

Board of Health
April 18, 1995
Meeting Minutes

Present: Ellen Foberg, Leonard Laffond, Melissa Quinn

The meeting was called to order at 7:01 PM. Also present was J.P. Glutting (UMass student and representative from the Franklin County Community Health Planning Group).

Mr. Glutting is doing a "needs assessment" in conjunction with writing a grant application for funding to set up a community health center in western Franklin County, probably in the Shelburne Falls area. (see attached brochure) The Board gave their approval to the project. Mr. Glutting noted that there are some meetings coming up, and invited the Board to attend. He will send the Board minutes of the meetings.

Phyllis Lataweic (Director, Rowe Camp & Conference Center) came in to discuss a change of use at the "Brook House" on Kings Highway. She is looking into switching a living room and a bedroom, and also adding a bedroom to bring the total to five. Chairman Foberg advised her to discuss switching the use of the two rooms with the building inspector. In regard to adding a bedroom, the Chairman will discuss this matter with Health Agent John Brickett, as this would require a review and possible upgrade of the existing septic system. Ms. Lataweic asked that when discussing the matter with Mr. Brickett, the Chairman ascertain what would be required to go to six bedrooms.

Ms. Lataweic also informed the Board that the RCC has budgeted for private trash disposal for the ensuing year. They have been unable to contract with a hauler as yet, and the Board offered several suggestions, including Commercial Disposal of West Springfield, the firm that hauls the Town solid waste. RCC would like to continue to use the transfer station for recycled material, which was approved by the Board.

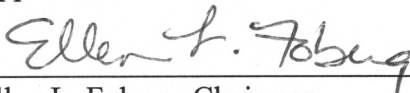
A copy of a subsurface sewage disposal system inspection report was received from Thomas S. Leue (Homestead Inc.) of Ashfield for the Marion Smith property on Hazelton Road. The system has been deemed as a failed system. (see attached) Ms. Quinn was directed to contact the Department of Environmental Protection to find out what action is required by the Board.

Mr. Laffond reported that he and Mr. Brickett conducted an inspection of the Bradley Bed & Breakfast establishment on Middletown Hill Road on March 31 for a food establishment license. Ms. Quinn was directed to call Mr. Brickett and obtain a copy of the inspection report before issuing a license.

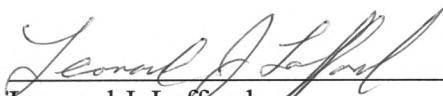
The meeting adjourned at 7:57 PM.

Respectfully submitted,
Melissa S. Quinn, Administrative Assistant

Approved:



Ellen L. Foberg, Chairman



Leonard J. Laffond

MAP 3
LOT 3

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property Hazleton Rd. Rowe MA 01367
Owner's name Marianne Smith - 603-886-1648
Date of Inspection 4/13/95

Owner's Address - 149 Highland St.
Hudson NH 03051

PART A
CHECKLIST

Septic Pumper: Bestley

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.
- N/A 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 site was inspected for signs of breakout.
- All system components, excluding the SAS, 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 SAS 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 SSDS.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 3 number of bedrooms
- 4 number of current residents
- No garbage grinder, yes or no
- yes laundry connected to system, yes or no
- No seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

n/a Last date of occupancy - Private well

GENERAL INFORMATION

Pumping records and source of information:

Y System pumped as part of inspection, yes or no
 if yes, volume pumped 1,000 gal
 Reason for pumping:
deserve condition of tank.

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:

tank installed 10/9/90
System installed 4/25/88

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: Y
(locate on site plan)

depth below grade: 10"

material of construction: X concrete metal FRP other(explain)

dimensions: 8' long, 4' wide, 5' deep

- 12" sludge depth
- 17" distance from top of sludge to bottom of outlet tee or baffle
- 2" scum thickness
- 23" distance from top of scum to top of outlet tee or baffle
- 17" 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.)
substantial crack across bottom of tank.
inlet tee is a baffle, not regulation T as per 310CMR 15.22
no leakage into tank
24" square manhole access. Tank pumped clean.

DISTRIBUTION BOX: Y
(locate on site plan)

2" depth of liquid level above outlet invert

Comments:
 (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)
Wood cover with heavy tile on top,
round style with 2 outlet pipes.
Set level, no solids carryover.

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): Y
(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
- leaching chambers and number
- leaching galleries and number
- leaching trenches, number, length
- leaching fields, number, dimensions
- overflow cesspool, number

two trenches, length unknown

Comments:

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

CESSPOOLS (locate on site plan):

none

- 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, recommendations for maintenance or repairs, etc.)

PRIVY:

(locate on site plan)

None

- materials of construction
- 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'

SEE ATTACHED DRAWING

DEPTH TO GROUNDWATER

24" depth to groundwater

method of determination or approximation:

Bordering vegetated wetland shows height of groundwater. Wetland is in close
proximity to SAS, less than 16'. Wetland determined by vegetation types,
alder, sensitive ferns, red maples. Water at surface, but not open standing water.

