

10 Overlook Dr
Anne Blanford

Robert Dimock
10 Overlook Drive

ALL INSPECTED 12 YRS AGO, 7 now (possibly)
(2) ETC DISTANCE

HOUSE BUILT
CONSIDER 25'

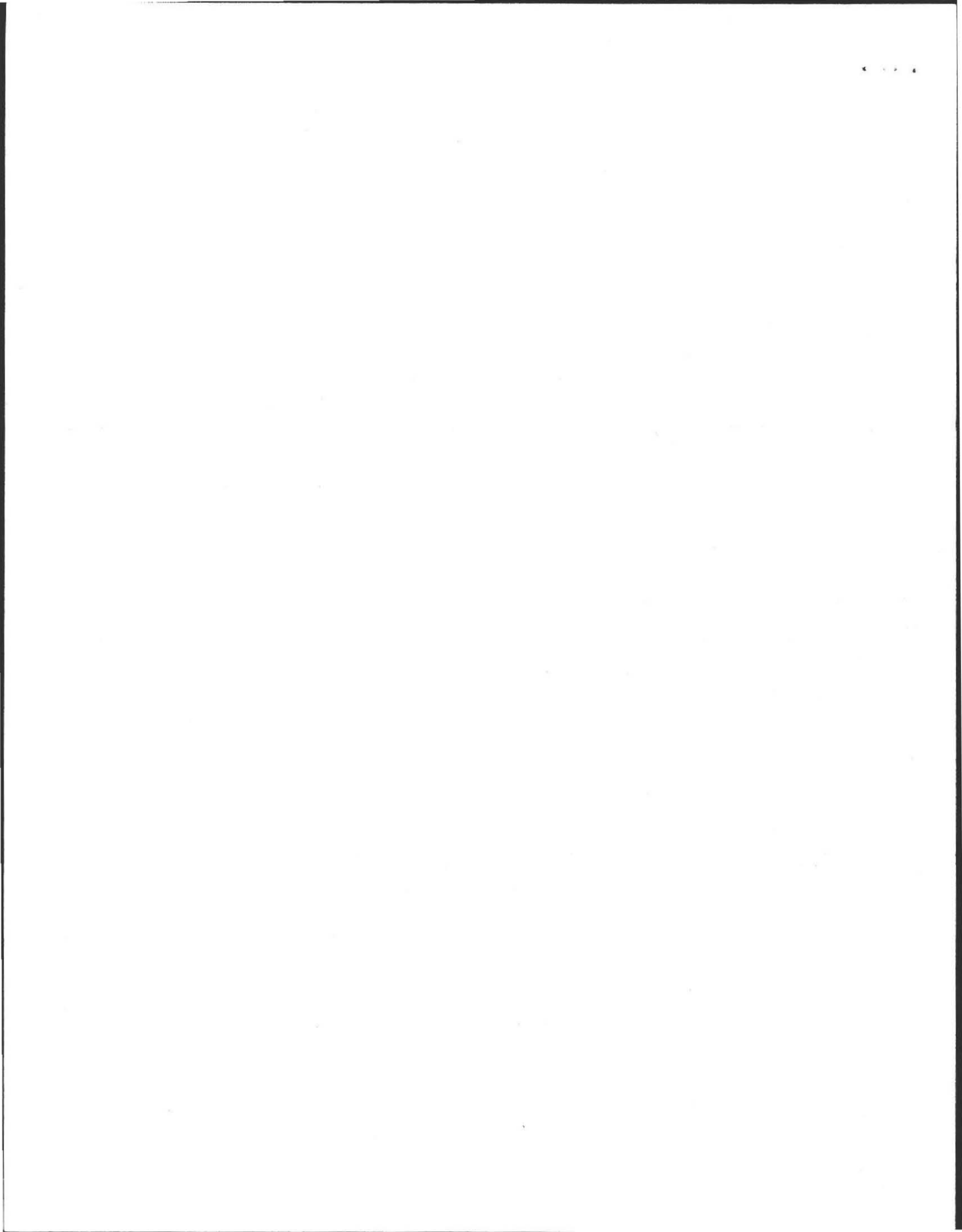
BRITAINLY BURY ?

