MARKET HILL ROAD



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CHECK OR FILL IN WHERE APPLICABLE



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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No M. +M. Jud Skodinski of 47 Fauntain Street Holyake (owner's name) (address) (phone)
hereby applies for a permit to construct or repair a private disposal system for a Reading (residence, store, etc.)
which will be located at Market Will Road to be installed by
Karl Koniency Hodly Mass 3 (name) Builder is Chestu Miles for Plumber is R. D. Shipman
Description of lot, building and fixtures as follows:
Lot: Dimensions 50 X 150 Type of Soil Grand Well or Town Water? Taxon
Distance to Town Sewer/Mille Depth to Ground Water
Will Lot be Graded? Know By Filling of Removing Soil?
Building: Dimensions
Fixtures: No. Toilets
Showers
Auto Dishwasher
(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)
I certify that the above information is correct and that I will notify the Board of Health if any condi- tions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.
Date 2/4/60 Chester J. Milesoko
(Signature of Applicant)
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
T / 1 - 1. No
1. Alutation is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:
Septic Tank: Must be of Cement and of
Leaching System: Trenches of not less than Sq. Ft. bottom area.
Dry well
This permit is issued with the understanding that future alterations or additions will be made if neces- sary. 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.
A. a Sund 7/6/60 for the Board of Health date

Inspected Approved

.....





COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Property Address: 61 Market n loi n7 **Owner's Name:** ark **Owner's Address:** 5/00/00 Date of Inspection:

Name of Inspector: (please print) Pamela / Cary Bissell Company Name: _Affordable Home and Septic Inspections-Ine Mailing Address: _51 Laurel St._

Holyoke< Ma. 01040

Telephone Number: 413-532-8600

CERTIFICATION STATEMENT

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

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

Inspector's Signature: Cary Biriell,

Date: 5/00/00

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

Notes and Comments

5AS Functional

****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.

FIG



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

CERTIFICATION (continued)

61 Market Hill Rd
Property Address: Amber st, Ma
Owner: Mark Dawnon
Date of Inspection:
Date of Inspection:

A. System Passes:

1 have not found any information which indicates that any of the failure criteria described in 310 CMR (5.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B. System Conditionally Passes:

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

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

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

ND explain:

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

broken pipe(s) are replaced

obstruction is removed

distribution box is leveled or replaced

ND explain:

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

> broken pipe(s) are replaced obstruction is removed

ND explain:



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

CERTIFICATION (continued)

Property Address:	61 Market Her Anders t. M	e fl
Owner: Dawy	11 11-1 0 100-1	

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

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

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

Cesspool or privy is within 50 feet of a surface water

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

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

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

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

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

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

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

3. Other:



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

Property Address: 61 11 **Owner: Date of Inspection:**

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

Yes No

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
- Required pumping more than 4 times in the last year <u>NOT</u> 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.
 - J. 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 coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]

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

E. Large Systems:

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

You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

yes no

the system is within 400 feet of a surface drinking water supply

the system is within 200 feet of a tributary to a surface drinking water supply

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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



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

Property Address: Owner: 20 **Date of Inspection:**

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

 Yes
 No

 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 ?

 Have large volumes of the system obtained and examined? (If they were not available note as N/A)

 Were as built plans of the system obtained for signs of sewage back up ?

 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 ?

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

Yes no

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

 $\frac{\sqrt{2}}{100}$ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]



