

11 coverbook (Pending)





# COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

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- 2IE 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

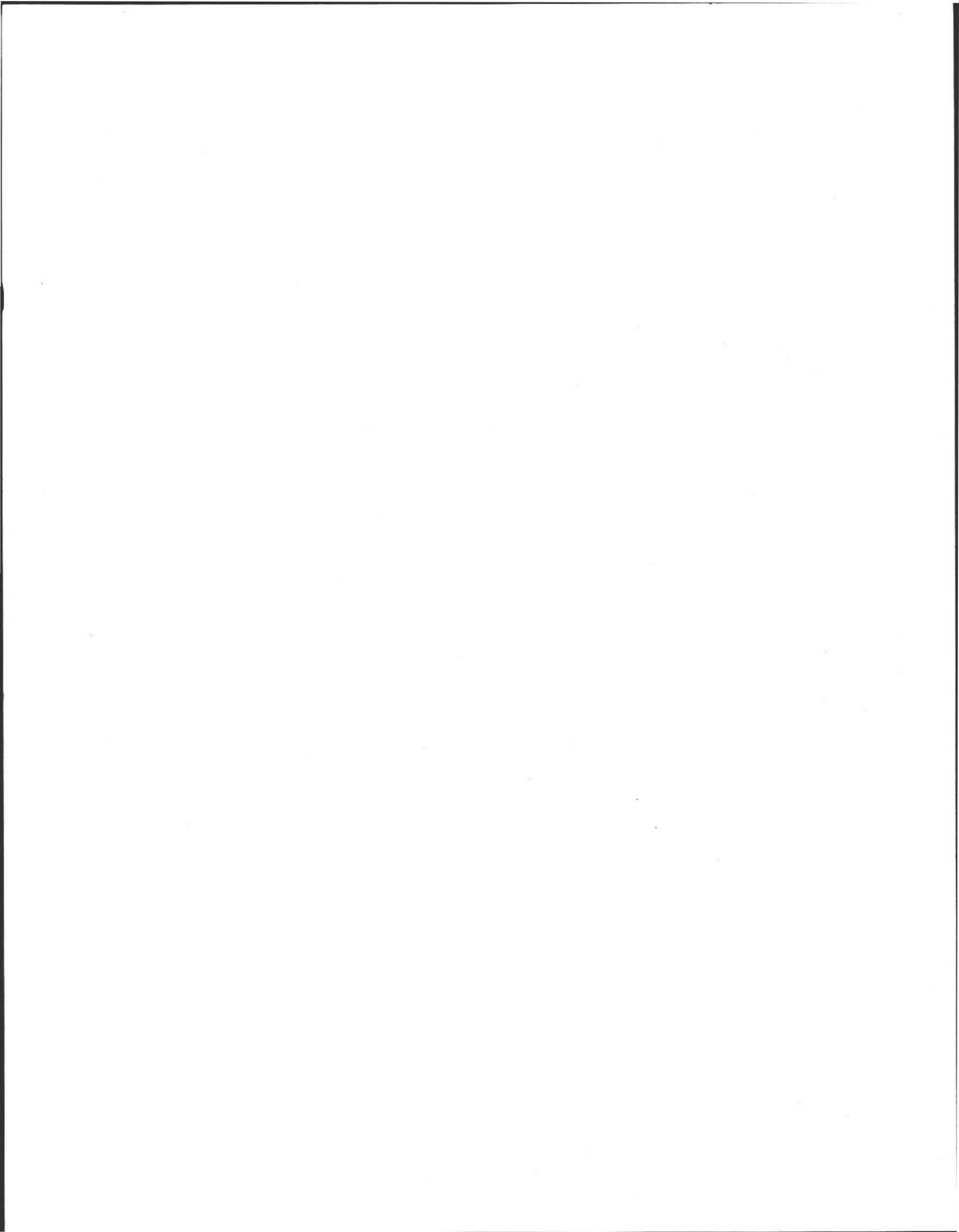
Prepared for:

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 determine the form they use.

**This is to Certify** that the following work on an On-Site Sewage Disposal System

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

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):



DSCP Number \_\_\_\_\_ DSCP Date \_\_\_\_\_  
 Jeannie Jones \_\_\_\_\_  
 Facility Owner  
 11 Overlook Drive \_\_\_\_\_  
 Street Address or Lot #  
 Amherst \_\_\_\_\_ MA \_\_\_\_\_ 01002 \_\_\_\_\_  
 City/Town State Zip Code

**Designer Information:**

Alan Weiss, RS, # 933 \_\_\_\_\_ Cold Spring Environmental, Inc. \_\_\_\_\_  
 Name Name of Company  
 \_\_\_\_\_ 06.11.2011 \_\_\_\_\_  
 Signature Date

**Installer Information:**

Rob Addair \_\_\_\_\_ Addair Const. \_\_\_\_\_  
 Name Name of Company  
 \_\_\_\_\_ 06.11.2011 \_\_\_\_\_  
 Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

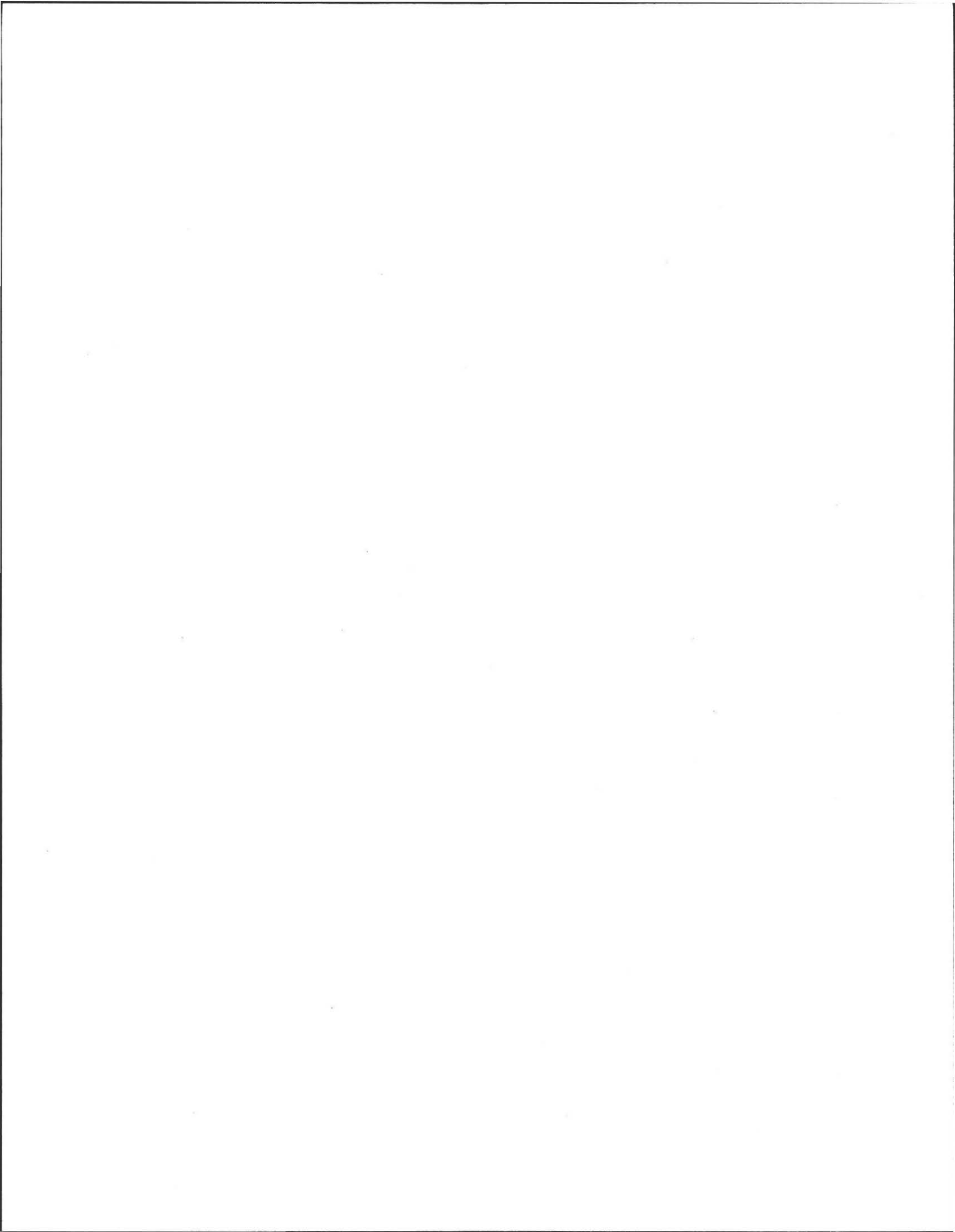
The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

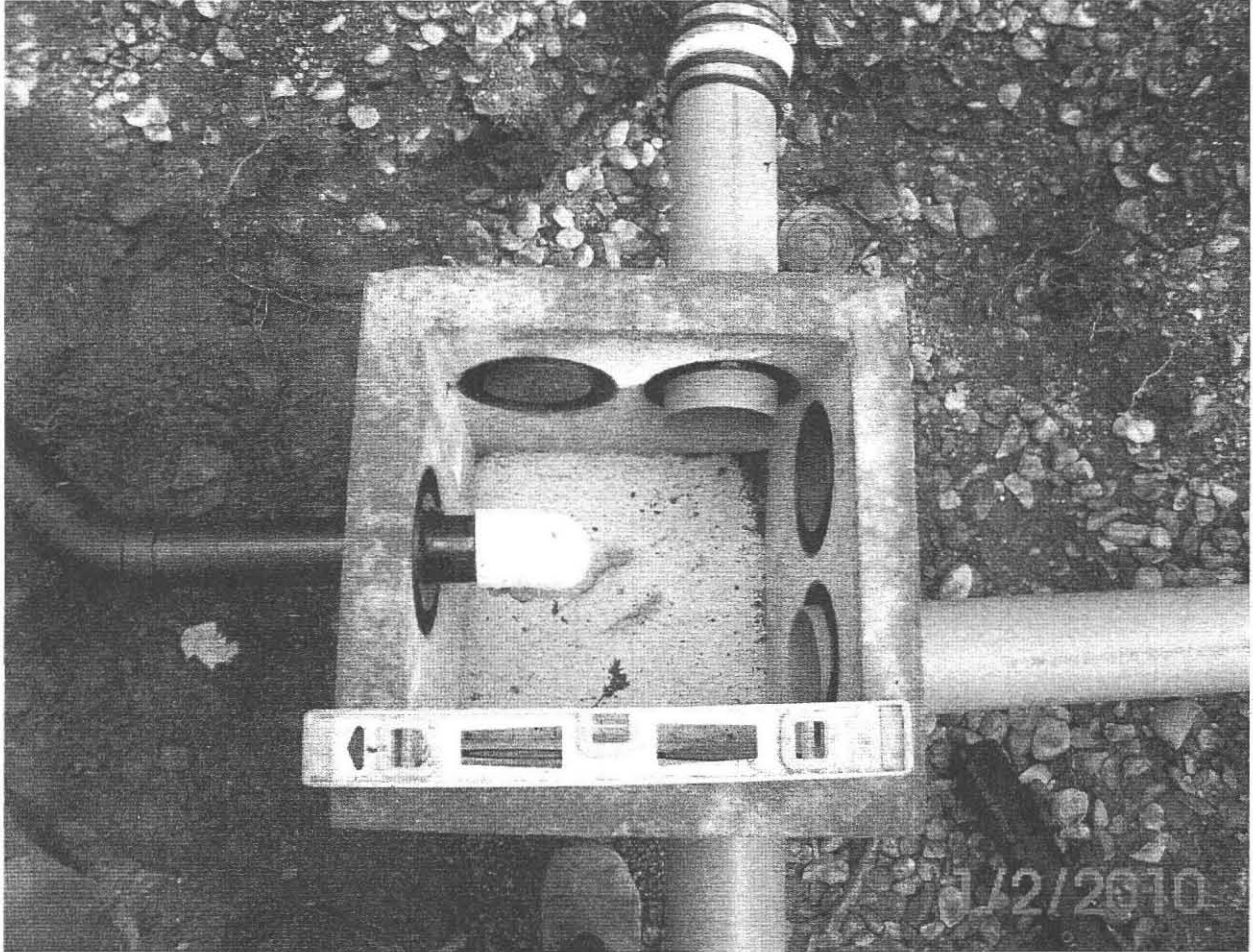
AMHERST BOARD OF HEALTH  
 Approving Authority  
 \_\_\_\_\_  
 Signature

6/16/2011  
 Date

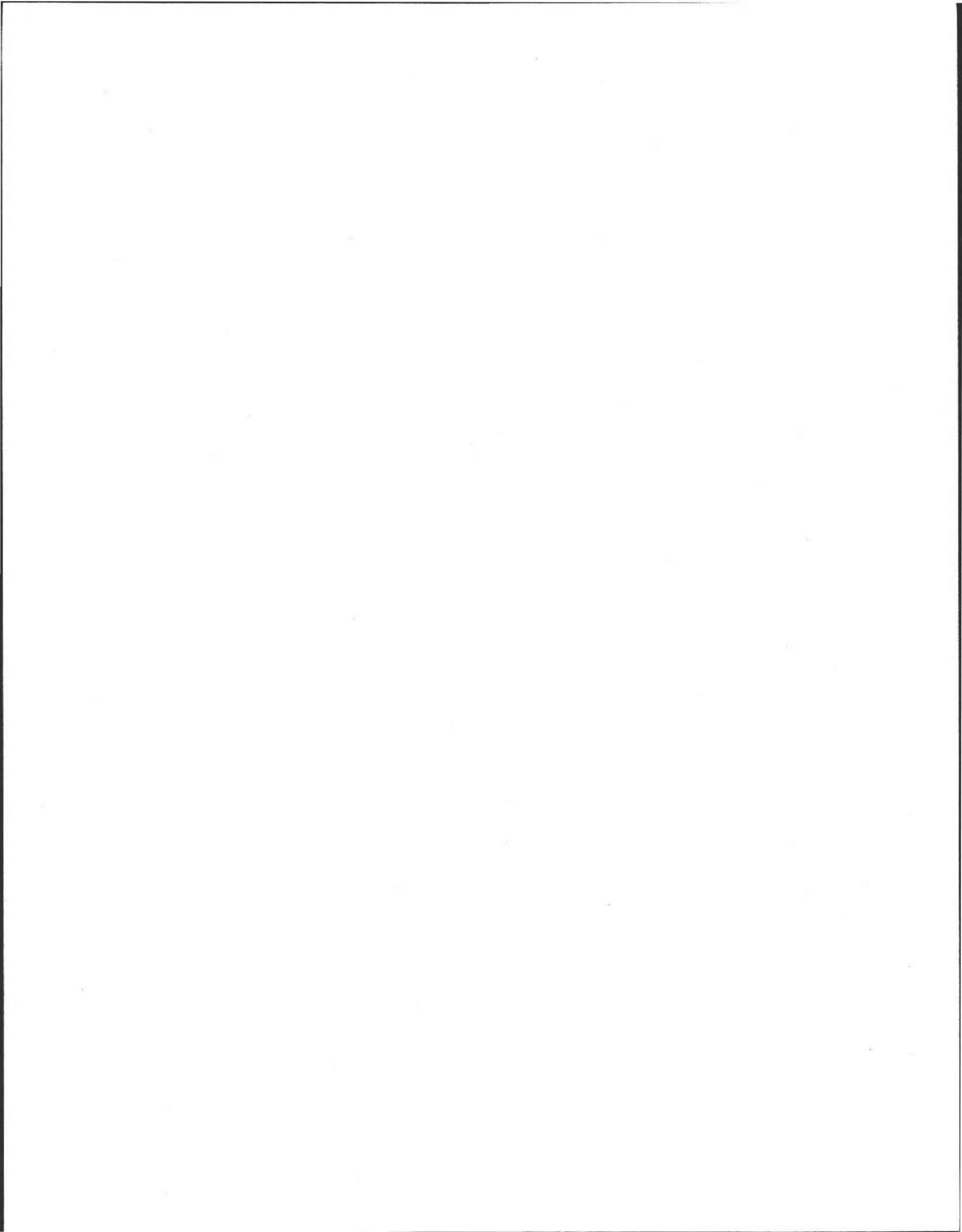
signed copy mailed to  
 Jeannie Jones 6/16/2011

signed copy sent to Alan Weiss  
 6/24/2011





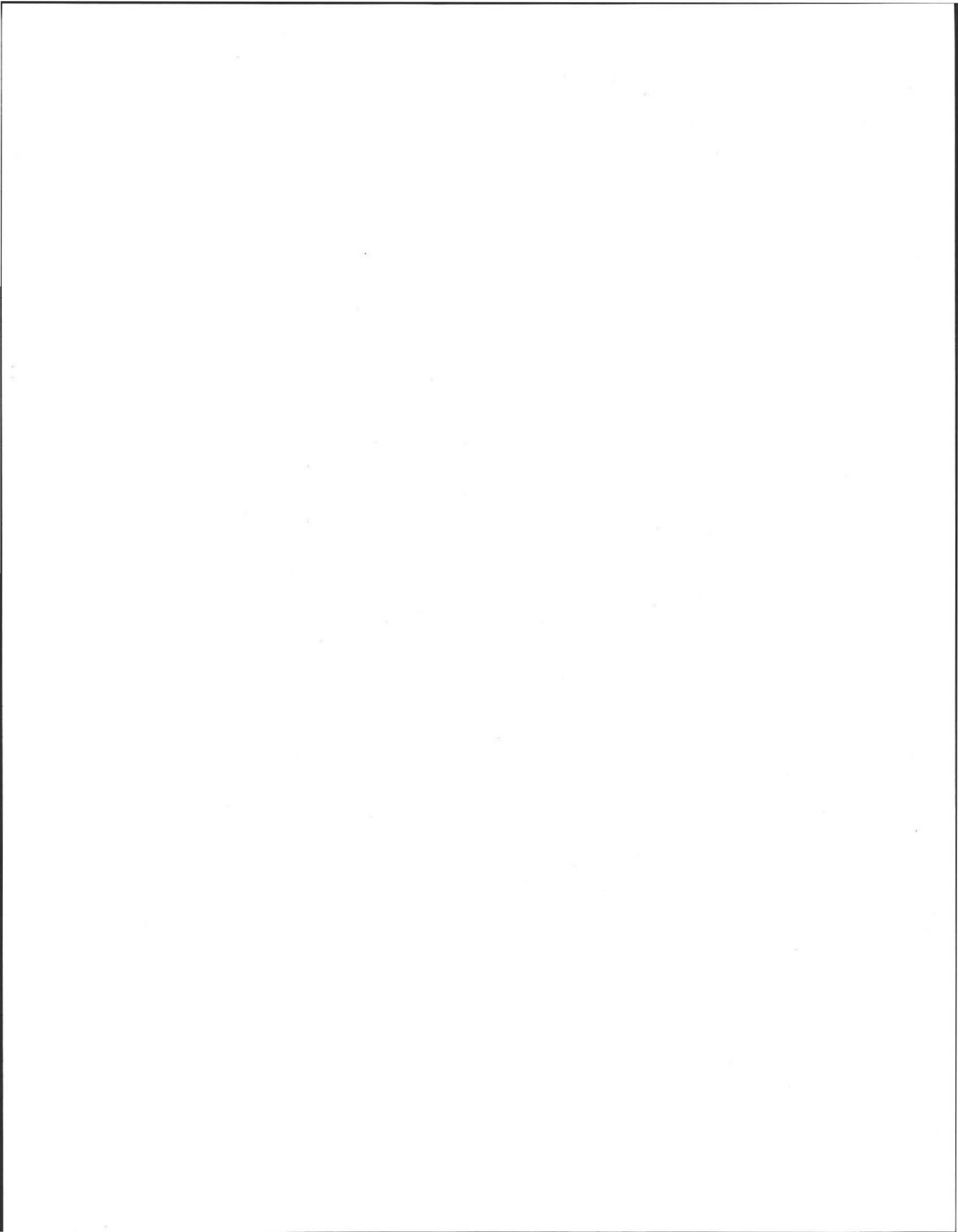
New D. Box  
11 Overlook Drive  
Amherst, MA  
11.02.2010







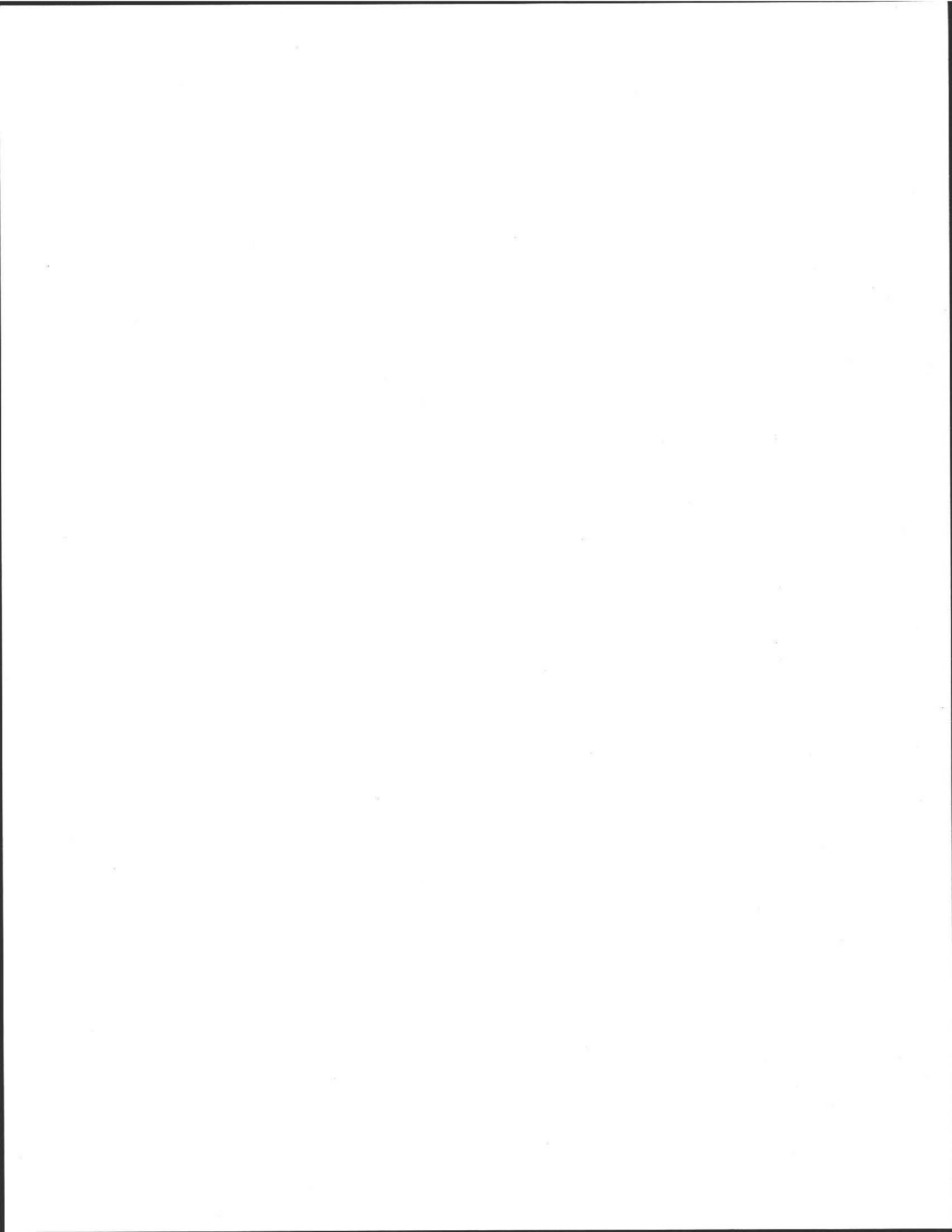
New S. tank and P. Chamber  
11 Overlook Drive  
Amherst, MA  
11.02.2010

