

226 SHUTESBURY ROAD

Shutesbury, Mass.

170 ~~C. HARVEY RD.~~ <sup>N. STATE</sup>  
#201 ~~BROOK~~ <sup>N.</sup>





CUST NAME  
4 BOLTWOOD AVENUE  
05/31/13  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 13:58

CUST NAME

0  
DEPT

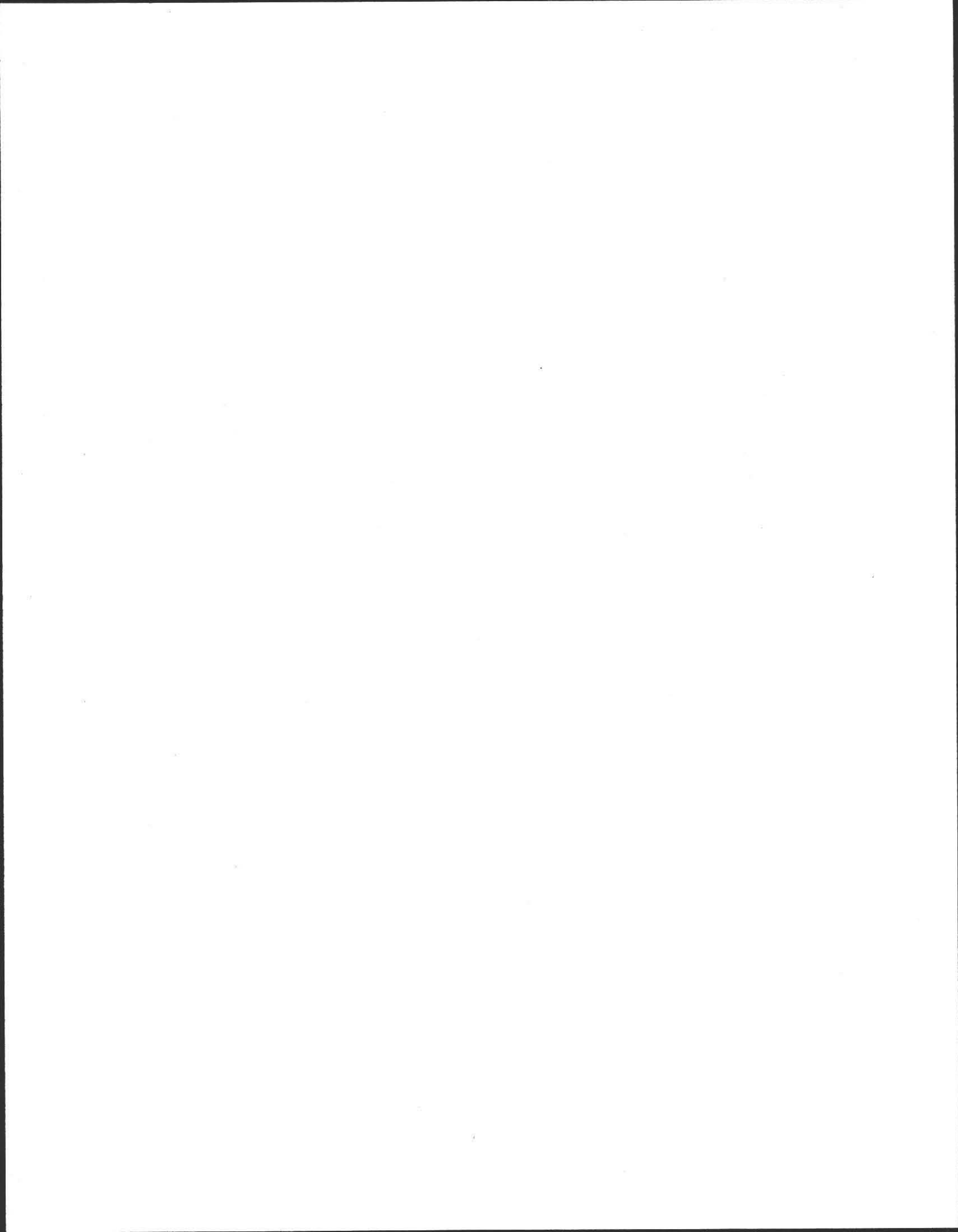
DE HEA058

TITLE V WI 200.

RECPT TOTAL

200.00  
GARETH B M QUA CHECK

AMOUNT  
66961595



CUST NAME  
4 BOLTWOOD AVENUE  
05/31/13  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 14:00

CUST NAME

0  
DEPT

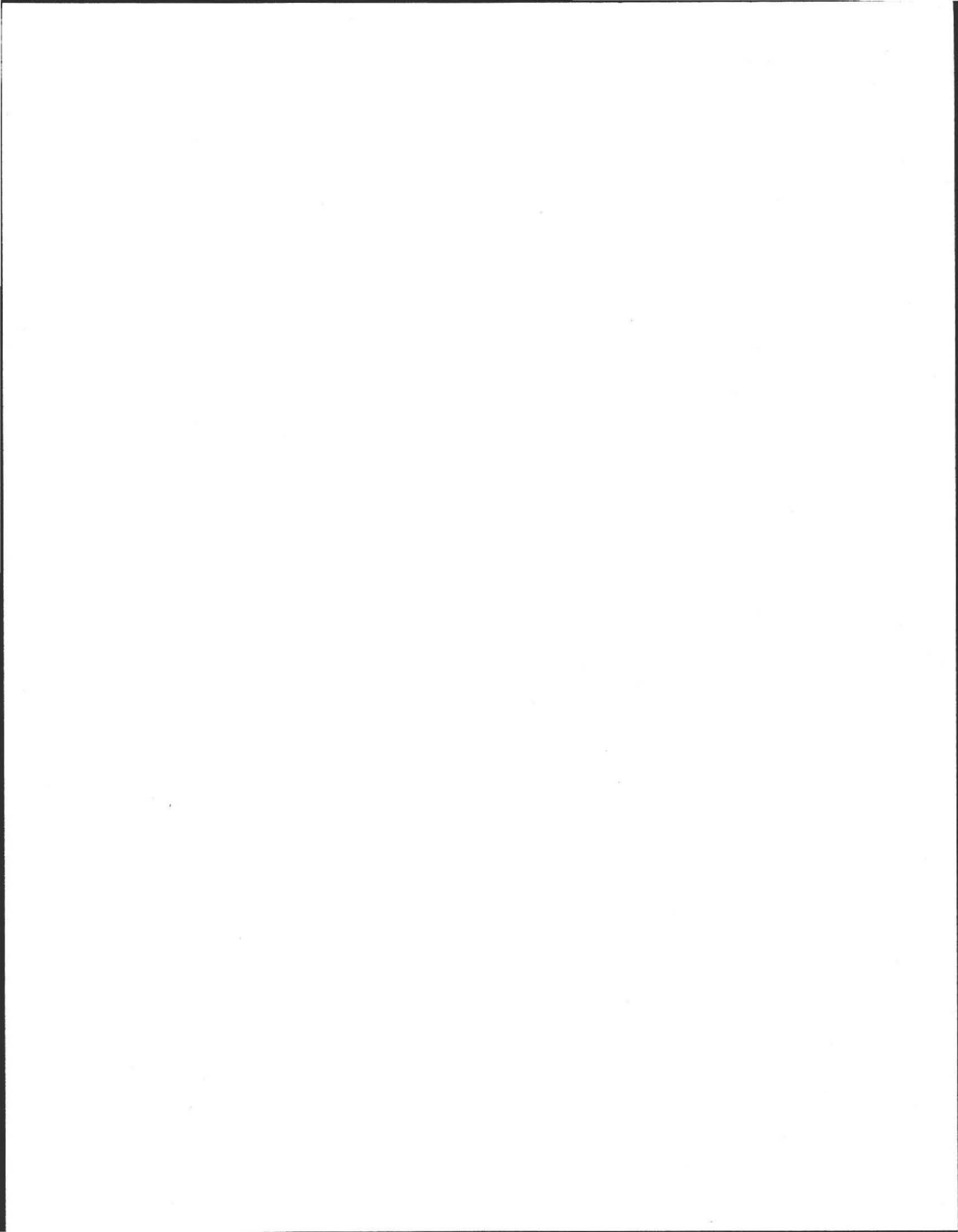
DE HEA017

SEPTIC TAN 150.

RECPT TOTAL

150.00  
GARETH B M QUA CHECK

AMOUNT  
66961595





No. 13-8

FEE \$150 DUE

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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



|                  |                          |                 |                          |
|------------------|--------------------------|-----------------|--------------------------|
| Location         | <u>226 Shutesbury Rd</u> | Owner's Name    | <u>10 Sarah Matthews</u> |
| Map/Parcel#      | <u>96-57</u>             | Address         | <u>95 Crossbrook</u>     |
| Lot#             | <u>57</u>                | Telephone#      |                          |
| Installer's Name | <u>Adair Septic</u>      | Designer's Name | <u>Alan Weiss Es</u>     |
| Address          | <u>Amherst, MA</u>       | Address         | <u>Beldoson MA</u>       |
| Telephone#       | <u>413-531</u>           | Telephone#      | <u>413-323-5957</u>      |

Type of Building \_\_\_\_\_ Lot Size \_\_\_\_\_ sq. ft.  
 Dwelling - No. of Bedrooms 3 Bedroom Res. Garbage grinder (No)  
 Other - Type of Building Residence No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) \_\_\_\_\_ gpd Calculated design flow 330 Design flow provided 30 gpd  
 Plan: Date 04-05-2013 Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_  
 Title Septic Tank + D. Box Plan  
 Description of Soil(s) \_\_\_\_\_  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS New D. Box + Septic Tank Only.  
(Clean outlet filter on S tank Annually)

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed R Adair Date 3/7/2013

Inspections \_\_\_\_\_

No. 13-8

FEE \$150 DUE

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

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

by: Adair Septic  
at: 226 Shutesbury Rd.

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 13-8 dated 3/22/13 Approved Design Flow 330 (gpd)

Installer Rob Adair Designer: \_\_\_\_\_ Inspector: Edmund R. Guitierrez Date: 4-5-13

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

No. 13-8

FEE \$150 DUE

COMMONWEALTH OF MASSACHUSETTS

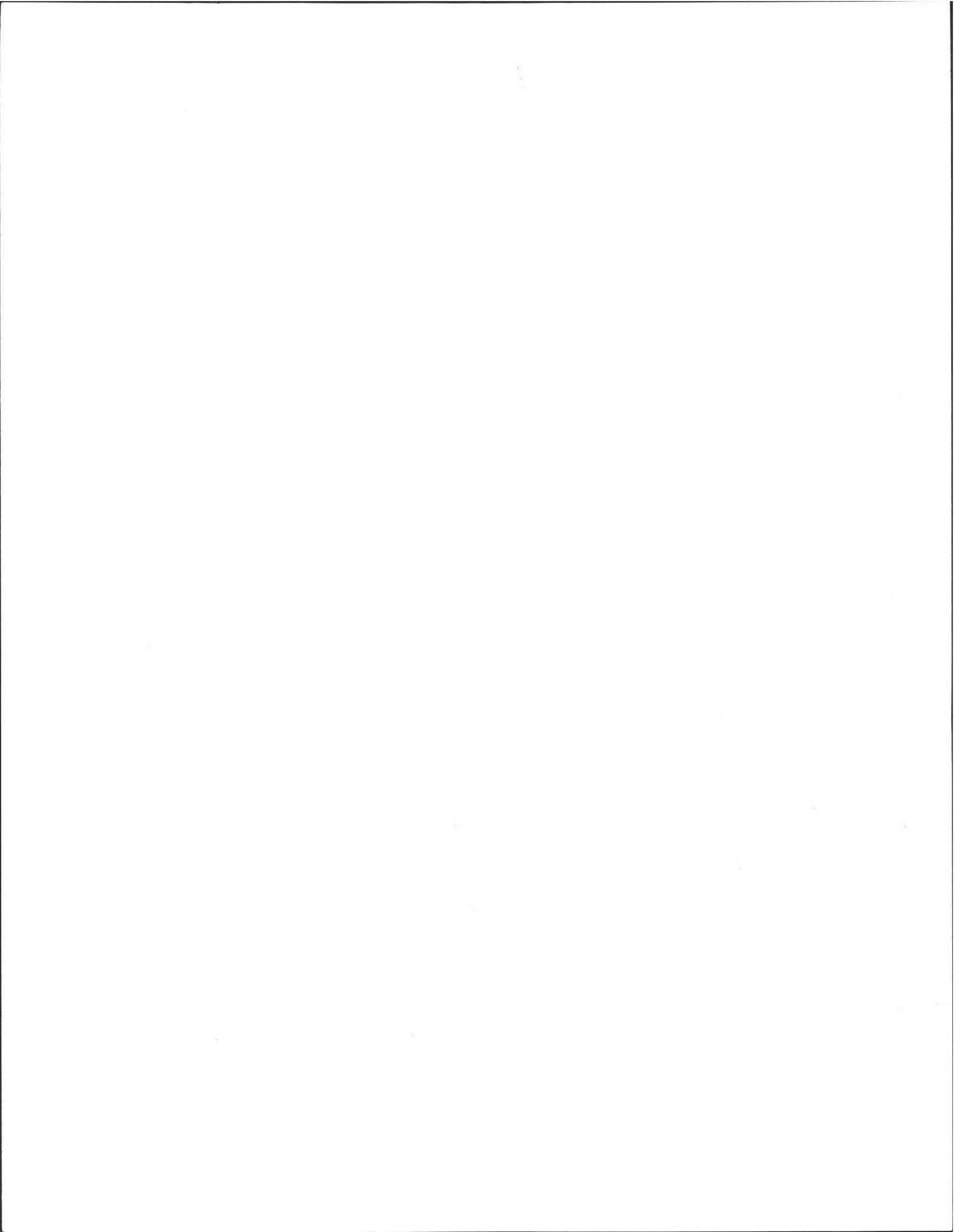
Board of Health, AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 226 SHUTESBURY ROAD, AMHERST as described in the application for Disposal System Construction Permit No. 13-8 dated 3.22.2013

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

Date 3/22/13 Board of Health Edmund R. Guitierrez





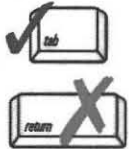
Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**  
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

226 Shutesbury Road  
 Property Address  
 Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)  
 Owner's Name  
 Amherst MA 01002 04.05.2013  
 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. Please see completeness checklist at the end of the form.**

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



**A. General Information**

1. Inspector:  
 Alan E Weiss, M.S, Hydrogeologist, RS # 933  
 Name of Inspector  
 Cold Spring Environmental Consultants Inc.  
 Company Name  
 350 Old Enfield Road  
 Company Address  
 Belchertown MA 01007  
 City/Town State Zip Code  
 413.323.5957 # 738  
 Telephone Number License Number

