

#1260



Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

William F. Weld
Governor
Trudy Coxe
Secretary, EOE
David B. Struhs
Commissioner



COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

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

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

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION**

Property Address: 1260 West St Address of Owner: DIANE ZIMMERMAN

Date of Inspection: 10/15/96 (If different)

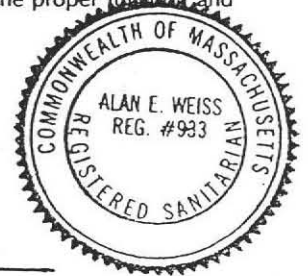
Name of Inspector: ALAN E. WEISS, R. S. #933

Company Name, Address and Telephone Number: COLD SPRING ENVIRONMENTAL, INC.
350 OLD ENFIELD RD. BELCHERTOWN, MA. 01007
PH: (413) 323-5957 FAX: (413) 323-4916

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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



Inspector's Signature: [Signature]

Date: 10/15/96

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

INSPECTION SUMMARY:

RECEIVED OCT 17 1996

Check A, B, C, or D:

A) SYSTEM PASSES:

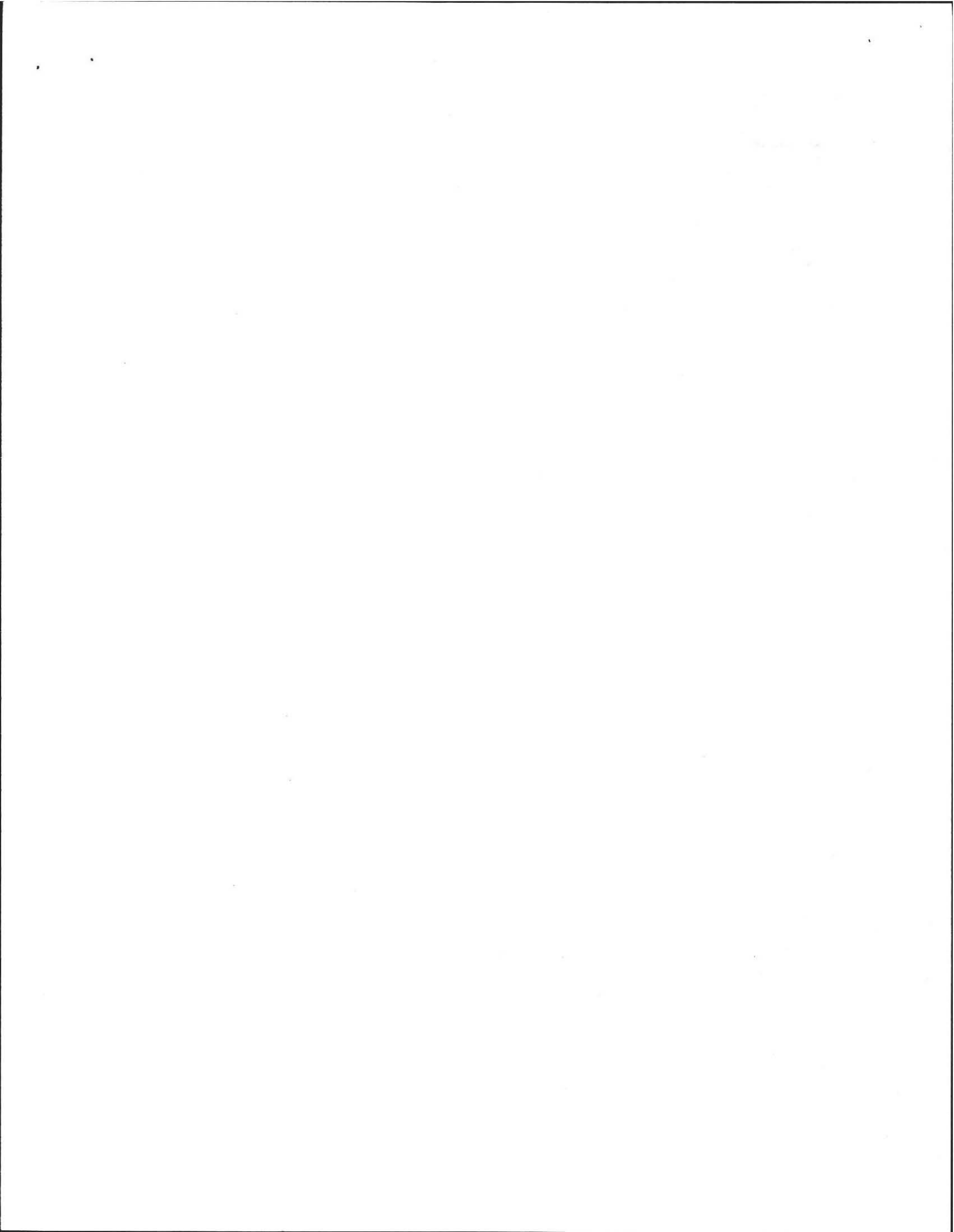
I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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

The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.



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

Property Address: 1260 West St.
Owner: ZIMMERMAN
Date of Inspection: 10/15/96

B) SYSTEM CONDITIONALLY PASSES (continued)

— Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
- obstruction is removed
- ~~distribution box is levelled or replaced~~

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

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

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

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

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

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

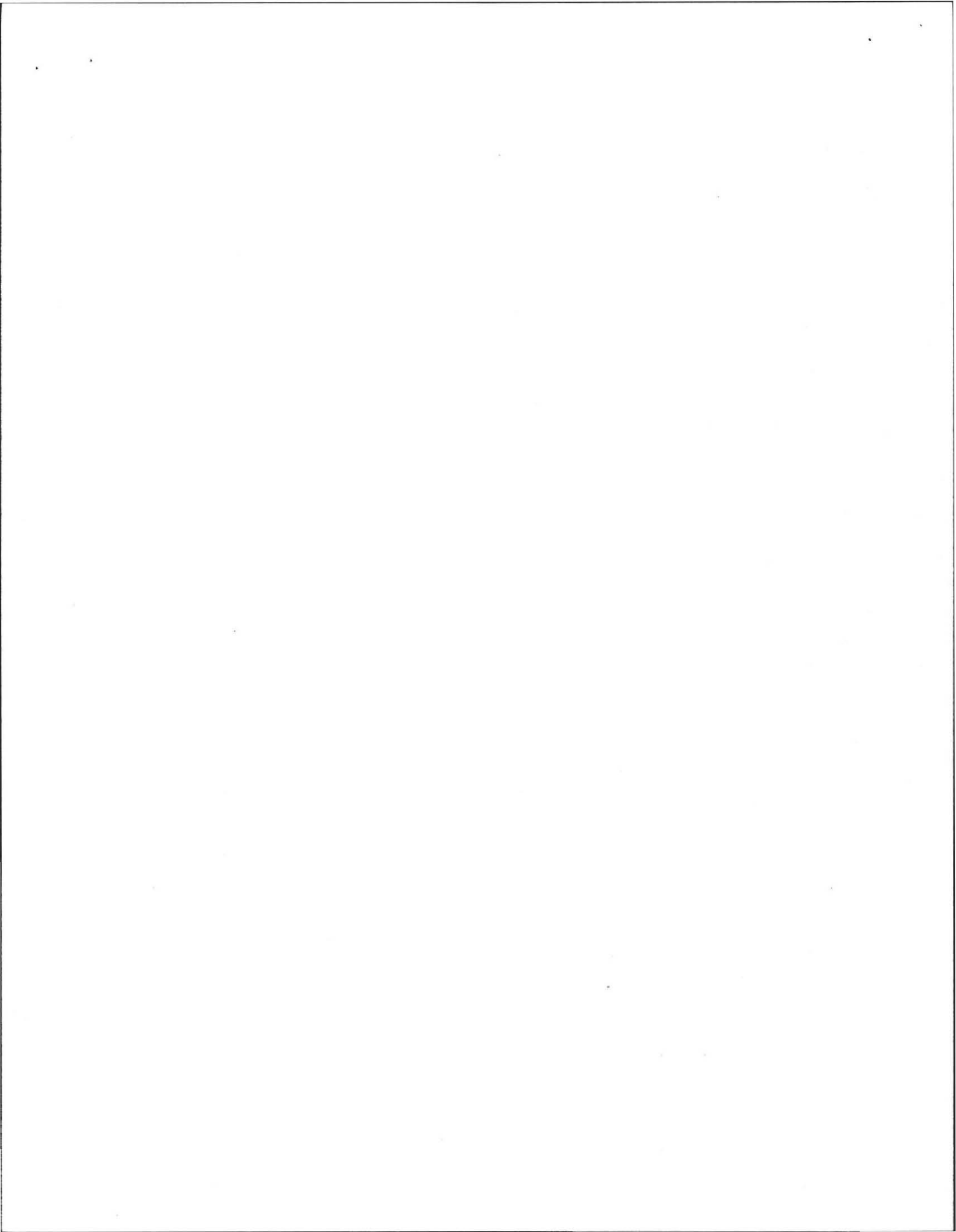
2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D) SYSTEM FAILS:

— I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.



