

330 MARKET HILL ROAD

219 ^{F.} ~~H.~~ Pleasant
send letter

email

Johnny bc @ comcast.net

← Sean + send file to
him (owner)

→ email invoice to John also



APP - 14284
Batch - 6198

May 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: May 31, 2012

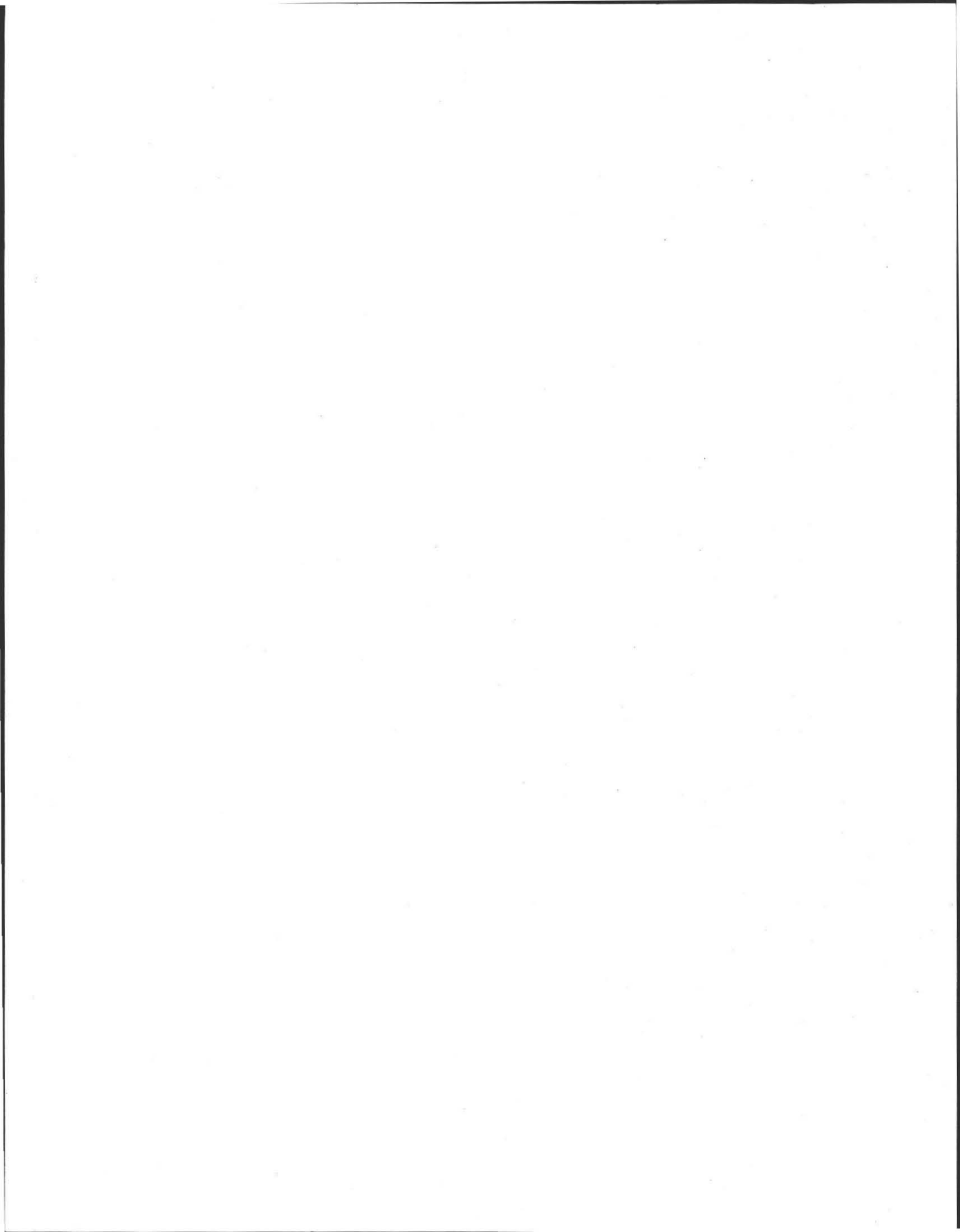
TO: Jeanne Esposito
71 Middle Street
Amherst, MA 01002

RE: Invoice for Perc test

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Perc Test (1/2 charge - perc & forms not completed - connection to sewer was recommended)	\$ 150.00	\$ 150.00
	This invoice is due - please remit to above address.		
		SUBTOTAL	\$ 150.00
		SALES TAX	
		TOTAL	\$ 150.00



CUST NAME
4 BOLTWOOD AVENUE
06/28/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 15:10

CUST NAME

0
DEPT

DE HEA011

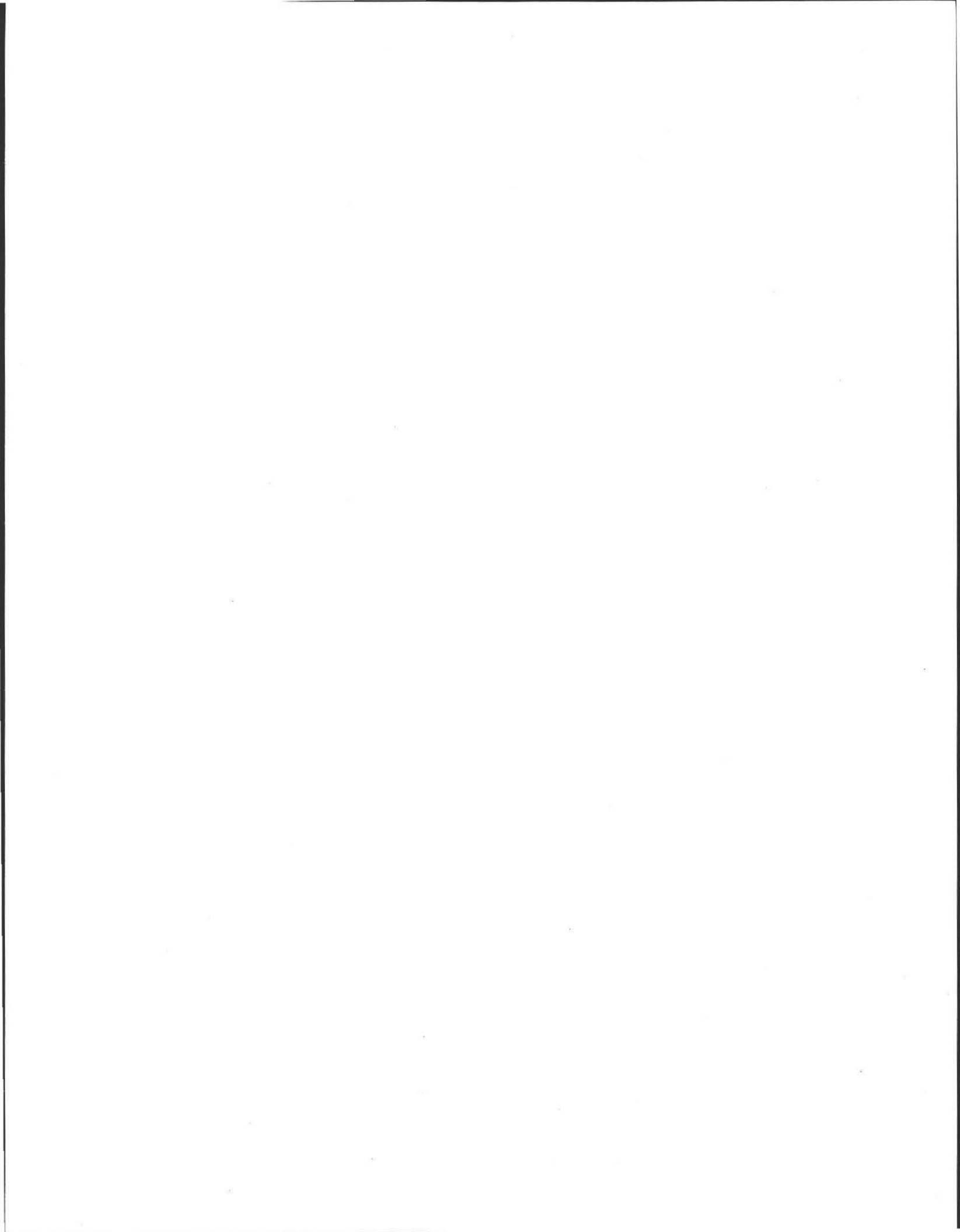
PERCOLATIO 150.

RECPT TOTAL

150.00
JEANNE C E QUA CHECK

4455

AMOUNT



Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

January 20, 2012

John Clark
330 Market Hill Road,
Amherst MA 01002

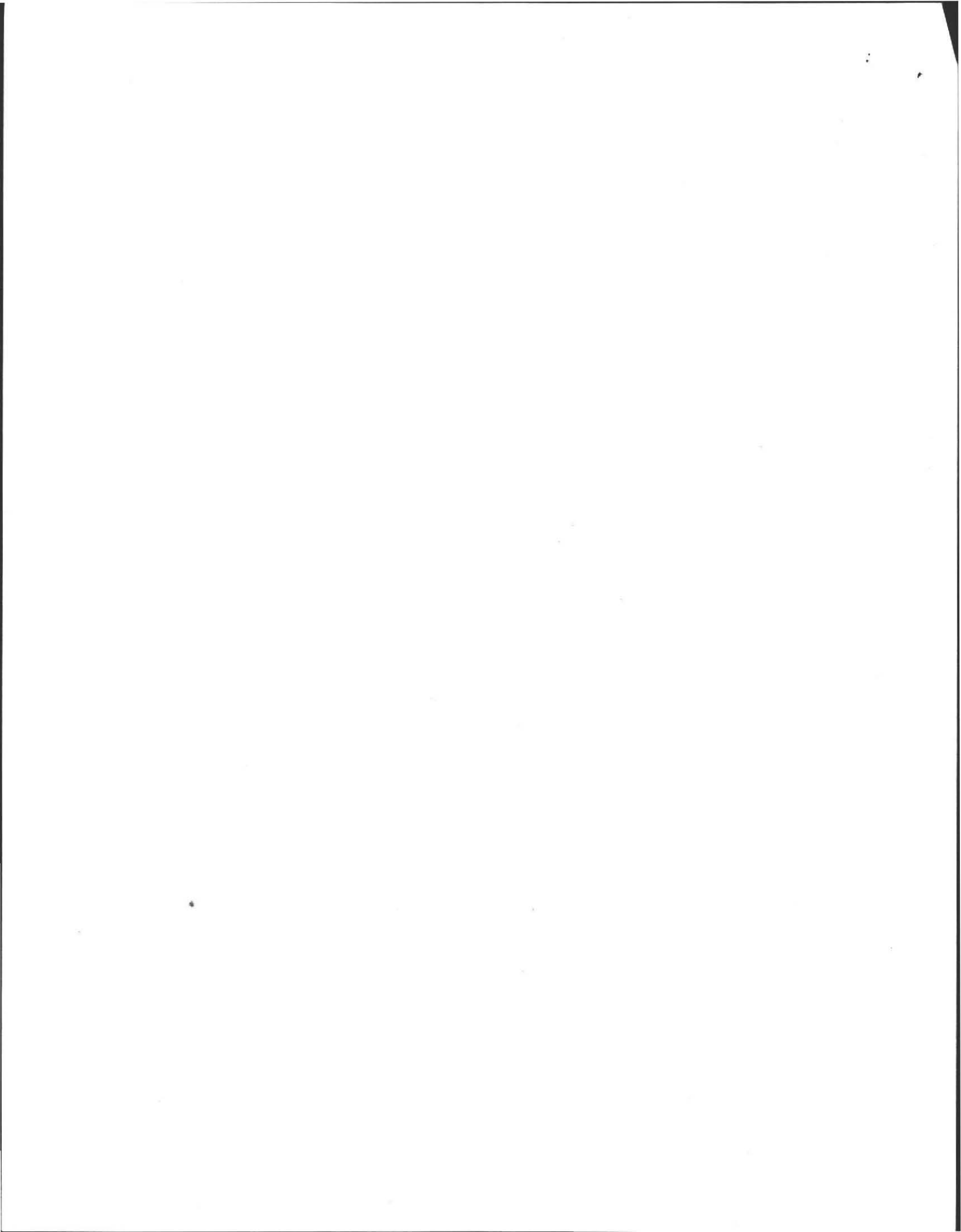
On January 5, 2012, I inspected and approved the installation of the replacement portion of the septic field for 330 Market Hill Road, pursuant to the Title V inspection report prepared by Philip Pasiecznik of Greg's Waste Water Removal on 12/12/2011. The following day January 6 I returned and inspected the installation of a new septic tank for the septic system and approved that portion of the work. These two repairs satisfy the repairs stipulated in the Conditional Pass designation of the Title V inspection; as such the status of the system at 330 Market Hill Road is "Passed" and will be so for two years from January 6 2012, that is, until January 6 2014.

