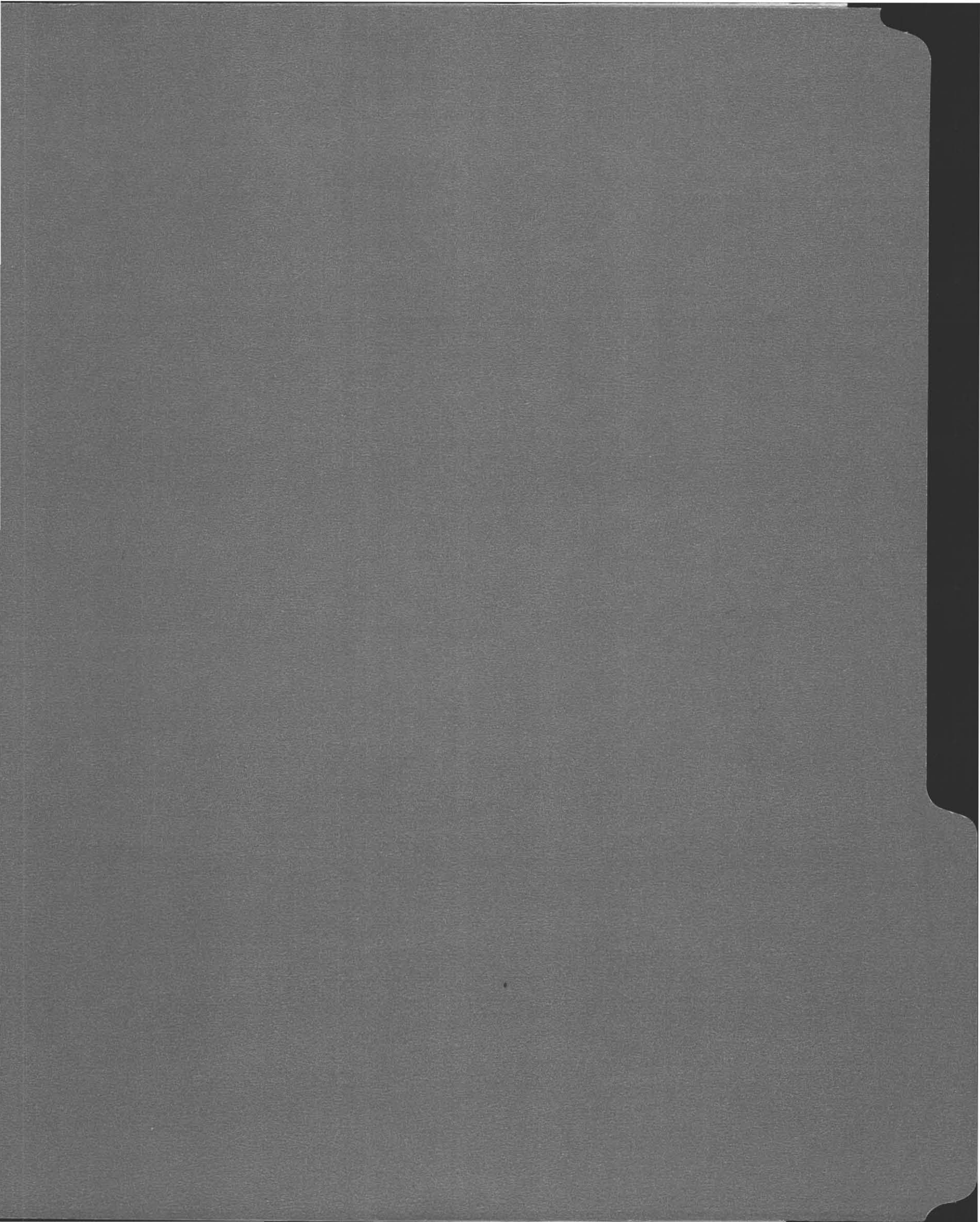


237 MEADOW STREET







Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

237 Meadow Street

Property Address

C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst,

MA

01002

12.22.2011

City/Town

State

Zip Code

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:

Alan E Weiss, M.S, Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

MA

01007

City/Town

State

Zip Code

413.323.5957

# 738

Telephone Number

License Number

*Owes  
TITLE V fee*

## 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

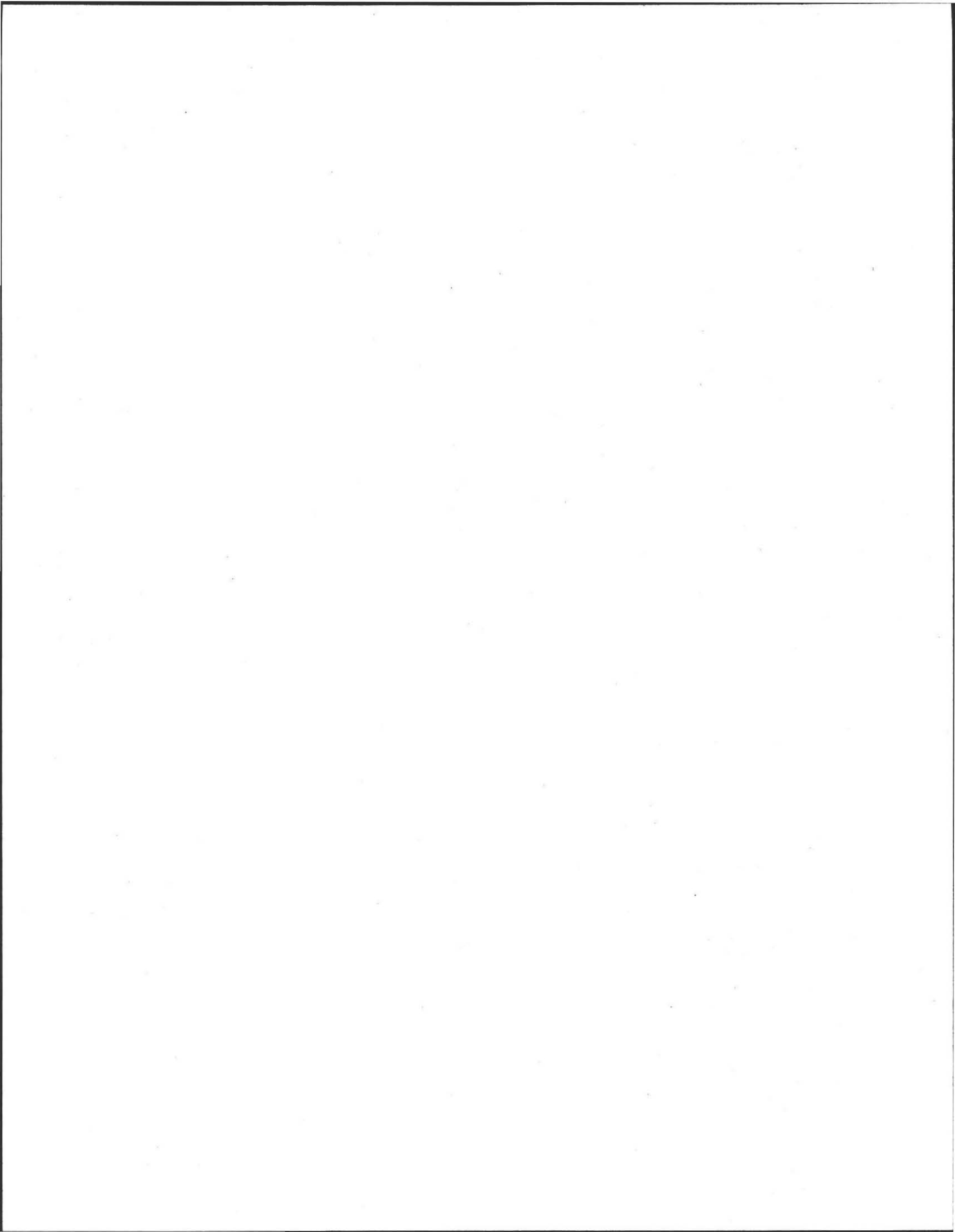
Inspector's Signature

12.22.2011

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.**







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## 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:

Property has 1000 Gal S. tank and leach field of 40+/- yrs, Tank was functional but aged. Leach field lines were old black orangeburg pipe with sludge & staining halfway up in corroded distribution box. Unoccupied 4yrs +/-.

### 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):

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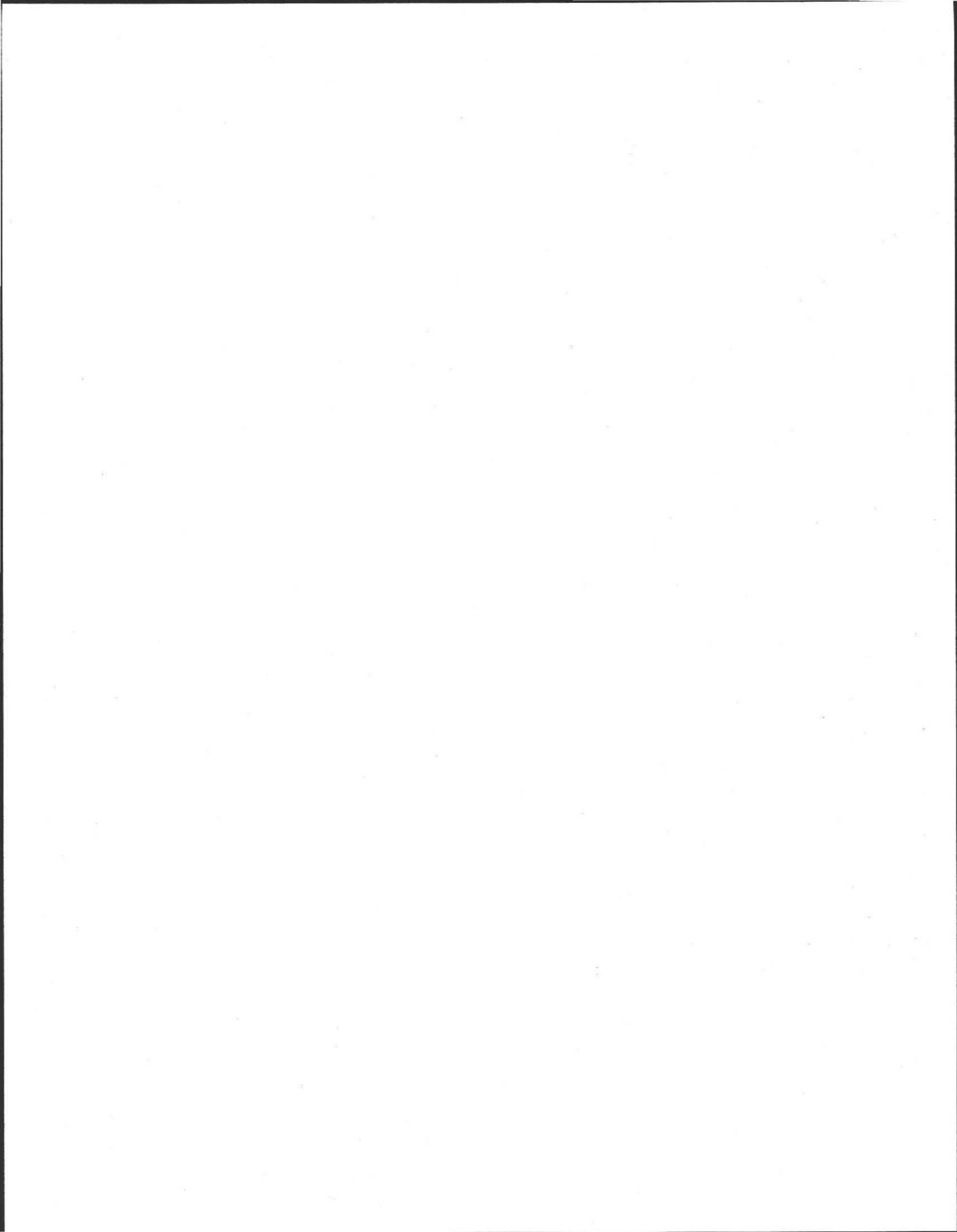
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Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**  
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237 Meadow Street  
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C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst, MA 01002 12.22.2011  
 City/Town State Zip Code Date of Inspection

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**B. Certification (cont.)**

**B) System Conditionally Passes (cont.):**

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

- broken pipe(s) are replaced  Y  N  ND (Explain below):
- obstruction is removed  Y  N  ND (Explain below):
- distribution box is leveled or replaced  Y  N  ND (Explain below):

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  Y  N  ND (Explain below):
- obstruction is removed  Y  N  ND (Explain below):

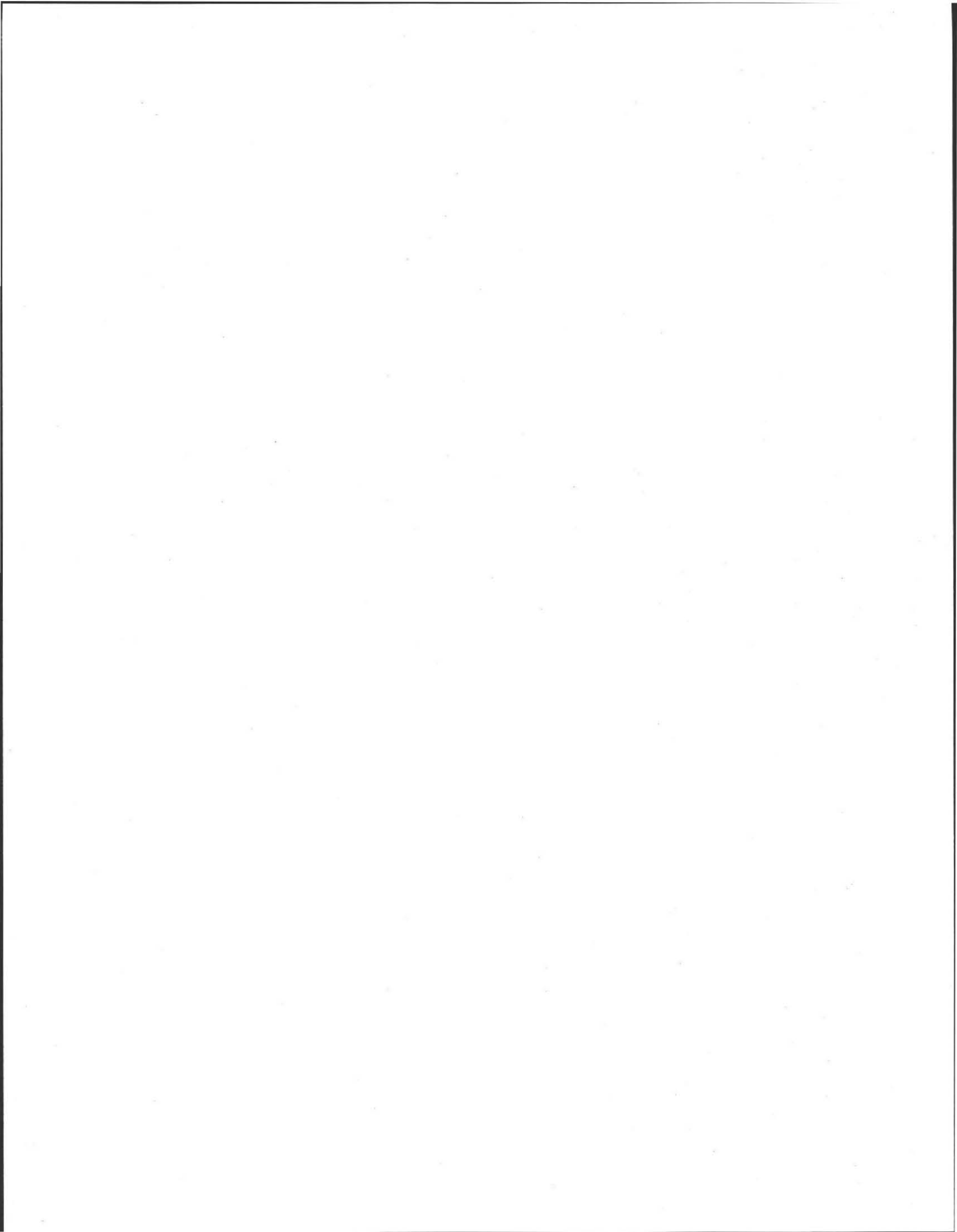
**C) Further Evaluation is Required by the Board of Health:**

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

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

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







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## B. Certification (cont.)

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

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

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

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

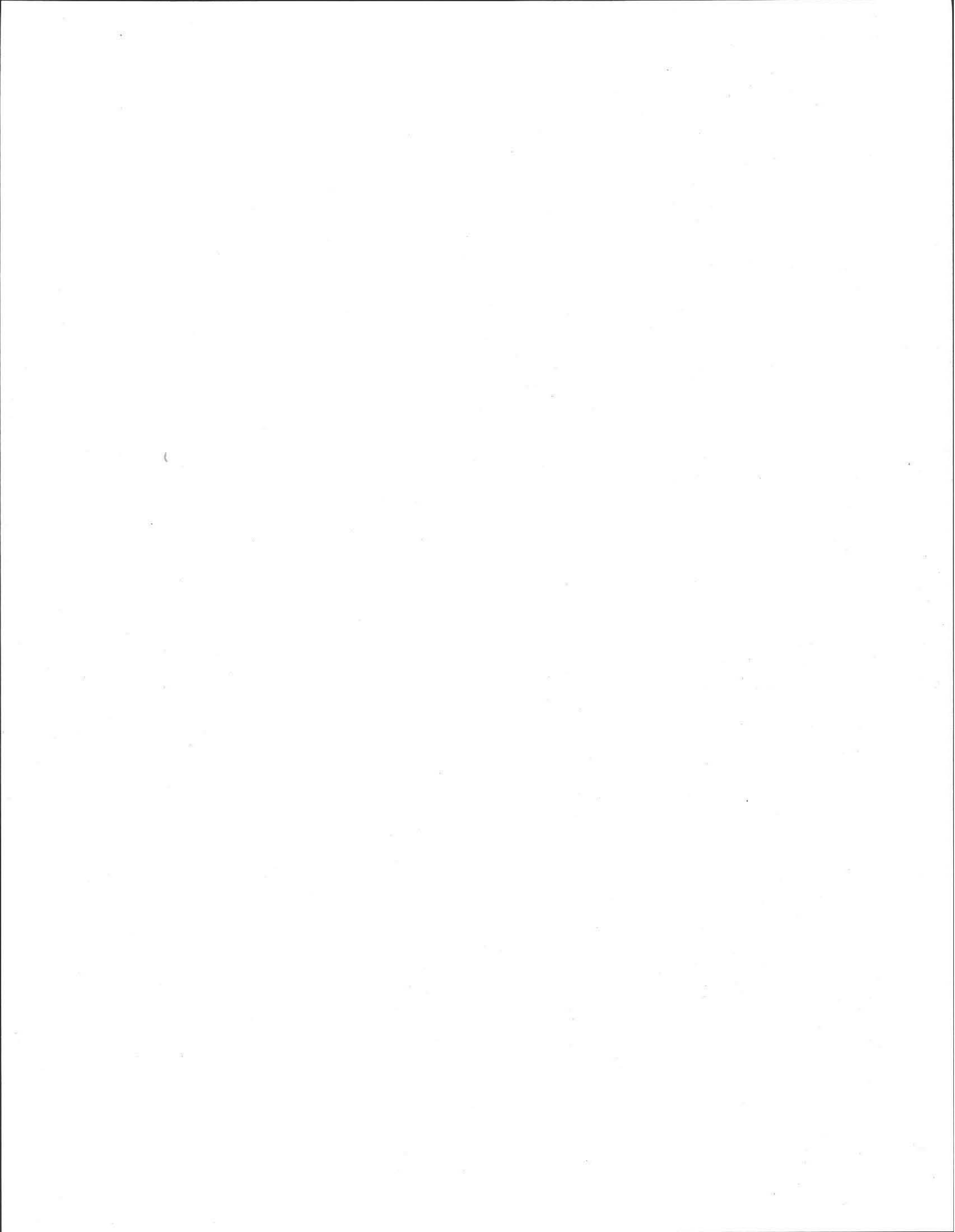
3. Other:

No records avail. at BOH.

## 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 checked="" type="checkbox"/> | <input type="checkbox"/>            | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow                             |







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B. Certification (cont.)

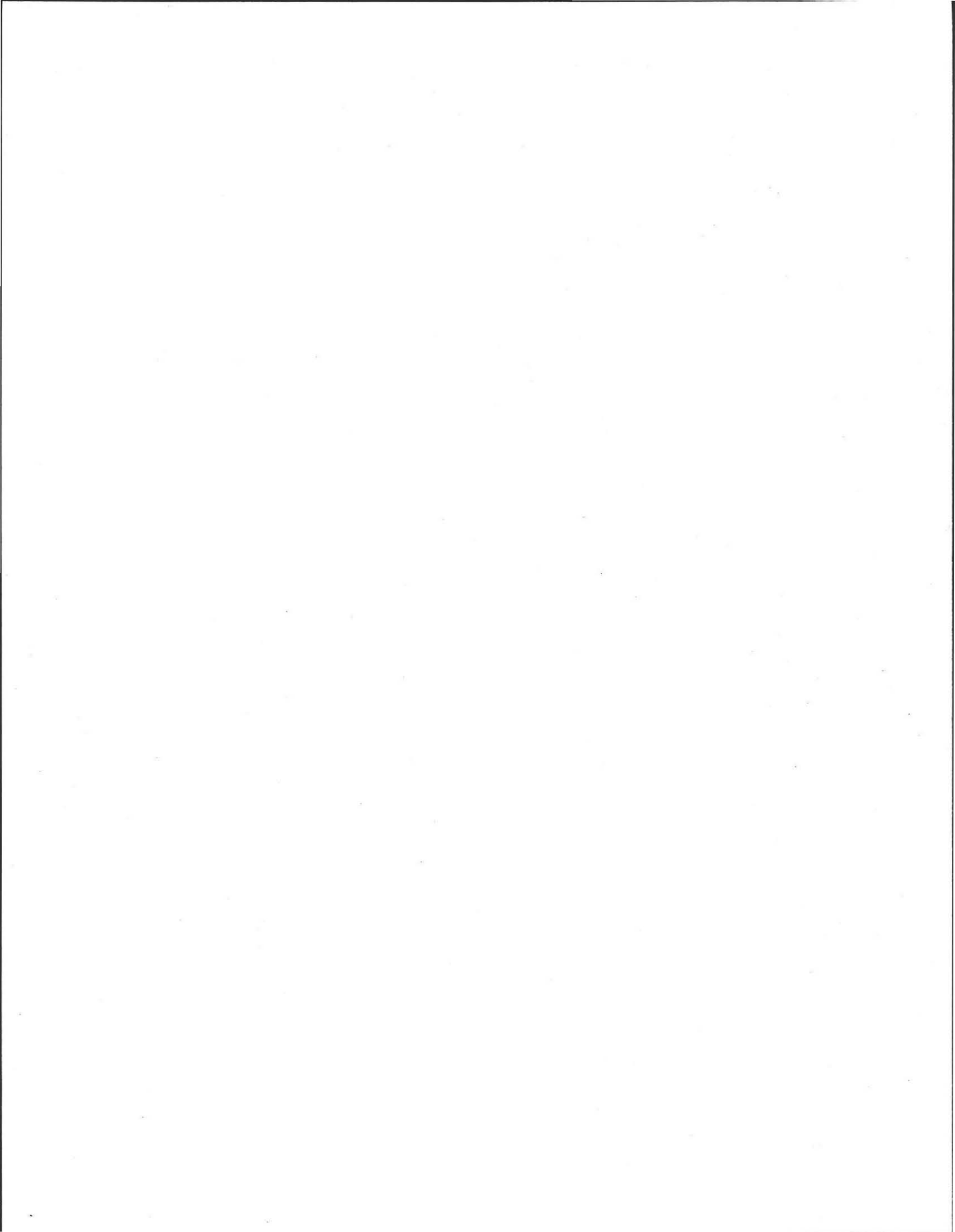
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary 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:

- | Yes                                 | No                                  |                                                                                                                                                                                                                                                                      |
|-------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health                                                                                                                                                                                          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?                                                                                                                                                                                              |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period?                                                                                                                                                                                                |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?                                                                                                                                                                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A)                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?                                                                                                                                                                                                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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?                                          |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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)]                                                                                                                 |

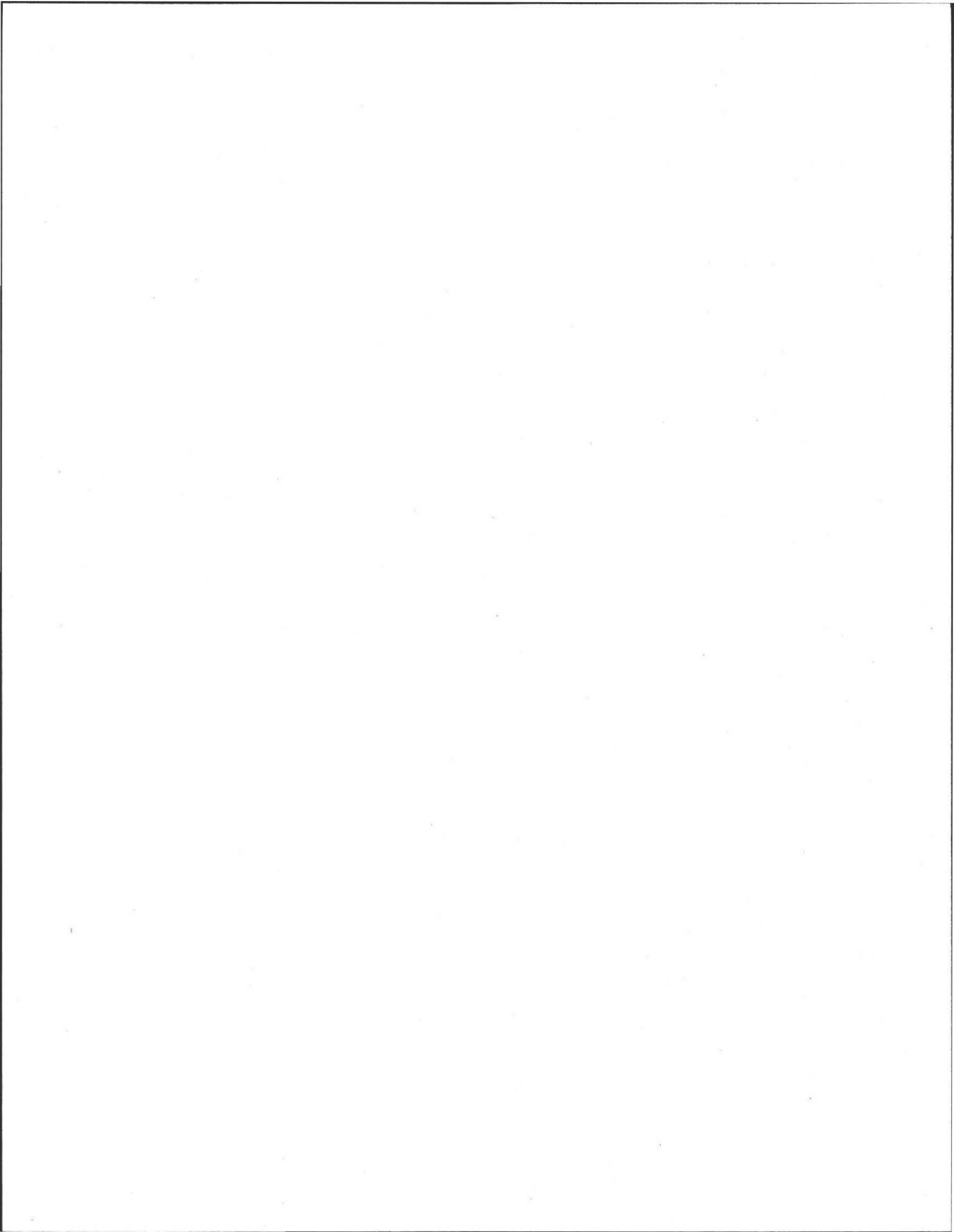
## D. System Information

### Residential Flow Conditions:

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

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







Commonwealth of Massachusetts

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D. System Information

Description:

1000 gallon S. tank and leach field

Number of current residents:

0

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)):

n/a

Detail:

Sump pump?