**B. Certification**

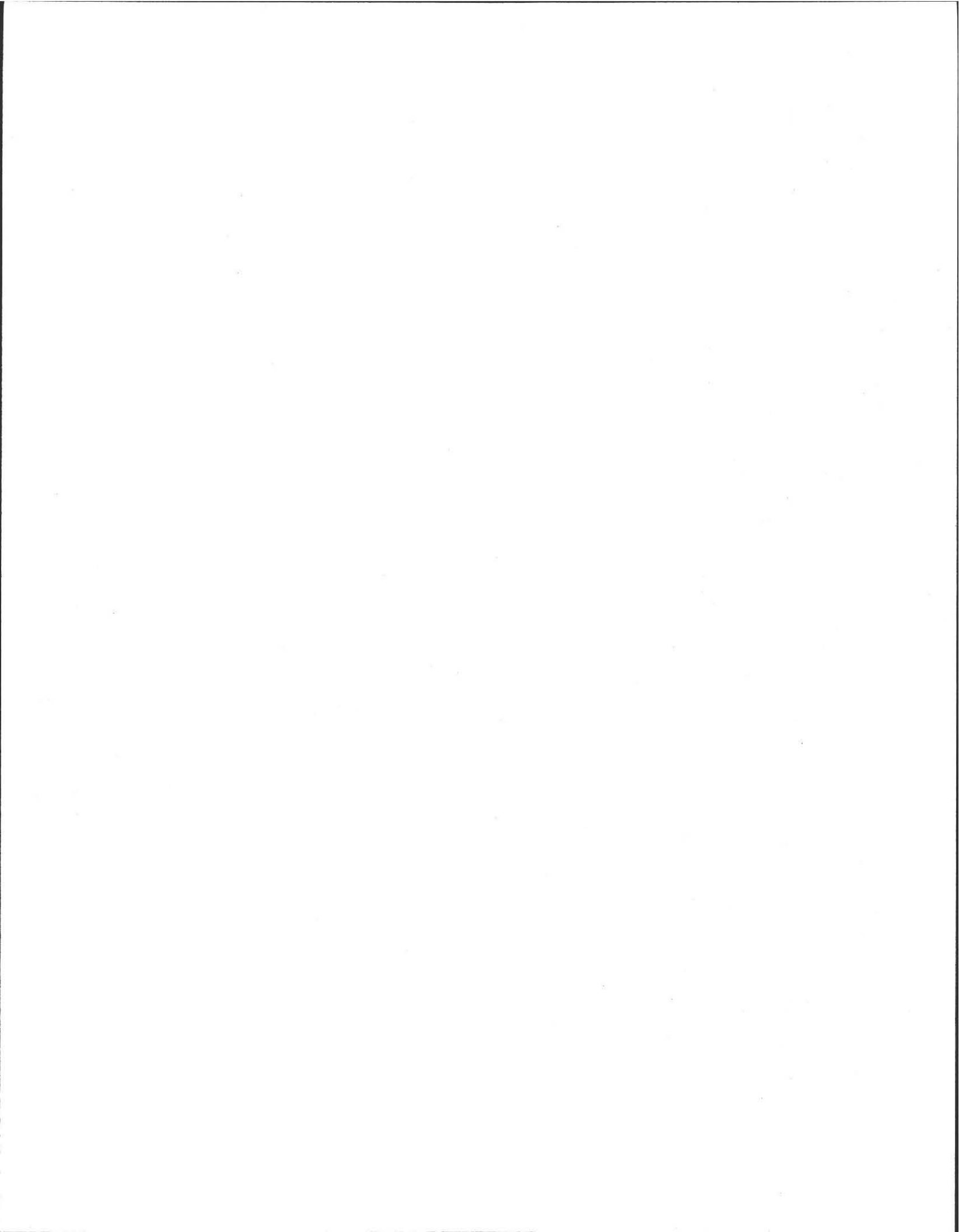
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on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

- Passes                       Conditionally Passes                       Fails  
 Needs Further Evaluation by the Local Approving Authority

Inspector's Signature \_\_\_\_\_ Date 04.05.2013

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

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

A) System Passes:

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

Comments:

Property had 1000 Gal S. tank and D. Box that were corroded and replaced. System was functional with proper levels & staining, D. box and tank were functional but corroded and needed to be replaced. One person using until January. 3 BR, home. Leaching (area 3 pipes in field) area was built 30 yrs ago. Health agent present for inspections.

B) System Conditionally Passes:

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

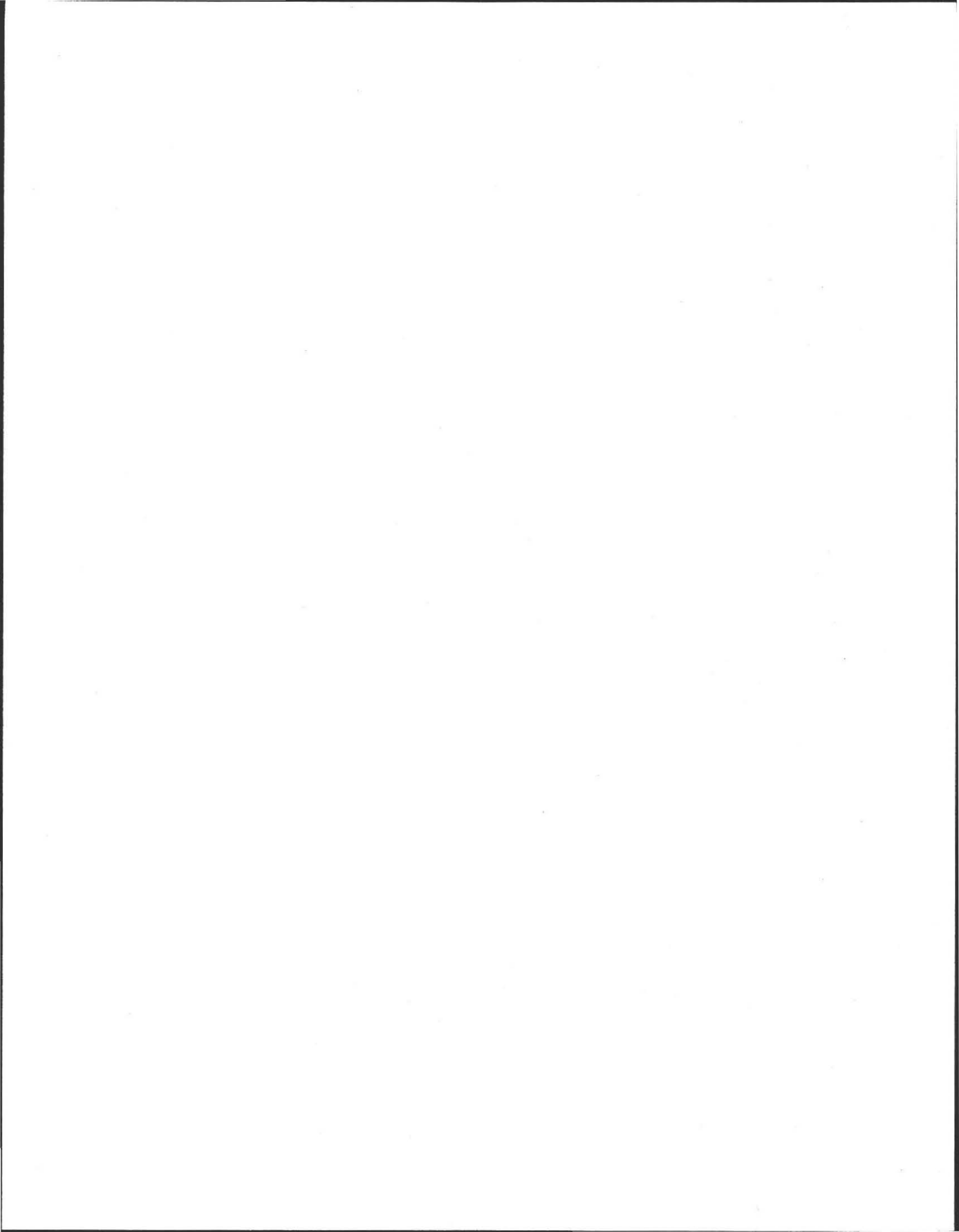
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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

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

- Y N ND (Explain below):

D. box replaced as noted.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

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

Replacement of distribution box & S. tank completed

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

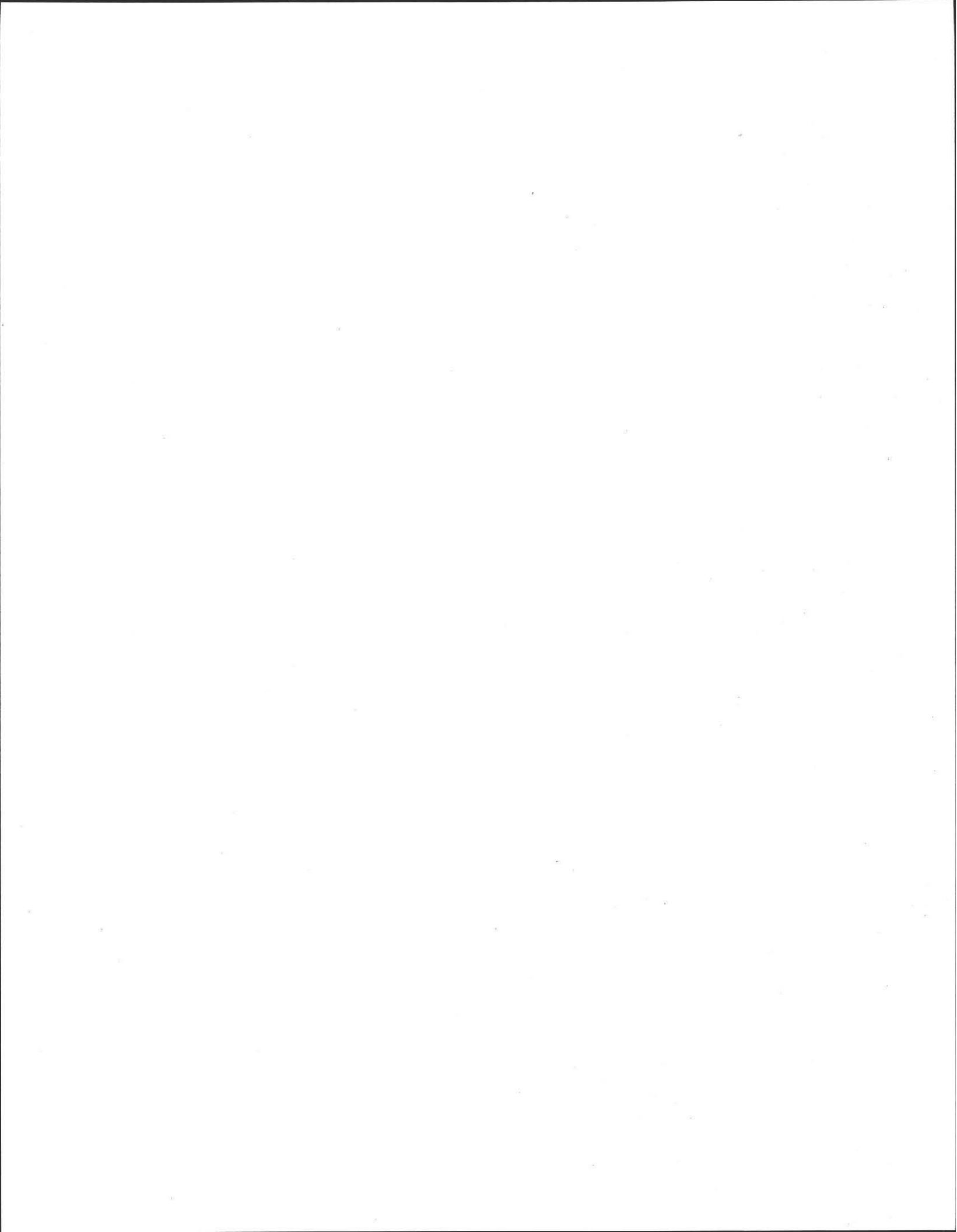
- broken pipe(s) are replaced
obstruction is removed

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

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

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

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







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

- Four checkbox options regarding septic tank and SAS placement relative to surface water supply, public water supply, and private water supply well.

Method used to determine distance:

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

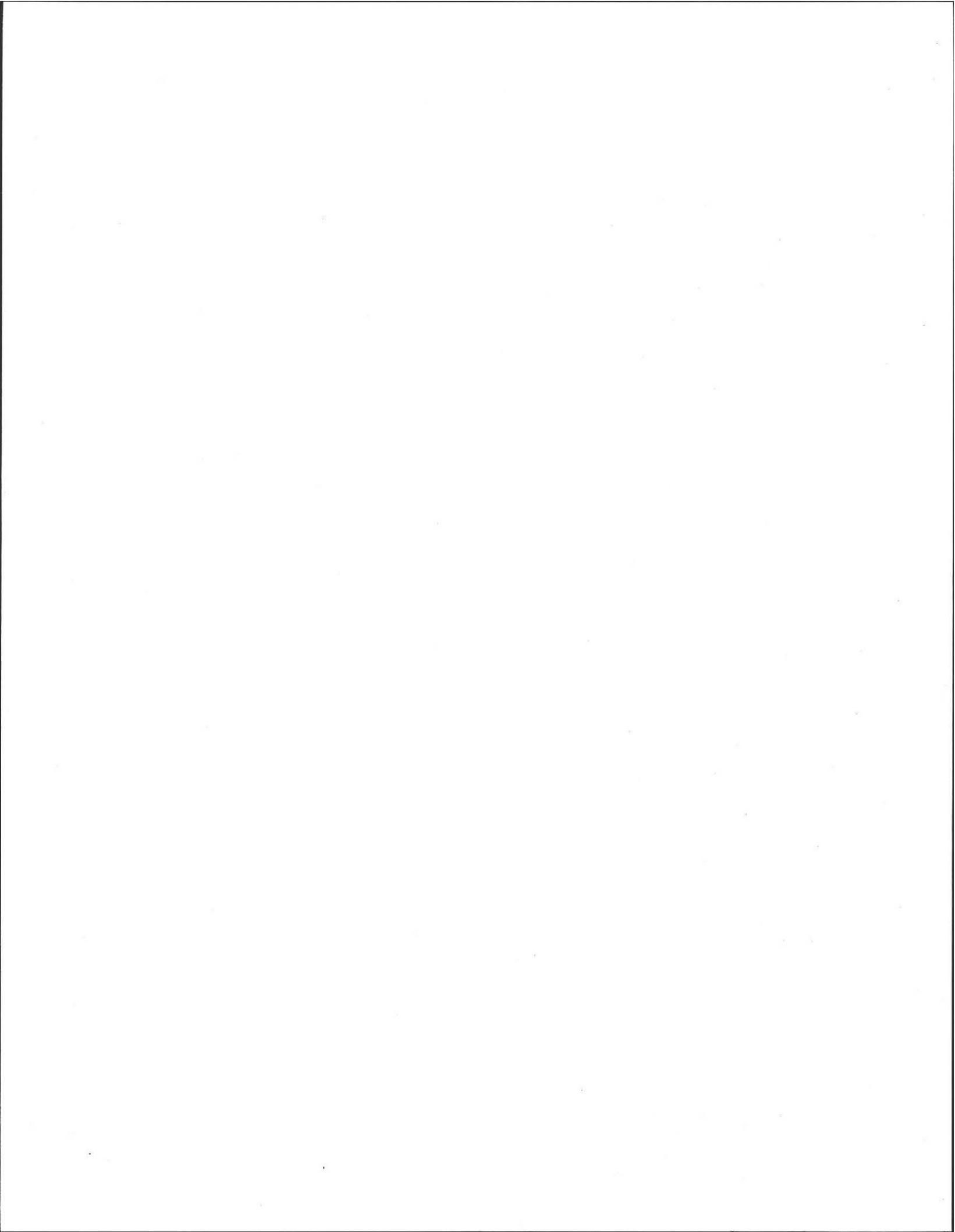
3. Other:

Four horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns 'Yes' and 'No' and four rows of failure criteria. The 'No' column contains checked boxes for all items.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

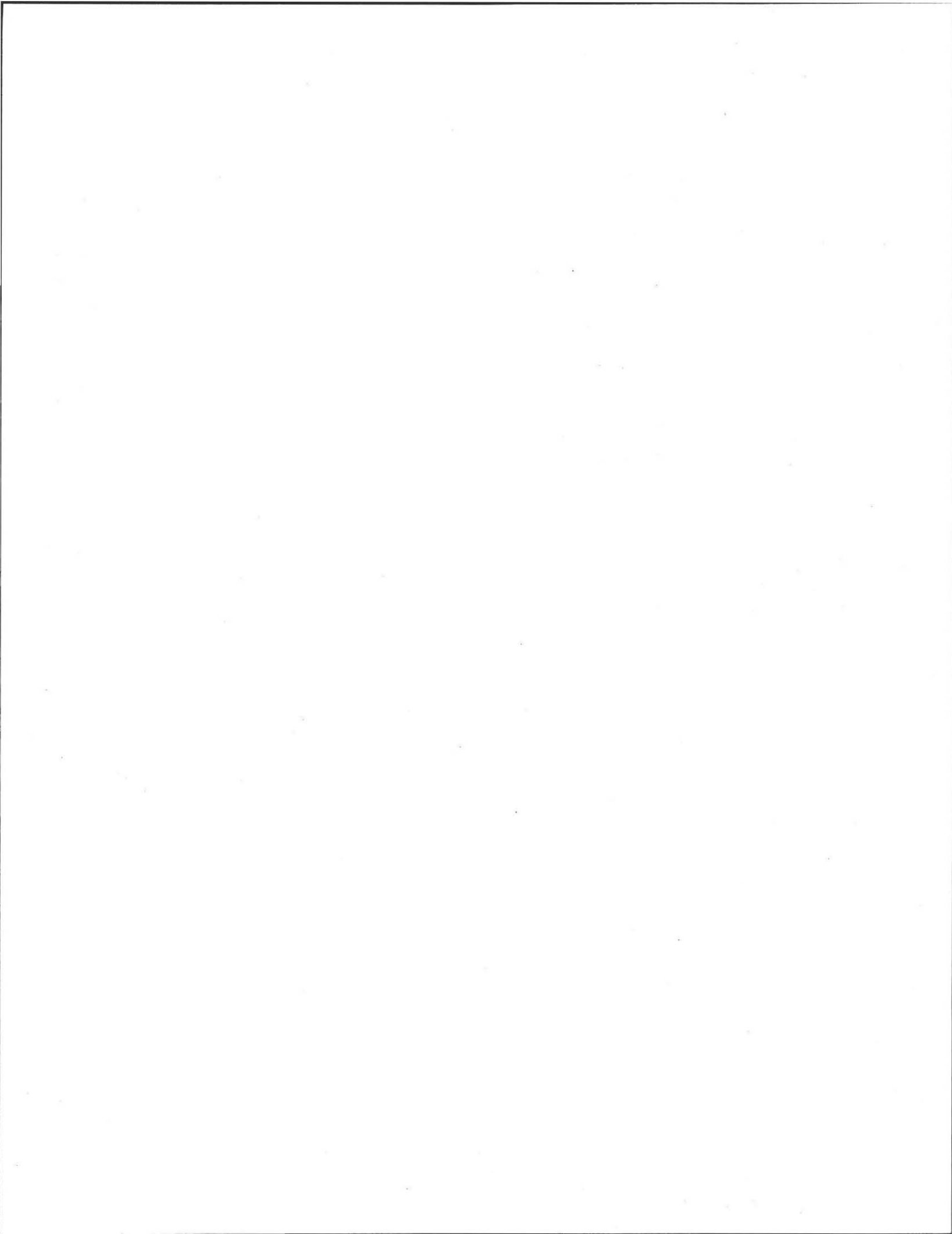
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- Yes No the system is within 400 feet of a surface drinking water supply

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA State

01002 Zip Code

04.05.2013 Date of Inspection

Owner information is required for every page.

