

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

#74

No. 22-29 Date 9/12/72 Fee 3.00 Date Rec'd. 9/12/72 By [Signature]

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

Location—Address HIGH POINT DRIVE 74 OVERLOOK or Lot No. 24

Owner ROY IND'S. INC. Address Box 472 AMHERST

Contractor BILL CLARK Address SHUTESBURY.

Type of Building _____ Dimensions _____ Size Lot 2.8 ACRES

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____
 Town Water? NO Type of Well ARTESIAN 100' DISTANCE

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

Septic Tank—Liquid capacity 1200 gallons Dimensions: L 10'-6" W 5'-4" D 4'-10"

Disposal Trench—No. 4 Width 3'-0 Total Length 167 Total leaching area 500 sq. ft. MIN.

Disposal Bed—No. 1 Diameter 20x25 Depth below inlet _____ Total leaching area 500 sq. ft. MIN.

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

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

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

Percolation Test Results Performed by J. HART-HUNTLEY ENGR. Date 9/14/72

Test Pit No. 1 (4) 5 minutes per inch Depth of Test Pit 2'-3"

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

Description of Soil GLACIAL TILL Depth to Ground Water NONE

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature]

[Signature]
 Owner or builder
9/12/72
 date
9-13-72
 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____

Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-29 Permission is hereby granted ROY INDUSTRIES to construct (✓) or repair () an Individual Sewage Disposal System at Box # 24 High Point Drive, 74 Overlook

as shown on the application for Disposal Works Construction Permit No. 72-29

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9-13-72

[Signature]
 Board of Health

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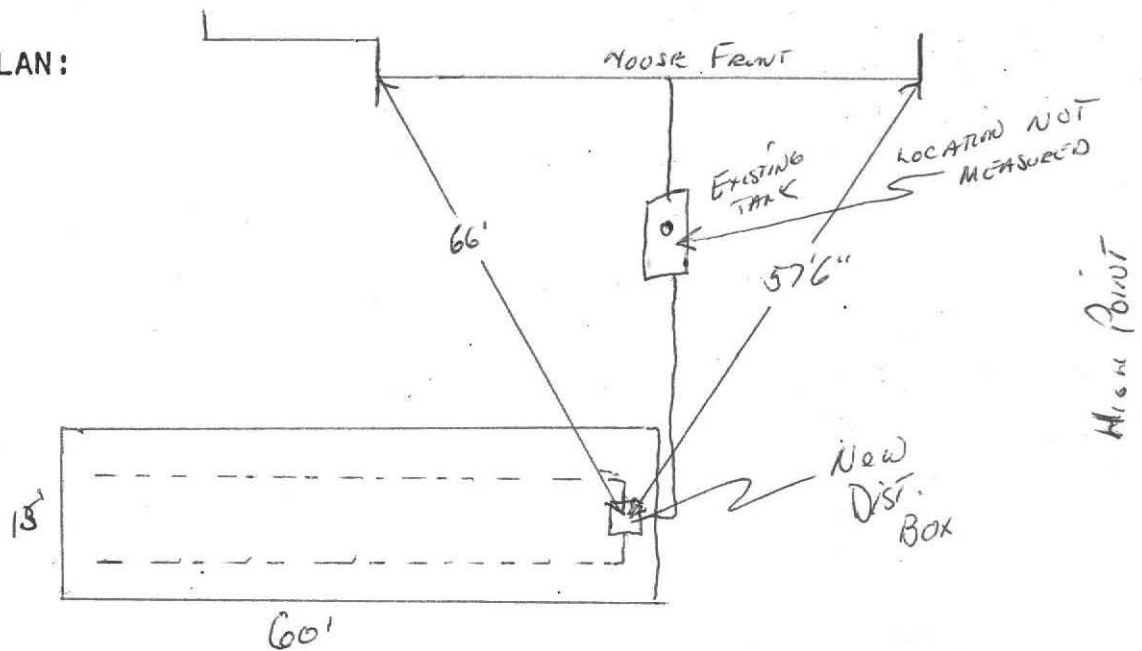
BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

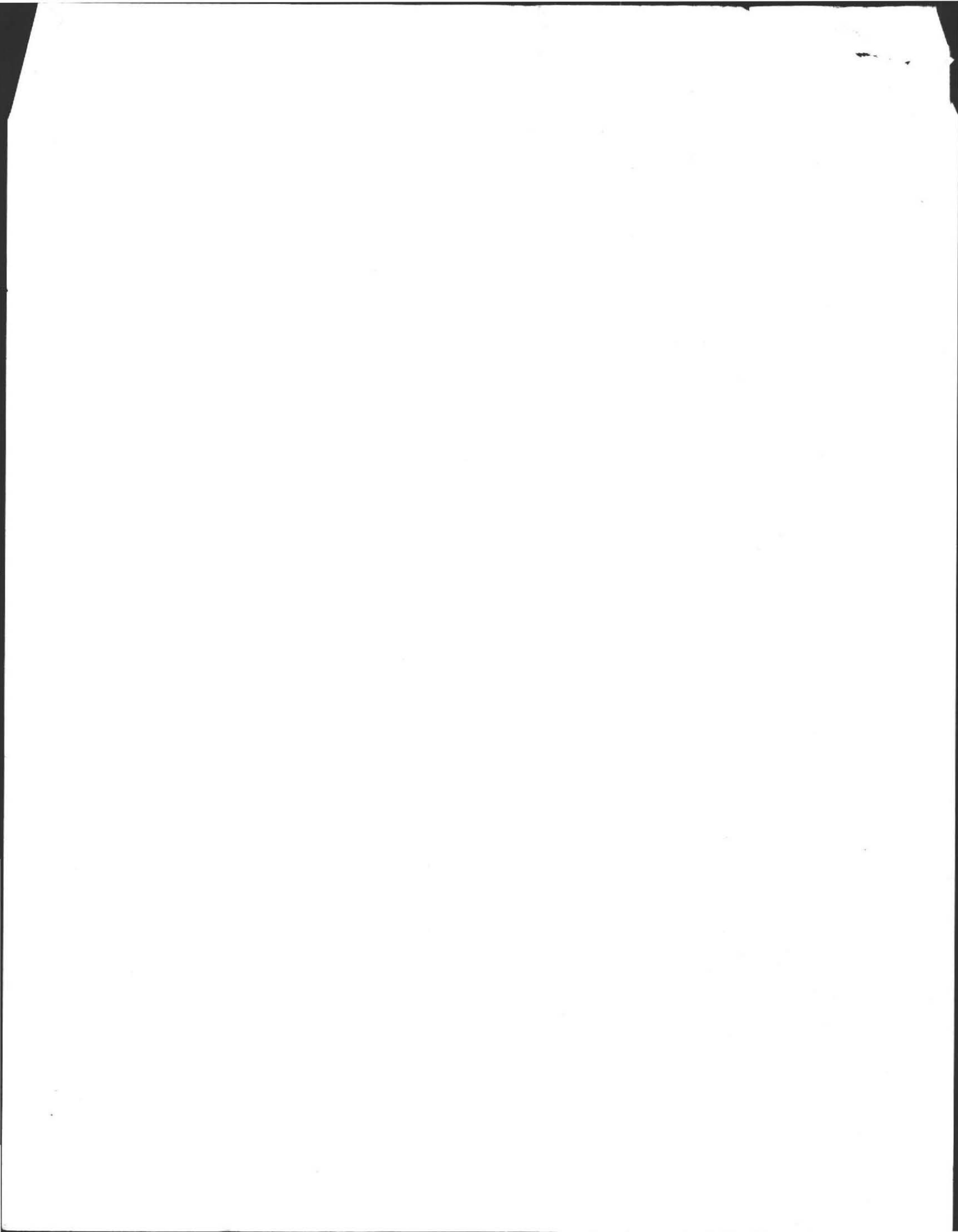
Owner PETER GUCKLER Address 74 OVERLOOK DRIVE
Installer KARLS EXC. Address RIVER DR HADLEY
Date Installation Inspected and Approved 3-23-83
Description of System: Tank Capacity: EXISTING
Leach Field () Bed (X) Seepage Pit () Square Feet: 900
Garbage Grinder Yes () No () No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

74 Overlook Dr.

Property Address

Bryan Coughlin

Owner's Name

Amherst,

City/Town

MA

State

01002

Zip Code

4.11.2007

Date of Inspection

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

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



A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

Telephone Number

License Number

COPY

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

4.11.2007

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.

