			-
			-21
8			



COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- · LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- · Recycling and Solid Waste
- Second Opinions

Title 5 Attachments

Prepared by:

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

Prepared for:

Jeannie JOnes

11 Overlook Drive Amherst, MA 01060

Project Number: 111-3489

System Evaluator: Alan Weiss, RS

Date: Nov 2010 and , June 11, 2011



Commonwealth of Massachusetts City/Town of Amherst Certificate of Compliance

Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with

	the local board of Health to determin	ne the form they use.	
	This is to Certify that the following	work on an On-Site Sewage Dispo	sal System
nportant: /hen filling out orms on the omputer, use niy the tab key omove your	 ☐ Construction of a new system ☐ Repair or replacement of an exist ☒ Repair or replacement of an exist 		
ursor - do not se the return	Has been done in accordance with	Title 5 and the Disposal System Co	enstruction Permit (DSCP):
	DSCP Number	DSCP Date	
Tisb	Jeannie Jones		
	Facility Owner		
	11 Overlook Drive		
renan 🐬	Street Address or Lot #		
	Amherst	MA	01002
	City/Town	State	Zip Code
	Designer Information:		
	Designer information.		
	Alan Weiss, RS, # 933	Cold Spring Envir	onmental, Inc.
	Name	Name of Company	
	114	06.11.2011	
	Signature	Date	
	Installer Information:		
		111-	
	Rob Addair	120	aut.
	Name	Name of Company	
		06.11.2011	
	Signature	Date	
	Use of this system is conditioned on	compliance with the provisions set	t forth below:
		II.	
	the state of the s		

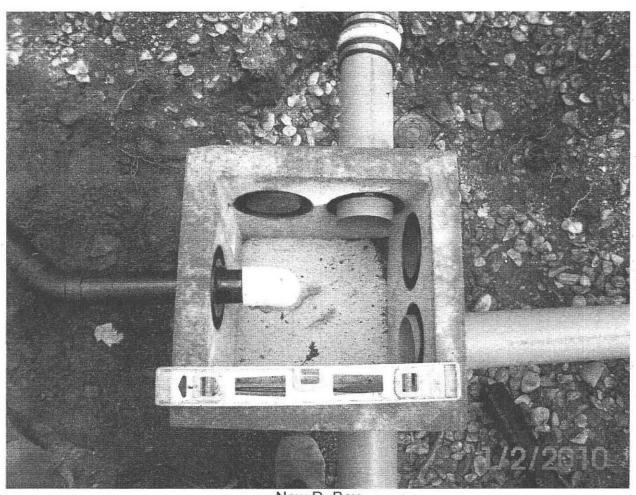
The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

Approving Authority Signature

Certificate of Compliance • Page 1 of 1

t5form3.doc* 06/03

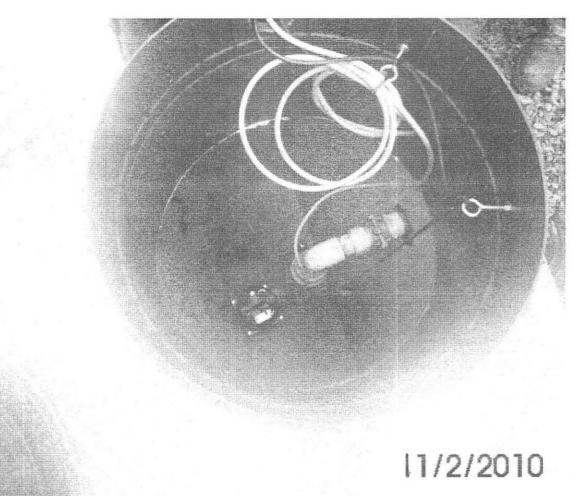
Dopy kut to Alen Wies



New D. Box 11 Overlook Drive Amherst, MA 11.02.2010



New S. tank and P. Chamber 11 Overlook Drive Amherst, MA 11.02.2010

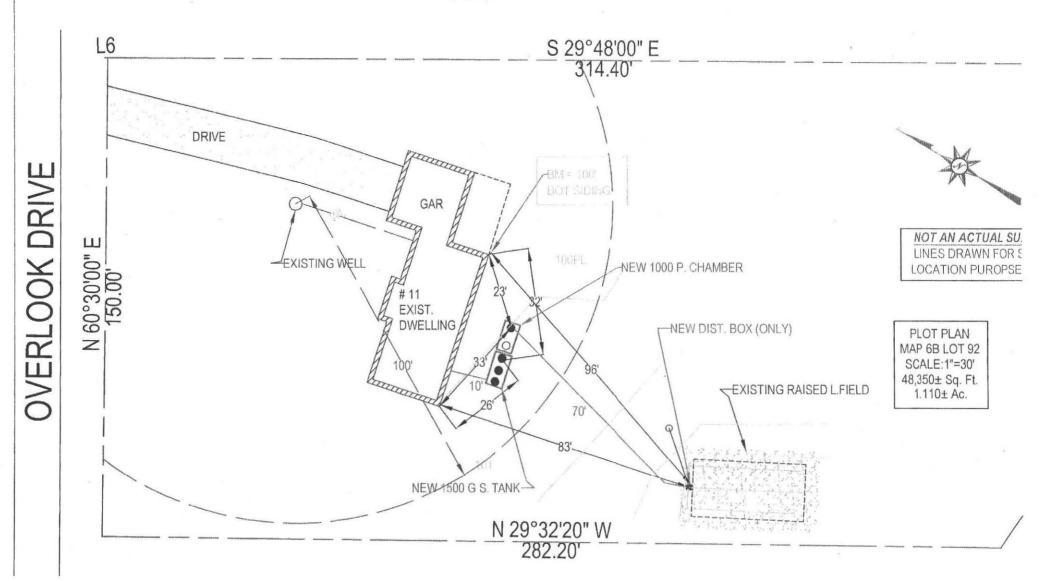


Pump & Floats 11 Overlook Drive Amherst, MA 11.02.2010



Leaching stone under D. box 11 Overlook Drive Amherst, MA 11.02.2010

COMPLETED .





Important:

When filling out forms on the computer, use

only the tab key to move your

cursor - do not

use the return

kev

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 Overlook Drive			
Property Address			
Jeannie M. Jones			
Owner's Name			
Amherst	MA	01002	11.01.2010 & 6.11.2011
City/Town	State	Zip Code	Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any A. General Information 1. Inspector: Alan E. Weiss, M.S., R.S. Name of Inspector Cold Spring Environmental Consultants Inc. Company Name 350 Old Enfield Road Company Address Belchertown 01007 MA City/Town State Zip Code RS 933 413.323.5957 License Number Telephone 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:

\boxtimes	Passes	Conditionally Passes	Fails
	Needs Further Evaluation by the	ne Local Approving Authority	
	The Ulsis	06.11.2011	
Insp	ector's Signature	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

THE RESERVE TO SERVE THE PARTY OF THE PARTY	Drive			
	ones			
		MA	01002	11 01 2010 8 6 11 2011
				11.01.2010 & 6.11.2011 Date of Inspection
				and or mopositori
Certifi	cation (cont.)			
Inspectio	n Summary: Check A,B,C,	D or E / always o	complete all of	Section D
System I	Passes:			
in 31	0 CMR 15.303 or in 310 CM			
Commen	ts:			
New S. T 1500 gal.	ank, P. chamber & D. Box i Septic tank & 1000 G P Ch	replaced as old c namber was insta	one was soft ar alled. Risers m	nd cracked & non functonal. New ade tight, Grinder removal was
System (Conditionally Passes:			
repla	ced or repaired. The system			
		′, N, ND) in the [for the follow	ring statements. If "not
struc Syste	turally unsound, exhibits su em will pass inspection if the	bstantial infiltration e existing tank is	on or exfiltratio	n or tank failure is imminent.
ND Expla	nin:			
L field wa	as not in failure. New D. box	& Tanks comple	eted, now pass	es.
to bro		or due to a broke	n, settled or un	level in the distribution box due leven distribution box. System w
pass	inspection in (with approval	Of Doald Of Flea	iui).	
pass	broken pipe(s) are repla		iui).	
	Annie M. Joner's Name wherst y/Town Certifi Inspection System I I have in 31 indicated in 3	Inspection Summary: Check A,B,C,System Passes: ☐ I have not found any information in 310 CMR 15.303 or in 310 CM indicated below. Comments: All levels were good at re-inspection New S. Tank, P. chamber & D. Box 1500 gal. Septic tank & 1000 G P Ct required. Follow-up inspection in 60-System Conditionally Passes: ☐ One or more system component replaced or repaired. The system the Board of Health, will pass. Answer yes, no or not determined (Y determined," please explain. ☐ The septic tank is metal and ove structurally unsound, exhibits su System will pass inspection if the approved by the Board of Health * A metal septic tank will pass in of Compliance indicating that the ND Explain: L field was not in failure. New D. box	Annie M. Jones Iner's Name Inherst In	Annie M. Jones Iner's Name Inherst



