

51 OVERLOOK DRIVE



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>S1 OVERLOOK DRIVE</u>	Owner's Name <u>BERNETTE MELBY-DALY</u>
Map/Parcel#	Address <u>S1 OVERLOOK DRIVE AMHERST MA 01002</u>
Lot# <u>53</u>	Telephone# <u>(413) 262-5570</u>
Installer's Name <u>J.L. CONSTRUCTION</u>	Designer's Name <u>JTP ENGINEERING SERVICES R.F. SHEEHAN + ASSOC., INC.</u>
Address <u>22 MERCIER DRIVE BELCHERTOWN, MA 01007</u>	Address <u>30 MOUNTAINVIEW DR. BELCHERTOWN, MA 01007</u>
Telephone# <u>(413) 222-4027</u>	Telephone# <u>1-413-896-6607</u>

Type of Building: RESIDENTIAL  
 Dwelling - No. of Bedrooms 4  
 Other - Type of Building \_\_\_\_\_  
 No. of persons \_\_\_\_\_ Showers \_\_\_\_\_ Cafeteria \_\_\_\_\_  
 Other Fixtures \_\_\_\_\_

Lot Size 50,820 sq.ft  
 Garbage grinder No

Design Flow (min. required) \_\_\_\_\_ gpd Calculated design flow \_\_\_\_\_ gpd  
 Design flow provided \_\_\_\_\_ gpd

Plan: Date 6/18/11 Number of sheets 2 Revision Date \_\_\_\_\_  
 Title MELBY-DALY - S1 OVERLOOK DRIVE



Description of Soil(s) \_\_\_\_\_  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_  
 Date of Soil Evaluation \_\_\_\_\_

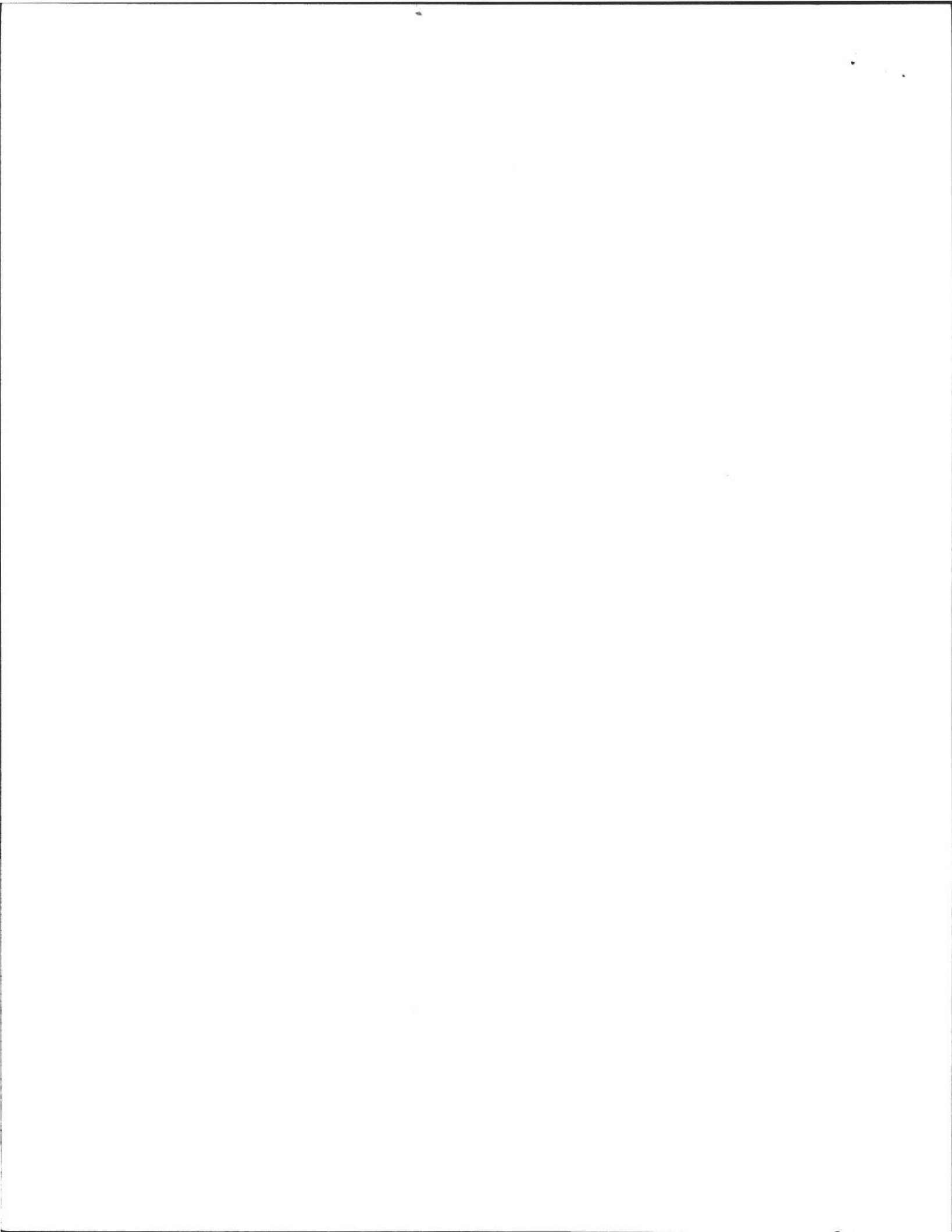
DESCRIPTION OF REPAIRS OR ALTERATIONS REPLACE DISTRIBUTION BOX ONLY

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 [Signature] Date 6/18/11

Inspections \_\_\_\_\_





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

Fee \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
Board of Health, AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct( ) Repair( Upgrade( ) Abandon( ) an individual

sewage disposal system at 51 OVERLOOK DRIVE

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.

Date \_\_\_\_\_ Board of Health \_\_\_\_\_

\* DISTRIBUTION BOX REPLACEMENT ONLY



1912

1912

1912

FORM 3A - CERTIFICATE OF COMPLIANCE

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

Fcc \_\_\_\_\_

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: J. L. CONSTRUCTION

at: 51 OVERLOOK DRIVE

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 6/18/11 Approved Design Flow \_\_\_\_\_ (gpd)

Installer: \_\_\_\_\_

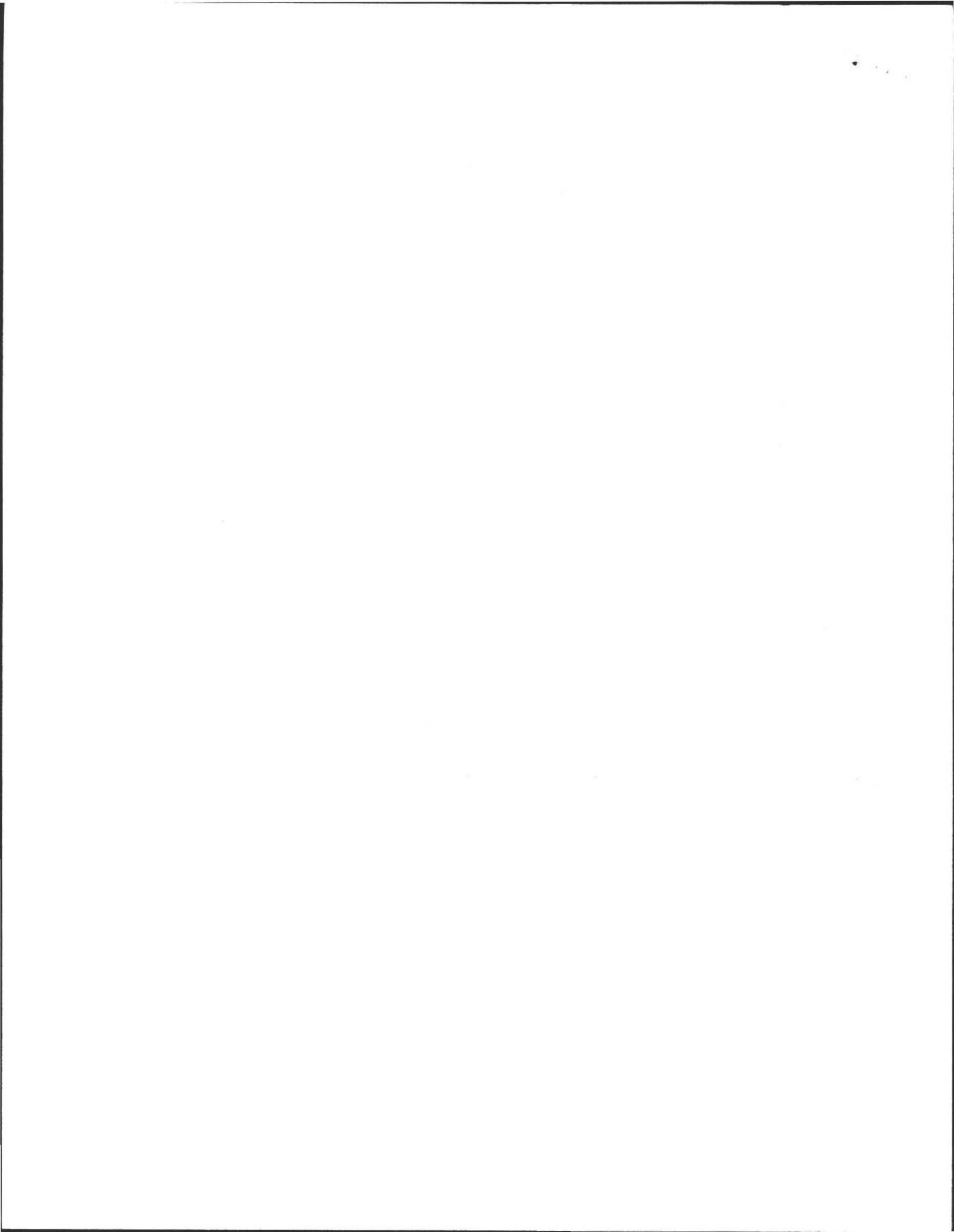
Designer: \_\_\_\_\_ Inspector: Edmund R. Switzer

Date: 9/16/2011

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

\* DISTRIBUTION BOX REPLACEMENT ONLY







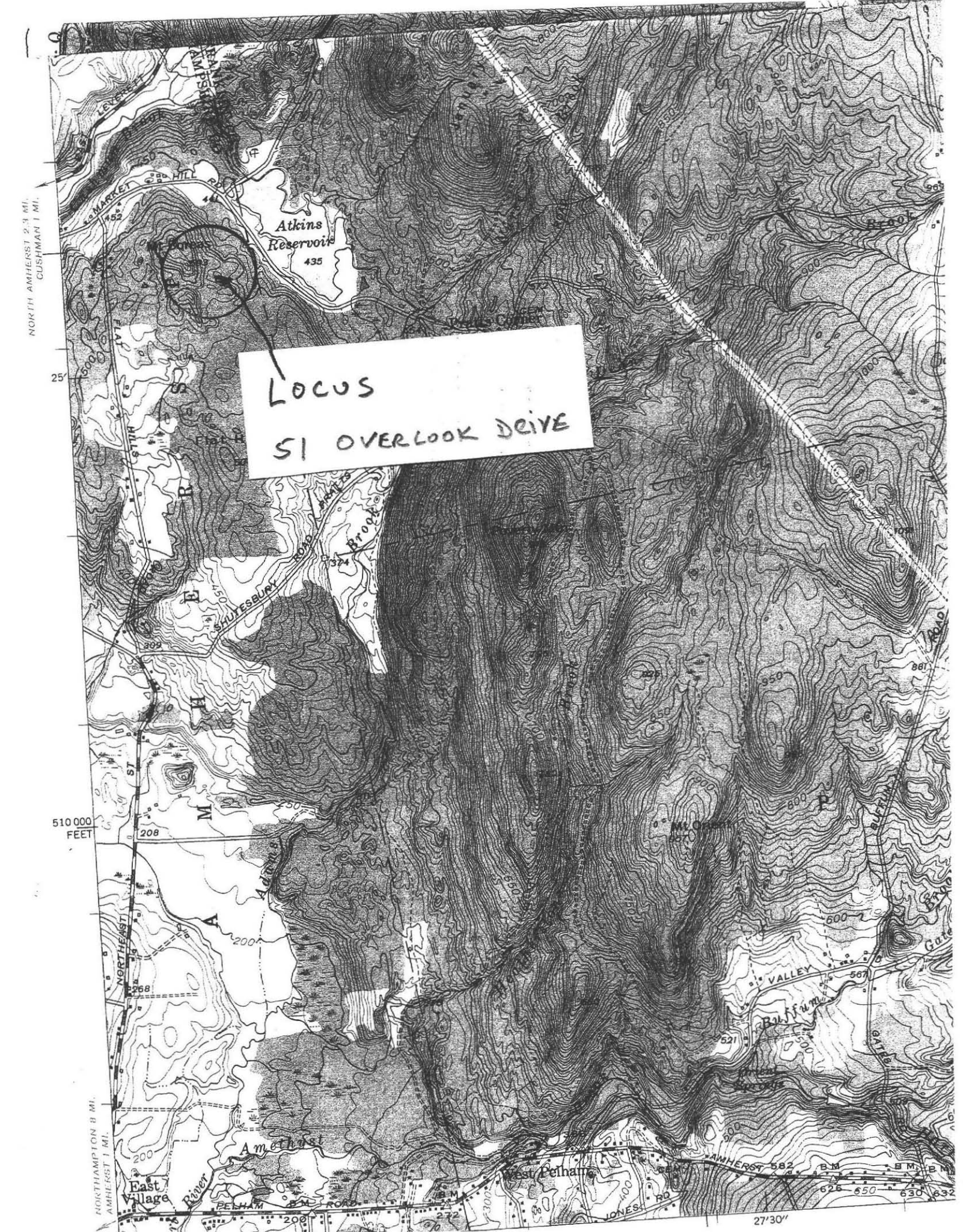
NORTH AMHERST 2.3 MI.  
CUSHMAN 1 MI.

25'

510 000  
FEET

NORTHAMPTON 8 MI.  
AMHERST 1 MI.

LOCUS  
SI OVERLOOK DRIVE



27'30"



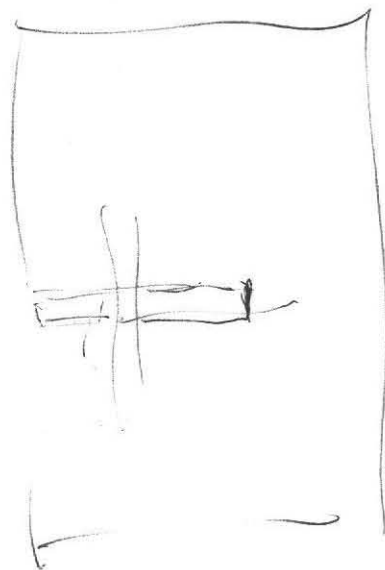
MELBY - DAYLY

Plan: 51 OVERLOOK DRIVE Designed by: NEIL M. JACKSON

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- NA  Variances to property line setback distances must have Surveyor Stamp. 15220 (3)
- Legal boundaries noted
- Easements noted *NONE NOTED*
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- NA  Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- NA  Deep hole location and data *REPAIR*
- NA  Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private CMR 15.220(k):
  - Within 400 feet of system in case of surface water and gravel packed public water supply
  - Within 250 feet of system in case of tubular public water supply
  - Within 150 feet of private supply wells *100' septic sys. ; 5' tank*
- Well statement if applicable
- Location of any surface waters, rivers, vegetated wetlands
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- NA  Gas Baffle *15.227.4*
- NA  Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- NA  Double washed stone
- NA  Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- NA  If dosing is proposed, design and specs of dosing system
- NA  When alternative technology is required, complete plan and specs, including hydraulic profile
- NA  Trenches preferred over beds CMR 15.240 (6)
- NA  Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- NA  3 to 1 slope outside of mound, toe ending 5 feet from property line
- NA  Local upgrade requests on the plan
- NA  Local upgrade forms attached to application
- NA  Note on plan listing all variances sought in conjunction with the plan

NOTES: 6/29/2011 - Edmund R. Smith



PERMITS/INSP PAYMENT RECPT#: 11123175  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 06/29/11 TIME: 11:50  
CLERK: publichea DEPT:

PAID BY: J&P ENGINEERING SERV  
PAYMENT METH: CHECK 1963

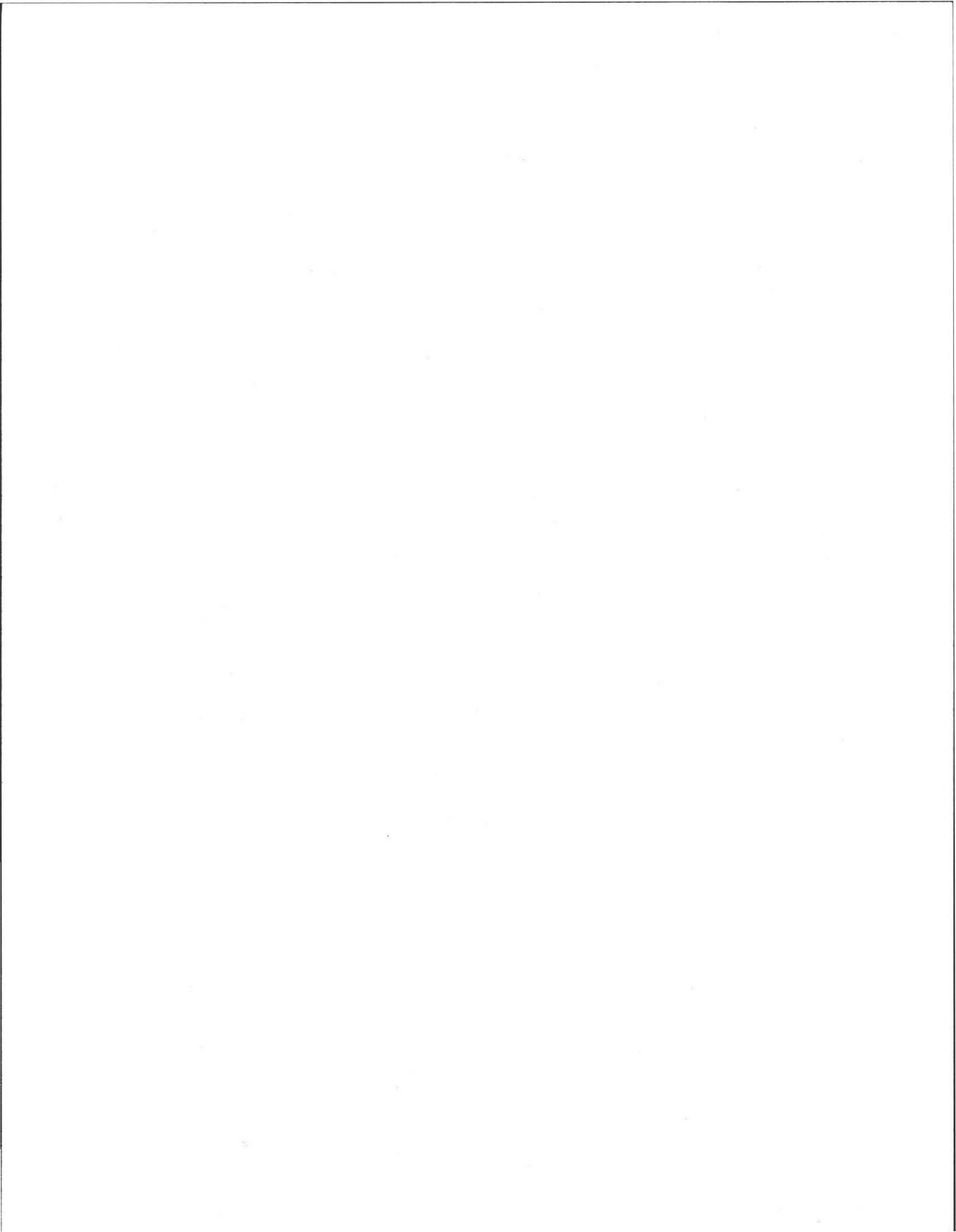
REFERENCE: 9727

AMT TENDERED: 150.00  
AMT APPLIED: 150.00  
CHANGE: .00

SITE ADDRESS: 51 OVERLOOK DRIVE

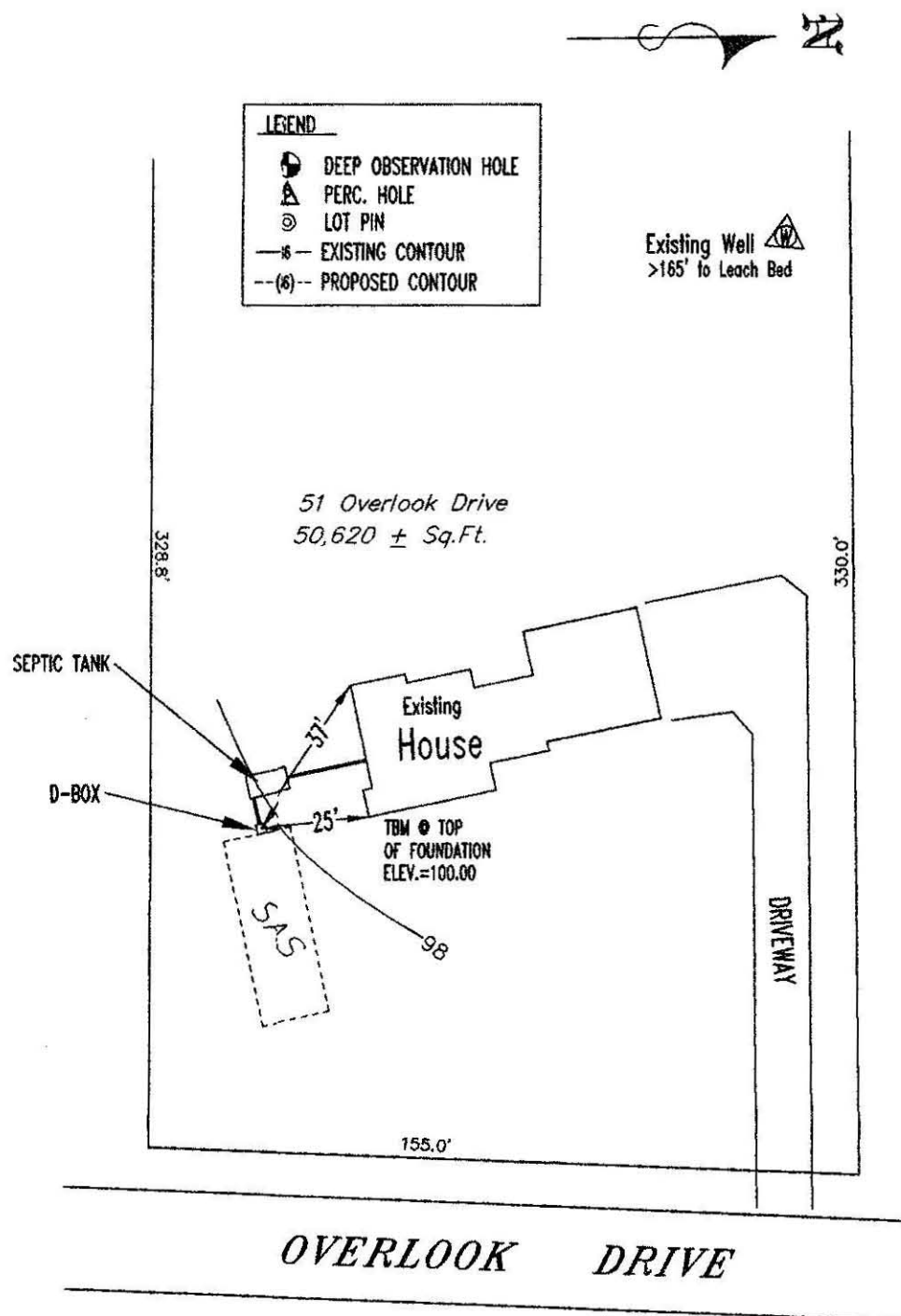
FEE:  
HEA017 150.00

TOTAL PAID: 150.00



# SEPTIC SYSTEM LAYOUT

Scale: 1" = 40'



## SITUATION:

REPAIR OF SAS AT 51 OVERLOOK DRIVE  
4 BEDROOM DWELLING, NO GARBAGE GRINDER.

TITLE 5 INSPECTION DATE: 6/9/11  
BOARD OF HEALTH WITNESS: JAVERIA MIR, RS  
SOIL EVALUATOR: NEIL JACKSON, CERTIFIED MAY, 1998

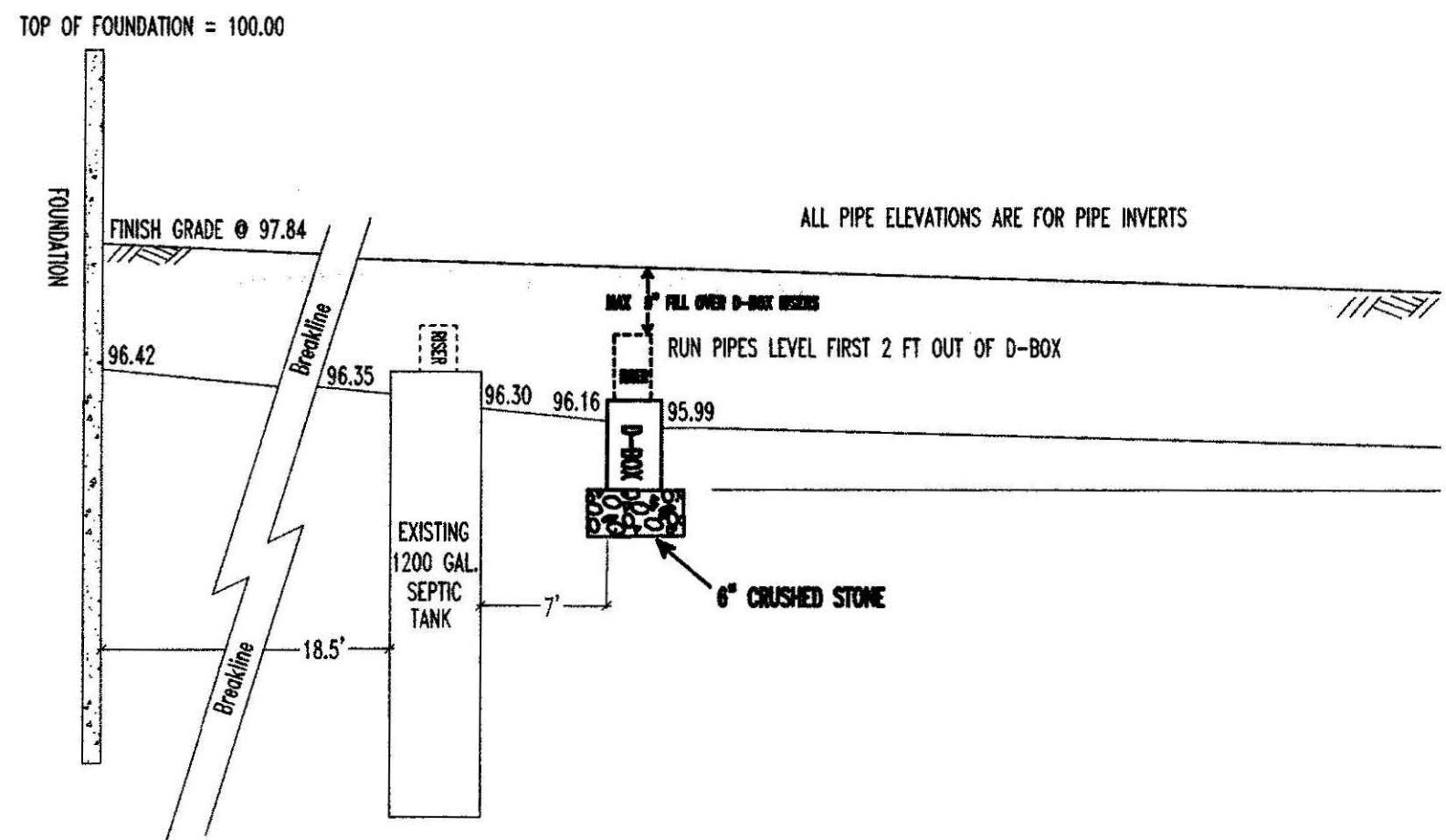
DISTRIBUTION BOX REPAACEMENT ONLY

LEACHING SYSTEM CONSISTS OF A 16 FT. X 41 FT. LEACHING BED

## SEPTIC SYSTEM PROFILE

TBM @ TOP OF FOUNDATION = 100.00

SCALE:  
HORZ. 1" = 10'  
VERT. 1" = 2'



## NOTES

- 1) SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES.
- 2) OUTLET TEE SHALL HAVE A GAS BAFFLE.
- 3) D-BOX SHALL HAVE MINIMUM 12" INSIDE WIDTH AND 6" SUMP BELOW OUTLET INVERT.
- 4) ACCESS MANHOLES TO SEPTIC TANK SHALL BE WITHIN 6" OF FINISHED GRADE.
- 5) D-BOX OUTLET PIPES SHALL BE LEVEL A MINIMUM OF 2 FEET.
- 6) END CAPS ON PIPES.
- 7) ELEVATIONS ARE TO INVERTS UNLESS NOTED.
- 8) NO OTHER WELLS OR WETLANDS OBSERVED WITHIN 200' OF SEPTIC SYSTEM.
- 9) ALL LOAM, SUBSOIL AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 5 FEET OF LEACHING FACILITY.
- 10) FILL WITHIN 5 FEET OF LEACHING FACILITY SHALL MEET SPECIFICATIONS OF TITLE V, 15.255(3).
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- 12) DISTRIBUTION BOX SHALL HAVE AN INLET TEE OR BAFFLE EXTENDING TO ONE INCH ABOVE THE OUTLET INVERT ELEVATION PROVIDED TO DISSIPATE THE VELOCITY OF THE INFLUENT.
- 13) SEPTIC TANK SHOULD BE INSPECTED ANNUALLY.
- 14) ALL PIPES SHALL BE EITHER ASTM D-3034 (SDR35), ASTM D-2665 (SCHEDULE 40) OR AS NOTED.
- 15) ALL WASTEWATER SHALL FLOW INTO THE SEPTIC TANK. WITH THE EXCEPTION OF WATERSOFTENERS/CONDITIONERS.
- 16) LOT LINES PLOTTED FOR SEPTIC LOCATION ONLY. PLOT PLAN IS NOT AN ACTUAL SURVEY.
- 17) NO CONSTRUCTION OF PERMANENT STRUCTURE ALLOWED OVER SEPTIC SYSTEM.
- 18) TOPOGRAPHY SURVEY DATA APPROXIMATE.

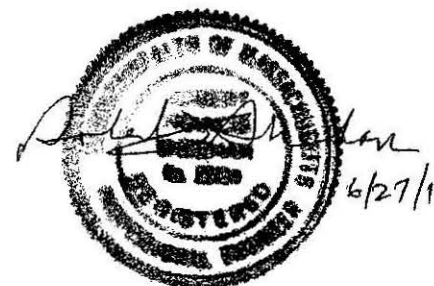
SYSTEM TO BE CONSTRUCTED IN COMPLIANCE WITH 310 CMR 15.000

MELBY-DALY

51 Overlook Drive  
AMHERST, MA

SCALE: <b>AS NOTED</b>	DRAWING NUMBER: Melby-Overlook.dwg	DESIGNED BY: <b>NMJ</b>
DATE: <b>18JUN11</b>		DRAWN BY: <b>HOP</b>

APPROVED BY:



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>51 OVERLOOK DRIVE</u>	Owner's Name <u>BERNETTE MELBY-DALY</u>
Map/Parcel#	Address <u>51 OVERLOOK DRIVE AMHERST MA 01002</u>
Lot# <u>53</u>	Telephone# <u>(413) 262-5570</u>
Installer's Name <u>J. L. CONSTRUCTION</u>	Designer's Name <u>JTP ENGINEERING SERVICES R.F. SHEEHAN + ASSOC., INC.</u>
Address <u>22 MERCIER DRIVE BELCHERTOWN, MA 01007</u>	Address <u>30 MOUNTAINVIEW DR. BELCHERTOWN, MA 01007</u>
Telephone# <u>(413) 222-4027</u>	Telephone# <u>1-413-896-6607</u>

Type of Building: RESIDENTIAL  
 Dwelling - No. of Bedrooms 4  
 Other - Type of Building \_\_\_\_\_  
 No. of persons \_\_\_\_\_ Showers \_\_\_\_\_ Cafeteria \_\_\_\_\_  
 Other Fixtures \_\_\_\_\_

Lot Size 50,820 sq. ft.  
 Garbage grinder No

Design Flow (min. required) \_\_\_\_\_ gpd      Calculated design flow \_\_\_\_\_ gpd  
 Design flow provided \_\_\_\_\_ gpd

Plan: Date 6/18/11 Number of sheets 2 Revision Date \_\_\_\_\_  
 Title MELBY-DALY - 51 OVERLOOK DRIVE



Description of Soil(s) \_\_\_\_\_  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_  
 Date of Soil Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS REPLACE DISTRIBUTION BOX ONLY

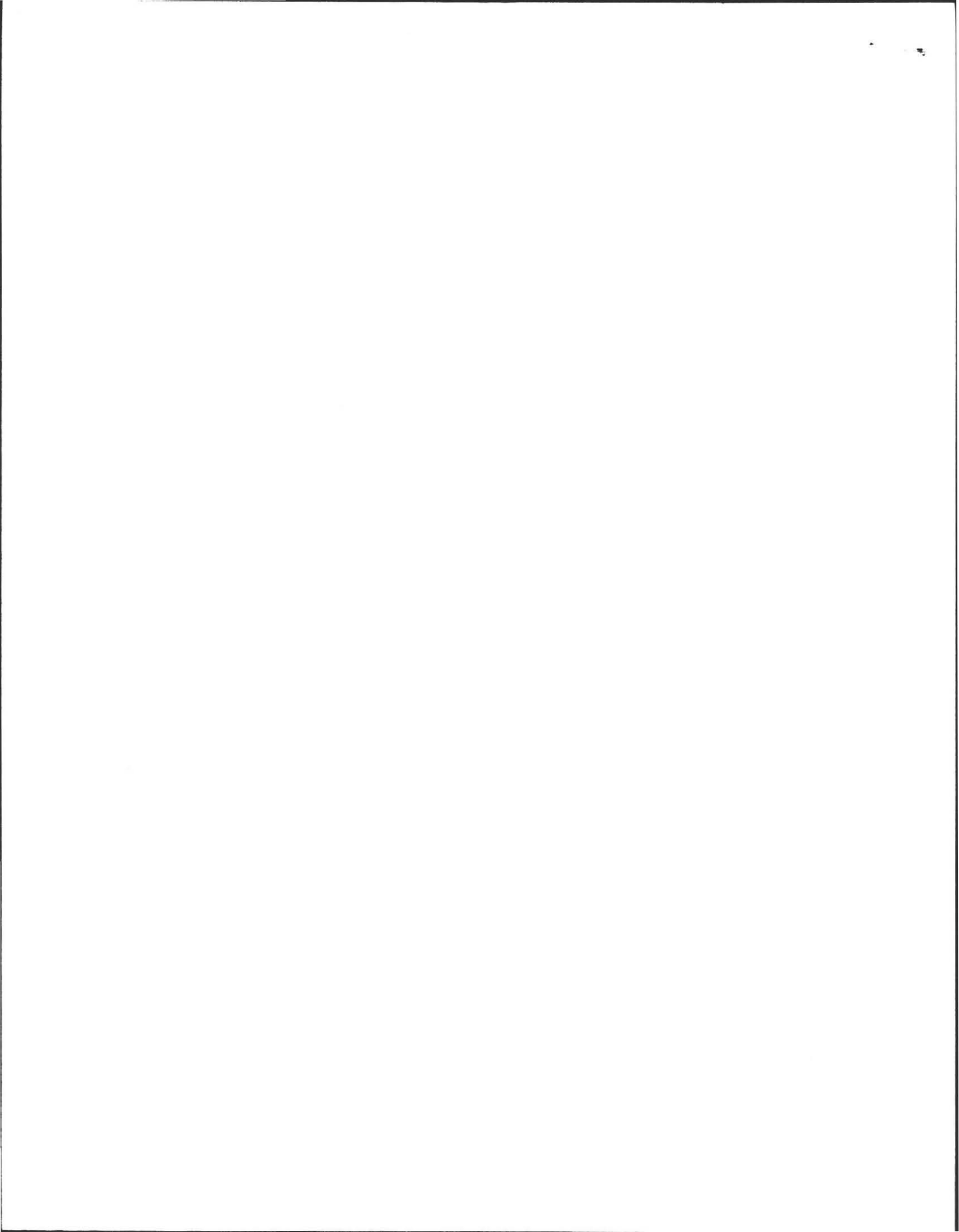
The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 6/18/11

Inspections \_\_\_\_\_







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

Fee 150.00

COMMONWEALTH OF MASSACHUSETTS  
Board of Health, AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct( ) Repair( Upgrade( ) Abandon( ) an individual  
sewage disposal system at 51 OVERLOOK DRIVE

as described in the application for Disposal System Construction Permit No 11-08

dated 06/29/11

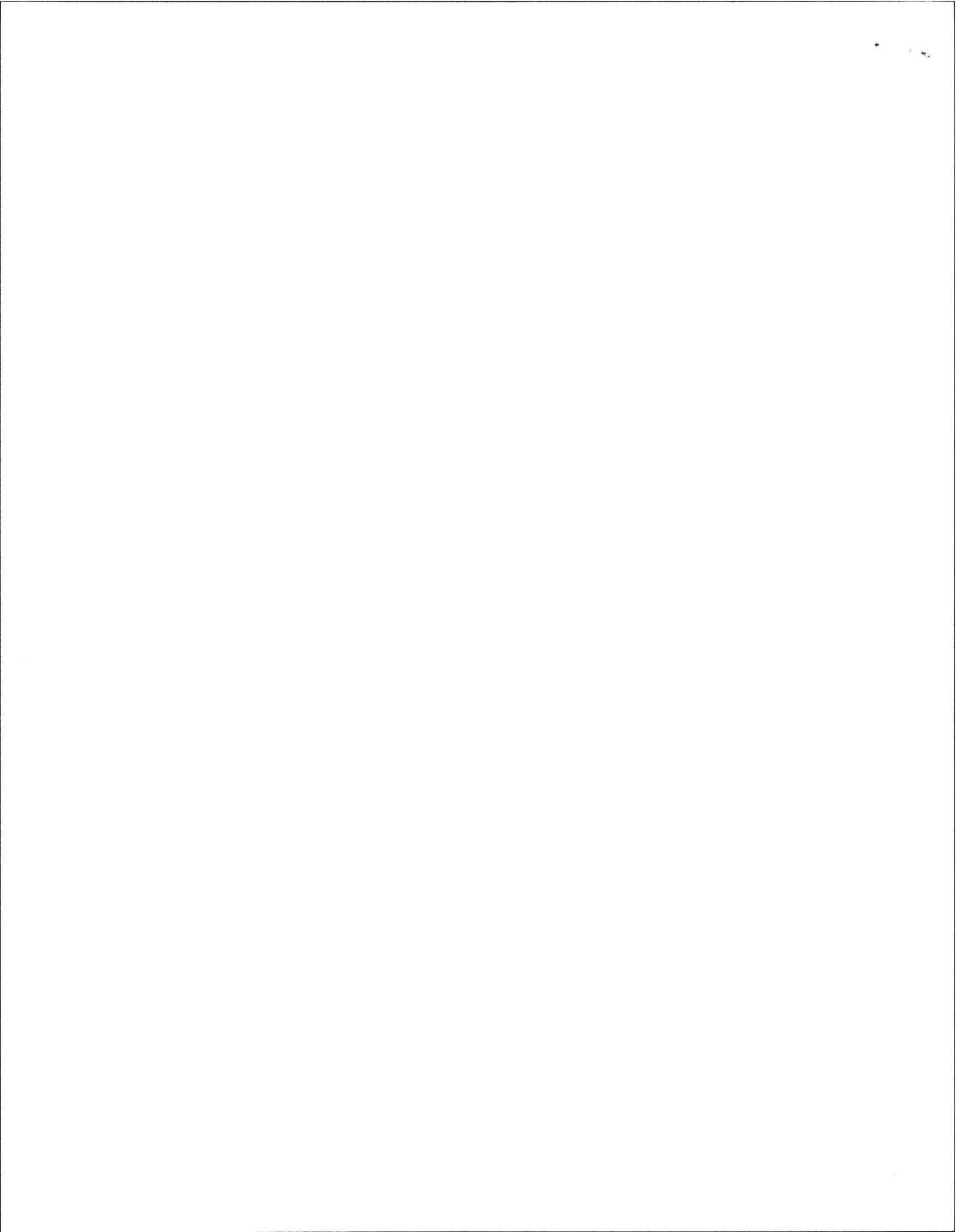
Provided: Construction shall be completed within three years of the date of this permit. All local  
conditions must be met.