Yes  No

Last date of occupancy:

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

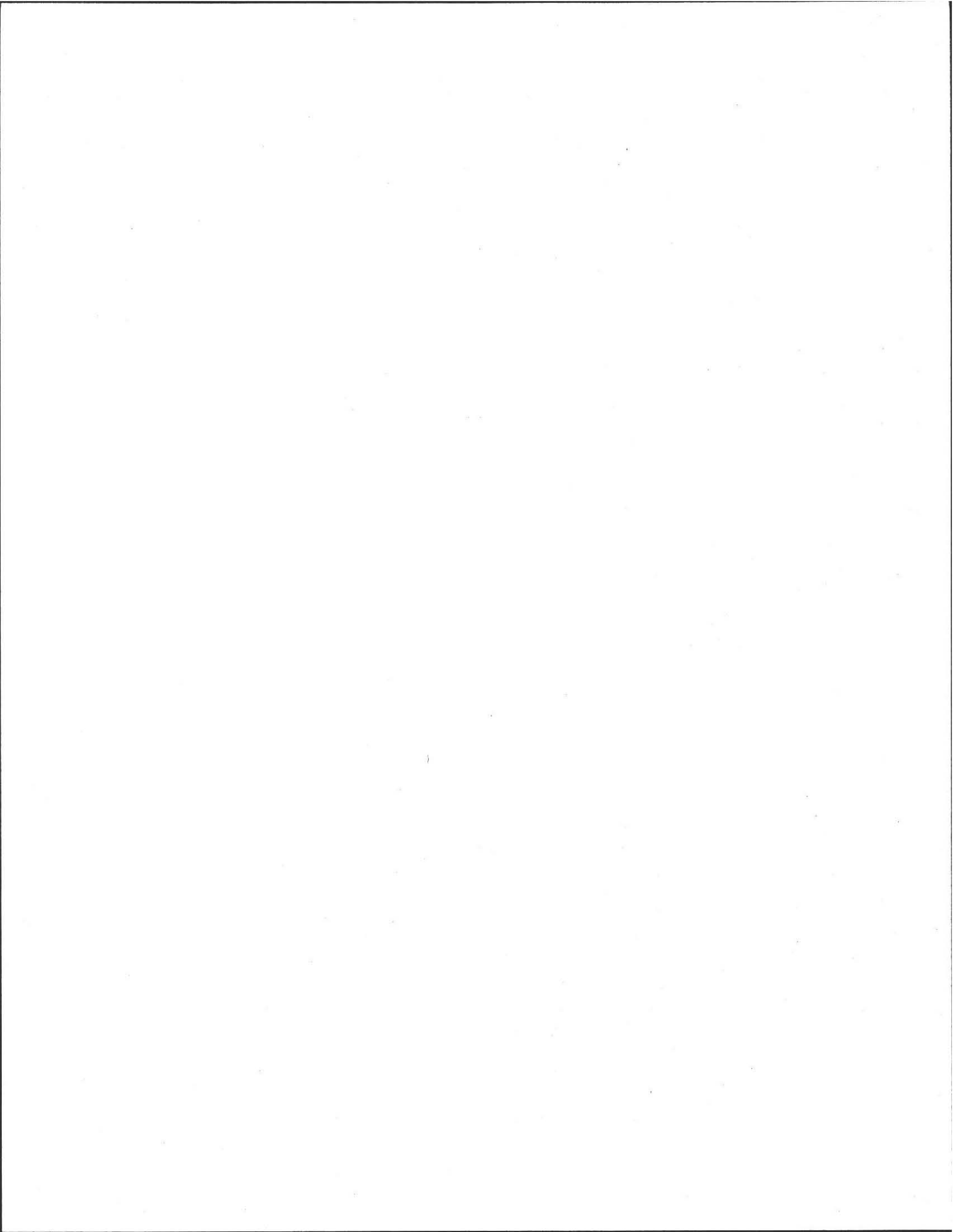
Industrial waste holding tank present?

Yes  No

Non-sanitary waste discharged to the Title 5 system?

Yes  No

Water meter readings, if available:





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

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## D. System Information (cont.)

Last date of occupancy/use:

current  
Date

Other (describe below):

### General Information

#### Pumping Records:

Source of information:

? yrs ago

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

gallons

How was quantity pumped determined?

meas.

Reason for pumping:

inspection failure

#### Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):





Commonwealth of Massachusetts  
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**D. System Information (cont.)**

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

40+/- yrs.

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

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

Depth below grade: 1.5 feet

Material of construction:

cast iron  40 PVC  other (explain): Orangeburg

Distance from private water supply well or suction line: feet

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

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

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

Depth below grade: 1.3 ft feet

Material of construction:

concrete  metal  fiberglass  polyethylene  other (explain)

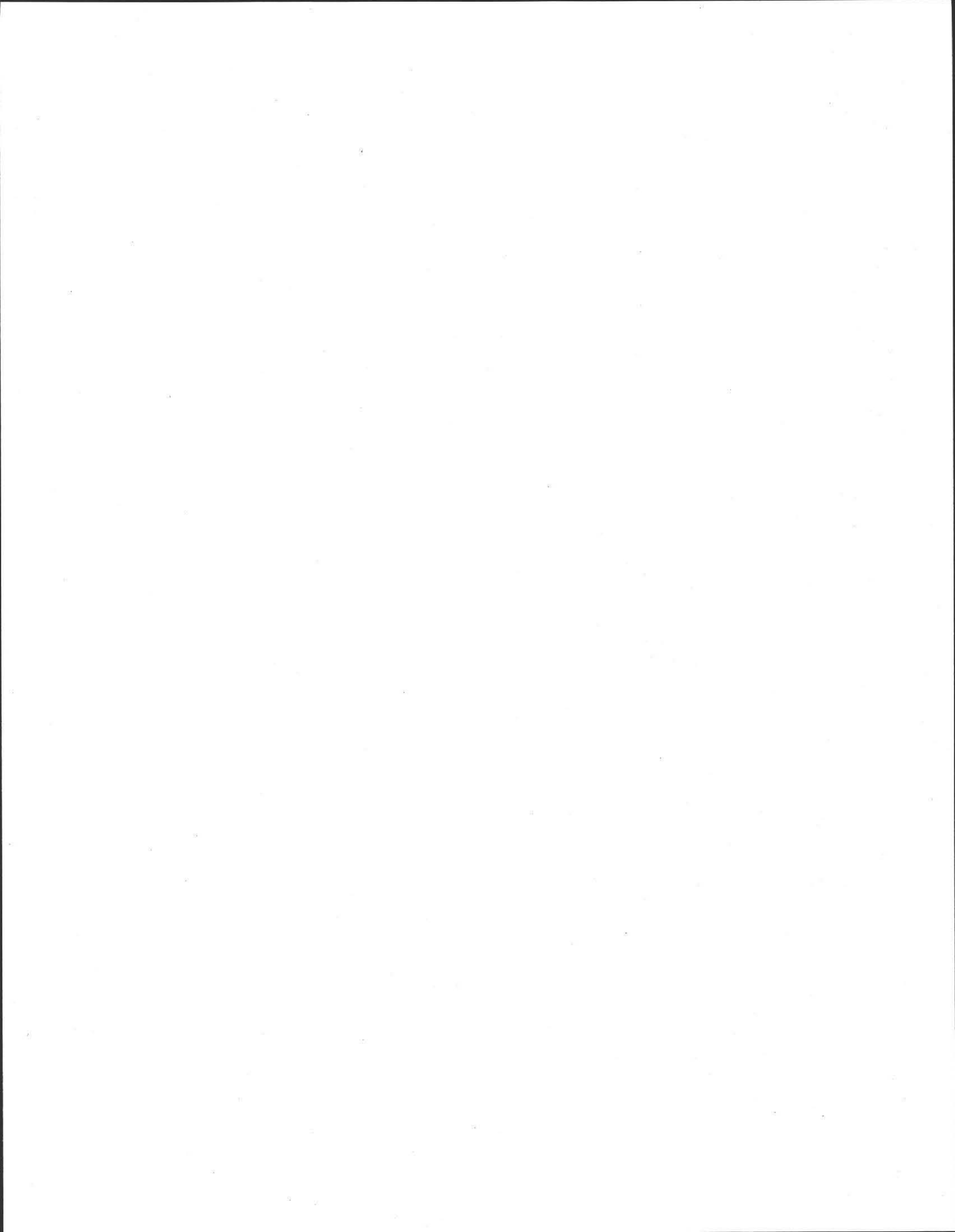
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If tank is metal, list age: years

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

Dimensions: 8.0' x 4.5' x 4.2'

Sludge depth: 10"







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

**Septic Tank (cont.)**

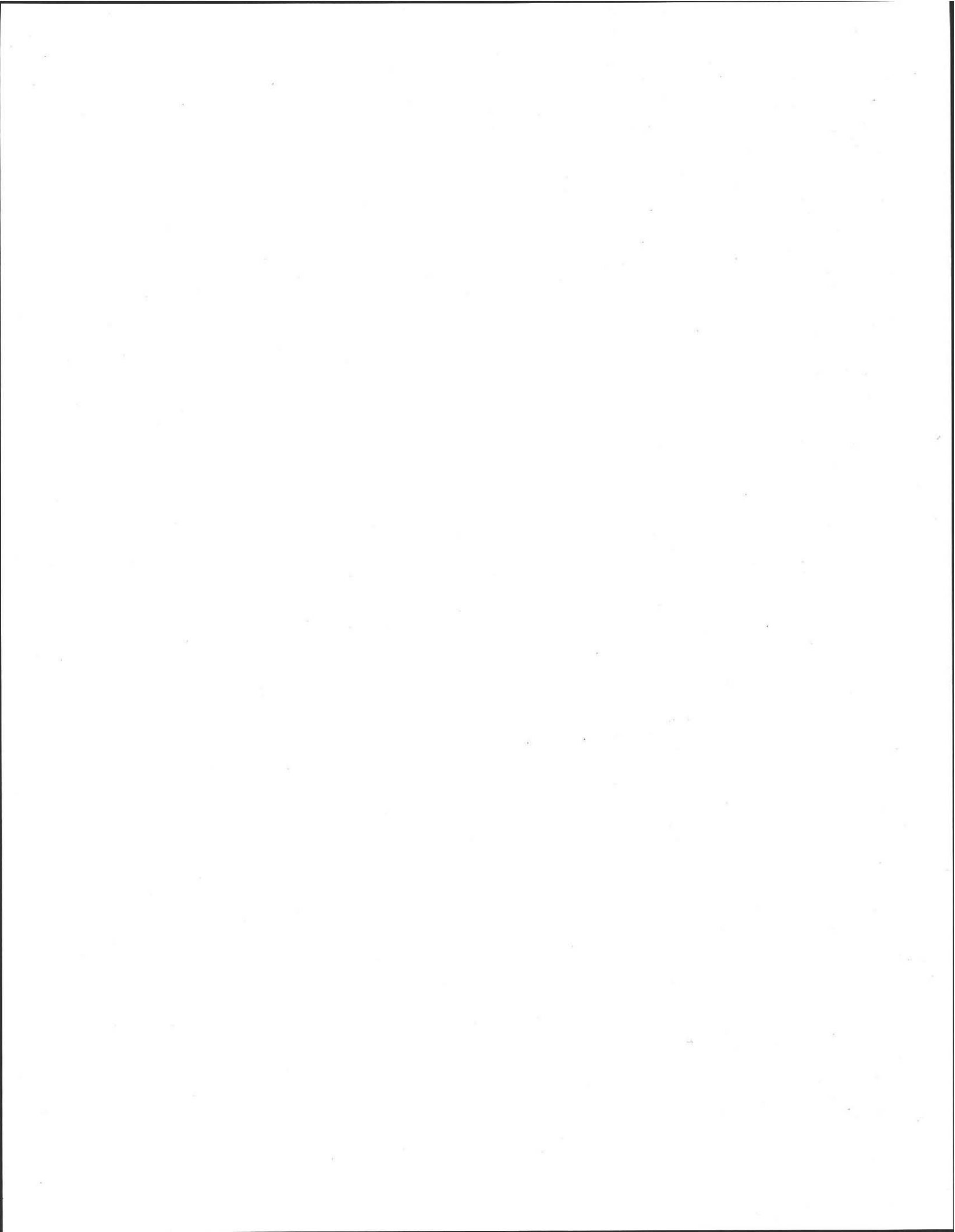
Distance from top of sludge to bottom of outlet tee or baffle 10"  
 Scum thickness 4"  
 Distance from top of scum to top of outlet tee or baffle 4"  
 Distance from bottom of scum to bottom of outlet tee or baffle 10"  
 How were dimensions determined? meas.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):  
 Tank was 4" below outlet pipe. Outlet invert had been raised manually to accommodate lack of pitch to Dist. Box.

**Grease Trap (locate on site plan):**

Depth below grade: \_\_\_\_\_ feet  
 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: \_\_\_\_\_ Date





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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

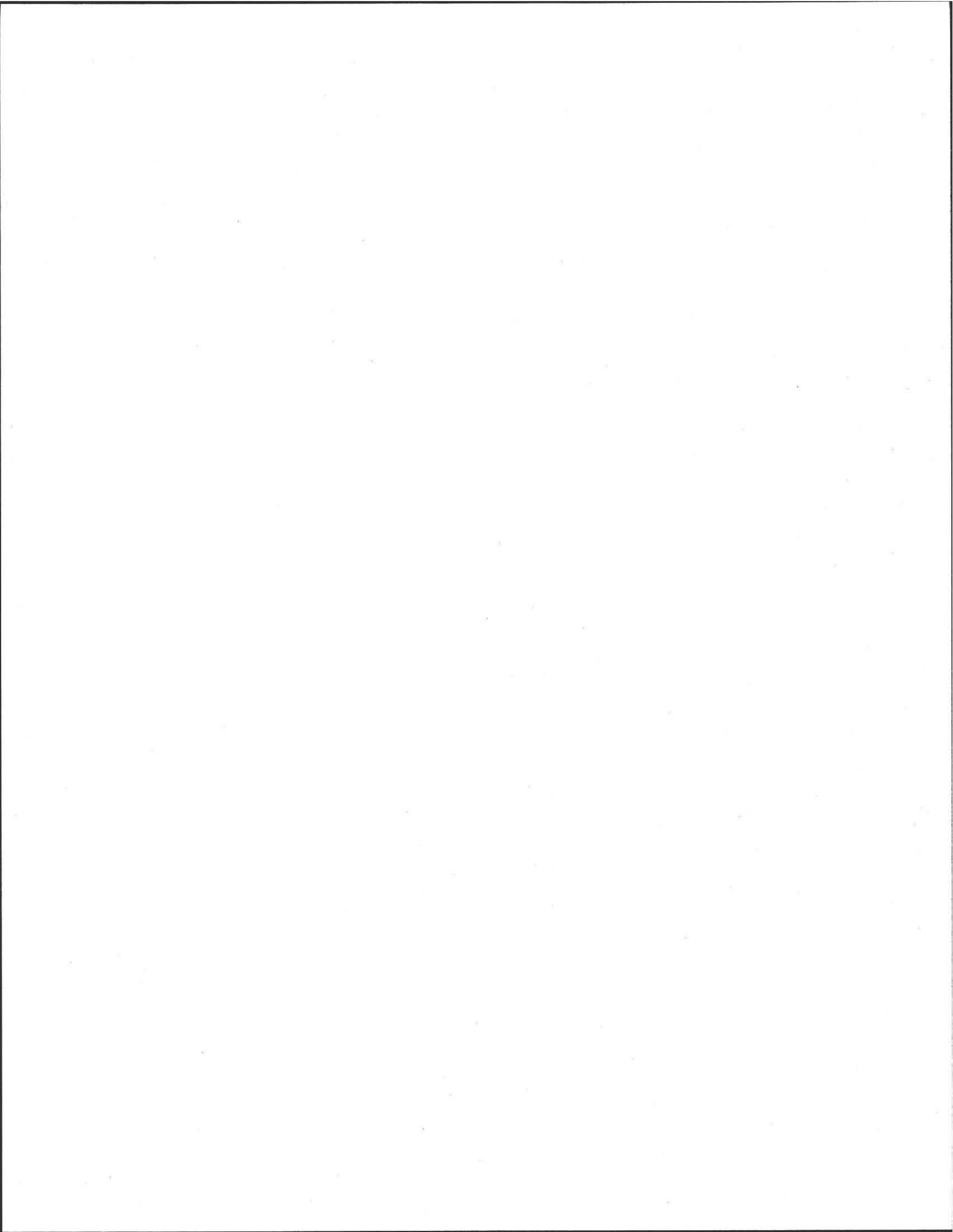
Comments (condition of alarm and float switches, etc.):

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

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

Yes

No





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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

na

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

Box corroded with sludge 1/2 way up and into pipes.

Pump Chamber (locate on site plan):

Pumps in working order:

Yes

No

Alarms in working order:

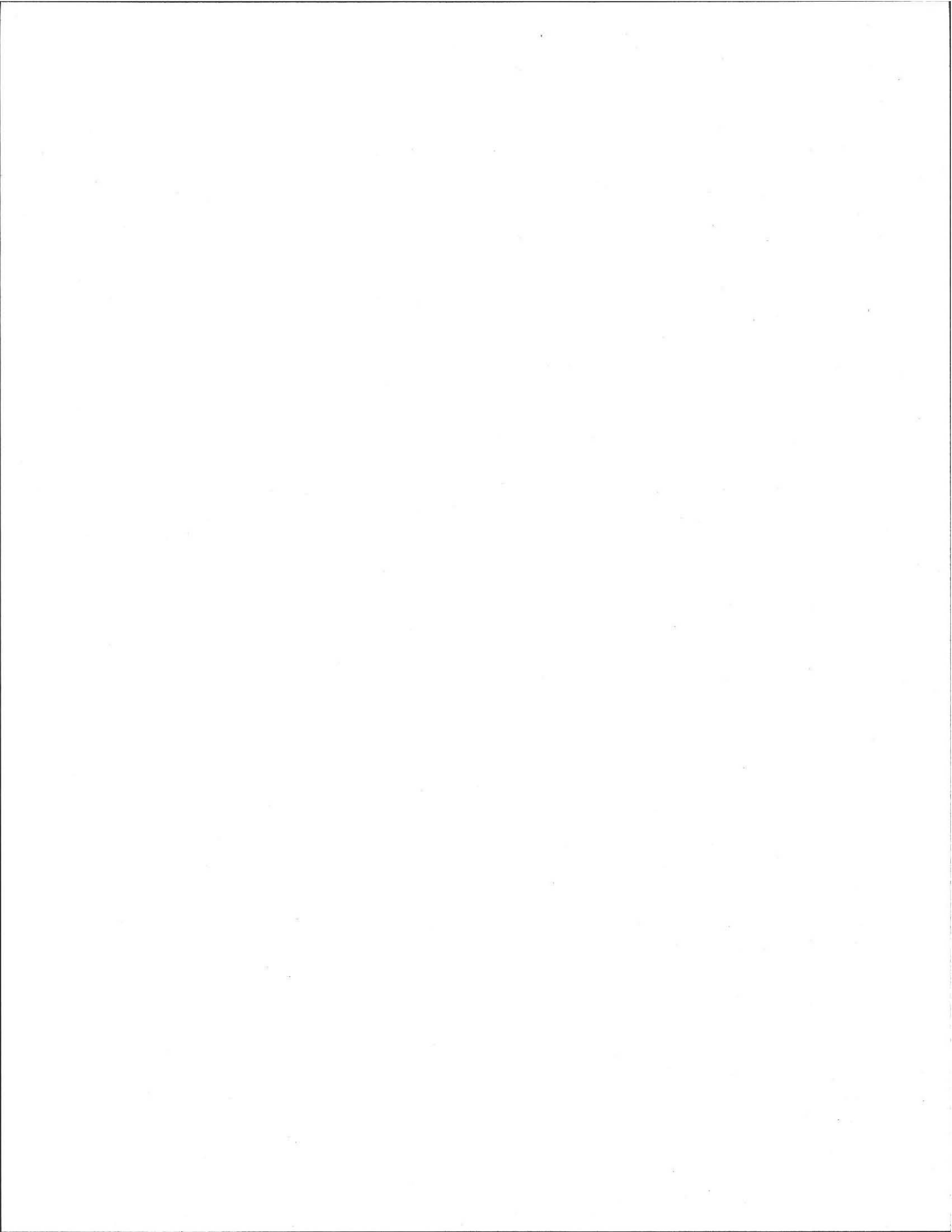
Yes

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:





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## D. System Information (cont.)

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: 4 line 30+/- ft.
- 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.):

Sludge into pipes,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

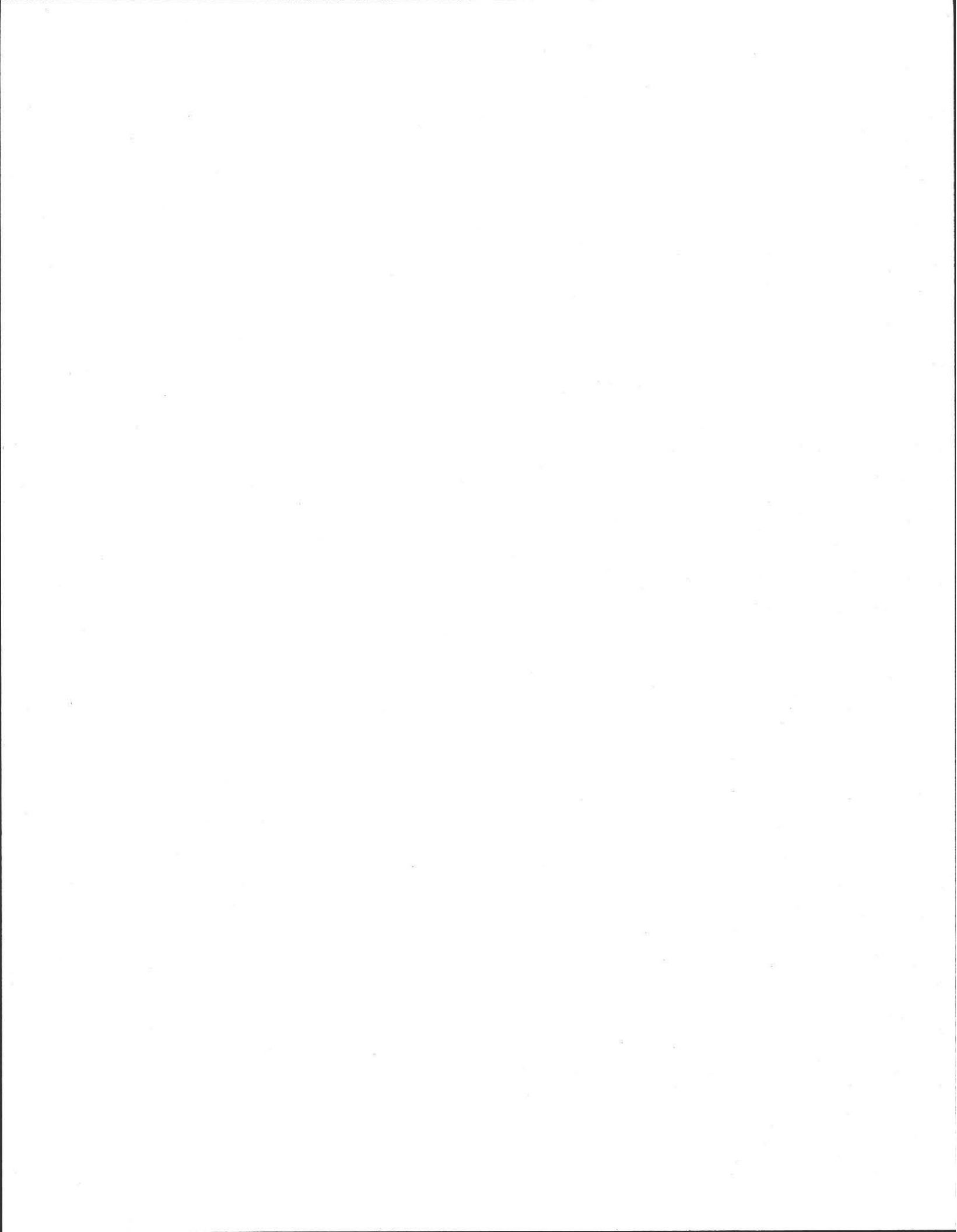
Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

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

Indication of groundwater inflow  Yes  No







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## D. System Information (cont.)

