

Public Health
Prevent. Promote Protect.

App-11912 App-11913 Batch-2620

DATE: DECEMBER 6, 2011

### **Amherst Health Department**

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

To: Bacon and Wilson Attorneys at Law

Attn: Attorney Jeffery Brown

6 South East Street

Amherst, MA 01002-2406

For: The Estate at 330 Pelham Road, Amherst, MA

MAIL PAYMENT TO: Amherst Health Department

Bangs Community Center 70 Boltwood Walk

Amherst, MA 01002

| DATE       | DESCRIPTION   |       | TOTAL    |
|------------|---|-------|----------|
| 12/2/2011  | Plan Review and<br>System Construction Permit<br>330 Pelham Road, Amherst |       | \$150.00 |
| 11/18/2011 | Title V Witness Fee<br>330 Pelham Road, Amherst                           |       | \$200.00 |
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|            |   | TOTAL | \$350.00 |

Make all checks payable to Amherst Health Department.

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PERMITS/INSP PAYMENT RECPT#: 12051252
\*\*\*TOWN OF AMHERST\*\*\*
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 12/29/11 TIME: 10:09 CLERK: publichea DEPT:

PAID BY: JAMES PADDOCK PAYMENT METH: CHECK 125

REFERENCE: 11912

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

SITE ADDRESS: 330 PELHAM RD

FEES:

HEA017

150.00

TOTAL PAID:

150.00

PERMITS/INSP PAYMENT RECPT#: 12051253
\*\*\*TOWN OF AMHERST\*\*\*
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 12/29/11 TIME: 10:12 CLERK: publichea DEPT:

PAID BY: JAMES PADDOCK PAYMENT METH: CHECK 125

REFERENCE: 11913

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

SITE ADDRESS: 330 PELHAM RD

FEES: HEA058

200.00

TOTAL PAID: 200.00

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#### Commonwealth of Massachusetts

### **Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

| 330 Pelham Road             |               |             |                |                    |         |
|-----------------------------|---------------|-------------|----------------|--------------------|---------|
| Property Address            |               |             | =              | *                  |         |
| Estate of Muriel Paddock (C | O James Paddo | ck, 244 Loc | ks Pond Villag | e Road, Wendell, M | a 01379 |
| Owner's Name                | 199           |             |                | Y 30               |         |
| Amherst                     |               | MA          | 01002          | 11.01.2011         |         |
| City/Town                   |               | State       | Zip Code       | Date of Inspection |         |

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

1.



key.



#### A. General Information

| Inspector:                                  |                |  |  |
|---|----------------|--|--|
| Alan E Weiss, M.S, Hydrogeologist, RS # 933 |                |  |  |
| Name of Inspector                           |                |  |  |
| Cold Spring Environmental Consultants Inc.  |                |  |  |
| Company Name                                |                |  |  |
| 350 Old Enfield Road                        |                |  |  |
| Company Address                             | [2]            | The state of the s |  |
| Belchertown                                 | MA             | 01007  |  |
| City/Town                                   | State          | Zip Code   |  |
| 413.323.5957                                | # 738          |  |  |
| Telephone Number                            | License Number |  |  |

#### **B.** Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

| Passes                      | ○ Conditionally Passes        | ☐ Fails |  |
|-----------------------------|-------------------------------|---------|--|
| Needs Further Evaluation by | the Local Approving Authority |         |  |
|                             |                               |         |  |
| _ Ulu_ W                    | 11.01.2011                    | N.      |  |
| Inspector's Signature       | Date                          |         |  |

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

<sup>\*\*\*\*</sup>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**

| m  | er's Name   | 4.2020  | 0.4.0.5  |   |
|--|---|---|--|---|
| _  | herst   | MA  | 01002<br>Zip Code  | 11.01.2011  |
| _  | Town  | State   | ZIP Code   | Date of Inspection  |
|  | Certification (cont.)   |   |  |   |
|  | Inspection Summary: Check A,B,C,D   | or E / <i>always</i> o  | complete all of  | Section D   |
| )  | System Passes:  |   |  |   |
|  | ☐ I have not found any information w<br>in 310 CMR 15.303 or in 310 CMR<br>indicated below.   |   |  |   |
|  | Comments:   |   |  |   |
|  | Property has very old 40 + yr old systetank was leaking. Pipe from house to roots and needing replacement. Dry w for several months. Sewer connection crush and fill is recommended).   | septic tank and<br>vell had good s  | septic tank to tone with no ever   | dry well was compromised by vidence of failure. House empty   |
|  |   |   |  |   |
|  |   |   |  |   |
| ĺ  | System Conditionally Passes:  | 1   |  |   |
| Name of the last o | System Conditionally Passes:  One or more system components replaced or repaired. The system, the Board of Health, will pass.   |   |  |   |
| Ĭ.   | One or more system components replaced or repaired. The system,   | upon completi   | on of the replac   | cement or repair, as approved b   |
|  | One or more system components replaced or repaired. The system, the Board of Health, will pass.  Check the box for "yes", "no" or "not de   | upon completion<br>etermined" (Y,<br>ears old* or the<br>tial infiltration o  | on of the replace  N, ND) for the second control of the replace  e septic tank (vor exfiltration or  | cement or repair, as approved be following statements. If "not whether metal or not) is tank failure is imminent. Systen  |
|  | One or more system components replaced or repaired. The system, the Board of Health, will pass.  Check the box for "yes", "no" or "not dedetermined," please explain.  The septic tank is metal and over 20 yestructurally unsound, exhibits substant will pass inspection if the existing tank   | etermined" (Y, ears old* or the tial infiltration o is replaced with  | on of the replace N, ND) for the septic tank (vertically sound, nursily sound, necessity of the septic tank (vertically sound, necessity sound | cement or repair, as approved by following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of        |
|  | One or more system components replaced or repaired. The system, the Board of Health, will pass.  Check the box for "yes", "no" or "not dedetermined," please explain.  The septic tank is metal and over 20 y structurally unsound, exhibits substant will pass inspection if the existing tank Board of Health.  * A metal septic tank will pass inspectic Compliance indicating that the tank is  | etermined" (Y, ears old* or the tial infiltration o is replaced with  | on of the replace N, ND) for the septic tank (vertically sound, nursily sound, necessity of the septic tank (vertically sound, necessity sound | cement or repair, as approved by following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of        |
|  | One or more system components replaced or repaired. The system, the Board of Health, will pass.  Check the box for "yes", "no" or "not dedetermined," please explain.  The septic tank is metal and over 20 y structurally unsound, exhibits substant will pass inspection if the existing tank Board of Health.  * A metal septic tank will pass inspectic Compliance indicating that the tank is  | etermined" (Y, ears old* or the tial infiltration o is replaced with on if it is struct less than 20 ye explain below): | on of the replace N, ND) for the seeptic tank (vertically complying the acomplying tars old is available.  | cement or repair, as approved be following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of lable. |
|  | <ul> <li>□ One or more system components replaced or repaired. The system, the Board of Health, will pass.</li> <li>Check the box for "yes", "no" or "not dedetermined," please explain.</li> <li>The septic tank is metal and over 20 y structurally unsound, exhibits substant will pass inspection if the existing tank Board of Health.</li> <li>* A metal septic tank will pass inspectic Compliance indicating that the tank is</li> <li>□ Y □ N □ ND (Example of the system of t</li></ul> | etermined" (Y, ears old* or the tial infiltration o is replaced with on if it is struct less than 20 ye explain below): | on of the replace N, ND) for the seeptic tank (vertically complying the acomplying tars old is available.  | cement or repair, as approved be following statements. If "not whether metal or not) is tank failure is imminent. System septic tank as approved by the ot leaking and if a Certificate of lable. |

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### Commonwealth of Massachusetts

