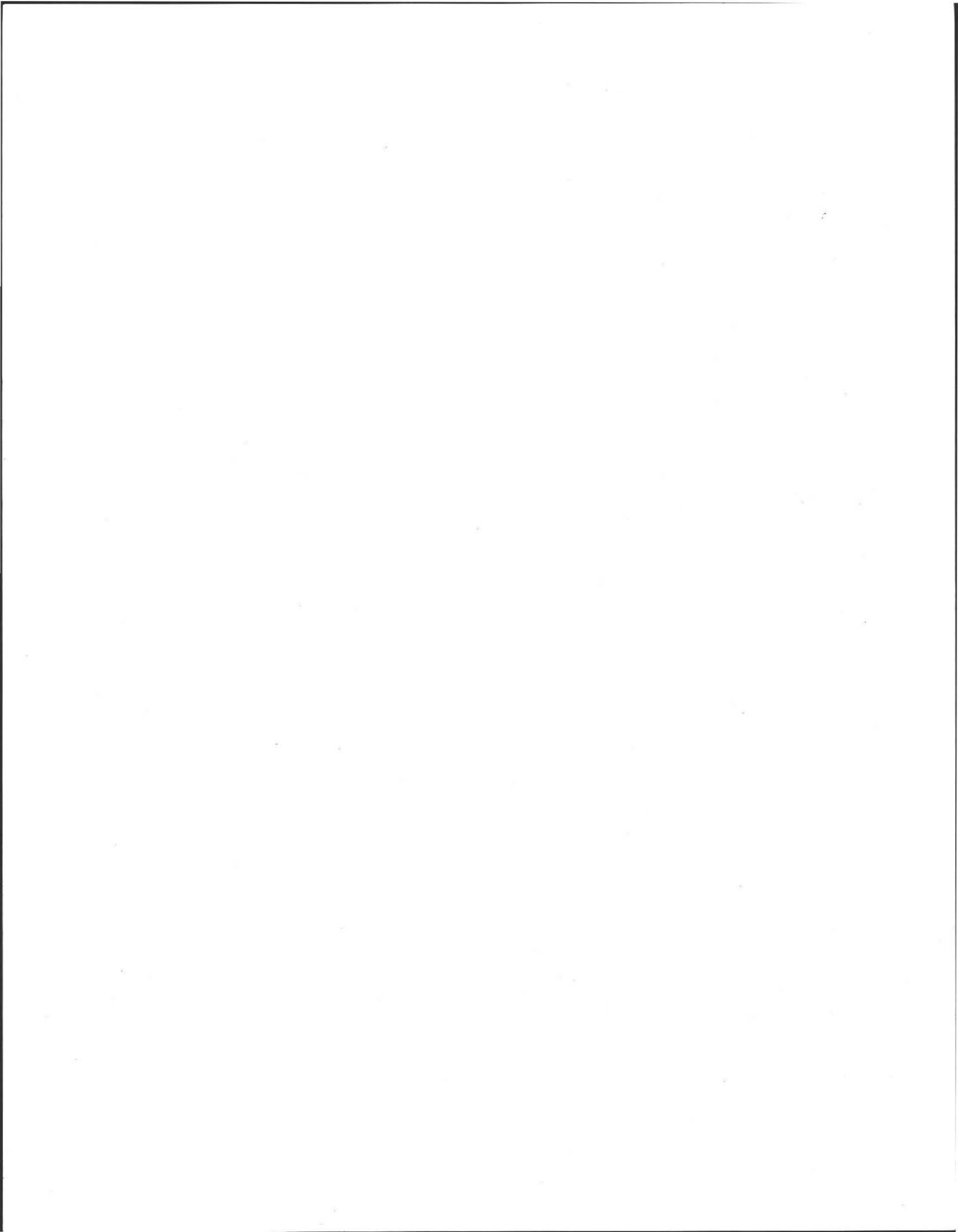


539 Point Hill

Rich  
Needs  
Copies











Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

539 PULPIT HILL ROAD

Property Address

INGRITSON

Owner's Name

AMHERST

City/Town

MASS

State

01002

Zip Code

APRIL 12, 2011

Date of Inspection

Owner information is required for every page.

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

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



A. General Information

1. Inspector:

NICK TORRETTI

Name of Inspector

CLEAN SEPTICS

Company Name

P O BOX 394 252 WEST ST

Company Address

LUDLOW

City/Town

413 583 2138

Telephone Number

MASS

State

01056

Zip Code

S I 4496

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

Nick Torretti

Inspector's Signature

APRIL 12, 2011

Date

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

\*\*\*\*This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

11/11/11



Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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## B. Certification (cont.)

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

### A) System Passes:

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

Comments:

RECOMMEND PUMPING EVERY TWO YEARS AND ADDING CCLS BACTERIA. CLEAN INLET FILTER ON PUMP TANK

### B) System Conditionally Passes:

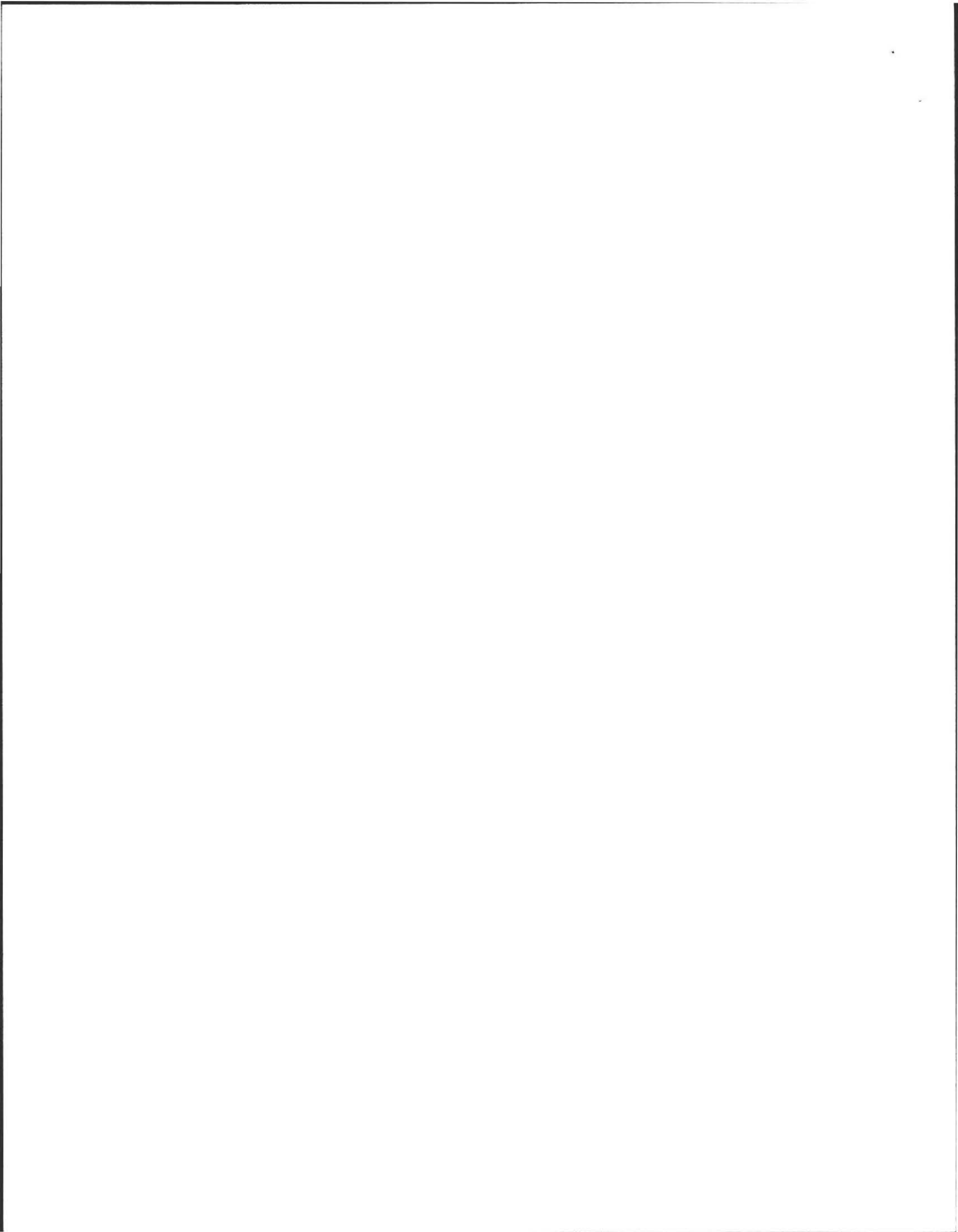
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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

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

Y       N       ND (Explain below):





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## B. Certification (cont.)

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

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

broken pipe(s) are replaced  Y  N  ND (Explain below):

obstruction is removed  Y  N  ND (Explain below):

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

The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

broken pipe(s) are replaced  Y  N  ND (Explain below):

obstruction is removed  Y  N  ND (Explain below):

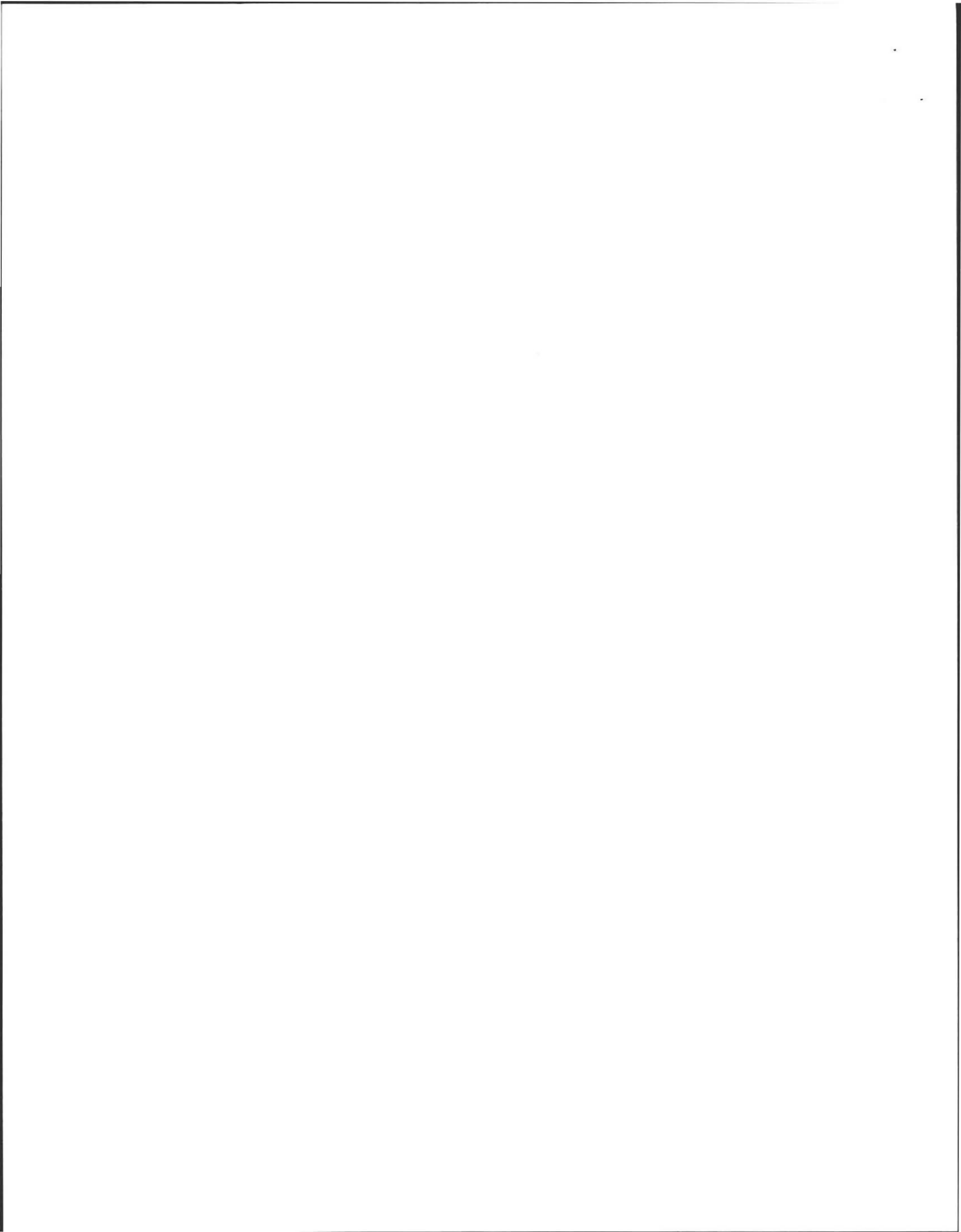
### C) Further Evaluation is Required by the Board of Health:

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

**1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

Cesspool or privy is within 50 feet of a surface water

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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

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## B. Certification (cont.)

**2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: \_\_\_\_\_

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for 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 must be attached to this form.

3. Other:

---



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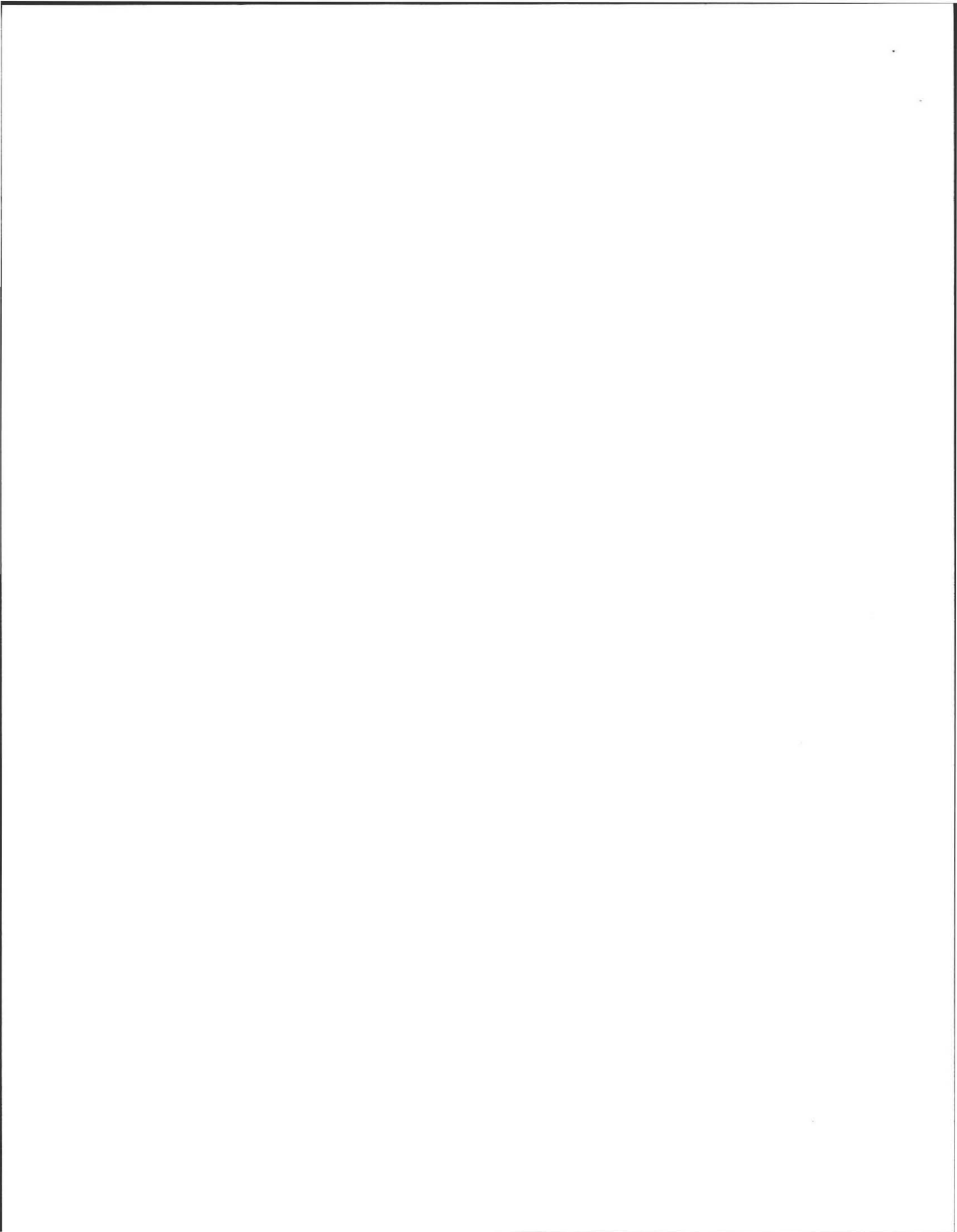


---

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

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

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







Commonwealth of Massachusetts

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B. Certification (cont.)

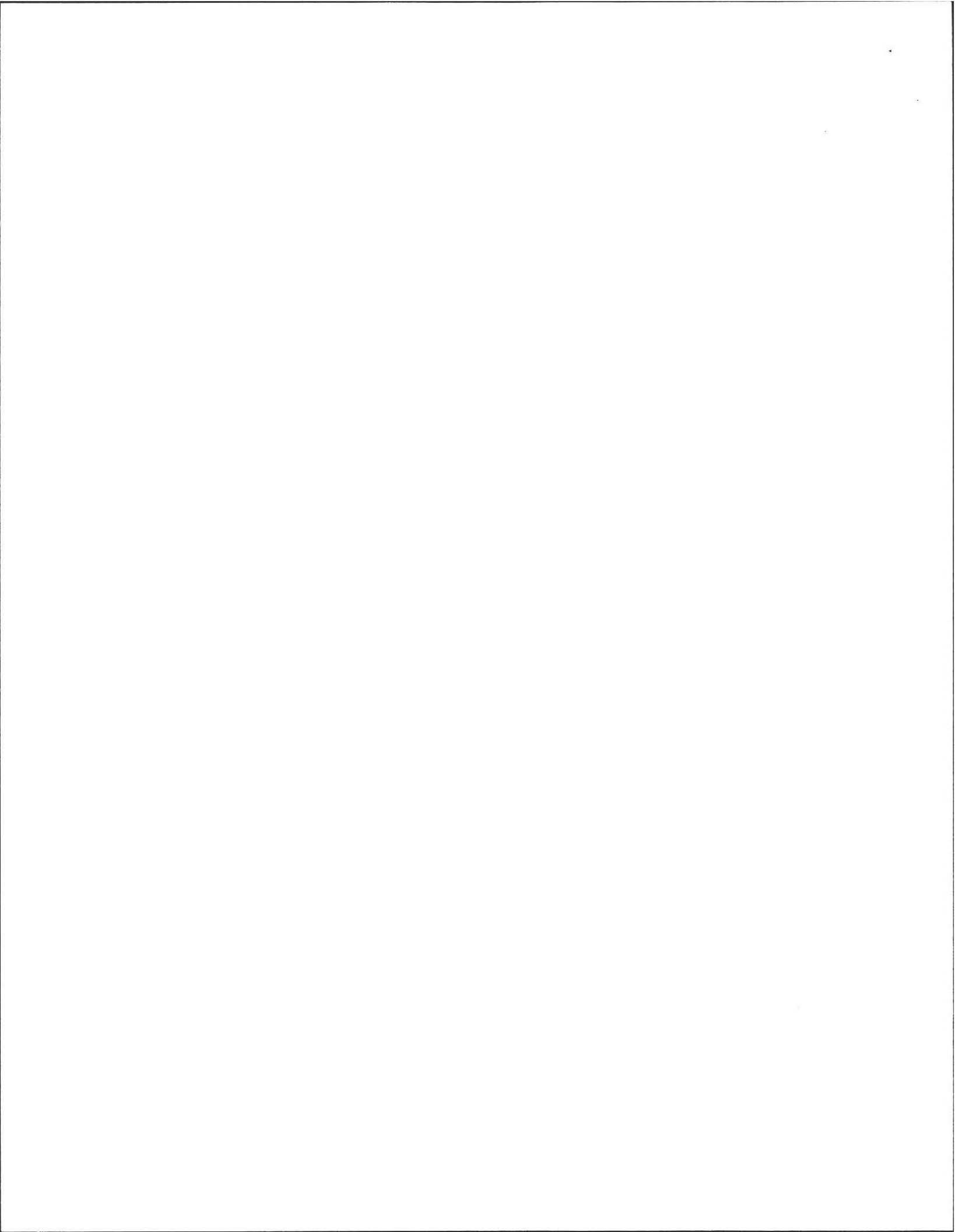
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [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.] The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. 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 the system is within 400 feet of a surface drinking water supply the system is within 200 feet of a tributary to a surface drinking water supply the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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:

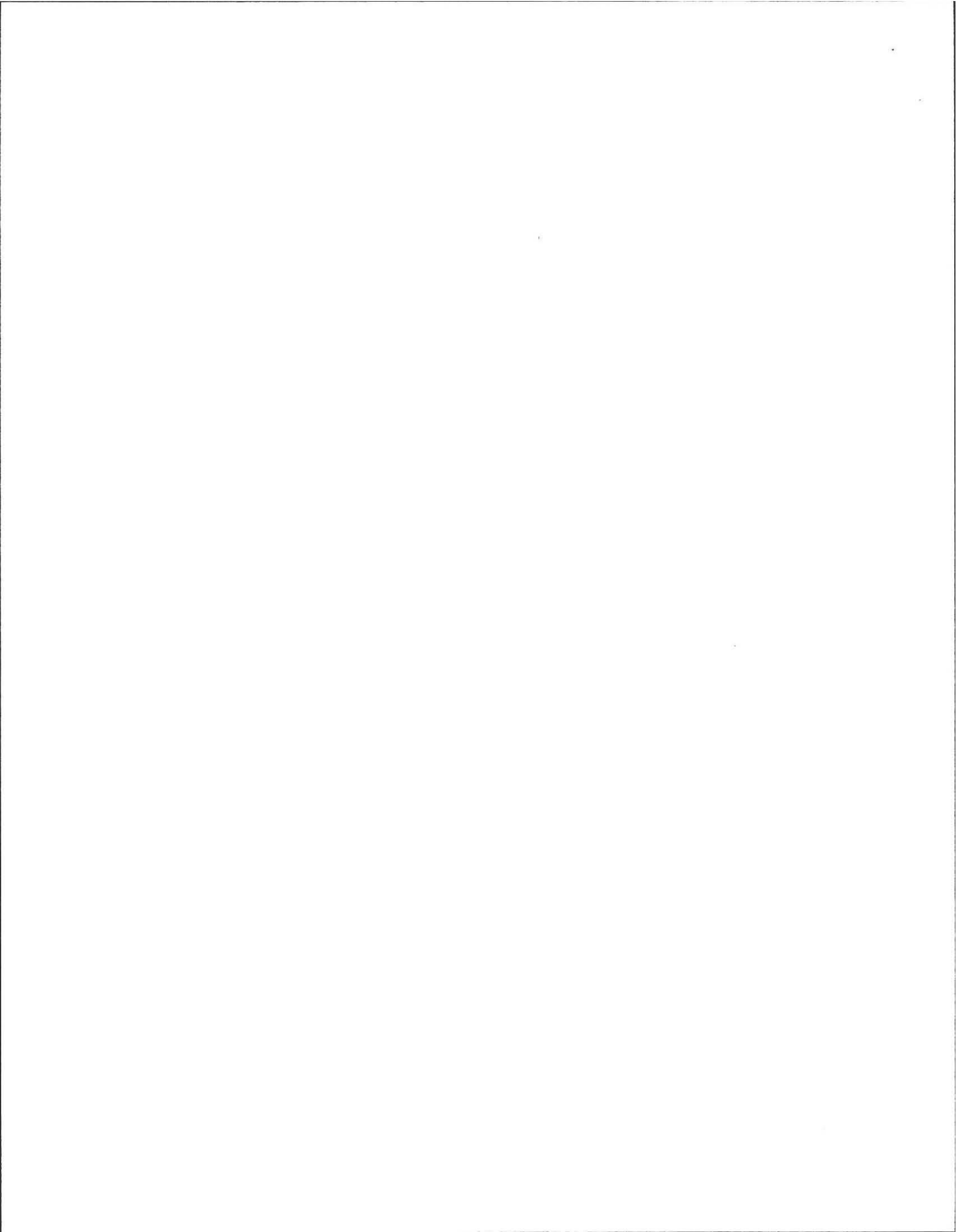
- Checklist items with Yes/No columns and questions about pumping information, system components, water volumes, plans, signs of sewage back up, break out, system components location, septic tank manholes, facility owner information, and field determination.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 6 Number of bedrooms (actual): 6

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660 GPD





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information

Description:

Three horizontal lines for description.

Number of current residents:

3

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)):

TOWN WATER

Detail:

Three horizontal lines for detail.

Sump pump?

Yes  No

Last date of occupancy:

PRESENT  
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

\_\_\_\_\_

Design flow (based on 310 CMR 15.203):

\_\_\_\_\_ Gallons per day (gpd)

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

\_\_\_\_\_

Grease trap present?

Yes  No

Industrial waste holding tank present?

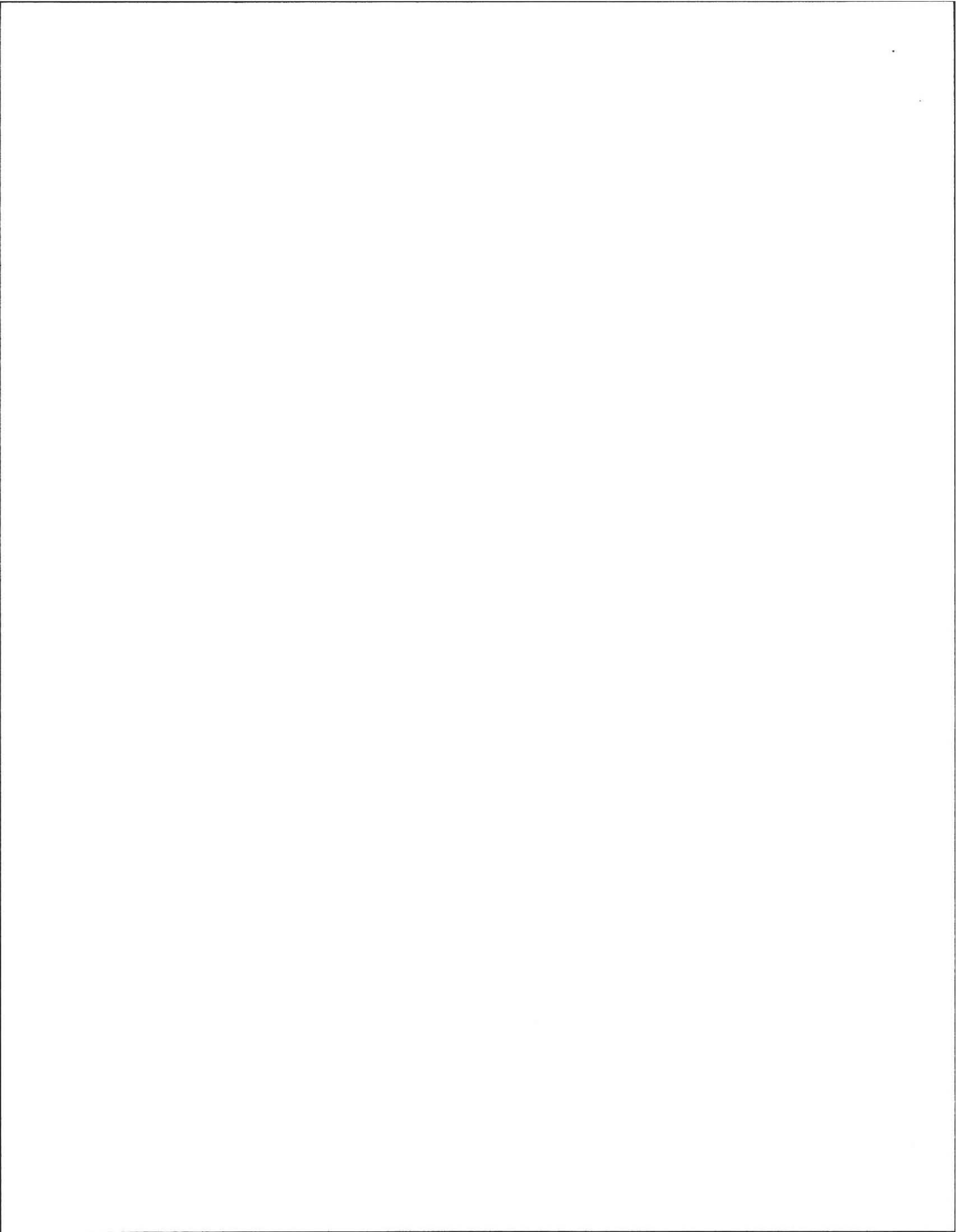
Yes  No

Non-sanitary waste discharged to the Title 5 system?

Yes  No

Water meter readings, if available:

\_\_\_\_\_





# Title 5 Official Inspection Form

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## D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

### General Information

#### Pumping Records:

Source of information:

PUMPED FALL OF 2010 PER OWNER

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:

#### Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):

PUMP CHAMBER AND PUMP SYSTEM







Commonwealth of Massachusetts

# Title 5 Official Inspection Form

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## D. System Information (cont.)

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

APPROXIMATELY FIVE YEARS, 12 / 02 / 2006

Were sewage odors detected when arriving at the site?

