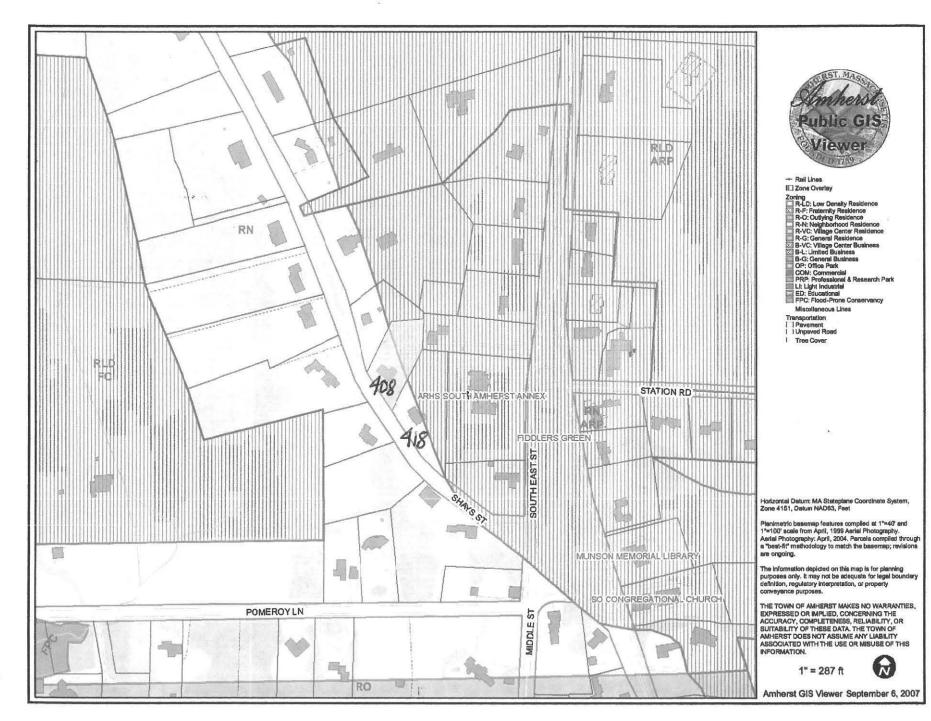
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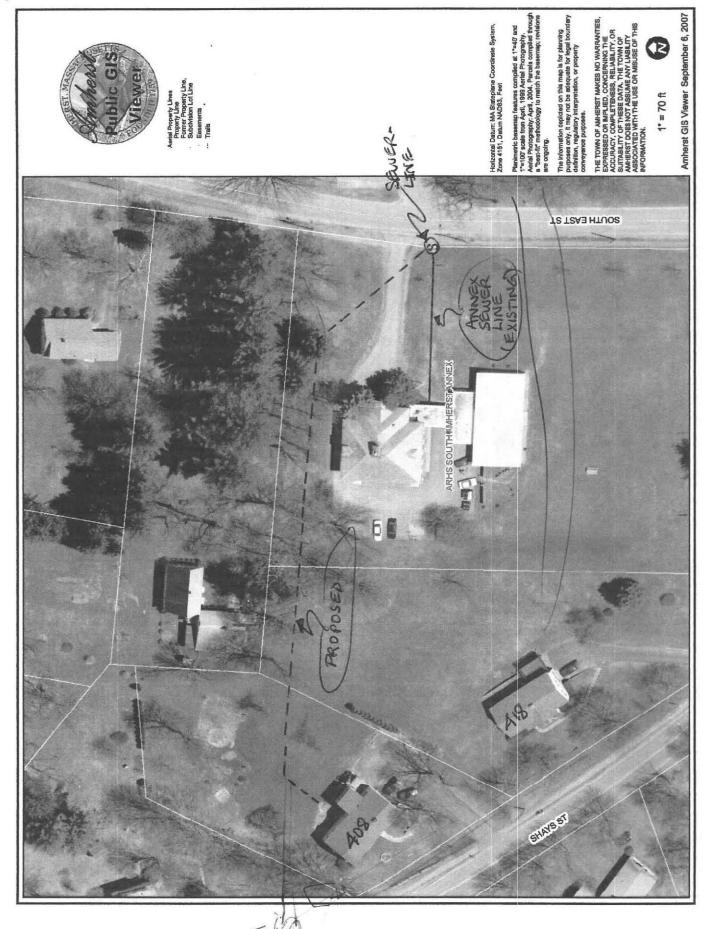
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September 5, 2007

Mr. Richard Munn 408 Shays Street Amherst, MA 01002

> RE: Percolation Testing 408 Shays Street, Amherst, MA

On this date, I attended numerous excavations at the above-mentioned property that consisted of an existing single family lot and residence. Our soil evaluations found that the land generally consisted of material that would be described as from 6 to 12" of loam or A horizon, underlain by subsoil or B horizon at approximately from 12 to 24 inches. The C horizon, that which is usually perc tested measured from 24" to 120" of very dense clay that we were unable to even dig for a percolation test. Only one excavation (TP-1) found percable C horizon soil of only 2 ft thickness. The C horizon in the other excavations generally exhibited a dense clay texture that would not be considered "percable". The soil would not be considered suitable for a passing percolation test under the state code 310 CMR 15.000 (Title V) The soil was interpreted by the writer in the presence of Tom Dion from the Amherst Health Department and Mr.Jason Skeels of the Department of Public Works.

Please be aware that Title 5 the Sanitary Septic Code requires that "no variance may be granted for an ungrade to an existing system for the occurrence of least 4 feet of depth of unfilled naturally occurring pervious soil (310 CMR 15.415(2)) where sewer connection is feasible".

We recommend that the property be connected to the sanitary sewer system that is only 200-300 feet from the property and that any necessary "utility easements" be granted.

Please feel free to contact with any questions or request my attendance for any further variance presentations or consultation at future meetings.

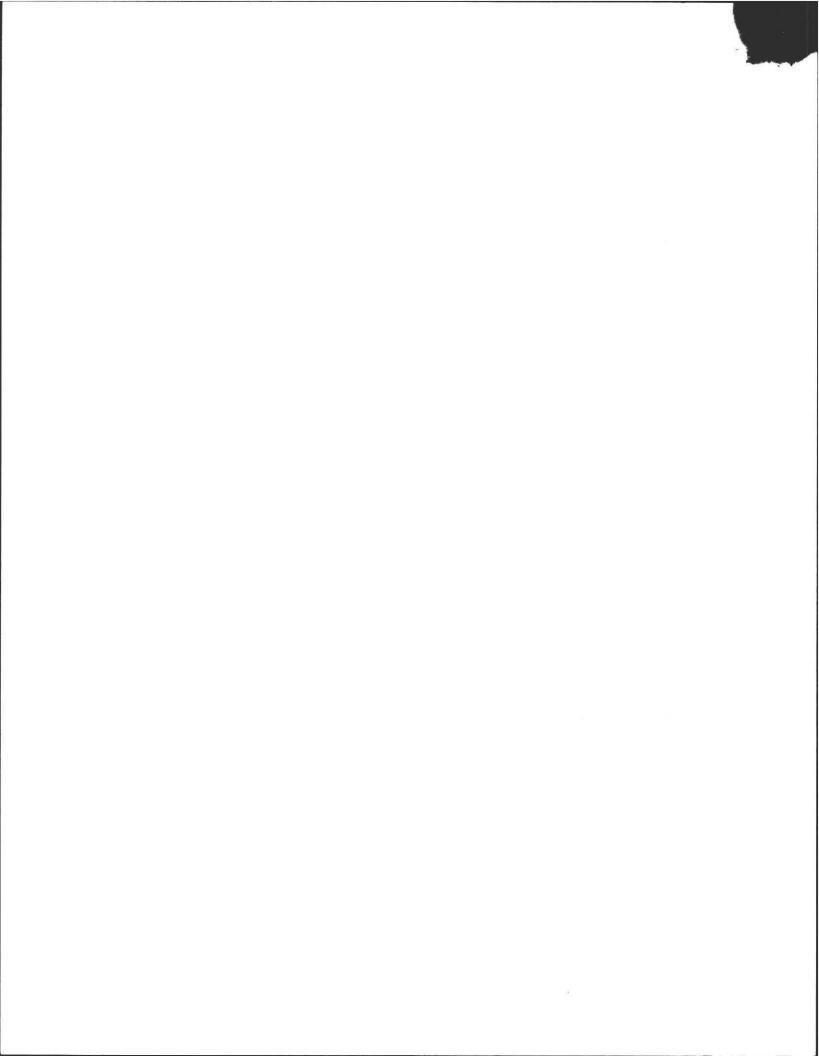
Thank you,

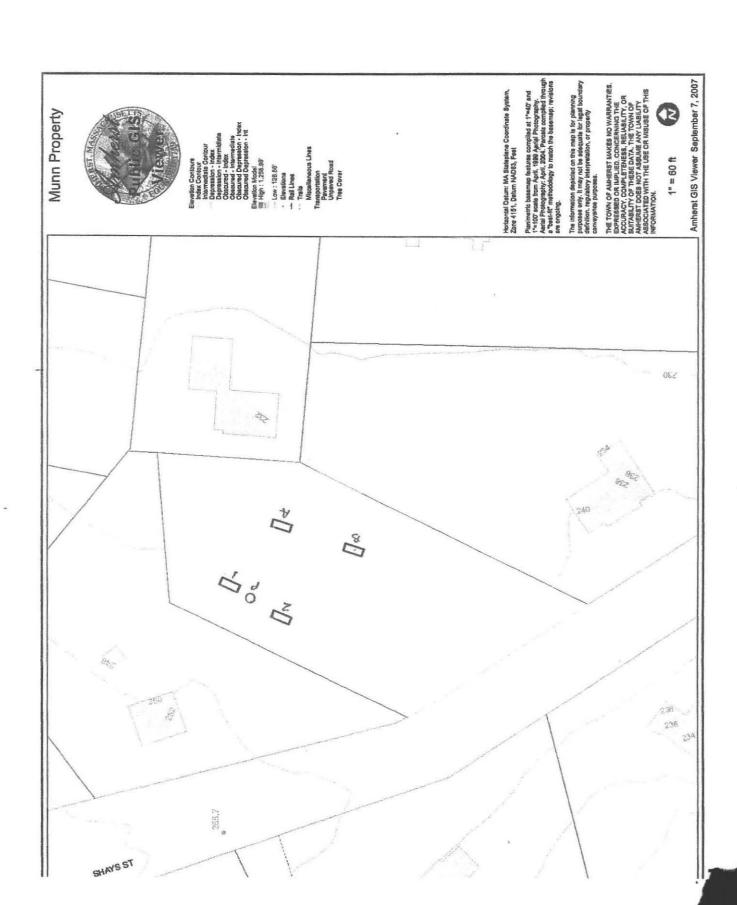
Cold Spring Environmental, Inc.

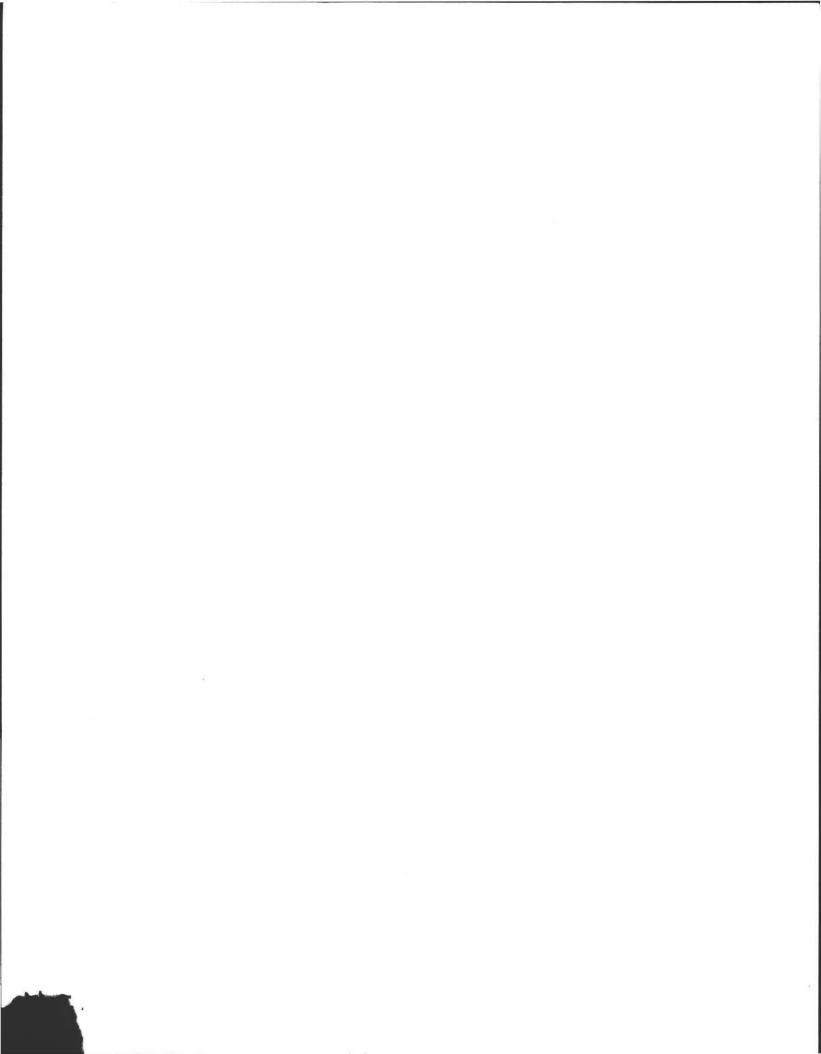
Alan E. Weiss, M.S.
Principal Hydrogeologist
Registered Sanitarian #933
Licensed Site Professional # 6442
President

Attachments

Exh. 1







### U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only: No Insurance Coverage Provided) For delivery information visit our website at www.usps.com \$ Postage Certified Fee Postmark Return Receipt Fee Here (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Face | C Sent To Mr. Richard Munn Street, Apt. No.; 408 Shays Street or PO Box No. Amherst, MA 01002 City, State, ZIP+ PS Form 3800.

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receipt is not needed, detach and affix label with postage and mail. IMPORTANT: Save this receipt and present it when making an inquiry. Internet access to delivery information is not available on mail

addressed to APOs and FPOs.



# Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

August 28, 2008

CERTIFIED MAIL: 7005 0390 0002 0944 9666

Richard Munn 408 Shays Street Amherst, MA 01002

RE: 408 Shays Street, Amherst, MA

Dear Mr. Munn:

The Amherst Board of Health received your letter dated July 28, 2009 requesting a time extension in order to meet compliance with Title V mandates. On August 27, 2009, after reviewing your letter and considering your request, the Board of Health voted unanimously to approve a 90 day extension in order for you to bring the septic system at 408 Shays Street into compliance. The expectation of the Amherst Board of Health is for the required work to be completed in 90 days. Please call the Amherst Public Health Department to review your plans.

Thank you,

Epi Bodhi, Director

Amherst Public Health Department

EB/pfs

#### U.S. Postal Service CERTIFIED MAIL RECEIPT E (Domestic Mail Only; No Insurance Coverage Provided) J For delivery information visit our website at www.usps.com ПП 5 8 5 11/107 Postage 4000 Certified Fee Postmark Return Reciept Fee Here (Endorsement Required) 1010 Restricted Delivery Fee (Endorsement Required) Total Postage & Fees 7003 Sent To RCHARD MUNN Street, Apt. No.; 408 Shaw St. or PO Box No. City, State, ZIP+4 Amherst MA 01002 PS Form 3800, June 2002 See Reverse for Instructions

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receipt is not needed, detach and affix label with postage and mail. Internet access to delivery information is not available on mail

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AMHERST HEALTH DEPARTMENT BANGS COMMUNITY CENTER 70 BOLTWOOD WALK AMHERST, MA 01002

ATTN: TOM PION

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<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse that we can return the card to you.</li> <li>Attach this card to the back of the mailpie or on the front if space permits.</li> </ul>	se	A. Signatur X B. Receive	d by (Prin	Hunn		Agent Addressee Date of Delivery
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AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

Richard Munn 408 Shay Street Amherst, MA 01002

Dear Mr. Munn:

I hope that you are doing well. It is the responsibility of the Amherst Health Department to send you an official notice about your septic system. I know that you are in the process of trying to get your house connected to the town sewer system. We sincerely hope that you are successful in that.

As you are aware, our records show that your property located at 408 Shays Street in Amherst, Massachusetts failed a Title V inspection on 8/5/07. Based on the requirements of The Department of Environmental Protection 310 CMR 15.305 (see attached) you are required to upgrade the system within two years from the discovery of the failure. This time limit is allowed providing that you commit to performing the necessary interim measures such as regular pumping of your septic tank to insure that the public health and safety is protected.

