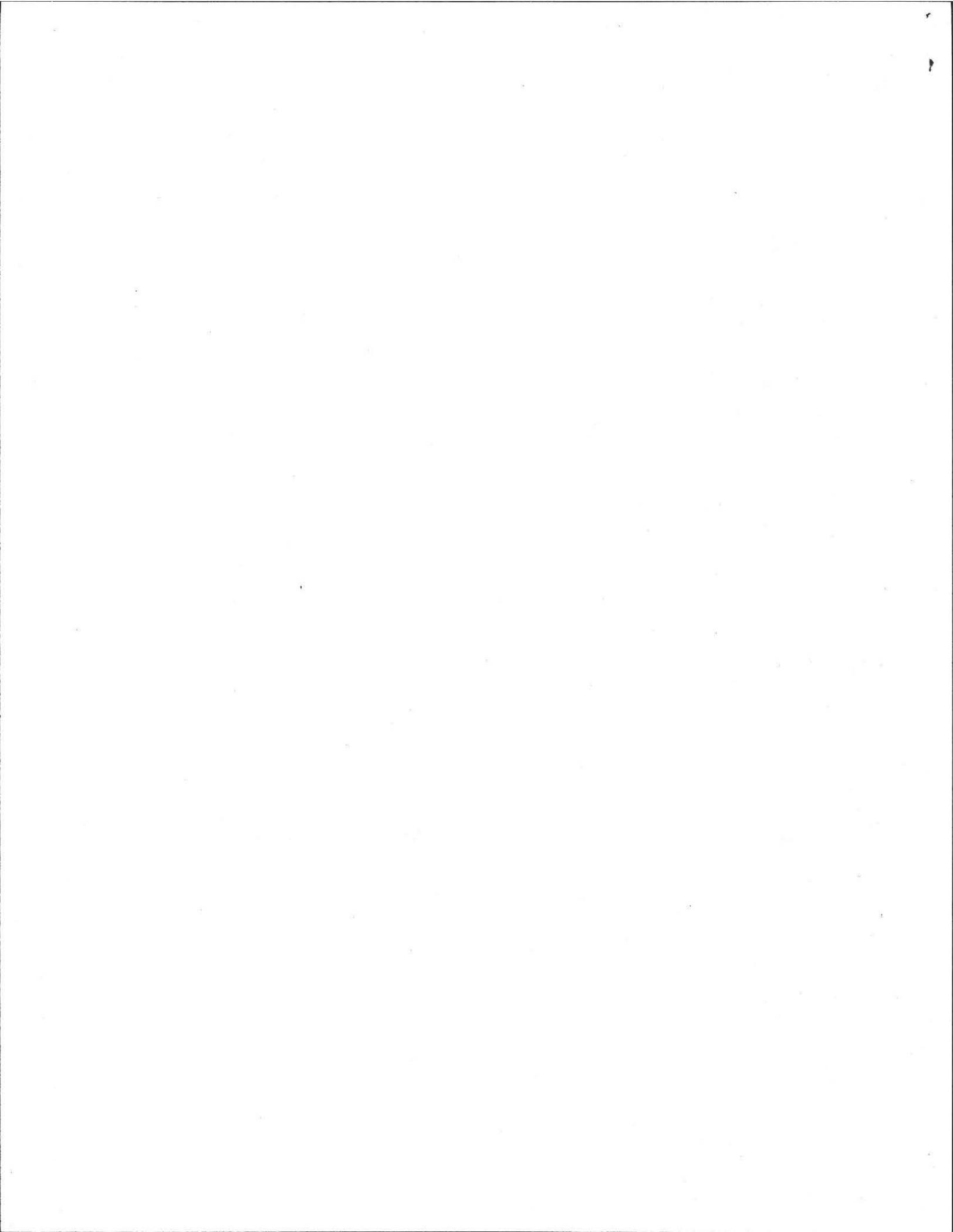


456 SUNDERLAND ROAD





PERMITS/INSP PAYMENT RECPT#: 12072807
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 02/27/12 TIME: 09:22
CLERK: publichea DEPT:

PAID BY:
PAYMENT METH: CHECK 1055

REFERENCE: 12520

AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS: PERC TEST

FEES:
HEA011 300.00

TOTAL PAID: 300.00

PERMITS/INSP PAYMENT RECPT#: 12072822
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 02/27/12 TIME: 09:28
CLERK: publichea DEPT:

PAID BY: KAREN JACK
PAYMENT METH: CHECK 1055

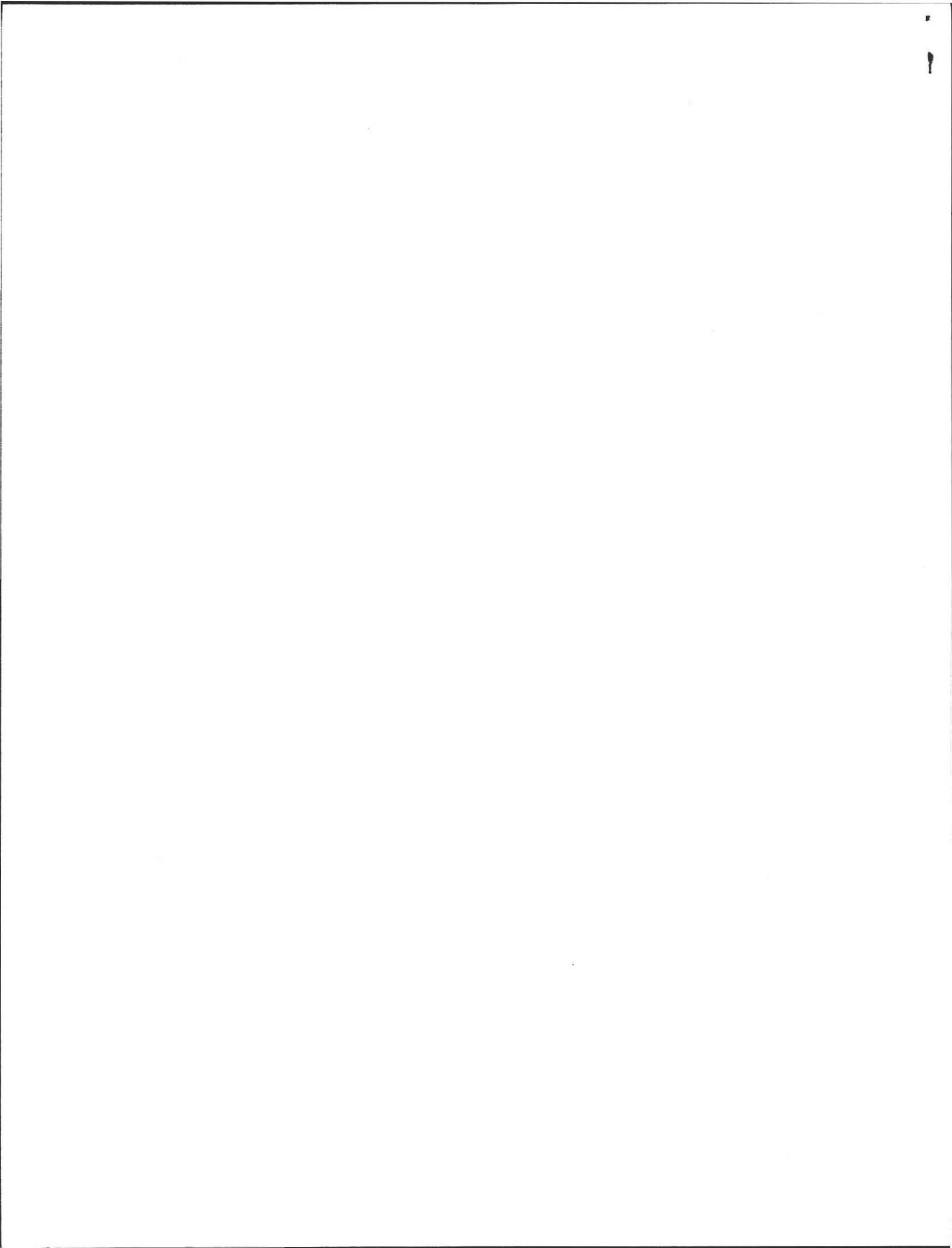
REFERENCE: 12521

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: SEPTIC PLAN REVIEW

FEEs:
HEA017 150.00

TOTAL PAID: 150.00



1
PERMITS/INSP PAYMENT RECPT#: 12072828
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 02/27/12 TIME: 09:37
CLERK: publichea DEPT:

PAID BY: KAREN JACK
PAYMENT METH: CHECK 1055

REFERENCE: 12523

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

SITE ADDRESS: TITLE V WITNESS FEE

FEES:
HEA058 200.00

TOTAL PAID: 200.00



Commonwealth of Massachusetts

City/Town of

Septic System Installation Checklist

- ALSO FOUND WELL IN
BASEMENT - CAPPED IN
BASEMENT - 30" TILE.

DEP has provided this form for use by local Boards of Health if they wish to do so.

A. Applicant Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name KAREN ZWINAKIS

Address 456 SUNDERLAND RD

City AMHERST State MA Zip Code 01002

Disposal System Construction Permit # 12-09 Map _____ Lot _____

Installer A. E. WEISS

Designer EDMUND SMITH

Board of Health Representative

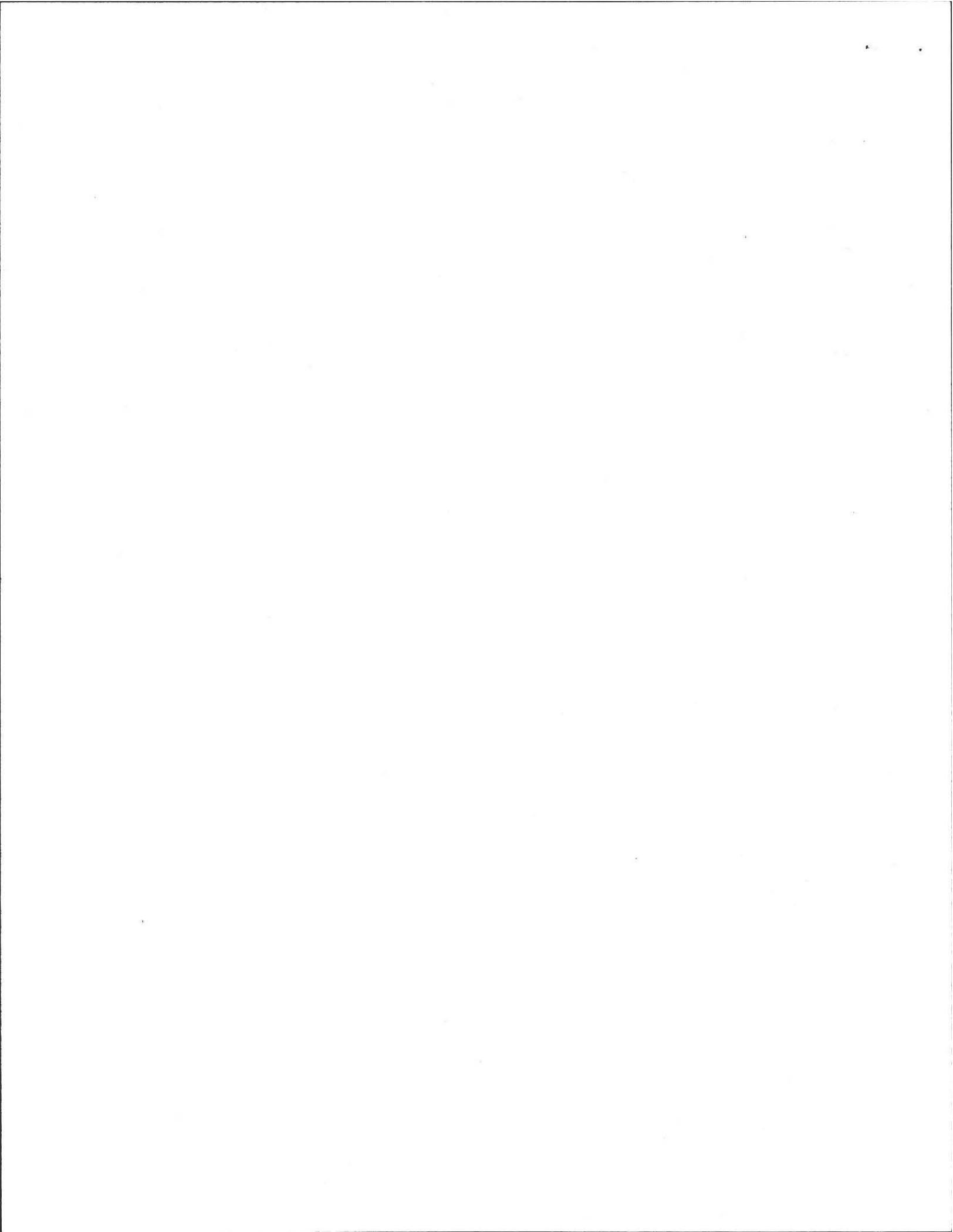
Inspection Dates:

Tank: Date 3/6/2012 Leach Area: Date 3/6/2012

Final: Date 3/6/2012 Other: Date _____

B. Application Checklist

1. Pre-Construction Conference	Approved	N/A	Problem
Sieve analysis supplied for sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current approved plans (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System staked prior to construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site check for tank water-tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment of existing system (repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan revision(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions/Approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O/M Plan on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEP approval on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





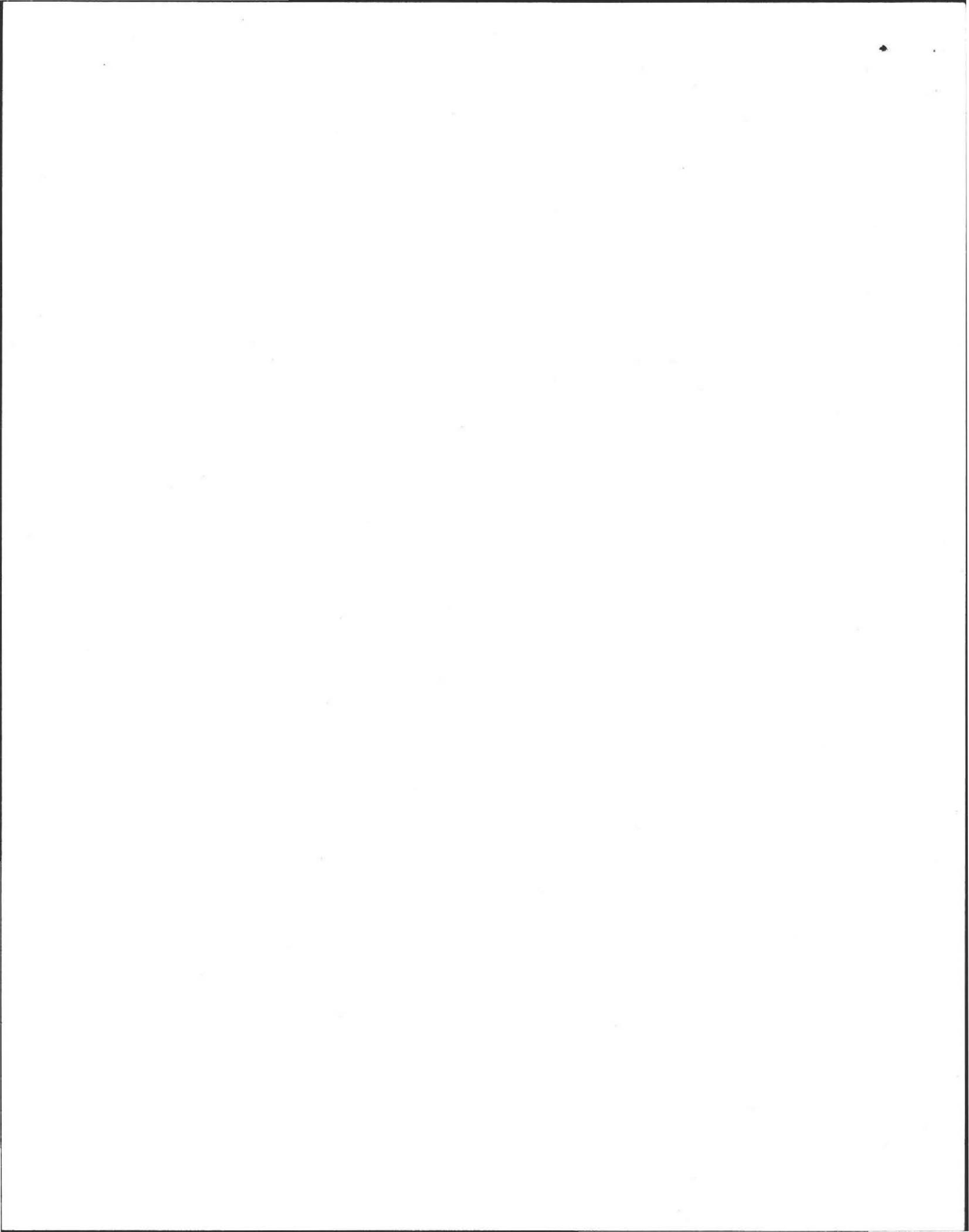
Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

2. Construction Inspection

		Approved	N/A	Problem
a) Building Sewer (310 CMR 15.222)				
All waste pipes tied into building sewer	Basement check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule 40 PVC 4" or cast iron	Verify by reading pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum slope of 0.01-0.02	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe laid in continuous straight line	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe laid on compact, firm base	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanouts precede all changes in alignment/grade	Verify by visual/tape	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleanout provided every 100 ft.	Verify by visual/tape	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Backfill material clean	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Septic Tank (310 CMR 15.223)				
Tank is set level with 6" stone under (15.228)	Check with level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is required size/loading per plan	Verify with plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet and outlet are at proper location (15.227)	Verify with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is water tight (15.226)	Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet tees extend 6" above flow line	Verify by visual/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved filter device placed at outlet	DEP list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas baffle installed at outlet tee	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet and outlet tees on center line	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is backfilled with acceptable material	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:



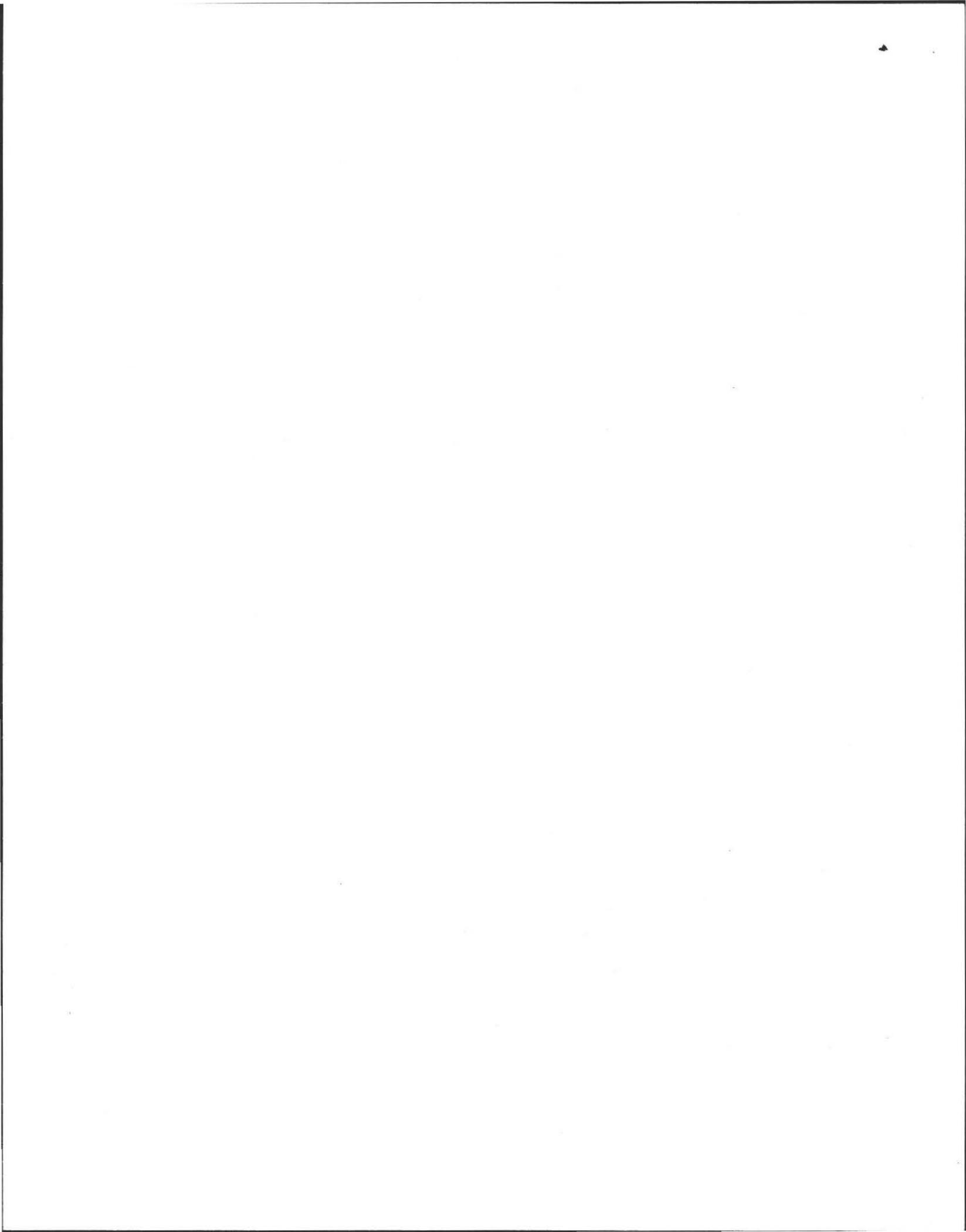


Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

		Approved	N/A	Problem
c) Distribution Box (310 CMR 15.232)				
All outlet pipes at same elevation	Check by adding water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of outlets _____ per plan	Number of laterals _____ per plan			
Inlet tee min. 1" over outlet	Visual and w/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box set on level base	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top of D box 36" max depth	Visual and w/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box is water-tight	Add water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box has a minimum of 2" thick wall and 12" inside dimension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Pump Chamber (310 CMR 15.231)		Approved	N/A	Problem
Tank is set level	Visual and w/level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper volume is provided	Check plan and tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Float elevations set per plan	Measure w/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min. 2" delivery line to D box	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of pumps: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified pump provided or designers approval for equal pump		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct pump sequence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers set to grade		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical permit provided		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6" of stone beneath chamber	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chamber is water-tight	Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min. 9" cover provided	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct loading provided per plan	Visual on tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

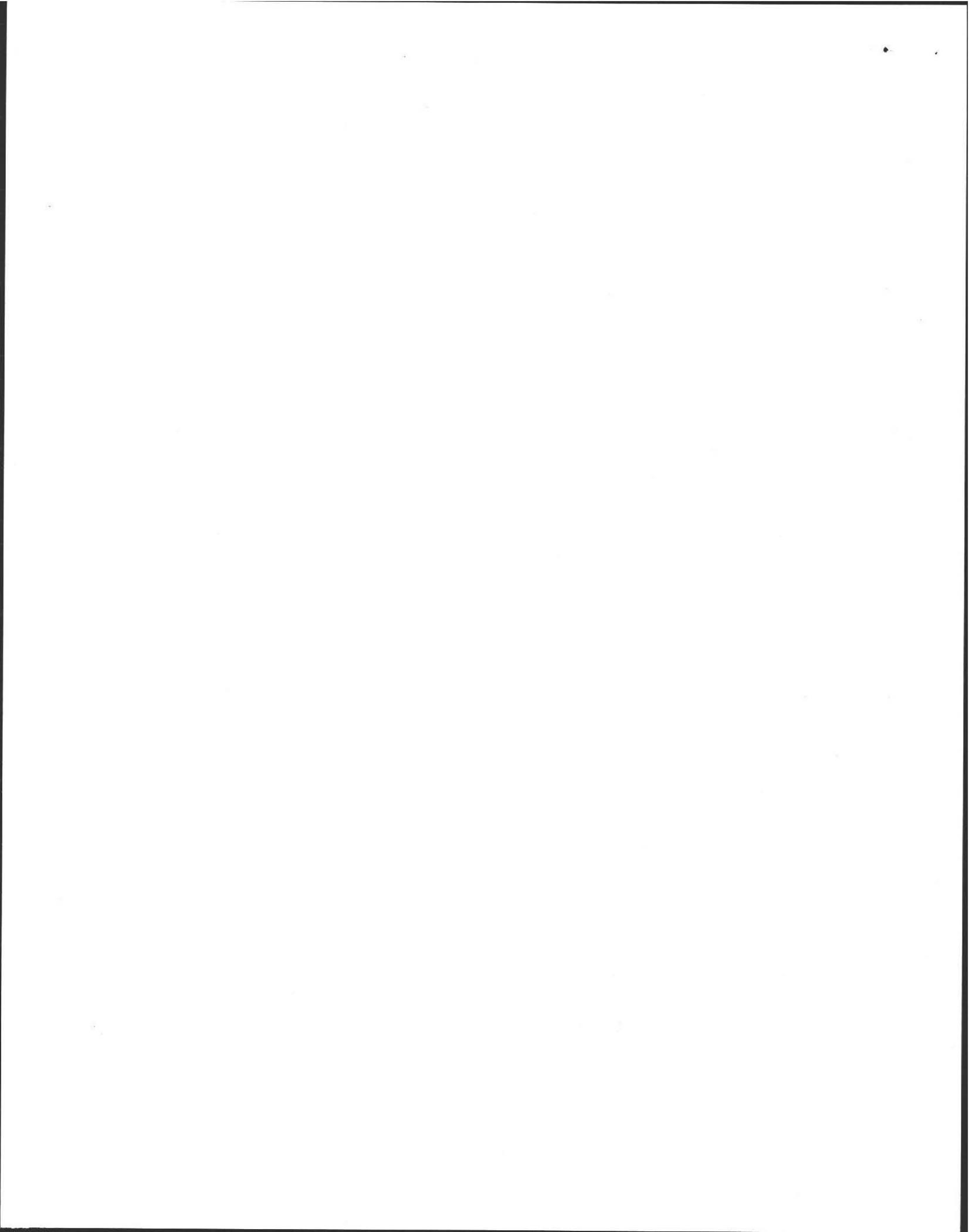




Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

e) Leaching Facility (310 CMR 15.240)		Approved	N/A	Problem
No frozen material used including back fill	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No clay, tailings or stones larger than 6" for cover material		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil at bottom/sides of excavation matches info on deep holes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All impervious layers removed	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No remaining A/B horizons	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater conditions match plan and deep holes	Visual/check plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vented if under impervious cover per plan (15.241)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent is protected from precipitation and animal entry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover of a minimum of 9" over leach area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe slope equal to 0.005	Check w/transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leach area per design (15.241)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation is level and at required depth	Visual/check plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of 5 ft material and replacement (if in fill)	Visual/check plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back fill material is acceptable	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final contours correct per plan	Check with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface/subsurface drainage away from leach area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final grade and side slopes are stable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution lines are capped, vented, or connected together		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impermeable barrier (15.255[2])		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining wall inspected by PE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining wall is water-proofed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining wall/barrier is at correct depth/height		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





