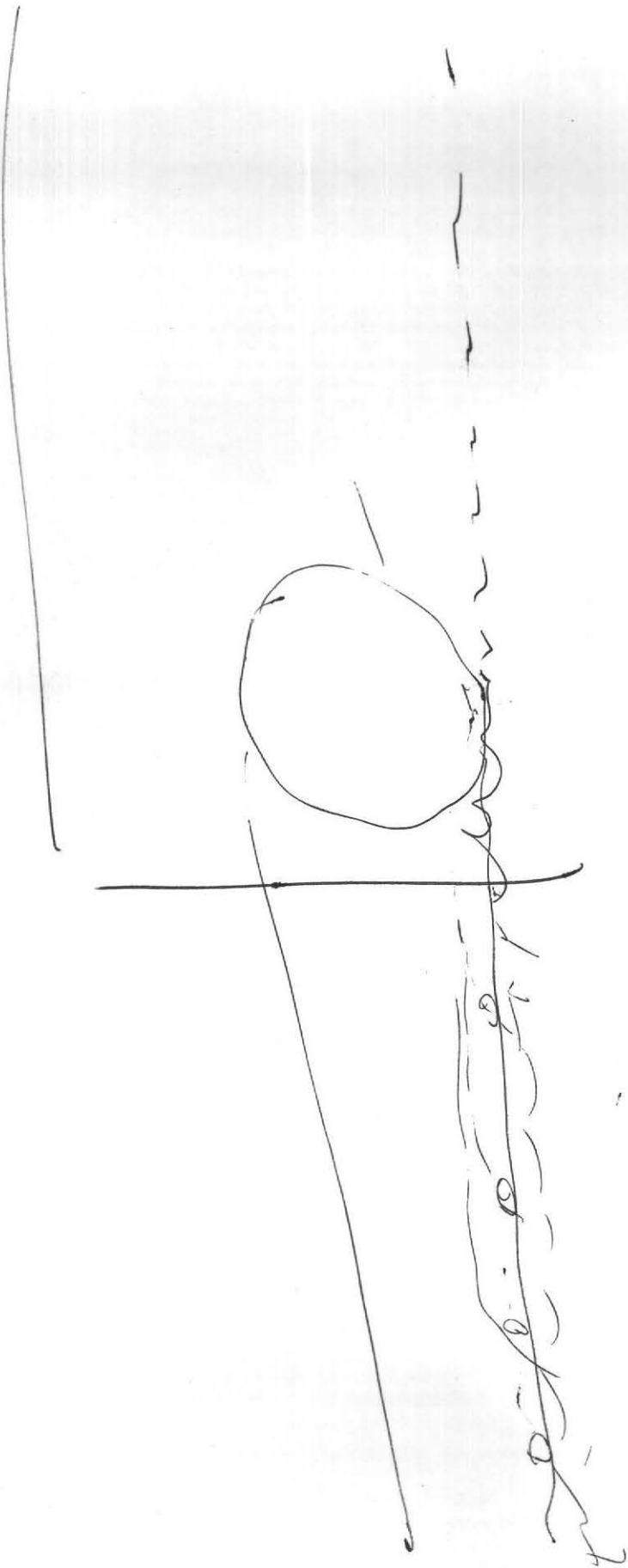


580 MARKET HILL RD.

478 7084



**Smith**  
UPC 10315  
No. 2-350L  
HASTINGS, MN



ADD

WELL LOCATION

ZONE 1  
MAP?  
CAVITY?  
-50' from well? in zone 1  
100' from well?

REPORT DOESN'T INDICATE  
SURFACE WATER SUPPLY IS  
WITHIN 400' (FROM SOIL EVAL -  
NOT 75' REQUIREMENT)

BUILT 1967/45 yrs old.

rec'd yearly pumping

has garbage grinder

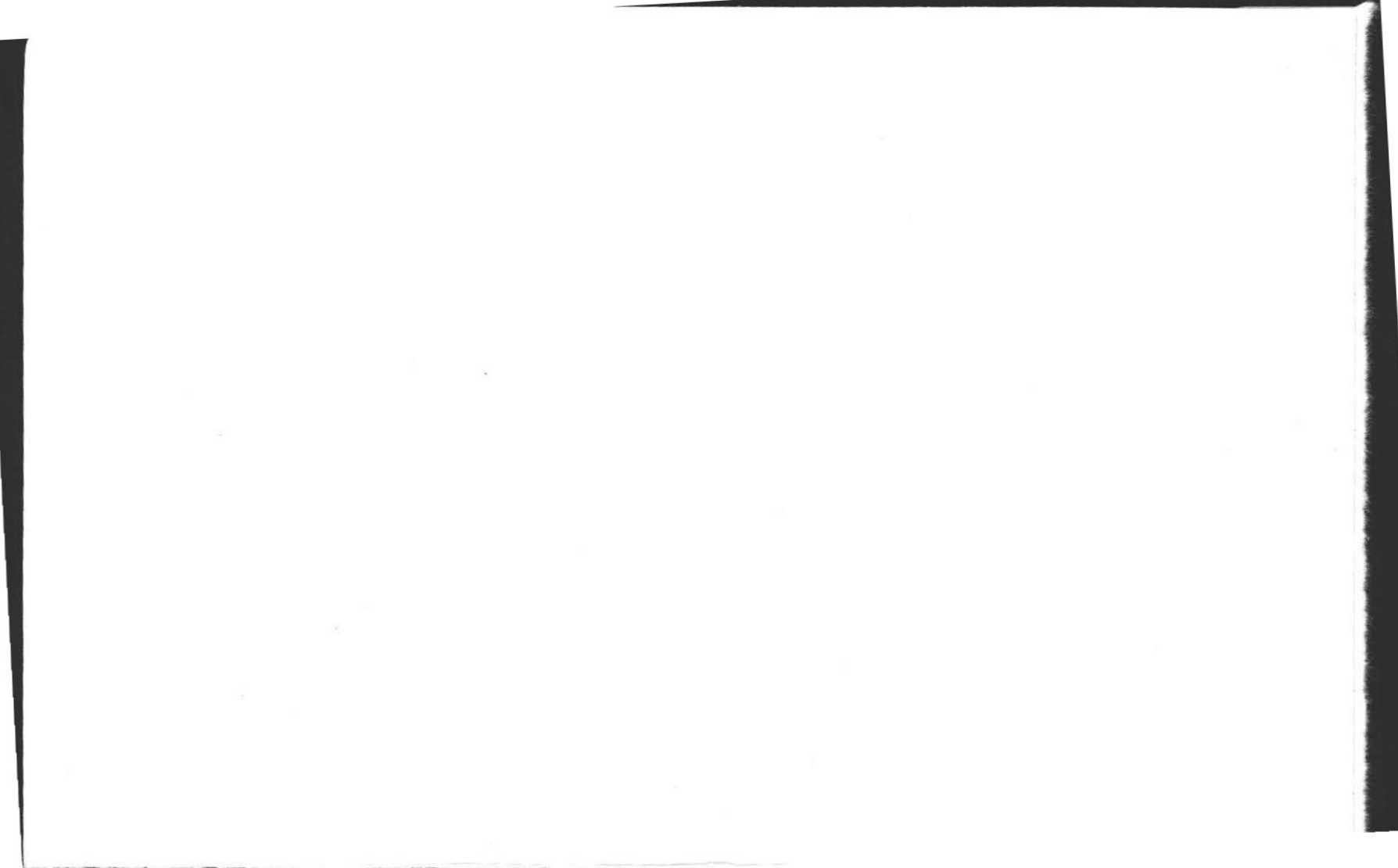
separate laundry system  
(not inspected last  
time)

pumped 1/2 in 2 weeks of  
1/12/2010?

ground water dead - cellar?

scott@jonesrealtors.com

jeff cook 415-575-8689  
referred to survey of failed  
systems





4/5/2013

Laundry tent overfull - single 30' trench  
in failure - black staining,

TATRO TANK - Single line

Septic line is okay for 50', last 1' is under water

OLIVER MILLER,

Cell -

olivernyc@gmail.com

646-228-7733

1/10/2013

Received from Mr. [Name] the sum of £100.00

Black [Name]

£100.00

Dr. Mr. [Name]

£100.00



Commonwealth of Massachusetts  
 City/Town of Amherst  
**Certificate of Compliance**  
 Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**This is to Certify** that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

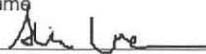
Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

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



DSCP Number \_\_\_\_\_ DSCP Date \_\_\_\_\_  
 Oliver Miller \_\_\_\_\_  
 Facility Owner \_\_\_\_\_  
 580 Market Hill Road \_\_\_\_\_  
 Street Address or Lot # \_\_\_\_\_  
 Amherst \_\_\_\_\_ MA \_\_\_\_\_ 01002 \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Designer Information:**

Alan Weiss, RS, # 933 \_\_\_\_\_ Cold Spring Environmental, Inc. \_\_\_\_\_  
 Name \_\_\_\_\_ Name of Company \_\_\_\_\_  
 \_\_\_\_\_ 05.17.2013 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Installer Information:**

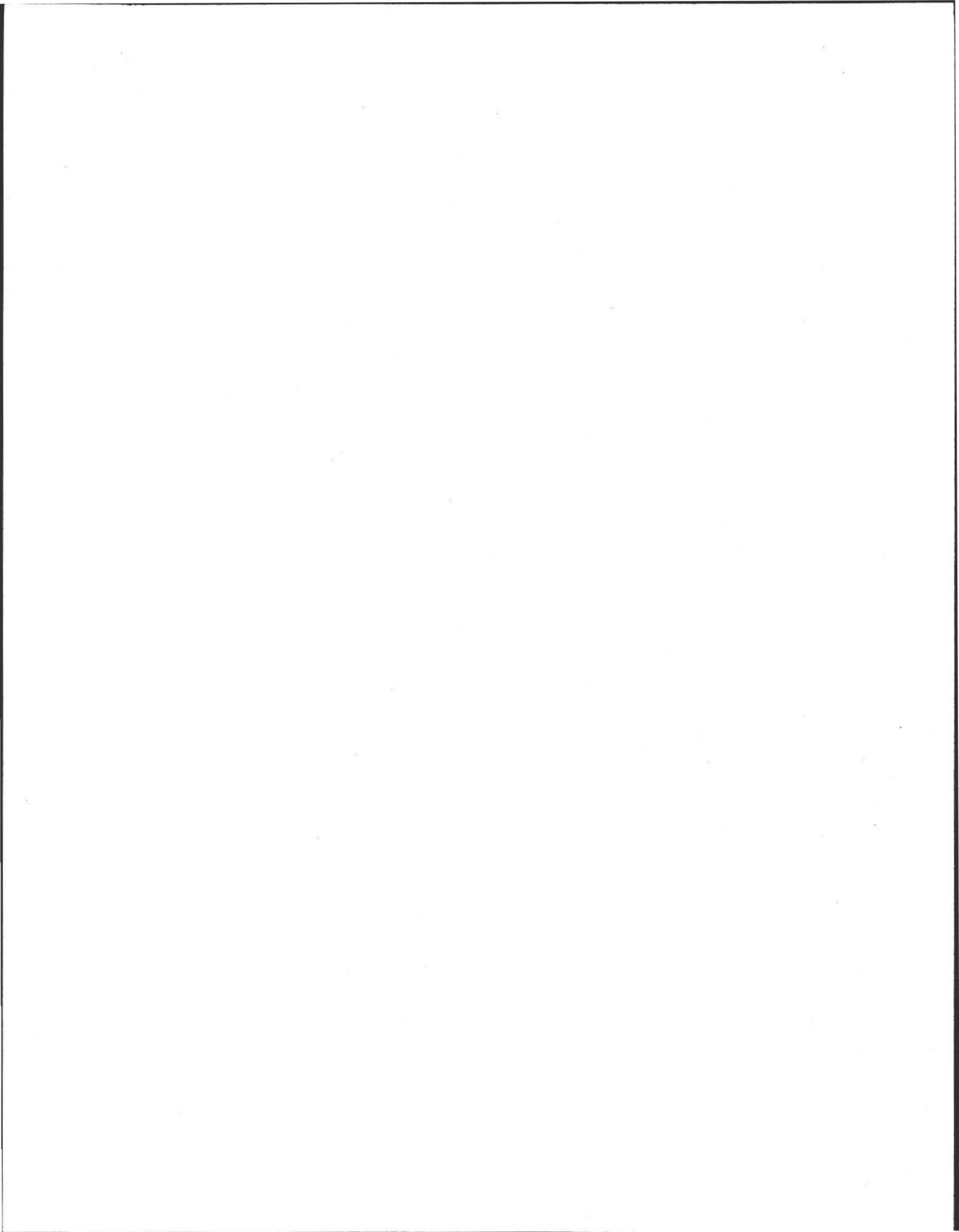
Rob Adair \_\_\_\_\_ Adair Construction \_\_\_\_\_  
 Name \_\_\_\_\_ Name of Company \_\_\_\_\_  
 \_\_\_\_\_ 05.17.2013 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Use of this system is conditioned on compliance with the provisions set forth below:

Pump septic tank every 2-3 years. Laundry must be connected by gravity flow, not through ejector pump.

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

**AMHERST HEALTH DEPARTMENT**  
 Approving Authority  
 \_\_\_\_\_ 5/21/2013 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_



CUST NAME  
4 BOLTWOOD AVENUE  
05/31/13  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 13:41

CUST NAME

0  
DEPT

DE HEA017

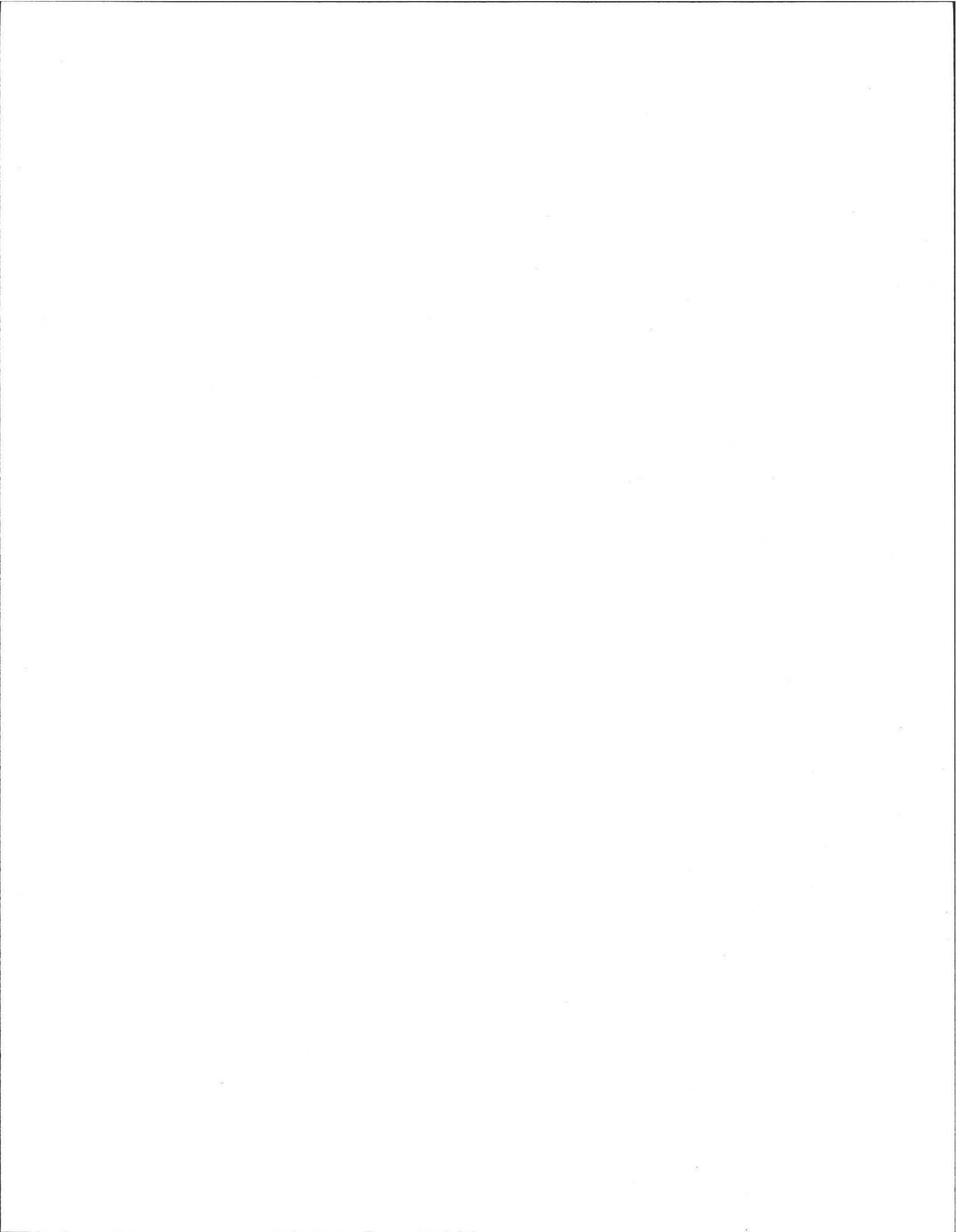
SEPTIC TAN 150.

RECPT TOTAL

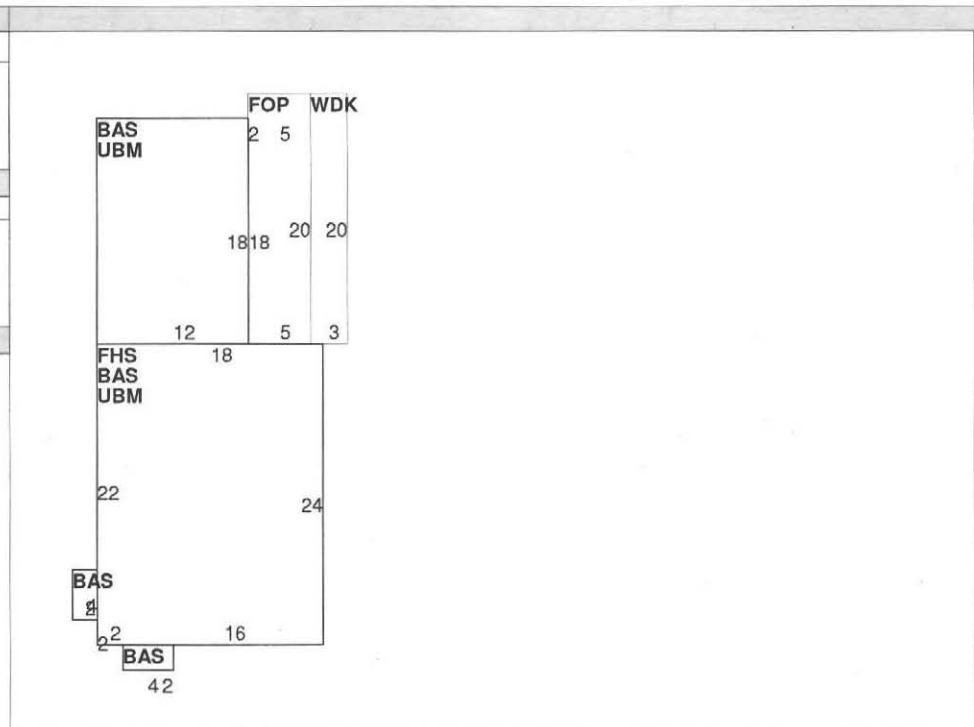
150.00  
OLIVER T M QUA CHECK

514

AMOUNT



CONSTRUCTION DETAIL			CONSTRUCTION DETAIL (CONTINUED)				
Element	Cd.	Ch.	Description	Element	Cd.	Ch.	Description
Style	06		Farmhouse				
Model	01		Residential				
Grade	12		B+				
Stories	1.5		1 1/2 Stories	Foundation			
Occupancy	1			<b>MIXED USE</b>			
Exterior Wall 1	11		Clapboard	<i>Code</i>	<i>Description</i>		<i>Percentage</i>
Exterior Wall 2				1010	Single Family		100
Roof Structure	03		Gable/Hip	<b>COST/MARKET VALUATION</b>			
Roof Cover	03		Asph/F Gls/Cmp	Adj. Base Rate:			133.22
Interior Wall 1	03		Plaster/Skimc	Replace Cost			140,949
Interior Wall 2				AYB			1900
Interior Flr 1	09		Pine/Soft Wood	Dep Code			GD
Interior Flr 2				Remodel Rating			
Heat Fuel	02		Oil	Year Remodeled			
Heat Type	04		Forced Air-Duc	Dep %			25
AC Type	01		None	Functional Obslnc			0
Total Bedrooms	03		3 Bedrooms	External Obslnc			0
Total Bthrms	1			Cost Trend Factor			
Total Half Baths	0			Condition			
Total Xtra Fixtrs				% Complete			75
Total Rooms	5		5 Rooms	Overall % Cond			
Bath Style	02		Average	Apprais Val			105,700
Kitchen Style	02		Modern	Dep % Ovr			0
				Dep Ovr Comment			
				Misc Imp Ovr			0
				Misc Imp Ovr Comment			
				Cost to Cure Ovr			0
				Cost to Cure Ovr Comment			



OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)												
Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value

No Photo On Record

BUILDING SUB-AREA SUMMARY SECTION							
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value	
BAS	First Floor	664	664	664	133.22	88,459	
FHS	Half Story, Finished	238	432	238	73.40	31,707	
FOP	Porch, Open, Finished	0	100	20	26.64	2,664	
UBM	Basement, Unfinished	0	648	130	26.73	17,319	
WDK	Deck, Wood	0	60	6	13.32	799	
<b>Th. Gross Liv/Lease Area:</b>		<b>902</b>	<b>1,904</b>	<b>1,058</b>		<b>140,949</b>	

CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT				
GEORGE, ANDREW D C/O EAGLE CREST PROPERTY MNGM 55 NORTH PLEASANT ST		1 Level	1 All Public	1 Paved	1 Urban	Description	Code	Appraised Value	Assessed Value	601 Amherst, MA
AMHERST, MA 01002 Additional Owners:						RESIDENTL	1010	105,700	105,700	
						RES LAND	1010	105,800	105,800	<b>VISION</b>
<b>SUPPLEMENTAL DATA</b>										
Other ID: 14B000149 Calc Frontag 236.1		Precinct Vote At Tenant Parent Created			ASSOC PID#		Total		211,500	

RECORD OF OWNERSHIP					BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)									
GEORGE, ANDREW D					5622/ 229	02/24/1999	U	1	106,000	00	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	
MCCONNELL, SHERRI A					5622/ 229	10/09/1996	Q	1	87,750	00	2013	1010	105,700	2012	1010	105,700	2012	1010	105,700	
SIMON, SIDNEY B					1615/ 345	01/12/1972	Q	1	0	00	2013	1010	105,800	2012	1010	105,800	2012	1010	105,800	
BETURNEY, FRANK O & MARY M					1606/ 439	09/20/1971	Q	1	0	00										
BATEMAN, BELLE B & BUSCH, WILL					826/ 315				0	00										
Total:											211,500		Total:		211,500		Total:		211,500	

EXEMPTIONS				OTHER ASSESSMENTS				
Year	Type	Description	Amount	Code	Description	Number	Amount	Comm. In.
2008	NO	NOT OWNER OCCUP	0					
Total:			0					

This signature acknowledges a visit by a Data Collector or Assessor

ASSESSING NEIGHBORHOOD				
NBHD/ SUB	NBHD Name	Street Index Name	Tracing	Batch
EA/A				

APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	105,700
Appraised XF (B) Value (Bldg)	0
Appraised OB (L) Value (Bldg)	0
Appraised Land Value (Bldg)	105,800
Special Land Value	0
Total Appraised Parcel Value	211,500
Valuation Method:	C
Exemptions	0
Adjustment:	0
<b>Net Total Appraised Parcel Value</b>	<b>211,500</b>

NOTES	
ALTERATIONS 1971	NEW FURNACE FY98
NEW DECK 1992	Changed story height to
NEW BAY WINDOWS AND	FAT from FHS. DB
POP-RECENT ROOFING FY95	
ADJUSTED LIVING AREA FY98	
DWB	

BUILDING PERMIT RECORD										VISIT/ CHANGE HISTORY					
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd.	Purpose/Result	
BLD03-283	10/25/2002	RE	Remodel	1,700		0		RENOV BTH	10/18/2005			RD	15	Drive By	
PLM03-123	09/19/2002	PL	Plumbing	0		0		TUB	06/12/1997			DB	45	Field Review	
BLD98-550	04/29/1998	AD	Addition	550		0		SHED	08/18/1994			EB		Sales Reinspection D	
94B-330	01/05/1994			500		0									
92B-107	09/09/1991			900		0									

LAND LINE VALUATION SECTION																			
B #	Use Code	Use Description	Zone	D	Front	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	S Adj Fact	Adj. Unit Price	Land Value
1	1010	Single Family	RG10				12,000 SF	10.23	0.8600	3	1.0000	1.00	EA	1.00			1.00		105,600
1	1010	Single Family	RG11				1,950 SF	0.12	1.0000	0	1.0000	1.00	EA	1.00			1.00		200

Total Card Land Units: 0.32 AC Parcel Total Land Area: 0.32 AC

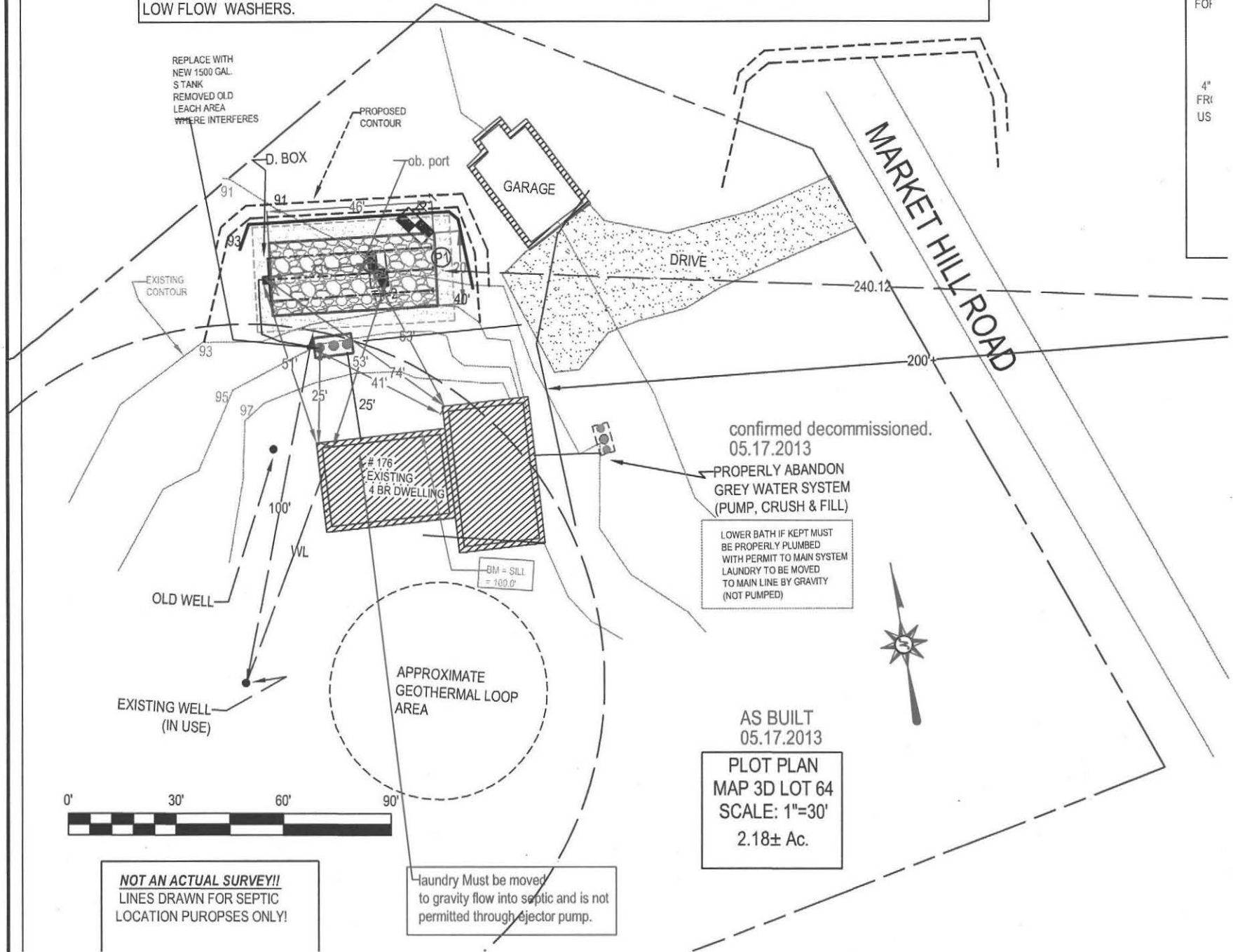
Total Land Value: 105,800

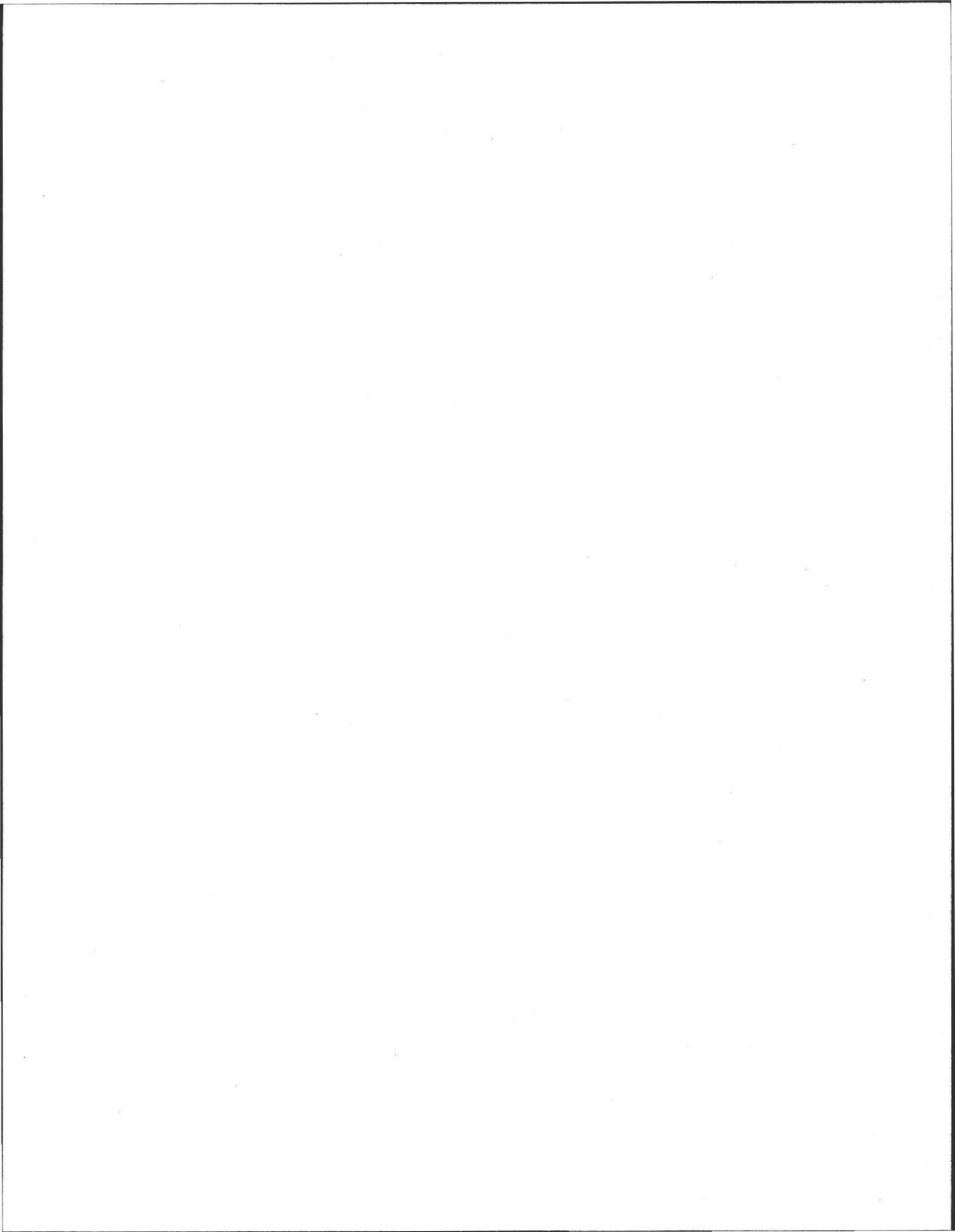


**GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.**  
 1.) HAVE TANK PUMPED EVERY 2 YEARS. 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER. 3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM. 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

-USE  
 -RUI  
 -PLA  
 FOF

4"  
 FRI  
 US







Commonwealth of Massachusetts  
 City/Town of Amherst  
**Certificate of Compliance**  
 Form 3

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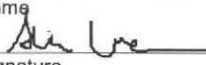
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DSCP Number \_\_\_\_\_ DSCP Date \_\_\_\_\_  
 Oliver Miller \_\_\_\_\_  
 Facility Owner  
 580 Market Hill Road \_\_\_\_\_  
 Street Address or Lot #  
 Amherst \_\_\_\_\_ MA \_\_\_\_\_ 01002 \_\_\_\_\_  
 City/Town State Zip Code

Designer Information:

Alan Weiss, RS, # 933 \_\_\_\_\_ Cold Spring Environmental, Inc. \_\_\_\_\_  
 Name Name of Company  
 \_\_\_\_\_ 05.17.2013 \_\_\_\_\_  
 Signature Date

Installer Information:

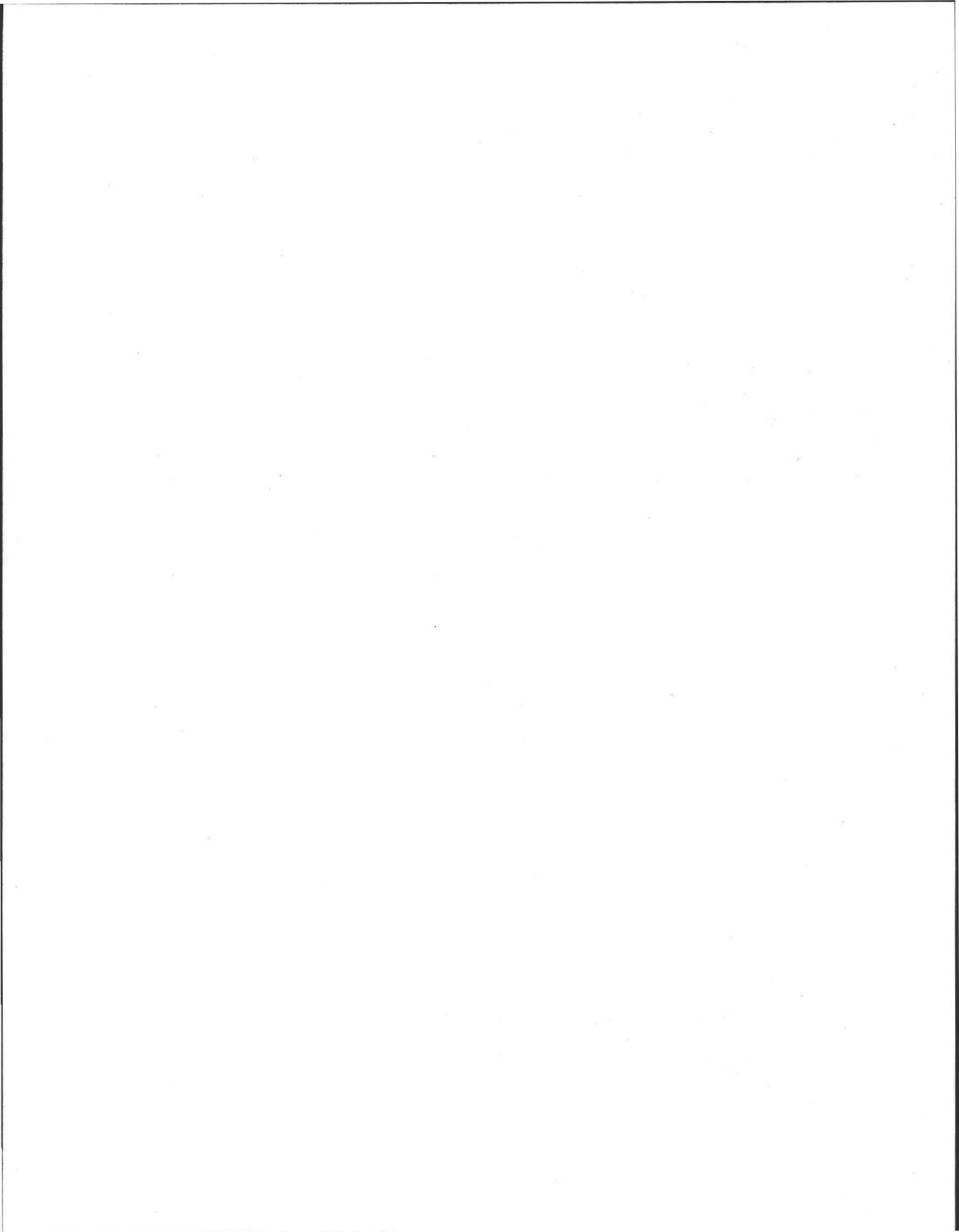
Rob Adair. \_\_\_\_\_ Adair Construction \_\_\_\_\_  
 Name Name of Company  
 \_\_\_\_\_ 05.17.2013 \_\_\_\_\_  
 Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

Pump septic tank every 2-3 years. Laundry must be connected by gravity flow, not through ejector pump.

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

**AMHERST HEALTH DEPARTMENT**  
 Approving Authority  
 \_\_\_\_\_ 5/21/2013 \_\_\_\_\_  
 Signature Date



No. 13-10

FEE 13-10  
\$150

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location <u>580 Market Hill Rd.</u>	Owner's Name <u>Oliver + Melissa Miller</u>
Map/Parcel# <u>3D / 64</u>	Address <u>580 Mkt Hill Rd.</u>
Lot# <u>64</u>	Telephone# <u>646-228-7733</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alan Weiss, RS</u>
Address	Address <u>Belchertown, MA</u>
Telephone#	Telephone# <u>413-323-5957</u>

Type of Building Single Family Residence Lot Size 2.18 AC sq. ft.  
 Dwelling - No. of Bedrooms 4 BR (5 Design) per Town Garbage grinder NO  
 Other - Type of Building (4 Bedroom Home) No. of persons INSO. Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 552 gpd  
 Plan: Date 5/4/13 Number of sheets 1 Revision Date \_\_\_\_\_

Title Septic System Repair Design  
 Description of Soil(s) Class 1-2 L3 -> trendy to 3L w/ depth  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A Weiss E. Smith Date of Evaluation 4-25-13

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new SAS w guidance + LUA for Reservoir offset request (220')

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 Alan Weiss - Melissa Miller Date 05/09/13

Inspections Subgrade + Final, + Plumbing (as per E. Smith)

No. 13-10

FEE 13-10  
\$150

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 \_\_\_\_\_

has been installed in accordance with the provisions of 810 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. 13-10

FEE 13-10  
\$150

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

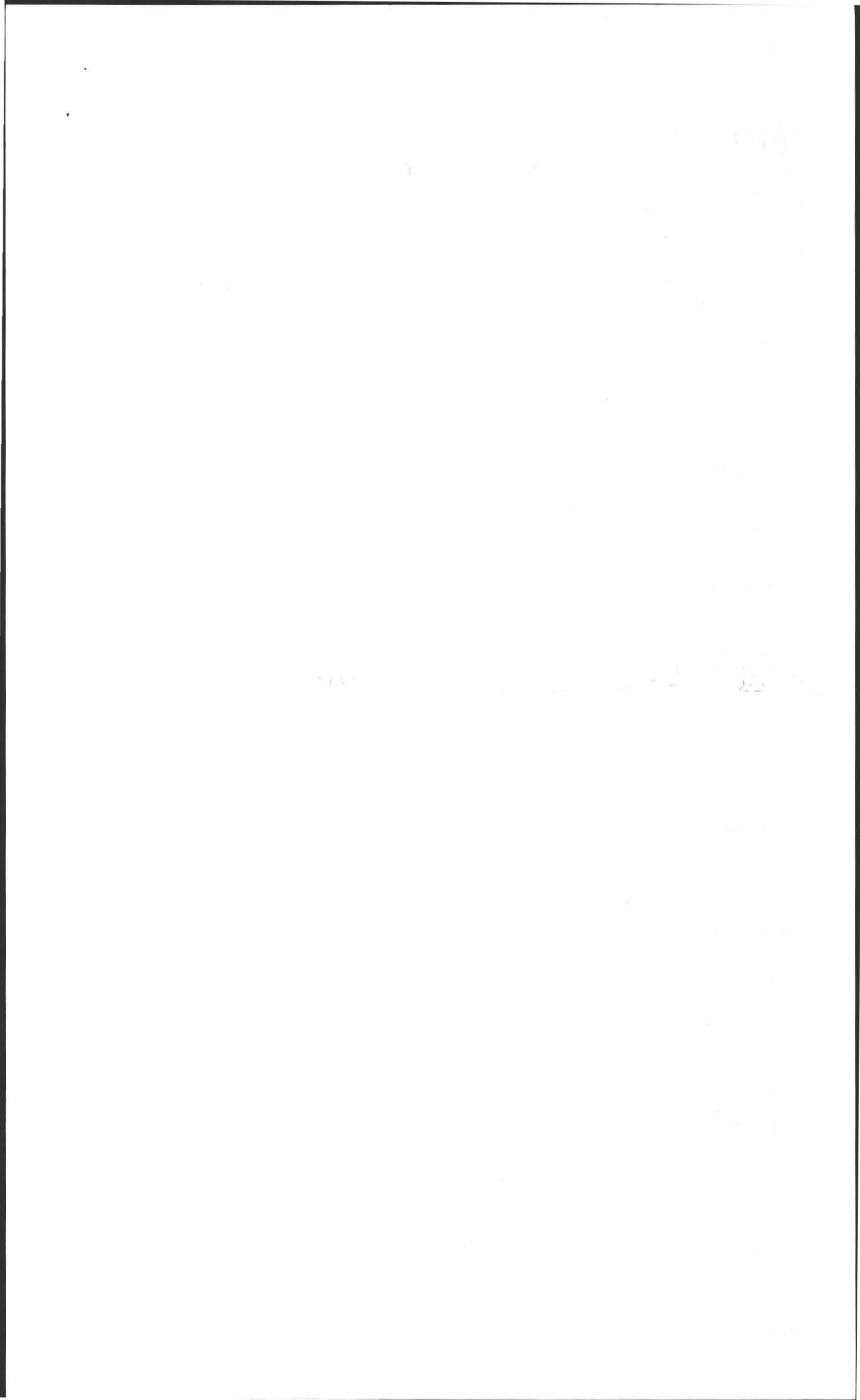
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair  Upgrade ( ) Abandon ( ) an individual sewage disposal system at 580 MARKET HILL ROAD as described in the application for

Disposal System Construction Permit No. 13-10, dated 5/4/13.