The Health Department fully supports your efforts to connect to the town sewer and if you are able to connect to the town sewer prior to 8/5/09 this letter will be null and void.

Please call me at 259-3078 if you have any questions in regards to this letter.

Sincerely

Epi Bodhi

Re.

## 15.305: Deadlines for Completion of Upgrades

- (1) If a system is failing to protect public health, safety, welfare or the environment as set forth in 310 CMR 15.303(1) or 15.304(1), the owner or operator shall upgrade the system within two years of discovery unless:
- (a) a shorter period of time is set by the local Approving Authority or the Department based upon the existence of an imminent health hazard; or
- (b) the continued use of the system is permitted by the local Approving Authority in accordance with the provisions of an enforceable schedule for upgrade. Bases for continued use include, but are not limited to, proposals to connect to a sanitary sewer or shared system. A fiscal commitment to the sewering plan or shared system plan, together with an approved facility plan where appropriate, proposing connection or replacement of the failing system within five years, and an enforceable commitment by the owner to perform interim measures (for example, regular pumping) shall accompany any such local approval. Such approval shall expire in five years or upon the failure of the applicant for such approval to meet interim deadlines set forth in the enforceable schedule for upgrade and the plan. The Department may by specific written approval authorize the local Approving Authority to allow a longer period of time, where the municipality has provided the Department a proposed implementation schedule for design and construction and has made a demonstrated financial commitment to the construction schedule. The Department may revoke any such approval if the approved schedule is not met.
- (2) If a system serving a facility with a design flow of 10,000 gpd or greater but less than 15,000 gpd is a significant threat to public health, safety, welfare or the environment as set forth in 310 CMR 15.304(2), the owner or operator shall upgrade the system within five years of discovery in accordance with the provisions of an enforceable schedule unless:
- (a) a shorter period of time is set by the Department based upon the existence of an imminent health hazard;
- (b) the continued use of the system is permitted by the Department because it is necessary to allow implementation of an environmentally superior solution. An enforceable commitment by the owner to perform interim measures (e.g., regular pumping, addition of fill) shall accompany any such approval by the Department. Such approval shall expire in seven years or upon the failure of the applicant for such approval to meet interim deadlines set forth in the enforceable schedule for upgrade.
- (3) The owner or operator shall take appropriate measures throughout the period between discovery of the condition requiring upgrade and completion of the upgrade to ensure that there is no backup or direct discharge of sewage or effluent to buildings, to the surface of the ground, or to surface waters. The local Approving Authority or the Department may order the owner or operator to take any measure necessary to ensure the protection of public health, safety, welfare and the environment during such period.

(4) Except as provided in 310 CMR 15.004(3), all systems shall be abandoned in accordance with 310 CMR 15.354 and the buildings served by the systems shall be connected to a sewer when a sewer becomes available, unless:

(a) the system is an alternative system approved for such use pursuant to 310 MP. 15 280 through 15 287.

CMR 15.280 through 15.287;

(b) the Department has made the determination in approving either the remedial use of an alternative system pursuant to 310 CMR 15.284 or in certifying an alternative system for general use pursuant to 310 CMR 15.288 that any person using such system need not connect the facility to a sanitary sewer if such connection is feasible; or

(c) the owner of an existing system has obtained a variance from this requirement pursuant to 310 CMR 15.410 through 15.415. All systems shall be abandoned in accordance with 310 CMR 15.354 and the buildings served by the systems shall be connected to a sewer when directed to do so by the Board of Health pursuant to M.G.L. c. 83, § 11, by the Department pursuant to 310 CMR 15.000, or by court order.

\* \* \* 3

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408 Shays Street Amherst, MA 01002

September 7, 2007

Ms. Epi Bodhi, Health Director Town of Amherst 70 Boltwood Walk Amherst, MA 01002

Re:

408 Shays Street, South Amherst, MA

Dear Ms. Bodhi:

I am writing to inform you that the septic system located on my property failed a voluntary "perc test" on September 5, 2007. I had no warning signs, or any other indication, that my system would fail. Please see the letter from Mr. Alan Weiss, attached (Exhibit 1, with attachment).

Because there is no existing sewer line for the southern part of Shays Street, the only option is to connect to town sewer, which runs along South East Street. My neighbor, Shirley Lauder (418 Shays Street), has signed a letter stating she is willing to grant us the necessary easement (Exhibit 2, with attachments A, B & C). The issue now is whether the town will grant a similar easement.

By way of background, last month I asked about such an easement. I spoke with Jason Skeels in the Department of Public Works. While he had nothing to say about an easement, he said he had no objection to my connecting to the South East Street sewer. I also spoke with Ron Bohonowicz, in the AHRS, who inquired on my behalf, and reported that, on advice of counsel, the town would be unwilling to encumber its property. By way of further background, the cost for installing a sewer line would be entirely for my account, unfortunately, and, in my opinion, the requested easement would not affect current or future use of the school's property, because the proposed sewer line would be sited entirely on or along the school "set-back" (see Exhibit C, attached to Exh. 2). As you are also aware, the aquifer recharge zone bisects my property (see Exhibit A, attached to Exh. 2).

The legislative mandate of Title 5: 310 CMR 15: State Environmental Code ("Title 5") is clear on the subject and town government should not be excused from compliance with Title 5, simply because of some thin reasoning that finds it preferable to keep its property unencumbered.

I would appreciate your looking into this matter. Surely, where public health and water is at stake, the board of health has more say than town government. I would appreciate your seeking this permission on my behalf, because Title 5 dictates connecting to sewer when the same is available.

D. I

cc: Laurence R. Shaffer, Town Manager Jason Skeels, Town Engineer Shirley Lauder The second second

## 408 Shays Street Amherst, MA 01002

September 6<sup>th</sup>, 2007

Ms. Shirley Lauder 418 Shays Street Amherst, MA 01002

Re:

408 Shays Street

Dear Ms. Lauder:

I am writing to let you know that my septic system failed a "perc test" yesterday. The health inspector, the town engineer and a sanitary engineer I hired were all present. The soil was dug and assessed and it was found to be "unsuitable". I believe this means an extensive system, rising several feet above the ground, would have to be built in order to comply with Title 5: 310 CMR 15: State Environmental Code ("Title 5"). The cost of such a system would be financially prohibitive for me and it would be, in my opinion, very unsightly, not to mention that, in time, it would fail again.

As you know, the town's aquifer recharge zone bisects our properties (Exhibit A). Each of us respectively also have septic systems in our backyards, roughly in the recharge zone. As you also know, the town maintains a sanitary sewer line that runs along South East Street, just in front of ARHS South Amherst Annex. Your property abuts the Annex (Exhibit B).

As you recall, we also spoke recently about these issues. You said you would not object to giving us an easement to run a sewer line across your backyard, from our property line to the town sewer (Exhibit C). I said I would seek permission from the town to do this if our system failed Title 5. I believe connecting to town sewer is the safest, and most feasible alternative. While not very familiar with Title 5, I understand that law states a preference, to connect to a sewer when one is available. We also discussed the possibility that you may wish to connect your system, with proper approvals, should your system ever fail Title V, or merely to appreciate the value of your own property.

If you agree with the foregoing, then please sign a copy of this letter, provided, in the space provided below, and return a copy to us. Upon receipt, we will take the next steps to obtain the town's permission.

truly yours,

Richard A. and Pucha Munn

I have read the above and hereby agree.

Shirley Lauder L. Lauder

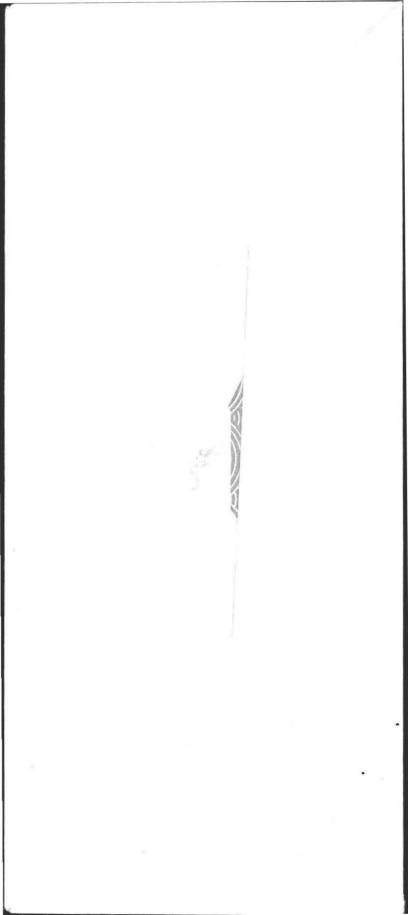
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RICHARD A. MUNN 408 SHAYS STREET AMHERST, MA 01002

> Ms. Epi Bodhi, Health Director Town of Amherst 70 Boltwood Walk Amherst, MA 01002





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MENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 1-FAX Environmental Health Division (413) 259-3078

Dear Mr. Munn:

I hope that you are doing well. It is the responsibility of the Amherst Health Department to send you an official notice about your septic system. I know that you are in the process of trying to get your house connected to the town sewer system. We sincerely hope that you are successful in that.

ST

As you are aware, our records show that your property located at 408 Shays Street in Amherst, Massachusetts failed a Title V inspection on 8/5/07. Based on the requirements of The Department of Environmental Protection 310 CMR 15.305 (see attached) you are required to upgrade the system within two years from the discovery of the failure. This time limit is allowed providing that you commit to performing the necessary interim measures such as regular pumping of your septic tank to insure that the public health and safety is protected.

The Health Department fully supports your efforts to connect to the town sewer and if down are able to connect to the town sewer prior to 8/5/09 this letter will be null and yoid.

Please call me at 259-3078 if you have any questions in regards to this letter.

Sincerely

Epi Bodhi



AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

Richard Munn 408 Shay Street Amherst, MA 01002

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The Health Department fully supports your efforts to connect to the town sewer and if do you are able to connect to the town sewer prior to 8/5/09 this letter will be null and void.

Please call me at 259-3078 if you have any questions in regards to this letter.

Sincerely

Epi Bodhi

## 15.305: Deadlines for Completion of Upgrades

(1) If a system is failing to protect public health, safety, welfare or the environment as set forth in 310 CMR 15.303(1) or 15.304(1), the owner or operator shall upgrade the system within two years of discovery unless:

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Department based upon the existence of an imminent health hazard; or

- (b) the continued use of the system is permitted by the local Approving Authority in accordance with the provisions of an enforceable schedule for upgrade. Bases for continued use include, but are not limited to, proposals to connect to a sanitary sewer or shared system. A fiscal commitment to the sewering plan or shared system plan, together with an approved facility plan where appropriate, proposing connection or replacement of the failing system within five years, and an enforceable commitment by the owner to perform interim measures (for example, regular pumping) shall accompany any such local approval. Such approval shall expire in five years or upon the failure of the applicant for such approval to meet interim deadlines set forth in the enforceable schedule for upgrade and the plan. The Department may by specific written approval authorize the local Approving Authority to allow a longer period of time, where the municipality has provided the Department a proposed implementation schedule for design and construction and has made a demonstrated financial commitment to the construction schedule. The Department may revoke any such approval if the approved schedule is not met.
- (2) If a system serving a facility with a design flow of 10,000 gpd or greater but less than 15,000 gpd is a significant threat to public health, safety, welfare or the environment as set forth in 310 CMR 15.304(2), the owner or operator shall upgrade the system within five years of discovery in accordance with the provisions of an enforceable schedule unless:
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\* \*

- (4) Except as provided in 310 CMR 15.004(3), all systems shall be abandoned in accordance with 310 CMR 15.354 and the buildings served by the systems shall be connected to a sewer when a sewer becomes available, unless:
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- (b) the Department has made the determination in approving either the remedial use of an alternative system pursuant to 310 CMR 15.284 or in certifying an alternative system for general use pursuant to 310 CMR 15.288 that any person using such system need not connect the facility to a sanitary sewer if such connection is feasible; or
- (c) the owner of an existing system has obtained a variance from this requirement pursuant to 310 CMR 15.410 through 15.415. All systems shall be abandoned in accordance with 310 CMR 15.354 and the buildings served by the systems shall be connected to a sewer when directed to do so by the Board of Health pursuant to M.G.L. c. 83, § 11, by the Department pursuant to 310 CMR 15.000, or by court order.

# 408 Shays Street Amherst, MA 01002



July 28, 2009

Ms. Epi Bodhi, Health Director Town of Amherst 70 Boltwood Walk Amherst, MA 01002

Re: 408 Shays Street, South Amherst, MA

Dear Ms. Bodhi:

I am writing in response to your recent letter concerning the above-referenced and, in particular, to request an extension of time to comply with Title V. As I informed you by telephone last week, I am currently making arrangements to secure an easement from my neighbor, allowing me to install sewer pipe from my property and connect to the town's sanitary line in South East Street.

I believe a three (3) month's extension is reasonable under the circumstances, to allow additional time to review estimates and have necessary documents drafted and recorded. I am also requesting a waiver of any fees from the town, if possible, to help defray costs.

As you know, this project presents a financial hardship for me, not only due to diminished income, but mainly because the reduced value of the property prevents me from borrowing anything more against it. I was also told low interest public funding is unavailable.

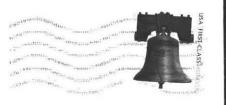
If the fee to hook-up the sewer can be waived in this instance, it would help significantly. While this may not seem like a large amount to the town, and I was told, flatly, "No" when I asked about it before, I am asking, and will appreciate it, if it is reconsidered, or any other help the town may offer.

Thank you for your assistance and please do not hesitate to contact me for any reason.

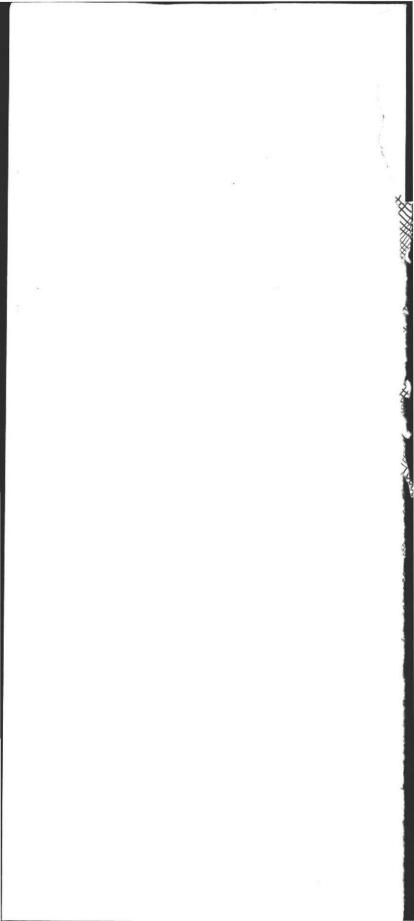
Richard Munn



RICHARD A. MUNN 408 SHAYS STREET AMHERST, MA 01002 TRIBORO NY LLA BILLYH-STATEM ESL. 28 JUL 2009 PM L I



MS. EPI BODHI, HEALTH DIRECTOR
TOWN OF AMHERST
70 BOLTWOOD WALK
AMHERST, MA 01002



7-21-09 Epi spoke Mr. Lichard Munn RE: failed septic from 8-5-07 Wishesto connect to town sewer however that was rejected by the town due to an ease ment needed Through School property. System failed due to backup in SAS + below high ground water elevation. Epi resquested letter asking for the plan of what he will do with the failed system upgrade/repair and time limit requested to accomplish That and he will discuss the topic of easement with town officials and the possibility of connecting to town seweragain and defraying the cost. Mr. Monn states he is not in a financial position to take on the cost of sewer connection or new septic system.

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   For an additional fee, delivery may be restricted to the addressee or
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

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# AMHERST HEALTH DEPARTMENT BANGS COMMUNITY CENTER 70 BOLTWOOD WALK AMHERST, MA 01002

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Richard Munn 408 Shays Street Amherst, MA 01002	JUL 17 2000
riminoist, Mir Crows	3. Service Type  Certified Mail  Registered  Return Receipt for Merchandise  C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7008 114 (Transfer from service label)	0 0000 6526 7900
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540

# Town of



# Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX www.amherstma.gov Environmental Health Division (413) 259-3078 health@amherstma.gov

July 10, 2009

Richard Munn 408 Shays Street Amherst, MA 01002

RE: Septic System---Failed Title V August 8, 2007 at 408 Shays Street

Dear Mr. Munn:

It has been 2 years since you informed me that your septic system failed. In accordance with the provisions of 310 CMR 15.000 of the State Environmental Code, Title V as required by the Massachusetts Department of Environmental Protection the two year time frame to repair your failed septic system is very quickly approaching and the Amherst Board of Health has not received any information relative to this address.