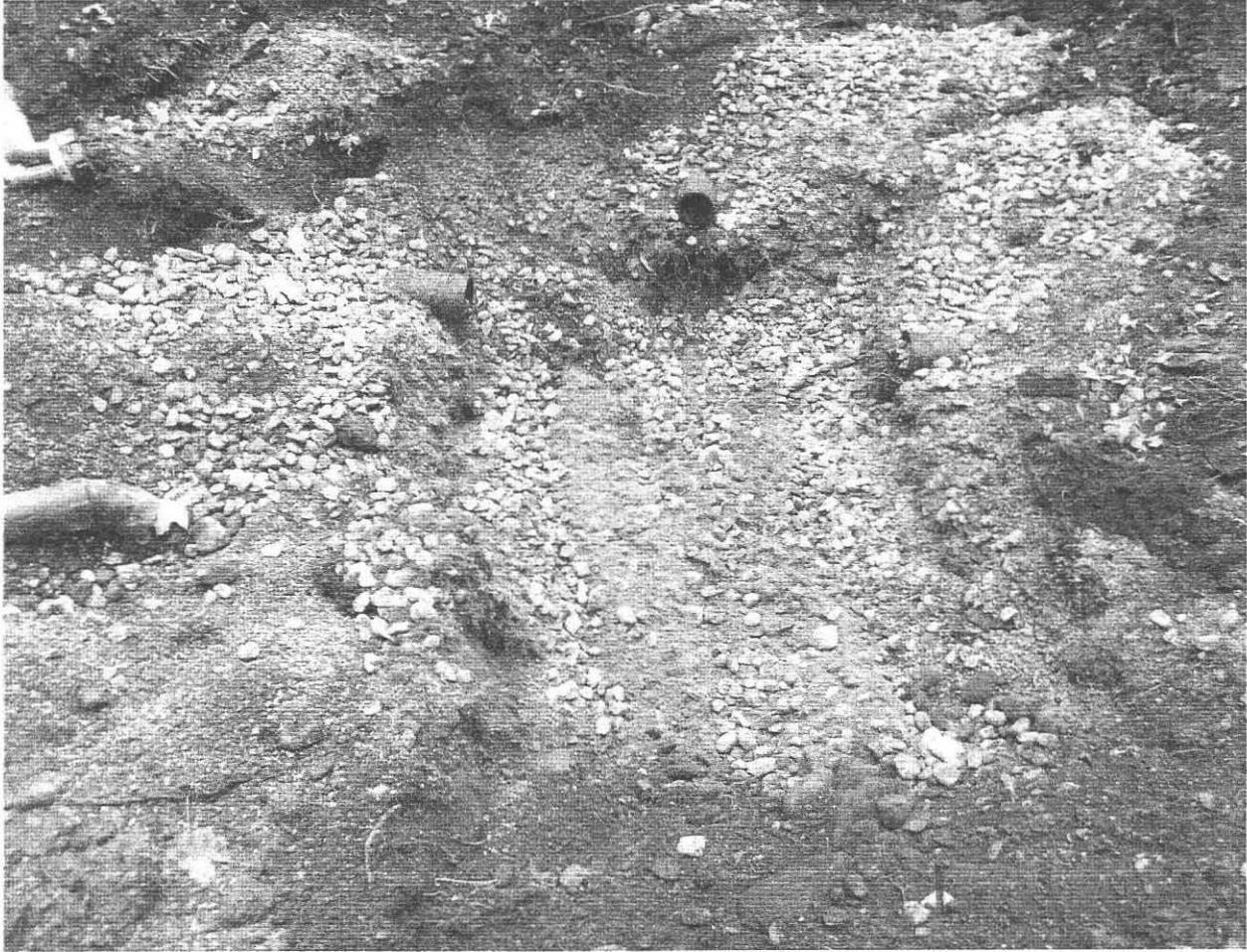




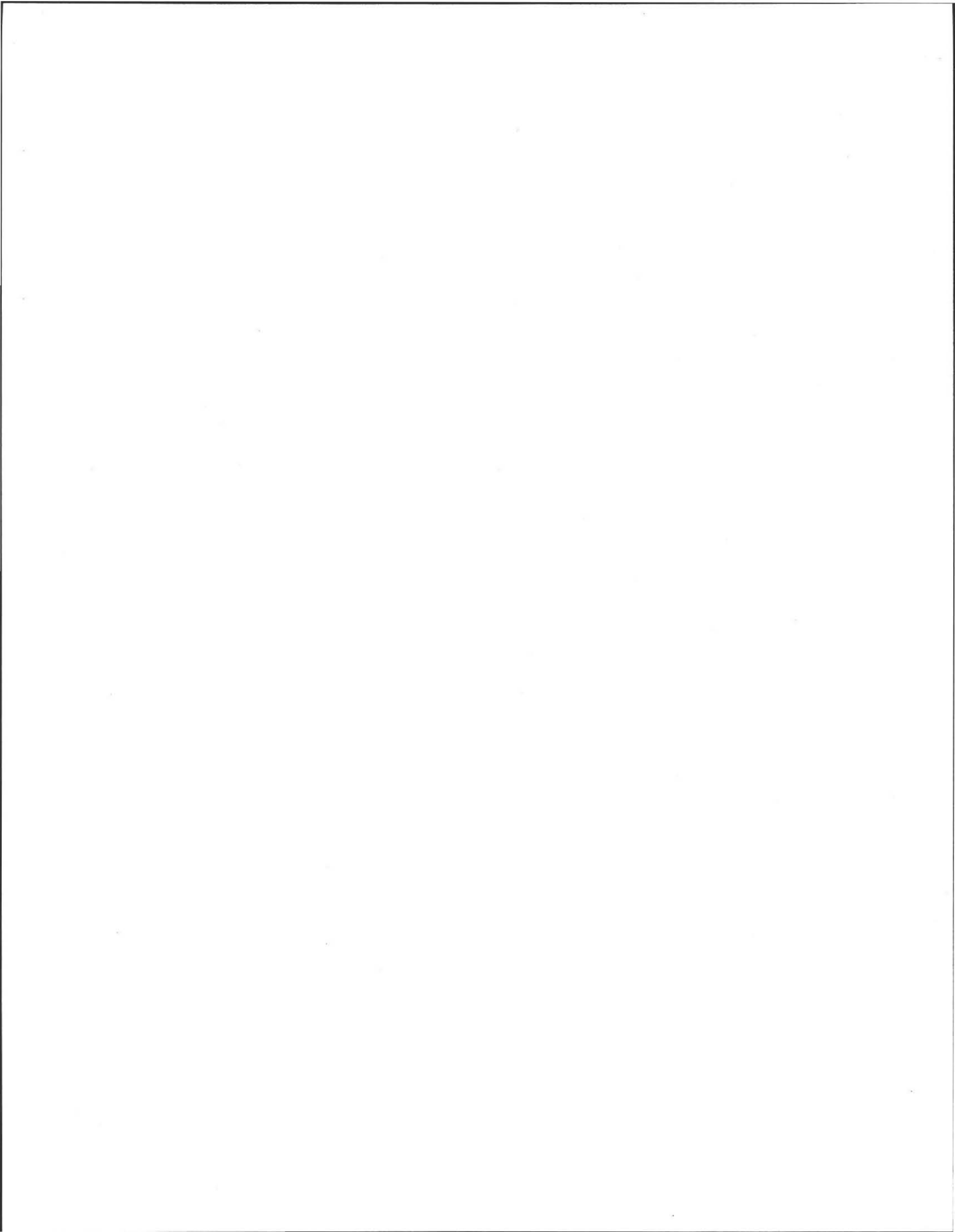
11/2/2010

Pump & Floats  
11 Overlook Drive  
Amherst, MA  
11.02.2010





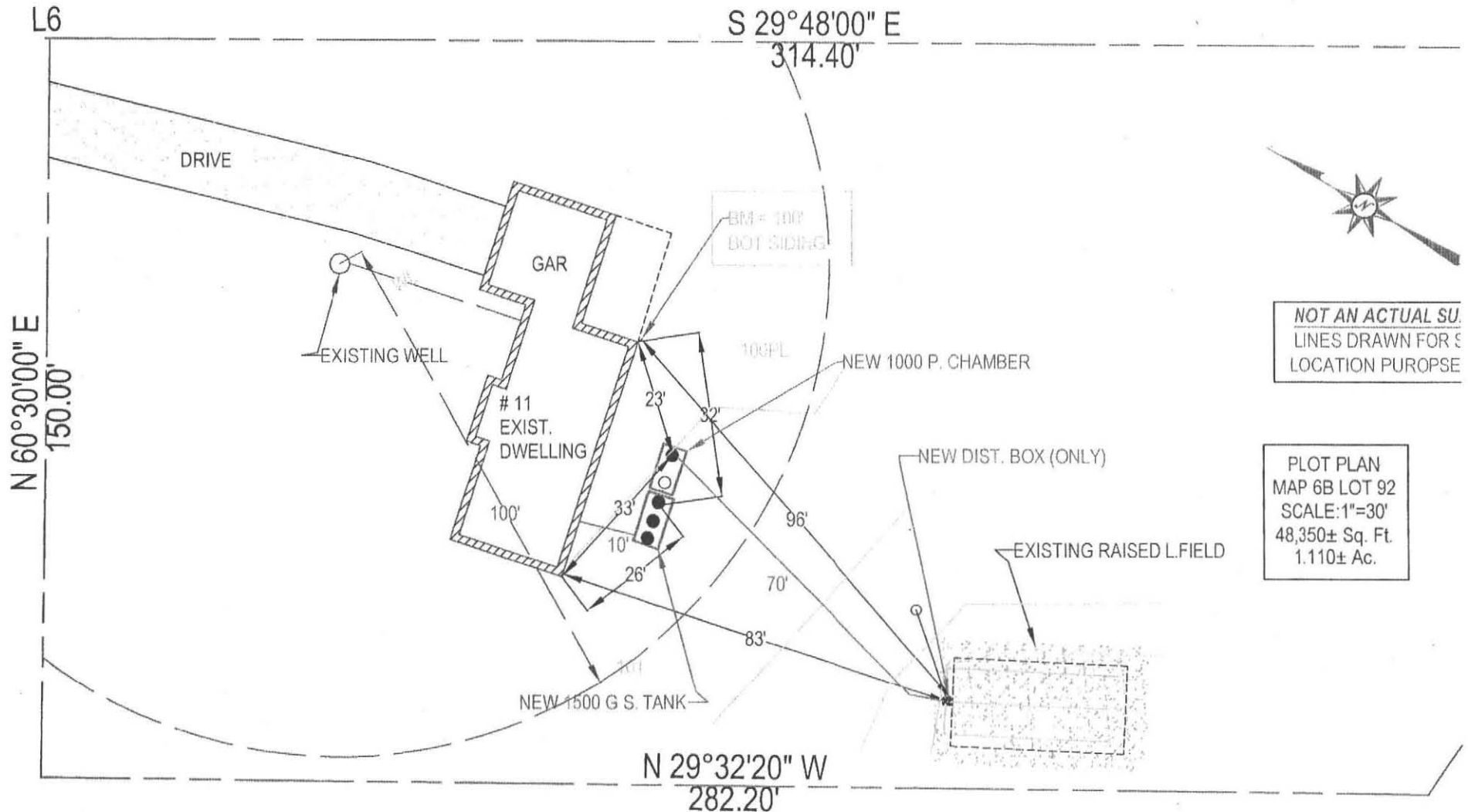
Leaching stone under D. box  
11 Overlook Drive  
Amherst, MA  
11.02.2010



AS BUILT 5/11/11

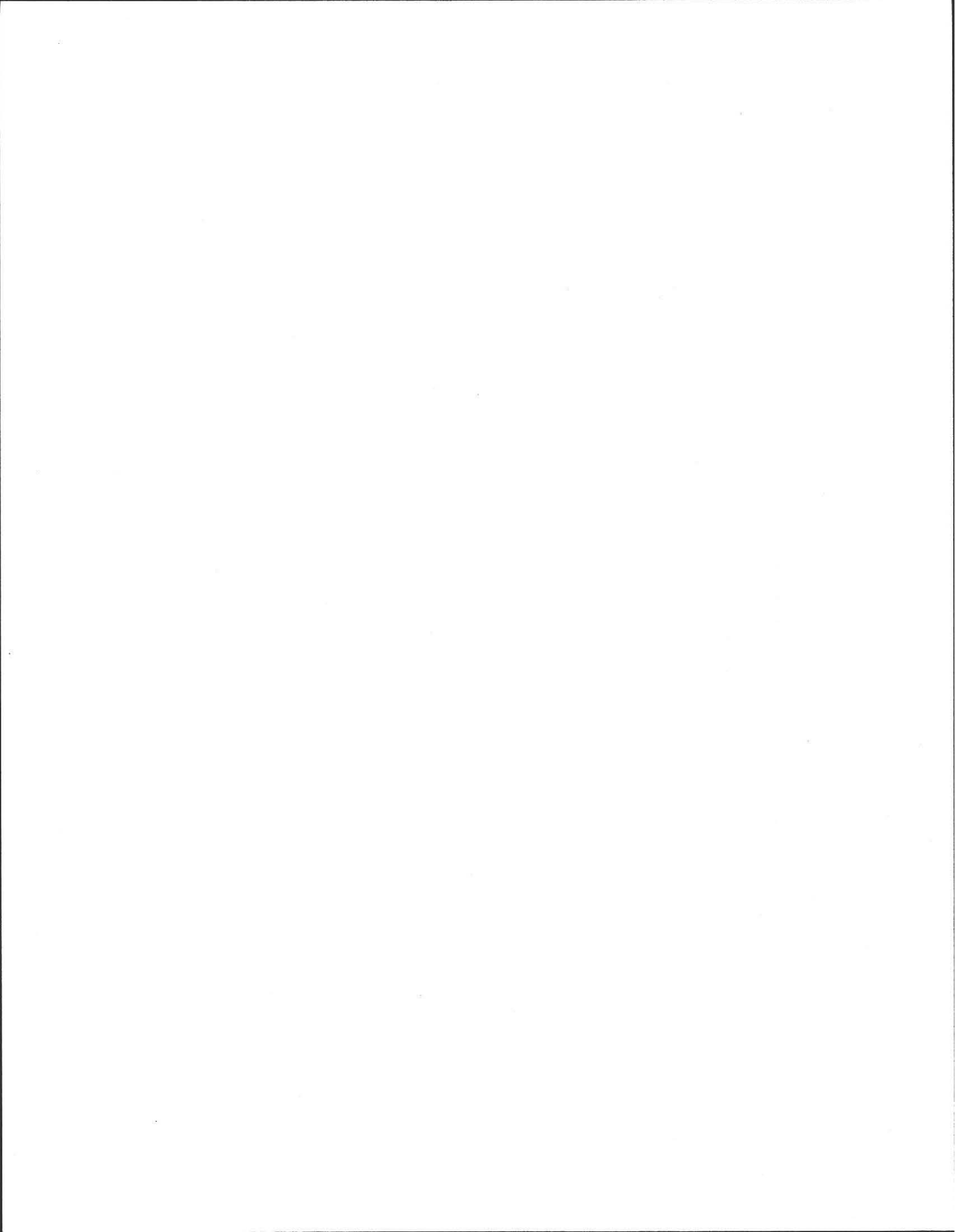
COMPLETED

OVERLOOK DRIVE



NOT AN ACTUAL SURVEY  
LINES DRAWN FOR LOCATION PURPOSE

PLOT PLAN  
MAP 6B LOT 92  
SCALE: 1"=30'  
48,350± Sq. Ft.  
1.110± Ac.







Commonwealth of Massachusetts

Title 5 Official Inspection Form

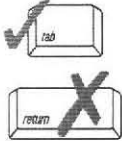
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

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

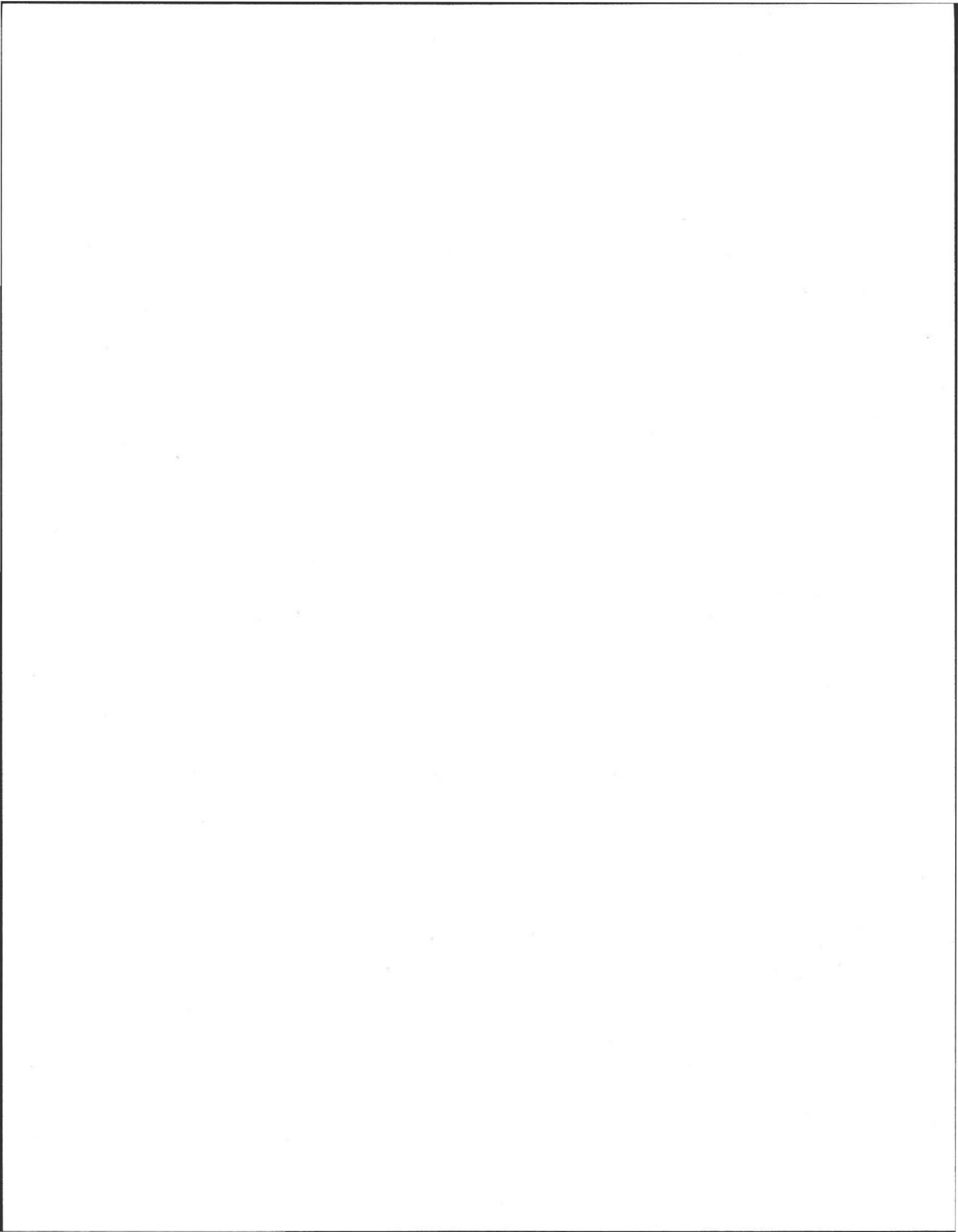
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on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

Inspector's Signature: Alan Weiss
Date: 06.11.2011

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

# 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

City/Town

MA

State

01002

Zip Code

11.01.2010 & 6.11.2011

Date of Inspection

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## 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 re-inspection with Health Agent. field in use by one persons and is 35+ years New S. Tank, P. chamber & D. Box replaced as old one was soft and cracked & non functional. New 1500 gal. Septic tank & 1000 G P Chamber was installed. Risers made tight, Grinder removal was required. Follow-up inspection in 60+ days Completed. Town Health Agent Present at inspections.

### 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.

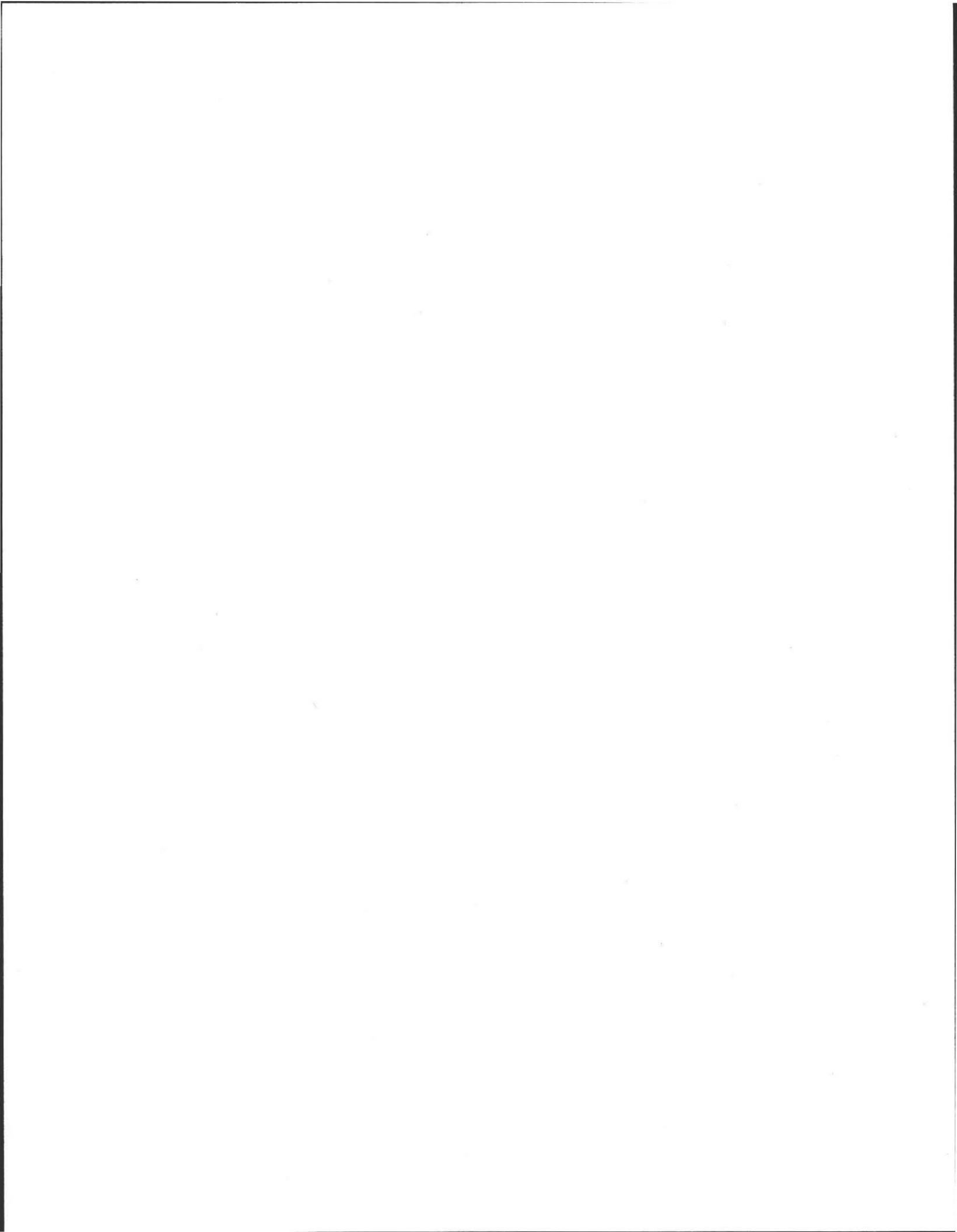
ND Explain:

L field was not in failure. New D. box & Tanks completed, now passes.

- 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





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- checkbox distribution box is leveled or replaced

ND Explain:

\_\_\_\_\_

\_\_\_\_\_

- checkbox 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):

- checkbox broken pipe(s) are replaced

- checkbox obstruction is removed

ND Explain:

\_\_\_\_\_

\_\_\_\_\_

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

- checkbox 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:

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

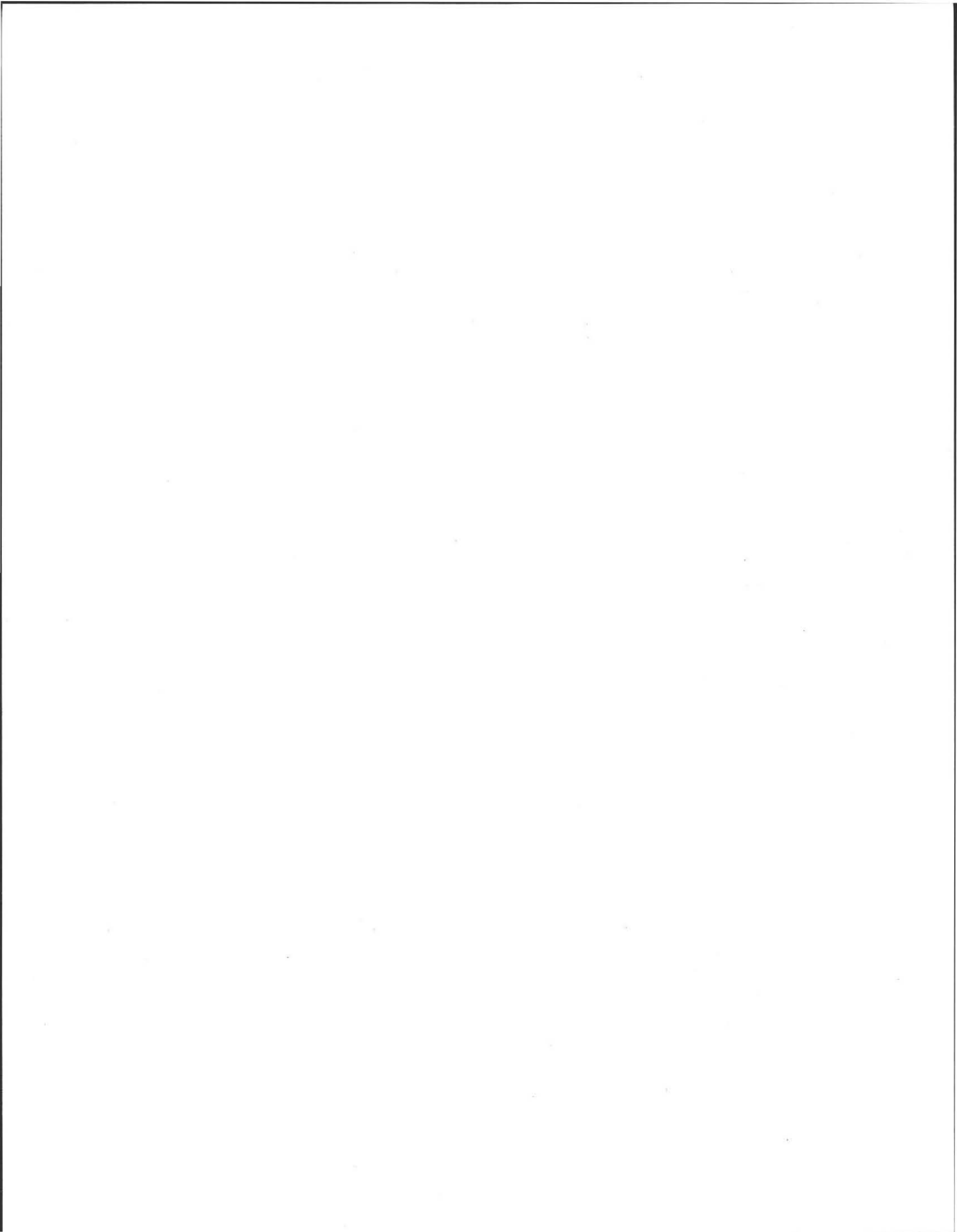
- checkbox Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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:

- checkbox 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.