Handwritten scribble or signature



Commonwealth of Massachusetts

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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:

- [X] 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 24 years old. Tank pumped, (D. box, & S. tank had good levels and no indication of past high staining or ponding. Furnace condensate tube should be removed from septic. Garbage disposal is not recommended on K. sink.

B) System Conditionally Passes:

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

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

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

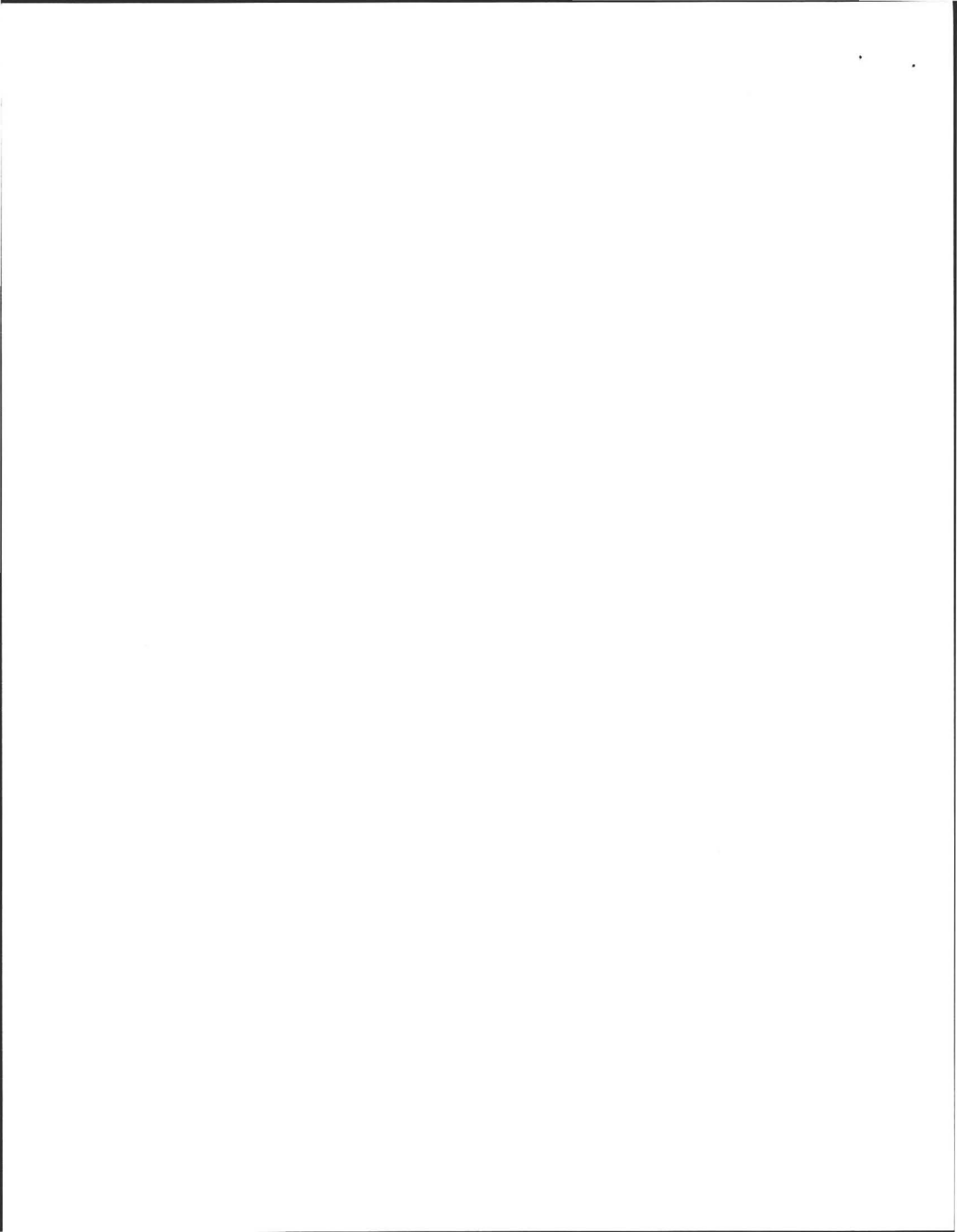
* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

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

[] broken pipe(s) are replaced

[] obstruction is removed





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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

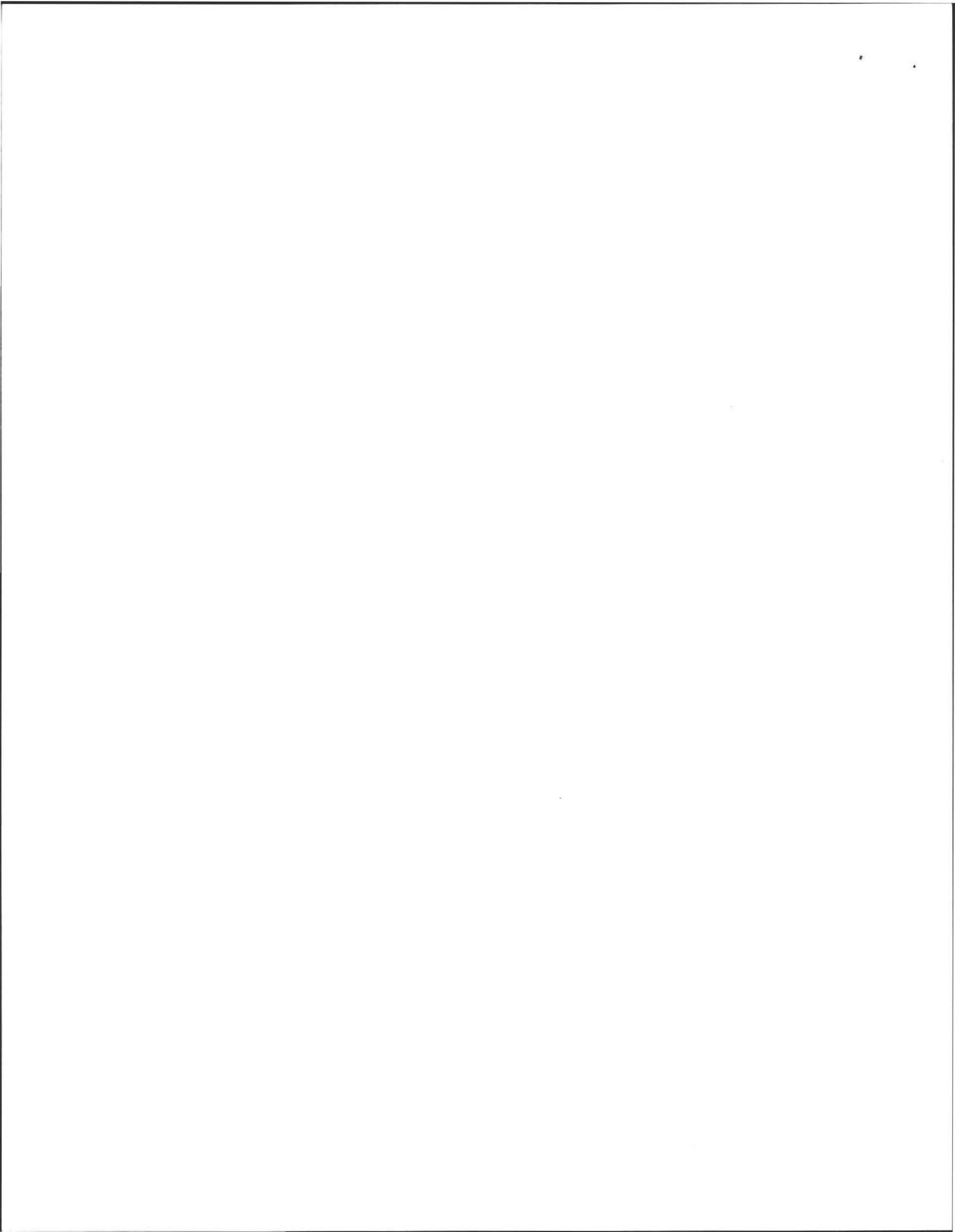
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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: Measured