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|----------------------|-------------|--|---|------------|----------|-------------|----------------------------------|----------|--|--|
|                      |             |  | el Paddock (C/O James Paddock,  | 244 Lo     | cks Pon  | d Village   | Road, Wendell, Ma 01             | 379      |  |  |
| Owr                  | er's        | Name   |   | 4805-2803- | 20.20    |             | 21 - 23 - 122 etwen in Christian |          |  |  |
| Amherst<br>City/Town |             |  |   | MA         | 010      |             | 11.01.2011                       |          |  |  |
| -                    |             |  |   | State      | Zip      | Code        | Date of Inspection               |          |  |  |
| В.                   | Ce          | ertific  | ation (cont.)   |            |          |             |                                  |          |  |  |
|                      |             |  | 1   |            |          |             |                                  |          |  |  |
|                      | B)          | Syster   | n Conditionally Passes (cont.):   |            |          |             |                                  |          |  |  |
|                      |             | Observation of sewage backup or break out or high static water level in the distribution to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box pass inspection if (with approval of Board of Health): |   |            |          |             |                                  |          |  |  |
|                      |             |  | broken pipe(s) are replaced   |            | □ Y      | $\square$ N | ☐ ND (Explain below              | v):      |  |  |
|                      |             | $\boxtimes$  | obstruction is removed  |            | ⊠ Y      | $\square$ N | ☐ ND (Explain below              | v):      |  |  |
|                      |             |  | distribution box is leveled or rep  | laced      | □ Y      | $\square$ N | ☐ ND (Explain below              | v):      |  |  |
|                      | See         | e above  | regarding piping and roots.   |            |          |             |                                  | 5        |  |  |
|                      |             |  |   |            |          |             |                                  |          |  |  |
|                      |             |  | *4 4  |            |          |             | (W)                              |          |  |  |
|                      |             |  |   |            |          |             |                                  |          |  |  |
|                      |             |  |   |            |          |             |                                  | 8        |  |  |
|                      |             |  | stem required pumping more than   |            |          |             |                                  |          |  |  |
|                      |             |  | broken pipe(s) are replaced   |            | _ Y      | $\square$ N | ☐ ND (Explain below              | v):      |  |  |
|                      |             |  | obstruction is removed  |            | □ Y      | □N          | ☐ ND (Explain below              | v):      |  |  |
|                      |             |  |   |            |          |             |                                  |          |  |  |
|                      |             |  | ž:  |            |          |             |                                  |          |  |  |
|                      |             |  |   |            |          |             |                                  |          |  |  |
|                      |             |  |   |            |          |             |                                  |          |  |  |
|                      | C)          | Furthe   | r Evaluation is Required by the   | Board      | of Hea   | th:         |                                  |          |  |  |
|                      | $\boxtimes$ |  | ions exist which require further ev<br>stem is failing to protect public hea                  |            |          |             |                                  | rmine if |  |  |
|                      |             | 15.303   | stem will pass unless Board of l<br>(1)(b) that the system is not fur<br>and the environment: |            |          |             |                                  |          |  |  |
|                      |             |  | Cesspool or privy is within 50 fe   | et of a    | surface  | water       |                                  |          |  |  |
|                      |             |  | Cesspool or privy is within 50 fe   | et of a    | borderin | g vegeta    | ted wetland or a salt ma         | arsh     |  |  |

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### Commonwealth of Massachusetts

| 330 | Pelham F   | Road   |   |  |   |  |                           |
|-----|--|--|---|--|---|--|---------------------------|
| Pro | perty Address  | 3  |   |  |   |  |                           |
|     |  | iel Paddo  | ock (C/O James Pado   | lock, 244 Loc  | ks Pond Village   | Road, Wendell, Ma 0137   | 9                         |
| Ow  | ner's Name   |  |   | ¥.   |   |  |                           |
|     | herst  |  |   | MA   | 01002   | 11.01.2011   |                           |
| _   | Town   |  |   | State  | Zip Code  | Date of Inspection   |                           |
| _   | 2. Sy deter safet:  100 fe suppl: suppl: The s more Method  ** This sy coliform be | rstem wi<br>mines th<br>y and en<br>The sy<br>eet of a s<br>The sy<br>y.<br>The sy<br>y well.<br>ystem ha<br>from a prodused to<br>stem pass<br>pacteria in<br>than 5 pr | Il fail unless the Boar the system is fur exironment:  yetem has a septic tall urface water supply of yetem has a septic tall | ard of Health nctioning in a nk and soil about tributary to nk and SAS ank and SAS and the Sell**. | (and Public Variance that esorption system a surface watered the SAS is and the SAS is SAS is less that cormed at a DE of ammonia nit | Vater Supplier, if any) protects the public healt m (SAS) and the SAS is w | water water ecal is equal |
|     | 3. Other:  |  | k and piping repairs n  | needed howev   | ver sewer conn  | ection appears feasible.   |                           |
| D)  | System F   | ailure C   | riteria Applicable to   | All Systems  | :   |  |                           |
| -,  |  |  |   |  |   |  |                           |
|     | You mus  | t indicate   | e "Yes" or "No" to e  | each of the fo   | ollowing for <u>al</u>  | inspections:   |                           |
|     | Yes  | No   |   |  |   |  |                           |
|     |  | $\boxtimes$  | clogged SAS or co   | esspool  |   | onent due to overloaded o  |                           |
|     |  |  | due to an overload  | ded or clogge  | d SAS or cess   |  |                           |
|     |  | $\boxtimes$  | or clogged SAS o  | r cesspool   |   | outlet invert due to an ove  |                           |
|     |  | $\boxtimes$  | Liquid depth in ce<br>than ½ day flow   | sspool is less   | than 6" below   | invert or available volume   | is less                   |

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#### Commonwealth of Massachusetts

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

| 330     | Pelham F            | Road        |  |   | F  |  |
|---------|---------------------|-------------|--|---|--|--|
| 2000    | perty Address       |             |  |   |  |  |
|         |                     | iel Paddo   | ck (C/O James Pado   | dock, 244 Loc   | ks Pond Village  | e Road, Wendell, Ma 01379  |
|         | ner's Name          |             |  | 24.4  | 04000  | 44.04.0044   |
| 12/1/1/ | herst<br>Town       |             |  | MA<br>State   | 01002<br>Zip Code  | 11.01.2011 Date of Inspection  |
| 0.50    |                     |             |  | State   | Zip Code   | Date of Inspection   |
| ٥.      | Certifi             | cation      | (cont.)  |   |  |  |
|         | Yes                 | No          |  |   |  |  |
|         |                     | $\boxtimes$ | Required pumping obstructed pipe(s   |   |  | st year <i>NOT</i> due to clogged or   |
|         |                     | $\boxtimes$ | Any portion of the   | SAS, cesspo   | ol or privy is b   | elow high ground water elevation.  |
|         |                     | $\boxtimes$ | Any portion of cestributary to a surfa   |   |  | feet of a surface water supply or  |
|         |                     | $\boxtimes$ | Any portion of a c   | esspool or pri  | vy is within a Z   | one 1 of a public well.  |
|         |                     | $\boxtimes$ | Any portion of a c   | esspool or pr   | vy is within 50  | feet of a private water supply well  |
|         | 60X                 |             | from a private wa<br>system passes i<br>laboratory, for fe<br>of ammonia nitre   | ter supply we f the well wa ecal coliform ogen and nite other failure | Il with no accepter analysis, publicate indicate nitrogen in criteria are to | 100 feet but greater than 50 feet otable water quality analysis. [This performed at a DEP certified rates absent and the presence sequal to or less than 5 ppm, riggered. A copy of the analysis this form.] |
|         |                     | $\boxtimes$ | The system is a control of the system is a contr | esspool servi   | ng a facility wit  | h a design flow of 2000gpd-  |
|         |                     |             | criteria exist as de   | escribed in 31<br>ould contact tl                                     | 0 CMR 15.303<br>ne Board of He   | or more of the above failure<br>the the system fails. The<br>alth to determine what will be  |
| Ξ)      |                     |             | o be considered a<br>000 gpd to 15,000 g   |   | the system r   | nust serve a facility with a   |
|         | For large questions |             |  | ther "yes" or "   | no" to each of   | the following, in addition to the  |
|         | Yes                 | No          |  |   |  |  |
|         |                     |             | the system is with   | nin 400 feet of   | a surface drin   | king water supply  |
|         |                     |             | the system is with   | nin 200 feet of   | a tributary to a   | surface drinking water supply  |
|         |                     |             | T.   |   |  | rea (Interim Wellhead Protection<br>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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### Commonwealth of Massachusetts

