



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for  
every page.

496 Southeast Street

Property Address

Greg and Sonia Aldrich 488 Southeast Street

Owner's Name

Amherst

MA  
State

01002  
Zip Code

7.05.2007  
Date of Inspection

City/Town

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

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



## 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

City/Town

413.323.5957

Telephone Number

MA  
State

01007  
Zip Code

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

7.05.2007  
Date

*Revised  
7/25/07 Inspected  
New Best Tank  
AW*

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.**





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## 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:

All levels were good at inspection, system is 21 years old. (D. box, & S. tank had good levels and no indication of past high staining or ponding. (D. box & S. tank needed to be replaced due to cracking).

Reinspected 7/25/07 New Box + Tank

### 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.

Answer yes, no or not determined (Y, N, ND) in the ☐ 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.

ND Explain:

- ☐ 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):





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- ☐ broken pipe(s) are replaced
- ☐ obstruction is removed

## B. Certification (cont.)

### B) System Conditionally Passes (cont.):

- ☐ distribution box is leveled or replaced

ND Explain:

D. box & Tank were replaced and reinspected.

7/25/02 AJ

- ☐ 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

ND Explain:

### 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

**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:**





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- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

## B. Certification (cont.)

### C) Further Evaluation is Required by the Board of Health (cont.):

- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: Measured

\*\* 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:

### D) System Failure Criteria Applicable to All Systems:

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

Yes No

☐☒

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

☐☒

Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool

☐☒

Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool





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☐☒

Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

☐☒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.

**B. Certification (cont.)****D) System Failure Criteria Applicable to All Systems (cont.):**

Yes No

☐☒

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





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☐☐

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.

## C. Checklist

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

Yes No

☒☐

Pumping information was provided by the owner, occupant, or Board of Health

☐☒

Were any of the system components pumped out in the previous two weeks?

☒☐

Has the system received normal flows in the previous two week period?

☐☒

Have large volumes of water been introduced to the system recently or as part of this inspection?

☒☐

Were as built plans of the system obtained and examined? (If they were not available note as N/A)

☒☐

Was the facility or dwelling inspected for signs of sewage back up?

☒☐

Was the site inspected for signs of break out?

☒☐

Were all system components, excluding the SAS, located on site?

☒☐

Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?

☒☐

Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

☒☐

Existing information. For example, a plan at the Board of Health.





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Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design):

3

Number of bedrooms (actual):

4

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

330/455

Number of current residents:

5

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

Sump pump?

☐ Yes ☒ No

Last date of occupancy:

current  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment:

N/A

Design flow (based on 310 CMR 15.203):

N/A

Gallons per day (gpd)

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

N/A





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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:

N/A

Last date of occupancy/use:

N/A

Date

Other (describe):

Ejector pump from inlaw apt. downstairs.

## D. System Information (cont.)

### General Information

#### Pumping Records:

Source of information:

Owner: (1 yrs)

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

1000 g

gallons

How was quantity pumped determined?

pumper

Reason for pumping:

T-5

#### 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)







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☐

Tight tank. Attach a copy of the DEP approval.

☐

Other (describe):

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

21+ Years

Were sewage odors detected when arriving at the site?

☐

Yes

☒

No

## D. System Information (cont.)

**Building Sewer** (locate on site plan):

Depth below grade:

1.0+

feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

10'

feet

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

**Septic Tank** (locate on site plan):

Depth below grade:

1.2

feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years





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

☒ Yes ☐ No

Dimensions:

8.5'X5.5'X4.5'

Sludge depth:

2"

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

40"

Scum thickness

1"

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

12"

How were dimensions determined?

Measured

## 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.):

Tank levels good. Structural integrity appeared good at time of inspection. (baffles weak and cracked at outlet) (New 1500 gallon tank put in place),

**Grease Trap** (locate on site plan):

Depth below grade:

N/A  
feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

N/A

Scum thickness

N/A

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

N/A





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

N/A

Date of last pumping:

N/A  
Date

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

N/A

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

Depth below grade:

N/A

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

N/A

## D. System Information (cont.)

**Tight or Holding Tank** (cont.)

Dimensions:

N/A

Capacity:

N/A  
gallons

Design Flow:

N/A  
gallons per day

Alarm present:

☐ Yes ☐ No

Alarm level:

N/A

Alarm in working order: ☐ Yes ☐ No

Date of last pumping:

N/A  
Date

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

N/A

\* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes ☐ No





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

Depth of liquid level above outlet invert

@ Inv. level good.