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

Property Address: 1260 WEST ST, AmHERST
Owner: ZIMMERMAN
Date of Inspection: 10/5/96

D) SYSTEM FAILS (continued):

- Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

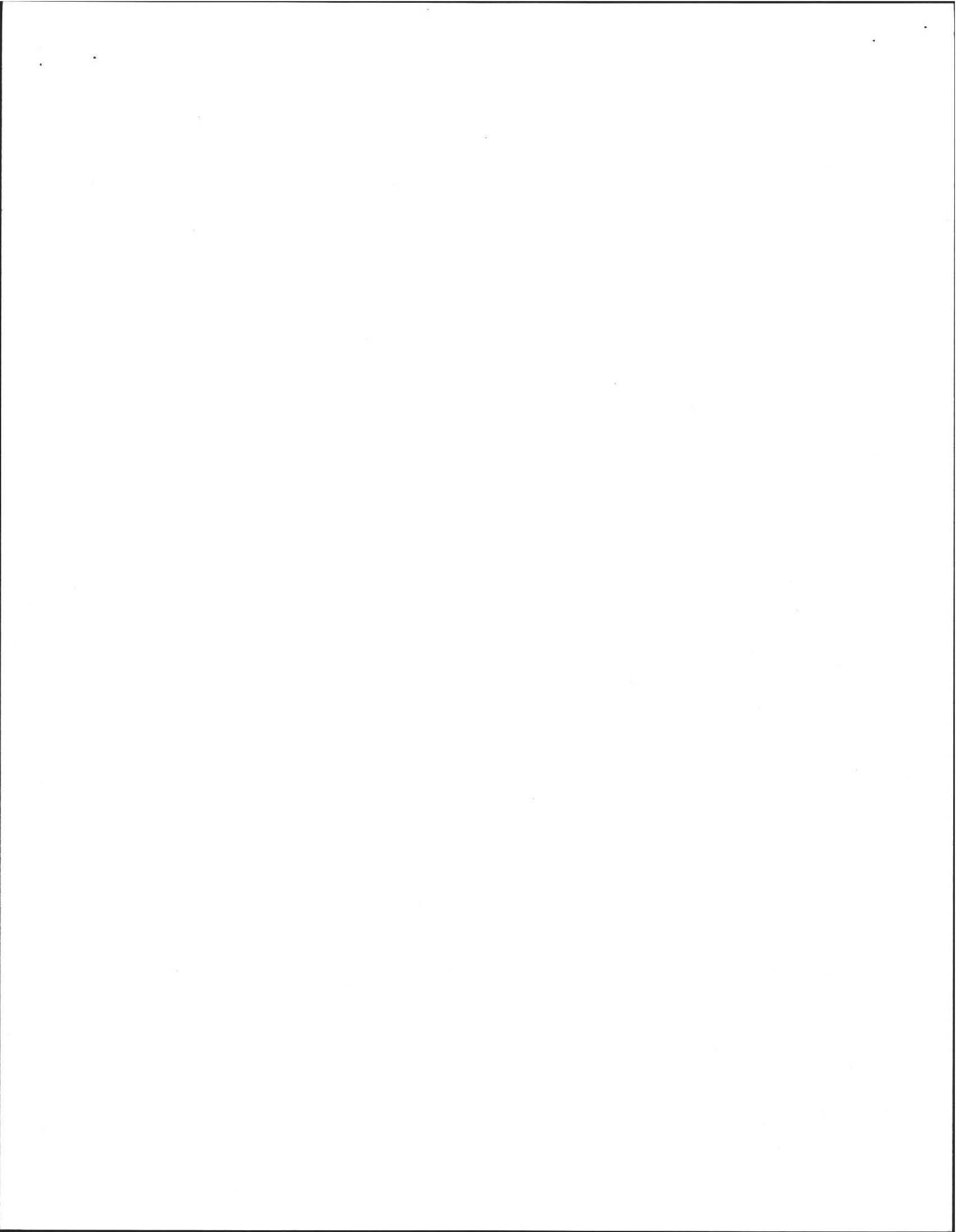
- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____
- Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone I of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

- The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
 - the system is within 400 feet of a surface drinking water supply
 - the system is within 200 feet of a tributary to a surface drinking water supply
 - the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 1260 WEST ST, AMHERST
Owner: ZIMMERMAN
Date of Inspection: 10/15/96

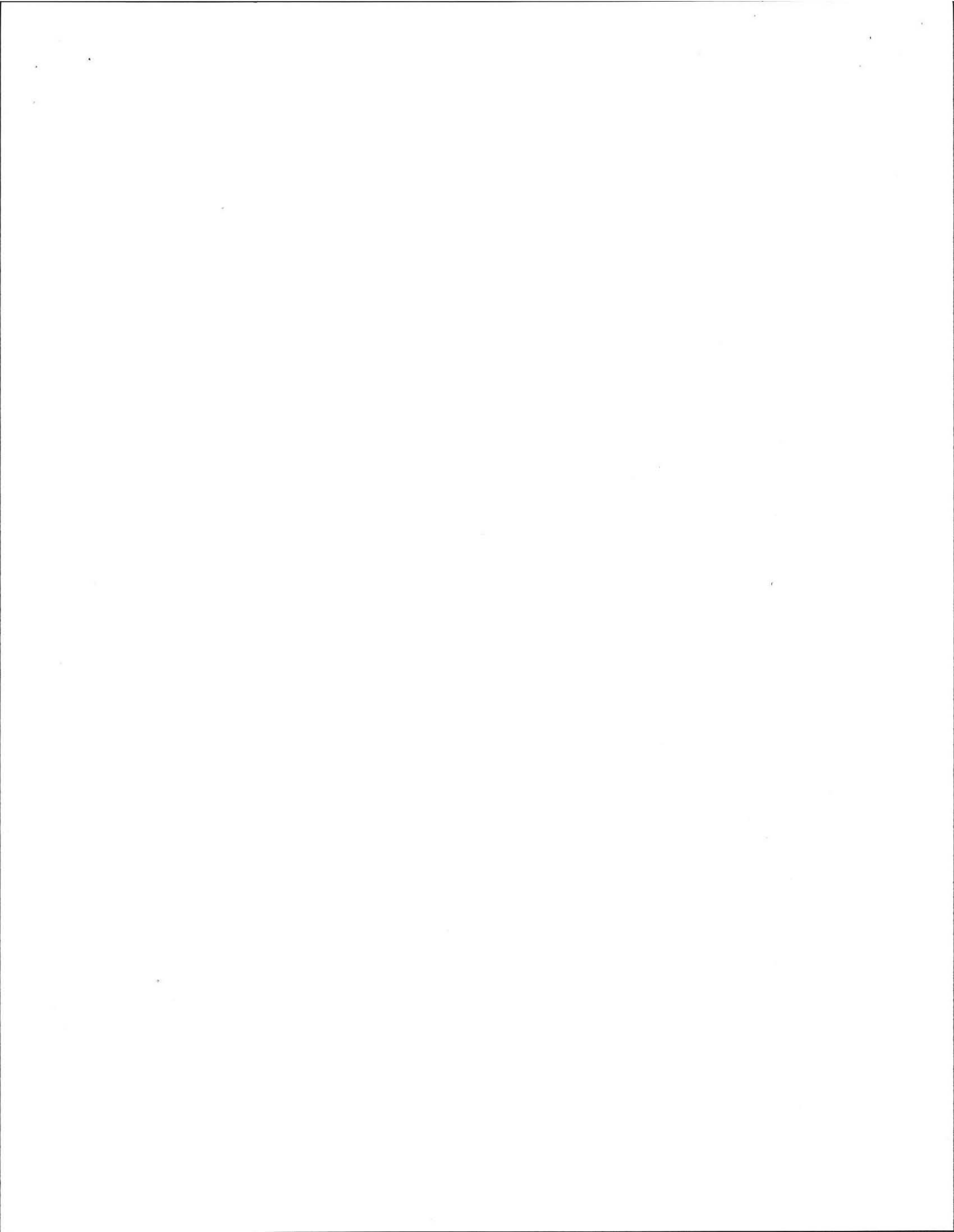
Check if the following have been done:

-
- Pumping information was requested of the owner, occupant, and Board of Health.
 - None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
 - As built plans have been obtained and examined. Note if they are not available with N/A.
 - The facility or dwelling was inspected for signs of sewage back-up.
 - The system does not receive non-sanitary or industrial waste flow
 - The site was inspected for signs of breakout.
 - All system components, excluding the Soil Absorption System, have been located on the site.
 - The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
 - The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
 - The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

- CONSERVE WATER WHENEVER POSSIBLE
- USE LIQUID LAUNDRY + DISH WASHER DETERGENT

* Recommendation:

- REMOVE TREE IN GARDEN.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 1260 WEST ST.
Owner: ZIMMERMAN
Date of Inspection: 10.5.96

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 gallons

Number of bedrooms: 4 1/2

Number of current residents: 3

Garbage grinder (yes or no): N

Laundry connected to system (yes or no):

Seasonal use (yes or no):

Water meter readings, if available:

→ NOTE: SYSTEM BUILT IN 1982 AS 3 BR ONLY. -

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL:

Type of establishment: N/A

Design flow: gallons/day

Grease trap present: (yes or no)

Industrial Waste Holding Tank present: (yes or no)

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

Water meter readings, if available:

Last date of occupancy:

OTHER: (Describe)

Last date of occupancy:

GENERAL INFORMATION

PUMPING RECORDS and source of information:

3-4 yrs. ago

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

If yes, volume pumped 1500 gallons

Reason for pumping Time

TYPE OF SYSTEM

Septic tank/distribution box/soil absorption system

Single cesspool

Overflow cesspool

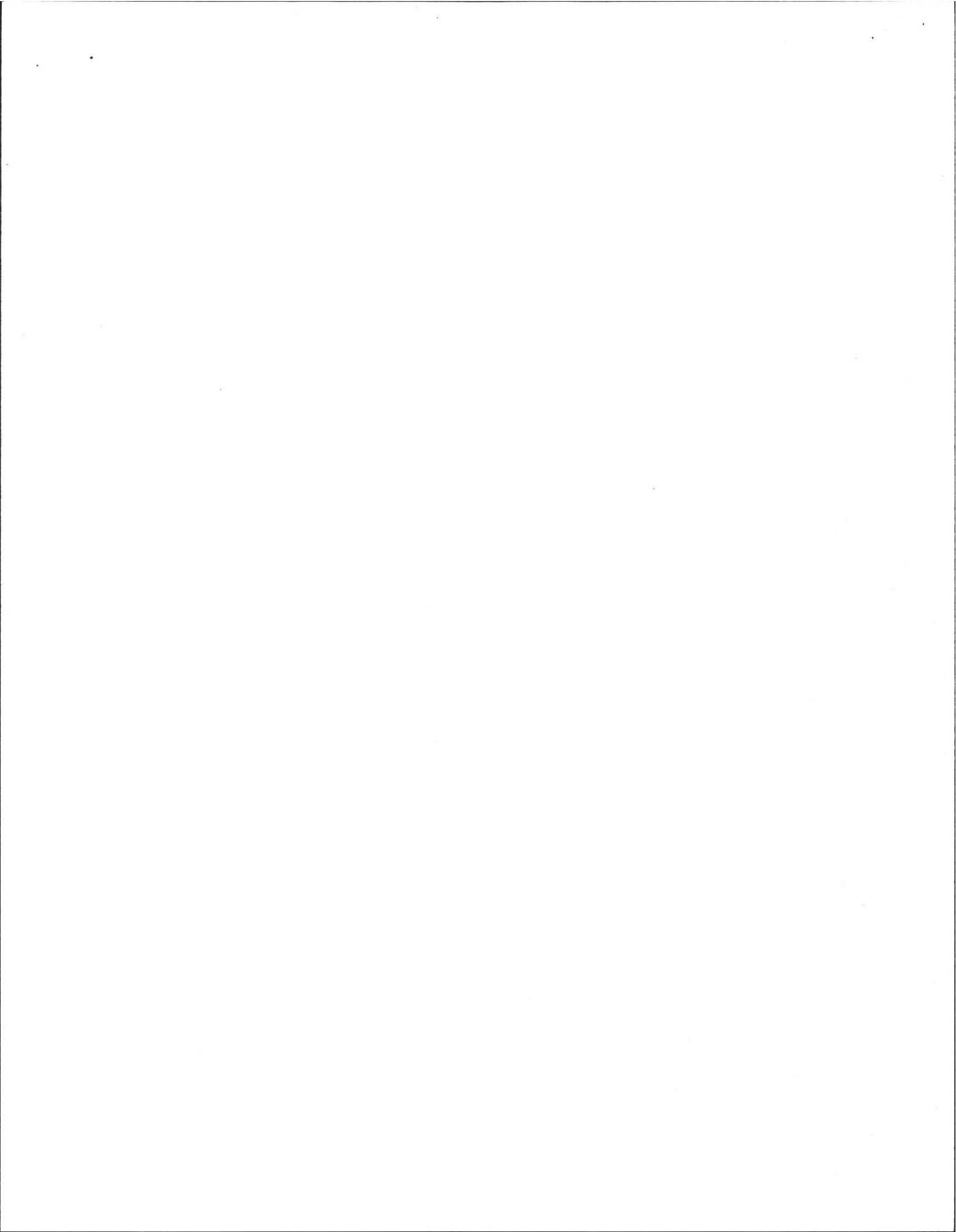
Privy

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

Other (explain)

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1 1/2 yrs.

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



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

Property Address: 1260 West St.
Owner: ZIMMERMAN
Date of Inspection: 10/15/96

SEPTIC TANK: Y (Karl's to Cement bottom plug).
(locate on site plan)

Depth below grade: 8"
Material of construction: concrete metal FRP other(explain)

* Need outlet baffle cover.

Dimensions: 10.5' x 4.5' x 55"
Sludge depth: 6"
Distance from top of sludge to bottom of outlet tee or baffle: 24'
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 14"

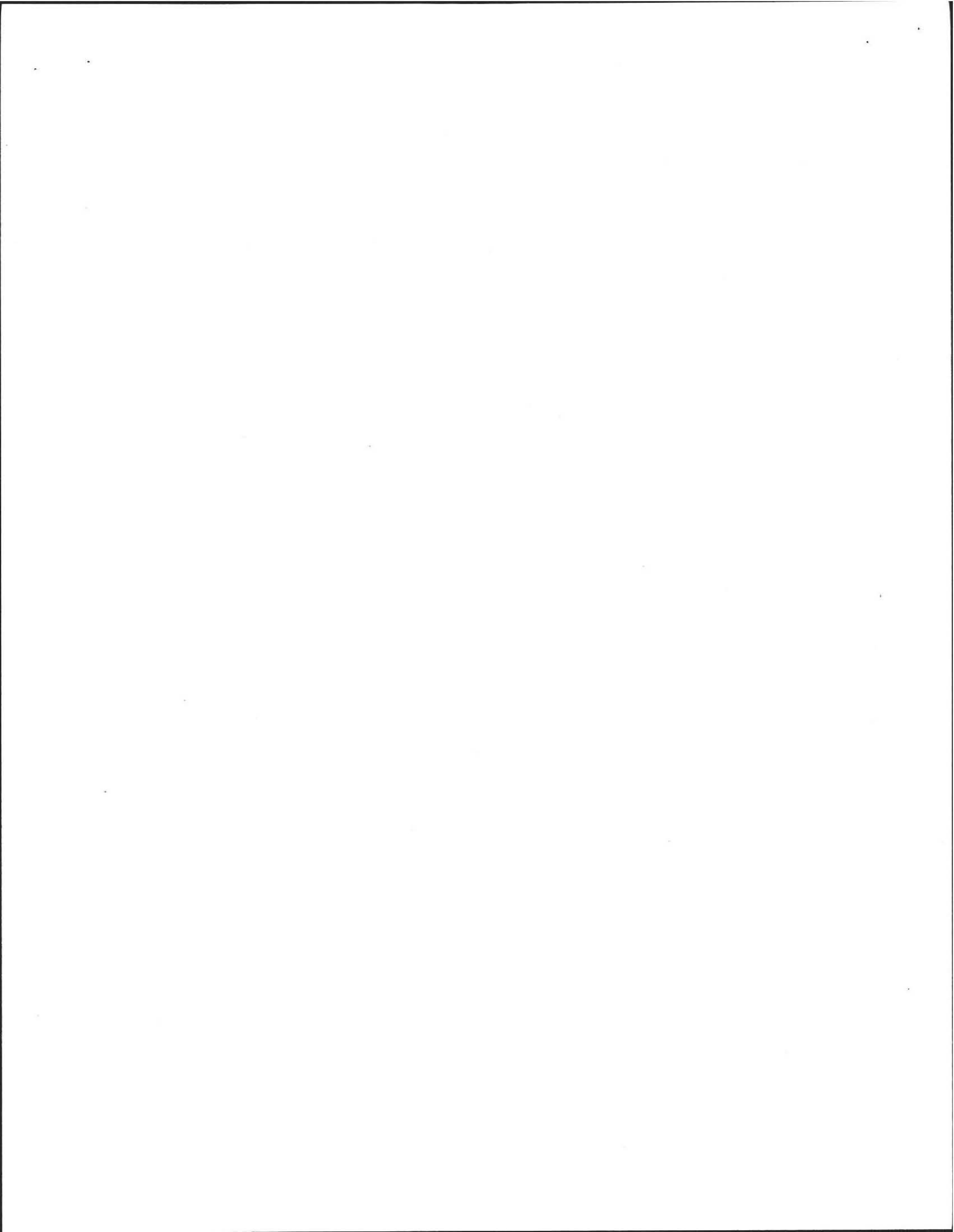
Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Good condition, baffles both in, Good level.

