

575 Station Rd

David Clark
28 Amity Street (Amherst Cinema Building)



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

RECEIVED
 4/12/05

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

Property Address: 575 Station Rd.
 Amherst, Ma

Owner's Name: Tom Asher

Owner's Address: same

Date of Inspection: 4/06/05

Name of Inspector: (please print) Nate Toretti

Company Name: CLEAN SEPTICS

Mailing Address: P.O. BOX 394
LUDLOW, MA

Telephone Number: 583-2138

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:

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

Inspector's Signature: Nathan Torretta

Date: 04/06/05

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 :

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 or different conditions of use.

10/10/10

10/10/10

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

Property Address: 575 Station Rd.
Amherst, Ma
Owner's Name: Tom Asher
Owner's Address: same
Date of Inspection: 4/07/05

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:

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):

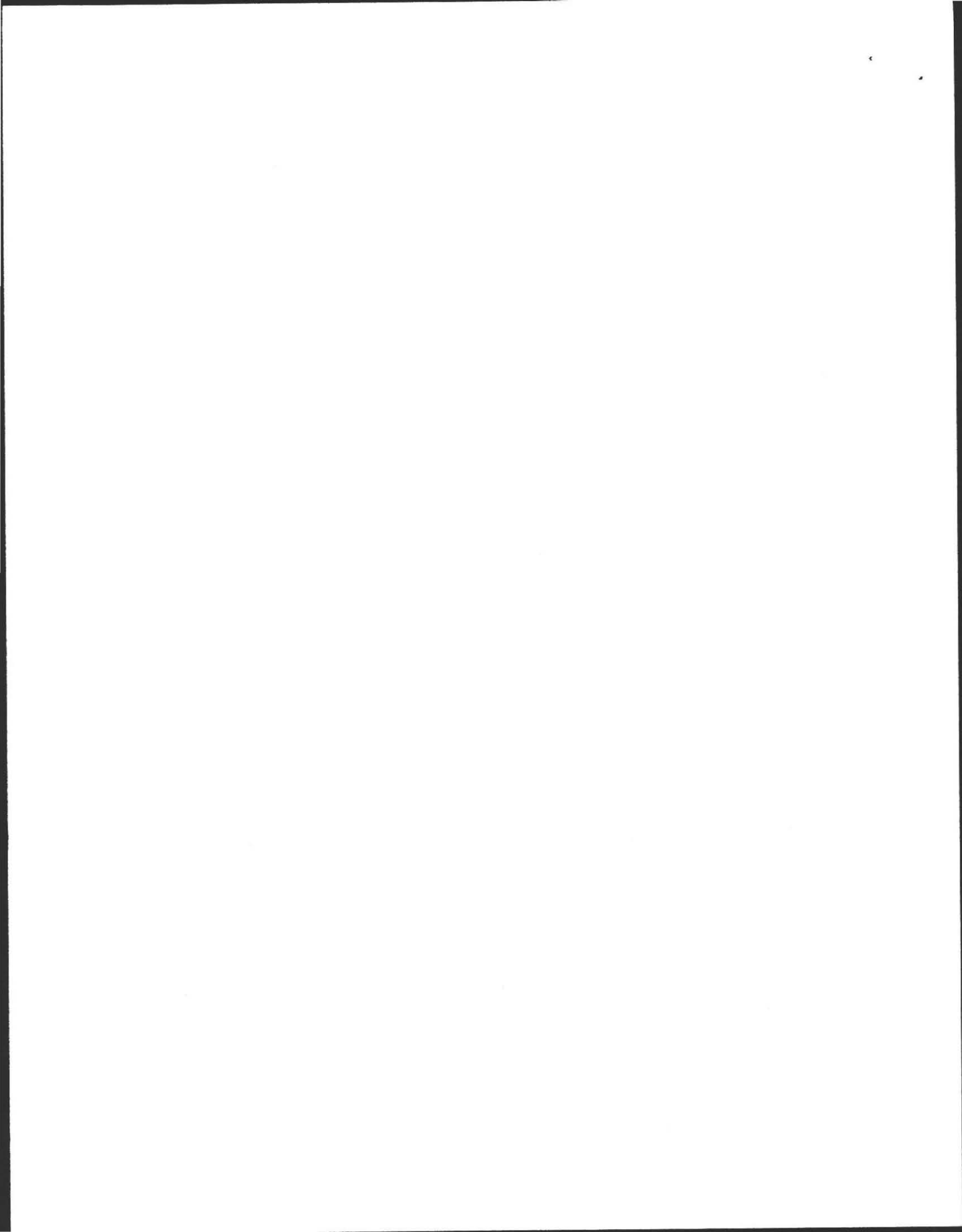
- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

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:



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Property Address: 575 Station Rd.
Amherst, Ma

Owner's Name: Tom Asher

Owner's Address: same

Date of Inspection: 4/06/05

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:

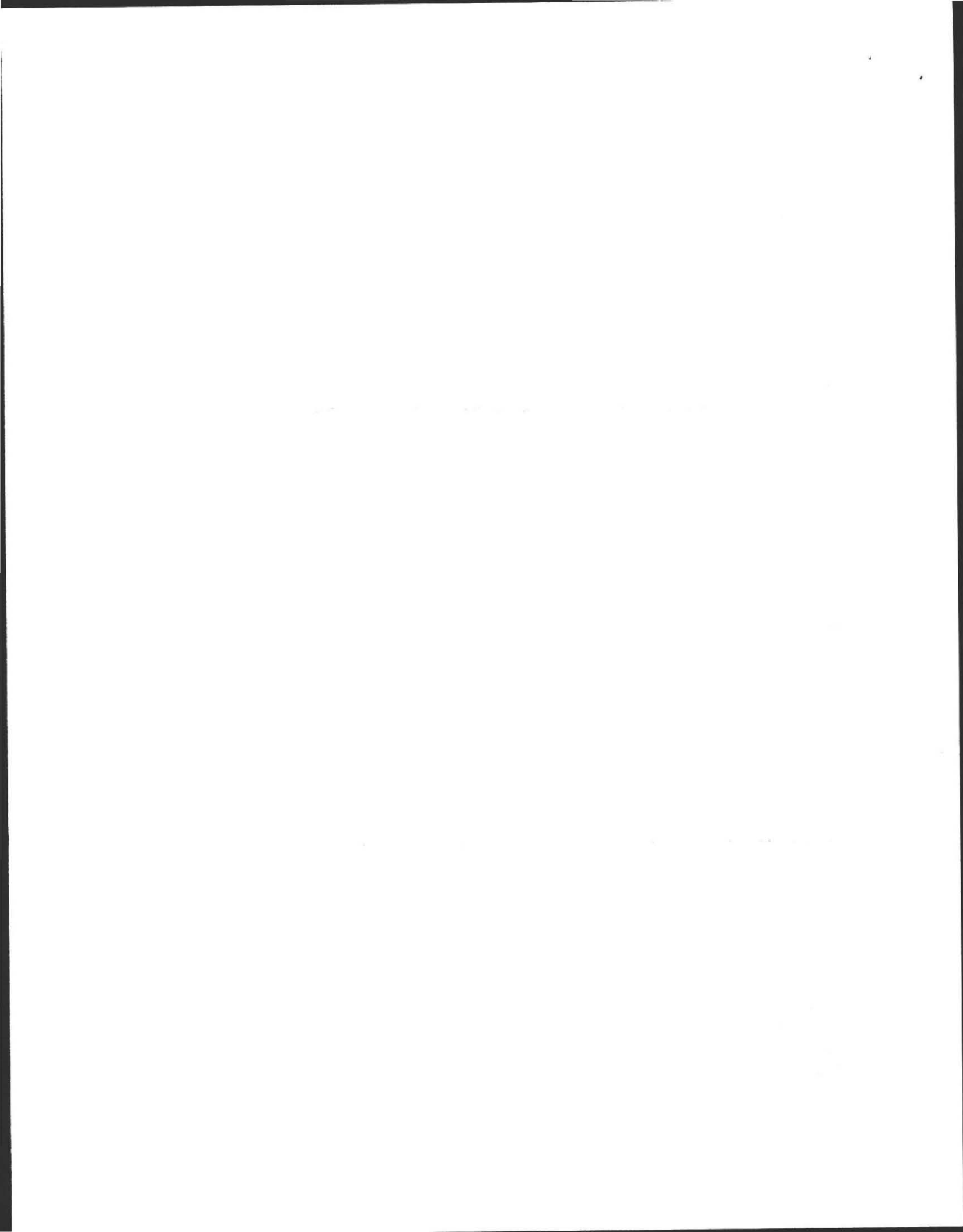
- ___ Cesspool or privy is within 50 feet of a surface water
- ___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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:



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
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PART A
CERTIFICATION (continued)

Property Address: 575 Station Rd.
Amherst, Ma

Owner's Name: Tom Asher

Owner's Address: same

Date of Inspection: 4/06/05

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 checked="" type="checkbox"/> | <input 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 S.A.S. or cesspool. |
| <input checked="" type="checkbox"/> | <input 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 NOT due to clogged or obstructed pipe(s). Number of times pumped ____. |
| <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 1 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 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.] |

YES (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:

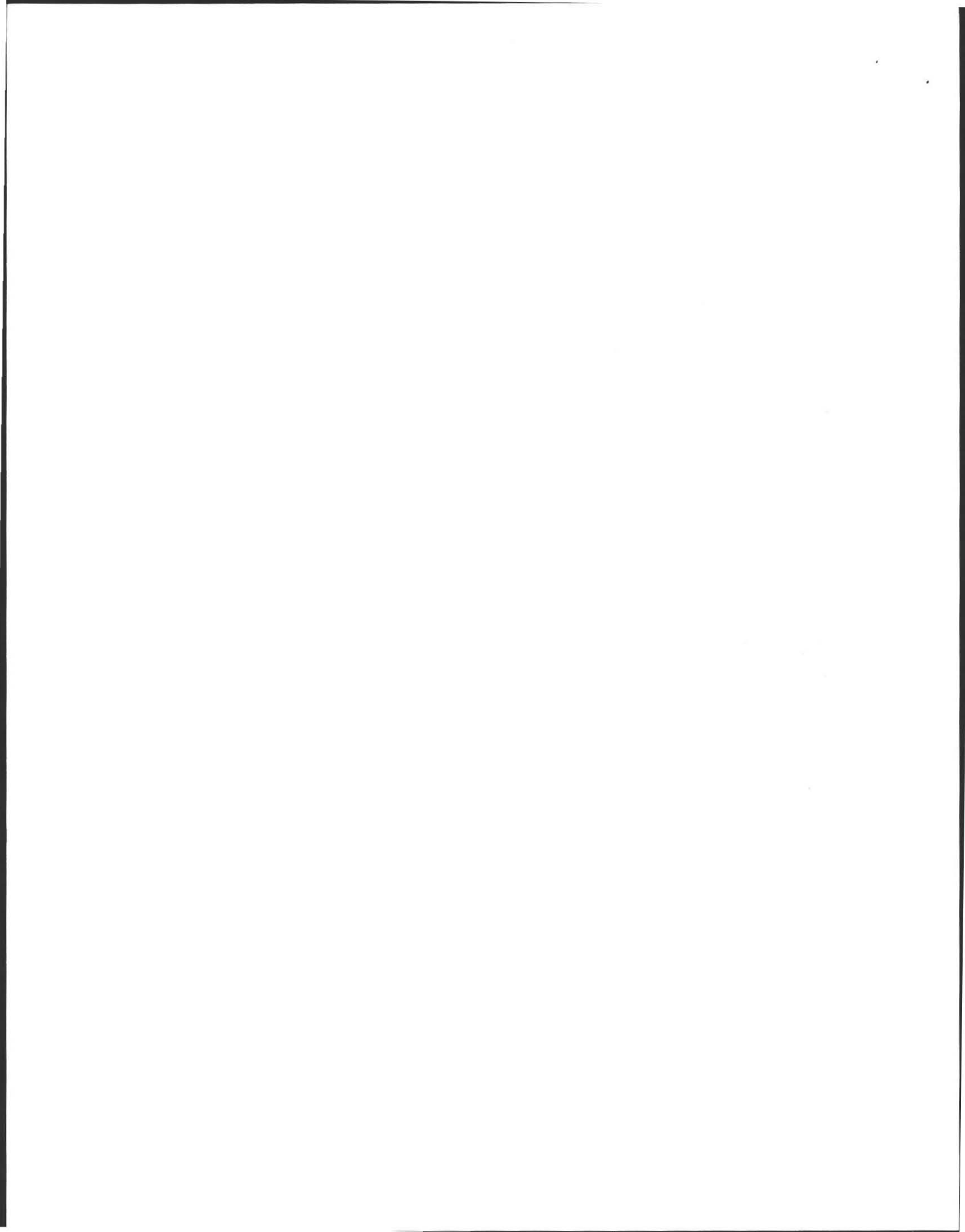
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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 – IWPA) 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: 575 Station Rd.
Amherst, Ma

Owner's Name: Tom Asher

Owner's Address: same

Date of Inspection: 4/06/05

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 ?

Has the system received normal flows in the previous two week period ?

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 ?