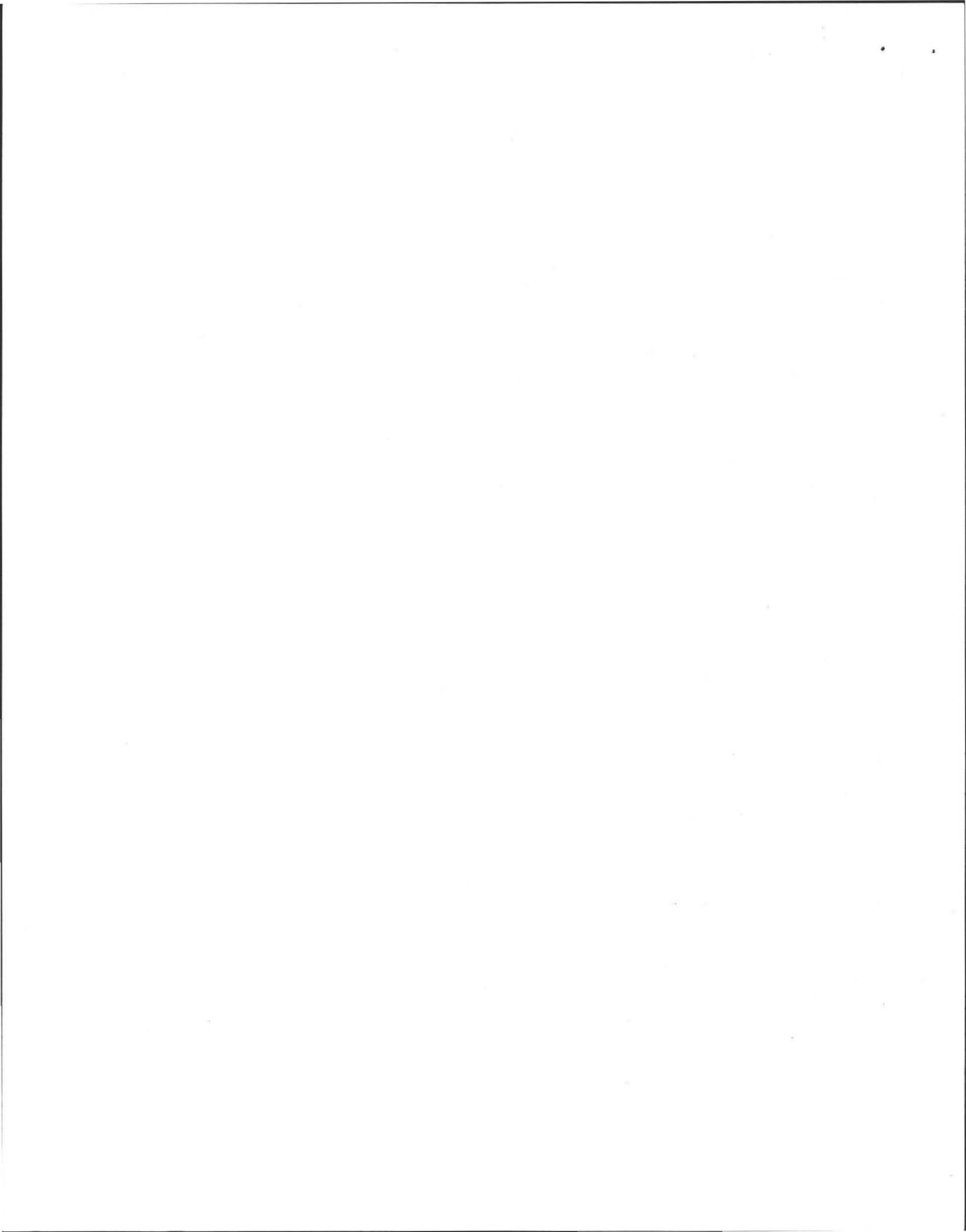
Commonwealth of Massachusetts

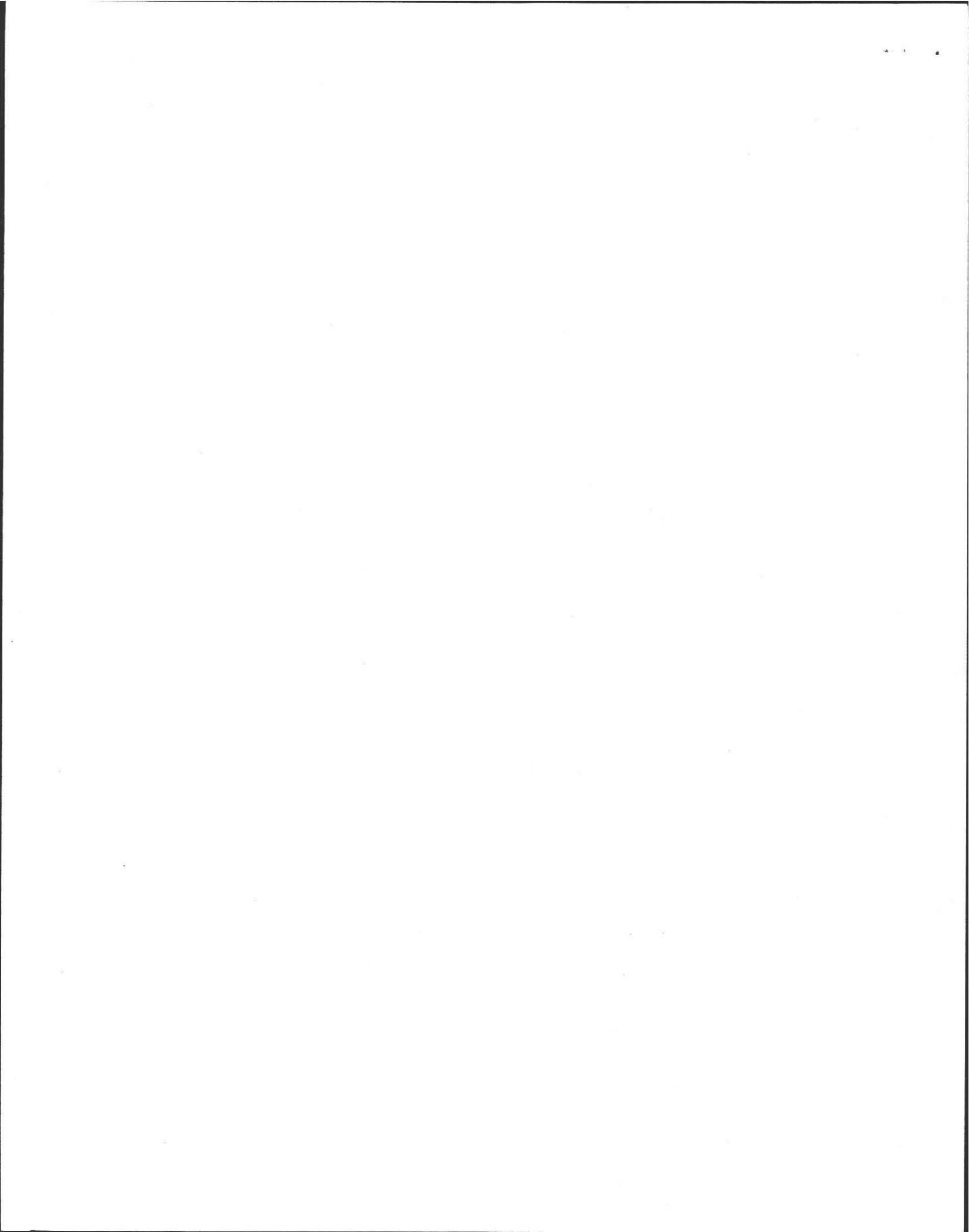
City/Town of _____

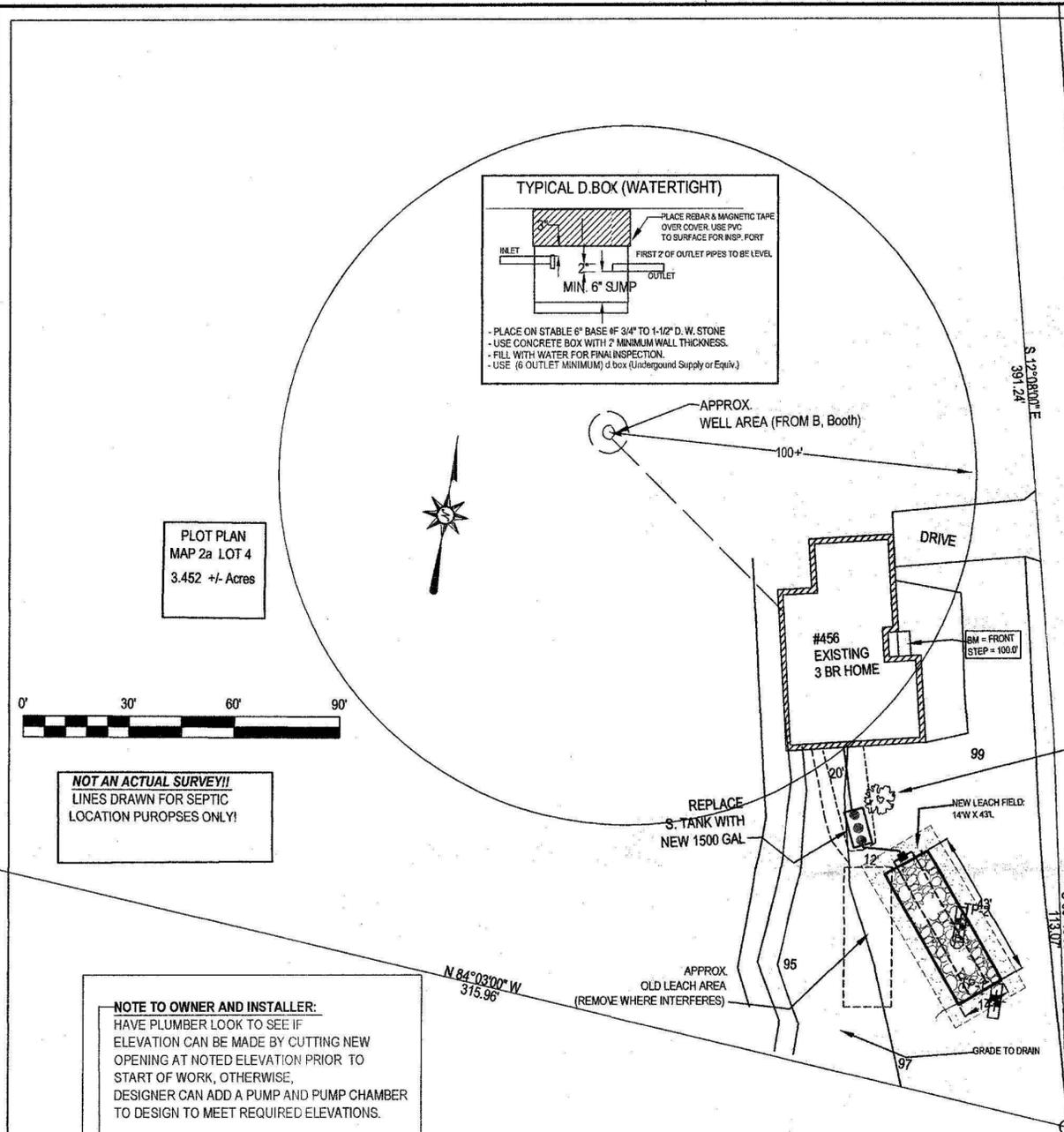
Septic System Installation Checklist

B. Application Checklist (cont.)

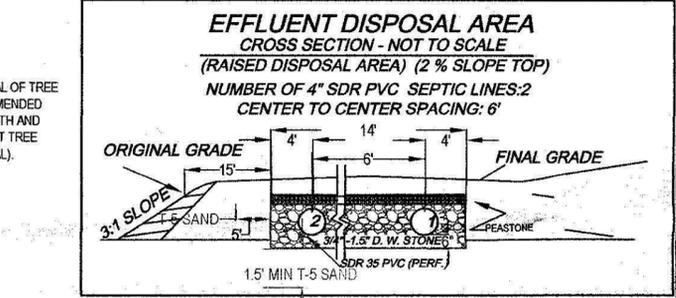
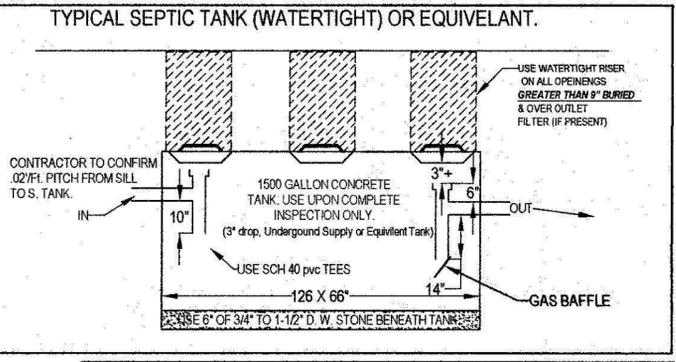
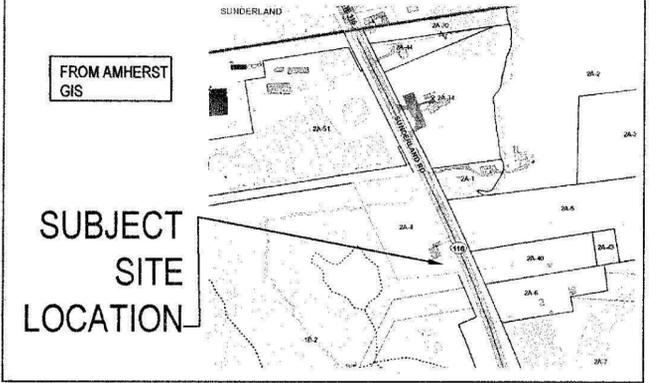
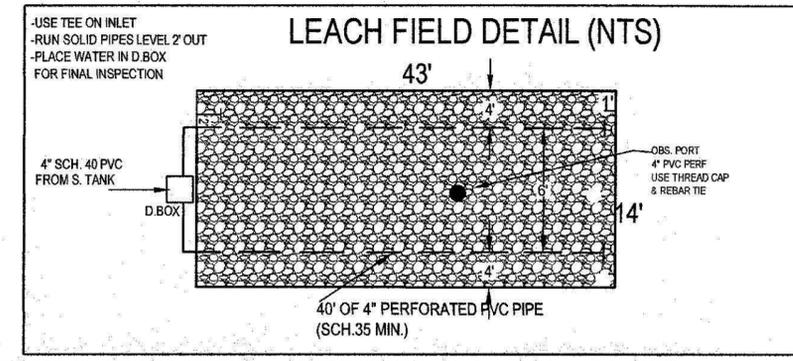
		Approved	N/A	Problem
f)	Leaching trenches (310 CMR 15.251)			
	Number of trenches: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Depth of trenches: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Width of trenches: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trench spacing per plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stone is double-washed [3/4" to 1 1/2"] (15.247)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Leaching fields (310 CMR 15.242)			
	Length of field: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Width of field: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Min. of 2 distribution lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Separation distance conforms to plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stone is double-washed [3/4" to 1 1/2"] (15.247)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	Leaching Pits (310 CMR 15.253)			
	Number of pits: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Depth of pits: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stone is double-washed [3/4" to 1 1/2"] (15.247)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Each pit has min. 1 20" access cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping network and configuration of pits/chambers per plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	Tight Tank (310 CMR 15.260)			
	Tank is set level with 6" stone under	Visual and with level	<input type="checkbox"/>	<input type="checkbox"/>
	Tank is proper size per plan	Visual with plan	<input type="checkbox"/>	<input type="checkbox"/>
	Pumping contract has been provided		<input type="checkbox"/>	<input type="checkbox"/>
	Covers to grade	Visual	<input type="checkbox"/>	<input type="checkbox"/>
	AV alarm set at 3/5 tank capacity	Check floats by raising	<input type="checkbox"/>	<input type="checkbox"/>
	AV alarm test on separate circuit	Set off alarm	<input type="checkbox"/>	<input type="checkbox"/>



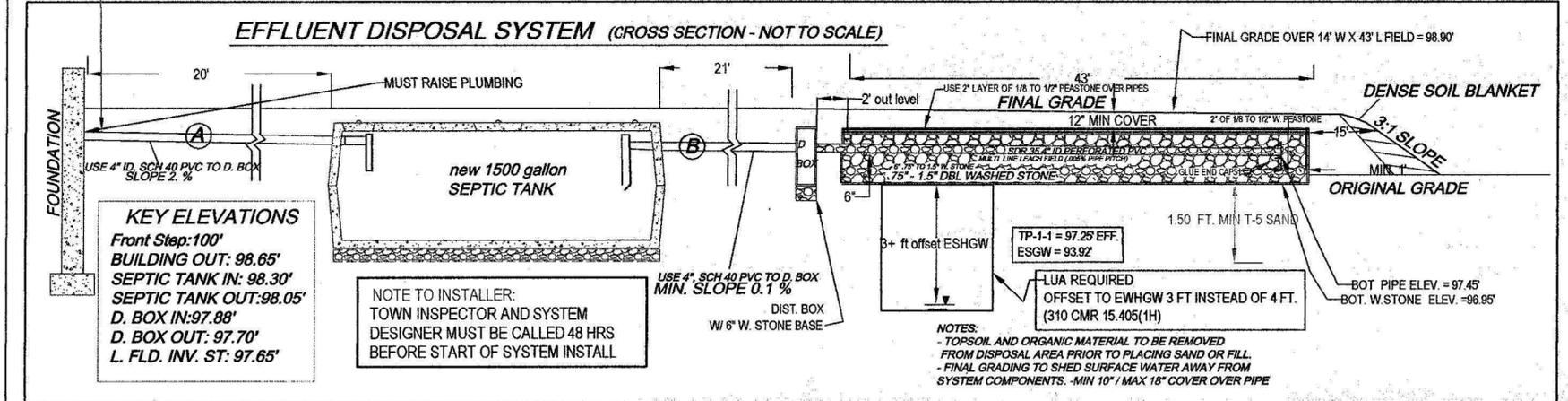




SUNDERLAND ROAD



- DESIGN NOTES AND CALCULATIONS:**
- 3 (BEDROOM HOME) = 330 GPD MIN. REQUIRED.
 - Use LEACHING FIELD 14' WIDE X 43' LONG WITH 6" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT
 - BOTTOM AREA: L. FIELD (14' W X 43' L) = 602 SF.
 - TOTAL AREA: 602 SF X .74 GAL/SF = 445 GPD PROVIDED
 - GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
 - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
 - NO OTHER WETLANDS WITHIN 100 FEET OF SAS.
 - USE NEW S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
 - NOTE:
 - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
 - USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
 - NOTE:
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
 - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2" CONC. WALLS
 - NOTE:
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
 - USE PROPER SCH. 40 PVC TEES AS SHOWN.
 - PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
 - SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQD.
 - USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
 - USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO 28" MIN. AS NEEDED (INSPECTION REQUIRED).
 - CLEAR PAST BASE OF B (MIN. 28") & SCARIFY UNDER BED PRIOR TO TITL V SAND/STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
 - SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 46"
 - PERC RATE = 15 MIN/IN.
 - CLASS 1, F. SAND SOIL RATING
 - NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
 - ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
 - BM=100.00 @ (FRONT DOOR STEP, as noted), CONFIRM PROPER PIPE SLOPES
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
 - GRADE MULCH AND SEED OVER SAS AS NOTED.
 - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
 - USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.



TEST PIT LOG:

TP 1 EFF. ELEV:				TP 2 EFF. ELEV:			
DEPTH	HORIZ	TEXTURE	ROCK OR (MUNSELL) MATERIAL	DEPTH	HORIZ	TEXTURE	ROCK OR (MUNSELL) MATERIAL
0-8"	A	FSL	110 YR 3.2 FRIABLE	0-8"	A	FSL	10 YR 3.2 FRIABLE
8-28"	Bw	LS	2.5 5.4 FRIABLE, LOOSE	8-28"	Bw	LS	2.5 5.4 FRIABLE, LOOSE
28-132"	C1	FS	2.5 5.2 F. SAND WELL SORTED, LITTLE SILT IN LENSES	28-86"	C1	FS	2.5 5.2 F. SAND WELL SORTED, LITTLE SILT IN LENSES
OXIDES: 40" 2.5 Y 4.1, 7.5 YR 4.68				OXIDES: 40" 2.5 Y 4.1, 7.5 YR 4.68			
EHWT: 40"				EHWT: 40"			
STANDING H2O: 1220"				STANDING H2O: -			
WEEPING: 66"				WEEPING: 66"			
BEDROCK: 132"+				BEDROCK: -			

SEPTIC SYSTEM REPAIR PLAN FOR KAREN ZWINAKIS
 456 SUNDERLAND ROAD
 AMHERST, MA

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007

PROJECT: (413) 323-5957
 FAX: (413) 323-4916
 DATE: 02.11.2012
 SCALE: 1"=30'

e-Mail: ACWES@charter.net
 DRAWN BY: ALAN WEISS
 REVISED:
 DRAWING NUMBER: 111-3800-1222

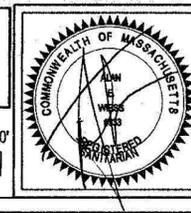
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- 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 & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
 CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

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.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 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.



FAX

Date 6-
22-2012

Number of pages including cover sheet 21

TO Liam
Browne,
TD
BankNorth

Phone 1-413-549-2812
Fax Phone 413.253.1519

FROM Edmund Smith
Amherst Health Department
Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

Phone (413) 259-3153

Fax Phone (413) 259-2404

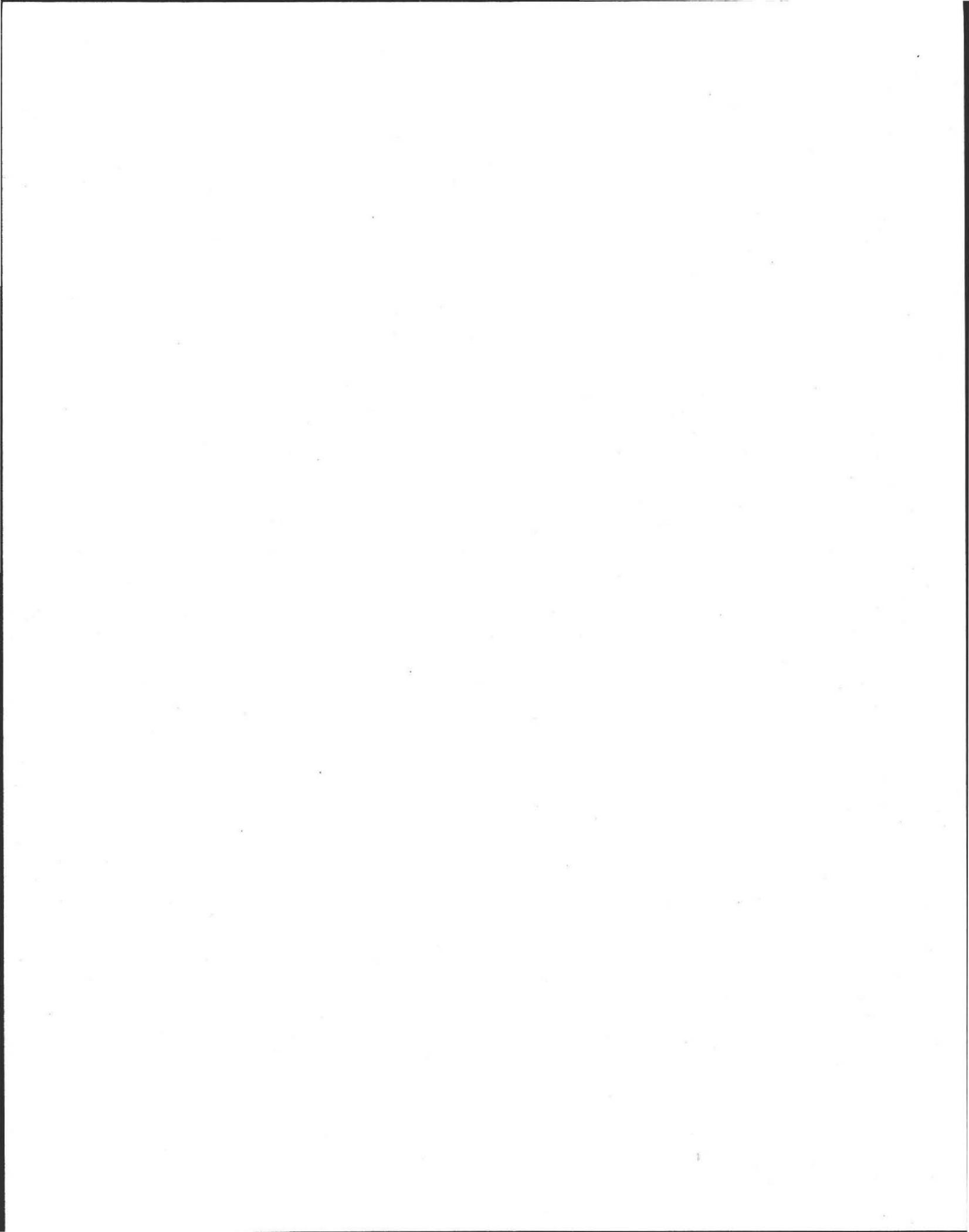
E-Mail smithe@amherstma.gov

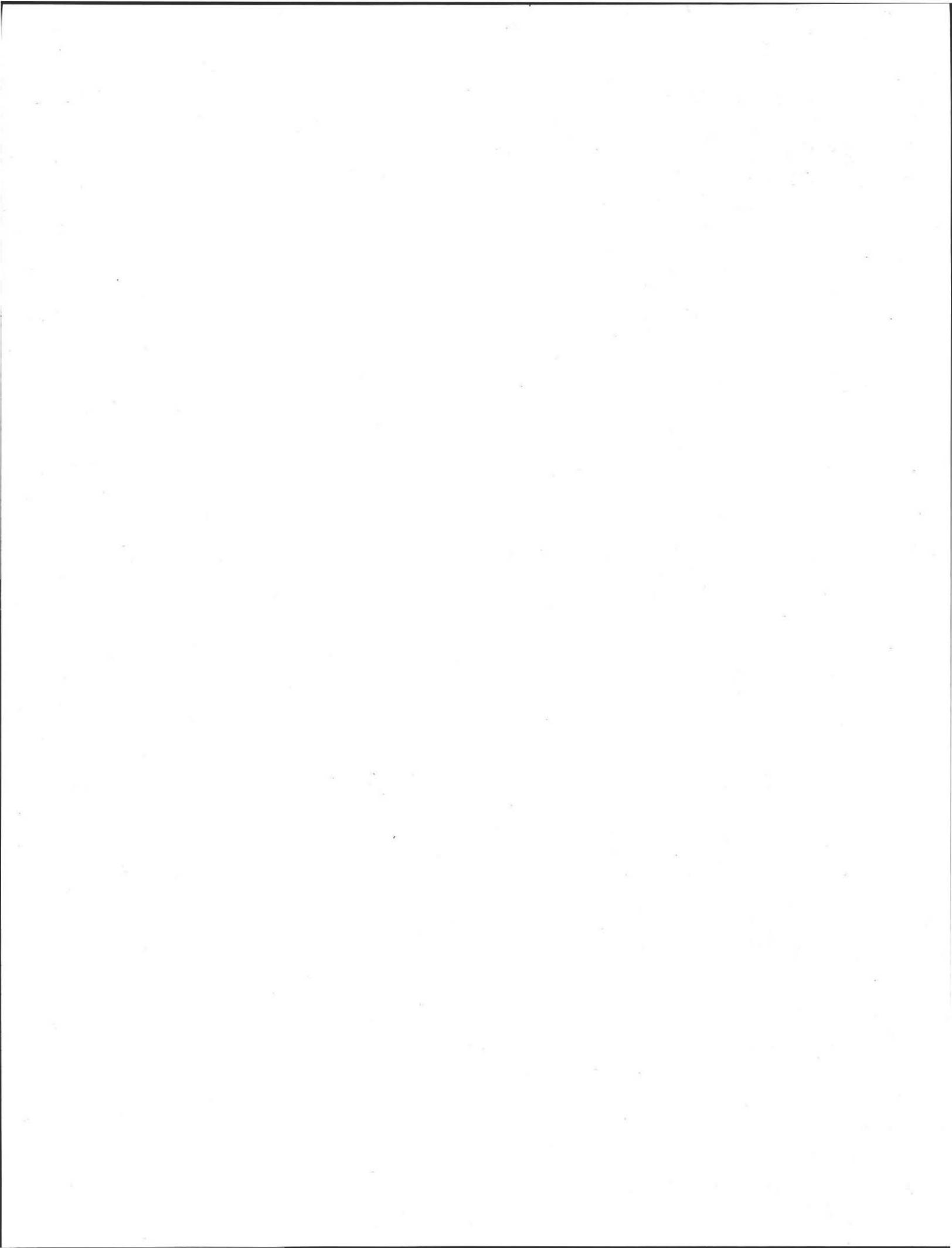
REMARKS: Urgent For your review Reply ASAP Please Comment

We were asked to forward this material to you by the potential buyer. Please reply if you have any questions.

Sincerely

Ed Smith







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

456 Sunderland Road, Amherst, MA

Property Address

Karen Zwinakis: (Mail: 9 Cricket Lane, Simsbury Ct. 06070)

Owner's Name

Amherst

MA

01002

12.22.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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:

Property has original 1000 Gal S. tank and no D. Box with L. field of 50+ yrs, Tank had no baffles (ARC type) and had some corrosion. Leach area had ponding in stone. Needs perc test and new engineered system with laundry system also connected.

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.