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 & Cover replaced, due to cracking, outlet levels good

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

Pumps in working order:

☐ Yes

☒ No

Alarms in working order:

☐ Yes

☒ No

## D. System Information (cont.)

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:

Type:

☐

leaching pits

number:

☐

leaching chambers

number:







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☐

leaching galleries

number: \_\_\_\_\_

☒

leaching trenches

number, length: \_\_\_\_\_

2@ 3' w x 40' l

☐

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.):

No evidence of hydraulic failure, soil at top good no stone staining. (No standing liquid in stone)

## D. System Information (cont.)

**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

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:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A

## D. System Information (cont.)

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





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## D. System Information (cont.)

### Site Exam:

- ☒ Check Slope
- ☒ Surface water
- ☒ Check cellar
- ☐ Shallow wells

Estimated depth to ground water:

6' + (1986 records)  
feet

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





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☐

Obtained from system design plans on record

If checked, date of design plan reviewed:

n/A

Date

☐

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

☐

Checked with local Board of Health - explain:

☐

Checked with local excavators, installers - (attach documentation)

☐

Accessed USGS database - explain:

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

Records of perc and deep holes by F. filios and 5 ft. deep hole by inspector (A. Weiss)

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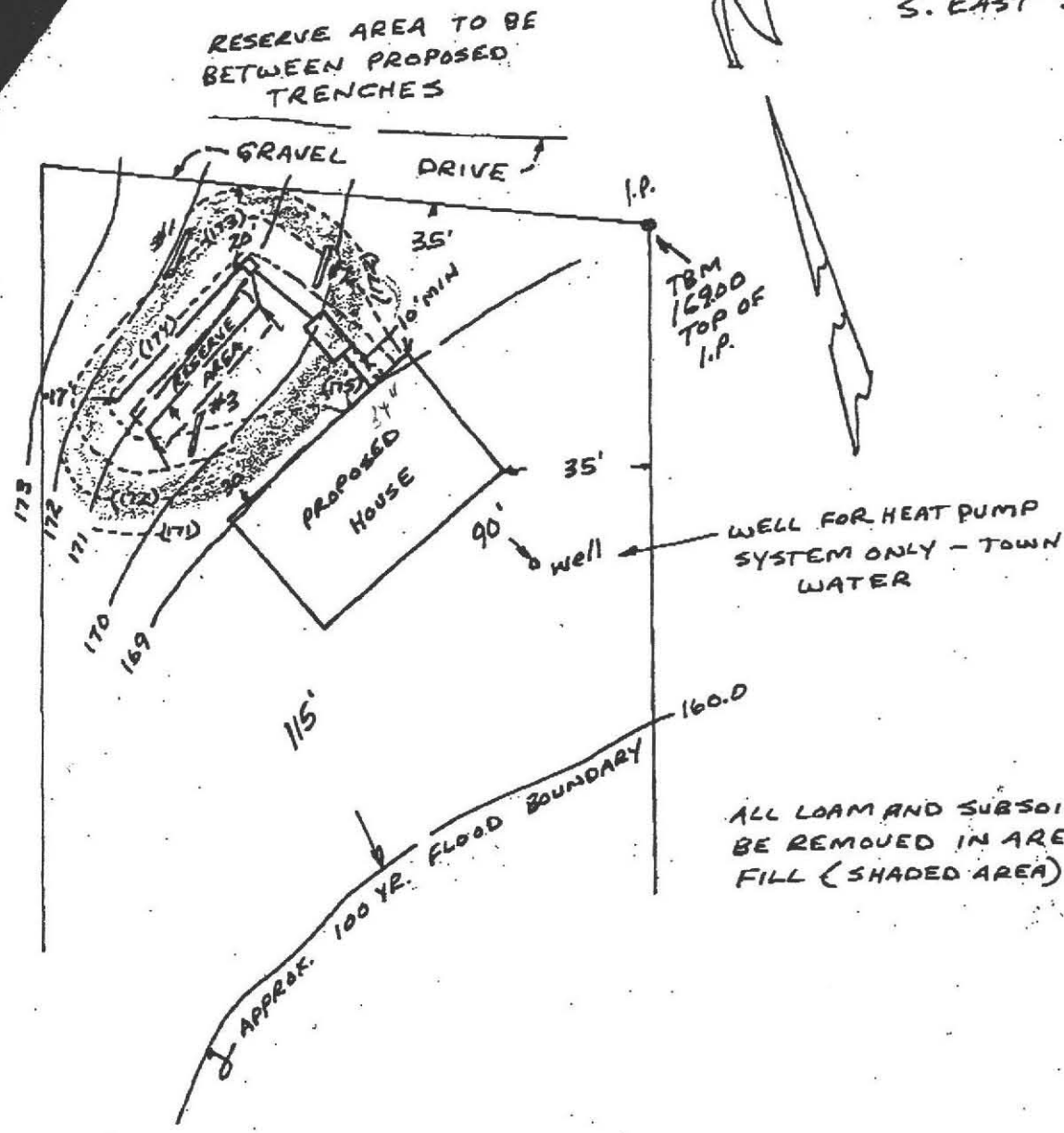
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SOUTH EAST ST.