This report is signed and certified under the pains and penalties of perjury -

Edmund R. Smith file copy
Edmund Smith,
Assistant Sanitarian, Amherst Health Department

1 mailed regular -> John Clark
1 scanned + sent -> u u

*Edmund
Hazzard@
verizon.net
6/1/12
sent copy to above
TMSU*





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

Owner information is required for every page.

330 MARKET HILL ROAD
 Property Address
 JOHN CLARK
 Owner's Name
 AMHERST MA 01002 DECEMBER 20, 2011
 City/Town State Zip Code Date of Inspection

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):

SEPTIC TANK STRUCTURALLY UNSOUND – BUILDING SEWER PIPE REPLACEMENT RECOMMENDED



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MA. State

01002 Zip Code

DECEMBER 20, 2011 Date of Inspection

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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.

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 WASTE WATER REMOVAL

Company Name

239 GREENFIELD ROAD

Company Address

SOUTH DEERFIELD

City/Town

413-665-3989

Telephone Number

MA. State

01373 Zip Code

SI1526

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 (checked), Fails, Needs Further Evaluation by the Local Approving Authority

Inspector's Signature: Philip J. Pasiecznik

Date: 12/21/11

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.)

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 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 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.)

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

PIPE FROM DISTRIBUTION BOX TO TRENCH #2 GOES UPHILL LEAVING BOX. IF REPLACEMENT OF PIPE DOESN'T REPAIR PROBLEM, BOX REPLACEMENT MAY BE NEEDED.

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
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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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, plans, signs of sewage back up, break out, system components location, septic tank inspection, owner information, and field determination.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440 gpd



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B. Certification (cont.)

- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [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.] The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. 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 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.



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 AMHERST MA 01002 DECEMBER 20, 2011
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D. System Information (cont.)

Last date of occupancy/use: N/A
 Date

Other (describe below):

N/A

General Information

Pumping Records:

Source of information: Tank last pumped on 06/18/10

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

Reason for pumping: _____

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): _____



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AMHERST MA 01002 DECEMBER 20, 2011

City/Town State Zip Code Date of Inspection

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D. System Information

Description: Design Plan shows system designed for 4 bedrooms. Owner states actual number of bedrooms is now 3.

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)): 81 gpd

Detail: Last 2 years usage = 7889 cu.ft. x 7.48 gp cu.ft. = 59010 gal. / 730 days = 80.84 gpd

Sump pump? Yes No

Last date of occupancy: Currently Occupied

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15:203): N/A Gallons per day (gpd)

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

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: N/A



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D. System Information (cont.)

Septic Tank (cont.)

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

27"

Scum thickness

4"

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

11"

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.):

Septic tanks should be pumped at least every three years. No inlet baffle or tee. PVC outlet tee was in place. Structural integrity of tank was fair. Liquid level was at the outlet invert. Due to age of tank and structural integrity tank replacement is recommended.

Grease Trap (locate on site plan):

Depth below grade:

N/A

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

N/A

Dimensions:

N/A

Scum thickness

N/A

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

N/A

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

N/A

Date of last pumping:

N/A

Date



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D. System Information (cont.)

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

Tank 52 Years Old from 1959 -- D-Box and SAS 18 Years Old from 1993

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2 at septic tank
feet

Material of construction:

cast iron 40 PVC other (explain):

Cast exits house and Orangeburg enters tank.

Distance from private water supply well or suction line:

Town Water
feet

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

Building sewer pipe is 50+ years old and should be replaced at the time of tank replacement. Pipe appeared to be in fair condition. Venting was visible on roof.

Septic Tank (locate on site plan):

Depth below grade:

1.5
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

N/A
years

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

Yes No

Dimensions:

7' L x 3.5' W x 4' D

Sludge depth:

6"



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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

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 appeared to be level, but distribution was to two of the three outlet pipes. When a snake was run out the pipe not taking flow, it appeared as though the pipe was heaved between box and trench. Excavation and replacement of pipe may be needed. Box replacement may also be needed if damaged and/or settled. Flow levelers were installed on the two pipes taking flow and liquid level in box was raised to try and get flow to go down heaved pipe. Some solids carryover was in the box. No leakage was visible.

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.):

N/A

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.)

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

N/A

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

Depth below grade:

N/A

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

N/A

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes

No

Alarm level:

N/A

Alarm in working order:

Yes

No

Date of last pumping:

N/A

Date

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

N/A

* Attach copy of current pumping contract (required). Is copy attached?

Yes

No



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D. System Information (cont.)

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

N/A

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A



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D. System Information (cont.)

Type:

- leaching pits, leaching chambers, leaching galleries, leaching trenches, leaching fields, overflow cesspool, 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.):

Two of the three leaching trenches were taking flow from the d-box. One trench not taking flow due to a heaved pipe and/or blockage. Replacement of this pipe where heaved or blocked recommended. No signs of hydraulic failure due to soil clogging at this time. No ponding at the surface evident at this time. Soil at the surface was frozen with no dampness over trenches evident. Vegetation was dormant for winter.

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



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D. System Information (cont.)

Site Exam:

[X] Check Slope

[X] Surface water

[X] Check cellar

[] Shallow wells

Estimated depth to high ground water:

5+ Below Grade at SAS feet

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

[X] Obtained from system design plans on record

If checked, date of design plan reviewed:

1993 Date

[X] Observed site (abutting property/observation hole within 150 feet of SAS)

[X] Checked with local Board of Health - explain:

Present at Inspection with System Design Plan

[] Checked with local excavators, installers - (attach documentation)

[] Accessed USGS database - explain:

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

Design Plan and Site Exam

Blank lines for describing high ground water elevation.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



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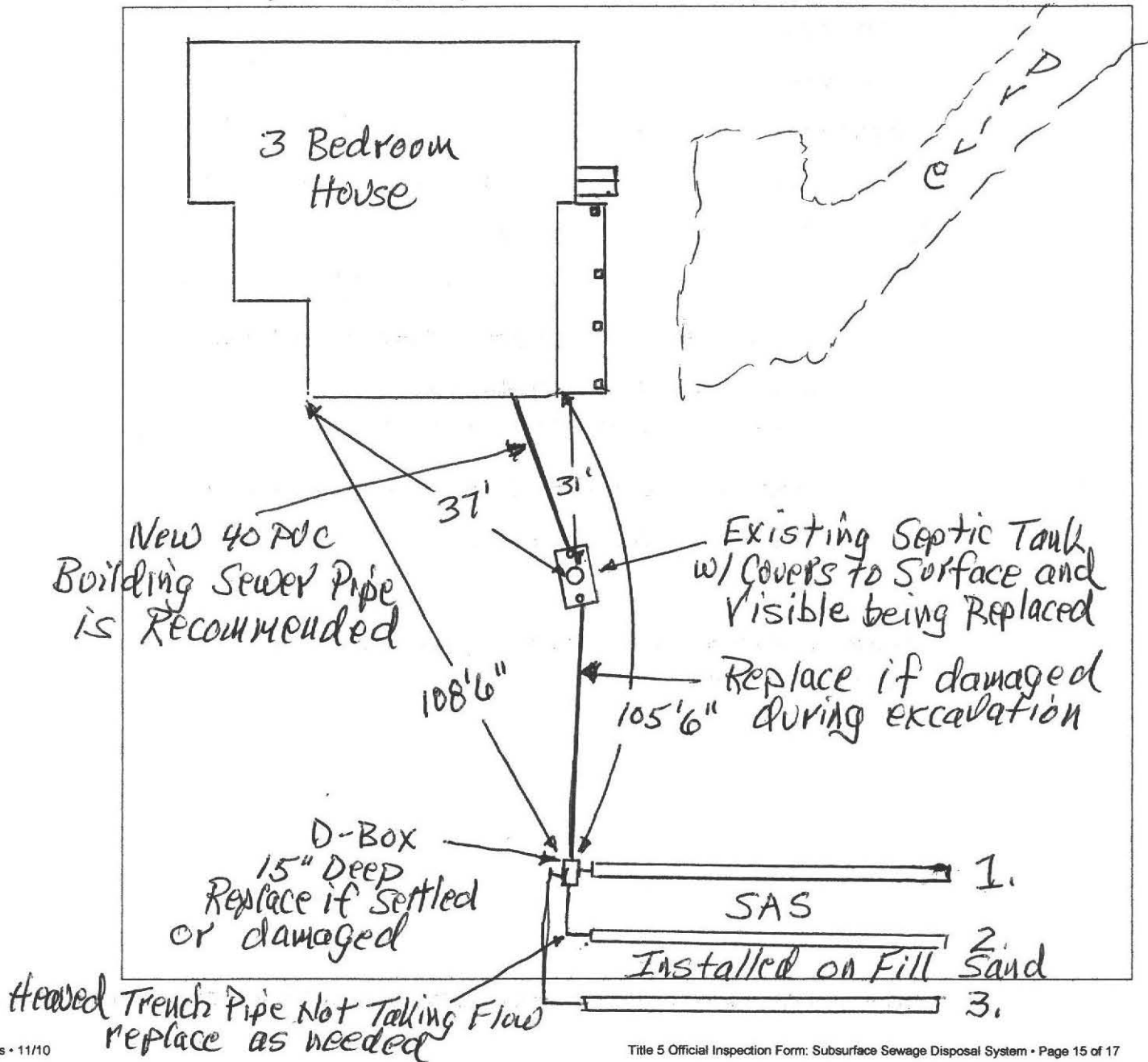
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D. System Information (cont.)