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

- checkbox 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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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:

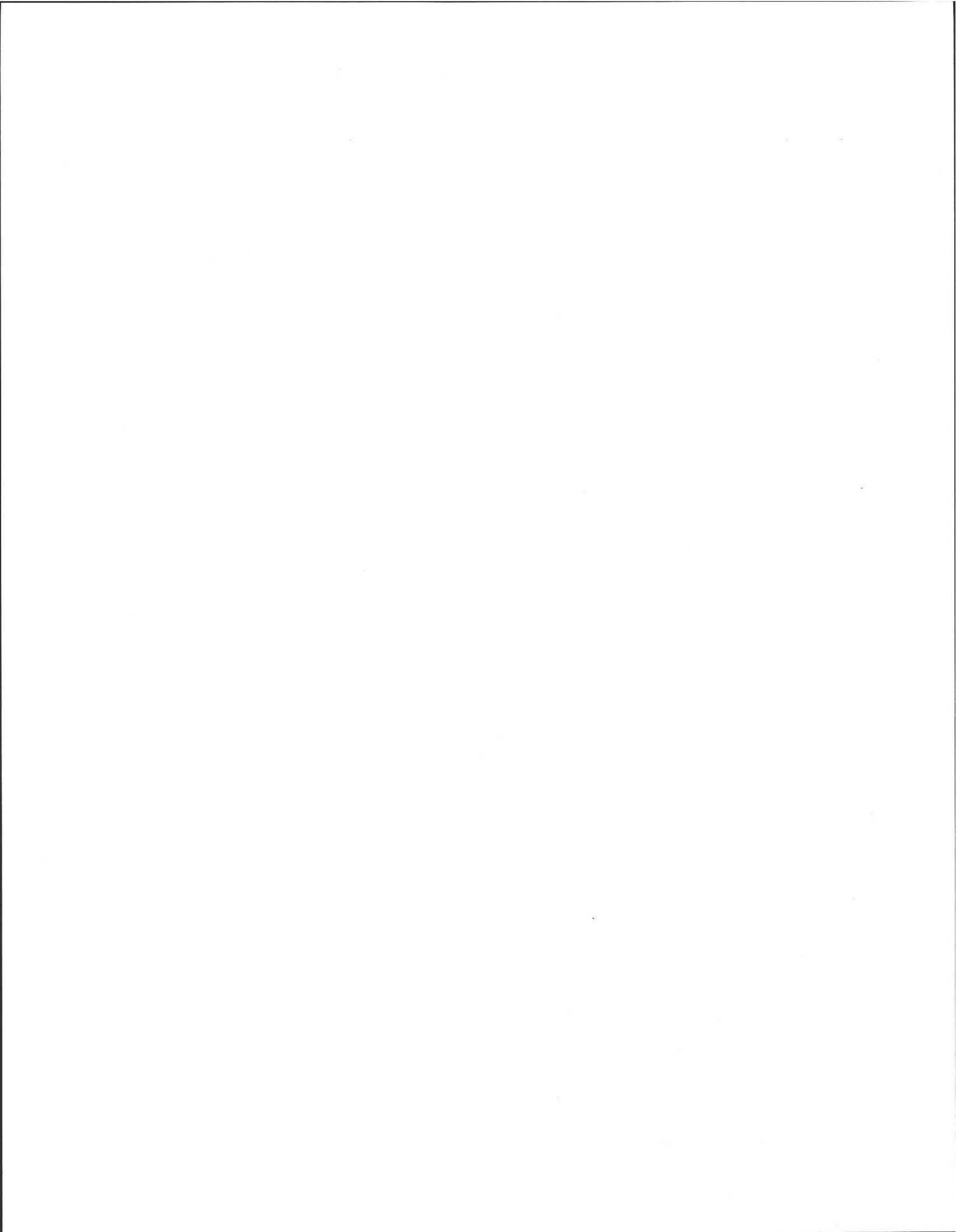
\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must 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 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 SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.







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B. Certification (cont.)

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

Yes No

- Any portion of a cesspool or privy is within a Zone 1 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.
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
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.

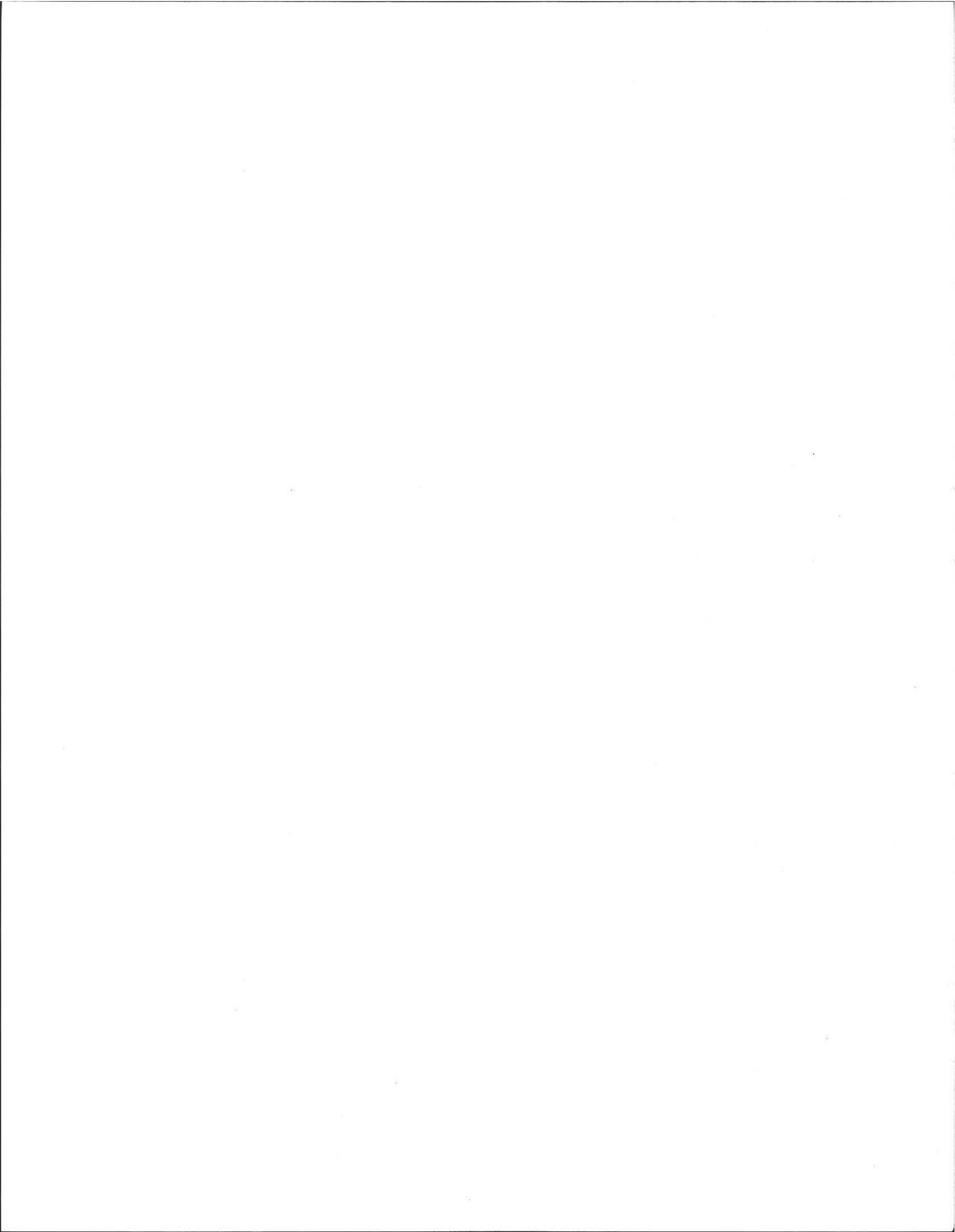
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

- the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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





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C. Checklist

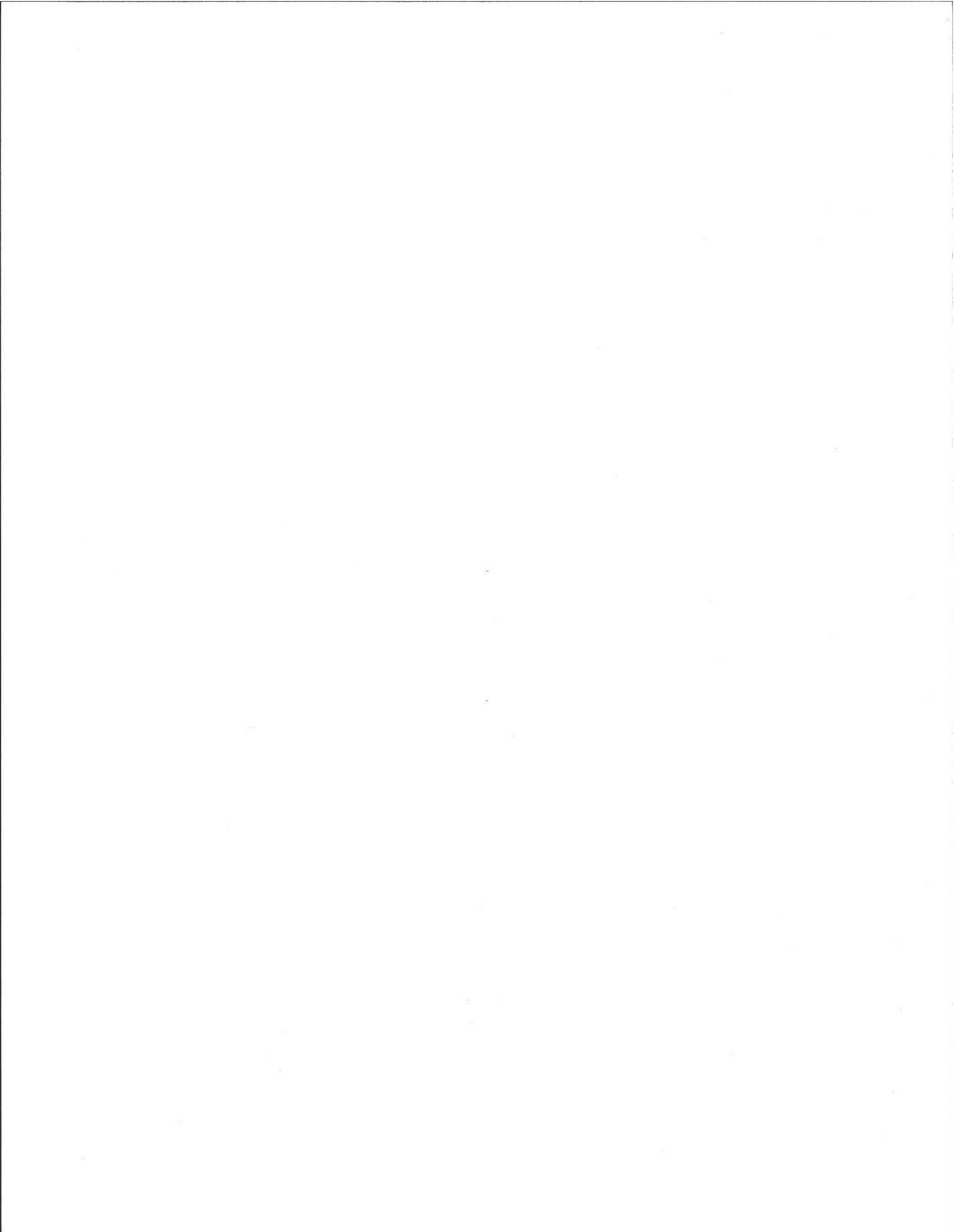
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

Yes No

- Checklist items with Yes/No checkboxes: Pumping information was provided... Were any of the system components pumped out... Has the system received normal flows... Have large volumes of water been introduced... Were as built plans of the system obtained... 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... 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)]





Commonwealth of Massachusetts  
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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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**D. System Information**

**Residential Flow Conditions:**

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Number of current residents: 1

Does residence have a garbage grinder?  Yes  No

Is laundry on a separate sewage system? [if **yes** separate inspection required]  Yes  No

Laundry system inspected?  Yes  No

Seasonal use?  Yes  No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump?  Yes  No

Last date of occupancy: current  
Date

**Commercial/Industrial Flow Conditions:**

Type of Establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_  
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

Grease trap present?  Yes  No

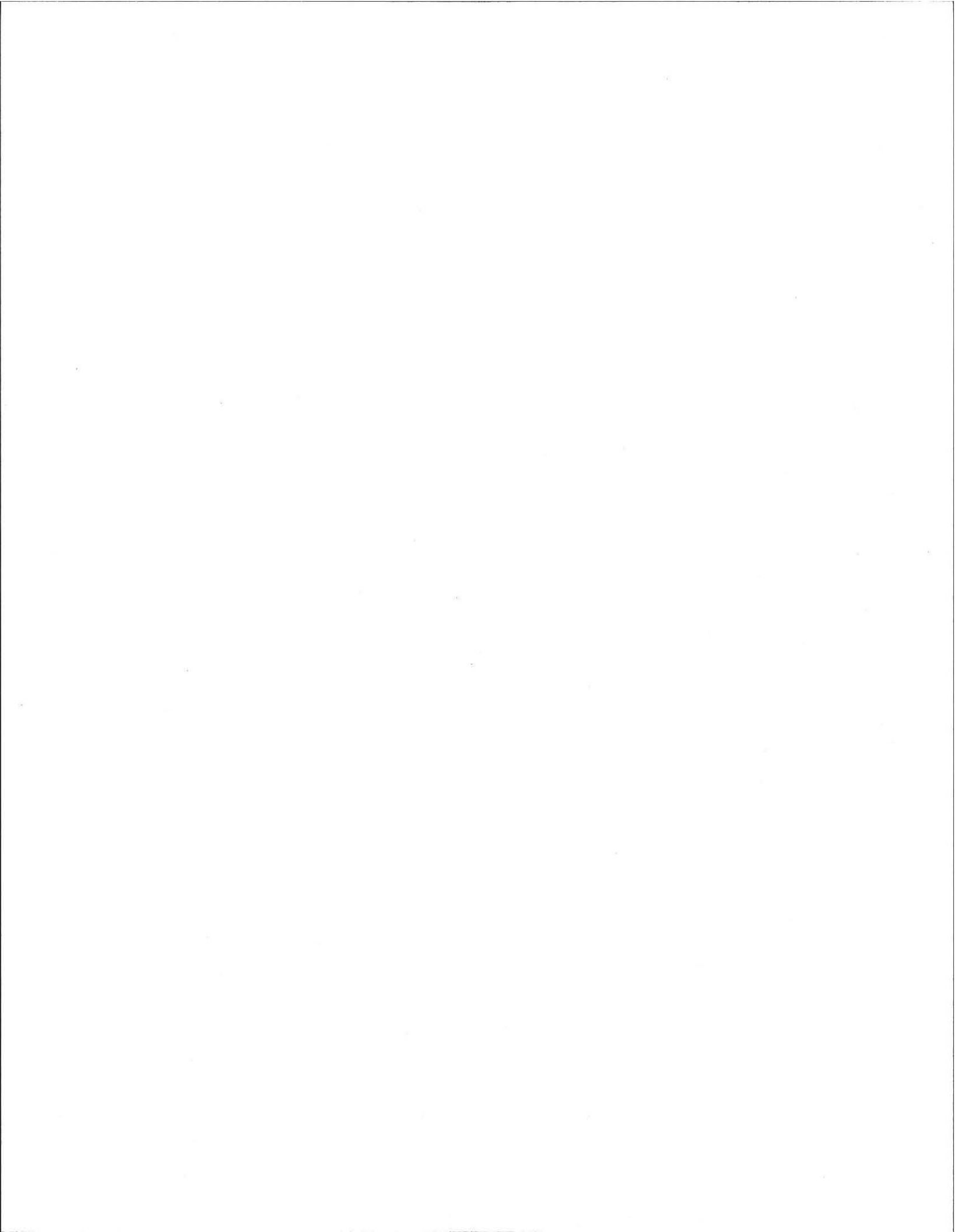
Industrial waste holding tank present?  Yes  No

Non-sanitary waste discharged to the Title 5 system?  Yes  No

Water meter readings, if available: \_\_\_\_\_

Last date of occupancy/use: \_\_\_\_\_  
Date

**Other (describe):** \_\_\_\_\_





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**D. System Information (cont.)**

**General Information**

**Pumping Records:**

Source of information: New tank

Was system pumped as part of the inspection?  Yes  No

If yes, volume pumped: \_\_\_\_\_ gallons

How was quantity pumped determined? \_\_\_\_\_

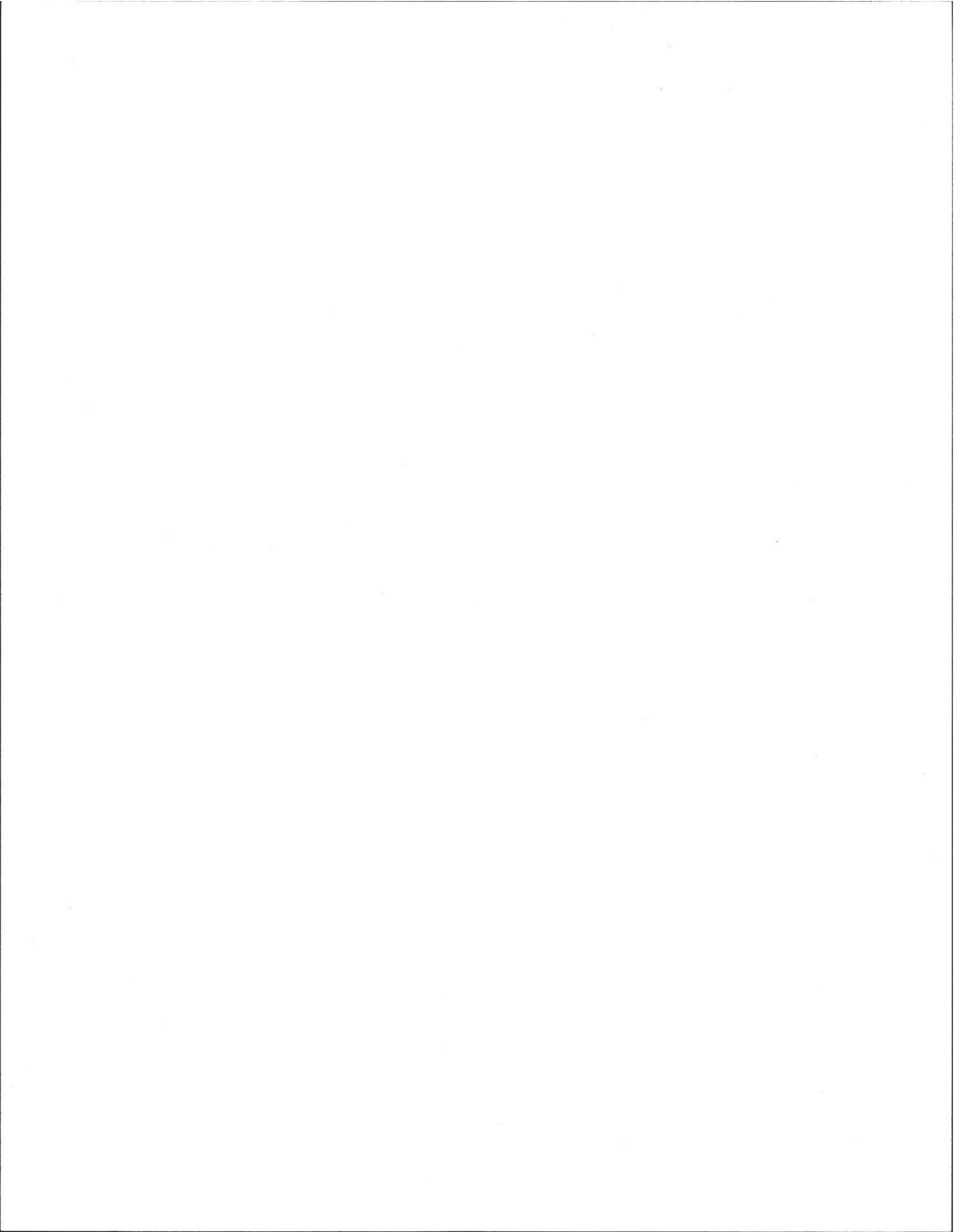
Reason for pumping: \*

**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:  
35 +/- years (1 field only), tanks and pump/chamber replaced.

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: 1.5'+  
 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'  
 feet

Material of construction:

concrete  metal  fiberglass  polyethylene  other (explain)

New tank \_\_\_\_\_

If tank is metal, list age: \_\_\_\_\_  
 years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)  Yes  No

Dimensions: 10'X5 'X4.'

Sludge depth: 0"

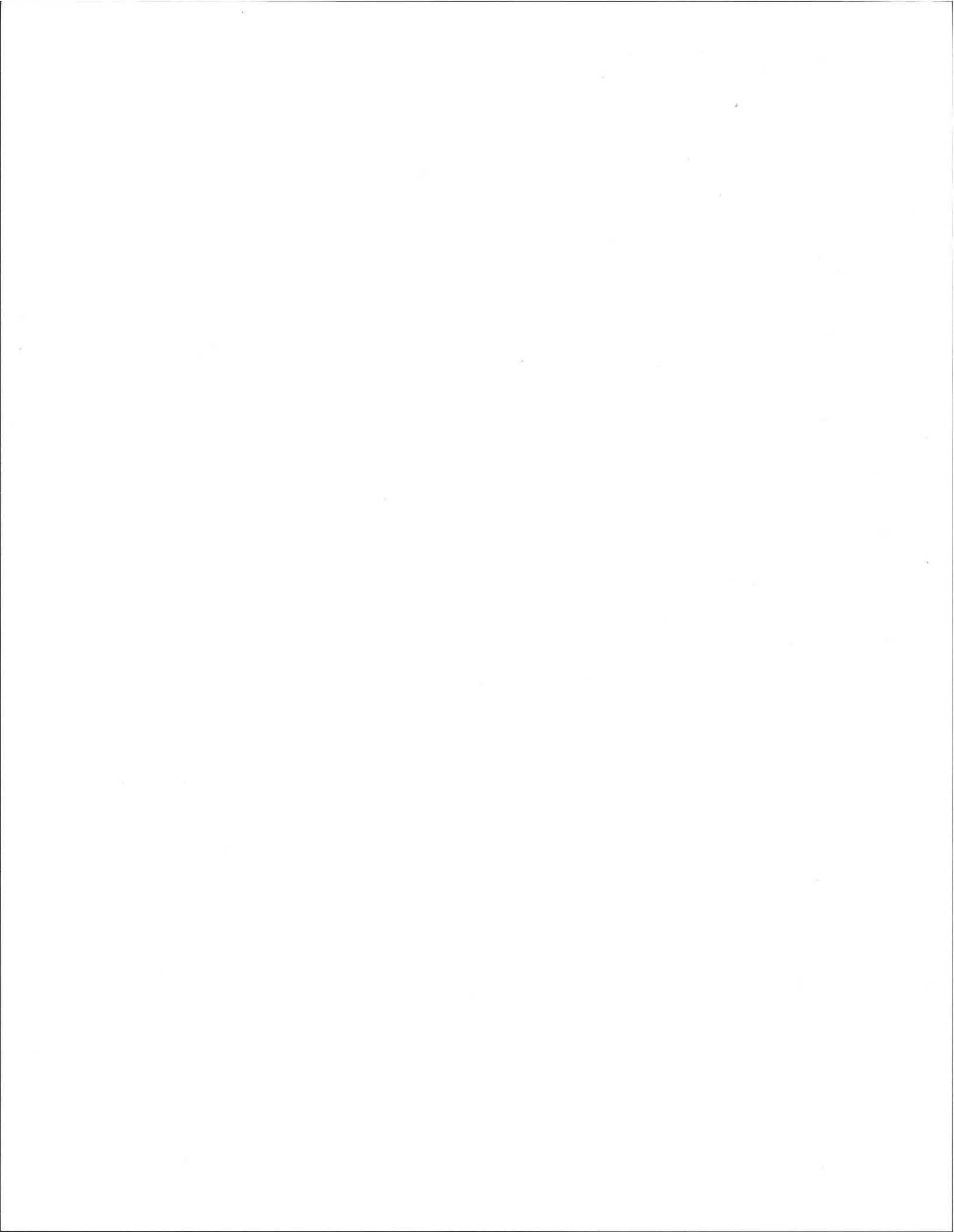
Distance from top of sludge to bottom of outlet tee or baffle 44"

Scum thickness 0"

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 14"

How were dimensions determined? Measured/estimated





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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.):

New tank installed

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):

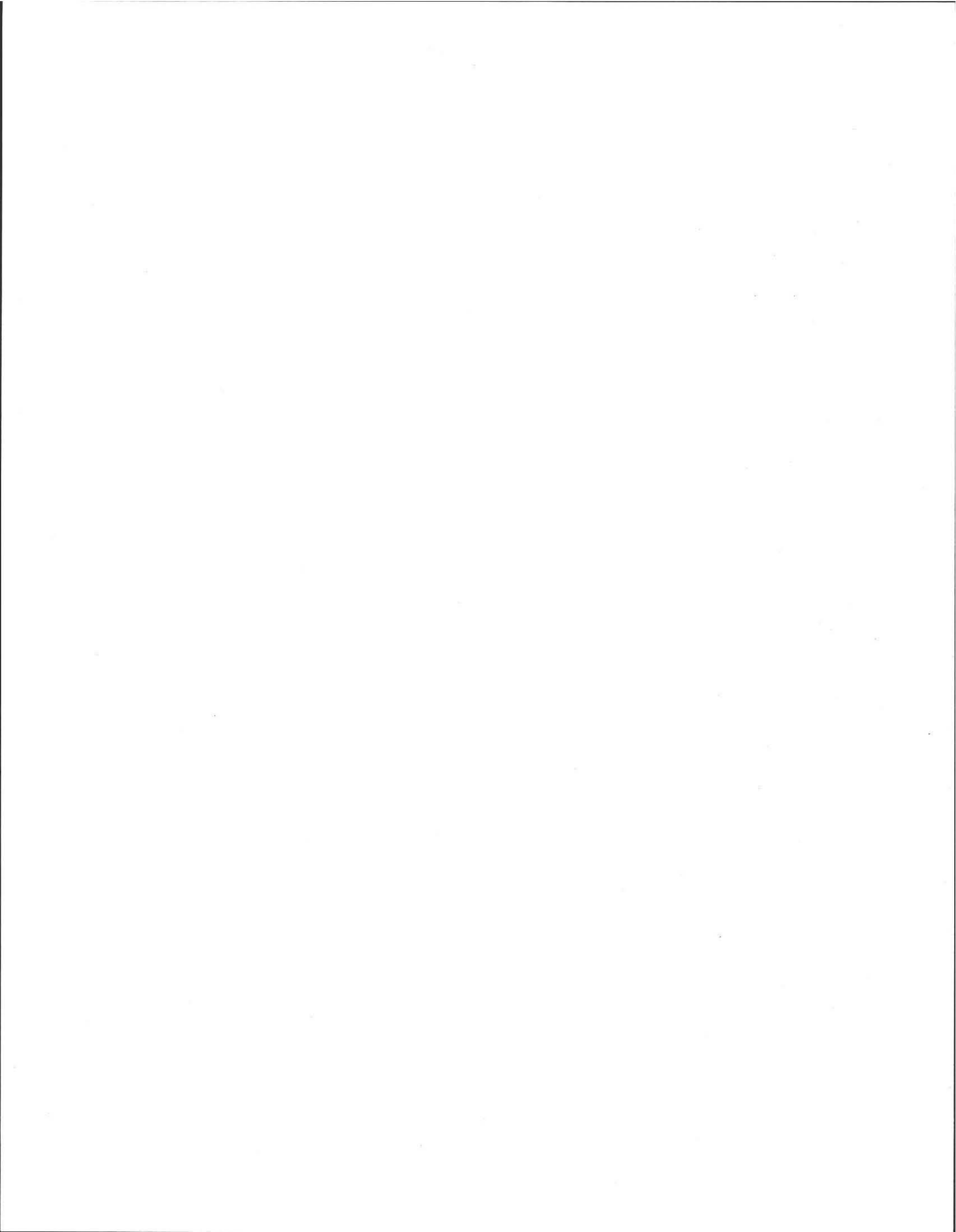
Depth below grade:

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

@ 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.):

replaced as part of inspection due to soft cracked condition.

