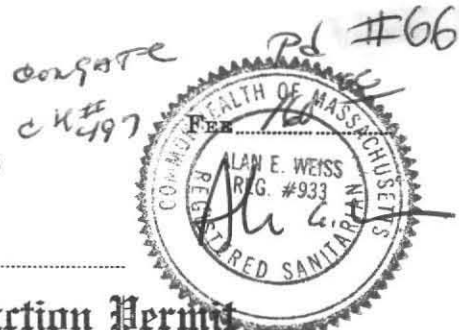


No. 95-4



THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF AMHERST

Application for Disposal Works Construction Permit

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

66 Overlook Location - Address Parcel 53 Lot 23
STANLEY HERTZBACH / 40 Langate S. Pleasant St. Amherst
Hertz's Owner Address
Installer

Type of Building Dwelling - No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (x)
Other - Type of Building RS No. of persons Showers ( ) - Cafeteria ( )
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 596 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 102" Width 58" Diameter Depth 55"
Disposal Trench - No. 4 Width 2' Total Length 160' Total leaching area 740 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.
Other Distribution box (x) Dosing tank ( )
Percolation Test Results Performed by A. Weiss, P.S. Date 1/20/95
Test Pit No. 1 2 minutes per inch Depth of Test Pit 11' Depth to ground water N/A
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil lt. brn. f. sandy till, tr. silt. (loamy sand)

Nature of Repairs or Alterations - Answer when applicable New Absorption area

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

Signed Stanley B. Hertzbach 2/24/95
Application Approved By David Zaigoni for G. 9d Dept. 02/27/95
Application Disapproved for the following reasons:

Permit No. 95-4 Issued 02/27/95

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired (x) by Hertz's at 66 Overlook Drive

has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 95-4 dated

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

DATE Inspector

CHECK OR FILL IN WHERE APPLICABLE

Handwritten signatures and dates: 'All walls - lined' and 'A.H. 5/1/95'



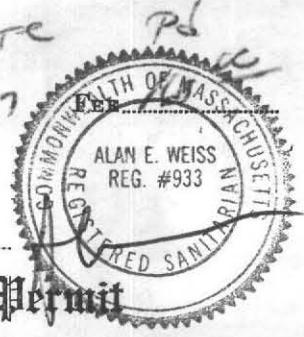
2

No. 95-4

THE COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**

TOWN OF AMHERST

**Application for Disposal Works Construction Permit**



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

66 OVERLOOK DRIVE Location - Address  
STANLEY HERTZBACH / 1/4 Congate or Lot No.  
HART'S Owner's Address  
5 Pleasant St. Amherst  
Address

Type of Building  
Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )  
Other — Type of Building R.S. No. of persons \_\_\_\_\_ Showers ( ) — Cafeteria ( )  
Other fixtures \_\_\_\_\_

Design Flow 55 gallons per person per day. Total daily flow 596 gallons.  
Septic Tank — Liquid capacity \_\_\_\_\_ gallons Length 102" Width 58" Diameter \_\_\_\_\_ Depth 55"  
Disposal Trench — No. 4 Width 2' Total Length 160' Total leaching area 740 sq. ft.  
Seepage Pit No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Other Distribution box (✓) Dosing tank ( )  
Percolation Test Results Performed by A. Weiss, R.S. Date 1/20/95  
Test Pit No. 1 2 minutes per inch Depth of Test Pit 11' Depth to ground water N/A  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_ Depth to ground water \_\_\_\_\_

Description of Soil lt. brn. f. sandy till, + silt. (loamy sand)

Nature of Repairs or Alterations — Answer when applicable \_\_\_\_\_

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

Signed Stanley S. Hertzbach 2/24/95  
Application Approved By David Ziegenfuss for 9.9d Dept. 02/27/95  
Date

Application Disapproved for the following reasons: \_\_\_\_\_

Permit No. 95-4 Issued 02/27/95  
Date

THE COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**

TOWN OF AMHERST

**Certificate of Compliance**

3/27/95  
Alan Weiss  
Alan Weiss  
Final

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired (✓) by Jan 15 installer at 66 Overlook Drive

has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 95-4 dated \_\_\_\_\_

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

DATE \_\_\_\_\_ Inspector \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**

No. 95-4 TOWN OF AMHERST

Congate #457  
160.00  
pd

**Disposal Works Construction Permit**

Permission is hereby granted Stanley Hertzbach to Construct ( ) or Repair (✓) an Individual Sewage Disposal System at No. 66 Overlook Drive Street

as shown on the application for Disposal Works Construction Permit No. 95-4 Dated 02/27/95

DATE 02/27/95 David Ziegenfuss for 9.9d Dept. Board of Health

CHECK OR FILL IN WHERE APPLICABLE



Department of the Interior  
Bureau of Land Management  
Washington, D.C.

Very truly yours,  
[Signature]

Special Agent in Charge

Enclosed for the Bureau are two copies of the report of the field office at [Location] dated [Date] and captioned as above.

The report contains information regarding the [Subject] and is being furnished to you for your information and for the Bureau's files.

Very truly yours,  
[Signature]

Special Agent in Charge

Enclosed for the Bureau are two copies of the report of the field office at [Location] dated [Date] and captioned as above.

The report contains information regarding the [Subject] and is being furnished to you for your information and for the Bureau's files.

Very truly yours,  
[Signature]

Special Agent in Charge



J.L.

**SLATTERY**

527-4049/527-3664

17 Gilbert Rd. - Southampton, Ma.

WELL DRILLING - PUMPS & WATER SYSTEMS

April 12, 1995

Congate Enterprises Inc.  
71 South Pleasant St.  
Amherst Ma. 01002

Attention: Bonnie

RE: Closure of well , on property of Stanley Hertzback ,  
Overlook Drive , Amherst Ma.

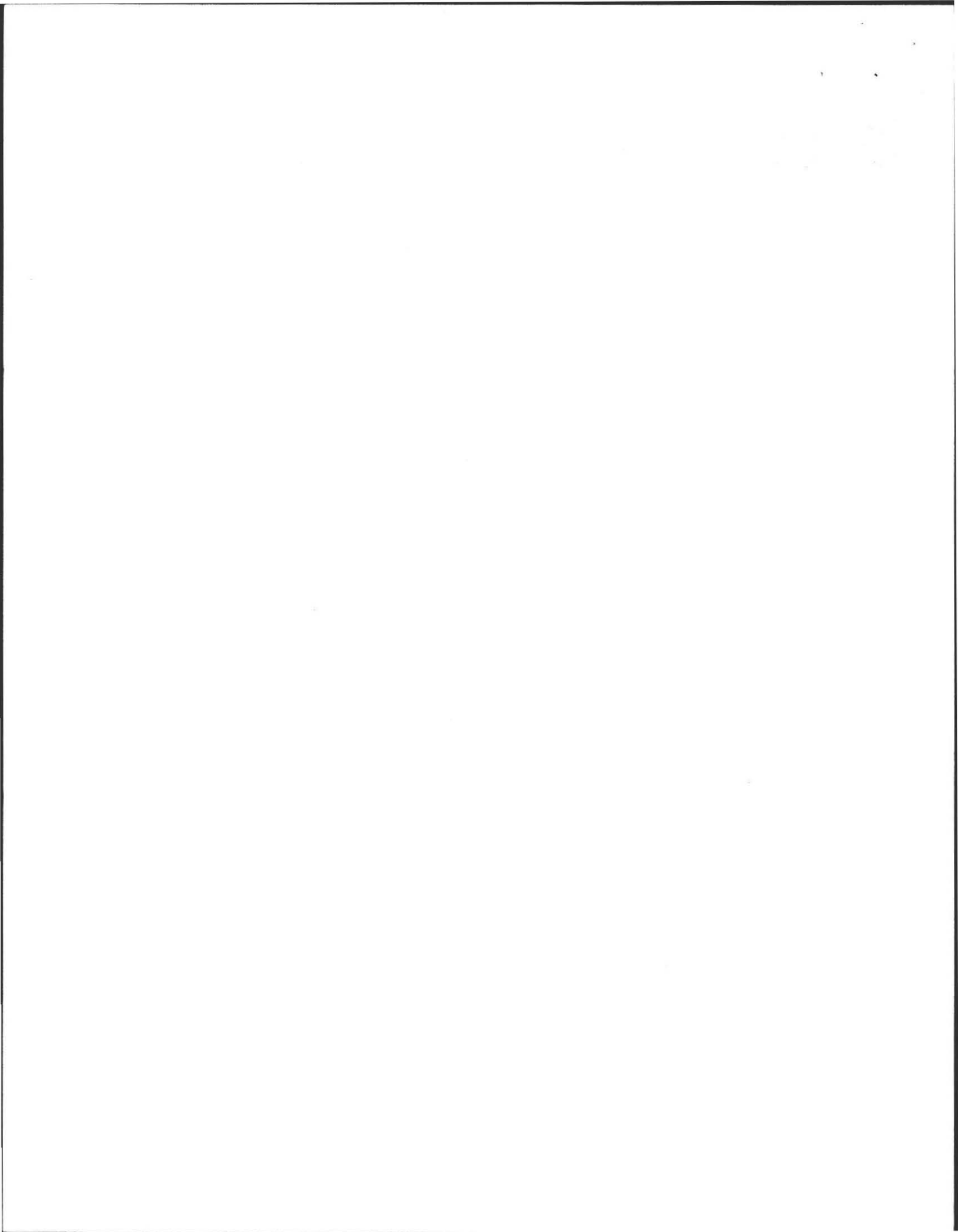
Removed pump from well and capped the water line at the well head. Removed all controls from house and disconnected and removed all electrical wiring. All water pumping material was removed from the property.

This work was completed on April 11 , 1995.

If you have any questions , please feel free to call.

Respectfully submitted  
Joseph F Slattery

J.L.Slattery CO.



PERC TEST DATA SHEET

DATE 01/20/95 LOCATION 66 Overlook Drive LOT SIZE \_\_\_\_\_

OWNER STANLEY HERTZback ADDRESS % CONGATE ENTERPRISES INC TELE # 253-2326

P.E./RS AL WEISS FIRM Cold Spring Env OBSERVED BY David Zarozinski

BACK HOE OPERATOR Maerl's TELE \_\_\_\_\_ BENCH MARK \_\_\_\_\_

PERC DEPTH 43" PRE SOAK TIME 8:55 PERC DEPTH \_\_\_\_\_ PRE SOAK TIME \_\_\_\_\_

TEST	<u>9:12</u>	<u>12"</u>	<u>8"</u>	<u>9:36</u>	_____	_____
	<u>9:16</u>	<u>11"</u>	<u>7"</u>	<u>9:44</u>	_____	_____
	<u>9:22</u>	<u>10"</u>	<u>6"</u>	<u>9:52</u>	_____	_____
	<u>9:28</u>	<u>9"</u>	_____	_____	_____	_____

RATE (8) RATE \_\_\_\_\_

#1

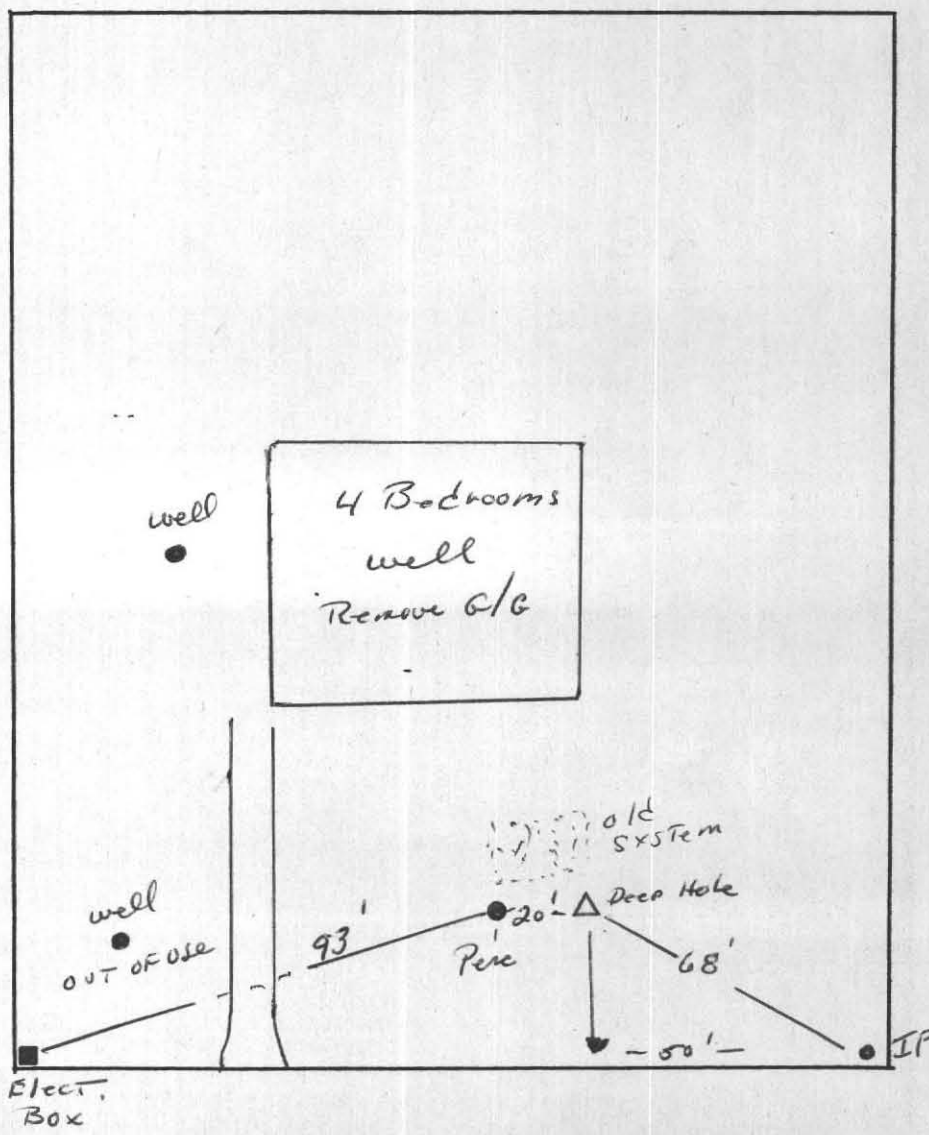
TOP 5	TOP
SUB 24	SUB
Fine-med LT. Brown Till w/ some silt	
DRY 11'	