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





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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

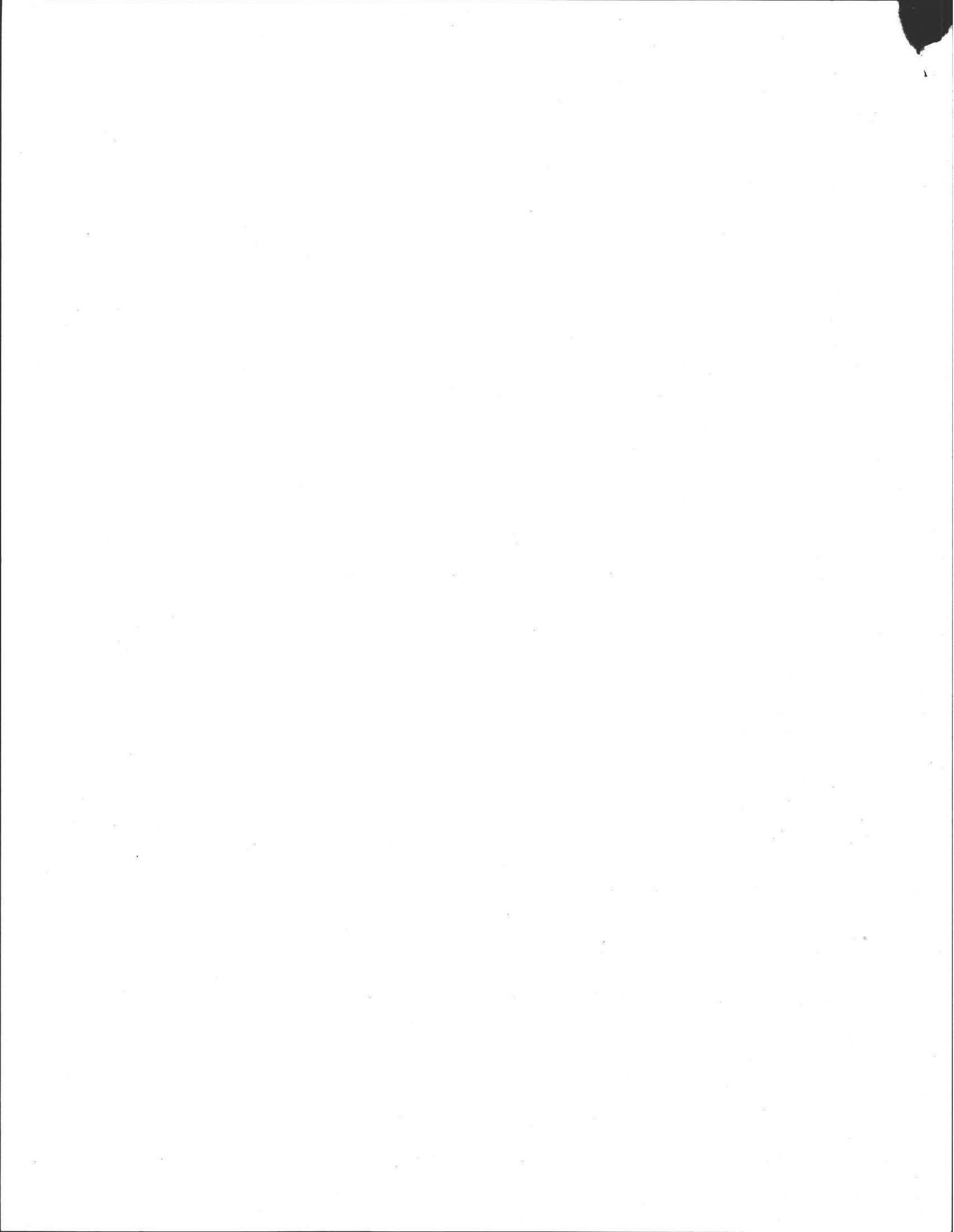
THE FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

Form No. 101 (Rev. 1-25-60)



TO : SAC, [Redacted]
FROM : [Redacted]
SUBJECT: [Redacted]

1. [Redacted]
2. [Redacted]
3. [Redacted]



PERMITS/INSP PAYMENT RECPT#: 12051251
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 12/29/11 TIME: 10:05
CLERK: publichea DEPT:

PAID BY: JOHN B CLARK
PAYMENT METH: CHECK 1732

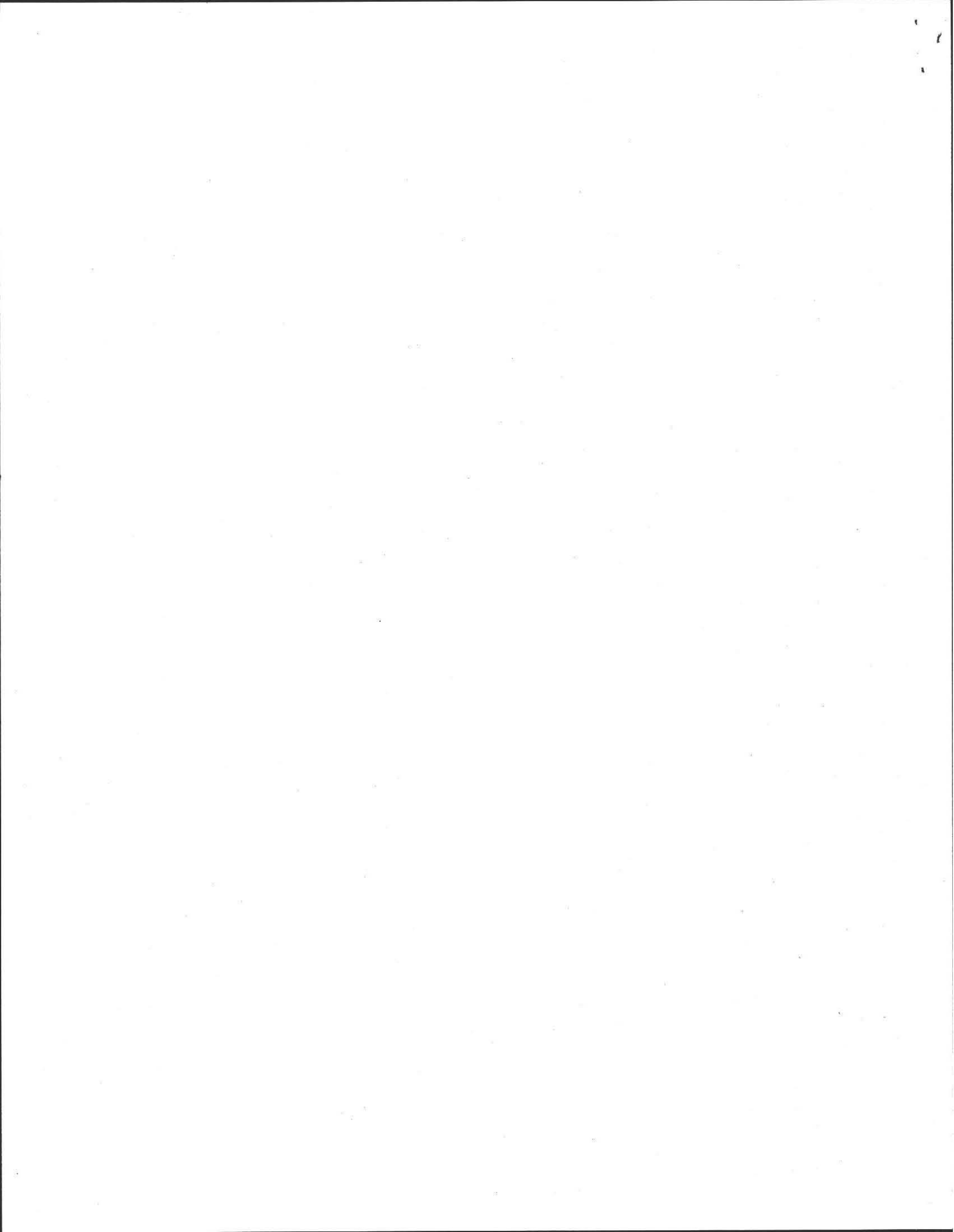
REFERENCE: 11911

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

SITE ADDRESS: 330 MARKET HILL RD

FEES:
HEA058 200.00

TOTAL PAID: 200.00



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

#330

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 1259

CLARK, DAVID R of MARKET Hill Rd
(owner's name) (address) (phone)

hereby applies for a permit to repair a private disposal system for a Residence
(residence, store, etc.)

which will be located at Same to be installed by

Konieny
(name) (address) (phone)

Builder is _____ Plumber is _____

Description of lot, building and fixtures as follows:

Lot: Dimensions 4A Type of Soil MIXED Well or Town Water?

Distance to Town Sewer MILES Depth to Ground Water 10.4 Kind of Well _____

Will Lot be Graded? _____ By Filling or Removing Soil? _____

Building: Dimensions _____ No. Bedrooms 3-4 No. Occupants 5

Fixtures: No. Toilets 1 Urinals _____ Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders _____

Auto Dishwasher Yes Auto. Clotheswasher Yes Other (basement) _____

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 6/19/59 David R Clark
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 10

David R Clark is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 750 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. 3 fifty ft. long

