Dwelling No. of Bedrooms Garbage Grinder (MO Other Type of Building No. per Persons Showers () Cafeteria (Other Fixtures Somers () Cafeteria (Design Flow 125 × 440 = 550 gallons per day. Calculated daily flow ga Plan Date /019194 Number of sheets Revision Date grid Title SEWAGE DSDSME SYSTEM FOR RUSSEL KOTFILA Doescription of Soil Soft Art S of 17 Nature of Repairs or Alterations (Answer when applicable) Date Art S of 17 Nature of Repairs or Alterations (Answer when applicable) Date inspected: Art Control (Mathematic Code and not to place the system in operation used) Agreement: The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage dis system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation user (Certificate of Compliance has been issued by this Board of Health. Signed Matheway Date Application Disapproved by Date Matheway Mate Matheway Mate Matheway THE COMMONWEALTH OF MASSACHUSETTS Matheway Insector Insector Insector Matheway Saft Saft <th></th> <th></th>		
Application for Pieposal System Construction Pientil Application is hereby made for a Permit to Construct () or Repair (X) an On-site Sewage Disposal System at Image: Seware Disposal System at Dis		
Application is hereby made for a Permit to Construct () or Repair (Y) an On-site Sewage Disposal System at: Location Address or Let No. SAME Detailer Name, Address and Tel No. Detailer Name, Address and Tel No. </th <th>and the second sec</th> <th></th>	and the second sec	
Location Address or Lg. No. Overry Note: Address and Tri No. Display Address and Tri No.	Application for Bisposal	System Construction Permit
SAME Russeu Russeu Sample Sample Insuller's Name, Address, and Tel.No. Designer Min Duke Sample Designer Min Duke Sample Sample Sample Type of Building: Duelling No. of Bedrooms Garbage Grinder (A)O Other Sample Garbage Grinder (A)O Other Type of Building: No. per Persons Showess () Calleteria (Calleteria (Other Fixtures ga Design Flow, "1.55 * ytep: 550 galloms per day. Calculated daily flow ga ga Plin Date is 75 * ytep: 550 galloms per day. Calculated daily flow ga Description of Soil Sample Call System First First Signed Garbage Grinder (A)O Garbage Grinder (A)O System in accordance with the provisions of Title 50 fb Bescheronemental Code and not to place the system in operation user the construction and maintenance of the aforedescribed on-site sewage dia system in accordance with the provisions of Title 50 fb Environmental Code and not to place the system in operation user for a site of the Bowlean of the abit. Application Approved by Date Date Application Approved for the following reasons MassAchusettrs Amburg MassAchusettrs MassAchusettrs Application Approved by Date Issued MassAchusettrs	Application is hereby made for a Permit to Construct ()	or Repair (*) an On-site Sewage Disposal System at:
AMMEEST MA OIGE Installer's Name, Address, and Tel.No. Design Forman Tel.No. 943-645-7420 Develling Carbage Grinder (MO Other Type of Building No. prep of Building No. prep Grinder (MO Other Type of Building No. prep of Building No. prep Grinder (MO Other Type of Building No. prep of Building No. prep Grinder (MO Other Type of Building Design Flow 125 × 1400 = 35.0 Beign Flow 125 × 1400 = 35.0 Design Flow 125 × 1400 = 35.0 Design Flow 125 × 1400 = 35.0 Design Flow 125 × 1400 = 30.0 Design Flow 125 × 1400 = 30.0 <tr< td=""><td></td><td>RUSSELL KOTFILM 253-7378</td></tr<>		RUSSELL KOTFILM 253-7378
Installer's Name, Address, and Tel. No. Designer's Name, Address, and Tel. No. 9473-645-74750 Designer's Name, Address, and Tel. No. 9473-645-74750 Designer's Name, Address, and Tel. No. 9473-645-74750 Type of Building: Devine E - KeA7455 Jour Destance Address, and Tel. No. 9473-645-74750 Devine E - KeA7455 Jour Destance Address, and Tel. No. 9473-645-74750 Devine E - KeA7455 Devine E - KeA7455 Jour Destance Address, and Tel. No. 9473-645-74750 Devine E - KeA7455 Devine E - KeA7455 Devine E - KeA7455 Jour Destance Address, and Tel. No. 9473-6456-74750 Design Flow 1.75 × 940 = 5.50 gallons per day. Calculated daily flow ga Plan Date 1.61 / 944 Number of sheets E - Revision Date Trite Several Wardsel for on 941 Several Wardsel Address and Tel. No. 9473-6456-957804 Nature of Repairs or Alterations (Answer when applicable) Date Martinger Several Wardsel Address and Tel. No. 9473-6456-95804 Application Dise Several Varian Wardsel Address and Tel. No. 9473-6456-95804 Application Approved by Sub Ward Tel. Address and Tel. No. 9473-6456-95804 Date Issued Jour Martinger Several Varian Wardsel Address and Tel. No. 9473-6456-95804 Application Approved by Date Date Jour Martinger Several Variand Variand Variande Variande Variande Variande Variande		