Date 07/11/11

Board of Health Janna Mir, Javaria Mir, MPH, RS

\* DISTRIBUTION BOX REPLACEMENT ONLY





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

Fcc \_\_\_\_\_

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: J. L. CONSTRUCTION

at: 51 OVERLOOK DRIVE

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: \_\_\_\_\_

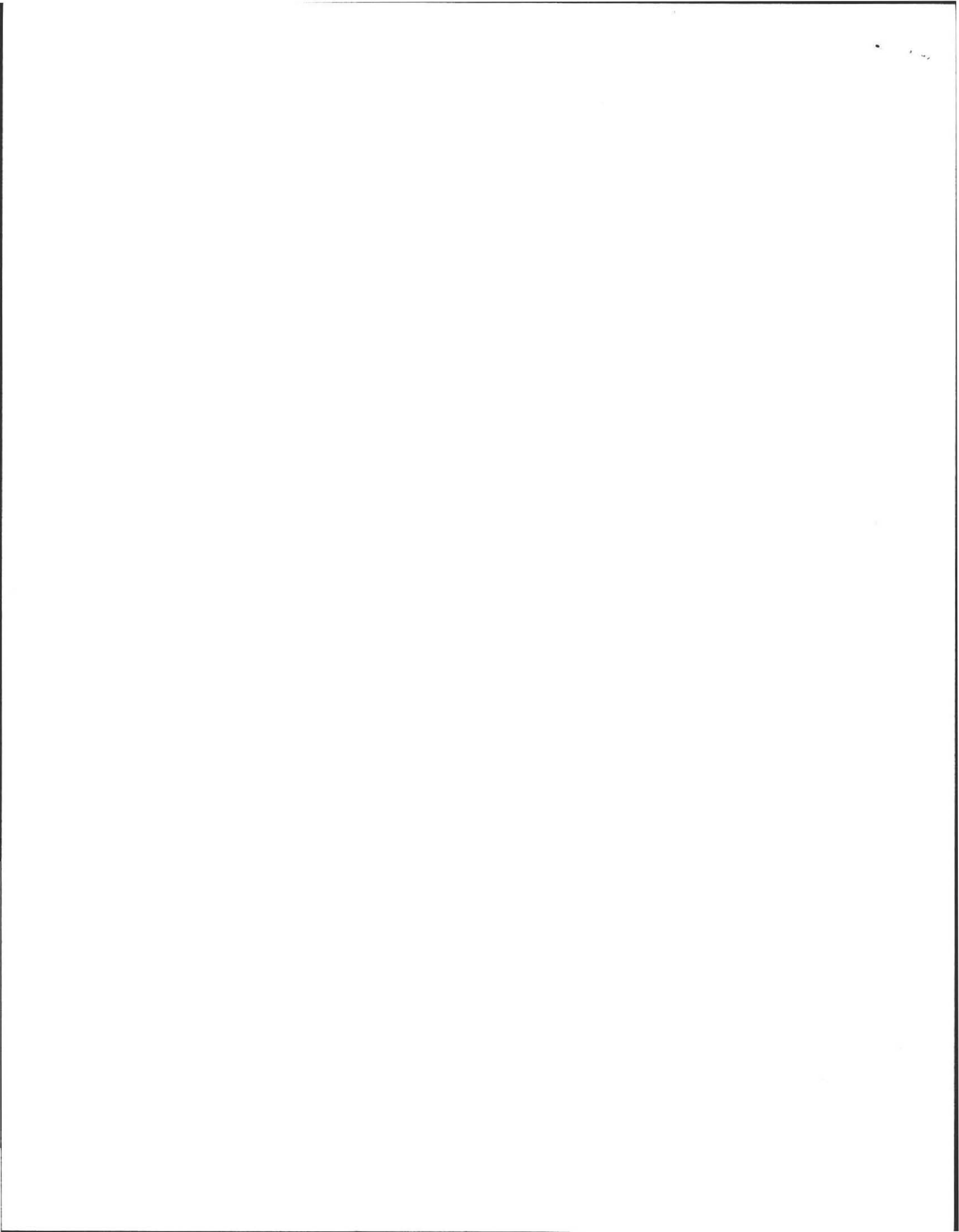
Designer: \_\_\_\_\_ Inspector \_\_\_\_\_

Date \_\_\_\_\_

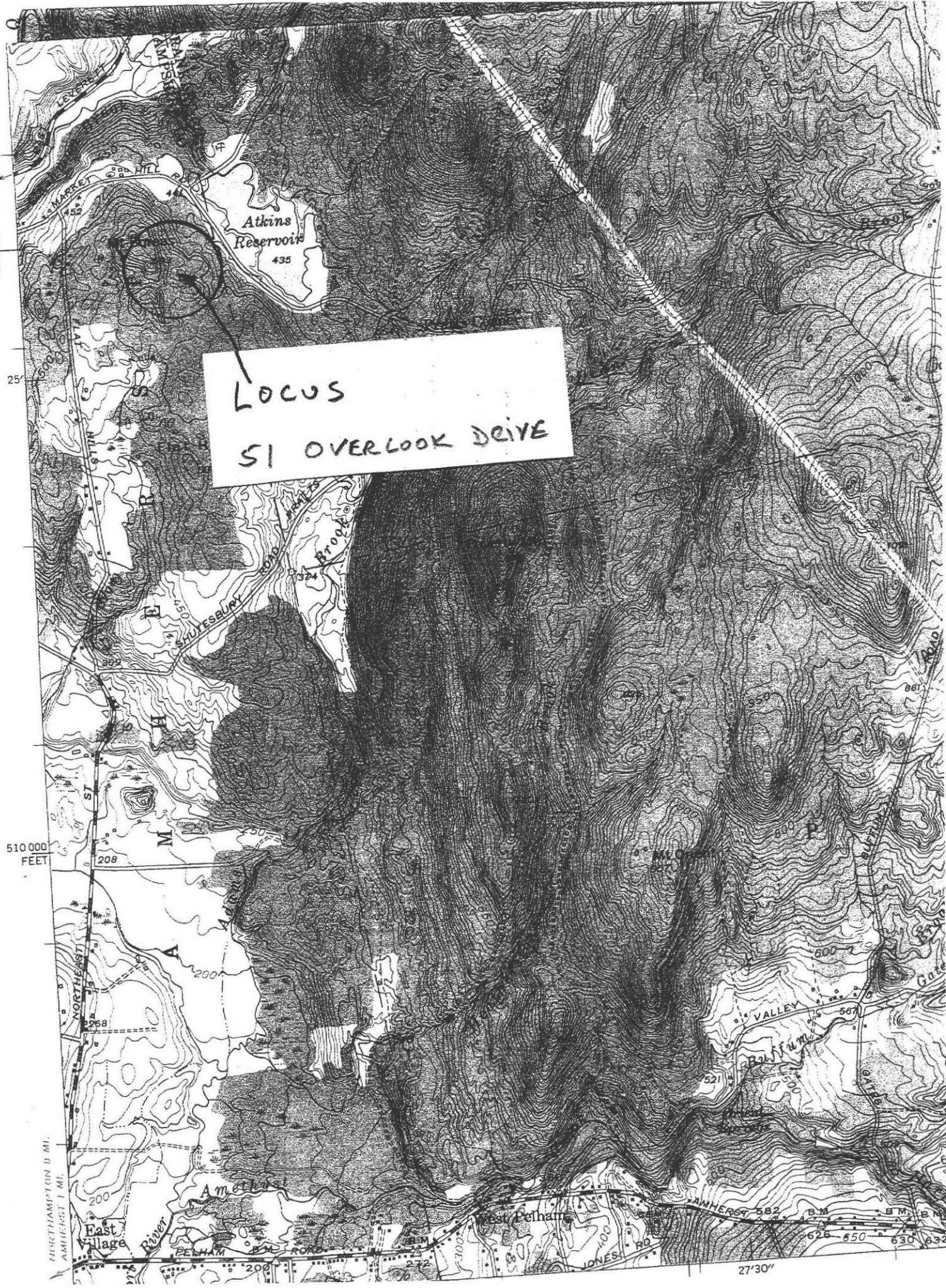
The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

*\* DISTRIBUTION BOX REPLACEMENT ONLY*





NORTH AMHERST 2.3 MI.  
GUSHMAN 1 MI.

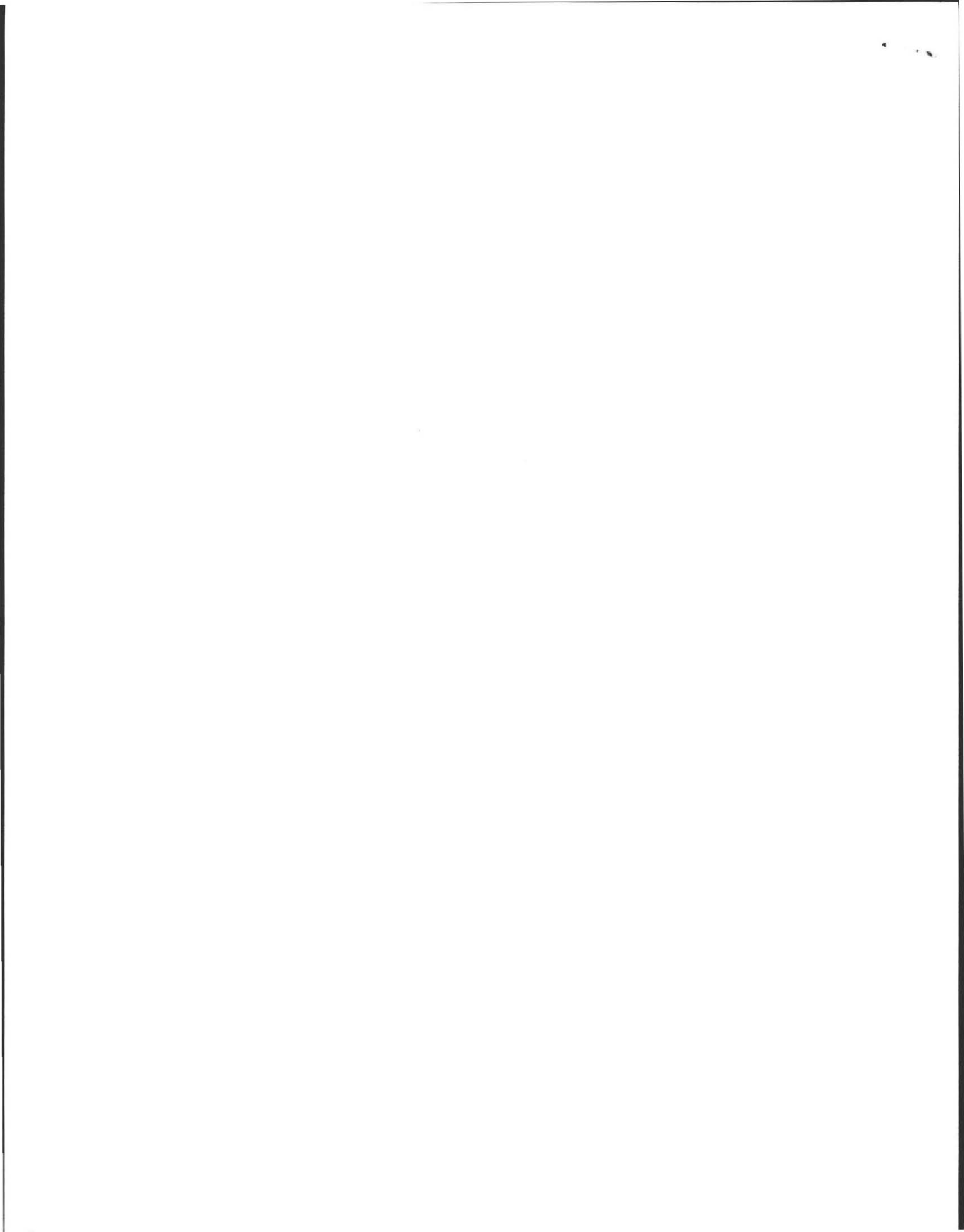


LOCUS  
SI OVERLOOK DRIVE

510 000  
FEET

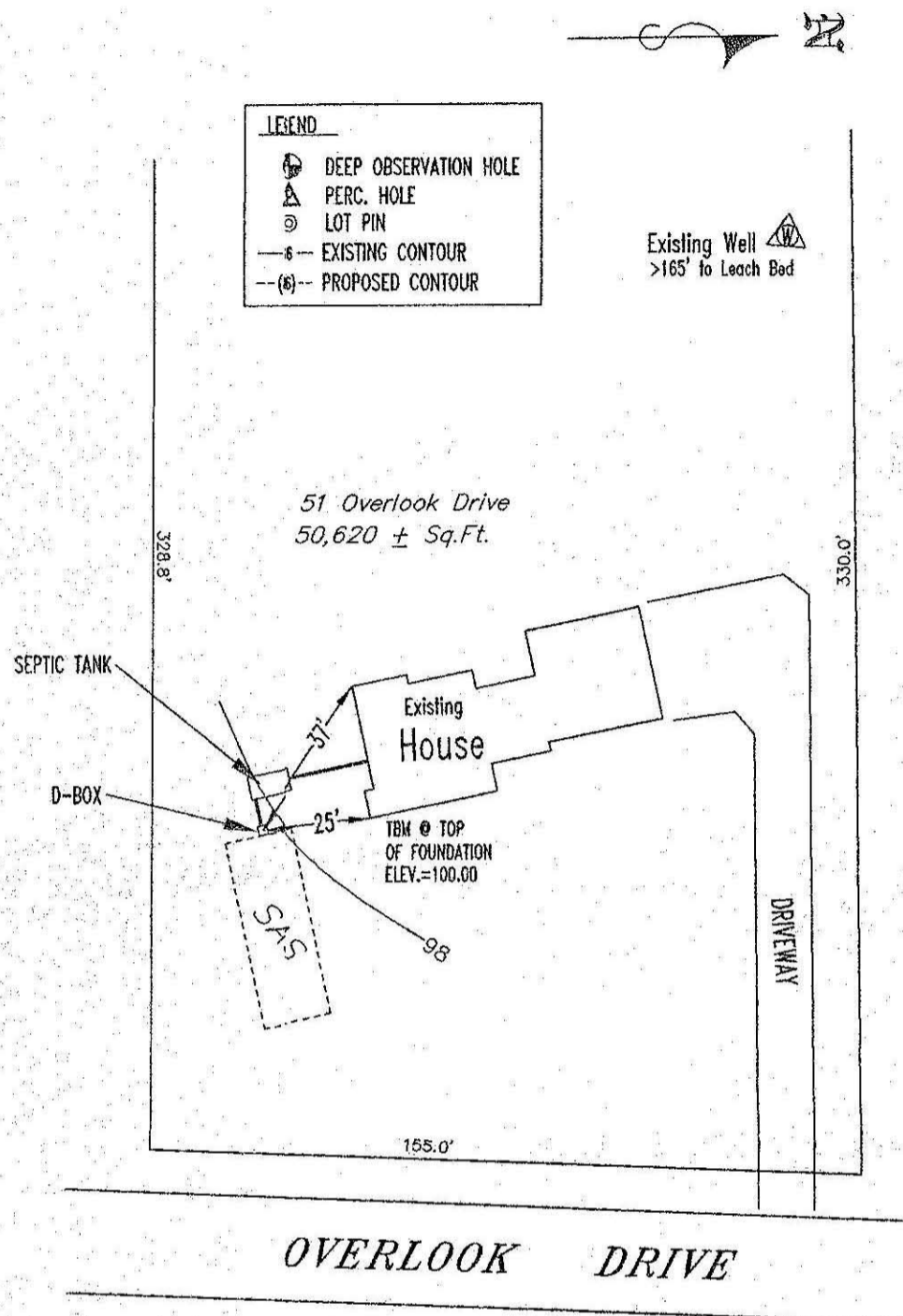
NORTHAMPTON 0 MI.  
AMHERST 1 MI.

27°30'



# SEPTIC SYSTEM LAYOUT

Scale: 1" = 40'



## SITUATION:

REPAIR OF SAS AT 51 OVERLOOK DRIVE  
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BOARD OF HEALTH WITNESS: JAVERIA MIR, RS  
SOIL EVALUATOR: NEIL JACKSON, CERTIFIED MAY, 1998

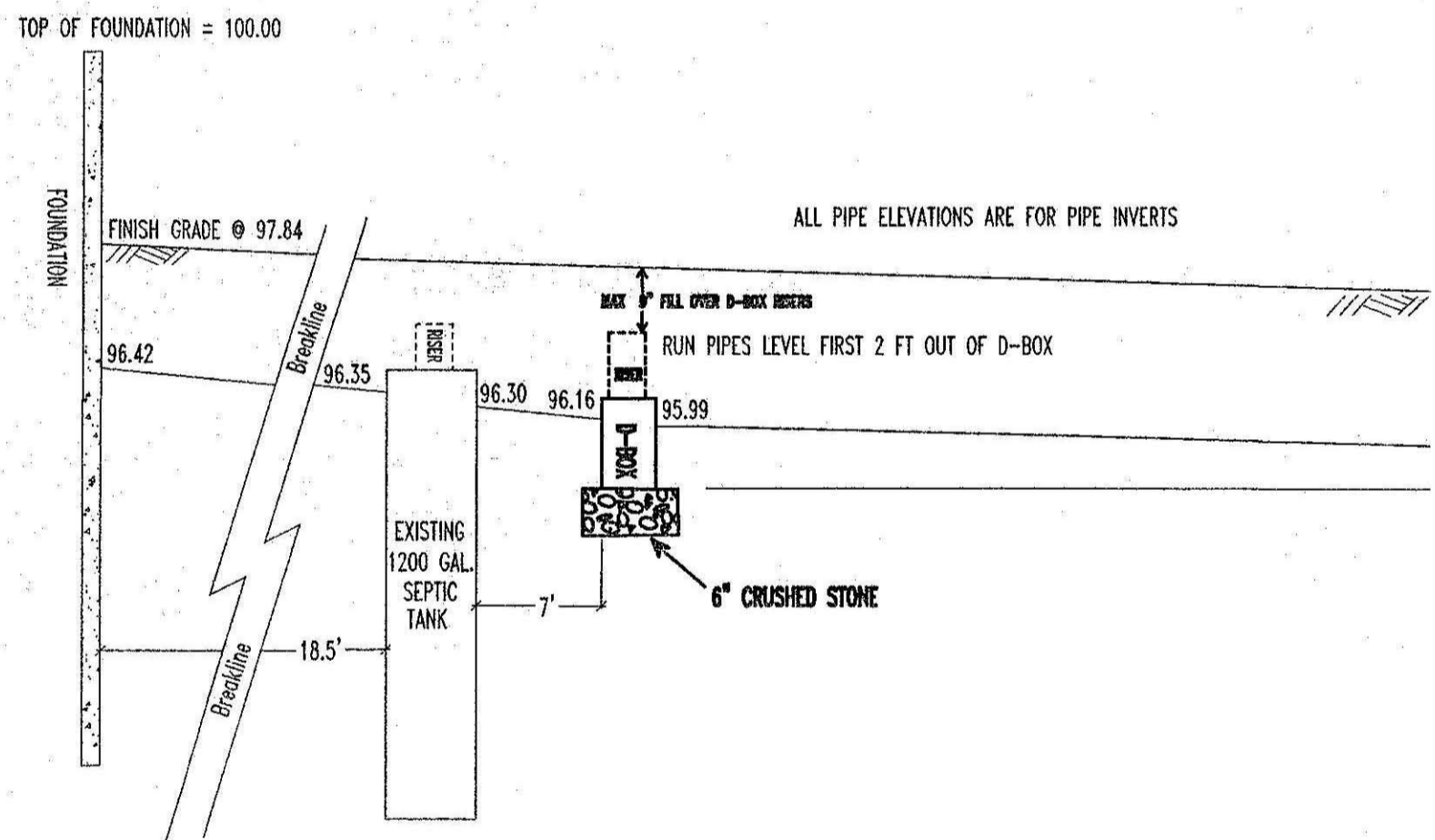
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LEACHING SYSTEM CONSISTS OF A 16 FT. X 41 FT. LEACHING BED

## SEPTIC SYSTEM PROFILE

TBM @ TOP OF FOUNDATION = 100.00

SCALE:  
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VERT. 1" = 2'



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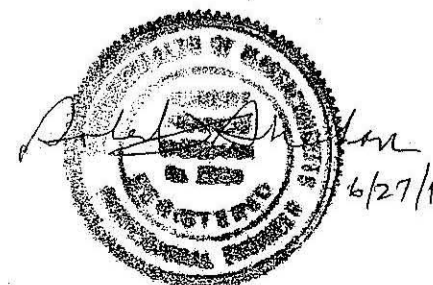
SYSTEM TO BE CONSTRUCTED IN COMPLIANCE WITH 310 CMR 15.000

MELBY-DALY

51 Overlook Drive  
AMHERST, MA

SCALE: AS NOTED	DRAWING NUMBER: Melby-Overlook.dwg	DESIGNED BY: NMJ
DATE: 18JUN11		DRAWN BY: HOP

APPROVED BY:



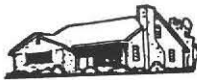


SI

Overlook  
Drive

Title &  
failed.

