

69-18

#671

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

No. 69-18 Date Nov. 17, 1969 Fee \$3.00 Date Rec'd. 12/9/69 By D.G.F.

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

Location—Address 471 North East St. (Part of Hubbard Property) or Lot No. Lot # 2

Owner Anthony Conklin Address Route #3 Amherst

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

Type of Building Ranch Dimensions 28 x 52' Size Lot Over 30,000 Sq. Ft.

Dwelling—No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder (Yes)

Other \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers (1)

Other fixtures \_\_\_\_\_

Town Water? yes Type of Well \_\_\_\_\_

Design Flow 50 gallons per person per day. Total daily flow \_\_\_\_\_ gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

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

Disposal Bed—No. 1 Diameter 10x40 Depth below inlet \_\_\_\_\_ Total leaching area 400 sq. ft.

Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Other: Distribution box ( ), No. \_\_\_\_\_ Dosing tank ( ) \_\_\_\_\_

(Depth of Soil Line Below finished grade at foundation \_\_\_\_\_)

Percolation Test Results Performed by CE Drake Date 11-18-69

Test Pit No. 1 5 minutes per inch Depth of Test Pit 24"

Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

Description of Soil COARSE GRAVEL Depth to Ground Water NOT FOUND - 12' EST.

Will disposal area be filled? NO Cut down? NO

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

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CE Drake A E Conklin Owner or builder 11-17-69 date

Application Disapproved for the following reasons: \_\_\_\_\_ date 11-18-69

BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by \_\_\_\_\_ at \_\_\_\_\_ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. \_\_\_\_\_ dated \_\_\_\_\_

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

DATE \_\_\_\_\_ Inspector \_\_\_\_\_

BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT

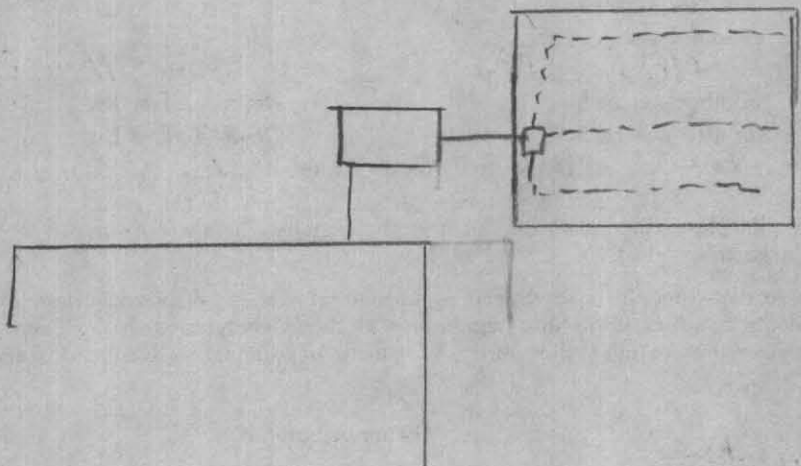
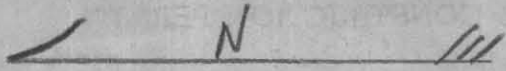
No. 69-18 Permission is hereby granted A.E. CONKLIN to construct (X) or repair ( ) an Individual Sewage Disposal System at NORTH EAST ST LOT #2

as shown on the application for Disposal Works Construction Permit No. 69-18

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 11-18-69 CE Drake Board of Health

17J#



NORTH EAST ST

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)

Property Address: 671 Northeast St.  
Amherst, MA  
Owner: Anie + Lea Gilon  
Date of Inspection: 9/18/98

69 S Pleasant St

B) SYSTEM CONDITIONALLY PASSES (continued)

- NO Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health). Describe observations:
  - broken pipe(s) are replaced
  - obstruction is removed
  - distribution box is levelled or replaced
  
- NO The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
  - broken pipe(s) are replaced
  - obstruction is removed

C) FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

NO Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- NA Cesspool or privy is within 50 feet of a surface water
- N/A 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 APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- NO The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.
- NO The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- NO The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- NO The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis 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. Method used to determine distance \_\_\_\_\_ (approximation not valid).

3) OTHER NO This house + southerly abutter are on town water - Northerly about has private well but this leach field is 100' + from that property side line.



COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

WILLIAM F. WELD  
 Governor  
 ARGO PAUL CELLUCCI  
 Lt. Governor

TRUDY COXE  
 Secretary  
 DAVID B. STRUHS  
 Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
 PART A  
 CERTIFICATION

Property Address: 671 Northeast St. Amherst, MA  
 Date of Inspection: 9/18/98  
 Name of Inspector: Robert Stover  
 Address of Owner: Arie & Lea Gilon 671 Northeast St. Amherst, MA 01002  
 (If different)  
 I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)  
 Company Name: Amherst Civil Engineering  
 Mailing Address: P.O. Box 3312, Amherst, MA 01004-3312  
 Telephone Number: (413) 256-3400 (413) 253-6441

**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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: Robert W. Stover Date: 9/18/98

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (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 Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

INSPECTION SUMMARY: Check A, B, C, or D:

**A] SYSTEM PASSES:**

I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

COMMENTS: The house has not been occupied full time for several years and system has not received normal flow during that time so present condition may not indicate how system would handle

**B] SYSTEM CONDITIONALLY PASSES:** heavier, regular flow. Distribution box inlet is at same elevation as outlet pipes.  
 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.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.  
 The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)**

Property Address: 671 Northeast St  
 Owner: Amherst, MA  
 Date of Inspection: Aric + Lea Gilon  
9/13/98

**D) SYSTEM FAILS:**

You must indicate either "Yes" or "No" as to each of the following:

NO I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes                      | No                                  |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to an 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"/> | <u>N/A</u>                          | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s).<br>Number of times pumped <u>    </u>   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.  |
| <input type="checkbox"/> | <u>N/A</u>                          | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.  |
| <input type="checkbox"/> | <u>N/A</u>                          | Any portion of a cesspool or privy is within a Zone I of a public well.  |
| <input type="checkbox"/> | <u>N/A</u>                          | Any portion of a cesspool or privy is within 50 feet of a private water supply well.   |
| <input type="checkbox"/> | <u>N/A</u>                          | 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

**E) LARGE SYSTEM FAILS: N/A**

You must indicate either "Yes" or "No" as to each of the following:

The following criteria apply to large systems in addition to the criteria above:

The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) |

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST

Property Address: 671 Northeast St, Amherst  
 Owner: Arnie + Lea Gilou  
 Date of Inspection: 9/18/98

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the <u>owner</u> occupant, or Board of Health.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | None of the system components have been pumped for at least two weeks <sup>yes</sup> and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. <i>This house has been a summer house and not regularly occupied since 1970.</i> |
| <input type="checkbox"/>            | <u>N/A</u>                          | As built plans have been obtained and examined. Note if they are not available with N/A.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The facility or dwelling was inspected for signs of sewage back-up.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The system does not receive non-sanitary or industrial waste flow.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The site was inspected for signs of breakout.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All system components, excluding the Soil Absorption System, have been located on the site.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | The size and location of the Soil Absorption System on the site has been determined based on:<br>The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. Ex. Plan at B.O.H.  |
| <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) [15.302(3)(b)]  |

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C

SYSTEM INFORMATION (continued)

Property Address: 671 Northeast St.  
Amherst, MA  
Owner: Aric & Lea Gilon  
Date of Inspection: 9/18/98

BUILDING SEWER:  
(Locate on site plan)

Foundation 31" above grade  
55" Top of Foundation

Depth below grade: 24"  
Material of construction:  cast iron  40 PVC  other (explain)

Distance from private water supply well or suction line 25' from public water supply entrance  
Diameter 4"

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

SEPTIC TANK:   
(locate on site plan)

Depth below grade: 17"  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other(explain)

If tank is metal, list age N/A Is age confirmed by Certificate of Compliance (Yes/No)

Dimensions: 8.5' X 5' X 4' Liquid depth  
Sludge depth: 18" - 24"  
Distance from top of sludge to bottom of outlet tee or baffle: 10" - 16"  
Scum thickness: 0 - 1/2"  
Distance from top of scum to top of outlet tee or baffle: 6"  
Distance from bottom of scum to bottom of outlet tee or baffle: 13"  
How dimensions were determined: tape measured + assumed to be typical tank where not measurable

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) recommend annual pumping if house is occupied full time due to presumed smallness of leach field. Tank is in good structural condition. Inlet + outlet baffles are enclosed cast-in-place in good condition. Liquid level at invert of outlet no evidence of leakage observed.

GREASE TRAP: NA  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other(explain)

Dimensions: \_\_\_\_\_  
Scum thickness: \_\_\_\_\_  
Distance from top of scum to top of outlet tee or baffle: \_\_\_\_\_  
Distance from bottom of scum to bottom of outlet tee or baffle: \_\_\_\_\_  
Date of last pumping: \_\_\_\_\_

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) \_\_\_\_\_

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 671 Northeast St.  
Owner: Amherst, MA  
Date of Inspection: Anie + Lea Grilon  
9/13/98

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 165 g.p.d./bedroom for S.A.S.  
Number of bedrooms: 3  
Number of current residents: 0  
Garbage grinder (yes or no): YES  
Laundry connected to system (yes or no): YES  
Seasonal use (yes or no): This is a year round house that has been lived in only occasionally throughout the year  
Water meter readings, if available (last two (2) year usage (gpd): for approx. last 2.5 yrs  
Sump Pump (yes or no): NO  
ave. usage = 13.4 gpd

Last date of occupancy: house has not been occupied full time for several years

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A  
Design flow: \_\_\_\_\_ gallons/day  
Grease trap present: (yes or no) \_\_\_\_\_  
Industrial Waste Holding Tank present: (yes or no) \_\_\_\_\_  
Non-sanitary waste discharged to the Title 5 system: (yes or no) \_\_\_\_\_  
Water meter readings, if available: \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

OTHER: (Describe) \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

GENERAL INFORMATION

PUMPING RECORDS and source of information:

last pumped 5 yrs ago + every 5 yrs before that  
System pumped as part of inspection: (yes or no) YES by recollection of owner  
If yes, volume pumped: 1000 gallons ±  
Reason for pumping: inspection + routine maintenance

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)  
 I/A Technology etc. Copy of up to date contract?  
Other \_\_\_\_\_

APPROXIMATE AGE of all components, date installed (if known) and source of information: house first occupied in 4/1970 by present owners as a new house; system is

Sewage odors detected when arriving at the site: (yes or no) NO 18 years old.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C

SYSTEM INFORMATION (continued)

Property Address: 671 Northeast St  
Owner: Amherst, MA  
Date of Inspection: Anic + Lea Gilon  
9/18/98

TIGHT OR HOLDING TANK: N/A (Tank must be pumped prior to, or at time, of inspection)  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction: \_\_\_concrete \_\_\_metal \_\_\_Fiberglass \_\_\_Polyethylene \_\_\_other(explain)

Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design flow: \_\_\_\_\_ gallons/day  
Alarm level: \_\_\_\_\_ Alarm in working order \_\_\_ Yes; \_\_\_ No  
Date of previous pumping: \_\_\_\_\_  
Comments:  
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX:  (locate on site plan)

Depth of liquid level below ~~above~~ outlet invert: 1/2"

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) outlet  
pipes are reasonably level + distribution reasonably equal. no evidence  
of carryover of solids. Inlet pipe at approximately same elevation  
as outlet pipes

D. box may leak slightly but low liquid level may be due to limited use this system has received in last several years. When visible the d.b is structurally sound and it is functional.

PUMP CHAMBER: N/A  
(locate on site plan)

Pumps in working order: (Yes or No) \_\_\_\_\_  
Alarms in working order (Yes or No) \_\_\_\_\_  
Comments:  
(note condition of pump chamber, condition of pumps and appurtenances, etc.) \_\_\_\_\_

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 671 Northeast St  
Amherst, MA  
Owner: Aric + Lea Gilon  
Date of Inspection: 9/13/98

SOIL ABSORPTION SYSTEM (SAS):   
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number: \_\_\_\_\_  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number, length: \_\_\_\_\_  
leaching fields, number, dimensions: 1 - 15' X 30' estimated from topography and area of green grass.  
overflow cesspool, number: \_\_\_\_\_  
Alternative system: \_\_\_\_\_  
Name of Technology: \_\_\_\_\_ 10' X 40' by Town Records

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)  
soil normal - vegetation - grass in presumed leach field area is lush and green. No evidence of ponding observed.  
No evidence of flooding in tank or drain observed.

CESSPOOLS: N/A  
(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 (cesspool must be pumped as part of inspection) \_\_\_\_\_

Comments:

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

PRIVY: N/A  
(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.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 671 Northeast St  
Amherst, MA  
Owner: Arnie + Lea Gilton  
Date of Inspection: 9/18/08

Depth to Groundwater 12 Feet

Please indicate all the methods used to determine High Groundwater Elevation:

- Obtained from Design Plans on record
- Observation of Site (Abutting property, observation hole, basement sump etc.)
- Determine it from local conditions
- Check with local Board of health
- Check FEMA Maps
- Check pumping records
- Check local excavators, installers
- Use USGS Data

Describe in your own words how you established the High Groundwater Elevation. (Must be completed)

D.W.C. permit on file w/ Amherst Inspection Services (see Attached) indicates coarse gravel w/o groundwater to 12'. Soil Survey of Hampshire Co., Central Part (published by the USDA - SCS in 1981) indicates MeB (merimac) soil with a water table typically deeper than 6 ft.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 671 Northeast St.  
Amherst, MA 01002  
Owner: Anie + Lea Gilon  
Date of Inspection: 9/18/93

SKETCH OF SEWAGE DISPOSAL SYSTEM: NOT TO SCALE  
include ties to at least two permanent references landmarks or benchmarks  
locate all wells within 100' (Locate where public water supply comes into house)

APPROX NORTH →

NORTHEAST STREET

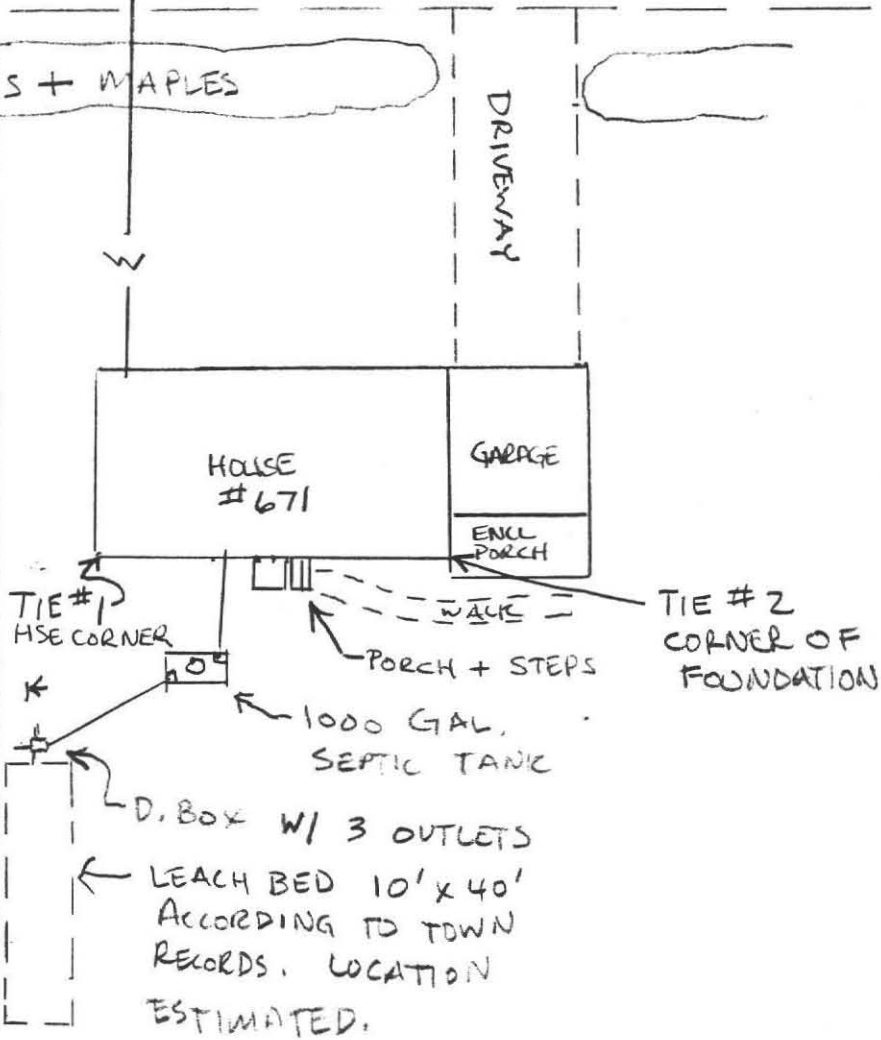
HEMLOCKS + MAPLES

DRIVEWAY

ABUTTING HOUSE SERVED BY PRIVATE WELL

TIES TO PERMANENT LANDMARKS

SYSTEM COMPONENT	TIE 1	TIE 2
TANK IN	23.5'	38.5'
TANK CENTER	22.0'	42.5'
TANK OUT	21.0'	46.0'
DIST. BOX	20.5'	68.0'



ABUTTING HOUSE SERVED BY PUBLIC WATER SERVICE

6± to d. box

R

by estimate of owner

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

No. 69-18 Date Nov. 17, 1969 Fee \$3.00 Date Rec'd. 12/9/69 By D.G.F.

Application is hereby made for a permit to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at:  
 Location—Address 67 North East St. (Part of Hubbard Property) or Lot No. Lot # 2  
 Owner Anthony Conklin Address Route #3 Amherst  
 Contractor " " Address \_\_\_\_\_  
 Type of Building Ranch Dimensions 28 x 52 Size Lot Over 30,000 Sq. Ft.  
 Dwelling—No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder Yes  
 Other \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ) 4  
 Other fixtures \_\_\_\_\_  
 Town Water? yes Type of Well \_\_\_\_\_

Design Flow 50 gallons per person per day. Total daily flow \_\_\_\_\_ gallons  
 Septic Tank—Liquid capacity 1000 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_  
 Disposal Trench—No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.  
 Disposal Bed—No. 1 Diameter 10x40 Depth below inlet \_\_\_\_\_ Total leaching area 400 sq. ft.  
 Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
 Other: Distribution box ( ) No. \_\_\_\_\_ Dosing tank ( ) \_\_\_\_\_

(Depth of Soil Line Below finished grade at foundation)  
 Percolation Test Results Performed by CE Drake Date 11-18-69  
 Test Pit No. 1 5 minutes per inch Depth of Test Pit 24"  
 Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_  
 Description of Soil COARSE GRAVEL Depth to Ground Water Not Found - 12' E ST.  
 Will disposal area be filled? NO Cut down? NO  
 (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CE Drake A E Conklin 11-17-69  
 Owner or builder date  
11-18-69  
 date

Application Disapproved for the following reasons:

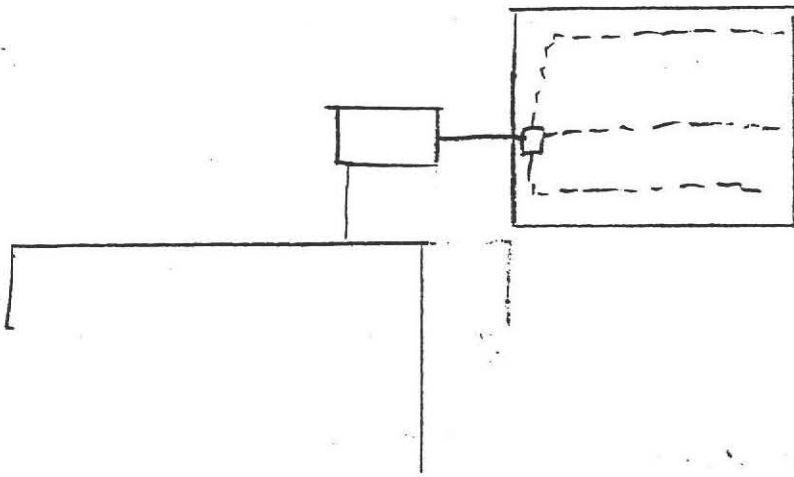
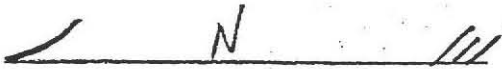
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by \_\_\_\_\_ at \_\_\_\_\_ has been constructed in accordance with the provisions of \_\_\_\_\_ INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. \_\_\_\_\_ dated \_\_\_\_\_ The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.  
 DATE \_\_\_\_\_ Inspector \_\_\_\_\_

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 69-18 Permission is hereby granted A.E. CONKLIN to construct (X) or repair ( ) an Individual Sewage Disposal System at NORTH EAST ST Lot # 2. as shown on the application for Disposal Works Construction Permit No. 69-18  
 This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.  
 DATE 11-18-69 CE Drake  
 Board of Health





NORTH EAST ST

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