C. Checklist

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

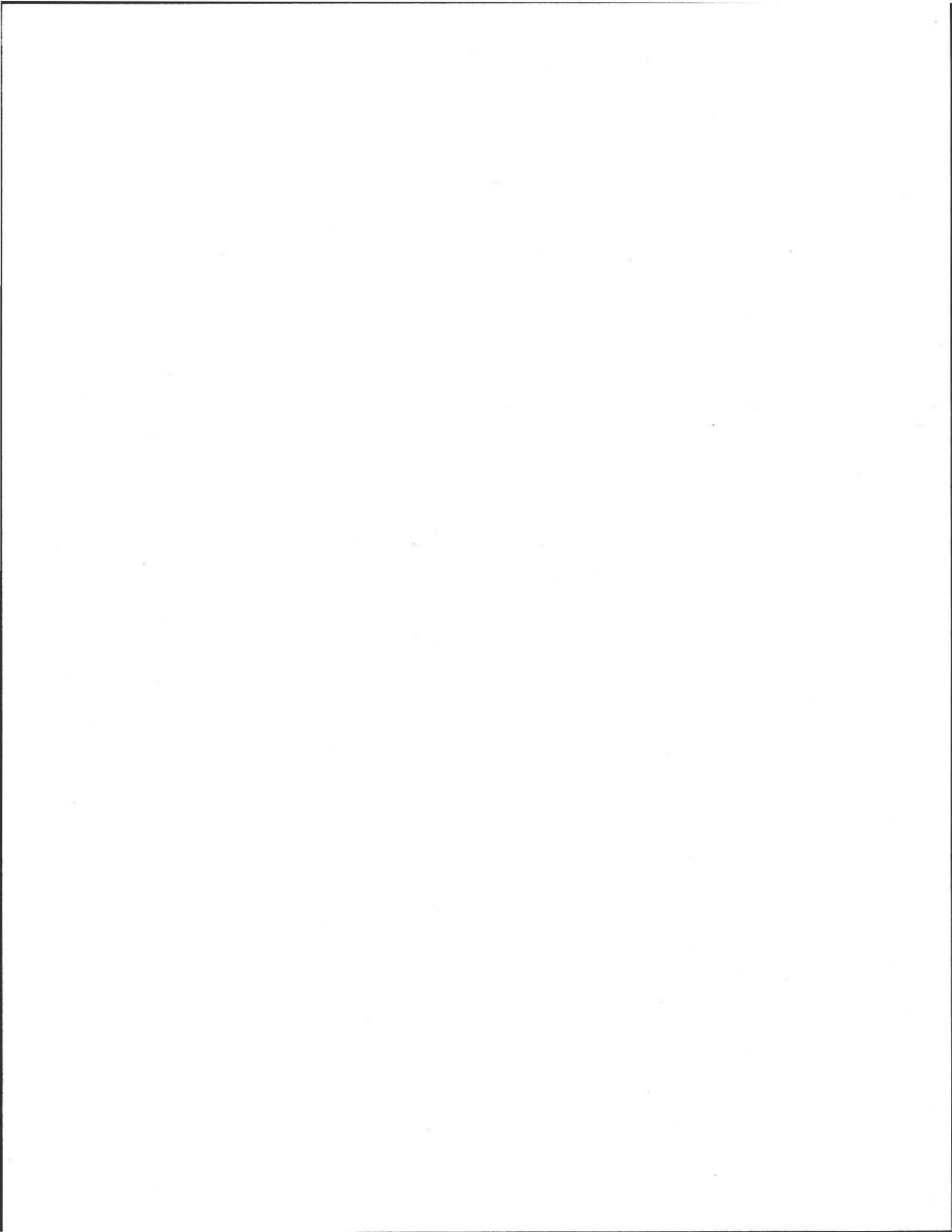
- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, normal flows, water introduction, plans, facility inspection, site inspection, system components location, septic tank manholes, and soil absorption system (SAS) information.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330





**Commonwealth of Massachusetts**  
**Title 5 Official Inspection Form**  
**Subsurface Sewage Disposal System Form - Not for Voluntary Assessments**

Owner information is required for every page.

226 Shutesbury Road  
 Property Address  
 Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)  
 Owner's Name  
 Amherst MA 01002 04.05.2013  
 City/Town State Zip Code Date of Inspection

**D. System Information**

Description:  
 1500 gallon S. tank and d. box with 3 Leach lines, Replaced box & tank.

Number of current residents: 0 since Jan

Does residence have a garbage grinder?  Yes  No

Is laundry on a separate sewage system? [if **yes** separate inspection required]  Yes  No

Laundry system inspected?  Yes  No

Seasonal use?  Yes  No

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

Detail:  
 Laundry included on main system

---

Sump pump?  Yes  No

Last date of occupancy: 0

**Commercial/Industrial Flow Conditions:**

Type of Establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_ Gallons per day (gpd)

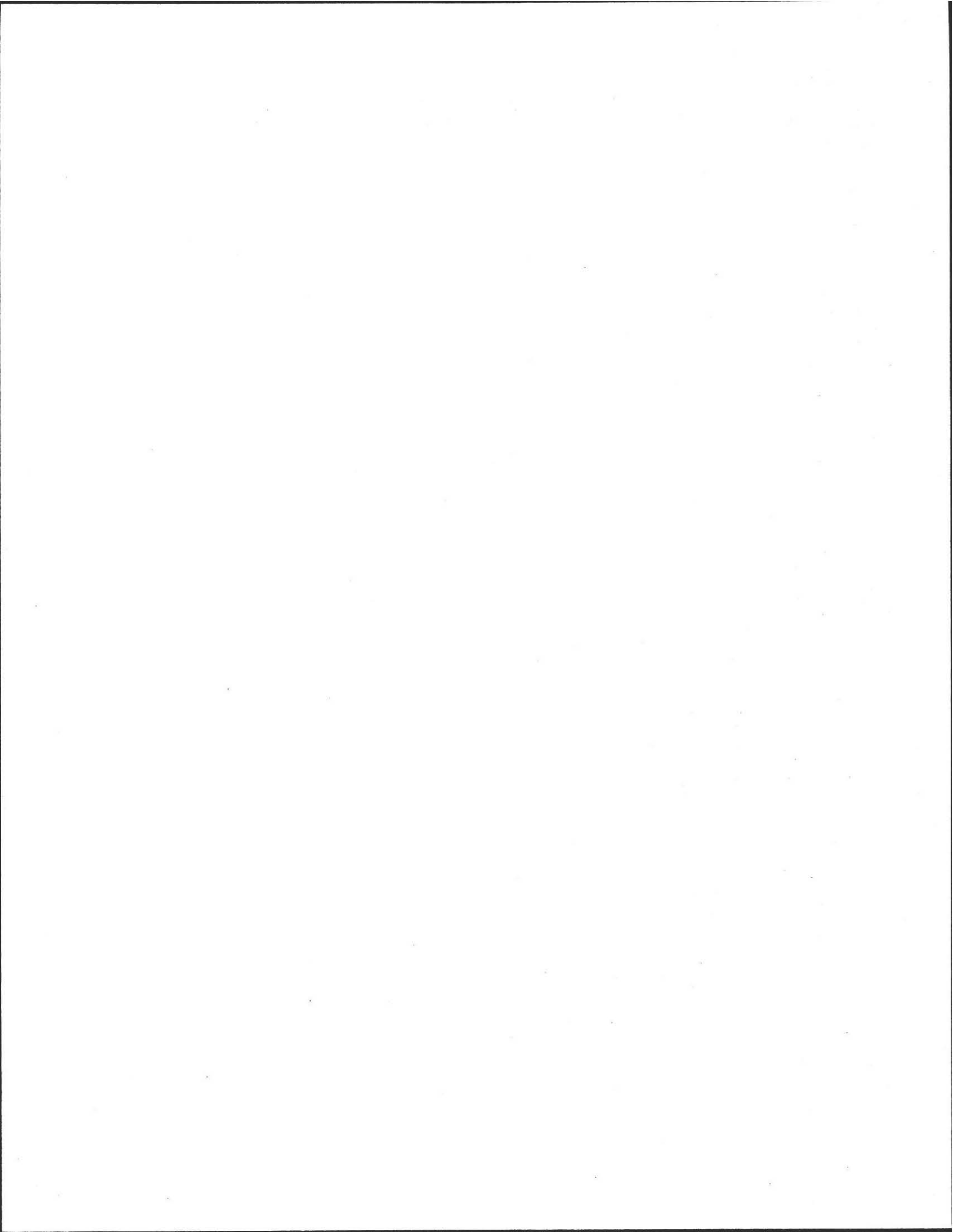
Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

Grease trap present?  Yes  No

Industrial waste holding tank present?  Yes  No

Non-sanitary waste discharged to the Title 5 system?  Yes  No

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







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

D. System Information (cont.)

Last date of occupancy/use:

current Date

Other (describe below):

General Information

Pumping Records:

Source of information:

?

Was system pumped as part of the inspection?

[X] Yes [ ] No

If yes, volume pumped:

1000 gallons

How was quantity pumped determined?

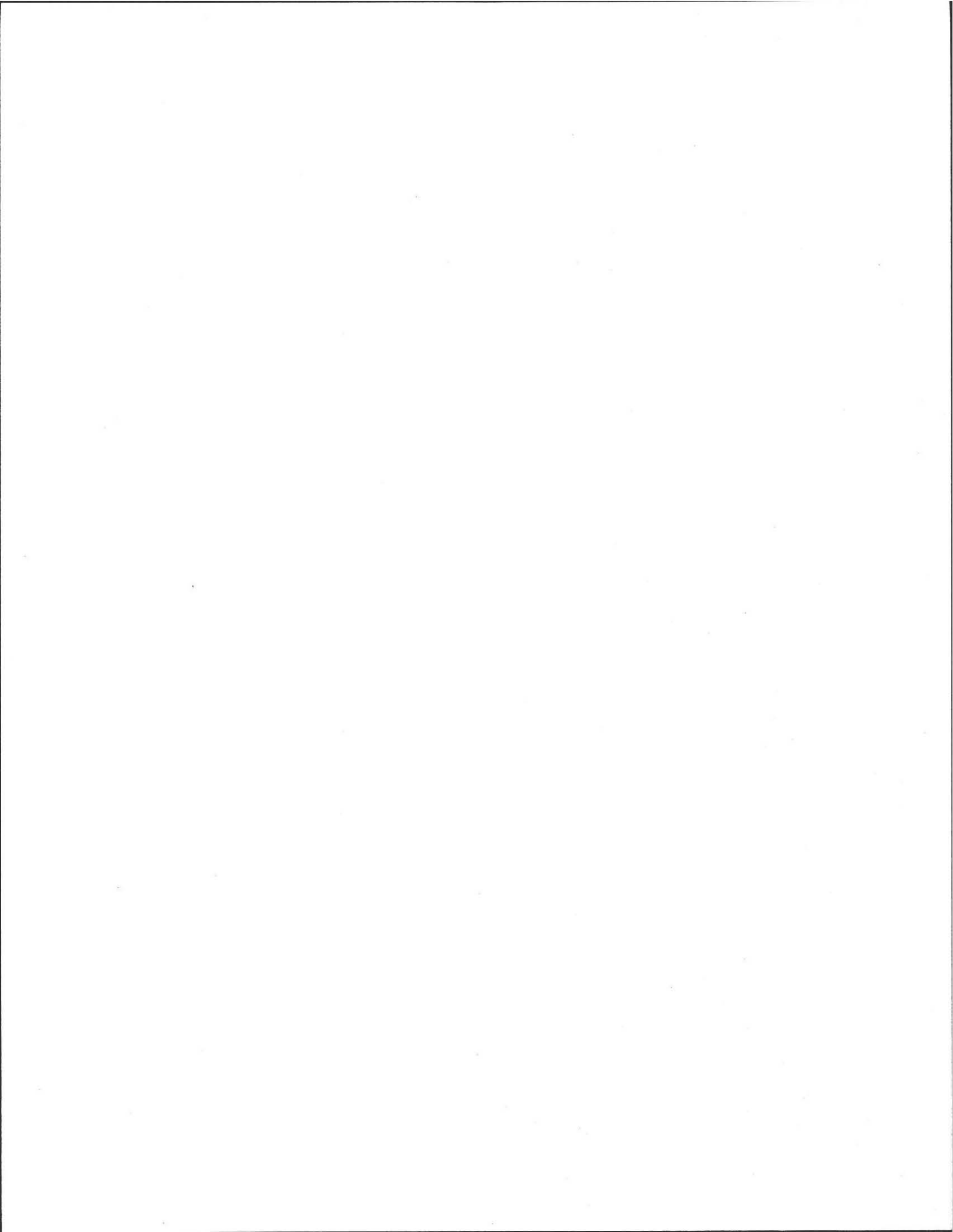
meas.

Reason for pumping:

inspection/replacement of tank

Type of System:

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.05.2013

Date of Inspection

D. System Information (cont.)

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

30+/- years for leaching area.