Yes  No

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

Depth below grade:

12"  
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

TOWN WATER  
feet

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

JOINTS AND VENTING OK, NO LEAKAGE

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

Depth below grade:

6"  
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)

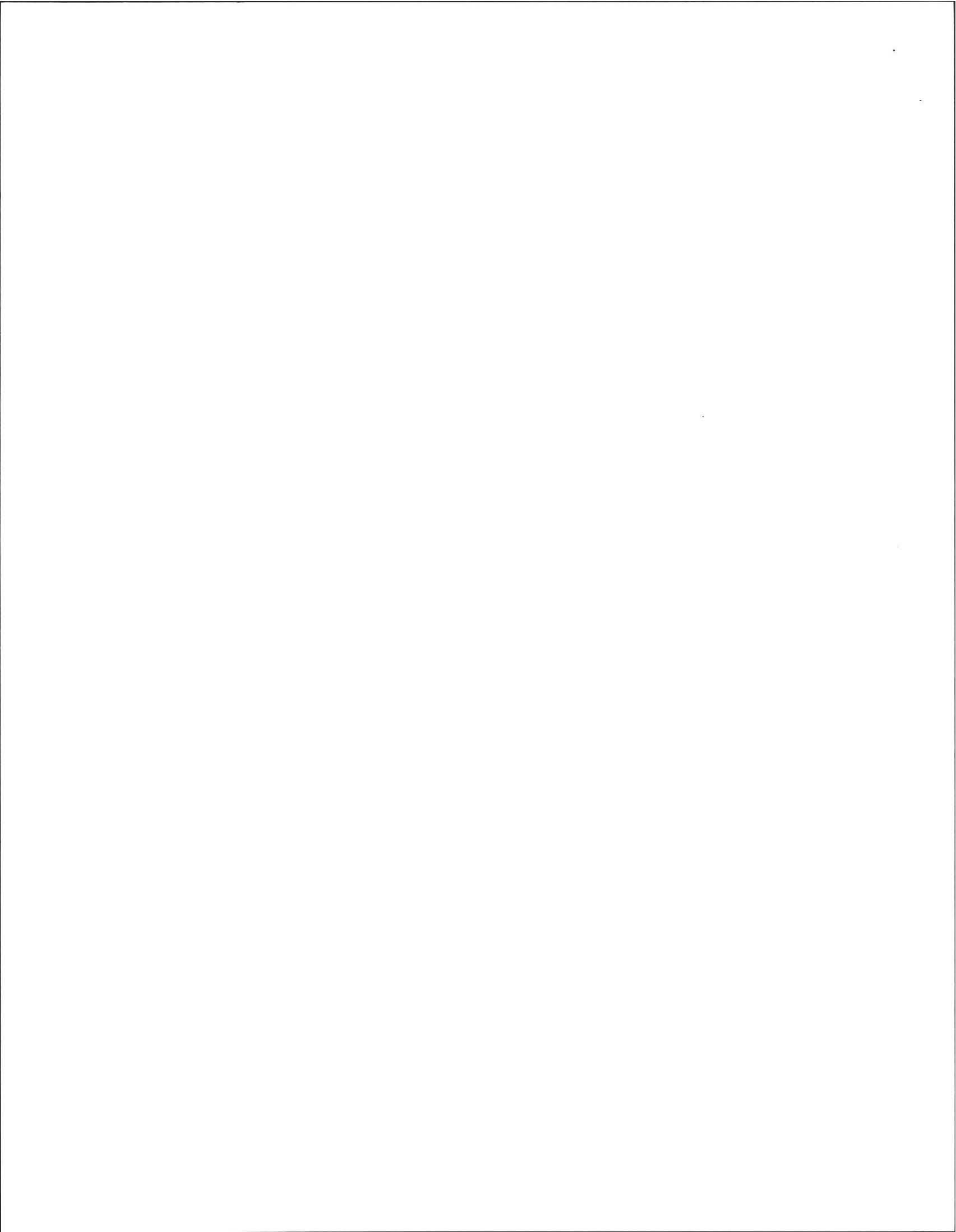
Yes  No

Dimensions:

L 10' 5' X W 5' X H 5'

Sludge depth:

4"





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## D. System Information (cont.)

### Septic Tank (cont.)

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

\_\_\_\_\_

Scum thickness

2" \_\_\_\_\_

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

8" \_\_\_\_\_

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

17" \_\_\_\_\_

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.):

PUMP SEPTIC TANK EVERY ONE - THREE YEARS, INLET AND OUTLET BAFFLE OK. TANK IS STRUCTURALLY SOUND, LIQUID LEVELS ARE AT THE INVERT. NO LEAKAGE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Depth below grade:

\_\_\_\_\_ feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

\_\_\_\_\_

Dimensions:

\_\_\_\_\_

Scum thickness

\_\_\_\_\_

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

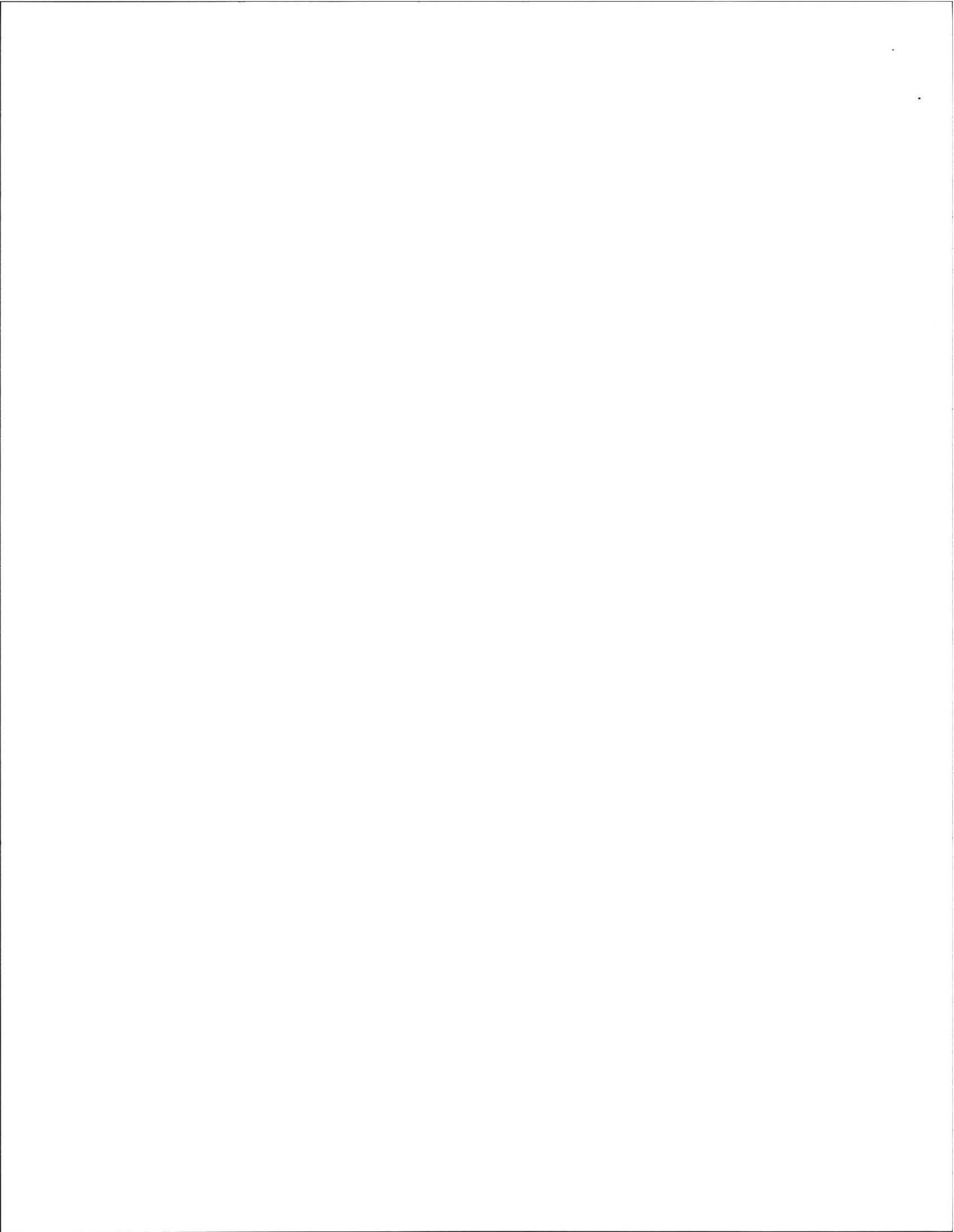
\_\_\_\_\_

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

\_\_\_\_\_

Date of last pumping:

\_\_\_\_\_ Date





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

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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.):

SEPTIC TANK IS STRUCTURALLY SOUND

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

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

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

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

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

gallons

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

gallons per day

Alarm present:

Yes

No

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

Alarm in working order:

Yes

No

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

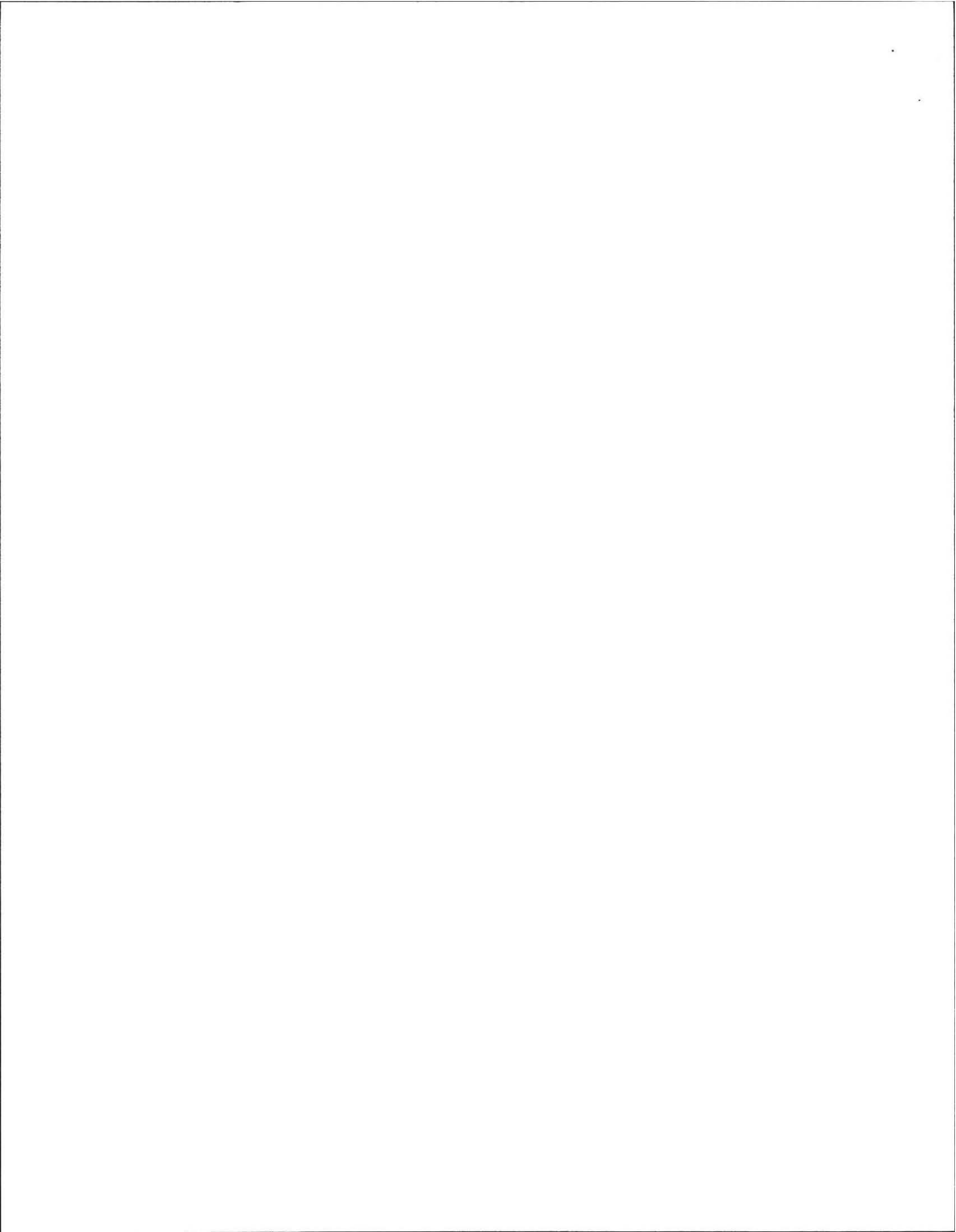
Date

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

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

Yes

No





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## D. System Information (cont.)

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

Depth of liquid level above outlet invert

0", D -BOX IS APPROX. 1' 2" DEEP

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.):

D -BOX APPEARS LEVEL AND DISTRIBUTION IS EQUAL, NO EVIDENCE OF CARRY OVER, NO LEAKAGE.

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

Pumps in working order:

Yes  No

Alarms in working order:

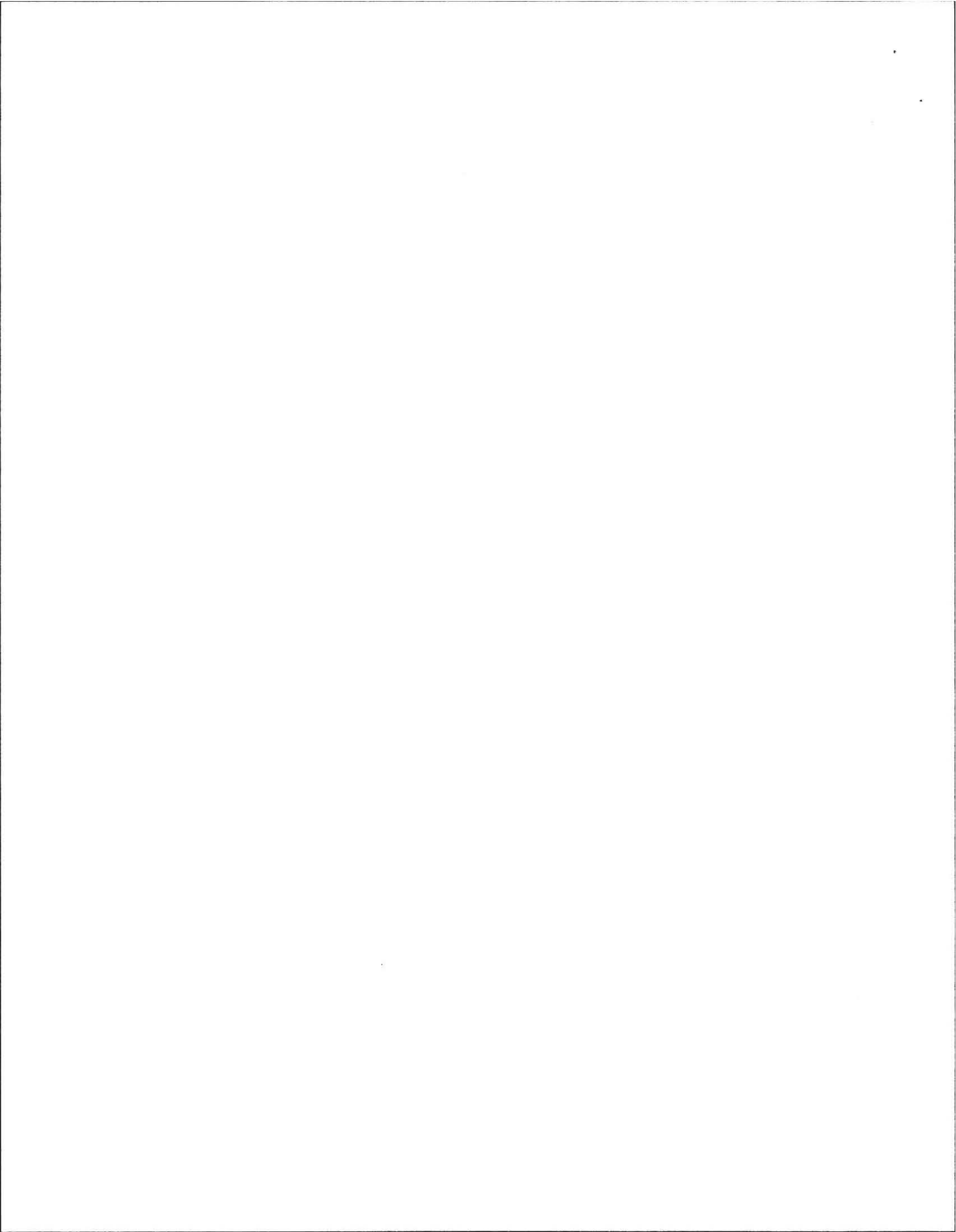
Yes  No

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

PUMP CHAMBER, PUMPS AND APPURTENANCES APPEAR IN GOOD WORKING ORDER

**Soil Absorption System (SAS)** (locate on site plan, excavation not required):

If SAS not located, explain why:







Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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## D. System Information (cont.)

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- leaching fields number, dimensions: \_\_\_\_\_
- overflow cesspool number: \_\_\_\_\_
- innovative/alternative system

Type/name of technology:

INFILTRATOR 48 UNITS, 4 LINES OUT OF BOX

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

SOIL AND VEGETATION ARE OK, NO SIGNS OF HYDRAULIC FAILURE

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

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

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

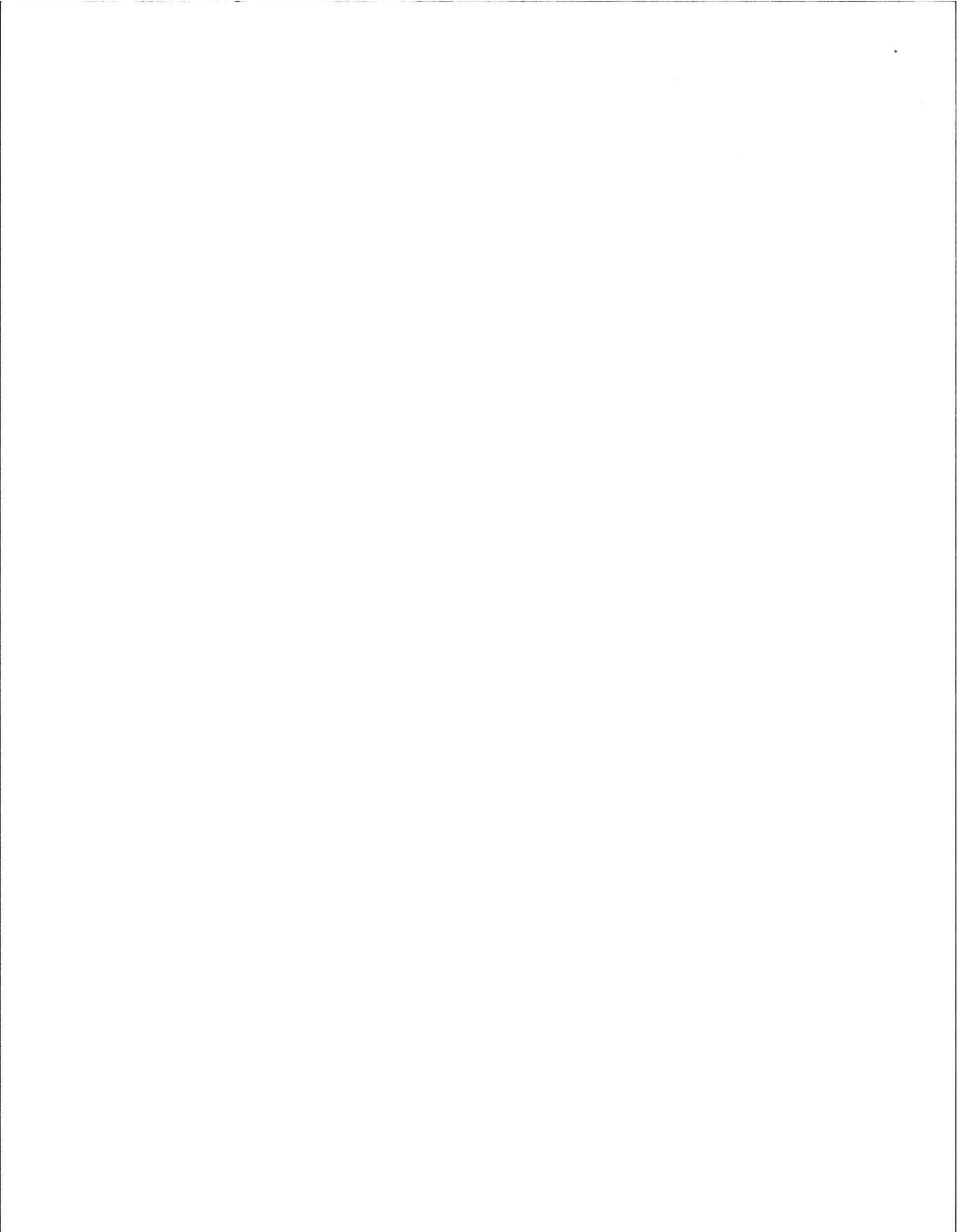
Depth of solids layer \_\_\_\_\_

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

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

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

Indication of groundwater inflow  Yes  No





Commonwealth of Massachusetts

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## D. System Information (cont.)

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

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---

Privy (locate on site plan):

Materials of construction:

---

Dimensions

---

Depth of solids

---

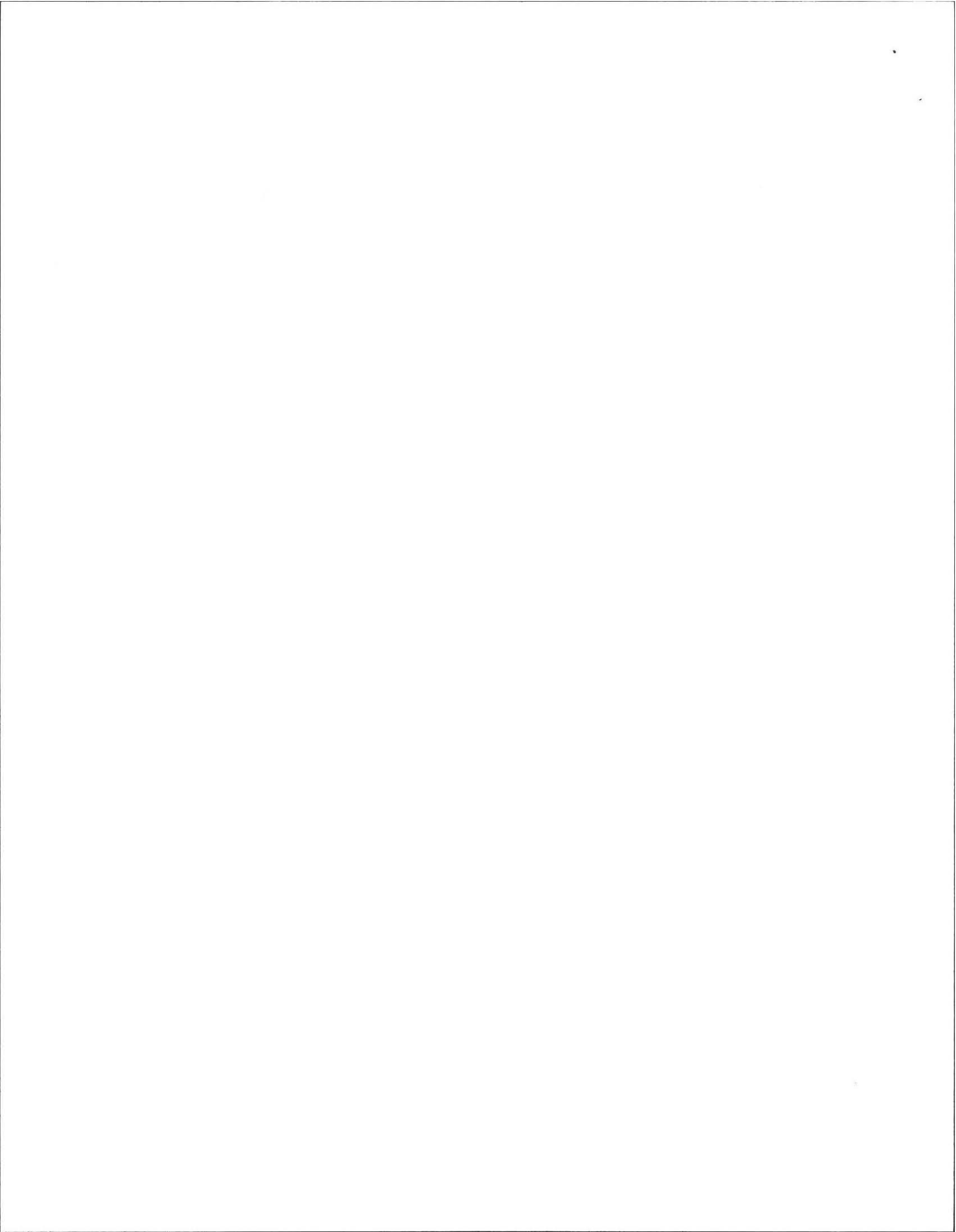
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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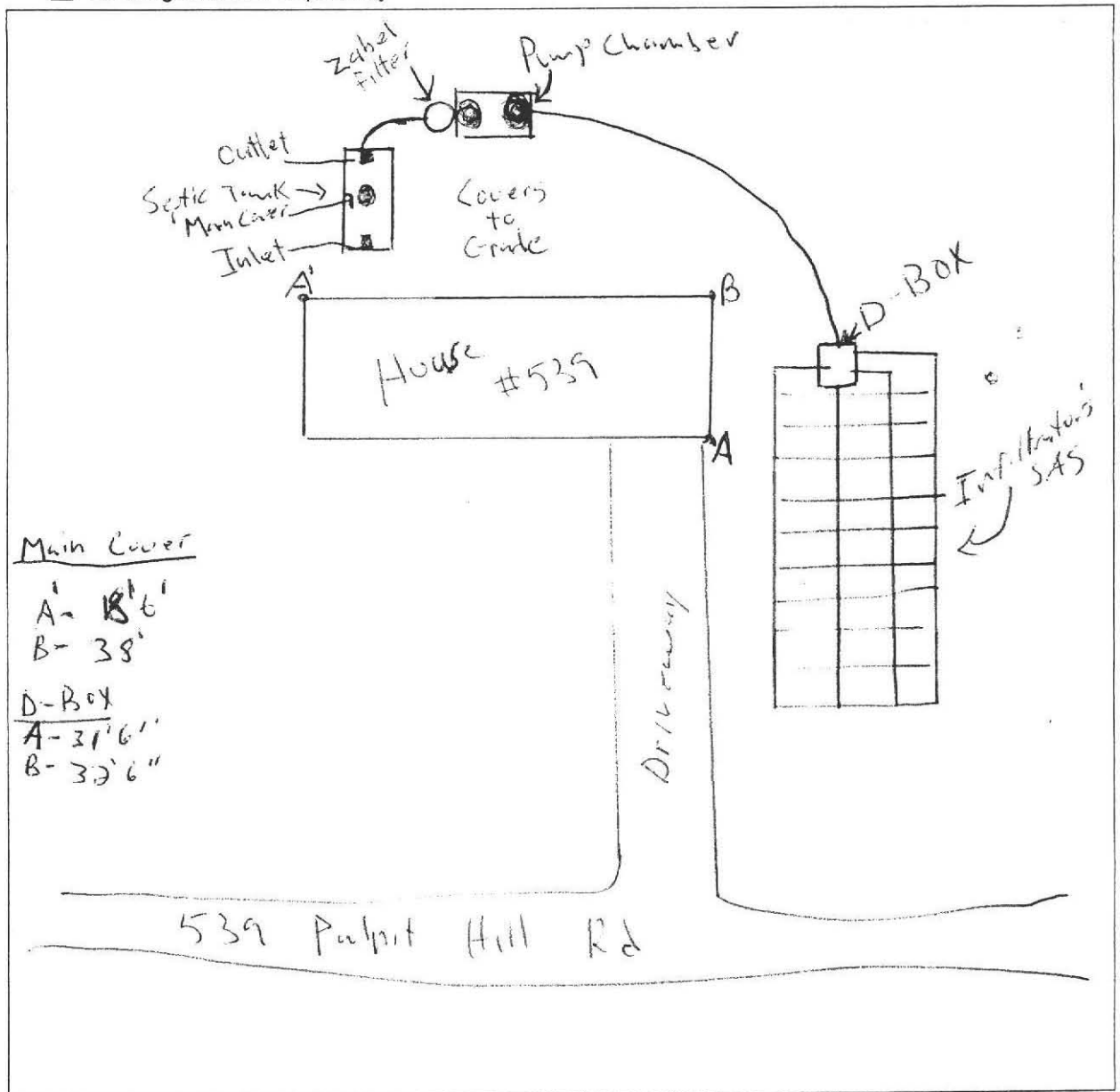
Date of Inspection

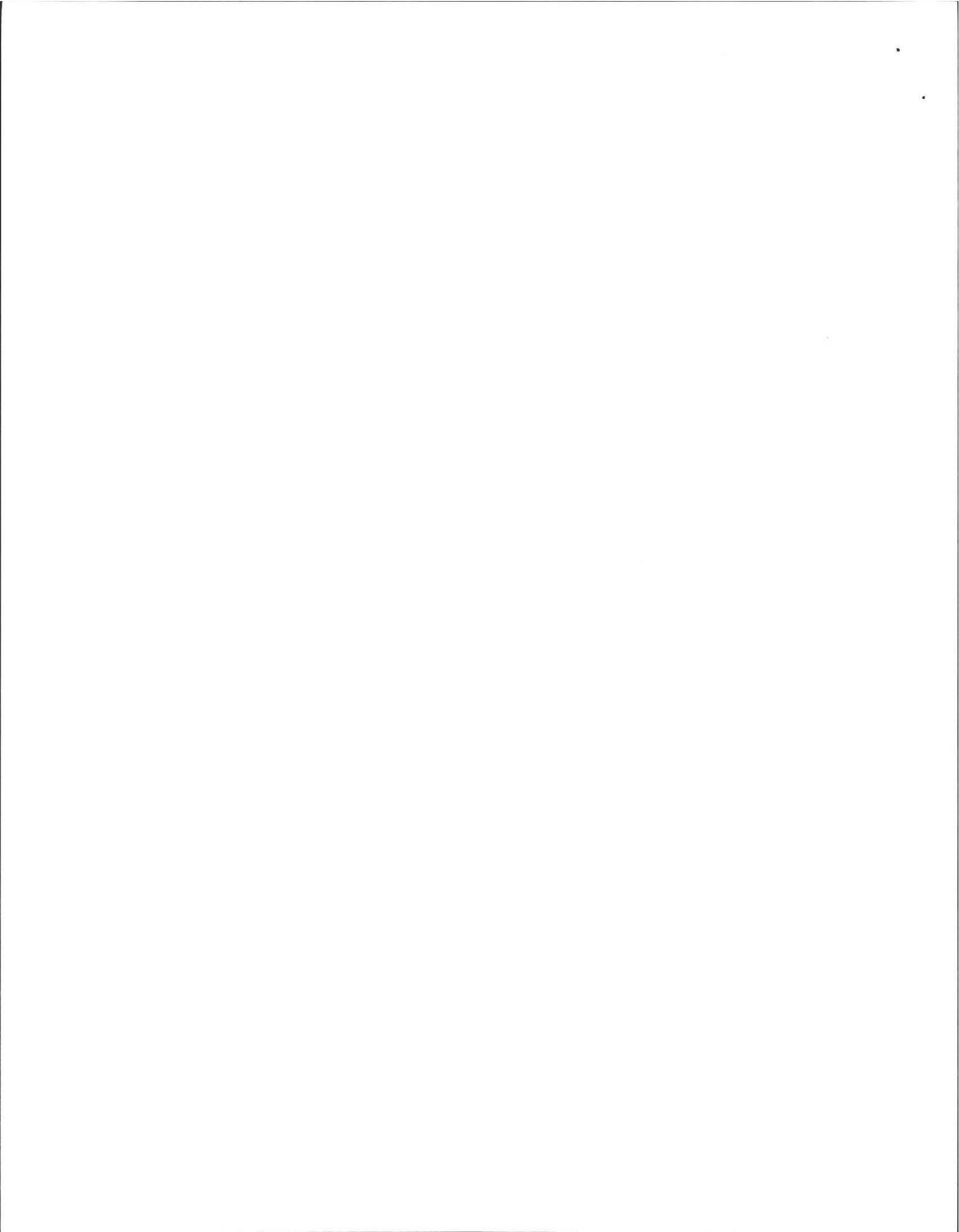
Owner information is required for every page.