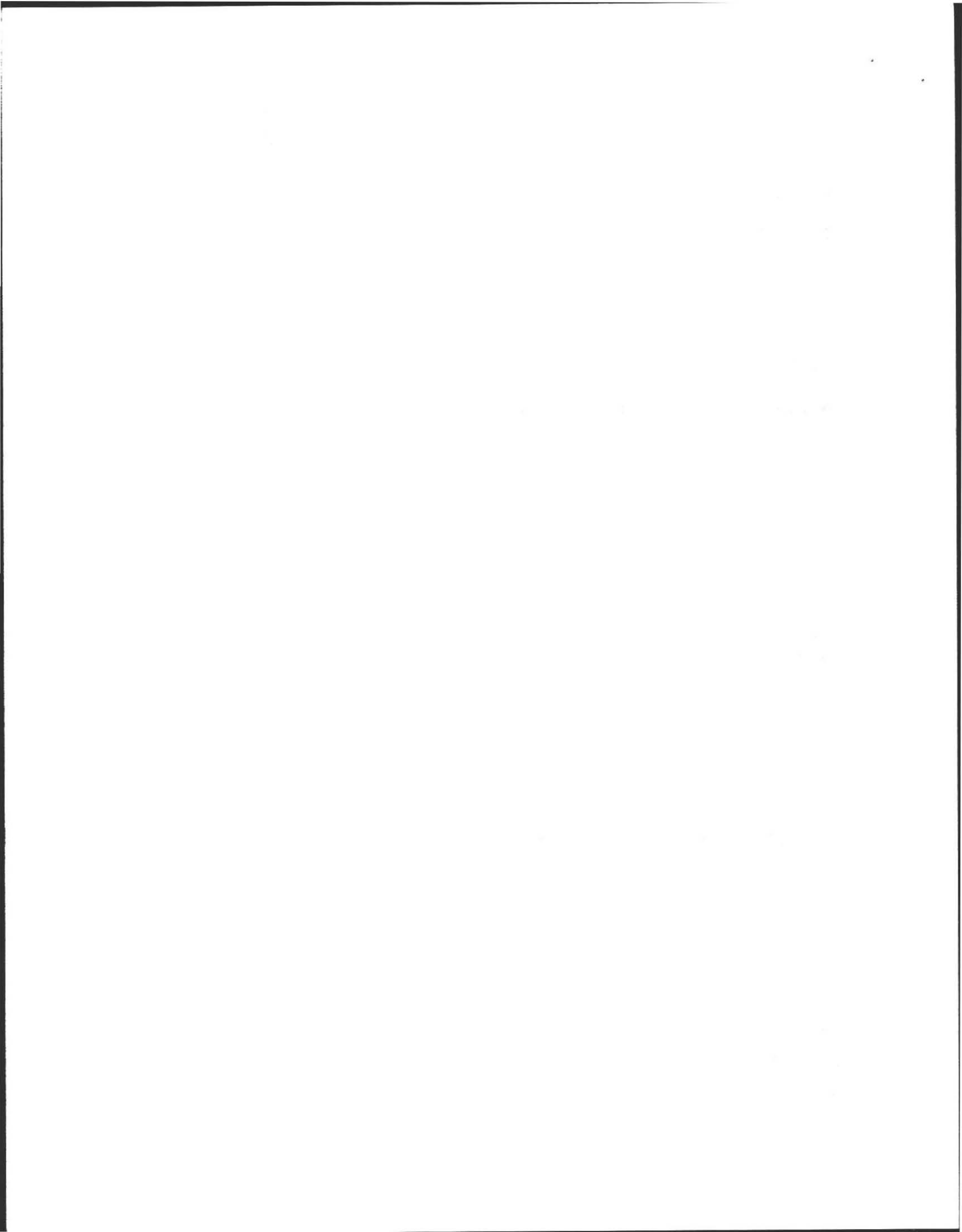
Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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: 575 Station Rd.
Amherst, Ma

Owner's Name: Tom Asher

Owner's Address: same

Date of Inspection: 4/06/05

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Number of current residents: 4

Does residence have a garbage grinder (yes or no): yes

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

Laundry system inspected (yes or no): no

Seasonal use (yes or no): no

Water meter readings, if available (last 2 years usage (gpd)): Town water

Sump pump (yes or no): no

Last date of occupancy : present

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: **Not pumped for 13 years**

Was system pumped as part of the inspection (yes or no)

If yes, volume pumped: _____gallons -- How was quantity pumped determined?

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)

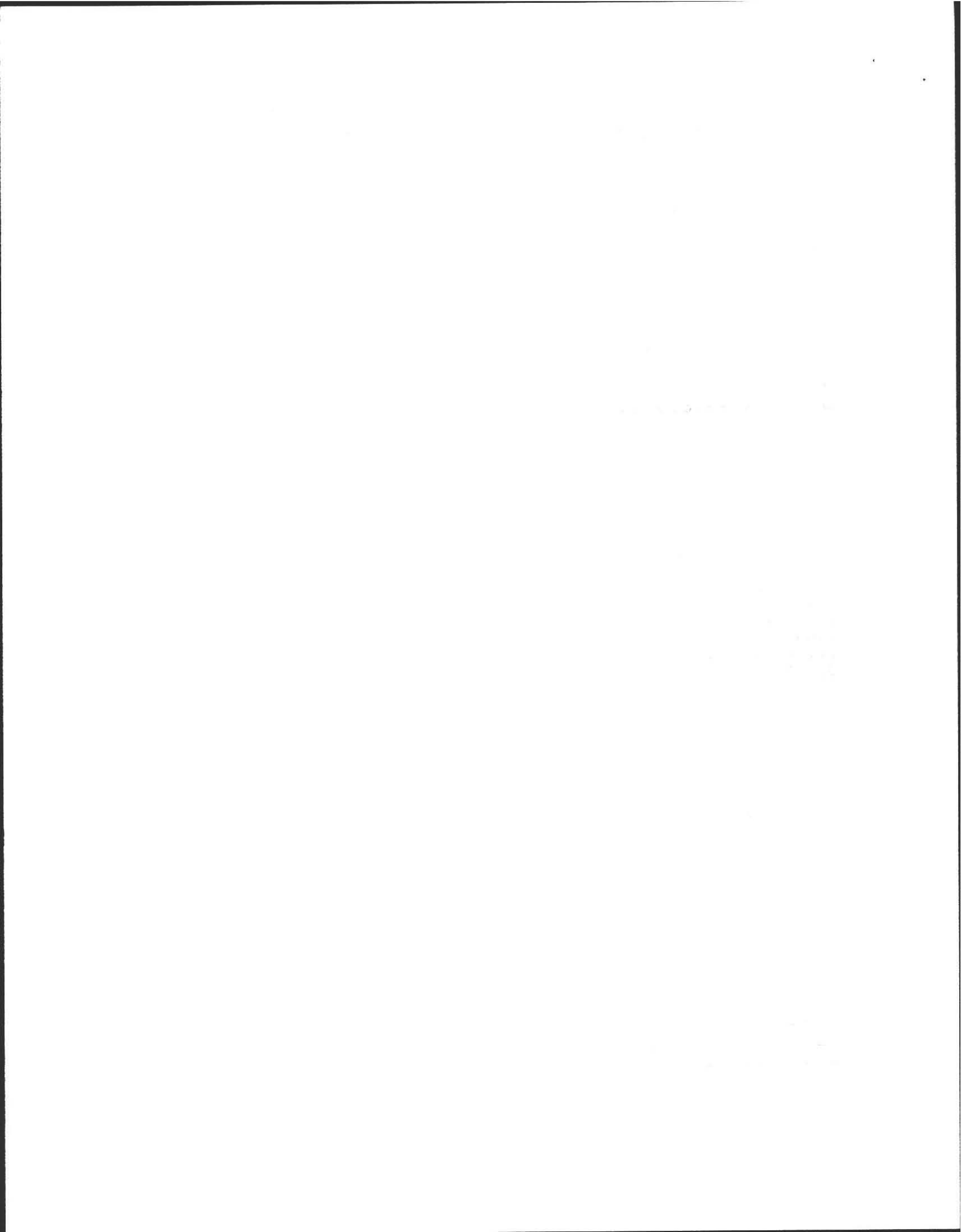
Tight tank Attach a copy of the DEP approval

Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:

1975, owner.

Were sewage odors detected when arriving at the site (yes or no): **NO**



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PART C
SYSTEM INFORMATION (continued)

Property Address: 575 Station Rd.
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Owner's Name: Tom Asher

Owner's Address: same

Date of Inspection: 4/06/05

BUILDING SEWER (locate on site plan)

Depth below grade: 1'6"

Materials of construction: cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

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

Joints and venting appear okay. No leaks.

SEPTIC TANK: (locate on site plan)

Depth below grade: 10"

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: 10'6" x 5' x 5'

Sludge depth: 1'

Distance from top of sludge to bottom of outlet tee or baffle: 30"

Scum thickness: 8"

Distance from top of scum to top of outlet tee or baffle: 5"

Distance from bottom of scum to bottom of outlet tee or baffle: 15"

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.):

Needs new Septic Tank (replaced). Septic Tank is corroded. It has poor structural integrity.

GREASE TRAP: (locate on site plan)

Depth below grade:

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

Dimensions: gal required tank capacity _____

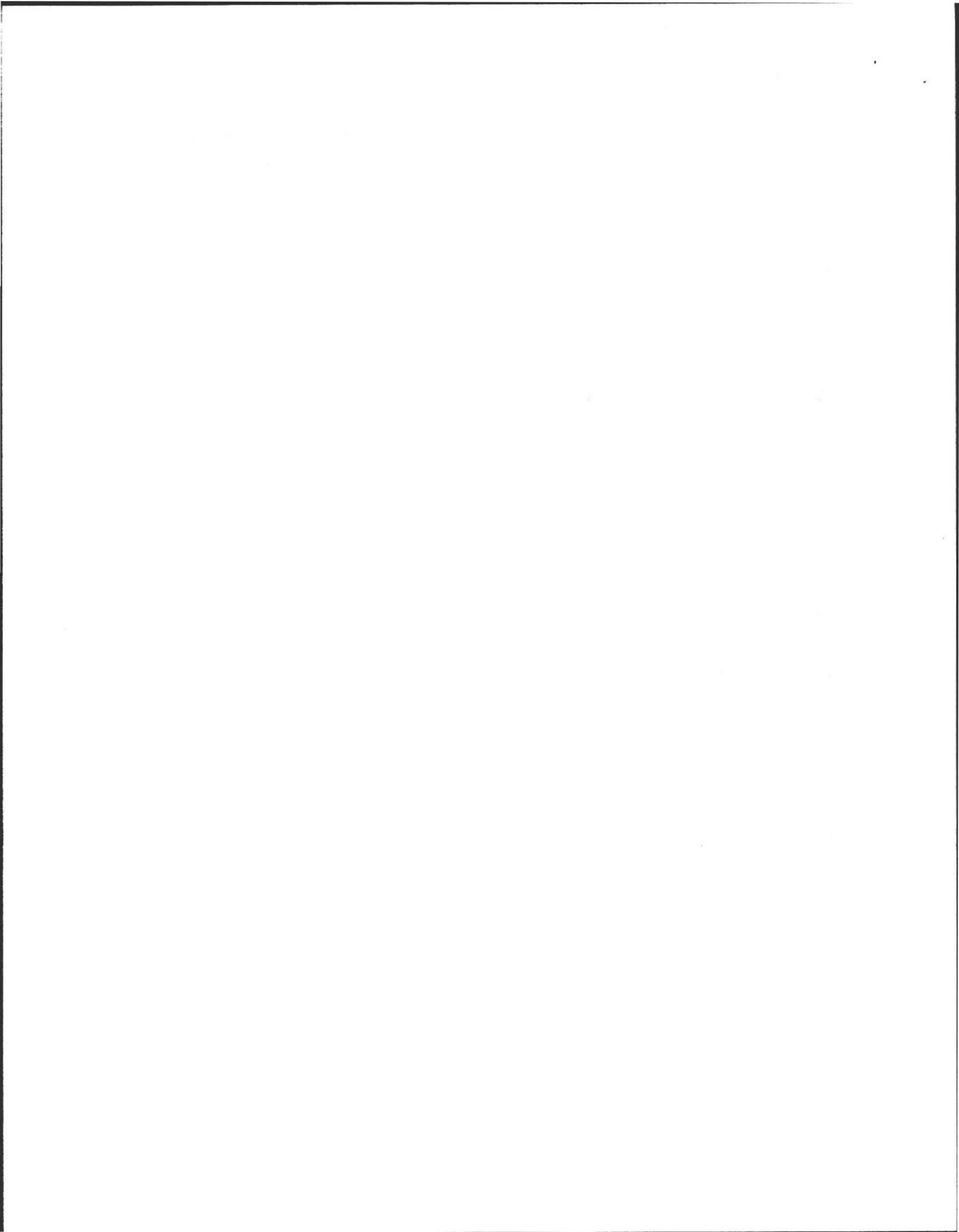
Scum thickness: _____

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: 575 Station Rd.
Amherst, Ma
Owner's Name: Tom Asher
Owner's Address: same
Date of Inspection: 4/06/05

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): _____

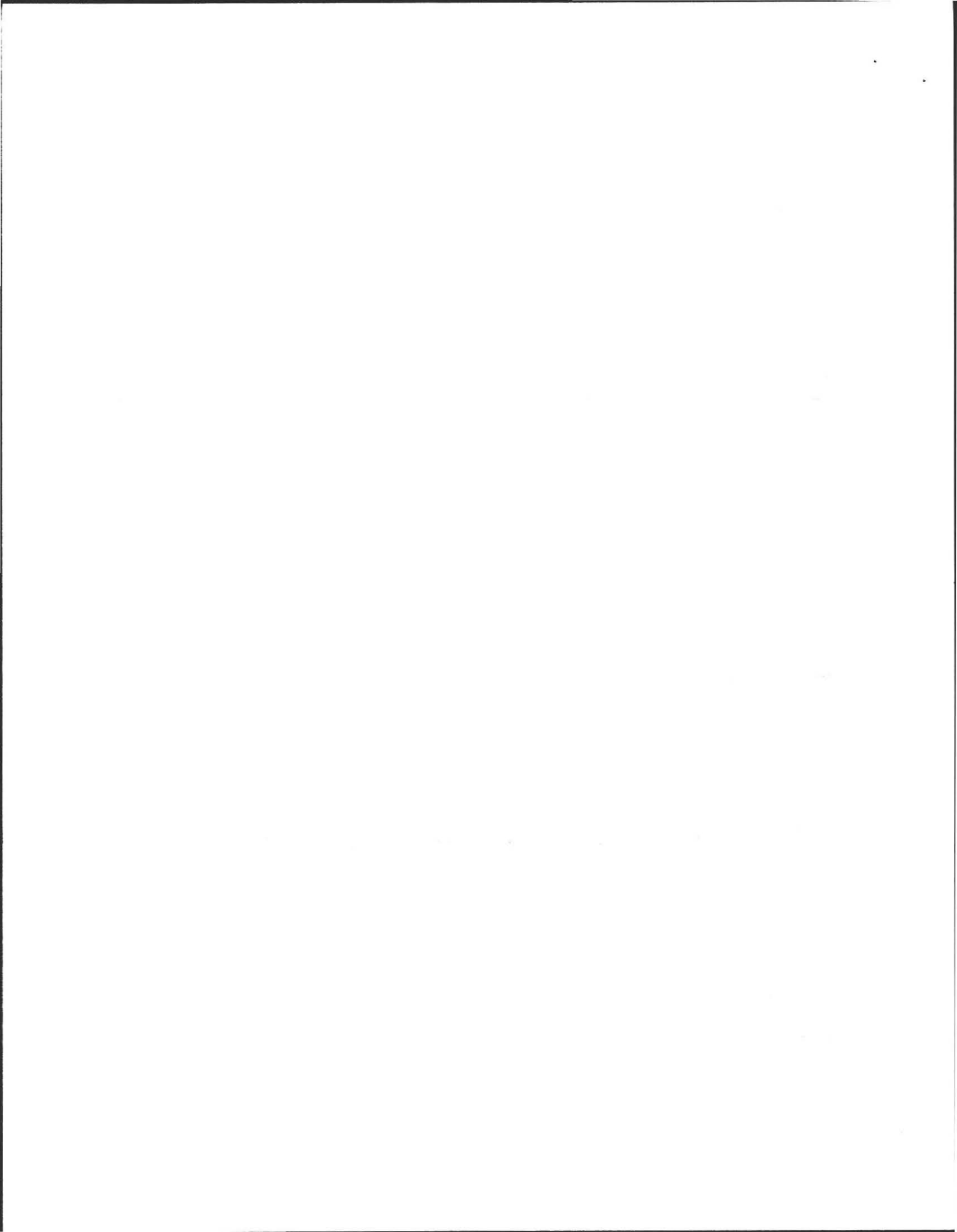
Dimensions: _____
Capacity: _____ gallons
Design Flow: _____ gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): _____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.): _____

DISTRIBUTION BOX: X (if present must be opened)(locate on site plan) **D-box is approx 6' deep.**

Depth of liquid level above outlet 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.): **D- box is flooded with effluent.**

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
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PART C
SYSTEM INFORMATION (continued)

Property Address: 575 Station Rd.
Amherst, Ma
Owner's Name: Tom Asher
Owner's Address: same
Date of Inspection: 4/06/05

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

If SAS not located explain why:

- ___ leaching pits, number: ____
- ___ leaching chambers, number: ____
- ___ leaching galleries, number: ____
- ___ leaching trenches, number, length: ____
- leaching fields, number, dimensions: ____
- ___ 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.):
Yes, signs of hydraulic failure. Soil and vegetation appear okay.