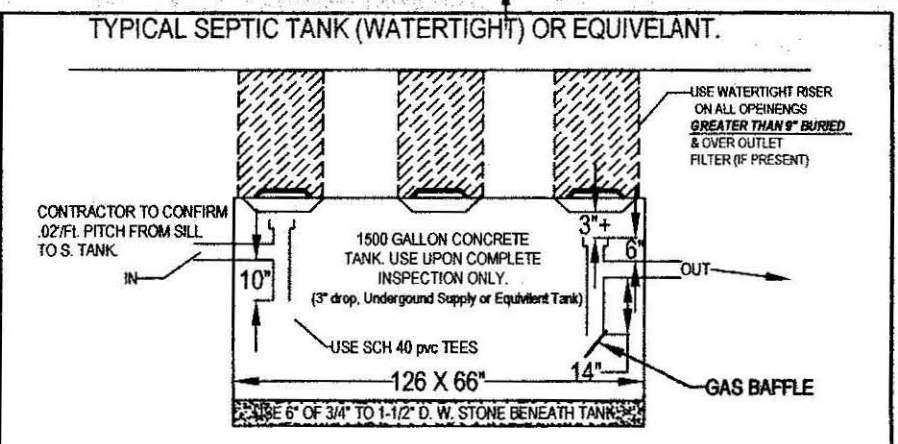
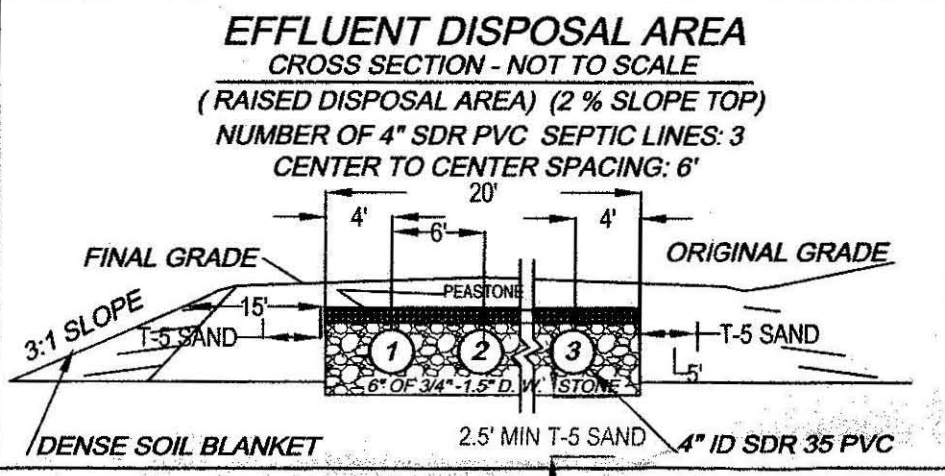
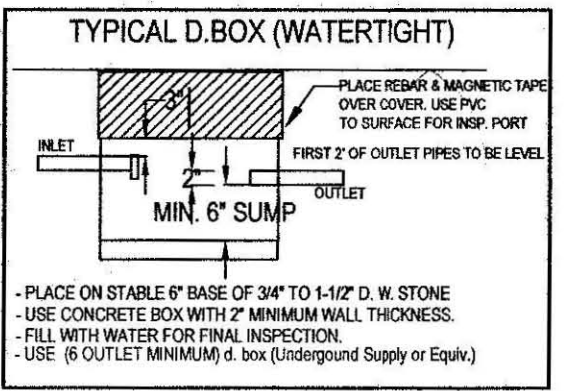
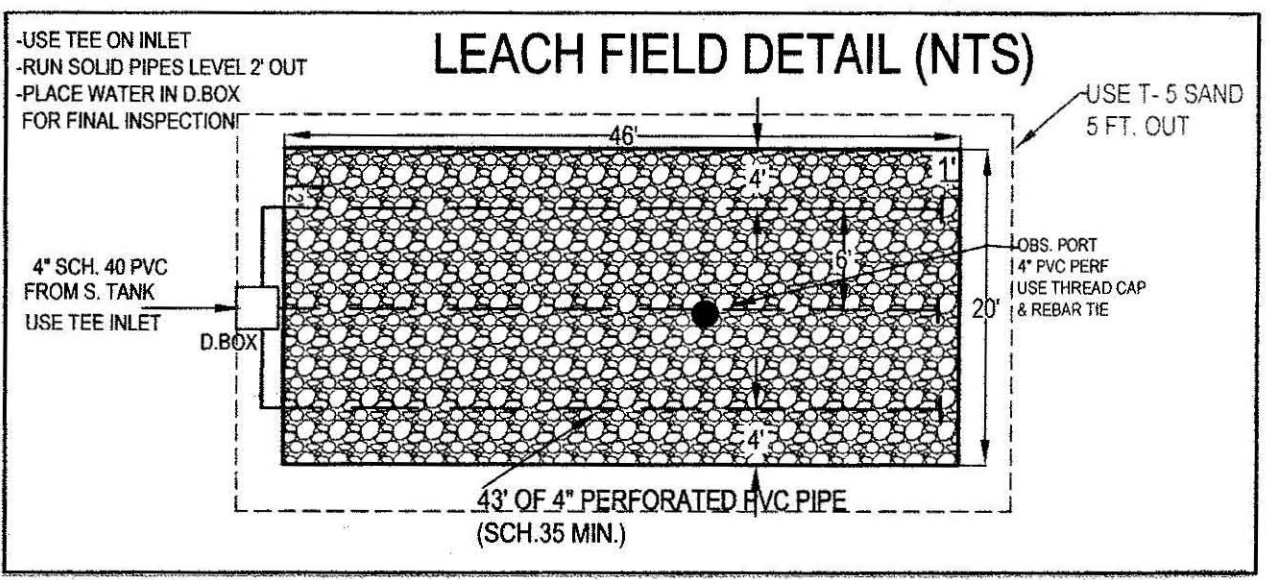
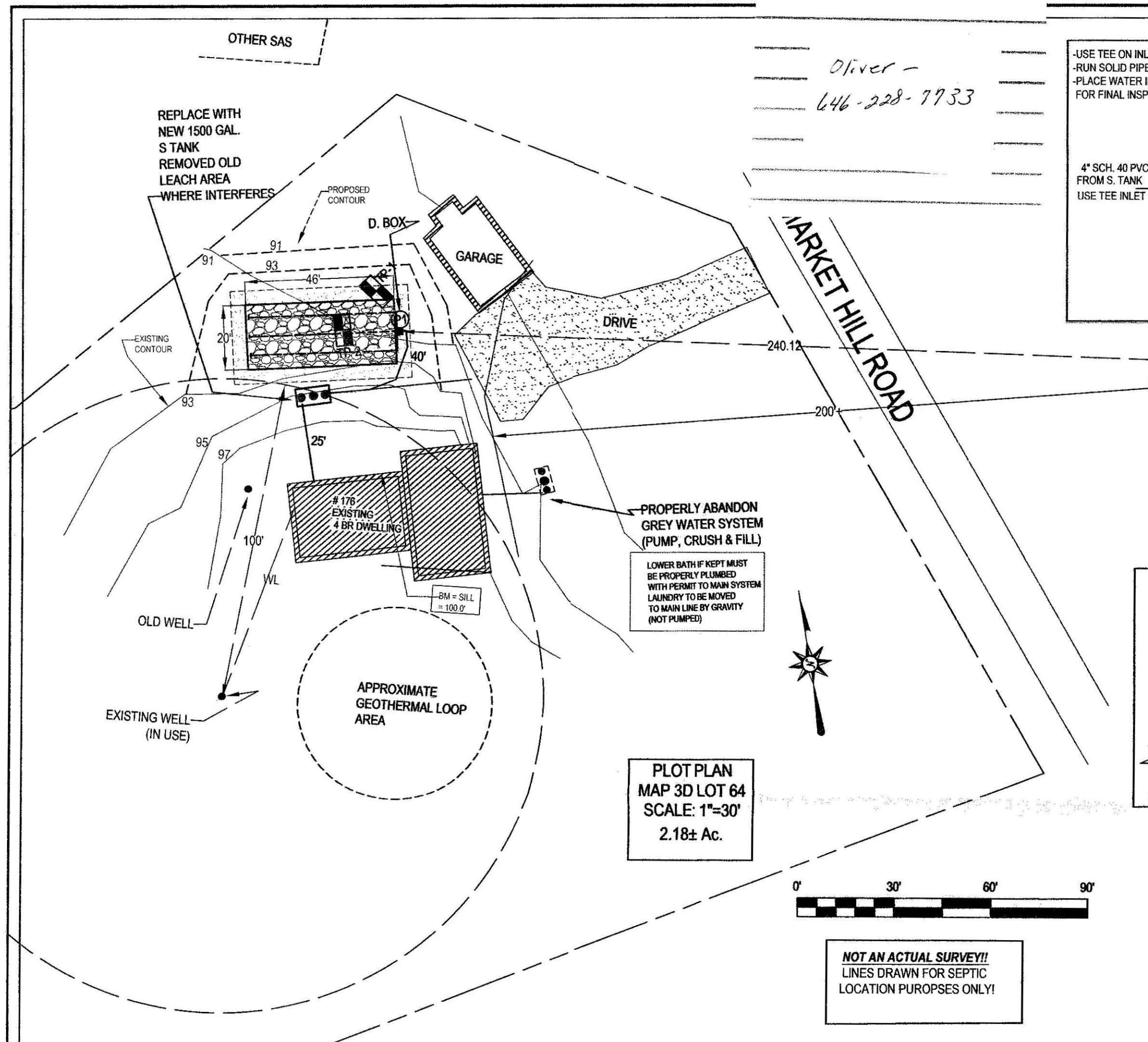
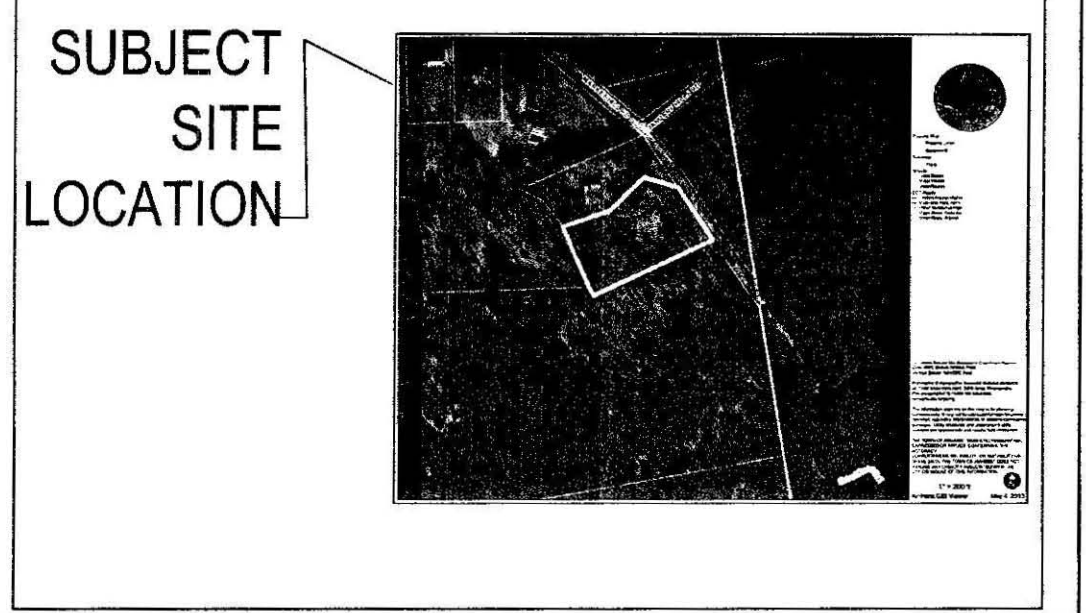
Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 5/9/2013 Board of Health Edward R. Smith





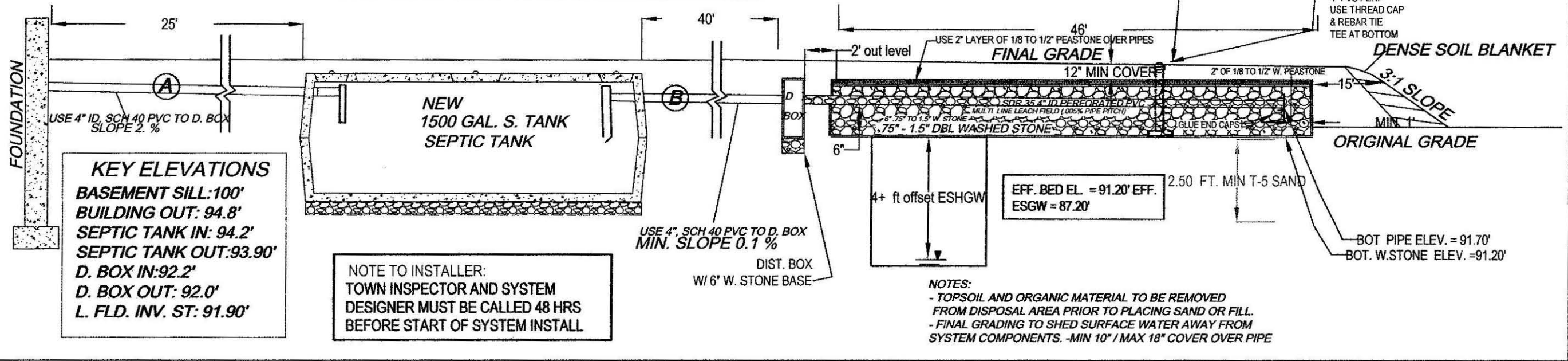
Bd of Health Copies  
Oliver - 646-228-7733



**DESIGN NOTES AND CALCULATIONS:**

- 4 (BEDROOM HOME) = 440 GPD MIN. REQUIRED.  
- Use LEACHING FIELD 20' WIDE X 46' LONG WITH 6" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT :  
- BOTTOM AREA: L. FIELD (20' W X 46' L) = 920 SF.  
- TOTAL AREA: 920 SF X .60 GAL/SF = 552 GPD PROVIDED.
- GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
- NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS. SEE OFFSET TO RESERVOIR (200'+)
- NO OTHER WETLANDS WITHIN 100 FEET OF SAS.
- USE NEW S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK  
- INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),  
NOTE:  
- ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
- USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
- ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS  
NOTE:  
- D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.  
7B ANY /ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
- USE (.75"-1 1/2") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.  
- USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
- USE PROPER SCH. 40 PVC TEES AS SHOWN.
- PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
- SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
- USE FIELD DUJE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
- USE 2% MIN. SLOPE OVER SAS  
- CLEAR TOP AND SUB TO BASE OF RESTRICTIVE LAYER 28" MIN. AS NEEDED (INSPECTION REQUIRED).  
- UNDER BED 1' & 5 FT OUT, PRIOR TO TITLE V SAND/STONE PLACEMENT.  
- EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
- SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).  
- DEPTH OF PIERC. 52"  
- PERC RATE = 6 (10) MIN / IN.  
- CLASS 1-2, L. SAND TO S. LOAM WITH DEPTH SOIL RATING
- NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
- ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL
- BM=100.00 @ (SILL... as noted), CONFIRM PROPER PIPE SLOPES  
- USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
- GRADE MULCH AND SEED OVER SAS AS NOTED.
- INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
- USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.
- LOCAL UPGRADE APPROVAL FROM SURFACE WATER SUPPLY (FROM 400' TO 220') 310 CMR 15.405G).

**EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)**



**KEY ELEVATIONS**  
BASEMENT SILL: 100'  
BUILDING OUT: 94.8'  
SEPTIC TANK IN: 94.2'  
SEPTIC TANK OUT: 93.90'  
D. BOX IN: 92.2'  
D. BOX OUT: 92.0'  
L. FLD. INV. ST: 91.90'

NOTE TO INSTALLER:  
TOWN INSPECTOR AND SYSTEM DESIGNER MUST BE CALLED 48 HRS BEFORE START OF SYSTEM INSTALL.

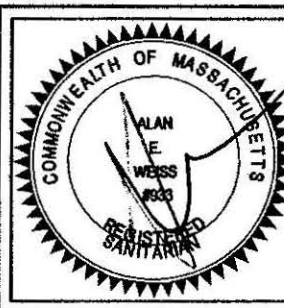
NOTES:  
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.  
- FINAL GRADING TO SHED SURFACE WATER AWAY FROM SYSTEM COMPONENTS. -MIN 10" / MAX 18" COVER OVER PIPE

TEST PIT LOG:				SOIL EVALUATOR:	DATE OF EVALUATION:
TP 1 91.2				A. WEISS, RS	04.25.2013
DEPTH:	HORIZ:	TEXTURE:	PERC (MUNSELL):	DEPTH:	HORIZ:
0-10"	A	FSL	10 YR 3.3	0-12"	A
10-28"	Bw	LS	10 YR 5.6	12-24"	Bw
28-120"	C1	LS/SL	2.5 Y 4.3	24-80"+	C1
OXIDES:				OXIDES:	
48"				48"	
EHWT:				EHWT:	
48"				48"	
STANDING H2O:				STANDING H2O:	
78"				78"	
WEEPING:				WEEPING:	
66"				66"	
BEDROCK:				BEDROCK:	
120" +					

SEPTIC REPAIR DESIGN PLAN FOR OLIVER & MELISSA MILLER  
580 MARKET HILL ROAD  
AMHERST, MA

**Cold Spring Environmental Consultants Inc.**  
350 Old Enfield Road  
Belchertown, MA 01007

PROJECT NO: (413) 323-5957  
SCALE: (413) 323-4916  
DATE: 05.04.2013  
SCALE: 1"=30'  
DRAWN BY: ALAN WEISS  
REVISED:  
DRAWING NUMBER: 113-4078-0425



**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 T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

**NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.**

**NOTE TO HOMEOWNER AND CONTRACTOR:**  
CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.



PROJECT NO.: 13-10

CITY/TOWN: AMHERST

APPLICANT: OLIVER + MELISSA MILLER

ADDRESS: 580 MARKET HILL ROAD

DESIGN FLOW: 552 gpd

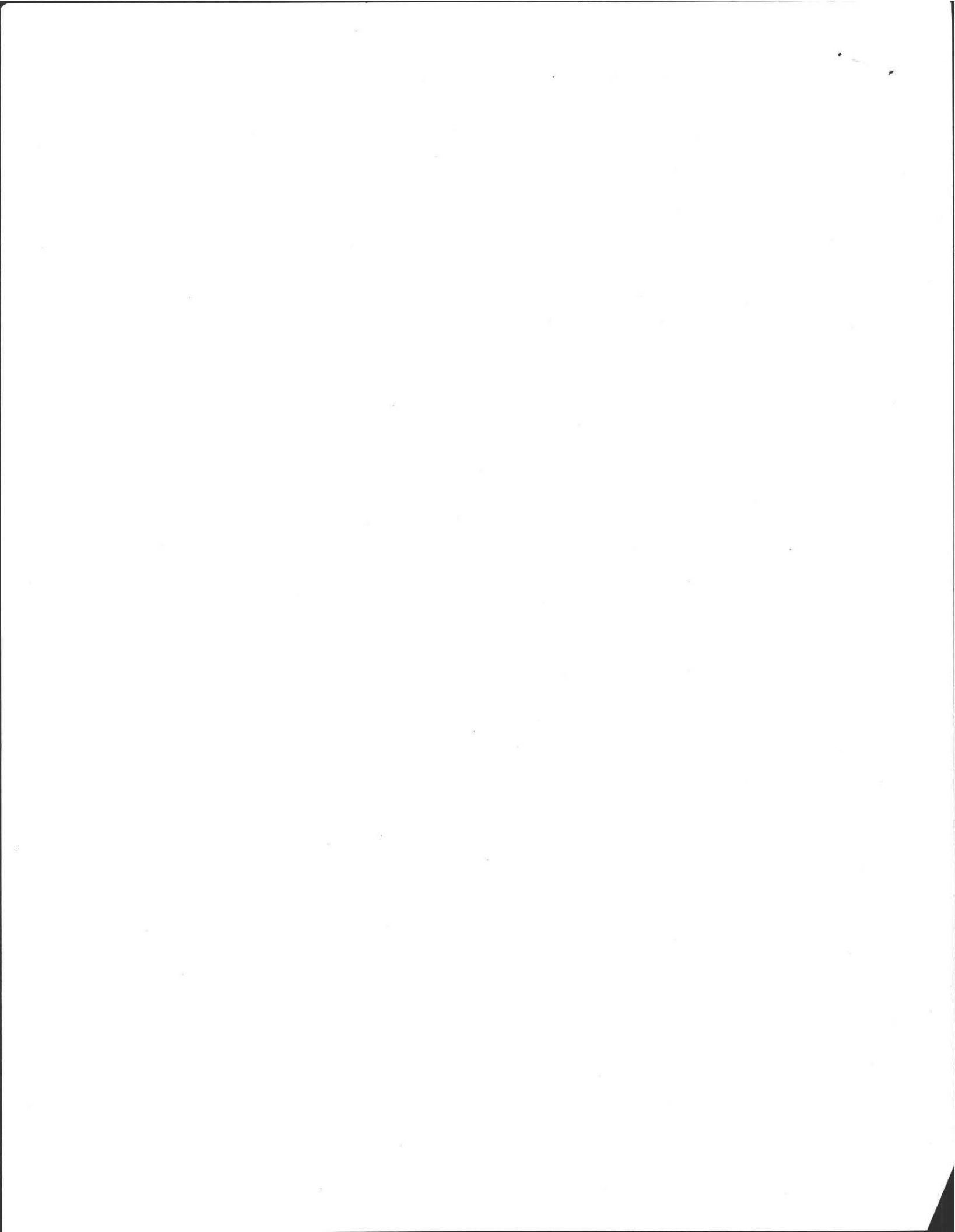
REVIEWED BY: EDMOND SMITH

DATE: 5/9/13

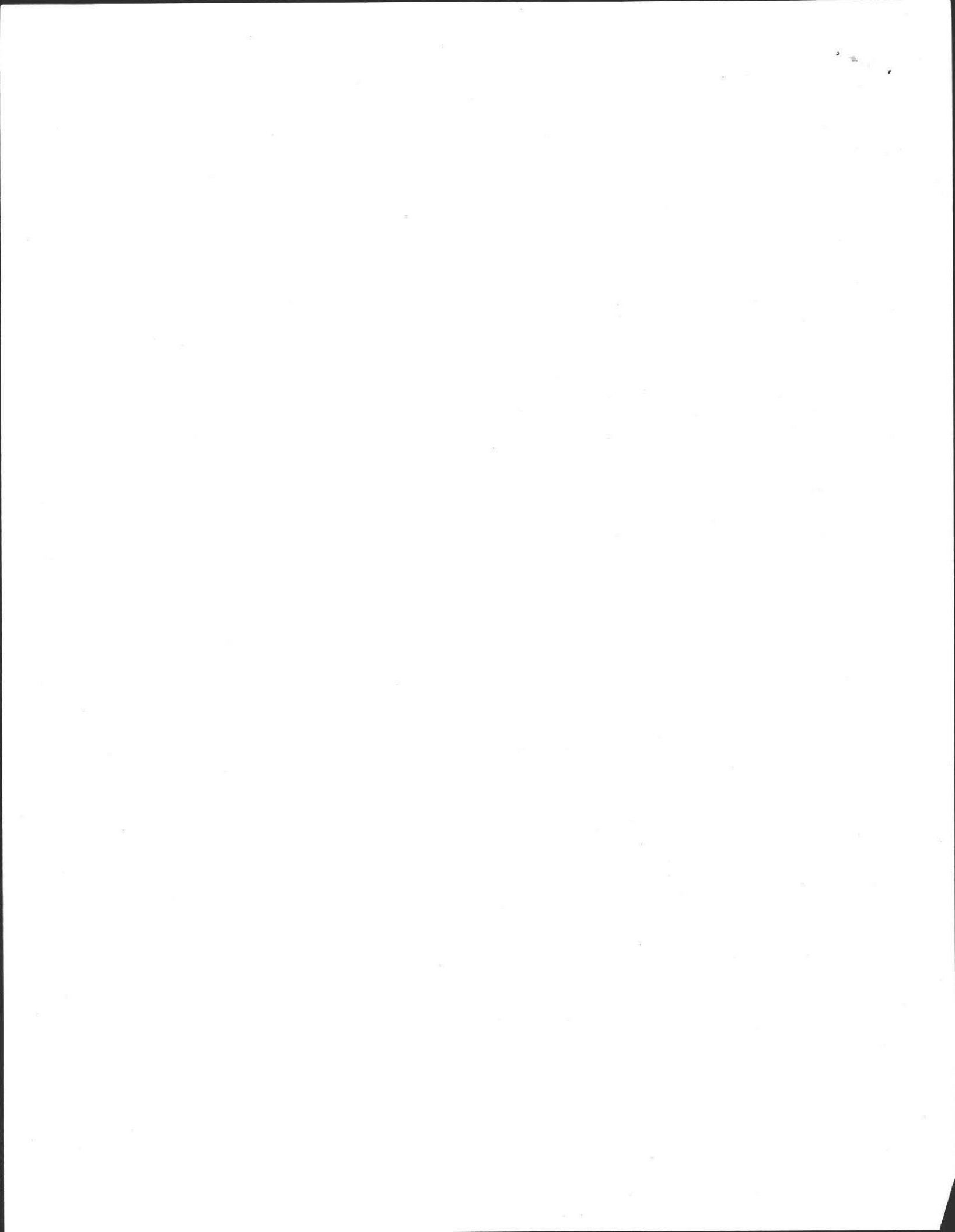
*APPROVED*  
*5/9/2013*  
*Edmond R Smith*

	N/A	OK	NO
<b>GENERAL</b>			
Legal boundaries denoted [310 CMR 15.220(4)(a)]		✓	
Street, Lot, tax parcel number and lot number noted on plan [310 CMR 15.220(4)(u)]		✓	
Locus Provided [310 CMR 15.2204(t)]		✓	
Plan proper scale? (1"=40' for plot plans, 1"= 20' or fewer for components) [310 CMR 15.220(4)]		✓	
Easements shown [310 CMR 15.220(4)(b)]		✓	(none shown)
System located totally on lot served [310 CMR 15.405(1)(a) for upgrades]- if not, a variance is required [310 CMR 15.412(4)]		✓	
Location of impervious surfaces (driveways, parking areas etc.) [310 CMR 15.220(4)(d)]		✓	
Location all buildings existing and proposed 310 CMR 15.220(4)(c)]		✓	
Location and dimensions of system components and reserve areas. [310 CMR 15.220(4)(e)]		✓	REPAIR
System Calculations [310 CMR 15.220(4)(f)]			
daily flow		✓ 552	
septic tank capacity (required and provided)		✓ 1500	
soil absorption system (required and provided)		440 NO/552	
whether system designed for garbage grinder		NO/SOME	
North arrow [310 CMR 15.220(4)(g)]		✓	
Existing and proposed contours [310 CMR 15.220(4)(g)]		✓	
Location and log of deep observation holes (existing grade el. on each test) [310 CMR 15.220(4)(h)]		✓	
Names of soil evaluator and BOH representative [310 CMR 15.220(4)(h) and (i)]		✓	
Location and date of percolation tests (performed at proper elevation?) [310 CMR 15.220(4)(i)]		✓	
Percolation test results match loading rate? [310 CMR 15.242]		✓	
Certification statement by Soil Evaluator [310 CMR 15.220(4)(j)]		✓	
Observed and Adjusted groundwater (method for adjustment given or indicated) [310 CMR 15.103(3) and 310 CMR 15.220(4)(n)]		✓	



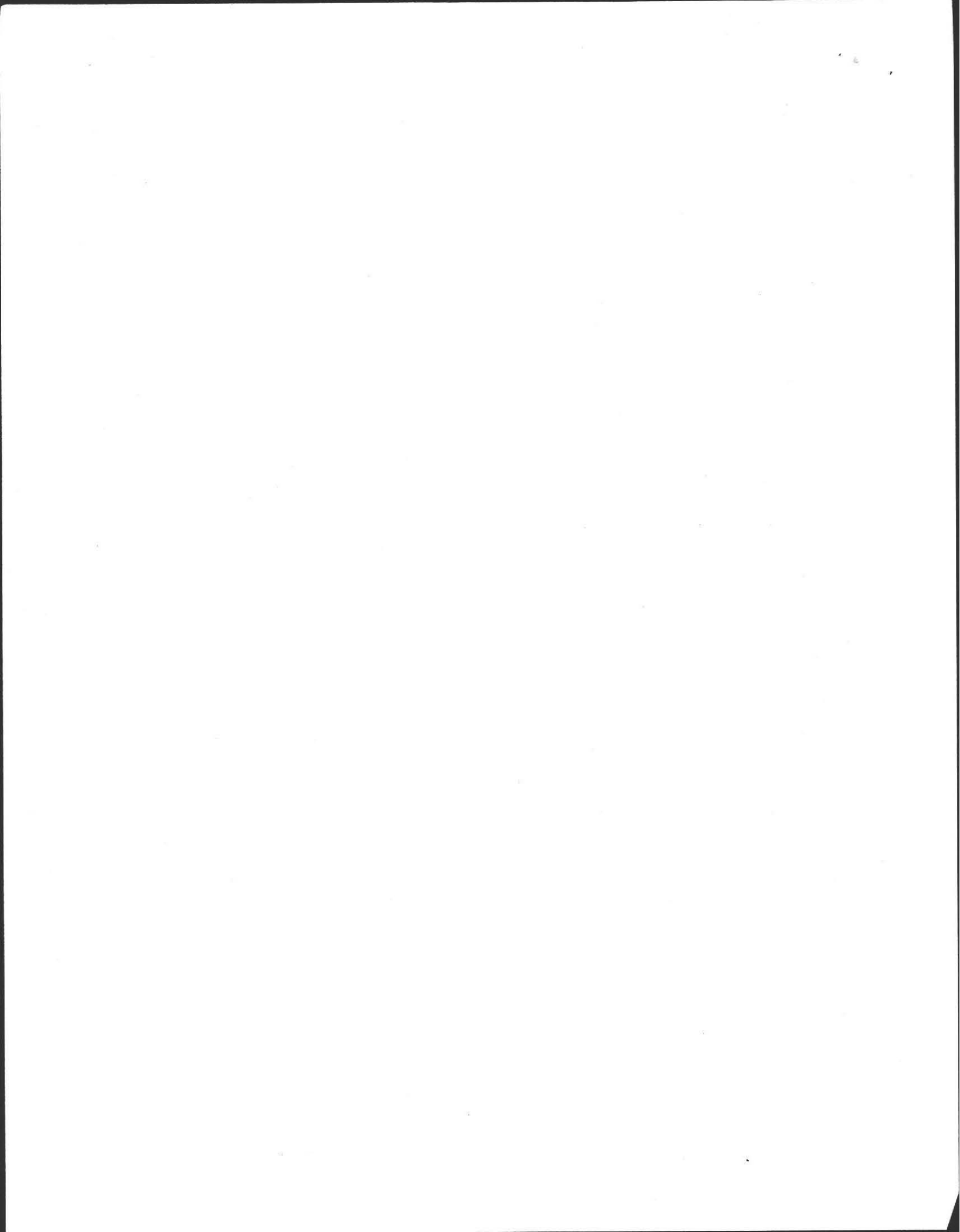


GENERAL cont.	N/A	OK	NO
Location of every water supply, public and private, [310 CMR 15.220(4)(k)]		✓	
within 400 feet of the proposed system location in the case of surface water supplies and gravel packed public water supply		✓	
within 250 feet of the proposed system location in the case of tubular public water supply wells	✓		
within 150 feet of the proposed system location in the case of private water supply wells		✓	
Location of all surface waters and wetlands located up to 100 ft. beyond setbacks listed in 310 CMR 15.211 and any catch basins located within 50 ft. [310 CMR 15.220(4)(l)]		✓	
Water lines and other subsurface utilities located [310 CMR 15.220(4)(m)] (if water line cross see 310 CMR 15.211(1)[1])		✓	
Profile of system showing invert elevations of all system components and the bottom of the SAS [310 CMR 15.220(4)(o)]		✓	
Stamp of designer [310 CMR 15.220(1) and 310 CMR 15.220(2)]		✓	
Stamp of Registered Land Surveyor (required if construction activities within 5 ft. of lot line) [310 CMR 15.220(3)]	✓		
Test Holes adequate (two in each of the primary and reserve unless trenches as permitted in 310 CMR 15.102(2) or as approved for an upgrade under LUA at 310 CMR 15.405(1)(k)]		✓	
Test hole adequate to demonstrate four feet of suitable material? [310 CMR 15.103(4)]		✓	
Test Holes adequate to confirm adequate groundwater separation? [310 CMR 15.103(3)]		✓	
Benchmark within 50-75' of system [310 CMR 15.220(4)(q)]		✓	
Materials specifications noted? [various sections of 310 CMR 15.000]		✓	
System components not > 36" deep (unless Local Upgrade Approval or LUA requested) [310 CMR 15.405(1)(b)]		✓	
All system components marked with magnetic tape 15.221(12)		✓	



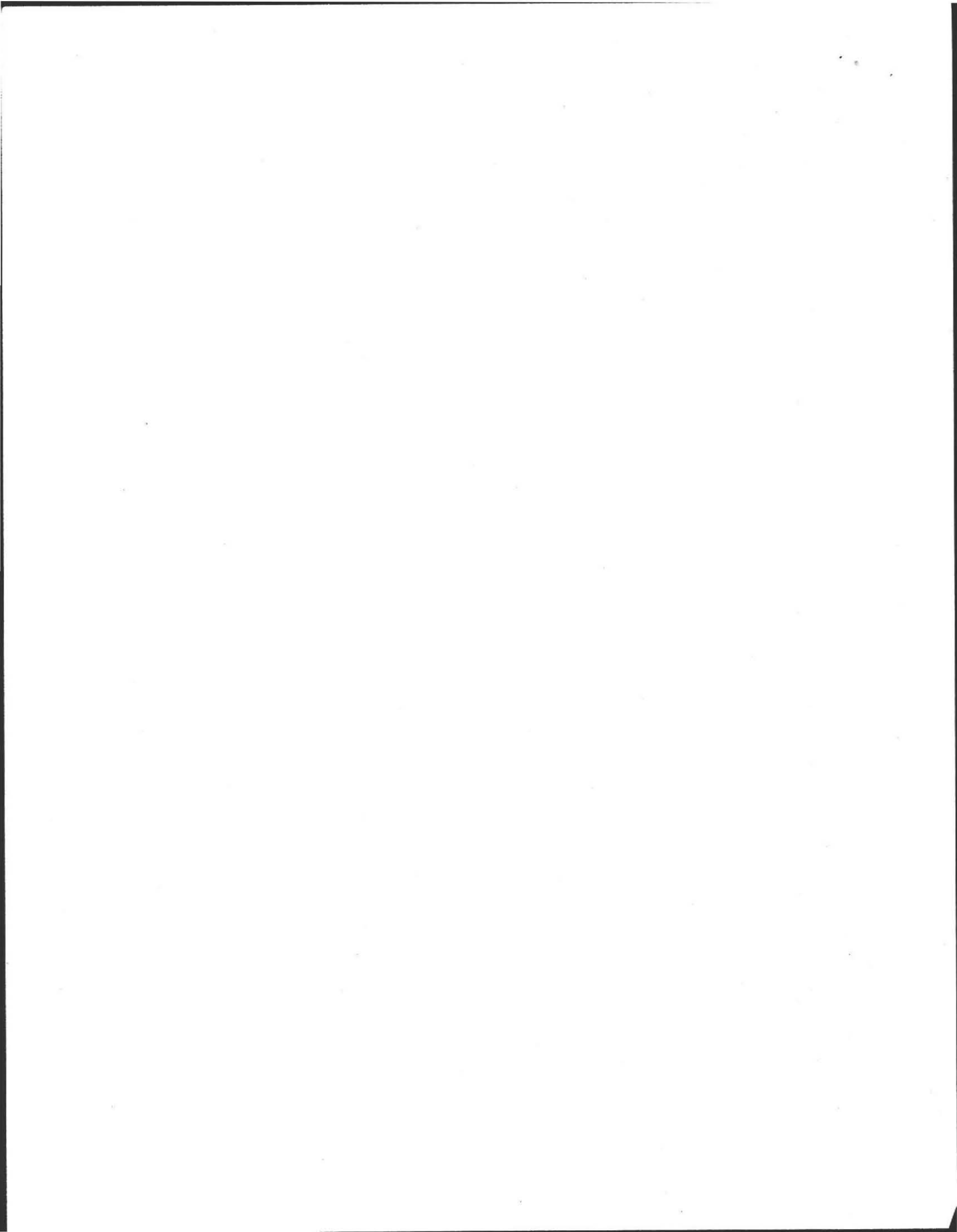
SEPTIC TANK	N/A	OK	No
Size OK? [310 CMR 15.223(1)]		✓	
Inlet tee located ten inches below flow line [310 CMR 15.227(6)]		✓	
Outlet tee 14" or 14" + 5" per foot for increase ft depth [310 CMR 15.227(6)]		✓	
Outlet tee with gas baffle or approved filter [310 CMR 15.227(4)]		✓	
Note regarding installation on stable compacted base [310 CMR 15.228(1)]		✓	
Separation between inlet and outlet tees (no less than liquid depth) [310 CMR 15.227(2)]		✓	
Inlet/Outlet elevations at least 12" above high groundwater (except as described 310 CMR 15.227(5)) or permitted for upgrades under LUA [310 CMR 15.405(1)(k)]		✓	
Minimum cover 9" (Tanks buried more than 9" must have risers on all openings and on the d-box) [310 CMR 15.2228(1) and 310 CMR 15.232(3)(f)]		✓	
Three access covers (inlet and outlet must be 20" or greater) - middle access at least 8" (by 7/07) [310 CMR 15.228(2)]		✓	
Access to within 6" of grade - one port for systems <1000gpd, two for systems >1000 gpd [310 CMR 15.228(2)]		✓	
All at-grade covers secured to unauthorized access? [310 CMR 15.228(2)]		✓	
> 10 ft from building foundation [310 CMR 15.211(1)]		✓	
Buoyancy calculation Required/Done [310 CMR 15.221(8)]	✓		
H-20 Where appropriate? [310 CMR 15.226(3)]	✓		
Setbacks from resources [310 CMR 15.211]		✓	
<b>Multi-Compartment Tanks</b>			
Required when other than single-family dwelling or flow >1000 gpd [310 CMR 15.223(1)(b)]	✓		
First compartment 200% daily flow; Second compartment 100% daily flow [310 CMR 15.224(2) and (3)]	✓		
"U" pipe through or over baffle, outlet of each compartment with gas baffle or approved filter [310 CMR 15.224(4)]	✓		

*FEDAIR*



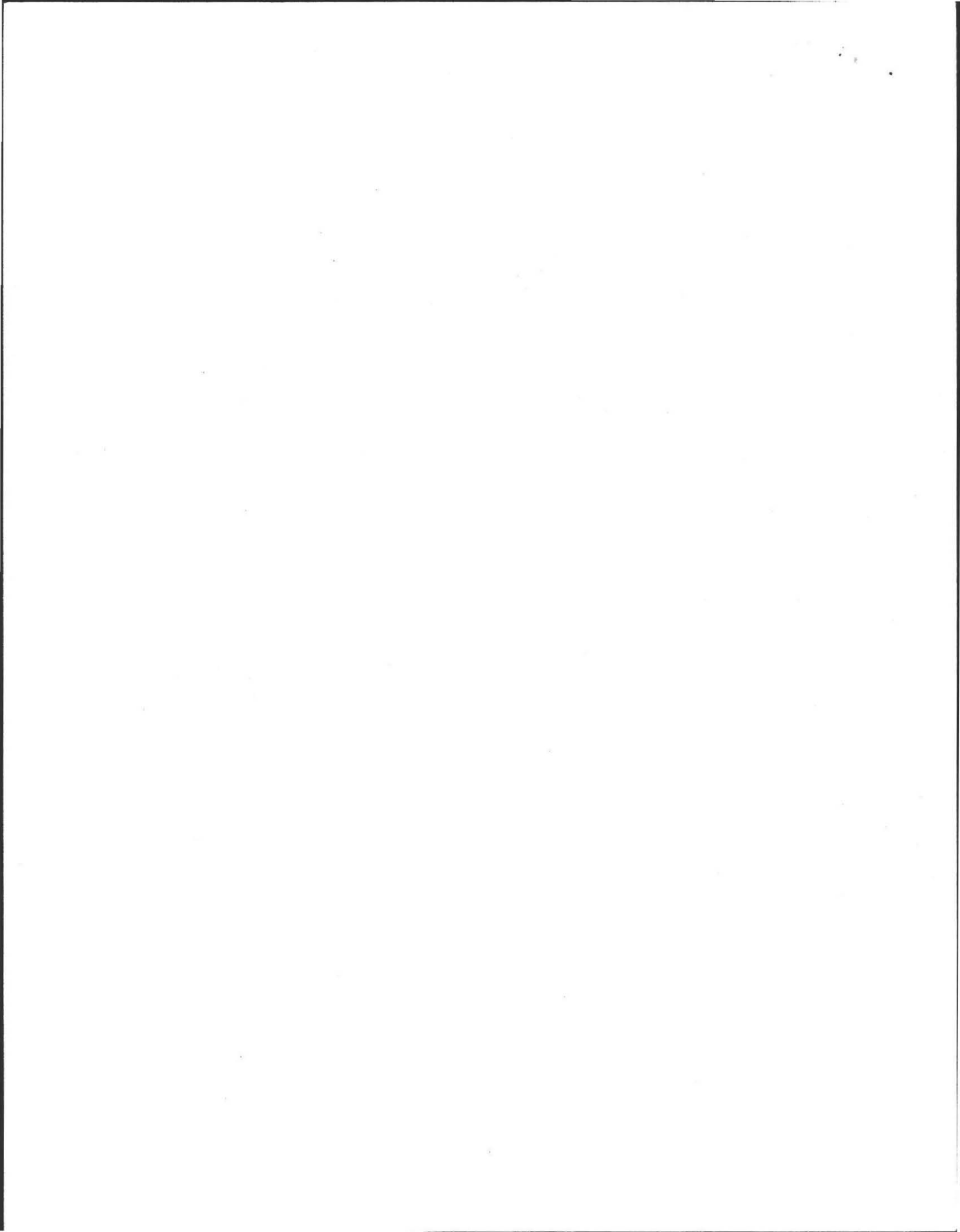
<b>BUILDING SEWER AND OTHER PIPING</b>	N/A	OK	No
Located at least ten feet from any water line? [310 CMR 15.222(2)]		✓	
Disposal piping at least 18" below water line (when water and sewer cross, see 310 CMR 15.211(1)[1])	✓		
Cleanouts required/provided? [310 CMR 15.222(8)]	✓		
Thrust blocks specified in force mains? 310 CMR 15.221(6)(c)]	✓		
Slope of sewer line not less than 0.01 (1/8"/ft) 0.02 preferable [310 CMR 15.222(6)]		✓	
Proper pitch on all runs? (.005 within gravity-distributed trenches and beds) [310 CMR 15.251(9) and 310 CMR 15.252(2)(c)]	✓	✓	
Siphon problem/ (leachfield below pump chamber)		✓	
Endcaps or vent manifold specified?		✓	
Size and orientation of discharge holes specified? (not smaller than 3/8" not larger than 5/8") [310 CMR 15.251(8) and 310 CMR 15.252(2)(h)]		✓	
Materials specified (310 CMR 15.251(5) specifies various pipe types allowed)		✓	
<b>DISTRIBUTION BOX</b>			
Stable compacted base [310 CMR 15.221(2) and 310 CMR 15.232(2)(a)]		✓	
Splash plate or baffle tee required on inlet/ provided? (when pressure sewer to d-box or steep pitch of gravity sewer) [310 CMR 15.323(3)(a)]	✓		
Riser if deeper than 9" [310 CMR 15.232(3)(f)]		✓	
Inside minimum dimension 12" [310 CMR 15.232(2)(b)]		✓	
Minimum sump 6" [310 CMR 15.232(3)(e)]		✓	
Watertight cover if <2000gpd; waterproof manhole if >2000gpd [310 CMR 15.232(3)(d)]	✓(b)	(e) ✓	
<b>PUMP CHAMBERS</b>			
Capacity (emergency storage above working=design flow)? [310 CMR 231(2)]	✓		
Proper setbacks [310 CMR 15.211 (same as septic tanks)]			
Watertight 20-in minium access manhole at least 20" MUST BE TO GRADE [310 CMR 15.231(5)]			
Service components accessible (not too deep with piping, disconnects accessible)			
Alarm floats - alarm on circuit separate from pumps specified?			
Exceeds two units must have two pumps operating in lead-lag mode. [310 CMR 15.231(6) and (8)]			
Stable Compacted Base [310 CMR 15.221(2)]			
Buoyancy calculations needed? Provided? [310 CMR 15.221(8)]			
Dosing chamber capacity (required and provided), pump curves and specifications, number of dosing cycles and depth per cycle? [310 CMR 15.220(4)(r)]			
Effluent tee filter provided? [310 CMR 15.231(10)]			

Address \_\_\_\_\_

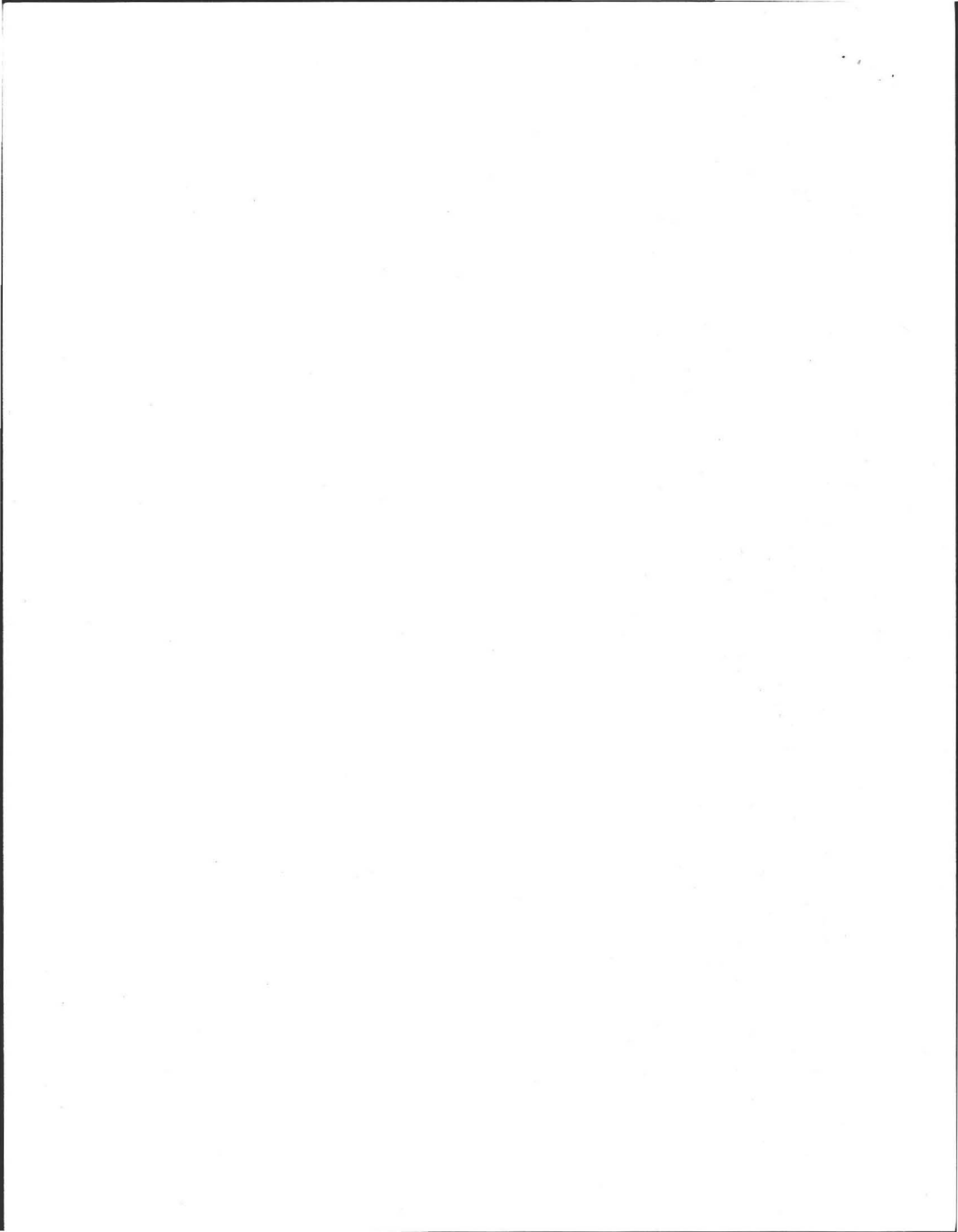


<b>SOIL ABSORPTION SYSTEMS (SAS) GENERAL</b>	N/A	OK	No
Calculations correct?		✓	
4 feet of naturally occurring material demonstrated? [310 CMR 15.240(1)]		✓	
Required separation to groundwater? [310 CMR 15.212]		LOA ✓	
Aggregate specified as double washed [310 CMR 15.247(2)]		✓	
System Venting required/provided? (system under driveway or >36" deep) [310 CMR 15.241]	✓		
Inspection ports specified and within 3" final grade? [310 CMR 15.240(13)]		✓	
Breakout requirements met? (No violation of breakout elevation within 15 ft of SAS unless barrier) [310 CMR 15.211(1)[4] and Guidance Document]	✓		
<b>GALLERIES, PITS, CHAMBERS 310 CMR 15.253</b>			
Chambers and Gal. in trench configuration supplied with inlet every 20 ft. [310 CMR 15.253(6)]	✓		
Each structure with one inspection manhole (if >2000 gpd must be to grade) [310 CMR 15.253(2)]			
Aggregate 1' minimum- 4' maximum. [310 CMR 15.253(1)(b)]			
2' sidewall credit maximum [310 CMR 15.253(1)(a)]			
In bed configuration, inlet every 40 sq. ft. [310 CMR 15.253(6)]			
<b>TRENCHES 310 CMR 15.251</b>			
Width 2' minimum 3' maximum [310 CMR 15.251(1)(b)]	✓		
100 feet - maximum length [310 CMR 15.251(1)(a)]			
Minimum separation 2x effective depth or width whichever greater (3x if reserve between trenches) [310 CMR 251(1)(d)]			
Situated along contours [310 CMR 15.251(2)]			
Breakout OK? [310 CMR 15.211(1)[4] and Guidance Document]			
<b>BED SAS (Maximum size of bed or field 5000 gpd)</b>			
minimum 2 distribution lines [310 CMR 15.252(2)(a)]		3 ✓	
Maximum separation between lines 6' [310 CM R15.252(2)(d)]		✓	
Maximum separation between lines and outside of bed 4' [310 CMR 15.252(2)(e)]		✓	
Aggregate depth below discharge pipes 6" minimum, 12" maximum. [310 CMR 15.252(2)(g)]		✓	
Separation between beds 10' minimum. [310 CMR 15.252(2)(f)]	✓		
Bottom area used in calculations only [310 CMR 15.252(2)(i)]		✓	

