

No. 86-6

#103

pt of #90
ck. # 1205
FEE

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 () an Individual Sewage Disposal

System at:

103 State Street

Lot 5

Bercume Builders

47 Spruce Hill Road

Hadley, MA.

RIVER DR. Etc.

RIVER DR. HADLEY

Type of Building

Dwelling - No. of Bedrooms 3

Expansion Attic ()

Garbage Grinder ()

Other - Type of Building

No. of persons

Showers () - Cafeteria ()

Other fixtures

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

Septic Tank - Liquid capacity 1000 gallons Length 10 1/2 Width 5 Diameter 5 Depth 5

Disposal Trench - No. Width 7 Total Length 10 1/2 Total leaching area 175 sq. ft.

Seepage Pit No. 1 Diameter Depth below inlet 5 Total leaching area 73.5 sq. ft. sides Bottom

Other Distribution box ()

Dosing tank ()

Percolation Test Results Performed by Huntley Associates Date 1/17/86

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10 Depth to ground water NONE

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

Description of Soil Enclosed 1-7

MAY USE 6" DIAMETER ROUND - 2-3' SET DAY WALL IN 8x8 PIT

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 [Signature] 3-20-86

Application Approved By [Signature] Date 3-24-86

Application Disapproved for the following reasons:

Permit No. 86-6 Issued 3-24-86 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

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

Installer

at

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 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 of Amherst

No. 86-6

FEE 890

Disposal Works Construction Permit

Permission is hereby granted Row Bercume - River Dr. Etc. to Construct (✓) or Repair () an Individual Sewage Disposal System

at No. Lot 5 State Street

Street 86-6 Dated 3-20-86

as shown on the application for Disposal Works Construction Permit No. [Signature]

DATE 3-24-86 Board of Health

CHECK OR FILL IN WHERE APPLICABLE

100

100

100

100

100

100

100

100

No.

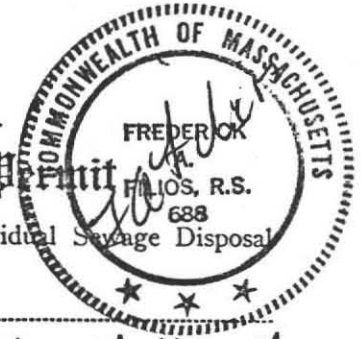
FEE

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 () an Individual Sewage Disposal System at:

State Street Lot 5
Bercume Builders 47 Spruce Hill Road Hadley, MA.

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 5.5 gallons per person per day. Total daily flow 330 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 10 1/2 Width 5 Diameter Depth 5
Disposal Trench - No. Width 7 Total Length 10 1/2 Total leaching area 175 sq. ft.
Seepage Pit No. 1 Diameter Depth below inlet 5 Total leaching area 73.5 sq. ft.

Percolation Test Results Performed by Huntley Associates Date 1/17/86
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10 Depth to ground water NONE
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Enclosed 1-7

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
Application Approved By
Application Disapproved for the following reasons:

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

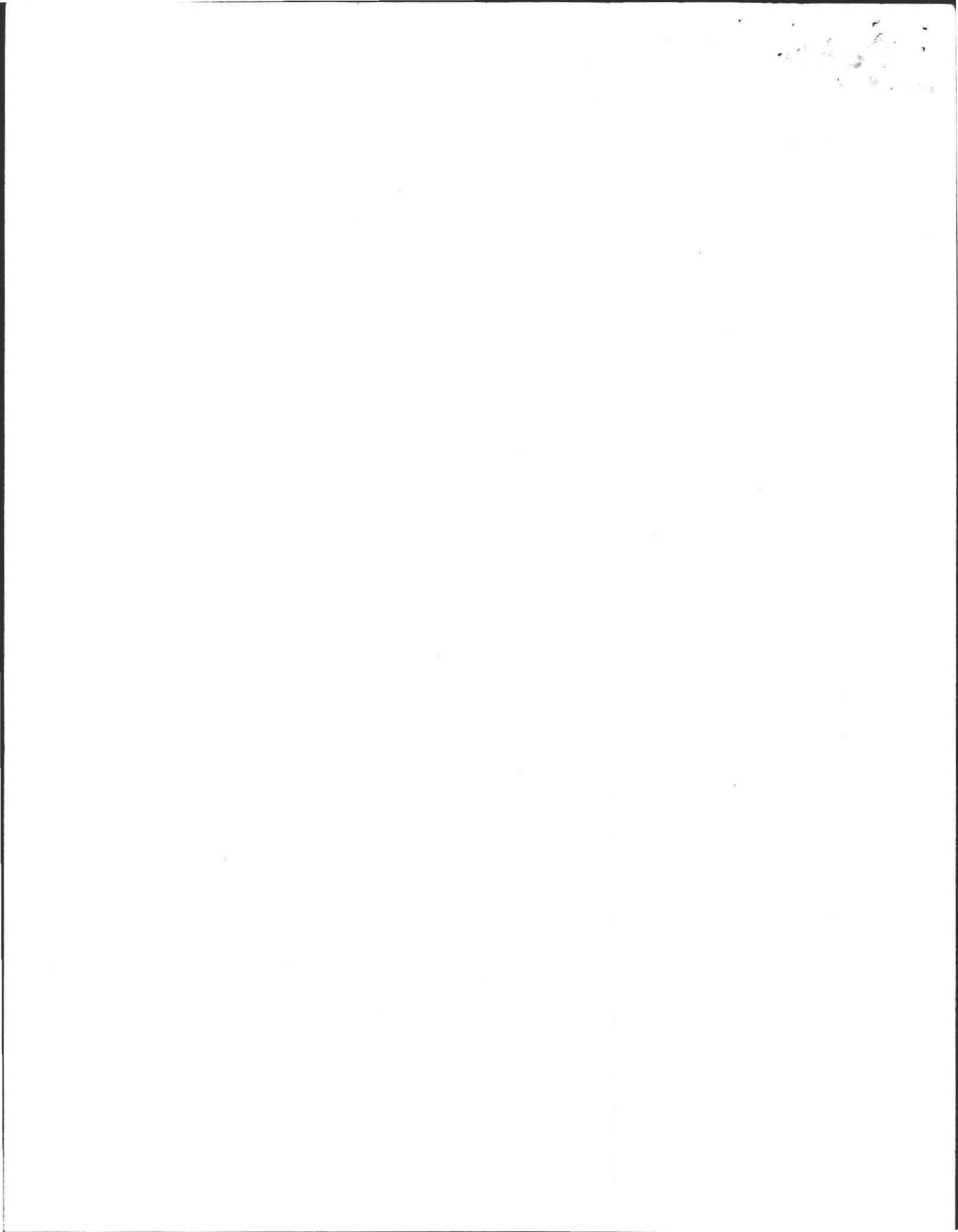
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by Installer at has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 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



PLAN SHOWING SEWAGE DISPOSAL

For: Bercome Builders
47 Spruce Hill Road, Hadley, MA

Site: Lot #5 State Street, Amherst
By: Frederick A. Filios/EF

STATE STREET

X.B.M.
nail in
Telephone Pole
#8 W.M.Co.

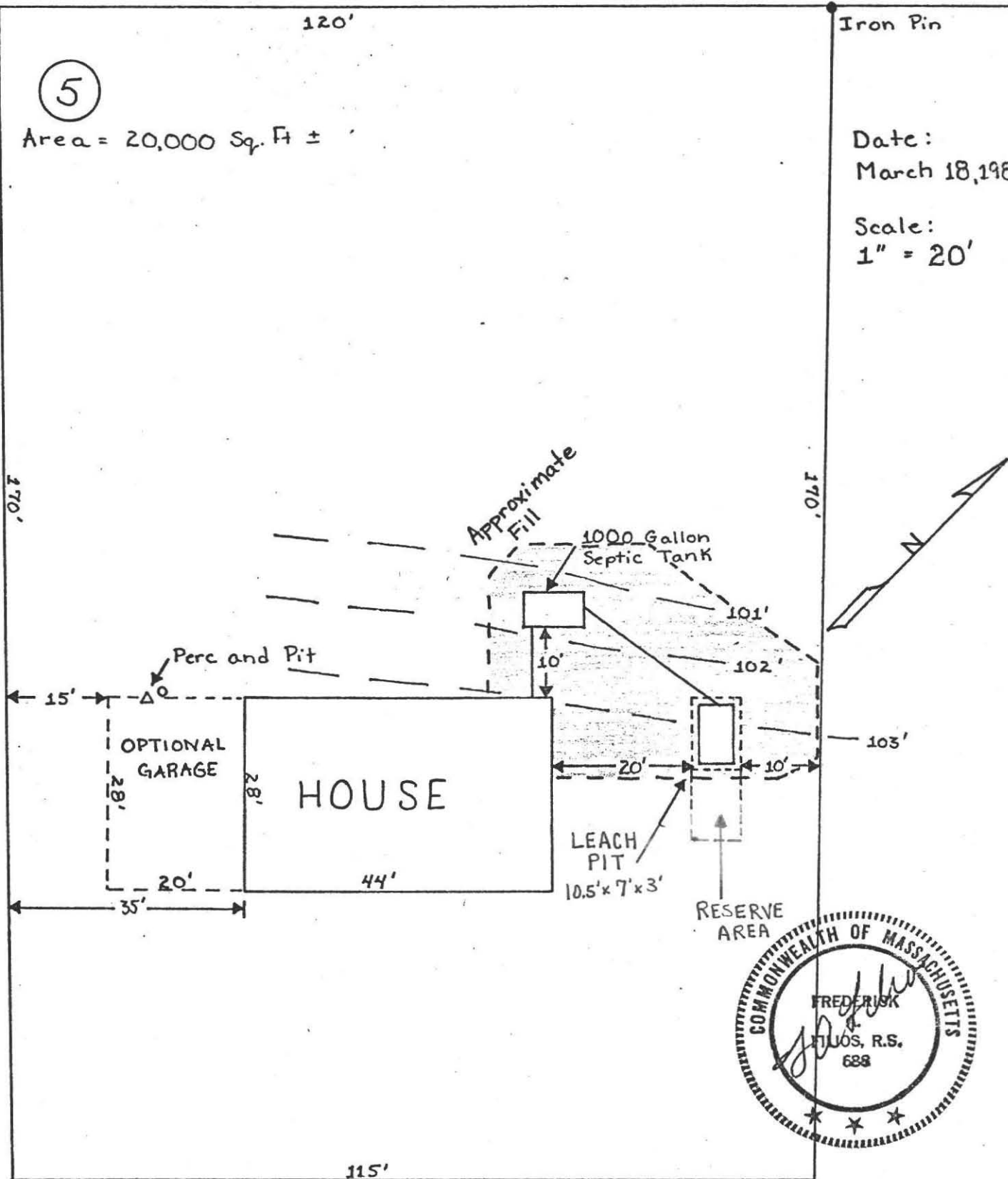
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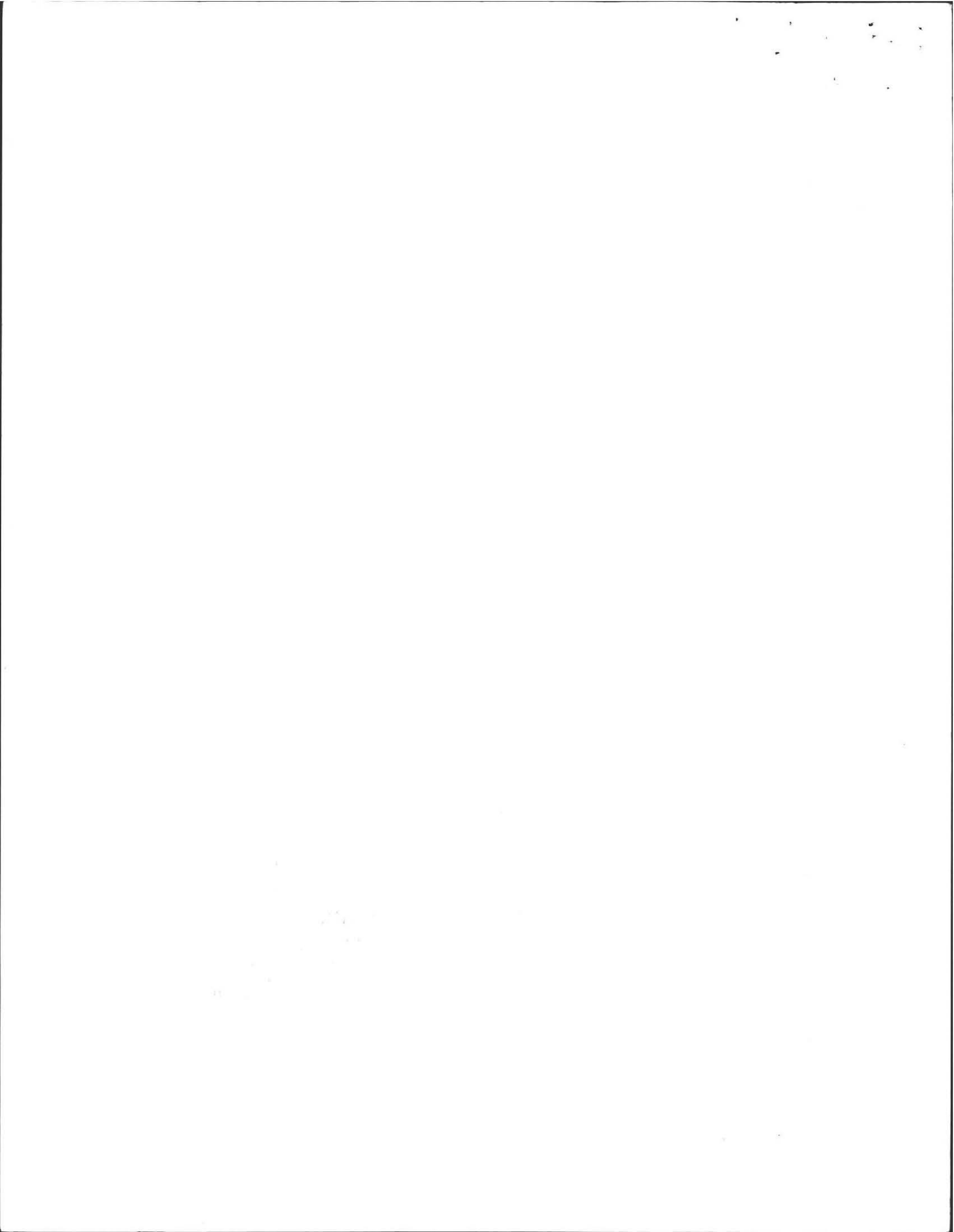
Area = 20,000 Sq. Ft ±

Iron Pin

Date:
March 18, 1986

Scale:
1" = 20'





PROFILE OF SEPTIC SYSTEM

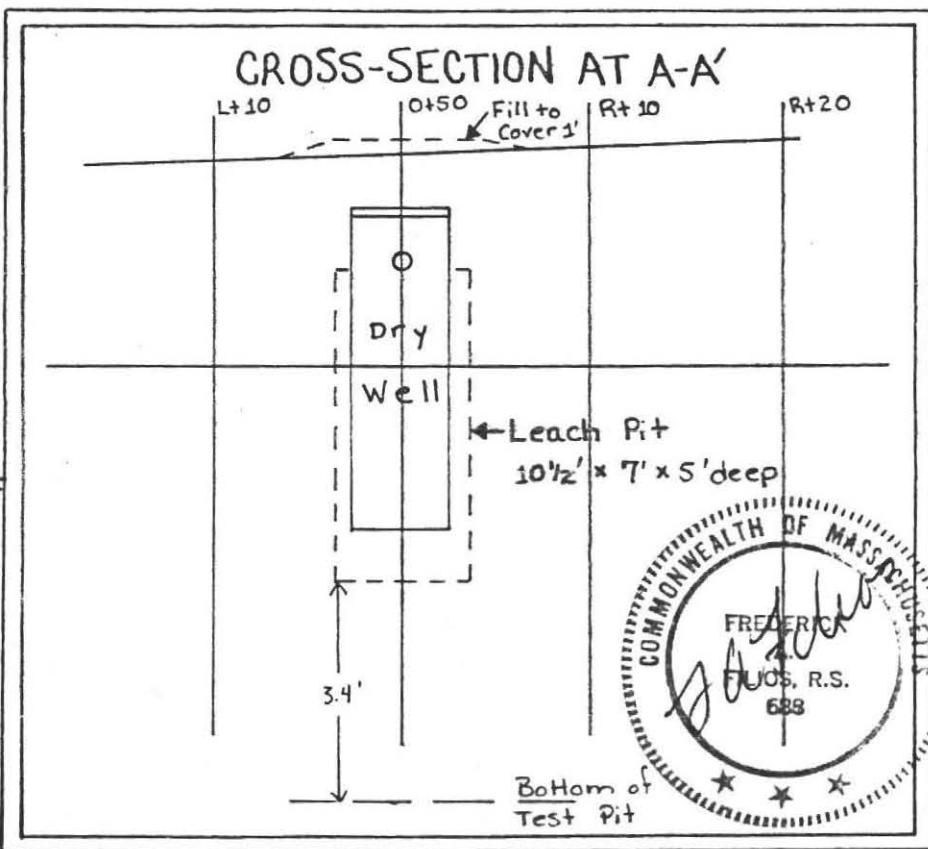
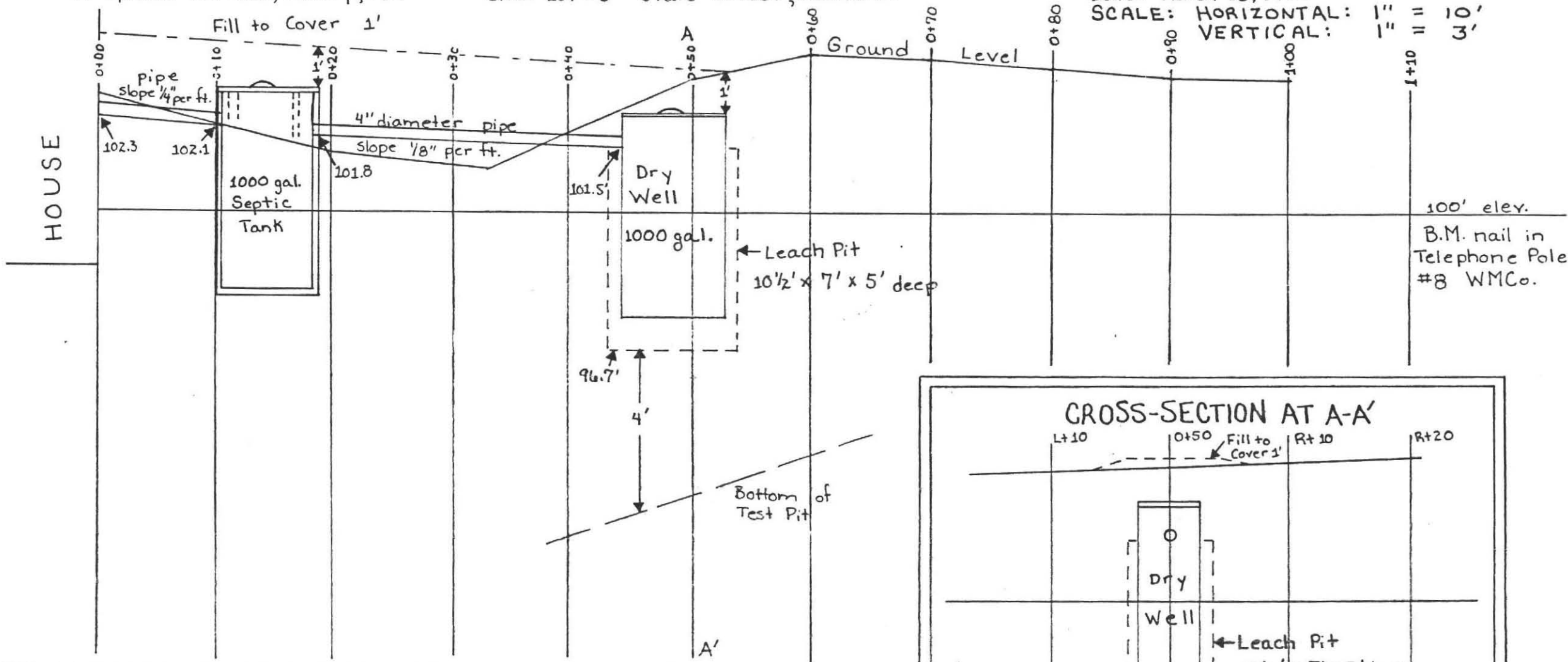
FOR: Bercume Builders
47 Spruce Hill Road, Hadley, MA

Site: Lot #5 State Street, Amherst

BY: FREDERICK A. FILIOS

Date: March 18, 1986

SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'

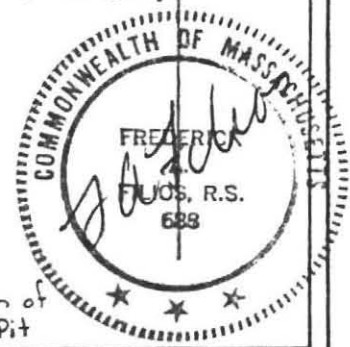


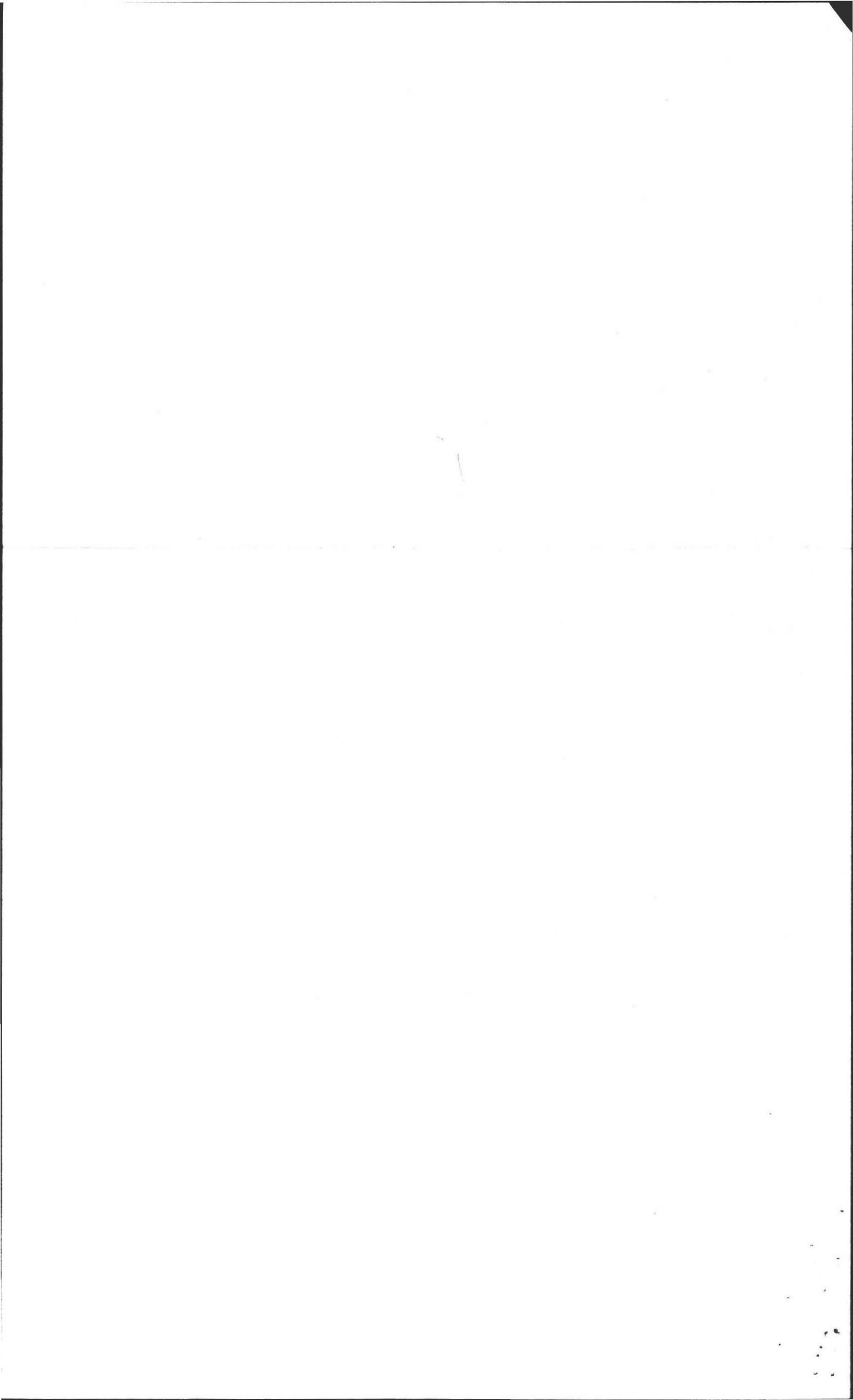
SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

3 bdm x 110 gallons/bdm = 330 required gallons
 Perc Rate 2 min./inch
 sides: 2.5 gal./sq.ft., bottom: 1.0 gal./sq.ft.
 sides: 10 1/2' x 5' x 2 = 105 sq.ft. x 2.5 gal./sq.ft. = 262.5 gal.
 7' x 5' x 2 = 70 sq.ft. x 2.5 gal./sq.ft. = 175 gal.
 Bottom: 10 1/2' x 7' = 73.5 sq.ft. x 1.0 gal./sq.ft. = 73.5 gal.
 262.5 gal. + 175 gal. + 73.5 gal. = 511 gallons proposed.





BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS
LOT 5 STATE ST

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner RON BERGUMI Address SPRUCHELL RD HADLEY

Installer RIVER DEWE ETC. Address RIVER DR HADLEY

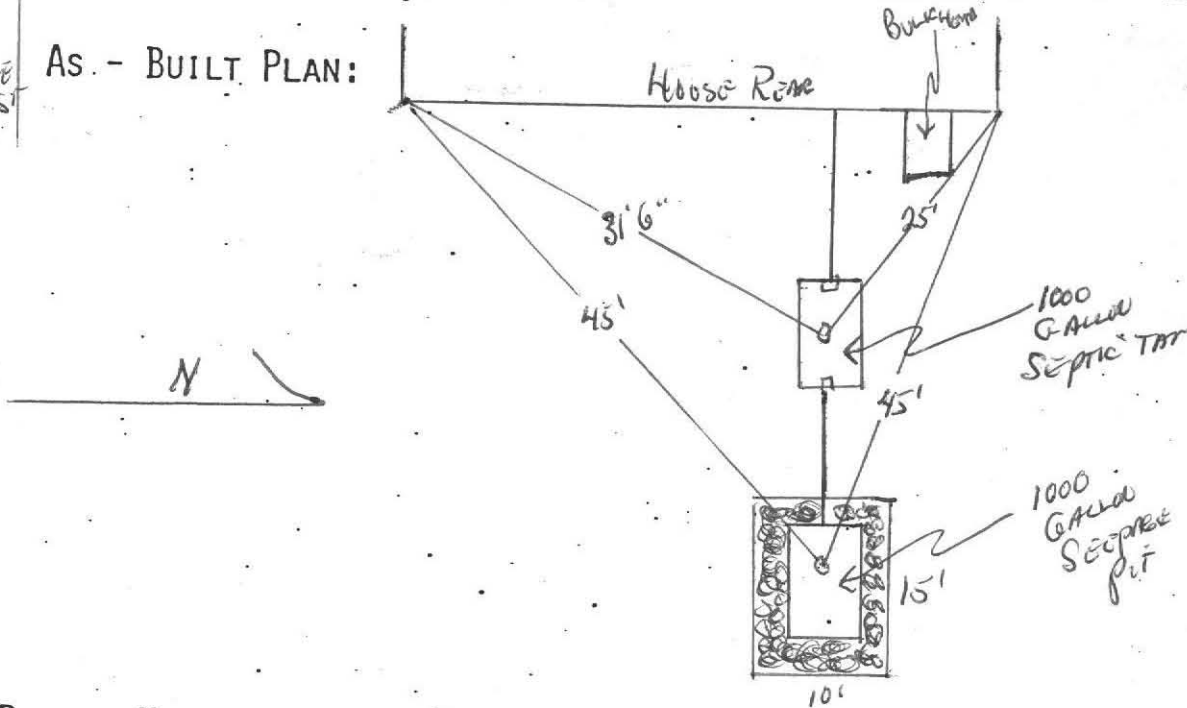
Date Installation Inspected and Approved 7-16-86

Description of System: Tank Capacity: 1000 ²⁰⁰ SILOS

Leach Field () Bed () Seepage Pit (X) Square Feet: 150 ¹⁰ BOTTOM

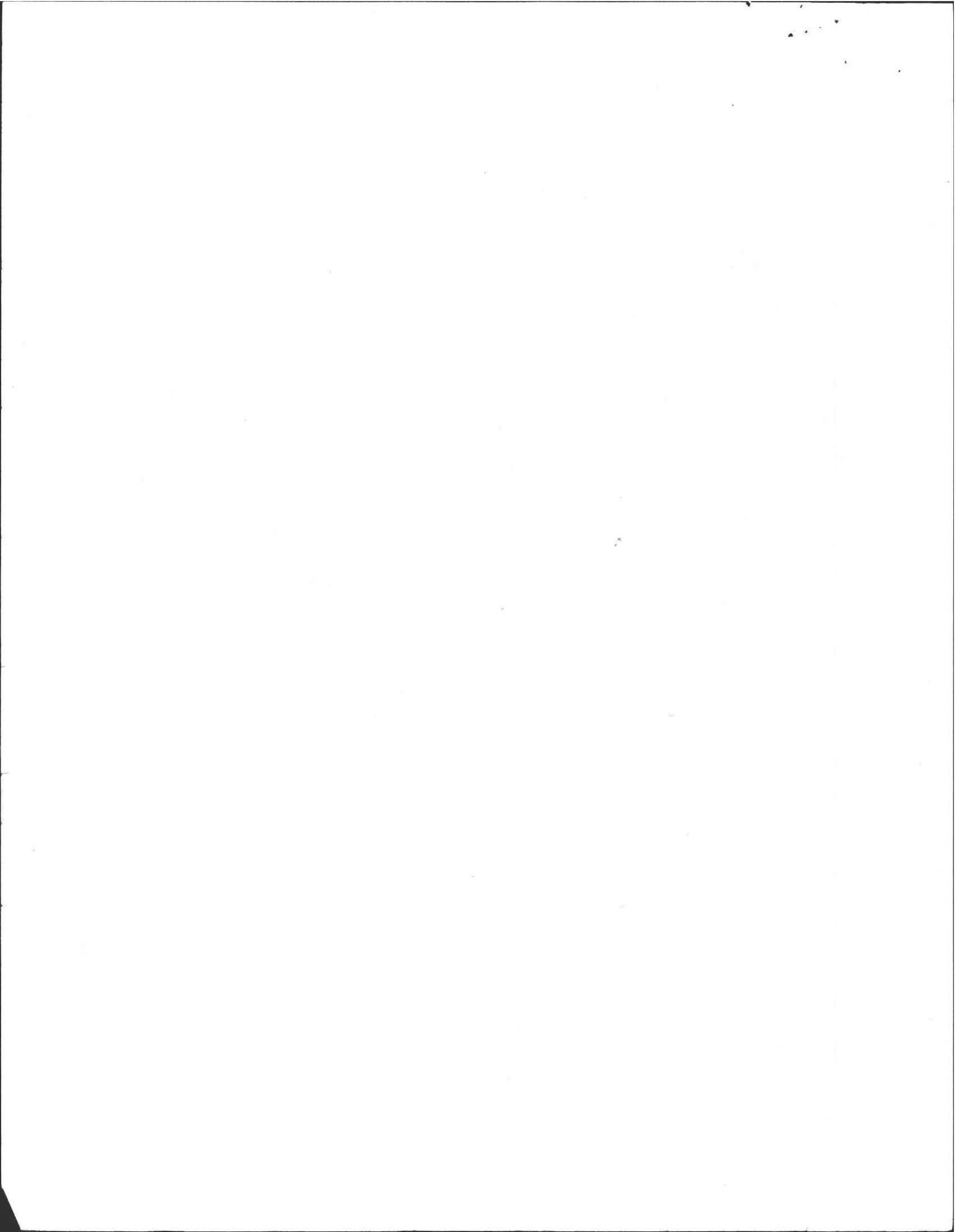
Garbage Grinder Yes () - No (X) No. Bedrooms: 3 No. People 6

TO STATE ST
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 _____ 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.



First 789
516

3 bdrms No GG.

Permit #

Lot 1
Lot 5 86-6
Lot 6 86-7
Lot 7 86-8

Lot 8 86-9
Lot 9 86-10

OBSERVATION PITS

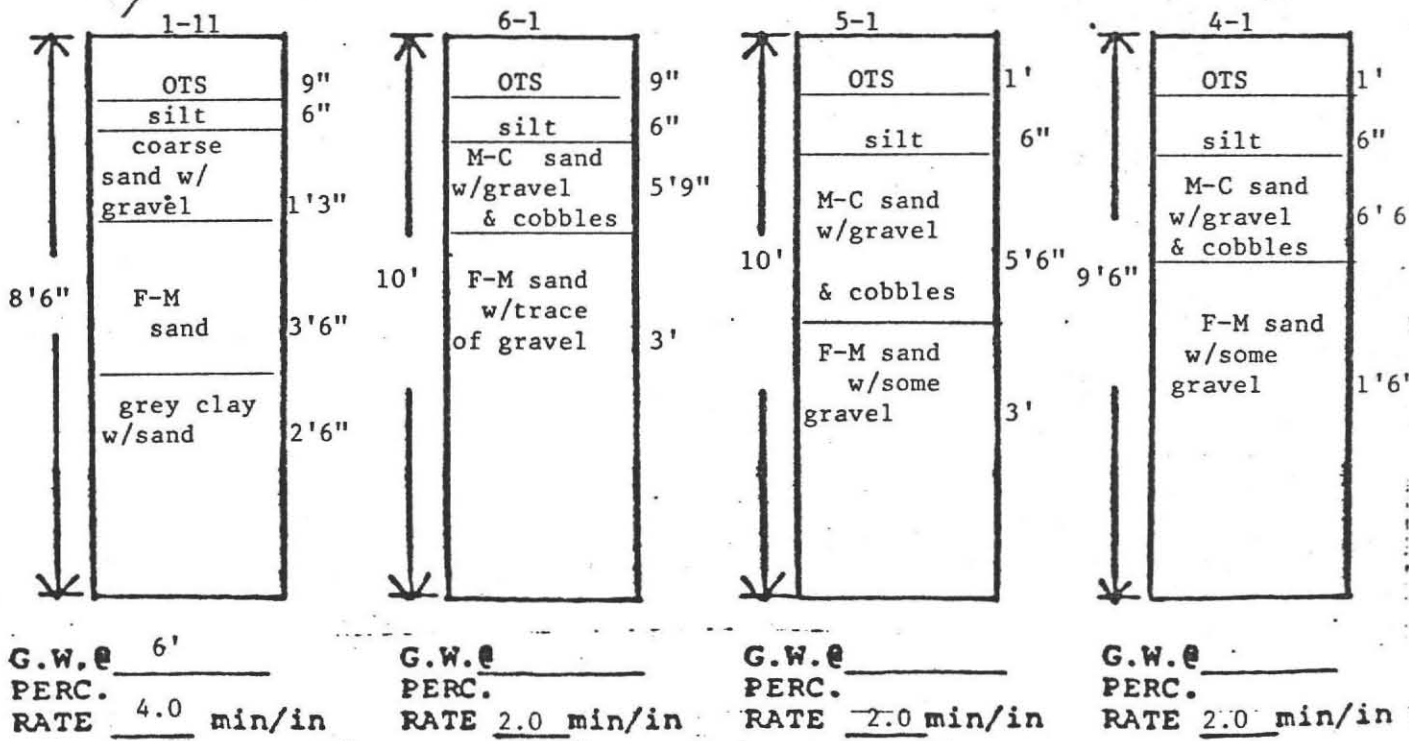
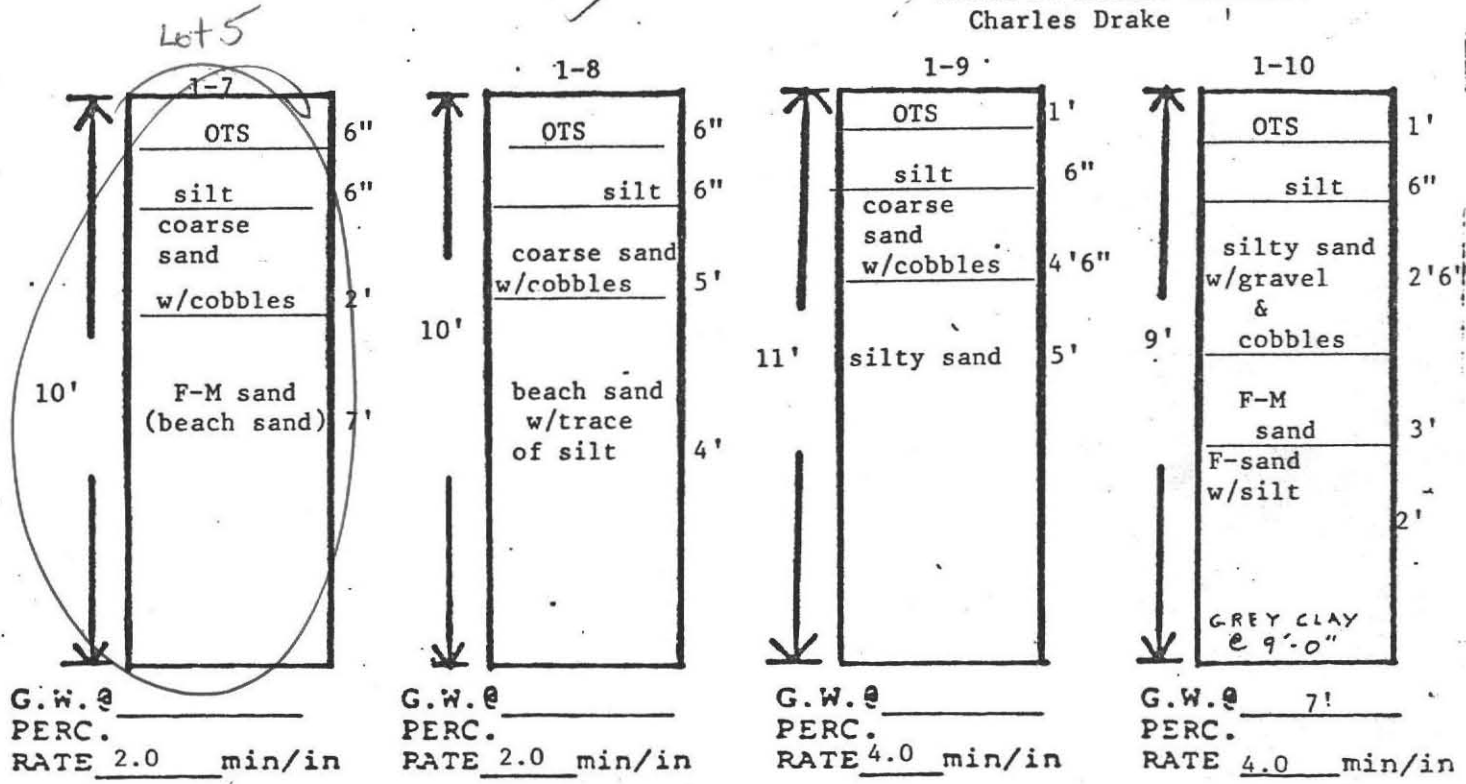
REQUESTED BY: Bob Skrocki

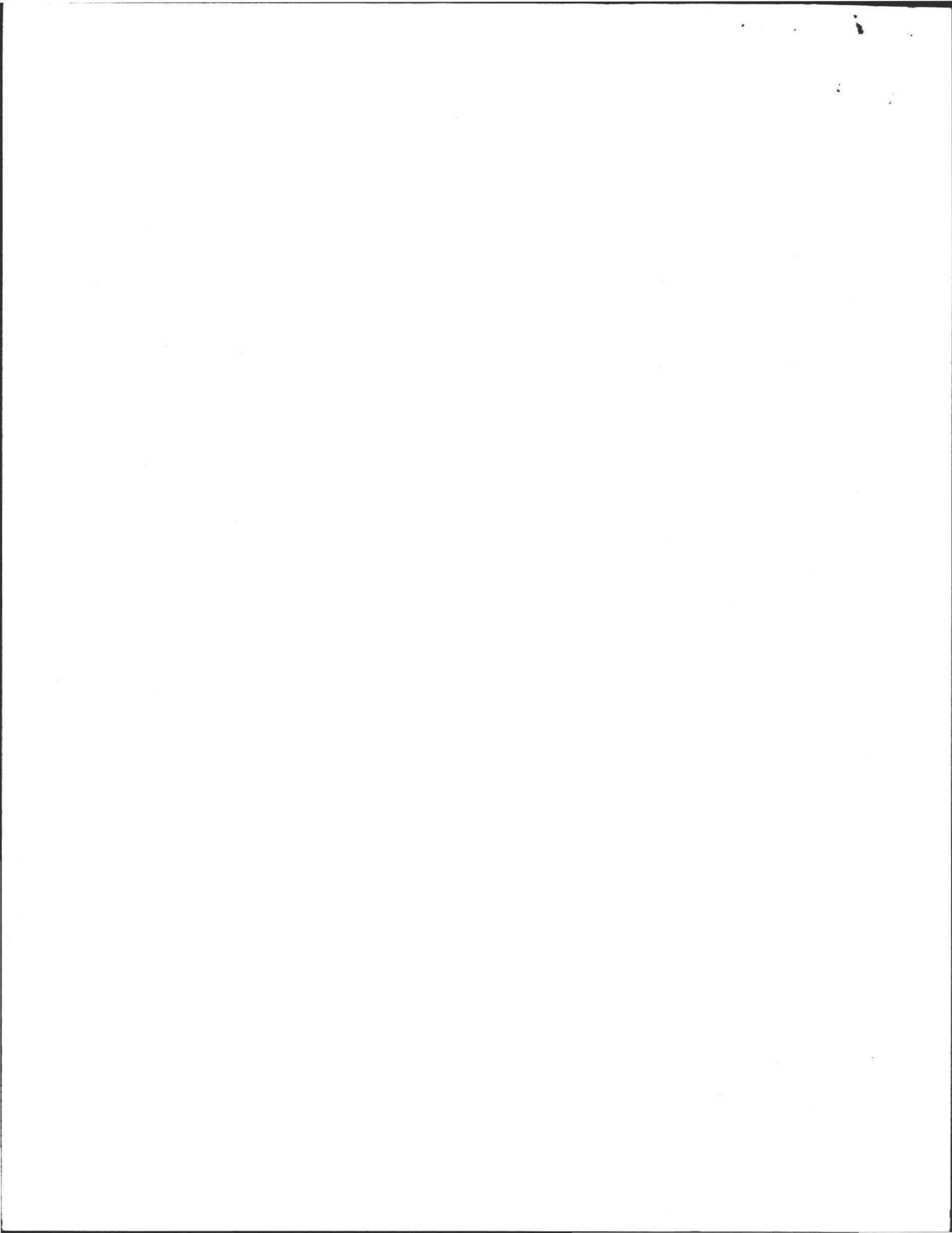
DATE PERFORMED: 1/17/86

LOCATION: State Street, Amherst

PERFORMED BY: A.B. Jr./RPB

Board of Health Witness:
Charles Drake





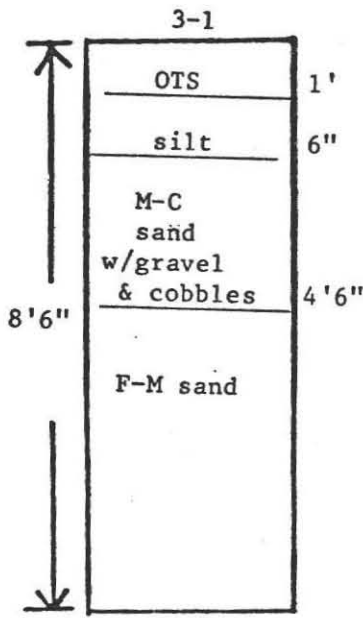
REQUESTED BY: Bob Skrocki

DATE PERFORMED: 1/17/86

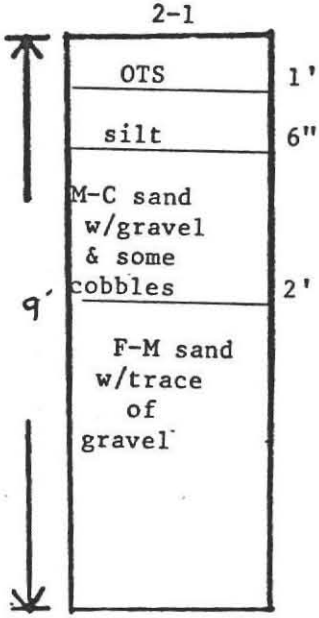
LOCATION: State St., Amherst

PERFORMED BY: AB Jr. / RPB

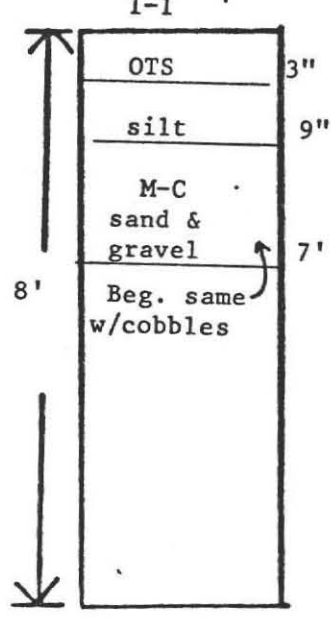
@ EDGE OF FIELD



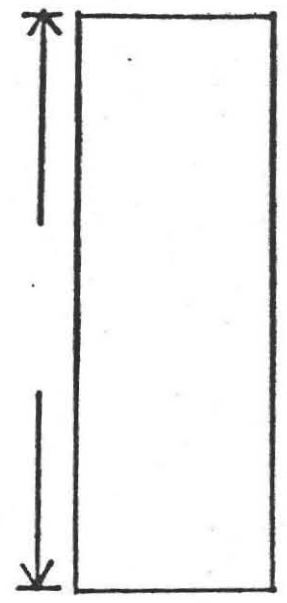
G.W.@ _____
PERC. _____
RATE 2.0 min/in



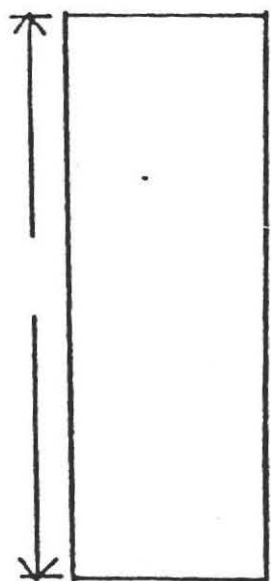
G.W.@ _____
PERC. _____
RATE 2.0 min/in



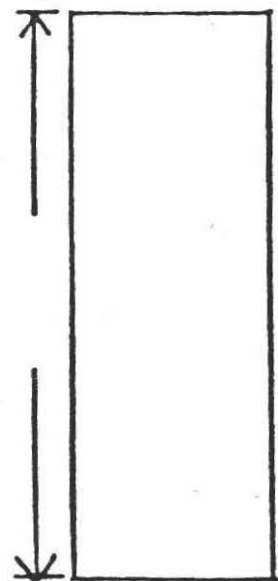
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PERC. _____
RATE 2.0 min/in



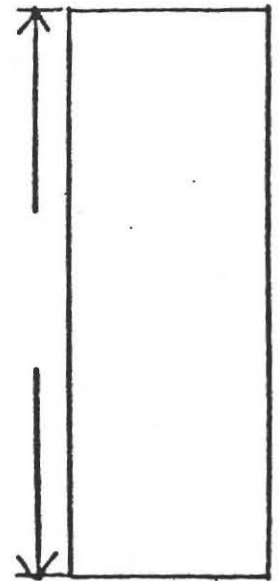
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PERC. _____
RATE _____ min/in



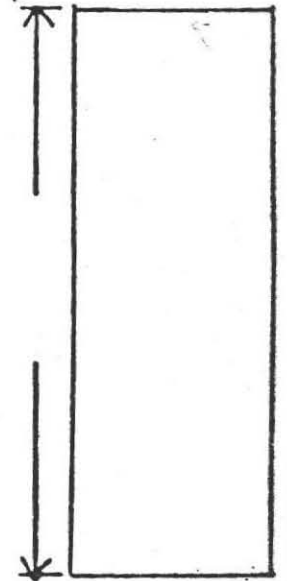
G.W.@ _____
PERC. _____
RATE _____ min/in



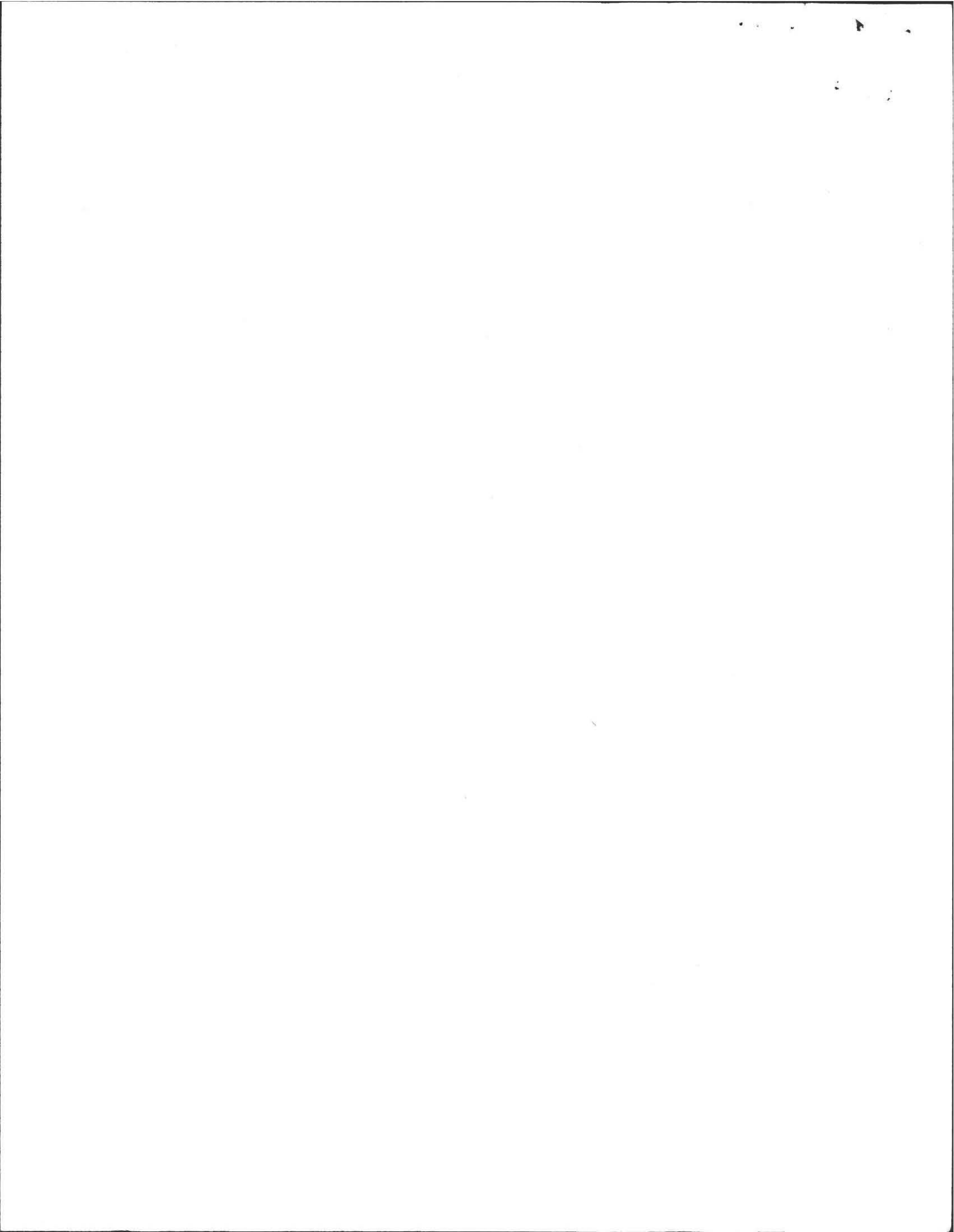
G.W.@ _____
PERC. _____
RATE _____ min/in



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



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



First 78910
1516

3 bdrms No GG.

OBSERVATION PITS

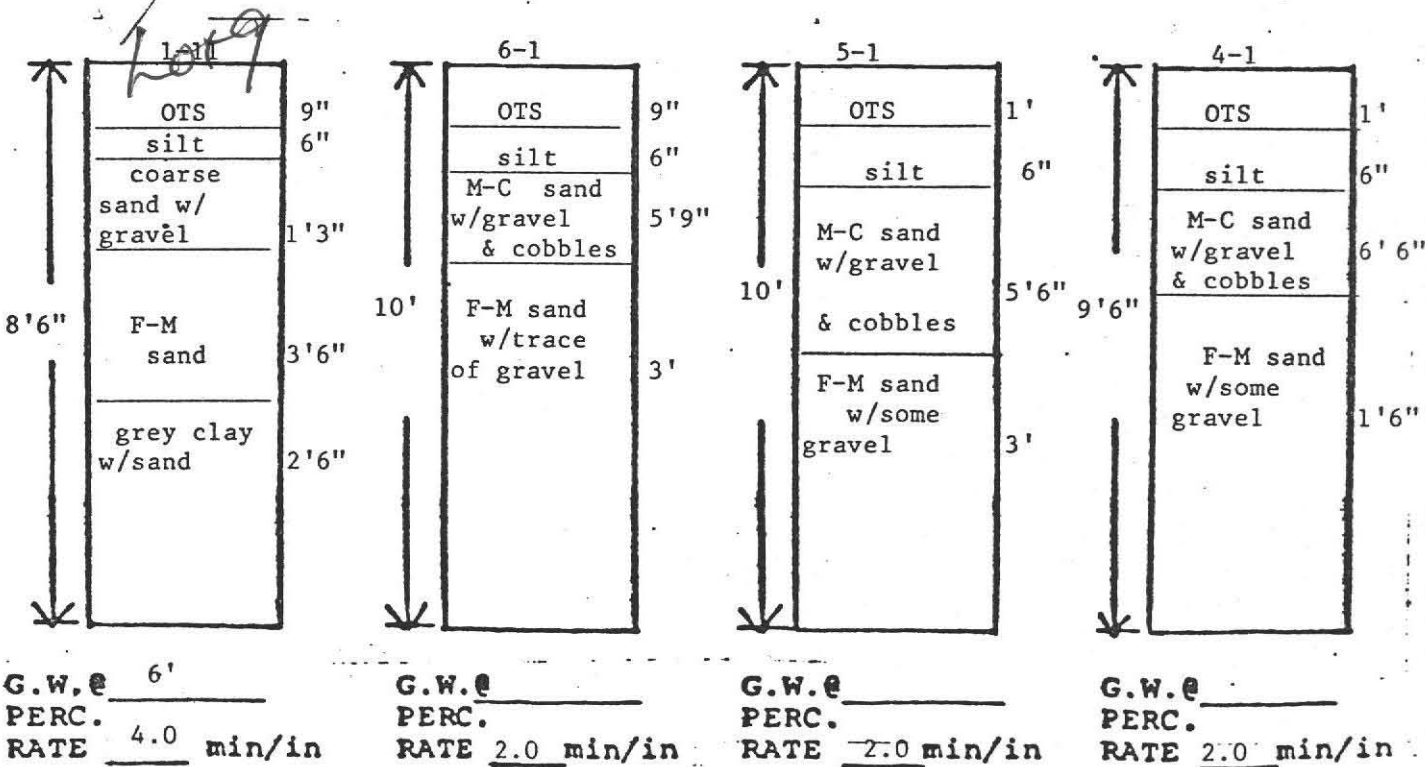
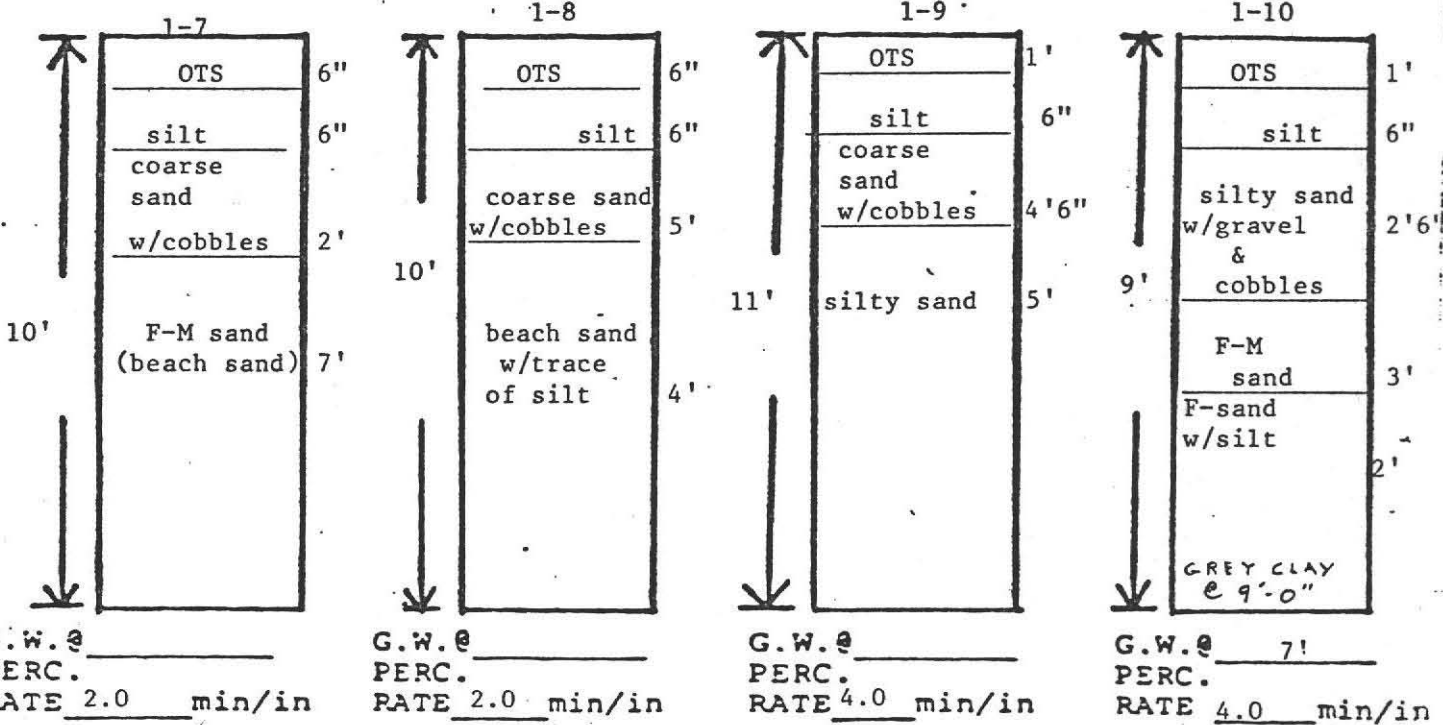
REQUESTED BY: Bob Skrocki

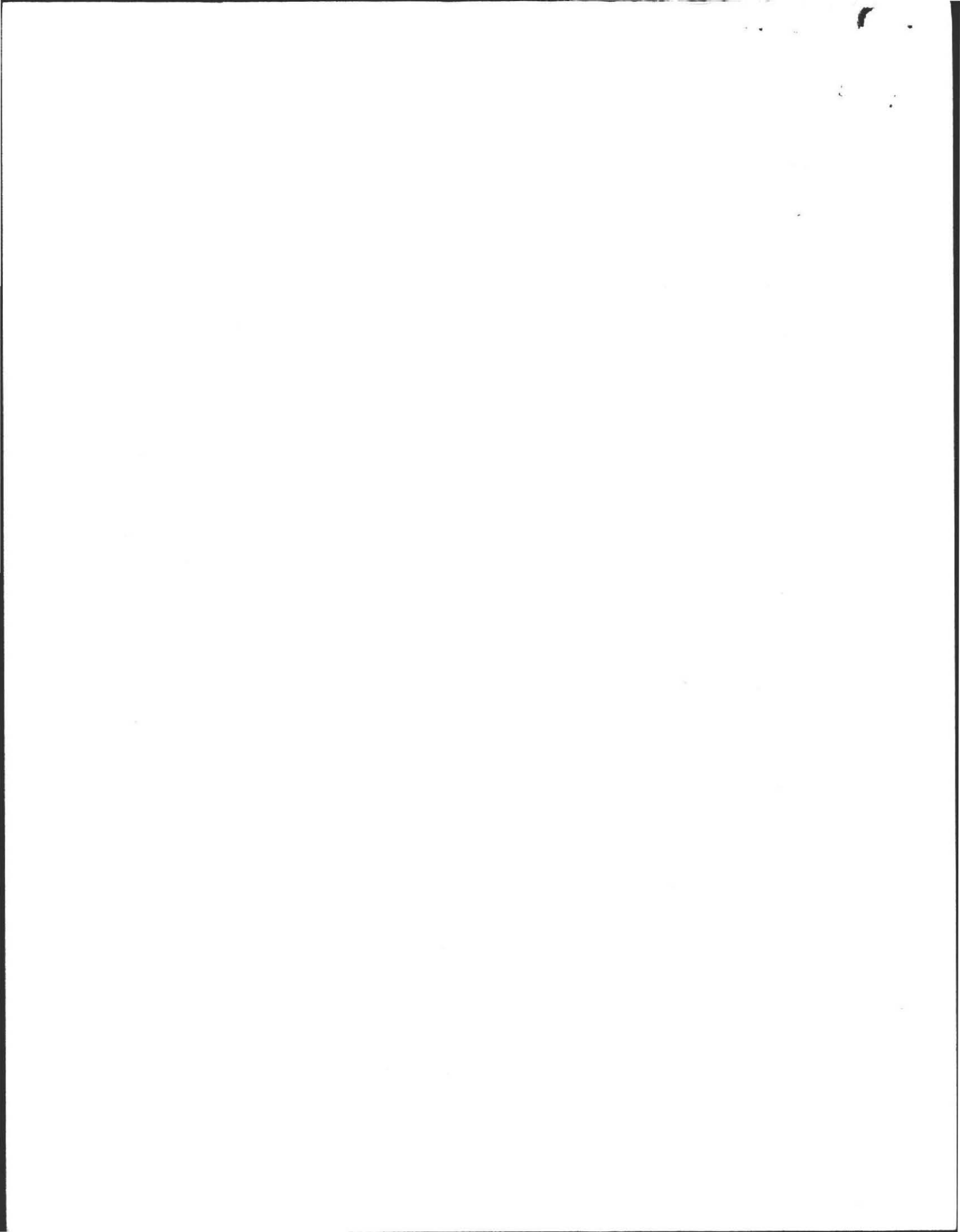
DATE PERFORMED: 1/17/86

LOCATION: State Street, Amherst

PERFORMED BY: A.B. Jr./RPB

Board of Health Witness:
Charles Drake





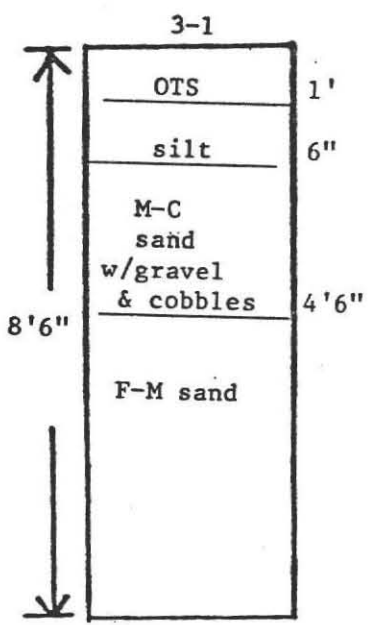
REQUESTED BY: Bob Skrocki

DATE PERFORMED: 1/17/86

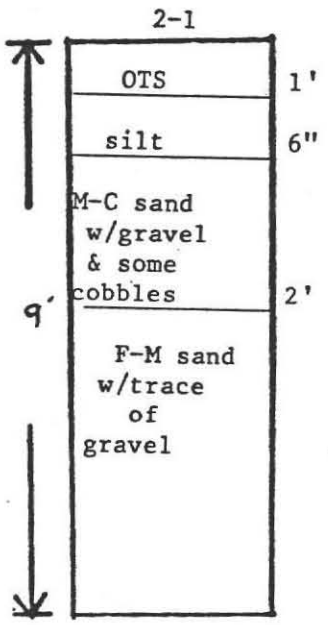
LOCATION: State St., Amherst

PERFORMED BY: AB Jr. / RPB

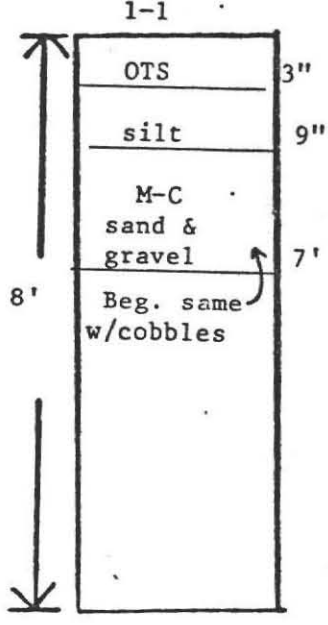
@ EDGE OF FIELD



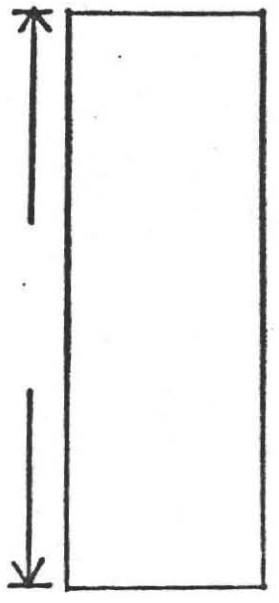
G.W. @ _____
 PERC. _____
 RATE 2.0 min/in



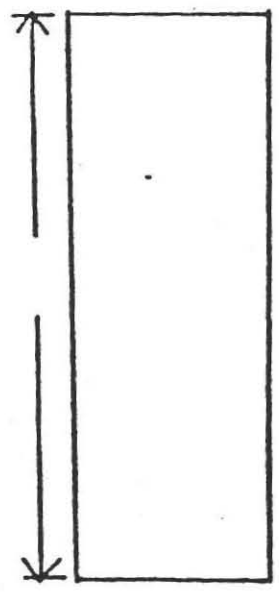
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 PERC. _____
 RATE 2.0 min/in



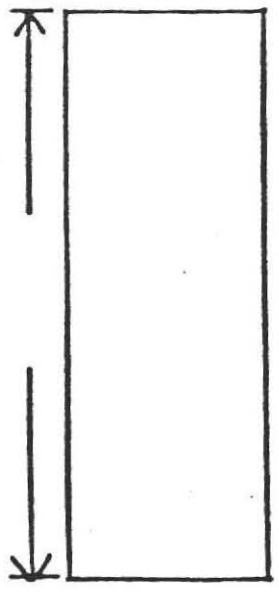
G.W. @ _____
 PERC. _____
 RATE 2.0 min/in



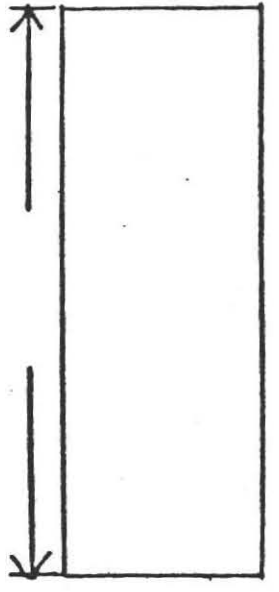
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 PERC. _____
 RATE _____ min/in



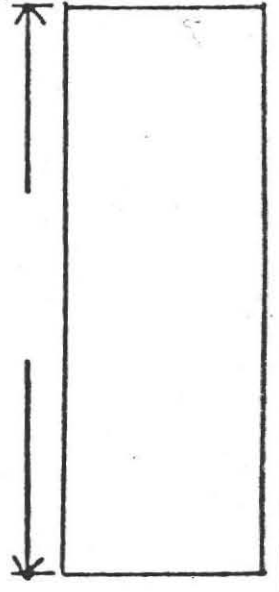
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 PERC. _____
 RATE _____ min/in



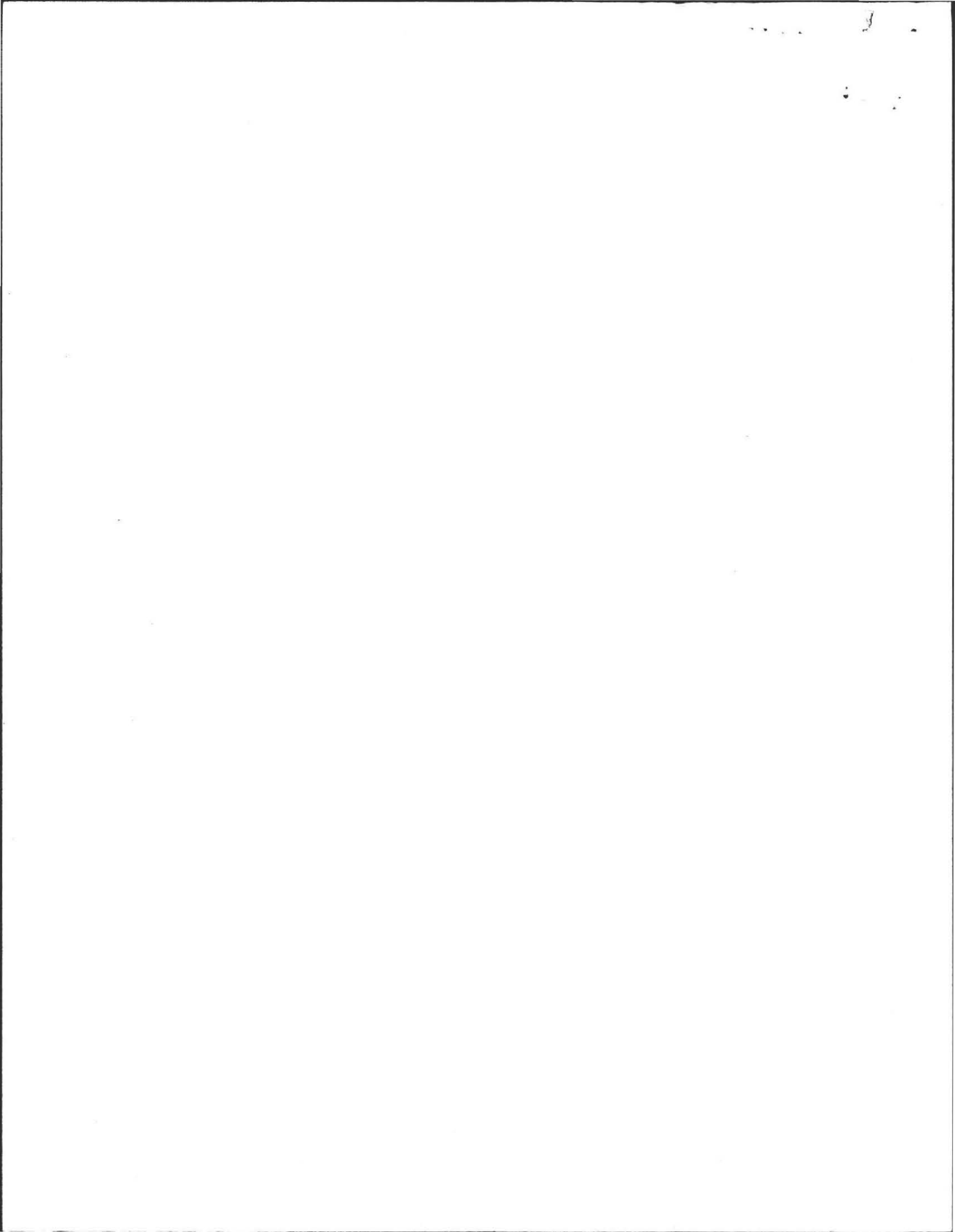
G.W. @ _____
 PERC. _____
 RATE _____ min/in



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



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



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

#103

LOWENTHAL

103 Lot 5 STATE ST Amherst

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner RON BERGUMI Address SPRUCHE RD HAILEY

Installer RIVER DEVE INC. Address RIVER DR HAILEY

Date Installation Inspected and Approved 7-16-86

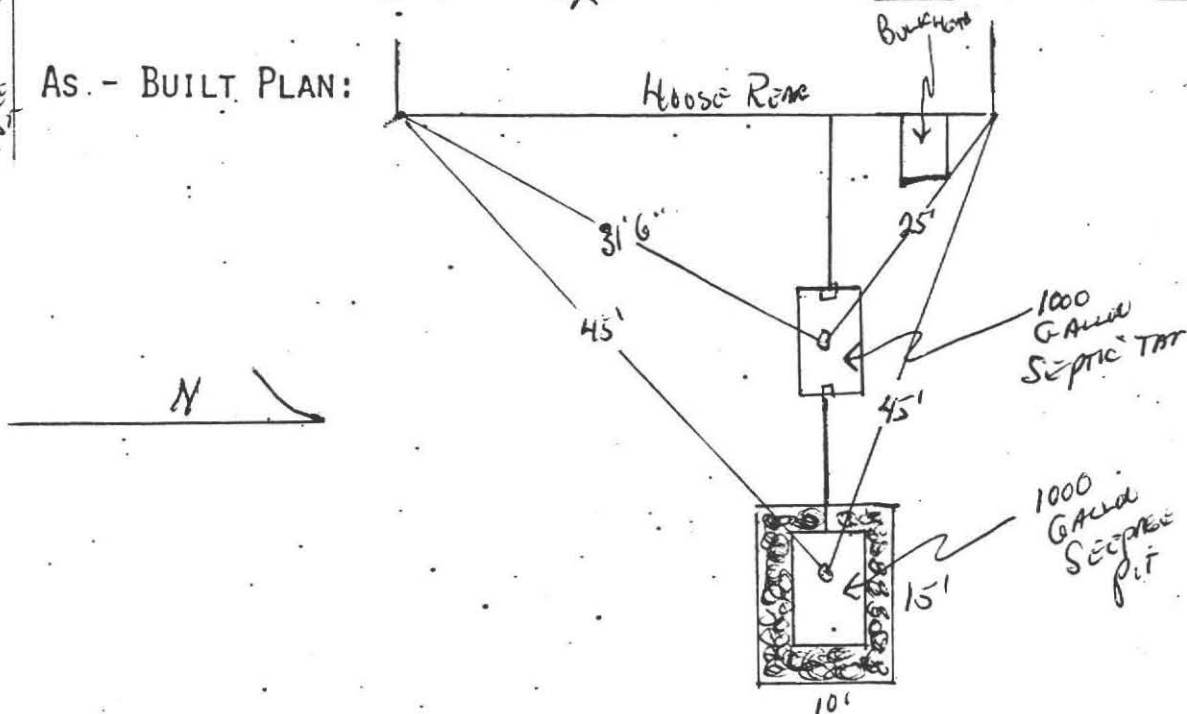
Description of System: Tank Capacity: 1000 ²⁵⁰ SIDES

Leach Field () Bed () Seepage Pit (X) Square Feet: 150 ¹⁷ BOTTOM

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

TO STATE STREET

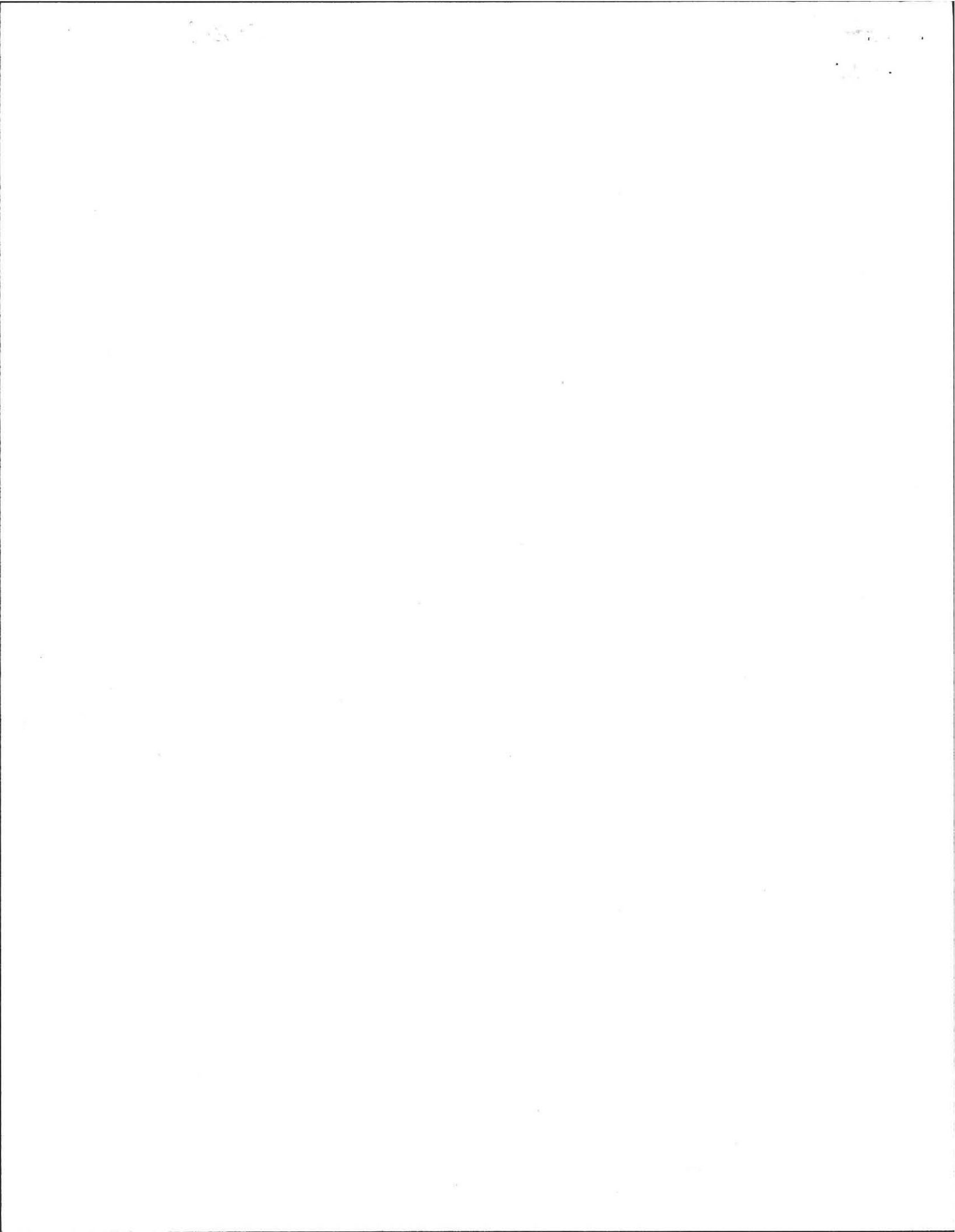
AS - BUILT PLAN:



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 _____ 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.

256-4030 INSPECTION SERVICE



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A

Certification (continued)

Property Address: 103 STATE ST.

AMHERST, MA. 01002

Owner: WOLFE LOWENTHOL

Date of Inspection: JULY 2, 1998

B] SYSTEM CONDITIONALLY PASSES (continued)

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 conforming 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): Describe observations:

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

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 environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES 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 a surface water
Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2) SYSTEM WILL FAIL UNLESS BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) 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 to 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 1 of a public water supply well.
The system has a septic tank and soil absorption system and 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

#103

RECEIVED JUL 06 1998

William F. Weld
Governor
Argeo Paul Celluci
Lt. Governor

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Trudy Coxe
Secretary
David B. Struhs
Commissioner

**Department of
Environmental Protection**
ONE WINTER STREET, BOSTON, MA. 02108 617-292-5500

TITLE V REPORT

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

**Part A
Certification**

Property Address: 103 STATE ST.

Address of Owner:

AMHERST, MA. 01002

Date of Inspection:

JULY 2, 1998

(ONLY if different)

Company Name:

**Greg's Wastewater Removal
239A Greenfield Road
S. Deerfield, MA 01373**

Company Phone:

(413) 665 - 3989

Name of Inspector: Philip J. Pasiecznik

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)



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:

Philip J. Pasiecznik

DATE:

7/2/98

The System Inspector shall submit a copy of this inspection report the Approving Authority 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.

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

A] SYSTEM PASSES:

- I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. 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.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part B
CHECKLIST

Property Address: 103 STATE ST.

AMHERST, MA. 01002

Owner: WOLFE LOWENTHOL

Date of Inspection: JULY 2, 1998

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

Yes No

- 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 an NA
- The facility or dwelling was inspected for signs of sewage back-up.
- The system does not receive non-sanitary or industrial water flow.
- The site was inspected for signs of breakout.
- All system components, excluding the Soil Absorption System, 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 Soil Absorption System on the site has been determined based on:
 The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.
- Existing information. Ex. Plan at B.O.H.
- 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)}

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A

Certification (continued)

Property Address: 103 STATE ST.

AMHERST, MA. 01002

Owner: WOLFE LOWENTHOL

Date of Inspection: JULY 2, 1998

D] SYSTEM FAILS:

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

I have determined that the system violates one or more of the following failure criteria as defined 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.
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Liquid depth in cesspool is less than 6" below invert or available volume is less the 1/2 day flow.
- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
- Number of times pumped
- Any portion of the Soil Absorption System, cesspool, or privy is below the high groundwater elevation.
- Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone I of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach a 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" as to each of the following:

THE FOLLOWING CRITERIA APPLY TO LARGE SYSTEMS IN ADDITION TO 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

- The system is within 400 feet of a surface drinking water supply
- The system is within 200 feet of a tributary to a surface drinking water supply
- The system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A

Certification (continued)

Property Address: 103 STATE ST.

AMHERST, MA. 01002

Owner: WOLFE LOWENTHOL

Date of Inspection: JULY 2, 1998

BUILDING SEWER:

(Locate on site plan)

Depth below grade: 30"

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

Distance from private water supply well or suction line Town water

Diameter 4"

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

Joints in good condition with no evidence of leakage. System vented thru dwelling roof.

SEPTIC TANK -

(locate on site plan):

Depth below grade: 22"

Material of Construction: Concrete Metal Fiberglass Polyethylene _____ Other (explain)

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

8'6"L.x4'6"W.x5'D.

Dimensions:

4"

Sludge Depth

23"

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

2"

Scum thickness

5"

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

20"

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

Measured

How dimensions were determined:

Comments: (Recommendations for pumping, condition of inlet & outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Pump tank every three years. Inlet and outlet baffles in good condition. Liquid level was at the outlet invert. Tank is in good condition with no evidence of leakage. 12" Riser installed over cleanout manhole to bring it within 10" of surface..

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 / baffle

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

Date of last pumping:

Comments: (Recommendations for pumping, condition of inlet & 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

Property Address: 103 STATE ST.

AMHERST, MA. 01002

Owner: WOLFE LOWENTHOL

Date of Inspection: JULY 2, 1998

FLOW CONDITIONS

Residential:

Design Flow: 110 g.p.d./bedroom for S.A.S.

Number of bedrooms: 3

Number of current residents: 3

Garbage Grinder (yes or no) No

Laundry connected to system (yes or no) Yes

Seasonal Use (yes or no) No

Water Meter readings - if available

- (last two (2) year usage (gpd) 158,250 gallons

217 gpd

Sump Pump (yes or no) No

Last Date of Occupancy: 9/1/98

Commercial/Industrial:

Type of establishment: _____

Design flow: _____ gallons per day

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 6/27/97 by Greg's

System pumped as part of the

inspection: (yes or no) Yes

If YES - enter volume pumped: 1000 from septic tank 500 from leach pit Total 1500 gallons

Reason for pumping: Tank inspection and to check for groundwater recharge.

TYPE OF SYSTEM:

Septic Tank / D Box / Soil Absorption System

Single Cesspool

Overflow Cesspool

Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any) No

.I/A Technology etc. Copy of up to date contract? _____

OTHER: _____

APPROXIMATE AGE of all -components: 12 Years old

Date Installed, if Known: 1986

Source of Information: As built

Sewage Odors detected when arriving at Site: (yes or no) No

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C

SYSTEM INFORMATION (continued)

Property Address: 103 STATE ST.

AMHERST, MA. 01002

Owner: WOLFE LOWENTHOL

Date of Inspection: JULY 2, 1998

SOIL ABSORPTION SYSTEM

(SAS):

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

If not determined to be present, explain: _____.

TYPE:

Leaching pits & number _____

Leaching chambers & number One 1000 gallon

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, condition of vegetation, etc.) Boney gravel with no clogging evident. No sign of hydraulic failure. No ponding. Vegetation normal mowed grass. When cover to leach chamber was opened there was two feet of liquid in the tank. Pumped 500 gallons to check for groundwater recharge and there was none. Chamber is 8'L.x4'6"W.x5'D. Bottom of chamber is 7' below grade..

CESSPOOLS

(locate on site plan):

Number & 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 _____

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: 103 STATE ST.

AMHERST, MA. 01002

Owner: WOLFE LOWENTHOL

Date of Inspection: JULY 2, 1998

TIGHT / 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 in gallons

Design flow in gallons per day

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: Yes No

(locate on site plan):

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, etc.) _____.

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: 103 STATE ST.
AMHERST, MA. 01002
Owner: WOLFE LOWENTHOL
Date of Inspection: JULY 2, 1998

Depth to Groundwater 8+ Feet

Please indicate all the methods used to determine High Groundwater Elevation

- Obtained from Design Plans on record
- Observation of Site (Abutting property, observation hole, basement sump etc.)
- Determine it from local conditions
- Check with local Board of health
- Check FEMA Maps
- Check pumping records
- Check local excavators, installers
- Use USGS Data

Describe in your own words how you established the High Groundwater Elevation.
(Must be completed): No sump in cellar. No water stains on the cellar walls or floor. Cellar is 7' below grade. After pumping leach chamber there was no recharge of groundwater. Area is gravelly and dry. Pumping records don't indicate a groundwater problem.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C
SYSTEM INFORMATION

Property Address: 103 STATE ST.

Owner: AMHERST, MA. 01002

Date of Inspection: WOLFE LOWENTHOL

JULY 2, 1998

SKETCH OF SEWAGE DISPOSAL SYSTEM:

{INCLUDE TIES TO AT LEAST 2 PERMANENT REFERENCES, LANDMARKS, OR BENCHMARKS -
AND LOCATE ALL WELLS WITHIN 100 FEET} (Locate where public water supply comes into house)

****** { SEE EXHIBIT A } ******

Subsurface Sewage Disposal System

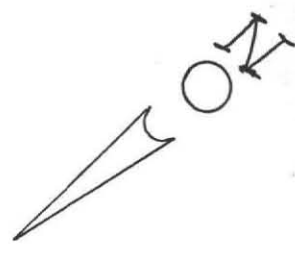
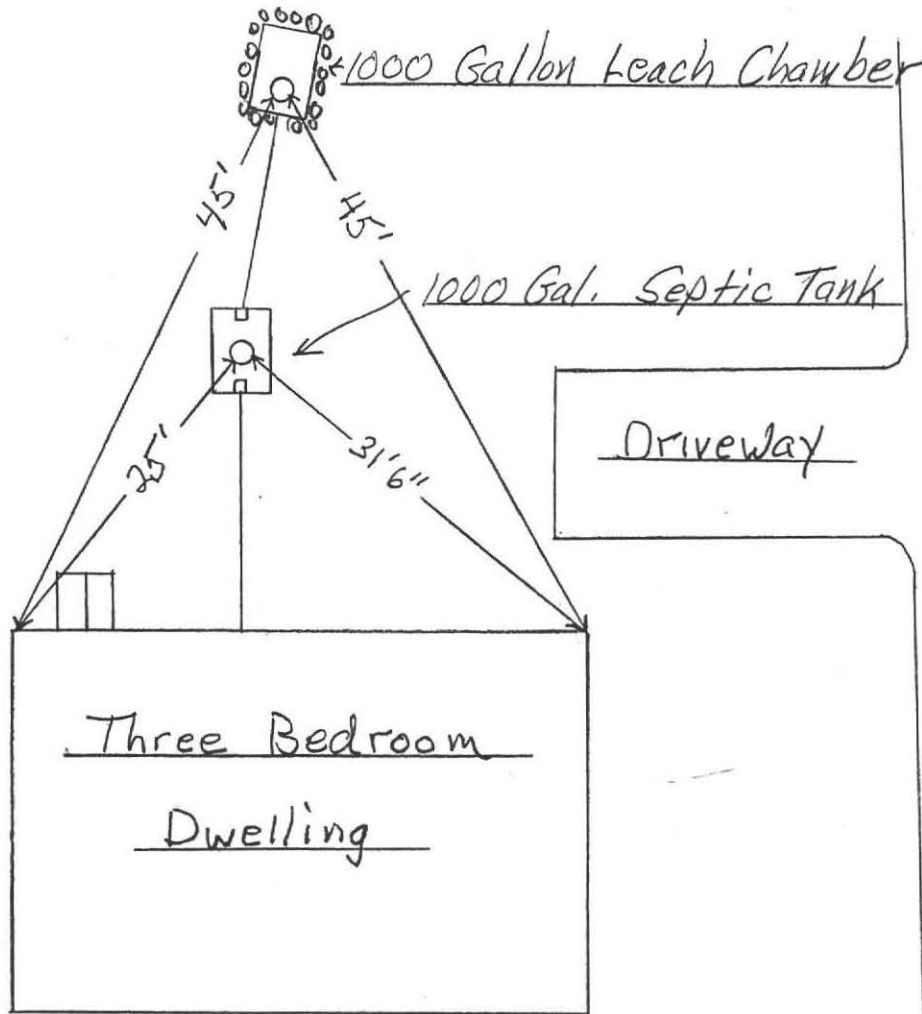
EXHIBIT "A"

at 103 State St.

Inspection Date 7/2/98

Amherst, Ma 01002

Drawing Not to Scale



State Street

Common Drive

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