330 Pelham Road

| ro    | perty Addre              | ess          |   |                             |                   |                     |                    |
|-------|--------------------------|--------------|---|-----------------------------|-------------------|---------------------|--------------------|
|       | tate of Mu<br>ner's Name |              | lock (C/O James Paddoo  | ck, 244 Loc                 | ks Pond Village   | Road, Wendell, N    | Ma 01379           |
|       | herst                    |              | =   | MA                          | 01002             | 11.01.2011          |                    |
| -1100 | //Town                   |              |   | State                       | Zip Code          | Date of Inspection  | ľ                  |
| 3.    | Chec                     | klist        |   |                             |                   |                     |                    |
|       | Check in                 | f the follow | ving have been done. Yo   | ou <b>must</b> ind          | licate "yes" or " | no" as to each of t | he following:      |
|       | Yes                      | No           |   |                             |                   |                     |                    |
|       |                          | $\boxtimes$  | Pumping information   | was provid                  | ed by the owne    | r, occupant, or Bo  | ard of Health      |
|       |                          | $\boxtimes$  | Were any of the syste   | em compon                   | ents pumped o     | ut in the previous  | two weeks?         |
|       |                          | $\boxtimes$  | Has the system recei  | ived normal                 | flows in the pr   | evious two week p   | eriod?             |
|       |                          | $\boxtimes$  | Have large volumes of this inspection?  | of water be                 | en introduced to  | the system recer    | ntly or as part of |
|       |                          | $\boxtimes$  | Were as built plans o<br>available note as N/A  | -                           | n obtained and    | examined? (If the   | y were not         |
|       | $\boxtimes$              |              | Was the facility or dw  | elling inspe                | ected for signs   | of sewage back up   | )?                 |
|       | $\boxtimes$              |              | Was the site inspecte   | ed for signs                | of break out?     |                     |                    |
|       | $\boxtimes$              |              | Were all system com   | ponents, ex                 | cluding the SA    | S, located on site? | ?                  |
|       | $\boxtimes$              |              | Were the septic tank inspected for the con dimensions, depth of                           | dition of the               | baffles or tees   | , material of const |                    |
|       | $\boxtimes$              |              | Was the facility owne information on the pro<br>The size and location been determined bas | oper mainte<br>on of the So | enance of subs    | urface sewage dis   | posal systems?     |
|       | $\boxtimes$              |              | Existing information.   | For exampl                  | e, a plan at the  | Board of Health.    |                    |
|       | $\boxtimes$              | w            | Determined in the fie<br>approximation of dist  |                             |                   |                     | C is at issue      |
|       | <u>.</u>                 |              |   |                             | * .               |                     | N                  |
| 0.    | Syste                    | em Info      | rmation   | 639                         |                   |                     |                    |
|       | Reside                   | ntial Flov   | Conditions:   |                             |                   |                     |                    |
|       | Number                   | of bedro     | oms (design):   |                             | Number of bed     | Irooms (actual):    | 4                  |
|       | DESIGN                   | N flow bas   | ed on 310 CMR 15.203  | (for examp                  | le: 110 gpd x #   | of bedrooms):       | *                  |
|       |                          |              |   |                             |                   |                     |                    |

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#### Commonwealth of Massachusetts

| 330 Pelham Road Property Address                                      |                            |                 |               |              |      |
|---|----------------------------|-----------------|---------------|--------------|------|
| Estate of Muriel Paddock (C/O James                                   | s Paddock, 244 Loc         | ks Pond Village | Road, Wende   | ell, Ma 0137 | 9    |
| Owner's Name  |                            | 1               |               |              |      |
| Amherst   | MA                         | 01002           | 11.01.201     |              |      |
| City/Town   | State                      | Zip Code        | Date of Inspe | ection       |      |
| D. System Information  Description: 1000 gallon S. tank with Dist box | and 3 line field           |                 |               |              |      |
| P.  |                            |                 |               |              |      |
| Number of current residents:  |                            |                 |               | 0            |      |
| Does residence have a garbage of                                      | grinder?                   |                 |               | ☐ Yes        | ⊠ No |
| Is laundry on a separate sewage                                       | system? [if <b>yes</b> sep | arate inspectio | n required]   | ☐ Yes        | ⊠ No |
| Laundry system inspected?   |                            |                 | ☐ Yes         | ☐ No         |      |
| Seasonal use?   |                            |                 |               | ⊠ Yes<br>n/a | ☐ No |
| Water meter readings, if available<br>Detail:                         | e (last 2 years usage      | e (gpd)):       |               |              |      |
|   |                            |                 |               |              |      |
| Sump pump?  |                            |                 | 5             | ☐ Yes        | ⊠ No |
| Last date of occupancy:   |                            |                 |               | Date         |      |
| Commercial/Industrial Flow Co   | nditions:                  |                 |               |              |      |
| Type of Establishment:  |                            | -               |               |              | -    |
| Design flow (based on 310 CMR   | 15.203):                   | Gallons         | per day (gpd) | 4            |      |
| Basis of design flow (seats/perso                                     | ns/sq.ft., etc.):          | -               |               |              |      |
| Grease trap present?  |                            |                 |               | Yes          | □ No |
| Industrial waste holding tank pres                                    | (A)                        |                 |               | ☐ Yes        | □ No |
| Non-sanitary waste discharged to                                      |                            |                 | 4             | ∐ Yes        | ∐ No |
| Water meter readings, if available                                    | ;.                         |                 |               |              |      |

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#### Commonwealth of Massachusetts

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|----|---------------|----------------------------|----------------|-----------------|--|
|    | perty Address | Paddock (CIO James Padd    | lock 244 Loc   | ks Pond Villag  | e Road, Wendell, Ma 01379  |
|    | ner's Name    | raddock (O/O James radd    | 200K, 244 LUC  | MS FORG VIIIAS  | e i toda, vvenden, ivia o 1575   |
| _  | herst         | 1                          | MA             | 01002           | 11.01.2011   |
| -  | Town          |                            | State          | Zip Code        | Date of Inspection   |
| D. | System        | Information (cont.)        |                |                 |  |
|    | Last date of  | occupancy/use:             |                | currer          | nt   |
|    |               |                            |                | Date            |  |
|    | Other (desc   | ribe below):               |                |                 |  |
|    |               |                            |                |                 |  |
|    |               |                            |                |                 |  |
|    |               |                            |                |                 |  |
|    |               | G                          | Seneral Infor  | mation          |  |
|    | Pumping Re    | ecords:                    |                |                 |  |
|    | Source of in  | formation:                 | unk.           |                 |  |
|    | Was system    | pumped as part of the insp | pection?       |                 | ☐ Yes ⊠ No   |
|    | If yes, volum | ne pumped:                 | -<br>gallon    | s               |  |
|    | How was qu    | antity pumped determined?  | ? —            |                 | ,  |
|    | Reason for p  | oumping:                   | -              |                 |  |
|    | Type of Sys   | item:                      |                |                 |  |
|    | $\boxtimes$   | Septic tank, distribution  | box, soil abs  | sorption system | 1  |
|    |               | Single cesspool            |                |                 |  |
|    |               | Overflow cesspool          |                |                 |  |
|    |               | Privy                      |                |                 |  |
|    |               | Shared system (yes or      | no) (if yes, a | ttach previous  | inspection records, if any)  |
|    |               |                            | to be obtaine  | d from system   | the current operation and<br>owner) and a copy of latest<br>der contract |
|    |               | Tight tank. Attach a co    | py of the DEF  | approval.       |  |
|    |               | Other (describe):          |                |                 |  |
|    |               |                            |                |                 |  |

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#### Commonwealth of Massachusetts

| 30 Pelham Road                      |                         |                     |               |                 |                 |
|-------------------------------------|-------------------------|---------------------|---------------|-----------------|-----------------|
| operty Address                      |                         |                     | 5 11/21       | D - 1 14/       | -I-II M - 04070 |
| state of Muriel Pado<br>wner's Name | lock (C/O James Pa      | ddock, 244 Lock     | s Pond Villag | ge Road, Wen    | idell, Ma 013/9 |
| mherst                              |                         | MA                  | 01002         | 11.01.20        | 111             |
| ty/Town                             |                         | State               | Zip Code      | Date of Ins     |                 |
|                                     | emotion (cont           |                     | 2.6 0000      | Date of the     | podion          |
| Approximate age                     | ormation (cont.         |                     | known) and s  | source of infor | mation:         |
| 40+                                 |                         |                     |               |                 |                 |
| Were sewage od                      | ors detected when a     | rriving at the site | ?             |                 | ☐ Yes ⊠ No      |
| <b>Building Sewer</b>               | (locate on site plan):  |                     |               |                 |                 |
| Depth below grad                    | de:                     |                     | -             | .5<br>eet       |                 |
|                                     |                         |                     | 16            | set             |                 |
| Material of constr                  | ruction:                |                     |               |                 |                 |
| ⊠ cast iron                         | □ 40 PVC                | other (e            | xplain): -    |                 |                 |
| Distance from pri                   | vate water supply w     | ell or suction line | : fe          | eet             |                 |
| Comments (on co                     | ondition of joints, ver | nting, evidence o   | f leakage, et | c.):            |                 |
| Needs replaceme                     |                         | 0.                  |               | •               |                 |
| Needs replaceme                     | ent, root pluggeu.      |                     |               |                 |                 |
|                                     |                         |                     |               |                 |                 |
|                                     |                         | Я                   |               |                 |                 |
|                                     |                         |                     |               |                 |                 |
| Septic Tank (loc                    | ate on site plan):      |                     |               |                 |                 |
| _                                   |                         |                     | 1             | ft              |                 |
| Depth below grad                    | de:                     |                     | -             | eet             |                 |
| Material of constr                  | ruction:                |                     |               |                 |                 |
| ⊠ concrete                          | ☐ metal                 | fiberglas           | ss 🗌 po       | olyethylene     | other (explain) |
| -                                   |                         |                     |               |                 |                 |
|                                     |                         |                     | •             |                 |                 |
|                                     |                         |                     | -             |                 |                 |
| If tank is metal, li                | st age:                 |                     | У             | rears           |                 |
| Is age confirmed                    | by a Certificate of C   | ompliance? (atta    | ach a copy of |                 | ☐ Yes ☐ No      |
| Dimensions:                         |                         |                     |               | 8.5' x 4.5' x 4 |                 |
| Sludge depth:                       |                         |                     |               | 6"              |                 |
|                                     |                         |                     |               |                 |                 |

