CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian

#47

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 47 Wildflower Dr., Amherst
Owner's name Carol Sikora
Date of Inspection 4/10/95

PART A
CHECKLIST

Check if the following have been done:

Y Pumping information was requested of the owner, occupant, and Board of Health.

(Y) note (pumped 3/20/95)
See 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.

Y As built plans have been obtained and examined. Note if they are not available with N/A. pumped

Y The facility or dwelling was inspected for signs of sewage back-up.

Y The site was inspected for signs of breakout.

Y All system components, excluding the SAS, have been located on the site.

Y 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.

Y The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.

Y The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

NOTE: Pump Annually with Garbage Grinder. (AW)

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

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

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

3 number of bedrooms
3 number of current residents
y garbage grinder, (yes) or no ← USE SPARINGLY OR REMOVE. (Pump Annually at Site
y laundry connected to system, (yes) or no
y seasonal use, (yes) or no

If nonresidential, calculated flow:

Water meter readings, if available:

_____ Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:
MARCH 20, 1995

____ System pumped as part of inspection, yes or (no)
if yes, volume pumped _____
Reason for pumping:

Type of system
✓ Septic tank/distribution box/soil absorption system
____ Single cesspool
____ Overflow cesspool
____ Privy
____ Shared system (yes or no) (if yes, attach previous inspection records, if any)
____ Other (explain)

Approximate age of all components. Date installed, if known. Source of information:
1985

No Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: 1500 gal
(locate on site plan)

depth below grade: 6"-18" (out to in) (rear to Front)

material of construction: ✓ concrete ____ metal ____ FRP ____ other(explain)

dimensions: 10' x 5' +/-

1" sludge depth
54" distance from top of sludge to bottom of outlet tee or baffle
0" scum thickness
12" distance from top of scum to top of outlet tee or baffle
24" 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, recommendations for repairs, etc.)

DISTRIBUTION BOX: Y
(locate on site plan)

14-1/2" depth of liquid level above outlet invert 18" Below grade

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)
equal distribution

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, recommendations for maintenance or repairs,etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

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

If not determined to be present, explain:

Type
leaching pits and number — Leach Bed - 1985
leaching chambers and number
leaching galleries and number
leaching trenches, number, length
leaching fields, number, dimensions — 1 - 18'x28'
overflow cesspool, number

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs,etc.)
Good Condition

CESSPOOLS (locate on site plan):

number and configuration — N/A
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, recommendations for maintenance or repairs,etc.)

PRIVY:
(locate on site plan)