GREASE TRAP: N/A
(locate on site plan)

Depth below grade: _____
Material of construction: concrete metal FRP 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: _____

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



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

Property Address: 1260 West St.
Owner: ZIMMERMAN
Date of Inspection: 10/15/96

TIGHT OR HOLDING TANK: N/A.
(locate on site plan)

Depth below grade: _____
Material of construction: ___concrete ___metal ___FRP ___other(explain)

Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm level: _____

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

DISTRIBUTION BOX: Y * (Karl's to replace cover)
(locate on site plan)

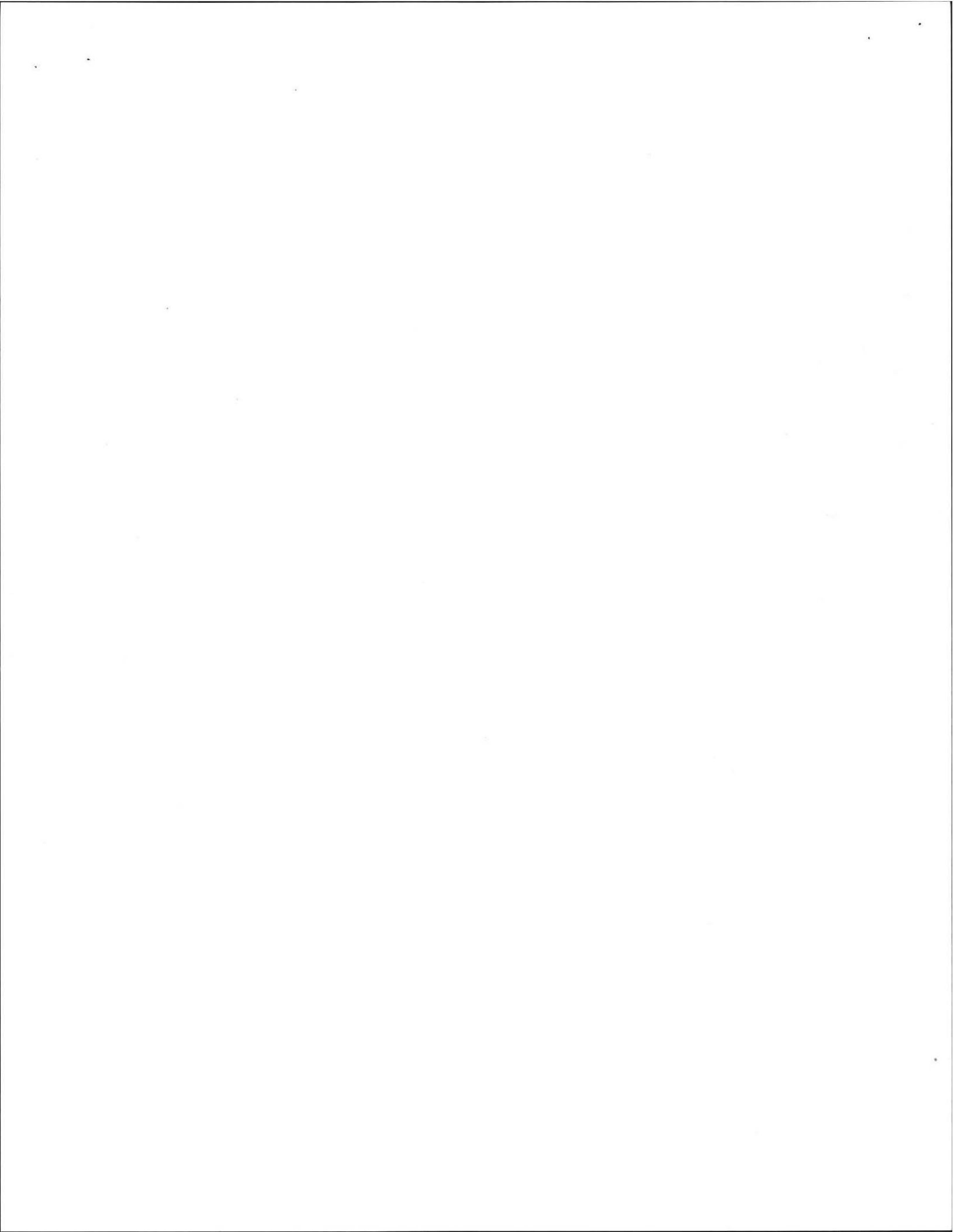
Depth of liquid level above outlet invert: AT INVERT

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
Equal level, Good distribution, level, No Solids

PUMP CHAMBER: N/A.
(locate on site plan)

Pumps in working order: (yes or no) _____

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



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

Property Address: 1260 WEST ST.
Owner: ZIMMERMAN
Date of Inspection: 10/15/96

SOIL ABSORPTION SYSTEM (SAS): Y (20" Depth)
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

31' x 34' (4 pipes) (Good flow)

Type:

leaching pits, number: _____

leaching chambers, number: _____

leaching galleries, number: _____

leaching trenches, number, length: _____

leaching fields, number, dimensions: 1 - field, 31' x 34' (3 pipes)

overflow cesspool, number: _____

Recommend * REMOVE CATALPA TREE IN L. FIELD *

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

CESSPOOLS: N/A
(locate on site plan)

