526 STATION ROAD

PERMITS/INSP PAYMENT RECPT#: 12013227
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 08/02/11 TIME: 11:19
CLERK: publichea DEPT:

PAID BY: REBECCA HURWITZ
PAYMENT METH: CHECK 4096

REFERENCE: 10130

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

Title V Witness Fee

SITE ADDRESS: 526 STATION ROAD

FEES:
HEA058 200.00

TOTAL PAID: 200.00

#526

No. 7-27-99
99-15

THE COMMONWEALTH OF MAS
BOARD OF HEA
Town OF Amherst

Post-it® Fax Note 7671	Date 5/22/01	# of pages ▶ 2
To Judy @ Carls	From Dave Zaluzinsky	
Dept./Agency Carls Exc.	Co.	
Phone #	Phone # 256-4033	
Fax # 549-6115	Fax # 256-4053	

APPLICATION FOR DISPOSAL SYSTEM

Application for a Permit to Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) · ☐ Complete System (X) Individual Components

526 Station Rd Location	Ellen Hunt Owner's Name
Map/Parcel #	526 Station Dr. Amherst 01002 Address
Karl's Excavating, Inc Installer's Name	(413) 256-1605 Telephone # Richard Coste PE Robert Stever
327 River Dr. Hadley Address	Amherst Land Engineering Designer's Name
549-5396 Telephone #	P.O. Box 3312, Amherst, MA 01004-3312 Address (413) 256-3400 Telephone #

Type of Building: Single family house — Lot Size _____ Sq. feet
Dwelling — No. of Bedrooms 3 — Garbage Grinder ( )
Other — Type of Building _____ No. of persons _____ Showers ( ), Cafeteria ( )
Other fixtures _____

Design Flow (min. required) 330 gpd — Calculated design flow 414 gpd — Design flow provided _____ gpd
Plan: Date 7/27/99 — Number of sheets 1 — Revision Date _____
Title Plan of Sewage Disposal System Repair

Description of Soil(s) Leached
Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Stever Date of Evaluation 7/2/99

DESCRIPTION OF REPAIRS OR ALTERATIONS _____

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Ellen Hunt — Date 7-27-99

Inspections _____

FORM 1 - APPLICATION FOR DSCP **DEP APPROVED FORM 5/96**

No. 99-15

THE COMMONWEALTH OF MASSACHUSETTS
Amherst BOARD OF HEALTH

FEE 160 cc

CERTIFICATE OF COMPLIANCE

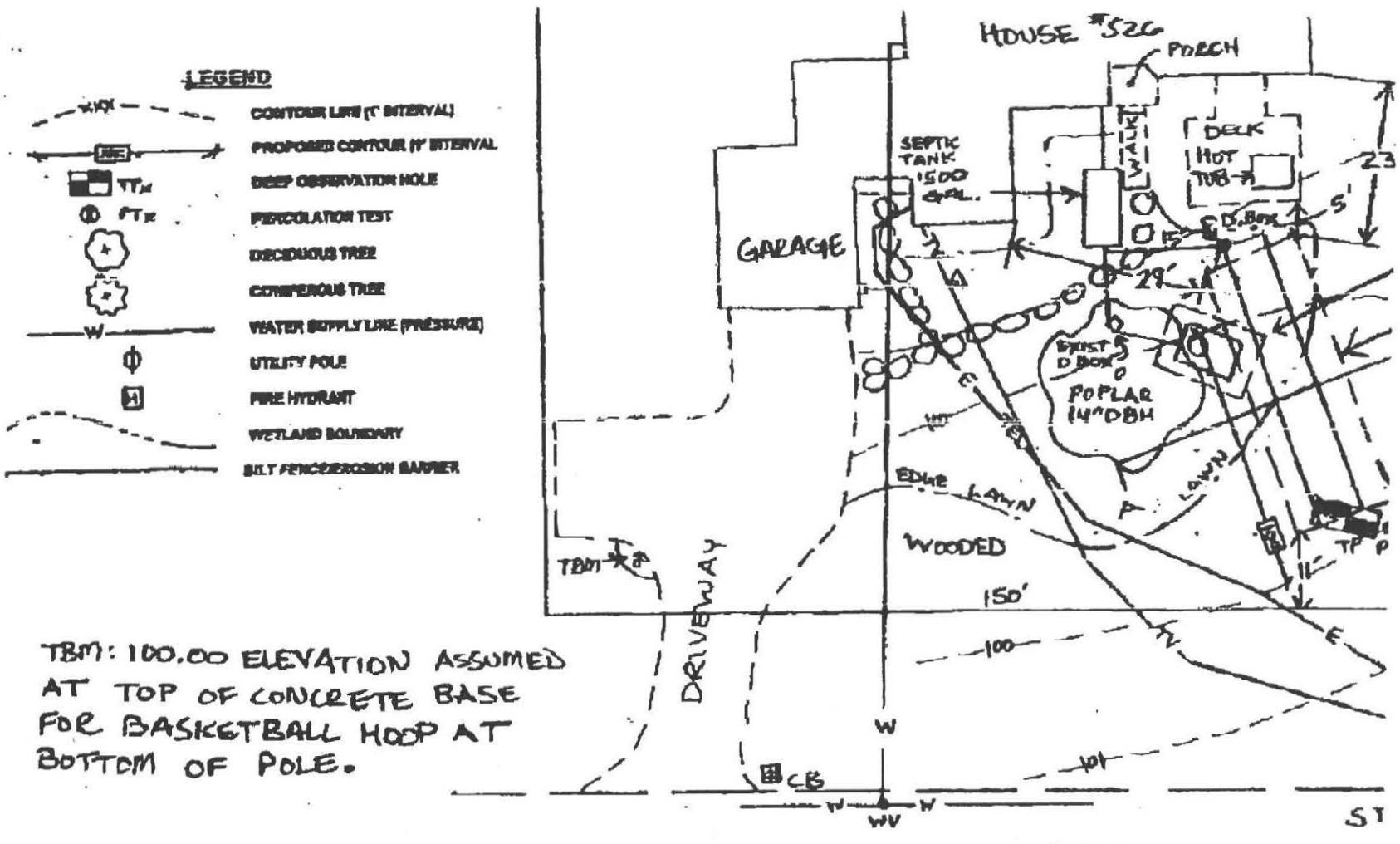
Richard E. Coste CM REGISTERED PROFESSIONAL ENGINEER