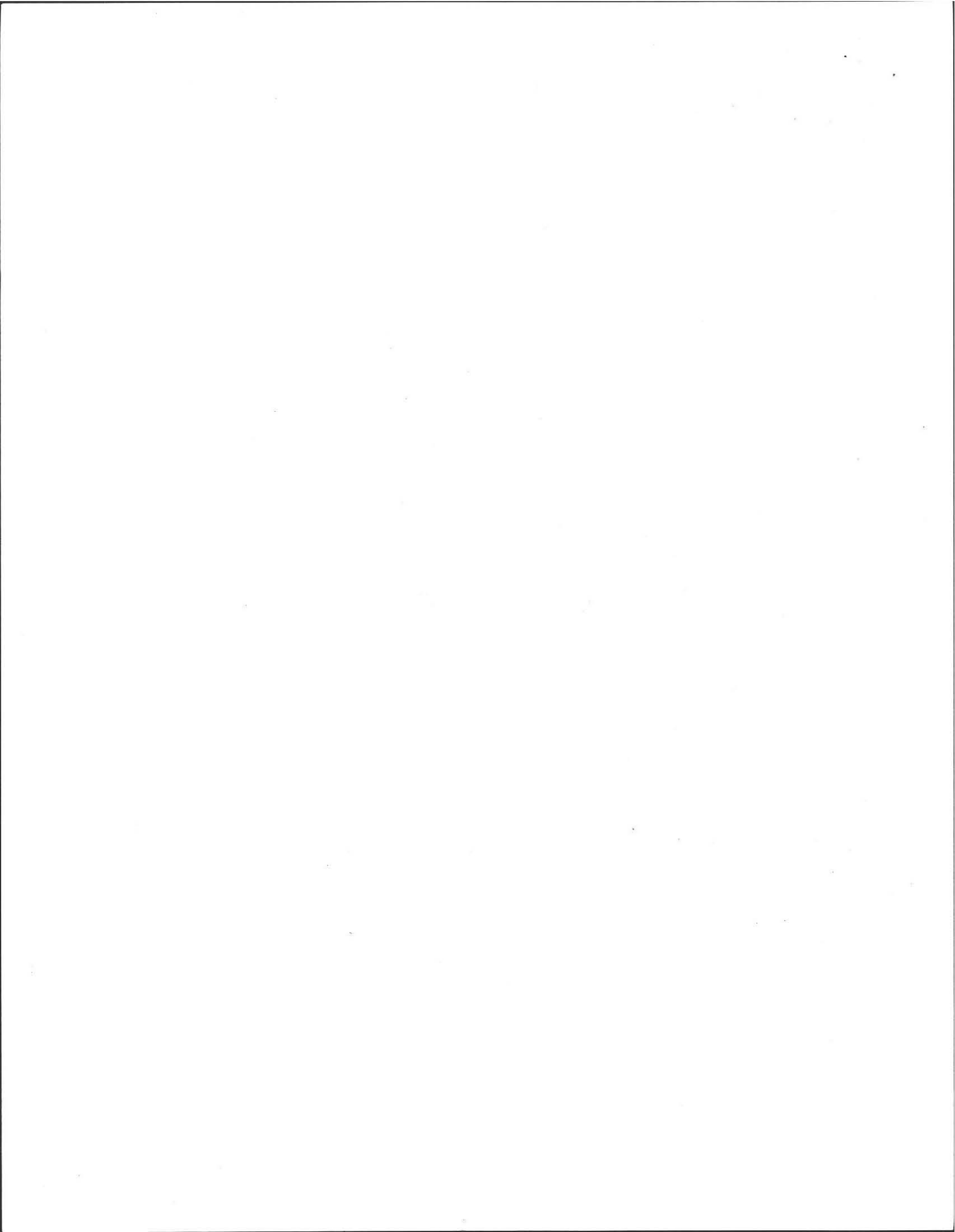




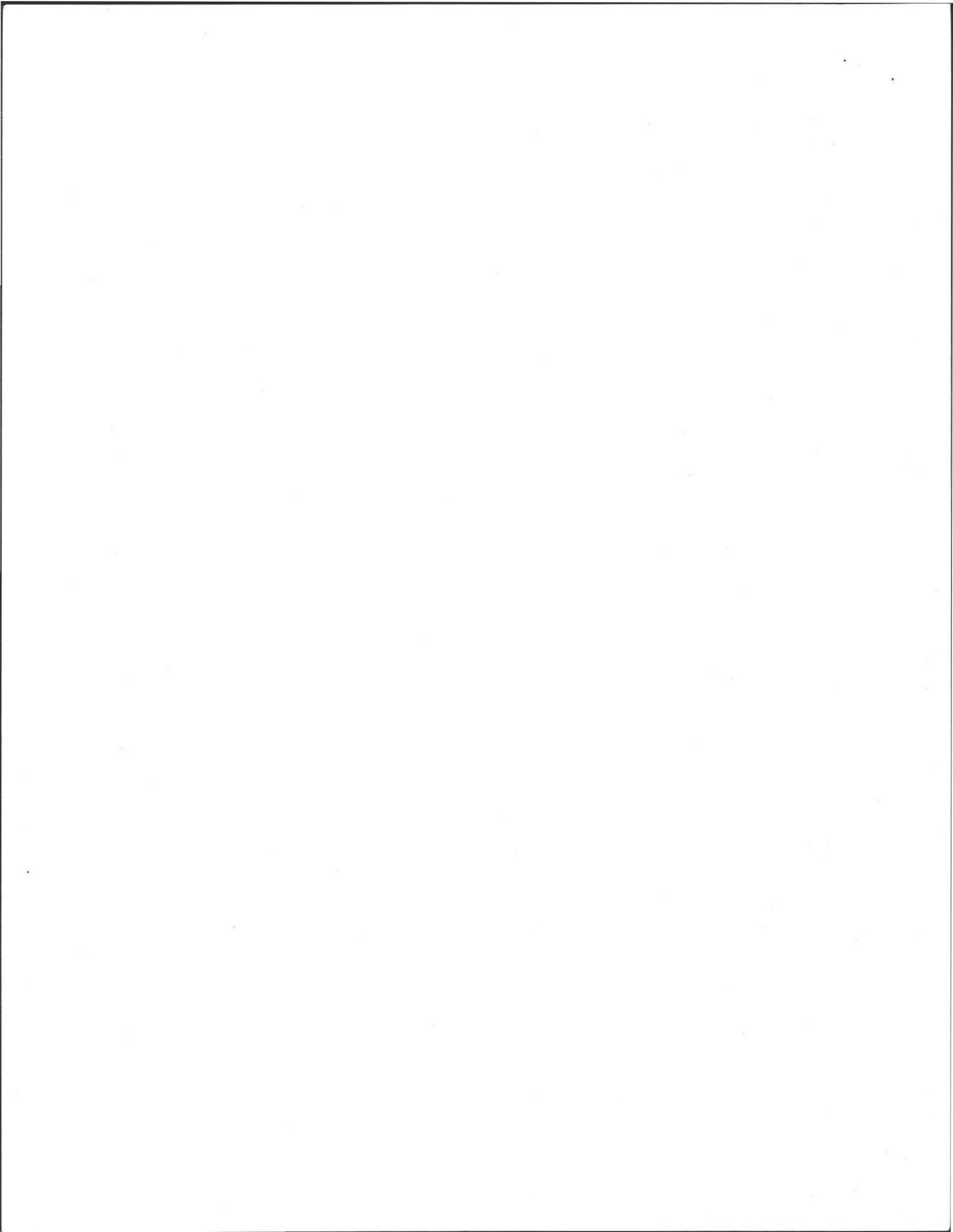
<b>DID THE PLAN INVOLVE</b>	<b>N/A</b>	<b>OK</b>	<b>No</b>
<b>Pressure Dosed System ?</b> Provided pump and piping calculations as required [310 CMR 15.220(4)(r)]	✓		
<b>Groundwater Separation</b> Per 310 CMR 15.240(12) does the groundwater separation take into account mounding.	✓		
Pressure dosing required on all systems >2000gpd or alternative systems under remedial approval [310 CMR 15.254(2) and I/A Remedial Use Approvals]	✓		
If used in gravelless system - make sure jet is directed as not to scour soil interface [Guidance Document]	✓		
Inspections once per year (systems < 2000 gpd) or quarterly (>2000gpd) good to note on plan [310 CMR 15.254(2)(d)]	✓		
<b>Construction in fill</b> - Did the plan specify that the fill shall meet the specification of 310 CMR 15.255(3)?	✓		
Impervious barrier and/or retaining wall ? [Guidance Document]	✓		
Impervious barrier installation must be supervised by designer [310 CMR 15.255(2)(b)]	✓		
Retaining wall must be designed by Registered Professional Engineer [310 CMR 15.255(2)(a)]	✓		
Side slope not exceed 3:1 ? [310 CMR 15.255(2)]		✓	
Breakout requirements met? [310 CMR 15.252(2) and Guidance Document]		✓	
At least 5 ft. from impervious barrier to edge of SAS (10 ft. recommended) [310 CMR 15.255 (2)(e)]	✓		
<b>Gravelless System [I/A Approval Letters]</b>			
Check DEP Approval letters for credits and design conditions	✓		
If used with pressure dosing do not allow pressure discharge to scour soil interface	✓		
<b>Alternative Septic System [I/A Approval Letters]</b>			
Was DEP Approval Letter provided and/or have you reviewed the letter for conditions?	✓		
Is the technology being properly applied and does it meet all DEP Approval Conditions?	✓		
Is there a note on the plan regarding the requirement for perpetual maintenance agreement?	✓		
Any alarms involved on separate circuits	✓		
Did the applicant submit an operation and maintenance manual?	✓		
Has applicant submitted a copy of a maintenance	✓		
<b>Variances</b>			
Are the variances listed on the plan ? [310 CMR 15.220 (4)(p)]		LWA ✓	
RLS Stamp necessary on plan if a component is within five feet of property line [310 CMR 15.412(4)]	✓		
New construction or increased flow proposed - [Refer to 310 CMR 15.414]	✓		



<i>Nitrogen Sensitive Areas</i>	N/A	OK	No
Is the system in a Designated Nitrogen Sensitive Area (Zone II for a public supply well)? [310 CMR 15.214, 310 CMR 15.215 and 310 CMR 15.216 - also refer to Policy regarding upgrades of such existing systems]	✓		
Is the system proposed on the same lot as served by private well ? [310 CMR 15.214(2)]		✓	
Are the nitrogen loads proposed in compliance? [310 CMR 15.216(1)]	✓		
<i>Miscellaneous</i>			
Pumping to septic tank ? [ 310 CMR 15.229]	✓		
Shared System [310 CMR 15.290]	✓		

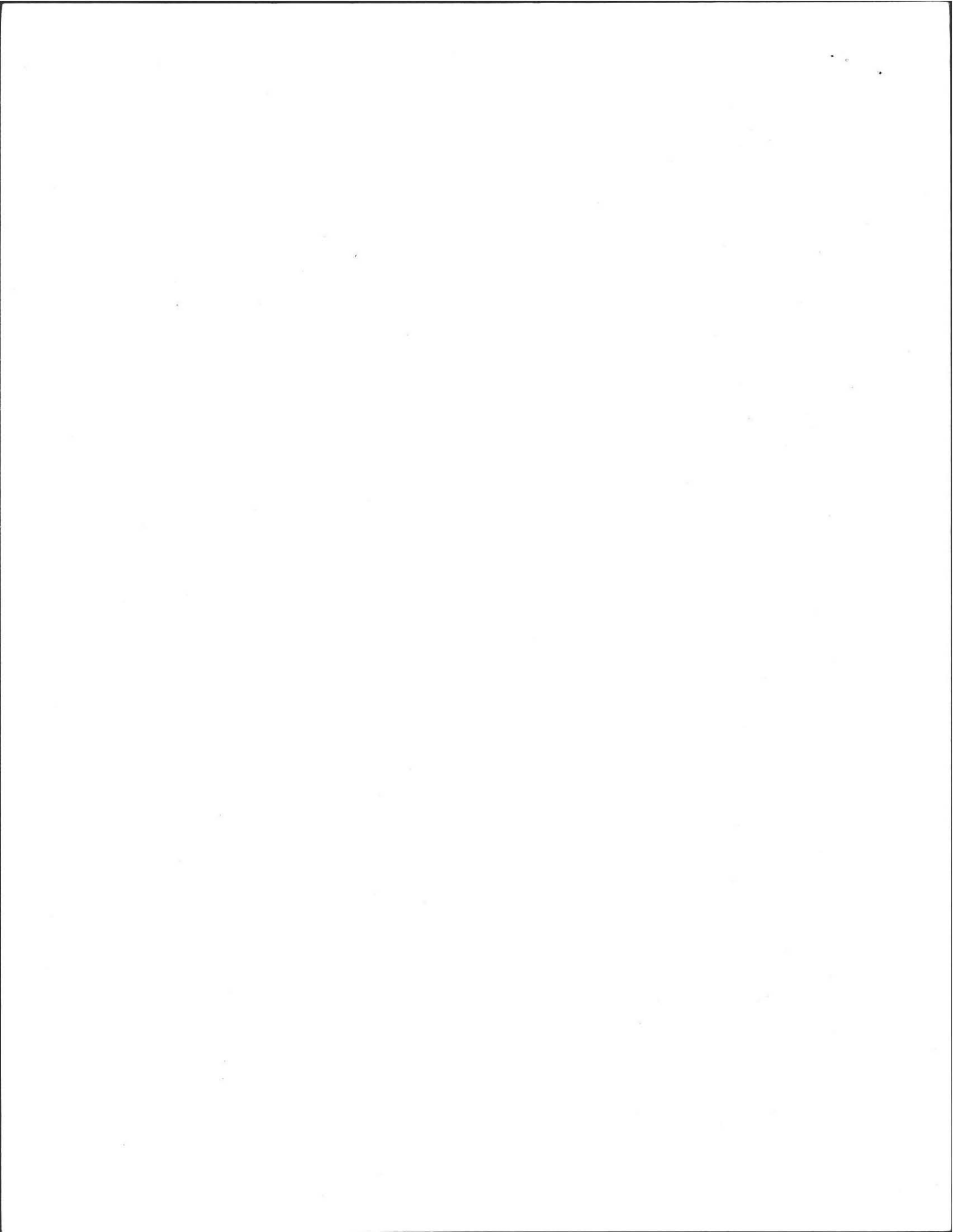


Address \_\_\_\_\_

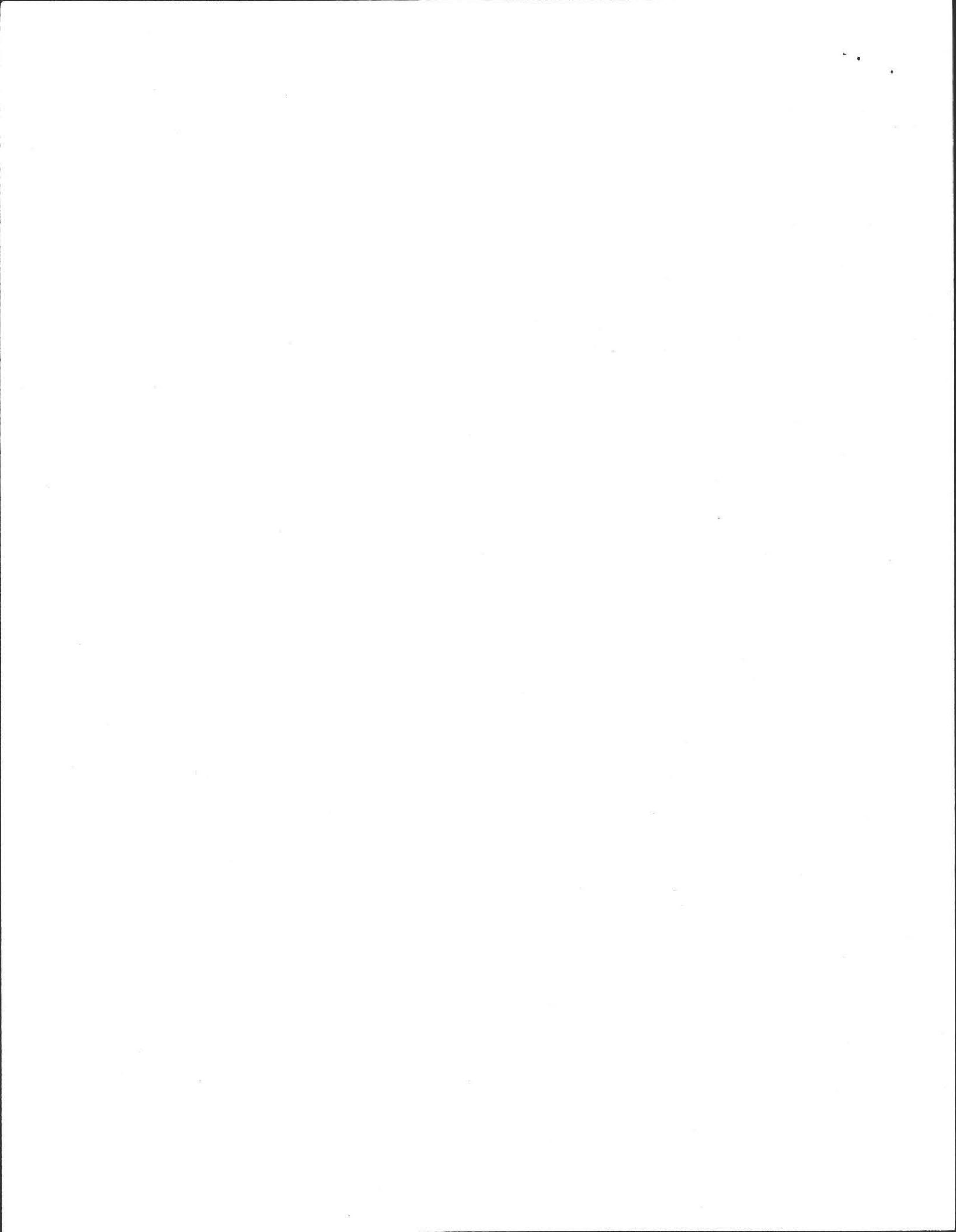


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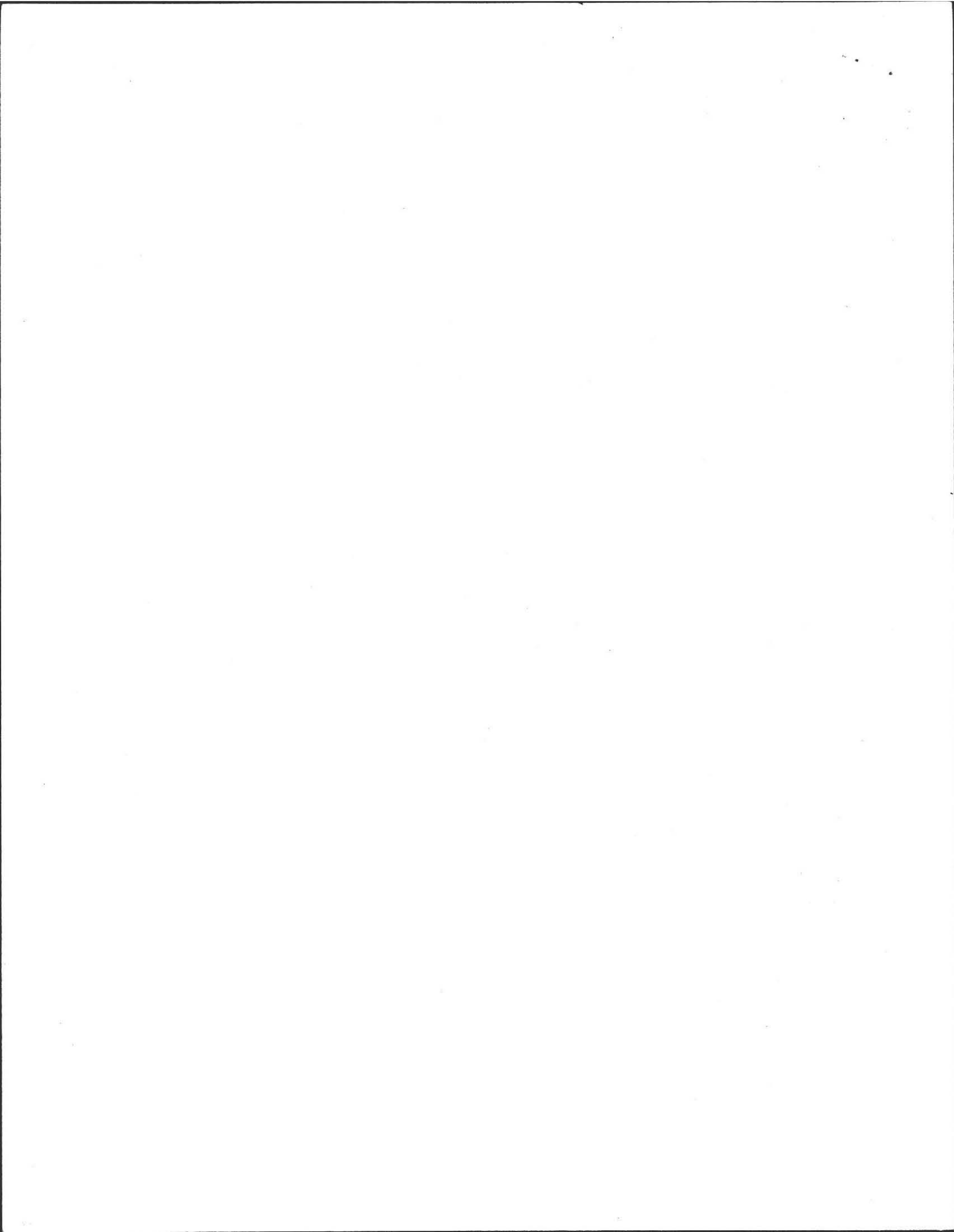














Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

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



1. Facility Name and Address:

Oliver and Melissa Miller

Name

580 Market Hill Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Name and Address (if different from above):

same

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

- Residential Institutional Commercial School

4. Describe Facility:

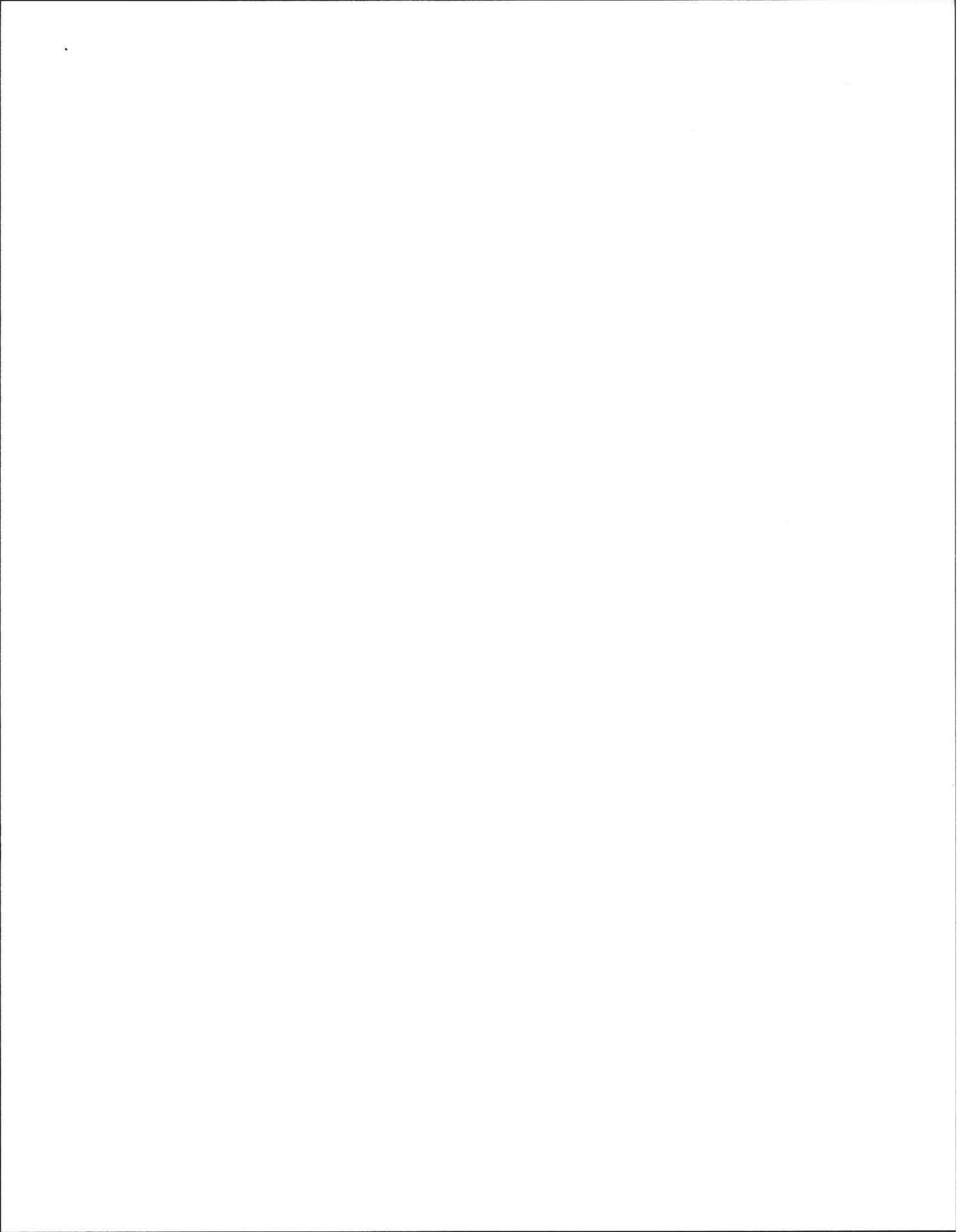
Single Family Res.

5. Type of Existing System:

- Privy Cesspool(s) Conventional Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

l.field







Small, illegible handwritten or stamped text in the top right corner.



# Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

## B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

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Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

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If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). **The soil evaluator must be a member or agent of the local approving authority.**

High groundwater evaluation determined by:

\_\_\_\_\_  
Evaluator's Name (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of evaluation

## C. Explanation

Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

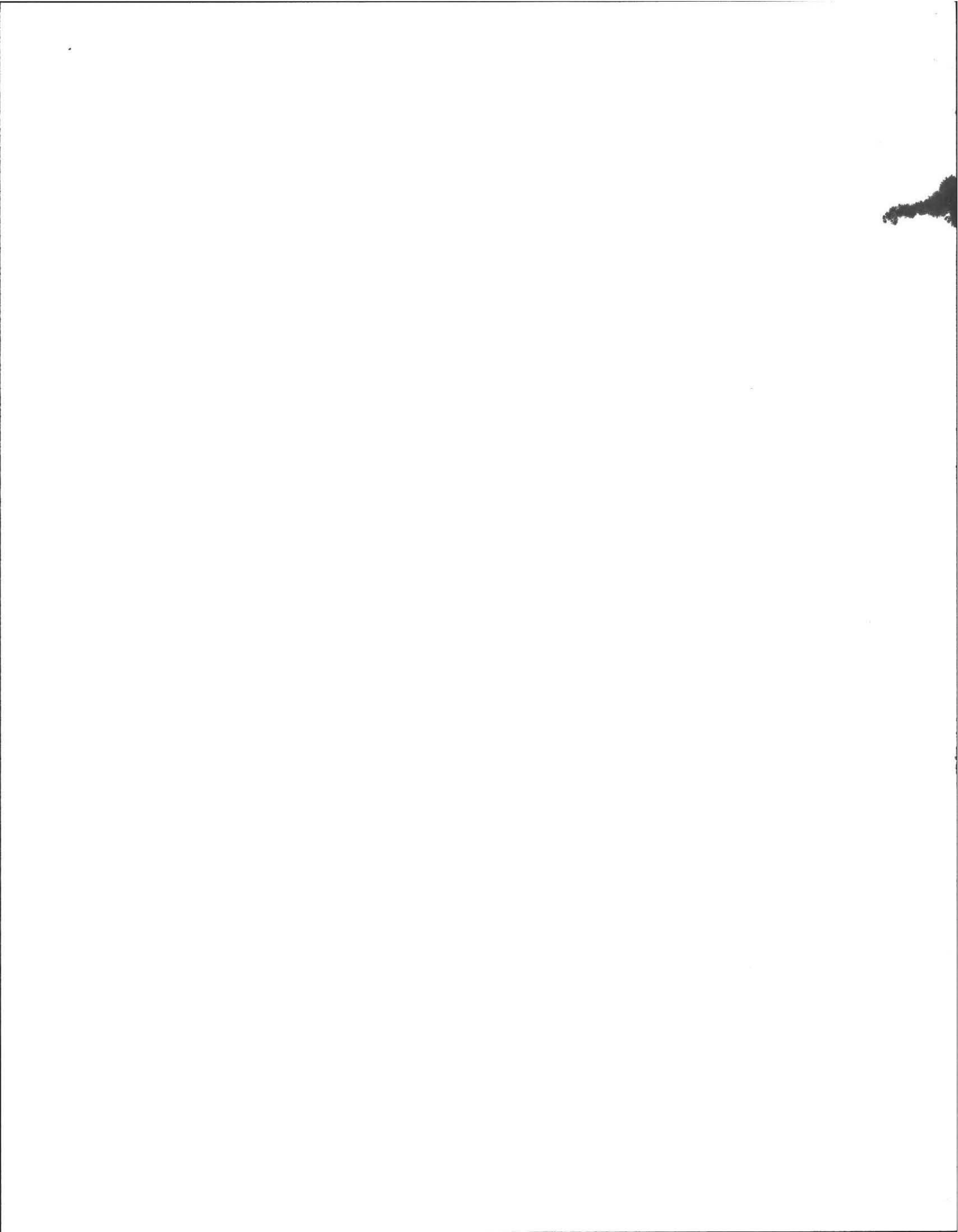
Due to grading to house & available feasible yard size

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2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Would not change request.

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Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

No applicable

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

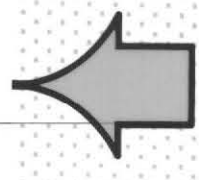
- Application for Disposal System Construction Permit
Complete plans and specifications
Site evaluation forms
A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).
Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Handwritten signatures of Oliver and Melissa Miller

Handwritten date: 05/09/2013



Facility Owner's Signature

Oliver and Melissa Miller

Print Name

Alan Weiss, RS

Name of Preparer

350 Old Enfield Road,

Preparer's address

MA 01007

State/ZIP Code

Date

05.04.2013

Date

Belchertown

City/Town

413.323.5957

Telephone





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

aeweiss@charter.net

Date: 4/25/13

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Witnessed By: E. Smith

Date: 04/25/13

Location Address or Lot # <u>Map 3D. LOT 64</u> <u>500 Market Hill Rd.</u>	Owner's Name, Address, and Telephone # <u>Oliver Miller</u> <u>500 Market Hill Rd</u> <u>Amherst MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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)

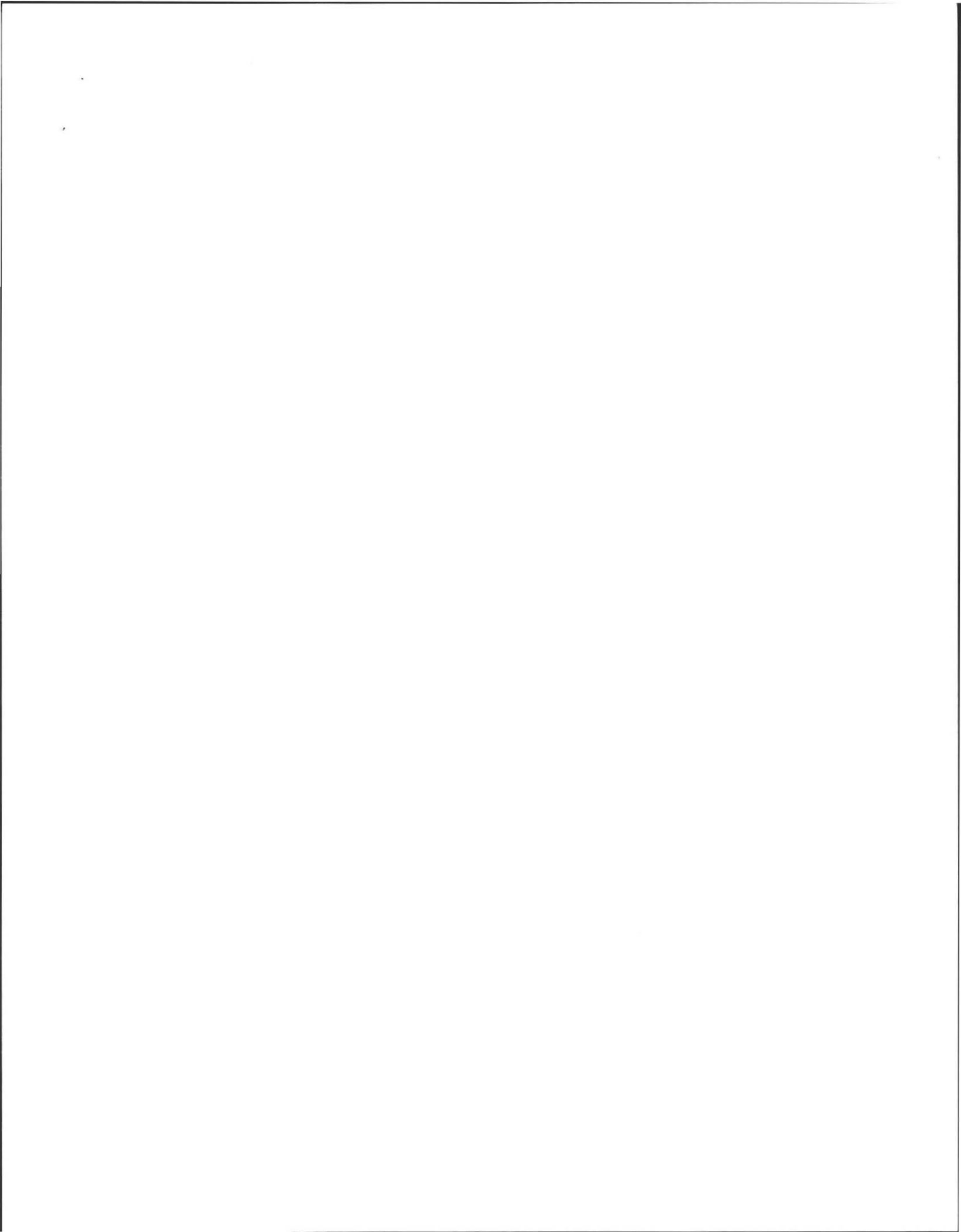
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal  Normal  Below Normal

Other References Reviewed: See Regenair set back 200'f





Location Address or Lot No. 580. MKT hill

### On-site Review

Deep Hole Number L+2 Date: 4/25/13 Time: 1:45 Weather SUN

Location (identify on site plan) \_\_\_\_\_

Land Use Residential Slope (%) 2 Surface Stones Few

Vegetation grasses

Landform Terrace

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from: \*

Open Water Body 100' feet Drainage way 50' feet

Possible Wet Area 100' feet Property Line 25' feet

Drinking Water Well 100' feet Other \_\_\_\_\_

### DEEP OBSERVATION HOLE LOG\*

#1

#2

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-10"	Ap	FSL	10YR 3/3		- Friable
10-22"	Bw	LS	10YR 5/6		- Friable, F.S. sandy
22" → 120"	C <sub>1</sub>	LS/S <sub>L</sub> *	2.5Y 4/3	48" 2.5Y 4/1	- F. Sandy Ahiatw till, 5% stones * more compact w/ depth
0-12"	Ap	FSL	10YR 3/1		- Friable
12-24"	Bw	LS	10YR 5/6		- Friable + F.S. sand
24"-80"	C <sub>1</sub>	LS/S <sub>L</sub> *	2.5Y 4/3	48" 2.5Y 4/1	* compacted to SL w/ depth Same as #1 Large boulder in bottom

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

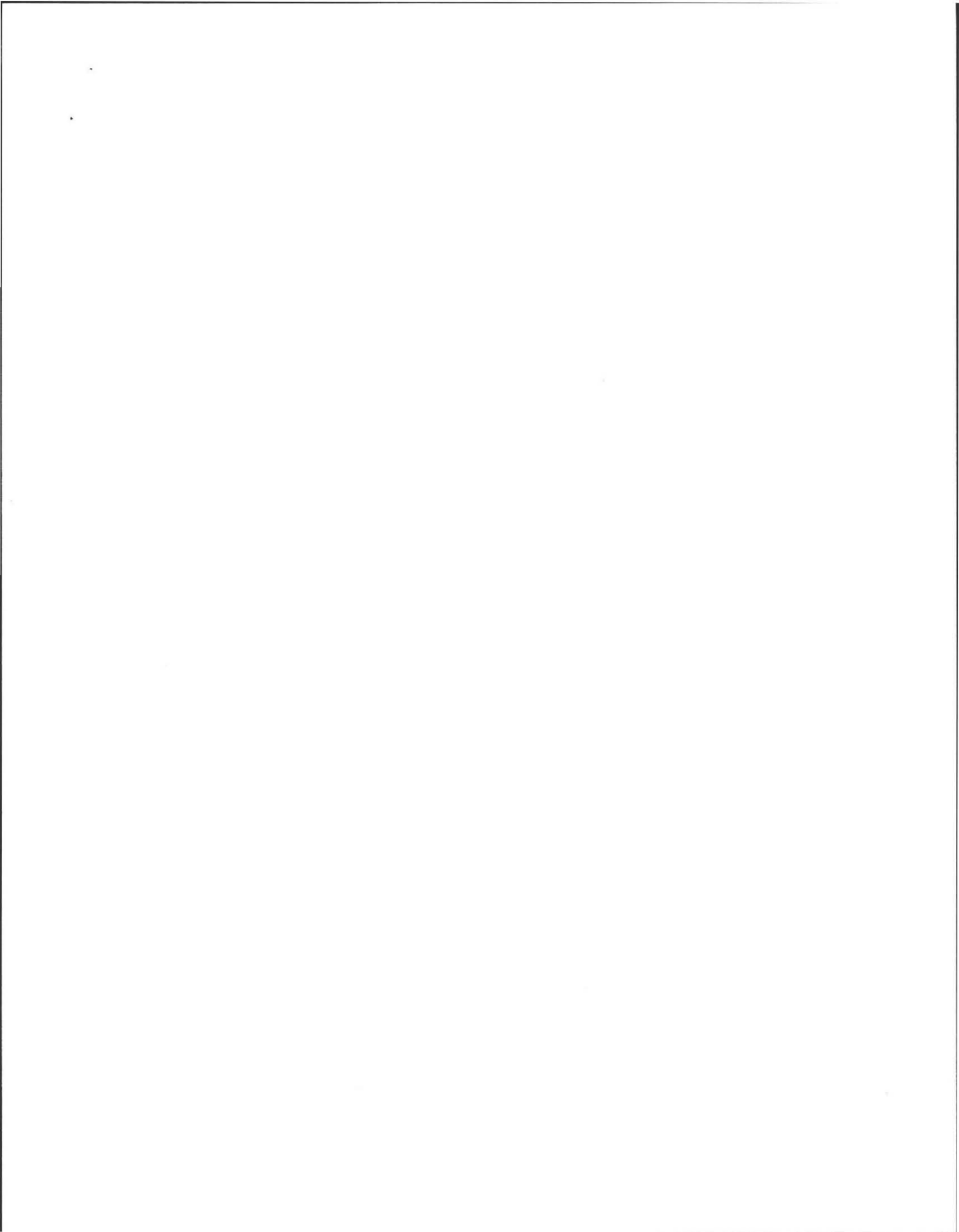
Parent Material (geologic) Ahiatw till Depth to Bedrock: 80" - 120"

Depth to Groundwater: Standing Water in the Hole: 78" Weeping from Pit Face: 66"

Estimated Seasonal High Ground Water: 48"







Location Address or Lot No. 580 Market Hill RD.

COMMONWEALTH OF MASSACHUSETTS  
Amherst, Massachusetts

Percolation Test*		
Date: <u>4/25/13</u>		Time: <u>(0100 PM)</u>
Observation Hole #	<u>PH</u>	
Depth of Perc	<u>52"</u>	
Start Pre-soak	<u>01:15</u>	
End Pre-soak	<u>01:30</u>	
Time at 12"	<u>01:30</u>	
Time at 9"	<u>01:45</u>	
Time at 6"	<u>02:02</u>	
Time (9"-6")	<u>(17) 6 min (20.0)</u>	
Rate Min./Inch	<u>* use 10 min/in</u>	<u>Repair</u>

for transition to SL w/ depth \*

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

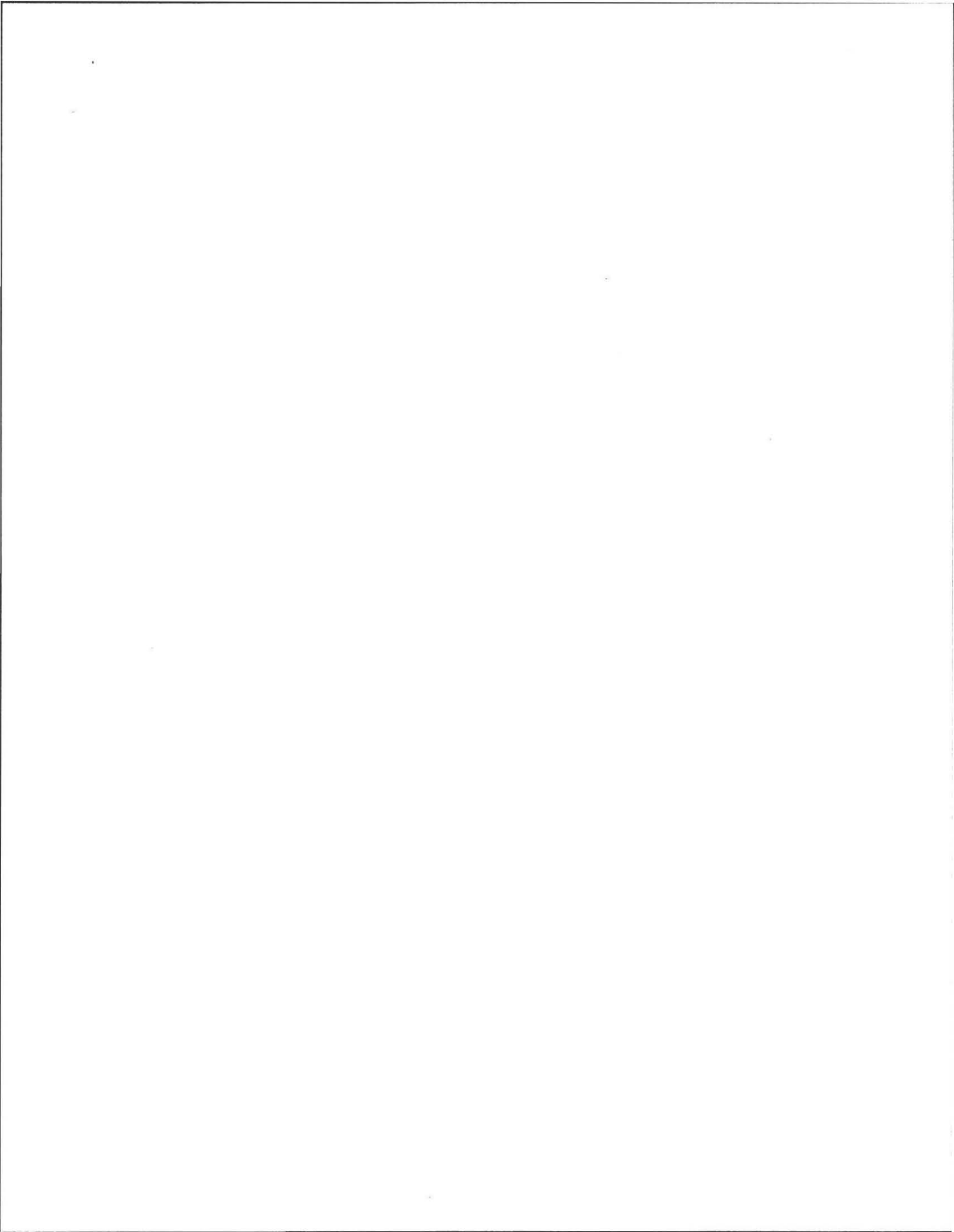
Site Passed  Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed. Smith.