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

1 1 1 1 1 AD
Property Address: 61 Markat Hill Rd
Ambust, Iha
Owner: Dawton f
Date of Inspection: 5/20/0 2
FLOW CONDITIONS
RESIDENTIAL
Number of bedrooms (design): <u>3</u> Number of bedrooms (actual): <u>/</u>
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 385
Number of current residents:
Does residence have a garbage grinder (yes or no): La
Is laundry on a separate sewage system (yes or no): 1/2- [if yes separate inspection required]
Laundry system inspected (yes or no): 1/4
Seasonal use: (yes or no): 1/0
Water meter readings, if available (last 2 years usage (gpd)): Town Water
Sump nump (ves or not: ()
Last date of occupancy: <u>Prevent</u> ly
0
COMMERCIAL/INDUSTRIAL
Type of establishment:
Design flow (based on 310 CMR 15.203): gpd
Basis of design flow (seats/persons/sqft,etc.):
Grease trap present (yes or no):
Industrial waste holding tank present (yes or no):
Non-sanitary waste discharged to the Title 5 system (yes or no):
Water meter readings, if available:
Last date of occupancy/use:
OTHER (describe):
GENERAL INFORMATION
Pumping Records
Source of information: Kone Gaux
Was system pumped as part of the inspection (yes or no): Lo
If yes, volume pumped:gallons How was quantity pumped determined?
Reason for pumping:
TYPE OF SYSTEM
Septic tank, distribution box, soil absorption system
Single cesspool
Overflow cesspool
Privy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be
obtained from system owner)
Tight tank Attach a copy of the DEP approval
Other (describe):
Approximate are of all components, date installed (if known) and source of information.
Approximate age of all components, date installed (if known) and source of information:
Were sewage odors detected when arriving at the site (yes or no): L_0
The servage outers acceled when an initial at the site (yes of 10). Mo



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

SYSTEM INFORMATION (continued) High AN **Property Address: Owner: Date of Inspection:** BUILDING SEWER (locate on site plan) Depth below grade: Materials of construction: _____cast iron ____40 PVC ___other (explain): Distance from private water supply well or suction line: Comments (on condition of joints, venting, evidence of leakage, etc.): SEPTIC TANK: P (locate on site plan) Depth below grade: Material of construction: concrete metal fiberglass polyethylene other(explain) If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or no): (attach a copy of certificate) 10×5×5 Dimensions: 4" Sludge depth: Distance from top of sludge to bottom of outlet tee or baffle: 3/" Scum thickness: 3" 10" Distance from top of scum to top of outlet tee or baffle: Distance from bottom of scum to bottom of outlet tee or baffle: Judge Judge Take 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.). place. Alastic crein) GREASE TRAP: (locate on site plan) Depth below grade: Material of construction: concrete metal fiberglass polyethylene other



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

SYSTEM INFORMATION (continued)

Property Address: 6/ Market Hill Rd
Owner: Dawton (
Date of Inspection: 5/30/03
Date of inspection.
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/day
Alarm present (yes or no):
Alarm level: Alarm in working order (yes or no):
Date of last pumping:
Comments (condition of alarm and float switches, etc.):
DISTRIBUTION BOX: (if present must be opened)(locate on site plan)
Depth of liquid level above outlet invert: \emptyset
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D-Box infact, Knockauts intact. I outlet lines prepert.
D-Box intact: Knock outs intact. I outlet lines present. Speed levelers added to equalize Alarst

PUMP CHAMBER: ____ (locate on site plan)

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



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

Property Address: Owner: Date of Inspection: (locate on site plan, excavation not required) SOIL ABSORPTION SYSTEM (SAS): If SAS not located explain why: Type leaching pits, number: leaching chambers, number: leaching galleries, number: leaching trenches, number, length: approx 50' leaching fields, number, dimensions: overflow cesspool, number: innovative/alternative system Type/name of technology: Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

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

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

PRIVY: ____ (locate on site plan)

Materials of construction:

Dimensions:



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

61 Martet Nill Ad **Property Address:** LUNON Owner:

5 00/00 Date of Inspection:

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

(Reay) 1 BR Dwellerg (Ferst) 39' 4413 driestor) 4718 501



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

SYSTEM INFORMATION (continued)

Property	Address:	 Market	Hile	Rd
Owner:	Dawyor nspection:	 sitos		

SITE EXAM Slope) Surface water Check cellar Shallow wells

Estimated depth to ground water \underline{S}^{t} feet

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

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

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

Checked with local Board of Health-explain:

Checked with local excavators, installers- (attach documentation)

Accessed USGS database-explain:

You must describe how you established the high ground water elevation: varialt uns of NGW m Vilo



Affordable Home Inspections Title 5 Septic Inspection Evaluation Agreement

1.) Affordable Home Inspections represented by Cary/Pamela Bissell as the septic inspectors has