AMHERST PUBLIC HEALTH DEPARTMENT

DATE: June 11, 2013

RE: Invoice for Title 5 Inspection
10 Overlook Drive, Amherst
Services provided by Edmund Smith
PAYMENT TERMS: : Payment due

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 Witness (system passes)	\$ 200.00	\$ 200.00
	This bill due upon receipt - please remit to address above.		
	thank you, Edmund Smith, Amherst Health Inspector		
		SUBTOTAL	\$ 200.00
		SALES TAX	
		TOTAL	\$ 200.00



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SALES TAX			
TOTAL			\$ 200.00

#11

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

No. 70-18 Date 9/3/70 Fee \$3/ Date Rec'd. 9/3/70 By CED

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

Location—Address High Point Hill 11 Overlook or Lot No. 49

Owner Roy Industries Inc. Address Shutesbury

Contractor Bill Clarke Address "

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 Expansion Attic (no) Garbage Grinder (X)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? no Type of Well Artesian

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter 10 X 40 Depth below inlet _____ Total leaching area 400 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date 9/3/70

Test Pit No. 1 less than 2 minutes per inch Depth of Test Pit 30

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Gravel Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(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 aforedescribed 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 Drake Owner or builder With 2 males 9/4/70 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. 70-18
Permission is hereby granted Roy Industries to construct (X) or repair () an Individual Sewage Disposal System at Lot 49 High Point Hill 11 Overlook as shown on the application for Disposal Works Construction Permit No. 70-18

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 9/3/70 C. Drake
Board of Health

111 100 100

111 100 100

111 100 100

100

100

100

100

100 100 100

100 100 100

UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

100-100

100

100 100 100

#3

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

No. 70/20 Date 9/3/70 Fee \$3.00 Date Rec'd. 9/3/70 By CED

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

Location—Address High Point Hill 3 Overlook or Lot No. 48

Owner Roy Industries Address Shutesbury

Contractor Bill Clarke Address "

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 Expansion Attic (no) Garbage Grinder (yes)

Other _____ No. of persons _____ Showers () _____

Other fixtures _____

Town Water? no Type of Well Artesian

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter 15X40 Depth below inlet _____ Total leaching area 600 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date 9/4/70

Test Pit No. 1 16 minutes per inch Depth of Test Pit 30

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil sandy clay Depth to Ground Water 7' est

Will disposal area be filled? _____ Cut down? _____

(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 Drake

Will 2 May
Owner or builder

9/4/70
date
9/3/70
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. 70-20

Permission is hereby granted Roy Industries to construct (X) or repair () an Individual Sewage Disposal System at lot 48 High Point Hill 3 Overlook as shown on the application for Disposal Works Construction Permit No. 70-20

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 9/3/70

CED
Board of Health

10/1/77 10:10 AM

10/1/77 10:10 AM

no

10/1/77

10/1/77

10/1/77

of

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION

10/1/77 10:10 AM

Lot 449

SOAK

9"

6"

3"

Dry

9

9

9

~~18~~

32

40

43 E Rooms

66 40-5



(See over)

To 2nd Drive

Date 6/20/26

Time 12:40

A.M.
P.M.

WHILE YOU WERE OUT

M Lynn Clark

of 253-5733

Phone or 253-5204

Area Code

Number

Extension

TELEPHONED		PLEASE CALL	
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		RUSH	
RETURNED YOUR CALL			

Message

Please call her
before you leave today
re: appt. with her +
Karl's Excavating
Operator

1200 GAL S.T.
400 SQ FT. BED.

PERC. RATE < 2 min/INCH
AT 36"

DESIGN 4 B.R. G.G. YES

323-7454



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



Owner
information is
required for
every page.

10 Overlook Drive

Property Address

Marguerite Deher (C/O Nancy Hamel, Jones Town & Country Real Estate).

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.18.2008

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

Important:
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.



A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

License Number

B. Certification


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

☒ Passes

☐ Conditionally Passes

☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority


Inspector's Signature

06.18.2008

Date

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

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



Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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10 Overlook Drive

Property Address

Margerite Deher

Owner's Name

Amherst

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06.18.2008

Date of Inspection

B. Certification (cont.)

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

A) System Passes:

- ☒ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

All levels were good at inspection, leach field is 6+ years old. Older 1000 gal. Tank pumped, (D. box, & S. tank had good levels and no indication of past high staining or ponding. House has been empty for some time. Reported to have had 4 people till last month. Garbage Grinder is not designed for and should be removed.