Comments: \_\_\_\_\_





Location Address or Lot No. # 580 Market Hill 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 48" 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

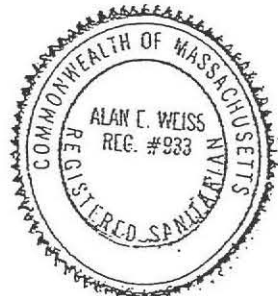
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes

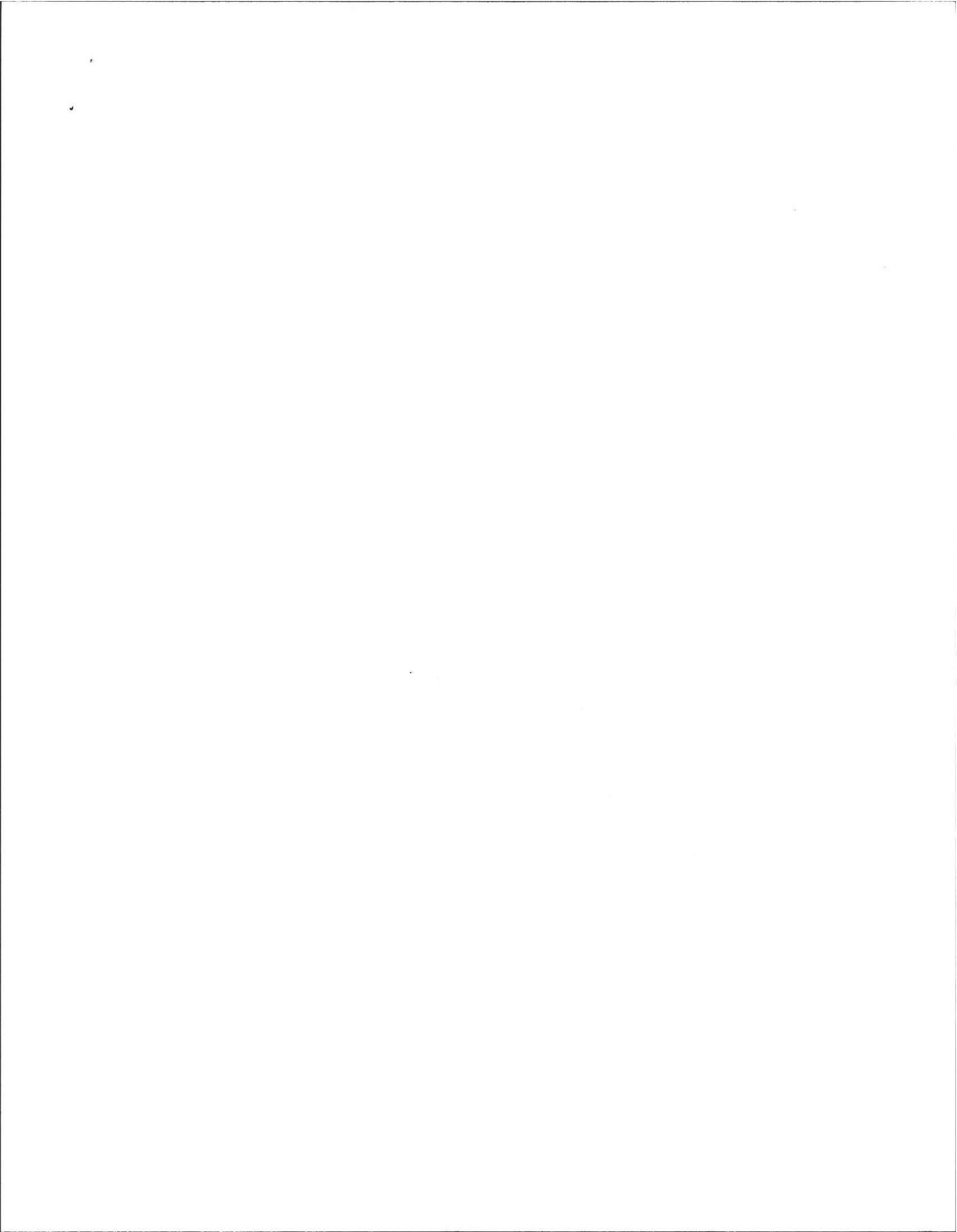
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

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 *AW* Date 4/25/13





No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location <u>580 Market Hill Rd.</u>	Owner's Name <u>Oliver + Melissa Miller</u>
Map/Parcel# <u>3D / 64</u>	Address <u>580 MKT Hill Rd -</u>
Lot# <u>64</u>	Telephone# <u>646-228-7733</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alex Weiss, RS</u>
Address _____	Address <u>Belchertown, MA</u>
Telephone# _____	Telephone# <u>413-323-5957</u>

Type of Building Single Family Residence Lot Size 2.18 AC sq. ft.  
 Dwelling - No. of Bedrooms 4 OR (5 Design) per Town Garbage grinder NO  
 Other - Type of Building (4 Bedroom Home) No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 552 gpd  
 Plan: Date 5/4/13 Number of sheets 1 Revision Date \_\_\_\_\_

Title Septic System Repair Design  
 Description of Soil(s) CLASS 1-2 LS -> trending to 3L w/ depth  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A Weiss E-Smith Date of Evaluation 4-25-13

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new SAS w guide + LUA for Reservoir offset request (2204)

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 place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Inspections Subgoal + Final, + Plumbing (as per E. Smith)

No. \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

FEE \_\_\_\_\_

Board of Health, \_\_\_\_\_, 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 \_\_\_\_\_

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. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer: \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

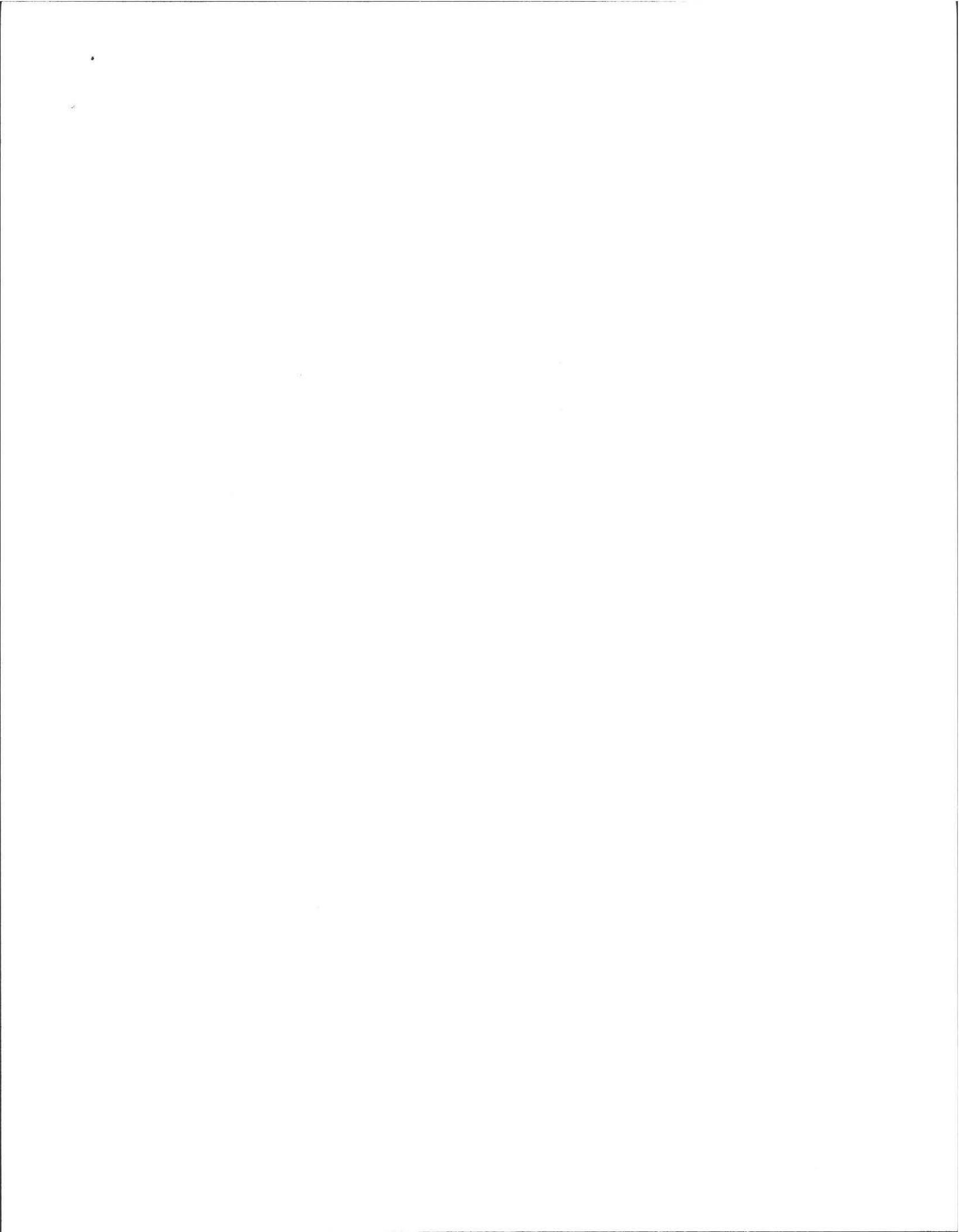
Board of Health, \_\_\_\_\_, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for

Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

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



No. \_\_\_\_\_

FEE \_\_\_\_\_

### COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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



Location <u>580 Market Hill Rd.</u>	Owner's Name <u>Oliver + Melissa Miller</u>
Map/Parcel# <u>3D / 64</u>	Address <u>580 MKT Hill Rd.</u>
Lot# <u>64</u>	Telephone# <u>646-228-7733</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alice Weiss, PE</u>
Address _____	Address <u>Belchertown, MA</u>
Telephone# _____	Telephone# <u>413-323-5957</u>

Type of Building Single Family Residence Lot Size 2.18 ac sq-ft.  
 Dwelling - No. of Bedrooms 4 OR (5 DESIGN) per Town Garbage grinder No  
 Other - Type of Building (4 Bedroom Home) No. of persons INSO Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 552 gpd

Plan: Date 5/4/13 Number of sheets 1 Revision Date \_\_\_\_\_

Title Septic System Repair Design

Description of Soil(s) CLASS 1-2 LS -> tendency to SL w/ depth

Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. Weiss Date of Evaluation 4-25-13

E. Smith

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new SWS w guidance + LUA for Reservoir offset request (220')

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 [Signature] Date 05/09/13

Inspections Subgrade + Final, + Plumbing (as per E. Smith)

No. \_\_\_\_\_

FEE \_\_\_\_\_

### COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, 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 \_\_\_\_\_

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. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. \_\_\_\_\_

FEE \_\_\_\_\_

### COMMONWEALTH OF MASSACHUSETTS

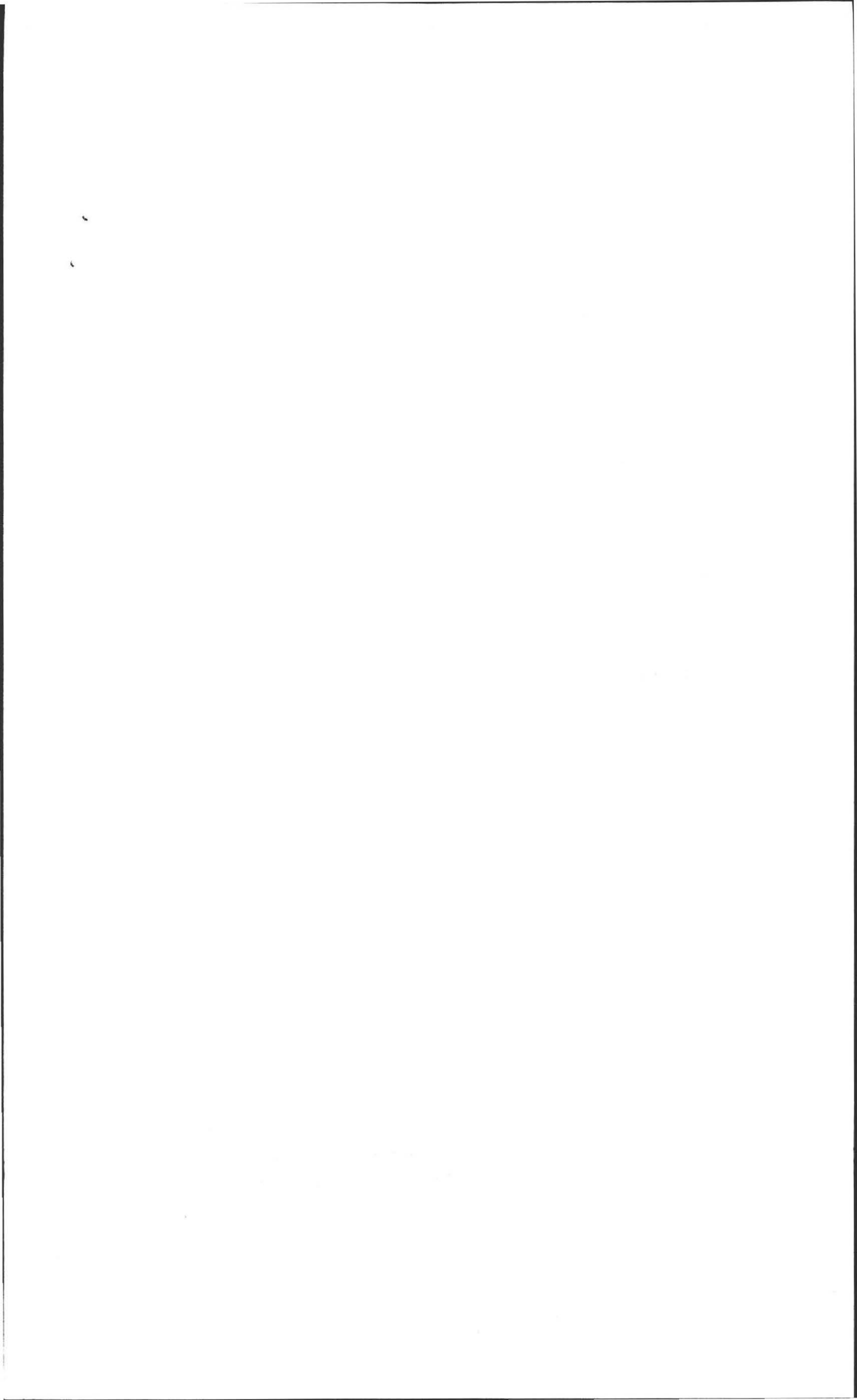
Board of Health, \_\_\_\_\_, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

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







ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

aeweiss@charter.net

Date: 4/25/13

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Witnessed By: E. Smith

Date: 04/25/13

Location Address or Lot # <u>Mqg 3D. LOT 64</u> <u>580 Market Hill Rd.</u>	Owner's Name, Address, and Telephone # <u>Oliver Miller</u> <u>580 Market Hill Rd</u> <u>Amherst MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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)

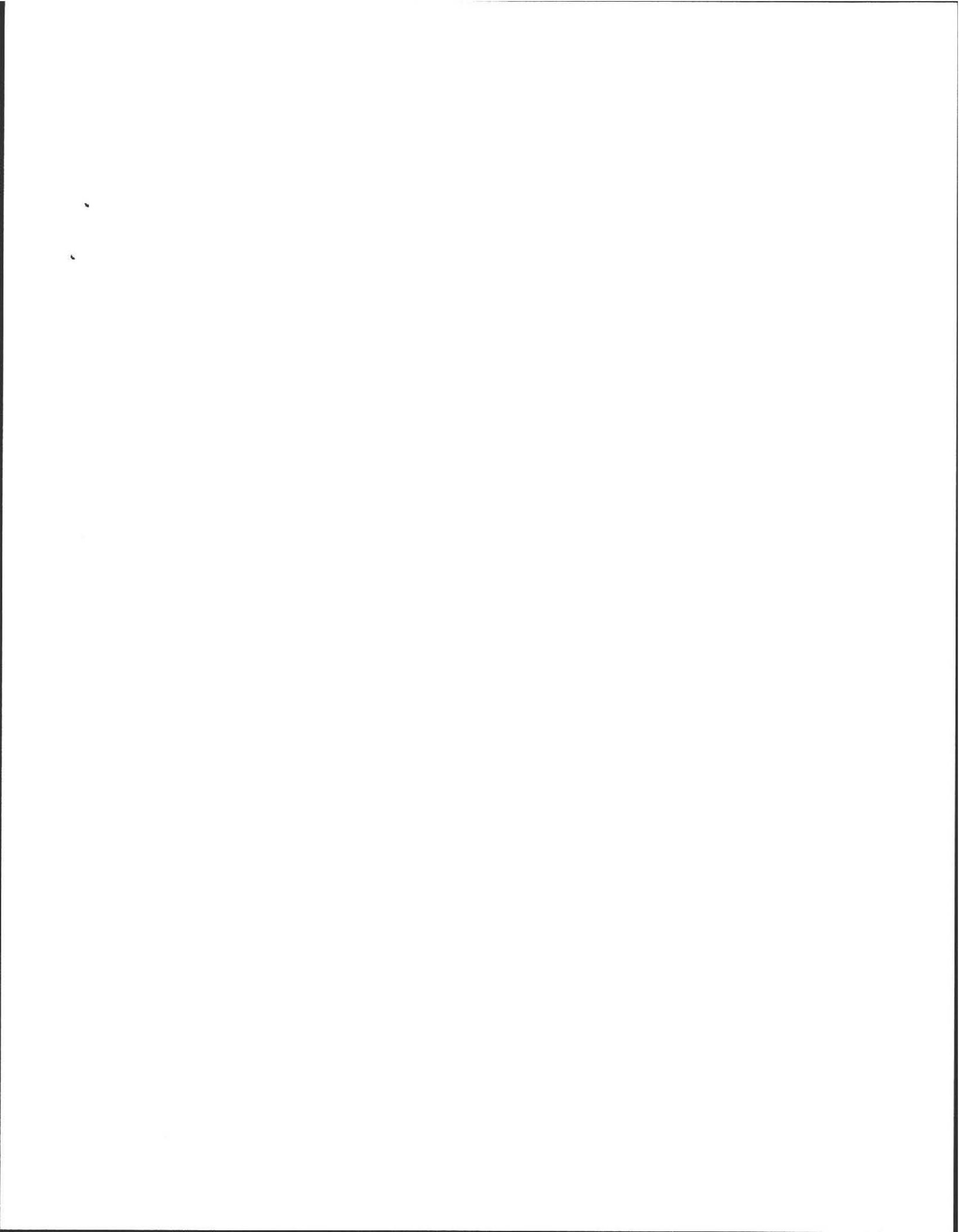
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal  Normal  Below Normal

Other References Reviewed: See Regewair set back 200'4





Location Address or Lot No. 580 Mkt Hill

### On-site Review

Deep Hole Number L+2 Date: 4/25/13 Time: 1:45 Weather SUN

Location (identify on site plan) \_\_\_\_\_

Land Use Residential Slope (%) 2 Surface Stones Few

Vegetation grasses

Landform Terrace

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from: \*  
 Open Water Body 100' feet      Drainage way 50' feet  
 Possible Wet Area 100' feet      Property Line 25' feet  
 Drinking Water Well 100' feet      Other \_\_\_\_\_

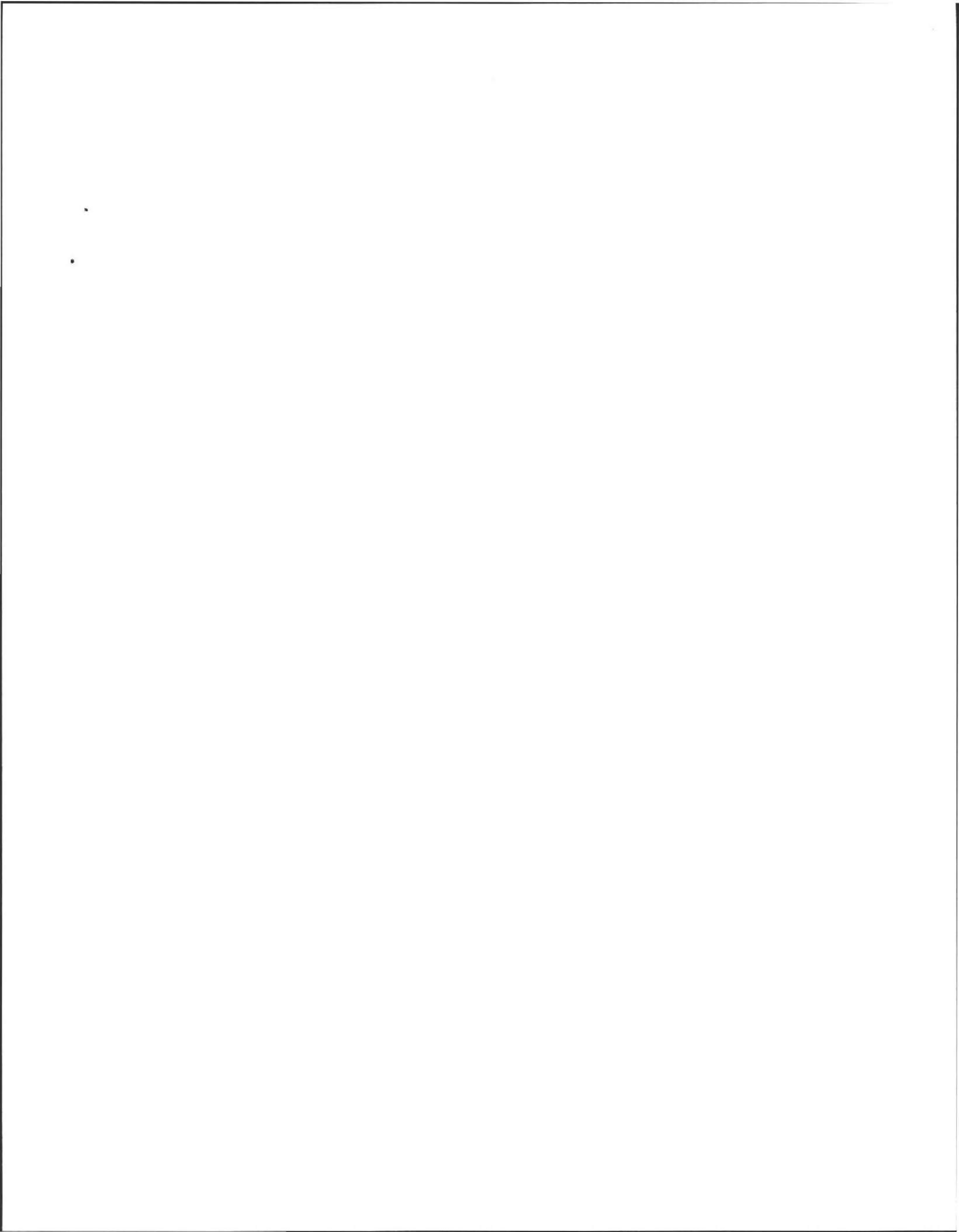
### DEEP OBSERVATION HOLE LOG\*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
<u>#1</u> 0-10" 10-28" 28-120"	Ap	FSL	10YR 3/3		- Friable
	Bw	LS	10YR 5/6		- Friable, F.S. sandy
	C <sub>1</sub>	LS/S <sub>L</sub> *	2.5Y 4/3	48" 2.5Y 4/1	- F. Sandy Ahiatw till, 5% stones * more compact w/ depth
<u>#2</u> 0-12" 12-24" 24"-80"	Ap	FSL	10YR 3/1		- Friable C <sub>1</sub>
	Bw	LS	10YR 5/6		- Friable C <sub>1</sub> + F.S. sand
	C <sub>1</sub>	LS/S <sub>L</sub> *	2.5Y 4/3	48" 2.5Y 4/1	* compacted to SL w/ depth Same as #1 Large boulder in bottom

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ahiatw till      Depth to Bedrock: 80"-120"  
 Depth to Groundwater: Standing Water in the Hole: 78"      Weeping from Pit Face: 66"  
 Estimated Seasonal High Ground Water: 48"





Location Address or Lot No. 580 Market Hill RD.

COMMONWEALTH OF MASSACHUSETTS  
Amherst, Massachusetts

Percolation Test*		
Date: ..	<u>4/25/13</u>	Time: <u>(0100 PM)</u>
Observation Hole #	<u>PH</u>	
Depth of Perc	<u>52"</u>	
Start Pre-soak	<u>01:15</u>	
End Pre-soak	<u>01:30</u>	
Time at 12"	<u>01:30</u>	
Time at 9"	<u>01:45</u>	
Time at 6"	<u>02:02</u>	
Time (9"-6")	<u>(17) 6 min / 30"</u>	
Rate Min./Inch	<u>* USE 10 min/in</u>	<u>Repair</u>

for transition to SL w/ depth \*

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

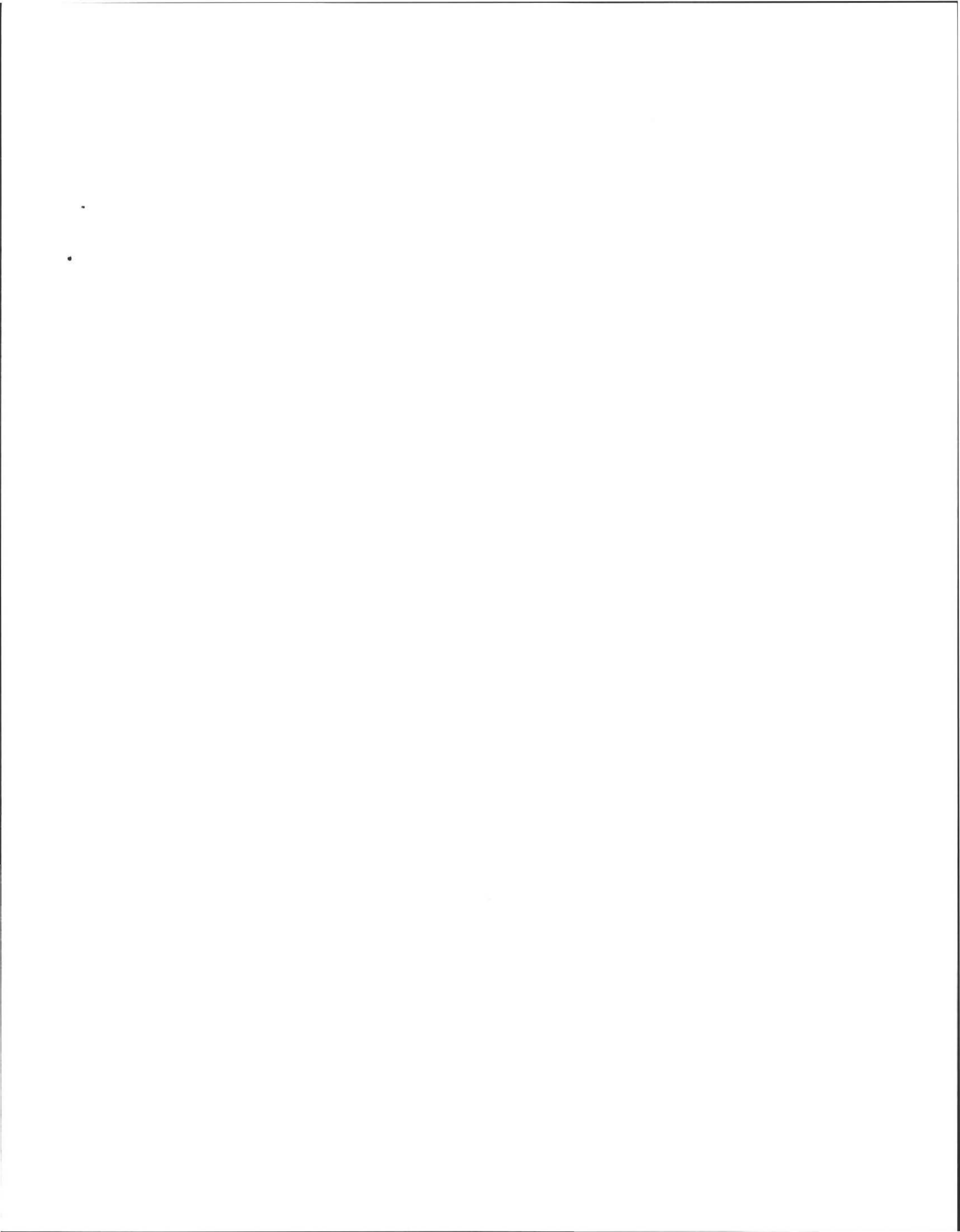
Site Passed  Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed. Smith.

Comments:





Location Address or Lot No. # 580 Market Hill 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 48" ..... 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

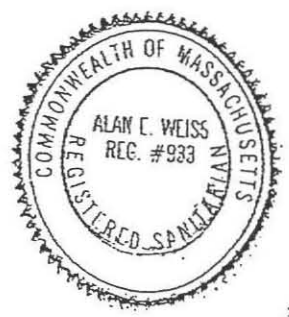
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

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

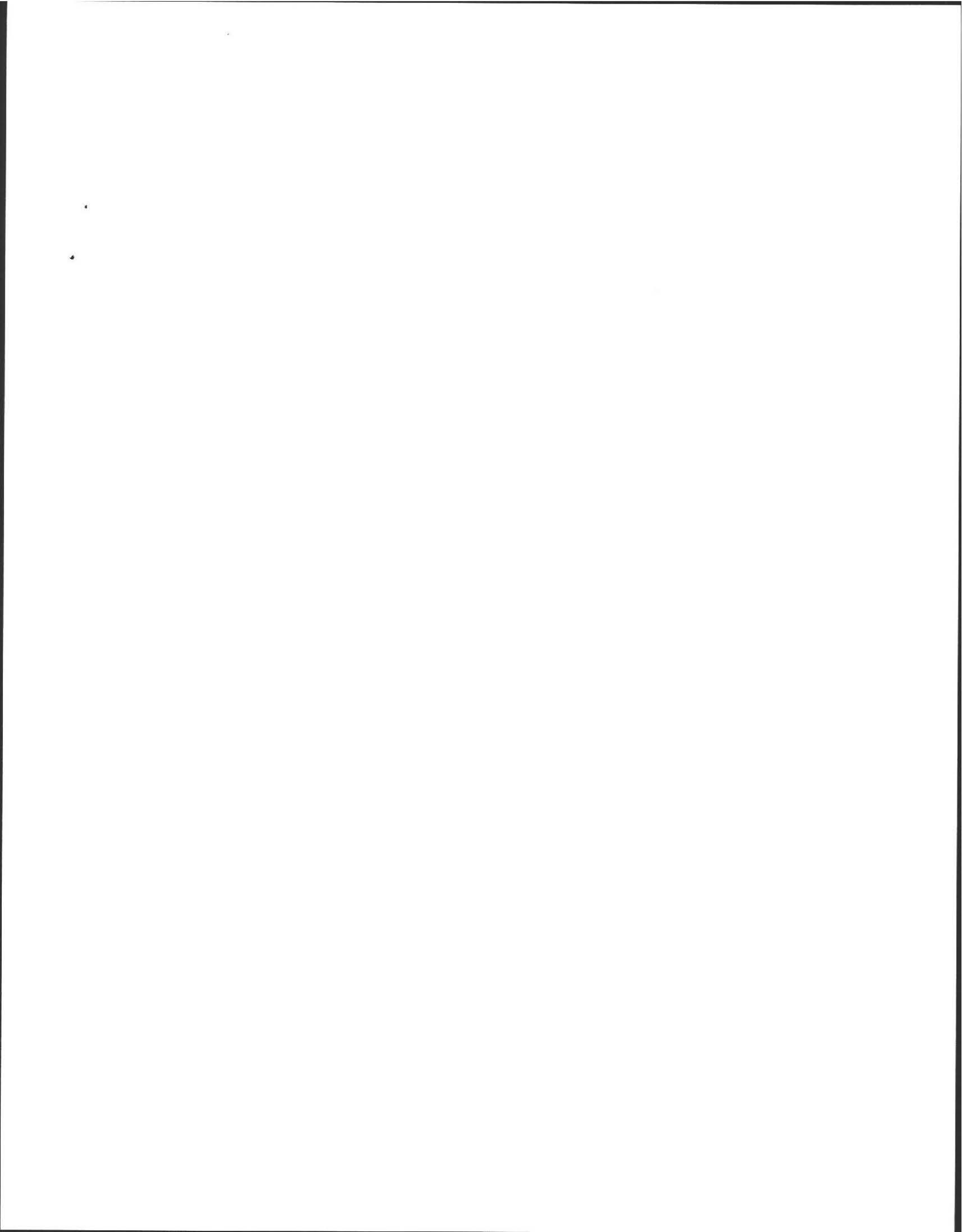
Certification

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 *AW* Date 4/25/13







# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location <u>580 Market Hill Rd.</u>	Owner's Name <u>Oliver + Melissa Miller</u>
Map/Parcel# <u>3D / 64</u>	Address <u>580 MKT Hill RD.</u>
Lot# <u>64</u>	Telephone# <u>646-228-7733</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alan Weiss, RS</u>
Address _____	Address <u>Belchertown, MA.</u>
Telephone# _____	Telephone# <u>413-323-5957</u>

Type of Building Single Family Residence Lot Size 2.18 AC sq. ft.  
 Dwelling - No. of Bedrooms 4 OR (5 Design) per Town Garbage grinder NO  
 Other - Type of Building (4 Bedroom Home) No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 552 gpd  
 Plan: Date 5/4/13 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title Sepic System Repair Design  
 Description of Soil(s) Class 1-2 L.S. trending to 3L w/ depth  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. Weiss E. Smith Date of Evaluation 4-25-13

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new SAS w/ guidance + LNA for Reservoir offset request (220')

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 Subgrade + Final, + Plumbing (as per E. Smith)

No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, 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 \_\_\_\_\_

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. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

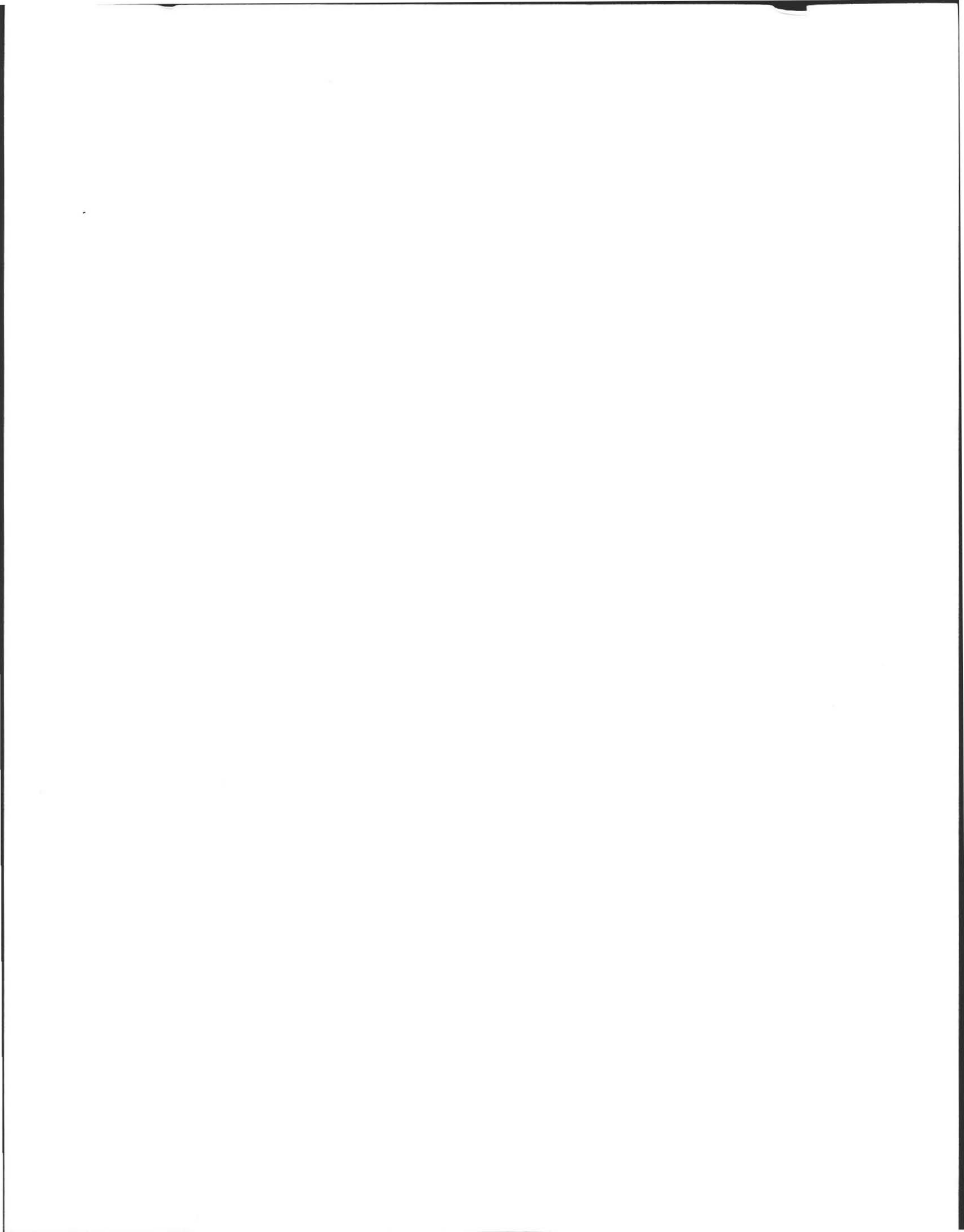
Board of Health, \_\_\_\_\_, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for

Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

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





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

aweiss@charter.net

Date: 4/25/13

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 04/25/13

Witnessed By: E. Smith

Location Address or Lot # <u>Map 3D. LOT 64</u> <u>580 Market Hill Rd.</u>	Owner's Name, Address, and Telephone # <u>Oliver Miller</u> <u>580 Market Hill Rd</u> <u>Amherst MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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)

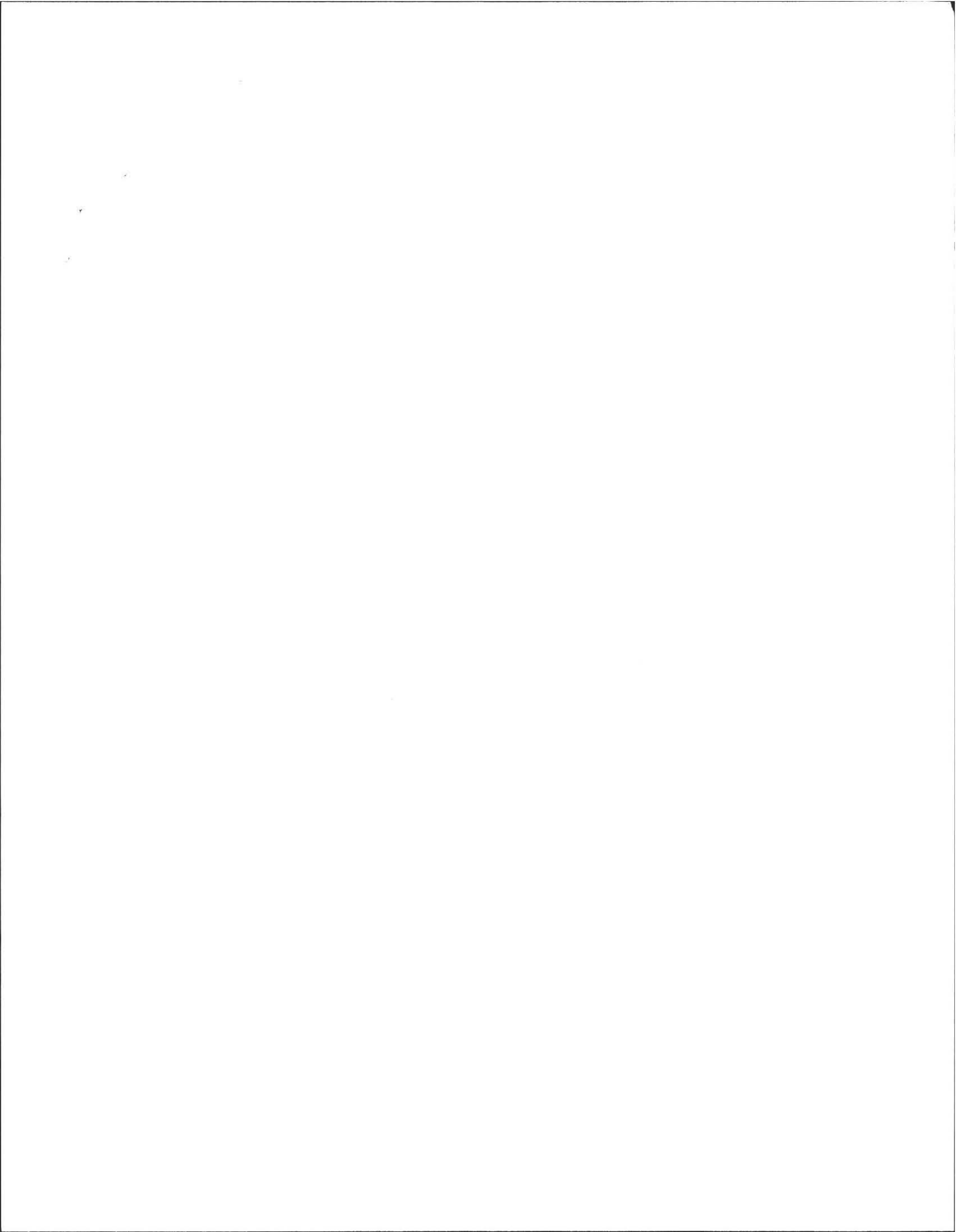
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range: Above Normal  Normal  Below Normal

Other References Reviewed: See Reservoir Setback 2004











No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location <u>580 Market Hill Rd.</u>	Owner's Name <u>Oliver + Melissa Miller</u>
Map/Parcel# <u>3D / 64</u>	Address <u>580 MKT Hill Rd.</u>
Lot# <u>64</u>	Telephone# <u>646-228-7733</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alan Weiss, RS</u>
Address	Address <u>Belcher Ave, MA</u>
Telephone#	Telephone# <u>413-323-5957</u>

Type of Building Single Family Residence Lot Size 2.18 AC sq-ft.  
 Dwelling - No. of Bedrooms 4 OR (5 DESIGN) per Town Garbage grinder (No)  
 Other - Type of Building (4 Bedroom Home) No. of persons INSO Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 552 gpd

Plan: Date 5/4/13 Number of sheets 1 Revision Date \_\_\_\_\_

Title Septic System Repair Design

Description of Soil(s) CLASS 1-2 LS -> tendency to SL w/ depth

Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. Weiss Date of Evaluation 4-25-13

E. Smith

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new SAS w/ guidance + LNA for Reservoir offset request (220')

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 Oliver + Melissa Miller Date 05/09/13

Inspections Subgrade + Final, + Plumbing (as per E. Smith)

No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, 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 \_\_\_\_\_

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. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer: \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

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

your notes





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

aweiss@charter.net

Date: 4/25/13

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 04/25/13

Witnessed By: E. Smith

Location Address or Lot # <u>Map 3D, LOT 64</u> <u>580 Market Hill Rd.</u>	Owner's Name, Address, and Telephone # <u>Oliver Miller</u> <u>580 Market Hill Rd</u> <u>Amherst MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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)

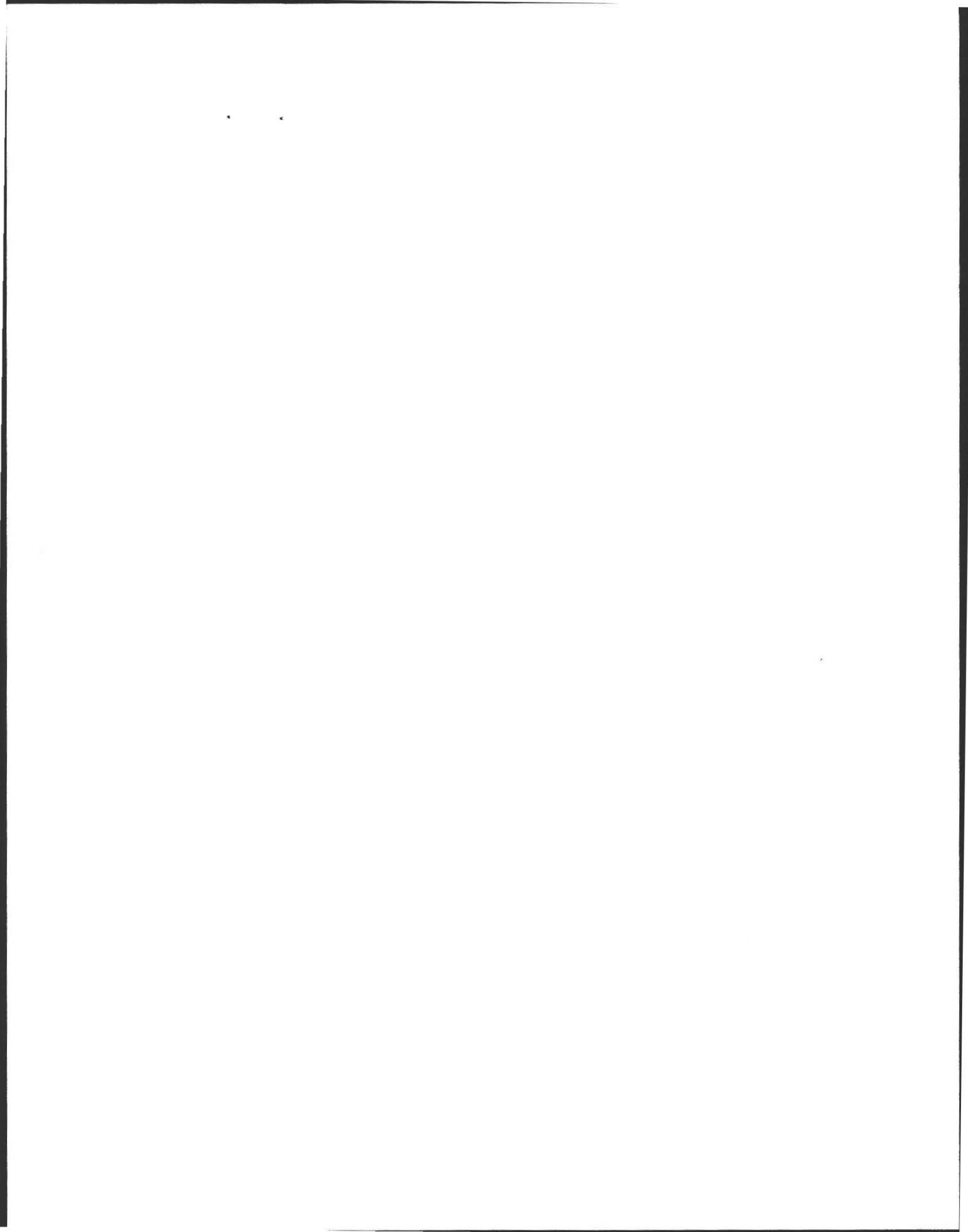
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal  Normal  Below Normal

Other References Reviewed: See Reservoir Setback 200'f





Location Address or Lot No. 580 Mkt Hill

### On-site Review

Deep Hole Number L+2 Date: 4/25/13 Time: 1:45 Weather Sun

Location (identify on site plan) \_\_\_\_\_

Land Use Residential Slope (%) 2 Surface Stones Few

Vegetation grasses

Landform Terrace

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from: \*

Open Water Body 100'+ feet      Drainage way 50'+ feet  
Possible Wet Area 100'+ feet      Property Line 25' feet  
Drinking Water Well 100'+ feet      Other \_\_\_\_\_

### DEEP OBSERVATION HOLE LOG\*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
<u>#1</u> 0-10" 10-28" 28 → 120"	Ap	FSL	10YR 3/3		- Friable
	Bw	LS	10YR 5/6	48"	- Friable, F.S. sandy
	C <sub>1</sub>	LS/SL*	2.5Y 4/3	2.5Y 4/1	- F. Sandy Ahi lat w fill, 5% stones * more compact w/ depth
<u>#2</u> 0-12" 12-24" 24"-80"	Ap	FSL	10YR 3/1		- Friable
	Bw	LS	10YR 5/6	48"	- Friable + F.S. sand
	C <sub>1</sub>	LS/SL*	2.5Y 4/3	2.5Y 4/1	* compacted to SL w/ depth Save as fill Large boulder in bottom

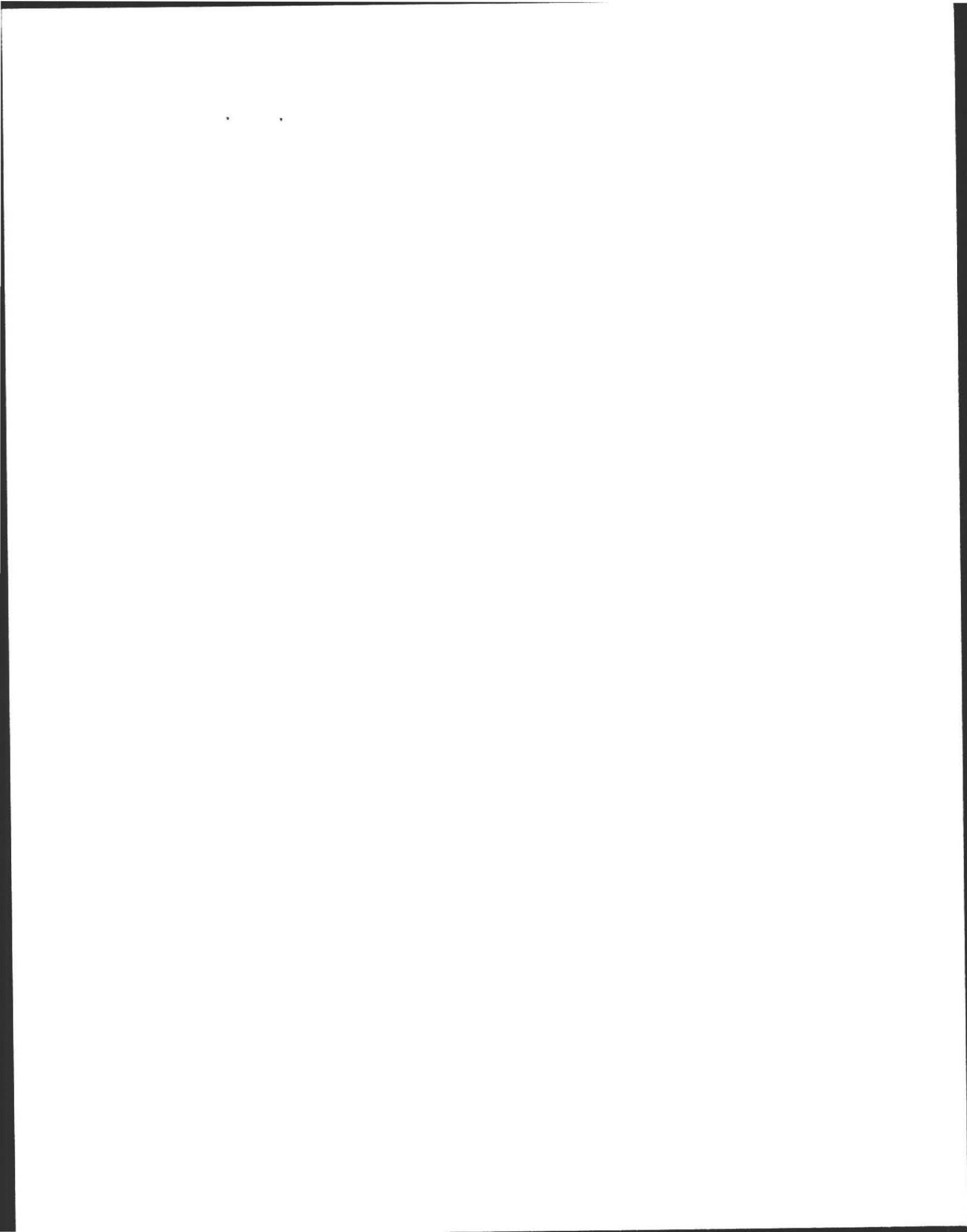
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ahi lat w fill      Depth to Bedrock: 80"-120"+

Depth to Groundwater: Standing Water in the Hole: 78"      Weeping from Pit Face: 66"

Estimated Seasonal High Ground Water: 48"





Location Address or Lot No. 580 Market Hill RD.

