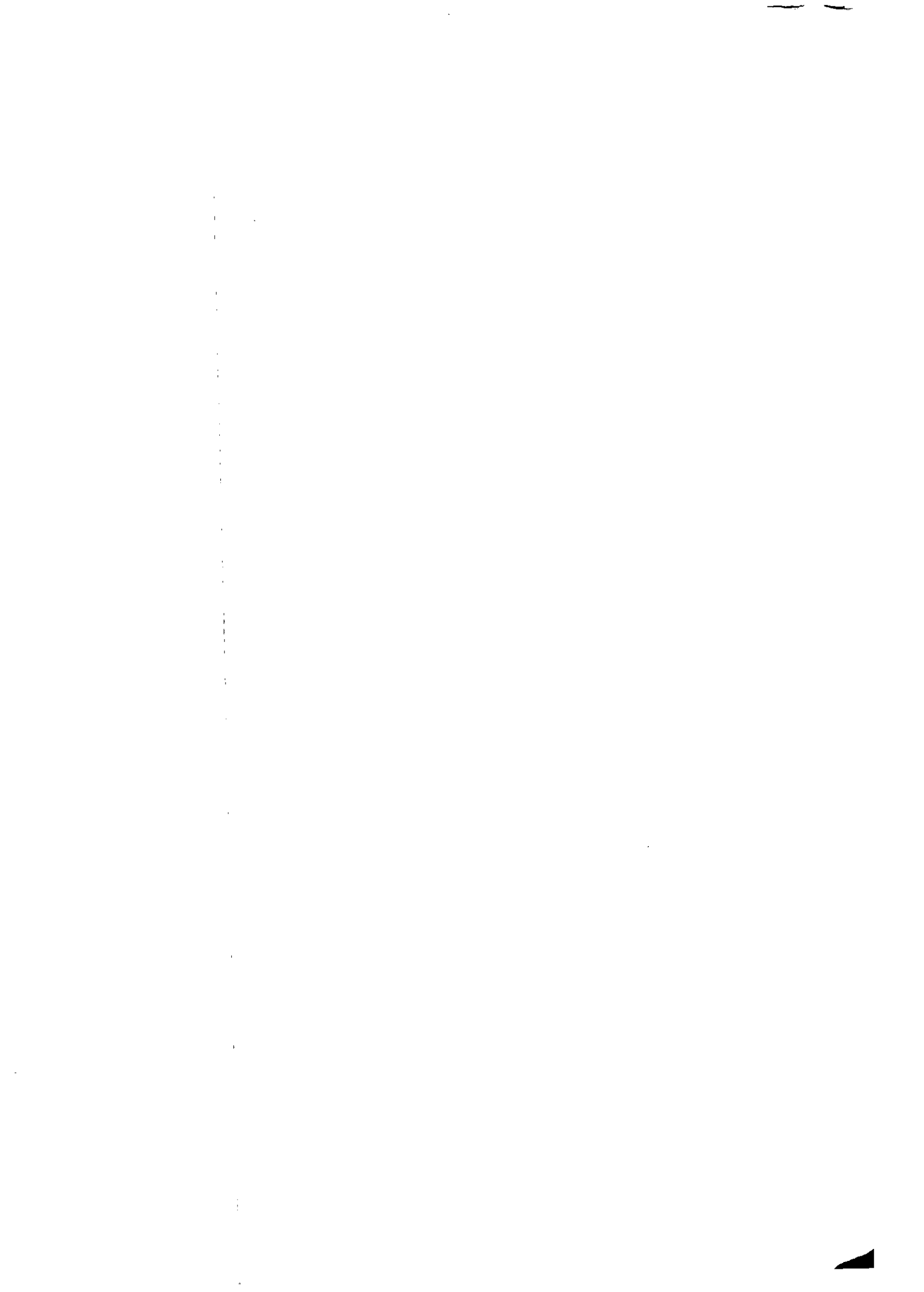


19 ALYSSUM DEIVE



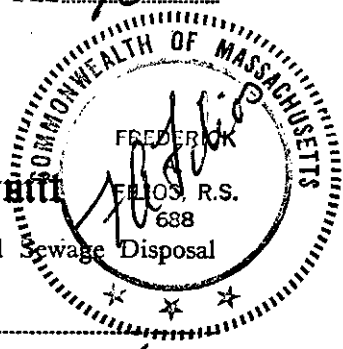
No. 84-8

FEE # 90

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:

19 Alyssum Drive Location - Address Lot # 12 or Lot No.
Thomas + Stephanie Joyce Owner 21 Wilson Rd. Belchertown Ma Address
River De Exc. Installer River Dr. Hadley Address

Type of Building
Dwelling — No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
Other — Type of Building _____ No. of persons _____ Showers () — Cafeteria ()
Other fixtures _____

Design Flow 65 gallons per person per day. Total daily flow 330 gallons.
Septic Tank — Liquid capacity 100 gallons Length _____ Width _____ Diameter _____ Depth _____
Disposal Trench — No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 1 Diameter 10 1/2 x 7 Depth below inlet 5 Total leaching area 175 sq. ft. 73.5 sq. ft. sides bottom
Other Distribution box () _____ Dosing tank () _____
Percolation Test Results .55 Performed by Frederick Filias Date Mar. 16, 1981
Test Pit No. 1 _____ minutes per inch Depth of Test Pit 4 Depth to ground water None at 10'
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.

X Signed Henry Mullis Date 3-22-84
Application Approved By [Signature] Date 3-22-84

Application Disapproved for the following reasons: _____

Permit No. 84-8 Issued 3-22-84 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 _____

CHECK OR FILL IN WHERE APPLICABLE

1912

...

...

...

...

...

...

...

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 84-8

TOWN OF AMNEST

FEE \$ 90

Disposal Works Construction Permit

Permission is hereby granted KELLOGGS - RIVER OR ETC.

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

at No. 19 ALYSSON DR - LOT 12

Street

as shown on the application for Disposal Works Construction Permit No. 84-8

Dated 3-22-84

DATE

3-22-84

Board of Health

[Signature]



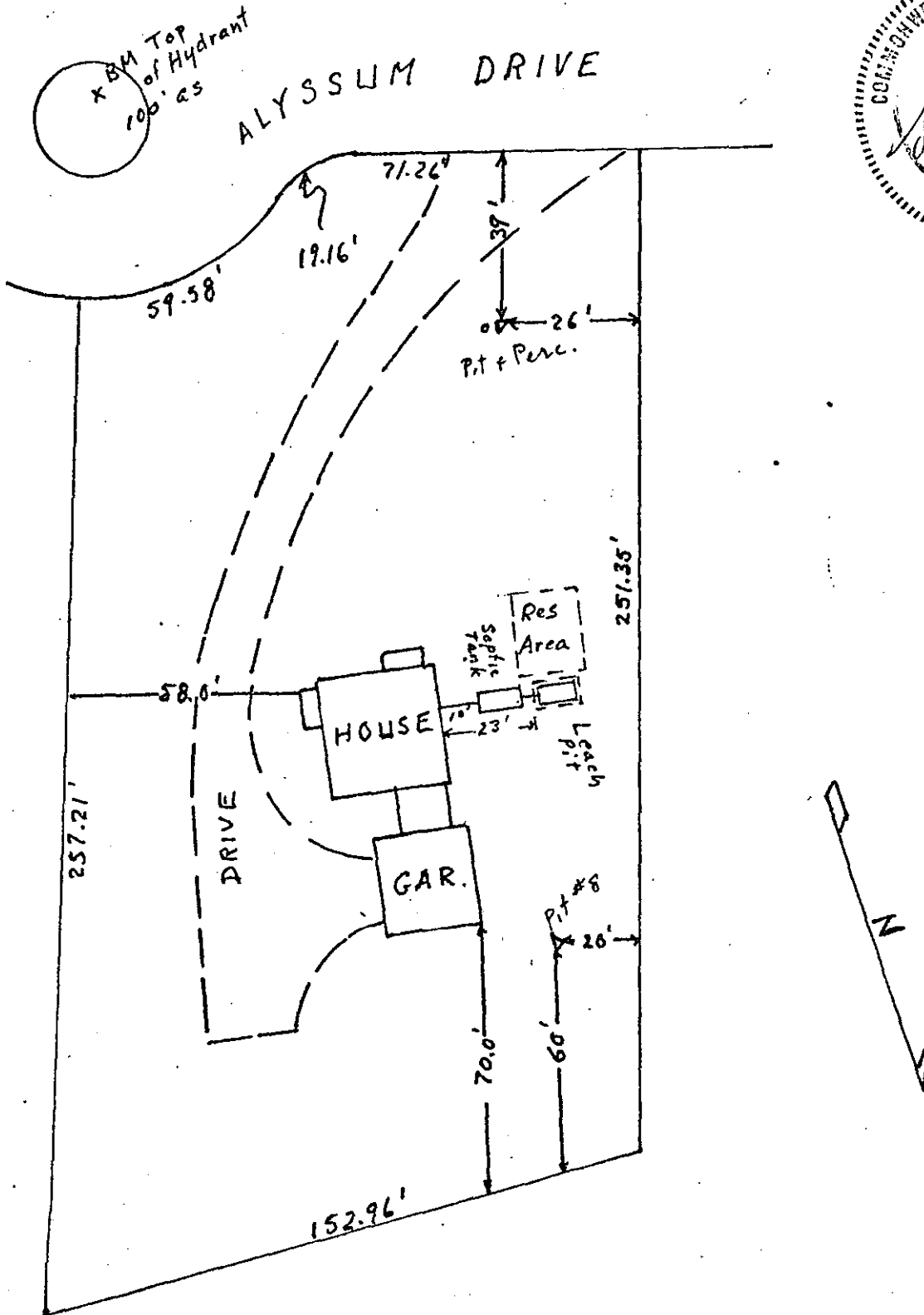
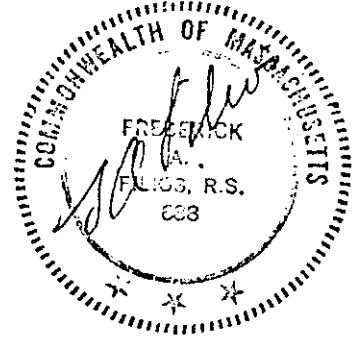
PLAN SHOWING SEWAGE DISPOSAL