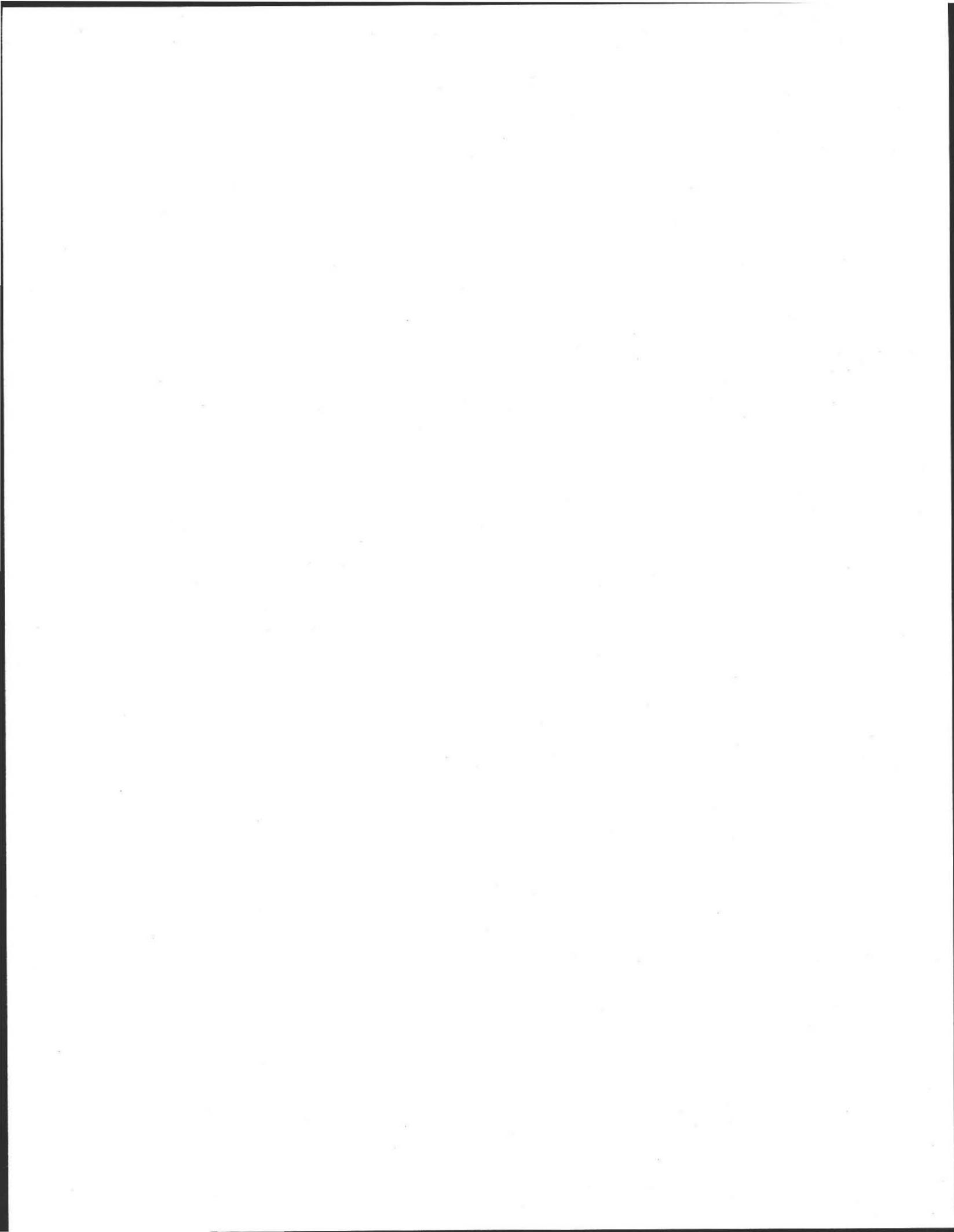
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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.

Y N ND (Explain below):

Blank lines for explaining the conditional pass status.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

456 Sunderland Road, Amherst, MA

Property Address

Karen Zwinakis: (Mail: 9 Cricket Lane, Simsbury Ct. 06070)

Owner's Name

Amherst

MA

01002

12.22.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

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):

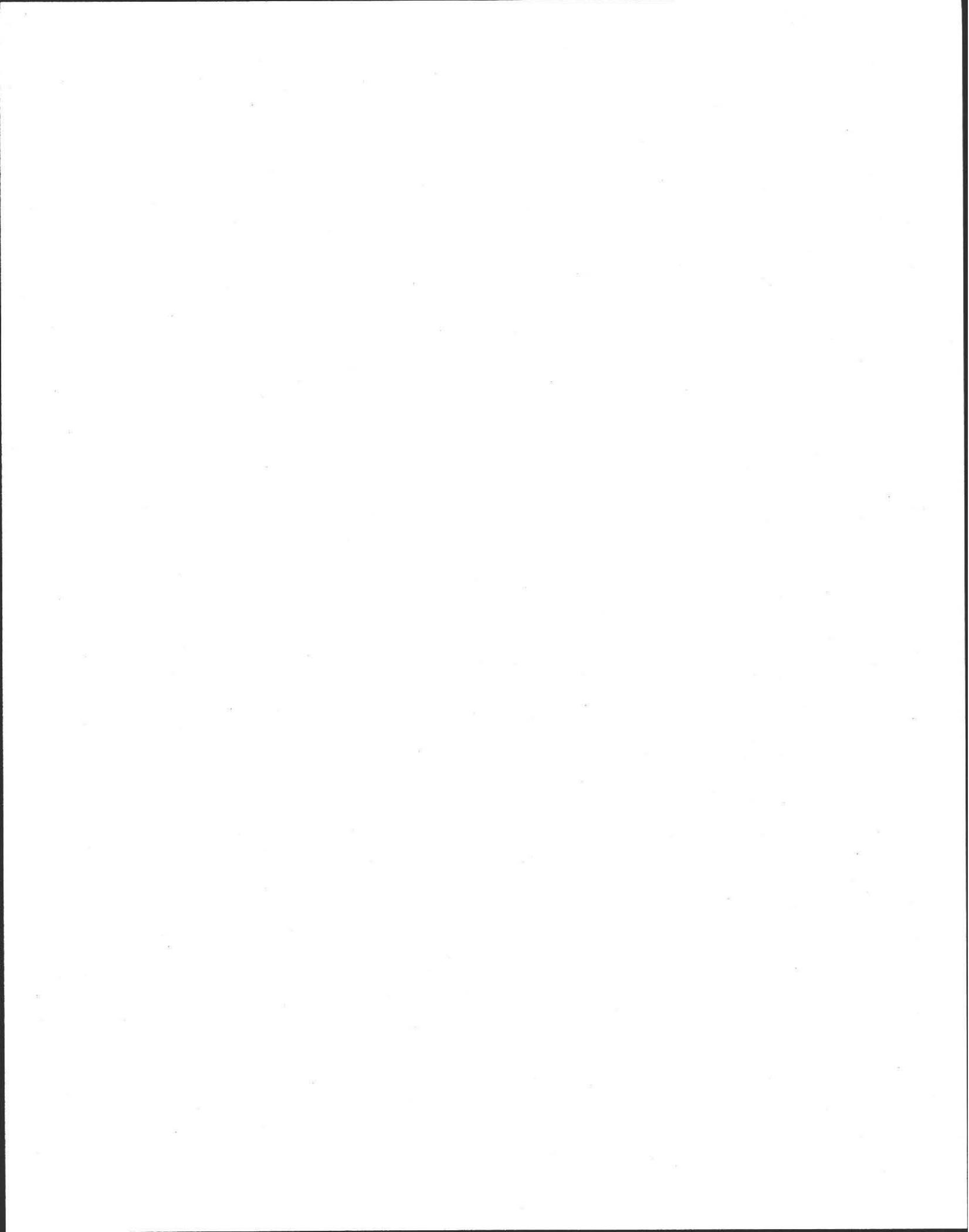
- broken pipe(s) are replaced
obstruction is removed

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

456 Sunderland Road, Amherst, MA

Property Address

Karen Zwinakis: (Mail: 9 Cricket Lane, Simsbury Ct. 06070)

Owner's Name

Amherst

MA

01002

12.22.2011

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

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:

- Checkboxes for system types: septic tank and soil absorption system (SAS) within 100 feet of surface water supply, Zone 1 of public water supply, 50 feet of private water supply well, or less than 100 feet but 50 feet or more from private water supply well.

Method used to determine distance:

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent 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.

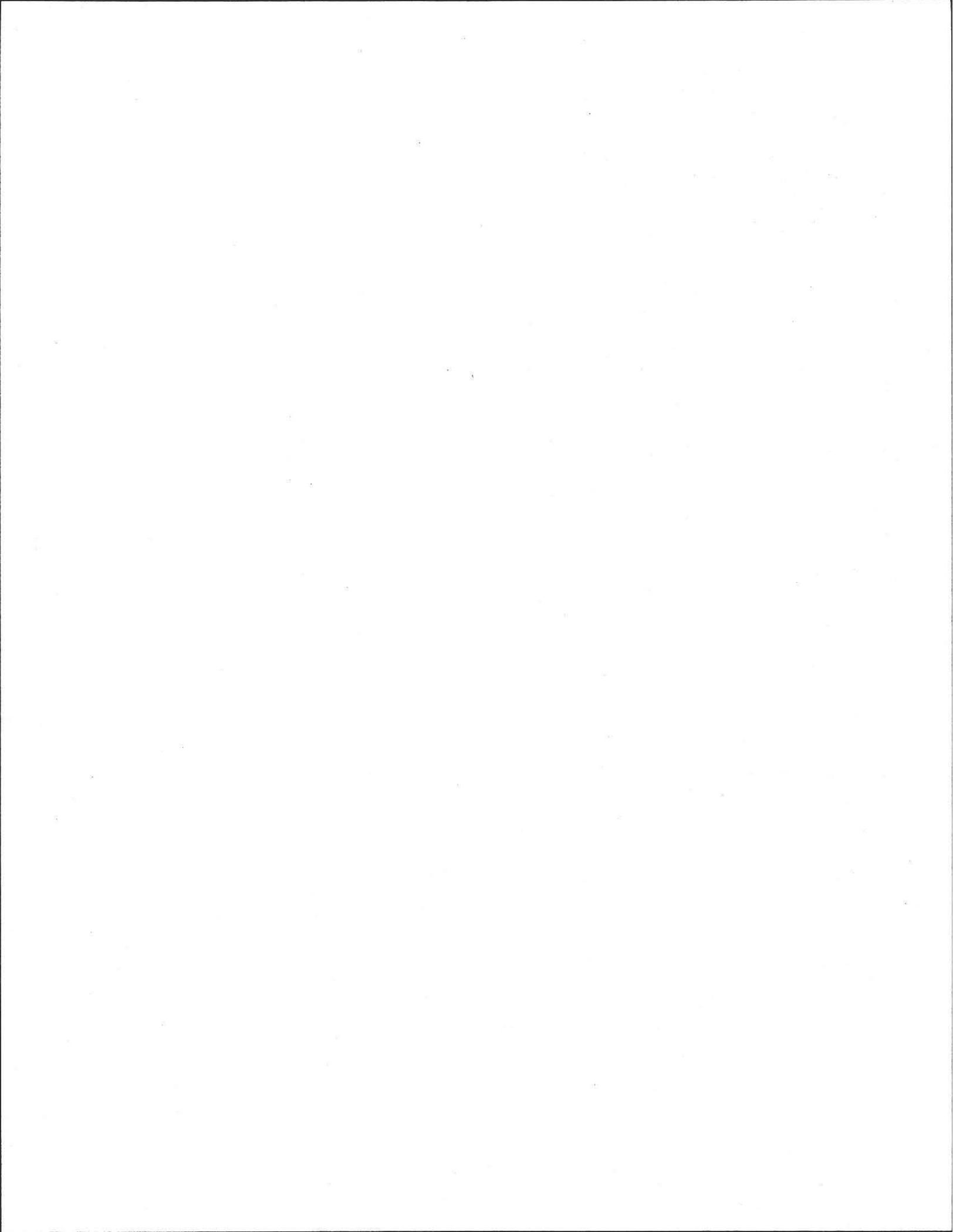
3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- Table with columns 'Yes' and 'No' and four rows of failure criteria: Backup of sewage, Discharge or ponding of effluent, Static liquid level above outlet invert, and Liquid depth in cesspool.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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B. Certification (cont.)

Yes No

- 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 SAS, cesspool or privy is below high ground water elevation.
Any portion of 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 1 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. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
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.

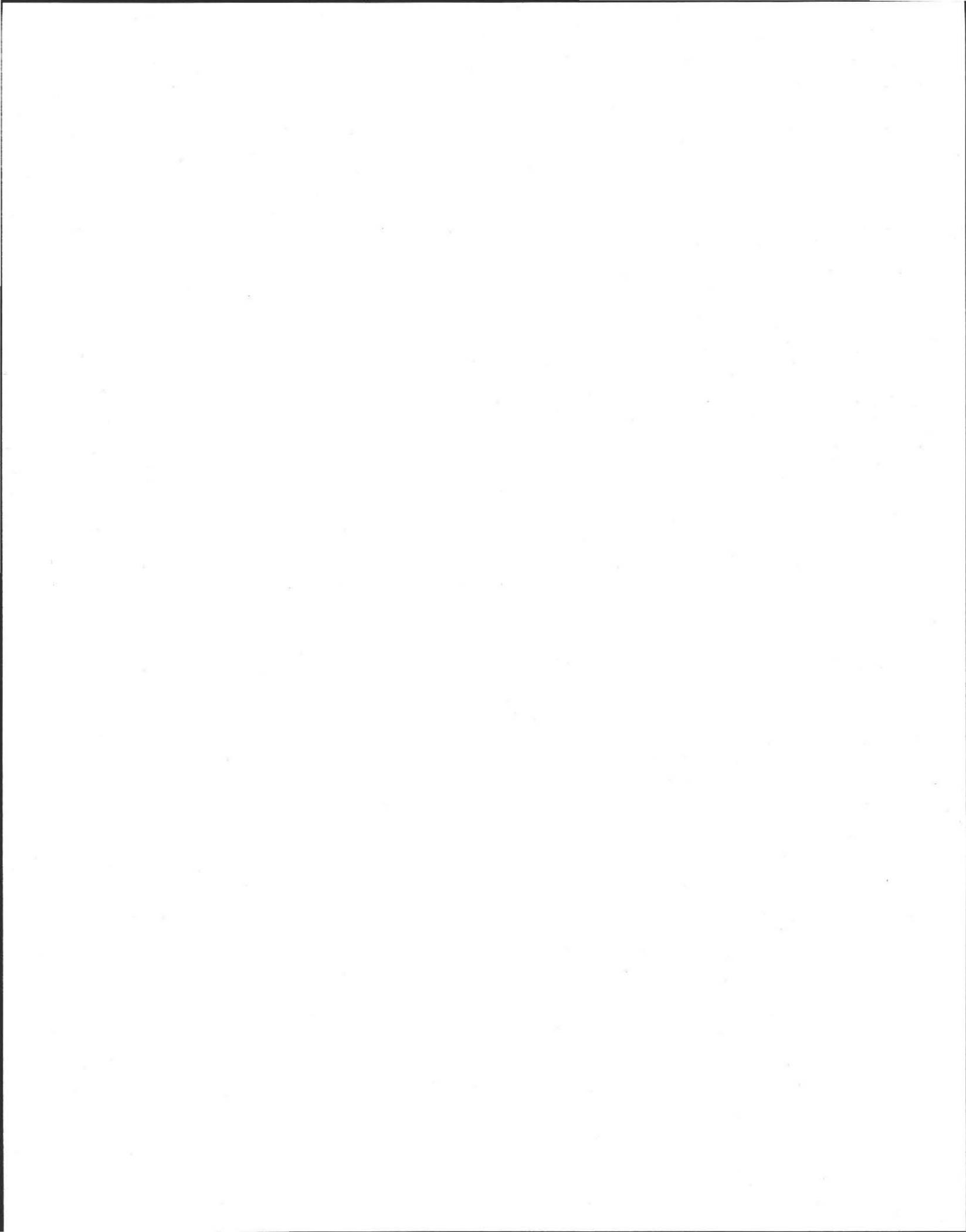
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

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

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.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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C. Checklist

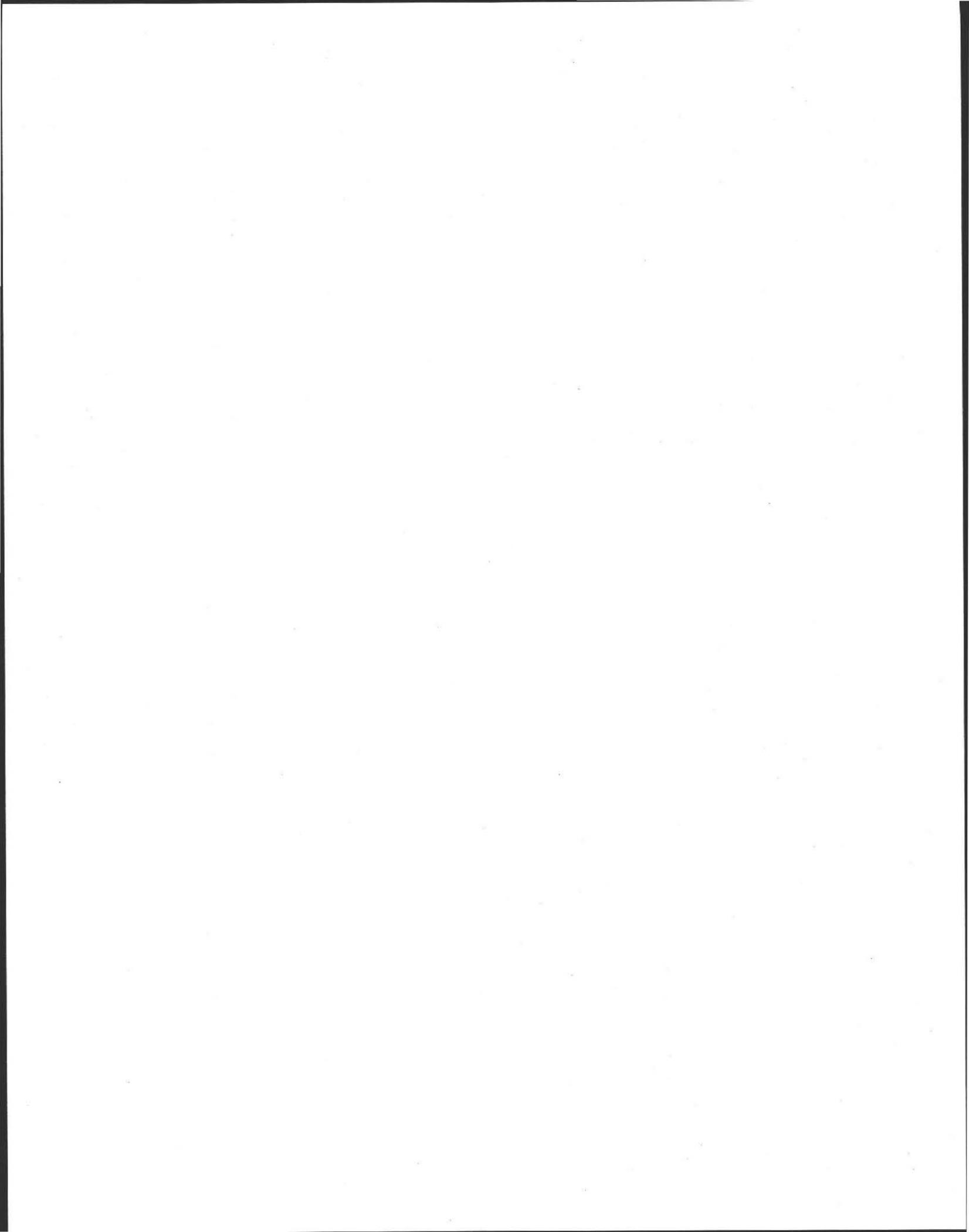
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, water flows, plans, facility inspection, site inspection, system components location, septic tank manholes, facility owner information, and determination of Soil Absorption System (SAS).

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): ? Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ?





Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

456 Sunderland Road, Amherst, MA
 Property Address
 Karen Zwinakis: (Mail: 9 Cricket Lane, Simsbury Ct. 06070)
 Owner's Name
 Amherst MA 01002 12.22.2011
 City/Town State Zip Code Date of Inspection

D. System Information

Description:
 1000 gallon S. tank and leach area (no d box), orange burg pipe and stone in hydraulic failure.

Number of current residents: 0

Does residence have a garbage grinder? Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): n/a

Detail:
 Laundry needs to be connected to main system and old discharge closed.

Sump pump? Yes No

Last date of occupancy: _____
 Date

Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____
 Gallons per day (gpd)

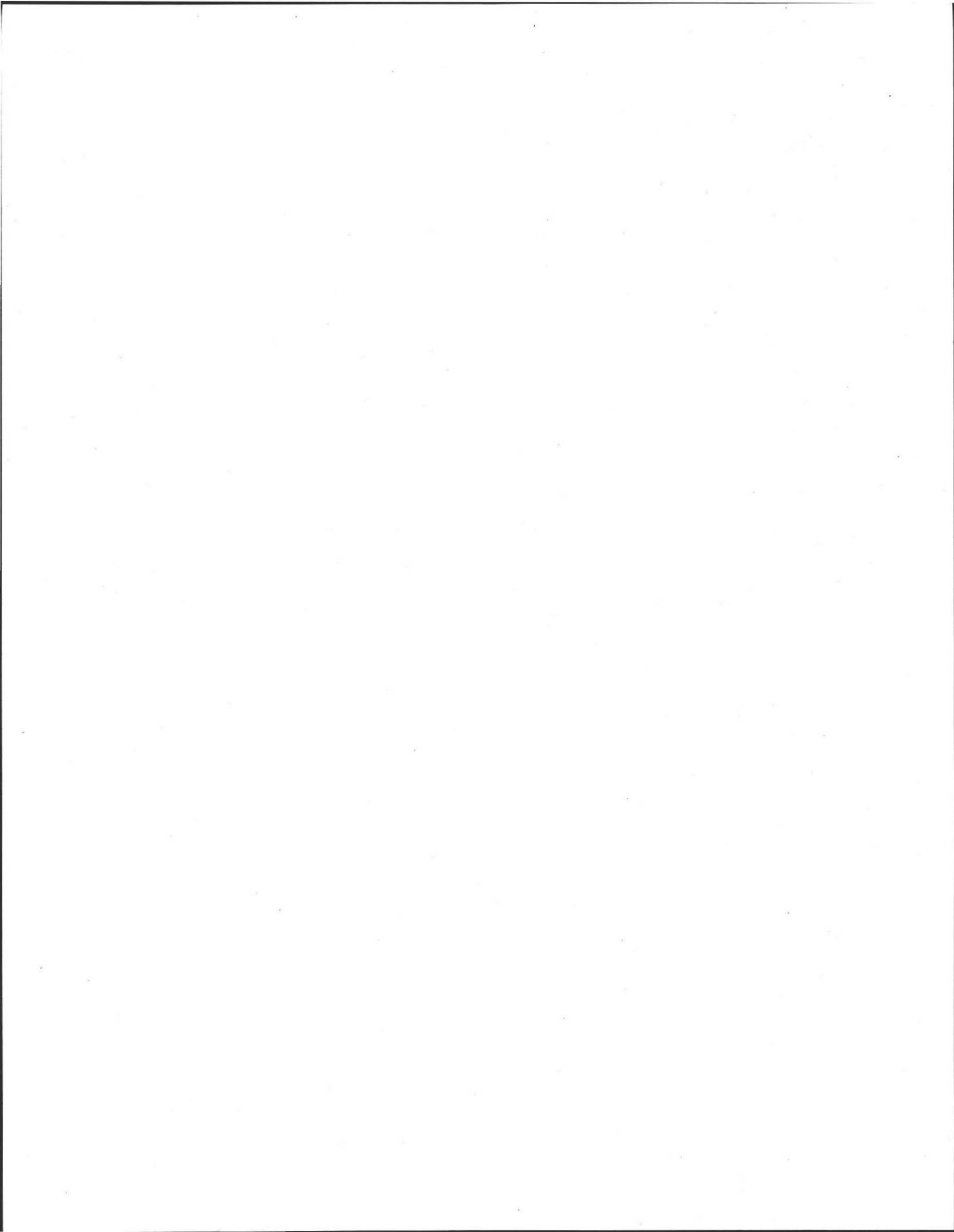
Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: _____





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

456 Sunderland Road, Amherst, MA

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Owner's Name

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12.22.2011

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D. System Information (cont.)

Last date of occupancy/use: current Date

Other (describe below):

General Information

Pumping Records:

Source of information: ?+ yrs.

Was system pumped as part of the inspection? Yes No

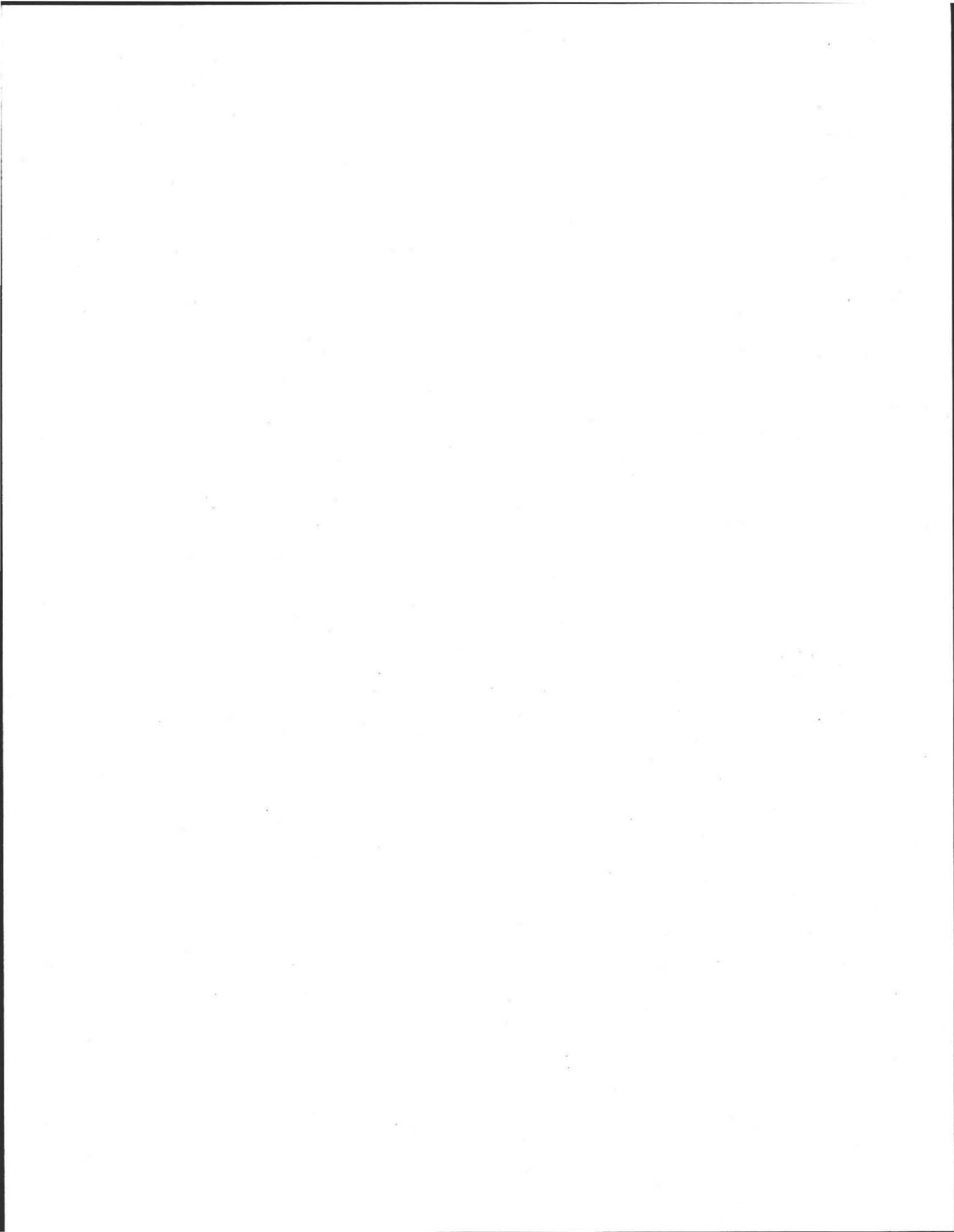
If yes, volume pumped: 1000 gallons

How was quantity pumped determined? Meas.

Reason for pumping: Insp.

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...
Tight tank. Attach a copy of the DEP approval.
Other (describe): No box (only y)





Commonwealth of Massachusetts

Title 5 Official Inspection Form

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D. System Information (cont.)