Description of Work: (X) Individual Component(s) ☐ Complete System

The undersigned hereby certify that the Sewage Disposal System: Constructed ( ), Repaired (X), Upgraded ( ), Abandoned ( )
by: Ellen Hunt
at 526 Station Rd
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 99-15 dated Aug 5, 1999 Approved Design Flow 414 (gpd)
Installer Karl Koneczny Karl's Sitework 7/27/99
Designer: Robert W. Stever 8/9/99 Inspector _____ Date 8-9-99

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

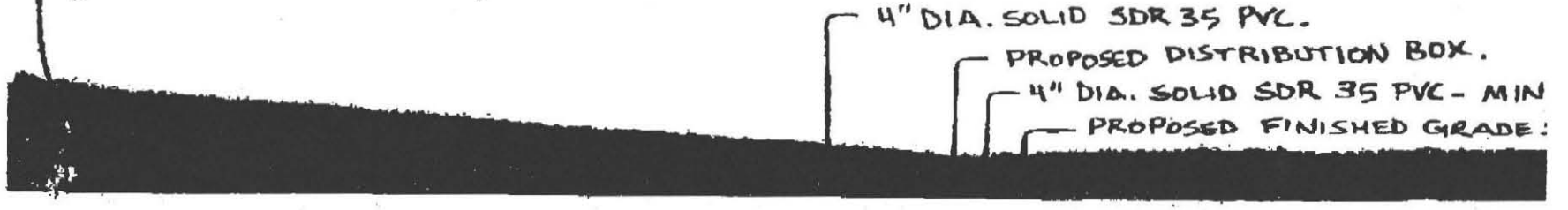
FORM 3 - CERTIFICATE OF COMPLIANCE **DEP APPROVED FORM 5/95**



TBM: 100.00 ELEVATION ASSUMED AT TOP OF CONCRETE BASE FOR BASKETBALL HOOP AT BOTTOM OF POLE.

PLANVIEW

SCALE: 1" = 20'



7/26/2011 -

- TITLE V WITNESS
- PASSED W/ REPAIRS
  - NEW OUTLET BAFFLE
  - AS-BUILT PLANS TO BE DELIVERED 7/29/2011

- - - - - - -

R. + J. HORWITZ
526 STATION ROAD
AMHERST, MA
01060

BILL FOR TITLE V

Picnic Price $6

Golf Price $14

Town of Amherst Annual Picnic

Cherry Hill Golf Course

325 Montague Rd, Amherst, MA 01002

Friday July 22, 2011

Tee Time: 9am Picnic Time: 12noon-4pm

July 2011 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: July 27, 2011

TO R. & J. Hurwitz
526 Station Road
Amherst, MA 01002

RE: Invoice for **Septic Title V witness**

Services provided by **Edmund Smith**

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness - PASSED W/REPAIRS MADE (outlet baffle)	$ 200.00	$ 200.00
	plans from earlier repairs to be brought to Amherst Bd. Of Health office by Bob Stover this Friday 7/29/2011		
	this invoice is due on receipt for services of 7/26/2011		
		SUBTOTAL	$ 200.00
		SALES TAX	
		TOTAL	$ 200.00

#526

No. 7-27-99
99-15

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town OF Amherst

FEE 160 cc
1120
PD 7-27-99

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) - ☐ Complete System ☒ Individual Components

526 Station Rd — Location	Ellen Hunt — Owner's Name
Map/Parcel #	526 Station Dr. Amherst 01002 — Address
Lot # 1	(413) 256-1605 — Telephone #
Karl's Excavating, Inc — Installer's Name	Richard Costa PE Amherst Civil Engineering / Robert Stover — Designer's Name
327 River Dr. Hadley — Address	P.O. Box 3312, Amherst, MA 01004-3312 — Address
549-5396 — Telephone #	(413) 256-3400 — Telephone #

