

- REPAIR -
BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

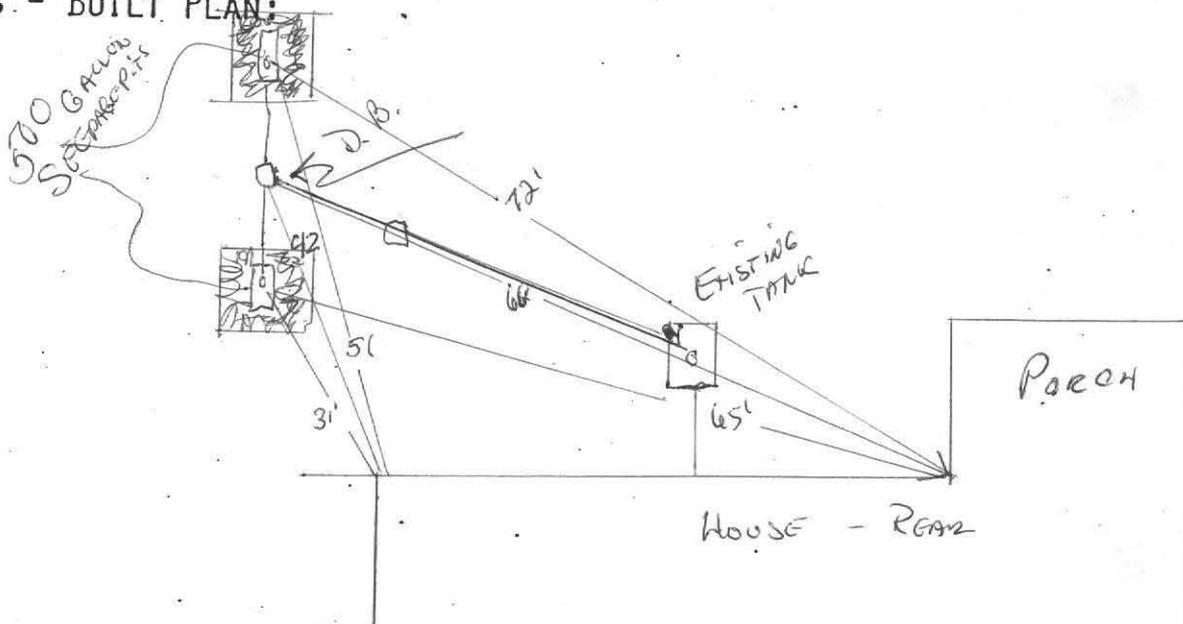
47 STAGE COACH RD.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner VICTOR LESSER Address 47 STAGE COACH RD
Installer KARL'S ETC. Address RIVER DR HADLEY.
Date Installation Inspected and Approved 4/15/86
Description of System: Tank Capacity: EXISTING 1600 GALLON
Leach Field () Bed () Seepage Pit (X) ⁽²⁾ Square Feet: 200 SIZES
240-BOTTOM
Garbage Grinder Yes () No () No. Bedrooms: _____ No. People _____

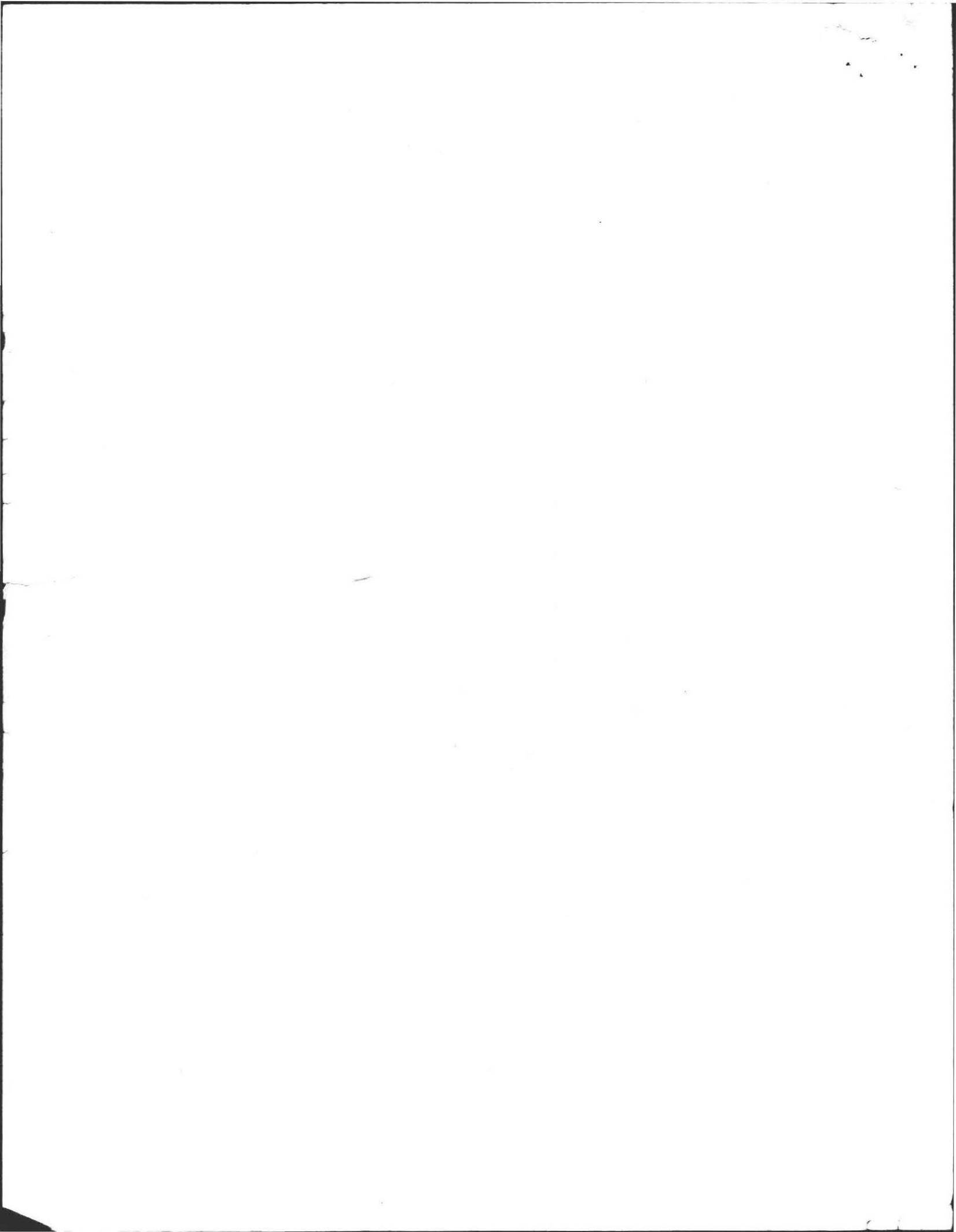
AS - BUILT PLAN:



STAGE COACH RD

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. ^{ARROW NEED.}
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.



No. 96-7

FEE 60.00
plans

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 (✓) an Individual Sewage Disposal System at:

Location - Address 47 Stagecoach Rd. Lot No. 253-0745
Owner Joseph F. Bohan Address 47 Stagecoach Rd., Amherst, MA 01002
Installer _____ Address _____

Type of Building _____ Size Lot _____ Sq. feet _____
Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures Garbage Grinder to be removed

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

Septic Tank - Liquid capacity 1000 gallons Length 8.5' Width 5.0' Diameter _____ Depth 4.0' Liquid

Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area 478.5 sq. ft. Bottom
Seepage Pit No. 2 Diameter 16.5 x 18.5 Depth below inlet 2.0' Total leaching area 240.0 sq. ft. Sidewall

Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by Robert W. Stover Date July 10, 1996
Test Pit No. 1 4 minutes per inch Depth of Test Pit 9.5' Depth to ground water 9.0'
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil Attached

Nature of Repairs or Alterations - Answer when applicable re-build failed leach pit, install fees & gas baffle to septic tank & flow equalizer to D. Box

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental 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 Robert W. Stover (for Jos. Bohan) 7/11/96
Application Approved By David Jozanski for Inspector 7-11-96
Application Disapproved for the following reasons: _____ Date _____

Permit No. 96-7 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 (✓) by Karl's Excavating, Hadley, MA Installer

at 47 Stagecoach Rd. has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 96-7 dated _____

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

DATE 7-12-96 Inspector David Jozanski for Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town Amherst OF

No. 96-7

FEE 60.00
plans

Disposal Works Construction Permit

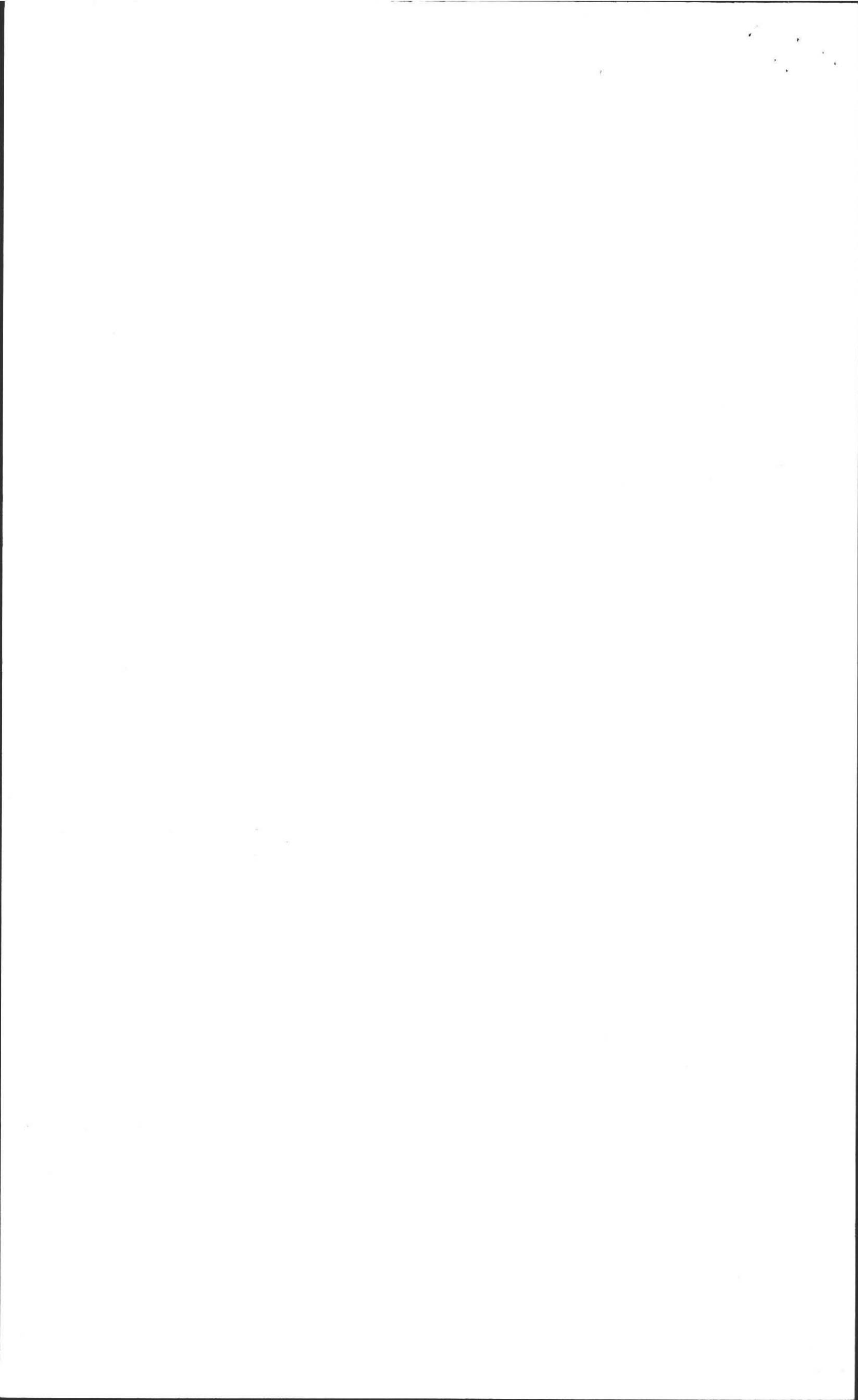
Permission is hereby granted Joseph F. Bohan to Construct () or Repair (✓) an Individual Sewage Disposal System at No. 47 Stagecoach Rd.

as shown on the application for Disposal Works Construction Permit No. 96-7 Dated 7-11-96

DATE 7-11-96 Board of Health Robert W. Stover - Amh. Civil Engineering

NO - Perc TEST - Due to Good Soil Condition

CHECK OR FILL IN WHERE APPLICABLE



No. 96-7

FEE 60.00
plans

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 (✓) an Individual Sewage Disposal System at:

Location - Address: 47 Stagecoach Rd.
Owner: Joseph F. Bohan
or Lot No.: 47 Stagecoach Rd.
Address: Amherst, MA 01002

Type of Building: Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
Other - Type of Building: _____ No. of persons: _____ Showers () - Cafeteria ()
Other fixtures: Garbage Grinder to be removed

Design Flow: 330 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: 8.5' Width: 5.0' Diameter: _____ Depth: 4.0' Liquid
Disposal Trench - No. _____ Width: _____ Total Length: _____ Total leaching area: 478.5 sq. ft. Bottom
Seepage Pit No. 2 Diameter: 16.5 x 19.5 Depth below inlet: 2.0' Total leaching area: 240.0 sq. ft. Sidewall
Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by: Robert W. Stever Date: July 10, 1996
Test Pit No. 1: 4 minutes per inch Depth of Test Pit: 9.5' Depth to ground water: 9.0'
Test Pit No. 2: _____ minutes per inch Depth of Test Pit: _____ Depth to ground water: _____

Description of Soil: Attached

Nature of Repairs or Alterations - Answer when applicable: re-build failed leach pit, install feces & gas baffle to septic tank & flow equalizer to D. Box

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental 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: Robert W. Stever (for Jos. Bohan) 7/11/96
Application Approved By: David Zuczek for Inspector 7-11-96
Application Disapproved for the following reasons: _____ Date: _____

Permit No. 96-7 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 (✓) by Karl's Excavating, Hadley, MA at 47 Stagecoach Rd. has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 96-7 dated _____

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

DATE _____ Inspector _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town Amherst OF

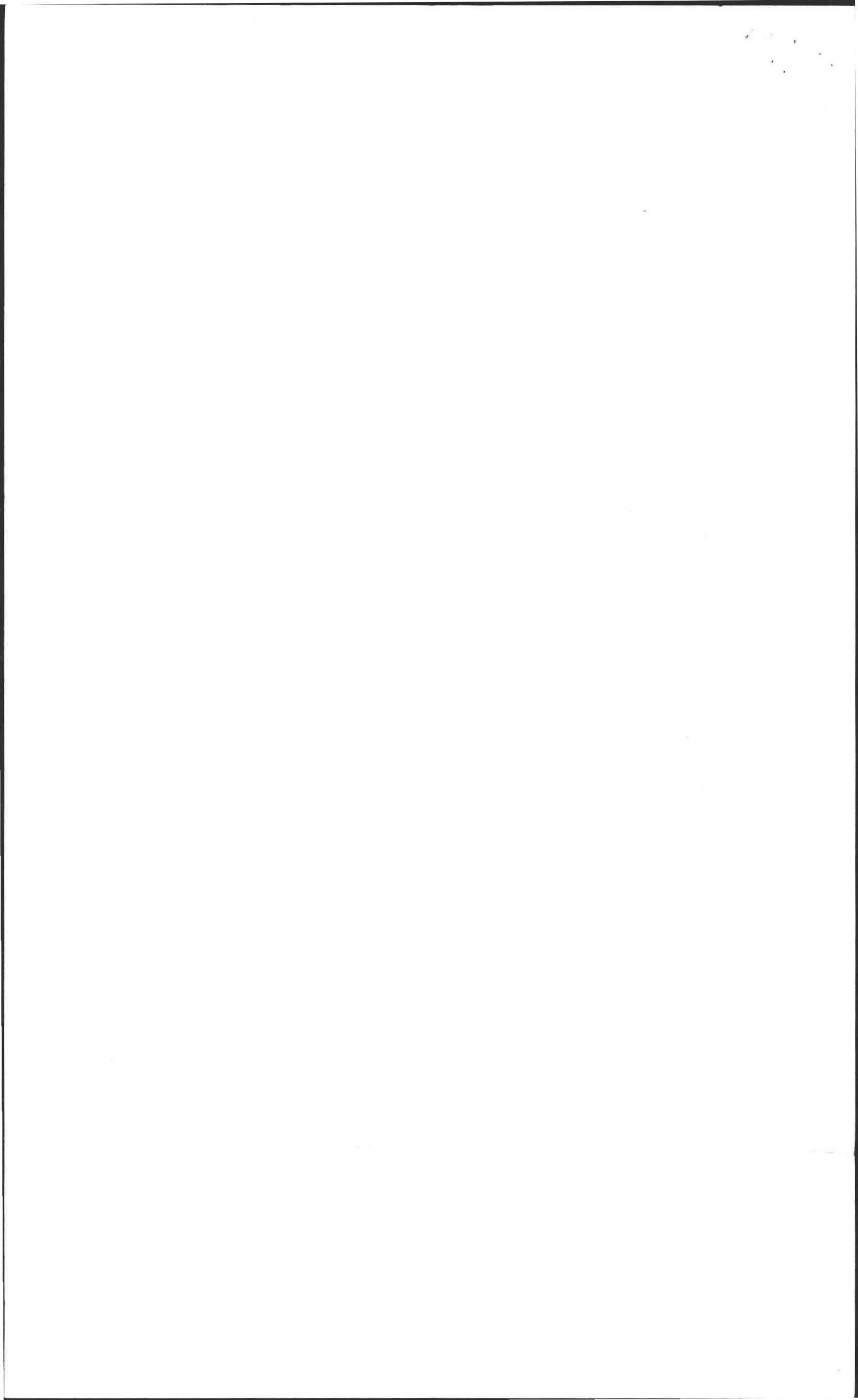
Disposal Works Construction Permit

Permission is hereby granted Joseph F. Bohan to Construct () or Repair (✓) an Individual Sewage Disposal System at No. 47 Stagecoach Rd.

as shown on the application for Disposal Works Construction Permit No. 96-7 Dated 7-11-96
DATE 7-11-96 Board of Health: David Zuczek for Inspector

NO - Perc TEST - Due to good Soil condition

CHECK OR FILL IN WHERE APPLICABLE



AMHERST CIVIL ENGINEERING
6 UNIVERSITY DRIVE, BOX 144
AMHERST, MASSACHUSETTS 01004-6000
(413) 256-3400

REFURBISH ON-SITE SEWAGE DISPOSAL SYSTEM
JOSEPH F. BOHAN
47 STAGECOACH RD., AMHERST, MA

1. Pump septic tank and failed leach pit.
2. Block D.Box outlet to failed leach pit.
3. Excavate dry well, stone and soil saturated with septage from failed leach pit.
4. Inspection of excavation by Amherst Civil Engineering and, if available, by Amherst Sanitarian.

Upgrade Septic Tank:

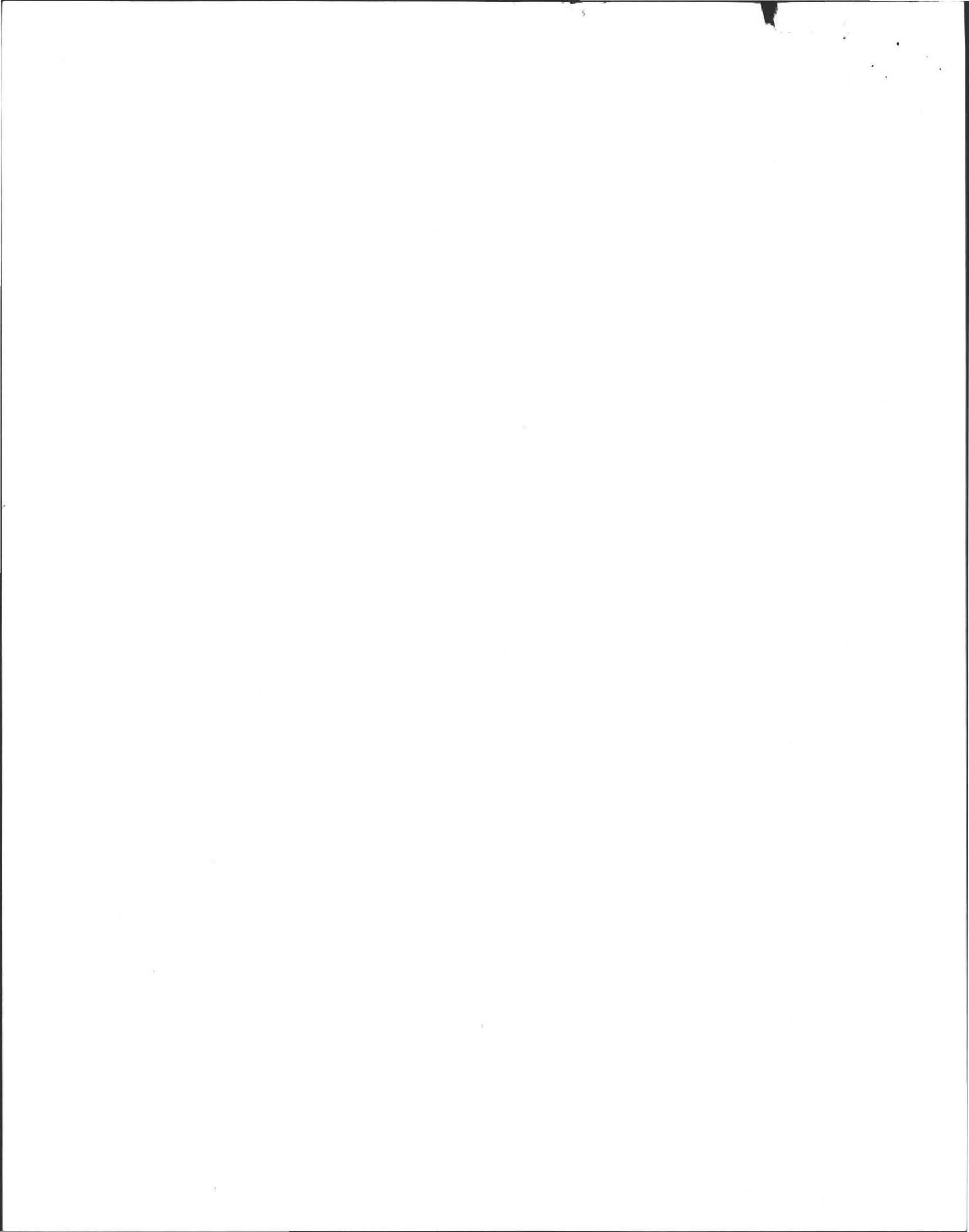
1. Install 4 Inch Dia. SCH 40 PVC Inlet Tee (10 inches below flowline and 3 Inch air space below tank ceiling) and Outlet Tee (14 Inches below flowline and 3 Inch air space below tank ceiling).
2. Install gas baffles at tank outlet to Title 5 and Manufacturer's specifications.

Upgrade Distribution Box:

1. Install flow equalizer on outlet pipe to failed leach pit adjusted to match elevation of invert of outlet pipe to functioning leach pit.

Upgrade Failed Leach Pit:

1. Dimensions of re-built leach pit: 16.5 Feet long by 14.5 Feet wide by 2.0 Feet below Inlet (Kellogg Bros. 500 Gal. Dry Well surrounded by 4 Feet of Double Washed Stone - 3/4 Inch to 1 1/2 Inch with 2 Inches of said Double Washed Stone below Dry Well.
2. Elevation of re-built leach pit: Invert of re-built leach pit to match that of existing, failed, leach pit.
3. Location of re-built leach pit to match that of existing, failed, leach pit.
4. Place Clean sandy fill conforming to the specifications of Title 5 to subgrade. Place 2 Inch base of Double Washed Stone. Place new Kellogg Bros. or equal 500 Gal. Dry Well. Place 4 Feet Double Washed Stone along sides and ends of Dry Well. Connect Dry Well to D.Box. Place 1/8 Inch to 1/2 Inch Double Washed Stone on top of pit.
5. Call for Inspection by Amherst Civil Engineering and Amherst Sanitarian. Once installation approved, backfill to specifications of Title 5.



AMHERST CIVIL ENGINEERING
6 UNIVERSITY DRIVE, BOX 144
AMHERST, MASSACHUSETTS 01004-6000
(413) 258-3400

REFURBISH ON-SITE SEWAGE DISPOSAL SYSTEM
JOSEPH F. BOHAN
47 STAGECOACH RD., AMHERST, MA

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2. Block D.Box outlet to failed leach pit.
3. Excavate dry well, stone and soil saturated with septage from failed leach pit.
4. Inspection of excavation by Amherst Civil Engineering and, if available, by Amherst Sanitarian.

Upgrade Septic Tank:

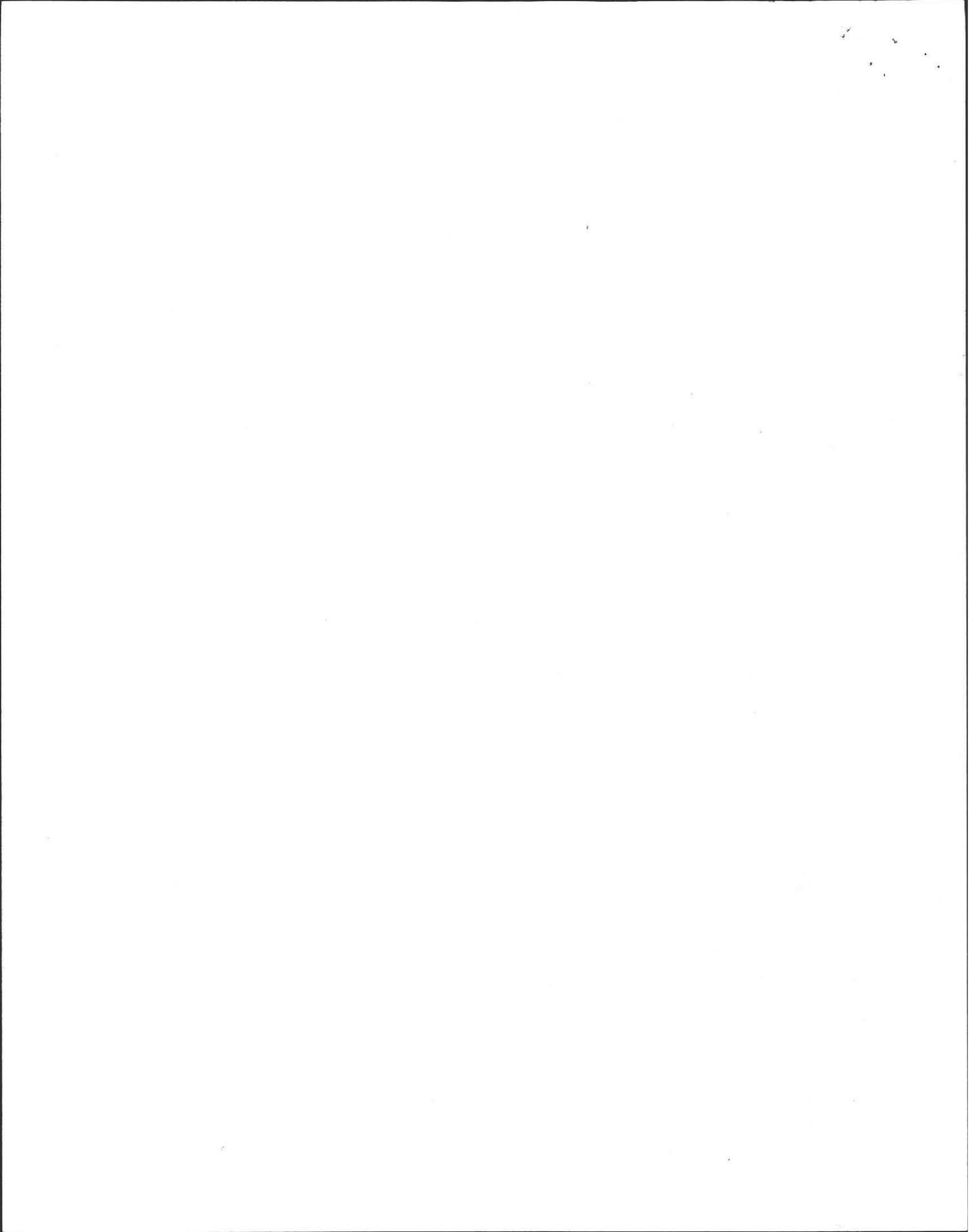
1. Install 4 Inch Dia. SCH 40 PVC Inlet Tee (10 inches below flowline and 3 Inch air space below tank ceiling) and Outlet Tee (14 Inches below flowline and 3 Inch air space below tank ceiling).
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COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL 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: 47 Stagecoach Rd. Amherst, MA Name of Owner: Joe Giarresin
 Date of inspection: 2/8/99 Address of Owner: 47 Stagecoach Rd. Amherst, MA 01002
 Name of inspector: (Please Print) Robert Stover I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000) (413) 259-1274
 Company Name: Amherst Civil Engineering
 Mailing Address: P.O. Box 3312, Amherst, MA 01004-3312
 Telephone Number: (413) 256-3400

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

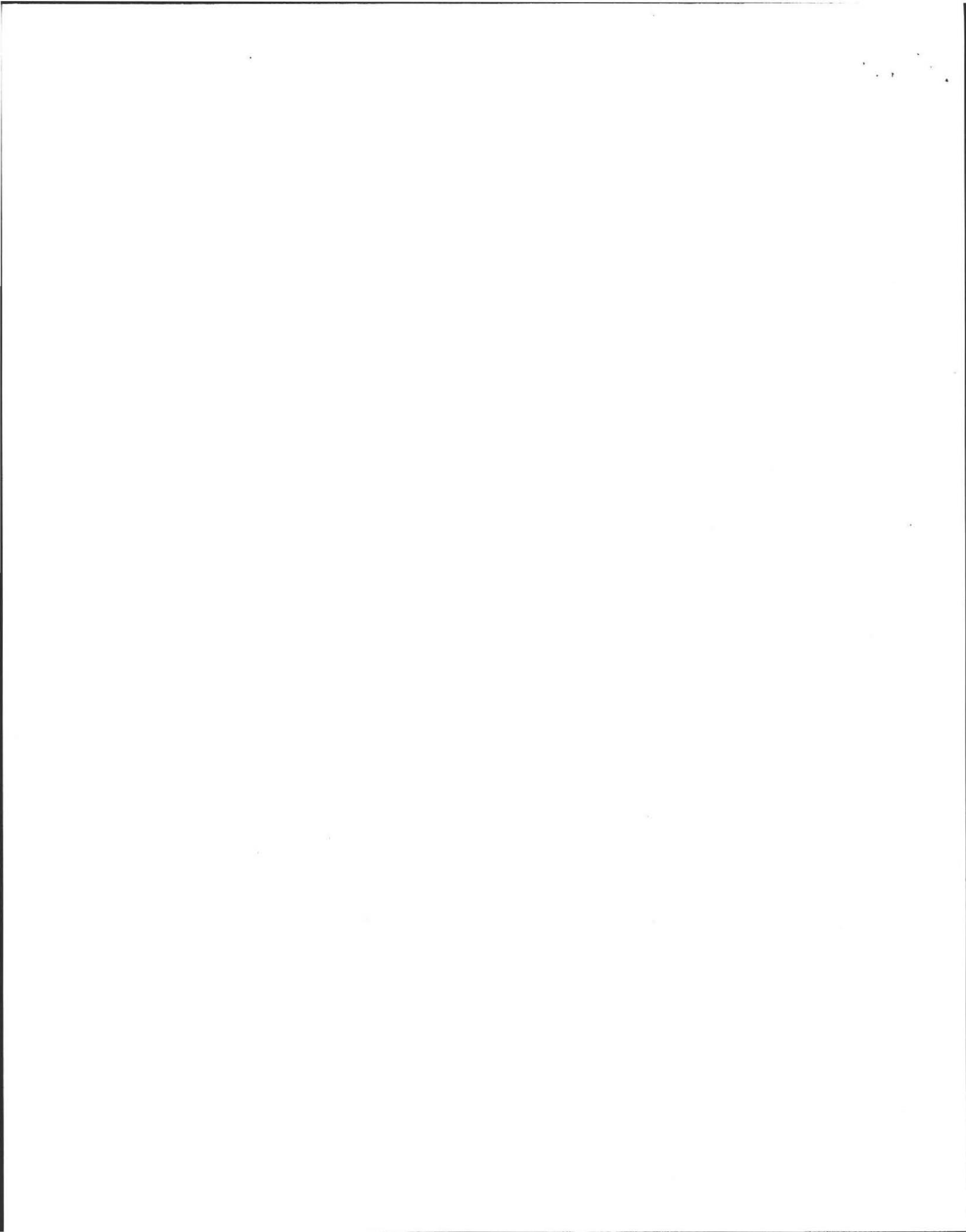
Inspector's Signature: Robert W. Stover Date: 2/8/99

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

This system was renovated in 1996 and appears to have functioned well since then. I recommend annual pumping of septic tank to prolong life of the leach pits.

3-3-99



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION (continued)

Property Address: 47 Stagecoach Rd.
Owner: Amherst, MA
Date of Inspection: Joe Giancesin
2/8/99

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

A. SYSTEM PASSES:

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:

no 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.

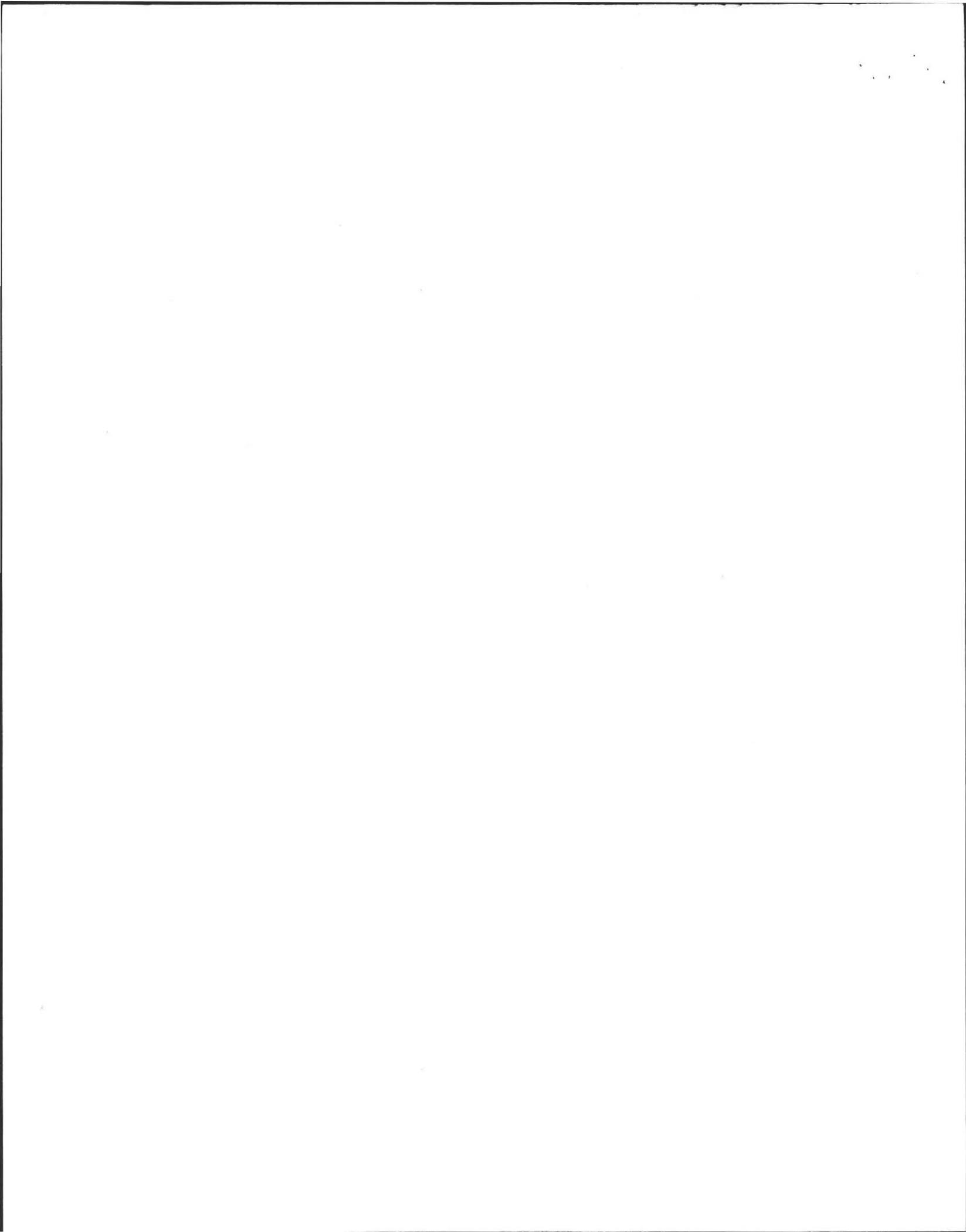
no The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, 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.

no 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

no 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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION (continued)

Property Address: 47 Stagecoach Rd.
Amherst, MA
Owner: Joe Giansesin
Date of Inspection: 2/8/99

C. FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

No Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

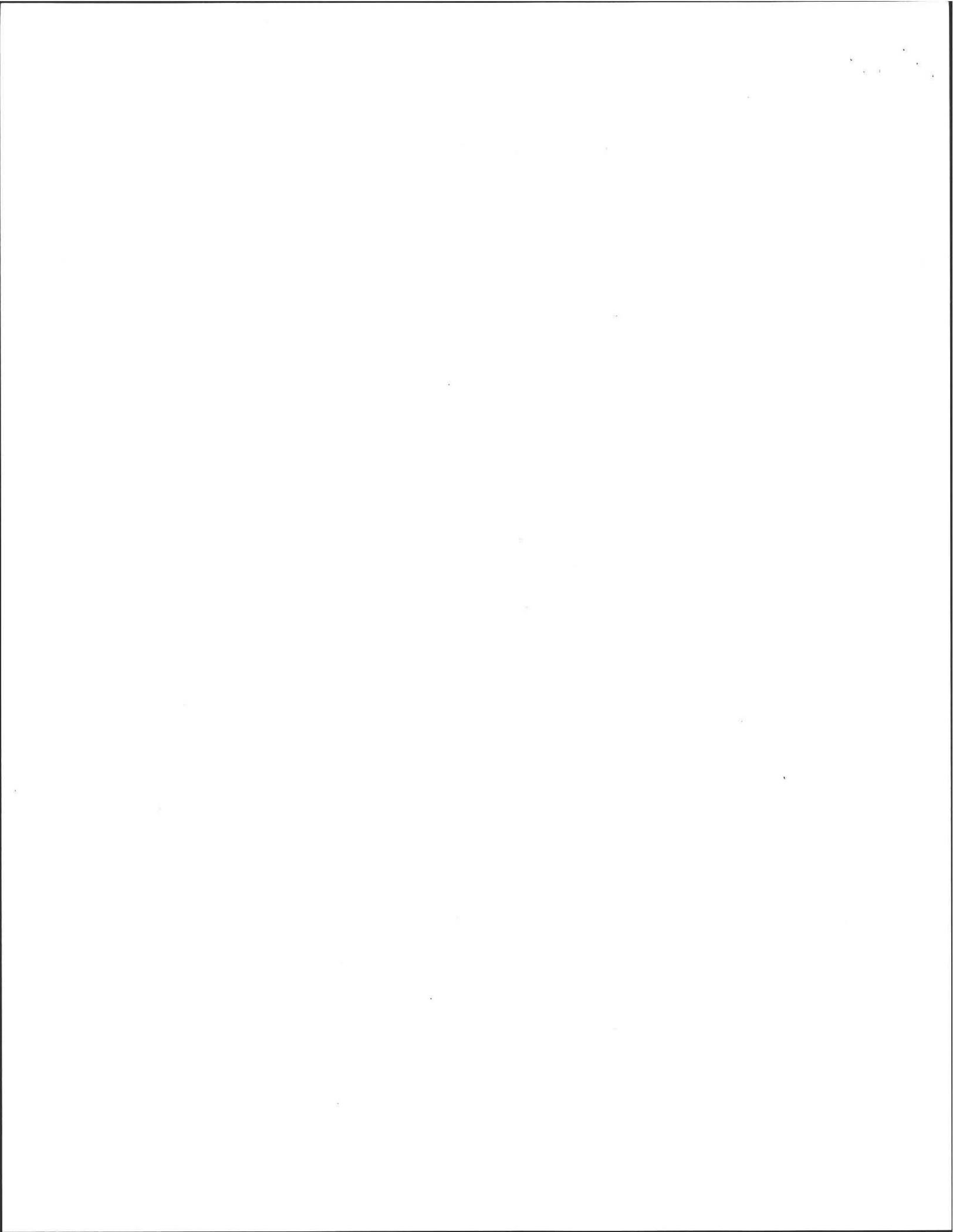
1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- No Cesspool or privy is within 50 feet of surface water
- No 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:

- No 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.
- No The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- No The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- No 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: 47 Stagecoach Rd
Amherst, MA
Owner: Joe Gianesin
Date of Inspection: 2/8/99

D. SYSTEM FAILS:

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

No 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 Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- Yes No Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- Yes No Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Yes No N/A Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped .
- Yes No Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- Yes No N/A Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Yes No N/A Any portion of a cesspool or privy is within a Zone I of a public well.
- Yes No N/A Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Yes No N/A 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:

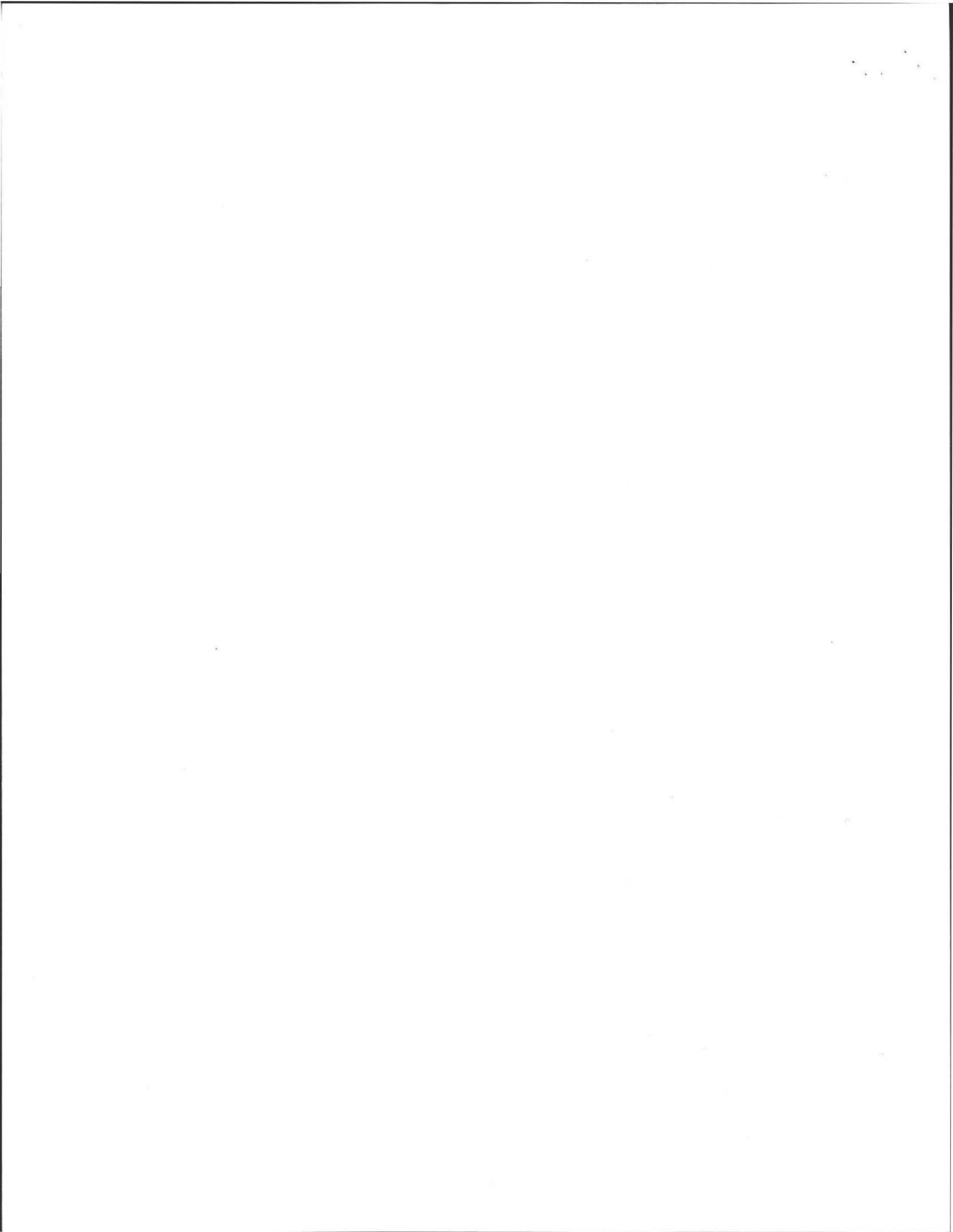
You must indicate either "Yes" or "No" to each of the following:

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

NA 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 the system is within 400 feet of a surface drinking water supply
- Yes No ~~the system is within 200 feet of a tributary to a surface drinking water supply~~
- Yes No 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.



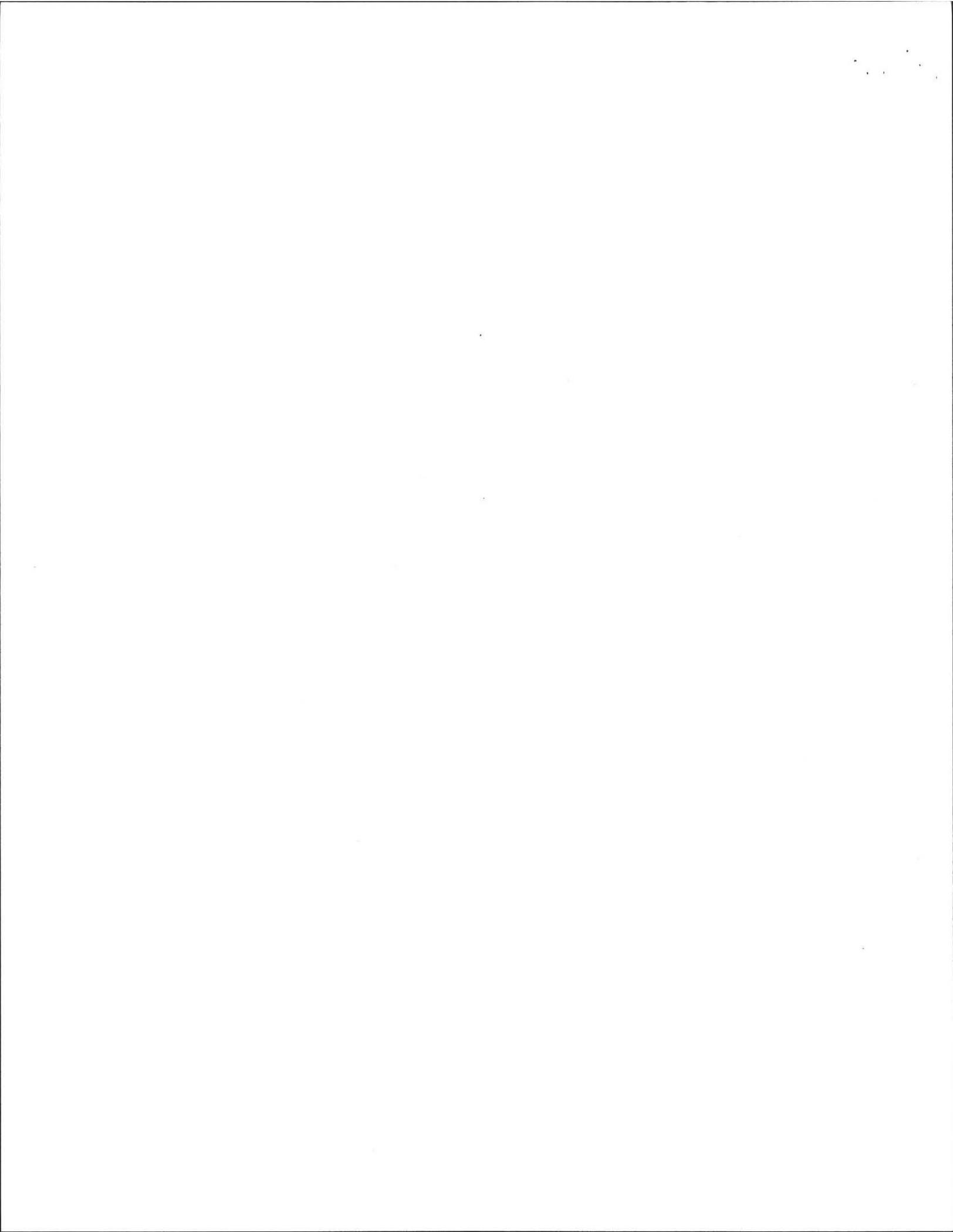
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART B
CHECKLIST

Property Address: 417 Stagecoach Rd
Amherst, MA
Owner: Joe Gianesin
Date of Inspection: 2/18/99

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 <u>owner</u> , 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.
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:

47 Stagecoach Rd.

Owner:

Amherst, MA

Date of Inspection:

Joe Gianesin

2/18/99

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 110 g.p.d./bedroom.

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

Total DESIGN flow 330

Number of current residents: 3

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): 18,500 cu.ft. / 2 yrs = 190 gpd ave. usage

Sump Pump (yes or no): no

Last date of occupancy: occupied at inspection

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A

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:

pumped 7/1996 + 7/27/98 by recollection of owner and

System pumped as part of inspection: (yes or no) no - recently pumped

If yes, volume pumped: 1000 gallons

Reason for pumping: routine maintenance

Karl's Sitework, Inc.
Hadley, MA

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

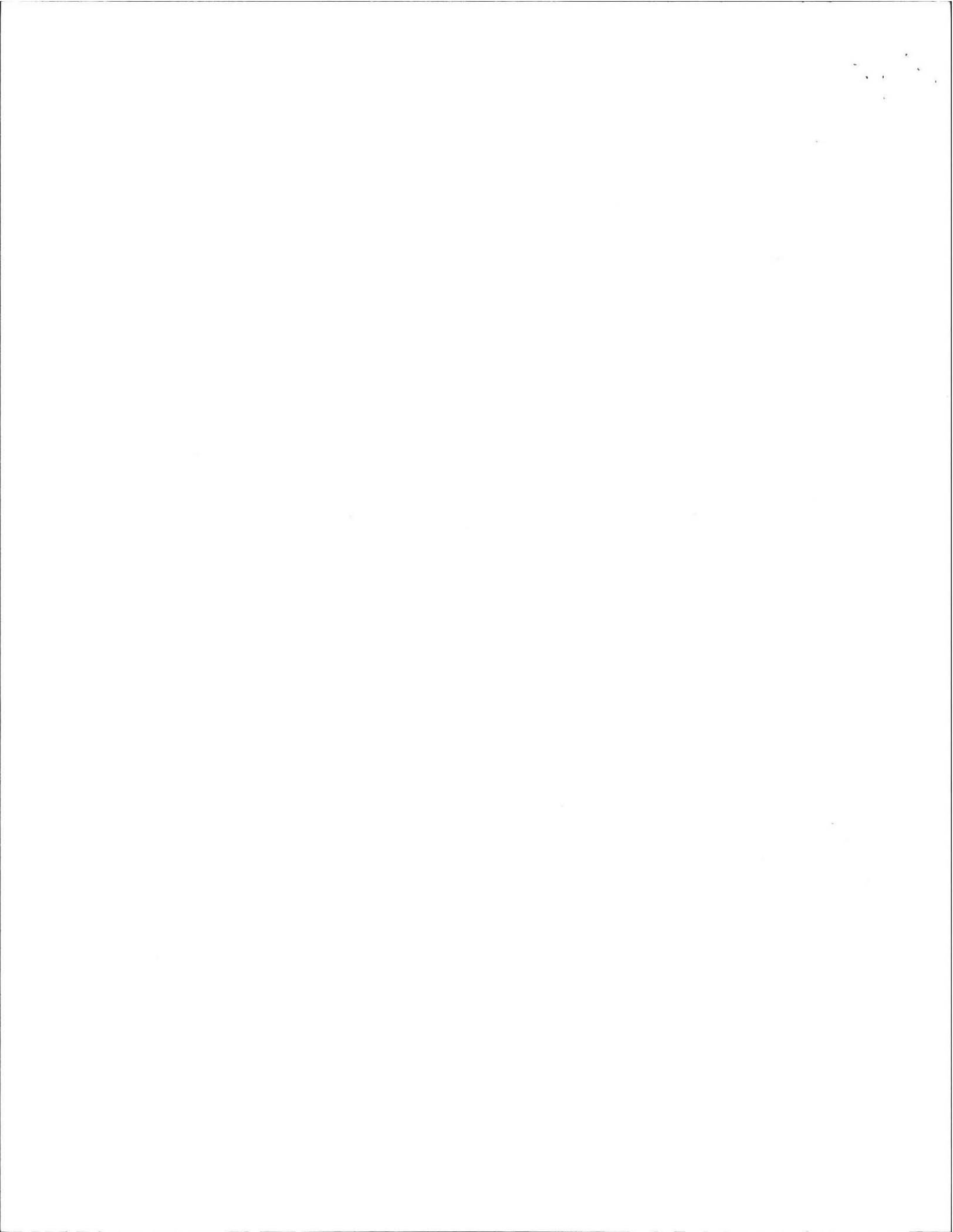
Other

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

1996 -> another leach pit and a distribution box added to system

Sewage odors detected when arriving at the site: (yes or no) no tank baffles replaced with

PVC tees



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

47 Stagecoach Rd.

Property Address: Amherst, MA

Owner: Joe Gianese

Date of inspection: 2/8/99

BUILDING SEWER:
(Locate on site plan)

Depth below grade: _____

Material of construction: cast iron 40 PVC other (explain)

sewer outlet enclosed in finished wall - only cleanout

Distance from private water supply well or suction line _____ plug visible in garage

Diameter 4"

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

no evidence of leakage observed.

SEPTIC TANK:

(locate on site plan)

Depth below grade: 37"

Material of construction: concrete metal Fiberglass Polyethylene other(explain)

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

Dimensions: 8.5' x 5.5' x 4.0' Liquid depth

Sludge depth: < 2"

Distance from top of sludge to bottom of outlet tee or baffle: > 32"

Scum thickness: 0-1"

Distance from top of scum to top of outlet tee or baffle: 6"

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

How dimensions were determined: tape measure + measuring pole

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.) inlet and outlet tees 4" Dia. Sch 40 PVC. Liquid level was at invert of the outlet. Tank maintains functional structural integrity. No evidence of leakage observed. This system should be pumped every one to two years - depending on number of residents.

GREASE TRAP: N/A

(locate on site plan)

Depth below grade: _____

Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Dimensions: _____

Scum thickness: _____

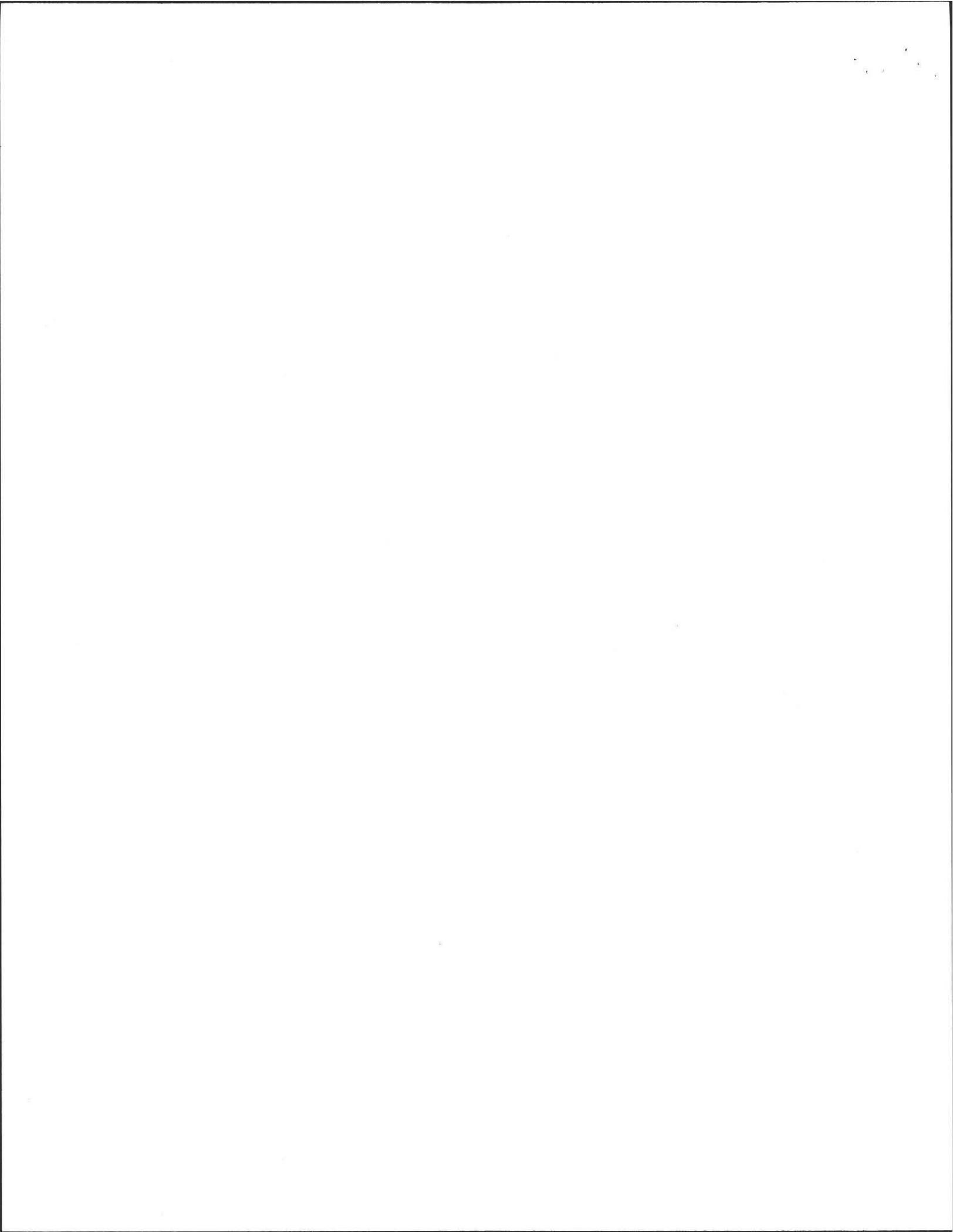
Distance from top of scum to top of outlet tee or baffle: _____

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

Date of last pumping: _____

Comments:

(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: 47 Stagecoach Rd.
Amherst, MA
Owner: Joe Giancesin
Date of inspection: 2/8/99

TIGHT OR HOLDING TANK: NA (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)

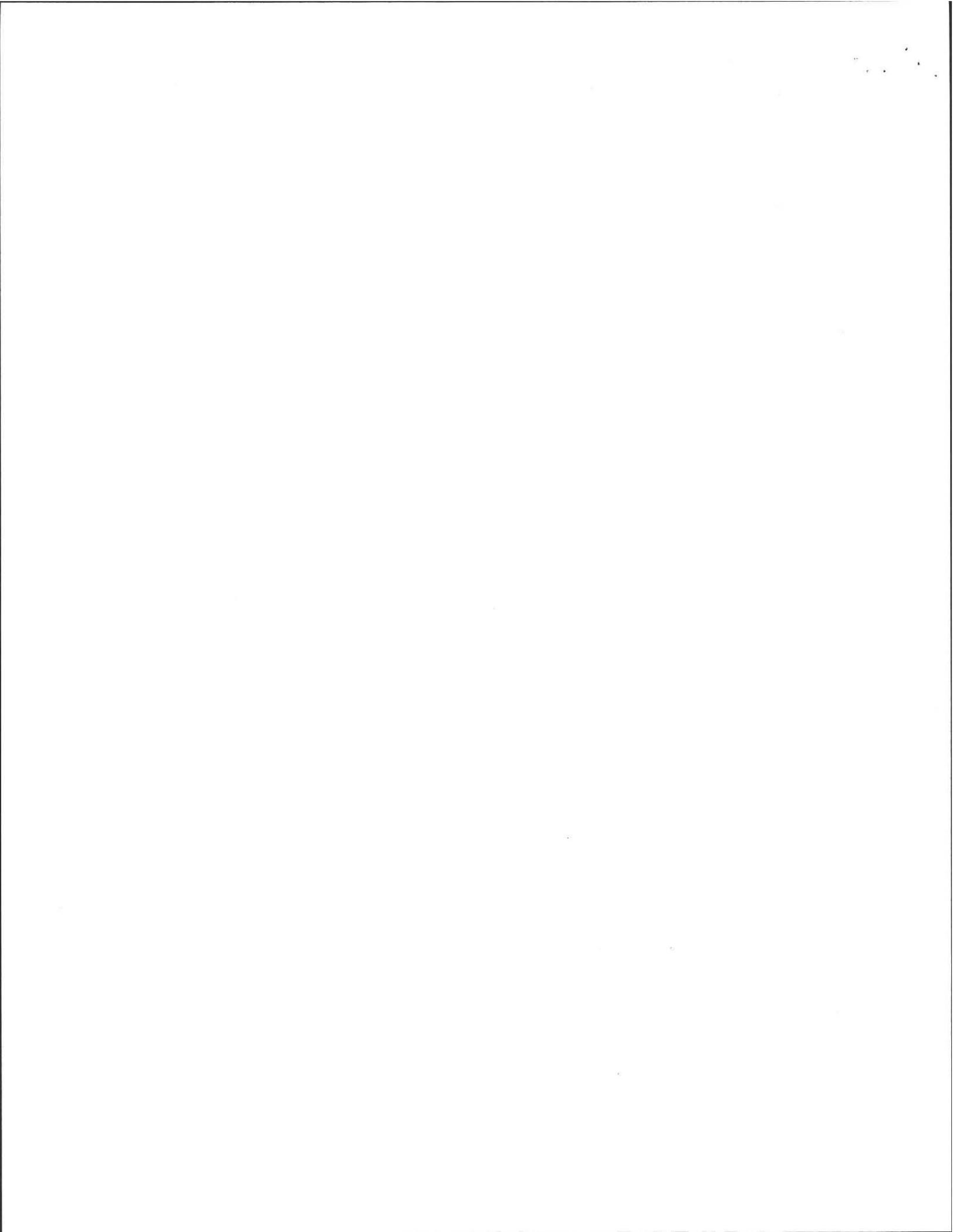
Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm present _____
Alarm level: _____ Alarm in working order: Yes No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: (locate on site plan) 20" below grade
Depth of liquid level above outlet invert: 0"

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
box was reasonably level and distribution was reasonably equal
there is corrosion of inner walls of box but it is still functional
very little carryover of solids - no evidence of leakage.

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.) _____



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

Property Address: 47 Stagecoach Rd.
Owner: Amherst, MA
Date of Inspection: Joe Gianesin
2/8/99

SOIL ABSORPTION SYSTEM (SAS):

(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: 2 (16.5' long x 13.5' wide x 2' effective depth)
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
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 evidence of breakout, ponding or hydraulic failure observed.
Soil around d. box was normal. Vegetation is lawn and was not observable due to snow cover.

CESSPOOLS: N/A

(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) _____

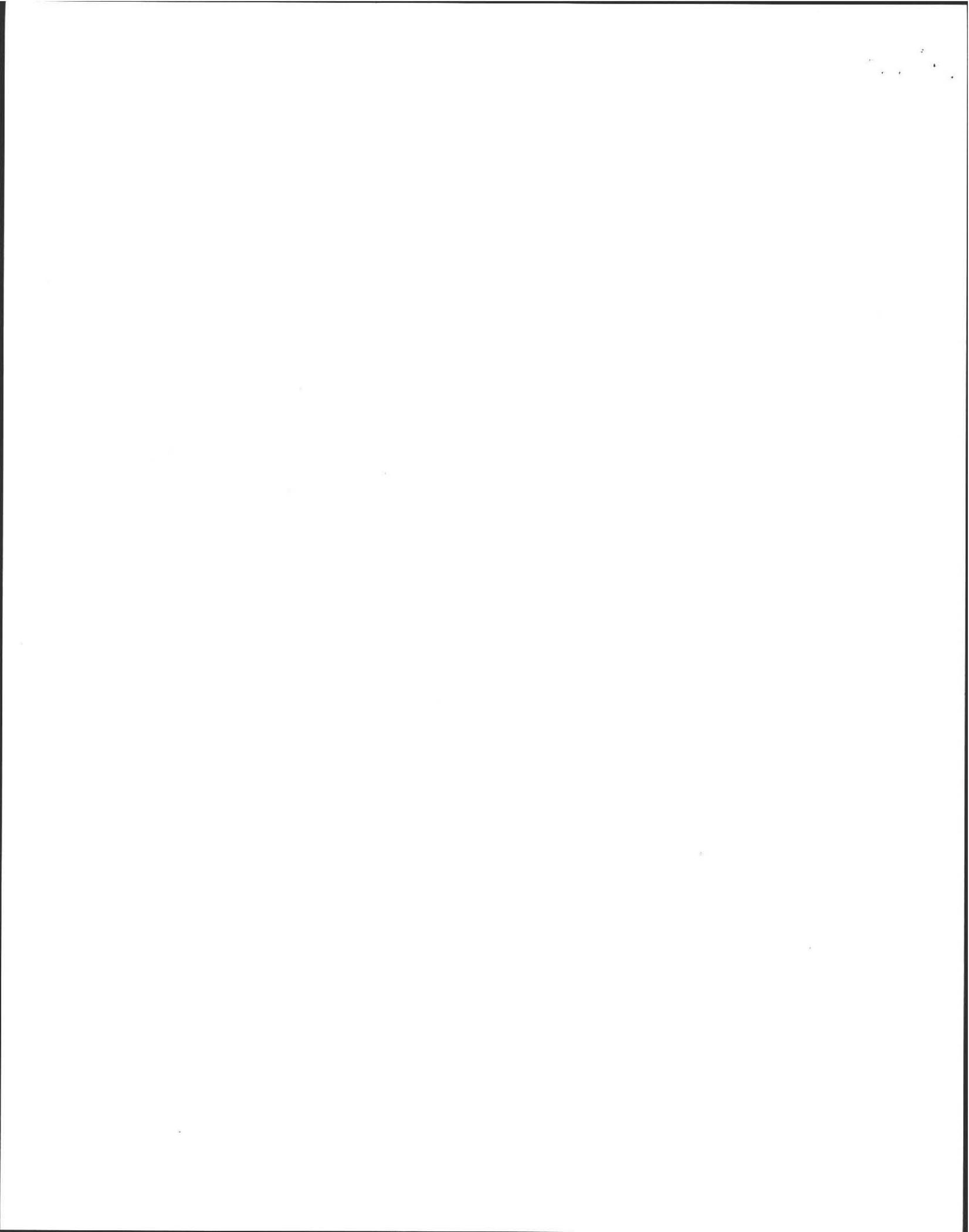
Comments:

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

PRIVY: 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.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

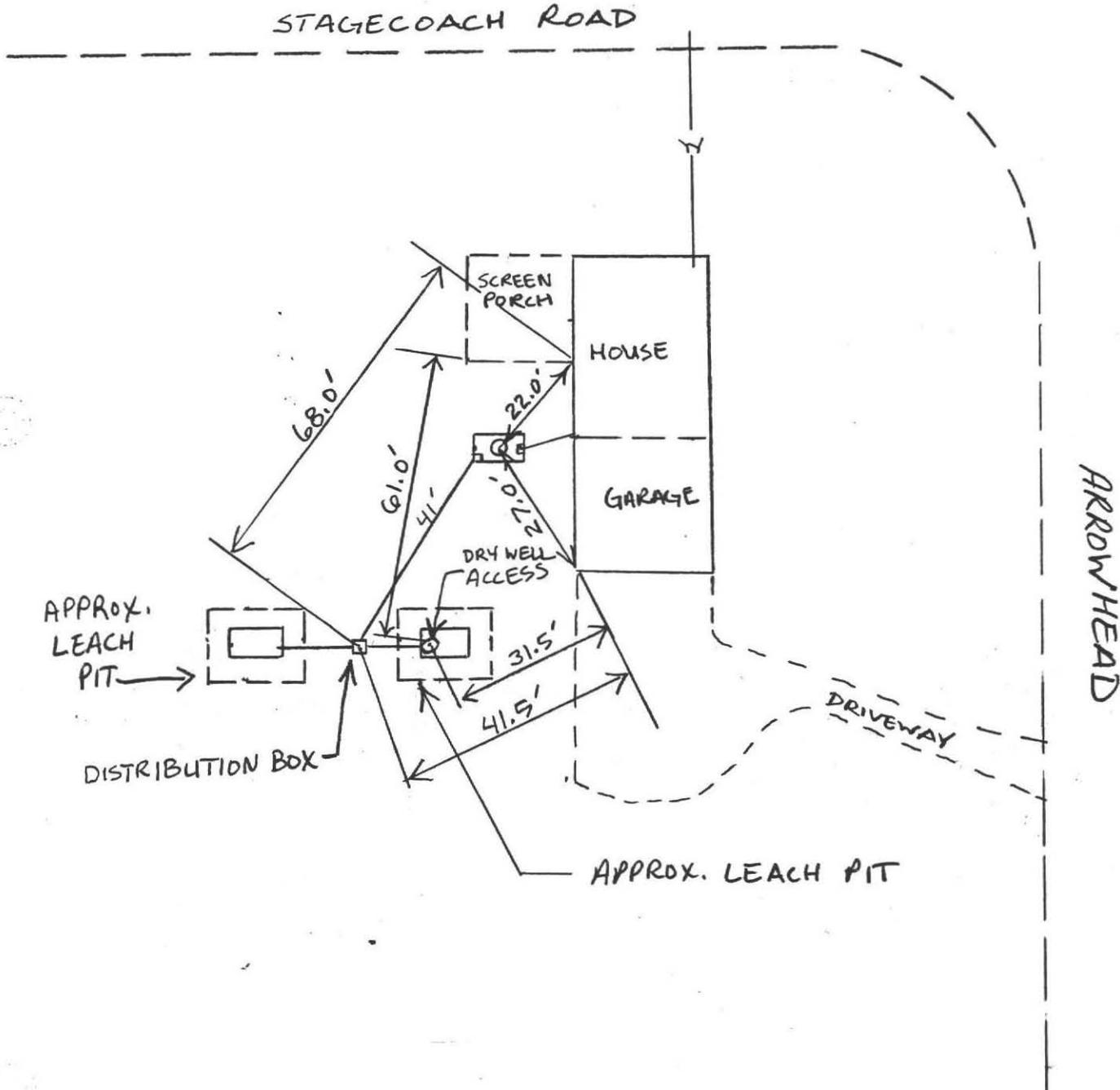
PART C

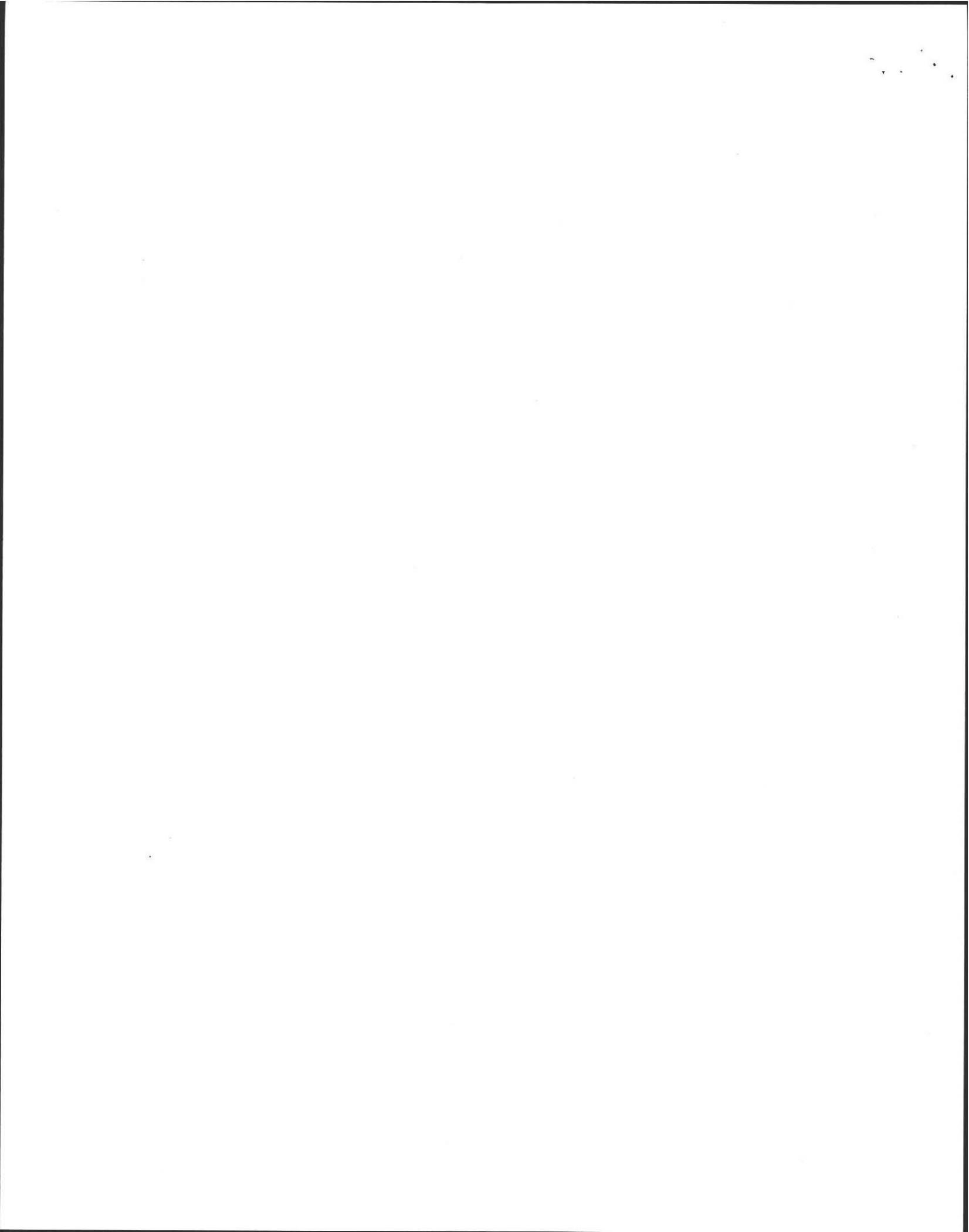
SYSTEM INFORMATION (continued)

Property Address: 47 Stagecoach Rd.
Amherst, MA
Owner: Joe Gianesin
Date of Inspection: 2/8/99

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: 47 Stagecoach Rd.
Owner: Amherst, MA
Date of Inspection: Joe Gianesin
2/18/99

NRCS Report name: Hampshire County, Mass. - Central Part 12/1981
Soil Type: HgB
Typical depth to groundwater: >6.0'

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 9' 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 USGS Data

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

Test pit dug 7/10/96 and witnessed by Robert Stover
and David Zarozinski.