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

50+

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2.0 feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

feet

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

Good condition

Septic Tank (locate on site plan):

Depth below grade:

2.5 feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

ARC type

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

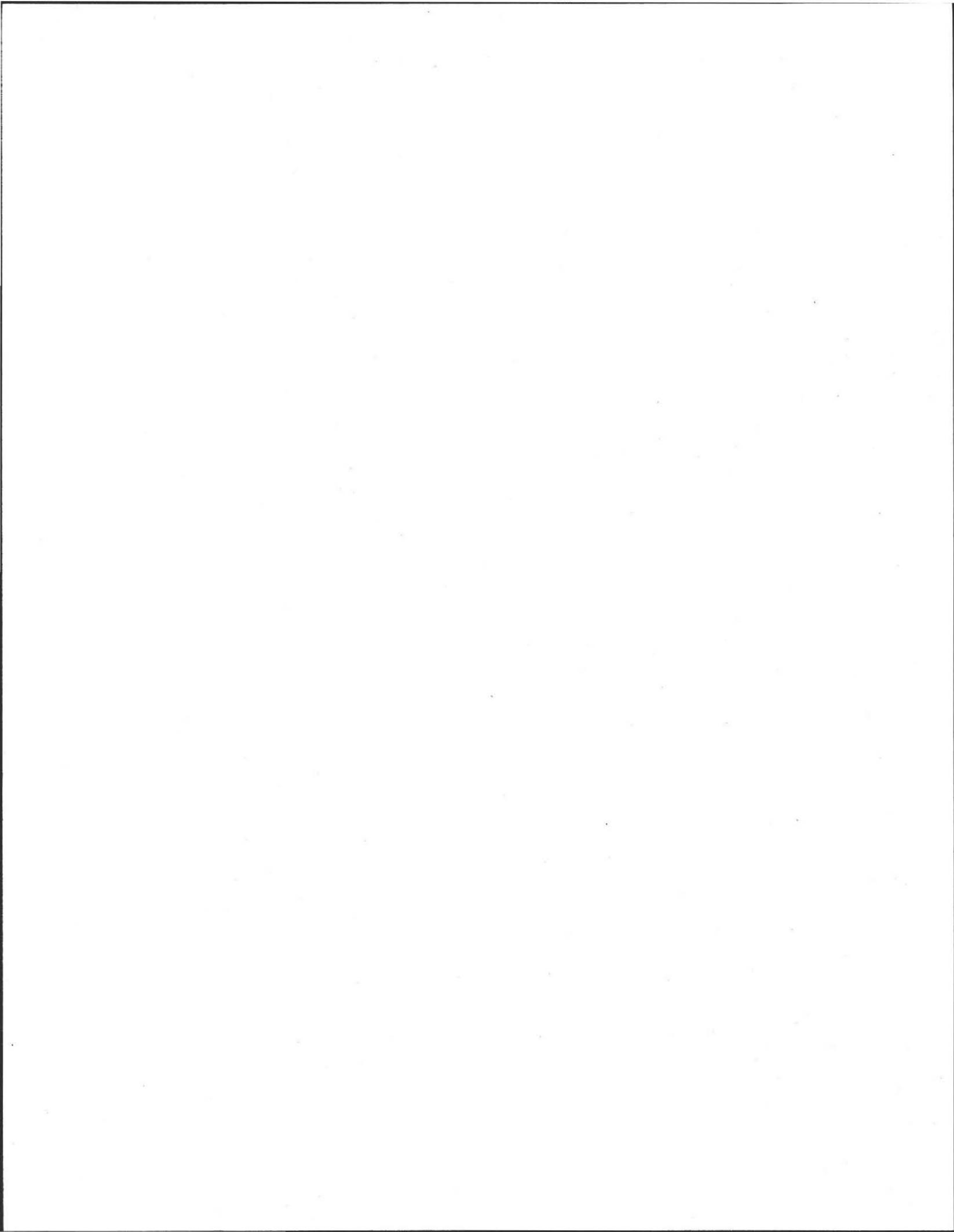
Yes No

Dimensions:

9.5 x 4.0' x 3.8'

Sludge depth:

<8"





Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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 Amherst MA 01002 12.22.2011
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D. System Information (cont.)

Septic Tank (cont.)

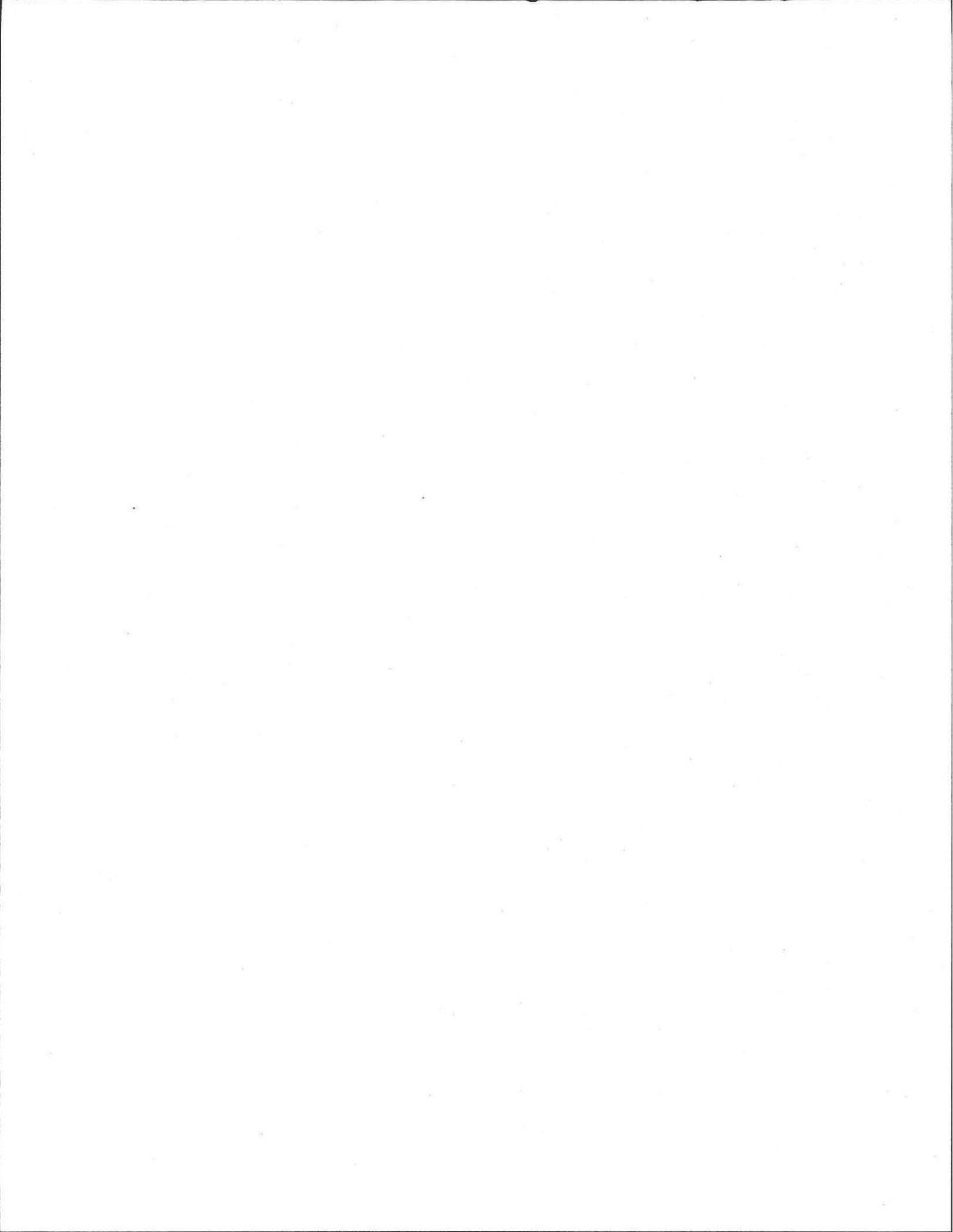
Distance from top of sludge to bottom of outlet tee or baffle 40"
 Scum thickness 6"
 Distance from top of scum to top of outlet tee or baffle -
 Distance from bottom of scum to bottom of outlet tee or baffle -
 How were dimensions determined? Obs

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
 Tank had good level and had no baffles or tees. Somewhat corroded.

Grease Trap (locate on site plan):

Depth below grade: _____ feet
 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: _____ Date





Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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 Owner's Name
 Amherst MA 01002 12.22.2011
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D. System Information (cont.)

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

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 per day

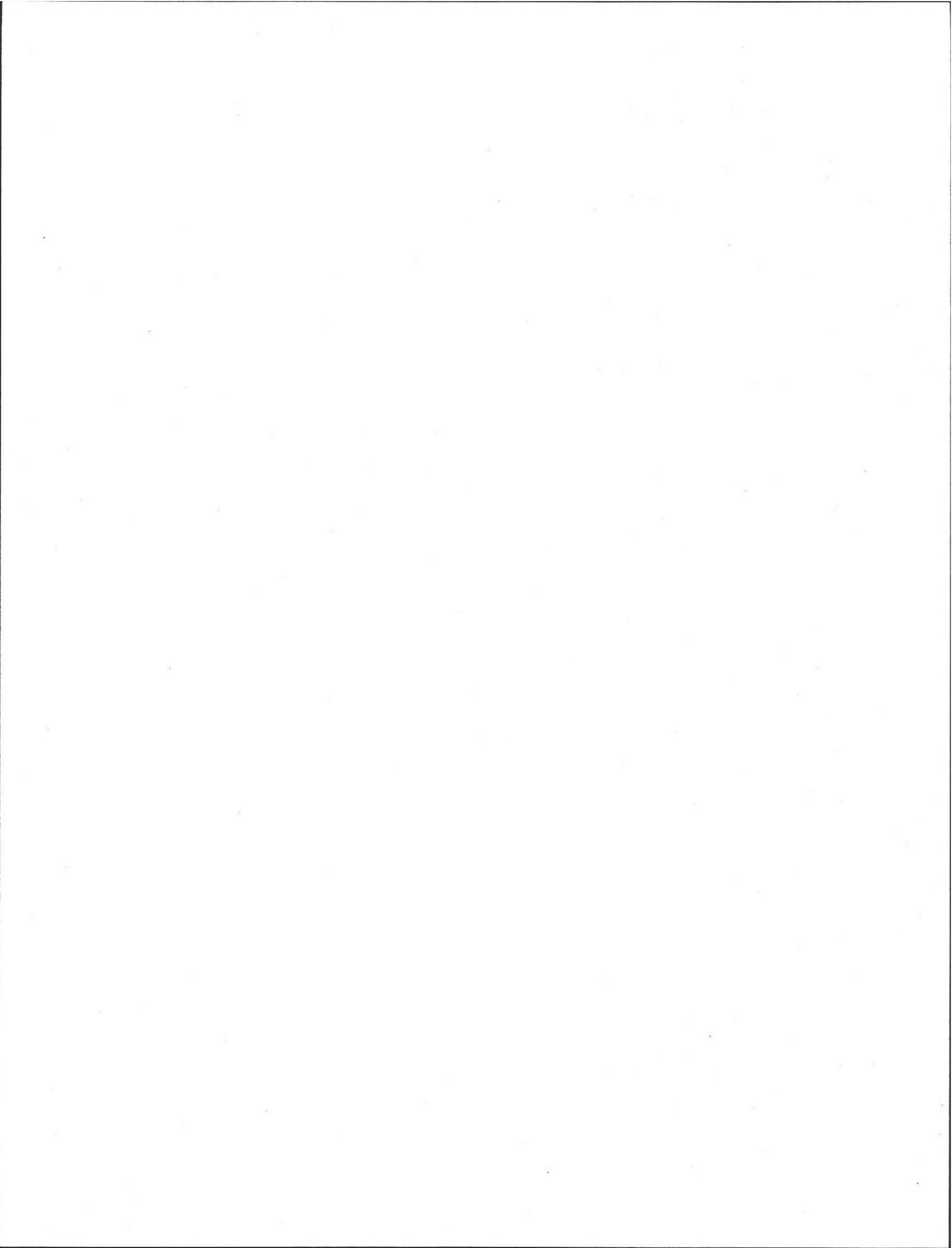
Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____ Date

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

* Attach copy of current pumping contract (required). Is copy attached? Yes No





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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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 Owner's Name

Amherst	MA	01002	12.22.2011
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

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.):

Pump Chamber (locate on site plan):

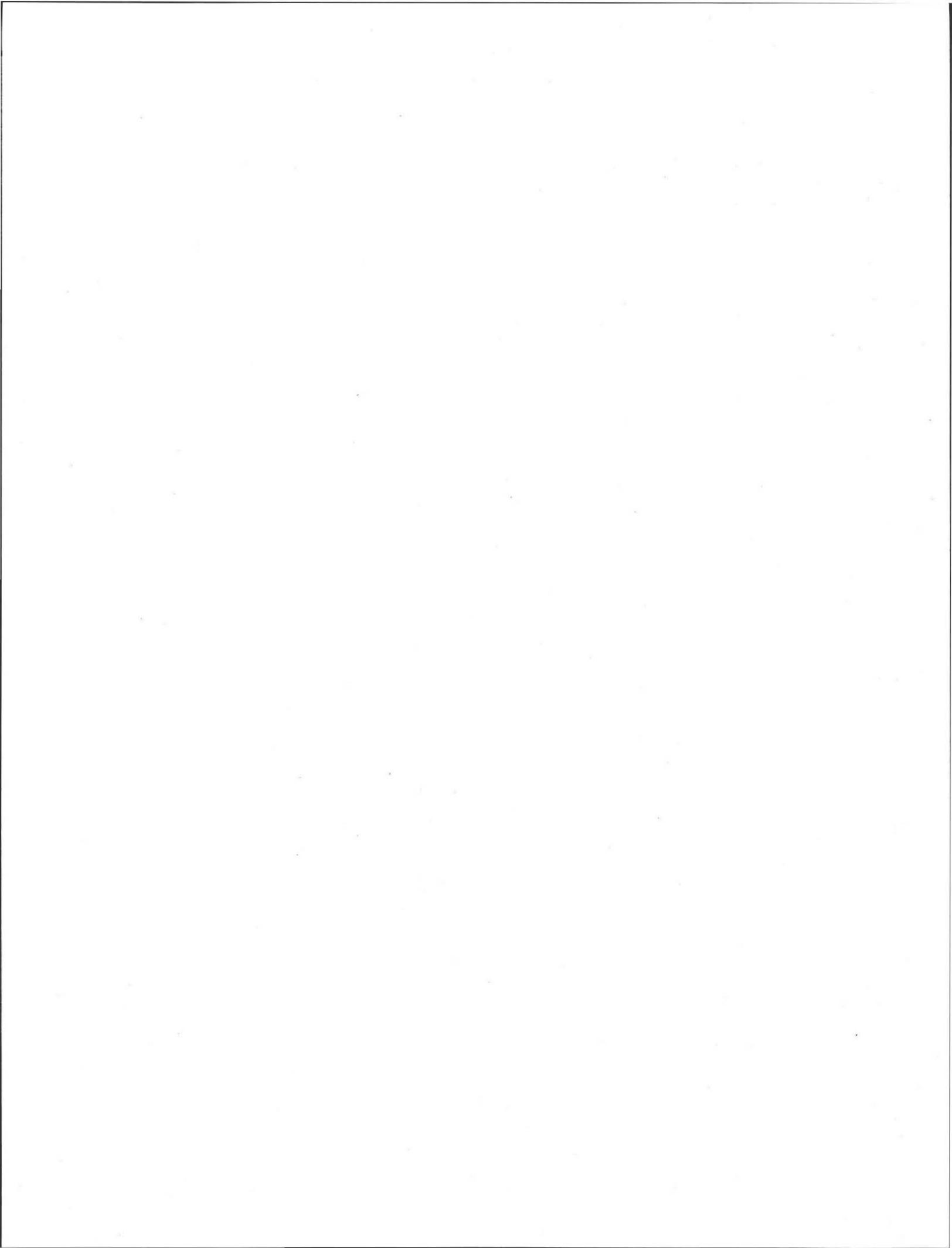
Pumps in working order: Yes No

Alarms in working order: Yes No

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:





Commonwealth of Massachusetts
Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 3 lines in failure
- 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.):

Stone in failure

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

Number and configuration _____

Depth – top of liquid to inlet invert _____

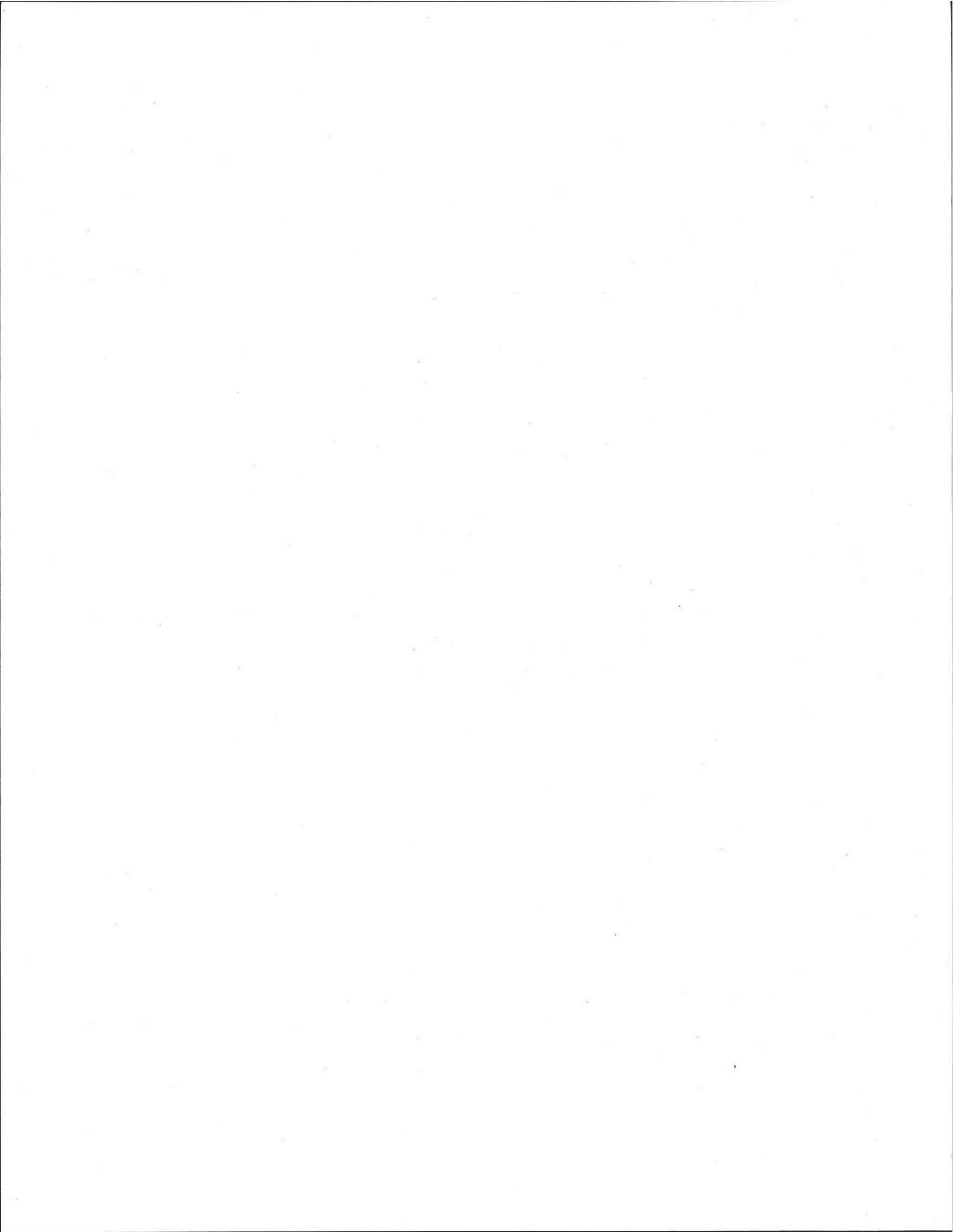
Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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12.22.2011

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D. System Information (cont.)

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.):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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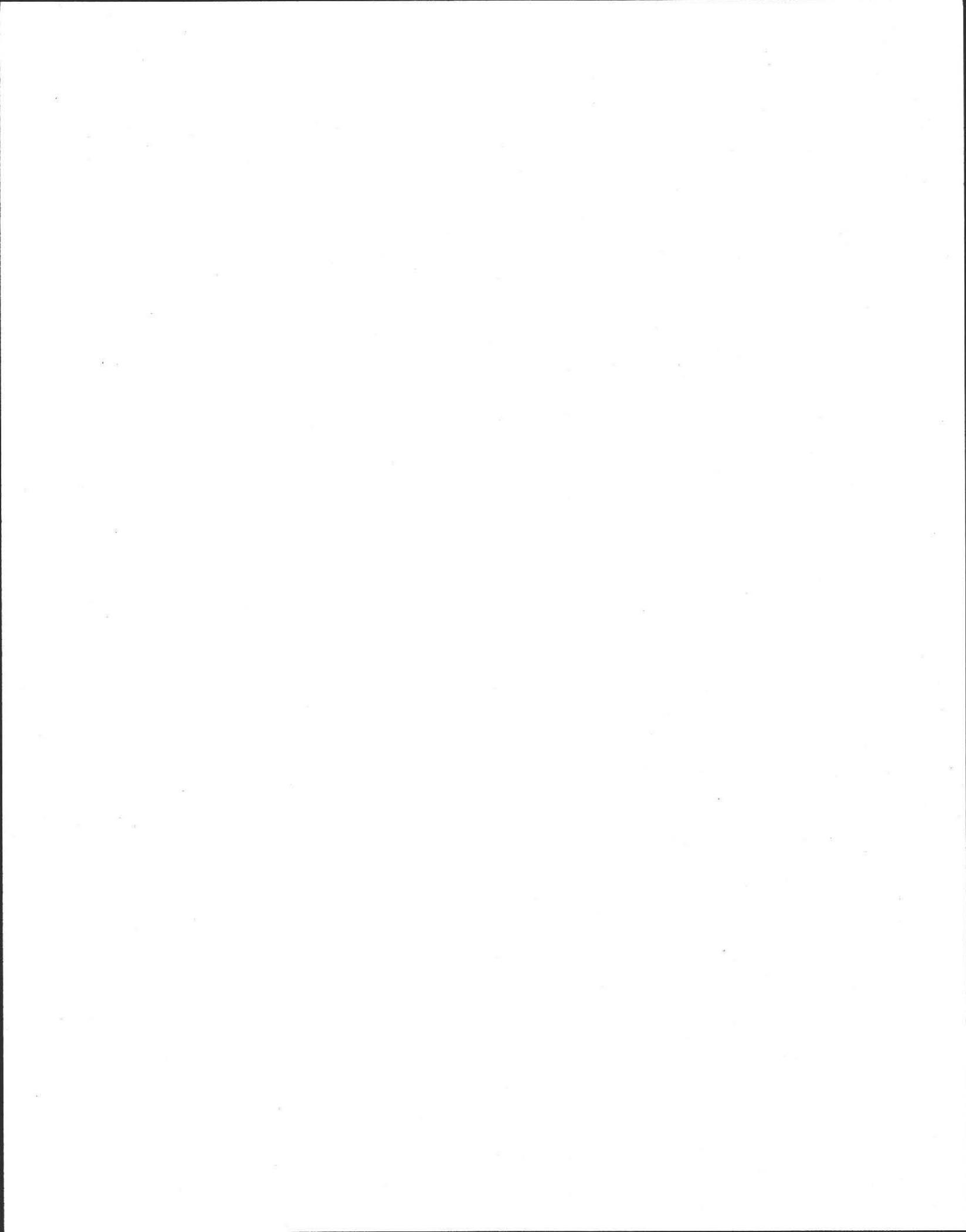
Date of Inspection

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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water:

5-6' topo of terrace.
feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed: _____
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:

Work at site across st.

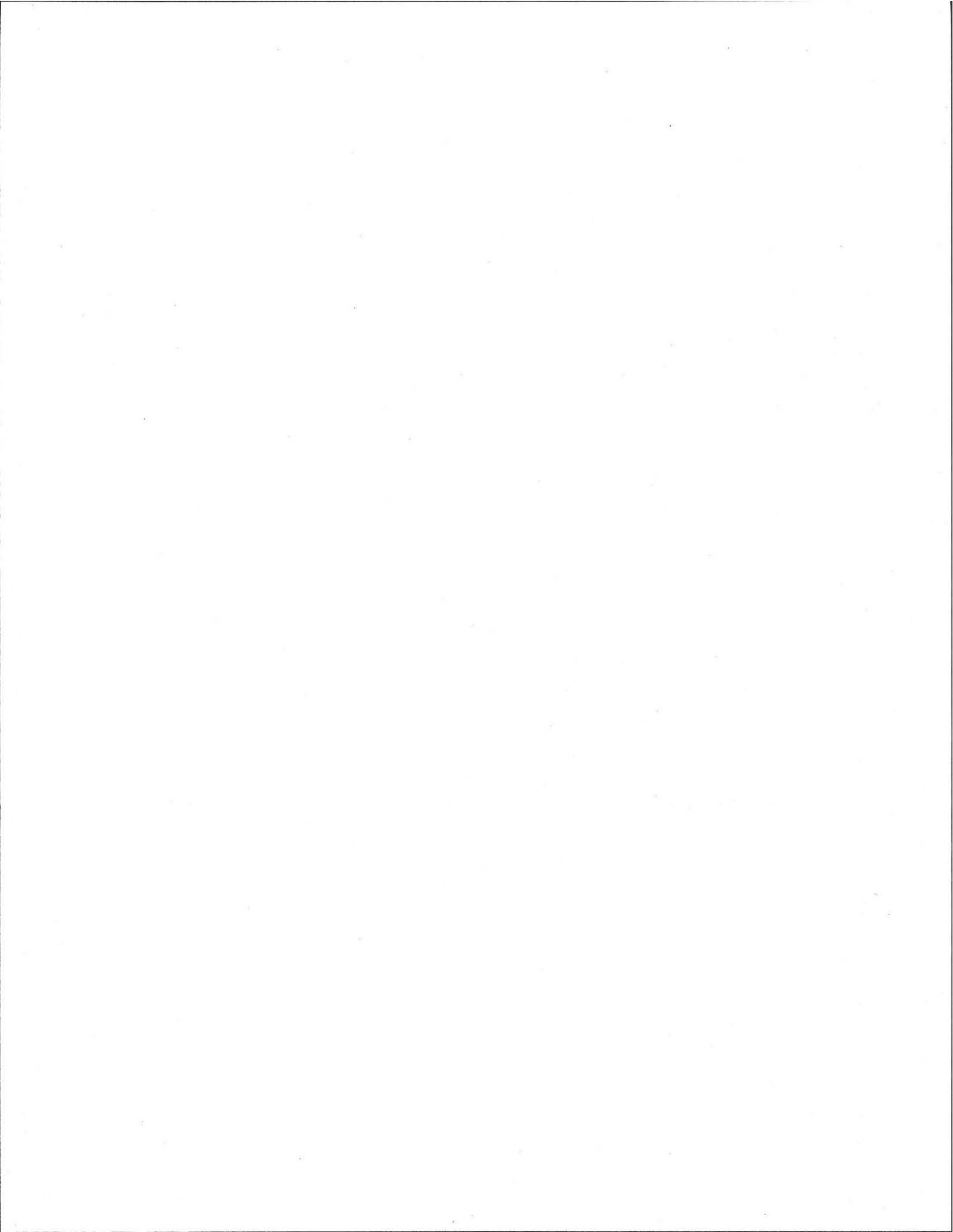
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

topo and levation of terrace to wetland and pond,

Before filing this Inspection Report, please see Report Completeness Checklist on next page.





Commonwealth of Massachusetts

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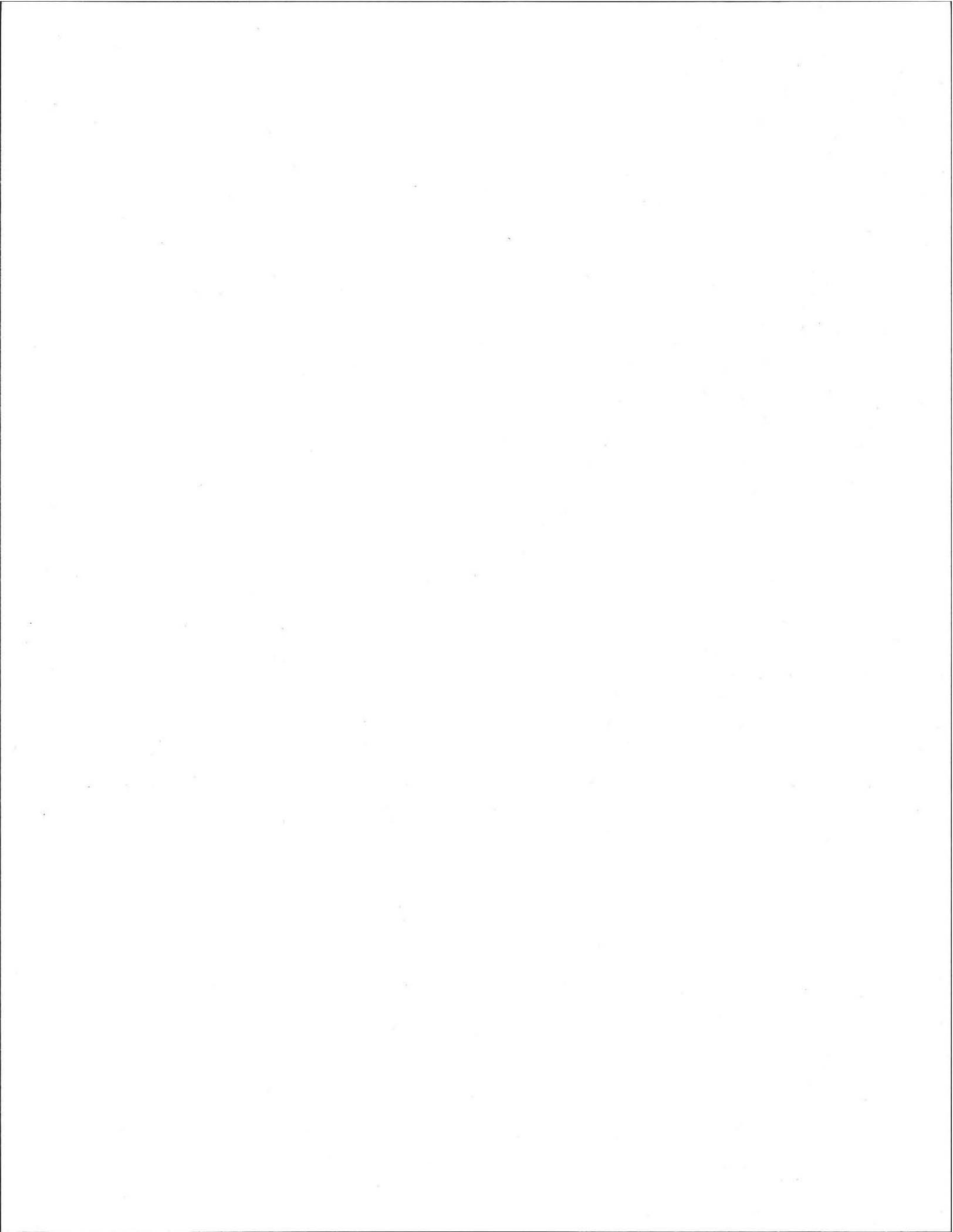
Zip Code

Date of Inspection

Owner information is required for every page.