SCALE 1"=40'

EXISTING CONTOURS

PROPOSED CONTOURS



No. 86-32

5-7-86 3:45pm

#496

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:

496 ~~100~~ South East Street

Greg Aldrich

Location Address

256-0782

MICHAEL BROOKMAN

Owner

Installer

488 South East St. Amherst 01002

or Lot No.

175 JAMES ST

Address

BELLEVILLE

Address

Type of Building

Dwelling No. of Bedrooms

3

Expansion Attic ( )

Garbage Grinder (X)

Other — Type of Building

No. of persons

6

Showers ( ) — Cafeteria ( )

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 96" Width 52" Diameter 48" Depth 48"

Disposal Trench — No. 2 Width 36" Total Length 80' Total leaching area sq. ft.

Seepage Pit No. Diameter Depth below inlet 6" Total leaching area sq. ft.

Other Distribution box (X) Dosing tank ( )

Percolation Test Results Performed by Frederick A. Filis, R.S. Date March 14, 1986

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit 28" Depth to ground water 44"

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil See Attached Sheets

FILL MUST BE TO A TOTAL DEPTH ABOVE H2O OF 4'

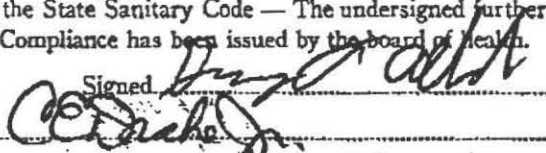
Nature of Repairs or Alterations — Answer when applicable TO BOTTOM OF SYSTEM

Agreement:

Insp. Charles Drake

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



5/7/86

Date

Application Approved By

5/7/86

Date

Application Disapproved for the following reasons:

Permit No. 86-32

Issued MAY 7-86 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.

CHECK OR FILL IN WHERE APPLICABLE





6/25/07

To: Alan Weiss

323-4916 FAX

from Sonia Aldrich

Cell 413 687 7844

Title V @ 496 So. East St.

Amherst, MA

01002

Will send receipt for pumping as soon as possible  
+ we are still waiting for call back from Adair.

Thank  
Sonia Aldrich

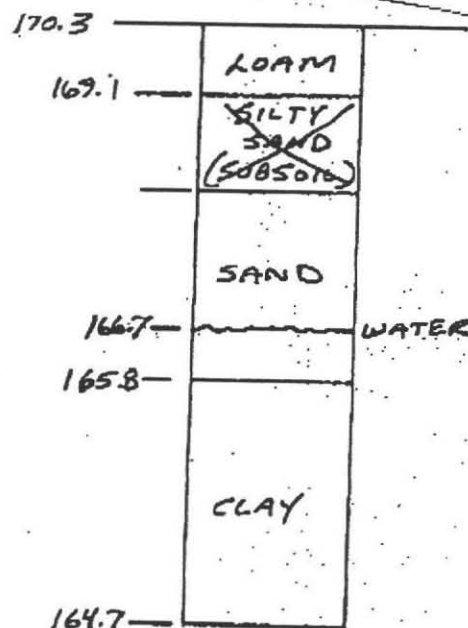
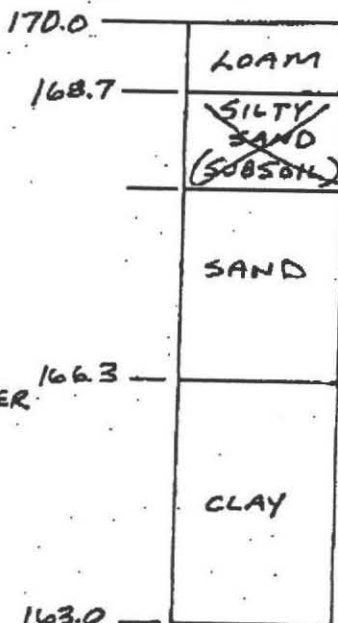
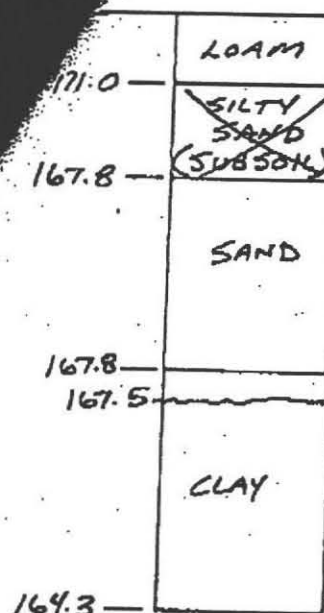