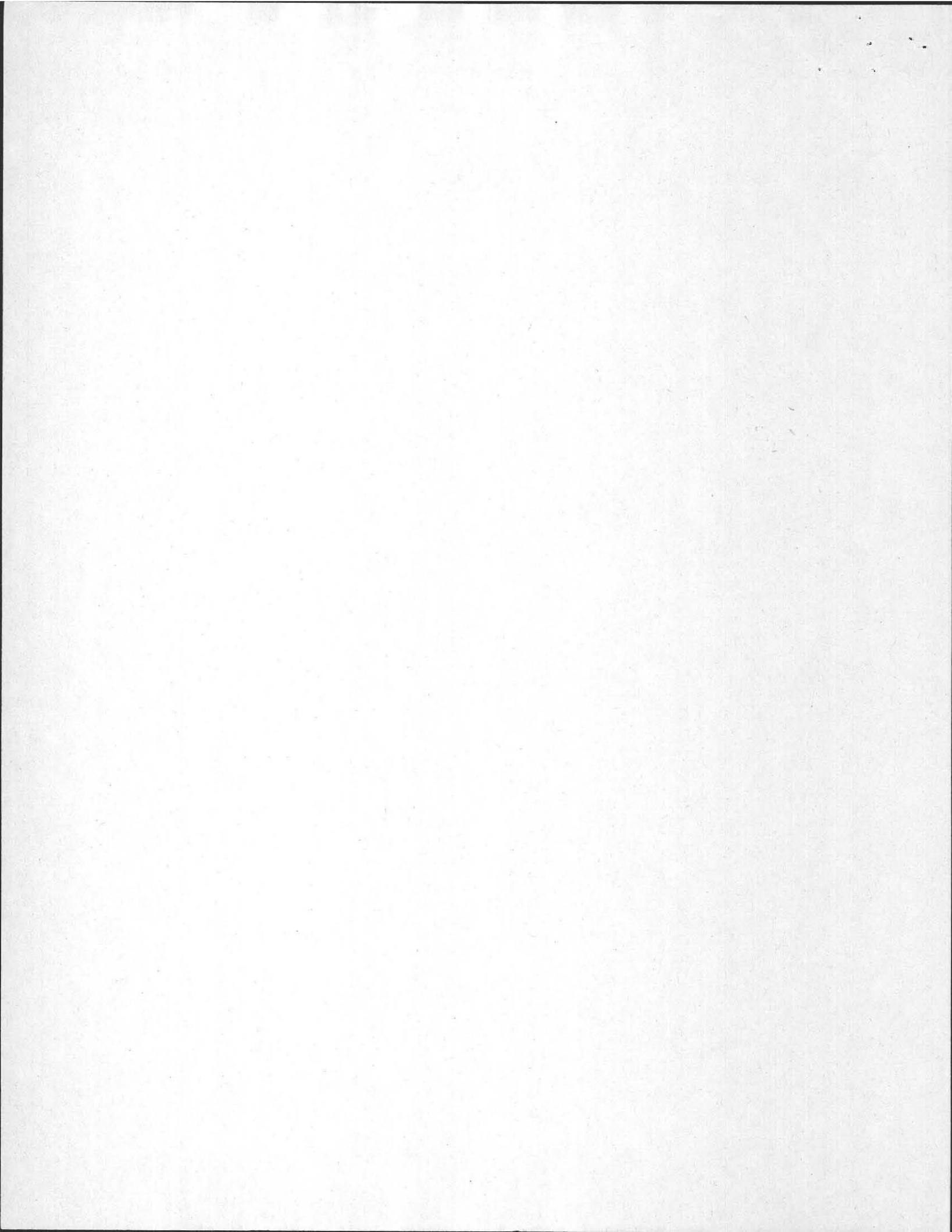
  

TOP	TOP
SUB	SUB

TOP	TOP
SUB	SUB









- LEGEND**
- Population Center
  - ◇ Town, Small City
  - △ Hill
  - County Boundary
  - Street, Road
  - == Major Street Road
  - + + + Railroad
  - ..... River

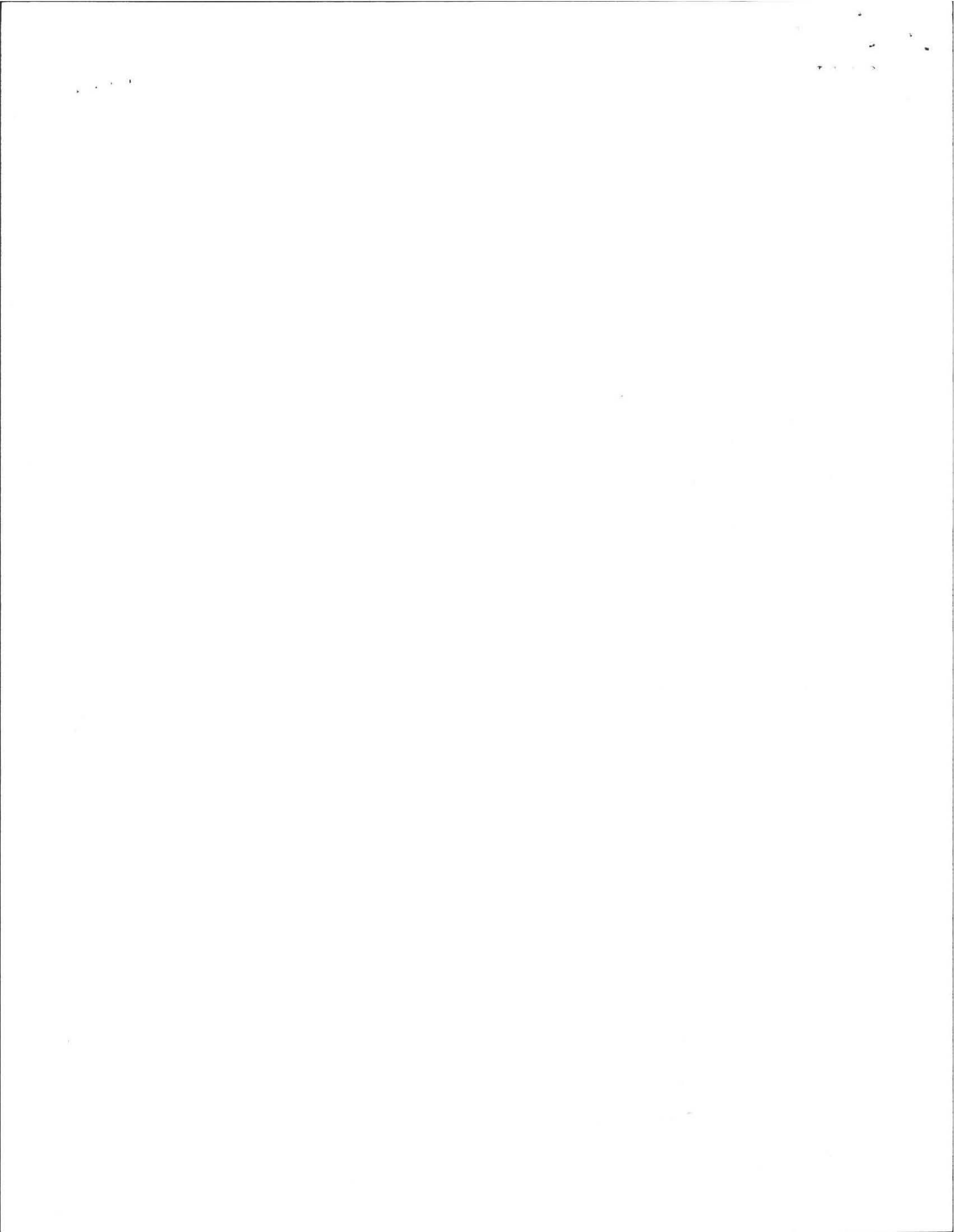
- Open Water
- Contour

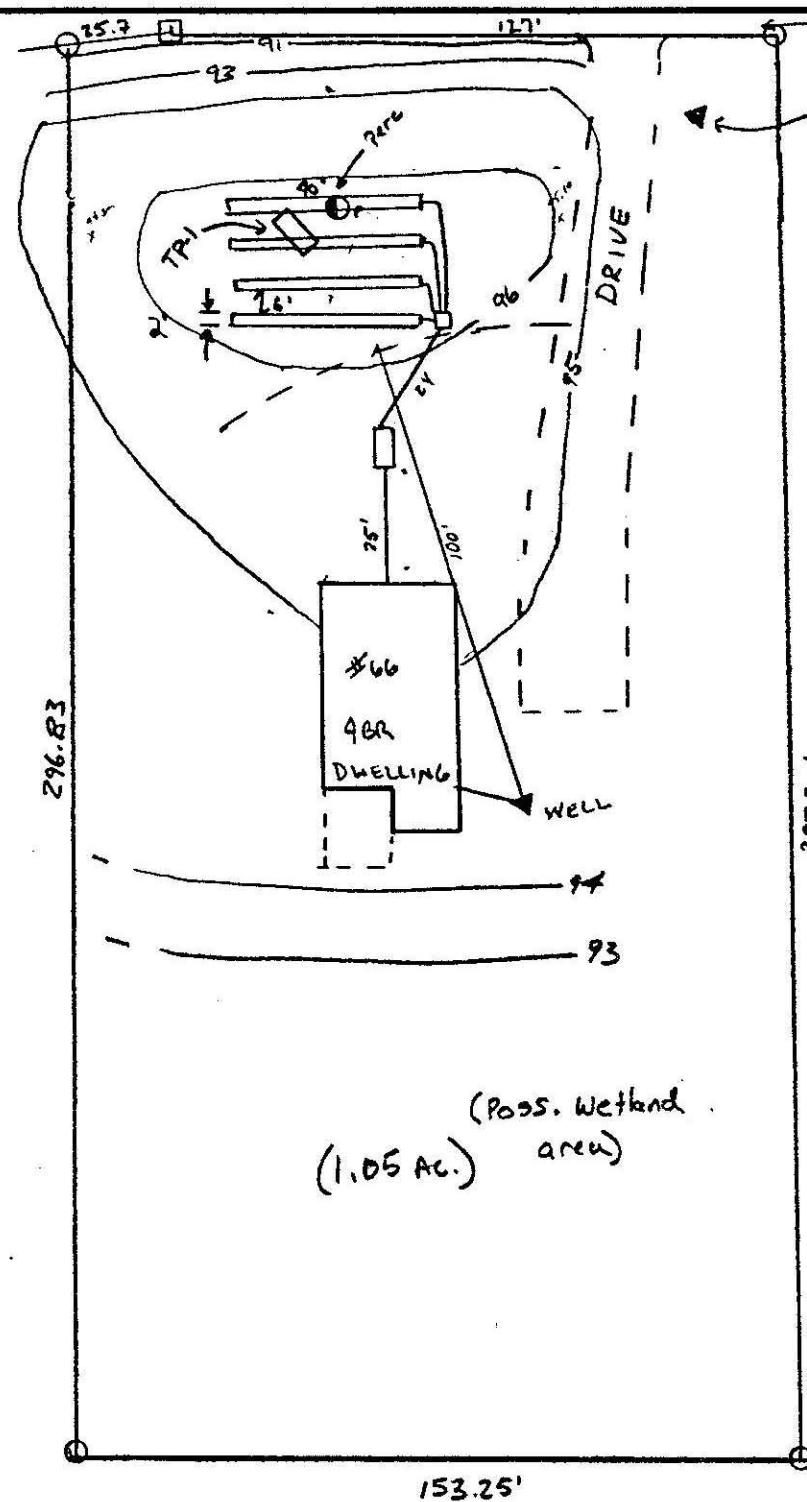
Scale 1:15,625 (at center)

1000 Feet

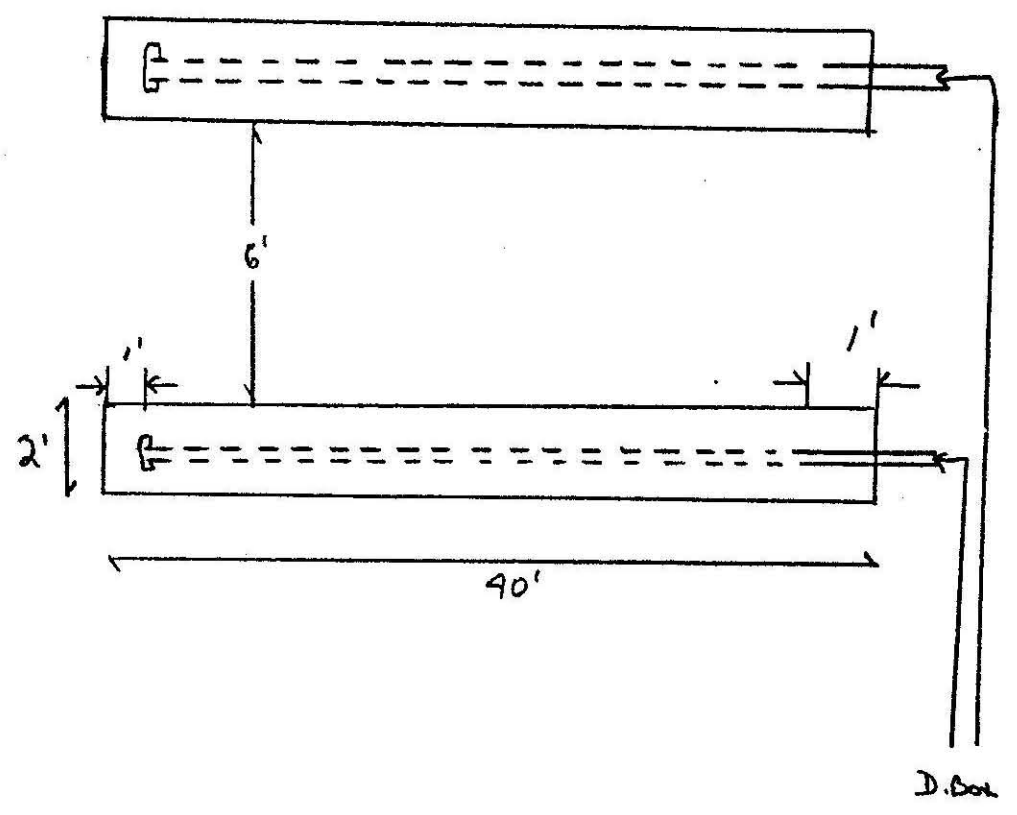
500 Meters

Mag 15.00  
Wed Feb 08 16:23:53 1995





OVERLOOK DRIVE  
WELL TO BE ABANDONED  
(SCALE: 1"=40')  
(RESERVE BETWEEN TRENCHES)  
SLOPE: 3' / 28' x 150' = 16' - OK ✓  
SITE PLAN



