

#12

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

No. 73-25 Date MAY 8 1973 Fee 3.20 Date Rec'd. MAY 8 1973 By CEH

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

Location—Address SHERRY CIRCLE or Lot No. 11

Owner ROBERTS BUILDERS, INC. Address AMHERST

Contractor SAME Address \_\_\_\_\_

Type of Building RESIDENCE Dimensions 26 x 50 (?) Size Lot \_\_\_\_\_

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

Other \_\_\_\_\_ No. of persons 3 Showers ( )

Other fixtures \_\_\_\_\_

Town Water? YES Type of Well \_\_\_\_\_

Design Flow 50 gallons per person per day. Total daily flow 500 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L 50 W 10 D \_\_\_\_\_

Disposal Trench—No. 1 Width 10 Total Length 50 Total leaching area 500 sq. ft.

Disposal Bed—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

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

Other: Distribution box ( ) No. \_\_\_\_\_ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by Kendall Q. Pund Date APRIL 23 73

Test Pit No. 1 2 minutes per inch

Depth of Test Pit 3.5'

Test Pit No. 2 deep pit minutes per inch

Depth of Test Pit 8.0' (see log)

Description of Soil SAND & GRAVEL Depth to Ground Water > 8.0'

Will disposal area be filled? No Cut down? No

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

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

Application Approved by CEH

Ernest L. Roberts  
Owner or builder

MAY 7 1973  
date  
MAY 8 1973  
date

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**  
**CERTIFICATE OF COMPLIANCE**

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

INSTALLER

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

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

DATE \_\_\_\_\_

Inspector \_\_\_\_\_

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**DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 73-25  
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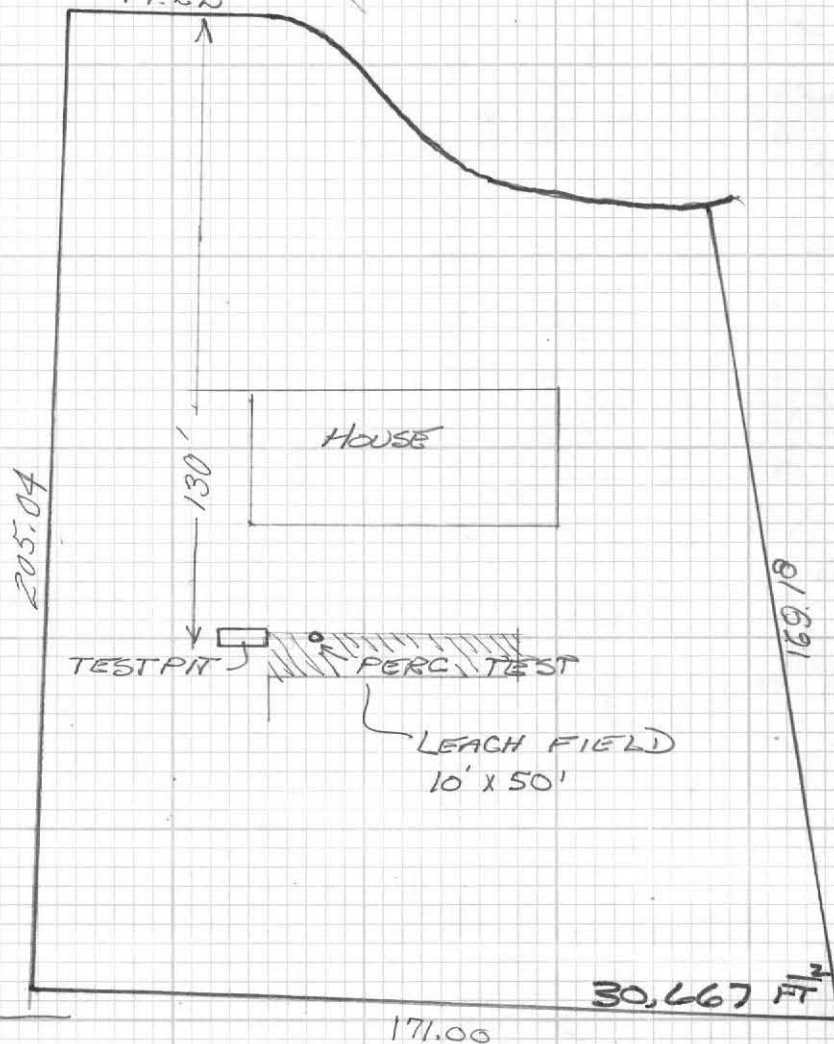
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE MAY 8 1973