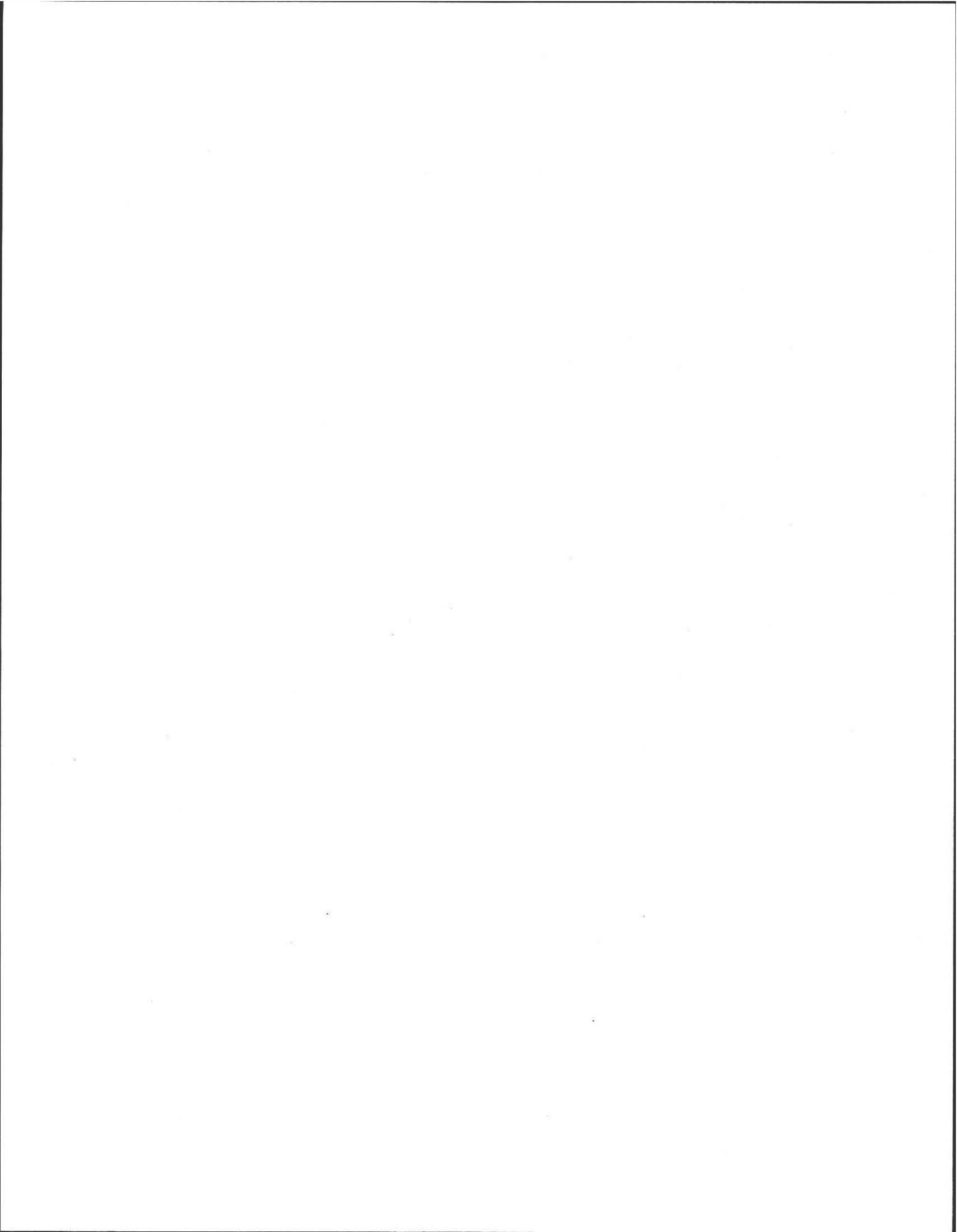
Pump Chamber (locate on site plan):

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.

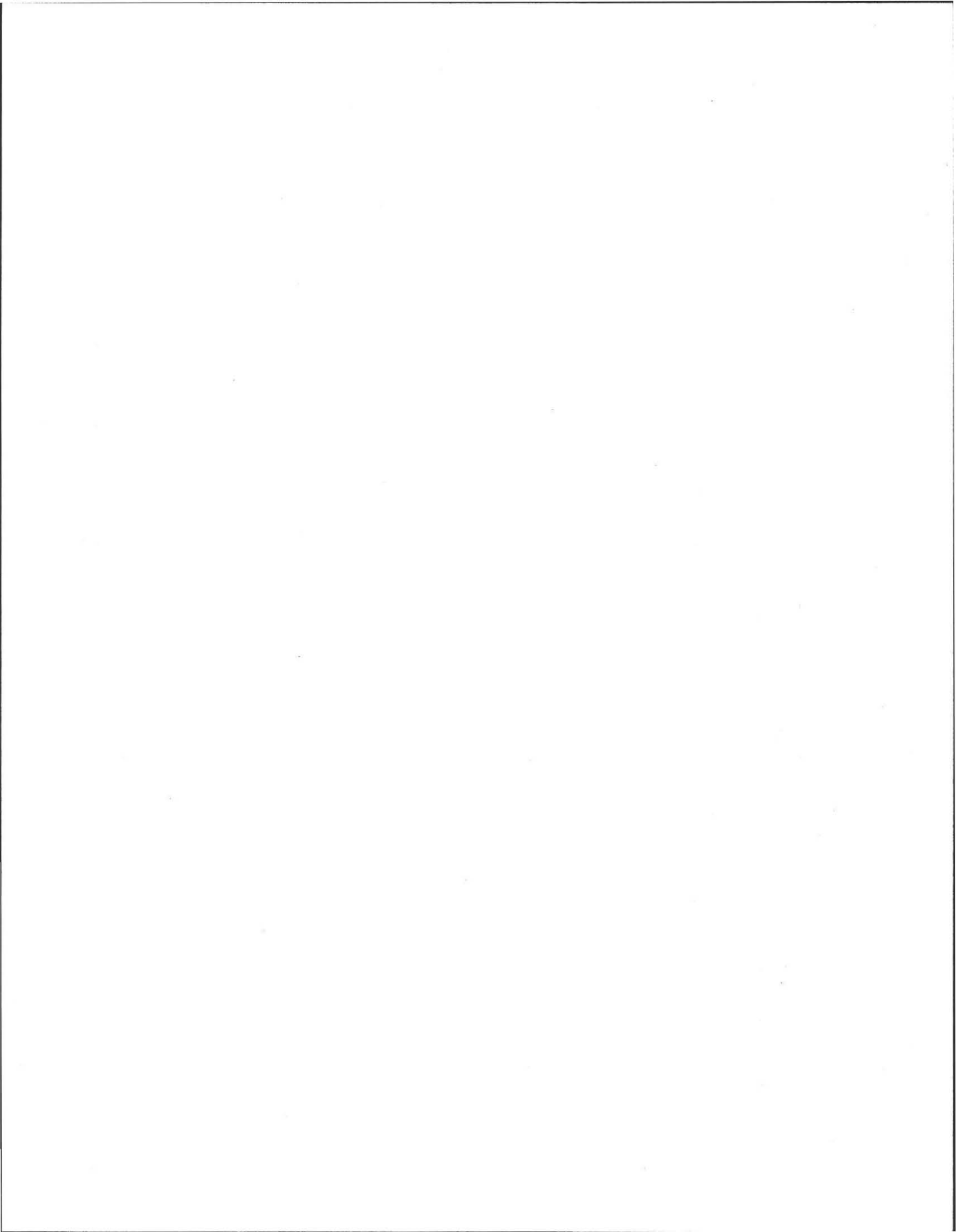
Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 18' x 35'+/-
overflow cesspool number:
innovative/alternative system

Type/name of technology:

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

No evidence of hydraulic failure, soil at top good, no stone staining. (No standing liquid in stone) ,







Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

11 Overlook Drive

Property Address

Jeannie M. Jones

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

11.01.2010 & 6.11.2011

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

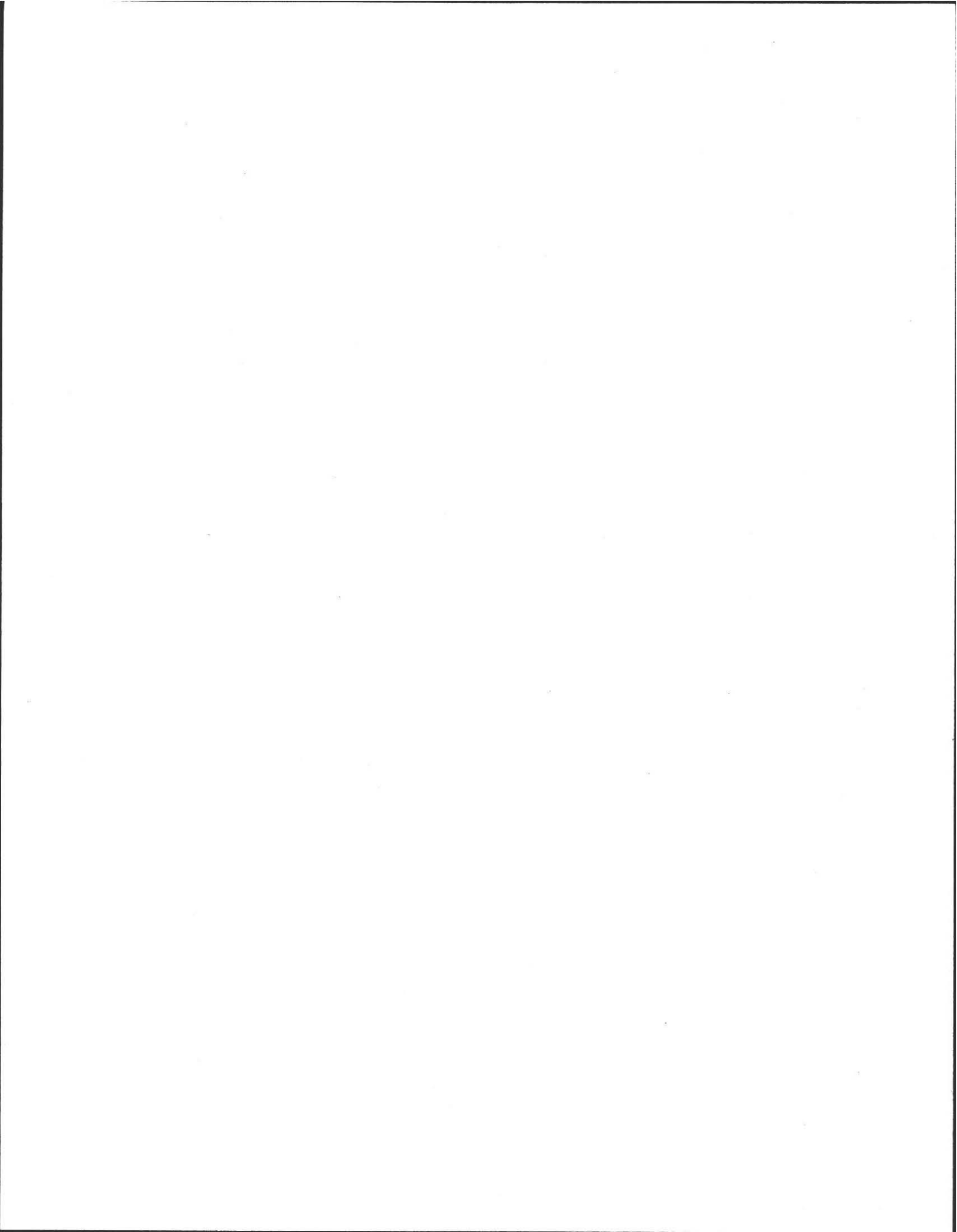
Depth of solids

N/A

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

N/A

\_\_\_\_\_





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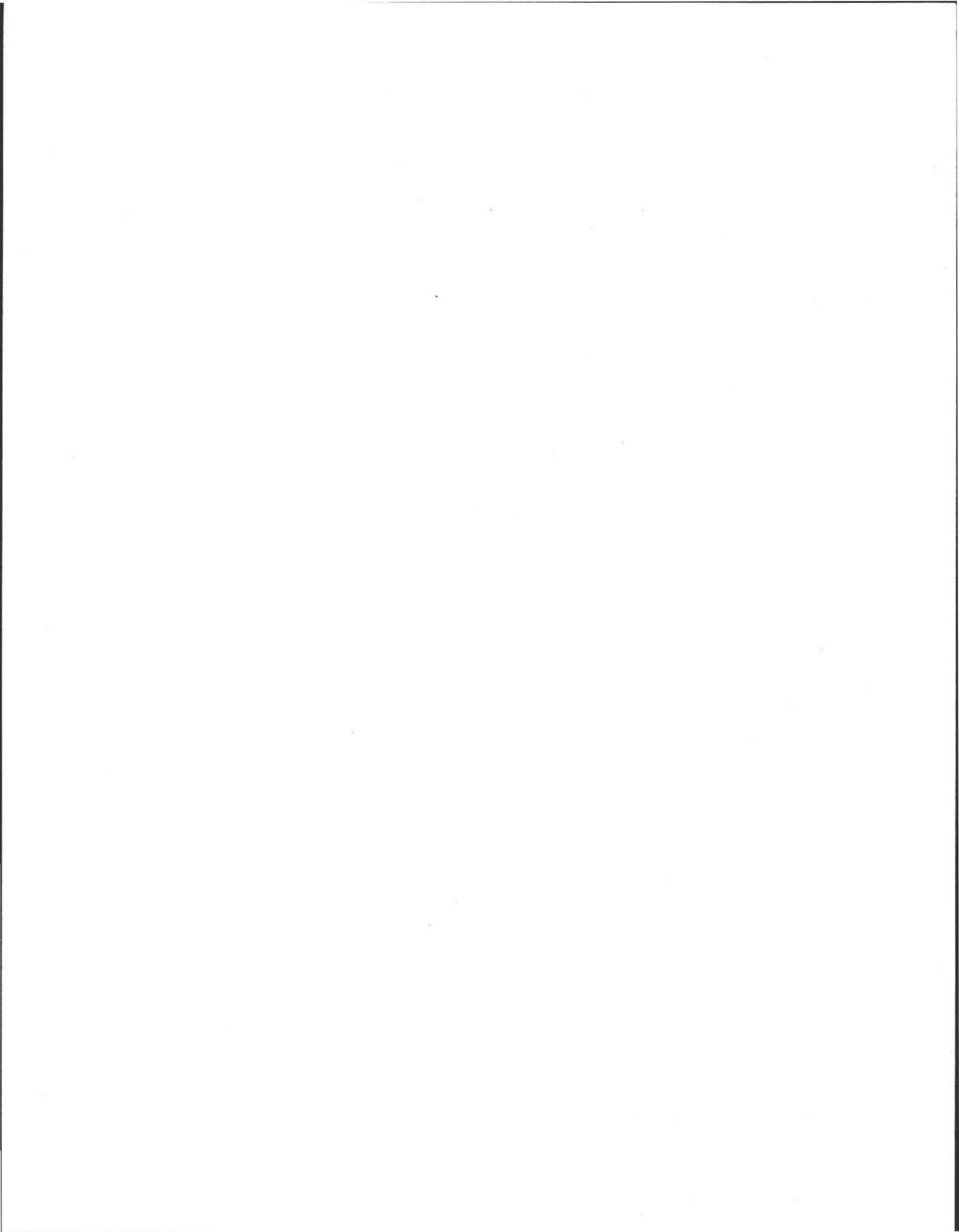
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## D. System Information (cont.)

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.





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## D. System Information (cont.)

### Site Exam:

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

Estimated depth to ground water: 4-5'+ work/holes in leach area,  
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:

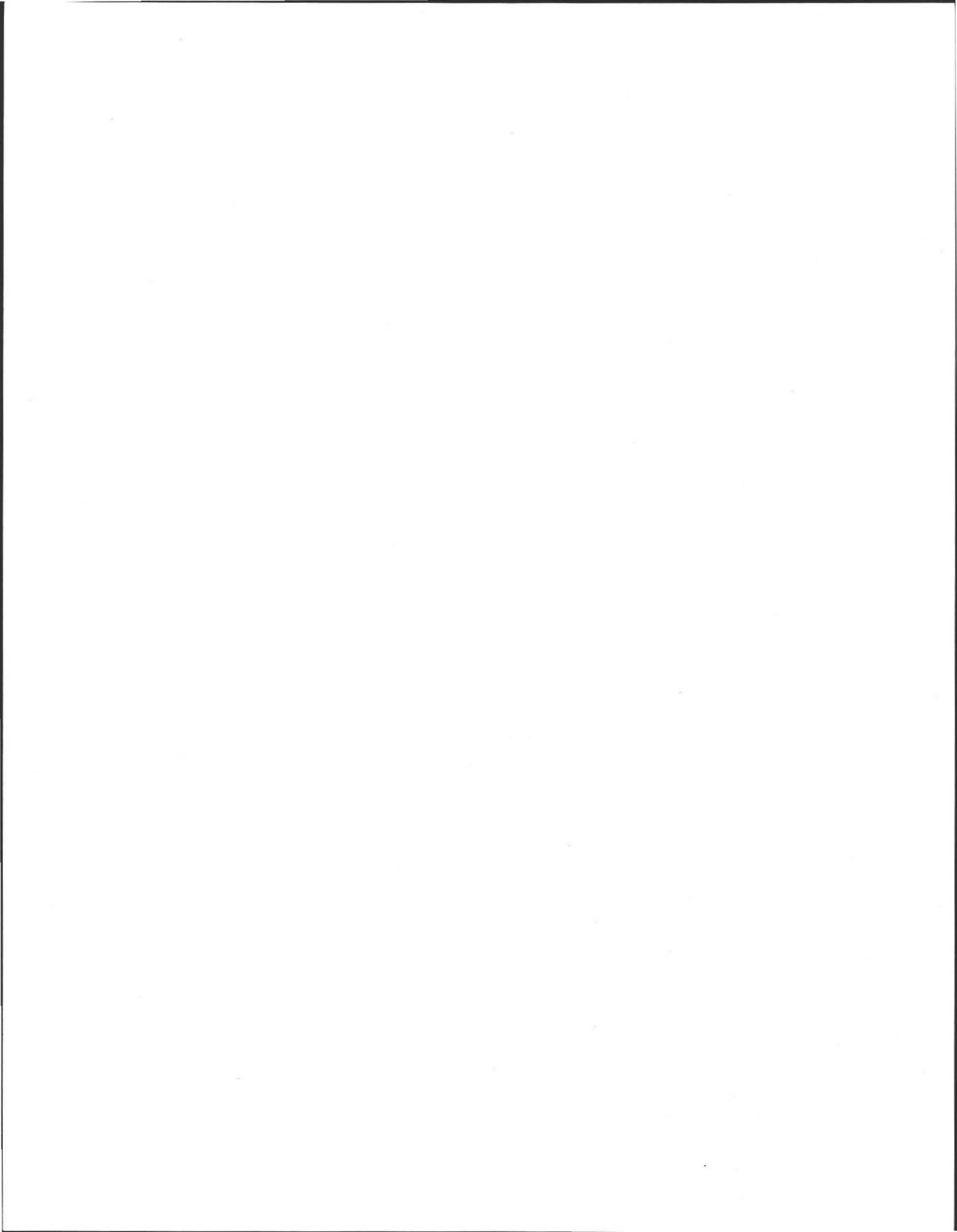
worked on lot. Excavation for T-5 and new tanks. 18-24" in S. tank area.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



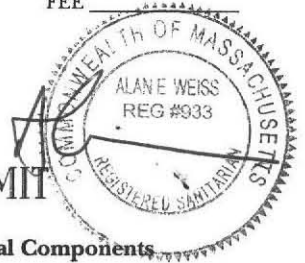
No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



Application for a Permit to Construct ( ) Repair  Upgrade ( ) Abandon ( ) -  Complete System  Individual Components

Location	<u>11 Overlook Dr.</u>	Owner's Name	<u>Jeannie Jones</u>
Map/Parcel#	<u>6B/92</u>	Address	<u>11 Overlook Dr</u>
Lot#		Telephone#	<u>253-3021</u>
Installer's Name	<u>Adairs Septic</u>	Designer's Name	<u>Alan Weiss, RS</u>
Address	<u>Amherst, MA.</u>	Address	<u>Belchertown, MA.</u>
Telephone#	<u>531-7921</u>	Telephone#	<u>413-323-5957</u>

Type of Building Residence Lot Size 1.11 Ac<sup>+</sup> sq. ft.  
 Dwelling - No. of Bedrooms 4 BR. Garbage grinder ( )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided \_\_\_\_\_ gpd  
 Plan: Date 11/2/2010 Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_  
 Title Septic Tank, Pump Chamber + D. Box Replacement Plan  
 Description of Soil(s) LS  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS S. tank, P. chamber + D. box Repair

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Sean Mullen Date Nov. 15, 2010