## D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

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







Commonwealth of Massachusetts

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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water:

TEST HOLE # 1 GW AT 76", TEST HOLE # 2 GW AT 56"

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

- Obtained from system design plans on record, Observed site, Checked with local Board of Health, Checked with local excavators, Accessed USGS database

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

SLOPE AND CHECKED CELLAR. PLANS BY ROBERT CAFERELLI

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







Commonwealth of Massachusetts

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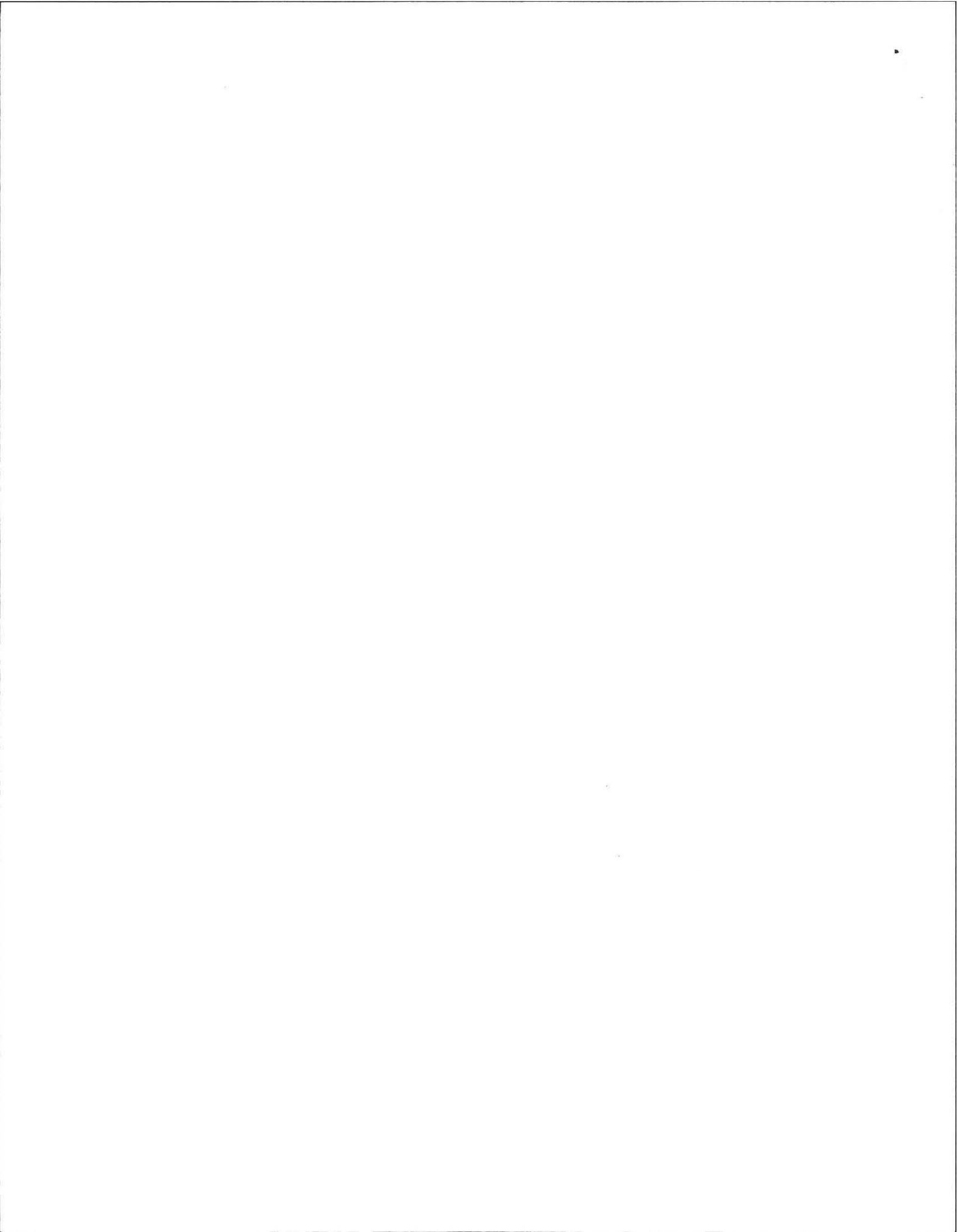
APRIL 12, 2011

Date of Inspection

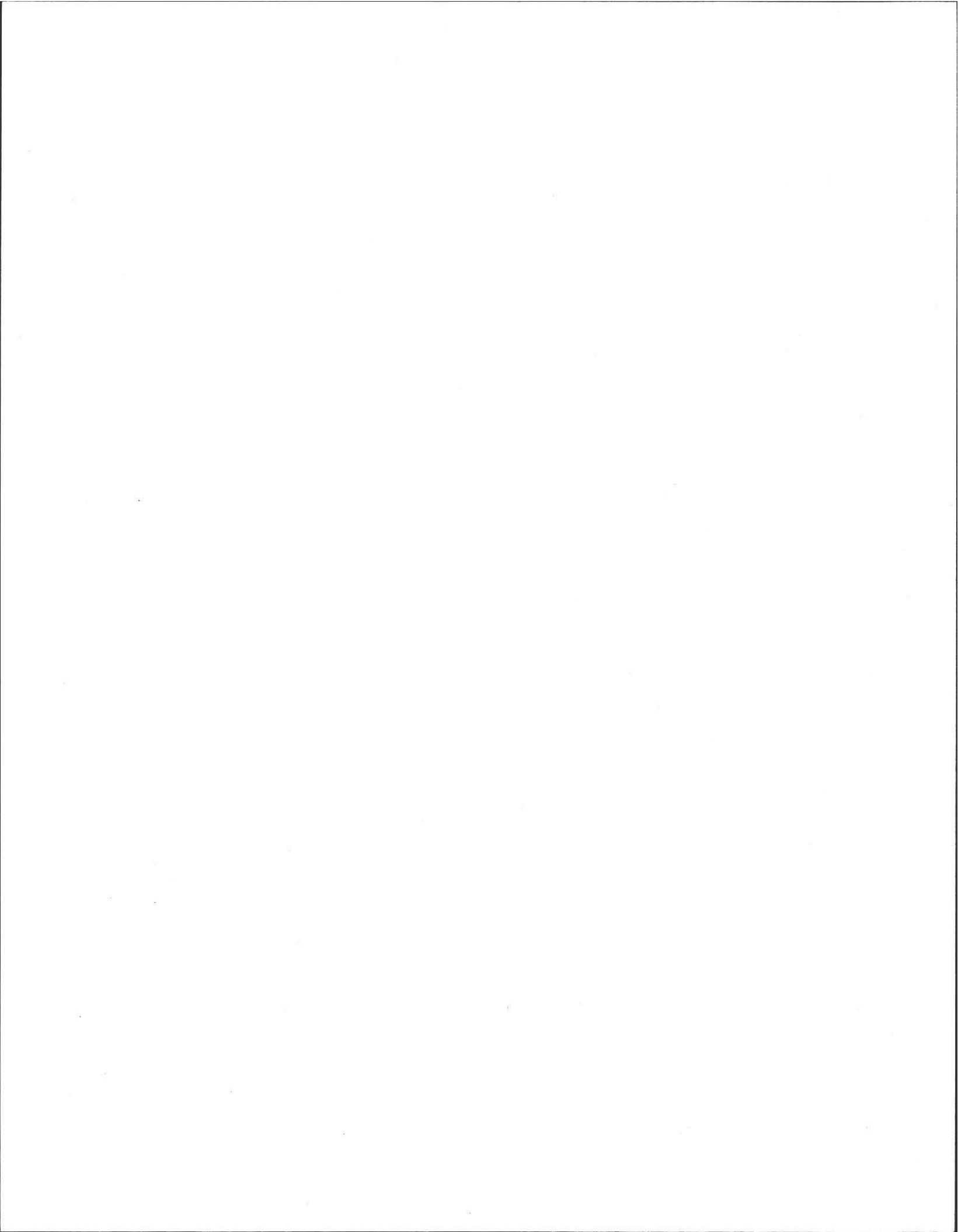
Owner information is required for every page.

## E. Report Completeness Checklist

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







PERMITS/INSP PAYMENT RECPT#: 11095930  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 04/12/11 TIME: 14:33  
CLERK: publichea DEPT:

PAID BY: Stanley E Ingertson  
PAYMENT METH: CHECK 6067

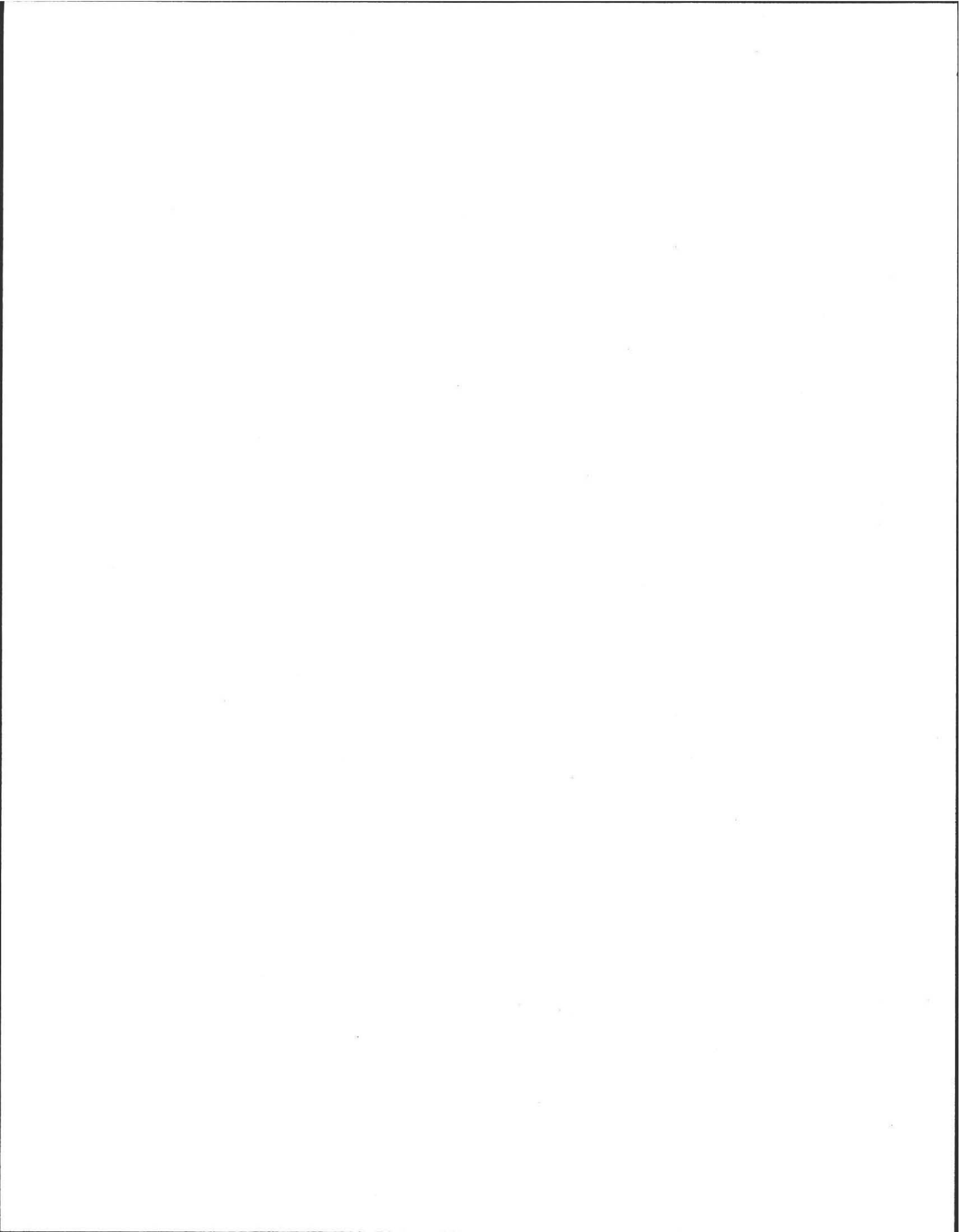
REFERENCE: 8823

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

SITE ADDRESS: 539 PULPIT HILL RD

FEES:  
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00



No. 06-15

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

CH # 2401-150  
FEE 1967-300  
100 450

Town Amherst OF

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

<u>539 Pulpit Hill Road</u> Location	<u>Stanley Ingertson</u> Owner's Name
<u>Rich Roberts</u> Map Parcel #	<u>451 Montague Road</u> Address
<u>Clean Septic Inc.</u> Lot #	<u>413-549-4268</u> Telephone #
<u>West Street</u> Installer's Name	<u>Civil Engineering Associates</u> Designer's Name
<u>Ludlow, MA</u> Address	<u>10 Crane Avenue, E. Longmeadow, MA</u> Address
<u>413-583-2138</u> Telephone #	<u>413-525-2874</u> Telephone #

Type of Building: Single Family Residence Lot Size \_\_\_\_\_ Sq. feet  
Dwelling — No. of Bedrooms 6 Garbage Grinder (NO)  
Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
Other fixtures \_\_\_\_\_

Design Flow (min. required) 660 gpd Calculated design flow 660 gpd Design flow provided 660 gpd

Plan: Date 12/12/06 Number of sheets 6 Revision Date \_\_\_\_\_  
Title Proposed Sewage Disposal System Prepared For: 539 Pulpit Hill Road

Description of Soil(s) See Attached  
Soil Evaluator Form No. 11 Name of Soil Evaluator Nathan Torretti Date of Evaluation 11/28/06

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 not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 12/13/06

Inspections \_\_\_\_\_

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. 06-15

THE COMMONWEALTH OF MASSACHUSETTS  
Amherst BOARD OF HEALTH  
CERTIFICATE OF COMPLIANCE

FEE 100

Description of Work:  Individual Component(s)  Complete System

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

by: Rich Roberts  
at 539 Pulpit Hill Rd

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. 06-15 dated 6-9-07. Approved Design Flow \_\_\_\_\_ (gpd)

Installer [Signature]  
Designer: \_\_\_\_\_ Inspector [Signature] Date 6/4/07

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. 06-15

THE COMMONWEALTH OF MASSACHUSETTS  
Amherst BOARD OF HEALTH

FEE 100

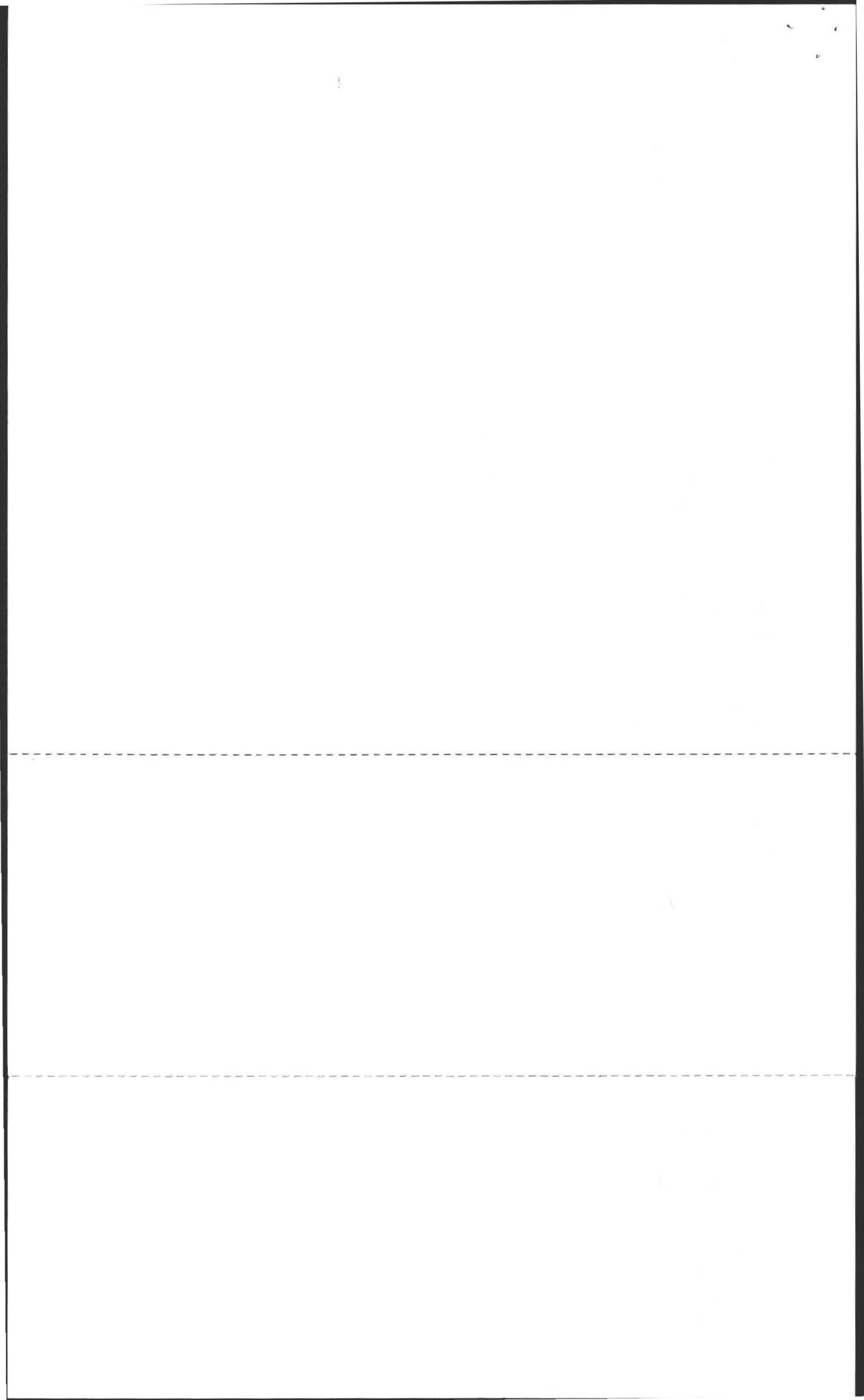
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 539 Pulpit Hill Rd as described in the application for Disposal System Construction Permit No. 06-15, dated 12/12/06.

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

Date 12/19/06 Board of Health [Signature]

FORM 2 - DSCP DEP APPROVED FORM 5/96





TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

COPY CK # 1907

No. 2387

Received of Stanley Ingertson of 461 Montague Rd  
Name Address

For Property Located at: 539 Pulpit Hill (rental) State  
Street Address Owner

HEA009 Bakery R6510 443508	_____	HEA015 Sanitary Code Booklets R6510 432305	_____
HEA001 Bed & Breakfast R6510 443516	_____	HEA016 Septic Tank Permit-Installers R6510 443511	_____
HEA002 Catering License R6510 443507	_____	HEA017 Septic Tank Permit-Private R6510 443510	150 <sup>00</sup>
HEA003 Food Handler R6510 443515	_____	HEA018 Septic Tank Reinspection Fee R6510 432301	_____
HEA004 Frozen Deserts R6510 443501	_____	HEA019 Sub-Division Review Fee R6510 432306	_____
HEA005 Health Dept. Housing Isp. R6510 432302	_____	HEA012 Swimming Pool Permits R6510 443512	_____
HEA006 Massage Therapy License R6510 443504	_____	HEA020 Tanning License R6510 443509	_____
HEA007 Milk & Cream License R6510 443500	_____	HEA024 Funeral Director License R6510 443502	_____
HEA008 Motel License R6510 443506	_____	HEA034 Immunization Clinic R6510 432307	_____
HEA010 Removal of Offal R6510 443513	_____	HEA030 Car Seats 8407 258004	_____
HEA021 Removal of Rubbish R6510 443520	_____	HEA026 Smoking & Tobacco Reg. Violations R6510 443518	_____
HEA011 Percolation Test Fees R6510 432300	300 <sup>00</sup>	HEA023 TB Clinic R6510 432303	_____
HEA013 Recreation Camp License R6510 443503	_____	HEA022 Tobacco License R6510 443505	_____
HEA014 Retail Store Permit R6510 443514	_____	HEA	_____
		HEA	_____

*David [Signature]*  
Inspection Services/Health Department

TOTAL FEE: 300<sup>00</sup>

11/28/06  
11/28/06

STANLEY INGERTSON (RENTAL RECEIPTS ACCOUNT)  
MARY A. WING  
451 MONTAGUE RD.  
AMHERST, MA 01002

NOV 28, 06 DATE

1907

53-7233/2118  
BRANCH 2 CG

PAY TO THE ORDER OF Town of Amherst

Three hundred 00 DOLLARS

COOP. GOLD ACCOUNT

FOR 539 Pulpit Hill Per Test

*Stanley C Ingertson*

⑆ 211872331⑆ 02 20 058247⑆ 1907

1909

Must be Validated by the Collector's Office to be considered paid

White - Applicant Yellow - Collector Pink - Accounting Gold - Health/Inspections

12/13/06 Need  
150<sup>00</sup> For Plan,  
FINAL

David - 12.13

Stanley came

@ noon. Left plans.  
Did not have \$ with him  
to pay \$150.

Stanley's Home#

549.4268

Kathryn

TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 2401

Received of STANLEY INGERTSON of 451 MONTAGUE ROAD  
Name Address

For Property Located at: 539 PULPIT HILL ROAD STANLEY INGERTSON  
Street Address Owner

HEA009 Bakery R6510 443508	HEA015 Sanitary Code Booklets R6510 432305
HEA001 Bed & Breakfast R6510 443516	HEA016 Septic Tank Permit-Installers R6510 443511
HEA002 Catering License R6510 443507	HEA017 Septic Tank Permit-Private R6510 443510
HEA003 Food Handler R6510 443515	HEA018 Septic Tank Reinspection Fee R6510 432301
HEA004 Frozen Deserts R6510 443501	HEA019 Sub-Division Review Fee R6510 432306
HEA005 Health Dept. Housing Isp. R6510 432302	HEA012 Swimming Pool Permits R6510 443512
HEA006 Massage Therapy License R6510 443504	HEA020 Tanning License R6510 443509
HEA007 Milk & Cream License R6510 443500	HEA024 Funeral Director License R6510 443502
HEA008 Motel License R6510 443506	HEA034 Immunization Clinic R6510 432307
HEA010 Removal of Offal R6510 443513	HEA030 Car Seats 8407 258004
HEA021 Removal of Rubbish R6510 443520	HEA026 Smoking & Tobacco Reg. Violations R6510 443518
HEA011 Percolation Test Fees R6510 432300	HEA023 TB Clinic R6510 432303
HEA013 Recreation Camp License R6510 443503	HEA022 Tobacco License R6510 443505
HEA014 Retail Store Permit R6510 443514	HEA
	HEA

150.00

TOTAL FEE: \$150.00

*Stanley Ingertson*

12/18/06

Inspection Services/Health Department

Date

STANLEY INGERTSON (RENTAL RECEIPTS ACCOUNT)  
MARY A. WING  
451 MONTAGUE RD.  
AMHERST, MA 01002

1911

DATE Dec 13, 06 53-7233/2118 BRANCH 2 CG

PAY TO THE ORDER OF Town of Amherst

One hundred fifty \$ 150.00

DOLLARS

COOP GOLD ACCOUNT

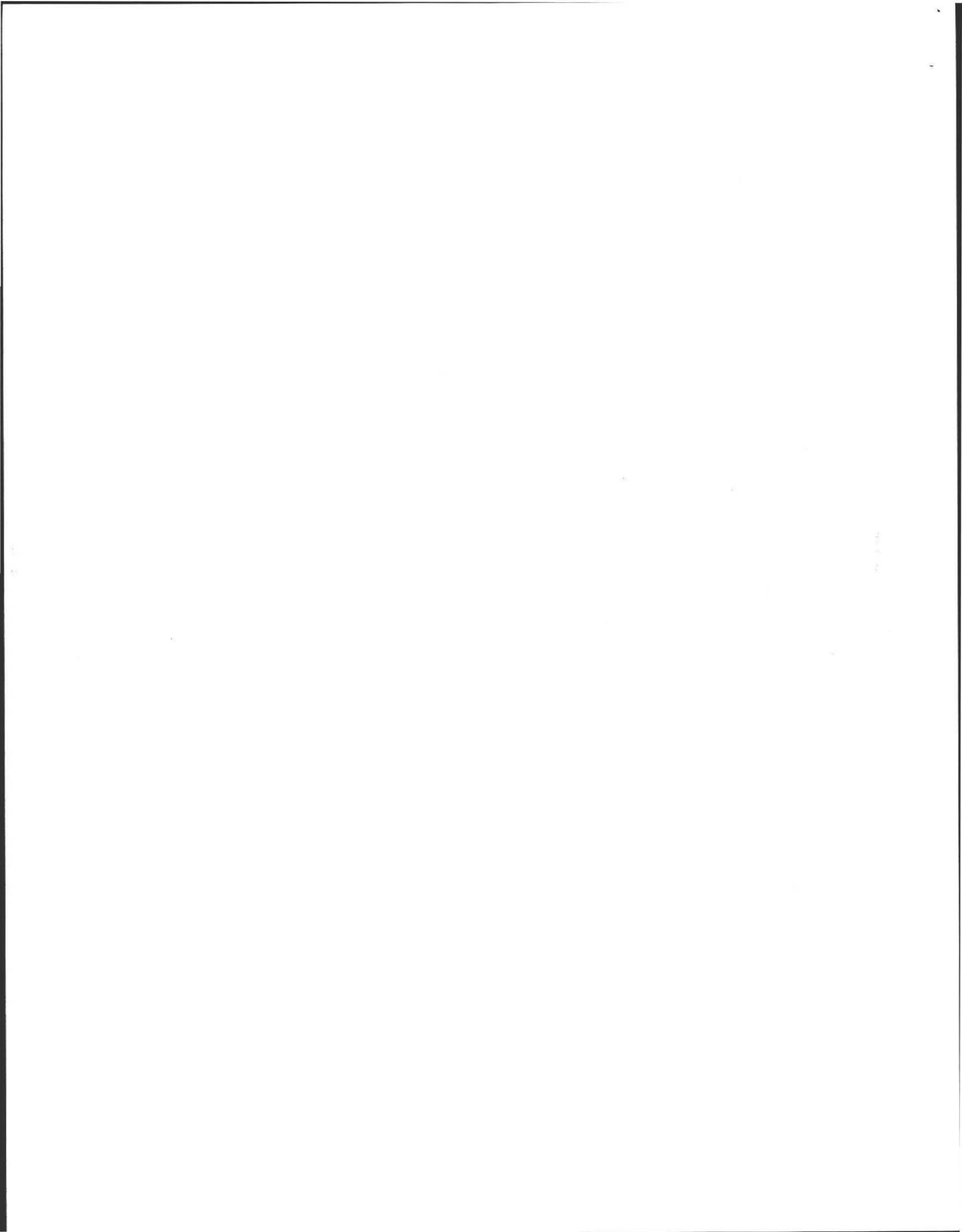
FOR 539 Pulpit Hill

*Stanley Ingertson*

MP

⑆ 211872331⑆ 02 20 058247 1911

Must be Validated by the Collector's Office to be considered a receipt



CK # 1907

TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 2387

Received of STANLEY INGERTSON of 461 MONTAGUE RD  
Name Address

For Property Located at: 539 Pulpit Hill (rental) same  
Street Address Prop Owner