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.5 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

Good condition

Septic Tank (locate on site plan):

Depth below grade:

1 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

years

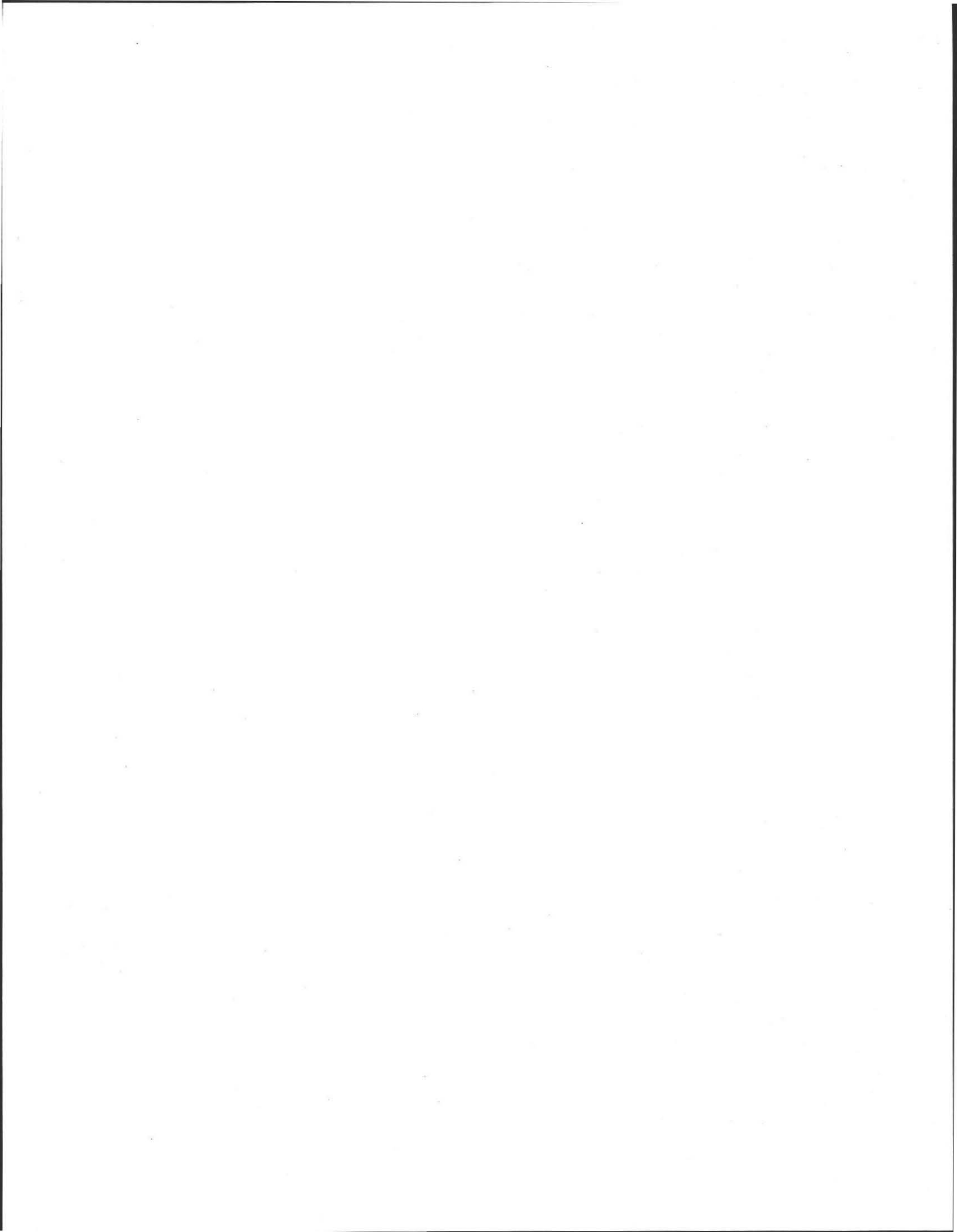
Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions:

8.5 x 4.5' x 4.2'

Sludge depth:

8"





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 34"
Scum thickness 6"
Distance from top of scum to top of outlet tee or baffle 6"
Distance from bottom of scum to bottom of outlet tee or baffle 10"-
How were dimensions determined? Obs

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Tank condition corroded (whole in side of tank) and replaced (no high level or staining). Outlet baffle was in place.

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

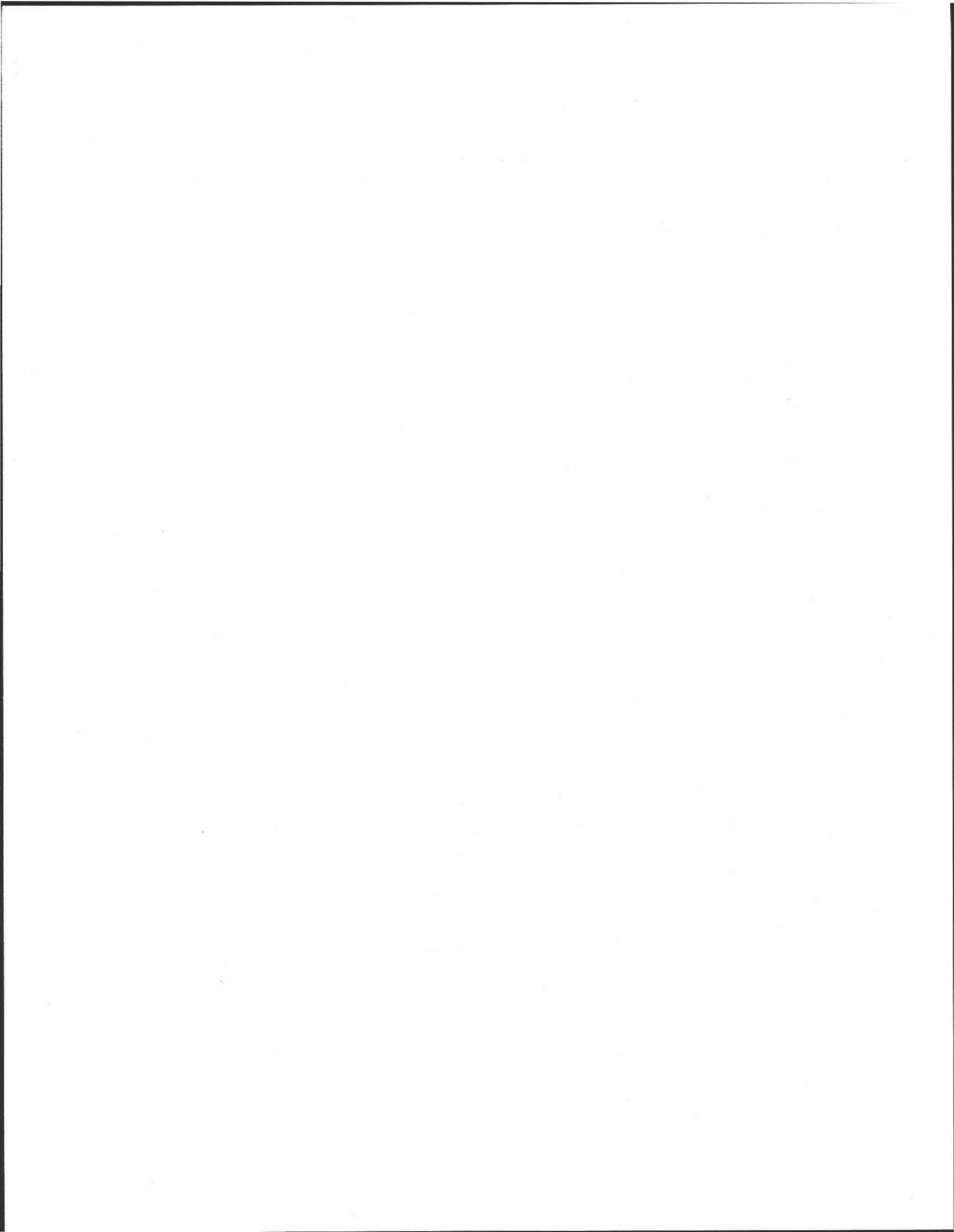
Dimensions:

Scum thickness

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

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

Date of last pumping: Date





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

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

Four horizontal lines for handwritten comments.

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

Depth below grade:

Material of construction:

- checkbox concrete, checkbox metal, checkbox fiberglass, checkbox polyethylene, checkbox other (explain):

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

- checkbox Yes, checkbox No

Alarm level:

- Alarm in working order: checkbox Yes, checkbox No

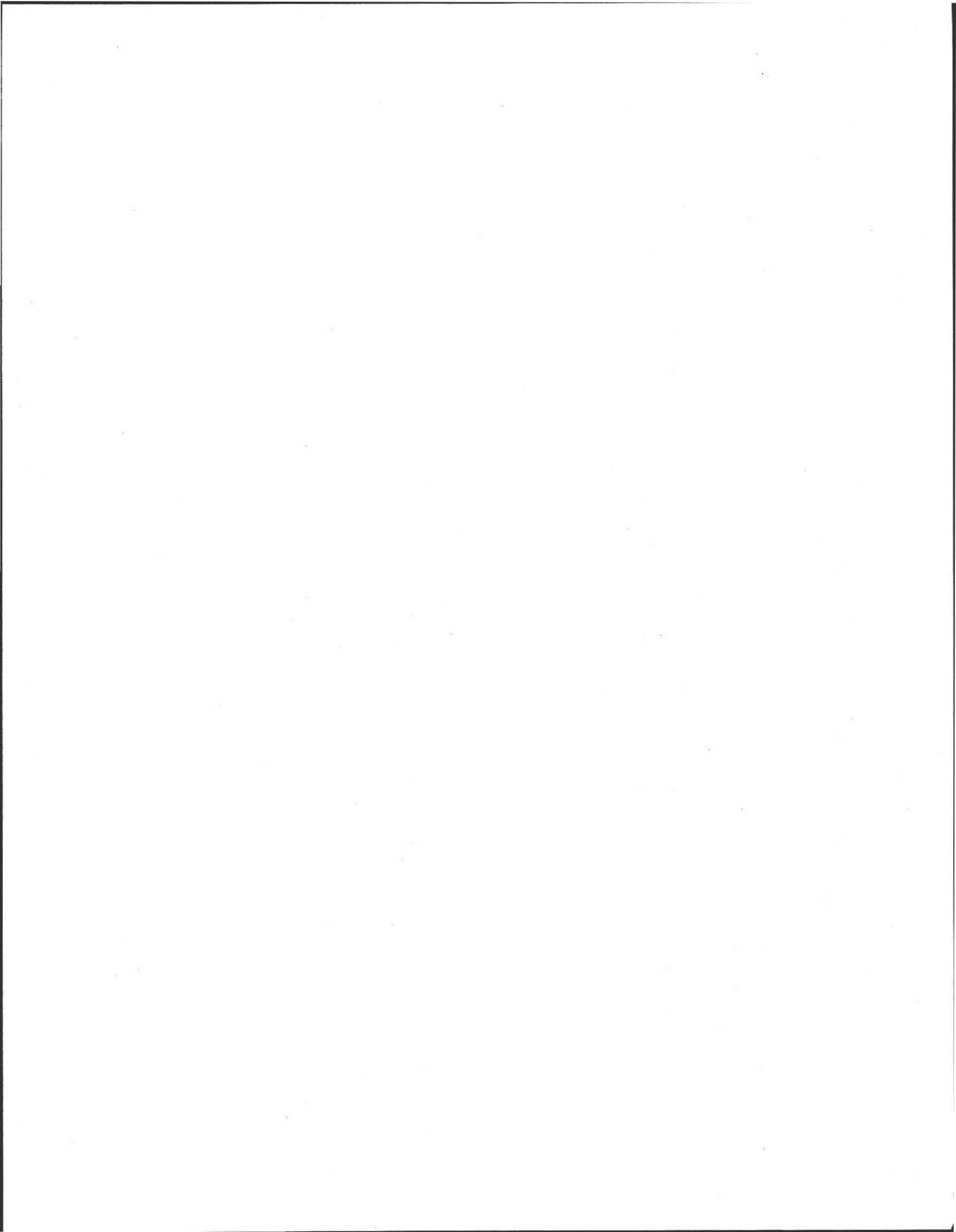
Date of last pumping:

Date

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

Four horizontal lines for handwritten comments.

\* Attach copy of current pumping contract (required). Is copy attached? checkbox Yes, checkbox No







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

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

Depth of liquid level above outlet invert

@ invert

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

good distribution evident (12" Below grade) before box change, old box corroded. New box installed. New box installed and reinspected. underlying stone ok.

Pump Chamber (locate on site plan):

Pumps in working order:

Yes  No

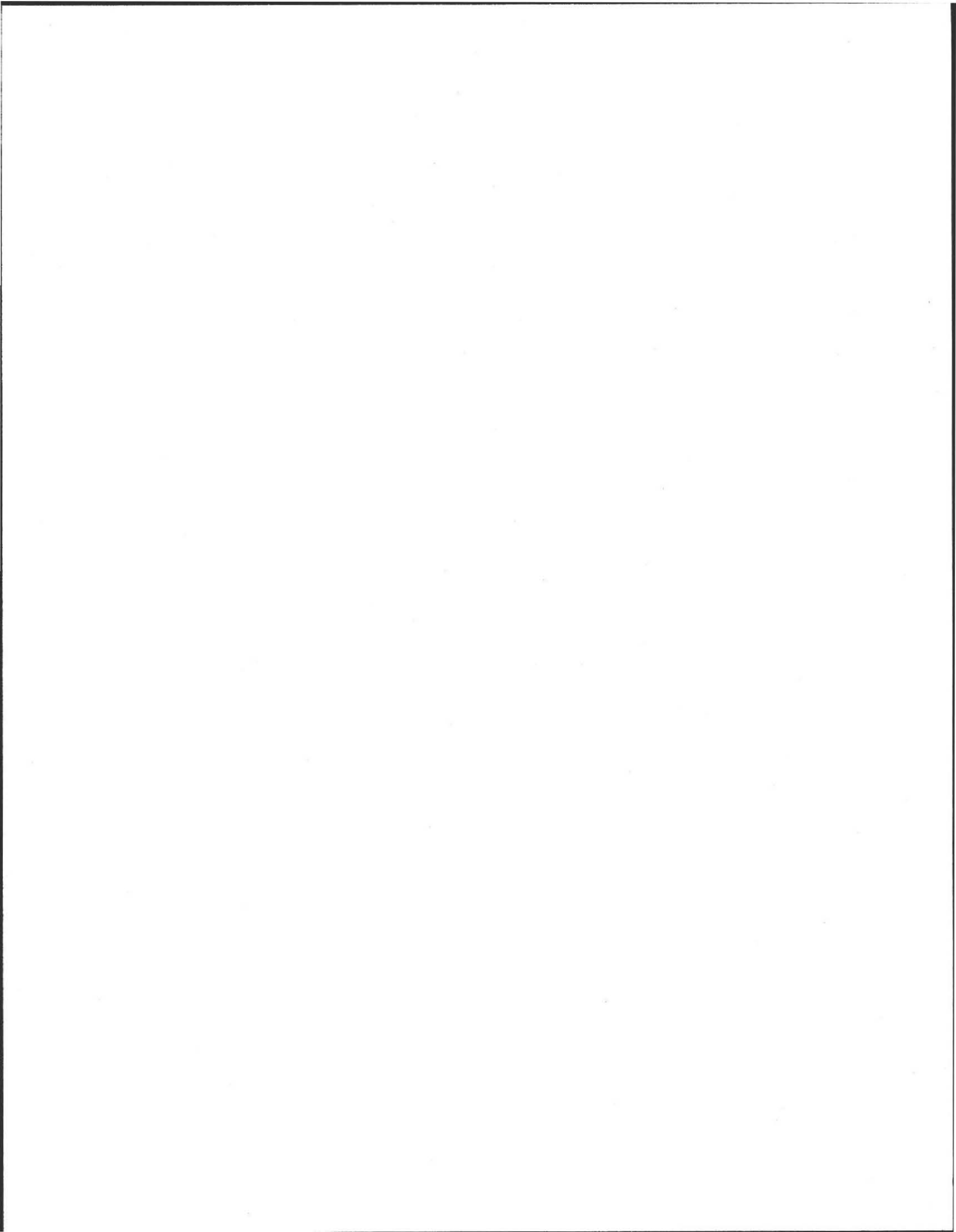
Alarms in working order:

Yes  No

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

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

If SAS not located, explain why:





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 3 lines.
overflow cesspool number:
innovative/alternative system

Type/name of technology:

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

No failure or ponding noted in stone or D. box or tank, lines accepting flow as designed.