Pics in camera  
printed / saved



**M&N Homes**

NEIL JACKSON

30 Mountainview Drive • Belchertown, MA 01007  
Bus. (413) 323-6154 • Cell (413) 896-6607



51 OVERLOOK DRIVE  
TITLE V WITNESS

WITNESS: JAVERIA MIR 6/9/2011 9:30 - 11 a.m.  
MTN HOMES, NEIL JACKSON  
713 (323)-6154; cell 896-6607  
TITLE V FAILED

PERMITS/INSP PAYMENT RECPT#: 11119241  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 06/15/11 TIME: 14:06  
CLERK: mirj DEPT:

PAID BY:  
PAYMENT METH: CHECK 5314

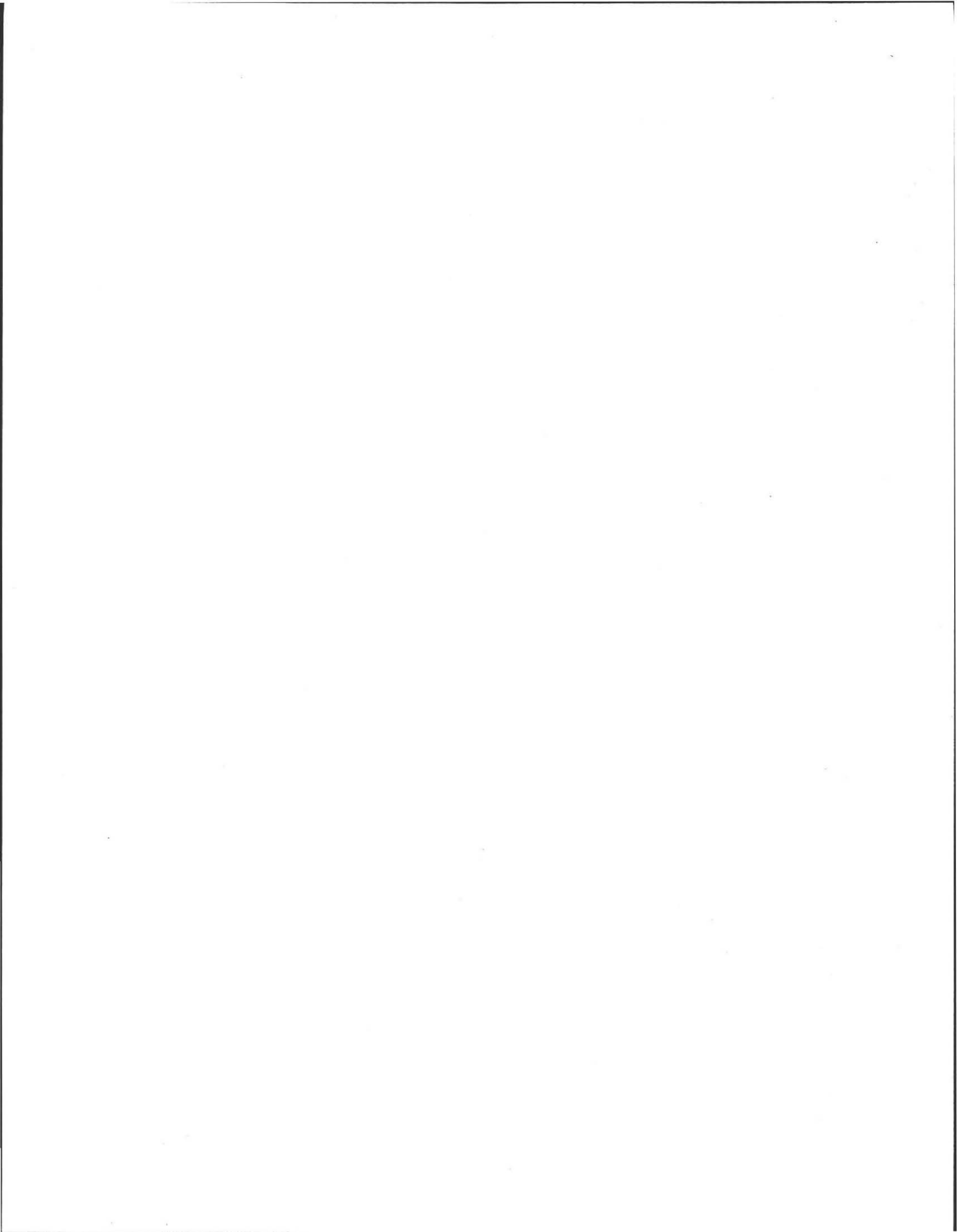
REFERENCE:

AMT TENDERED: 200.00  
AMT APPLIED: 200.00  
CHANGE: .00

SITE ADDRESS: 51 OVERLOOK

FEES:  
HEA058 200.00

TOTAL PAID: 200.00





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

51 OVERLOOK DRIVE

Property Address

BERNETTE MELBY-DALY

Owner's Name

AMHERST

City/Town

MA

State

01002

Zip Code

6/9/2011

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

**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:

NEIL JACKSON

Name of Inspector

J & P ENGINEERING SERVICES

Company Name

30 MOUNTAINVIEW DRIVE

Company Address

BELCHERTOWN

City/Town

MA

State

01007

Zip Code

(413) 896-6607

Telephone Number

SI 3579

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

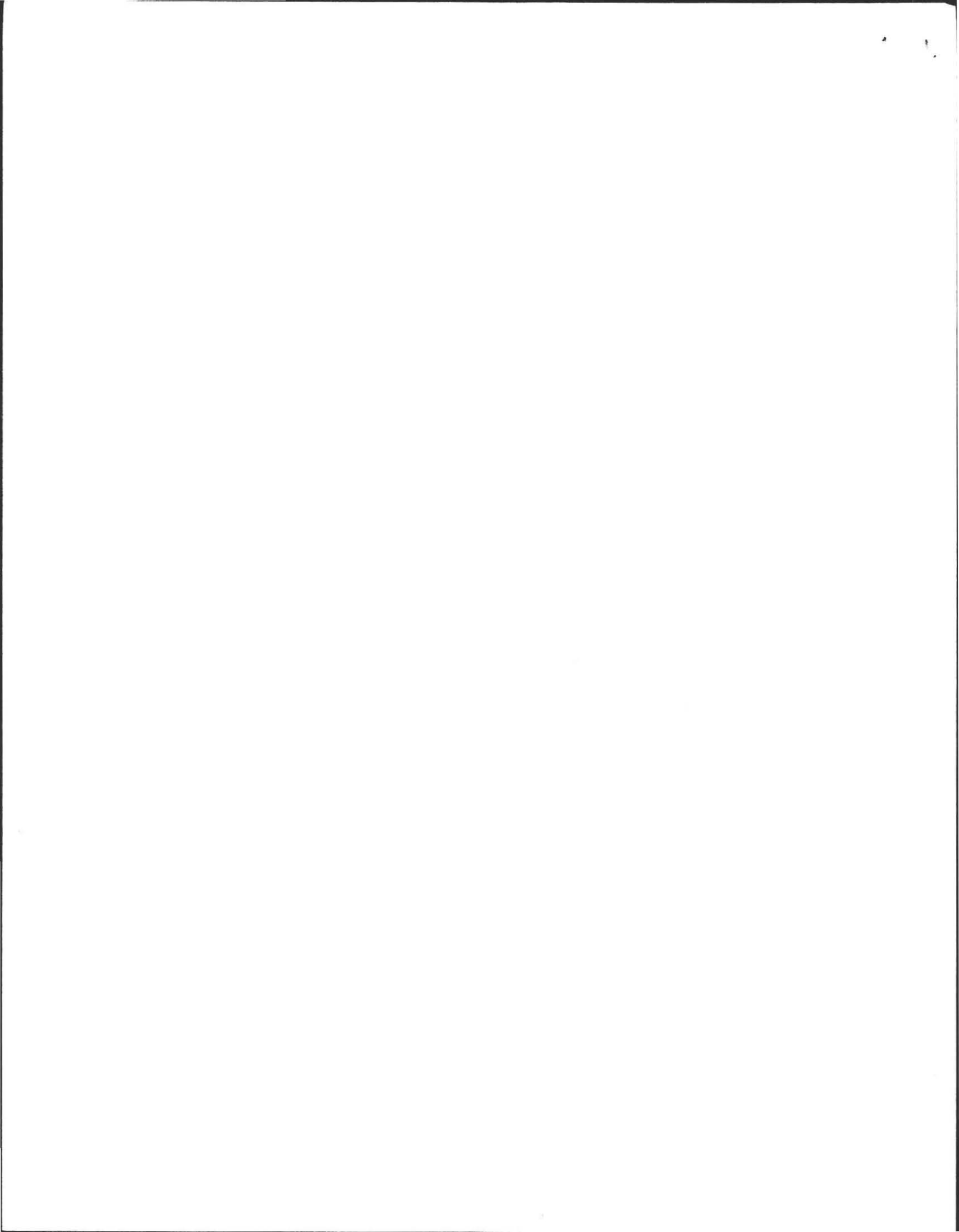
Inspector's Signature

6/9/2011

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

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

51 OVERLOOK DRIVE

Property Address

BERNETTE MELBY-DALY

Owner's Name

AMHERST

City/Town

MA

State

01002

Zip Code

6/9/2011

Date of Inspection

Owner information is required for every page.

## 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:

---

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### 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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

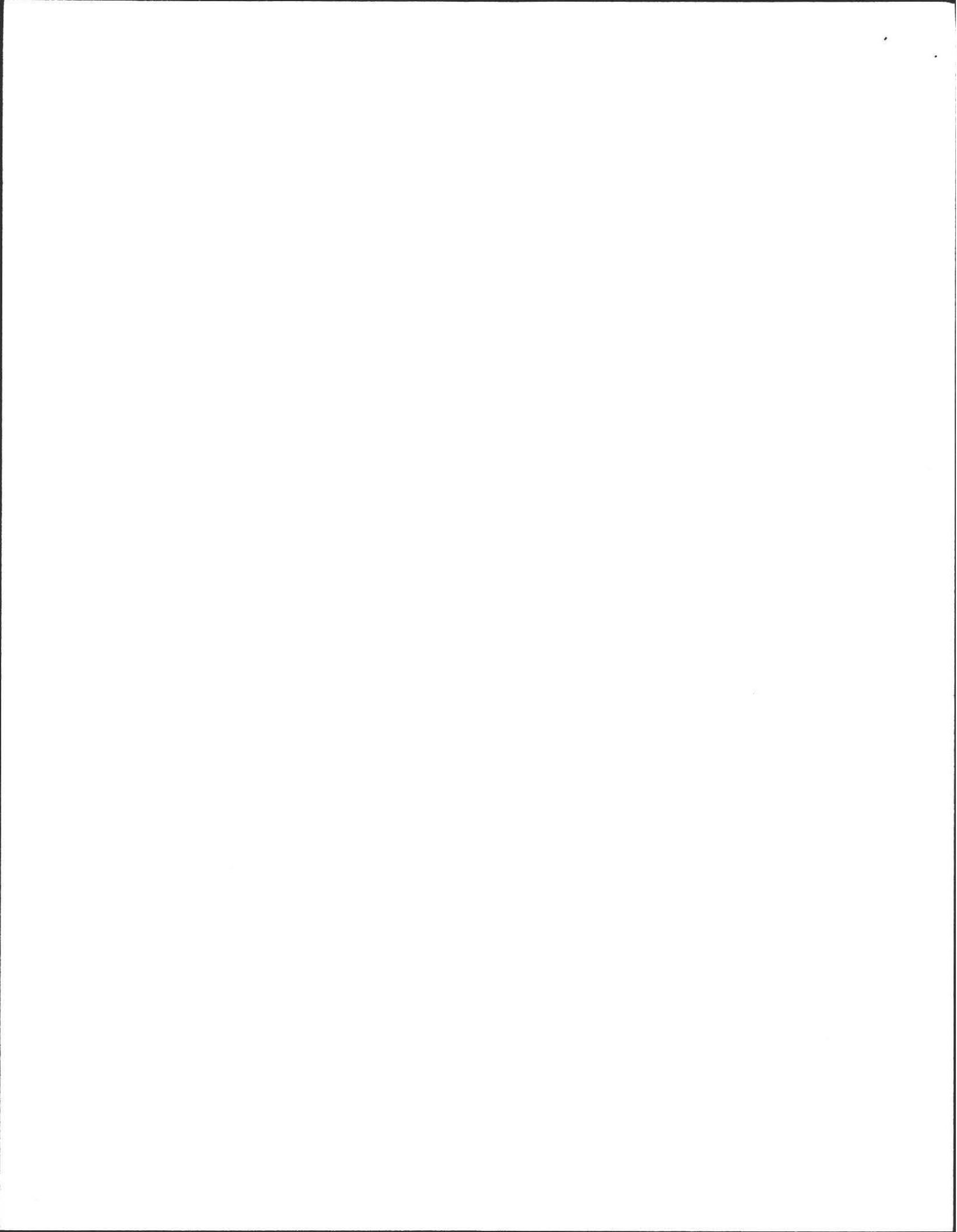
- Y     N     ND (Explain below):

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# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

51 OVERLOOK DRIVE

Property Address

BERNETTE MELBY-DALY

Owner's Name

AMHERST

MA

01002

6/9/2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

### B) System Conditionally Passes (cont.):

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  Y  N  ND (Explain below):

obstruction is removed  Y  N  ND (Explain below):

distribution box is leveled or replaced  Y  N  ND (Explain below):

STRUCTURAL INTEGRITY OF DISTRIBUTION BOX IS POOR. STRUCTURAL CRACKS OBSERVED. INSPECTION WITNESSED BY AMHERST BOARD OF HEALTH AGENT JAVERIA MIR, R.S.

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  Y  N  ND (Explain below):

obstruction is removed  Y  N  ND (Explain below):

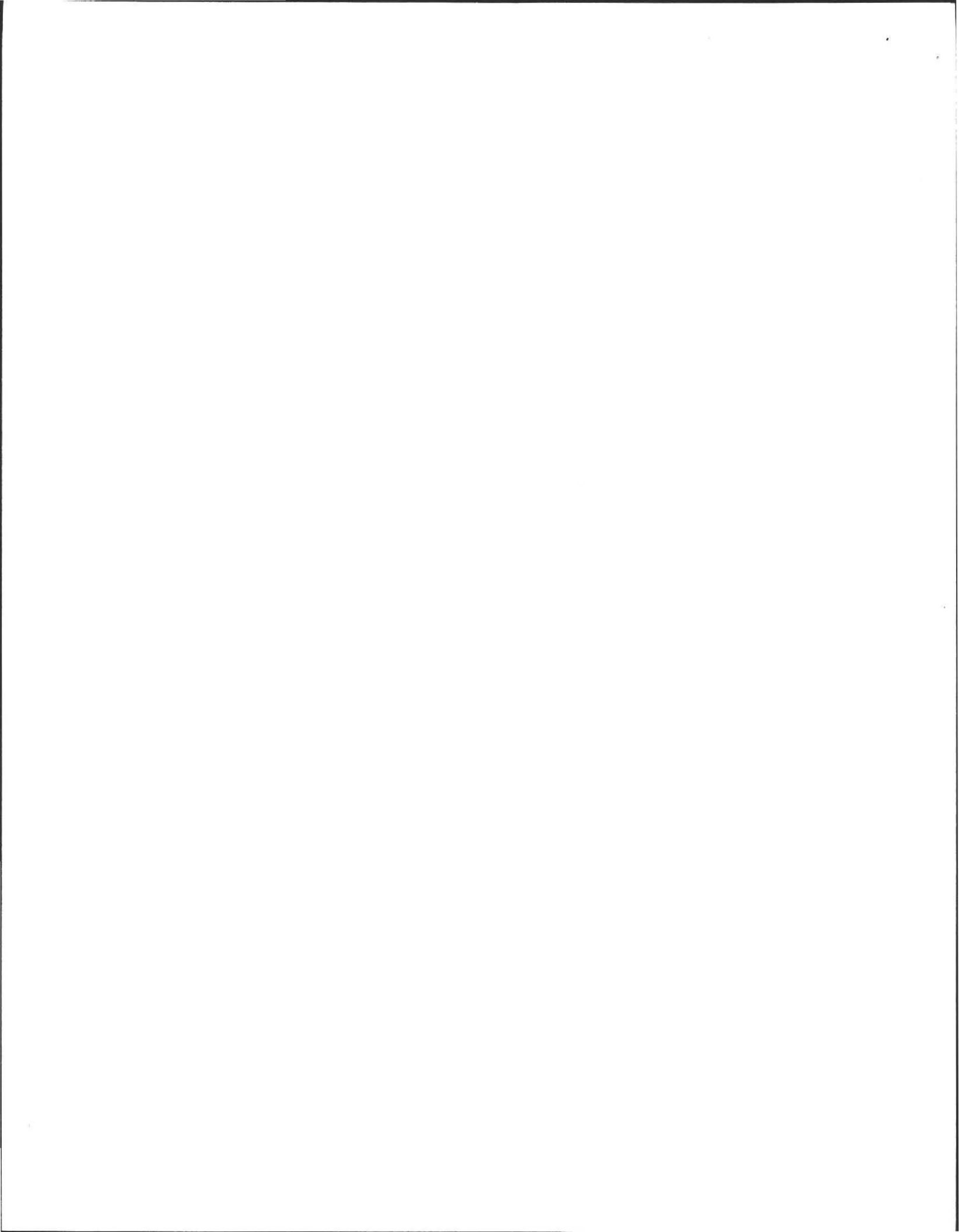
### C) Further Evaluation is Required by the Board of Health:

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





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

51 OVERLOOK DRIVE

Property Address

BERNETTE MELBY-DALY

Owner's Name

AMHERST

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State

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Owner information is required for every page.