Commonwealth of Massachusetts

11 Ove	erlook Drive			
	e M. Jones			
Owner's				
Amher		MA	01002	11.01.2010 & 6.11.2011
City/Tow	'n	State	Zip Code	Date of Inspection
B. Ce	ertification (cont.)			
B)	System Conditionally Passes	s (cont.):		
	distribution box is level	ed or replaced		
ND	Explain:			
_		81		
_				
	The system required pumping system will pass inspection if (v			broken or obstructed pipe(s). The alth):
	broken pipe(s) are repl	aced		
	obstruction is removed			
NΓ	Explain:			
146	Explain.			
-		W		
-				
C)	Further Evaluation is Require	ed by the Board	of Health:	
	Conditions exist which require the system is failing to protect particles.			of Health in order to determine if comment.
	1. System will pass unless E 15.303(1)(b) that the system is safety and the environment:			accordance with 310 CMR which will protect public health
	Cesspool or privy is wi	thin 50 feet of a si	urface water	
	Cesspool or privy is wi	thin 50 feet of a bo	ordering vegeta	ated wetland or a salt marsh
¥	System will fail unless the determines that the system is safety and environment:			
	100 feet of a surface water sup The system has a sept	ply or tributary to	a surface wate	m (SAS) and the SAS is within r supply. within a Zone 1 of a public water
	supply. The system has a sept	tic tank and SAS a	and the SAS is	within 50 feet of a private water



Commonwealth of Massachusetts

-	Overlook	134.5.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			-	
- many	oerty Address annie M. Jo					
_	ner's Name	nies				
Am	herst			MA	01002	11.01.2010 & 6.11.2011
City	/Town			State	Zip Code	Date of Inspection
В.	Certific	cation (cont.)			
C)	Further E	valuation	is Required by th	e Board of H	ealth (cont.):	
			a septic tank and s ate water supply w		AS is less that	n 100 feet but 50 feet or
	Metho	od used to	determine distance	e:		
	bacteria in less than	ndicates ab	sent and the preservided that no othe	ence of ammo	nia nitrogen an	P certified laboratory, for coliform d nitrate nitrogen is equal to or A copy of the analysis must be
	3. Other:					
				*		
			4			
D)	System F	Failure Crit	eria Applicable to	o All Systems	:	
	You mus	<u>t</u> indicate	"Yes" or "No" to	each of the fo	llowing for al	l inspections:
	Yes	No				
			clogged SAS or o	cesspool		oonent due to overloaded or
		\boxtimes	due to an overloa	aded or clogge	d SAS or cess	
		\boxtimes	Static liquid level or clogged SAS		tion box above	outlet invert due to an overloaded
		\boxtimes	Liquid depth in ce than ½ day flow	esspool is less	than 6" below	invert or available volume is less
		\boxtimes	Required pumpin obstructed pipe(s			st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the	e SAS, cesspo	ool or privy is b	elow high ground water elevation.
		\boxtimes	Any portion of ce tributary to a surf			feet of a surface water supply or



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	Overlook [perty Address						
	annie M. Jo						
Owr	ner's Name						
	herst			MA	01002	11.01.2010 & 6.11.201	1
City	Town			State	Zip Code	Date of Inspection	
R	Certific	ation (cont)			100	
υ.	Octune	auon	cont.)				
D)	System F	ailure Crit	eria Applicable to	All Systems	(cont.):		
	Yes	No					
		\boxtimes	Any portion of a ce	sspool or priv	vy is within a Z	one 1 of a public well.	
		\boxtimes	Any portion of a ce	sspool or priv	vy is within 50 t	eet of a private water sup	ply well
			from a private water system passes if laboratory, for fee of ammonia nitro	er supply well the well wat cal coliform gen and nitr other failure	with no accep er analysis, po bacteria indica ate nitrogen is criteria are tri	100 feet but greater than stable water quality analysiserformed at a DEP certificates absent and the press equal to or less than 5 iggered. A copy of the anhis form.]	s. [This ied sence ppm,
		\boxtimes	The system is a ce 10,000gpd.	esspool servir	ng a facility with	a design flow of 2000gpc	<u> </u> -
			criteria exist as des	scribed in 310 uld contact th	CMR 15.303, e Board of Hea	or more of the above failu therefore the system fails alth to determine what will	. The
E)			be considered a la 00 gpd to 15,000 gp		the system m	ust serve a facility with	а
	For large s			ner "yes" or "r	no" to each of t	he following, in addition to	the
	Yes	No					
			the system is within	n 400 feet of	a surface drink	ing water supply	
			the system is within	n 200 feet of	a tributary to a	surface drinking water sup	pply
			the system is locat Area – IWPA) or a			ea (Interim Wellhead Proto water supply well	ection
	or answer	ed "yes" in nsidered a	Section D above the significant threat ur	e large syste nder Section	m has failed. T E or failed und	is considered a significant he owner or operator of ar er Section D shall upgrade ould contact the appropriat	ny large e the

regional office of the Department.



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 Overlooi	k Drive				
Property Addre					
Jeannie M.	Jones				
Owner's Name					
Amherst			MA	01002	11.01.2010 & 6.11.2011
City/Town			State	Zip Code	Date of Inspection
C. Chec	klist				
Check it	f the follow	wing have been done.	You must inc	dicate "yes" or '	'no" as to each of the following:
Yes	No				
\boxtimes		Pumping information	on was provid	ed by the owne	er, occupant, or Board of Health
	\boxtimes	Were any of the sy	stem compon	ents pumped o	out in the previous two weeks?
\boxtimes		Has the system red	ceived normal	flows in the pr	evious two week period?
	\boxtimes	Have large volume this inspection?	s of water bee	en introduced t	o the system recently or as part of
\boxtimes				n obtained and	examined? (If they were not
\boxtimes		Was the facility or	dwelling inspe	ected for signs	of sewage back up?
\boxtimes		Was the site inspec	cted for signs	of break out?	
\boxtimes		Were all system co	mponents, ex	cluding the SA	S, located on site?
			ondition of the	e baffles or tees	ened, and the interior of the tank s, material of construction, d depth of scum?
					nt from owner) provided with urface sewage disposal systems?
		The size and loca		oil Absorption	System (SAS) on the site has

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

approximation of distance is unacceptable) [310 CMR 15.302(5)]

Determined in the field (if any of the failure criteria related to Part C is at issue