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

Number and configuration

Depth - top of liquid to inlet invert

Depth of solids layer

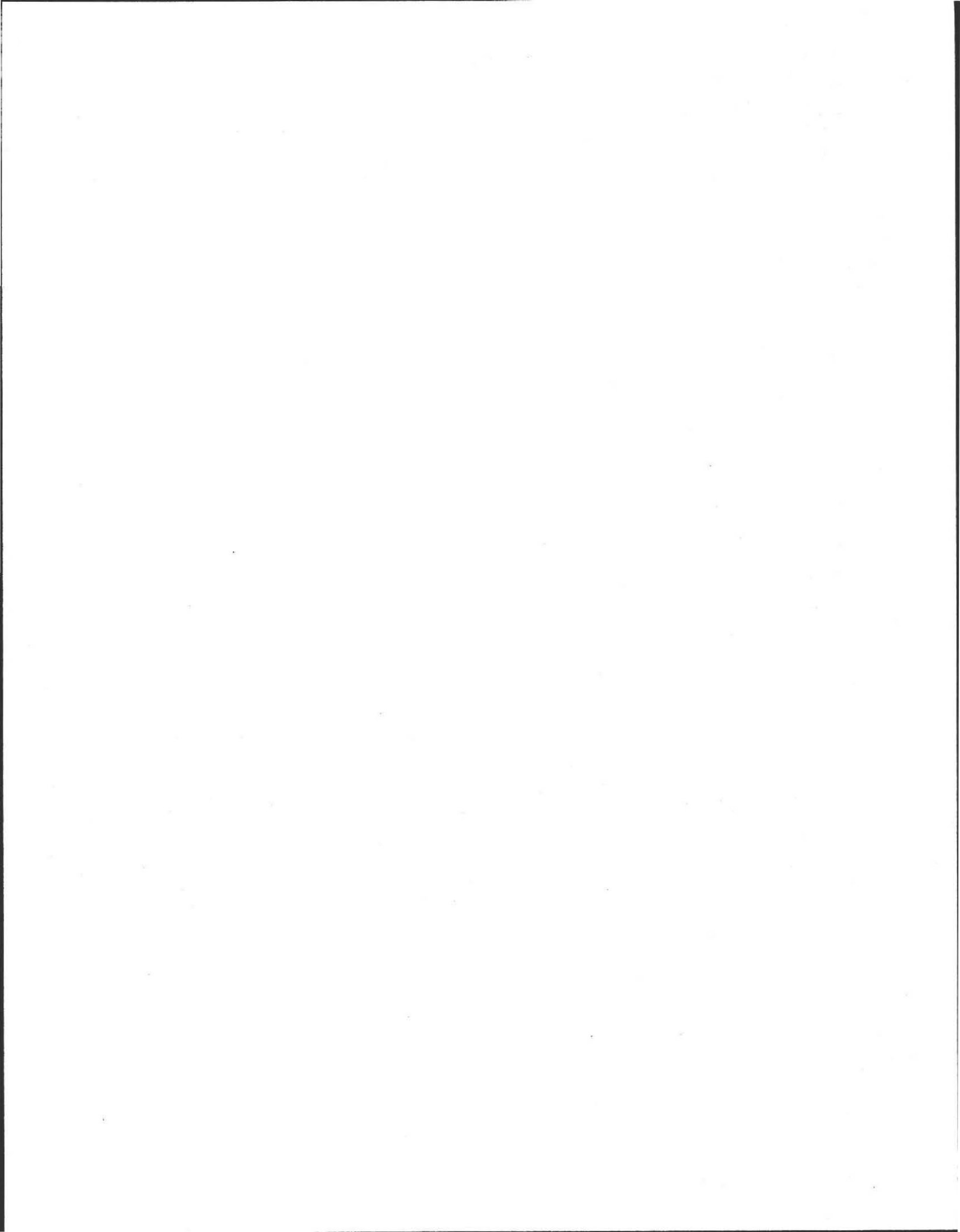
Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

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

**Privy** (locate on site plan):

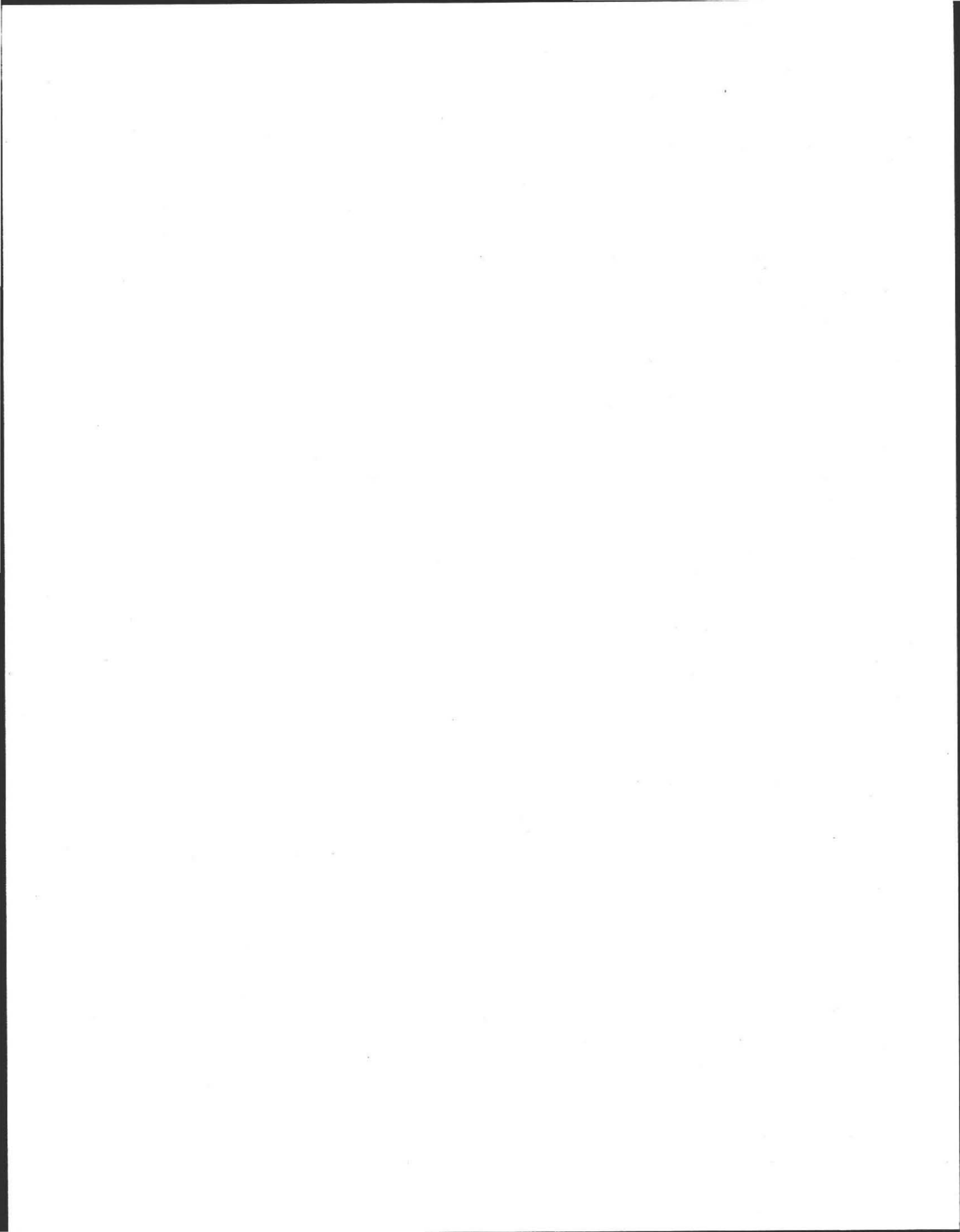
Materials of construction: \_\_\_\_\_

Dimensions \_\_\_\_\_

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

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

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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

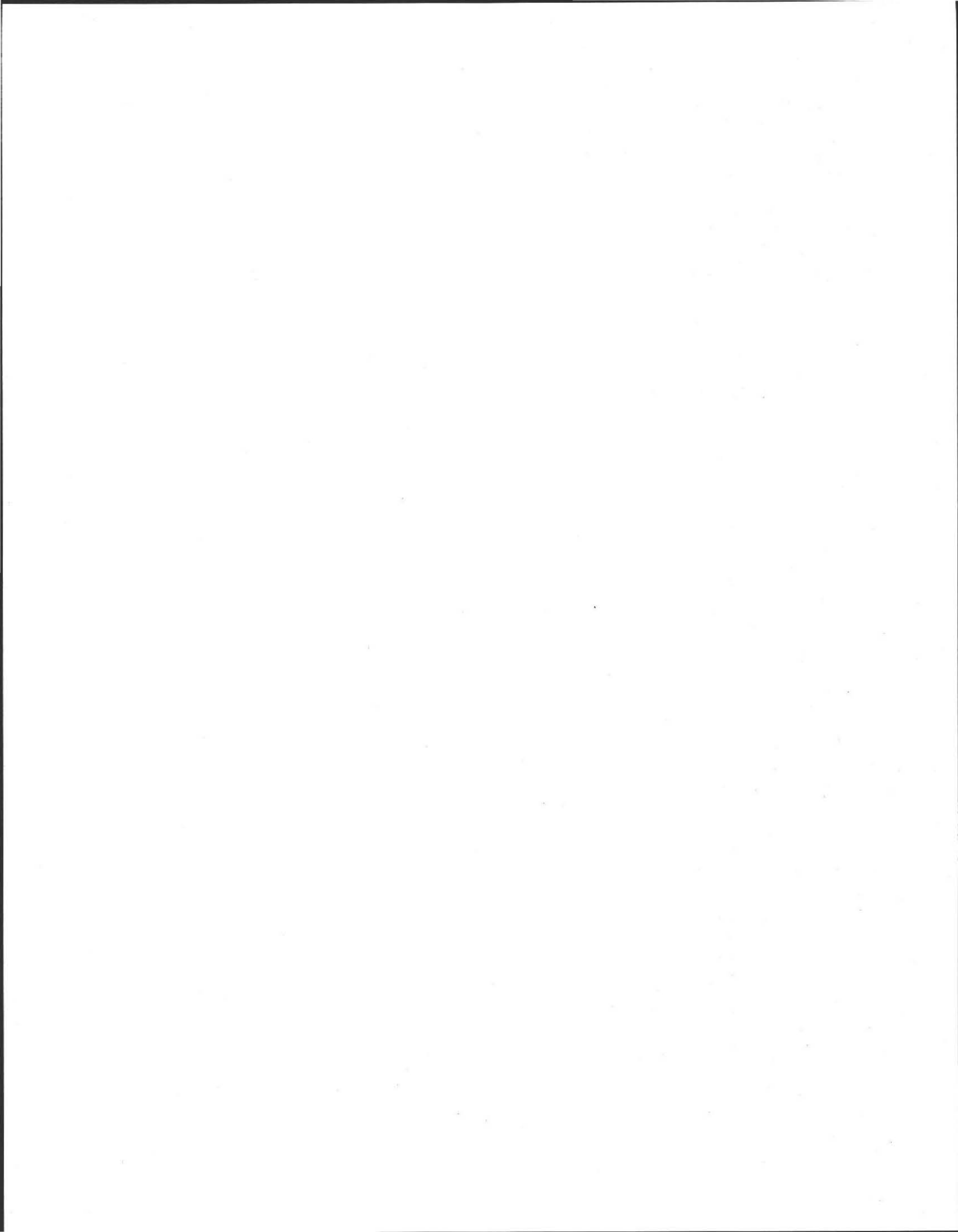
Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

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







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Site Exam:

[X] Check Slope

[ ] Surface water

[X] Check cellar

[X] Shallow wells

Estimated depth to high ground water:

4'+ (leach area raised, terraced) feet

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

[X] Obtained from system design plans on record

If checked, date of design plan reviewed: Records available, attached. Date

[ ] Observed site (abutting property/observation hole within 150 feet of SAS)

[X] Checked with local Board of Health - explain:

Records attached.

[ ] Checked with local excavators, installers - (attach documentation)

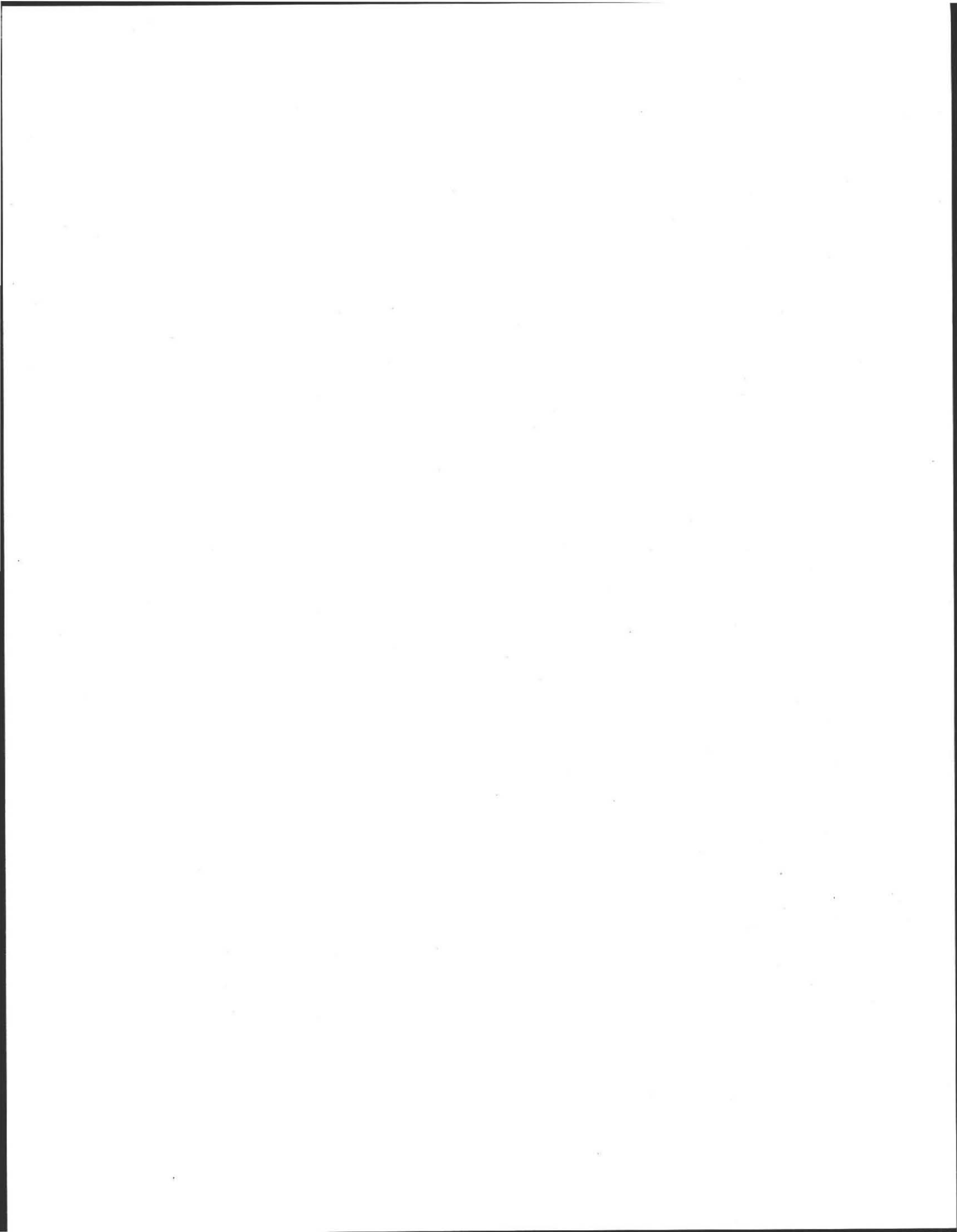
[ ] Accessed USGS database - explain:

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

Records and topographic interpretation.

Blank lines for describing high ground water elevation methods.