# DEEP TEST HOLES

#1

#2

#3



## CALCULATIONS

BOTTOM AREA (NOT ALLOWED OVER 20m/in)

$$2 \text{ min/in} = 1.0 \text{ gal/sq. ft.}$$

$$40' \times 3' \times 2 \text{ lines} = 240 \text{ sq. ft.}$$

$$240 \text{ sq. ft.} \times 1.0 \text{ gal/sq. ft.} = 240 \text{ gal.}$$

SIDEWALL AREA (NOT ALLOWED IN LEACHING FIELDS)

$$2 \text{ min/in} = 2.5 \text{ gal/sq. ft.}$$

$$40' \times 0.5' \times 2 \text{ sides} \times 2 \text{ lines} = 80 \text{ sq. ft.}$$

$$3' \times 0.5' \times 2 \text{ ends} \times 2 \text{ lines} = 6 \text{ sq. ft.}$$

$$86 \text{ sq. ft.}$$

$$86 \text{ sq. ft.} \times 2.5 \text{ gal/sq. ft.} = 215 \text{ gal.}$$

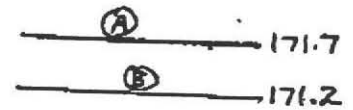
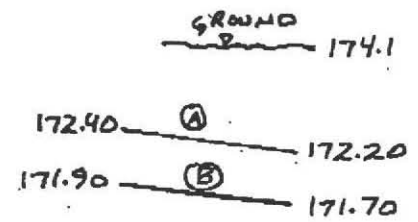
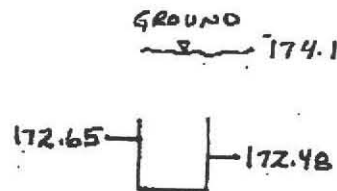
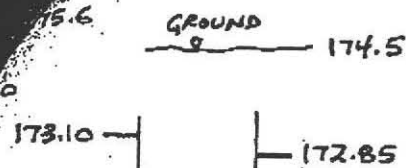
$$455 \text{ gal.}$$