Number and configuration: _____

Depth-top of liquid to inlet invert: _____

Depth of solids layer: _____

Depth of scum layer: _____

Dimensions of cesspool: _____

Materials of construction: _____

Indication of groundwater: _____

inflow (cesspool must be pumped as part of inspection) _____

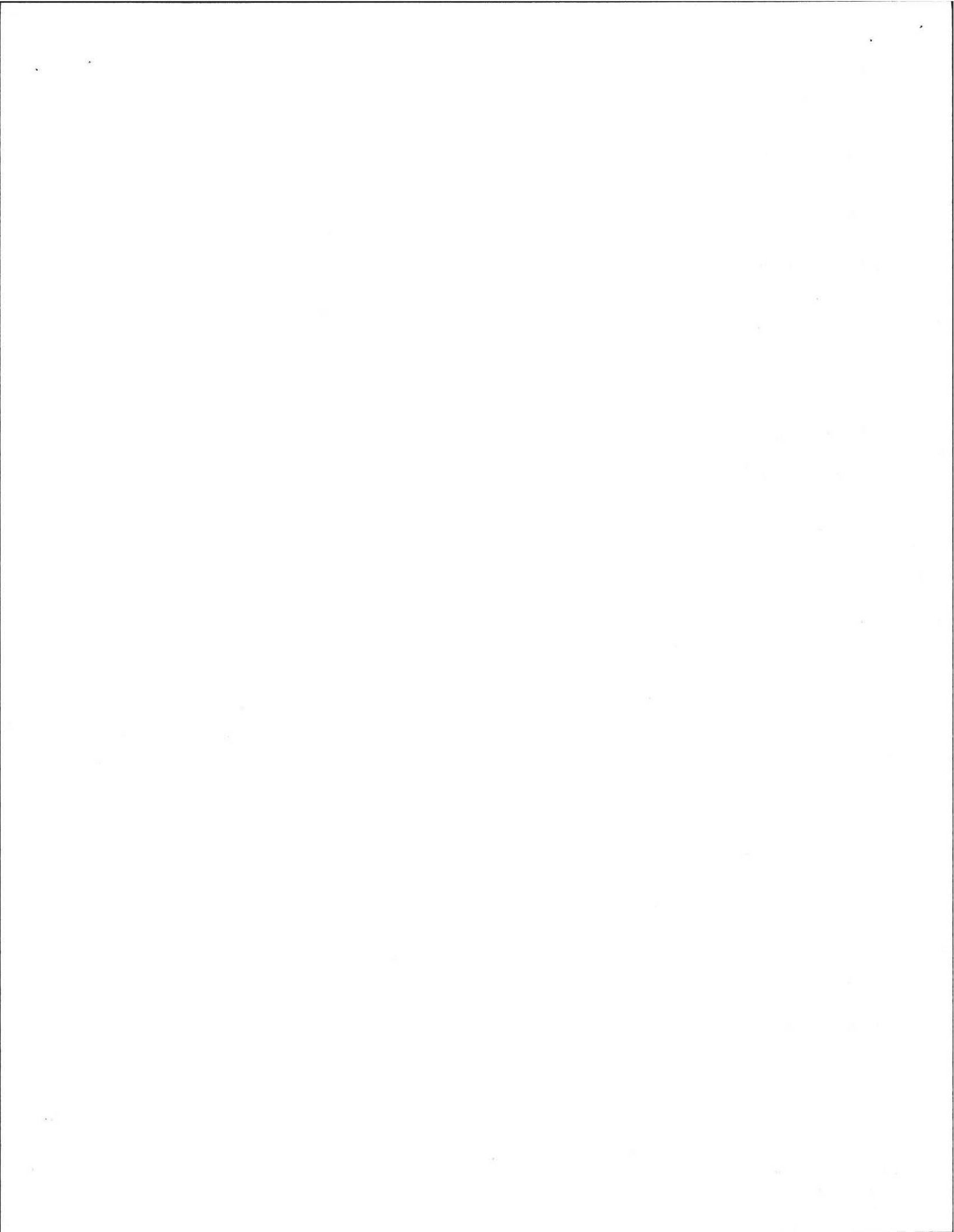
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) _____

PRIVY: N/A
(locate on site plan)

Materials of construction: _____ Dimensions: _____

Depth of solids: _____

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



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

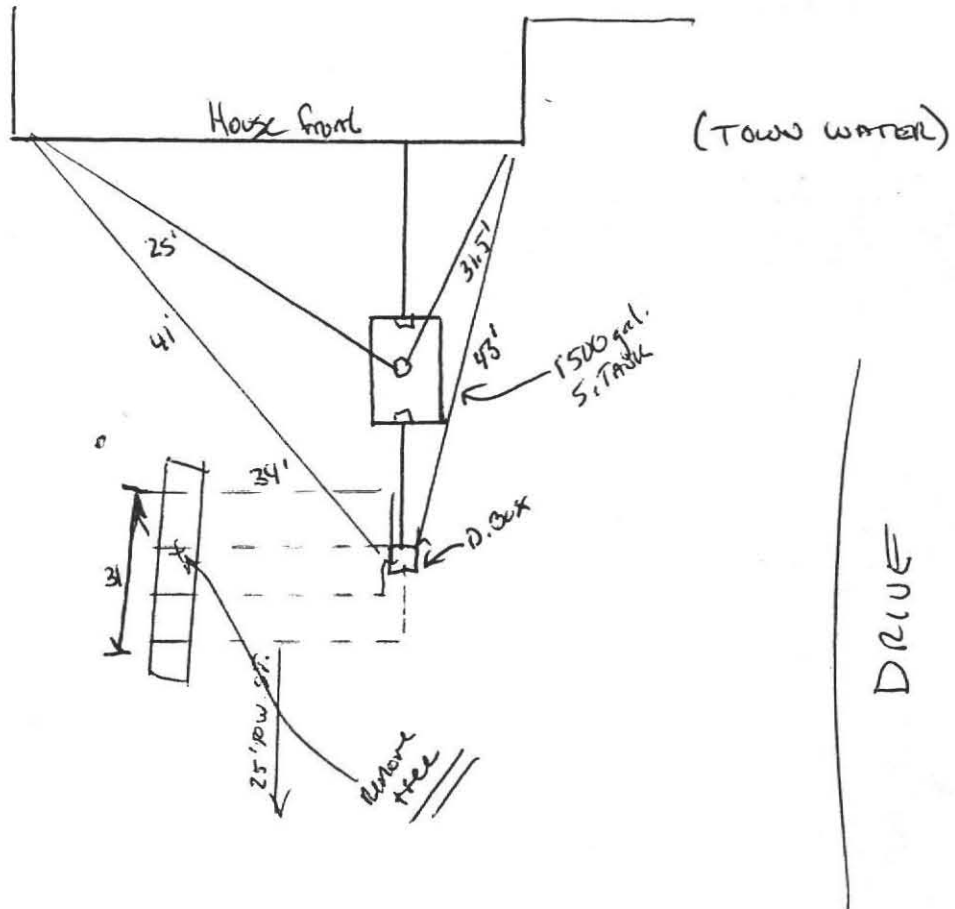
Property Address: 1260 W 5TH ST
Owner: Zimmerman
Date of Inspection: 10/15/96

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

(SEE Attached)

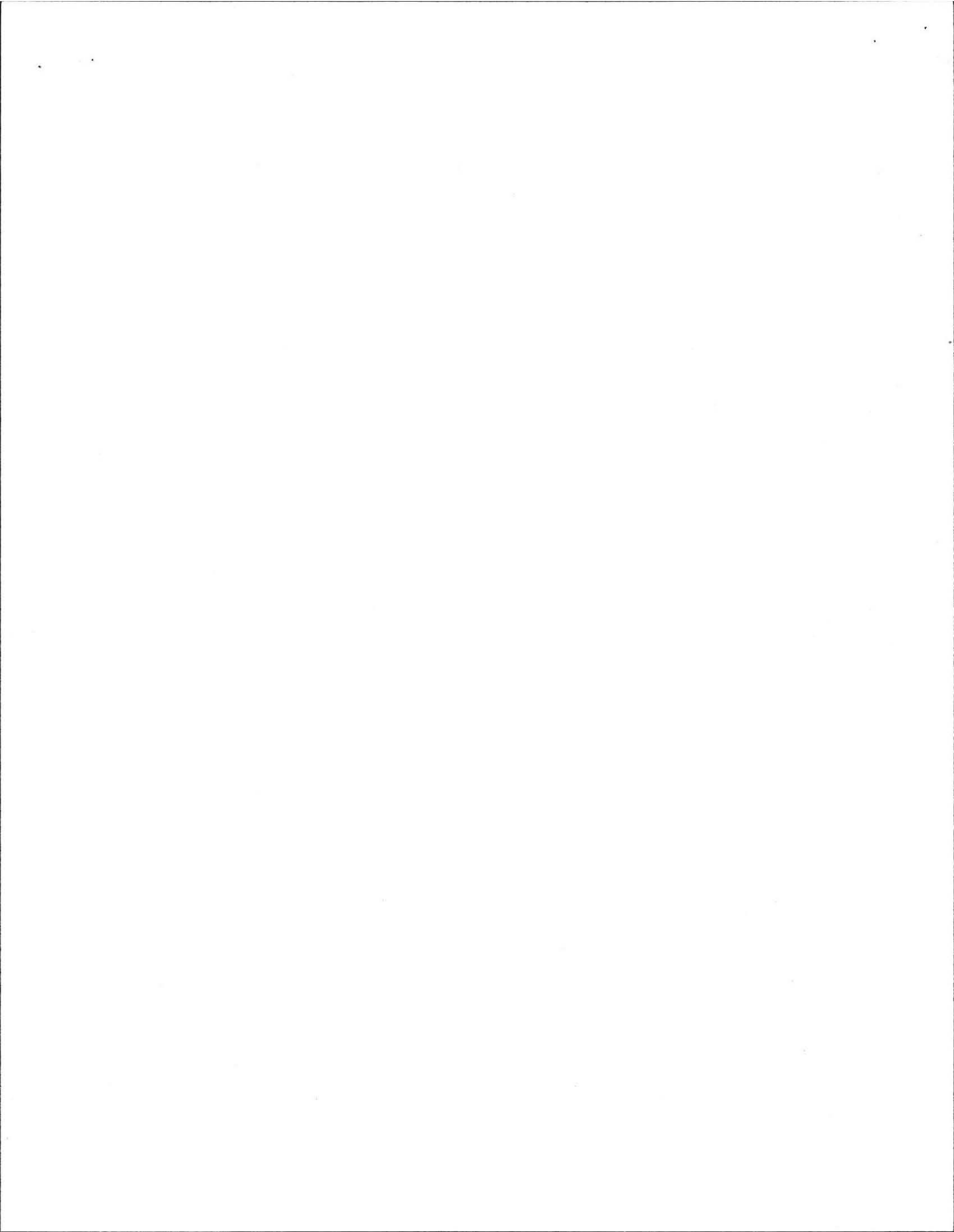
NOTE - REMOVE TREE IN GARDEN.