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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

226 Shutesbury Road

Property Address

Mary Mathews (C/O Sarah Mathews, 95 Crossbrook Ave, Amherst MA, 01002)

Owner's Name

Amherst

MA

01002

04.05.2013

City/Town

State

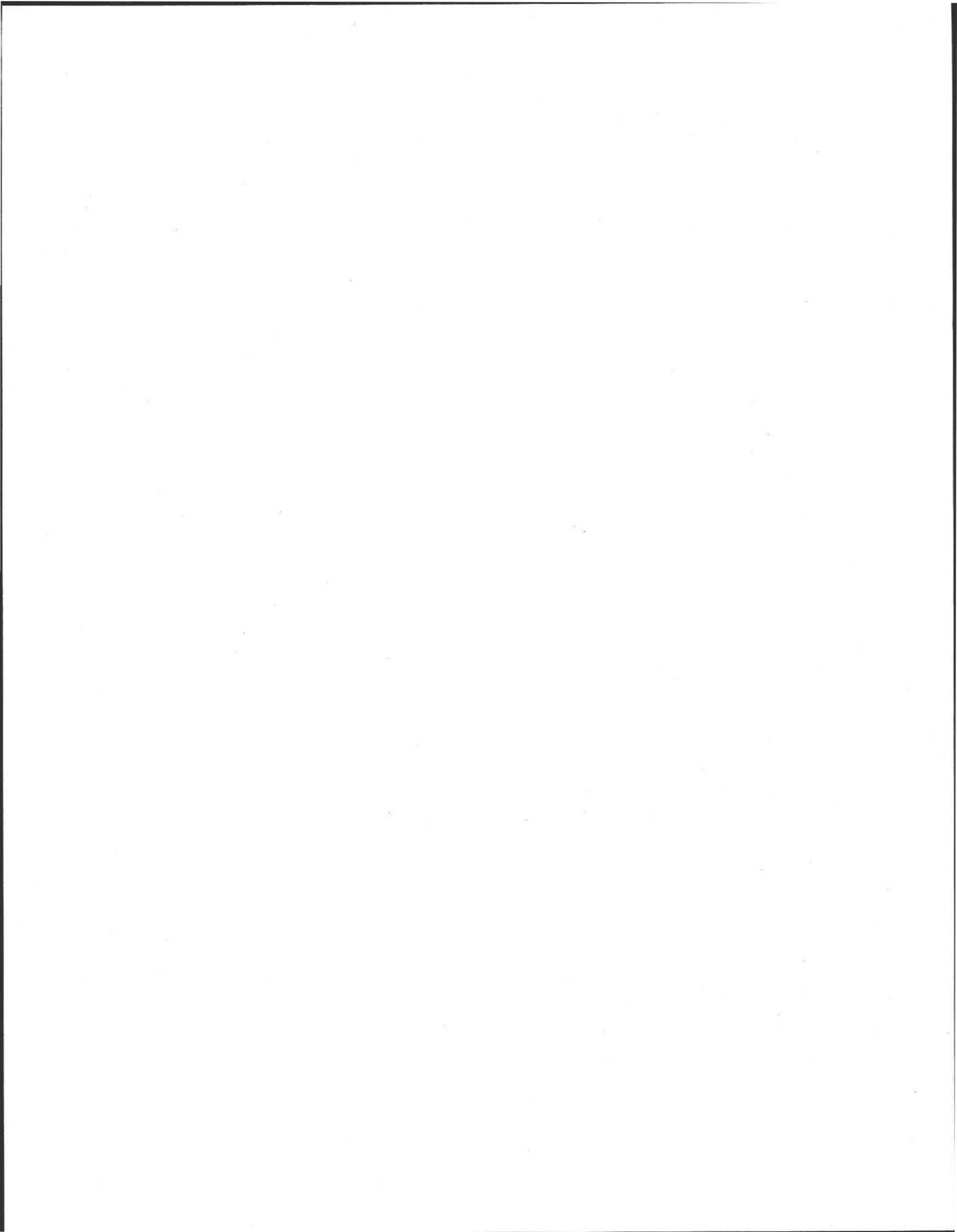
Zip Code

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

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



3/22 @ 9:30 AM

TS Witness 226 Shutesbury Road

Installed 1983 by 776104 / Bristol Const.

- Tank shot - ceiling + head

- D Box shot

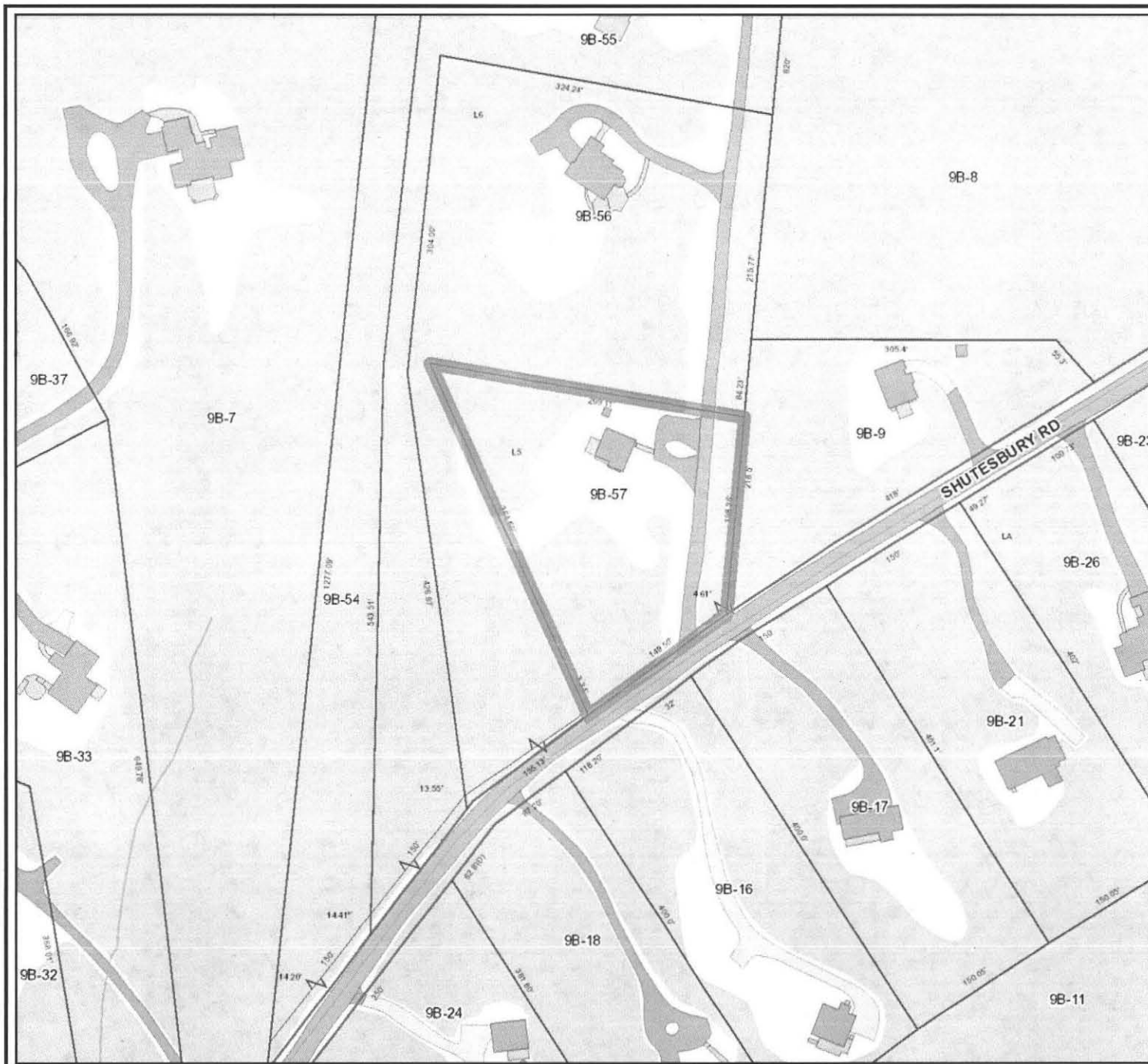
- Each job appears okay, needs to be viewed when all other components are restored and effluent flows through system.

- Rob Adams will estimate to Sarah Matthews  
Alan will let me know when all is in place

NO PAYMENT RECEIVED

... the ...  
... the ...  
... the ...

... the ...  
... the ...  
NO PAYMENT REQUIRED



- Property Map**
- Property Lines
    - Property Line
    - Hydrographic Property
    - Right of Way Line
    - Town Boundary
  - Lot Lines
    - Former Property Line
    - Subdivision Lot Line
  - Easements
- Driveways**
- Driveway Paved
  - Driveway Unpaved
- Transportation**
- Sidewalks
  - Paved street polygons
  - Unpaved street polyg
- Bridges**
- Bridge decking and str
  - Foot Bridge
  - Rail Bridge
- Basemap 2009**
- ... Trails
  - Rail Lines
- Structures**
- Building
  - Foundation or in const
  - Outbuilding or Miscell
  - Deck, Porch, Stairs or
  - Mobile home, Trailer
  - Swimming Pool
  - Building Ruins
  - Water storage tank
- Rivers and Streams**
- Streams
  - Major Culverts
  - Hydro Connector
  - Headwalls, Floodwalls
- Landcover**
- Brush and scrub vege
  - Tree and forest vege
  - Cultivated field
  - Gravel pile
  - Quarry
  - Misc Impervious Surfa
- Parking**
- Parking Paved
  - Parking Unpaved

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet  
 Vertical Datum: NAVD88, Feet

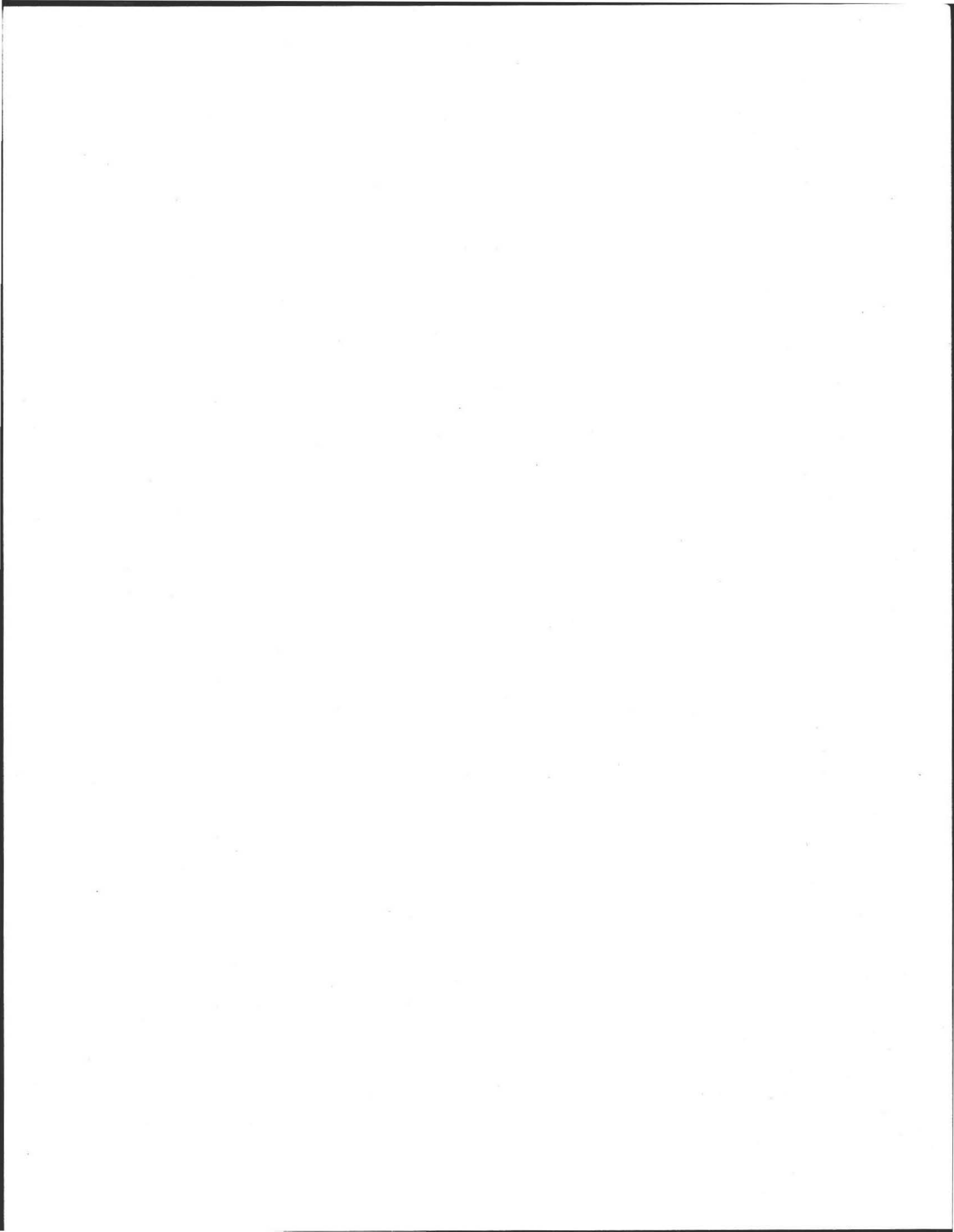
Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

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

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

1" = 135 ft



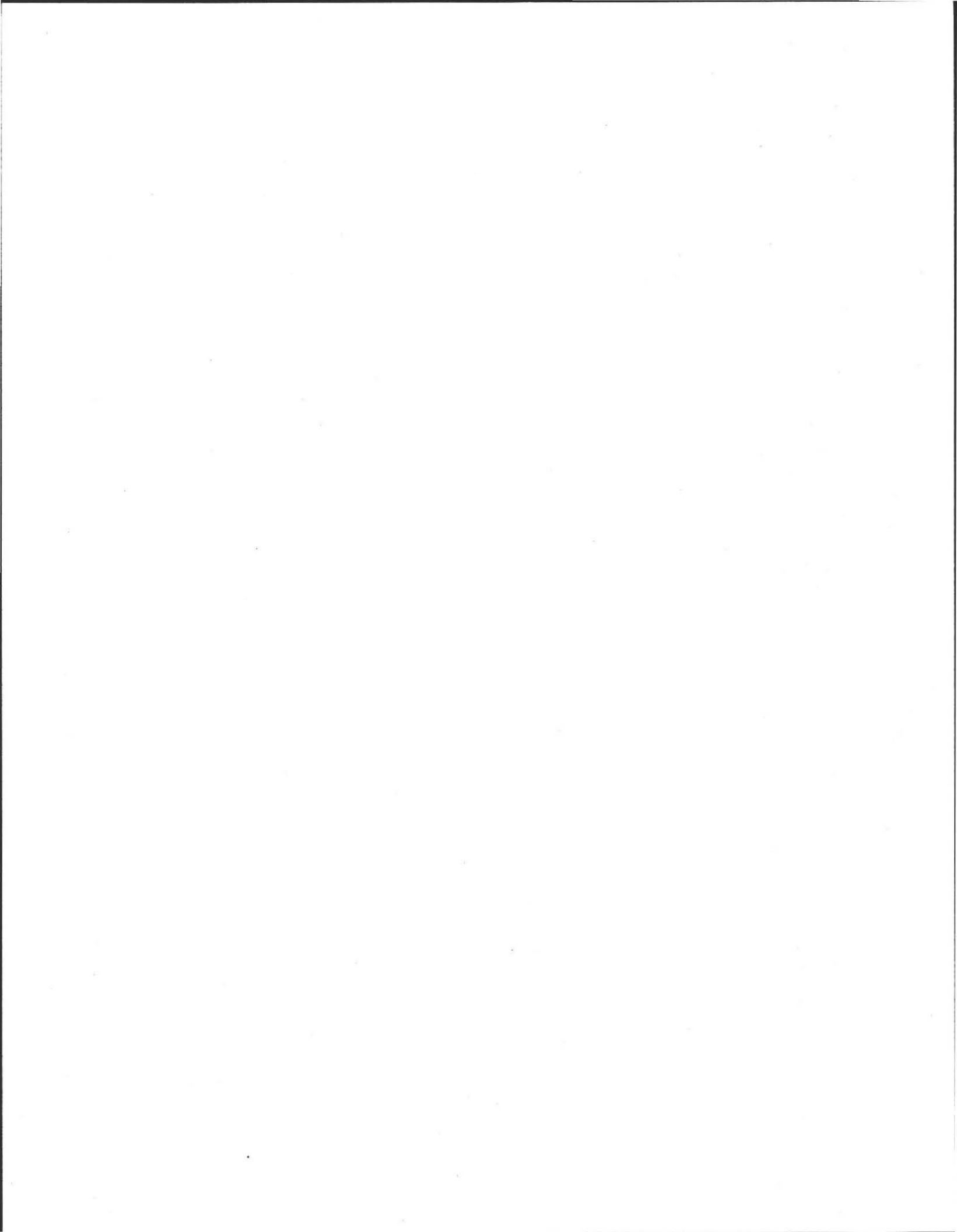




| Permit Record Detail |                     |
|----------------------|---------------------|
| Case #               | SPT2002-00480       |
| Project #            | SPT2002-00480       |
| Master #             | SPT2002-00480       |
| Address              | 226 SHUTESBURY RD   |
| Applicant            |                     |
| Parcel (Map It!)     | <b>09B000057</b>    |
| Project Name         | SEPTIC              |
| Description          | CONSTRUCTION PERMIT |
| Document             |                     |
| Status               | FNL                 |
| Issued               |                     |
| Finalled             | 10/18/1983          |
| Expiration           |                     |
| Received by          | KAK                 |
| Received             | 05/03/2002          |