- |  |       |  |       |
|--|-------|--|-------|
| HEA009 Bakery<br>R6510 443508                              | _____ | HEA015 Sanitary Code Booklets<br>R6510 432305            | _____ |
| HEA001 Bed & Breakfast<br>R6510 443516                     | _____ | HEA016 Septic Tank Permit-Installers<br>R6510 443511     | _____ |
| HEA002 Catering License<br>R6510 443507                    | _____ | HEA017 Septic Tank Permit-Private<br>R6510 443510        | _____ |
| HEA003 Food Handler<br>R6510 443515                        | _____ | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      | _____ |
| HEA004 Frozen Deserts<br>R6510 443501                      | _____ | HEA019 Sub-Division Review Fee<br>R6510 432306           | _____ |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302           | _____ | HEA012 Swimming Pool Permits<br>R6510 443512             | _____ |
| HEA006 Massage Therapy License<br>R6510 443504             | _____ | HEA020 Tanning License<br>R6510 443509                   | _____ |
| HEA007 Milk & Cream License<br>R6510 443500                | _____ | HEA024 Funeral Director License<br>R6510 443502          | _____ |
| HEA008 Motel License<br>R6510 443506                       | _____ | HEA034 Immunization Clinic<br>R6510 432307               | _____ |
| HEA010 Removal of Offal<br>R6510 443513                    | _____ | HEA030 Car Seats<br>8407 258004                          | _____ |
| HEA021 Removal of Rubbish<br>R6510 443520                  | _____ | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____ |
| HEA011 Percolation Test Fees <u>300.00</u><br>R6510 432300 | _____ | HEA023 TB Clinic<br>R6510 432303                         | _____ |
| HEA013 Recreation Camp License<br>R6510 443503             | _____ | HEA022 Tobacco License<br>R6510 443505                   | _____ |
| HEA014 Retail Store Permit<br>R6510 443514                 | _____ | HEA  | _____ |
|  |       | HEA  | _____ |

*[Signature]*  
Inspection Services/Health Department

TOTAL FEE: 300.00

11/28/06  
11/28/06

STANLEY INGERTSON (RENTAL RECEIPTS ACCOUNT)  
 MARY A. WING  
 451 MONTAGUE RD.  
 AMHERST, MA 01002

1907  
 53-7233/2118  
 BRANCH 2 CG

Nov 28, 06 DATE

PAY TO THE ORDER OF Town of Amherst \$300.00 DOLLARS

Three hundred

COOP GOLD ACCOUNT

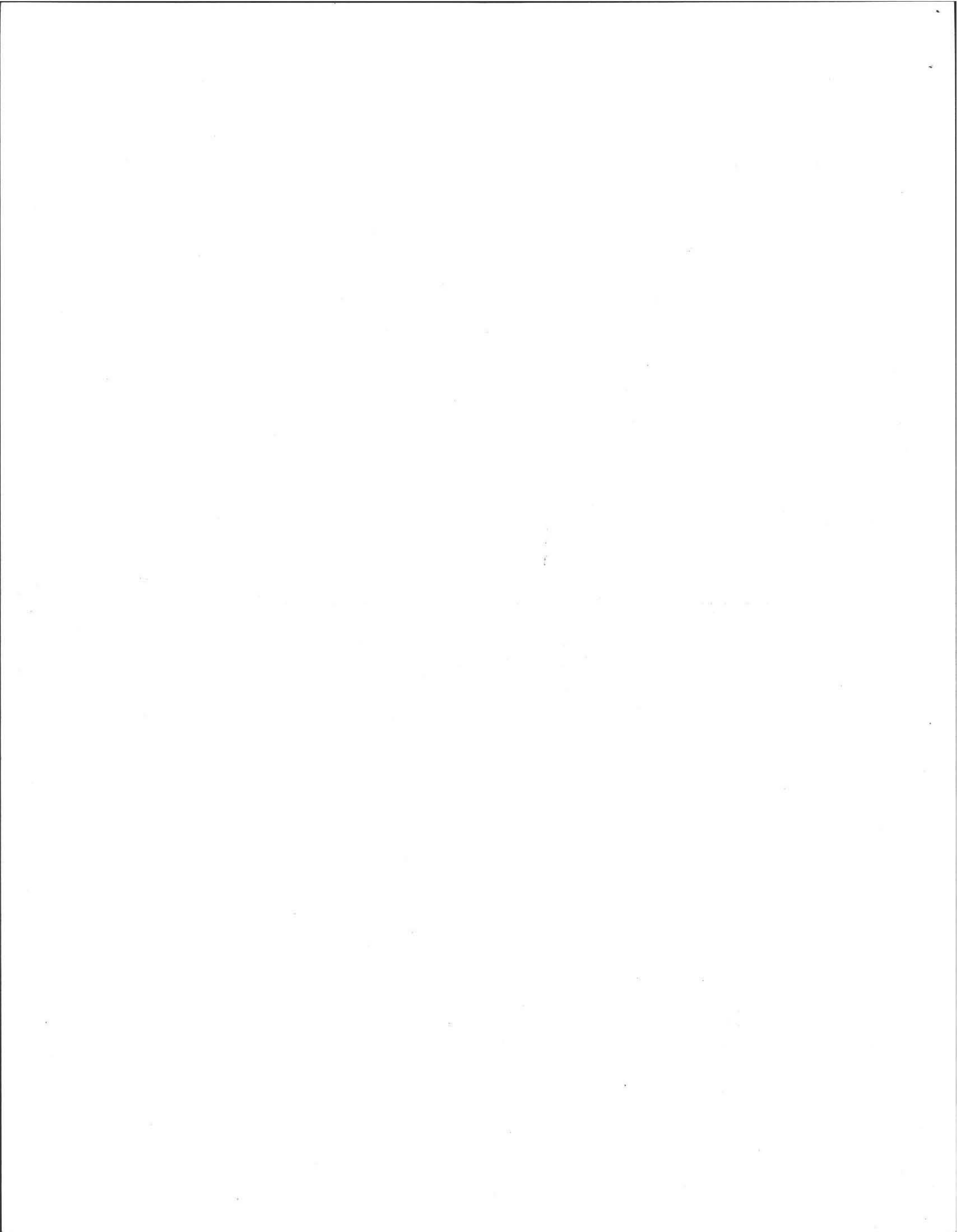
*[Signature]*

FOR 539 Pulpit Hill Per Test

211872331002 20 05824711 1907

1909

Must be Validated by the Collector's Office to be considered paid



PDECH# 1907 - Pore Test 360 <sup>00</sup>  
Plant-Final 150 <sup>00</sup>

FORM 11: Soil Evaluation Form NO: \_\_\_\_\_

Commonwealth of Massachusetts  
Town of AMHERST

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: TONY CROSS Date: 4/2/05  
Witnessed By: DAVE ZARNAI

Location Address of: 539 PULAIT HILL Owner's Name: STAN INCERTON  
Lot #: \_\_\_\_\_ Address of: 539 PULAIT HILL  
Telephone: \_\_\_\_\_  
Home → 451 MONTAGUE RD  
549-4268

New Construction  Repair

Office Review

Published Soil Survey Available? No  Yes   
Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_ Soil Map Unit \_\_\_\_\_  
Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available? No  Yes   
Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_  
Geologic Material (map unit) \_\_\_\_\_  
Landform \_\_\_\_\_

Flood Insurance Rate Map:  
Above 500 year flood boundary? No  Yes   
Within 500 year flood boundary? No  Yes   
Within 100 year flood boundary? No  Yes

Wetland Area:  
National Wetland Inventory Map (map unit) \_\_\_\_\_  
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): month \_\_\_\_\_  
Range: Above Normal  Normal  Below Normal

Other Reference Reviewed:

Determination: Seasonal High Water Table

Methods Used:

- Depth observed standing in observation hole \_\_\_\_\_ inches
- Depth weeping from side of observation hole \_\_\_\_\_ inches
- Depth to soil mottles \_\_\_\_\_ inches
- Ground water adjustment \_\_\_\_\_ feet

Index Well No. \_\_\_\_\_ Reading Date \_\_\_\_\_ Index Well Level \_\_\_\_\_  
Adjustment factor \_\_\_\_\_ Adjusted ground water level \_\_\_\_\_

Depth of Naturally Occurring Previous Material

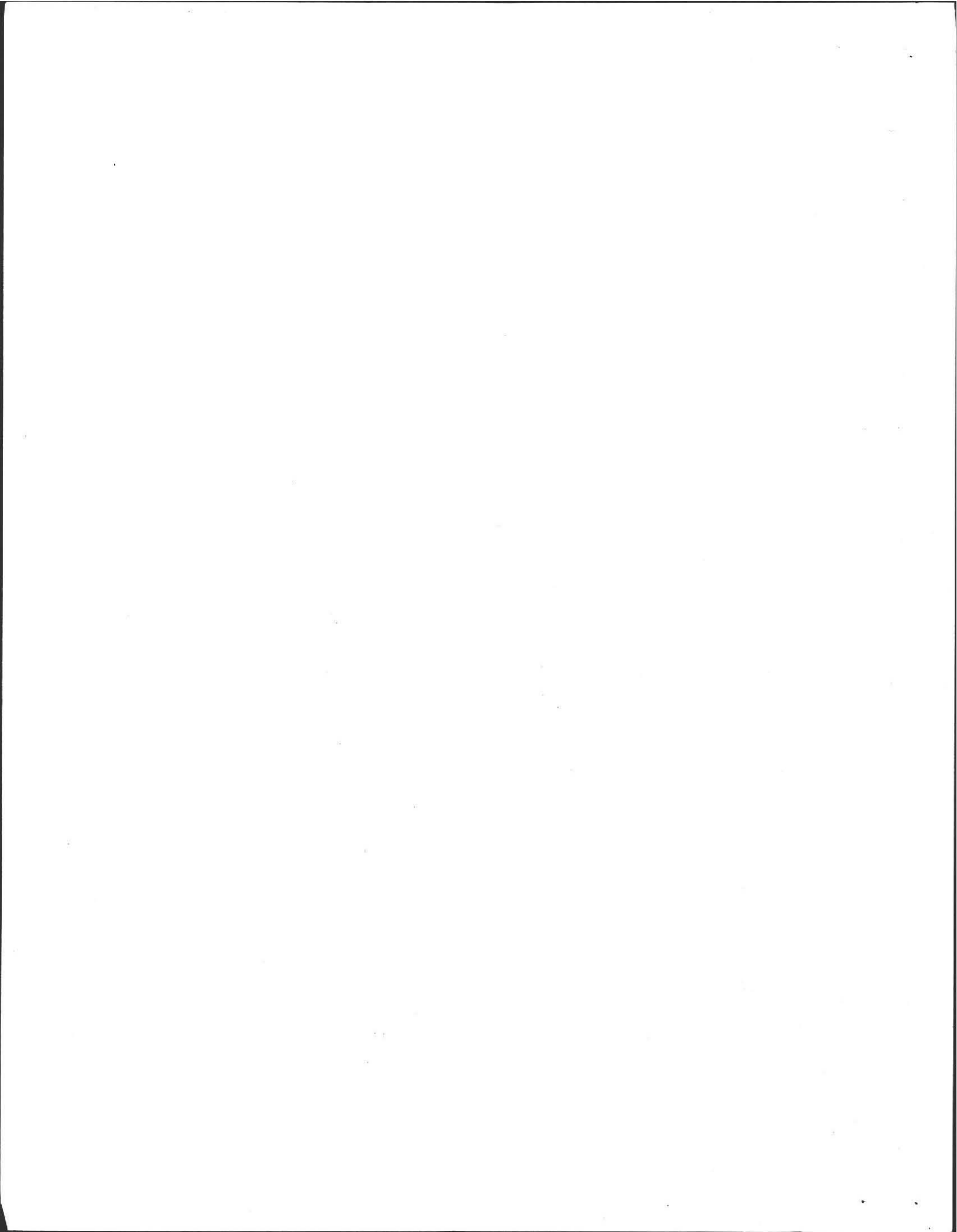
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? \_\_\_\_\_

If not, what is the depth of naturally occurring previous material?  
\_\_\_\_\_

Certification

I certify that on \_\_\_\_\_ (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.

Signature \_\_\_\_\_  
Date \_\_\_\_\_





539 Pulpit Hill

300<sup>00</sup> / 1907

On-Site Review

Deep Hole Number 1 Date: 11/20/06 Time \_\_\_\_\_  
Weather cloud  
Location (identify on site plan) See Plan  
Land Use Residential Slope (%) 1-3  
Surface Stone None  
Vegetation: grass

Landform: outwash

Position on Landscape (sketch on back) \_\_\_\_\_  
Distances from:  
Open Water Body 100 feet      Drainageway — feet  
Possible Wet Ares 100 feet      Property Line 35 feet  
Drinking Water Well — feet      Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	A	SL	10YR 3/3		Large Fragments
24	B	SL	10YR 4/6		Small stones 20% gravel
108	C	SL	2.5Y 2/4	76"	

Parent Material (geologic): outwash  
Depth to Bedrock: 108  
Depth to Groundwater: \_\_\_\_\_  
Standing Water in the Hole —  
Weeping from Pit Face —  
Estimated Seasonal High Water: 76"

On-Site Review

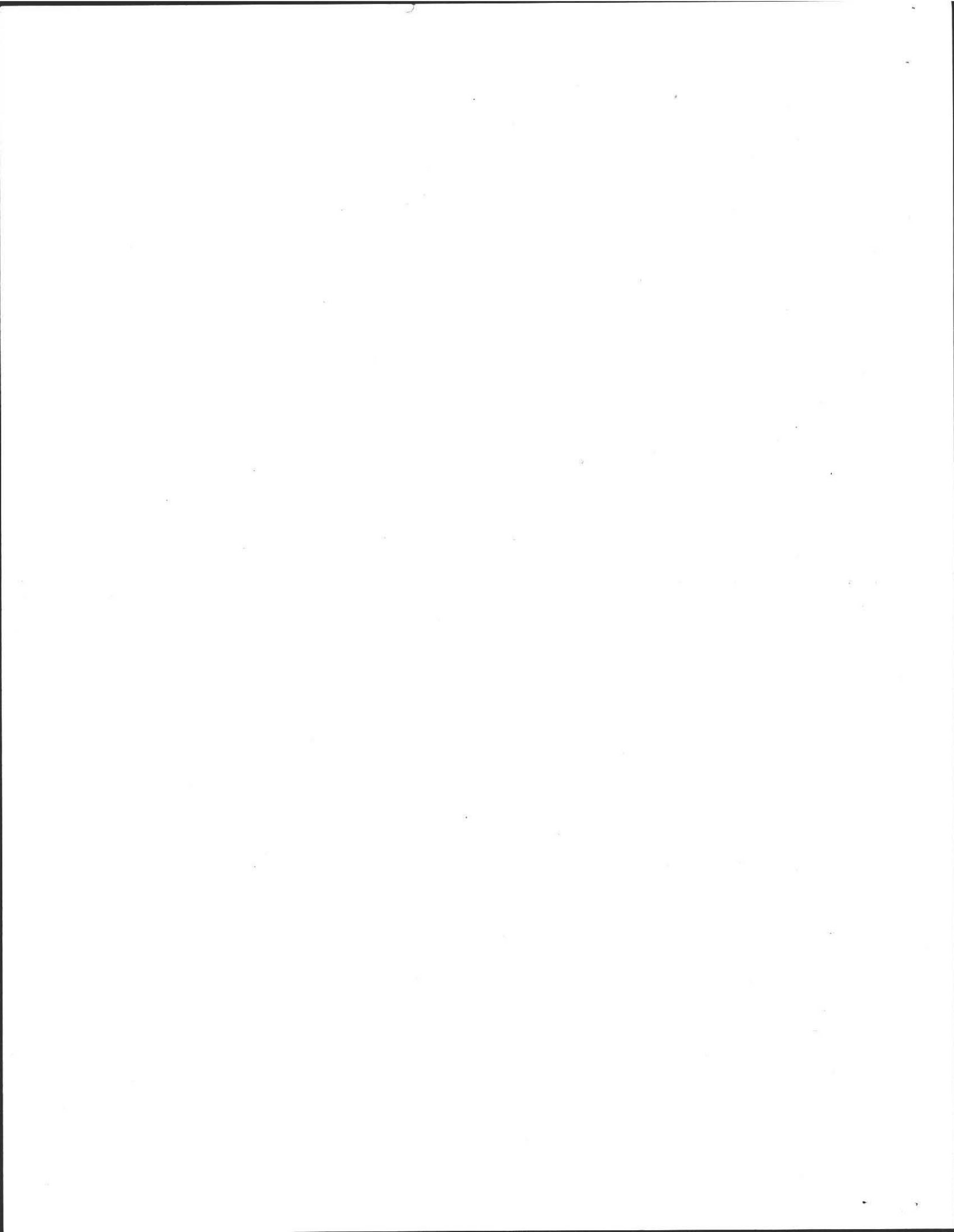
Deep Hole Number \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_  
Weather \_\_\_\_\_  
Location (identify on site plan) \_\_\_\_\_  
Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_  
Surface Stone \_\_\_\_\_  
Vegetation: SPM

Landform: \_\_\_\_\_

Position on Landscape (sketch on back) \_\_\_\_\_  
Distances from:  
Open Water Body \_\_\_\_\_ feet      Drainageway \_\_\_\_\_ feet  
Possible Wet Ares \_\_\_\_\_ feet      Property Line 15 feet  
Drinking Water Well \_\_\_\_\_ feet      Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
0	Fill	SL	—		
41"					
47	A	SL	10YR 3/3	56"	<u>SPM</u>
53	B		10YR 4/6	7.5YR 5/8	
105	C	SL	2.5Y 2/4		

Parent Material (geologic): \_\_\_\_\_  
Depth to Bedrock: SPM  
Depth to Groundwater: \_\_\_\_\_  
Standing Water in the Hole 95"  
Weeping from Pit Face \_\_\_\_\_  
Estimated Seasonal High Water: \_\_\_\_\_



Pl 300<sup>00</sup>  
1907

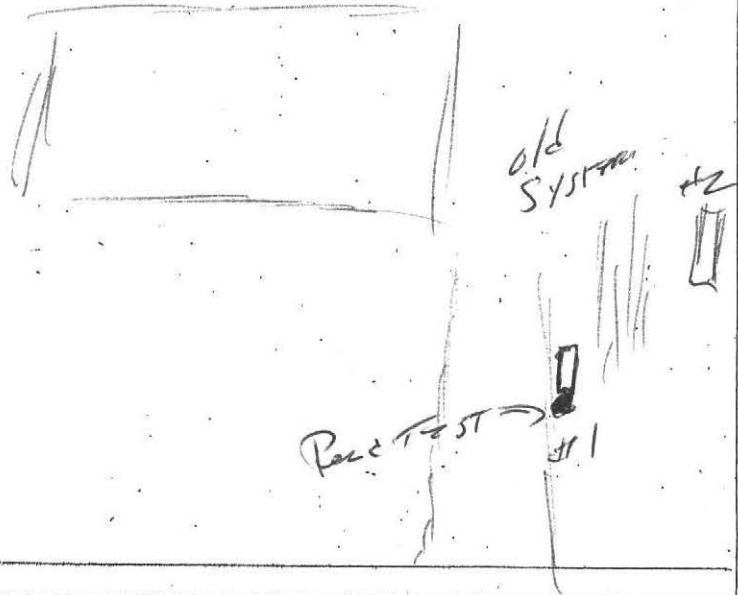
FORM 12: Percolation Test

Location Address or Lot # 539 Pulpit Hill

Commonwealth of Massachusetts

Town of AMHERST

Design for 6 Bed  
No 6/6



PERCOLATION TEST *		
DATE:	<u>11/28/06</u>	TIME:
Observation Hole #	<u>1 46"</u>	
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>9:44</u>	
End Pre-soak	<u>9:59</u>	
Time at 12"	<u>9:57</u>	
Time at 9"	<u>10:04</u>	
Time at 6"	<u>10:12</u>	
Time (9"-6")	<u>8</u>	
Rate Min./Inch	<u>3</u>	

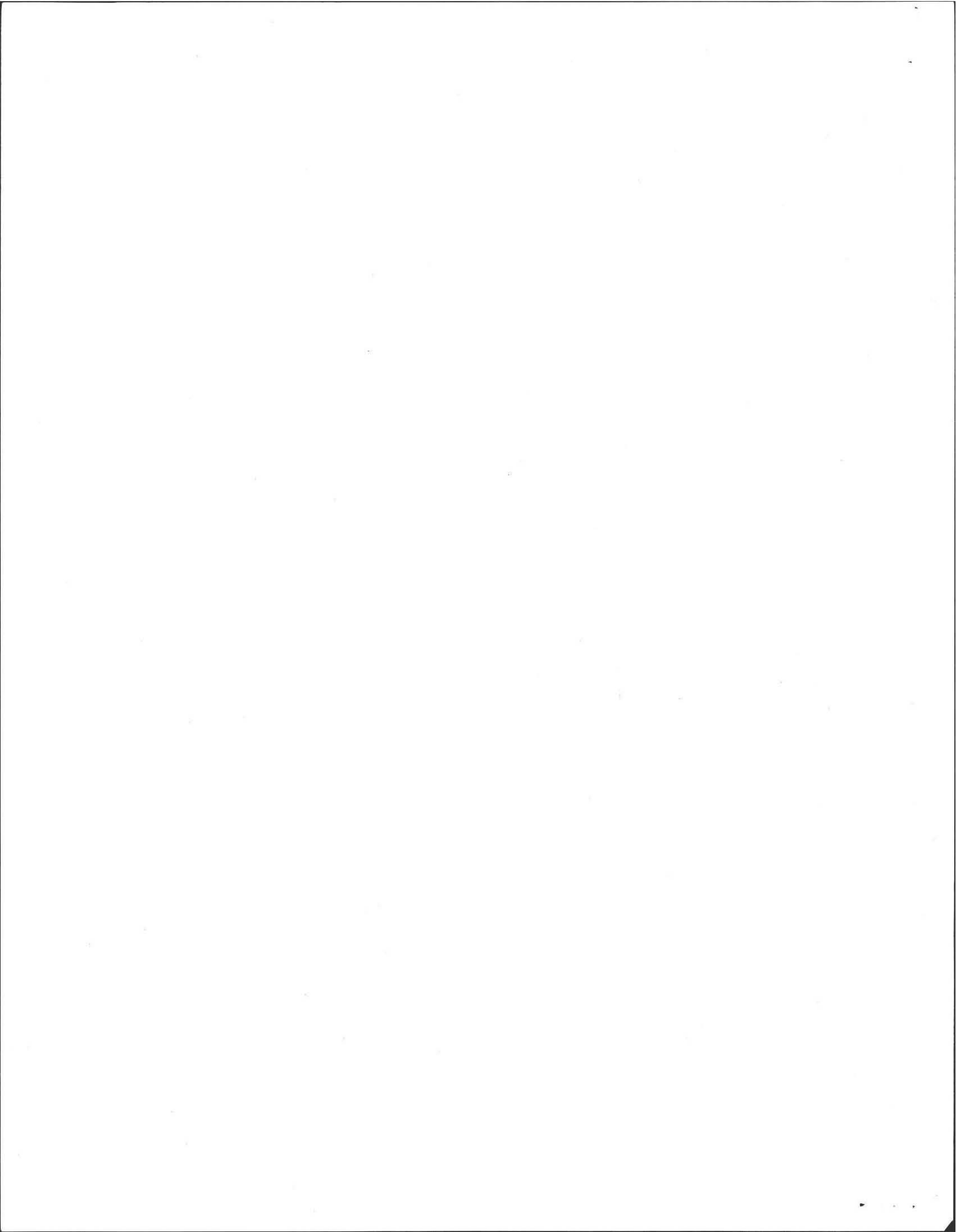
\*Minimum of one percolation test must be performed in both the primary area and reserve area.

Site Passed  Site failed

Performed by \_\_\_\_\_

Witnessed by \_\_\_\_\_

Comments:



# Civil Engineering Associates

---

10 Crane Avenue  
East Longmeadow, MA 01028  
Phone: 413/525-2874  
Fax: 413/525-3695

## **General Specification for Pump System at 539 Pulpit Hill Road, Amherst, MA 01012**

Pump Elevation = 85.40' D-Box Elevation = 94.12'

Vertical Lift = 8.72'

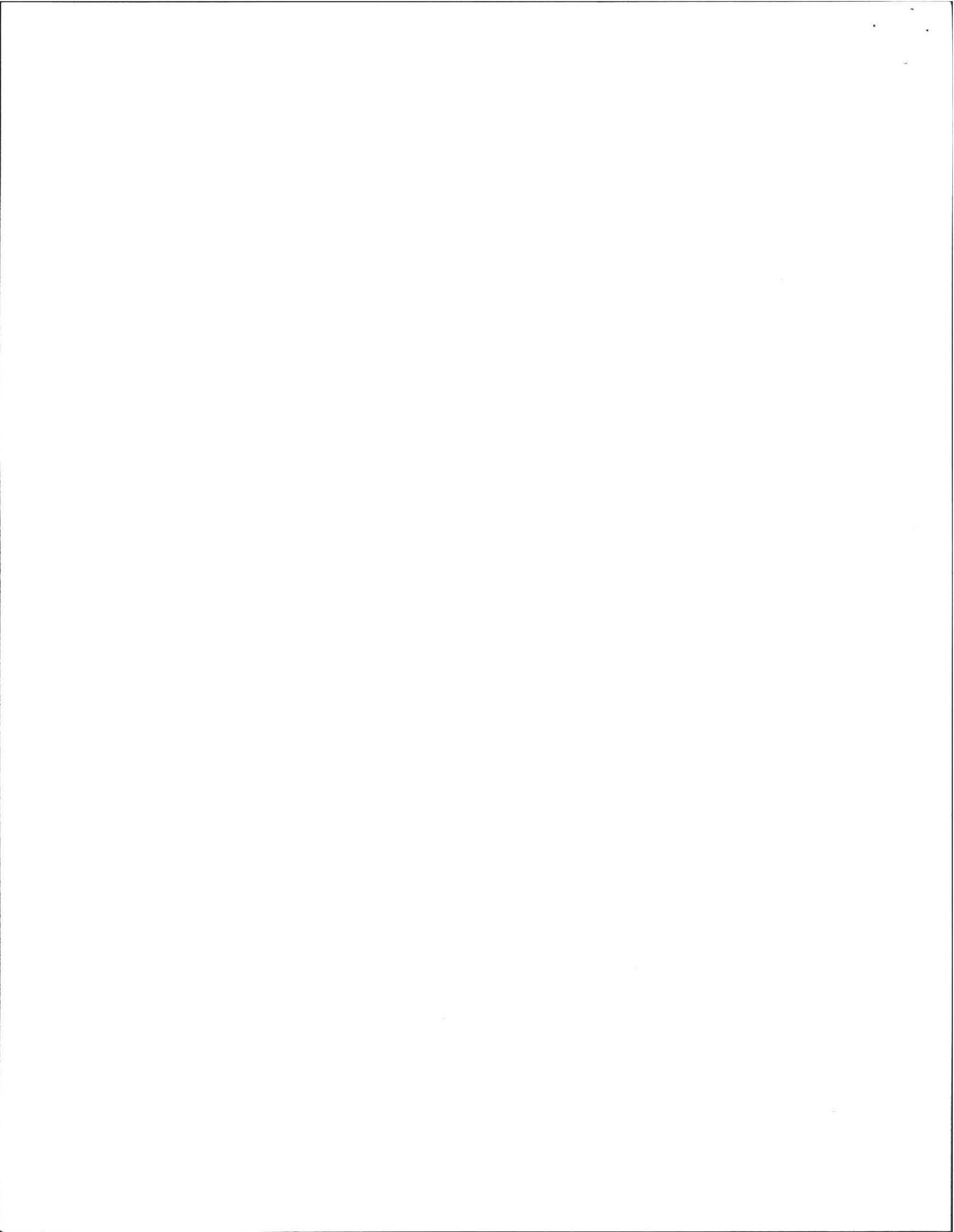
Length of 2" PVC Pipe = 70'

Head Loss Per 100' of 2" PVC @ 20 gpm = .21'

.7 x .21 = .15'

Total Dynamic Head = 8.72' + .15' = 8.87'

1. Pump shall provide for a minimum of 10 gpm at design Total Dynamic Head (TDH) of 9'.
  2. There shall be 4 doses per day. Each dose shall be approximately 100 gallons. Tank dimensions are different according to the manufacturer, but a 1000 gallon tank generally has liquid depth of 48 inches. Therefore, 100 gallons equates to approximately 5 inches of liquid level in 1000 gallon septic tank. Set pump start at a liquid level of 13 inches, and stop at 8 inches.
  3. All components of the pumping system shall be watertight.
  4. Pump shall have a minimum solid passing capability of 1 1/4 (1.25) inches. Remove check valve at pump chamber, or drill 1/4" hole in force main in pump chamber.
  5. All pumps shall be equipped with an alarm located in the building being served, which must be powered by a circuit separate from the circuit to the pumps.
  6. All work and materials shall comply with all Local and State Codes, as they may apply.
  7. Contractor shall submit pump data to the Design Engineer for review and approval prior to the delivery of the equipment to the site.
  8. The Design Engineer shall inspect and approve installation prior to placement of system into operation.
-



