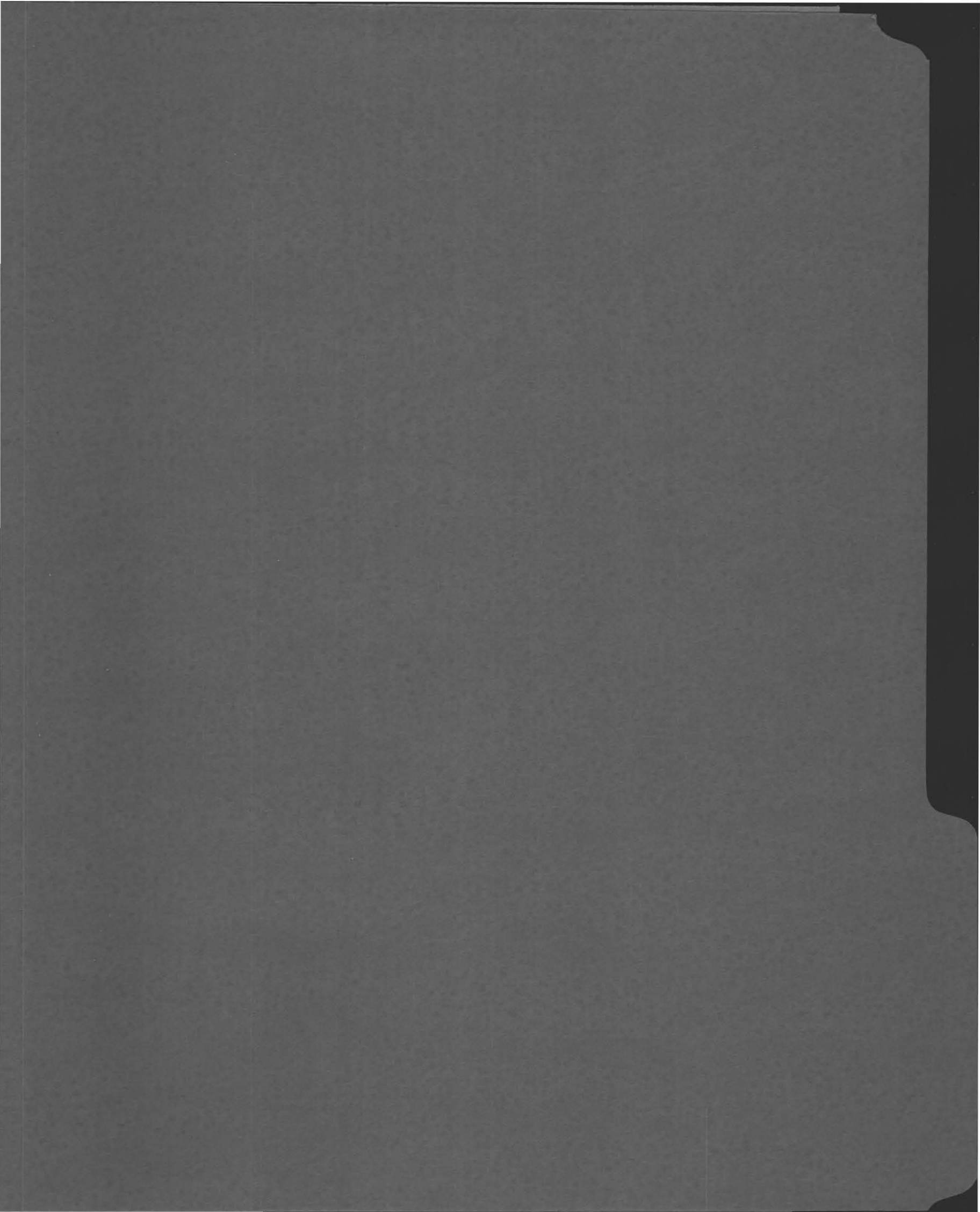


307 SHUTESBURY ROAD



No. \_\_\_\_\_

11-09

# COMMONWEALTH OF MASSACHUSETTS

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 <u>307 Shutesbury Road.</u>	Owner's Name <u>Andrea Muschinski</u>
Map/Parcel#	Address <u>307 Shutesbury Rd.</u>
Lot#	Telephone# <u>413-253-0129</u>
Installer's Name <u>Karl's Excu.</u>	Designer's Name <u>Alan Weiss</u>
Address <u>Hadley, MA</u>	Address <u>Belchertown, MA.</u>
Telephone# <u>549-5396</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size \_\_\_\_\_ sq. ft.

Dwelling - No. of Bedrooms 4 Garbage grinder ( )

Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )

Other Fixtures \_\_\_\_\_

Design Flow (min. required) 110 gpd Calculated design flow \_\_\_\_\_ Design flow provided \_\_\_\_\_ gpd

Plan: Date 4/9/11 Number of sheets 1 Revision Date 4

Title Dist Box Replacement Plan.

Description of Soil(s) -

Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS Dist Box + Outlet Baffle repair ONLY

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 [Signature] Date \_\_\_\_\_

Inspections \_\_\_\_\_

No. 11-09

# 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 , Upgraded ( ), Abandoned ( )

by: KARL'S  
at: 307 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. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer: [Signature] Designer: [Signature] Inspector: [Signature] Date: 4/11/11

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

No. 11-09

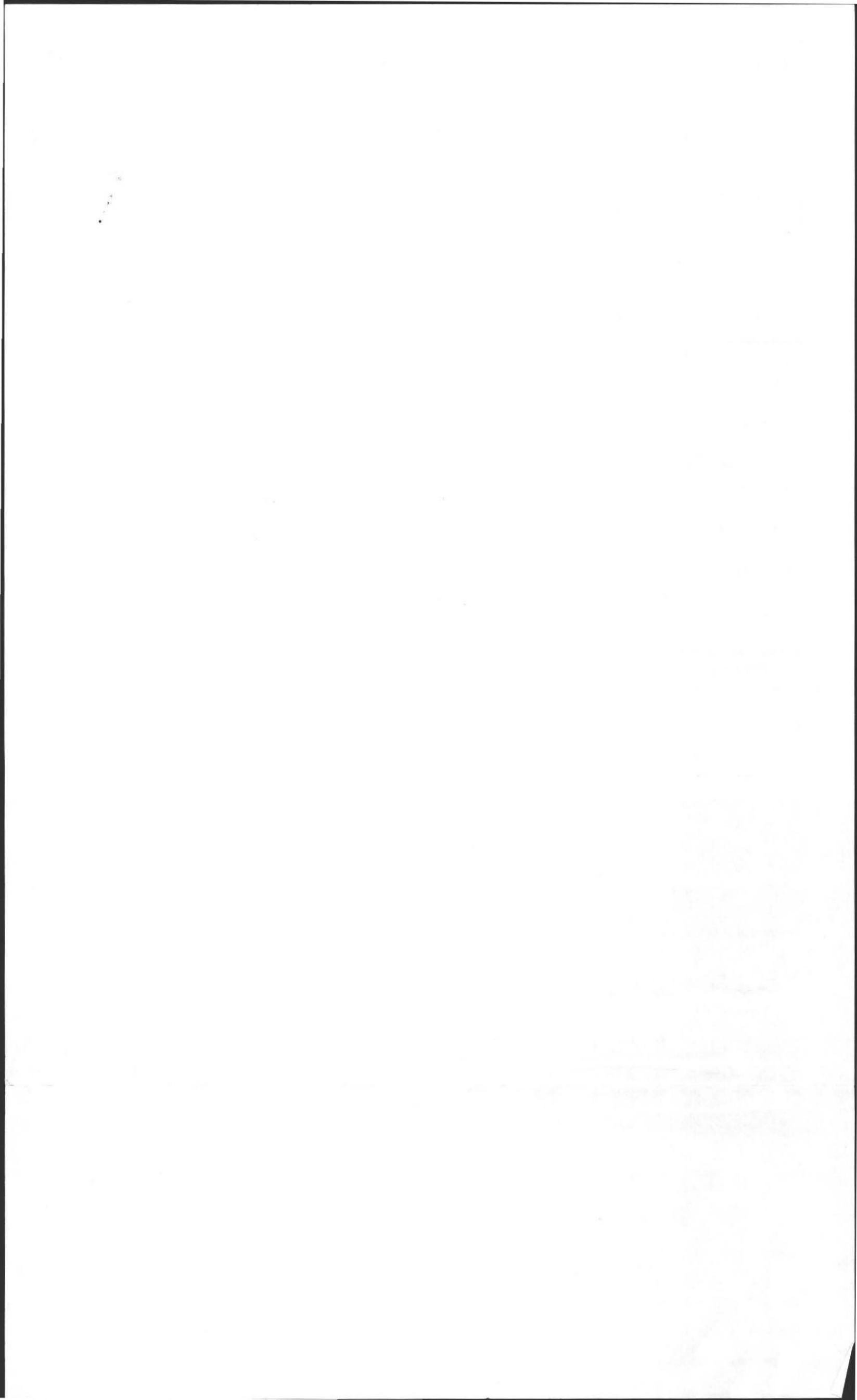
# COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, MA.

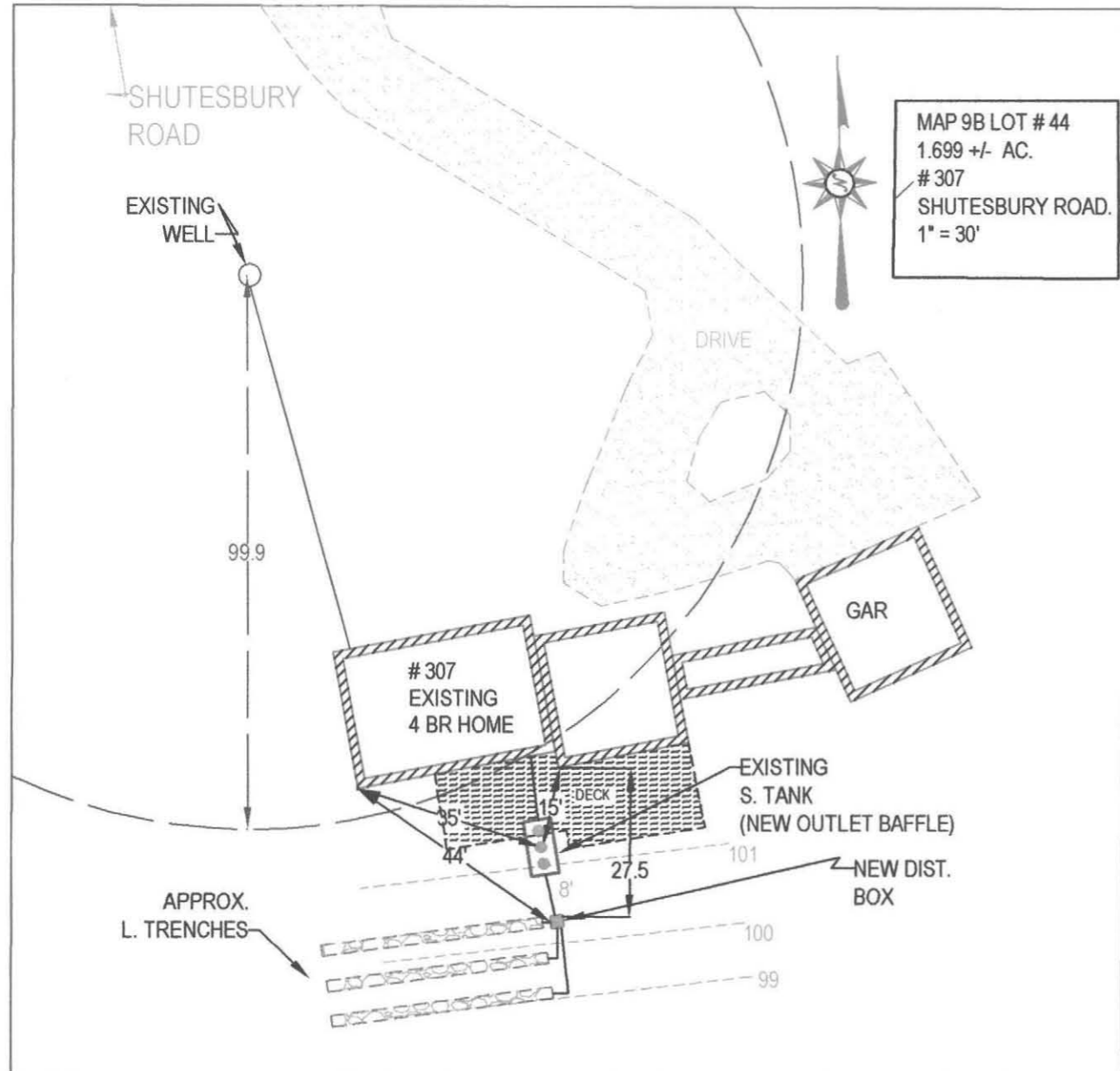
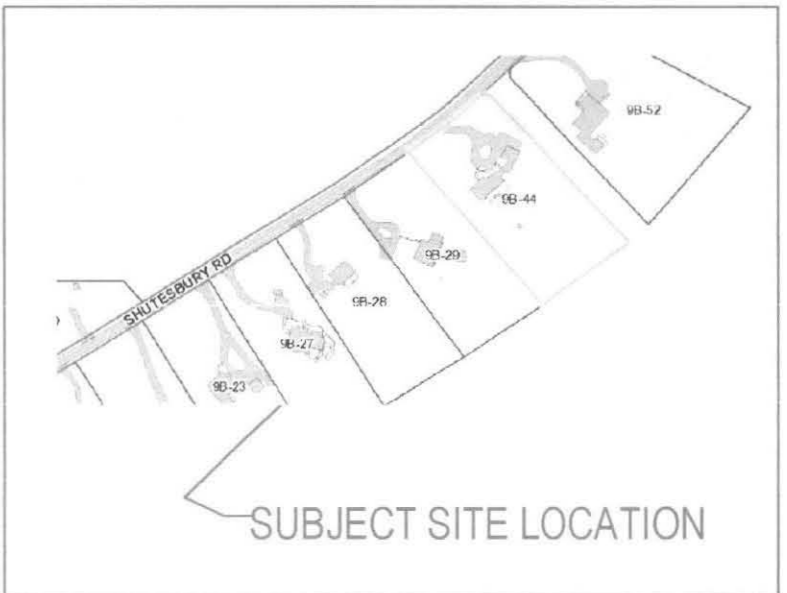
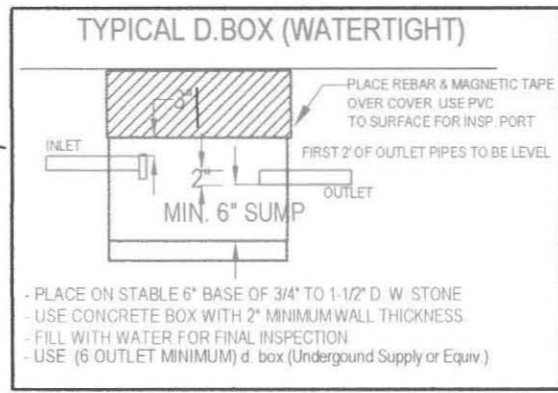
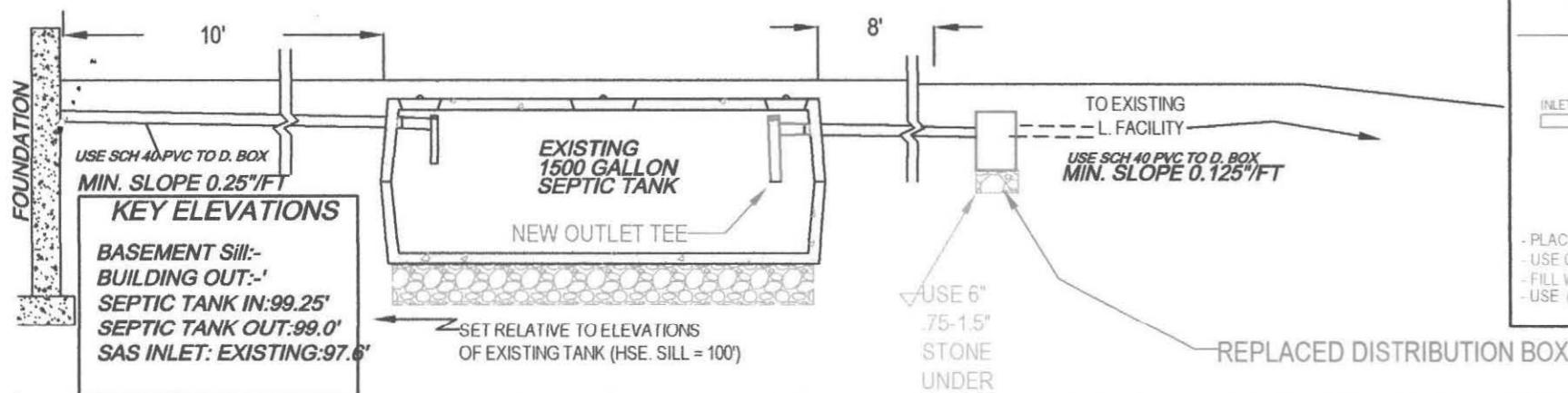
## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

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



**EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)**

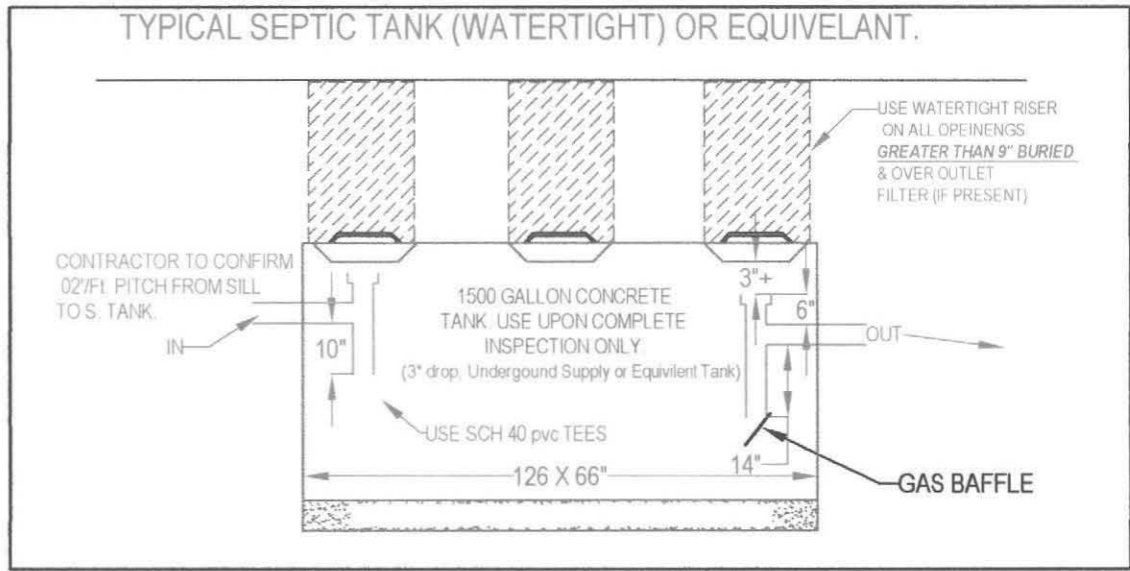
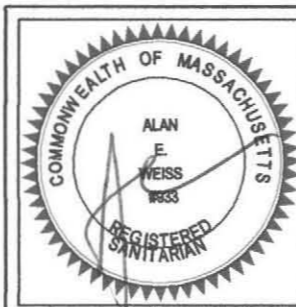


**NOTE TO INSTALLER:**  
LOCATE AND ESTABLISH AREA AS FUNCTIONING FIRST, IF FAILED, CONTACT DESIGNER IMMEDIATELY, STOP TANK INSTALL PLAN. OTHERWISE PROCEED WITH:

1. Pump, crush and remove old component.
2. Install new D. BOX tank as noted on plan as per 310 CMR 15.00, with proper Sch 40 tees and gas baffle or outlet filter.
3. Contact Designer and local Health official for proper inspection prior to backfill.