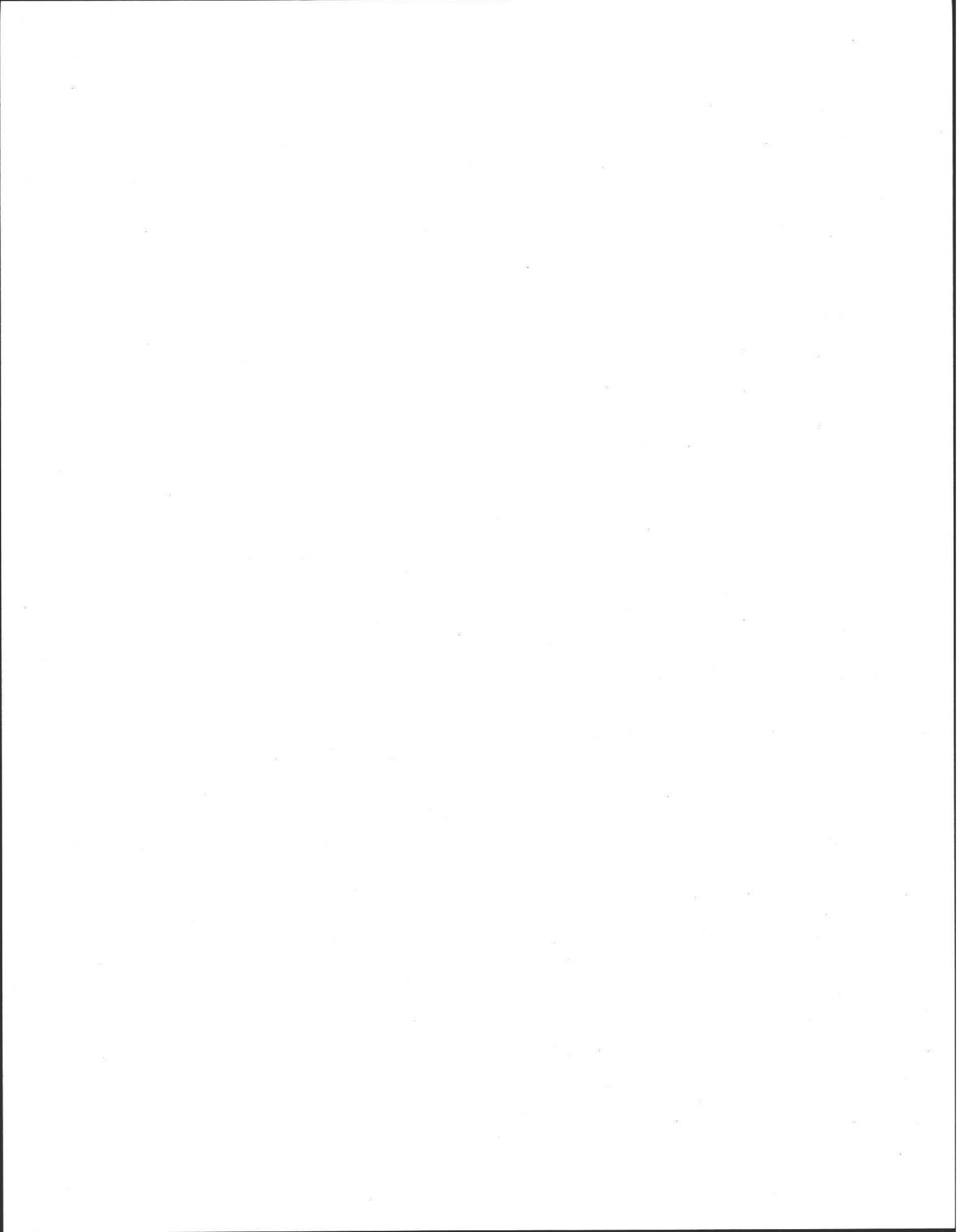
| Description                 | Date       | Notes |
|-----------------------------|------------|-------|
| Application Entered         | 05/03/2002 |       |
| Issue Certif. of Compliance | 05/03/2002 |       |

| Date       | Company       | Reason  | Quantity | Transfer | Permit        | Notes |
|------------|---------------|---------|----------|----------|---------------|-------|
| 04/09/2010 | GREGS         | ROUTINE | 1000     | ERVING   | SPT2002-00480 |       |
| 04/08/2008 | GREG'S        | ROUTINE | 1000     | ERVING   | SPT2002-00480 |       |
| 04/01/2005 | GREG'S        | ROUTINE | 1000     | ERVING   | SPT2002-00480 |       |
| 04/16/2002 | GREG'S WASTE. | ROUTINE | 1000     |          | SPT2002-00480 |       |

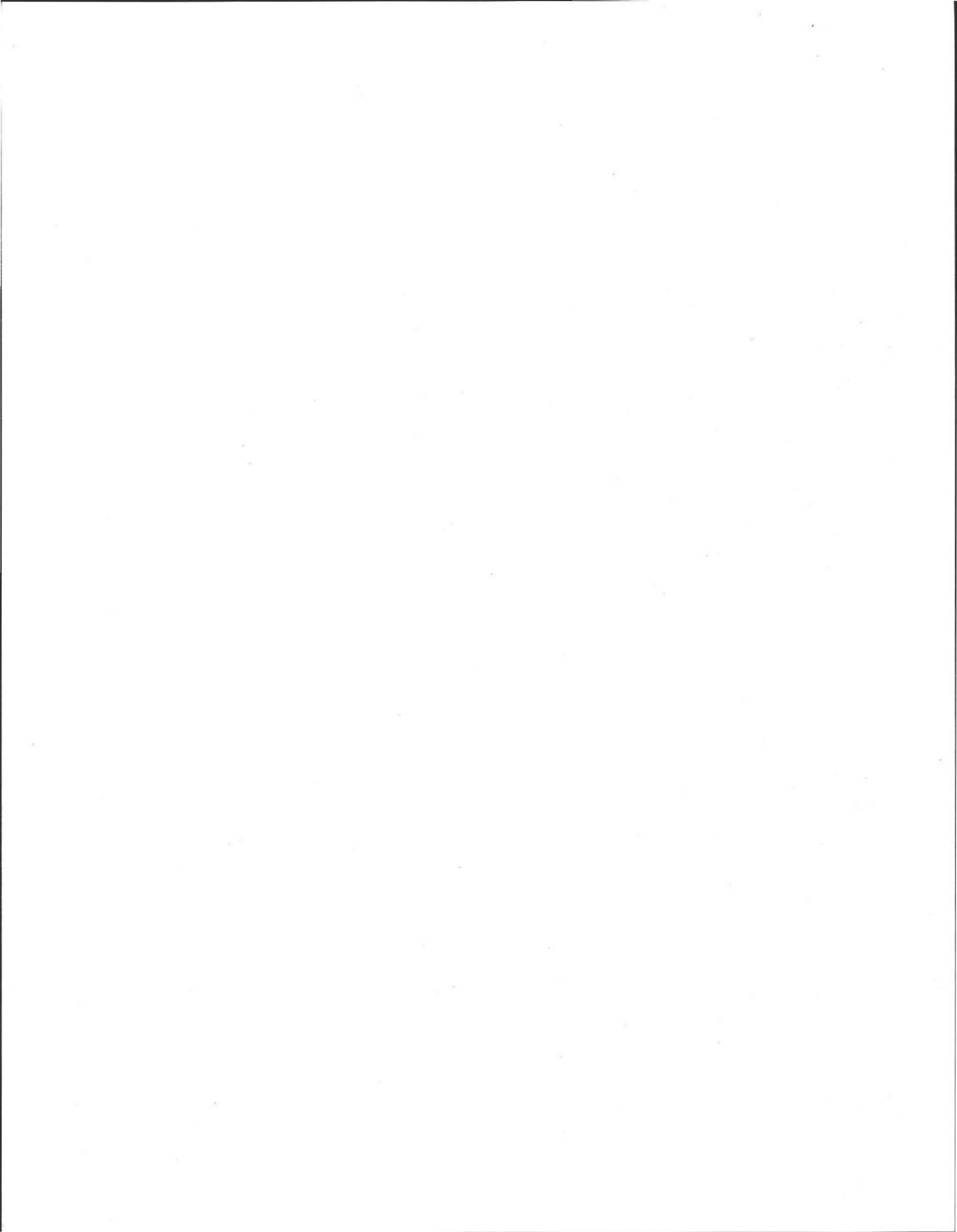


|            |       |         |      |  |               |
|------------|-------|---------|------|--|---------------|
| 04/28/1999 | GREGS | ROUTINE | 1000 |  | SPT2002-00480 |
| 05/05/1996 | GREGS | ROUTINE | 1000 |  | SPT2002-00480 |

| <b>Septic System Detail</b> |                |
|-----------------------------|----------------|
| year                        | 2002           |
| caseno                      | 00480          |
| CSM_CASENO                  | SPT2002-00480  |
| SPT_INSTALLER               | BRISTOL CONST. |
| SPT_CASETYPE                | NEW            |
| SPT_TWOCOMP                 | N              |
| SPT_BEDRMS                  | 3              |
| SPT_SYSTEM                  | ONSITE         |
| SPT_TANK1                   | 1000           |
| SPT_TITLE5_DATE             |                |
| SPT_TANK2                   |                |
| SPT_SEPDATE                 |                |
| SPT_DESIGNER                | FILIOS         |
| SPT_SEPSYSTEM               | CONV. GRAVITY  |
| SPT_SOILABS                 | LEACH FIELD    |
| SPT_ONFILE                  | Y              |
| SPT_DESIGNFL                | 330            |
| SPT_REV_DATE                |                |
| SPT_ASBUILT                 |                |
| SPT_TANKCONS                | CONCRETE       |
| SPT_SEPRMT                  |                |
| SPT_ELEVATE                 | N              |
| SPT_GRDWATER                |                |



|                   |  |
|-------------------|--|
| SPT_WTR           |  |
| SPT_SEWAGE        |  |
| SPT_GRINDER       | N  |
| SPT_LOCALVAR      |  |
| SPT_LOCALVAR_COMM |  |
| SPT_TITLE5        |  |
| SPT_TITLE5_COMM   |  |
| SPT_NOTES         | X, \$90.00 FEES PAID FOR PERMIT TO CONSTRUCT |
| SPT_WASTE         | SF   |
| SPT_INSTL_DATE    | 10/18/1983 12:00:00 AM                       |



No. 83-23

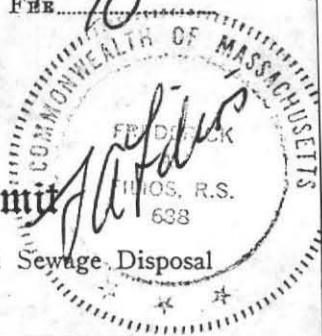
#226 Pd 10/20/83 \$90

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 (X) or Repair ( ) an Individual Sewage Disposal

System at: 226 Shutesbury Rd. Location - Address

Kevin Otto Owner Montague Rd Shutesbury or Lot No. 5  
LANCE BRISTOL (Bristol) Installer SO HADLEY. Address

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder NO  
Other - Type of Building No. of persons Showers ( ) - Cafeteria ( )  
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.  
Septic Tank - Liquid capacity 1000 gallons Length Width Diameter Depth 600'  
Disposal Trench - No. 1 Width 20 Total Length 30 Total leaching area sq. ft. MID  
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft. CER

Other Distribution box (X) Dosing tank ( )  
Percolation Test Results Performed by Frederick Filios Date Apr 29 1983  
Test Pit No. 1 2.8 minutes per inch Depth of Test Pit 7.8 Depth to ground water none  
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water oxides 66"

Description of Soil Enclosed  
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 Sanitary 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.

X Signed Kevin J. Otto 10/18/83  
Application Approved By CER [Signature] Date 10-18-83

Application Disapproved for the following reasons:

Permit No. 83-23 Issued 10-15-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( ) by Installer

at has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Disposal Works Construction Permit

Permission is hereby granted K. OTTO - L. BRISTOL (INSTALLER) to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. 226 Shutesbury Rd Street

as shown on the application for Disposal Works Construction Permit No. 83-23 Dated 10-18-83 CER [Signature]

DATE 10-18-83 Board of Health

CHECK OR FILL IN WHERE APPLICABLE





BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Location - Address: Shutesbury Rd. 5
Owner: Kevin Otto
Address: Montague Rd Shutesbury

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

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: Width: Diameter: Depth:
Disposal Trench - No. 1 Width: 20' Total Length: 30' Total leaching area: 420 sq. ft.
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: sq. ft.

Other Distribution box (X) Dosing tank ( )
Percolation Test Results Performed by: Frederick Filios Date: Apr 29 1983
Test Pit No. 1: 2.8 minutes per inch Depth of Test Pit: 7.8' Depth to ground water: none
Test Pit No. 2: minutes per inch Depth of Test Pit: Depth to ground water: oxides 6'

Description of Soil: Enclosed

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 Sanitary 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:
Application Approved By:
Application Disapproved for the following reasons:
Date

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

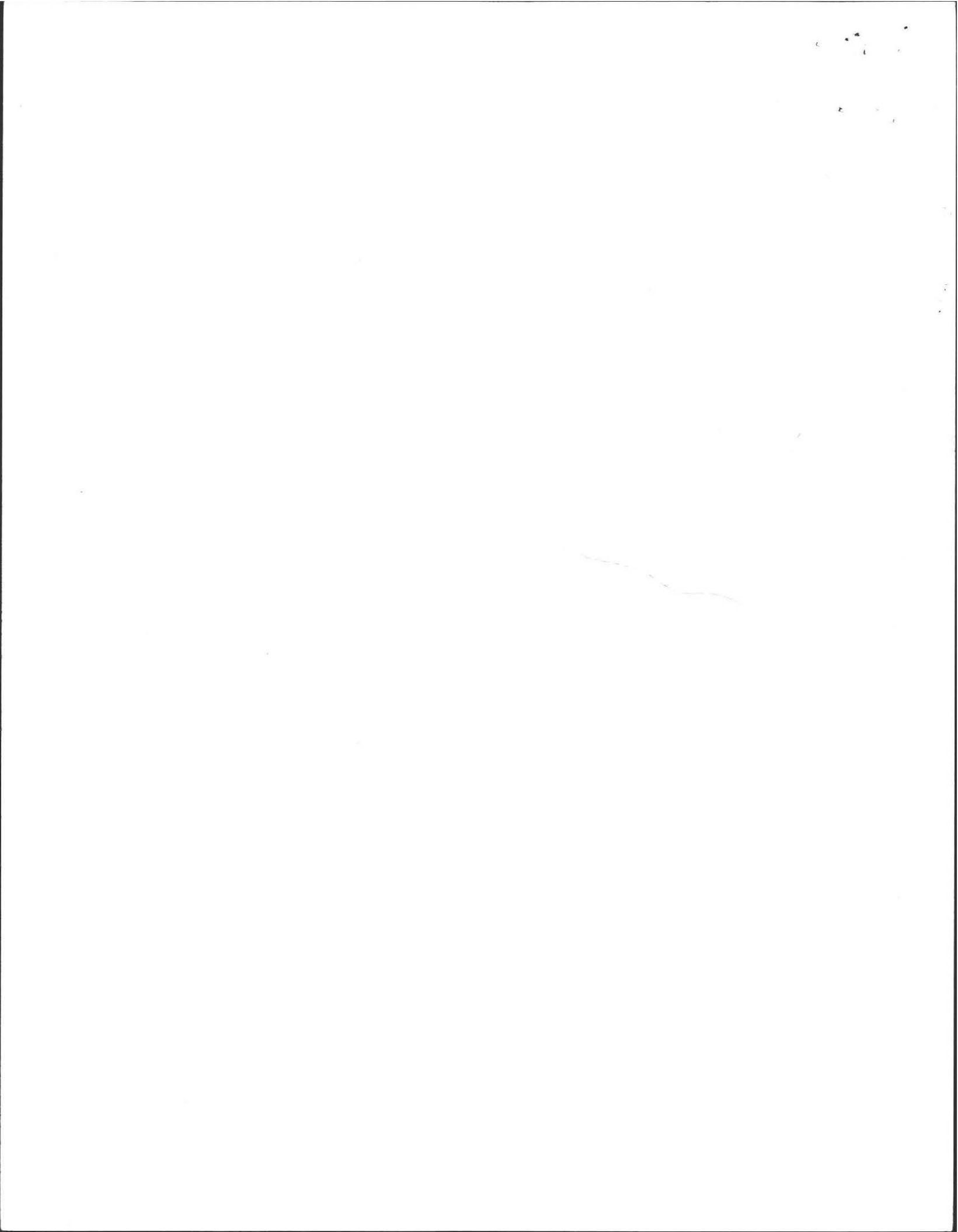
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( ) by:
Installer

at:
has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE: Inspector:

CHECK OR FILL IN WHERE APPLICABLE



# DEEP SOIL LOGS

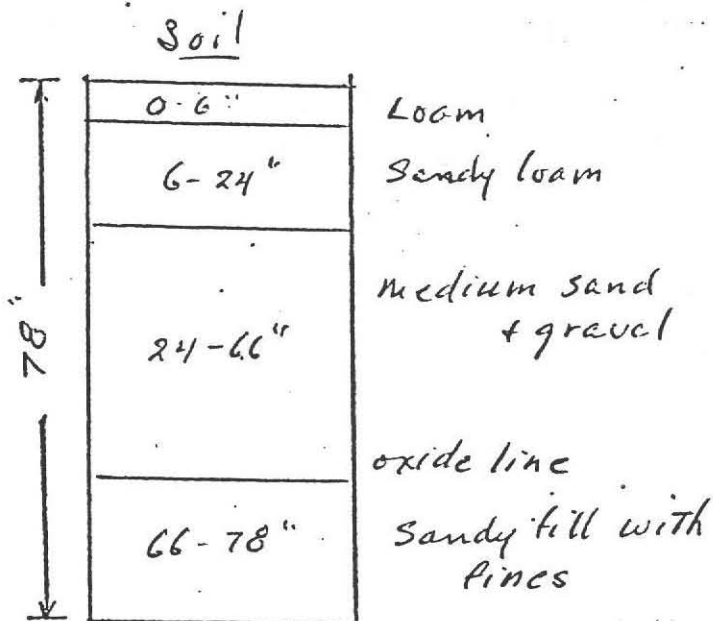
OWNER Kevin Otto

Date Apr 29 1983

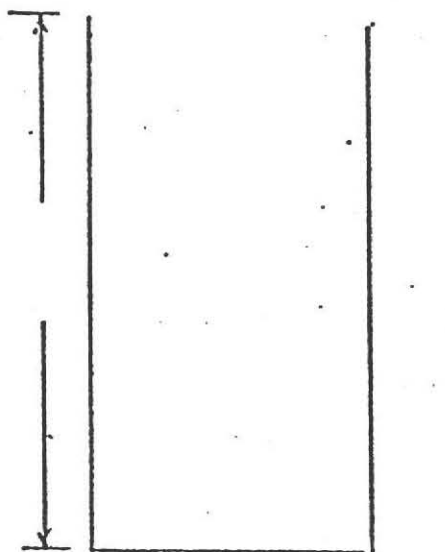
LOCATION Shutesbury Rd.