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

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Privy (locate on site plan):

Materials of construction:

---

Dimensions

---

Depth of solids

---

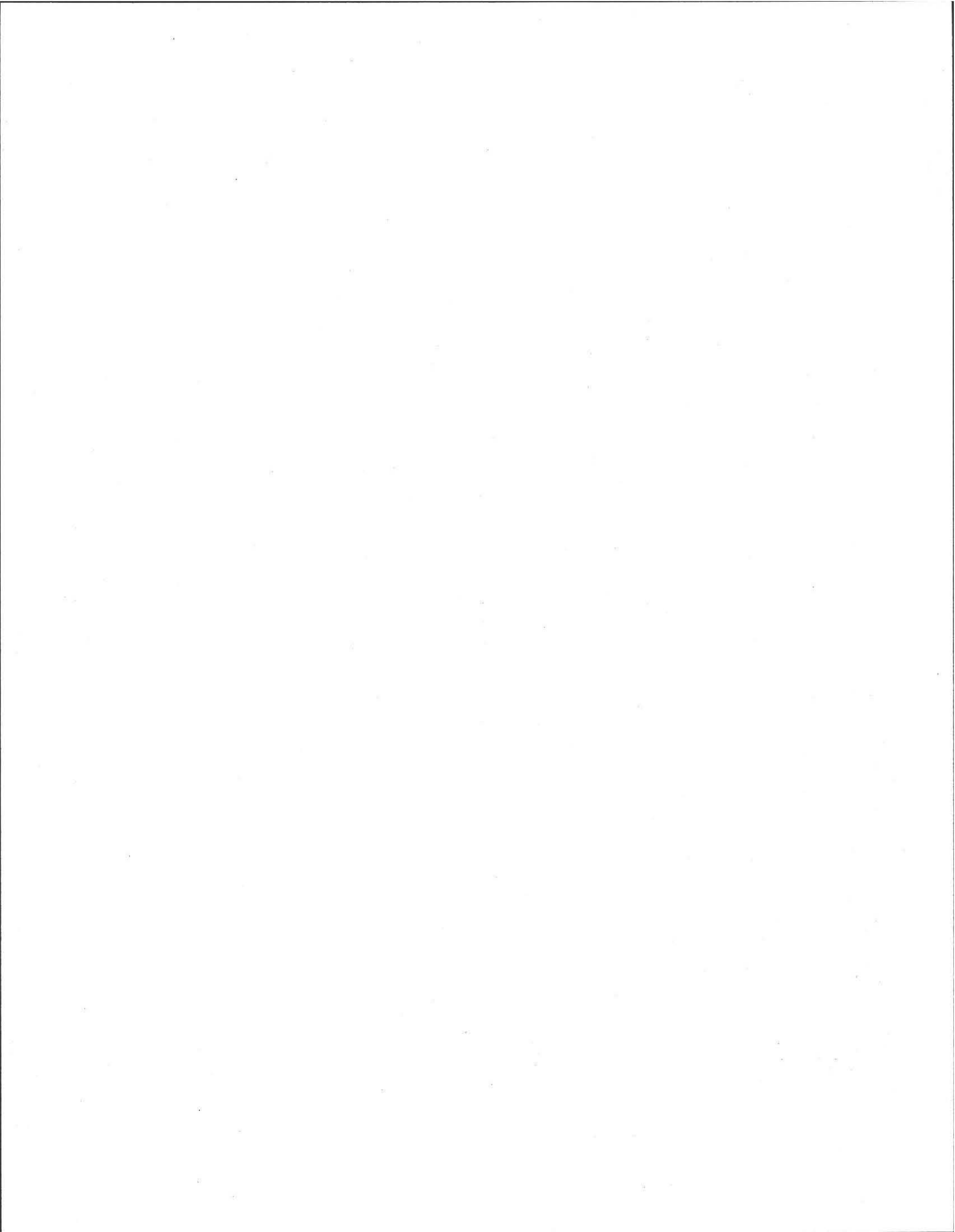
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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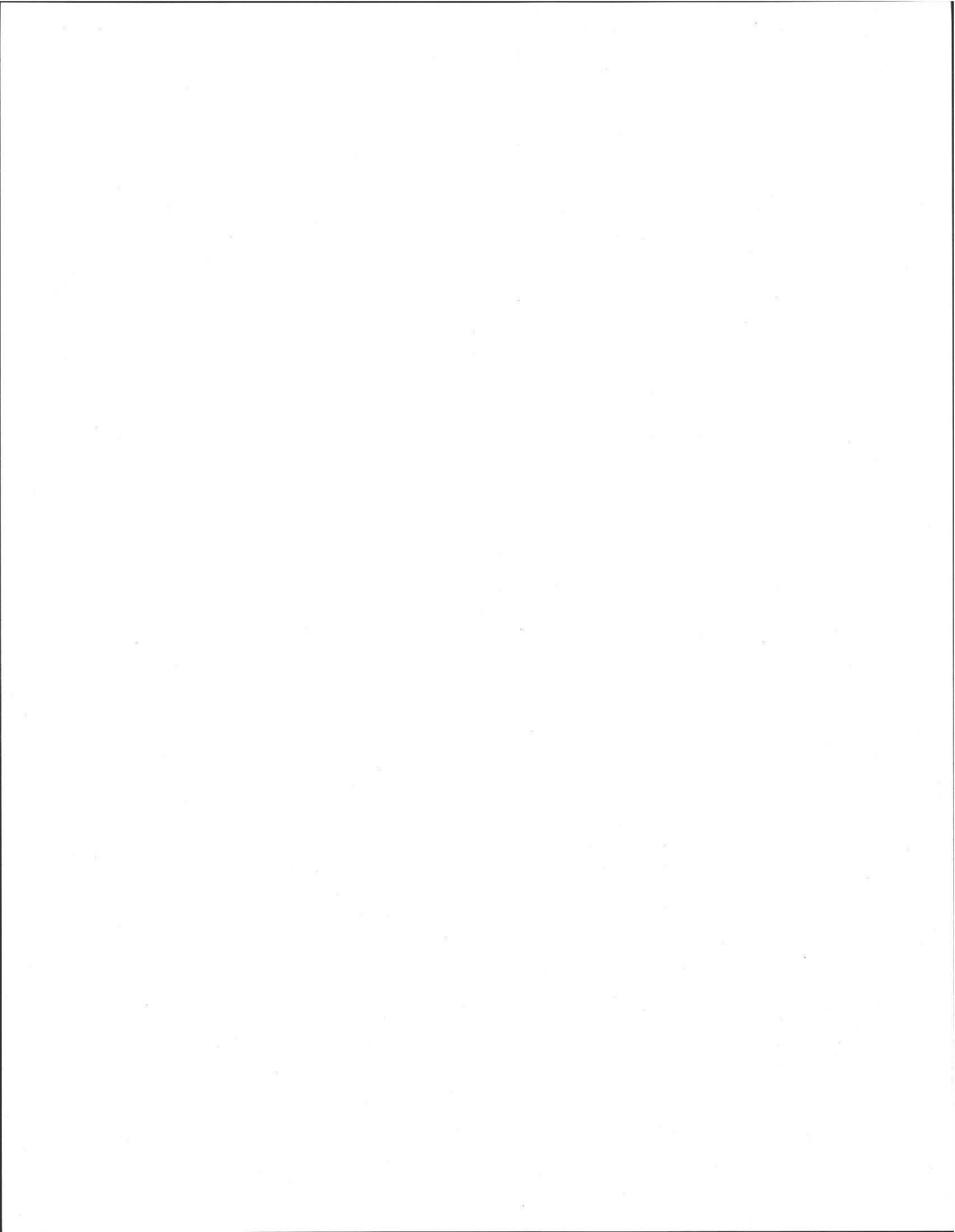
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## D. System Information (cont.)

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

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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

237 Meadow Street

Property Address

C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst,

MA  
State

01002  
Zip Code

12.22.2011  
Date of Inspection

City/Town

Owner information is required for every page.

## D. System Information (cont.)

### Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water: 4+/- (to be determined at repair perc)  
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:

Work in area, deferred to repair

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

work in area (Percs on street)

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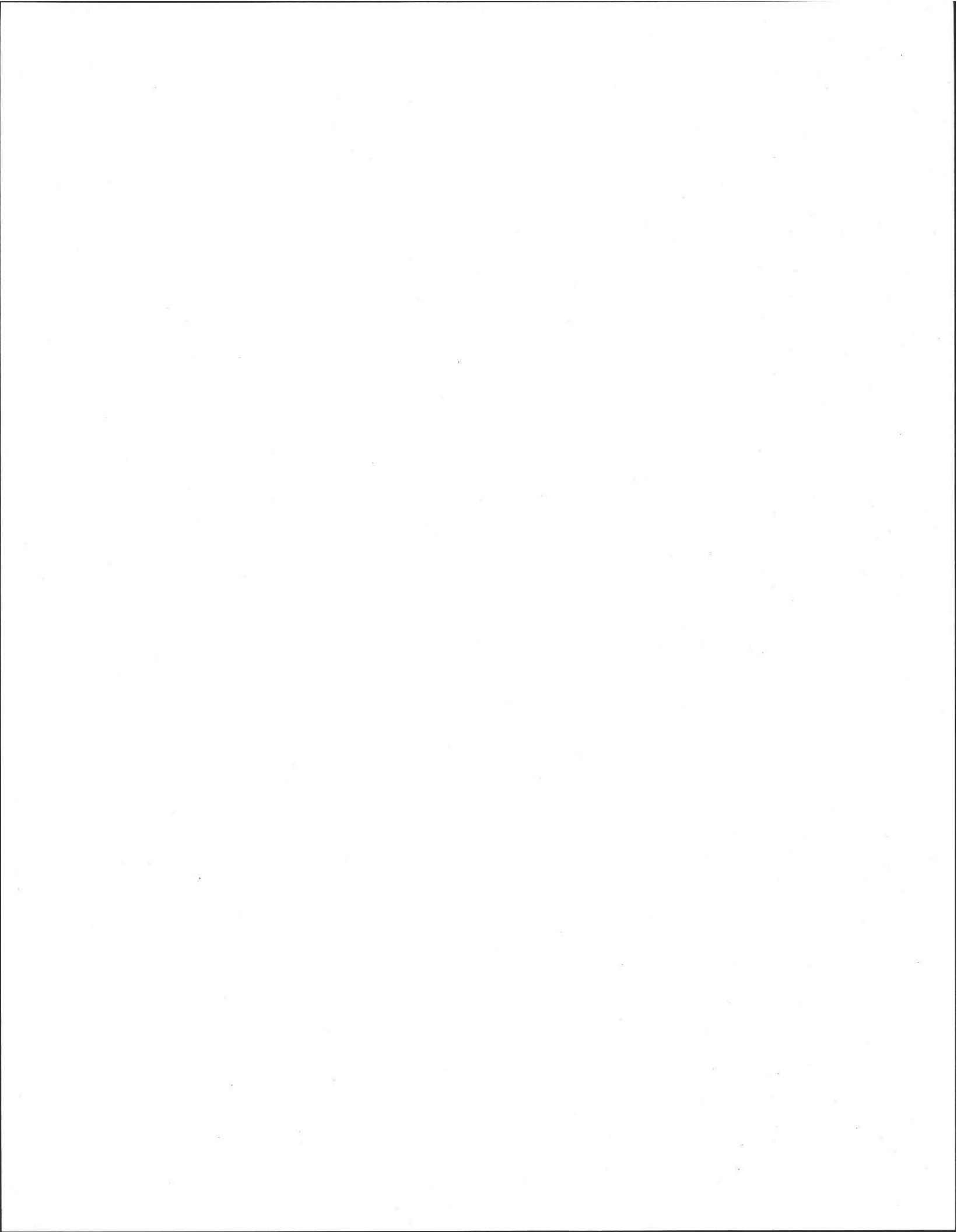
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**Before filing this Inspection Report, please see Report Completeness Checklist on next page.**







Commonwealth of Massachusetts

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Owner's Name

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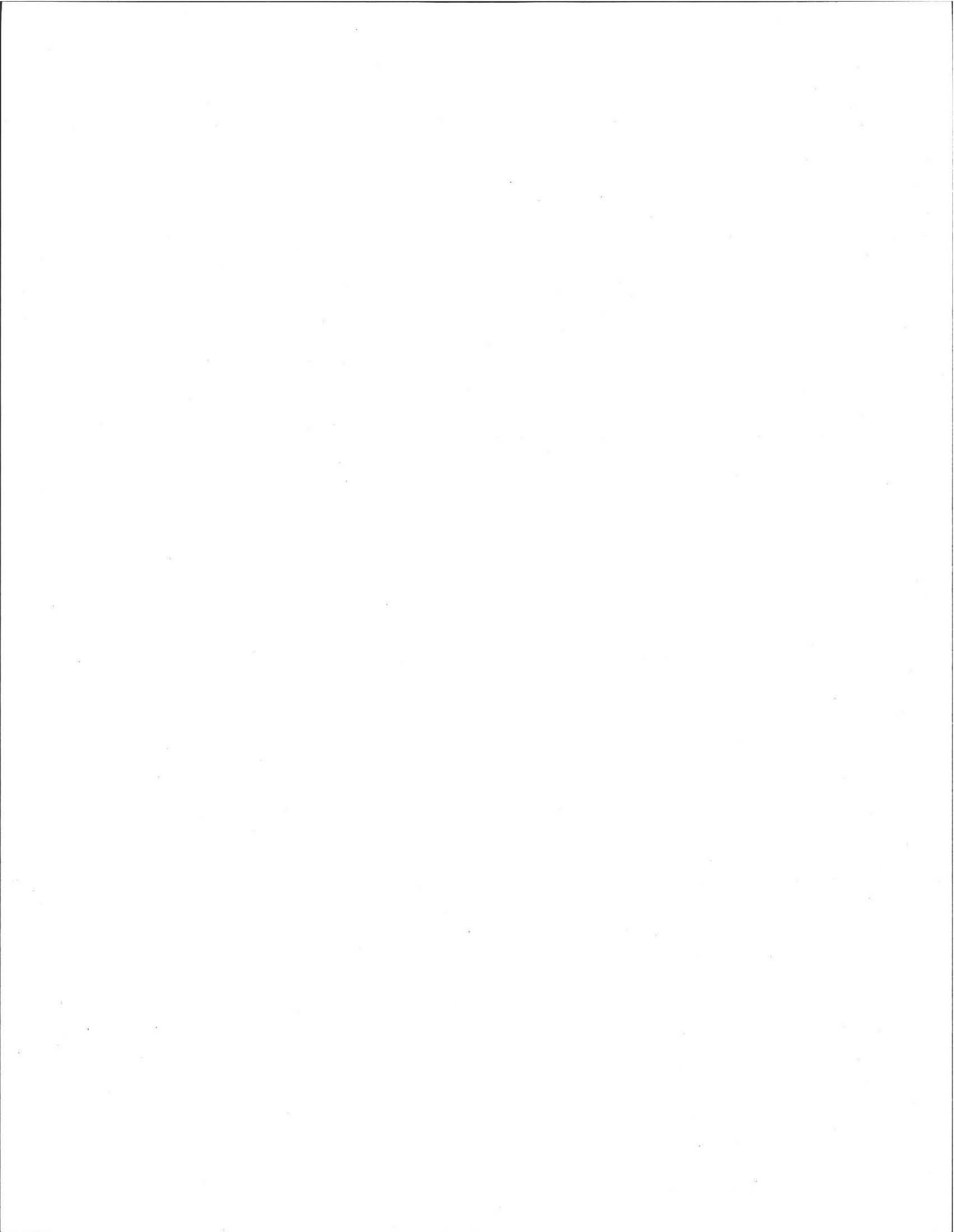
Zip Code

Date of Inspection

Owner information is required for every page.

## 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





- Property Map**
  - Property Line
  - Hydrographic Propart
  - Right of Way Line
  - Town Boundary
  - Esacments
- Topography**
  - Elevations
  - Elevation Contours
  - Intermediate
  - Index
- Basemap**
  - Trails
  - Rail Lines
  - Structures
  - Building
  - Foundation or in con...
  - Outcroppings or m...
  - Mobile home, Trailer
  - Swimming Pool
  - Building Ruins
  - Water storage tank
  - Recess and Streams
  - Streams
  - Major Culverts
  - Hydro Connector
  - Historicals, Floodwalls
  - Water Bodies
  - Dams
  - Ponds & Race
  - Retention ponds/Pisc
  - Wetland
  - Forested Wetland
- Parking**
  - Parking Paved
  - Parking Unpaved
  - Driveways
  - Driveway Paved
  - Driveway Unpaved
  - Sidewalks
- Transportation**
  - Paved street: polygons
  - Unpaved street: polyg
  - Bridges
  - Bridge decking and str
  - Foot Bridge
  - Rail Bridge
- Streets**
  - Roads
  - Major Roads
  - State Routes
  - Limited Access: Highw
  - Multi-lane Hwy, not
  - Other Numbered High
  - Major Road, Collector
  - Minor Road, Arterial

Horizontal Datum: MS Stateplane Coordinate System.  
 Zone 4151 Datum: NAD83, Feet  
 Vertical Datum: NAVD83, Feet

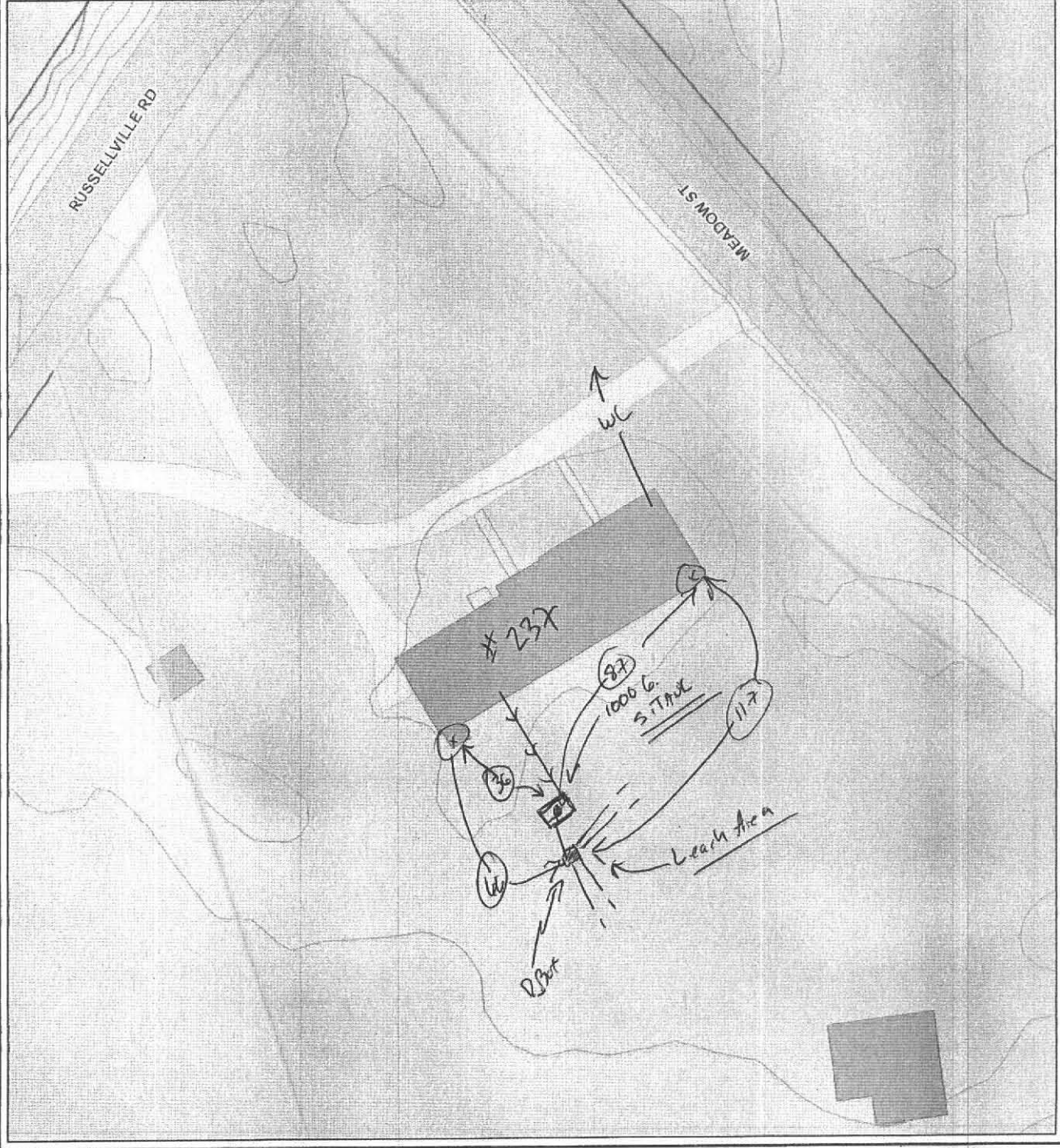
Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap. Revisions are ongoing.

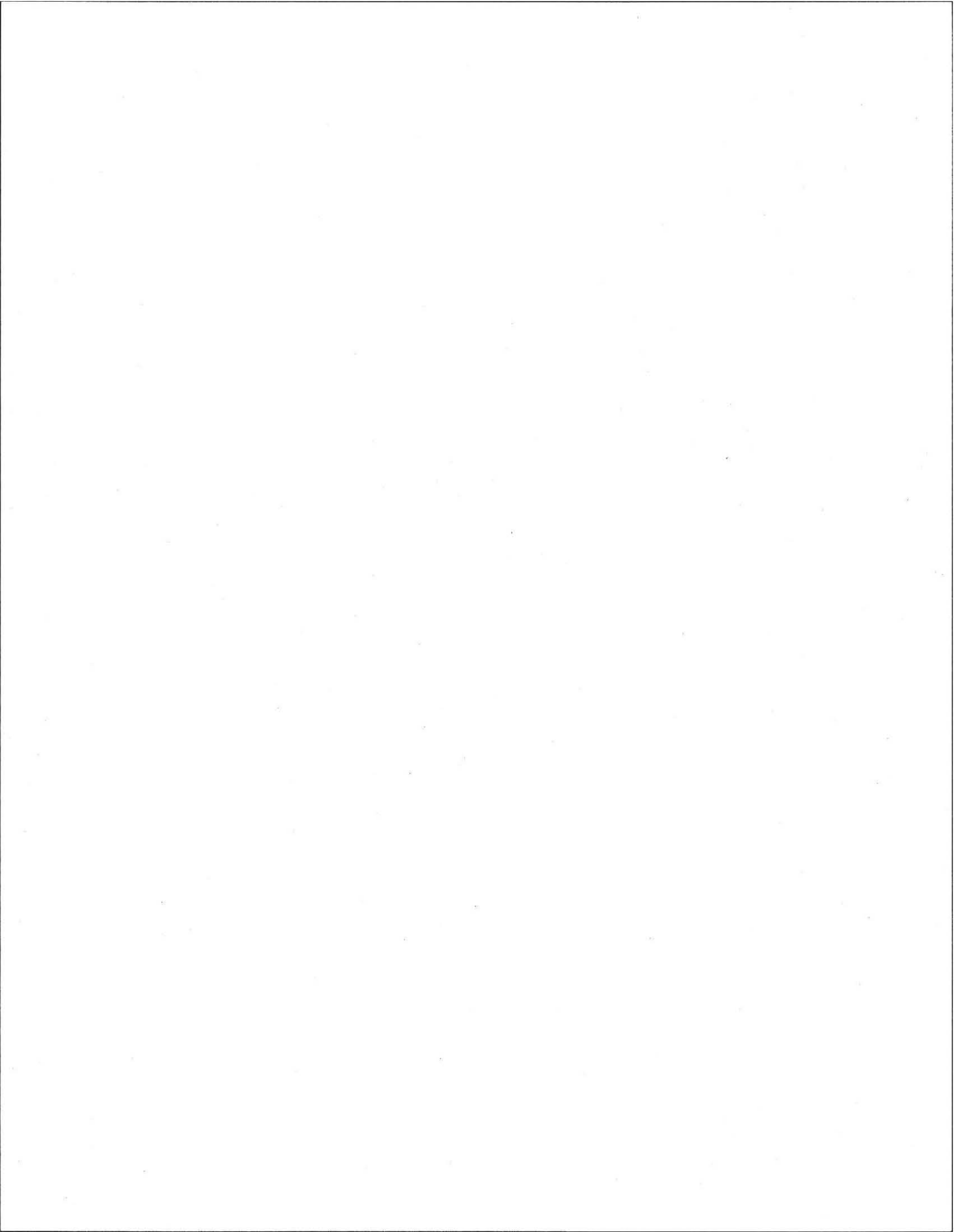
The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property ownership determination. The user assumes all responsibility for any use of this information and requires field verification.

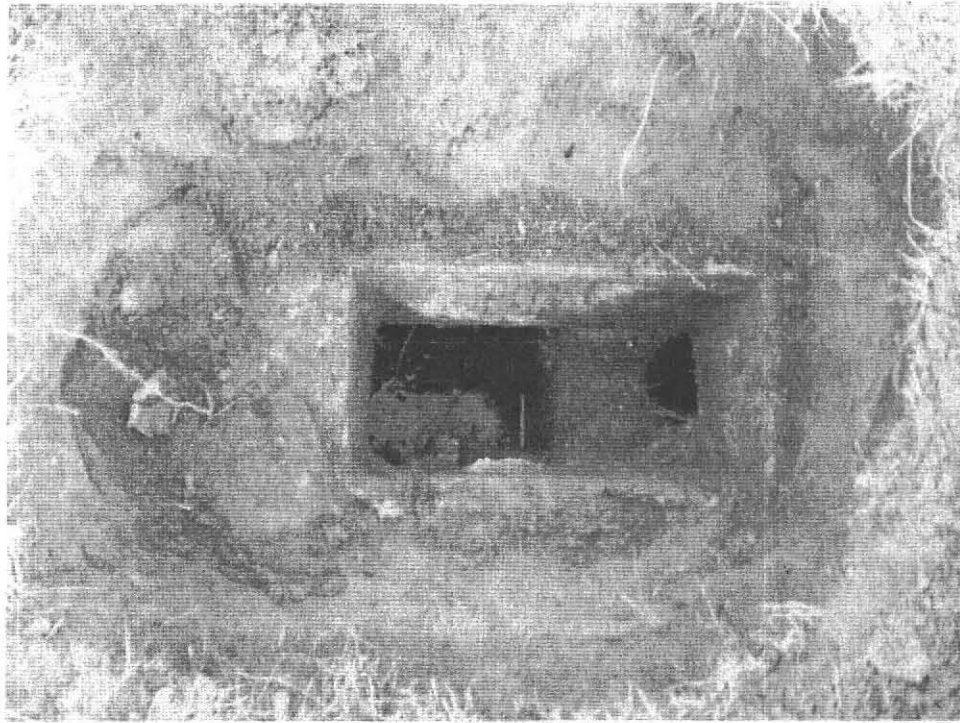
**THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.**



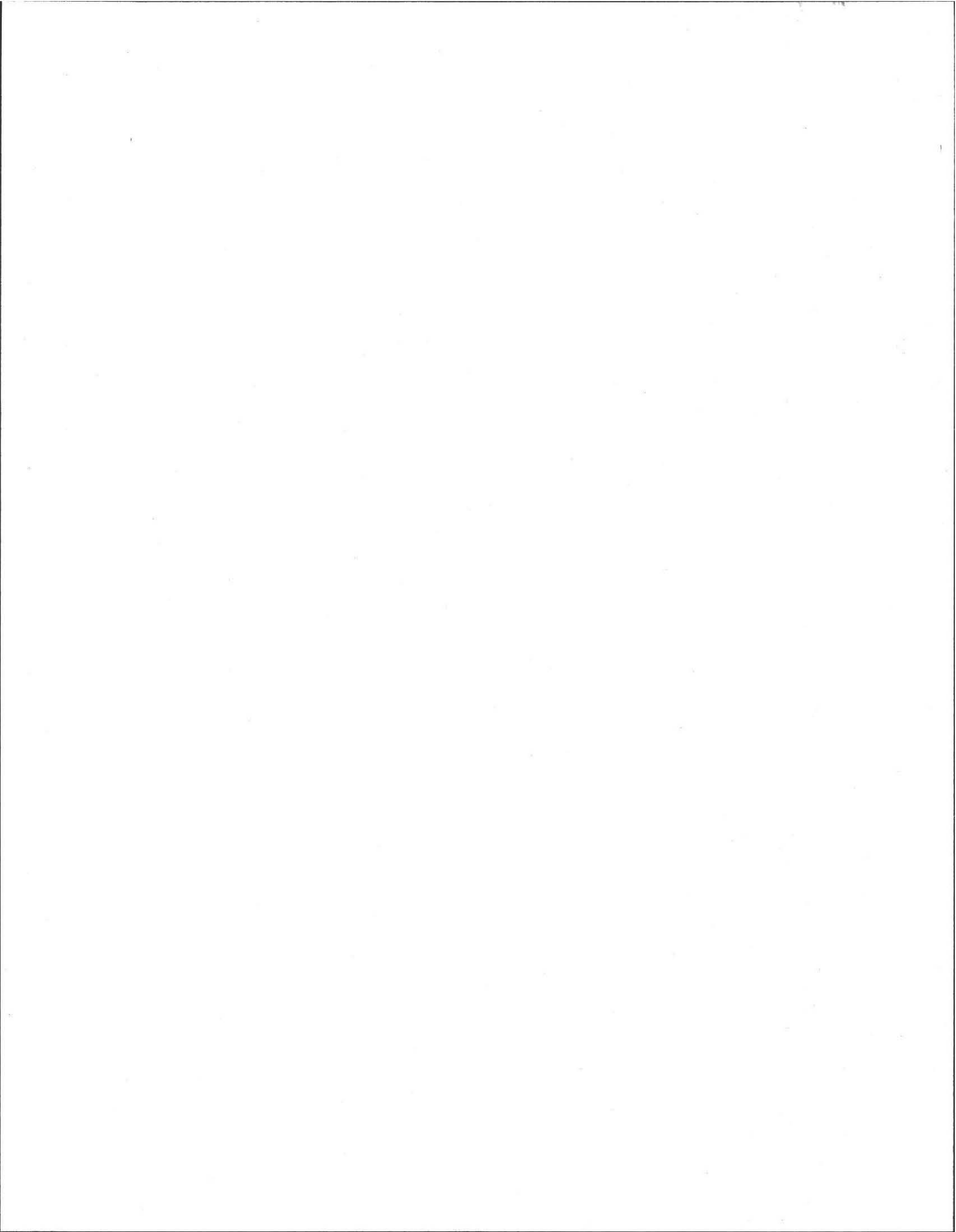
1" = 40 ft  
 Amherst GIS Viewer December 23, 2011