X

X

	*		
	2		



Commonwealth of Massachusetts

11 Overlook Drive							
Property Address							
Jeannie M. Jones							
Owner's Name Amherst	MA	01002	11.01.2010	2.6	11 20	111	
City/Town	State	Zip Code	Date of Inspec		11.20	1 1	
		123 No. 2000	12 27 THINN TO WE CALL FROM 1998 A VISION OF				
D. System Information							
Residential Flow Conditions:							
Number of bedrooms (design):	4	Number of bed	Irooms (actual):		4		
DESIGN flow based on 310 CMR 15.2	203 (for exampl	e: 110 gpd x #	of bedrooms):		440		
Number of current residents:					1		
Does residence have a garbage grind	er?			\boxtimes	Yes		No
Is laundry on a separate sewage syste	em? [if yes sep	arate inspectio	n required]		Yes	\boxtimes	No
Laundry system inspected?					Yes		No
Seasonal use?					Yes	\boxtimes	No
Water meter readings, if available (las	st 2 years usage	e (gpd)):		N/A	4		
Sump pump?					Yes	\boxtimes	No
Last date of occupancy:				Date	rent e		
Commercial/Industrial Flow Condition	ions:						
Type of Establishment:							
Design flow (based on 310 CMR 15.2	03):	Gallons	per day (gpd)				
Basis of design flow (seats/persons/se	q.ft., etc.):	-					
Grease trap present?					Yes		No
Industrial waste holding tank present?	>				Yes		No
Non-sanitary waste discharged to the	Title 5 system?	?			Yes		No
Water meter readings, if available:							
Last date of occupancy/use:		Date					
Other (describe):							



Commonwealth of Massachusetts

operty Address eannie M. Jone	29			
wner's Name	,,,			
mherst		MA	01002	11.01.2010 & 6.11.2011
ty/Town		State	Zip Code	Date of Inspection
. System	Information (cont.)	1	:40	
	Gen	eral Infor	mation	
Pumping R	ecords:			
Source of in	formation:	New	tank	
Was system	pumped as part of the inspect	ion?		☐ Yes ⊠ No
If yes, volun	ne pumped:	gallon	s	
How was qu	antity pumped determined?			
Reason for	pumping:	*		
Type of Sys	stem:			
\boxtimes	Septic tank, distribution bo	x, soil abs	orption system	1
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no)	(if yes, at	tach previous i	nspection records, if any)
	Innovative/Alternative tech maintenance contract (to b			
	Tight tank. Attach a copy of	of the DEF	approval.	4
	Other (describe):			
		3 300 2 000		
A MANAGEM WEST CONTRACTOR	e age of all components, date i			ource of information:
35 +/- years	(I field only), tanks and pump/	chamber r	eplaced.	



Commonwealth of Massachusetts

	erlook Drive							
	Address					2		
	e M. Jones							
Owner's			MA	01002	11 01 20	10 % 6 11 2011		
Amher City/Tow	- Calling - Call		MA State	Zip Code	Date of Ins	010 & 6.11.2011		
City/TOW	vII		Otate	Zip Gode	Date of me	spection		
D. S	ystem Inform	nation (cont.)			*			
Bu	ilding Sewer (loc	ate on site plan):						
De	epth below grade:				1.5'+ feet			
Ma	aterial of construct	ion:						
	☐ cast iron ☐ 40 PVC ☐ other (explain):							
Dis	stance from private	e water supply well	:	10'+ feet				
Co	Comments (on condition of joints, venting, evidence of leakage, etc.):							
Se	eptic Tank (locate	on site plan):				E 4		
De	epth below grade:				1.5' feet			
Ma	aterial of construct	ion:						
\boxtimes	concrete	metal metal	fiberglas	s 🗌	polyethylene	other (explain)		
Ne	ew tank							
lf t	ank is metal, list a	ge:			years	.8		
ls	age confirmed by	a Certificate of Cor	mpliance? (atta	ch a copy	of certificate)	☐ Yes ☐ No		
					40175 174 1			
Di	Dimensions:				10'X5 'X4.'			
Sli	Sludge depth: Distance from top of sludge to bottom of outlet tee or baffl Scum thickness Distance from top of scum to top of outlet tee or baffle				0"			
Di				baffle	44"	¥		
So					0"			
Di				1	6"			
Di	stance from bottor	m of scum to bottor	14"					
Но	ow were dimension	ns determined?	Measured/estimated					

÷		×		
				4



Commonwealth of Massachusetts

11 Overlook Drive						
Property Address						
Jeannie M. Jones						
Owner's Name			0.0000000000000000000000000000000000000			
Amherst		MA	01002	-	10 & 6.11.2011	
City/Town		State	Zip Code	Date of Inspection		
D. System Inform	nation (cont	.)				
Comments (on pumpliquid levels as relate				affle condition	n, structural integrity,	
New tank installed						
	Ŧ					
				6		
Grease Trap (locate	on site plan):					
			1	N/A		
Depth below grade:			f	eet		
Material of construct	ion:					
concrete	metal	fiberglas	ss p	olyethylene	other (explain)	
Dimensions:			1	N/A	140	
Difficusions.						
Scum thickness	Scum thickness		1	N/A		
	Distance from top of scum to top of outle			N1/A		
Distance from top of			<u> </u>	N/A		
Distance from botton			or baffle	N/A		
				N/A		
Date of last pumping	j:		Seems	Date		
	Comments (on pumping recommendation liquid levels as related to outlet invert, ev					
N/A	-		12:	-		
Tight or Holding Ta	ank (tank must h	a numned at time	of inspection) (locate on s	ite nlan):	
right of flolding fe	in traine must be	o pampou at ame			no piarry.	
Depth below grade:			1	N/A		
Material of construct	ion:					
concrete	☐ metal	fiberglas	ss 🗆 po	olyethylene	other (explain)	
N/A						



Commonwealth of Massachusetts

Overlook Drive						
operty Address						
annie M. Jones	- 2					
vner's Name						
mherst	MA	01002		.2010 8		.2011
y/Town	State	Zip Code	Date o	f Inspecti	ion	
. System Information (cont.)						
Tight or Holding Tank (cont.)						
Dimensioner		N/A				
Dimensions:						
Onne it is		N/A				
Capacity:		gallons				
Desire Floor		N/A				
Design Flow:		gallons per day				
Al-		П V П	NI.			
Alarm present:		Yes	No			
N/A		Ali			/	□ Ma
Alarm level:		Alarm in working	order:		Yes	☐ No
Date (Incl.)		N/A				
Date of last pumping:		Date				
Comments (condition of class and float au	iitahaa a	to V				
Comments (condition of alarm and float sw	ntches, e	IC.).				
N/A						
* Attach copy of current pumping contract	(required)	. Is copy attache	ed?		Yes	☐ No
,	(,		_		_
Distribution Box (if present must be open	ed) (loca	te on site plan):				
- 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5	, (
Depth of liquid level above outlet invert		@ invert				
Comments (note if box is level and distribu		itlets equal, any	evidence	of solid	ds carr	yover, any
evidence of leakage into or out of box, etc.):					
		1111				
replaced as part of inspection due to soft of	racked c	ondition.				
*						
Pump Chamber (locate on site plan):						
- Emp stratiles (results of one platt).						
Pumps in working order:				/es	□ No	2
ampoint working order.			K			*
Alarms in working order:			\boxtimes	r'es	□ No	
Alainis ili working order.				1 63	☐ 140	,

ė



Commonwealth of Massachusetts

own	,	MA State	01002 Zip Code	11.01.201 Date of Inspe	0 & 6.11.2011 ection
System	Information (cont.)				
Comments	(note condition of pump cham	ber, condition	on of pumps an	d appurtenan	ces, etc.):
	ption System (SAS) (locate o ocated, explain why:	n site plan,	excavation not	required):	
Type:					
Type:	leaching pits		number:		-
Type:	leaching pits		number:		
Type:					
Type:	leaching chambers		number:	ength:	
Type:	leaching chambers		number: number: number, l	ength:	18' x 35'+/-
	leaching chambers leaching galleries leaching trenches leaching fields		number: number: number, l		18' x 35'+/-
	leaching chambers leaching galleries leaching trenches	em	number: number: number, l		18' x 35'+/-