CESSPOOLS: ____ (cesspool must be pumped as part of inspection)(locate on site plan)

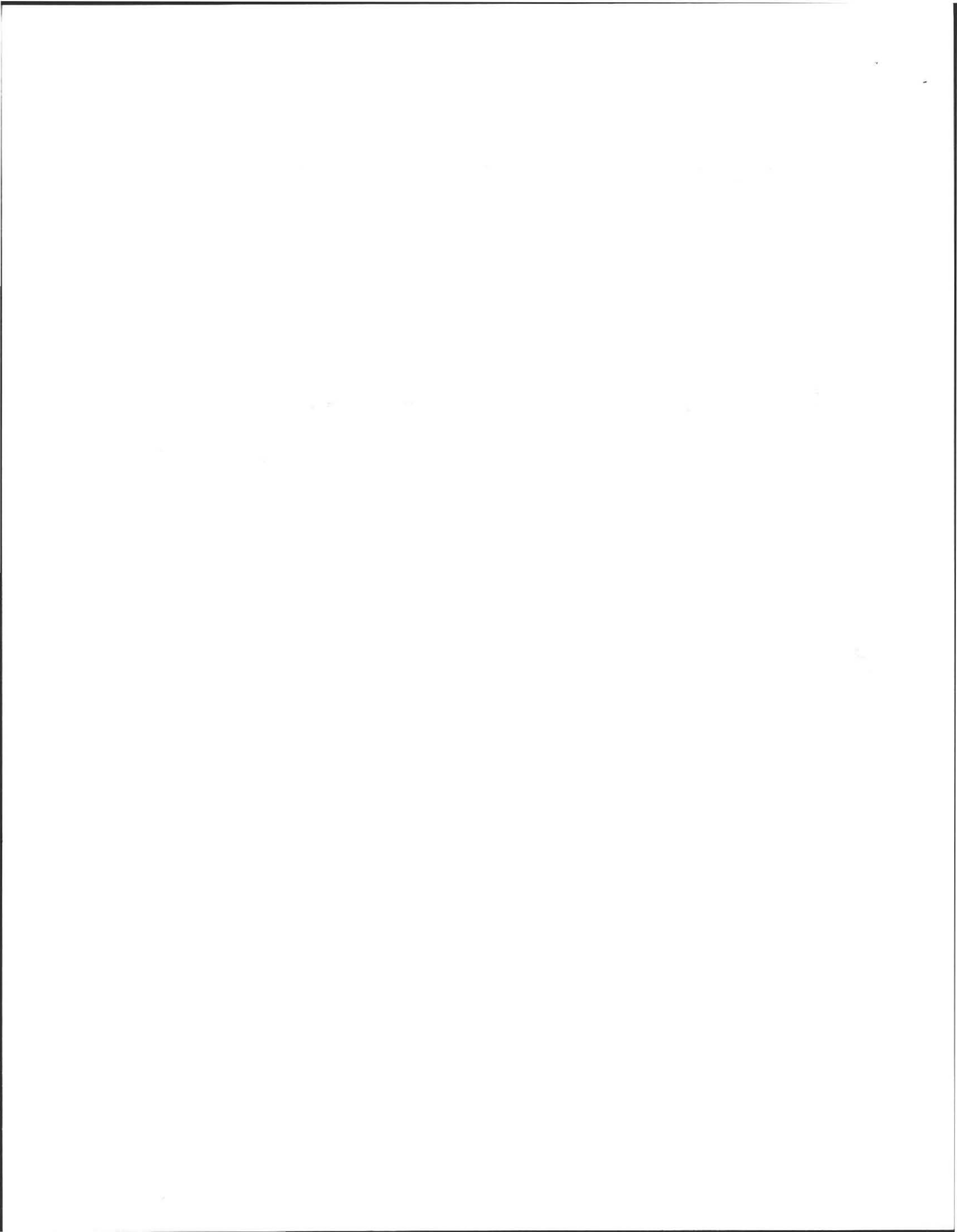
- Number and configuration: ____
- Depth – top of liquid to inlet invert: ____
- Depth of solids layer: ____
- Depth of scum layer: ____
- Dimensions of cesspool: ____
- Materials of construction: ____
- Indication of groundwater inflow (yes or no): ____

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.):

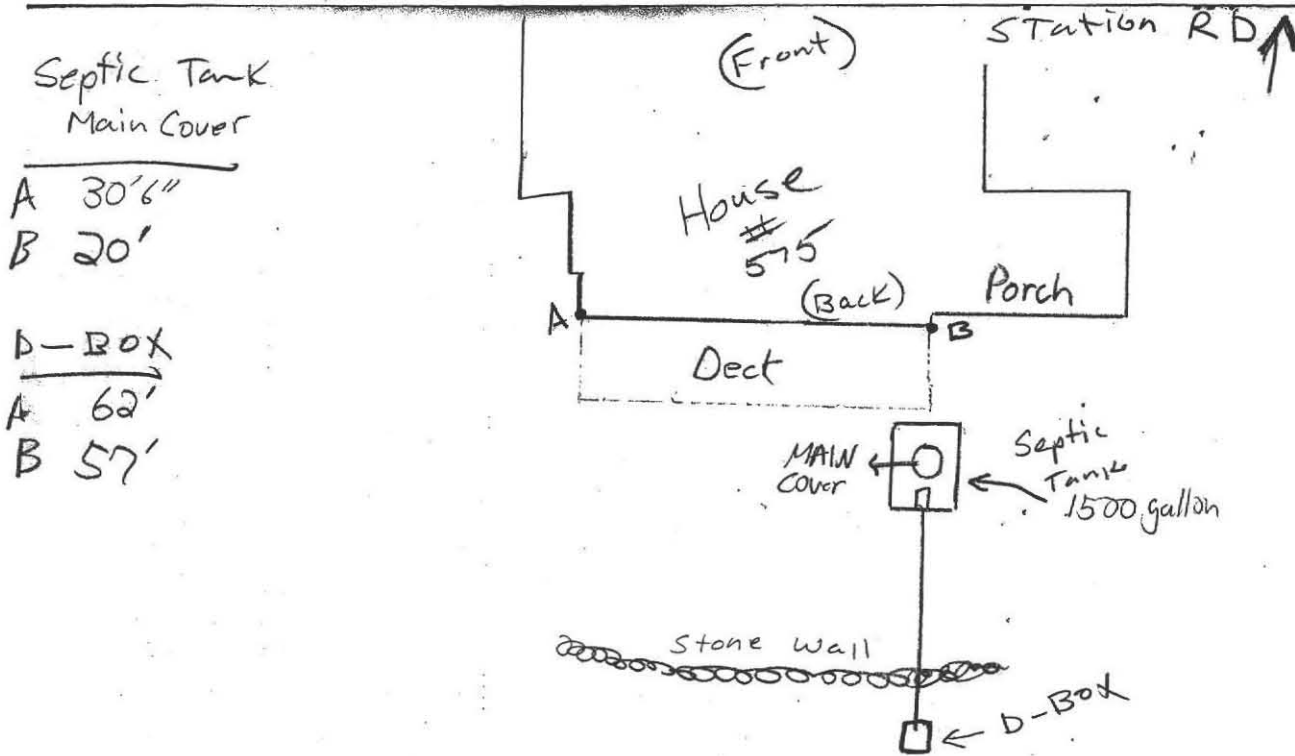


OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

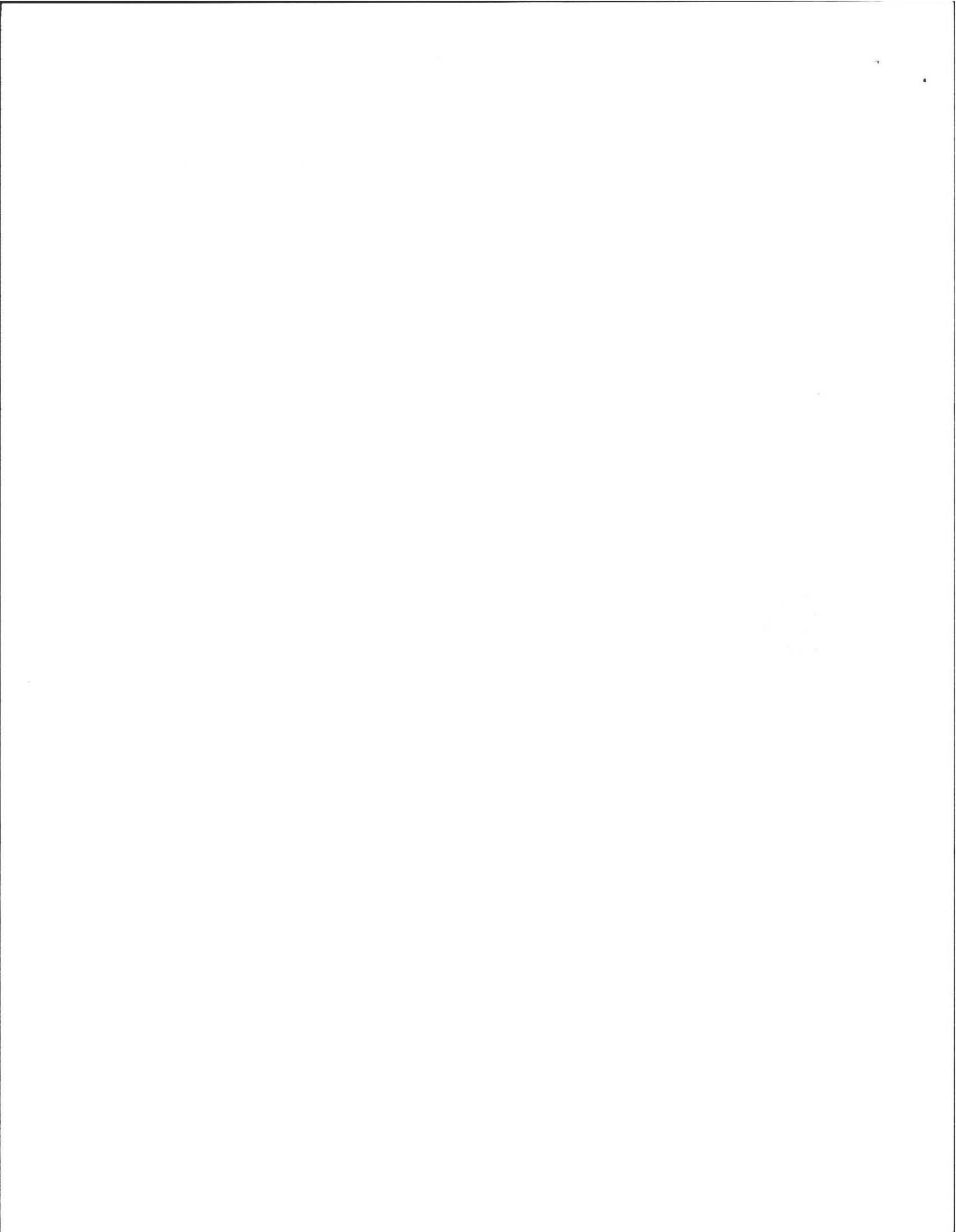
Property Address: 575 Station Rd.
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Owner's Address: same
Date of Inspection: 4/06/05

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.
Drawing not to scale.



Drawing not to scale



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
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PART C
SYSTEM INFORMATION (continued)

Property Address: 575 Station Rd.
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Owner's Name: Tom Asher
Owner's Address: same
Date of Inspection: 4/06/05

SITE EXAM

Slope
Surface water
Check cellar
Shallow wells

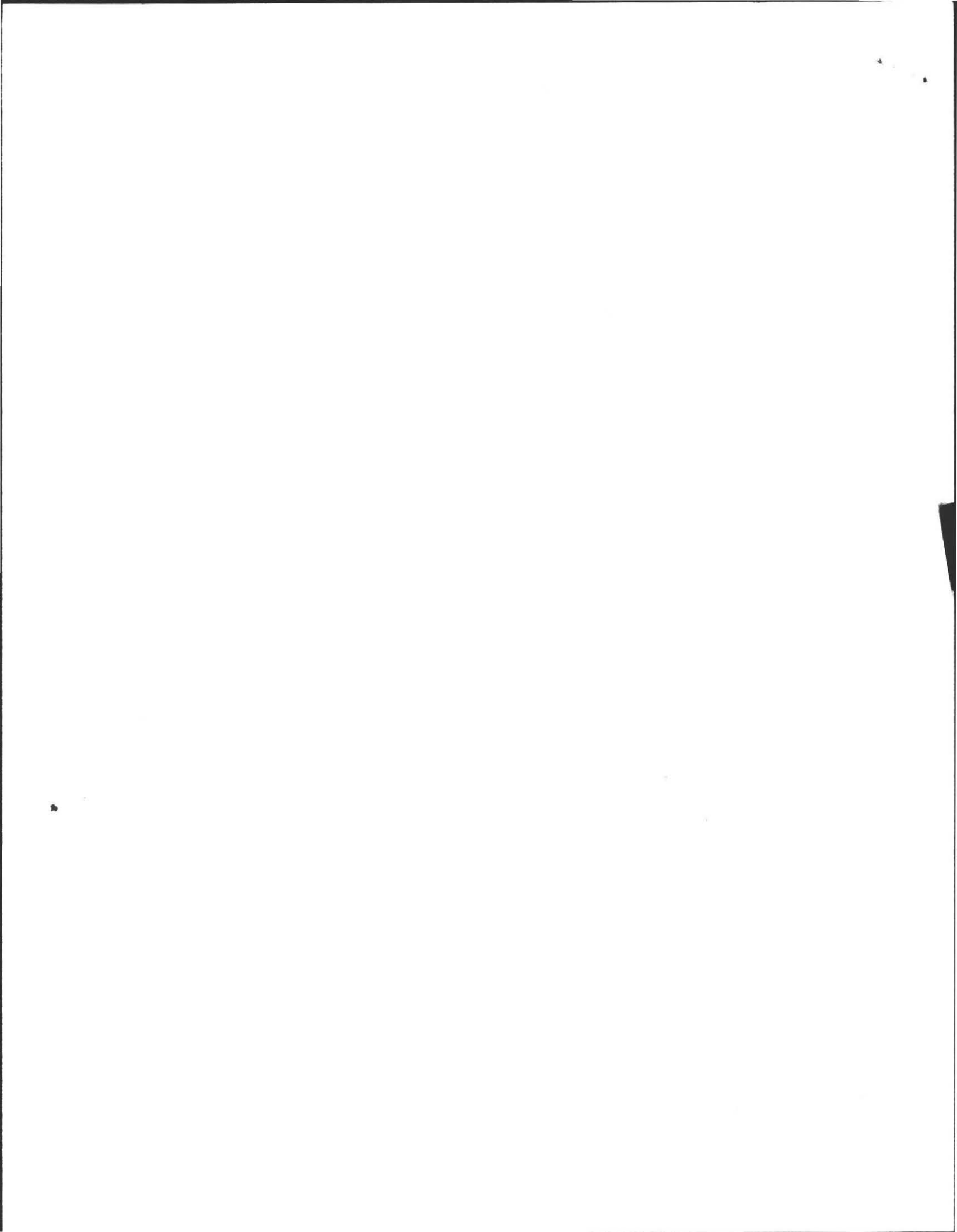
Estimated depth to ground water **feet.**

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:
 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:

To be verified at percolation test.