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file





Commonwealth of Massachusetts

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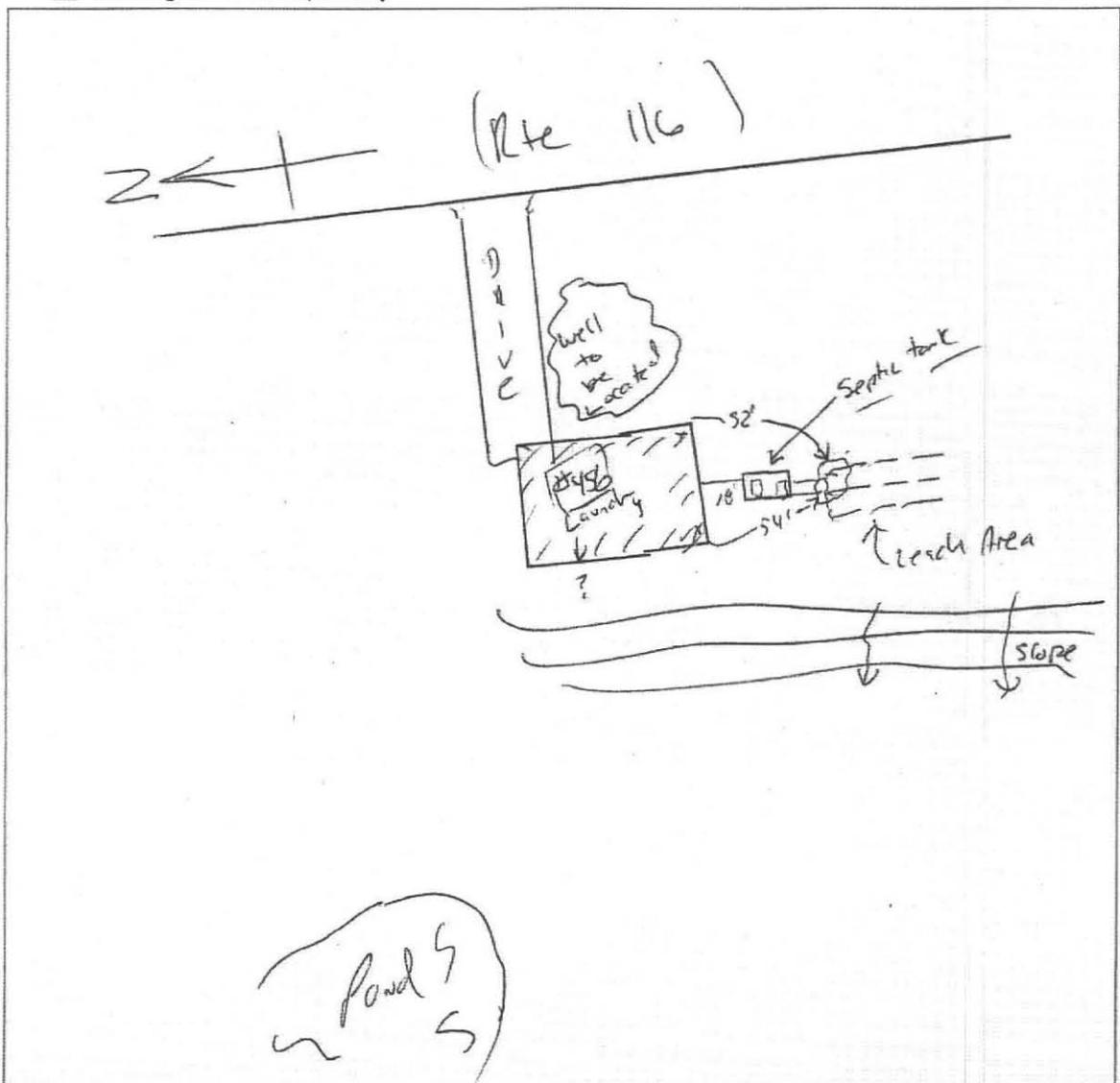
Date of Inspection

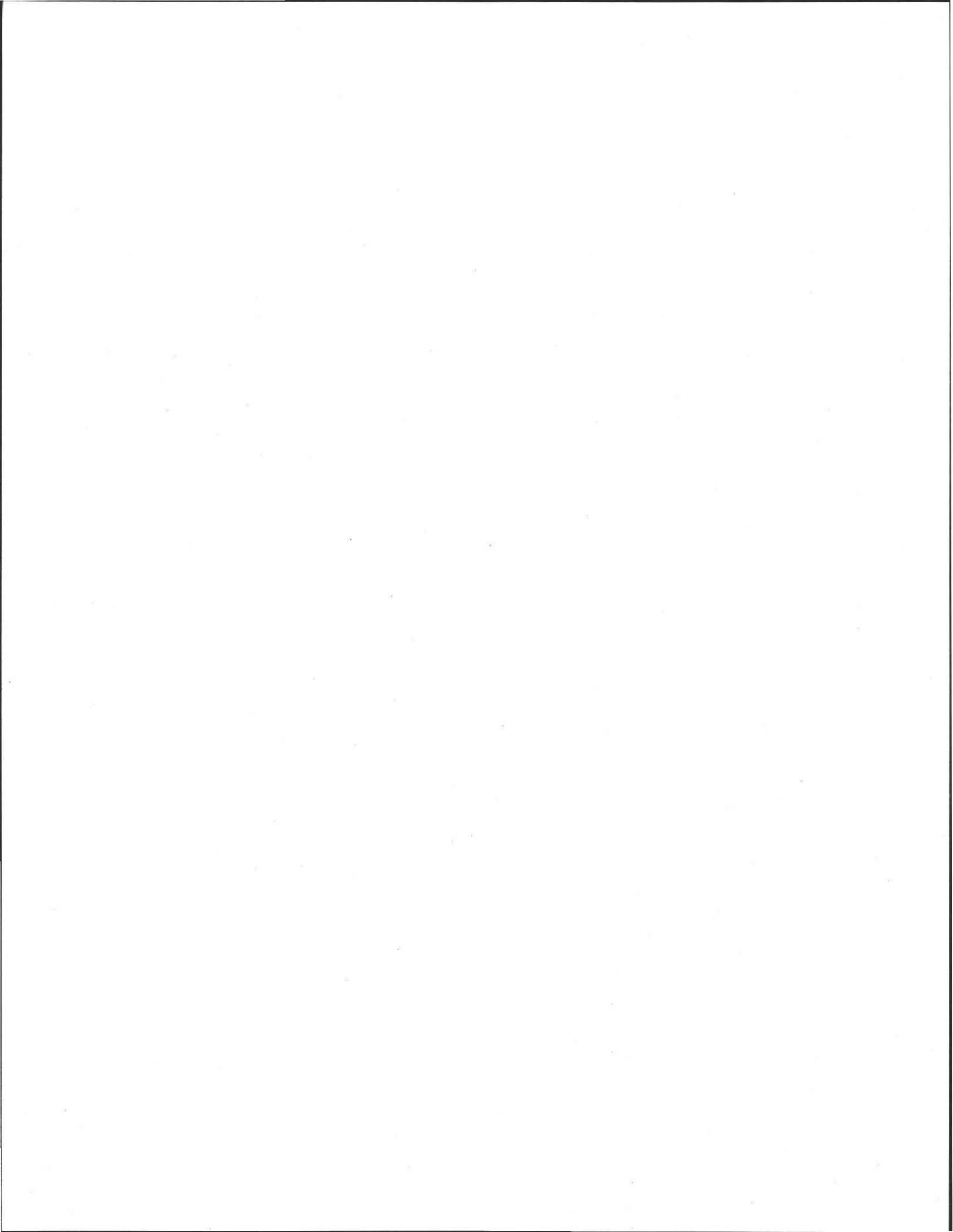
Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

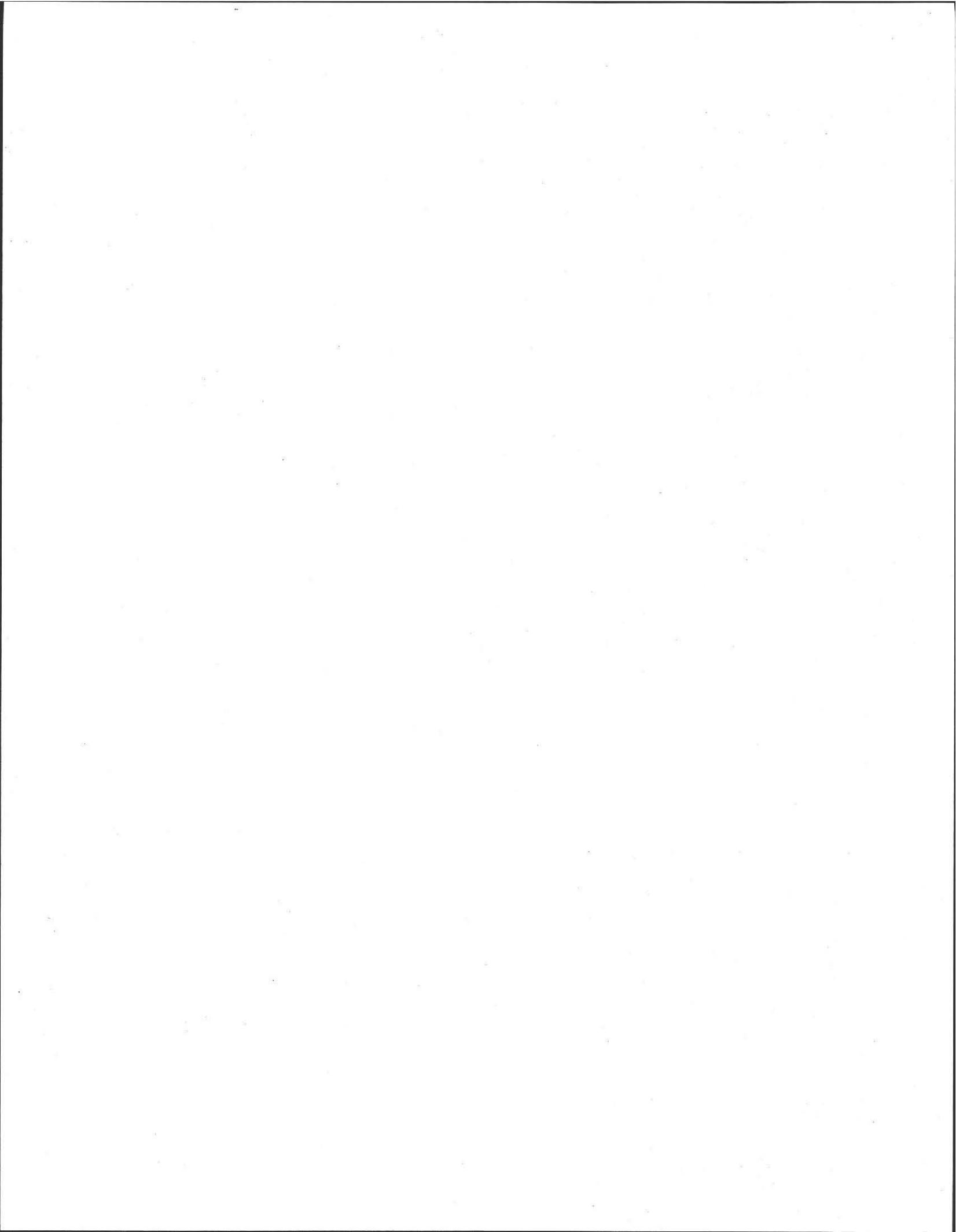
- hand-sketch in the area below
- drawing attached separately





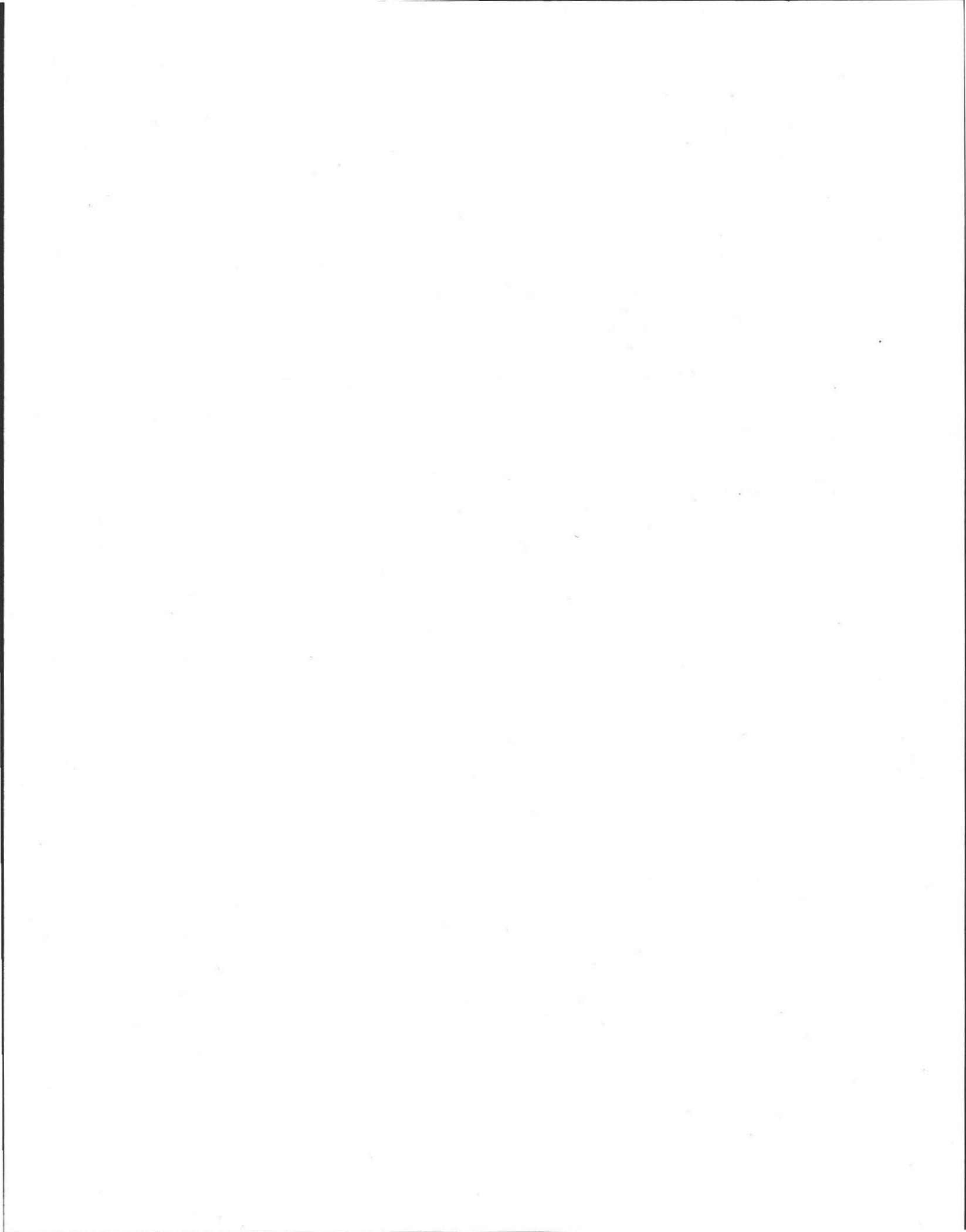


Arc Type Septic Tank
456 Sunderland Road
Amherst, MA
12.22.2011





Failed Leach Area (Ponding in Stone)
456 Sunderland Road
Amherst, MA
12.22.2011



No. 12-09



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>456 Sunderland Rd.</u>	Owner's Name <u>Karen Zwonakis</u>
Map/Parcel# <u>2A/4</u>	Address <u>9 Cricket Ln., Simsbury Ct. 06070</u>
Lot# <u>#4</u>	Telephone# <u>860-651-7042</u>
Installer's Name <u>(FOD) KALL'S EXCAV.</u>	Designer's Name <u>Alvin Weiss</u>
Address <u>Hadley, MA</u>	Address <u>Belcher Row, MA</u>
Telephone# <u>413-549-5376</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size 3,452 Act/5^{sq. ft.}
 Dwelling - No. of Bedrooms 3 Bedroom Garbage grinder No
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd
 Plan: Date 2/11/2012 Number of sheets 1 Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class: 1 F. Sand.
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 12-27-2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New Septic 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 Karen Zwonakis - Jack Date 2-20-12

Inspections TITLE V - 12/22/11 failed; PERC TEST 12/27/2011; PLAN REVIEW 2/24/2012

No. 12-09

FEE \$650

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

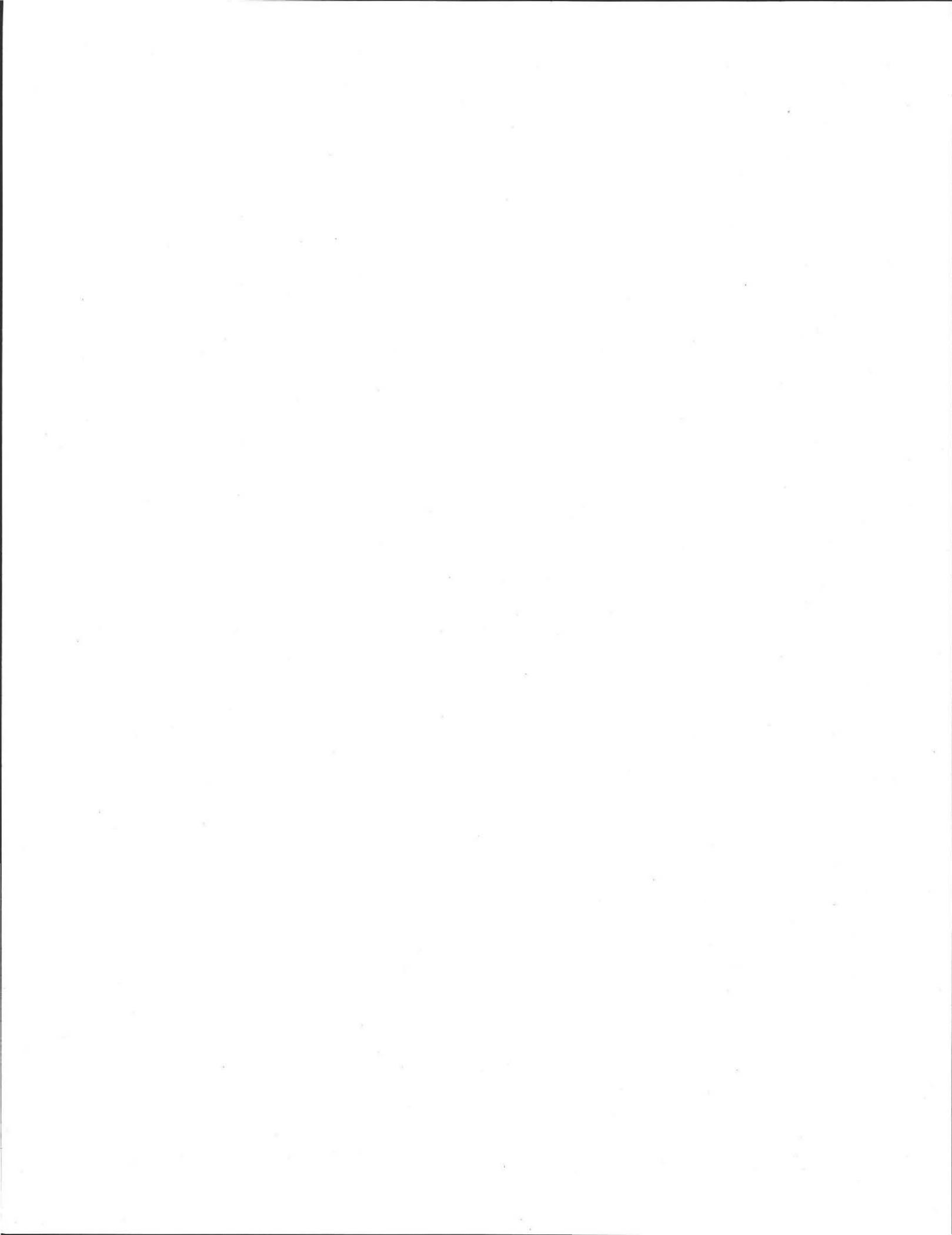
The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned ()

by: RIVER DRIVE EXCAVATING
at 456 SUNDERLAND 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. 12-09, dated 2/11/2012. Approved Design Flow 330 (gpd)

Installer [Signature] Designer: [Signature] Inspector: [Signature] Date: 3/6/2012

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



Telephone# 412-549-5396 Healy, AM Telephone# 413-323-5957 Kelchertown, MA

Type of Building Residence Lot Size 3.452 Act/sq. ft.
Dwelling - No. of Bedrooms 3 Bedroom. Garbage grinder No
Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other Fixtures _____
Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd
Plan: Date 2/11/2012 Number of sheets 1 Revision Date _____
Title Septic System Repair Plan
Description of Soil(s) Class: 1 F. Sand.
Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 12-27-2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New Septic 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 Karen Zomalis - Jack Date 2-20-12

Inspections TIRE V - 12/22/11 failed; PERC TEST 12/27/2011; PUMP REVIEW 2/24/2012

No. 12-09

FEE \$650

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: RIVER DRIVE EXCAVATING
at 456 SUNDERLAND 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. 12-09, dated 2/11/2012. Approved Design Flow 330 (gpd)

Installer Shawn Murtz
Designer: [Signature] Inspector: Edward R. Suthwa Date: 3/6/2012

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

No. 12-09

FEE \$650

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

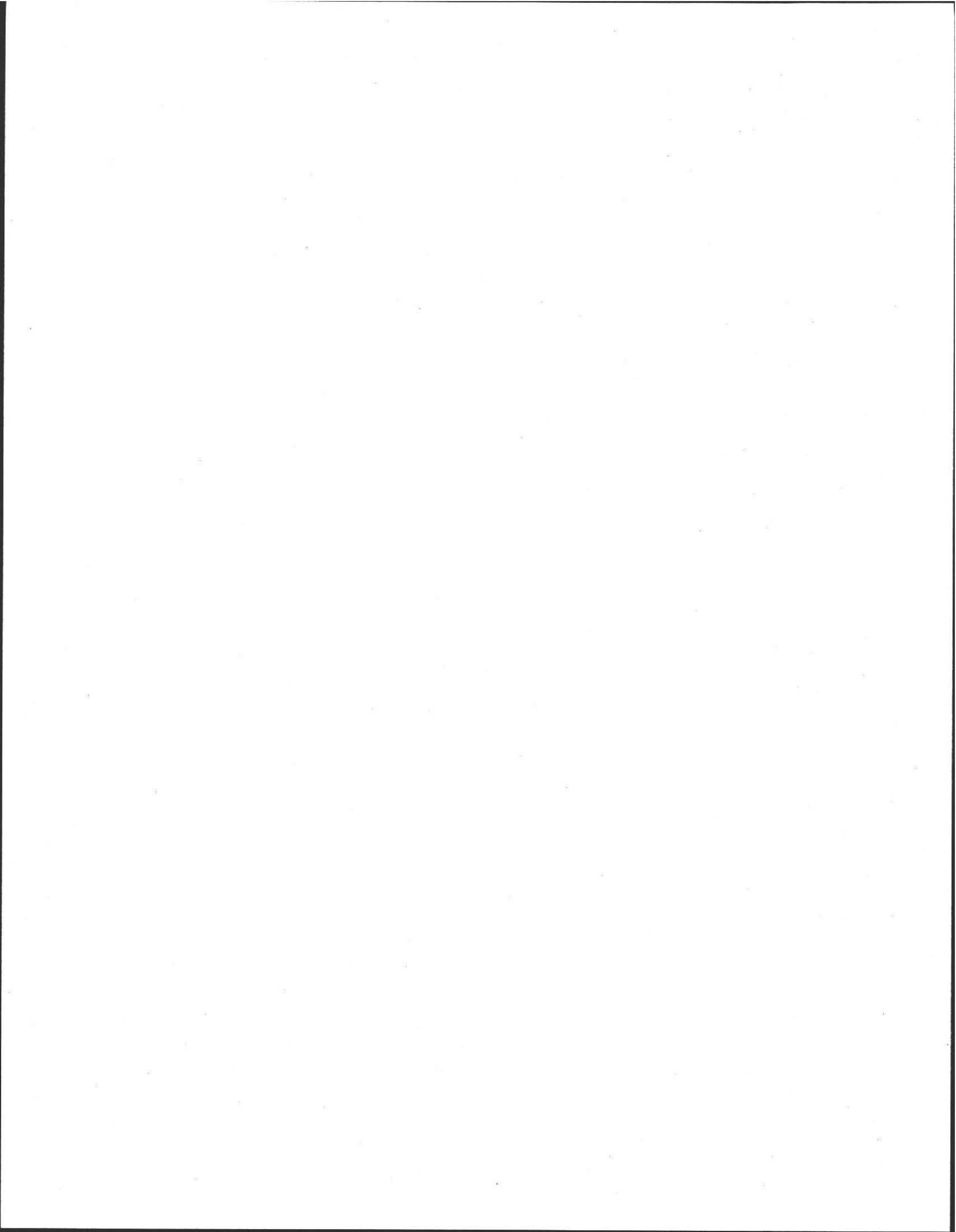
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (X) Upgrade () Abandon () an individual sewage disposal system at 456 SUNDERLAND ROAD as described in the application for

Disposal System Construction Permit No. 12/09, dated 2/24/2012

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

Date 2/24/2012 Board of Health Edward R. Suthwa



No. 12-09



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>456 Sunderland Rd.</u>	Owner's Name <u>Karen Zwinakis</u>
Map/Parcel# <u>2A/4</u>	Address <u>9 Cricket Ln., Simsbury Ct. 06070</u>
Lot# <u>#4</u>	Telephone# <u>860-651-7042</u>
Installer's Name <u>(fso) KARL'S EXCAV.</u>	Designer's Name <u>Alvin Weiss</u>
Address <u>Hedley, MA</u>	Address <u>Belcher Town, MA</u>
Telephone# <u>412-549-5376</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size 3.452 Acre
 Dwelling - No. of Bedrooms 3 Bedroom Garbage grinder No
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd
 Plan: Date 2/11/2012 Number of sheets 1 Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class: 1 F. Sand.
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 12-27-2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New Septic 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 Karen Zwinakis - Jack Date 2-20-12

Inspections TITLE V - 12/22/11 failed; PERC TEST 12/27/2011; PLAN REVIEW 2/24/2012

No. 12-09

FEE \$650

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: RIVER DRIVE EXCAVATING
 at 456 SUNDERLAND 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. 12-09, dated 2/11/2012. Approved Design Flow 330 (gpd)
 Installer Shawn Nantz
 Designer: [Signature] Inspector: Edward R. Suthwa Date: 3/6/2012
 The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 12-09

FEE \$650

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (X) Upgrade () Abandon () an individual sewage disposal system
 at 456 SUNDERLAND ROAD as described in the application for
 Disposal System Construction Permit No. 12/09, dated 2/24/2012

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.
 Date 2/24/2012 Board of Health Edward R. Suthwa

MESS
933

No. 12-09

FEE \$650

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>456 Sunderland Rd.</u>	Owner's Name <u>Zaven Zwinakis</u>
Map/Parcel# <u>2A/4</u>	Address <u>9 Cricket Ln, Sunshyway Ct 06076</u>
Lot# <u>#4</u>	Telephone# <u>860-651-7042</u>
Installer's Name <u>(HAD) KAVI'S EXCAVATION</u>	Designer's Name <u>Alex Weiss</u>
Address <u>Hodley, MA</u>	Address <u>Belchertown, MA</u>
Telephone# <u>413-549-5396</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size 3,452 AC sq. ft.
 Dwelling - No. of Bedrooms 3 Bedroom Garbage grinder NO
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 444 gpd
 Plan: Date 2/11/2012 Number of sheets 1 Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class 1 F. Sand
 Soil Evaluator Form No. _____ Name of Soil Evaluator A Weiss Date of Evaluation 12-27-2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New Septic 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 Kaven Zwinakis - owner Date 2-20-12