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#### Commonwealth of Massachusetts

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

330 Pelham Road Property Address Estate of Muriel Paddock (C/O James Paddock, 244 Locks Pond Village Road, Wendell, Ma 01379 Owner's Name MA 01002 11.01.2011 Amherst Zip Code Date of Inspection City/Town State D. System Information (cont.) Septic Tank (cont.) 30" Distance from top of sludge to bottom of outlet tee or baffle 6" Scum thickness 4" Distance from top of scum to top of outlet tee or baffle 12" Distance from bottom of scum to bottom of outlet tee or baffle Observation/Meas How were dimensions determined? 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 was 1000 gallon, with baffles 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:



### Commonwealth of Massachusetts

330 Pelham Road

| ate of Muriel Paddock (C/O James Paddock 244        |                  |                 |                         |             |
|---|------------------|-----------------|-------------------------|-------------|
| ate of Muriel Paddock (C/O James Paddock, 244       | Locks Pond       | /illage Road,   | Wendell, Ma             | 01379       |
| ner's Name  | 01002            | 110             | 1 2011                  |             |
| Town MA   |                  |                 | 1.2011<br>of Inspection |             |
| System Information (cont.)                          |                  |                 |                         | -           |
| System information (cont.)                          |                  |                 |                         |             |
| Comments (on pumping recommendations, inlet         |                  |                 | dition, structu         | ıral integr |
| liquid levels as related to outlet invert, evidence | of leakage, et   | c.):            |                         |             |
|   |                  |                 |                         |             |
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|   |                  |                 |                         |             |
| Tight or Holding Tank (tank must be pumped a        | it time of inspe | ection) (locate | on site plan)           |             |
| Depth below grade:                                  |                  |                 |                         |             |
| Depth below grade.                                  |                  |                 |                         |             |
| Material of construction:                           |                  |                 |                         |             |
|   |                  |                 |                         |             |
| concrete metal fib                                  | erglass          | polyethyle      | ene 🗌 oth               | ner (expla  |
|   |                  |                 |                         |             |
|   |                  |                 |                         |             |
| Dimensions:   |                  |                 |                         |             |
| Differiolofia.                                      |                  |                 |                         |             |
| Capacity:   | gallons          |                 |                         |             |
|   | -                |                 |                         |             |
| Design Flow:  |                  |                 |                         |             |
| Design Flow:  | gallons per      | day             |                         |             |
|   | _                | 1               |                         |             |
| Alarm present:                                      | gallons per      | day No          |                         |             |
|   | ☐ Yes            | 1               | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:                        | ☐ Yes            | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:                                      | ☐ Yes            | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:                        | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |
| Alarm present:  Alarm level:  Date of last pumping: | Yes Alarm in v   | ☐ No            | ☐ Yes                   | □ No        |



#### Commonwealth of Massachusetts

330 Pelham Road

### Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address Estate of Muriel Paddock (C/O James Paddock, 244 Locks Pond Village Road, Wendell, Ma 01379 Owner's Name 01002 Amherst MA 11.01.2011 City/Town State Zip Code Date of Inspection D. System Information (cont.) Distribution Box (if present must be opened) (locate on site plan): Depth of liquid level above outlet invert Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): Pump Chamber (locate on site plan): Pumps in working order: Alarms in working order: Yes 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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#### Commonwealth of Massachusetts

### **Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

330 Pelham Road Property Address Estate of Muriel Paddock (C/O James Paddock, 244 Locks Pond Village Road, Wendell, Ma 01379 Owner's Name 01002 Amherst MA 11.01.2011 City/Town State Zip Code Date of Inspection D. System Information (cont.) Type: 4' x 4'  $\boxtimes$ leaching pits number: leaching chambers number: leaching galleries number: leaching trenches number, length: 3 lines leaching fields number, dimensions: 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 Liquid level staining over invert pipe nor past Hydraulic failure, 18" BG. 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 Yes Indication of groundwater inflow

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### Commonwealth of Massachusetts

| 330 Pelham Road                                   |              |                   |                                  |
|---|--------------|-------------------|----------------------------------|
| Property Address                                  |              |                   |                                  |
| Estate of Muriel Paddock (C/O James Paddo         | ck, 244 Loc  | ks Pond Village   | e Road, Wendell, Ma 01379        |
| Owner's Name                                      |              | 18                | 36                               |
| Amherst   | MA           | 01002             | 11.01.2011                       |
| City/Town   | State        | Zip Code          | Date of Inspection               |
| D. System Information (cont.)                     |              |                   |                                  |
| Comments (note condition of soil, signs of etc.): | of hydraulic | failure, level of | ponding, condition of vegetation |
|   |              | 8                 |                                  |
|   |              |                   |                                  |
|   |              |                   |                                  |
| Privy (locate on site plan):                      |              |                   |                                  |
| Materials of construction:                        | -            |                   |                                  |
| Dimensions  |              |                   |                                  |
| Depth of solids                                   | 12           |                   |                                  |
| Comments (note condition of soil, signs of etc.): | of hydraulic | failure, level of | ponding, condition of vegetation |
|   |              |                   | *                                |
|   | 54           | 7                 | 44                               |
|   |              |                   | 1 4                              |



Owner information is required for every page.

#### Commonwealth of Massachusetts

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

| herst   |                            |                           | MA          | 01002      |             | .01.2011         |   |
|---|----------------------------|---------------------------|-------------|------------|-------------|------------------|---|
| /Town   | 24                         |                           | State       | Zip Code   | Da          | te of Inspection | n |
| Sketch Of Sewage I<br>at least two perman<br>where public water | Disposal Sy<br>ent referen | /stem: Prov<br>ce landmar | ks or bench | marks. Loc | cate all we | ells within 10   |   |
| ☐ hand-sketch in t ☐ drawing attache                            |                            |                           |             |            |             | = 1              |   |
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Owner information is required for every page.

#### Commonwealth of Massachusetts

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

| ier's Name<br>herst | e  | MA             | 01002             | 11.01.2011         |  |
|---------------------|--|----------------|-------------------|--------------------|--|
| Town                |  | State          | Zip Code          | Date of Inspection |  |
| Syste               | em Information (cont.)   |                |                   |                    |  |
| •                   | and the state of t |                |                   |                    |  |
| Site Ex             | am:  |                |                   |                    |  |
| □ Che               | eck Slope  |                |                   |                    |  |
|                     | con clope  |                |                   |                    |  |
| Sur                 | face water   |                |                   |                    |  |
| ☐ Che               | eck cellar   |                |                   |                    |  |
|                     |  |                |                   |                    |  |
| ∐ Sha               | allow wells  |                |                   |                    |  |
| Estimat             | ted depth to high ground water:  |                | 5'+/-<br>feet     |                    |  |
|                     |  |                |                   |                    |  |
| Please              | indicate all methods used to deter   | rmine the hi   | gh ground wate    | er elevation:      |  |
|                     | Obtained from system design  | n plans on re  | ecord             |                    |  |
| _                   |  |                |                   |                    |  |
|                     | If checked, date of design pla   | an reviewed    | Date              |                    |  |
|                     | Observed site (abutting prop   | erty/observa   | ation hole within | 150 feet of SAS)   |  |
|                     |  |                |                   | •                  |  |
|                     | Checked with local Board of  | Health - exp   | olain:            |                    |  |
|                     |  |                |                   |                    |  |
|                     | <b>2</b>   |                | / W 1 1           |                    |  |
|                     | Checked with local excavato  | rs, installers | - (attach docu    | mentation)         |  |
|                     | Accessed USGS database -   | explain:       |                   |                    |  |
|                     |  |                |                   |                    |  |
|                     |  |                |                   |                    |  |
| You mu              | ust describe how you established   | the high gro   | ound water elev   | ation:             |  |
|                     | area in past.  |                |                   | *                  |  |
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Owner information is required for every page.