# 2" NON-CLOGS

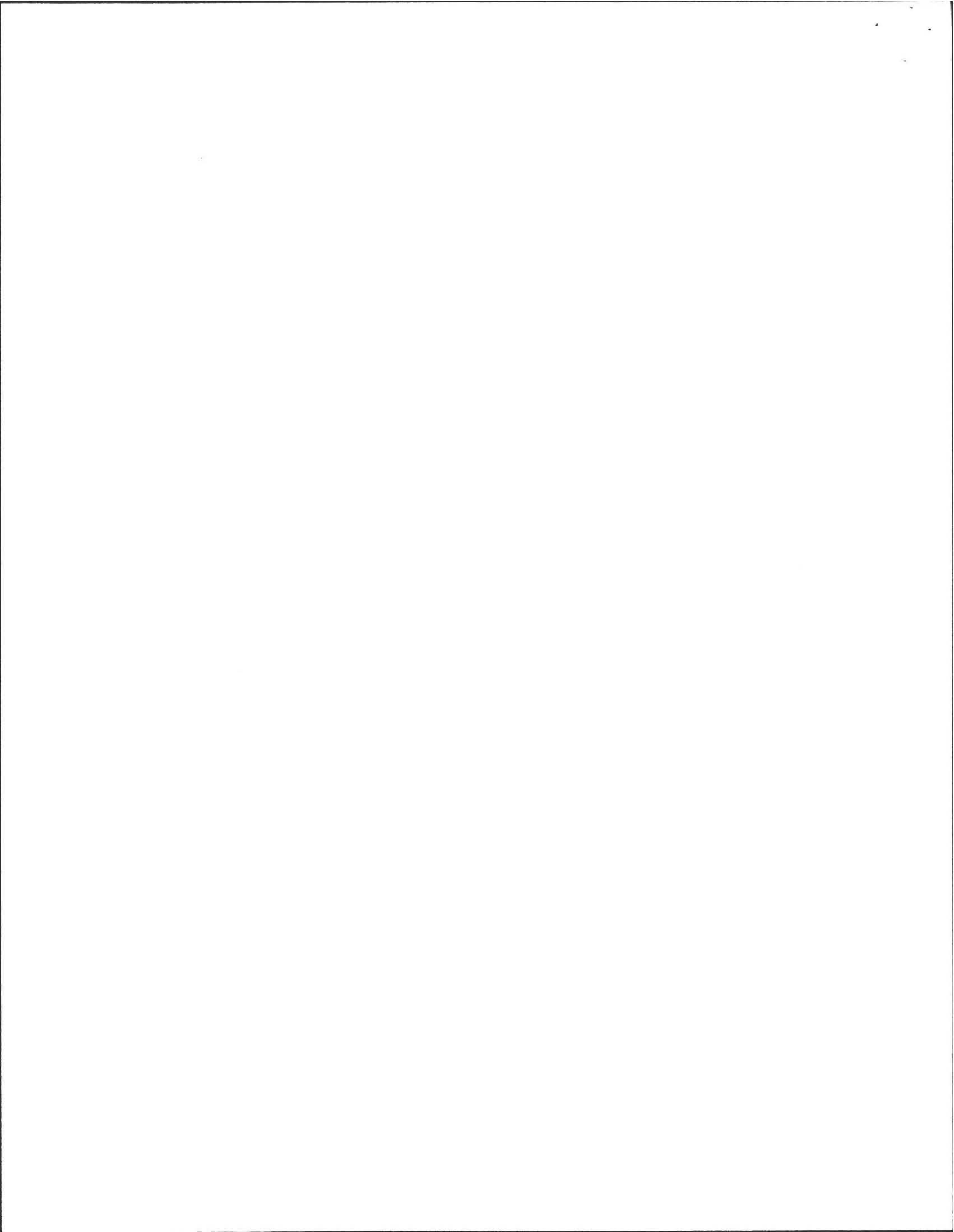
## Performance Capabilities

Series	HP	Solids Handling	Maximum Operating Head*	Maximum Flow
SRM4	4/10	2"	15 ft.	95 gpm
MW50	1/2	2"	23 ft.	135gpm
MWH50	1/2	2"	32 ft.	125 gpm
MW100	1	2"	42 ft.	140 gpm
MW150	1-1/2	2"	55 ft.	150 gpm
MW200	2	2"	62 ft.	165 gpm
WHR5	1/2	2"	21 ft.	128 gpm
WHR7	3/4	2"	25 ft.	150 gpm
WHR10	1	2"	30 ft.	175 gpm
WHRH5	1/2	1-1/2"	33 ft.	90 gpm
WHRH10	1	1-1/2"	45 ft.	110 gpm
WHRH20	2	1-1/2"	61 ft.	130 gpm

\*Based on flows required for minimum velocity of 3 feet/second (2" diameter pipe)

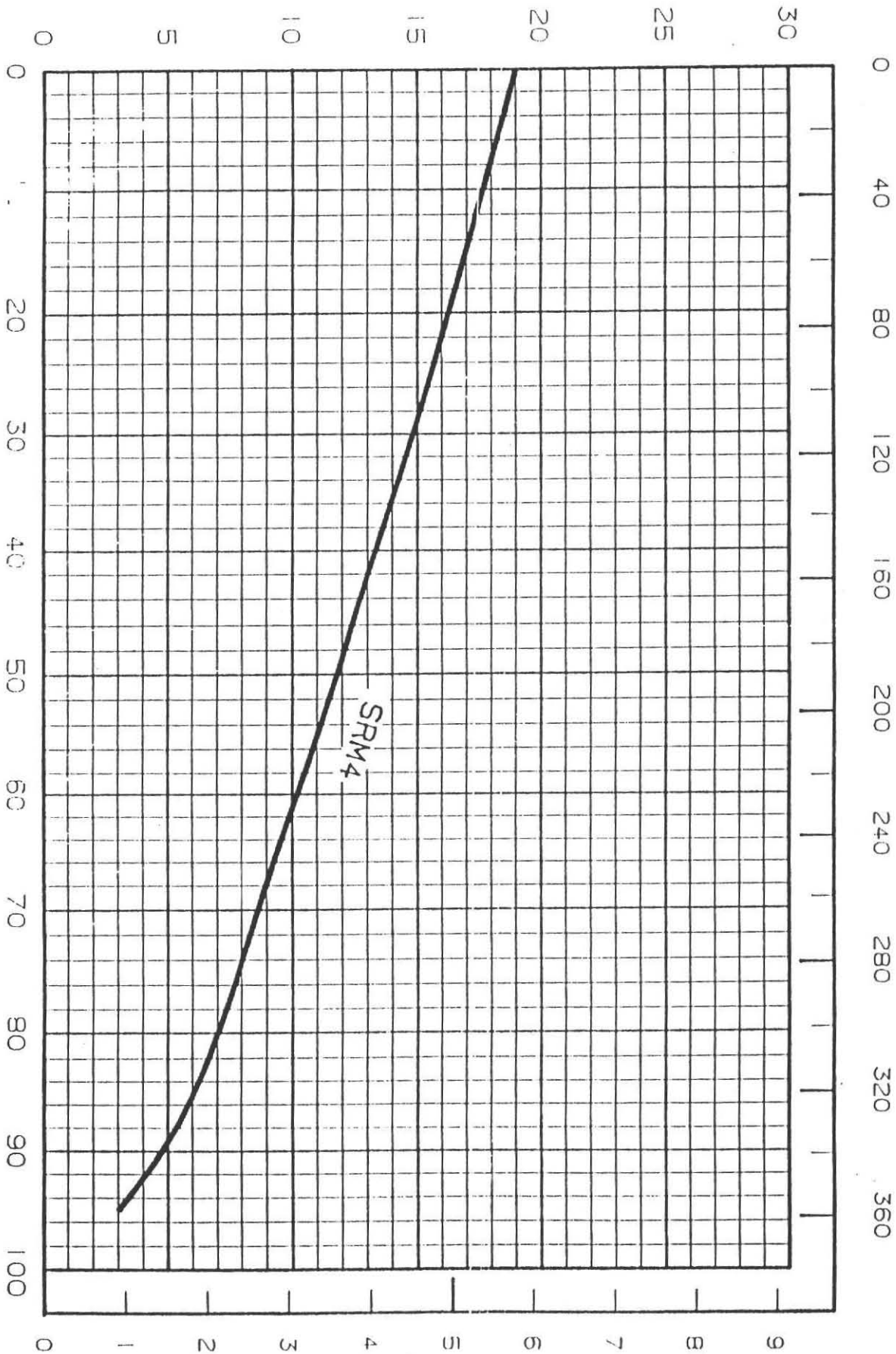
## Third Party Approvals

Series	Listing
SRM4	UL, CSA
MW	UL, CSA
WHR	UL, CSA
WHRH	UL, CSA





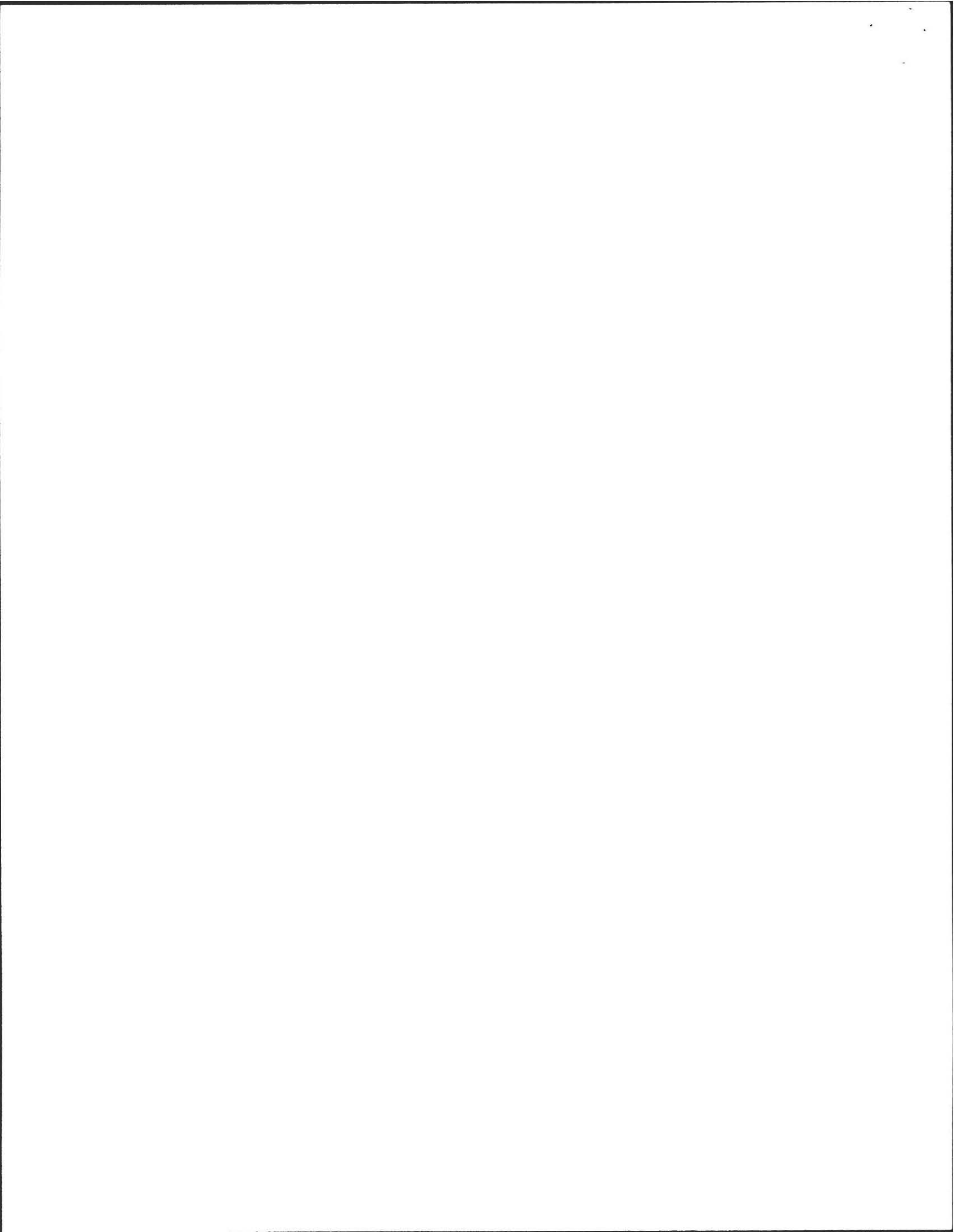
TOTAL HEAD IN FEET



CAPACITY LITERS PER MINUTE

CAPACITY GALLONS PER MINUTE

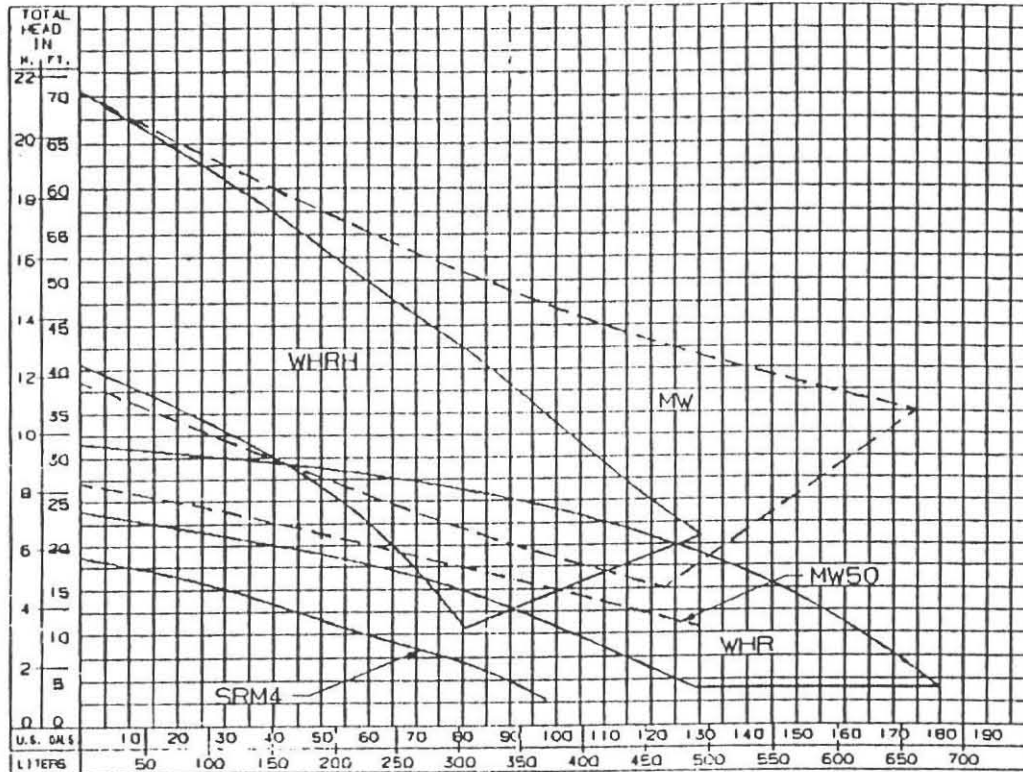
TOTAL HEAD IN METERS



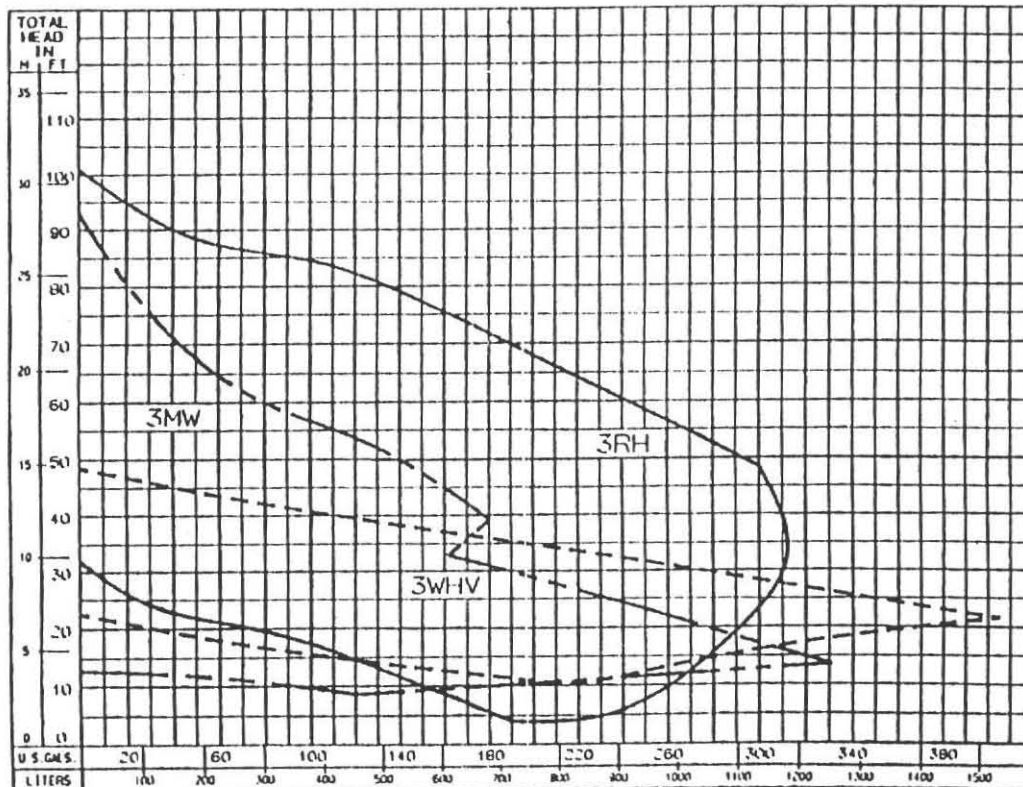
# Submersible Non-Clog Pumps

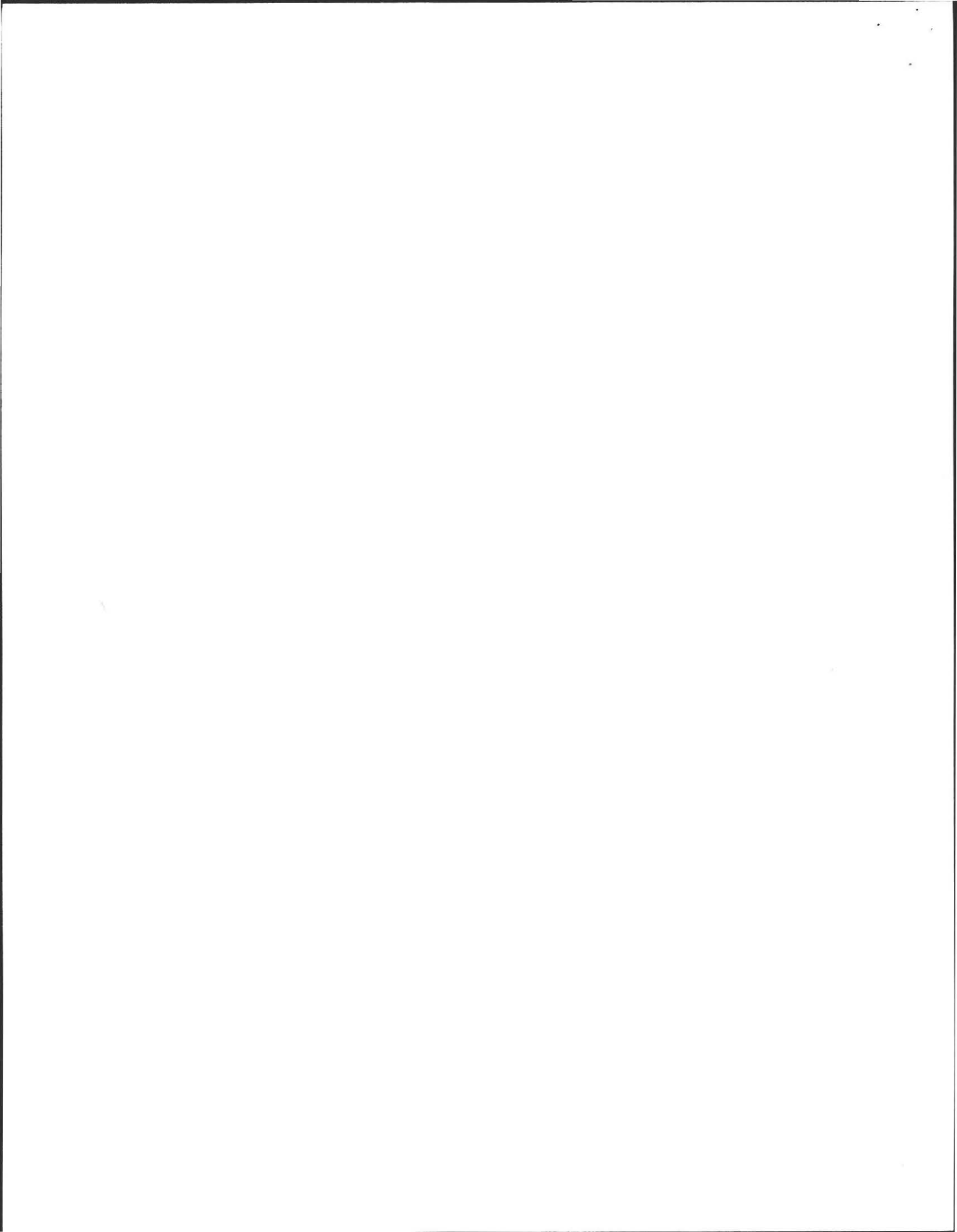
## Composite Curves

2" Discharge  
(Section A.1)



3" Discharge  
(Section A.2)





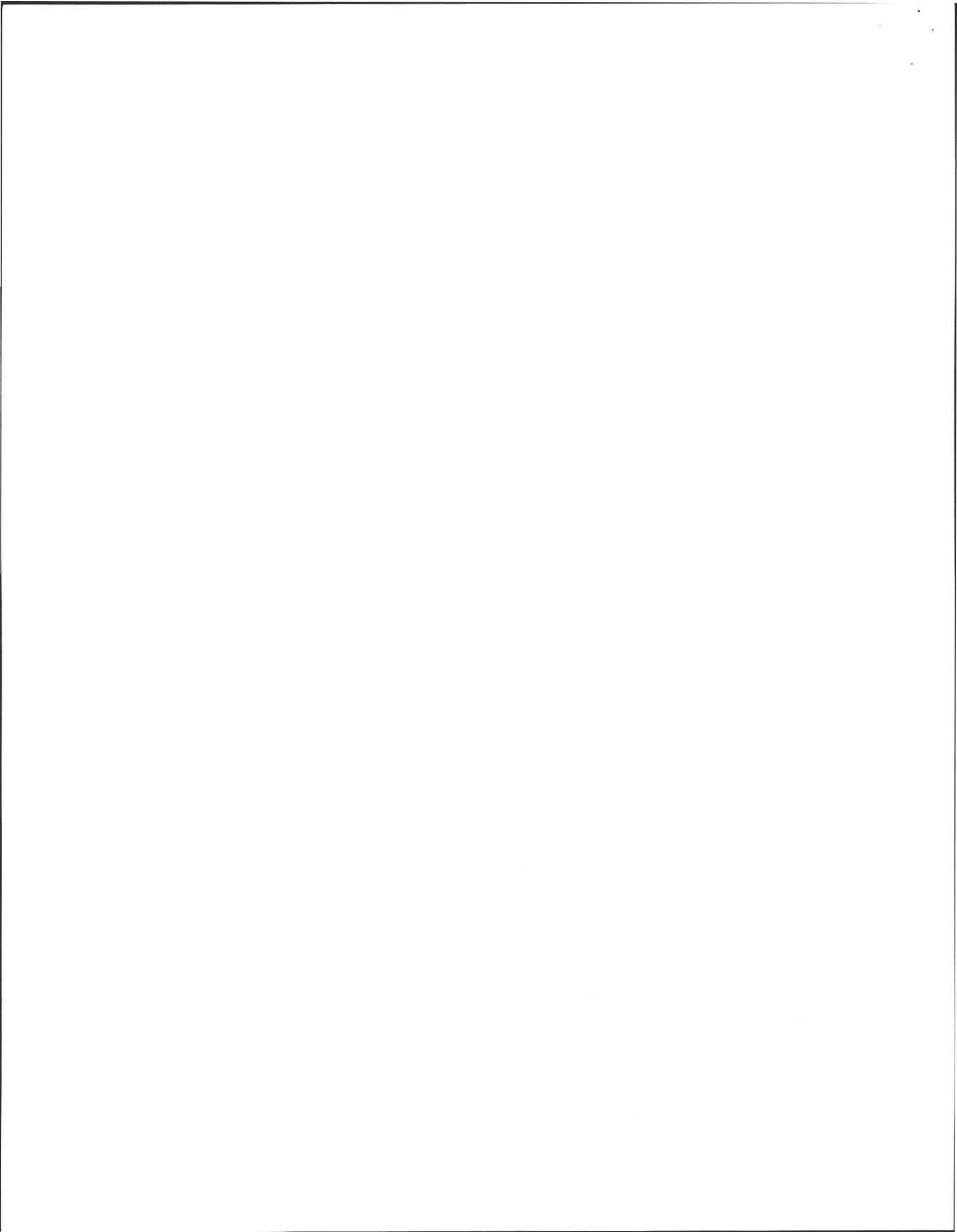
## Pipe Loss Chart

Use the chart below to determine what pipe size is required to efficiently allow necessary flow for your power need. Once you know the required flow for your system (gpm), find the head loss for various pipe sizes. Multiply the head loss number by the length of the pipe divided by 100 and you will get the loss of head for that pipe size. The actual head minus the head loss will give you the effective head in the system.

		Pipe Friction Loss Chart - Head loss in feet per 100 feet of Schedule 40 PVC pipe																						
		Flow (GPM)																						
		1	2	3	4	5	7	10	15	20	25	30	40	50	60	70	80	100	150	200	250	300	400	500
Pipe Diameter (inches)	1/2	2.06	4.16	8.7	14.8	23.5	43																	
	3/4	0.51	1.02	2.2	3.7	5.73	10.5	20.1	42.5															
	1	0.1	0.55	0.68	1.15	1.72	3.17	6.02	12.8	21.8	32.9	46.1												
	1-1/4	0.03	0.14	0.19	0.31	0.44	0.81	1.55	3.28	5.59	8.45	11.9	20.2	30.5	45.6									
	1-1/2		0.07	0.08	0.13	0.22	0.38	0.72	1.53	2.61	3.95	5.53	9.43	14.3	20	28.6	36.7							
	2			0.03	0.05	0.07	0.11	0.21	0.45	0.76	1.15	1.62	2.75	4.16	5.84	7.76	9.94	15.1	34.8	59.3				
	2-1/2				0.03	0.04	0.05	0.09	0.19	0.32	0.49	0.68	1.16	1.75	2.46	3.27	4.19	6.33	13.4	25.0	37.8	46.1		
	3						0.02	0.03	0.07	0.11	0.17	0.23	0.4	0.6	0.85	1.13	1.44	2.18	4.63	7.88	11.9	18.4	40.1	
	4									0.03	0.04	0.06	0.11	0.16	0.22	0.3	0.38	0.58	1.22	2.08	3.15	4.41	7.52	
	5											0.03	0.04	0.05	0.07	0.1	0.13	0.19	0.4	0.69	1.05	1.46	2.49	3.76
	6													0.02	0.03	0.04	0.05	0.08	0.16	0.28	0.43	0.6	1.01	1.53

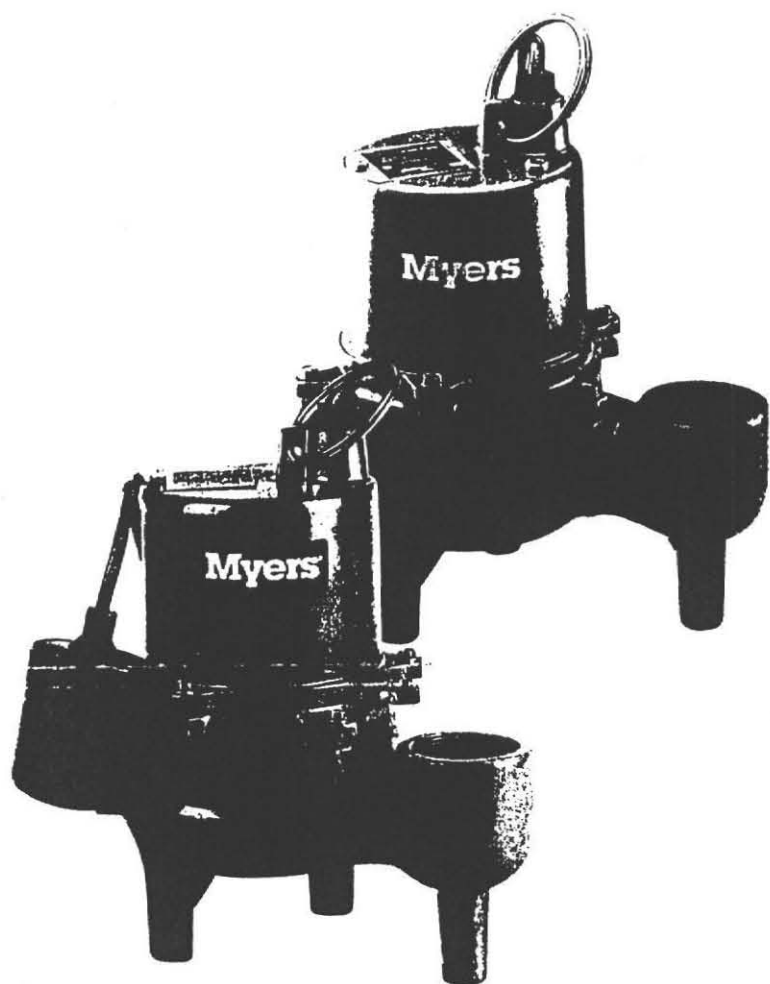
**TABLE 1**  
EQUIVALENT LENGTH OF PIPE PVC PIPE FITTINGS (FT.)

