#1581

08/25/87 rd. by check

No. 87-21

FEE $90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

South East Street (Location - Address) — Lot #1 (or Lot No.)

Peter Gluckler (Owner) — 74 Overlook Drive, Amherst, MA (Address)

(Installer) — (Address)

Type of Building — Size Lot 3,037 Acres Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (X)

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 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal ~~Trench~~ — XX Field #1 Width 25' Total Length 30' Total leaching area 750 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 R.P.B. Huntley Assoc. Date 3/29/85

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit 8'-0" Depth to ground water none

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

Description of Soil See Attached Plans

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed 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.

Aug 24. Signed ..... Date .....

Application Approved By ..... Date .....

Application Disapproved *for the following reasons:* .....

Date .....

Permit No. 87-21 Issued ..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

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

at South East Street, Lot #1, Amherst, MA 01002 (Installer)

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. 87-21 dated August 24, 1987

w/ approval 8/24/87 [illegible]

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

DATE ~~August 24, 1987~~ June 8, 1988 Inspector for Amherst Health Dept.: Dennis Pinski ~~Water Lake, RS~~

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst, MA

No. ..... FEE $90.00

Disposal Works Construction Permit

Permission is hereby granted .....

to Construct (XX) or Repair ( ) an Individual Sewage Disposal System

at No. Lot #1, South East Street, Amherst, MA (Street)

as shown on the application for Disposal Works Construction Permit No. ..... Dated August 24, 1987

W. RAWLEY, RS (Board of Health)

DATE August 24, 1987

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

COMMONWEALTH OF MASSACHUSETTS
CHARLES A. CLINES
No. 30452
REGISTERED PROFESSIONAL ENGINEER
CIVIL

Charles A Clines

8/17/87

No. _____ Fee _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

South East Street — Location - Address; or Lot No.

Peter Gluckher — Owner; 74 Overlook Drive, Amherst — Address

Installer; Address

Type of Building; Size Lot 3.037 Acres

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (X)

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 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal Field — No. 1 Width 25' Length 30' Total leaching area 750 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 R.P.B Huntley Assoc. Date 3/29/85

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit 8'-0" Depth to ground water none

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

Description of Soil See attached plans.

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed 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 ..... Date

Aug 24 Approved. W&T D.S.

Application Approved By ..... Date

Application Disapproved *for the following reasons:* ..... Date

Permit No. ..... Issued ..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

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

by R.P.B. Huntley, Assoc. — Installer

at South East St. Amherst, Ma. 01002

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. 87-14 dated Aug 24 1987

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

DATE Aug 24 1987 Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 87-14 Town of Amherst Fee 30.00

Disposal Works Construction Permit

Permission is hereby granted RPB Huntley Assoc.

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 1 South East Street — Street

as shown on the application for Disposal Works Construction Permit No. 87-14 Dated Aug 24, 1987

DATE Aug 24, 1987 Board of Health

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

REQUESTED BY: Tom Scriver

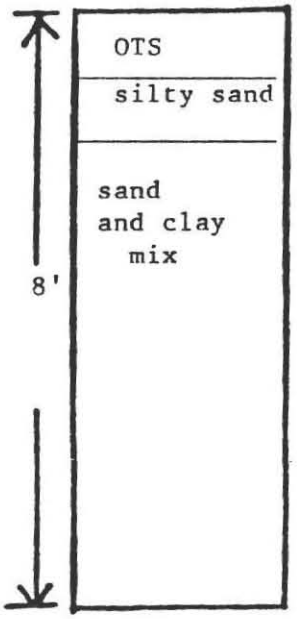
DATE PERFORMED: 3-29-85

LOCATION: So. East St., Amherst

PERFORMED BY: RPB

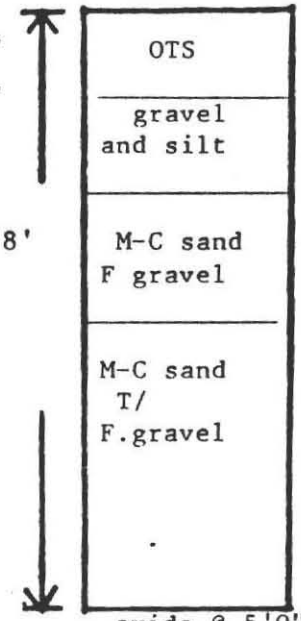
9/25/87 These tests were witnessed by Mr. [illegible] Board of the Town

#1



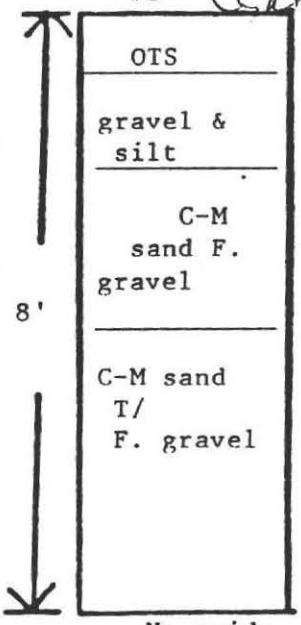
G.W.@ 2'0"
PERC.
RATE _____ min/in

#2



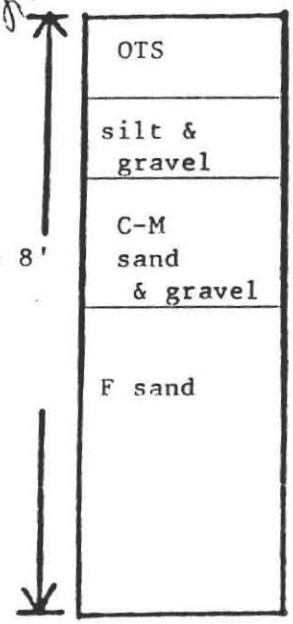
G.W.@ oxide @ 5'0"
PERC.
RATE _____ min/in

#3



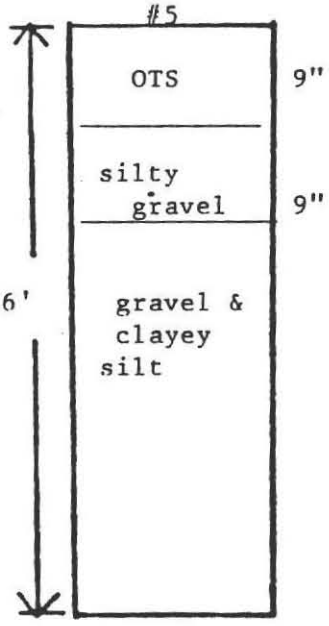
G.W.@ No oxide None
PERC.
RATE ____ min/in

#4

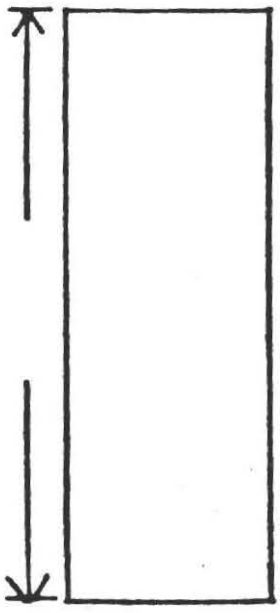


G.W.@ No oxide
PERC.
RATE _____ min/in

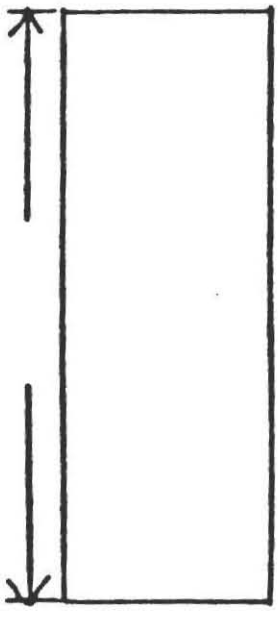
#5



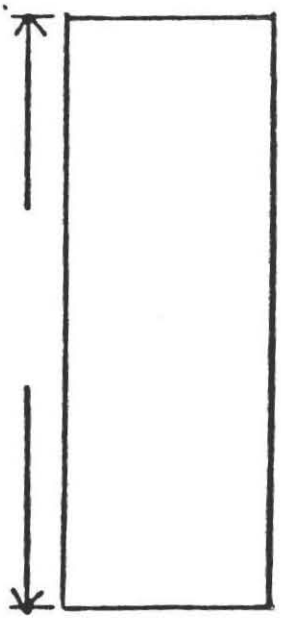
G.W.@ 3'0"
PERC.
RATE ____ min/in



G.W.@ _____
PERC.
RATE ____ min/in



G.W.@ _____
PERC.
RATE ____ min/in



G.W.@ _____
PERC.
RATE ____ min/in

No..... Fee.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

.....OF.....

