

1680 SOUTHWEST STREET

Survival Center

Work 545-2665  
Home 256-0366

#1680

NOV No. 8987-27



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 ( ) or Repair (X) an Individual Sewage Disposal System at:

1680 Southeast St. Location - Address  
Charles Thompson Owner  
1680 South east St. Amherst, MA or Lot No. Address

Type of Building Dwelling - No. of Bedrooms 4 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 440 gallons.  
Septic Tank - Liquid capacity 1000 gallons Length 8.5' Width 5' Diameter Depth 5.33'  
Disposal Trench - No. Width 18' Total Length 25' Total leaching area 450 sq. ft. Bottom  
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.  
Other Distribution box (X) Dosing tank ( )  
Percolation Test Results Performed by Filias Enterprises, Inc. Date Oct. 16, 1987  
Test Pit No. 1 2 minutes per inch Depth of Test Pit 7' Depth to ground water 70"  
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Soil log attached  
Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Note: Application Approved By Karl's Excavating Date 11/5/87  
Application Disapproved for the following reasons: Subject to Board of Health, Variance and Conservation Commission Review Date 11-11-87

Permit No. 87 - 27 Issued November 11, 1987 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 ( ) or Repaired (X) by Karl's Excavating at 1680 South east St. Installer (Charles Thompson) 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 - 27 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.  
DATE 12/2/87 Inspector for Health Dept: R. Pinski

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 87 - 27 FEE

Disposal Works Construction Permit

Permission is hereby granted to Construct ( ) or Repair (X) an Individual Sewage Disposal System at No. 1680 South east St. Street as shown on the application for Disposal Works Construction Permit No. Dated

DATE Board of Health

5/2/13  
STEVE ROOF  
1680 SE STREET

TS PASSED 5/25 160

WANTS TO ADD 1 BE +  
1 BATH

srroof@gmail.com

549-1577

is map at hill?

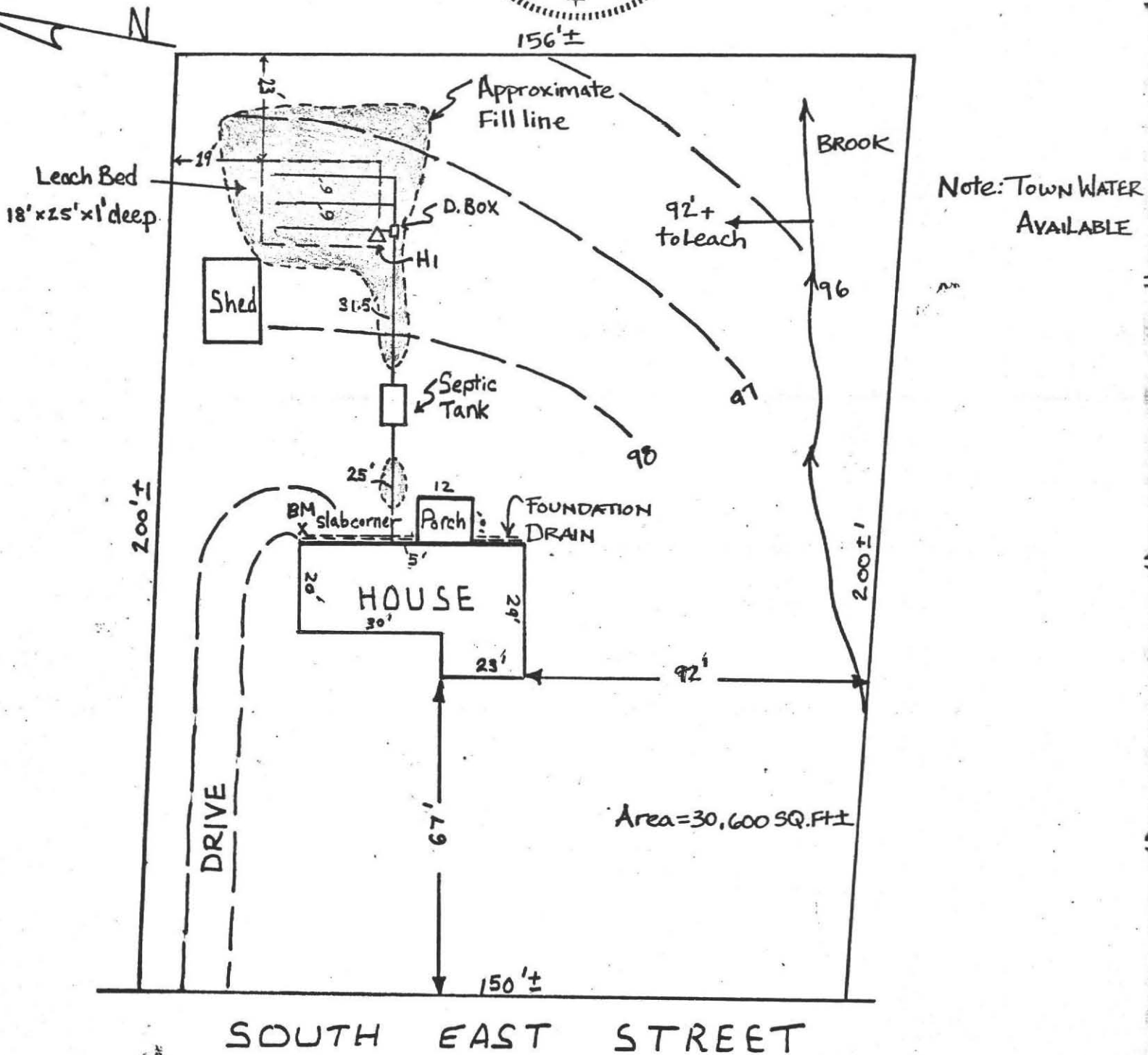


# PLAN SHOWING SEWAGE DISPOSAL

For: Charles Thompson  
1680 South East St.  
Amherst, MA 01002

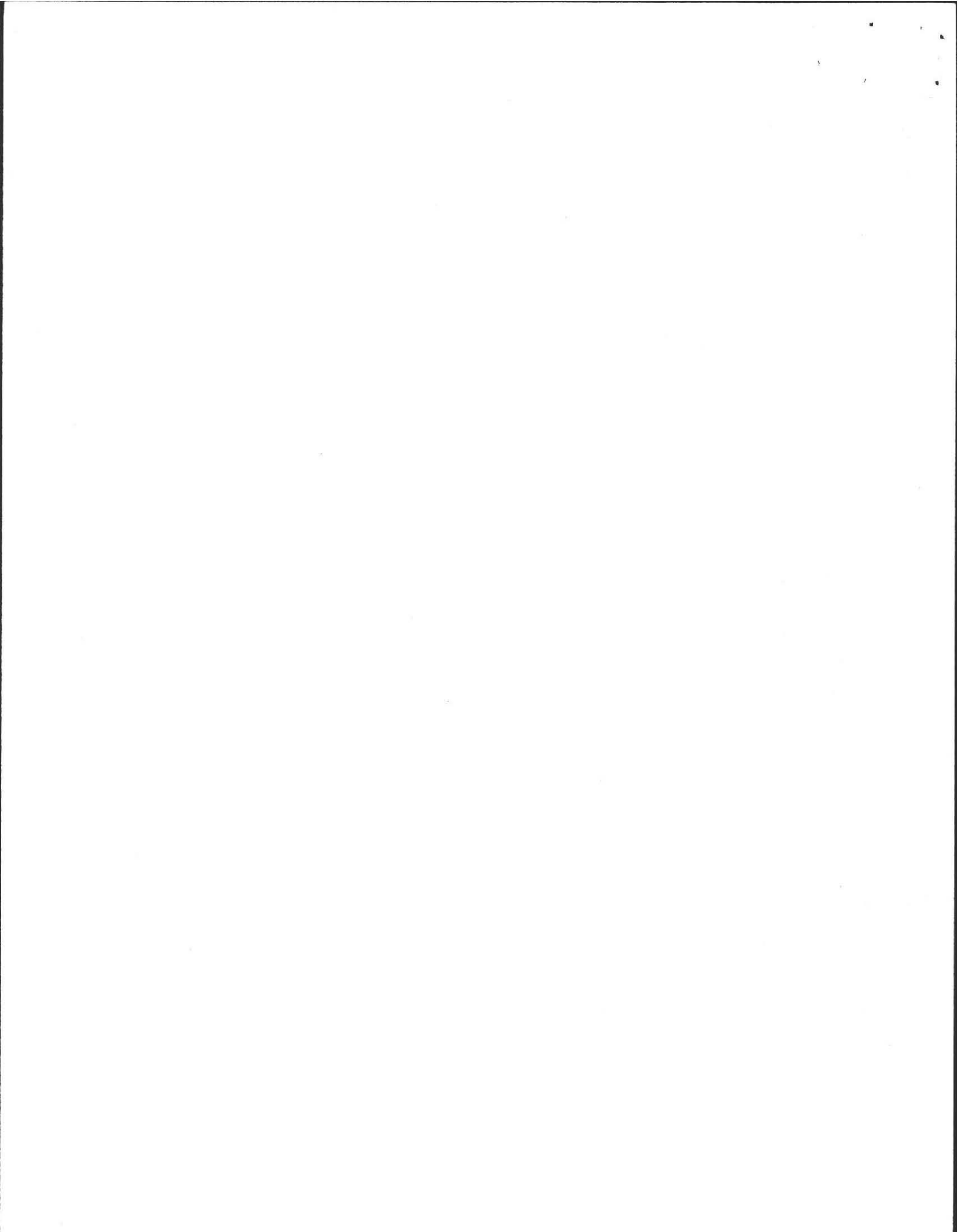
FILIOS ENTERPRISES INC.  
69 PELHAM RD.  
AMHERST, MA 01002 L.Z.

Date: 10.28.87  
Scale: 1" = 30'



Note: TOWN WATER AVAILABLE

SOUTH EAST STREET



DEEP SOIL LOGS

OWNER CHARLES THOMPSON

DATE OCT. 16, 1987

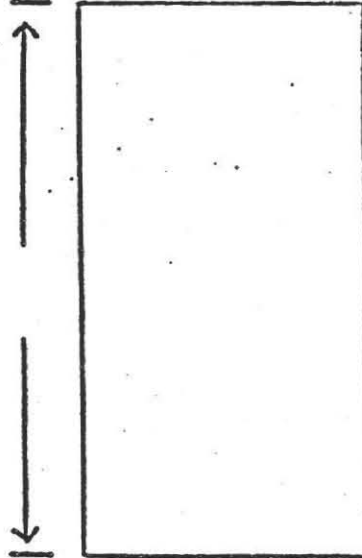
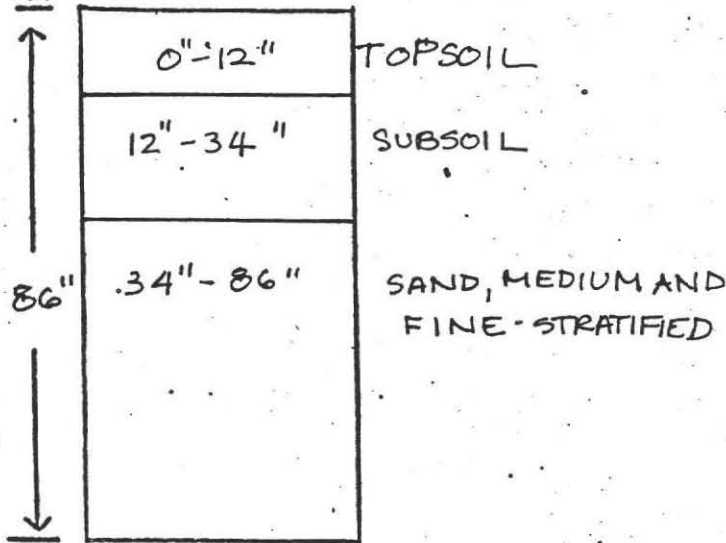
LOCATION 1650 S. EAST ST.

OBSERVER F. FILIOS

AMHERST, MA

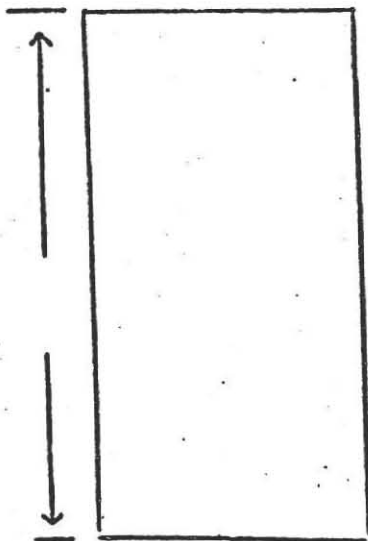
B of H Peter KOLODIEZ

1680?  
Ed Guille  
5/21/2003  
HI

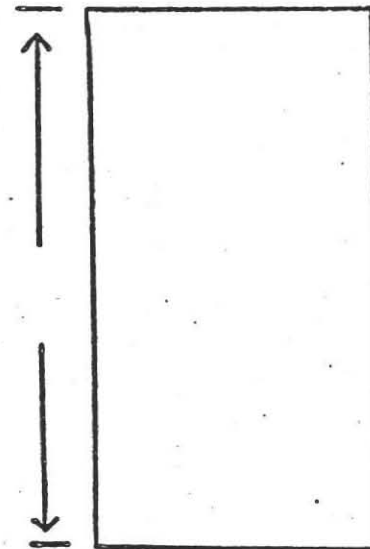


GROUND WATER 70"

GROUND WATER \_\_\_\_\_



GROUND WATER \_\_\_\_\_



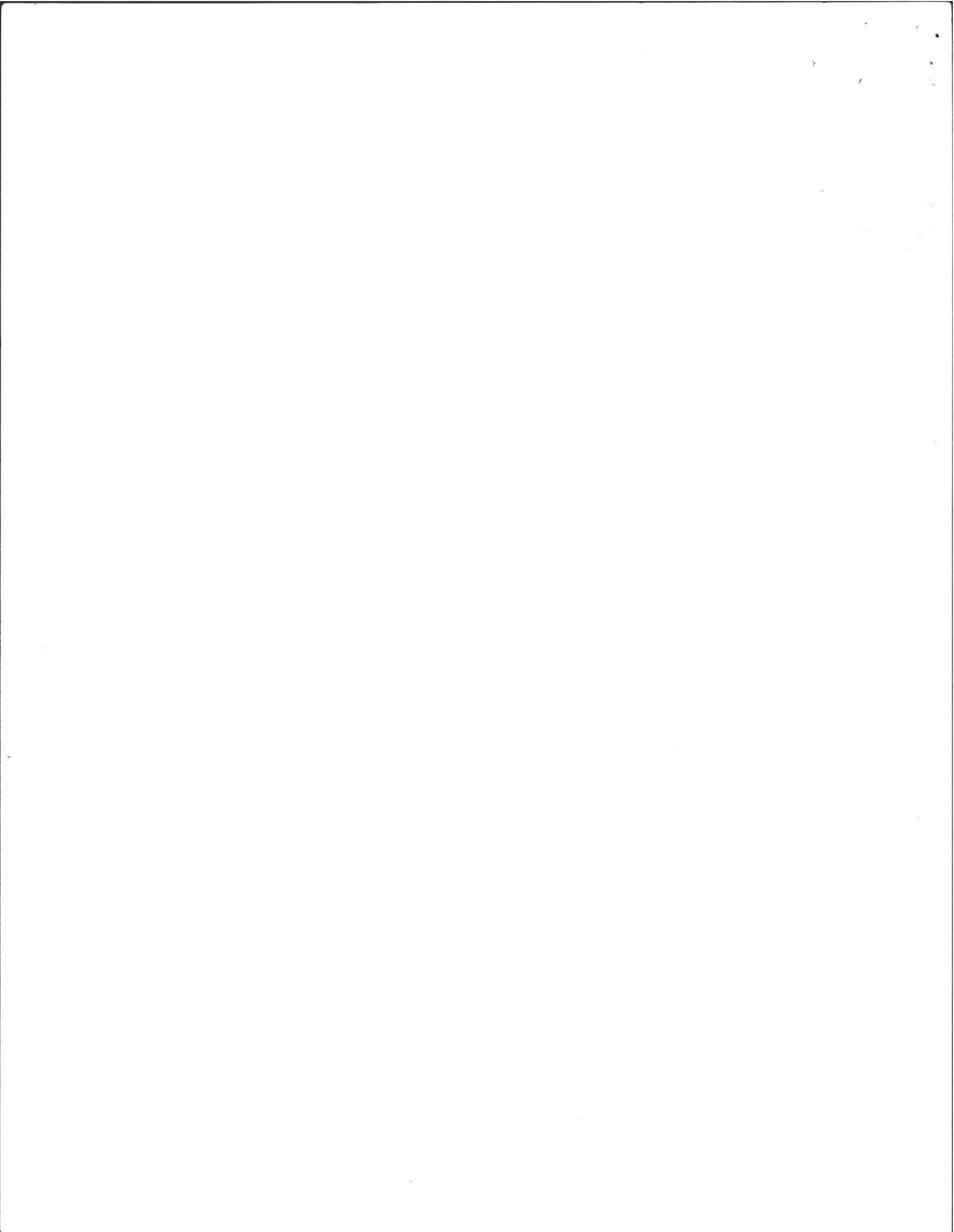
GROUND WATER \_\_\_\_\_

PERCOLATION RATE AT 55:

2 min./inch



Filios Enterprises Inc.

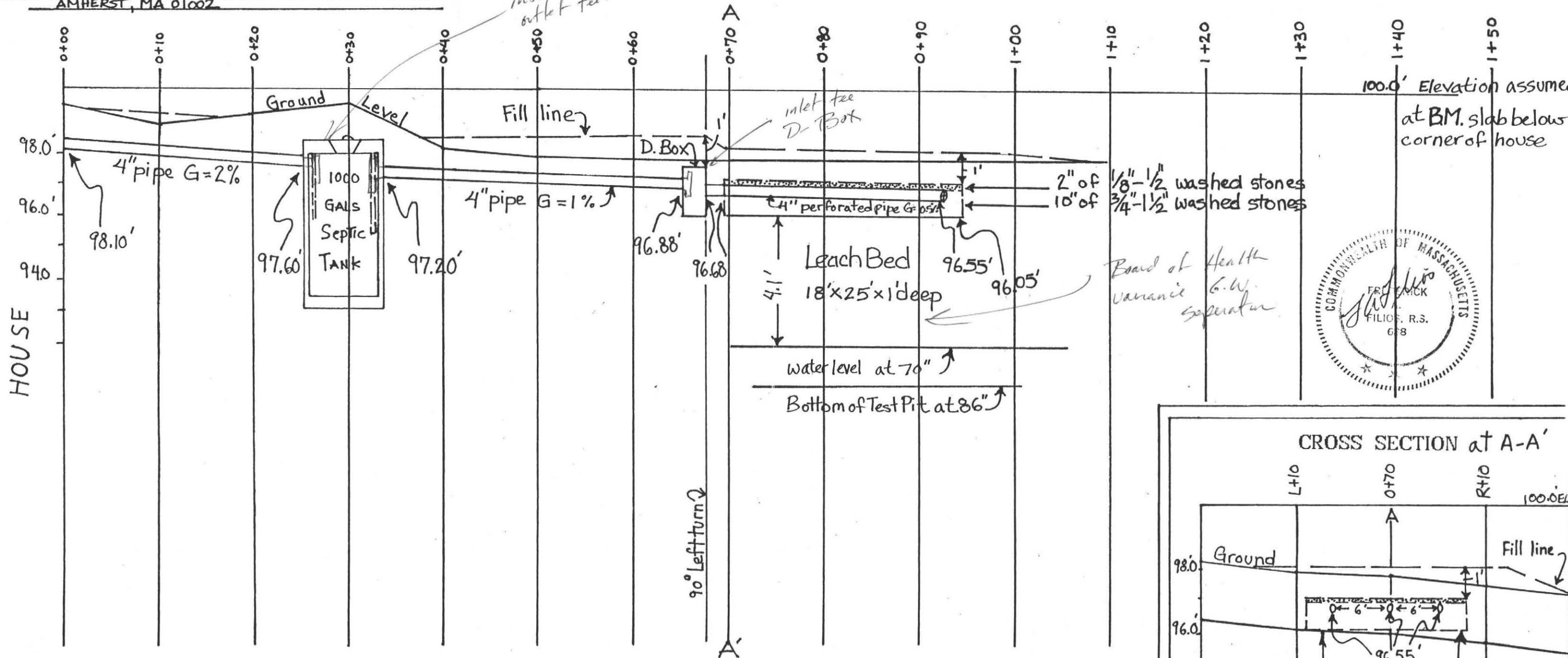


PROFILE OF SEPTIC SYSTEM

BY: FILIOS ENTERPRISES INC.  
 69 PELHAM RD.  
 AMHERST MA 01002  
 I.Z.

DATE: 10.28.87  
 SCALE: Horizontal 1" = 10'  
 Vertical 1" = 3'

FOR: CHARLES THOMPSON  
 SITE: 1680 SOUTHEAST ST.  
 AMHERST, MA 01002

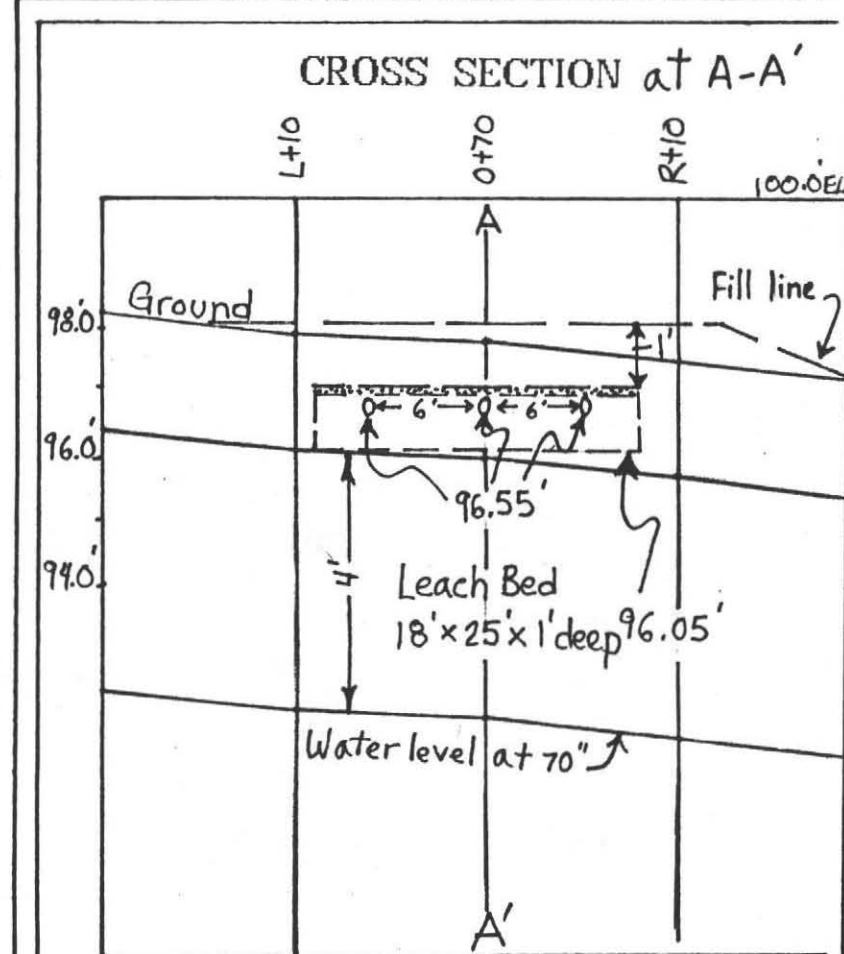


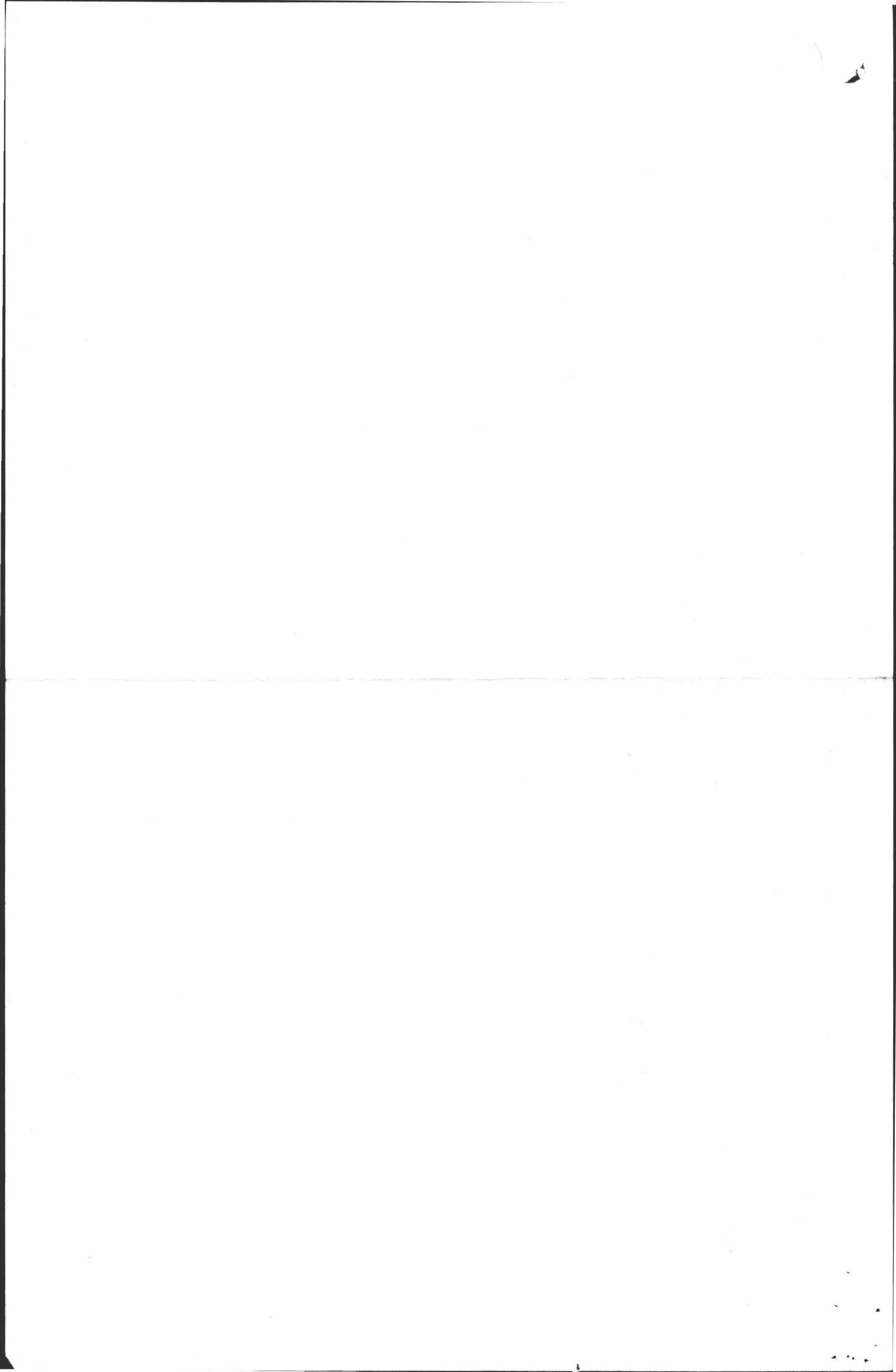
SPECIFICATIONS

All materials and construction will be in accordance with Commonwealth of MA D. E. Q. E. State Environmental Code Title 5.

CALCULATIONS

4 Bedroom @ 110 = 440 Gals/day Required  
 Perc. Rate = 2 min./inch  
 Leach Bed 18' x 25' x 1' deep  
 Bottom area 18 x 25 = 450 SQ. FT.  
 450 x 1.0 = 450 Gals/day Available







COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

TRUDY COXE  
 Secretary

DAVID B. STRUHS  
 Commissioner

ARGEO PAUL CELLUCCI  
 Governor

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
 PART A  
 CERTIFICATION

Property Address: 1680 South East St  
Amherst Name of Owner: Boi-Thompson  
 Date of Inspection: 6/23/99 Address of Owner: same  
 Name of Inspector: (Please Print) Cary Bixsell  
 I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)  
 Company Name: Affordable Home & Septic Inspections Inc.  
 Mailing Address: 54 St. James Ave. 413-532-8600  
 Telephone Number: Holyoke Ma. 01040

**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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. The system:

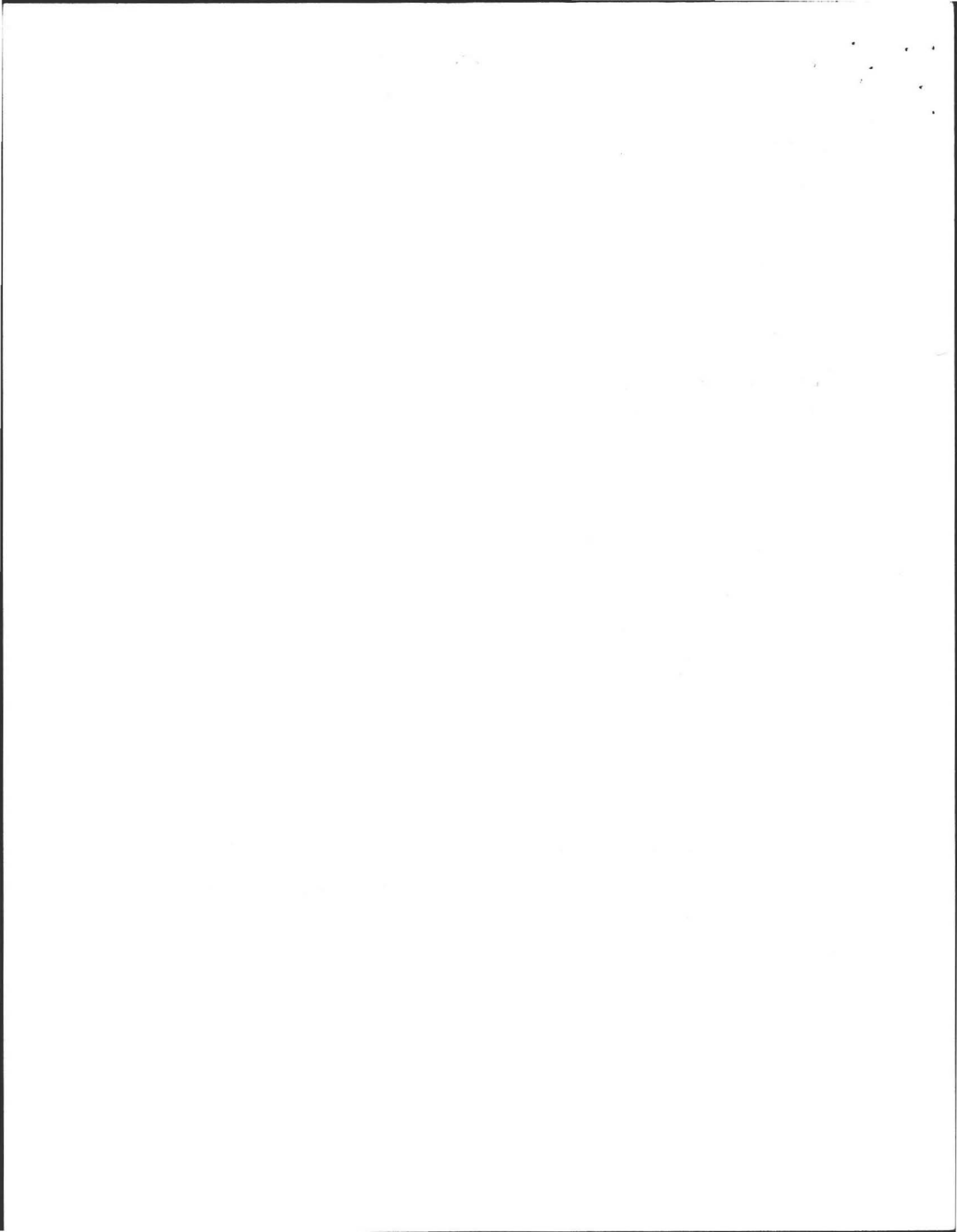
- Passes
- Conditionally Passes
- Needs Further Evaluation By the Local Approving Authority
- Fails

Inspector's Signature: Cary Bixsell Date: 6/23/99

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within thirty (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 Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

*System Functional. D-Box uneven  
 2 speed levels added. Functional  
 Flow improved; equalized.*





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION (continued)

Property Address: 1650 So East St, Amherst  
Owner: Don Thompson  
Date of Inspection: 4/03/99

INSPECTION SUMMARY: Check A, B, C, or D:

A. SYSTEM PASSES:

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

COMMENTS: \_\_\_\_\_

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.

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

\_\_\_\_\_ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health.

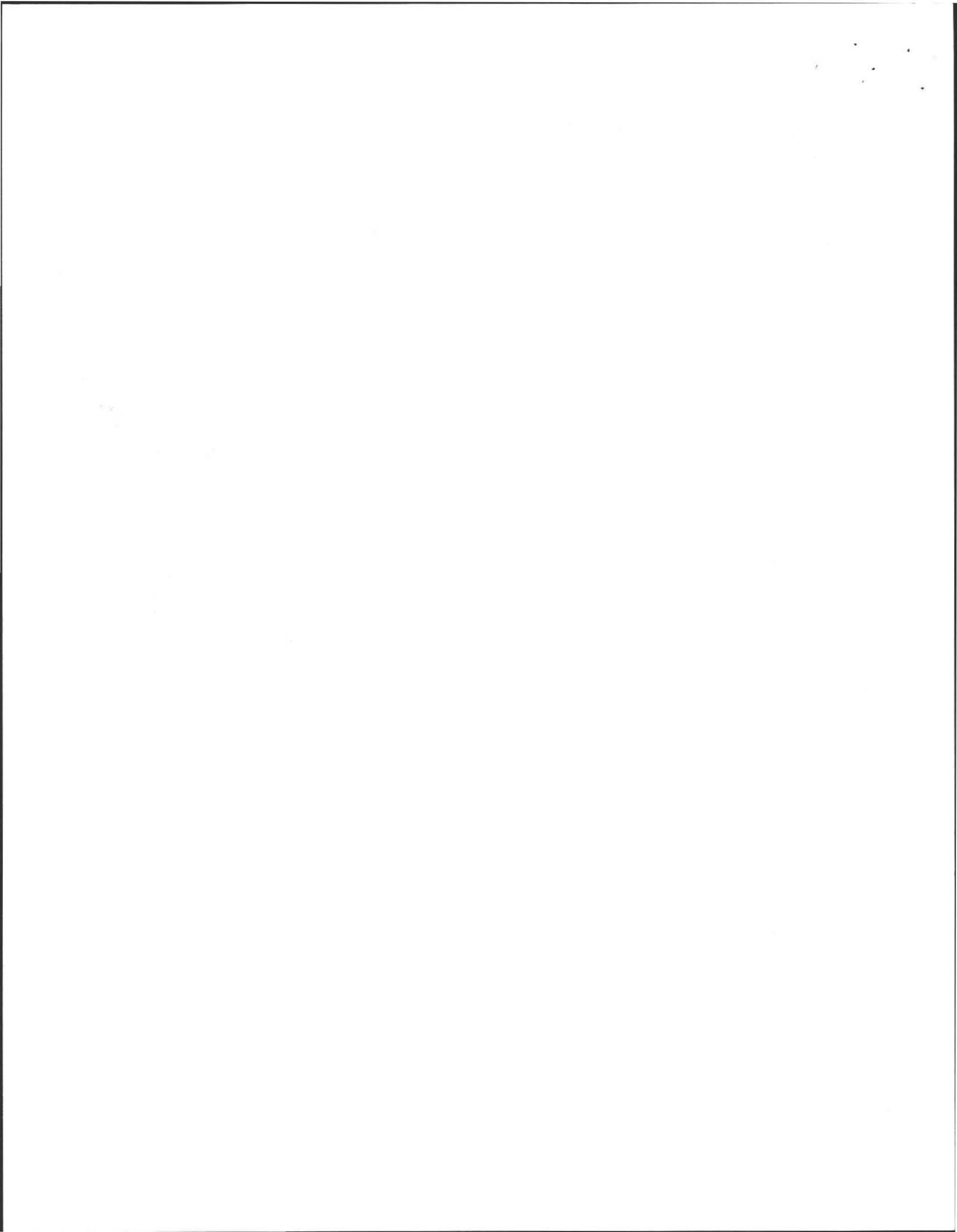
\_\_\_\_\_ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health).

- \_\_\_\_\_ broken pipe(s) are replaced
- \_\_\_\_\_ obstruction is removed
- \_\_\_\_\_ distribution box is levelled or replaced

\_\_\_\_\_ The system required pumping more than four 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

*System Functional, D Box uneven  
2 speed levelers added. Functional  
Flow improved; equalized.*



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION (continued)

Property Address: 180 East St, Amherst  
Owner: Bob Thompson  
Date of Inspection: 6/23/99

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 the public health, safety and 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 THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

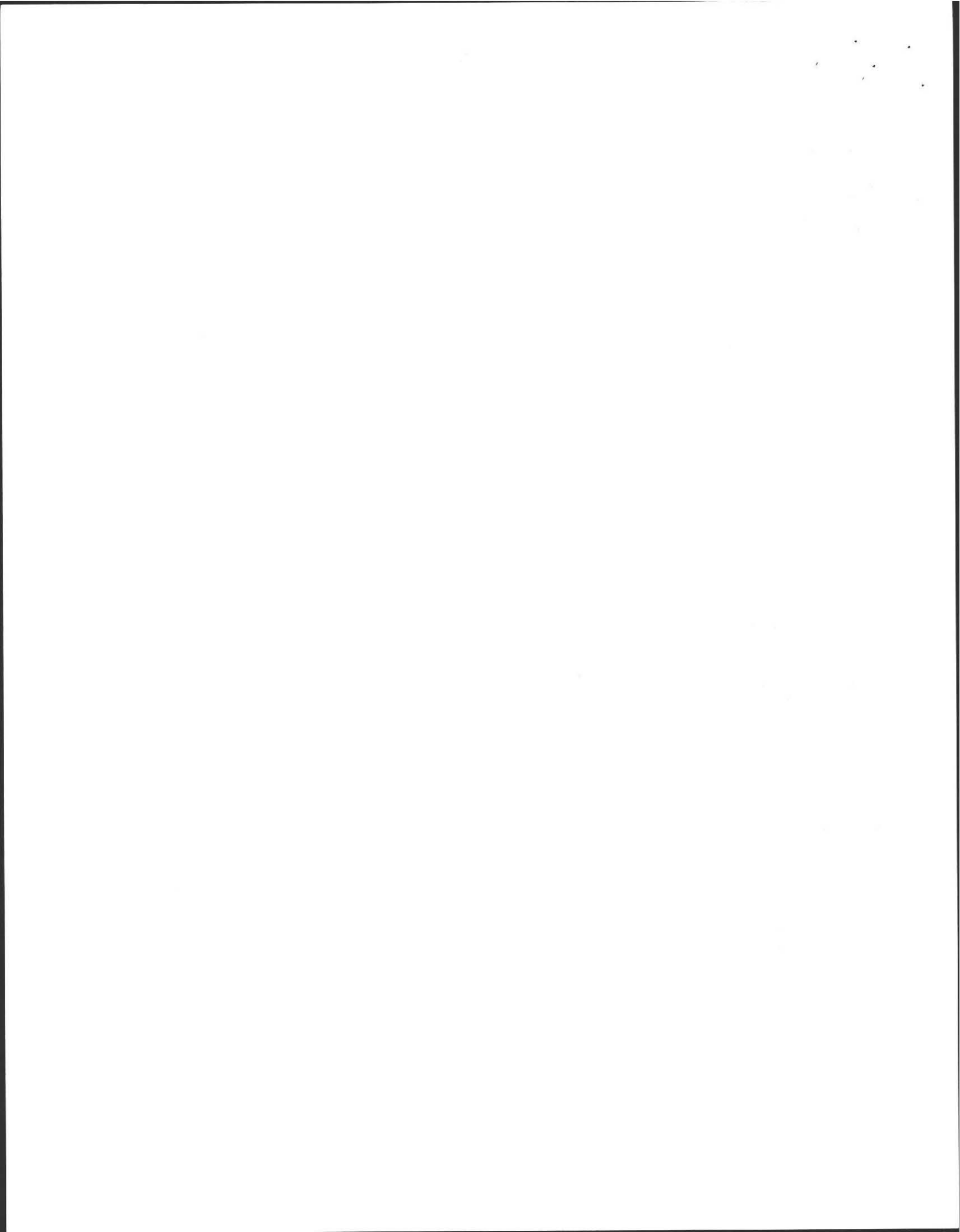
- \_\_\_ Cesspool or privy is within 50 feet of surface water
- \_\_\_ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

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 AND SAFETY AND THE 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 soil absorption system and the SAS is within a Zone I of a public water supply well.
- \_\_\_ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- \_\_\_ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis 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. Method used to determine distance \_\_\_\_\_ (approximation not valid).

3) OTHER

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



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)**

Property Address: 1080 So Front St, Amherst  
 Owner: Bob Thompson  
 Date of Inspection: 6/23/99

**D. SYSTEM FAILS:**

You must indicate either "Yes" or "No" to each of the following:

I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s).<br>Number of times pumped ___.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

**E. LARGE SYSTEM FAILS:**

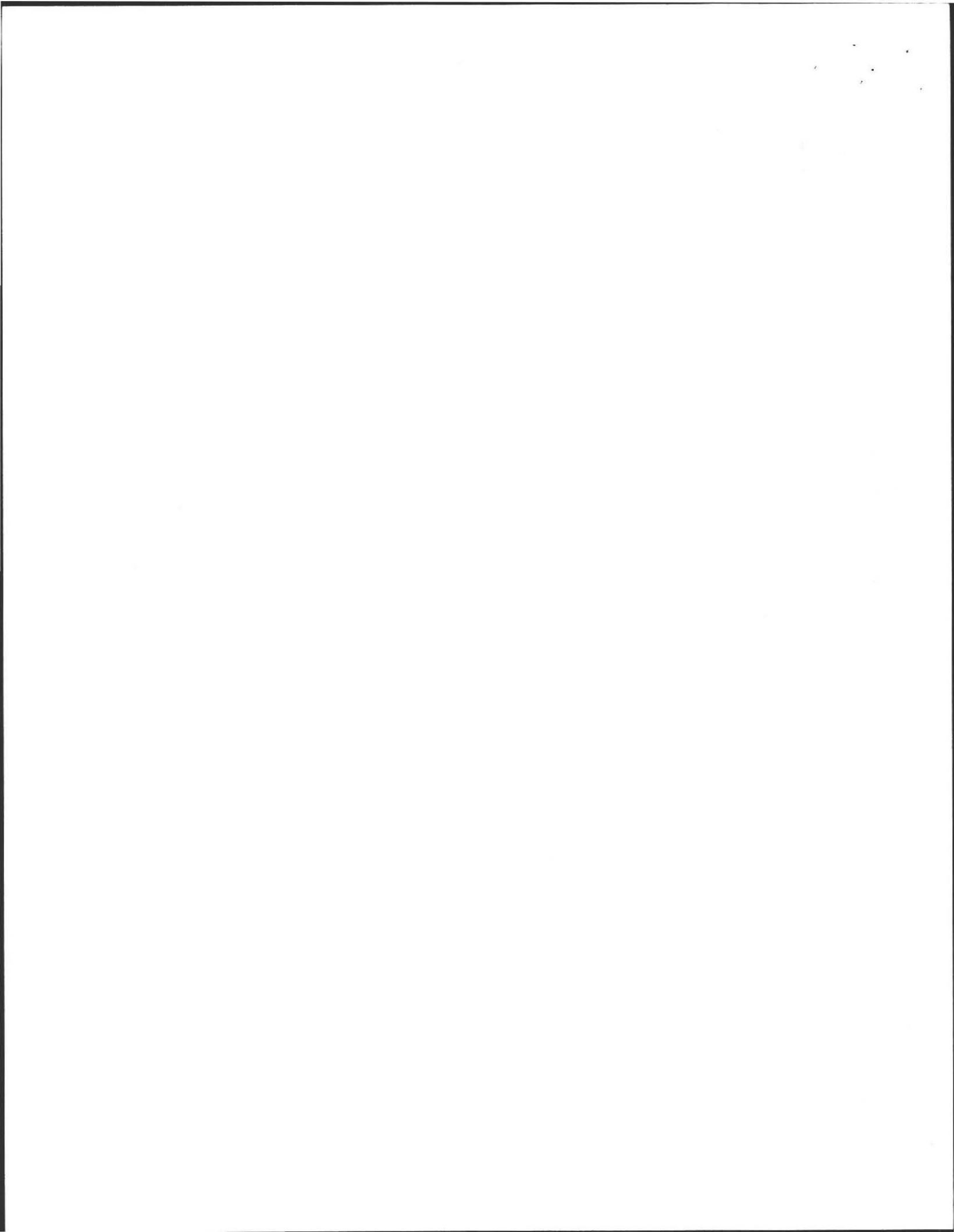
You must indicate either "Yes" or "No" to each of the following:

The following criteria apply to large systems in addition to the criteria above:

The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | 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) |

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

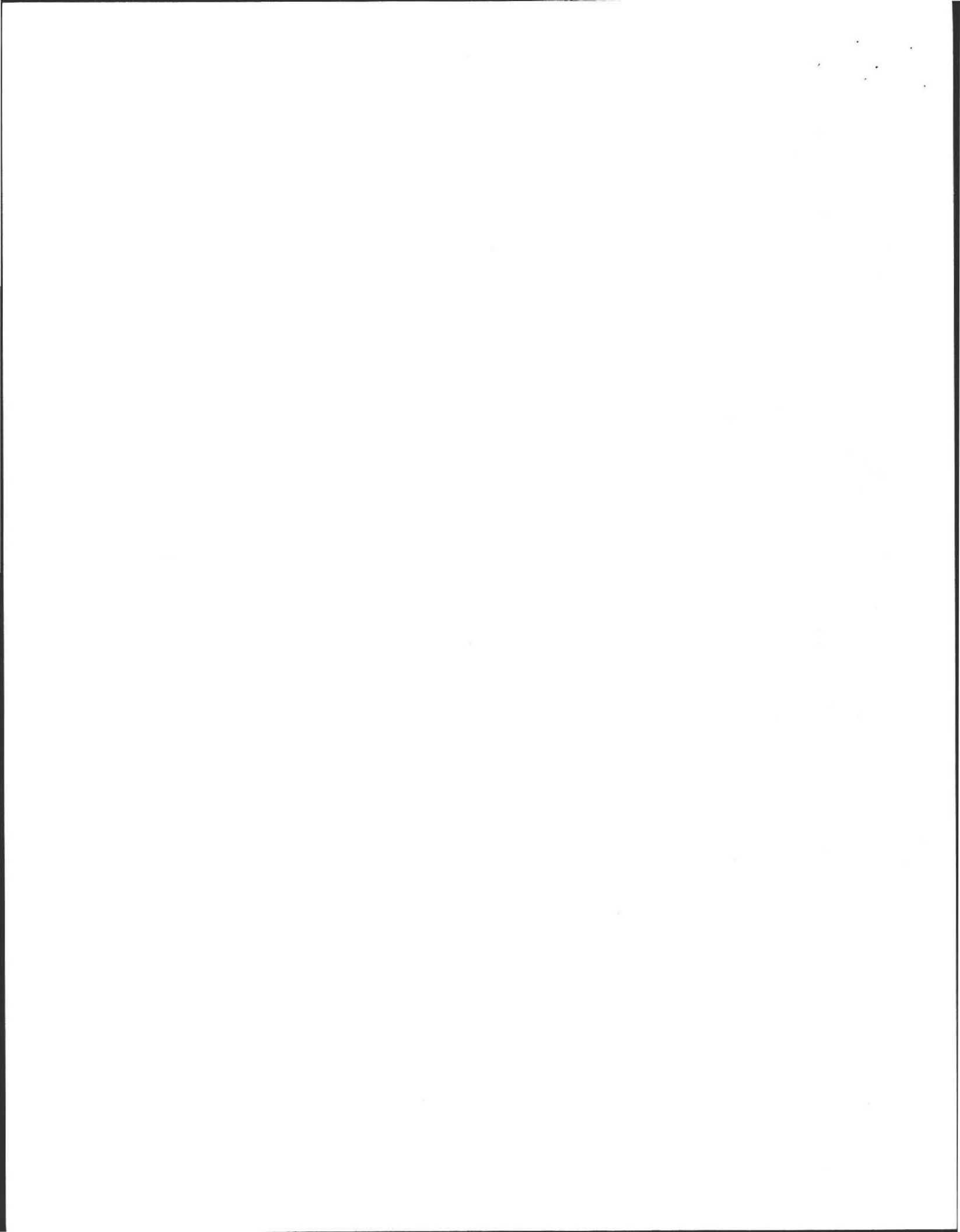


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

Property Address: 1080 So East RD, Haverhill  
 Owner: 1080 - Y. Thompson  
 Date of Inspection: 6/23/99

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

- | Yes                                 | No                       |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow.   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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.<br>The size and location of the Soil Absorption System on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, Plan at B.O.H.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.   |





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION

Property Address: 1650 So. East St, Hartford  
Owner: Barn - Thompson  
Date of Inspection: 6/23/97

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 5.5 g.p.d./bedroom.  
Number of bedrooms (design): 4 Number of bedrooms (actual): 3  
Total DESIGN flow: 440  
Number of current residents: 4  
Garbage grinder (yes or no): No  
Laundry (separate system) (yes or no): No; If yes, separate inspection required  
Laundry system inspected (yes or no)  
Seasonal use (yes or no): No  
Water meter readings, if available (last two year's usage (gpd)): Town Water  
Sump Pump (yes or no): Yes  
Last date of occupancy: Presently

COMMERCIAL/INDUSTRIAL:

Type of establishment:  
Design flow: gpd (Based on 15.203)  
Basis of design flow  
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:

OTHER: (Describe)  
Last date of occupancy:

GENERAL INFORMATION

PUMPING RECORDS and source of information:  
1995 - Riverside  
System pumped as part of inspection: (yes or no) No  
If yes, volume pumped: gallons  
Reason for pumping:

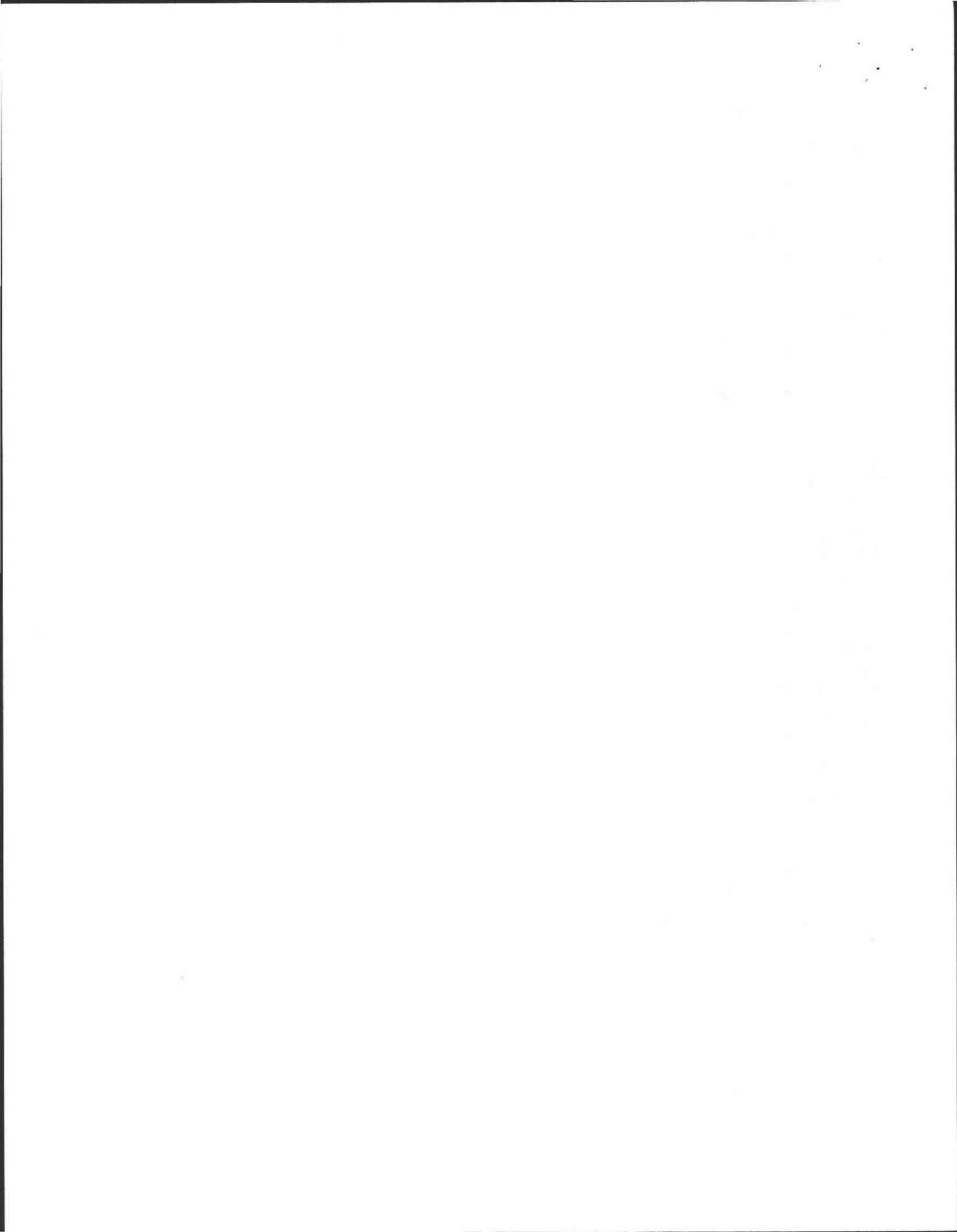
TYPE OF SYSTEM

- 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)
- I/A Technology etc. Attach copy of up to date operation and maintenance contract
- Tight Tank Copy of DEP Approval

Other

APPROXIMATE AGE of all components, date installed (if known) and source of information: 18/97

Sewage odors detected when arriving at the site: (yes or no) No



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**

**SYSTEM INFORMATION (continued)**

Property Address: 1050 So East St, Amherst  
Owner: ESM - Thompson  
Date of Inspection: 6/23/99

**BUILDING SEWER:**  
(Locate on site plan)

Depth below grade: 2'  
Material of construction:  cast iron  40 PVC  other (explain)

Distance from private water supply well or suction line N/A

Diameter 4"

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

No signs of leakage

**SEPTIC TANK: Present**

(locate on site plan)

Depth below grade: 18"  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other(explain)

If tank is metal, list age  Is age confirmed by Certificate of Compliance  (Yes/No)

Dimensions: 8' X 5' X 5'

Sludge depth: 4"

Distance from top of sludge to bottom of outlet tee or baffle: 30"

Scum thickness: 1"

Distance from top of scum to top of outlet tee or baffle: 10"

Distance from bottom of scum to bottom of outlet tee or baffle: 13"

How dimensions were determined: Sludge Judge Tape

**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, etc.)

flank appears sound. Baffle intact.  
Sludge / Scum layer appropriate.

**GREASE TRAP:**

(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction:  concrete  metal  Fiberglass  Polyethylene  other(explain)

Dimensions: \_\_\_\_\_

Scum thickness: \_\_\_\_\_

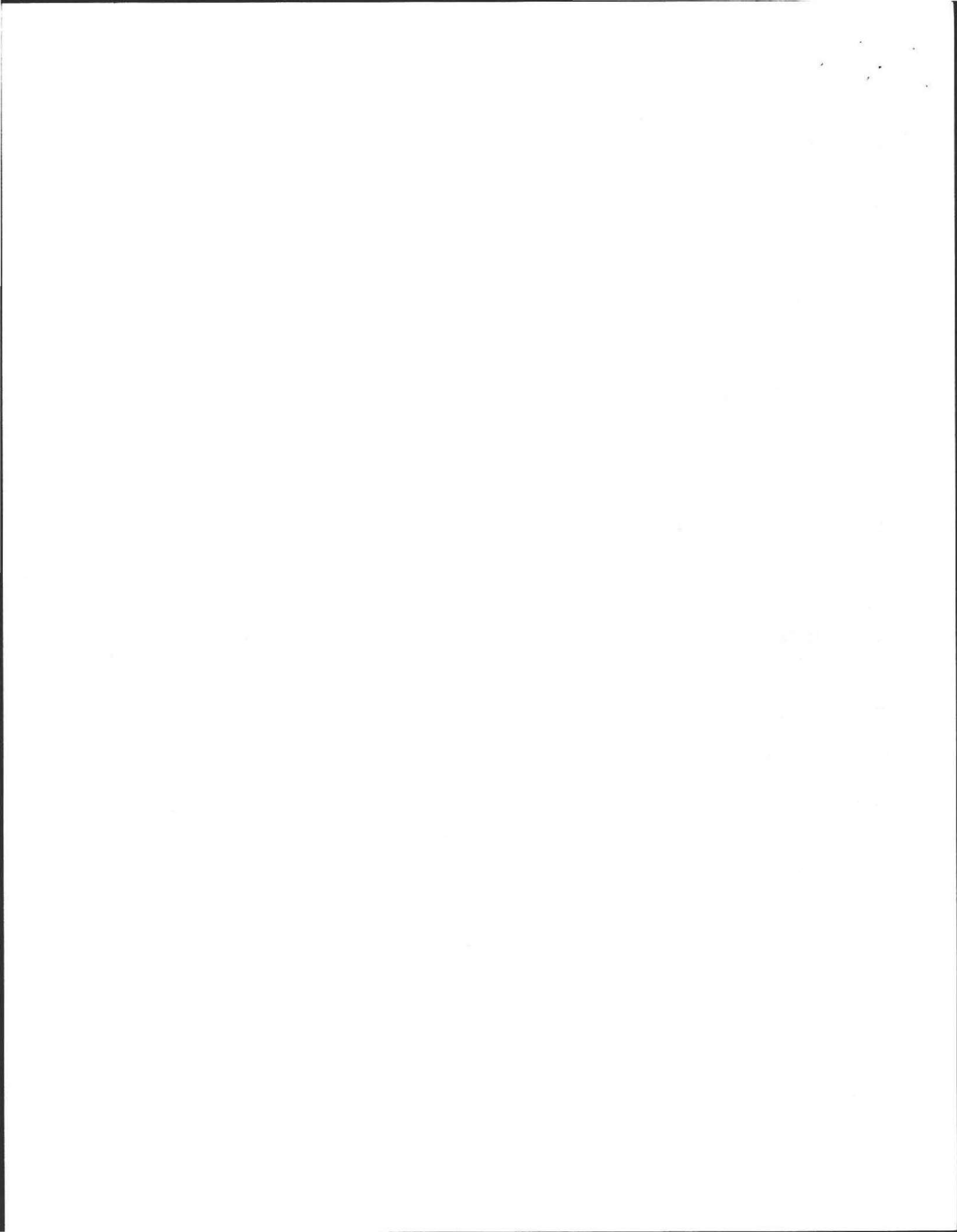
Distance from top of scum to top of outlet tee or baffle: \_\_\_\_\_

Distance from bottom of scum to bottom of outlet tee or baffle: \_\_\_\_\_

Date of last pumping: \_\_\_\_\_

**Comments:**

(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, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 1650 South East St, Homestead  
Owner: Bob Thompson  
Date of inspection: 6/23/99

TIGHT OR HOLDING TANK: (Tank must be pumped prior to, or 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  
Alarm level: Alarm in working order: Yes No  
Date of previous pumping:  
Comments:  
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: Present  
(locate on site plan)

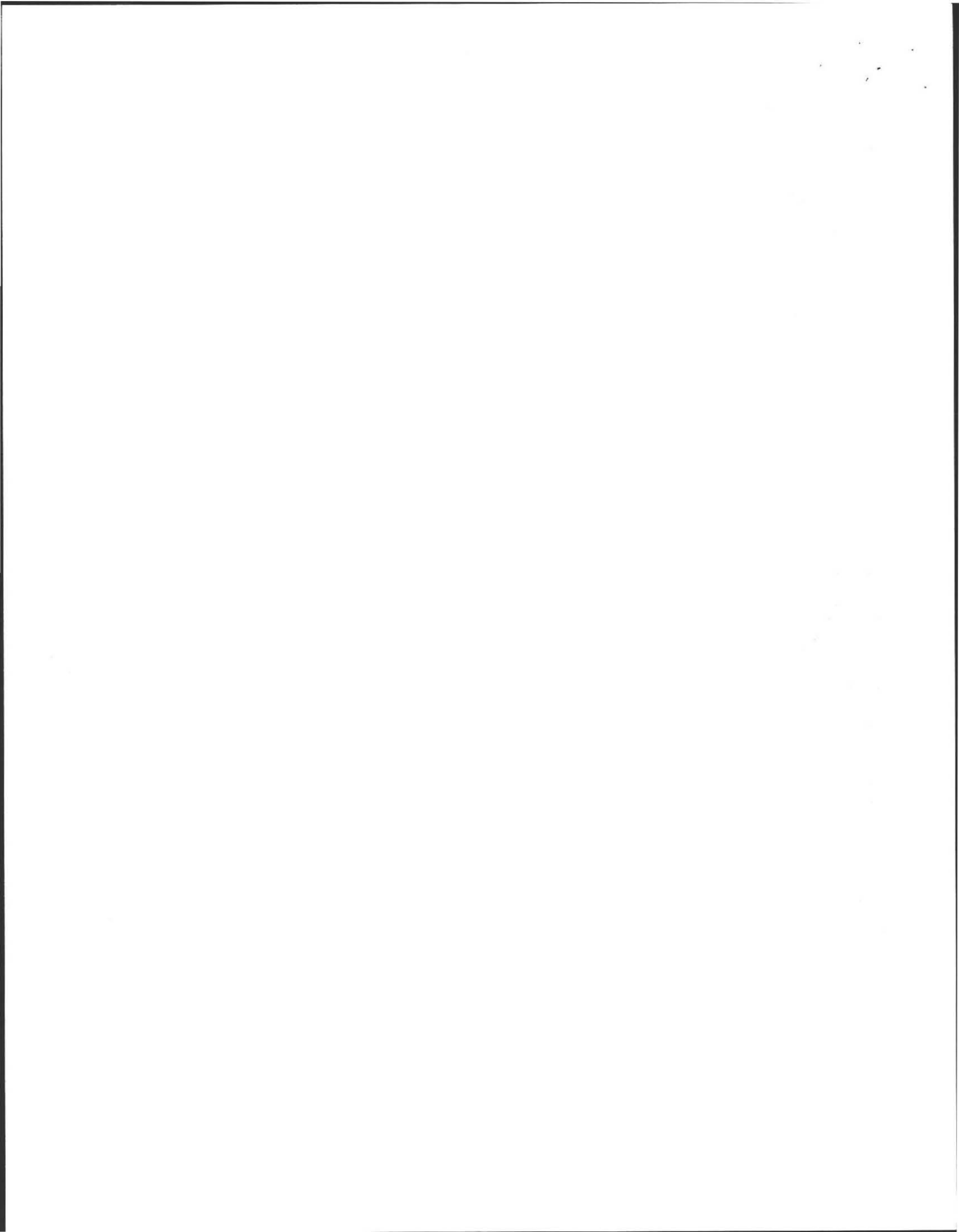
Depth of liquid level above outlet invert: 7'

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)  
3 gauging points - 2 gauging points noted - 1 gauging point noted  
Leveling and flow equalization flow - functional flow  
observed & improved & gauged

PUMP CHAMBER:  
(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.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 1680 South East St; Amberst  
Owner: D. Thompson  
Date of Inspection: 6/22/99

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

If not located, explain:

Type:

leaching pits, number: \_\_\_\_\_  
leaching chambers, number: \_\_\_\_\_  
leaching galleries, number: \_\_\_\_\_  
leaching trenches, number, length: (1) 18' x 25' x 1' deep - 3 feeders  
leaching fields, number, dimensions: \_\_\_\_\_  
overflow cesspool, number: \_\_\_\_\_  
Alternative system: \_\_\_\_\_  
Name of Technology: \_\_\_\_\_

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)  
No signs of hydraulic failure. No unusual vegetation or ponding noted.

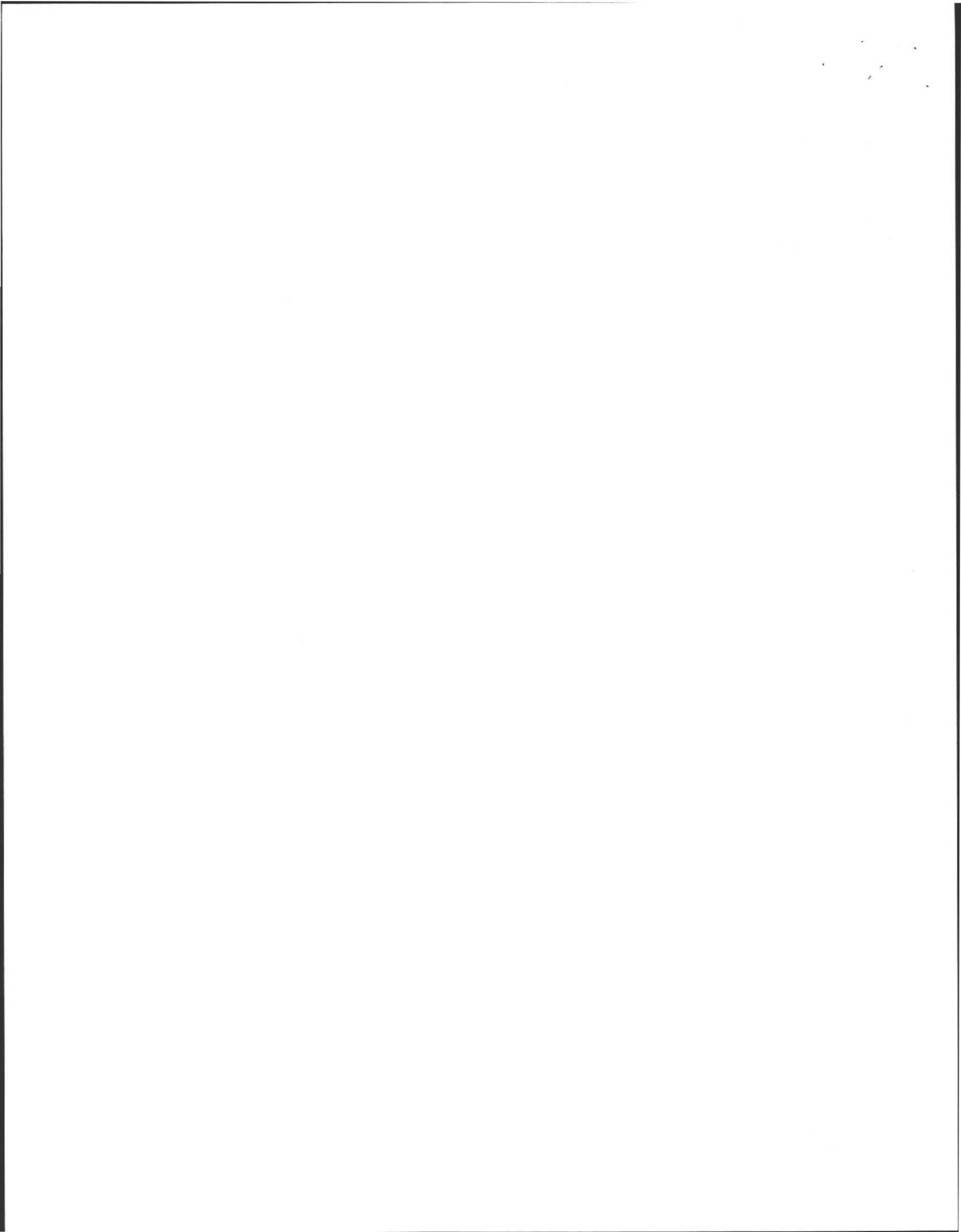
CESSPOOLS: \_\_\_\_\_  
(locate on site plan)

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 (cesspool must be pumped as part of inspection) \_\_\_\_\_

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

PRIVY: \_\_\_\_\_  
(locate on site plan)

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





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

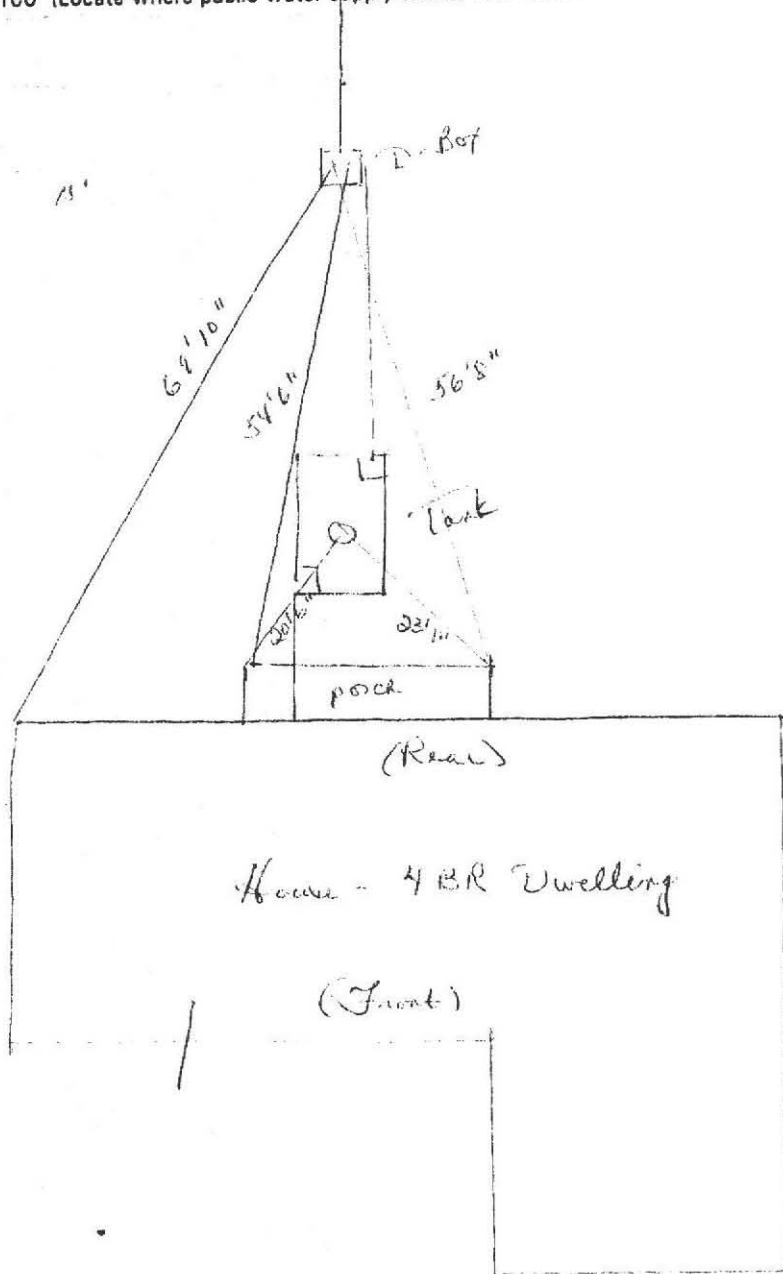
PART C

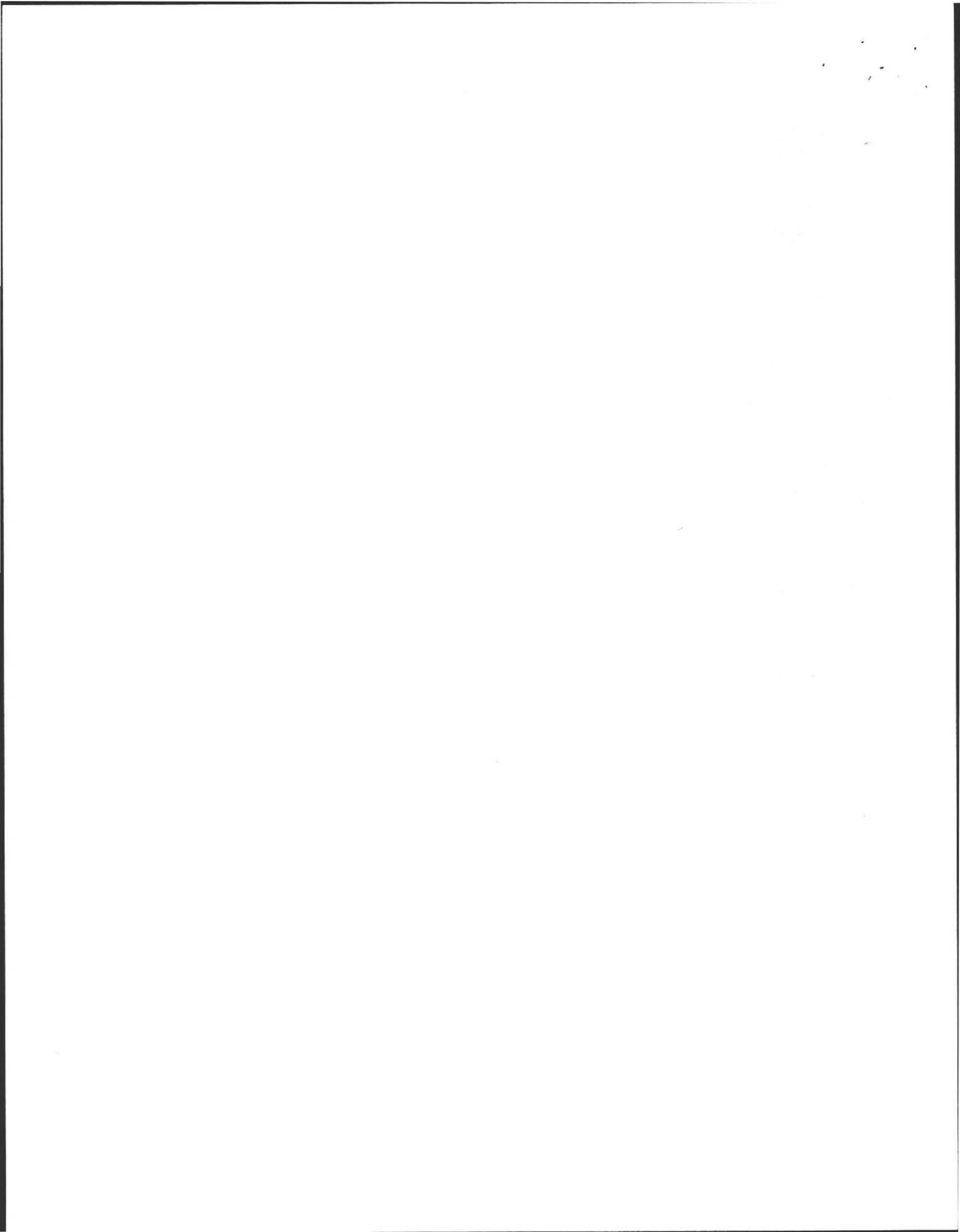
SYSTEM INFORMATION (continued)

Property Address: 1080 Southeast St., Homestead  
Owner: Berti Thompson  
Date of Inspection: 6/23/99

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent reference landmarks or benchmarks  
locate all wells within 100' (Locate where public water supply comes into house)





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C

SYSTEM INFORMATION (continued)

Property Address: 1680 South East St, Haverst  
Owner: Bob - Thompson  
Date of Inspection: 6/22/97

NRCS Report name \_\_\_\_\_  
Soil Type \_\_\_\_\_  
Typical depth to groundwater \_\_\_\_\_

USGS Date website visited \_\_\_\_\_  
Observation Wells checked \_\_\_\_\_  
Groundwater depth: Shallow \_\_\_\_\_ Moderate \_\_\_\_\_ Deep \_\_\_\_\_

SITE EXAM Slope \_\_\_\_\_  
Surface water \_\_\_\_\_  
Check Cellar  
Shallow wells \_\_\_\_\_

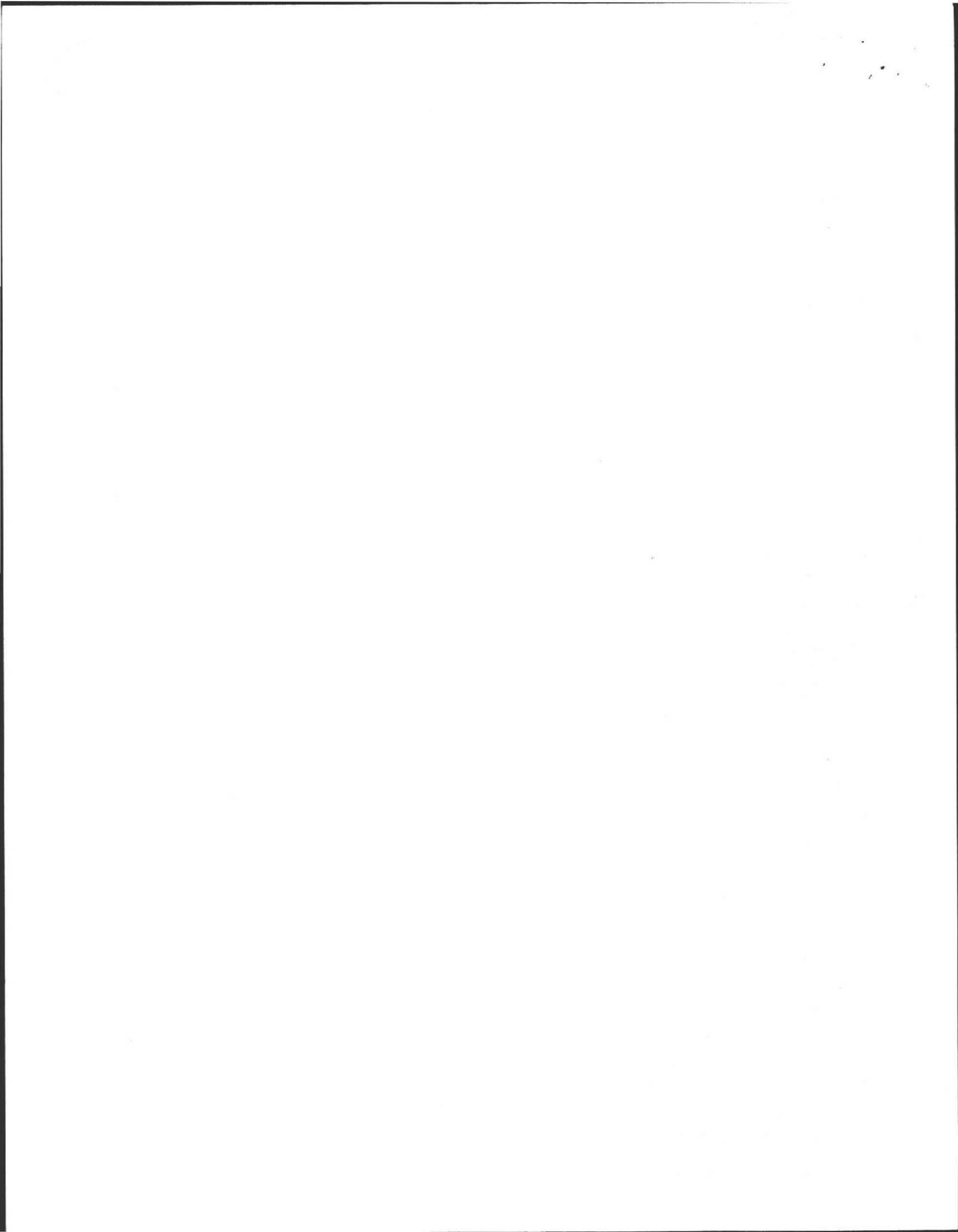
Estimated Depth to Groundwater 76" Feet

Please indicate all the methods used to determine High Groundwater Elevation:

- Obtained from Design Plans on record
- Observed Site (Abutting property, observation hole, basement sump etc.)
- Determined from local conditions
- Checked with local Board of health
- Checked FEMA Maps
- Checked pumping records
- Checked local excavators, installers
- Used USCIS Data

Describe how you established the High Groundwater Elevation. (Must be completed)

Per design plan 10/87 T. L. R.S.  
No signs of HGW on site.



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

THE COMMONWEALTH OF MASSACHUSETTS

# BOARD OF HEALTH

Town Amherst OF

## Application for Disposal Works Construction Permit



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

1680 Southeast St.  
 Location - Address  
Charles Thompson  
 Owner

or Lot No. \_\_\_\_\_  
1680 South east St. Amherst, MA  
 Address

Installer \_\_\_\_\_ Address \_\_\_\_\_  
 Type of Building \_\_\_\_\_ Size Lot 30600 ± Sq. feet

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

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

Other fixtures \_\_\_\_\_

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 8.5 Width 5 Diameter \_\_\_\_\_ Depth 5.33

Disposal Trench — No. \_\_\_\_\_ Width 18' Total Length 25' Total leaching area 450 sq. ft. *Bottom*

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

Other Distribution box (X) \_\_\_\_\_ Dosing tank ( ) \_\_\_\_\_

Percolation Test Results Performed by Filias Enterprises, Inc. Date Oct. 16, 1987

Test Pit No. 1 2 minutes per inch Depth of Test Pit 7' Depth to ground water 70"

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

Description of Soil Soil log attached

Nature of Repairs or Alterations — Answer when applicable \_\_\_\_\_

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for the following reasons: \_\_\_\_\_ Date \_\_\_\_\_

Permit No. \_\_\_\_\_ Issued \_\_\_\_\_ Date \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS

# BOARD OF HEALTH

Town Amherst OF

## Certificate of Compliance

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

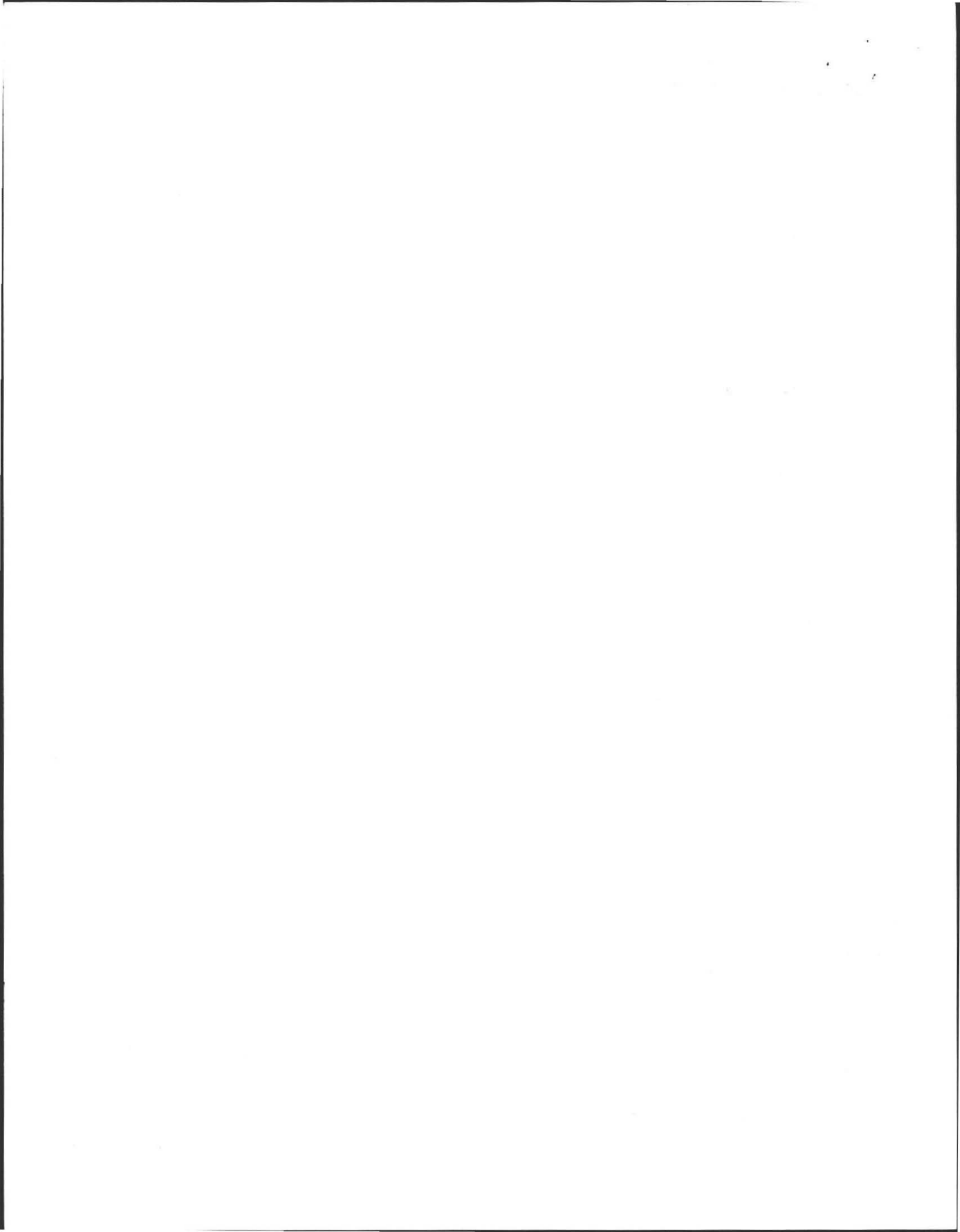
at 1680 South east St. Installer \_\_\_\_\_

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. \_\_\_\_\_ dated \_\_\_\_\_

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

DATE \_\_\_\_\_ Inspector \_\_\_\_\_

CHECK OR FILL IN WHERE APPLICABLE



DEEP SOIL LOGS

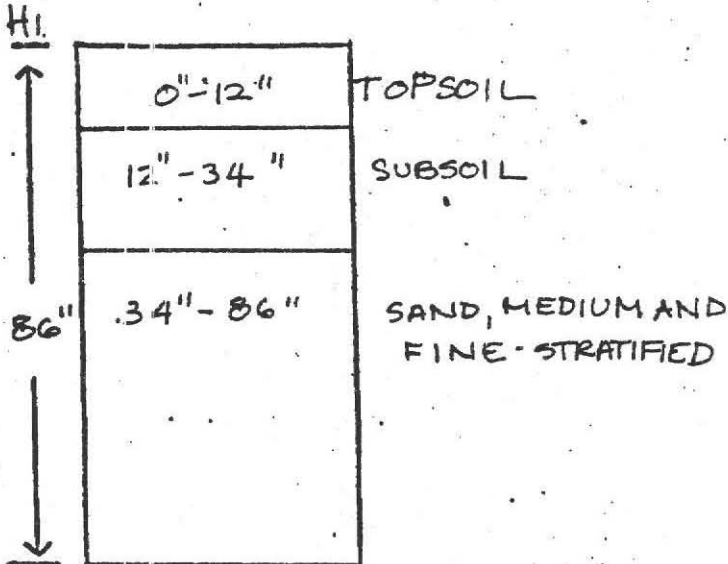
OWNER CHARLES THOMPSON

DATE OCT. 16, 1987

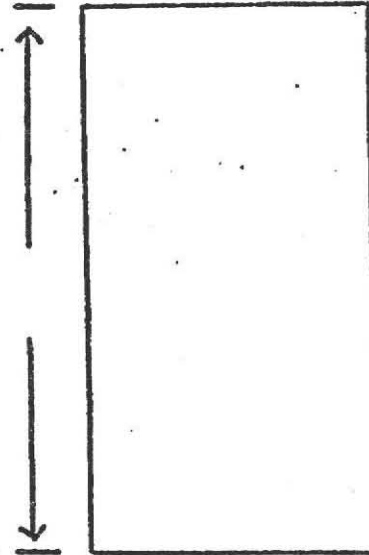
LOCATION 1650 S. EAST ST.  
AMHERST, MA

OBSERVER F. FILIOS

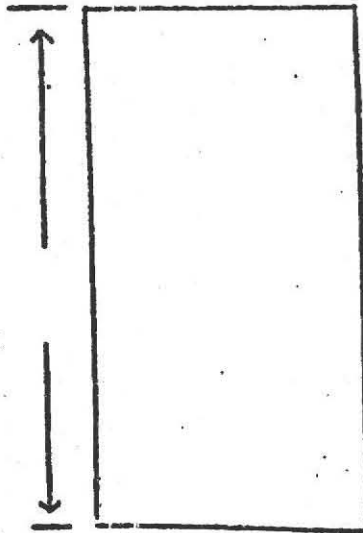
S of H Peter KOLOJIEZ



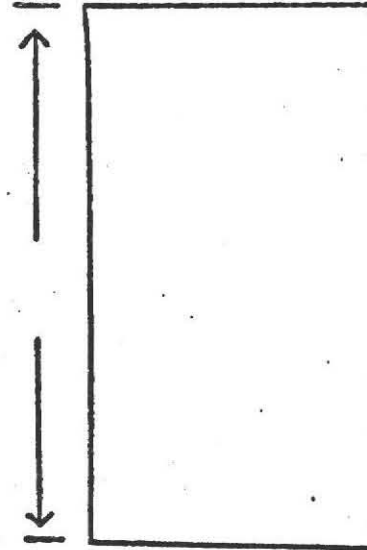
GROUND WATER 70"



GROUND WATER \_\_\_\_\_



GROUND WATER \_\_\_\_\_



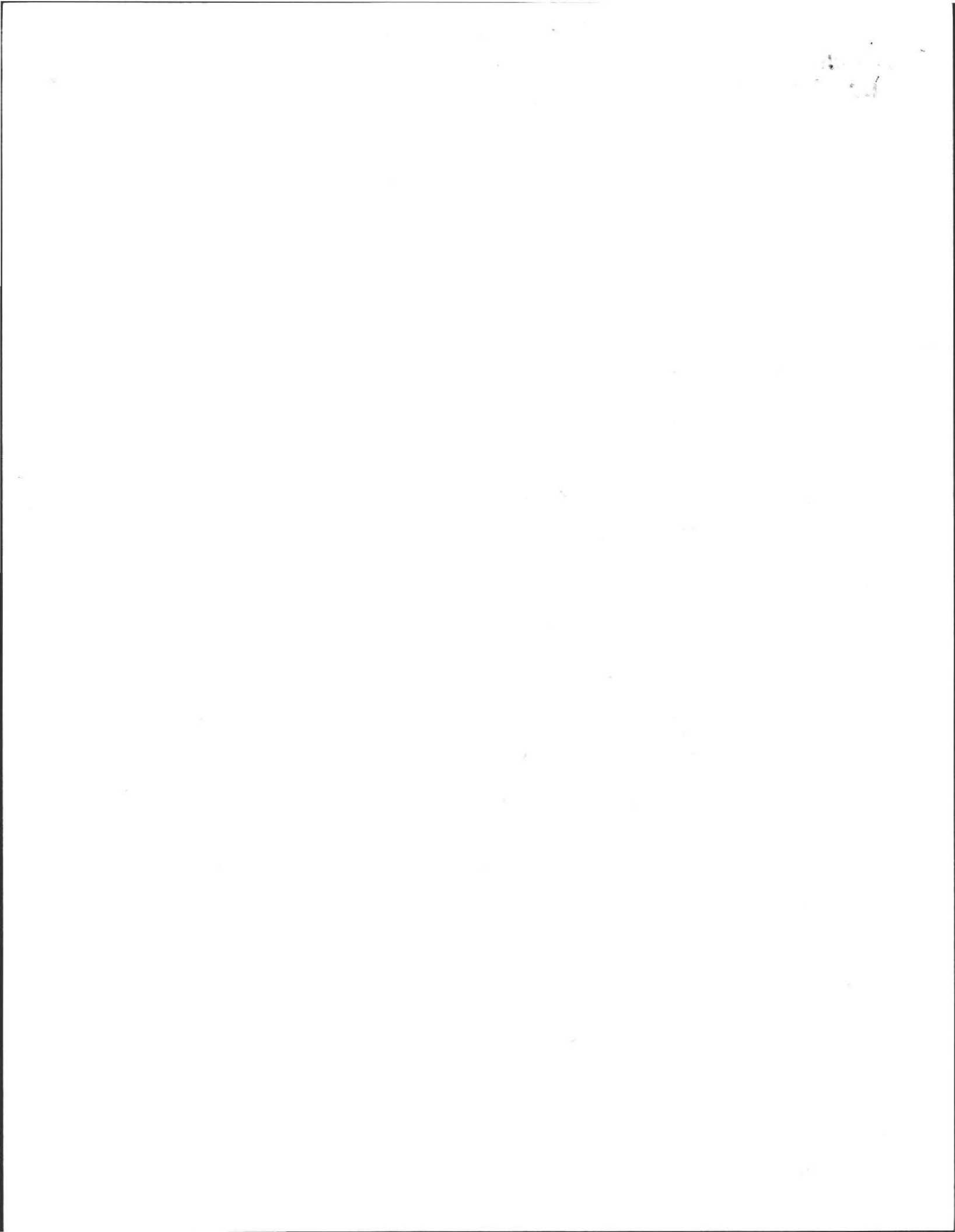
GROUND WATER \_\_\_\_\_

PERCOLATION RATE AT 55:

2 min./inch



Filem Enterprises Inc.



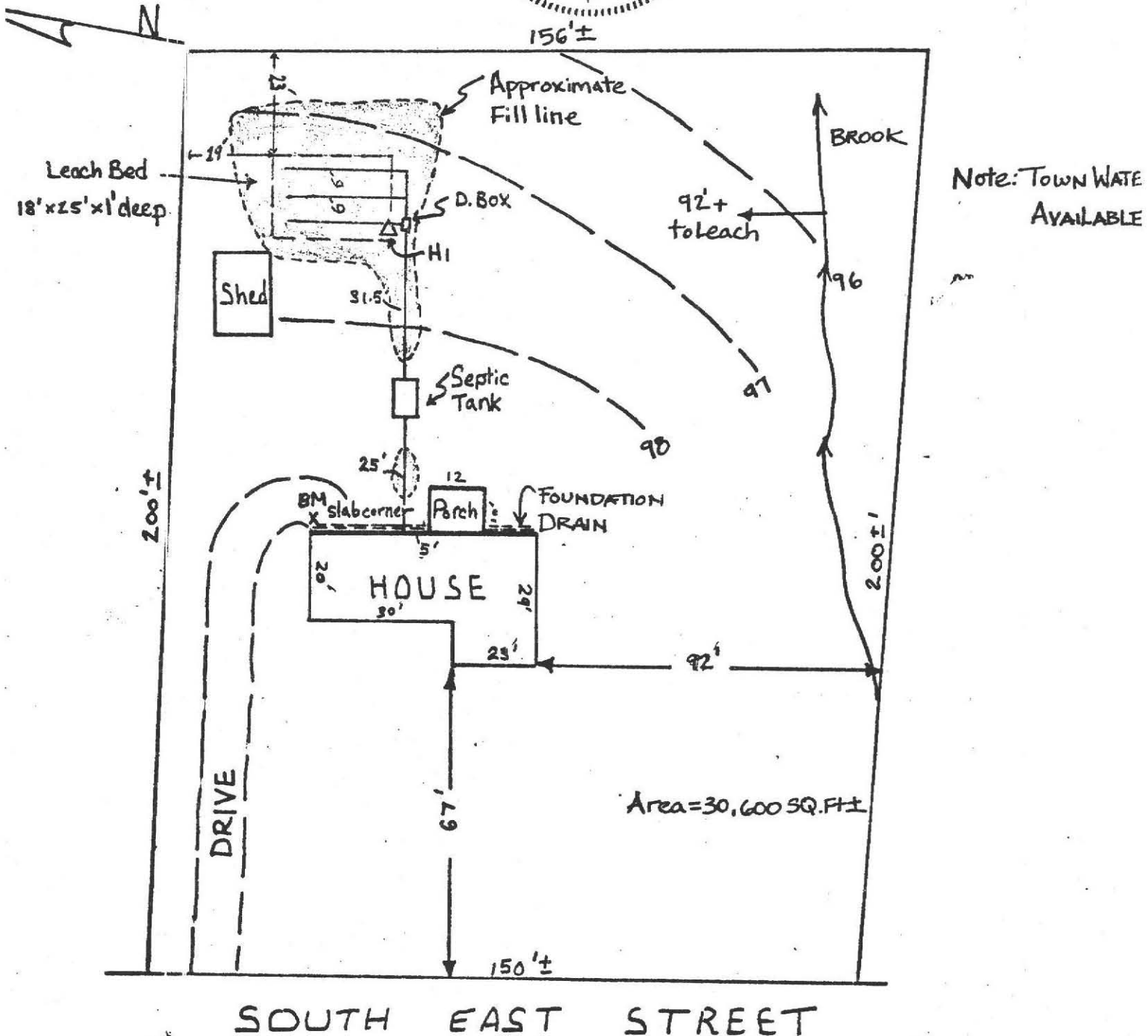


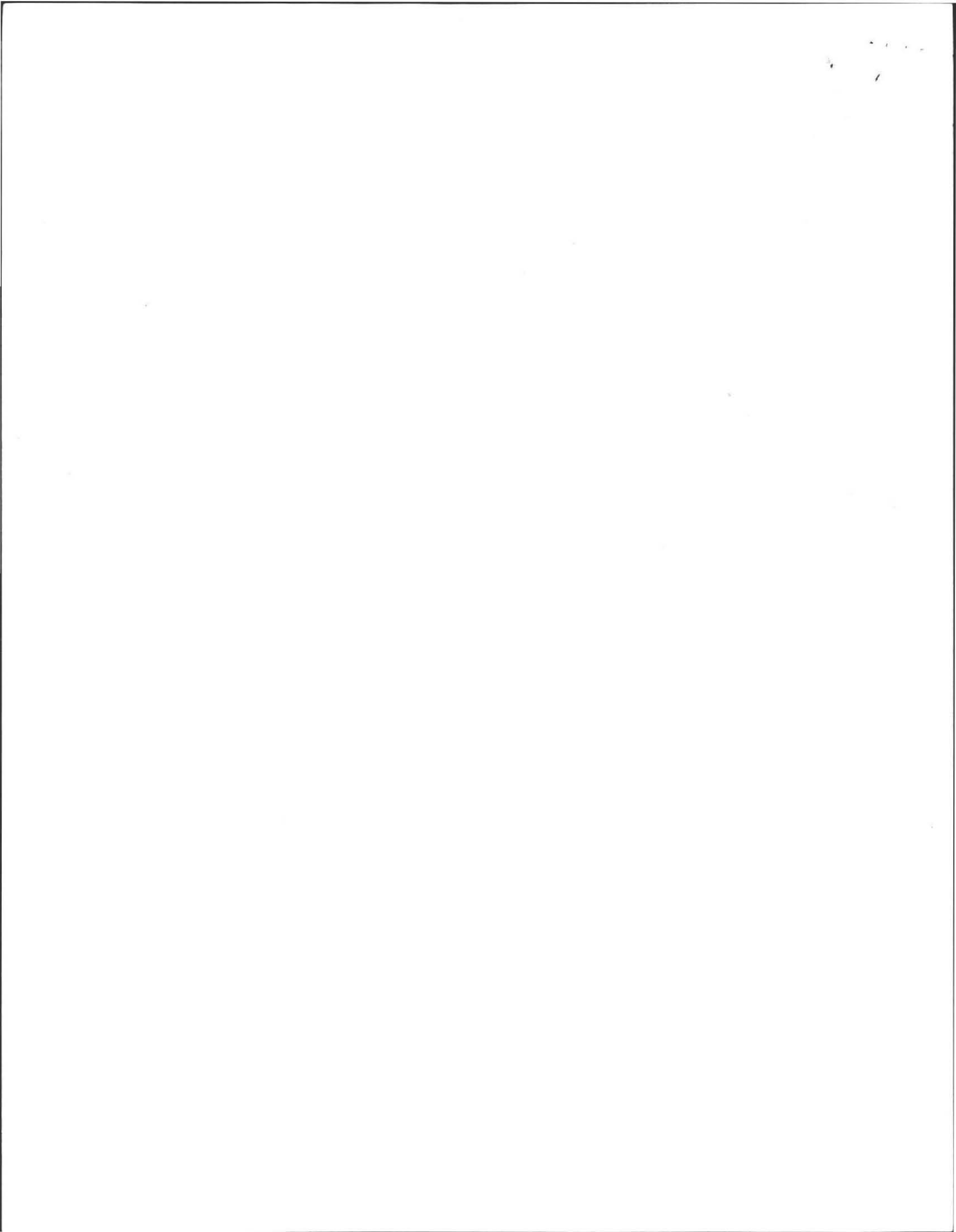
# PLAN SHOWING SEWAGE DISPOSAL

For: Charles Thompson  
 1680 South East St.  
 Amherst, MA 01002

FILIOS ENTERPRISES INC.  
 69 PELHAM RD.  
 AMHERST, MA 01002 L2.

Date: 10.28.87  
 Scale: 1" = 30'







Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

received  
3.14.08  
*[Signature]*

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

MA

01002

03.12.2008

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

**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

MA

01007

City/Town

State

Zip Code

413.323.5957

Telephone Number

License Number

## B. Certification

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

Passes                       Conditionally Passes                       Fails

Needs Further Evaluation by the Local Approving Authority

*[Signature]*  
Inspector's Signature

03.12.2008

Date

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

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

1911  
1912  
1913  
1914



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

MA

01002

03.12.2008

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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

A) System Passes:

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

Comments:

All levels were good at inspection, system is 20+ yrs old. S. Tank was pumped, D. box & S. tank had good levels and no indication of past high staining or ponding.

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.

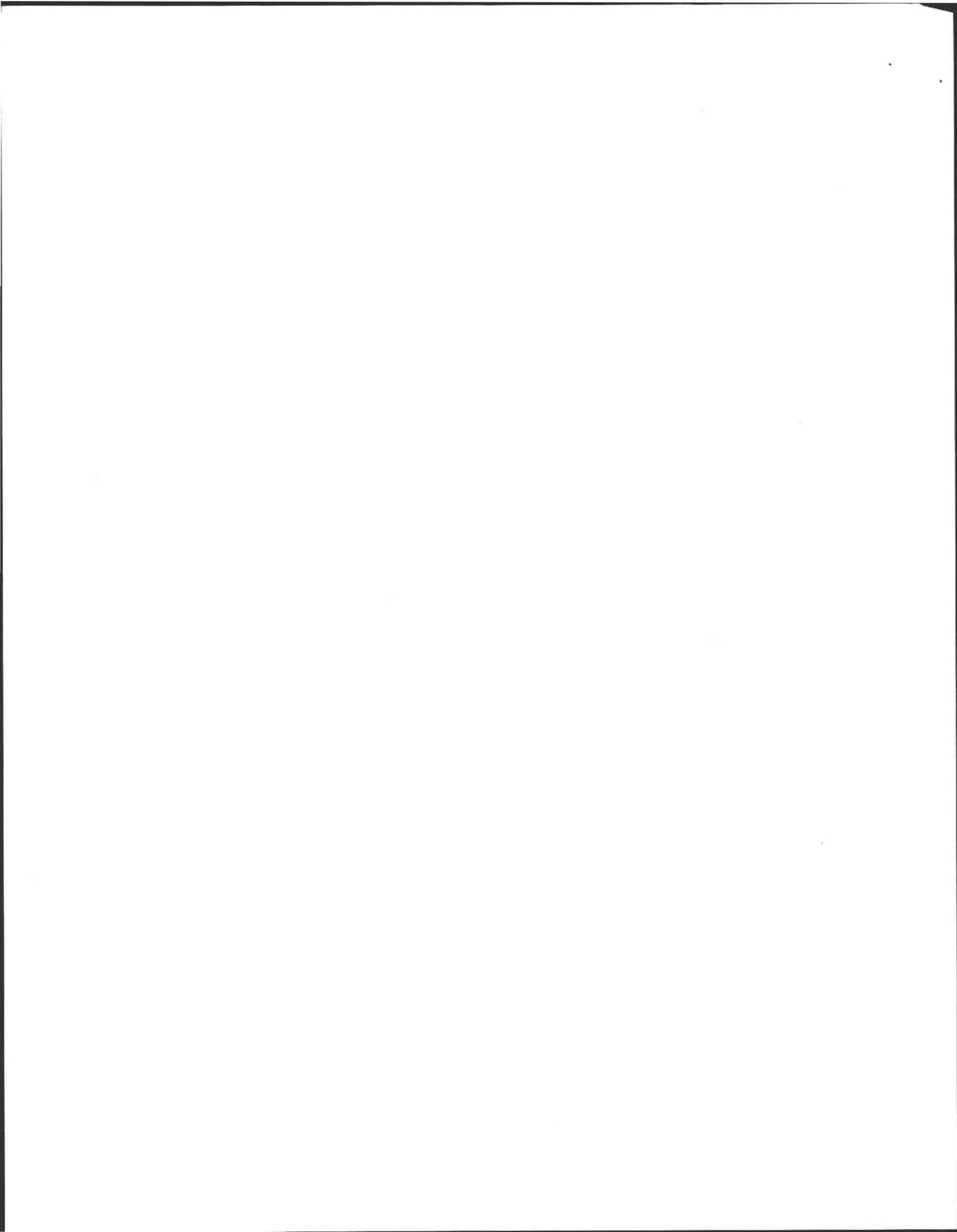
\* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

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





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

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

- 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:

---

---

### 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

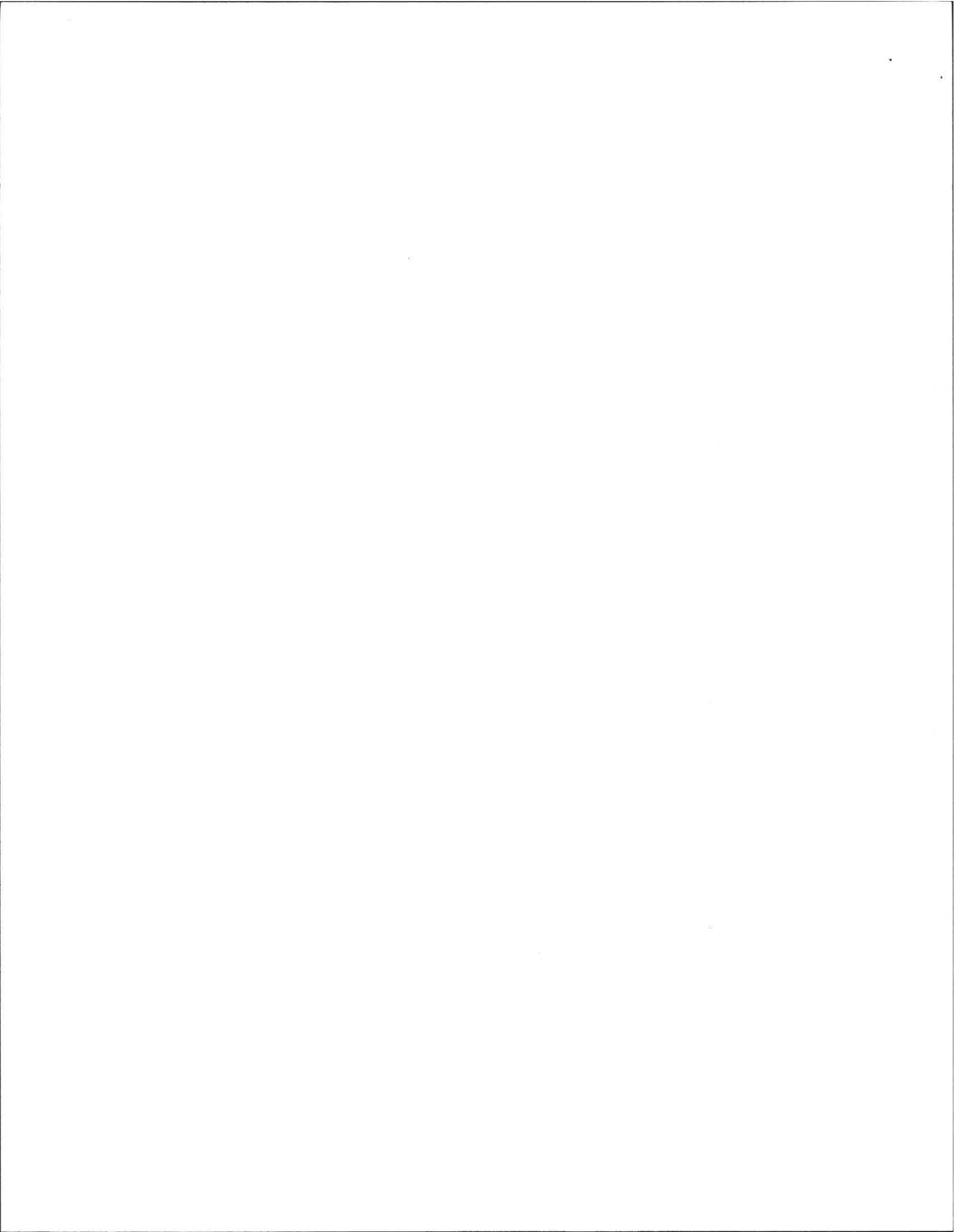
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

**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:**

- 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.







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## 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:

---



---

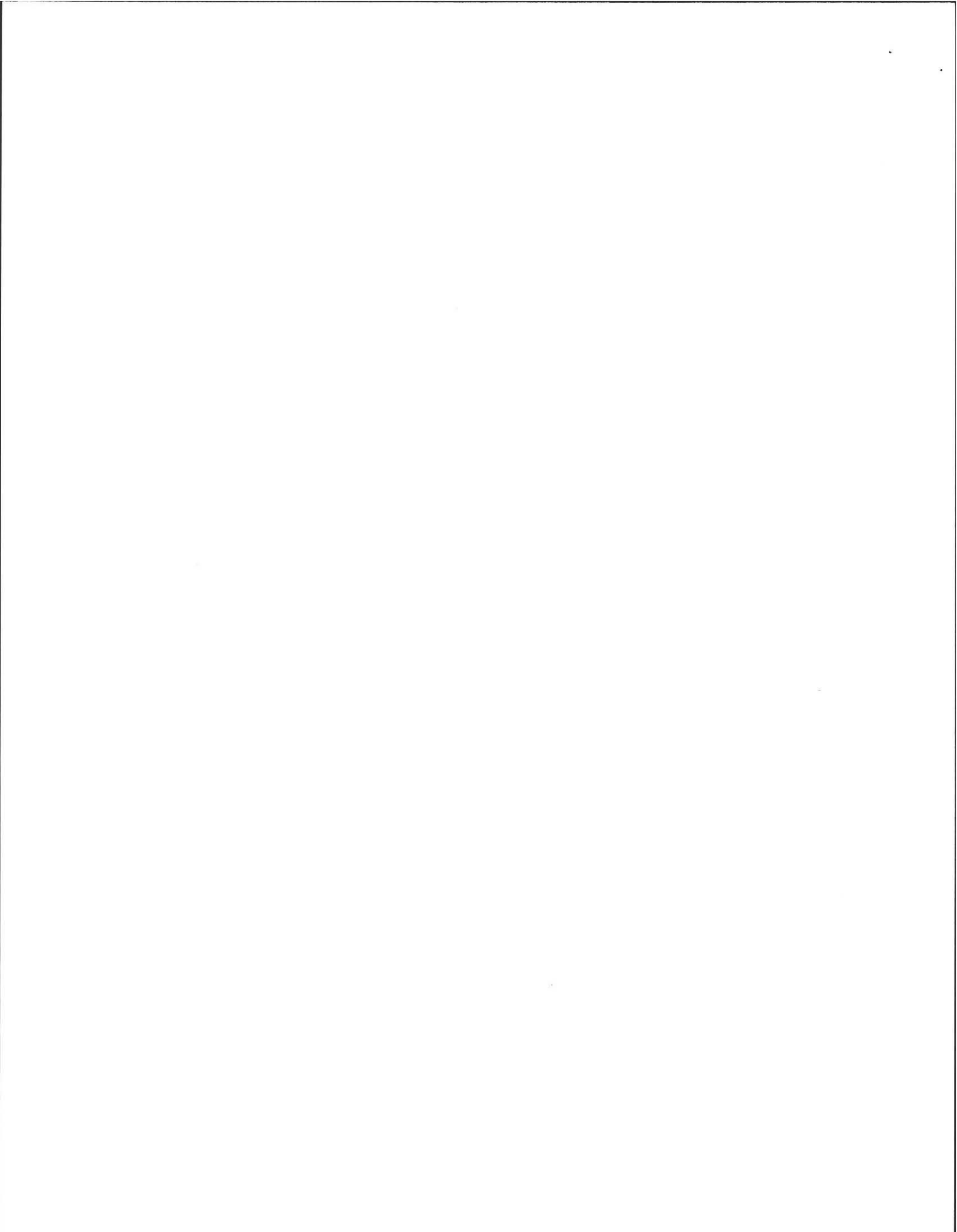


---

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

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

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool                     |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.               |





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## B. Certification (cont.)

### D) System Failure Criteria Applicable to All Systems (cont.):

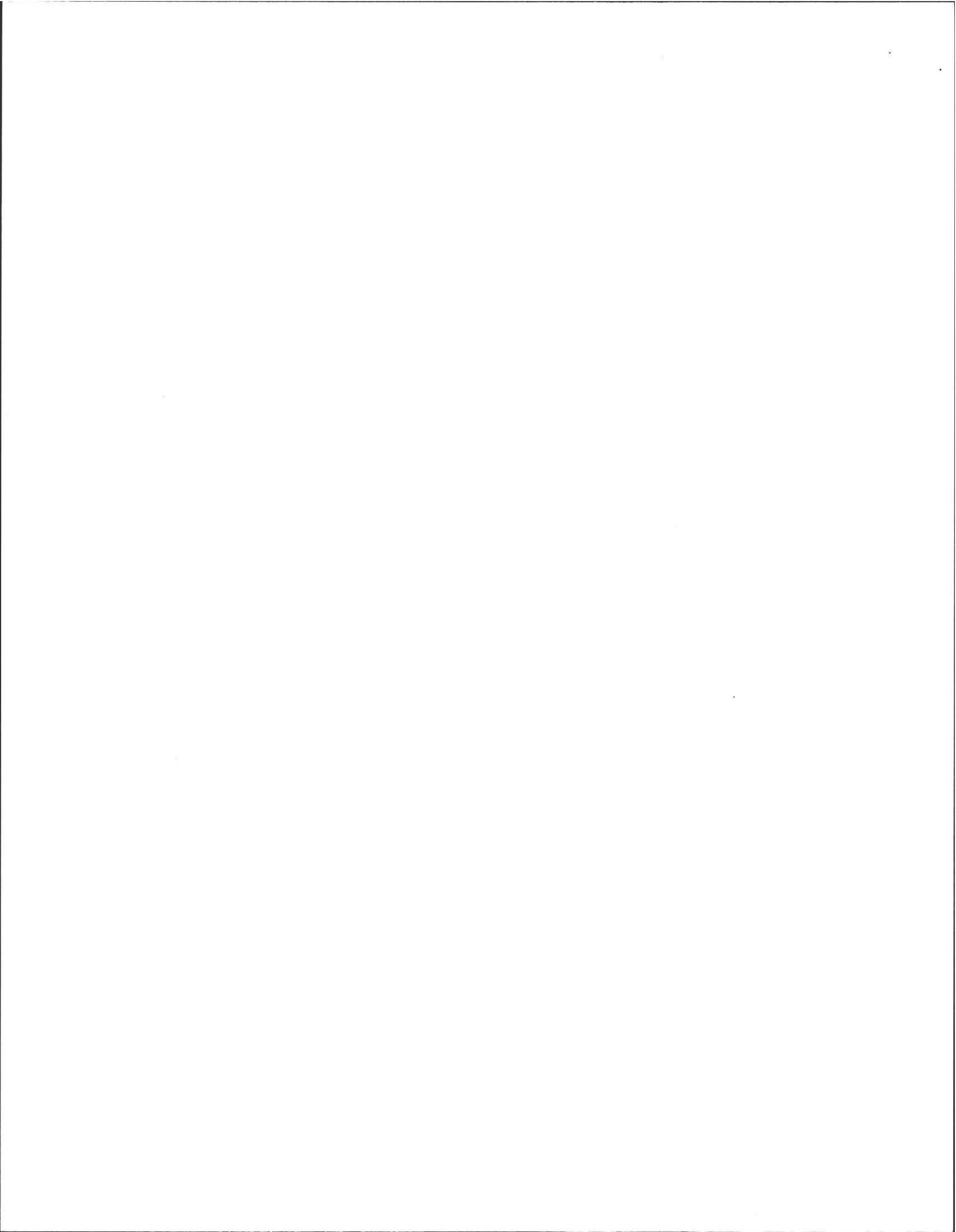
- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <b>[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.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> 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                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

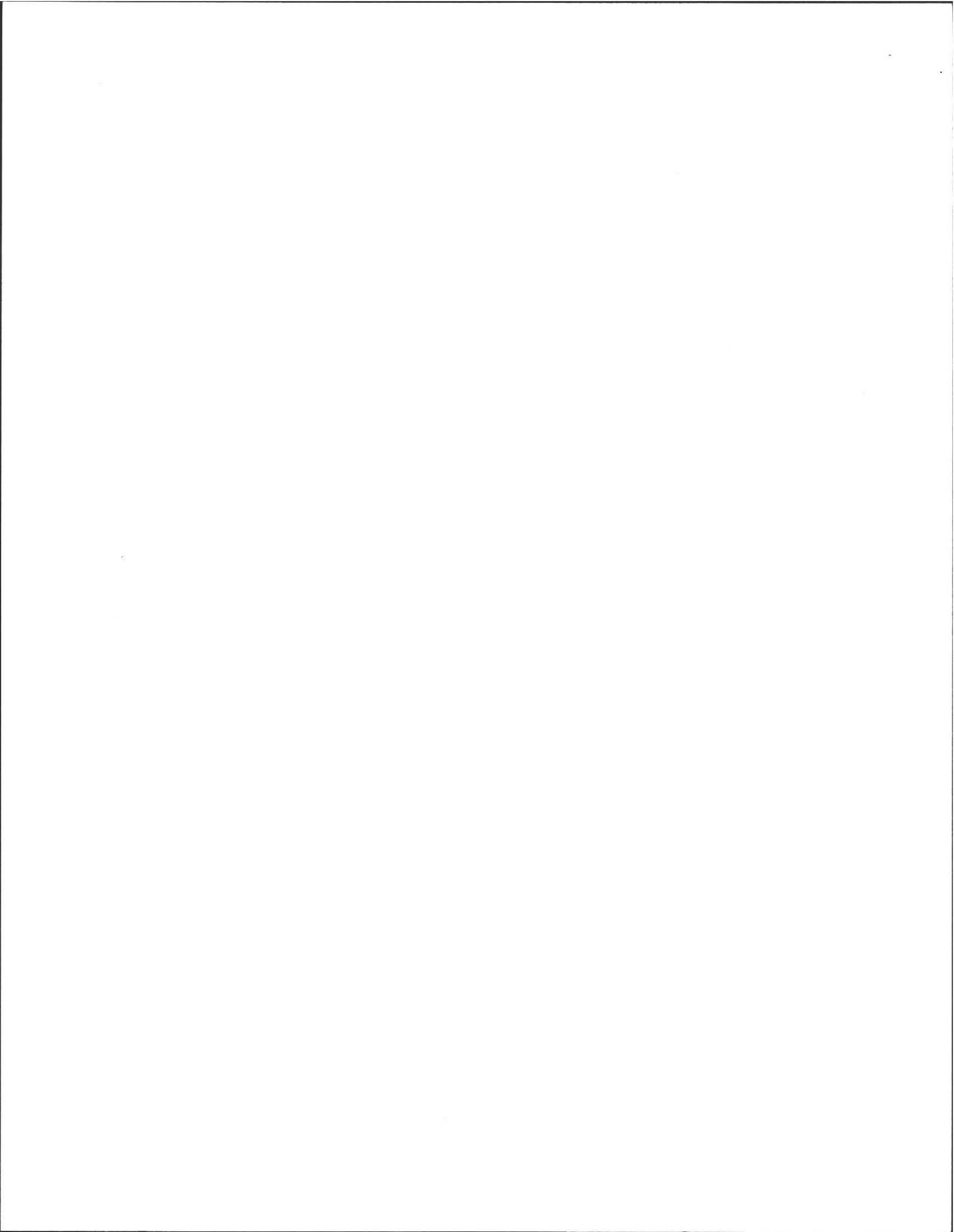
## C. Checklist

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

- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 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:

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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)] |





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

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: \_\_\_\_\_

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

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

Grease trap present?  Yes  No

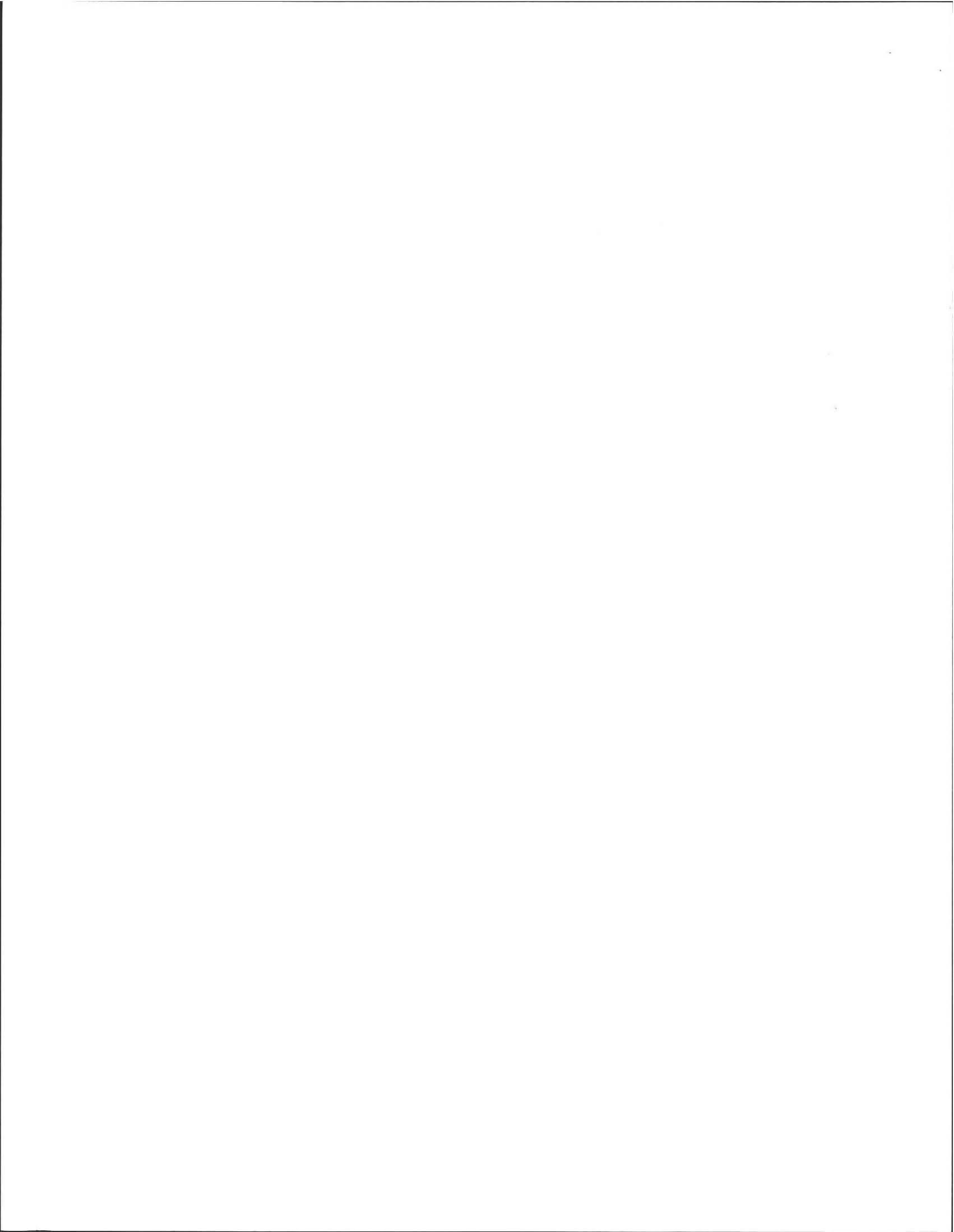
Industrial waste holding tank present?  Yes  No

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

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

Last date of occupancy/use: \_\_\_\_\_  
Date

Other (describe): \_\_\_\_\_







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

### General Information

#### Pumping Records:

Source of information:

Owner: (5+ 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:

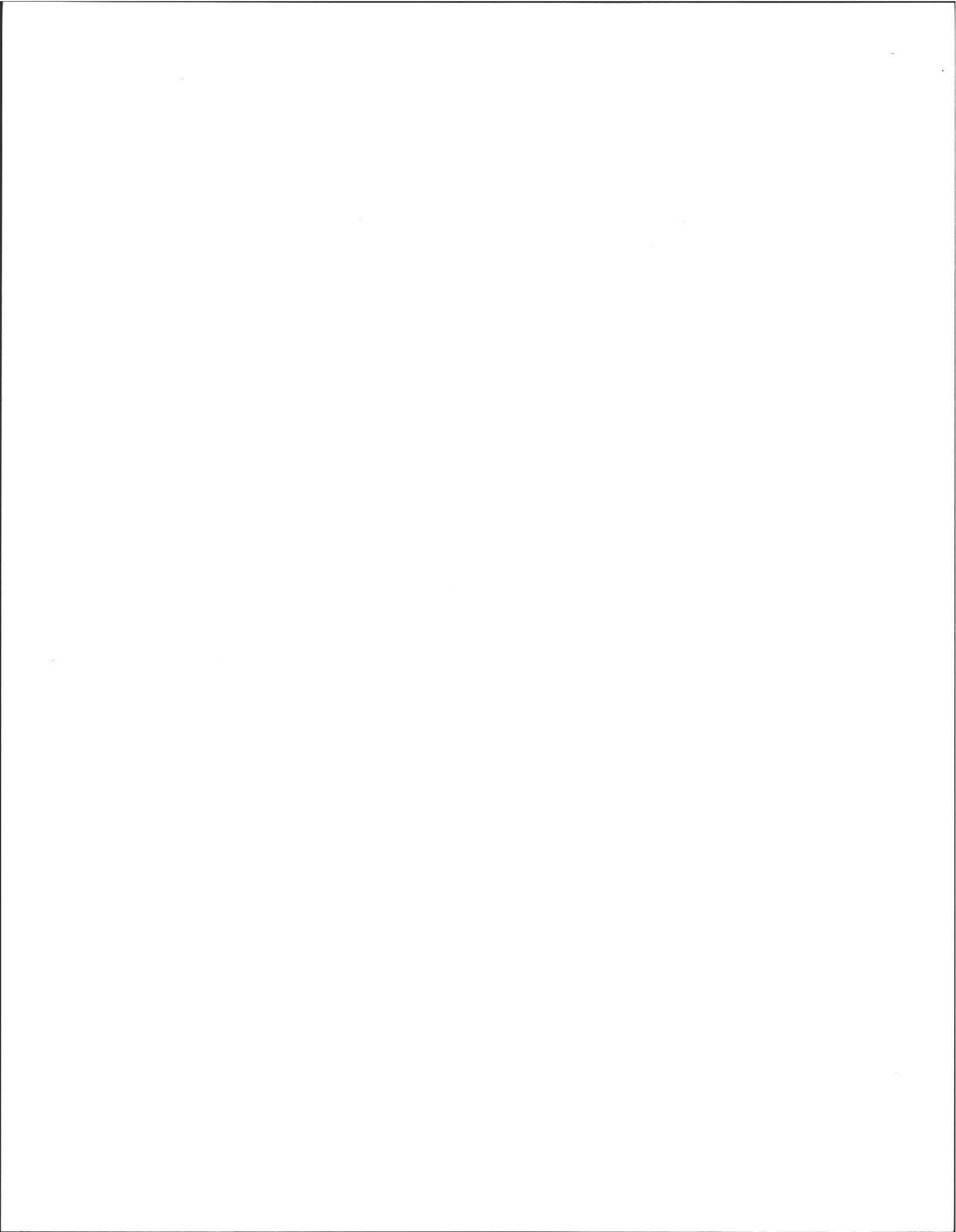
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from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

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

20+ Years

Were sewage odors detected when arriving at the site?

Yes  No





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## 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: 12"  
feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

If tank is metal, list age: \_\_\_\_\_  
years

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

Dimensions: 8.5'X4.5'X4.5'

Sludge depth: 2"

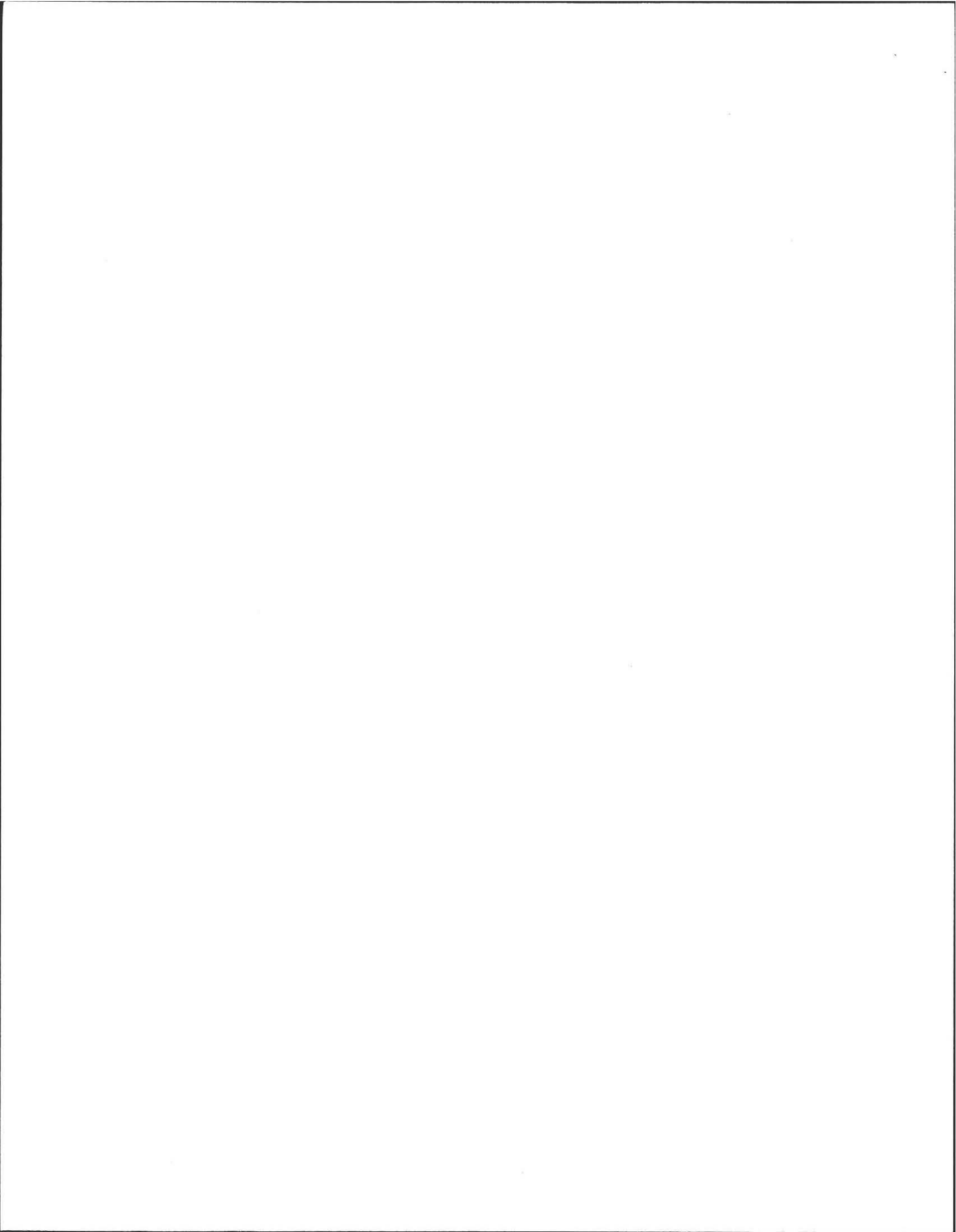
Distance from top of sludge to bottom of outlet tee or baffle 44"

Scum thickness 2"

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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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

Tank levels good. Structural integrity appeared good at time of inspection. (baffles in place),

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

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

Scum thickness

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

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

Date of last pumping:

Date

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

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

Depth below grade:

Material of construction:

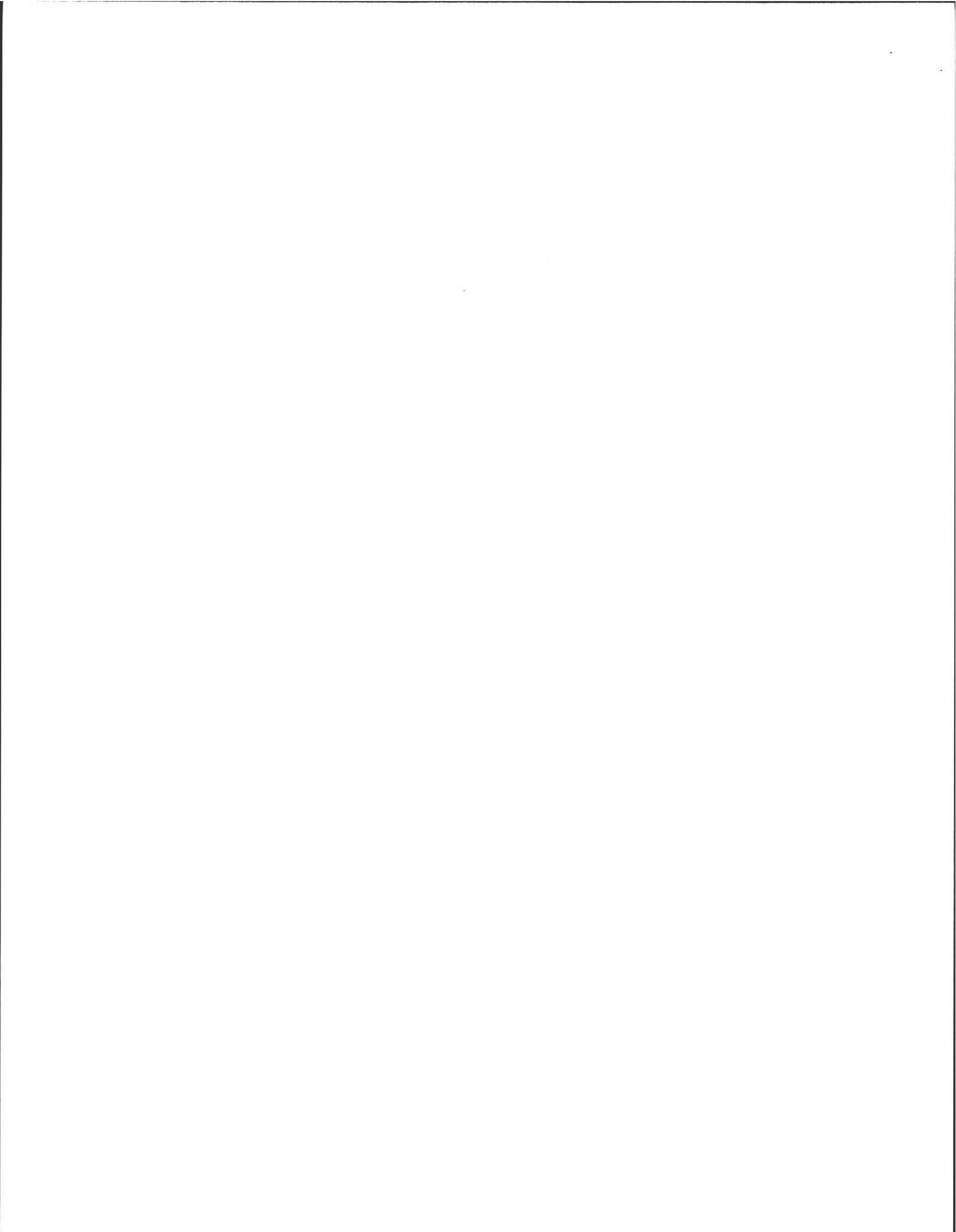
concrete

metal

fiberglass

polyethylene

other (explain):





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## 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

**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.):

System has Good liquid levels & distribution.

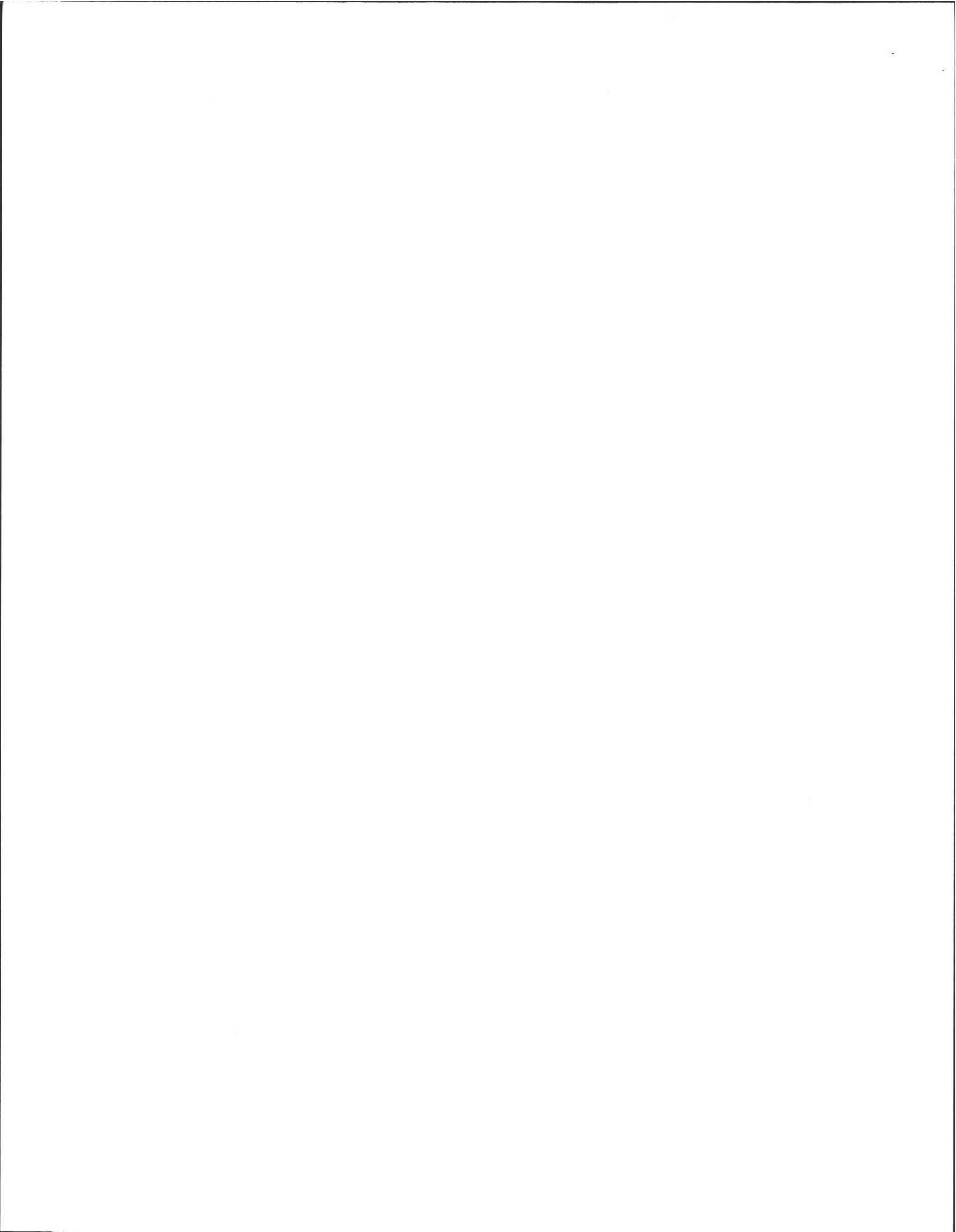
**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

Alarms in working order:

Yes  No







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## 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:

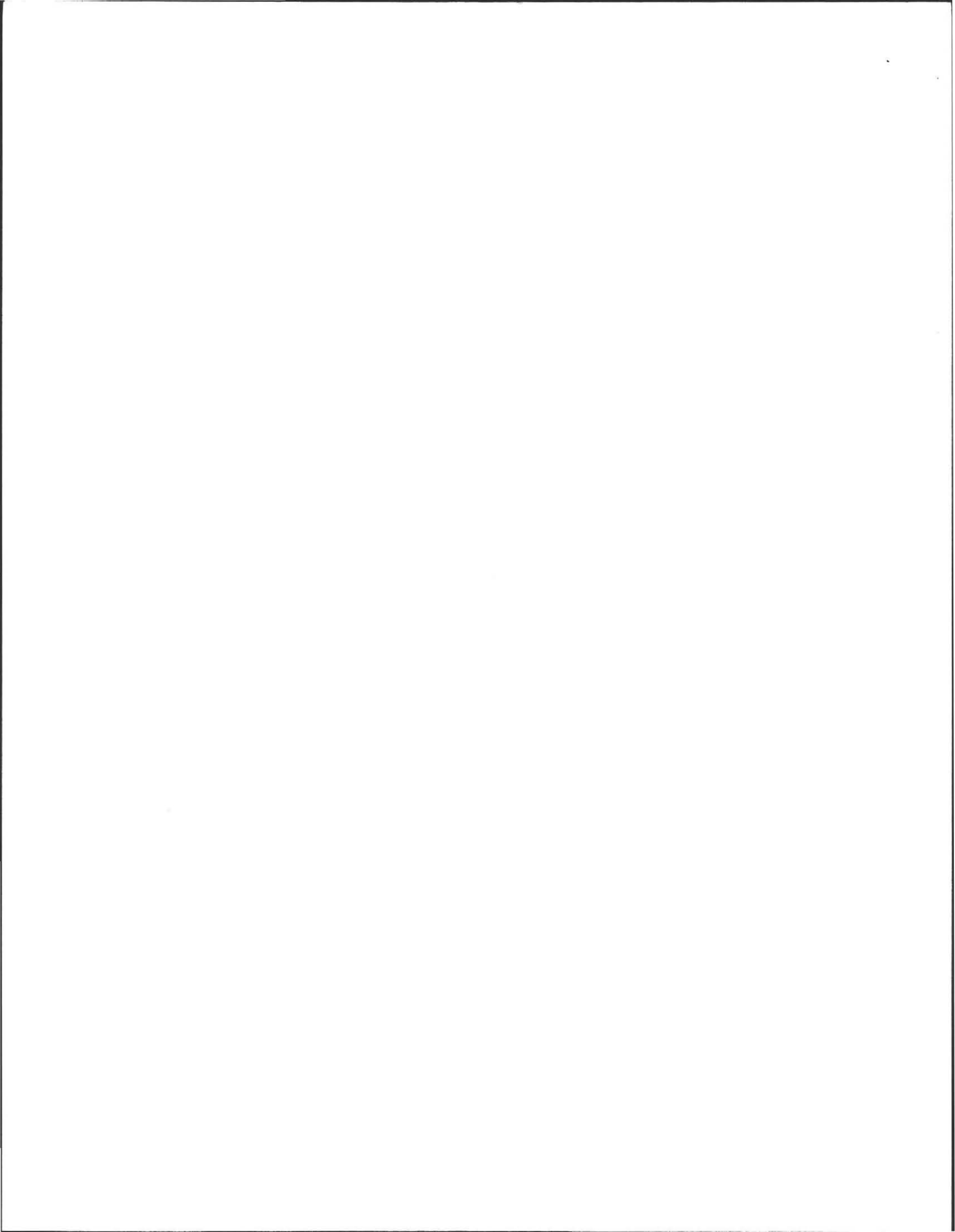
- |                                     |                               |                     |                     |
|-------------------------------------|-------------------------------|---------------------|---------------------|
| <input type="checkbox"/>            | leaching pits                 | number:             | _____               |
| <input type="checkbox"/>            | leaching chambers             | number:             | _____               |
| <input type="checkbox"/>            | leaching galleries            | number:             | _____               |
| <input type="checkbox"/>            | leaching trenches             | number, length:     | _____               |
| <input checked="" type="checkbox"/> | leaching fields               | number, dimensions: | <u>25' l x 18'W</u> |
| <input type="checkbox"/>            | overflow cesspool             | number:             | _____               |
| <input type="checkbox"/>            | 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)

\_\_\_\_\_





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## 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.):

---

---

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

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

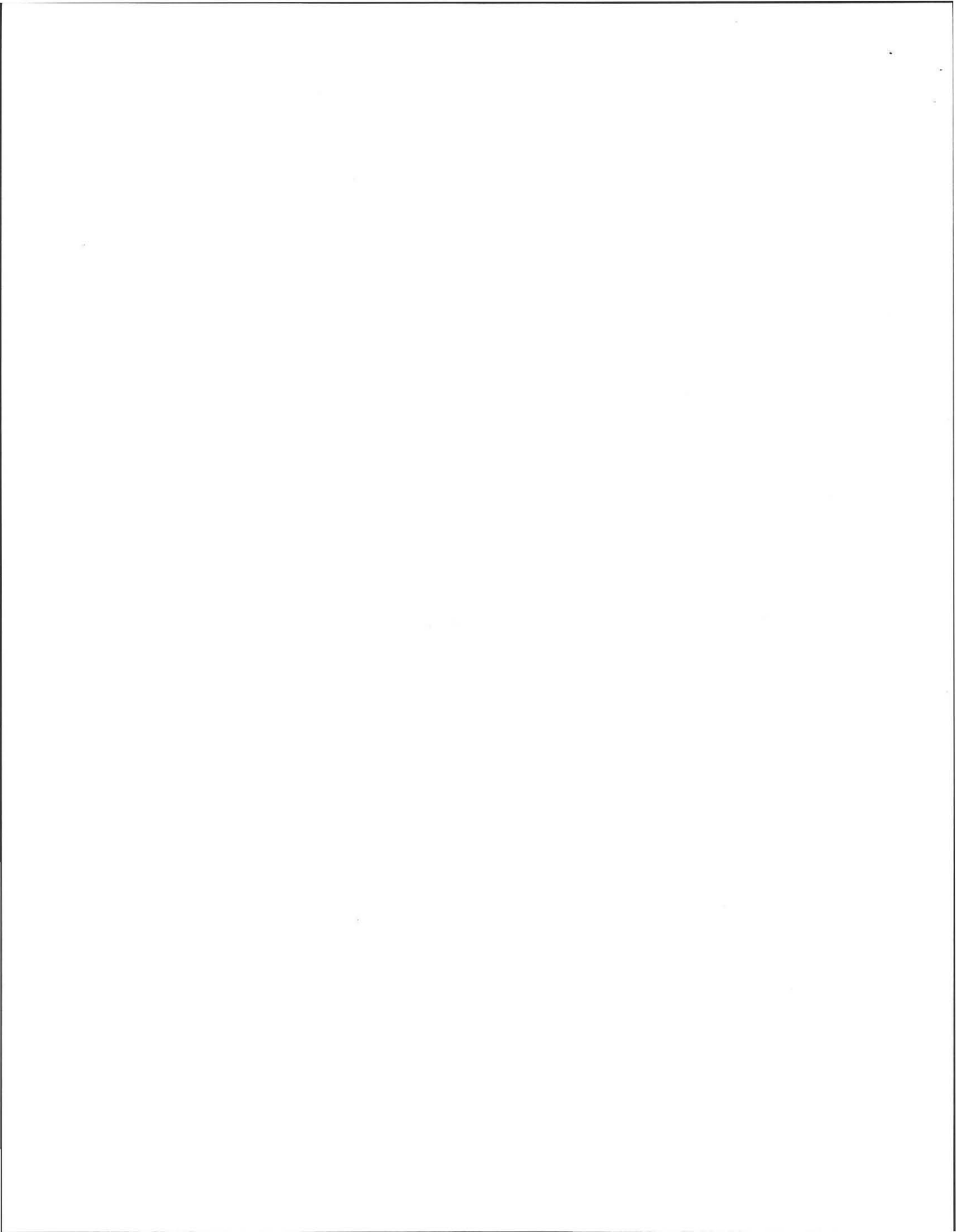
N/A

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

N/A

---

---





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA  
State

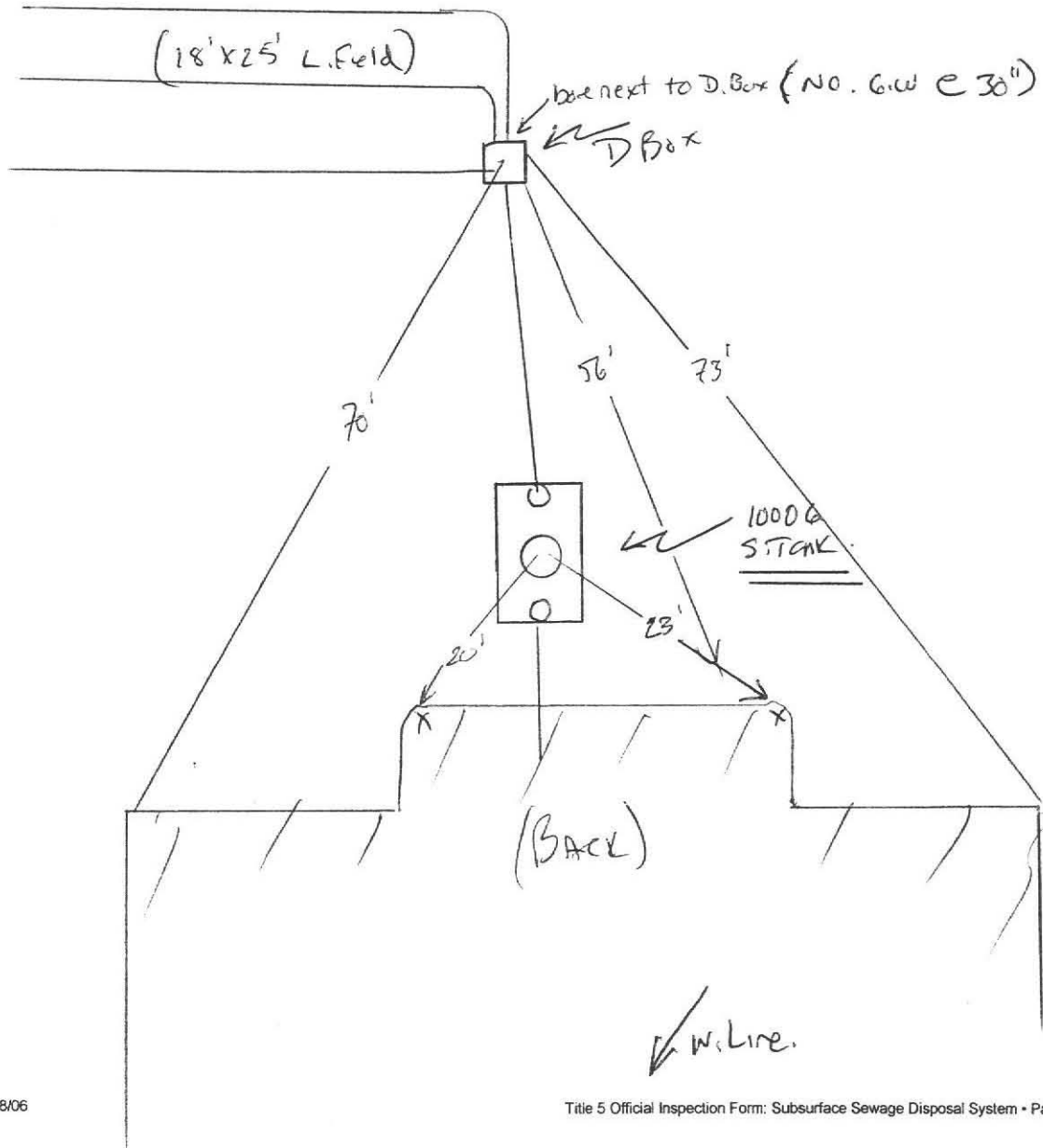
01002  
Zip Code

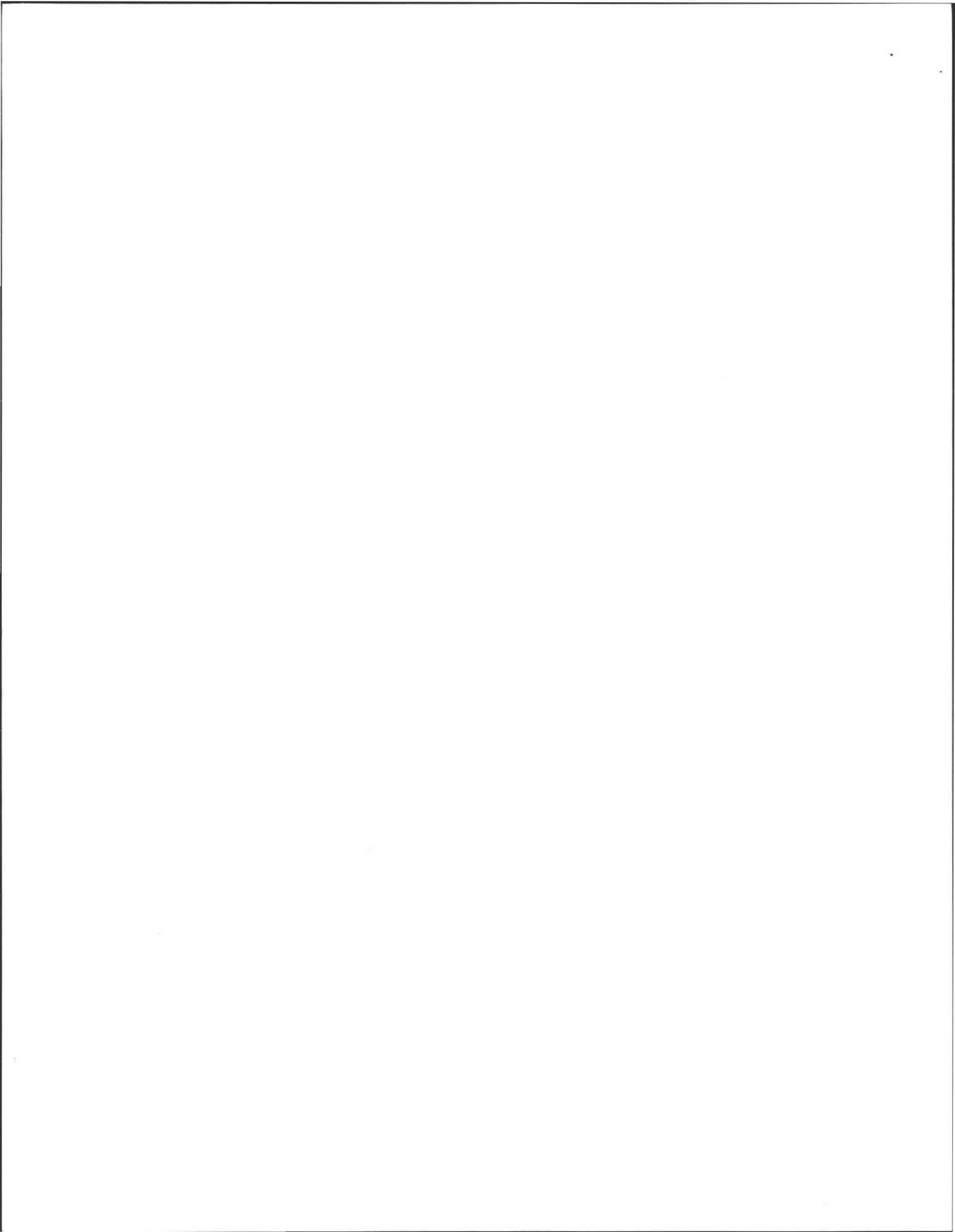
03.12.2008  
Date of Inspection

Owner information is required for every page.

## 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.







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

1680 Southeast Street, South Amherst, MA

Property Address

Daniel and Joanna Ballentine

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.12.2008

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

### Site Exam:

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

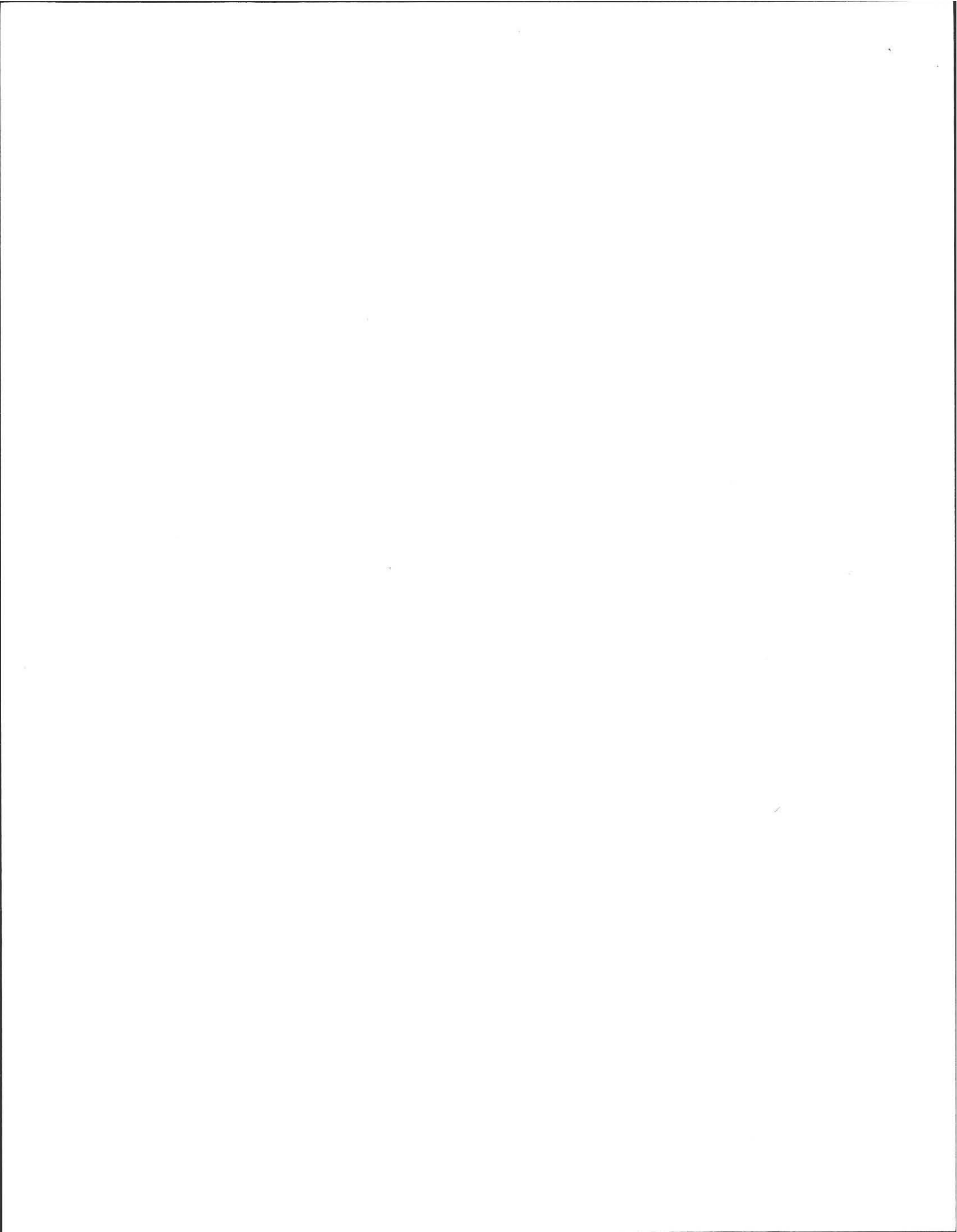
Estimated depth to ground water: 4-5'+ (1987 record =70")  
feet

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

- Obtained from system design plans on record  
If checked, date of design plan reviewed: 1987  
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
Conversation with Health Agent
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

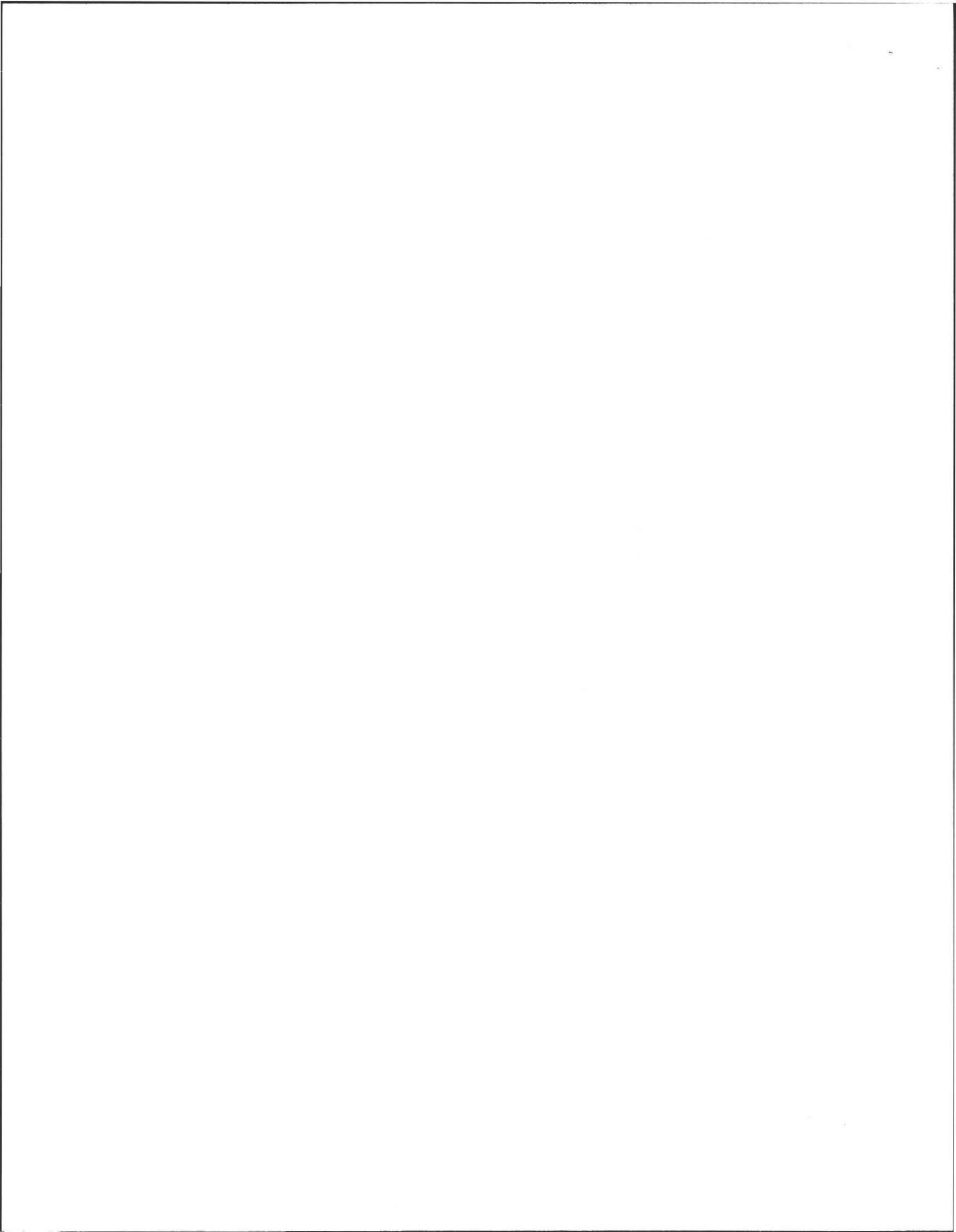
Existing records (1987 F. Filios) = 70"







Yard  
1680 South East Street, Amherst  
03.12.2008





D. Box  
1680 South East Street, Amherst  
03.12.2008