#### Commonwealth of Massachusetts

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

| 330 Pelham Road                             |            |                |                           |
|---|------------|----------------|---------------------------|
| Property Address                            |            |                |                           |
| Estate of Muriel Paddock (C/O James Paddock | c, 244 Loc | ks Pond Villag | e Road, Wendell, Ma 01379 |
| Owner's Name                                |            |                |                           |
| Amherst                                     | MA         | 01002          | 11.01.2011                |
| City/Town                                   | State      | Zip Code       | Date of Inspection        |

#### E. Report Completeness Checklist

☐ 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

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APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM TO: THE BOARD OF HEALTH, AMHERST, MASS. ( addook (owner's name) hereby applies for a permit to construct or repair a private disposal system for (residence, store, etc.) to be installed by (address) (phone Description of lot, building and fixtures as follows: Depth to Ground Water Distance to Town Sewer Will Lot be Graded? .... .... By Filling or Removing Soil? Fixtures: No. Toilets .. . Kitchen Sinks Garbage Grinders Auto Dishwasher ..... .... Auto. Clotheswasher ...... (On reverse side show plot plan with building. Include dimensions, distances from all boundaries, Show location of wells, streams, ledge, large trees, etc.) I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me. A Capacage 5/22/6/ (Si PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements: Sentic Tank: Must be of Cement and of ... .... Gals. Liquid Capacity. Leaching System: Trenches of not less than .. Sq. Ft. bottom area. Dry well ... ft. bottom area and ...... ..... ft. below the inlet. 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

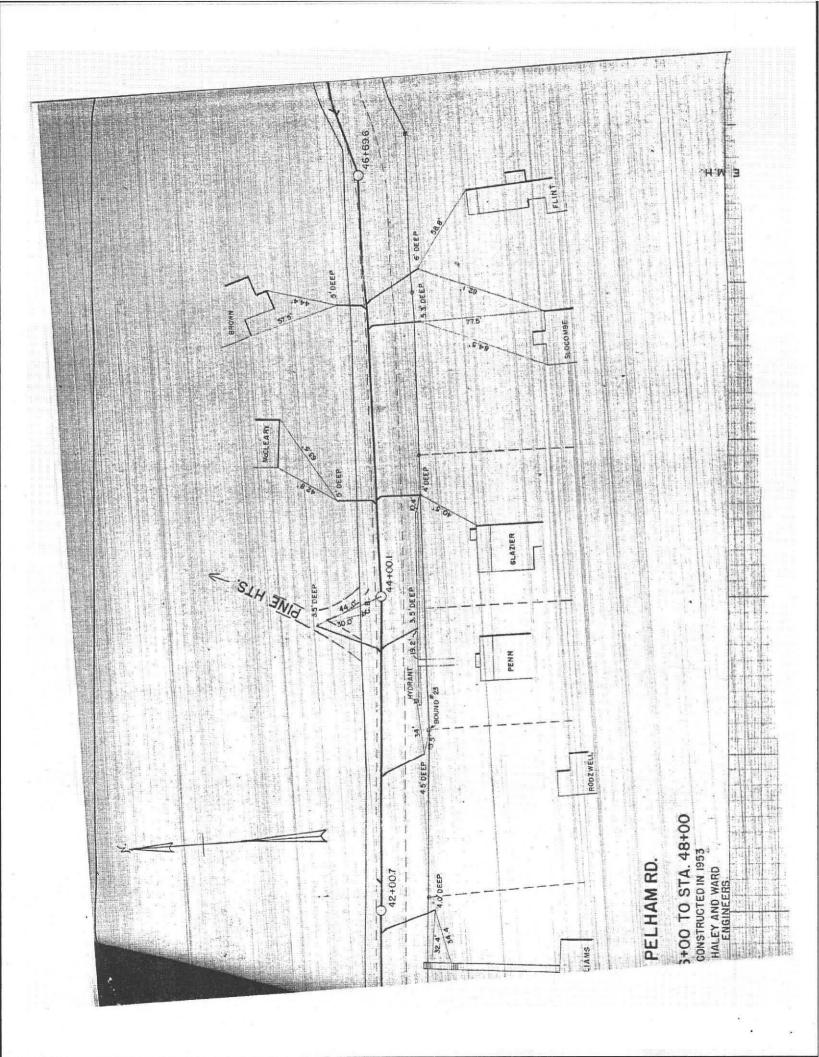
for the Board of Health

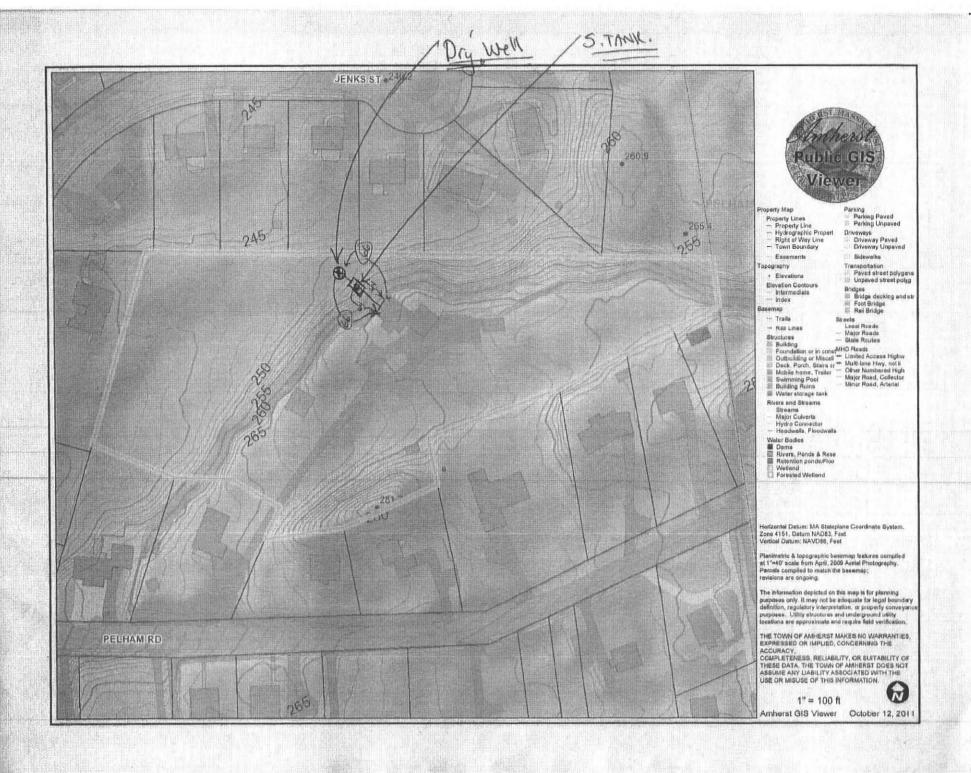
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maintenance of the system.

Inspected .





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- Sewer Manhole
- Private Sewer MH
- Gravity Sewer Lines

   Active Sewer Line
- Missing
- Abandoned
- Water Manhole

- Force Main Sewer Lines Drain Man Hole
- Water Line -Active

  - Missing
    --Abandoned
  - Drain Cleanout
  - Catch Basin
  - **Drain Lines**
  - ▶ Active
  - -Missing - Abandoned

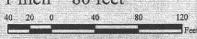
#### 330 Pelham Rd. Amherst, Ma.