B) System Conditionally Passes:

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

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

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

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

ND Explain:

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

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



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- ☐ 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:

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

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

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

- ☐ Cesspool or privy is within 50 feet of a surface water

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

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

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

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

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



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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B. Certification (cont.)

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

- ☐ 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: Measured

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

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

Yes No

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |



Commonwealth of Massachusetts

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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

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

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

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <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 |

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



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C. Checklist

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

Yes

No



Pumping information was provided by the owner, occupant, or Board of Health



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



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



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



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 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:



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(5)]

**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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10 Overlook Drive

Property Address

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MA
State01002
Zip Code06.18.2008
Date of Inspection**D. System Information****Residential Flow Conditions:**Number of bedrooms (design): 3 Number of bedrooms (actual): 3DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330Number of current residents: 0Does residence have a garbage grinder? ☒ Yes ☐ NoIs laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ NoLaundry system inspected? ☐ Yes ☒ NoSeasonal use? ☐ Yes ☒ NoWater meter readings, if available (last 2 years usage (gpd)): N/ASump pump? ☐ Yes ☒ NoLast date of occupancy: Current
Date**Commercial/Industrial Flow Conditions:**Type of Establishment: N/ADesign flow (based on 310 CMR 15.203): N/A
Gallons per day (gpd)Basis of design flow (seats/persons/sq.ft., etc.): N/AGrease trap present? ☐ Yes ☒ NoIndustrial waste holding tank present? ☐ Yes ☒ NoNon-sanitary waste discharged to the Title 5 system? ☐ Yes ☒ NoWater meter readings, if available: N/ALast date of occupancy/use: N/A
DateOther (describe): N/A



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Date of Inspection

D. System Information (cont.)

General Information

Pumping Records:

Source of information:

Owner: (6 yrs?)

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1000 g
gallons

How was quantity pumped determined?

pumper

Reason for pumping:

T-5

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:

6+ Years, tank is 30+ years.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No



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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1.0'
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

10'
feet

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

Septic Tank (locate on site plan):

Depth below grade:

1.5'

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

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

☒ Yes ☐ No

Dimensions:

8.5'X4.5'X4.'

Sludge depth:

2"

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

46"

Scum thickness

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

12"

How were dimensions determined?

Measured



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D. System Information (cont.)

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

Tank levels good. Structural integrity appeared good at time of inspection. (Tees in place), Tank was pumped after inspection.

Grease Trap (locate on site plan):

Depth below grade:

N/A

feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

N/A

Scum thickness

N/A

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

N/A

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

N/A

Date of last pumping:

N/A

Date

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

N/A

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

N/A

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

N/A



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

☐ Yes ☐ No

Alarm level:

N/A

Alarm in working order: ☐ Yes ☐ No

Date of last pumping:

N/A

Date

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

N/A

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

☐ Yes

☐ No

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

@ Inv. level good. 20" down

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.):

Good condition flow level good.

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes

☐ No

Alarms in working order:

☐ Yes

☐ No



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D. System Information (cont.)

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

3 lines noted out of D. box (size: 20' l x 40' w+/-)

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|---------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input checked="" type="checkbox"/> | leaching fields | number, dimensions: | 16' x 35' +/- |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | 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.):

No evidence of hydraulic failure, soil at top good no stone staining.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

10 Overlook Drive

Property Address

Margerite Deher

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.18.2008

Date of Inspection

D. System Information (cont.)

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes

☐ No

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

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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10 Overlook Drive

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Margerite Deher

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.18.2008

Date of Inspection

D. System Information (cont.)

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.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

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information is
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every page.

10 Overlook Drive

Property Address

Margerite Deher

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

06.18.2008

Date of Inspection

D. System Information (cont.)

Site Exam:

- ☒ Check Slope
- ☒ Surface water
- ☒ Check cellar
- ☐ Shallow wells

Estimated depth to ground water:

4-5.1+ (records)
feet

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

- ☐ Obtained from system design plans on record
If checked, date of design plan reviewed: n/A
Date
- ☐ Observed site (abutting property/observation hole within 150 feet of SAS)
- ☐ Checked with local Board of Health - explain:

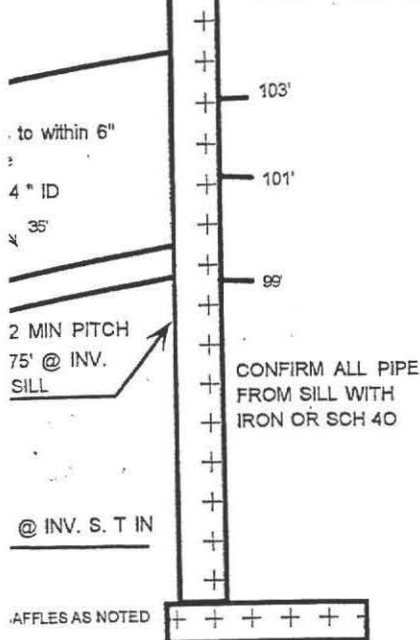
- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:

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

Topo evaluation with work adjacent in recent past.

= TOP OF TANK = 100.00'

105.57' = TBM2 (SILL)

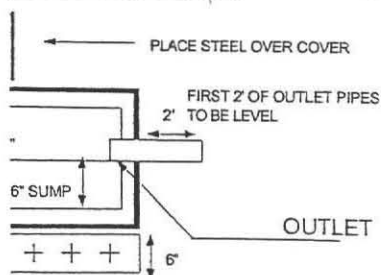


UND

IF NEEDED.)

A-1=32'
A-2=53'
B-1=28'
B-2=50'

OX (WATERTIGHT)



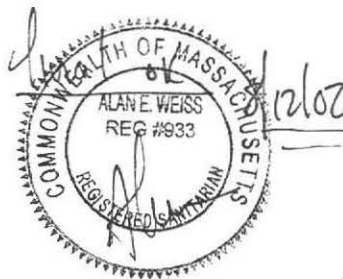
E BASE OF 6" 3/4-1 1/2" CRUSHED STONE BOX W/ 2" MIN WALL THICKNESS
ER FOR FINAL INSPECTION
ELERS ON OUTLETS.

TEM OPERATION AND MAINTENANCE NOTES

D EVERY SECOND (2) YEARS.
TIC AS GRASSY OR SIMILAR GROUND COVER
SUNLIGHT TO AREA.
S OR DEEP ROOTING SHRUBS WITHIN 5 FEET
SENTS IN WASHER OR DISHWASHER.
EVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM.
S SUCH AS GUTTERS OR CURTAIN DRAINS AT
ACHING FIELD.

SITE PLAN
(1"=20')

AS BUILT



KARL'S INSTALLER

ALL grades per Plan Av

USING EXISTING SEPTIC TANKS:

AN EXISTING 1,000 GALLON SEPTIC TANK CAN BE USED IF UPON INSPECTION BY THE INSTALLING CONTRACTOR, IF THE TANK IS INSPECTED AND PUMPED AND FOUND TO BE STRUCTURALLY SOUND AT THE TIME OF THE SUBGRADE INSPECTION. IF BAFFLES ARE NOT BUILT IN, THAN SCH 40 PVC TEES MUST BE ADDED. IF TANK IS NOT SOUND THAN, NOTIFY ENGINEER IMMEDIATELY IN ORDER TO ACCOMMODATE A NEW 1,500 GALLON (MIN.) SEPTIC TANK.

AS BUILT

DESIGN NOTES:

- 3 BR X 110 GAL/PERSONS/DAY = 330 GAL/DAY
-Use ONE Leachfield 16' wide x 35' LONG W/6" of .5" of DBL washed stone below invert.
Bot. Area: 16' wide x 35' long = 560 SF.
Side Area: N.A.
Tot. Area: 560 sf x 0.68 gal.sf. = 381 GAL/DAY.
- GARBAGE DISPOSAL NOT ALLOWED.
- ALL D. BOX OUTLET PIPES LEVEL FOR 2', USE SPEED LEVELERS.
- NO PRIVATE WELLS WITHIN 100 FEET OF SAS. (APPROX. water line NOTED)
- NO WETLANDS WITHIN 150 FEET OF SAS.
- PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AREA NOT REQUIRED.
- EXISTING AND PROPOSED EXISTING 1000 GALLON TANK (6" SUBGRADE INSPECTION) USE TANK ONLY IF COMPETENT!