Type of Building: Single family house — Lot Size ____ Sq. feet
Dwelling — No. of Bedrooms 3 — Garbage Grinder ( )
Other — Type of Building ____ No. of persons ____ Showers ( ), Cafeteria ( )
Other fixtures ____

Design Flow (min. required) 330 gpd — Calculated design flow 414 gpd — Design flow provided ____ gpd
Plan: Date 7/27/99 — Number of sheets 1 — Revision Date ____
Title Plan of Sewage Disposal System Repair

Description of Soil(s) Attached
Soil Evaluator Form No. ____ Name of Soil Evaluator Robert Stover Date of Evaluation 7/2/99

DESCRIPTION OF REPAIRS OR ALTERATIONS ____

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Ellen Hunt — Date 7-27-99

Inspections ____

FORM 1 - APPLICATION FOR DSCP **DEP APPROVED FORM 5/96**

No. 99-15

THE COMMONWEALTH OF MASSACHUSETTS
Amherst BOARD OF HEALTH

FEE 160 cc

CERTIFICATE OF COMPLIANCE

Description of Work: ☒ **Individual Component(s)** ☐ **Complete System**

The undersigned hereby certify that the Sewage Disposal System: Constructed ( ), Repaired (X), Upgraded ( ), Abandoned ( )
by: Ellen Hunt
at 526 Station Rd
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 99-15 dated Aug. 15, 1999 Approved Design Flow ____ (gpd)
Installer Karl Konieczka Karl's Sitework — 7/27/99
Designer: Robert W. Stover 8/9/99 for Amherst Civil Engineering — Inspector Daniel Bagnall — Date 8-9-99

COMMONWEALTH OF MASSACHUSETTS — Richard E. Costa Civil No. 31498 — REGISTERED PROFESSIONAL ENGINEER

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

FORM 3 - CERTIFICATE OF COMPLIANCE **DEP APPROVED FORM 5/96**

No. 99-15

THE COMMONWEALTH OF MASSACHUSETTS
Amherst BOARD OF HEALTH

FEE 160 cc
PD

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 526 Station Rd. as described in the application for Disposal System Construction Permit No. 99-15, dated 7-27-99.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 7-27-99 — Board of Health Daniel Bagnall.

FORM 2 - DSCP **DEP APPROVED FORM 5/96**

No. 99-15 Date: 7/2/99

Commonwealth of Massachusetts
Amherst , **Massachusetts**

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover Date: 7/2/99
Witnessed By: David Zarozinski

Location Address or Lot # 526 Station Rd.	Owner's Name, Address, and Telephone # Ellen Hunt 526 Station Rd. Amherst, MA 01002 (413) 256-1605
New Construction ☐ Repair ☒	

Office Review

Published Soil Survey Available: No ☐ Yes ☒
Year Published 12/1981 Publication Scale 1:15840 Soil Map Unit HgA
Drainage Class A Soil Limitations poor filter
Surficial Geologic Report Available: No ☐ Yes ☐
Year Published Publication Scale
Geologic Material (Map Unit)
Landform
Flood Insurance Rate Map:
Above 500 year flood boundary No ☐ Yes ☒
Within 500 year flood boundary No ☒ Yes ☐
Within 100 year flood boundary No ☒ Yes ☐
Wetland Area:
National Wetland Inventory Map (map unit)
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month
Range :Above Normal ☐ Normal ☐ Below Normal ☒
Other References Reviewed:

Location Address or Lot No. 526 Station Rd., Amherst, MA

On-site Review

Deep Hole Number 1 **Date:** 7/2/99 **Time:** 11:45 **Weather** Partly Cldy 85°
Location (identify on site plan) see plan
Land Use Yard **Slope (%)** 0 **Surface Stones** None
Vegetation grass + pines + hemlock stand
Landform Kame Terrace / Plain
Position on landscape (sketch on the back)
Distances from:

Open Water Body	200 feet +	Drainage way	100 feet +
Possible Wet Area	100 feet +	Property Line	25 feet ±
Drinking Water Well	200 feet +	Other	

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-12	Ap	FSL	10YR3/3	none	Friable/Massive
12-27	Bw	FSL gravelly	10YR4/6	none	Friable/Massive
27-82	C1	FLS	2.5Y7/4	none	slightly firm, some fine gravel
82-100"	C2	VFLS	2.5Y7/3	10YR5/6 common	Firm well sorted no coarse
100-9'	C3	CS	2.5YR4/6	None observed	Loose

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash **Depth to Bedrock:** >9'
Depth to Groundwater: **Standing Water in the Hole:** none **Weeping from Pit Face:** none
Estimated Seasonal High Ground Water: 82"

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 526 Station Rd.