materials of construction — N/A
dimensions
depth of solids

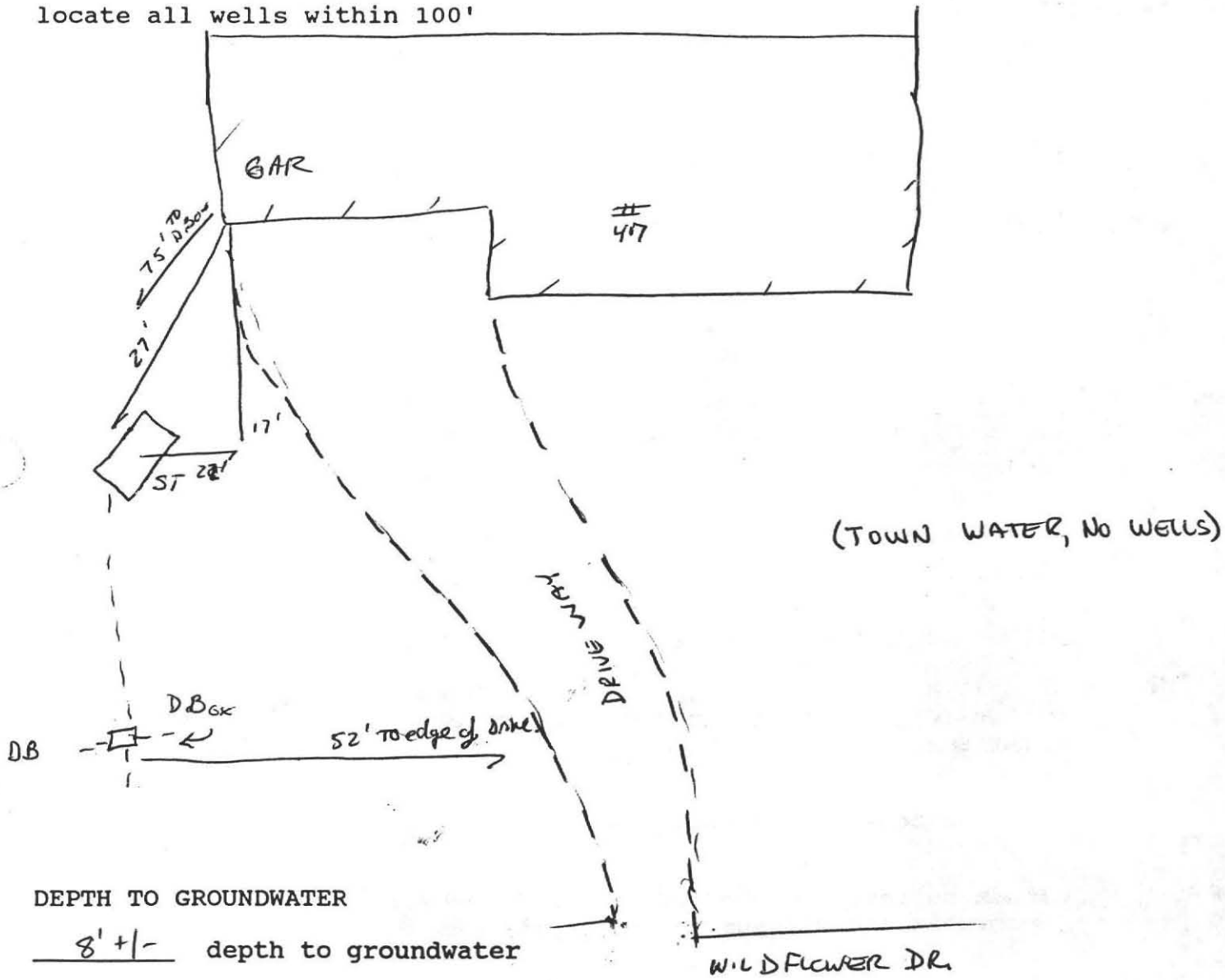
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs,etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks

locate all wells within 100'



DEPTH TO GROUNDWATER

8' +/- depth to groundwater

method of determination or approximation:
TOPOGRAPHY / SOILS

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

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

N Backup of sewage into facility?

N Discharge or ponding of effluent to the surface of the ground or surface waters?

N Static liquid level in the distribution box above outlet invert?

NA Liquid depth in cesspool <6" below invert or available volume< 1/2 day flow?

N Required pumping 4 times or more in the last year?
number of times pumped _____

N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?

Is any portion of the SAS, cesspool or privy:
N below the high groundwater elevation?

N within 50 feet of a surface water?

N within 100 feet of a surface water supply or tributary to a surface water supply?

N within a Zone I of a public well?

N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, <u>not</u> the SAS)?

N within 50 feet of a private water supply well?

N 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 analy for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector ALAN E. WEISS, R.S. - LIC. 933

Company Name COLD SPRING ENVIRONMENTAL, INC.

Company Address 350 OLD ENFIELD RD.
BELCHERTOWN, MA 01007

Certification Statement
I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and manitenance of on-site sewage disposal systems.

Check one:

✓ I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the **FAILURE CRITERIA** section of this form.

____ I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the **FAILURE CRITERIA** section of this form.

Inspector's Signature

Date 4/10/95

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Original to system owner CAROL SIKORA

Copies to: Peter McConnell, Esq.

Buyer (if applicable) - UNK.
Approving authority - D. ZAROZINSKI, B.O.H.