Application for Disposal Works Construction Permit

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

CHECK OR FILL IN WHERE APPLICABLE

....
Location - Address or Lot No.

....
Owner Address

....
Installer Address

Type of Building Size Lot.....Sq. feet

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

Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )

Other fixtures .....

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

Septic Tank — Liquid capacity.....gallons Length..... Width..... Diameter..... Depth.....

Disposal Trench — No. ..... Width..... Total Length..... Total leaching area.....sq. ft.

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

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by..... Date.....

Test Pit No. 1.....minutes per inch Depth of Test Pit..... Depth to ground water.....

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

.....

Description of Soil.....

.....

.....

Nature of Repairs or Alterations — Answer when applicable.....

.....

Agreement:

The undersigned agrees to install the aforedescribed 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..... .....
Date

Application Approved By..... .....
Date

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 (X) 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. 87-21 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.....

No..... Fee.....

Disposal Works Construction Permit

Permission is hereby granted.....

to Construct ( ) or Repair ( ) an Individual Sewage Disposal System

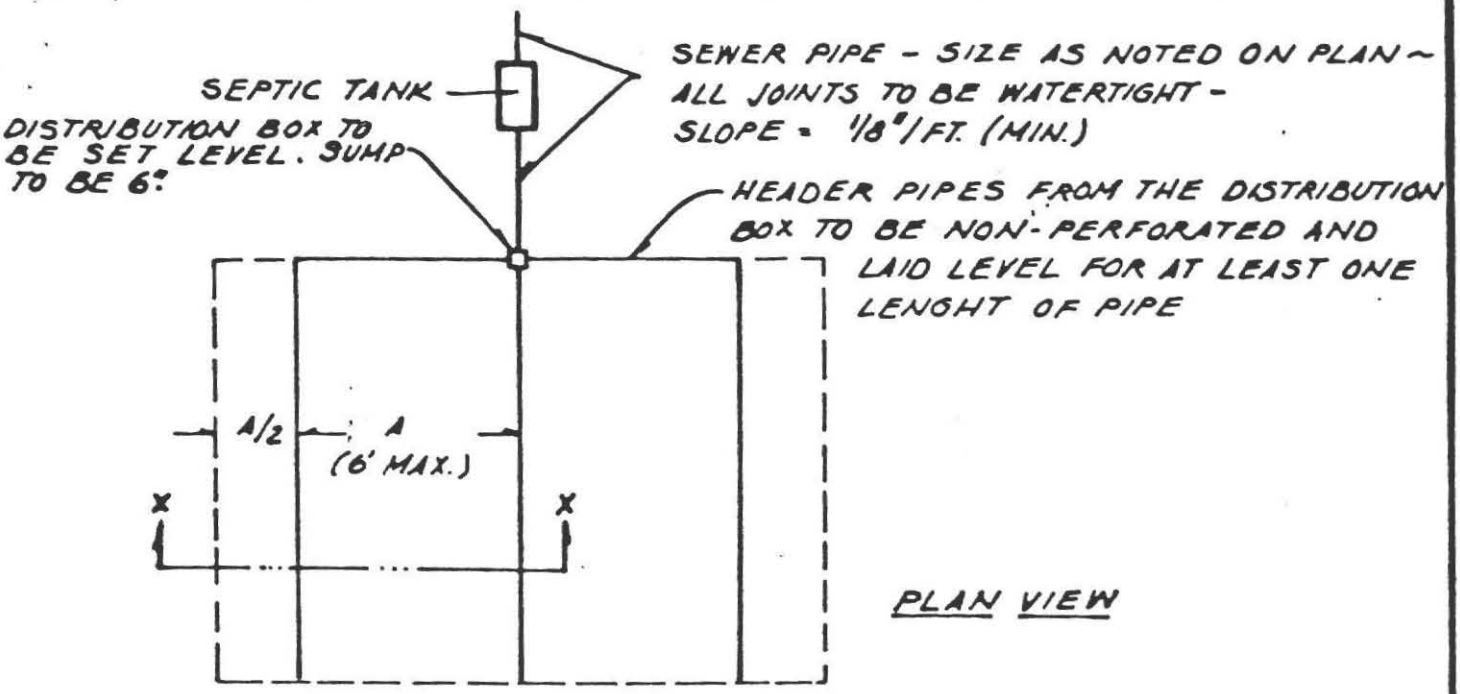
at No.....
Street

as shown on the application for Disposal Works Construction Permit No..... Dated.....

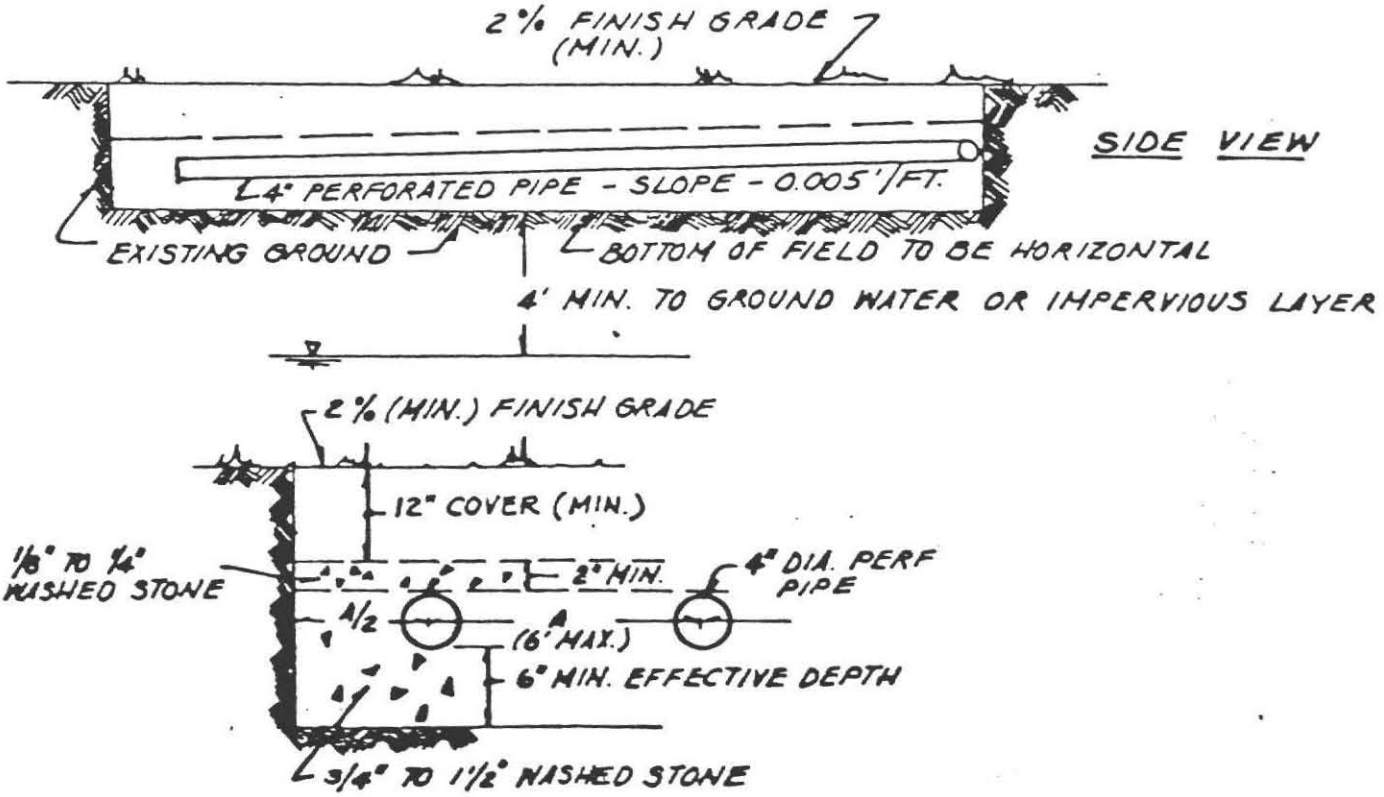
.....
Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS



PLAN VIEW



SIDE VIEW

SECTION - X

ALL WORK TO BE DONE IN ACCORDANCE

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - PLANNERS
125 PLEASANT STREET
NORTHAMPTON MASS

LEACHING FIELD DESIGN

USING BOTTOM AREA ONLY:

330 Gallons (Total Daily Flow) ÷ 1.0 gal/SF = 330 SF Leaching Field (REQUIRED)

* With Garbage Disposal: 330 SF Leaching Field x 1.5 = 495 SF Leaching Field (REQUIRED)

750 SF Leaching Field (Designed): 30 ' Long x 25 ' Wide

LEACHING TRENCH DESIGN

SIDEWALL AREA:

_____ Gal/SF x _____' of effective depth x 1' length x 2 sides = _____ Gal/LF of trench (sidewall).

BOTTOM AREA:

_____ Gal/SF x _____' wide x 1' length = _____ Gal/LF of trench (bottom).

_____ Gal/LF (Sidewall)

\+ _____ Gal/LF (Bottom)

= _____ TOTAL Gal/LF of trench

Total of _____ Gal/Day (flow) ÷ _____ Total Gal/Day/LF = _____ LF of trench (REQUIRED)
trench

* With Garbage Disposal: _____ LF of trench x 1.5 = _____ LF of trench (REQUIRED)

_____ LF of trench (Designed): _____ Trenches, _____' Wide x _____' Long with _____' Effective Depth.

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: PETER GLUCKNER

Location: LOT 1 SOUTH EAST ST

Number of Bedrooms: 3 Garbage Disposal: X

LEACH AREA DESIGN

3 Bedrooms x 2 persons/bedroom = 6 persons

6 Persons x 55 gallons of wastewater/person/day = 330 total gallons of wastewater/day.

Percolation Rate: 2.0 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

2.0 min/inch = 2.50 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

* If a leach bed is to be installed, no sidewall is allowed.
* If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity).

** WITH GARBAGE DISPOSAL:

330 Gallons of wastewater/day x 200% = 660 REQUIRED effective liquid capacity of septic tank.

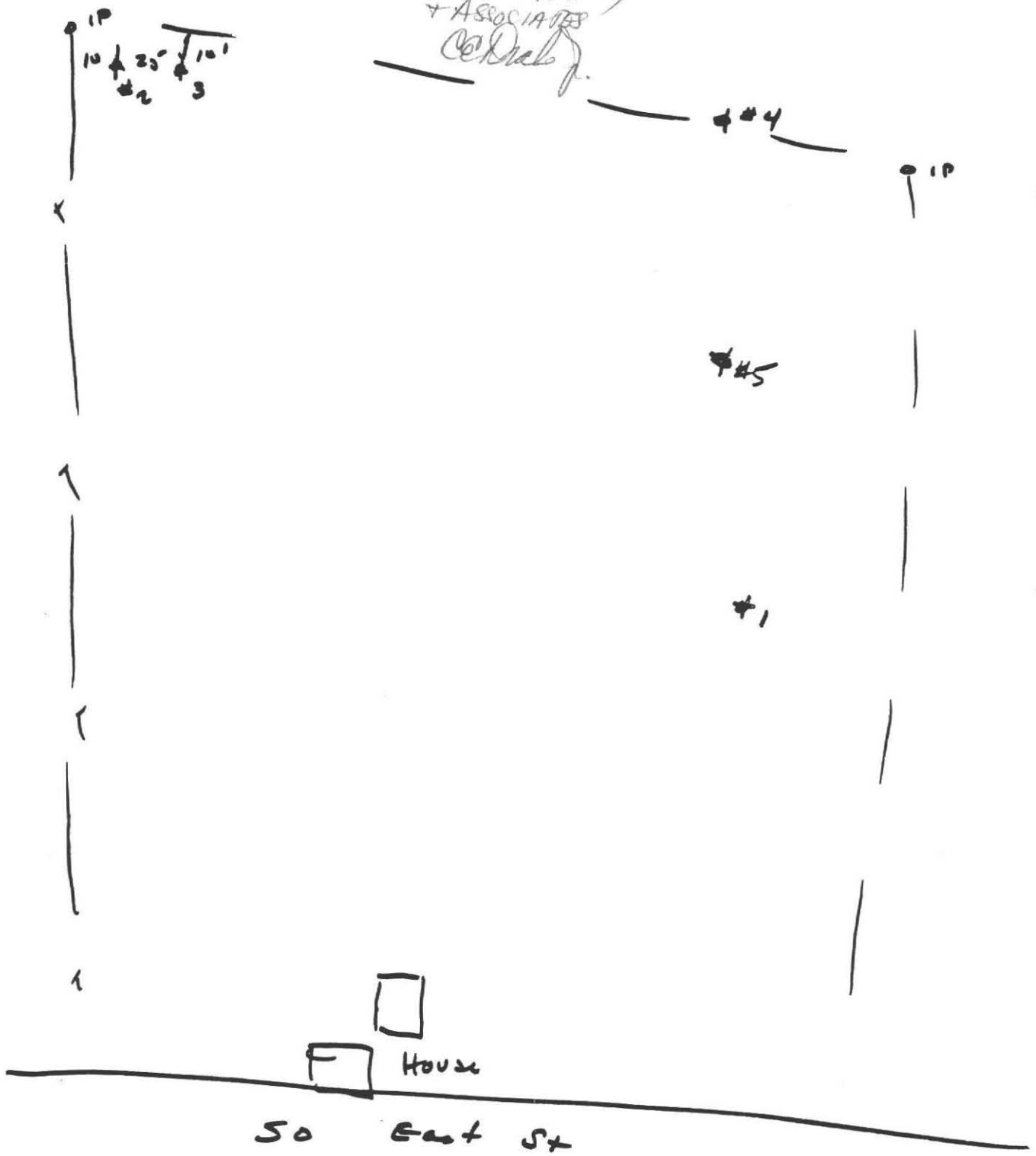
RECOMMENDED: 1500 Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacity)

ALMER HUNTLEY, JR., & ASSOCIATES, INC.
LAND SURVEYORS - PROFESSIONAL ENGINEERS - LANDSCAPE ARCHITECTS

8/25/87

THESE LOCATIONS ARE IN ACCORDANCE WITH MY RECOLLECTIONS OF THE TESTS CONDUCTED BY MR. BRAZEAU OF ALMER HUNTLEY + ASSOCIATES



OBSERVATION PITS

REQUESTED BY: Tom Scriver

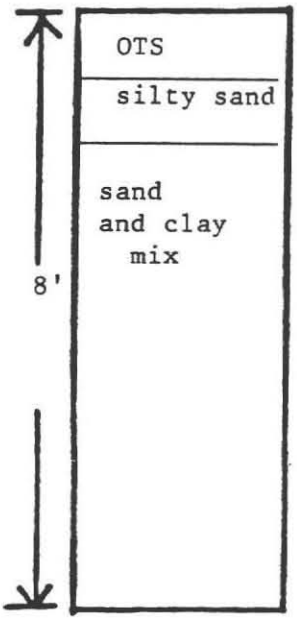
DATE PERFORMED: 3-29-85

LOCATION: So. East St., Amherst

PERFORMED BY: RPB

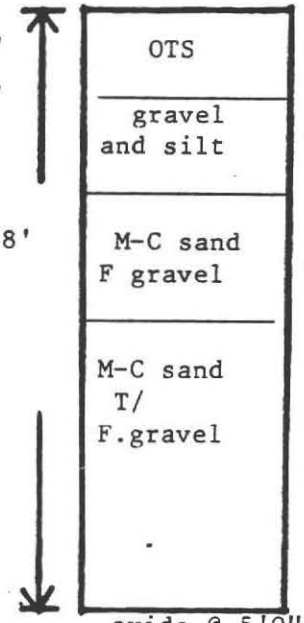
8/25/87 THESE TESTS WERE WITNESSED BY ME ON BEHALF OF THE TOWN (Derek F.)

#1



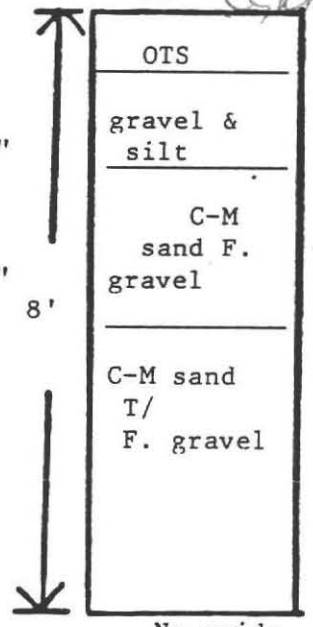
G.W.@ 2'0"
PERC.
RATE _____min/in

#2



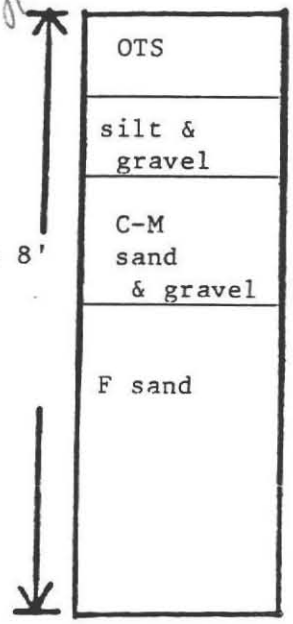
G.W.@ oxide @ 5'0"
PERC.
RATE _____min/in

#3



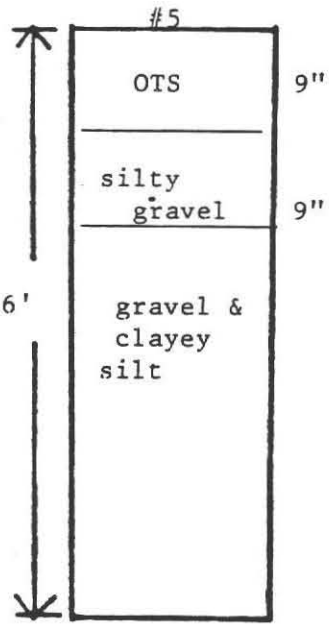
G.W.@ No oxide None
PERC.
RATE ____min/in

#4

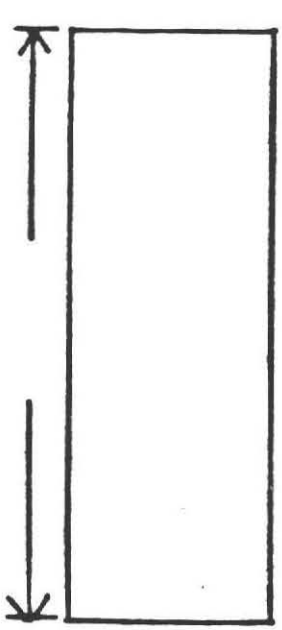


G.W.@ No oxide
PERC.
RATE _____min/in

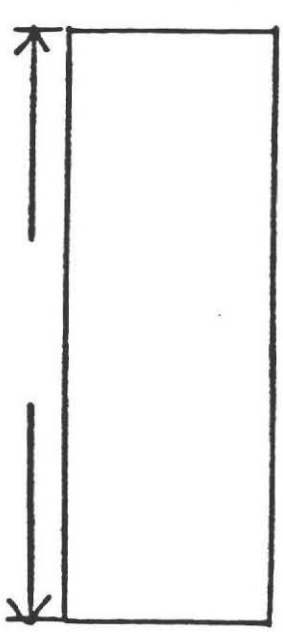
#5



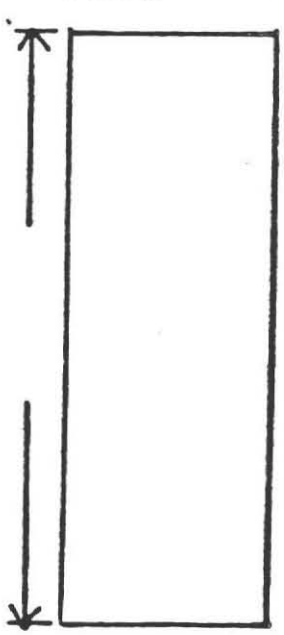
G.W.@ 3'0"
PERC.
RATE ____ min/in



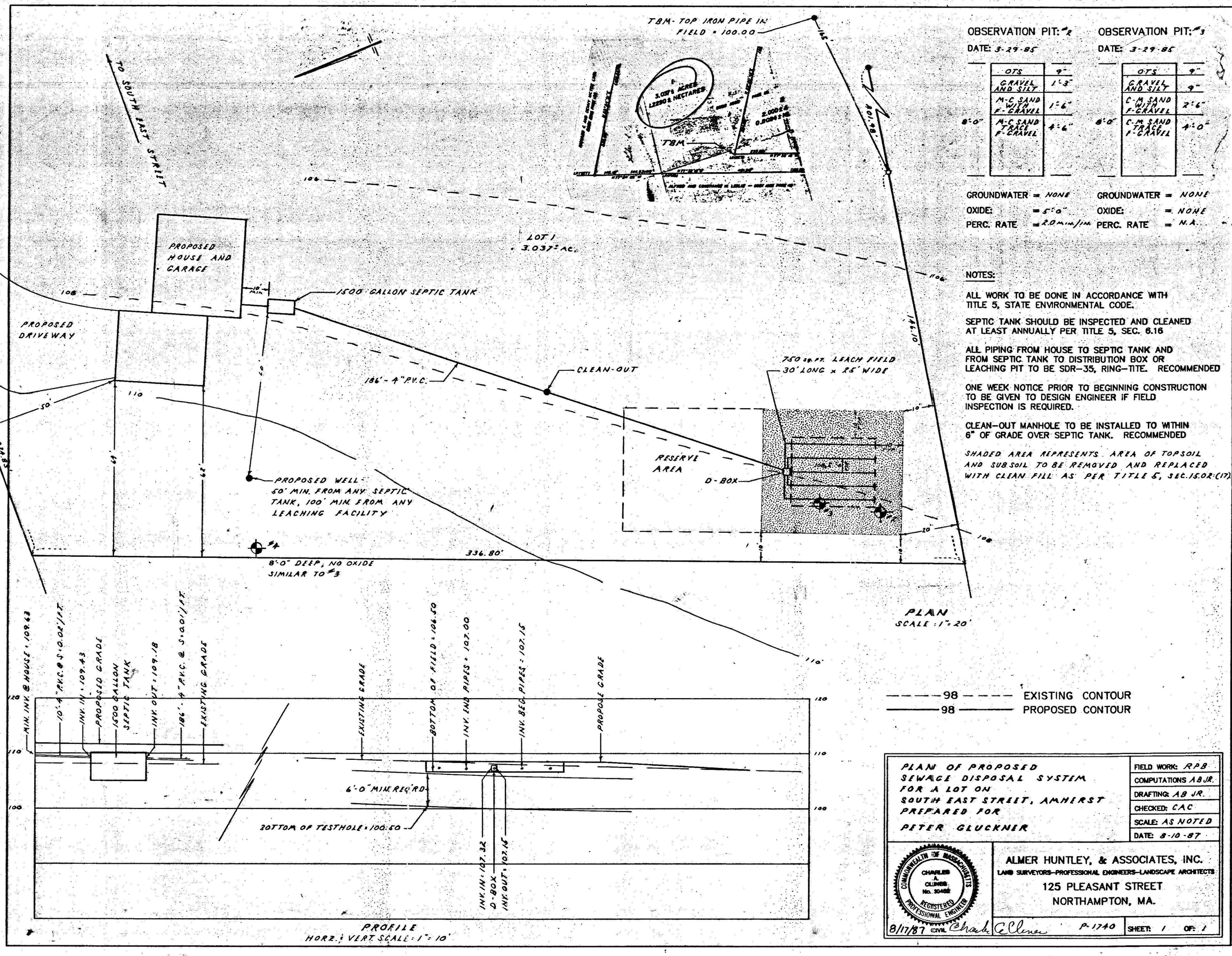
G.W.@_____
PERC.
RATE ____min/in



G.W.@_____
PERC.
RATE ____min/in



G.W.@_____
PERC.
RATE ____min/in



OBSERVATION PIT: #2

DATE: 3-29-85

	OTS	9"
	GRAVEL AND SILT	1'-3"
	M-C SAND WITH F-GRAVEL	1'-6"
8'-0"	M-C SAND TRACE F-GRAVEL	4'-6"

GROUNDWATER = NONE
OXIDE: = 5'-0"
PERC. RATE = 2.0 min/in.

OBSERVATION PIT: #3

DATE: 3-29-85

	OTS	9"
	GRAVEL AND SILT	9"
	C-M SAND WITH F-GRAVEL	2'-6"
8'-0"	C-M SAND TRACE F-GRAVEL	4'-0"

GROUNDWATER = NONE
OXIDE: = NONE
PERC. RATE = N.A.

NOTES:

ALL WORK TO BE DONE IN ACCORDANCE WITH TITLE 5, STATE ENVIRONMENTAL CODE.

SEPTIC TANK SHOULD BE INSPECTED AND CLEANED AT LEAST ANNUALLY PER TITLE 5, SEC. 6.16

ALL PIPING FROM HOUSE TO SEPTIC TANK AND FROM SEPTIC TANK TO DISTRIBUTION BOX OR LEACHING PIT TO BE SDR-35, RING-TITE. RECOMMENDED

ONE WEEK NOTICE PRIOR TO BEGINNING CONSTRUCTION TO BE GIVEN TO DESIGN ENGINEER IF FIELD INSPECTION IS REQUIRED.

CLEAN-OUT MANHOLE TO BE INSTALLED TO WITHIN 6" OF GRADE OVER SEPTIC TANK. RECOMMENDED

SHADED AREA REPRESENTS AREA OF TOPSOIL AND SUBSOIL TO BE REMOVED AND REPLACED WITH CLEAN FILL AS PER TITLE 5, SEC. 15.02:(17)

——98—— EXISTING CONTOUR
——98—— PROPOSED CONTOUR

PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM FOR A LOT ON SOUTH EAST STREET, AMHERST PREPARED FOR PETER GLUCKNER

FIELD WORK: RPB
COMPUTATIONS AB JR.
DRAFTING: AB JR.
CHECKED: CAC
SCALE: AS NOTED
DATE: 8-10-87

COMMONWEALTH OF MASSACHUSETTS
CHARLES A. CLINES No. 30482 REGISTERED PROFESSIONAL ENGINEER

8/17/87 (CIVIL) Charles A. Clines P-1740

ALMER HUNTLEY, & ASSOCIATES, INC.
LAND SURVEYORS—PROFESSIONAL ENGINEERS—LANDSCAPE ARCHITECTS
125 PLEASANT STREET
NORTHAMPTON, MA.

SHEET: 1 OF: 1

CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

#1581

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 1581 SOUTH EAST ST., AMHERST
Owner's name PETER + ROSEMARY GLUCKLER
Date of Inspection 5/23/95

PART A
CHECKLIST

Check if the following have been done:

Y Pumping information was requested of the owner, occupant, and Board of Health.

Y None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

Y As built plans have been obtained and examined. Note if they are not available with N/A.

Y The facility or dwelling was inspected for signs of sewage back-up.

Y The site was inspected for signs of breakout.

Y All system components, excluding the SAS, have been located on the site.

Y The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

Y The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.

Y The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

* - CONSERVE WATER
* - USE LIQUID DETERGENTS
* - DO NOT RECOMMEND USE OF GARBAGE GRINDER

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

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

If nonresidential, calculated flow:

Water meter readings, if available:

CURRENT Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:
Sept. 1994

Y System pumped as part of inspection, (yes) or no
if yes, volume pumped _____
Reason for pumping:

Type of system
✓ Septic tank/distribution box/soil absorption system
____ Single cesspool
____ Overflow cesspool
____ Privy
____ Shared system (yes or no) (if yes, attach previous inspection records, if any)
____ Other (explain)_____

Approximate age of all components. Date installed, if known. Source of information:
1987

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): 4
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type
leaching pits and number
leaching chambers and number
leaching galleries and number
leaching trenches, number, length
leaching fields, number, dimensions — ONE → 25'x30'
overflow cesspool, number

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs,etc.)
No PROBLEMS, Good Veg.

CESSPOOLS (locate on site plan):

number and configuration — N/A
depth-top of liquid to inlet invert
depth of solids layer
depth of scum layer
dimensions of cesspool
materials of construction
indication of groundwater inflow (cesspool must be pumped as part of inspection)

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

PRIVY:
(locate on site plan)

materials of construction — N/A
dimensions
depth of solids

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: 1500
(locate on site plan)

depth below grade: 8"

material of construction: ✓ concrete ____ metal ____ FRP ____ other (explain)

dimensions: _____

46" sludge depth
18" distance from top of sludge to bottom of outlet tee or baffle
24" scum thickness
10" distance from top of scum to top of outlet tee or baffle
18" distance from bottom of scum to bottom of outlet tee or baffle

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

DISTRIBUTION BOX: ✓
(locate on site plan)

20" depth of liquid level above outlet invert

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)
- Bury w/ steel plate / bar to mark location.

PUMP CHAMBER: No
(locate on site plan)

_____ pumps in working order, yes or no

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

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

N Backup of sewage into facility?

N Discharge or ponding of effluent to the surface of the ground or surface waters?

N Static liquid level in the distribution box above outlet invert?

N Liquid depth in cesspool <6" below invert or available volume< 1/2 day flow?

N Required pumping 4 times or more in the last year?
number of times pumped _____

N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?

No Is any portion of the SAS, cesspool or privy:
below the high groundwater elevation?

N within 50 feet of a surface water?

N within 100 feet of a surface water supply or tributary to a surface water supply?

N within a Zone I of a public well?

N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?

N within 50 feet of a private water supply well?
TOWN WATER

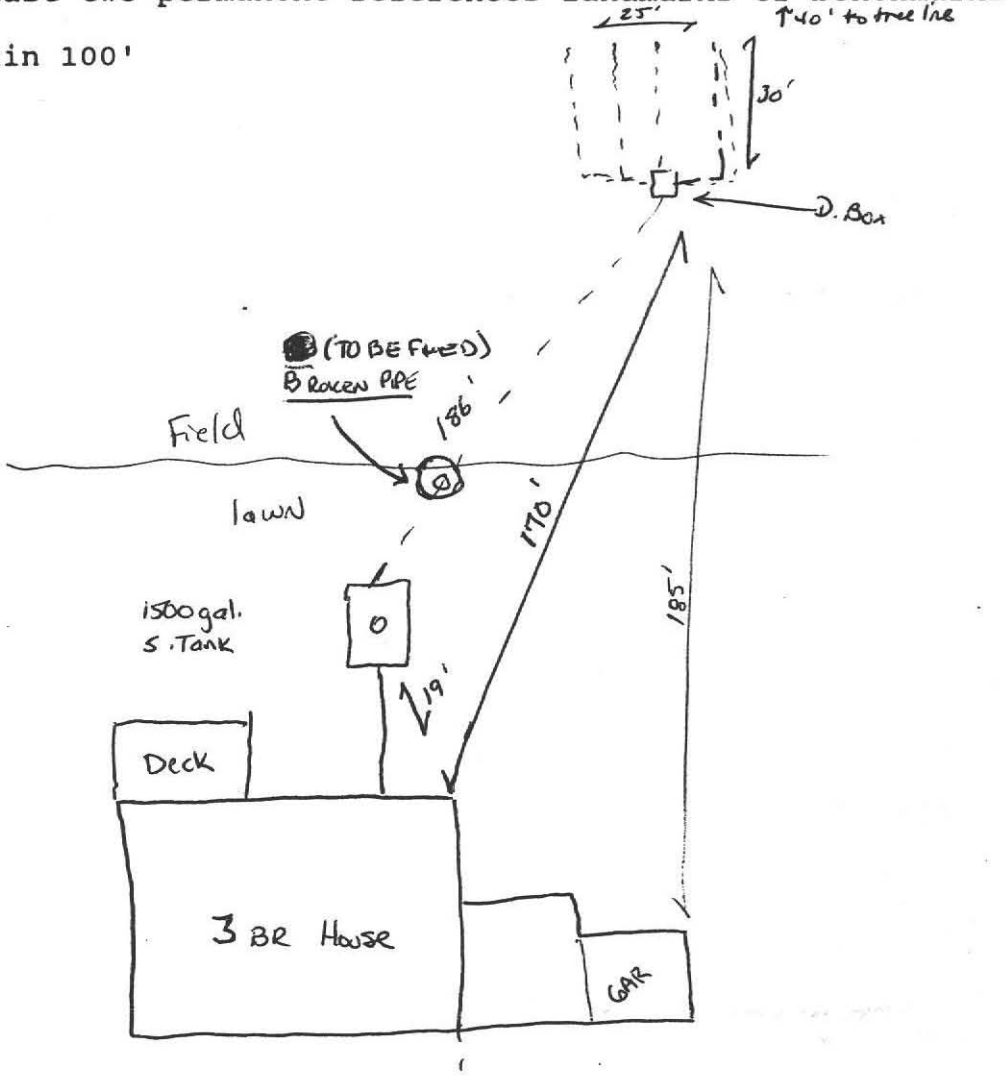
N less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analy for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks

locate all wells within 100'



DEPTH TO GROUNDWATER

8' +/- depth to groundwater

method of determination or approximation:

* Topography, Perc Test.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector ALAN E. WEISS

Company Name COLD SPRING ENVIRONMENTAL, INC.

Company Address 350 OLD ENFIELD RD.
BELCHERTOWN, MA. 01007

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

Check one:

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

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

Inspector's Signature Alan E

Date 5/23/95

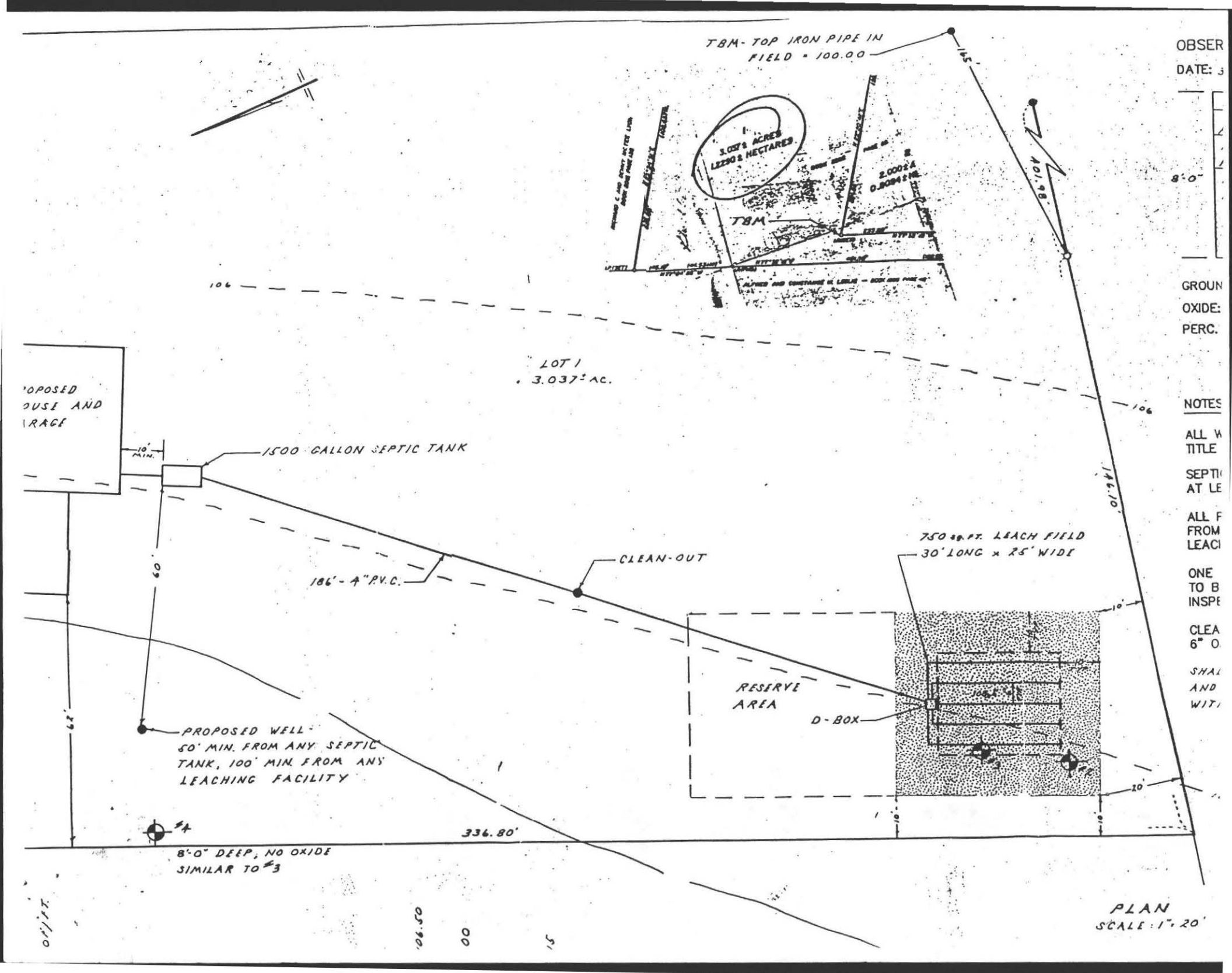
Original to system owner MS. ROSEMARY GLUCKLER.

Copies to:

Buyer (if applicable) STEPHEN FERRARONE
Approving authority C/O ROSEMARY GLUCKLER
- AMHERST BOH TOWN & COUNTY, R.E.

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

+ FIX/REPAIR/REPLACE BROKEN PIPE PRIOR TO BACKFILL.



PLAN
SCALE: 1" = 20'

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

Property Address: 1581 Southeast Street Amherst, MA (REVISED ADDRESS CORRECTED)
OWNER Name: Stephen Ferrarone

Owner's Address: 1581 Southeast Street
Amherst MA 01002
Date of Inspection: May 3, 2006

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of 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:

XX Passes
____Conditionally Passes
____ Needs Further Evaluation by the Local Approving Authority
____Fails

Inspector's Signature: _____ **Date: May 3, 2006**

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

**Septic System was in good condition, There is no sign of current or past failing condition. S. Tank (1500 gallon) was in OK shape. Outlet & inlet baffles baffles were in place. Septic tank was pumped. D. box was in good shape (w/ three pipes out) Stone was in good condition. All stains & levels were good at s. tank (*SAS 20+ years old Approx. (field located in meadow).*

******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 different conditions of use.**

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1581 ~~Northeast~~ South Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

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

A. System Passes:

__yes__ 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: No signs of failure

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):

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

ND explain:

___ 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:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1581 ~~Northeast~~ South Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

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

NO 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:**

   ___ 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.

   _____ 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 _____

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

3. Other:

   _____

   _____

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 1581 ~~North~~ South east Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes	No	
___	_x_	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	_x_	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	_x_	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	_x_	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	_x_	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	_x_	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	_x_	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	_x_	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	_x_	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	_x_	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 coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

- _NO_ (Yes/No) **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.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

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.

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 1581 ~~Northeast~~ South Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

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

Yes No
YES ___ Pumping information was provided by the owner, occupant, or Board of Health

___ NO Were any of the system components pumped out in the previous two weeks ?

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

___ NO Have large volumes of water been introduced to the system recently or as part of this inspection ?

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

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

yes ___ Was the site inspected for signs of break out ?

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

yes ___ 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 ?

yes ___ 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:

Yes no
YES _ Existing information. For example, a plan at the Board of Health.

yes ___ 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(3)(b)]

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 1581 ~~North~~ South**east Street, Amherst, MA**
Owner: **Ferrarone**
Date of Inspection: **May 3 2006**

FLOW CONDITIONS

RESIDENTIAL

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**
Number of current residents: **1,**
Does residence have a garbage grinder (yes or no): **YES *GRINDERS ARE NOT RECOMMENDED)***
Is laundry on a separate sewage system (yes or no)**: *no** [if **yes** separate inspection required]
Laundry system inspected (yes or no): **n/a**
Seasonal use: (yes or no): ***NO***
Water meter readings, if available (last 2 years usage (gpd)): ***N/a***
Sump pump (yes or no): _NO
Last date of occupancy**: Current**

COMMERCIAL/INDUSTRIAL

Type of establishment: ***N/A***
Design flow (based on 310 CMR 15.203): _____gpd
Basis of design flow (seats/persons/sqft,etc.): _____
Grease trap present (yes or no):__
Industrial waste holding tank present (yes or no): _____
Non-sanitary waste discharged to the Title 5 system (yes or NO):
Water meter readings, if available:_____
Last date of occupancy/use:_____

OTHER (describe)_____

GENERAL INFORMATION

Pumping Records

Source of information**: (owner)**
Was system pumped as part of the inspection (***YES*** or no): ***YES***
If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? **Measured**
Reason for pumping: **Time/Insp. 2 yrs**

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)
_____ Tight tank ___ Attach a copy of the DEP approval
___ Other (describe): _____
Approximate age of all components, date installed (if known) and source of information**: 19-20 years+/-** *(town BOH called), .-*
Were sewage odors detected when arriving at the site (yes or no): **NO**

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1581 South ~~Northeast~~ Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

BUILDING SEWER (locate on site plan)

Depth below grade: 12"
Materials of construction: ___cast iron X 40 PVC ___other (explain):___
Distance from private water supply well or suction line: 10'+
Comments (on condition of joints, venting, evidence of leakage, etc.):

SEPTIC TANK: Yes (locate on site plan)

Depth below grade: 8"
Material of construction: X concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: *4.5'w x10.5'l x5'd*
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 49"
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 5 "
Distance from bottom of scum to bottom of outlet tee or baffle: 14"
How were dimensions determined: *MEASURED*
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 OK*
baffles in place, Should be pumped (every 2 year).
.

GREASE TRAP: N/A (locate on site plan)

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

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1581 ~~Northeast~~ South Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

TIGHT or HOLDING TANK: _____(tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: ____
Material of construction: ___concrete ____metal ____fiberglass ____polyethylene ____other(explain):
_____
Dimensions: _____
Capacity:_____gallons
Design Flow:____ gallons/day
Alarm present (yes or no):____
Alarm level:_____Alarm in working order (yes or no): ___
Date of last pumping:_____
Comments (condition of alarm and float switches, etc.): _____
_____.
_____

DISTRIBUTION BOX: YES (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: ***boxes found all levels @ inv. 28"+ cover material***.
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.): ***level equal, OK condition***

PUMP CHAMBER: NO (locate on site plan)

Pumps in working order (yes or no): ____
Alarms in working order (yes or no):____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): _
_____

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1581 ~~Northeast~~ South Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

SOIL ABSORPTION SYSTEM (SAS): *YES* **(locate on site plan, excavation not required)**

If SAS not located explain why:

_____

_____

Type

____ leaching pits, number: ____
____ leaching chambers, number: ____
____ leaching galleries, number: ____
___ Leaching trenches, number, length: _____
_1_ leaching fields, number, dimensions: 18' x 27' +/-___
____ 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 signs of failure (stone not saturated), no Groundwater observed, No staining above piping inverts of system, stone not in EHGW.***

CESSPOOLS: N/A (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 or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

_____

_____

PRIVY: N/A (locate on site plan)

Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

_____

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 1581 ~~Northeast~~ South Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

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.

See Attached.

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

Property Address: 1581 ~~Northeast~~ South Street, Amherst, MA
Owner: Ferrarone
Date of Inspection: May 3 2006

SITE EXAM
Slope *YES*
Surface water
Check cellar *YES '*
Shallow wells_____

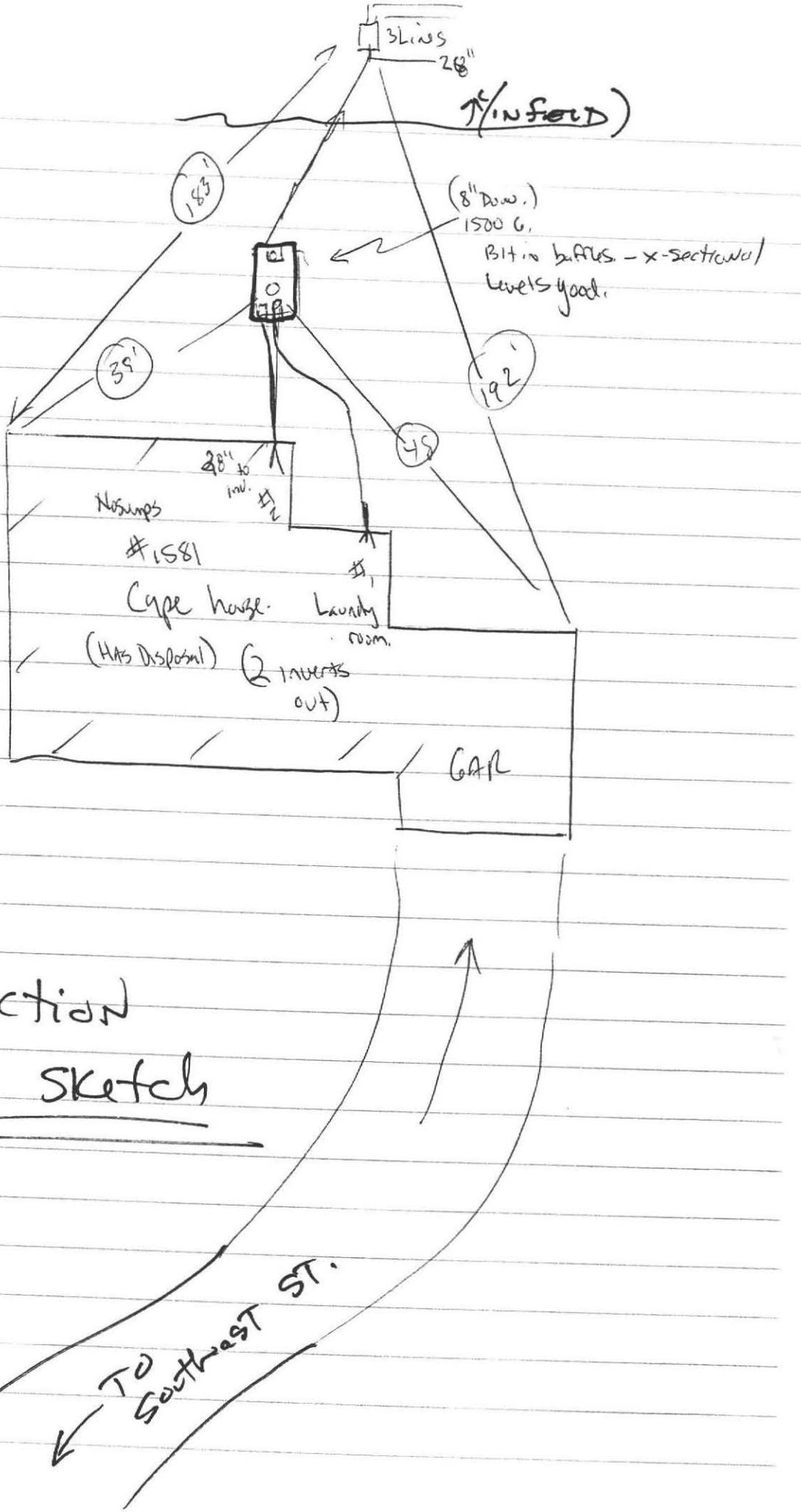
Estimated depth to ground water 5' + feet

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

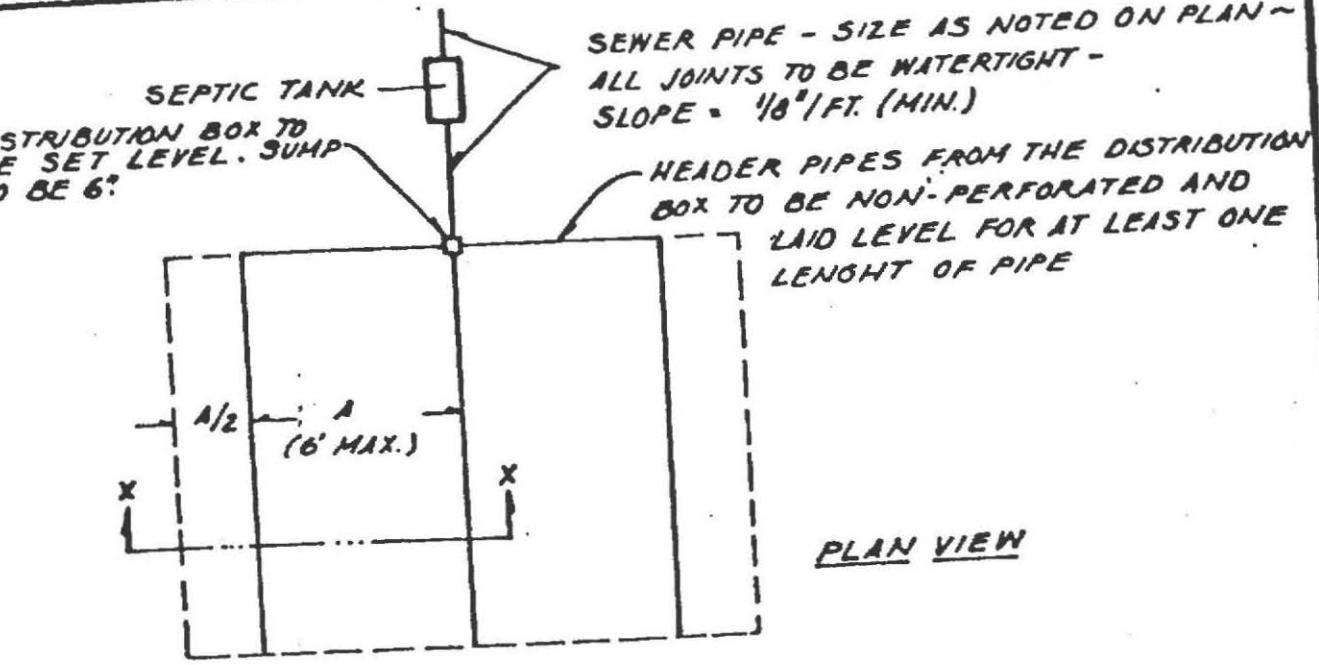
__X__ Obtained from system design plans on record - If checked, date of design plan reviewed: ___
___ Observed site (abutting property/observation hole within 150 feet of SAS)
___Checked with local Board of Health-explain: _____
____ Checked with local excavators, installers- (attach documentation)
____ Accessed USGS database-explain: _____

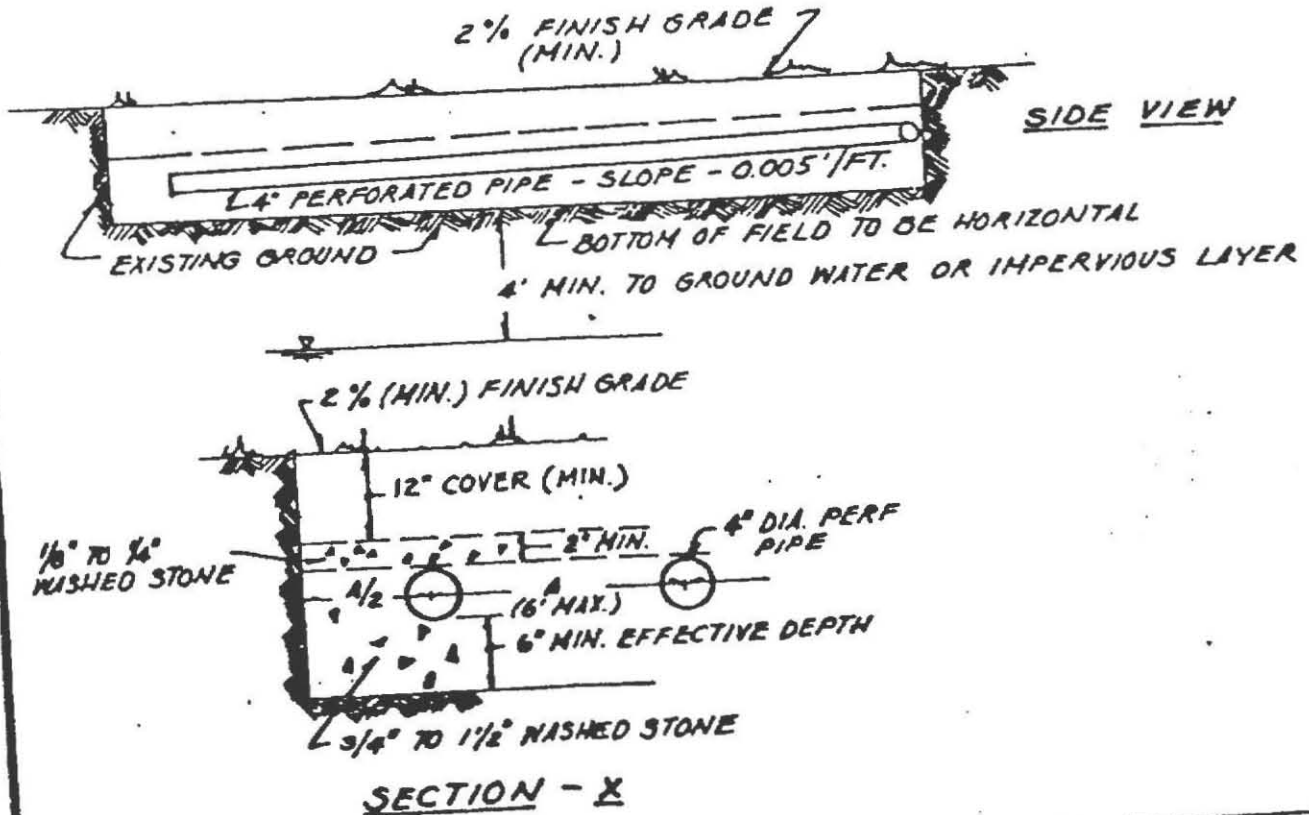
You must describe how you established the high ground water elevation:

Water level based on on-site data & from topography & vegetation and soil type (NO evidence of high g. water observed in area of field, deep holes done in area 19-20 yrs ago, see record).



INSpection System sketch





ALL WORK TO BE DONE IN ACCORDANCE

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - PLANNERS
125 PLEASANT STREET
NORTHAMPTON MASS

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: PETER RUCKNER

Location: LOT 1 SOUTH EAST ST

Number of Bedrooms: 3 Garbage Disposal: X

LEACH AREA DESIGN

3 Bedrooms x 2 persons/bedroom = 6 persons

6 Persons x 55 gallons of wastewater/person/day = 330 total gallons of wastewater/day.

Percolation Rate: 2.0 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

2.0 min/inch = 2.50 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

* If a leach bed is to be installed, no sidewall is allowed.
* If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity).

** WITH GARBAGE DISPOSAL:

330 Gallons of wastewater/day x 200% = 660 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacity)

ALMER HUNTLEY, JR., & ASSOCIATES, INC.
LAND SURVEYORS - PROFESSIONAL ENGINEERS - LANDSCAPE ARCHITECTS

LEACHING FIELD DESIGN

USING BOTTOM AREA ONLY:

330 Gallons (Total Daily Flow) ÷ 1.0 gal/SF = 330 SF Leaching Field (REQUIRED)

* With Garbage Disposal: 330 SF Leaching Field x 1.5 = 495 SF Leaching Field (REQUIRED)

750 SF Leaching Field (Designed): 30 ' Long x 25 ' Wide

LEACHING TRENCH DESIGN

SIDEWALL AREA:

_____ Gal/SF x _____' of effective depth x 1' length x 2 sides = _____ Gal/LF of trench (sidewall).

BOTTOM AREA:

_____ Gal/SF x _____' wide x 1' length = _____ Gal/LF of trench (bottom).

_____ Gal/LF (Sidewall)

\+ _____ Gal/LF (Bottom)

= _____ TOTAL Gal/LF of trench

Total of _____ Gal/Day (flow) ÷ _____ Total Gal/Day/LF = _____ LF of trench (REQUIRED)

* With Garbage Disposal: _____ LF of trench x 1.5 = _____ LF of trench (REQUIRED)

_____ LF of trench (Designed): _____ Trenches, _____' Wide x _____' Long with _____' Effective Depth.