Location Address or Lot No. 10 OVERLOOK DR.On-site ReviewDeep Hole Number TP-1 Date: 9/29/99 Time: 9:00 Weather CLOUDS 70°F

Location (identify on site plan) _____

Land Use RURAL RES. Slope (%) 3 Surface Stones MANY

Vegetation _____

Landform DRAWN

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 100' feetPossible Wet Area 100' feet Property Line 45' feetDrinking Water Well 100' feet Other _____

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-6"	A	FSL	10YR 3/2		Frable
6"-28"	B ₁	FSL	10YR 4/6		Frable
28"-108"	C ₁	LS	2.5Y 4/4	62" 10YR 5/8	Granular F-C. Sandy till 15% cobbles + stones.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Glacial till Depth to Bedrock: 108"Depth to Groundwater: Standing Water in the Hole: Not obs Weeping from Pit Face: Not obsEstimated Seasonal High Ground Water: 62"



10 Overlook Drive
Amherst, MA
06.18.2008



10 Overlook Drive
Amherst, MA
06.18.2008

BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner AUGUSTA MOORE Address LOT 14 OVERLOOK DR.

Installer JIM SENN Address MILLER FALLS

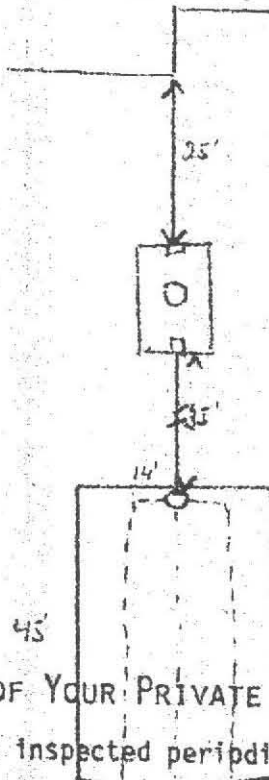
Date Installation Inspected and Approved JULY- 1975

Description of System: Tank Capacity: _____

Leach Field () Bed (X) Seepage Pit () Square Feet: 630

Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6

As - BUILT PLAN:



AL -
This is on top
of pile -
Good way

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,

J. H. [Signature]

[Faint text block]

[Faint text block]

[Faint text block]

[Faint text block]

[Faint text block]

#100

No. _____

Date: 9-29-99

Commonwealth of Massachusetts
Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: AL Weiss

Date: 9-29-99

Witnessed By: David Zircalini

Location Address or Lot #	Owner's Name, Address, and Telephone #
	<u>Barry Hellman</u> <u>100 Overlook Drive</u> <u>253-7796</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No ☐ Yes ☐

Year Published _____ Publication Scale _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No ☐ Yes ☐

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☐

Within 500 year flood boundary No ☐ Yes ☐

Within 100 year flood boundary No ☐ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) _____

Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal ☐ Normal ☐ Below Normal ☐

Other References Reviewed: _____



9/29/99:
No Charge
Harris' / Al Found
"Box" system
working AT this time

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 100 Overlook Drive

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:		Time:
Observation Hole #	1	
Depth of Perc	46"	
Start Pre-soak	9:15	
End Pre-soak	9:30	
Time at 12"	9:30	
Time at 9"	9:47	
Time at 6"	10:07	
Time (9"-6")	20	
Rate Min./Inch	6"	

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

Site Passed ☐ Site Failed ☐

Performed By: AL Weiss

Witnessed By: David Zaremski

Comments: _____



FORM 11 - SOIL EVALUATOR FORM

Page 2 of 3

Location Address or Lot No. 100 Overlook DriveOn-site ReviewDeep Hole Number _____ Date: 9-28-99 Time: 8:30 Weather cloudy

Location (identify on site plan) _____

Land Use _____

Slope (%) _____

Surface Stones _____

Vegetation _____

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body

feet

Drainage way

feet

Possible Wet Area

feet

Property Line

feet

Drinking Water Well

feet

Other _____

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
6"	A	FSL	10YR 3/2		Frangible
28"	B	FSL	10YR 4/6		Frangible
168"	C ₁	LS	2.5Y 4/4	62" 10YR 5/8	Granular Fine Sand Sand Till 15% Cobbles Stones