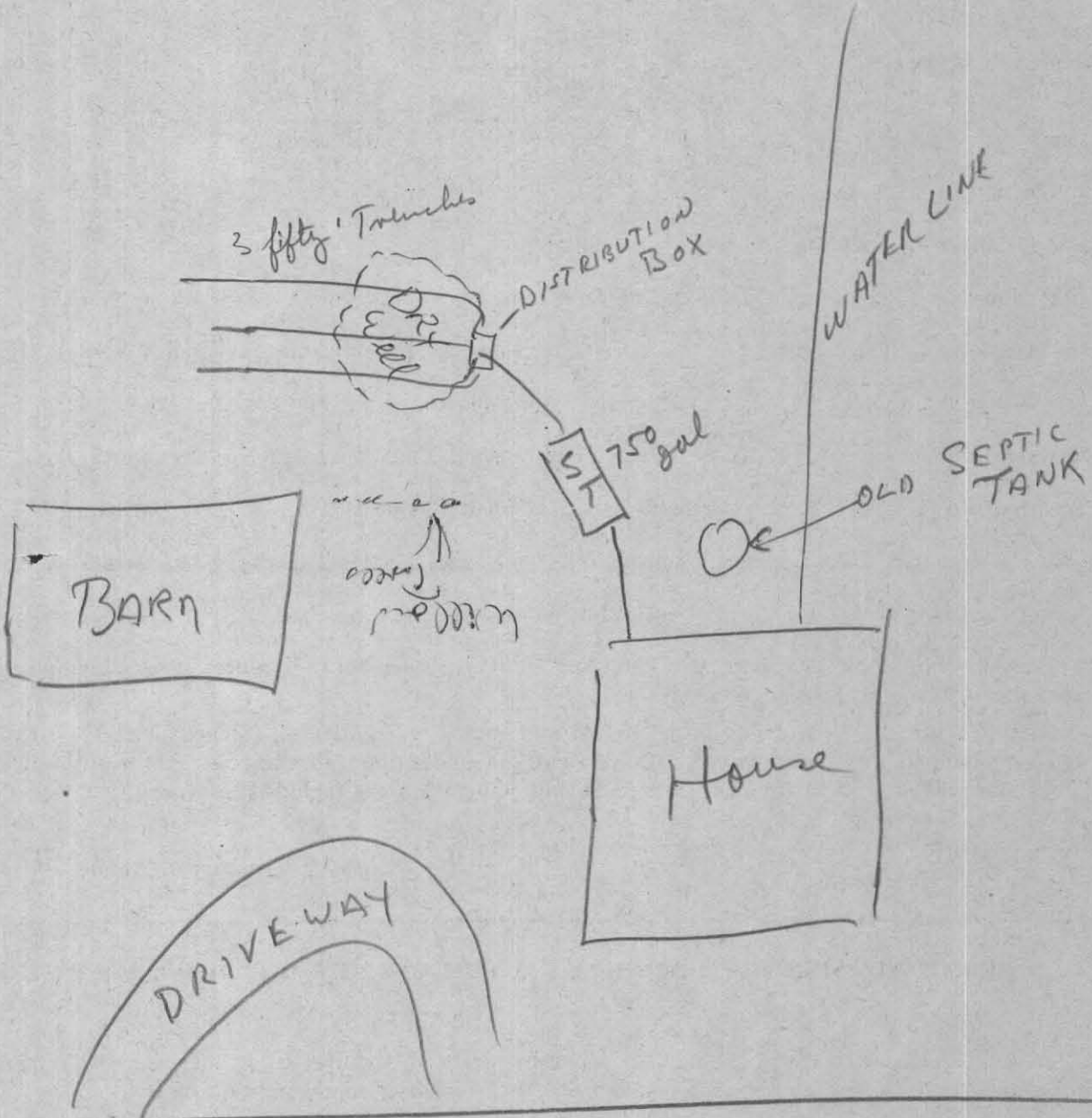
Dry well 40 ft. bottom area and 6 ft. below the inlet.

Other _____

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.

D.G. Sims
for the Board of Health date

Inspected 4 inspectors Approved 7/9/59 E.G. Sims



MARKET HILL Rd

No. 93-6

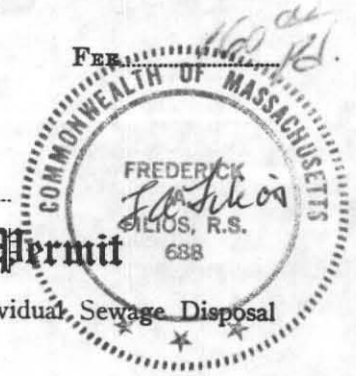
#330

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Location - Address: 330 Market Hill Rd. or Lot No. 159 Glendale Rd. Amherst, MA 01002
Owner: Mary Clark
Installer: LTF LeClave

Type of Building: Dwelling - No. of Bedrooms: 4 Expansion Attic () Garbage Grinder (n)
Other - Type of Building: No. of persons: Showers () - Cafeteria ()
Other fixtures:

Design Flow: 55 gallons per person per day. Total daily flow: 440 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: Width: Diameter: Depth:
Disposal Trench - No. 3 Width: 2.0' Total Length: 153.0' Total leaching area: 306 sq. ft. Bottom Sidewall
Seepage Pit No. Diameter: Depth below inlet: 0.5' Total leaching area: 153 sq. ft.
Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by: Filios Enterprises, Inc. Date: May 12, 1993
Test Pit No. 1: 4 minutes per inch Depth of Test Pit: 11' Depth to ground water: None
Test Pit No. 2: 74 minutes per inch Depth of Test Pit: Depth to ground water:

Description of Soil: A.H. bal.
Nature of Repairs or Alterations - Answer when applicable: 2 Title 5 variances Required: (1) 4' natural pervious soil (2) slope setback distance
replace leach facility above natural ground elevating impermeable barrier proposed to reduce required fill.

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental 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: Mary Adele Clark Date: 7/13/93

Application Approved By: Date:

Application Disapproved for the following reasons: Date:

Permit No. 93-6 Issued Date:

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

Checked OK 10/20/93 JG Filios

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (✓) by Installer:

at 330 Market Hill Rd. has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 93-6 dated

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

DATE: 10/29/93 Inspector: Roger Bonnell

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Disposal Works Construction Permit

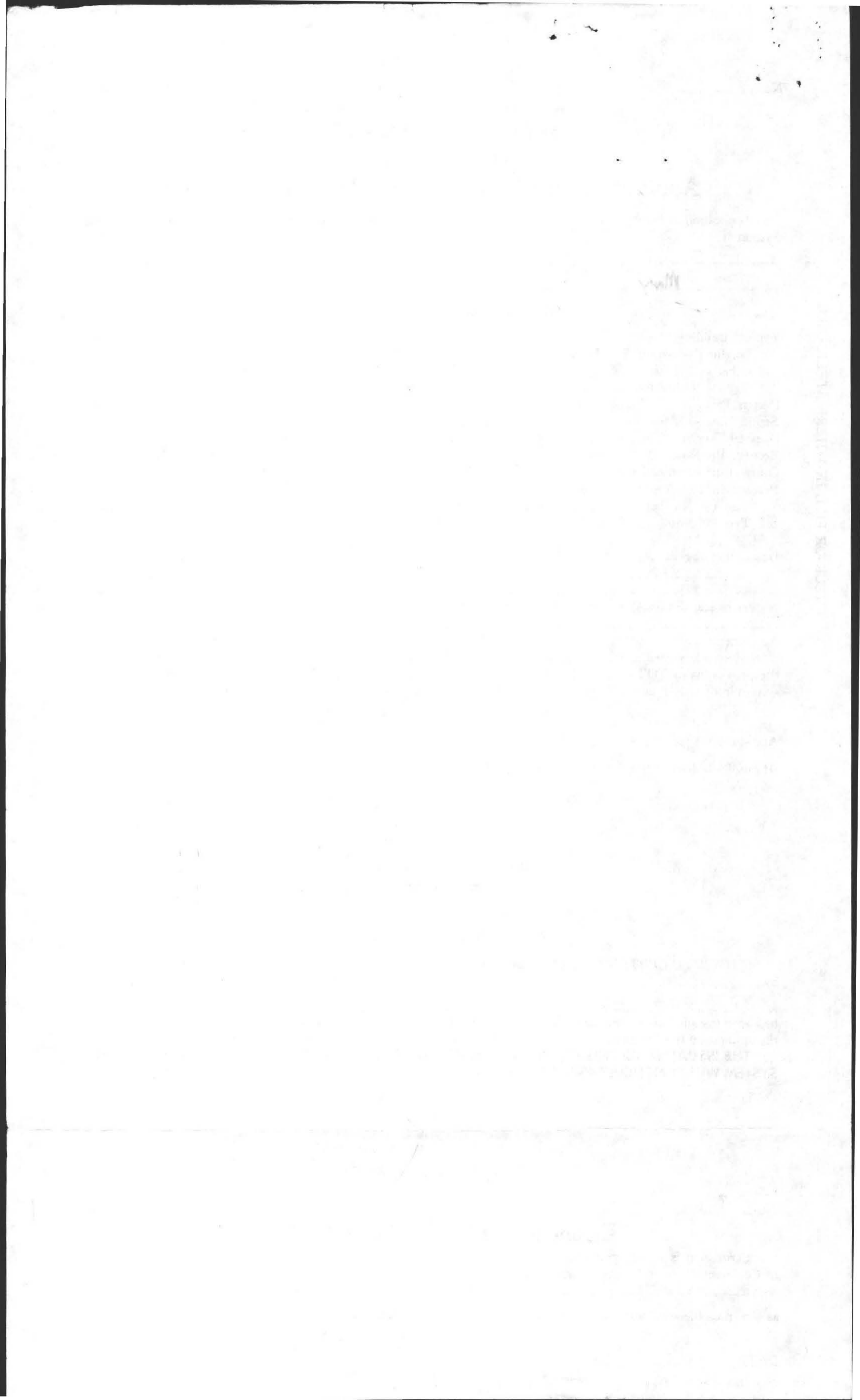
Permission is hereby granted to Construct () or Repair (✓) an Individual Sewage Disposal System at No. 330 Market Hill Road

as shown on the application for Disposal Works Construction Permit No. 93-6 Dated: 7/29/93

DATE: 7/29/93 Board of Health: [Signature]

Form 1255 H&W HOBBS & WARREN Publishers 7/28/93 the variance request are approved by the Amherst Board of Health

