

STATE ST



TITLE 5  
OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
PART A  
CERTIFICATION

Property Address: 75 State Street, North Amherst, MA

Owner's Name: David Rudd

Owner's Address: 5820 Greentree Road  
Bethesda MD 20817

Date of Inspection: July 13, 2001

Name of Inspector: Alan E. Weiss, R.S # 933

Company Name: Cold Spring Environmental Inc.

Mailing Address: 350 Old Enfield Road  
Belchertown, Massachusetts 01007

Telephone Number: (413) 323-5957 fax: 413-323-4916

**CERTIFICATION STATEMENT**

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

- XX Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: 

Date: July 13, 2001

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

Notes and Comments

**Septic Tank, D. Box and leaching area was in good condition upon inspection. No signs of current or past failure noted. Karl's pumped septic tank 6/26/2001.**

**\*\*\*\*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 different conditions of use.**



OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK  
ALBANY

Property Address - 222 West 125th Street  
New York, N.Y. 10027

City of Residence - New York, N.Y.  
County of Residence - New York  
Date of Birth - 12/12/1952

Telephone Number - (212) 875-1234  
Social Security Number - 123-45-6789  
Mailing Address - 222 West 125th Street  
New York, N.Y. 10027

STATE OF NEW YORK

I, the undersigned, being duly qualified, do hereby certify that the above is a true and correct copy of the records of the State of New York, as the same appear in the files of the Department of Social Services, at the date of this certification.

\_\_\_\_\_  
Notary Public in and for the State of New York

Inspector's Signature \_\_\_\_\_ Date: 12/12/2001

This document is a true and correct copy of the records of the State of New York, as the same appear in the files of the Department of Social Services, at the date of this certification.

\_\_\_\_\_  
Notary Public in and for the State of New York

This document is a true and correct copy of the records of the State of New York, as the same appear in the files of the Department of Social Services, at the date of this certification.

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

Property Address: 75 state st.

Owner: Rudd

Date of Inspection: 7/13/01

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: store ok, - level + marks in D. box ok, S. Tank ok.

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):

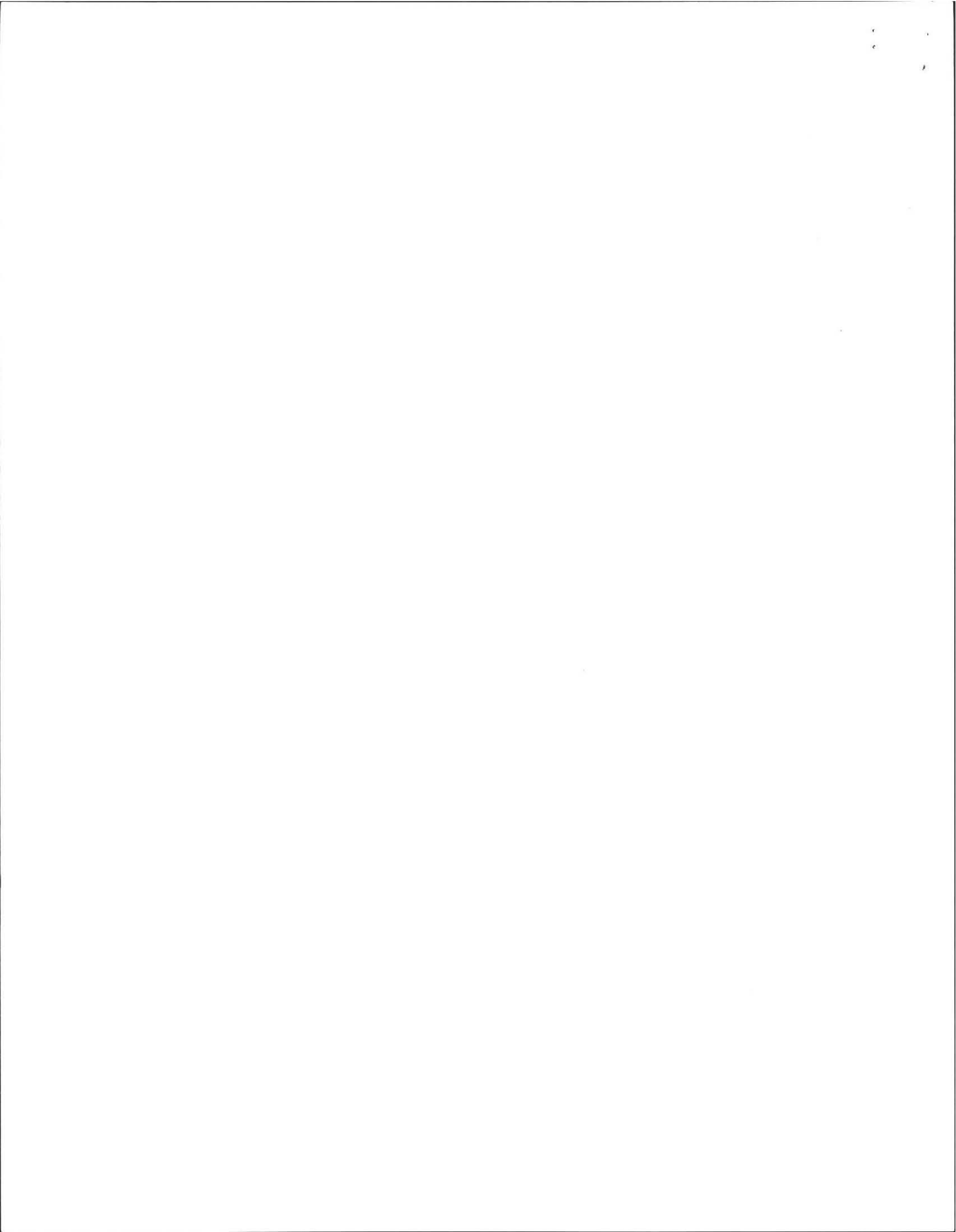
- \_\_\_\_\_ broken pipe(s) are replaced
- \_\_\_\_\_ obstruction is removed
- \_\_\_\_\_ distribution box is leveled or replaced

ND explain:

\_\_\_\_\_ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- \_\_\_\_\_ broken pipe(s) are replaced
- \_\_\_\_\_ obstruction is removed

ND explain:



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A  
CERTIFICATION (continued)

Property Address: 75 stpk

Owner: Rudd

Date of Inspection: 7/19/01

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.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*. Method used to determine distance \_\_\_\_\_

\*\*This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

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

Property Address: 75 STATE ST.

Owner: Rudd

Date of Inspection: 7/13/01

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 <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped <u>    </u> .   |
| <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.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I 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. [This system passes <del>if the well water analysis</del> , performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

No (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:

To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:  
(The following criteria apply to large systems in addition to the criteria above)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| yes                      | no                       |  |
| <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 – JWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART B  
CHECKLIST

Property Address: 75 State ST.

Owner: Rudd

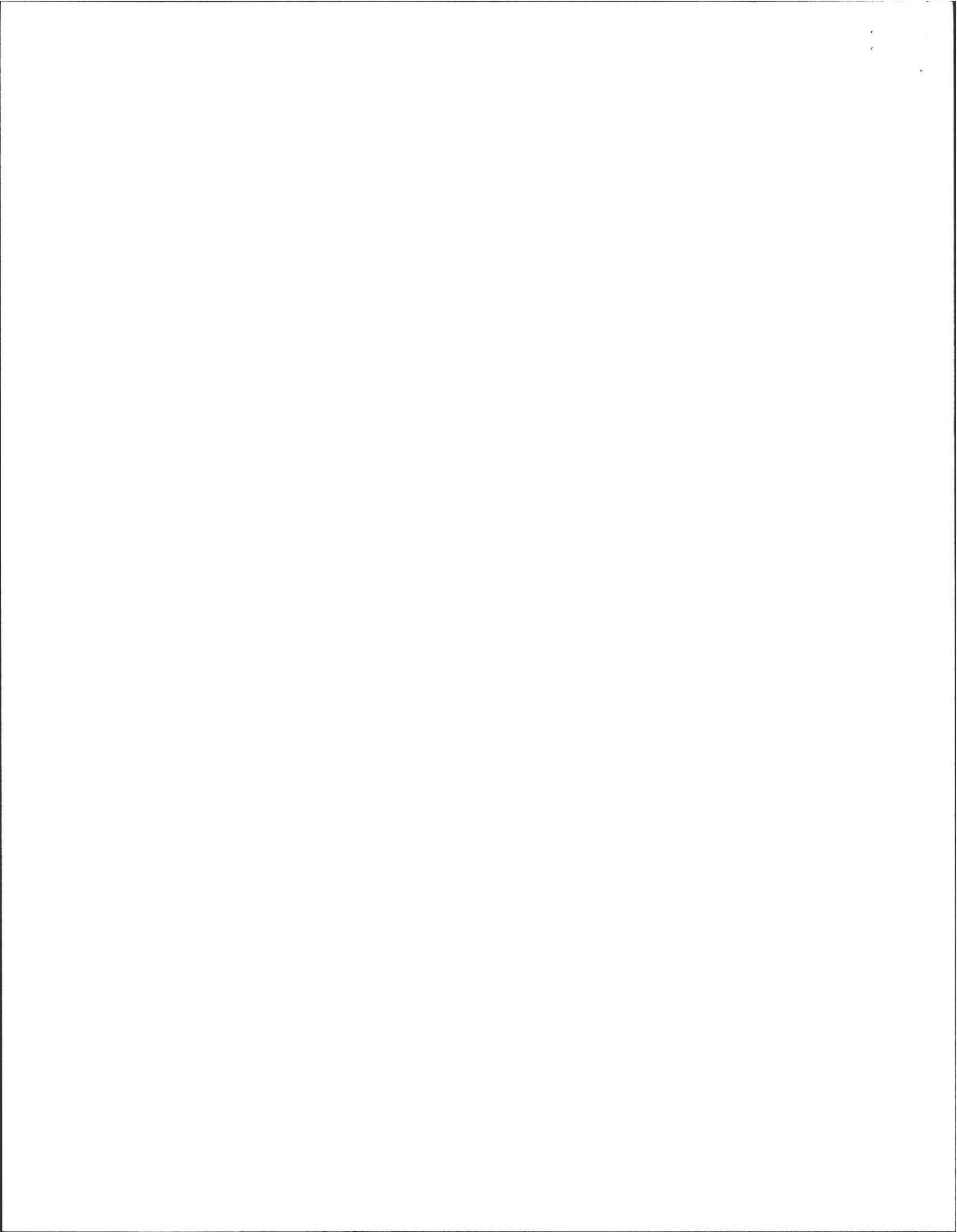
Date of Inspection: 7/13/01

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

- Yes No
- Pumping information was provided by the owner, occupant, or Board of Health
  - Were any of the system components pumped out in the previous two weeks? \* S. TANK PUMPED 6/26/01
  - Has the system received normal flows in the previous two week period? \* S. TANK PUMPED 6/26/01  
YES 3-4 persons.
  - Have large volumes of water been introduced to the system recently or as part of this inspection?
  - Were as built plans of the system obtained and examined? (if they were not available note as N/A)
  - Was the facility or dwelling inspected for signs of sewage back up?
  - Was the site inspected for signs of break out?
  - Were all system components, excluding the SAS, located on site?
  - Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
  - Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

- Yes no
- Existing information. For example, a plan at the Board of Health.
  - Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 75 State St.

Owner: RpdD

Date of Inspection: 7/13/01

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 4 **NOTE: 3 BR Design.**  
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): \_\_\_\_\_

Number of current residents: 4

Does residence have a garbage grinder (yes or no): Yes ~~x~~ Not recommended. Not Designed for.

Is laundry on a separate sewage system (yes or no): N [if yes separate inspection required]

Laundry system inspected (yes or no): -

Seasonal use: (yes or no): No

Water meter readings, if available (last 2 years usage (gpd)): N/A.

Sump pump (yes or no): Yes - dry.

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL

Type of establishment: \_\_\_\_\_

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

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

Grease trap present (yes or no): \_\_\_\_\_

Industrial waste holding tank present (yes or no): \_\_\_\_\_

Non-sanitary waste discharged to the Title 5 system (yes or no): \_\_\_\_\_

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

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

OTHER (describe): \_\_\_\_\_

GENERAL INFORMATION

Pumping Records

Source of information: KARL'S - OWNER

Was system pumped as part of the inspection (yes or no): 6/26/01

If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? Ticket attached.

Reason for pumping: \_\_\_\_\_

TYPE OF SYSTEM

Septic tank, distribution box, soil absorption system

Single cesspool

Overflow cesspool

Privy

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

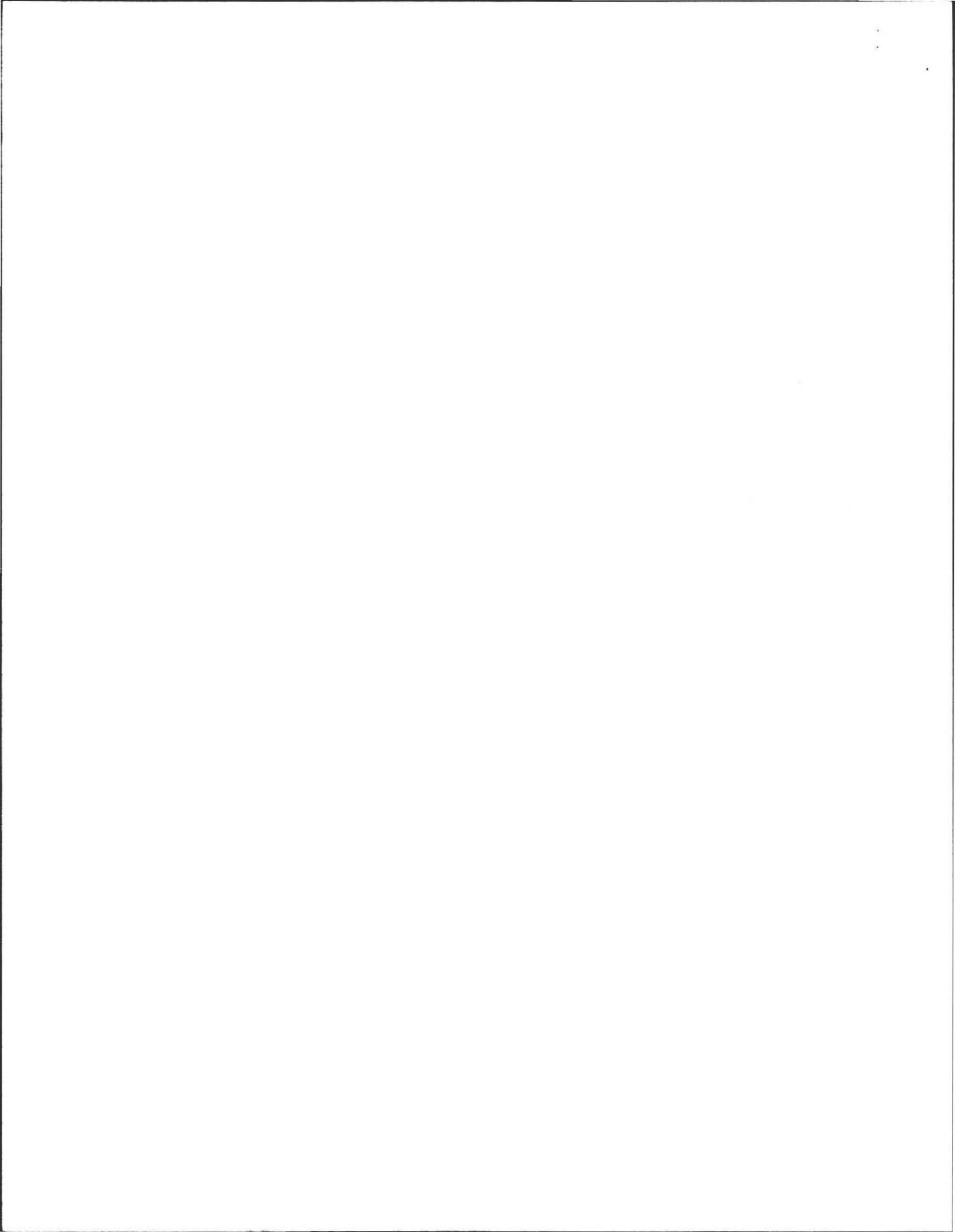
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

Tight tank  Attach a copy of the DEP approval

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

Approximate age of all components, date installed (if known) and source of information:  
(15 yrs. Amherst Box)

Were sewage odors detected when arriving at the site (yes or no): \_\_\_\_\_



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

Property Address: 75 State St.Owner: RuddDate of Inspection: 7/13/61**BUILDING SEWER (locate on site plan)**Depth below grade: 16"Materials of construction:  cast iron  40 PVC  other (explain): \_\_\_\_\_Distance from private water supply well or suction line: 10'Comments (on condition of joints, venting, evidence of leakage, etc.):  
OK**SEPTIC TANK: 17 (locate on site plan)**Depth below grade: 8-12"Material of construction:  concrete  metal  fiberglass  polyethylene  
 other(explain) \_\_\_\_\_

If tank is metal list age: \_\_\_\_\_ Is age confirmed by a Certificate of Compliance (yes or no): \_\_\_\_\_ (attach a copy of certificate)

Dimensions: 9' x 4.5' x 4.0' ~~2~~, 20"Sludge depth: 0"Distance from top of sludge to bottom of outlet tee or baffle: 32"Scum thickness: 0"Distance from top of scum to top of outlet tee or baffle: 7"Distance from bottom of scum to bottom of outlet tee or baffle: 16"How were dimensions determined: measured.Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):  
OK. liquid at invert, (within 1").**GREASE TRAP: \_\_\_\_\_ (locate on site plan)**

Depth below grade: \_\_\_\_\_

Material of construction:  concrete  metal  fiberglass  polyethylene  other  
(explain): \_\_\_\_\_

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

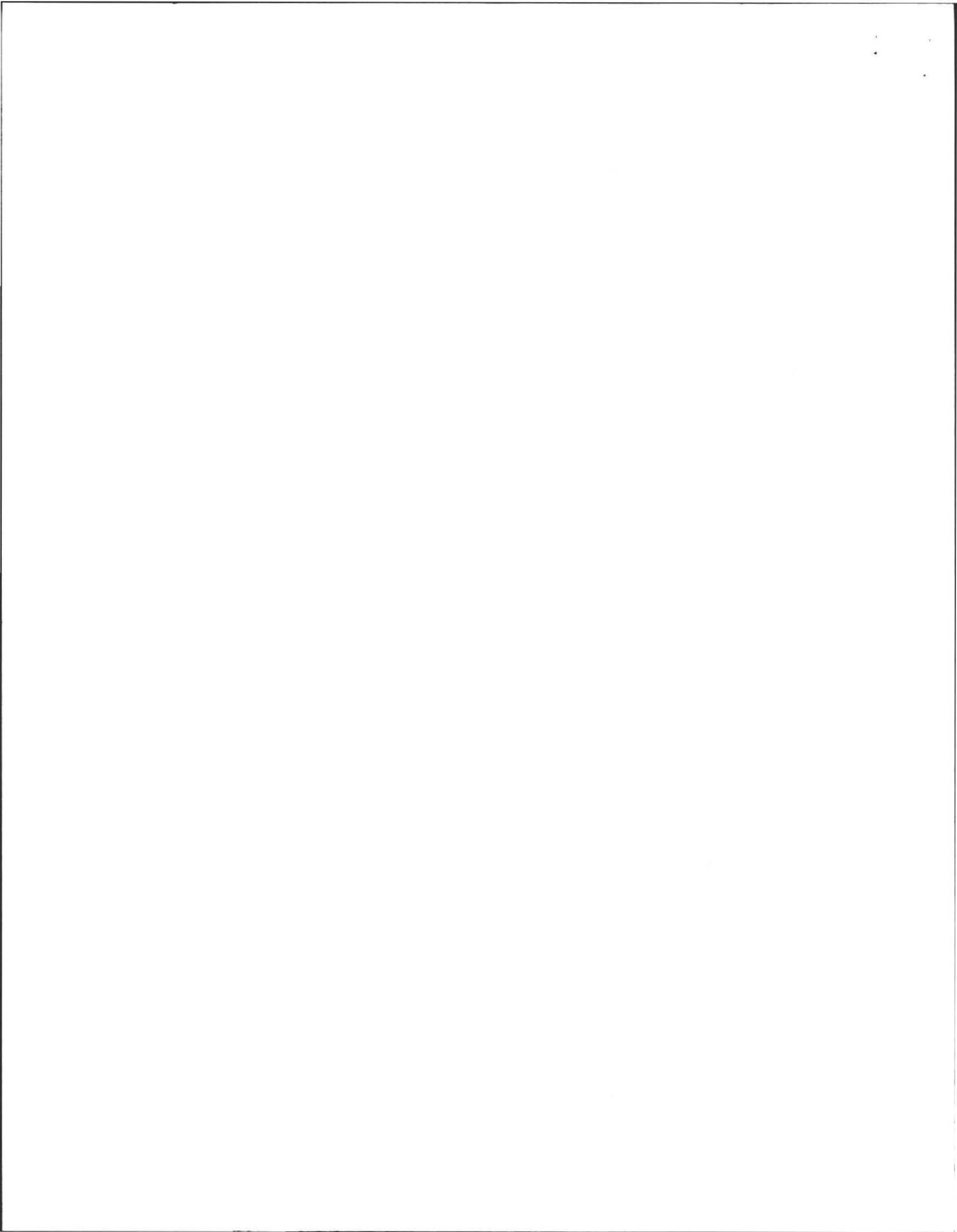
Scum thickness: \_\_\_\_\_

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





OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C

SYSTEM INFORMATION (continued)

Property Address: 75 State St.

Owner: Rudd

Date of Inspection: 7/13/01

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):

Dimensions:     

Capacity:      gallons

Design Flow:      gallons/day

Alarm present (yes or no):     

Alarm level:      Alarm in working order (yes or no):     

Date of last pumping:     

Comments (condition of alarm and float switches, etc.):

DISTRIBUTION BOX: Yes (if present must be opened)(locate on site plan) AT 33" Depth.

Depth of liquid level above outlet invert: (at invert)

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.):

OK. Level. No carry over. Box OK. No Hi Stans.

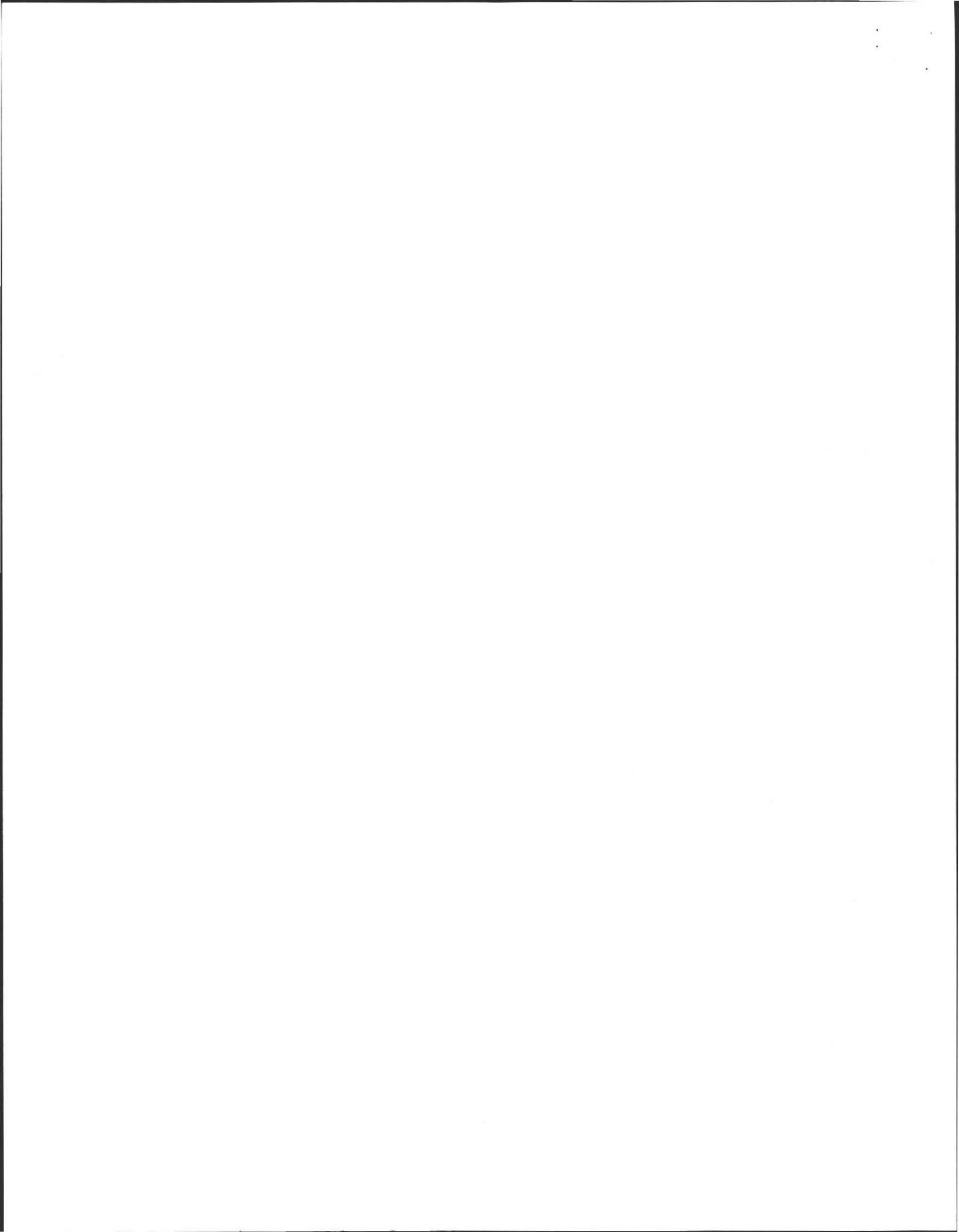
      
    

PUMP CHAMBER:      (locate on site plan)

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.):



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C  
SYSTEM INFORMATION (continued)

Property Address: 75 State

Owner: Rudd

Date of Inspection: 7/13/01

SOIL ABSORPTION SYSTEM (SAS): Yes (locate on site plan, excavation not required)

If SAS not located explain why:

\_\_\_\_\_

Type

\_\_\_\_\_ leaching pits, number: \_\_\_\_\_

\_\_\_\_\_ leaching chambers, number: \_\_\_\_\_

\_\_\_\_\_ leaching galleries, number: \_\_\_\_\_

\_\_\_\_\_ leaching trenches, number, length: \_\_\_\_\_

1 leaching fields, number, dimensions: (1) 16x35

\_\_\_\_\_ overflow cesspool, number: \_\_\_\_\_

\_\_\_\_\_ innovative/alternative system Type/name of technology: \_\_\_\_\_

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

OK. Stone ok under D. Box. , auger to 42" ok No GW.

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 or no): \_\_\_\_\_

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

\_\_\_\_\_

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

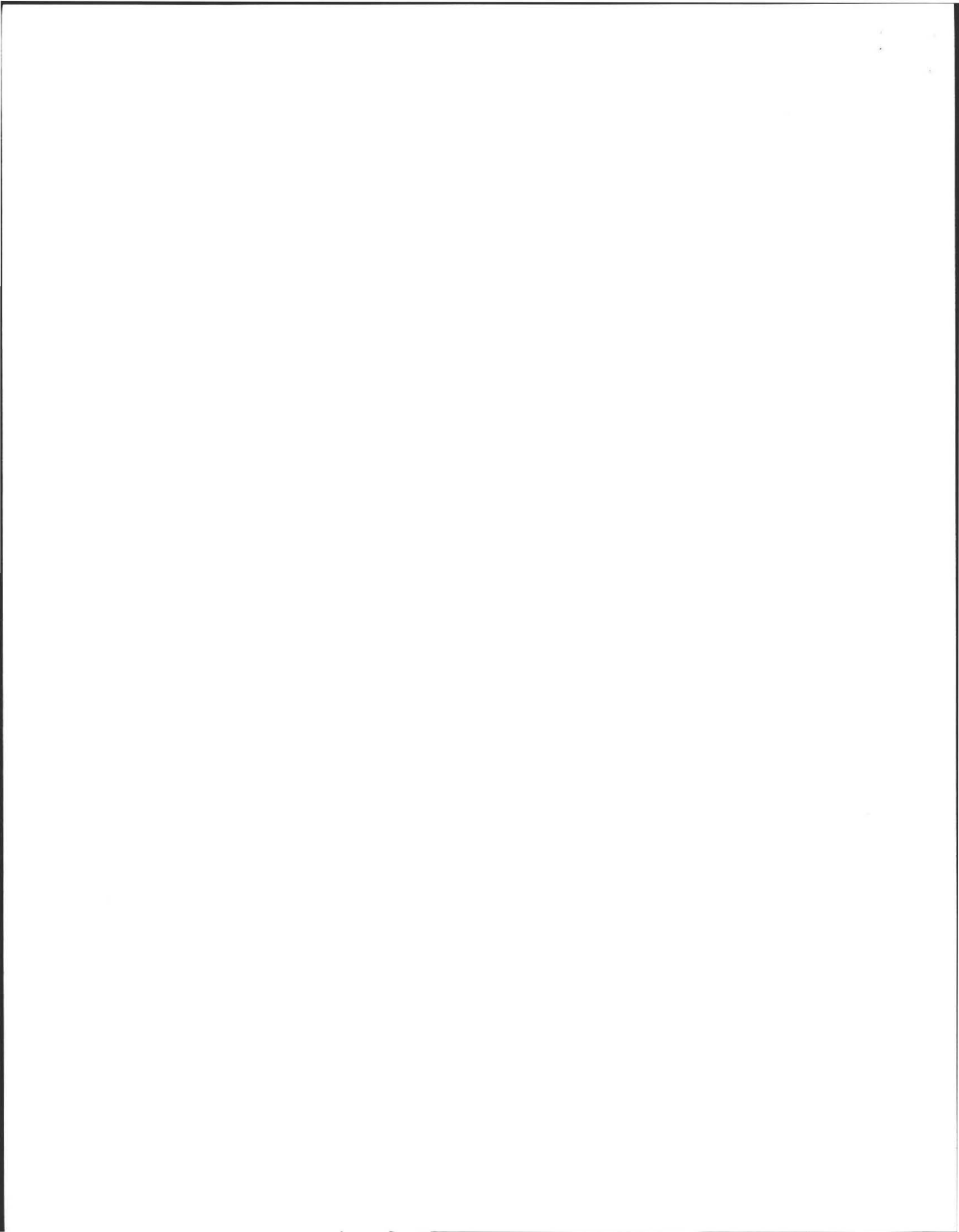
Materials of construction: \_\_\_\_\_

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

Depth of solids: \_\_\_\_\_

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

\_\_\_\_\_



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

Property Address: 75 State

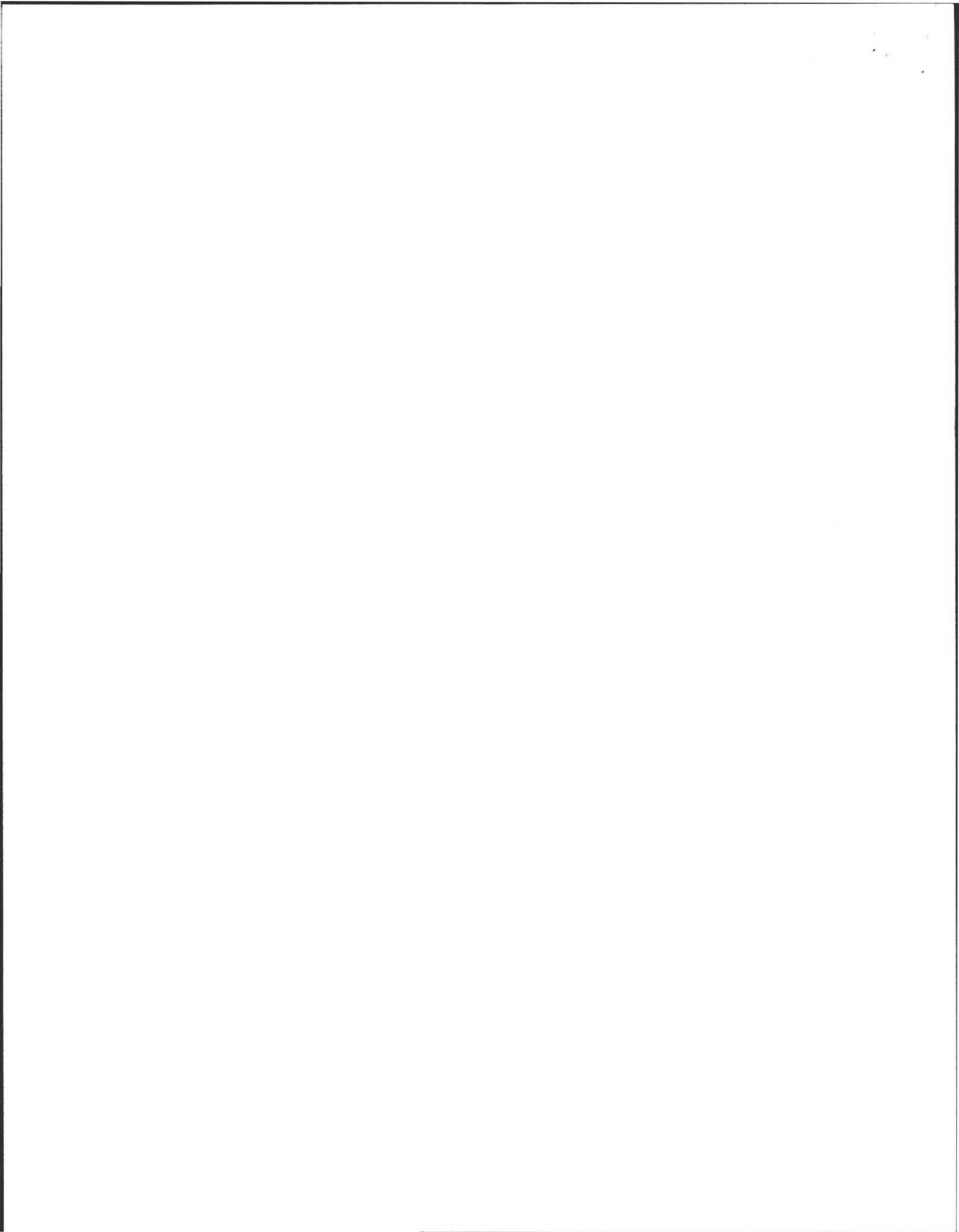
Owner: Ridd.

Date of Inspection: 7/13/01

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.

(SEE ATTACHED.)



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

Property Address: 75 State

Owner: Pudd

Date of Inspection: 7/13/01

SITE EXAM

- Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to ground water 7 1/4 feet (sump in cellar).

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

- Obtained from system design plans on record - If checked, date of design plan reviewed: 7' Per attached.
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain: \_\_\_\_\_
- Checked with local excavators, installers- (attach documentation)
- Accessed USGS database-explain: \_\_\_\_\_

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

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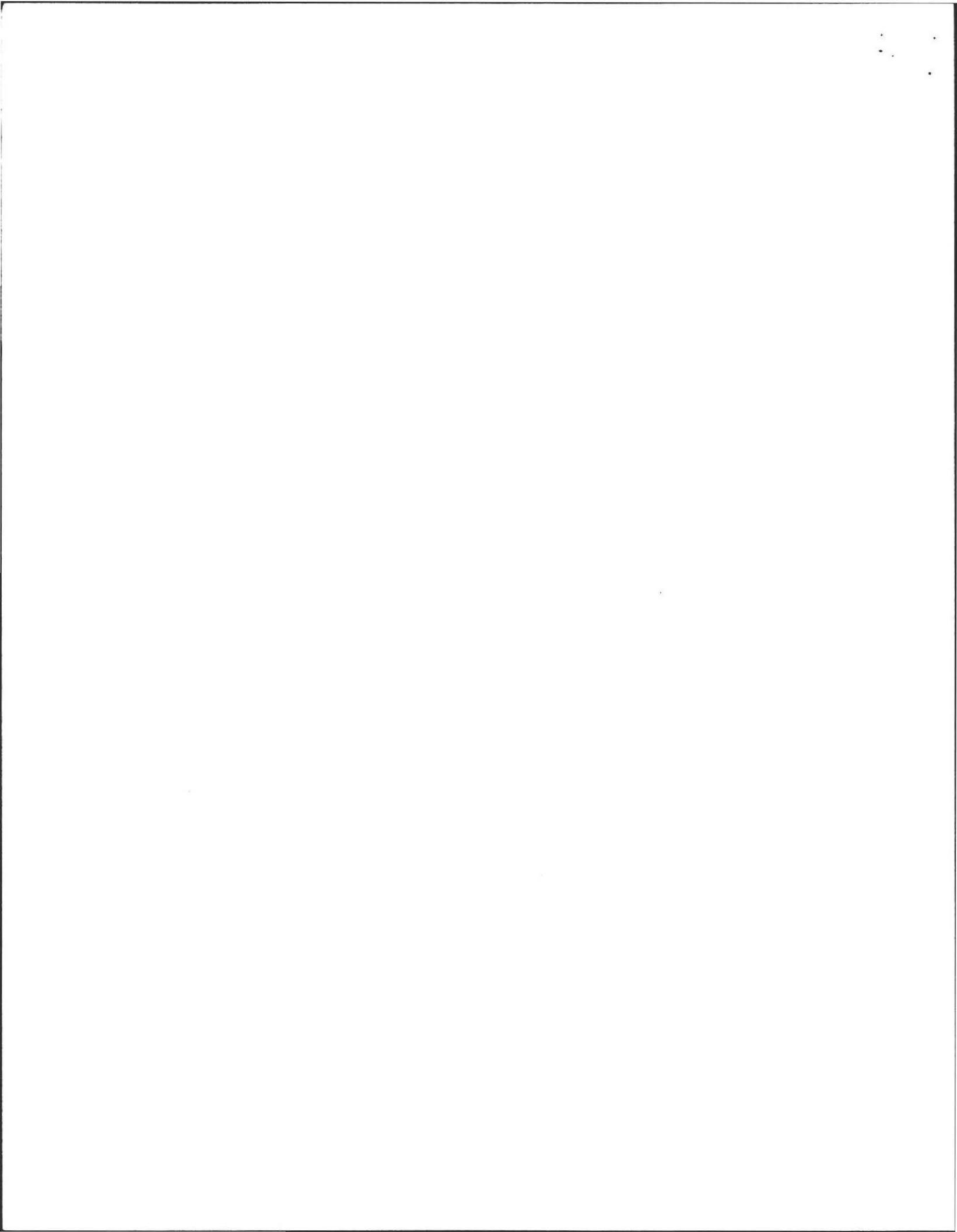
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# FORM 4 - SYSTEM PUMPING RECORD

Commonwealth of Massachusetts  
AMHERST, Massachusetts

## System Pumping Record

|   |                 |
|---|-----------------|
| System Owner                              | System Location |
| DAVID RUOD<br>75 STATE St.<br>Amherst, MA | same            |

Date of Pumping: 6-26-01

Quantity Pumped: 1000 gallons

Type:  Emergency  Routine

Cesspool: No  Yes  Septic Tank: No  Yes

System Pumped by (Company): Karl's Site Work Inc Permit #: Sep 2001-0009

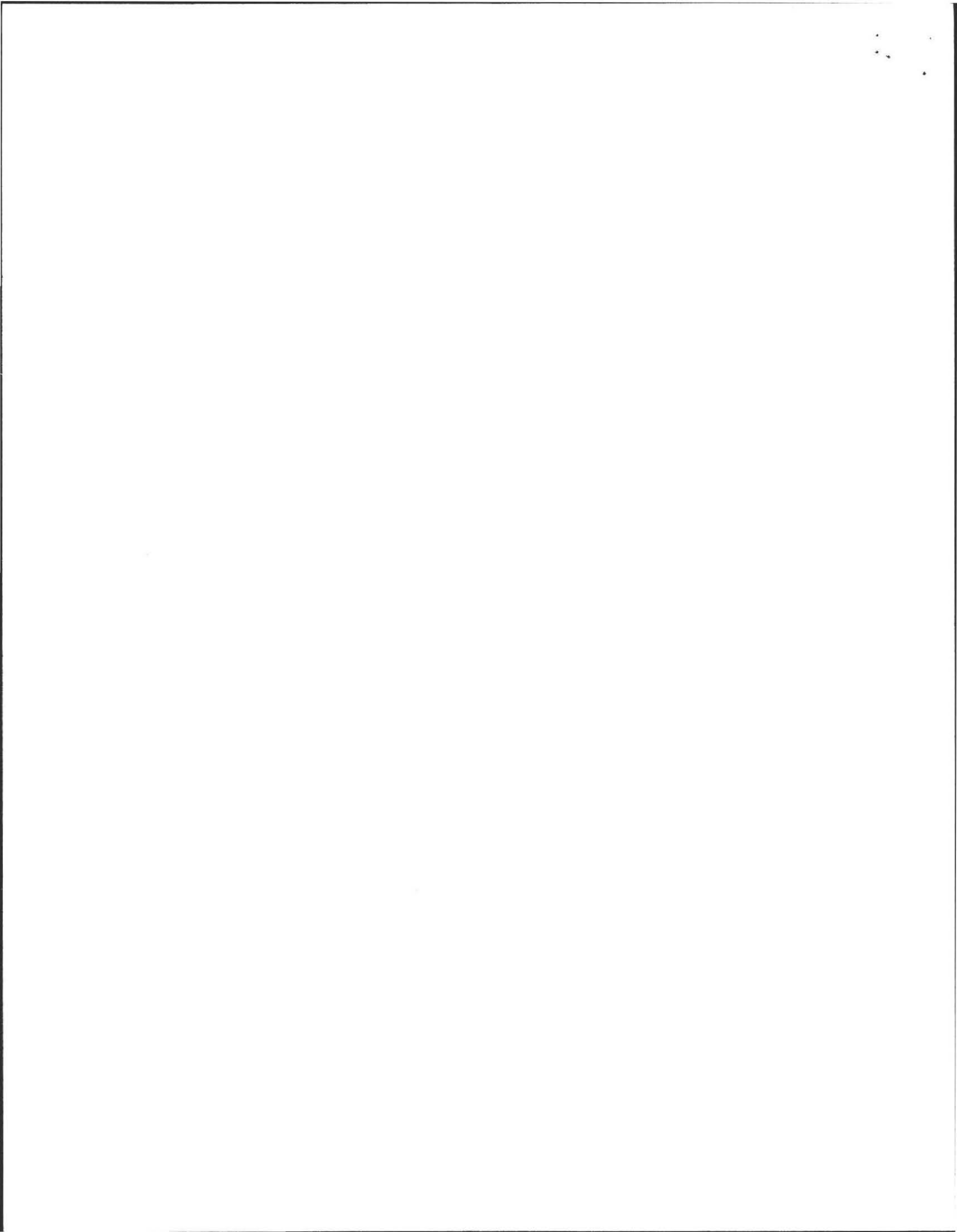
Contents transferred to:

Amherst WWTP

Date 6/26/01

Pumper Signature *[Signature]*

Observations/Comments: *[Handwritten notes]*



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

75 State St.

Lot 8 Stage 5

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner RON BERGUMÉ Address SPRUCE HILL RD HAVERLY

Installer RIVER DE EX Address RIVER DE HAVERLY

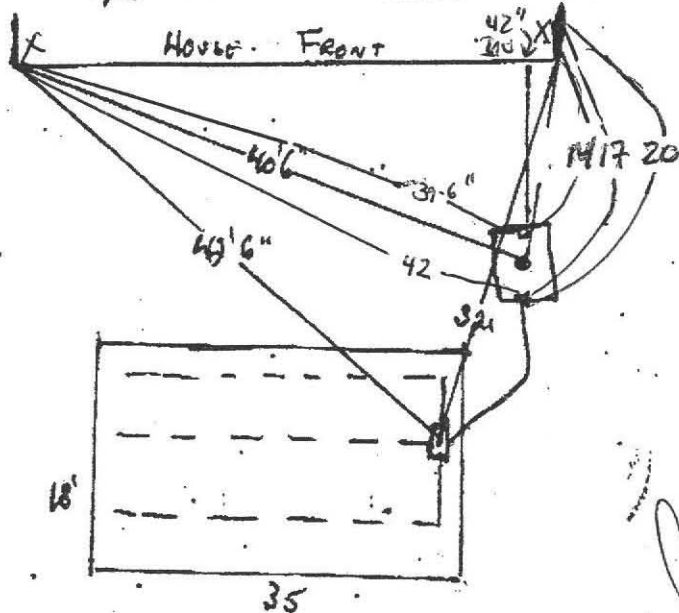
Date Installation Inspected and Approved 7-15-86

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 630

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

AS - BUILT PLAN:  
yes 7/13/01

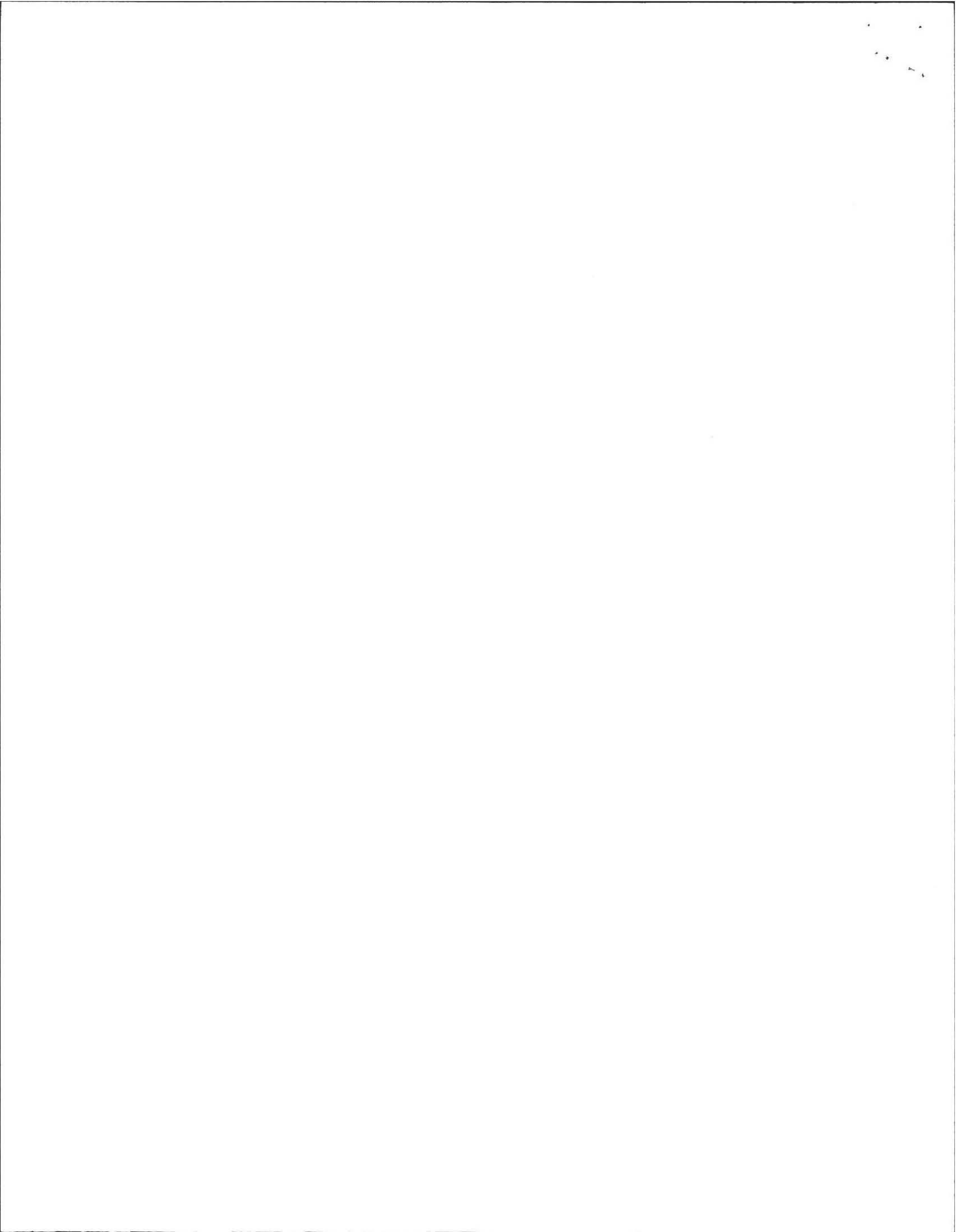


*Refer to K1015*

Stage 5

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.



No. 86-9

#75



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:

Location Address: 75 State Street Lot # 8  
Bergume Builders 47 Spruce Hill Road Hadley, MA.  
River Dr. Exc. River Dr  
Installer Address

Type of Building: Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (No)  
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 8 1/2 Width 5 Diameter \_\_\_\_\_ Depth 3  
Disposal Trench — No. 1 Width 18 Total Length 25 Total leaching area 540 sq. ft. (540)  
Seepage Pit No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet 30 Total leaching area \_\_\_\_\_ sq. ft.  
Other Distribution box ( ) \_\_\_\_\_ Dosing tank ( ) \_\_\_\_\_  
Percolation Test Results Performed by Huntley Associates Date 1/17/86  
Test Pit No. 1 4 minutes per inch Depth of Test Pit 9 Depth to ground water 7  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_ Depth to ground water \_\_\_\_\_

Description of Soil Enclosed  
1-10 EXTRA BFO TO INCLUDE  
D. Box 400 51  
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] 3-17-86  
Application Approved By [Signature] 8-24-86  
Application Disapproved for the following reasons: \_\_\_\_\_  
Date

Permit No. 86-9 Issued 8-24-86  
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 \_\_\_\_\_

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.

CHECK OR FILL IN WHERE APPLICABLE

