

375 SHAYS STREET





PERMITS/INSP PAYMENT RECPT#: 12028651
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 10/07/11 TIME: 09:48
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 137

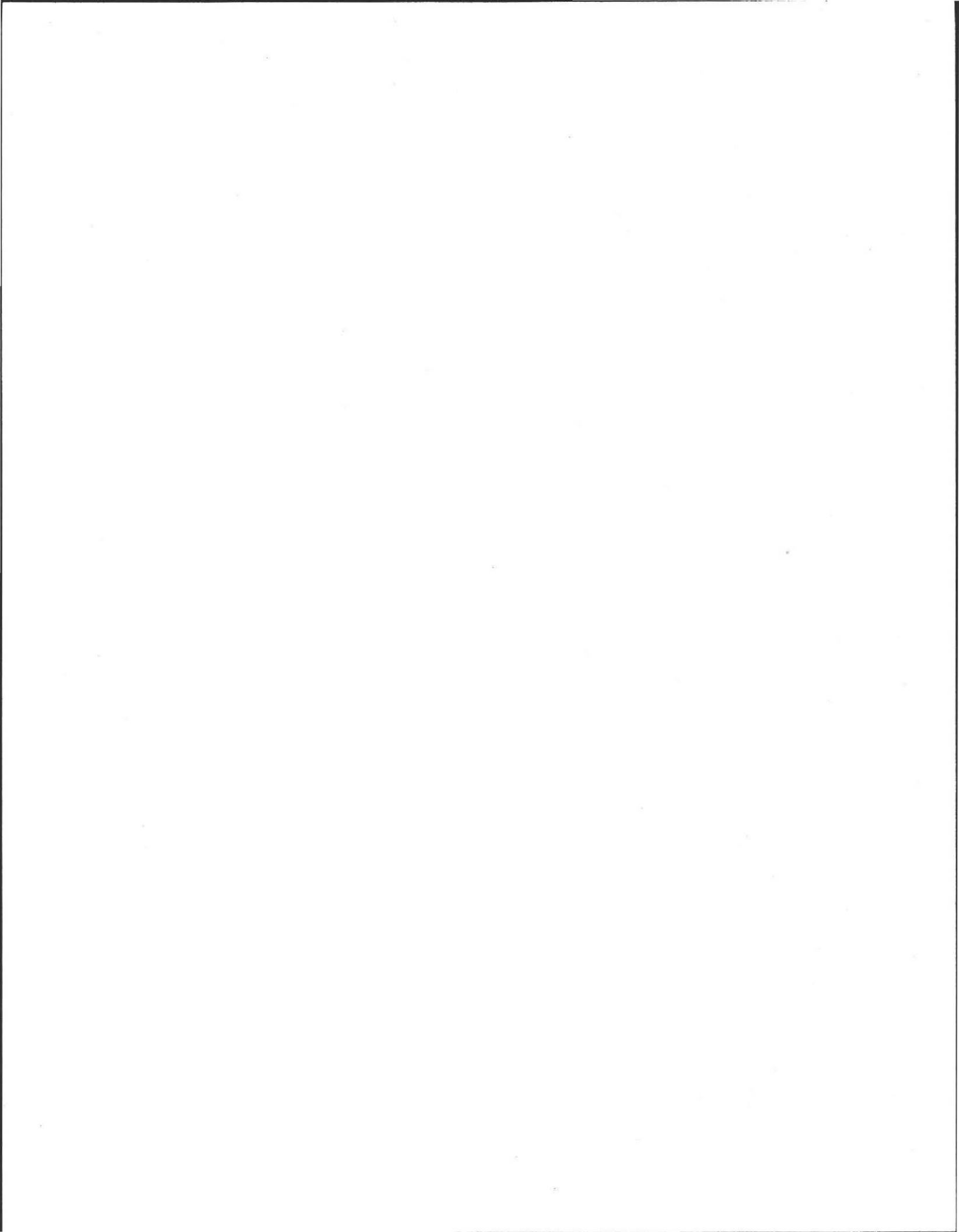
REFERENCE: 10997

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

SITE ADDRESS: 375 SHAYS ST

FEE:
HEA058 200.00

TOTAL PAID: 200.00





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

375 Shays Street

Property Address

Estate of Lois Grady, (Kathleen Grady: 15A Signal Hill Road, Madison, CT 06433

Owner's Name

Amherst

MA

01002

10.04.2011

City/Town

State

Zip Code

Date of Inspection

B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property has 1000 gal. S. tank with built-in inlet baffles and outlet tee with three leach line trenches. two D. Boxes were replaced with onen (leach area was not in failure) but reported quite old. System was functional with no evidence of high staining or water levels. Tank sound with good levels. Permit is for 5 bedroom home.

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):

D. box was replaced.



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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:

Alan E Weiss, M.S, Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

Telephone Number

738

License Number

B. Certification

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

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

10.06.2011

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.



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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:

- checkbox 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.
checkbox The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
checkbox The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
checkbox The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance:

** 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:

Four horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

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



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B. Certification (cont.)

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
obstruction is removed
distribution box is leveled or replaced

level was proper, D. boxes were just corroded. Pipe and stone older but in good dry shape.

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

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



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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 checkboxes. Includes questions about pumping information, system components, water introduction, plans, facility inspection, site inspection, system components location, septic tank inspection, facility owner information, and determination of distance.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): 5

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



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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.



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D. System Information (cont.)

Last date of occupancy/use:

current
Date

Other (describe below):

General Information

Pumping Records:

Source of information:

?

Was system pumped as part of the inspection?

[X] Yes [] No

If yes, volume pumped:

1000
gallons

How was quantity pumped determined?

Reason for pumping:

Inspection

Type of System:

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



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D. System Information

Description:

1000 gallon S. tank three leach trench lines & d. box.

Number of current residents:

1-2 until 2 mos. ago

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? [if yes separate inspection required]

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

n/a

Detail:

Sump pump?

Yes No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes No