**NOTE: NO GAURANTEE OF LEGNTH OF FUNCTION OF L. FIELD IS ADDRESSED. FIELD FOUND FUNCTIONAL AT TIME OF COMPONENT CHANGEOUT.**

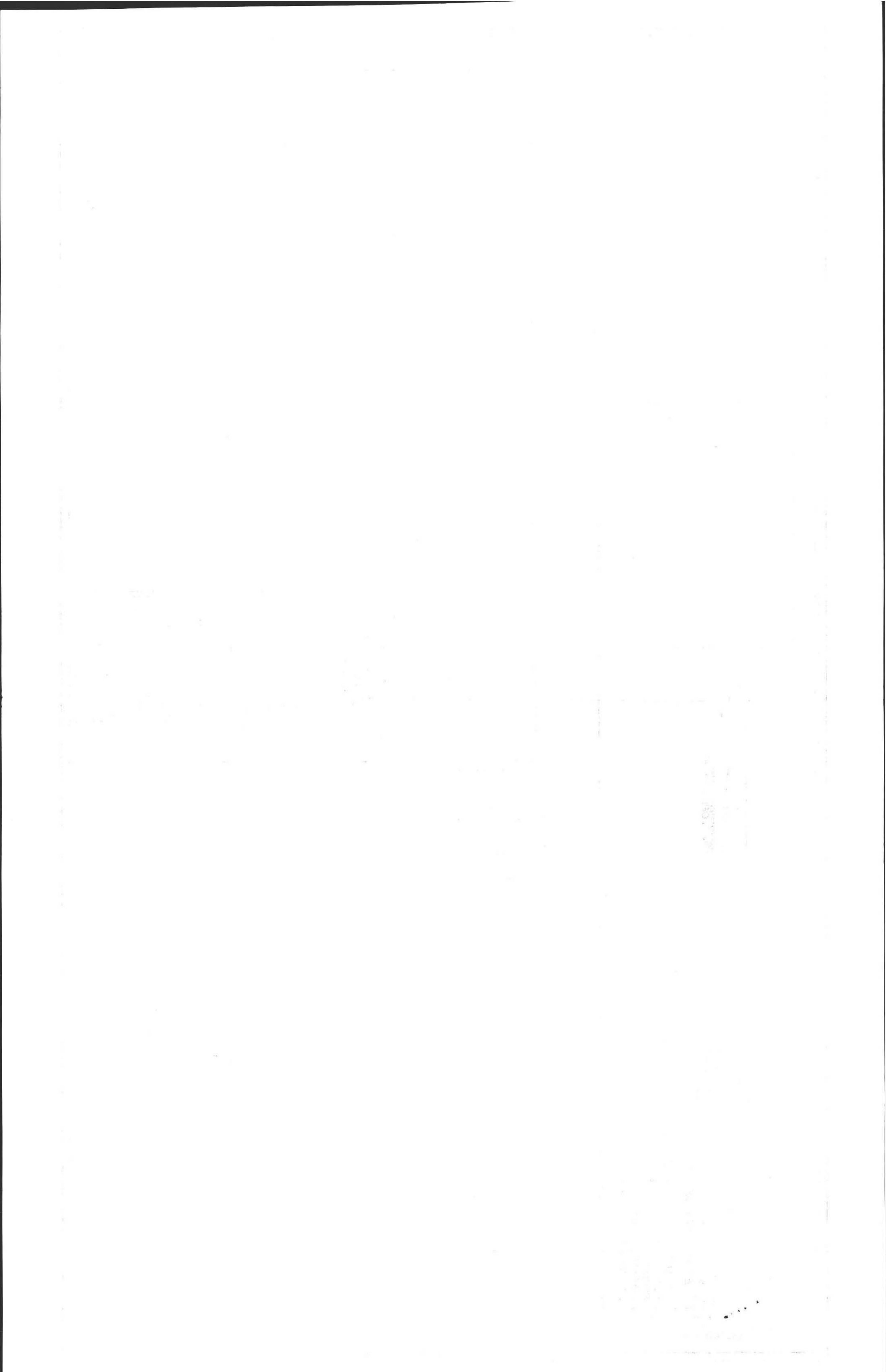
**NOTE: NOT A SURVEY FOR SEPTIC LOCATION ONLY: NO PROPERTY LINES WITHIN 50 FT OF PROPOSED COMPONENT REPLACEMENT**



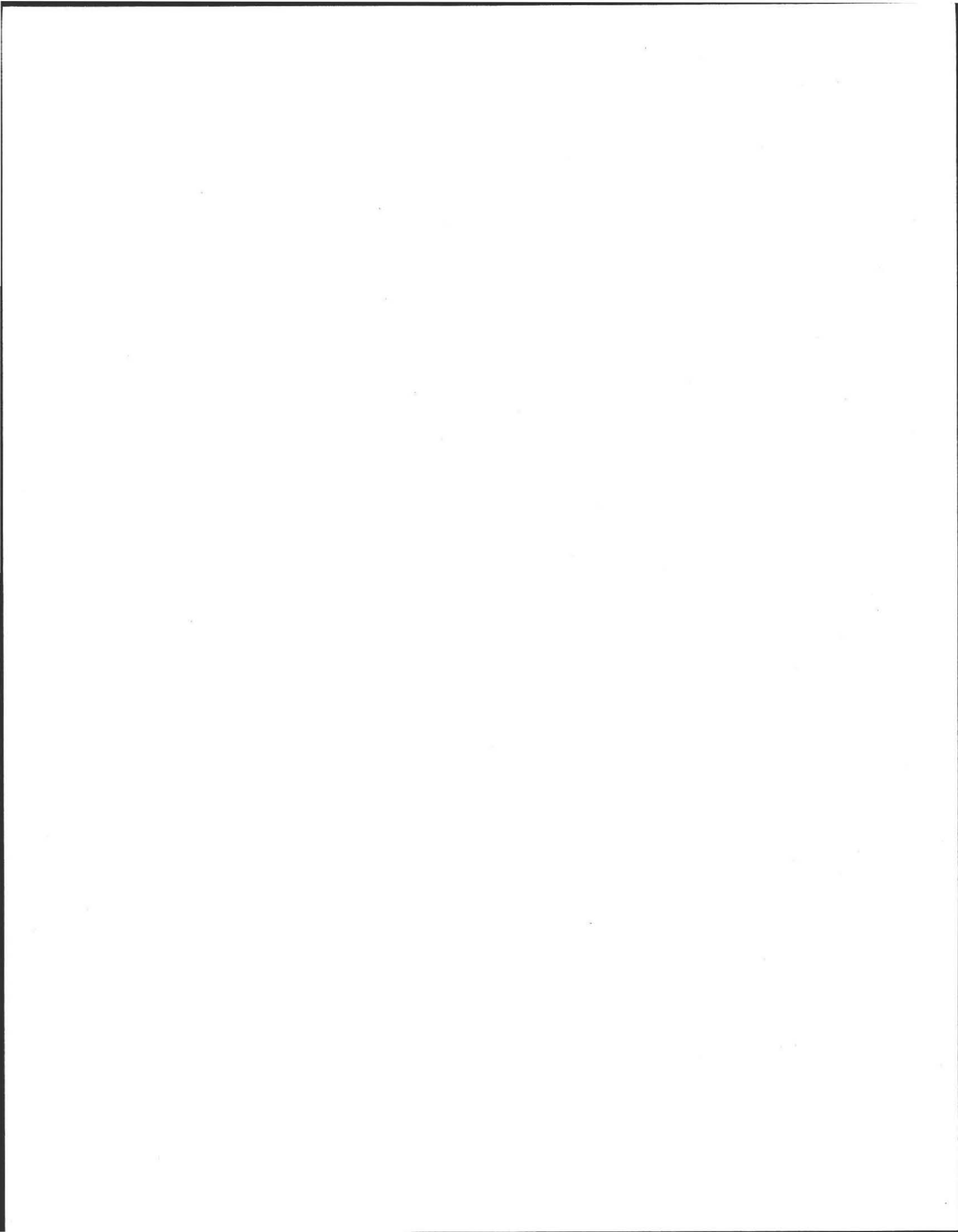
**DIST BOX AND SEPTIC TANK OUTLET TEE REPLACEMENT PLAN FOR ANDREA MUSCHINKSI  
307 SHUTESBURY ROAD  
AMHERST, MA**

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

PHONE: (413) 323-5957	e-Mail: <a href="mailto:AEWEISS@charter.net">AEWEISS@charter.net</a>	
FAX: (413) 323-4916	DATE: 04.09.2011	DRAWN BY: ALAN WEISS
SCALE: 1"=30'	REVISD:	DRAWING NUMBER: 111-3546-0408





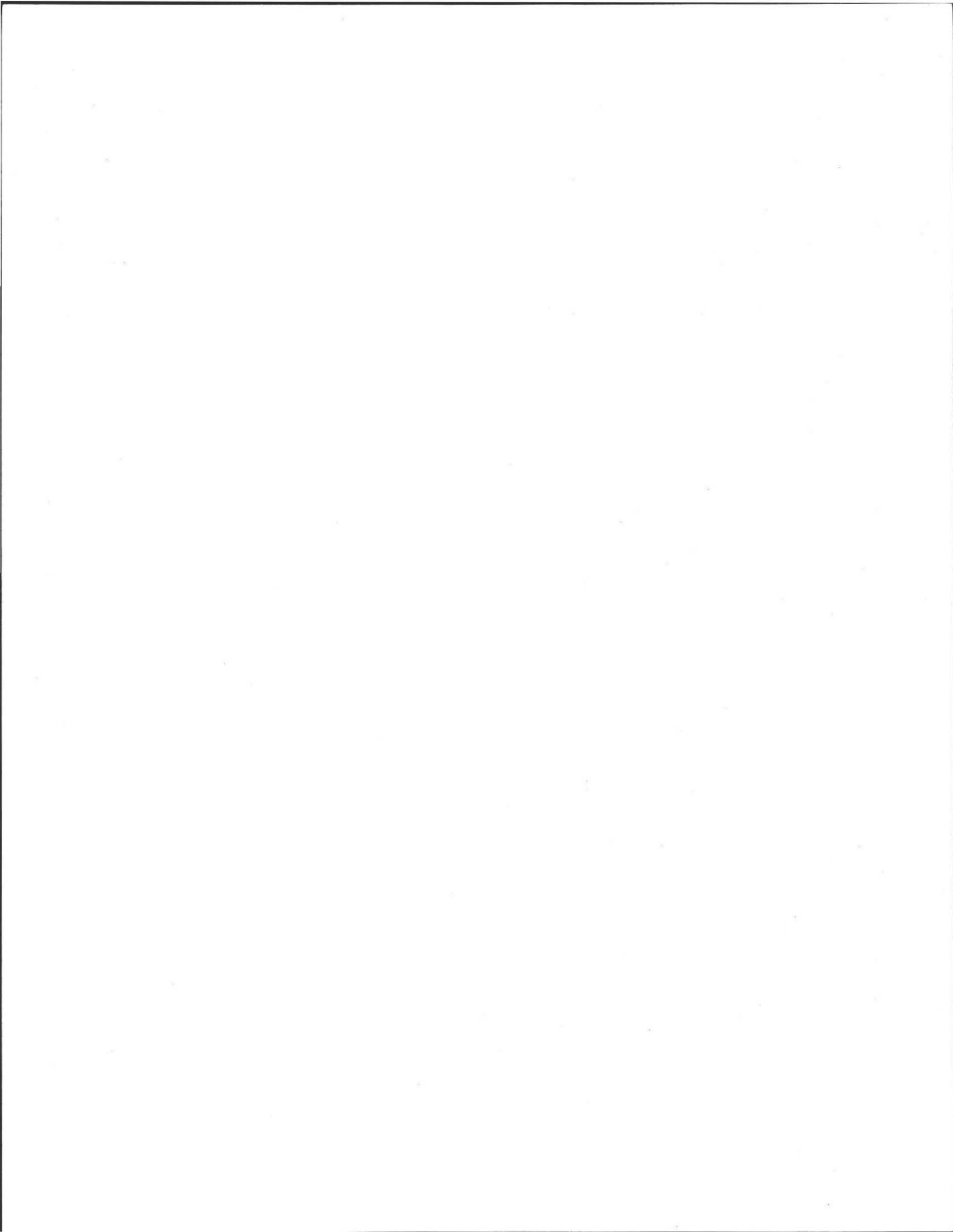




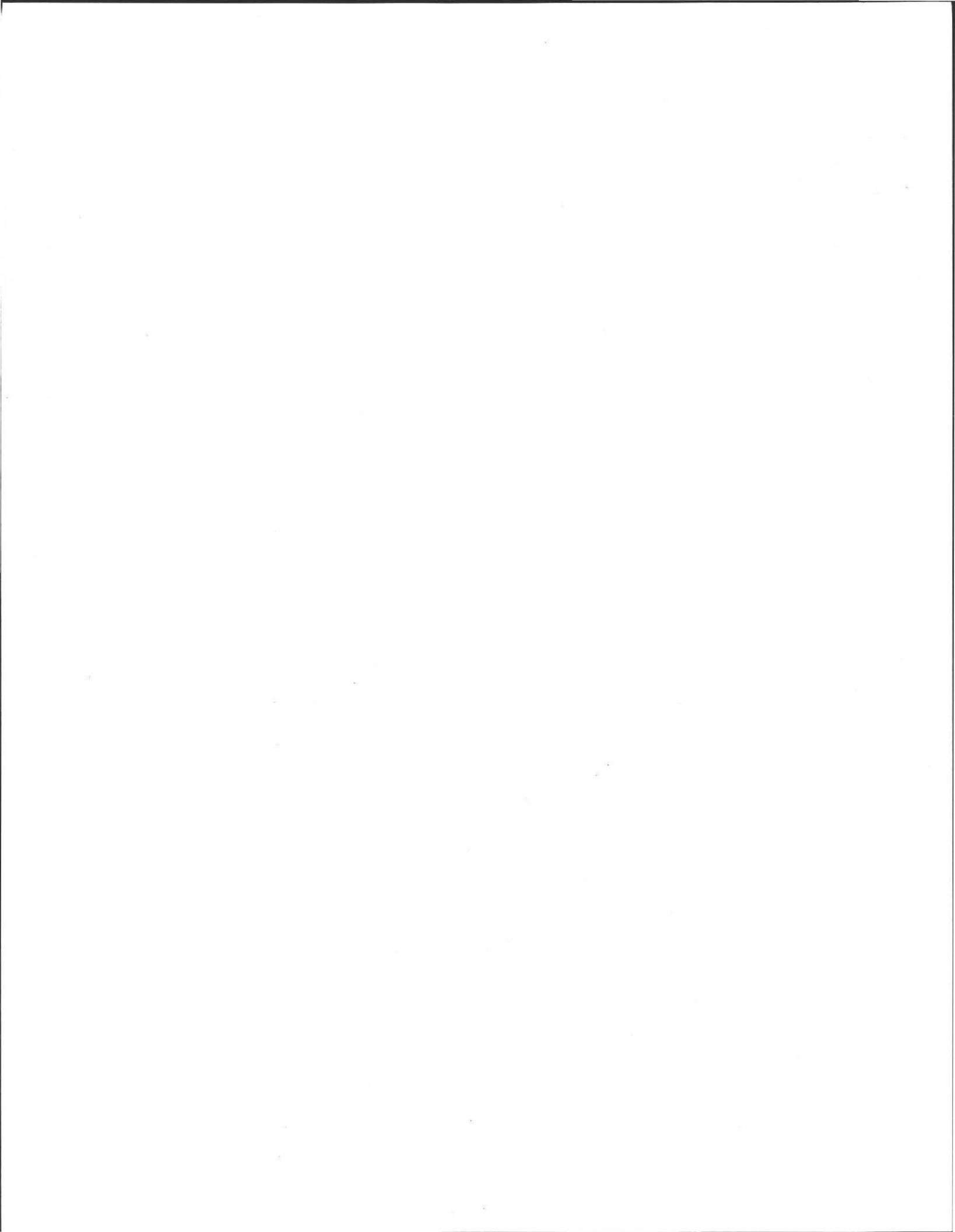


HEALTH INSPECTORS NOTES

Date	Time	Progress Notes
		307 Skutumpahury
		- distribution box is shot
		- baffle fell in when lid fell in today
		- open for weekend
		- Kail's to replace Monday, new outlet box
		- dehumidifier was connected / low pH corrodes concrete
		- no wet spots / smelly spots
		- box to replace will be similar
		- garbage grinder
		well on far side of house > 100'
		return on Tuesday afternoon to see repair
		andreasmo@comcast.net
		massgis public water supply areas
		zone 2 - needs nitrogen reduction systems
		Ellie @







PERMITS/INSP PAYMENT RECPT#: 11095066  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 04/11/11 TIME: 11:32  
CLERK: publichea DEPT:

PAID BY: Andreas Muschinski  
PAYMENT METH: CHECK 1619

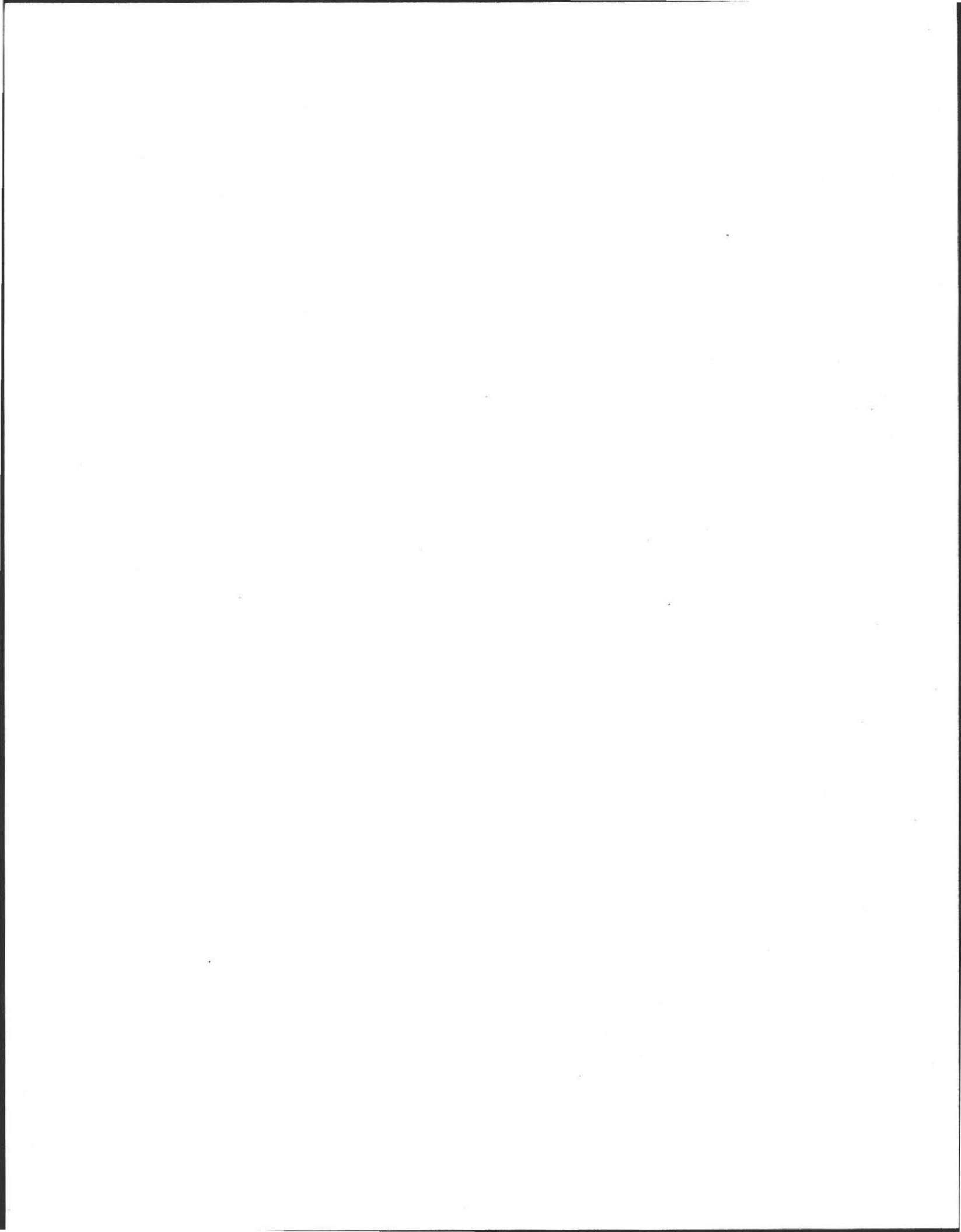
REFERENCE: 8807

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

SITE ADDRESS: 307 Shutesbury Road

FEEs:  
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00



PERMITS/INSP PAYMENT RECPT#: 11095067  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 04/11/11 TIME: 11:36  
CLERK: publichea DEPT:

PAID BY: Andreas Muschinski  
PAYMENT METH: CHECK 1619

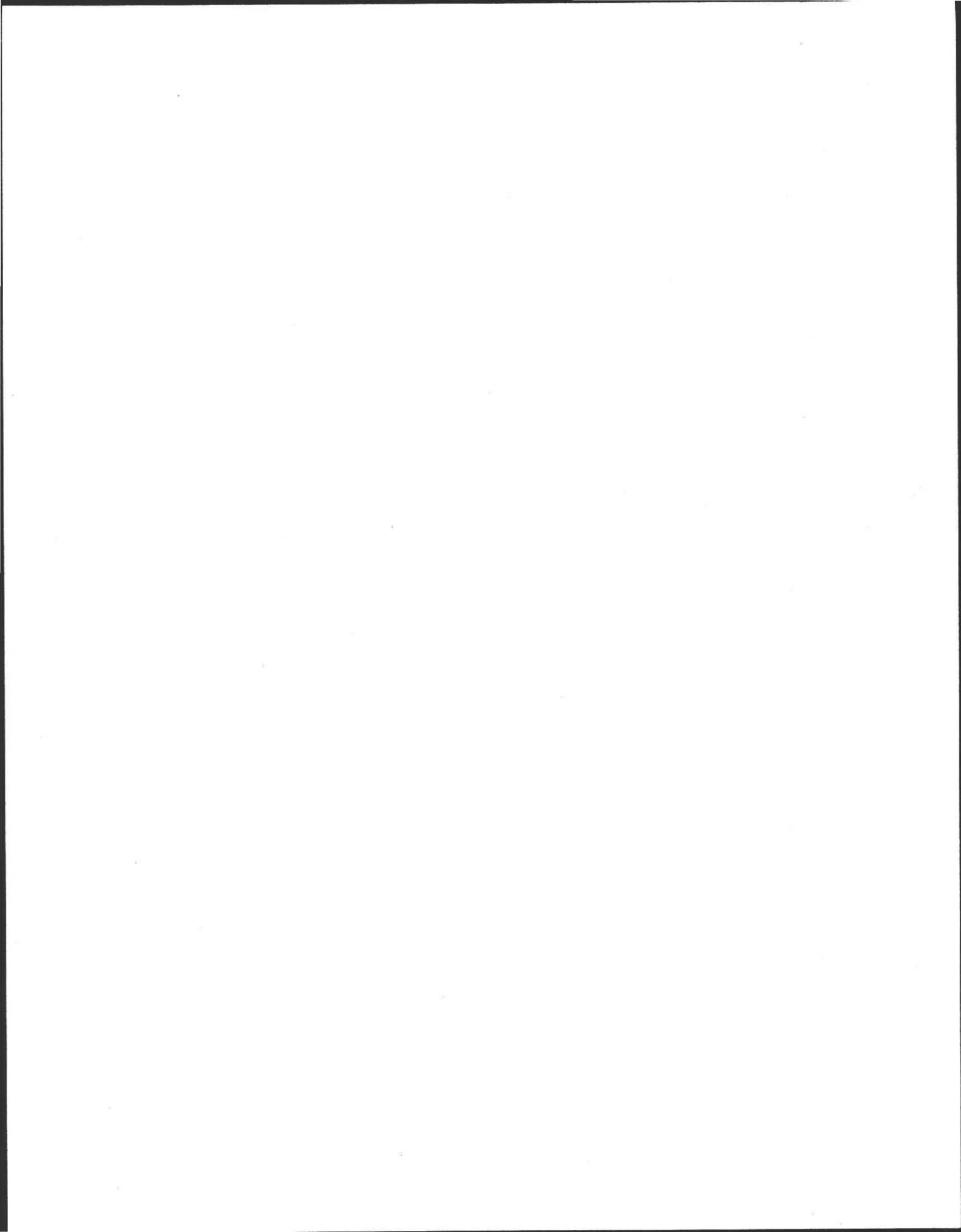
REFERENCE: 8808

AMT TENDERED: 150.00  
AMT APPLIED: 150.00  
CHANGE: .00

SITE ADDRESS: 307 Shutesbury Road

FEEs:  
HEA017 SEPTIC TANK PER 150.00

TOTAL PAID: 150.00







**COLD SPRING ENVIRONMENTAL  
CONSULTANTS INC.**

---

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

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

**Title 5 Attachments**

Prepared by:

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

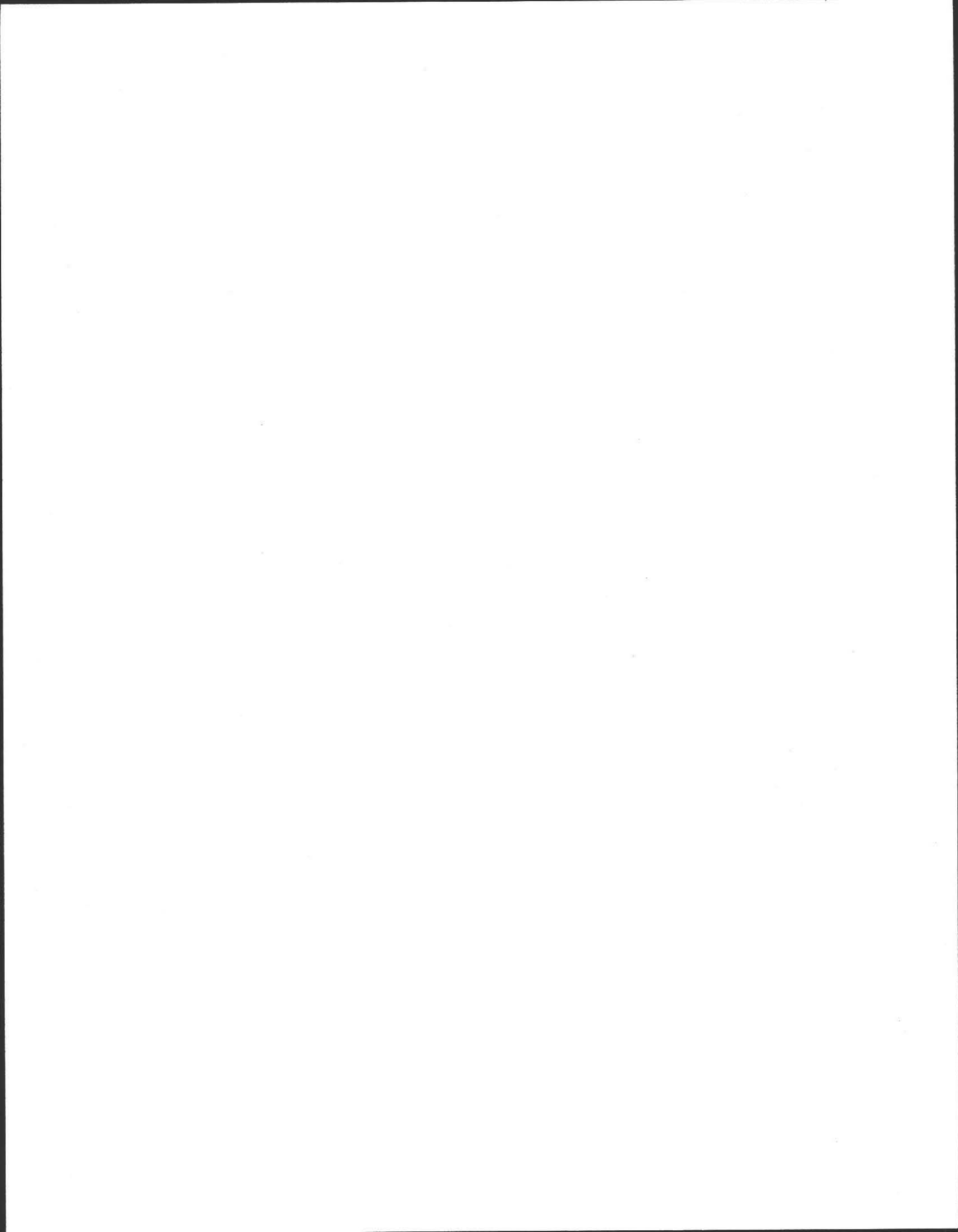
Prepared for:

**Andrea Muschinski  
307 Shutesbury Road  
Amherst, MA 01002**

**Project Number: 111-3546-0408**

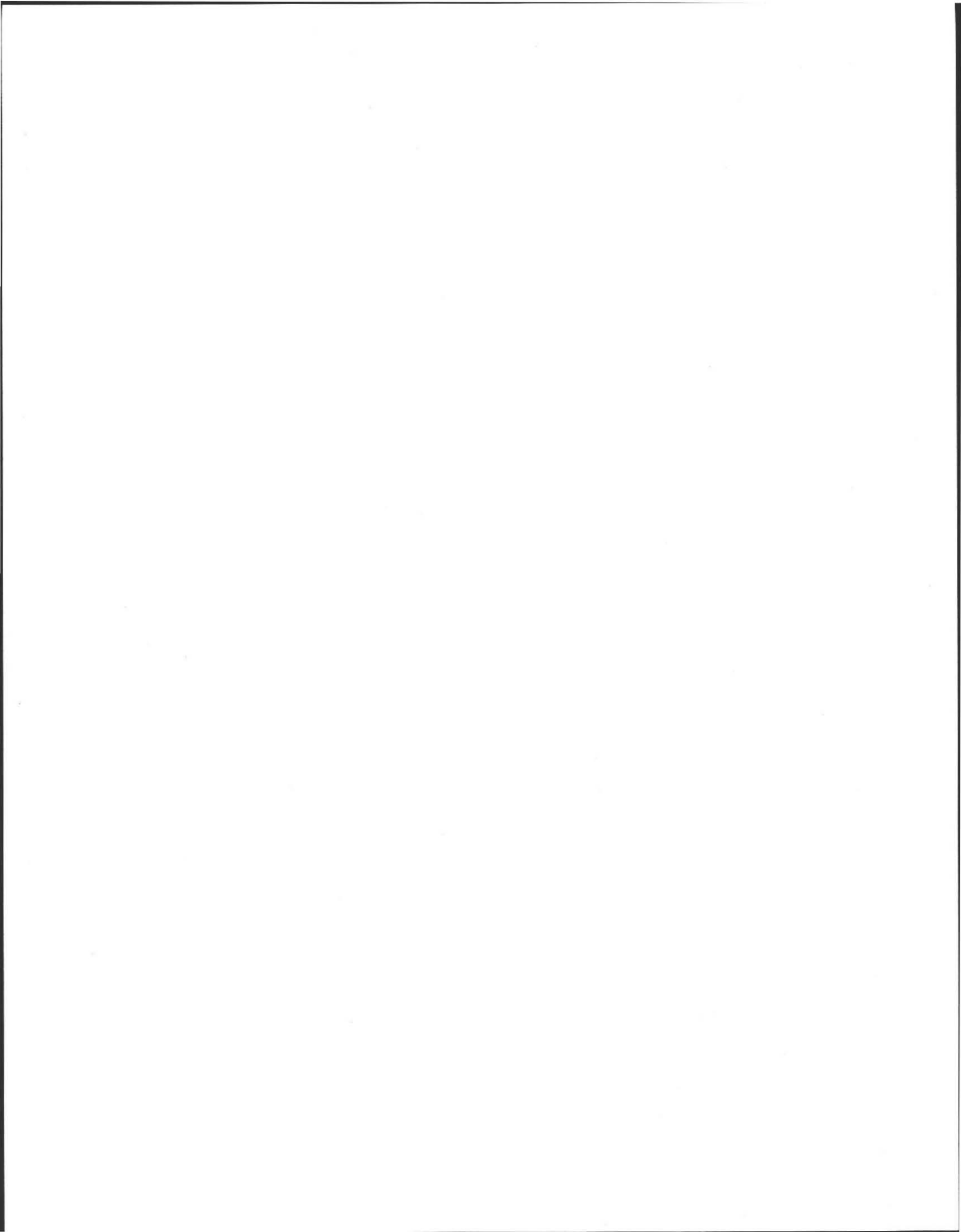
**System Evaluator: Alan Weiss, RS**

**Date: April 08, 2011**



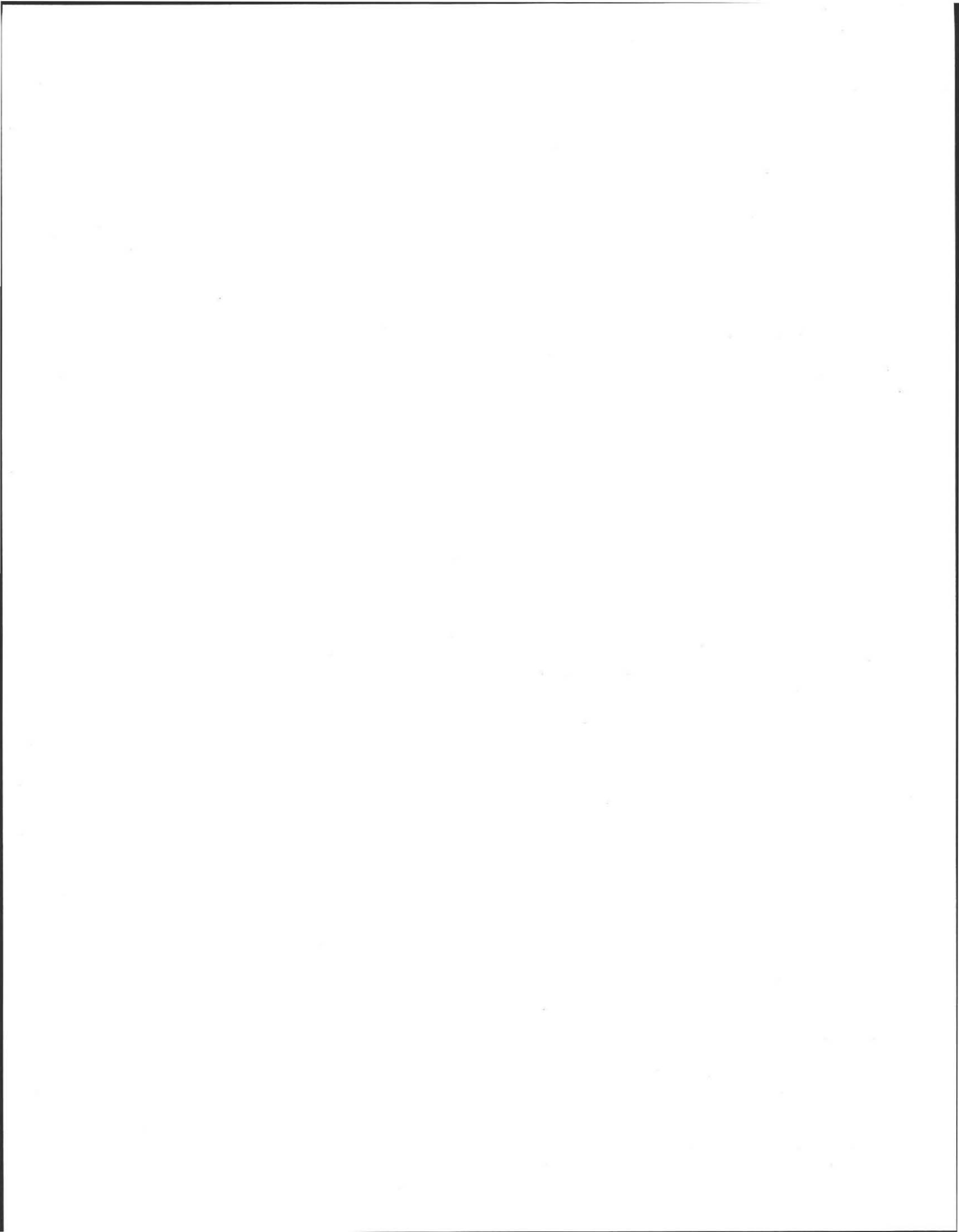


New Dist. Box  
307 Shutesbury Road  
Amherst, MA  
04.11.2011



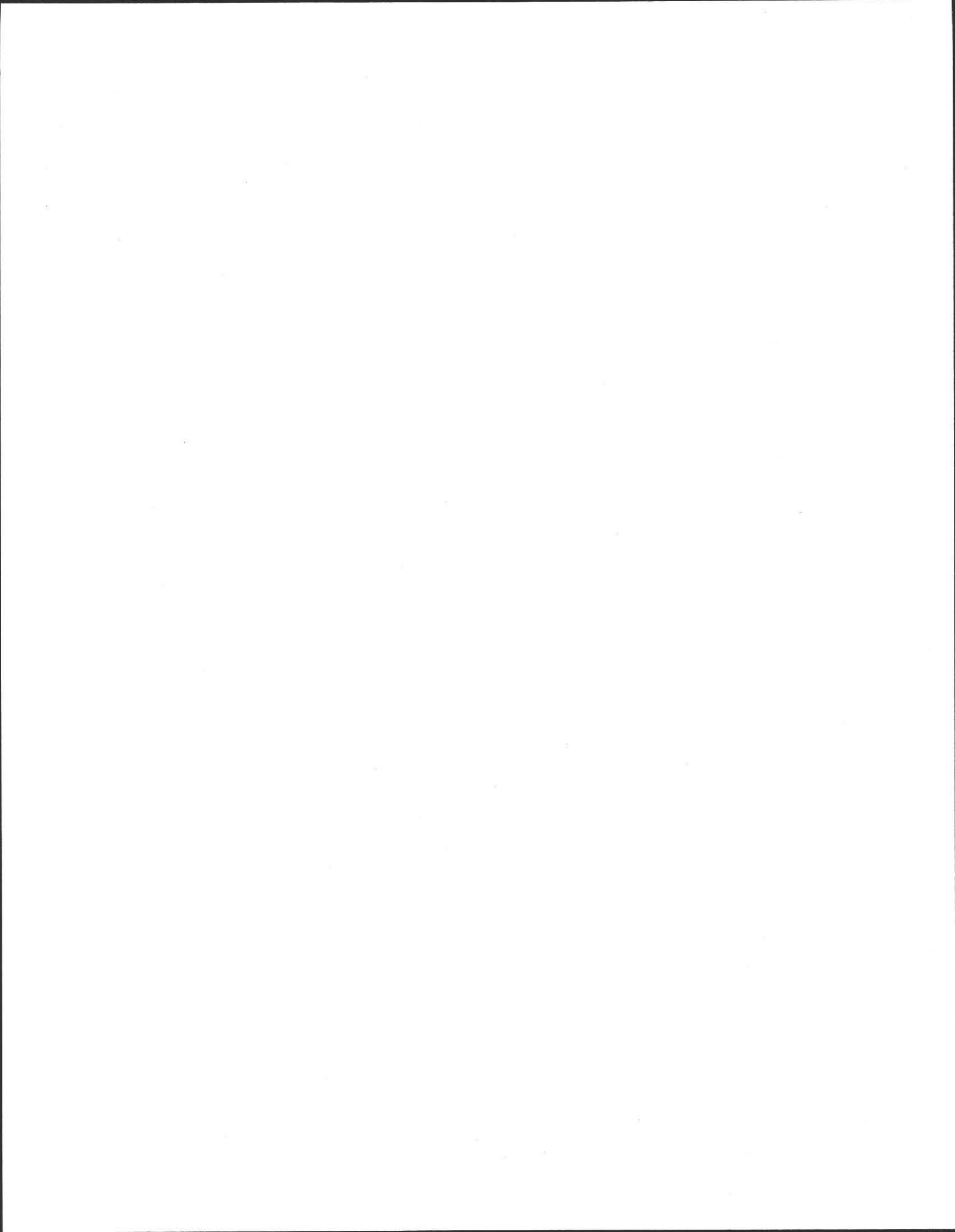


New Outlet tee from S. Tank  
307 Shutesbury Road  
Amherst, MA  
04.11.2011





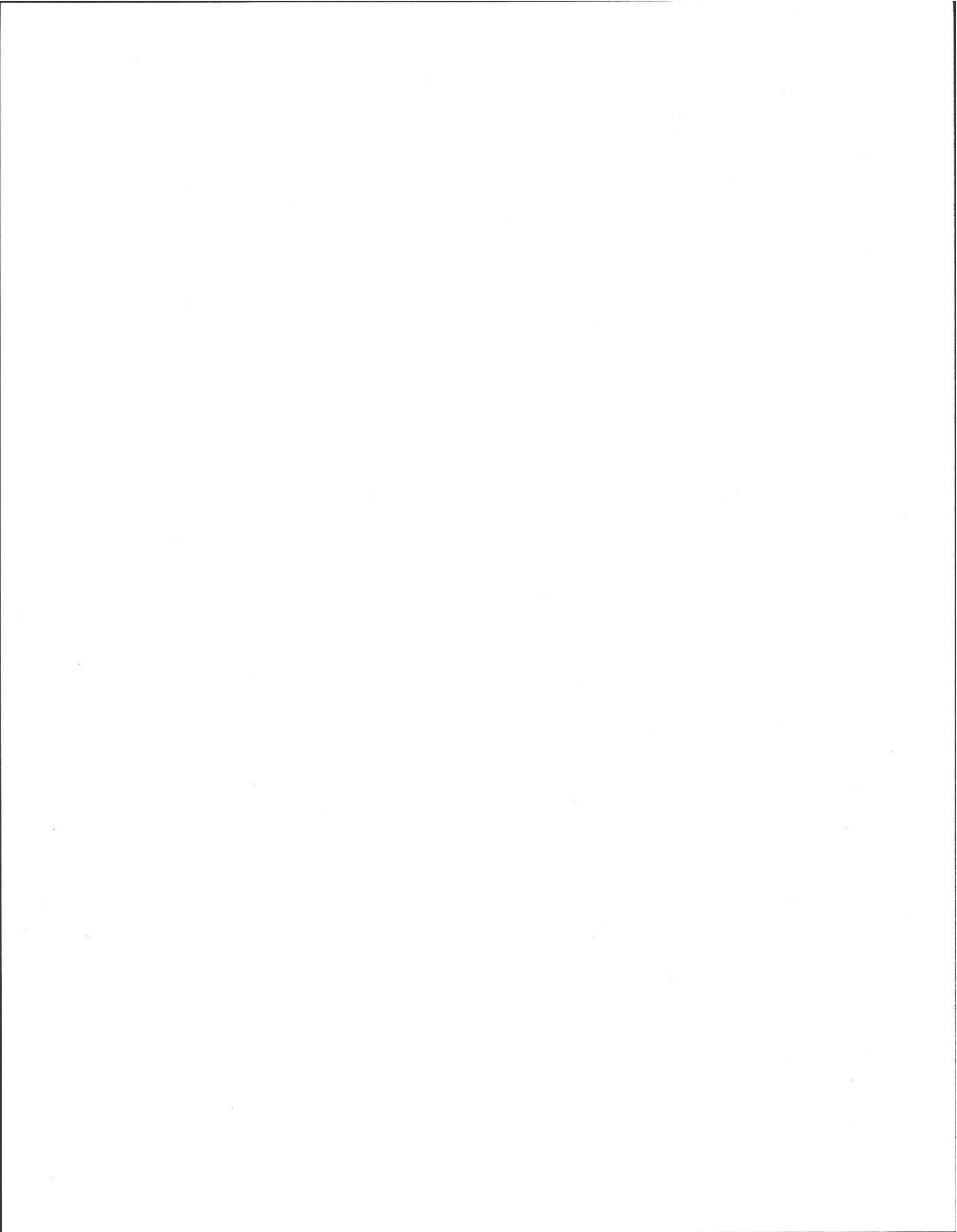
Inlet Baffle to S. Tank  
307 Shutesbury Road  
Amherst, MA  
04.11.2011