Pipe Size (In)	90° Elbow	45° Elbow	Through Tee Run	Through Tee Branch
1/2	1.5	0.8	1.0	4.0
3/4	2.0	1.0	1.4	5.0
1	2.25	1.4	1.7	6.0
1 1/4	4.0	1.8	2.3	7.0
1 1/2	4.0	2.0	2.7	8.0
2	6.0	2.5	4.3	12.0
2 1/2	8.0	3.0	5.1	15.0
3	8.0	4.0	6.3	16.0
4	12.0	5.0	8.3	22.0
6	18.0	8.0	12.5	32.0
8	22.0	10.0	16.5	38.0
10	26.0	13.5	17.5	57.0
12	32.0	15.5	20.0	67.0



# SRM4

4/10 Horsepower  
Residential Sewage Pump



**T**HE SRM4 MINI NON-CLOG PUMP IS THE MOST RELIABLE 4/10 HORSEPOWER RESIDENTIAL SEWAGE PUMP AVAILABLE TODAY. The SRM4 is a plumbers/contractors dream ... it will not clog! Its recessed impeller design allows 2" solids to pass freely through the volute without the chance of jamming the impeller. The SRM4 series pump has a national field-proven record of reliability. Look to your Myers distributor for the answer to your residential sewage handling needs ... and across the counter will be the Myers mini non-clog, the SRM4. It works for you! For more information, call your Myers distributor today, or the Myers Ashland, Ohio sales office at 419/289-1144.

## ADVANTAGES BY DESIGN

### DURABLE MOTOR WILL DELIVER MANY YEARS OF RELIABLE SERVICE.

- Oil-filled motor for maximum heat dissipation and continuous bearing lubrication.
- Overload protected shaded pole motor eliminates starting switches.
- Recessed vortex impeller provides minimal radial loading for long bearing life.

### THE SRM4P IS ENGINEERED FOR MANY YEARS OF MAINTENANCE-FREE OPERATION.

- Wide-angle piggy-back float switch for maximum draw down. (Automatic models)
- Pump can be operated manually by unplugging piggy-back switch and plugging pump directly into outlet (Automatic models).
- Recessed vortex impeller operates completely out of volute and provides free flow through passage for solids and liquids.

## PRODUCT CAPABILITIES

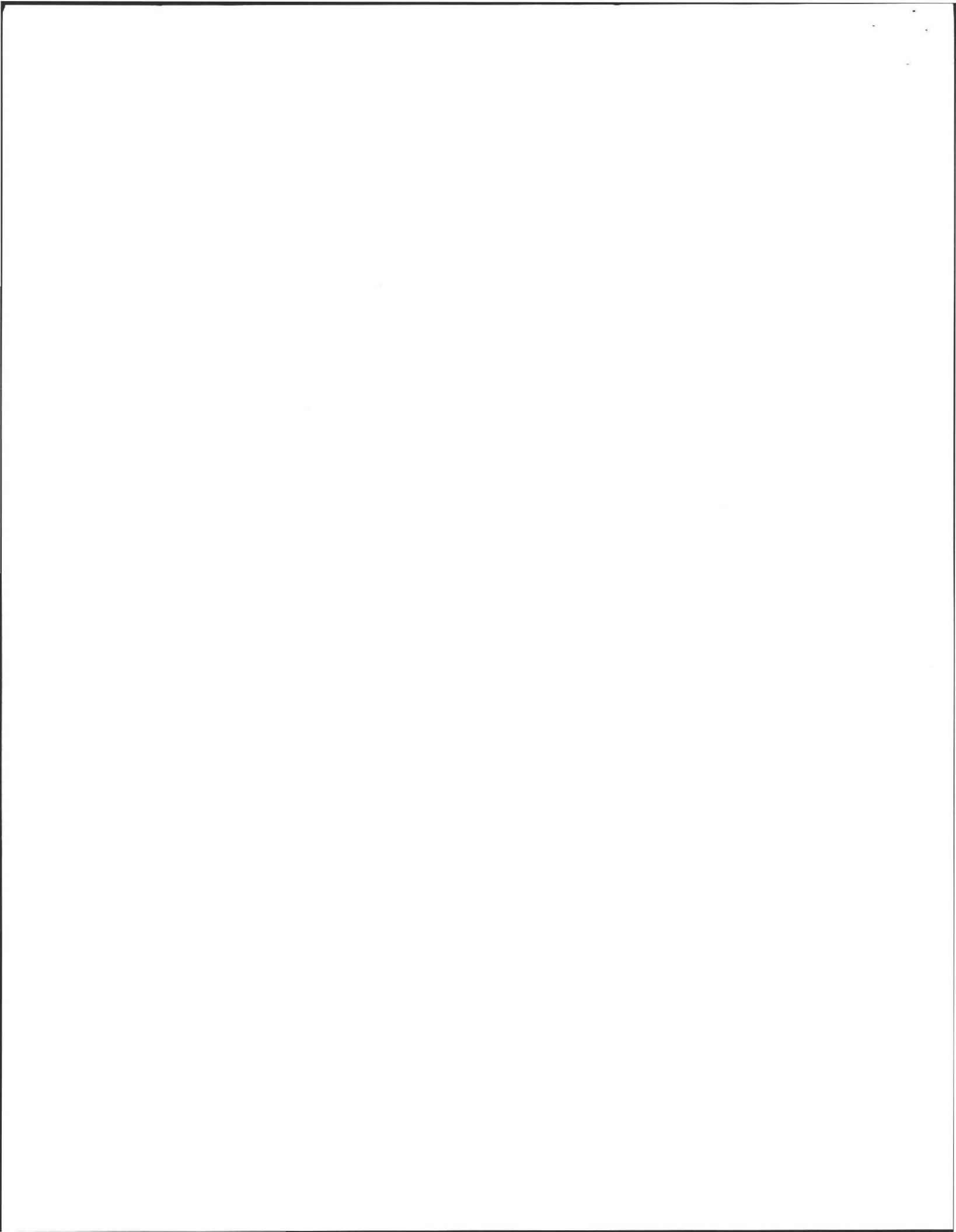
Capacities To	95 gpm	360 lmp
Heads To	18 ft. 19 ft. shutoff	5.5 m 5.8 m
Pump Down Range Float Switch	7 to 14 in.	178 to 356 mm
Solids Handling Capacity	2 in.	50.8 mm
Liquids Handling	raw sewage, effluent, drain water	
Intermittent Liquid Temp.	up to 140°F	up to 60°C
Motor	4/10 HP shaded pole 1550 RPM	
Electrical	115V, 12A or 230V, 5A, 1Ø, 60 Hz.	
Acceptable pH Range	5 - 9	
Discharge, NPT	2 in.	50.8 mm
Minimum Sump Diameter	Simplex Duplex	18 in. 30 in.
		457 mm 762 mm
ETL Listing	Class 1, Div. 2 Group D Class 2, Div. 2 Group F, G Class 3, Div. 1, 2	

### Construction Materials

Motor Housing	cast iron, Class 30, ASTM A48
Volute Case	cast iron, Class 30, ASTM A48
Impeller	recessed, thermoplastic
Power Cord	20 ft. 16/3 SJTW/SJTW-A
Mechanical Seal	carbon and ceramic

WHERE INNOVATION MEETS TRADITION

**Myers®**





**Table 2. Effective Leaching Area for New Construction  
And Remedial Sites (TRENCH)**

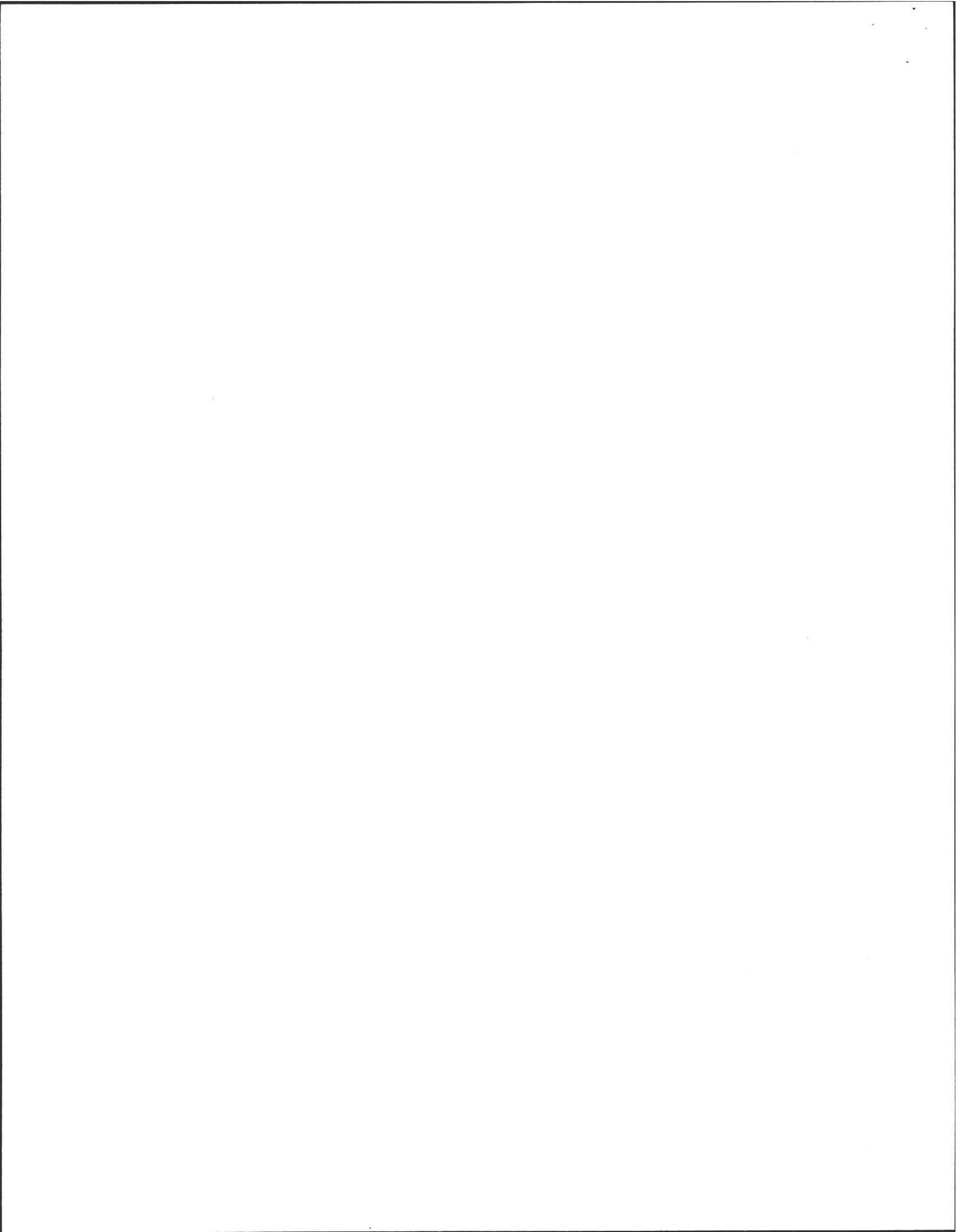
Model	Effective Leaching <sup>1</sup> Area SF/LF	Effective Leaching <sup>2</sup> Area SF/LF
Equalizer 24	3.75	NA
Quick4 Equalizer 24	3.90	NA
Equalizer 36	4.73	NA
Quick4 Equalizer 36	4.73	NA
Standard Chamber	6.53	NA
Quick4 Standard	6.96	NA
Infiltrator 3050 or StormTech SC-740	NA	8.2
High Capacity Chamber	7.79	NA
Quick4 High Capacity	7.93	NA

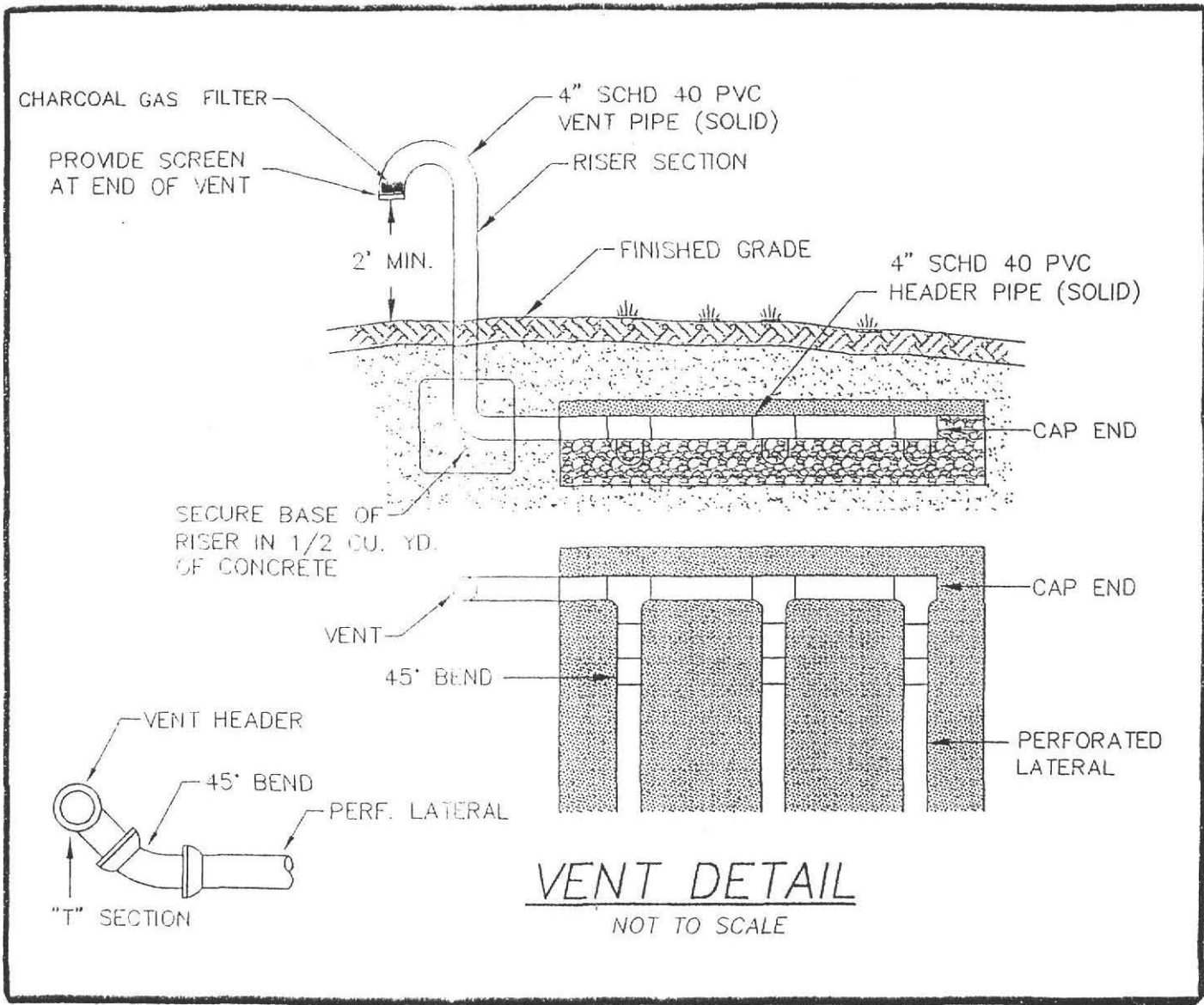
1. Effective leaching area is equal to 1.67 (bottom width +(2x invert height)).
2. Effective leaching area is equal to 1.0 (bottom width +(2x invert Height))

**Table 4. Effective Leaching Area for Bed or Field Configuration**

Model	Effective Leaching <sup>1</sup> Area SF/LF
Equalizer 24	2.08
Quick4 Equalizer 24	2.23
Equalizer 36	3.05
Quick4 Equalizer 36	3.05
Standard Chamber	4.72
Quick4 Standard	4.72
Infiltrator 3050 or StormTech SC-740	4.25 <sup>2</sup>
High Capacity Chamber	4.72
Quick4 High Capacity	4.72

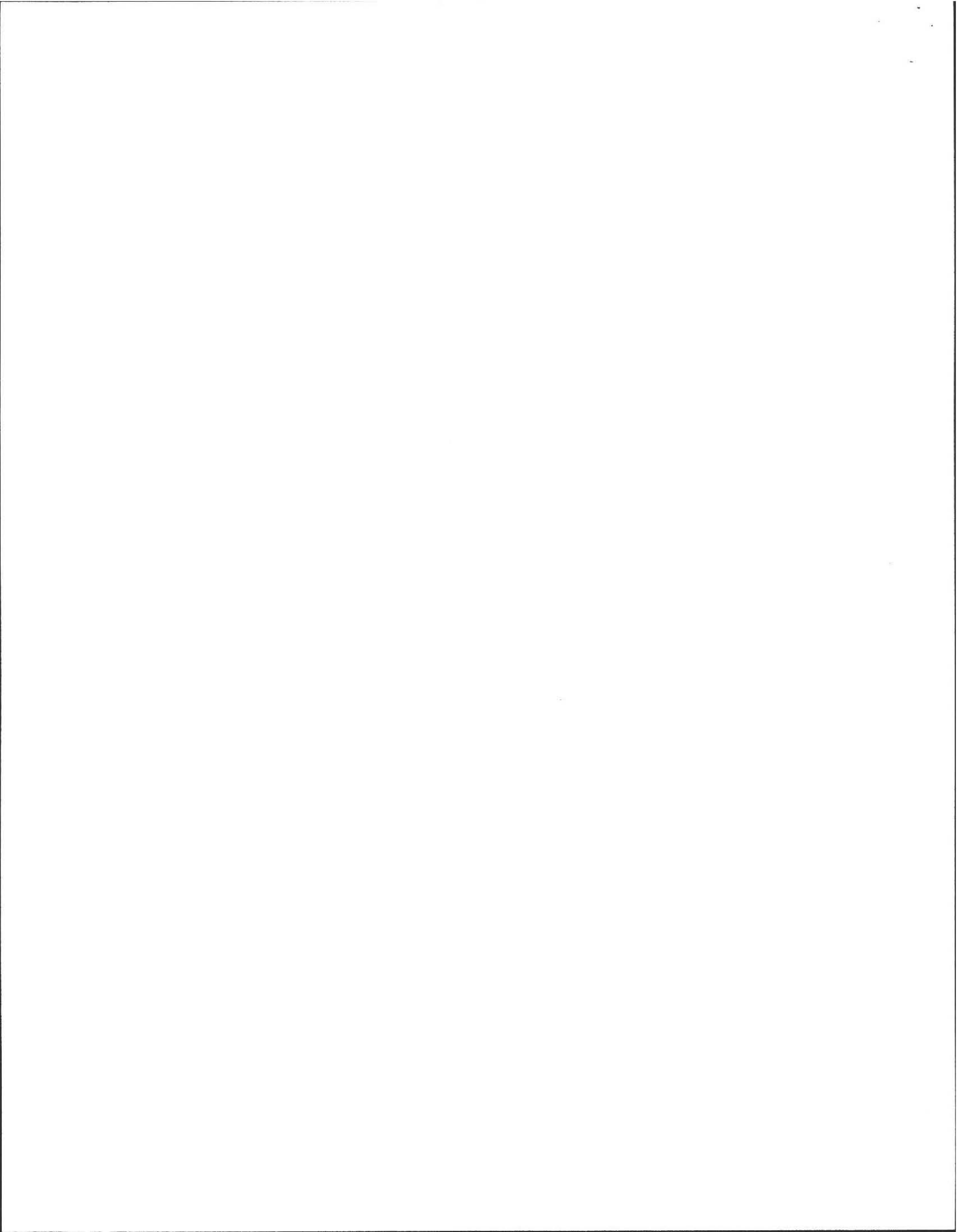
1. Effective Leaching area is equal to 1.67 times bottom width only.
2. Effective leaching area for Infiltrator 3050 or StormTech SC-740 is equal to 1.0 times the bottom width.





**RAISED MANIFOLD VENT SYSTEM**

Courtesy of  
 Coler & Colantonio, Inc.  
 South Deerfield, MA



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

Date: 11/28/06

Commonwealth of Massachusetts  
Aiherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Nathan Torretti

Date: 11/28/06

Witnessed By: Dave Zarowzinsk

Location Address Or Lot # <u>539 Pulpit Hill Road</u>	Owner's Name <u>Stan Ingertson</u> Address Telephone  <u>549-4268</u>
New Construction <input type="checkbox"/>	Repair <input checked="" type="checkbox"/>

Office Review

Published Soil Survey Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_ Soil Map Unit \_\_\_\_\_

Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform \_\_\_\_\_

Flood Insurance Rate Map:

Above 500 year flood boundary: No  Yes

Within 500 year flood boundary: No  Yes

Within 100 year flood boundary: No  Yes

Wetland Area:

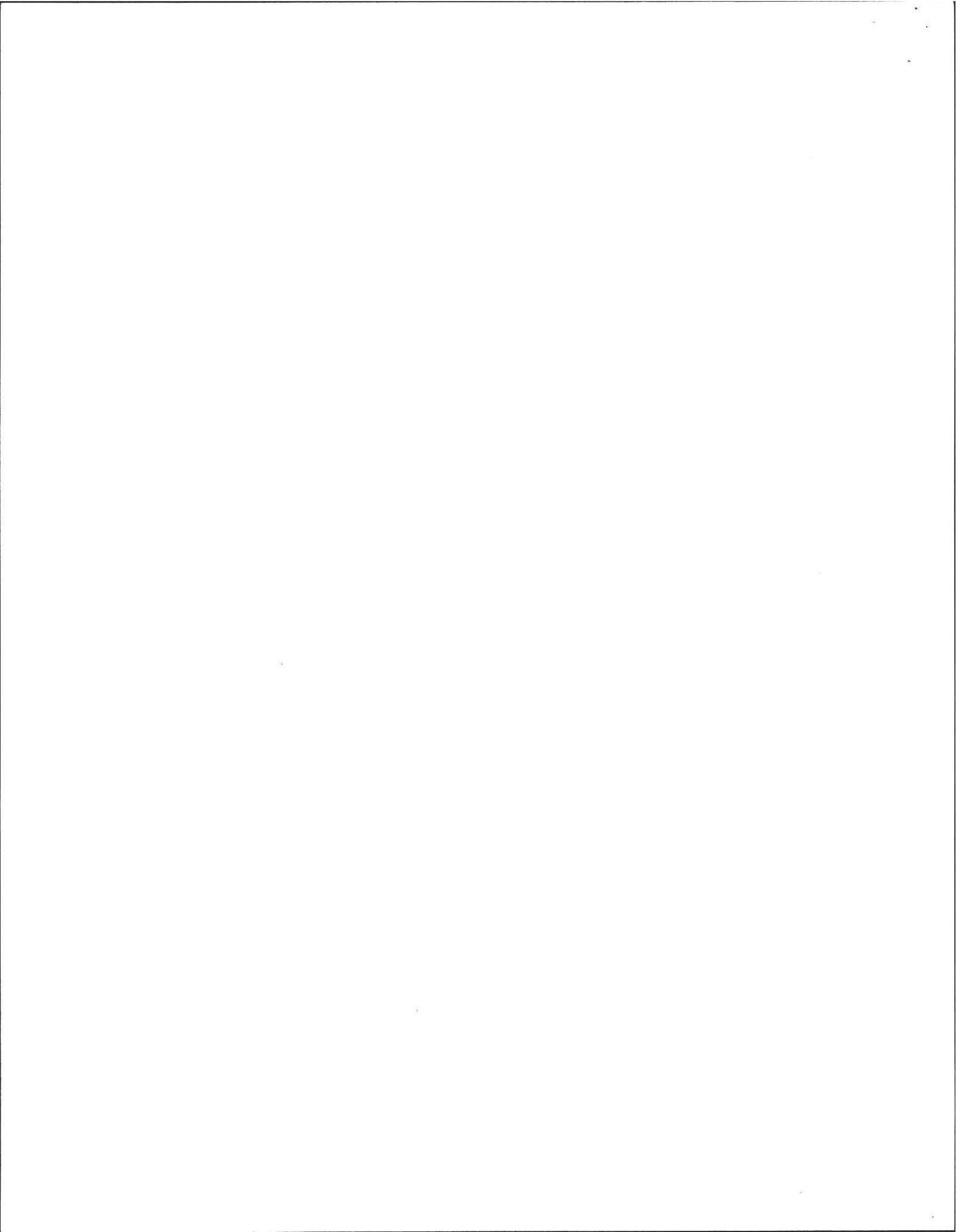
National Wetland Inventory Map (map unit) \_\_\_\_\_

Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range: Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_



Location Address or Lot No. 539 Pulpit Hill Road

On-site Review

OH1-OH2

Deep Hole Number          Date: 11-28-2006 Time: 9:30 a.m. Weather: Sunny

Location (identify on site plan) See Site Plan

Land Use Residential Slope (%) 2% Surface Stones NO

Vegetation Grass

Landform Outwash

Position on landscape (sketch on the back)         

Distances from:

Closest Water Body 7100 feet Drainage way 7100 feet

Possible Wet Area 7100 feet Property Line 710 feet

Drinking Water Well 7100 feet Other         

**DEEP OBSERVATION HOLE LOG\***

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8	A	SL	10Yr 3/3	7.5Yr 5/8	LOOSE, SMALL STONES 20% GRAVEL
8-24	Bw	SL	10Yr 4/6	@	
24-108	C	SL	2.5Yr 7/4	76"	
0-41	FILL	—	—	7.5Yr 5/8	LOOSE, SMALL STONES 20% GRAVEL
41-47	A	SL	10Yr 3/3	@	
47-53	Bw	SL	10Yr 4/6	56"	
53-105	C	SL	2.5Yr 7/4	STD @ 95"	

• MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic): Outwash

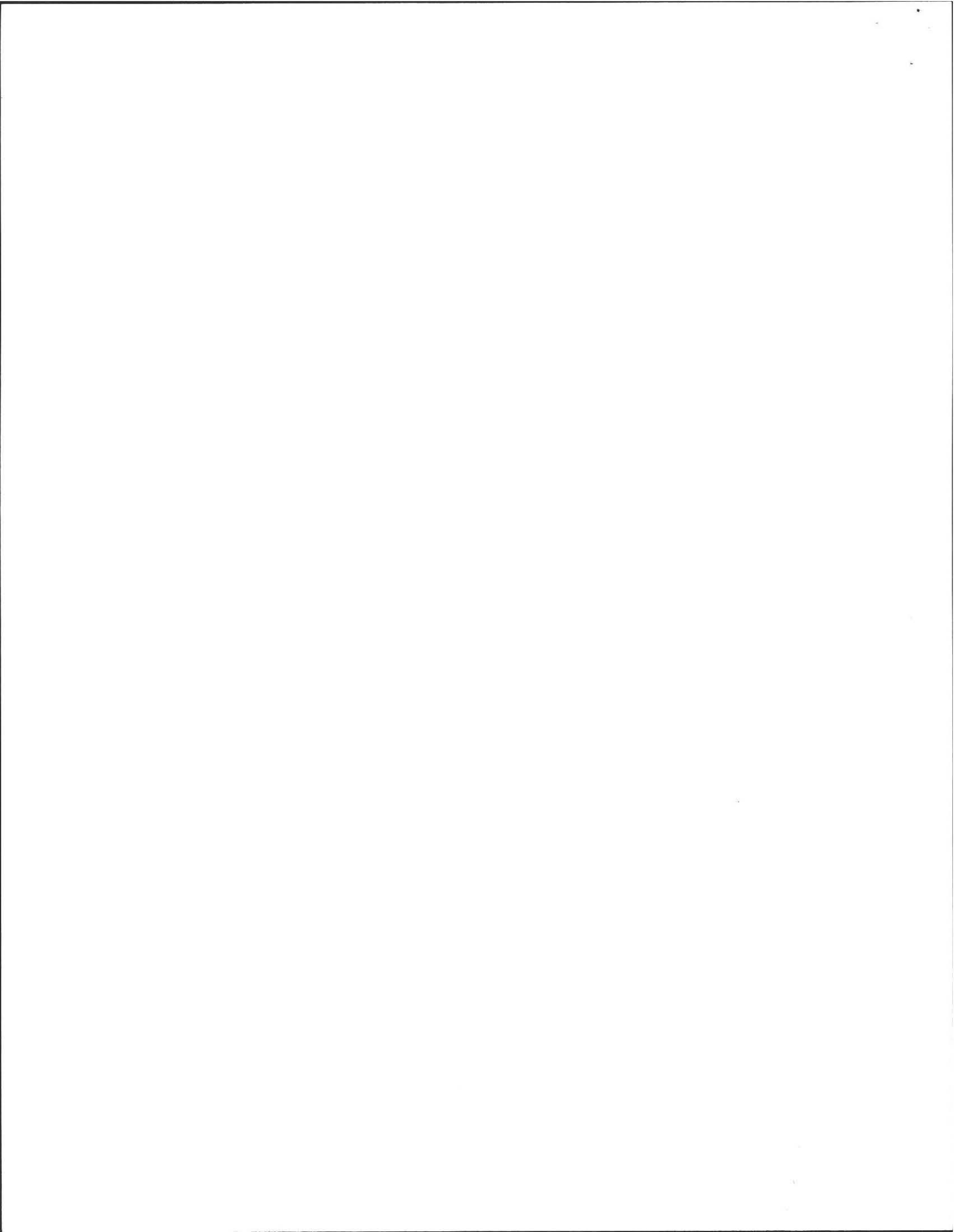
Depth to Bedrock: 7105"