Inspections FILE V - 12/22/11 failed; PERC TEST 12/27/2011; PERM REVIEW 2/24/2012

No. 12-09

FEE \$650

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: RIVER DRIVE EXCAVATING
 at 456 SUNDELLAND 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. 12-09, dated 2/11/2012. Approved Design Flow 330 (gpd)
 Installer Zaven Zwinakis
 Designer: AC Inspector: Paul [Signature] Date: 3/6/2012
 The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 12-09

FEE \$650

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (x) Upgrade () Abandon () an individual sewage disposal system at 456 SUNDELLAND ROAD as described in the application for Disposal System Construction Permit No. 12/09, dated 2/24/2012

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

Date 2/24/2012 Board of Health [Signature]



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address:

Karen Zwinakis

Name

9 Cricket Lane

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Name and Address (if different from above):

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

[X] Residential [] Institutional [] Commercial [] School

4. Describe Facility:

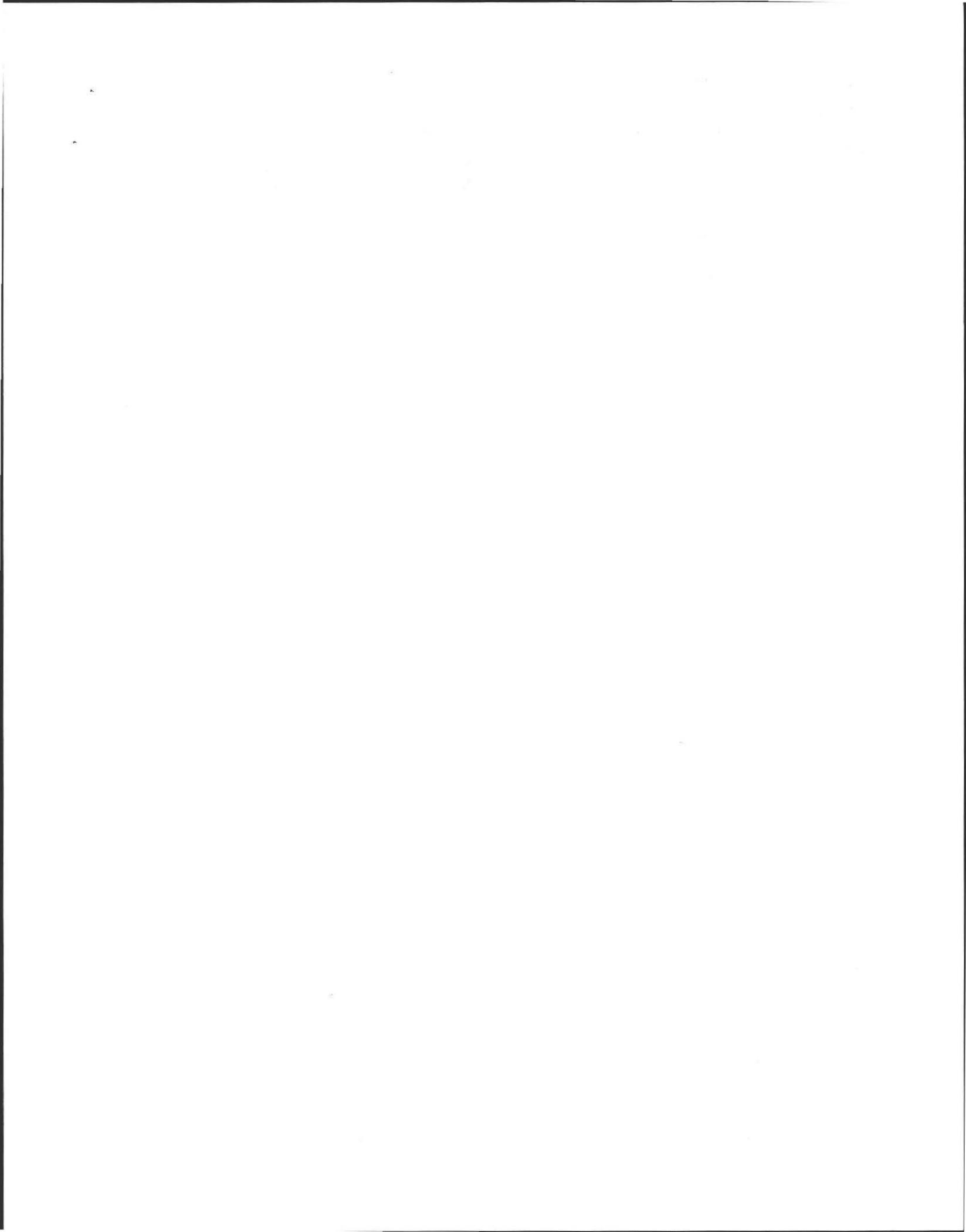
Single Family Res.

5. Type of Existing System:

[] Privy [] Cesspool(s) [X] Conventional [] Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

Septic Tank, Leach Area





Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Table with 2 columns: Design flow description and flow rate (gpd). Rows include existing system (330 gpd), proposed upgraded system (330 gpd), and facility (445 gpd).

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301:

12.22.2011 date of inspection

2. Describe the proposed upgrade to the system:

New L. field & S. tank

3. Local Upgrade Approval is requested for (check all that apply):

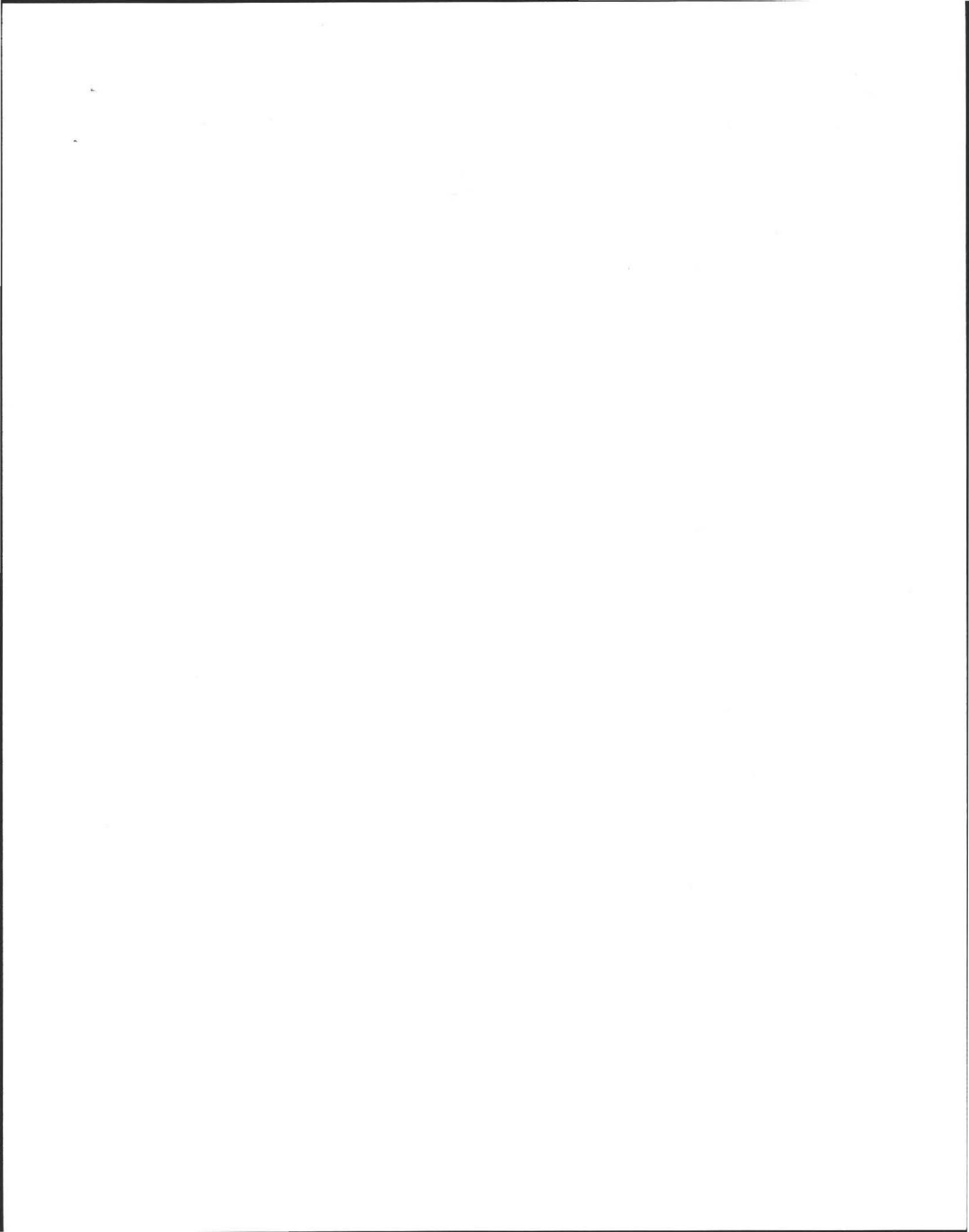
Reduction in setback(s) – describe reductions:

Reduction in SAS area of up to 25%:

SAS size, sq. ft. % reduction

Reduction in separation between the SAS and high groundwater:

Table with 2 columns: Description and value. Rows include Separation reduction (1.0' ft.), Percolation rate (F. Sand min./inch), and Depth to groundwater (3 (Proposed) ft.).





Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

Three horizontal lines for text entry.

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

Three horizontal lines for text entry.

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). The soil evaluator must be a member or agent of the local approving authority.

High groundwater evaluation determined by:

A. Weiss & E. Smith

Evaluator's Name (type or print)

Signature

12.27.2011

C. Explanation

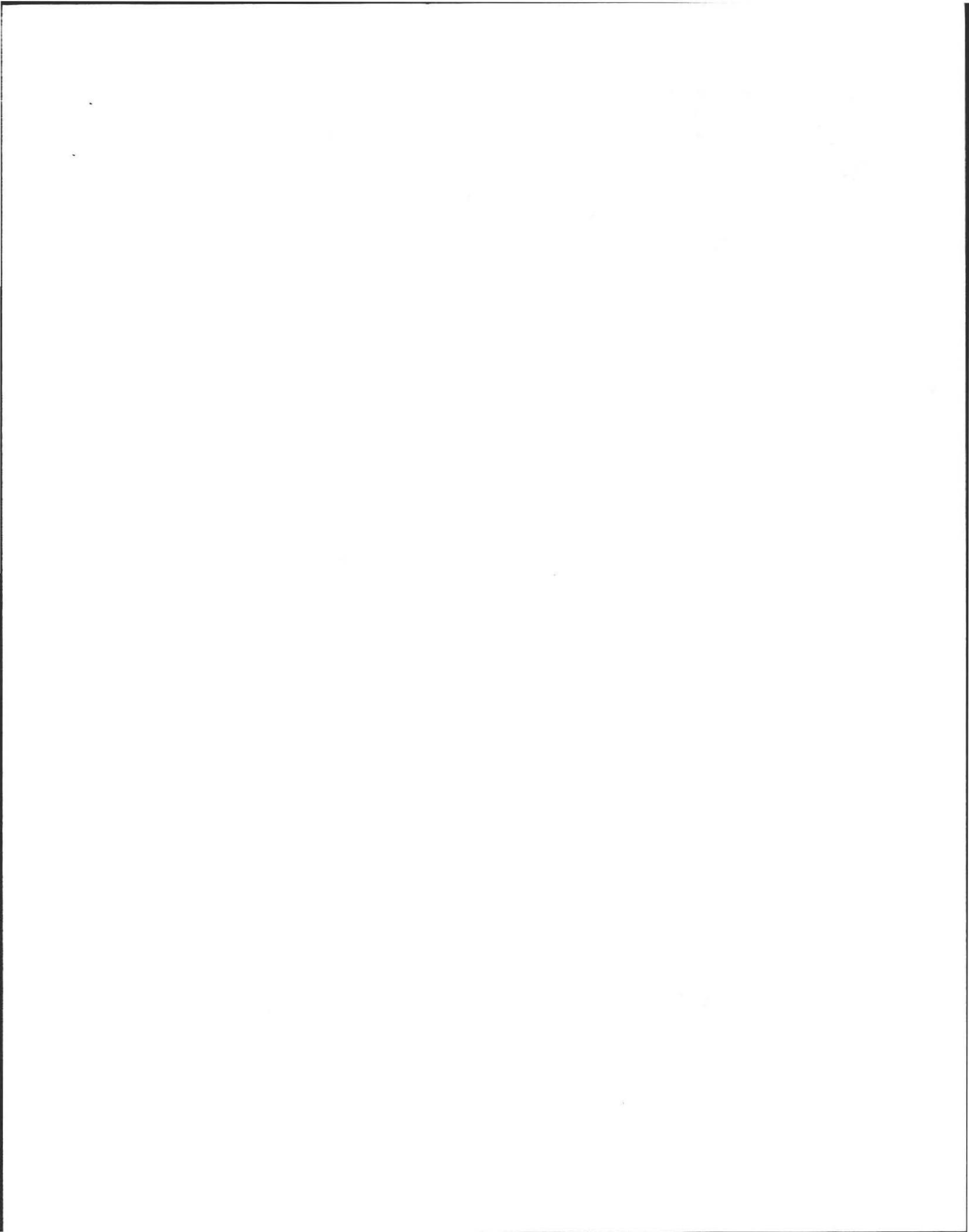
Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to grading to house & sloped yard and existing tank/piping elevation and to minimize fill & runoff toward slope/wetland.

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Would not change request.





Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

Not applicable

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

Application for Disposal System Construction Permit

Complete plans and specifications

Site evaluation forms

A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Karen Zwinakis (fake)
Facility Owner's Signature

2-20-12
Date

Karen Zwinakis
Print Name

Alan Weiss, RS
Name of Preparer

02.16.2012
Date

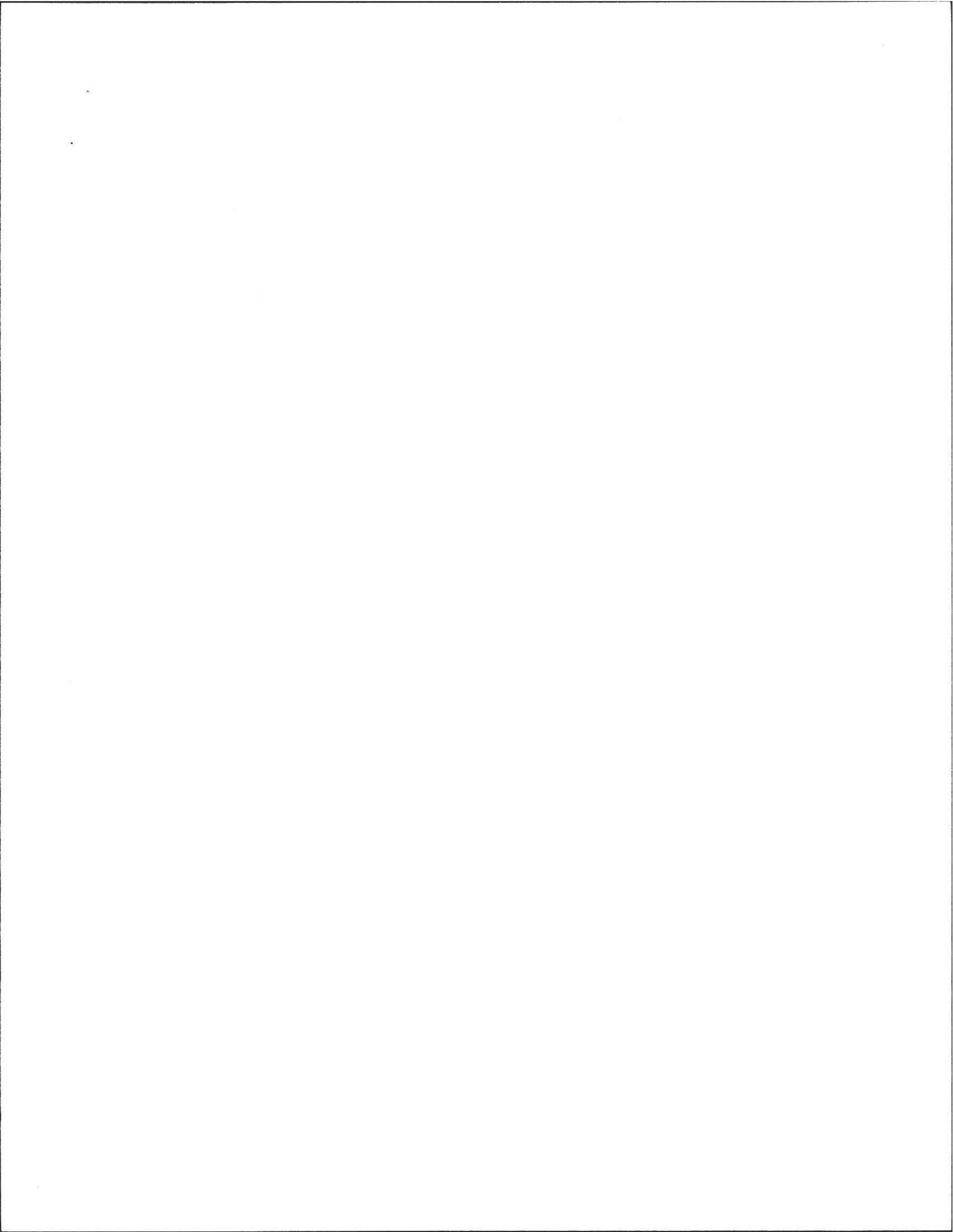
350 Old Enfield Road,
Preparer's address

Belchertown
City/Town

MA 01007
State/ZIP Code

413.323.5957
Telephone

granted 2/24/2012 Edward L. Sullivan





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

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

Date: 12/27/11

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By:

A. Weiss

Date: 12/27/11

Witnessed By:

E. Smith

Location Address or Lot # <u>456 Sunderland Rd.</u>	Owner's Name, Address, and Telephone # <u>Karen Zimakis</u> <u>9 Connet Lane</u> <u>Simsbury, VT 06070</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

860-651-7042

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)

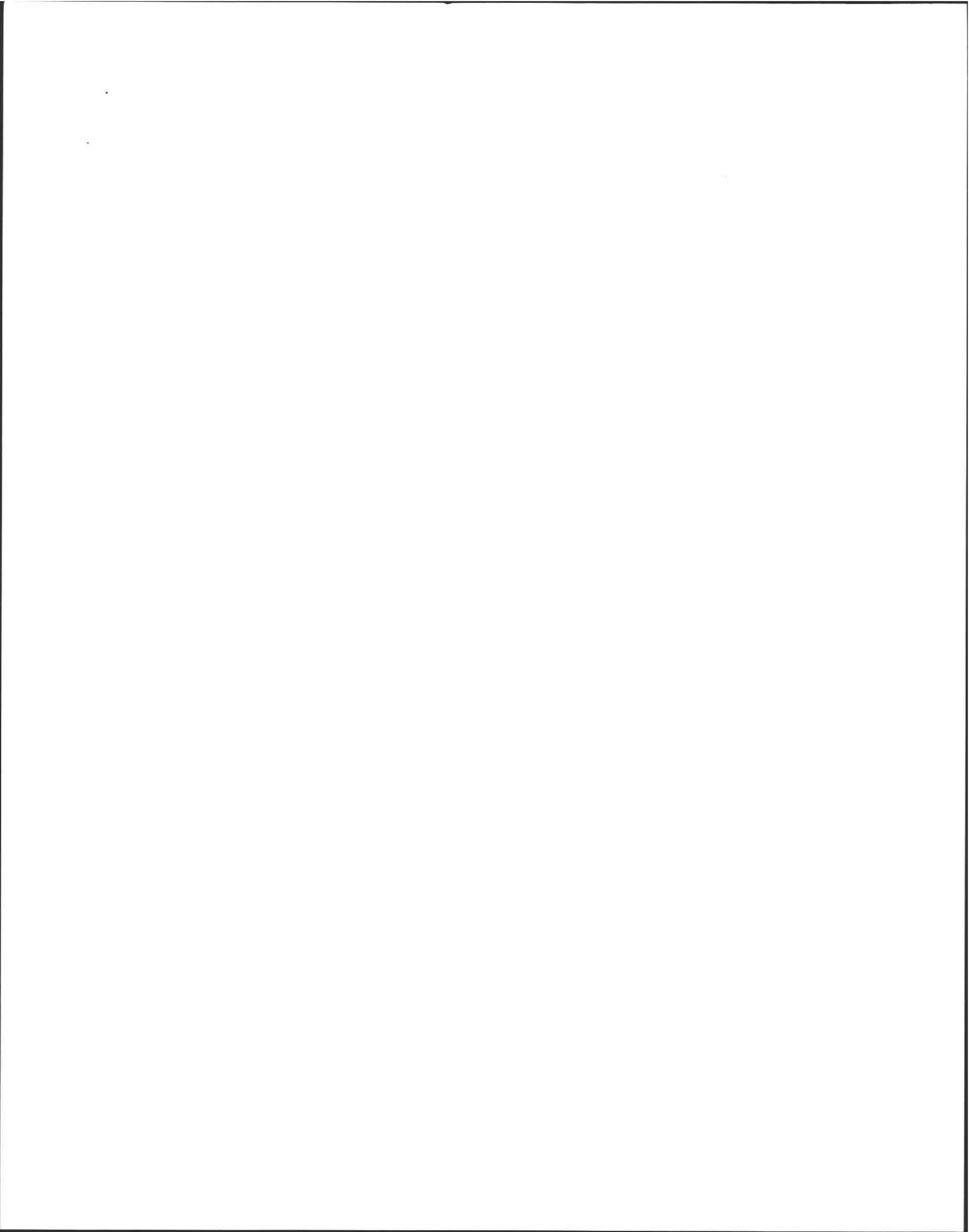
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 456 Sutherland Rd

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>12/27/11</u>		Time: <u>1:15</u>
Observation Hole #	<u>P.</u>	<u>Repair</u>
Depth of Perc	<u>46"</u>	↙
Start Pre-soak	<u>1:46</u>	
End Pre-soak	<u>2:01</u>	
Time at 12"	<u>2:01</u>	
Time at 9"	<u>2:09</u>	
Time at 6"	<u>2:25</u>	
Time (9"-6")	<u>14</u>	
Rate Min./Inch	<u>5</u>	

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

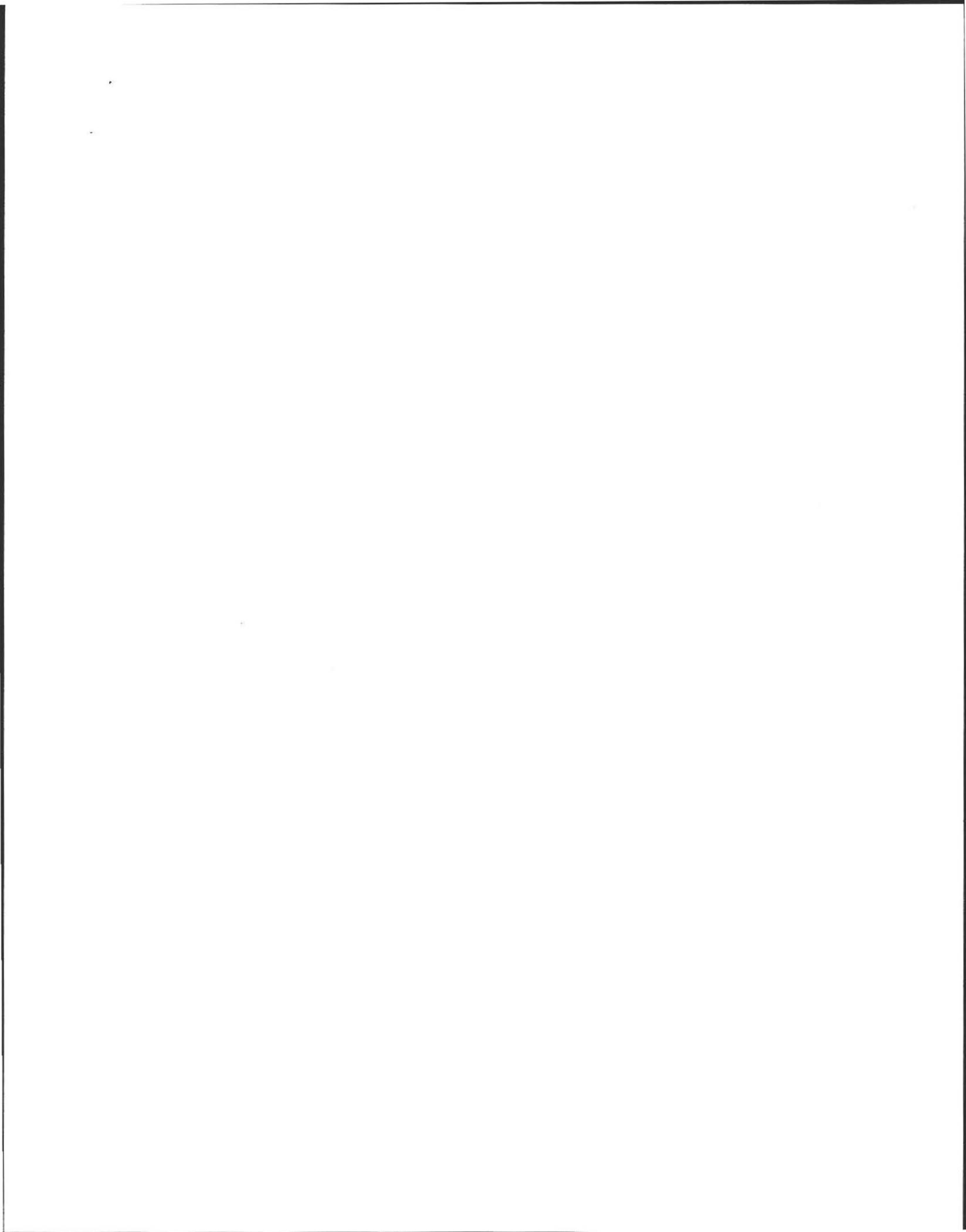
Site Passed Site Failed

Performed By: A. Weiss

Witnessed By: E. Smith

Comments: _____





Location Address or Lot No. 456 Sunchostrand Rd.