AVAILABLE

330 gal. REQUIRED





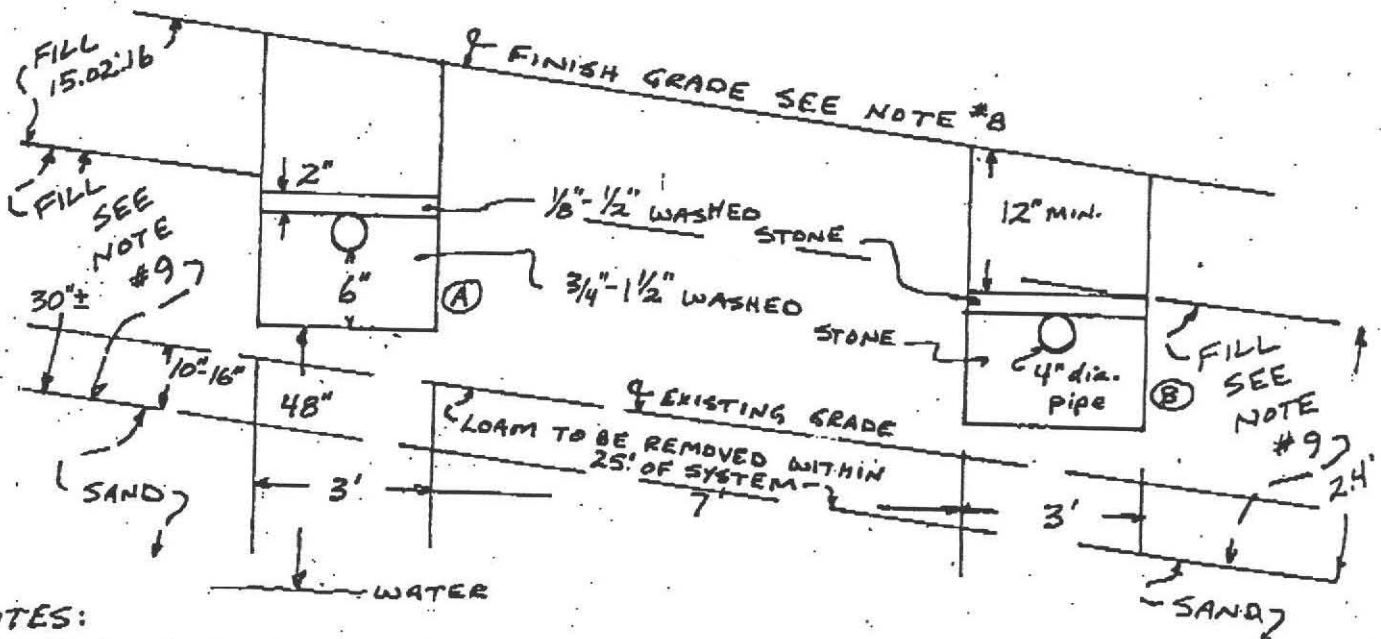
Aldrich Pa. 4  
S. EAST ST.

FND.

SEPTIC  
TANKD  
BOX

## NOTES:

1. SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES (15.6:8,9 TITLE 5)
2. D-BOX SHALL HAVE 6" SUMP BELOW OUTLET INVERT (15.10:4 TITLE 5)
3. ACCESS MANHOLE TO SEPTIC TANK SHALL BE MIN. 12" BELOW FINISH GRADE
4. SEPTIC TANKS SHOULD BE INSPECTED ANNUALLY
5. ELEVATIONS ARE TO INVERTS UNLESS NOTED (INSIDE BOTTOM OF PIPE)
6. D-BOX OUTLET PIPES SHALL BE LEVEL MIN. 2.0 FT. (SECT. 15.10:3 TITLE 5)

PROFILE OF SYSTEM  
NO SCALE

## NOTES:

7. ALL LOAM, SUBSOIL, AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 25 FT. OF LEACHING FACILITY SECT 15.02:17 TITLE 5
8. FINISH GRADE ABOVE & ADJACENT TO SYSTEM SHALL SLOPE @ LEAST 2% TO PREVENT ACCUMULATION OF SURFACE WATER.
9. GRAVEL FILL TO HAVE A 2.0 MIN/IN RATE BEFORE AND AFTER PLACEMENT.

## CROSSSECTION OF SYSTEM



**Vision ID: 2061**

**Bldg Name:**

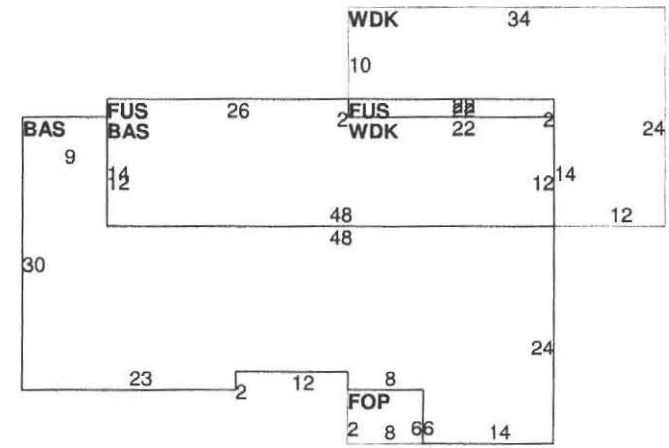
*State Use: 1010*

**Account #9621**

**Bldg #:** 1 of 1    **Sec #:** 1 of 1    **Card** 1 of 1

Print Date: 05/17/2007 08:57

FBM[672]
UGR[690]
UBM[444]

A black and white photograph of a dark, single-story house with a chimney, situated behind a grassy field. A utility pole is visible in the background to the left.

