

#88

Robert E. Pariseau
7 Bray Court
Pelham, MA 01002

August 30, 1995

Amherst Board of Health
Bangs Community Center
Boltwood Walk
Amherst, Ma. 01002

RE: TITLE 5 INSPECTION

Dear Members of the Board of Health:

Enclosed is a copy of a Title 5 Inspection done at 88 Stagecoach Road, Amherst on 8/24/95. The property, which is owned by Linda DelCastilho, successfully passed all the requirements of 310 CMR 15.000.

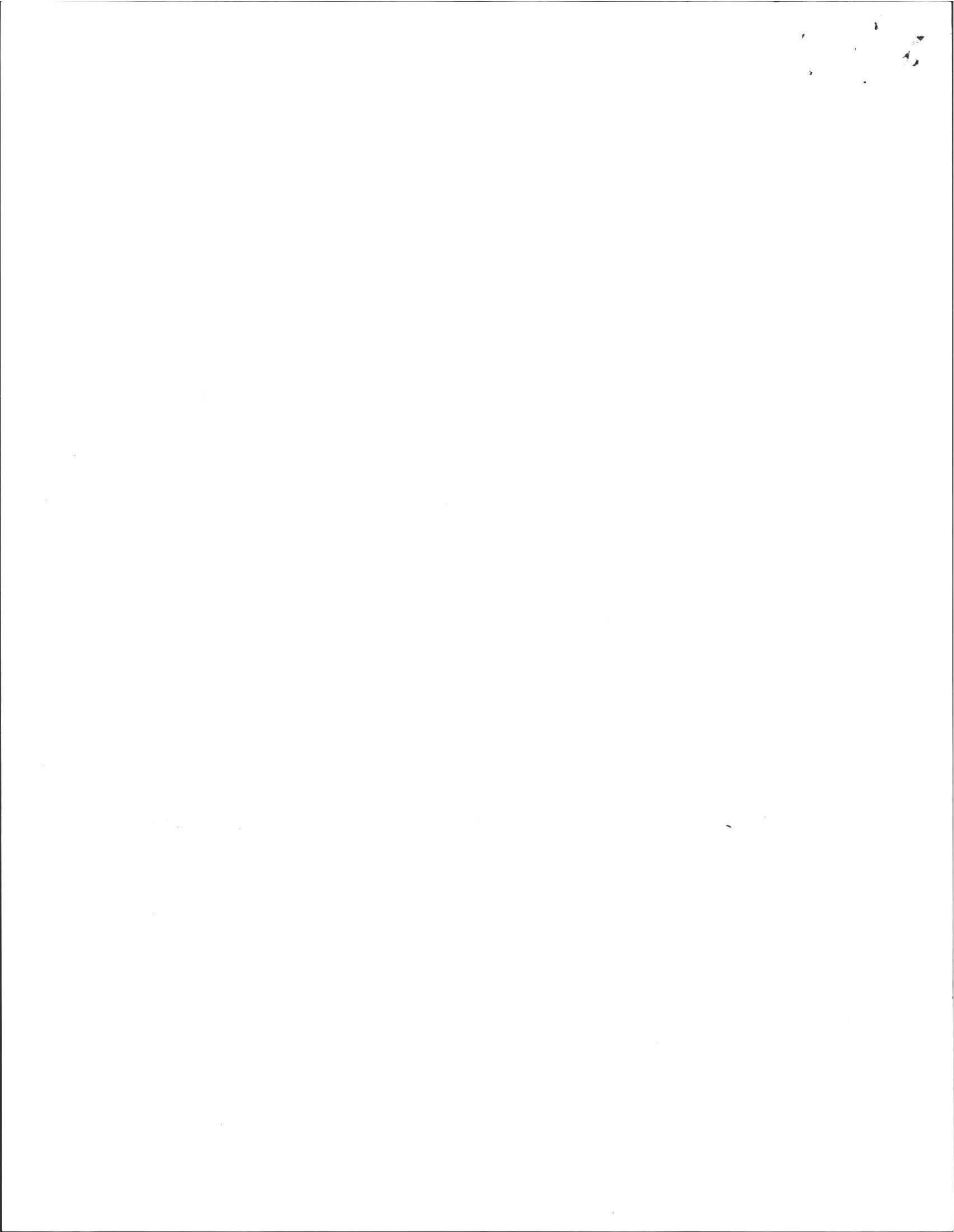
Very truly yours,



Robert E. Pariseau
Title 5 Inspector

Enclosures: 1

9/11/95
D.Z.



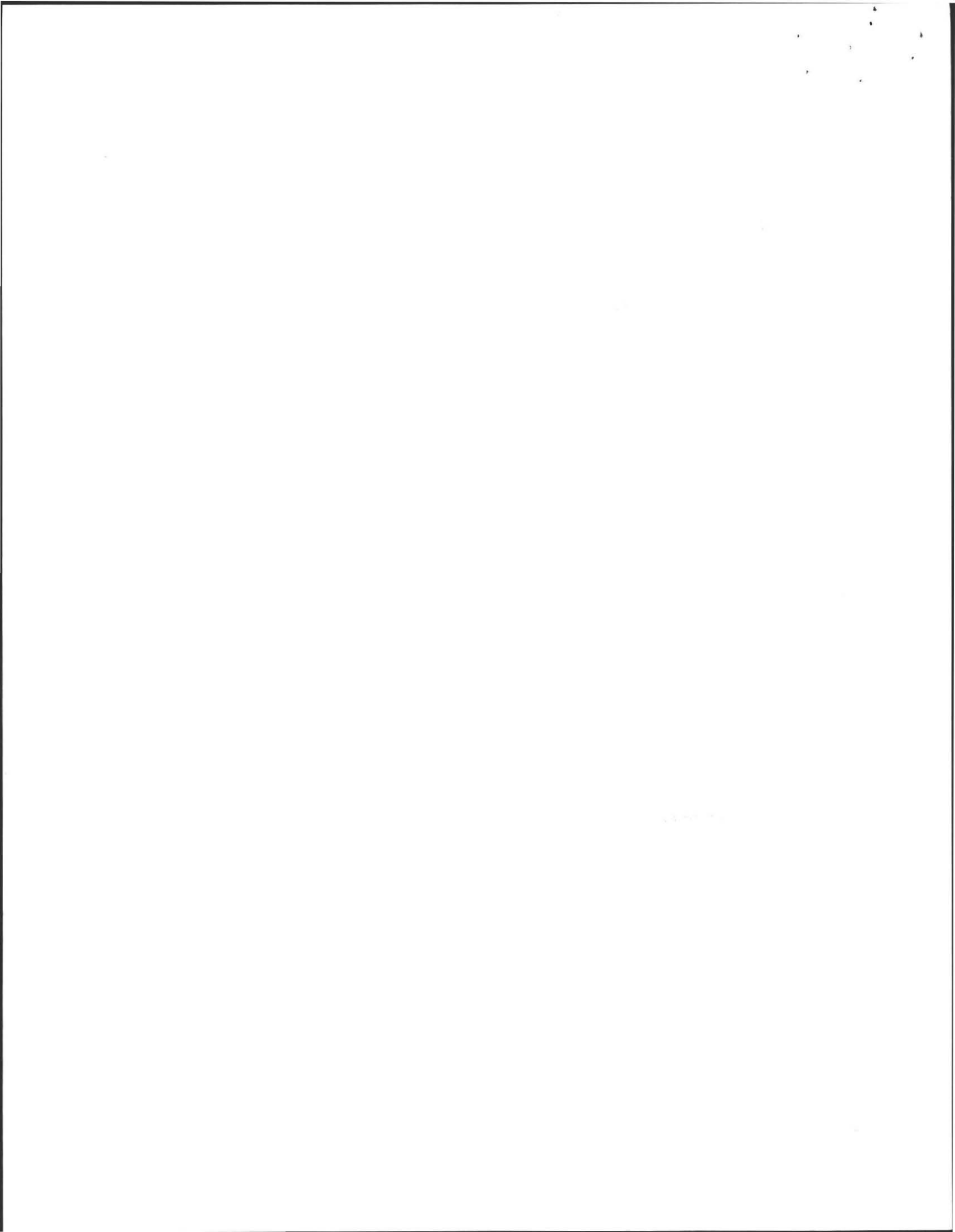
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 88 Stagecoach Rd Amherst, Ma.
 Owner's name LINDA Del Castillo
 Date of Inspection 8/24/95

**PART A
 CHECKLIST**

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- 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.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- 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 SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS:

If residential

3 number of bedrooms
1 number of current residents
YES garbage grinder, yes or no
YES laundry connected to system, yes or no
NO seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

occupied Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

owner - last pumped in 1993 - pumped on a regular basis
for routine maintenance

yes System pumped as part of inspection, yes or no
if yes, volume pumped 1000

Reason for pumping:

INSPECTION and ROUTINE maintenance

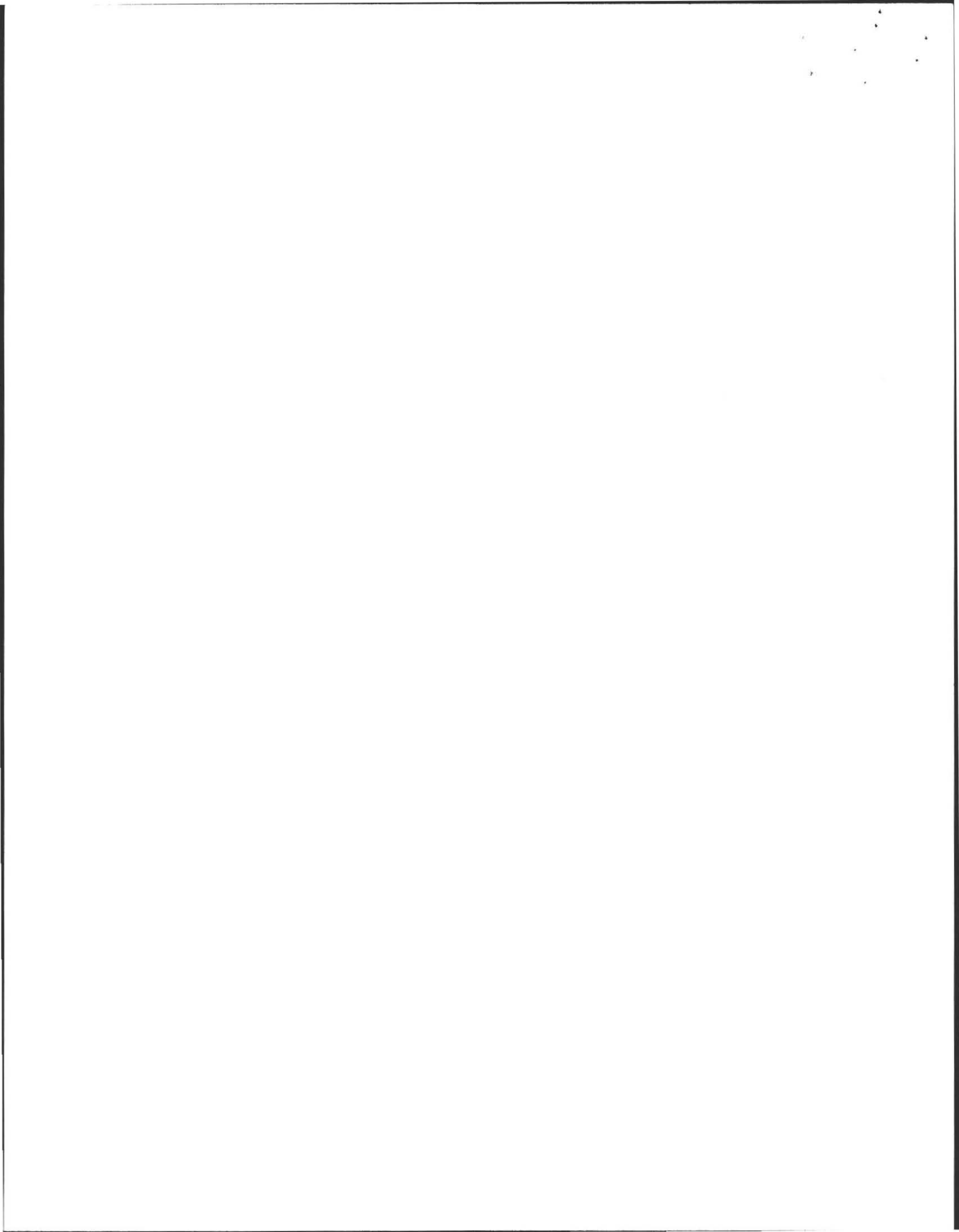
Type of system

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

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

original system 1973, replaced in 1981, information from BOH
see enclosures

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



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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: yes
(locate on site plan)

depth below grade: 20"

material of construction: concrete metal FRP other(explain)

dimensions: 1000 gal - 58" x 102" x 55" Deep

4" sludge depth
30" distance from top of sludge to bottom of outlet tee or baffle
3" scum thickness
12" distance from top of scum to top of outlet tee or baffle
12" distance from bottom of scum to bottom of outlet tee or baffle

Comments:

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

inlet and outlet baffles are in good condition.
next pumping should be in 1998
no cracks or leakage were observed in septic tank

DISTRIBUTION BOX:
(locate on site plan)

-0- depth of liquid level above outlet invert

Comments:

(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)

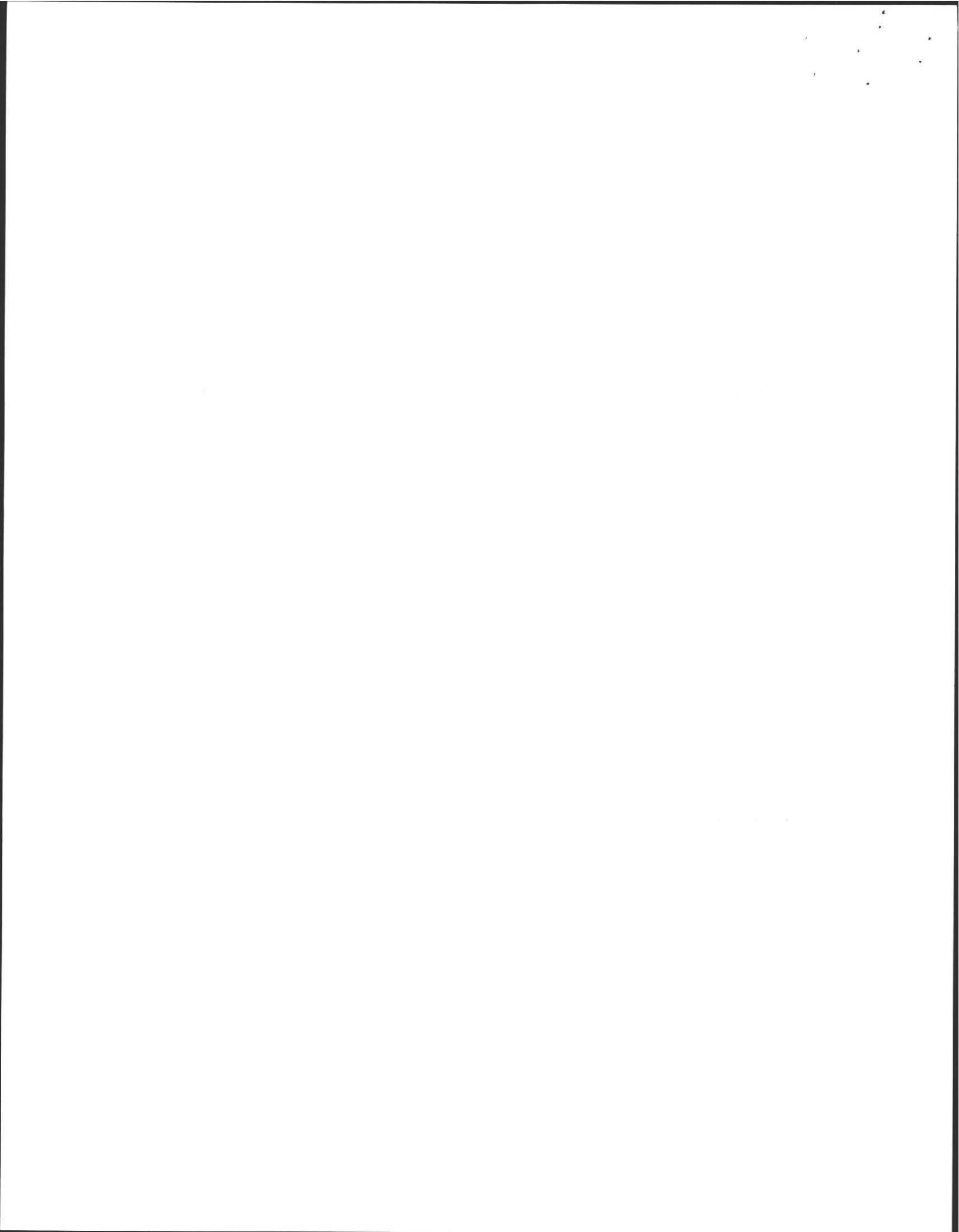
none observed

PUMP CHAMBER: No
(locate on site plan)

 pumps in working order, yes or no

Comments:

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): Yes

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

SAS was observed and excavated
fluid level was 44" below INVERT pipe from septic tank

Type

leaching pits and number
leaching chambers and number
leaching galleries and number
leaching trenches, number, length
leaching fields, number, dimensions
overflow cesspool, number

- 1 -

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs,
no signs of hydraulic failure or ponding, no unusually high growth in vegetation.
Unit appeared to be in excellent condition

CESSPOOLS (locate on site plan): NA

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:

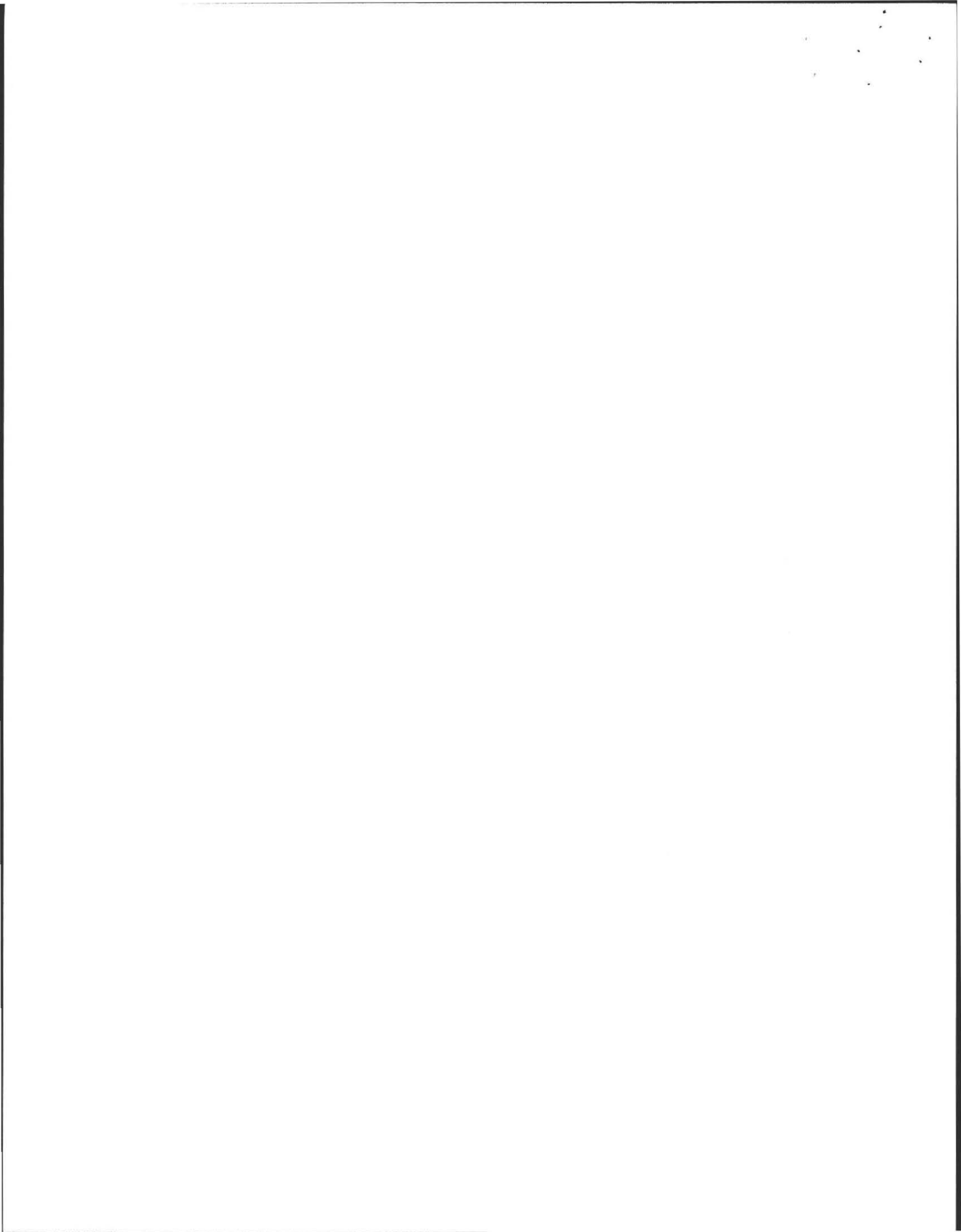
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs,

PRIVY: NA
(locate on site plan)

materials of construction
dimensions
depth of solids

Comments:

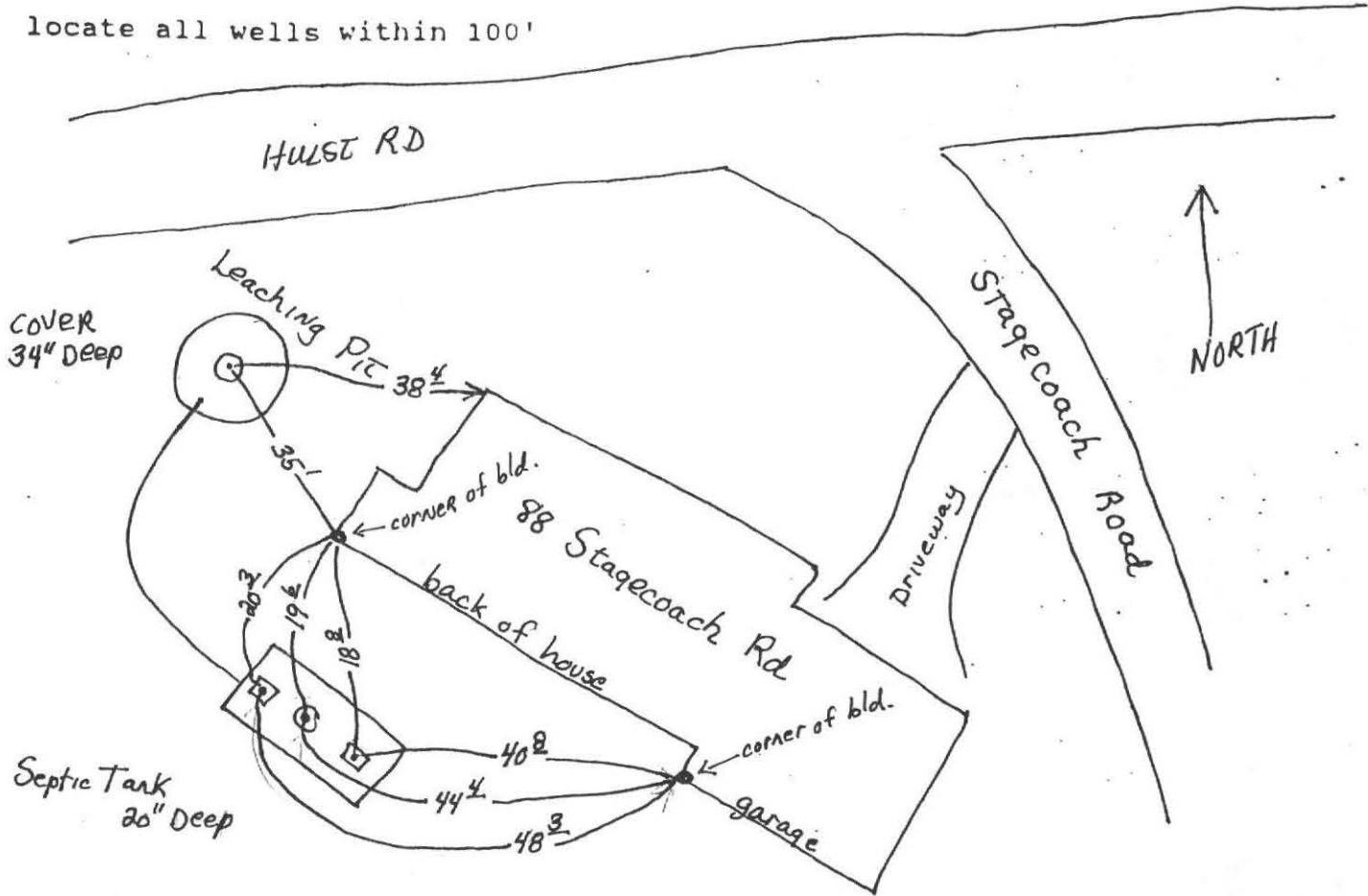
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs,



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



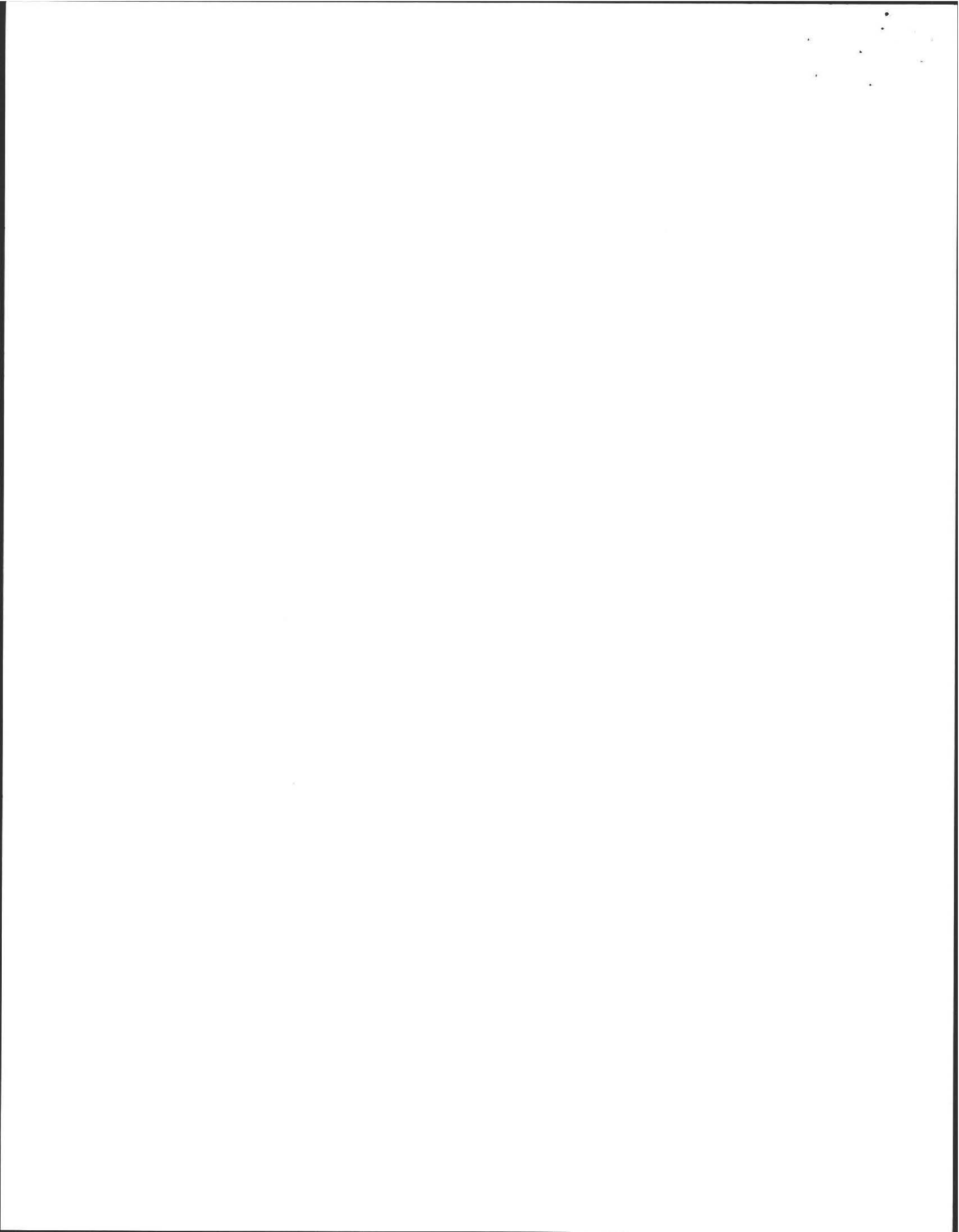
- all ties are to centerline of tank cover

DEPTH TO GROUNDWATER

> 10' depth to groundwater

method of determination or approximation:

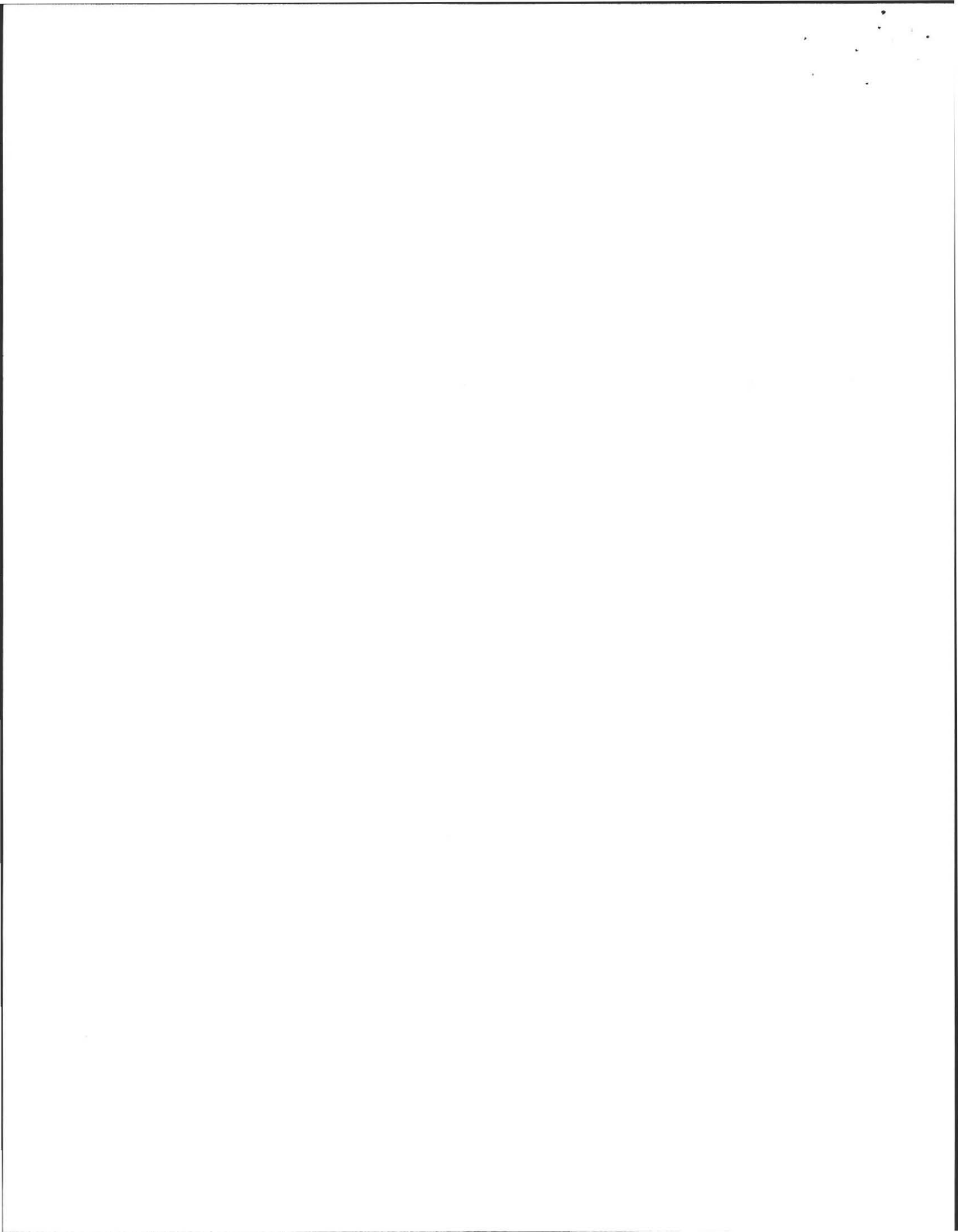
per deep hole determinations done in 1973
 see enclosure



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

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

- N Backup of sewage into facility?
- N Discharge or ponding of effluent to the surface of the ground surface waters?
- N Static liquid level in the distribution box above outlet invert?
- N Liquid depth in cesspool <6" below invert or available volume flow?
- N Required pumping 4 times or more in the last year?
number of times pumped 0
- N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?
- N Is any portion of the SAS, cesspool or privy:
below the high groundwater elevation?
- N within 50 feet of a surface water?
- N within 100 feet of a surface water supply or tributary to a surface water supply?
- N within a Zone I of a public well?
- N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?
- N within 50 feet of a private water supply well?
- N less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION**

Name of Inspector *Robert E Pariseau*

Company Name

Company Address *7 Bray Ct Pelham, Ma. 01002*

Certification Statement

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

Check one:

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

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

Inspector's Signature

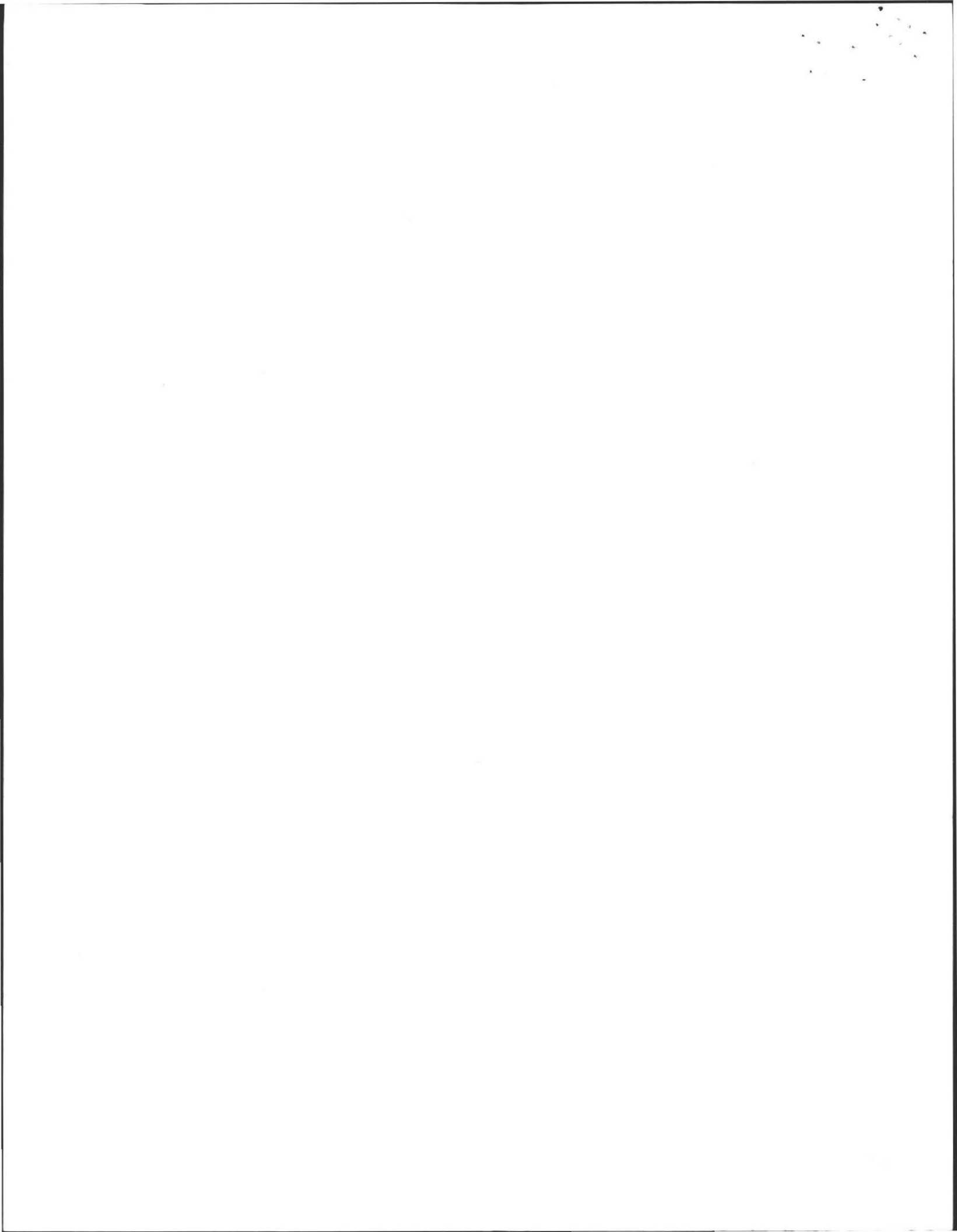
Robert E Pariseau

Date *8/24/95*

Original to system owner

Copies to: *Amherst Board of Health*

Buyer (if applicable)
Approving authority



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

REPAIR

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JEFF GREENWOOD Address 88 STAGECOACH RD

Installer H. GREEN Address BELMONT RD

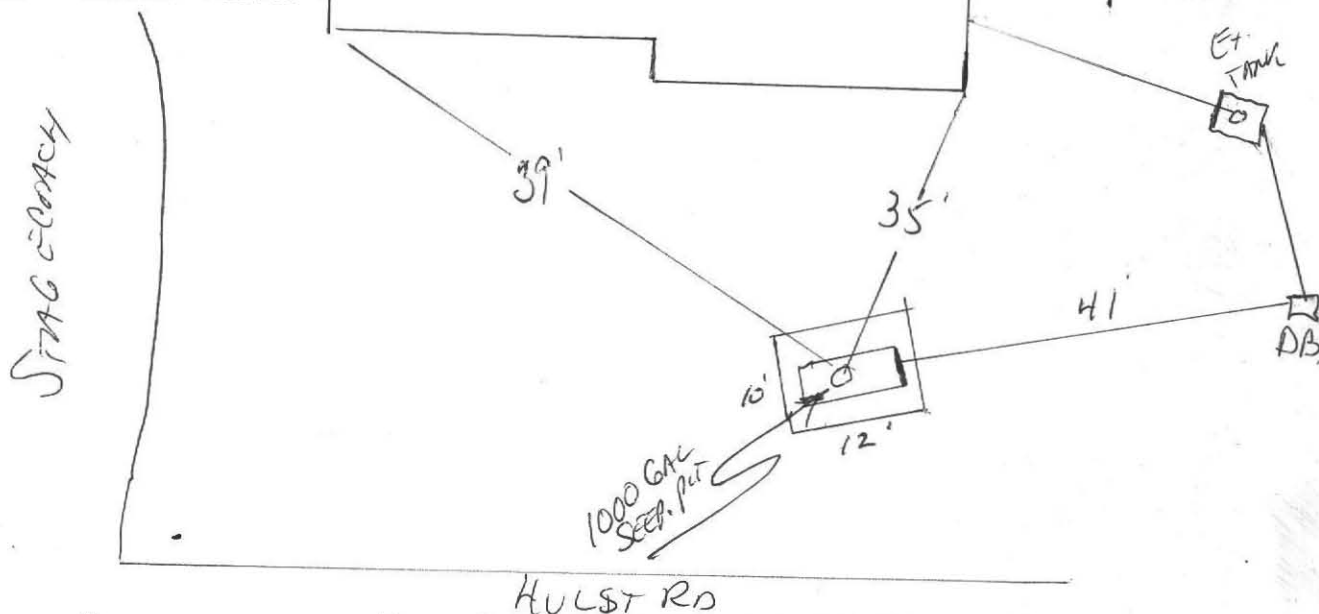
Date Installation Inspected and Approved 11-20-81 *C. Kelly*

Description of System: Tank Capacity: EXISTING

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

Garbage Grinder Yes () No () No. Bedrooms: _____ No. People _____

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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

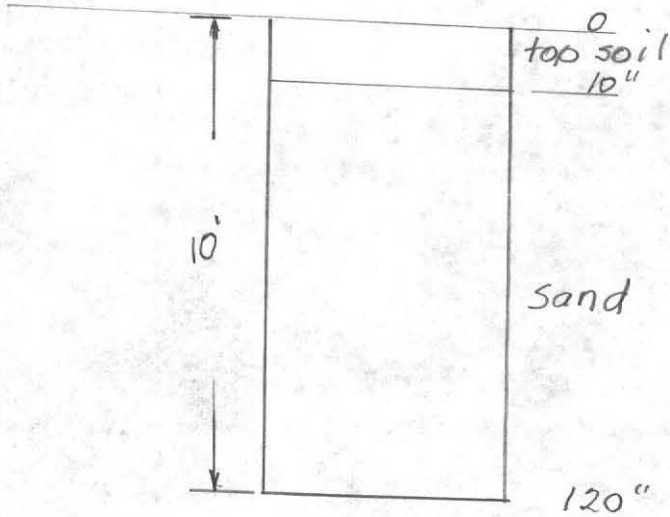
DEEP SOIL LOGS

OWNER Jeffery Greenwood

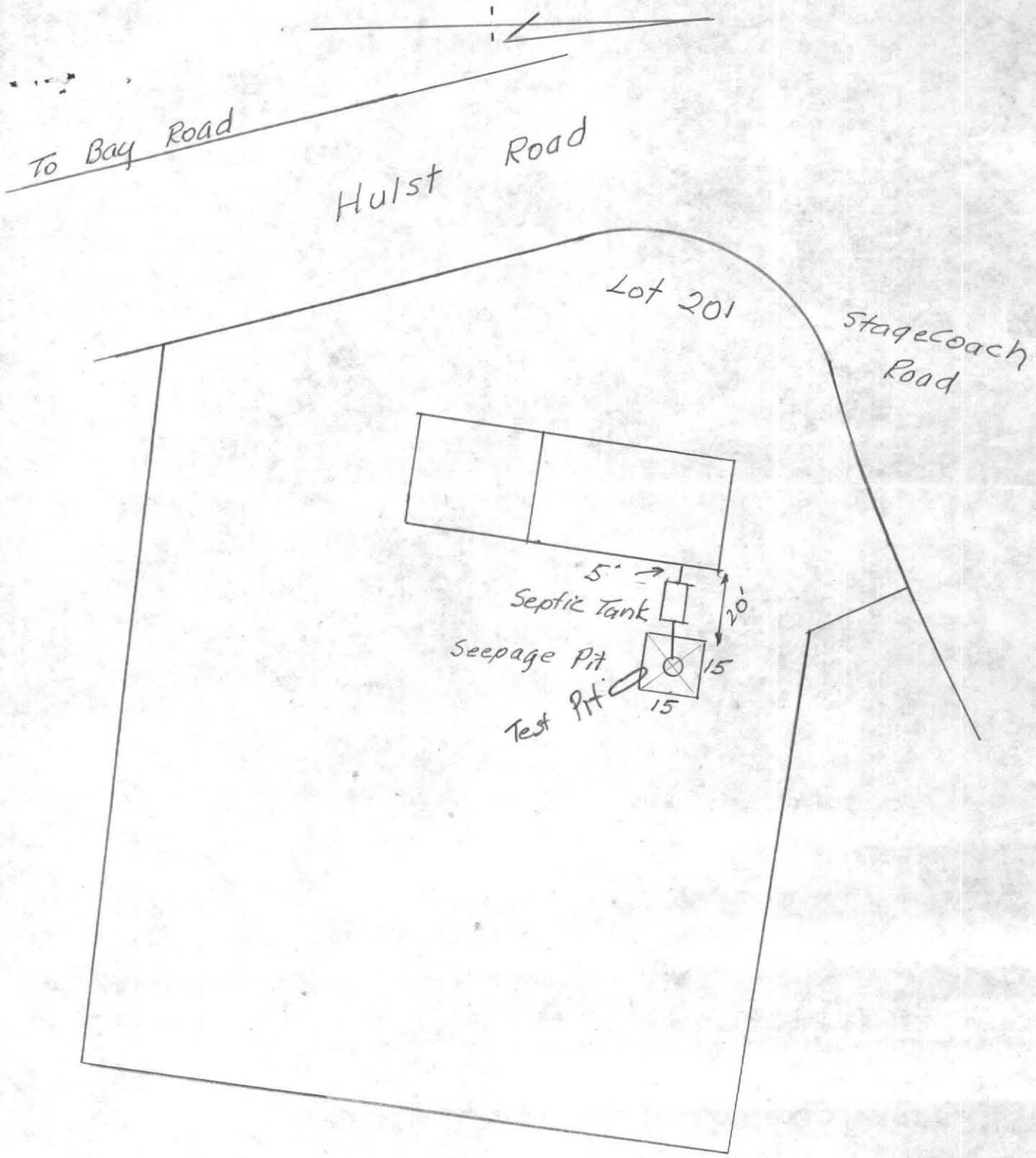
DATE 4-3-73

LOCATION Lot 201 Stagecoach St.

OBSERVER M.J. Hubler



BOARD OF HEALTH
AMHERST, MA.



Lot # 201

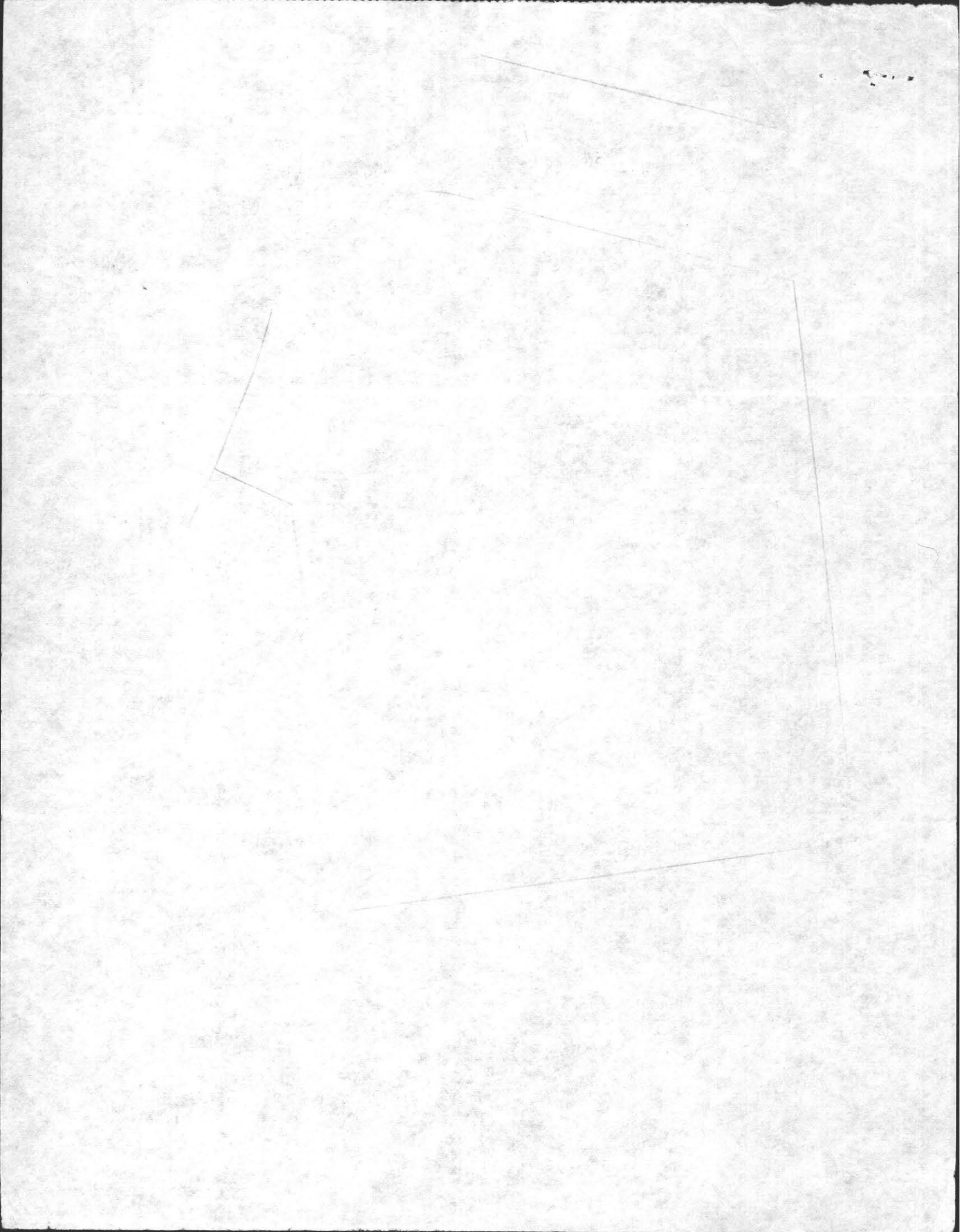
Note: See "THE STATE SANITARY CODE" Art. XI for seepage pit specs.

Plan showing
Sanitary Sewage Disposal
for Lot on
Stagecoach Road
Amherst MA.

1" = 40'

4-4-73

M.J. Hubler



#88

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-22 Date 5/4/73 Fee \$3.00 Date Rec'd. 5/4/73 By DGF

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

Location—Address Stage coach Road or Lot No. 201
Owner Jeffery Greenwood Address 28 Evergreen Rd. Leeds
Contractor H. R. Greene Address Belchertown 01053
Type of Building _____ Dimensions _____ Size Lot 1 Ac.
Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (yes)
Other _____ No. of persons _____ Showers ()
Other fixtures _____
Town Water? yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300 gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____
Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Disposal Bed—No. 1 Diameter 10x40 Depth below inlet 50 Total leaching area 400 sq. ft.
Dry Well—No. 1 Diameter 15x15 Depth below inlet 70 Dimensions: 15 x 15 x 1
Other: Distribution box () No. _____ Dosing tank ()
area 233 sq. ft.

Handwritten notes: 6' x 8' DEEP 320

(Depth of Soil Line Below finished grade at foundation) _____
Percolation Test Results Performed by Mrs. J. Huber PE Date 4-3-73
Test Pit No. 1 3 minutes per inch Depth of Test Pit 10'
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil sand Depth to Ground Water no
Will disposal area be filled? no Cut down? no
(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

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

Application Approved by [Signature] Jeffery A Greenwood Owner or builder 5/3/73 date
[Signature] 5/3/73 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of _____ INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____ The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. _____ Permission is hereby granted Jeffery Greenwood to construct (K) or repair () an Individual Sewage Disposal System at lot 201 Stage Coach Rd as shown on the application for Disposal Works Construction Permit No. _____ This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE MAY 3, 1973 [Signature] Board of Health