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

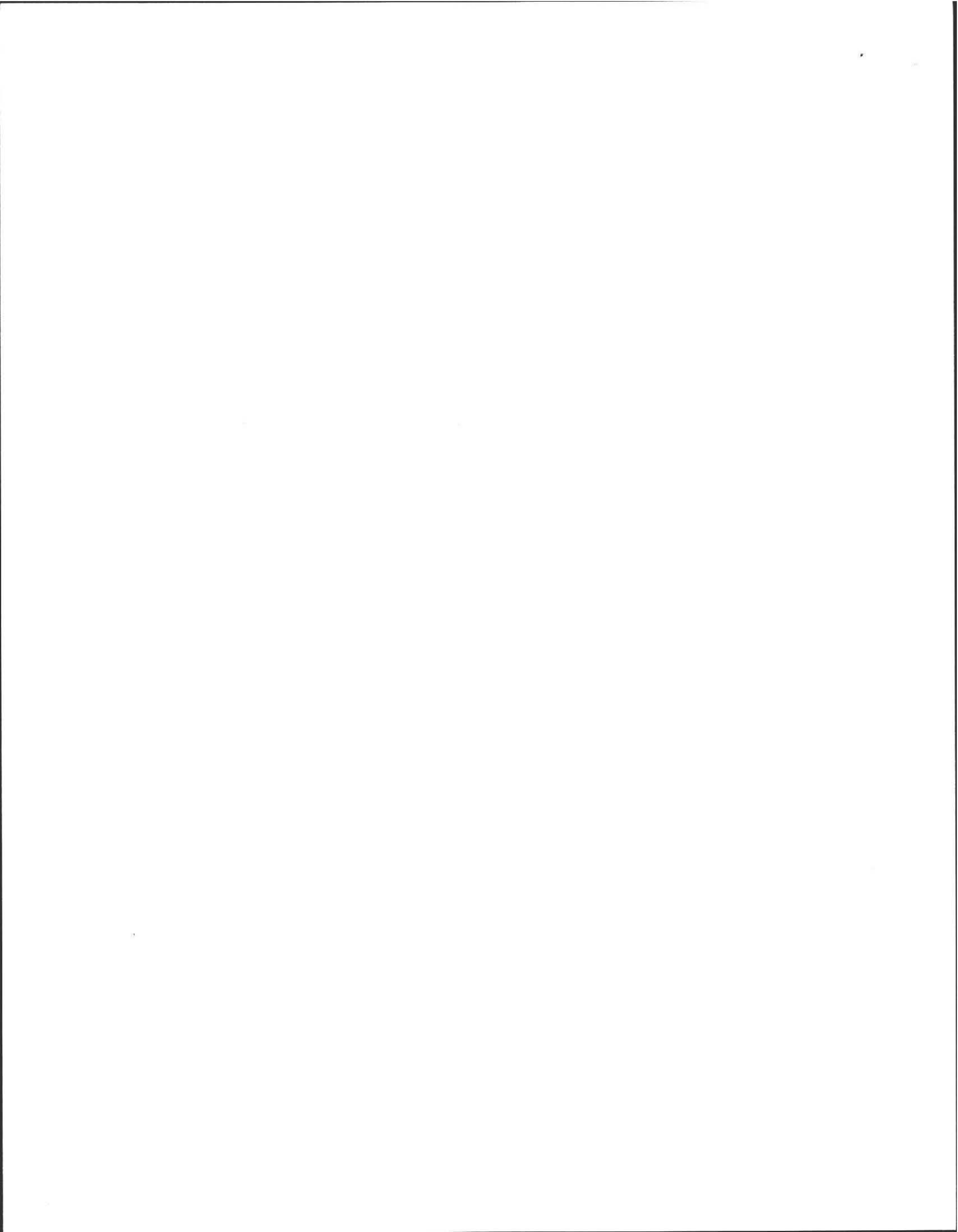
3. Other:

D) System Failure Criteria Applicable to All Systems:

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

Yes No

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





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B. Certification (cont.)

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

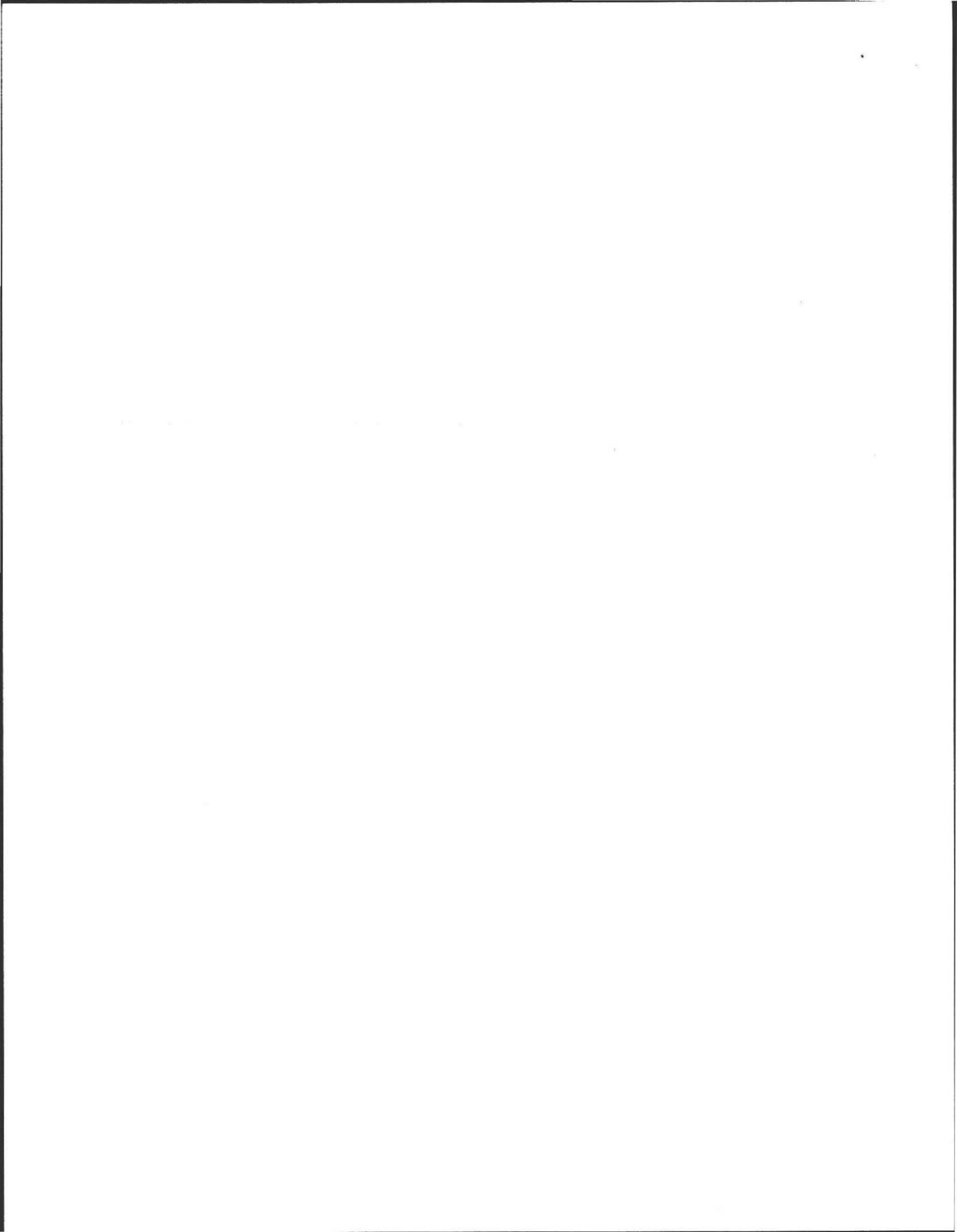
- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion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