## B. Certification (cont.)

**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.
- 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:

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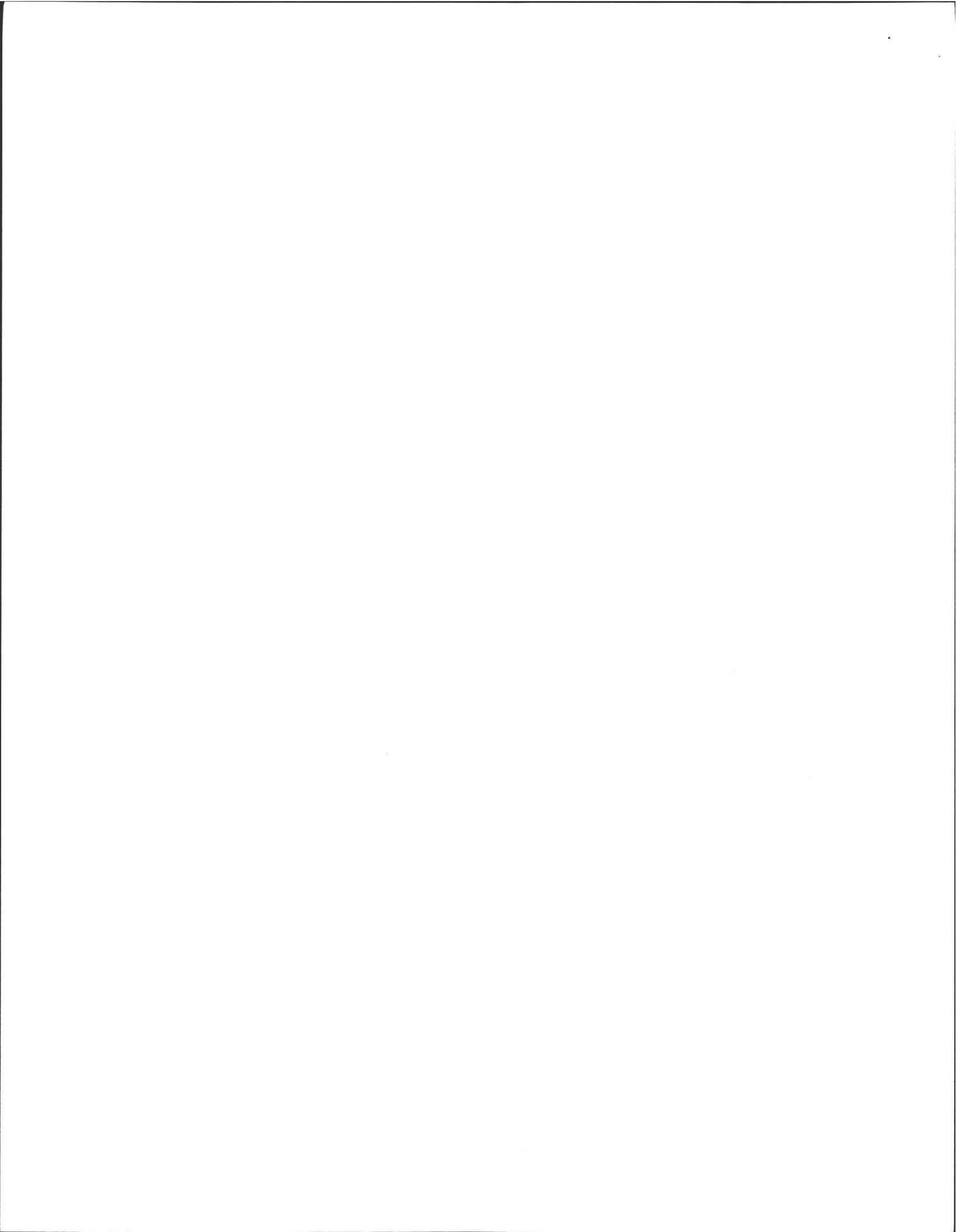


---

## D) System Failure Criteria Applicable to All Systems:

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

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow                             |





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## B. Certification (cont.)

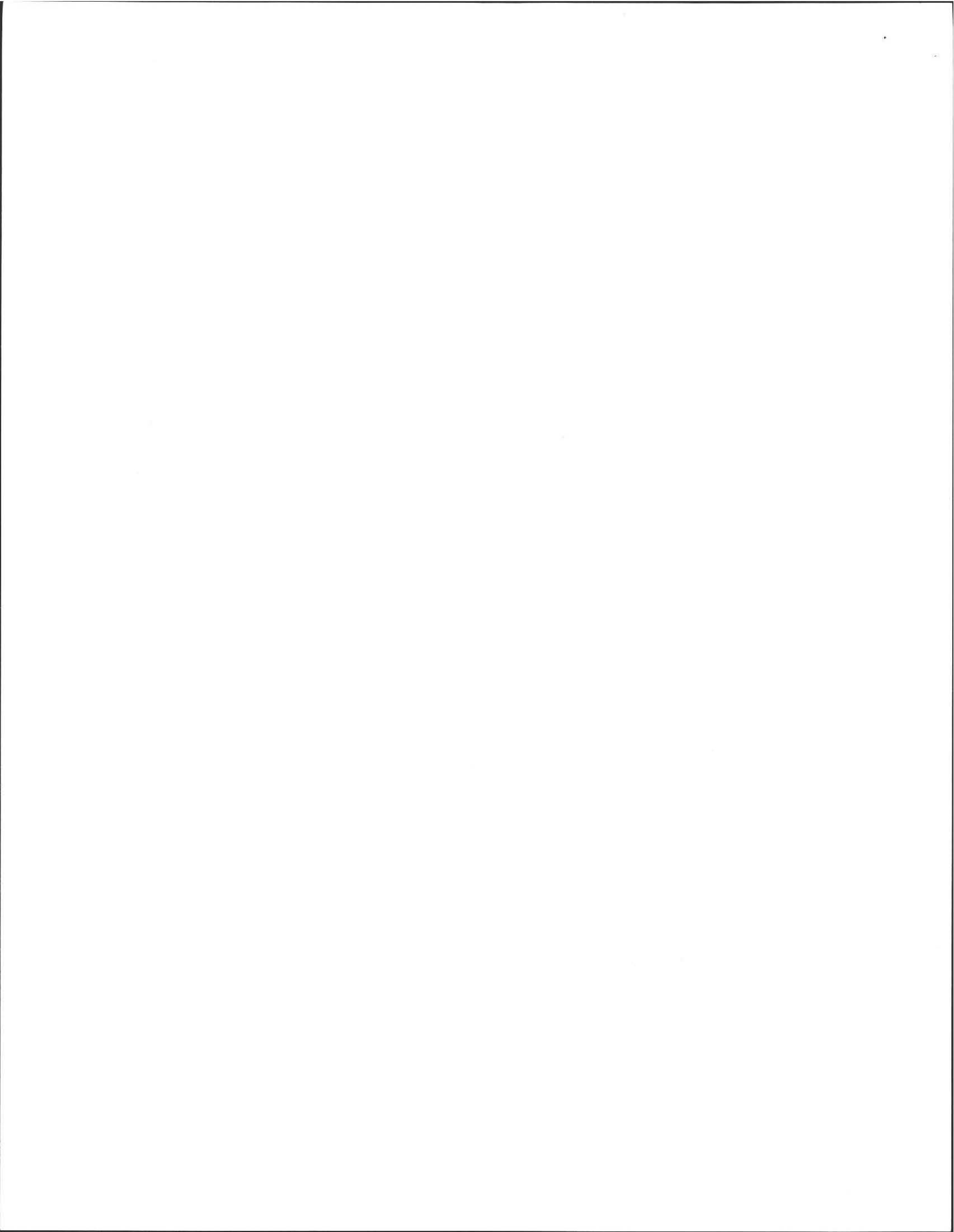
- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. <b>[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.   |

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

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

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

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





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## C. Checklist

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

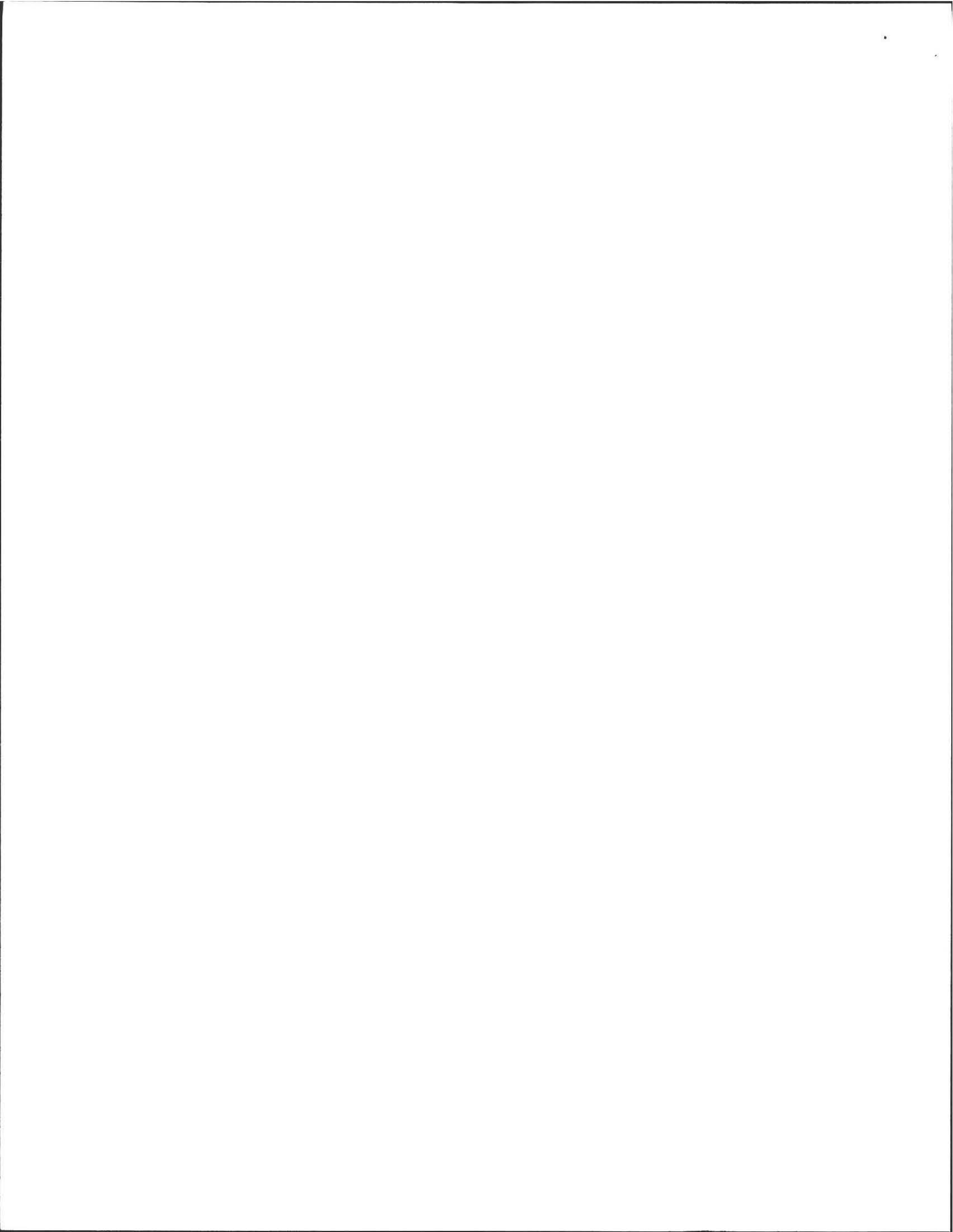
- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?<br>The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 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)]  |

## 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







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## D. System Information

Description:

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

Number of current residents: 2

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)): PRIVATE

Detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sump pump?  Yes  No

Last date of occupancy: PRESENT  
Date

### Commercial/Industrial Flow Conditions:

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

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

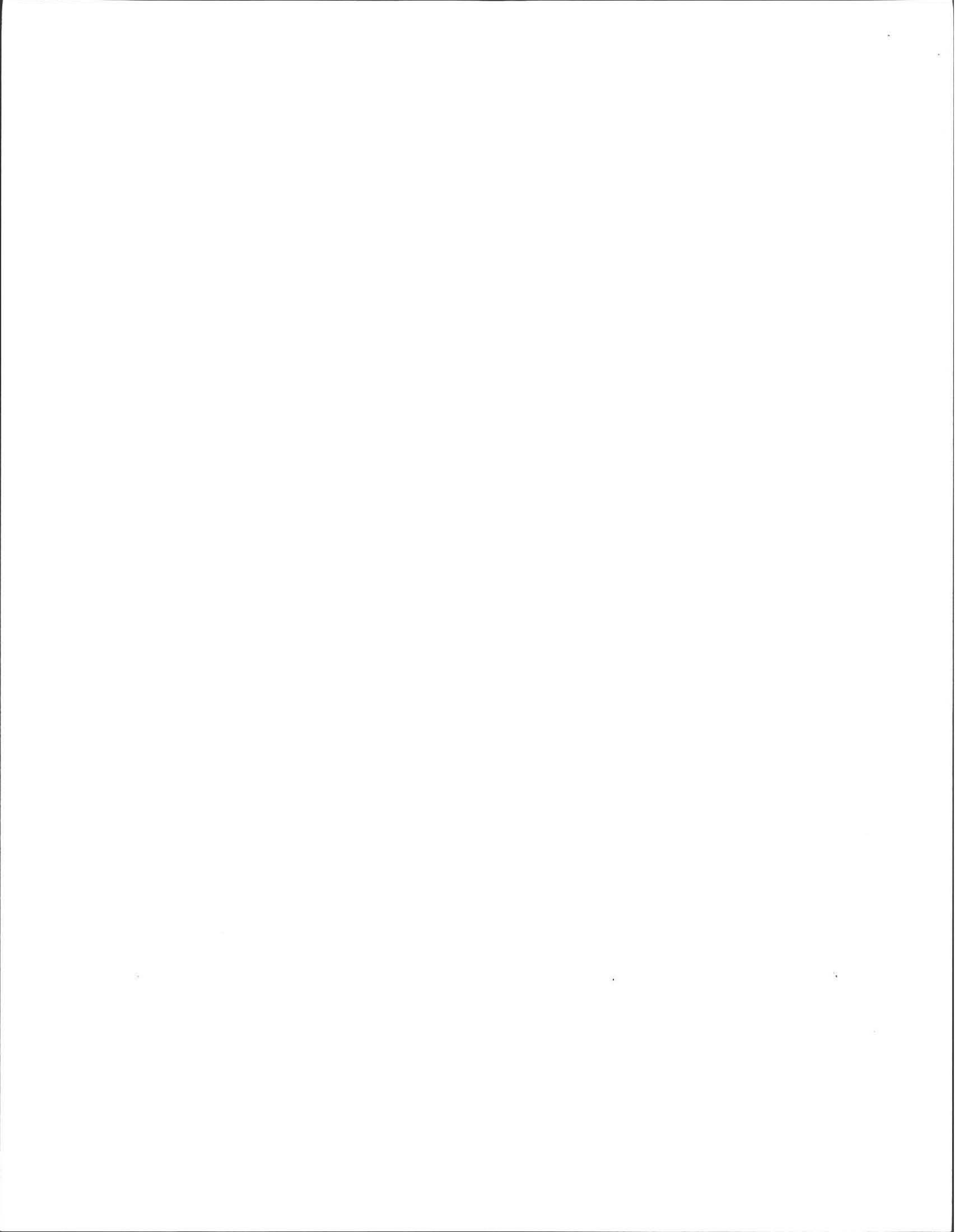
Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

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: \_\_\_\_\_





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## D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

### General Information

#### Pumping Records:

Source of information:

2 YEARS AGO; PER OWNER

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

gallons

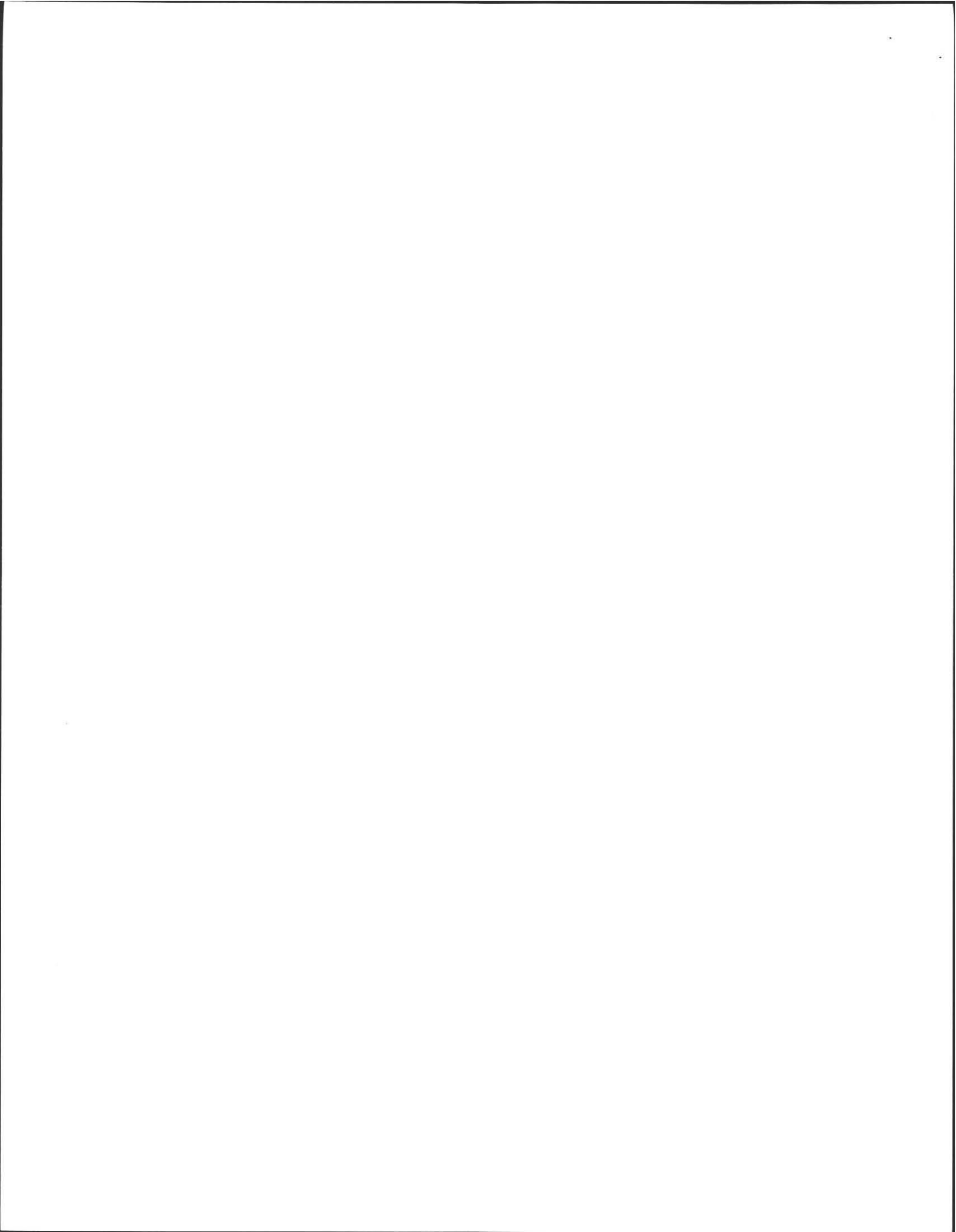
How was quantity pumped determined?

Reason for pumping:

\*\*\*TANK TO BE PUMPED DURING REPAIR OF DISTRIBUTION BOX

#### 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) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):





Commonwealth of Massachusetts

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## D. System Information (cont.)

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

1975, INSPECTION DATED 9/8/1994 BY ALAN WEISS, R.S.

Were sewage odors detected when arriving at the site?

