#1618

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 76-8 Date 4/26/76 Fee $3.00 Date Rec'd. 4/26/76 By DGF

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

Location—Address South East St or Lot No. _____

Owner James K. Mosakewicz Address 161 So. East St.

Contractor KARL'S Inc Address _____

Type of Building _____ Dimensions _____ Size Lot 50 A.

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (NO

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L_____ W_____ D_____

Disposal Trench—No. _____ Width 20x25 Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 ~~Diameter~~ ~~18x225~~ Depth below inlet _____ Total leaching area ~~405~~ sq. ft. 600

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Frederick Filios. RS. Date March 19, 1976

Test Pit No. 1 2 minutes per inch Depth of Test Pit 31"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil SAND Depth to Ground Water Seepage at 5'

Will *disposal area* be filled? No - Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

James K. Mosakewicz 4/26/76
Owner or builder date

Application Approved by [signature] 4/26/76
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI 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 satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 76-8

Permission is hereby granted James K. Mosakewicz to construct (✓) or repair ( ) an Individual Sewage Disposal System at So East St (Across From Hill So Corr)

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

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 4/26/76 [signature]
Board of Health

PLAN SHOWING SEWAGE DISPOSAL (DETAIL)

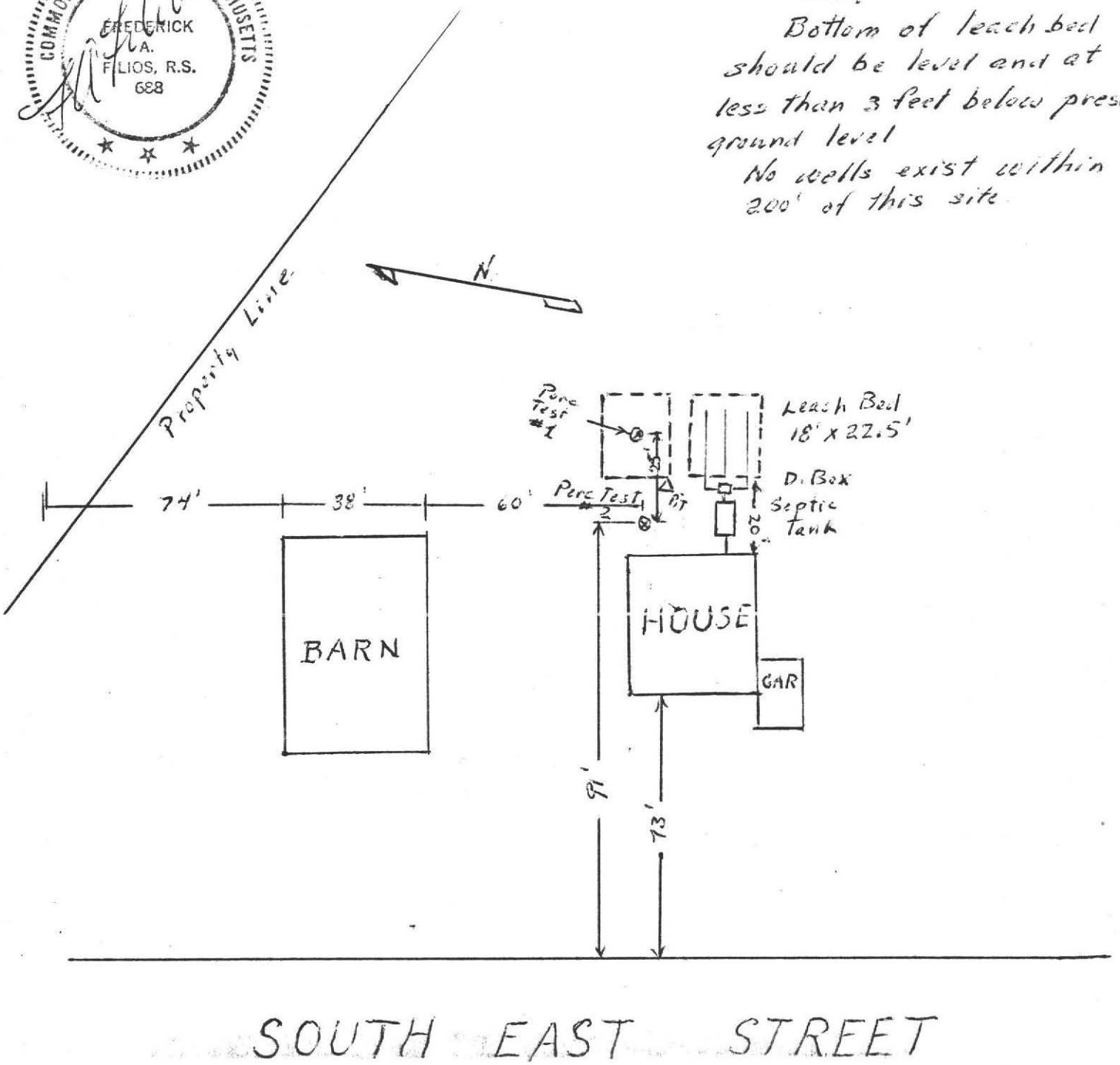
For: James Mosakewicz
1611 South East St
Amherst Mass

Scale: 1" = 40'

By: Frederick Filios

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S. 688

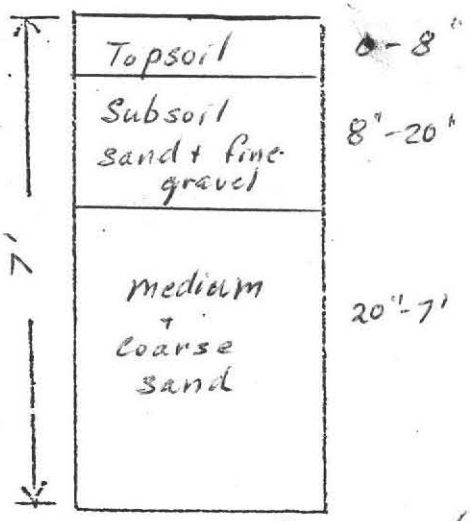
Note:
Bottom of leach bed should be level and at less than 3 feet below present ground level
No wells exist within 200' of this site



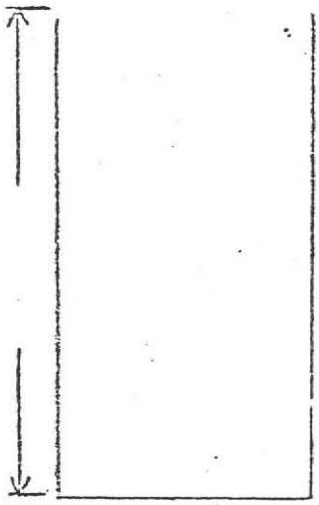
DEEP SOIL LOGS

OWNER Jame Mosakewicz DATE Mar 19 1970

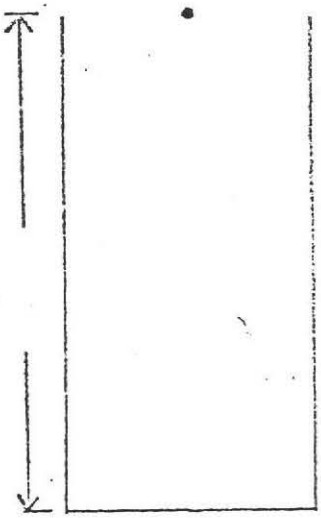
LOCATION South East St OBSERVER FA Filios



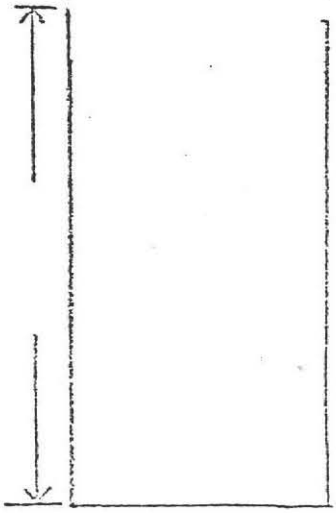
GROUND WATER Seepage at 5'
Water rose to 5' 10"
Then stopped



GROUND WATER _____



GROUND WATER _____



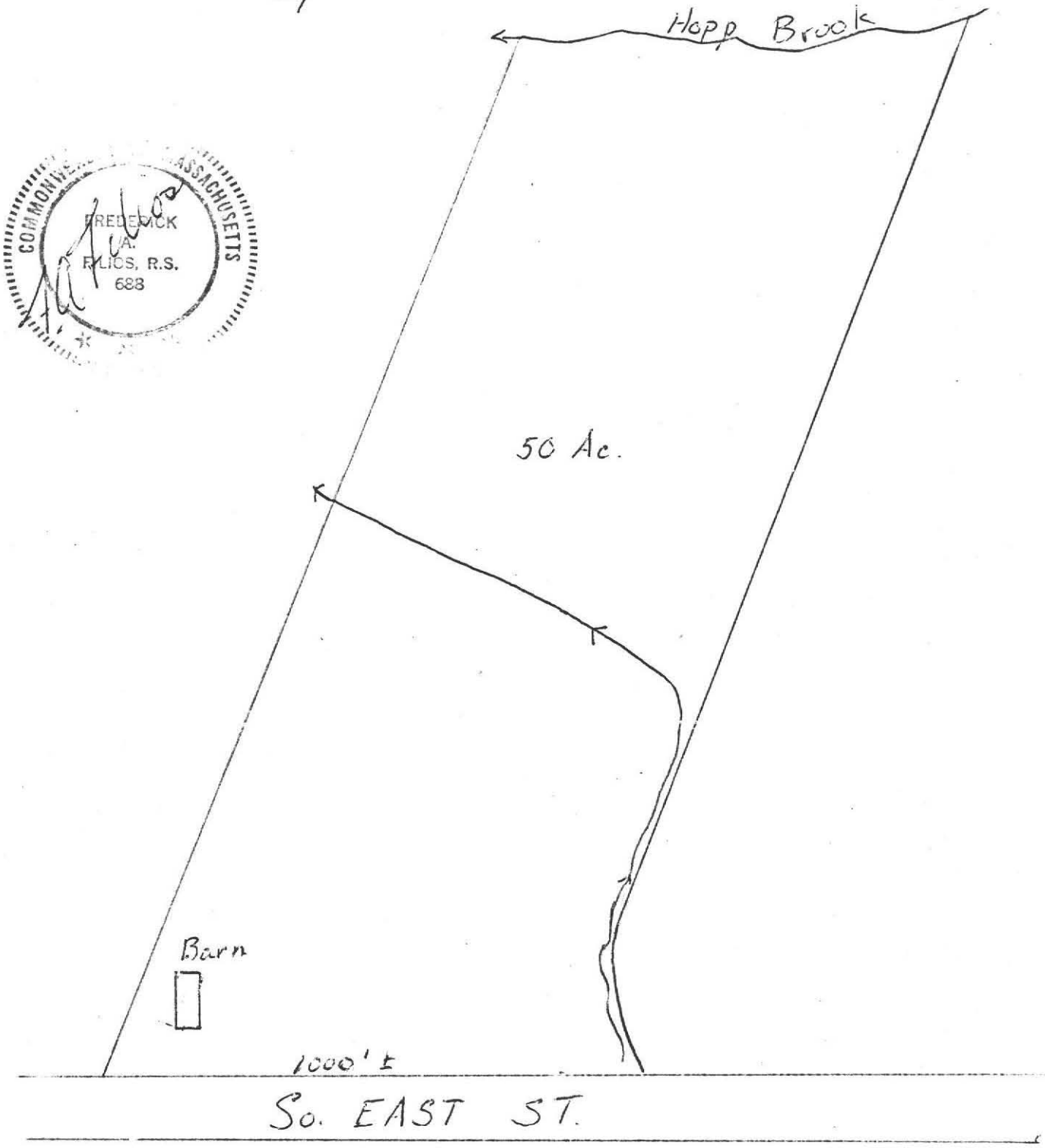
GROUND WATER _____

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
688

PLAN OF LAND

of: James Mosakewicz
1611 So. East St.
Amherst Mass

By Frederick Filios



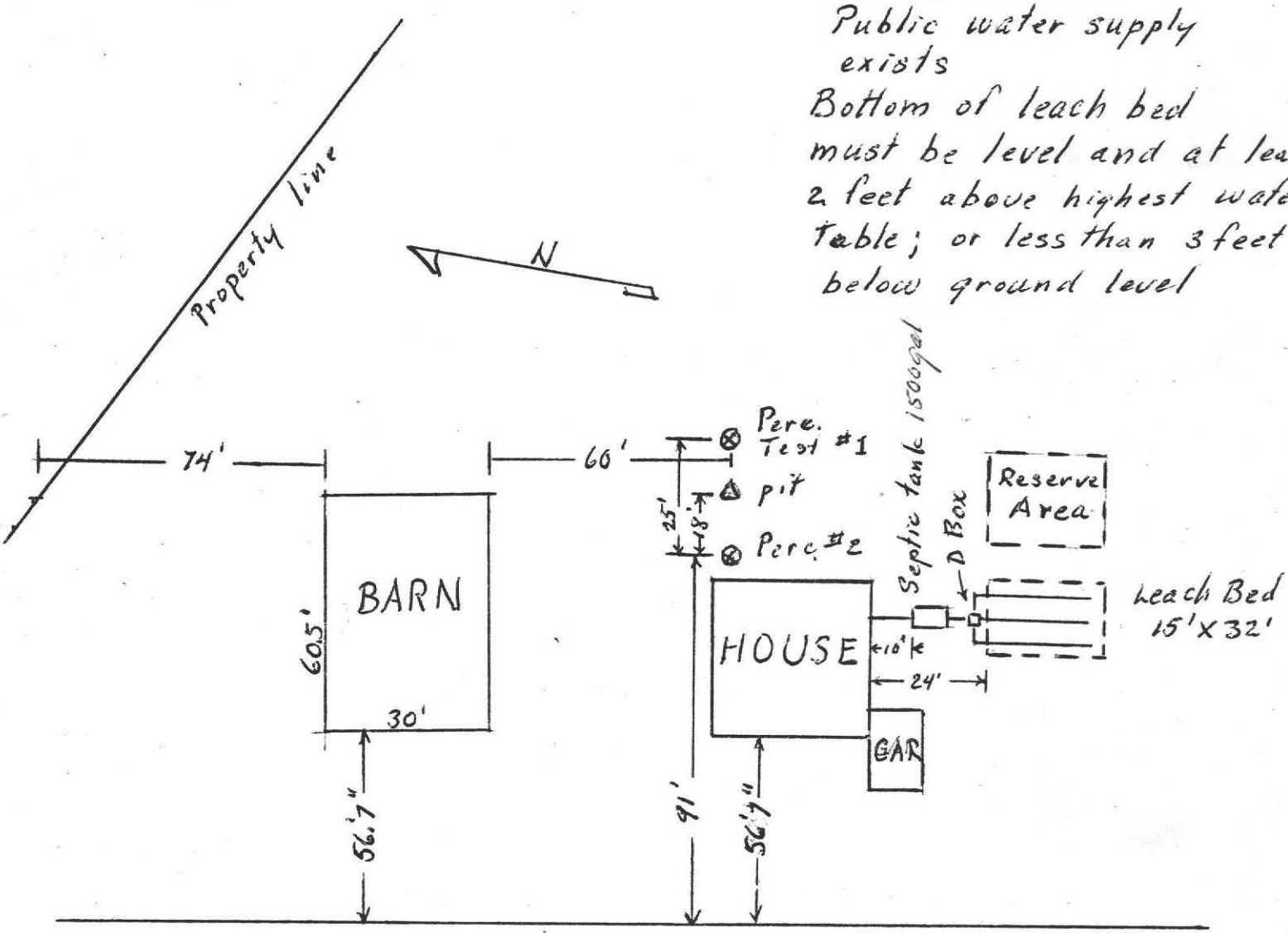
PLAN SHOWING SEWAGE DISPOSAL
(DETAIL)

For: James Mosakewicz
1611 So. East St
Amherst, Mass.

Scale: 1" = 40'
By: Frederick Filios

COMMONWEALTH OF MASSACHUSETTS
FREDERICK
FILIOS, R.S.
688

Notes:
No wells are within 200' of this site
Public water supply exists
Bottom of leach bed must be level and at least 2 feet above highest water table; or less than 3 feet below ground level

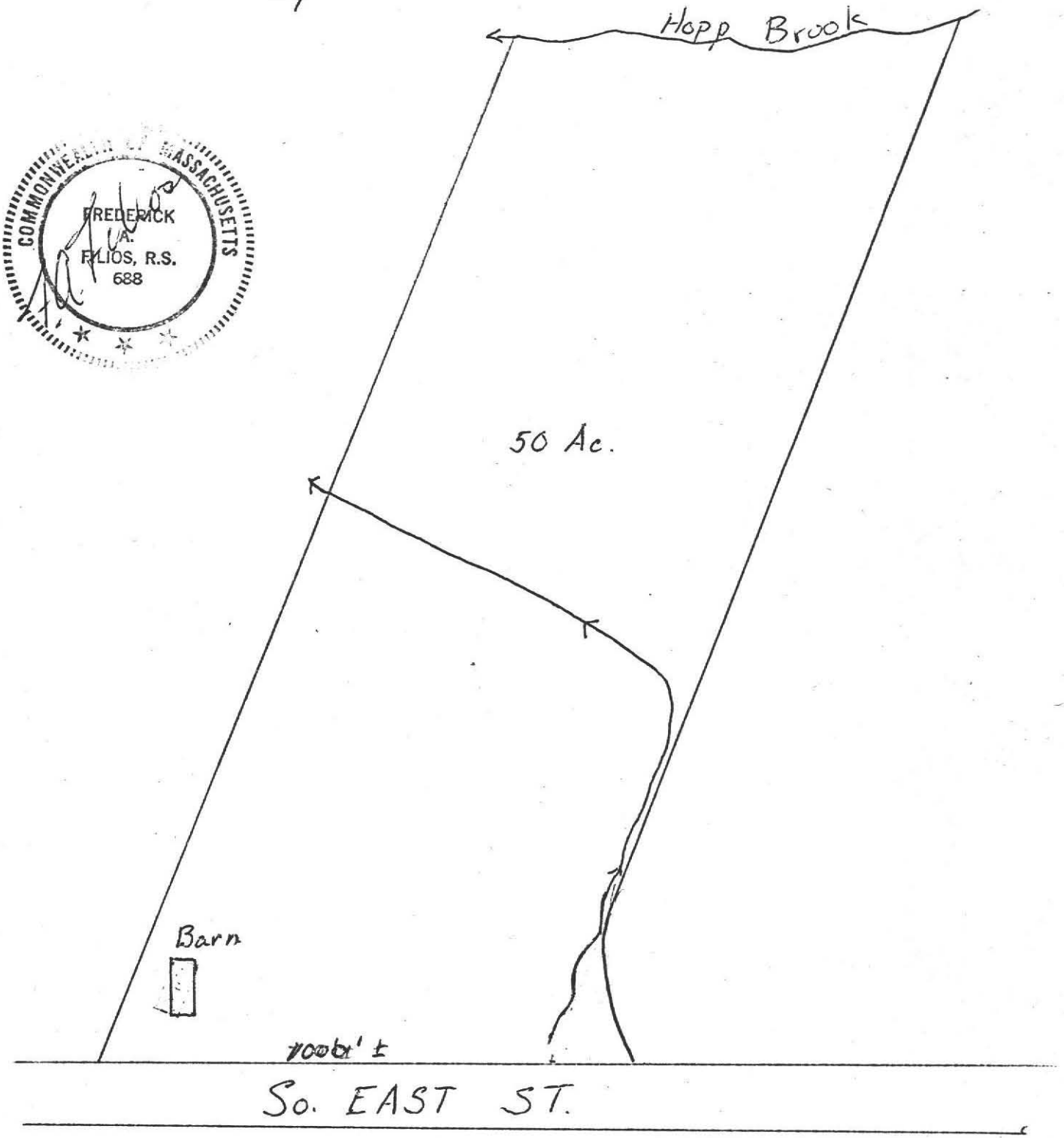


SOUTH EAST STREET

PLAN OF LAND

of: James Mosakewicz
1611 So. East St.
Amherst Mass

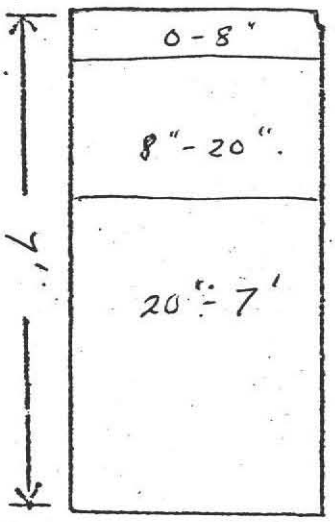
By Frederick Filios



DEEP SOIL LOGS

OWNER James Mosakewicz DATE Mar. 19 1976

LOCATION So. East St. Amherst Ma. OBSERVER E A Filios

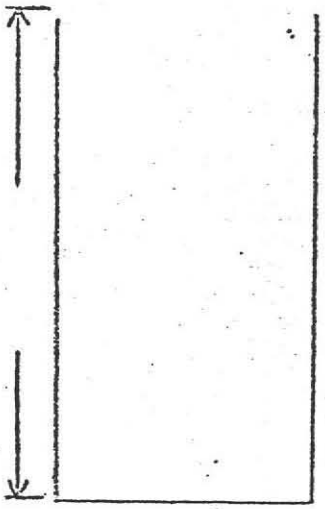


Topsoil

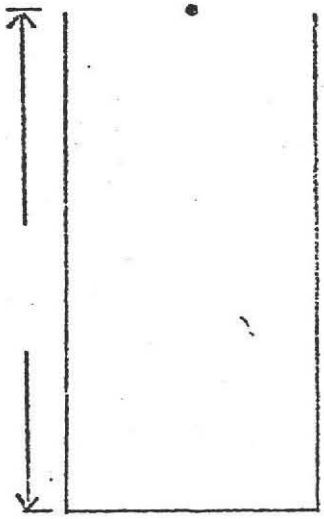
Subsoil: sand and fine gravel

Medium and coarse sand stratified

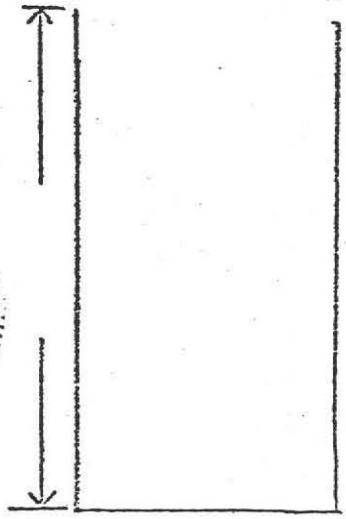
GROUND WATER Seepage at 5'
Water at 5'10" and stopped



GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
688

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Jim Mosakewicz Address So East St

Installer Karris Eco Address River Dr. Hadley

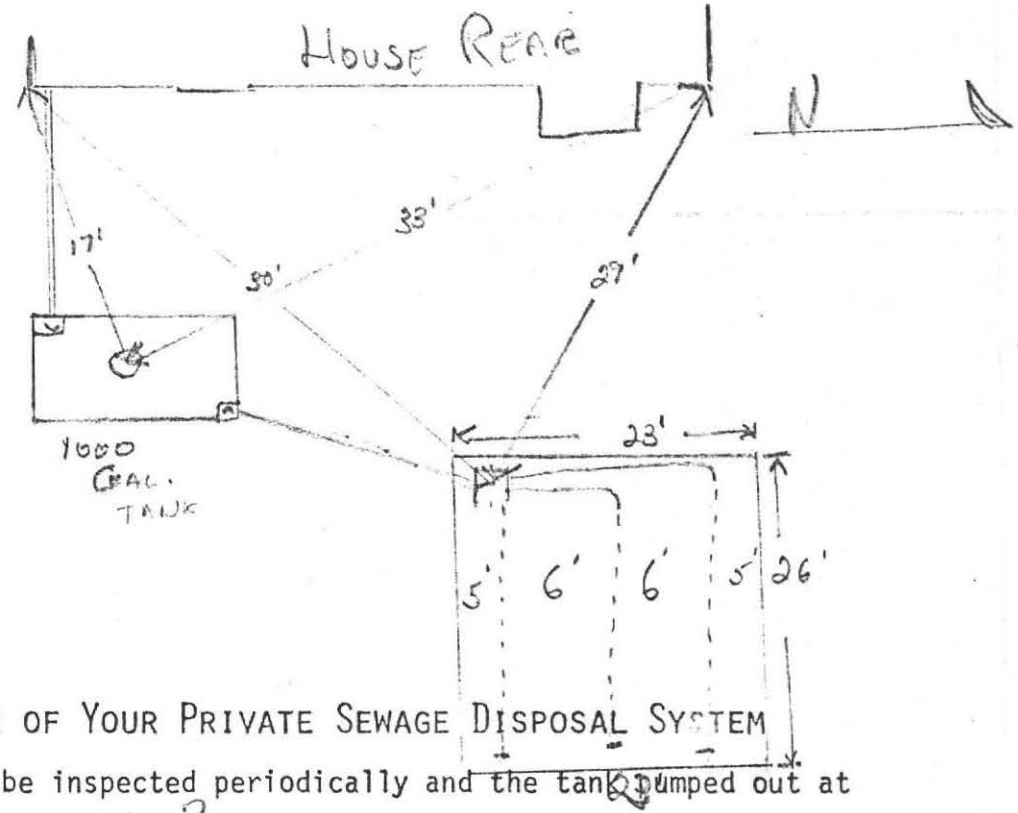
Date Installation Inspected and Approved 8-27-76

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 600

Garbage Grinder Yes ( ) No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 76-8 Date 4/26/76 Fee $3.00 Date Rec'd. 4/26/76 By DGF

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

Location—Address South East St or Lot No. _____

Owner James K. Mosakewicz Address 161 So. East St.

Contractor KARL [illegible] Address _____

Type of Building _____ Dimensions _____ Size Lot 50 A.

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (NO

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L_____ W_____ D_____

Disposal Trench—No. _____ Width 20x25 Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 ~~Diameter 18x225~~ Depth below inlet _____ Total leaching area ~~405~~ sq. ft. 500

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Frederick Filios. RS. Date March 19, 1976

Test Pit No. 1 2 minutes per inch Depth of Test Pit 31"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Sand Depth to Ground Water Seepage at 5'

Will *disposal area* be filled? No - Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

James K. Mosakewicz 4/26/76
Owner or builder date

Application Approved by [signature] 4/26/76
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI 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 satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 76-8

Permission is hereby granted James K. Mosakewicz to construct (✓) or repair ( ) an Individual Sewage Disposal System at So East St (Across From 161 So East)

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

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 4/26/76 [signature]
Board of Health

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Jim Moskewicz Address 5c East St

Installer Karen Lee Address River Dr. Hadley

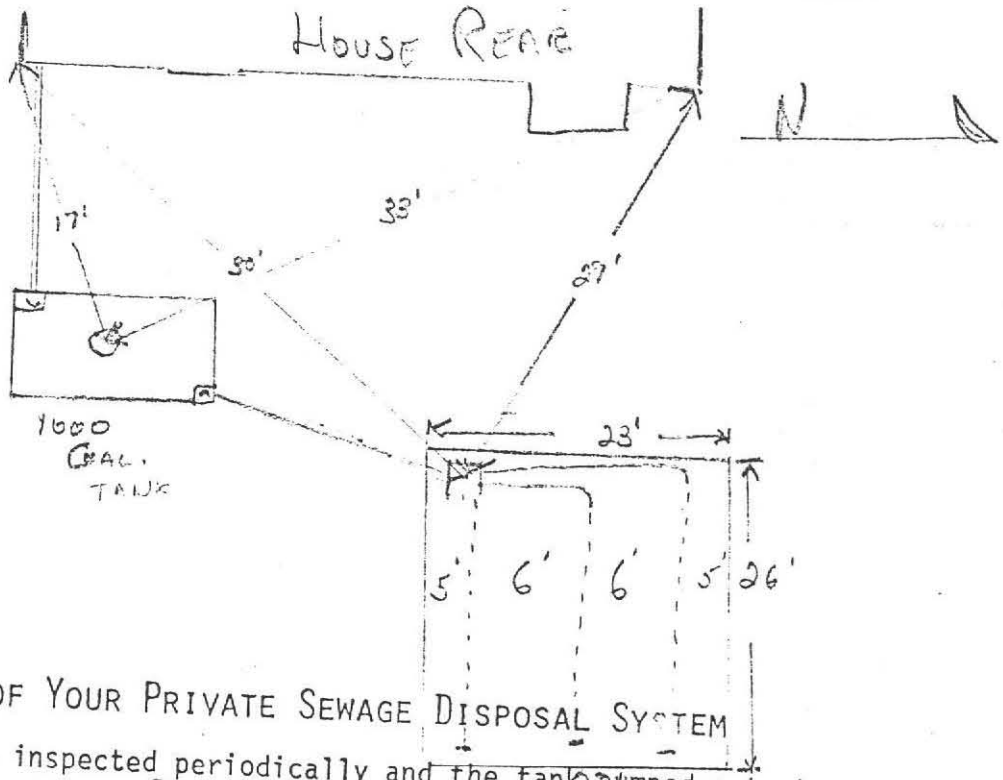
Date Installation Inspected and Approved 8-27-76

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 600

Garbage Grinder Yes ( ) No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

1618 South East

File Only

Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

April 23, 2007

Dave Zarozinski
Inspection Services
Town Hall – Boltwood Avenue
Amherst, MA 01002

Subject: Title 5 Septic System Inspection at 1618 South East Street
(Property of Ellen Miller-Mack)

Dear Dave:

On April 3, 10 and 23, 2007, I completed an inspection of the septic system at the subject property in accordance with 310 CMR 15.000 (Title 5) requirements. A copy of the report is enclosed for your use.

This system is found to be "Failed" by the criteria in the regulation. Additional comments are included in the report. This area of South East Street has sewer service available, so the property owner has indicated she will complete a sewer connection.

This inspection report documents the septic system failure, and documents that the existing septic system will be discontinued, and its components, pumped, crushed, and buried in place during installation of the grinder pump and sewer connection.

If you have questions on any aspect of the inspection or the report, please contact me at the address above or by phone evenings.

Sincerely,

Richard Scott

Richard Scott, P.E.

cc: Ellen Miller-Mack, Owner
Steve Feldman, Realtor
Grinder-Pump Installer c/o Ellen Miller-Mack

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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack

Owner's Address: 5 Warfield Place
Northampton, MA 01060

Date of Inspection: April 23, 2007

Name of Inspector: Richard Scott
Company Name: Richard Scott, P.E.
Mailing Address: 31 Shutesbury Rd.
Pelham, MA 01002

Telephone Number: 413-256-0647

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
_X_ Fails

Inspector's Signature: Richard Scott **Date:** 4-23-07

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

******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.**

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

Property Address: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

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

A. System Passes: N/A

_____ 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:

_____

_____

B. System Conditionally Passes: N/A

_____ 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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

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

_____ 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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

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
___ ✓ 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.
___ ✓ 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 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.]**

YES (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: N/A
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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

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 ?

N/A ___ 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:

Yes no
___ ✓ Existing information. For example, a plan at the Board of Health.

___ ✓ 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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

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: -0-
Does residence have a garbage grinder (yes or no): No
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)): Not Available. No Significant Recent Use.
Sump pump (yes or no): YES
Last date of occupancy: Spring 2006

COMMERCIAL/INDUSTRIAL N/A
Type of establishment: _____
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: Pumped Last in 2004 Per Owner
Was system pumped as part of the inspection (yes or no): No
If yes, volume pumped: _____ gallons -- How was quantity pumped determined? _____
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)
___ 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:
Approx. 24 Years. Installed 1983 Per Owner

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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

BUILDING SEWER (locate on site plan)

Depth below grade: ~18"
Materials of construction: ✓ cast iron ___ 40 PVC ___ other (explain): _____
Distance from private water supply well or suction line: _____
Comments (on condition of joints, venting, evidence of leakage, etc.):
GOOD CONDITION. NO EVIDENCE OF LEAKAGE, VENTED TO ROOF

SEPTIC TANK: ✓ (locate on site plan)

Depth below grade: 12"
Material of construction: ✓ 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: 58"x102"x48" EFFECTIVE DEPTH
Sludge depth: 3"
Distance from top of sludge to bottom of outlet tee or baffle: 24"
Scum thickness: 3"
Distance from top of scum to top of outlet tee or baffle: 3"
Distance from bottom of scum to bottom of outlet tee or baffle: 16"
How were dimensions determined: PROBED
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
LIQUID LEVEL IS CORRECT – NO EVIDENCE OF LEAKAGE. SOME CONCRETE DETERIORATION AT OUTLET BAFFLE

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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

TIGHT or HOLDING TANK: N/A (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: ✓ (if present must be opened) (locate on site plan)

Depth of liquid level above outlet invert: -0-
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.):
DISTR. BOX IS DETERIORATED AND LEAKING. SOLIDS IN D-BOX ARE CARRYOVER OR WASHED-IN SILT.

PUMP CHAMBER: N/A (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: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

SOIL ABSORPTION SYSTEM (SAS): ✓ **(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: _____
✓ leaching fields, number, dimensions: 1 AT 18' X 225' PER DESIGN PLAN
____ 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.):

_____

_____

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.):

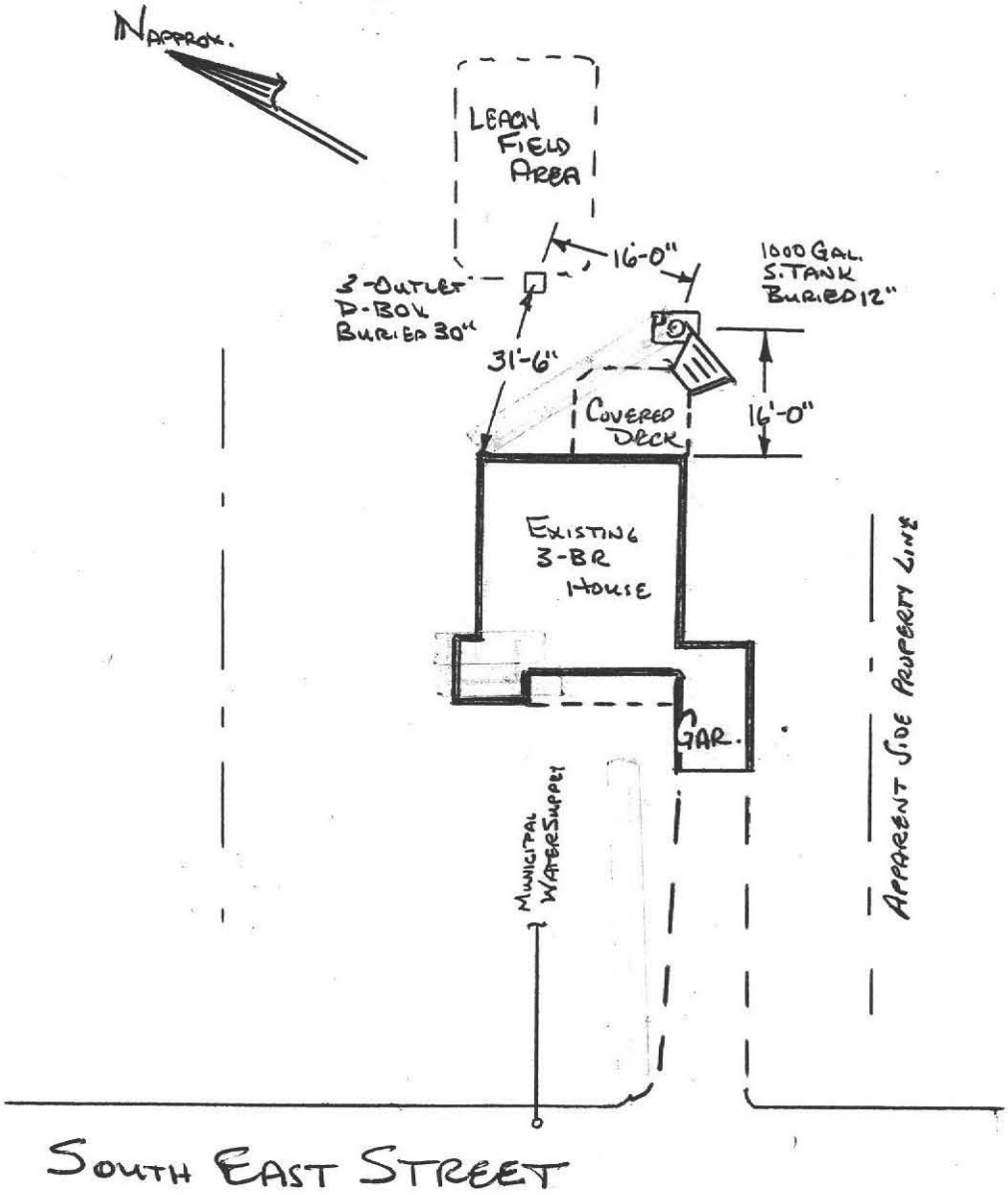
_____

_____

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

Property Address: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

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.



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

Property Address: 1618 South East Street
Amherst
Owner's Name: Ellen Miller-Mack
Date of Inspection: April 23, 2007

SITE EXAM
Slope
Surface water
Check cellar
Shallow wells

Estimated depth to ground water 3 feet

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

____ 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**:
LIQUID LEVEL AT D-BOX IS NEAR THE ELEVATION OF THE LEACH-FIELD-BOTTOM. AN INVESTIGATION HOLE WAS DUG ADJACENT TO THE LEACH FIELD. GROUNDWATER LEVEL WAS FOUND AT 36" DEEP. REDOXIMORPHIC FEATURES ALSO AT 36" BOTTOM OF LEACH FIELD IS AT OR BELOW SEASONAL HIGH GROUNDWATER.

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, TOWN OF AMHERST, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct( ) Repair( ) Upgrade(✓) Abandon( ) - ☑ **Complete System** ❑ **Individual Components**

Location 1618 SOUTH EAST ST.	Owner's Name ELLEN MILLER-MACK
Map/Parcel#	Address 5 WARFIELD PLACE NORTHAMPTON, MA 01060
Lot#	Telephone# 413-586-0591
Installer's Name	Designer's Name RICHARD SCOTT, P.E.
Address	Address 31 SHUTESBURY RD. PELHAM, MA 01002
Telephone#	Telephone# 413-256-0647

Type of Building RESIDENTIAL Lot Size _____ sq. ft.

Dwelling - No. of Bedrooms 3 Garbage grinder ( )

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

Other Fixtures _____

Design Flow (min. required) _____ gpd Calculated design flow _____ Design flow provided _____ gpd

Plan: Date _____ Number of sheets _____ Revision Date _____

Title _____

Description of Soil(s) _____

Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS SYSTEM HAS FAILED INSPECTION (SEE INSP. REPORT) SYSTEM IS TO BE ABANDONED. ALL COMPONENTS TO BE PUMPED, CRUSHED, FILLED & BURIED IN PLACE. NEW GRINDER-PUMP & SEWER CONNECTION WILL BE INSTALLED.

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 _____ Date _____

Inspections _____

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, *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: _____

at _____

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 _____

Designer: _____ Inspector: _____ Date: _____

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

No. _____ FEE _____

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.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA Date _____ Board of Health _____