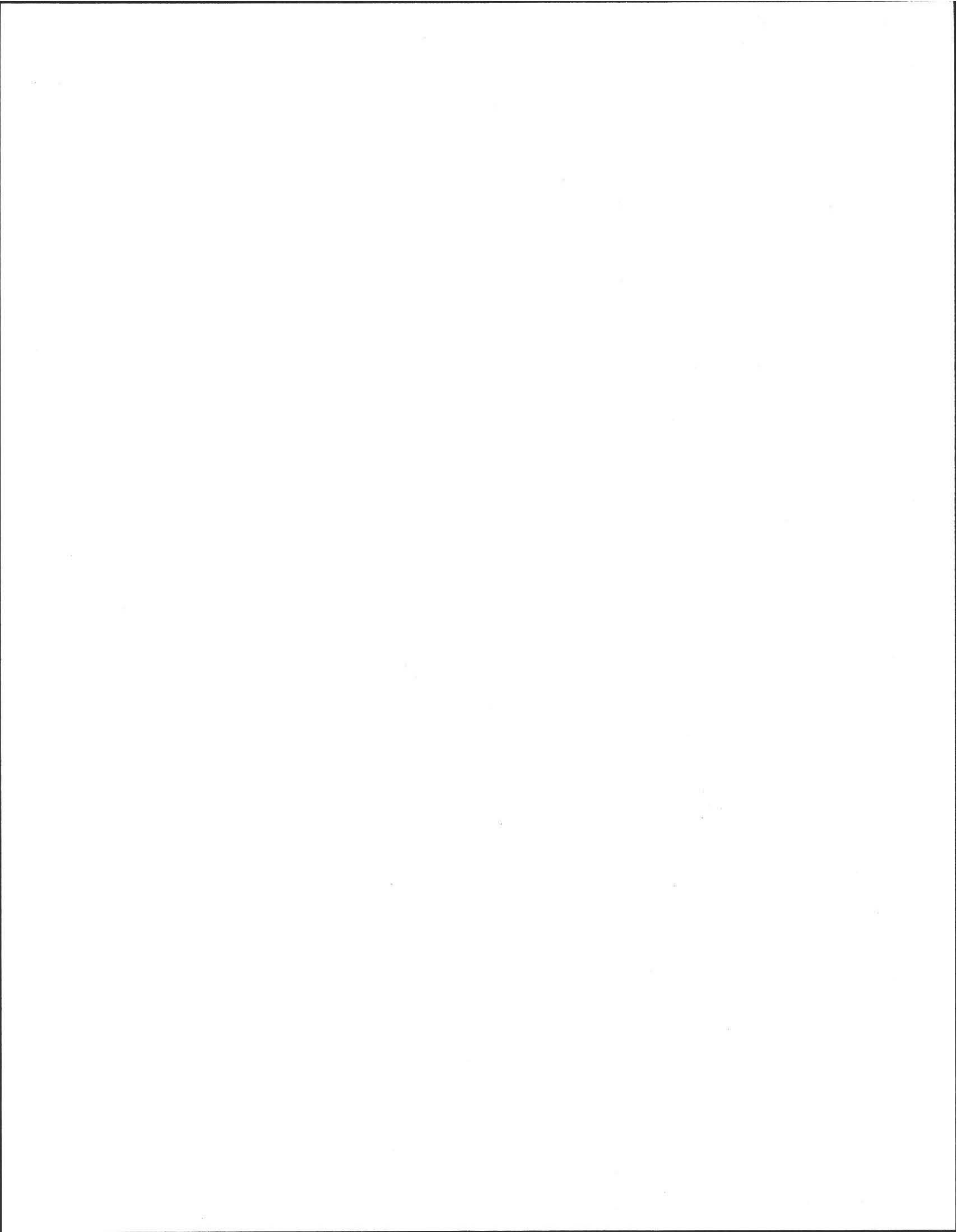


Old Replaced Corroded Dist. Box  
307 Shutesbury Road  
Amherst, MA  
04.08.2011

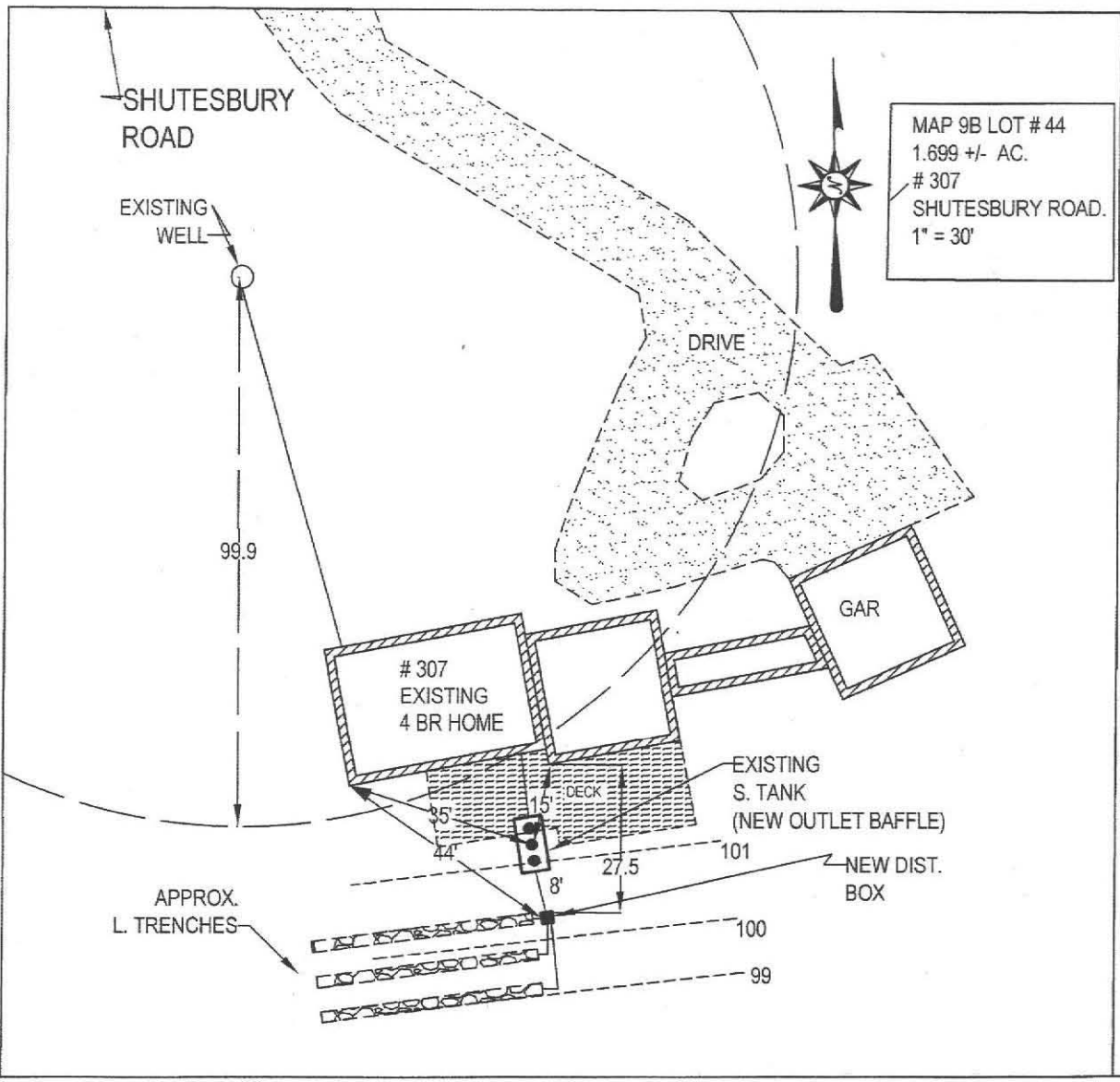
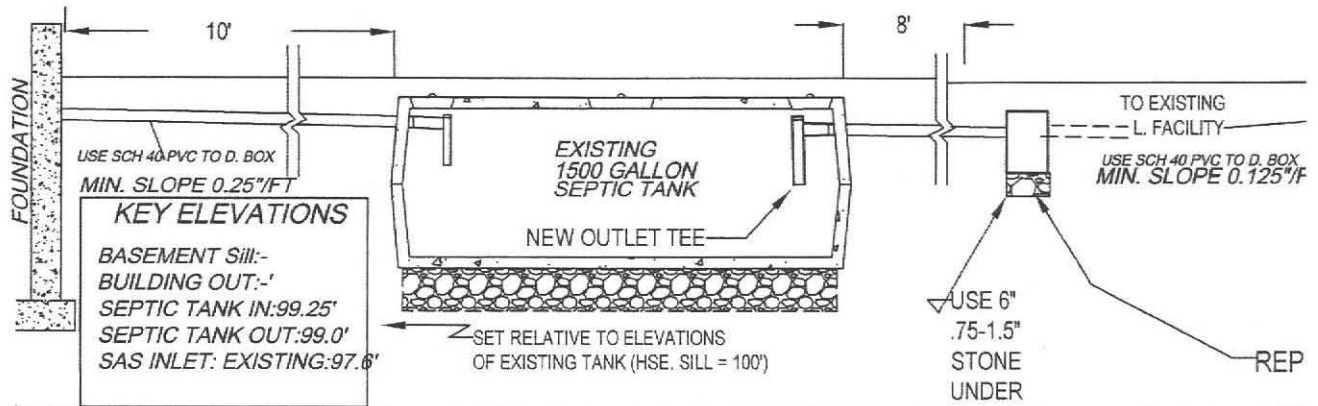


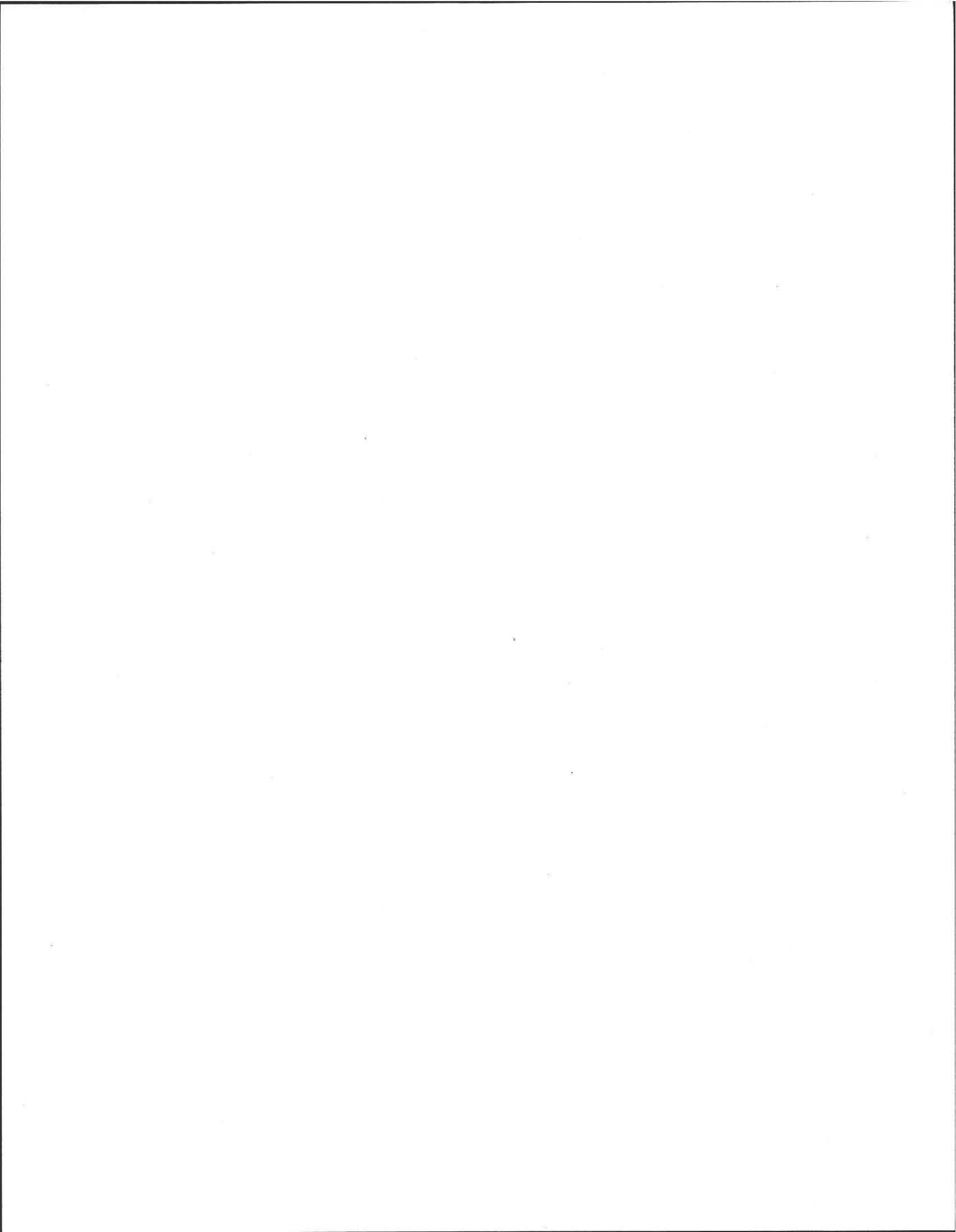


Septic Location  
307 Shutesbury Road  
Amherst, MA  
04.08.2011



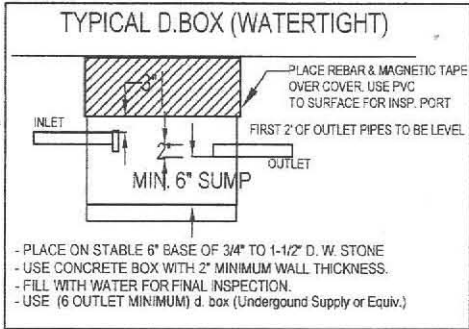
# EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



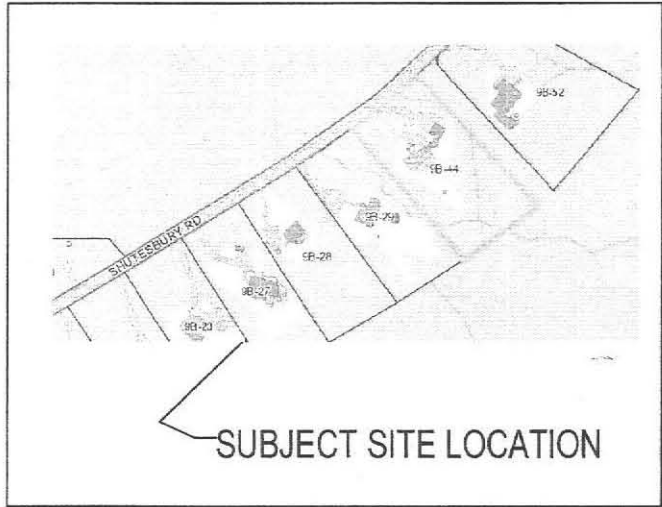


ALE)

T



LACED DISTRIBUTION BOX



SUBJECT SITE LOCATION

**NOTE TO INSTALLER:**

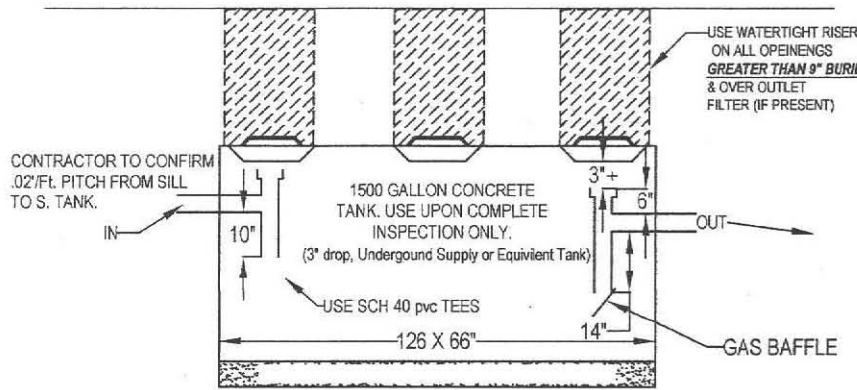
LOCATE AND ESTABLISH L. AREA AS FUNCTIONING FIRST, IF FAILED, CONTACT DESIGNER IMMEDIATELY, STOP TANK INSTALL PLAN. OTHERWISE PROCEED WITH:

1. Pump, crush and remove old component.
2. Install new D. BOX tank as noted on plan as per 310 CMR 15.00, with proper Sch 40 tees and gas baffle or outlet filter.
3. Contact Designer and local Health official for proper inspection prior to backfill.

NOTE: NO GAURANTEE OF LEGNTH OF FUNCTION OF L. FIELD IS ADDRESSED. FIELD FOUND FUNCTIONAL AT TIME OF COMPONENT CHANGEOUT.

NOTE: NOT A SURVEY FOR SEPTIC LOCATION ONLY: NO PROPERTY LINES WITHIN 50 FT OF PROPOSED COMPONENT REPLACEMENT

**TYPICAL SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.**



**DIST BOX AND SEPTIC TANK OUTLET TEE REPLACEMENT PLAN FOR ANDREA MUSCHINKSI 307 SHUTESBURY ROAD AMHERST, MA**

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

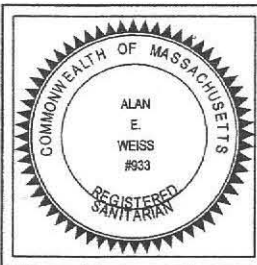
PHONE: (413) 323-5957 FAX: (413) 323-4916

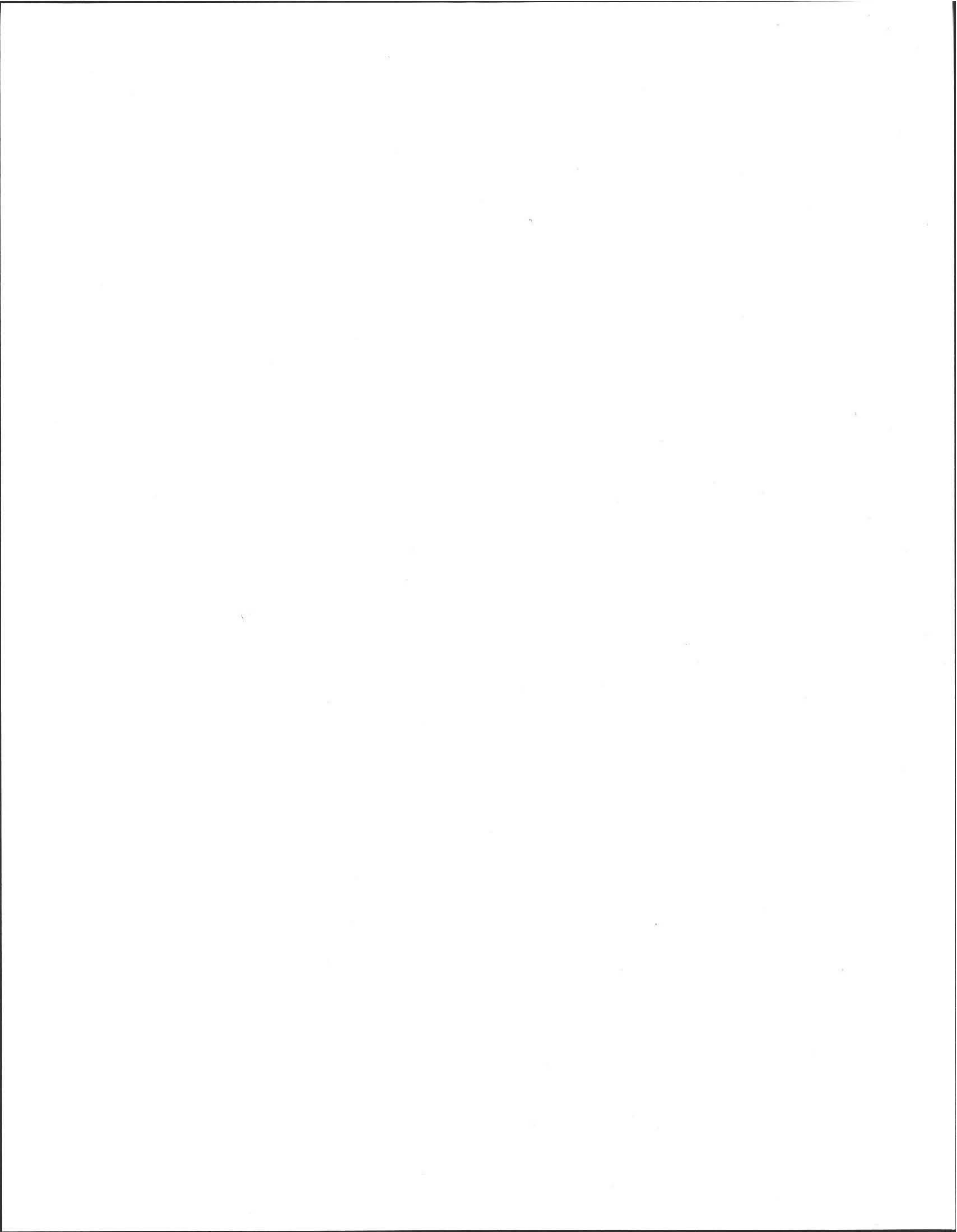
e-Mail: [ACWES@charter.net](mailto:ACWES@charter.net)

DATE: 04.09.2011 SCALE: 1"=30'

DRAWN BY: ALAN WEISS

REVISED: DRAWING NUMBER: 111-3546-0408







LAN SHOWING SEWAGE DISPOSAL

ANNE PIEROWAY  
5-206 WILLOW ST.  
SPRINGFIELD, MA 01103  
HUTESBURY RD., AMHERST

FOR: FREDERICK FILIOS  
DUNE (1985)  
SCALE: 1" = 40'

NOTE: No OTHER WELLS WI 200' OF LEACH.