Inspections Reinspection in 60+ Days Required

No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

## CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_

at \_\_\_\_\_

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

No. \_\_\_\_\_

FEE \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

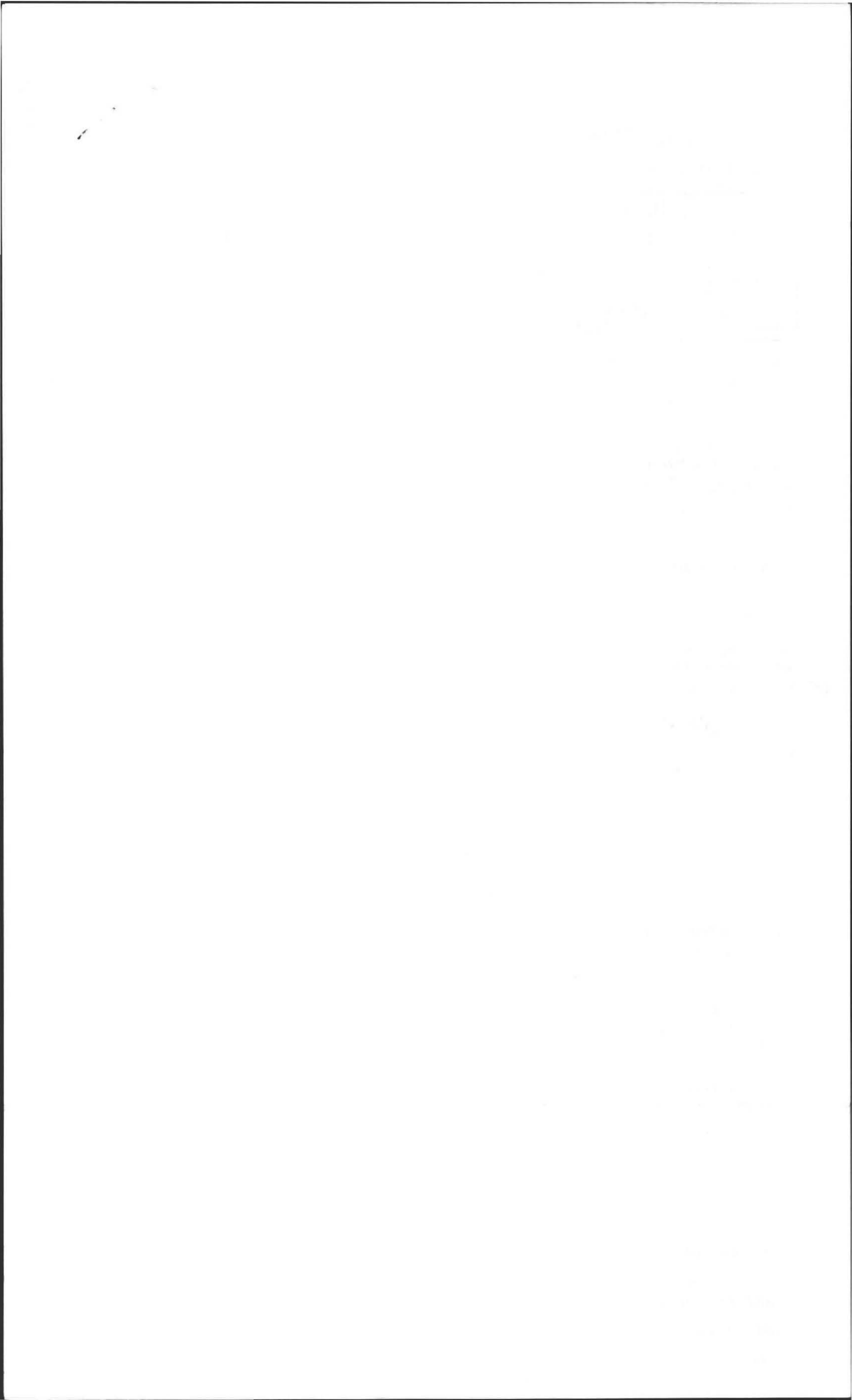
Board of Health, \_\_\_\_\_, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for

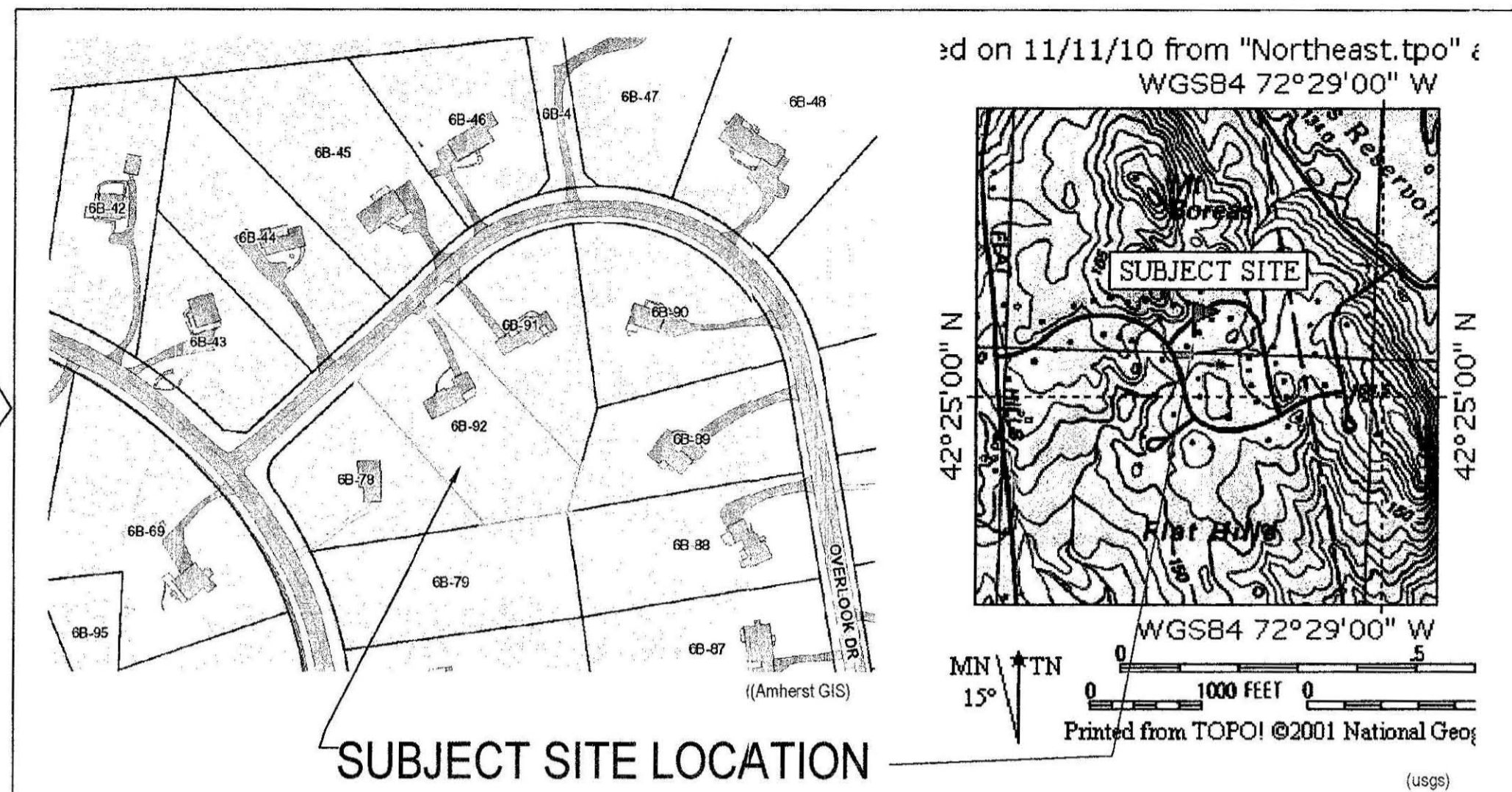
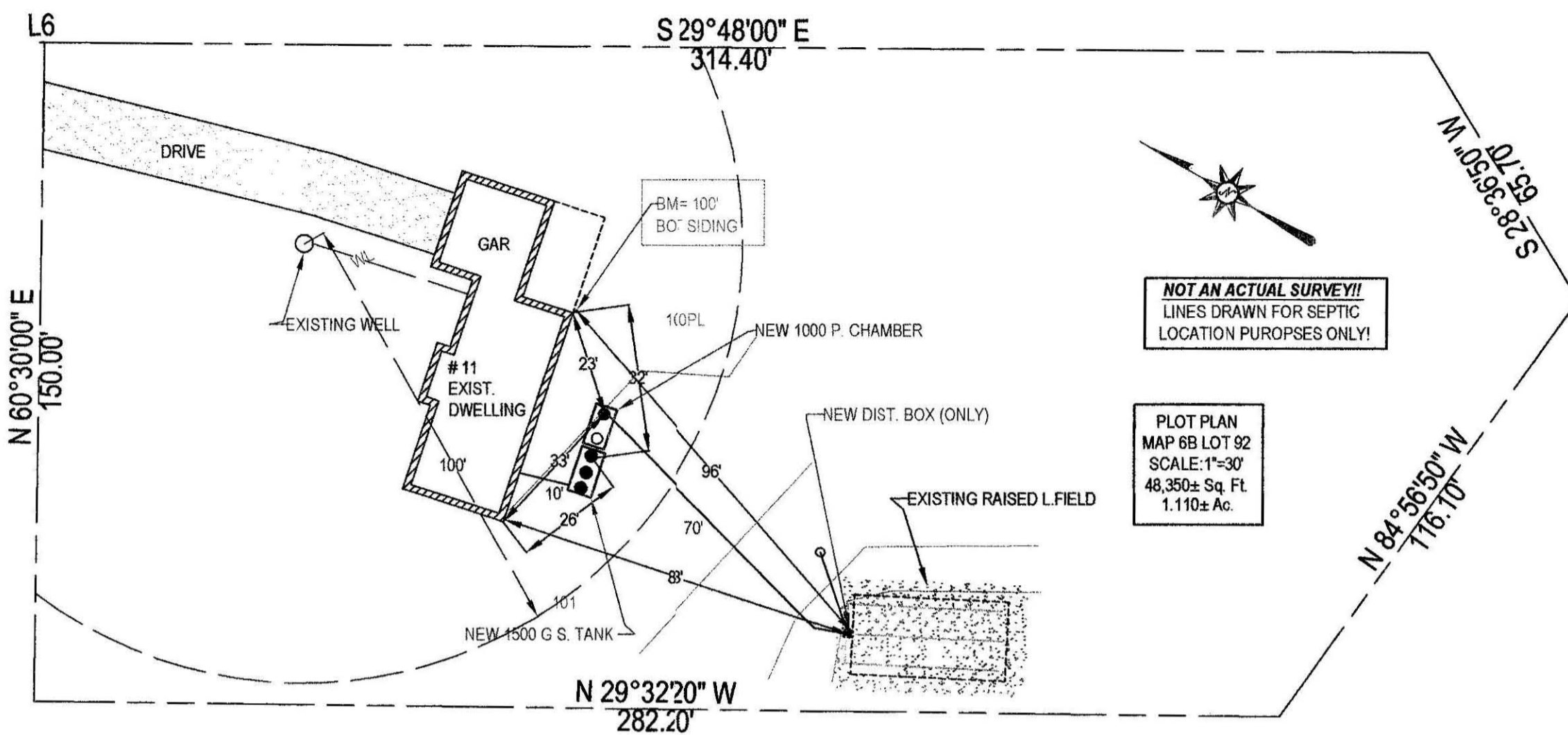
Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.



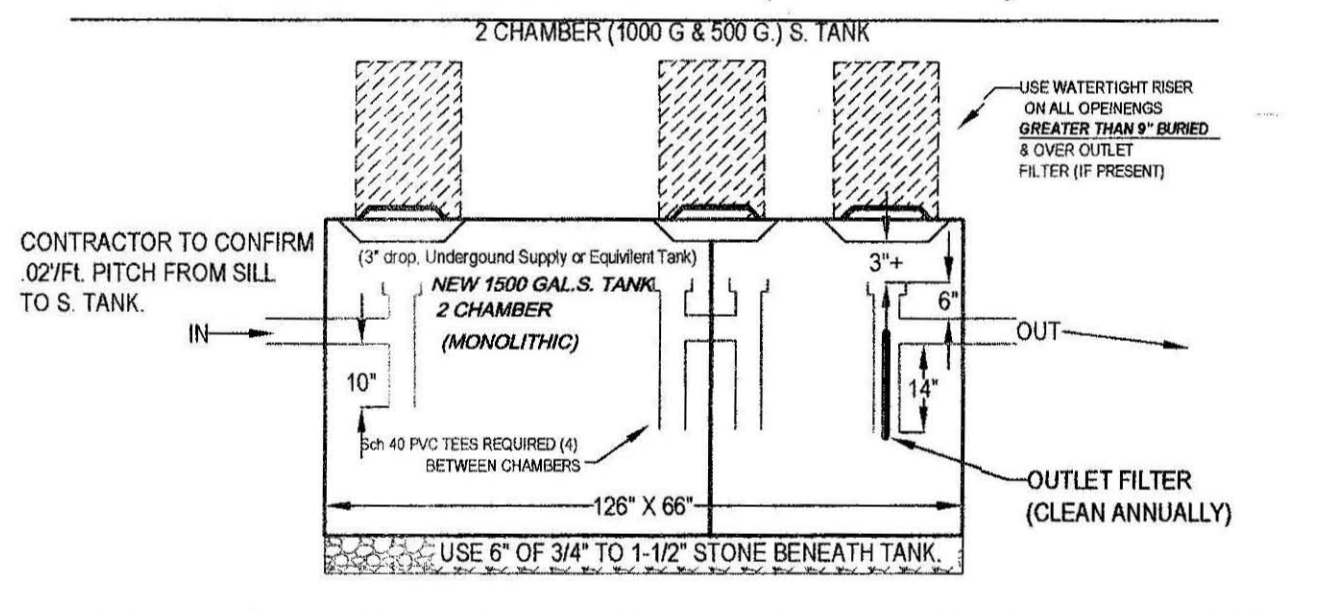


OVERLOOK DRIVE

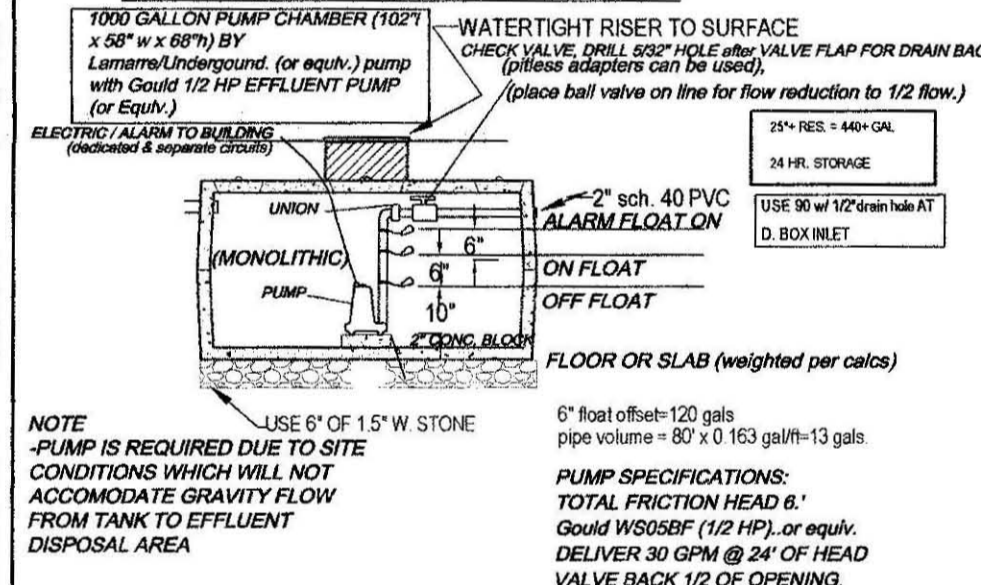


SUBJECT SITE LOCATION

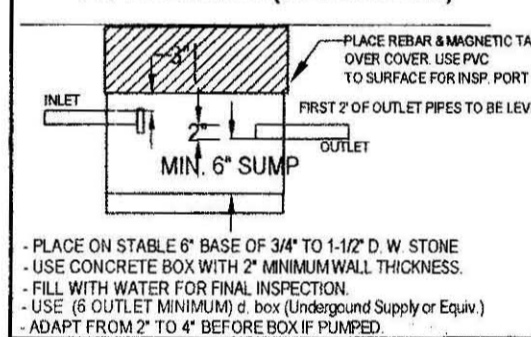
**TYPICAL NEW 1500 G. SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.**



**PUMP CHAMBER DETAIL (watertight) NOT TO SCALE**



**TYPICAL D.BOX (WATERTIGHT)**



**NOTE TO HOMEOWNER: FILL, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. 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 TYPICALLY 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.**

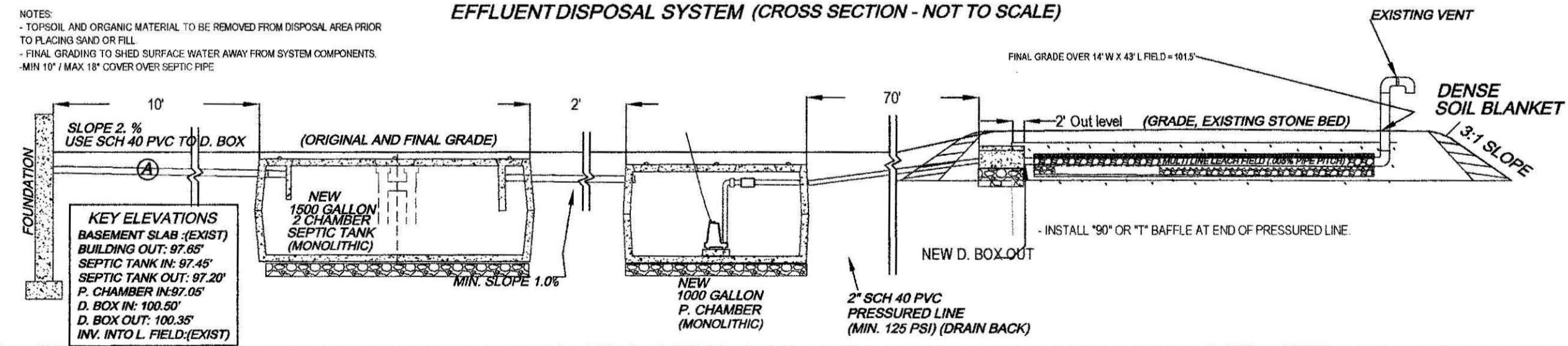
**PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:**

- HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
- HAVE TANK, PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED ANNUALLY.
- MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
- MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
- USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
- 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.

**DESIGN NOTES AND CALCULATIONS:**

- 4 BEDROOM HOME
  - USE ONE NEW S. TANK, P. CHAMBER AND D. BOX ONLY DUE TO CORROSION.
  - TOTAL AREA: EXISTING RAISED STONE BED 18 X 36'-4" = 648 sf
  - GARBAGE DISPOSAL NOT recommended ...
  - NO OTHER PRIVATE WELLS WITHIN 100 FEET OF SAS.
  - NO OTHER WETLANDS WITHIN 100 FEET OF SAS
  - 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).
  - NOTE:
    - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
  - USE LARGE STYLE (8 OUTLET) D.BOX ONLY.
  - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS
  - NOTE:
    - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
  - USE (75"-1 1/2") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.
  - USE ONLY DBL. WASHED APPROVED (75"-1.5") FOR PLACEMENT IN LEACH AREA.
  - USE PROPER SCH. 40 PVC TEES AS SHOWN.
  - PRE & PCST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
  - SLOPE C/ALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
  - ENGINEER & TOWN TO INSPECT INITIALLY AND BEFORE COVER.
  - BM=100.00 @ (SILL as noted), CONFIRM PROPER PIPE SLOPES
    - USE INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
  - GRADE MULCH AND SEED OVER SAS AS NOTED.
  - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
  - 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 \*\*

**EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)**



**ATTENTION INSTALLER!!**

CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 41 - 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.



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  
e-Mail: ACW@CSSE.com

DATE: 11.02.2010  
SCALE: 1"=30'

DRAWN BY: ALAN WEISS  
REVISED:

DRAWING NUMBER: 110.3489.1025



Commonwealth of Massachusetts

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11 Overlook Drive

Property Address

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Owner's Name

Amherst

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MA

State

01002

Zip Code

11.01.2010

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, M.S., R.S.

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

RS 933

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

Alan E. Weiss,

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.

10  
10



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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 with Health Agent. System in use by one persons and is 35+ years old. S. tank and L. field system were not in failure. New S. Tank, P. chamber & D. Box replaced as old one was soft and cracked & non functional. New 1500 gal. Septic tank & 1000 G P Chamber was installed. Grinder is not recommended. Follow-up inspection in 60+ days Required.

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.

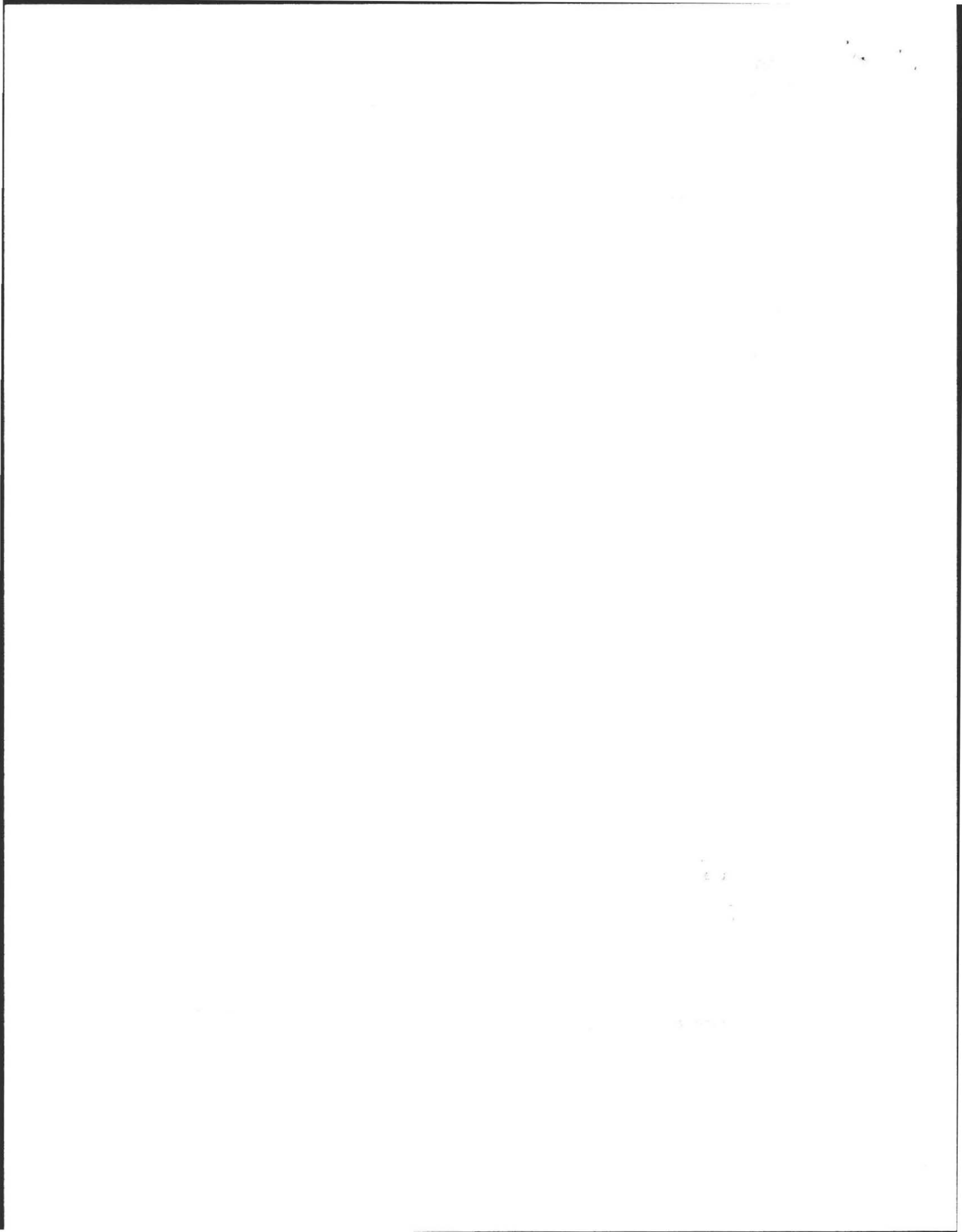
ND Explain:

L field was not in failure. New D. box & Tanks completed. Because no water has gotten to L field for some time do to non-funtioning pump, reinspection in 60 + days required.