CHECK OR FILL IN WHERE APPLICABLE



REPAIR
TOWN OF AMHERST

14 miles

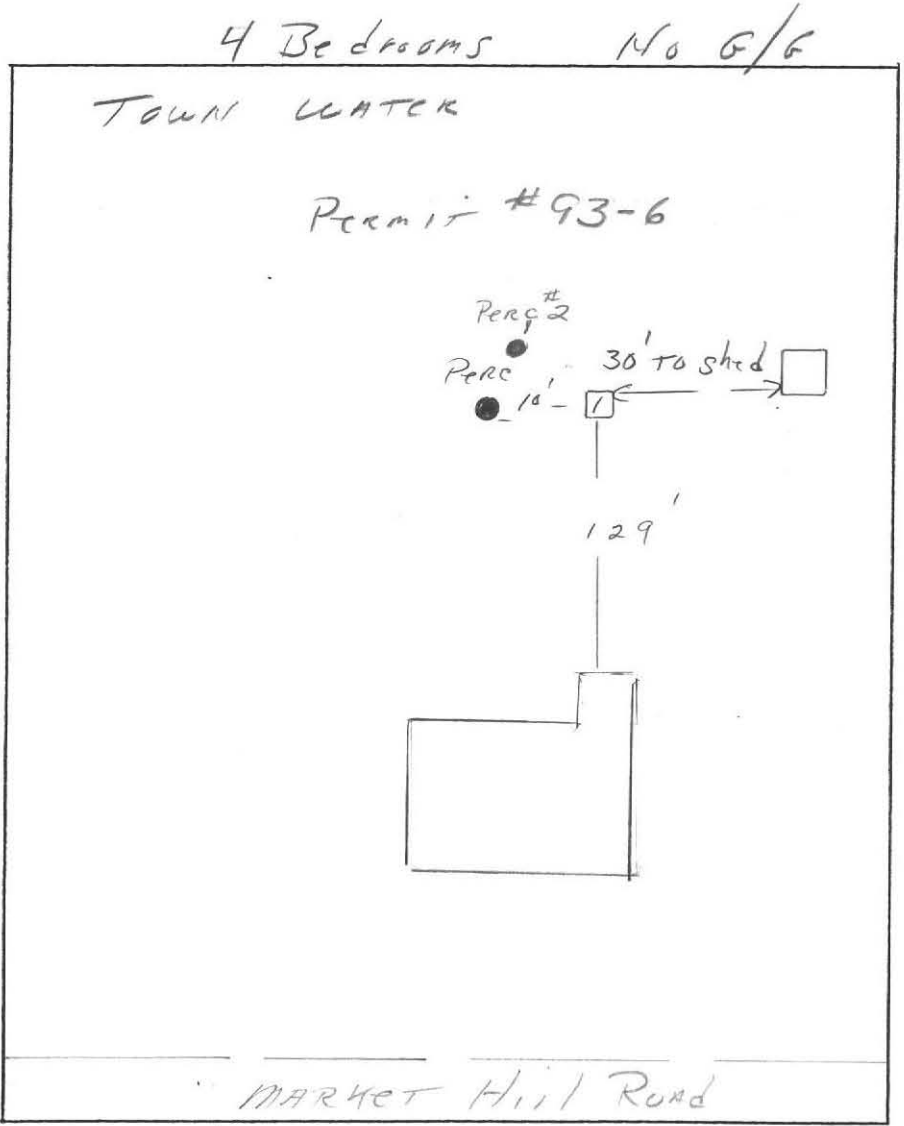
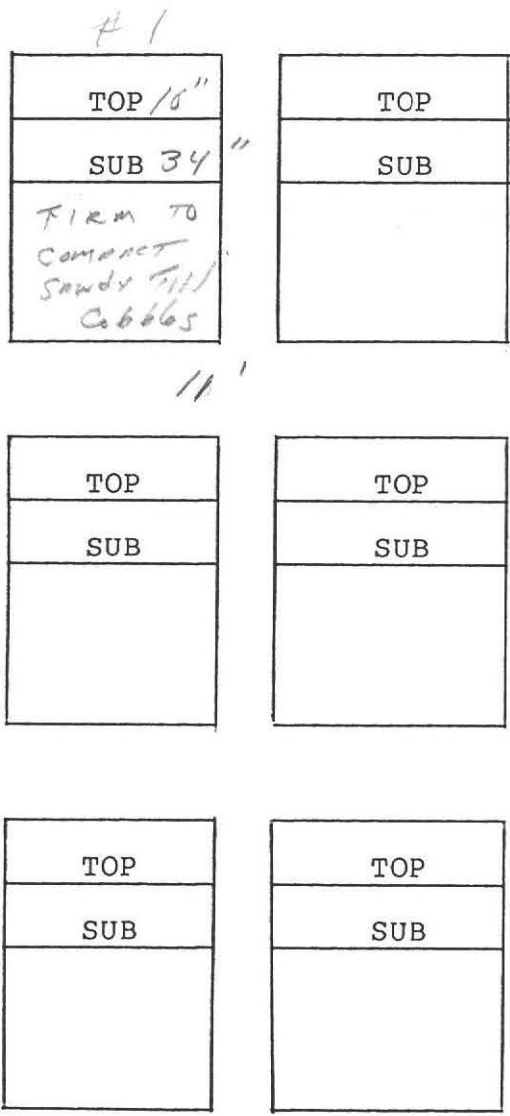
Pd. ~~NOT~~ PAID
Clark - 5/17/93
C119320

PERC TEST DATA SHEET

DATE 5/12/93 LOCATION 330 MARKET HILL LOT SIZE C119320
OWNER John Clark ADDRESS 330 MARKET HILL TELE # 5490586
P.E./RS Fred Filios FIRM Filios ENT OBSERVED BY D. ZAROZINSKI
BACK HOE OPERATOR River Drive BENCH MARK 5/18/93

PERC DEPTH <u>40"</u>	PRE SOAK TIME <u>9:25</u>	PERC DEPTH <u>26"</u>	PRE SOAK TIME <u>9:26</u>
TEST <u>9:40</u> 12"	<u>8"</u> 11:42	<u>12</u> 9:41	<u>8</u> 9:48 ⁴⁵
<u>9:55</u> 11"	<u>7"</u> 1:16	<u>11"</u> 9:43	<u>7</u> 9:52 ⁴⁵
<u>10:18</u> 10"	<u>6^{3/4}</u> 1:46	<u>10</u> 9:44 ⁴⁵	<u>6</u> 9:56 ⁴⁵
<u>10:48</u> 9"		<u>9</u> 9:46 ⁴⁵	

RATE _____ RATE _____ (4)



EHL:PERCFORM

FRED Filios Called D.E.P. Larry Glowka
Told Fred to Perce higher (Sub)
Re-Perce 5/18/93

2 UNRANCES ① Perk in sub

② Does NOT have 4' SEPARATION

421' ± GATEPOST ON SIDELINE

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER POLLUTION CONTROL
Review and Approval of
Variance(s) Sought Under 310 CMR 15.20
(Not Plan Approval)

AREA: 4.1 ACRES ±

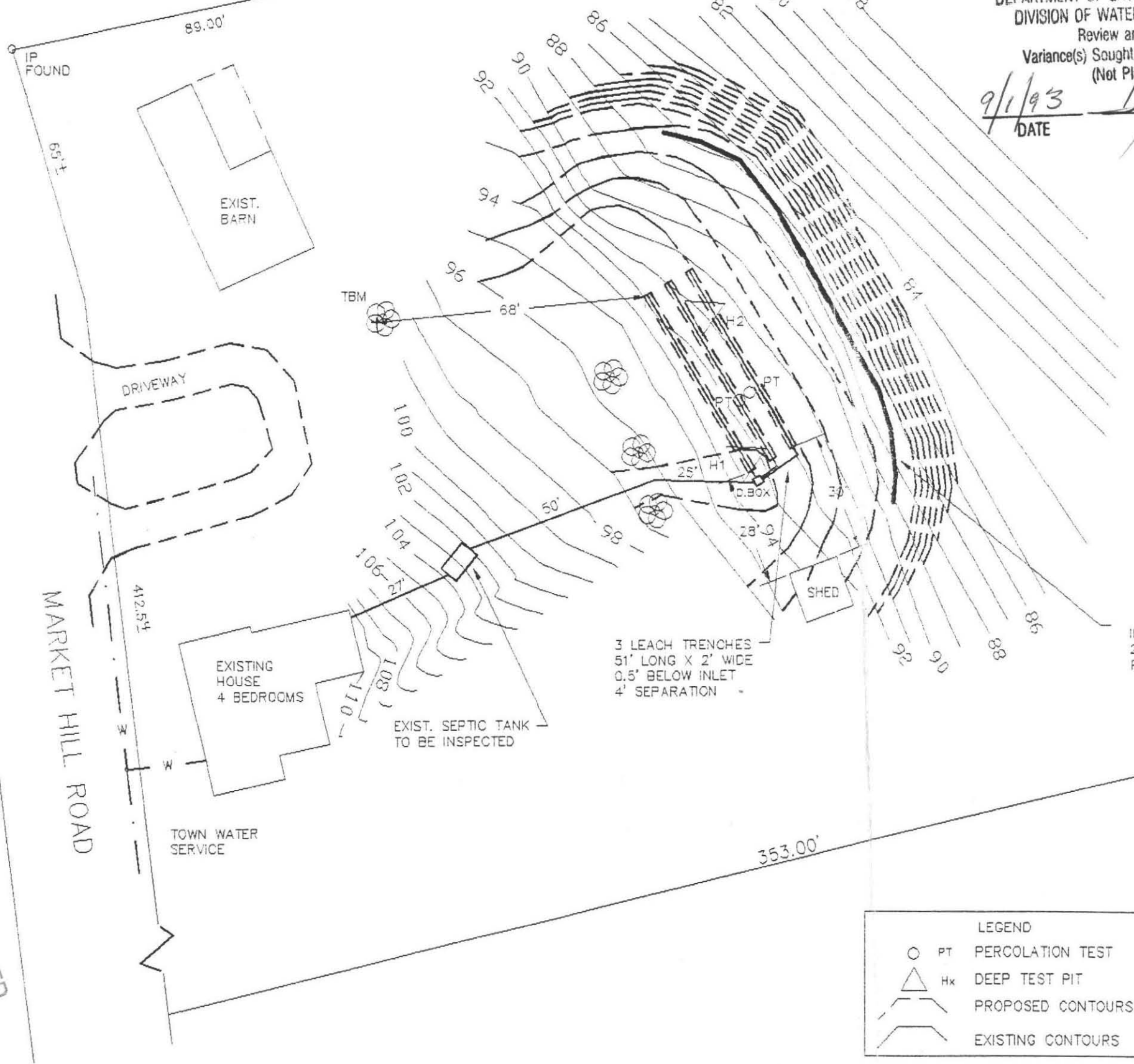
9/1/93
DATE

D. H. [Signature]
DIRECTOR



NOTES

- TWO TITLE 5 VARIANCES REQUIRED:
(A.) TO 310 CMR 15.03 (6) TO ALLOW FILL TO ACHIEVE 4 FT. OF PERVIOUS SOIL ABOVE IMPERVIOUS SOIL LAYER AT 34 INCHES.
(B.) TO 310 CMR 15.03 (7) TO ALLOW LEACHING FACILITY TO BE 25 FT. FROM A DOWNHILL SLOPE (1.5 FT. TO 1 FT.). IMPERMEABLE BARRIER PROPOSED TO PROVIDE SAME DEGREE OF ENVIRONMENTAL PROTECTION.
- TBM IS NAIL IN BASE OF 16 INCH WILLOW TREE.
- AREA SERVED BY TOWN WATER SERVICE - NO WELLS WITHIN 200 FEET OF THE LEACHING FACILITY AT THE TIME OF SURVEY.
- TOPSOIL TO BE REMOVED FOR A DISTANCE OF 25 FEET FROM LEACHING FACILITY AND WHERE FILL IS TO BE PLACED.