Yes  No

**Building Sewer** (locate on site plan):

Depth below grade:

1.0'  
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

> 20 FEET  
feet

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

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**Septic Tank** (locate on site plan):

Depth below grade:

0.75'  
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

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If tank is metal, list age:

years

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

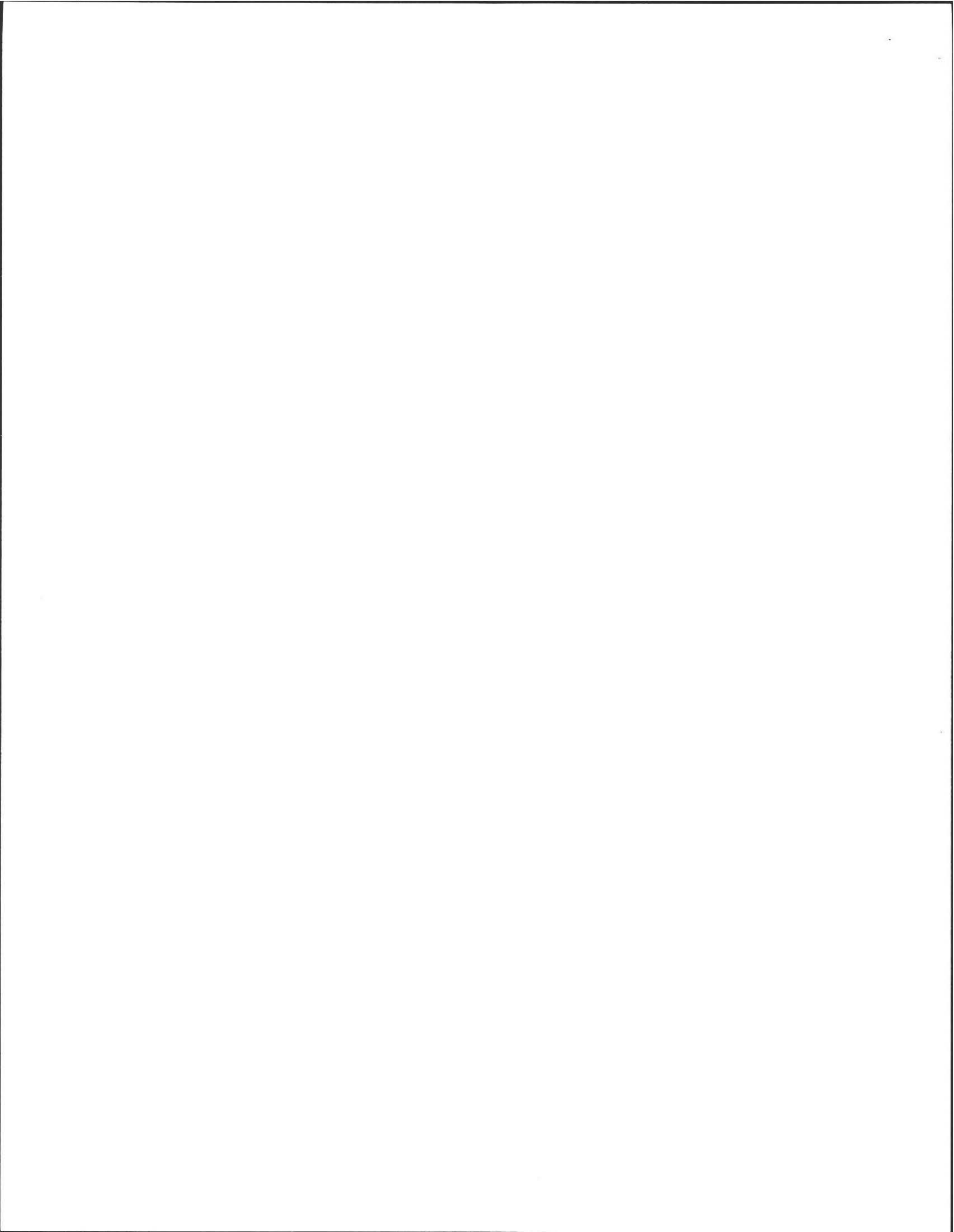
Yes  No

Dimensions:

1200 GALLONS, 5' X 10'

Sludge depth:

2"





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## D. System Information (cont.)

### Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 32"

Scum thickness 1"

Distance from top of scum to top of outlet tee or baffle 4"

Distance from bottom of scum to bottom of outlet tee or baffle 15"

How were dimensions determined? MEASURED

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

PUMP DURING REPAIR OF DISTRIBUTION BOX AND EVERY 2 - 3 YEARS IN FUTURE, INLET AND OUTLET BAFFLES IN GOOD CONDITION, NO SIGNS OF LEAKAGE

### Grease Trap (locate on site plan):

Depth below grade: \_\_\_\_\_ feet

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

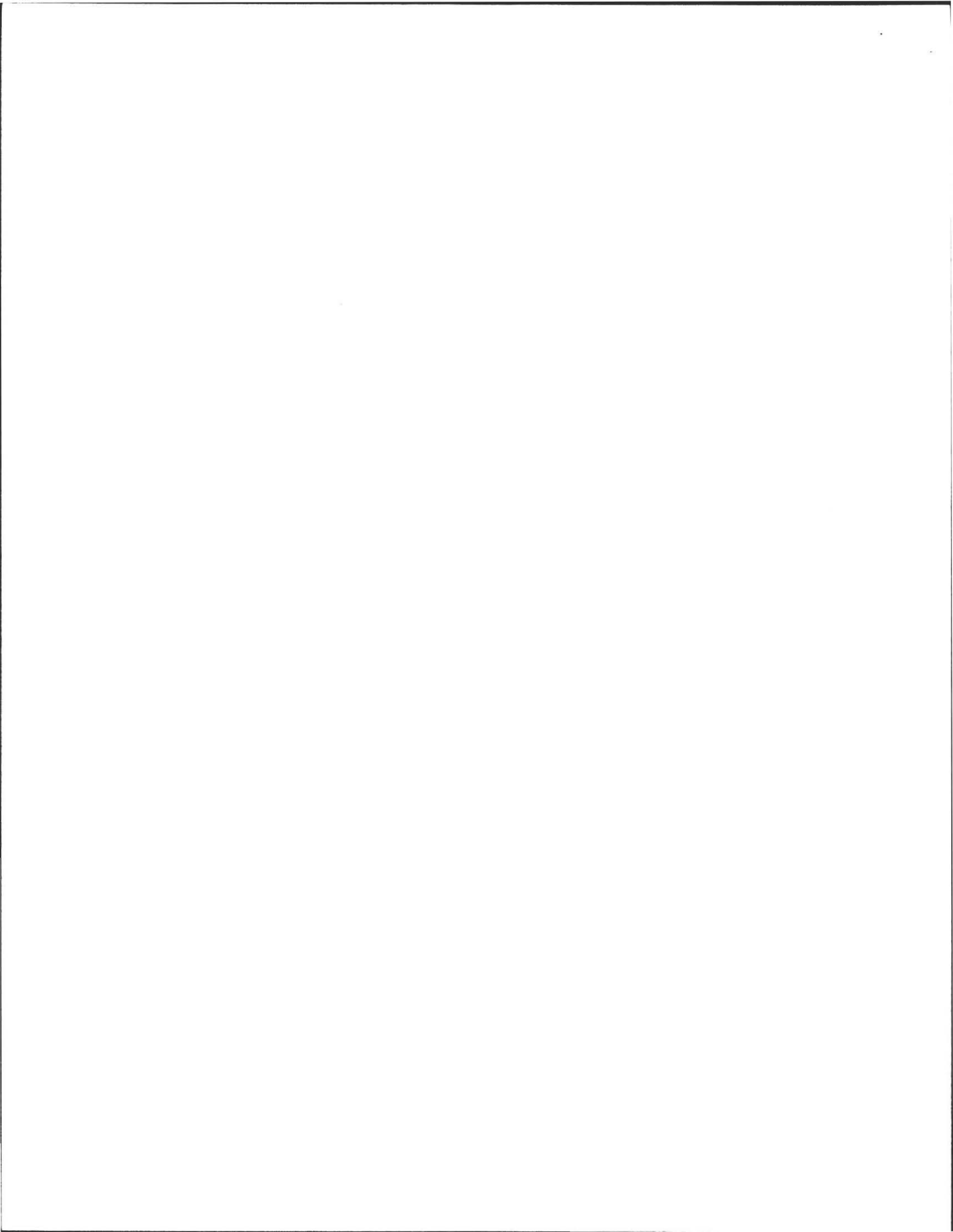
Dimensions: \_\_\_\_\_

Scum thickness \_\_\_\_\_

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

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

Date of last pumping: \_\_\_\_\_ Date







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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.):

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

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain):

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_

gallons

Design Flow: \_\_\_\_\_

gallons per day

Alarm present: \_\_\_\_\_

Yes       No

Alarm level: \_\_\_\_\_

Alarm in working order:       Yes       No

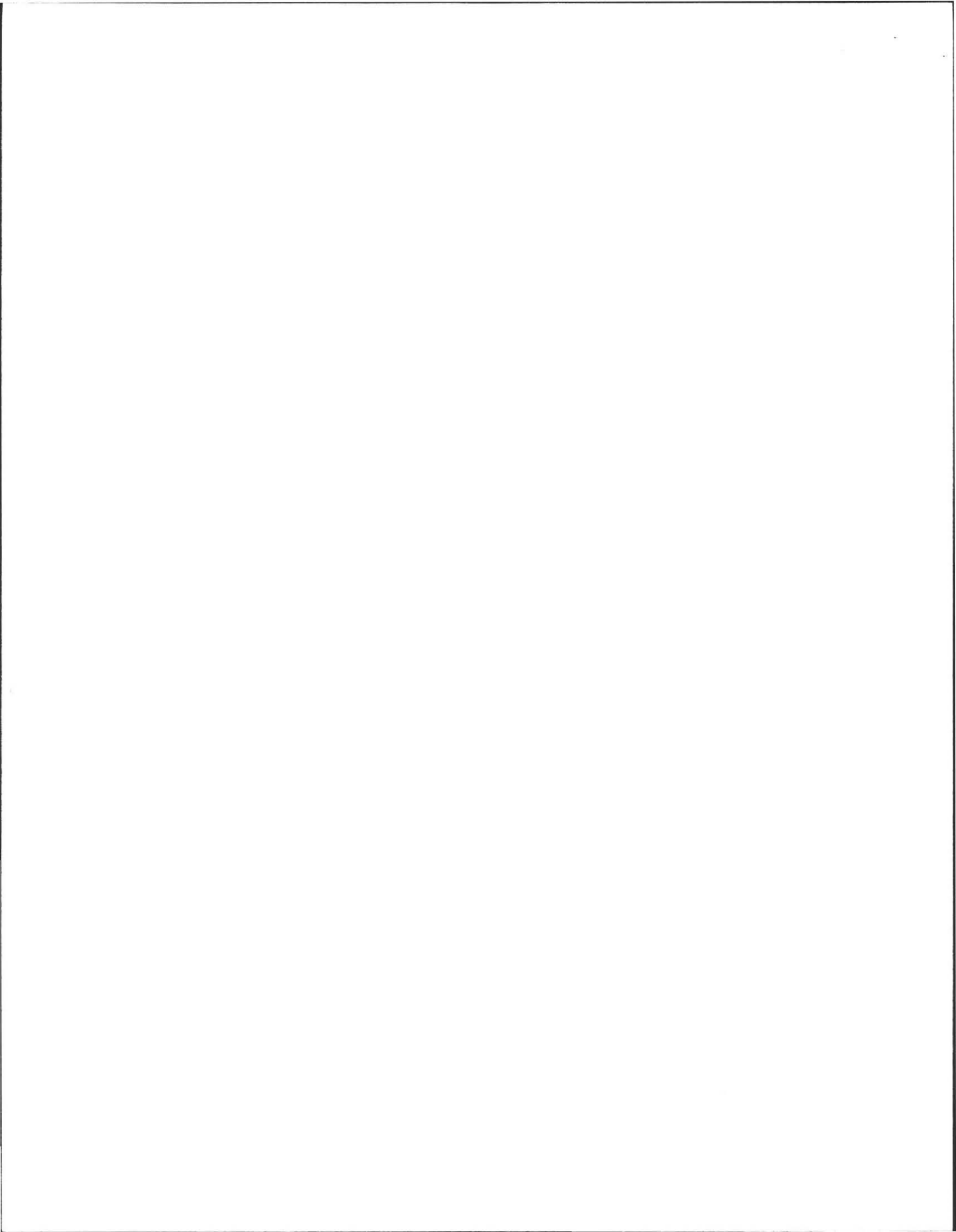
Date of last pumping: \_\_\_\_\_

Date

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

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

\* Attach copy of current pumping contract (required). Is copy attached?       Yes       No





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## D. System Information (cont.)

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

Depth of liquid level above outlet invert

0"

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.):

LEVEL, DISTRIBUTION EQUAL, LITTLE SIGN OF SOLIDS CARRY-OVER, STRUCTURAL INTEGRITY POOR, CRACKING OBSERVED; REPLACEMENT REQUIRED

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes

No

Alarms in working order:

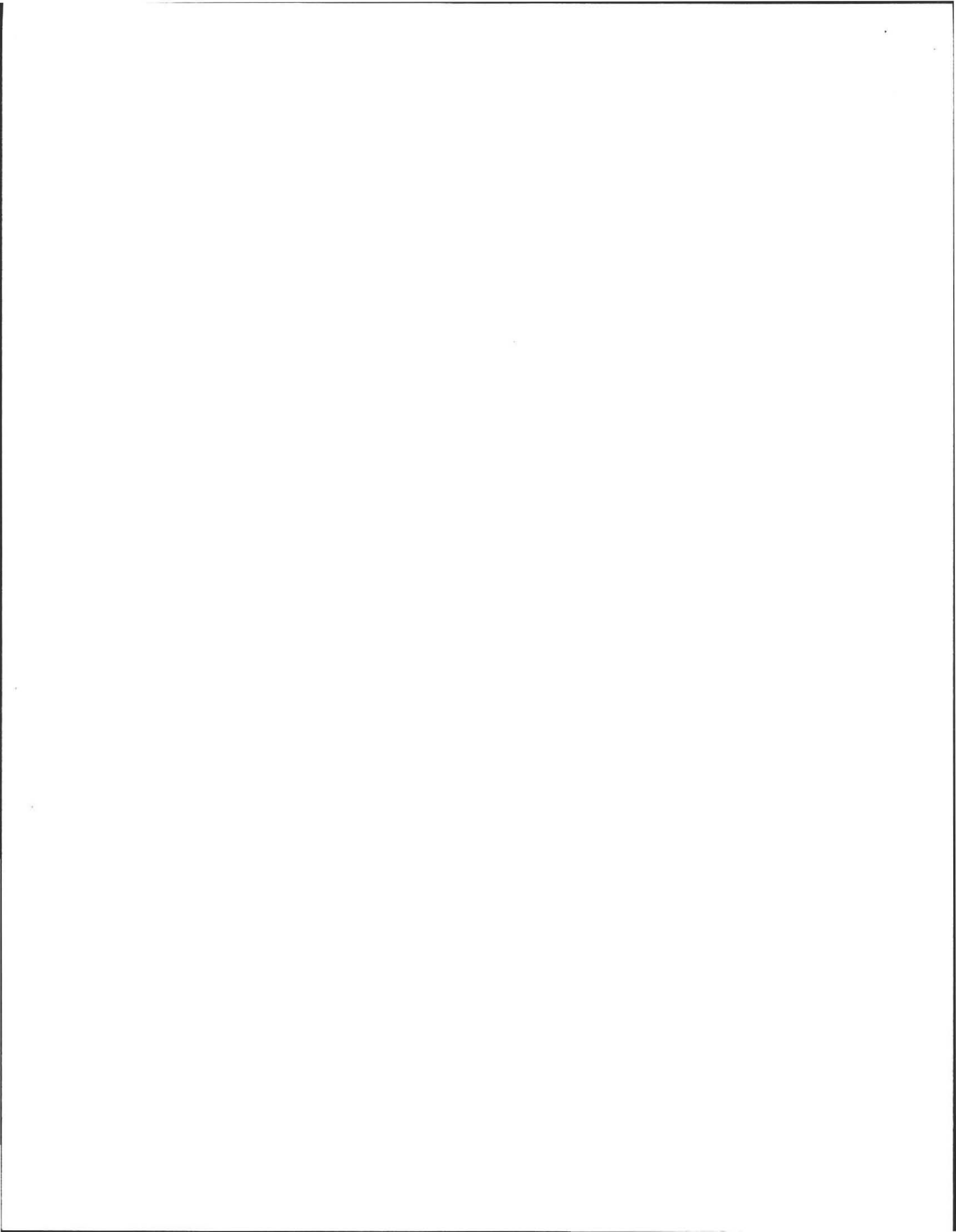
Yes

No

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:





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## D. System Information (cont.)

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: ONE-- 16'W X 41'L W/ 2 LINES
- 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 SIGNS OF HYDRAULIC FAILURE, NO PONDING

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

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

Number and configuration \_\_\_\_\_

Depth – top of liquid to inlet invert \_\_\_\_\_

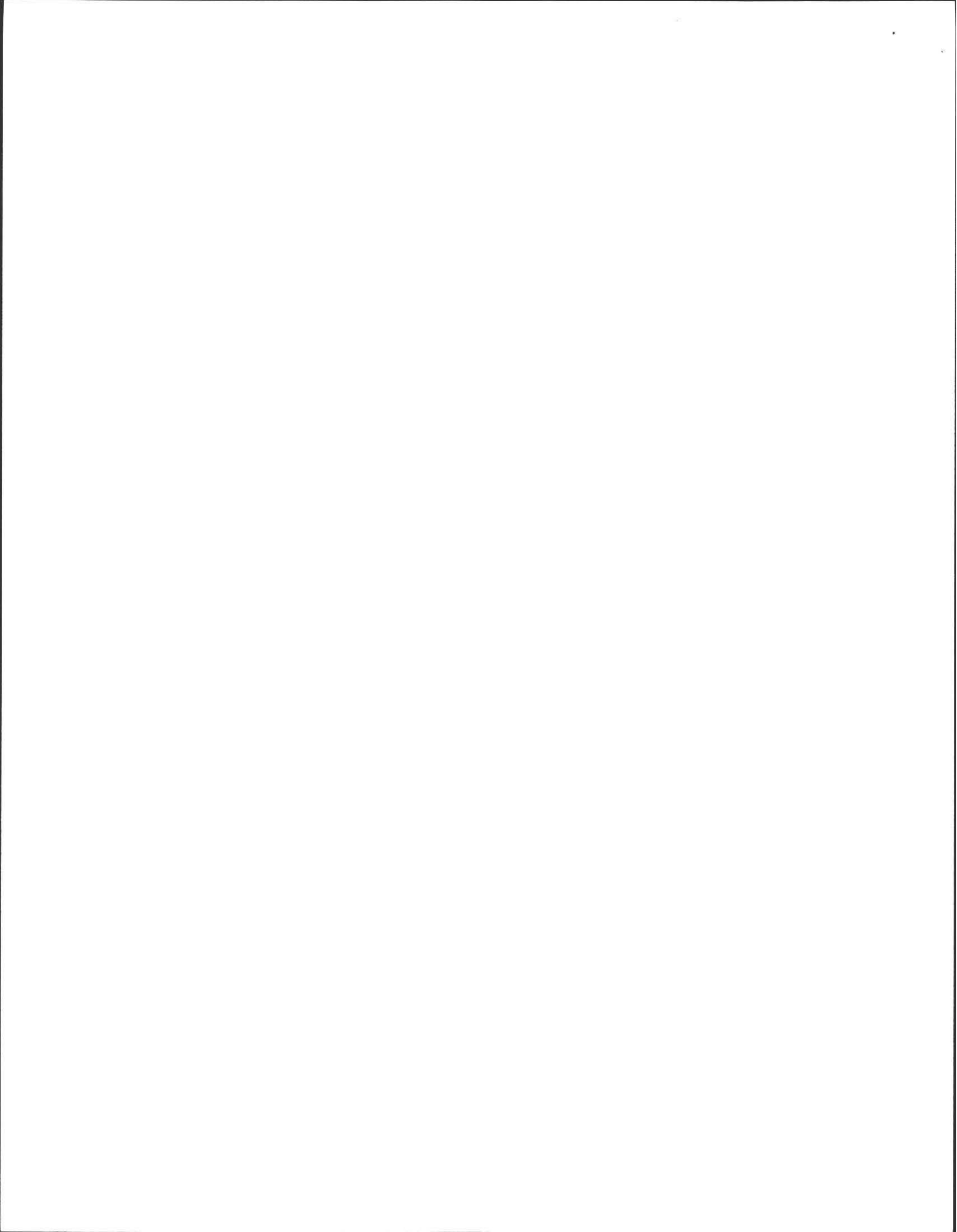
Depth of solids layer \_\_\_\_\_

Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

Materials of construction \_\_\_\_\_

Indication of groundwater inflow  Yes  No





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## D. System Information (cont.)