- 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





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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

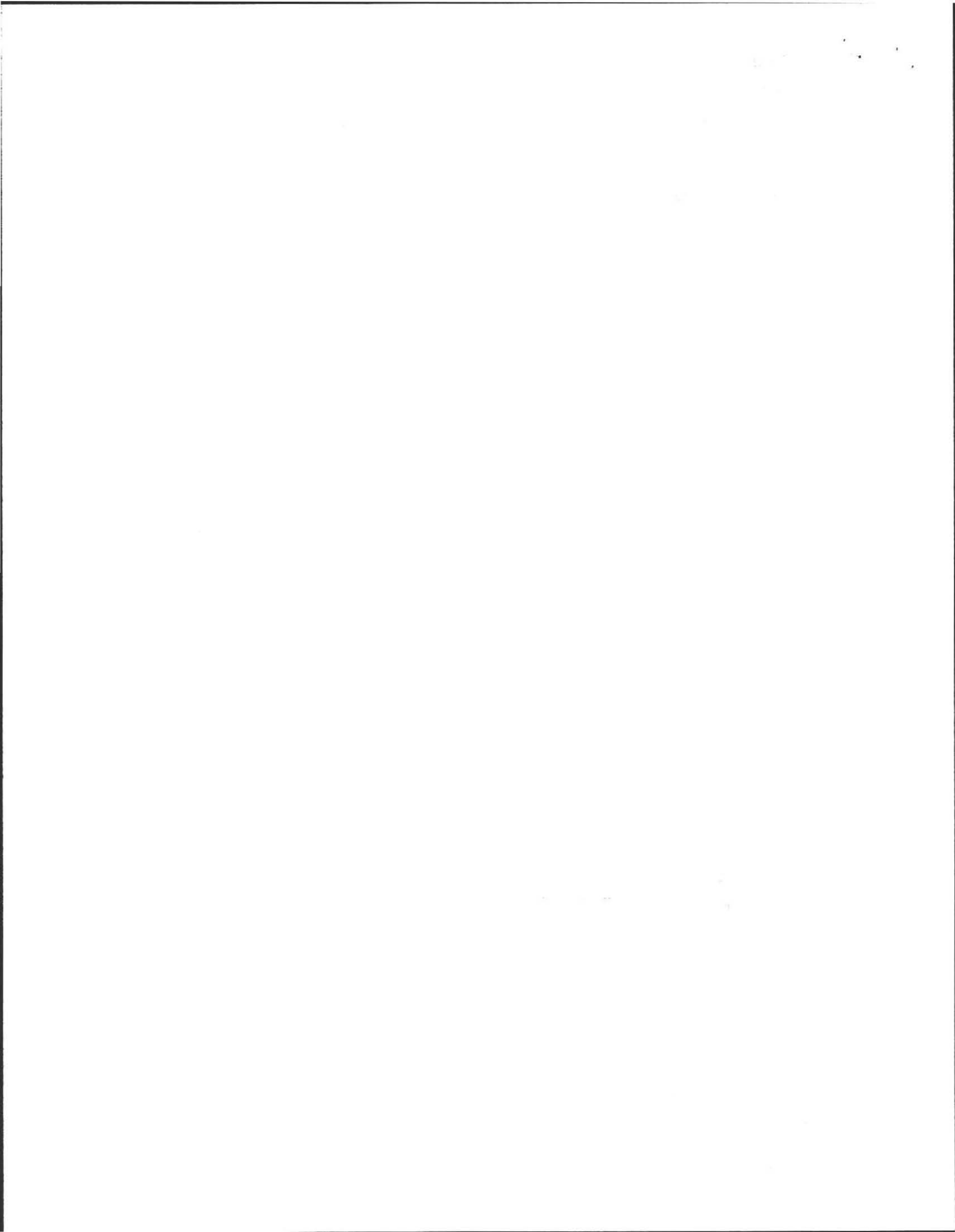
- [ ] Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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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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:

\*\* 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.

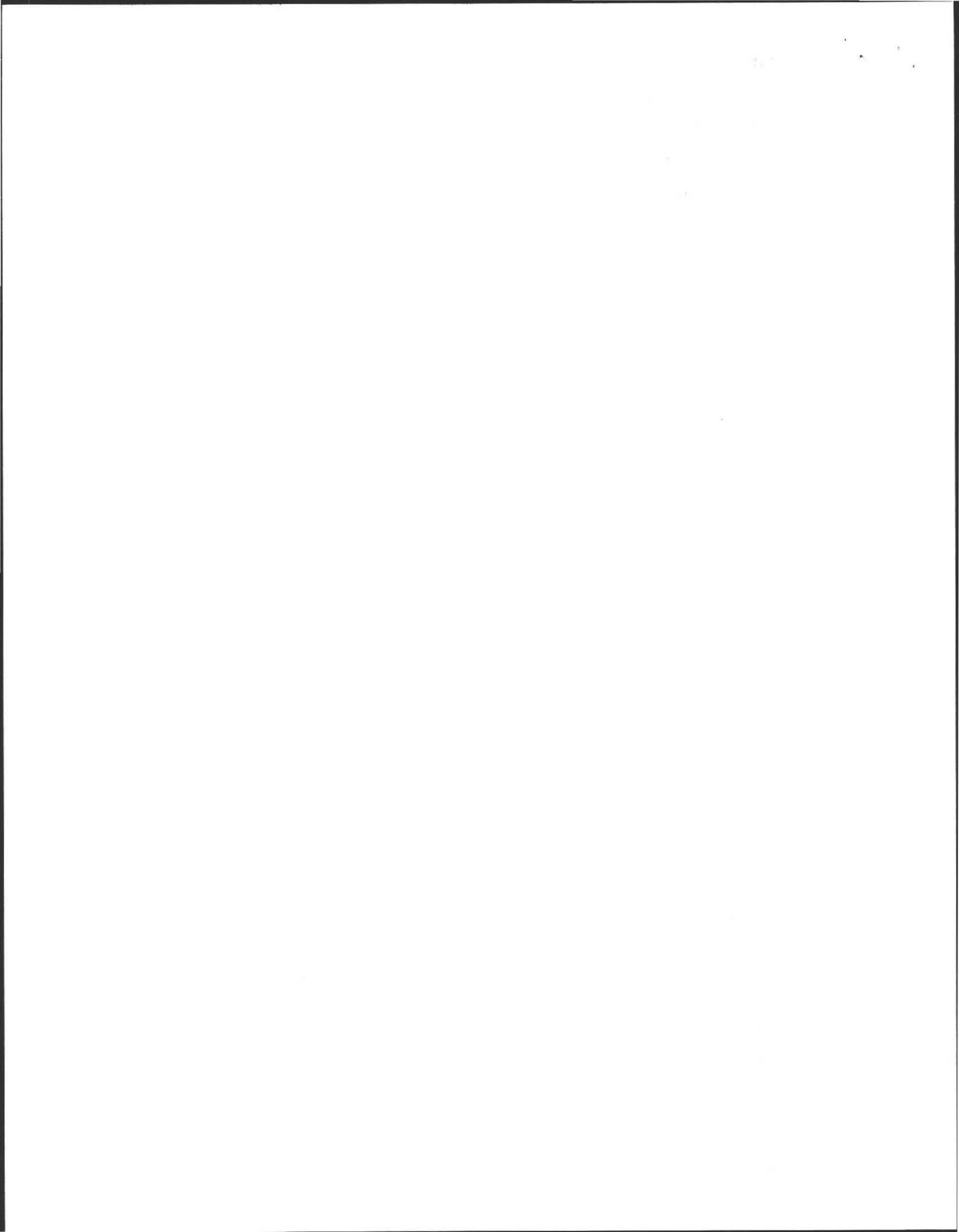
3. Other:

D) System Failure Criteria Applicable to All Systems:

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

- Yes No 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 SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.







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B. Certification (cont.)

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

Yes No

- Any portion of a cesspool or privy is within a Zone 1 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.
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
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.

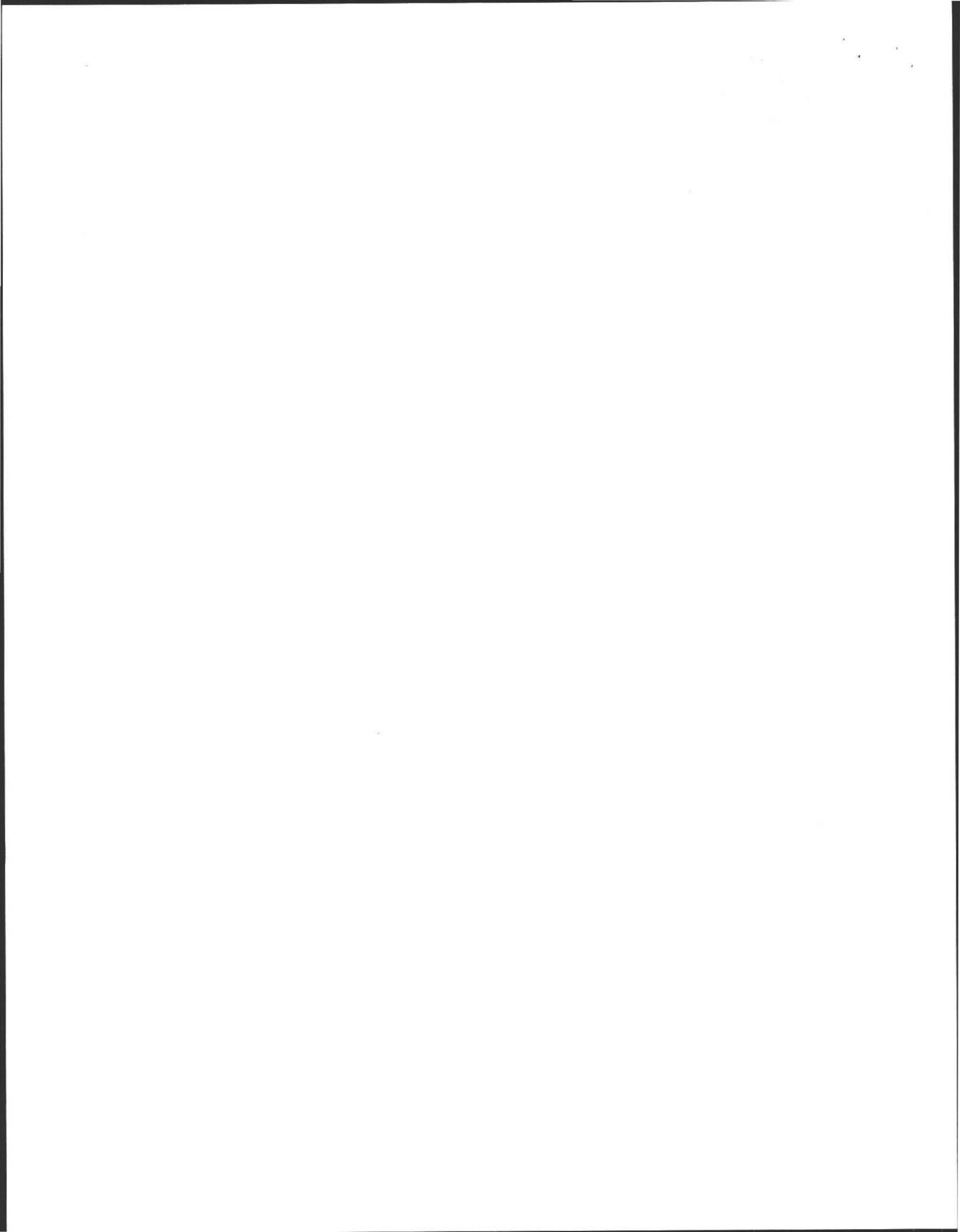
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

- the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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





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## C. Checklist

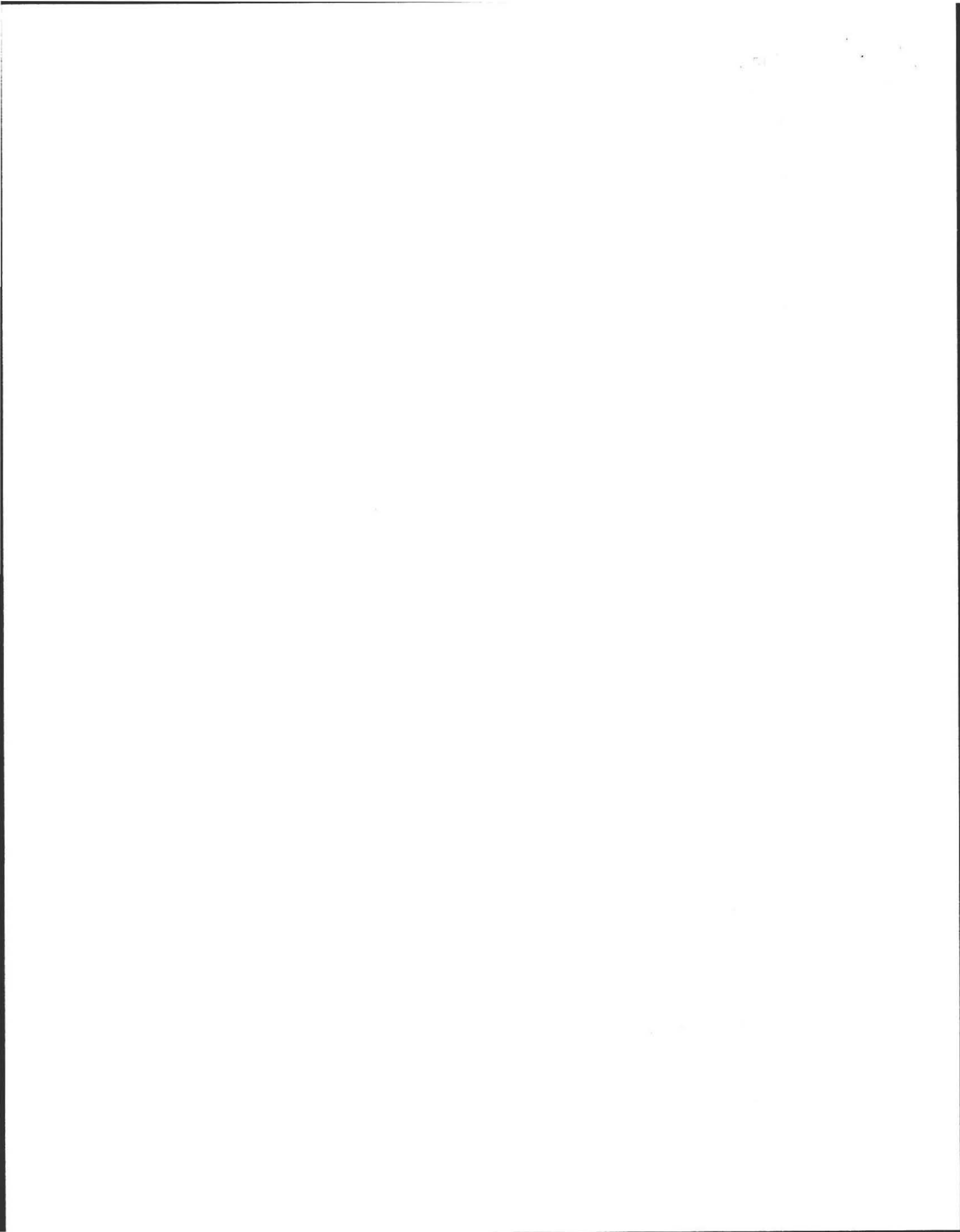
Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

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)]





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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Number of current residents: 1

Does residence have a garbage grinder? [X] Yes [ ] No

Is laundry on a separate sewage system? [if yes separate inspection required] [ ] Yes [X] No

Laundry system inspected? [ ] Yes [X] No

Seasonal use? [ ] Yes [X] No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump? [ ] Yes [X] No

Last date of occupancy: current Date

Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_ Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

Grease trap present? [ ] Yes [ ] No

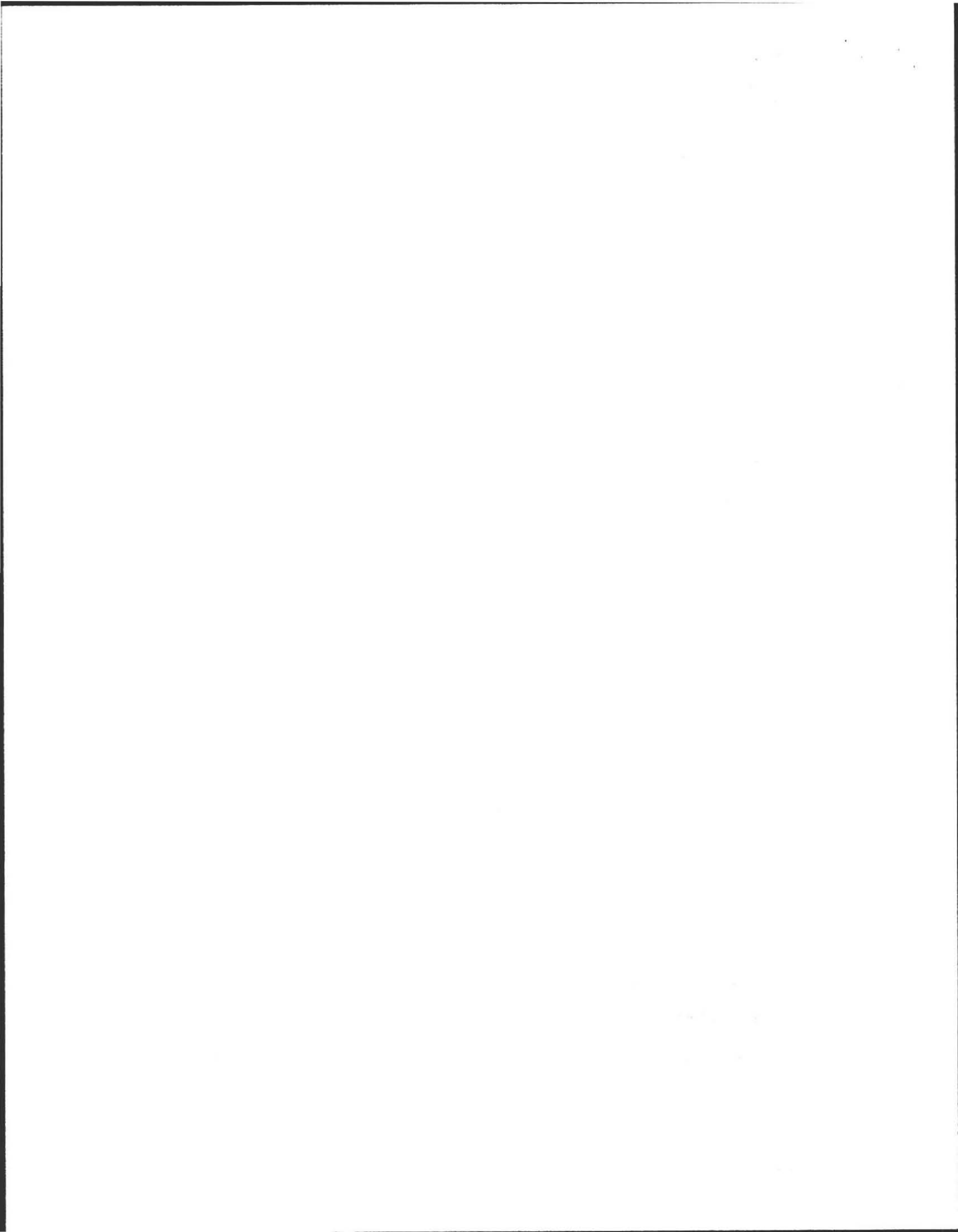
Industrial waste holding tank present? [ ] Yes [ ] No

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

Owner information is required for every page.

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.)**

**General Information**

**Pumping Records:**

Source of information: owner: (1-2 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

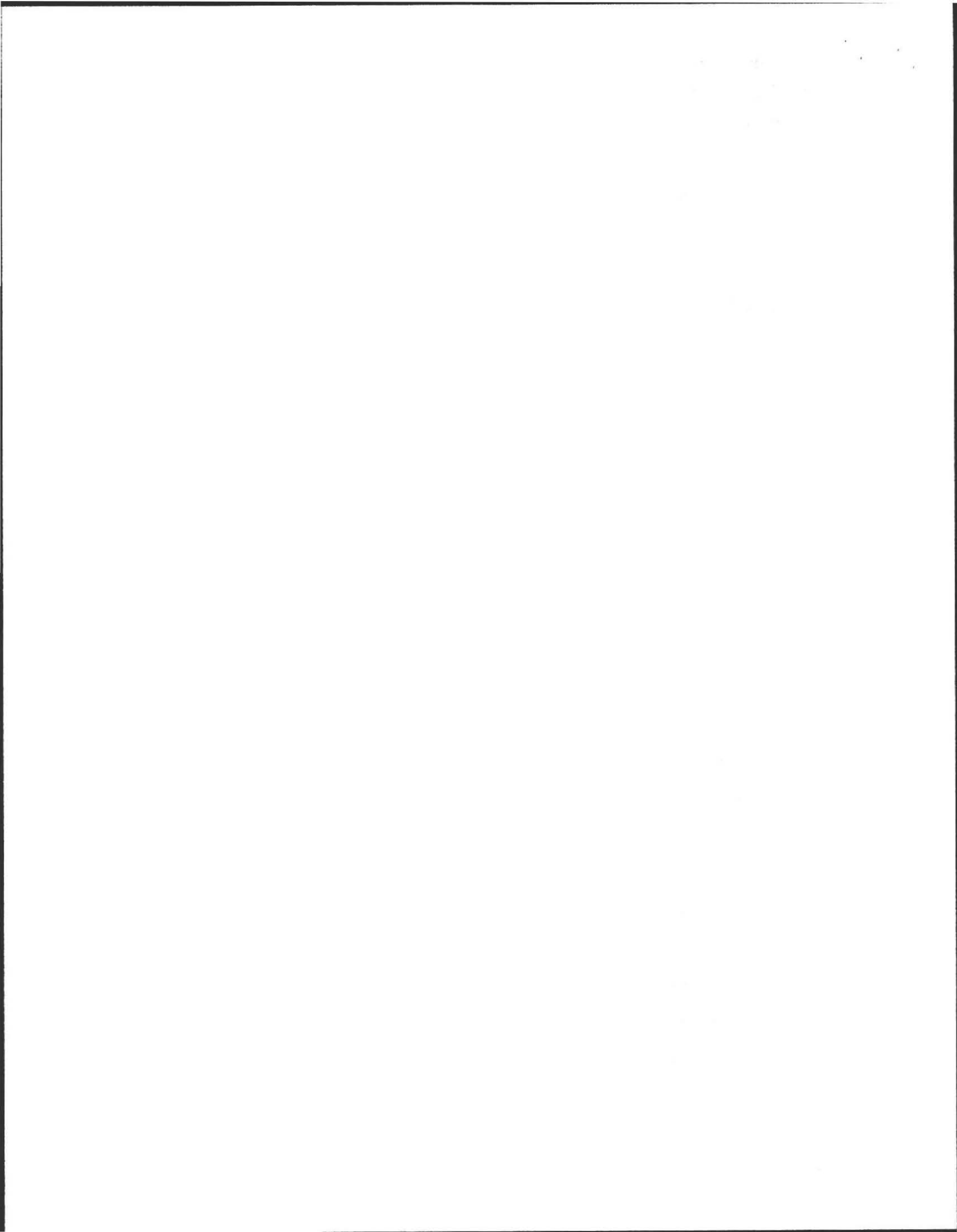
**Type of System:**

- 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:  
35 +/- years .

Were sewage odors detected when arriving at the site?  Yes  No







Commonwealth of Massachusetts

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11 Overlook Drive

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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1.5'+

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'

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

Tank, baffles in inlet in place & outlet tee replaced,

If tank is metal, list age:

years

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

Yes

No

Dimensions:

8'X4 'X4.'

Sludge depth:

6"

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

30"

Scum thickness

4"

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

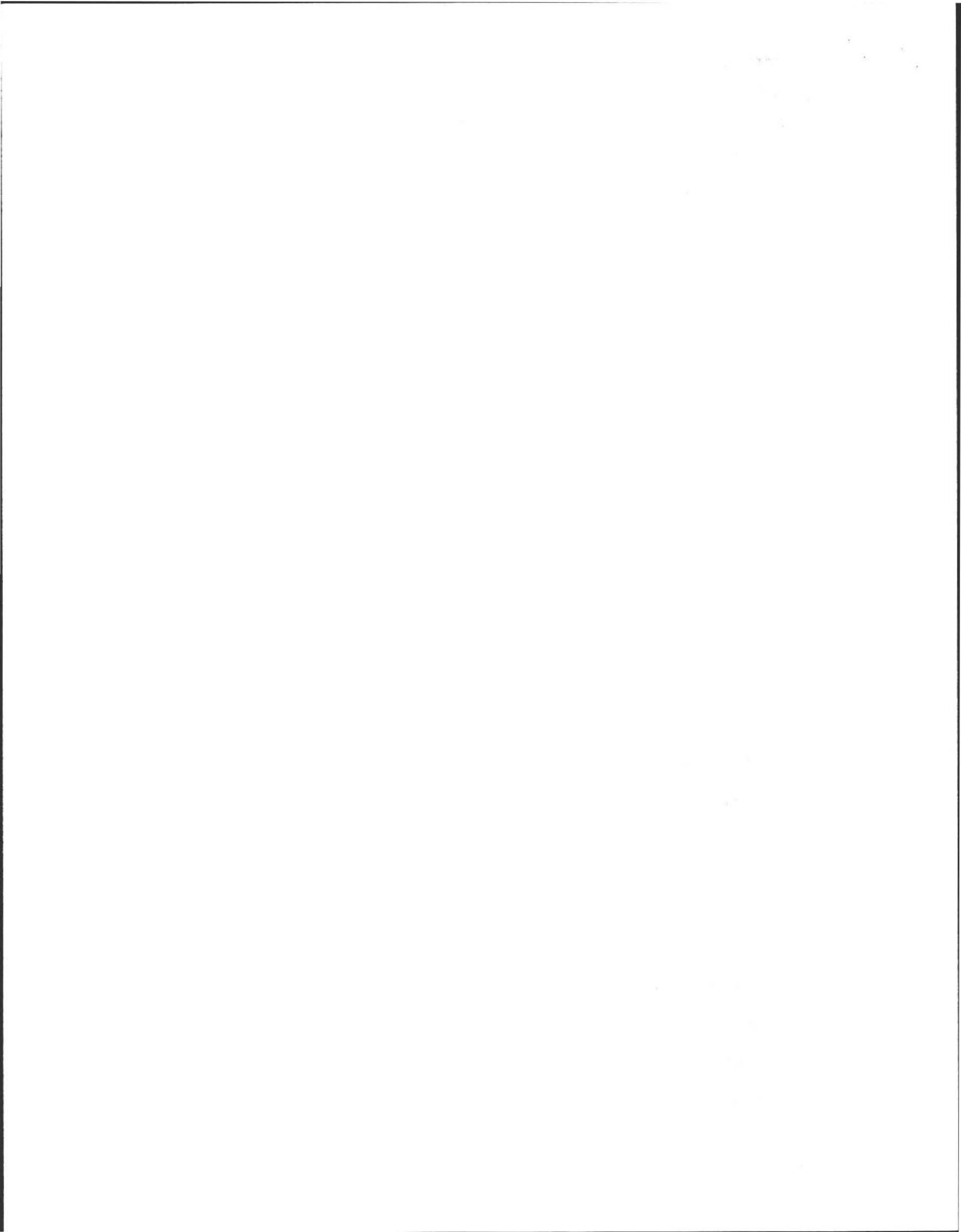
10"

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

26"

How were dimensions determined?