Commonwealth of Massachusetts

nnie M. Jones			
er's Name			
herst	MA	01002	11.01.2010 & 6.11.2011
Town	State	Zip Code	Date of Inspection
System Information (cont.)			
Cesspools (cesspool must be pumper	d as part of ins	pection) (locate	e 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, sign etc.):	s of hydraulic	failure, level of	ponding, condition of vegetati
	s of hydraulic	failure, level of	ponding, condition of vegetation
	s of hydraulic	failure, level of	ponding, condition of vegetation
etc.):	s of hydraulic	failure, level of	ponding, condition of vegetati
etc.): Privy (locate on site plan):		failure, level of	ponding, condition of vegetation
etc.): Privy (locate on site plan): Materials of construction:	N/A	failure, level of	ponding, condition of vegetati
etc.): Privy (locate on site plan): Materials of construction: Dimensions	N/A N/A		



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 Overlook Drive			
Property Address			
Jeannie M. Jones			
Owner's Name			
Amherst	MA	01002	11.01.2010 & 6.11.2011
City/Town	State	Zip Code	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

11 Overloo	ok Drive			
Property Addre	ess			
Jeannie M.				
Owner's Name	е			
Amherst		MA	01002	11.01.2010 & 6.11.2011
City/Town		State	Zip Code	Date of Inspection
D. Syste	em Information (cont.)			
Site Ex	cam:			
⊠ Che	eck Slope			
⊠ Sur	rface water			
⊠ Che	eck cellar			
☐ Sha	allow wells			
Estimat	ted depth to ground water:		4-5'+ feet	work/holes in leach area,
Please	indicate all methods used to det	ermine the hi	gh ground wate	er elevation:
	Obtained from system desi	gn plans on re		
	If checked, date of design p	olan reviewed	n/A Date	
	Observed site (abutting pro	perty/observa	ation hole within	150 feet of SAS)
	Checked with local Board of	of Health - exp	lain:	
	Checked with local excavat	ors, installers	- (attach docu	mentation)
	Accessed USGS database	- explain:		
	ust describe how you establishe I on lot. Excavation for T-5 and n			
-				

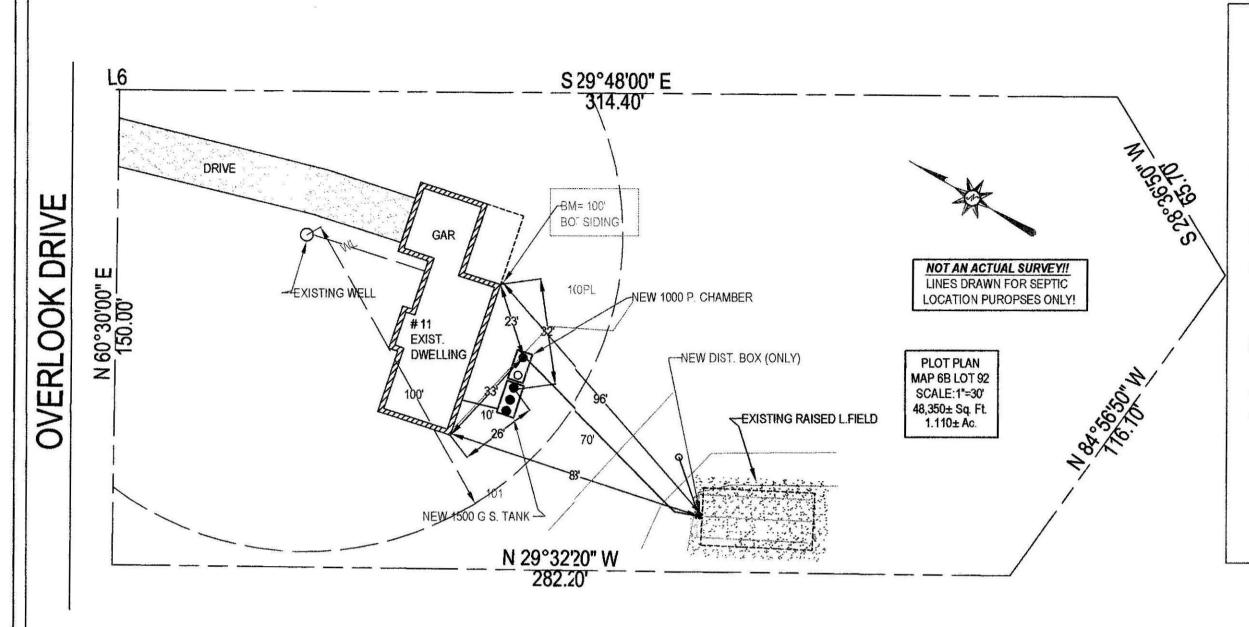
2.7		
No		

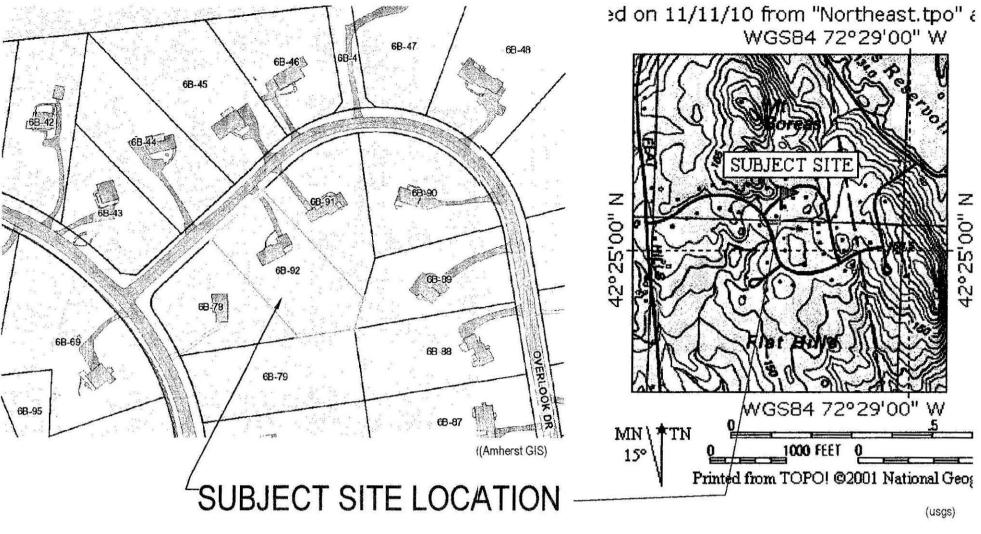
COMMONWEALTH OF MASSACHUSETTS

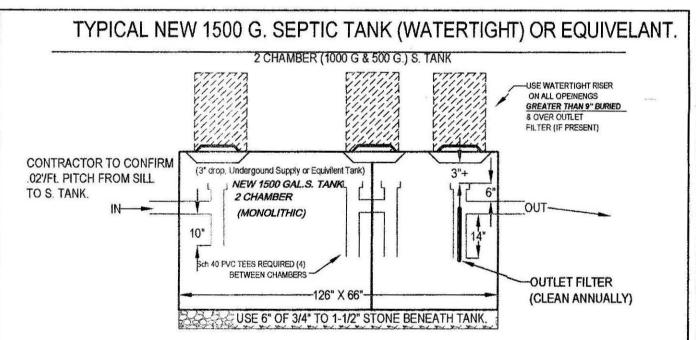
Board of Health, Amher37 , MA.