61 Market Hill Rel Armheist been contracted for: 1.) To inspect the property septic system located at _____

Mark auro 2)By client

- 3) for the fee of \$ 350°° this fee represents the standard time schedule of three hours for the onsite inspection .Time exceeding this shall be charged at \$45.00 per hour. On site inspection commences at the time of arrival at the above address.
- 4.) By your signature, it is understood that this inspection does not serve as a warranty implied or expressed. Nor any form of surety, and does not absolve the seller of any possible liability.
- 5.) Further more it is understood that this inspection and the opinion contained within the report are performed and based upon the abilities ,knowledge and experience of the named inspector regarding Title 5 Septic Inspections.
- II.) The Inspector Intends To:
 - 1.) Visually inspect all major structural components of the septic system relative to Title 5 requirements.
 - Visually identify obvious , existing problems and where possible indicate areas of potential problems.
- III,) Inspector will not :
 - Make repairs, nor enter septic, nor be responsible for any damage to the septic system or property.
- IV,) Inspector is not a guarantor of the future life, adequacy or performance of the septic system.
- V,) Inspections are limited to visual defect and general appearance of the septic system and property at the time of the inspection.
- VI,) Neither the contents of this report nor any representations made herein are assignable without the expressed written consent of Affordable Home Inspections
- VII,) Affordable Home Inspections liability is limited to the cost of the inspection.
- VIV,) Septic inspection results are filed with the local Board of Health as required by Title V Regulations.

_____ Date 20 May 200 Signed Affordable Home Inspections representative





COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Property Address: 61 Market Hill, Rd. ______Amherst, Ma Owner's Name: _____Catherine Shankweiter Owner's Address:

Date of Inspection: 12/21/04

Name of Inspector: (please print) NICK TORRETTI Company Name: <u>CLEAN SEPTICS</u> Mailing Address: <u>P.O. BOX 394</u> <u>LUDLOW, MA</u> Telephone Number: <u>583-2138</u>

CERTIFICATION STATEMENT

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

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

Inspector's Signature:

Date: 12/21/04

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

Notes and Comments : Pump Septic Tank every 2 years

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



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

Property Address: _

Owner: _____ Date of Inspection: 12/21/04

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

A. System Passes:

 \underline{x} 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:	nments:
------------------	---------

Pump Septic Tank Every 2Years

B. System Conditionally Passes:

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

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

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

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

ND explain:

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

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

distribution box is leveled or replaced

ND explain:

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

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

ND explain:



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

CERTIFICATION (continued)

Property Address:

Owner: _____ Date of Inspection:

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

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

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

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

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

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

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

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

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

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

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

3. Other:


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

Property Address:

	No. of the second
Owner:	
Owner.	
Data of Landation	
Date of Inspection:	
The state of anoperations	

D.	System	Failur	e Cri	teria a	pplic	cable	to all	systems	s:		
You	must in	ndicate	"yes"	or "no	" to	each c	of the	followin	ng for <u>a</u>	II inspect	tions:

les No)
es No	

- _____x_Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
 - x Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
- x Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- x Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
- ______x ___ Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____.
 - ______ x____ 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.
- ______ x___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- _____ (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:

To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd. You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

yes no

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

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



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

Property Address:

	_	
Owner:		
Date of Inspection:		

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

Yes	No	
yes		Pumping information was provided by the owner, occupant, or Board of Health

_____ no___ Were any of the system components pumped out in the previous two weeks ?

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

______ _no___ Have large volumes of water been introduced to the system recently or as part of this inspection ?

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

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

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

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

yes _____ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

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

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

Yes no

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

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



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

Property Address: _

Owner: _____ Date of Inspection:

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 1_____Number of bedrooms (actual): _1____ DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _110 gpd Number of current residents: _2 Does residence have a garbage grinder (yes or no): _____ no Is laundry on a separate sewage system (yes or no): _____ [if yes separate inspection required] Laundry system inspected (yes or no): _____ Seasonal use (yes or no): _____ Water meter readings, if available (last 2 years usage (gpd)): Town Water Sump pump (yes or no): _____ Last date of occupancy: ______present

COMMERCIAL/INDUSTRIAL

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

OTHER (describe):

GENERAL INFORMATION

 Pumping Records

 Source of information:
 Owner

 Was system pumped as part of the inspection (yes or no):
 yes____

 If yes, volume pumped:
 1500 gallons -- How was quantity pumped determined? measured___