If the Town of Amherst will not grant the easement as requested then connecting to Town sewer is not feasible. The only solution is to upgrade to a Title V compliant private subsurface sewage disposal system.

Please provide the Board of Health with plans of the proposed septic system design as prepared by a registered sanitarian or registered professional engineer so that compliance with Title V Regulations is met.

Sincerely,

Epi Bodhi, Director

Amherst Public Health Department

\*



# Massachusetts

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Sincerely,

Epi Bodhi, Director Amherst Public Health Department

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*			

## Bokina, Ellen

From:

Bokina, Ellen

Sent:

Friday, July 10, 2009 3:50 PM

To:

Bodhi, Epi

Subject: Failed Title 5 Aug 5 2007

You may sign this letter as you signed the letter in 2007putting this failed Title V system on notice. This is the only option given the circumstances. Do you wish to have anything worded differently?

Have a good weekend,

Ellen Bokina Sanitarian Amherst Public Health Department 70 Boltwood Walk Amherst, MA 01002

Direct: 413-259-3241 Fax: 413-259-2404

# Town of



# Massachusetts

(413) 259-3077 (413) 259-2404 - FAX www.amherstma.gov

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 Environmental Health Division (413) 259-3078 health@amherstma.gov

August 19, 2009

RE: 408 Shays Street, Amherst--Failed Septic System

Dear Mr. Munn:

I am writing to notify you of the of the Amherst Board of Health meeting scheduled in the Bangs Community Center, Room 318 for Thursday, August 27, 2009. Your request for a 3-month extension in your letter dated July 28, 2009 to comply with Title V is slated on the agenda for 7:05 pm. This is a posted and open meeting. You may wish to attend to further discuss your position.

If you have questions please call the Health Department.

Sincerely yours,

Ellen Bokina Sanitarian Town of Amherst

September 5, 2007

Mr. Richard Munn 408 Shays Street Amherst, MA 01002

> RE: Percolation Testing 408 Shays Street, Amherst, MA

On this date, I attended numerous excavations at the above-mentioned property that consisted of an existing single family lot and residence. Our soil evaluations found that the land generally consisted of material that would be described as from 6 to 12" of loam or A horizon, underlain by subsoil or B horizon at approximately from 12 to 24 inches. The C horizon, that which is usually perc tested measured from 24" to 120" of very dense clay that we were unable to even dig for a percolation test. Only one excavation (TP-1) found percable C horizon soil of only 2 ft thickness. The C horizon in the other excavations generally exhibited a dense clay texture that would not be considered "percable". The soil would not be considered suitable for a passing percolation test under the state code 310 CMR 15.000 (Title V) The soil was interpreted by the writer in the presence of Tom Dion from the Amherst Health Department and Mr.Jason Skeels of the Department of Public Works.

Please be aware that Title 5 the Sanitary Septic Code requires that "no variance may be granted for an ungrade to an existing system for the occurrence of least 4 feet of depth of unfilled naturally occurring pervious soil (310 CMR 15.415(2)) where sewer connection is feasible".

We recommend that the property be connected to the sanitary sewer system that is only 200-300 feet from the property and that any necessary "utility easements" be granted.

Please feel free to contact with any questions or request my attendance for any further variance presentations or consultation at future meetings.

Thank you,

Cold Spring Environmental, Inc.

Alan E. Weiss, M.S.
Principal Hydrogeologist
Registered Sanitarian #933
Licensed Site Professional # 6442
President

Attachments

### 15.305: Deadlines for Completion of Upgrades

- (1) If a system is failing to protect public health, safety, welfare or the environment as set forth in 310 CMR 15.303(1) or 15.304(1), the owner or operator shall upgrade the system within two years of discovery unless:
- (a) a shorter period of time is set by the local Approving Authority or the Department based upon the existence of an imminent health hazard; or
- (b) the continued use of the system is permitted by the local Approving Authority in accordance with the provisions of an enforceable schedule for upgrade. Bases for continued use include, but are not limited to, proposals to connect to a sanitary sewer or shared system. A fiscal commitment to the sewering plan or shared system plan, together with an approved facility plan where appropriate, proposing connection or replacement of the failing system within five years, and an enforceable commitment by the owner to perform interim measures (for example, regular pumping) shall accompany any such local approval. Such approval shall expire in five years or upon the failure of the applicant for such approval to meet interim deadlines set forth in the enforceable schedule for upgrade and the plan. The Department may by specific written approval authorize the local Approving Authority to allow a longer period of time, where the municipality has provided the Department a proposed implementation schedule for design and construction and has made a demonstrated financial commitment to the construction schedule. The Department may revoke any such approval if the approved schedule is not met.
- (2) If a system serving a facility with a design flow of 10,000 gpd or greater but less than 15,000 gpd is a significant threat to public health, safety, welfare or the environment as set forth in 310 CMR 15.304(2), the owner or operator shall upgrade the system within five years of discovery in accordance with the provisions of an enforceable schedule unless:
- (a) a shorter period of time is set by the Department based upon the existence of an imminent health hazard;
- (b) the continued use of the system is permitted by the Department because it is necessary to allow implementation of an environmentally superior solution. An enforceable commitment by the owner to perform interim measures (e.g., regular pumping, addition of fill) shall accompany any such approval by the Department. Such approval shall expire in seven years or upon the failure of the applicant for such approval to meet interim deadlines set forth in the enforceable schedule for upgrade.
- (3) The owner or operator shall take appropriate measures throughout the period between discovery of the condition requiring upgrade and completion of the upgrade to ensure that there is no backup or direct discharge of sewage or effluent to buildings, to the surface of the ground, or to surface waters. The local Approving Authority or the Department may order the owner or operator to take any measure necessary to ensure the protection of public health, safety, welfare and the environment during such period.

- (4) Except as provided in 310 CMR 15.004(3), all systems shall be abandoned in accordance with 310 CMR 15.354 and the buildings served by the systems shall be connected to a sewer when a sewer becomes available, unless:
- (a) the system is an alternative system approved for such use pursuant to 310 CMR 15.280 through 15.287;
- (b) the Department has made the determination in approving either the remedial use of an alternative system pursuant to 310 CMR 15.284 or in certifying an alternative system for general use pursuant to 310 CMR 15.288 that any person using such system need not connect the facility to a sanitary sewer if such connection is feasible; or
- (c) the owner of an existing system has obtained a variance from this requirement pursuant to 310 CMR 15.410 through 15.415. All systems shall be abandoned in accordance with 310 CMR 15.354 and the buildings served by the systems shall be connected to a sewer when directed to do so by the Board of Health pursuant to M.G.L. c. 83, § 11, by the Department pursuant to 310 CMR 15.000, or by court order.

. .

# Dion, Thomas

From:

Dion, Thomas

Sent:

Thursday, October 04, 2007 7:55 AM

To:

'Epi Bodhi'

Subject: RE: letter to Munn

Epi:

I haven't sent it out and that would be good if you will write it and copy it to me.

Thanks

Ton

Tom

----Original Message-----

From: Epi Bodhi [mailto:epi@cohousing.com] Sent: Wednesday, October 03, 2007 7:46 PM

To: Dion, Thomas Subject: letter to Munn

If the letter hasn't gone out yet, please hold off until I return. I will write it.

## Dion, Thomas

From:

Bodhi, Epi

Sent:

Wednesday, October 10, 2007 8:37 AM

To:

Dion, Thomas

Subject: RE: Letter to Mr. Munn

Will do

Epi Bodhi Director of Public Health Amherst, MA 413 259 3077 413 259 2404

> ----Original Message-----From: Dion, Thomas

Sent: Wednesday, October 10, 2007 8:20 AM

To: Bodhi, Epi

Subject: Letter to Mr. Munn

Epi:

The attached letter is the draft letter for Mr. Munn 408 Shay Street. You said that you wanted to write the letter to Mr. Munn and this might help. Please copy me on what ever you write so I can keep it on file.

Thanks Tom

## 15.305: Deadlines for Completion of Upgrades

- (1) If a system is failing to protect public health, safety, welfare or the environment as set forth in 310 CMR 15.303(1) or 15.304(1), the owner or operator shall upgrade the system within two years of discovery unless:
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J. ;

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To: Dion, Thomas Subject: letter to Munn

If the letter hasn't gone out yet, please hold off until I return. I will write it.

#### Dion, Thomas

From: Alan Weiss [aeweiss@charter.net]

Sent: Friday, September 07, 2007 9:17 AM

To: richardmunn@yahoo.com

Cc: Skeels, Jason; Dion, Thomas; aeweiss@charter.net

Subject: 408 shays street

September 5, 2007

Mr. Richard Munn 408 Shays Street Amherst, MA 01002

> RE: Percolation Testing 408 Shays Street, Amherst, MA

On this date, I attended numerous excavations at the above-mentioned property that consisted of an existing single family lot and residence. Our soil evaluations found that the land generally consisted of material that would be described as from 6 to 12" of loam or A horizon, underlain by subsoil or B horizon at approximately from 12 to 24 inches. The C horizon, that which is usually perc tested measured from 24" to 120" of very dense clay that we were unable to even dig for a percolation test. Only one excavation (TP-1) found percable C horizon soil of only 2 ft thickness. The C horizon in the other excavations generally exhibited a dense clay texture that would not be considered "percable". The soil would not be considered suitable for a passing percolation test under the state code 310 CMR 15.000 (Title V) The soil was interpreted by the writer in the presence of Tom Dion from the Amherst Health Department and Mr.Jason Skeels of the Department of Public Works.

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Please feel free to contact with any questions or request my attendance for any further variance presentations or consultation at future meetings.

Thank you,

Cold Spring Environmental, Inc.

Alan E. Weiss, M.S.
Principal Hydrogeologist
Registered Sanitarian #933
Licensed Site Professional # 6442
President

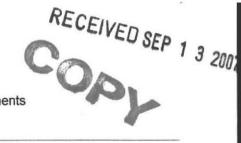
Attachments



Commonwealth of Massachusetts

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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



Owner information is required for every page.

408 Shays Street, AMherst				
Property Address				
Richard Munn				
Owner's Name				
Amherst	MA	01002	8.05.2007	
City/Town	State	Zip Code	Date of Inspection	

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

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





General Information	There C	4	,	1210
Inspector:	ROA	4300	)	0/2
Alan E. Weiss	1010			1/10/
Name of Inspector	-			1. 1
Cold Spring Environmental Consultants Inc.				
Company Name				
350 Old Enfield Road				
Company Address				
Belchertown	MA		01007	
City/Town	State		Zip Code	
413.323.5957			4	
Telephone Number	License N	Number		

Aug Tho

#### 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	
☐ Needs Further Evaluat	tion by the Local Approving Authority	
Aρ		
AV	8.10.2007	
Inspector's Signature	Date	

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

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



### Commonwealth of Massachusetts

			eet, AMherst					
		Address						
-		Munn						
		Name						
	hers			MA	01002	8.05.2007		
City	Town	n		State	Zip Code	Date of Inspection		
В.	Ce	ertific	ation (cont.)					
	Ins	pection	Summary: Check A,B,C	,D or E / <b>always</b> o	omplete all of	Section D		
A)	Sys	stem Pa	asses:					
		in 310	not found any information CMR 15.303 or in 310 Cm ted below.					
	Cor	mments	S:					
	Cur	stom be	on a 1500 and C. Tonk that	twee ek D beve	nd looobing at	and in the ESUCIAIT estimated		
			System in hydraulic failu			one is in the ESHGWT estimated rodded pipe at D. box.		
				3				
						10-00-00-00-00-00-00-00-00-00-00-00-00-0		
B)	Sys	stem C	onditionally 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 $\square$ for the following statements. If "not determined," please explain.							
		Syster	urally unsound, exhibits s	ubstantial infiltratione existing tank is	on or exfiltratio	nk (whether metal or not) is n or tank failure is imminent. a complying septic tank as		
		* 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	Explai	n:					
	***************************************							
		to bro		or due to a broker	n, settled or un	level in the distribution box due even distribution box. System will		
			broken pipe(s) are repla	aced				
			obstruction is removed					



### **Commonwealth of Massachusetts**

_		-	eet, AMherst					
		Address						
		Munn Name						
Amherst City/Town				MA	01002	8.05.2007		
City	Town	n		State	Zip Code	Date of Inspection		
В.	Ce	ertific	cation (cont.)					
	B)	Syste	m Conditionally Passes (co	ont.):				
			distribution box is leveled of	or replaced				
	ND	Explain	n:					
	-							
	☐ The system required pumping more system will pass inspection if (with							
			broken pipe(s) are replace		o board of free	and y.		
			obstruction is removed					
	ND	Explai	n:					
	C)	Furth	er Evaluation is Required b	y the Board	of Health:			
				her evaluation by the Board of Health in order to determine if lic health, safety or the environment.				
		15.30	stem will pass unless Boar 3(1)(b) that the system is no y and the environment:			accordance with 310 CMR which will protect public health		
			Cesspool or privy is within	50 feet of a si	urface water			
			Cesspool or privy is within	50 feet of a be	ordering veget	ated wetland or a salt marsh		
		deten	stem will fail unless the Bo mines that the system is fu y and environment:			Water Supplier, if any) protects the public health,		
		100 fe	eet of a surface water supply The system has a septic ta	or tributary to	a surface water	em (SAS) and the SAS is within er supply. within a Zone 1 of a public water		
		supply	The system has a septic ta	ank and SAS a	and the SAS is	within 50 feet of a private water		

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#### Commonwealth of Massachusetts

	Shays Str		erst						
	perty Address hard Munn								
	ner's Name								
	herst			MA	01002	8.05.2007			
City	/Town			State	Zip Code	Date of Inspection			
В.	Certific	cation	(cont.)						
C)	Further Evaluation is Required by the Board of Health (cont.):								
			s a septic tank and S ivate water supply w		AS is less than	n 100 feet but 50 feet or			
	Metho	od used to	o determine distance	):					
	bacteria ir	ndicates a 5 ppm, p	absent and the prese rovided that no other	ence of ammo	nia nitrogen an	P certified laboratory, for coliform d nitrate nitrogen is equal to or A copy of the analysis must be			
D)			riteria Applicable to			l inspections:			
	Yes	No							
	$\boxtimes$		Backup of sewag clogged SAS or o		or system comp	oonent due to overloaded or			
		$\boxtimes$	Discharge or pon due to an overloa	ding of effluer ded or clogge	d SAS or cess				
		$\boxtimes$	or clogged SAS of	or cesspool		outlet invert due to an overloaded			
		$\boxtimes$	than 1/2 day flow	•		invert or available volume is less			
		$\boxtimes$	Required pumpin obstructed pipe(s			st year <i>NOT</i> due to clogged or			
	$\boxtimes$		Any portion of the	e SAS, cesspo	ol or privy is b	elow high ground water elevation.			
		$\boxtimes$	Any portion of cer			feet of a surface water supply or			



#### **Commonwealth of Massachusetts**

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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	Shays Str		rst			
	perty Address					
-	hard Munn					
	ner's Name			144	04000	0.05.0007
	herst Town	14		MA State	01002 Zip Code	8.05.2007 Date of Inspection
City	TOWII			State	Zip Code	Date of inspection
B.	Certific	cation (	cont.)			*
D)	System F	ailure Cri	teria Applicable to A	II Systems	(cont.):	
	Yes	No				
		$\boxtimes$	Any portion of a ces	sspool or pr	ivy is within a Z	one 1 of a public well.
		$\boxtimes$	Any portion of a ces	sspool or pr	ivy is within 50	feet of a private water supply well
			from a private water system passes if t laboratory, for fec- of ammonia nitrog	r supply we he well wa al coliform len and nite other failure	II with no accepter analysis, posteria indicate nitrogen in are triteria are to	100 feet but greater than 50 feet btable water quality analysis. [This erformed at a DEP certified ates absent and the presence s equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		$\boxtimes$	The system is a ces	sspool servi	ng a facility wit	h a design flow of 2000gpd-
			The system <u>fails</u> . I criteria exist as des	cribed in 31 ld contact t	0 CMR 15.303 he Board of He	or more of the above failure , therefore the system fails. The ealth to determine what will be
E)			o be considered a la 000 gpd to 15,000 gp		n the system r	nust serve a facility with a
		systems, y in Section		er "yes" or '	'no" to each of	the following, in addition to the
	Yes	No				
			the system is within	400 feet of	f a surface drin	king water supply
			the system is within	200 feet of	f a tributary to a	a surface drinking water supply
			the system is locate Area – IWPA) or a r			rea (Interim Wellhead Protection water supply well
						is considered a significant threat,

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

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### Commonwealth of Massachusetts

