

Dec 13, 1988

Not Ready

→ Disposed on Dec 14

Used Fred's Elephant

OK

OLD MONTAGUE RD.

No. 88-33

FEB 10 1988

#453

FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit



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

453 MONTAGUE ROAD

ANDREA COLER

Location - Address

Karl's Excavating, Inc.

Owner

Installer

453 MONTAGUE ROAD

or Lot No.

Address

Type of Building

Dwelling — No. of Bedrooms 4

Expansion Attic (—)

Garbage Grinder (—)

Other — Type of Building

No. of persons

Showers (—) — Cafeteria (—)

Other fixtures

Size Lot 28,000 ± Sq. feet

Design Flow 55 gallons per person per day. Total daily flow 440 X 1.25 = 550 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 8.5 Width 5 Diameter 5 Depth 5.3

Disposal Trench — No. 2 Width 4.8 Total Length 6.3 Total leaching area 157.5 sq. ft.

Seepage Pit No. Diameter Depth below inlet Total leaching area 302.4 sq. ft.

Other Distribution box (✓) Dosing tank ()

Percolation Test Results Performed by FILIX ENTERPRISES, INC. Date JULY 27, 1988

Test Pit No. 1 4 minutes per inch Depth of Test Pit 91" Depth to ground water NONE

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil SEE ATTACHED SHEET

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Ming-Jung Coler

Date

Application Approved By

Date

Application Disapproved for the following reasons:

Date

Permit No. 88-33

Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

THIS IS TO CERTIFY That the Individual Sewage Disposal System constructed () or Repaired (✓) by KARL'S EXCAVATING, INC.

at 453 MONTAGUE ROAD

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 88-33 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Dec 14, 1988

Inspector David R. Ruggie

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

No. 88-33

FEE 90.00

Disposal Works Construction Permit

Permission is hereby granted ANDREA COLER

to Construct () or Repair (✓) an Individual Sewage Disposal System

at No. 453 MONTAGUE ROAD

Street

as shown on the application for Disposal Works Construction Permit No. 88-33 Dated

DATE 9/7/88

Board of Health

AMHERST

TOWN

423 MONTAGUE ROAD
AMHERST COLOR

423 MONTAGUE ROAD

40 X 11.52 X 20
103 2
503 4
NONE
JULY 51 1988
FIRM ESTABLISHED IN
DI.

SEE ATTACHED SHEET

AMHERST

TOWN

AMHERST

TOWN

AMHERST COLOR

AMHERST HEALTH DEPARTMENT
BANGS COMMUNITY CENTER
70 BOLTWOOD WALK
AMHERST, MA 01002

SGIL EXAMINATIONS / PERCOLATION TESTS

JOB #

LOCATION OF PROP.: Andrew Kohler
453 Old Montague Rd.
Amherst, MA

LOT NO.:

DATE PERFORMED: 7/27/88

PERFORMED BY: Fred Filio

WITNESSED BY: for Bd of Health: D. Priski

PERK TEST RESULTS: (tabulation on back)

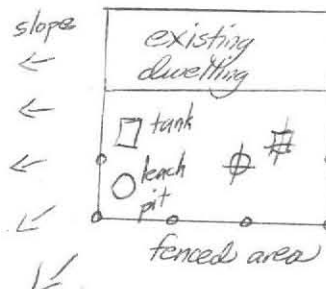
1. Depth 75" (underlying original material)
2. 4 minute/inch rate
- 3.
- 4.

COMMENTS: Existing sewage disposal system is failing. Area for the location of a new leaching system is very limited. There is additional problem with ledge at shallow elevation in original soil layer. Look for best design given

the physical conditions of the property.  denotes groundwater

SKETCH PLAN

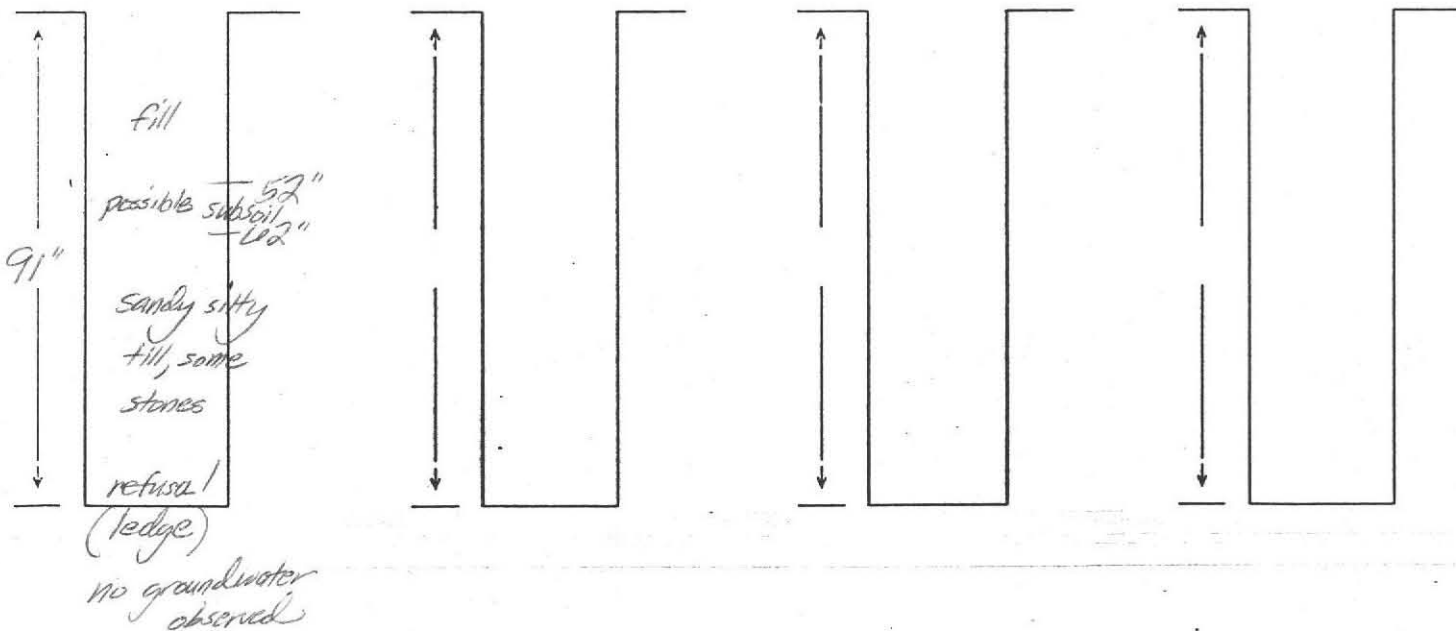
No Scale



 INDICATES OBSERVATION HOLES

 INDICATES PERK TEST LOCATION

_____ # _____ # _____ # _____



October 13, 1988

Dear Mr. Kohler:

Please find enclosed the paperwork regarding
your septic system.

Sincerely,

Dennis Pinski
Sanitarian

DPKw

encls.

88-33

FEB 03 1989

FILIOS ENTERPRISES, INC.
69 Pelham Rd.
Amherst, MA 01002

Date: February 2, 1989

Name: Andrea Coler

Address: 453 Montague Rd.
Amherst, Ma. 01002

Dear Andrea Coler,

This is to notify you that Filios Enterprises, Inc. has inspected the septic system installed

AT: 453 Montague Rd.
Amherst, Ma

Unless exceptions are noted below, the system complied with the approved design and elevations.