ARMY ROTC

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BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Rick Fay Address Cliffside Apts Sunderland

Installer Ed Stone Address Montague Mass

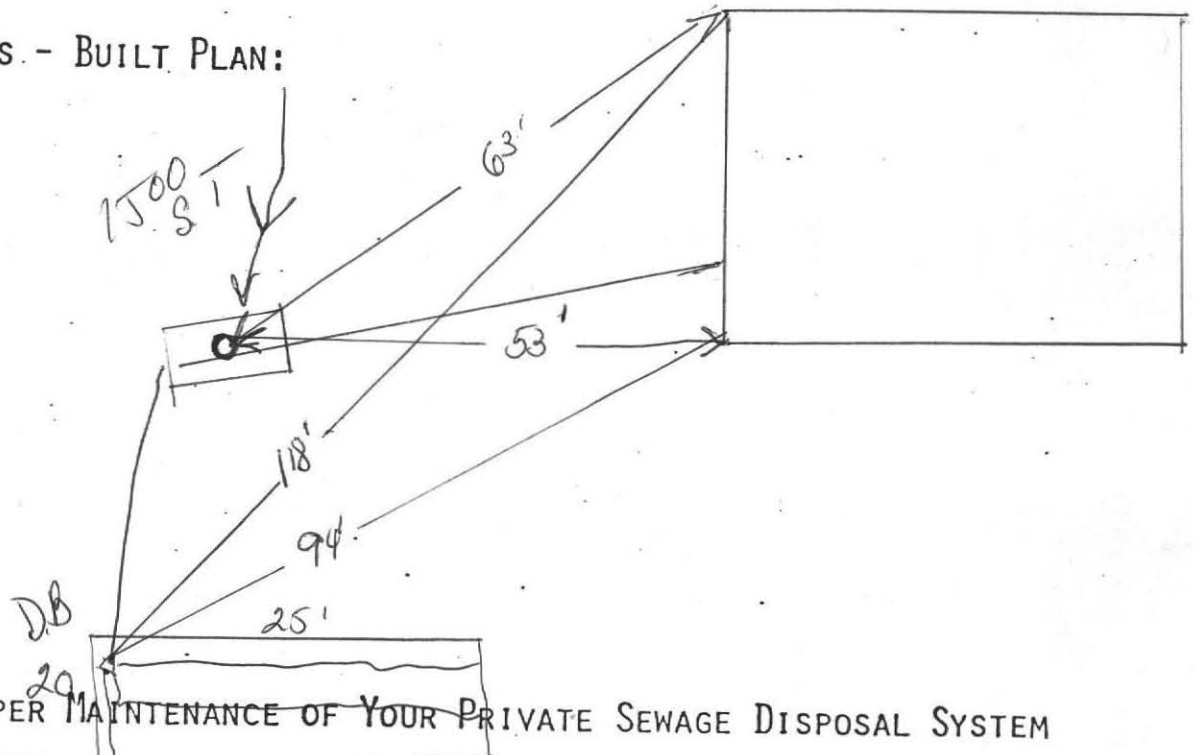
Date Installation Inspected and Approved - 1985 -

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 500

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.

No. 84-43

Fee 90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK FILIOS, R.S. 688

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

47 Wildflower Drive — Location - Address
#51 Amherst Woods — or Lot No.

Richard Fay — Owner
Cliffside Apt S-2 Sunderland Ma — Address

Ed Stone — Installer
Montague — Address

Type of Building — Size Lot 30,600 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (✓)

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal ~~Trench~~ Bed — No. 1 Width 18' Total Length 28' Total leaching area 504 sq. ft.

Seepage Pit No. ..... Diameter ..... Depth below inlet ..... Total leaching area ..... sq. ft.

Other Distribution box (✓) Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date June 1984

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water 60"

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 aforedescribed 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 X Richard Fay — Date 12/28/84

Application Approved By ..... Date .....

Application Disapproved *for the following reasons:* .....

Date .....

Permit No. ..... Issued ..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( ) by ..... Installer

at .....

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. ..... dated .....

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

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

No. ..... Fee .....

Disposal Works Construction Permit

Permission is hereby granted .....

to Construct ( ) or Repair ( ) an Individual Sewage Disposal System

at No. ..... Street

as shown on the application for Disposal Works Construction Permit No. ..... Dated .....

..... Board of Health

DATE .....

CHECK OR FILL IN WHERE APPLICABLE

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No. 84-43.

Fee

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

FREDERICK FILIOS, R.S. 638

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

Wildflower Drive — #51 Amherst Woods
Location - Address — or Lot No.