DETAIL OF TRENCHES

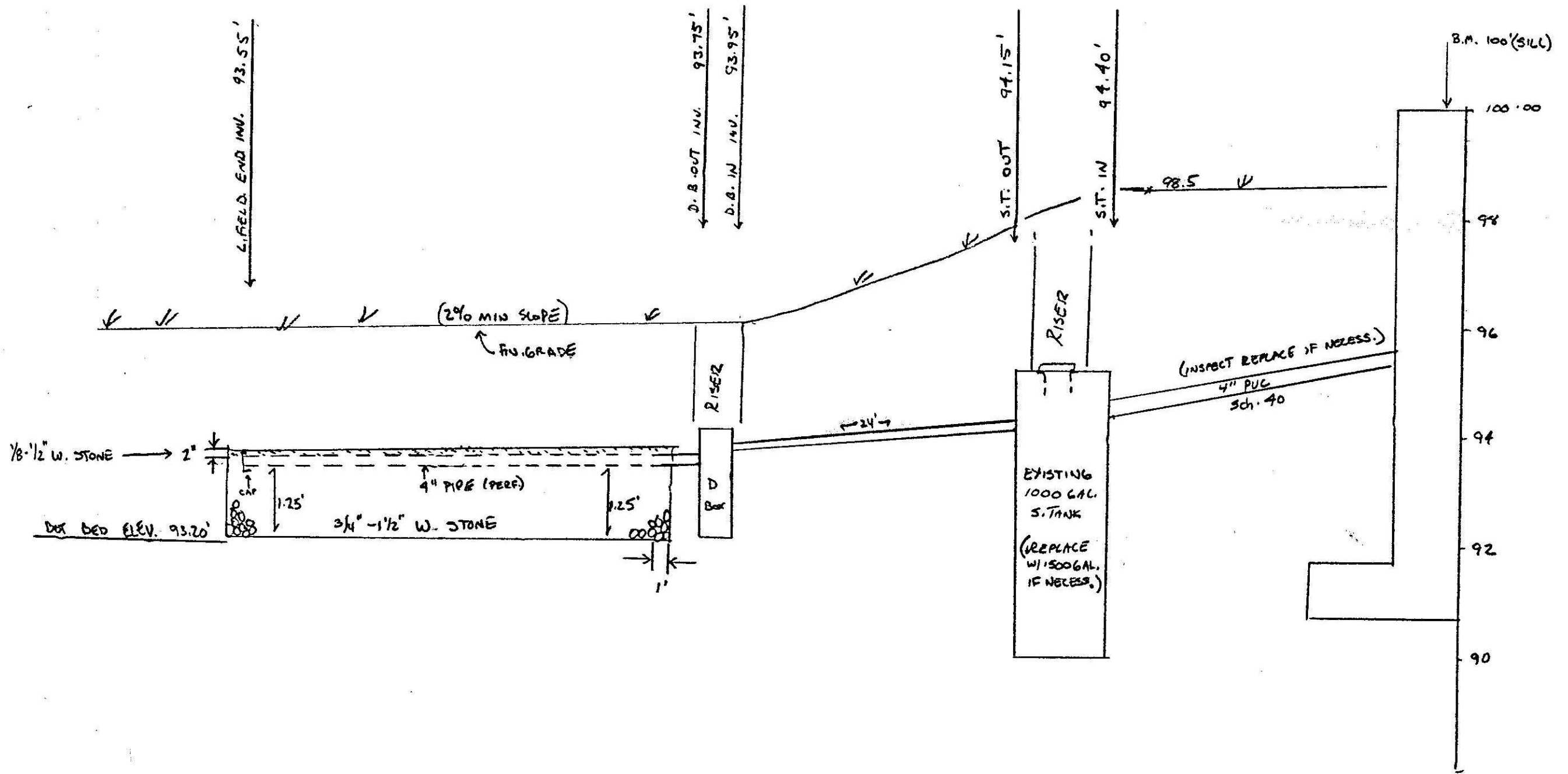
TEST PIT LOGS

	TP-1 ELEV. (96.45')
TOPSOIL "A"	0-5"
F. SANDY SUB "B"	5"-29"
"C" LT. BRN. F. SANDY TILL. TL. (5%) SILT. TR. (5%) GRAVEL - LOAMY SAND	29"-11'
	11' COP - No ledge or groundwater.

- Log: - A. WEISS, R.S., HYDROGEOLOGIST 1/20/95  
- D. ZAKOZINSKY - HEALTH AGENT.  
perc at 43" = 8  $\frac{MIN}{IN.}$  (DESIGN FOR 10  $\frac{MIN}{IN.}$ )

DESIGN NOTES

- 1) 4 BR x 110 GAL/DAY = 440  $\frac{GAL}{DAY}$  x 1.25 = 550  $\frac{GAL}{DAY}$  ✓
- 2) 4 TRENCHES: 2' WIDE, 90' LONG x 1.25' DEEP  
BOT: 4 x (40' x 2') = 320 SF x 55  $\frac{GAL}{SF DAY}$  = 17600  $\frac{GAL}{DAY}$   
SIDE: 4 x (40' x 1.25') = 200 SF x 1  $\frac{GAL}{SF DAY}$  = 200  $\frac{GAL}{DAY}$   
4 x (2' x 1.25') = 10 SF x 1  $\frac{GAL}{SF DAY}$  = 10  $\frac{GAL}{DAY}$   
Total = 17810  $\frac{GAL}{DAY}$  (Note: 596  $\frac{GAL}{DAY}$  is also noted)
- 3) DISCONNECT GARBAGE DISPOSAL
- 4) NO CHANGE IN SLOPE / GRADE REQ'D.
- 5) ABANDON/DISCONNECT WELL AT END OF DRIVEWAY
- 6) NO WETLANDS OR WELLS NOTED WITHIN 100'.
- 7) ALL D. BOX OUTLET PIPES LEVEL FOR AT LEAST 2'.
- 8) INSPECT + PUMP SYSTEM EVERY OTHER YEAR.
- 9) USE LIQUID DETERGENTS ONLY
- 10) USE WATER CONSERVATION DEVICES.



CROSS-SECTION OF SEPTIC SYSTEM

SEPTIC SYSTEM REPAIR PLAN FOR STANLEY HERTZBACH 66 OVERLOOK DRIVE AMHERST, MA		
SCALE: NOTED	APPROVED BY: <i>AW</i>	DRAWN BY: AW
DATE: 2/8/95		
COLD SPRING ENVIRONMENTAL, INC. BELCHERTOWN, MA		
323-5957	DRAWING NUMBER: 95-459-0119	

CHARIETTE PRO-FORM 9500P PRINTED ON 500I CHARPRINT VELLUM



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

66 Overlook Drive

Property Address

Barbara and Stanley Hertzbach

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

07.31.2008

Date of Inspection

B. Certification (cont.)

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

A) System Passes:

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

Comments:

All levels were good at inspection, system is 13years old. Septic Tank was pumped after insepction, baffles good, (D. box, & S. tank had good levels and no indication of past high staining or ponding. Recommend vegetative trimming/mowing annually over leaching area.

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.

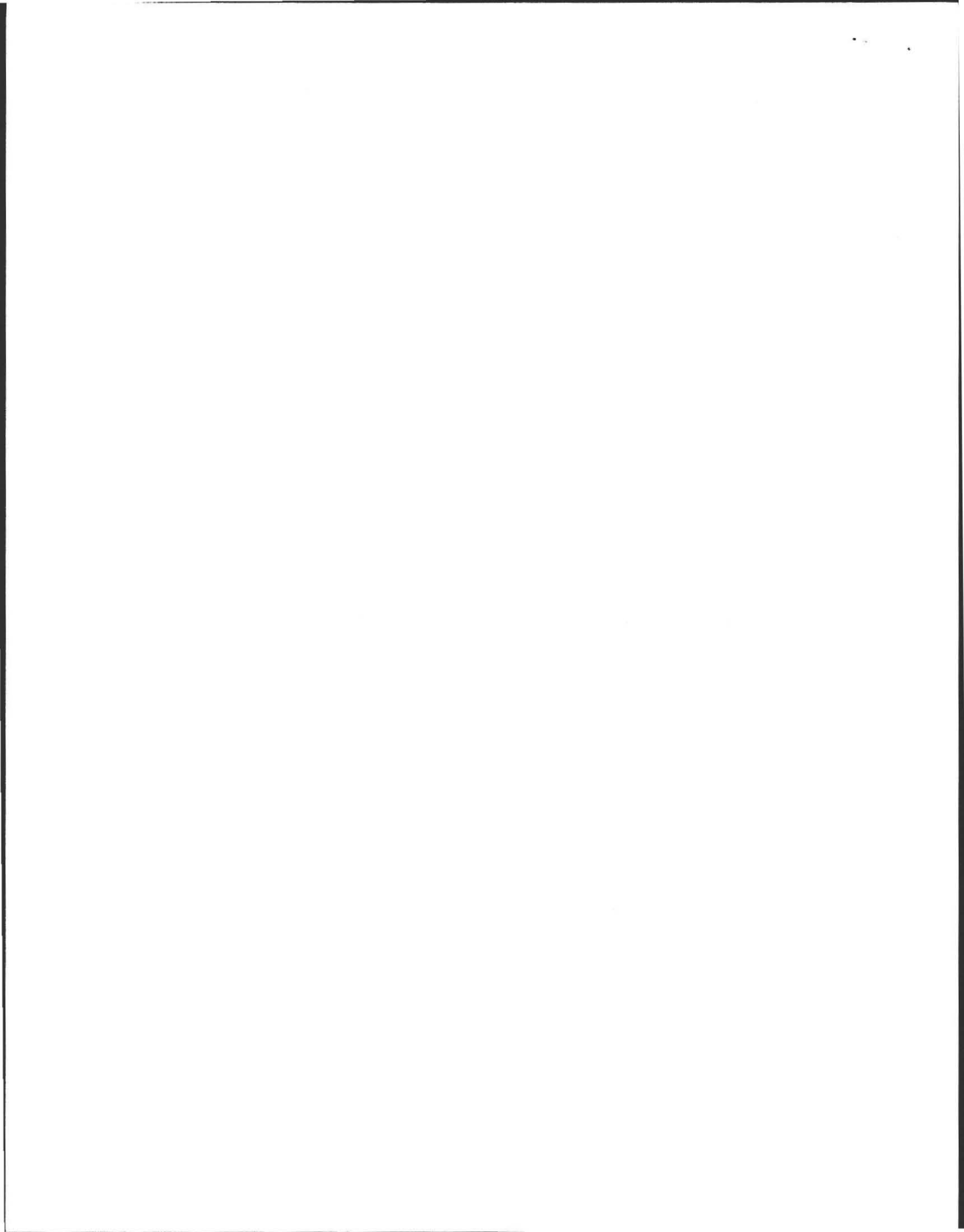
- The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by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

Blank lines for ND explanation

- 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):





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

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broken pipe(s) are replaced

obstruction is removed

**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:**

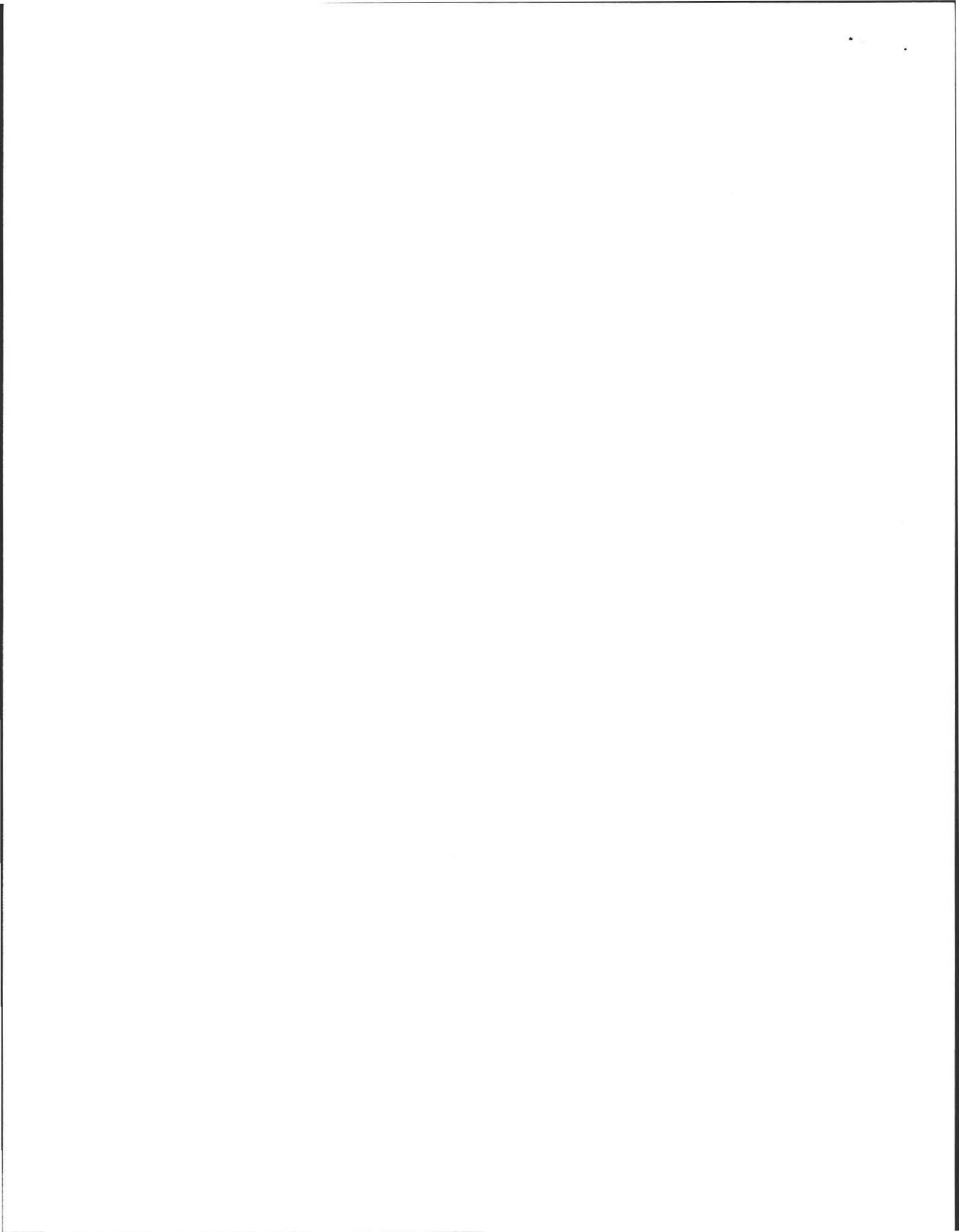
Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

**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:**





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- Three checkboxes with descriptions of septic tank and SAS proximity to surface water, public water supply, and private water supply well.