Exceptions:

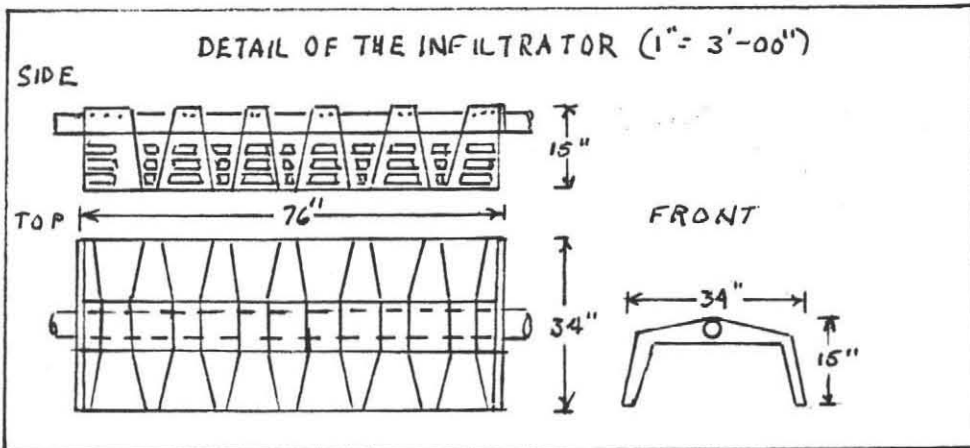
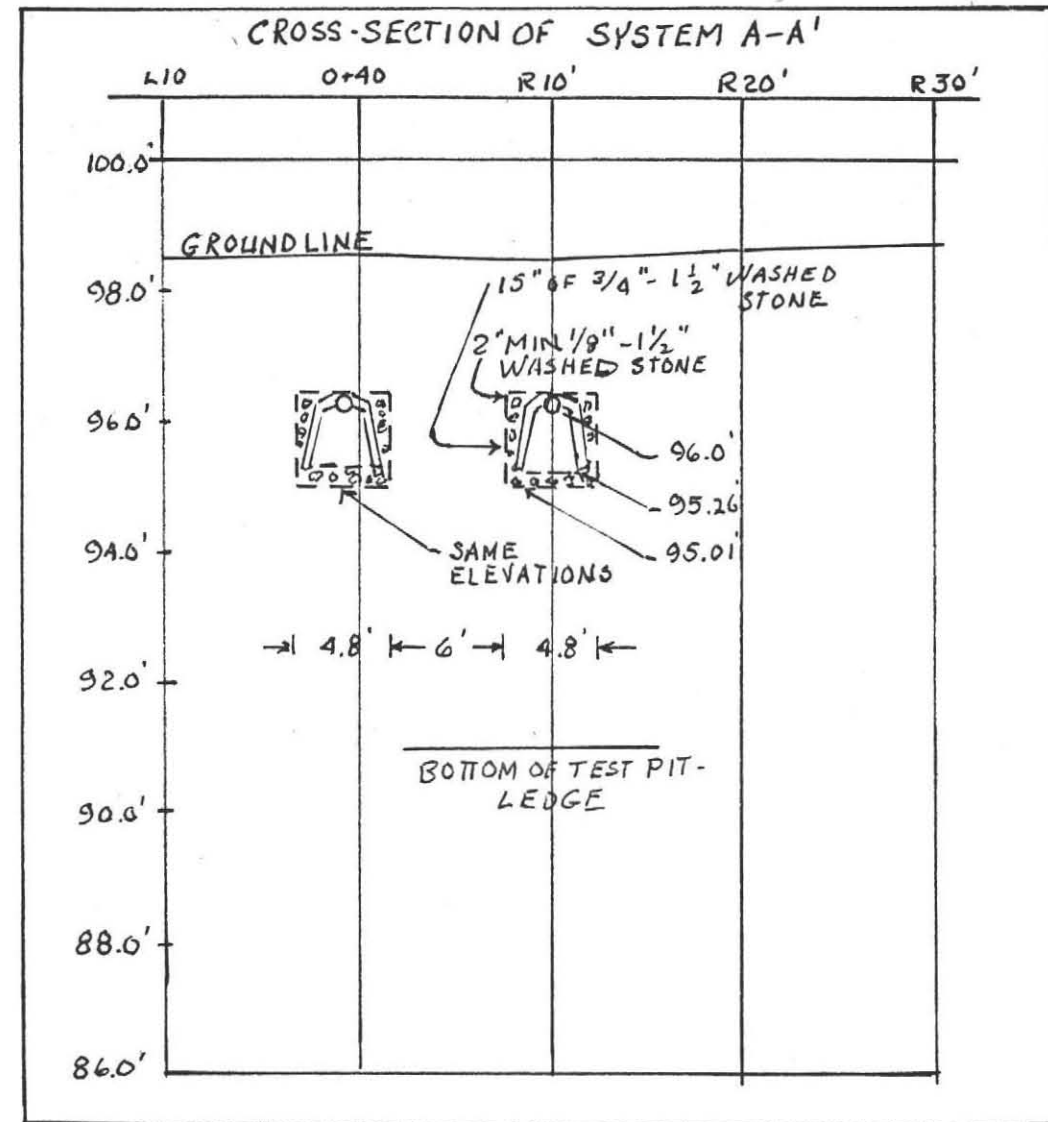
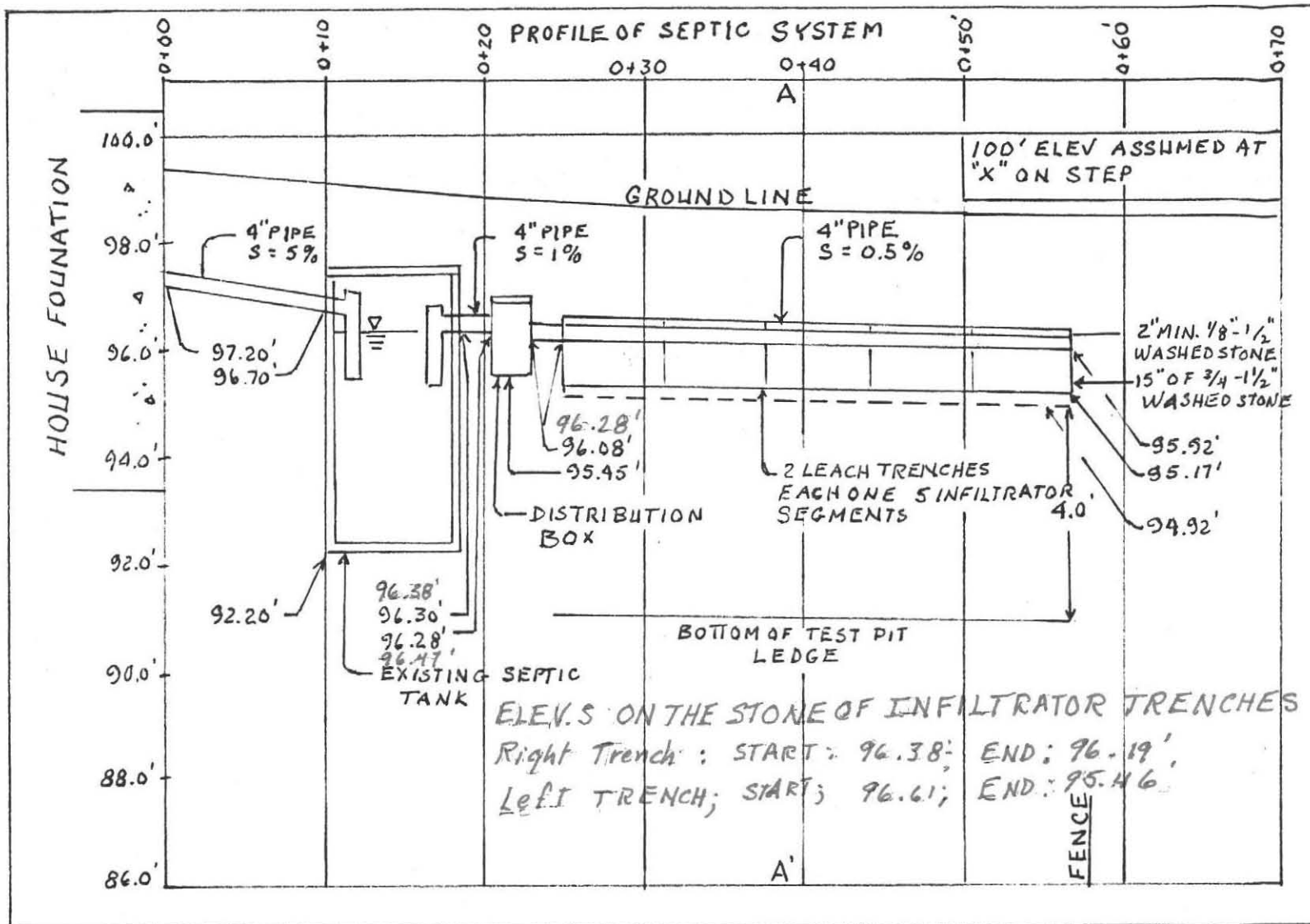
The elevations of the "as-built" septic system vary from these of the design as shown in red on the copy of the profile enclosed.