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

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

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

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





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C. Checklist

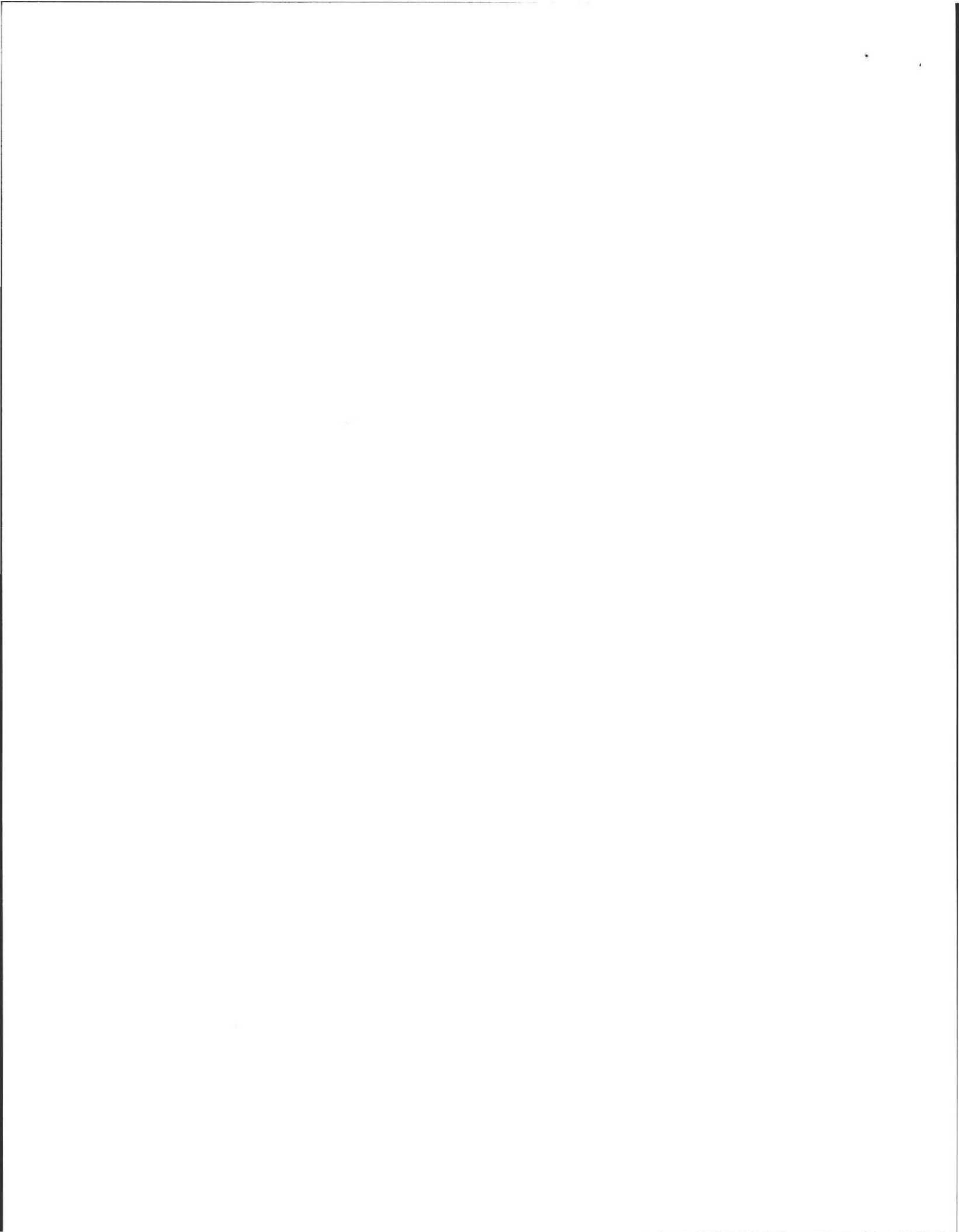
Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes No

- Pumping information was provided by the owner, occupant, or Board of Health
- Were any of the system components pumped out in the previous two weeks?
- Has the system received normal flows in the previous two week period?
- Have large volumes of water been introduced to the system recently or as part of this inspection?
- Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- Was the facility or dwelling inspected for signs of sewage back up?
- Was the site inspected for signs of break out?
- Were all system components, excluding the SAS, located on site?
- Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
- Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

- Existing information. For example, a plan at the Board of Health.
- Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]





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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3 or 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 3

Number of current residents: 4

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

Grease trap present? Yes No

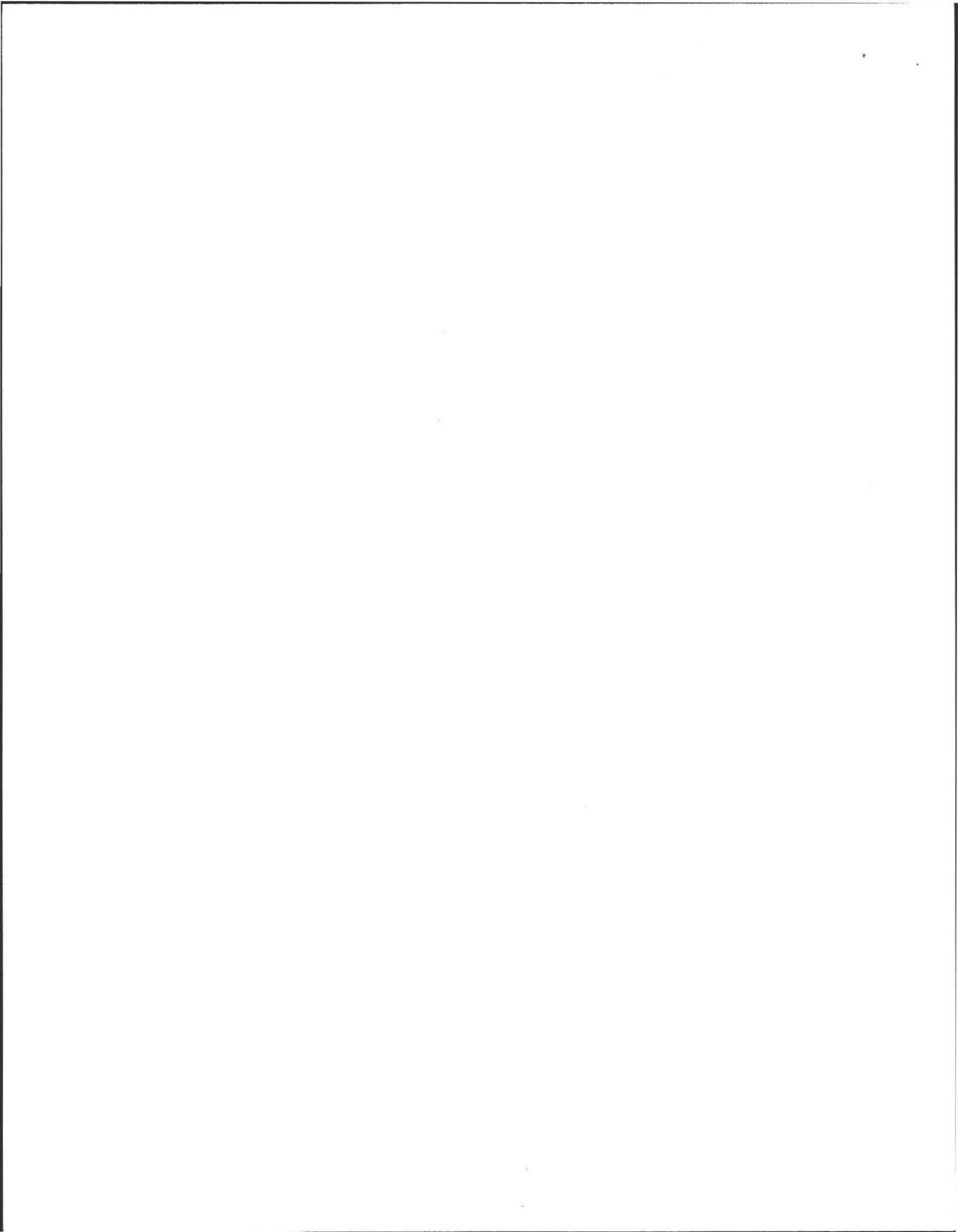
Industrial waste holding tank present? Yes No