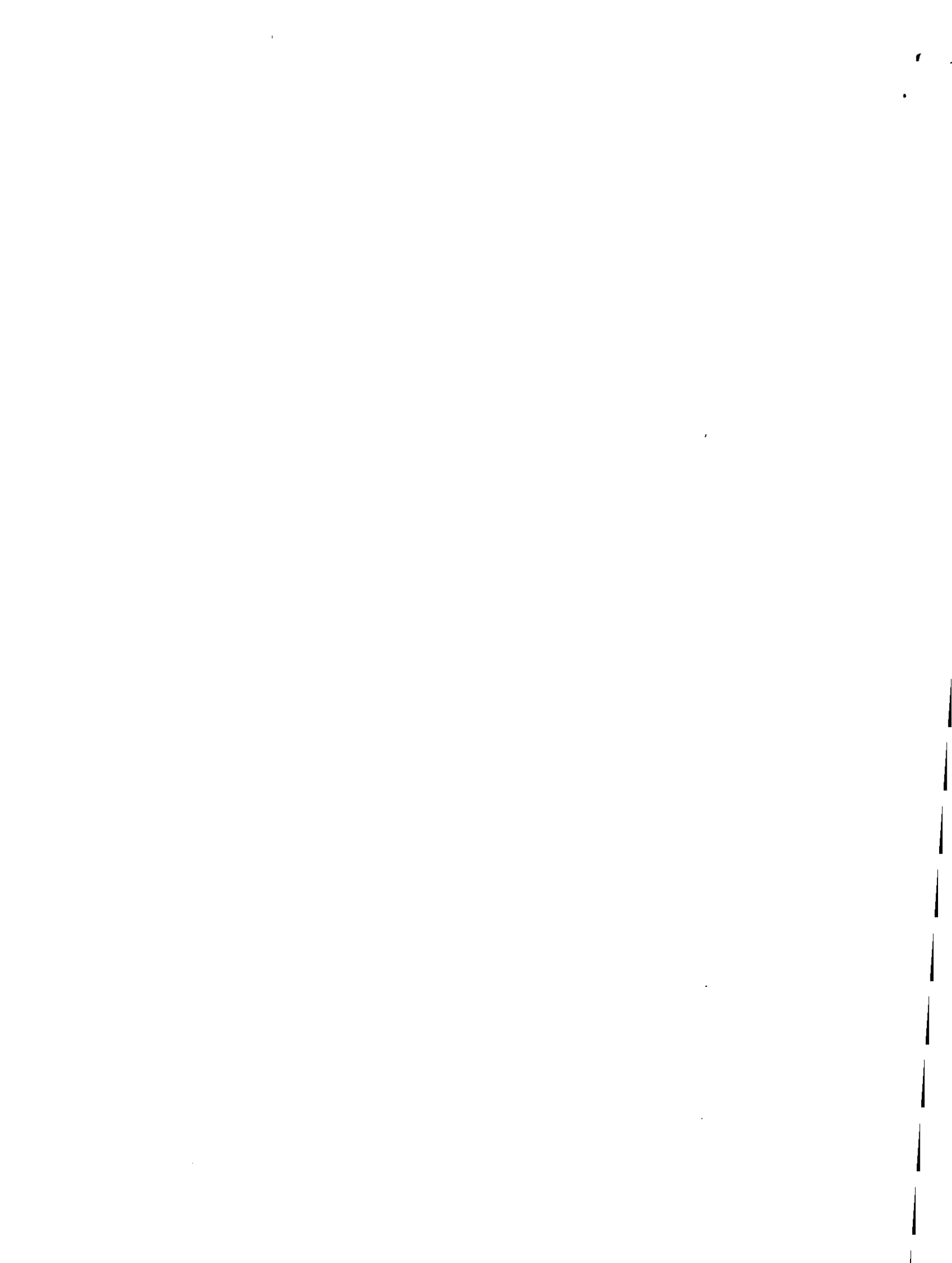
For: Thomas + Stephanie Joyce
At: 19 Alyssum Drive
Amherst Mass.