3 LEACH TRENCHES
51' LONG X 2' WIDE
0.5' BELOW INLET
4' SEPARATION

IMPERVIOUS BARRIER
2 LAYERS OF 6 MILS
POLYETHYLENE FABRIC

EXIST. SEPTIC TANK
TO BE INSPECTED

EXISTING HOUSE
+ 4 BEDROOMS

TOWN WATER SERVICE

MARKET HILL ROAD



LEGEND

	PT PERCOLATION TEST
	Hx DEEP TEST PIT
	PROPOSED CONTOURS
	EXISTING CONTOURS

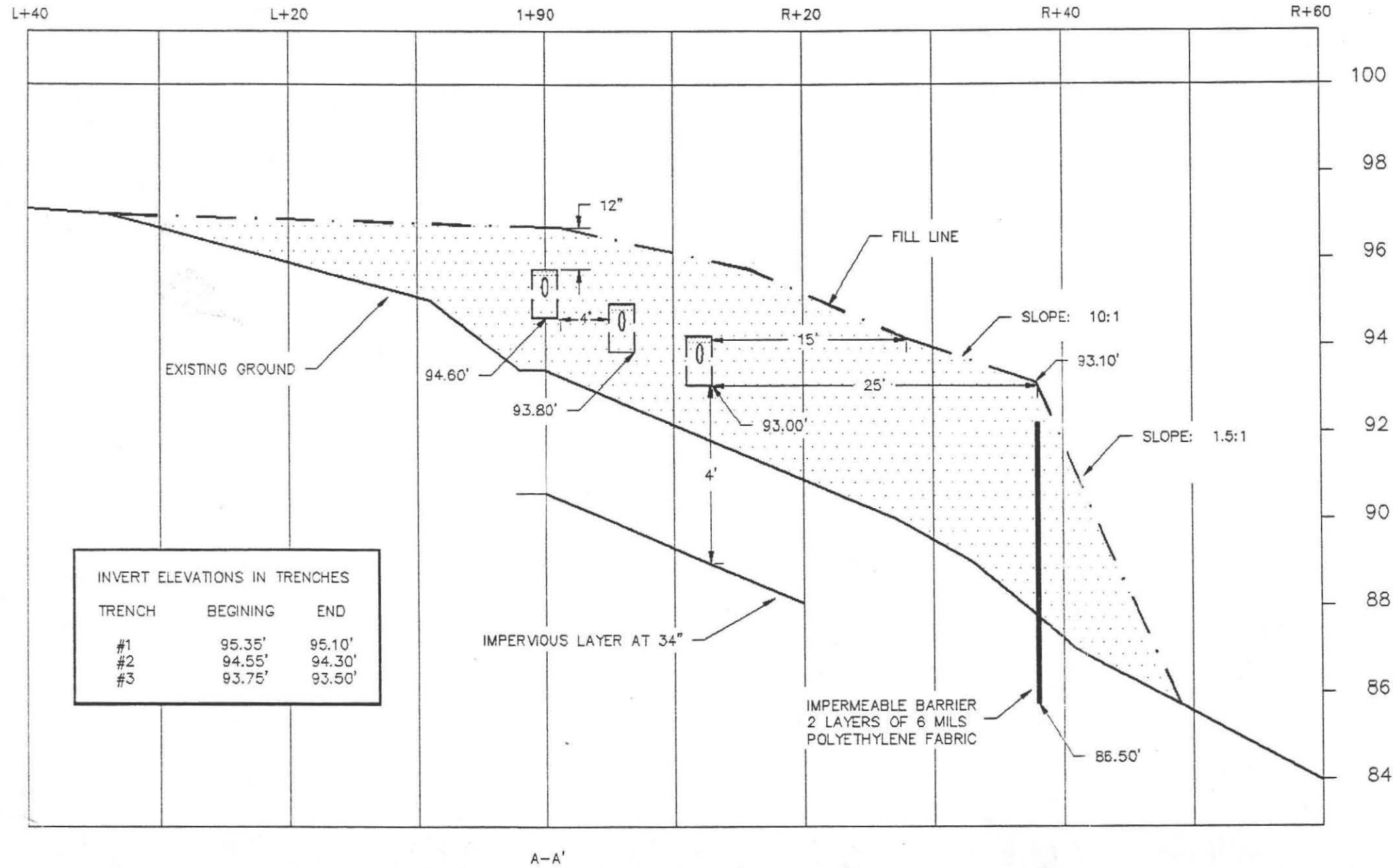
PLAN OF SEWAGE DISPOSAL SYSTEM	
REPAIR AT 330 MARKET HILL RD., AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: MARY CLARK 159 GLENDALE RD. AMHERST, MA 01002
ROBERT STOVER JUNE 29, 1993	SCALE: 1" = 30' PAGE ONE OF THREE
REV. #1, JULY 14, 1993	REV. #2, AUG. 25, 1993

RECEIVED
SEP 10 1993
D E P Region
Masterplan

RECEIVED
AUG 27 1993
D. E. F.
Western Region

CROSS-SECTION AT A - A' (1+90)

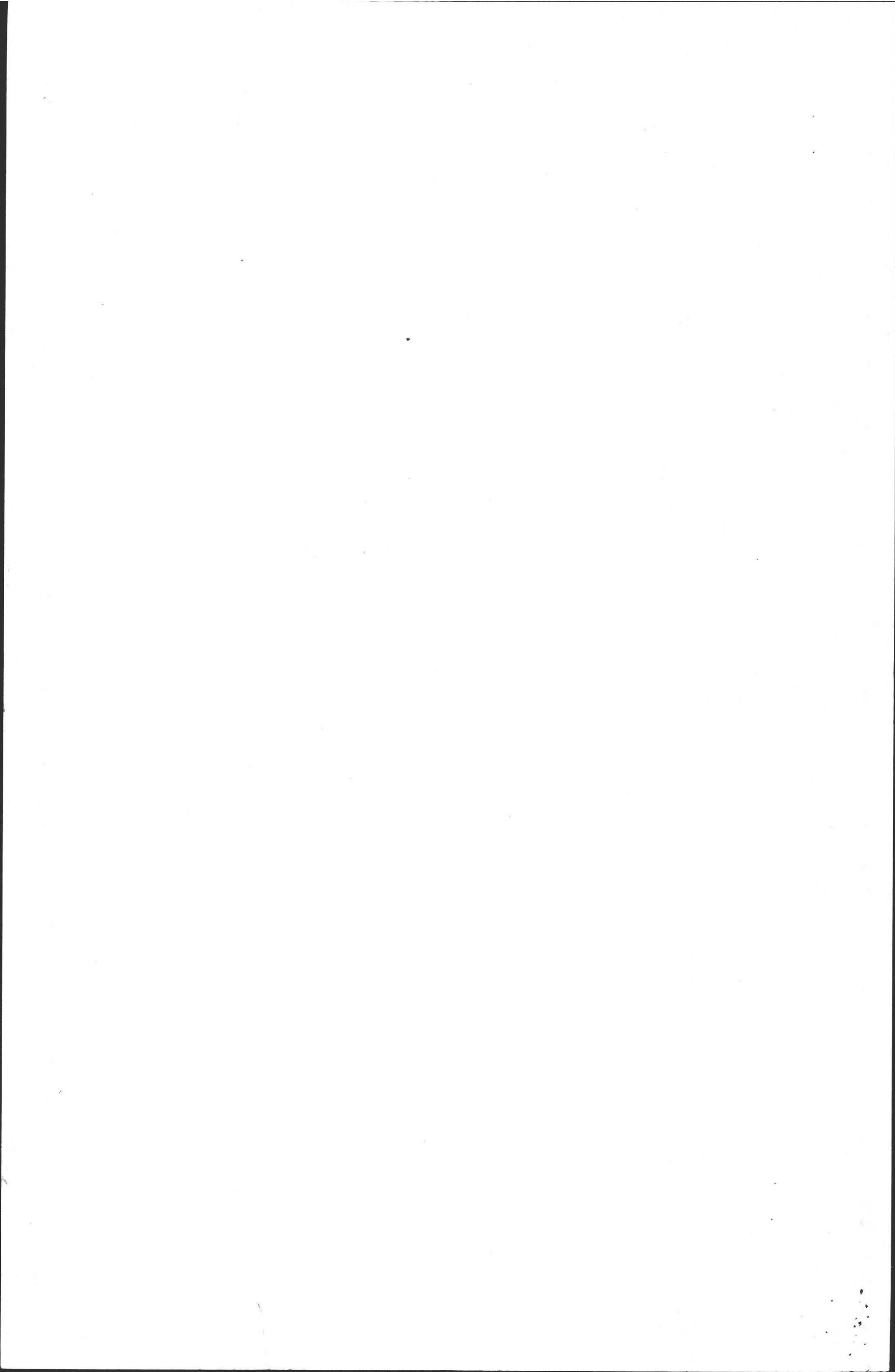
100' Elevation Assumed at TBM. TBM is nail in base of 16 inch willow tree as shown on planview.



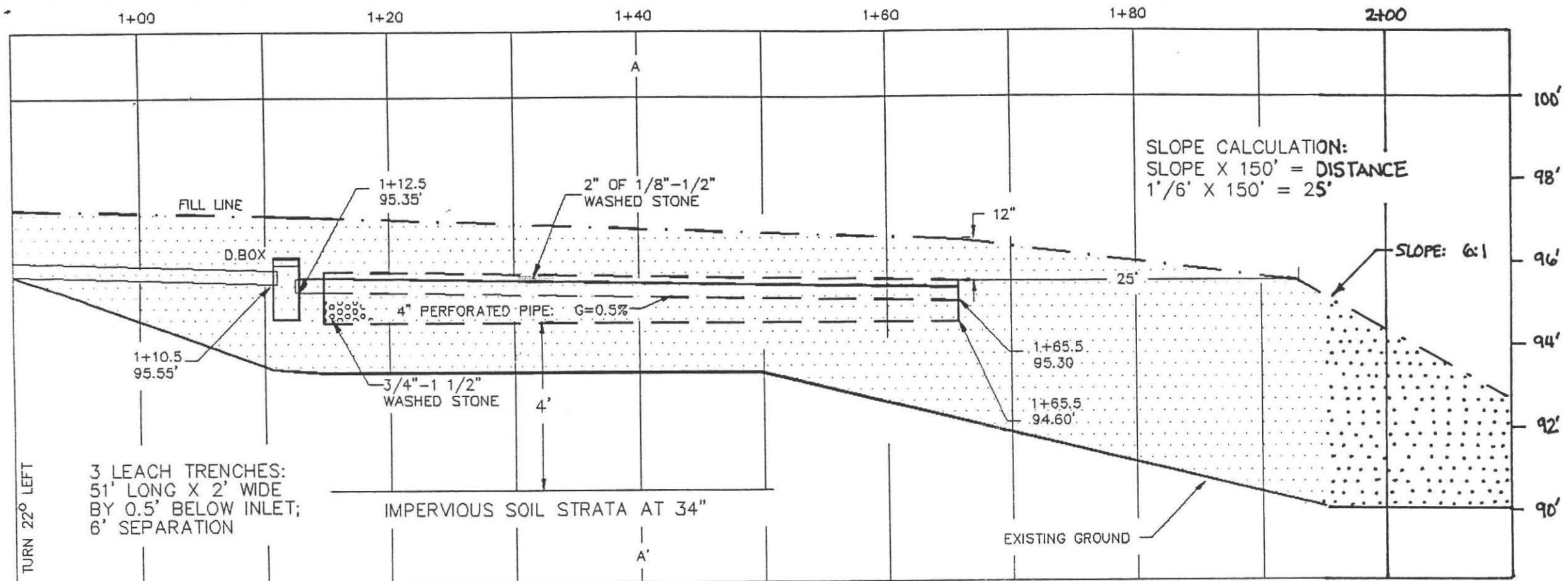
INVERT ELEVATIONS IN TRENCHES		
TRENCH	BEGINNING	END
#1	95.35'	95.10'
#2	94.55'	94.30'
#3	93.75'	93.50'