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

Water meter readings, if available: N/A

Last date of occupancy/use: N/A
Date

Other (describe): N/A





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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

Owner: (1 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:

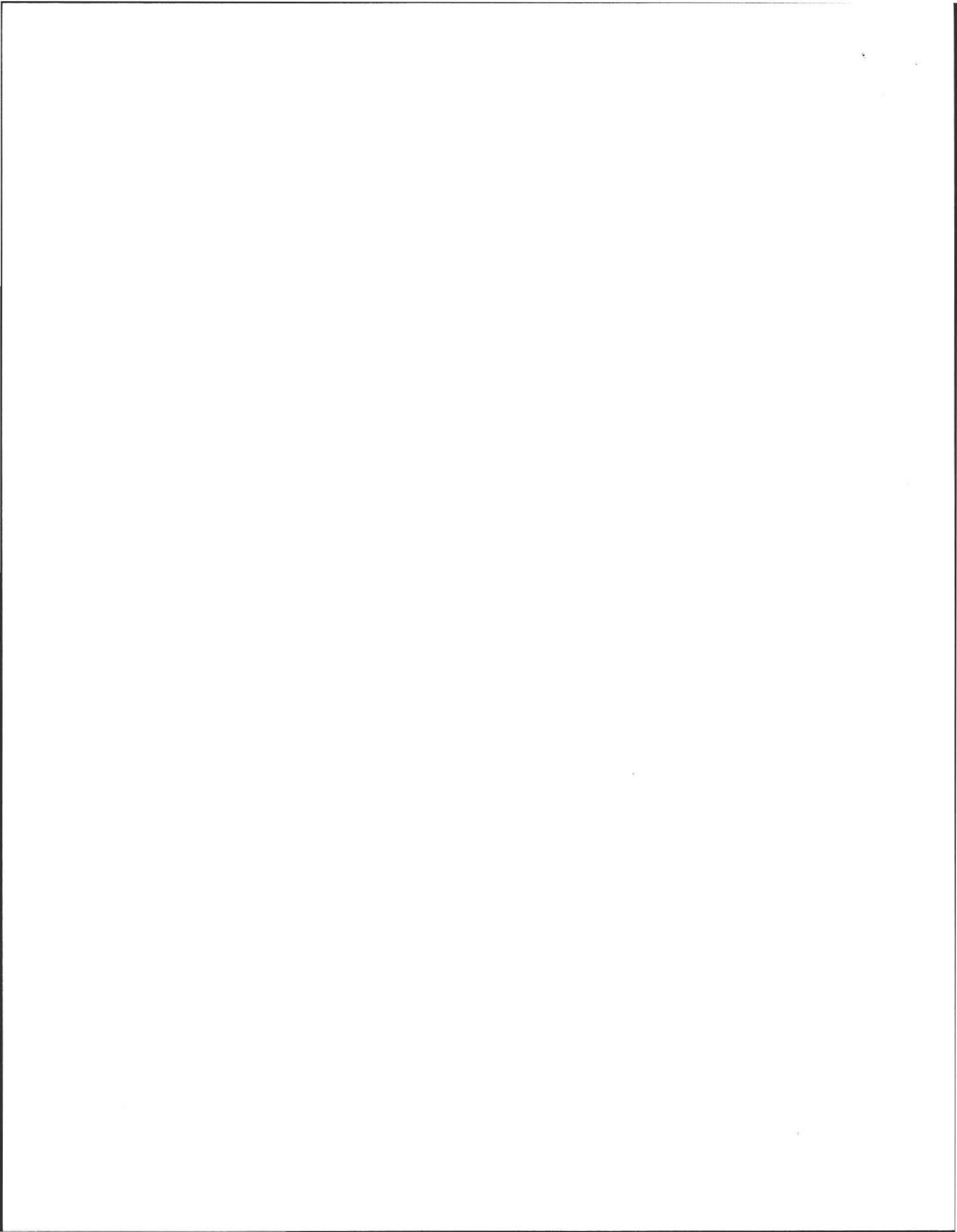
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from 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:

24+ Years

Were sewage odors detected when arriving at the site?

Yes No





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Owner's Name

Amherst, _____ MA _____ 01002 _____ 4.11.2007
City/Town State Zip Code Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: _____ 2.'+
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: _____ 2.0
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: _____
years

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

Dimensions: _____ 8.5'X4.5'X4.5'

Sludge depth: _____ 2"

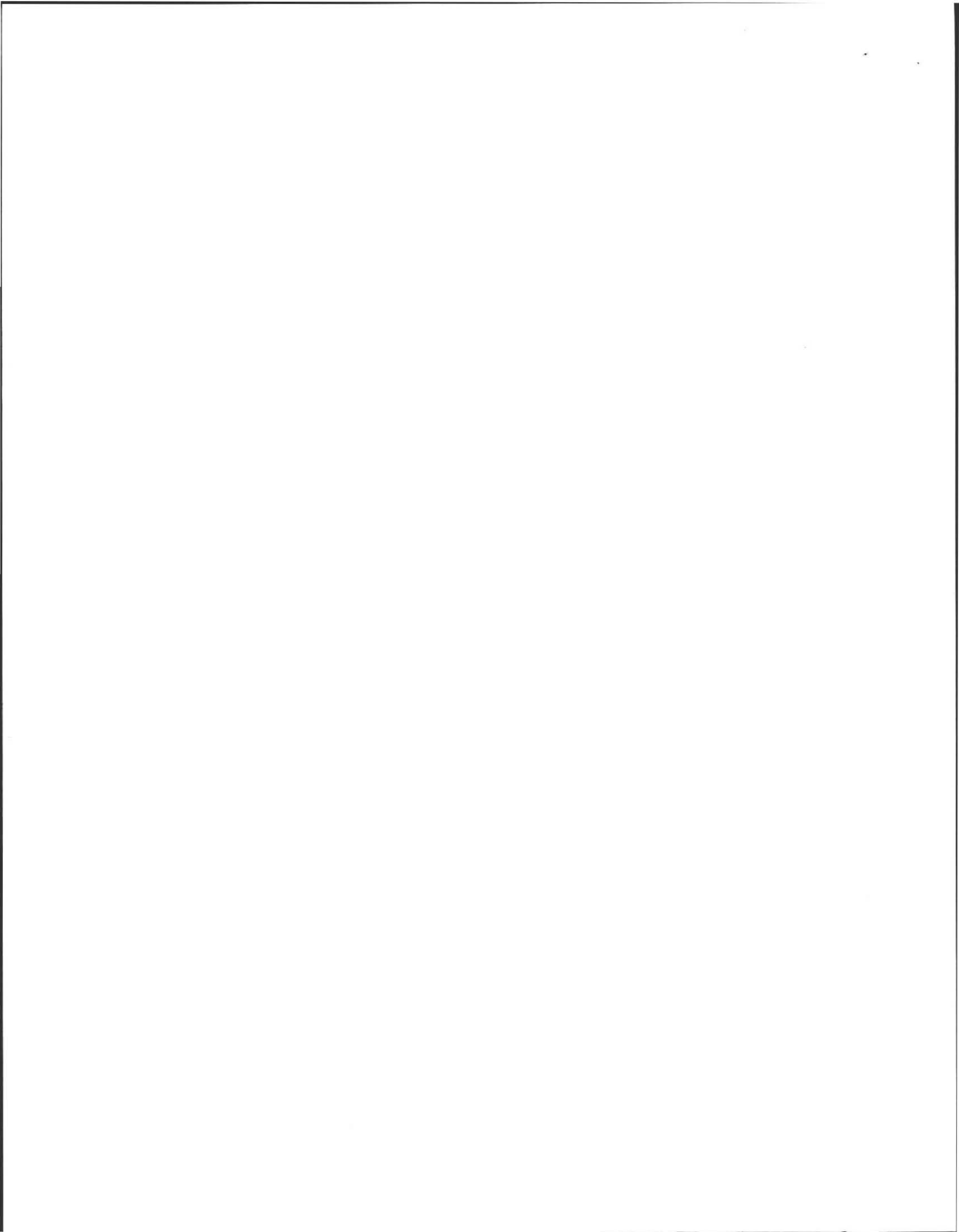
Distance from top of sludge to bottom of outlet tee or baffle _____ 40"