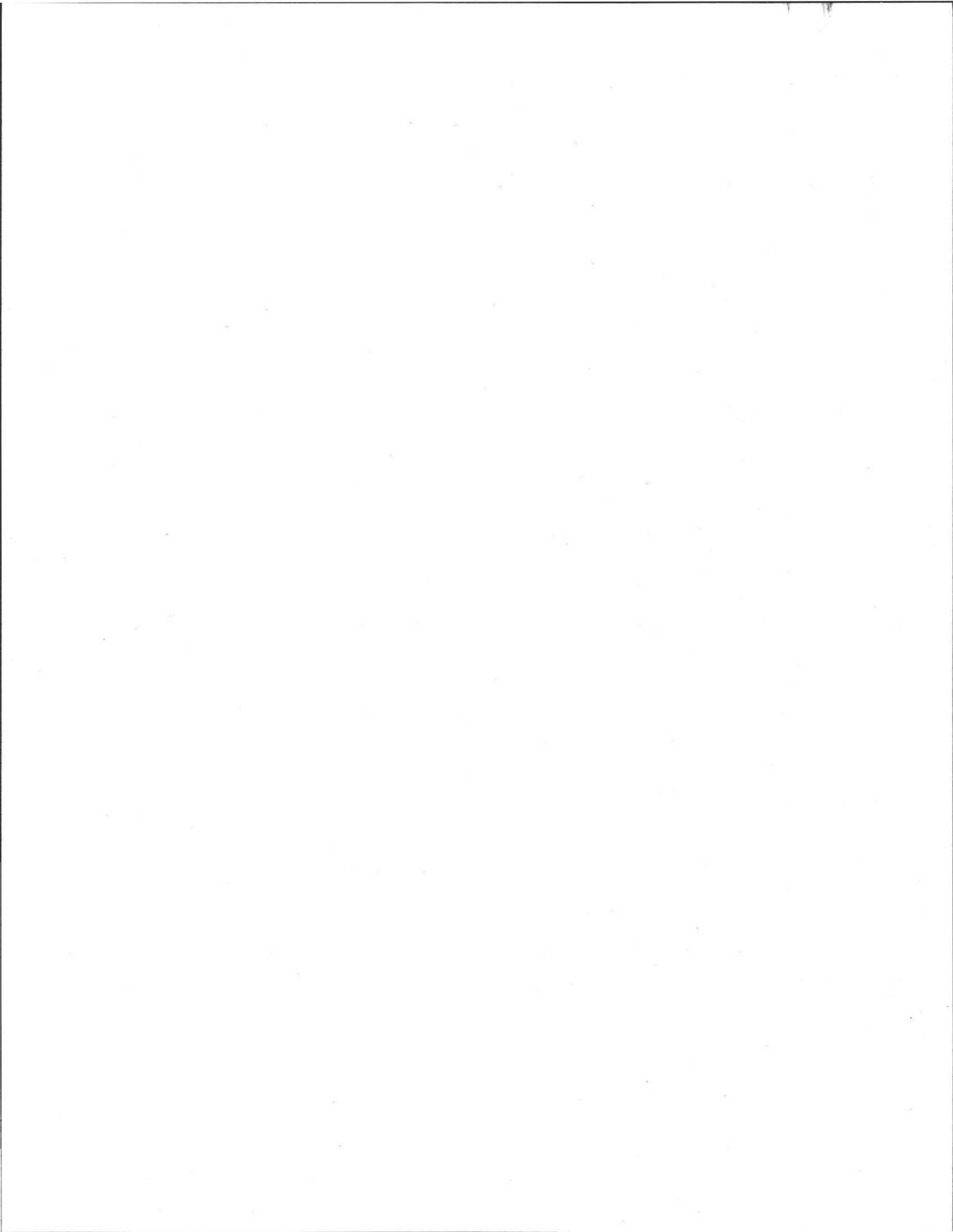
S. Tank Outlet Baffle.  
237 Meadow Street  
Amherst, MA  
12.22.2011





Sludge in Dist. Box  
237 Meadow Street  
Amherst, MA  
12.22.2011





Scanned  
Copies



Commonwealth of Massachusetts  
City/Town of  
**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):

12-18 DSCP Number      9-14-2012 DSCP Date

Facility Owner  
237 MEADOW ST.  
Street Address or Lot #  
AMHERST      MA      01002  
City/Town      State      Zip Code

Designer Information:  
ALAN WEISS RS      \_\_\_\_\_  
Name      Name of Company  
\_\_\_\_\_  
Signature      \_\_\_\_\_  
Date

Installer Information:  
THOMAS WALKER      RIVER DR. EX.  
Name      Name of Company  
Shun Walk      9-26-12  
Signature      Date

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

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

AMHERST HEALTH DEPARTMENT  
Approving Authority  
[Signature]      9/26/2012  
Signature      Date

- installation went to 3.5' below system -

- existing fault crushed + filled

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

12-18

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Aurifer St., MA.



## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	<u>237 meadow st.</u>	Owner's Name	<u>Stas + Patricia P Artelli</u>
Map/Parcel#	<u>4D 16</u>	Address	<u>237 Meadow St.</u>
Lot#	<u>16</u>	Telephone#	<u>772-205-1634</u>
Installer's Name	<u>TBD</u>	Designer's Name	<u>Alan Weiss RS</u>
Address	<u>==</u>	Address	<u>Beldelawn, MA</u>
Telephone#		Telephone#	<u>413-323-5152</u>

Type of Building Residence Lot Size 0.838 sq. ft.  
 Dwelling - No. of Bedrooms 5 Bedroom Garbage grinder (  )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 550 Design flow provided 568 gpd  
 Plan: Date 9/12/12 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title Septic System Repair Design.  
 Description of Soil(s) Class I:FS.  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A Weiss Date of Evaluation 8/10/12  
E. Smith.

### DESCRIPTION OF REPAIRS OR ALTERATIONS

Complete new system.

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 Stas Artelli + Patricia P. Artelli Date 9/12/12

Inspections \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No. 12-18

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Aurifer St., MA.

FEE 150 \$

## CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

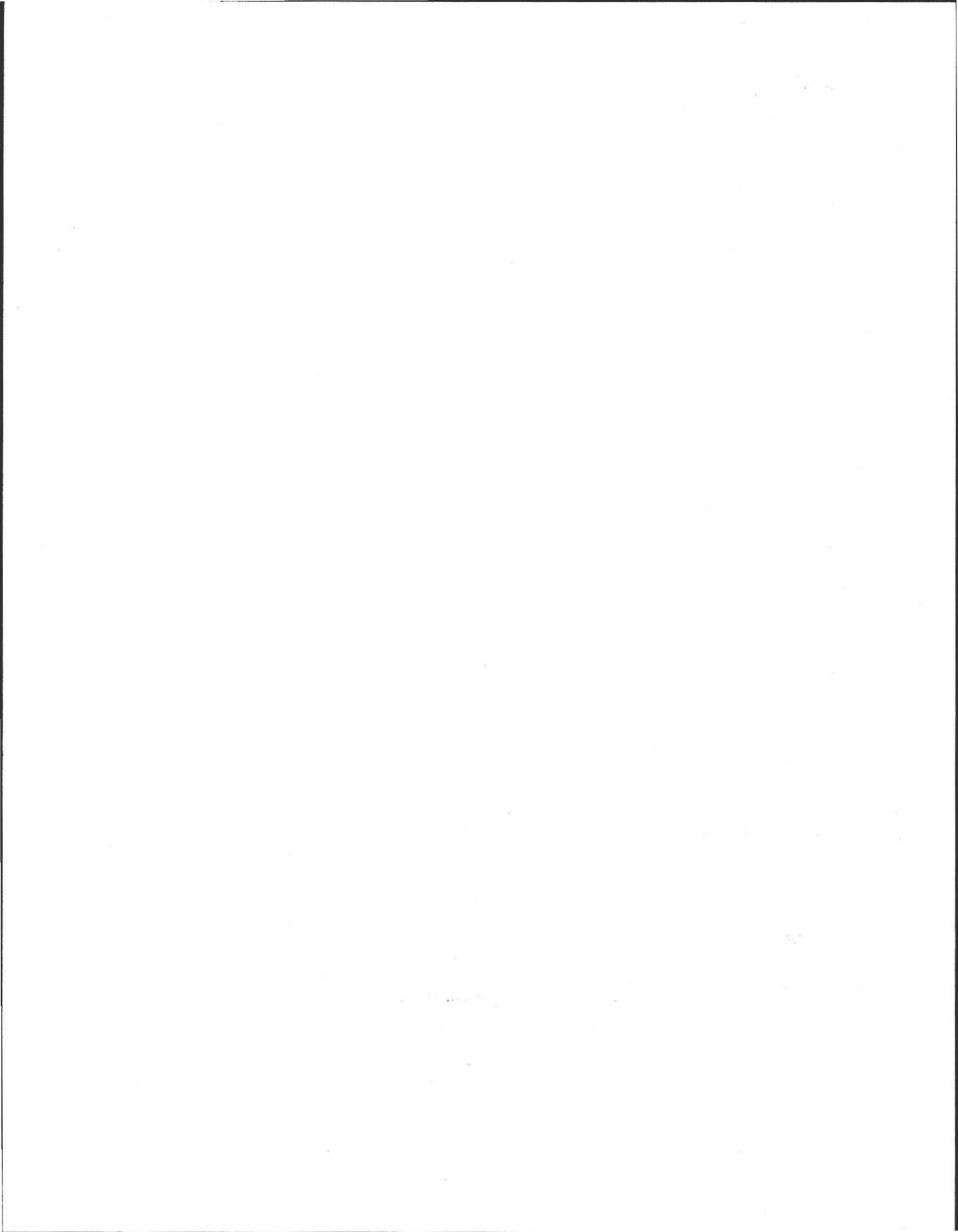
The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

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: \_\_\_\_\_



Application: 15367  
Batch: 1559

130 PE

CUST NAME  
4 BOLTWOOD AVENUE  
09/18/12  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 08:11

CUST NAME

0  
DEPT

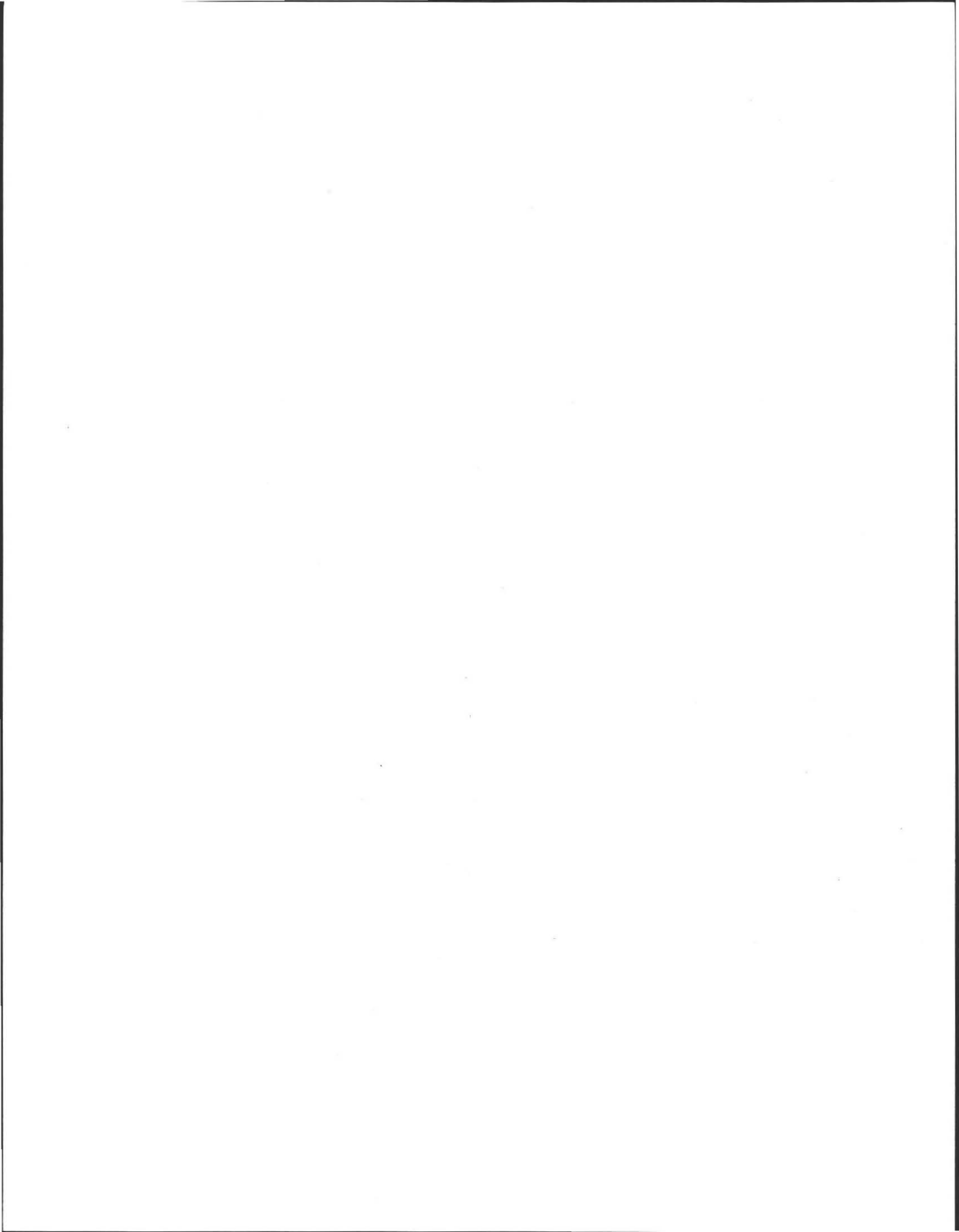
DE HEA017

SEPTIC TAN 150.

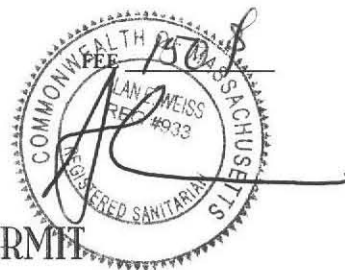
RECPT TOTAL

150.00  
SILAS AXTE QUA CHECK

1132 AMOUNT



No. 12-18



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>237 meadow st.</u>	Owner's Name <u>Silas + Patricia P Artelli</u>
Map/Parcel# <u>4D 16</u>	Address <u>237 Meadow St.</u>
Lot# <u>16</u>	Telephone# <u>772-205-1634</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alan Weiss RS</u>
Address <u>==</u>	Address <u>Soldotau, MA</u>
Telephone#	Telephone# <u>413-323-5952</u>

Type of Building Residence Lot Size 0.838 sq. ft.  
 Dwelling - No. of Bedrooms 5 Bedrooms Garbage grinder (  )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 550 Design flow provided 568 gpd  
 Plan: Date 9/12/12 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title Septic System Repair Design.  
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 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A Weiss Date of Evaluation 8/10/12  
E. Smith.

DESCRIPTION OF REPAIRS OR ALTERATIONS  
Complete new system.

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 Silas Artelli / Patricia P. Artelli Date 9/12/12

Inspections \_\_\_\_\_

No. 12-18

FEE 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 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. 12-18

FEE 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 237 MEADOW STREET as described in the application for

Disposal System Construction Permit No. 12-18, dated 9-12-2012

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

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA Date 9-14-12 Board of Health Edna Smith



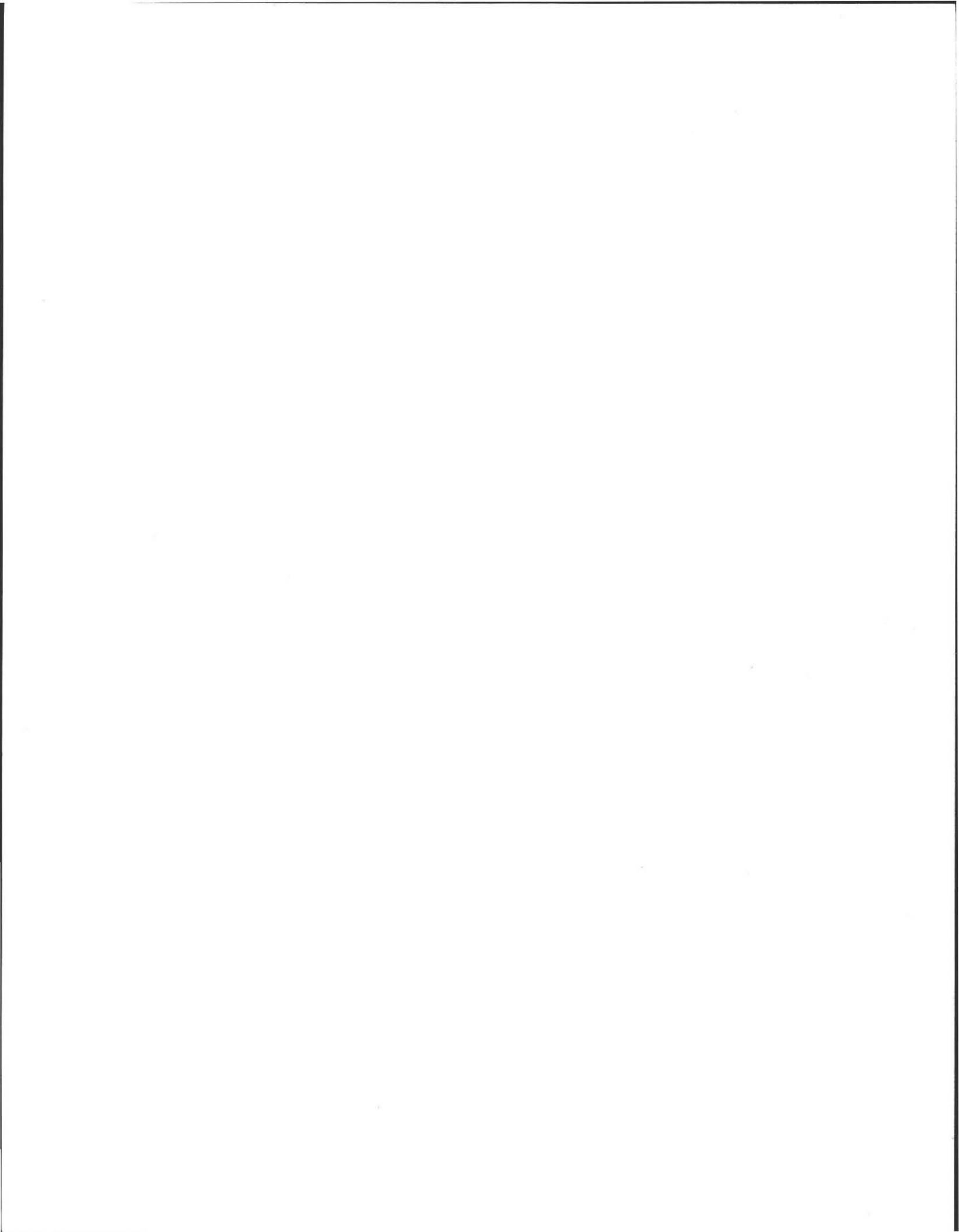


Plan: 237 MEADOW ST. Designed by: ALAN WEISS

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp. 15270 (3)
- Legal boundaries noted
- Easements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private. CMR 15.220(k)
  - Within 400 feet of system in case of surface water and gravel packed public water supply
  - Within 250 feet of system in case of tubular public water supply
  - Within 150 feet of private supply wells - 100' septic system; 5' Tank
- Well statement if applicable
- Location of any surface waters, rivers, vegetated wetlands
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 15.227.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H<sub>2</sub>O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

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: 7/10/2012

Commonwealth of Massachusetts  
Amherst, Massachusetts  
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Alan Weiss

Date: 7/10/2012

Witnessed By: Ed. Smith

(Old Farm house Repair Proj)

Location Address or Lot # 237 Meadow Street Amherst, MA	Owner's Name, Address, and Telephone # Drozday Estate Peter Ziomek - Executor Amherst, MA.
---------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

New Construction  Repair

Office Review

Published Soil Survey Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_ Soil Map Unit \_\_\_\_\_  
Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform (Laurel Beach Sands)

Flood Insurance Rate Map:

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

Wetland Area:

National Wetland Inventory Map (map unit)

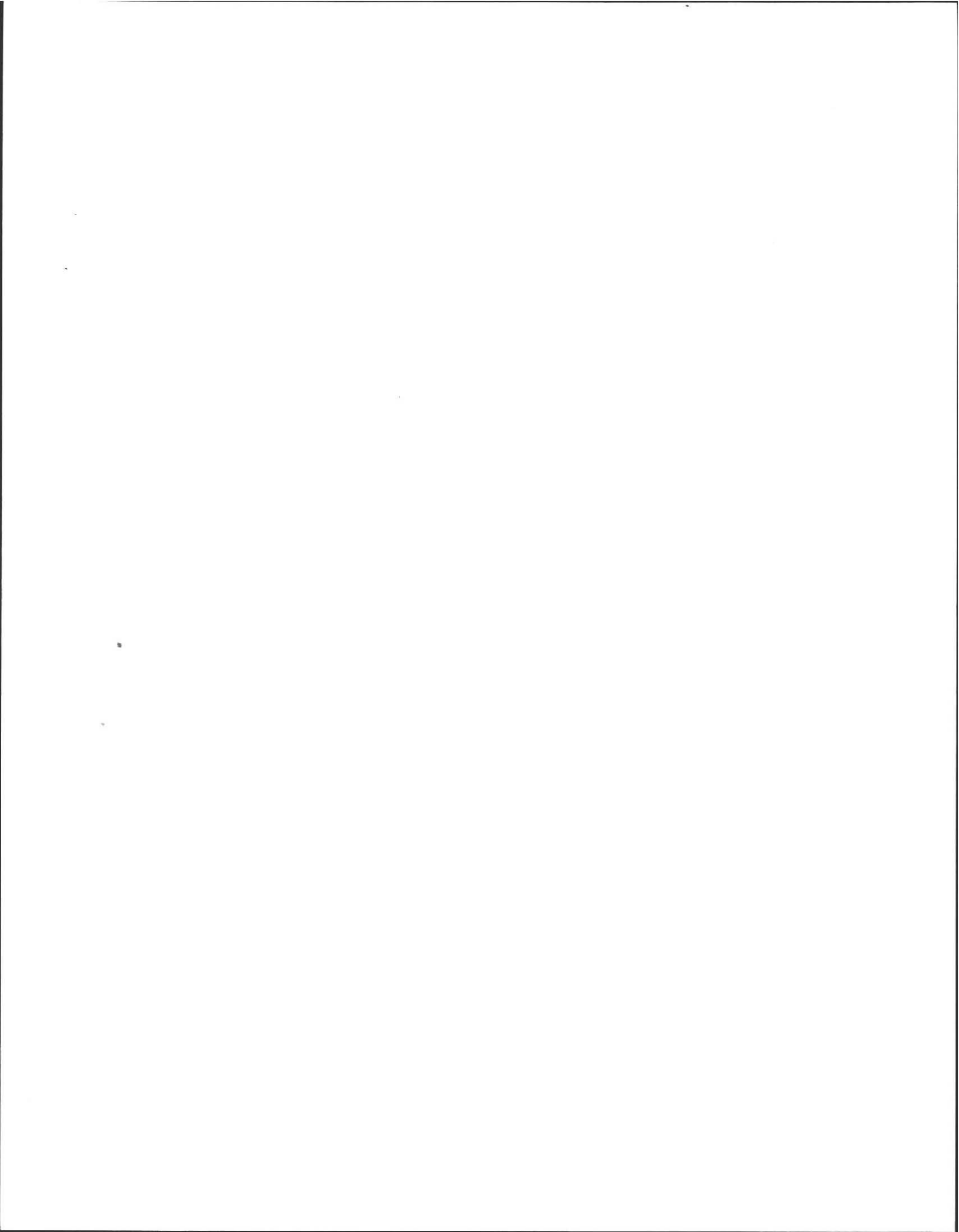
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. 237 Meadow Street - Amherst, MA

On-site Review

Deep Hole Number 112 Date: 7/10/2012 Time: 1:30 PM Weather Sunny 80°

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

Land Use Residential Slope (%) 0 Surface Stones None

Vegetation Lawn Grass

Landform Glaciolacustrine - Lake Beds

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 >10 feet

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

DEEP OBSERVATION HOLE LOG\*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0" - 8"	A	FSL	10YR 3/2		Loose, Dry
8" - 32"	B	LS	10YR 4/6	48-50"	Loose, Dry
32" - 136"	C	Fine Sand	2.5Y 5/3	7.5YR 6/8 2.5Y 4/0	Well Sorted - Some Silt
0-8"	A	FSL	10YR 3/2		Friable, Loose.
8-30"	B	LS	10YR 4/6		- Loose F. Sandy.
30-80"	C	fs	2.5Y 5/3	48" 7.5Y 6/8	Well Sorted, F Sand, little silt.