On-site Review

Deep Hole Number 112 Date: 12/27/11 Time: 1:15 Weather Clouds 40%

Location (identify on site plan) _____

Land Use Residential Slope (%) 1-2 Surface Stones Few

Vegetation grass

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 25'+ feet

Possible Wet Area 100' feet Property Line 20' feet

Drinking Water Well 100' 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)
#1 0-8" 8-26" 26"-132"	A Bw C.	Fsc LS FS	10YR 3/2 2.5Y 5/1 2.5Y 5/2	Strong 40 2.5Y 4/1 2.5Y 4/6	- Friable - friable, loose f. sand, well sorted, little silt in stringers. outwash.
#2 0-8" 8-28" 28"-86"	A Bw C.	Fsc LS FS	10YR 3/2 2.5Y 5/1 2.5Y 5/2	40 2.5Y 4/1	See #1

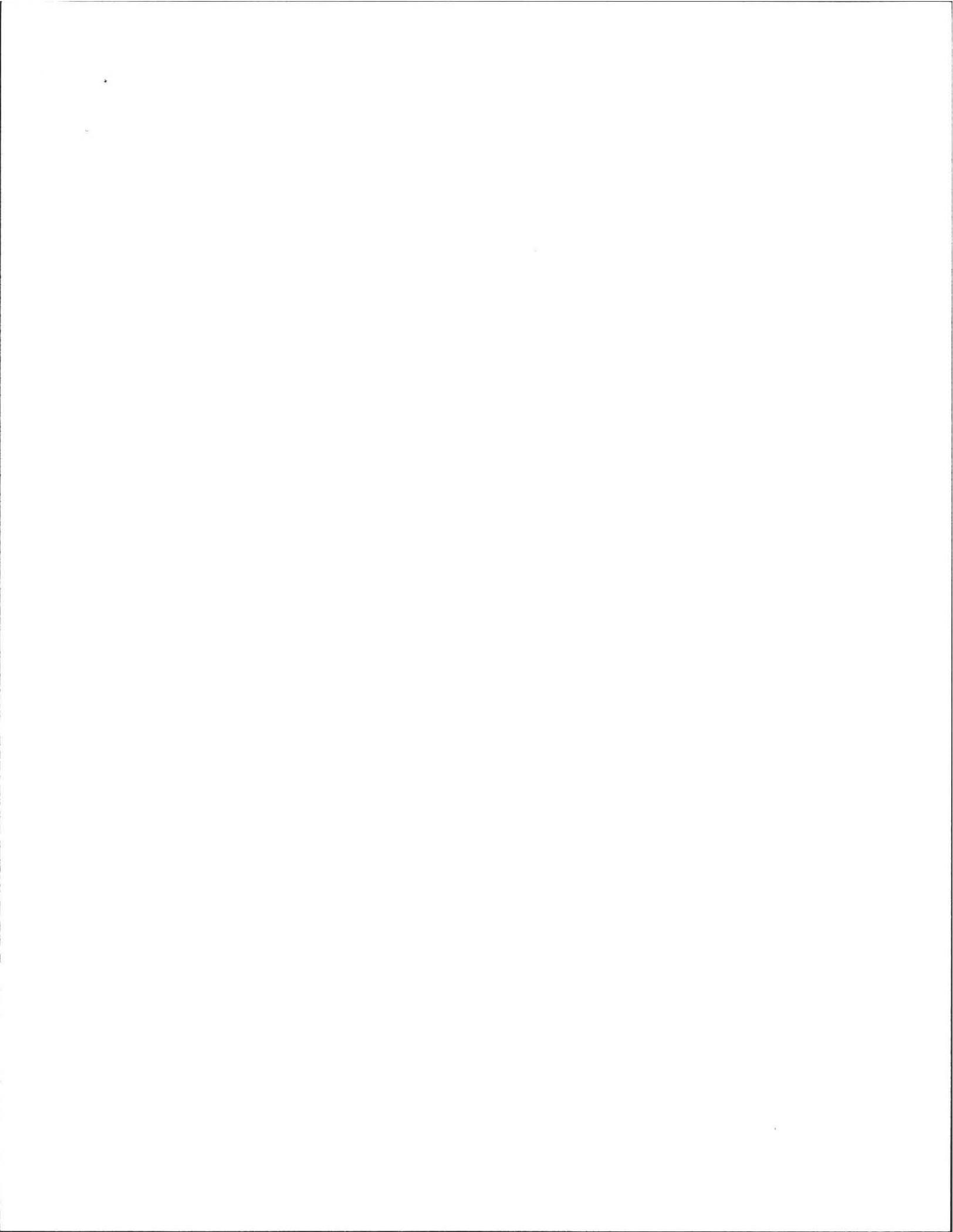
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) loess Depth to Bedrock: 132"

Depth to Groundwater: Standing Water in the Hole: 120" Weeping from Pit Face: 60"

Estimated Seasonal High Ground Water: 40"





Location Address or Lot No. 456 Sunderland Rd, Amherst.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole 66" inches
- Depth to soil mottles 40" 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

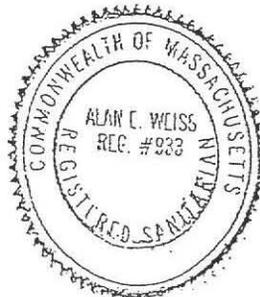
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

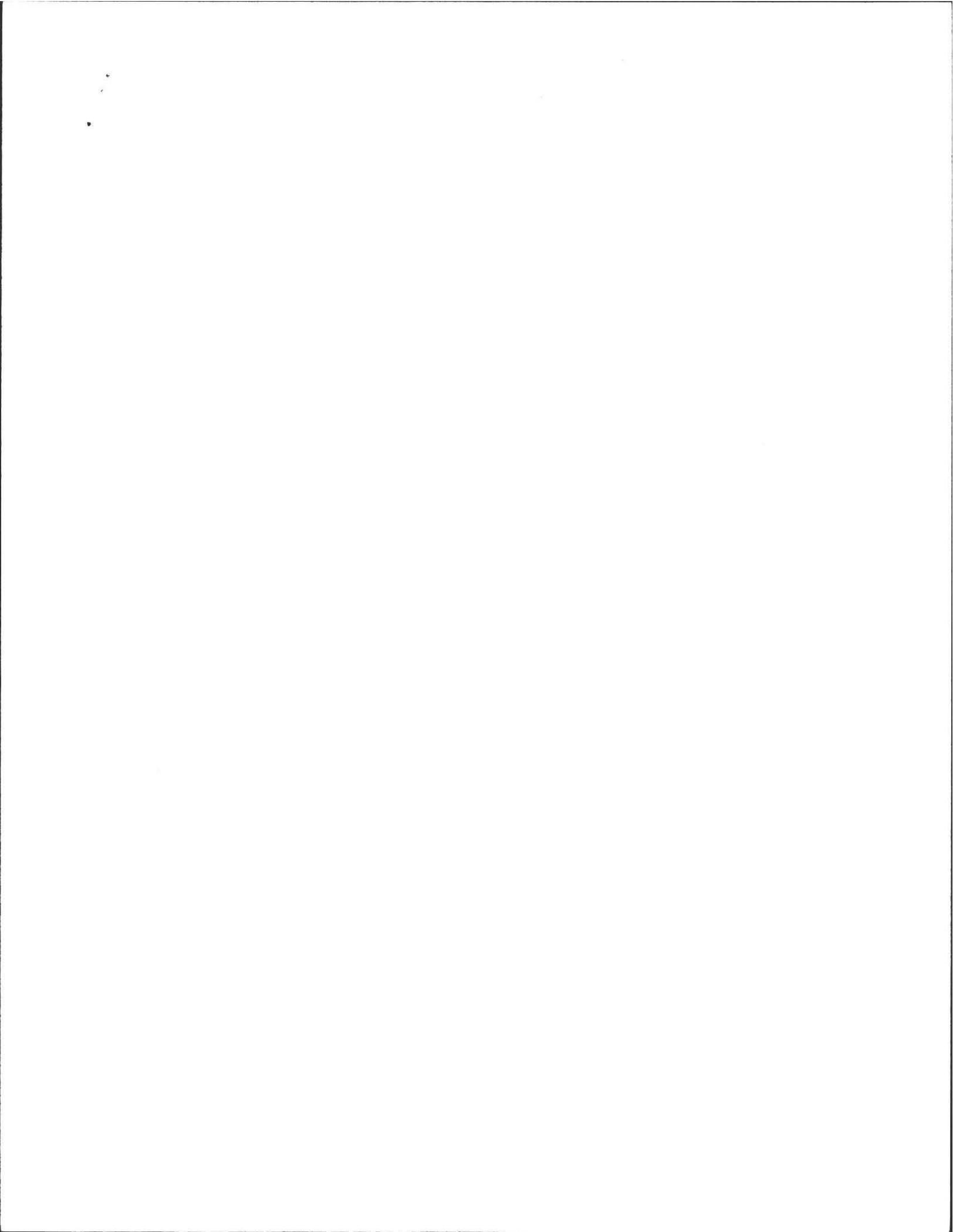
If not, what is the depth of naturally occurring pervious material? _____

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 12/27/11





No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.



APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>456 Sunderland Rd.</u>	Owner's Name <u>Karen Zwanickis</u>
Map/Parcel# <u>2A/4</u>	Address <u>9 Cricket Ln., Simsbury Ct. 06070</u>
Lot# <u># 4</u>	Telephone# <u>860-651-7042</u>
Installer's Name <u>(FAD) KARL'S EXCAV.</u>	Designer's Name <u>Alan Weiss</u>
Address <u>Hadley, MA</u>	Address <u>Belcherow, MA</u>
Telephone# <u>413-549-5396</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size 3.452 Act/64 ft
 Dwelling - No. of Bedrooms 3 Bedroom. Garbage grinder No
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd
 Plan: Date 2/11/2012 Number of sheets 1 Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class: 1 F. Sand.
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 12-27-2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New Septic 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 _____ Date _____

Inspections _____

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, 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 _____

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. _____, dated _____, Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at _____ as described in the application for Disposal System Construction Permit No. _____, dated _____.

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





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

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

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

aeweiss@charter.net

Date: 12/27/11

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By:

A. Weiss

Date: 12/27/11

Witnessed By:

E. Smith

Location Address or Lot # 456 Sunderland Rd.	Owner's Name, Address, and Telephone # Karen Zunkis 9 cricket Lane Simsbury, Conn. 06070
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

860-651-7042

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)

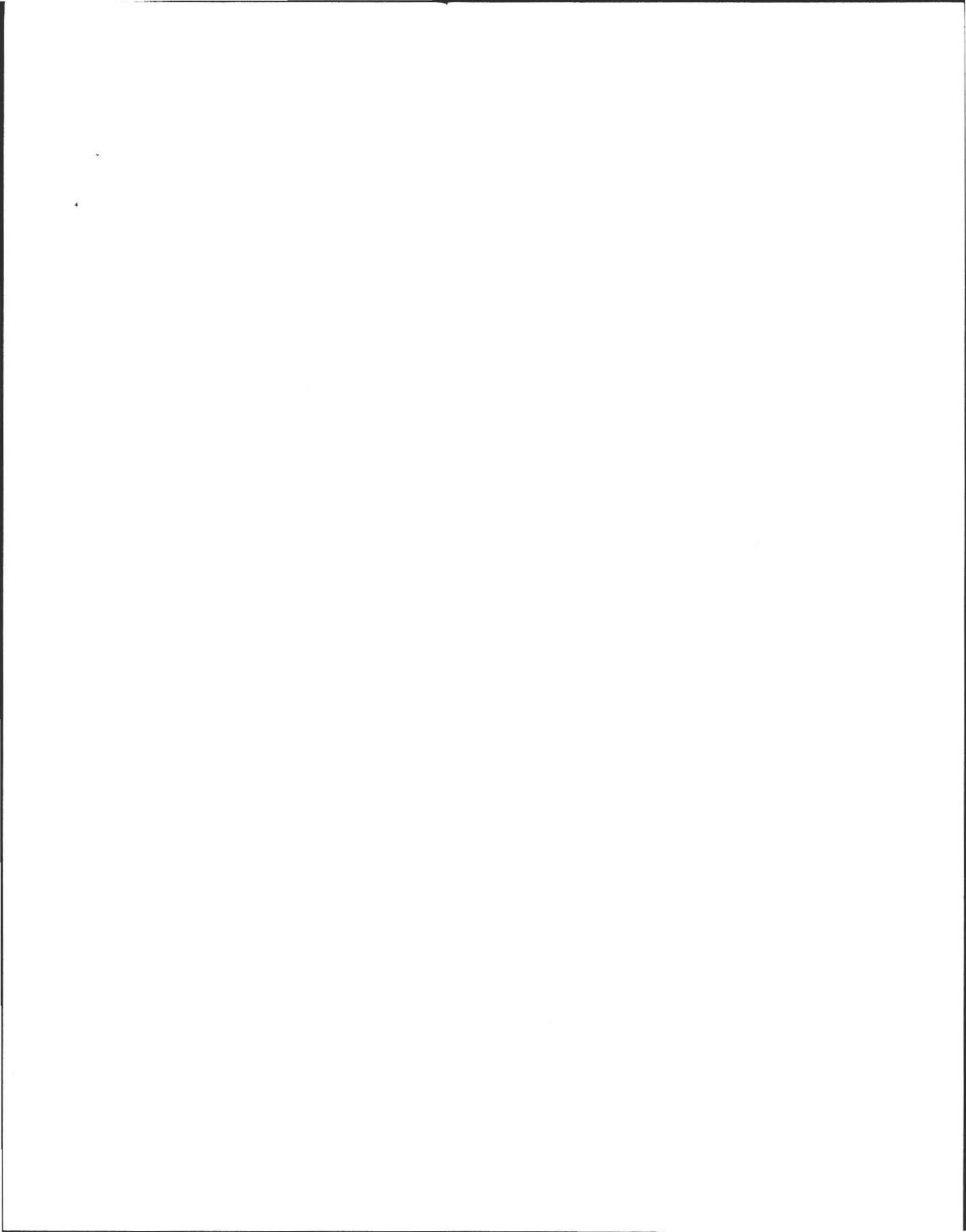
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 456 Sunderland Rd

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>12/27/11</u>		Time: <u>1:15</u>
Observation Hole #	<u>P.</u>	<u>Repair</u>
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>1:46</u>	
End Pre-soak	<u>2:01</u>	
Time at 12"	<u>2:01</u>	
Time at 9"	<u>2:09</u>	
Time at 6"	<u>2:25</u>	
Time (9"-6")	<u>14</u>	
Rate Min./Inch	<u>5</u>	

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

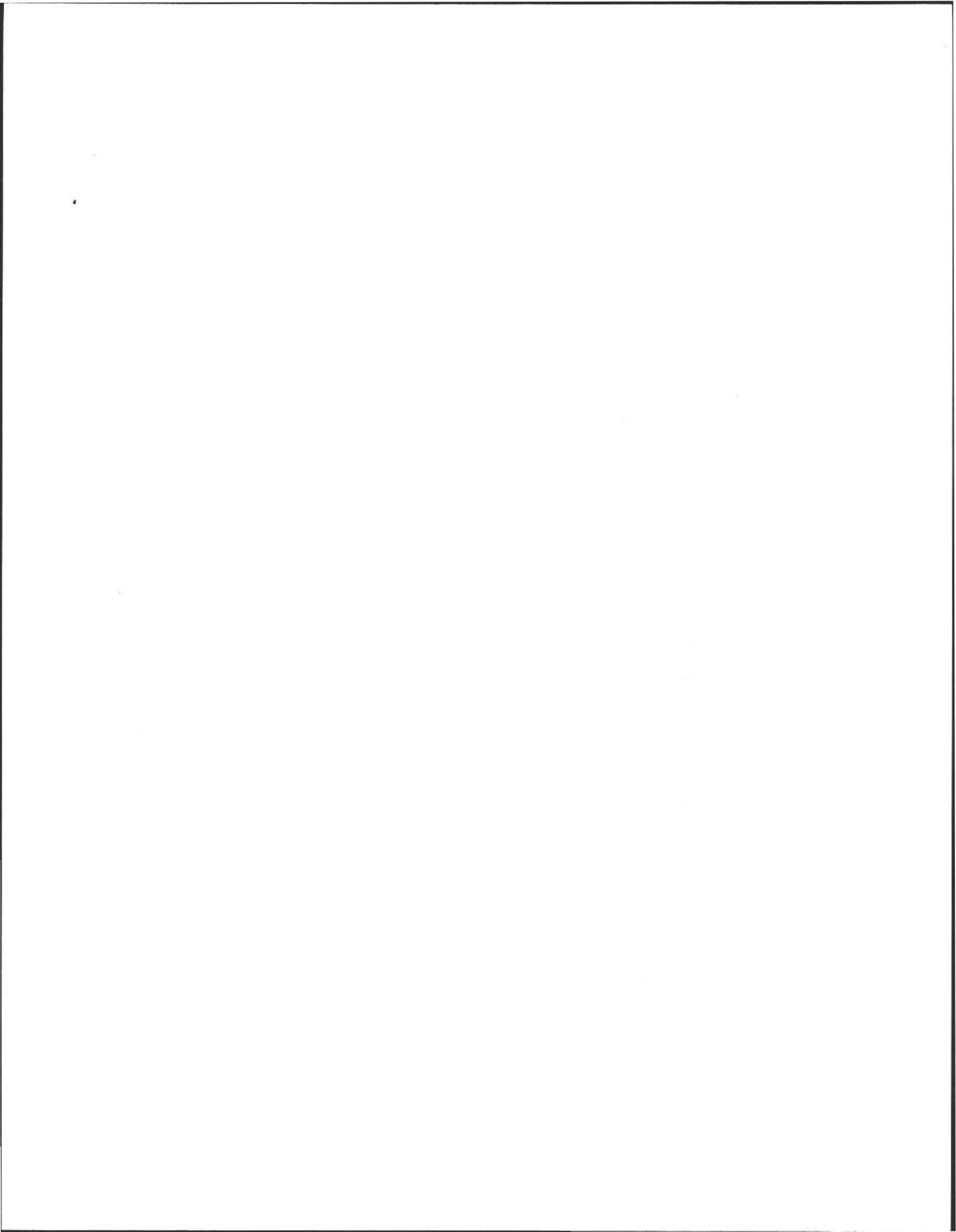
Site Passed Site Failed

Performed By: A. Weiss

Witnessed By: E. Smith

Comments: _____





Location Address or Lot No. 456 Sunbriar Rd.

On-site Review

Deep Hole Number 112 Date: 12/27/11 Time: 1:15 Weather Clads 40°

Location (identify on site plan) _____

Land Use Residential Slope (%) 1-2 Surface Stones few

Vegetation grass

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 25'+ feet

Possible Wet Area 100' feet Property Line 20' feet

Drinking Water Well 100' 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)
#1 0-8" 8-26" 26"-132"	A Bw C.	FsL LS FS	10YR 3/2 2.5Y 5/1 2.5Y 5/2	Strong 40 2.5Y 4/1 7.5Y 2/6	- Friable - friable, loose. - f. sand, well sorted, little silt in stringers. outwash.
#2 0-8" 8-28" 28"-86"	A Bw C.	FsL LS FS	10YR 3/2 2.5Y 5/1 2.5Y 5/2	40 2.5Y 4/1	See #1

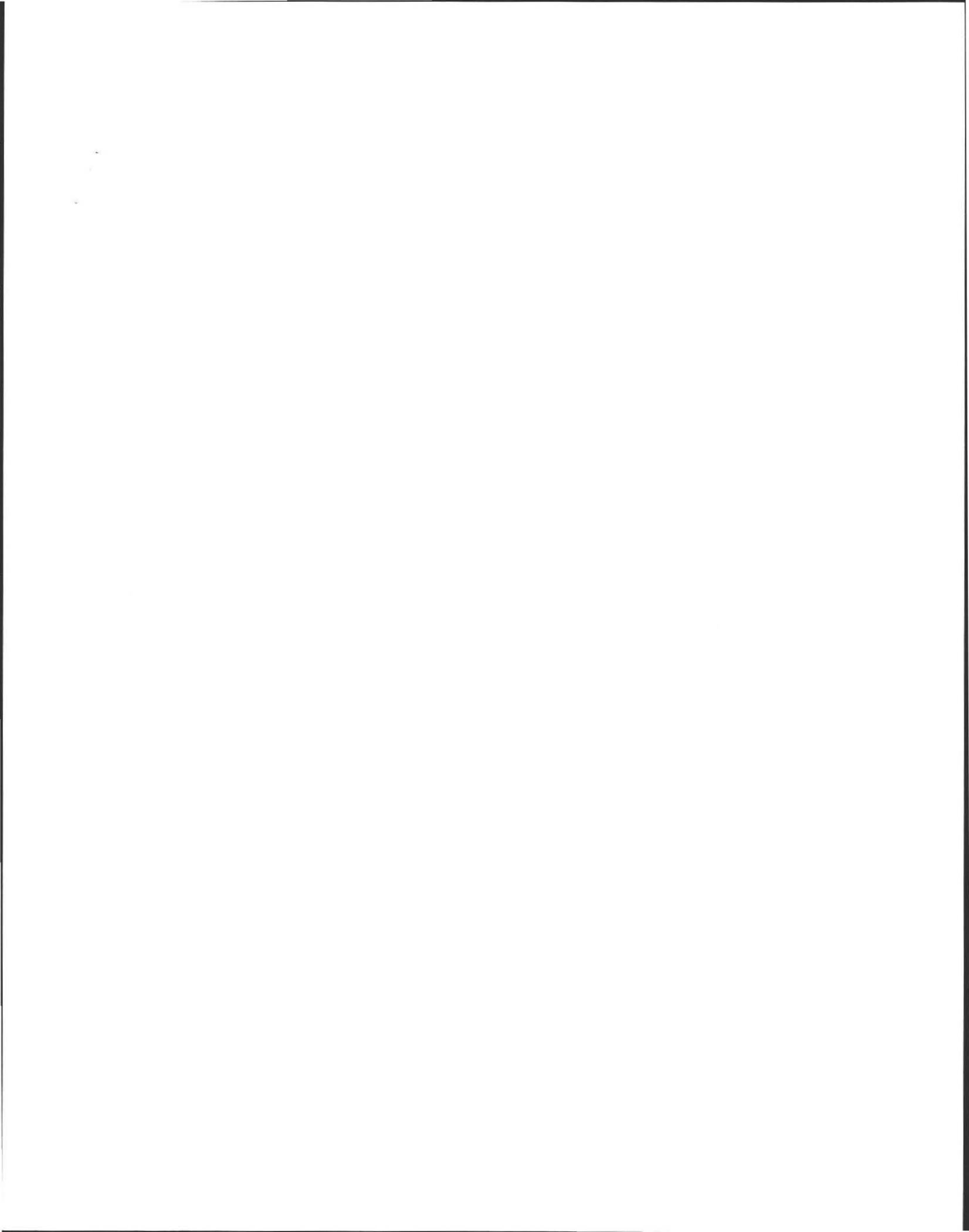
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) loess Depth to Bedrock: 132"

Depth to Groundwater: Standing Water in the Hole: 120" Weeping from Pit Face: 60"

Estimated Seasonal High Ground Water: 40"





Location Address or Lot No. 456 Sunderland Rd, Amherst.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole 66" inches
- Depth to soil mottles 40" 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

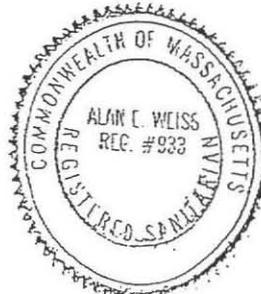
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

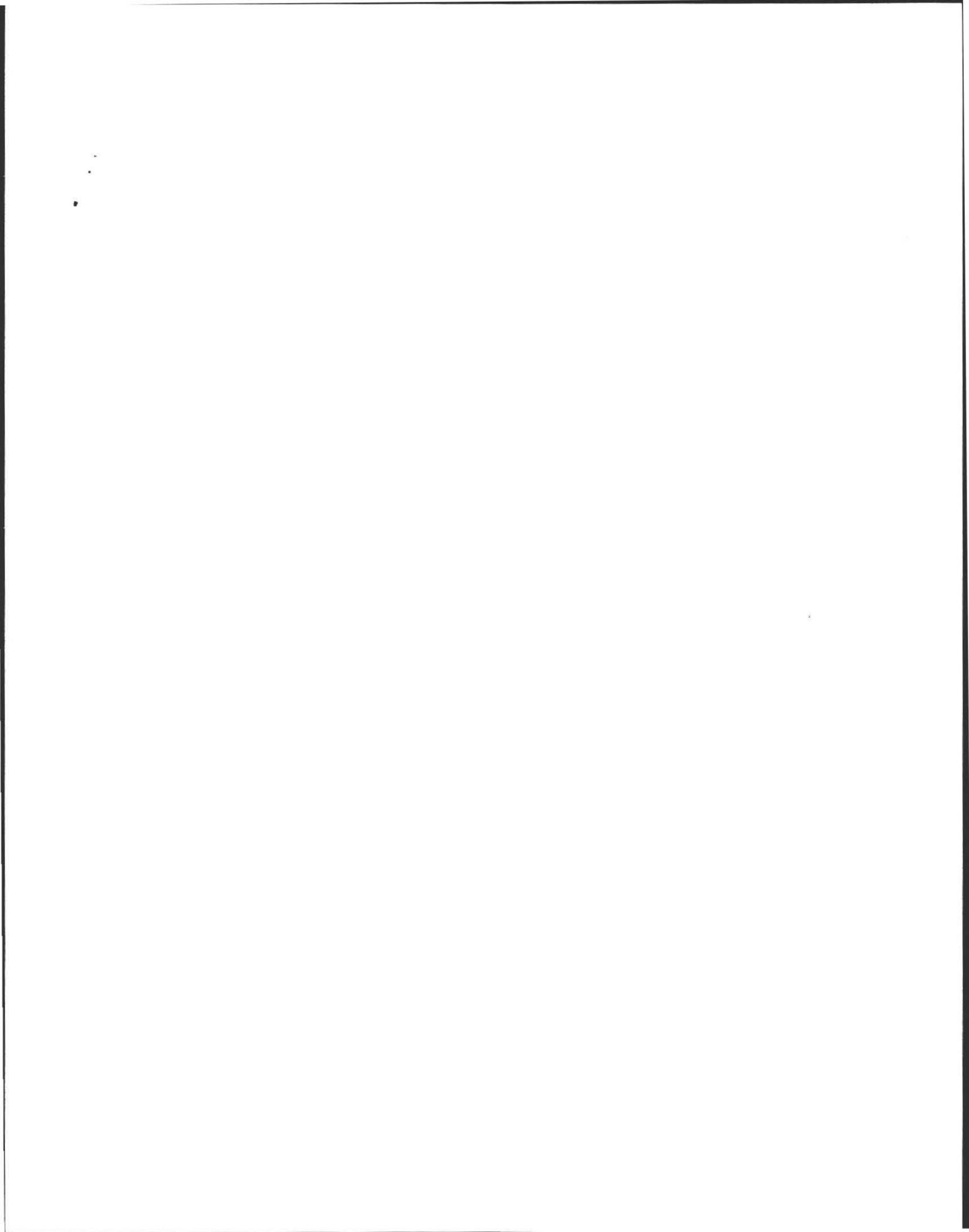
If not, what is the depth of naturally occurring pervious material? _____

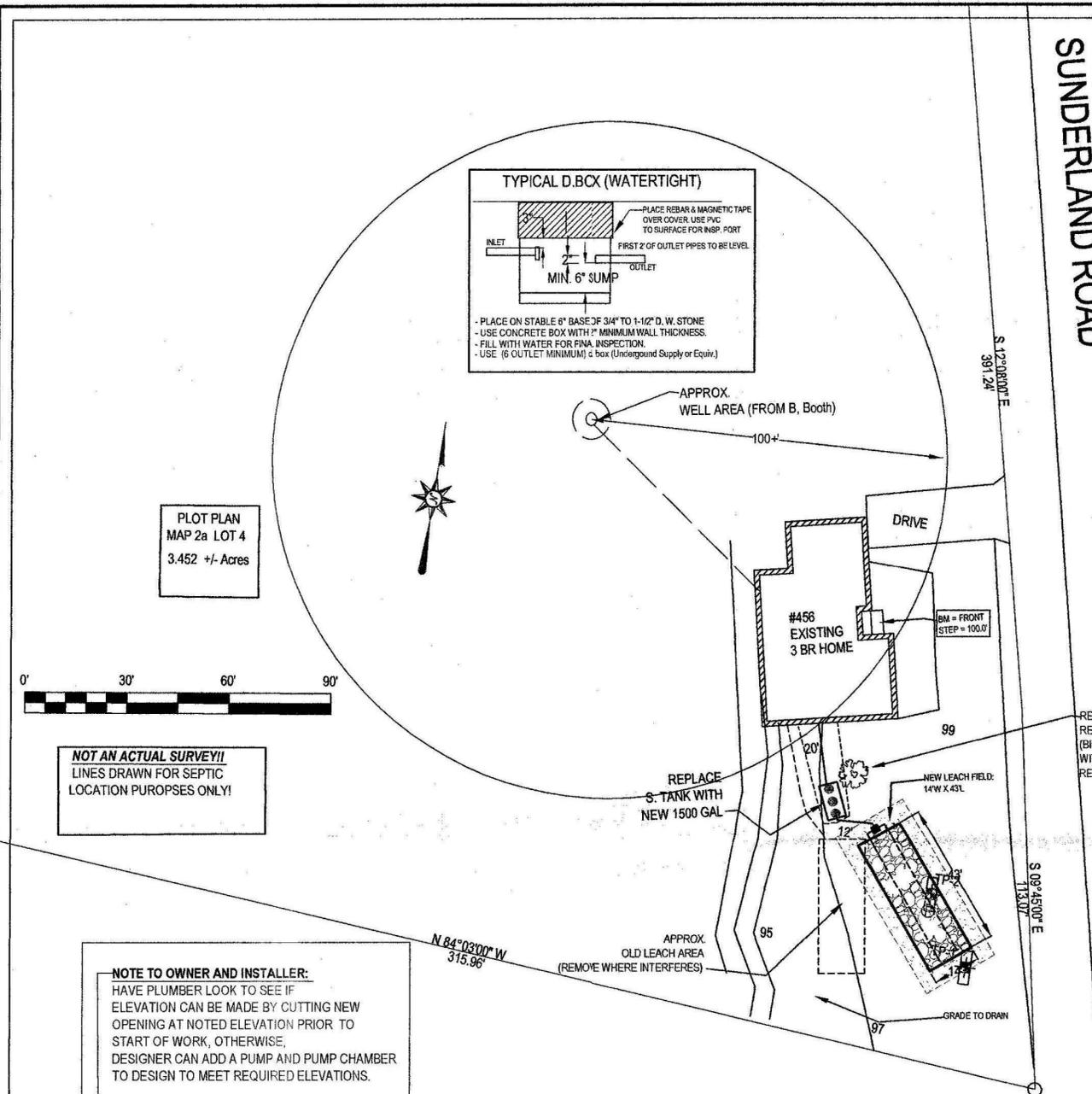
Certification

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.