Scum thickness _____ 2"

Distance from top of scum to top of outlet tee or baffle _____ 6"

Distance from bottom of scum to bottom of outlet tee or baffle _____ 12"

How were dimensions determined? _____ Measured





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D. System Information (cont.)

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

Tank levels good. Structural integrity appeared good at time of inspection. (baffles in place), _____

Grease Trap (locate on site plan):

Depth below grade: _____
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: _____
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 _____

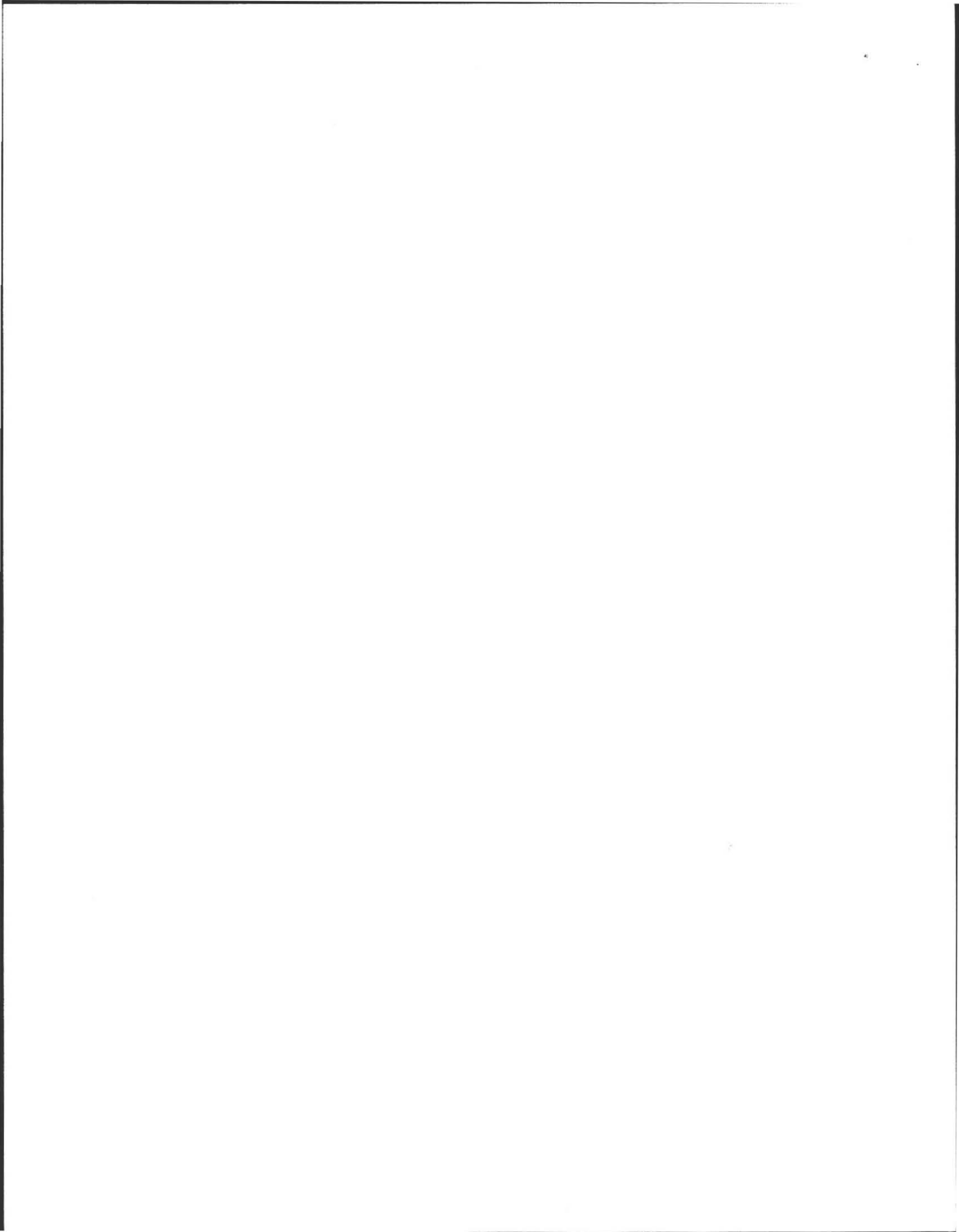
Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

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):

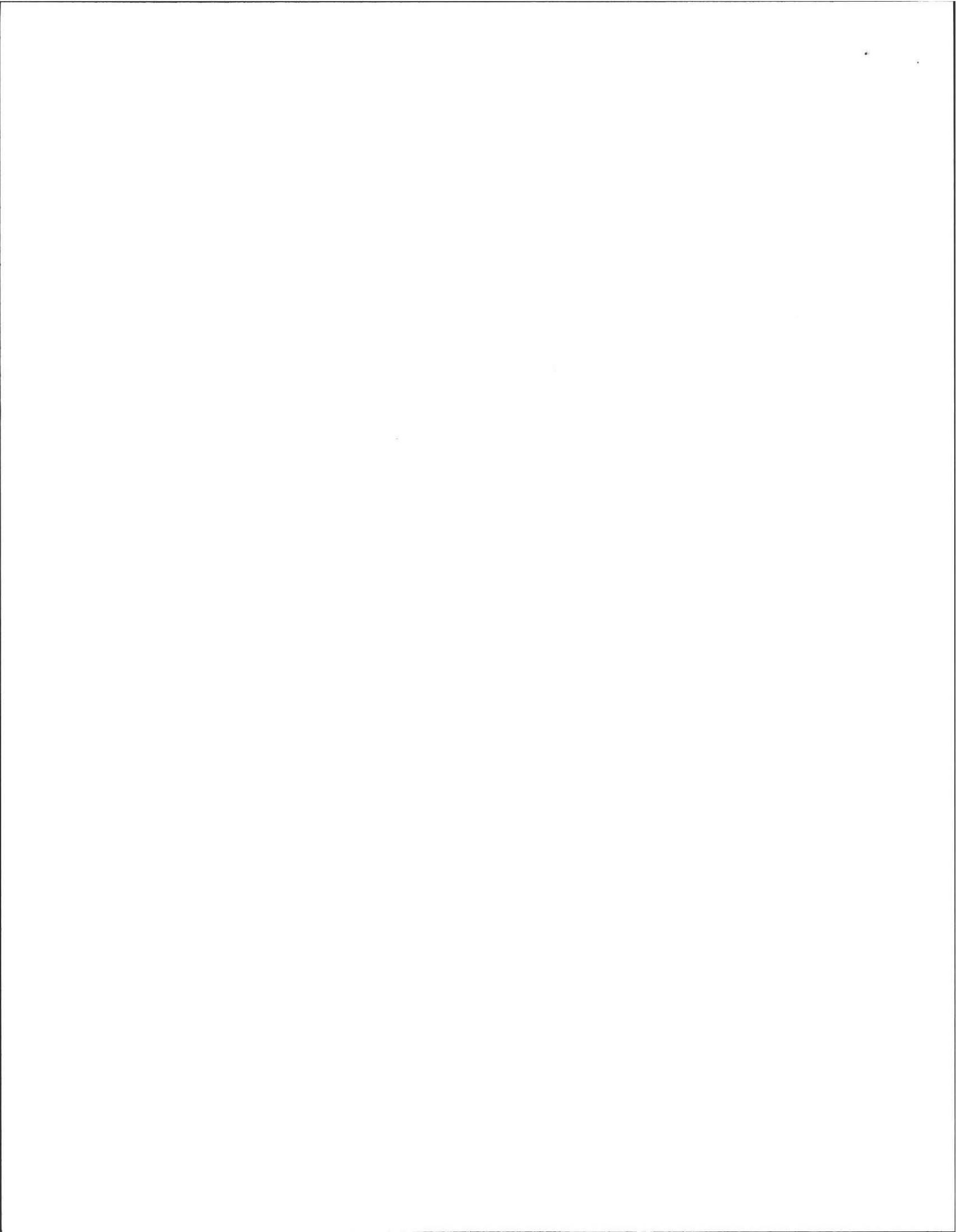
Depth of liquid level above outlet invert @ 1/2" Inv. level good.