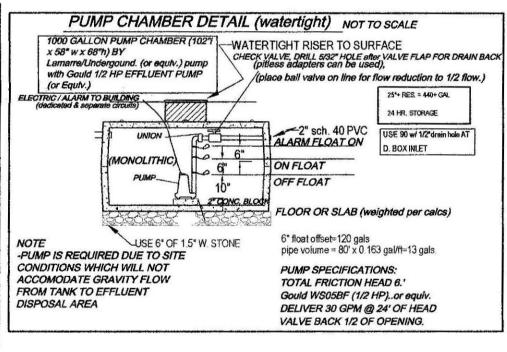
APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

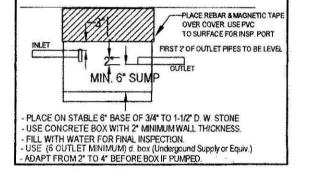
Location 11 OURTOOK DK	Owner's Name Jeannie Jone S
Map/Parcel# / B / 97	Address 11 overlock De
Lot#	Telephone# 253-3021
AT-	1/
I dall's syste	1/194 (0613) (12)
TMNEST, MY.	Delinerjouw NA,
	Telephone# 4/3 - 323 - 5757
ype of Building Resides.	Lot Size [1] Act sq. for
	Carbage grinder (4)
	No. of persons Showers (), Cafeteria (
Other Fixtures 110 and Calculate	ed design flow yu o gpo
Plan: Date 11/2 1200 Number of sheets	Revision Date
Title Septe Tall, Pump Charles +	D. Box Replacent Plan
Description of Soil(s)	
oil Evaluator Form No Name of Soil Eva	aluator Date of Evaluation
- 1	
DESCRIPTION OF REPAIRS OR ALTERATIONS S . +a	nk. P. Chanber + D. Ocx Repair
oCOMMONWEALTE	I OF MASSACHUSETTS Lev-5 + , MA.
	OF COMPLIANCE
escription of Work: Individual Component(s) Complete the undersigned hereby certify that the Sewage Disposal System;	Constructed (), Repaired (), Upgraded (), Abandoned ()
as been installed in accordance with the provisions of \$10 CMP	15.00 (Title 5) and the approved design plans/as-built plans relating to
pplication No, dated Appro	
nstaller	
esigner: Inspector:	Date:
he issuance of this permit shall not be construed as a guarantee	
0	FEE
COMMONWEALTH	I OF MASSACHUSETTS
	, MA.
Board of Health,	, NIA.
	CONSTRUCTION PERMIT
DISPOSAL SYSTEM (ermission is hereby granted to; Construct() Repair()	
DISPOSAL SYSTEM (ermission is hereby granted to; Construct() Repair()	CONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal system as described in the application fo
DISPOSAL SYSTEM ermission is hereby granted to; Construct() Repair() it	CONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal system as described in the application for the described in the described in the application for the described in the application for the described in the
DISPOSAL SYSTEM Permission is hereby granted to; Construct() Repair() t	CONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal system as described in the application for ated ears of the date of this permit. All local conditions must be met.











TYPICAL D.BOX (WATERTIGHT)

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

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS. 2. **HAVE Tank, PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED ANNUALLY

3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY. 4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.

5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD. 6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.

7. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY. . KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

NOTE TO HOMEOWNER: FILL, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTAINCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUINDWATER, THIS "SEPARATION" FROM HIGH GROUNDWATER (3,4, OR 5 FEET), IS NOT THE SAME ,AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPIC/ALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.

DESIGN NOTES AND CALCULATIONS:

1.) 4 BEDRIOOM HOME

-Use OINE NEW S. TANK, P. CHAMBER AND D. BOX ONLY DUE TO CORROSION:

- TOTTAL AREA: EXISTING RAISED STONE BED 18 X 36'+/- = 648 sf

GARBAGIE DISPOSAL NOT recommended

4. NO OTHER PRIVATE WELLS WITHIN 100 FEET OF SAS

5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS 6. USE NEW/S. TANK & P. CHAMBER AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK

- INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),

- ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE, BE SURE T/O MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.

. USE LARGE STYLE (6 OUTLET) D.BOX ONLY. 7A ALL D. BIOX OUTLET PIPES LEVEL FOR FIRST 2', BOXES MUST HAVE 2"+ CONC. WALLS

- D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE. 8. USE (.75"--1 1/2") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.

-USE ONILY DBL. WASHED APPROVED(.75"-1.5") FOR PLACEMENT IN LEACH AREA.

9. USE PROPER SCH. 40 PVC TEES AS SHOWN.

10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs) 11. SLOPE C'ALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.

12. ENGINEER & TOWN TO INSPECT INITIALLY AND BEFORE COVER.

13. BM=100.000 @ (SILL as noted), CONFIRM PROPER PIPE SLOPES

- USE/IN/SPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK

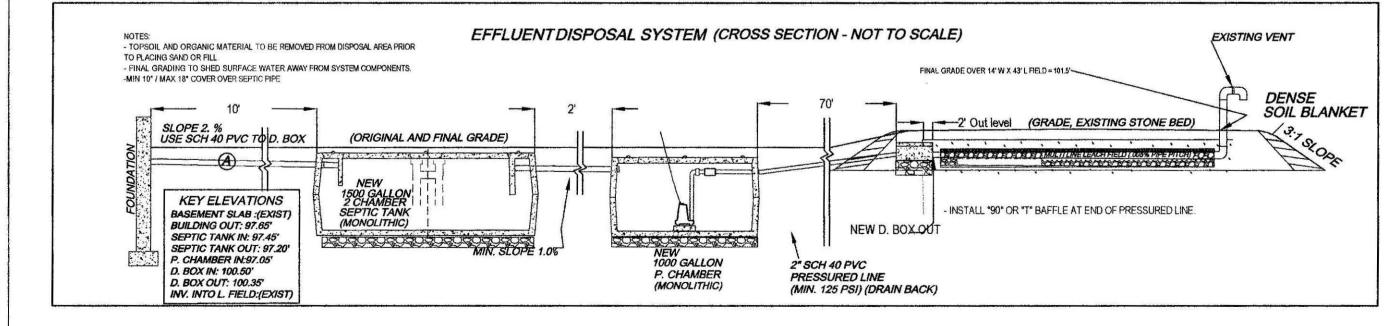
14. GRADE MULCH AND SEED OVER SAS AS NOTED.

15. INSTALL/ATION IN LOW GROUNDWATER SEASON RECOMMENDED.

16. MONOLITHIC TANK REQUIRED. BALLAST NOT REQUIRED.

** SUBJECT TO REINSPECTION 60+ DAYS AFTER BACK IN SERVICE AS BED WAS NOT SEEING USE FOR SOME

TIME DUE TO OLD TANK, CHAMBER AND D. BOX LEAKAGE.**



SEPTIC TANK, PUMP CHAMBER AND D. BOX REPAIR PLAN FOR JEANNIE JONES 11 OVERLOOK DRIVE

AMHERST, MA

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

PHONE: (413) 323-5957 FAX: (413) 323-4916

c-Mail: AEWEISS@charter.nct

DRAWN BY: **ALAN WEISS** 11.02.2010 DRAWING NUMBER: 110.3489.1025 SCALE: 1"=30"

ATTENTION INSTALLER!!

CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 44 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

City/Town	State	Zip Code	Date of Inspection	
Amherst	MA	01002	11.01.2010	
Owner's Name				
Jeannie M. Jones				
Property Address				
11 Overlook Drive				

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





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A. (m		2	-	71	-	200	m	2	*:	~	-
n. 1	J	7 I I	CI	aı		ш	u		ш	а	L	u	

Inspector:		
Alan E. Weiss, M.S., R.S.		
Name of Inspector		
Cold Spring Environmental Consultants Inc.		
Company Name		
350 Old Enfield Road		
Company Address		
Belchertown	MA	01007
City/Town	State	Zip Code
413.323.5957	RS 933	
Telephone Number	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							
Insp	ector's Signature		Alan E. Weiss,					