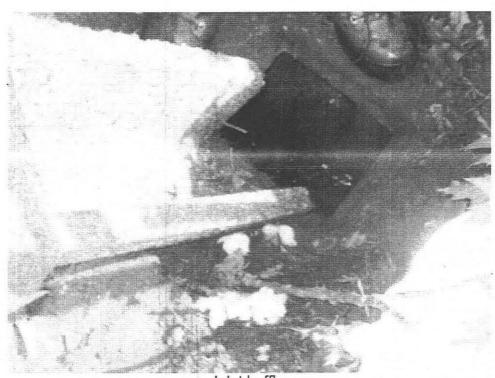
Property lines are approximate and not intended for conveyance purposes





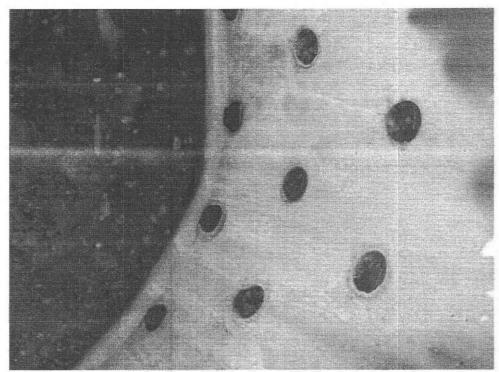
1 inch = 80 feet





Inlet baffle 330 Pelham Road Pelham, MA 11.01.2011

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Inside Dry well 330 Pelham Road Pelham, MA 11.01.2011



Dry well 330 Pelham Road Pelham, MA 11.01.2011

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### IMPORTANT MESSAGE A.M. P.M. Day \_\_\_\_ Time M Roben Of paralegal Mariel Reddock Area Code

Number 584 429 MOBILE Area Code Number

| Telephoned       | Returned your call | RUSH              |  |
|------------------|--------------------|-------------------|--|
| Came to see you  | Please call        | Special attention |  |
| Wants to see you | Will call again    | Caller on hold    |  |
| -                |                    | 4                 |  |

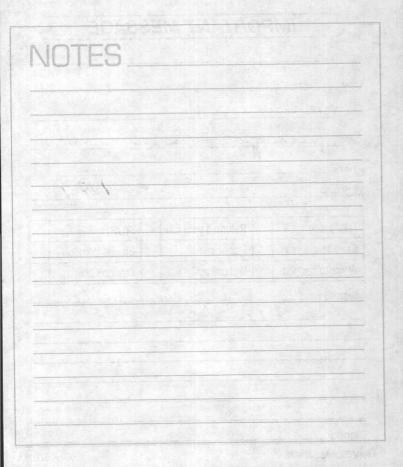
Message originally new reptic;

Signed

For

Phone

FAX



Director's Report and Update

ropics the Chair aid not reasonably anticipate 48 hours before the meeting.

Schedule Next Board of Health Meeting/Agenda Closing Date

Alan E. Weiss, M.S., R.S., L.S.P.

President Licensed Site Professional Hydrogeologist Registered Sanitarian

coldspringenvironmental.com aeweiss@charter.net Wetland Consults
Soil and Water Testing
21E Site Investigations
Percolation Tests
Septic Designs
Title 5 Inspections



James Faddock 244 Locke Village Rd 01379 978-544-6461

Janes (or Mail)

Sigs + clower Copy

to Ed Smith at

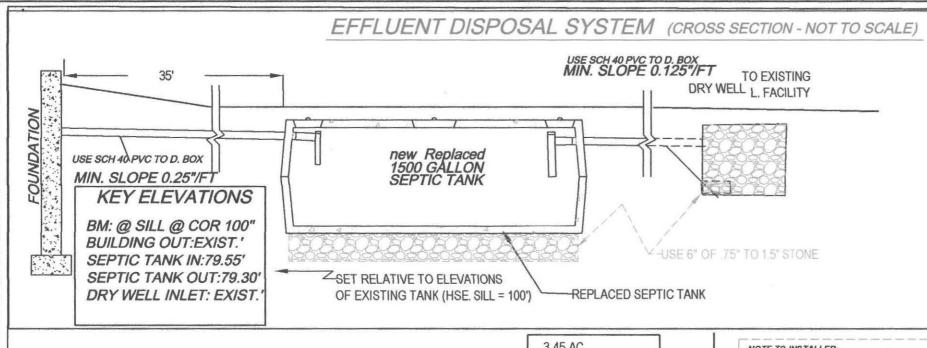
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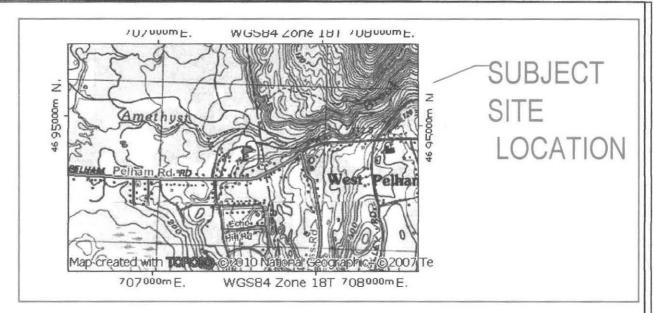
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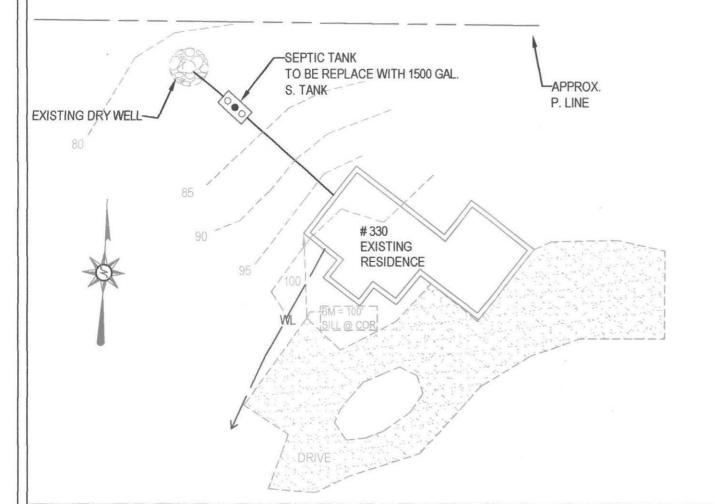
# COMMONWEALTH OF MASSACHUSETTS Board of Health, \_\_\_\_\_, MA.

| Location 330 Rellen Vel:   | Owner's Name James Paddock  |
|--|---|
| Map/Parcel# 15B/12   | Address ZYY Locks Village Rel Wrider  |
| Lot# 12  | Telephone# 978 - 544 - 6461   |
| Installer's Name Karl'S Site Work  | Designer's Name Alau Wass, Rs   |
| Address Hadkey MA.   | Address Beldetaw, MA.   |
| Telephone# 549 5376  | Telephone# 43 373-5953  |
| pe of Building ReSidue.  | Lot Size 3,45 12th Sq. ft.  |
| velling - No. of Bedrooms 4BR (Aek)  | Garbage grinder (N/   |
|  | No. of persons Showers ( ), Cafeteria ( )   |
| her Fixtures   |   |
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| il Evaluator Form No Name of Soil Eva  | luator Date of Evaluation   |
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| COMMONWEALTH   | FEE   |
| Board of Health,   |   |
| ,  | , <i>MA</i> .   |
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| CERTIFICATE  | OF COMPLIANCE   |
| CERTIFICATE escription of Work: Individual Component(s) Complet ne undersigned hereby certify that the Sewage Disposal System;   | OF COMPLIANCE e System Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )   |
| CERTIFICATE  escription of Work: Individual Component(s) Complete the undersigned hereby certify that the Sewage Disposal System;  s been installed in accordance with the provisions of 310 CMR plication No, dated Appro   | OF COMPLIANCE  e System  Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )  15.00 (Title 5) and the approved design plans/as-built plans relating to wed Design Flow(gpd)  |
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| CERTIFICATE  escription of Work: Individual Component(s) Complete the undersigned hereby certify that the Sewage Disposal System;  is been installed in accordance with the provisions of 310 CMR eplication No, dated, Approvatabler  essigner: Inspector:  the issuance of this permit shall not be construed as a guarantee of the construction of the co | OF COMPLIANCE e System Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )  15.00 (Title 5) and the approved design plans/as-built plans relating to ved Design Flow(gpd)  |
| CERTIFICATE  escription of Work: Individual Component(s) Complete the undersigned hereby certify that the Sewage Disposal System;  as been installed in accordance with the provisions of 310 CMR oplication No, dated, Approvatabler esigner: Inspector:  the issuance of this permit shall not be construed as a guarantee of the construed as a guar  | OF COMPLIANCE  e System  Constructed (), Repaired (), Upgraded (), Abandoned ()  15.00 (Title 5) and the approved design plans/as-built plans relating to ved Design Flow(gpd)  Date:  that the system will function as designed.   |
| CERTIFICATE  rescription of Work: Individual Component(s) Complete the undersigned hereby certify that the Sewage Disposal System;  resigned in accordance with the provisions of 310 CMR resigner:  | OF COMPLIANCE  e System  Constructed (), Repaired (), Upgraded (), Abandoned ()  15.00 (Title 5) and the approved design plans/as-built plans relating to ved Design Flow(gpd)  Date:  that the system will function as designed.  TITLE Y = 200 F  PERMIT FEE 150  350 F |
| CERTIFICATE  escription of Work: Individual Component(s) Complete the undersigned hereby certify that the Sewage Disposal System;  s been installed in accordance with the provisions of 310 CMR plication No, dated, Appro- staller  signer: Inspector:  the issuance of this permit shall not be construed as a guarantee of the construed as a guarantee of the construed of the construed of the construed as a guarantee of the construed of the construct of the cons   | OF COMPLIANCE e System  Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )  15.00 (Title 5) and the approved design plans/as-built plans relating to ved Design Flow(gpd)   |
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3.45 AC. #330 PELHAM ROAD 1" = 30'



#### NOTE TO INSTALLER:

LOCATE AND ESTABLISH L. AREA AS FUNCTIONING FIRST, IF FAILED, CONTACT DESIGNER IMMEDIATELY, STOP TANK INSTALL PLAN. OTHERWISE PROCEED

- 1. Pump, crush and remove old component. 2. Install new S. tank as noted on plan as per 310 CMR 15.00, with proper Sch 40 tees and gas baffle or outlet filter.
- 3. Contact Designer and local Health official for proper inspection prior to backfill.