Depth to Groundwater:         

Standing Water in the Hole: 95"

Weeping from Pit Face:         

Estimated Seasonal High Groundwater: 56"





Location Address or Lot No. 539 Pulpit Hill Road**Determination for Seasonal High Water Table****Method Used:**

- Depth observed standing in observation hole 95 inches
- Depth weeping from side of observation hole 0 inches
- Depth to soil mottles 56 inches
- Ground water adjustment 4.67 feet

Index Well Number \_\_\_\_\_ Reading Date \_\_\_\_\_ Index Well Level \_\_\_\_\_  
 Adjustment Factor \_\_\_\_\_ Adjusted Ground Water Level \_\_\_\_\_

**Depth of Naturally Occurring Pervious Material**

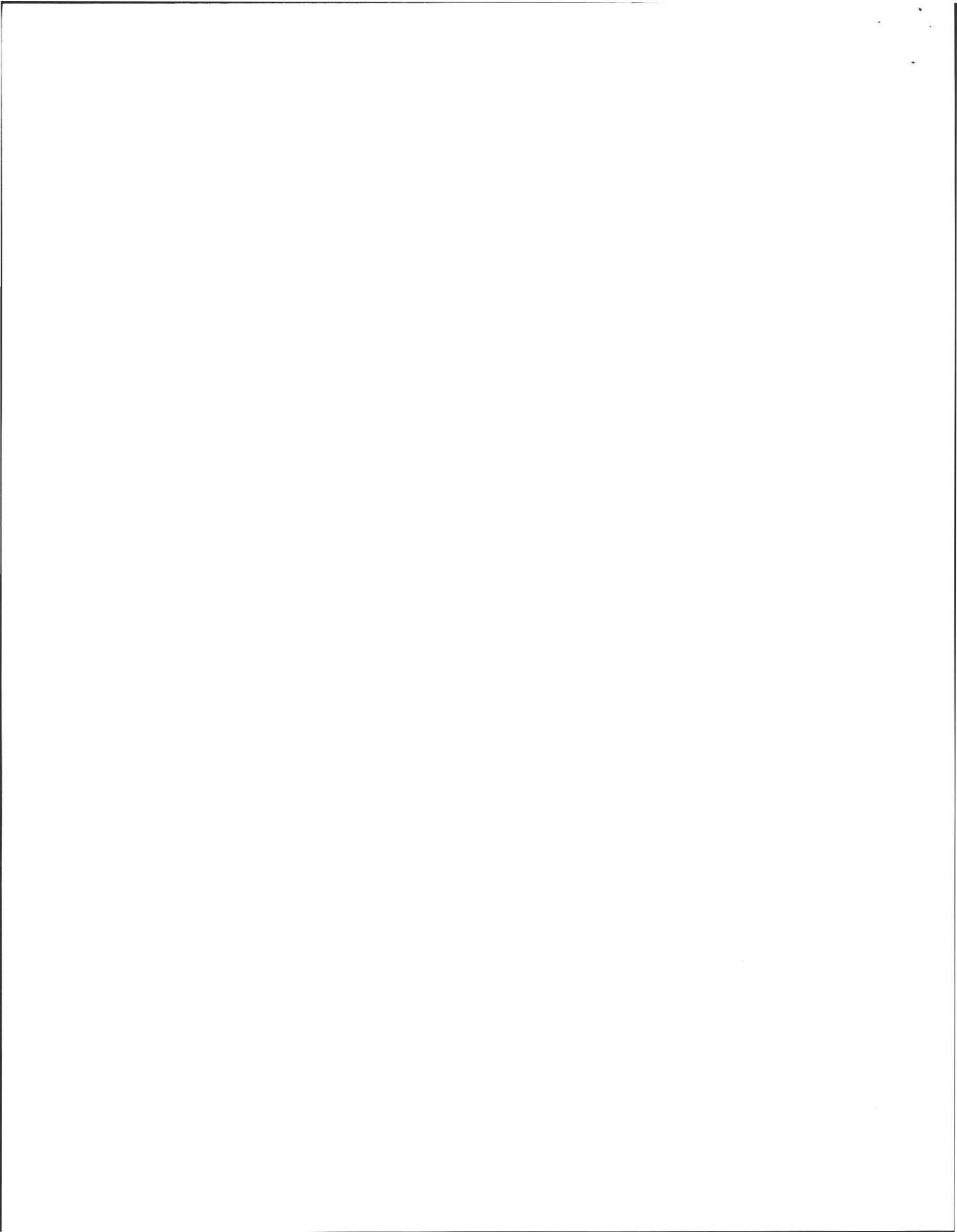
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes

If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

**Certification**

I Certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated on the attached soil evaluation form, are accurate and in accordance with 310 CMR 15.1000 through 15.107.

Signature Nathan Tivetti Date 11-28-2006



Location Address or Lot No: 539 Polpit Hill Road

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>11/23/06</u>		Time: <u>9:30 a.m.</u>
Observation Hole #	<u>P<sub>1</sub> @ OH1</u>	
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>9:44</u>	
End Pre-soak	<u>9:59</u>	
Time at 12"	<u>9:59</u>	
Time at 9"	<u>10:04</u>	
Time at 6"	<u>10:12</u>	
Time (9" - 6")	<u>8 MIN</u>	
Rate Min. Inch	<u>3 MPI</u>	

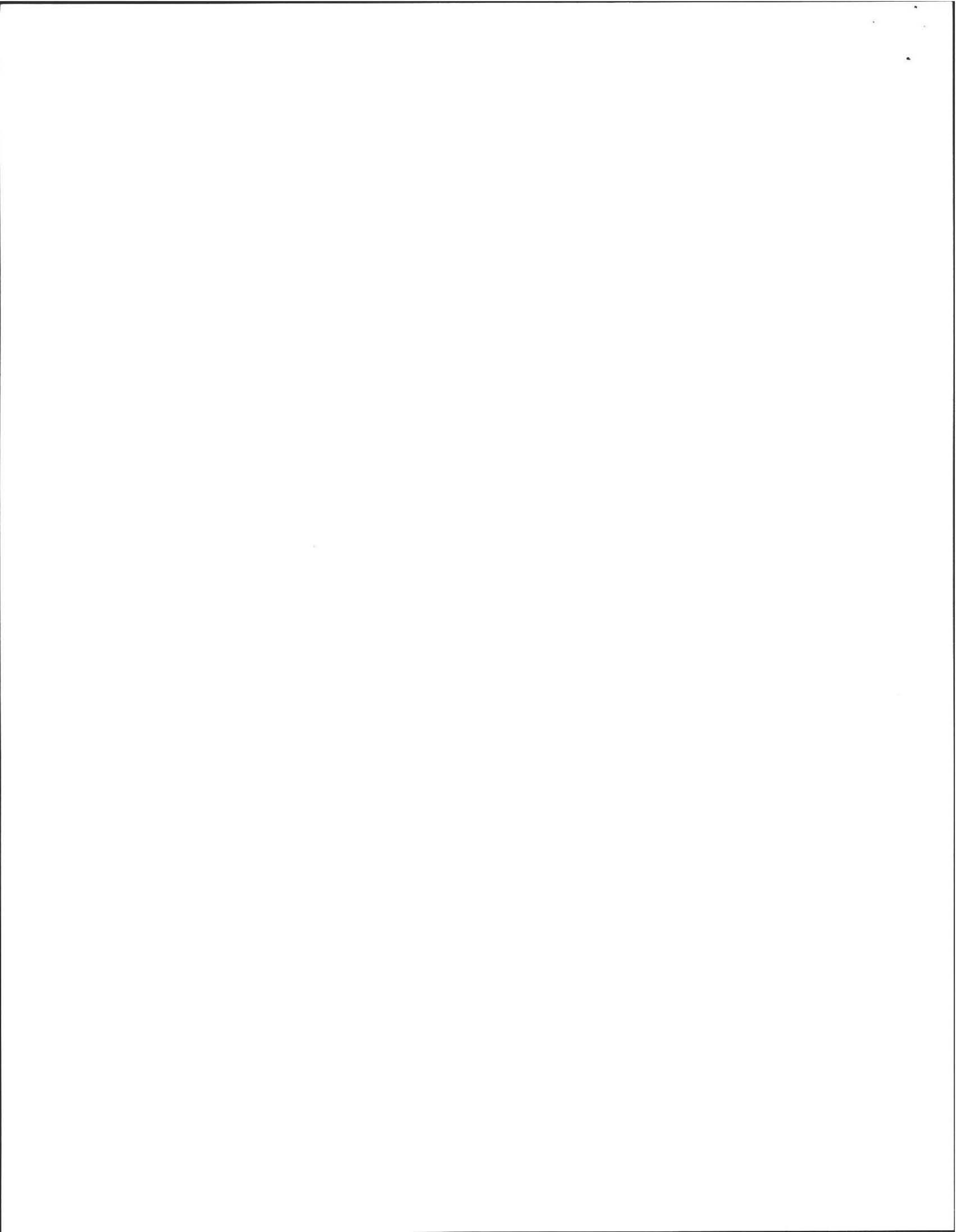
\*Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed  Site Failed

Performed By: Nathan Torretti

Witnessed By: Dave Zarowzinski

Comments: \_\_\_\_\_



Yahoo! Maps - Amherst, MA 01002-1095

« Back to Map

★ 539 Pulpit Hill Rd Amherst, MA 01002-1095

YAHOO!



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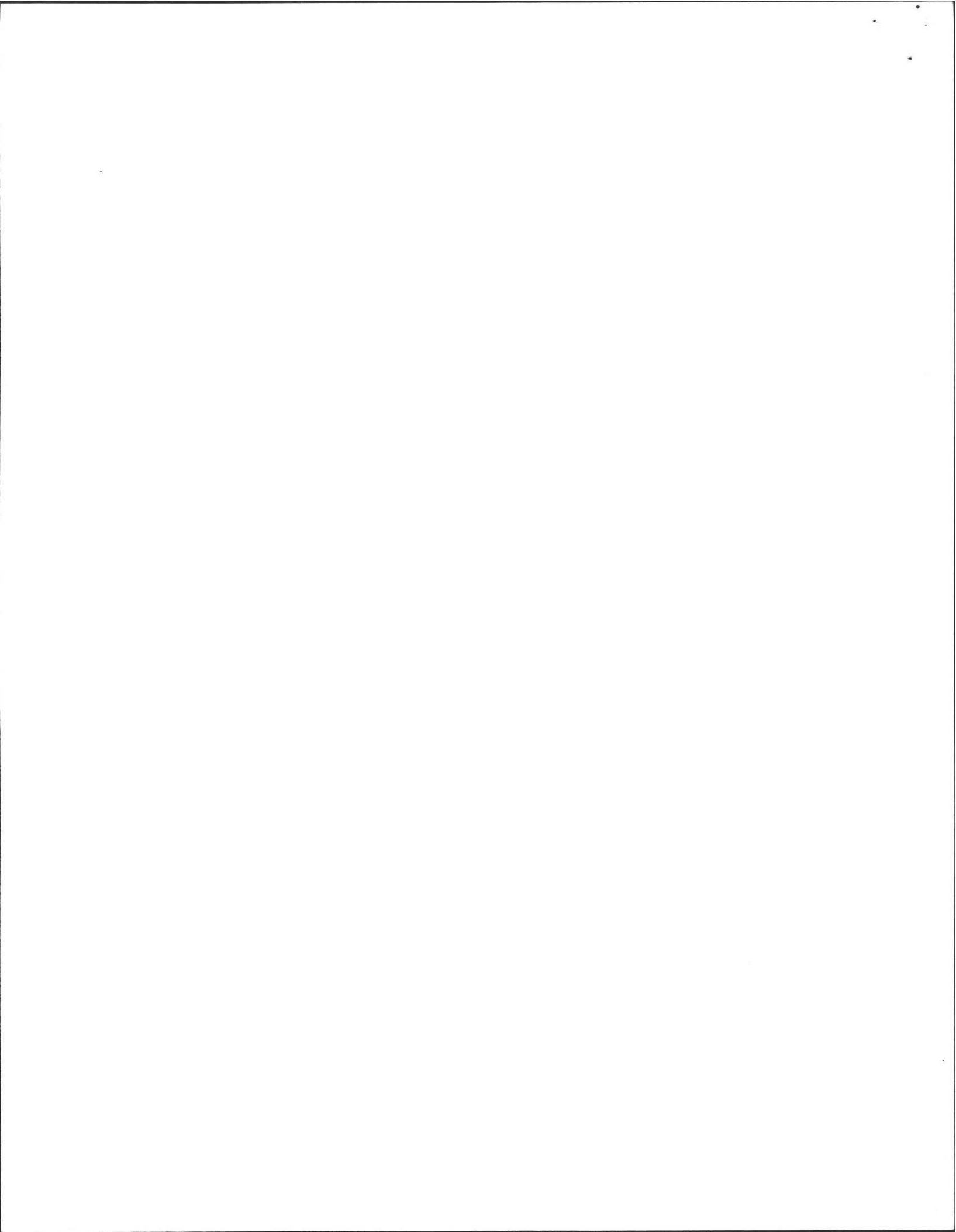
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Apply

When using any driving directions or map, it's a good idea to do a reality check and make sure the road still exists, watch out for construction, and follow all traffic safety precautions. This is only to be used as an aid in planning.

92466 it!

Need Local information on the go?  
Simply text a business name and location to 92466 (Yahoo)  
Try "coffee 01002" or "Starbucks Amherst, MA"





COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION



**TITLE V  
 OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
 PART A  
 CERTIFICATION**

Property Address: 539 Pulpit Hill. Rd.  
 Amherst, MA

Owner's Name: Stan Ingritson

Owner's Address: same

Date of Inspection: 10/24/2006

Name of Inspector: (please print) Nick Torretti

Company Name: CLEAN SEPTICS

Mailing Address: P.O. BOX 394  
LUDLOW, MA

Telephone Number: 583-2138



**CERTIFICATION STATEMENT**

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
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: *Nick Torretti*

Date: 10/24/2006

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.

Notes and Comments:

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.

John Brown



**OFFICIAL INSPECTION FORM-NOT FOR VOLUNTARY ASSESSEMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)**

**Property Address: 539 Pulpit Hill. Rd.  
Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

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

**A. System Passes:**

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

**Comments:**

**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):

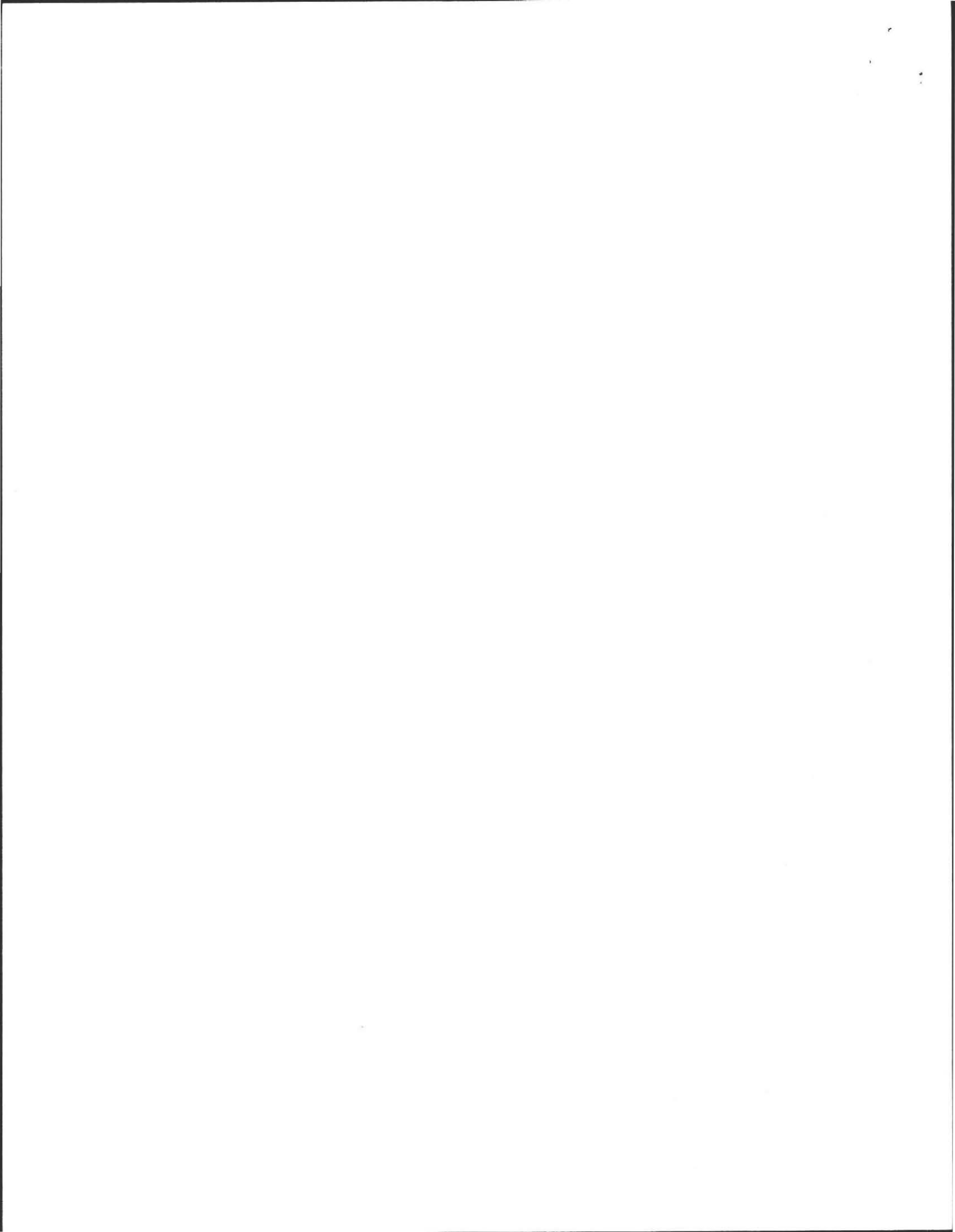
- \_\_\_ broken pipe(s) are replaced
- \_\_\_ obstruction is removed
- \_\_\_ distribution box is leveled or replaced

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:



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

**PART A  
CERTIFICATION (continued)**

**Property Address: 539 Pulpit Hill. Rd.  
Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

**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

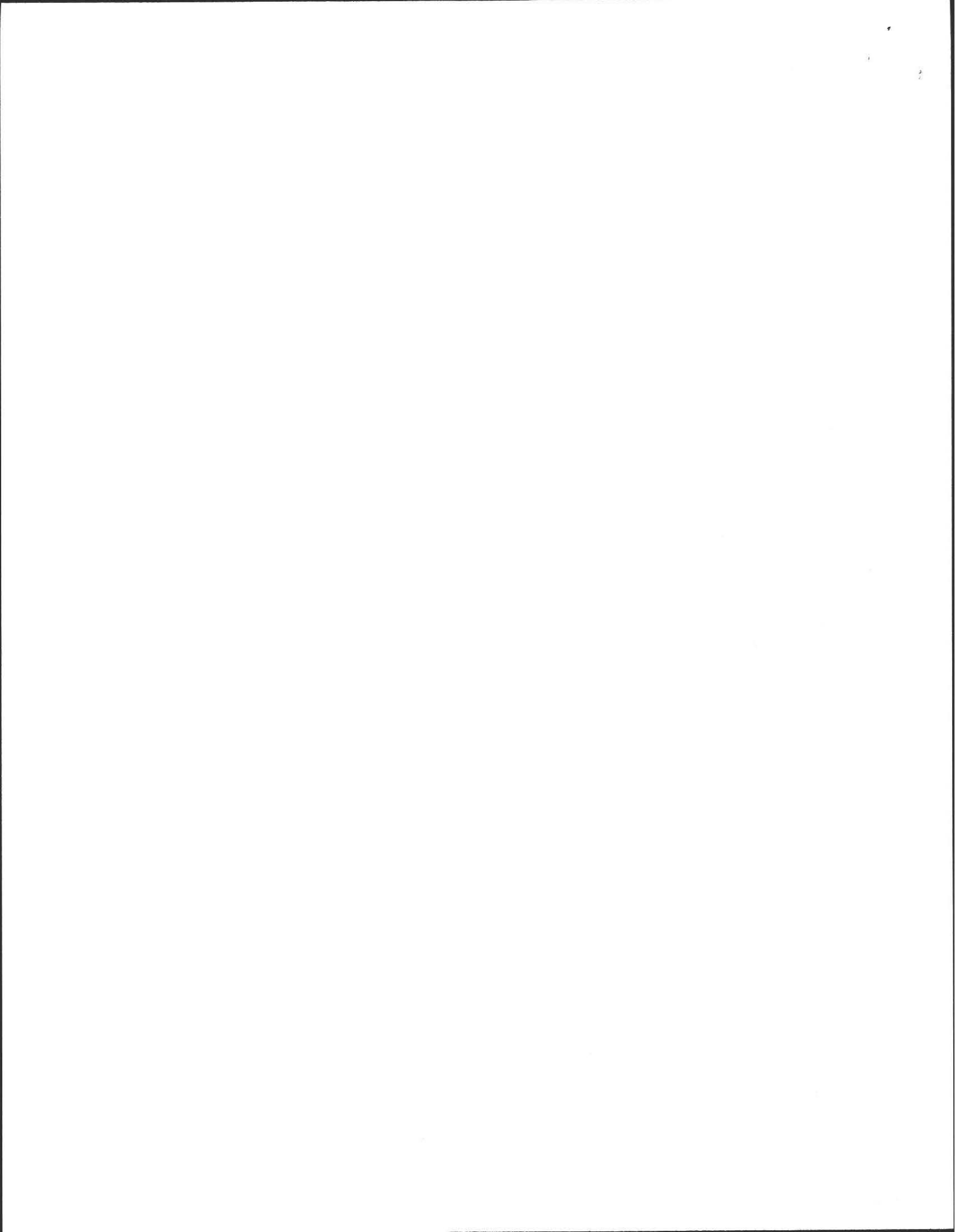
**2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

- \_\_\_ 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.
- \_\_\_ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*. Method used to determine distance \_\_\_\_\_

\*\*This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility 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:**

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



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

**PART A**

**CERTIFICATION (continued)**

**Property Address: 539 Pulpit Hill. Rd.**

**Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

**D. System Failure Criteria applicable to all systems:**

You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes No

- Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged S.A.S. or cesspool.
- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
- Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped \_\_\_\_.
- Any portion of the SAS, cesspool or privy is below high ground water elevation. \_\_\_\_
- Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone 1 of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility 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.]**

**YES** (Yes/No) **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.**

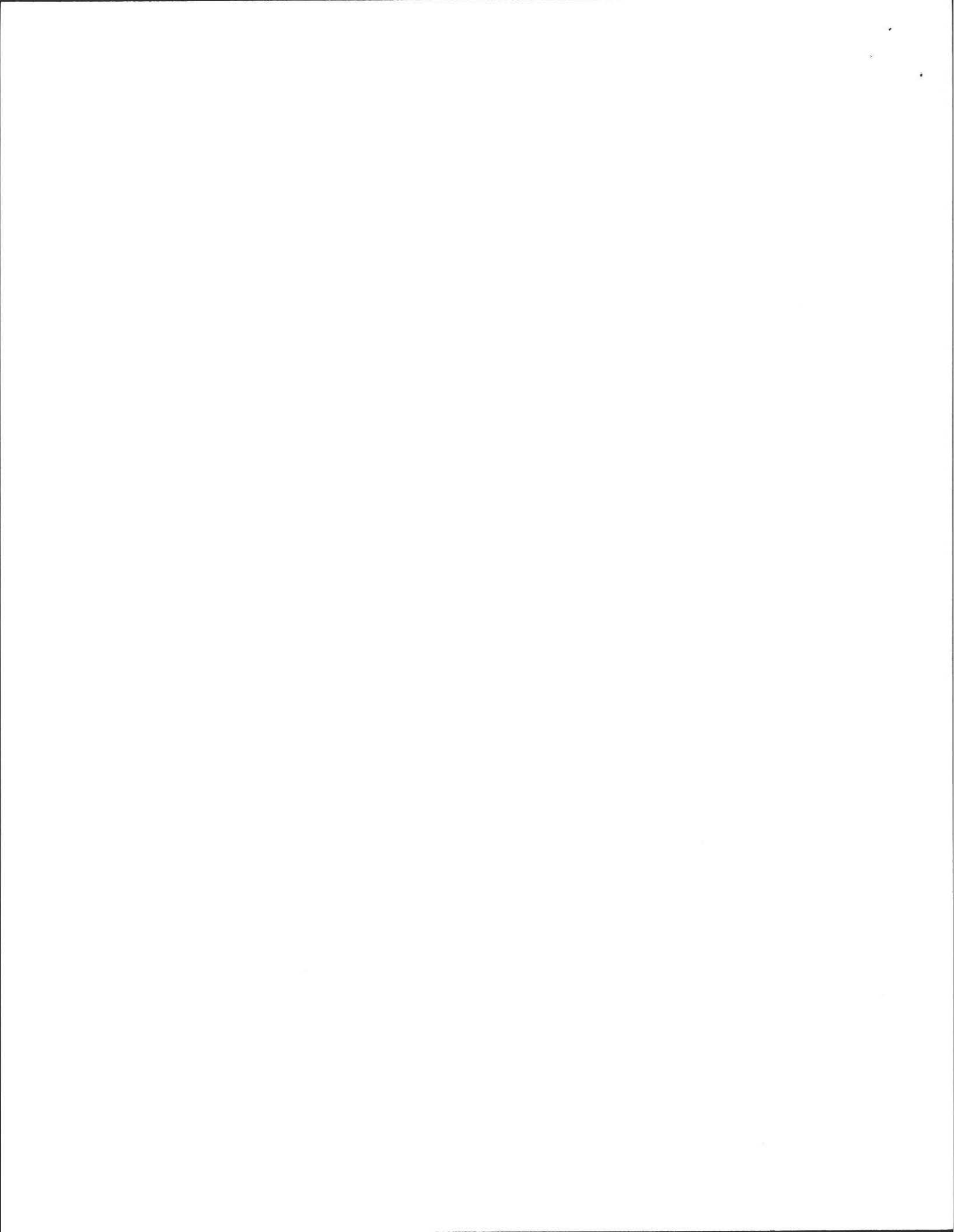
You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

yes no

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

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



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART B**  
**CHECKLIST**

**Property Address: 539 Pulpit Hill. Rd.**

**Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

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:

Yes No

- 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(3)(b)]





**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION**

**Property Address: 539 Pulpit Hill. Rd.  
Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

**FLOW CONDITIONS**

**RESIDENTIAL**

Number of bedrooms (design): N/A Number of bedrooms (actual): 3

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

Number of current residents: 5

Does residence have a garbage grinder (yes or no): **No**

Is laundry on a separate sewage system (yes or no): **No** [if yes separate inspection required]

Laundry system inspected (yes or no): no

Seasonal use (yes or no): **No**

Water meter readings, if available (last 2 years usage (gpd)): **Town Water**

Sump pump (yes or no): **no**

Last date of occupancy: **Present**

**COMMERCIAL/INDUSTRIAL**

Type of establishment:

Design flow (based on 310 CMR 15.203): \_\_\_\_\_gpd

Basis of design flow (seats/persons/sqft,etc.):   

Grease trap present (yes or no):   

Industrial waste holding tank present (yes or no):   

Non-sanitary waste discharged to the Title 5 system (yes or no):   

Water meter readings, if available:   

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

OTHER (describe): \_\_\_\_\_

**GENERAL INFORMATION**

**Pumping Records**

Source of information: **May 2005**

Was system pumped as part of the inspection (yes or no): **No**

If yes, volume pumped: \_\_\_\_\_gallons -- How was quantity pumped determined?