B. Certification (cont.)

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

- Checkbox: The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: Measured

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

3. Other:

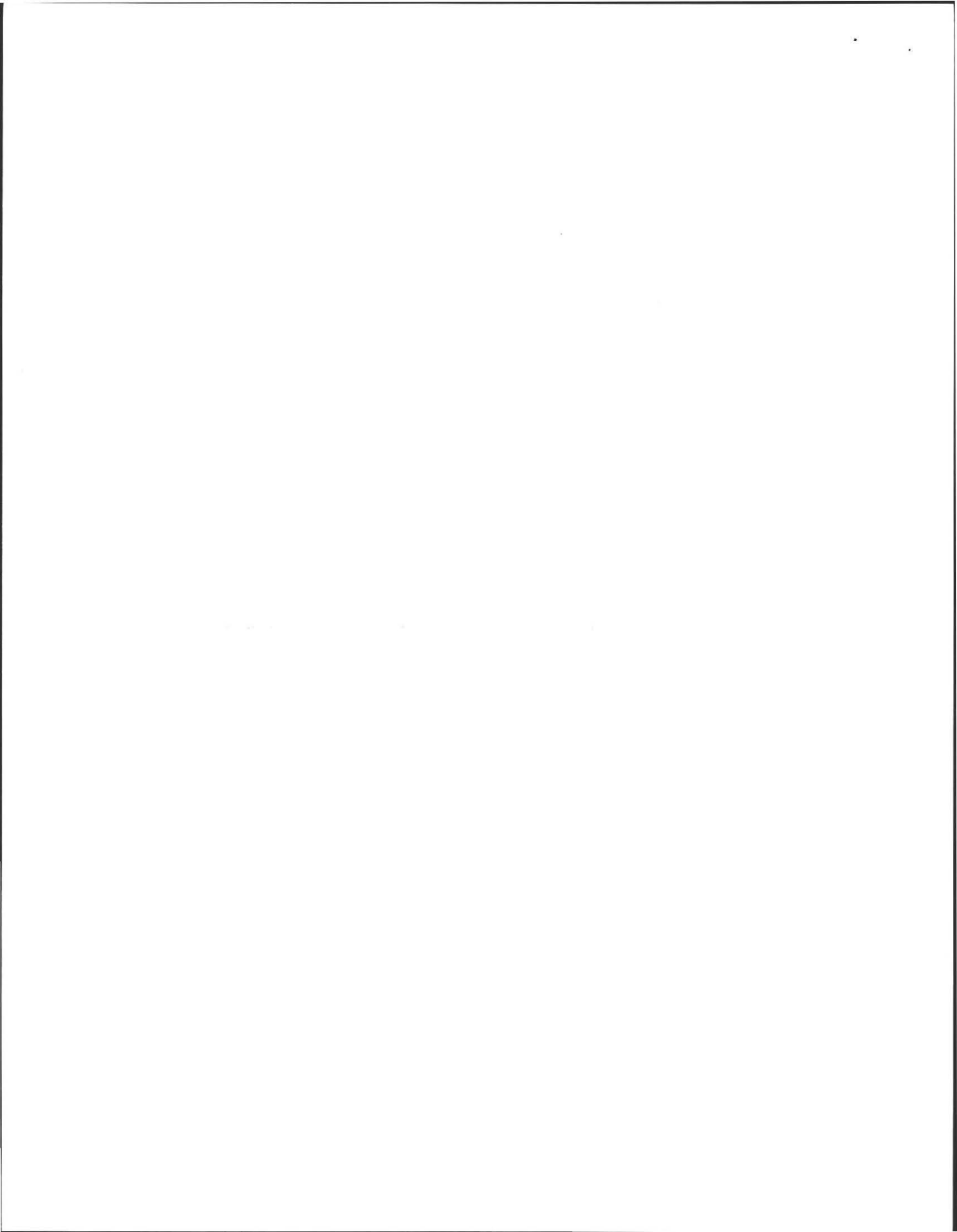
Three horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns 'Yes' and 'No' and three rows of failure criteria: Backup of sewage, Discharge or ponding of effluent, and Static liquid level.







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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07.31.2008

Date of Inspection

Owner information is required for every page.

- Four inspection items with checkboxes and descriptions regarding cesspool depth, pumping frequency, and proximity to groundwater and surface water.

B. Certification (cont.)

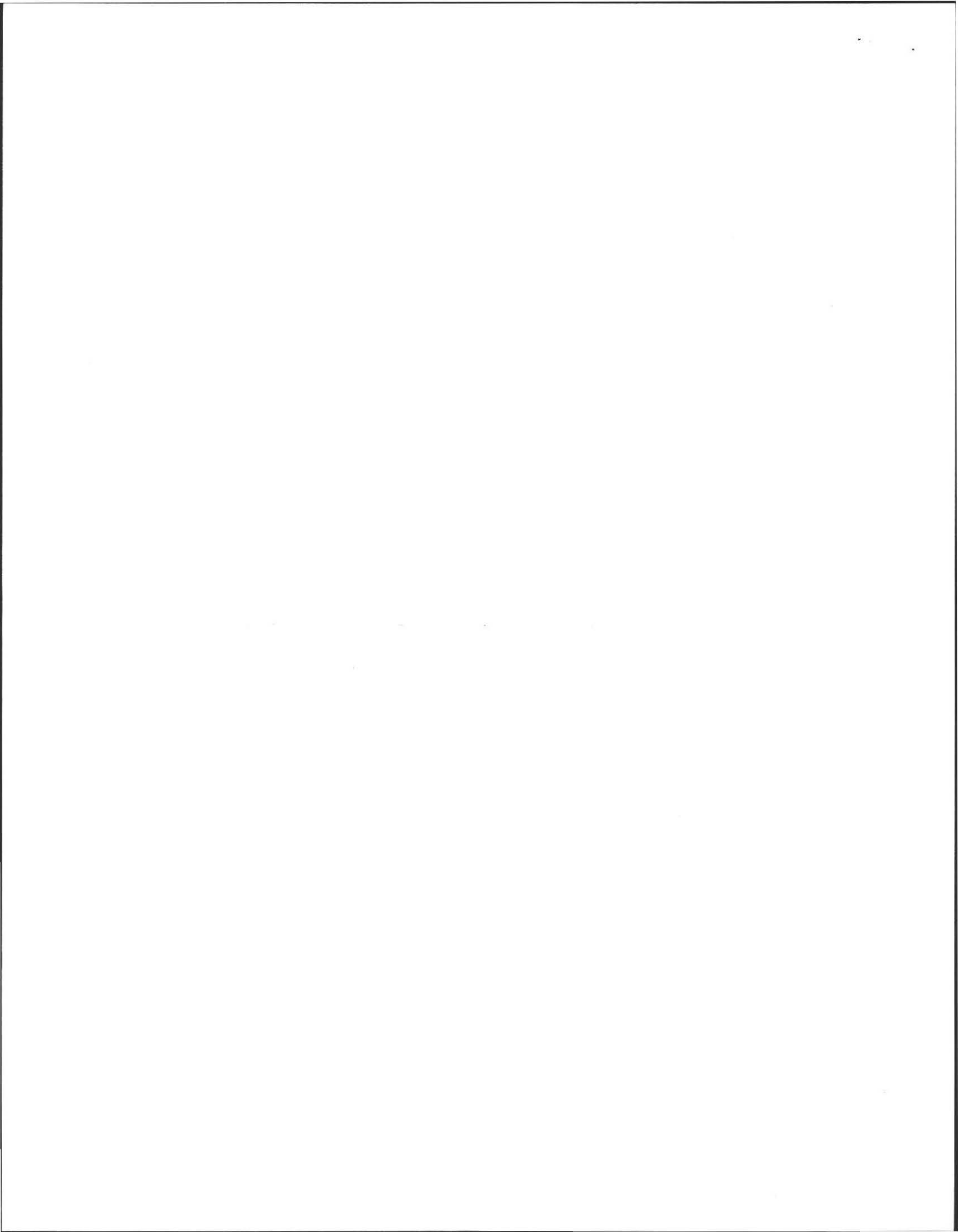
D) System Failure Criteria Applicable to All Systems (cont.):

- Five failure criteria items with 'Yes' and 'No' checkboxes and detailed descriptions of system failures.

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.

- Two questions regarding proximity to surface drinking water supply with 'Yes' and 'No' checkboxes.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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07.31.2008

Date of Inspection

Owner information is required for every page.

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.

C. Checklist

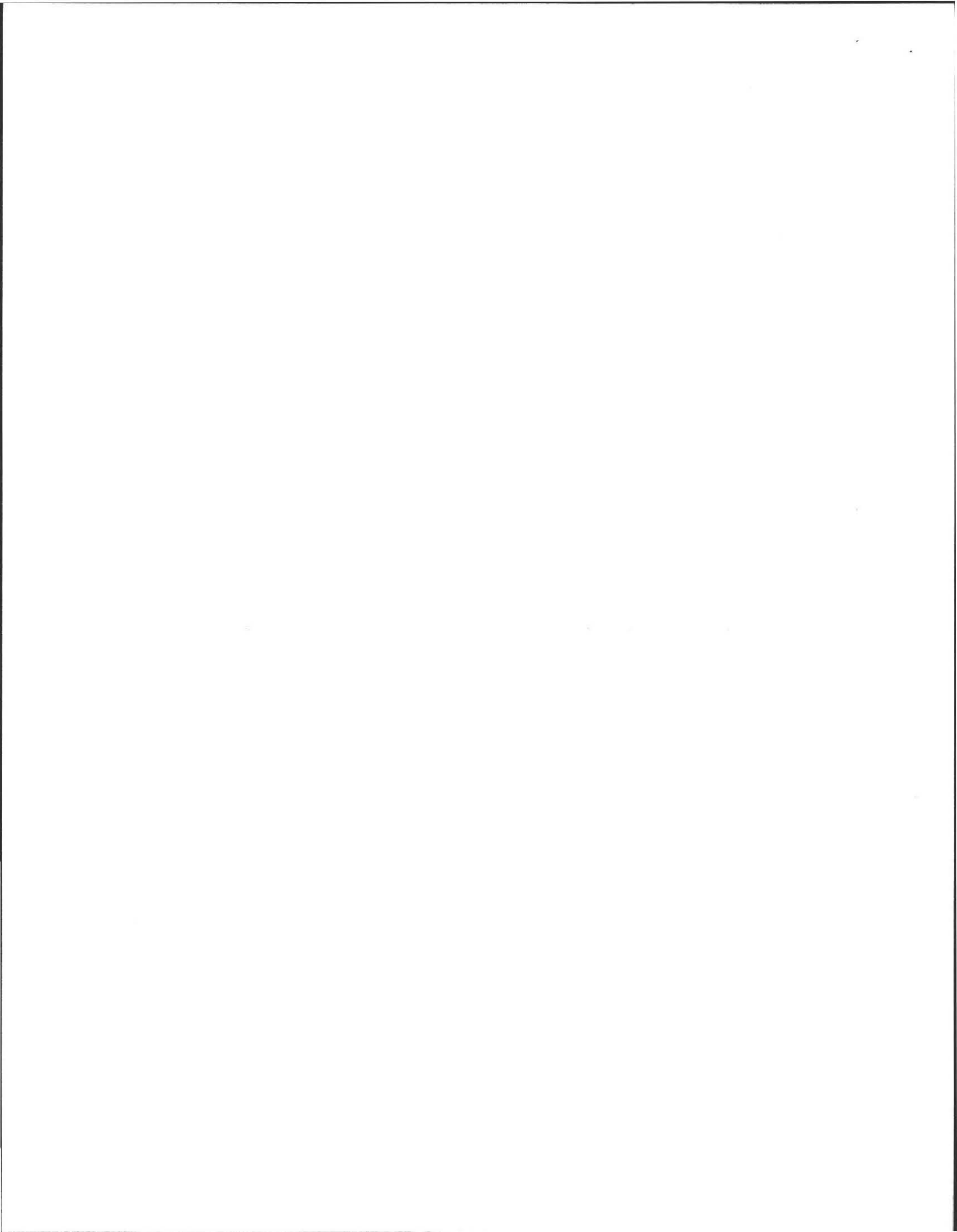
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

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.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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07.31.2008

Date of Inspection

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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): 43 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 606