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

_		erlook I	5 THE RESIDENCE OF THE PROPERTY OF THE PROPERT			
17		Address				
_		e M. Jo Name	nes			
1200	hers			MA	01002	11.01.2010
	/Tow			State	Zip Code	Date of Inspection
Ony		••		Otato	Zip Code	Date of inspection
В.	Ce	ertific	cation (cont.)			*
	Ins	pection	Summary: Check A,B,C,	D or E / always o	complete all of	Section D
A)	Sys	stem P	asses:			
		in 310	e not found any information CMR 15.303 or in 310 CM ted below.			
	Co	mment	S:			
	old old	. S. tar one wa	nk and L. field system were	e not in failure. N functonal. New 1	ew S. Tank, P 500 gal. Septi	by one persons and is 35+ years chamber & D. Box replaced as tank & 1000 G P Chamber was days Required.
B)	Sys	stem C	conditionally Passes:			
		replac				nal Pass" section need to be cement or repair, as approved by
			es, no or not determined (\ d," please explain.	/, N, ND) in the □	for the follow	ring statements. If "not
		Syste	urally unsound, exhibits su	bstantial infiltration	on or exfiltratio	nk (whether metal or not) is n or tank failure is imminent. a complying septic tank as
			etal septic tank will pass in mpliance indicating that the			d, not leaking and if a Certificate is available.
	ND	Explai	in:			
			s not in failure. New D. box e do to non-funtioning pum			no water has gotten to L field for uired.
		to bro		or due to a broker	n, settled or un	level in the distribution box due even distribution box. System will
			broken pipe(s) are repla	ced		
			obstruction is removed			



Commonwealth of Massachusetts

Section 1	erlook D	rive			
Property					
Owner's	e M. Joi Name	ies			
Amhers	CONTRACTOR OF THE		MA	01002	11.01.2010
City/Tow			State	Zip Code	Date of Inspection
B. Ce	ertific	ation (cont.)			
B)	Syster	n Conditionally Passes (co	nt.):		
		distribution box is leveled o	r replaced		
ND	Explain				
140	LAPIGII				
-					
_					
Ц		stem required pumping more will pass inspection if (with a			broken or obstructed pipe(s). The alth):
		broken pipe(s) are replaced	t		
	П	obstruction is removed			
ND	L Evalai				
ND) Explaii	1.			
C)	Furthe	r Evaluation is Required by	y the Board o	of Health:	
		ions exist which require furth- stem is failing to protect publi			f Health in order to determine if nument.
	15.303	stem will pass unless Board (1)(b) that the system is no and the environment:	d of Health d ot functioning	etermines in a g in a manner	accordance with 310 CMR which will protect public health
		Cesspool or privy is within	50 feet of a su	ırface water	
		Cesspool or privy is within	50 feet of a bo	ordering vegeta	ated wetland or a salt marsh
	deterr	stem will fail unless the Boo nines that the system is fur and environment:			Vater Supplier, if any) protects the public health,
	100 fe	et of a surface water supply of The system has a septic tal	or tributary to	a surface wate	m (SAS) and the SAS is within r supply. within a Zone 1 of a public water
	supply	The system has a septic tar	nk and SAS a	nd the SAS is	within 50 feet of a private water



Commonwealth of Massachusetts

_	Overlook E	Orive							
	perty Address								
	annie M. Jo ner's Name	nes							
7-1	herst			MA	01002	11.01.2010			
_	/Town			State	Zip Code	Date of Inspection			
В.	Certific	ation (cont.)						
C)	Further Evaluation is Required by the Board of Health (cont.):								
			a septic tank and SA rate water supply wel		AS is less than	1 100 feet but 50 feet or			
	Metho	d used to	determine distance:						
	bacteria in	dicates at 5 ppm, pro	sent and the present wided that no other f	ce of ammo	nia nitrogen an	P certified laboratory, for coliform d nitrate nitrogen is equal to or A copy of the analysis must be			
	3. Other:								
D)	System Fa	ailure Crit	eria Applicable to A	All Systems	:				
	You must	indicate	"Yes" or "No" to ea	ch of the fo	llowing for al	inspections:			
	Yes	No							
		\boxtimes	Backup of sewage clogged SAS or ces		r system comp	ponent due to overloaded or			
		\boxtimes		ng of effluen		e of the ground or surface waters pool			
		\boxtimes	Static liquid level in or clogged SAS or		ion box above	outlet invert due to an overloaded			
		\boxtimes	Liquid depth in cess than ½ day flow	spool is less	than 6" below	invert or available volume is less			
		\boxtimes	Required pumping obstructed pipe(s).			st year <i>NOT</i> due to clogged or ——·			
		\boxtimes	Any portion of the S	SAS, cesspo	ol or privy is be	elow high ground water elevation.			
		\boxtimes	Any portion of cess tributary to a surface			eet of a surface water supply or			

di e



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	Overlook					
Pro	perty Addres	S				
-	annie M. Jo	ones				
	ner's Name					
_	herst			MA	01002	11.01.2010
City	/Town			State	Zip Code	Date of Inspection
В.	Certifi	cation	(cont.)			
D)	System I	Failure C	riteria Applicable to	All Systems	(cont.):	
	Yes	No				
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within a 2	one 1 of a public well.
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within 50	feet of a private water supply well
			from a private wate system passes if laboratory, for fee of ammonia nitro	er supply we the well wa cal coliform gen and nite other failure	ll with no accepter analysis, posteria indicate nitrogen in criteria are to	100 feet but greater than 50 feet batable water quality analysis. [This performed at a DEP certified cates absent and the presence s equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		\boxtimes	The system is a ce 10,000gpd.	esspool servi	ng a facility wit	h a design flow of 2000gpd-
			criteria exist as des	scribed in 31 uld contact t	0 CMR 15.303 he Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be
E)			To be considered a la ,000 gpd to 15,000 g		n the system r	nust serve a facility with a
	For large questions			her "yes" or "	'no" to each of	the following, in addition to the
	Yes	No				
			the system is within	n 400 feet of	a surface drin	king water supply
			the system is within	n 200 feet of	a tributary to a	surface drinking water supply
			the system is locat Area – IWPA) or a			rea (Interim Wellhead Protection water supply well
	If you have	ve answe	red "yes" to any quest	ion in Sectio	n E the system	is considered a significant threat,

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.

v				*	8



Commonwealth of Massachusetts

11	Overlook	k Drive				
	perty Addre					
	annie M.		4			
	ner's Name			844	04000	44.04.0040
_	herst Town			MA State	01002 Zip Code	11.01.2010 Date of Inspection
City	TOWII			State	Zip Code	Date of inspection
C.	Chec	klist				
	Check if	the follo	wing have been done.	You must inc	dicate "yes" or '	'no" as to each of the following:
	Yes	No				
	\boxtimes		Pumping information	on was provid	ed by the owne	er, occupant, or Board of Health
		\boxtimes	Were any of the sy	stem compon	ents pumped o	out in the previous two weeks?
		\boxtimes	Has the system red	ceived normal	flows in the pr	evious two week period?
		\boxtimes	Have large volume this inspection?	s of water bee	en introduced t	o the system recently or as part of
	\boxtimes				n obtained and	examined? (If they were not
	\boxtimes		Was the facility or	dwelling inspe	ected for signs	of sewage back up?
	\boxtimes		Was the site inspec	cted for signs	of break out?	
	\boxtimes		Were all system co	omponents, ex	cluding the SA	S, located on site?
				ondition of the	baffles or tees	ened, and the interior of the tank s, material of construction, d depth of scum?
						nt from owner) provided with urface sewage disposal systems?
			The size and local been determined b		oil Absorption	System (SAS) on the site has
		\boxtimes	Existing information	n. For exampl	le, a plan at the	Board of Health.
		\boxtimes	Determined in the approximation of d			eria related to Part C is at issue 0 CMR 15.302(5)]

		_€ %1 '	٠, .