102 RUSSELL ST. Type of Building: Dwelling No. of Bedrooms 4 Garbage Grinder (MO Other Type of Building No. per Persons Showers () Cafeteria (Other Fixtures Design Flow 125 4 440 - 550 Bail Start For Parsons Plan Date 10/97/94 Number of sheets Revision Date The SewAde DSPOSAL BYSTAR FOR FORSELL KOTFALA Description of Soil Sa lega Show 4 5 Sql T System of Repairs or Alterations (Answer when applicable) System in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation of Certificate of Compliance has been issued by this Board of Health. Signed Matheway Application Approved by Date Application Disapproved for the following reasons Interprovisions of Title 5 and the for Disposal System in acondance with the provisions of Title 5 and the for Disposal System in conditioned on compliance with the provisions of Title 5 matheway Matheway Date Application Disapproved by Date Application Disapproved by Date Matheway Matheway THE COMMONWEALTH OF MASSACHUSETTS Matheway <	Installer's Name, Address, and Tel.No.	Designer's Name, Address and Tel. No. 413-665-7670
Type of Building: One Ype of Building No. or Persons Showers () Cafeteria (Other Other Fixtures No. per Persons Showers () Cafeteria (Design Flow 125 4 Y40 - 550 gallons per day. Calculated daily flow ga Plan Date 10/9/94 Number of sheets Revision Date ga The SewAded DSPOSM SysTeth FOR FOR State. KOTFAA Description of Soil Sale Lega Sola 4 / Sola Nature of Repairs or Alterations (Answer when applicable) Sola Lega Sola Lega System in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation of the alter the system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation of Certificate of Compliance has been issued by this Board of Health. Signed		102 RUSSELL ST.
Other Type of Building No. per Persons Showers () Cafeteria (Other Fixtures gallons per day. Calculated daily flow ga Plan Date 10/9/94 Number of sheets Revision Date gallons per day. The SEMAGE DISDOSAL SYSTEM POLE REVISED KOTPELA Revision Date gallons per day. Galetain Description of Soil See Lega Sheets 4/4 S. Scill. KOTPELA Revision Date gallons per day. Nature of Repairs or Alterations (Answer when applicable) Status of Calcular day. Galetain Galetain Nature of Repairs or Alterations (Answer when applicable) Status of Calcular day. Galetain Galetain Nature of Repairs or Alterations (Answer when applicable) Status of Calcular day. Galetain Galetain Nature of Repairs or Alterations (Answer when applicable) Status of Calcular day. Galetain Galetain Note fast inspected: Status of Calcular day. Galetain Galetain Galetain Application Approved by Date Date Massachusettrs Application Approved for the following reasons Massachusettrs Massachusettrs Matheast Massachusettrs	Type of Building:	the second state of the second state of the
Other Fixtures gallons per day. Calculated daily flow ga Pian Date 1097094 Number of sheets Revision Date gallons per day. Title SEWMAG DSPOSAL SYSTAM FOR FUSSELL KOTFMA Revision Date Title SEWMAG DSPOSAL SYSTAM FOR FUSSELL KOTFMA Revision Date Description of Soil See Lega Schools Y & Sog (17) Nature of Repairs or Alterations (Answer when appliciple) Schools Y & Sog (17) Nature of Repairs or Alterations (Answer when appliciple) Schools Y & Sog (17) Nature of Repairs or Alterations (Answer when appliciple) Schools Y & Sog (17) Nature of Repairs or Alterations (Answer when appliciple) Schools Y & Sog (17) Date last inspected: Schools Y & Sog (17) Date last inspected: Schools Schools Y & Sog (17) Application Approved by Soft Compliance Date Application Disapproved for the following reasons Permit No. 96 - 15 Date Issued MasSACHUSETTS MasSACHUSETTS Application Approved by Calteratificate shall not be construction Construction Permit No. Schools Sch	Dwelling No. of Bedrooms	Garbage Grinder (MO No. per Persons Showers () Cafeteria (