11

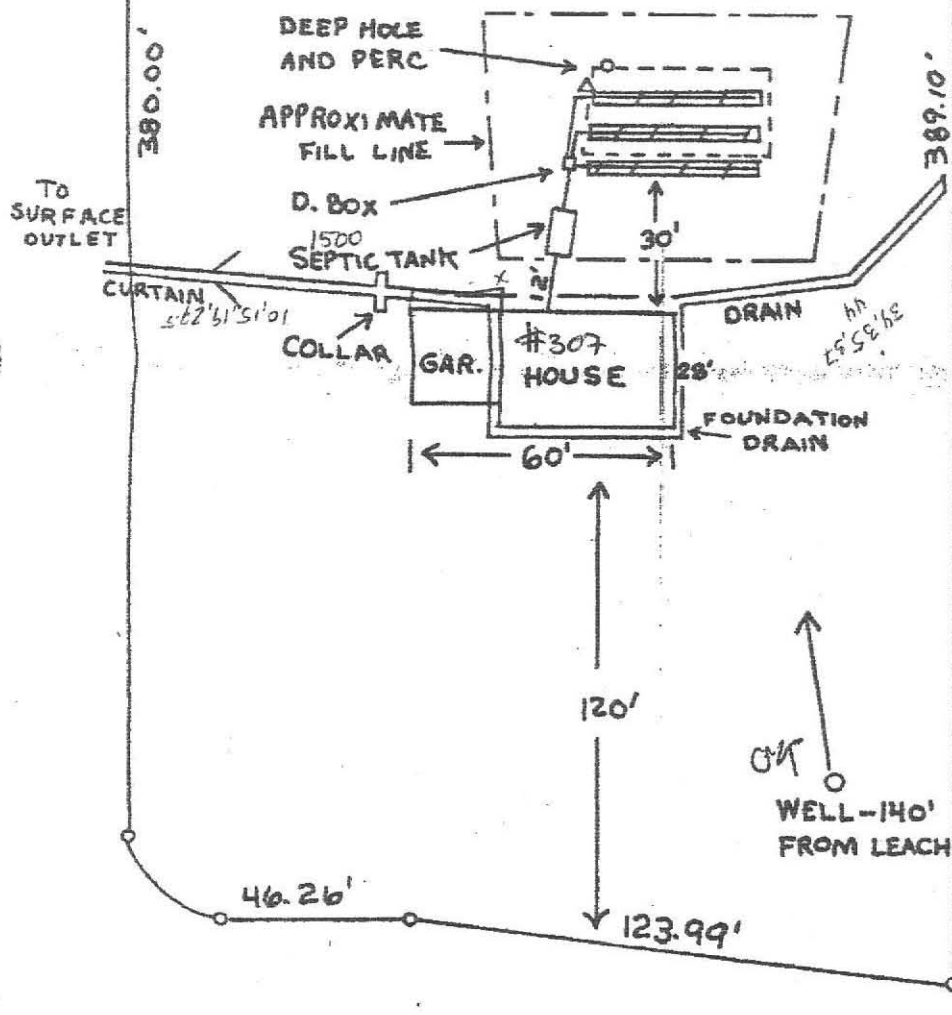
1.699 ACRES±

Post-it® Fax Note	7671	Date	4-22-04	# of pages	▶
To	Allen Weiss	From			
Cell #	323-5957	Co.			
Phone #		Phone #	253-9422		
Fax #	323-4916	Fax #	2000		

307 Shutesbury Rd  
Amherst, MA  
CURTAIN DRAIN FROM HOUSE

B.M. - NAIL IN 2' BEECH X

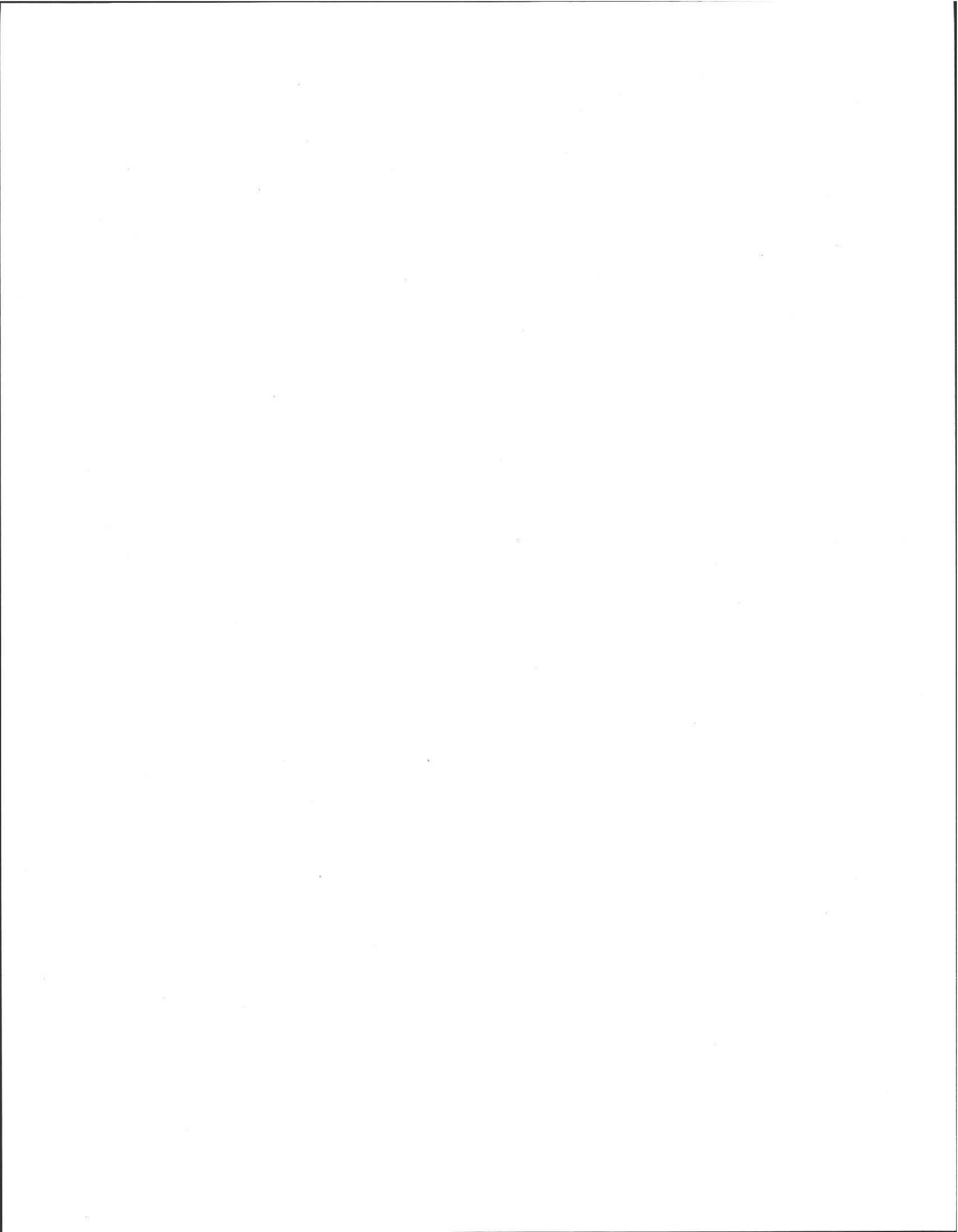
3 LEACH TRENCHES  
40' x 2' x 1 1/2'  
RESERVE BETWEEN TRENCHES



SHUTESBURY

ROAD

Amherst, MA



Address: Lot 1.699 ACRES  
 sq. feet  
 Garbage Grinder (yes)  
 wers ( ) - Cafeteria ( )  
 6,000 gallons.  
 eter Depth 5'  
 eaching area 240 sq. ft. SIDES  
 eaching area 240 sq. ft. BOTTOM

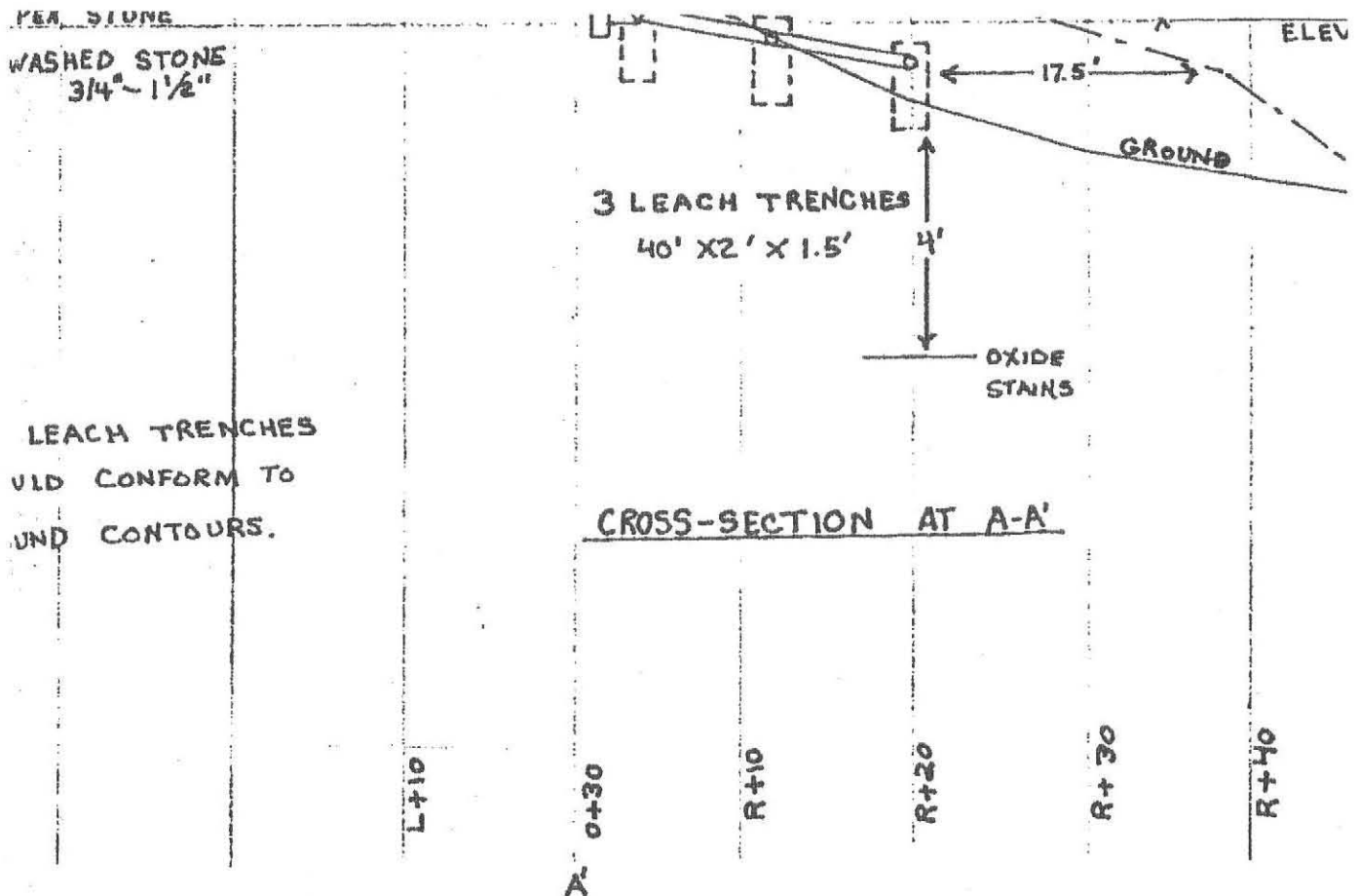
Date DEC. 4, 1984  
 o ground water 7'  
 o ground water 4'

al System in accordance with  
 es not to place the system in  
 6/28/85  
 Date

Date  
 Date  
 Date

ected (X) or Repaired ( )  
 ary Code as described in the  
 ed

A GUARANTEE THAT THE

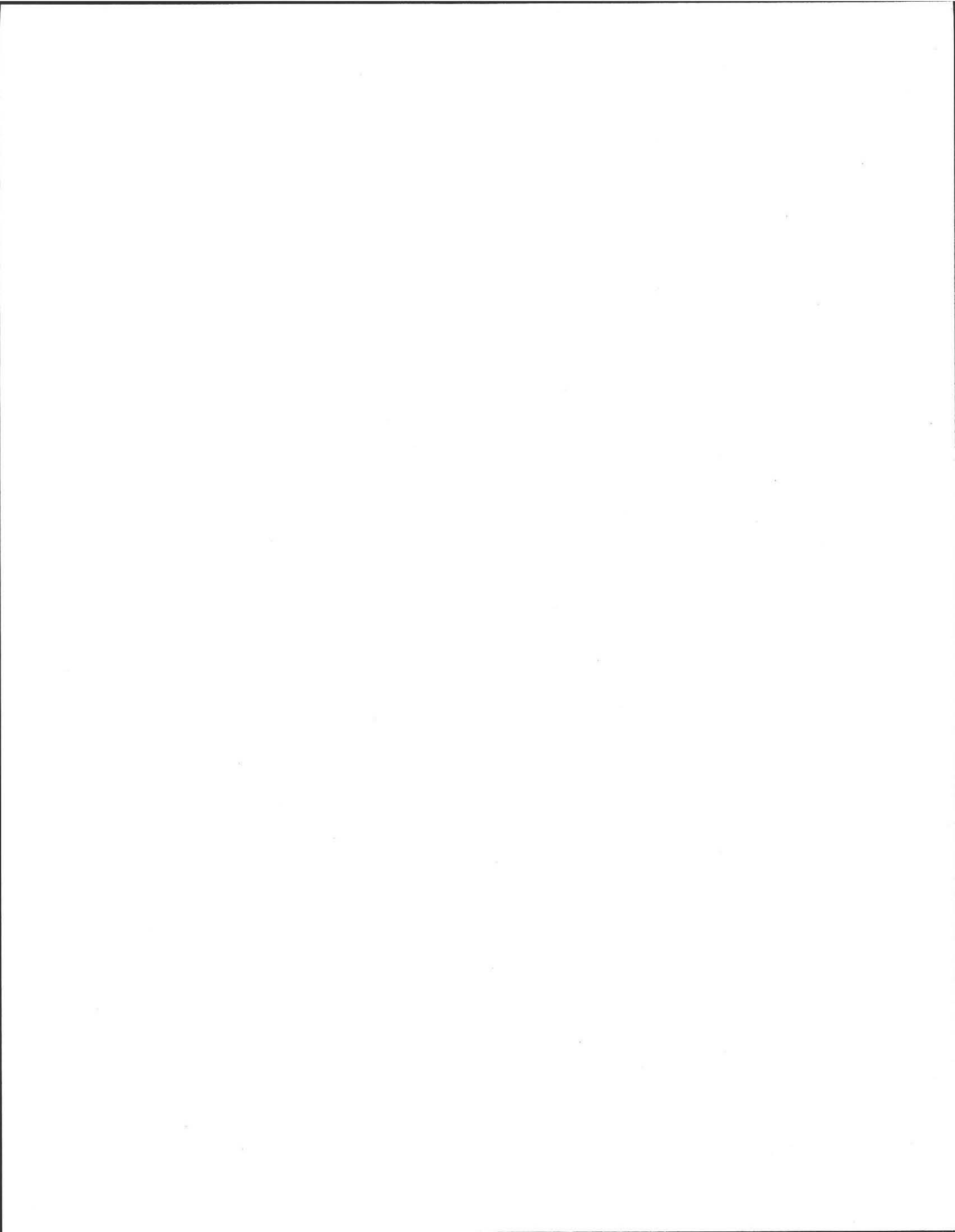


LEACH TRENCHES  
 VLD CONFORM TO  
 UND CONTOURS.

CROSS-SECTION AT A-A'

CALCULATIONS:

ED ROOMS @ 110 EACH = 440 GALS + 220 GALS - GARBAGE GRINDER  
 GAL. REQUIRED CAPACITY; PERC RATE @ 3 1/2 MIN.S PER INCH  
 S: 40' X 1' X 2 SIDES = 80 S.F. X 3 TRENCHES = 240 S.F. X 2 GALS = 480 GAL.  
 M: 40' X 2' = 80 S.F. X 3 TRENCHES = 240 S.F. X .83 GALS = 199.2 GAL.  
 L DAILY CAPACITY OF PROPOSED SYSTEM = 679.2 GAL.S





COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5  
 OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
 PART A  
 CERTIFICATION

Property Address: 307 Shutesbury Rd  
 Owner's Name: Douglas Abbott  
 Owner's Address: 307 Shutesbury Rd, Amherst, 01002  
 Date of Inspection: \_\_\_\_\_  
 Name of Inspector: (please print) Alan E. Weiss, M.S.  
 Company Name: Cold Spring Environmental, Inc  
 Mailing Address: 350 Old Enfield Road, Belchertown, MA 01007  
 Telephone Number: 413-323-5957

**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 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:

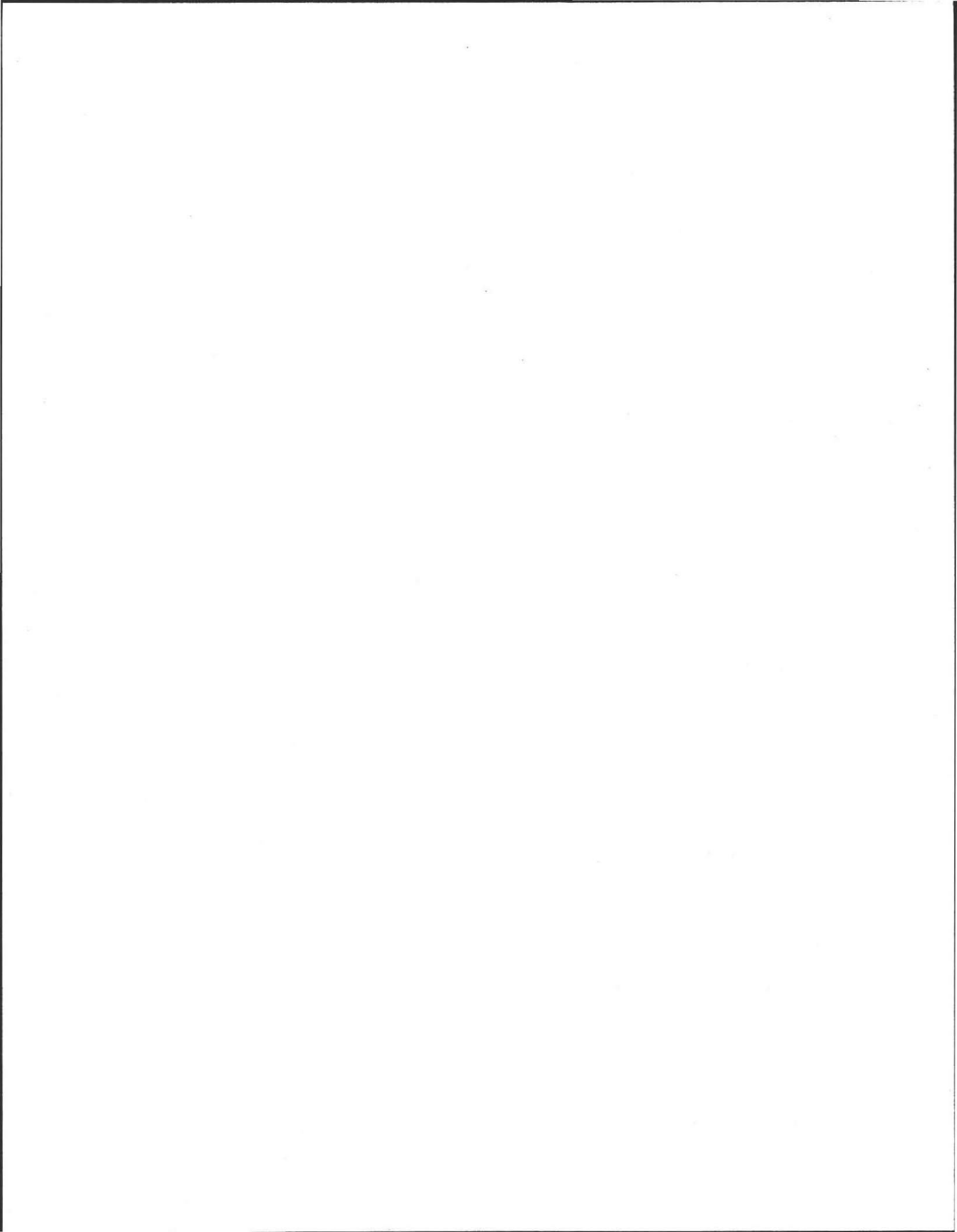
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: AEW Date: 5/5/04

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.

Notes and Comments Disposal not recommended, Disconnect De-humidifier

\*\*\*\*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

Owner information is required for every page.