**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)

- NO Backup of sewage into facility?
- NO Discharge or ponding of effluent to the surface of the ground or surface waters?
- Y Static liquid level in the distribution box above outlet invert?
- N 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 _____
- Y Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?
- N Is any portion of the SAS, cesspool or privy:
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, not 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 analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

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

Name of Inspector Thomas Sheue
 Company Name Homestead Inc.
 Company Address 1664 Cape St., Ashfield MA 01330
413 628-4533

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 maintenance 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.

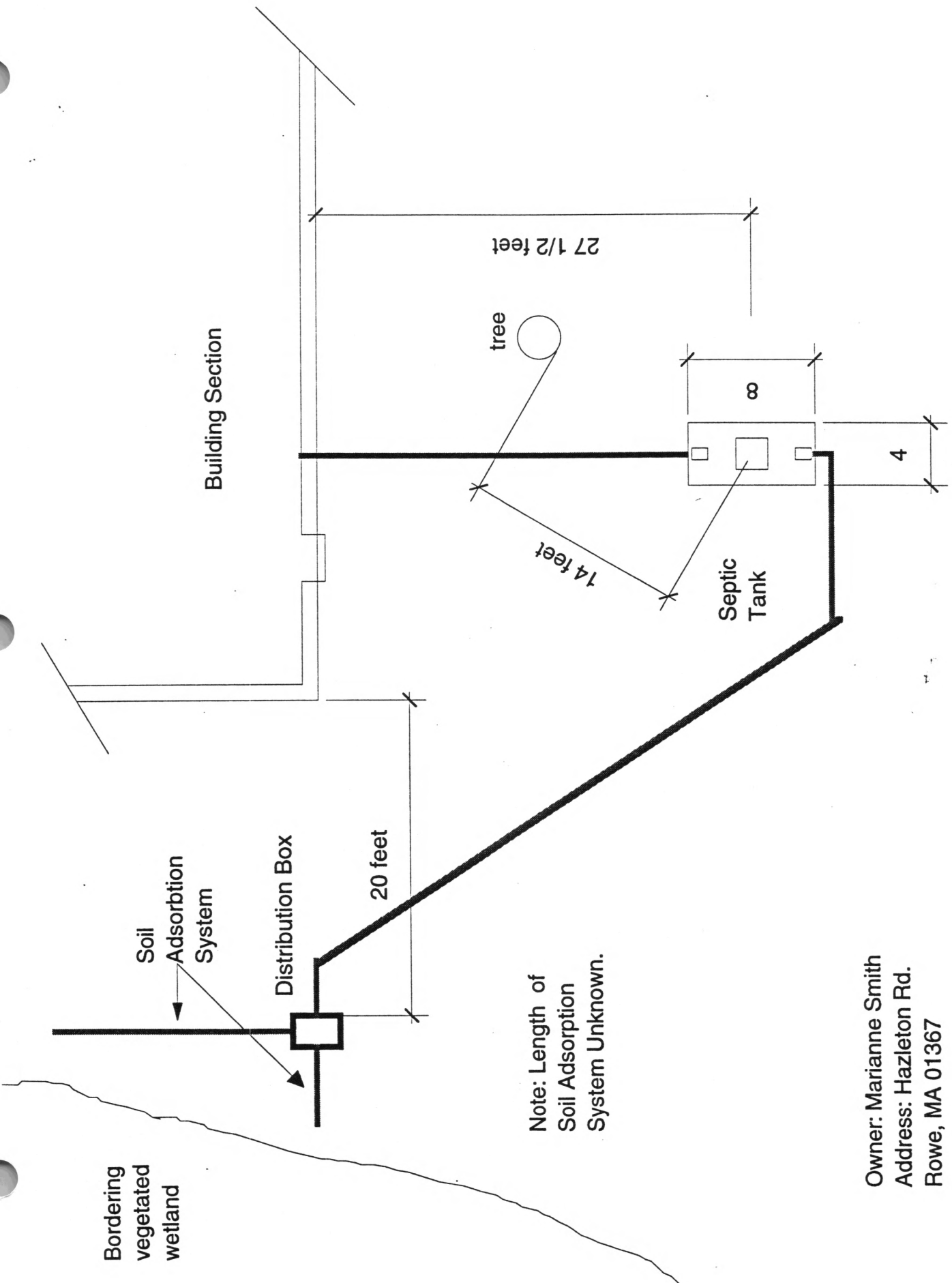
Inspector's Signature Thomas Sheue

Date 4/13/95

Original to system owner

Copies to: Peter Bryant P.O. 425, Rowe, MA

Buyer (if applicable)
 Approving authority



Note: Length of Soil Adsorption System Unknown.

Owner: Marianne Smith
 Address: Hazleton Rd.
 Rowe, MA 01367