Sincerely,

Frederick A. Filios Pres.
(Frederick A. Filios)

C.C. to Board of Health

1
2
3
4
5



CALCULATION

DESIGN FLOW = 4 BDRM x 110 GAL x 1.25
= 550 GAL. BDRM

INFILTRATOR CAPACITY

SIDES 6.3' x 1.25' x 2.0 x 2 = 31.5

BOTTOM 6.3 x 4.8' x 0.83 x 1 = 25.10

56.6 GAL

SEGMENTS NEEDED

550 GAL / 56.6 GAL/SEG = 9.7 → 10 SEGMENTS



CONSTRUCTION NOTES

1. SEPTIC TANK SHOULD BE INSPECTED - PUMPED ANNUALLY
2. THE INLET AND OUTLET TEES SHOULD EXTEND 10" AND 14" BELOW INLET RESPECTIVELY
3. PIPE EXITING DISTRIBUTION BOX MUST REMAIN LEVEL FOR 2' AS SHOWN
4. ALL TOPSOIL SHOULD BE REMOVED TO A DISTANCE OF 10' AROUND SYSTEM
5. TWO LINES OF INFILTRATORS WITH 5 SEGMENTS PER LINE ARE TO BE USED

SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION TO BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5

FOR: ANDREA COLUR
453 MONTAGUE RD.
AMHERST MA.

DATE: 8-19-88

BY: FILIOS ENTERPRISES INC.
69 PELHAM ROAD
AMHERST, MA. 01002

SITE: SAME

SCALE: HOR: 1" = 10'-00"
VER: 1" = 3'-00"

FEB 03 1989

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

Part A

Certification (continued)

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

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 conditions described in 310 CMR 15.303 or in CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

COMMENTS: _____

B] SYSTEM CONDITIONALLY PASSES:

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

Answer YES, NO, or Not Determined (Y,N, or 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 breakout or high static water level 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):

- ☐ 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:

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

TITLE 5 INSPECTION FORM

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

**Part A
Certification**

Property Address: 374 Old Montague Road, North Amherst, Ma. Name of Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001 Address of Owner: Owners Dwelling
Name of Inspector: Philip J. Pasiecznik
Company Name: Greg's Wastewater Removal
239A Greenfield Road
S. Deerfield, MA 01373
Company Phone: (413) 665 - 3989

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate, and complete, as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems.

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

- ☒ Passes
☐ Conditionally Passes
☐ Needs Further Evaluation by the local Approving Authority
☐ Fails

**INSPECTOR'S
SIGNATURE:**

Philip J. Pasiecznik

DATE:

4/23/02

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) 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 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: No failure criteria as described on page four of this report was found at the time of inspection of this system.

***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.

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

Part A
Certification (continued)

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

D] SYSTEM FAILURE CRITERIA applicable to all systems:

You must indicate either "Yes" or "No" to each of the following, for all inspections:

- | YES | NO | |
|--------------------------|-------------------------------------|---|
| ☐ | ☒ | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool. |
| ☐ | ☒ | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool. |
| ☐ | ☒ | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| ☐ | ☒ | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow. |
| ☐ | ☒ | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____ |
| ☐ | ☒ | Any portion of the Soil Absorption System, cesspool, or privy is below the high groundwater 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 I of a public well. |
| ☐ | ☒ | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| ☐ | ☒ | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |
| ☐ | ☒ | The system fails. I have determined that one or more of the above failure criteria exists as defined 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 threat, or answered "yes" in Section D above the large system has failed. The owner or operator or any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

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

Part A
Certification (continued)

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

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 the 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 THE 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 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 THE ENVIRONMENT:**

- ☐ 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.
☐ 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 _____

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

Part C
SYSTEM INFORMATION

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

FLOW CONDITIONS

Residential:

Number of bedrooms (design): N/A Number of bedrooms (actual) 4
DESIGN Flow: 440 G.P.D. (based on 310 CMR 15.203 - for example: 110 gpd x # of bedrooms)
Number of current residents: 2
Is Garbage Grinder present (yes or no) Yes
Is laundry on a separate sewage system (yes or no) No if yes separate inspection required
Laundry system inspected (yes or no) _____
Seasonal Use (yes or no) No
Water Meter readings - if available
(last two (2) year usage (gpd) N/A
Sump Pump (yes or no) No
Last Date of Occupancy: Currently occupied

Commercial/Industrial:

Type of establishment: _____
Design flow: (Based on 310 CMR 15.203) _____ gallons per day
Basis of design flow (seats/persons/sqft, etc.) _____
Grease trap present (yes or no) _____
Industrial Waste Holding Tank present (yes or no) _____
Non-sanitary waste discharged to the Title 5 system
(yes or no) _____
Last Date of Occupancy/Use: _____
OTHER (describe): _____

GENERAL INFORMATION

PUMPING RECORDS

Source of information: Pumped by Greg's 5/7/98 per our records.
Was system pumped as
part of the inspection: Yes
(yes or no)
If YES -enter volume 1000 gallons
pumped How was the quantity pumped determined? Tank dimensions
Reason for pumping: Tank inspection

TYPE OF SYSTEM:

☒ Septic Tank / D Box / Soil Absorption System ☐ Single Cesspool
☐ Overflow Cesspool ☐ Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any) No
Innovative/Alternative technology. Attach a copy of up the current operation
and maintenance contract (to be obtained from system owner) _____
Tight Tank _____ Attach a copy of DEP Approval _____

OTHER (describe):

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

17 Years old / 1985 / As built

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

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

Part B
CHECKLIST

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

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

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

- | | | |
|-------------------------------------|-------------------------------------|--|
| ☒ | ☐ | Existing information. For example, a plan at the Board of Health. |
| ☐ | ☒ | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302 (3)(b)] |

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

Part C

SYSTEM INFORMATION (continued)

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

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 in gallons

Design flow in gallons per day

Alarm present (Yes or No)

Alarm level

Alarm in working order ☐ Yes ☐ No

Date of last pumping

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

DISTRIBUTION BOX ☐ Yes ☒ No (If present, MUST be opened - locate on site plan)

Depth of liquid level above outlet invert: _____

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.) _____

PUMP CHAMBER: ☐ (located 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.) _____

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

Part A
Certification (continued)

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

BUILDING SEWER (Locate on site plan): ☒

Depth below grade: 24"

Material of construction: XXX cast iron _____ 40 PVC _____ other (explain)

Distance from private water supply well or suction line Public water supply

Diameter 4"

Comments: (condition of joints, venting, evidence of leakage, etc.) Building sewer exits the dwelling from a finished basement. No visible leakage evident. Venting pipe was visible thru the dwelling roof.

SEPTIC TANK (locate on site plan): ☒

Depth below grade: 18"

Material of Construction: ☒ Concrete ☐ Metal ☐ Fiberglass ☐ Polyethylene _____ Other (explain)

If tank is metal, list age _____ Is age confirmed by Certificate of Compliance _____
(Yes/No) (If "Y", attach copy of Certificate of Compliance)

8'6"Lx4'10"Wx5'4"D

Dimensions:

10"

Sludge Depth

18"

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

6"

Scum thickness

6"

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

14"

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

Measured

How dimensions were determined:

Comments: (On pumping recommendations, inlet & outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.) The septic tank should be pumped every two years. The septic system was not designed for the use of a garbage disposal. Cast in place concrete inlet tee was in good condition and extends 13" below the flow line. Cast in place concrete outlet tee was in good condition and extends 20" below the flow line. The liquid level was at the outlet invert at this time. The septic tank was in good condition with no evidence of leakage.