408 Shays Street, AMherst

Prope	erty Addre	ess				
Rich	nard Mur	nn				
Owne	er's Name					
	nerst			MA	01002	8.05.2007
City/	Town			State	Zip Code	Date of Inspection
C.	Chec	klist				
	Check if	the follo	wing have been done. '	You <b>mus</b> t ind	dicate "yes" or '	no" as to each of the following:
	Yes	No				
	$\boxtimes$		Pumping informatio	n was provid	ed by the owne	er, occupant, or Board of Health
		$\boxtimes$	Were any of the sys	stem compon	ents pumped o	out in the previous two weeks?
	$\boxtimes$		Has the system rec	eived normal	flows in the pr	evious two week period?
		$\boxtimes$	Have large volumes this inspection?	of water be	en introduced t	o the system recently or as part of
					n obtained and	examined? (If they were not
	$\boxtimes$		Was the facility or d	lwelling inspe	ected for signs	of sewage back up?
	$\boxtimes$		Was the site inspec	ted for signs	of break out?	
	$\boxtimes$		Were all system cor	mponents, ex	cluding the SA	S, located on site?
				ndition of the	baffles or tees	ened, and the interior of the tank s, material of construction, d depth of scum?
	$\boxtimes$					nt from owner) provided with urface sewage disposal systems?
			The size and locat been determined ba		oil Absorption	System (SAS) on the site has
	$\boxtimes$		Existing information	. For exampl	e, a plan at the	Board of Health.
	$\boxtimes$		Determined in the fi			eria related to Part C is at issue

		•	
			W



### **Commonwealth of Massachusetts**

408 Shays Street, AMherst							
Property Address							
Richard Munn Owner's Name							
Amherst	MA	01002	8.05.2007				
City/Town	State	Zip Code	Date of Inspec	tion			
D. System Information	-150-00-1/2-01-001		1.00				
Residential Flow Conditions:							
Number of bedrooms (design):		Number of bed	rooms (actual):		3		
DESIGN flow based on 310 CMR 15.203	(for examp	le: 110 gpd x # (	of bedrooms):		?		
Number of current residents:					3		
Does residence have a garbage grinder?					Yes	$\boxtimes$	No
Is laundry on a separate sewage system?	[if <b>yes</b> sep	arate inspection	required]		Yes	$\boxtimes$	No
Laundry system inspected?					Yes	$\boxtimes$	No
Seasonal use?					Yes	$\boxtimes$	No
Water meter readings, if available (last 2 y	ears usage	e (gpd)):		N/A	1		
Sump pump?					Yes	$\boxtimes$	No
Last date of occupancy:				Date	rent e		
Commercial/Industrial Flow Conditions	<b>:</b> :						
Type of Establishment:		N/A					
Design flow (based on 310 CMR 15.203):		N/A Gallons	per day (gpd)				
Basis of design flow (seats/persons/sq.ft.,	etc.):	N/A					-11-
Grease trap present?					Yes	$\boxtimes$	No
Industrial waste holding tank present?					Yes	$\boxtimes$	No
Non-sanitary waste discharged to the Title	e 5 system?	?			Yes	$\boxtimes$	No
Water meter readings, if available:		N/A					
Last date of occupancy/use:		N/A Date					
Other (describe):							
- mar (docombo).							



### **Commonwealth of Massachusetts**

08 Shays Street, roperty Address tichard Munn				
wner's Name		840	01000	9.05.2007
mherst ity/Town	<del>*************************************</del>	MA State	01002 Zip Code	8.05.2007 Date of Inspection
). System I	nformation (cont.)			
	Gen	eral Infor	mation	
Pumping Re	cords:			
Source of info	ormation:	Owne	er. (3 yrs)	
Was system p	numped as part of the inspect	ion?		☐ Yes ⊠ No
If yes, volume	e pumped:	gallons	3	
How was qua	ntity pumped determined?	pump	er	
Reason for pu	umping:	1		
Type of Syst	em:			
$\boxtimes$	Septic tank, distribution bo	x, soil abs	orption system	
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no)	(if yes, at	tach previous i	nspection records, if any)
	Innovative/Alternative tech maintenance contract (to b			
	Tight tank. Attach a copy of	of the DEP	approval.	
	Other (describe):			
			<u> </u>	
.2.4	age of all components, date in		known) and so	ource of information:
25-30+ Years	L. field 3 yrs for septic tank	only.		
Were sewage	e odors detected when arriving	g at the sit	e?	☐ Yes ⊠ No

		ž



### **Commonwealth of Massachusetts**

	Shays Street, AMhe	erst				
	erty Address nard Munn					
and the same	er's Name			711-1711-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		<del></del>
	herst		MA	01002	8.05.200	
City/	Town		State	Zip Code	Date of Ins	pection
D.	System Infor	mation (cont.)		,		
	Building Sewer (lo	cate on site plan):			41.	
	Depth below grade:				1.'+ feet	
	Material of construc	etion:				
	ast iron	⊠ 40 PVC	other (e	xplain):	10'	
	Distance from priva	te water supply well	or suction line	): :	feet	
	Comments (on con-	dition of joints, ventin	g, evidence o	of leakage,	etc.):	
	Septic Tank (locate	e on site plan):				
	Depth below grade:				1.5'	
	Material of construc	ction:				
	⊠ concrete	☐ metal	fiberglas	ss 🗌	polyethylene	other (explain)
	If tank is metal, list	age:				
		y a Certificate of Con	npliance? (atta	ach a copy	years of certificate)	⊠ Yes □ No
	Dimensions:				10'X5.5'X5.'	<u></u>
	Sludge depth:					
	Distance from top of	of sludge to bottom o	f outlet tee or	baffle		
	Scum thickness					17 mar
	Distance from top	of scum to top of outl	et tee or baffle	е		
	Distance from botto	om of scum to bottom	of outlet tee	or baffle	10"	
	How were dimensi	ons determined?			Estimated	



#### Commonwealth of Massachusetts

08 Shays Street, AMherst					
roperty Address					
ichard Munn					
wner's Name					
mherst		MA	01002	8.05.2007	
ity/Town		State	Zip Code	Date of Insp	pection
D. System Informati Comments (on pumping re		ns, inlet and o	outlet tee or	baffle condition	n, structural integrity
liquid levels as related to					
Tank level ok, tees inplace	e. Structural int	tegrity appear	ed ok at tim	e of inspection	
Grease Trap (locate on s	ite plan):				
Depth below grade:				N/A feet	
Material of construction:				leet	
		_			
concrete n	netal	fiberglas	ss	polyethylene	other (explain)
Dimanaiana				N/A	
Dimensions:				<b>N</b> 1/A	
Scum thickness				N/A	
Distance from top of scun	n to top of outle	t tee or baffle		N/A	
Distance from bottom of s	cum to bottom	of outlet tee	or baffle	N/A	
Data of lost numning:				N/A	
Date of last pumping:				Date	
Comments (on pumping r liquid levels as related to				baffle condition	n, structural integrity,
N/A					
Tight or Holding Tank (t	ank must be pu	imped at time	of inspection	on) (locate on s	ite plan):
Depth below grade:				N/A	
Material of construction:					
☐ concrete ☐ n	netal	fiberglas	ss 🗆	polyethylene	other (explain)
N/A					

			*



### **Commonwealth of Massachusetts**

408 Shays Street, AMherst					
Property Address Richard Munn					
Owner's Name	_ 35				
Amherst	MA	01002	8.05.2	007	
City/Town	State	Zip Code	the same of the sa	Inspection	
ony, roun	Otato				
D. System Information (cont.	)				
Tight or Holding Tank (cont.)					
Dimensions:		N/A	2-1-1/1/2		
Capacity:		N/A			
Capacity.		gallons			
Design Flow:		N/A gallons per day			
Alarm present:		☐ Yes ☐	] No		
Alarm level:		Alama inankin.		□ Vaa	□ No
Alarm level:	,	Alarm in working	g oraer:	☐ Yes	∐ No
Date of last pumping:		N/A Date			
Comments (condition of alarm and flo	at switches, et	c.):			
NI/A	(2004) (2004) (2004) (2004) (2004) (2004) (2004)	7	+		
* Attach copy of current pumping con	tract (required)	. Is copy attach	ed?	☐ Yes	☐ No
Distribution Box (if present must be	opened) (local	e on site plan):			
	opoou) (ou	2"			
Depth of liquid level above outlet inve	ert	2			
Comments (note if box is level and di evidence of leakage into or out of box		tlets equal, any	evidence	of solids car	ryover, any
Pipes had liquid and sludge upon rod	ding. Blk stain	ng, failure level	s evident.		
			-1		-
Pump Chamber (locate on site plan)	:				
Pumps in working order:			□ Y	es 🗌 N	lo
Alarms in working order:			□ Y	es 🗌 N	lo

.,		٠.	



### Commonwealth of Massachusetts

perty Address	reet, AMherst				
hard Munr	1				
ner's Name		12 (Sec.)			_
herst Town		MA State	01002 Zip Code	8.05.2007 Date of Insp	
710WII		State	Zip Gode	Date of ms	DECLIOTI
Syster	n Information (cont.)	in the second	<del></del>		77-10-12-11-11-11-11-11-11-11-11-11-11-11-11-
Comment	ts (note condition of pump cham	iber, condition	on of pumps ar	nd appurtenar	nces, etc.):
/. <del></del>			v		
Soil Abso	orption System (SAS) (locate of	on site plan,	excavation not	required):	
If SAS no	t located, explain why:				
÷ 0/					
E .					<del>7</del>
Type:					
	leaching pits		number:		8
	leaching chambers		number:		-
	leaching galleries		number:		-
$\boxtimes$	leaching trenches		number, l	ength:	2@ 30'?
	leaching fields		number,	dimensions:	9
	overflow cesspool		number:		-
	innovative/alternative syst	em			
	Type/name of technology:	-			
Comment	ts (note condition of soil, signs on, etc.):	of hydraulic f	ailure, level of	ponding, dam	np soil, condition
vegetation	ts (note condition of soil, signs on, etc.):  of hydraulic failure, (Standing li				np soil, condition



### Commonwealth of Massachusetts

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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

hard Munn			
er's Name	MA	01002	8.05.2007
herst Town	State	Zip Code	Date of Inspection
System Information (cont.	)		
Cesspools (cesspool must be pump	ed as part of ins	spection) (locat	e on site plan):
Number and configuration			
Depth – top of liquid to inlet invert			
Depth of solids layer			i <del></del>
Depth of scum layer			
Dimensions of cesspool			
Materials of construction			***************************************
Indication of groundwater inflow			☐ Yes ☐ No
Comments (note condition of soil, signetc.):	ns of hydraulic	failure, level of	ponding, condition of vegetat
Privy (locate on site plan):			
Privy (locate on site plan):  Materials of construction:	N/A		
	N/A N/A		
Materials of construction:			
Materials of construction: Dimensions	N/A		

			¥	549



#### Commonwealth of Massachusetts

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

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

408 Shays Street, AMherst				
Property Address				
Richard Munn				
Owner's Name				
Amherst	MA	01002	8.05.2007	
City/Town	State	Zip Code	Date of Inspection	

### D. System Information (cont.)

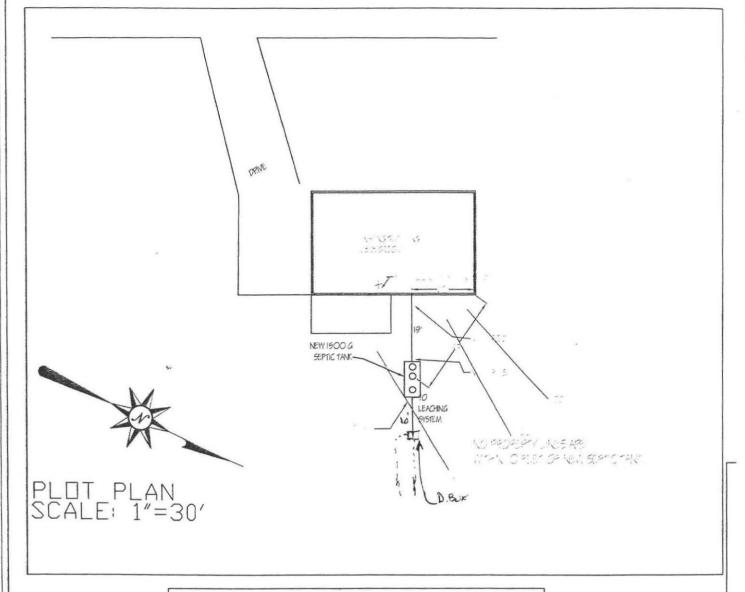
Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



### Commonwealth of Massachusetts

	reet, Amnerst				
roperty Address Richard Munr					
wner's Name	1 1000000000000000000000000000000000000				
mherst		MA	01002	8.05.2007	
tity/Town		State	Zip Code	Date of Inspection	
D. Syster	n Information (cont.)				
Site Exar					
	k Slope				
☐ Surfa	ce water				
	k cellar				
☐ Shalle	ow wells				
Estimated	d depth to ground water:		2.5-3.5 feet	5'	
Please in	dicate all methods used to deter	rmine the hi	gh ground wate	er elevation:	
	Obtained from system design	n plans on re	ecord		
	If checked, date of design pla	an reviewed	n/A Date		
	Observed site (abutting propo	erty/observa	tion hole withir	150 feet of SAS)	
	Checked with local Board of	Health - exp	olain:		
	Checked with local excavator	rs, installers	- (attach docur	mentation)	
	Accessed USGS database -	explain:			
	t describe how you established				
Excavation	on dug at adjacent locations 26-	42").	<del></del>		
Marie and the Colonia					
	-				1.50
10.22					
	The Allertia Section 1977 - Address Sassan III		·		

			*



### GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- 1.) HAVE TANK PUMPED EVERY 2 YEARS.
- 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- 3.) DO NOT PLANT ANT TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF SYSTEM.
- 4.) USE DNLY LIQUID DETERGENTS IN WASHERS.

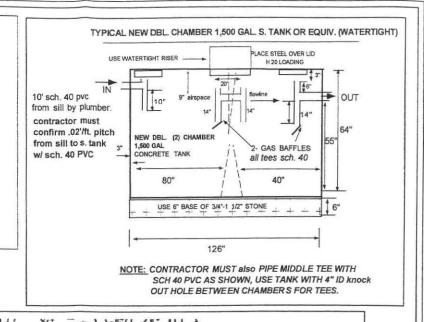
### AS BUILT 9/4/2004

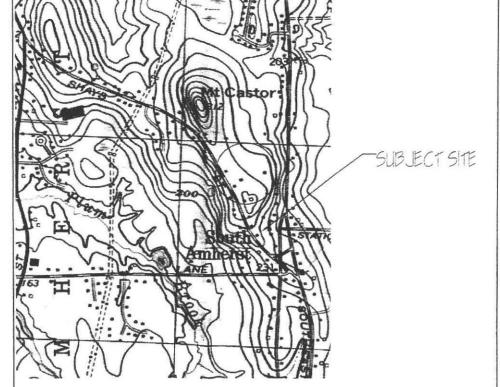
#### ATTENTION INSTALLER!!

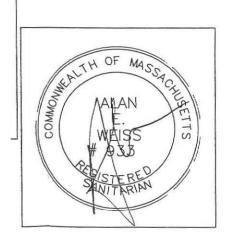
CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

LOCATIONS FOR SEPTIC TANK REPLACEMENT PURPOSES ONLY. (NOT AN ACTUAL SURVEY)

		• .







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

PLAN DATE: 9/04/04 SEPTIC TANK REPLACEMENT PLAN FOR RICHARD MUNN 408 SHAYS STREET, AMHERST, MA

			и
		*	

#### 408 Shays Street Amherst, MA 01002

September 6<sup>th</sup>, 2007

Ms. Shirley Lauder 418 Shays Street Amherst, MA 01002

Re:

408 Shays Street

Dear Ms. Lauder:

I am writing to let you know that my septic system failed a "perc test" yesterday. The health inspector, the town engineer and a sanitary engineer I hired were all present. The soil was dug and assessed and it was found to be "unsuitable". I believe this means an extensive system, rising several feet above the ground, would have to be built in order to comply with Title 5: 310 CMR 15: State Environmental Code ("Title 5"). The cost of such a system would be financially prohibitive for me and it would be, in my opinion, very unsightly, not to mention that, in time, it would fail again.

As you know, the town's aquifer recharge zone bisects our properties (Exhibit A). Each of us respectively also have septic systems in our backyards, roughly in the recharge zone. As you also know, the town maintains a sanitary sewer line that runs along South East Street, just in front of ARHS South Amherst Annex. Your property abuts the Annex (Exhibit B).

As you recall, we also spoke recently about these issues. You said you would not object to giving us an easement to run a sewer line across your backyard, from our property line to the town sewer (Exhibit C). I said I would seek permission from the town to do this if our system failed Title 5. I believe connecting to town sewer is the safest, and most feasible alternative. While not very familiar with Title 5, I understand that law states a preference, to connect to a sewer when one is available. We also discussed the possibility that you may wish to connect your system, with proper approvals, should your system ever fail Title V, or merely to appreciate the value of your own property.