COMMONWEALTH OF MASSACHUSETTS  
Amherst, Massachusetts

Percolation Test*	
Date: .. <u>4/25/13</u>	Time: <u>(0100 PM)</u>
Observation Hole #	<u>PH</u>
Depth of Perc	<u>52"</u>
Start Pre-soak	<u>01:15</u>
End Pre-soak	<u>01:30</u>
Time at 12"	<u>01:30</u>
Time at 9"	<u>01:45</u>
Time at 6"	<u>02:02</u>
Time (9"-6")	<u>(17) 6 min (20 min)</u>
Rate Min./Inch	<u>* USE 10 min/in</u>

↓ Repair

for transition to SL w/ depth \*

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

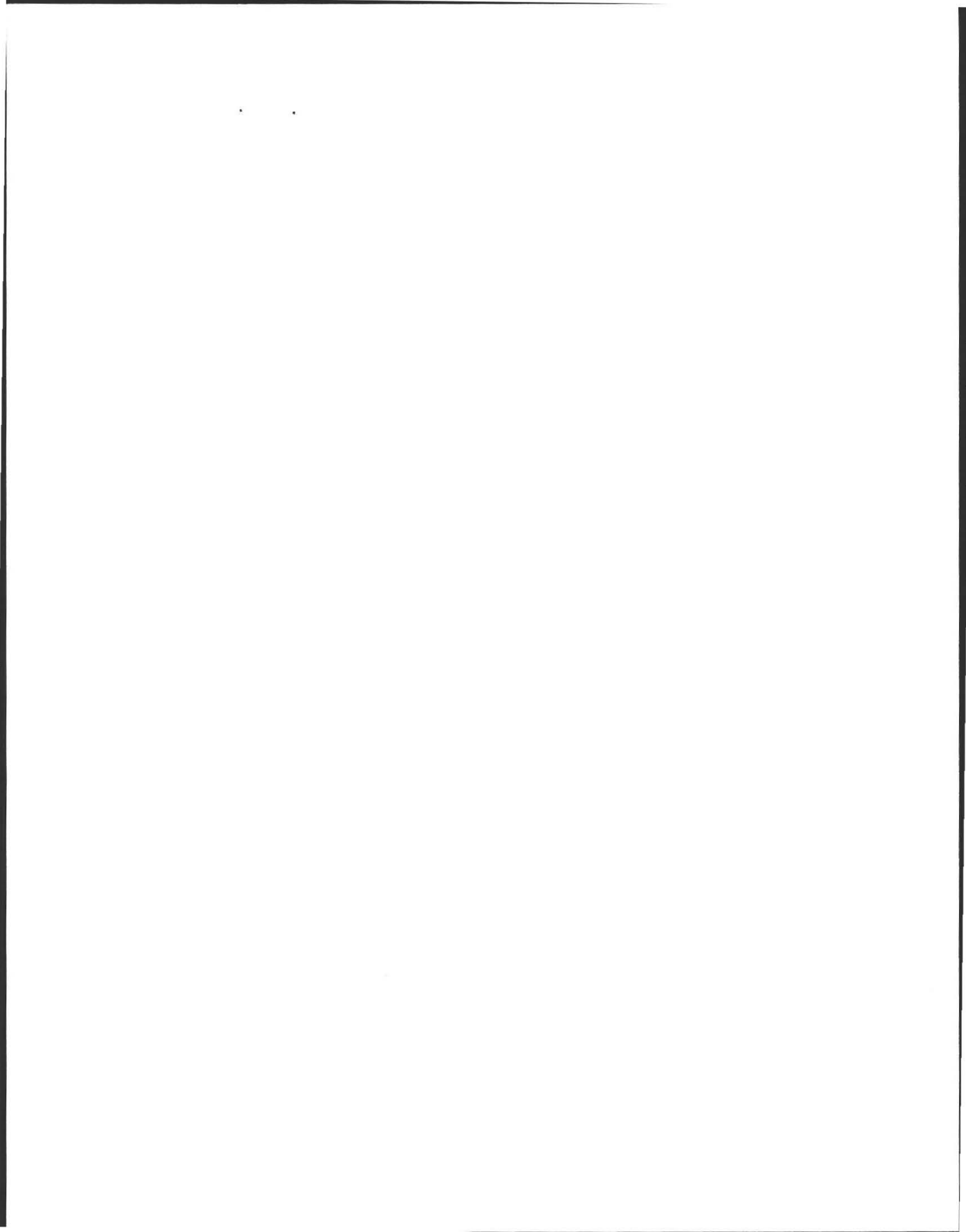
Site Passed  Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed. Smith.

Comments:





Location Address or Lot No. # 580 Market Hill 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 48" 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

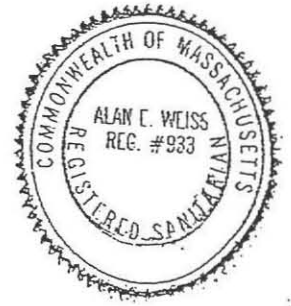
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

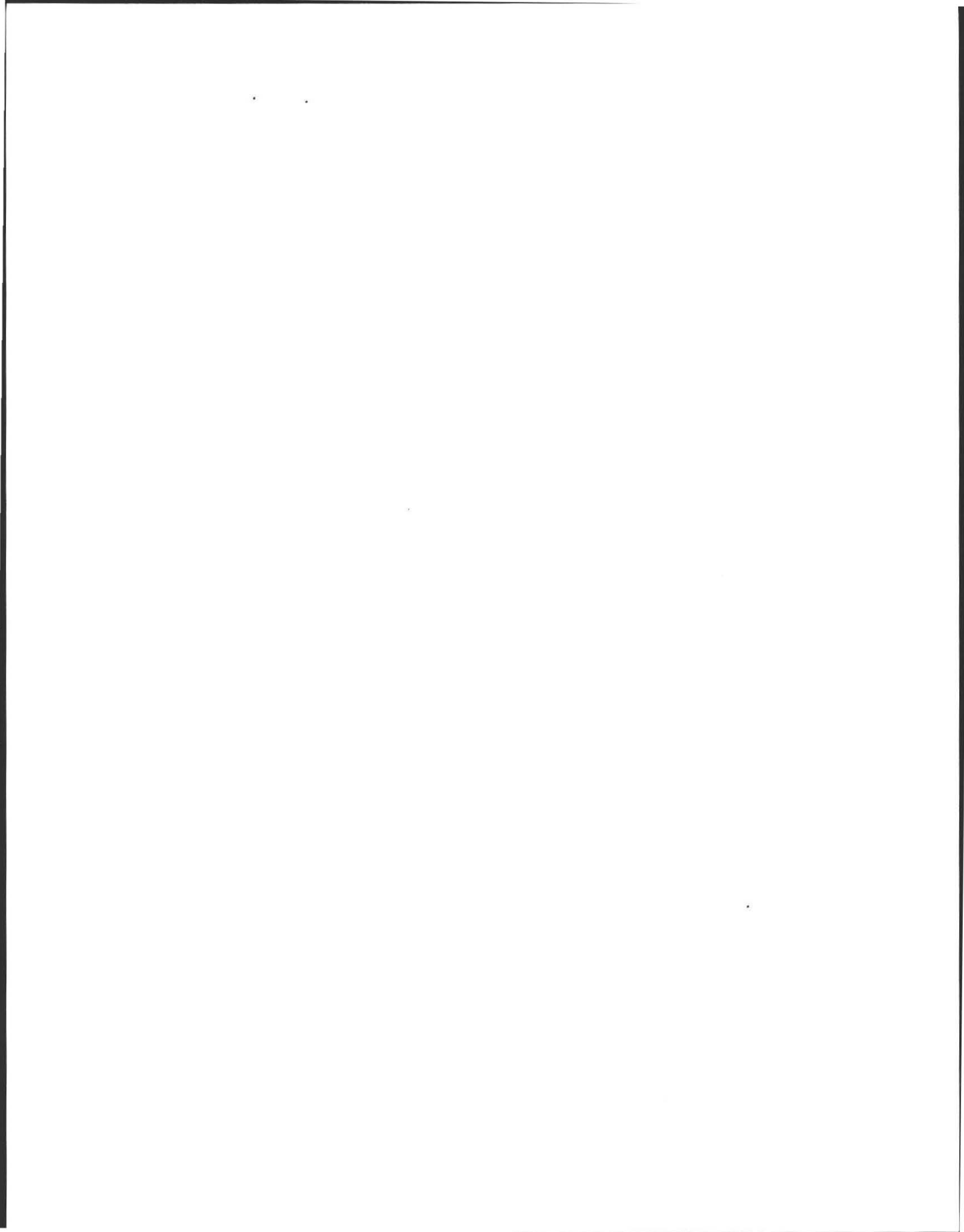
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

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 *AW* Date 4/25/13









Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

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



1. Facility Name and Address:

Oliver and Melissa Miller

Name

580 Market Hill Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Name and Address (if different from above):

same

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

- Residential Institutional Commercial School

4. Describe Facility:

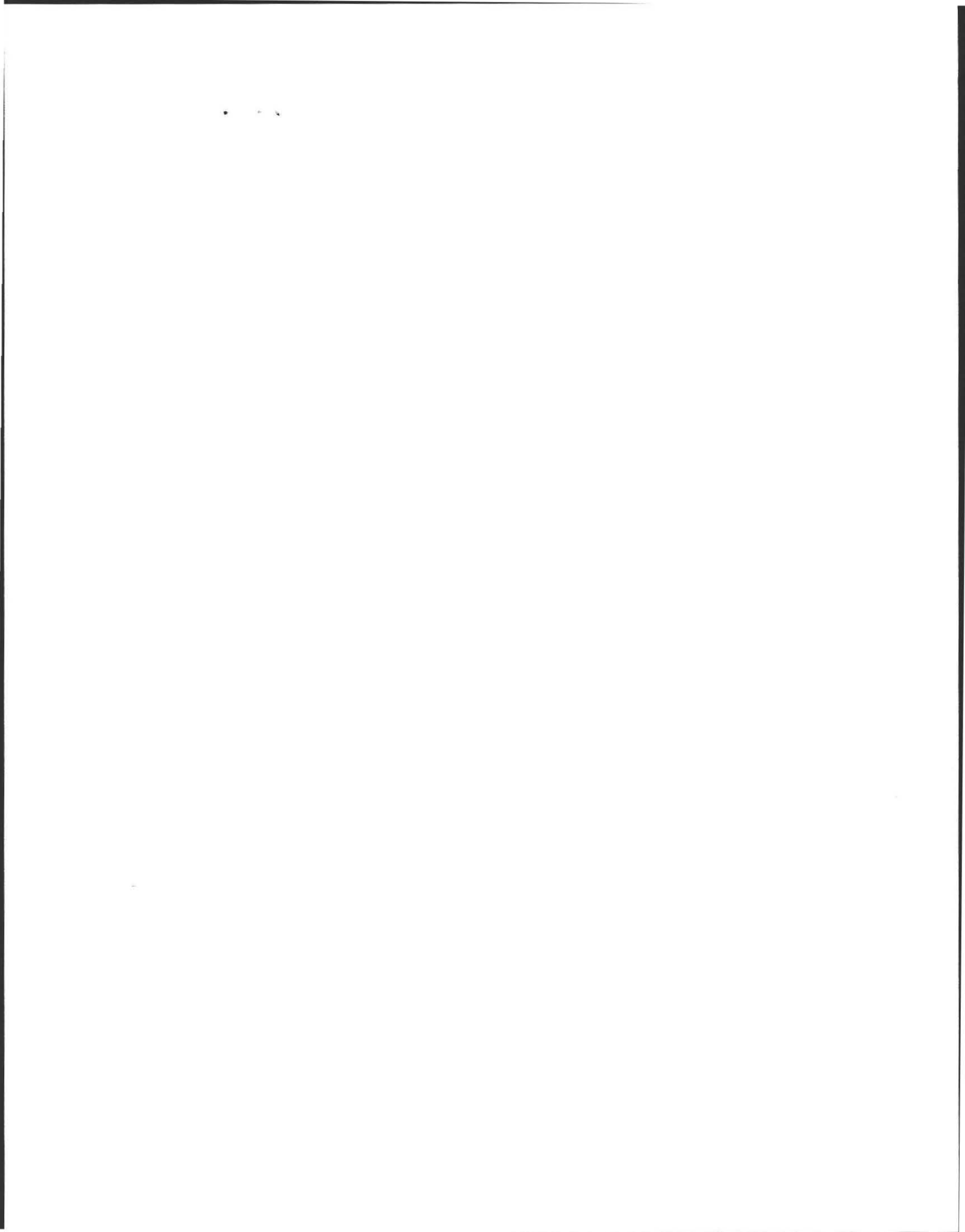
Single Family Res.

5. Type of Existing System:

- Privy Cesspool(s) Conventional Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

l.field





Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system: 4 bedroom gpd
Design flow of proposed upgraded system: (440, 4 bedroom home ) gpd
Design flow of facility: 552, per Health inspector gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

[ ] Voluntary [ ] Required by order, letter, etc. (attach copy)

[ ] Required following inspection pursuant to 310 CMR 15.301:

04.26.2013 date of inspection

2. Describe the proposed upgrade to the system:

New S. Tank, and I. field.

3. Local Upgrade Approval is requested for (check all that apply):

[x] Reduction in setback(s) – describe reductions:

Offset from leach area to Reservoir is 220'+, offset to S. Tank and I field

[ ] Reduction in SAS area of up to 25%: SAS size, sq. ft. % reduction

[ ] Reduction in separation between the SAS and high groundwater:

Separation reduction ft.

Percolation rate min./inch

Depth to groundwater ft.





# Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

## B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

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---

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

---

---

---

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). ***The soil evaluator must be a member or agent of the local approving authority.***

High groundwater evaluation determined by:

---

Evaluator's Name (type or print)

Signature

Date of evaluation

## C. Explanation

Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to grading to house & available feasible yard size

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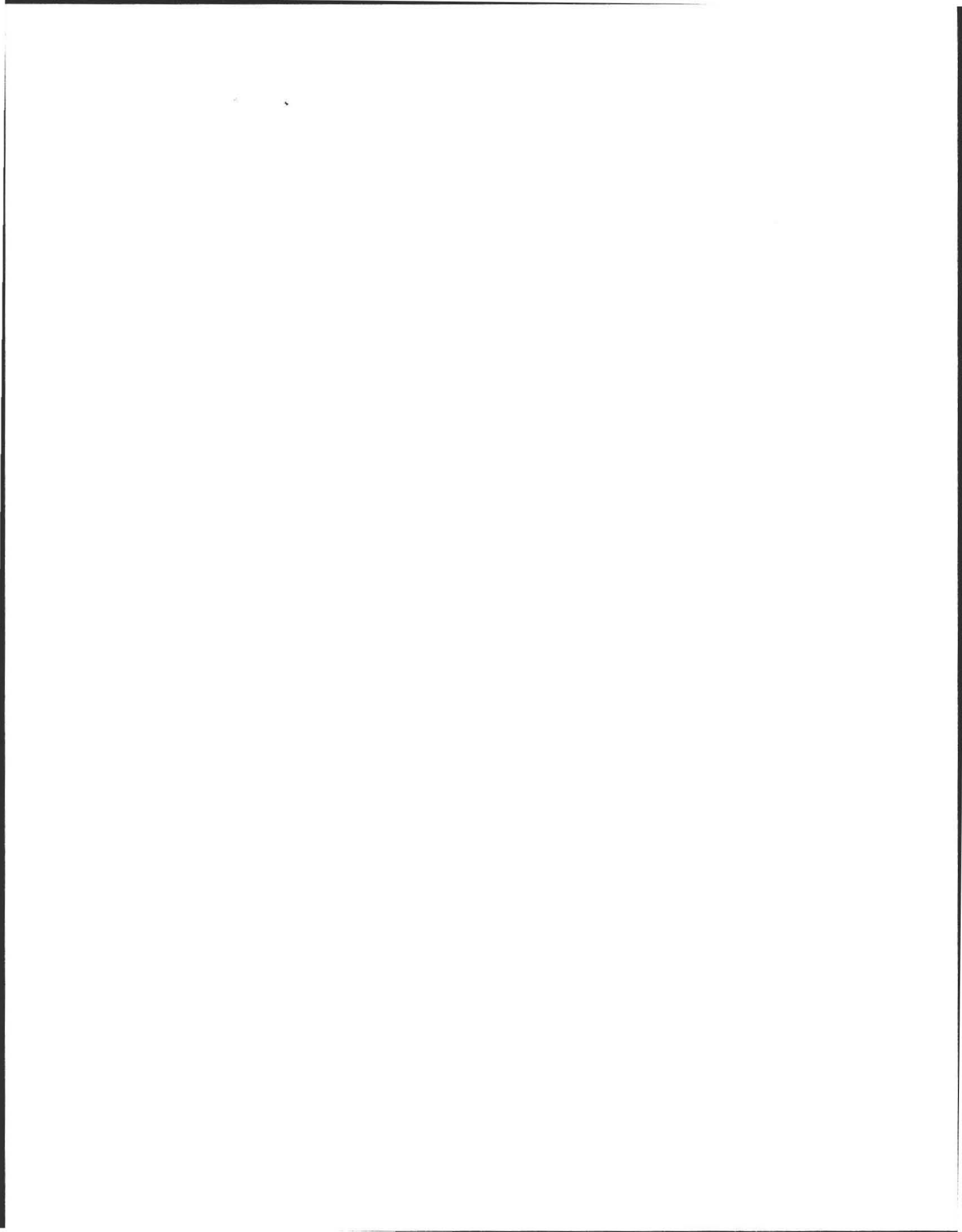
---

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Would not change request.

---

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Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

No applicable

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

[X] Application for Disposal System Construction Permit

[X] Complete plans and specifications

[X] Site evaluation forms

[X] A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

[X] Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Handwritten signature of Oliver and Melissa Miller

Handwritten date 05/09/13

Facility Owner's Signature

Date

Oliver and Melissa Miller

Print Name

Alan Weiss, RS

05.04.2013

Name of Preparer

Date

350 Old Enfield Road,

Belchertown

Preparer's address

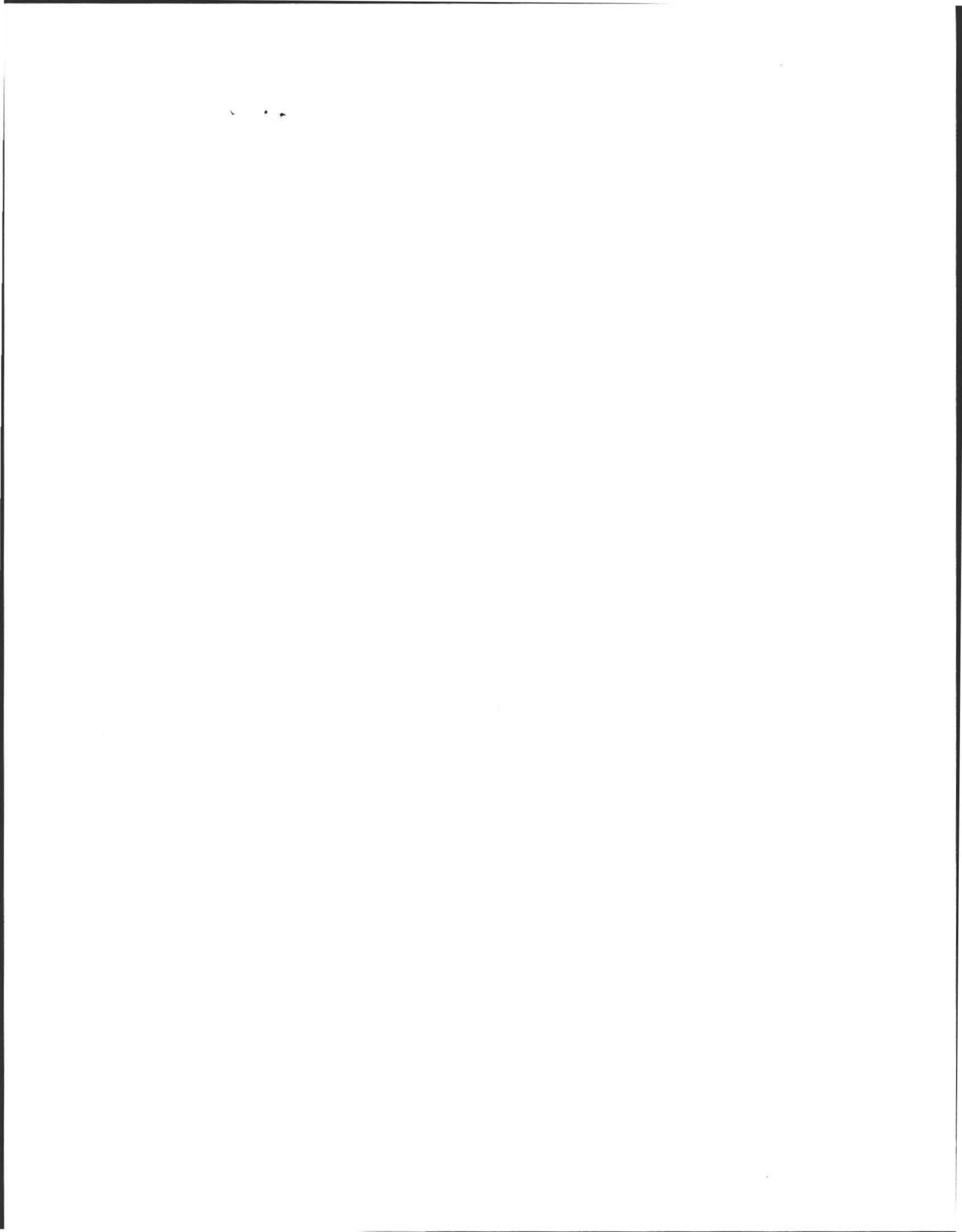
City/Town

MA 01007

413.323.5957

State/ZIP Code

Telephone





No. \_\_\_\_\_

FEE \_\_\_\_\_

### COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

### APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location	<u>580 Market Hill Rd.</u>	Owner's Name	<u>Oliver + Melissa Miller</u>
Map/Parcel#	<u>3 D / 64</u>	Address	<u>580 MKT Hill RD.</u>
Lot#	<u>64</u>	Telephone#	<u>646-228-7733</u>
Installer's Name	<u>TBD</u>	Designer's Name	<u>Alan Weiss, RS</u>
Address		Address	<u>Belchertown, MA</u>
Telephone#		Telephone#	<u>413-323-5957</u>

Type of Building Single Family Residence Lot Size 2.18 AC sq. ft.

Dwelling - No. of Bedrooms 4 OR (5 DESIGN) per Town Garbage grinder NO

Other - Type of Building (4 Bedroom Home) No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )

Other Fixtures \_\_\_\_\_

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 552 gpd

Plan: Date 5/4/13 Number of sheets 1 Revision Date \_\_\_\_\_

Title Septic System Repair Design

Description of Soil(s) Class 122 L3 - trending to 3L w/ depth

Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. Weiss Date of Evaluation 4-25-13

E. Smith.

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new SAS w' guide + LVA for Reserve effect request (2204)

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 Subgrade + Final, + Plumbing (as per E. Smith)

No. \_\_\_\_\_

FEE \_\_\_\_\_

### COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, 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 \_\_\_\_\_

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. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. \_\_\_\_\_

FEE \_\_\_\_\_

### COMMONWEALTH OF MASSACHUSETTS

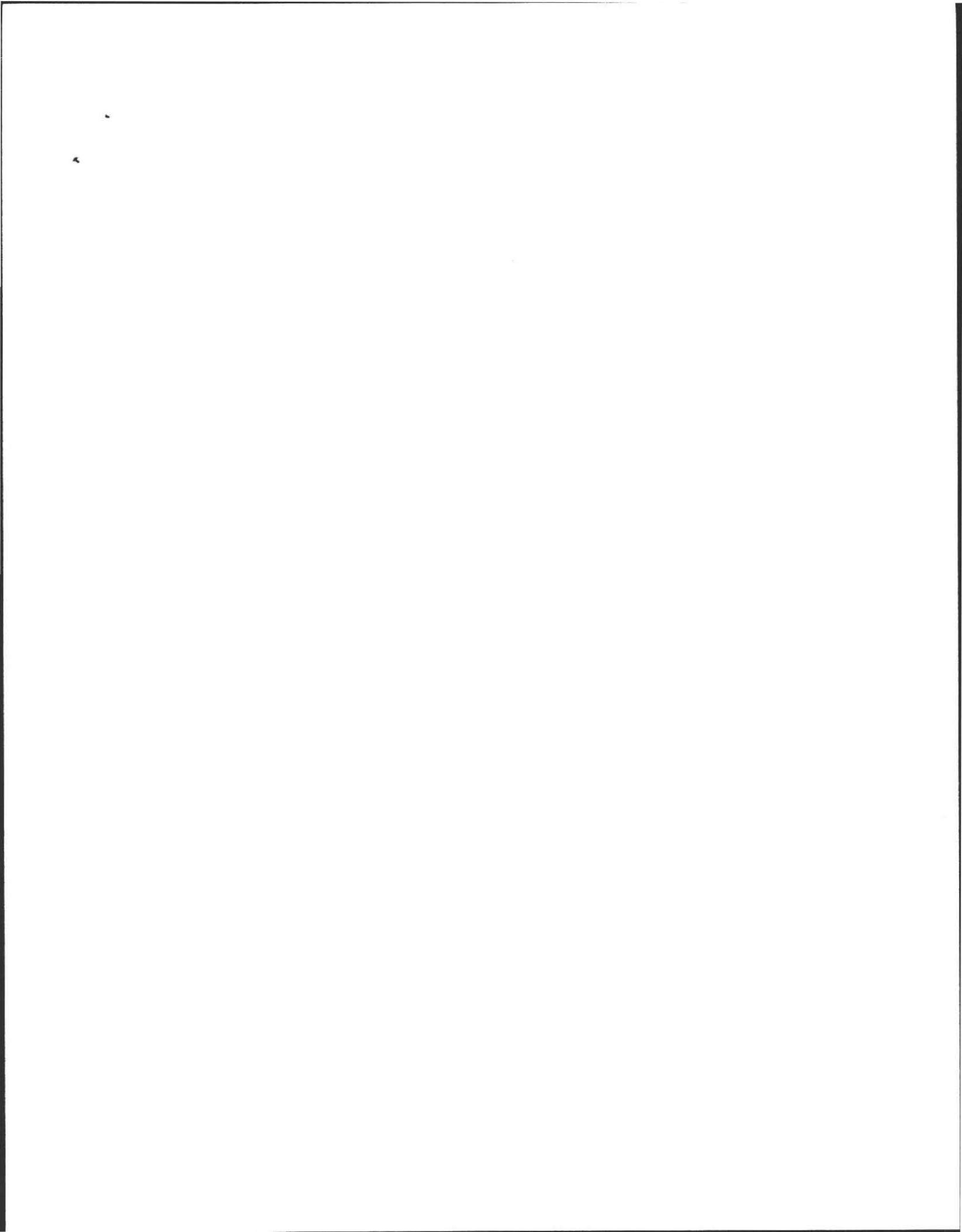
Board of Health, \_\_\_\_\_, MA.

### DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for

Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

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





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

aeweiss@charter.net

Date: 4/25/13

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Witnessed By: E. Smith

Date: 04/25/13

Location Address or Lot # <u>Map 3D, LOT 64</u> <u>580 Market Hill Rd.</u>	Owner's Name, Address, and Telephone # <u>Oliver Miller</u> <u>580 Market Hill Rd</u> <u>Amherst MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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)

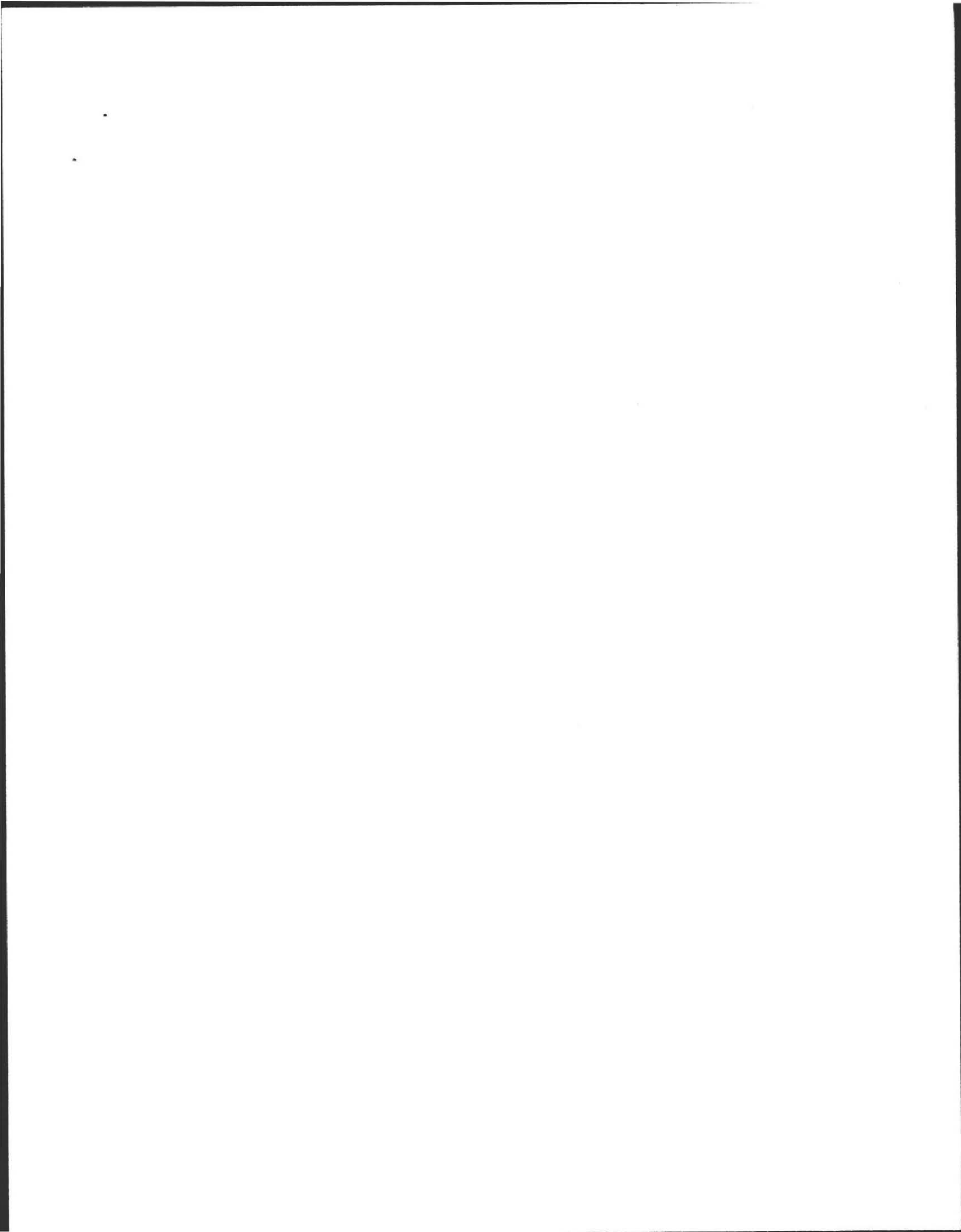
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal  Normal  Below Normal

Other References Reviewed: See Reservoir Setback 200'f





Location Address or Lot No. 580 Mkt Hill

### On-site Review

Deep Hole Number 1+2 Date: 4/25/13 Time: 1:45 Weather Sun  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use Residential Slope (%) 2 Surface Stones Few  
 Vegetation grasses  
 Landform Terrace  
 Position on landscape (sketch on the back) \_\_\_\_\_  
 Distances from: \*  
 Open Water Body 100'+ feet Drainage way 50'+ feet  
 Possible Wet Area 100'+ feet Property Line 25' feet  
 Drinking Water Well 100'+ feet Other \_\_\_\_\_

### DEEP OBSERVATION HOLE LOG\*

#1

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-10"	Ap	FSL	10YR 3/3		- Friable
10-28"	Bw	LS	10YR 5/6	48"	- friable, F.S. sandy
28-120"	C <sub>1</sub>	LS/SL*	2.5Y 4/3	2.5Y 4/1	- F. Sandy Ahiatw till, 5% stones * more compact w/ depth

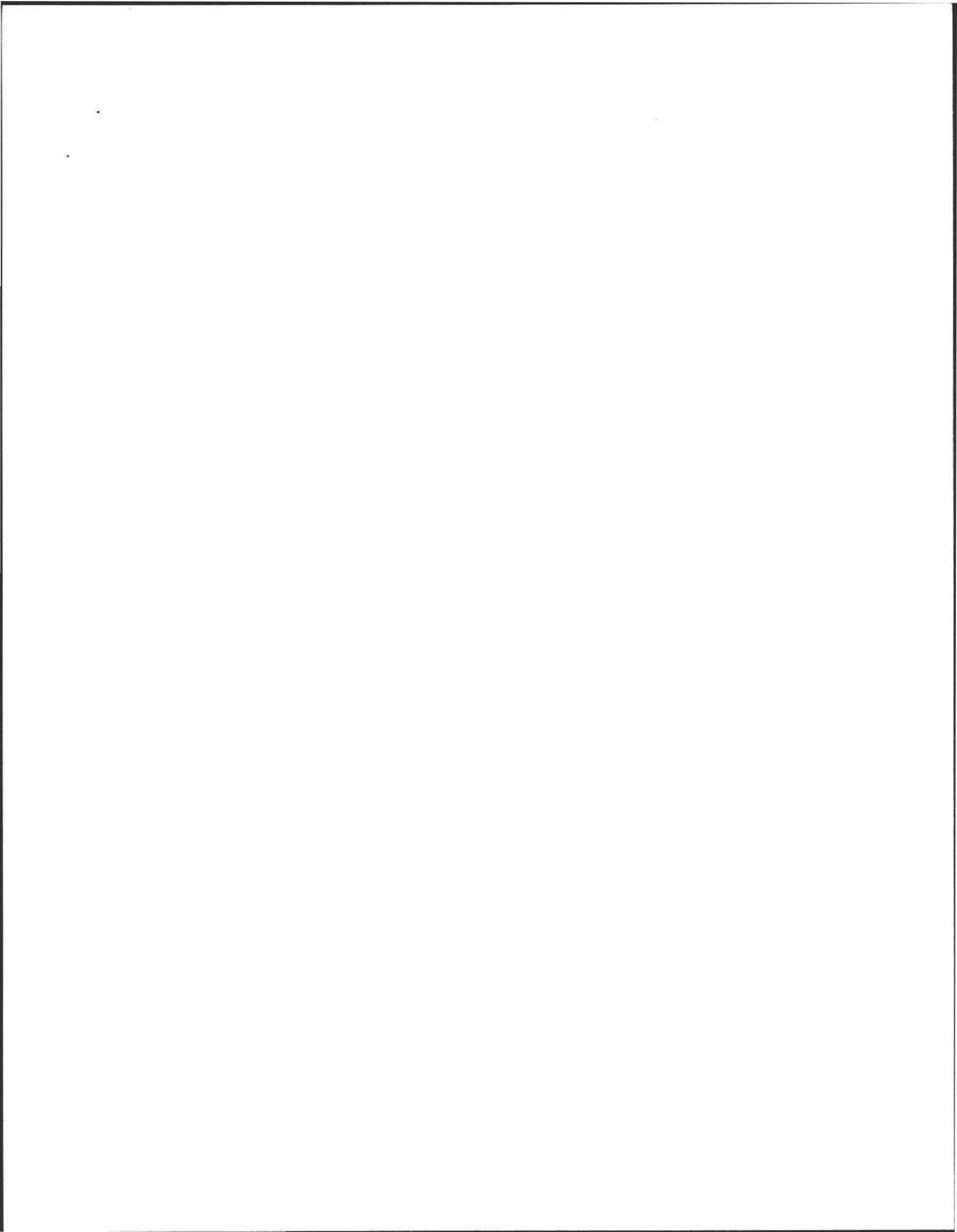
#2

0-12"	Ap	FSL	10YR 3/1		- Friable
12-24"	Bw	LS	10YR 5/6	48"	- Friable + F. Sand
24"-80"	C <sub>1</sub>	LS/SL*	2.5Y 4/3	2.5Y 4/1	* compacted to SL w/ depth Same as #1 Large boulder in bottom

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ahiatw till Depth to Bedrock: 80"-120'+  
 Depth to Groundwater: Standing Water in the Hole: 78" Weeping from Pit Face: 66"  
 Estimated Seasonal High Ground Water: 48"





Location Address or Lot No. 580 Market Hill RD.

# COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: ..	<u>4/25/13</u>	Time: <u>(0100 PM)</u>
Observation Hole #	<u>PH</u>	
Depth of Perc	<u>52"</u>	
Start Pre-soak	<u>01:15</u>	
End Pre-soak	<u>01:30</u>	
Time at 12"	<u>01:30</u>	
Time at 9"	<u>01:45</u>	
Time at 6"	<u>02:02</u>	
Time (9"-6")	<u>(17) 6 min / 20"</u>	
Rate Min./Inch	<u>* use 10 min/in</u>	<u>Repair</u>

for transition to SL w/ depth \*

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

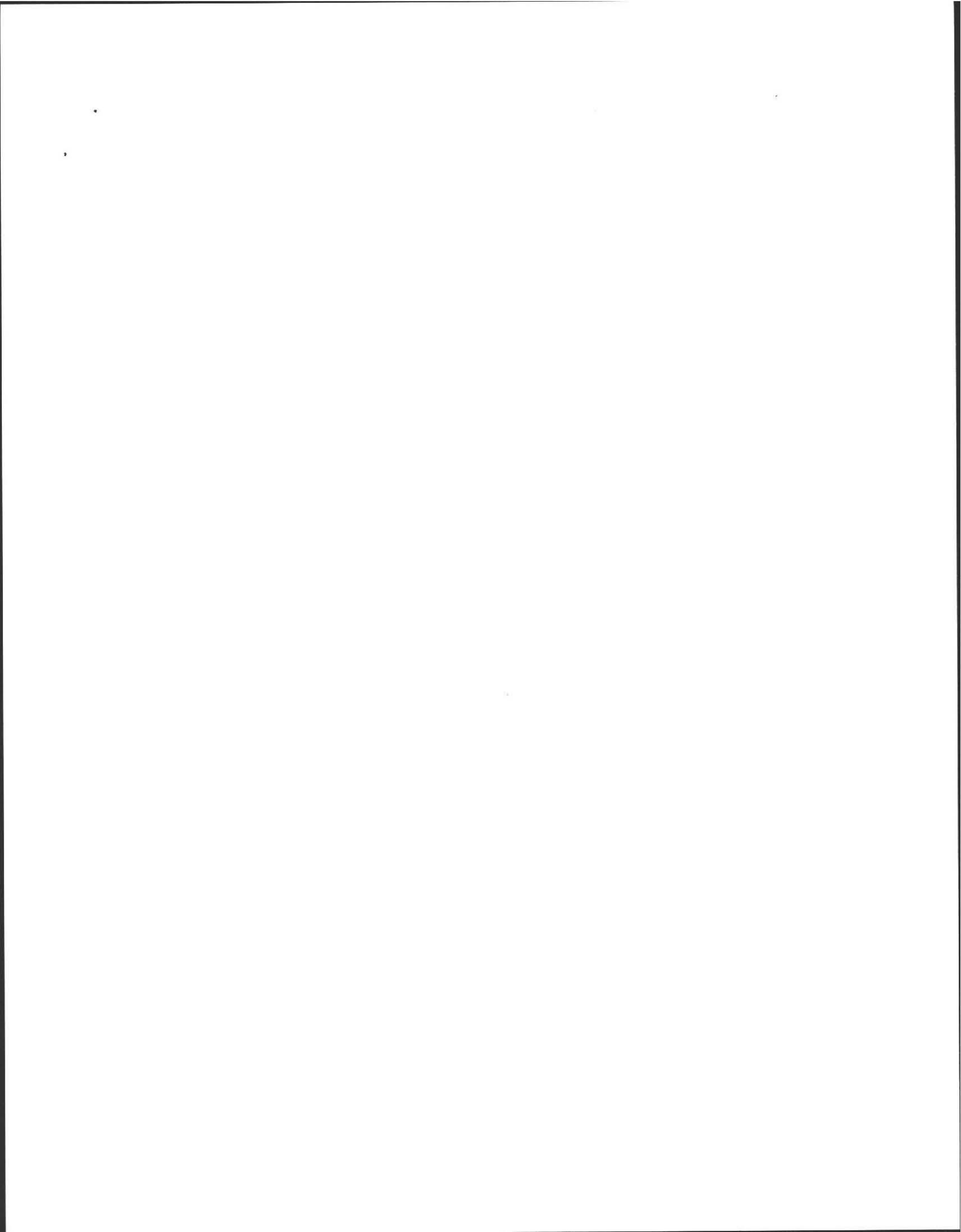
Site Passed  Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed. Smith.

Comments:







Location Address or Lot No. # 580 Market Hill 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 48" 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

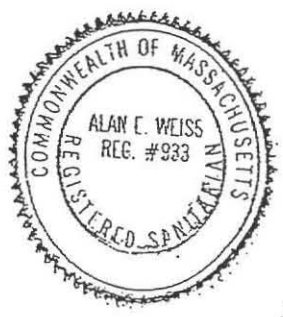
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

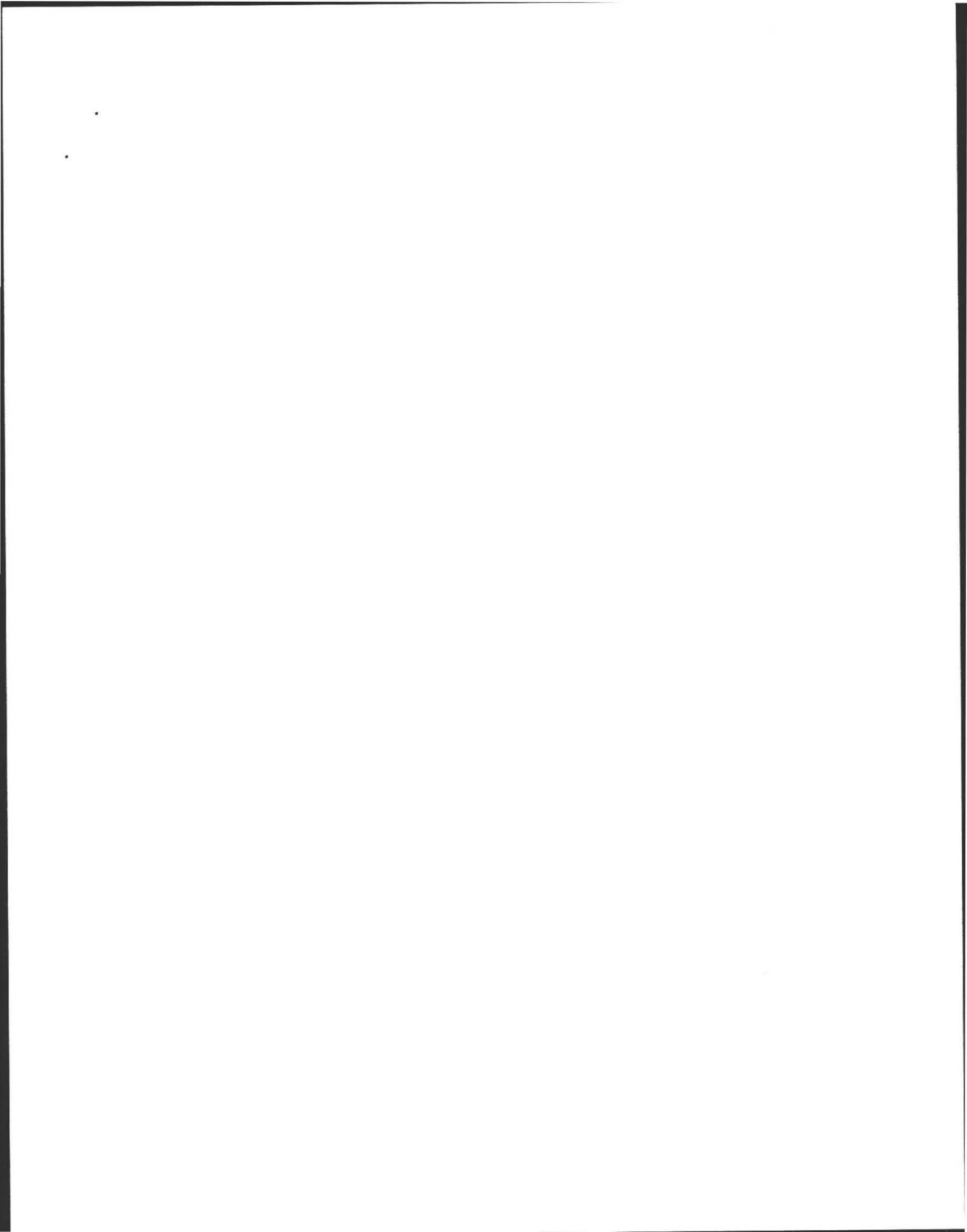
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

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 *AW* Date 4/25/13







Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

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



1. Facility Name and Address:

Oliver and Melissa Miller

Name

580 Market Hill Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Name and Address (if different from above):

same

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

- Residential Institutional Commercial School

4. Describe Facility:

Single Family Res.