Mar. 1984

Scale: 1" = 40'

By: Frederick Filios



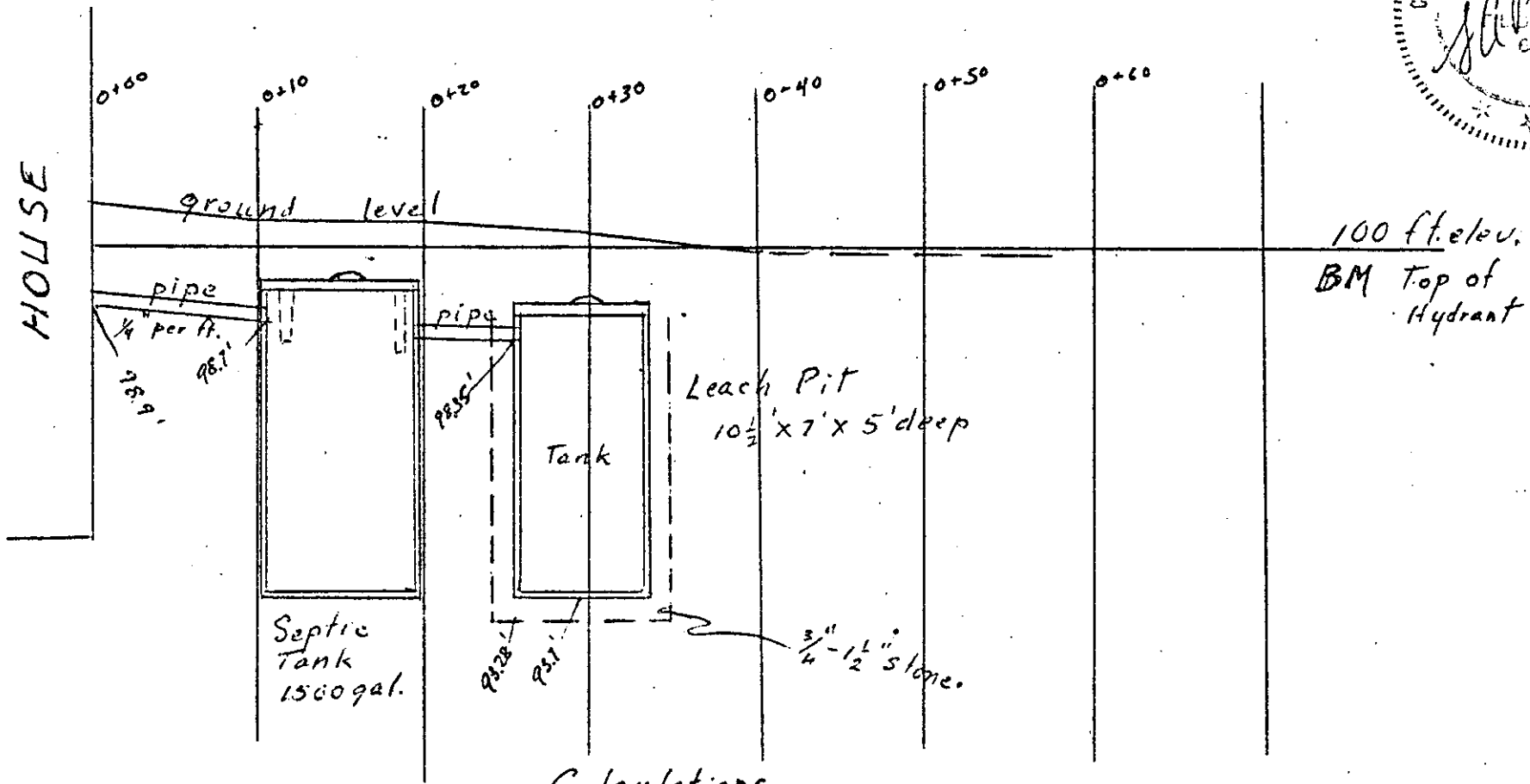


PROFILE OF SEPTIC SYSTEM

For: Thomas + Stephanie Joyce
 At: 19 Alyssum Drive
 Amherst Mass.

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

Mar. 1984



Calculations

$3 \text{ bdm} \times 110 = 330 \text{ gallons flow}$
 $+ 50\% = 495 \text{ gallons - required}$
 At 2 min/inch Sides - 2.5 gal. per sq. ft.
 bottom - 1 gal. per sq. ft.
 Sides $10\frac{1}{2} \times 5 \times 2 = 105 \times 2.5 = 262.5 \text{ gal.}$
 $7 \times 5 \times 2 = 70 \times 2.5 = 175 \text{ gal.}$
 bottom $7 \times 10.5 = 73.5 \times 1 = 73.5 \text{ gal.}$
 Total = 511.0 gallons proposed