Measured/estimated





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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.):

Structural poor tank replaced at time of 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

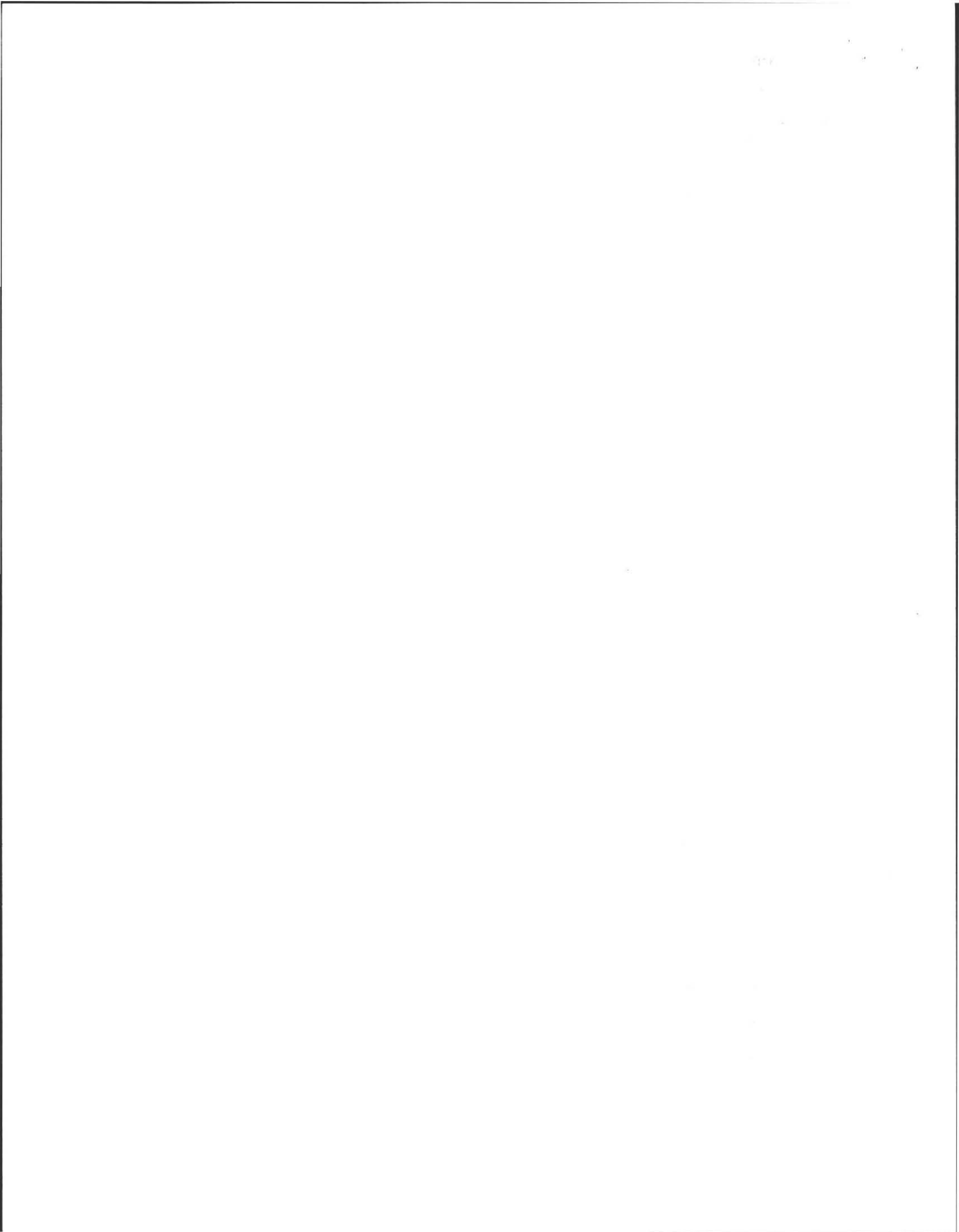
[ ] metal

[ ] 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

Dry.

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.):

replaced as part of inspection due to soft cracked condition.

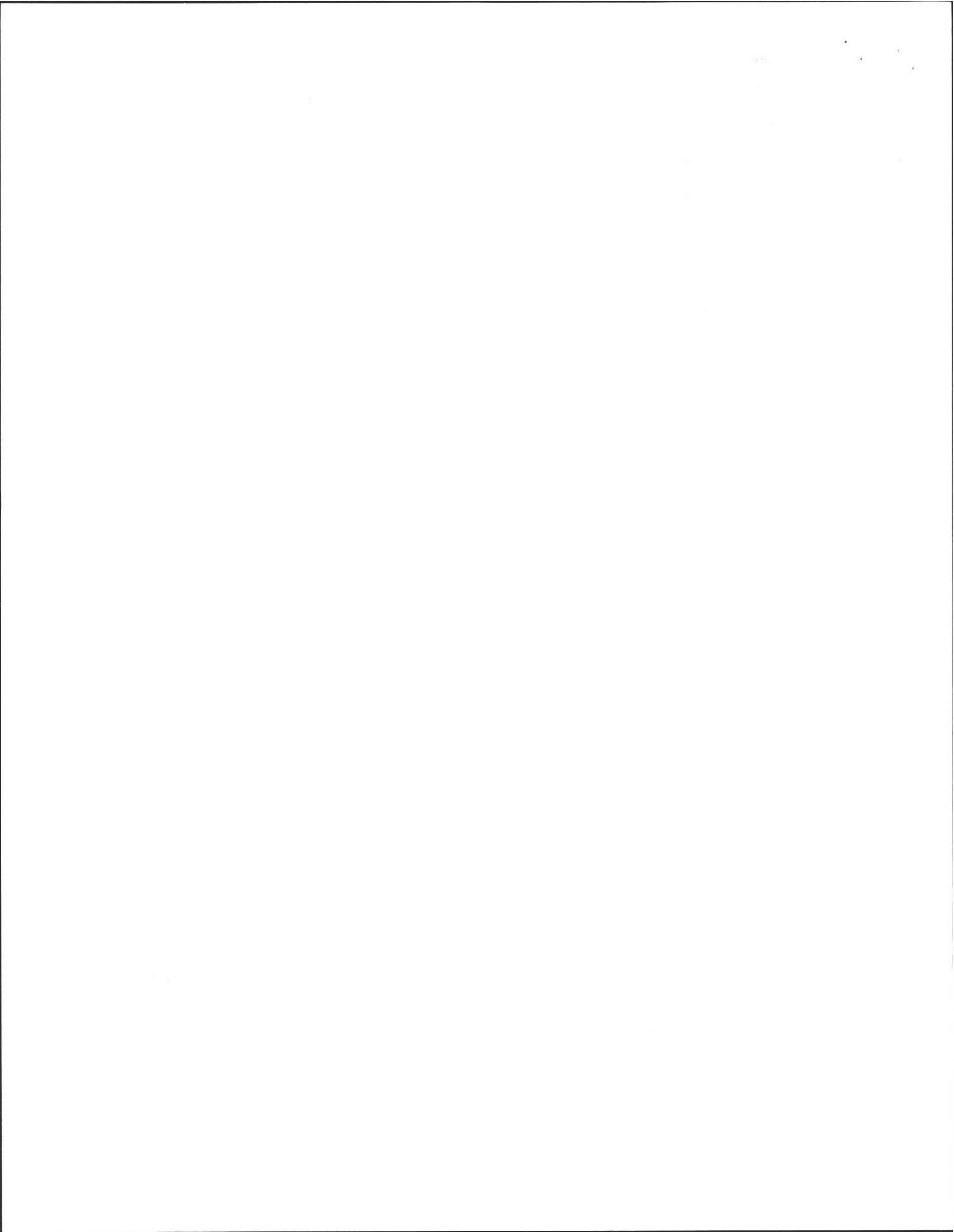
Pump Chamber (locate on site plan):

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.

Type:

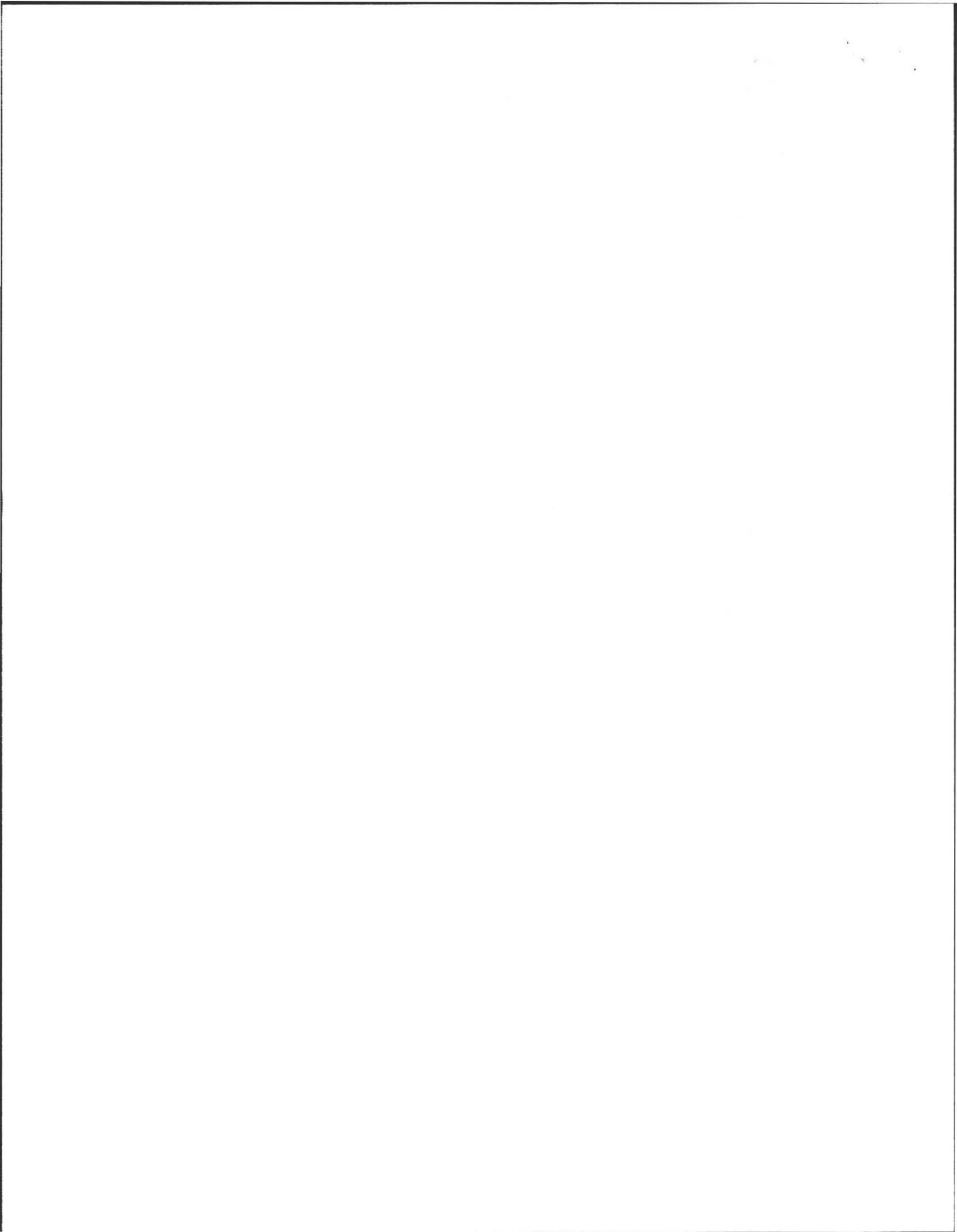
- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 18' x 35'+/-
overflow cesspool number:
innovative/alternative system

Type/name of technology:

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

No evidence of hydraulic failure, soil at top good, no stone staining. (No standing liquid in stone),







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## 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

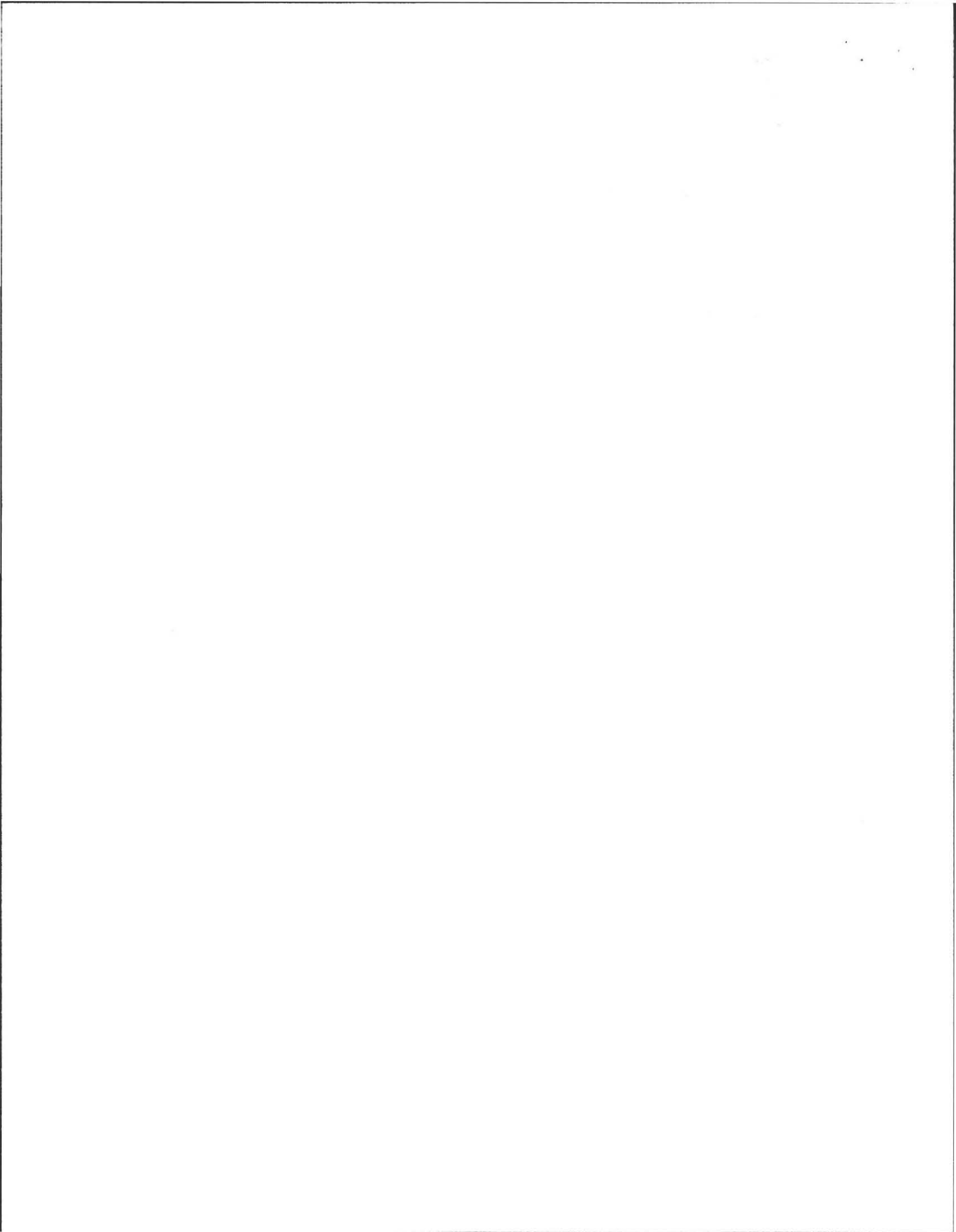
Depth of solids

N/A

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

N/A

\_\_\_\_\_  
\_\_\_\_\_





Commonwealth of Massachusetts

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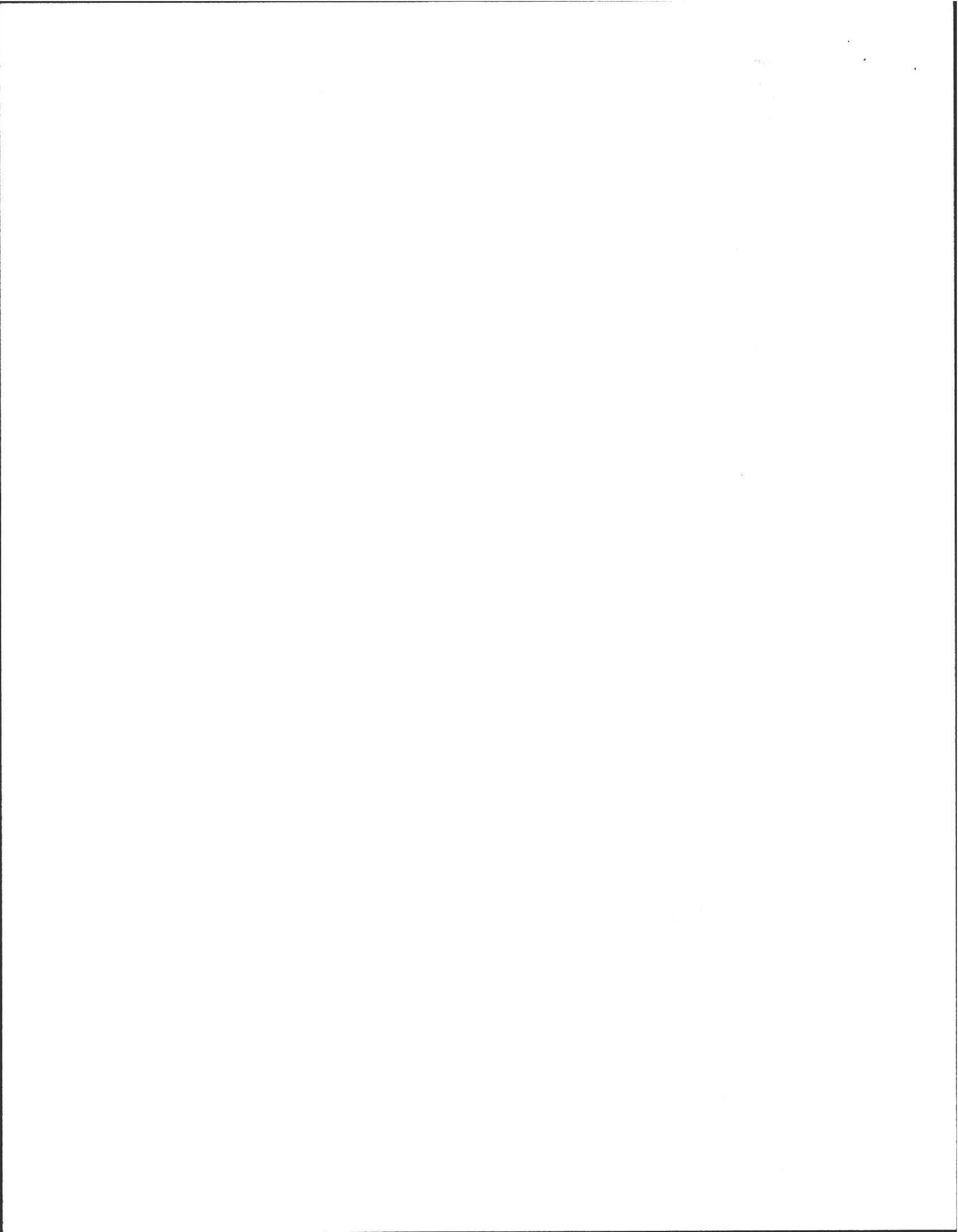
11.01.2010

Date of Inspection

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## 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.





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D. System Information (cont.)

Site Exam:

- Check Slope
Surface water
Check cellar
Shallow wells

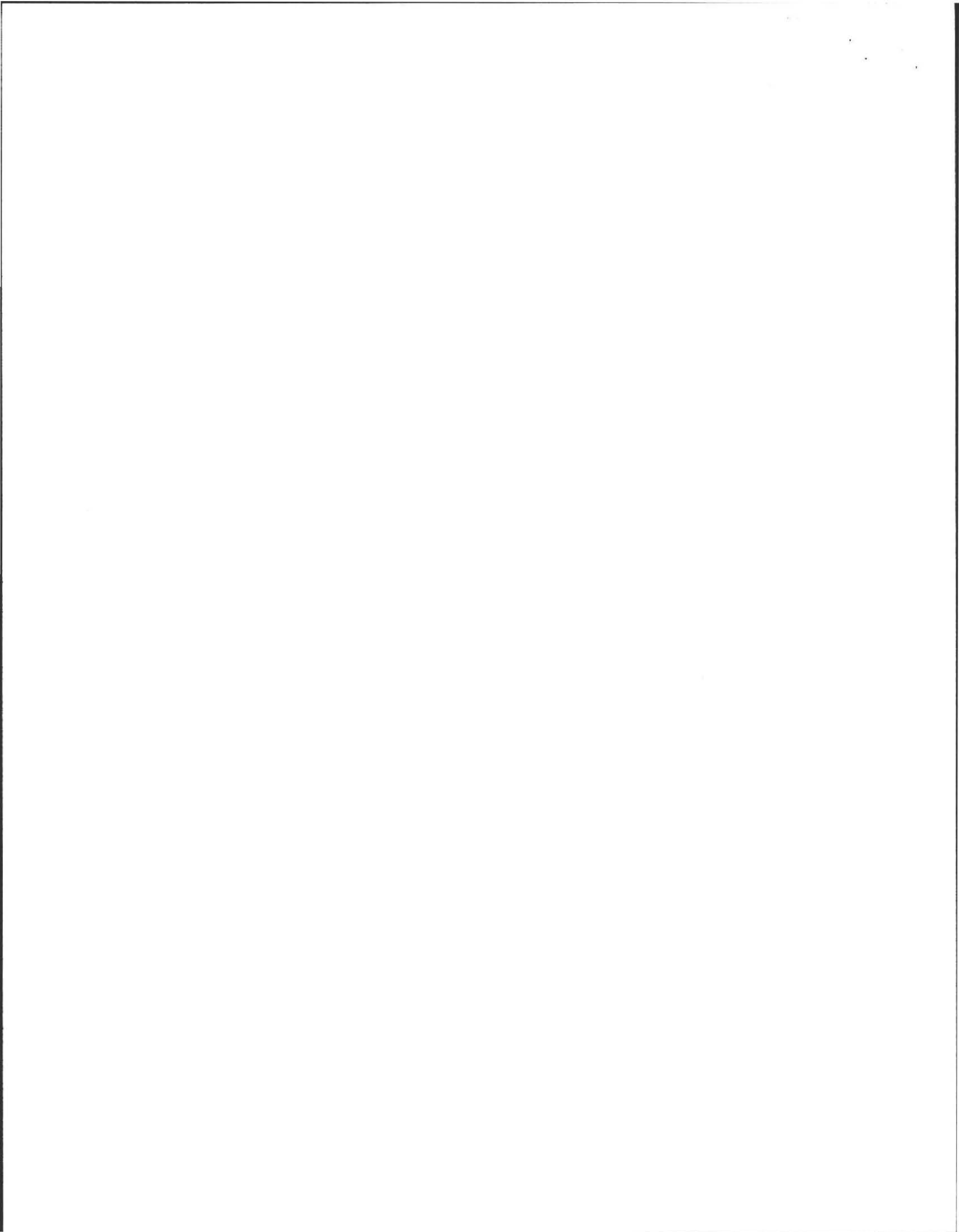
Estimated depth to ground water: 4-5'+ work/holes in area, feet

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

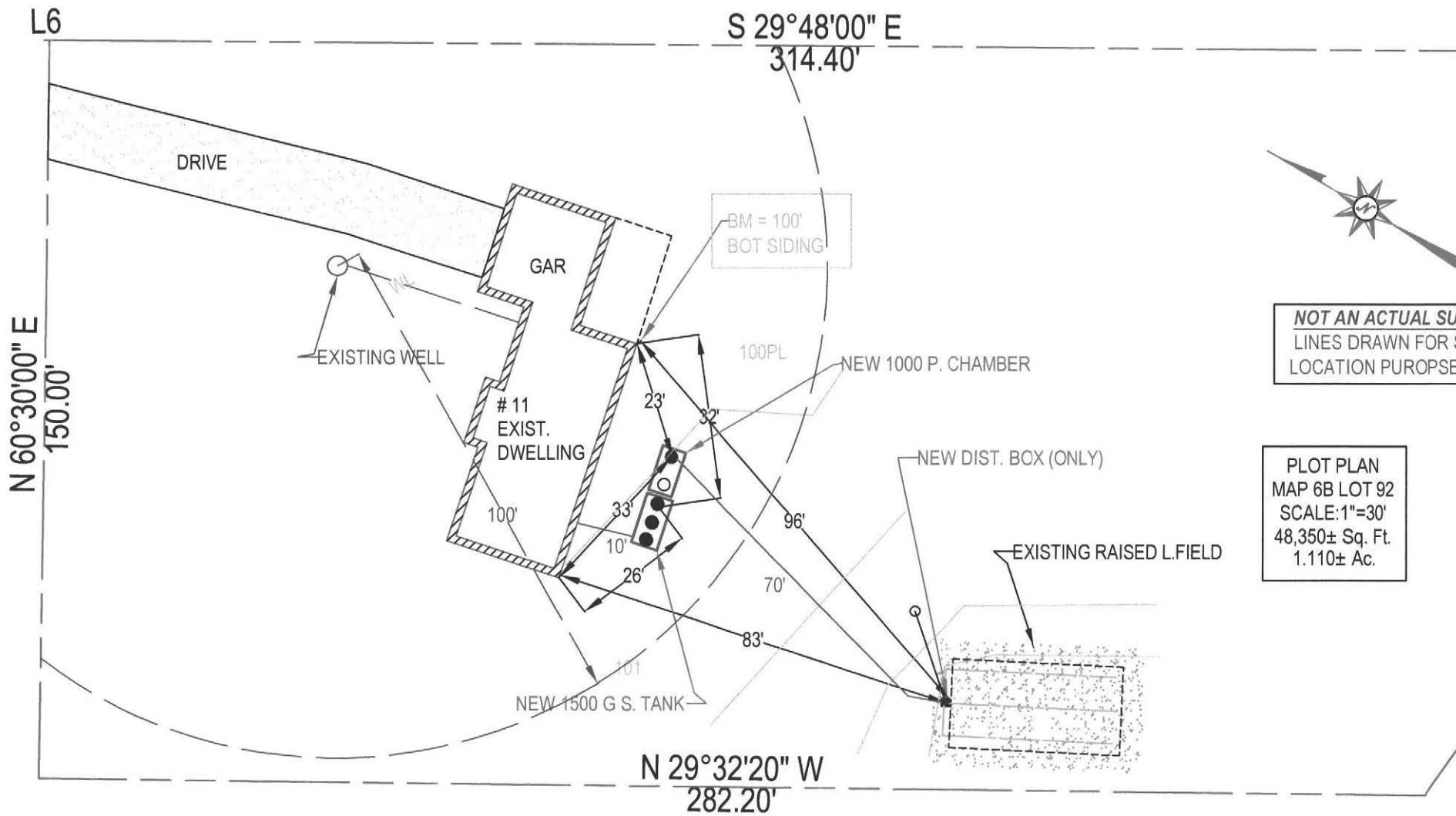
- Obtained from system design plans on record
Observed site (abutting property/observation hole within 150 feet of SAS)
Checked with local Board of Health - explain:
Checked with local excavators, installers - (attach documentation)
Accessed USGS database - explain:

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

worked on lot. Excavation for T-5 and new tanks.