GREASE TRAP (locate on site plan): ☐

Depth below grade: _____

Material of Construction: ☐ Concrete ☐ Metal ☐ Fiberglass ☐ Polyethylene ☐ Other (explain) _____

Dimensions

Scum thickness

Distance from top of scum to top of outlet tee / baffle

Distance from bottom of scum to bottom of outlet tee / 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

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

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.

****** { SEE EXHIBIT A } ******

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

Part C

SYSTEM INFORMATION (continued)

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

SOIL ABSORPTION SYSTEM ☒

(SAS):

(locate on site plan, if possible; excavation not required.)

If SAS is not located explain why: _____.

TYPE:

Leaching pits & number

Leaching chambers & number

2 - 500 Gallon Leach Tanks in Series

Leaching galleries & number

Leaching trenches, number, length

Leaching fields, number,
dimensions

Overflow cesspool, number

Innovative/Alternative system:

Name of Technology:

Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.) The soil was sandy loam with some clogging at the bottom of the leach tanks. There was 14" of liquid depth in the leach tanks at this time. There was 10" of available volume below the invert in. No signs of hydraulic failure or ponding to the surface. The soil was dry. Vegetation was mowed grass and seemed normal.

CESSPOOLS

☐ (Cesspool must be pumped as part of inspection - locate on site plan)

Number & configuration

Depth - top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

(Yes or No)

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

PRIVY

☐ (locate on site plan)

Materials of construction

Dimensions

Depth of solids

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

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

Part C

SYSTEM INFORMATION (continued)

Property Address: 374 Old Montague Road, North Amherst, Ma.
Owner: Andrew & Jane Sinauer
Date of Inspection: April 23, 2001

SITE EXAM ☐ Slope
☒ Surface water
☒ Check cellar
☐ Shallow wells

Estimated Depth to Groundwater 6+ Feet

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

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

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

☐ Checked with local Board of Health - explain: _____

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain: _____

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

No sump pump in the basement of the dwelling which is finished and dry. No surface water close by. No sign of groundwater infiltration into the septic tank after pumping. No sign of soil mottling to the depth of the leach tanks.

Sewage Disposal System

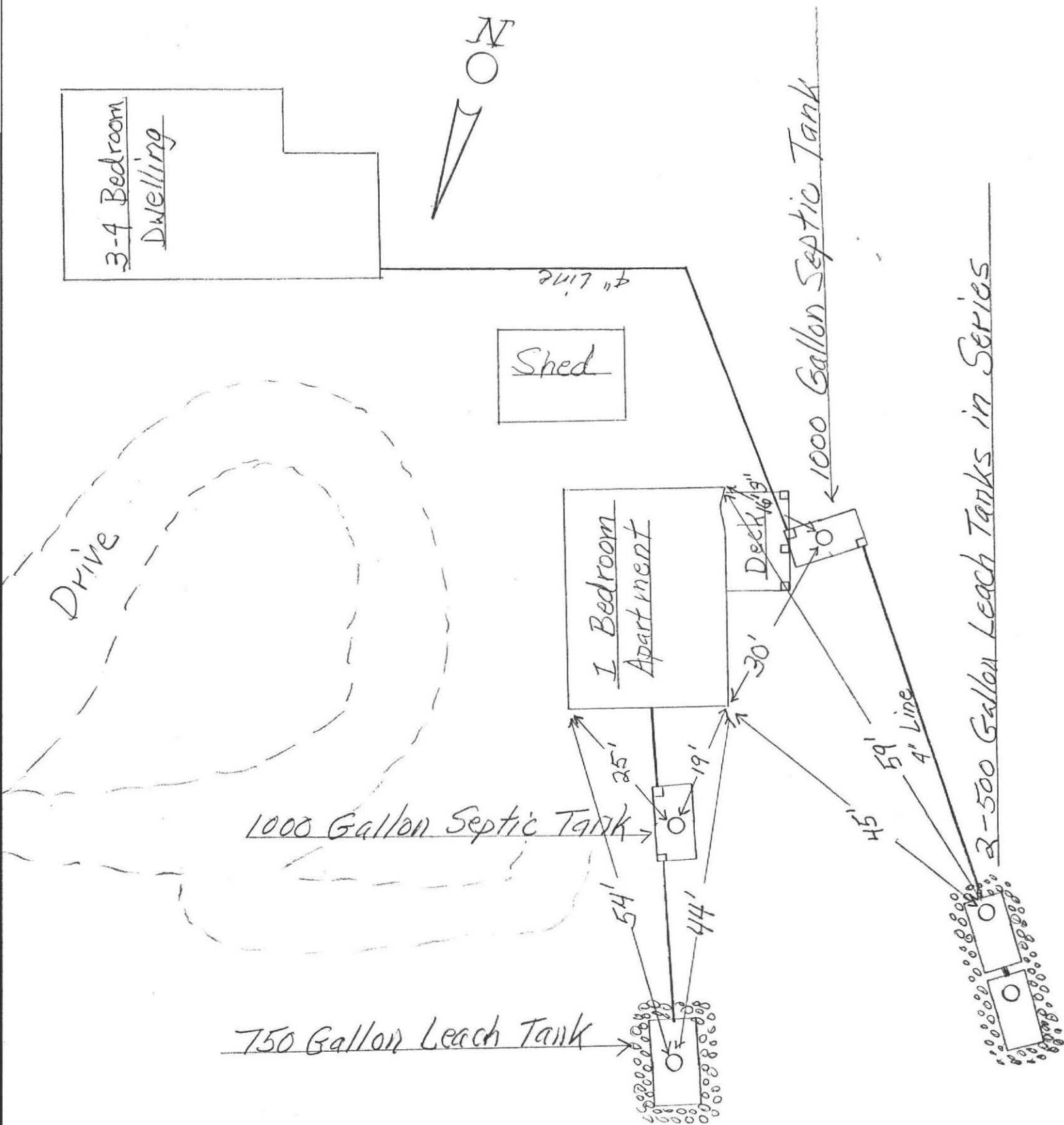
EXHIBIT "A"