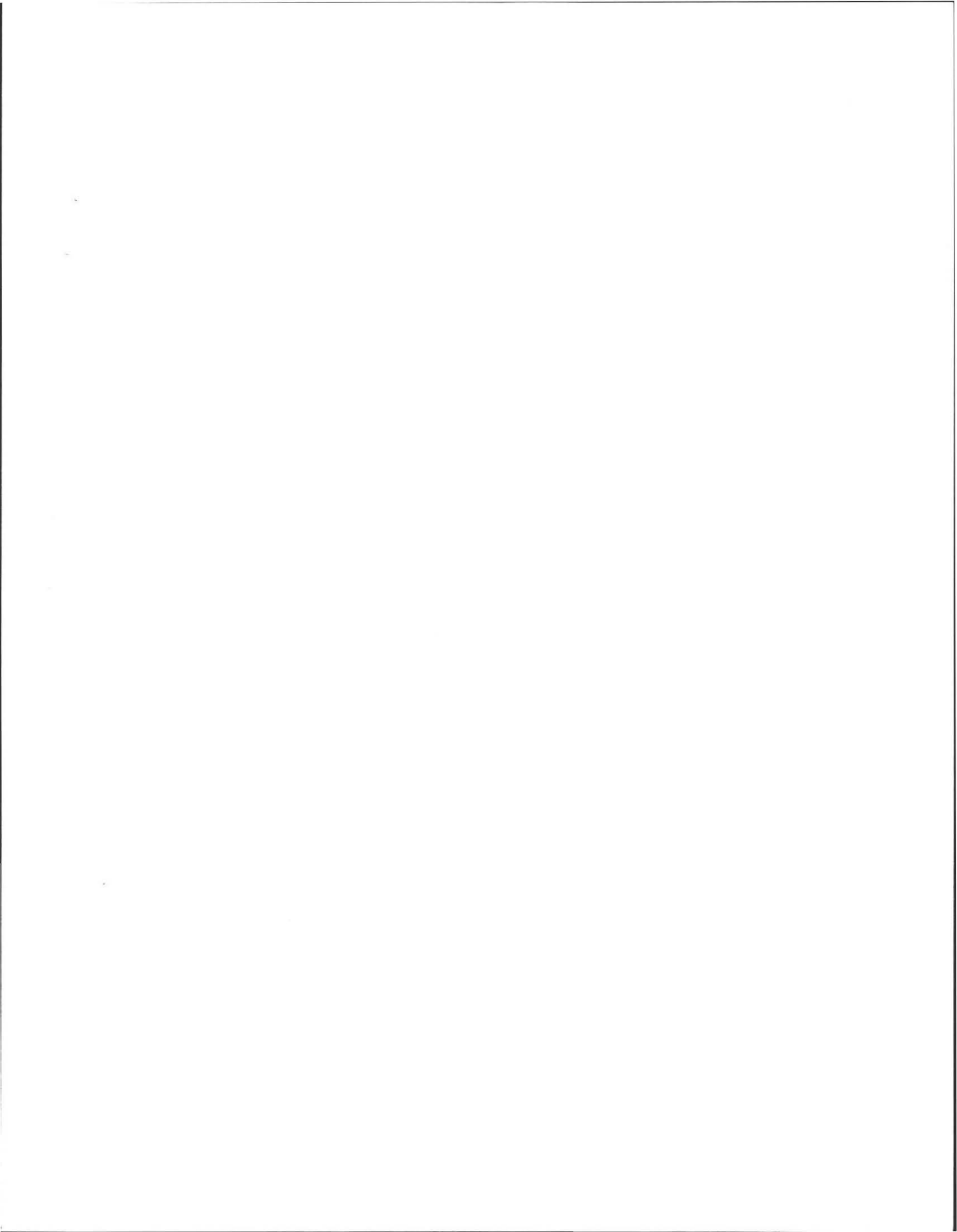
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) lake bed sediments Depth to Bedrock: >136"

Depth to Groundwater: Standing Water in the Hole: NOT Weeping from Pit Face: most 108"

Estimated Seasonal High Ground Water: 48"





Location Address or Lot No. 237 Meadow Street, Amherst

# COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: ..	<u>7/10/12</u>	Time: <u>1:35 P.M</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>42"</u>	
Start Pre-soak	<u>1:35</u>	
End Pre-soak	<u>1:50</u>	
Time at 12"	<u>1:50</u>	
Time at 9"	<u>1:56</u>	
Time at 6"	<u>2:04</u>	
Time (9"-6")	<u>8</u>	
Rate Min./Inch	<u>3 <sup>min</sup> / 7"</u>	

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

Site Passed  Site Failed

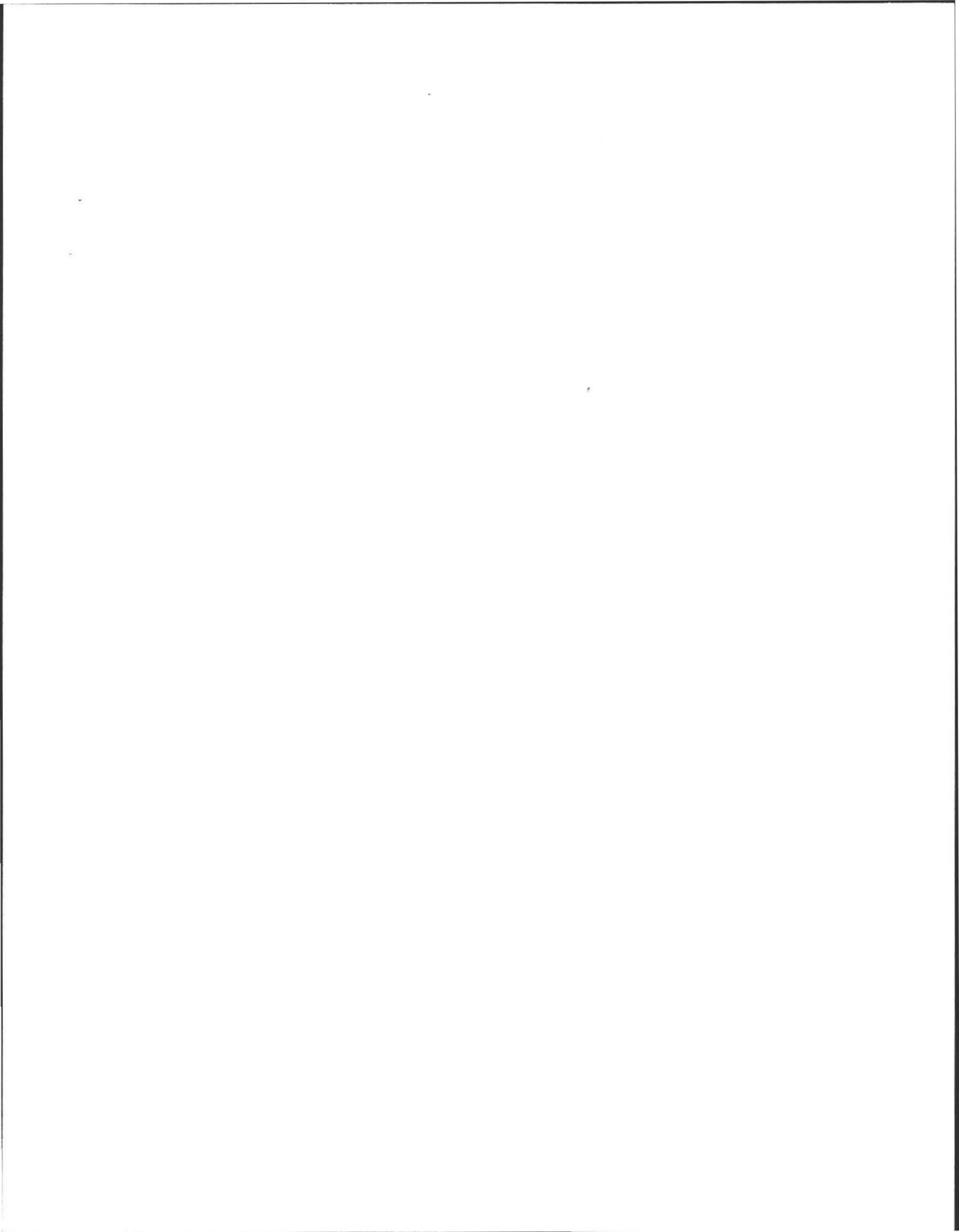
Performed By: Alan Weiss, RS

Witnessed By: \_\_\_\_\_

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







Location Address or Lot No. 237 Meadow Street Amherst, MA.

### Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole 48" inches
- Depth to soil mottles ..... 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

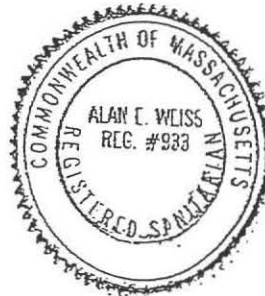
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

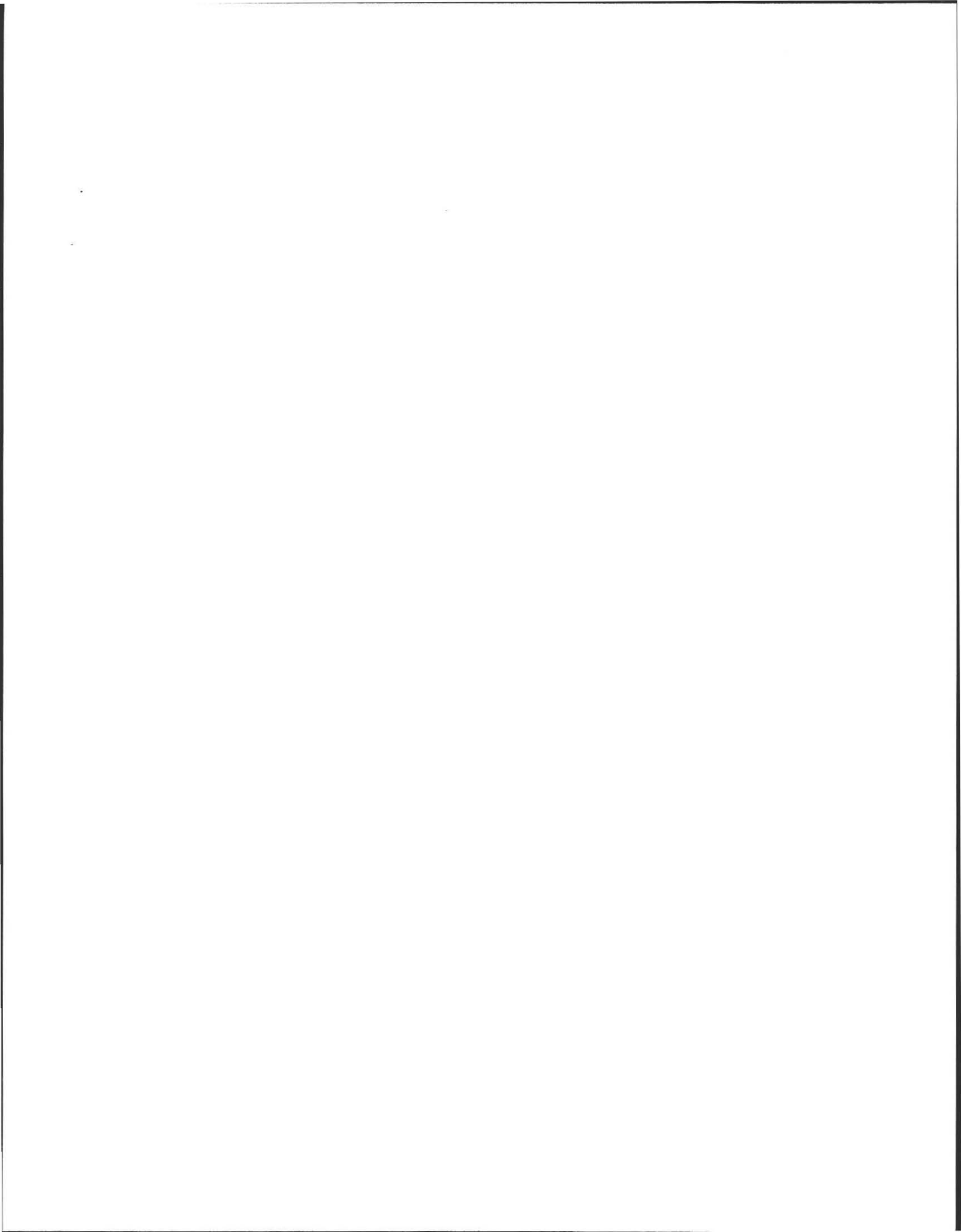
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

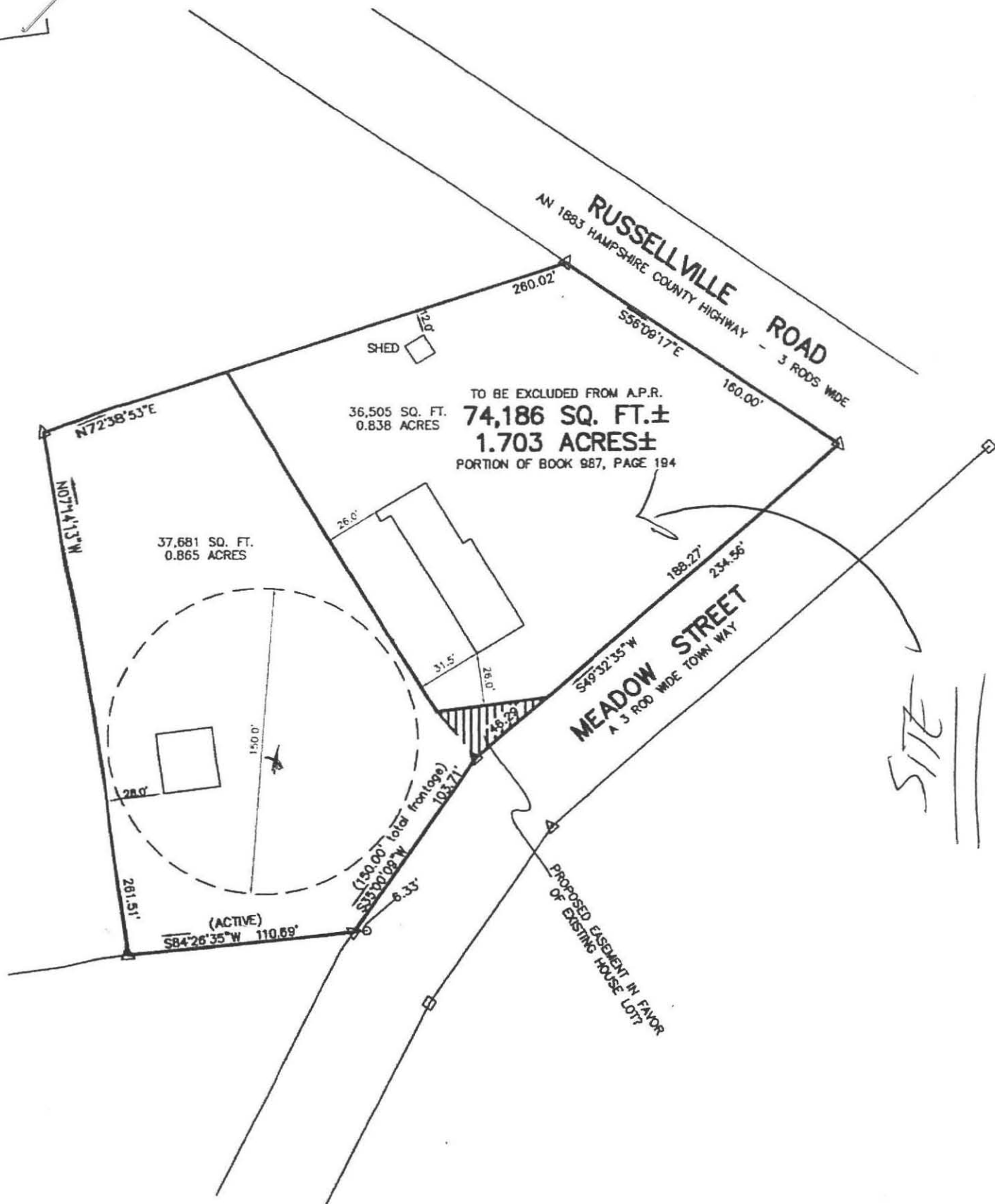
Certification

I certify that on 6/9c (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017

Signature  Date 7/10/12







TO BE EXCLUDED FROM A.P.R.  
 36,505 SQ. FT.  
 0.838 ACRES  
**74,186 SQ. FT. ±**  
**1.703 ACRES ±**  
 PORTION OF BOOK 987, PAGE 194

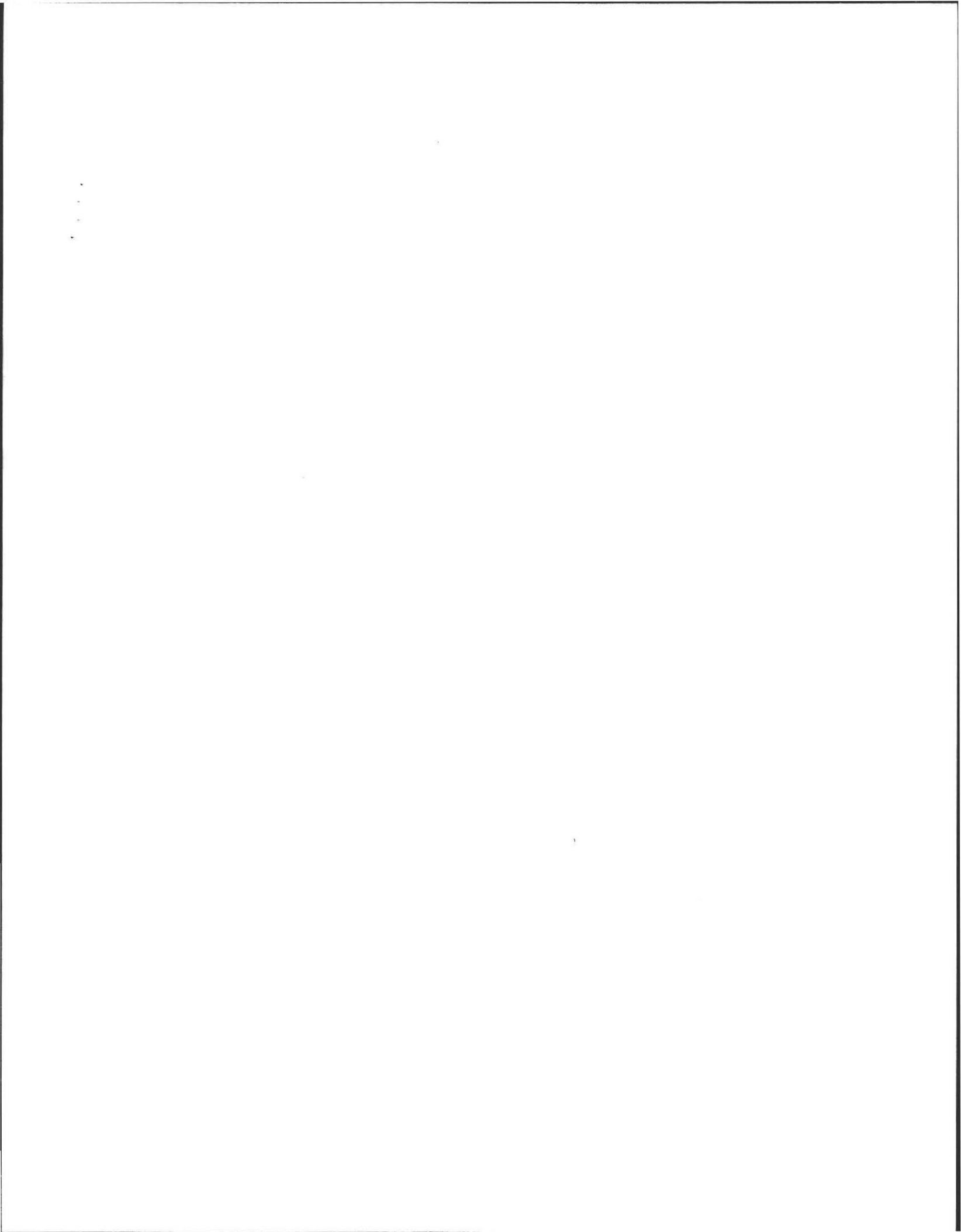
37,681 SQ. FT.  
 0.865 ACRES

(ACTIVE)  
 S84°26'35"W 110.69'

**MEADOW STREET**  
 A 3 ROD WIDE TOWN WAY

PROPOSED EASEMENT IN FAVOR  
 OF EXISTING HOUSE LOT?

SITE





- Property Map**
- Property Lines
  - Property Line
  - Hydrographic Property
  - Right of Way Line
  - Town Boundary
- Easements
- Topography**
  - Elevations
  - Elevation Contours
    - Intermediate
    - Index
- Basemap**
  - Trails
  - Rail Lines
  - Structures
    - Building
    - Foundation or in construction
    - Outbuilding or Miscellaneous
    - Deck, Porch, Stairs or
    - Mobile home, Trailer
    - Swimming Pool
    - Building Ruins
    - Water storage tank
  - Rivers and Streams
    - Streams
    - Major Culverts
    - Hydro Connector
    - Headwalls, Floodwalls
  - Water Bodies
    - Dams
    - Rivers, Ponds & Rese
    - Retention ponds/Flo
    - Wetland
    - Forested Wetland
- Parking**
  - Parking Paved
  - Parking Unpaved
- Driveways**
  - Driveway Paved
  - Driveway Unpaved
- Sidewalks**
- Transportation**
  - Paved street polygons
  - Unpaved street poly
- Bridges**
  - Bridge decking and str
  - Foot Bridge
  - Rail Bridge
- Streets**
  - Local Roads
  - Major Roads
  - State Routes
  - MHD Roads
    - Limited Access Highw
    - Multi-lane Hwy, not li
    - Other Numbered High
    - Major Road, Collector
    - Minor Road, Arterial

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

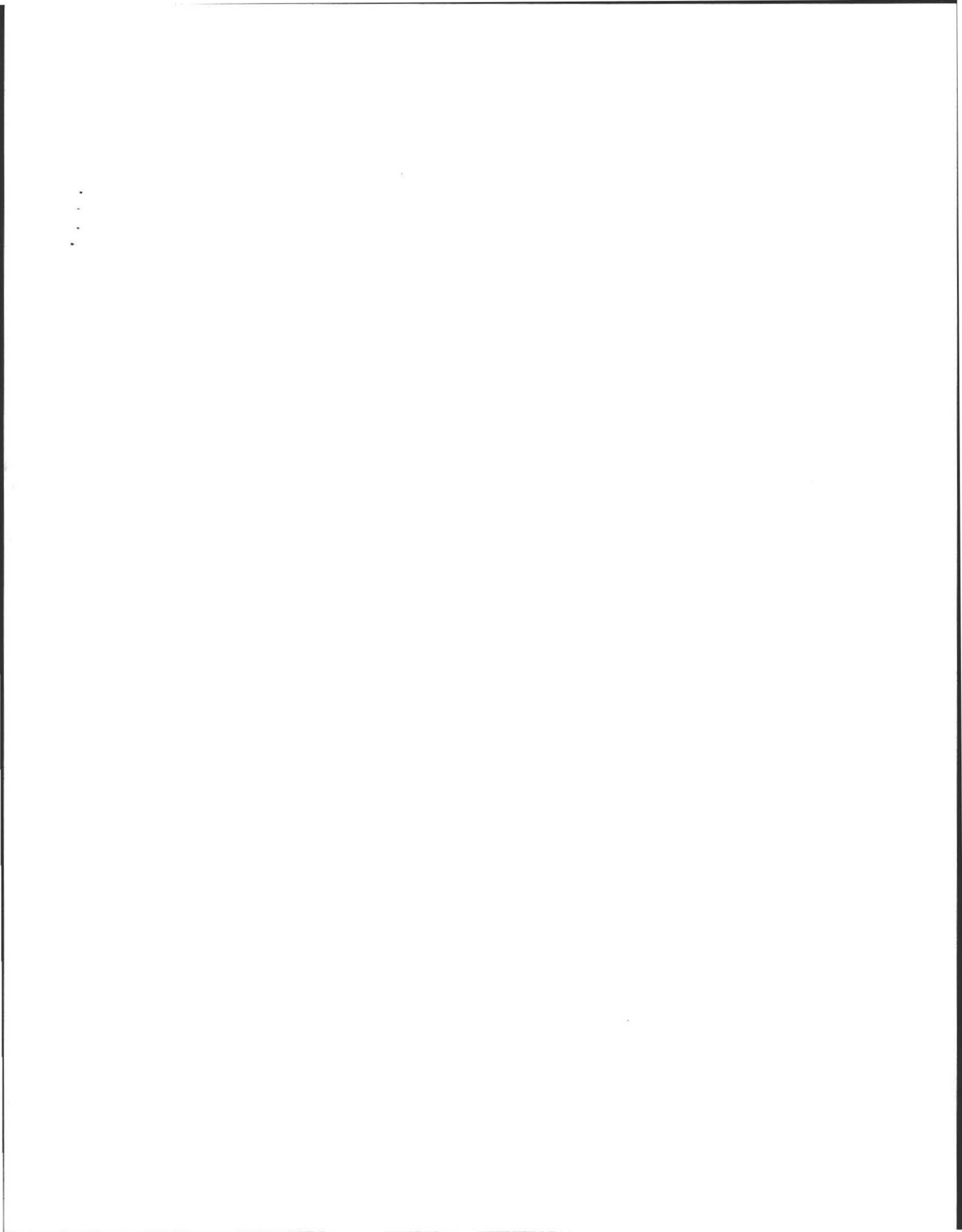
Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

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" = 50 ft





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

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Aurora St., MA.



## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>237 meadow st.</u>	Owner's Name <u>Stas + Patricia P Artell</u>
Map/Parcel# <u>4D 16</u>	Address <u>237 Meadow St.</u>
Lot# <u>16</u>	Telephone# <u>772-205-1634</u>
Installer's Name <u>TBD</u>	Designer's Name <u>Alan Weiss RS</u>
Address <u>_____</u>	Address <u>Selden Ave, MA</u>
Telephone# <u>_____</u>	Telephone# <u>413-523-5952</u>

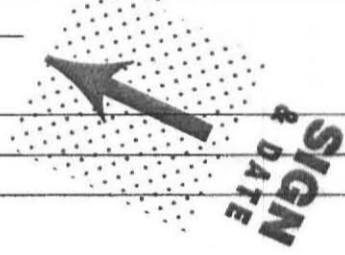
Type of Building Residence Lot Size 0.838 sq. ft.  
 Dwelling - No. of Bedrooms 5 Bedroom Garbage grinder (  )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 550 Design flow provided 568 gpd  
 Plan: Date 9/12/12 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title Septic System Repair Design.  
 Description of Soil(s) Class 1:FS.  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A Weiss Date of Evaluation 8/10/12  
E. Smith.

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new system.