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:



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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 38"

Scum thickness 2"

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

Distance from bottom of scum to bottom of outlet tee or baffle 10"

How were dimensions determined? Meas.

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

Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping: _____ Date



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D. System Information (cont.)

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

11+ yrs. (3 trenches) & S. tank (original)

Were sewage odors detected when arriving at the site? Yes No

Building Sewer (locate on site plan):

Depth below grade: 1. feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: feet

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

ok

Septic Tank (locate on site plan):

Depth below grade: 1 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: years

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

Dimensions: 8' x 4.5' x 4.2'

Sludge depth: 12"



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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

@ inv.

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.):

Replaced two boxes with one.

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No

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

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

If SAS not located, explain why:

Older system but funtional .



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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.):

Good levels and staining.

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.)

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

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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D. System Information (cont.)

Type:

- leaching pits, leaching chambers, leaching galleries, leaching trenches, leaching fields, overflow cesspool, innovative/alternative system

Type/name of technology:

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

NO failure or ponding noted in D. box and exposed stone area.

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

Number and configuration

Depth - top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No



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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: 5+/- feet

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

- Obtained from system design plans on record
 If checked, date of design plan reviewed: records in area.
 Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
Work in area
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

Interpreted soils and topography (work in area).

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



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D. System Information (cont.)

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

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



**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

Title 5 Attachments

Prepared by:

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

Prepared for:

Kathleen Grady (Estate of Lois Grady)

At:

**375 Shays Street
Amherst, MA**

Project Number: 111-3675-0929

System Evaluator: Alan Weiss, RS

Date: September 29 - October 4, 2011



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E. Report Completeness Checklist

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



New Distribution Box
375 Shays Street
Amherst, MA
10.04.2011



- Property Map
- Aerial Property Lines
 - Easements
- Basemap
- Trails
- Streets
- Local Roads
 - Major Roads
 - State Routes
- MHD Roads
- Limited Access High
 - Multi-lane Hwy, not II
 - Other Numbered High
 - Major Road, Collector
 - Minor Road, Arterial

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD83, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.