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.):

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:

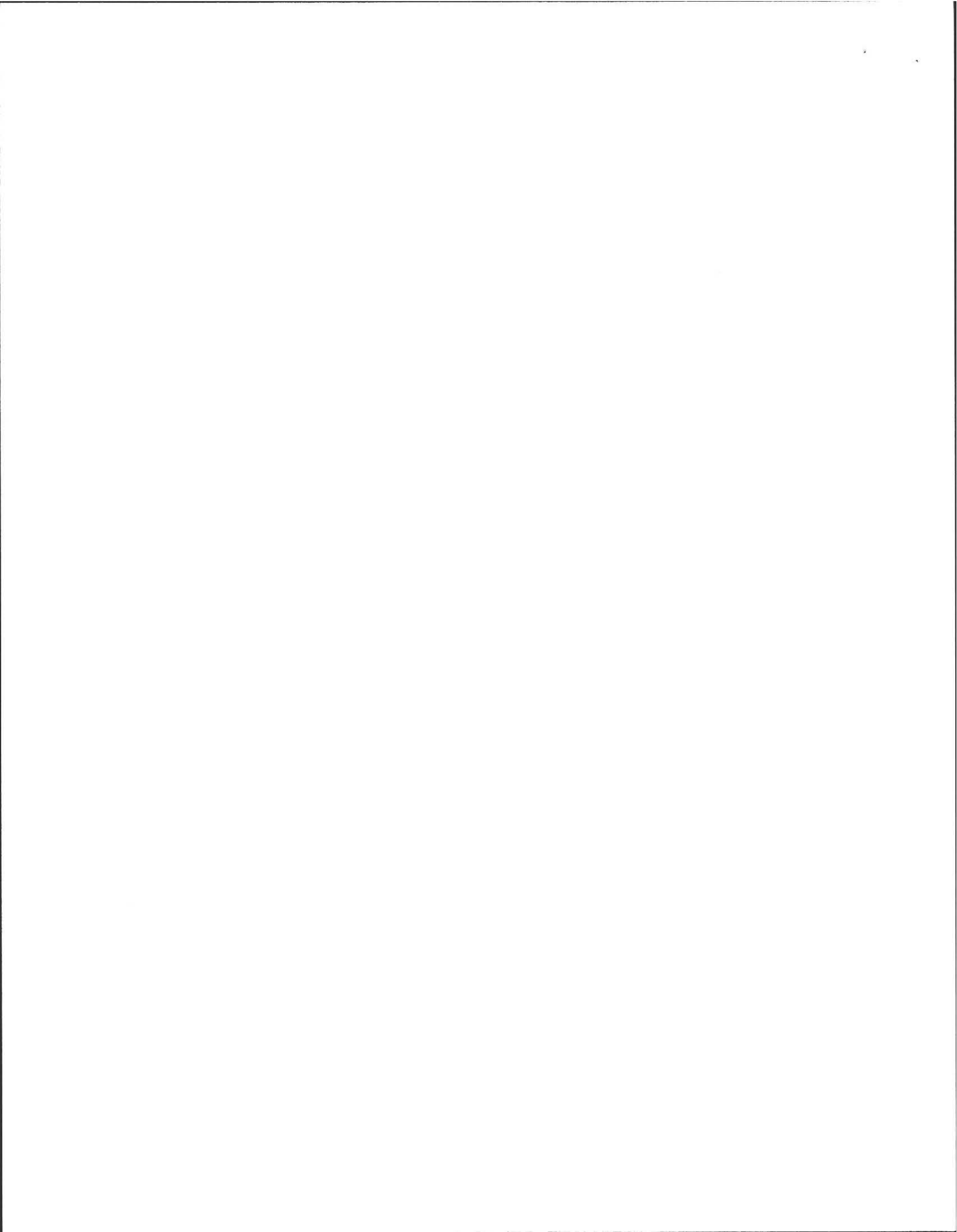
Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 60' l x 15'W
- 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.):

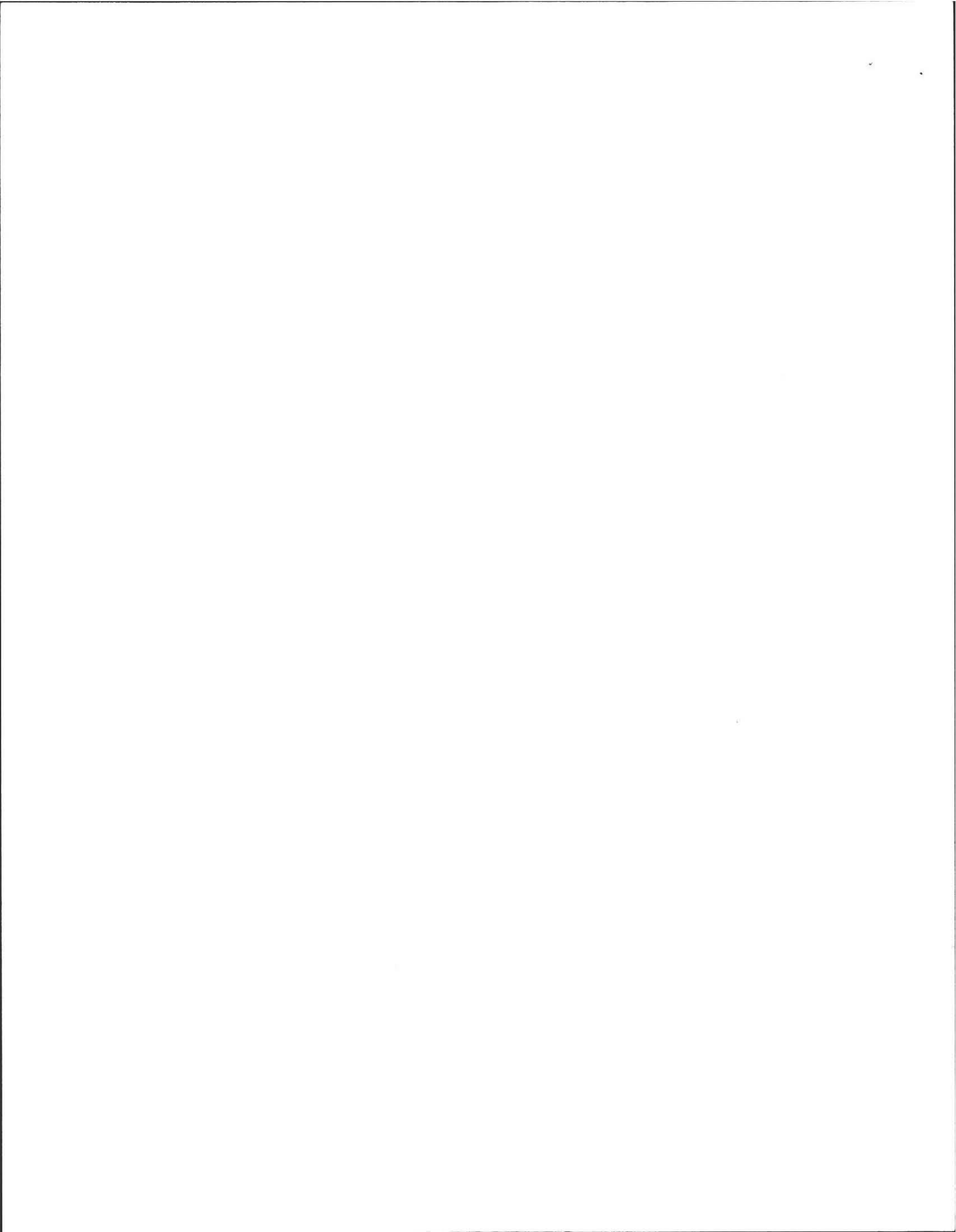
Privy (locate on site plan):