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) glacial Till

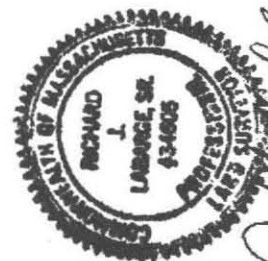
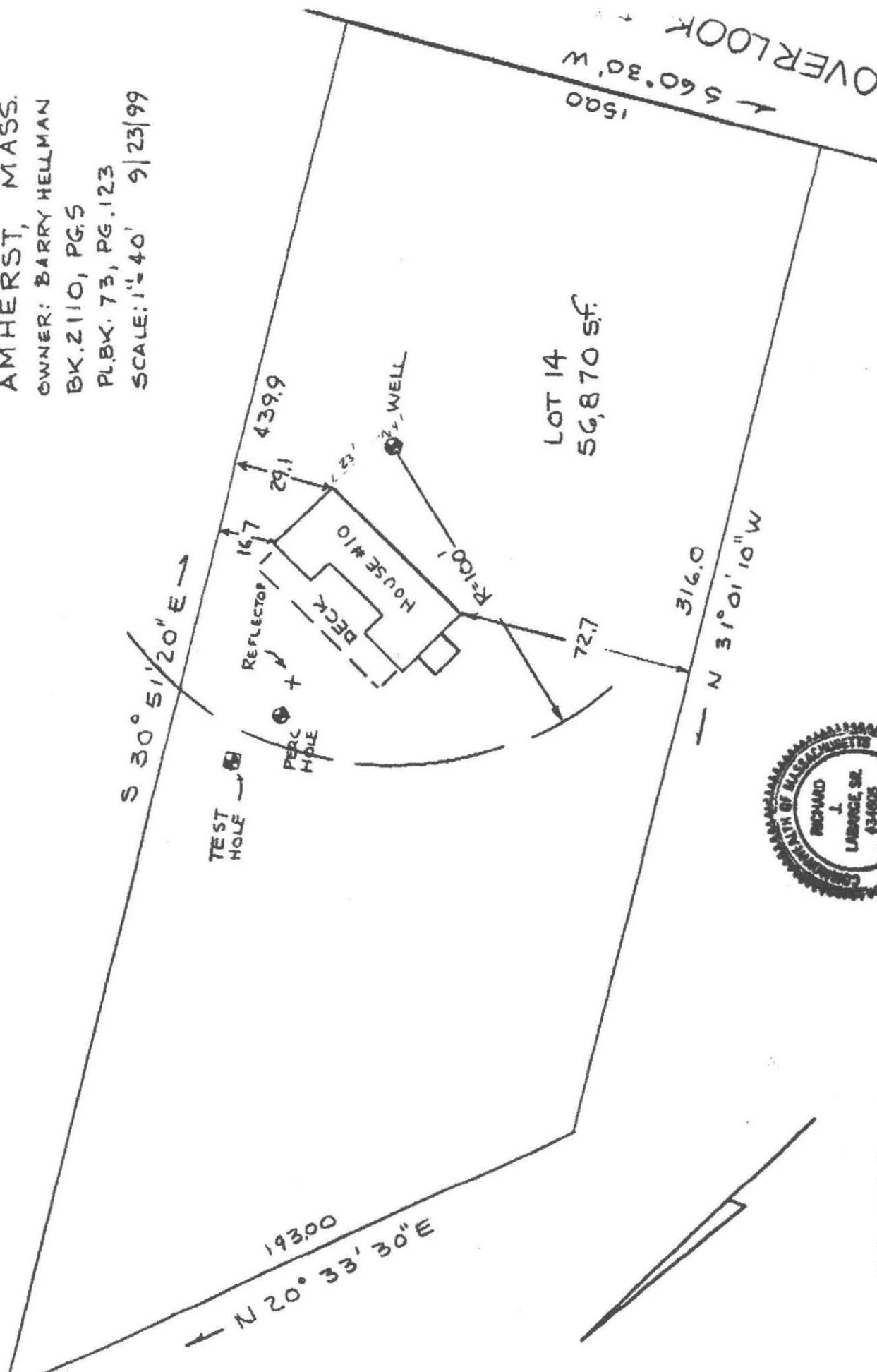
Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: _____

Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: 62"

SKETCH OF LAND IN
AMHERST, MASS.
OWNER: BARRY HELLMAN
BK. 2110, PG. 5
PLBK. 73, PG. 123
SCALE: 1"=40' 9/23/99



Richard J. LaBarge Sr.
Registered Land Surveyor
P.O. Box 240, 110 King St
Northampton, MA 01061

Richard J. LaBarge Sr.