OBSERVER F.A. Filios

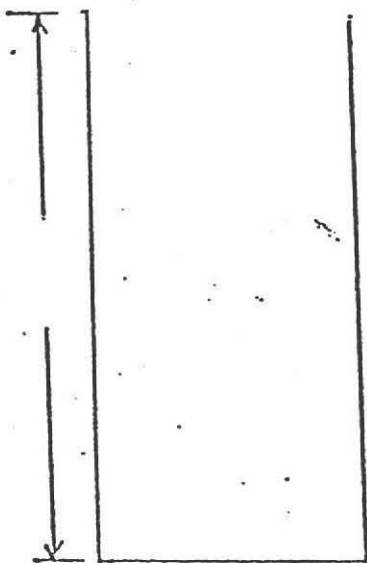
Deep hole by John A. Brickett  
R.S.



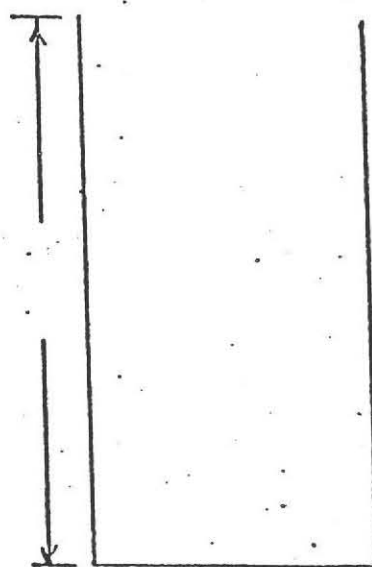
Ground Water none



Ground Water \_\_\_\_\_



Ground Water \_\_\_\_\_

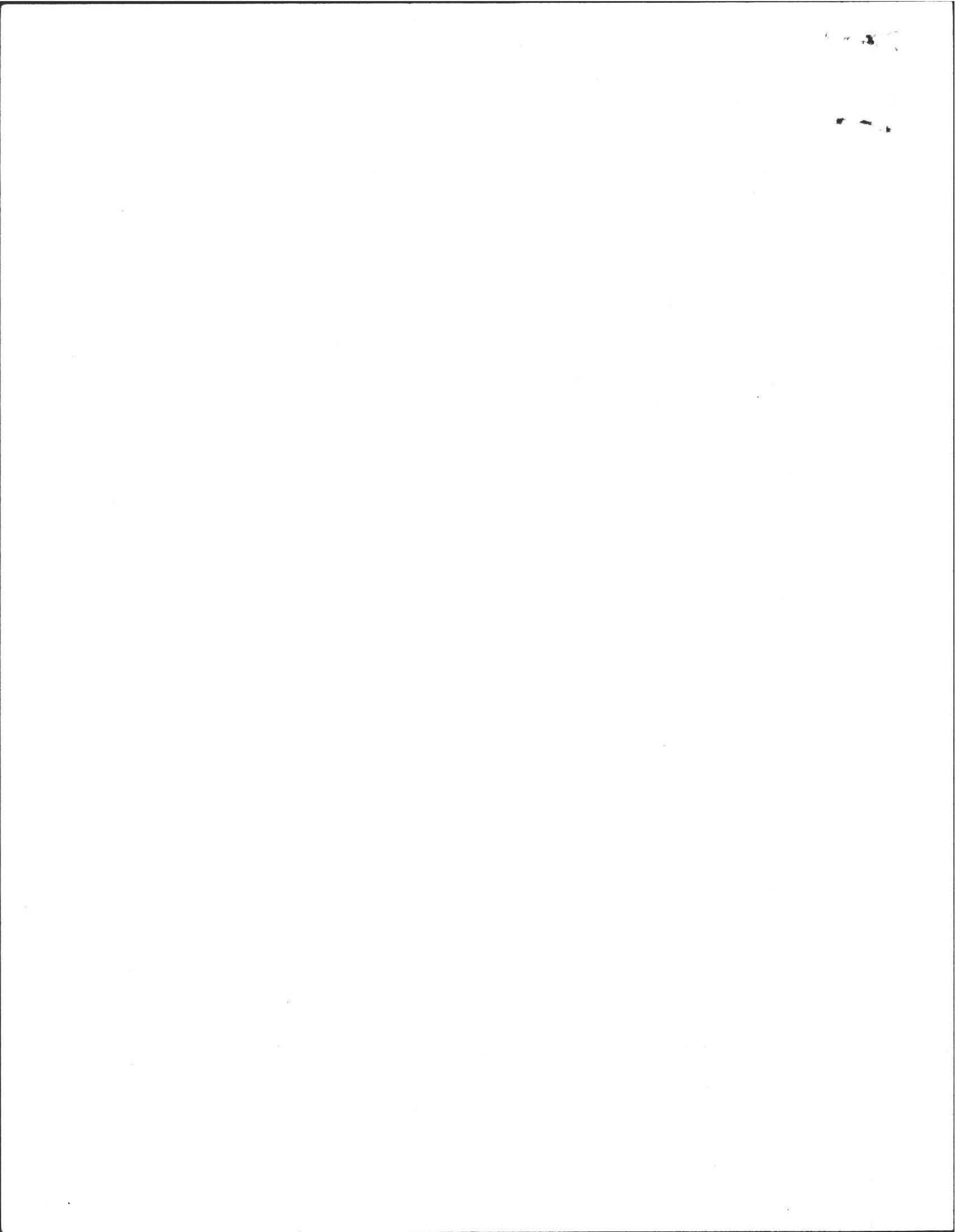


Ground Water \_\_\_\_\_

Rate of Percolation at 22"

2.8 minutes/inch





# DISPOSAL

For: Kevin Otto  
Shutesbury Mass.

At: Shutesbury Rd.

Scale: 1" = 40'

By: Frederick Filios

5

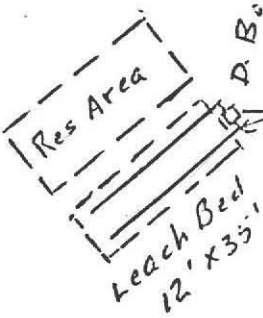
1.3 Ac.



Pit & Perc  
40

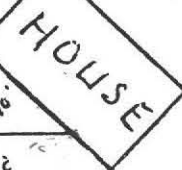
364.66'

299.11'



64'

Septic Tank



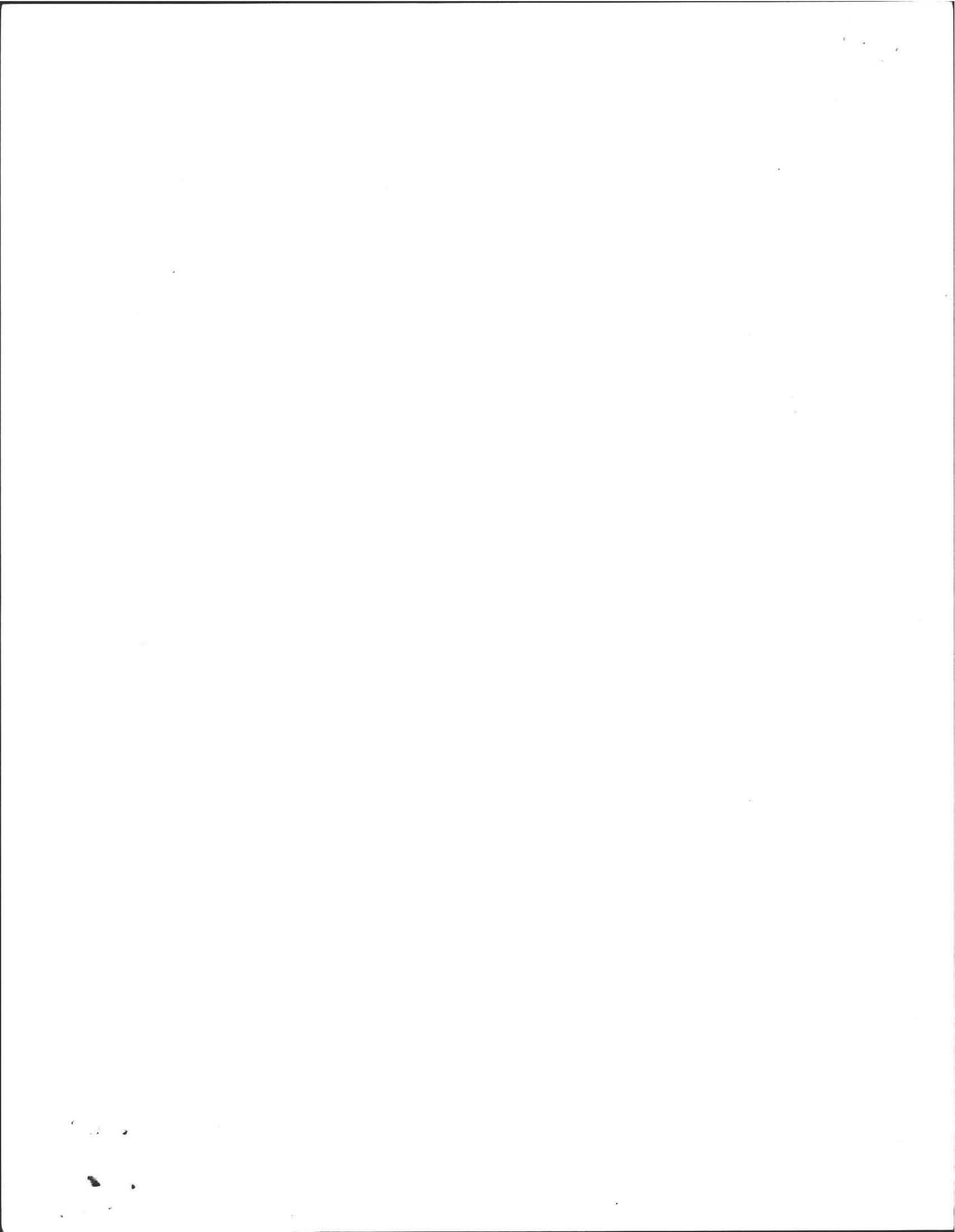
x BM  
Nail in 6" Cedar

198.36'

N.  
Mag 1483

150'

SHUTESBURY ROAD



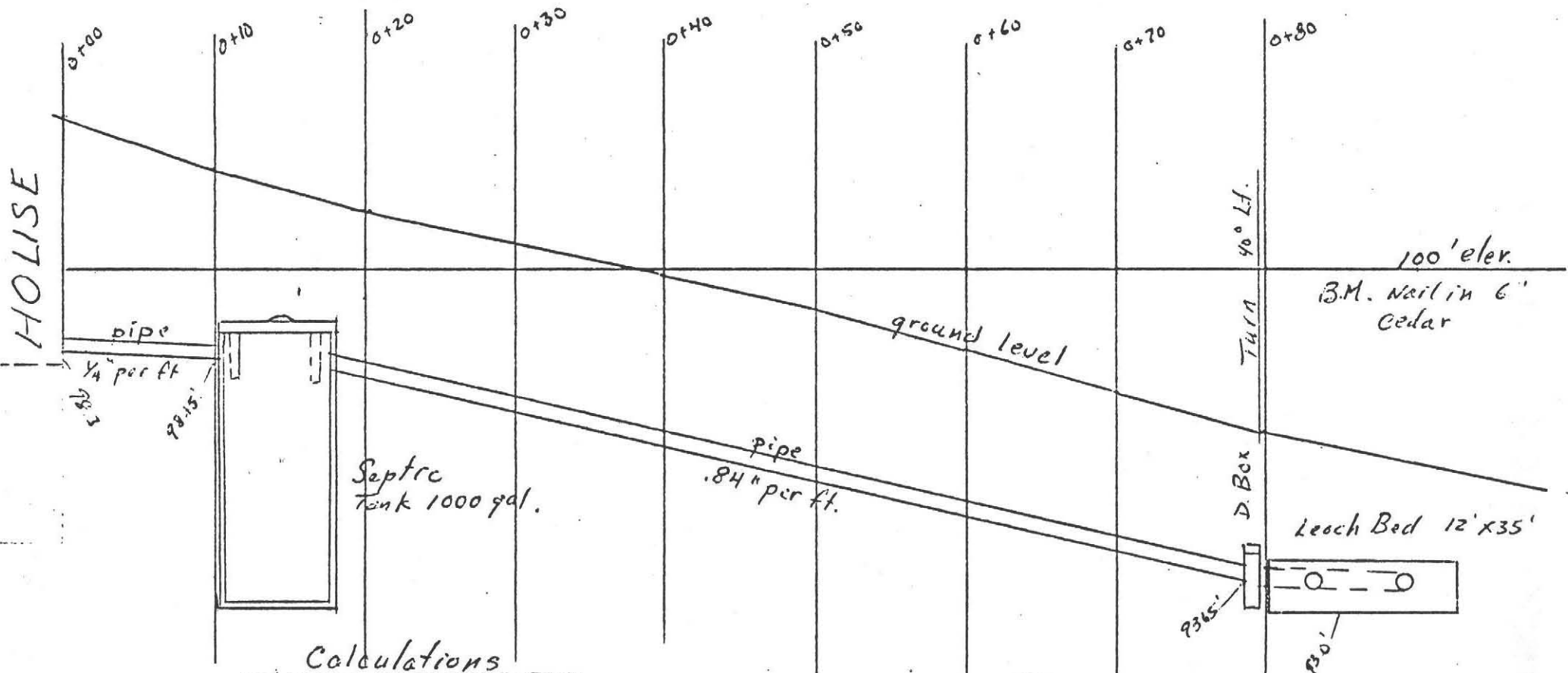
# PROFILE OF SEPTIC SYSTEM

For: Kevin Otto  
 Montague Rd  
 Shutesbury Ma  
 At Shutesbury Rd. Amherst

Scale: 1" = 10' Horizontal  
 1" = 3' Vertical

Oct 1982

By: Frederick Filios



### Calculations

$3 \text{ bdm} \times 110 = 330 \text{ gallons flow}$   
 At 4 min/inch 1.2 Sq ft per gallon  
 $1.2 \times 330 = 396 \text{ Sq. ft required}$   
 Bed 12' x 35' = 420 Sq ft. Proposed

Note: Leach Bed to be Placed on contour to minimize lateral distance to surface



11