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

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**Privy** (locate on site plan):

Materials of construction:

---

Dimensions

---

Depth of solids

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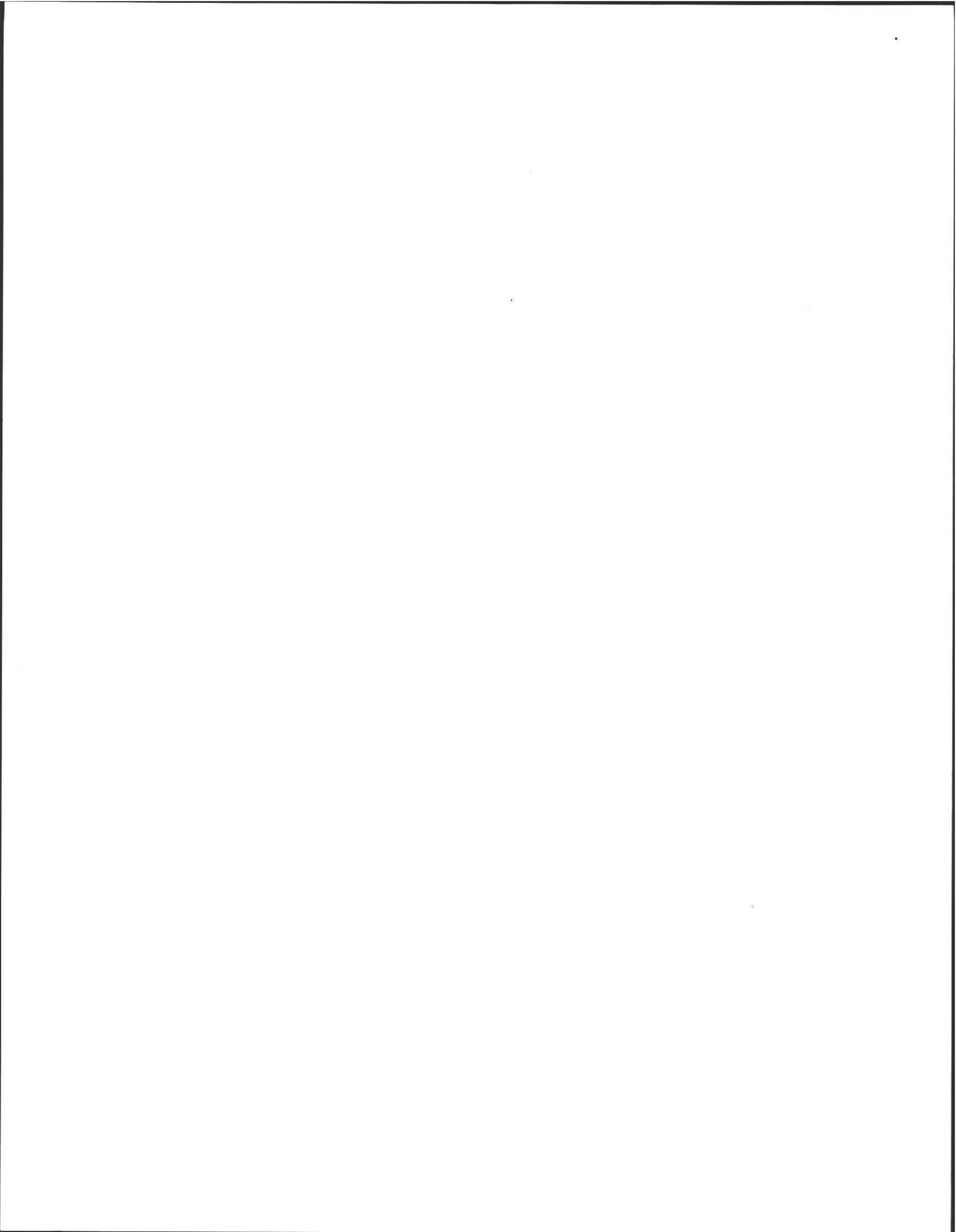
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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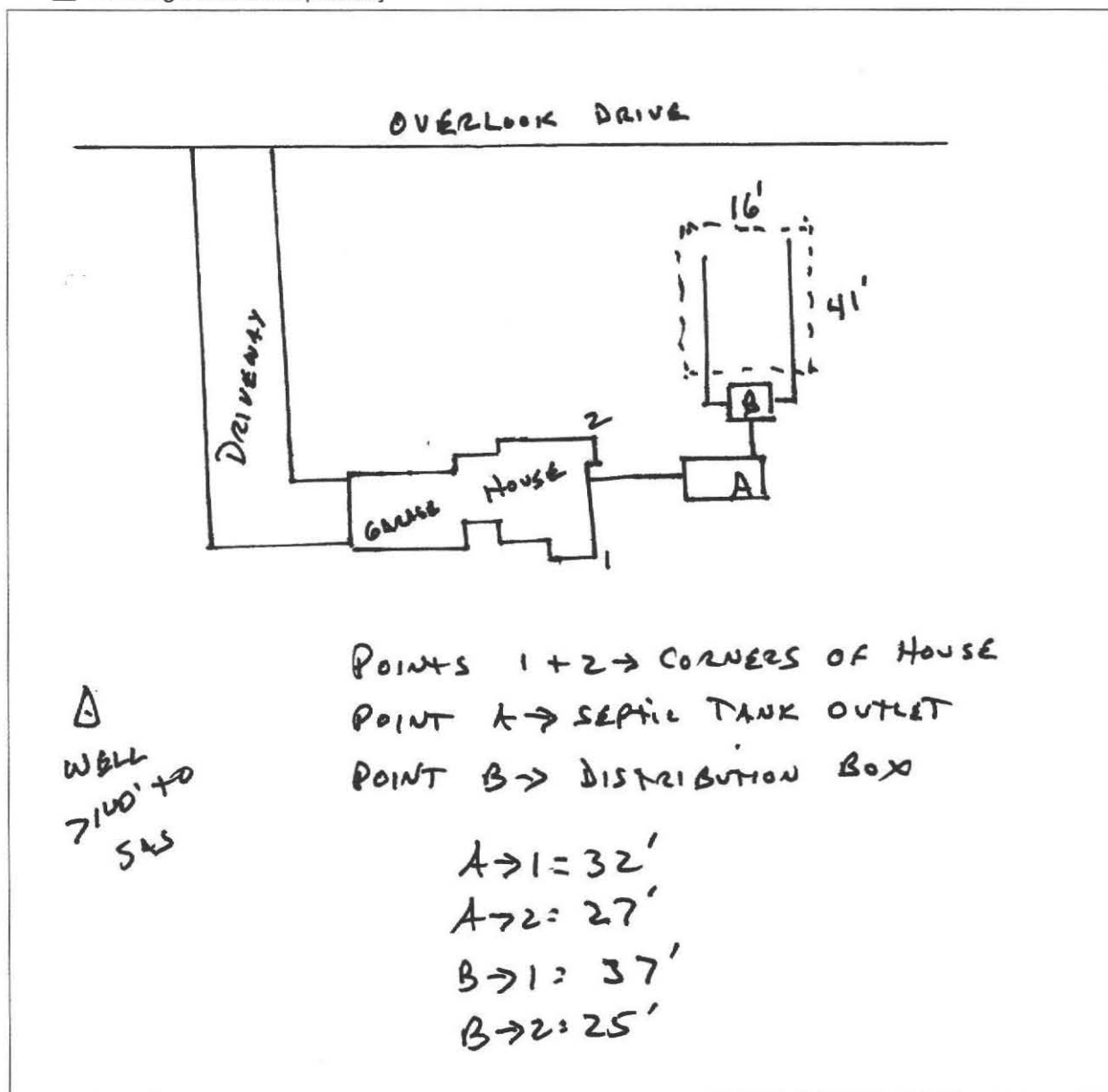
Date of Inspection

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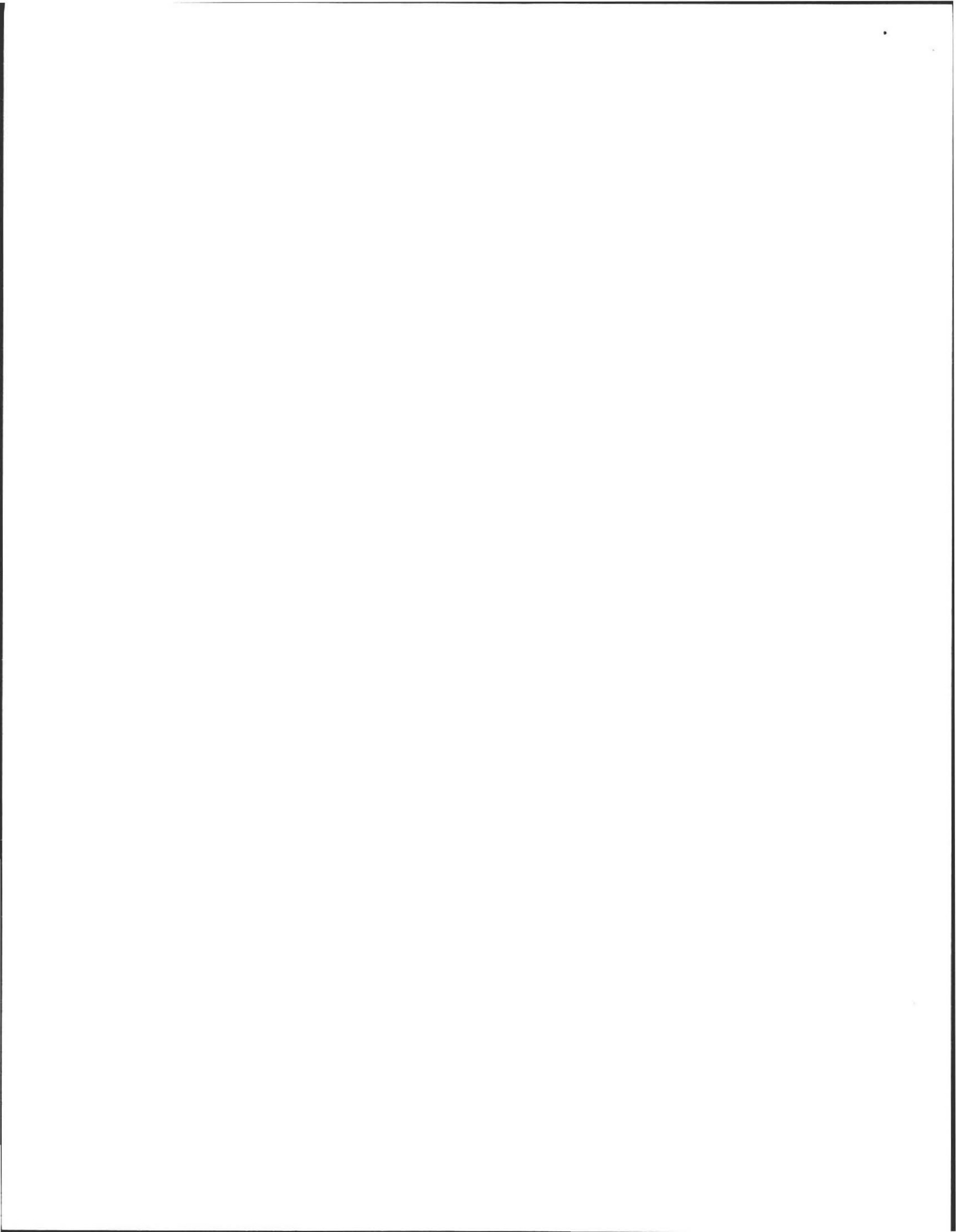
## D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately



≠ NOT TO SCALE





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## D. System Information (cont.)

### Site Exam:

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

Estimated depth to high ground water: 5.5'  
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: 5/9/1973  
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:

PLAN ON RECORD INDICATES WATER TABLE 5.5 FEET BELOW PROPOSED FINISH GRADE.

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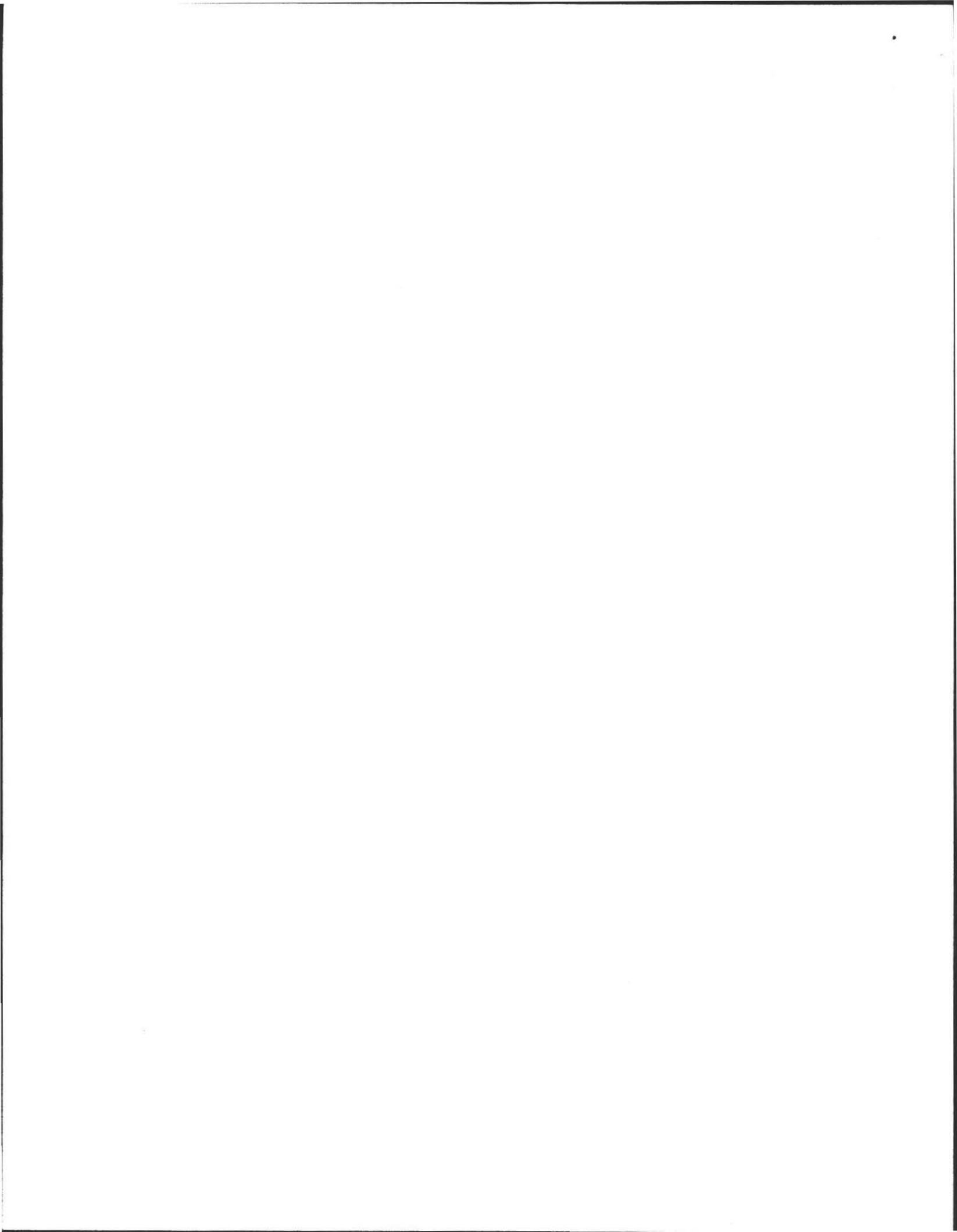


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**Before filing this Inspection Report, please see Report Completeness Checklist on next page.**





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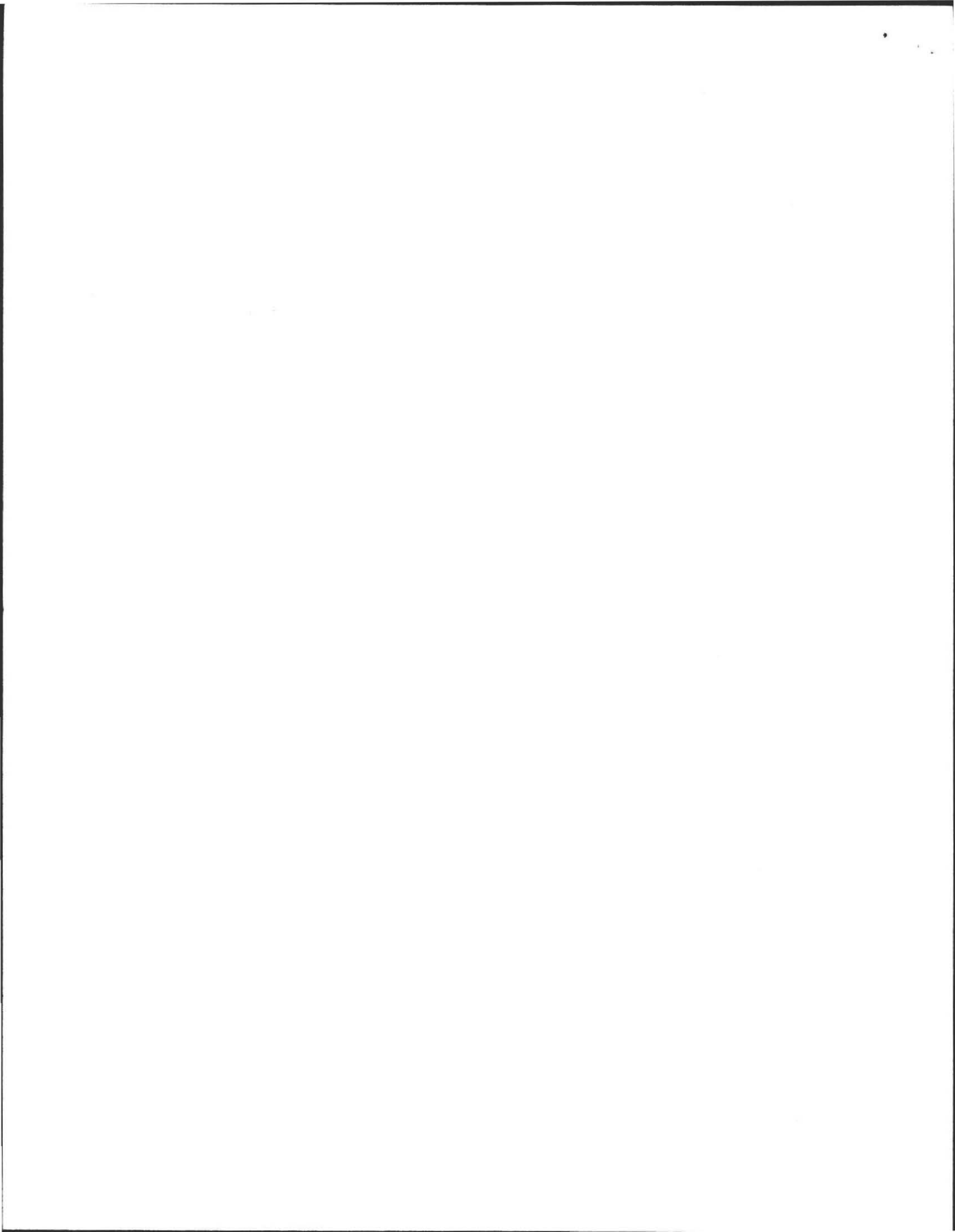
6/9/2011

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## E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



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

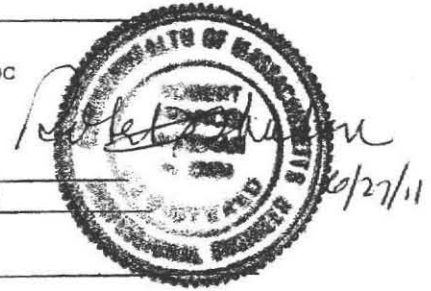
Location <u>S1 OVERLOOK DRIVE</u>	Owner's Name <u>BERNETTE MELBY-DALY</u>
Map/Parcel#	Address <u>S1 OVERLOOK DRIVE AMHERST MA 01002</u>
Lot# <u>53</u>	Telephone# <u>(413) 262-5570</u>
Installer's Name <u>J.L. CONSTRUCTION</u>	Designer's Name <u>J+P ENGINEERING SERVICES R.F. SHEEHAN + ASSOC., INC.</u>
Address <u>22 MERCIER DRIVE BELCHERTOWN, MA 01007</u>	Address <u>30 MOUNTAINVIEW DR. BELCHERTOWN, MA 01007</u>
Telephone# <u>(413) 222-4027</u>	Telephone# <u>1-413-896-6607</u>

Type of Building: RESIDENTIAL  
 Dwelling - No. of Bedrooms 4  
 Other - Type of Building \_\_\_\_\_  
 No. of persons \_\_\_\_\_ Showers \_\_\_\_\_ Cafeteria \_\_\_\_\_  
 Other Fixtures \_\_\_\_\_