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 Stas + Patricia P. Artell Date 9/12/12

Inspections \_\_\_\_\_



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

# COMMONWEALTH OF MASSACHUSETTS

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

FEE \_\_\_\_\_

## 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. \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

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

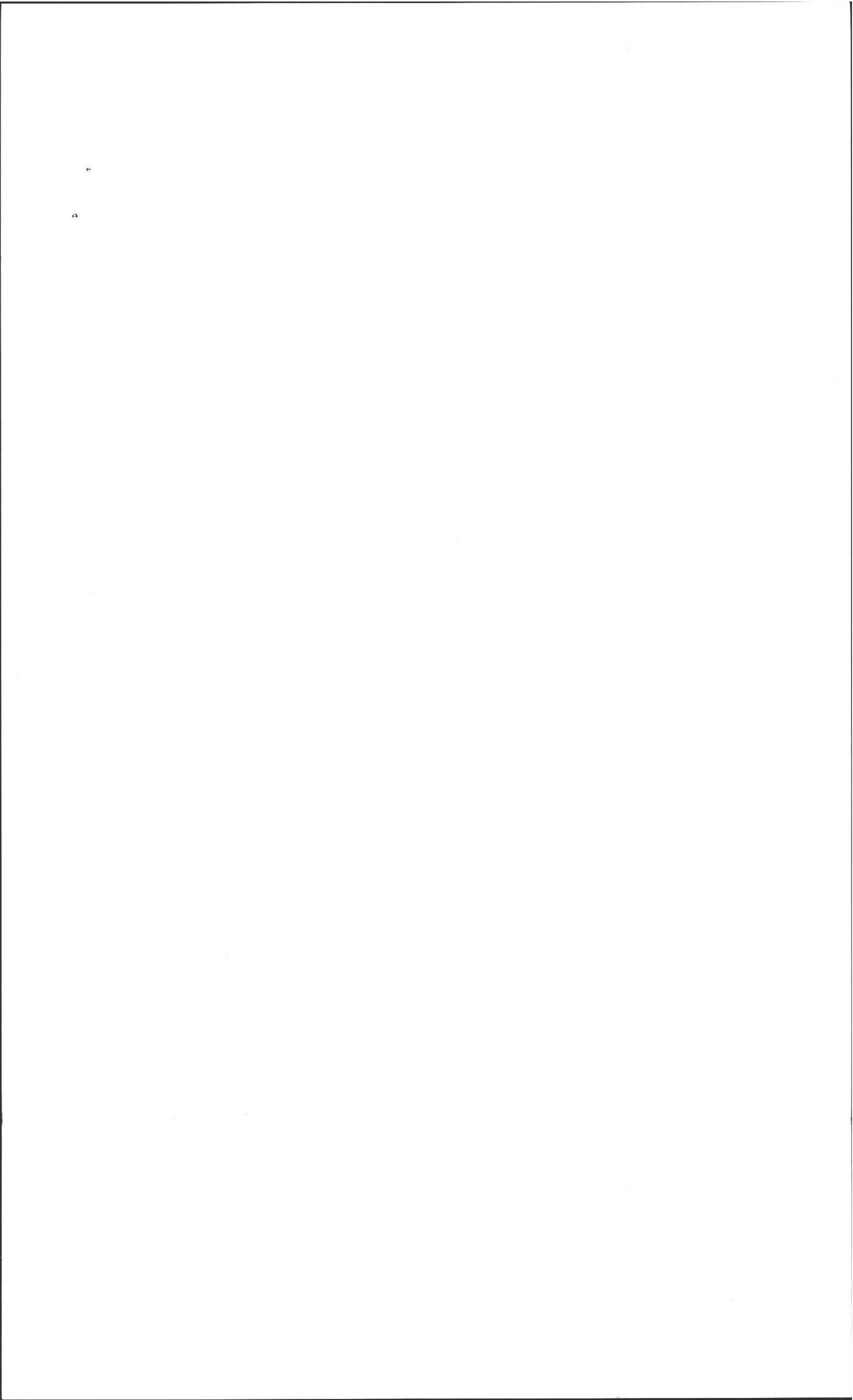
FEE \_\_\_\_\_

## 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: 7/10/2012

Commonwealth of Massachusetts  
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Alan Weiss

Date: 7/10/2012

Witnessed By: Ed. Smith

(Old Farm house Repair Rep.)

Location Address or Lot # 237 Meadow Street Amherst, MA	Owner's Name, Address, and Telephone # Drozday Estate Peter Zimek - Executor Amherst, MA
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: (Laurens Beach Sands)

Flood Insurance Rate Map:

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

Wetland Area:

National Wetland Inventory Map (map unit)

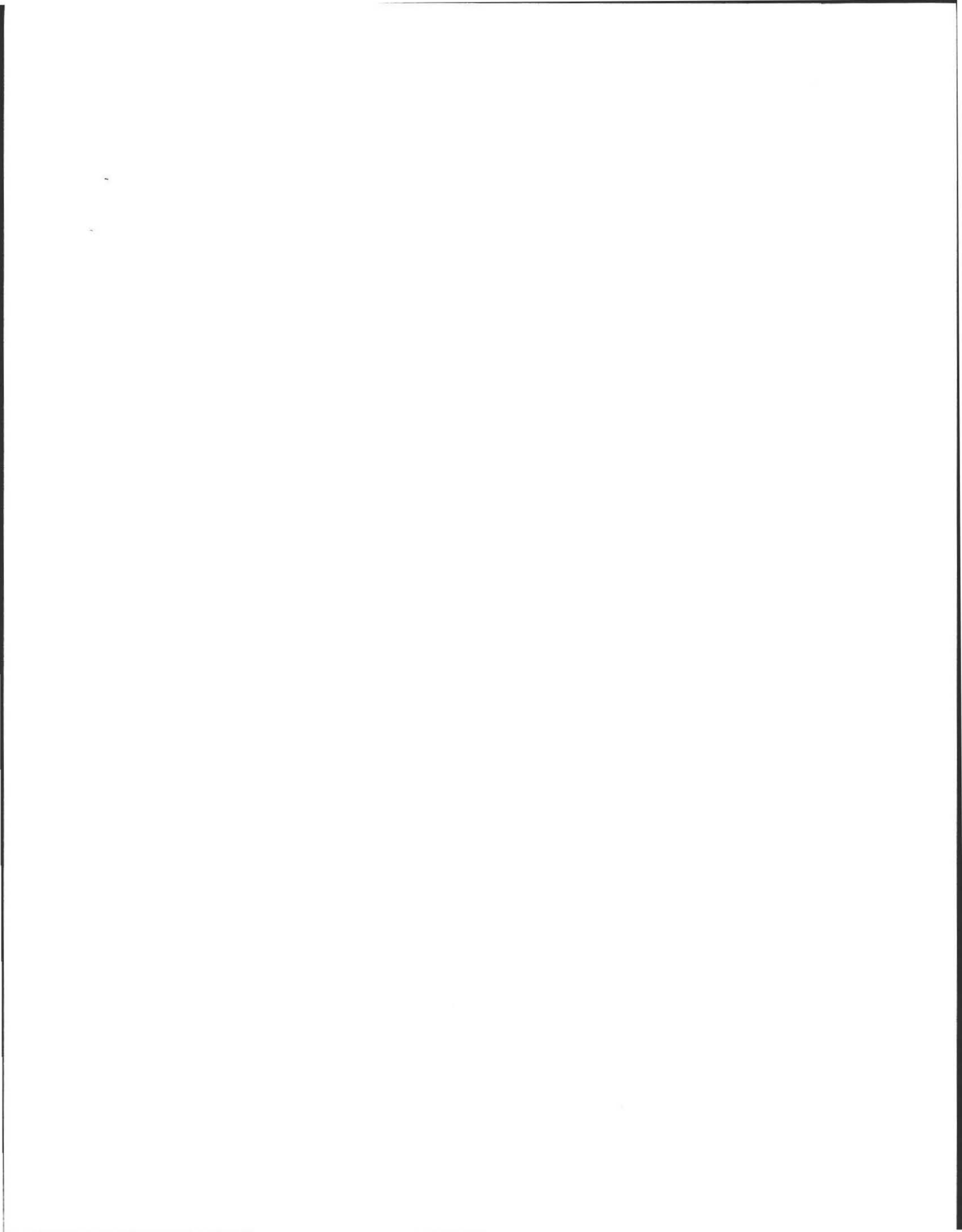
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range: Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. 237 Meadow Street - Amherst, MA

On-site Review

Deep Hole Number 1 & 2 Date: 7/10/2012 Time: 1:30 PM Weather Sunny 80°

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

Land Use Residential Slope (%) 0 Surface Stones None

Vegetation Lawn Grass

Landform Glaciolacustrine - Lake Beds

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 >10 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)
0" - 8"	A	FSL	10YR 3/2		Loose, Dry
8" - 32"	B	LS	10YR 4/6	48-50" 7.5 YR 6/8	Loose, Dry
32" - 136"	C	Fine Sand	2.5 Y 5/3	2.5 Y 4/2	Well sorted - some silt
0-8"	A	FSL	10YR 3/2		Friable, Loose.
8"-30"	B	LS	10YR 4/6		- Loose F. Sandy.
30-80" †	C	FS	2.5 Y 5/3	48" 7.5 Y 6/8	Well sorted, F Sand, little silt.

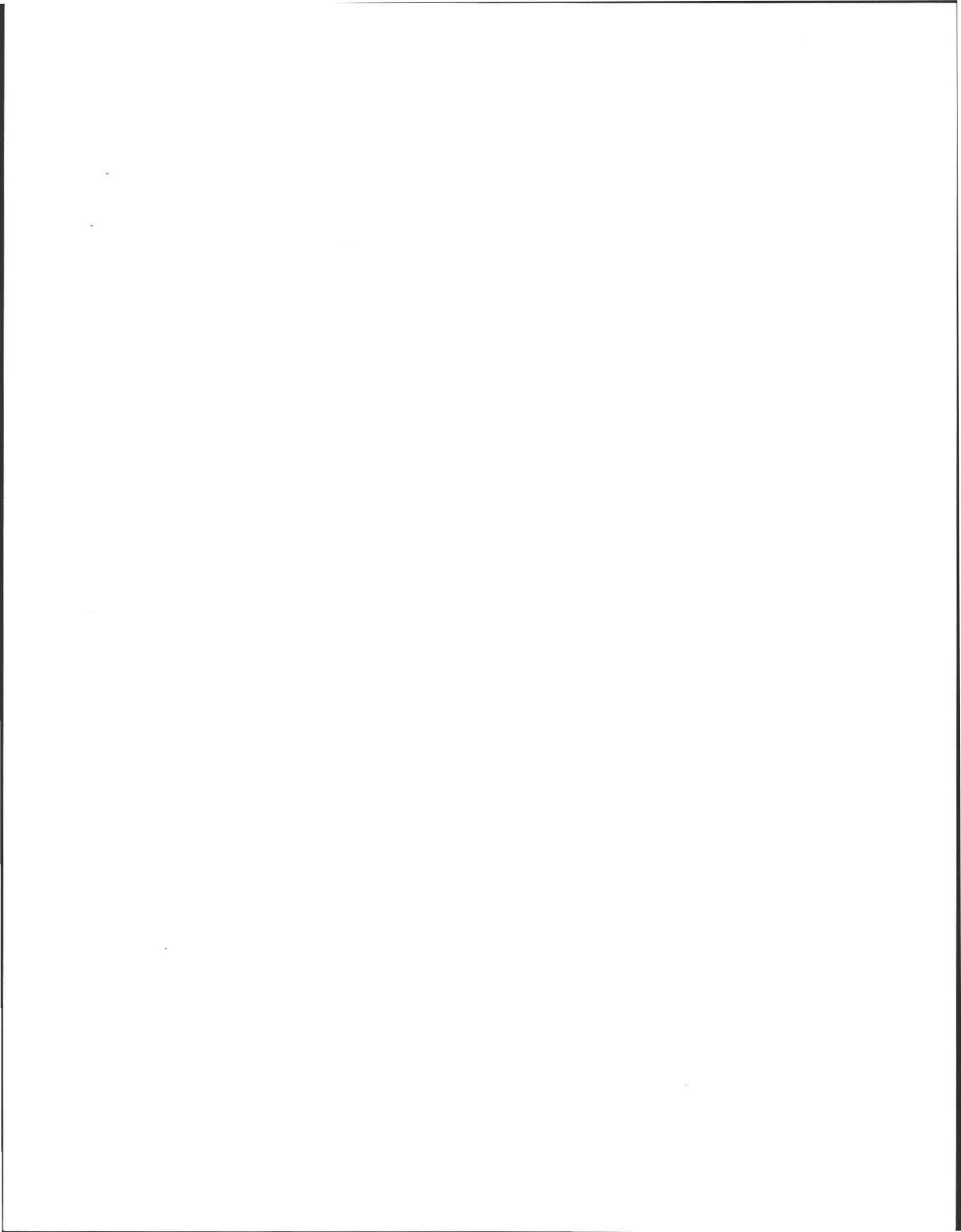
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) lake bed sediments Depth to Bedrock: >136"

Depth to Groundwater: Standing Water in the Hole: NOT Weeping from Pit Face: most 108"

Estimated Seasonal High Ground Water: 48"





Location Address or Lot No. 237 Meadow Street, Amherst

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: .. <u>7/10/12</u>	Time: <u>11:35 P.M</u>	
Observation Hole #	<u>1</u>	
Depth of Perc	<u>42"</u>	
Start Pre-soak	<u>1:35</u>	
End Pre-soak	<u>1:50</u>	
Time at 12"	<u>1:50</u>	
Time at 9"	<u>1:56</u>	
Time at 6"	<u>2:04</u>	
Time (9"-6")	<u>8</u>	
Rate Min./Inch	<u>3 <sup>min</sup> / 7</u>	

\* 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: \_\_\_\_\_

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



111

Location Address or Lot No. 237 Meadow Street Amherst, MA.

### Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole 48" inches
- Depth to soil mottles . . . . . 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

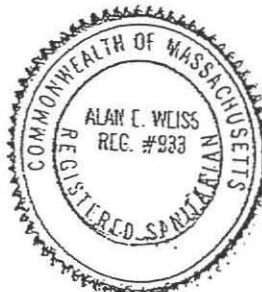
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

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

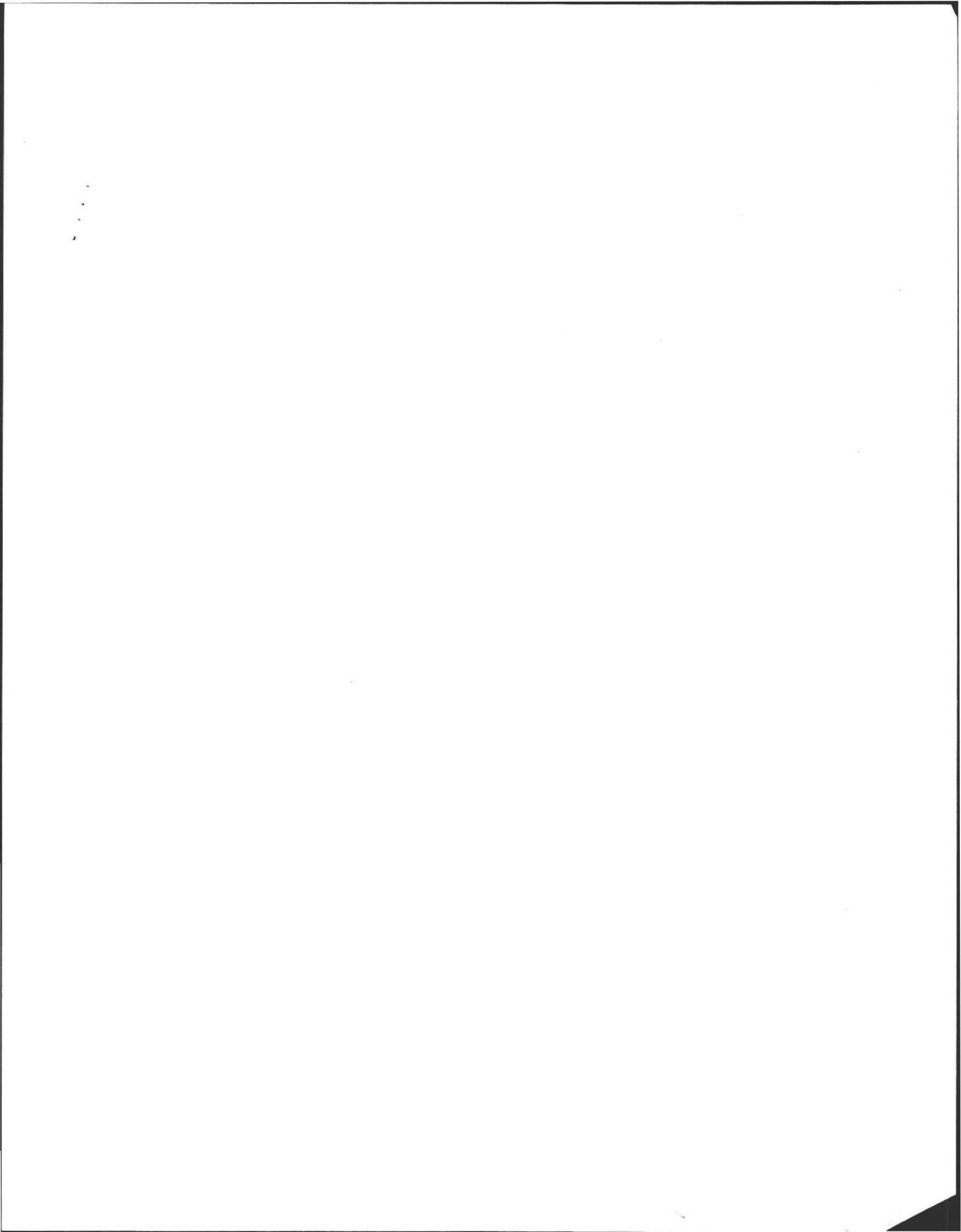
Certification

I certify that on 6/9/12 (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.

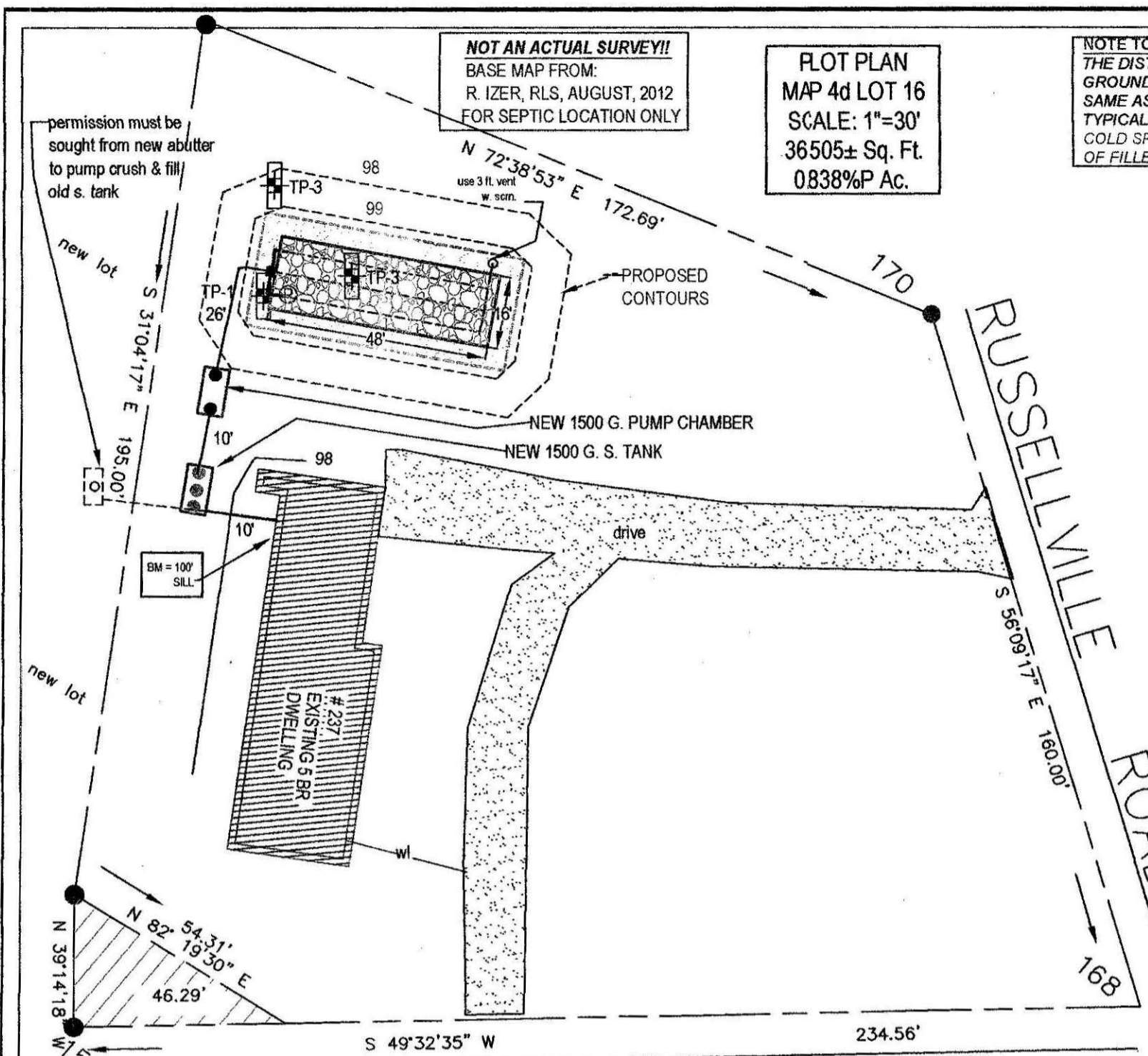
Signature *Al* Date 7/10/12











**NOT AN ACTUAL SURVEY!!**  
 BASE MAP FROM:  
 R. IZER, RLS, AUGUST, 2012  
 FOR SEPTIC LOCATION ONLY

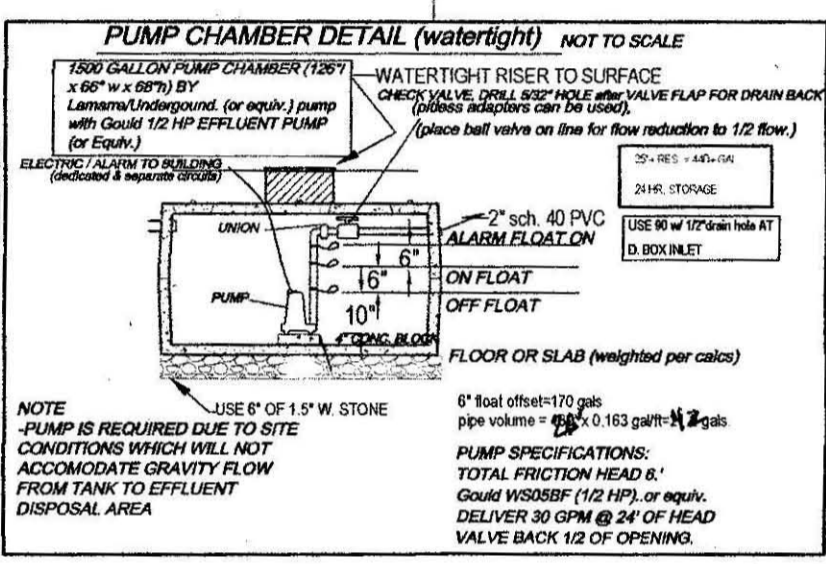
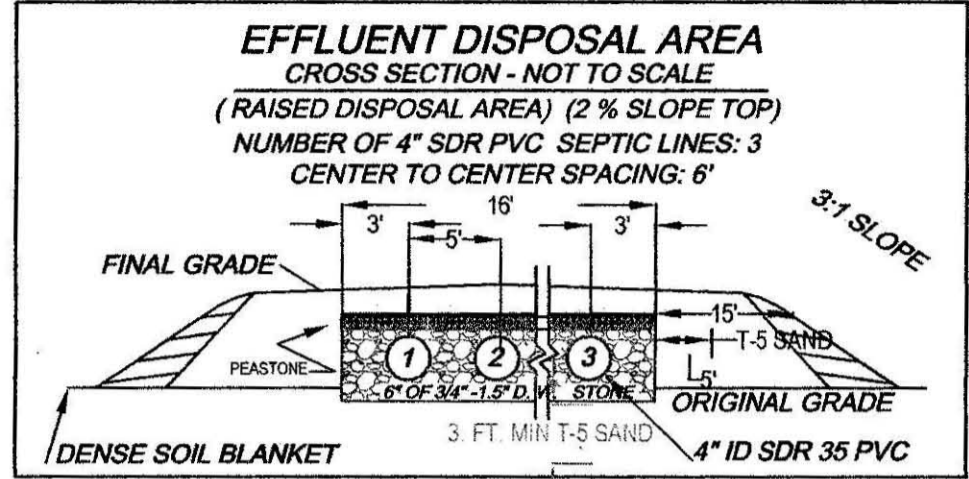
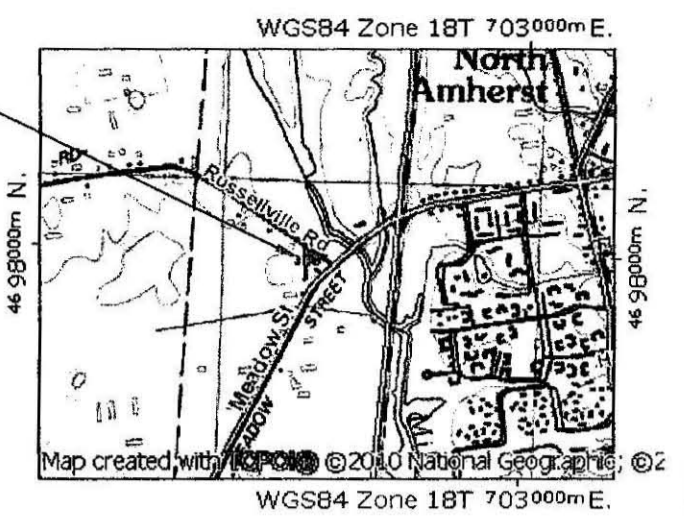
**FLOT PLAN**  
 MAP 4d LOT 16  
 SCALE: 1"=30'  
 36505± Sq. Ft.  
 0.838%P Ac.

**NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (3.4 OR 5 FEET), IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.**

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 CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

**BALLAST CALC (NEW 1500 GAL "UNDERGROUND SURF" TANK)**  
 TOTAL OUTSIDE VOLUME IN G. WATER (16'1" X 5'8" W X 2'5" IN WATER)  
 (ASSUMING 2.5 FEET IN WATER TABLE I.E.)  
 152 CF X 7.48 GAL/CF = 1137 GALLONS DISPLACED  
 1137 GALLONS X 8.33 LBS/GAL = 9460 LBS  
 9500 POUNDS - 11 500 POUNDS = 850 LBS REQUIRED (NONE)  
 NO BALLAST TO BE REQUIRED PROVIDED BY THICKENED BASE OR SLAB OVER TANK  
 10.5" X 5.8" X 75' ± - LBS/CF = LBS POUNDS PROVIDED BY - CONCRETE  
 \*USE APPROVAL CORO TO DOUBLE SEAL ALL TANK INLET, OUTLET AND RISER COLLAR OPENINGS

**SUBJECT SITE LOCATION**

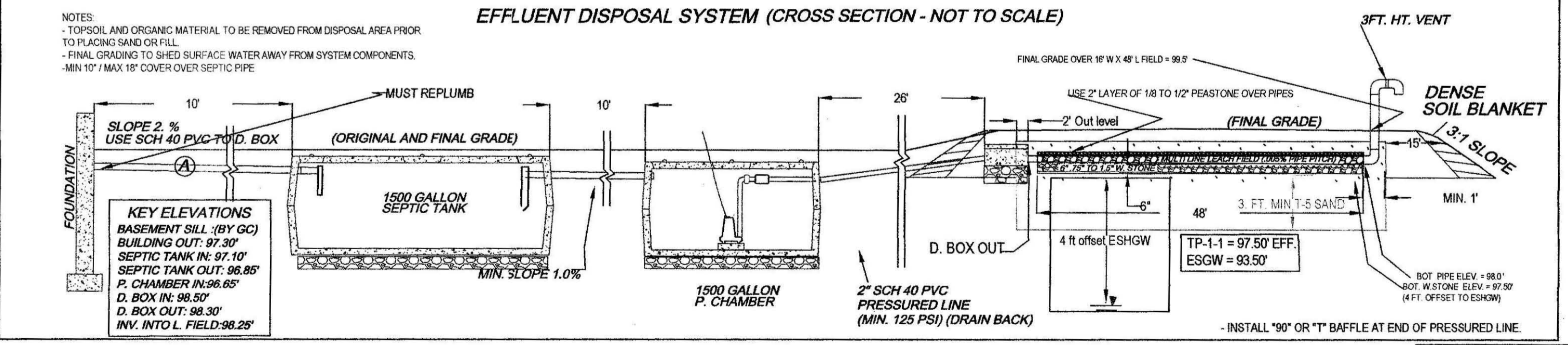
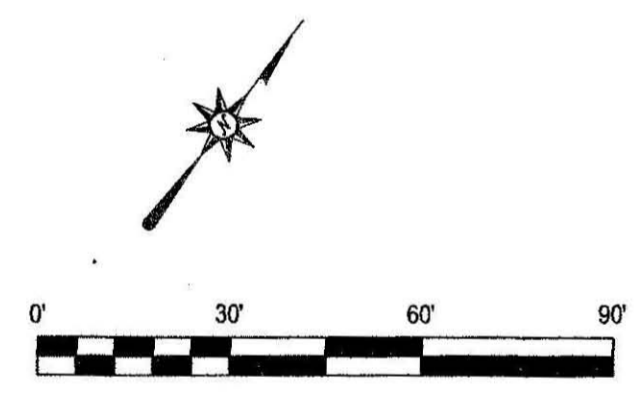
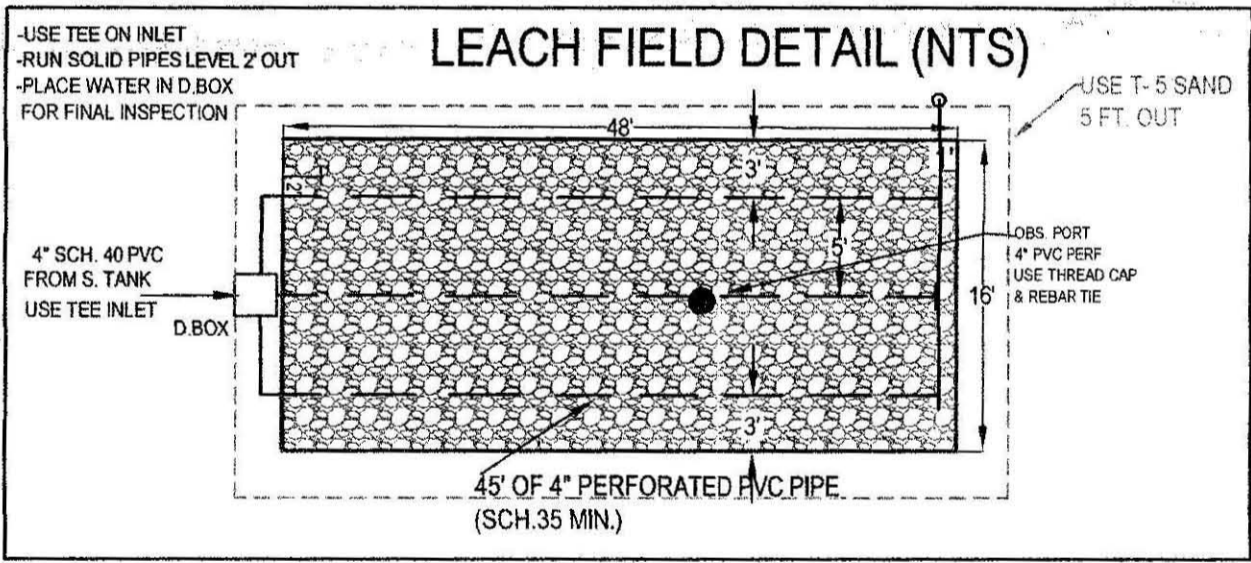
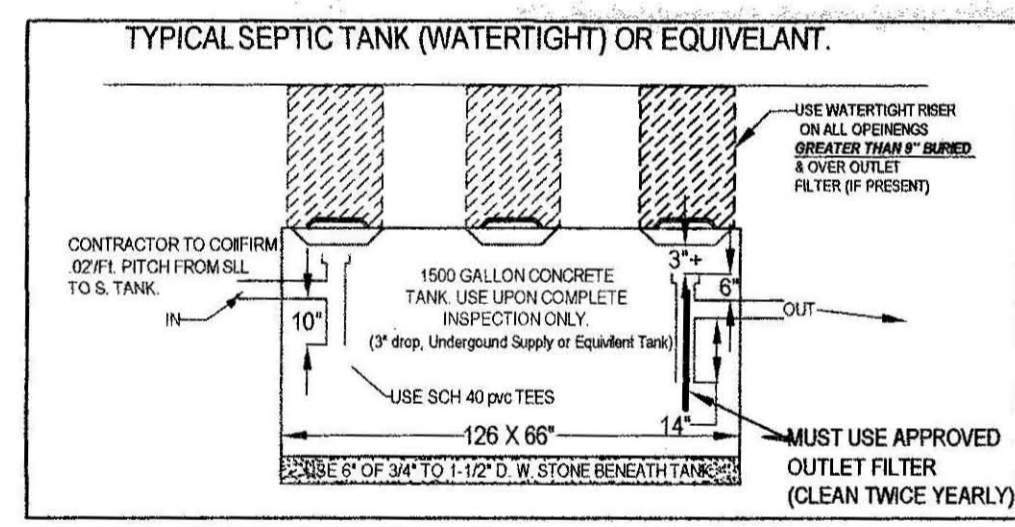


**PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:**

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

**DESIGN NOTES AND CALCULATIONS:**

- 5 (BEDROOM HOME) = 550 GPD MIN. REQUIRED, (FROM TOWN ASSESSORS CARD)
  - Use LEACHING FIELD 16' WIDE X 48' LONG WITH 6" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT
  - BOTTOM AREA: L. FIELD (16' W X 48' L) = 768 SF.
  - TOTAL AREA: 768 SF X 7.4 GAL/SF = 568 GPD PROVIDED.
- GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
- NO PRIVATE WELLS WITHIN 150 FEET OF SAS. (TOWN WATER)
- 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.
  - 7A 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. REQD.
- USE FIELD DUE 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 (36") MIN. AS NEEDED (INSPECTION REQUIRED).
  - UNDER BED & 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 PERC. 42"
  - PERC RATE = 3 MIN / IN.
  - CLASS 1, F. SAND 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.



TEST PIT LOG:				SOIL EVALUATOR: A. WEISS, RS		DATE OF EVALUATION: 07.10.2012	
TP 1 97.50'	DEPTH	HORIZ	TEXTURE	COOR (MUNSELL)	MATERIAL	TP 2 ELEV:	
	0-8"	A	FSL	10 YR 3.2	FRIABLE	0-8"	A
	8-32"	Bw	LS	10 YR 4.6	FRIABLE	8-30"	Bw
	32-136"	C1	FS	2.5 Y 5.3	F. SAND WELL SORTED, SOME SILT	30-80"	C1
	OXIDES:			48-50"	2.5 Y 4.2, 7.5 YR 6.8	OXIDES:	48"
	EHWT:			48"		EHWT:	48"
	STANDING H2O:			NOT		STANDING H2O:	NOT
	WEEPING:			108"		WEEPING:	NOT
	BEDROCK:			136"+		BEDROCK:	

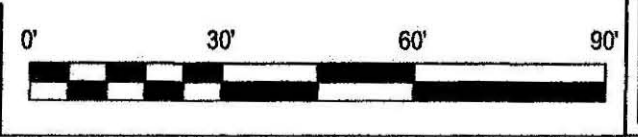
**SEPTIC SYSTEM REPAIR PLAN FOR SILAS AND PATRICIA AXTELL**  
 237 MEADOW STREET  
 AMHERST, MA

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

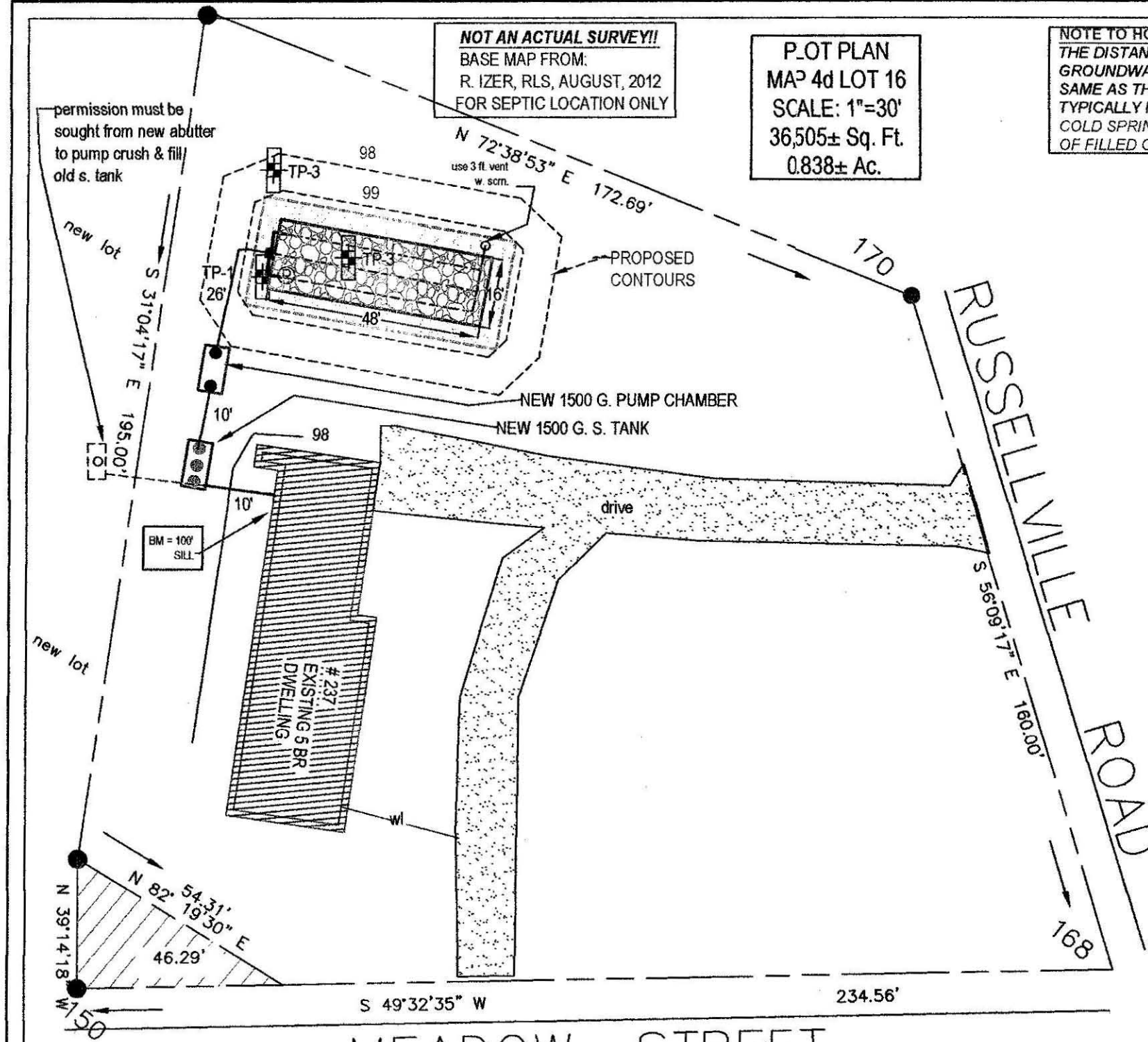
PHONE: (413) 323-5957  
 FAX: (413) 323-4916  
 DATE: 09.12.2012  
 DRAWN BY: ALAN WEISS  
 SCALE: 1"=30'  
 REVISED:  
 DRAWING NUMBER: 111-3792-1107

**ATTENTION INSTALLER!!**  
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 10 - 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.**



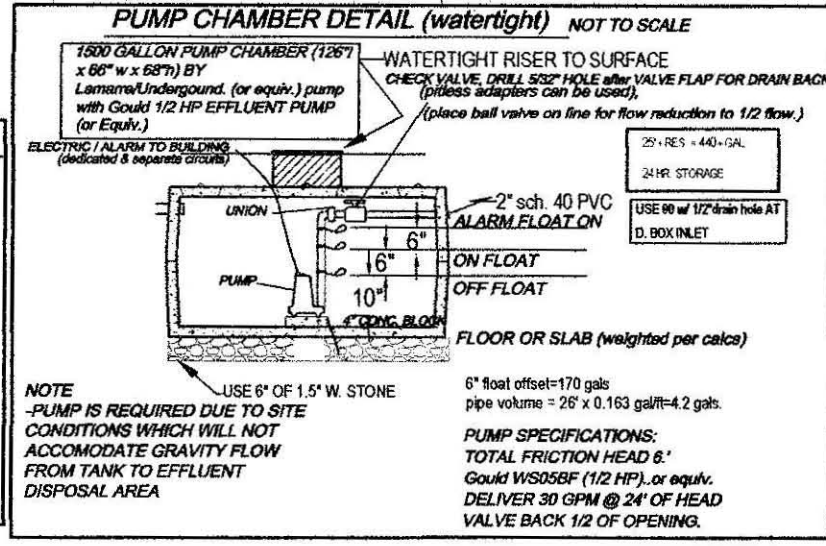
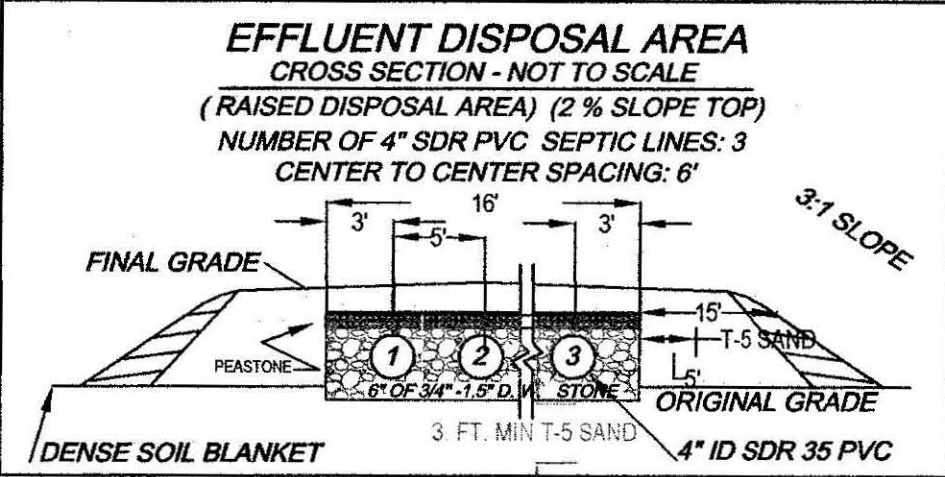
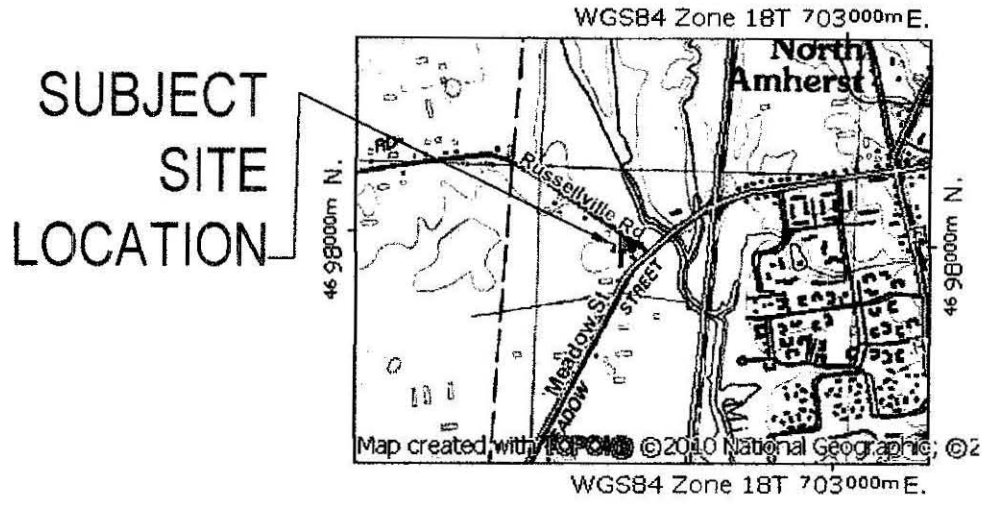




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152 CF X 7.48 LBS/CF = 1137 GALLONS DISPLACED  
1137 GALLONS X 8.3 LBS/GAL = 9434 POUNDS  
9434 POUNDS - 11,500 POUNDS/TANK = 0 + LBS REQUIRED (NONE)  
NO BALLAST TO BE REQUIRED PROVIDED BY THICKENED BASE OR SLAB OVER TANK  
15.5" X 5.5" X 7.5" - LBS/CF = LBS POUNDS PROVIDED BY CONCRETE  
\*USE ASPHALT CORD TO DOUBLE SEAL ALL TANK INLET, OUTLET AND RISER COLLAR OPENINGS.

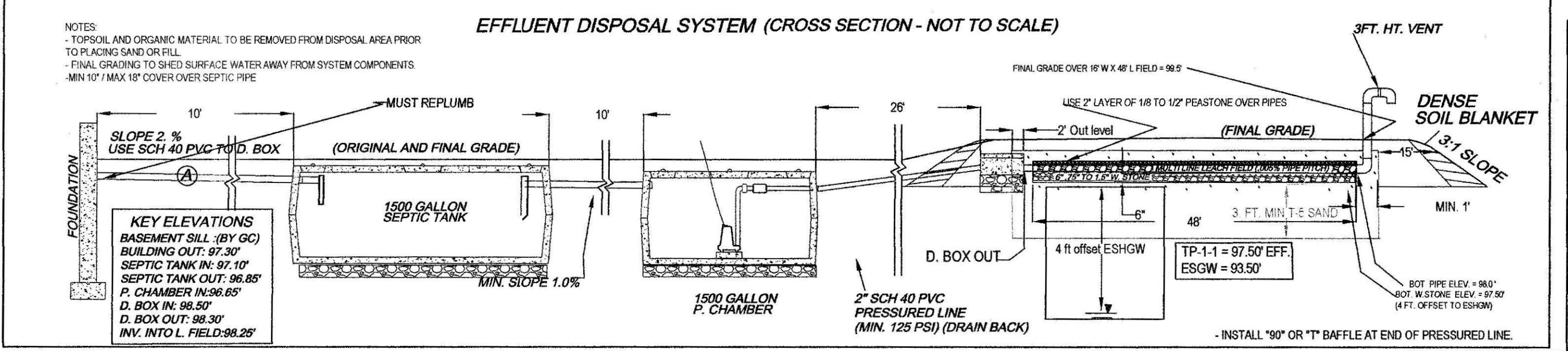
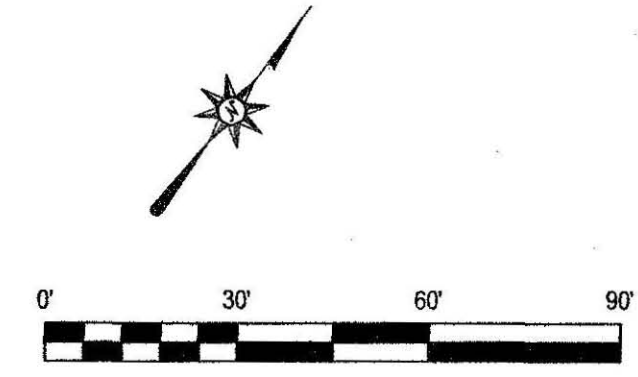
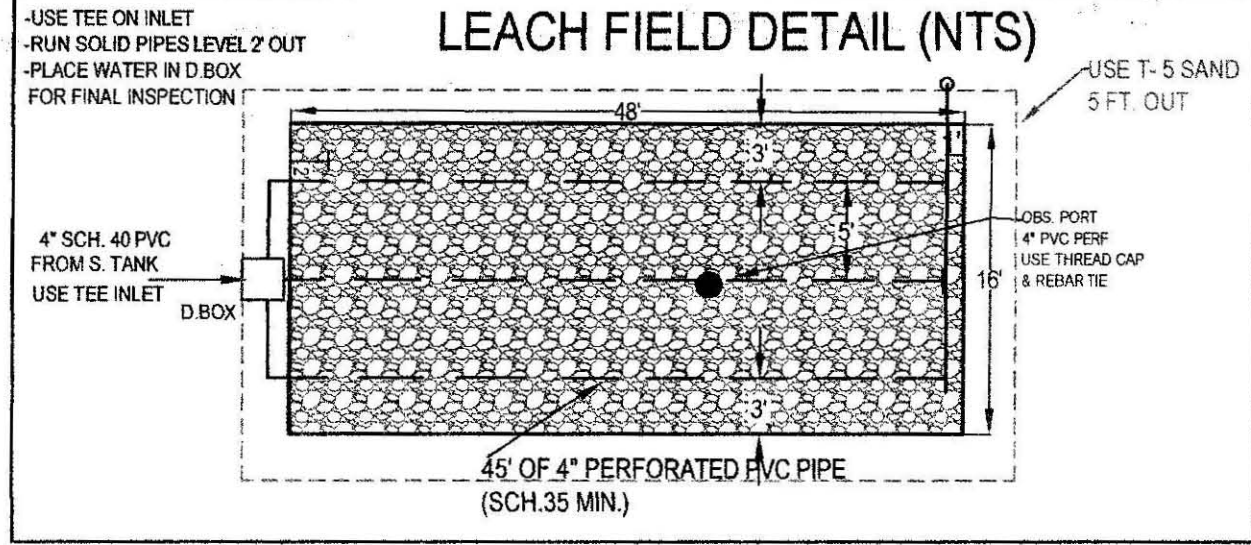
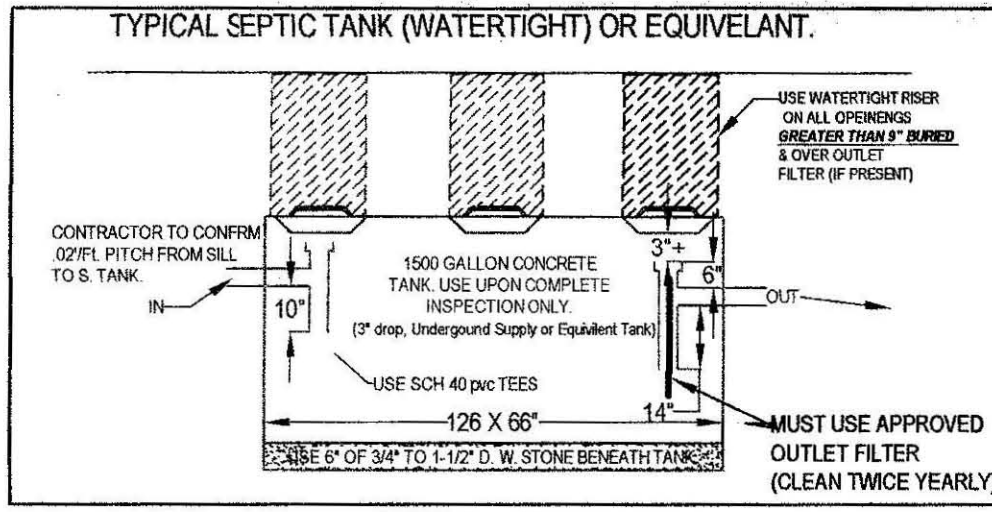


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- TOTAL AREA: 768 SF X .74 GAL/SF = 568 GPD PROVIDED.
- GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
- NO PRIVATE WELLS WITHIN 150 FEET OF SAS. (TOWN WATER)
- NO OTHER WETLANDS WITHIN 100 FEET OF SAS.
- USE NEW S. TANK AS NOTED & MAINTAIN .02 PITCH FROM SILL TO S. TANK  
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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  
7A 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"-1.125") 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.
- FIELD DUE 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 36" MIN. AS NEEDED (INSPECTION REQUIRED).  
- UNDER BED & 15 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 PERC. 42"  
- PERC RATE = .3 MIN / IN.  
- CLASS 1, F. SAND 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.



**TEST PIT LOG:**

TP 1 97.50'				TP 2 ELEV:					
DEPTH	HORIZ	TEXTURE	COLOR (MUNSELL)	MATERIAL	DEPTH	HORIZ	TEXTURE	COLOR (MUNSELL)	MATERIAL
0-8"	A	FSL	10 YR 3.2	FRIABLE	0-8"	A	FSL	10 YR 3.2	FRIABLE, LOOSE
8-32"	Bw	LS	110 YR 4.6	FRIABLE	8-30"	Bw	LS	10 YR 4.6	LOOSE, DRY, F. SANDY
32-136"	C1	FS	2.5 Y 5.3	F. SAND WELL SORTED, SOME SILT	30-80"	C1	FS	2.5 Y 5.3	F. SAND WELL SORTED, SOME SILT
OXIDES: 48-50"				2.5 Y 4.2, 7.5 YR 6.8	OXIDES: 48"				7.5 YR 6.8
EHWT: 418"					EHWT: 48"				
STANDING H2O: NIOT					STANDING H2O: NOT				
WEEPING: 1108"					WEEPING: NOT				
BEDROCK: 1'36"+					BEDROCK: -				

**SEPTIC SYSTEM REPAIR PLAN FOR SILAS AND PATRICIA AXTELL**  
237 MEADOW STREET  
AMHERST, MA

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

PROJ. NO.: (413) 323-5957  
FAX: (413) 323-4916  
DATE: 09.12.2012  
SCALE: 1"=30'

SOIL EVALUATOR:  
A. WEISS, RS  
DATE OF EVALUATION:  
07.10.2012

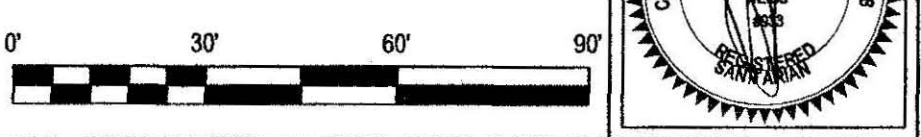
DRAWN BY: ALAN WEISS  
REVISED:

DRAWING NUMBER:  
111-3792--1107

e-Mail: AWEISS@charter.net

**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. UTILTY 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.**





# July 2012 INVOICE

## AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002

DATE: July 10, 2012

*App - 14593  
14594  
14595  
Batch - 510*

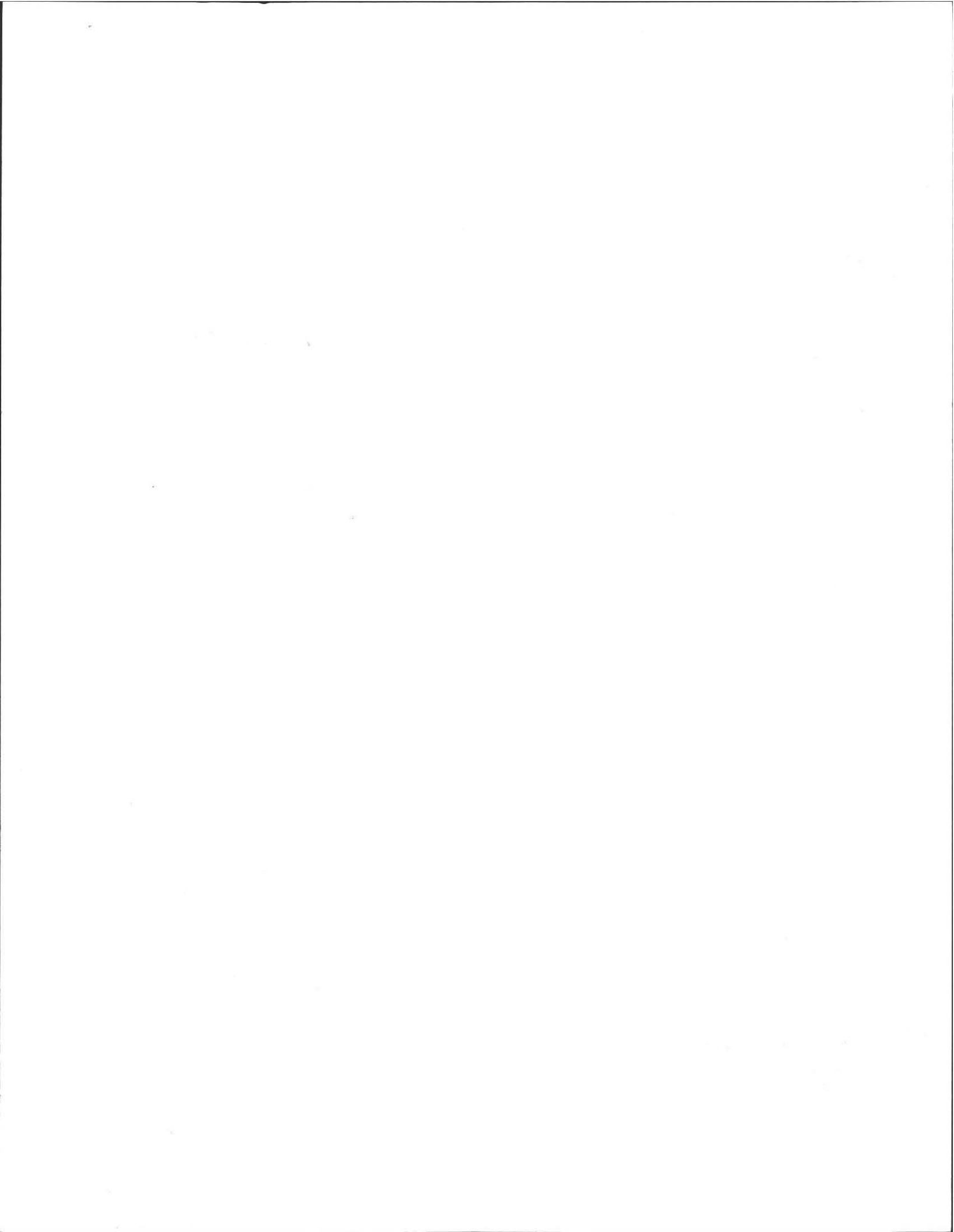
TO C/O Attorney Peter Ziomek  
237 Meadow Street  
Amherst, MA 01002