Richard Fay — Cliffside Apt S-2 Sunderland Ma
Owner — Address

Ed Stone — Montague
Installer — Address

Type of Building — Size Lot 30,600 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (✓)

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Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

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Signed ..... Date

Application Approved By ..... Date

Application Disapproved *for the following reasons:* .....

Date

Permit No. ..... Issued ..... Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

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Installer

at .....

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. ..... dated .....

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DATE ..... Inspector .....

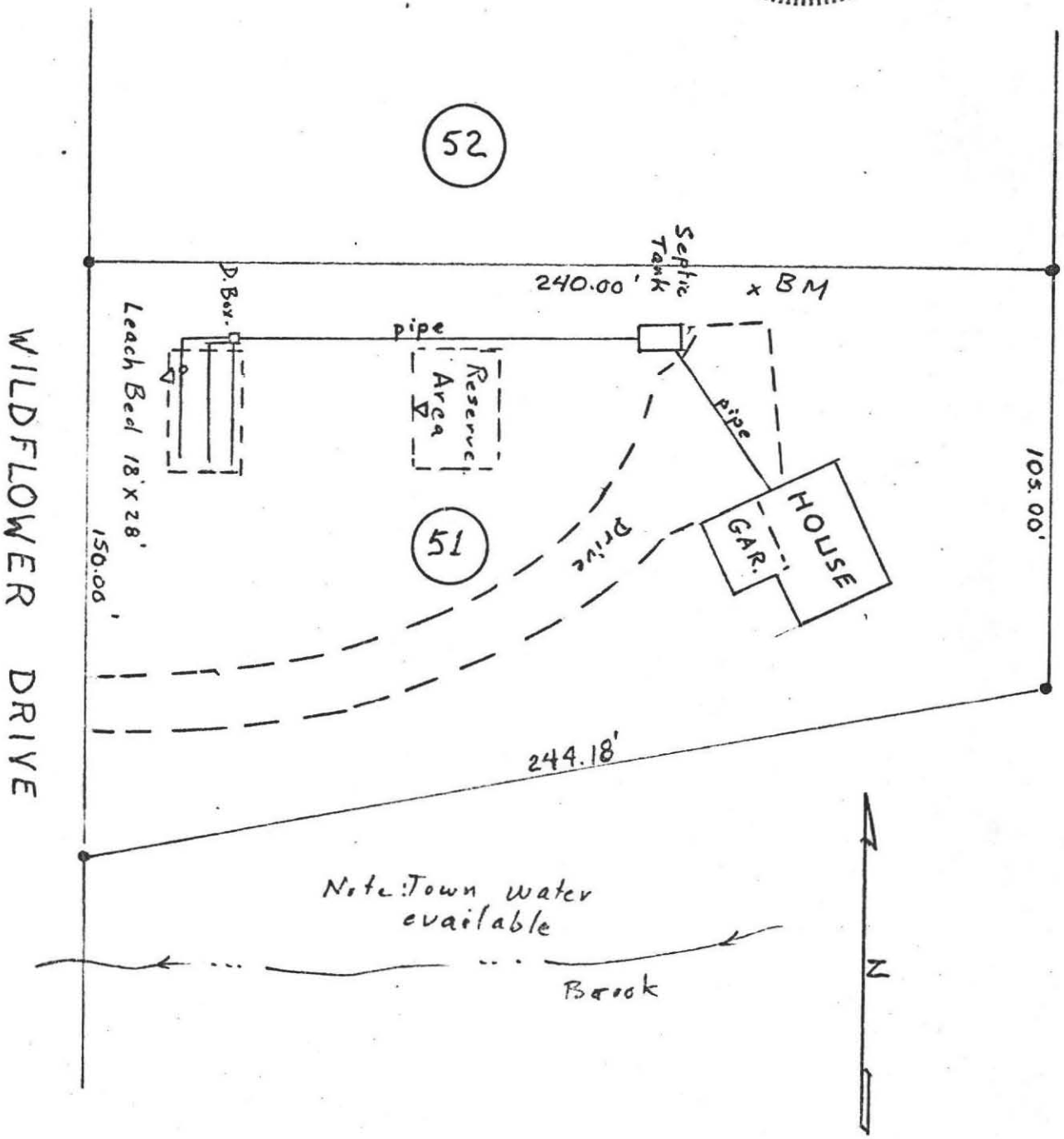
THE COMMONWEALTH OF MASSACHUSETTS

PLAN SHOWING SEWAGE DISPOSAL

Dec 1984

For: Richard Fay (builder)
Apt S-2
Cliffside Apts
Sunderland Mass.