BUILDING SUB-AREA SUMMARY SECTION						
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,822	1,822	1,822	90.65	
FBM	Basement, Finished	0	672	235	31.70	
FOP	Porch, Open, Finished	0	48	10	18.89	
FUS	Upper Story, Finished	605	672	605	81.61	
UBM	Basement, Unfinished	0	444	89	18.17	
UGR	Garage, Unfinished	0	690	207	27.19	
WDK	Deck, Wood	0	552	55	9.03	



CURRENT OWNER				TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT				601 AMHERST, MA  <b>VISION</b>	
ALDRICH, GREGORY THOMAS ALDRICH, SONIA R 496 SOUTH EAST ST  AMHERST, MA 01002 Additional Owners:								Description	Code	Appraised Value	Assessed Value		
								RESIDENTL	1010	183,600	183,600		
								RES LAND	1010	122,600	122,600		
SUPPLEMENTAL DATA								Total				306,200	306,200
Other ID: 17B000011 Calc Frontag 274.7 Owner Occup NO APR PARCELS				Precinct Units									
GIS ID: 17B-11				ASSOC PID#									

RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)								
ALDRICH, GREGORY THOMAS CAPRERA, MARY K		2831/ 97	10/22/1986				1	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
		2243/ 53	09/08/1981				0	2007	1010	190,700	2006	1010	190,700	2005	1010	177,000
								2007	1010	122,600	2006	1010	122,600	2005	1010	102,800
								Total:		313,300	Total:		313,300	Total:		279,800

EXEMPTIONS				OTHER ASSESSMENTS				This signature acknowledges a visit by a Data Collector or Assessor							
Year	Type	Description	Amount	Code	Description	Number	Amount					Comm. Int.			
Total:															
ASSESSING NEIGHBORHOOD												APPAISED VALUE SUMMARY			
NBHD/ SUB		NBHD NAME		STREET INDEX NAME		TRACING		BATCH							
SA/A															
NOTES												Appraised Bldg. Value (Card) 183,600			
												Appraised XF (B) Value (Bldg) 0			
												Appraised OB (L) Value (Bldg) 0			
												Appraised Land Value (Bldg) 122,600			
												Special Land Value 0			
												Total Appraised Parcel Value 306,200			
												Valuation Method: C			
												Adjustment: 0			
												Net Total Appraised Parcel Value 306,200			

BUILDING PERMIT RECORD										VISIT/ CHANGE HISTORY					
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments		Date	Type	IS	ID	Cd.	Purpose/Result
										10/27/2005			SS	15	DRIVE BY FIELD REVIE
										6/10/2003			DB	43	Abatement chg Reinspect
										6/27/1988			A		