DEPTH TO GROUNDWATER

Depth to groundwater: 10' + feet

method of determination or approximation: perc on adjacent lot in 1995, & TOPO.



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

DIG FOR
PUMPING 11:00 AM
TUE 10/15

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

#1260 WEST ST

Owner RESS CONSTRUCTION Address SOUTHAMPTON

Installer KARLS E.C. Address RIVER DR. HADLEY

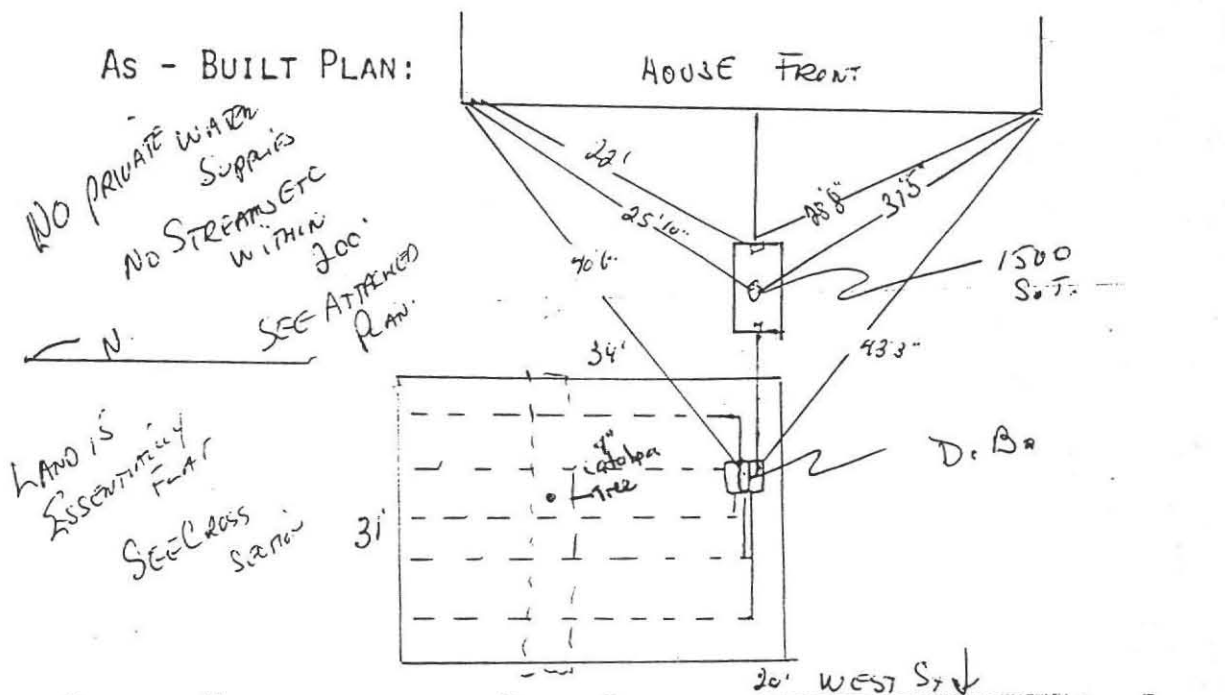
Date Installation Inspected and Approved Nov. 1982

Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet: 1054

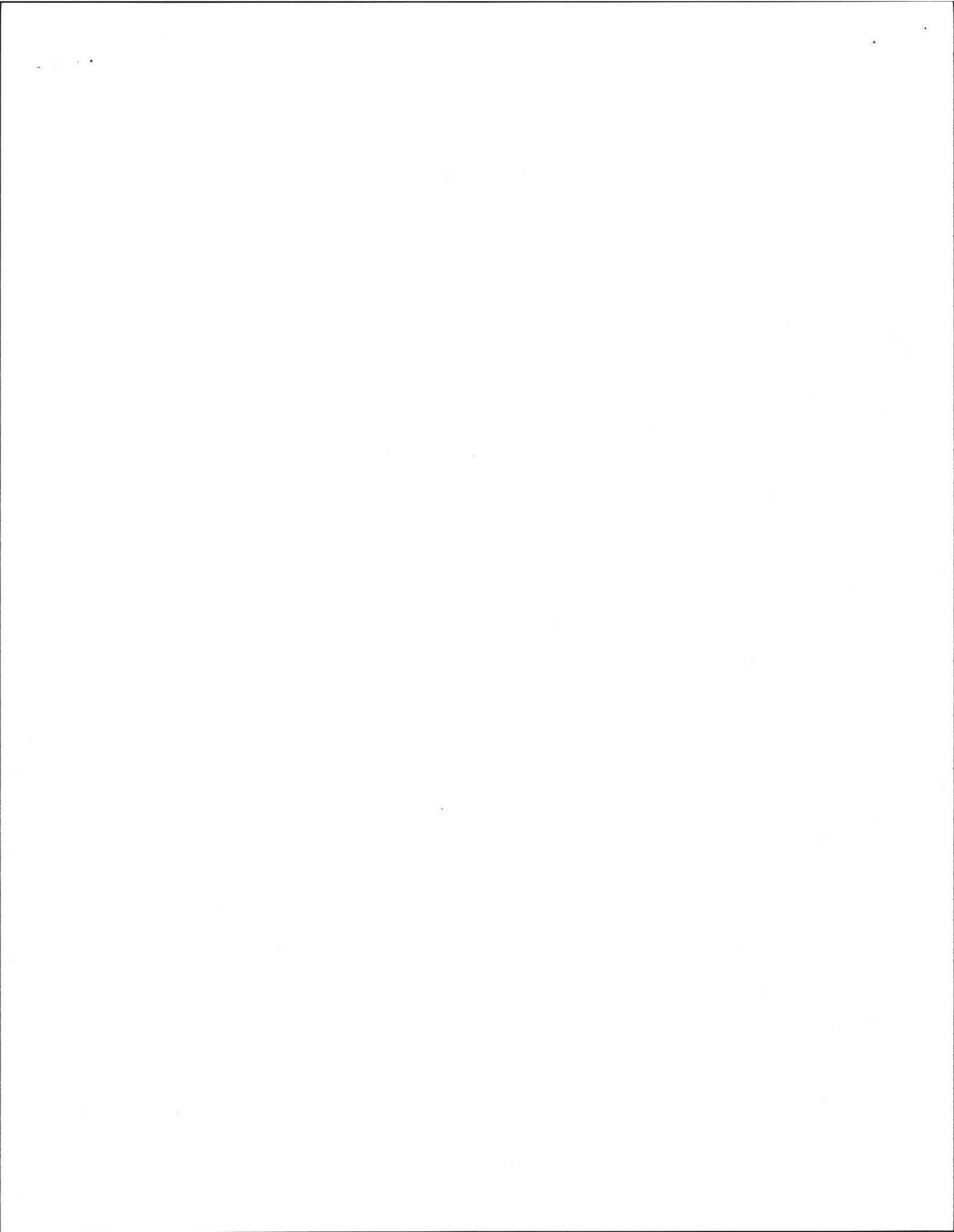
Garbage Grinder Yes (X) No () No. Bedrooms: (3) No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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