NOTE: NO GAURANTEE OF LEGNTH OF FUNCTION OF L. FIELD IS ADDRESSED. FIELD FOUND FUNCTIONAL AT TIME OF COMPONENT CHANGEOUT.

NOTE: NOT A SURVEY FOR SEPTIC LOCATION ONLY: NO PROPERTY LINES WITHIN 15 FT OF PROPOSED TANK REPLACEMENT



#### TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT. JSE WATERTIGHT RISER ON ALL OPEINENGS GREATER THAN 9" BURIED FILTER (IF PRESENT) CONTRACTOR TO CONFIRM 021/Ft. PITCH FROM SILL 1500 GALLON CONCRETE TOS. TANK TANK. USE UPON COMPLETE 10" INSPECTION ONLY. (3" drop, Undergound Supply or Equivilent Tank) -USE SCH 40 pvc TEES -126 X 66" -GAS BAFFLE SE 6" OF 3/4" TO 1-1/2" D. W. STONE BENEATH TANK

SEPTIC TANK & D. BOX REPLACEMENT PLAN FOR JAMES PADDOCK

330 PELHAM ROAD AMHERST, MA

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

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

c-Mail: AEWEISS@charter.nct REVISED:

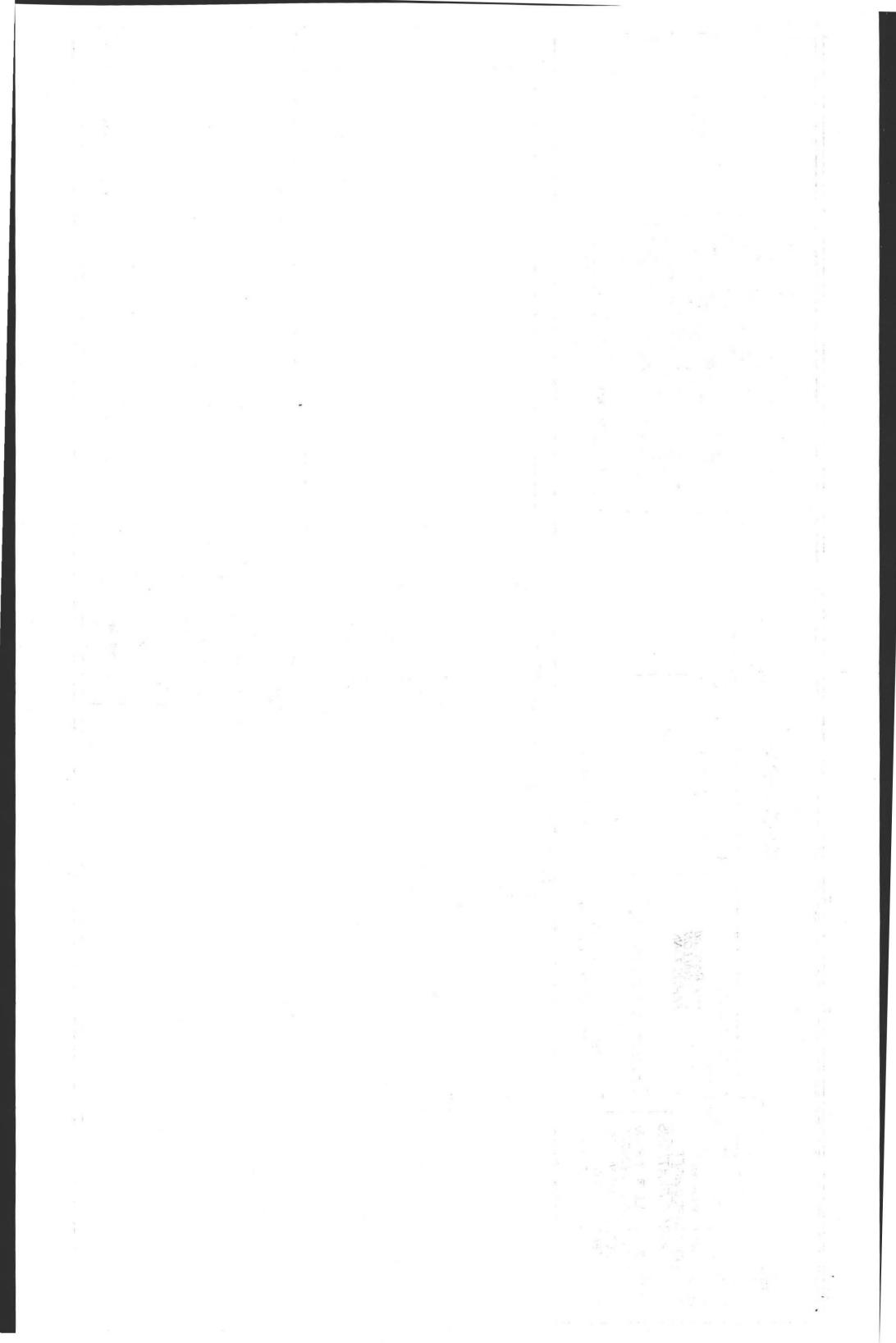
DATE: 11.28.2011 SCALE:

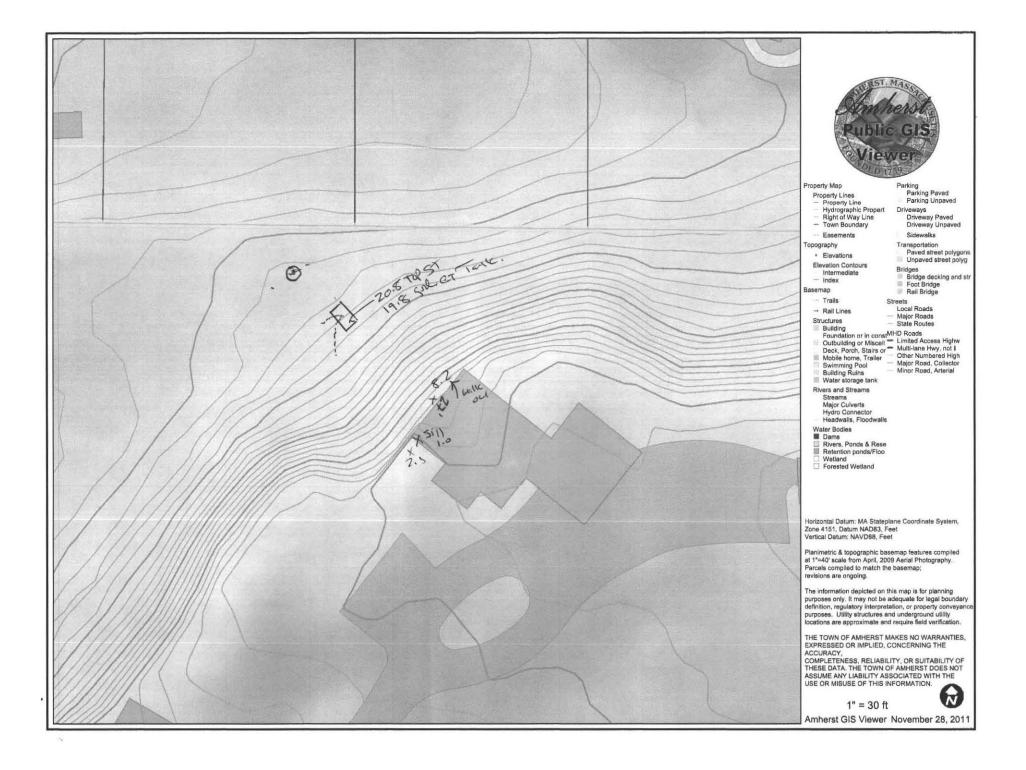
**ALAN WEISS** 

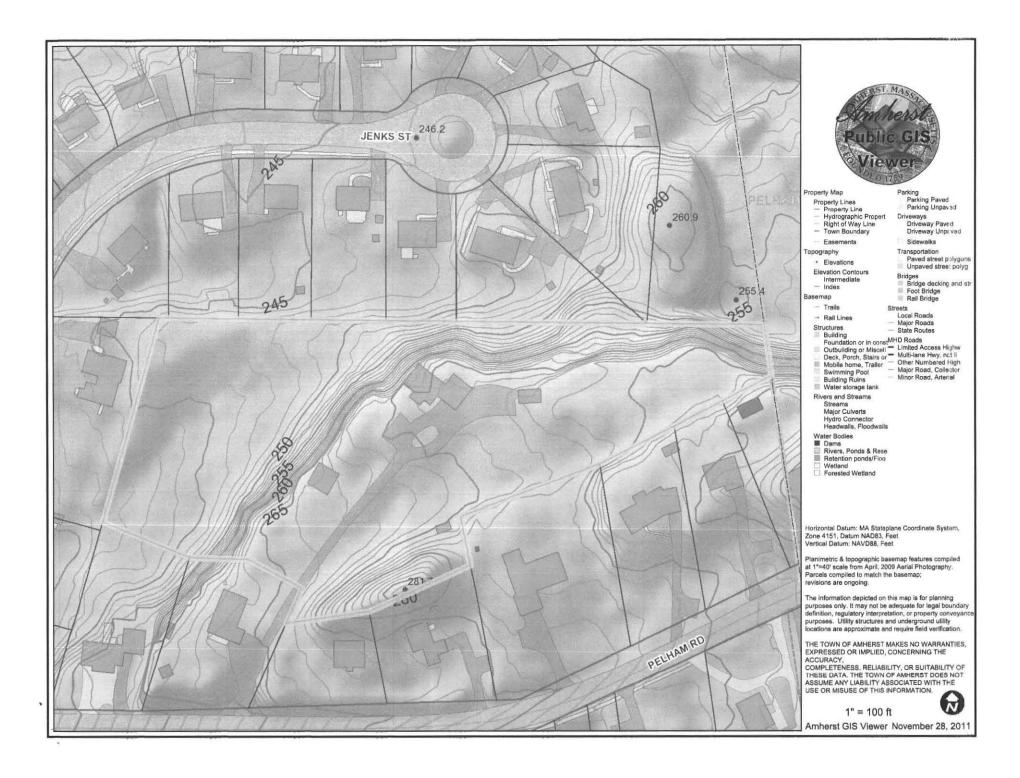
DRAWN BY:

1"=30"

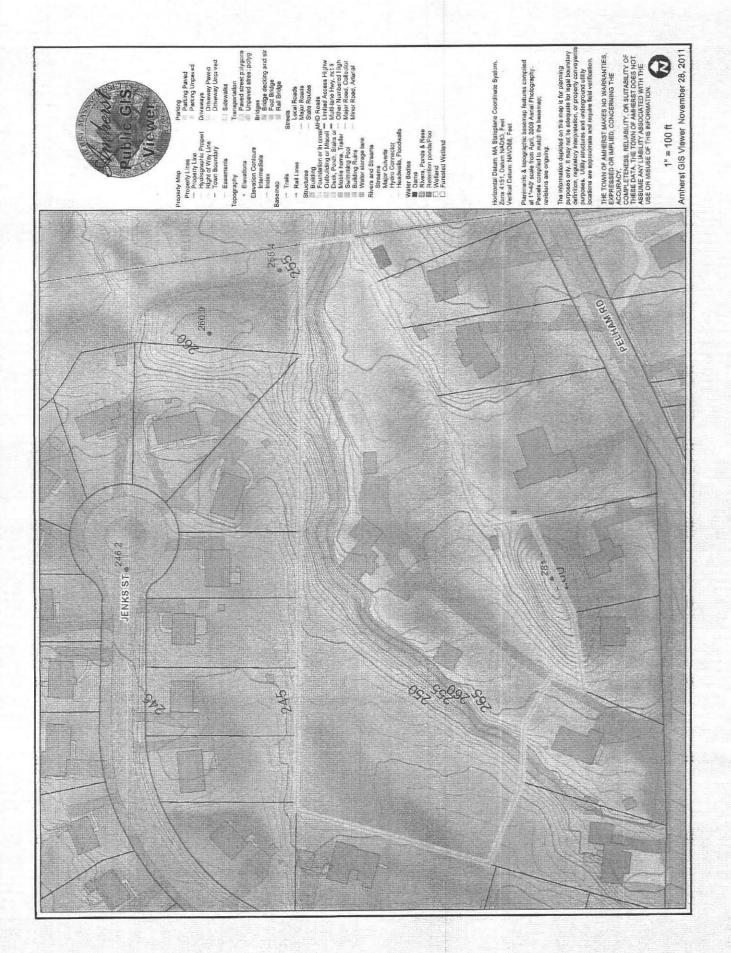
DRAWING NUMBER: 111-3793-1107

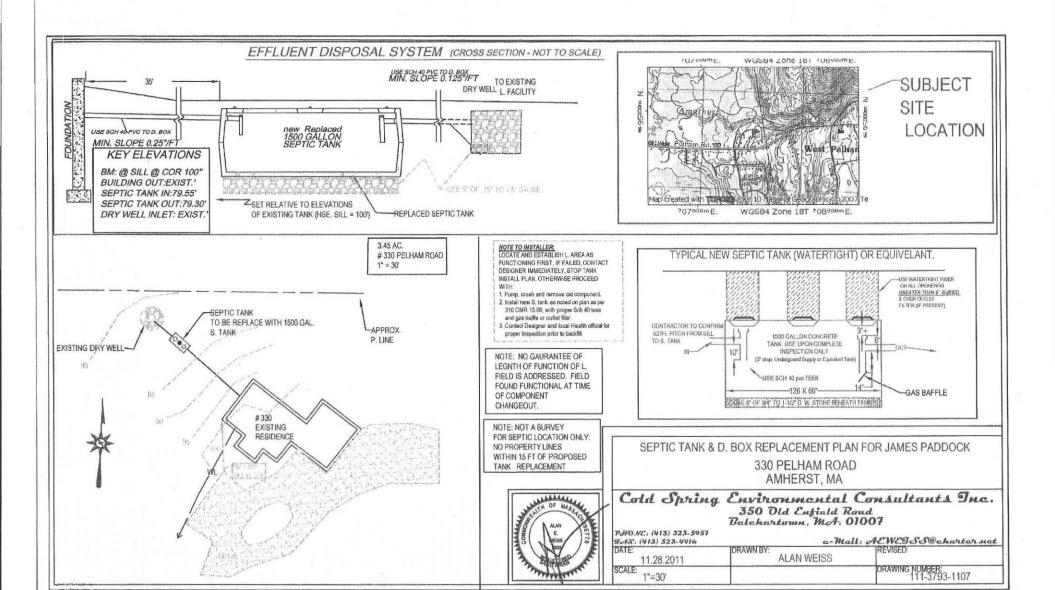






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## COMMONWEALTH OF MASSACHUSETTS Board of Health, Aure 3/ MA.

#### APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct( ) Repaired Upgrade( ) Abandon( ) - 

Complete System Individual Components received to Construct ( ) Repaired Upgrade( ) Abandon( ) -Rellien Vel. Owner's Name Jar Location Map/Parce# Address Lot# Telephone# Installer's Name Designer's Name Address Address Telephone# Telephone# Type of Building Dwelling - No. of Bedrooms Garbage grinder Wo Other - Type of Building \_ Showers ( ), Cafeteria ( ) Other Fixtures Design Flow (min. required) gpd Calculated design flow Design flow provided Plan: Date 11 2811 Number of sheets Revision Date Title Stoke Tank Description of Soil(s) (1995 Name of Soil Evaluator Soil Evaluator Form No. DESCRIPTION OF REPAIRS OR ALTERATIONS 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. Date 4/28/11 Signed\_ Inspections COMMONWEALTH OF MASSACHUSETTS Board of Health, \_\_\_\_\_\_, MA. CERTIFICATE OF COMPLIANCE The undersigned hereby certify that the Sewage Disposal System; Constructed ( + Repaired ( ), Upgraded ( ), Abandoned ( ) 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 \_ Inspector: The issuance of this permit shall not be construed as a guarantee that the system will function as designed. FEE COMMONWEALTH OF MASSACHUSETTS Board of Health, \_\_ DISPOSAL SYSTEM CONSTRUCTION PERMIT Permission is hereby granted to; Construct( ) Repair( ) Upgrade( ) Abandon( ) an individual sewage disposal system \_\_\_\_ 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. Form 1255 Rev. 5/95 A.M. Suiku v Do. Charastown MA Date Board of Health