If you agree with the foregoing, then please sign a copy of this letter, provided, in the space provided below, and return a copy to us. Upon receipt, we will take the next steps to obtain the town's permission.

Very truly yours,

Richard A. and Pucha Munn

I have read the above and hereby agree.

Shirley Lauder / Lauder

Exh. 2

408 Shays Street Amherst, MA 01002

September 7, 2007

Ms. Epi Bodhi, Health Director Town of Amherst 70 Boltwood Walk Amherst, MA 01002

Re:

408 Shays Street, South Amherst, MA

Dear Ms. Bodhi:

I am writing to inform you that the septic system located on my property failed a voluntary "perc test" on September 5, 2007. I had no warning signs, or any other indication, that my system would fail. Please see the letter from Mr. Alan Weiss, attached (Exhibit 1, with attachment).

Because there is no existing sewer line for the southern part of Shays Street, the only option is to connect to town sewer, which runs along South East Street. My neighbor, Shirley Lauder (418 Shays Street), has signed a letter stating she is willing to grant us the necessary easement (Exhibit 2, with attachments A, B & C). The issue now is whether the town will grant a similar easement.

By way of background, last month I asked about such an easement. I spoke with Jason Skeels in the Department of Public Works. While he had nothing to say about an easement, he said he had no objection to my connecting to the South East Street sewer. I also spoke with Ron Bohonowicz, in the AHRS, who inquired on my behalf, and reported that, on advice of counsel, the town would be unwilling to encumber its property. By way of further background, the cost for installing a sewer line would be entirely for my account, unfortunately, and, in my opinion, the requested easement would not affect current or future use of the school's property, because the proposed sewer line would be sited entirely on or along the school "set-back" (see Exhibit C, attached to Exh. 2). As you are also aware, the aquifer recharge zone bisects my property (see Exhibit A, attached to Exh. 2).

The legislative mandate of Title 5: 310 CMR 15: State Environmental Code ("Title 5") is clear on the subject and town government should not be excused from compliance with Title 5, simply because of some thin reasoning that finds it preferable to keep its property unencumbered.

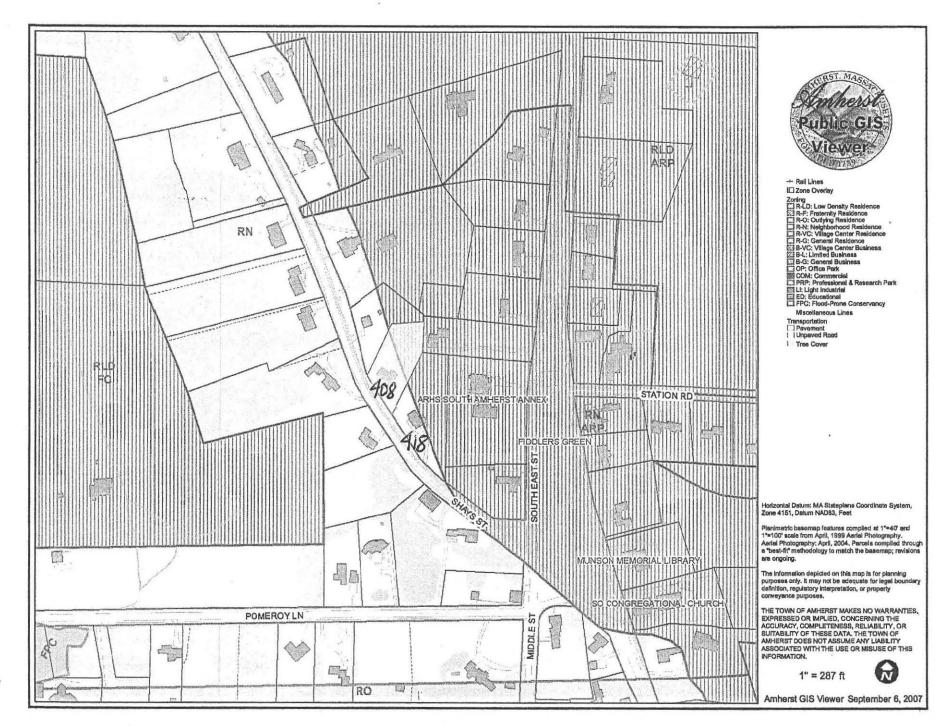
I would appreciate your looking into this matter. Surely, where public health and water is at stake, the board of health has more say than town government. I would appreciate your seeking this permission on my behalf, because Title 5 dictates connecting to sewer when the same is available.

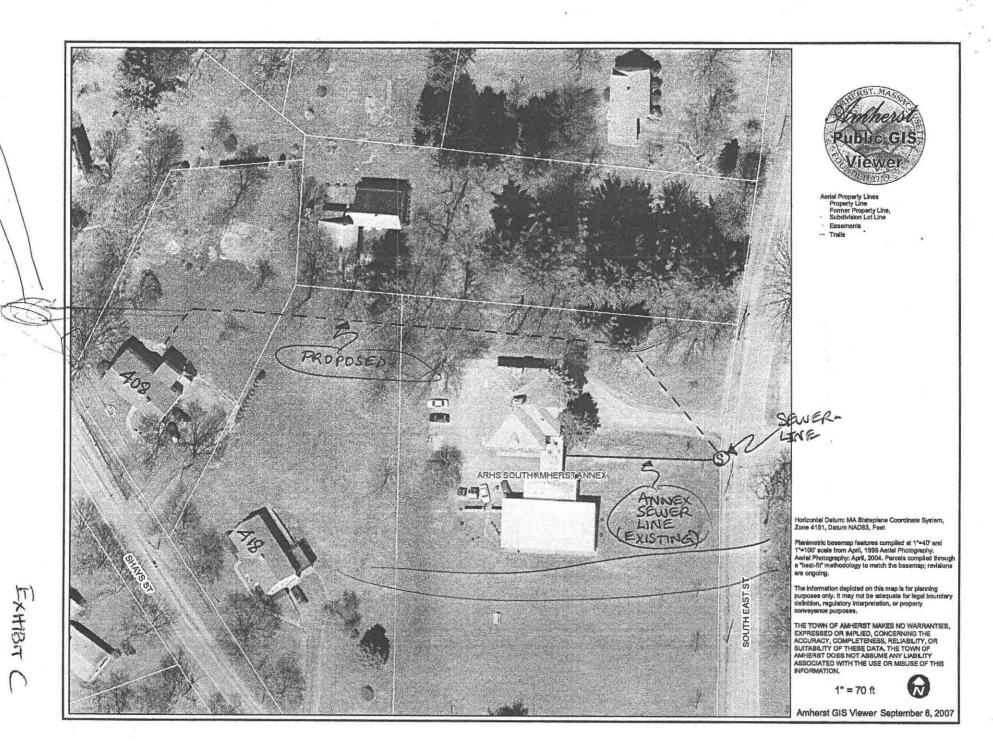
very than yours

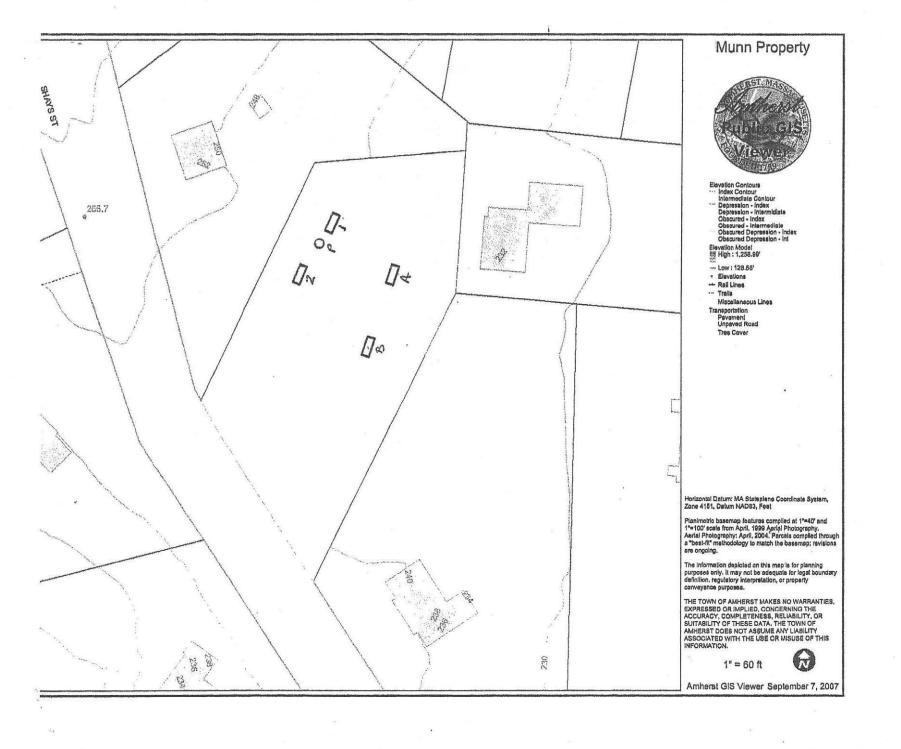
RichardMunn

Laurence R. Shaffer, Town Manager Jason Skeels, Town Engineer Shirley Lauder

EXTRACT B







September 5, 2007

Mr. Richard Munn 408 Shays Street Amherst, MA 01002

> RE: Percolation Testing 408 Shays Street, Amherst, MA

On this date, I attended numerous excavations at the above-mentioned property that consisted of an existing single family lot and residence. Our soil evaluations found that the land generally consisted of material that would be described as from 6 to 12" of loam or A horizon, underlain by subsoil or B horizon at approximately from 12 to 24 inches. The C horizon, that which is usually perc tested measured from 24" to 120" of very dense clay that we were unable to even dig for a percolation test. Only one excavation (TP-1) found percable C horizon soil of only 2 ft thickness. The C horizon in the other excavations generally exhibited a dense clay texture that would not be considered "percable". The soil would not be considered suitable for a passing percolation test under the state code 310 CMR 15.000 (Title V) The soil was interpreted by the writer in the presence of Tom Dion from the Amherst Health Department and Mr.Jason Skeels of the Department of Public Works.

Please be aware that Title 5 the Sanitary Septic Code requires that "no variance may be granted for an ungrade to an existing system for the occurrence of least 4 feet of depth of unfilled naturally occurring pervious soil (310 CMR 15.415(2)) where sewer connection is feasible".

We recommend that the property be connected to the sanitary sewer system that is only 200-300 feet from the property and that any necessary "utility easements" be granted.

Please feel free to contact with any questions or request my attendance for any further variance presentations or consultation at future meetings.

Thank you,

Cold Spring Environmental, Inc.

Alan E. Weiss, M.S.
Principal Hydrogeologist
Registered Sanitarian #933
Licensed Site Professional # 6442
President

Attachments

Exh. 1

#### Dion, Thomas

From:

Alan Weiss [aeweiss@charter.net]

Sent:

Friday, September 07, 2007 9:17 AM

To:

richardmunn@yahoo.com

Cc:

Skeels, Jason; Dion, Thomas; aeweiss@charter.net

Subject: 408 shays street

September 5, 2007

Mr. Richard Munn 408 Shays Street Amherst, MA 01002

> RE: Percolation Testing 408 Shays Street, Amherst, MA

On this date, I attended numerous excavations at the above-mentioned property that consisted of an existing single family lot and residence. Our soil evaluations found that the land generally consisted of material that would be described as from 6 to 12" of loam or A horizon, underlain by subsoil or B horizon at approximately from 12 to 24 inches. The C horizon, that which is usually perc tested measured from 24" to 120" of very dense clay that we were unable to even dig for a percolation test. Only one excavation (TP-1) found percable C horizon soil of only 2 ft thickness. The C horizon in the other excavations generally exhibited a dense clay texture that would not be considered "percable". The soil would not be considered suitable for a passing percolation test under the state code 310 CMR 15.000 (Title V) The soil was interpreted by the writer in the presence of Tom Dion from the Amherst Health Department and Mr.Jason Skeels of the Department of Public Works.

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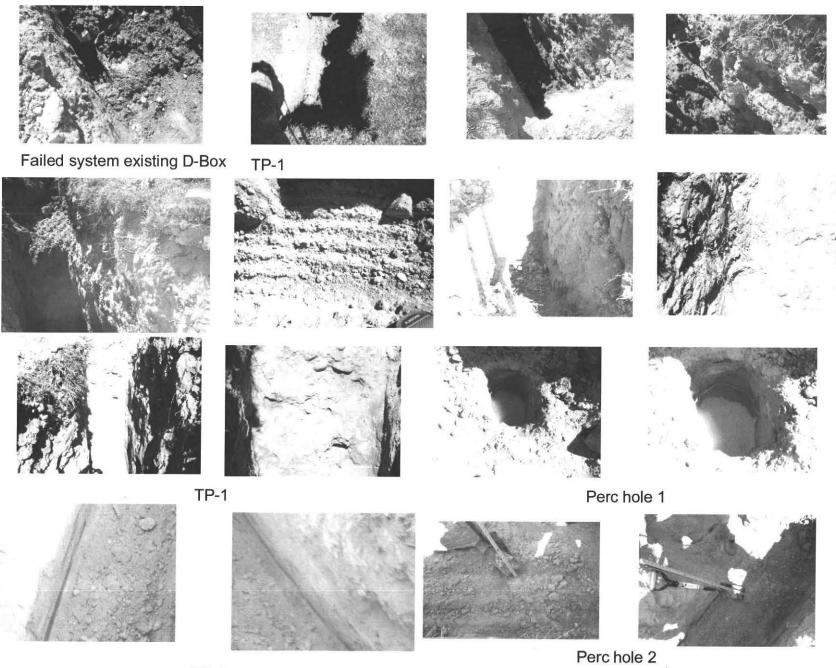
Thank you,

Cold Spring Environmental, Inc.

Alan E. Weiss, M.S. Principal Hydrogeologist Registered Sanitarian #933 Licensed Site Professional # 6442 President

Attachments

408 Shay Street 9/5/07 Engineer Alan Weiss Excavator: Adair Construction



TP-2

#### TOWN OF AMHERST HEALTH PERMITS/INSPECTION SERVICES

No. 2876

Received or	RICHARD MUNN		of 408 SHAY	ST.
For Proper	ty Located at: 408 SHAY ST	7 .	RICHAPD MU	NN
HEA009	Bakery	HEA015	Sanitary Code Booklets	
HEA001	Bed & Breakfast R6510 443516	HEA016	Septic Tank Permit-Installers	
HEA002	Catering License	HEA017	Septic Tank Permit-Private	
HEA003	Food Handler R6510 443515	HEA018	Septic Tank Reinspection Fee	
HEA004	Frozen Deserts R6510 443501	HEA019 R6510 4323	Sub-Division Review Fee	
HEA005	Health Dept. Housing Isp	HEA012 R6510 443	Swimming Pool Permits	
HEA006	Massage Therapy License	HEA020	Tanning License	
HEA007	Milk & Cream License	HEA024	Funeral Director License	7
HEA008	Motel License	HEA034	Immunization Clinic	
HEA010	Removal of Offal	HEA030	Car Seats 8407 258004	
HEA021	Removal of Rubbish	HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA011	Percolation Test Fees 300	HEA023	TB Clinic R6510 432303	
HEA013	Recreation Camp License	HEA022	Tobacco License	
HEA014	Retail Store Permit	HEA		
		HEA	*	
				*
		30000		
	TOTAL FEE	300		

83,908215

KAKTOWN OF AMMERSTARA

(114)

MISE CASH RECEIPTS

Date / (160

: 02/07/07 11:46

Payment.