DEEP SOIL LOGS

OWNER Amherst Woods Phase I

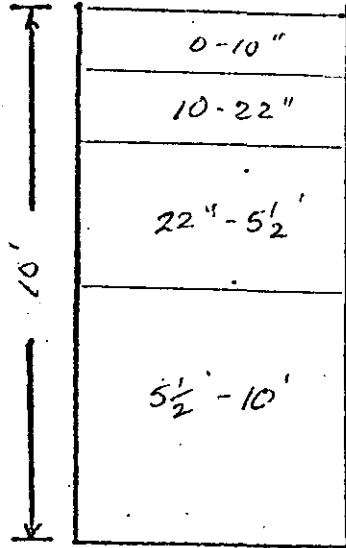
Date Mar 16 1981

LOCATION RUDBECKIA ROAD

OBSERVER EA Filias

Soil

Lot #12



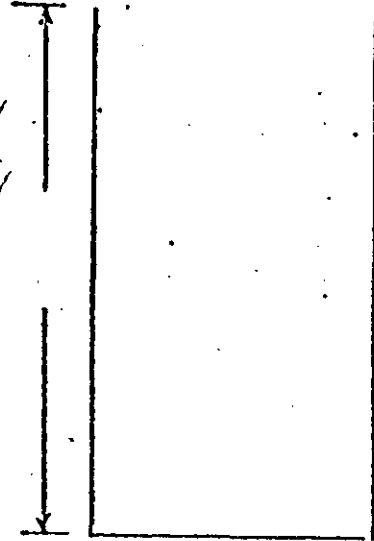
Topsoil

Subsoil; sandy w/
fine gravel

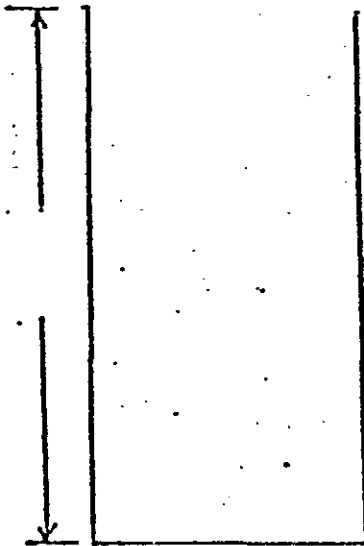
Sand with fine gravel

Coarse sand with
gravel cobbles +
stones

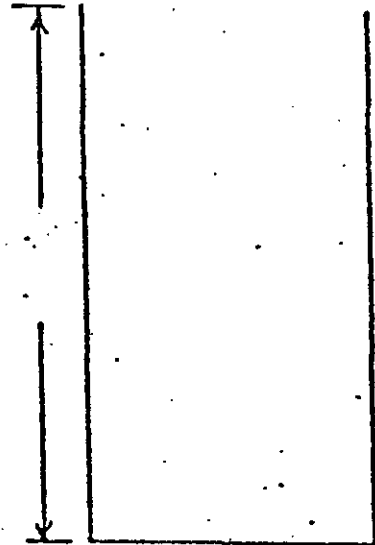
Ground Water none



Ground Water _____



Ground Water _____



Ground Water _____

Percolation at 36"

.55 minutes/inch





BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT #12 Alysse Dr.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Thomas Joyce Address 21 Wilson Rd Belchertown

Installer River Drive Ex Address River Dr. Hadley

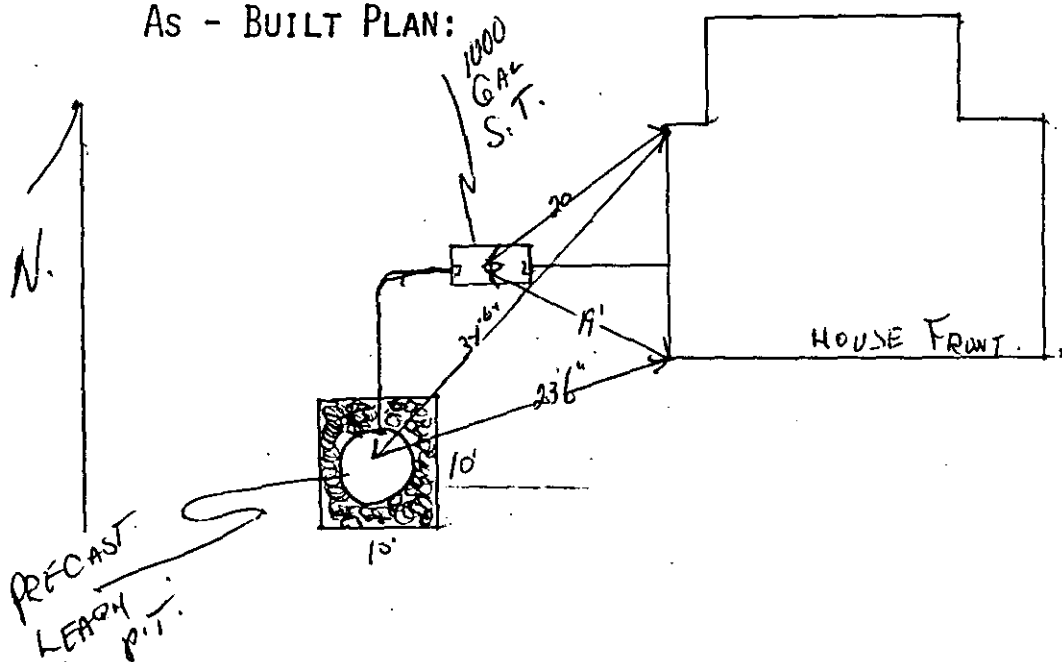
Date Installation Inspected and Approved 4-18-84

Description of System: Tank Capacity: 1000

Leach Field () Bed () Seepage Pit (X) Square Feet: 400

Garbage Grinder Yes () No (X) 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. 05-14

Support New Septic Tank
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town OF Amherst

FEE 375
04/1533

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

19 Alyssum Dr. <small>Location</small>	Thomas & Stephanie Joyce <small>Owner's Name</small>
 <small>Map/Parcel #</small>	19 Alyssum Dr, Amherst, MA <small>Address</small>
12 <small>Lot #</small>	(413) 253-9805 <small>Telephone #</small>
 <small>Installer's Name</small>	Richard E. Costa P.E. Telephone # 01002 Amherst Civil Engineering <small>Designer's Name</small>
 <small>Address</small>	P.O. Box 3312, Amherst, MA 01004-3312 <small>Address</small>
 <small>Telephone #</small>	(413) 256-3400 <small>Telephone #</small>