CROSS-SECTION OF LEACH TRENCHES	
REPAIR AT 330 MARKET HILL RD., AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: MARY CLARK 159 GLENDALE RD. AMHERST, MA 01002
ROBERT STOVER	SCALE: 1" = 10' HOR. 3" VER.
JUNE 29, 1993	PAGE THREE OF THREE
REV. #1, JULY 14, 1993	



PROFILE OF UPPER LEACH TRENCH



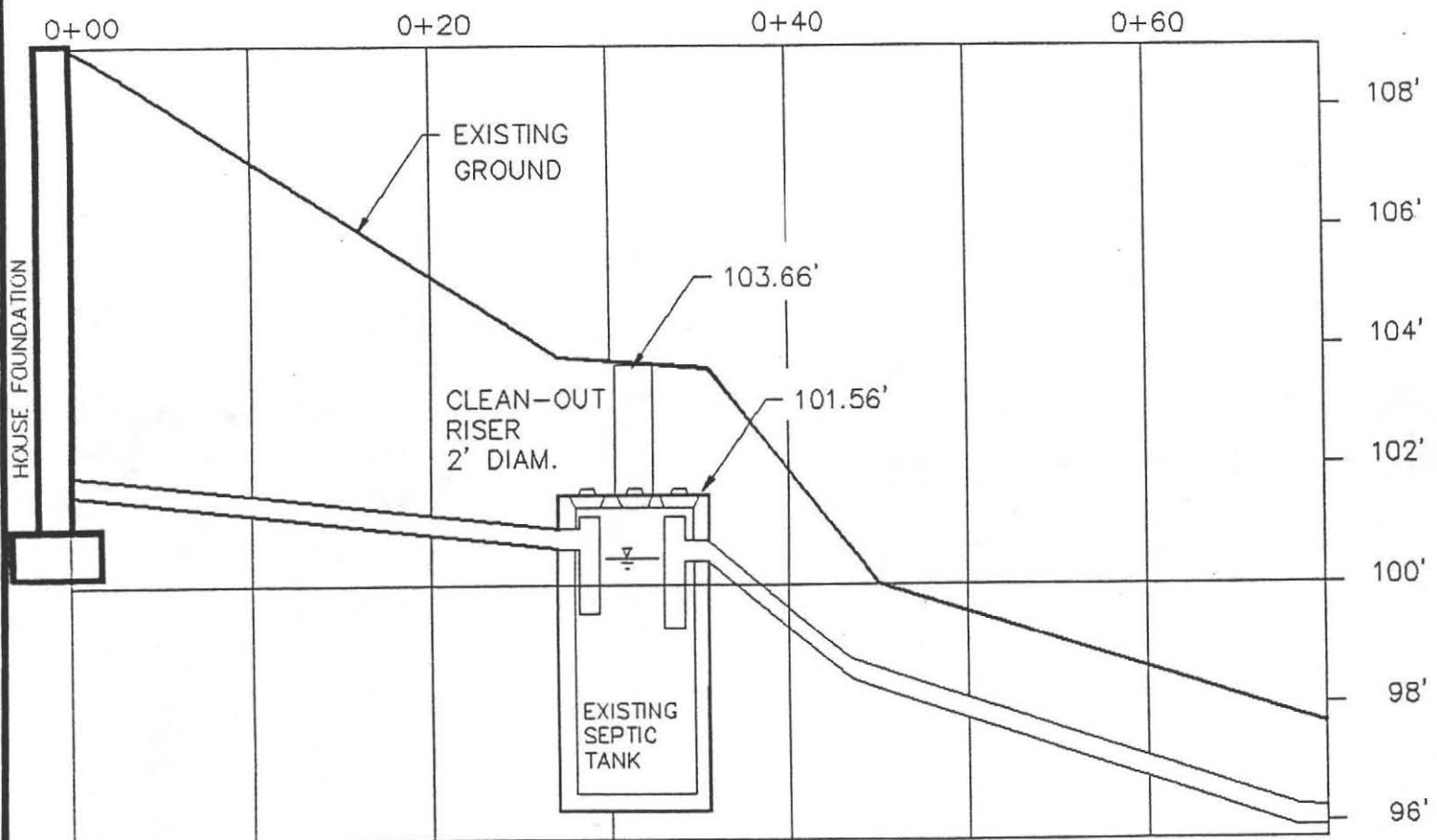
100' Elevation Assumed at TBM. TBM is nail in base of 16 in. willow tree as shown on planview.

SPECIFICATIONS
ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DEPT. OF ENVIRONMENTAL PROTECTION STATE ENVIRONMENTAL CODE TITLE 5.

Construction Notes

1. Septic tank shall be inspected at time of construction and it should be inspected and pumped annually.
2. Inlet and outlet tees must extend 10" and 14" below the flow line respectively.

PROFILE OF SEPTIC TANK



CALCULATIONS

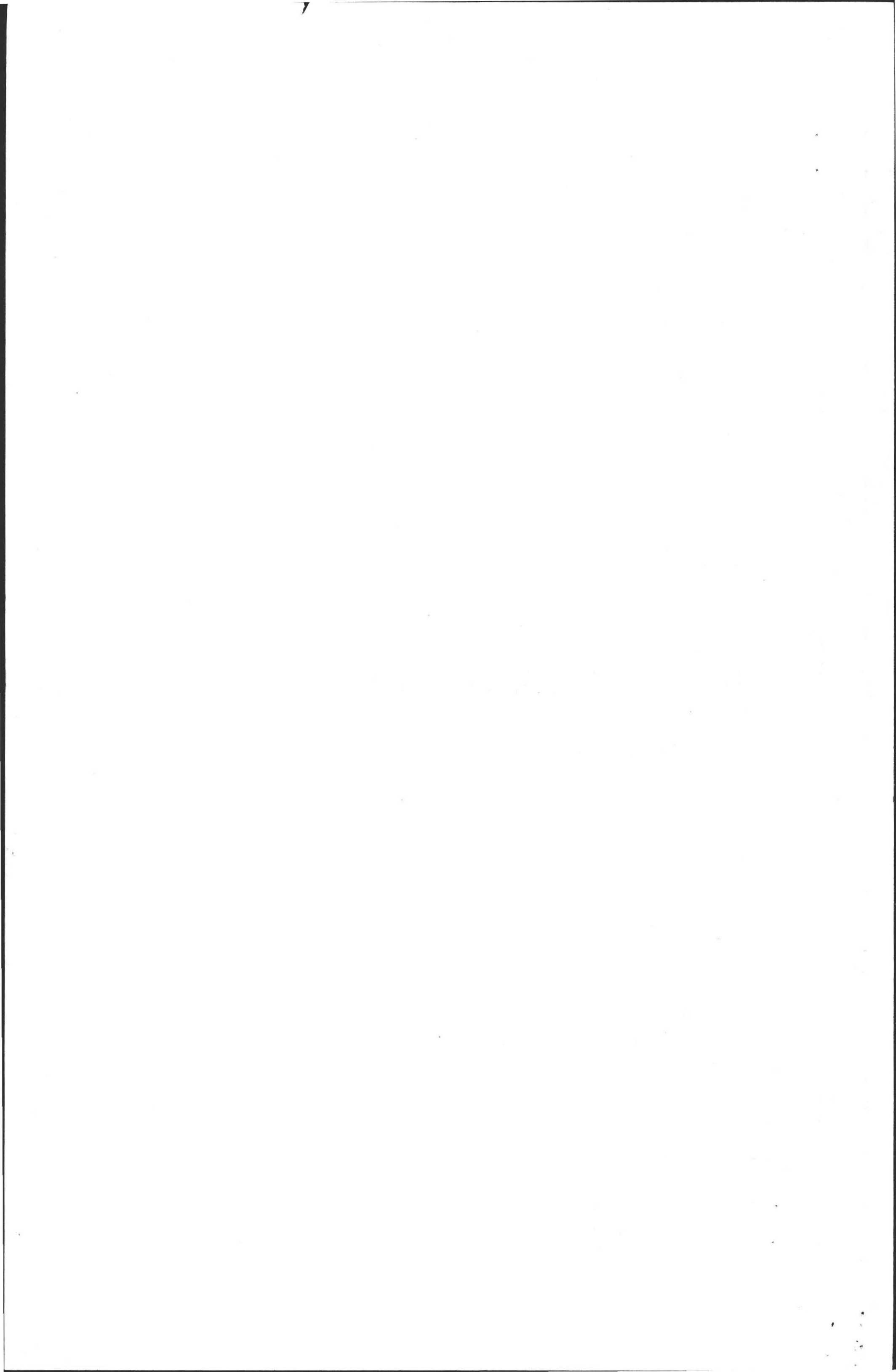
REQUIRED: For a 4 bedroom house without a garbage grinder a capacity of 440.0 gal./day. X 1.25 (Amherst Safety Factor) = 550 Gal.

DESIGNED: 3 leach trenches 51.0'L X 2.0'W X 0.50' below inlet (effective depth), for a perc rate of 4 min./in., yielding side and bottom loading factors of 2.00 and 0.83 gal./sq.ft. respectively.

SIDEWALL:	6 Sides(51.0' X 0.5')2.00 Gal./Sq.Ft.	= 306.0 Gal.
BOTTOM:	3 Trenches(51.0' X 2.0')0.83 Gal./Sq.Ft.	= 254.0 Gal.
TOTAL		560.0 Gal.



PROFILE OF SEWAGE DISPOSAL SYSTEM	
REPAIR AT 330 MARKET HILL RD., AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: MARY CLARK 159 GLENDALE RD. AMHERST, MA 01002
R. STOVER JUNE 29, 1993	SCALE: 1" = 10' HOR. 3" VER. PAGE TWO OF THREE
REV. #1, JULY 14, 1993	