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

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

74 Overlook Dr.

Property Address

Bryan Couglin

Owner's Name

Amherst,

City/Town

MA

State

01002

Zip Code

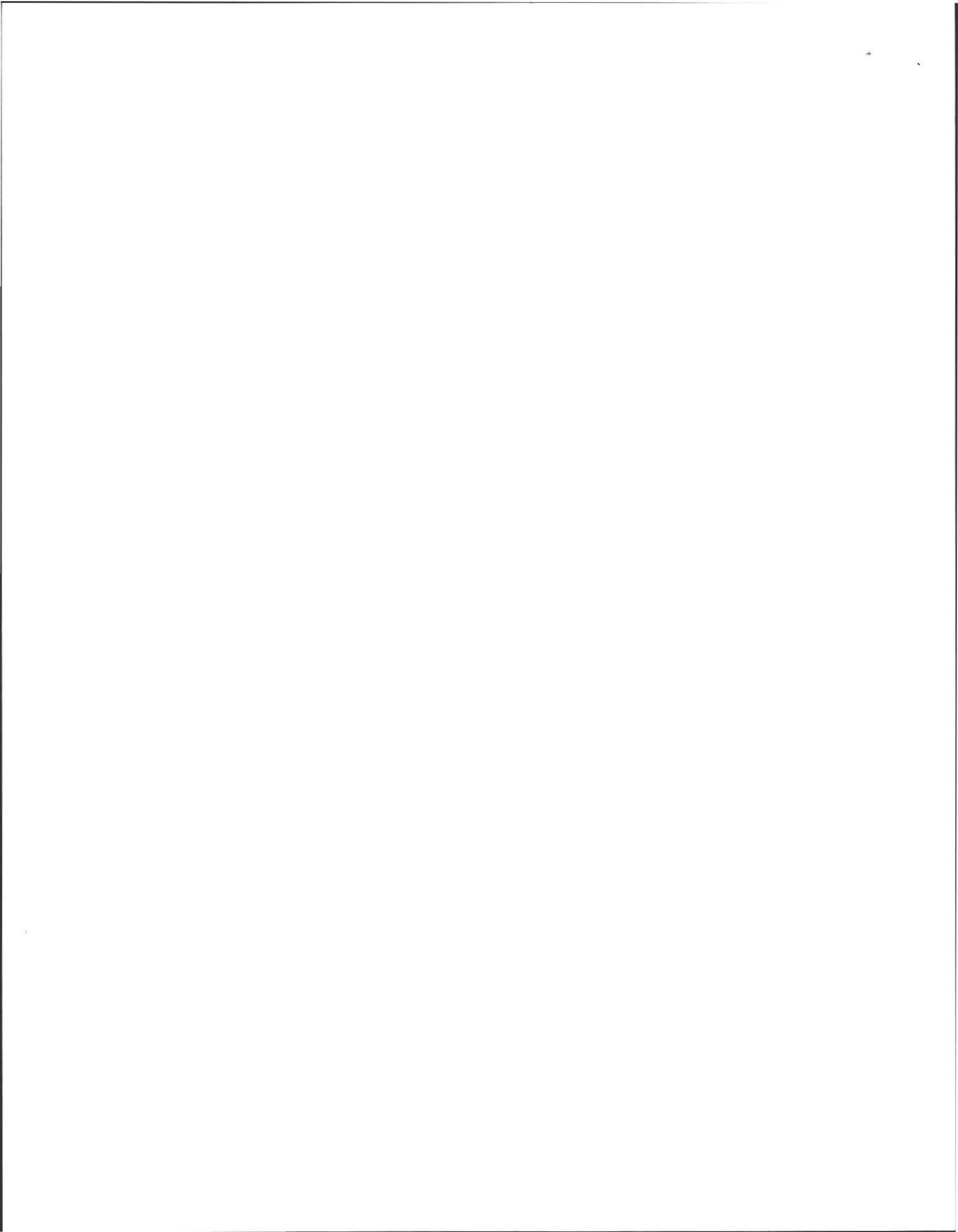
4.11.2007

Date of Inspection

Owner information is required for every page.

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.





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

74 Overlook Dr. _____
Property Address

Bryan Couglin _____
Owner's Name

Amherst, _____
City/Town

MA _____ 01002 _____ 4.11.2007 _____
State Zip Code Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Site Exam:

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

Estimated depth to ground water: _____
4'+
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:

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

T-5
ADD: chert
4/11/07
11 AM
AW

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner PETER GLUCKLER Address 74 OVERLOOK DRIVE

Installer KRUIS EXC. Address RIVER DR HADLEY

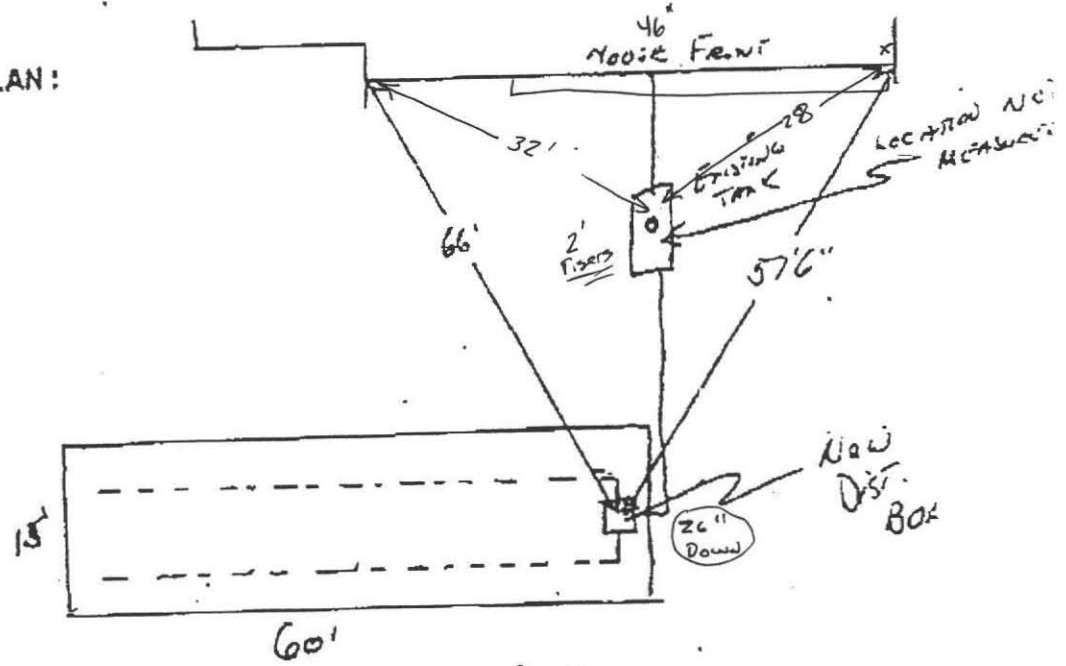
Date Installation Inspected and Approved 3-23-83

Description of System: Tank Capacity: EXISTING

Leach Field () Bed (X) Seepage Pit () Square Feet: 900

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

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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