at 374 Old Montague Rd

Inspection Date 4/23/02

North Amherst, Ma

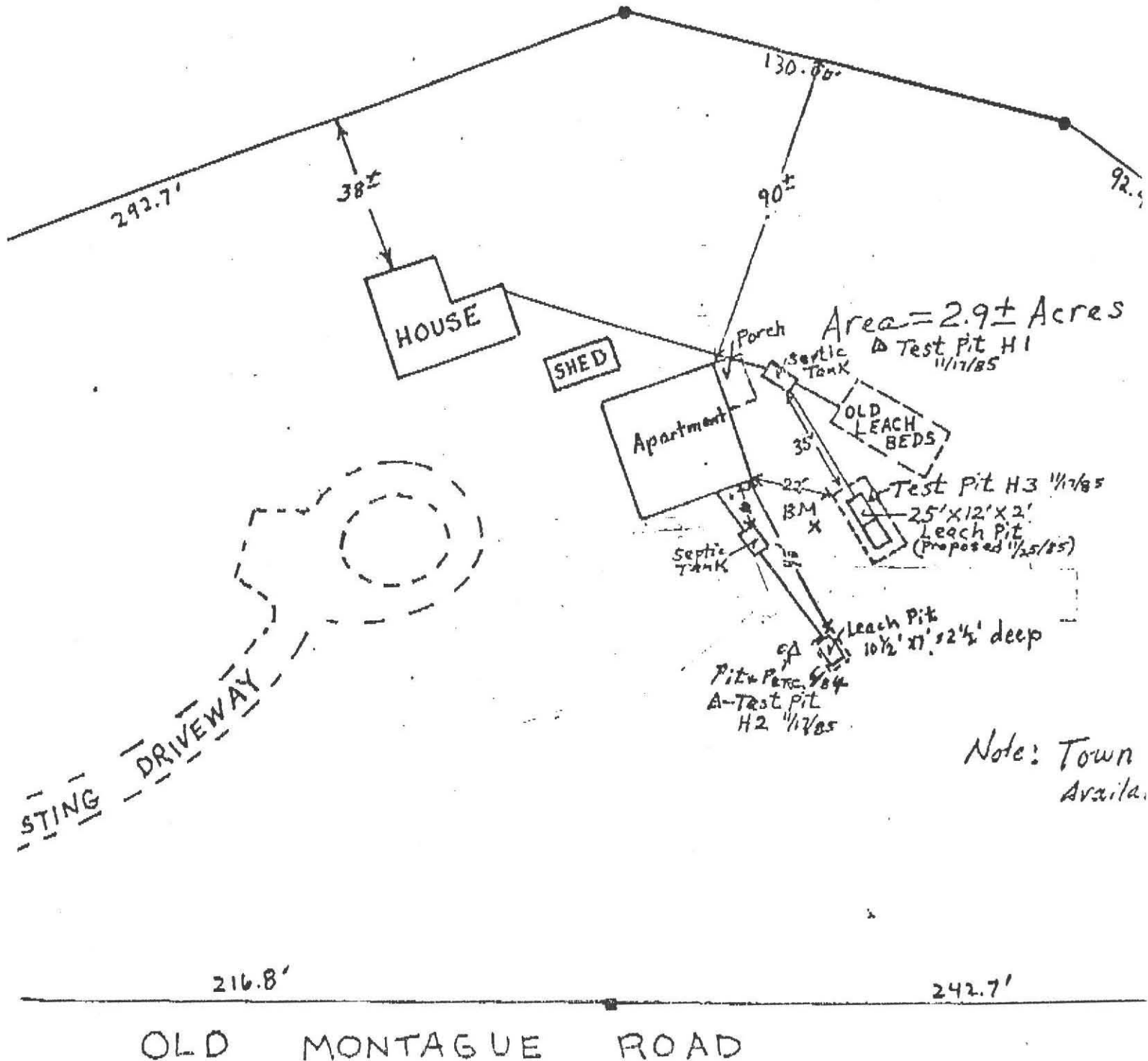
Drawing Not to Scale



WING SEWAGE DISPOSAL

er 374 Old Montague Rd.
ue Rd. No. Amherst

Am
S
By

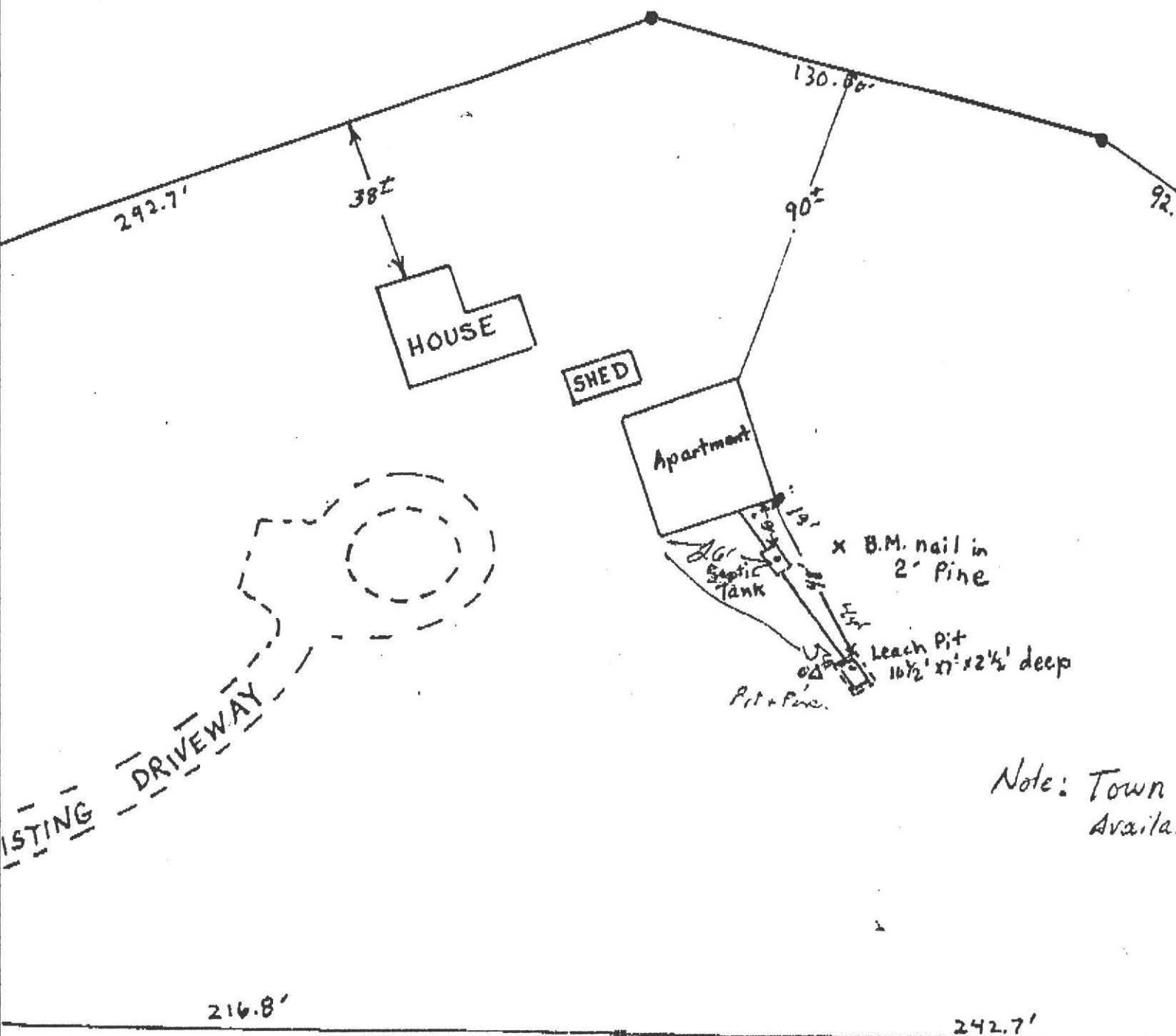


DRAINING SEWAGE DISPOSAL

er 374 Old Montague Rd.
ue Rd. No. Amherst

Sc

By



#386

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 386 Old Montague Rd.
Owner's name Charlotte Dwyer
Date of Inspection 6-2-95

PART A
CHECKLIST

Check if the following have been done:

- ☒ Pumping information was requested of the owner, occupant, and Board of Health.
- ☒ None of the system components have been pumped for at least two weeks 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.
- ☒ N/A As built plans have been obtained and examined. Note if they are not available with N/A.
- ☒ The facility or dwelling was inspected for signs of sewage back-up.
- ☒ The site was inspected for signs of breakout.
- ☒ All system components, excluding the SAS, have been located on the site.
- ☒ 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.
- ☒ The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- ☒ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

NEED
PARCEL

1952

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

3 number of bedrooms
2 number of current residents
yes garbage grinder, yes or no
yes laundry connected to system, yes or no
no seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

N/A Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

1994

yes System pumped as part of inspection, yes or no
if yes, volume pumped yes
Reason for pumping:

To inspect

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)
☐ Other (explain)

Approximate age of all components. Date installed, if known. Source of information:

1952

no Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

3 number of bedrooms
2 number of current residents
yes garbage grinder, yes or no
yes laundry connected to system, yes or no
no seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

N/A Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

1994
yes System pumped as part of inspection, yes or no
if yes, volume pumped yes
Reason for pumping: To inspect

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)
☐ Other (explain) _____

Approximate age of all components. Date installed, if known. Source of information:

1952

no Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART B

SYSTEM INFORMATION continued

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 and number

leaching chambers and number

leaching galleries and number

leaching trenches, number, length

leaching fields, number, dimensions

overflow cesspool, number

3 outlets from Distribution box

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

CESSPOOLS (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, recommendations for maintenance or repairs, etc.)