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)): N/A

Sump pump?  Yes  No

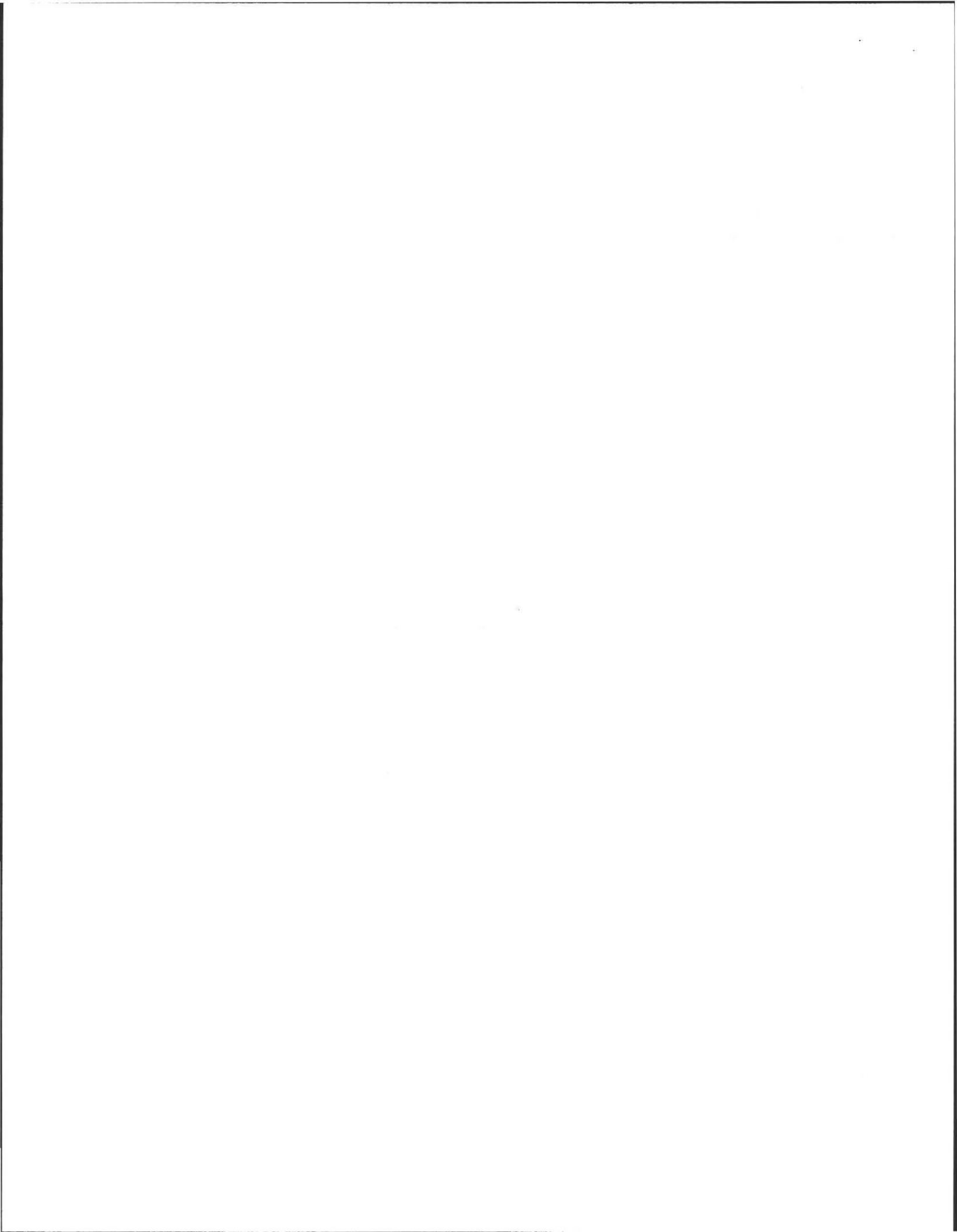
Last date of occupancy: current Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): N/A





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

66 Overlook Drive

Property Address

Barbara and Stanley Hertzbach

Owner's Name

Amherst

City/Town

MA State

01002 Zip Code

07.31.2008

Date of Inspection

Grease trap present? [ ] Yes [X] No

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

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

Water meter readings, if available:

N/A

Last date of occupancy/use:

N/A Date

Other (describe):

N/A

D. System Information (cont.)

General Information

Pumping Records:

Source of information:

Owner: (not pumped)

Was system pumped as part of the inspection?

[X] Yes [ ] No

If yes, volume pumped:

-- gallons meas.

How was quantity pumped determined?

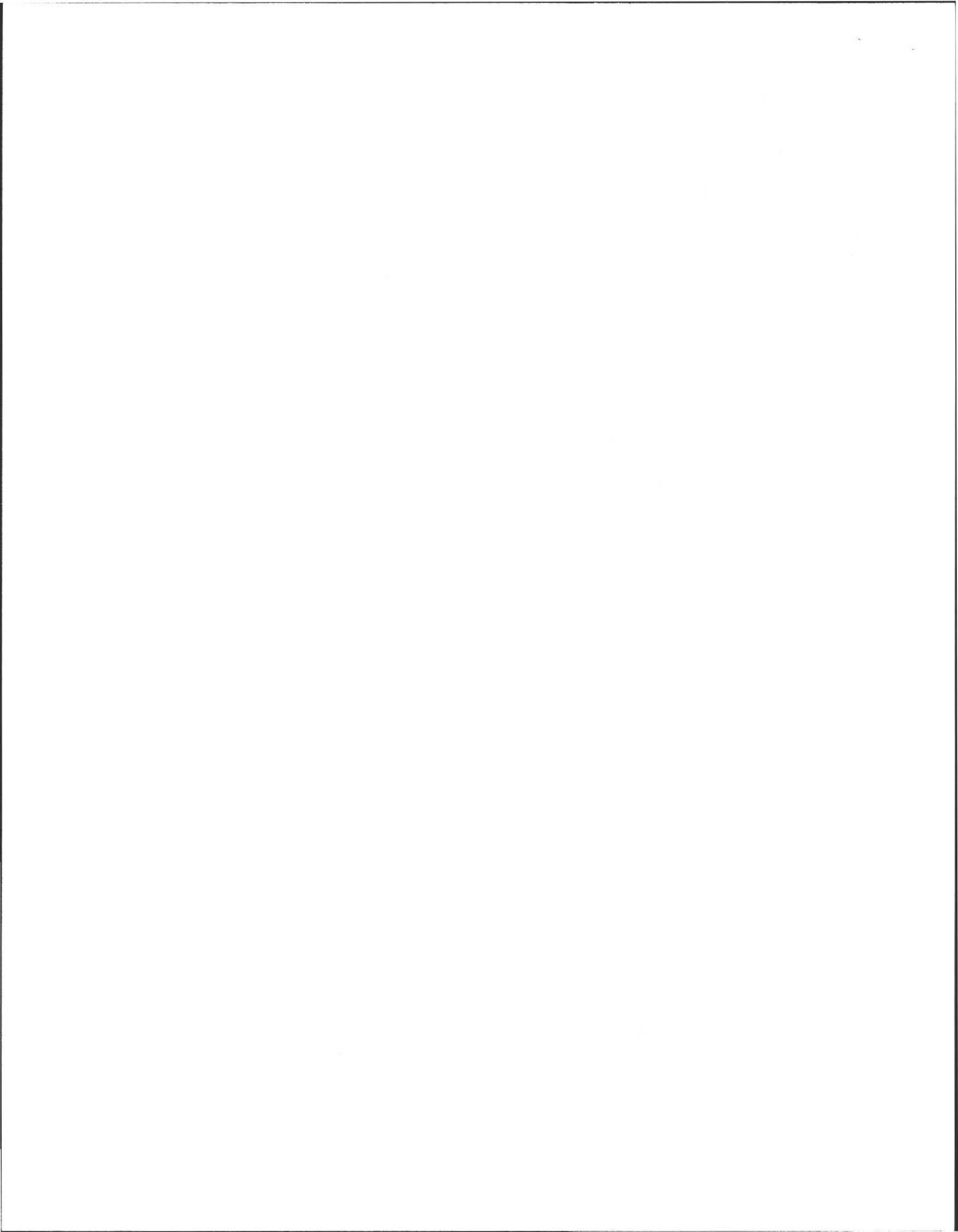
Reason for pumping:

T-5

Type of System:

- [X] 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)







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

66 Overlook Drive

Property Address

Barbara and Stanley Hertzbach

Owner's Name

Amherst

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MA State

01002 Zip Code

07.31.2008

Date of Inspection

[ ] Tight tank. Attach a copy of the DEP approval.

[ ] Other (describe):

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

13+ Years (L. trenches,) 25 Years ( 1000 G. s. tank)

Were sewage odors detected when arriving at the site?

[ ] Yes [X] No

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

2.5'+ feet

Material of construction:

[ ] cast iron [X] 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:

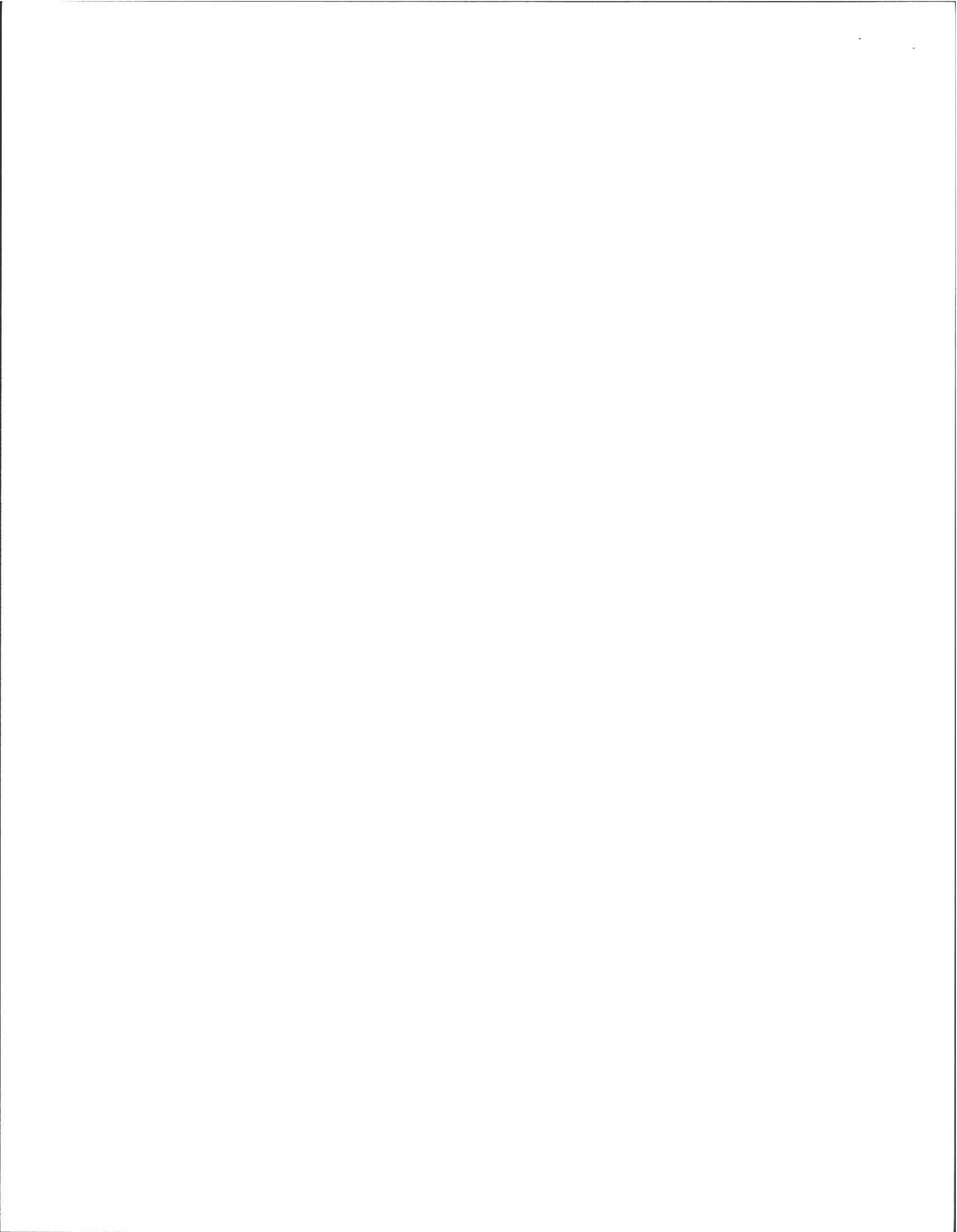
36" (inlet and mid riser/plastic) feet

Material of construction:

[X] concrete [ ] metal [ ] fiberglass [ ] polyethylene [ ] other (explain)

If tank is metal, list age:

years





Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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

Dimensions: 8.5'X4.5'X4.'
Sludge depth: 1-2"
Distance from top of sludge to bottom of outlet tee or baffle: 40"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 12"
How were dimensions determined? Measured

D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Tank levels good. Structural integrity appeared good at time of inspection. (baffles in place).

Grease Trap (locate on site plan):

Depth below grade: N/A feet

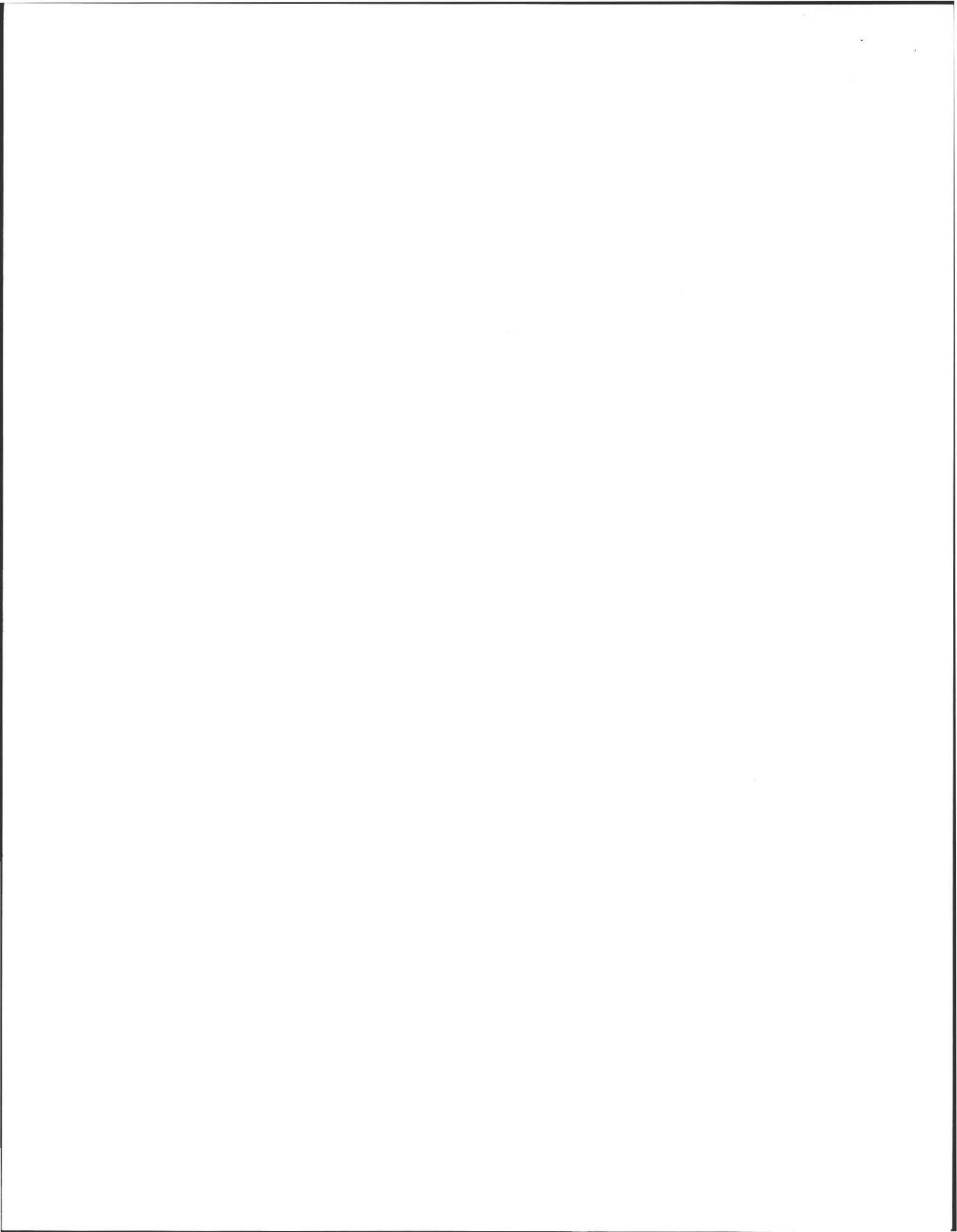
Material of construction:

[ ] 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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

66 Overlook Drive

Property Address

Barbara and Stanley Hertzbach

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

07.31.2008

Date of Inspection

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

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

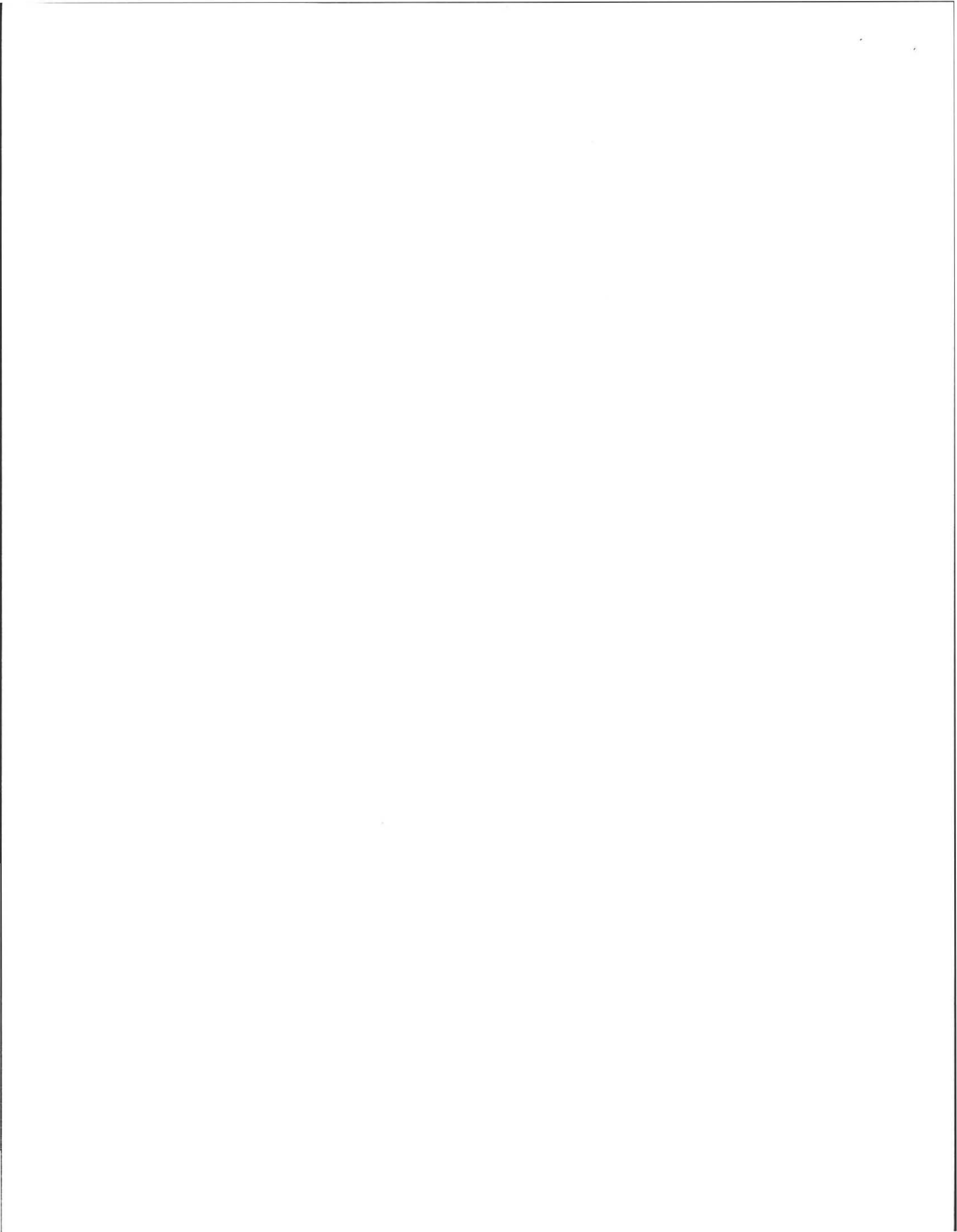
Comments (condition of alarm and float switches, etc.):

N/A

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

Yes

No





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

Depth of liquid level above outlet invert

@ Inv. level good.

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.):

Box condition good, level, 36" below grade.

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

Pumps in working order:

Yes  No

Alarms in working order:

Yes  No

## 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:

See plan attached 1995,

Type:

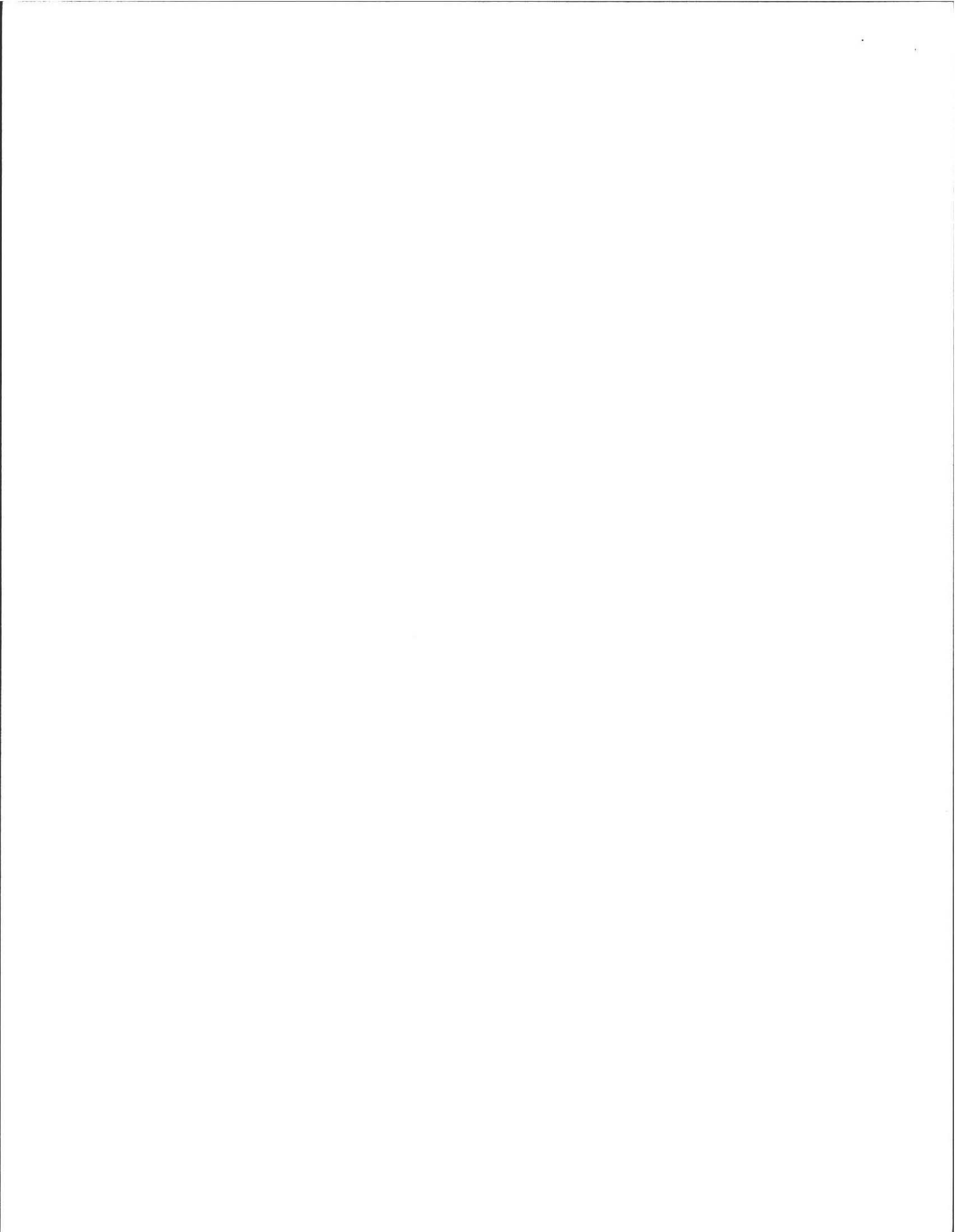
leaching pits

number: \_\_\_\_\_

leaching chambers

number: \_\_\_\_\_







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- leaching galleries
leaching trenches
leaching fields
overflow cesspool
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)

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

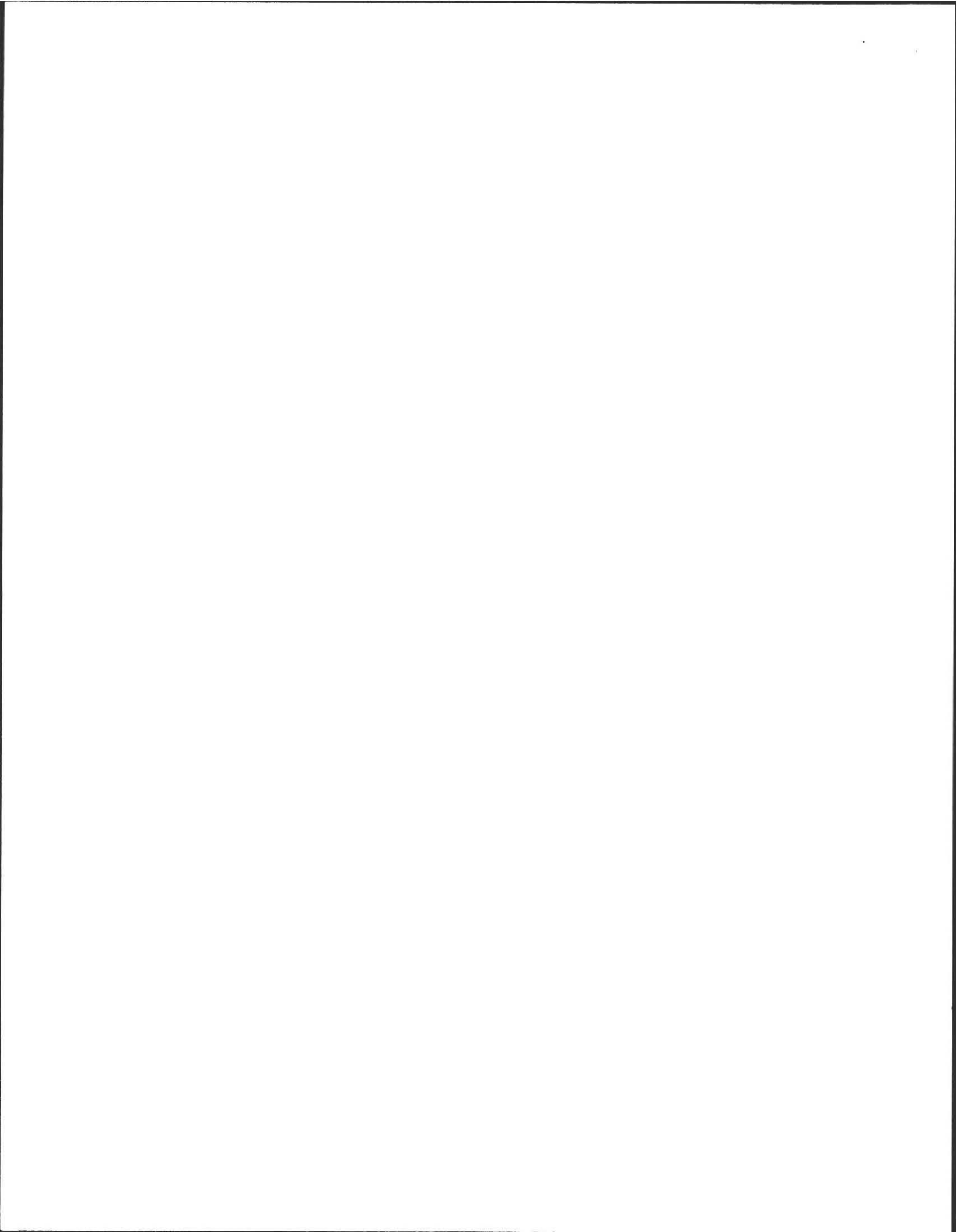
Depth of scum layer

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.):





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Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