COMMONWEALTH OF MASSACHUSETTS

Amherst , Massachusetts

Percolation Test*		
Date: 7/2/99	Time: 11:30	
Observation Hole #	1	
Depth of Perc	60"	
Start Pre-soak	11:35	
End Pre-soak		
Time at 12"		
Time at 9"	11:47	
Time at 6"	11:49	
Time (9"-6")	2	
Rate Min./Inch	0.66	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed ☒ Site Failed ☐

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments: 5' water table separation required

DEP

DEP APPROVED FORM - 12/07/96

Ellen Hunt

Location Address or Lot No. 526 Station Rd.
Amherst, MA

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole none inches
- ☐ Depth weeping from side of observation hole none inches
- ☒ Depth to soil mottles 82 inches
- ☐ Ground water adjustment ____ feet

Index Well Number ____ Reading Date ____ Index well level ____

Adjustment factor ____ Adjusted ground water level ____

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

If not, what is the depth of naturally occurring pervious material? ____

Certification

I certify that on 6/1993 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Robert F Howe Date 7/2/99

Ellen S. Hunt
James G. Hunt
526 Station Rd
Amherst, Ma 01002

1120

53-248/118

Date 1-29-99

Pay to the order of Town of Amherst $ 160.00

One-hundred and sixty ——— xx/100 Dollars

THE BANK OF WESTERN MASSACHUSETTS
SPRINGFIELD, MASSACHUSETTS

For Inspection Services

Ellen S Hunt

⑆011802488⑆ 08 00212560⑈ 1120

R# 941

N/of Rd

No. _____ Date: 7-2-99

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Bob Stover Date: 7-2-99
Witnessed By: David Inman

Location Address or Lot #	Owner's Name, Address, and Telephone #
New Construction ☐ Repair ☑	James Hunt 526 Station Rd

Office Review

Published Soil Survey Available: No ☐ Yes ☐

Year Published ..... Publication Scale ..... Soil Map Unit .....

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No ☐ Yes ☐

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☐

Within 500 year flood boundary No ☐ Yes ☐

Within 100 year flood boundary No ☐ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) .....

Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month .....

Range :Above Normal ☐ Normal ☐ Below Normal ☐

Other References Reviewed: _____

STATION 2d

Location Address or Lot No. 526 ~~Main~~ St

On-site Review

Deep Hole Number 1 Date: 7/2/99 Time: 11:45 Weather Partly Cloudy 85°

Location (identify on site plan)

Land Use Land Slope (%) 0 Surface Stones None

Vegetation Grass + Pine hardwood

Landform Flat Terrace

Position on landscape (sketch on the back)

Distances from:

Open Water Body 200 feet + Drainage way 100+ feet

Possible Wet Area 100 feet + Property Line 25+ feet

Drinking Water Well feet Other

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
12"	Ap	FSL	10YR 3/3	None	Friable / massive
27"	Bw	FSL	10YR 4/6	None	Friable / massive
82"	C_1	gravelly FLS	2.5Y 7/4	None	Slightly firm gravel
100"	C_2	VFLS	2.5Y 7/3	10YR 5/6 common	Firm well sorted No coarse/gravel lens
108"	C_3	CS	2.5Y R 4/6	None	

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Depth to Bedrock: 79"

Depth to Groundwater: Standing Water in the Hole: None Weeping from Pit Face:

Estimated Seasonal High Ground Water: 81"

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 526 STATION RD

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: 7-2-99	Time: 11:30	
Observation Hole #	1	
Depth of Perc	60"	
Start Pre-soak	11:35	
End Pre-soak		
Time at 12"		
Time at 9"	11:47	
Time at 6"	11:49	
Time (9"-6")	2	
Rate Min./Inch	.66	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed ☑ Site Failed ☐

Performed By: Robert Stover

Witnessed By: David Zorn

Comments: 5' WATER TABLE expiration Hereby

DEP APPROVED FORM - 12/07/95

526 Station Rd.

BOARD OF HEALTH

#526

TOWN OF AMHERST, MASSACHUSETTS

LOT 1 AMHERST WOODS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Wm. PEARSON Address 10 MAIN ST. MONTAGUE