PRIVY:

(locate on site plan)

materials of construction

dimensions

depth of solids

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART B

SYSTEM INFORMATION continued

SEPTIC TANK: 1000
(locate on site plan)

depth below grade: 6"

material of construction: ☒ concrete ☐ metal ☐ FRP ☐ other (explain)

dimensions: _____

6" sludge depth
_____ distance from top of sludge to bottom of outlet tee or baffle
1-2" 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

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, recommendations for repairs, etc.)

pumped 1994
elbow in Tank to be replaced

DISTRIBUTION BOX: ☒
(locate on site plan)

1'8" x 1'8"

no depth of liquid level above outlet invert

Comments:

(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)

Some carryover

PUMP CHAMBER: _____
(locate on site plan)

_____ pumps in working order, yes or no

Comments:

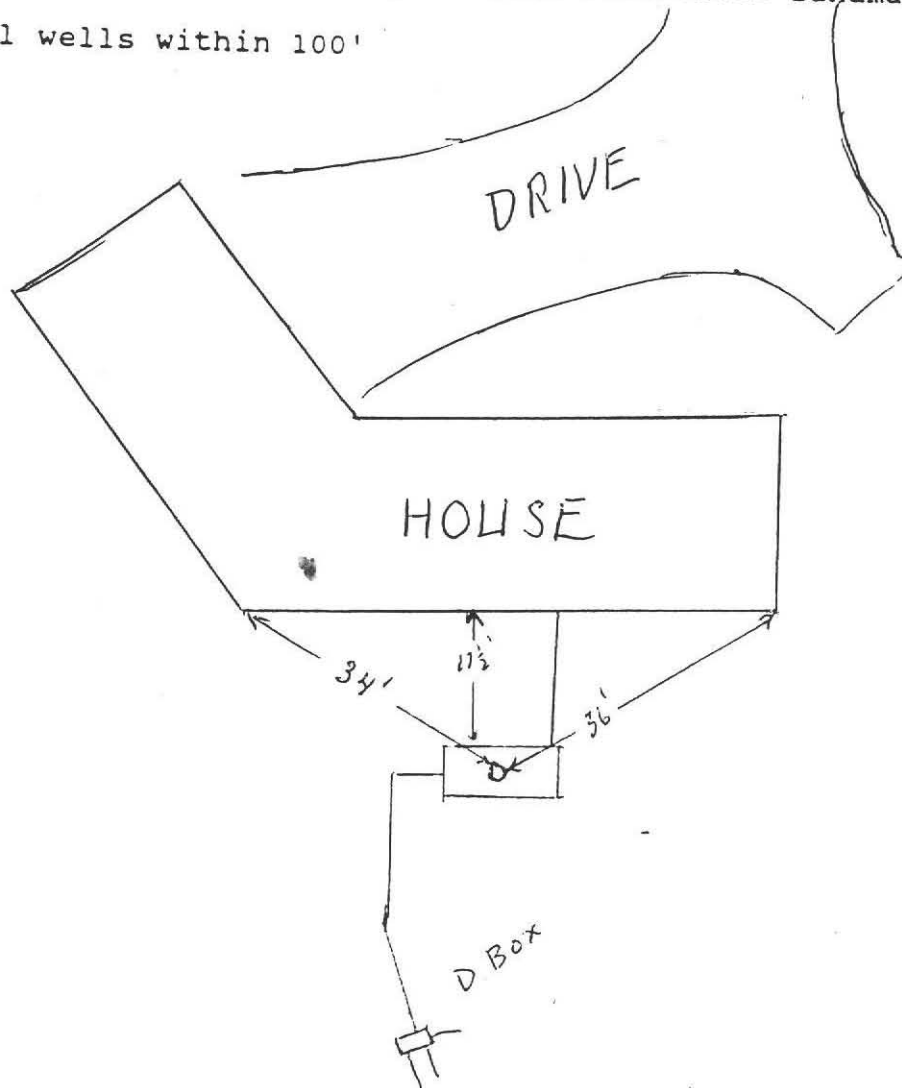
(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)

1

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

None depth to groundwater

method of determination or approximation:

Geologic Position - High Terrace

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

no Backup of sewage into facility?

no Discharge or ponding of effluent to the surface of the ground or surface waters?

no Static liquid level in the distribution box above outlet invert?

N/A Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?

no Required pumping 4 times or more in the last year?
number of times pumped _____

no Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?

no Is any portion of the SAS, cesspool or privy:
below the high groundwater elevation?

no within 50 feet of a surface water?

no within 100 feet of a surface water supply or tributary to a surface water supply?

Town water

no within a Zone I of a public well?

no within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?

no within 50 feet of a private water supply well?

no 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.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector *Fred Filios*
Company Name *Filios Enterprises Inc*
Company Address *68 Pelham Rd*
Amherst MA. 01002

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

☒ I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the FAILURE CRITERIA section of this form.

☐ I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the FAILURE CRITERIA section of this form.

Inspector's Signature

Frederick A Filios

Date

Original to system owner *Charlotte Dwyer*

Copies to: *Bd of Public Health*

Buyer (if applicable)
Approving authority

Charlotte Dwyer
386 Old Montague Rd.
Amherst

Agent *Jackie Zusgo*

Att *Peter McConnell*

650 E. St

Amh. Mass

Ph 256 6701

79 South Pleasant St.
Amherst, MA 01002
(413) 256-4181 • Home: 586-3560 • (800) 545-9699 • FAX 256-1312



Jacqueline M. Zusgo
REALTOR®, GRI, CRS



DEEP SOIL LOGS

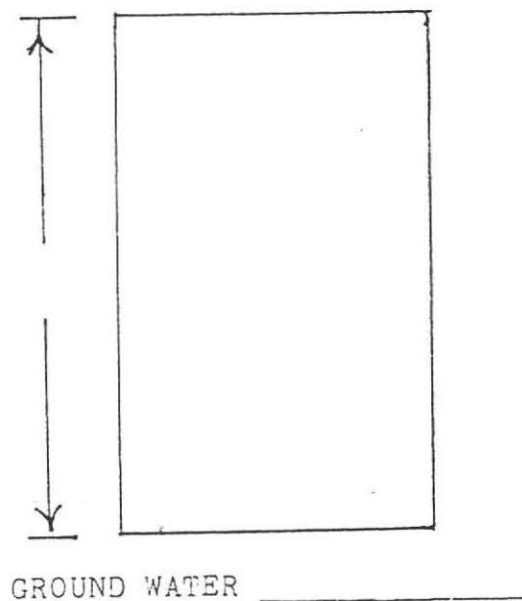
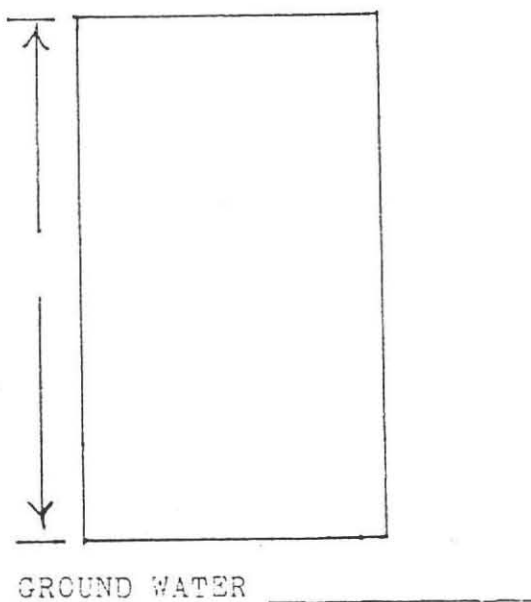
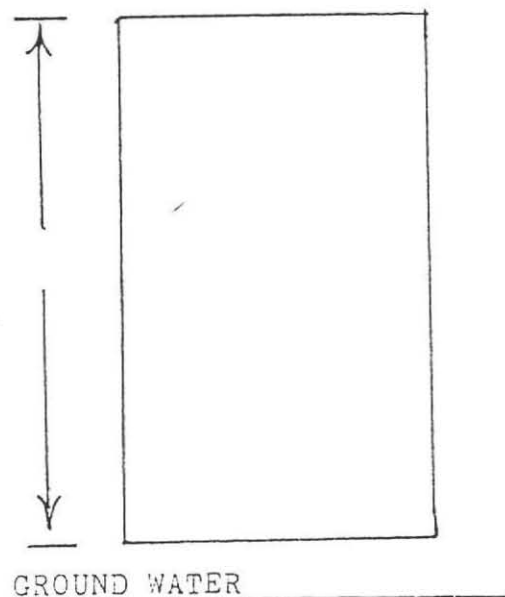
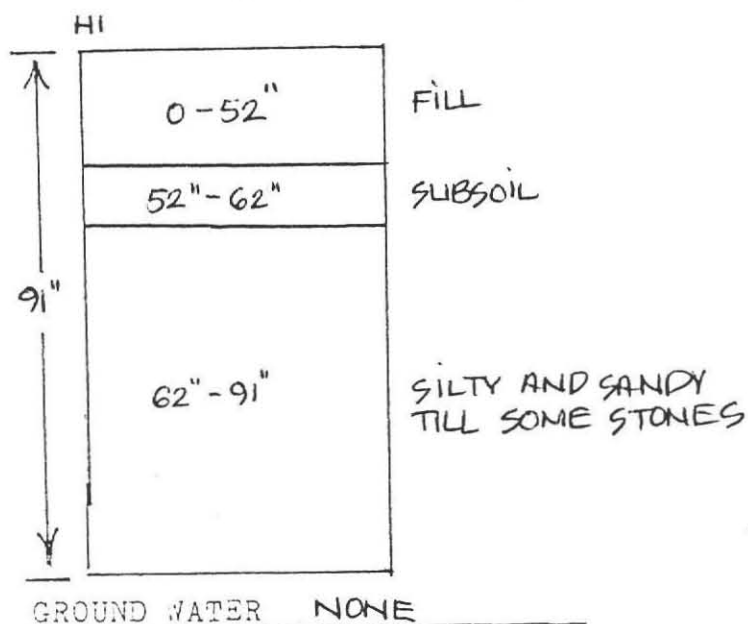
OWNER ANDREA COLER