Lot Size 50,820 sq.ft  
 Garbage grinder NO

Design Flow (min. required) \_\_\_\_\_ gpd      Calculated design flow \_\_\_\_\_ gpd  
 Design flow provided \_\_\_\_\_ gpd

Plan: Date 6/18/11 Number of sheets 2 Revision Date \_\_\_\_\_  
 Title MELBY-DALY - S1 OVERLOOK DRIVE



Description of Soil(s) \_\_\_\_\_  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_  
 Date of Soil Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS REPLACE DISTRIBUTION BOX ONLY

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 [Signature] Date 6/18/11

Inspections \_\_\_\_\_







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

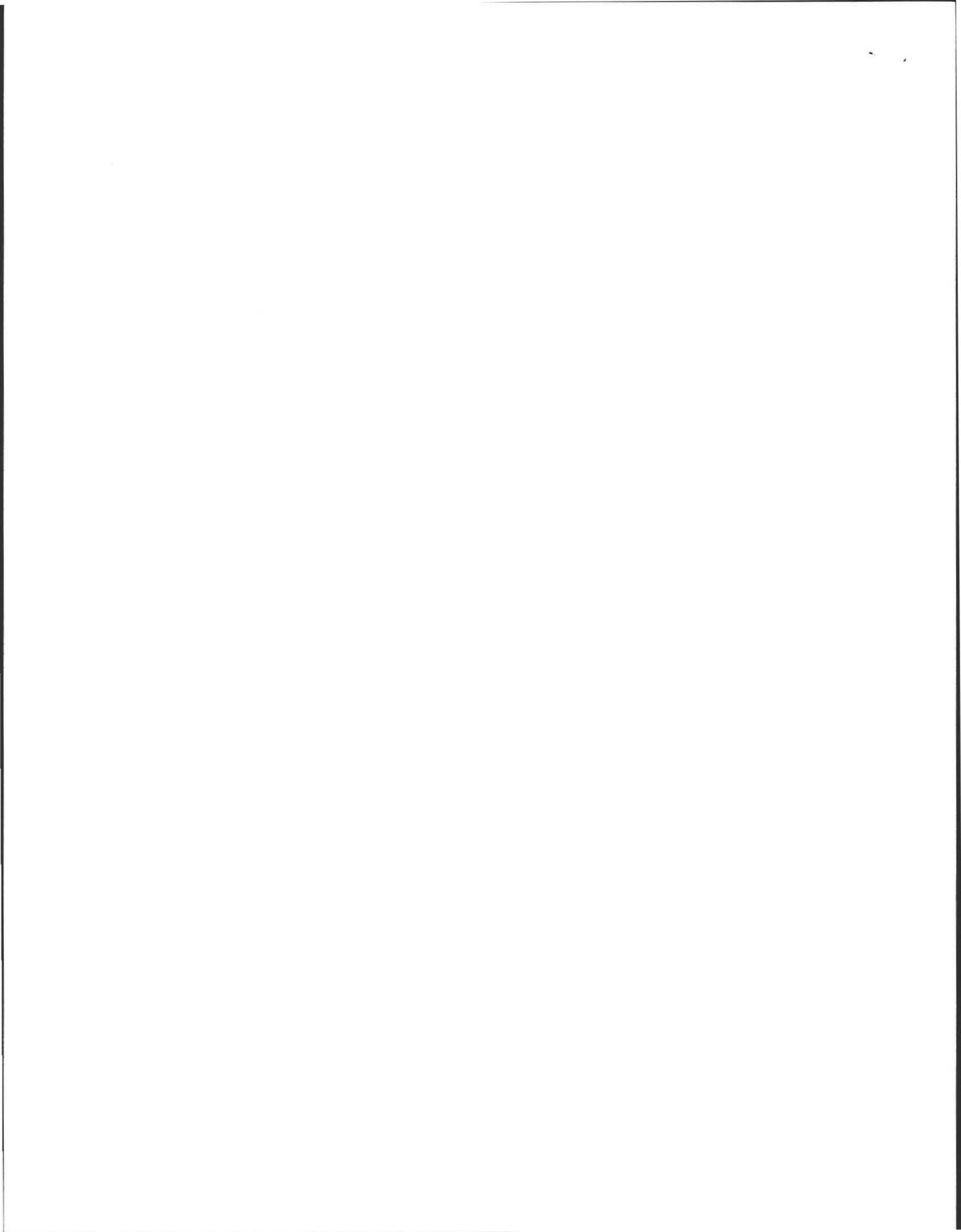
Fee 150.00COMMONWEALTH OF MASSACHUSETTS  
Board of Health, AMHERST, MA.

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct( ) Repair( Upgrade( ) Abandon( ) an individual  
sewage disposal system at 51 OVERLOOK DRIVEas described in the application for Disposal System Construction Permit No 11-08dated 06/29/11Provided: Construction shall be completed within three years of the date of this permit. All local  
conditions must be met.Date 07/11/11 Board of Health Jimmie N. Javiera Mir, MPH, R.S.

\* DISTRIBUTION BOX REPLACEMENT ONLY





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: J. L. CONSTRUCTION

at: 51 OVERLOOK DRIVE

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.

*\* DISTRIBUTION BOX REPLACEMENT ONLY*





NORTH AMHERST 2.3 MI.  
CUSHMAN 1 MI.

25'

510 000  
FEET

NORTHAMPTON 8 MI.  
AMHERST 1 MI.

East Village

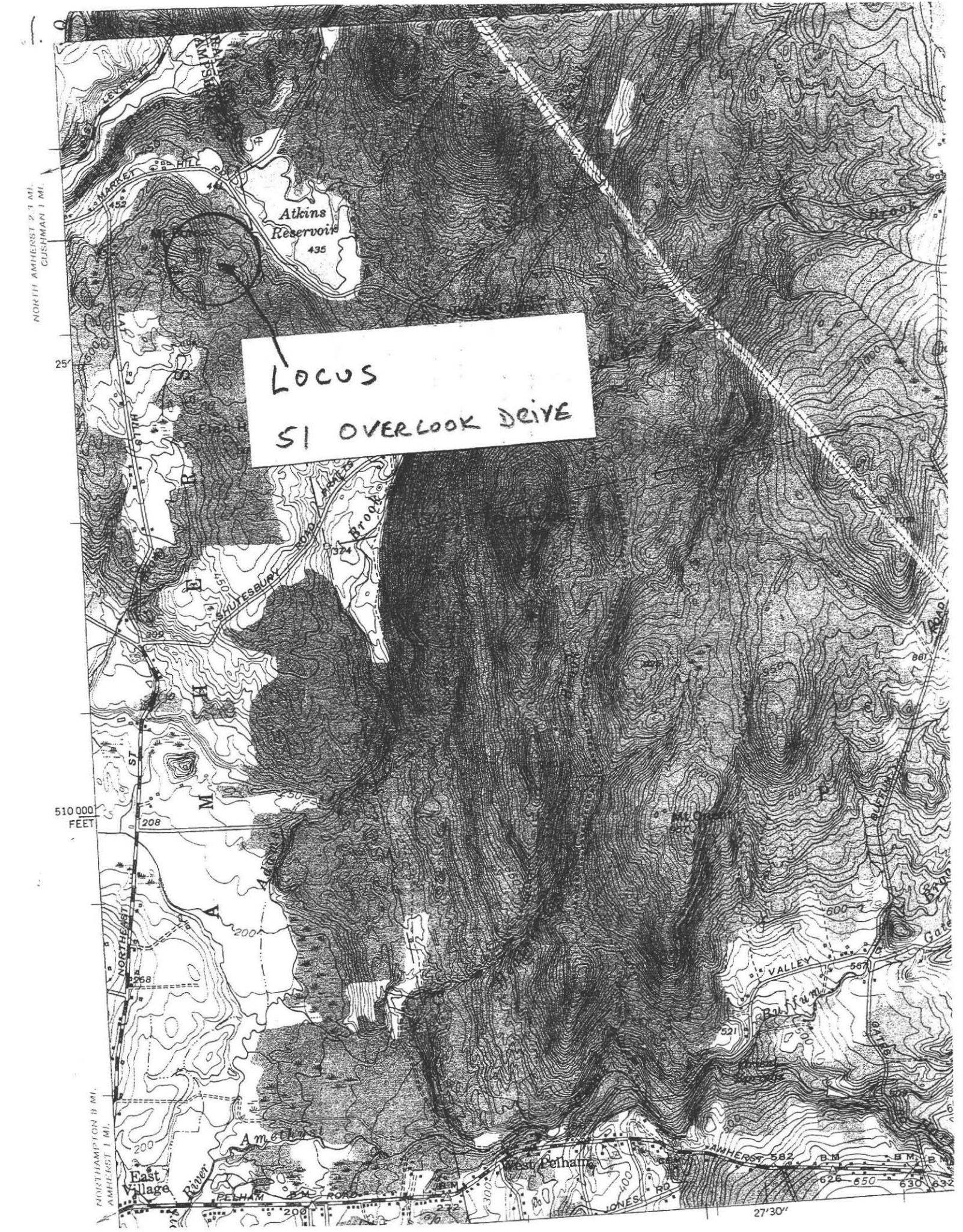
LOCUS  
SI OVERLOOK DRIVE

Atkins  
Reservoir  
435

Brook

Shutesbury

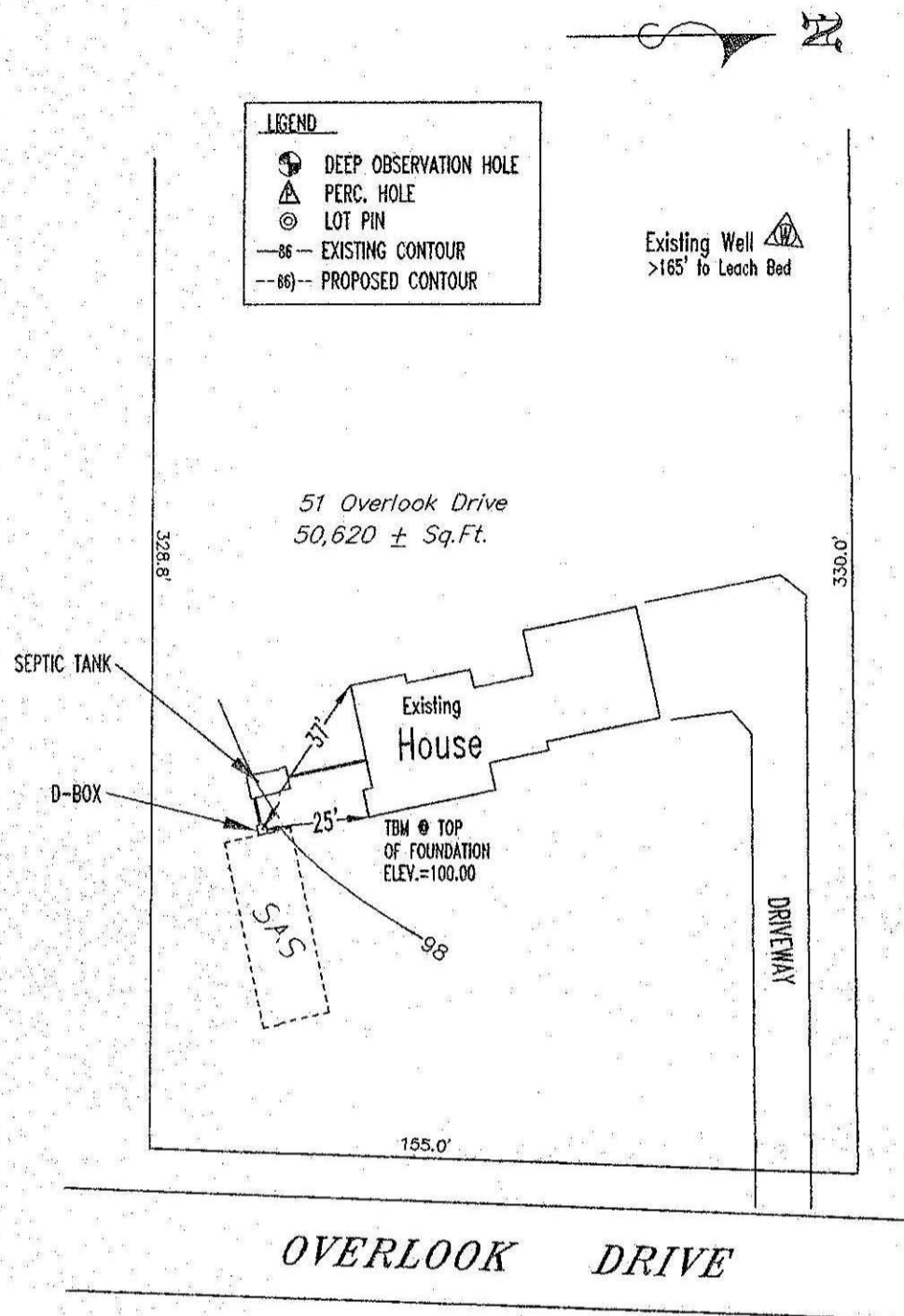
27°30'





# SEPTIC SYSTEM LAYOUT

Scale: 1" = 40'



## SITUATION:

REPAIR OF SAS AT 51 OVERLOOK DRIVE  
4 BEDROOM DWELLING, NO GARBAGE GRINDER.

TITLE 5 INSPECTION DATE: 6/9/11  
BOARD OF HEALTH WITNESS: JAVERIA MIR, RS  
SOIL EVALUATOR: NEIL JACKSON, CERTIFIED MAY, 1998

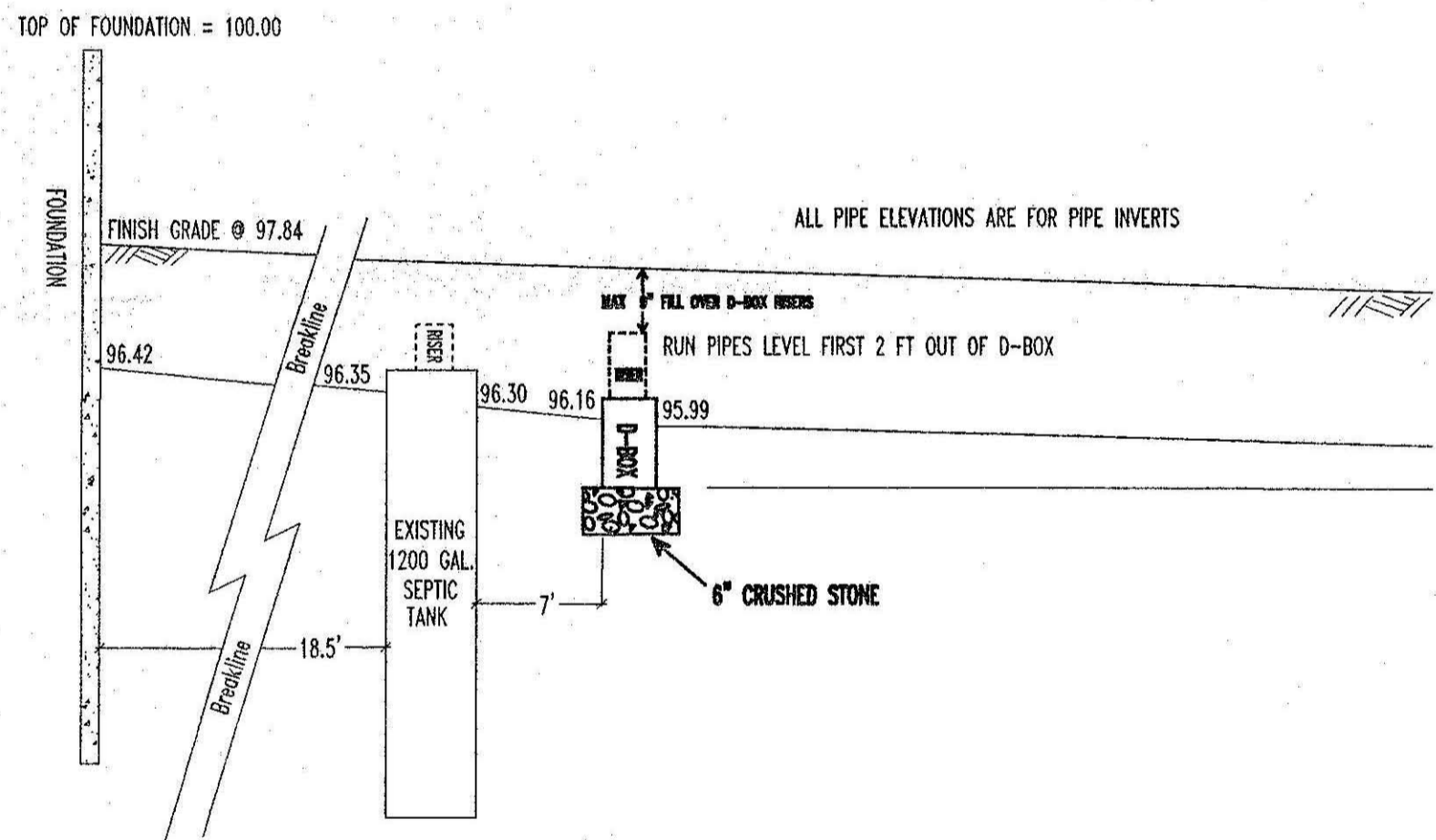
DISTRIBUTION BOX REPAACEMENT ONLY

LEACHING SYSTEM CONSISTS OF A 16 FT. X 41 FT. LEACHING BED

## SEPTIC SYSTEM PROFILE

TBM @ TOP OF FOUNDATION = 100.00

SCALE:  
HORZ. 1" = 110'  
VERT. 1" = 2'



## NOTES

- 1) SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES.
- 2) OUTLET TEE SHALL HAVE A GAS BAFFLE.
- 3) D-BOX SHALL HAVE MINIMUM 12" INSIDE WIDTH AND 6" SUMP BELOW OUTLET INVERT.
- 4) ACCESS MANHOLES TO SEPTIC TANK SHALL BE WITHIN 6" OF FINISHED GRADE.
- 5) D-BOX OUTLET PIPES SHALL BE LEVEL A MINIMUM OF 2 FEET.
- 6) END CAPS ON PIPES.
- 7) ELEVATIONS ARE TO INVERTS UNLESS NOTED.
- 8) NO OTHER WELLS OR WETLANDS OBSERVED WITHIN 200' OF SEPTIC SYSTEM.
- 9) ALL LOAM, SUBSOIL AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 5 FEET OF LEACHING FACILITY.
- 10) FILL WITHIN 5 FEET OF LEACHING FACILITY SHALL MEET SPECIFICATIONS OF TITLE V, 15.255(3).
- 11) FINISH GRADE ABOVE AND ADJACENT TO SYSTEM SHALL SLOPE AT LEAST 2% TO PREVENT ACCUMULATION OF SUBSURFACE WATER.
- 12) DISTRIBUTION BOX SHALL HAVE AN INLET TEE OR BAFFLE EXTENDING TO ONE INCH ABOVE THE OUTLET INVERT ELEVATION PROVIDED TO DISSIPATE THE VELOCITY OF THE INFLUENT.
- 13) SEPTIC TANK SHOULD BE INSPECTED ANNUALLY.
- 14) ALL PIPES SHALL BE EITHER ASTM D-3034 (SDR35), ASTM D-2665 (SCHEDULE 40) OR AS NOTED.
- 15) ALL WASTEWATER SHALL FLOW INTO THE SEPTIC TANK. WITH THE EXCEPTION OF WATERSOFTENERS/CONDITIONERS.
- 16) LOT LINES PLOTTED FOR SEPTIC LOCATION ONLY. PLOT PLAN IS NOT AN ACTUAL SURVEY.
- 17) NO CONSTRUCTION OF PERMANENT STRUCTURE ALLOWED OVER SEPTIC SYSTEM.
- 18) TOPOGRAPHY SURVEY DATA APPROXIMATE.

SYSTEM TO BE CONSTRUCTED IN COMPLIANCE WITH 310 CMR 15.000

MELBY-DALY

51 Overlook Drive  
AMHERST, MA

SCALE: <b>AS NOTED</b>	DRAWING NUMBER: Melby-Overlook.dwg	DESIGNED BY: <b>NMJ</b>
DATE: <b>18JUN11</b>		DRAWN BY: <b>HOP</b>

APPROVED BY:

