

No. 92-24

176 Shutesbury Rd.
Bldg No. 90-302
3/12/90



THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Application for Disposal Works Construction Permit

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

Lot # 9 Shutesbury Rd. Lot # 9
31 Maplewood Dr., Amherst
Owner: Sue Rose Thibierge
Installer: Charles Walker

Type of Building: Dwelling - No. of Bedrooms: 3 Expansion Attic (N) Garbage Grinder ()
Other - Type of Building: Res. No. of persons: Showers () - Cafeteria ()

Design Flow: (412.8) 55 gallons per person per day. Total daily flow: 412.8 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: 10.2' Width: 58" Diameter: Depth: 48"
Disposal Trench - No. 1 Width: 24' Total Length: 40' Total leaching area: 960 sq. ft.
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: sq. ft.

Percolation Test Results Performed by: FELDS ENTERPRISES, INC. Date: 4-30-92
Test Pit No. 1: 15 minutes per inch Depth of Test Pit: 9'-6" Depth to ground water: 9'-6"
Test Pit No. 2: 15 minutes per inch Depth of Test Pit: 9'-6" Depth to ground water: NA

Description of Soil: Light brown sandy till, firm with cobbles and stones.

Nature of Repairs or Alterations - Answer when applicable.

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: Susan Thibierge 9/16/92
Application Approved By: [Signature] 9/16/92

Application Disapproved for the following reasons:

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired () by Charles Walker at Shutesbury Road Lot # 9 has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 92-24 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 92-24 TOWN OF Amherst

Disposal Works Construction Permit

Permission is hereby granted Sue Rose Thibierge to Construct (✓) or Repair () an Individual Sewage Disposal System at No. Lot # 9 Shutesbury Road

as shown on the application for Disposal Works Construction Permit No. 92-24 Dated 9/16/92

9/14/92 [Signature] Board of Health

9/16/92
CHK # 1126
FEE 60.00 per Plans

CHECK OR FILL IN WHERE APPLICABLE

✓
TRIP CENTER
SERVICES

RECEIVED SEP 16 1992



WELL COMPLETION REPORT

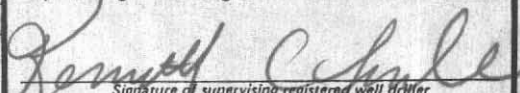
W-25-93

WELL LOCATION		GEOGRAPHIC DESCRIPTION	
Address <u>From Jct of Flat Hills & Shutesbury Rd, 0.2 on Shutesbury Rd, on right, Amherst, Mass</u>		<u>340</u> N <u>(S)</u> E W of (feet) (circle)	
City/Town <u>Shutesbury</u>		<u>0.2</u> N S <u>(E)</u> W of (mi. in tenths) (circle)	
Well owner <u>Mike Lipinski</u>		intersect. w/ <u>Flat Hills Rd.</u> (road)	
Address <u>60 Maple Wood Drive</u> <u>Amherst, Mass. 01002</u>			
Board of Health permit obtained: yes <input checked="" type="checkbox"/> no <input type="checkbox"/>			

WELL USE	WELL DATA
Domestic <input checked="" type="checkbox"/> Public <input type="checkbox"/> Industrial <input type="checkbox"/>	Total well depth <u>255'</u> ft.
Monitoring <input type="checkbox"/> Other _____	Depth to bedrock <u>7'</u> ft.
Method drilled <u>Air hammer</u>	Water-bearing rock/unconsolidated material: Description <u>Shale Quartz</u>
Date drilled <u>5/17/93</u>	Water-bearing zones:
CASING	1) From <u>100</u> To <u>125</u>
Type <u>17 lb steel</u>	2) From <u>235</u> To <u>250</u>
Length <u>20'</u> ft. Dia (I.D.) <u>6"</u> in.	3) From _____ To _____
Length into bedrock <u>13'</u> ft.	Gravel pack well: dia. _____
Protective well seal:	Screen: dia. _____
Grout <input type="checkbox"/> Other <u>seal</u>	Slot # _____ length _____ from _____ to _____

STATIC WATER LEVEL (all wells)
Static water level below land surface 8' ft. Date 5/18/93

WELL TEST (production wells)
Drawdown 27' ft. after pumping 4 hr. 0 mln. at 15 gpm
How measured pump Recovery 8' ft. after 0 hr. 10 mln.

LOG of FORMATIONS			COMMENTS
Materials	From	To	
Gravel	0	7'	Driller <u>Kenneth C. Lynde</u> Firm <u>Lynde Well Drilling, Inc.</u> Address <u>Box 799 R.F.D. #4</u> City/Town <u>Brattleboro, Vt. 05301</u> Supervising Driller Reg.# <u>480</u>
Bedrock	7'	255	
			 Signature of supervising registered well driller

Office use only

Please print firmly

BOARD OF HEALTH COPY

W-25-93

From Oct of Flat Hills & Shutesbury Rd
Shutesbury Rd 0.2 on Shutesbury

Rd on right, Amherst, Mass. Shutesbury

Mike Lipinski
60 Maple Wood Drive
Amherst, Mass. 01002

Flat Hills Rd

Alf Hammer

5/12/93

27 lb steel

20' 6"

13'

seal

81 5/18/93

0 15

0 10

hump

Gravel 0.75
Bedrock 7.25

Kenneth C. Lynde
Lynde Well Drilling, Inc.

Box 299 R.F.D. #4

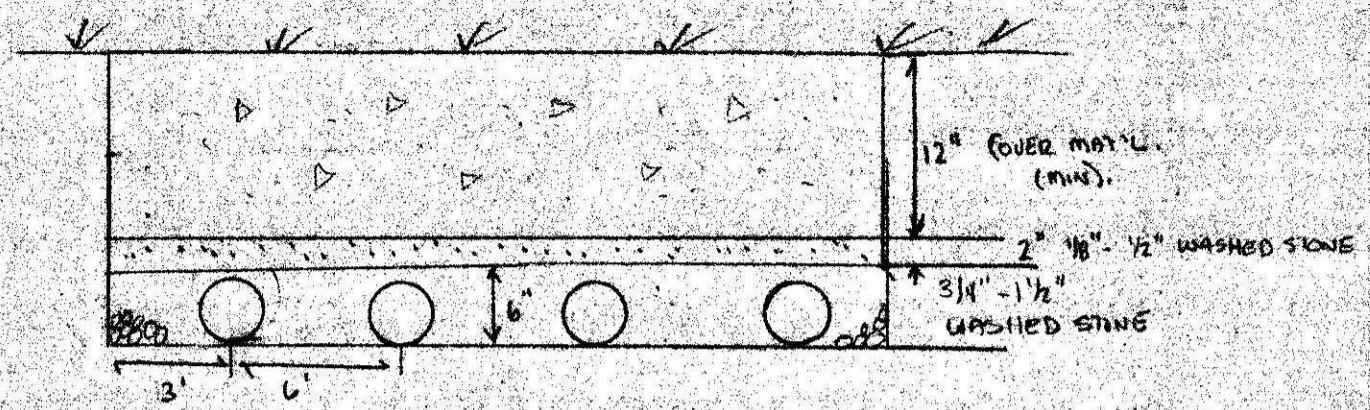
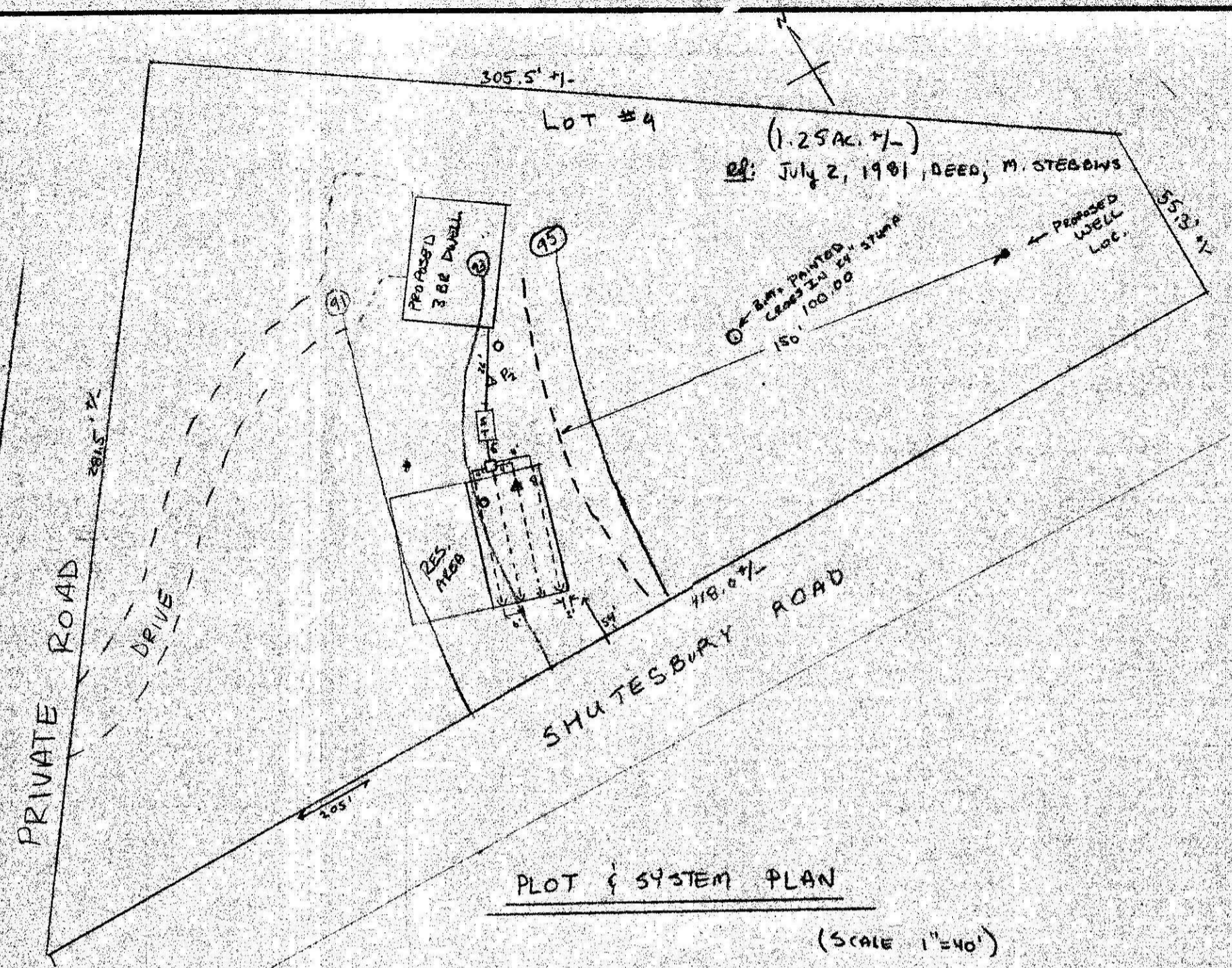
Stollard, Vt. 05304

480

BOARD OF HEALTH

State Court

700
232
250



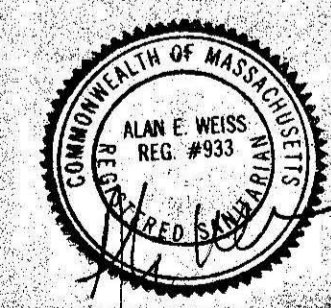
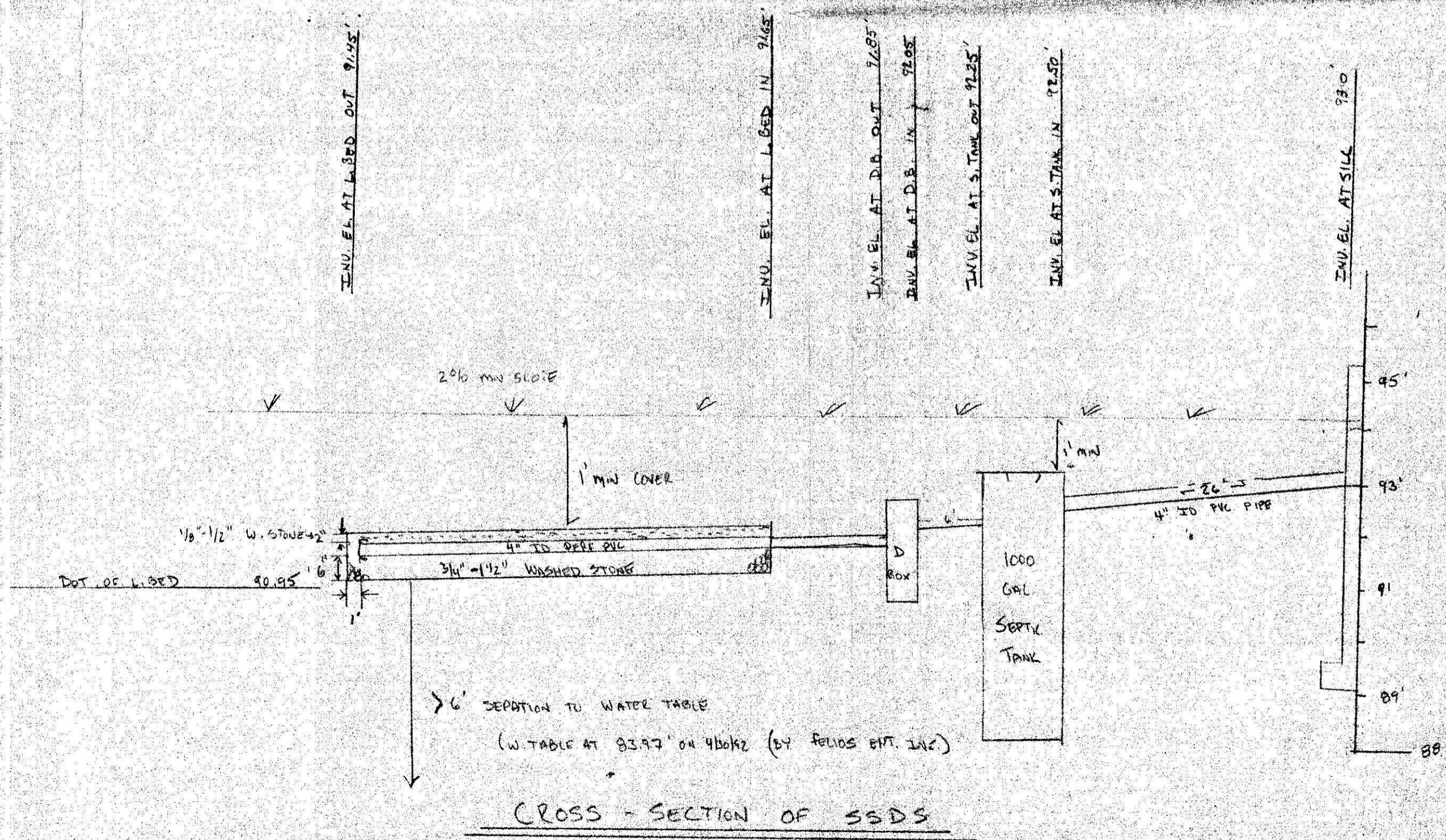
(THERE SHALL BE FIVE APES WITH 6" SPACING. PIPES TO BE 4" PVC - PERFORATED.)

TP-1 (93.47)	SOIL DESC.	TP-2 (93.53)
0-10"	TOPSOIL	0-10"
10"-24"	SUBSOIL	10"-24"
24"-9'-6"	LIGHT BROWN SANDY TILL, FIRM WITH LOBBLES + STONES.	24"-9'-6"
GW @ 9'-6"	← LEDGE	NO G.W.

LOGS BY FELIOS ENTERPRISES, INC.
 30, APRIL, 1992
 (D. ZAROWNSO, B.O.H., INSP.)
 Perc 1 = 15 MM I.D.
 Perc 2 = 15 MM I.D.

DESIGN NOTES

1. PERC OF 15 MM I.D. ON April 30, 1992
2. 24' X 40' L. BED = 960 SF.
 BOT: 960 SF X 0.43 $\frac{GAL}{SF}$ = 412.8 GAL/DAY ✓
3. 3 BB X 330 GAL X 1.25 = 412.5 GAL/DAY ✓
3. NO GRADE CHANGE OR FILL REQ. IN AREA OF LEACH BED.
4. NO WETLANDS OR SURFACE WATER WITHIN 100' OF SYSTEM.
5. NO KNOWN NEARBY WELLS WITHIN 200'.
6. NO GARBAGE DISPOSAL ALLOWED.
7. ALL PIPE ENDS AT L. BED SHALL BE CAPPED.
8. S. TANK TO BE 1000 GAL (MIN) W/ PROPER INLET AND OUTLET Baffles.



PROPOSED SUBSURFACE SEPTIC SYSTEM FOR
 IRENE & SUSAN THEBERGE LOT #9, SHUTESBURY RD., AMHERST, MA.

SCALE: NOTED	APPROVED BY: AEW	DRAWN BY: A.W.
DATE: 8/8/92		REVISED:

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.
 BELCHERTOWN, MA. 323-6957
 DRAWING NUMBER 92-216-0901

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 176 SHUTESBURY RD
Owner's name JEFFREY HERSH
Date of Inspection 7/12/95

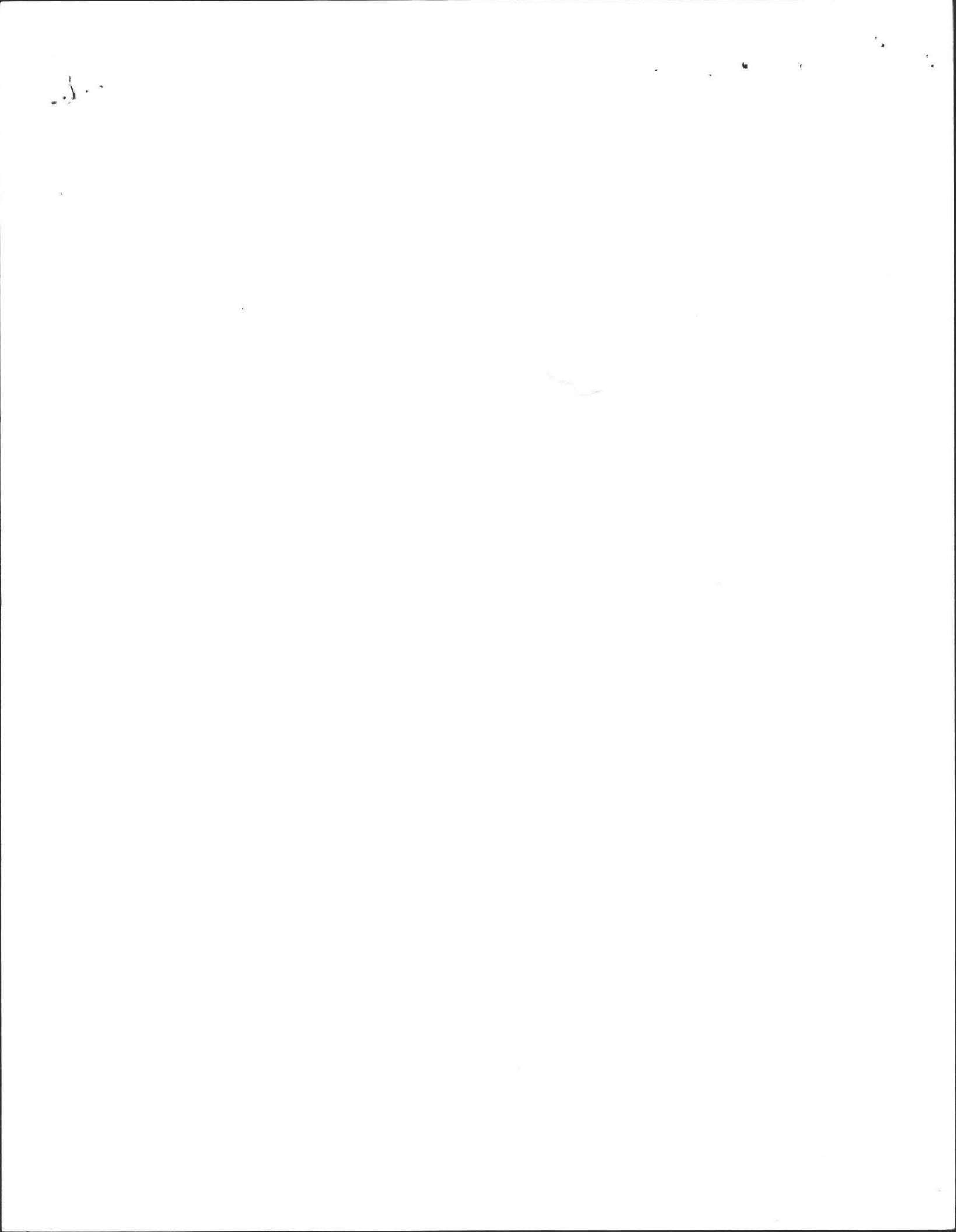
PART A
CHECKLIST

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- 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 site was inspected for signs of breakout.
- All system components, excluding the SAS, 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 SAS 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 SSDS.

* CONSERVE WATER

* USE LIQUID DETERGENT ONLY



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 4 number of bedrooms
- 3 number of current residents
- N garbage grinder, yes or no
- Y laundry connected to system, yes or no
- seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

CURRENT Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

TWO YEARS PRIOR

- Y System pumped as part of inspection, yes or no
if yes, volume pumped 1500 gal.
Reason for pumping:
TIME + USE

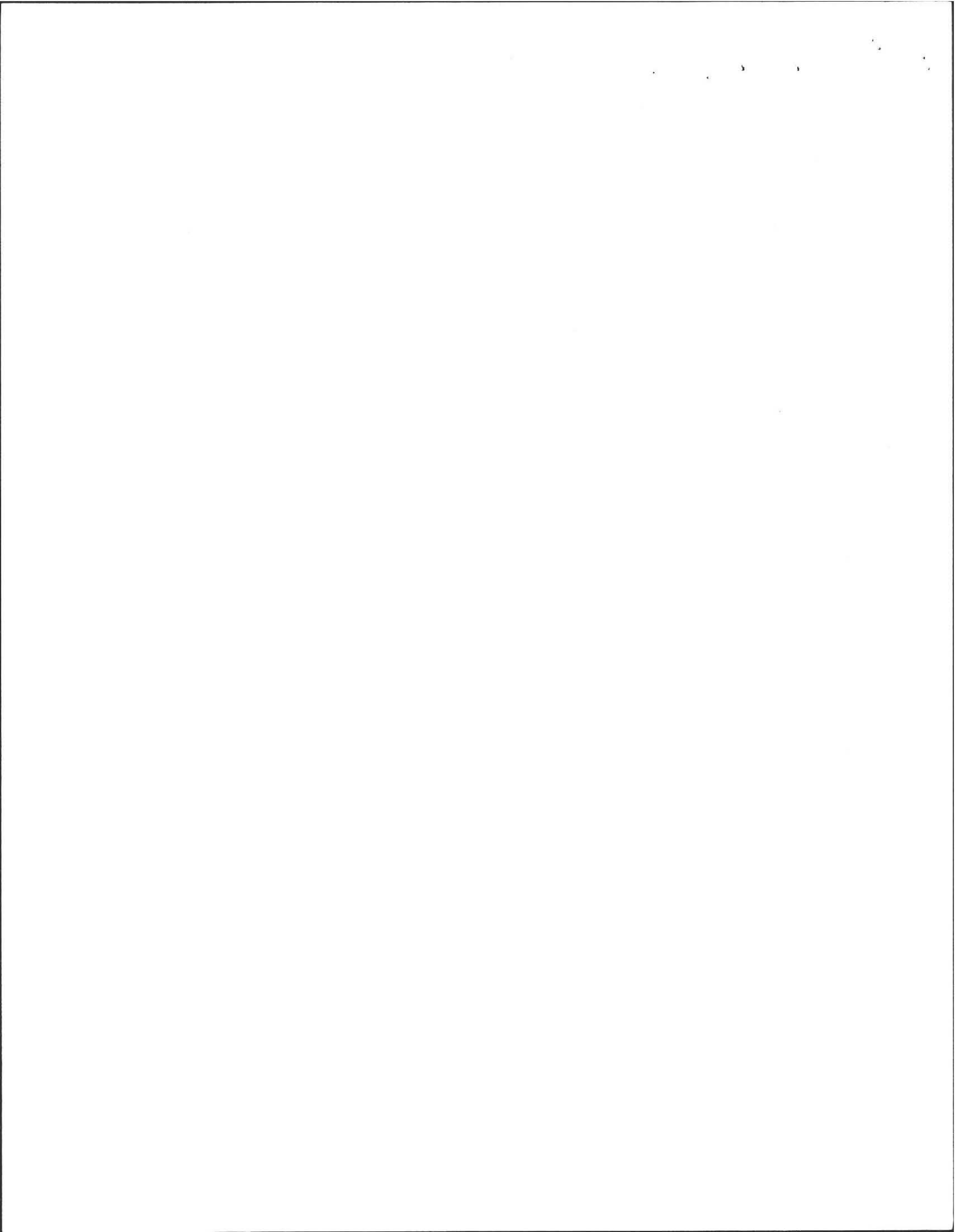
Type of system

- 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. Source of information:

1990

- N Sewage odors detected when arriving at the site, yes or no



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: 4 (1' Below at riser)
(locate on site plan)

depth below grade: 64"

material of construction: concrete metal FRP other(explain)

dimensions: _____

- 4" sludge depth
- 24" distance from top of sludge to bottom of outlet tee or baffle
- 1-2" scum thickness
- 6" distance from top of scum to top of outlet tee or baffle
- 18" 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, recommendations for repairs, etc.)

No problems

DISTRIBUTION BOX: ✓
(locate on site plan)

1/2" depth of liquid level above outlet invert

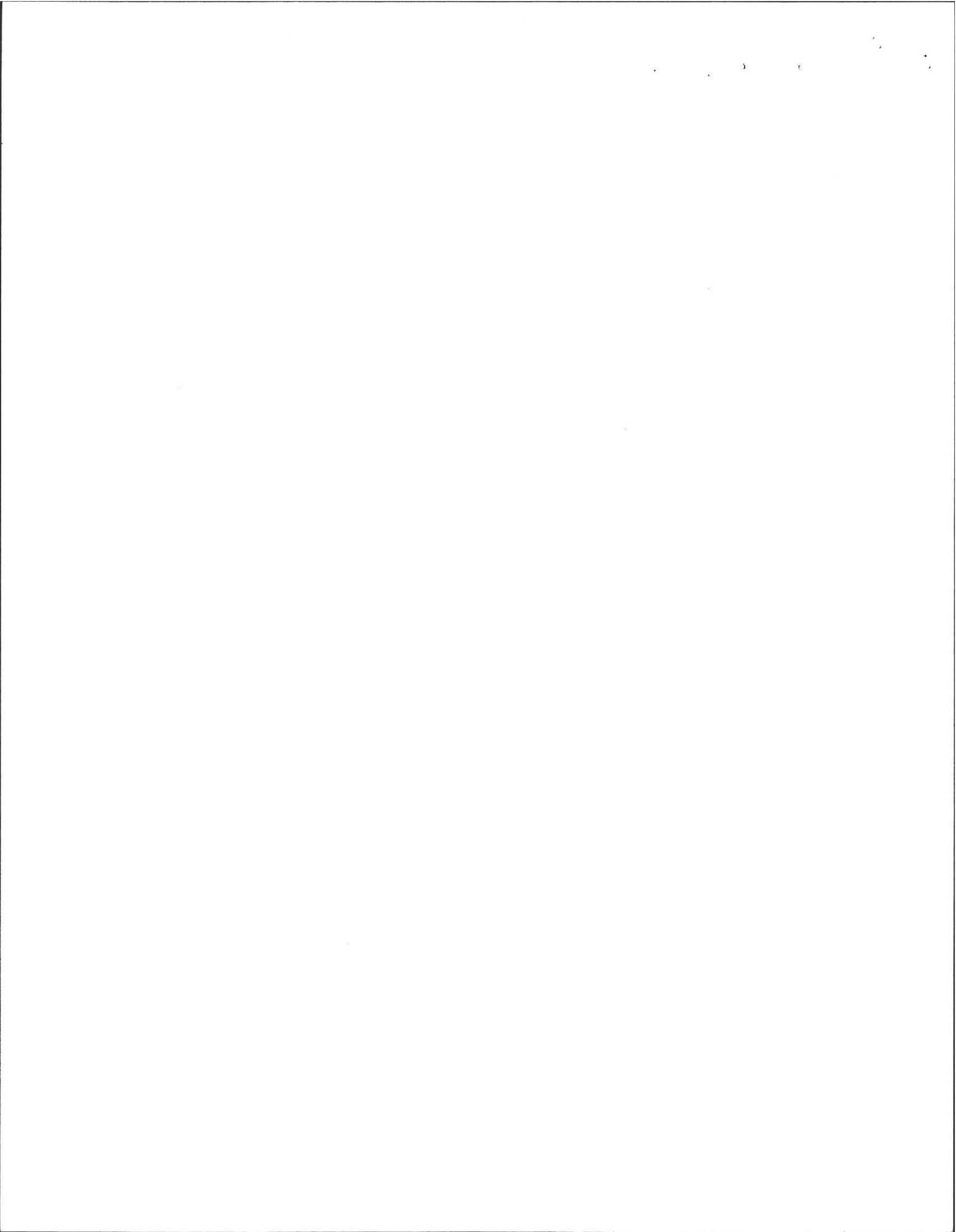
Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)

- Good Flow into System

PUMP CHAMBER: N
(locate on site plan)

_____ pumps in working order, yes or no`

Comments:
(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): Y
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type

- leaching pits and number _____
- leaching chambers and number _____
- leaching galleries and number _____
- ✓leaching trenches, number, length ✓ _____
- leaching fields, number, dimensions _____
- overflow cesspool, number _____

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

CESSPOOLS (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) _____

N/A

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

PRIVY:

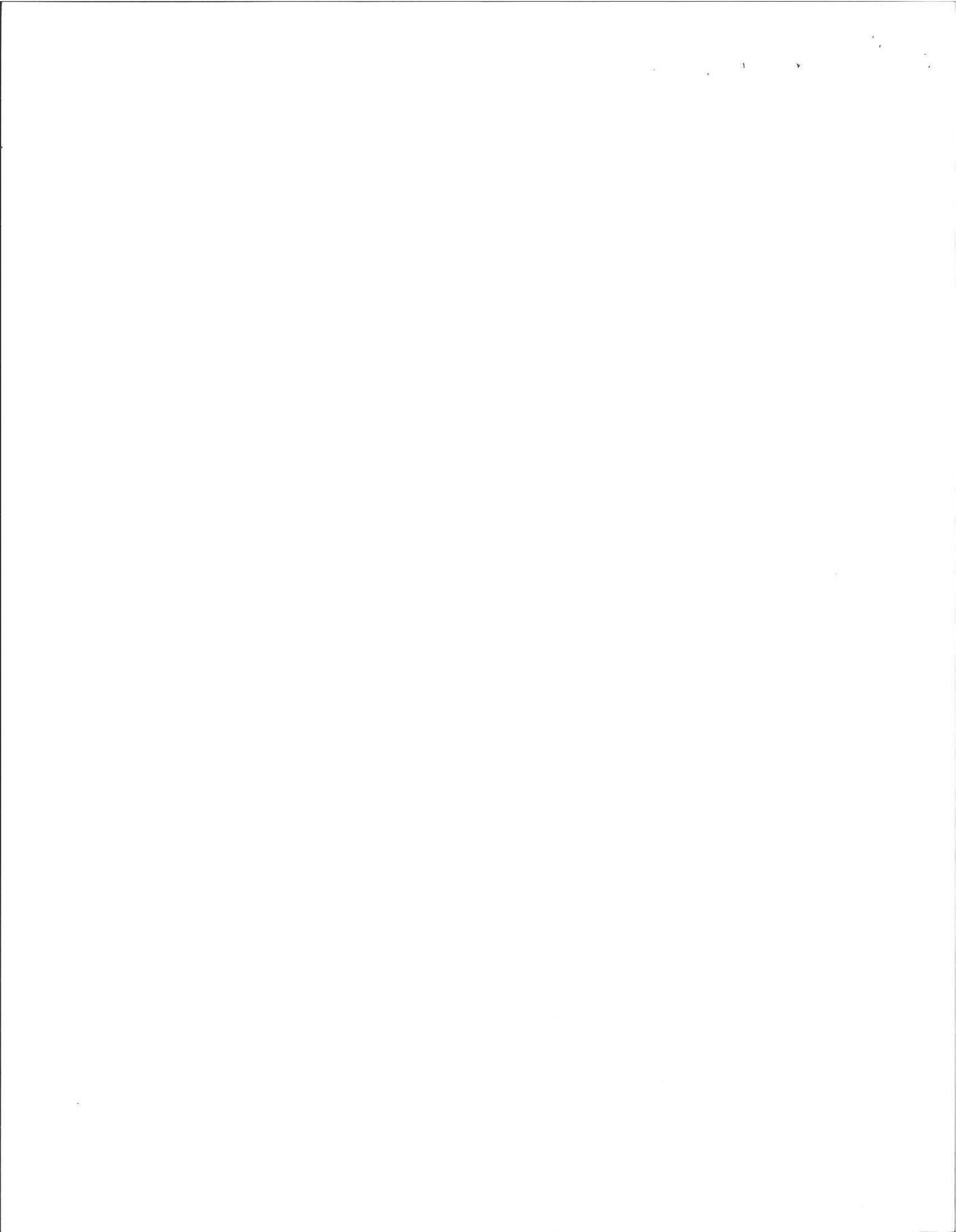
(locate on site plan)

- materials of construction _____
- dimensions _____
- depth of solids _____

N/A

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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

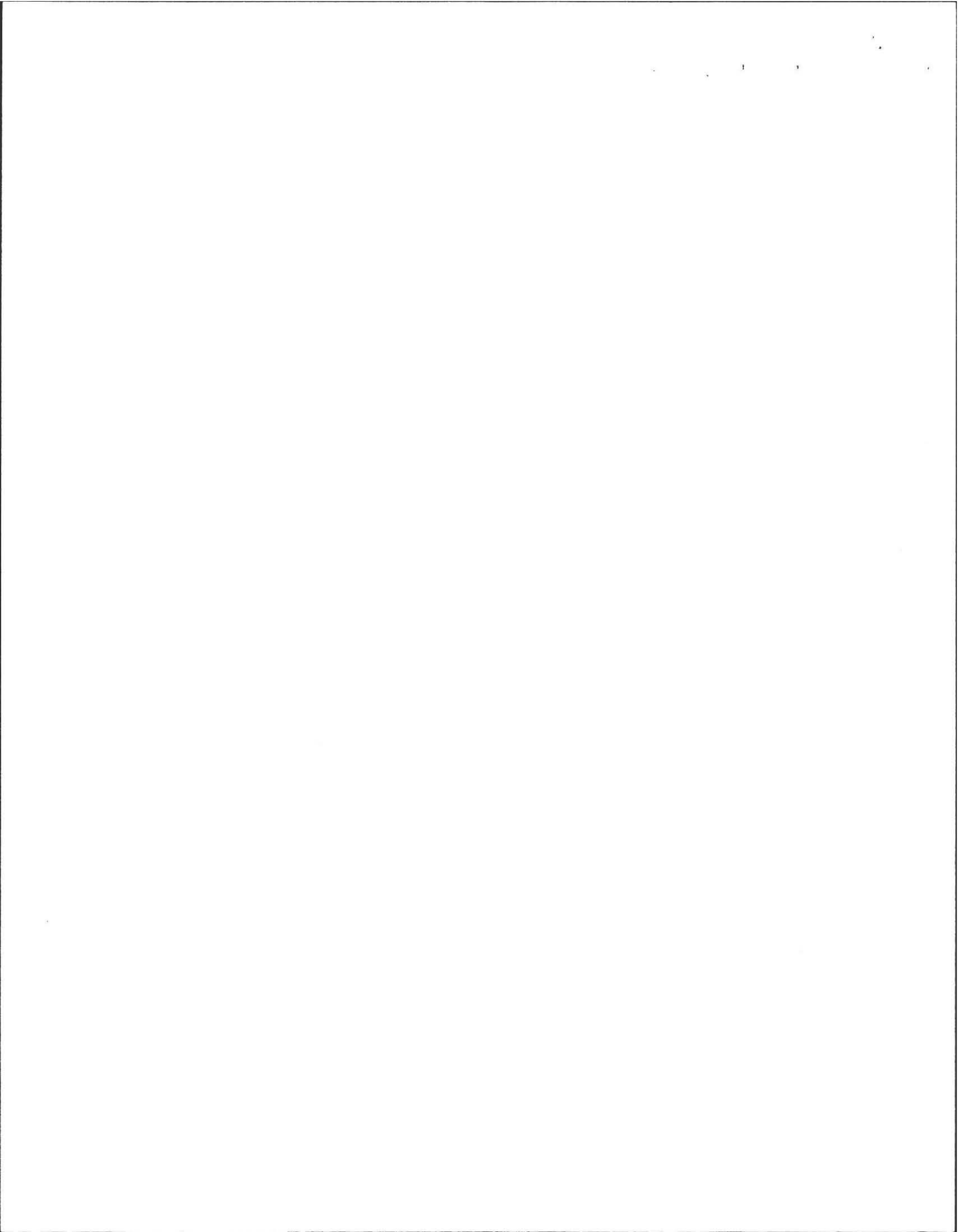
SEE Attached plan - "AS BUILT"

DEPTH TO GROUNDWATER

6' depth to groundwater

method of determination or approximation:

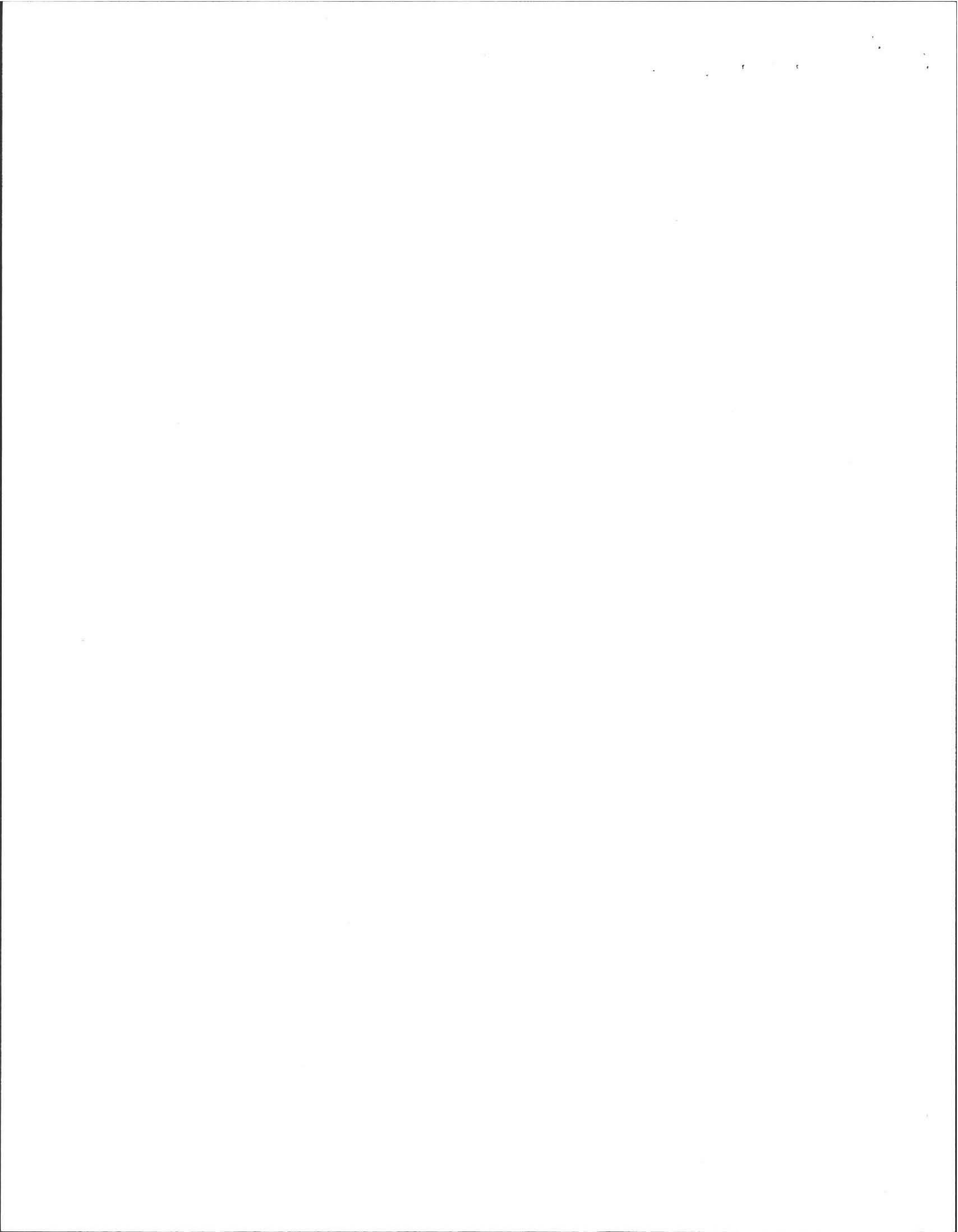
PERC OF 3/13/89, BILL SIPUTA



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

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

- N Backup of sewage into facility?
- N Discharge or ponding of effluent to the surface of the ground or surface waters?
- N Static liquid level in the distribution box above outlet invert?
- N.A. Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?
- N Required pumping 4 times or more in the last year?
number of times pumped _____
- N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?
- N Is any portion of the SAS, cesspool or privy:
below the high groundwater elevation?
- N within 50 feet of a surface water?
- N within 100 feet of a surface water supply or tributary to a surface water supply?
- N within a Zone I of a public well?
- N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?
- N within 50 feet of a private water supply well?
- N 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.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector ALAN E. WEISS, R.S. #933
Company Name COLD SPRING
Company Address ENVIRONMENTAL, INC.
350 OLD ENFIELD RD.
BELCHERTOWN, MA 01007

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the FAILURE CRITERIA section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the FAILURE CRITERIA section of this form.

Inspector's Signature

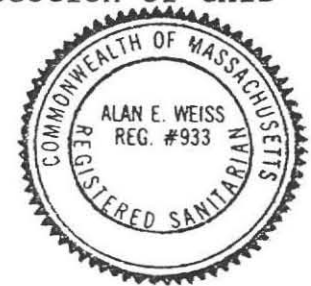
Alan E. Weiss

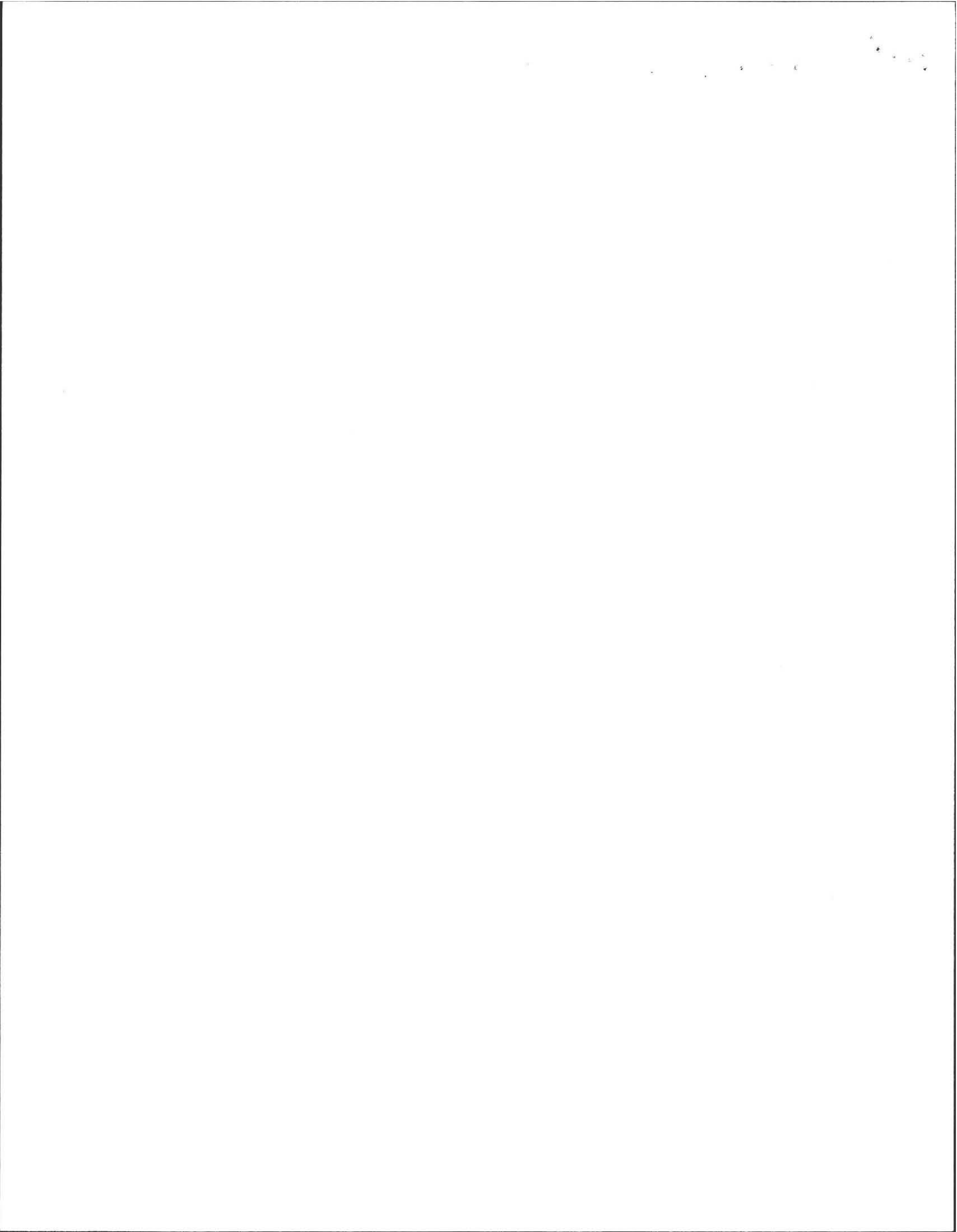
Date 7/12/95

Original to system owner MR JEFF HERSH, 176 SHUTESBURY RD.
AMHERST, MA. 01002

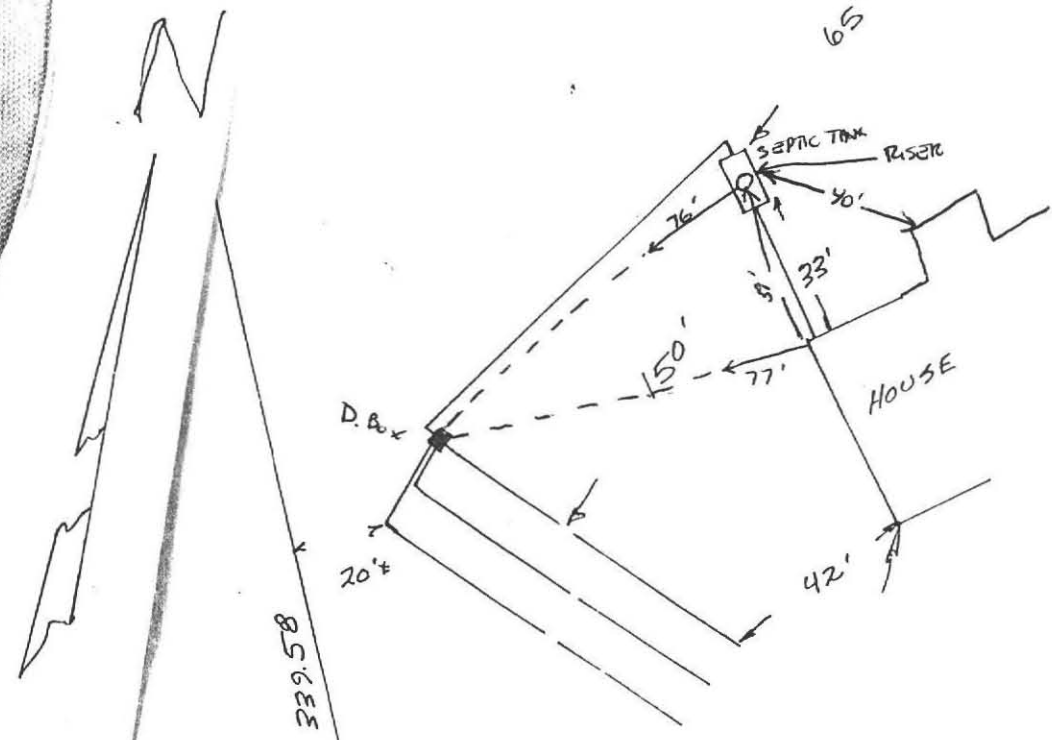
Copies to:

Buyer (if applicable) ANN SUTLIPPE, D.H. JONES
Approving authority BD. OF HEALTH





Lot 5
Shutesbury
'AS BUILT
1"=40'



339.58

368.01

185'±

3-70' lines = 588.8 gal.
AVAILABLE
✓
550 REQUIRED

176

150
SHUTESBURY RD.

* From Robt. Sheehan, P.E., system designer.



File
LEWIS & COOK SURVEYORS, INC.

P. O. BOX 1196

BELCHERTOWN, MASSACHUSETTS 01007

OCT 19 1990

RICHARD A. LEWIS, P.L.S.
PRESIDENT
413-323-7124

RICHARD L. COOK
TREASURER
413-283-7238

October 11, 1990

Board of Health
David Zarozinski
Boltwood Walk
Amherst, MA 01002

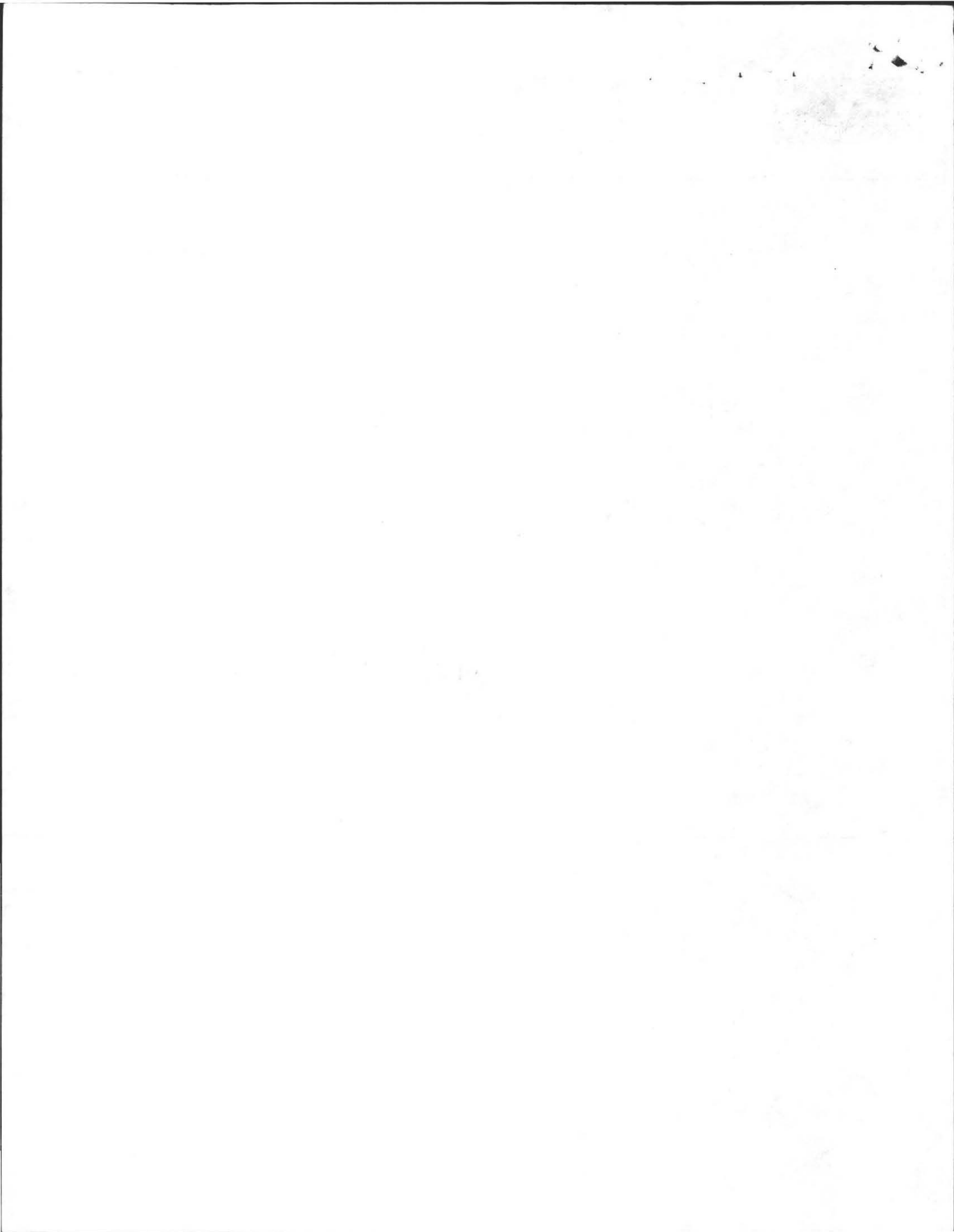
Dear Mr. Zarozinski,

I have inspected the subsurface sewage disposal system at lot 9 Shutesbury Road, on September 13, 1990 for Jeff Hersh. The contractor was Chuck walker.

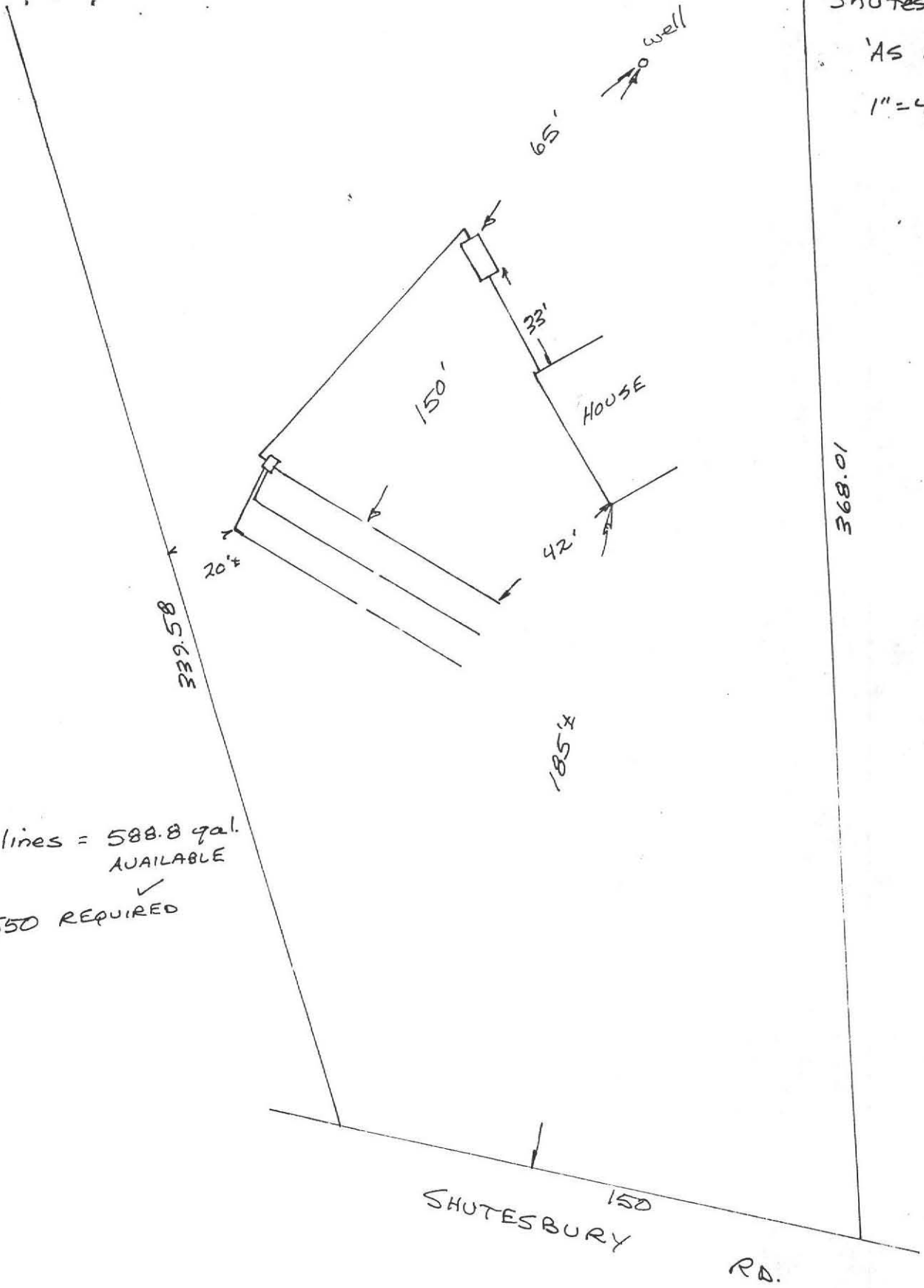
The system was substantially constructed as designed, see as built.

Yours truly,

Robert F. Sheehan, P.E.



Lot 9
Shutesbury Rd.
'AS BUILT'
1"=40'



3-70' lines = 588.8 gal.
AVAILABLE
✓
550 REQUIRED