307 Shutesbury Road  
 Property Address  
 Andrea Muschinski  
 Owner's Name  
 Amherst MA 01002 10.20. & 22.2010  
 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  
 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 RS 933  
 Telephone Number License Number

**B. Certification**

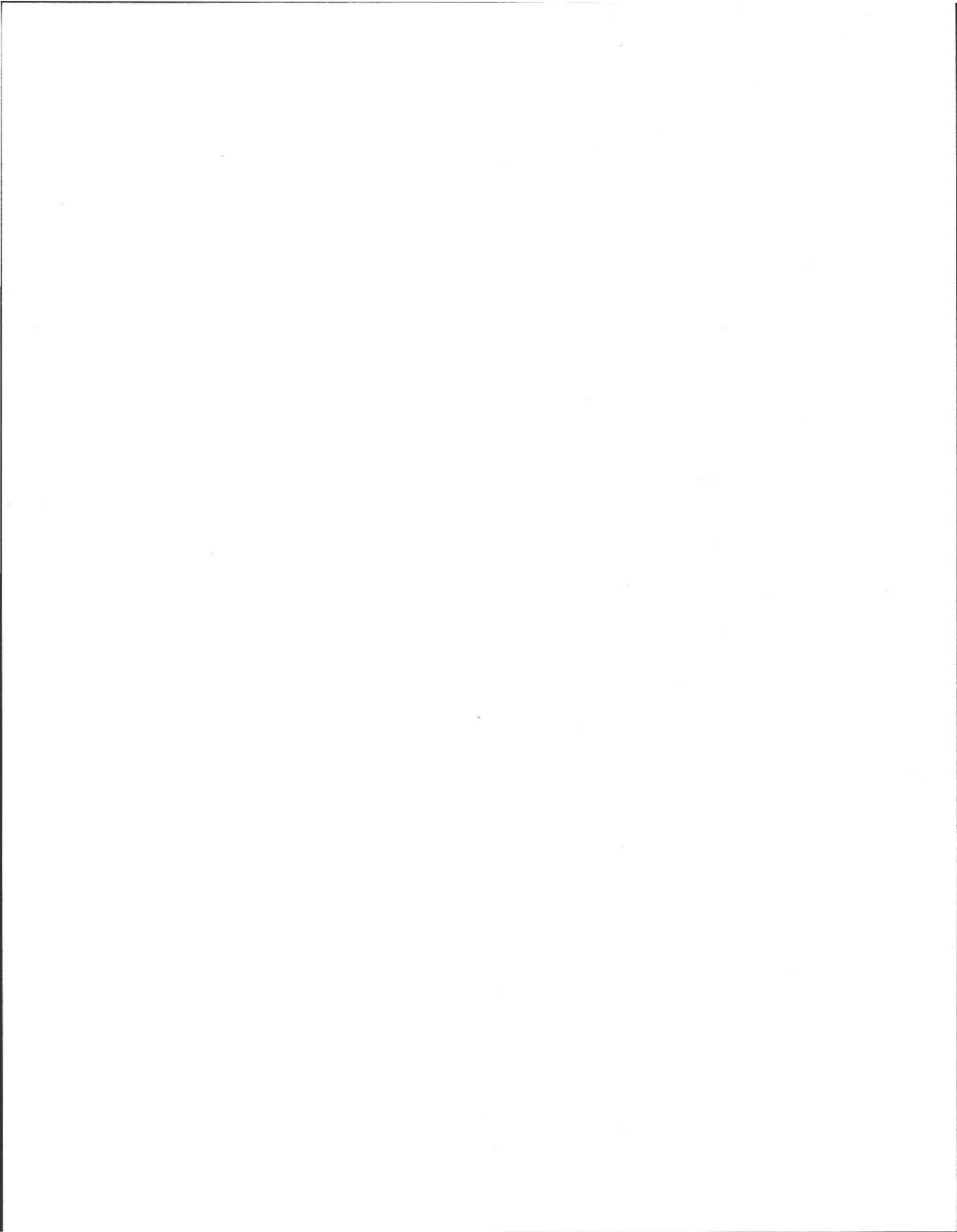
I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on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

*Alan Weiss*  
 Inspector's Signature                      04.08.2011 & 04.11.2011 Revised  
 Date

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

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







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

307 Shutesbury Road

Property Address

Andrea Muschinski

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

10.20. & 22.2010

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:

System was found to pass, Septic tank & D. box is 25+/- years old (1500 gallon), inlet baffle in place. Outlet tee added, D. Box replacement completed. Stone was clean. Distribution box level was good. No high staining observed. Garbage grinder is not recommended, and the dehumidifier should be disconnected as it is the source of the corrosion.

B) System Conditionally Passes:

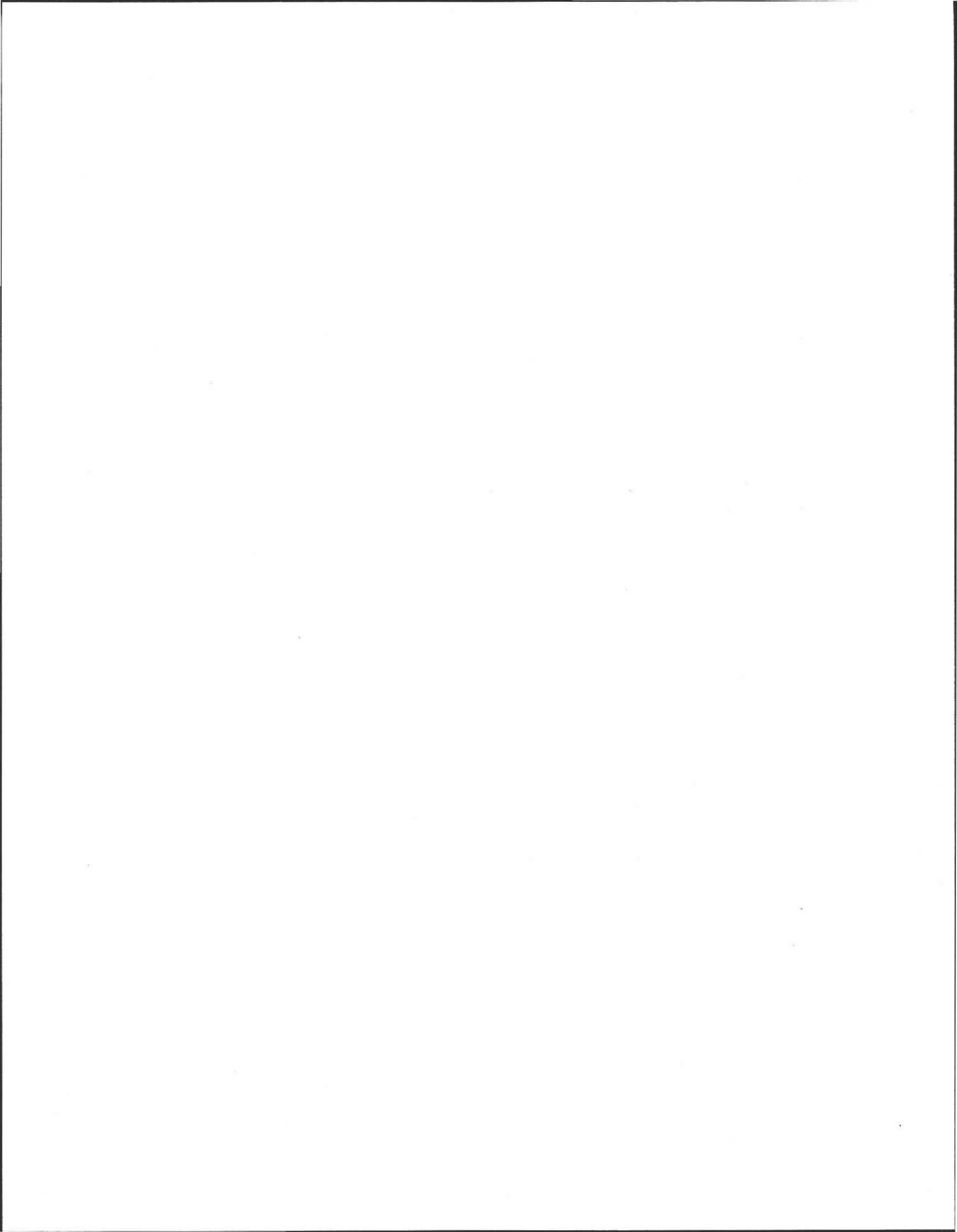
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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):





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

307 Shutesbury Road

Property Address

Andrea Muschinski

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

10.20. & 22.2010

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

Box replaced and new outlet tee added.

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

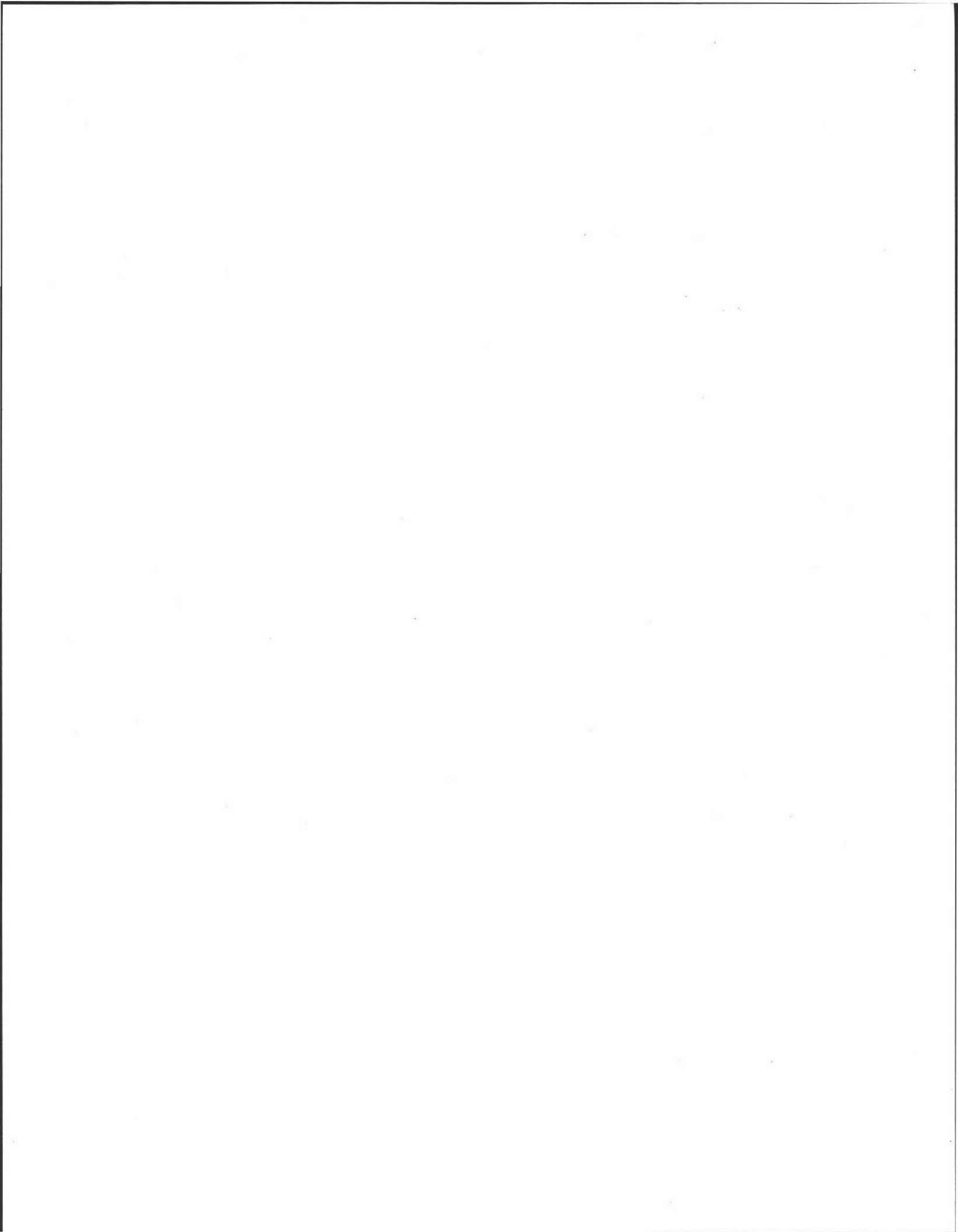
- broken pipe(s) are replaced
obstruction is removed

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

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

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

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





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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 proximity to surface water, public water supply, and private water supply wells.

Method used to determine distance:

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for 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.

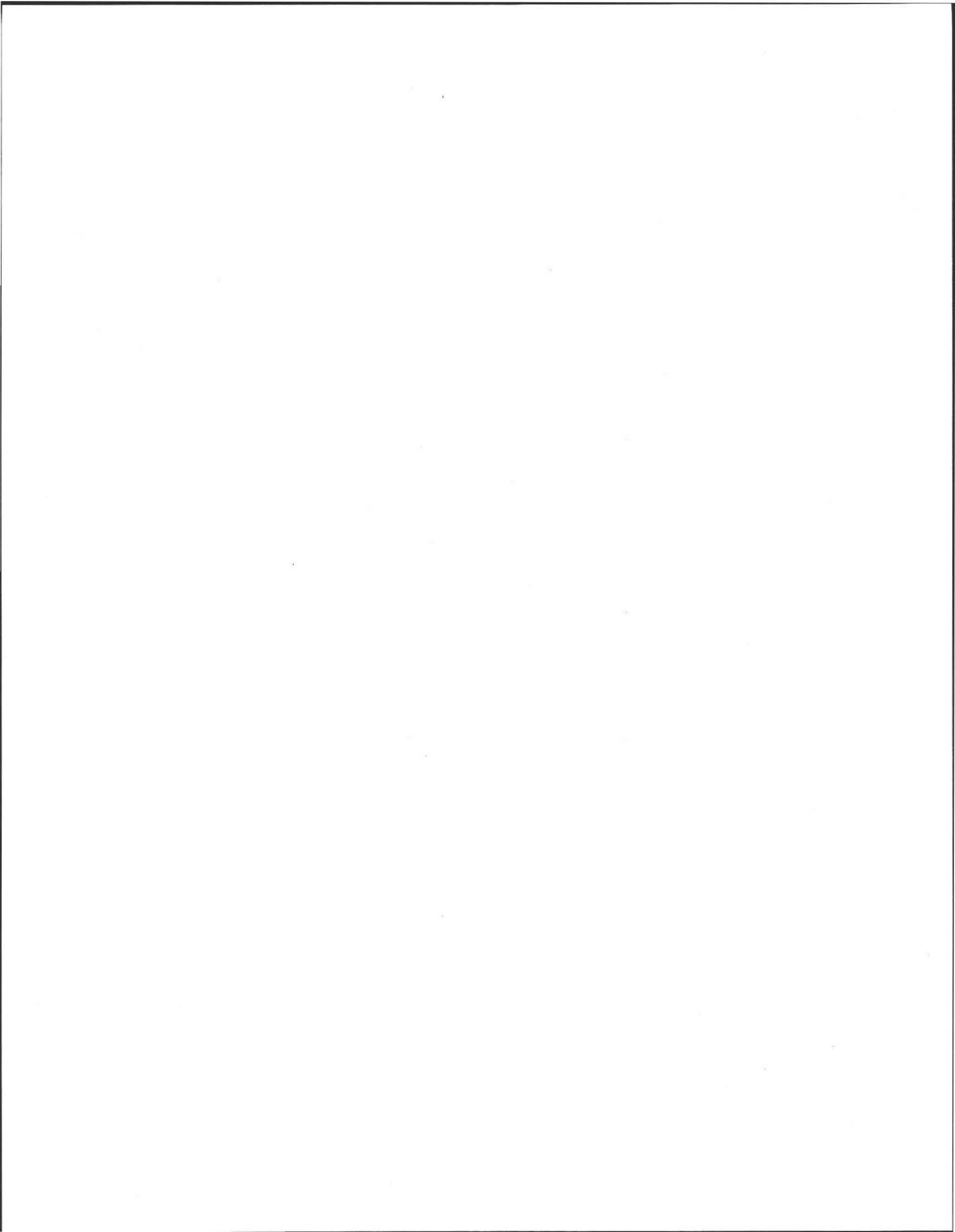
3. Other:

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 2 columns: Yes, No. Four rows of failure criteria with checkboxes.





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B. Certification (cont.)

Yes No

- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

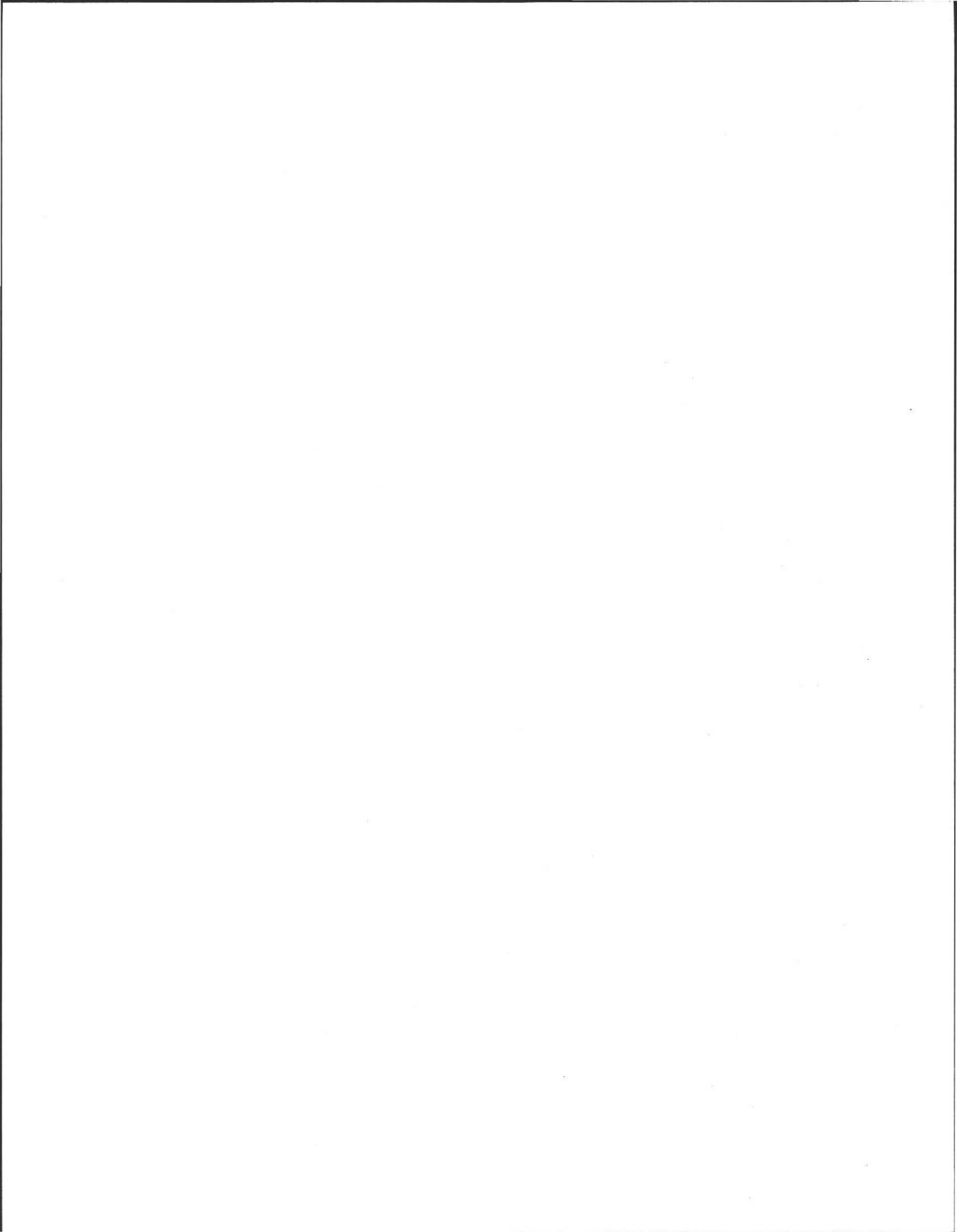
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

Yes No

- the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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







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C. Checklist

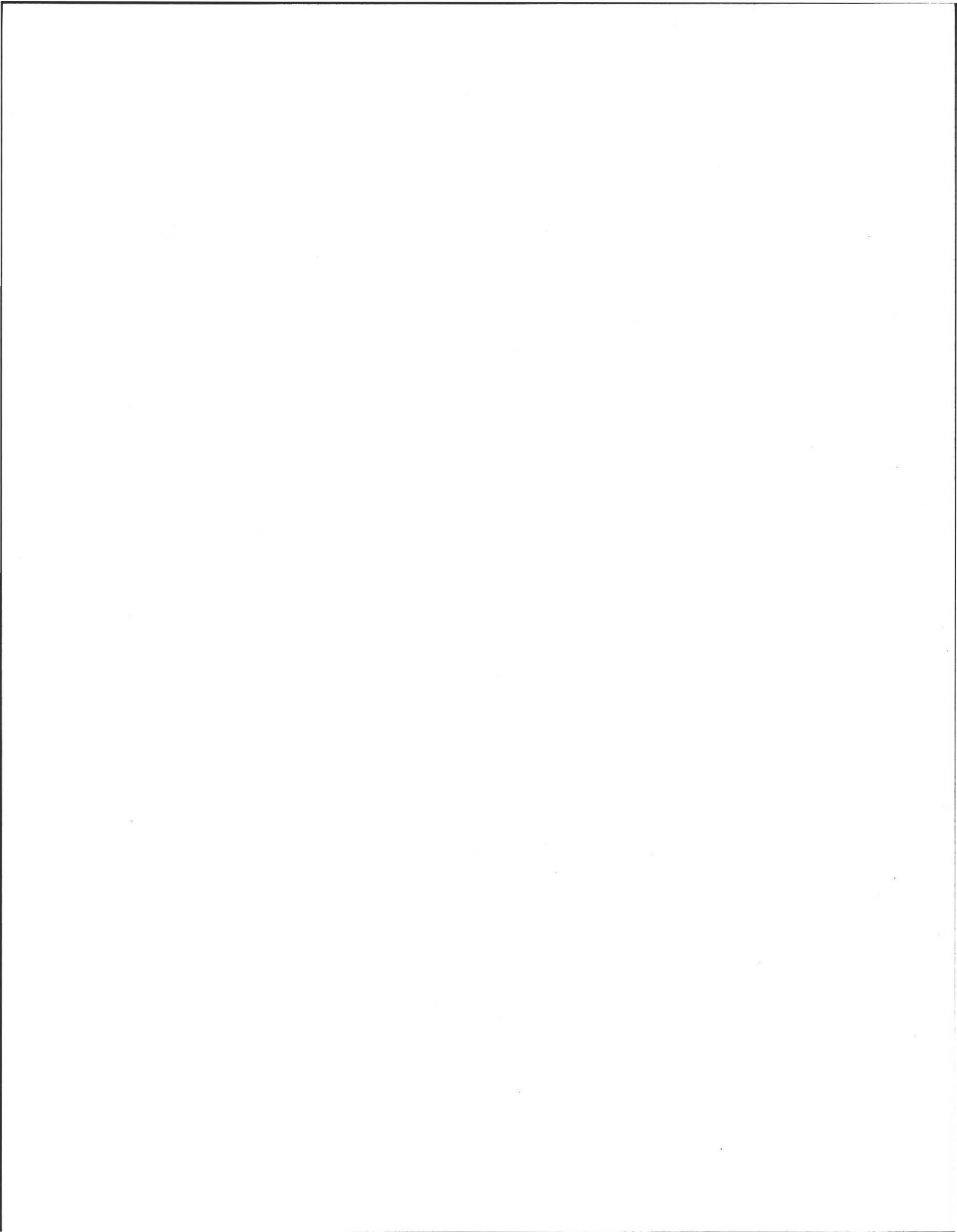
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Checklist items with Yes/No columns and checkboxes. Items include: Pumping information was provided... Were any of the system components pumped out... Has the system received normal flows... Have large volumes of water been introduced... Were as built plans of the system obtained... Was the facility or dwelling inspected... Was the site inspected... Were all system components... Were the septic tank manholes uncovered... Was the facility owner... Existing information... Determined in the field...