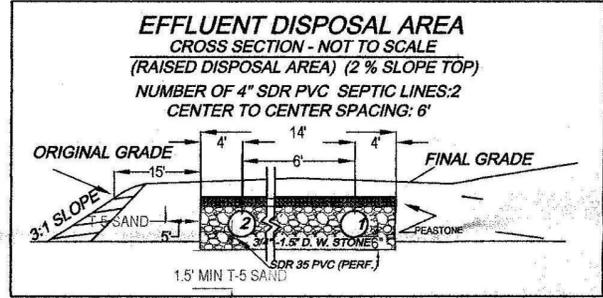
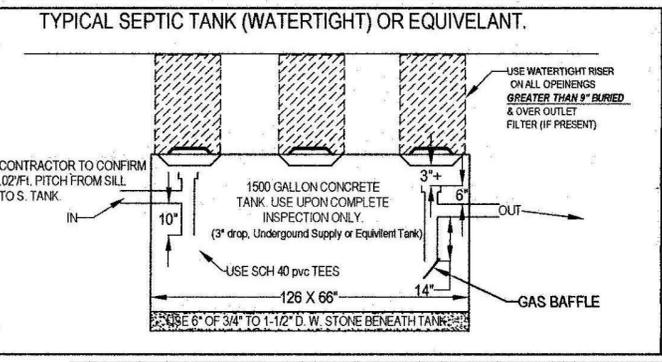
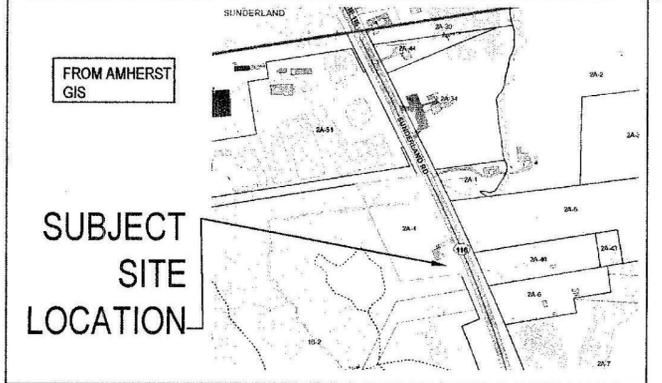
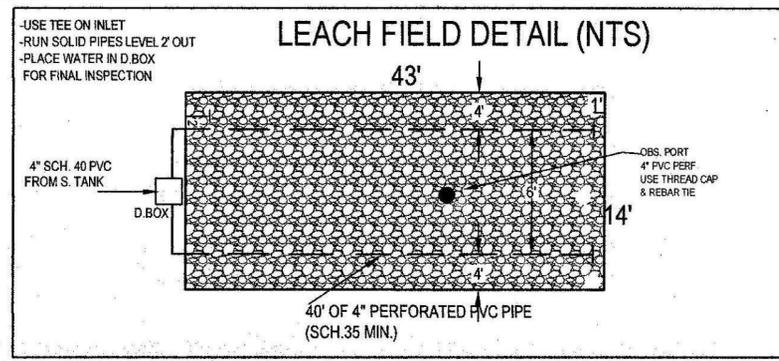
Signature Al Date 12/27/11



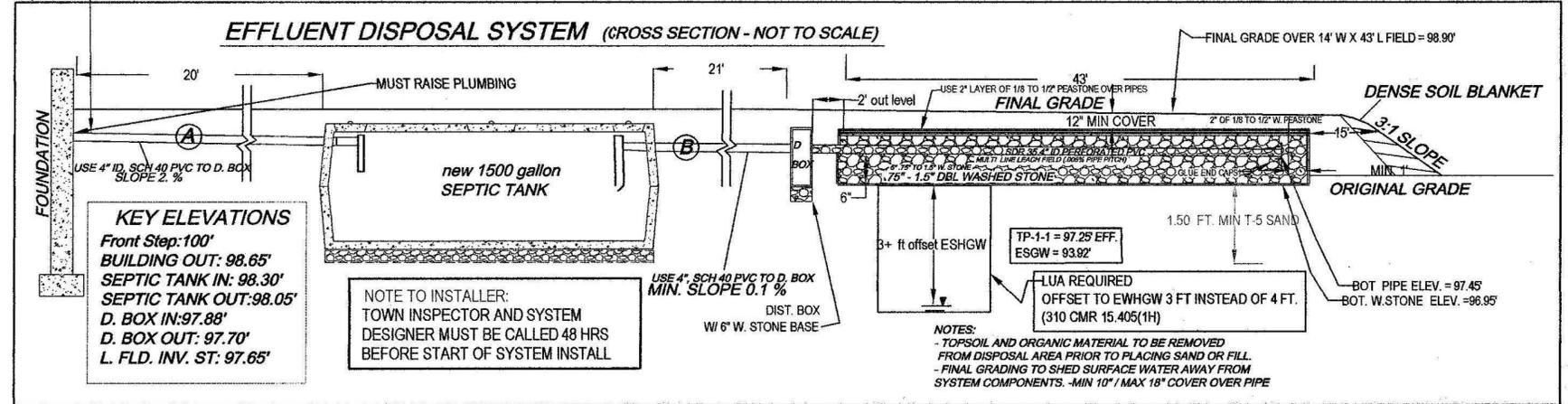




SUNDERLAND ROAD



- DESIGN NOTES AND CALCULATIONS:**
- 3 (BEDROOM HOME) = 330 GPD MIN. REQUIRED,
 - Use LEACHING FIELD 14' WIDE X 43' LONG WITH 6" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT
 - BOTTOM AREA: L. FIELD (14' W X 43' L) = 602 SF.
 - TOTAL AREA: 602 SF X .74 GAL/SF = 445 GPD PROVIDED.
 - GARBAGE DISPOSAL NOT PERMITTED (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
 - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
 - NO OTHER WETLANDS WITHIN 100 FEET OF SAS.
 - USE NEW S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
 - NOTE:
 - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
 - USE LARGE STYLE (6 OUTLET) D. BOX ONLY.
 - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS
 - NOTE:
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
 - ANY (ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
 - USE (.75"-1 1/2") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
 - USE PROPER SCH. 40 PVC TEES AS SHOWN.
 - PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
 - SLOPE CALCS ((SEE CONTOURS). SUBGRADE INSP. REQD.
 - USE FIELD DUE: TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
 - USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO 28" MIN. AS NEEDED (INSPECTION REQUIRED).
 - CLEAR PAST BASE OF B (MIN. 28") & SCARIFY UNDER BED PRIOR TO TITL V SAND/STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
 - SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 46"
 - PERC RATE = 5 MIN / IN.
 - CLASS 1, F. SAND SOIL RATING
 - NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
 - ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
 - BM=100.00 @ (FIRT. DOOR STEP, as noted), CONFIRM PROPER PIPE SLOPES
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
 - GRADE MULCH AND SEED OVER SAS AS NOTED.
 - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
 - USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.



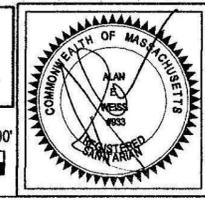
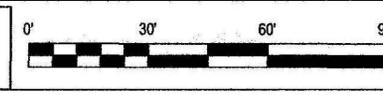
TEST PIT LOG:				SOIL EVALUATOR:	DATE OF EVALUATION:
TP 1 EFF. ELEV:				A. WEISS, RS	12.27.2011
DEPTH:	HORIZ:	TEXTURE (UNSORTED):	MATERIAL:	DEPTH:	HORIZ:
0-8"	A	FSL	10 YR 3.2	0-8"	A
8-26"	Bw	LS	2.5 5.4	8-26"	Bw
26-132"	C1	FS	2.5 5.2	28-86"	C1
			F. SAND WELL SORTED.		
			LITTLE SILT IN LENSES		
OXIDES:	40"	2.5 Y 4.1, 7.5 YR 4.68		OXIDES:	40"
EHWT:	40"			EHWT:	40"
STANDING H2O:	1/20"			STANDING H2O:	-
WEEPING:	66"			WEEPING:	66"
BEDROCK:	1:32"+			BEDROCK:	-

- 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 & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR: CONNECTIONS FROM HEATING SYSTEM, AIR CONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

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

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 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.



SEPTIC SYSTEM REPAIR PLAN FOR KAREN ZWINAKIS
456 SUNDERLAND ROAD
AMHERST, MA

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA 01007

PHONE: (413) 323-5957
FAX: (413) 323-4916
e-Mail: ALWEISS@charter.net

DATE: 02.11.2012
SCALE: 1"=30'

DRAWN BY: ALAN WEISS
REVISED:

DRAWING NUMBER: 111-3800-1222



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address:

Karen Zwinakis

Name

9 Cricket Lane

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Name and Address (if different from above):

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

- Residential Institutional Commercial School

4. Describe Facility:

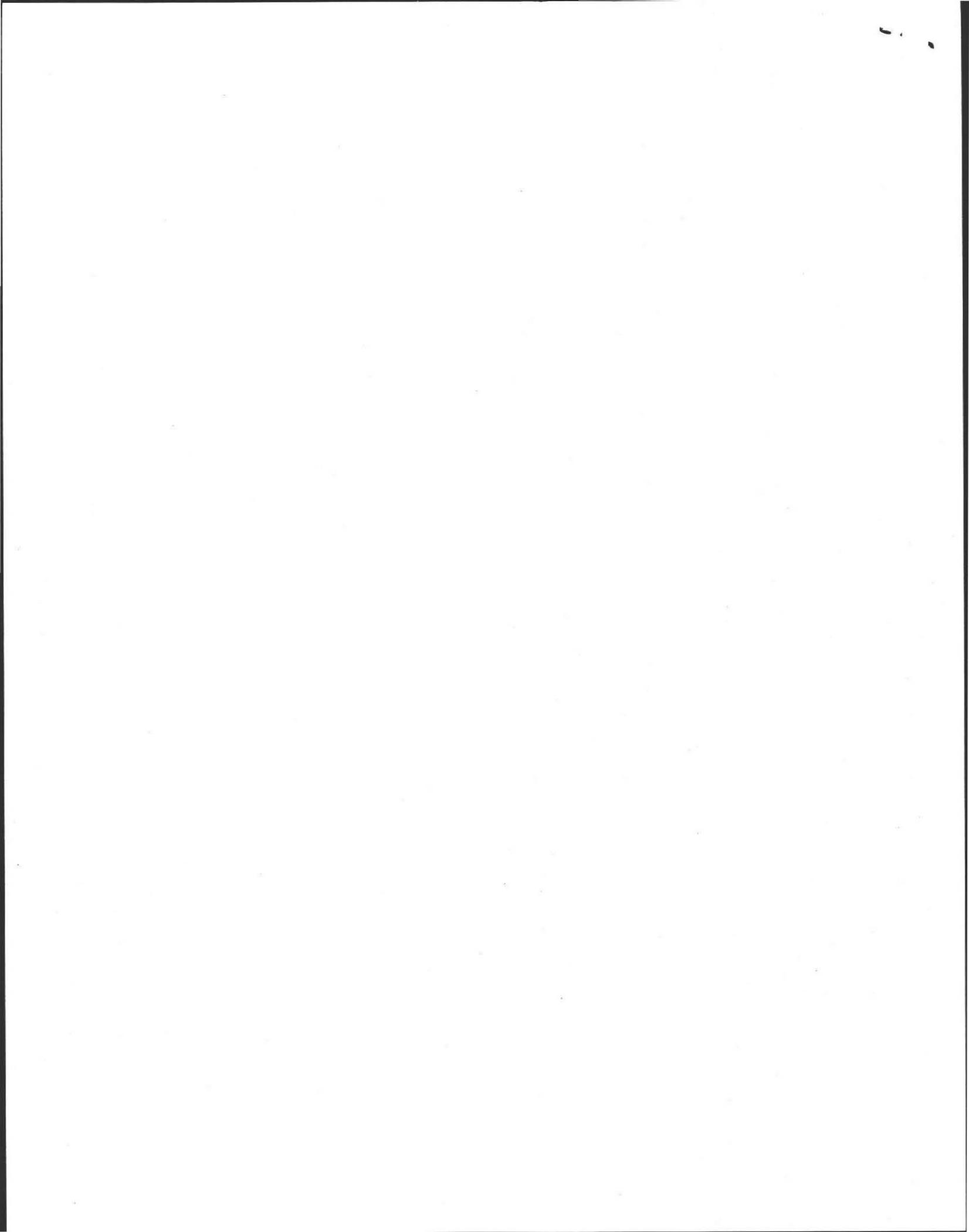
Single Family Res.

5. Type of Existing System:

- Privy Cesspool(s) Conventional Other (describe below)

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

Septic Tank, Leach Area





Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	<u>330</u> gpd
Design flow of proposed upgraded system	<u>330</u> gpd
Design flow of facility:	<u>445</u> gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301:

12.22.2011
date of inspection

2. Describe the proposed upgrade to the system:

New L. field & S. tank

3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions:

Reduction in SAS area of up to 25%:

SAS size, sq. ft.

% reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction

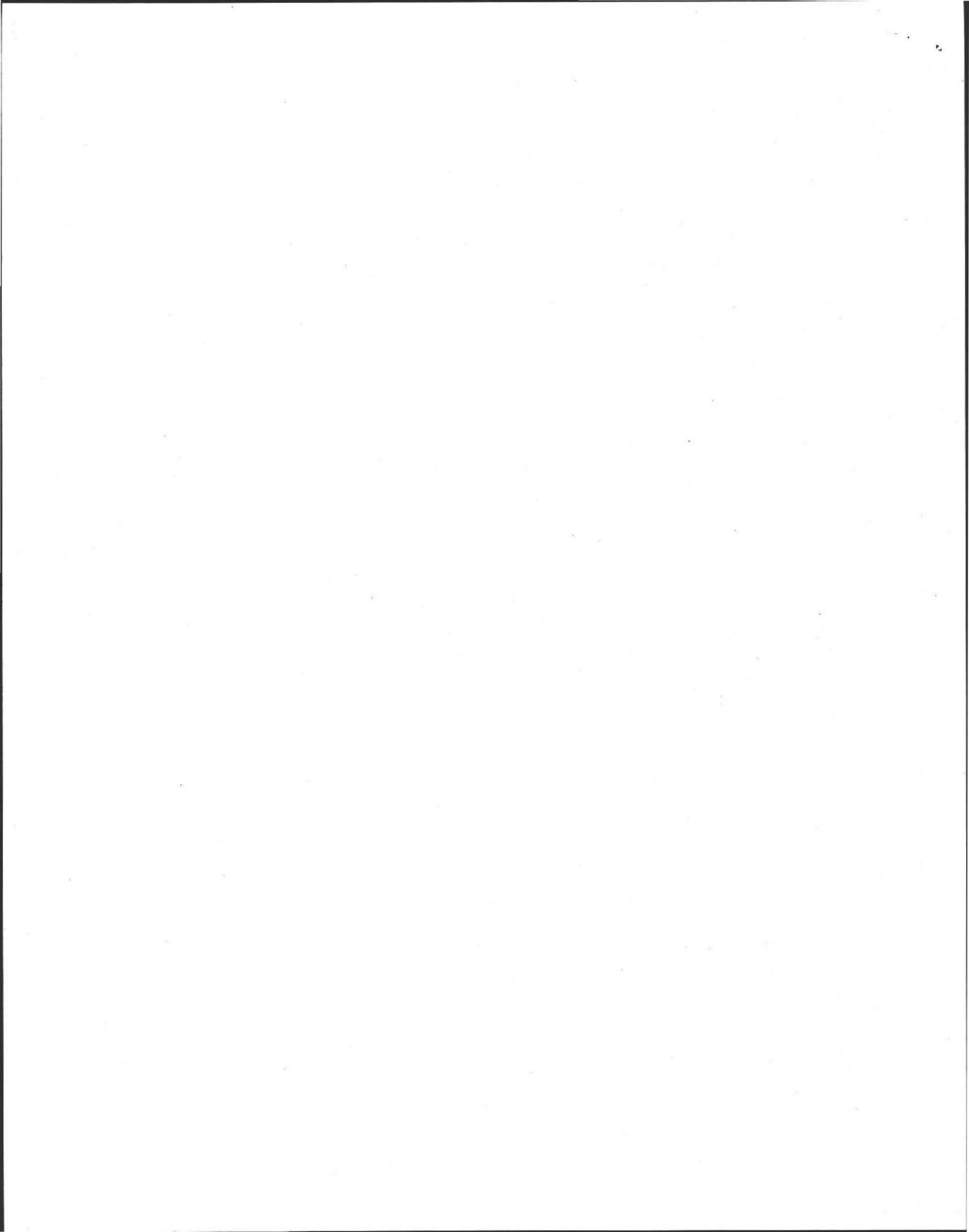
1.0'
ft.

Percolation rate

F. Sand
min./inch

Depth to groundwater

3 (Proposed)
ft.





Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). **The soil evaluator must be a member or agent of the local approving authority.**

High groundwater evaluation determined by:

A. Weiss & E. Smith

12.27.2011

Evaluator's Name (type or print)

Signature

C. Explanation

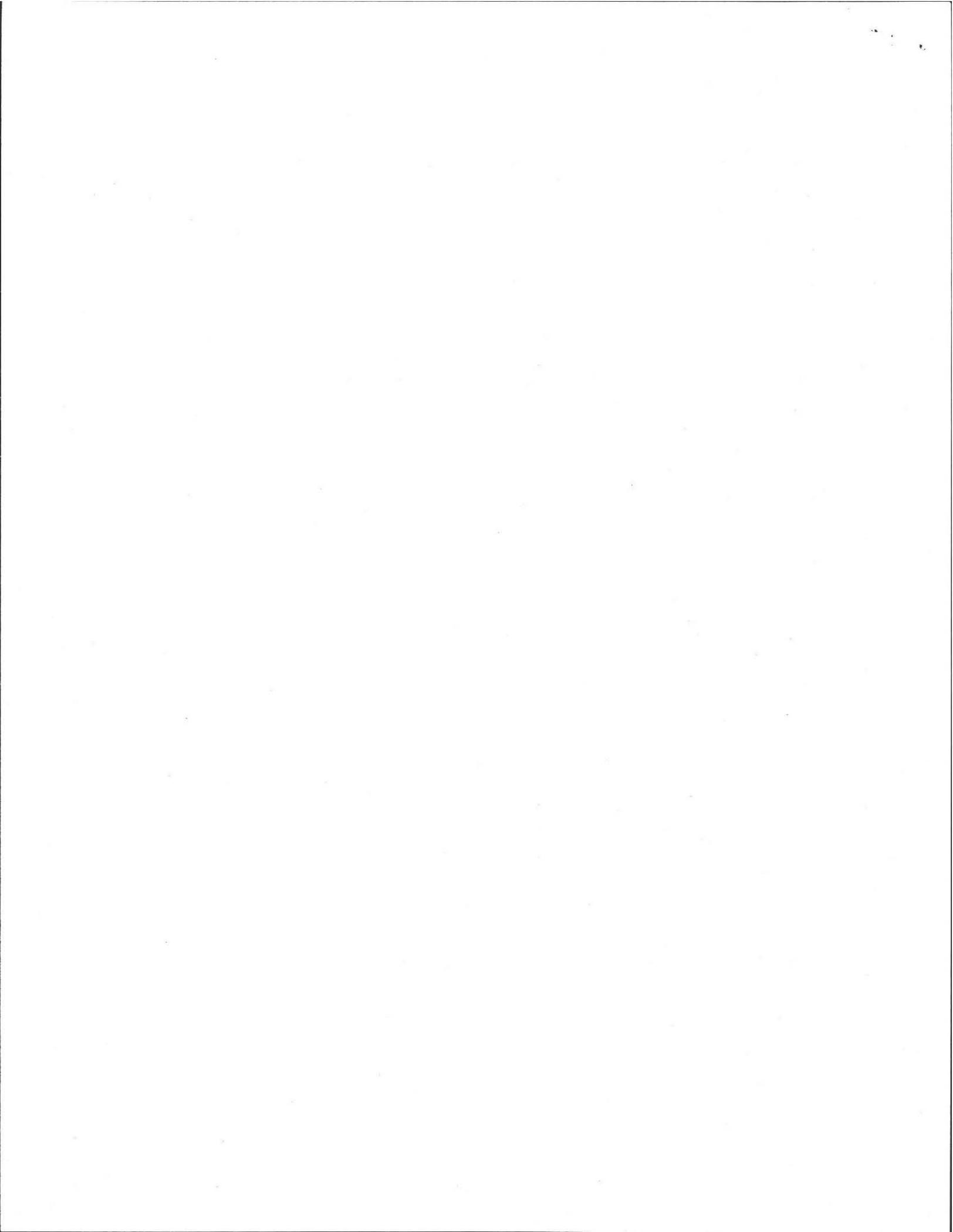
Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to grading to house & sloped yard and existing tank/piping elevation and to minimize fill & runoff toward slope/wetland.

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Would not change request.





Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

Not applicable

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

[X] Application for Disposal System Construction Permit

[X] Complete plans and specifications

[X] Site evaluation forms

[] A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

[] Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Facility Owner's Signature

Karen Zwinakis

Print Name

Alan Weiss, RS

Name of Preparer

350 Old Enfield Road,

Preparer's address

MA 01007

State/ZIP Code

Date

02.16.2012

Date

Belchertown

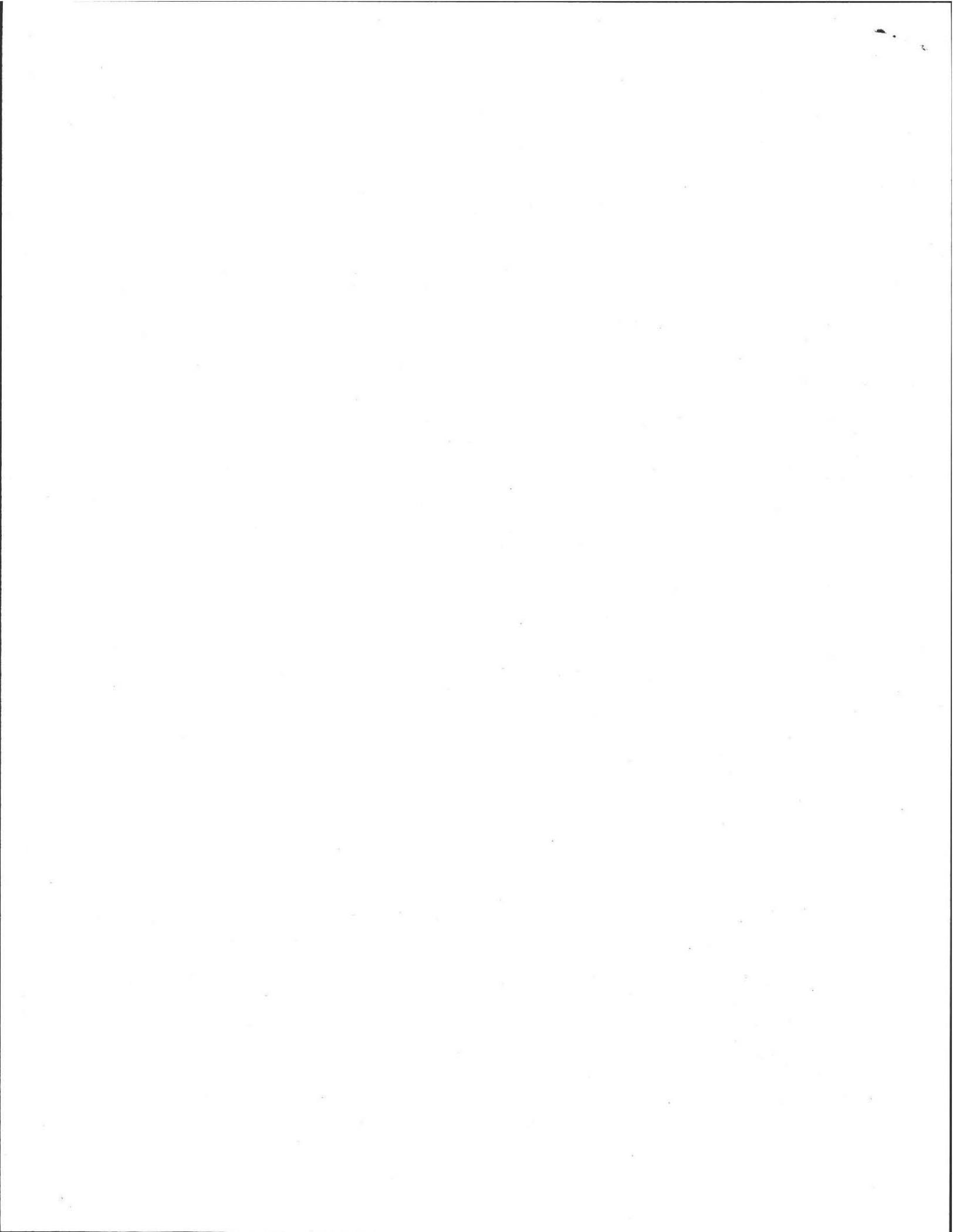
City/Town

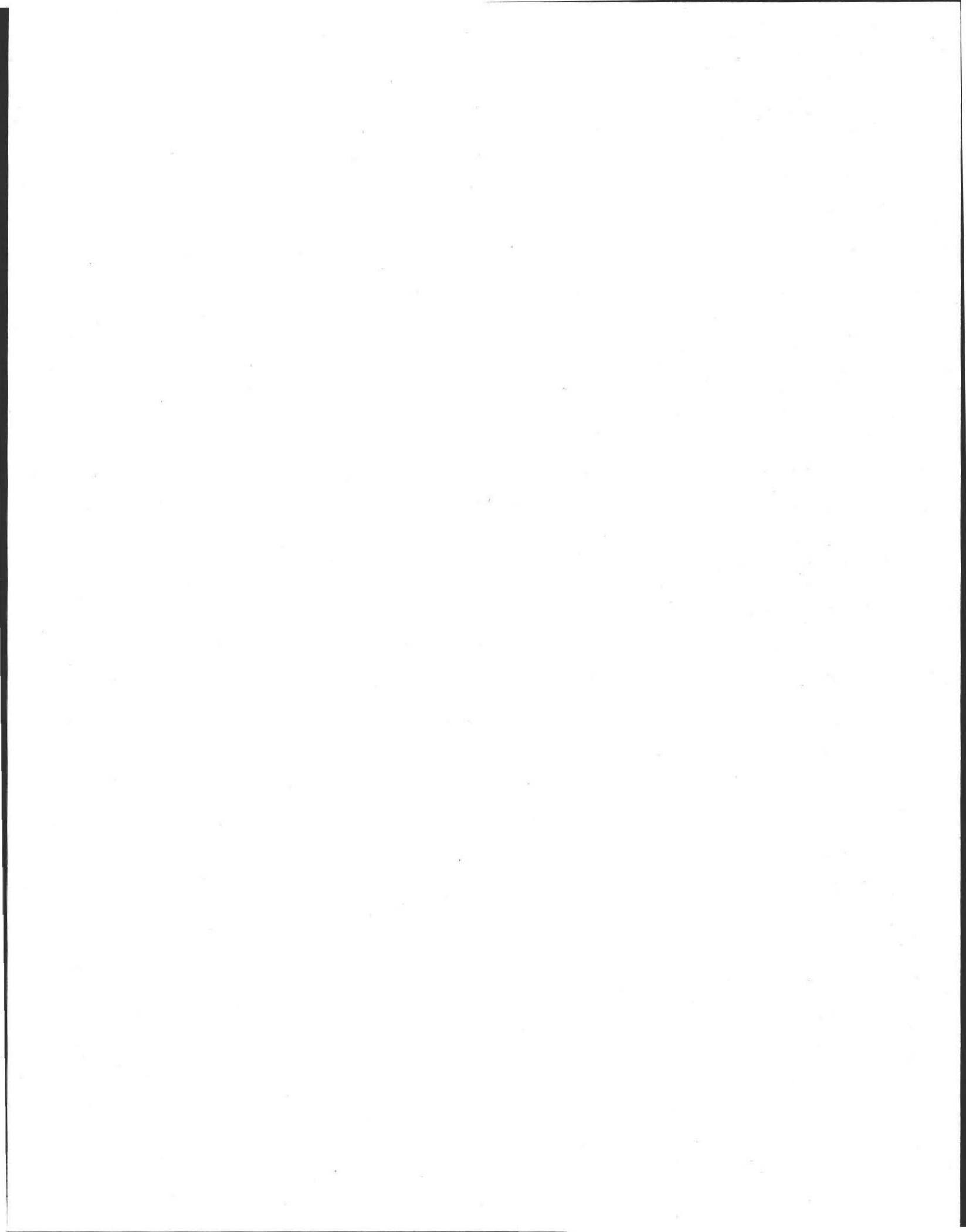
413.323.5957

Telephone

LUA granted 2/24/2012 by Edmund Smith, Assistant Sanitarian, APH

Edmund Smith





Coro Springs Env. Cons.

Plan: 456 SUNDERLAND ROAD Designed by: ALAN WEISS

AMHERST MA 07002

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp. 15070 (3) 10' +
- Legal boundaries noted
- Easements noted none noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder Y or N *not allowed by plan*
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private. CMR 15.220(k):
 - Within 400 feet of system in case of surface water and gravel packed public water supply
 - Within 250 feet of system in case of tubular public water supply *no city water*
 - Within 150 feet of private supply wells *100' septic sys. St. Park*
- Well statement if applicable
- Location of any surface waters, rivers, vegetated wetlands
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 15.227.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

NOTES: Approved 2/24/2012 Edward R. Sullivan
Asst. Sanitarian, APH