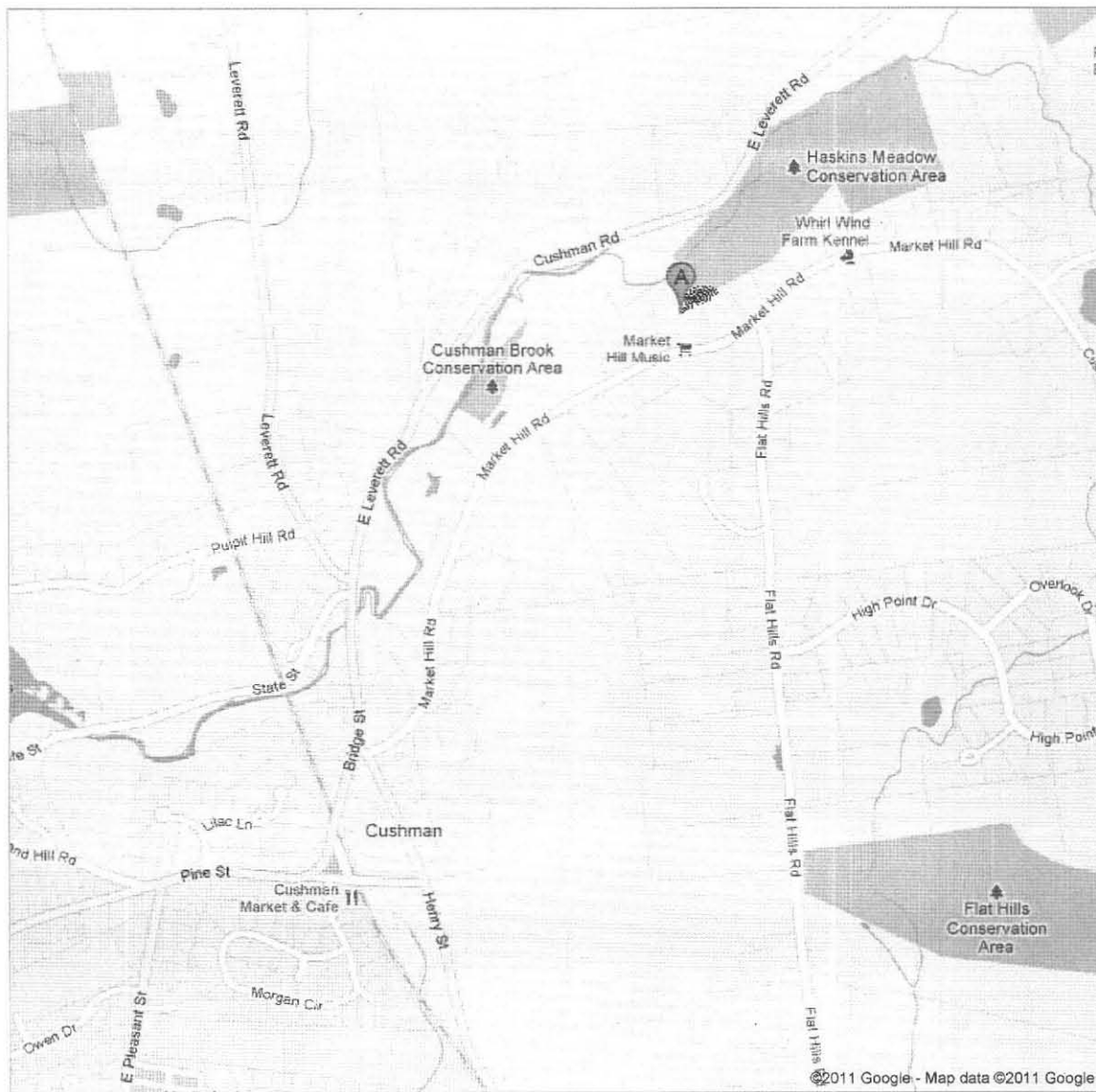


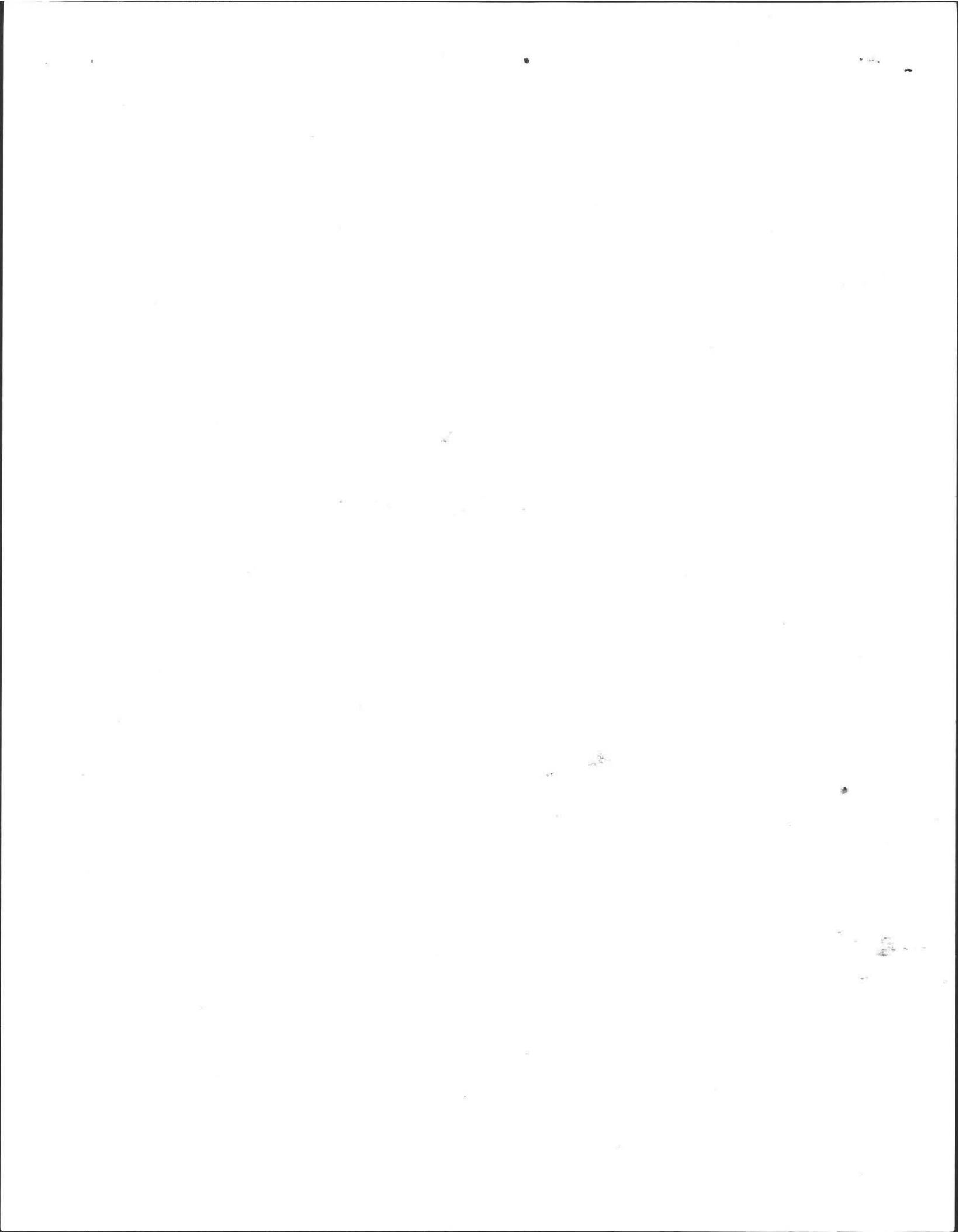
Address 330 Market Hill Rd
Amherst, MA 01002

Get Google Maps on your phone



Text the word "GMAPS" to 466453







Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

A. Facility Information

Owner Name

Street Address

Map/Lot #

City

State

Zip Code

B. Site Information

1. (Check one) [] New Construction [] Upgrade [] Repair

2. Published Soil Survey Available? [] Yes [] No If yes: Year Published Publication Scale Soil Map Unit

Soil Name

Soil Limitations

3. Surficial Geological Report Available? [] Yes [] No If yes: Year Published Publication Scale Map Unit

Geologic Material

Landform

4. Flood Rate Insurance Map

Above the 500-year flood boundary? [] Yes [] No Within the 100-year flood boundary? [] Yes [] No

Within the 500-year flood boundary? [] Yes [] No Within a velocity zone? [] Yes [] No

5. Wetland Area: National Wetland Inventory Map Map Unit Name

Wetlands Conservancy Program Map Map Unit Name

6. Current Water Resource Conditions (USGS): Month/Year Range: [] Above Normal [] Normal [] Below Normal

7. Other references reviewed:



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (minimum of two holes required at every proposed primary and reserved disposal area)

Deep Observation Hole Number: _____ Date _____ Time _____ Weather _____

1. Location

Ground Elevation at Surface of Hole: _____ Location (identify on plan): _____

2. Land Use _____ (e.g., woodland, agricultural field, vacant lot, etc.) Surface Stones _____ Slope (%) _____

Vegetation _____ Landform _____ Position on Landscape (attach sheet) _____

3. Distances from: Open Water Body _____ feet Drainage Way _____ feet Possible Wet Area _____ feet

Property Line _____ feet Drinking Water Well _____ feet Other _____ feet

4. Parent Material: _____ Unsuitable Materials Present: Yes No

If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock

5. Groundwater Observed: Yes No If yes: Depth Weeping from Pit _____ Depth Standing Water in Hole _____

Estimated Depth to High Groundwater: _____ inches _____ elevation

10/4/2012

ALAN WEISS

CHERYL TANNIS

FORESTER
SWANE



Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

LAST LOT IN AMHERST - MARKET HILL AMHERST

C. On-Site Review (continued)

Deep Observation Hole Number: _____

Sandy Abolitive fill
no standing water; 100' + to bedrock
no weeping

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-8"	A	10YR 3/1				FSL			FR. SAND LOOSE		
8-16"	B _w	10YR 5/6				LS			F. SAND		
16-106"	C ₁	2.5Y 5/3				S			F. SAND		
0-8"	A	FSL				10YR 3/2			FR. SAND, LOOSE		
8-24"	B _w	LS				10YR 5/6			F. SAND		
24-120"	C ₁	LS	50"	2.5Y 4/1	7.5%	2.5Y 5/3			F. SAND, some mottled 5-10% cobbles & stones		

same med. sand 5-10% cobbles & stones lg. root & bottom somewhat platy w/ depth

Additional Notes:

- texture change @ about 50" - loose granular to platy, some
- mottling at this point also. Calling this ESHW
- use trench design subject to water resource

over 400' from reservoir
over 200' from western wetland



Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: _____ Date _____ Time _____ Weather _____

1. Location

Ground Elevation at Surface of Hole: _____ Location (identify on plan): _____

2. Land Use _____ (e.g., woodland, agricultural field, vacant lot, etc.) Surface Stones _____ Slope (%) _____

Vegetation _____ Landform _____ Position on Landscape (attach sheet) _____

3. Distances from: Open Water Body _____ feet Drainage Way _____ feet Possible Wet Area _____ feet

Property Line _____ feet Drinking Water Well _____ feet Other _____ feet

4. Parent Material: _____ Unsuitable Materials Present: Yes No

If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock

5. Groundwater Observed: Yes No If yes: Depth Weeping from Pit _____ Depth Standing Water in Hole _____

Estimated Depth to High Groundwater: _____ inches _____ elevation



Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: _____

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			

Additional Notes:



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method Used:

Depth observed standing water in observation hole

A. _____
inches

B. _____
inches

Depth weeping from side of observation hole

A. _____
inches

B. _____
inches

Depth to soil redoximorphic features (mottles)

A. _____
inches

B. _____
inches

Groundwater adjustment (USGS methodology)

A. _____
inches

B. _____
inches

2.

Index Well Number _____

Reading Date _____

Index Well Level _____

Adjustment Factor _____

Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

a. 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 No

b. If yes, at what depth was it observed?

Upper boundary: _____
inches

Lower boundary: _____
inches



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator

Date

Typed or Printed Name of Soil Evaluator / License #

Date of Soil Evaluator Exam

Name of Board of Health Witness

Board of Health

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Field Diagrams

Use this sheet for field diagrams: