#356 2/28/94 cH # 2367 Plans 60 cc

No. X 94-2

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:

356 Station Rd — Location - Address
#3 — or Lot No.
Robert Ryvard — Owner
P.O. Box 166, Amherst, MA 01004 — Address
E.D. Stone — Installer
Address

Type of Building — Size Lot 1.978± Ac. ~~Sq. feet~~
Dwelling — No. of Bedrooms 5 Expansion Attic ( ) Garbage Grinder (no)
Other — Type of Building Single fam. / No. of persons ____ Showers ( ) — Cafeteria ( )
Other fixtures ____
Design Flow 55 x 1.25 Safety factor gallons per person per day. Total daily flow 687.50 gallons.
Septic Tank — Liquid capacity 1500 gallons Length 10.5' Width 5.0' Diameter ____ Depth 5.3'
Disposal Trench — No. ____ Width ____ Total Length 25.0' Total leaching area 204.0 sq. ft. Sidewall
Seepage Pit No. 1 Diameter 25' x 4' Depth below inlet 3.0' Total leaching area 225.0 sq. ft. Bottom Area
Other Distribution box ( ) Dosing tank ( )
Percolation Test Results Performed by Filios Enterprises, Inc. Date March 4, 1993
Test Pit No. 1 2 minutes per inch Depth of Test Pit 13' Depth to ground water None
Test Pit No. 2 2 minutes per inch Depth of Test Pit 13' Depth to ground water None

Description of Soil Attached

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed 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 Ryvard

Application Approved By Jared Jaczynski for Amherst Health Dept. Date 2/28/94 (Date)

Application Disapproved *for the following reasons:* ____ (Date)

Permit No. 94-2 Issued Date

Edward G. Stone

THE COMMONWEALTH OF MASSACHUSETTS 6/17/94 Richard Sahlin

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired ( )
by E.D. Stone
at Lot # 3, Station Rd. (Installer 356)
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. 94-2 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

No. 94-2 Town of Amherst Fee 60 cc

Disposal Works Construction Permit

Permission is hereby granted Robert Ryvard
to Construct (✓) or Repair ( ) an Individual Sewage Disposal System Road
at No. Lot # 3, Station Rd. 356 Street
as shown on the application for Disposal Works Construction Permit No. 94-2 Dated 2/28/94

Jared Jaczynski for Amherst Health Dept.
Board of Health

DATE ____

CHECK OR FILL IN WHERE APPLICABLE

Form 1255 (H&W) Hobbs & Warren™ Publishers

TOWN OF AMHERST

PERC TEST DATA SHEET

DATE 3/4/93 LOCATION STATION Road LOT SIZE _____

OWNER Robert Rivard ADDRESS 34 Tamarack Dr TELE # 253-3316

P.E./RS Fred Filios FIRM Filios Ent OBSERVED BY David Zaremba

BACK HOE OPERATOR Hall's BENCH MARK _____

PERC DEPTH 43" PRE SOAK TIME _____ PERC DEPTH 72" PRE SOAK TIME _____

TEST	#1		#2	
	12" 9:31		12" 9:40	
	9" 9:32		9 9:41 20	
	6" 9:35	CANT Hold	6" 9:42	CANT Hold
RATE	(2)		(2)	

#1

TOP 13"
SUB 24"
Course Sand Fine med Gravel

Day 13'

#2

TOP 11
SUB 24
Course Sand Fine to med Gravel

Day 13'

LOT #3

LOCATION OF TEST TO BE DONE BY HAROLD EATON AND ASSOC LAND SURVEYORS

TOP
SUB

TOP
SUB

TOP
SUB

TOP
SUB

EH1:PERCFORM

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S. 688

Deep Soil Logs

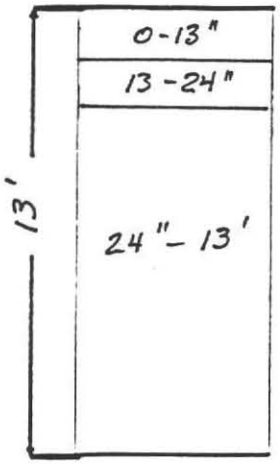
Filios Enterprises, Inc.

69 Pelham Rd., Amherst MA 01002. (413) 256-8008

Owner: Robert Rivard Date: Mar. 4, 1993

Location: Station Road, Amherst Mass., Lot #3 B. of H. David Zarozinski

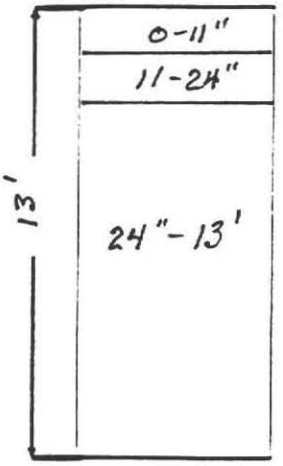
Hole #1



Ground Water none

Ground Water _____

Hole #2



Ground Water none

Ground Water _____

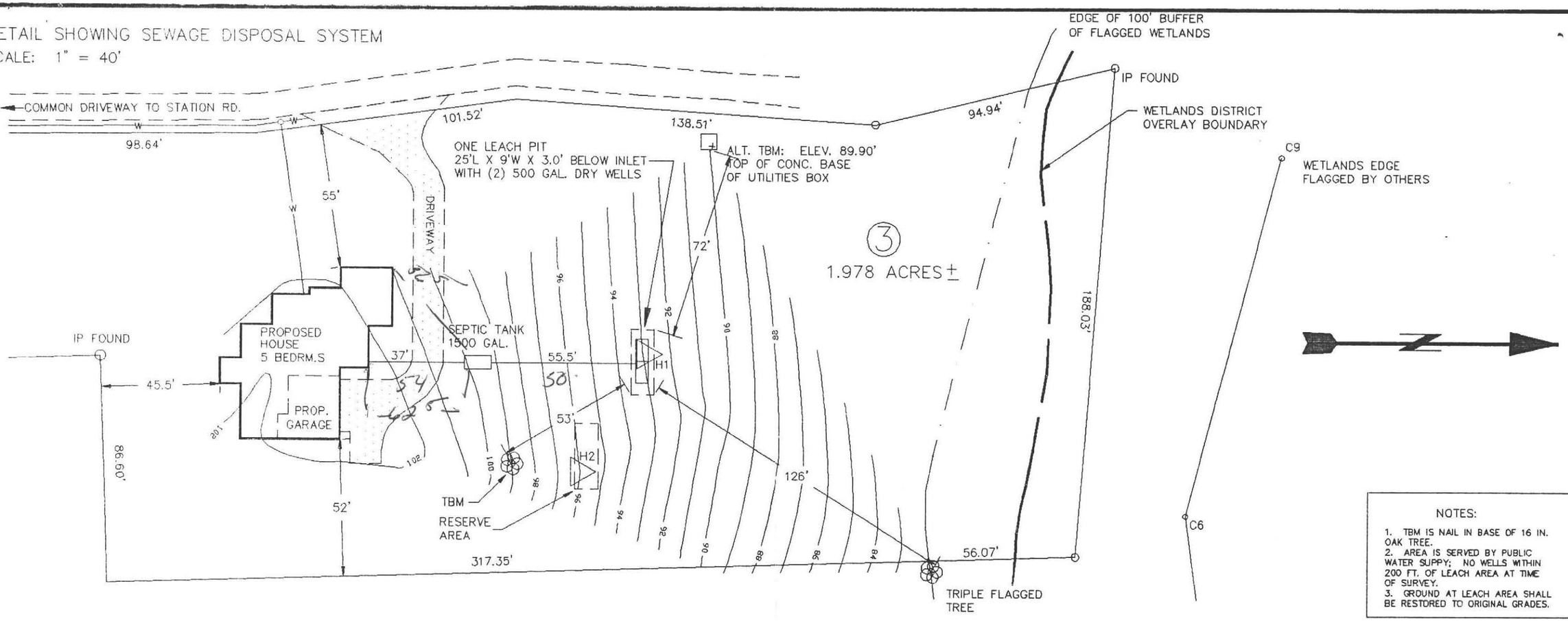
Percolation Rate at: 43"

< 2 min./inch

at: 72" < 2 min/inch

DETAIL SHOWING SEWAGE DISPOSAL SYSTEM

SCALE: 1" = 40'

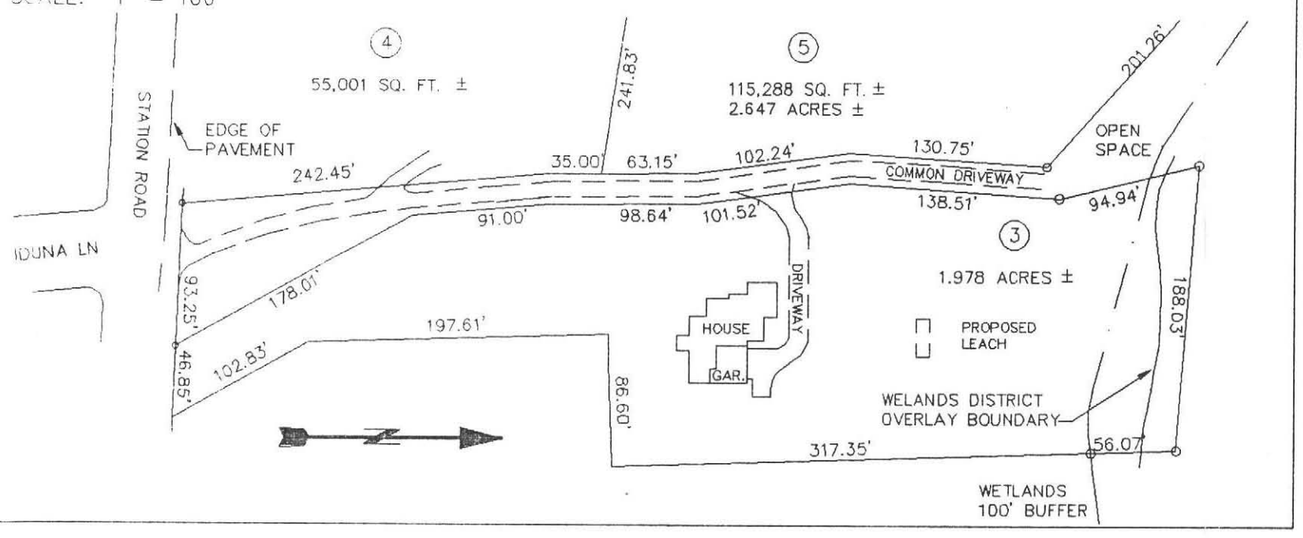


NOTES:

1. TBM IS NAIL IN BASE OF 16 IN. OAK TREE.
2. AREA IS SERVED BY PUBLIC WATER SUPPY; NO WELLS WITHIN 200 FT. OF LEACH AREA AT TIME OF SURVEY.
3. GROUND AT LEACH AREA SHALL BE RESTORED TO ORIGINAL GRADES.

LOCUS PLAN OF COMPLETE LOT

SCALE: 1" = 100'

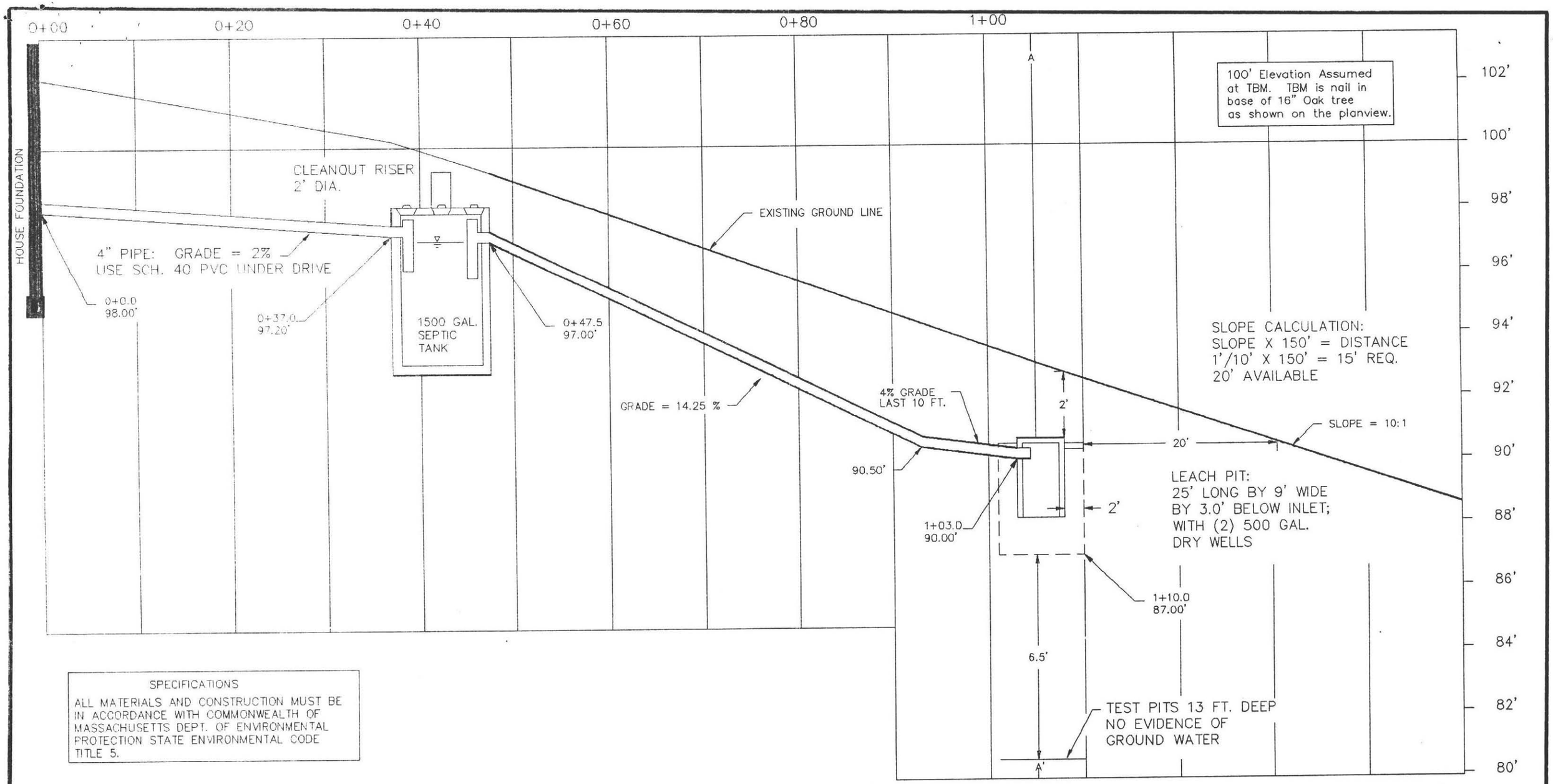


LEGEND

—— W ——	WATER SERVICE LINE	△ Hx	DEEP TEST PIT
—— XX ——	EXISTING CONTOUR 1' INTERVAL		DECIDUOUS TREE

COMMONWEALTH OF MASSACHUSETTS
FREDERICH A. FILIOS, R.S.
688

PLAN OF SEWAGE DISPOSAL SYSTEM	
LOT #3, STATION ROAD, AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: ROBERT RIVARD P.O. BOX 168 AMHERST, MA 01004
ROBERT STOVER	SCALE: 1" = AS SHOWN
FEBRUARY 24, 1994	PAGE ONE OF THREE



SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DEPT. OF ENVIRONMENTAL PROTECTION STATE ENVIRONMENTAL CODE TITLE 5.

CONSTRUCTION NOTES

1. SEPTIC TANK SHOULD BE INSPECTED AND PUMPED ANNUALLY.
2. SEPTIC TANK INLET AND OUTLET TEES SHALL EXTEND 10" AND 14" BELOW THE FLOWLINE RESPECTIVELY. tHE TOPS OF THESE TEES SHALL BE LEFT OPEN WITH 3" AIR SPACES BETWEEN THE TOPS OF THE TEES AND THE INSIDE OF THE TANK COVER.
3. THE INVERT ELEVATION OF THE SEPTIC TANK INLET SHALL BE AT LEAST 2" ABOVE THE INVERT ELEVATION OF THE OUTLET.

CALCULATIONS

REQUIRED: For a 5 bedroom house without a garbage grinder a capacity of 550.0 gal./day X 1.25 (Amherst safety factor) = 687.50 gal./day required.

DESIGNED: 1 leach pit 25.0'L X 9.0'W X 3.00' below inlet (effective depth), for a perc rate of 2 min./in., yielding side and bottom loading factors of 2.50 and 1.00 gal./sq.ft. respectively.

SIDEWALL:	(25.0' + 9.0')2 X 3.0' X 2.50 Gal./Sq.ft.	= 510.0 Gal.
BOTTOM:	(25.0' X 9.0')1.00 Gal./Sq.ft.	= 225.0 Gal.
TOTAL		735.0 Gal.

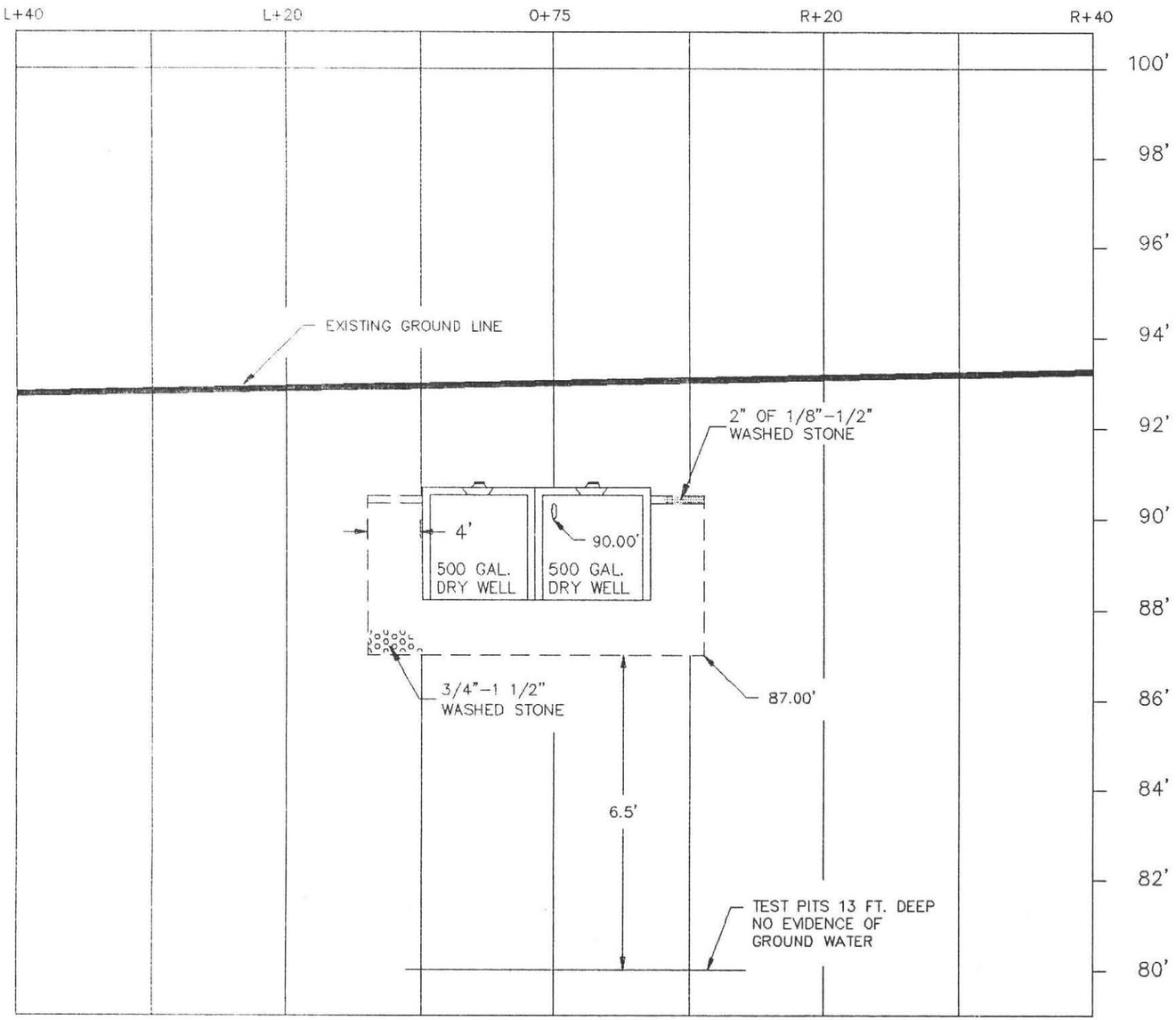
COMMONWEALTH OF MASSACHUSETTS
FREDERICK FILIOS, R.S.
688

PROFILE OF SEWAGE DISPOSAL SYSTEM

LOT #3, STATION ROAD, AMHERST, MA

BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: ROBERT RIVARD P.O. BOX 168 AMHERST, MA 01004
ROBERT STOVER	SCALE: 1" = 10' HOR. 3' VER.
FEBRUARY 18, 1994	PAGE TWO OF THREE

CROSS-SECTION AT A - A' (1+05)



100' Elevation Assumed at TBM. TBM is nail in base of 16" Oak tree as shown on the planview.

COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS
FILIOS, R.S.
688

CROSS-SECTION OF LEACHING PIT	
LOT #3, STATION ROAD, AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: ROBERT RIVARD P.O. BOX 168 AMHERST MA 01002
ROBERT STOVER	SCALE: 1" = 10' HOR. / 3' VER.
FEBRUARY 18, 1994	PAGE THREE OF THREE

FILIOS ENTERPRISES, INC.
69 Pelham Rd.
Amherst, MA 01002

Date: June, 17, 1994

Name: Robert Revard

Address: P.O. Box 168
Amherst Mass. 01004

Dear Mr. Rivard

This is to notify you that Filios Enterprises, Inc. has inspected the septic system installed

AT: Lot #3
Station Road
Amherst Mass.

Unless exceptions are noted below, the system complied with the approved design and elevations.

Exceptions:

Execptions are as shown on the plan view and profile view of the design enclosed.

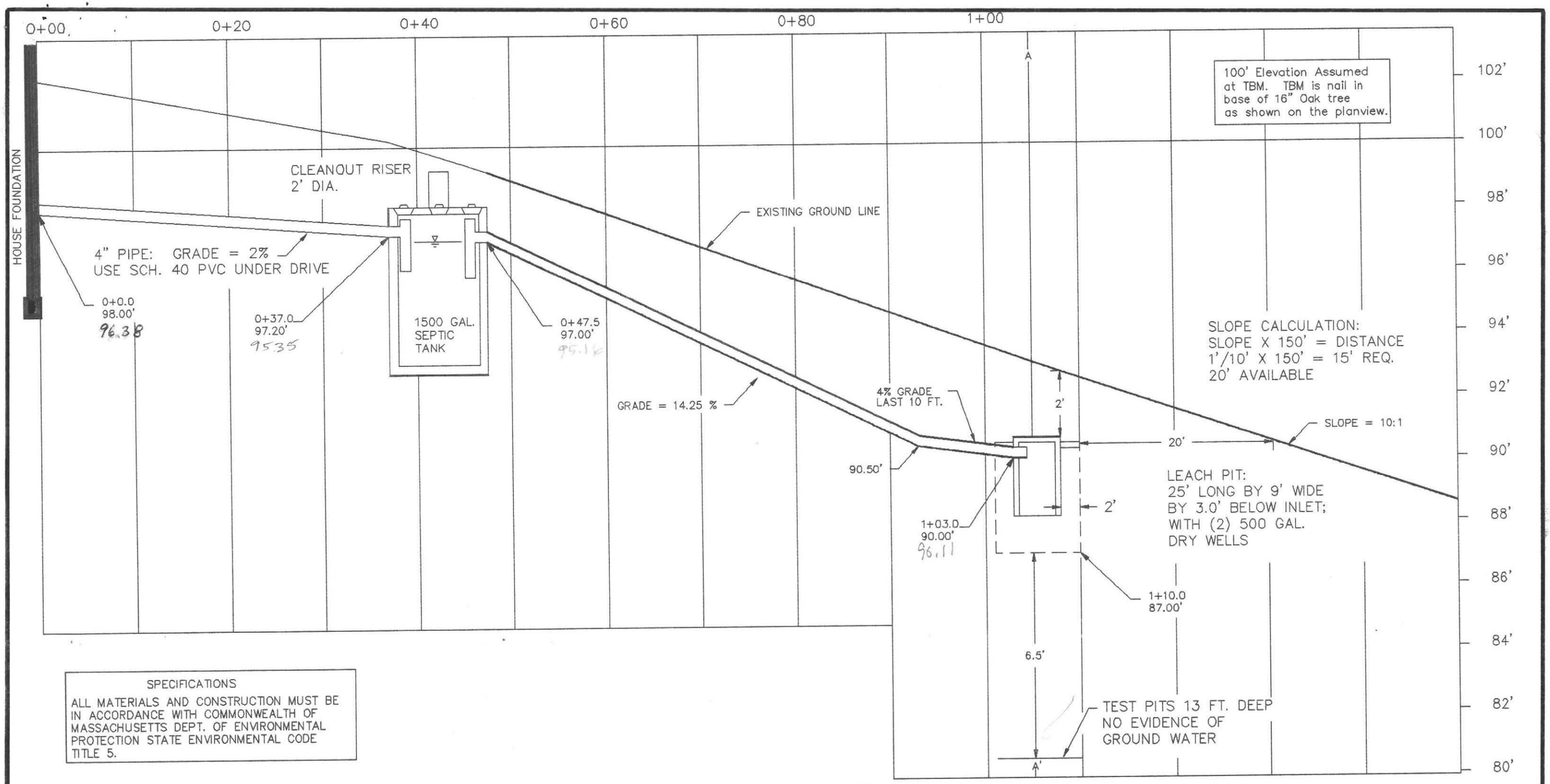
These exceptions do not necessarily mean violations of the state sanitary code title V D.E.Q.E.

Sincerely,

Frederick A Filios R.S.

(Frederick A. Filios)

C.C. to Board of Health



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CALCULATIONS

REQUIRED: For a 5 bedroom house without a garbage grinder a capacity of 550.0 gal./day X 1.25 (Amherst safety factor) = 687.50 gal./day required.

DESIGNED: 1 leach pit 25.0'L X 9.0'W X 3.00' below inlet (effective depth), for a perc rate of 2 min./in., yielding side and bottom loading factors of 2.50 and 1.00 gal./sq.ft. respectively.

SIDEWALL:	(25.0' + 9.0')2 X 3.0' X 2.50 Gal./Sq.ft.	= 510.0 Gal.
BOTTOM:	(25.0' X 9.0')1.00 Gal./Sq.ft.	= 225.0 Gal.
TOTAL		735.0 Gal.

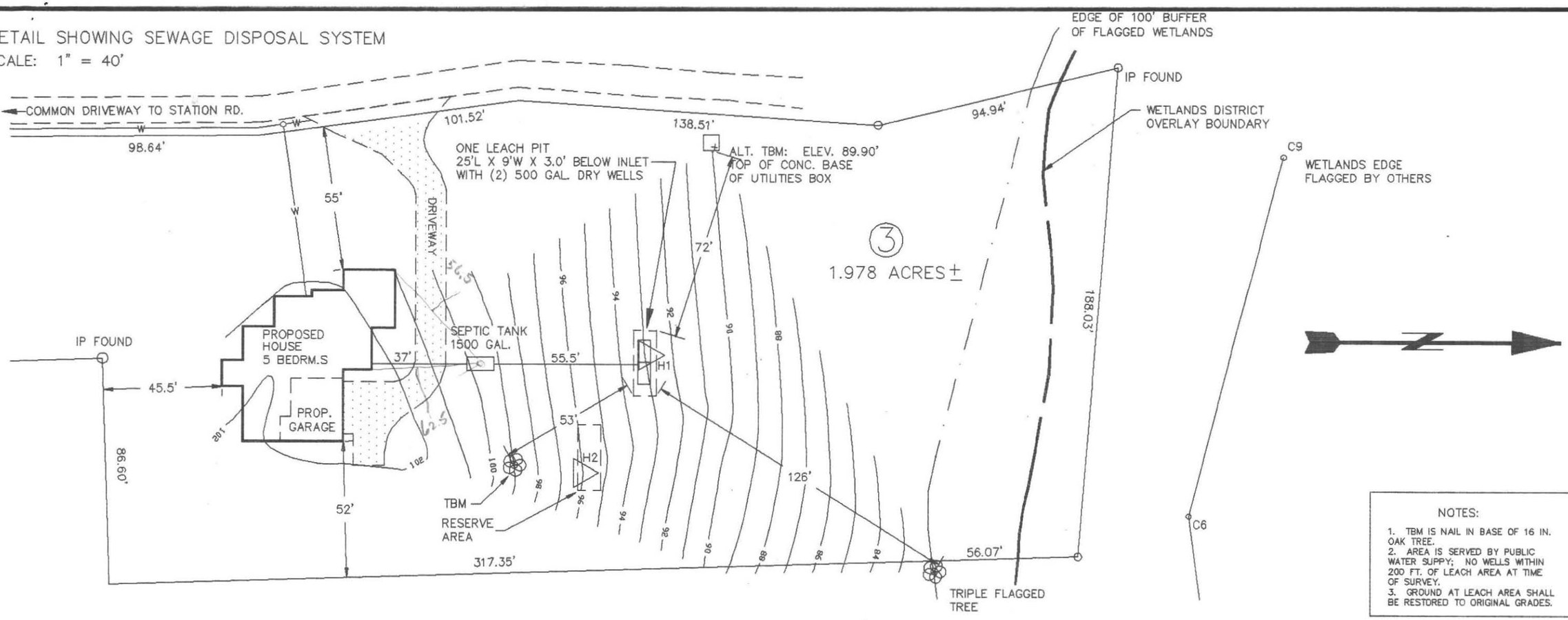
PROFILE OF SEWAGE DISPOSAL SYSTEM

LOT #3, STATION ROAD, AMHERST, MA

BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: ROBERT RIVARD P.O. BOX 168 AMHERST, MA 01004
ROBERT STOVER	SCALE: 1" = 10' HOR. 3' VER.
FEBRUARY 18, 1994	PAGE TWO OF THREE

DETAIL SHOWING SEWAGE DISPOSAL SYSTEM

SCALE: 1" = 40'



NOTES:

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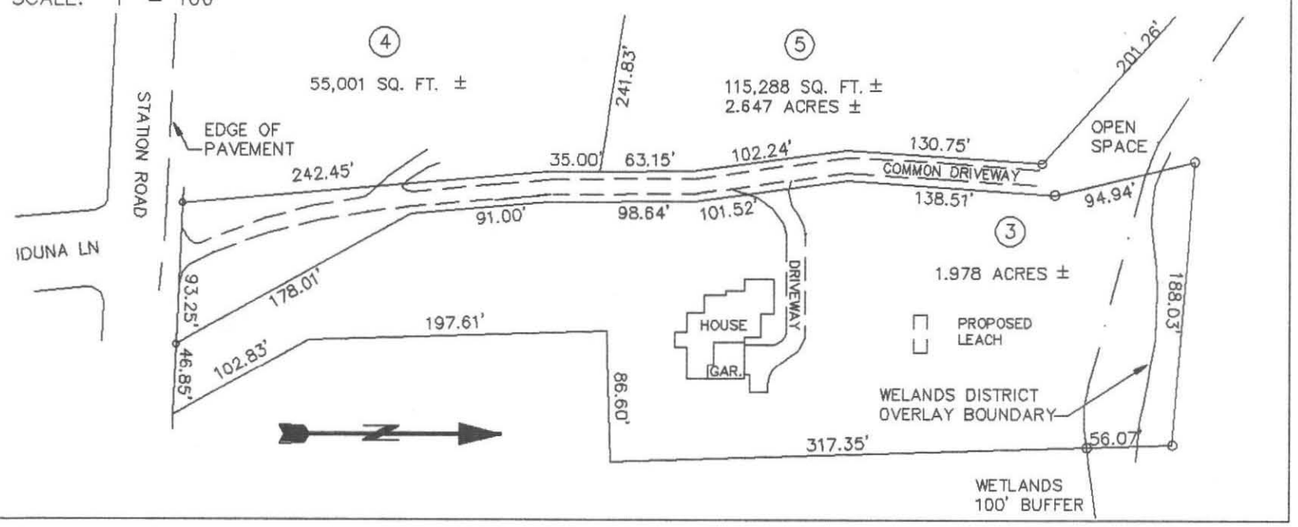
3. GROUND AT LEACH AREA SHALL BE RESTORED TO ORIGINAL GRADES.

LOCUS PLAN OF COMPLETE LOT

SCALE: 1" = 100'



LEGEND

—— W ——	WATER SERVICE LINE	△ Hx	DEEP TEST PIT
—— XX ——	EXISTING CONTOUR 1' INTERVAL		DECIDUOUS TREE

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
688

PLAN OF SEWAGE DISPOSAL SYSTEM	
LOT #3, STATION ROAD, AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: ROBERT RIVARD P.O. BOX 168 AMHERST, MA 01004
ROBERT STOVER	SCALE: 1" = AS SHOWN
FEBRUARY 24, 1994	PAGE ONE OF THREE

#356

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

WILLIAM F. WELD
Governor

ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 356 Station Rd, Amherst
Date of Inspection: 5-28-98
Name of Inspector: David F. Kofalk Sr.

Address of Owner:
(If different)

I am a DEP approved system-inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Howard Environmental Services
Mailing Address: 752 North Pleasant St. Amherst
Telephone Number: (413) 256-8008

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:

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

Inspector's Signature: David F. Kofalk Sr. **Date:** 5-28-98

The System Inspector shall submit a copy of this inspection report to 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:

X 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: I found no evidence by which to fail the subsurface sewage disposal system at 356 Station Rd in Amherst.

B] SYSTEM CONDITIONALLY PASSES:

___ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

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

F

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

Property Address:
Owner:
Date of Inspection:

B] SYSTEM CONDITIONALLY PASSES (continued)

___ 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 levelled or replaced

___ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
_____ broken pipe(s) are replaced
_____ obstruction is removed

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

_____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES 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 THE 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 I of a public water supply well.
___ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ **(approximation not valid).**

3) OTHER

___ _____
_____
_____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address:
Owner:
Date of Inspection:

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 provided by the owner, occupant, or 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 system does not receive non-sanitary or industrial waste 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: 356 Station Rd, Amherst
Owner: Bob Rivard
Date of Inspection: 5-28-98

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 than 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 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 the criteria above:

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

Yes	No	
—	—	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 C
SYSTEM INFORMATION (continued)

Property Address:
Owner:
Date of Inspection:

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 6'
Material of construction: __ cast iron X 40 PVC __ other (explain)

Distance from private water supply well or suction line _____
Diameter 3"
Comments: (condition of joints, venting, evidence of leakage, etc.)
joints & venting in good condition no signs of leakage

SEPTIC TANK: X
(locate on site plan)

Depth below grade: 14"
Material of construction: X concrete __metal __Fiberglass __Polyethylene __other(explain)

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

Dimensions: 10'6" x 5 x 5
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 2'7"
Scum thickness: <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: 1'10"
How dimensions were determined: field calculations

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.) _____

GREASE TRAP: ____
(locate on site plan)

Depth below grade: ____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 356 Station Rd, Amherst
Owner: Bob Rivard
Date of Inspection: 5-28-98

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 440 g.p.d./bedroom for S.A.S.
Number of bedrooms: 4
Number of current residents: 2
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): See Attached
Sump Pump (yes or no): no

Last date of occupancy: current

COMMERCIAL/INDUSTRIAL:
Type of establishment: _____
Design flow: _____ gallons/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:
Owner of last year.
System pumped as part of inspection: (yes or no) no
If yes, volume pumped: _____ gallons
Reason for pumping: _____

TYPE OF SYSTEM
X 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. Copy of up to date contract?
Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: _____
< 4 yrs

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address:
Owner:
Date of Inspection:

SOIL ABSORPTION SYSTEM (SAS): X
(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: 2 @ 30" below grade
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.)
leaching chambers was completely dry, no signs of hydraulic failure or ponding, vegetation was uniform throughout the property

CESSPOOLS: ___
(locate on site plan)

Number and configuration:_____
Depth-top of liquid to inlet invert:_____
Depth of solids layer:_____
Depth of scum layer:_____
Dimensions of cesspool:_____
Materials of construction:_____
Indication of groundwater:_____
inflow (cesspool must be pumped as part of inspection)_____

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

PRIVY: ___
(locate on site plan)

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 356 Station Rd, Amherst
Owner: Bob Rivard
Date of Inspection: 5-25-98

TIGHT OR HOLDING TANK:_____ (Tank must be pumped prior to, or at time, of inspection)
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:_____
Capacity:_____ gallons
Design flow:_____ gallons/day
Alarm 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: none
(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:
Owner:
Date of Inspection:

Depth to Groundwater >12 Feet

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

X Obtained from Design Plans on record

X Observation of Site (Abutting property, observation hole, basement sump etc.)

X Determine it from local conditions

____ Check with local Board of health

____ Check FEMA Maps

____ Check pumping records

____ Check local excavators, installers

X Use USGS Data

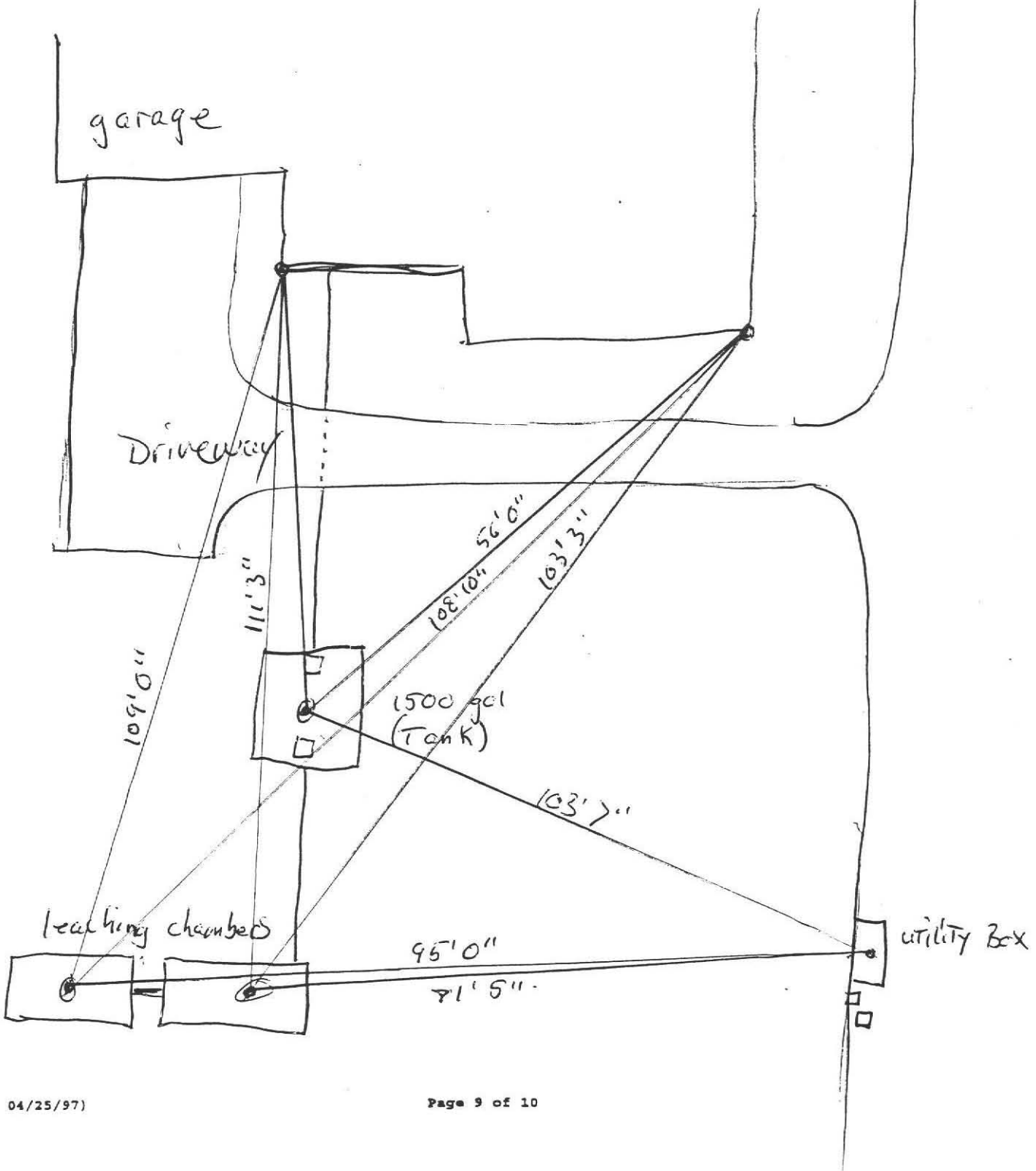
Describe in your own words how you established the High Groundwater Elevation. (Must be completed)

Construction Permit design plan showed no groundwater in 2 13' holes. Soil within the excavation showed no mottling. There were no wetland on or near the site. no sump in basement

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 356 Station Rd, Amherst
Owner: Bob Rivard
Date of Inspection: 5-28-98

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



ZDDDDDDDDDDDDDD?
3 VIEW RECORDS 3 READ/WAITING TO BE BILLED 05/22/98
@MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM

ccount...: 600037 Arb No: 600037 Section...: 6 Book....: 20
ocation..: 356 STATION RD Folio.....: 24 Metr Seq: 0
wner.....: RIVARD, ROBERT Read xMult: x 1.000
wner 2...: Map - Lot.: 21C03-
treet....: P O BOX 168 Readinstr.:
ity......: AMHERST Meterloc..:
tate.....: MA Zip: 01004
hone.....: Meter Num.: 34208836
ead......: 38600 Lastredate: 03/12/98 Meter Size: 0.58
ead......: 39300 Date Read: 05/18/98 Meter Mfg.:
scchrg...: 0.00 Numdigits.: 4
otal Due.: 0.00 Dateinst..: 06/06/94
terpct...: 100.00 Sewerpct: 0.00 Flat Rate.: 0.00
ll Notes: Hydrant....: 0.00
read.....: 0 TCread: 0 Fixed......: 0.00
sage.....: 0 Number Est:0 RateType..: 5/8 Prop:
tes......: OLD 3-20-24
age1.....:A 700 Usage2:A 1400 Usage3:A 2600 Usage4:A 4100
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
Select (F)ind (L)ocate (C)ontinue (H)istory (Pg-Dn/Up)
(Q)uit (T)ag (N)otes

ZDDDDDDDDDDDDDDDDDD?
3 ACCOUNT INQUIRY 3 READ/WAITING TO BE BILLED 05/22/98
@MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
ct #: 600037 Loc: 356 STATION RD Type: 5/8 Page #: 1
ner: RIVARD, ROBERT
reet: P O BOX 168
ty: AMHERST State: MA Zip: 01004
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD
Water 0.00 C Sewer 0.00 Misc 0.00 Past Due: 0.00
Water 0.00 P Sewer 0.00 Fixed 0.00 Total Due: 0.00
Int 0.00 S Int 0.00 PFixed 0.00

TE	ACTION	CREAD	LREAD	USAGE	CODE	AMTPAID	AMOUNT	BALANCE
/18/95	BILLED	6200		6200		0.00	56.80	56.80
/22/95	PAYMENT					56.80	0.00	0.00
/07/95	BILLED	7500	6200	1300		0.00	12.70	12.70
/06/95	PAYMENT					12.70	0.00	0.00
/21/95	BILLED	13800	7500	6300		0.00	70.30	70.30
/07/95	PAYMENT					70.30	0.00	0.00
/24/96	BILLED	17200	13800	3400		0.00	38.40	38.40
/20/96	PAYMENT					38.40	0.00	0.00
/23/96	BILLED	19500	17200	2300		0.00	26.30	26.30
/23/96	PAYMENT					26.30	0.00	0.00
/25/96	BILLED	22200	19500	2700		0.00	30.70	30.70

PgDn PgUp Home End Esc

ZDDDDDDDDDDDDDDDDD?
3 ACCOUNT INQUIRY 3 READ/WAITING TO BE BILLED 05/22/98
MMY @MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
Acct #: 600037 Loc: 356 STATION RD Type: 5/8 Page #: 1
Owner: RIVARD, ROBERT
Street: P O BOX 168
City: AMHERST State: MA Zip: 01004
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD

C Water	0.00	C Sewer	0.00	Misc	0.00	Past Due:	0.00
P Water	0.00	P Sewer	0.00	Fixed	0.00	Total Due:	0.00
W Int	0.00	S Int	0.00	PFixed	0.00		

DATE	ACTION	CREAD	LREAD	USAGE	CODE	AMTPAID	AMOUNT	BALANCE
08/22/96	PAYMENT					30.70	0.00	0.00
10/28/96	BILLED	25400	22200	3200		0.00	42.60	42.60
12/16/96	PAYMENT					42.60	0.00	0.00
02/28/97	BILLED	28000	25400	2600		0.00	34.80	34.80
03/24/97	PAYMENT					34.80	0.00	0.00
06/03/97	BILLED	30500	28000	2500		0.00	33.50	33.50
06/27/97	PAYMENT					33.50	0.00	0.00
09/12/97	BILLED	34600	30500	4100		0.00	62.50	62.50
10/09/97	PAYMENT					62.50	0.00	0.00
12/17/97	BILLED	37200	34600	2600		0.00	40.00	40.00
01/06/98	PAYMENT					40.00	0.00	0.00

PgDn PgUp Home End Esc

ZDDDDDDDDDDDDDDDDD?
3 ACCOUNT INQUIRY 3 READ/WAITING TO BE BILLED 05/22/98
MMY @MMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMMM
Acct #: 600037 Loc: 356 STATION RD Type: 5/8 Page #: 1
Owner: RIVARD, ROBERT
Street: P O BOX 168
City: AMHERST State: MA Zip: 01004
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD

C Water	0.00	C Sewer	0.00	Misc	0.00	Past Due:	0.00
P Water	0.00	P Sewer	0.00	Fixed	0.00	Total Due:	0.00
W Int	0.00	S Int	0.00	PFixed	0.00		

DATE	ACTION	CREAD	LREAD	USAGE	CODE	AMTPAID	AMOUNT	BALANCE
03/31/98	BILLED	38600	37200	1400		0.00	22.00	22.00
04/27/98	PAYMENT					22.00	0.00	0.00

END OF HISTORY