No. 05-11

CH# 1501



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>575 Station Rd</u>	Owner's Name <u>Tom Asher & Lisa Fernandes</u>
Map/Parcel#	Address <u>575 Station Rd</u>
Lot#	Telephone# <u>413.256.4533 4553 4255</u>
* Installer's Name	Designer's Name <u>Alan Weiss R.S.</u>
Address	Address <u>Belchertown</u>
Telephone#	Telephone# <u>413.323.5957</u>

Type of Building Residence Lot Size 65,286± sq. ft.
 Dwelling - No. of Bedrooms 4 Bedrooms Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 446 gpd
 Plan: Date 6/9/05 Number of sheets _____ Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class I
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 4/26/05

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New System

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

* Signed [Signature] Date _____

Inspections _____

No. 05-11

FEE 275

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired () Upgraded (), Abandoned ()

by: _____

at 575 STATION ROAD

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. 05-11, dated _____, Approved Design Flow _____ (gpd)

Installer [Signature] 3-27-06

Designer: [Signature] Inspector: [Signature] Date: 3-27-05

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

No. 05-11

FEE 275

COMMONWEALTH OF MASSACHUSETTS

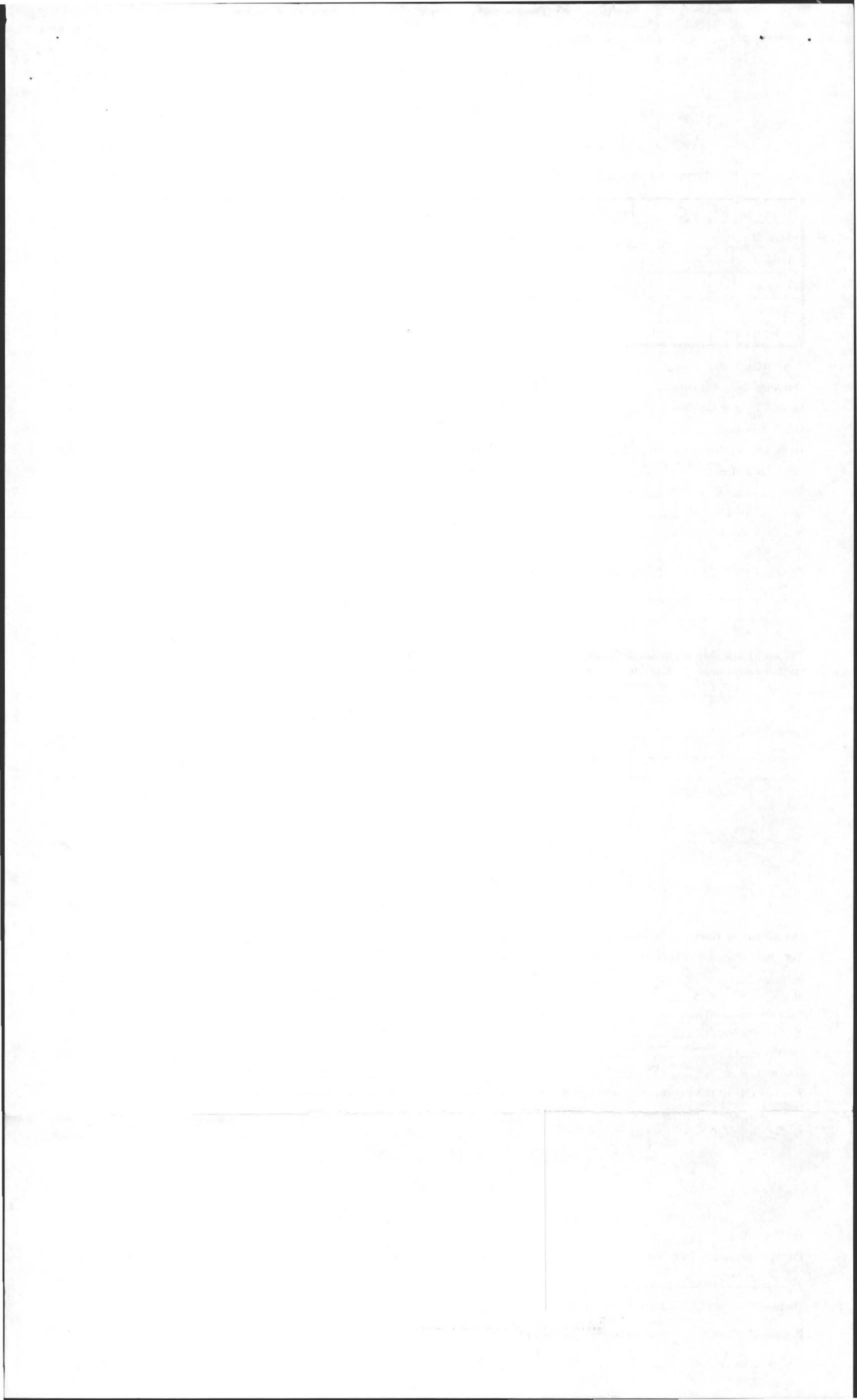
Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at 575 STATION ROAD as described in the application for Disposal System Construction Permit No. 05-11, dated 6/9/05. Rec. 8/1/05

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

Date 8/2/05 Board of Health [Signature]



Commonwealth of Massachusetts
Town of Amherst**Soil Suitability Assessment : On-Site Sewage Disposal**Performed By: AL Weiss Date: 4/26/05
Witnessed By: DAVID ZAROZINSKI

Location Address of: Lot #	Owner's Name: <u>Thomas Asher</u> Address of: <u>575 STATION RD</u> Telephone: <u>256-4553</u> <u>4255</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office ReviewPublished 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 Reference Reviewed: _____

Determination: Seasonal High Water Table**Methods Used:**

- Depth observed standing in observation hole _____ inches
 Depth weeping from side of observation hole _____ inches
 Depth to soil mottles _____ inches
 Ground water adjustment _____ feet

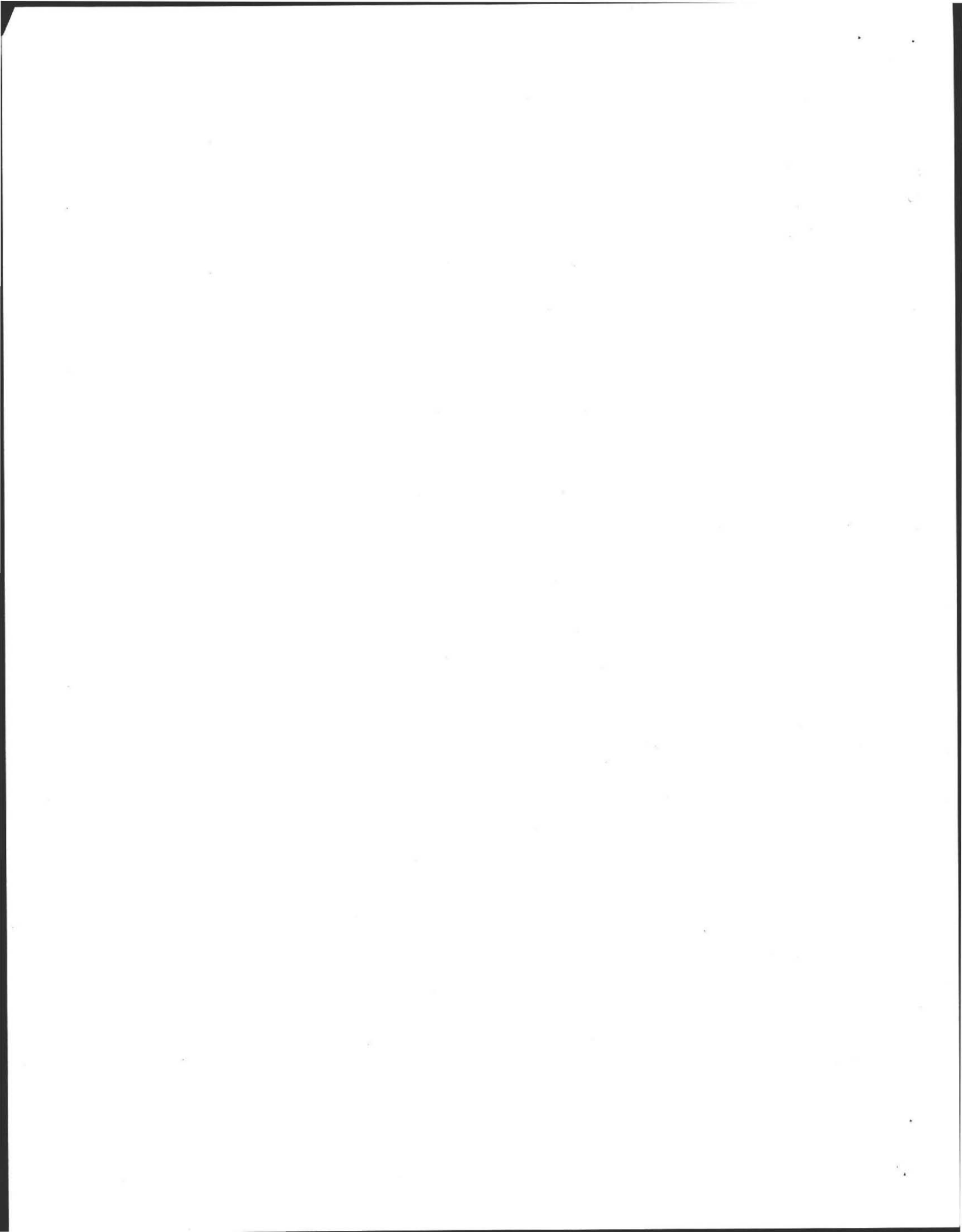
Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____**Depth of Naturally Occurring Previous Material**

Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

If not, what is the depth of naturally occurring previous material?
_____**Certification**

I certify that on _____ (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 _____
Date _____4 Bedrooms
Remove G/GCK # 1257
275 00
4/26/05Re # 1501
✓



595 Station Rd

On-Site Review

Deep Hole Number ① Date: 4/24/05 Time 11:00
Weather Sunny 60
Location (identify on site plan)
Land Use grass/wooded Slope (%) 4
Surface Stone Sand
Vegetation: Terraced

Landform:

Position on Landscape (sketch on back)

Distances from:

Open Water Body 100+ feet
Possible Wet Area 100+ feet
Drinking Water Well 100+ feet
Drainageway 100+ feet
Property Line 30+ 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
8	A	FSL	10YR		fr. friable
32	Bw	LS	3/3		fr. friable/loose
80	C1	Sand + gravel	2.5YR 6/8		C. Sand + gravel
120	C2	Sand	10YR 5/6		med coarse sand well sorted

Parent Material (geologic) OUTWASH
Depth to Bedrock 120
Depth to Groundwater:
Standing Water in the Hole
Weeping from Pit Face
Estimated Seasonal High Water

On-Site Review

Deep Hole Number _____ Date: _____ Time _____
Weather _____
Location (identify on site plan) _____
Land Use _____ Slope (%) _____
Surface Stone _____
Vegetation: _____

Landform:

Position on Landscape (sketch on back)

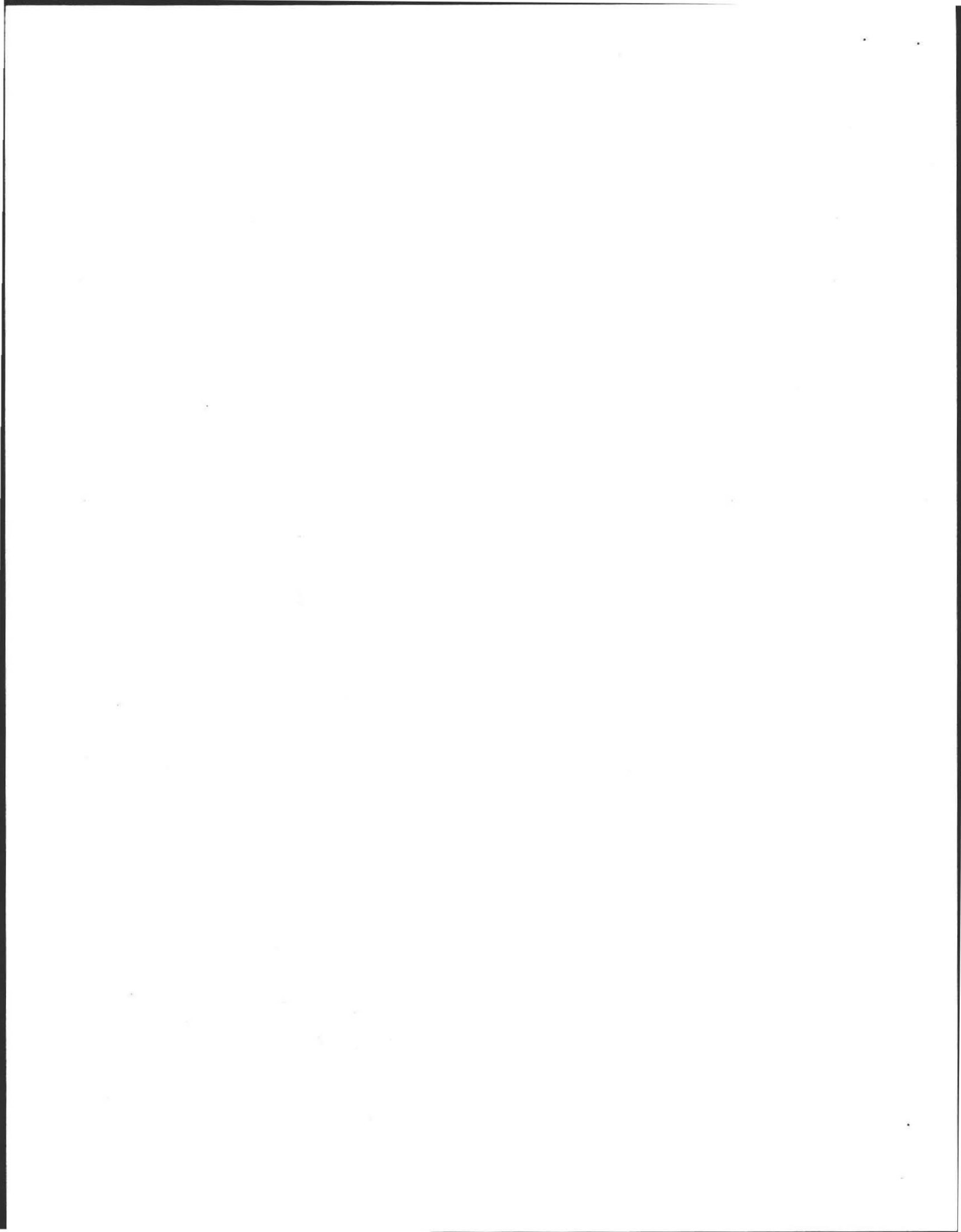
Distances from:

Open Water Body _____ feet
Possible Wet Area _____ feet
Drinking Water Well _____ feet
Drainageway _____ feet
Property Line _____ 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
F:	A	FSL	10YR		
26	Bw	LS	3/3		
80	C1	S	2.5YR 6/8		Med coarse sand
126+	C2		10YR 5/6		

Parent Material (geologic) OUTWASH
Depth to Bedrock _____
Depth to Groundwater:
Standing Water in the Hole
Weeping from Pit Face
Estimated Seasonal High Water



CHK# 1259
275⁰⁰

4 Bedrooms
Remove G/G

Remove 9/9

FORM 12: Percolation Test
Location Address or Lot # 575 STATION Rd

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST *		
DATE: <u>4/26/05</u>		TIME:
Observation Hole #	<u>(1)</u>	
Depth of Perc	<u>50"</u>	
Start Pre-soak	<u>10:50</u>	
End Pre-soak	<u>11:05</u>	
Time at 12"	<u>11:05</u>	
Time at 9"	<u>11:07</u>	
Time at 6"	<u>11:09</u>	
Time (9"-6")	<u>2</u>	
Rate Min./Inch	<u>2</u>	

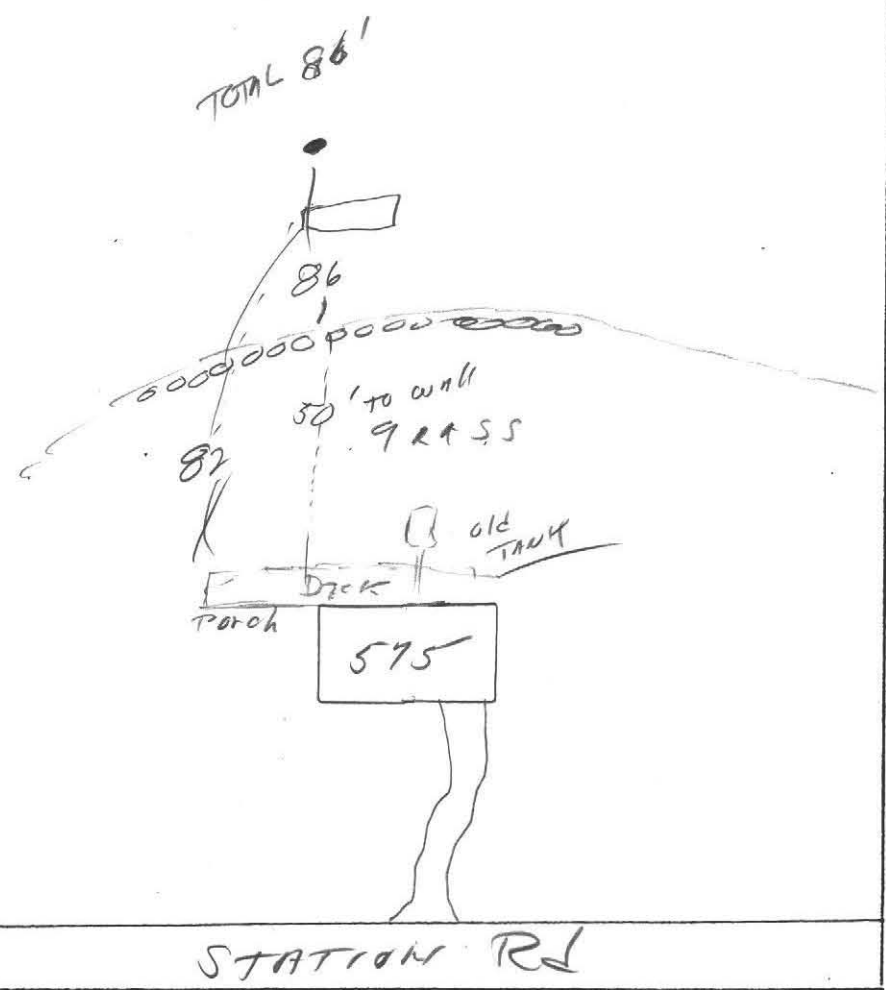
*Minimum of one percolation test must be performed in both the primary area and reserve area.

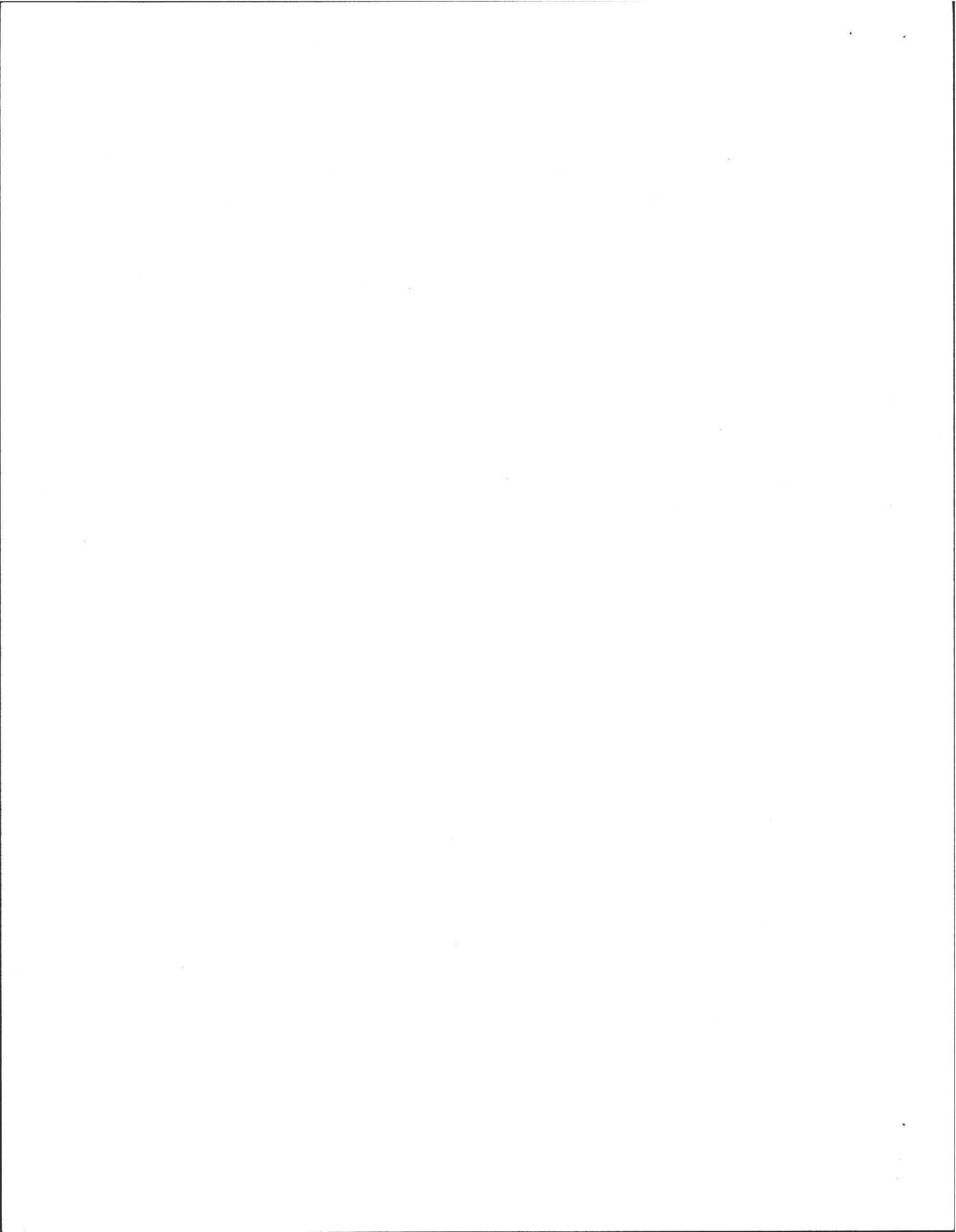
Site Passed Site failed

Performed by AL Weiss

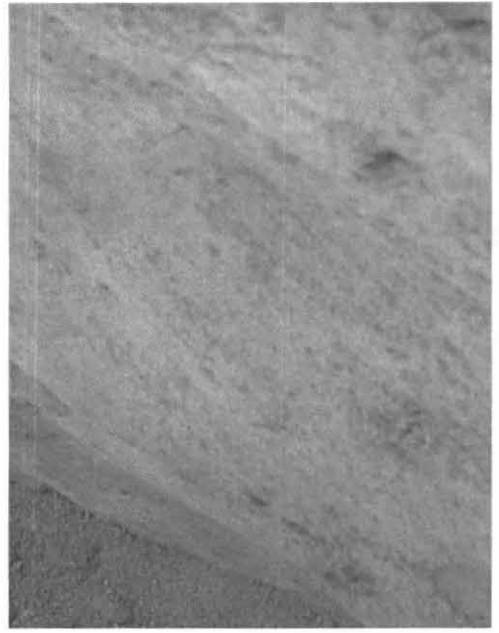
Witnessed by David Zarocinski

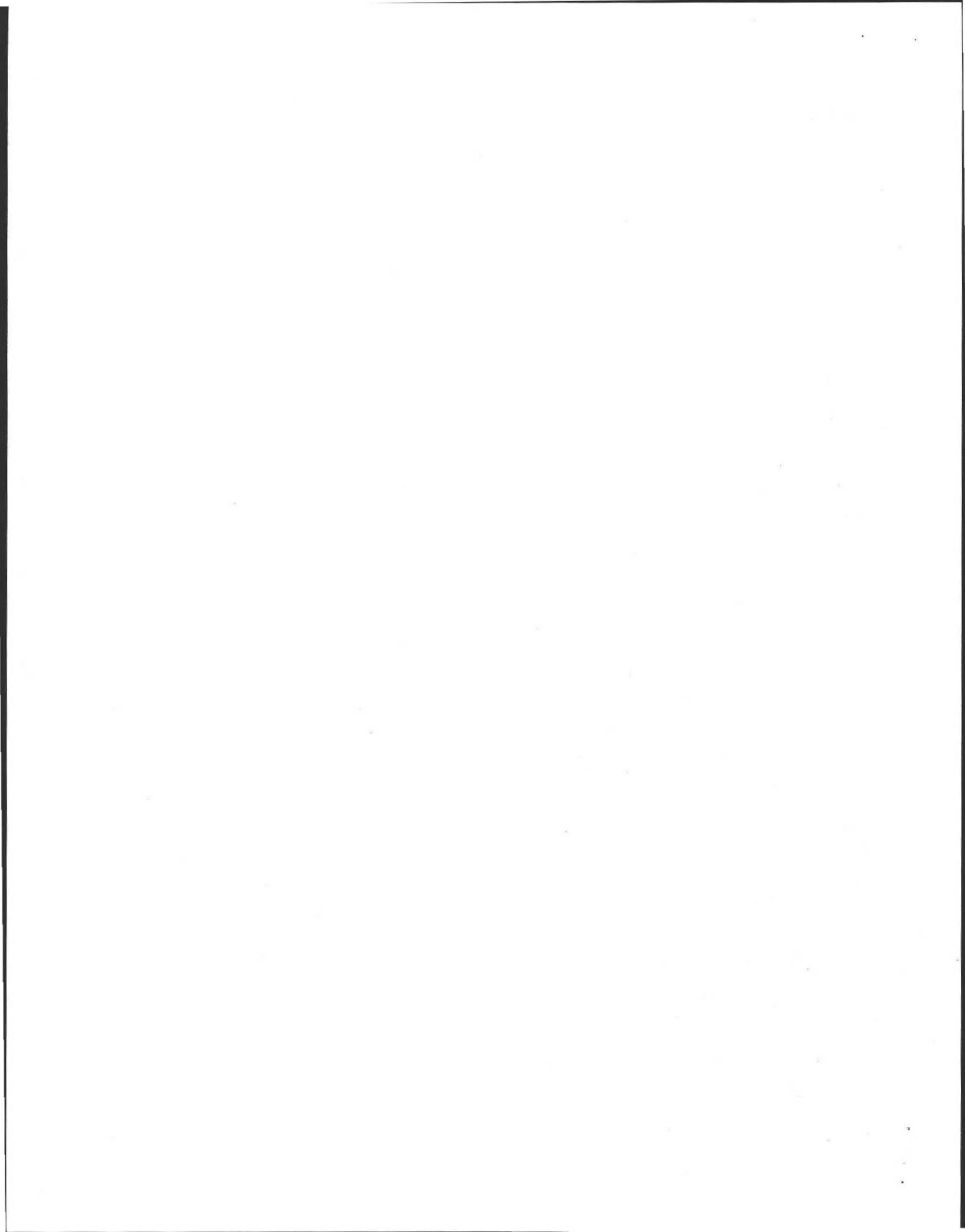
Comments:



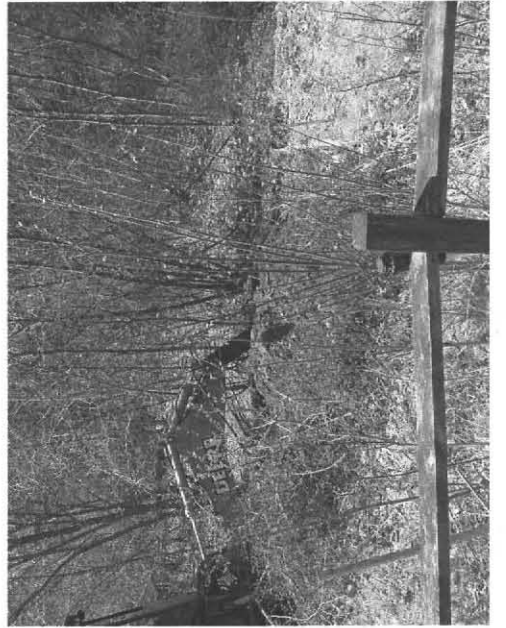


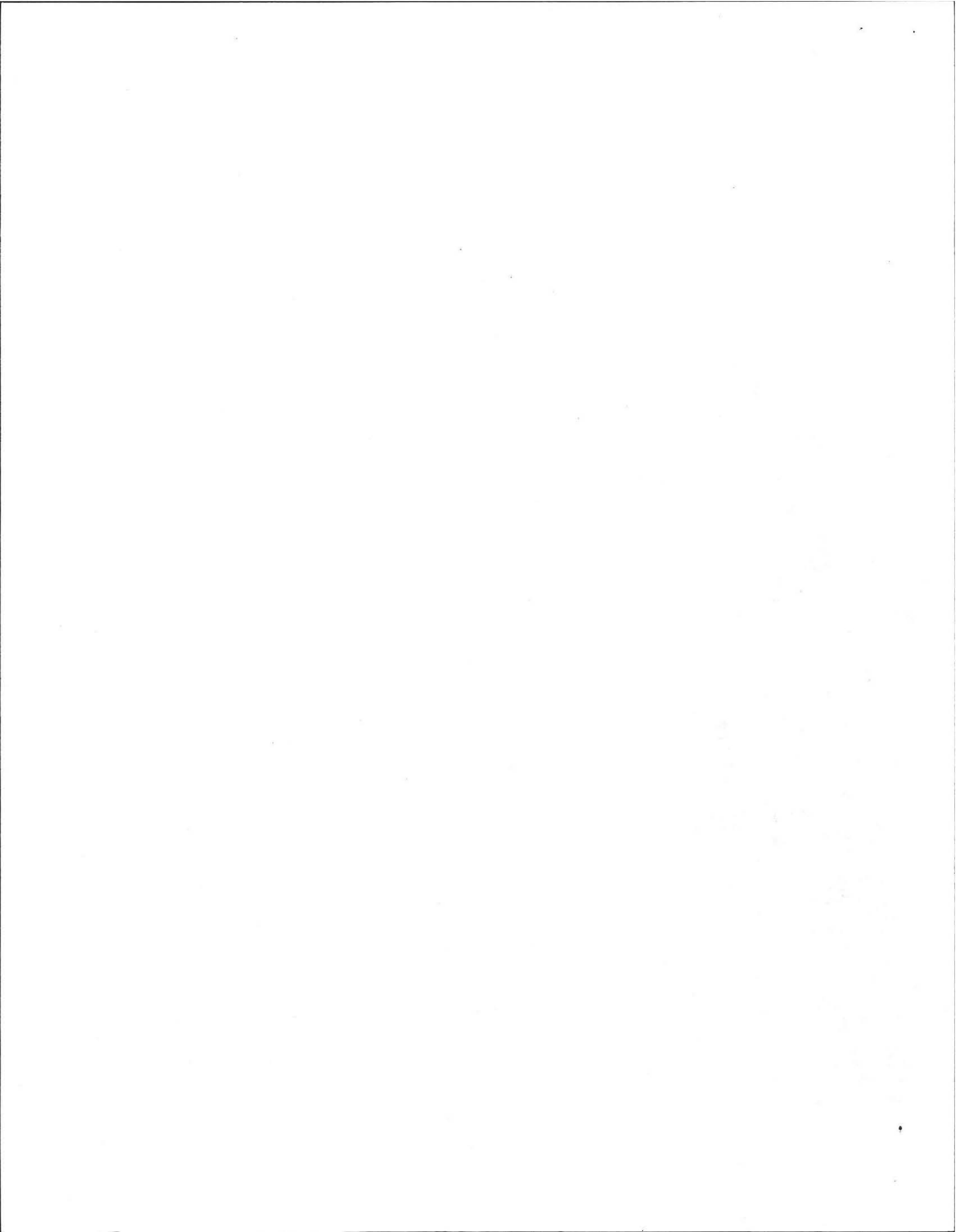
Hole #1 575 station Rd.





Hole #1 575 Station Rd.





**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1501

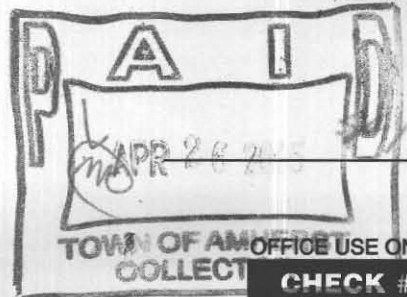
Received of ASHCO ASSOCIATES PC of 575 Station Rd
Name Address

For Property Located at: 575 Station Rd Thomas Ashco
Street Address Owner

- | | | | |
|--|------------|--|------------|
| HEA009 Bakery
R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>100</u> |
| HEA002 Catering License
R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA003 Food Handler
R6510 443515 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA004 Frozen Deserts
R6510 443501 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA034 Immunization Clinic
R6510 432307 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | <u>250</u> | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| | | HEA047 Fines
R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: 275.00

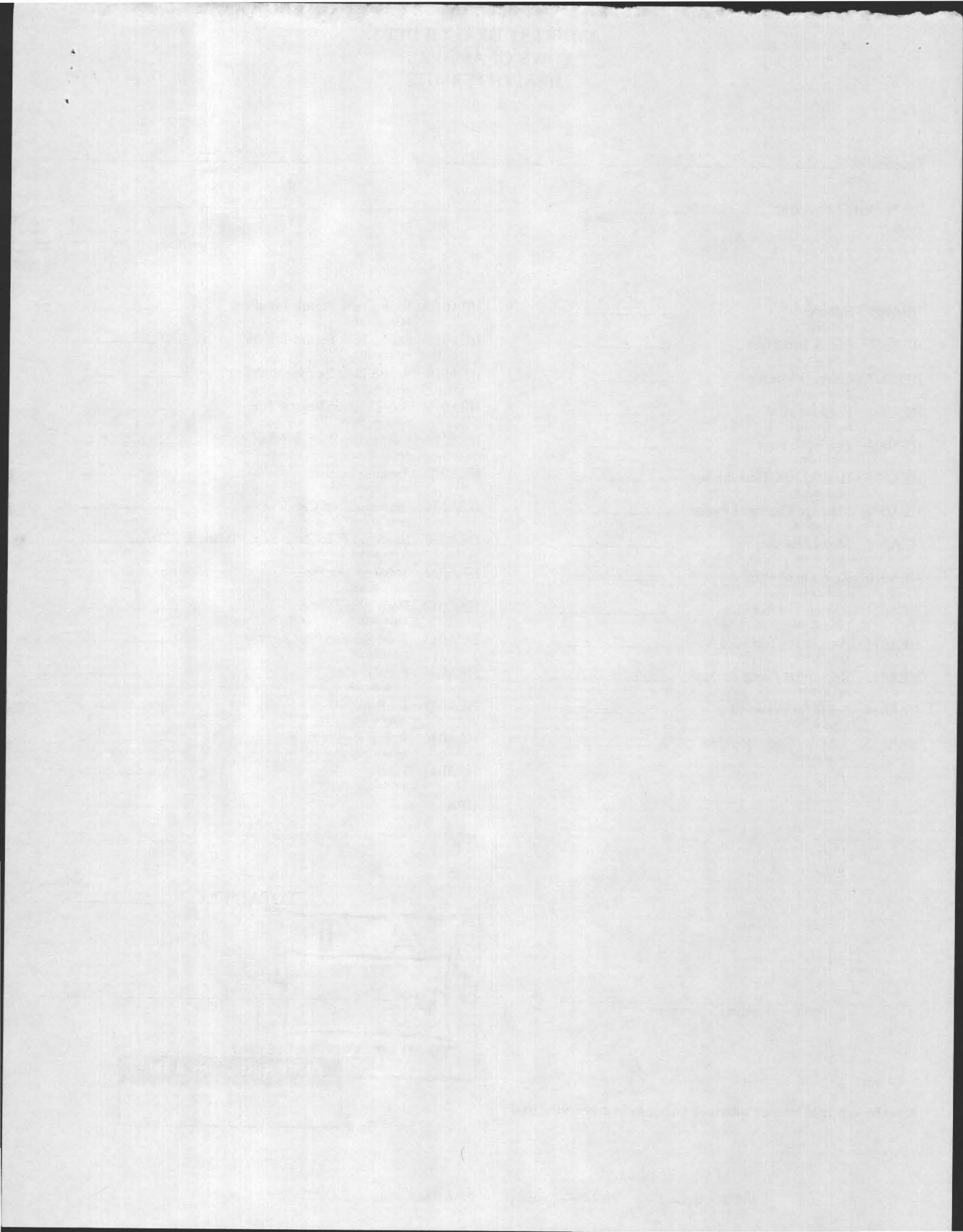
Thomas Ashco
 Amherst Health Department



Date 4/26/05

OFFICE USE ONLY	
CHECK #	CASH
<u>1257</u>	

Must be Validated by the Collector's Office to be considered paid



ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

Date: 4/26/05

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. WEISS

Date: 4-26-05

Witnessed By: D. ZARZINSKI

Location Address or Lot # <u>575 STATION RD</u>	Owner's Name, Address, and Telephone # <u>LISA FERNANDES</u> <u>Tom Asher</u> <u>575 STATION RD</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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) _____

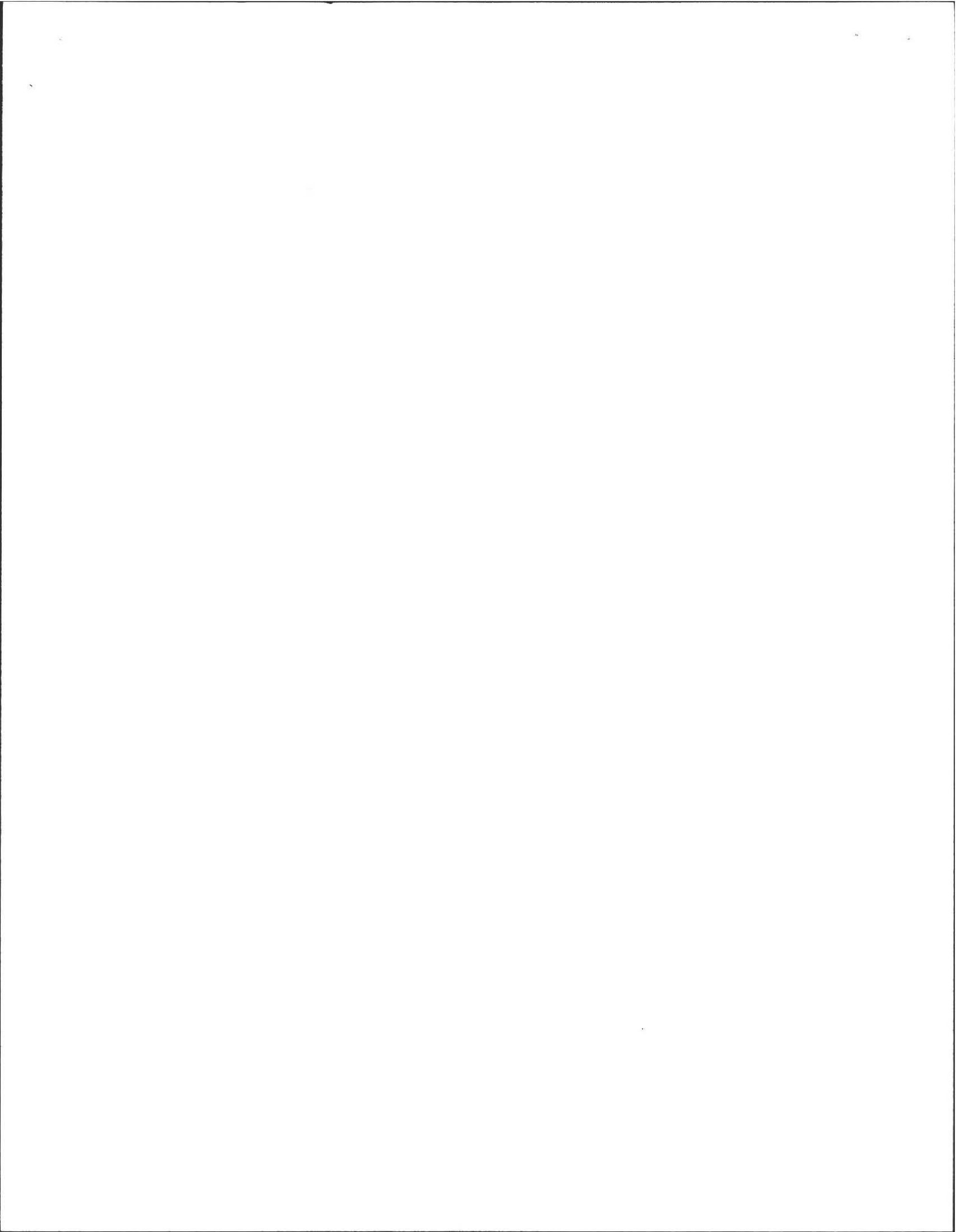
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 575 STATION RD

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>4/25/05</u>		Time: <u>11:00</u>
Observation Hole #	<u>P1</u>	
Depth of Perc	<u>50"</u>	<u>Repair</u>
Start Pre-soak	<u>10:50</u>	↙
End Pre-soak	<u>11:05</u>	
Time at 12"	<u>11:05</u>	
Time at 9"	<u>11:07</u>	
Time at 6"	<u>11:09</u>	
Time (9"-6")	<u>22</u>	
Rate Min./Inch	<u>22</u>	

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

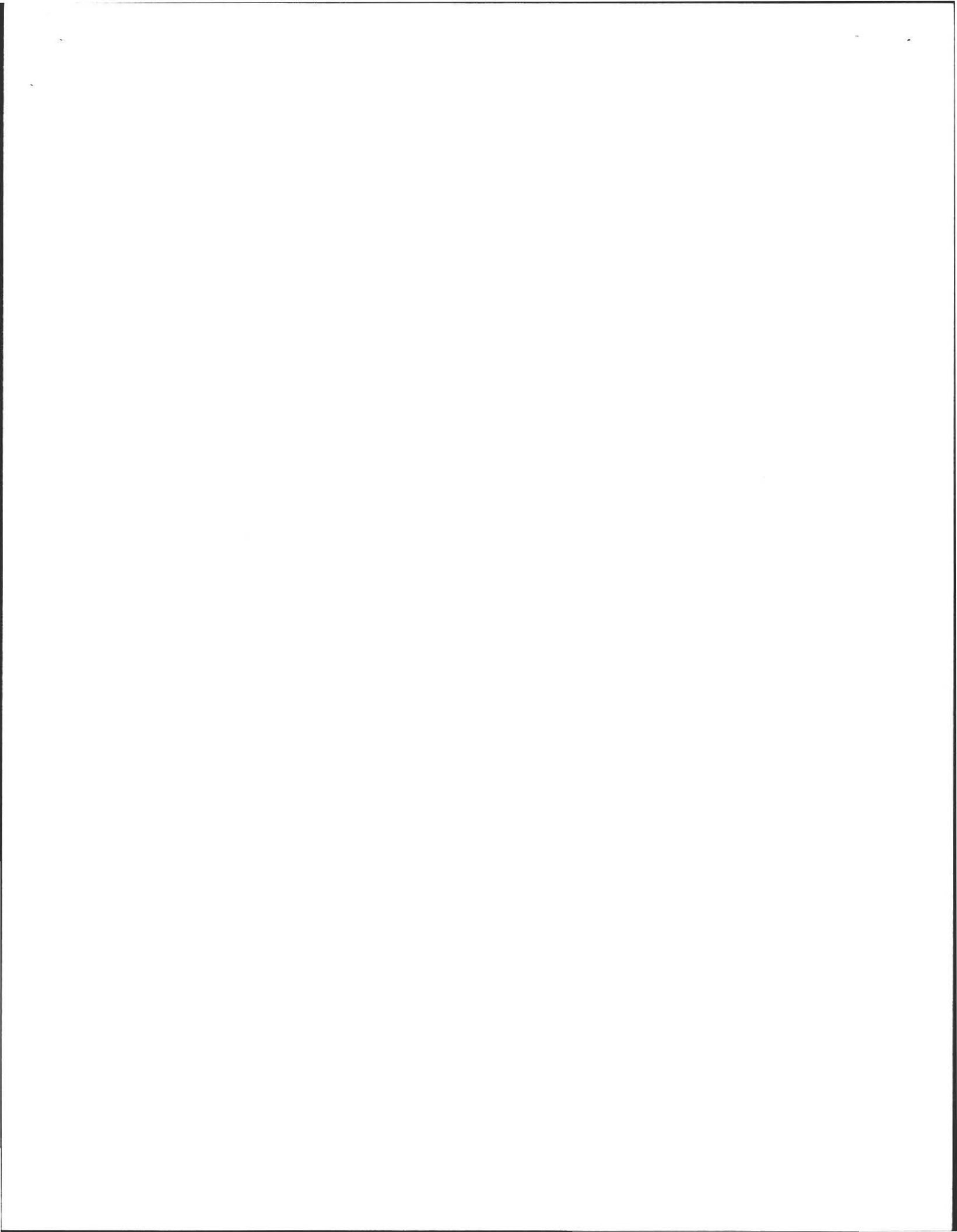
Site Passed Site Failed

Performed By: A. WEISS

Witnessed By: D. ZAROZINSKI

Comments: _____





Location Address or Lot No. 575 Station Rd

On-site Review

Deep Hole Number 1+2 Date: 4/26/05 Time: 3:11:00 Weather Sun 60°F

Location (identify on site plan) _____

Land Use _____ Slope (%) 4 Surface Stones None

Vegetation Wooded

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:
 Open Water Body 100'+ feet Drainage way 100'+ feet
 Possible Wet Area 100'+ feet Property Line 30'+ feet
 Drinking Water Well 100'+ feet Other _____