5. Type of Existing System:

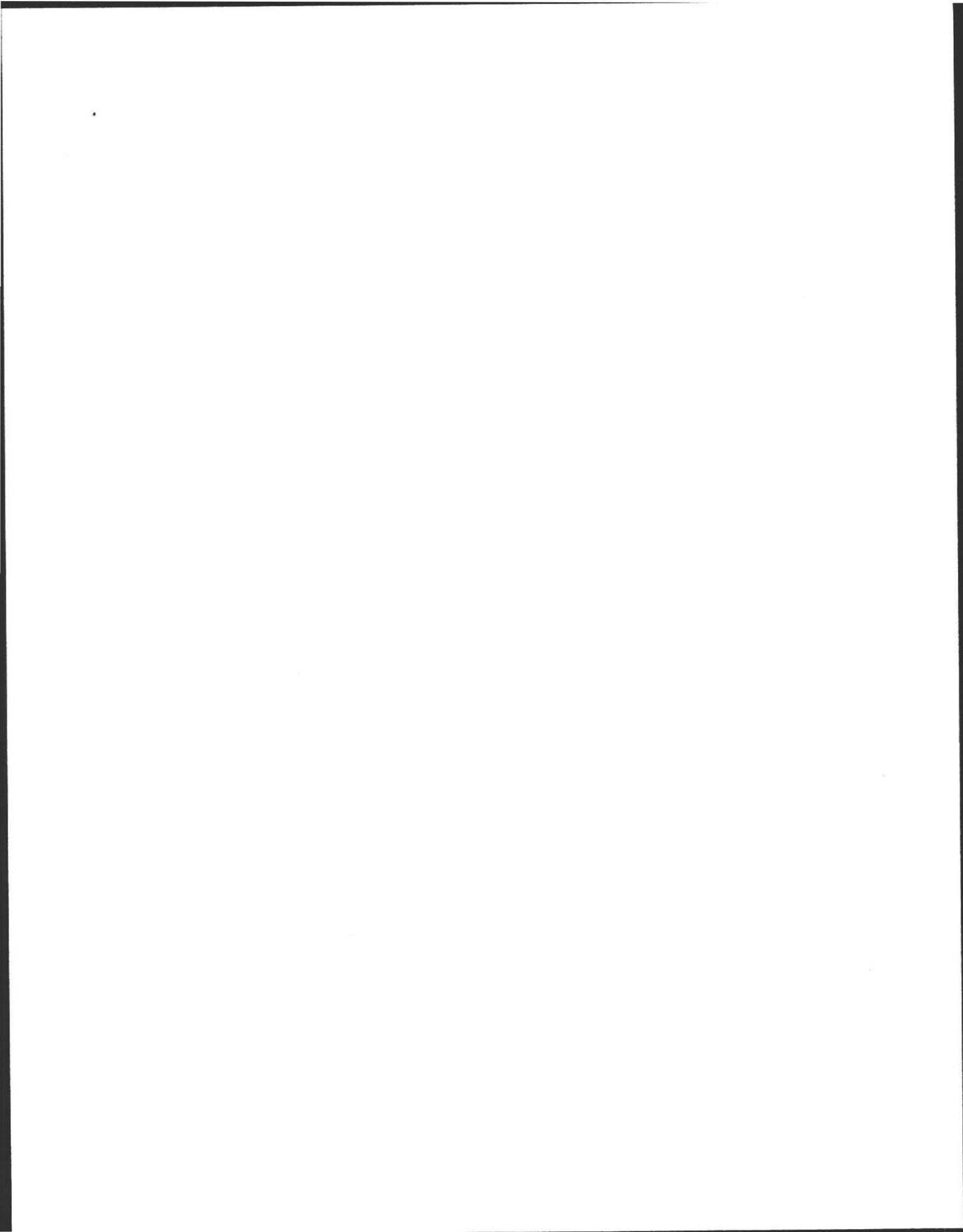
- Privy Cesspool(s) Conventional Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

I.field









# Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

## B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). ***The soil evaluator must be a member or agent of the local approving authority.***

High groundwater evaluation determined by:

\_\_\_\_\_  
Evaluator's Name (type or print)                      Signature                      Date of evaluation

## C. Explanation

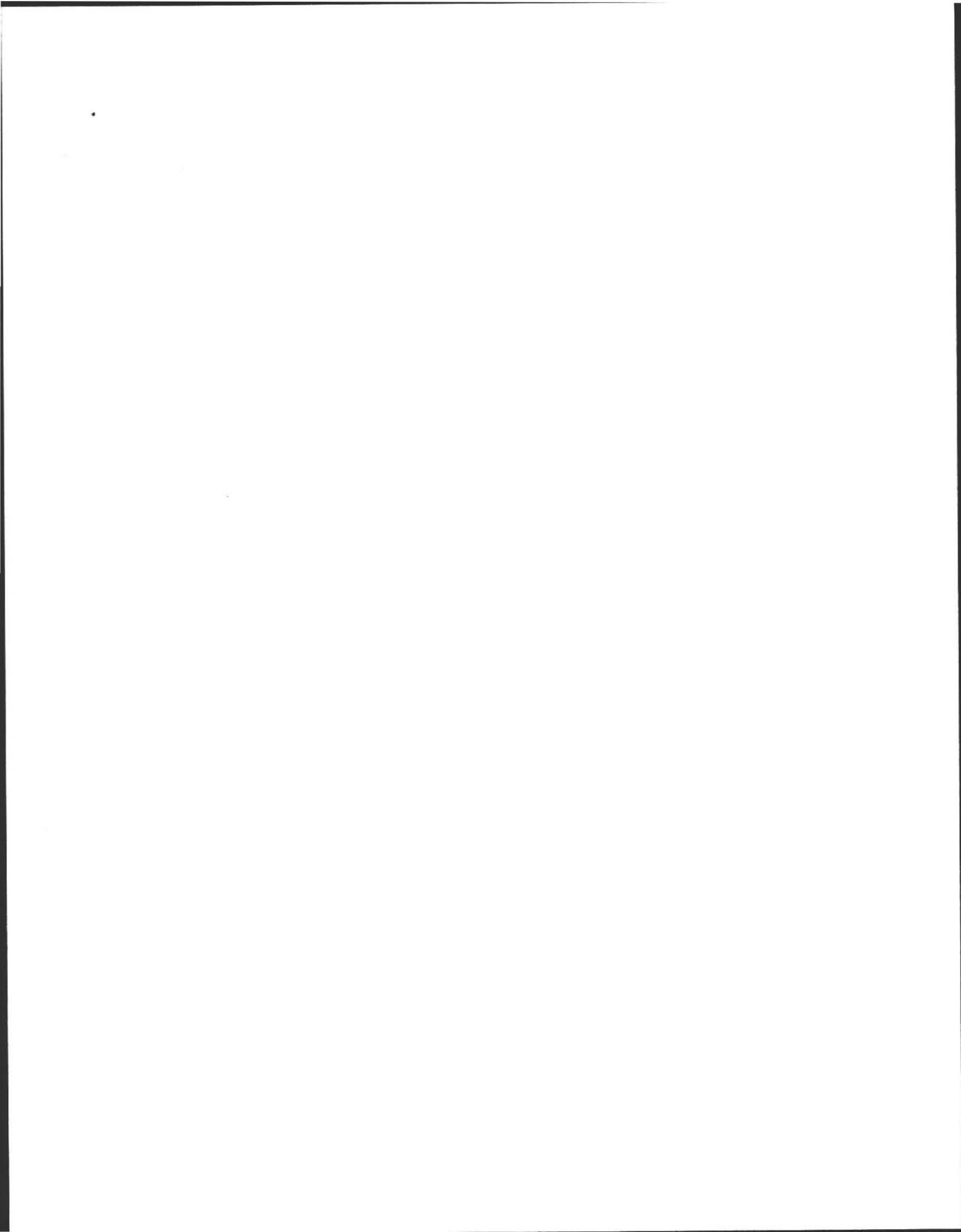
Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to grading to house & available feasible yard size  
\_\_\_\_\_  
\_\_\_\_\_

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Would not change request.  
\_\_\_\_\_  
\_\_\_\_\_







Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

No applicable

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

[X] Application for Disposal System Construction Permit

[X] Complete plans and specifications

[X] Site evaluation forms

[X] A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

[X] Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

[Handwritten signatures of Oliver and Melissa Miller]

Facility Owner's Signature

05/09/13

Date

Oliver and Melissa Miller

Print Name

Alan Weiss, RS

05.04.2013

Date

Name of Preparer

350 Old Enfield Road,

Belchertown

City/Town

Preparer's address

MA 01007

413.323.5957

Telephone

State/ZIP Code









4/25/2013 580 MARKET Hill Son Eval. w/ Alan Weiss  
nothing @ 48"-50", seeps at 60+ deeper

Order a new well cover tile for abandoned  
well (has well connections to new wells) - filled  
to below connections

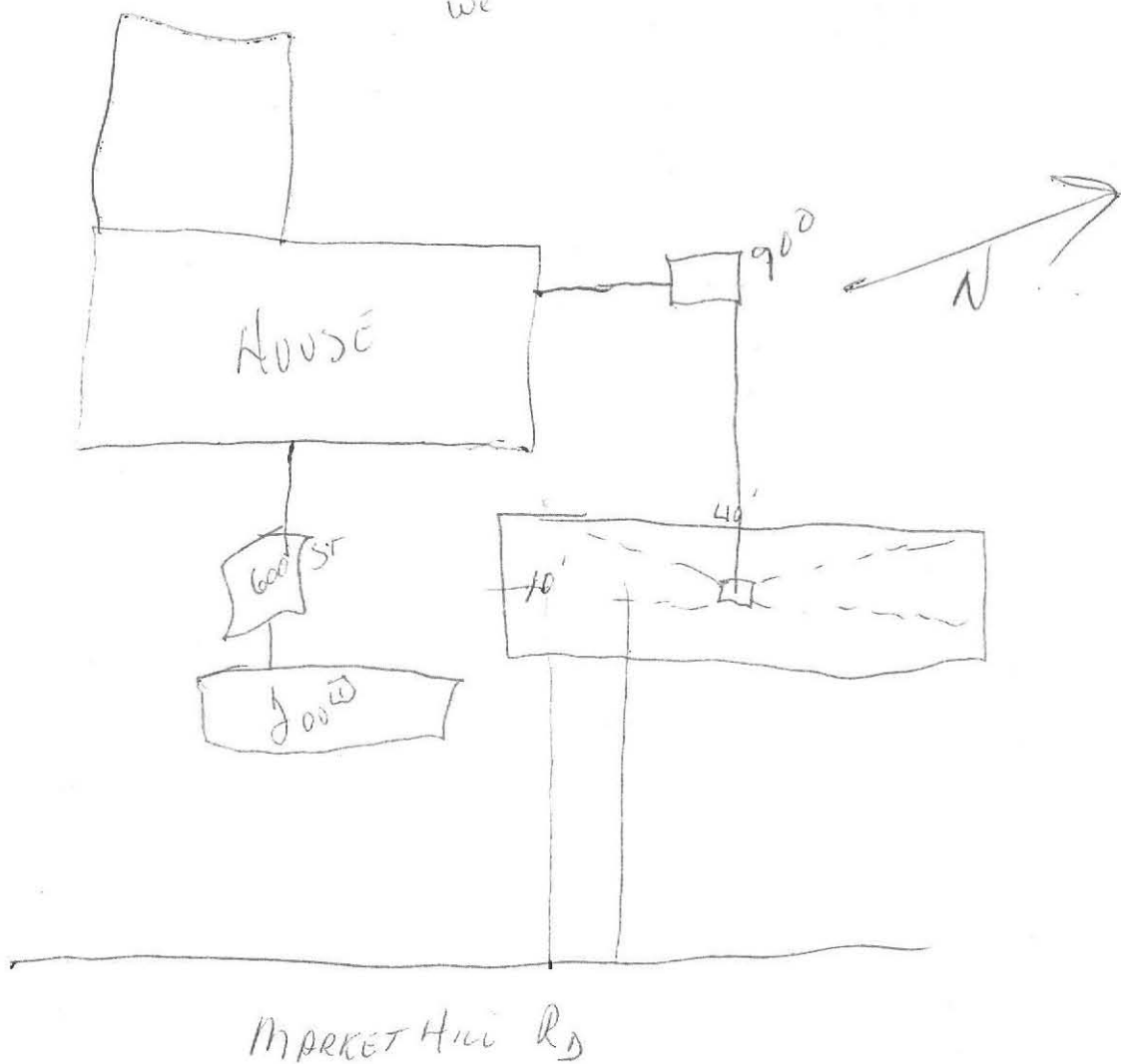
Require move of laundry connections to North  
side of house

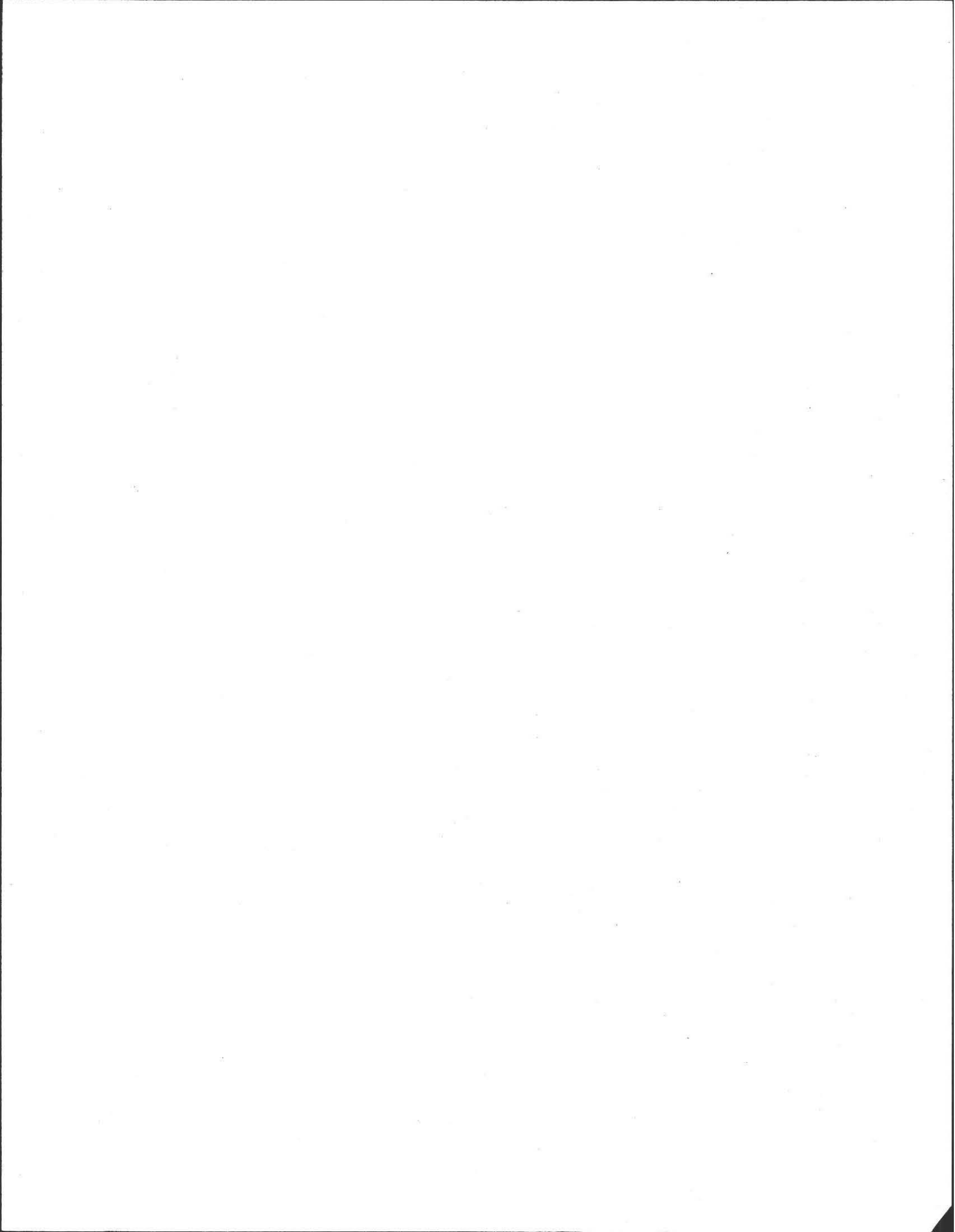
18  
The first part of the book is devoted to a discussion of the history of the subject and the various methods which have been employed for its study.

The second part of the book is devoted to a discussion of the various methods which have been employed for its study. The third part of the book is devoted to a discussion of the various methods which have been employed for its study.

(REVERSE OF ORIGINAL  
5/18/67 PERMIT APP.)

we v





#580

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

No. 67-14 Date May 18, 1967 Fee \$ 00 Date Rec'd. 5-19-67 By CEO

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

Location—Address MARKET Hill RD or Lot No. \_\_\_\_\_

Owner FRED STEINBECK Address SWAYS STREET

Contractor \_\_\_\_\_ Address \_\_\_\_\_

Type of Building TENANT Dimensions \_\_\_\_\_ Size Lot \_\_\_\_\_

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )

Other \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( )

Other fixtures BATH AND HALL

Town Water? NO Type of Well ARTESIAN

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

Septic Tanks—Liquid capacity 150 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

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

Disposal Bed—No. 1 Diameter 400 + 150 Depth below inlet \_\_\_\_\_ Total leaching area 550 sq. ft.

Dry Well—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

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 SANDY CLAY Depth to Ground Water 3'

Will disposal area be filled? Possibly 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 afordescribed 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.

\* Fred W. Steinbeck  
Owner or builder

date 5-19-67  
date

Application Approved by C. Drake

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. 67-14 Permission is hereby granted FRED STEINBECK to construct (X) or repair ( ) an Individual Sewage Disposal System at MARKET Hill RD

as shown on the application for Disposal Works Construction Permit No. \_\_\_\_\_

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.

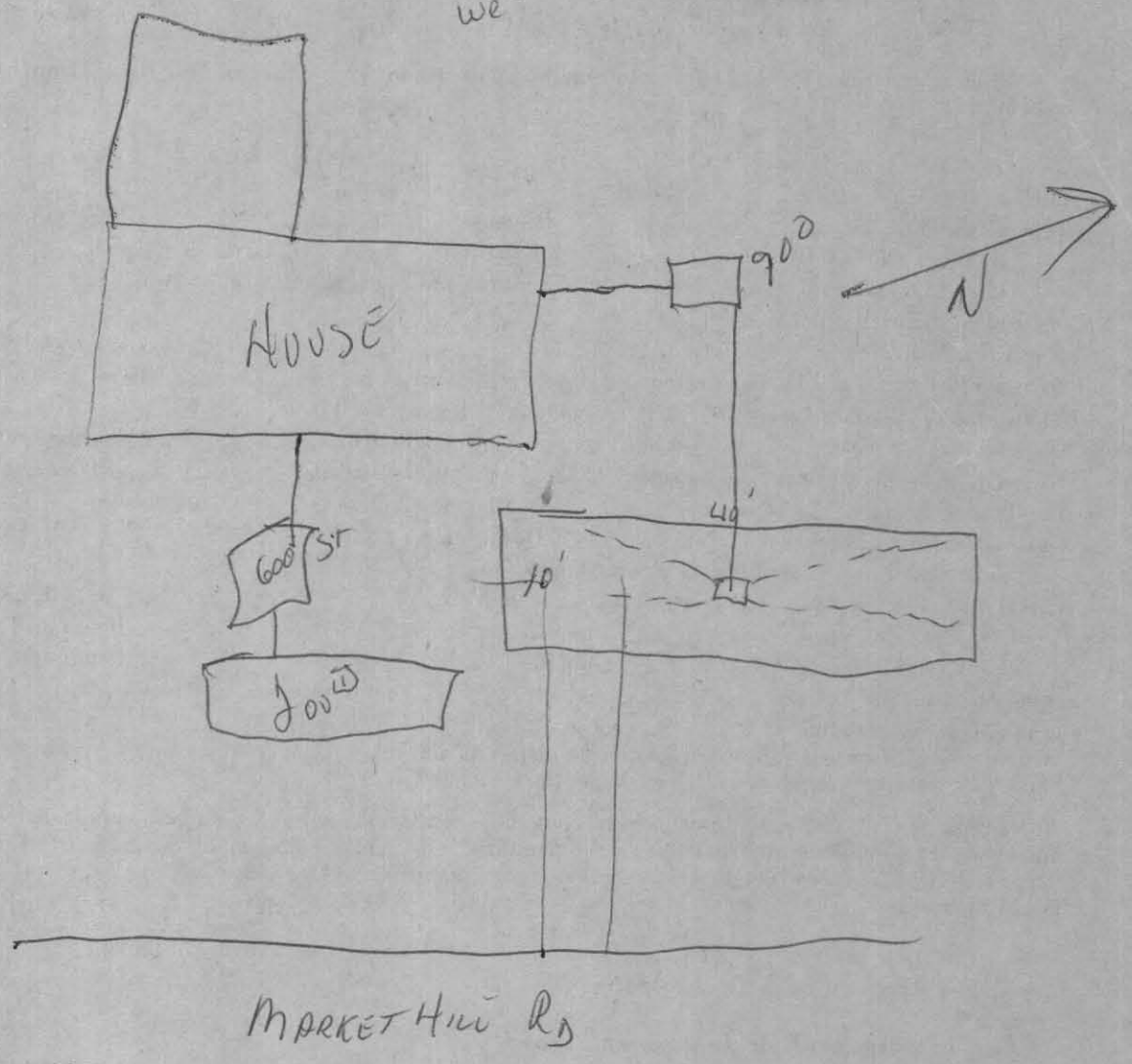
DATE 5-19-67

C. Drake  
Board of Health

(2)  
09.00  
06.00



we v



Property Location: 580 MARKET HILL RD

MAP ID:3D//64//

Bldg Name:

State Use:1010

Vision ID: 4641

Account #205

Bldg #: 1 of 1

Sec #: 1 of 1 Card 1 of 1

Print Date:12/18/2012 07:51

CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT				
MILLER, OLIVER T & MELISSA R						Description	Code	Appraised Value	Assessed Value	601 Amherst, MA
580 MARKET HILL RD						RESIDNTL	1010	178,800	178,800	
AMHERST, MA 01002						RES LAND	1010	137,100	137,100	
Additional Owners:						RESIDNTL	1010	9,100	9,100	
SUPPLEMENTAL DATA										
Other ID: 03D000064		Calc Frontag 205.5		Precinct						
BIDIN				Vote At						
BIDOUT				Tenant						
GIS ID: 3D-64				Parent						
				Created						
				ASSOC PID#						
								Total	325,000	325,000

VISION

RECORD OF OWNERSHIP					BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)								
MILLER, OLIVER T & MELISSA R					10224/ 174	07/01/2010	Q	I	360,000	00	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
HALPERN, JOEL M					10224/ 167	07/01/2010	U	I	1	1A	2013	1010	178,800	2012	1010	178,800	2012	1010	178,800
HALPERN, JOEL M					8604/ 11	01/31/2006	U	I	1	1A	2013	1010	137,100	2012	1010	137,100	2012	1010	137,100
HALPERN, JOEL M & BARBARA K					1504/ 106	01/01/1967			0		2013	1010	9,100	2012	1010	9,100	2012	1010	9,100
												Total:	325,000	Total:	325,000	Total:	325,000	Total:	325,000

EXEMPTIONS				OTHER ASSESSMENTS			
Year	Type	Description	Amount	Code	Description	Number	Amount
2011	ER	OWNER OCCUPIED	0				
			Total:	0			

This signature acknowledges a visit by a Data Collector or Assessor

ASSESSING NEIGHBORHOOD				
NBHD/ SUB	NBHD Name	Street Index Name	Tracing	Batch
CU/A				

APPAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	176,300
Appraised XF (B) Value (Bldg)	2,500
Appraised OB (L) Value (Bldg)	9,100
Appraised Land Value (Bldg)	137,100
Special Land Value	0
Total Appraised Parcel Value	325,000
Valuation Method:	C
Exemptions	0
Adjustment:	0
Net Total Appraised Parcel Value	325,000

NOTES	
ACROSS FROM AMHERST	TECH BILT HOME
WATER SHED-SOLAR HOT	ADJ THE DEPR AMD LAND
WATER-W/O BASEMENT	VAL 1/12/94 ABATEMENT
CATHEDRAL CEILINGS-ODD	NEW ROOFING FY98
SHAPED GLASS NOT	
THERMO-LARGE MASONRY FP	

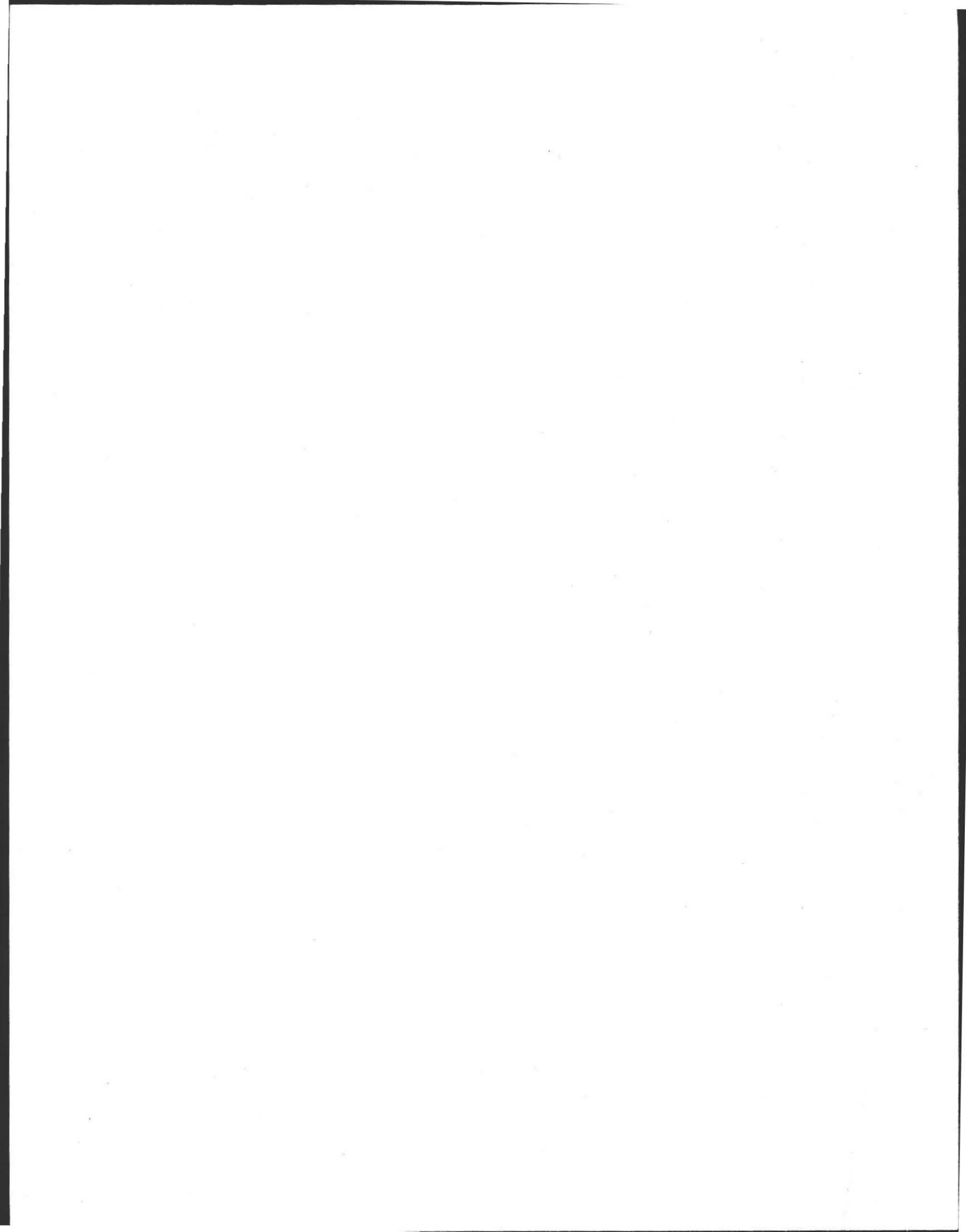
BUILDING PERMIT RECORD									
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	
GAS13-0003	07/06/2012	PL	Plumbing	0		0		RANGE, PIPING	04/05/2011
BLD97-112	07/31/1996	RE	Remodel	7,845		0		REROOF	09/18/2009
94B-399	04/01/1994			5,000		0			10/27/2005
93B-464	06/25/1992			2,000		0			12/07/1999
									03/19/1997

VISIT/ CHANGE HISTORY						
Date	Type	IS	ID	Cd.	Purpose/Result	
04/05/2011	05	1	DB	08	Refused Entry. Estimate	
09/18/2009			LT	15	Drive By Field Review	
10/27/2005			SS	15	Drive By Field Review	
12/07/1999			DB	02	Informal Review Inspection	
03/19/1997			EB			

LAND LINE VALUATION SECTION																			
B #	Use Code	Use Description	Zone	D	Front	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	S Adj Fact	Adj. Unit Price	Land Value
1	1010	Single Family	RO30		200		30,000	SF	4.40	0.9800	4	1.0000	1.00	CU	1.00		1.00		129,400
1	1010	Single Family	RO31				1.49	AC	5,200.00	1.0000	0	1.0000	1.00	CU	1.00		1.00		7,700

Total Card Land Units: 2.18 AC Parcel Total Land Area:2.18 AC

Total Land Value: 137,100



580 Market Hill Road T5  
Inspection



- Property Map**
  - Property Lines
    - Property Line
    - Hydrographic Property
    - Right of Way Line
    - Town Boundary
  - Lot Lines
    - Former Property Line
    - Subdivision Lot Line
    - Easements
- Driveways**
  - Driveway Paved
  - Driveway Unpaved
- Transportation**
  - Sidewalks
  - Paved street polygons
  - Unpaved street polyg
- Bridges**
  - Bridge decking and str
  - Foot Bridge
  - Rail Bridge
- Basemap 2009**
  - Trails
  - Rail Lines
- Structures**
  - Building
    - Foundation or in const
    - Outbuilding or Miscell
    - Deck, Porch, Stairs or
    - Mobile home, Trailer
    - Swimming Pool
    - Building Ruins
    - Water storage tank
- Rivers and Streams**
  - Streams
    - Major Culverts
    - Hydro Connector
    - Headwalls, Floodwalls
- Landcover**
  - Brush and scrub vege
  - Tree and forest vege
  - Cultivated field
  - Gravel pile
  - Quarry
  - Misc Impervious Surfa
- Parking**
  - Parking Paved
  - Parking Unpaved

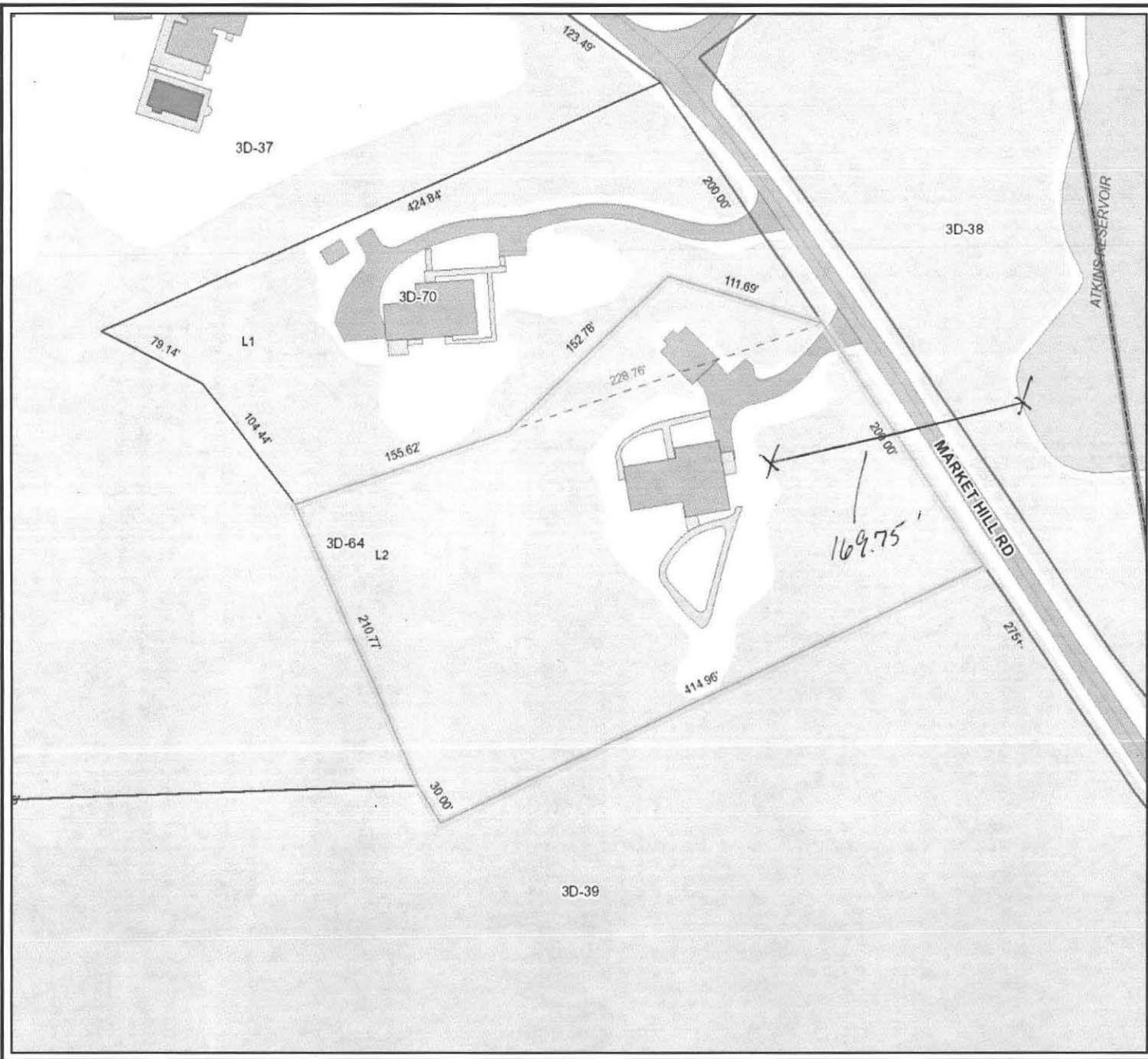
Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet  
Vertical Datum: NAVD88, Feet

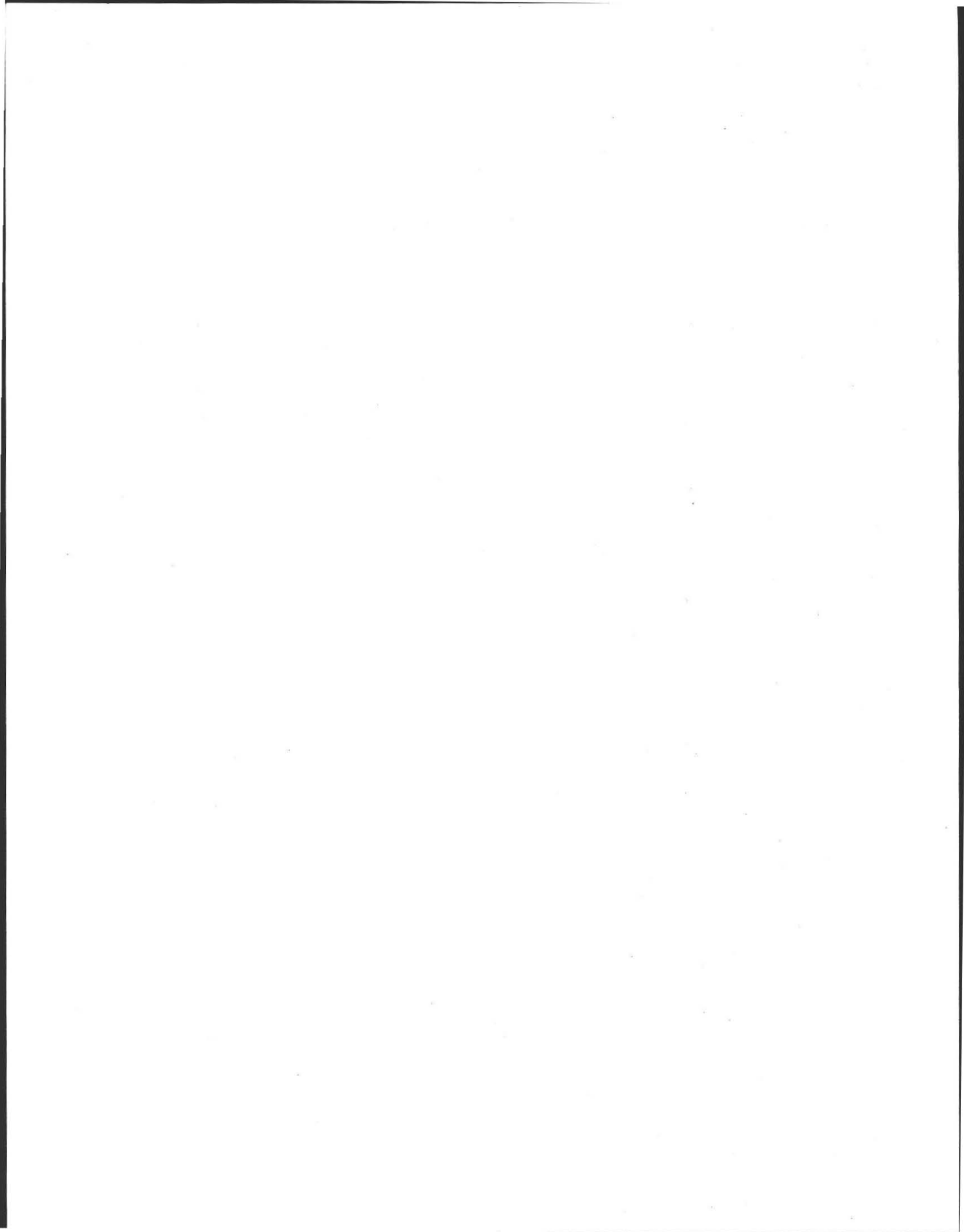
Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 97 ft





#105

**FIRE  
CASUALTY**

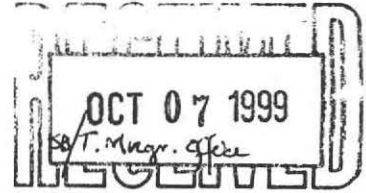
**A.S.A.P.  
Adjustment Service, Inc.**

**COMPENSATION  
SPECIAL INVESTIGATION**

24 Elm Street, Suite #3  
Westfield, MA 01085

"Multiline Adjusters Specializing in Quality"

Tel. (413)562-4154  
Fax (413)562-7993



10/06/99

**To:** Board of Health or  
Board of Selectmen  
AMHERST TOWN HALL  
AMHERST MA 01002

cc: Town Counsel  
Town Manager  
Zoning Board of Appeals  
DPW

**Re: Insured:** JOEL M. & BARBARA A. HALPERN

**Property Address:** 580 MARKET HILL ROAD  
AMHERST, MA 01002

**Policy No.:** HP1257617

**Loss of:** 09/14/99

**Loss Type:** HVY. RAINS/WAT. A

**File No.:** 99-097572-00P

Claim has been made involving loss, damage or destruction of the above captioned property, which may either exceed \$ 1,000.00 or cause Mass. Gen. Law, Chapter 143, Section 6 to be applicable.

If any notice under Mass. Gen. Laws, Ch. 139, Sec. 3B is appropriate please direct it to the attention of the writer and include a reference to the captioned insured, location, policy number, date of loss and claim or file number.

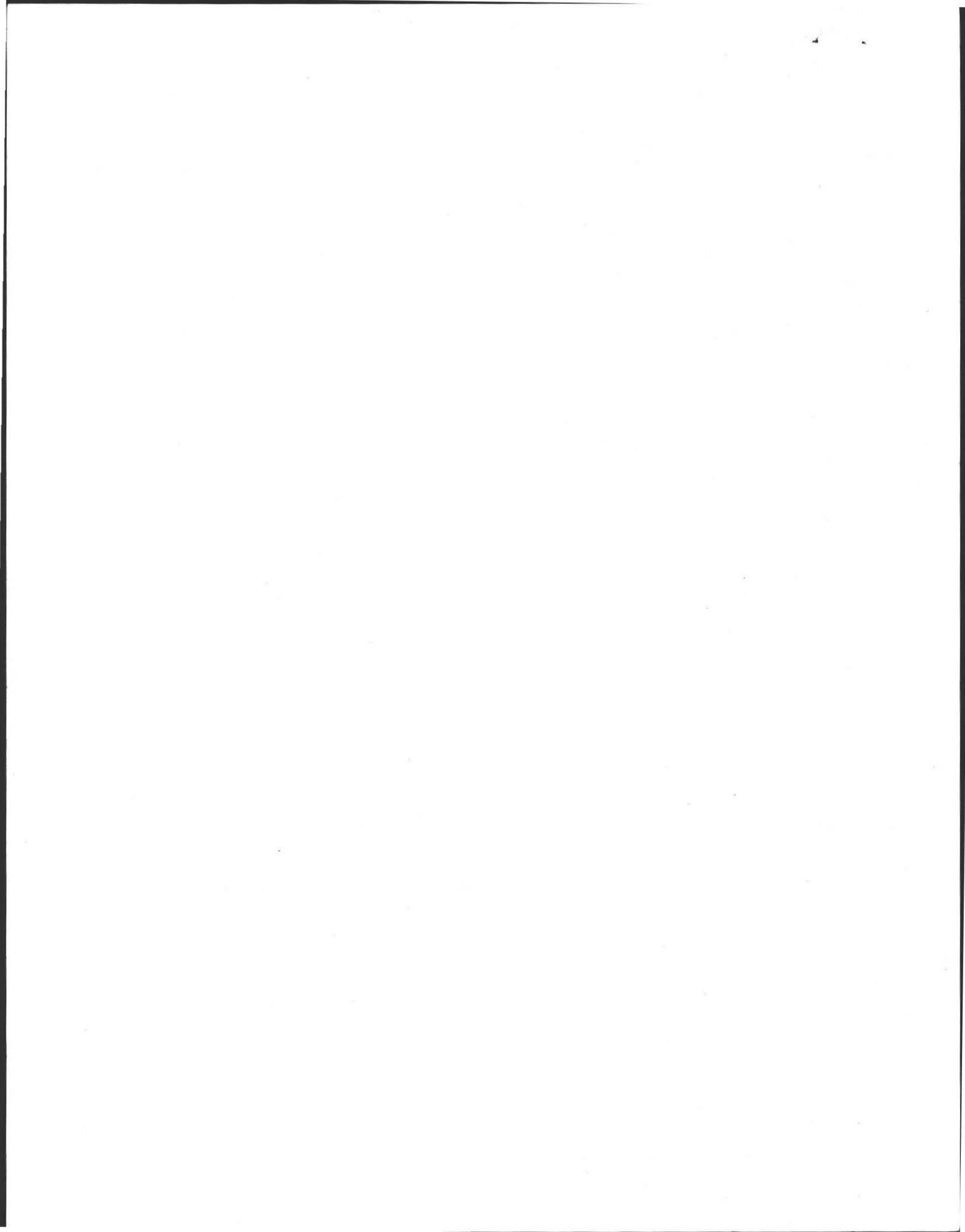
David Lacasse, Adjuster

On this date, I caused copies of this notice to be sent to the persons named above at the addresses indicated above by first class mail.

*David Lacasse* 10/6/99  
Signature and Date

OCT 8 10 51 AM '99

Duplicate



4/9/13

(646) 228-7733

9646-2287733

OLIVER MILLER

owner

- spoke with Allen on weekend
- toilet (basement) has been leaking constantly for days/weeks, gallon/minute?

- toilet and sink in downstairs are in 600 gallon tank

D-Box has to be found (incomplete

theoretically -

- could allow them to tie in to one system. don't know how long it will last
- could say the one system is failed
- upgrade will require bigger tank.
- new system could easily go 20,000

- no Amherst precedent known

if it has gone aerobic, there are IA options, but are expensive... the money should go into a new system. IA likely would require 1000 gallon tank. + monitoring

PAUL NIEWORSKI:  
→  
4/9/13



PREPARED BY	
DATE	

_____	PAGE NO.	
-------	----------	--

\_\_\_\_\_

\_\_\_\_\_

## INCOMPLETE REPORT - in light of:

- discovery of as-built drawing showing 10'x40' field under driveway (900 gallon system; need to read D-Box)
- as-built shows 600 gallon tank exits to a <sup>200 ft.</sup> lead pipe or 200 gallon drywell/lead tank.
- homeowner reports downstairs toilet has been remaining persistently for days or weeks

## PROPOSED COURSE OF ACTION

- homeowner repairs toilet (could consider later pumping basement toilet to 900 gallon system)
- homeowner stops using laundry for 2 weeks to allow 600 gallon system to revert to normal empty state w/ regards to groundwater
- reinspected 600 gallon tank + SAS
- simultaneously complete inspection of <sup>900</sup> gallon system [D-Box + 100 ft. SAS (field?)]

Clean Septics email:

cleansepticsinc@aol.com.