DEPT SOIL LOGS

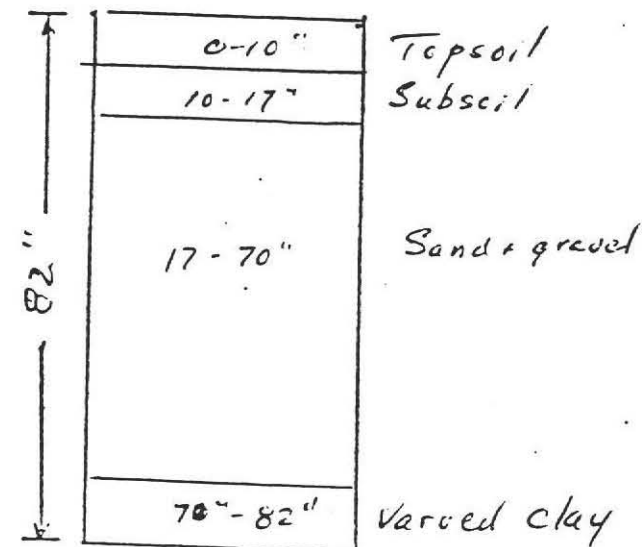
OWNER Est. of Harold Lovett

Date Apr. 21 198

LOCATION West St. Rt 116

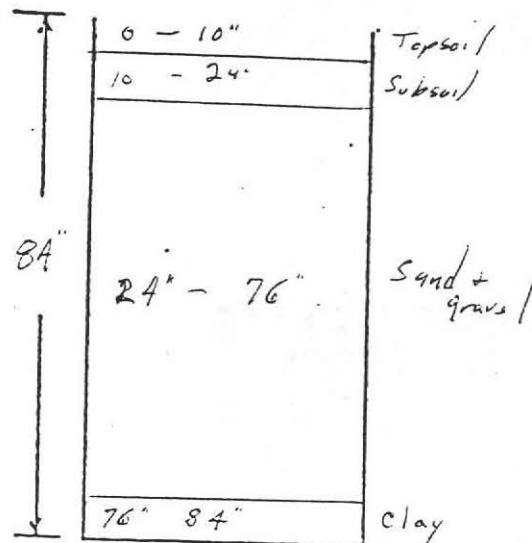
OBSERVER F.A.F. 105

Soil

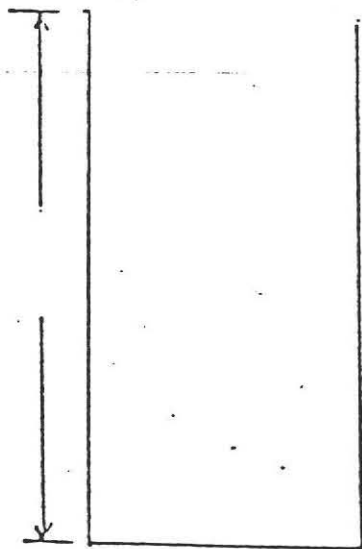


Ground Water none

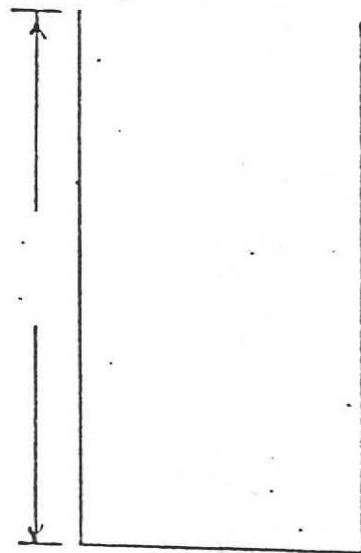
Alt.