Scale: 1" = 40 feet
By: Frederick Filios



PERCOLATION TEST LOCATION

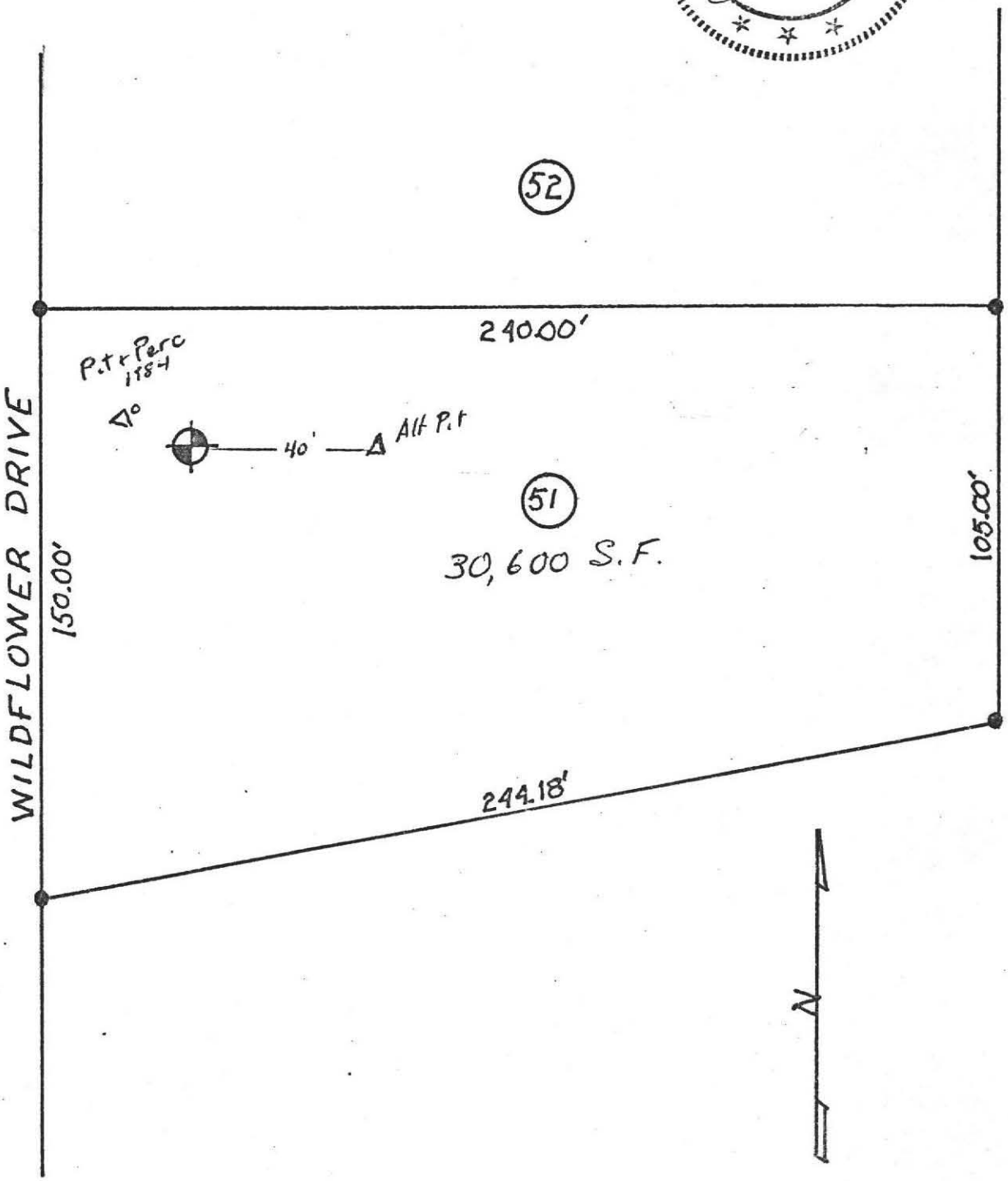
1984

For: Amherst Woods Phase II (Richard Fay)
Lot #51 (Richard Fay)