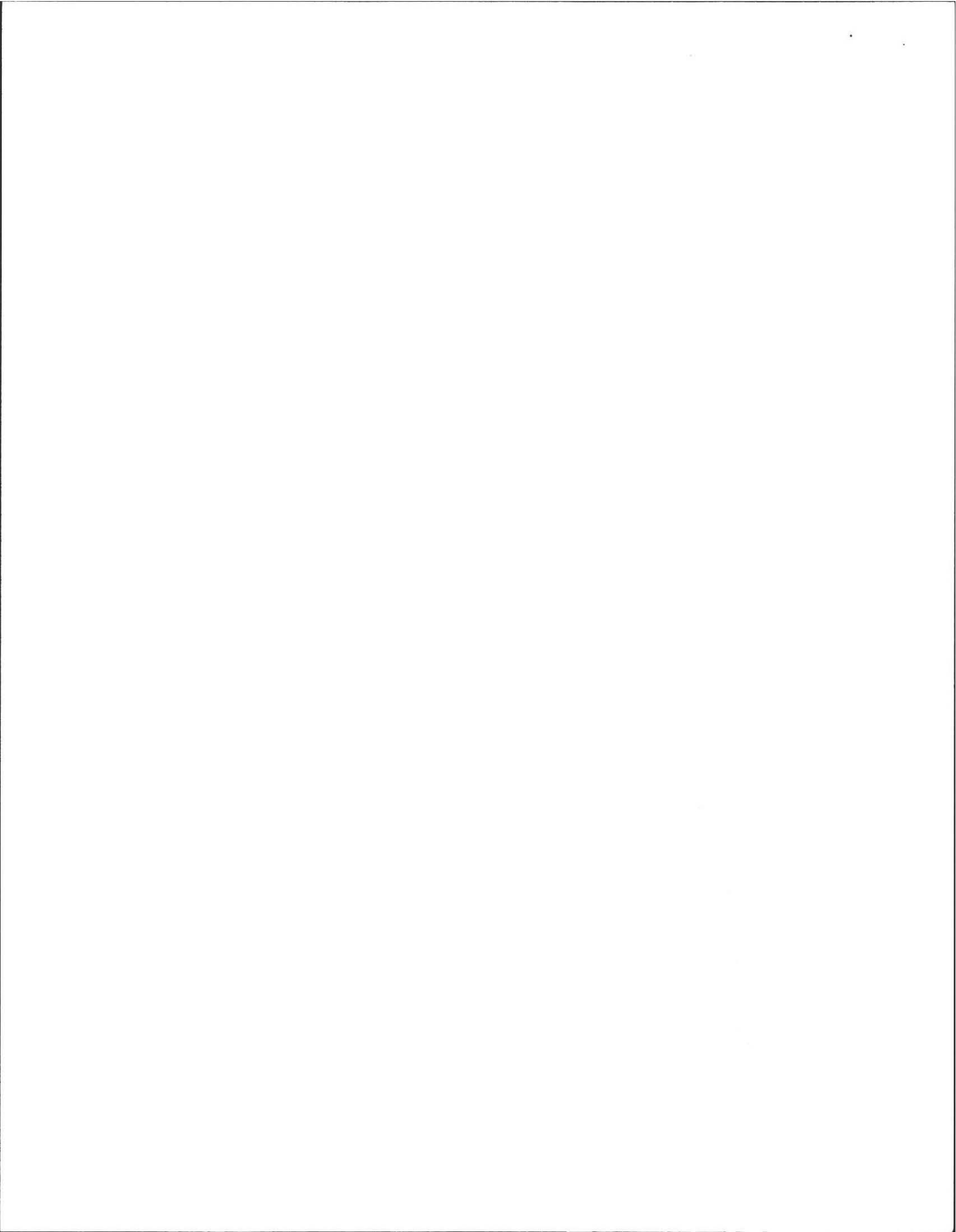
N/A

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

N/A

## 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.)

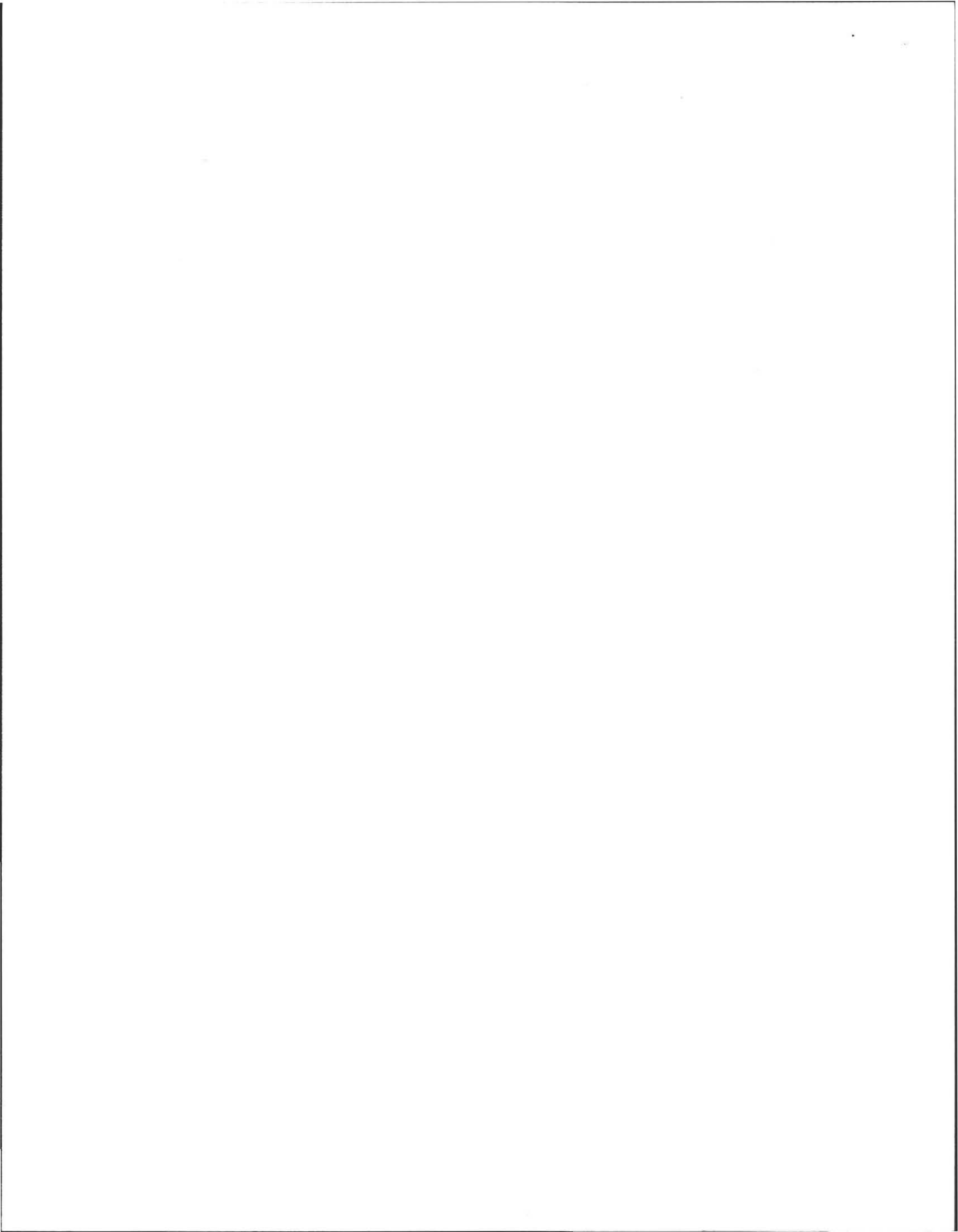
### Site Exam:

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

Estimated depth to ground water:

6'+ (1995 records reported 10-11ft.)  
feet

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





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Obtained from system design plans on record

If checked, date of design plan reviewed: \_\_\_\_\_  
Date

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

Checked with local Board of Health - explain:  
\_\_\_\_\_

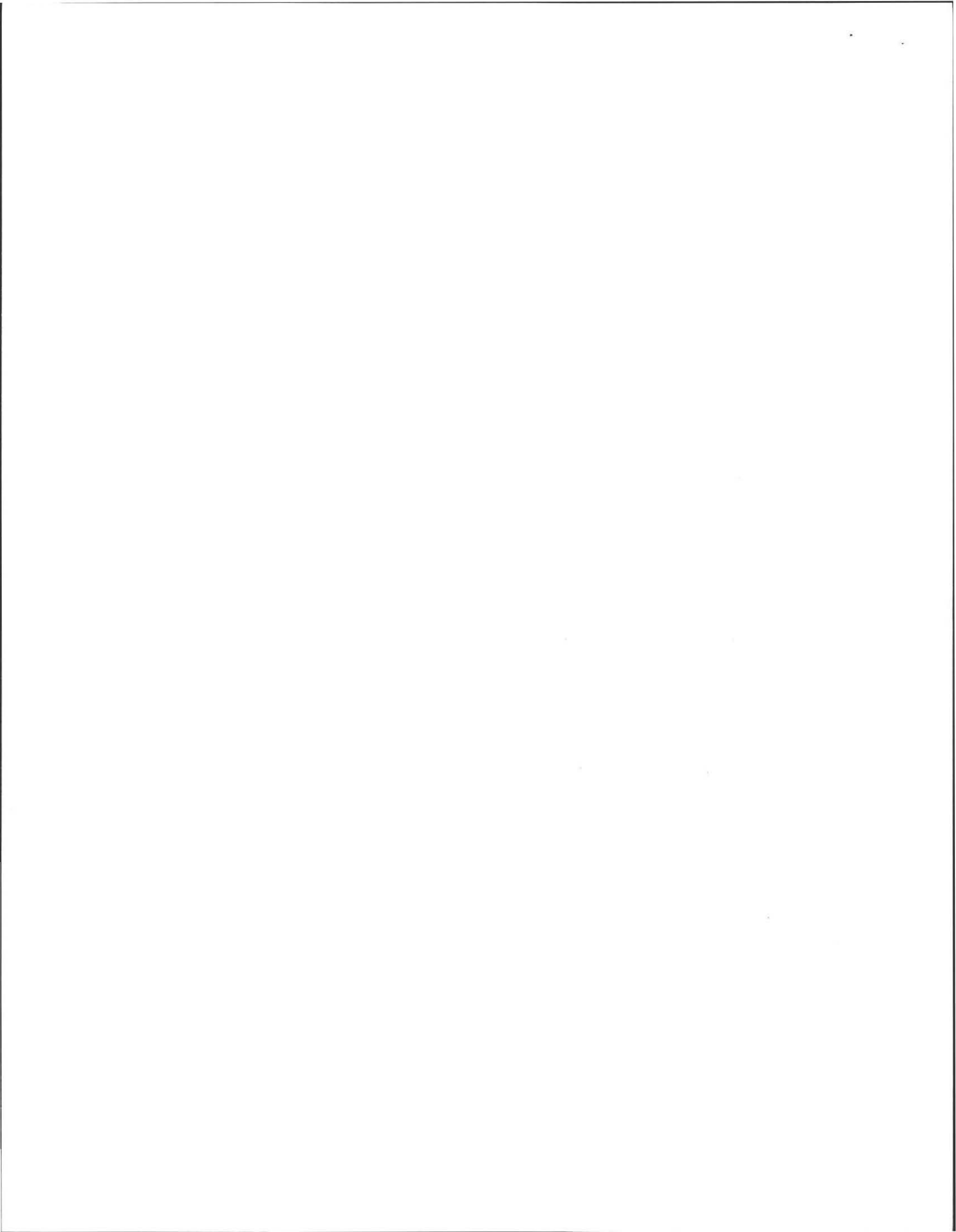
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:  
\_\_\_\_\_

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

Based on existing records and site review.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





D.Box

- Log: - A. WEISS, R.S., HYDROLOGIST  
- D. ZAROZINSKY - HEALTH AGENT

perc at 43" =  $8 \frac{\text{MIN}}{\text{IN}}$  (DESIGN FOR  $10 \frac{\text{MIN}}{\text{IN}}$ )

DESIGN NOTES

1) 4 BR x 110 GAL/DAY =  $440 \frac{\text{GAL}}{\text{DAY}} \times 1.25 = 550 \frac{\text{GAL}}{\text{DAY}}$  ✓

2) 4 TRENCHES: 2' WIDE, 40' LONG x 1.25' DEEP

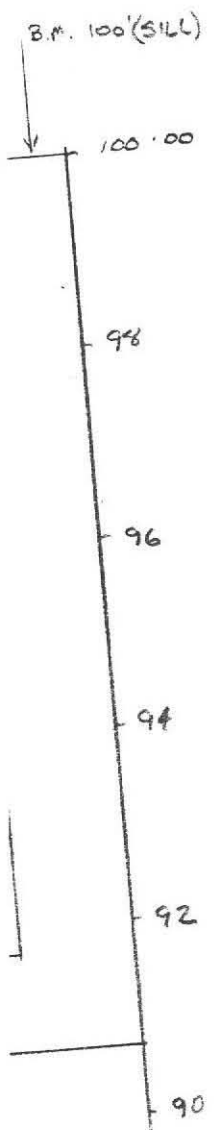
BOT:  $4 \times (40' \times 2') = 320 \text{ SF} \times 1.75 \frac{\text{GAL}}{\text{SF}} = 560 \frac{\text{GAL}}{\text{DAY}}$

SIDE:  $4 \times (40' \times 1.25) \times 2 = 400 \text{ SF} \times 1 \frac{\text{GAL}}{\text{SF}} = 400 \frac{\text{GAL}}{\text{DAY}}$

$4 \times (2' \times 1.25) \times 2 = 20 \text{ SF} \times 1 \frac{\text{GAL}}{\text{SF}} = 20 \frac{\text{GAL}}{\text{DAY}}$