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 679





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D. System Information

Description:

Blank lines for description

Number of current residents:

5

Does residence have a garbage grinder?

[X] Yes [ ] No

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

[ ] Yes [X] No

Laundry system inspected?

[ ] Yes [ ] No

Seasonal use?

[ ] Yes [X] No

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

-

Detail:

Well more than 100 ft. away.

Blank lines for detail

Sump pump?

[ ] Yes [X] No

Last date of occupancy:

current Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Blank line

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Blank line

Grease trap present?

[ ] Yes [ ] No

Industrial waste holding tank present?

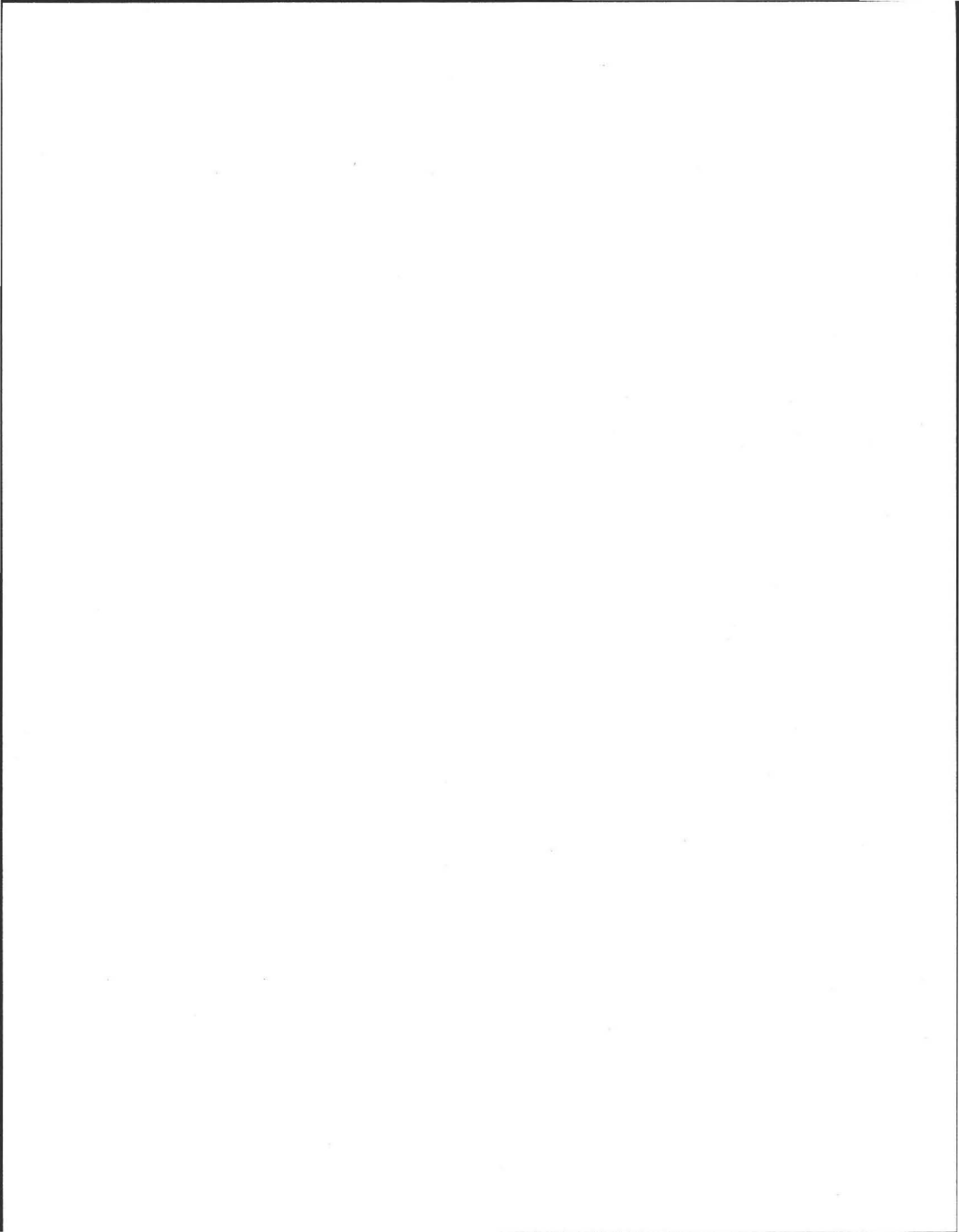
[ ] Yes [ ] No

Non-sanitary waste discharged to the Title 5 system?

[ ] Yes [ ] No

Water meter readings, if available:

Blank line





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## D. System Information (cont.)

Last date of occupancy/use:

Current

Date

Other (describe below):

### General Information

#### Pumping Records:

Source of information:

pumped Oct. 2010

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

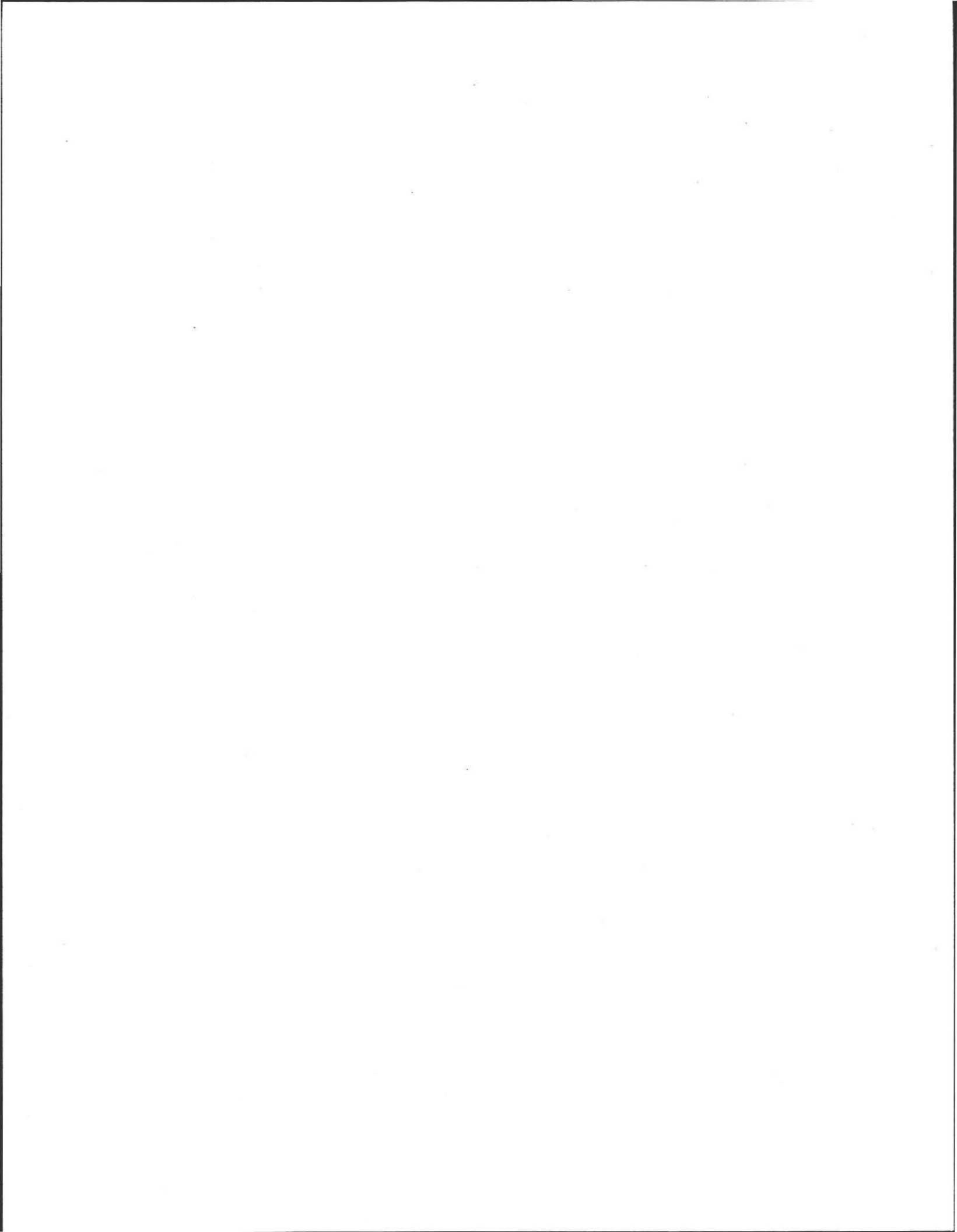
measured

Reason for pumping:

Inspection

#### 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)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):





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D. System Information (cont.)

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

20+/- years

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.2' 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.):

Septic Tank (locate on site plan):

Depth below grade:

1.0' feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

Has inlet baffles built in place outlet tee broke at inspection, and new outlet tee added. Some corrosion noted but funtional.

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

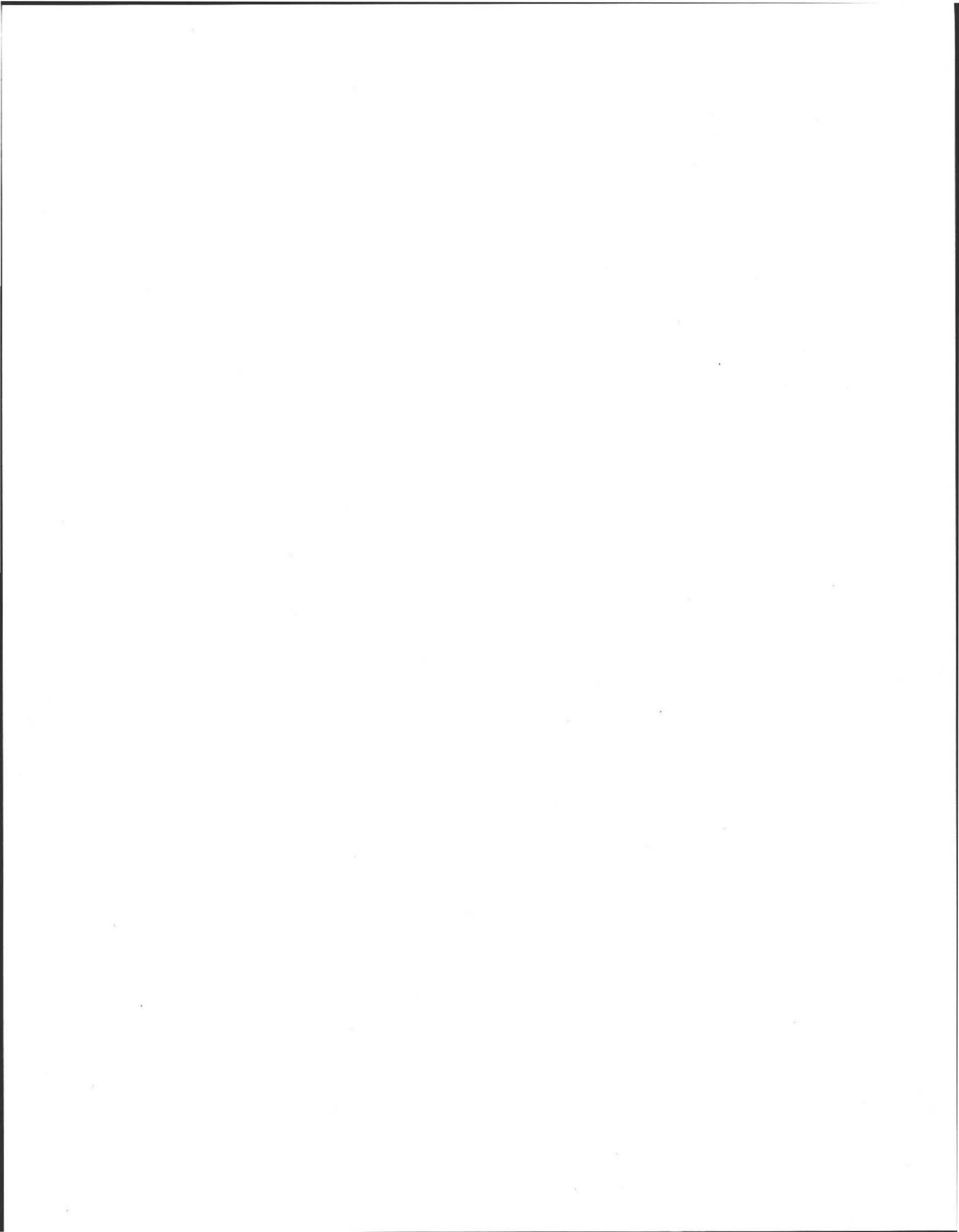
Yes No

Dimensions:

10.5' x 5.5' x 4.0'

Sludge depth:

<1"







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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 42"

Scum thickness <1"

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

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

How were dimensions determined? Meas.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): tank was in ok condition, level good, with some corrosion.

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

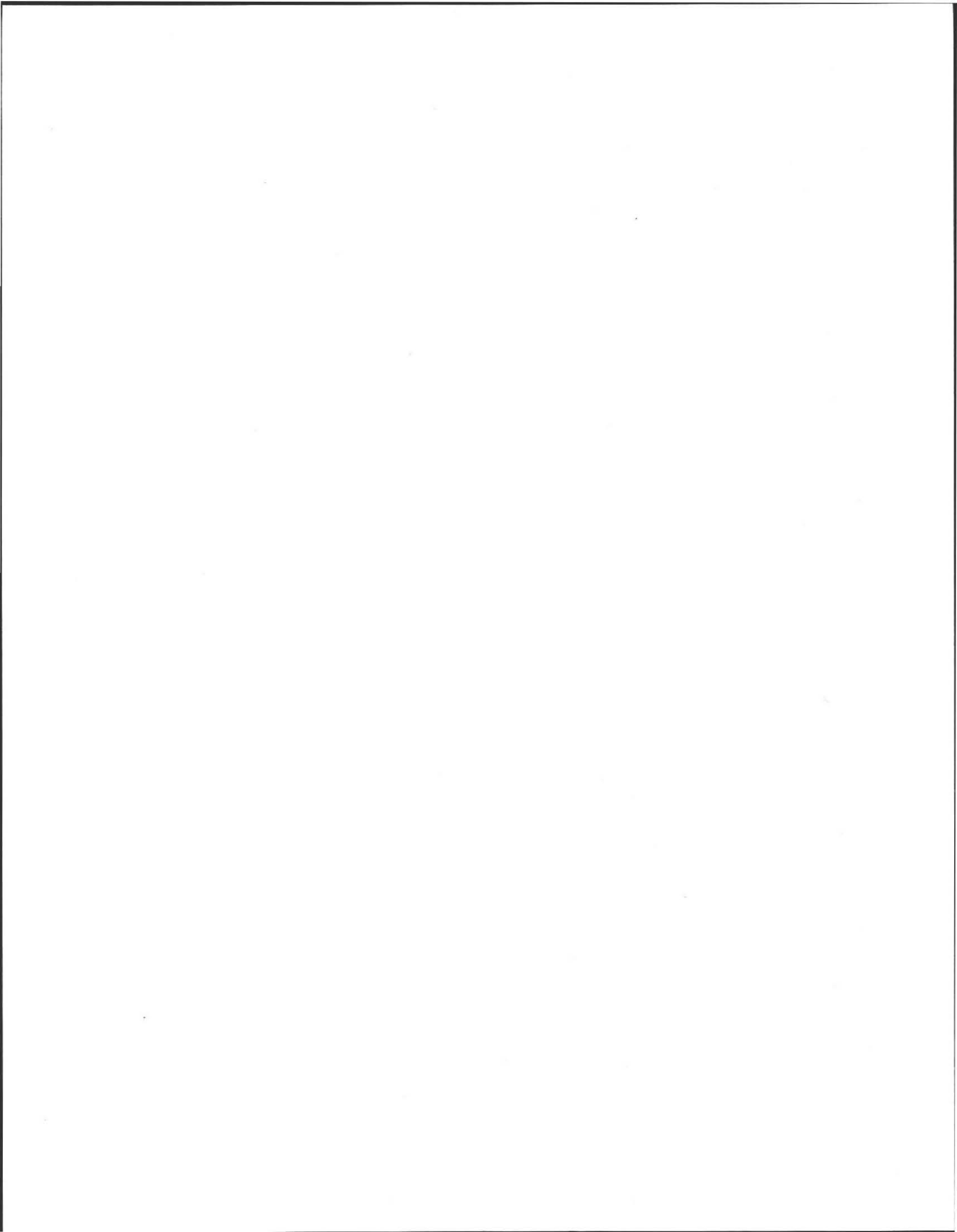
Dimensions:

Scum thickness

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

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

Date of last pumping: Date





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D. System Information (cont.)

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

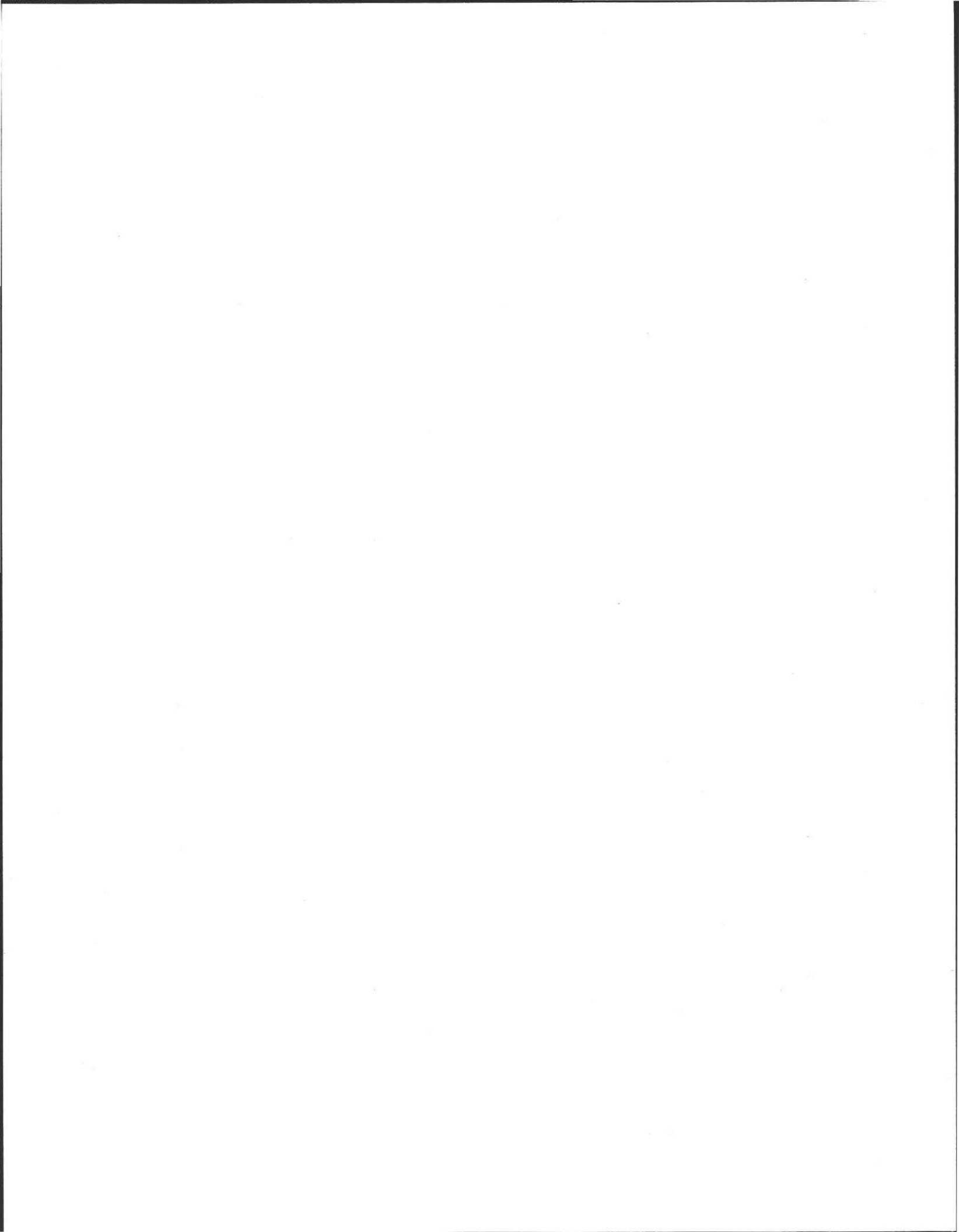
Date of last pumping:

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





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## D. System Information (cont.)