Plan Date 10/9/94 Number of sheets Revision Date The SEWAGE DISPOSAL SYSTEM FOR RUSELL KOTFAA Description of Soil See Legs Sheeb 4 * S g 17 Nature of Repairs or Alterations (Answer when applicable) Required Workupsa Lenge Sheeb 4 * S g 17 Nature of Repairs or Alterations (Answer when applicable) Required Workupsa Lenge Sheeb 4 * S g 17 Date last inspected: Agreement: 1 The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage dis system in accordance with the provisions of Ticle 5 of the Environmental Code and not to place the system in operation u Certificate of Compliance has been issued by this Board of Health. Signed Action The Soft of the forward and the for Disposal System in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 76-75 No. 96-75 No. 96	Other Fixtures	
Description of Soil Ser less shock 4 * S of 17 Nature of Repairs or Alterations (Answer when applicable) Source were been of the provided to the Struct of the Struct of the sevent of the approximation of the sevent of	Design Flow $\frac{123 \times 940 = 550}{12101}$ gallons per day.	Calculated daily flow galle
Description of Soil Ser less shock 4 * S of 17 Nature of Repairs or Alterations (Answer when applicable) Source were been of the provided to the Struct of the Struct of the sevent of the approximation of the sevent of	Plan Date 1019196 Number of si Title SEWAGE DISPOSAL SYSTEM FOR	Revision Date
Nature of Repairs or Alterations (Answer when applicable) Signed Signed Argement: The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage dis system in acordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation to Certificate of Compliance has been issued by this Board of Health. Signed		
Secure waves for of a provider to ESKWT. # Bollon of feet for periods and the Security of the Environmental Code and not to place the system in operation to Certificate of Compliance has been issued by this Board of Health. Signed for periods are seen on some the construction and maintenance of the aforedescribed on-site sewage dissystem in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation to Certificate of Compliance has been issued by this Board of Health. Signed for the following reasons		40
Secure waves for of a provider to ESKWT. # Bollon of feet for periods and the Security of the Environmental Code and not to place the system in operation to Certificate of Compliance has been issued by this Board of Health. Signed for periods are seen on some the construction and maintenance of the aforedescribed on-site sewage dissystem in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation to Certificate of Compliance has been issued by this Board of Health. Signed for the following reasons	Nature of Renairs or Alterations (Answer when applicable)	
Agreement:	Request waver In a 4' separation	to ESH.W.T.
Agreement:	& bollom of field for sere. & dio	mater C
The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage dissystem in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation of Certificate of Compliance has been issued by this Board of Health. Signed	Date last inspected.	
Permit No. 96-15 Date Issued THE COMMONWEALTH OF MASSACHUSETTS Ambrast MASSACHUSETTS Ambrast MASSACHUSETTS Certificate of Compliance THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced (Ton		
THE COMMONWEALTH OF MASSACHUSETTS Ambuss MASSACHUSETTS MASSACHUSETTS Detrificate of Compliance THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced (for	Application Disapproved for the following reasons	
THE COMMONWEALTH OF MASSACHUSETTS Ambuss MASSACHUSETTS MASSACHUSETTS Detrificate of Compliance THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced (for	Contraction of the second s	-1072
THE COMMONWEALTH OF MASSACHUSETTS Ambuss MASSACHUSETTS MASSACHUSETTS Detrificate of Compliance THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced (for	Permit No. 76-15	Date Issued
Ambras MASSACHUSETTS Certificate of Compliance THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced () on	and the second second second and the second s	and a second design and the second
Certificate of Compliance THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced () on		
THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced () on	THE COMMONWEALT	H OF MASSACHUSETTS
accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. <u>76-4</u> . Use of this system is conditioned on compliance with the provisions set forth b The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. Certificate expires on <u>1111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Free <u>111147</u> Free <u>111147</u> Free <u>111147</u> Free <u>111147</u> Inspector <u>111147</u> Free <u>111147</u> Inspector <u>111147</u> Free <u>111147</u> Inspector <u>111147</u> Free Free <u>111147</u> Free <u>111147</u> Free Free <u>111147</u> Free Free Free Free Free Free Free Fre	THE COMMONWEALT Ambers T	H OF MASSACHUSETTS
accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. <u>76-4</u> . Use of this system is conditioned on compliance with the provisions set forth b The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. Certificate expires on <u>1111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Inspector <u>111147</u> Free <u>111147</u> Free <u>111147</u> Free <u>111147</u> Free <u>111147</u> Inspector <u>111147</u> Free <u>111147</u> Inspector <u>111147</u> Free <u>111147</u> Inspector <u>111147</u> Free Free <u>111147</u> Free <u>111147</u> Free Free <u>111147</u> Free Free Free Free Free Free Free Fre	THE COMMONWEALT Ambers T Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp	TH OF MASSACHUSETTS MASSACHUSETTS of Compliance posal System installed () or repaired/replaced () on
Certificate expires on Inspector Inspec	THE COMMONWEALT Am hers T Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp	TH OF MASSACHUSETTS MASSACHUSETTS of Compliance posal System installed () or repaired/replaced () on
Certificate expires on Inspector Inspec	THE COMMONWEALT <u>Ambers</u> Certificate THIS IS TO CERTIFY, that the On-site Sewage Disp at <u>388</u> <u>Middle</u> <u>Strue</u> accordance with the provisions of Title 5 and the for Dispo	TH OF MASSACHUSETTS
THE COMMONWEALTH OF MASSACHUSETTS No. 96-15 Amkast, Massachusetts Fee	THE COMMONWEALT Ambers T Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp at by at 55 middle Street accordance with the provisions of Title 5 and the for Dispo Use of this system is a The issuance of this certificate shall not be construed	A OF MASSACHUSETTS MASSACHUSETTS of Compliance bosal System installed () or repaired/replaced () on for has been constructed sal System Construction Permit No da conditioned on compliance with the provisions set forth bel as a guarantee that the system will function as designed. T
No. <u>76-15</u> <u>Amhast</u> , MASSACHUSETTS FEE <u>Disposal System Construction Permit</u> Permission is hereby granted to <u>Reast Morria</u> to construct () or repair () an On-site Sewage System located at <u>388 middle ST</u> and as described in the above Application for Disposal System Construction Permit. The applicant recognizes hi duty to comply with Title 5 and the following local provisions or special conditions. All construction must be completed within three years of the date below.	THE COMMONWEALT Ambers T Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp at by at 55 middle Street accordance with the provisions of Title 5 and the for Dispo Use of this system is a The issuance of this certificate shall not be construed	A OF MASSACHUSETTS MASSACHUSETTS of Compliance bosal System installed () or repaired/replaced () on for has been constructed sal System Construction Permit No da conditioned on compliance with the provisions set forth bel as a guarantee that the system will function as designed. T
No. <u>76-15</u> <u>Amhast</u> , MASSACHUSETTS FEE <u>Disposal System Construction Permit</u> Permission is hereby granted to <u>Reast Morria</u> to construct () or repair () an On-site Sewage System located at <u>388 middle ST</u> and as described in the above Application for Disposal System Construction Permit. The applicant recognizes hi duty to comply with Title 5 and the following local provisions or special conditions. All construction must be completed within three years of the date below.	THE COMMONWEALT Ambers T Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp at by at 55 middle Street accordance with the provisions of Title 5 and the for Dispo Use of this system is a The issuance of this certificate shall not be construed	A OF MASSACHUSETTS MASSACHUSETTS of Compliance bosal System installed () or repaired/replaced () on for has been constructed sal System Construction Permit No da conditioned on compliance with the provisions set forth bel as a guarantee that the system will function as designed. T
Disposal System Construction Permit Permission is hereby granted to <u>Reason Morria</u> to construct () or repair () an On-site Sewage System located at <u>388 middle st</u> Anthe st and as described in the above Application for Disposal System Construction Permit. The applicant recognizes hi duty to comply with Title 5 and the following local provisions or special conditions. All construction must be completed within three years of the date below.	THE COMMONWEALT Ambews r Certificate u THIS IS TO CERTIFY, that the On-site Sewage Disp	MASSACHUSETTS MASSACHUSETTS osal System installed () or repaired/replaced () on for has been constructed sal System Construction Permit No da conditioned on compliance with the provisions set forth bel as a guarantee that the system will function as designed. The Inspector Mathematical Construction and the system will function as designed. The Massachusetter is a set of the system will function as designed. The Massachusetter is a set of the system will function as designed. The Massachusetter is a set of the system will function as designed. The system will funct be as a system will funct be as as a system will funct be as a system will funct be as
Permission is hereby granted to <u>Reason Morrein</u> to construct () or repair () an On-site Sewage System located at <u>388 middle ST</u> And us described in the above Application for Disposal System Construction Permit. The applicant recognizes hi duty to comply with Title 5 and the following local provisions or special conditions. All construction must be completed within three years of the date below.	THE COMMONWEALT Ambers T Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp at by at by at STME T accordance with the provisions of Title 5 and the for Dispo Use of this system is a The issuance of this certificate shall not be construed Certificate expires on DATE THE COMMONWEALT	MASSACHUSETTS MASSACHUSETTS MASSACHUSETTS osal System installed () or repaired/replaced () on for has been constructed sal System Construction Permit No da conditioned on compliance with the provisions set forth bel as a guarantee that the system will function as designed. T Inspector MARL HOF MASSACHUSETTS
Amkus Miss and as described in the above Application for Disposal System Construction Permit. The applicant recognizes hi duty to comply with Title 5 and the following local provisions or special conditions. All construction must be completed within three years of the date below.	THE COMMONWEALT Ambass Certificate to THIS IS TO CERTIFY, that the On-site Sewage Disp at 388 Middle The Strue T accordance with the provisions of Title 5 and the for Dispo Of this certificate shall not be construed Certificate expires on DATE THE COMMONWEALT No. 96-15	MASSACHUSETTS
duty to comply with Title 5 and the following local provisions or special conditions. All construction must be completed within three years of the date below.	THE COMMONWEALT Ambrass Certificate a THIS IS TO CERTIFY, that the On-site Sewage Disp at 388 Middle Strue at 388 Middle The Strue accordance with the provisions of Title 5 and the for Dispo Attack Strue The issuance of this certificate shall not be construed Certificate expires on DATE THE COMMONWEALT No. 76-15 Michael System DATE DATE THE COMMONWEALT No. 76-15 Michael System	MASSACHUSETTS MASSACHUSETTS MASSACHUSETTS osal System installed () or repaired/replaced () on for has been constructed sal System Construction Permit No da conditioned on compliance with the provisions set forth bel as a guarantee that the system will function as designed. The Inspector
	THE COMMONWEALT Ambers 1 Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp by THIS IS TO CERTIFY, that the On-site Sewage Disp by at	MASSACHUSETTS MASSACHUSETTS
	THE COMMONWEALT Ambews T Certificate of THIS IS TO CERTIFY, that the On-site Sewage Disp by at	HOF MASSACHUSETTS MASSACHUSETTS and Compliance bosal System installed () or repaired/replaced () on for has been constructed sal System Construction Permit No da conditioned on compliance with the provisions set forth bel as a guarantee that the system will function as designed. The inspector massachusetts , MASSACHUSETTS , MASSACHUSETTS , MASSACHUSETTS , MASSACHUSETTS , MASSACHUSETTS

Application for Flag next Structure for the Second United in Second International Content of Second International Content

012 340

pe of Building: Developing No. of Beeligoms */ Colore of Bluding

Total and the second of the second barries and the second barries an

The indexigned agree is arein the an order could informate of the drive device of the drive of a build and a country of presiresten is accordance with helphyridium of the 2 of the behavior and a drive of the extension perdication with a for floats of four dimee has been issued by the could be light.

Supple in the second second

an e a deservation an eles a second a second de la second

THE CONNENS OF THOP MARTING STITE

WA WARD

consideration to meaning and

TUIS IS TOLERSTIFF, that the Questic Sewage Domain Strengt of the

(a) and (b) and (c) and (c)

The bounder of the cartificate shall not be construct as a guarantee that the sate will function we designed.

TRUNCA SEXM

Bispinant Spatien Construction Press

e enterion, la nordoly μratility en o enterior () en sujuir () - 11 - 21-64te > 1, sue o enterior () en sujuir () - 11 - 21-64te > 1, sue

nd or described in the above Anifosities are Displayed by an elastronic ten. For a however, or prairies in the result sounds with Title Stard the following is all previous of specific conditions.

When a the second set within the second set in the second se



AMHERST Massachusetts

TOWN HALL **4 BOLTWOOD AVENUE** AMHERST, MA. 01002-2351 INSPECTION SERVICES DEPARTMENT Phone (413) 256-4030

October 29, 1996

Board of Health Members To:

David Zarozinski, Sanitarian From:

Therefore, I would support this request.

Variance request for a failed septic system at 388 Middle Re: Street Amherst, Massachusetts.

Mr. and Mrs. Russell Kotfila of 388 Middle Street Amherst Mass. are requesting a variance to Title V Regulation 15.212 (b) DEPTH To Ground Water. (copy enclosed)

On October 2, 1996 Mr. David Keates, Civil Engineer conducted a percolation test at this site. The perc test witnessed by me had a rate of less than two (2) minutes per inch with a ground water at (38) thirty - eight inches. The new regulation of a five (5) foot separation would not allow the engineer to meet the side slope requirements. The waiver would allow a four (4) foot separation to the water table and the system will meet the Town requirement of twenty - five percent larger than required by the State. Also, town water is available.



A . 10/24/96 To: Amkerst B.C.H. all David Zaroyenski Town Hall 4 Baetwood Aue Amberst, MA 0 1002-2351 RE Kussell Kothely Septer System 355 middlest Amberst, MA Request usaiver of 5' separation to water table for perc 22 min / . . 4.0 provided 5 separation would result in too much fil and side slope distances could not be metty due to site constrants. Site has Tony water. Majority of treatment is provided in the first 2 feet in a said field system. David & Kato PROJECT Shee: of David E. Keates, P.E. Consulting Civil Engine 102 Russell Street



10/24/96 To: Amkest B.C.H Town Hall 4 Bactwood Ave Amberst MA 0 1002-235, DE Russell Koth Request usainer or 5' seguration to water Table for perc 22 min /in. - 0". and side stope distances could not be met due to site constrants, Sile has Town Mayority of treatment is provided in the final David & Kato David E. Keates. **Consulting** Civil Engine 102 Russell Street Sunderland, MA 01375 Tel: 413-665-7670



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

Property Address: 288 Middle St. Amherst, MA	
Owner's Name: <u>Marina Jaffe</u> Owner's Address: <u>288 Middle Street</u> Amherst, MA 01002 388	Ca
Date of Inspection: July 07, 2003 (Revised)	100
Name of Inspector: Alan E. Weiss, R.S # 933	4
Company Name: Cold Spring Environmental Inc.	
Mailing Address: 350 Old Enfield Road	
Belchertown, Massachusetts 01007	
Telephone Number: (413) 323-5957 fax: 413-323-4916	

CERTIFICATION STATEMENT

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

XX Passes Conditionally Passes Needs Further Evaluation by the Local Approving Authority Fails **Inspector's Signature:** Date: July 02 & 07, 2003

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

Notes and Comments:

Septic Tank & leaching area was in good condition upon inspection. D Box was found level and functional. Pump/Pump Chamber operation was repaired by plumber. Inspections found, all levels/stains & baffles were ok. We found septic system be operational per 1996 plans. System is 7+/- years old. <u>Note</u>: An alarm is recommended on the pump chamber. Sewer is located in Street.

****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 different conditions of use.

5 × 1

725

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

Property Address: _	280 middle ST.	_

Owner: Jaffe Date of Inspection: Z 2 03

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

A. System Passes:

16.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B. System Conditionally Passes:

No One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

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

ND explain:

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

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

distribution box is leveled or replaced

ND explain:

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

broken pipe(s) are replaced obstruction is removed

ND explain:

2

.

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

Property Address: 288 Middle ST

Owner: Jaffe Date of Inspection: 7/2/03

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

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

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

Cesspool or privy is within 50 feet of a surface water

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

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

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

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

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

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

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

3. Other:

1 . Page 4 of 11

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

Property Address: _	208 Middle ST
Owner:	Jaffe'
Date of Inspection:	7/2/07

D. System Failure Criteria applicable to all systems:

You must indicate "yes" or "no" to each of the following for all inspections:

\$7	»T.
res	N

- Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
- ____ Mo Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
- $\frac{N_{0}}{N}$ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
- Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____.
- Any portion of the SAS, cesspool or privy is below high ground water elevation.
- Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- _____ No Any portion of a cesspool or privy is within a Zone 1 of a public well.
- **No** Any portion of a cesspool or privy is within 50 feet of a private water supply well.
 - ▲ No portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]

No (Yes (10) The system <u>fails</u>. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:

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

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

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

yes no

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

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

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

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



Page 5 of 11

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

Property Address:	288	Midd	6	ST	
-------------------	-----	------	---	----	--

Owner: Jate of Inspection: Take

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

Yes	No
	120 C C C C

- Pumping information was provided by the owner, occupant, or Board of Health
- ____ No Were any of the system components pumped out in the previous two weeks?
- 929 Has the system received normal flows in the previous two week period?
- ____ Have large volumes of water been introduced to the system recently or as part of this inspection ?
- Yes ____ Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- 4e5 ____ Was the facility or dwelling inspected for signs of sewage back up ?
- Yes ____ Was the site inspected for signs of break out ?
- Were all system components, excluding the SAS, located on site?

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

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

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

Yes no

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

 \mathcal{Y}^{es}_{cs} Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]



Page 6 of 11

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

Property Address: 288 Middl ST
Owner: Jaffree
Date of Inspection: 7/2/03
FLOW CONDITIONS FLOW CONDITIONS Number of bedrooms (actual): $\underline{4}$ Number of bedrooms (design): $\underline{4}$ Number of bedrooms (design): $\underline{4}$ Number of bedrooms (design): $\underline{4}$ Number of current residents: $\underline{5}$ Does residence have a garbage grinder (yes or no): $\underline{40}$ Is laundry on a separate sewage system (yes or no): $\underline{10}$ Laundry system inspected (yes or no): $\underline{10}$ Seasonal use: (yes or no): $\underline{10}$ Water meter readings, if available (last 2 years usage (gpd)): $\underline{10}$ Sump pump (yes or no): $\underline{10}$ Last date of occupancy: $\underline{10}$
COMMERCIAL/INDUSTRIAL Type of establishment: NA Design flow (based on 310 CMR 15.203): gpd Basis of design flow (seats/persons/sqft,etc.): gpd Grease trap present (yes or no):
OTHER (describe):
GENERAL INFORMATION Pumping Records Source of information:
TYPE OF SYSTEM Septic tank, distribution box, soil absorption system Single cesspool Overflow cesspool Privy Shared system (yes or no) (if yes, attach previous inspection records, if any) Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) Tight tank Attach a copy of the DEP approval
Other (describe):
Approximate age of all components, date installed (if known) and source of information:
Were sewage odors detected when arriving at the site (yes or no): $\underline{\mathcal{N}_{\mathcal{O}}}$



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

Property Address: 288 Middle St-
Owner: Jaffe
Date of Inspection: 7267
BUILDING SEWER (locate on site plan)
Depth below grade: 12"
Depth below grade: <u>12''</u> Materials of construction: <u>cast iron</u> <u>40 PVC</u> other (explain):
Distance from private water supply well or suction line: 10'+
Comments (on condition of joints, venting, evidence of leakage, etc.):
SEPTIC TANK: <u>Ye</u> ?(locate on site plan)
Depth below grade: 12 "
Material of construction: <u>concrete</u> metal fiberglass polyethylene other(explain)
If tank is metal list age: Is age confirmed by a Certificate of Compliance (yes or no): (attach a copy of
certificate)
Dimensions: $ic' \times 5' \times 4.5'$ Sludge depth: $5''$
Distance from top of sludge to bottom of outlet tee or baffle: $\underline{\gamma}6^{\prime\prime}$
Scum thickness:
Distance from top of scum to top of outlet tee or baffle: $5'$
Distance from bottom of scum to bottom of outlet tee or baffle: <u>12</u> "
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.):
Gon Condition: Small gap at outlet the (enerted by Kart's
as related to outlet invert, evidence of leakage, etc.): <u>600</u> D Condition; Small gap at outlet the (enerted by Kort's - INLECT has backfull -
1
GREASE TRAP: $M_{\underline{q}}(\text{locate on site plan})$
Depth below grade:
Material of construction:concretefiberglasspolyethyleneother
(explain):
Dimensions: Scum thickness:
Distance from top of scum to top of outlet tee or baffle:
Distance from bottom of scum to bottom of outlet tee or baffle:
Date of last pumping:
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels
as related to outlet invert, evidence of leakage, etc.):



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)
Property Address: 288 Middle 57
Owner: Jaflel
Date of Inspection: 7/2/03
TIGHT or HOLDING TANK: MA (tank must be pumped at time of inspection)(locate on site plan)
Depth below grade:
Material of construction:concretemetalfiberglasspolyethyleneother(explain):
Dimensions:
Capacity: gallons
Design Flow: gallons/day
Alarm present (yes or no):
Alarm level: Alarm in working order (yes or no):
Date of last pumping:
Comments (condition of alarm and float switches, etc.):

DISTRIBUTION BOX: <u>Yes</u> (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: $\underline{\bigcirc}$ (NU). 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.): $\underline{\bigcirc}$

PUMP CHAMBER: <u>4CS</u> (locate on site plan)	
De la calaba ak	
Pumps in working order (eror no): AS of 7/07/03 OK	
Alarms in working order (yes or no). No -unable to locat Alarms -	
Comments (note condition of pump chamber, condition of pumps and apputtenances, etc.)	
plumber came to Fix pump operation, Pump replaced	+ Works.
, , , , , , , , , , , , , , , , , , , ,	



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

Property Address: 288 Middle ST Dwner: Jaccee Date of Inspection: 7203
SOIL ABSORPTION SYSTEM (SAS): \underline{IG} (locate on site plan, excavation not required)
If SAS not located explain why:
Гуре
leaching pits, number:
leaching chambers, number:
leaching galleries, number:
leaching trenches, number, length:
(1) leaching fields, number, dimensions: $70' L \times 10' \omega$ 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).
Good condition
CESSPOOLS: NA (cesspool must be pumped as part of inspection)(locate on site plan)
CESSPOOLS: NUT(cesspool must be pumped as part of inspection)(locate on site plan)
Number and configuration
Number and configuration: Depth – top of liquid to inlet invert:
Depth of solids layer:
Depth of scum layer:
Dimensions of cesspool:
Materials of construction:
Indication of groundwater inflow (yes or no):
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):
PRIVY: AA (locate on site plan)
I TOT I TOTALE ON SICE PIAN)

Materials of construction:

Dimensions:

Depth of solids:

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

• .

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

Property Address: 288 Midcl 6 ST

Owner: Jaffe Date of Inspection: 7/2/03

SKETCH OF SEWAGE DISPOSAL SYSTEM

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



Tille 5 Increation Form 6/15/2000



Page 11 of 11

5

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

SYSTEM INFORMATION (continued)

	Property Address: 288 Middle ST
	Owner: Jaffe
	Date of Inspection: 7203
	SITE EXAM
	Slope
	Súrface water
1	Check cellar
	Shallow wells
	(
	Estimated depth to ground water $5 \neq$ feet
	Please indicate (check) all methods used to determine the high ground water elevation:
	Obtained from system design plans on record. If checked date of design plan res

trom system design plans on record - If checked, date of design plan reviewed: 1993

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

Checked with local Board of Health-explain:

Checked with local excavators, installers- (attach documentation)

Accessed USGS database-explain:

You must describe how you established the high ground water elevation: See plans / Deephales (Keates)