1" = 30 ft

Amherst GIS Viewer

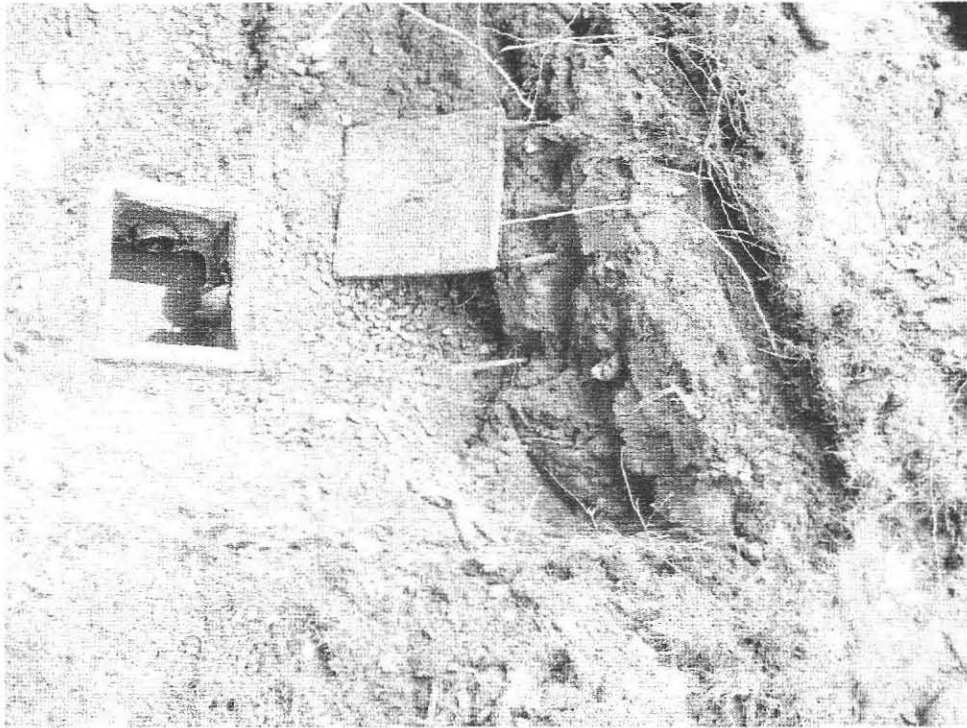
October 6, 2011

LEACH AREA

SEPTIC TANK



Old Distribution Box (good Stone)
375 Shays Street
Amherst, MA
10.03.2011



Old Distribution Box (good Stone)
375 Shays Street
Amherst, MA
10.03.2011



Setpic Tank Area
375 Shays Street
Amherst, MA
09.30.2011



First old D. box
375 Shays Street
Amherst, MA
09.30.2011

Smith, Edmund

From: Alan Weiss [aweiss@charter.net]
Sent: Thursday, October 06, 2011 3:09 PM
To: 'Katherine Grady'
Cc: Smith, Edmund
Subject: RE: following up 375 Shays St
Attachments: 375 Shays Street Amherst Septic Report.pdf

Kathleen

Here is the Septic Inspection Report that you requested.
Please feel free to contact me with any questions. The invoice is by separate email.