RE: Invoice for Septic Title V witness & Plan Review

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness (12/22/2011 for 237 Meadow)	\$ 200.00	\$ 200.00
2.00	Perc Test/Soil Evaluation (7/10/2012, 1 for 237 Meadow, 1 for lot to west)	\$ 300.00	\$ 600.00
	this invoice is due - email me if you need separate invoices for each		
	<a href="mailto:smithe@amherstma.gov">smithe@amherstma.gov</a>		
SUBTOTAL			\$ 800.00
SALES TAX			
TOTAL			\$ 800.00



CUST NAME  
4 BOLTWOOD AVENUE  
07/27/12  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 08:53

CUST NAME

0  
DEPT

DE HEA058

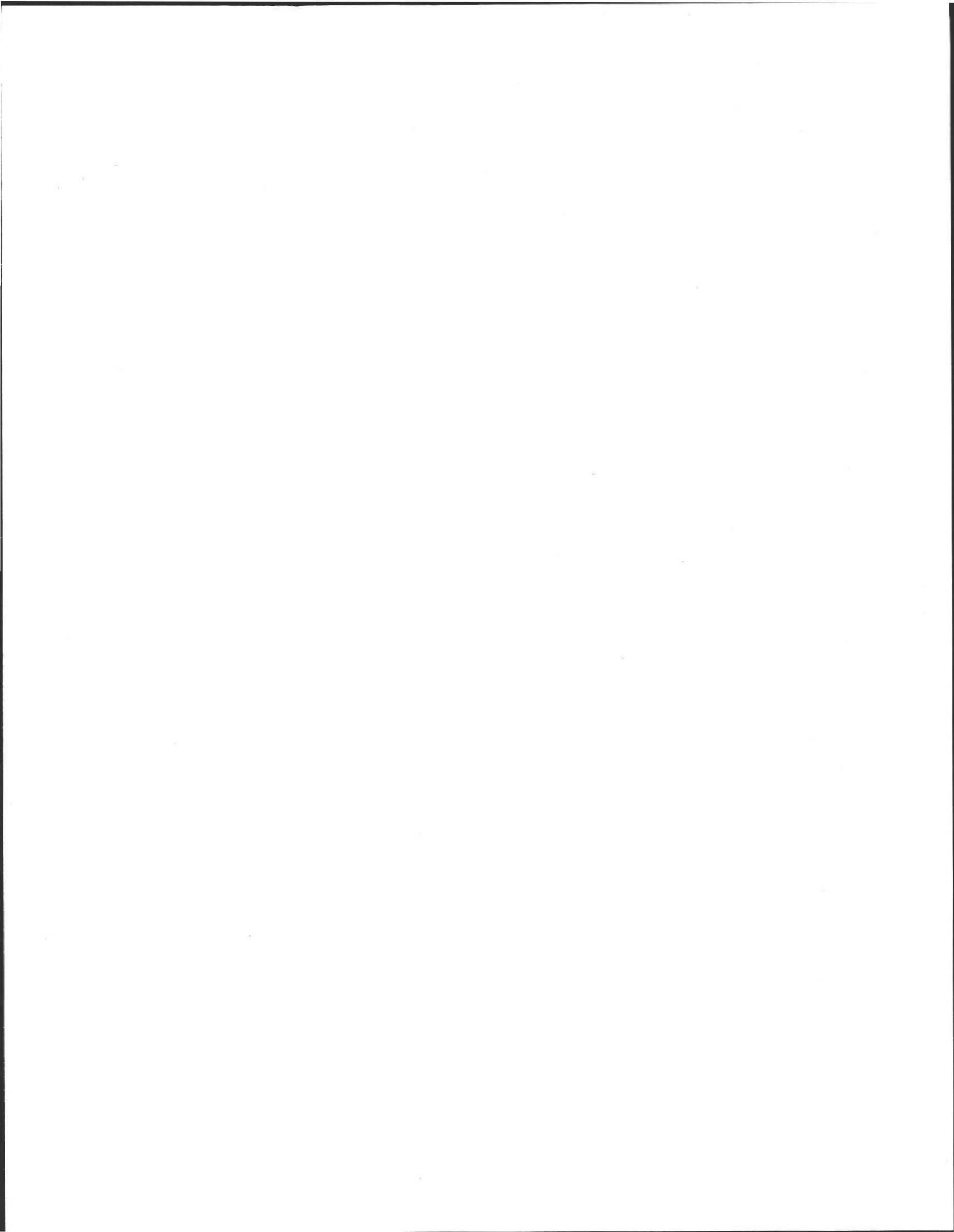
TITLE V WI 200.

RECPT TOTAL

200.00  
S PETER ZI QUA CHECK

1019

AMOUNT



CUST NAME  
4 BOLTWOOD AVENUE  
07/27/12  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 08:59

CUST NAME

0  
DEPT

DE HEA011

PERCOLATIO 300.

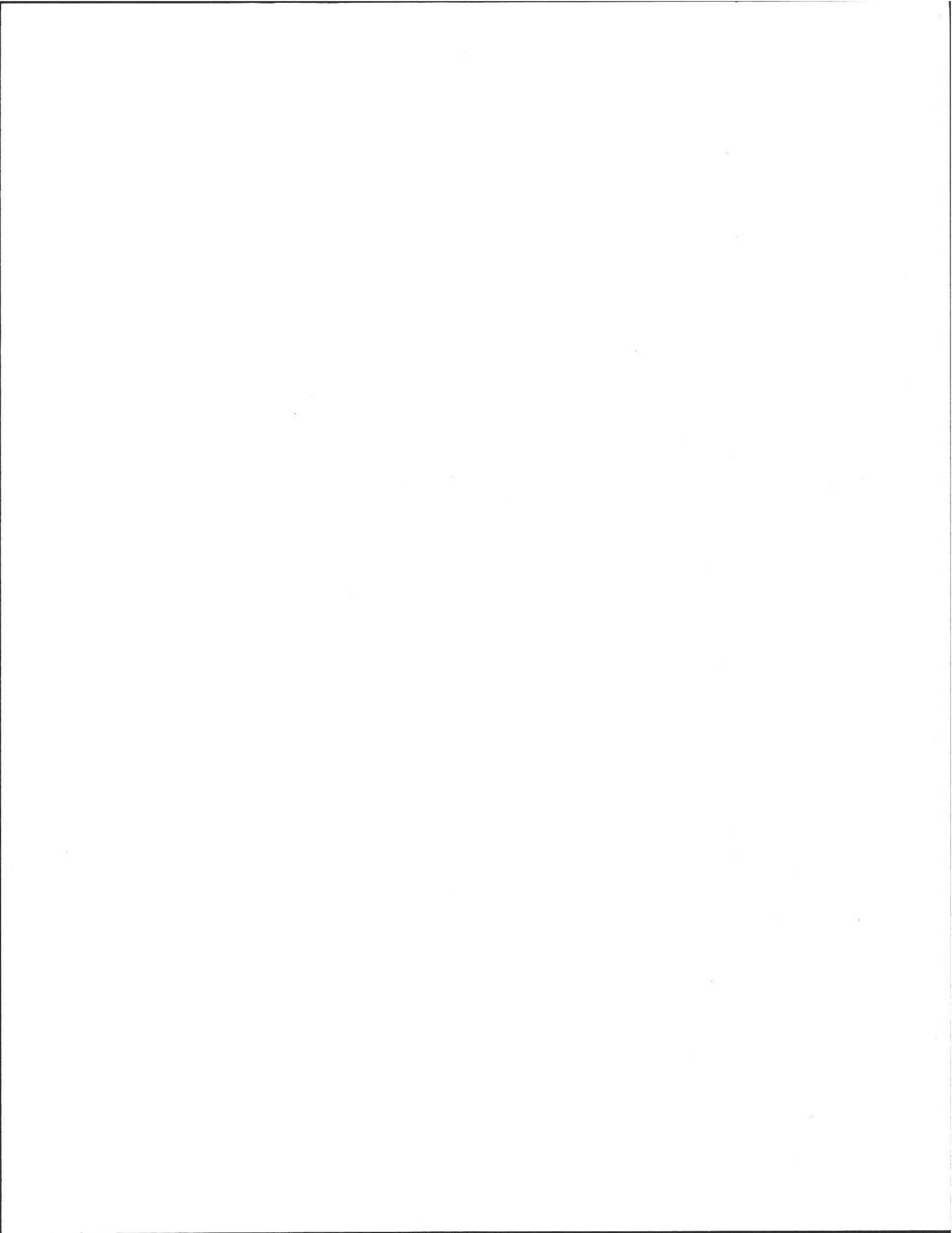
RECPT TOTAL

300.00  
S PETER ZI QUA CHECK

1019

AMOUNT





**Smith, Edmund**

Subject: Perc repair and new lot per  
 Location: 237 Meadow St  
 Start: Tue 7/10/2012 1:30 PM  
 End: Tue 7/10/2012 4:30 PM  
 Recurrence: (none)  
 Meeting Status: Meeting organizer  
 Organizer: Smith, Edmund  
 Required Attendees: esmith@northamptonma.gov

1:15 - 3:45

HEAD OF ACCOUNTING.  
 SWYH 3026  
 259

SOC. SEC. -  
 6200A # 5756704  
 (TOWN OF AMHERST)

w/Alan Weiss; 531-4015

ORIGINAL PROPERTY A 0-10 FSL 10 YR 3/4  
 MOUSE #1 B 10-32 FSL 10 YR 4/6  
 C 32-134 FS (2.5 Y 5/3)  
 (MOUSE 7.5 YR 6/8)  
 RED BROWN MOULDS  
 2.5 Y 4/4

PERC 3" in 8" MINUTES -

MOUSE #2 A 9-12  
 B 12-26  
 C 26-120

STATIC H<sub>2</sub>O 128"

MOUSE #3 A  
 B  
 C  
 (ARTIST FROM  
 MOUSE - BACKHOE  
 BROKE DOWN)

LOT TO WEST OF #237 MEADOW

#1 LAKE SANDS A FSL  
 CLOSEST TO MEADOW (LACOSTRINE) 0-9  
 9-26 B FS/LS granular fine sand  
 26-128 C FS/LS OXIDES @ 36"  
 1

PERC AT 44" START AT 2:25

DEEP HOLE

#3

0 - 11	Ap
11 - 28	Bw
28 - 120	C

STANDING H<sub>2</sub>O 108"  
 SEEPS 100"

	2:58		
	2:56		
PERC @	3:10	9"	11 mins
	3:21	6"	

DEEP HOLE #4

2:43 START SOAK  
PERC AT 41"

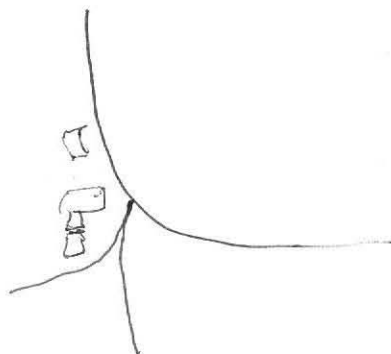
0 - 11	Ap
11 - 26	Bw
26 - 120	C

COLORS SAME  
OXIDES @ 38"

2:46 9"

2:50 12"

3" in 10'





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

Owner information is required for every page.

237 Meadow Street  
 Property Address  
 C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006  
 Owner's Name  
 Amherst, MA 01002 12.22.2011  
 City/Town State Zip Code Date of Inspection

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:  
 Alan E Weiss, M.S. Hydrogeologist, RS # 933  
 Name of Inspector  
 Cold Spring Environmental Consultants Inc.  
 Company Name  
 350 Old Enfield Road  
 Company Address  
 Belchertown MA 01007  
 City/Town State Zip Code  
 413.323.5957 # 738  
 Telephone Number License Number

*Owes TITLE V fee*

**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

*Alan E Weiss*  
 Inspector's Signature                      12.22.2011  
 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.

287 MEADOW STREET



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

237 Meadow Street

Property Address

C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst,

MA

01002

12.22.2011

City/Town

State

Zip Code

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:

Property has 1000 Gal S. tank and leach field of 40+/- yrs, Tank was functional but aged. Leach field lines were old black orangeburg pipe with sludge & staining halfway up in corroded distribution box. Unoccupied 4yrs +/-.

### 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):

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Commonwealth of Massachusetts  
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 Amherst, MA 01002 12.22.2011  
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**B. Certification (cont.)**

**B) System Conditionally Passes (cont.):**

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):
- broken pipe(s) are replaced  Y  N  ND (Explain below):
  - obstruction is removed  Y  N  ND (Explain below):
  - distribution box is leveled or replaced  Y  N  ND (Explain below):

- 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  Y  N  ND (Explain below):
  - obstruction is removed  Y  N  ND (Explain below):

**C) Further Evaluation is Required by the Board of Health:**

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

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

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



Commonwealth of Massachusetts  
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237 Meadow Street

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Owner's Name

Amherst,

MA

01002

12.22.2011

City/Town

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**B. Certification (cont.)**

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

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

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

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

3. Other:

No records avail. at BOH.

**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 checked="" type="checkbox"/> | <input 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

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237 Meadow Street

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C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst,

MA  
State

01002  
Zip Code

12.22.2011  
Date of Inspection

City/Town

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## B. Certification (cont.)

Yes No

Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_.

Any portion of the SAS, cesspool or privy is below high ground water elevation.

Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

Any portion of a cesspool or privy is within a Zone 1 of a public well.

Any portion of a cesspool or privy is within 50 feet of a private water supply well.

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

**The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes

No

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

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

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

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



Commonwealth of Massachusetts  
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Owner's Name

Amherst,

MA

01002

12.22.2011

City/Town

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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:

- | Yes                                 | No                                  |                                                                                                                                                                                                                                                               |
|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health                                                                                                                                                                                   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?                                                                                                                                                                                       |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period?                                                                                                                                                                                         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?                                                                                                                                                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A)                                                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?                                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?                                                                                                                                                                                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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?                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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): 3-4

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



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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237 Meadow Street

Property Address

C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst,

MA  
State

01002  
Zip Code

12.22.2011  
Date of Inspection

## D. System Information

Description:

1000 gallon S. tank and leach field

Number of current residents:

0

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)):

n/a

Detail:

Sump pump?

Yes  No

Last date of occupancy:

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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01002

12.22.2011

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State

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## D. System Information (cont.)

Last date of occupancy/use:

current

Date

Other (describe below):

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

### General Information

#### Pumping Records:

Source of information:

? yrs ago

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

gallons

How was quantity pumped determined?

meas.

Reason for pumping:

inspection failure

#### Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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237 Meadow Street

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C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst,

City/Town

MA

State

01002

Zip Code

12.22.2011

Date of inspection

## D. System Information (cont.)

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

40+/- yrs.

Were sewage odors detected when arriving at the site?

Yes  No

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

Depth below grade:

1.5  
feet

Material of construction:

cast iron

40 PVC

other (explain):

Orangeburg

Distance from private water supply well or suction line:

feet

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

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

Depth below grade:

1.3 ft  
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

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

Yes  No

Dimensions:

8.0' x 4.5' x 4.2'

Sludge depth:

10"



Commonwealth of Massachusetts

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## D. System Information (cont.)

### Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 10"

Scum thickness 4"

Distance from top of scum to top of outlet tee or baffle 4"

Distance from bottom of scum to bottom of outlet tee or baffle 10"

How were dimensions determined? meas.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):  
 Tank was 4" below outlet pipe. Outlet invert had been raised manually to accommodate lack of pitch to Dist. Box.

### Grease Trap (locate on site plan):

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

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: \_\_\_\_\_ Date



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

237 Meadow Street

Property Address

C/O Attorney Peter Ziomek POB 6 Amherst, MA, 01004-006

Owner's Name

Amherst,

MA  
State

01002  
Zip Code

12.22.2011  
Date of Inspection

## 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

na

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

Box corroded with sludge 1/2 way up and into pipes.

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:





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D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 4 line 30+/- ft.
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.):

Sludge into pipes.

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 No



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## D. System Information (cont.)

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

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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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## 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



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**

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

**Site Exam:**

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water: 4+/- (to be determined at repair perc)  
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:

Work in area, deferred to repair

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

work in area (Percs on street)

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

**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



- Property Map**
- Parking Paved
  - Parking Unpaved
  - Driveway Paved
  - Driveway Unpaved
  - Sidewalk
  - Transmittion
  - Paved street adjacent
  - Unpaved street path
  - Bridges
  - Foot Bridge
  - Foot Bridge
  - Rail Bridge
  - Streets
  - Major Roads
  - State Routes
  - Limited Access Highways
  - Multi-lane Hwy, not I
  - Other Numbered Highways
  - Major Road, Collector
  - Minor Road, Postmil
  - Trails
  - Rail Lines
  - Structures
  - Building
  - Construction in progress
  - Construction on Island
  - Deck, Porch, Blah or
  - Mobile home, Trailer
  - Swimming Pool
  - Building Refine
  - Water storage tank
  - Ponds and Streams
  - Major Culverts
  - Hydro Connector
  - Headrests, Floodwalls
  - Water Bodies
  - Dams
  - Ponds & Reservoirs
  - Wetland
  - Forested Wetland

Horizontal Datum: MA Stateplane Coordinate System,  
Zone 4151, Datum NAD83, Feet  
Vertical Datum: NAVD83, Feet

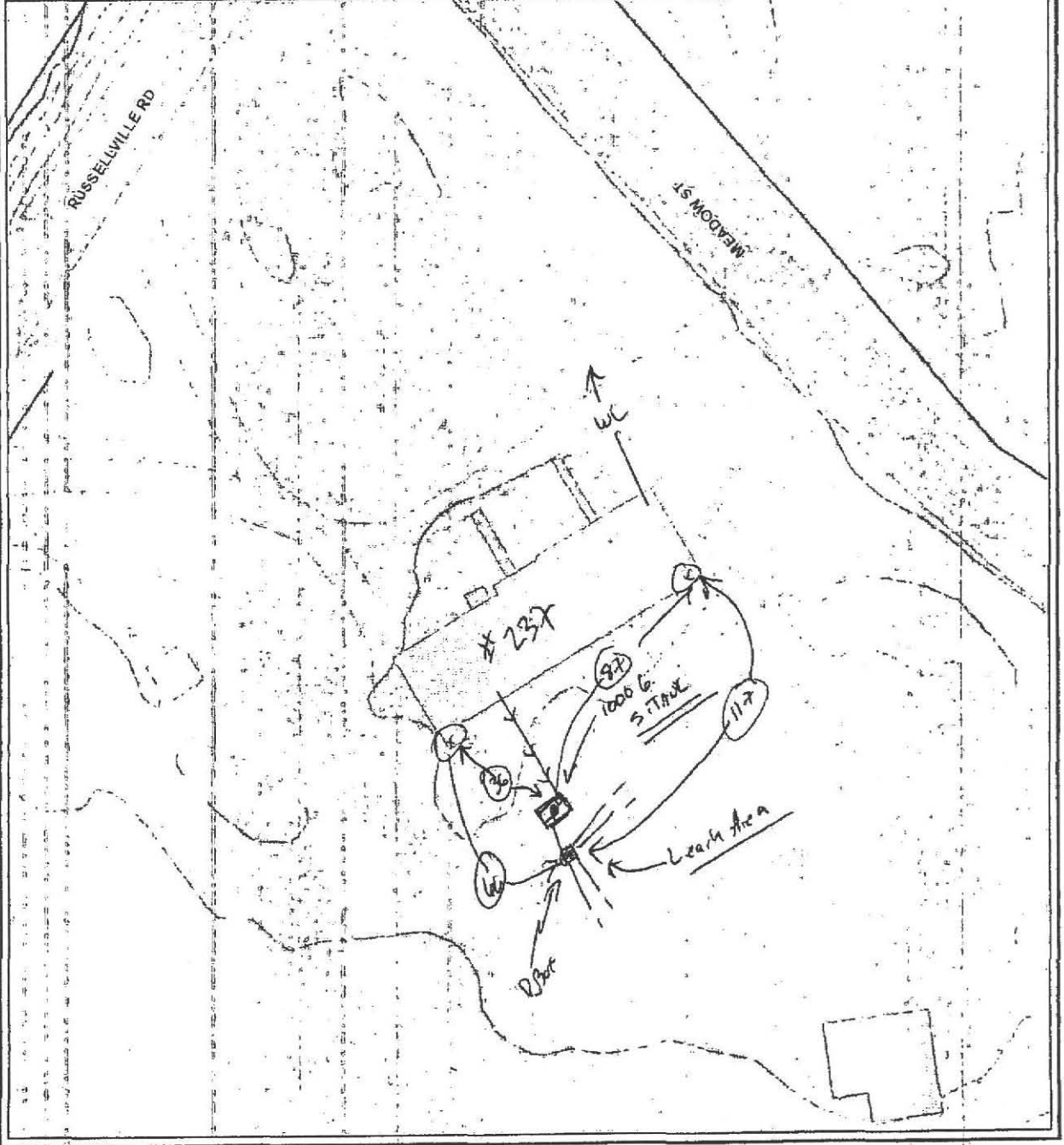
Photography: A topographic base map features compiled  
4 1/2" x 6" sheets, 2008 Aerial Photography.  
Photos compiled to match the base map;  
revisions are ongoing.

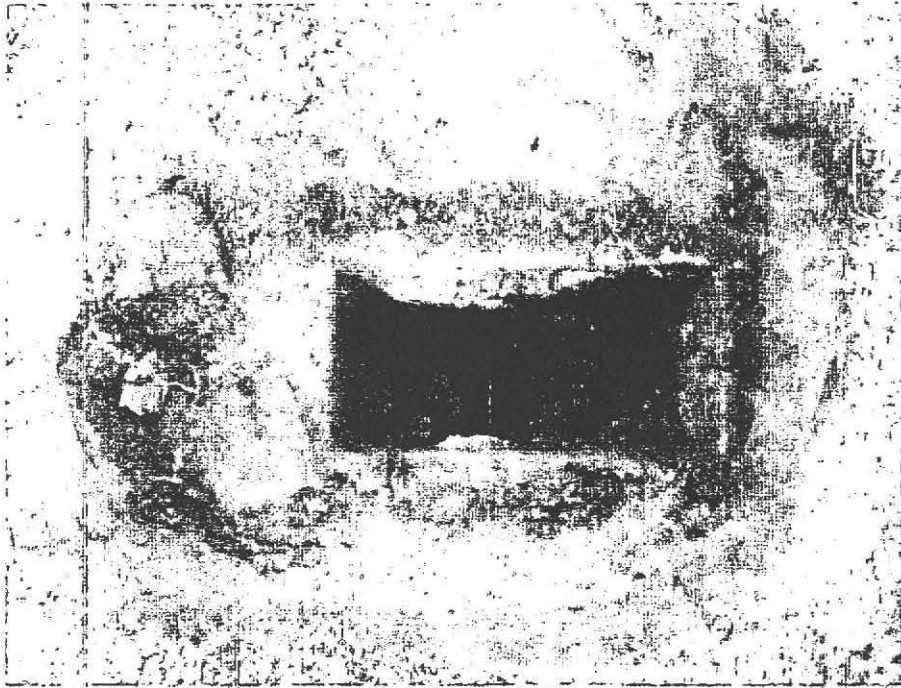
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definition, regulatory purposes, or professional engineering  
design. Users are responsible for verifying the accuracy of  
locations and elevations and require field verification.

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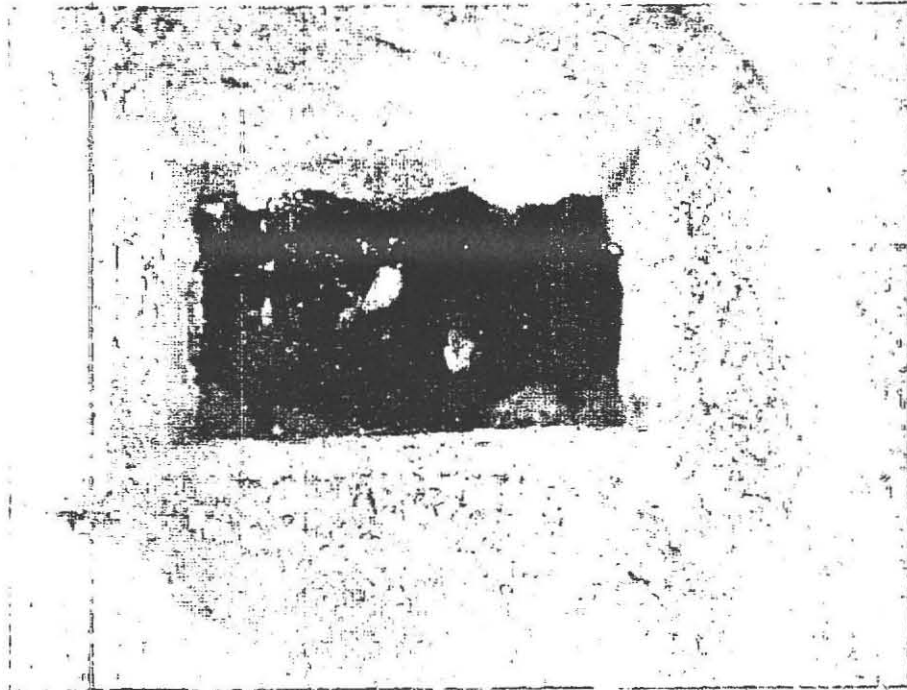
1" = 40 ft

Amherst GIS Viewer December 23, 2011





S. Tank Outlet Baffle.  
237 Meadow Street  
Amherst, MA  
12.22.2011



Sludge in Dist. Box  
237 Meadow Street  
Amherst, MA  
12.22.2011