Scale: 1" = 40'

By: Frederick Filios

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



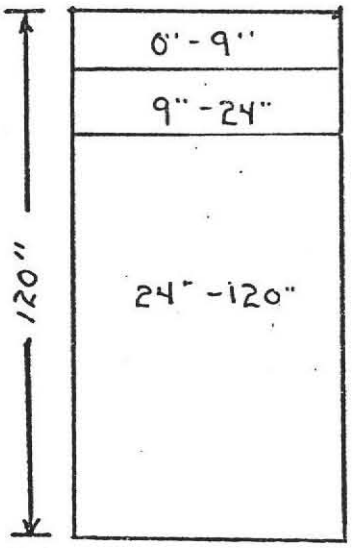
DEEP SOIL LOGS

OWNER Richard Fay
Amherst Woods, Phase II

Date June 1984

LOCATION Wildflower Drive, Lot #51

OBSERVER F.A. Filios

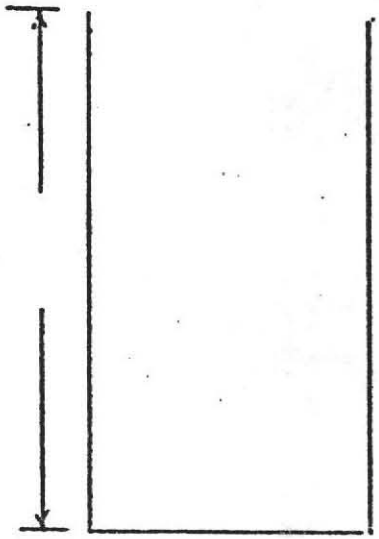


Topsoil

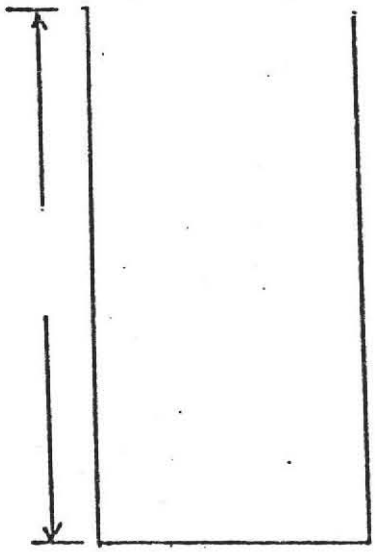
Subsoil

Firm sandy glacial till with gravel and stones.

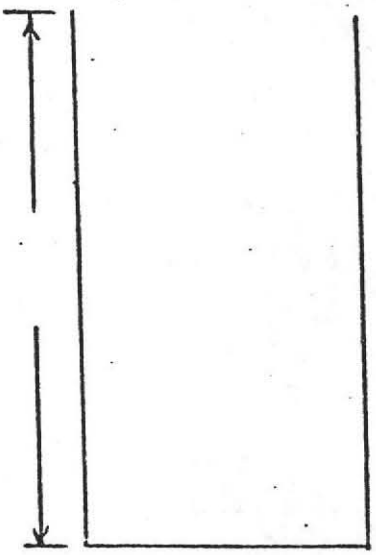
Ground Water 60" (seepage)



Ground Water _____



Ground Water _____



Ground Water _____

Percolation Rate at 44"