Best,

Alan Weiss
Cold Spring Environmental Consultants Inc.

www.coldspringenvironmental.com

-----Original Message-----

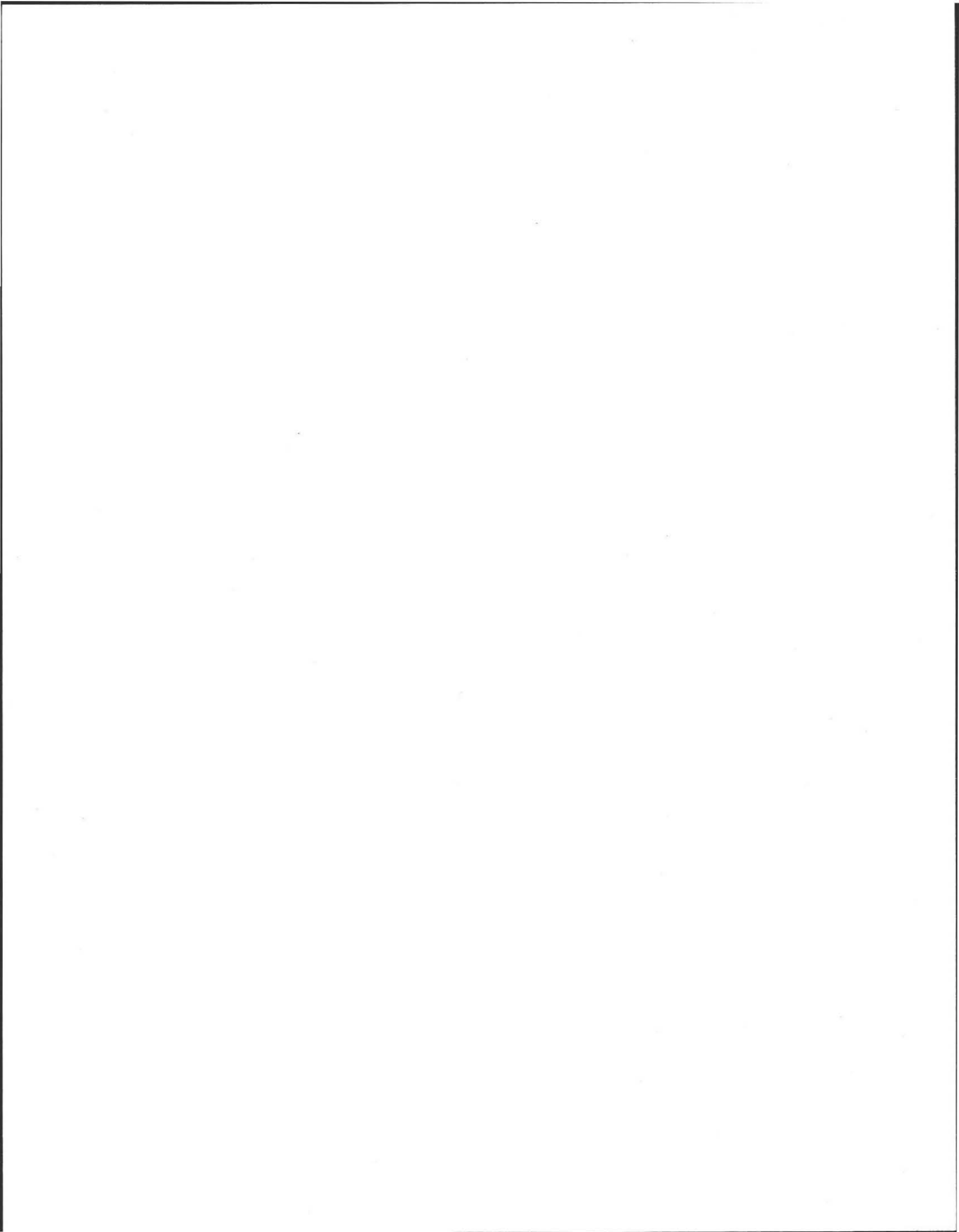
From: Katherine Grady [<mailto:grady@lgassoc.com>]
Sent: Thursday, October 06, 2011 5:45 AM
To: [Aweiss@charter.net](mailto:aweiss@charter.net)
Subject: following up

Hello Alan,

Thanks again for all your help in fixing the septic system. We are very relieved that it could be resolved so quickly.