Reason for pumping:

**TYPE OF SYSTEM**

Septic tank, distribution box, soil absorption system

Single cesspool

Overflow cesspool

Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any)

Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

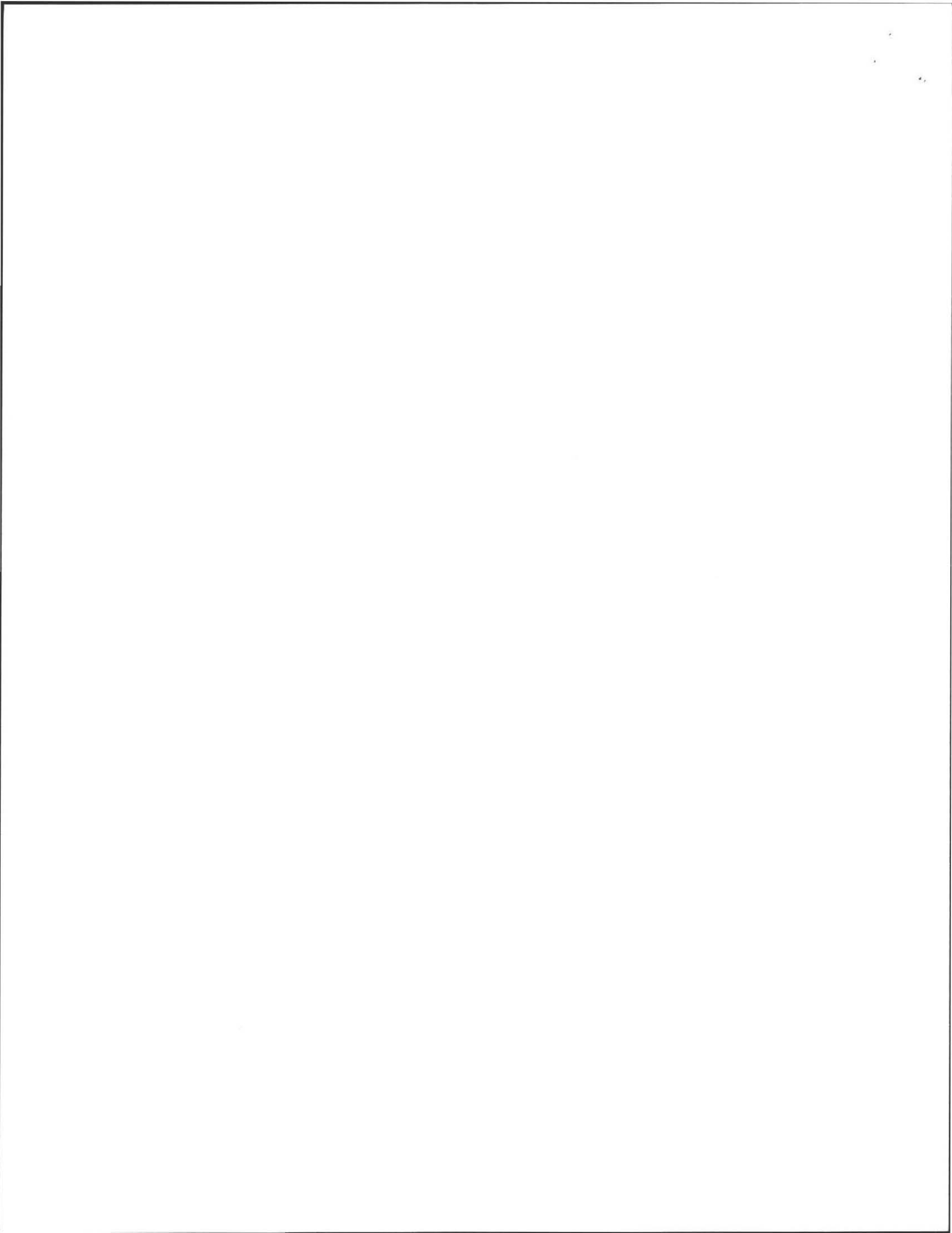
Tight tank     Attach a copy of the DEP approval

Other (describe): **Pump System**

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

**Approximately 1993, home-owner**

Were sewage odors detected when arriving at the site (yes or no): yes



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)**

**Property Address: 539 Pulpit Hill. Rd.  
Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

**BUILDING SEWER (locate on site plan)**

Depth below grade: 1'

Materials of construction: cast iron 40 PVC    other (explain):

Distance from private water supply well or suction line: N/A

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

**Joints and venting appear okay. No leaks.**

**SEPTIC TANK: X (locate on site plan)**

Depth below grade: 6"

Material of construction: X concrete    metal    fiberglass    polyethylene    other (explain)

If tank is metal list age:    Is age confirmed by a Certificate of Compliance (yes or no):    (attach a copy of certificate)

Dimensions: L 10'6 x W 5' x D 5'

Sludge depth: 1'

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

Scum thickness: 2"

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

Distance from bottom of scum to bottom of outlet tee or baffle: 7"

How were dimensions determined: measured

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, Etc.): **Pump Every two years, Baffles appear ok, Liquid levels appear ok.**

**Tank is structurally sound, No Leaks**

**GREASE TRAP:    (locate on site plan)**

Depth below grade:

Material of construction:    concrete    metal    fiberglass    polyethylene    other (explain):

Dimensions:    gal required tank capacity

Scum thickness:   

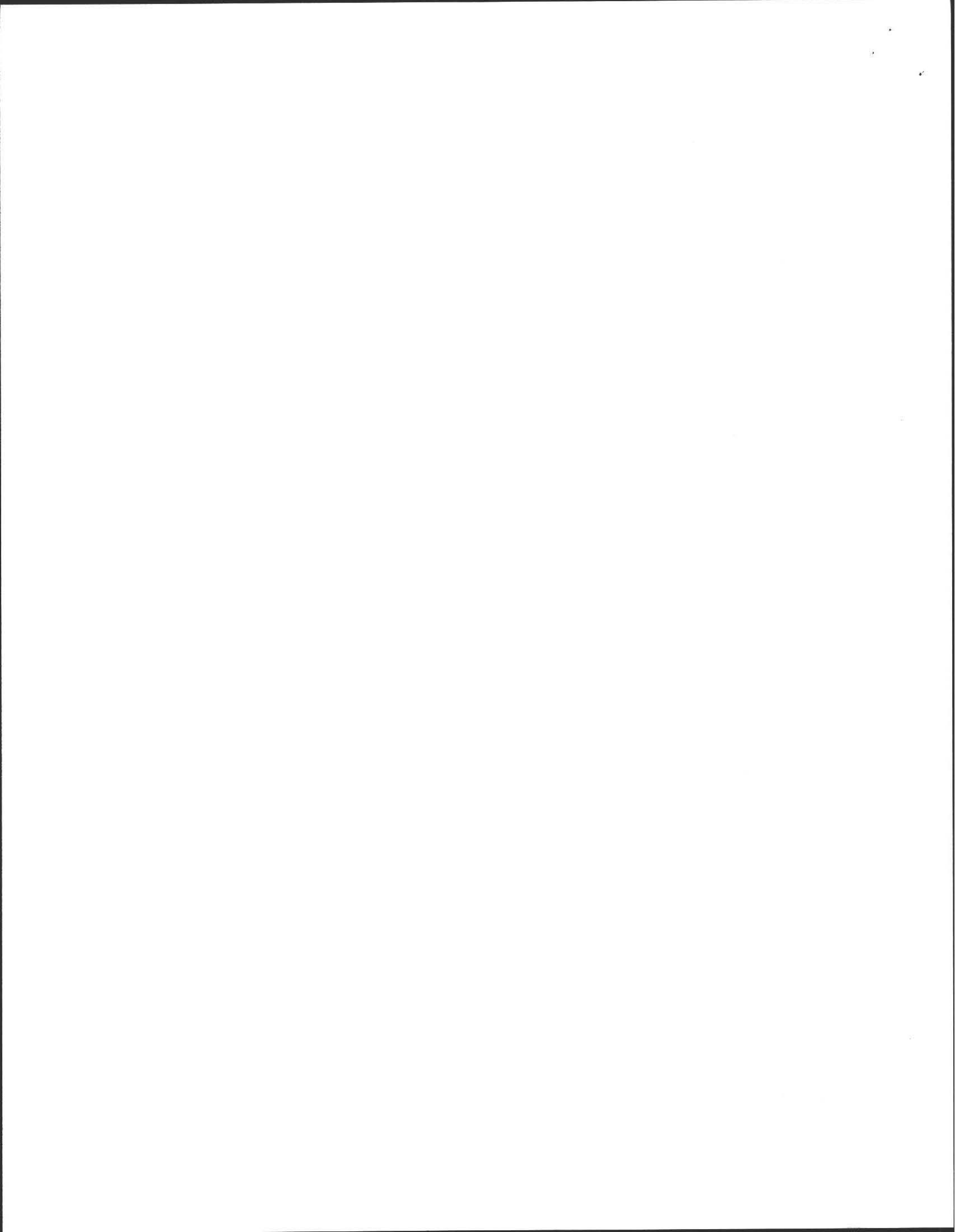
Distance from top of scum to top of outlet tee or baffle:   

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

Date of last pumping:   

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

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



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C**

**SYSTEM INFORMATION (continued)**

**Property Address: 539 Pulpit Hill. Rd.**

**Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

**TIGHT or HOLDING TANK:** \_\_\_ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: \_\_\_

Material of construction: \_\_\_ concrete \_\_\_ metal \_\_\_ fiberglass \_\_\_ polyethylene \_\_\_ other(explain):

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

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

Design Flow: \_\_\_\_\_ gallons/day

Alarm present (yes or no): \_\_\_\_\_

Alarm level: \_\_\_\_\_ Alarm in working order (yes or no): \_\_\_\_\_

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

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

**DISTRIBUTION BOX: XX** (if present must be opened)(locate on site plan) **D-Box is 14" deep**

Depth of liquid level above outlet invert: **2"**

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.): **D-Box is not equal and is not level. SAS is in hydraulic failure. Effluent Levels are high.**

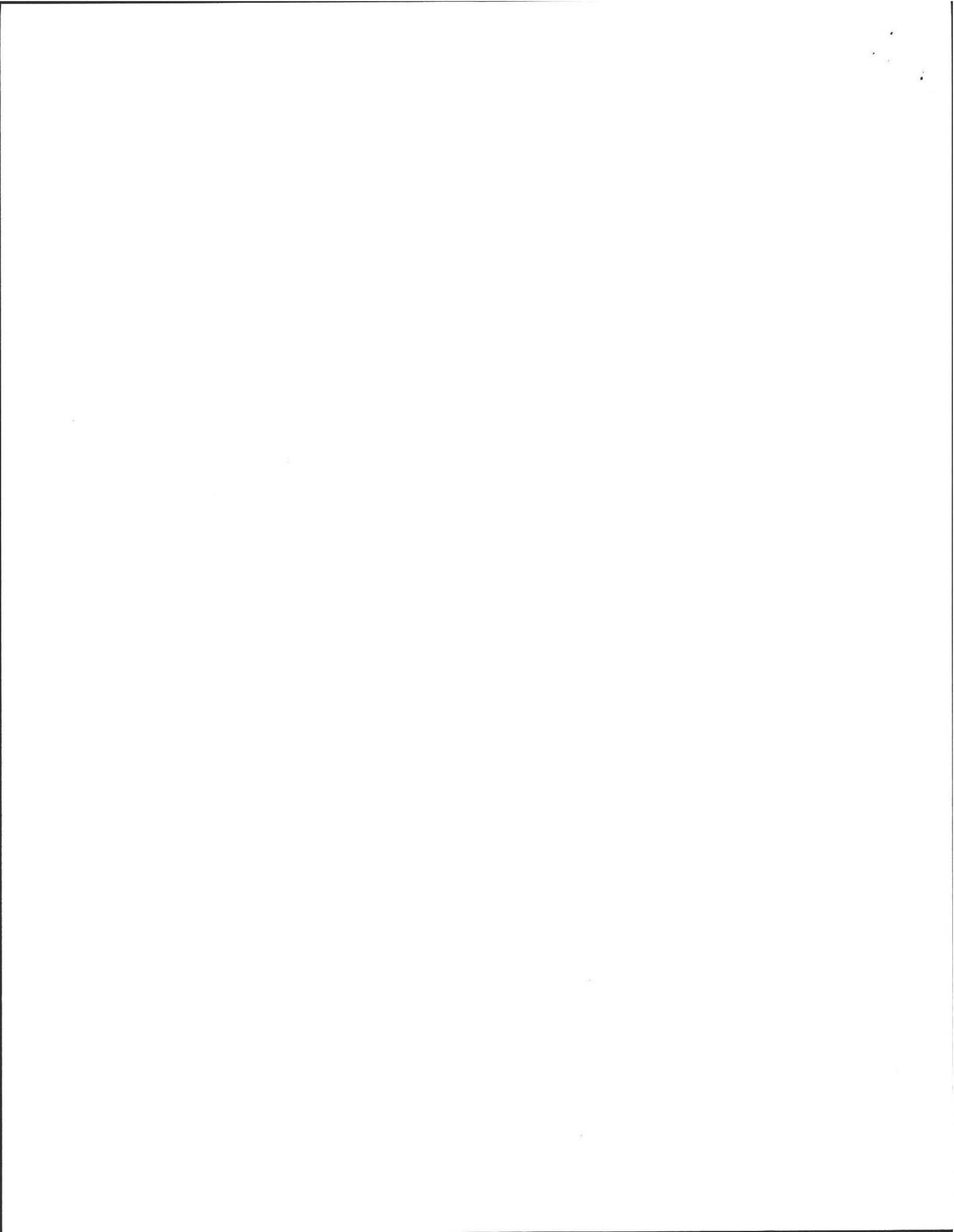
**PUMP CHAMBER :** \_\_\_ (locate on site plan)

Pumps in working order (yes or no): **\_Yes**

Alarms in working order (yes or no): **\_Yes**

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

**Pumps, alarms, and appurtenances appear ok and are in good working order. Pump Chamber is structurally sound, no leaks**



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

**Property Address: 539 Pulpit Hill. Rd.**  
**Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

**SOIL ABSORPTION SYSTEM (SAS):** \_\_\_\_ (locate on site plan, excavation not required)

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If SAS not located explain why:

\_\_\_ leaching pits, number:

\_\_\_ leaching chambers, number:

\_\_\_ leaching galleries, number:

leaching trenches, number, length: **3 Lines out of box (One of the lines is a vent)**

\_\_\_ 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.):

**S. A. S. is in hydraulic failure. Soil and vegetation appear okay.**

**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 or no): \_\_\_\_

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

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**PRIVY:** \_\_\_\_ (locate on site plan)

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

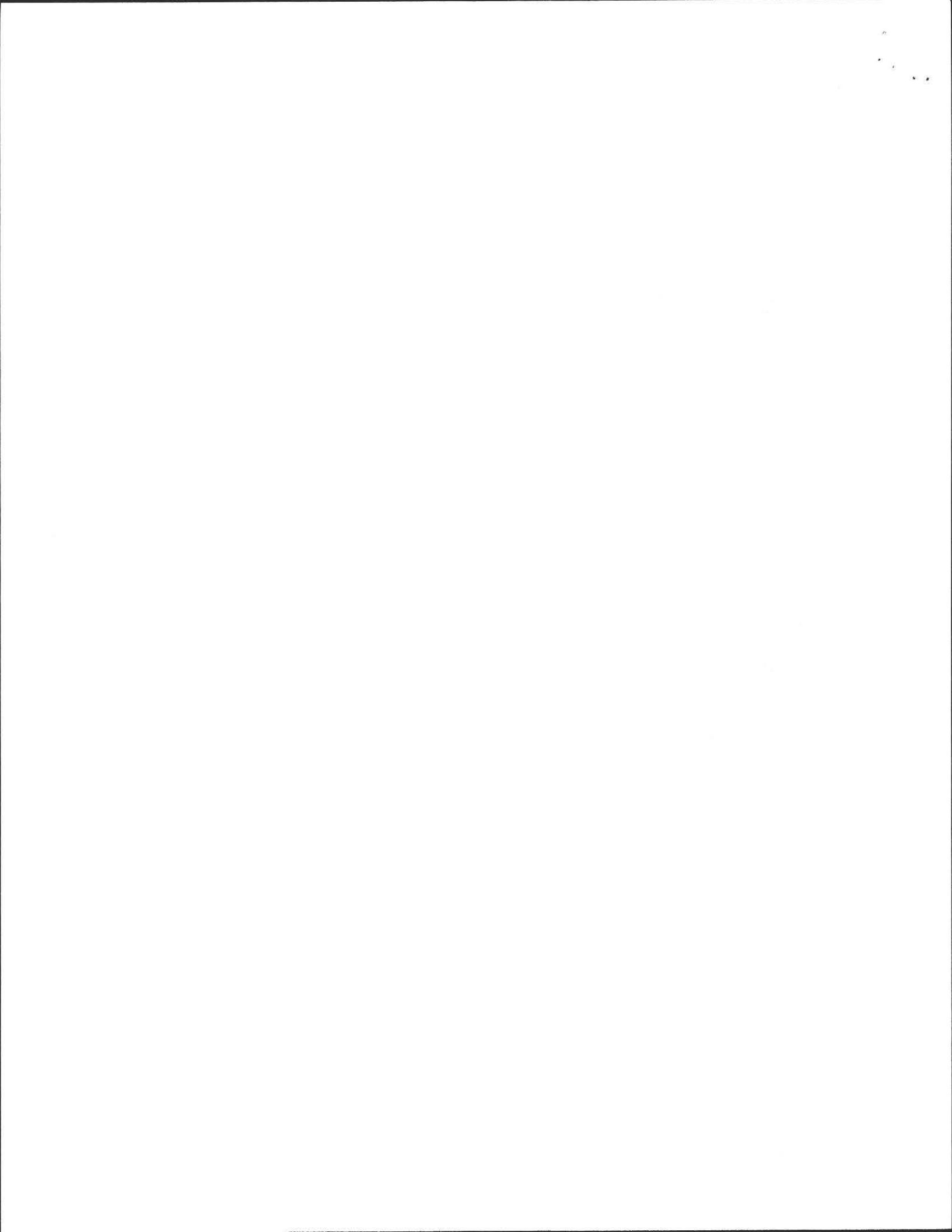
Dimensions: \_\_\_\_\_

Depth of solids: \_\_\_\_\_

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

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Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

MASS

State

Zip Code \_\_\_\_\_

Date of Inspection \_\_\_\_\_

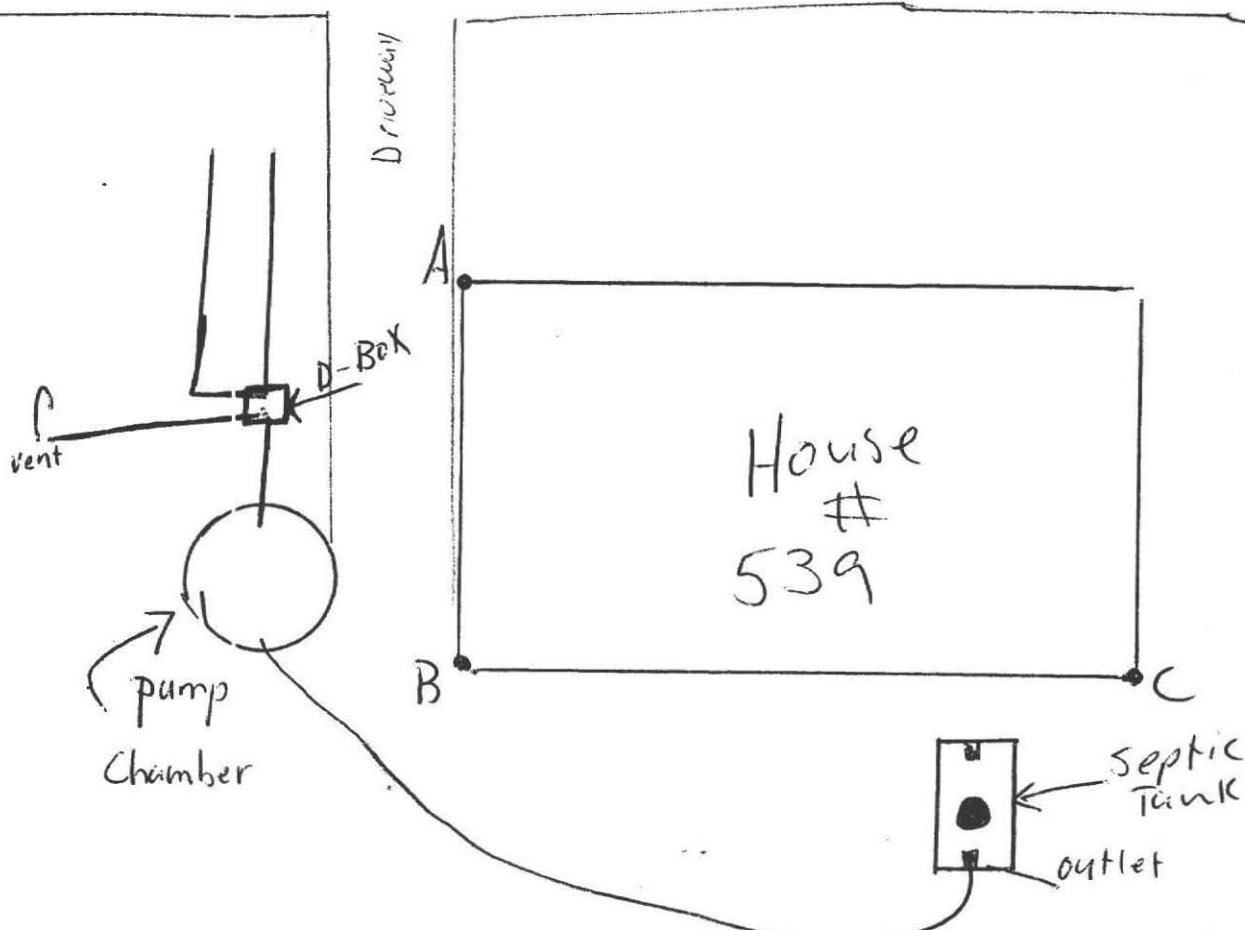
City/Town \_\_\_\_\_

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.

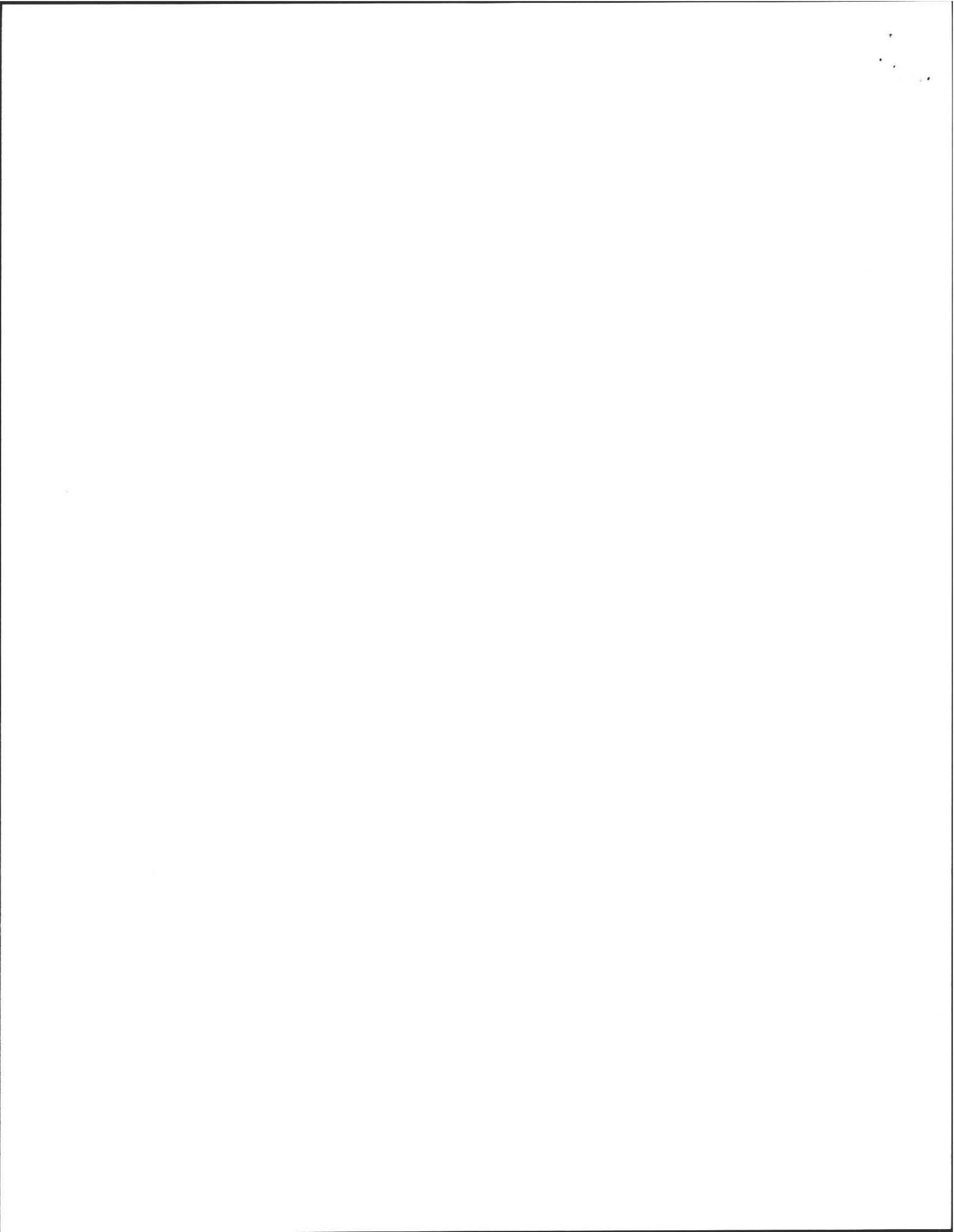
Pulpit Hill Rd.



Septic Tank  
 B - 38'  
 C - 18'

D-Box  
 A - 28'6"  
 B - 30'6"

pump CHAMBER  
 A - 31"  
 B - 26"



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

**Property Address: 539 Pulpit Hill. Rd.**  
**Amherst, MA**

**Owner's Name: Stan Ingritson**

**Owner's Address: same**

**Date of Inspection: 10/24/2006**

**SITE EXAM**

Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

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

Obtained from system design plans on record - If checked, date of design plan reviewed:

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:

**To be verified at percolation test.**

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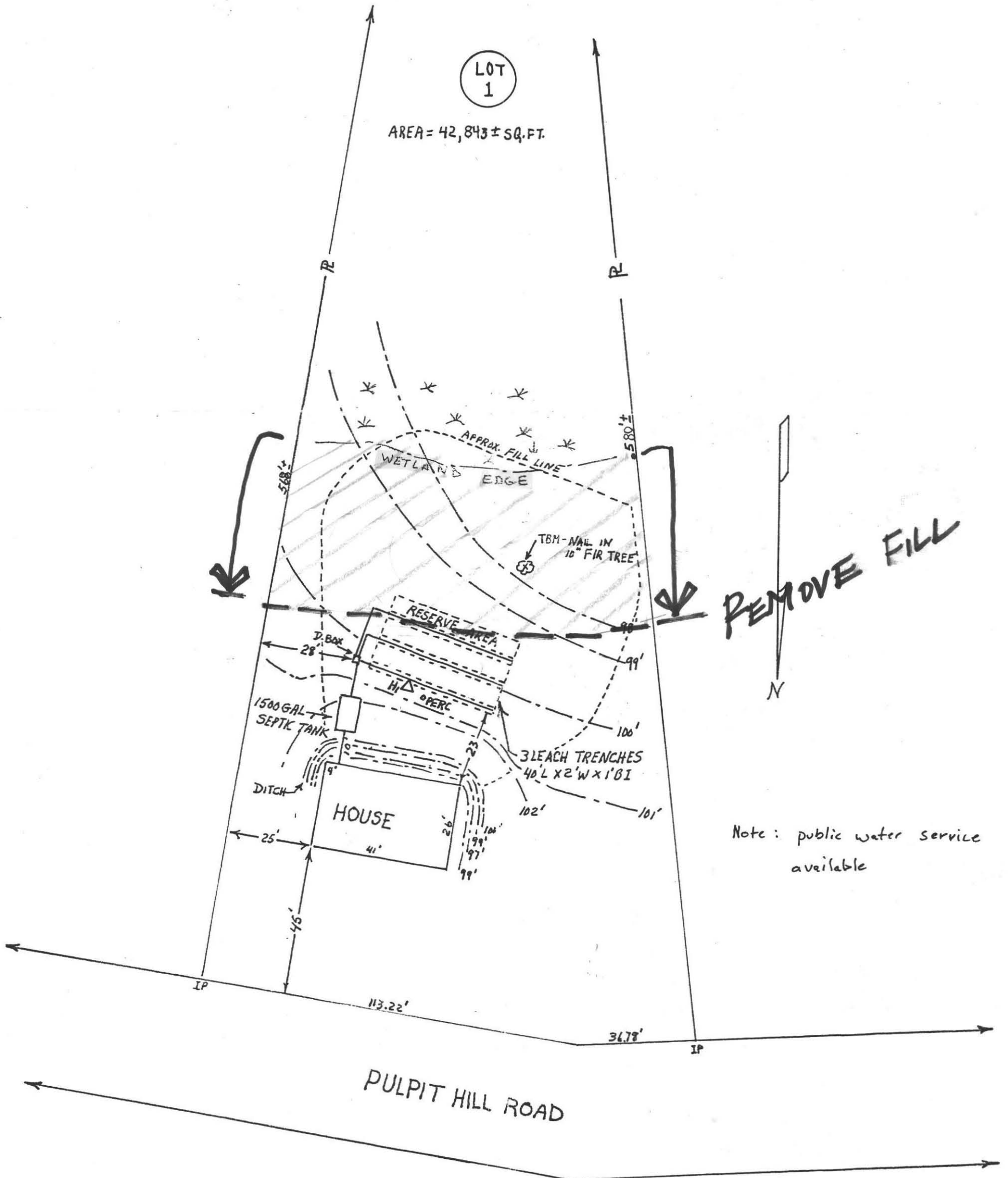
10

PLAN SHOWING SEWAGE DISPOSAL SYSTEM - DETAIL

FOR: D.H. JONES  
 TRIANGLE STREET  
 AMHERST, MA 01002  
 SITE: LOT 1, PULPIT HILL ROAD  
 AMHERST, MA 01002

BY: FILIOS ENTERPRISES, INC. (BHD)  
 69 PELHAM ROAD,  
 AMHERST, MA 01002  
 (413) 256-8008

DATE: NOV. 9, 1988  
 SCALE: 1" = 30'-00"



Note: public water service available