Installer R. ROBERTS Address HEDENWAY RD LEVERETT

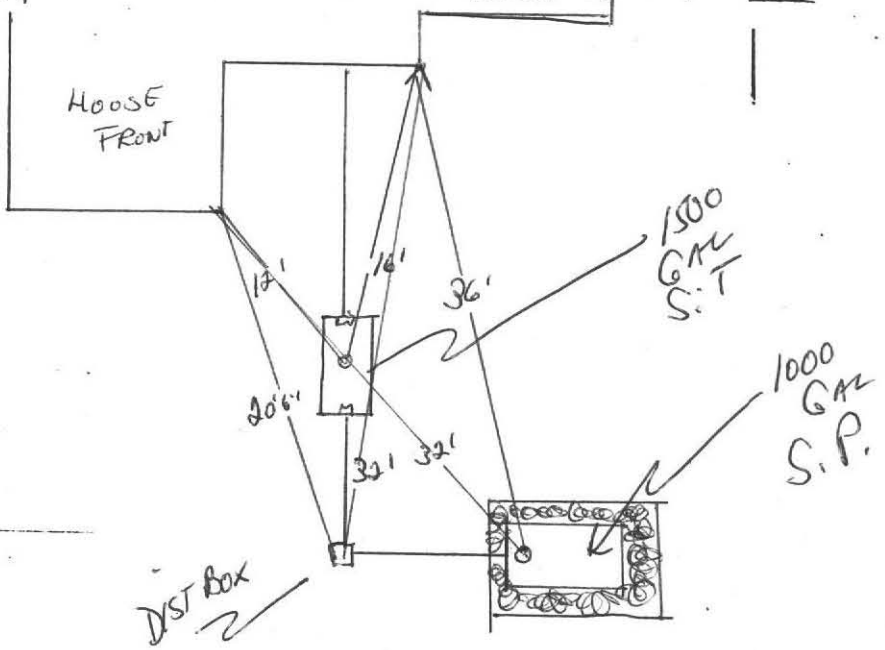
Date Installation Inspected and Approved 5/18/84

Description of System: Tank Capacity: 1500

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

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

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A

Certification (continued)

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

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

A] SYSTEM PASSES:

☐ I have not found any information which indicates that any of the failure conditions described in 310 CMR 15.303 exist. Any failure criteria not evaluated are indicated below.

COMMENTS:

B] SYSTEM CONDITIONALLY PASSES:

☐ 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.

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

Argeo Paul Celluci
Governor

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

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

Trudy Coxe
Secretary
David B. Struhs
Commissioner

TITLE V REPORT

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification

Property Address:	526 STATION ROAD SOUTH AMHERST, MA. 01002	Name of Owner: Address of Owner:	JAMES & ELLEN HUNT 526 STATION ROAD SOUTH AMHERST, MA. 01002
Date of Inspection:	JUNE 29, 1999		
Company Name:	**Greg's Wastewater Removal** **239A Greenfield Road** **S. Deerfield, MA 01373**		
Company Phone:	(413) 665 - 3989	Name of Inspector:	Philip J. Pasiecnik

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. Pasiecnik **DATE:** 6/29/99

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.

NOTES AND COMMENTS THE AS BUILT DRAWING AND MEASURMENTS TO THE SYSTEM COMPONENTS ARE CORRECT AND A COPY IS ATTACHED TO THIS REPORT AS EXHIBIT "A":

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A

Certification (continued)

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

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.

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002
Owner: JAMES & ELLEN HUNT
Date of Inspection: JUNE 29, 1999

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification (continued)

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

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 IN ACCORDANCE WITH 310 CMR 15.303 (1)(B) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**
   - ☐ 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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C

SYSTEM INFORMATION

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

FLOW CONDITIONS

Residential:

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

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

Total DESIGN flow 330

Number of current residents: 4

Garbage Grinder (yes or no) Yes

Laundry (separate system) (yes or no) if yes, separate inspection required: No

Laundry system inspected (yes or no):

Seasonal Use (yes or no): No

Water Meter readings - if available - (last two (2) year usage (gpd): 464,250 Gallons 636 G.P.D.

Sump Pump (yes or no): No

Last Date of Occupancy: Unknown

Commercial/Industrial:

Type of establishment:

Design flow: (Based on 15.203) _____ gallons per day

Basis of design flow

Grease trap present (yes or no)

Industrial Waste Holding Tank present (yes or no)

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

Water Meter readings - - if available:

Last Date of Occupancy:

OTHER: (Describe)

Last date of occupancy:

GENERAL INFORMATION

PUMPING RECORDS and source of information: Pumped by Greg's 6/19/97, 6/4/93 &5/23/91

System pumped as part of the inspection: (yes or no) Yes

If YES - enter volume pumped: 1500 gallons

Reason for pumping: Tank inspection

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 operation & maintenance contract

Tight Tank _____ Copy of DEP Approval

OTHER:)

APPROXIMATE AGE of all -components: 15 Years old

Date Installed, if Known: 5/18/84 Source of Information: As built

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part B

CHECKLIST

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

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 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.
YES		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:
☒	☐	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)}.
☒	☐	The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C

SYSTEM INFORMATION (continued)

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

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 present
_____ Alarm level Alarm in working order ☐Yes ☐ No
_____ Date of previous pumping

Comments: (Condition of inlet tee, condition of alarm and float switches, etc.) _____.

DISTRIBUTION BOX: ☒ Yes ☐ No
(locate on site plan):

Depth of liquid level above outlet invert: 8"+ at the time of inspection.

Comments: (Note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) When the box cover was being excavated for inspection liquid seeped from inside the box and filled the hole being dug. After pumping the liquid from the hole the cover was opened and the dist. box was full of liquid. Leakage was evident out of the box on the sides and the top. After pumping liquid from the box it was evident that the seepage pit was also full because it was running back into the box. After pumping was stopped the liquid level in the box went to 4" over the outlet invert in a matter of 30 seconds..