CEH  
Board of Health

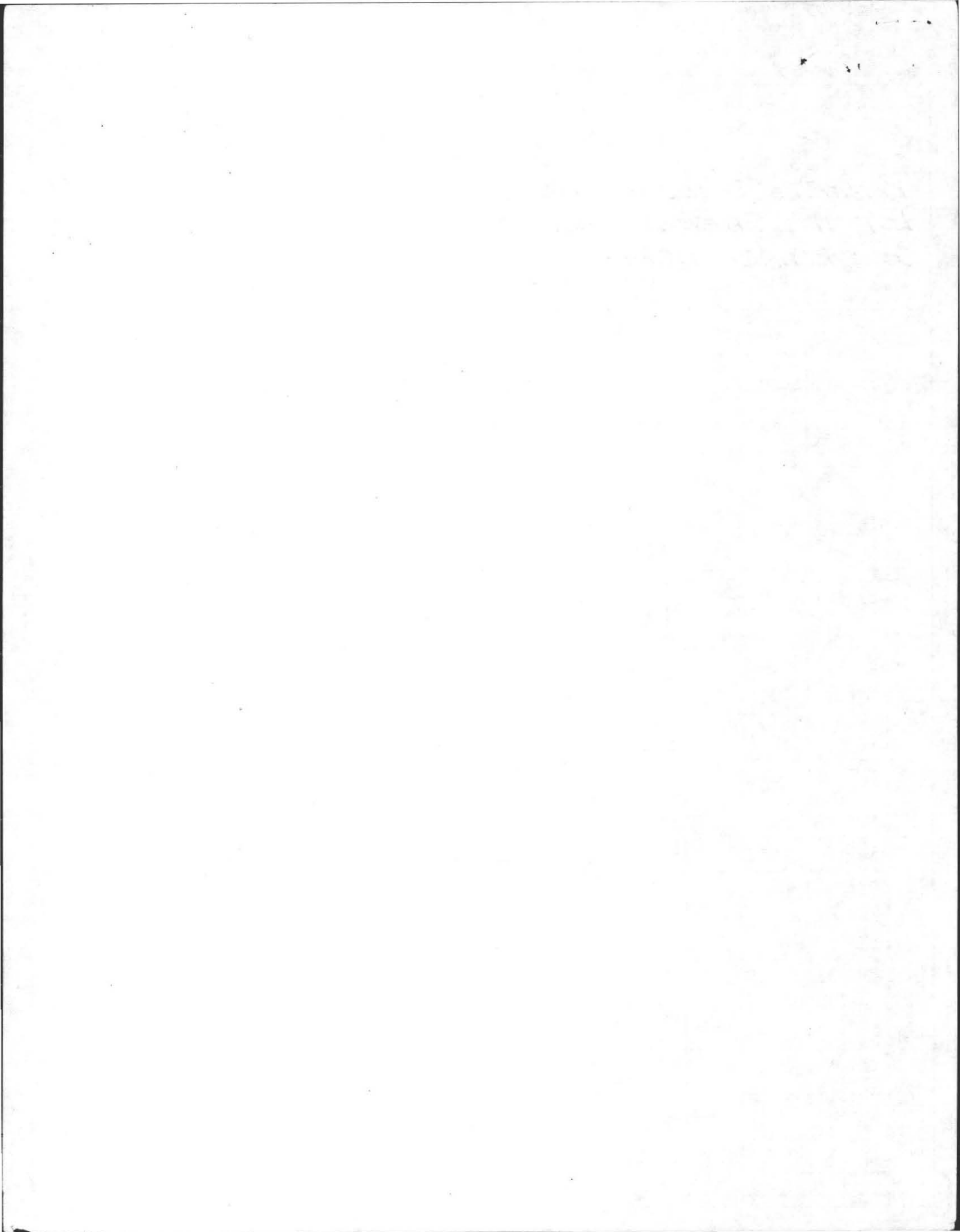


ROBERTS BUILDERS, INC.  
LOT 11, SHERRY CIR.  
SO. ORCHARD ACRES

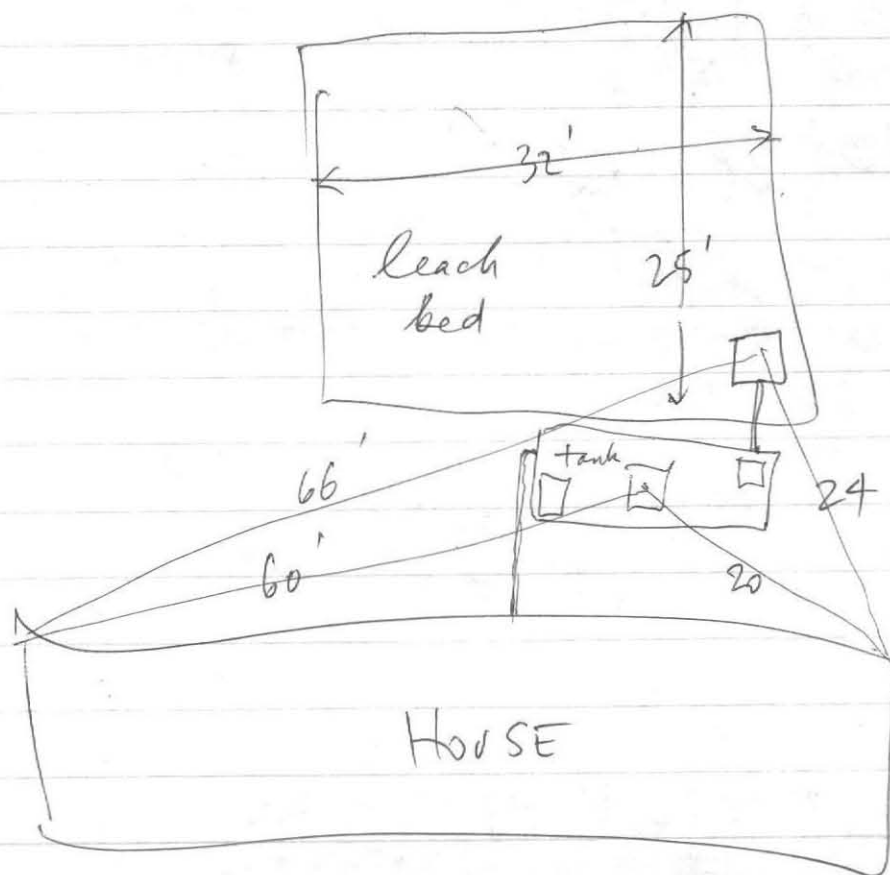


LOG OF  
DEEP PIT

TOPSOIL	-1.0
SILTY SAND	-2.0
SAND $\frac{1}{2}$ GRAVEL.	
STRATIFIED DRY TO DAMP	
	-8.0



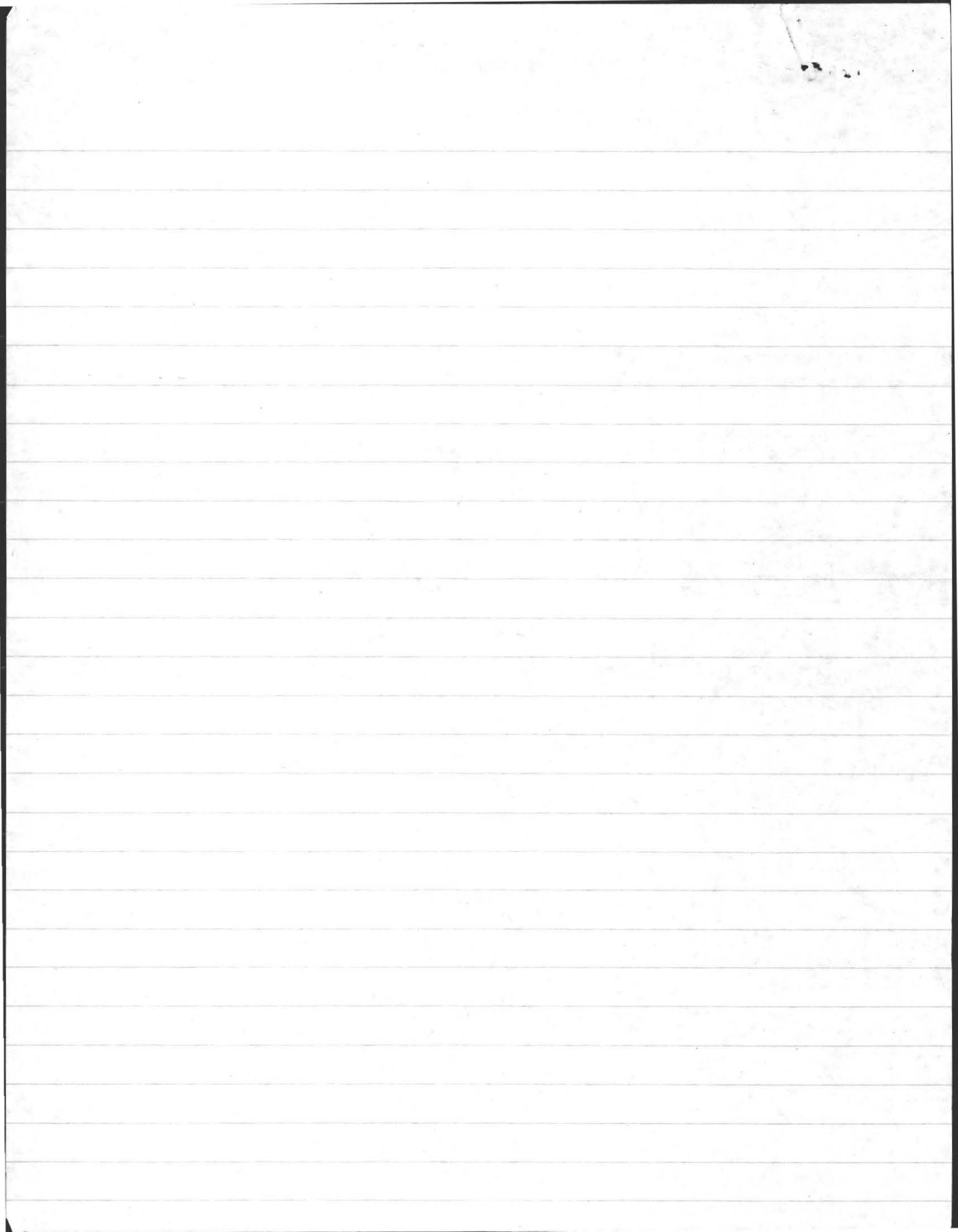
$$\begin{array}{r}
 32 \\
 + 28 \\
 \hline
 60 \\
 64 \\
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 800 \text{ S.F.}
 \end{array}$$



"SHERRY CIR"  
 actually, Blossom Lane.  
"SMITH" on mailbox.

8/16/73  
 JBS







Commonwealth of Massachusetts  
Executive Office of Environmental Affairs

## Department of Environmental Protection

William F. Weld  
Governor  
Trudy Coxe  
Secretary, EOE  
David B. Struhs  
Commissioner

#12  
COPIES TO:

- ① B.O.H.
- ② OWNER

### SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Amherst

#### PART A CERTIFICATION

12.11.15 and ANJA M. CARDE

Property Address: 12 SHERRY CIRCLE (LOT #11)

Address of Owner: 12 SHERRY CIRCLE

Date of Inspection: 12/7/95

(If different)

Name of Inspector: ALAN E. WEISS, R. S. #933

Company Name, Address and Telephone Number:

COLD SPRING ENVIRONMENTAL, INC.