± \$300.00

Gold - Health/Inspections Foot / Fredit Land #1 7032



# COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

Percolation TestsSeptic Designs

Second Opinions

Regulatory Compliance

Recycling and Solid Waste

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

September 5, 2007

Mr. Richard Munn 408 Shays Street Amherst, MA 01002

> RE: Percolation Testing 408 Shays Street, Amherst, MA

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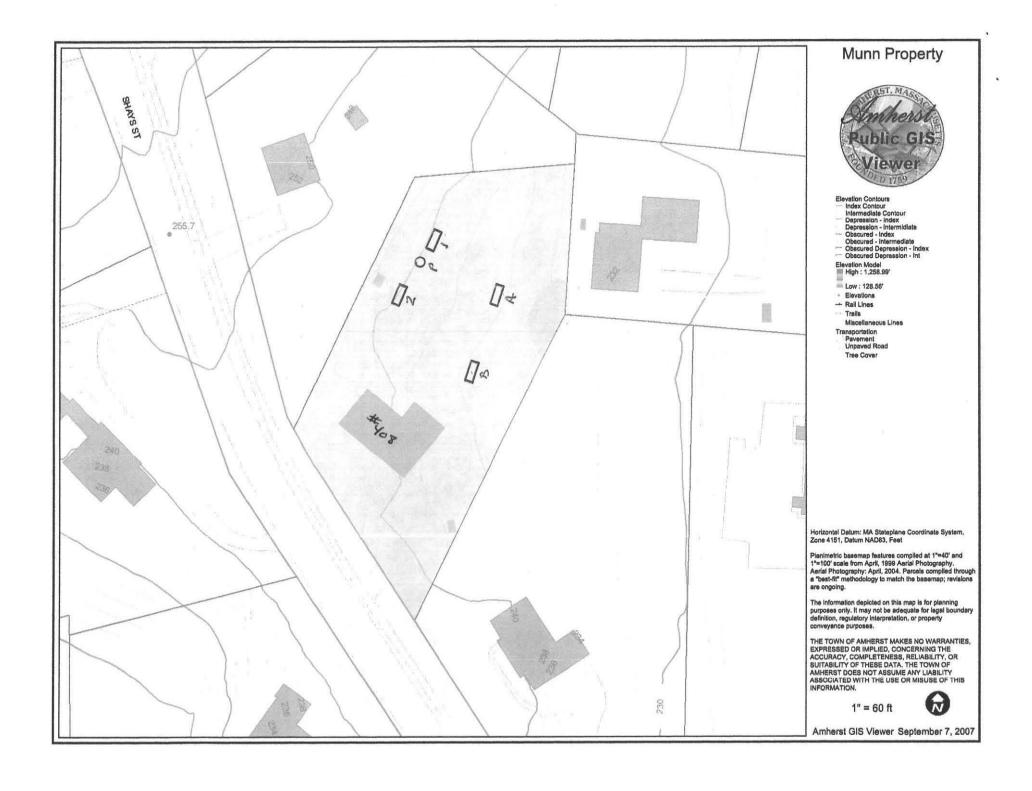
Thank you,

Cold Spring Environmental, Inc.

Alan E. Weiss, M.S. Principal Hydrogeologist Registered Sanitarian #933 Licensed Site Professional # 6442 President

Attachments

,		



FORM 11 - SOIL EVALUATOR FORM Page 1 of 3

ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional Registered Sanitarian Hydrogcologist

President

350 Old Enfield Rd.

Belchenown, MA 01007

(413) 323-5957 & 323-4916 (FAX)

\*Subsurface Investigations

•21E Site Investigations

Pollution Remediation ·Percolation Tests and

Septic Designs

Commonwealth of Massachusetts

Awherst , Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss S Witnessed By: T. Dia + J. S	Keels DPW Date: 9/5/07
Location Address or Richard Muny 408 Shays 57	Owner's Name. Address, and Telephone 1 408 Sheay 5 ST.  Authorst, ma.
New Construction Repair	
Office Review  Published Soil Survey Available: No Yes	$\preceq$ .
Year Published Publication Scale Drainage Class Soil Limitations	Soil Map Unit
Surficial Geologic Report Available: No Yes	
Year Published Publication Scal	е
Geologic Material (Map Unit)  Landform  Flood Insurance Rate Map:	* × 200 · · · · · · · · · · · · · · · · · ·
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 Belaw Normal  Other References Reviewed:	· · · · · · · · · · · · · · · · · · ·



			•	
			1	
		*		

Location Address or Lot No	908	Shas	37	
----------------------------	-----	------	----	--

## On-site Review

	/5/07 Time: 6:00 Weather Sv. 75.
Landform Noted	
Position on landscape (sketch on the back)	the state of the s
Distances from:	the state of the s
Open Water Body 100 / feet Possible Wet Area 100 / feet Drinking Water Well 100 / feet	Drainage way feet Property Line feet Other

		DEEP OF	BSERVA	TIONHO	DLE LOG*
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mording	Other (Structure, Stones, Boulders, Consistency, %
0-10"	A.		1048312		Frable.
10"-28"	B	L5	109 F 5/4		Loose. Frak
28 -60" 60"-120"	C.	S 	1	2,544/2 104R6/8	Med. coarse Sand
40 /20	CZ	VFSL	2.545/1		V. deuse Elay, Firm
0-10"	A B.		104R3/2		
10"-26	0.	LS	104 R 74	200	:
26"-78"	C,	VFSC	2.5451,	26 2,5/	V. duse clay y. Firm.
					-

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA
Perent Material (geologic)

Dentil

Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not Estimated Seasonal High Ground Water: ZG4-42"



Location Address or Lot No	408	Shay 5	
	-100	2000	

### COMMONWEALTH OF MASSACHUSETTS

Amhers , Massachusetts

Date:	9 5 \07 Tim	e:,	3				
Observation Hole #	46"	42"					
Depth of Perc	Pix	(Unable Pz/					
Start Pre-soak	11.05	to /					
End Pre-soak	11:20	dig					
Time at 12"	11,20	Per hale					
Time at 9"	11:25	in depse					
Time at 6"	11:31	(day)					
Time (9"-6")	6	1/					
Rate Min./Inch	2Z \(\frac{1}{2}\)						
* Mot 4Ft. of Percable Material UNING 2Ft kyel *Minimum of 1 percolation test must be performed in both the primary area AND reserve area.							
Site Passed   Site Failed							
Performed By: A.W.	155						
Witnessed By:	Dion.						



	*
	**

Location Address or Lot No. 408	Shays 57
---------------------------------	----------

# Determination for Seasonal High Water Table

Method Used:	. *
Depth to soil mottles 28  Ground water adjustment and the Second Well Number Research	in observation hole inches le of observation hole inches  - 42' inches  nt feet  ading Date Index well level  justed ground water level
Depth of Naturally Occurring Pervio	ous Material
0 0,00	aturally occurring pervious material exist in all areas proposed for the soil absorption system.
<u>Certification</u>	
I certify that on UPS (AS approved by the Department of was performed by me consisted described in 310 CMR 15.01	(date) I have passed the soil evaluator examination of Environmental Protection and that the above analysis ent with the required training, expertise and experience 7.  Date 9507
¥	MAN I PURIOR DE LA





		* *

No	*	Date:	9/5/0
Soil Suitability Assessment for	, Massachus	setts	<u>osal</u>
Performed By: ALAN W. Witnessed By: Tom DIDN t JASON	u skras	Date:	9/5/0
Location Address or 408 SHAY ST.	Owner's Name. RICH/ Address, and Telephone #	AND MUNN	. 3
New Construction Repair	: 		
Office Review  Published Soil Survey Available: No Yes			
Published Soil Survey Available: No Yes  Year Published Publication Scale  Drainage Class Soil Limitations		Soil Map Unit	· · · · · · · · · · · · · · · · · · ·
Surficial Geologic Report Available: No Yes		•	2
Year Published Publication Scale Geologic Material (Map Unit)  Landform		* * * * * * * * * * * * * * * * * * * *	
Flood Insurance Rate Map:			
Above 500 year flood boundary No Yes	Ni	*	
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)		ū .	
Current Water Resource Conditions (USGS): Month			
Range: Above Normal Normal Delow Normal Other References Reviewed:		9	



Location Address or Lot No. 408 SHAY ST.

### On-site Review

9.	5/07 Time: 10:00 AM Weather SUNNY CL	6 M
Deep Hole Number Date:	5/07 Time: 10:00 FM Weather SUNNY CL	0111
Location (identify on site plan)		
Land Use Res Slo	pe (%) Z Surface Stones Few	
Vegetation 97455		
Landform Terraed		
Position on landscape (sketch on the b	ck)	
Distances from:		
Open Water Body 100 Hefee	Drainage way 100 + feet	
Possible Wet Area 100 + fee	Property Line 25' feet	
Drinking Water Well 100 + f	et Other	

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)	
0-10"	· A .	PSL	10 yr 3/2			
10-28"	BW	LS	10 yrs4	TOYR 6		
28-100	C,	S	2,545/3	42"	FINIE CONDER SOUP 1091 STORES	Cc
60-170"	$C_{Z}$	F36	2.5y 5/1	2,544/2	- FINIX CONRSE SOUD 1091 STORES L MOD, LOOSE/MOD, RIRM >V.F. SIH + Glay, desse	
			10 31		- Control of the cont	3
0-10"	A	+5L	104R3/2			
10-10"	BW	LS	10485/4			
76 -80"	C.	FSL	2,545/	28"	V. F. S. 11 + Clay.	
				2.39-11	, ,	2

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Octooch aus Clay . DepthtoBedro

DepthtoBedrock: 120 fr

Weeping from Pit Face: North

Depth to Groundwater: Standing Water in the Hole:

Estimated Seasonal High Ground Water: 28-42



	Location Address or Lot No.
	Determination for Seasonal High Water Table
	Method Used:
18	Depth observed standing in observation hole inches  Depth weeping from side of observation hole inches  Depth to soil mottles 42 inches  Ground water adjustment 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?
	If not, what is the depth of naturally occurring pervious material?
	Certification
	I certify that on \( \frac{16}{16} \) (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 \( \frac{1}{16} \) Date \( \frac{1}{16} \)



Location Address or Lot No. 408 SMMY ST

### COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

	Percolation Test		
Date:	9/5/07 Tim	ne:	
Observation Hole #	#/ 191		
Depth of Perc	t	/ /	
Start Pre-soak	11:05 Am	UNNBIR	
End Pre-soak	11/20 Am	Vo /	
Time at 12"	17:20 AM	Dix	
Time at 9"	11:25 AM	PROSE HOLK	
Time at 6"	11:31	If DENSE	
Time (9"-6")	6	IN DENSE.	
Rate Min./Inch	2 MINI/INCH /		31
	PT. OF PERCENT IN N ercolation test must be per		area AND
Site Passed  Site F	Failed 🗹	n	
Performed By: ALAA	WEISS		
Witnessed By:Tom	DION		
Comments:		······	<sup>220</sup> - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 -
		×.	



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		. ,	
			T
	*		

Location Address or Lot No. 408 SHAY ST.

## On-site Review

9/2/0	7 Time: 10:00 ML Weather SUNNY CLEAT
Deep Hole Number Date: 1/5/0	Time: 10 00 M Weather SUNDY CUENT
Location (identify on site plan)	
Land Use Res Slope (9	6) Z Surface Stones Few
Vegetation 97455	
Landform Terraed	
Position on landscape (sketch on the back)	
Distances from:	
Open Water Body 100 Ffeet	Drainage way 100+ feet
Possible Wet Area 100'+ feet	Property Line 25' feet
Drinking Water Well 100 + feet	Other
1000	

		DEEP OB	SERVAT	ION HO	LE LOG
Depth from Surface (Inches)	Soil Harizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-10"	· A .	PSL	10 yr 3/2	-	
10-28"	BW	LS	10 yR54	TOYR 6	<b>*</b>
28-100	C,	S	2,545/3	42"	FINE CORRSE SOND 1091 SA
60-176"	$C_{Z}$	FSC	2.595/1	2,544/2	MOD LOOSE/MOD, RIRM
	0	FSL	104R312		
0-10"	BW	LS	10485/4		
26'-80"	C,	FSL	2,545),	28"	V. F. Silt of Clay.
	M OF 2 HOLES F	REQUIRED AT EV			

Parent Material (geologic) Outside aus Clay Depthto Bedrock: 120 17

Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: 110t

Estimated Seasonal High Ground Water: 28-42 17



CK 4968 FEE.

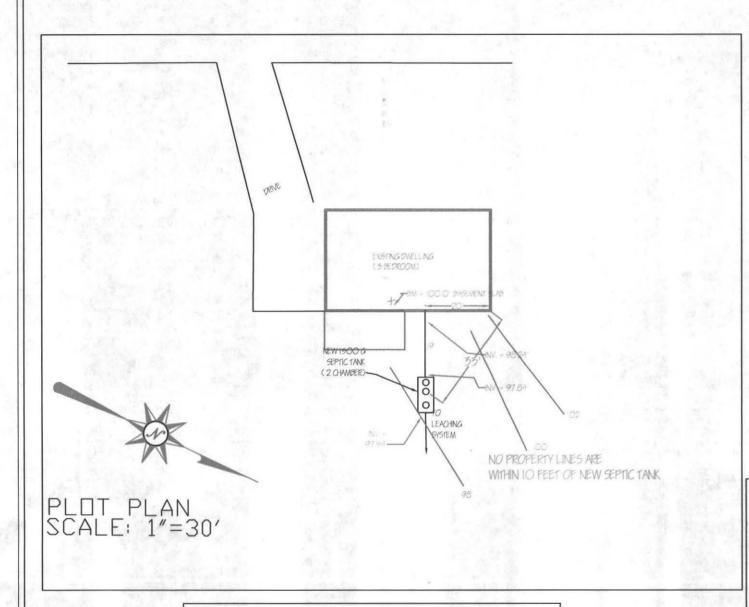
### COMMONWEALTH OF MASSACHUSETTS

ORIGINAL

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL	SYSTEM CONSTRUCTION PERMIT
Application for a Permit to Construct( ) Repair( Upgrade( )	Abandon() - Complete System Individual Components
Location 408 Shays ST	Owner's Name Richard Munn
Map/Parcel#	Address 408 Shay 5 5T
Lot#	Telephone# 253-7199
Installer's Name Clark Ex CaJ.	Designer's Name Alan Weiss, RS
Address Shitesbury, wa.	Address Belchertow, MA.
Telephone# 259-1411	Telephone# 323-5957.
Pac ides Col	
Type of Building Ros Ide SCO	Lot Size sq. ft.  Garbage grinder (4)
Dwelling - No. of Bedrooms	No. of persons Showers ( ), Cafeteria ( )
Design Flow (min, required)gpd Calculated	d design flow Design flow provided gpd
Plan: Date 9 14/2004 Number of sheets  Title SEPTIC TANK Replicement	(3'30) Revision Date
	Plav.
Description of Soil(s)	
Soil Evaluator Form No Name of Soil Eval	
DESCRIPTION OF REPAIRS OR ALTERATIONS 3607	tic Tank only (Z chamber)
1000	6110
No. <u>04-12</u> COMMONWEALTH	OF MASSACHUSETTS
Board of Health,	Jonkas MA.
CEDTIFICATE	OF COMPLIANCE
Description of Work: Individual Component(s) I Complete	
Ti 1 : 11 -1 - : : : : : : : : : : : : : :	
by: WW, CITH T	( ) 10
at 408 Shay ST	
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 red Design Flow(gpd)
Installer Miller	
Designer: Alluwer Inspector: 5	homas Dun Date: 9/7/04
The issuance of this permit shall not be construed as a guarantee the	. ,
	The second secon
No. 64-12	FEE COO P
COMMONWEALTH	OF MASSACHUSETTS
Board of Health.	Inhees , MA.
	CONSTRUCTION PERMIT
Permission is hereby granted to: Construct( ) Repair(	Upgrade( ) Abandon( ) an individual sewage disposal system
Dienosal System Construction Donnit No. 057-12	as described in the application for ted 9/4/04
Provided: Construction shall be completed within three year	ars of the date of this permit. All local conditions must be met.

Date 9/7/04Board of Health \_



#### **GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND** MAINTENANCE NOTES FOR HOMEOWNER.

- 1.) HAVE TANK PUMPED EVERY 2 YEARS.
- 2.) MAINTAIN AREA DVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- 3.) DO NOT PLANT ANT TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF SYSTEM.
- 4.) USE ONLY LIQUID DETERGENTS IN WASHERS.

### AS BUILT 9/4/2004

#### ATTENTION INSTALLER!!

CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

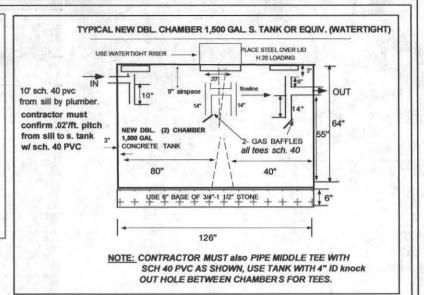
LOCATIONS FOR SEPTIC TANK REPLACEMENT PURPOSES ONLY. (NOT AN ACTUAL SURVEY)

SEPTIC TANK INTALLATION NOTES: (BM= 100.0' @ BASE SLAB

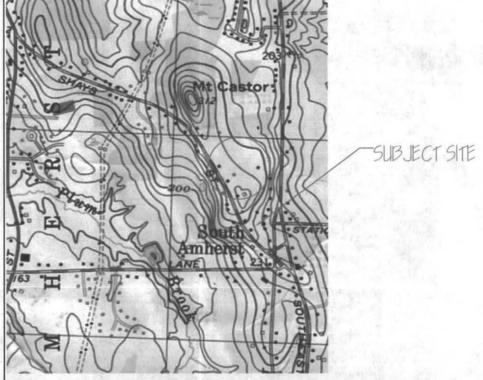
I. REPLACE OLD TANK WITH NEW WATERTIGHT 1500 GALLON CONCRETE 2 CHAMBER SEPTIC TANK.