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 A

Certification (continued)

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002
Owner: JAMES & ELLEN HUNT
Date of Inspection: JUNE 29, 1999

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 18"
Material of construction: _____ cast iron X 40 PVC _____ other (explain)

Distance from private water supply well or suction line Public water supply
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
Joints in good condition with no evidence of leakage. Venting seems good.

SEPTIC TANK - ☒
(locate on site plan):

Depth below grade: 12"
Material of Construction: ☒ Concrete ☐ Metal ☐ Fiberglass ☐ Polyethylene _____ Other (explain)

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

10'6"Lx5'6"Wx5'8"D Dimensions:
10" Sludge Depth
24" Distance from top of sludge to bottom of outlet tee or baffle
10" Scum thickness
6" 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
Tape measure 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 two to three years. Tank should be pumped more often if the garbage disposal is used daily. Cast in place concrete inlet tee in good condition and extends 15" below the liquid level. Cast in place concrete outlet tee in fair condition and extends 17" below the liquid level. The liquid level at the time of inspection was 1" above the outlet invert due to the backup of effluent from the seepage pit and dist. box. Other than some deterioration of the concrete at the outlet end of the tank, the septic tank is in good condition with no evidence of leakage..

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: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

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 INSPECTION FORM

Part C

SYSTEM INFORMATION (continued)

Property Address: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

SOIL ABSORPTION SYSTEM (SAS): ☒

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

If not located, explain: _____.

TYPE:

Leaching pits & number: **1 - 1000 Gallon**
Leaching chambers & number: _____
Leaching galleries & number: _____
Leaching trenches, number, length: _____
Leaching fields, number, dimensions: _____
Overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.) Sandy gravel with evidence of clogging. Hydraulic failure was evident at the time of inspection. No ponding at the time of inspection. Soil over the leaching pit was soft under foot at the time of inspection. Vegetation consisted of mowed grass that was lush green at the time of inspection. Liquid from the pit ran back into the dist. box for approx. 5 minutes at a half a pipe while pumping from the box..

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: 526 STATION ROAD
SOUTH AMHERST, MA. 01002

Owner: JAMES & ELLEN HUNT

Date of Inspection: JUNE 29, 1999

NRCS Report name Soil Type _____

Typical depth to groundwater

USGS Date website visited
Observation Wells checked
Groundwater depth: Shallow_____ Moderate_____Deep_____ --------

-- SITE EXAM ☐ Slope

☒ Surface water
☒ Check cellar
☐ Shallow wells

Estimated Depth to Groundwater 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): The true High Groundwater Elevation will be established by a licensed Soil Evaluator at the time of the perc test for system repair. No sump pump in the basement of the dwelling. No sign of high groundwater on the property. Pumping records don't indicate a groundwater problem.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

"EXHIBIT A" LOT 1 AMHERST WOODS

Please give to owner

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Wm. Pearson Address 10 Main St. Montague

Installer R. Roberts Address Hemenway Rd Leverett

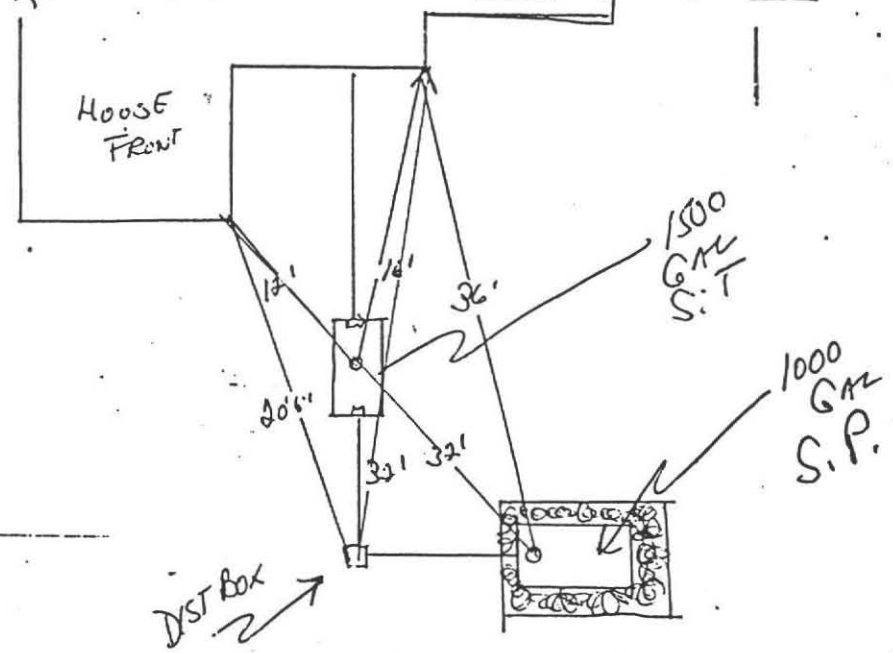
Date Installation Inspected and Approved 5/18/84