350 OLD ENFIELD RD. BELCHERTOWN, MA. 01007

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

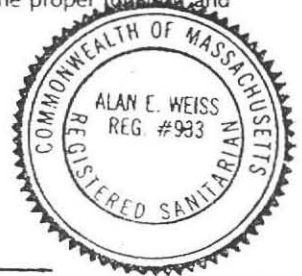
#### CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- ☒ Passes
- ☐ Conditionally Passes
- ☐ Needs Further Evaluation By the Local Approving Authority
- ☐ Fails

Inspector's Signature: Alan E. Weiss

Date: 12/7/95



The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (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 Department of Environmental Protection.

The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

#### INSPECTION SUMMARY:

Check A, B, C, or D:

##### A) SYSTEM PASSES:

- ☒ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

##### B) SYSTEM CONDITIONALLY PASSES:

- ☐ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

- ☐ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.





**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 12 SHERRY CIRCLE, AMHERST.

Owner: CARDE

Date of Inspection: 12/9/95

**B) SYSTEM CONDITIONALLY PASSES (continued)**

- ☐ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):
- ☐ broken pipe(s) are replaced
  - ☐ obstruction is removed
  - ☐ distribution box is levelled or replaced
- ☐ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
- ☐ broken pipe(s) are replaced
  - ☐ obstruction is removed

**C) FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:**

- ☐ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.
- 1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**
- ☐ Cesspool or privy is within 50 feet of a surface water
  - ☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.
- 2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**
- ☐ The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
  - ☐ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
  - ☐ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
  - ☐ The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

**D) SYSTEM FAILS:**

- ☐ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.
- ☐ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
  - ☐ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 12 SHEPHERD CIRCLE

Owner: CARDE

Date of Inspection: 12/7/95

**D] SYSTEM FAILS (continued):**

- N Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- N Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- N Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).  
Number of times pumped \_\_\_\_\_
- N Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- N Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- N Any portion of a cesspool or privy is within a Zone I of a public well.
- N Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- N Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

**E] LARGE SYSTEM FAILS: N/A.**

The following criteria apply to large systems in addition to the criteria above:

- \_\_\_\_\_ The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
  - \_\_\_\_\_ the system is within 400 feet of a surface drinking water supply
  - \_\_\_\_\_ the system is within 200 feet of a tributary to a surface drinking water supply
  - \_\_\_\_\_ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART B**  
**CHECKLIST**

Property Address: 12 SHERBORN CIRCLE, AMHERST  
Owner: CALDE  
Date of Inspection: 12/7/95

Check if the following have been done:

- ☒ Pumping information was requested of the owner, occupant, and Board of Health. (3-4 yrs)
- ☒ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- ☒ As built plans have been obtained and examined. Note if they are not available with N/A.
- ☒ The facility or dwelling was inspected for signs of sewage back-up.
- ☒ The system does not receive non-sanitary or industrial waste flow
- ☒ The site was inspected for signs of breakout.
- ☒ All system components, excluding the Soil Absorption System, have been located on the site.
- ☒ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- ☒ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- ☒ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 12 SHERRY CIRCLE  
Owner: CARDÉ  
Date of Inspection: 12/1/95

FLOW CONDITIONS

**RESIDENTIAL:**

Design flow: 710 gallons (4 BR)

Number of bedrooms: 4

Number of current residents: 4

Garbage grinder (yes or no): N

Laundry connected to system (yes or no): Y

Seasonal use (yes or no): N

Water meter readings, if available: NA

Last date of occupancy: CURRENT

**COMMERCIAL/INDUSTRIAL:** N/A

Type of establishment: \_\_\_\_\_

Design flow: \_\_\_\_\_ gallons/day

Grease trap present: (yes or no) \_\_\_\_\_

Industrial Waste Holding Tank present: (yes or no) \_\_\_\_\_

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

Water meter readings, if available: \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