PREPARED BY	
DATE	

_____		PAGE NO.	
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PROJECT ACCOUNTING NOTES

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PROJECT ACCOUNTING NOTES

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*Town of*



# *Amherst* Massachusetts

HEALTH DEPARTMENT

Julie Federman, Director  
Amherst Health Department  
70 Boltwood Walk  
Amherst, MA 01002

Phone: (413) 259-3077  
Fax: (413) 259-2404  
health@amherstma.gov  
www.amherstma.gov

April 9, 2013

Dominic Torretti Jr  
Clean Septics  
PO Box 394  
252 West Street  
Ludlow, MA 01056

Oliver T. & Melissa R. Miller  
580 Market Hill Road  
Amherst, MA 01002

re: 580 Market Hill Road, Amherst MA Title 5 Inspection of 4/5/2013

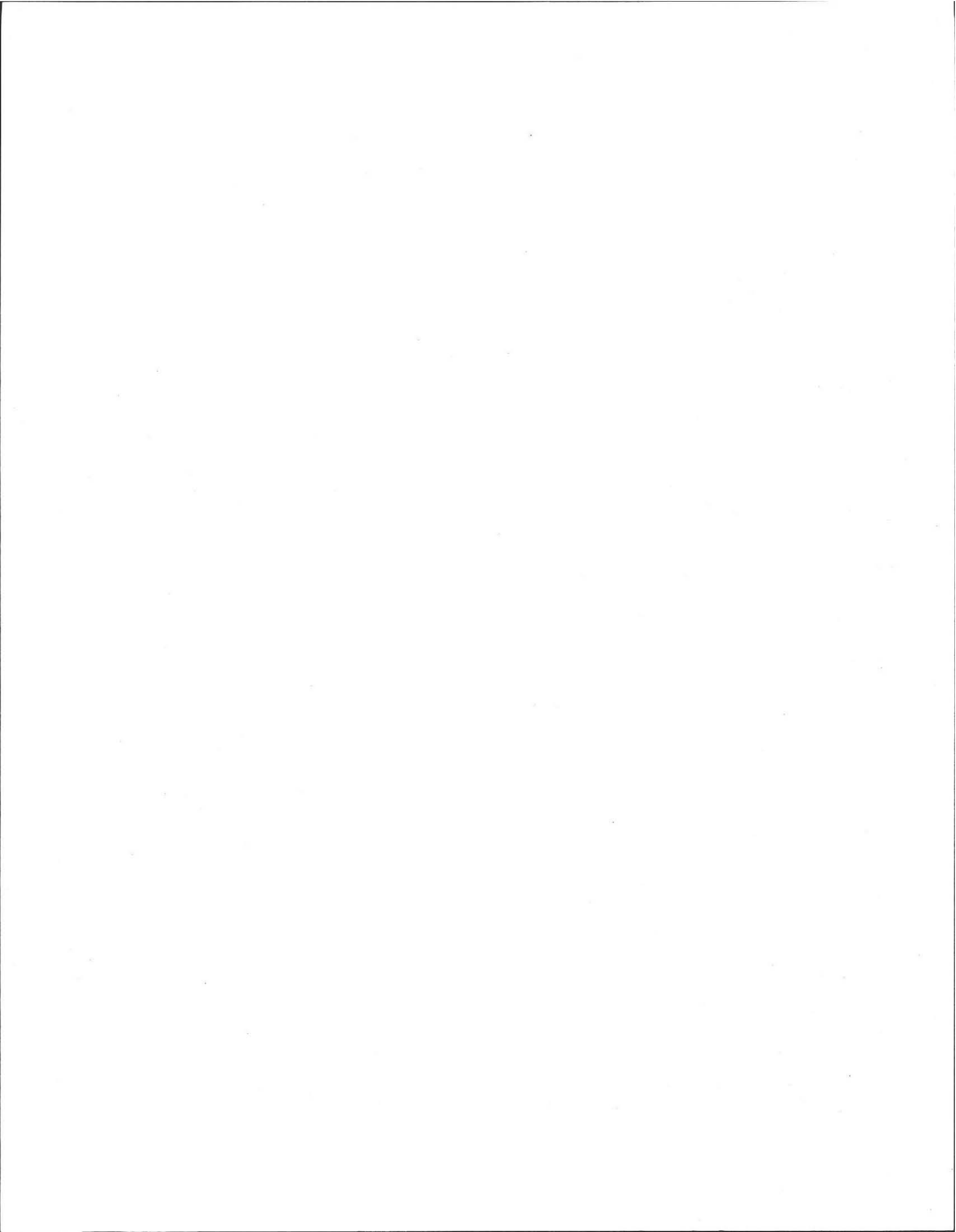
To all concerned:

In light of the conditions observed last Friday coupled with further information from the file and from the property owner, I am declaring that the Title 5 inspection to this point is incomplete and further information needs to be gathered. This decision is in light of:

- a) Discovery Friday afternoon of hand drawn sketch on reverse of original permit application of 4/18/1967, showing that the 900 gallon tank exits not into a single 50' leaching pipe, but apparently effluent is conveyed 40' or more to a D-box which is attached to a 10'x40' leach field;
- b) The sketch also shows the 600 gallon laundry system exits to possibly a 200 gallon leach tank/drywell, or perhaps a 200 s.f. leach field;
- c) The homeowners report that the downstairs toilet (connected to the 600 gallon laundry system) has been running persistently for days or possibly weeks, perhaps inundating the system;
- d) The original permit clearly states 1 ½ baths at construction and no record of later toilet/laundry plumbing was found. (per owner – phone conversation 4/9/13: 1 ½ baths on main floor, ½ bath on ground floor).

This is what I propose as a course of action;

- a) The homeowner repairs the downstairs toilet to prevent excess water entering the system;
- b) The homeowner suspends using the home laundry in order to allow the 600 gallon tank to return to a “normal inactive state”, which will allow a reinspection to determine if the SAS on that tank is above or in the groundwater
- c) We (Clean Septics and Amherst Board of Health) return to complete the Title 5 in 2 weeks: the 600 gallon tank is examined to see if the effluent is above the invert of the conveyance pipe exiting the tank;
- d) If below the invert, the conveyance pipe is inspected by camera to the attached SAS; it's configuration is determined and dug to inspect if the camera is inconclusive;
- e) If the above reveals no failure criteria, then the D-box of the 900 gallon system is dug and examined, along with the attached, previously unexamined SAS.

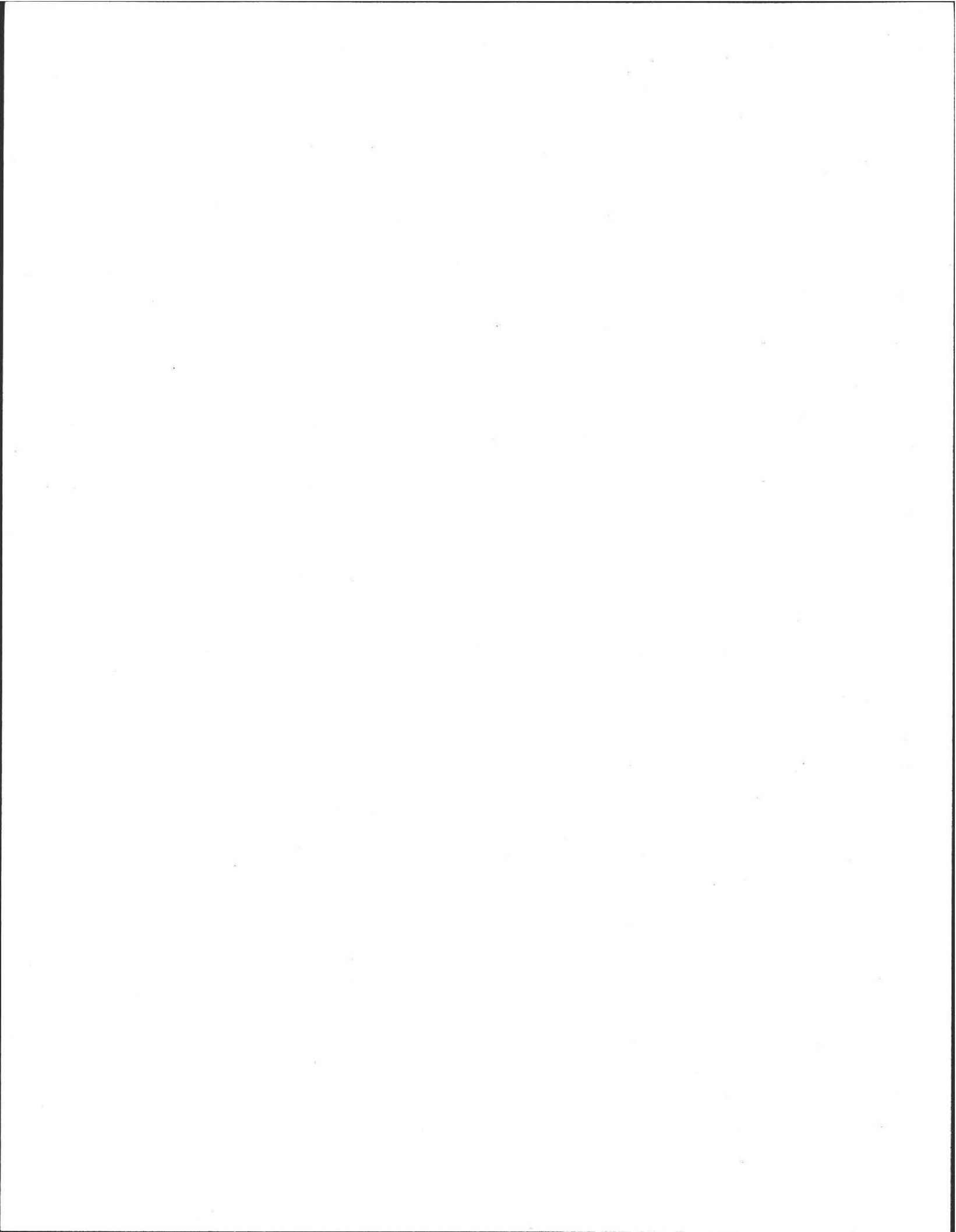


If no failure criteria are found, the Amherst Board of Health will support a "pass" determination for the Title 5 inspection, with the stipulation that the system be re-examined 6 months after occupation by the next owners of this property. Because of the proximity to the Atkins reservoir, any failure observed at that reinspection will likely require repair/replacement/upgrade much sooner than the two year maximum.

Sincerely

A handwritten signature in cursive script, appearing to read "Edmund R. Smith".

Edmund Smith, Assistant Sanitarian; Title 5 System Inspector: SI13499, expiration 5/1/2015  
Amherst Health Department  
70 Boltwood Walk,  
Amherst, MA 01002  
413.259.3153 [smithe@amherstma.gov](mailto:smithe@amherstma.gov)





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

580 MARKET HILL ROAD

Property Address

HALPERN

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

JANUARY 13, 2010

Date of Inspection

Owner information is required for every page.

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

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:

DOMINIC TORRETTI JR

Name of Inspector

CLEAN SEPTICS P O BOX 394

Company Name

252 WEST STREET

Company Address

LUDLOW

City/Town

413 583 2138

Telephone Number

MASS.

State

01056

Zip Code

SI12854

License Number

## B. Certification

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

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

*Dominic Torretti*

Inspector's Signature

JANUARY 13, 2010

Date

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

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







Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

580 MARKET HILL ROAD

Property Address

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State

01002

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JANUARY 13, 2010

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

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

### A) System Passes:

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

Comments:

RECOMMEND PUMPING EVERY YEAR

### B) System Conditionally Passes:

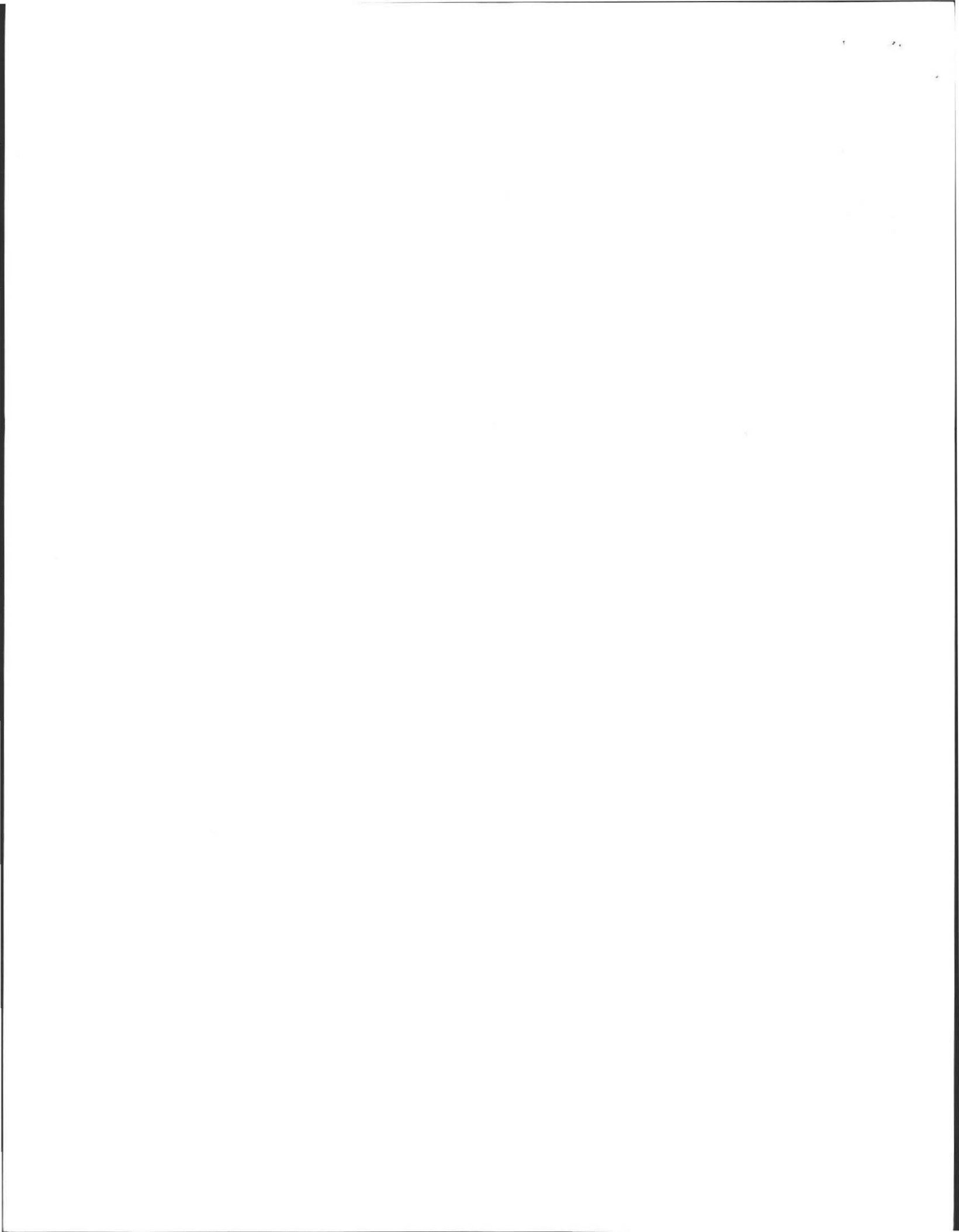
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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):





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

580 MARKET HILL ROAD

Property Address

HALPERN

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

JANUARY 13, 2010

Date of Inspection

Owner information is required for every page.

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

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):

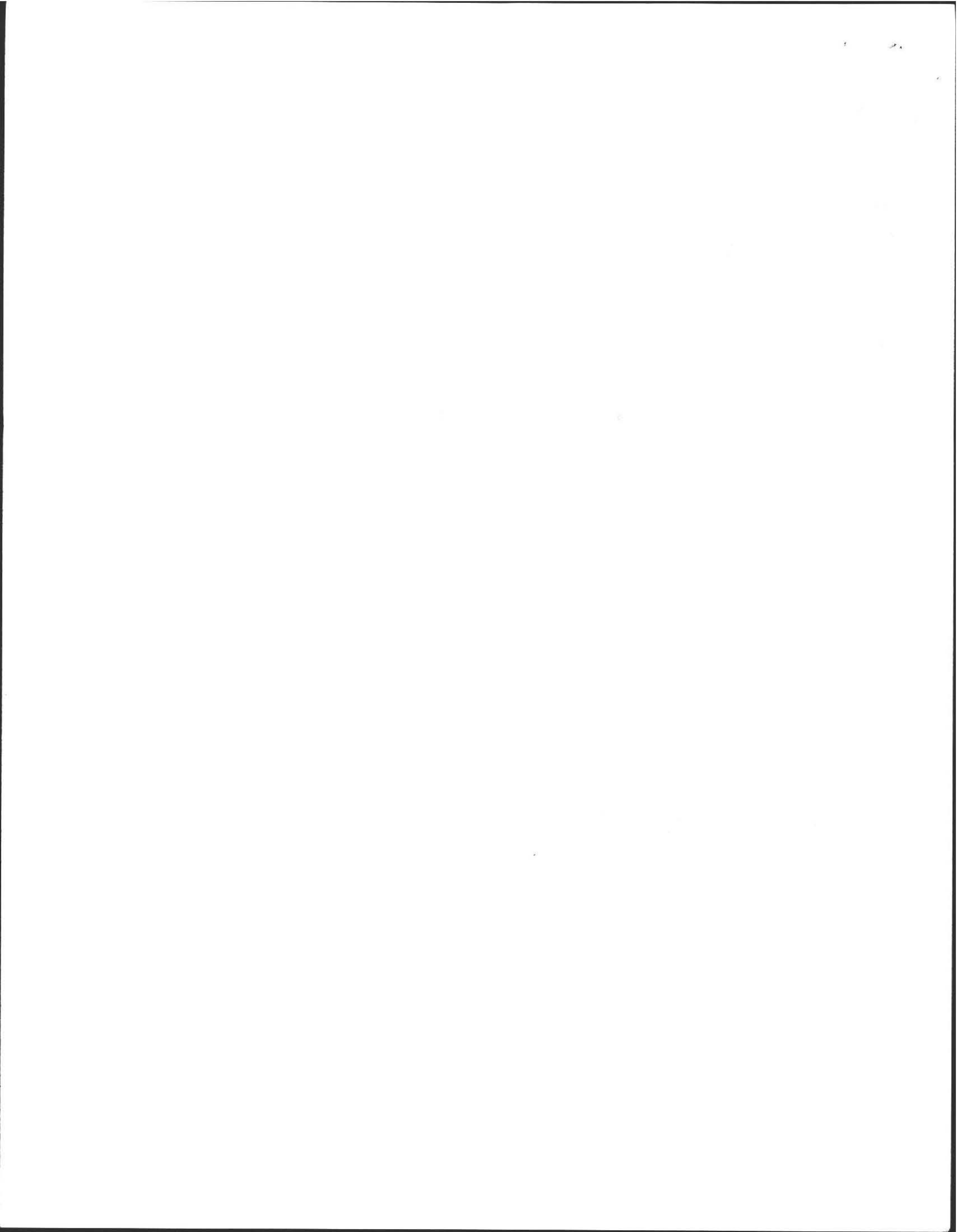
- broken pipe(s) are replaced
obstruction is removed

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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

580 MARKET HILL ROAD

Property Address

HALPERN

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

JANUARY 13, 2010

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

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

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

Method used to determine distance: \_\_\_\_\_

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

3. Other:

---



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---

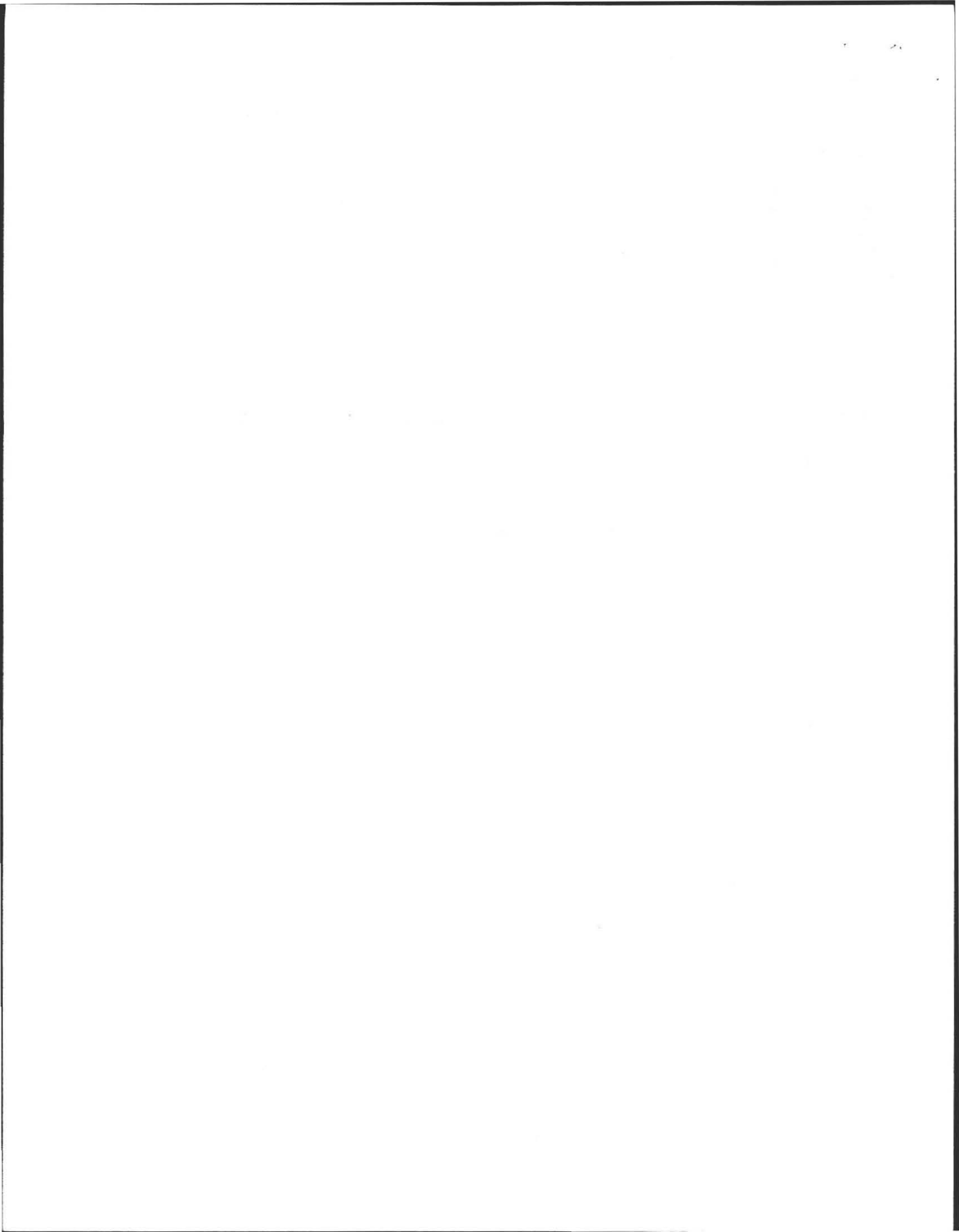


---

## 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                             |





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

580 MARKET HILL ROAD

Property Address

HALPERN

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

JANUARY 13, 2010

Date of Inspection

Owner information is required for every page.

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.

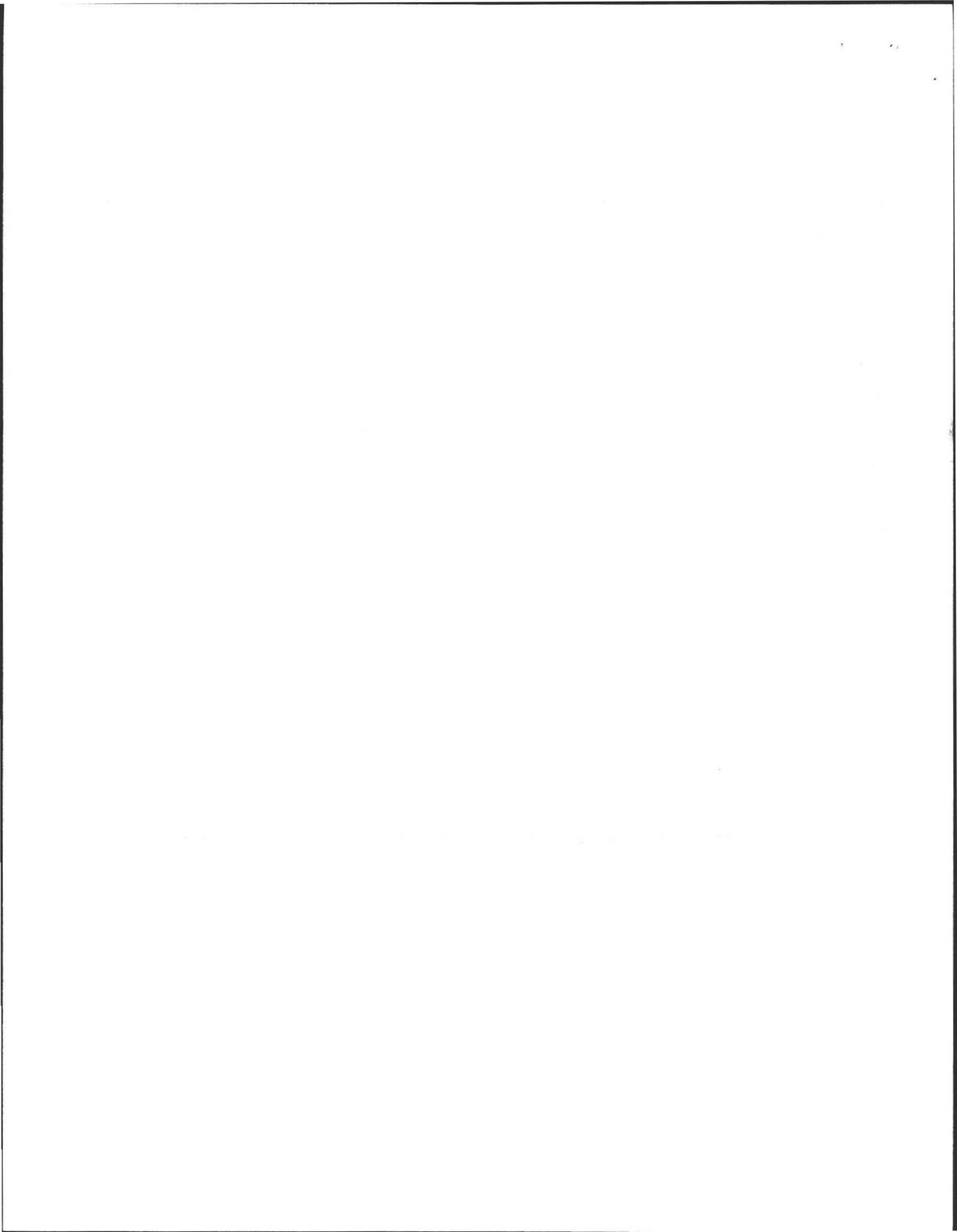
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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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C. Checklist

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

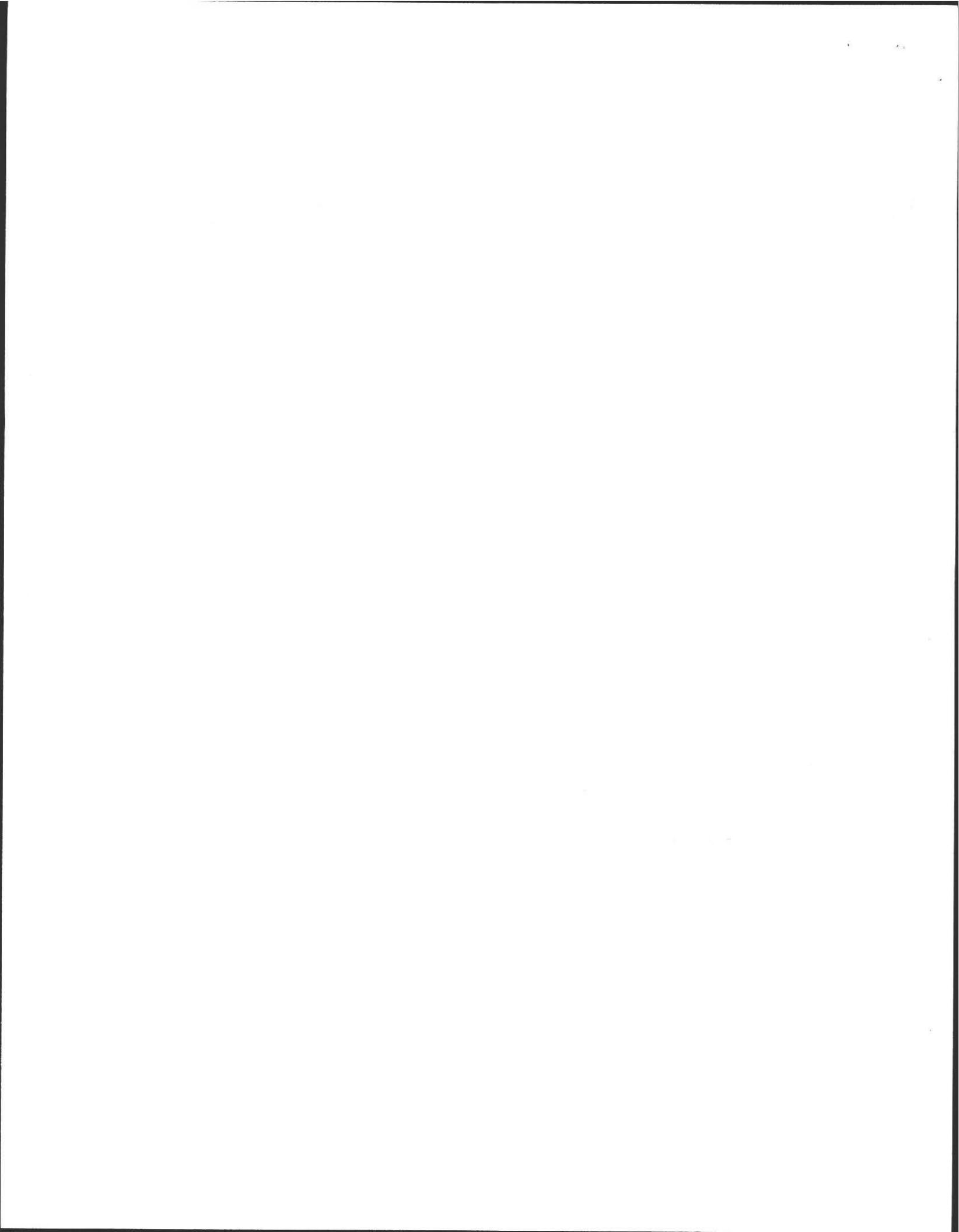
- Checklist items with Yes/No columns and checkboxes. Items include: Pumping information was provided by the owner, occupant, or Board of Health; Were any of the system components pumped out in the previous two weeks?; Has the system received normal flows in the previous two week period?; Have large volumes of water been introduced to the system recently or as part of this inspection?; Were as built plans of the system obtained and examined?; Was the facility or dwelling inspected for signs of sewage back up?; Was the site inspected for signs of break out?; Were all system components, excluding the SAS, located on site?; 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?; Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?; Existing information. For example, a plan at the Board of Health.; Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): \_\_\_\_\_ Number of bedrooms (actual): 5

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550 GPD TOTAL BOTH





# Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

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Property Address

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## D. System Information

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of current residents:

4

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)):

WELL 100' PLUS

Detail:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sump pump?

Yes  No

Last date of occupancy:

PRESENT

Date

### Commercial/Industrial Flow Conditions:

Type of Establishment:

\_\_\_\_\_

Design flow (based on 310 CMR 15.203):

\_\_\_\_\_ Gallons per day (gpd)

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

\_\_\_\_\_

Grease trap present?

Yes  No

Industrial waste holding tank present?

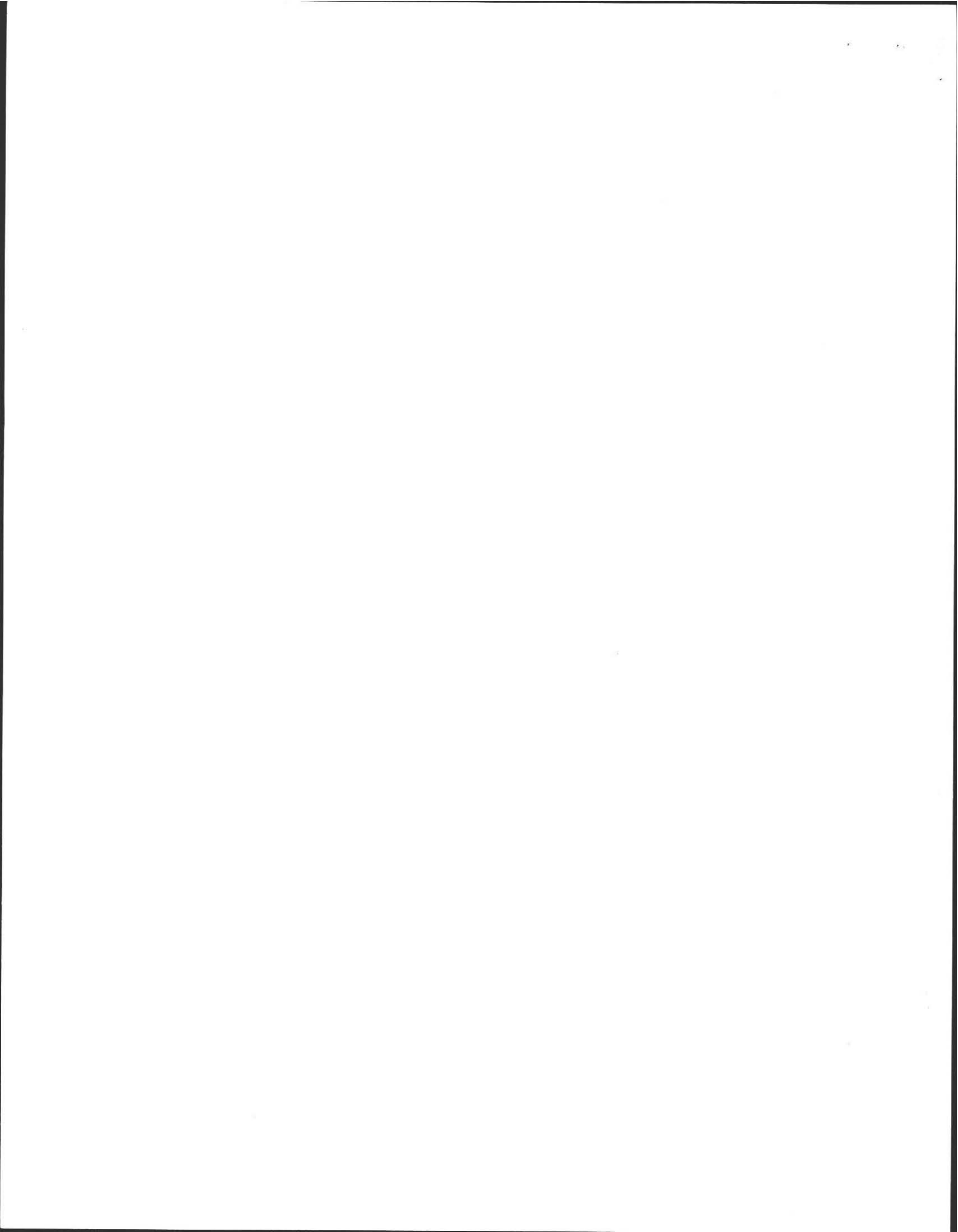
Yes  No

Non-sanitary waste discharged to the Title 5 system?

Yes  No

Water meter readings, if available:

\_\_\_\_\_





Commonwealth of Massachusetts

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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

2009, PER OWNER

Was system pumped as part of the inspection?

[X] Yes [ ] No

If yes, volume pumped:

1500 (BOTH TANKS) GALLONS

gallons

How was quantity pumped determined?

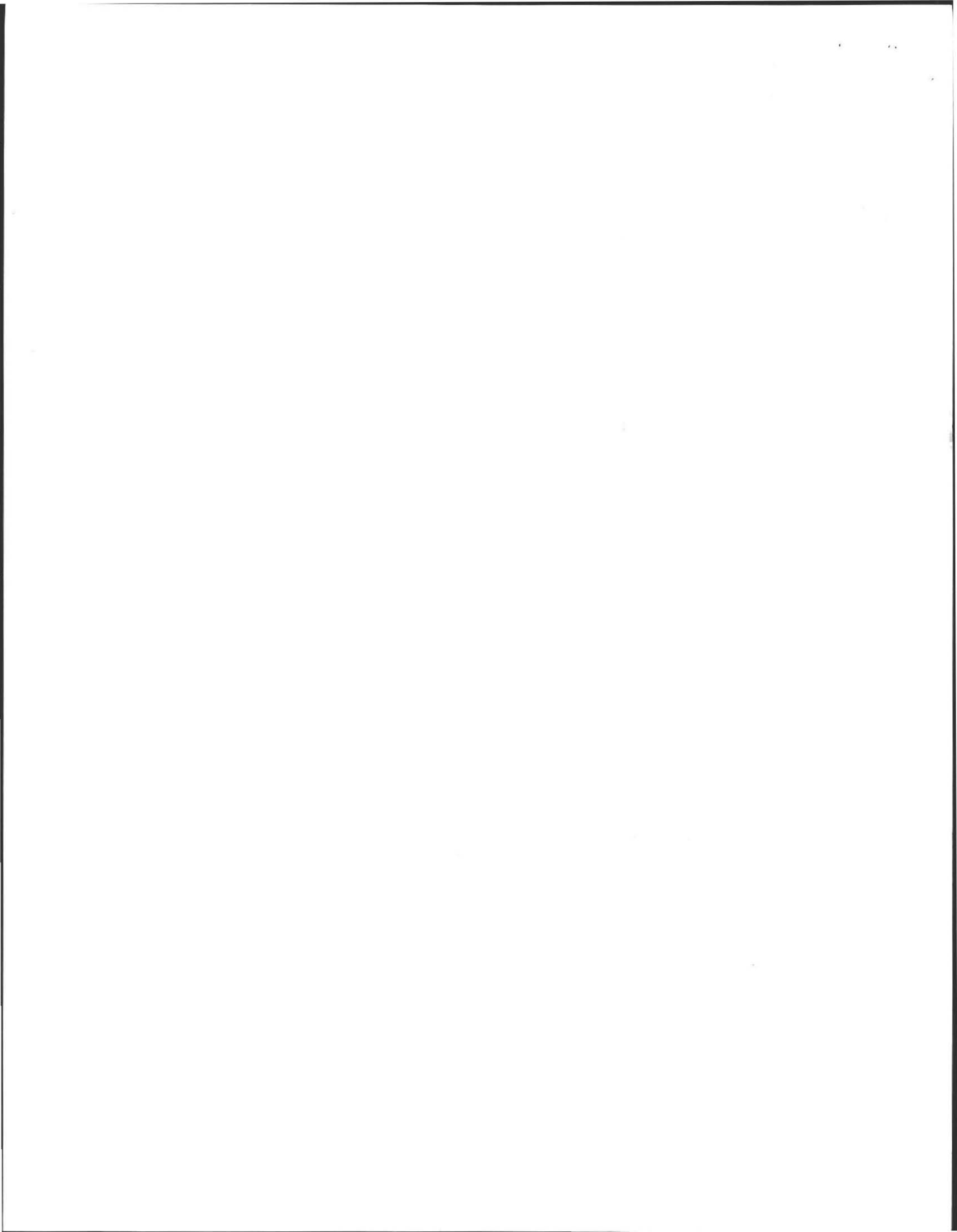
MEASURED

Reason for pumping:

MAINTENANCE /PREP FOR INSPECTION

Type of System:

- [X] Septic tank, distribution box, soil absorption system
[ ] Single cesspool
[ ] Overflow cesspool
[ ] Privy
[ ] Shared system (yes or no) (if yes, attach previous inspection records, if any)
[ ] Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract...
[ ] Tight tank. Attach a copy of the DEP approval.
[X] Other (describe): SEPTIC TANK, S. A. S., LAUNDRY SYSTEM ONSITE ALSO





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

Owner information is required for every page.

580 MARKET HILL ROAD  
 Property Address  
 HALPERN  
 Owner's Name  
 AMHERST  
 City/Town  
 MASS. State  
 01002 Zip Code  
 JANUARY 13, 2010  
 Date of Inspection

**D. System Information (cont.)**

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

APPROXIMATELY FOURTY THREE YEARS, BUILT 1967 PER OWNER

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

**Building Sewer** (locate on site plan):

Depth below grade: 2' 6"  
 feet

Material of construction:

cast iron  40 PVC  other (explain): COPPER INTO CAST IRON

Distance from private water supply well or suction line: \_\_\_\_\_  
 feet

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

JOINTS AND VENTING OK, NO LEAKAGE

**Septic Tank** (locate on site plan):

Depth below grade: SEPTIC IS APPROX. 1' 8" DEEP  
LAUNDRY TANK IS APPROX. 2' DEEP

Material of construction:

concrete  metal  fiberglass  polyethylene  other (explain)

PUMPED BOTH; SEPTIC TANK AND THE LAUNDRY TANK ON JANUARY 19, 2010

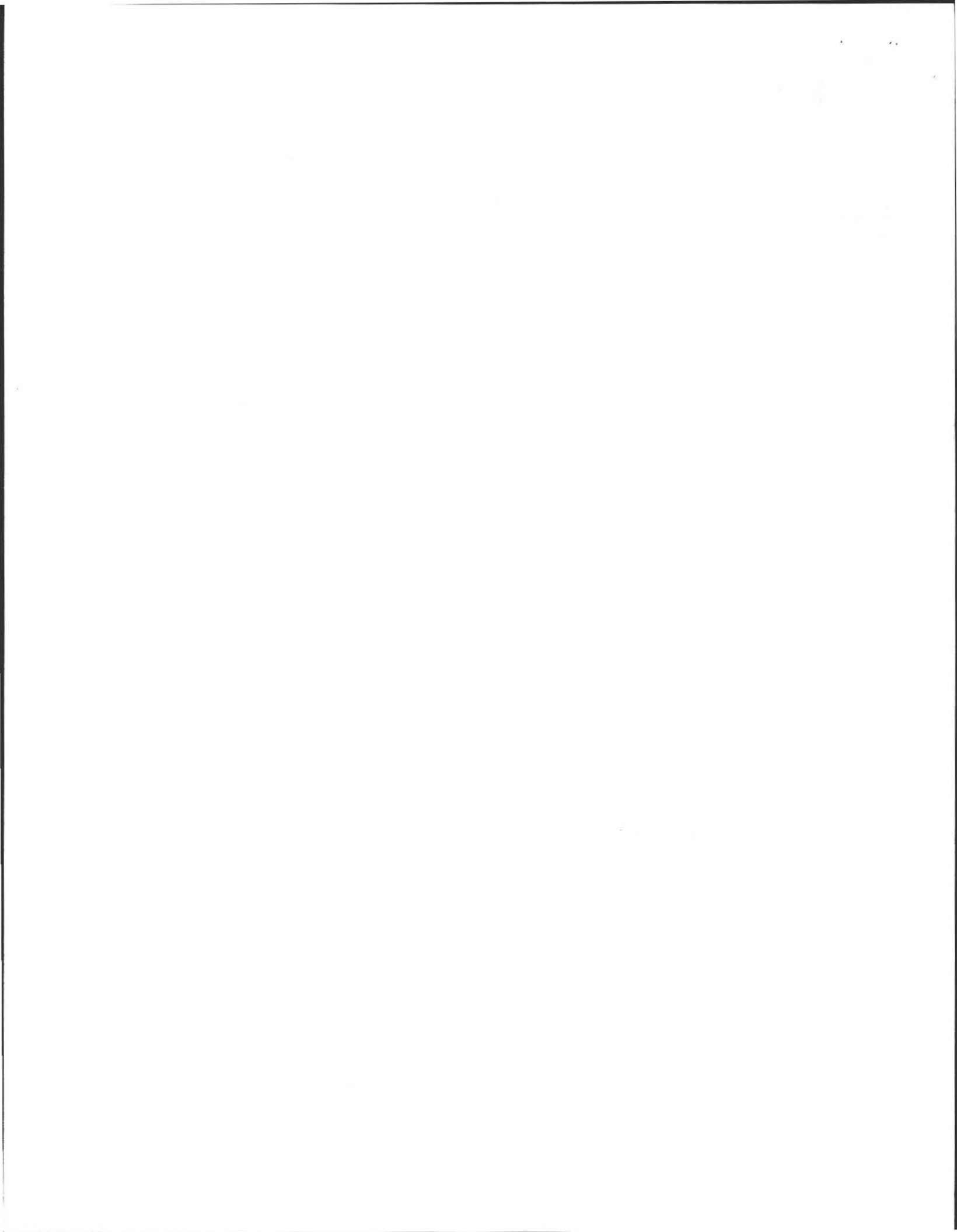
If tank is metal, list age: \_\_\_\_\_  
 years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)  Yes  No

Dimensions: SEPTIC TANK L 7' X W 4' X H 4'  
LAUNDRY TANK L 7' X W 4' X H 4'

Sludge depth: 6"







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JANUARY 13, 2010

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D. System Information (cont.)

Septic Tank (cont.)

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

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

How were dimensions determined?