I'm just sending you this email so you have mine and can send me the bill and information. I am going out of town next week so wanted to pay the bill before I leave.

Thanks, Katherine



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

#375

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 12-62

GRADY GERALD of F. PLEASANT ST.
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a
(residence, store, etc.)

which will be located at SHAY ST. to be installed by

?
(name) (address) (phone)

Builder is Sanders-Roberg Plumber is Mutual

Description of lot, building and fixtures as follows:

Lot: Dimensions 125 X 541 Type of Soil Gravel/Mud Well or Town Water? Town

Distance to Town Sewer 1/2 mile Depth to Ground Water 6 ft Kind of Well

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions 60 X 30 No. Bedrooms 5 No. Occupants 6

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 2

Showers Comb. Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher YES Auto. Clotheswasher YES Other (basement) Conv Bath Room complete

(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.

Date April 27, 1962

(Signature of Applicant)

\$300 fee paid 4/27/62 G.G.S.

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

Grady Gerald is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 1200 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 200 linear Sq. Ft. bottom area.

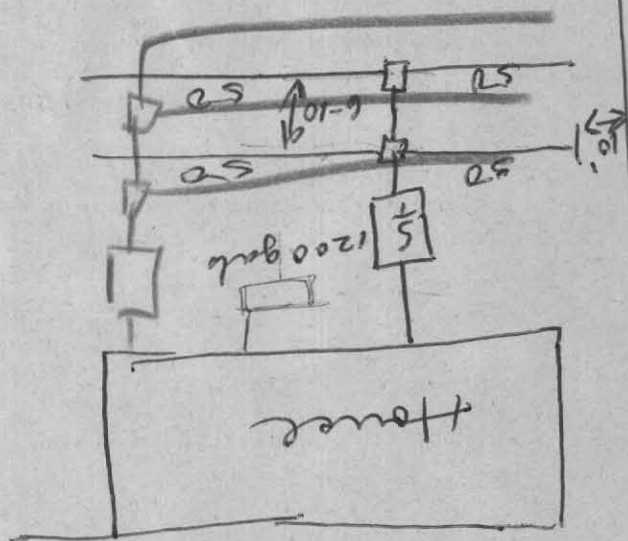
Dry well ft. bottom area and ft. below the inlet.

Other 2 Dist Boxes

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

(Signature of Board of Health) 4/27 date

Inspected Approved (Signature)



SHAY ST

BASTON

HARE



Establishment Name: _____ Date: _____ Page: _____ of _____

Item No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Date Verified

Discussion With Person in Charge:	Corrective Action Required <input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> Voluntary Compliance <input type="checkbox"/> Employee Restriction/Exclusion
	<input type="checkbox"/> Re-inspection Scheduled <input type="checkbox"/> Emergency Suspension
	<input type="checkbox"/> Embargo <input type="checkbox"/> Emergency Closure
	<input type="checkbox"/> Voluntary Disposal <input type="checkbox"/> Other:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items 1-22) (Cont.)

PROTECTION FROM CHEMICALS

14		Food or Color Additives
	3-202.12	Additives*
	3-302.14	Protection from Unapproved Additives*
15		Poisonous or Toxic Substances
	7-101.11	Identifying Information – Original Containers*
	7-102.11	Common Name – Working Containers*
	7-201.11	Separation – Storage*
	7-202.11	Restriction – Presence and Use*
	7-202.12	Conditions of Use*
	7-203.11	Toxic Containers – Prohibitions*
	7-204.11	Sanitizers, Criteria – Chemicals*
	7-204.12	Chemicals for Washing Produce, Criteria*
	7-204.14	Drying Agents, Criteria*
	7-205.11	Incidental Food Contact, Lubricants*
	7-206.11	Restricted Use Pesticides, Criteria*
	7-206.12	Rodent Bait Stations*
7-206.13	Tracking Powders, Pest Control and Monitoring*	