INLET INVERT ELEVATION: 97.84 OUTLET INVERTELEVATION: 97,54'

- 2. INSTALL SCH 40 PVC TEES AS NOTED.
- 3. USE 6" OF WASHED STONE ( .75 TO 1.50") AS TANK BASE
- 4.USE O.O.2 FT/FT PITCH ON SEWER LINE INTO TANK
- 5. REPLACE PIPE CONNECTING TO D. BOX.
- 6. PLIMP CRUSH AND FILL OLD SEPTIC TANK.
- 7. CONTACT ENGINEER FOR TANK AND CONNECTION INSPECTION PRIOR TO BACKFILL.



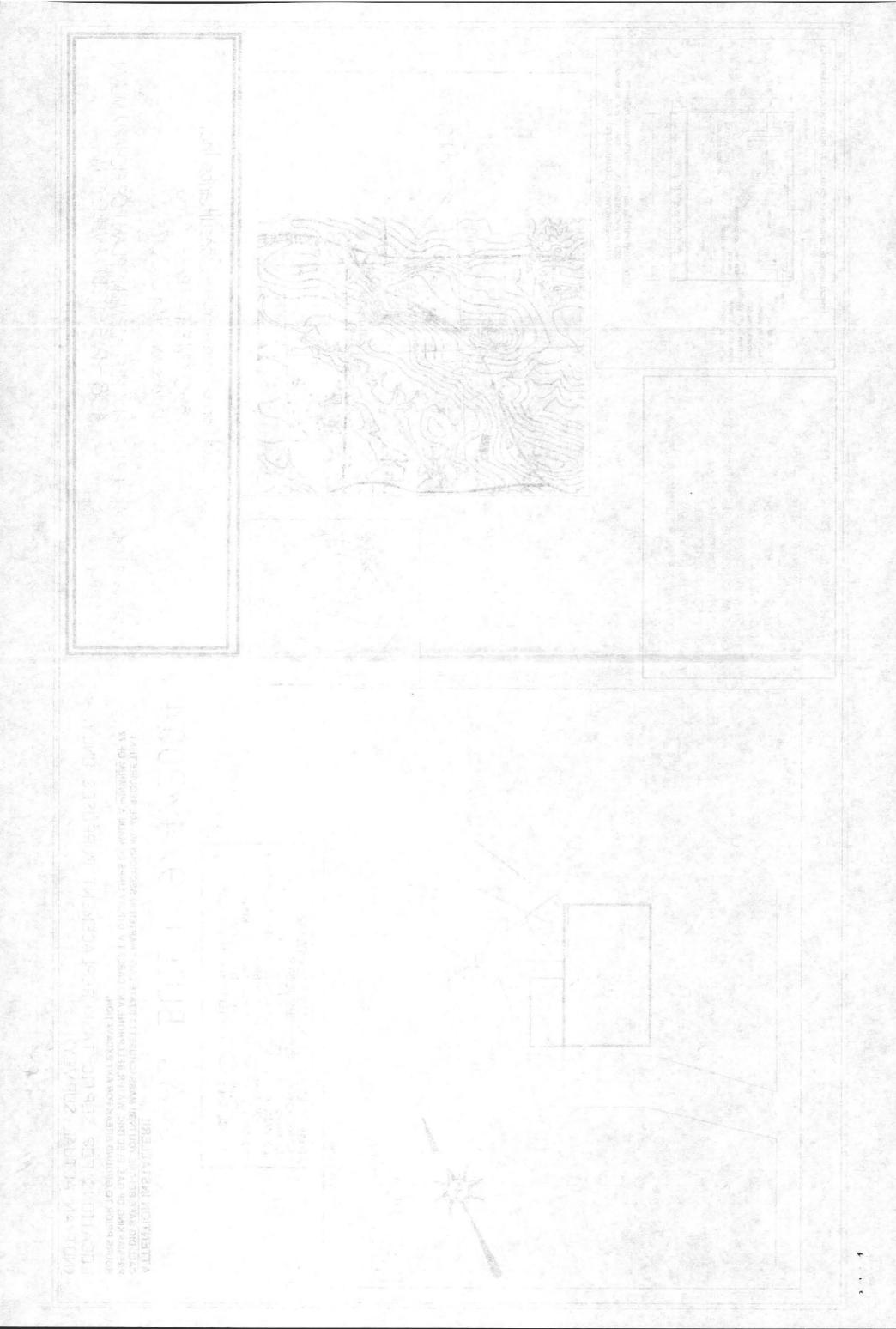






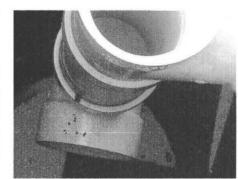
Cold Spring Environmental Consultants, Inc. 350 Old Enfield Road Belchertown, Ma 01007

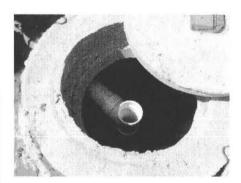
PLAN DATE: 9/04/04 SEPTIC TANK REPLACEMENT PLAN FOR RICHARD MUNN 104-2056-0903 408 SHAYS STREET, AMHERST, MA



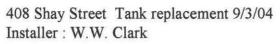












Engineer: Alan Weiss







## CK 4968

## COMMONWEALTH OF MASSACHUSETTS Board of Health, Amherican MA.

APPLICATION FOR DISPOSAL S	
Application for a Permit to Construct() Repair(**) Upgrade() Ab	
Location 408 Shays ST	Owner's Name Pichod Munn
Map/Parcel#	
	1000.144
Lot#	Telephone# 253-7199
Installer's Name Clark Ex CaJ.	Designer's Name Alan Weiss, RS
Address Shotesbuy, MA. Telephone# 259-1411	Address Belchertow, wa.
	Telephone# 32-3-5957.
Type of Building ReSide JCE	Lot Sizesq. ft.
Dwelling - No. of Bedrooms	Garbage grinder (4es
	No. of persons Showers ( ), Cafeteria ( )
Oak - First	
Design Flow (min, required) gpd Calculated d  Plan: Date 9 4 7004 Number of sheets  Title SEPTIC JANK Replayment T  Description of Soil(s)	Design flow provided gpd Revision Date
Soil Evaluator Form No Name of Soil Evalua	
description of repairs or alterations 3epti	c Tank only (Z chamber)
New Year	
Inspections	
Board of Health,	OF MASSACHUSETTS  Porker , MA.  F COMPLIANCE
Description of Work: ☐ Individual Component(s) ☐ Complete S	
The undersigned hereby certify that the Sewage Disposal System; Co by:  WW; Chrh - Milli at YOE Shay 55	nstructed (,), Repaired (), Upgrated (), Abandon ()
application No. 94-12, dated 9462. Approved Installer Will com h. Clork  Designer: Inspector:	7//04
The issuance of this permit shall not be construed as a guarantee tha	, ,
The issuance of this permit shall not be constitued as a guarantee tha	t the system will function as designed.
No. CY-12	TEE COO PL
	OF MASSACHUSETTS
Board of Health,	heest, MA.
-	ONSTRUCTION PERMIT
Permission is hereby granted to; Construct() Repair( TU at	pgrade( ) Abandon( ) an individual sewage disposal system  as described in the application for
Disposal System Construction Permit No. 04-12, dated	19/4/04

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

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 7/7 / CyBoard of Health

## PL CU# 4968

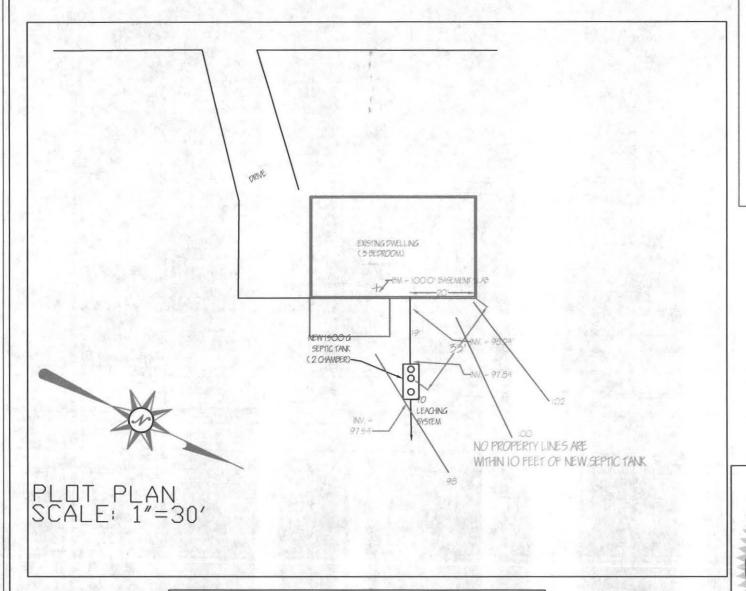
## COMMONWEALTH OF MASSACHUSETTS Board of Health, Amherst, MA.

### APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Location	UD8 Slacus SI	Owner's Name Richard Munn
Map/Parcel#	408 Shays ST	13030
Lot#		100 3444 3 3)
Installer's Name	Class Caral	
	Clark Excal.	1100 006173 110
Address	Shitesbury, ma.	Address Belchertow, wa.
Telephone#	259-1411	Telephone# 323-5957.
ype of Building	Residence	Lot Sizesq
welling - No. of Bedi	rooms3	Garbage grinder
ther - Type of Buildi	ng	No. of persons Showers ( ), Cafeteria
itle $\frac{1}{5}$ escription of Soil(s)	puired)gpd Calculated of Number of sheets	Plow-
oil Evaluator Form N	lo Name of Soil Evalu	ator Date of Evaluation
ESCRIPTION OF RI	EPAIRS OR ALTERATIONS Sept. 1500	GAC. Carly (Z chamber)
igned / V	Date	eate of Compliance has been issued by the Board of Health.
l ·	/	
aspections	Date	
nspections	COMMONWEALTH	FEE
nspections	COMMONWEALTH (  Board of Health,	OF MASSACHUSETTS
o	COMMONWEALTH O  Board of Health,  CERTIFICATE O	OF MASSACHUSETTS
escription of Work:	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s) □ Complete S	OF MASSACHUSETTS, MA. OF COMPLIANCE System
escription of Work:	COMMONWEALTH  Board of Health,  CERTIFICATE Of the component of the	FEEOF MASSACHUSETTS, MA. OF COMPLIANCE System Onstructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )
escription of Work: he undersigned here	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s) □ Complete S  eby certify that the Sewage Disposal System; Complete S	FEEOF MASSACHUSETTS, MA.  OF COMPLIANCE  System  Onstructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )
escription of Work: he undersigned here y: as been installed in a	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s) □ Complete S  Eby certify that the Sewage Disposal System; Complete S  accordance with the provisions of 310 CMR 15	FEE
escription of Work: he undersigned here y: as been installed in a	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s)	FEE
escription of Work: he undersigned here y: as been installed in a oplication No. astaller esigner:	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s)	FEE
escription of Work: the undersigned here y: as been installed in a pplication No. nstaller essigner:	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s)	FEE
escription of Work: he undersigned here is been installed in a oplication No esigner: he issuance of this p	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s)	FEE
escription of Work: he undersigned here y: as been installed in a oplication No. astaller esigner: he issuance of this p	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s)	FEE  OF MASSACHUSETTS, MA.  OF COMPLIANCE  System Onstructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )  5.00 (Title 5) and the approved design plans/as-built plans relating d Design Flow (gpd)  Date:  at the system will function as designed.  FEE  OF MASSACHUSETTS
escription of Work: he undersigned here y: as been installed in a pplication No. astaller essigner:	COMMONWEALTH  Board of Health,  CERTIFICATE O  Individual Component(s)	FEE  OF MASSACHUSETTS, MA.  OF COMPLIANCE  System  Onstructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )  O (Title 5) and the approved design plans/as-built plans relating d Design Flow (gpd)  Date:  at the system will function as designed.  FEE
escription of Work: he undersigned here is been installed in a poplication No esigner: he issuance of this p	COMMONWEALTH  Board of Health,  CERTIFICATE Of Complete States and the Sewage Disposal System; Complete States are cordance with the provisions of 310 CMR 15, dated Approve  Inspector:  ermit shall not be construed as a guarantee that  COMMONWEALTH Of Board of Health,  DISPOSAL SYSTEM Compared to; Construct( ) Repair( ) Use granted to; Construct( ) Repair( ) Use grant	FEE  OF MASSACHUSETTS, MA.  OF COMPLIANCE  System  Onstructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )  5.00 (Title 5) and the approved design plans/as-built plans relating d Design Flow(gpd)   Date:  at the system will function as designed.  FEE  OF MASSACHUSETTS, MA.

\_\_\_\_ Board of Health \_

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA



**GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND** MAINTENANCE NOTES FOR HOMEOWNER.

1.) HAVE TANK PUMPED EVERY 2 YEARS.

- 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- 3.) DO NOT PLANT ANT TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF SYSTEM.
- 4.) USE ONLY LIQUID DETERGENTS IN WASHERS.

## AS BUILT 9/4/2004

#### ATTENTION INSTALLER!!

CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

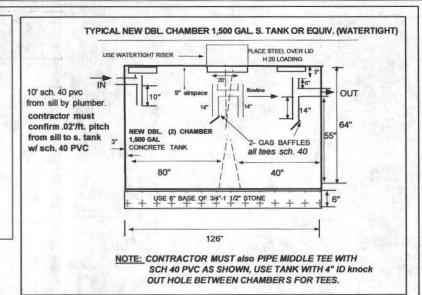
LOCATIONS FOR SEPTIC TANK REPLACEMENT PURPOSES ONLY. (NOT AN ACTUAL SURVEY)

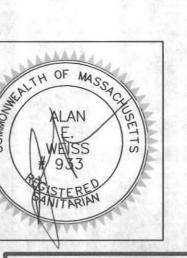
SEPTIC TANK INTALLATION NOTES: (BM=100.0' @ BASE SLAB

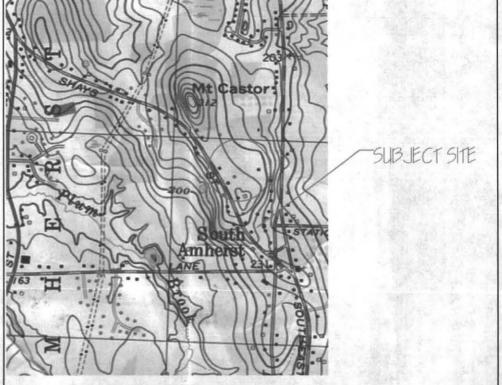
. REPLACE OLD TANK WITH NEW WATERTIGHT 1500 GALLON CONCRETE 2 CHAMBER SEPTIC TANK.

> INLET INVERTIELE VATION: 97.84 OUTLET INVERT ELEVATION: 97.54'

- 2. INSTALL SCH 40 PVC TEES AS NOTED.
- 3. USE 6" OF WASHED STONE (.75 TO 1.50") AS TANK BASE
- 4.115E O.OZ FT/FT PITCH ON SEWER LINE INTO TANK.
- 5. REPLACE PIPE CONNECTING TO D. BOX.
- 6. PUMP CRUSH AND FILL OLD SEPTIC TANK
- 7. CONTACT ENGINEER FOR TANK AND CONNECTION INSPECTION PRIOR TO BACKFILL.









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

PLAN DATE: 9/04/04 SEPTIC TANK REPLACEMENT PLAN FOR RICHARD MUNN 408 SHAYS STREET, AMHERST, MA

ES IN 

## Pl 24 # 4968

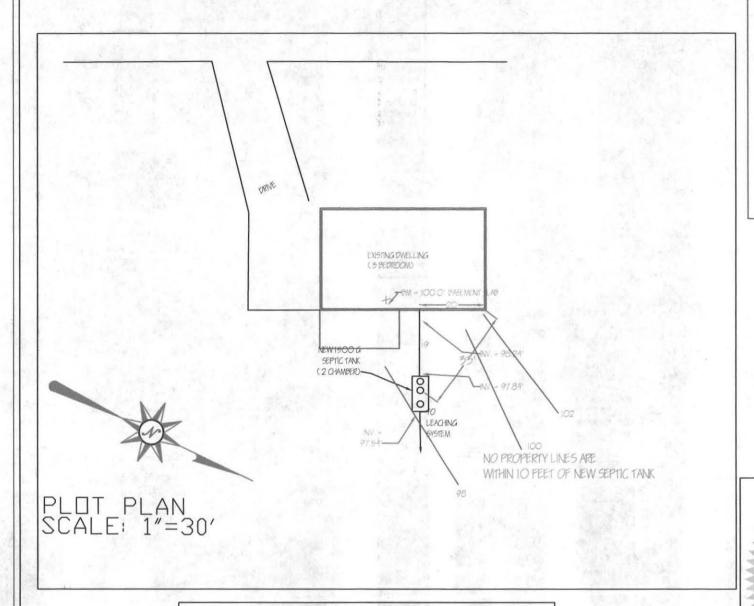
# COMMONWEALTH OF MASSACHUSETTS Board of Health, Amherst., MA.

### APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Location 408 Shays ST	Owner's Name Richard Munn
Map/Parcel#	
Lot#	Address 408 Shay 5 5T Telephone# 253-7199
CITA CKIGO	111
Address Shitesbury, MA.	Address Belchertow, m.
Telephone# 259-1411	Telephone# 323-5957.
Type of Building Roside JC	Lot Sizesq. f
Owelling - No. of Bedrooms	Garbage grinder (4
Other - Type of Building	No. of persons Showers ( ), Cafeteria (
Other Fixtures	
Design Flow (min, required)gpd Calcula	
Plan: Date 9 14 700 Y Number of sheets	Kevision Date
Title SEPTIC TANK Replayent	Mov.
Description of Soil(s)	
Soil Evaluator Form No Name of Soil F	,
Secondary of Department of Average Secondary	stic Tank only (Z chamber)
DESCRIPTION OF REPAIRS OR ALTERATIONS	O CH
130	0 6/10
	TH OF MASSACHUSETTS
Board of Health,	, MA.
CERTIFICATI	E OF COMPLIANCE
Description of Work:  Individual Component(s)  Compl	lete System
0 1	n; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )
	n; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )
y:t	
y:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating t
y:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to proved Design Flow(gpd)
y;	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to proved Design Flow(gpd)
by:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to broved Design Flow(gpd)  Date:
by:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to broved Design Flow(gpd)  Date:
by:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to broved Design Flow(gpd)  Date:
t	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to proved Design Flow(gpd)  Date:ee that the system will function as designed.
by:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to proved Design Flow(gpd)  Date:  The that the system will function as designed.  FEE  TH OF MASSACHUSETTS
oy:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating to proved Design Flow(gpd)  Date:  The that the system will function as designed.
by:	IR 15.00 (Title 5) and the approved design plans/as-built plans relating proved Design Flow(gpd)  Date:  The that the system will function as designed.  FEE  TH OF MASSACHUSETTS , MA.  I CONSTRUCTION PERMIT  ) Upgrade( ) Abandon( ) an individual sewage disposal system
t	TR 15.00 (Title 5) and the approved design plans/as-built plans relating proved Design Flow(gpd)  Date:  The that the system will function as designed.  FEE  TH OF MASSACHUSETTS , MA.  I CONSTRUCTION PERMIT  1 Upgrade( ) Abandon( ) an individual sewage disposal system as described in the application for
t	IR 15.00 (Title 5) and the approved design plans/as-built plans relating proved Design Flow(gpd)  Date:  The that the system will function as designed.  FEE  TH OF MASSACHUSETTS , MA.  I CONSTRUCTION PERMIT  1 Upgrade( ) Abandon( ) an individual sewage disposal system as described in the application for the system as described in the application for the system.

Date \_\_\_\_\_\_ Board of Health \_

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

1.) HAVE TANK PUMPED EVERY 2 YEARS. 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.

3.) DO NOT PLANT ANT TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF SYSTEM.

4.) USE ONLY LIQUID DETERGENTS IN WASHERS.

## AS BUILT 9/4/2004

#### ATTENTION INSTALLER!!

CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

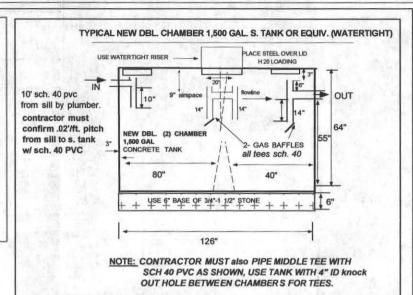
LOCATIONS FOR SEPTIC TANK REPLACEMENT PURPOSES ONLY. (NOT AN ACTUAL SURVEY)

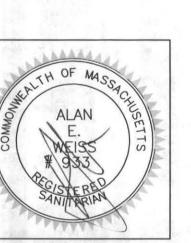
SEPTIC TANK INTALLATION NOTES: (BM= 100.0' @ BASE SLAB

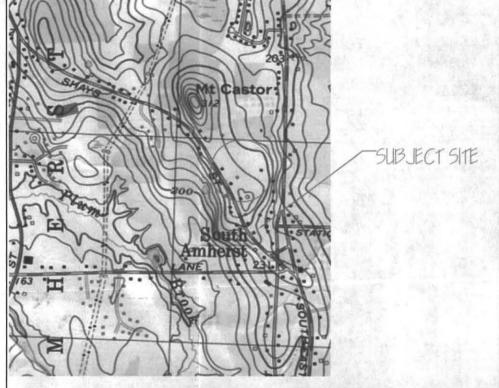
I. REPLACE OLD TANK WITH NEW WATERTIGHT 1500 GALLON CONCRETE 2 CHAMBER SEPTIC TANK.

> INLET INVERTELEVATION: 97.84 OUTLET INVERT ELEVATION: 97.54"

- 2. INSTALL SCH 40 PVC TEES AS NOTED.
- 3. USE 6" OF WASHED STONE (.75 TO 1.50") AS TANK BASE
- 4.USE O.O.2 FT/FT PITCH ON SEWER LINE INTO TANK.
- 5. REPLACE PIPE CONNECTING TO D. BOX.
- 6. PUMP CRUSH AND FILL OLD SEPTIC TANK.
- 7. CONTACT ENGINEER FOR TANK AND CONNECTION INSPECTION PRIOR TO BACKFILL.



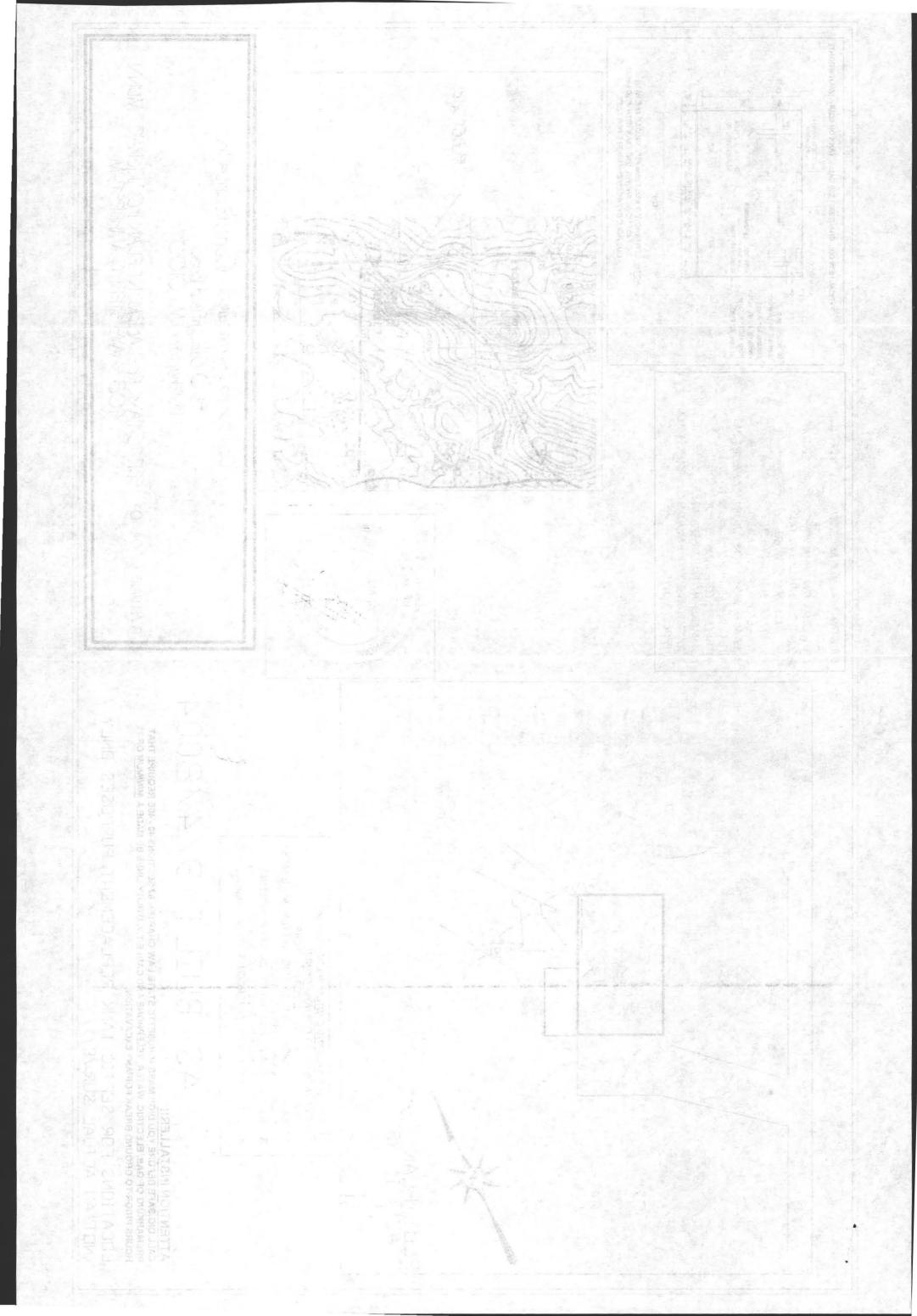






Cold Spring Environmental Consultants, Inc. 350 Old Enfield Road Belchertown, Ma 01007

PLAN DATE: 9/04/04 SEPTIC TANK REPLACEMENT PLAN FOR RICHARD MUNN 408 SHAYS STREET, AMHERST, MA



COMMONWEALTH OF MASSACHUSETTS

Board of Health Am Ne 13/ MA.

ORIGINAL

CK 4968

Location	408 Shars 57	Owner's Name Richard MURA
Map/Parcel#		Address 408 Shays 37
Lor#		Telephone* 255-7199
Installer's Name	Clark Excas.	Designer's Name Alan Wess, RS
Address	Shutesbury, m	
Telephones	259-1411	Telephones 32.3-57.57
Type of Building	Reside	Ice Lot Size eq. ft.
	edrooms3	Lot Size sq. ft.
-		No. of persons Showers ( ), Cafeteria ( )
Other Fixtures		acuiated design flow (336) Design flow provided gpd
	n No. Name of	Soil Evaluator Date of Evaluation Septic Tank only (Z chamber)
DESCRIPTION OF	REPAIRS OR ALTERATIONS -	
		500 · GRC
The undersigned a further agrees to us		vidual Sewage Disposed System in accordance with the provisions of TITLE 5 and a Certificate of Gosphiapes has been issued by the Board of Health.
The undersigned a further agreed by the Signed	grees to install the above described ladi of to place the system in operation until	vidual Sewage Disposed System in accordance with the provisions of TITLE 5 and a Certificate of Compliance has been issued by the Board of Health.  Date 182
The undersigned a further agreed togal Signed	grees to install the above described ladi of to place the system in operation until	Solution of Dispose System in accordance with the provisions of TITLE 5 and a Certificate of Compliance has been issued by the Board of Health.  Date
The undersigned a further agreed by the Signed	grees to install the above described ladi of to place the system in operation until	Tool GAC.  Indust Sewage Disposed System in accordance with the provisions of TITLE 5 and a Certificate of Compliance has been issued by the Board of Health.  Date
The undersigned a further agreed to a signed	grees to install the above described Indiot to place the system in operation until	Tool GAC.  Indicate Sevenge Disposed System in accordance with the provisions of TITLE 5 and a Certificate of Compliance has been issued by the Board of Health.  Date
The undersided a further agreed to be signed	CERTIFICATION OF COMPONENTS OF	EALTH OF MASSACHUSETTS  CATE OF COMPLIANCE  Complete System
The undersigned a further agreed to be signed.  Inspections  No. CY-12  Description of We	CERTIFICATION OF COMPONENTS OF	SOO GAC.  Indust Sewage Disposed System in accordance with the provisions of TITLE 5 and a Certificate of Compliance has been issued by the Board of Health.  Date

=			

Cold Spring Environmental, Inc.

## Memo

To:

Richard Munn

From

Alan Weiss, Cold Spring Environmental, Inc.

Date:

9/6/04

Re:

Septic Tank Repair plan (& Bd. Of Health Approval of Permit),

408 Shays St Amherst

Enclosed are Your Septic system Plans for local approval, the permits must be signed and approved by the Health Dept. generally, prior to the start of work. You must confirm the contractors name and address on the top left hand corner of the permit. (In your case you received prior approval).

- 1) Sign All Copies and submit to the Local Board of Health with the proper fees ?? for approval.
- 2) Should you have any questions, please do not hesitate to call.

Thank you,

#### Alan Weiss.

Cold Spring Environmental 350 Old Enfield Road Belchertown, Ma. 01007

413-323-5957, phone, Aeweiss@charter.net 413-323-4916, fax

wewland

### AMHERST HEALTH DEPT.

#### TOWN OF AMHERST HEALTH PERMITS

1229

Received	of RICHARD MUNN	of 408 SHAYS STREET
For Prope	erty Located at: 408 SHAYS STREKT Street Address	of 408 SHAYS STREET  RICHARD MUNN  Owner
HEA009	Bakery HEA016	Septic Tank Permit-Installers R6510 443511
HEA001	Bed & Breakfast HEA017	
HEA002	Catering License HEA018	Septic Tank Reinspection Fee R6510 432301
HEA003	Food Handler HEA019	Sub-Division Review Fee R6510 432306
HEA004	Frozen Deserts HEA012	Swimming Pool Permits R6510 443512
HEA005	Health Dept. Housing Isp. HEA020	Tanning License R6510 443509
HEA006	Massage Therapy License HEA034	R6510 432307
HEA008	Motel License HEA026	**************************************
HEA010	Re R651	4968
HEA021	Rei RICHARD A. MUNN PUCHA MUNN 408 SHAYS STREET	9 7 04 5-13/110
HEA011	Per AMHERST, MA 01002	\$ 100X 100
HEA013	Rec PAY TO THE AUTHERST DO AND OF HEADT	NO DOLLARS Decurity features included.
HEA014	Reta R6510: ONE HUNDRED AND	DOLLARS III Destails on back.
HEA015	Sani R6510 FLEET AMHERST, MA 01002	
		/W MP
	FOR SEPIC PERMIT 0-1:0110001381: 05501 4154511 1	1968
	GURANO	<i>U</i>
		TOTAL FEE: 100
		TOTAL TELL.
		OMO
	Amherst Health Department	9/9/04 Date
		OFFICE USE ONLY
		CHECK # CASH
Must be Va	alidated by the Collector's Office to be considered paid	4968

WHITE - Applicant

YELLOW - Collector

PINK - Accounting

GOLD - Health / Inspections

## AMHERST HEALTH DEPT. TOWN OF AMHERST HEALTH PERMITS

1229

Received	of RICHARD - MUNA	/	of 408	SHAYS	STREET
For Prope	erty Located at: 408 SH	AVS STALKT Address	R	Owne	MUNN
HEA009	Bakery	НЕА		ermit-Installers	
HEA001	Bed & Breakfast	НЕА		ermit-Private	10000
HEA002	R6510 443516 Catering License	HEA		teinspection Fee	1000
HEA003	Food Handler	HEA		Review Fee	
HEA004	R6510 443515 Frozen Deserts R6510 443501	HEA	R6510 432306 .012 Swimming Po R6510 443512	ool Permits	
HEA005	Health Dept. Housing Isp.	HEA		nse	
HEA006	Massage Therapy License	НЕА		Clinic	
HEA008	Motel License	HEA		obacco Reg. Viola	tions
HEA010	Removal of Offal	HEA		nse	
HEA021	Removal of Rubbish	HEA		atoo	<u> </u>
HEA011	Percolation Test Fees	HEA		Plan Review	
HEA013	Recreation Camp License	HEA	.044 Porta Potties R6510 432309		
HEA014	Retail Store Permit	HEA	.045 Ice Rinks R6510 443522		-
HEA015	Sanitary Code Booklets R6510 432305	HEA	.046 Rental Regist R6510 432310	ration	
		HEA	047 Fines R6510 48200		
		HEA			
		HEA			
					B 00
				TOTAL FE	E: 100
					enio
	Amherst Health Department			9/9/Da	4
				TIOE LIGE ONLY	
				CHECK #	CASH TITLE

WHITE - Applicant

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

YELLOW - Collector

PINK - Accounting

GOLD - Health / Inspections

Check/Credit Card #1 4968

Receipt 1

aith / inspections

1 119099

1 00/09/04 15:25