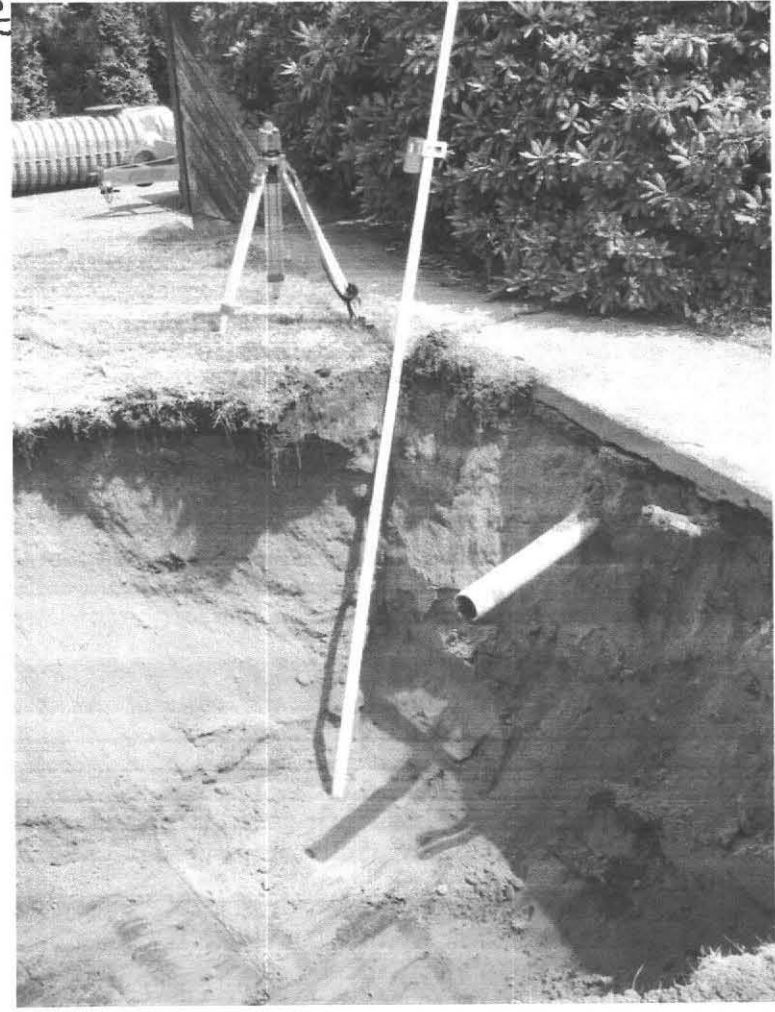
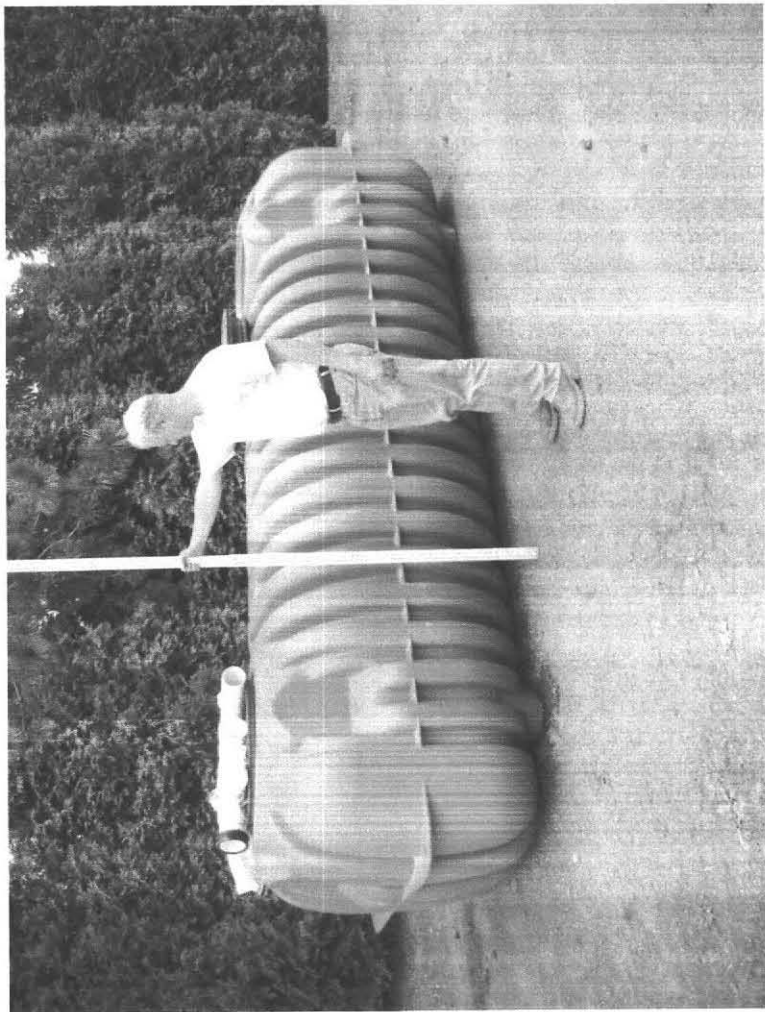
LAND LINE VALUATION SECTION																				
B #	Use Code	Use Description	Zone	D	Frontage	Depth	Units		Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	Adj. Unit Price	Land Value	
1	1010	SINGLE FAM MDL-01	RN20		277		20,000	SF	5.40	1.10	5	1.0000	1.00	SA	1.00			5.94	118,800	
1	1010	SINGLE FAM MDL-01	RN21				20,910	SF	0.18	1.00	0	1.0000	1.00	SA	1.00			0.18	3,800	
Total Card Land Units:							0.94	AC	Parcel Total Land Area: 0.94 AC							Total Land Value:				122,600











7/23/67