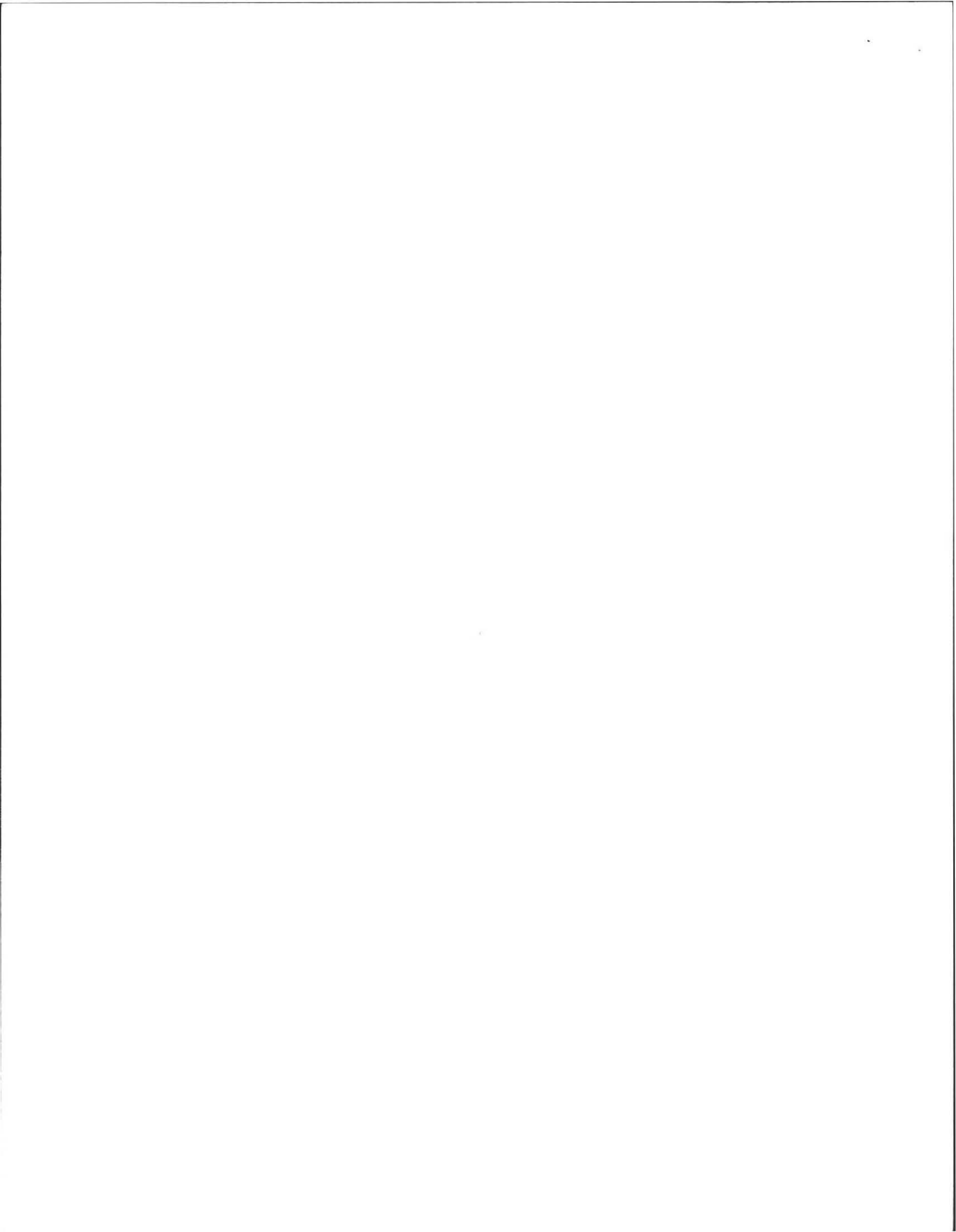
600  
596 GAL/DAY ✓

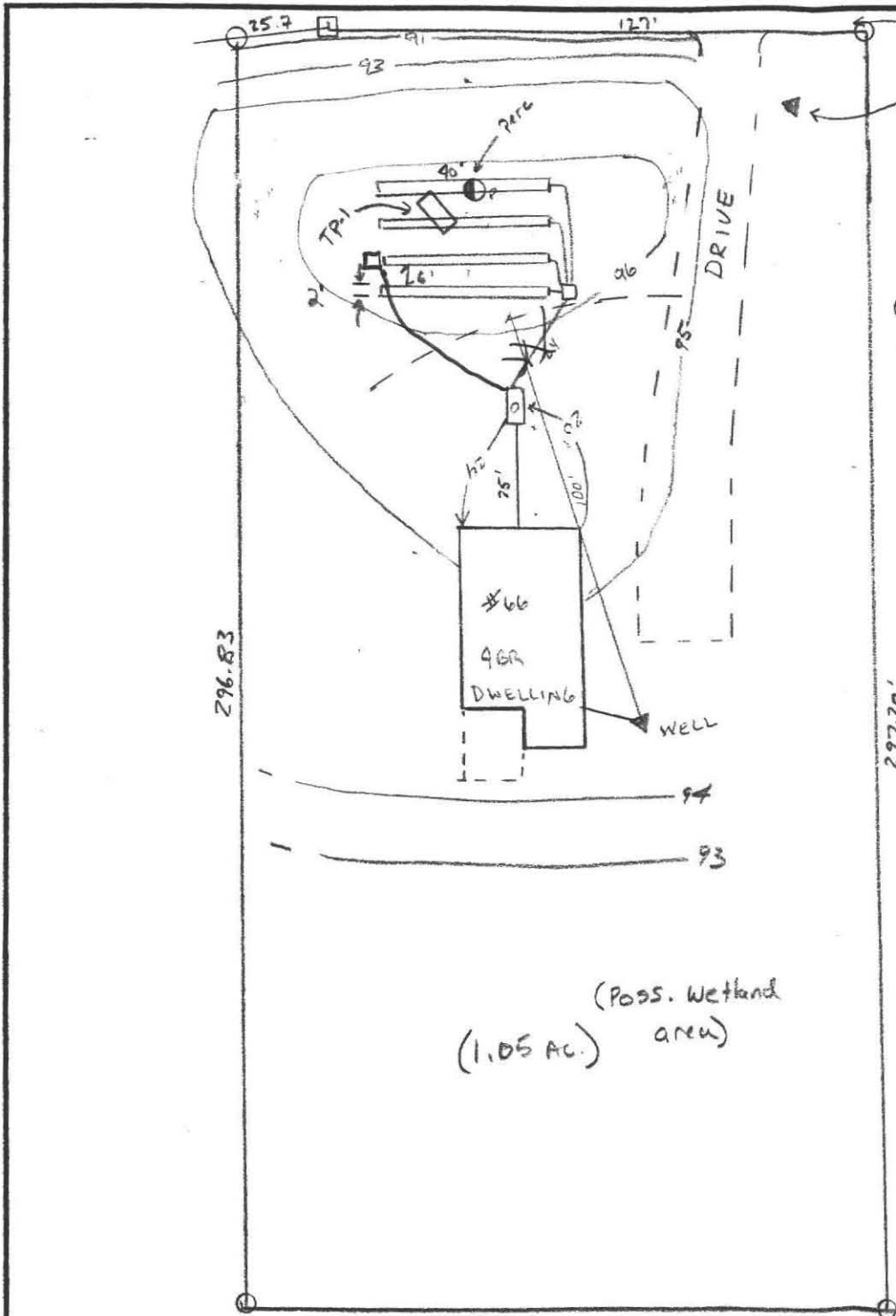
- 3) DISCONNECT GARBAGE DISPOSAL
- 4) NO CHANGE IN SLOPE / GRADE REQ'D.
- 5) ABANDON / DISCONNECT WELL AT END OF DRIVEWAY
- 6) NO WETLANDS OR WELLS NOTED WITHIN 100'
- 7) ALL D. BOX OUTLET PIPES LEVEL FOR AT LEAST 2'.
- 8) INSPECT + PUMP SYSTEM EVERY OTHER YEAR.
- 9) USE LIQUID DETERGENTS ONLY
- 10) USE WATER CONSERVATION DEVICES.



**SEPTIC SYSTEM REPAIR PLAN FOR STANLEY HERTZBACH  
66 OVERLOOK DRIVE AMHERST, MA.**

SCALE:	NOTED	APPROVED BY	DRAWN BY
DATE:	2/8/95	<i>AW</i>	AW
<b>COLD SPRING ENVIRONMENTAL, INC. BELCHERTOWN, MA.</b>			DRAWING NUMBER





OVERLOOK DRIVE

WELL TO BE ABANDONED

(SCALE: 1" = 40')

(RESERVE BETWEEN TRENCHES)

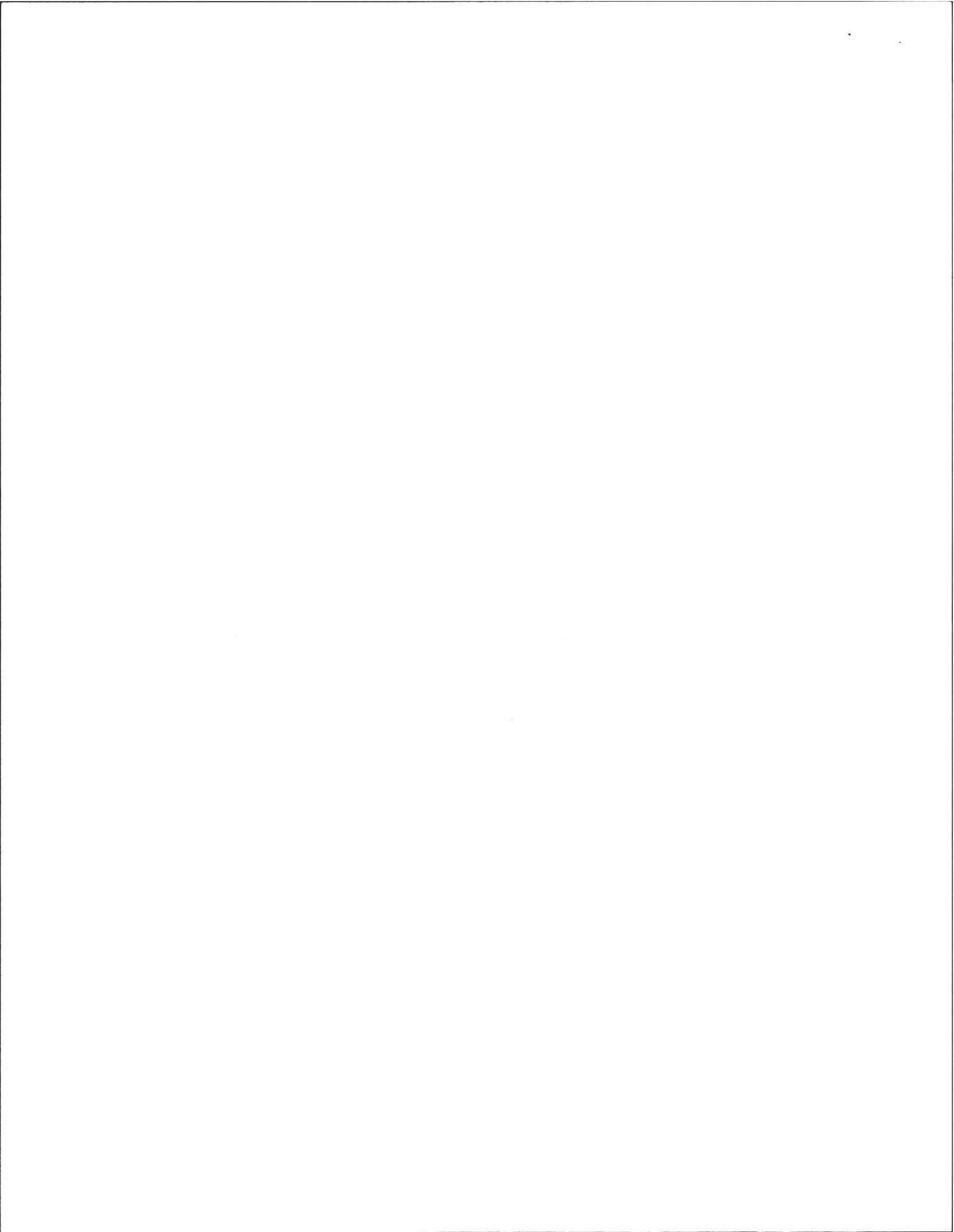
SLOPE: 3' / 28 x 150 = 16'

SITE PLAN

(POSS. Wetland  
(1.05 AC.) area)

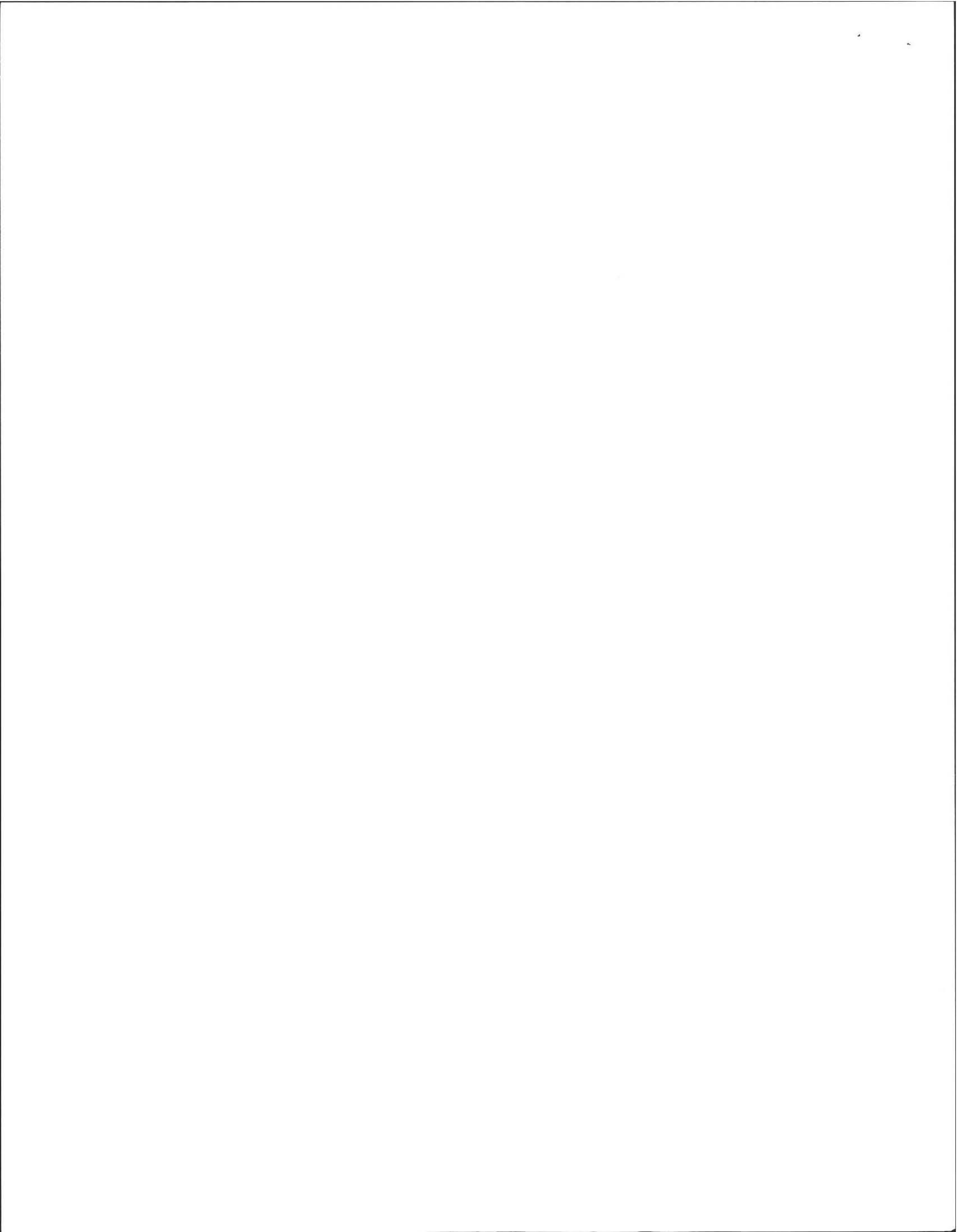
(SHUTESBURY)

75'  
75'





Septic Tank Baffle  
66 Overlook Drive  
Amherst, MA  
07.31.2008





Dist. Box  
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Amherst, MA  
07.31.2008