 Reason for pumping:
 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 (to be obtained from system owner)

_____ Tight tank _____ Attach a copy of the DEP approval

Other (describe):

Approximate age of all components, date installed (if known) and source of information: <u>Approximately 10 years old, owner</u>

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

no

and the formula of

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

Property Address: _

BUILDING SEWER (locate on site plan) Depth below grade: 1'8" Materials of construction: <u>x</u> cast iron <u>40 PVC</u> other (explain): Distance from private water supply well or suction line: <u>Comments</u> (on condition of joints, venting, evidence of leakage, etc.): JOINTS, VENTING APPEAR TO BE IN GOOD CONDITION, NO LEAKS

SEPTC TANK: (locate on site plan)

Depth below grade: _10"

Material of construction: x concrete metal fiberglass polyethylene

_other(explain)____

If tank is metal list age: _____ Is age confirmed by a Certificate of Compliance (yes or no): _____ (attach a copy of certificate) Dimensions: 10x5x5

Sludge depth: 10"

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

Scum thickness: 3"

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: MEASURED

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

<u>PUMP SEPTIC TANK EVERY 2 YEARS, BAFFLES, LIQUID LEVELS APPEAR TO BE IN CONDITION,</u> <u>STRUCTURAL INTEGRITY OK, NO LEAKS</u>

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:

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



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

SYSTEM INFORMATION (continued)

Property Address:

Owner: _____ Date of Inspection: _____

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: ______ gallons Capacity: _____ gallons Design Flow: _____ gallons/day Alarm present (yes or no): _____ Alarm level: _____ Alarm in working order (yes or no): _____ Date of last pumping: _____ Comments (condition of alarm and float switches, etc.):

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

Depth of liquid level above outlet invert: ___0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box,

D-BOX APPEARS LEVEL & EQUAL, NO CARRYOVER NO LEAKS

PUMP CHAMBER : ____ (locate on site plan)

Pumps in working order (yes or no):

Alarms in working order (yes or no): ____

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

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

SYSTEM INFORMATION (continued)

Property Address:

OWNER: _____ Date of Inspection: _____

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

If SAS not located explain why:

leaching pits, number:

leaching chambers, number:

leaching galleries, number:

x_leaching trenches, number, length 2 trenches, 56' long

____ leaching fields, number, dimensions: _____

_____ overflow cesspool, number: _____

innovative/alternative system Type/name of technology:

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.): Soil and vegetation appear ok, no signs of failure

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

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

PRIVY: ____ (locate on site plan)

Materials of construction:

Dimensions:

Depth of solids:

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



A Same

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

SYSTEM INFORMATION (continued)

Property Address:

Owner: ______
Date of Inspection: _____

SKETCH OF SEWAGE DISPOSAL SYSTEM

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

Septic Ta	nk Outlet		
A- 41'	61 House		
B∙ 37'	A		
D-80X	septic tank outlet]B]
B- 44′6″			
-		D-BOX	⁸ ie
) Driveway	1
	drawing not to scale	Directory	
	61 Market Hill Road	, 	4 22
*			



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

Propertoy Address:

Owner: ______

SITE EXAM Slope <u>x</u> Surface water <u>x</u>_Check cellar Shallow wells

Estimated depth to ground water - none at 4'_

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

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

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

Checked with local Board of Health-explain:

Checked with local excavators, installers- (attach documentation)

Accessed USGS database-explain:

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

Slope & Checked Cellar



LOCUS MAP



STING	PROPOSED
- xxx -	CONTOUR LINE (1' INTERVAL)
	DEEP OBSERVATION PIT
Cale and	PERCOLATION TEAT
2	IRON PROPERTY PIN
5	DECIDUOUS TREE
ۍ بې	CONIFEROUS TREE
	UTILITY POLE
N	WATER SUPPLY LINEW

CONSTRUCTION NOTES:

1. This area served by town water. No wells within 200 ft. of proposed leach facility at time of survey.

2. Septic tank shall be pumped and inspected as necessary and at least once every three years. 3. Pines exiting Distribution Box shall have the same invert elevation and shall

be level for at least the first two feet of length. 4. Topsoil and subsoil shall be removed for five feet around proposed leach

area and where fill is to be placed. Fill shall be a clean granular sand and shall conform to the specifications of Title 5

310 CMR 15.255(3).

5. Removal and disposal of existing septic tank shall conform to all applicable regulations. Disturbed areas shall be loamed and seeded to match adjacent grade and grass and mulched until permanent vegetative cover is established.



LEACHING TRENCHES SECTION "A" - "A" H: 1" = 10' V: 1" = 5'

SOIL INVESTIGATION

TEST PIT NC). 1	Elev. 100.5'	PERCOLATION TEST AT 100.25' Saturation Period: 15 Minutes Percolation Rate: <2 Minutes/Inch
0" - 9"	A	Fine Sandy Loam	ж.
9" - 16"	Bw	Very Fine Sandy Loam Matrix: 2.5Y5/4 Mottles	: 7.5YR5/8 5%
16" - 72" ,	с	Fine Loamy Sand w/ fine gravel, cobbles and stor Matrix: 7.5YR5/8 No Me	108
Groundwater Bedrock Elev These are Cl	vation	: Lower than 94.5'	
TEST PIT NO	. 2	Elev 99.6'	
0" - 9" A	L.	Fine Sandy Loam	
9" - 16" E	Зw	Very Fine Sandy Loam Matrix: 2.5Y5/4 Mottles	: 7.5YR5/8 5%
16" - 72" (с	Fine Loamy Sand w/ fine gravel, cobbles, stones, Matrix: 7.5YR5/8 No Mo	3 boulders.
Groundwater Bedrock Elev These are Cla	ation	: 93.6' or lower	

Wetlands within 200 ft of the Soil Absorption System as shown. Soils investigation and percolation testing performed by Robert Stover, Certified Soil Evaluator on September 26, 1995. Witnessed by David Zarozinski, Health Officer, Amherst Board of Health.

DESIGN CRITERIA

Two bedroom single family house. No garbage disposal shall be installed. Utilize leaching trench system. Proposed septic tank: 1500 gal. tank.

DESIGN CALCULATION

Design flow: 2 bdrm @ 110gpd/bdrm = 220 gpd

Leaching Trenches: Percolation rate = 2 min/inch Bottom area: 0.74 GPD/SF Sidewali area: 0.74 GPD/SF

Use 2 trenches 56 ft. long x 2.5 ft. wide x 0.75 ft. below flow line Bottom area: (56 x 2.5) x 2 x 0.74 = 207.2 GPD Sidewall area: (56 x .75) x 4 x 0.74 = 124.3 GPD

> TOTAL LEACHING CAPACITY = 331.3 GPD TOTAL REQUIRED = 220 GPD OK

GENERAL CONDITIONS

1. This system repair is designed in accordance with 310 CMR 15.00 (Title 5) except for the requirement for 5 foot separation to groundwater. There will be a local upgrade approval request for this requirement. Construction shall conform to the approved plan.

2. Contractor shall notify engineer of any unusual conditions and shall not modify the plan without the written consent of the engineer. Any debris in the site area shall be removed and disposed of in accordance with the law.

3. There is no guarantee express or implied to any user of a system installed pursuant to this plan.

4. Inspections of excavation and installation: the contractor shall notify the designer when the excavation is complete and prior to installation of stone and pipe to verify elevations. The contractor shall notify the designer and the Amherst Health Dept. when system installation is complete and prior to placement of cover material for final inspection. Notifications shall be 48 hours prior to the time of inspection.

HAROLD L. STIKES I CIVIE No. 32914 DESIGISTERIES 10/24/95	MARGARET BARDEN CLINE 61 MARKET HILL ROAD AMHERST, MASSACHUSETTS					
	ON-SITE SEWAGE DISPOSAL SYSTEM 61 MARKET HILL RD., AMHERST, MASSACHUSETTS					
	SCALE: AS SHOWN APPROVED BY DATE: OCT 20, 1995 AVS	DRAWN BY RWS				
	AMHERST CIVIL ENGINEERING HAROLD L. STILES, P.E. / ROBERT STOVER					
	6 UNIVERSITY DR., BOX 144, AMHERST, MA 01004 (413) 256-3400	DRAWING NUMBER				