TIME/TEMPERATURE CONTROLS

16		Proper Cooking Temperatures for PHFs
	3-401.11A(1)(2)	Eggs- 155°F 15 Sec. Eggs- Immediate Service 145°F 15sec*
	3-401.11(A)(2)	Comminuted Fish, Meats & Game Animals - 155°F 15 sec. *
	3-401.11(B)(1)(2)	Pork and Beef Roast - 130°F 121 min*
	3-401.11(A)(2)	Ratites, Injected Meats – 155°F 15 sec. *
	3-401.11(A)(3)	Poultry, Wild Game, Stuffed PHFs, Stuffing Containing Fish, Meat, Poultry or Ratites-165°F 15 sec. *
	3-401.11(C)(3)	Whole-muscle, Intact Beef Steaks 145°F *
	3-401.12	Raw Animal Foods Cooked in a Microwave 165°F *
	3-401.11(A)(1)(b)	All Other PHFs – 145°F 15 sec. *
	17	
3-403.11(A)&(D)		PHFs 165°F 15 sec. *
3-403.11(B)		Microwave- 165°F 2 Minute Standing Time*
3-403.11(C)		Commercially Processed RTE Food - 140°F*
3-403.11(E)		Remaining Unsliced Portions of Beef Roasts*
18		Proper Cooling of PHFs
	3-501.14(A)	Cooling Cooked PHFs from 140°F to 70°F Within 2 Hours and From 70°F to 41°F/45°F Within 4 Hours. *
	3-501.14(B)	Cooling PHFs Made From Ambient Temperature Ingredients to 41°F/45°F Within 4 Hours*

* Denotes critical item in the federal 1999 Food Code or 105 CMR 590.000.

	3-501.14(C)	PHFs Received at Temperatures According to Law Cooled to 41°F/45°F Within 4 Hours. *
19	3-501.15	Cooling Methods for PHFs
		PHF Hot and Cold Holding
	3-501.16(B) 590.004(F)	Cold PHFs Maintained at or below 41°F/45°F*
	3-501.16(A)	Hot PHFs Maintained at or above 140°F. *
	3-501.16(A)	Roasts Held at or above 130°F. *
20		Time as a Public Health Control
	3-501.19	Time as a Public Health Control*
	590.004(H)	Variance Requirement

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

21	3-801.11(A)	Unpasteurized Pre-packaged Juices and Beverages with Warning Labels*
	3-801.11(B)	Use of Pasteurized Eggs*
	3-801.11(D)	Raw or Partially Cooked Animal Food and Raw Seed Sprouts Not Served. *
	3-801.11(C)	Unopened Food Package Not Re-served. *

CONSUMER ADVISORY

22	3-603.11	Consumer Advisory Posted for Consumption of Animal Foods That are Raw, Undercooked or Not Otherwise Processed to Eliminate Pathogens. * Effective 1/1/2001
	3-302.13	Pasteurized Eggs Substitute for Raw Shell Eggs*

SPECIAL REQUIREMENTS

590.009(A)-(D)	Violations of Section 590.009(A)-(D) in catering, mobile food, temporary and residential kitchen operations should be debited under the appropriate sections above if related to foodborne illness interventions and risk factors. Other 590.009 violations relating to good retail practices should be debited under #29 – Special Requirements.
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VIOLATIONS RELATED TO GOOD RETAIL PRACTICES (Blue Items 23-30)

Critical and non-critical violations, which do not relate to the foodborne illness interventions and risk factors listed above, can be found in the following sections of the Food Code and 105 CMR 590.000.

Item	Good Retail Practices	FC	590.000
23.	Management and Personnel	FC – 2	.003
24.	Food and Food Protection	FC – 3	.004
25.	Equipment and Utensils	FC – 4	.005
26.	Water, Plumbing and Waste	FC – 5	.006
27.	Physical Facility	FC – 6	.007
28.	Poisonous or Toxic Materials	FC – 7	.008
29.	Special Requirements		.009
30.	Other		

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