Description of System: Tank Capacity: 1500

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

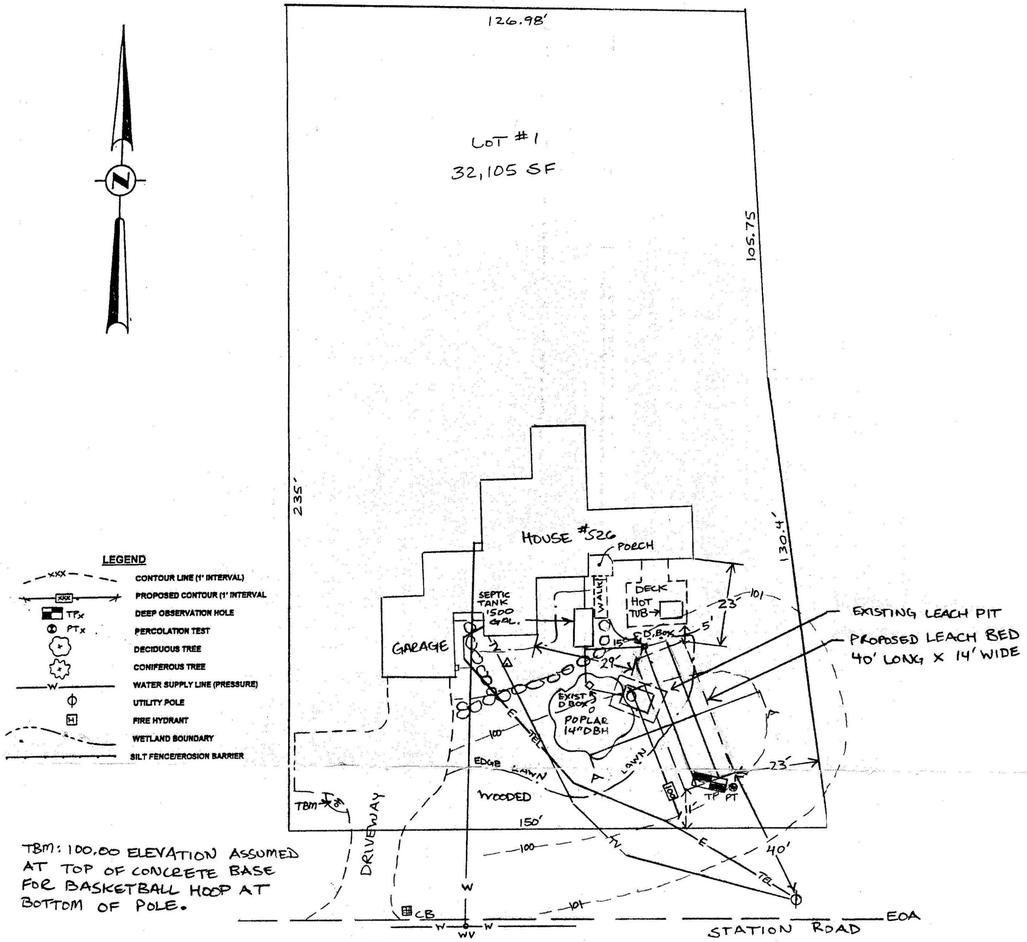
Garbage Grinder Yes (X) No ( ) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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



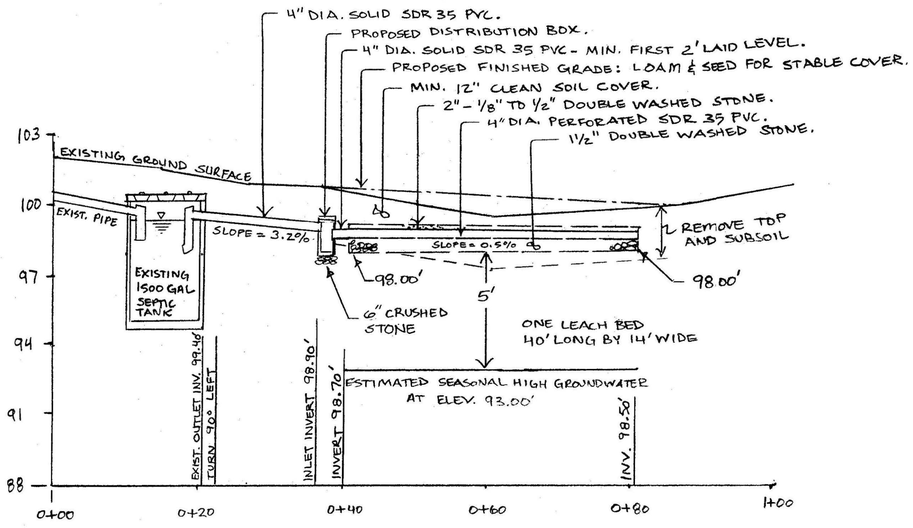
TBM: 100.00 ELEVATION ASSUMED AT TOP OF CONCRETE BASE FOR BASKETBALL HOOP AT BOTTOM OF POLE.