DEEP OBSERVATION HOLE LOG*

TP-1

TP-2

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A	FSL	10YR 3/3		FINE SAND friable, friable, LOOSE
8-32"	Bw	LS	2.5Y 6/8	Not obs	
32-80"	C ₁	STG	10YR 5/8		C. SAND + Gravel.
80-120"	C ₂	S	10YR 5/6		MED-COARSE SAND WELL SORTED
0-8"	A	FSL	10YR 3/3		
8-26"	Bw	LS	2.5Y 6/8	Not obs.	
26-80"	C ₁	S	10YR 5/6		MED. - COARSE SAND

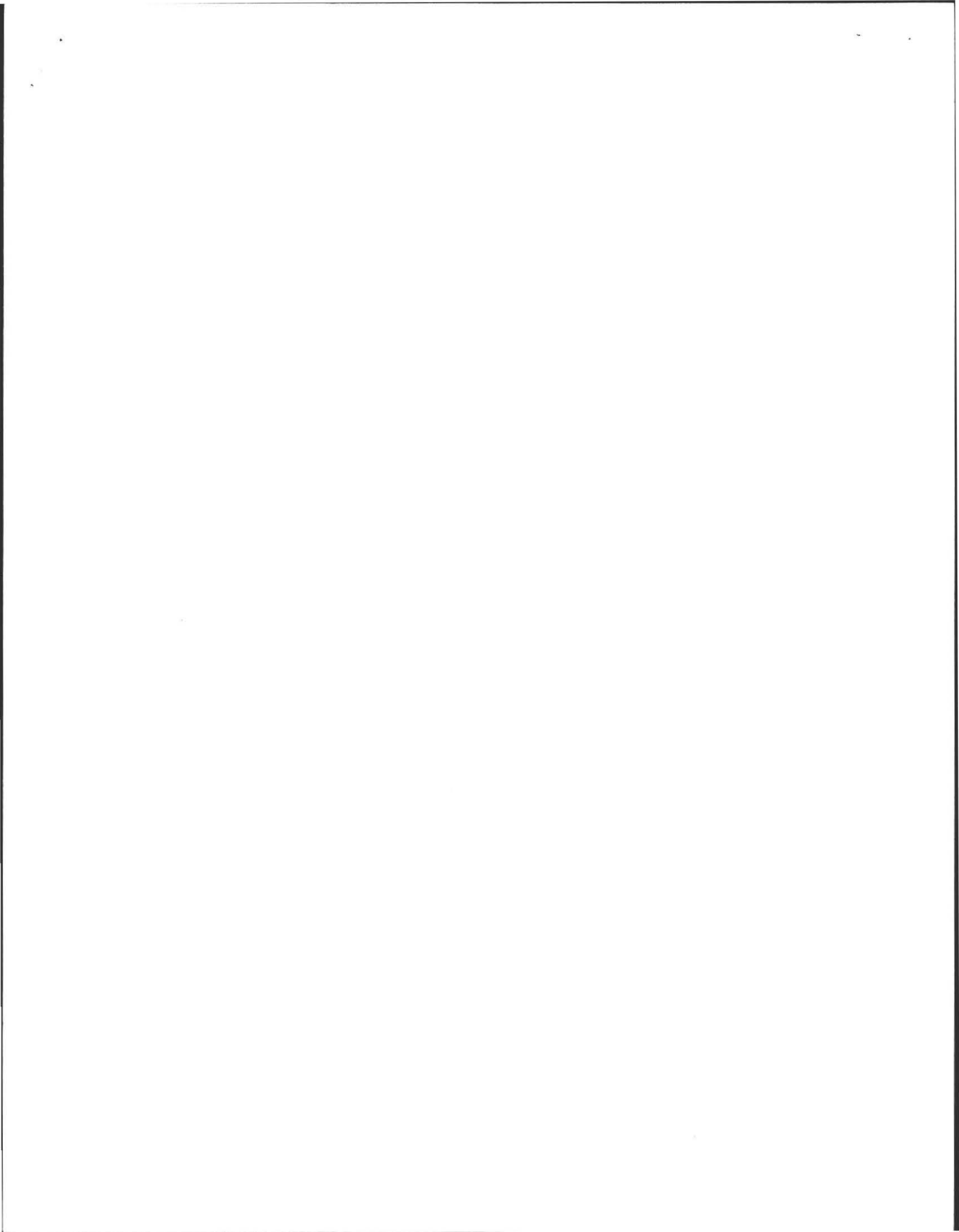
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Depth to Bedrock: 126'+

Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not

Estimated Seasonal High Ground Water: 126'+





Location Address or Lot No. 575 STATION RD

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles 12 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

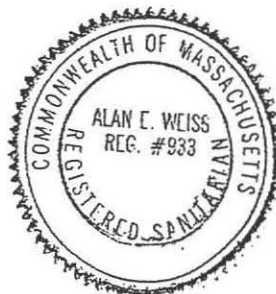
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

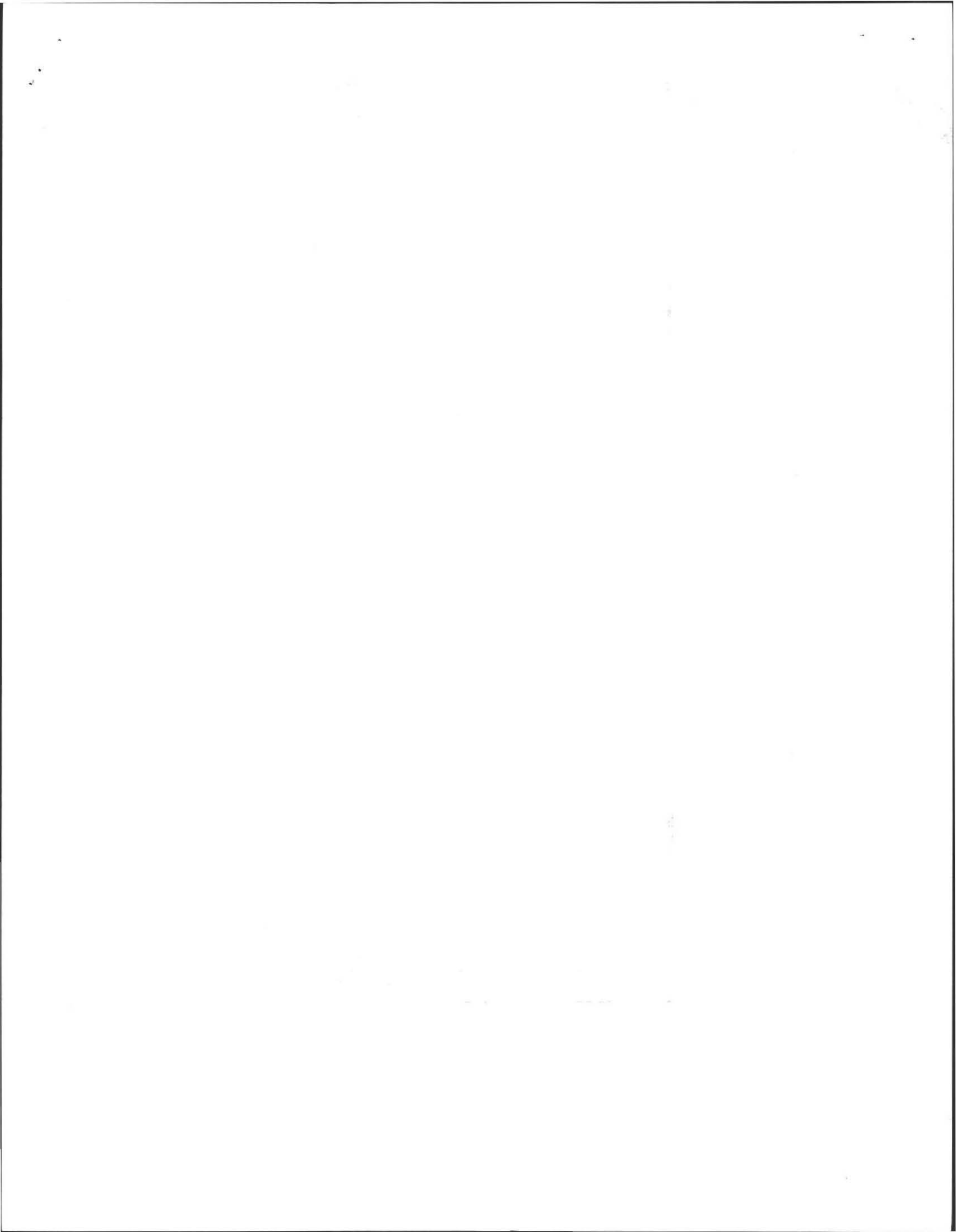
If not, what is the depth of naturally occurring pervious material?

Certification

I certify that on 6/95 (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.

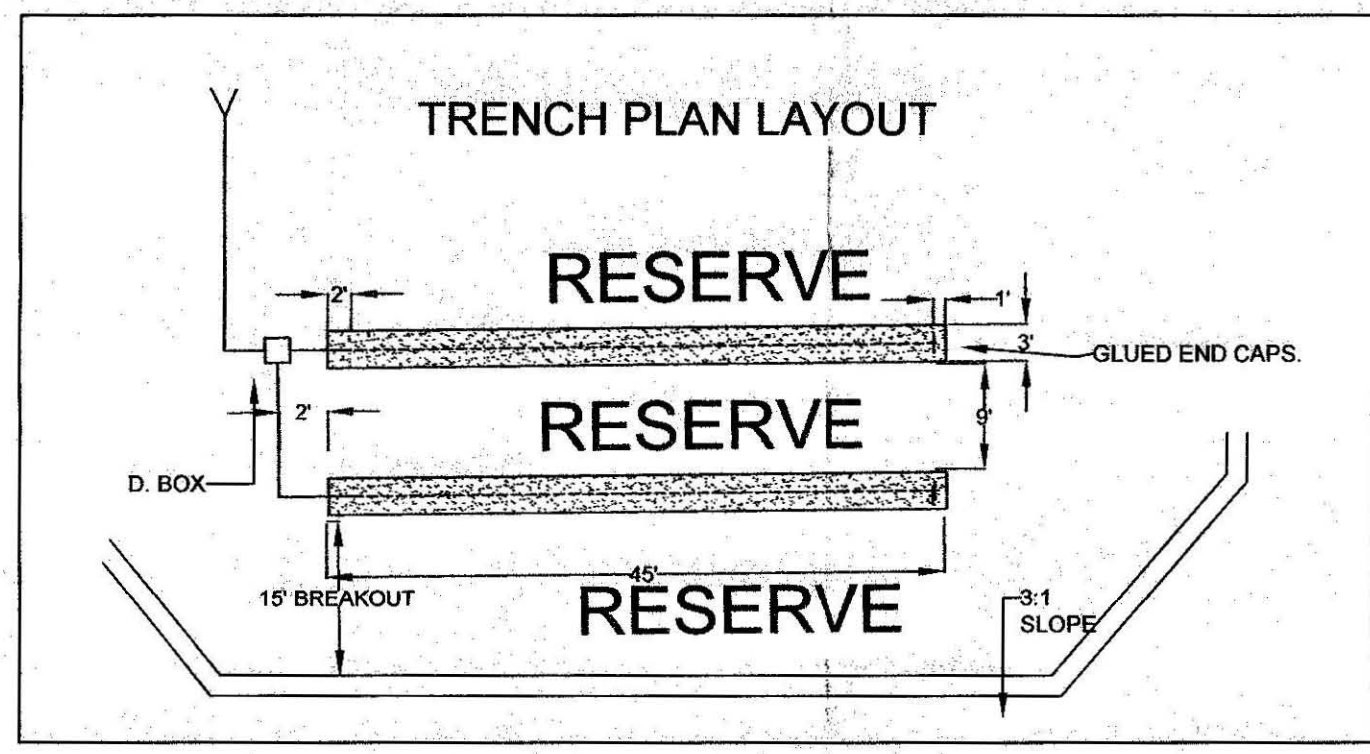
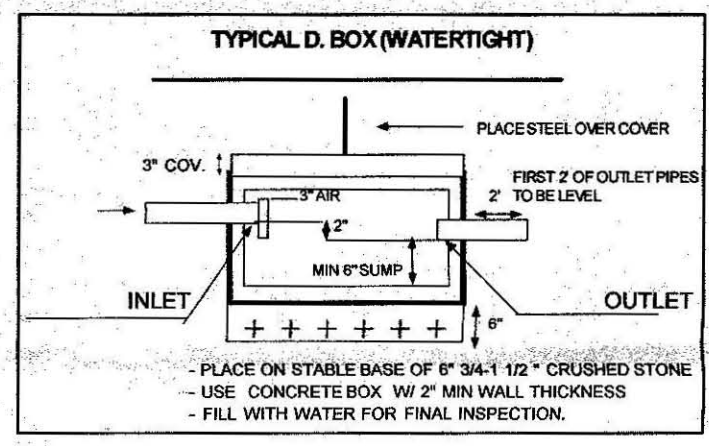
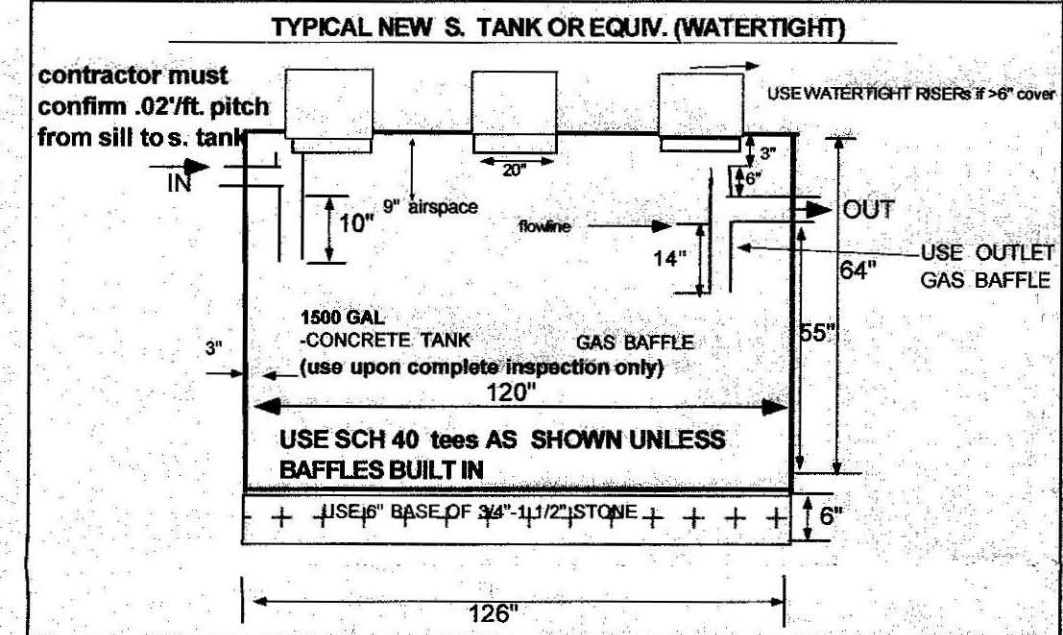
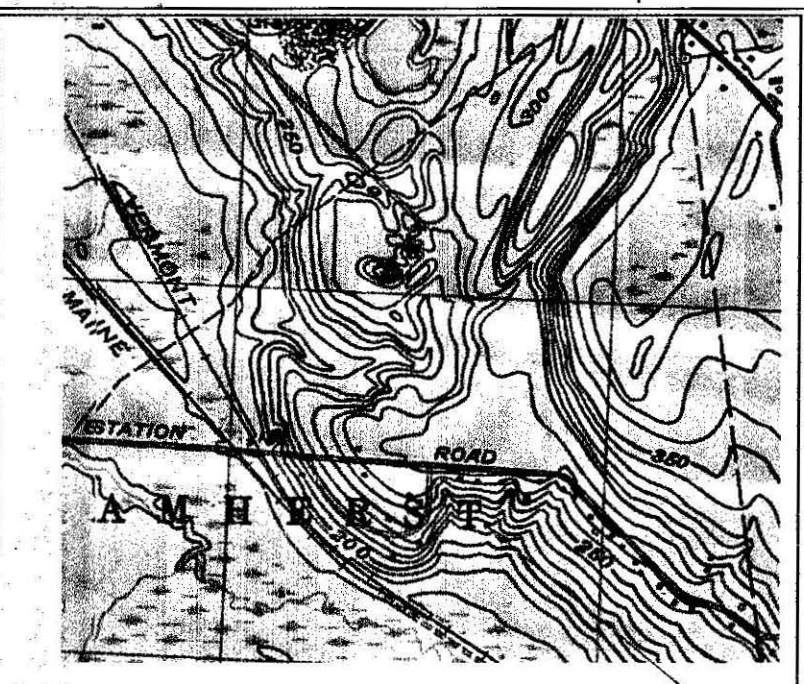
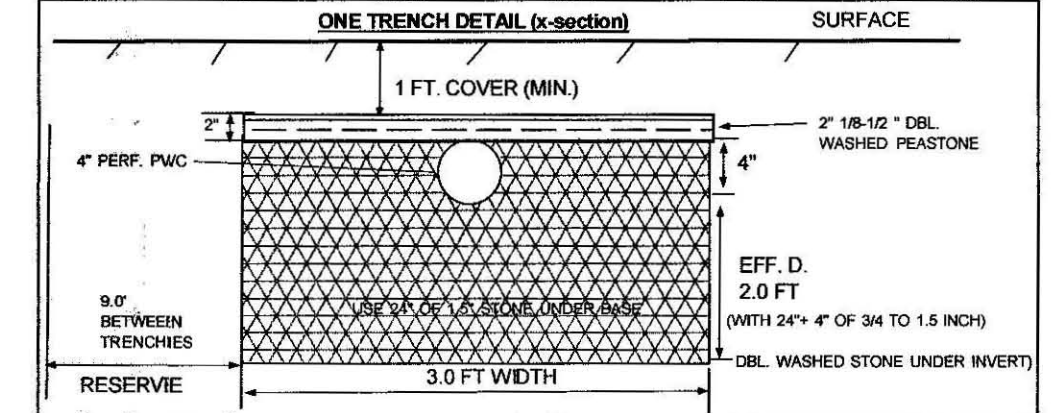
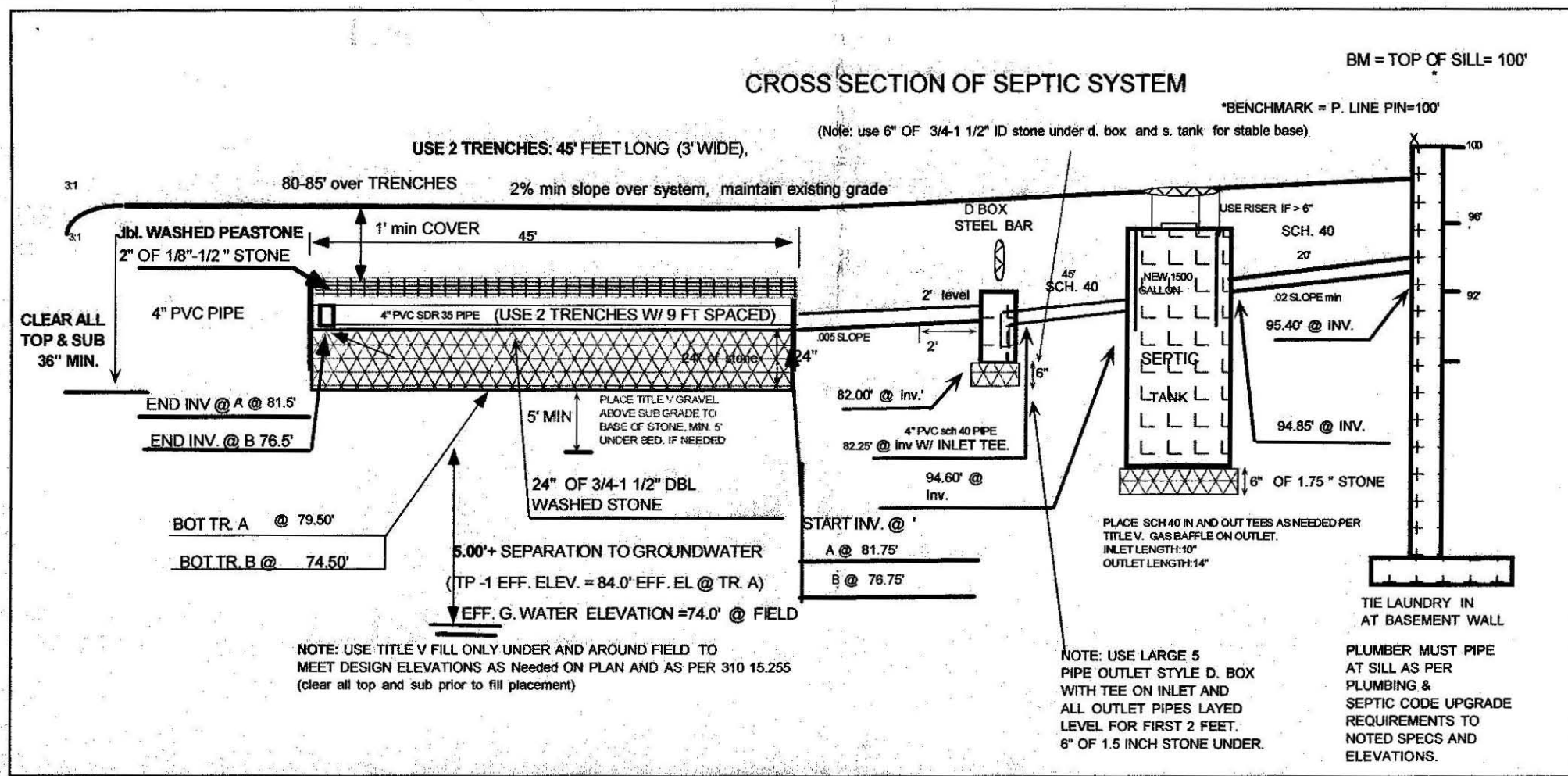
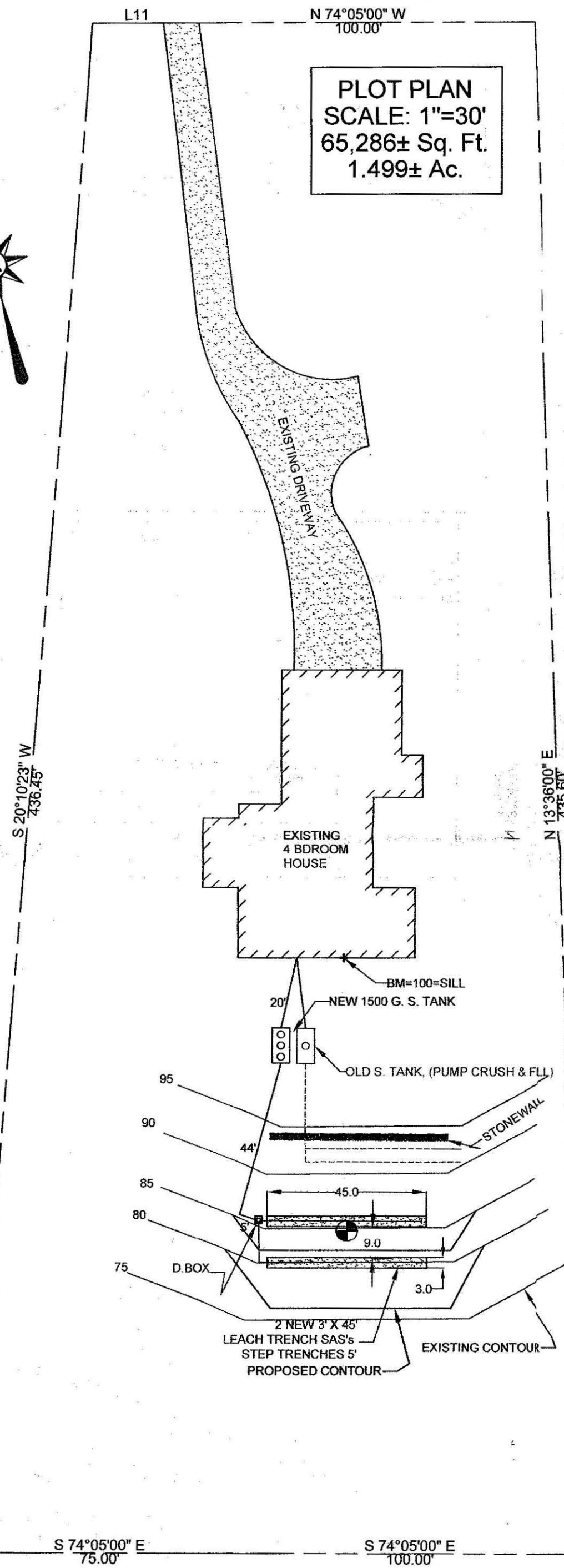
Signature AL Date 4/26/05





STATION ROAD

PLOT PLAN
SCALE: 1"=30'
65,286± Sq. Ft.
1.499± Ac.



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS IN WASHERS.

NOTE: INSTALLER MUST CONTACT ENGINEER 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.

NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE OF EFFLUENT FILTRATION FROM THE BOTTOM OF THE FIELD TO THE ESTIMATED HIGH GROUNDWATER. THE "SEPARATION" FROM THE BOTTOM OF THE FIELD TO HIGH GROUNDWATER (3, 4, OR 5 FEET), IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION".

- DESIGN NOTES:**
- 4 BR X 110 GAL/PERSONS/DAY = 440 GAL/DAY + 110 GAL/DAY = 550 GAL/DAY (4 bedroom design),
 - Use Two TRENCHES 3' wide x 45' LONG W/24" OF 0.5' of DBL washed stone below invert.
Bot. Area: 3' wide x 45' long X 2 TRENCHES = 270 SF
Side Area: 45' X 2' HT X 2 SIDES X 2 TRENCHES = 360 SF
Side End Area: 2' HT X 3' WIDE X 2 ENDS X 2 TRENCHES = 24 SF
Tot. Area: 654 SF x 0.74 gal/sf. = 484 GAL/DAY
 - GARBAGE DISPOSAL NOT ALLOWED, to be removed before signoff
 - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'
 - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS
 - NO WORK WITHIN 150 FEET OF WETLAND.
 - PRE & POST CONTOURS NOTED AS NECESSARY.
 - SUBGRADE & FINAL INSPECTION REQUIRED
 - USE NEW 1500 GAL S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - SLOPE CALC'S (SEE CONTOURS). SUBGRADE INSP. REQ'D.
 - 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 32" MIN. AS NEEDED. CLEAR TO BASE OF B (MIN. 32") & SCARIFY SOIL UNDER BED PRIOR TO TITLE V SAND PLACEMENT (if needed).
 - SOIL EVALUATION BY A. WEISS 4/26/2005 (D. ZAROZINSKI, BOH MEMBER).
 - DEPTH OF PIERC. 50 A. WEISS 4/26/2005, D. ZAROZINSKI, HEALTH AGENT
 - PERC RATE = < 2 MIN/IN. CLASS 1 SOIL RATING (SAND)
 - INSTALL/INSPECT SCH. 40 TEES/BAFFLES (10" INLET, 14" OUTLET).
 - USE APPROVED (1 1/2") DBL. WASHED STONE UNDER BED & D. BOX FOR 6". CONFIRM STONE PROPERLY WASHED (WITH BUCKET /H2O TEST) PRIOR TO PLACEMENT.
 - NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
 - ENGINEER TO INSPECT SUBGRADE, STUMPS AND BOULDERS WHERE INTERFERES WITH NEW SAS.
 - T.B.M. 1=100.00 AT GARAGE SILL (AS NOTED), CONFIRM PROPER PITCH USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
 - GRADE MULCH AND SEED OVER LEACH AREA AS NOTED.
 - USE LEACHING TRENCHES DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
 - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

TEST PIT LOG:

TP-1 EFF. EL. 77.00	EFF. ELEV. 84.00	TP-2:
0-3" A: F. SANDY LOAM (10 YR 3/3)		0-3"
3-32" Bw: LOAMY SAND (2.5 YR 6/8)		3-26"
32-80" C1: C. SAND AND GRAVEL (10 YR 5/8)		26-90"
80-120" C2: SAND-MED / COARSE - SORTED (10 YR 5/8)		

OXIDES: NOT OBSERVED
ESHW: ASSUMED @ 120"
NOT OBS: STANDING H2O
NOT OBS: WEEPING FROM FACE
126" + BEDROCK

SEPTIC SYSTEM REPAIR PLAN FOR TOM ASHER
575 STATION ROAD
AMHERST, MA.

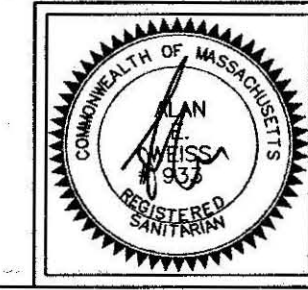
COLD SPRING ENVIRONMENTAL CONSULTANTS INC.
BELCHERTOWN, MA.

PHONE: (413) 323-5957
FAX: (413) 323-4916
EMAIL: AEWEISS@CHARTER.NET

DATE: 6/9/05
SCALE: 1"=30'

DRAWN BY: ALAN WEISS
REVISED:

DRAWING NUMBER: 105-2198-0427



ATTENTION INSTALLER!!
CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.