Commonwealth of Massachusetts

Dranati Addrana						
Property Address Jeannie M. Jones						
Owner's Name						
Amherst	MA	01002	11.01.2010			
City/Town	State	Zip Code	Date of Inspec	tion		
D. System Information						
Residential Flow Conditions:						
Number of bedrooms (design):	K	Number of bed	rooms (actual):	4		
DESIGN flow based on 310 CMR 15.20	3 (for examp	le: 110 gpd x#	of bedrooms):	44	0	
Number of current residents:				1	-	
Does residence have a garbage grinder	r?			⊠ Ye	es 🗌	No
Is laundry on a separate sewage syster	m? [if yes sep	arate inspectio	n required]	☐ Y€	es 🛚	No
Laundry system inspected?				☐ Y€	es 🛚	No
Seasonal use?				☐ Ye	es 🛚	No
Water meter readings, if available (last	2 years usage	e (gpd)):		N/A		
Sump pump?				☐ Ye	es 🛚	No
Last date of occupancy:				Curren	t	
Commercial/Industrial Flow Conditio	ns:					
Type of Establishment:		-				
Design flow (based on 310 CMR 15.203	3):	Gallons	per day (gpd)			
Basis of design flow (seats/persons/sq.	ft., etc.):					
Grease trap present?				☐ Ye	es 🗌	No
Industrial waste holding tank present?				☐ Ye	es 🗌	No
Non-sanitary waste discharged to the T	itle 5 system?	?		☐ Ye	es 🗌	No
Water meter readings, if available:						
Last date of occupancy/use:		Date				
Other (describe):						

			* *



Commonwealth of Massachusetts

					 Overlook Dri
					roperty Address
					eannie M. Jone
	11 01 0010	04000	840		wner's Name
	11.01.2010 Date of Inspection	01002 Zip Code	MA State		mherst ity/Town
	Date of Hispersion	2.0 0000	Otato		ny/10mi
				formation (cont.)). System
		nation	ral Inform	Gene	
				ords:	Pumping R
		: (1-2 yrs ?)	owne	mation:	Source of in
] No			on?	umped as part of the inspecti	Was system
		g	1000 gallons	pumped:	If yes, volum
		er	pump	How was quantity pumped determined?	
			T-5	Reason for pumping:	
				m:	Type of Sys
		orption system	, soil abs	Septic tank, distribution box	\boxtimes
				Single cesspool	
				Overflow cesspool	
				Privy	
ıy)	spection records, if any	ach previous ir	(if yes, att	Shared system (yes or no)	
nd				Innovative/Alternative techi maintenance contract (to b	
		approval.	the DEP	Tight tank. Attach a copy of	
				Other (describe):	
	urce of information:	known) and so	stalled (if	ge of all components, date in	Approximate
					35 +/- years
	urce of information:			Other (describe):	



Commonwealth of Massachusetts

11 Overlook Drive					
Property Address					
Jeannie M. Jones Owner's Name					
Amherst		MA	01002	11.01.20	110
City/Town		State	Zip Code	Date of Ins	
D. System In	formation (cont.)				
Building Sewe	r (locate on site plan):				
Depth below gr	ade:			.5'+ et	
Material of cons	struction:				
ast iron	☑ 40 PVC	other (e	3 00		
Distance from p	Distance from private water supply well or suction line:			0'+ et	
Comments (on	condition of joints, venti	ng, evidence o	of leakage, etc	c.):	
	ocate on site plan):	7	1	.5'	
Depth below gr	ade:		fe		
Material of cons	struction:				
□ concrete	☐ metal	☐ fiberglas	ss 🗌 po	lyethylene	other (explain)
Tank, baffles in	inlet inplace & outlet te	e replaced,			
If tank is metal,	list age:		ye	ears	
Is age confirme	d by a Certificate of Cor	mpliance? (atta	ach a copy of	certificate)	☐ Yes ☐ No
Dimensions:			_	8'X4 'X4.'	
Sludge depth:			1	6"	
Distance from t	op of sludge to bottom of	of outlet tee or	baffle	30"	
Scum thickness	5			4"	
Distance from t	op of scum to top of out	let tee or baffle	e -	10"	
Distance from b	oottom of scum to bottor	n of outlet tee	or baffle	26"	
How were dime	ensions determined?			Measured/es	timated

		*
	199-	



Commonwealth of Massachusetts

1 Overlook Drive					
roperty Address eannie M. Jones					
wner's Name					·
mherst		MA	01002	11.01.20	10
ity/Town		State	Zip Code	Date of Ins	
D. System Inf	ormation (cont	.)			
	oumping recommend related to outlet inver			oaffle condition	n, structural integrity,
Structural poor t	tank replaced at time	of inspection.			
Grease Trap (lo	ocate on site plan):			NI/A	
Depth below gra	ade:		9	N/A feet	
Material of cons	truction:				
concrete	☐ metal	☐ fibergla	ss 🗆 p	oolyethylene	other (explain):
Dimensions:				N/A	
Scum thickness				N/A	
	op of scum to top of o	outlet too or haffle		N/A	
				N/A	
	ottom of scum to bot	tom of outlet tee	or baπie	N/A	
Date of last pum	nping:			Date	
	oumping recommend related to outlet inver			oaffle condition	n, structural integrity,
N/A					
-					
Tight or Holdin	g Tank (tank must b	e pumped at time	i)	5. 3.0	site plan):
Depth below gra	ade:		-	N/A	
Material of cons	truction:				
concrete	☐ metal	☐ fiberglas	ss 🗆 p	oolyethylene	other (explain):
N/A					

			*



Commonwealth of Massachusetts

1 Overlook Drive					
roperty Address					
eannie M. Jones					
wner's Name					
mherst	MA	01002	11.01.20	10	
ity/Town	State	Zip Code	Date of Insp	pection	
D. System Information (cont.)				=	
Tight or Holding Tank (cont.)					
Dimensions:		N/A			
		N/A			
Capacity:		gallons			
		N/A			
Design Flow:		gallons per day			
Alarm present:		☐ Yes ☐	No		
Alami present.		_ les _	1 140		
Alarm level: N/A	4	Alarm in working	g order:	Yes	☐ No
Date of last pumping:		N/A			
Date of last pumping.		Date			
Comments (condition of alarm and float	t switches, etc	c.):			
	,				
N/A				_	
* Attach copy of current pumping contra	act (required).	Is copy attach	ed?	☐ Yes	П №
· ····································					
Distribution Box (if present must be or	pened) (locat	e on site plan):			
		Dry.			
Depth of liquid level above outlet invert		Diy.			
Comments (note if box is level and district evidence of leakage into or out of box, or		tlets equal, any	evidence of s	solids car	ryover, any
replaced as part of inspection due to so	oft cracked co	ndition.			
Pump Chamber (locate on site plan):					
Pumps in working order:			☐ Yes	□ N	lo
Alarms in working order:			☐ Yes	□ N	lo
The state of the s			THE PROPERTY OF		

				v.



Commonwealth of Massachusetts

1 Overlook					
roperty Address					
eannie M. Jo wner's Name	ones				
mherst		MA	01002	11.01.201	0
ity/Town	Life Additional Professional State of the Control o		Zip Code	Date of Insp	
). Syster	m Information (cont.)				
. Cyclo.	(cont.)				
Commen	ts (note condition of pump cha	mber, condition	on of pumps an	d appurtenan	ces, etc.):
Soil Abs	orption System (SAS) (locate	on site plan,	excavation not	required):	
If SAS no	t located, explain why:				
3 lines no	ted.				
Туре:					
	leaching pits		number:		17
	leaching chambers		number:		-
	leaching galleries		number:		
	leaching trenches		number, I	ength:	-
\boxtimes	leaching fields		number, o	dimensions:	18' x 35'+/-
	overflow cesspool		number:		
	innovative/alternative sys	stem			
	Type/name of technolog	y:			
	ts (note condition of soil, signs	of hydraulic f	ailure, level of p	ponding, dam	p soil, condition of
vegetation	n, etc.):	200			
No evider	nce of hydraulic failure, soil at	ton good no	stone staining	(No standing	liquid in stone)
INO EVIUEI	ioe of flydraulic fallure, soll at	top good, no	stone staining.	(INO Stationing	iiquiu iii storie) ,

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Owner information is required for every page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

perty Address			
porty riddrood			
annie M. Jones			
ner's Name	200.00	20 20 20 20 20	
herst	MA	01002	11.01.2010
/Town	State	Zip Code	Date of Inspection
System Information (cont.	.)		
Cesspools (cesspool must be pump	ed as part of ins	pection) (locat	e 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
9			
Comments (note condition of soil, sig etc.):	ns of hydraulic	failure, level of	ponding, condition of vegetation
Comments (note condition of soil, sig	ns of hydraulic	failure, level of	ponding, condition of vegetation
Comments (note condition of soil, sig	ns of hydraulic	failure, level of	ponding, condition of vegetation
Comments (note condition of soil, sig etc.):	ns of hydraulic	failure, level of	ponding, condition of vegetation
Comments (note condition of soil, sig etc.): Privy (locate on site plan):		failure, level of	ponding, condition of vegetation
Comments (note condition of soil, sig etc.): Privy (locate on site plan): Materials of construction:	N/A	failure, level of	ponding, condition of vegetation
Comments (note condition of soil, signetc.): Privy (locate on site plan): Materials of construction: Dimensions	N/A N/A		

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				:•)



Owner information is required for every page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 Overlook Drive				
Property Address				
Jeannie M. Jones				
Owner's Name				
Amherst	MA	01002	11.01.2010	
City/Town	State	Zip Code	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.