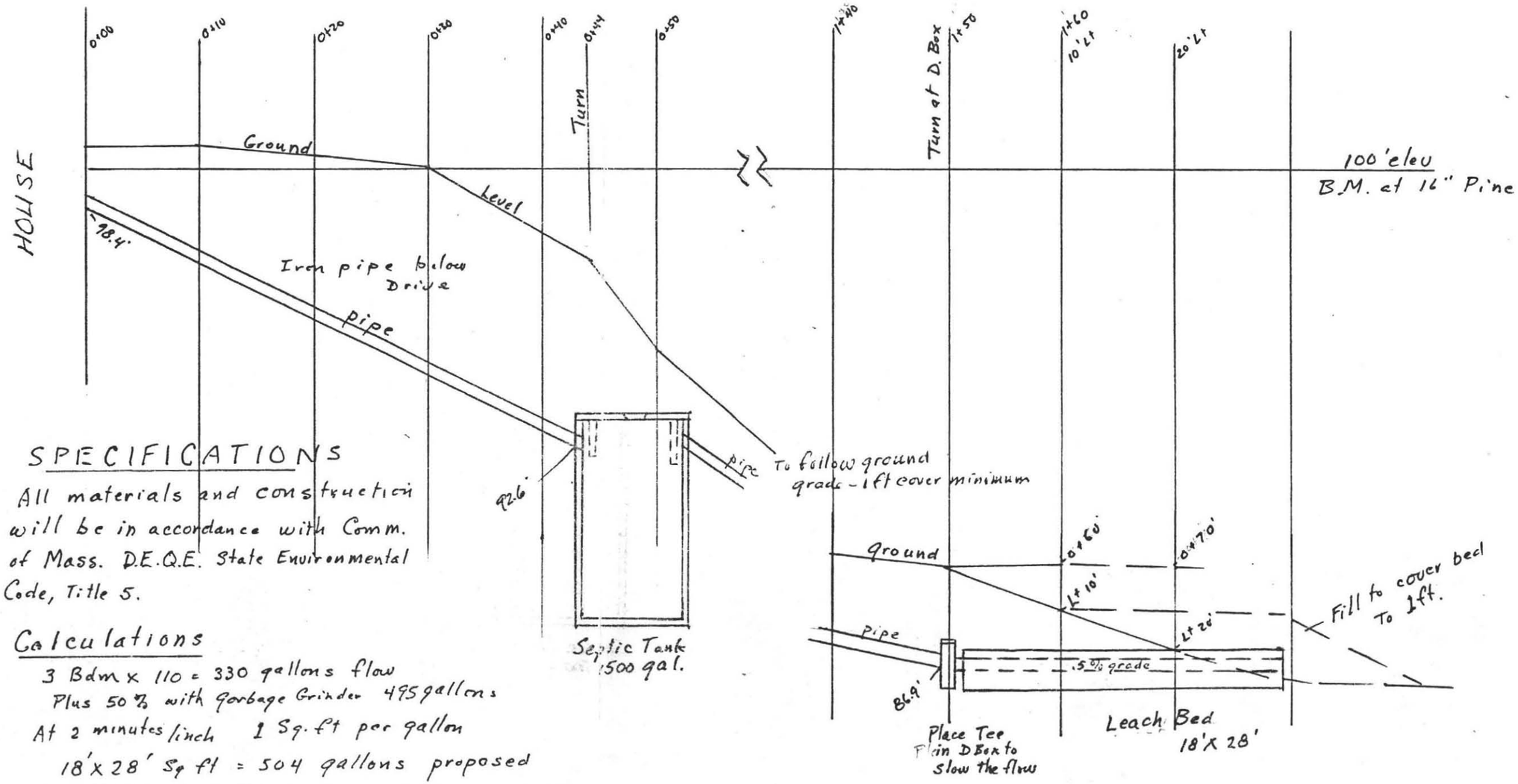
< 2 min/inch

COMMONWEALTH OF MASSACHUSETTS

PROFILE OF SEPTIC SYSTEM

For: Richard Fay
Cliffside Apts S-2
Sunderland Mass
At: Amherst Woods Lot # 51

Scale: Horizontal; 1" = 10'
Vertical; 1" = 3'
By: Frederick Filios
Dec 1984



SPECIFICATIONS

All materials and construction will be in accordance with Comm. of Mass. D.E.Q.E. State Environmental Code, Title 5.

Calculations

3 Bdm x 110 = 330 gallons flow
Plus 50% with Garbage Grinder 495 gallons
At 2 minutes/inch 1 Sq. ft per gallon
18' x 28' Sq ft = 504 gallons proposed