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

Depth of liquid level above outlet invert

@ 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.):

Box was replaced.

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

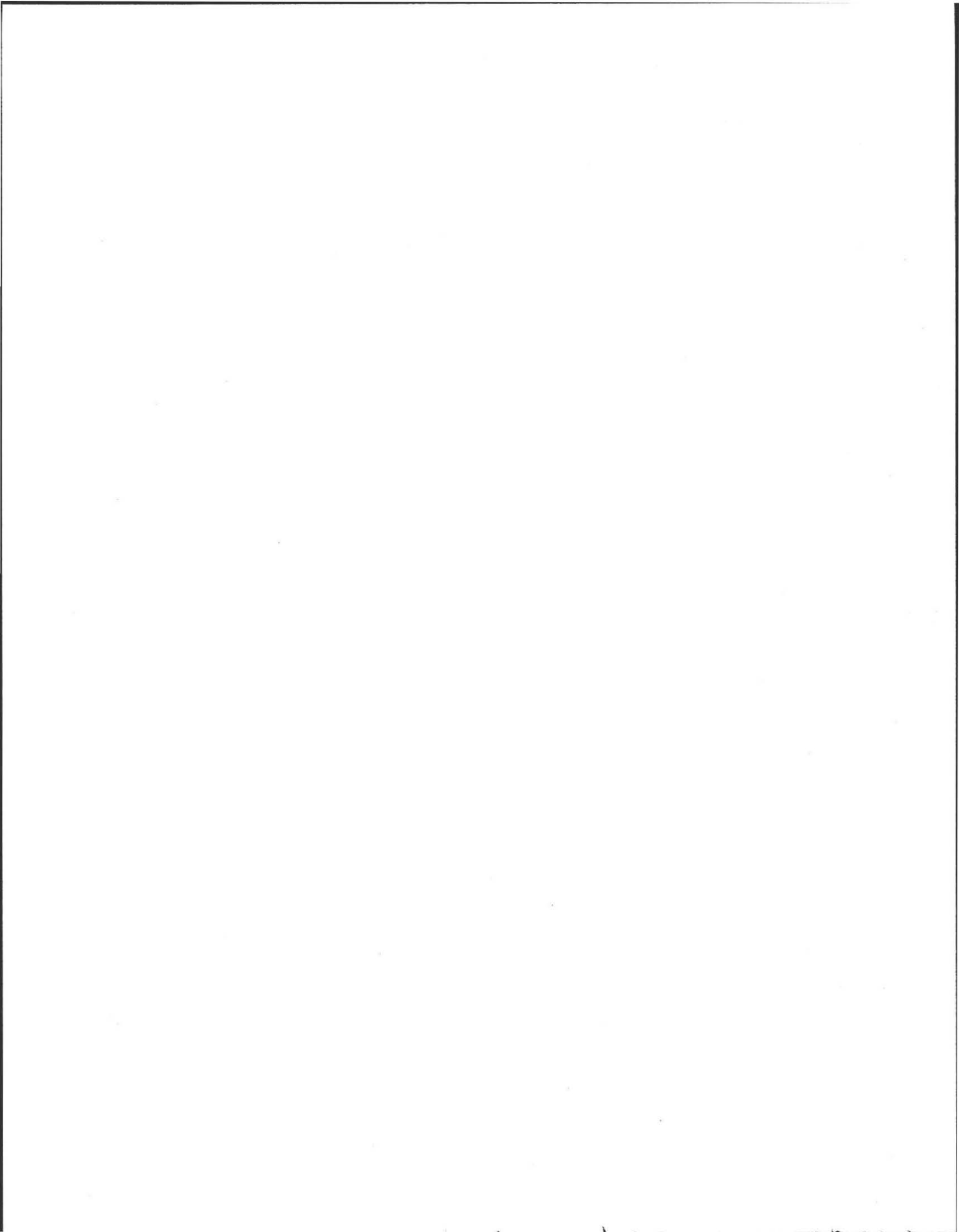
Alarms in working order:

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:





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**D. System Information (cont.)**

Type:

- leaching pits number: \_\_\_\_\_
- leaching chambers number: \_\_\_\_\_
- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: 3 @ 40'L x 2.0' W  
x 1'D
- leaching fields number, dimensions: \_\_\_\_\_
- 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.):  
 stone had no high staining.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Number and configuration \_\_\_\_\_

Depth – top of liquid to inlet invert \_\_\_\_\_

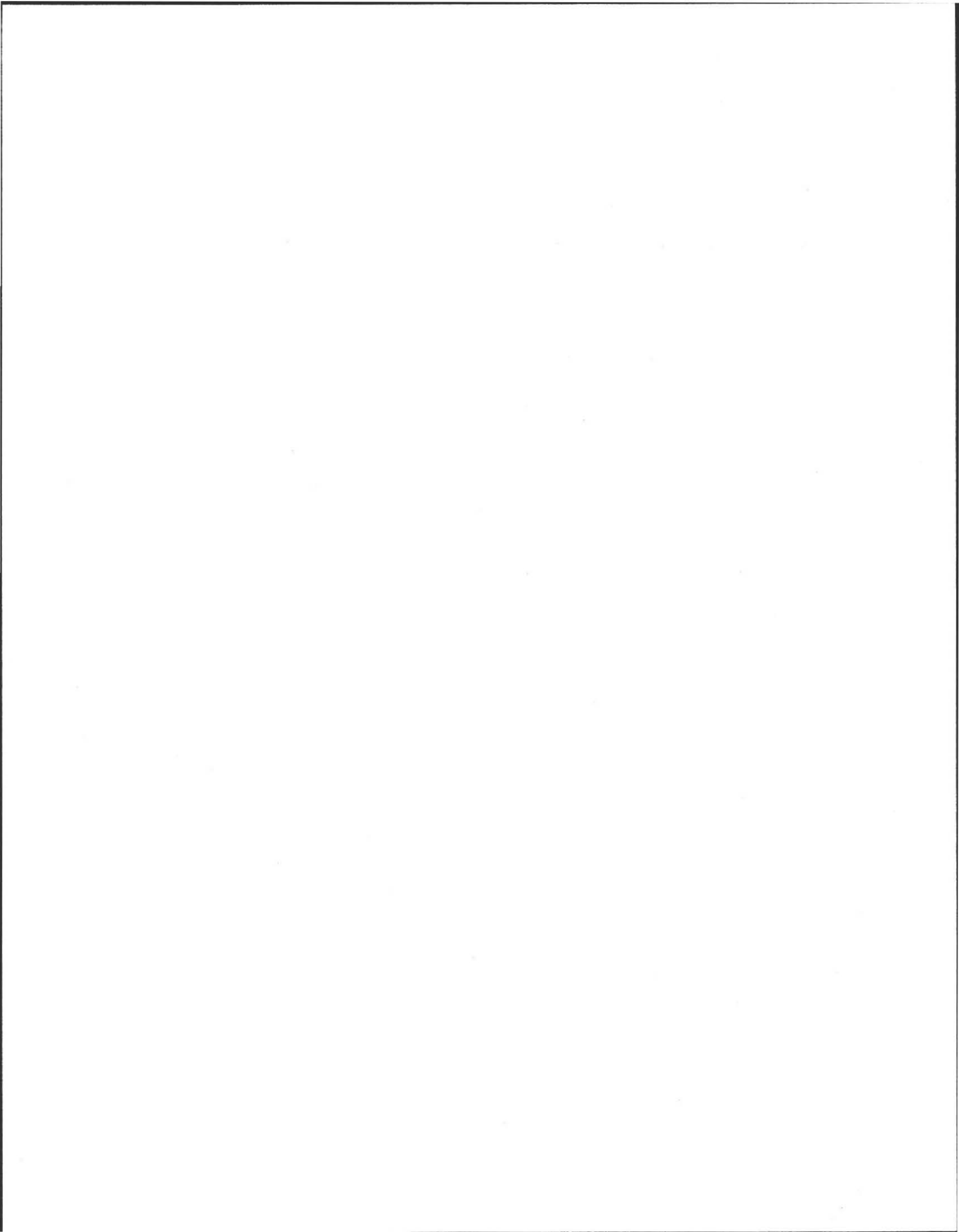
Depth of solids layer \_\_\_\_\_

Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

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

Indication of groundwater inflow  Yes  No







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## D. System Information (cont.)

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

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---

---

Privy (locate on site plan):

Materials of construction:

---

Dimensions

---

Depth of solids

---

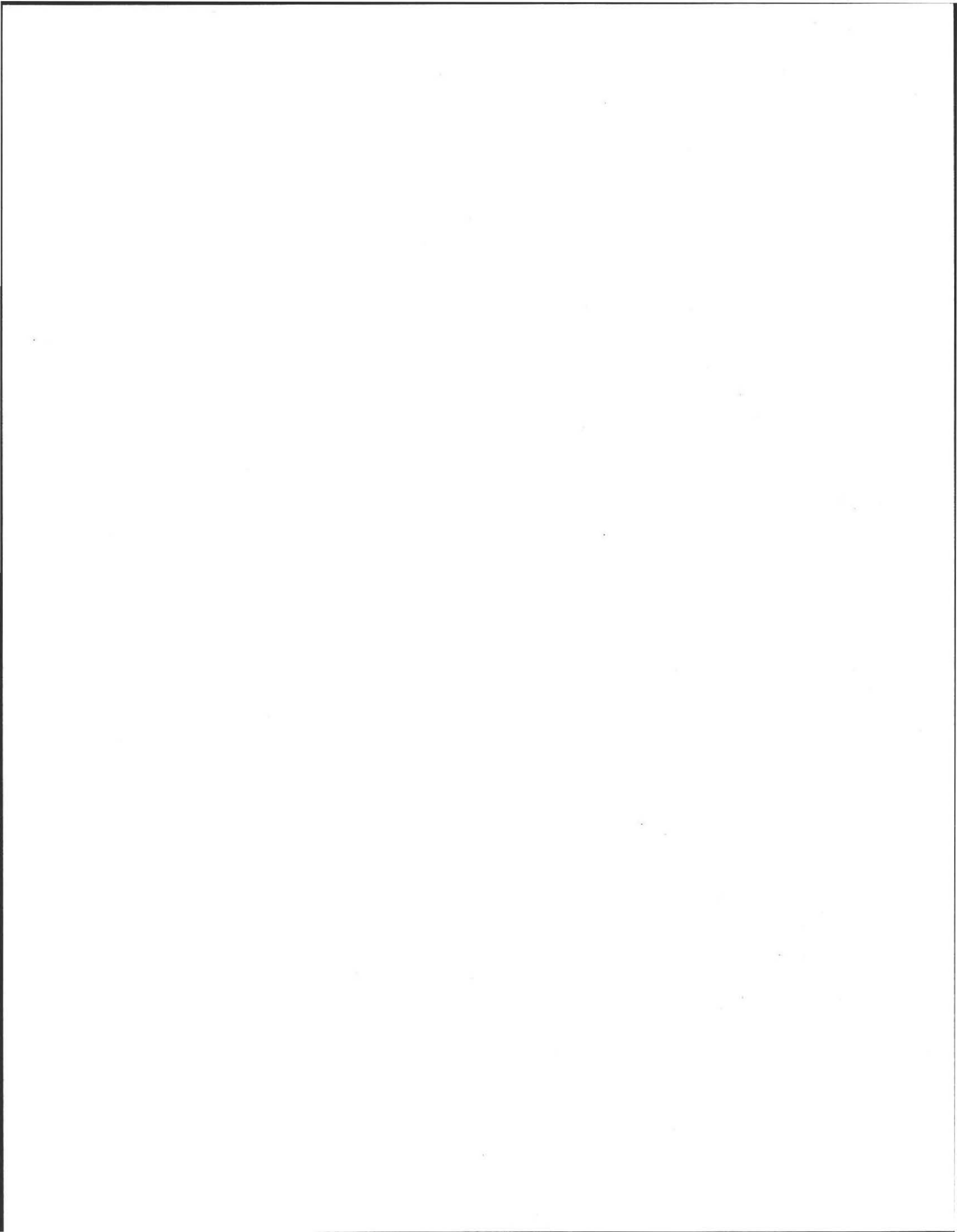
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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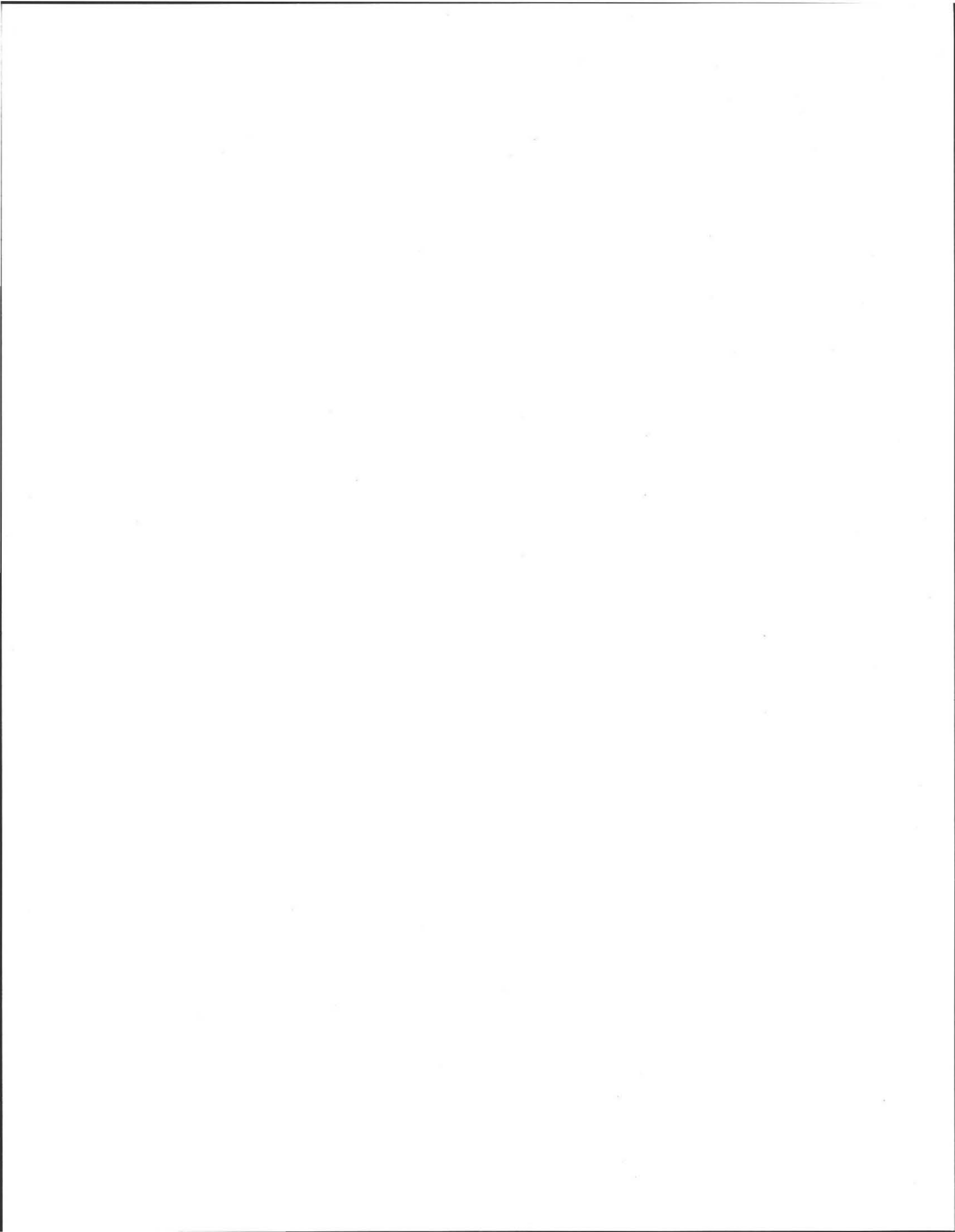
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## D. System Information (cont.)

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

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





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D. System Information (cont.)

Site Exam:

[X] Check Slope

[ ] Surface water

[X] Check cellar

[X] Shallow wells

Estimated depth to high ground water:

4' ft.+  
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:

1985  
Date

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

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

records

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

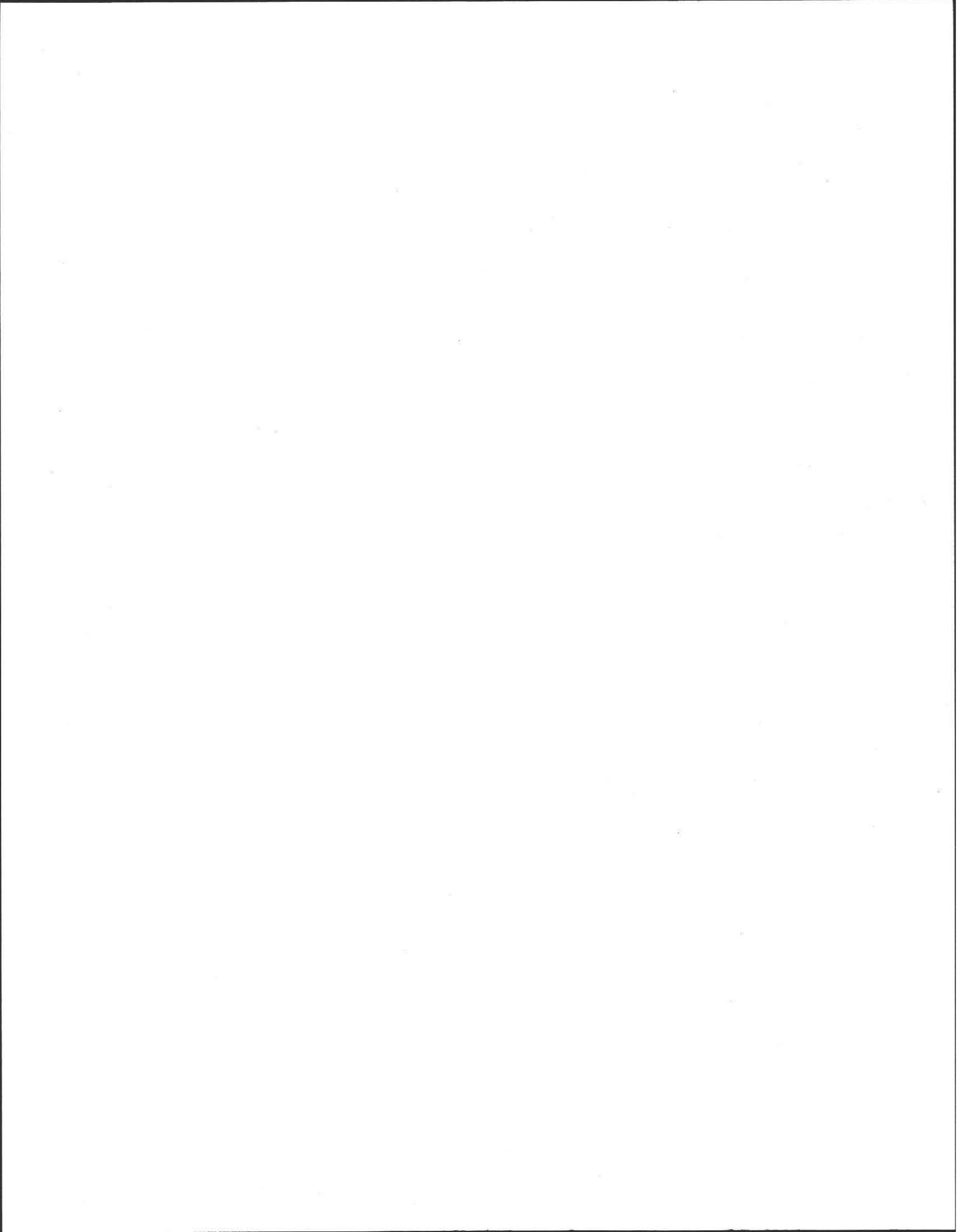
[ ] Accessed USGS database - explain:

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

Work in area on adjacent property & records (1985).

Blank lines for describing the high ground water elevation.

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





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## E. Report Completeness Checklist

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