	9	



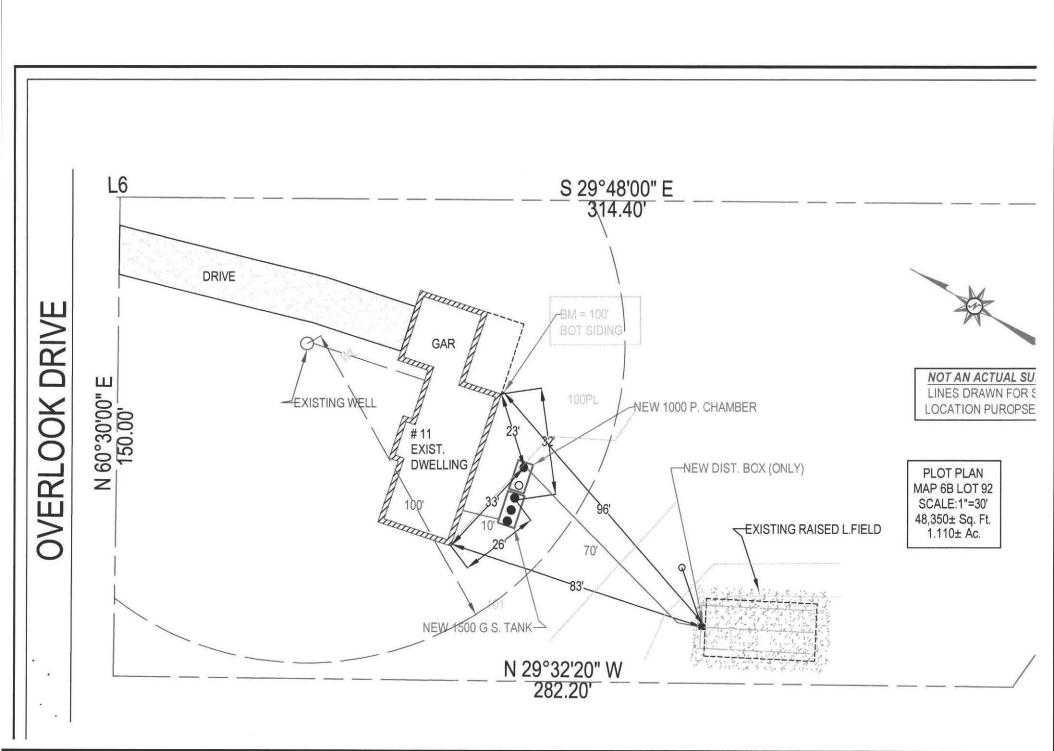
Owner information is required for every page.

Commonwealth of Massachusetts

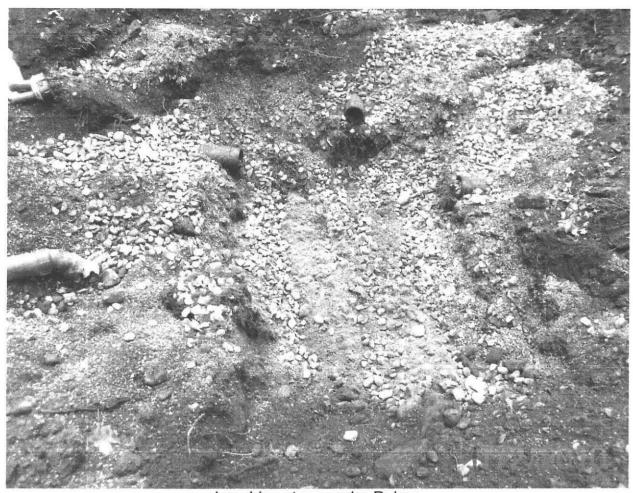
Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

11 Overlook Drive Property Address				
Jeannie M. Jones				
Owner's Name		aveno.		W. A. U.S. & Companyon
Amherst City/Town		MA State	01002 Zip Code	11.01.2010 Date of Inspection
ony, roun		Otato	Lip Godo	Date of mopositor
D. System Info	ormation (cont.)			
Site Exam:				
	•			
Surface water Sur	er			
☐ Shallow well	s			
Estimated depth	to ground water:		4-5'+ v	vork/holes in area,
Please indicate a	all methods used to determi	ine the hig	n ground water	elevation:
Obta	ained from system design p	lans on red	cord	
If ch	ecked, date of design plan	reviewed:	n/A Date	
Obs	erved site (abutting propert	ty/observat	ion hole within	150 feet of SAS)
Che	cked with local Board of He	ealth - expl	ain:	
Che	cked with local excavators,	installers -	(attach docun	nentation)
☐ Acce	essed USGS database - ex	plain:		
	ibe how you established the xcavation for T-5 and new t		nd water eleva	ation:
- <u> </u>		è		
-				

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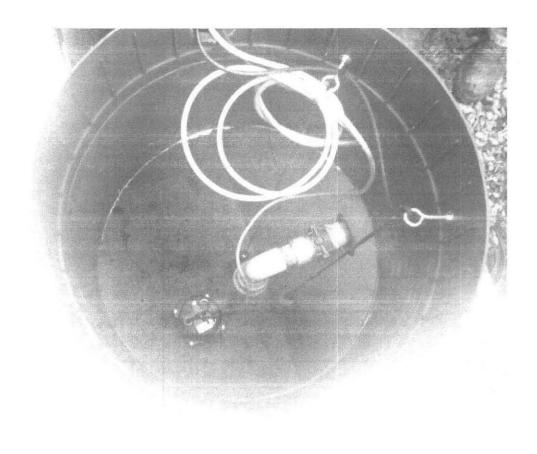


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Leaching stone under D. box 11 Overlook Drive Amherst, MA 11.02.2010

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11/2/2010

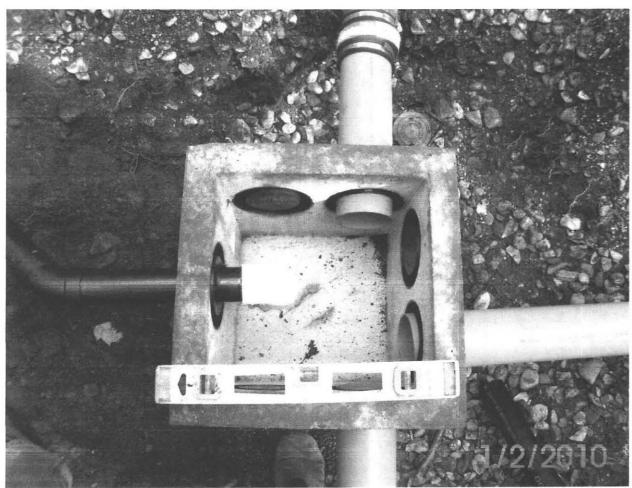
Pump & Floats 11 Overlook Drive Amherst, MA 11.02.2010

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New S. tank and P. Chamber 11 Overlook Drive Amherst, MA 11.02.2010

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New D. Box 11 Overlook Drive Amherst, MA 11.02.2010

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