DATE JULY 27, 1988

LOCATION 453 MONTAGUE ROAD
AMHERST, MA.

OBSERVER Filios Enterprises, Inc.

B.of H. DENNIS PINCKI



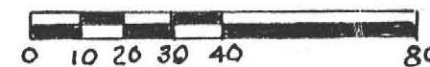
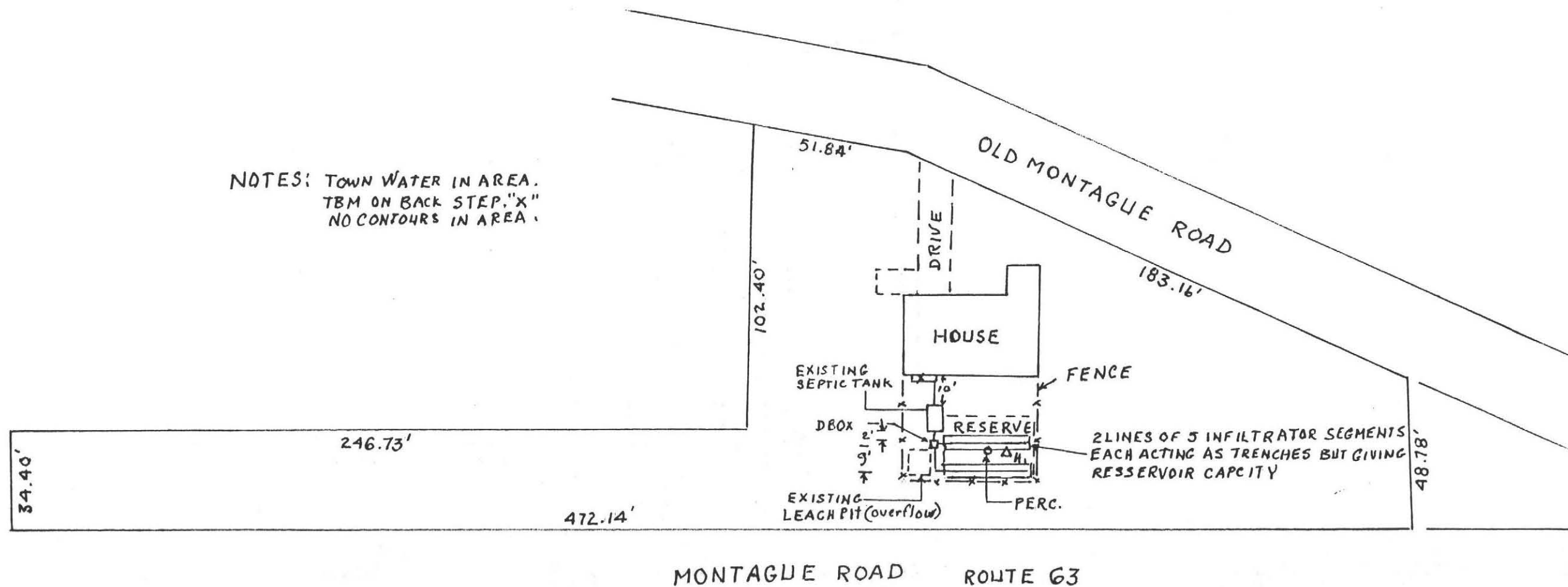
PERCOLATION RATE AT 75" :
4 min./inch



PLAN SHOWING SEWAGE DISPOSAL SYSTEM (REPAIR)



NOTES: TOWN WATER IN AREA.
TBM ON BACK STEP, "X"
NO CONTOURS IN AREA.



