TANK: N/A
(locate on site plan)

Depth below grade: _____
Material of construction: concrete metal FRP other(explain)

Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm level: _____

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

DISTRIBUTION BOX: N/A
(locate on site plan)

Depth of liquid level above outlet invert: _____

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

PUMP CHAMBER: N/A
(locate on site plan)

Pumps in working order:(yes or no) _____

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

Property Address:
Owner:
Date of Inspection:

255 Market Hill Rd
Amherst, MA
Harry Schumer
10/2/96

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

See Attached Document.

DEPTH TO GROUNDWATER

Depth to groundwater: 76 feet

method of determination or approximation: SCS soil Survey Hampshire Co. - Central
Part - Dec. 1981 Hq B soil. Position on landscape + soil unit
indicate deep ground water - surface indications + vegetation consistent
w/ deep ground water.



Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner HARRY SCHUMER Address 225 MARKET HILL RD
 Installer KARL'S EXC. Address RIVER DR. HADLEY
 Date Installation Inspected and Approved FEB 6-27-83

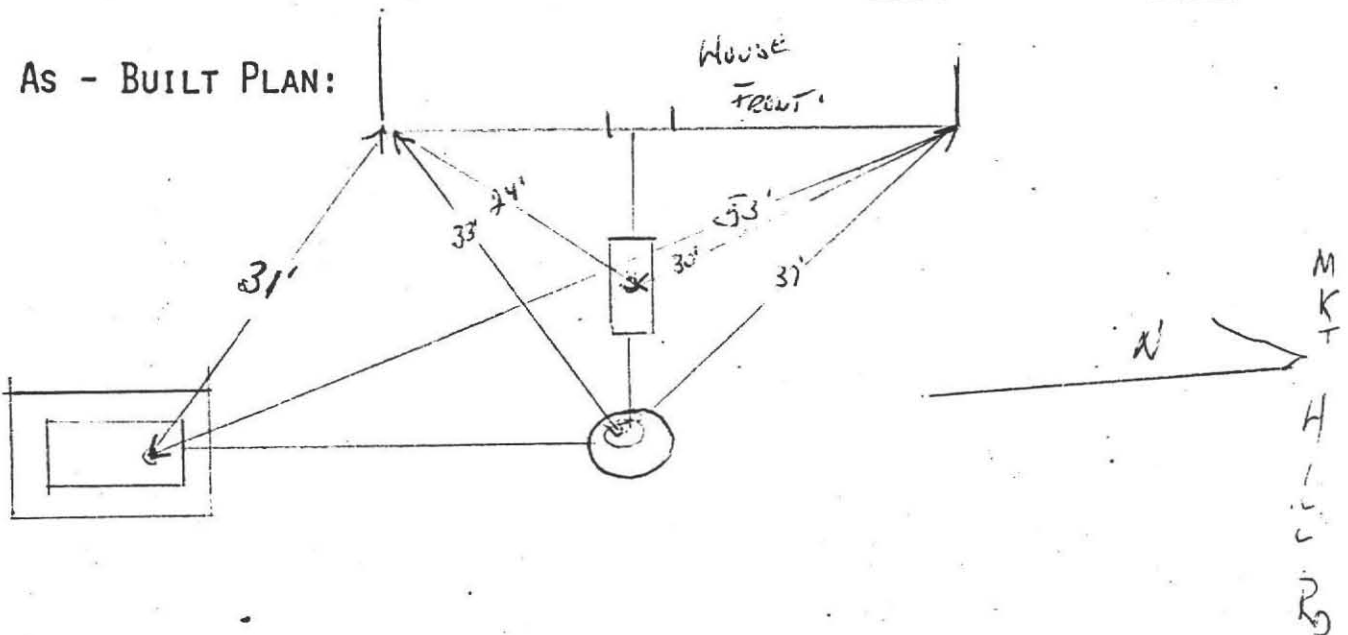
Description of System: Tank Capacity: EXISTING 1200

Leach Field () Bed () Seepage Pit (X) Square Feet: 384

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

144
120
24
84

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.

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Mop