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

RECOMMEND PUMPING TANK EVERY YEAR. INLET AND OUTLET BAFFLE OK., BOTH TANKS ARE STRUCTURALLY SOUND, LIQUID LEVELS ARE AT OUTLET INVERT, NO LEAKAGE

4"

MEASURED

Grease Trap (locate on site plan):

Depth below grade:

Material of construction:

- concrete metal fiberglass polyethylene other (explain):

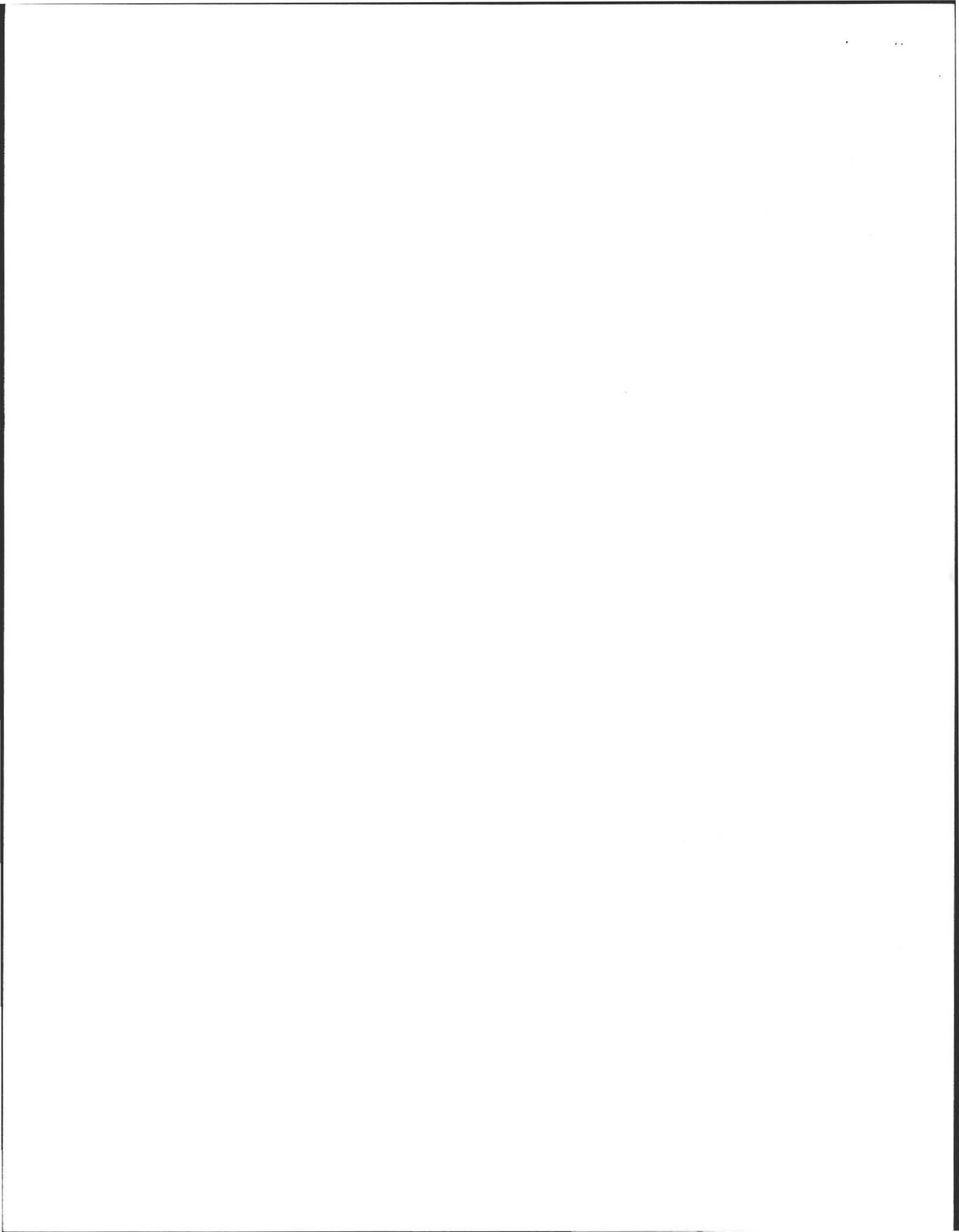
Dimensions:

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:





Commonwealth of Massachusetts  
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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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 City/Town  
 MASS. State  
 01002 Zip Code  
 JANUARY 13, 2010  
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**D. System Information (cont.)**

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_ gallons

Design Flow: \_\_\_\_\_ gallons per day

Alarm present:  Yes     No

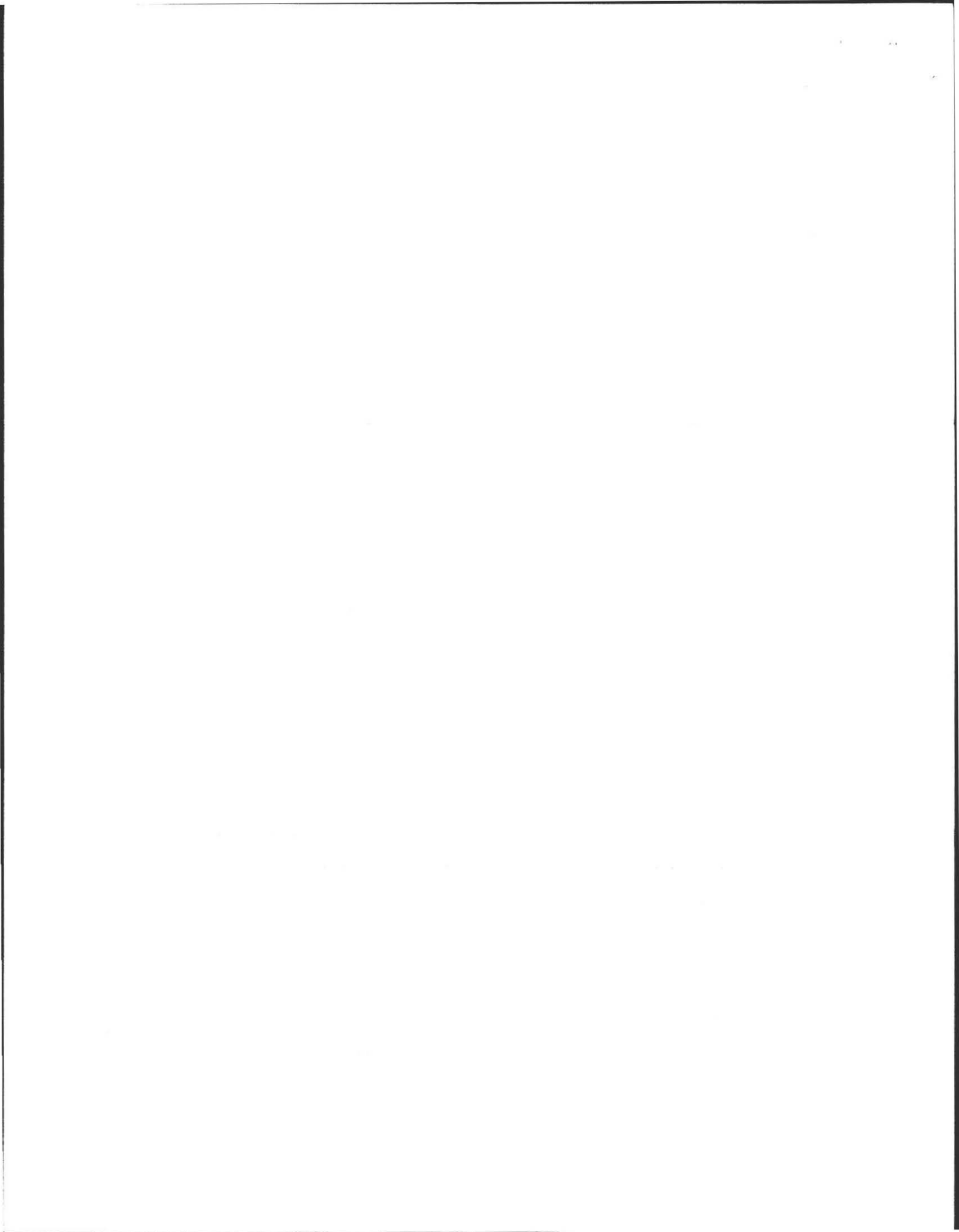
Alarm level: \_\_\_\_\_ Alarm in working order:  Yes     No

Date of last pumping: \_\_\_\_\_ Date

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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





Commonwealth of Massachusetts  
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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

NO D -BOX I

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.):

NONE FOUND

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

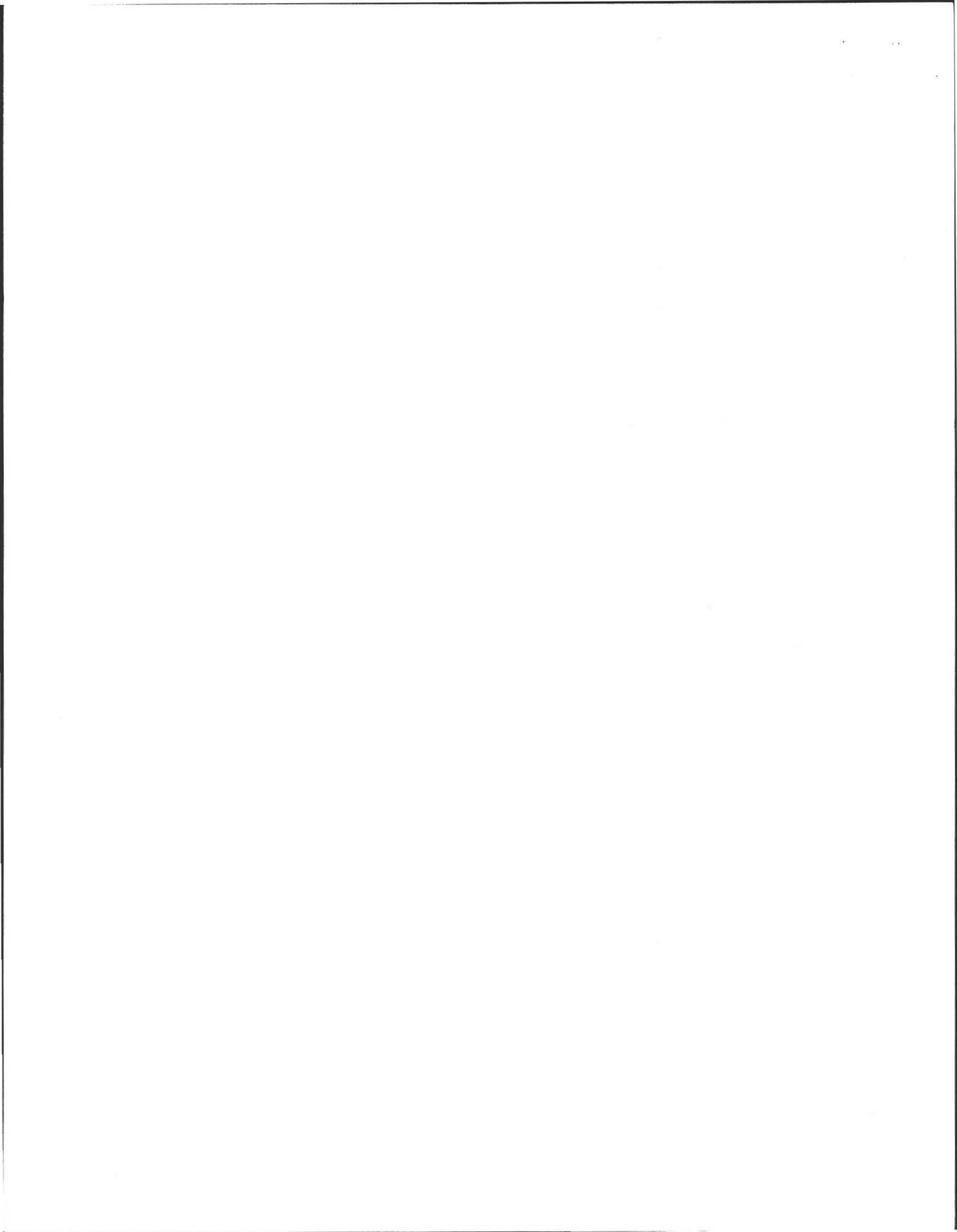
Alarms in working order:

Yes  No

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

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

If SAS not located, explain why:











Commonwealth of Massachusetts

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## D. System Information (cont.)

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

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**Privy** (locate on site plan):

Materials of construction: \_\_\_\_\_

Dimensions \_\_\_\_\_

Depth of solids \_\_\_\_\_

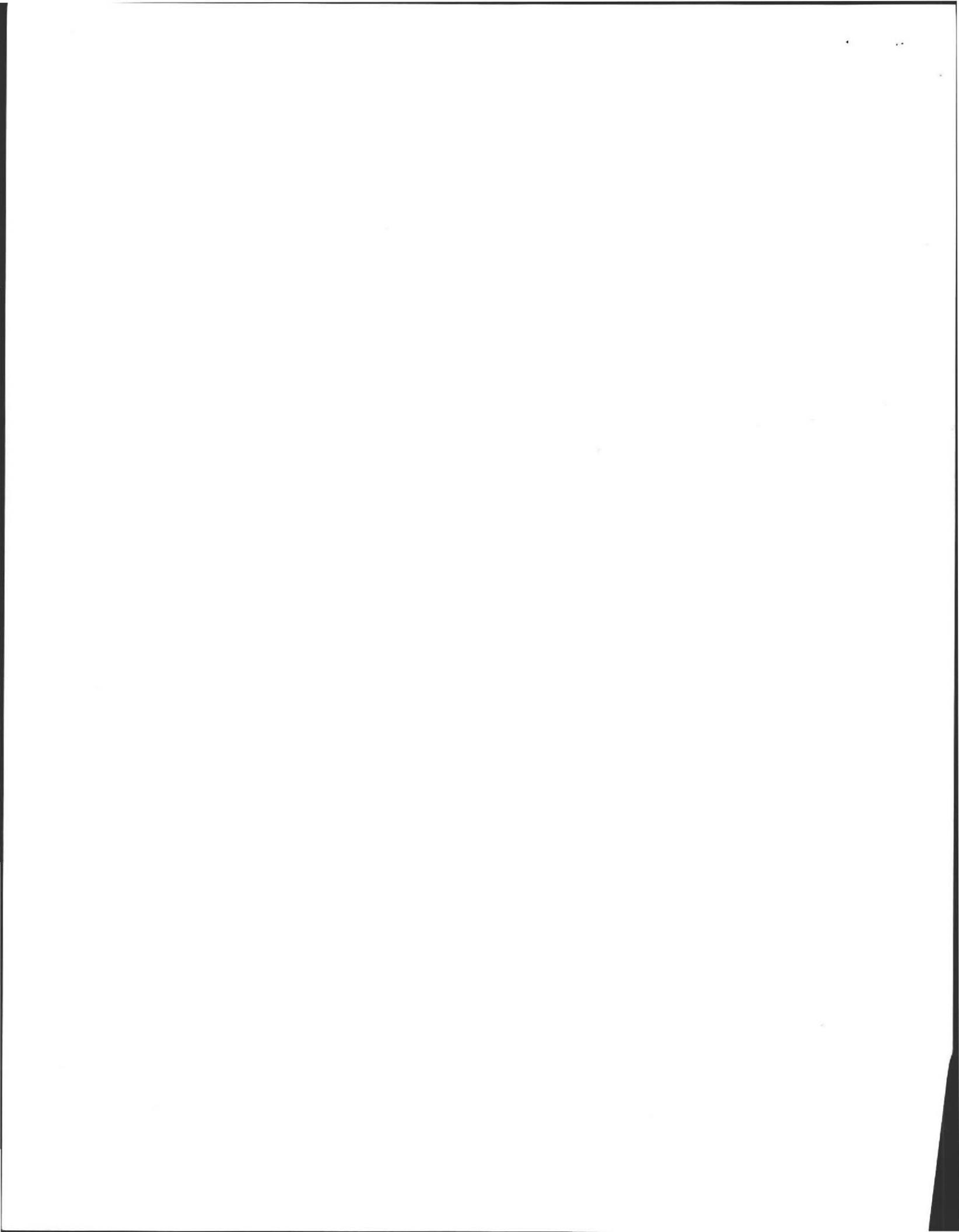
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

580 MARKET HILL ROAD

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JANUARY 13, 2010

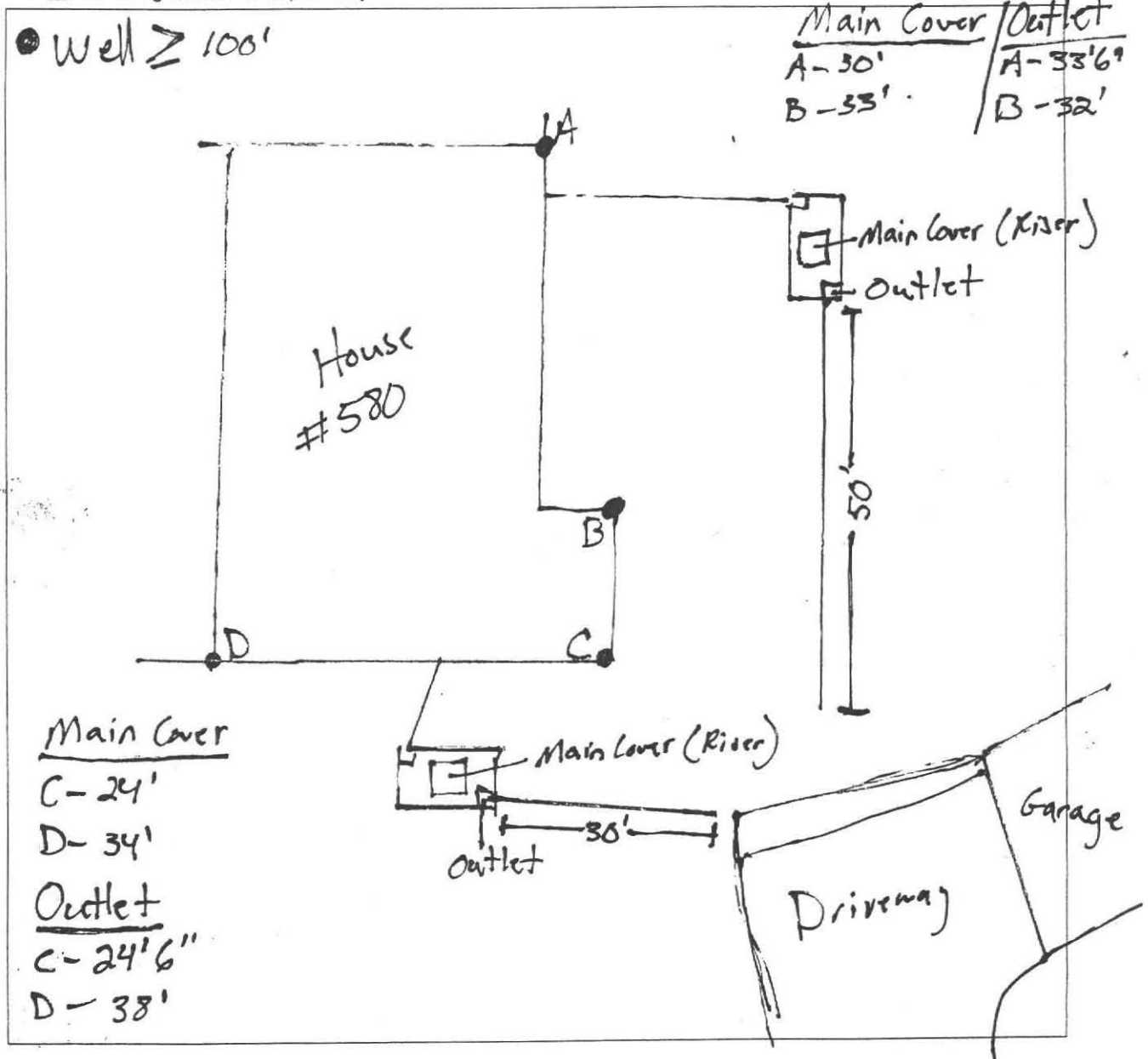
Date of Inspection

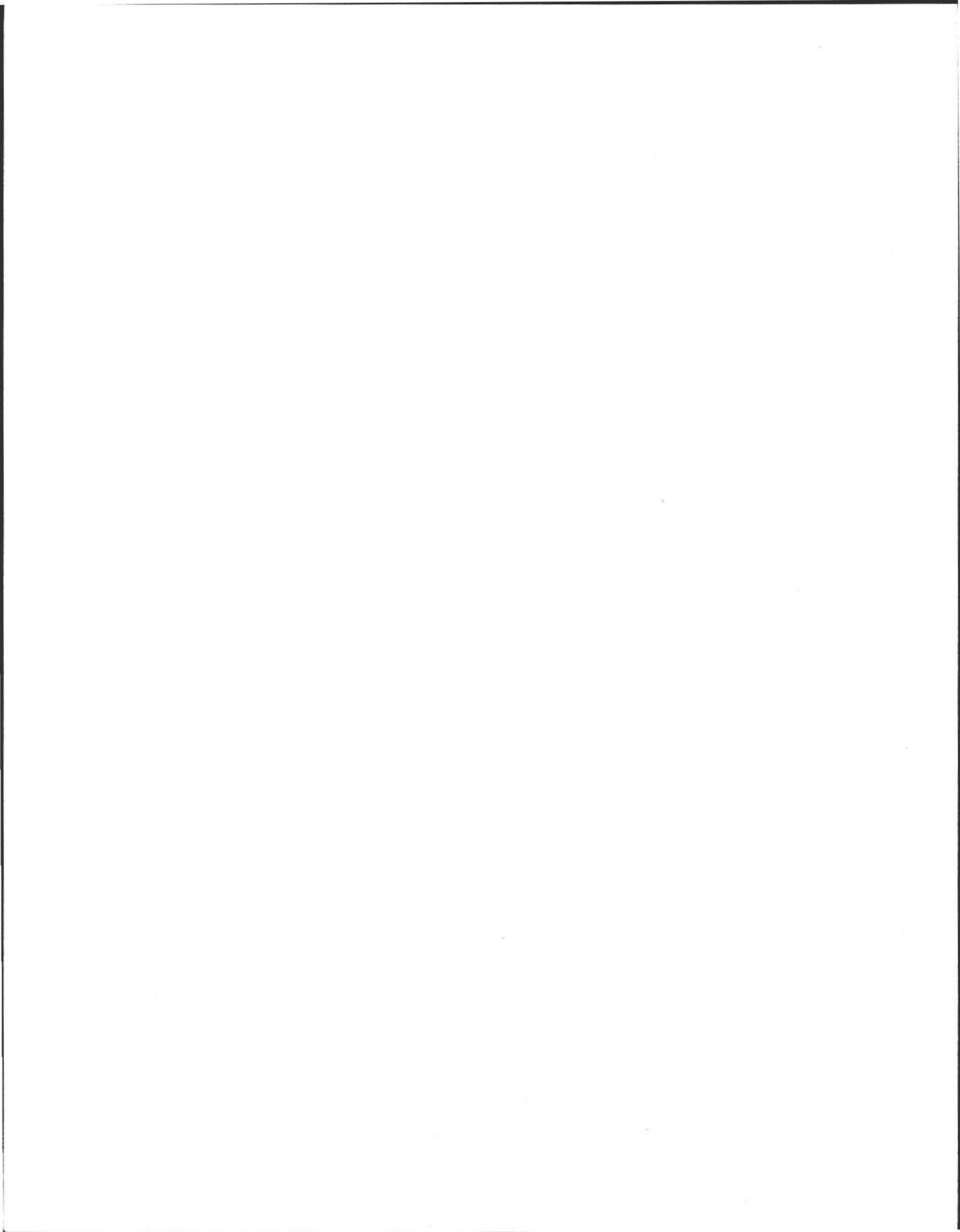
Owner information is required for every page.

## D. System Information (cont.)

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

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







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## D. System Information (cont.)

### Site Exam:

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

Estimated depth to high ground water:

NONE AT 4 1/2 FEET  
feet

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

- Obtained from system design plans on record  
If checked, date of design plan reviewed: \_\_\_\_\_  
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
BOARD OF HEALTH PRESENT WITNESSED INSPECTION (GARY)
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
\_\_\_\_\_

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

CHECKED CELLAR

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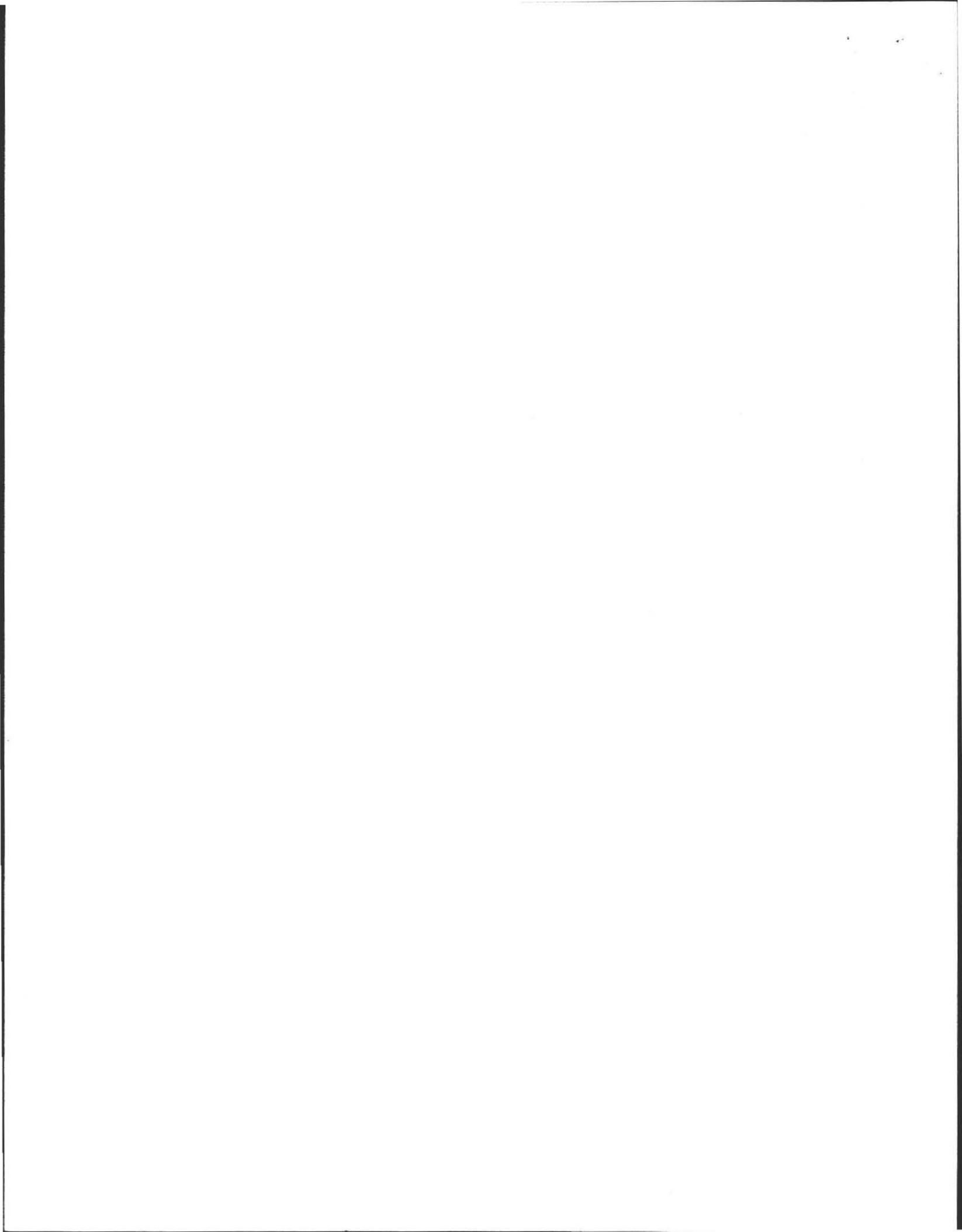


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**Before filing this Inspection Report, please see Report Completeness Checklist on next page.**





Commonwealth of Massachusetts

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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



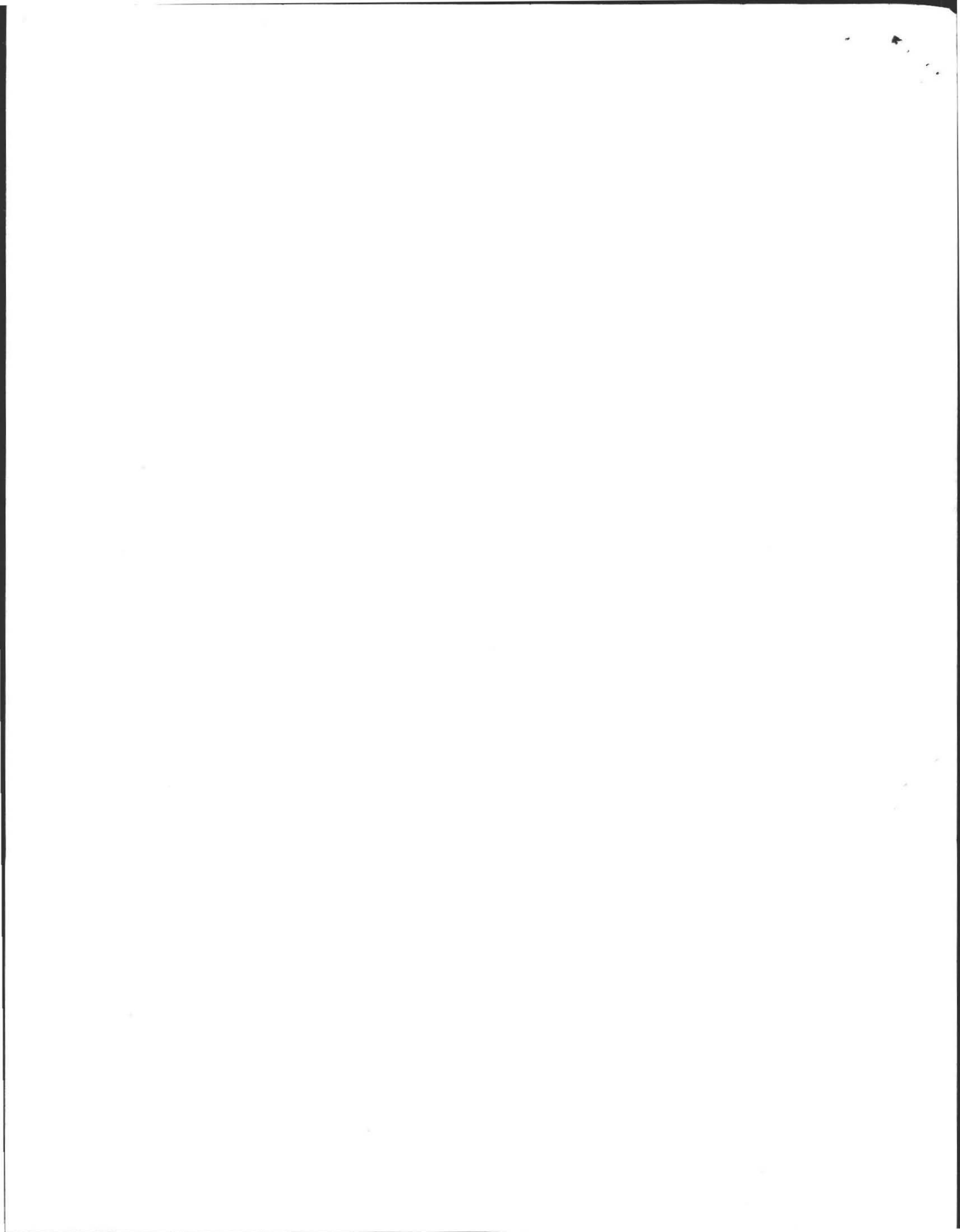


HP LaserJet *M1522nf MFP*

## Fax Confirmation Report

HP LASERJET FAX  
413 589 1140  
Jan-19-2010 12:51PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
496	1/19/2010	12:47:08PM	Send	14135492601	4:31	18	OK



PERMITS/INSP PAYMENT RECPT#: 10061411  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 01/21/10 TIME: 14:52  
CLERK: mirj DEPT:

PAID BY:  
PAYMENT METH: CHECK 1474

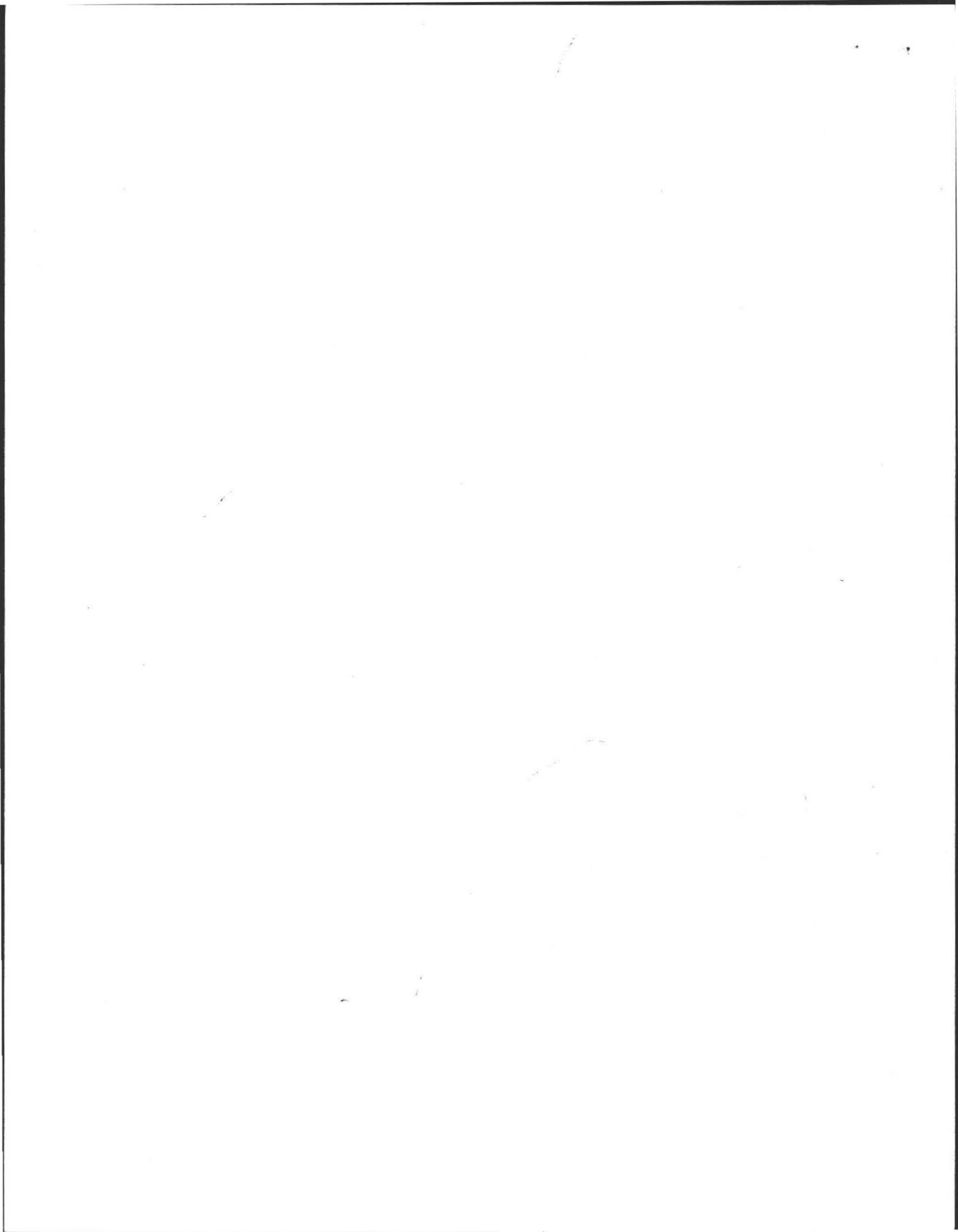
REFERENCE: A

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

SITE ADDRESS: 580 MARKET HILL

FEEs:  
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00



Property Location: 580 MARKET HILL RD

MAP ID:3D// 64//

Bldg Name:

State Use:1010

Vision ID: 4641

Account #205

Bldg #: 1 of 1

Sec #: 1 of 1 Card 1 of 1

Print Date:12/18/2012 07:51

CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT			
MILLER, OLIVER T & MELISSA R						Description	Code	Appraised Value	Assessed Value
580 MARKET HILL RD						RESIDNTL	1010	178,800	178,800
AMHERST, MA 01002						RES LAND	1010	137,100	137,100
Additional Owners:						RESIDNTL	1010	9,100	9,100
<b>SUPPLEMENTAL DATA</b>									
Other ID: 03D000064		Precinct							
Calc Frontag 205.5		Vote At							
BIDIN		Tenant							
BIDOUT		Parent							
GIS ID: 3D-64		Created							
		ASSOC PID#							
<b>Total</b>								325,000	325,000

601  
Amherst, MA

**VISION**

RECORD OF OWNERSHIP					BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)								
MILLER, OLIVER T & MELISSA R					10224/ 174	07/01/2010	Q	I	360,000	00	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
HALPERN, JOEL M					10224/ 167	07/01/2010	U	I	1	1A	2013	1010	178,800	2012	1010	178,800	2012	1010	178,800
HALPERN, JOEL M					8604/ 11	01/31/2006	U	I	1	1A	2013	1010	137,100	2012	1010	137,100	2012	1010	137,100
HALPERN, JOEL M & BARBARA K					1504/ 106	01/01/1967			0		2013	1010	9,100	2012	1010	9,100	2012	1010	9,100
<b>Total:</b>												325,000	<b>Total:</b>	325,000	<b>Total:</b>	325,000	<b>Total:</b>	325,000	

EXEMPTIONS				OTHER ASSESSMENTS			
Year	Type	Description	Amount	Code	Description	Number	Amount
2011	ER	OWNER OCCUPIED	0				
<b>Total:</b>			0				

This signature acknowledges a visit by a Data Collector or Assessor

ASSESSING NEIGHBORHOOD				
NBHD/ SUB	NBHD Name	Street Index Name	Tracing	Batch
CU/A				

APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	176,300
Appraised XF (B) Value (Bldg)	2,500
Appraised OB (L) Value (Bldg)	9,100
Appraised Land Value (Bldg)	137,100
Special Land Value	0
<b>Total Appraised Parcel Value</b>	<b>325,000</b>
Valuation Method:	C
Exemptions	0
Adjustment:	0
<b>Net Total Appraised Parcel Value</b>	<b>325,000</b>

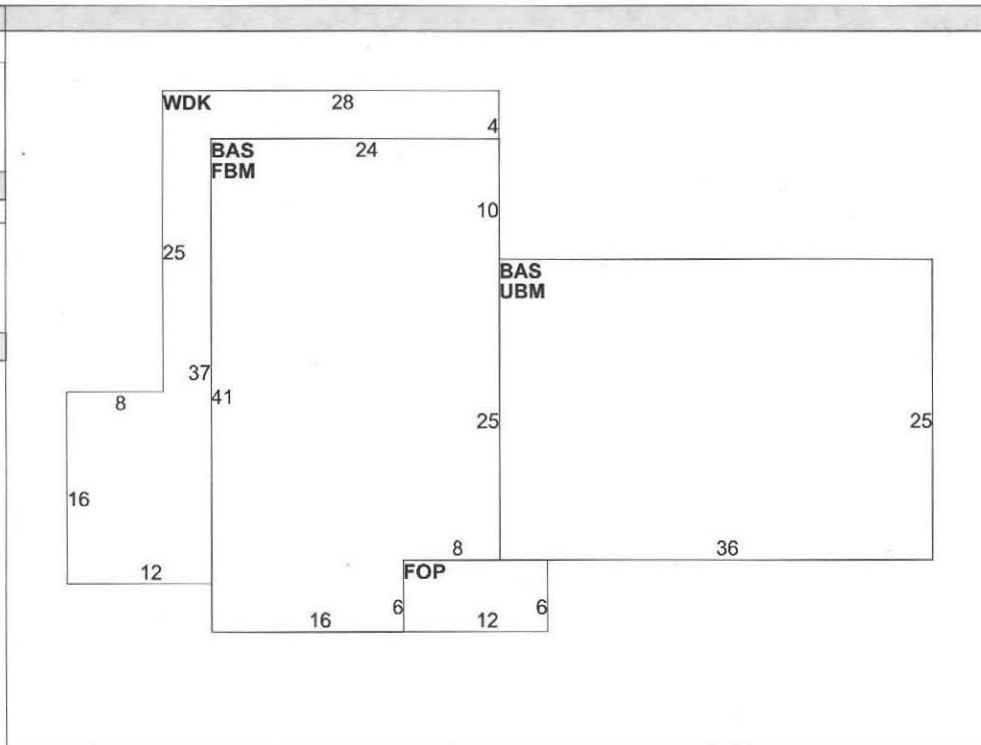
NOTES			
ACROSS FROM AMHERST	TECH BILT HOME		
WATER SHED-SOLAR HOT	ADJ THE DEPR AMD LAND		
WATER-W/O BASEMENT	VAL 1/12/94 ABATEMENT		
CATHEDRAL CEILINGS-ODD	NEW ROOFING FY98		
SHAPED GLASS NOT			
THERMO-LARGE MASONRY FP			

BUILDING PERMIT RECORD						VISIT/ CHANGE HISTORY								
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd.	Purpose/Result
GAS13-0003	07/06/2012	PL	Plumbing	0		0		RANGE, PIPING	04/05/2011	05	1	DB	08	Refused Entry. Estimate
BLD97-112	07/31/1996	RE	Remodel	7,845		0		REROOF	09/18/2009			LT	15	Drive By Field Review
94B-399	04/01/1994			5,000		0			10/27/2005			SS	15	Drive By Field Review
93B-464	06/25/1992			2,000		0			12/07/1999			DB	02	Informal Review Inspector
									03/19/1997			EB		

LAND LINE VALUATION SECTION																			
B #	Use Code	Use Description	Zone	D	Front	Depth	Units	Unit Price	L. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	S Adj Fact	Adj. Unit Price	Land Value
1	1010	Single Family	RO30		200		30,000	SF	4.40	0.9800	4	1.0000	1.00	CU	1.00			1.00	129,400
1	1010	Single Family	RO31				1.49	AC	5,200.00	1.0000	0	1.0000	1.00	CU	1.00			1.00	7,700

Total Card Land Units: 2.18 AC Parcel Total Land Area: 2.18 AC Total Land Value: 137,100

CONSTRUCTION DETAIL				CONSTRUCTION DETAIL (CONTINUED)			
Element	Cd.	Ch.	Description	Element	Cd.	Ch.	Description
Style	01		Ranch				
Model	01		Residential				
Grade	13		A-				
Stories	1		1 Story				
Occupancy				Foundation			
Exterior Wall 1	08		Wood On Sheath	<b>MIXED USE</b>			
Exterior Wall 2				<i>Code</i>	<i>Description</i>	<i>Percentage</i>	
Roof Structure	03		Gable/Hip	1010	Single Family	100	
Roof Cover	03		Asph/F Gls/Cmp				
Interior Wall 1	05		Drywall/Sheet	<b>COST/MARKET VALUATION</b>			
Interior Wall 2				Adj. Base Rate:		89.68	
Interior Flr 1	09		Pine/Soft Wood	Replace Cost		214,960	
Interior Flr 2	14		Carpet	AYB		1967	
Heat Fuel	02		Oil	Dep Code		GD	
Heat Type	05		Hot Water	Remodel Rating			
AC Type	03		Central	Year Remodeled			
Total Bedrooms	04		4 Bedrooms	Dep %		18	
Total Bthrms	3			Functional Obslnc		0	
Total Half Baths	0			External Obslnc		0	
Total Xtra Fixtrs				Cost Trend Factor			
Total Rooms	8		8 Rooms	Condition			
Bath Style	02		Average	% Complete		82	
Kitchen Style	02		Modern	Overall % Cond		82	
				Apprais Val		176,300	
				Dep % Ovr		0	
				Dep Ovr Comment			
				Misc Imp Ovr		0	
				Misc Imp Ovr Comment			
				Cost to Cure Ovr		0	
				Cost to Cure Ovr Comment			



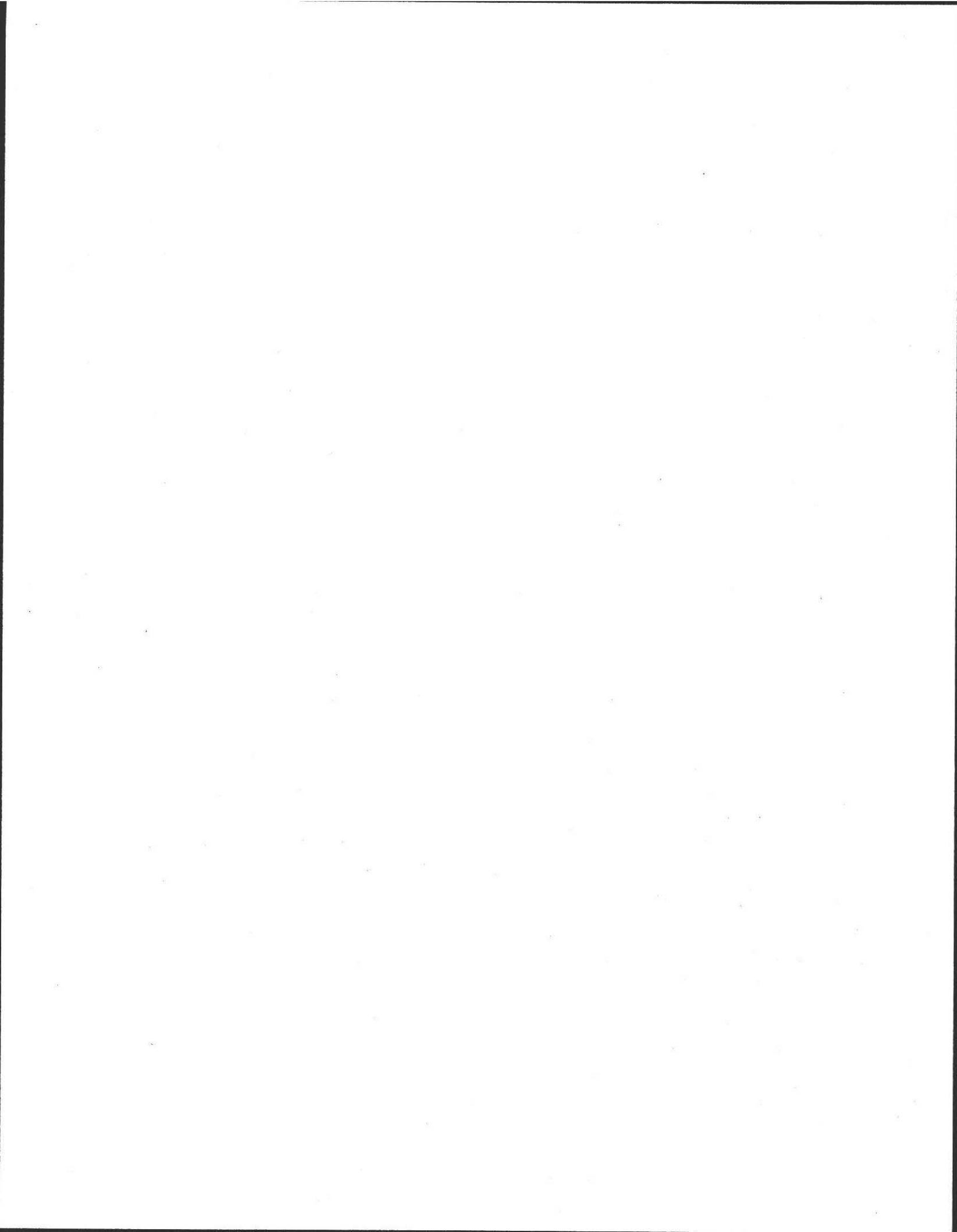
OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)												
Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
SHD1	Shed Frame			L	120	8.00	1951		0		50	500
FGR2	Garage-Good			L	576	30.00	1951		0		50	8,600
FPL1	Fireplace 1 St			B	1	3,000.00	1993		1		100	2,500

BUILDING SUB-AREA SUMMARY SECTION						
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,836	1,836	1,836	89.68	164,650
FBM	Basement, Finished	0	936	328	31.43	29,415
FOP	Porch, Open, Finished	0	72	14	17.44	1,256
UBM	Basement, Unfinished	0	900	180	17.94	16,142
WDK	Deck, Wood	0	388	39	9.01	3,497
<b>Ttl. Gross Liv/Lease Area:</b>		<b>1,836</b>	<b>4,132</b>	<b>2,397</b>		<b>214,960</b>









CUST NAME  
4 BOLTWOOD AVENUE  
04/09/13  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 08:21

CUST NAME

0  
DEPT

DE HEA058

TITLE V WI 200.

RECPT TOTAL

200.00  
OLIVER T M QUA CHECK

498

AMOUNT