**OTHER:** (Describe) \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

GENERAL INFORMATION

**PUMPING RECORDS** and source of information:

System pumped as part of inspection: (yes or no) Y

If yes, volume pumped: 1200 gallons

Reason for pumping: Time (3-4 hrs prior)

**TYPE OF SYSTEM**

☒ Septic tank/distribution box/soil absorption system

☐ Single cesspool

☐ Overflow cesspool

☐ Privy

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

☐ Other (explain) \_\_\_\_\_

**APPROXIMATE AGE** of all components, date installed (if known) and source of information: 1974 (21 yrs)

Sewage odors detected when arriving at the site: (yes or no) N



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 12 SHERB CIRCLE

Owner: CARDE

Date of Inspection: 12/7/95

SEPTIC TANK: Y

(locate on site plan)

Depth below grade: 16" (UNDER BRICK PATIO) - RISER IN MIDDLE

Material of construction: ☒ concrete ☐ metal ☐ FRP ☐ other(explain)

Dimensions: 9.5' x 7.5'

Sludge depth: 3"

Distance from top of sludge to bottom of outlet tee or baffle: 2'

Scum thickness: 0 - 1"

Distance from top of scum to top of outlet tee or baffle: 26"

Distance from bottom of scum to bottom of outlet tee or baffle: 13"

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) GOOD condition baffles built in, replace outlet

baffle cover

GREASE TRAP: N/A

(locate on site plan)

Depth below grade:       

Material of construction: ☐ concrete ☐ metal ☐ FRP ☐ other(explain)

Dimensions:       

Scum thickness:       

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

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

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 12 SHERZY CIRCLE, AMHEST  
Owner: CARDE  
Date of Inspection: 12/7/95

TIGHT OR HOLDING TANK: N/A  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction: ☐ concrete ☐ metal ☐ FRP ☐ other(explain)

Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design flow: \_\_\_\_\_ gallons/day  
Alarm level: \_\_\_\_\_

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

DISTRIBUTION BOX: Y  
(locate on site plan)

Depth of liquid level above outlet invert: AT INVERT ✓

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)  
Good distribution, no carry over

PUMP CHAMBER: N/A  
(locate on site plan)

Pumps in working order:(yes or no) \_\_\_\_\_

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





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 12 SHERY CIRCLE  
Owner: CARDE  
Date of Inspection: 12/7/95

SOIL ABSORPTION SYSTEM (SAS): Yes

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

See attached map.

Type:

leaching pits, number: \_\_\_\_\_  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number, length: 214' x 10'  
leaching fields, number, dimensions: 1 - 50' x 10' (TW)  
overflow cesspool, number: \_\_\_\_\_

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

CESSPOOLS: N/A

(locate on site plan)

Number and configuration: \_\_\_\_\_  
Depth-top of liquid to inlet invert: \_\_\_\_\_  
Depth of solids layer: \_\_\_\_\_  
Depth of scum layer: \_\_\_\_\_  
Dimensions of cesspool: \_\_\_\_\_  
Materials of construction: \_\_\_\_\_  
Indication of groundwater: \_\_\_\_\_  
inflow (cesspool must be pumped as part of inspection) \_\_\_\_\_

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

PRIVY: N/A

(locate on site plan)