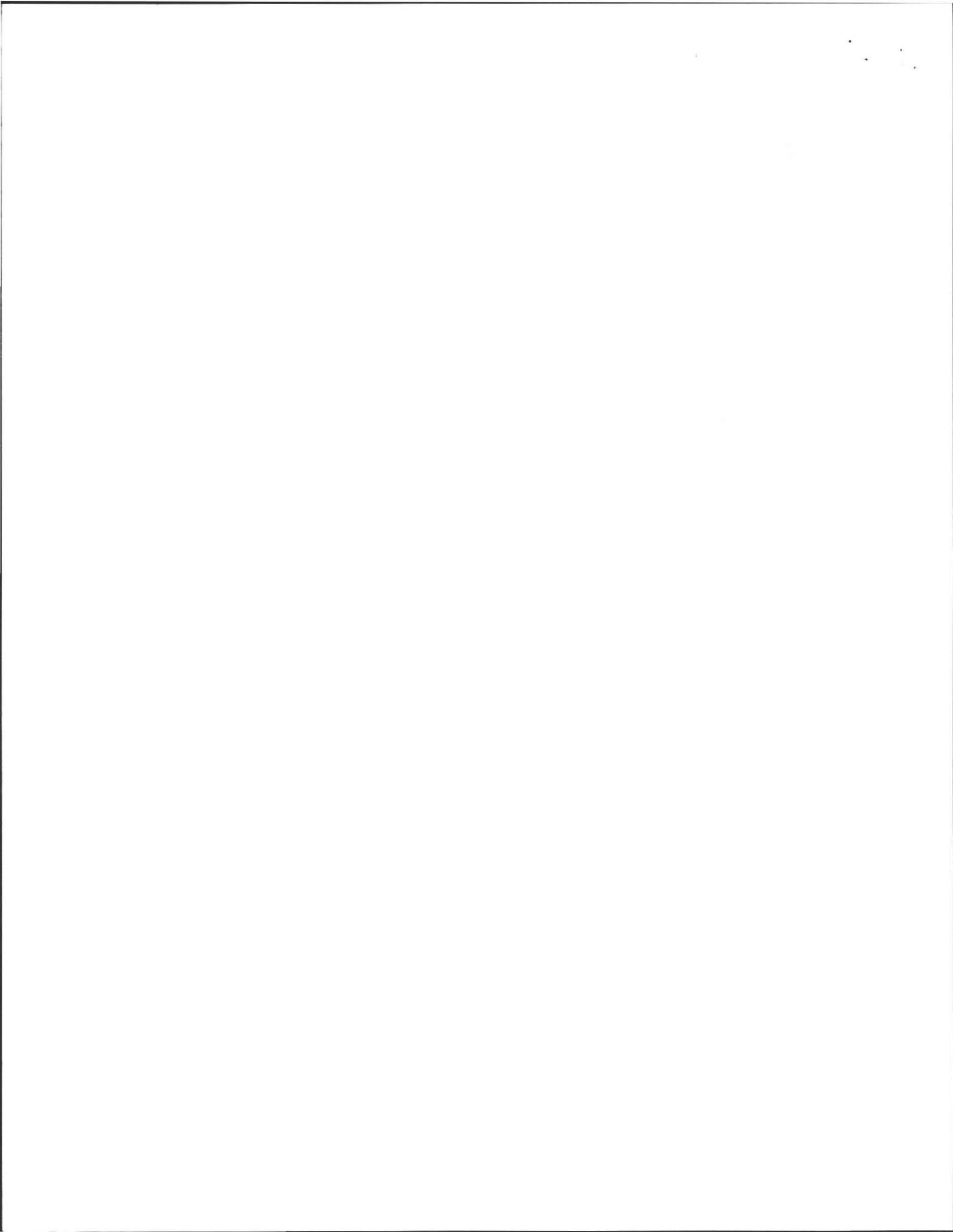
# OVERLOOK DRIVE

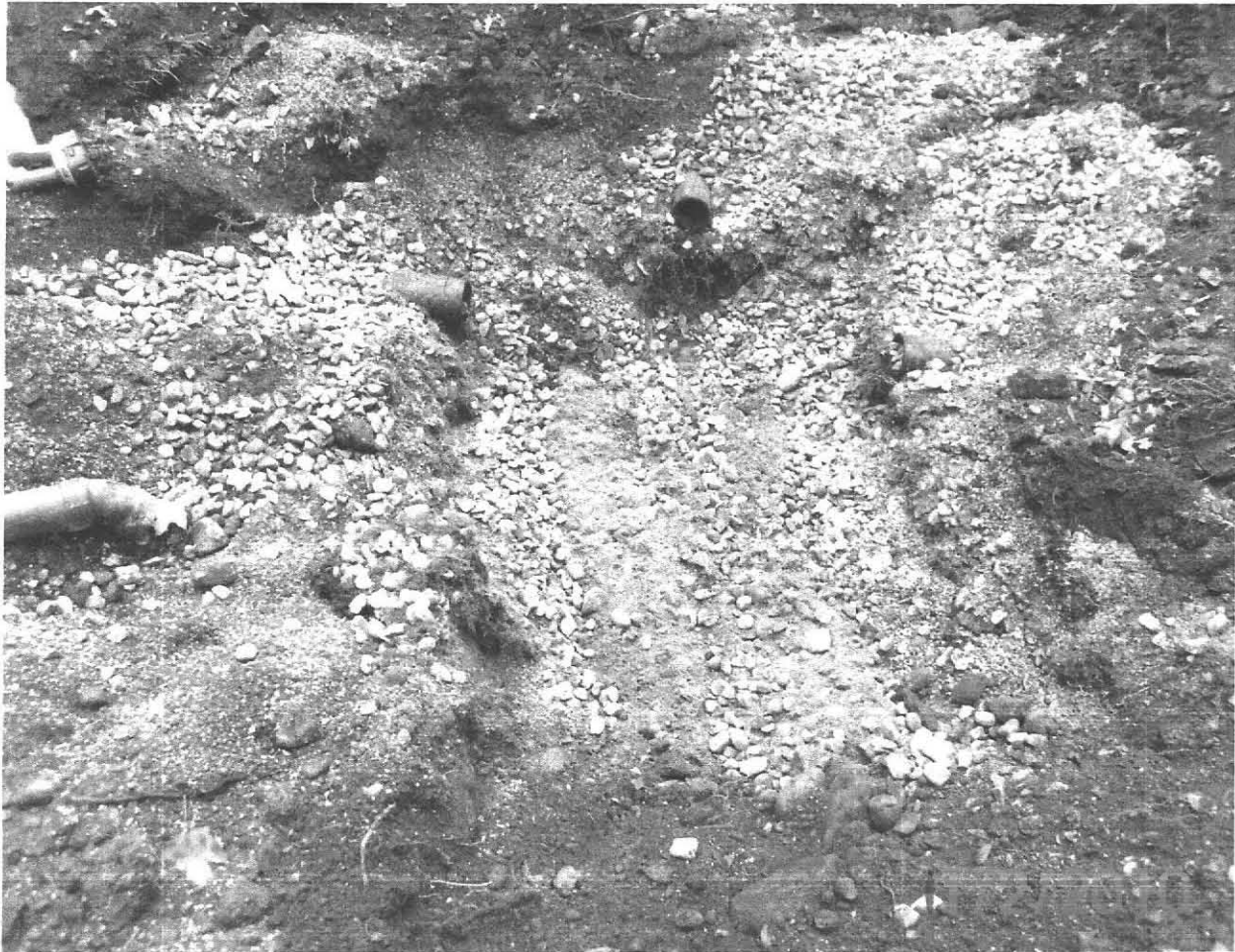


**NOT AN ACTUAL SURVEY**  
LINES DRAWN FOR LOCATION PURPOSES

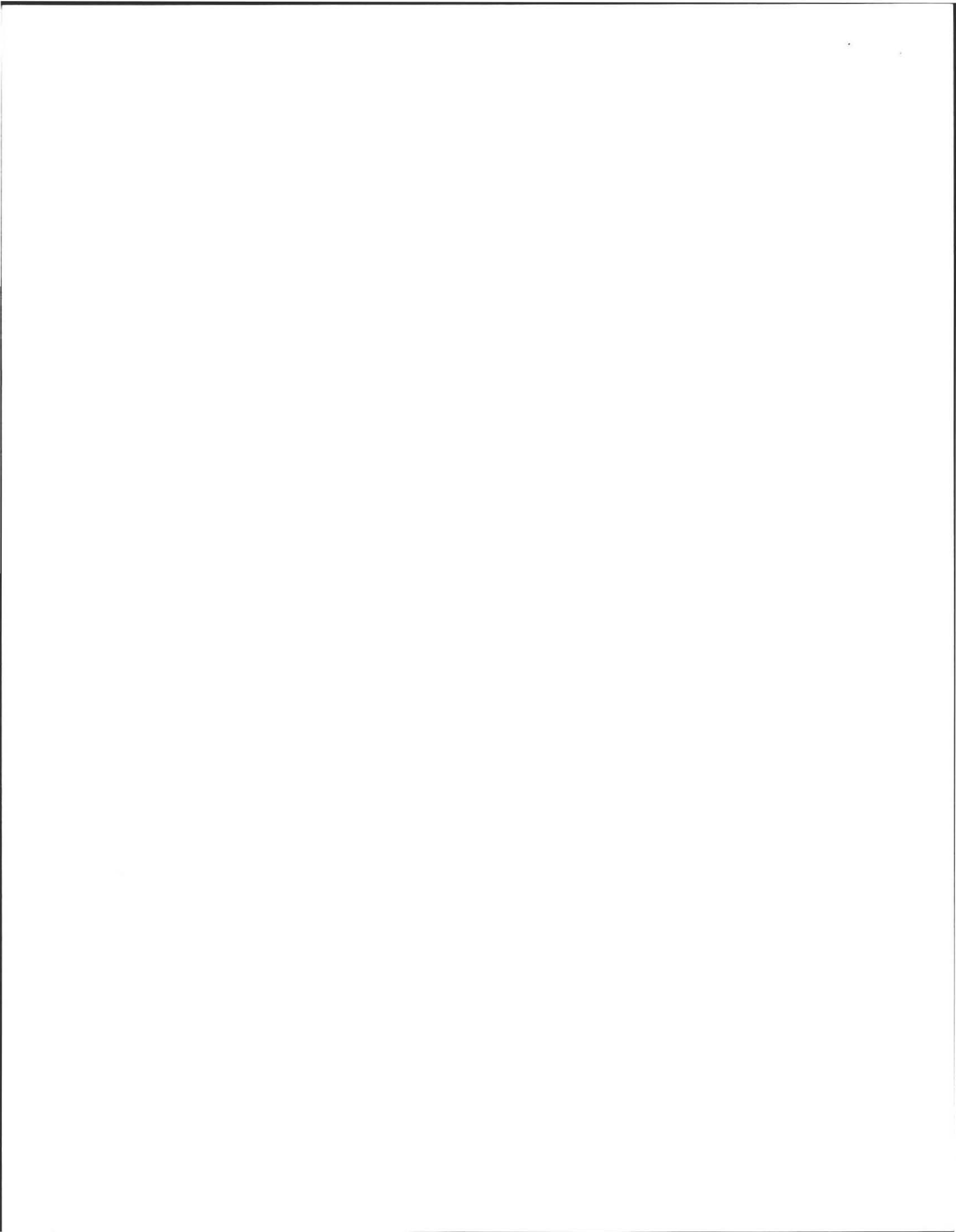
**PLOT PLAN**  
MAP 6B LOT 92  
SCALE: 1"=30'  
48,350± Sq. Ft.  
1.110± Ac.







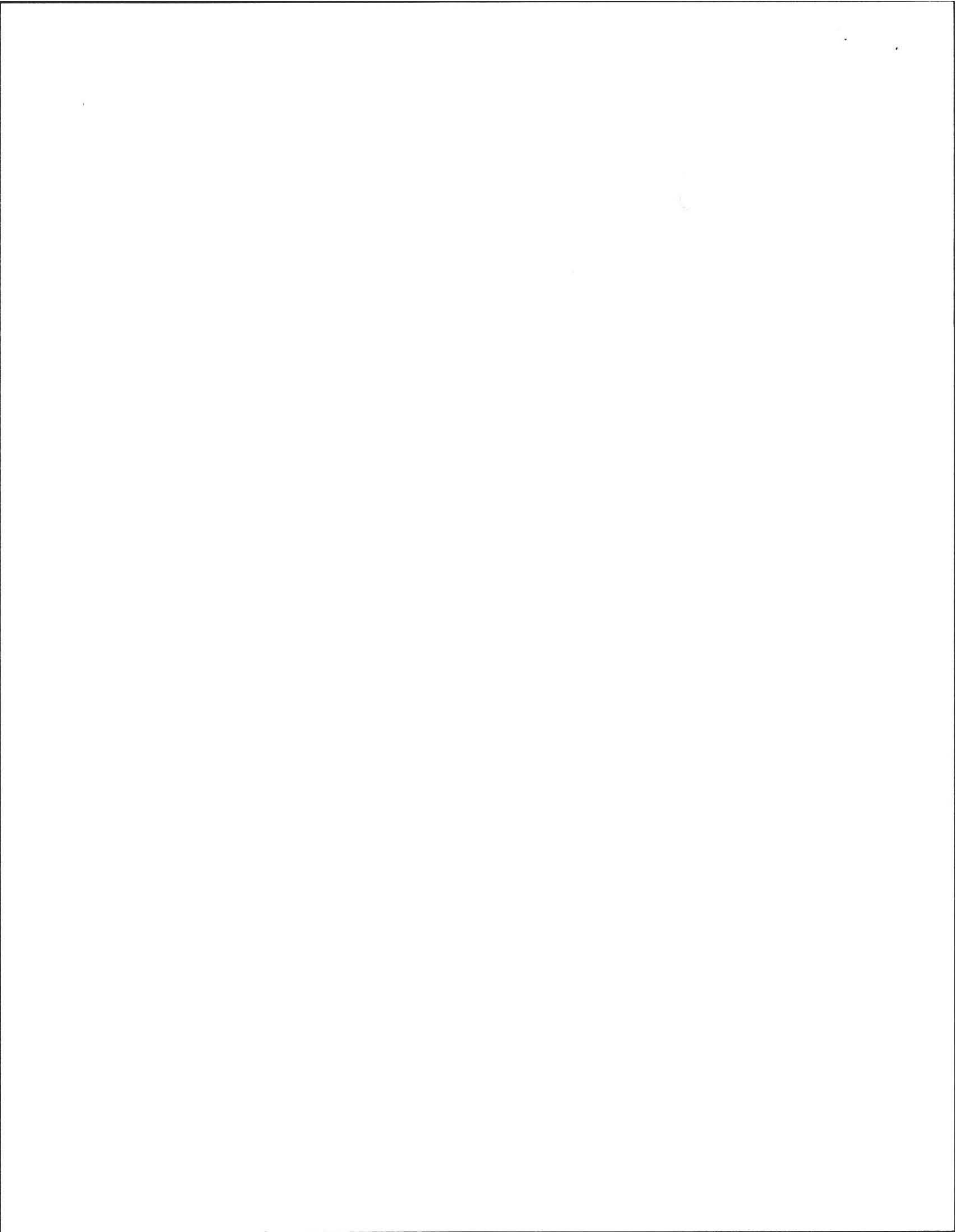
Leaching stone under D. box  
11 Overlook Drive  
Amherst, MA  
11.02.2010





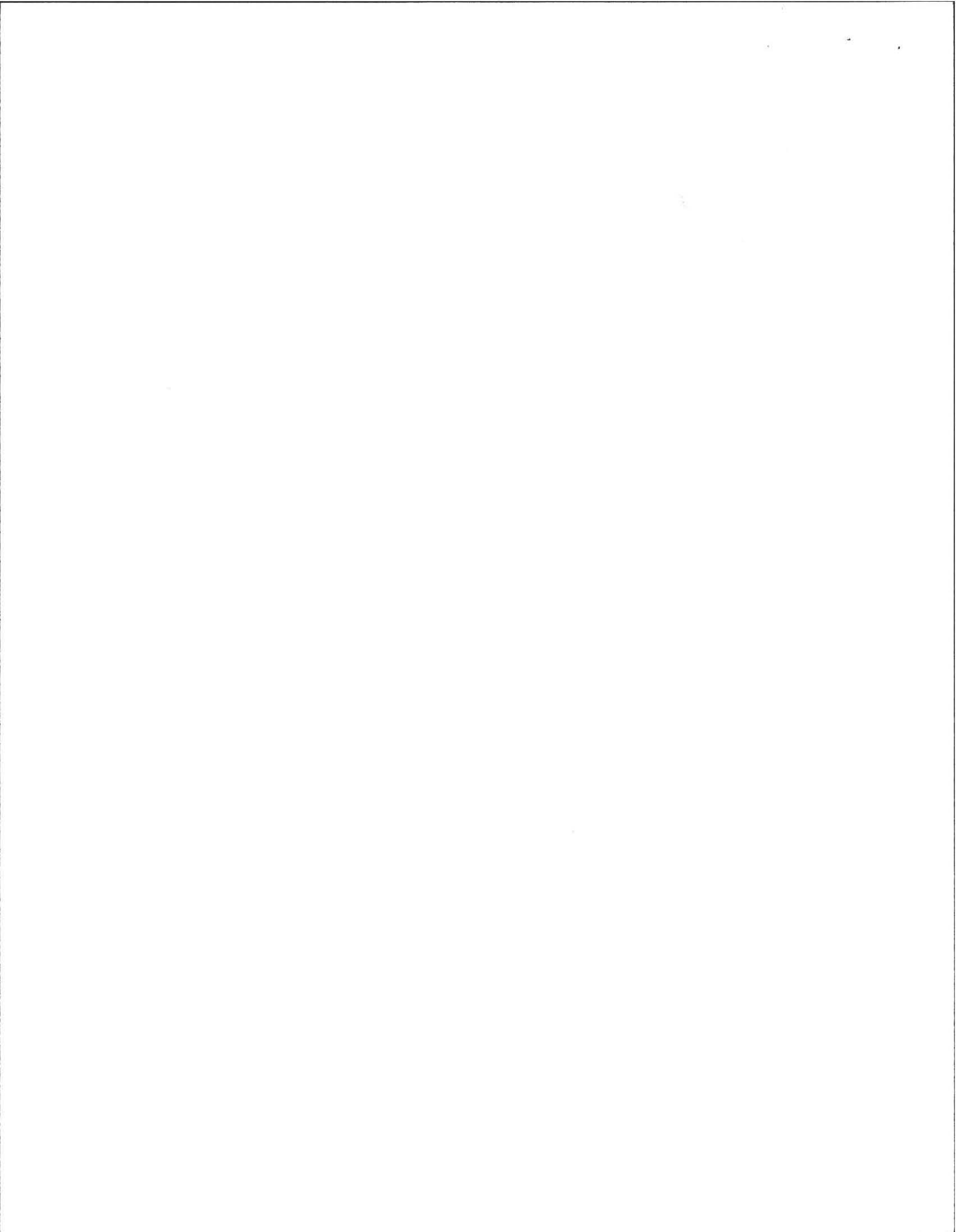
11/2/2010

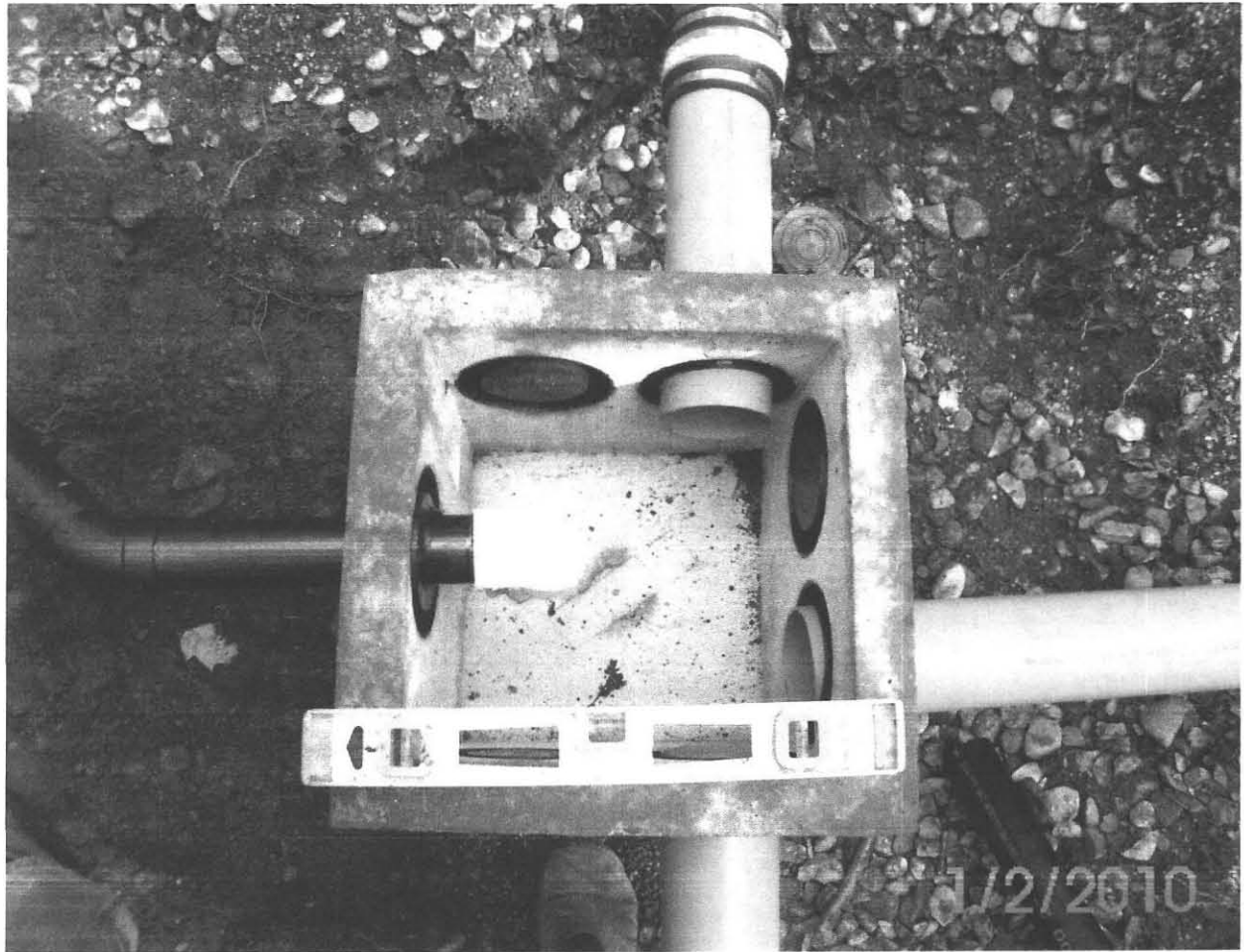
Pump & Floats  
11 Overlook Drive  
Amherst, MA  
11.02.2010





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





New D. Box  
11 Overlook Drive  
Amherst, MA  
11.02.2010