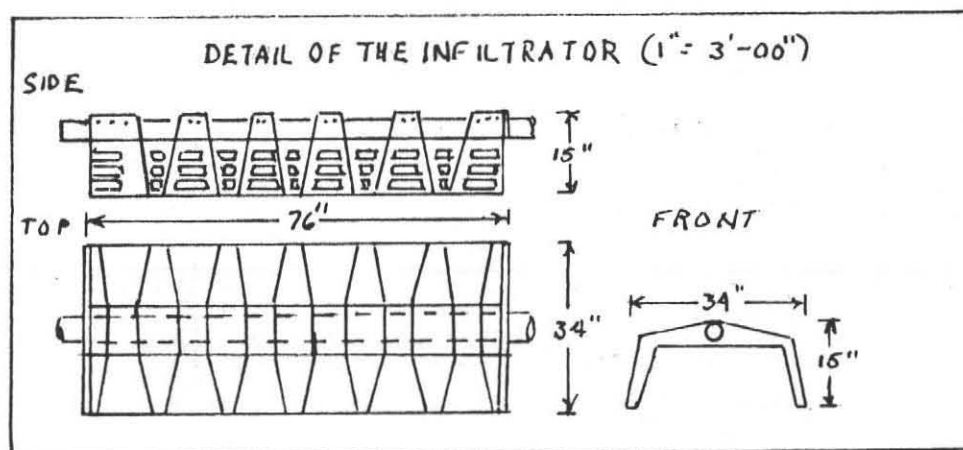
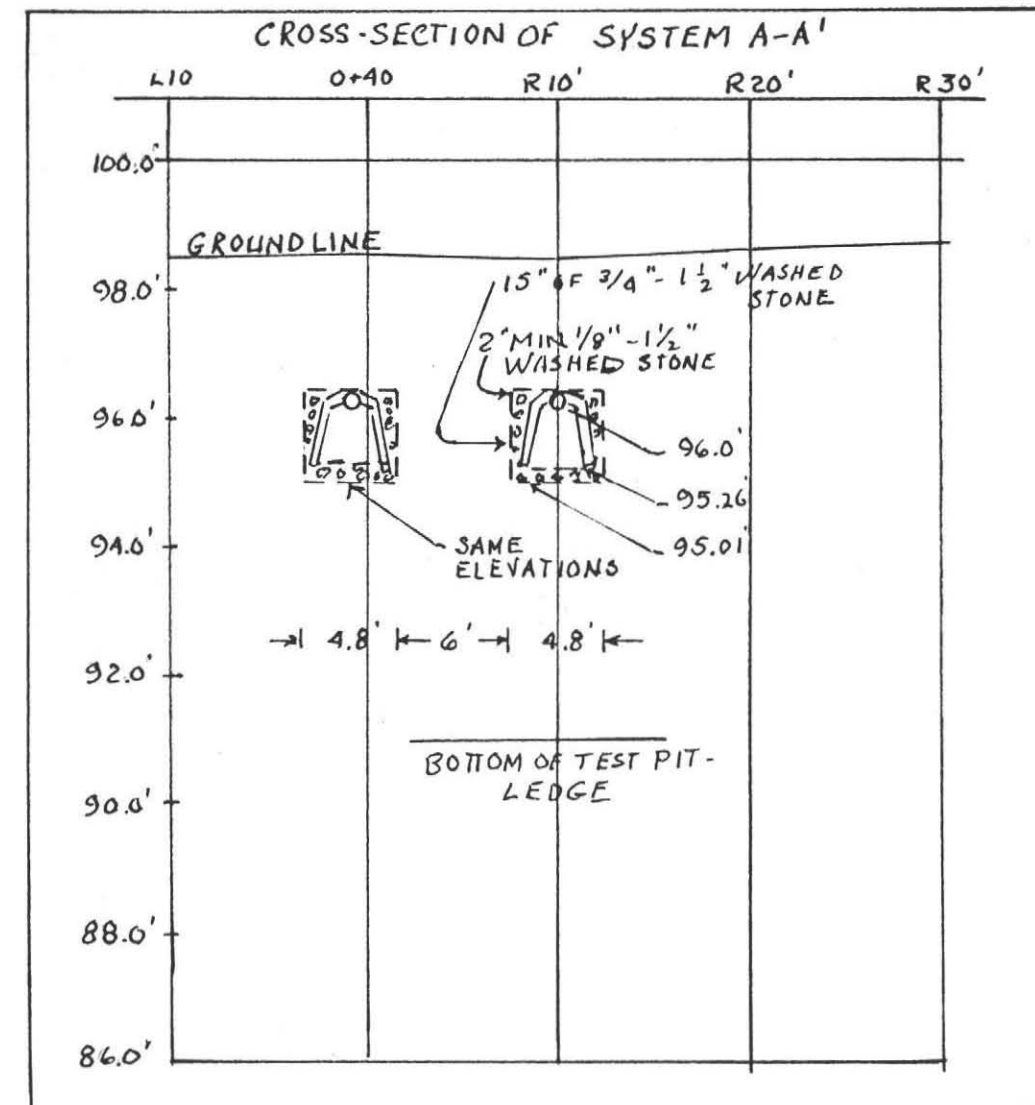
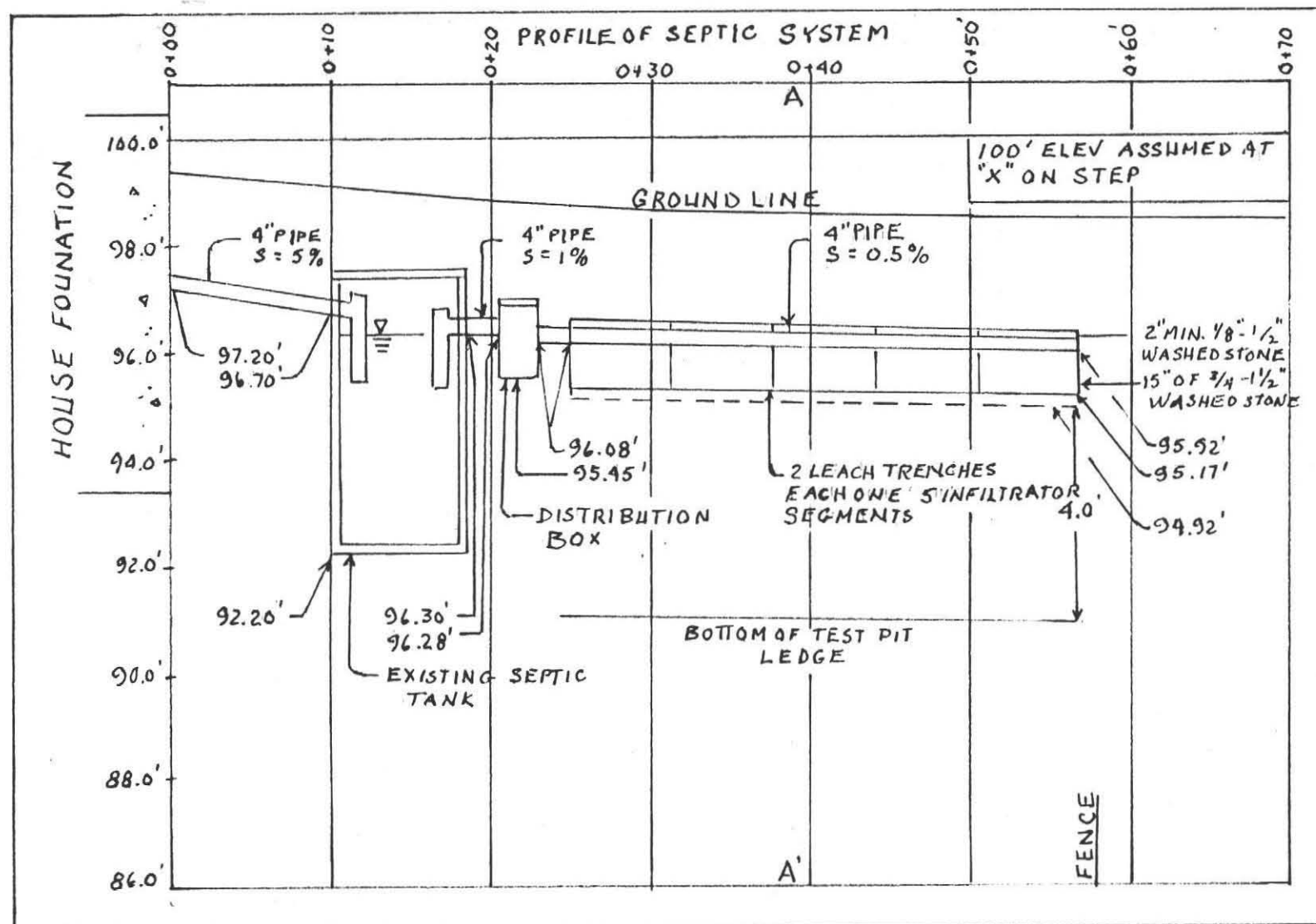
FOR: ANDREA COLER
453 MONTAGUE ROAD
AMHERST, MA.

DATE: 8-19-88

BY: Filios Enterprises, Inc.
69 Pelham Road
Amherst Mass. 01002

Site: SAME

SCALE: 1" = 40'-00"



CALCULATION

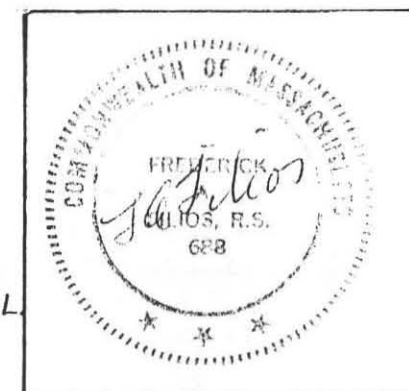
DESIGN FLOW = 4 BDRM x 110 GAL x 1.25
= 550 GAL. BDRM

INFILTRATOR CAPACITY

SIDES 6.3' x 1.25' x 2.0 x 2 = 31.5
BOTTOM 6.3 x 4.8' x 0.83 x 1 = 25.10
56.6 GAL

SEGMENTS NEEDED

550 GAL / 56.6 GAL = 9.7 → 10 SEGMENTS



- CONSTRUCTION NOTES**
1. SEPTIC TANK SHOULD BE INSPECTED - PUMPED ANNUALLY
 2. THE INLET AND OUTLET TEES SHOULD EXTEND 10" AND 14" BELOW INLET RESPECTIVELY
 3. PIPE EXITING DISTRIBUTION BOX MUST REMAIN LEVEL FOR 2' AS SHOWN
 4. ALL TOPSOIL SHOULD BE REMOVED TO A DISTANCE OF 10' AROUND SYSTEM
 5. TWO LINES OF INFILTRATORS WITH 5 SEGMENTS PER LINE ARE TO BE USED

SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION TO BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5

FOR: ANDREA COLUR
453 MONTAGUE RD.
AMHERST, MA.

SITE: SAME

BY: FILIOS ENTERPRISES INC.
69 PELHAM ROAD
AMHERST, MA. 01002

DATE: 8-19-88

SCALE: HOR: 1" = 10'-00"
VERT: 1" = 3'-00"