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

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

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

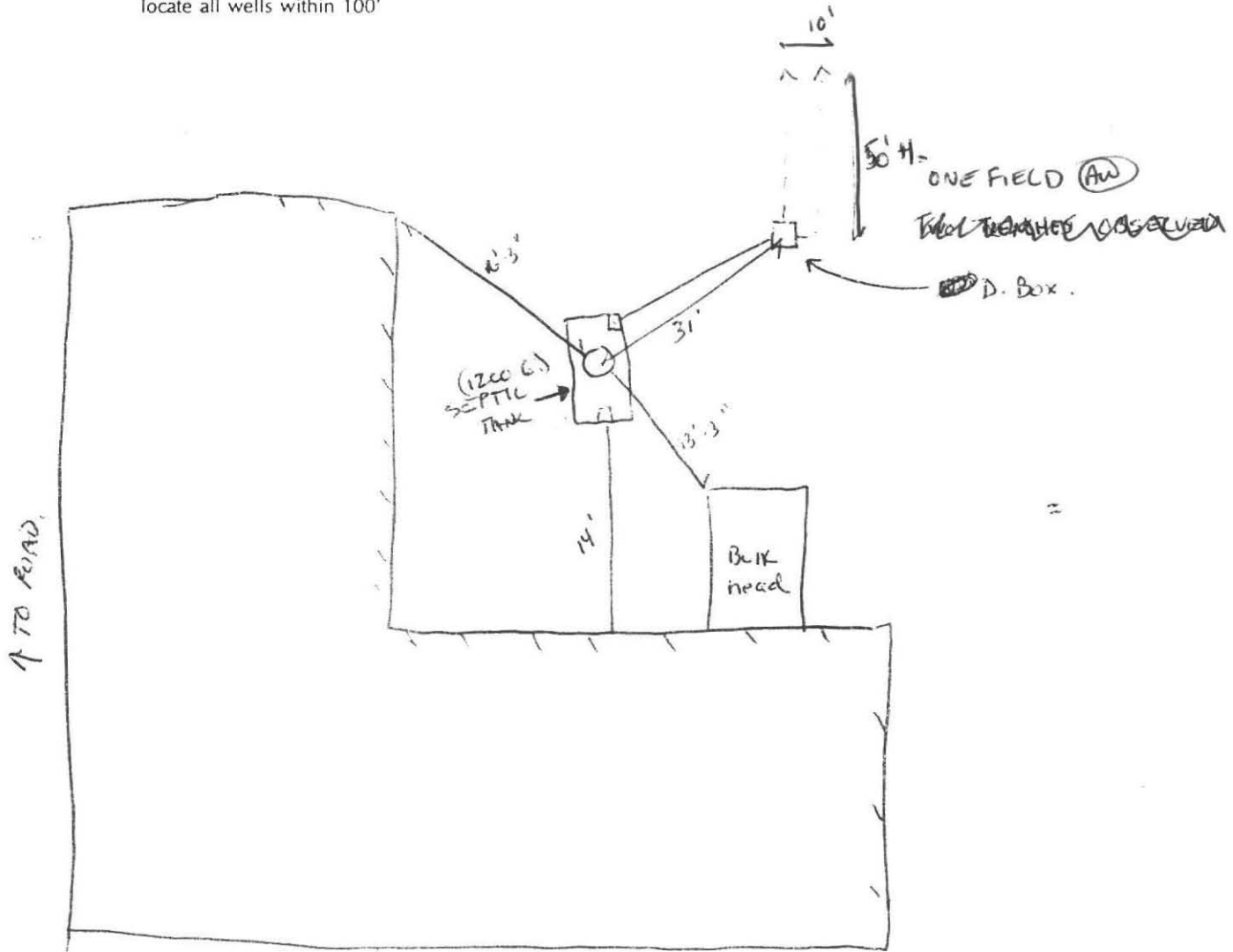


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 12 SHERRY CIRCLE  
 Owner: CARDE  
 Date of Inspection: 12/7/95

**SKETCH OF SEWAGE DISPOSAL SYSTEM:**

include ties to at least two permanent references landmarks or benchmarks  
 locate all wells within 100'



**DEPTH TO GROUNDWATER**

Depth to groundwater: 9 feet (T) TOPOGRAPHY AND SOILS

method of determination or approximation: MAP INTERPRETATION AND PERC REPORT attached.



BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
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Disposal Trench—No. 2 Width 10 Total Length 50 Total leaching area 500 sq. ft.

Disposal Bed—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

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

Other: Distribution box ( ) No. \_\_\_\_\_ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation)

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Owner or builder

MAY 7, 1973  
date  
MAY 8, 1973  
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