LEGEND

- CONTOUR LINE (1' INTERVAL)
- PROPOSED CONTOUR (1' INTERVAL)
- TPx — DEEP OBSERVATION HOLE
- PTx — PERCOLATION TEST
- DECIDUOUS TREE
- CONIFEROUS TREE
- W — WATER SUPPLY LINE (PRESSURE)
- UTILITY POLE
- FH — FIRE HYDRANT
- WETLAND BOUNDARY
- SILT FENCE/EROSION BARRIER

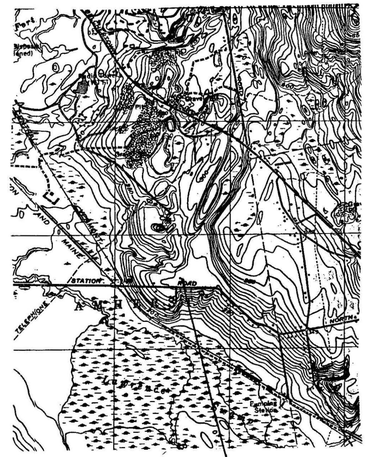
PLANVIEW

SCALE: 1" = 20'



PROFILE OF SYSTEM

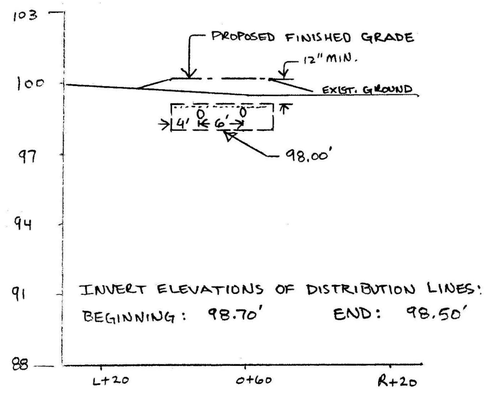
SCALE: H: 1" = 10' V: 1" = 3'



LOCUS PLAN

USGS: BELCHERTOWN, MA QUAD

SCALE = 1: 25 000



INVERT ELEVATIONS OF DISTRIBUTION LINES:
BEGINNING: 98.70' END: 98.50'

SECTION AT "A – A": LEACH BED

SCALE: H: 1" = 10' V: 1" = 3'

SOIL INVESTIGATION

Test Pit EL 99.93'.
Estimated Seasonal High Ground Water EL 93.00'.
Bedrock EL >90-83'.
Class 1 soils.

Water supply wells within 200 feet and wetland resource areas within 100 feet of the proposed soil absorption system are as shown on the planview. Deep observation hole log and percolation test results are in attached Soil Suitability Report. Soil Investigation and percolation testing by Robert Stover, Certified Soil Evaluator, and witnessed for the Board of Health by David Zarezinski on 7/2/99.

DESIGN CRITERIA

Design flow is for a 3 bedroom house without a garbage grinder.
Existing septic tank: 1500 gallons.

DESIGN CALCULATION

Required Flow: 110 gpd per bedroom.
Total required flow = 330 gpd.

Effluent Loading Rate: Percolation Rate = < 2 minutes per inch.
Class 1 soils.
Effluent Loading Rate = 0.74 gpd/sf.

Proposed soil absorption system: one leach bed, 40' long by 14' wide

Bottom Area: 40' x 14' = 560 sf
Sidewall Area: not allowed = 0 sf
Total Leaching Area: = 560 sf

560 sf x 0.74 gpd/sf = 414 gpd
Total Required Capacity = 330 gpd (o'k)

GENERAL CONDITIONS

1. This system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
2. The installer shall notify the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
3. All debris in the site area shall be removed and disposed of in accordance with the law.
4. There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
5. The installer shall notify the designer when the system excavation is ready for inspection and the designer and the Board of Health when the system installation is complete and prior to placement of the cover material for final inspection. Notification shall be 48 hours prior to the time of inspection.
6. The on-site sewage disposal system shall be pumped and inspected as necessary and at least once every 3 years.

CONSTRUCTION NOTES

1. Any topsoil, subsoil, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the leaching trenches, from five feet around the trenches and from wherever fill is to be placed. Any fill placed in or adjacent to the trenches shall be a clean granular sand & conform to the specifications of Title 5, 310 CMR 15.255(3).
2. The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
3. Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.
4. The pipes exiting the distribution box shall have the same invert elevation and shall be level for a minimum of the first two feet.
5. Any part of existing soil absorption system encountered during excavation shall be disposed of in accordance with the requirements of the Board of Health.

Richard E. Costa
Civil
No. 37178
REGISTERED PROFESSIONAL ENGINEER

7/27/99

PLAN OF SEWAGE DISPOSAL SYSTEM REPAIR

526 STATION ROAD, AMHERST, MA

ELLEN HUNT
526 STATION RD., AMHERST, MA 01002

SCALE: AS SHOWN	APPROVED BY	DRAWN BY RWS
DATE: 7/27/99		

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER
P.O. BOX 3312, AMHERST, MA 01004-3312
(413)256-3400

DRAWING NUMBER