Ground Water None



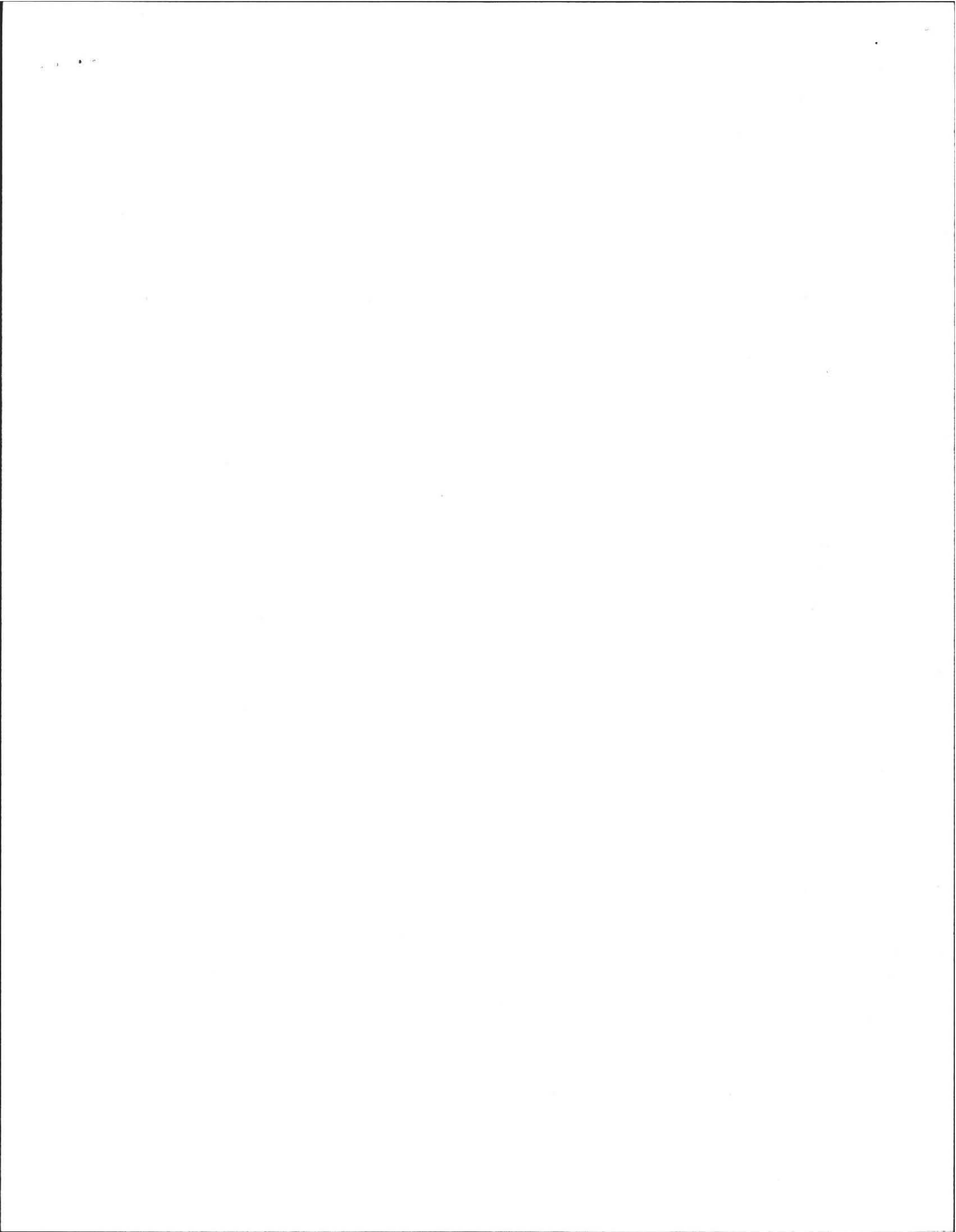
Ground Water _____



Ground Water _____

Percolation Rate at 33"
< 2 minutes/inch





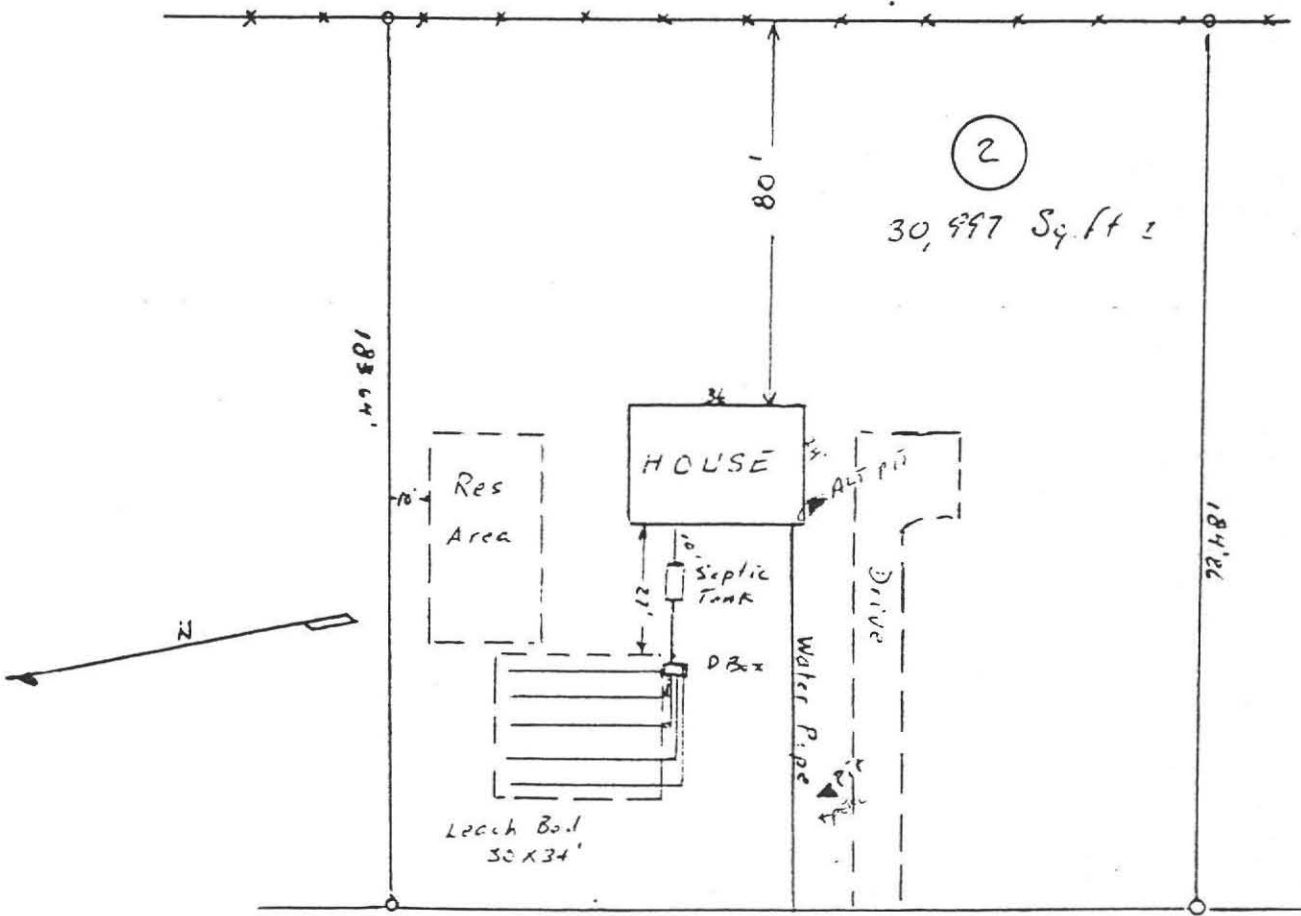
PLAN SHOWING SEWAGE DISPOSAL

For:
 1/2 Rens Building Corp Ltd.
 Rt. 66
 Westhampton

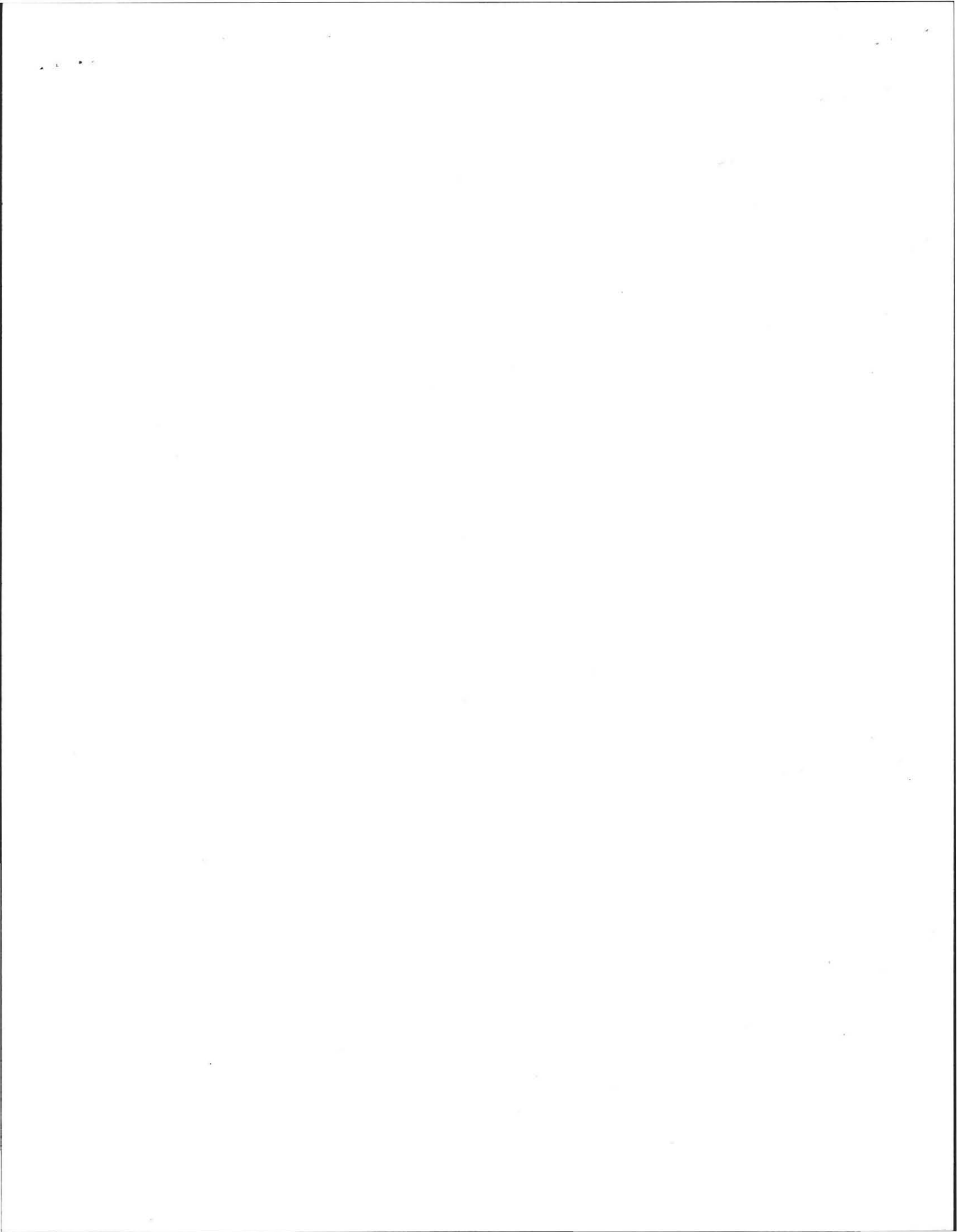
Location: West St.; Rt 116

Scale: 1" = 40'

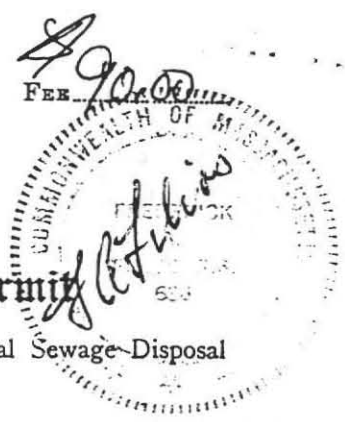
By: Frederick Filios



WEST ST RT 116



No. 82-12



THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (✓) or Repair () an Individual Sewage-Disposal System at:

Location - Address: West St, Rt 116 or Lot No. 2
Ross Building Corp Ltd. or Lot No. Westhampton Ma
Owner: KARL'S EXCAVATING Address: River Dr. Nadey
Installer: _____ Address: _____

Type of Building _____ Size Lot: 30,997 Sq. feet
Dwelling — No. of Bedrooms: 4 Expansion Attic () Garbage Grinder (X)
Other — Type of Building _____ No. of persons _____ Showers () — Cafeteria ()
Other fixtures _____

Design Flow: 55 gallons per person per day. Total daily flow: 440 gallons.
Septic Tank — Liquid capacity: 1500 gallons Length: _____ Width: _____ Diameter: _____ Depth: _____
Disposal Trench — No. 1 Width: 30 Total Length: 34' Total leaching area: 1020 sq. ft.
Seepage Pit No. _____ Diameter: _____ Depth below inlet: _____ Total leaching area: _____ sq. ft.

Other Distribution box (X) Dosing tank ()
Percolation Test Results Performed by: Frederick Filios Date: Apr. 21 1982
Test Pit No. 1: 2 minutes per inch Depth of Test Pit: 82" Depth to ground water: None
Test Pit No. 2: _____ minutes per inch Depth of Test Pit: _____ Depth to ground water: _____

Description of Soil: enclosed

Nature of Repairs or Alterations — Answer when applicable _____

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: Robert E. Herold
Application Approved By: [Signature] Date: 11-2-82

Application Disapproved for the following reasons: _____
Date: _____

Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY That the Individual Sewage Disposal System constructed (X) or Repaired ()
by: KARL'S EXCAVATING
at: WEST ST RTE 116 Installer

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 82-12 dated 11-2-82

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE: 11-12-82 Inspector: [Signature]

CHECK OR FILL IN WHERE APPLICABLE