Type of Building: Single family house Lot Size 37,150.5 Sq. feet
Dwelling — No. of Bedrooms 3 Garbage Grinder (no)
Other — Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow 576 gpd Design flow provided _____ gpd
Plan: Date 8/23/05 Number of sheets 1 Revision Date _____
Title "Plan of Septic System Repair"

Description of Soil(s) Attached
Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Stover Date of Evaluation 8/16/05

DESCRIPTION OF REPAIRS OR ALTERATIONS replace S.A.S.

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

Signed Robert Stover (for Tom + Stephanie Joyce) Date 8/24/05

Inspections _____

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. 05-14
THE COMMONWEALTH OF MASSACHUSETTS
Amherst BOARD OF HEALTH
CERTIFICATE OF COMPLIANCE



Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (X) Upgraded ()
by: Thomas and Stephanie Joyce

at 19 Alyssum Dr.
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 05-14 dated _____ Approved Design Flow _____ (gpd)

Installer Robert J. Adams
Designer: Robert W. Stover 10/21/05 Inspector Carol Joyce Date 10/21/05

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. 05-14
THE COMMONWEALTH OF MASSACHUSETTS
Amherst BOARD OF HEALTH

FEE 375
04/1533

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct () Repair (X) Upgrade () Abandon () an individual sewage disposal system at 19 Alyssum Dr. as described in the application for Disposal System Construction Permit No. 05-14, dated 8/23/05.

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

Date 8/24/05 Board of Health Carol Joyce for

FORM 2 - DSCP DEP APPROVED FORM 5/96

Rec'd 8/24/05

1
2
3

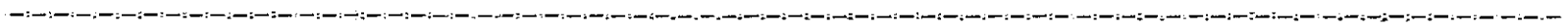
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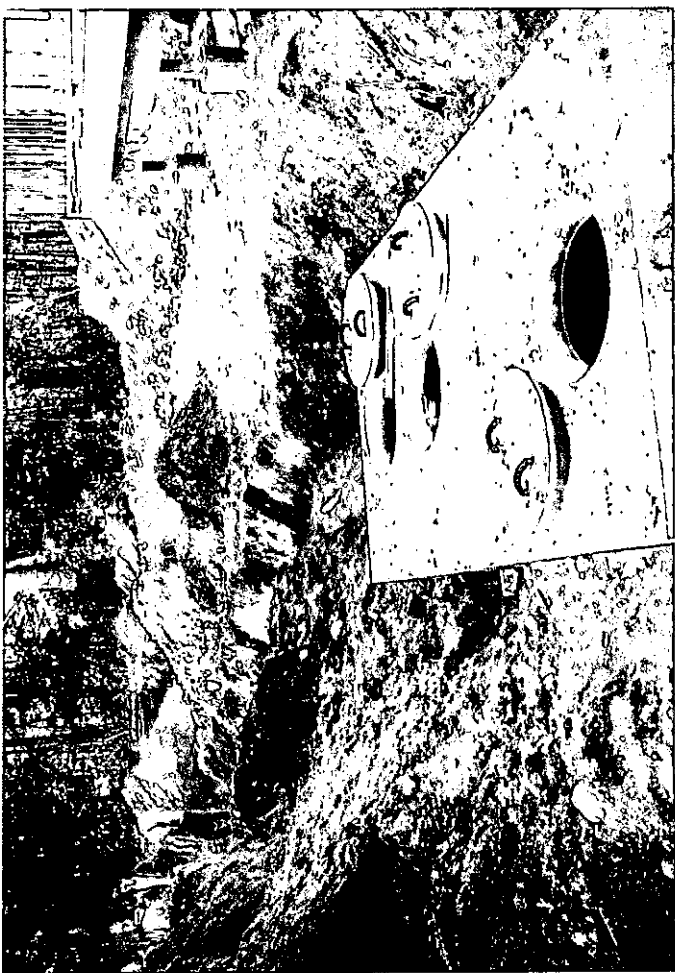
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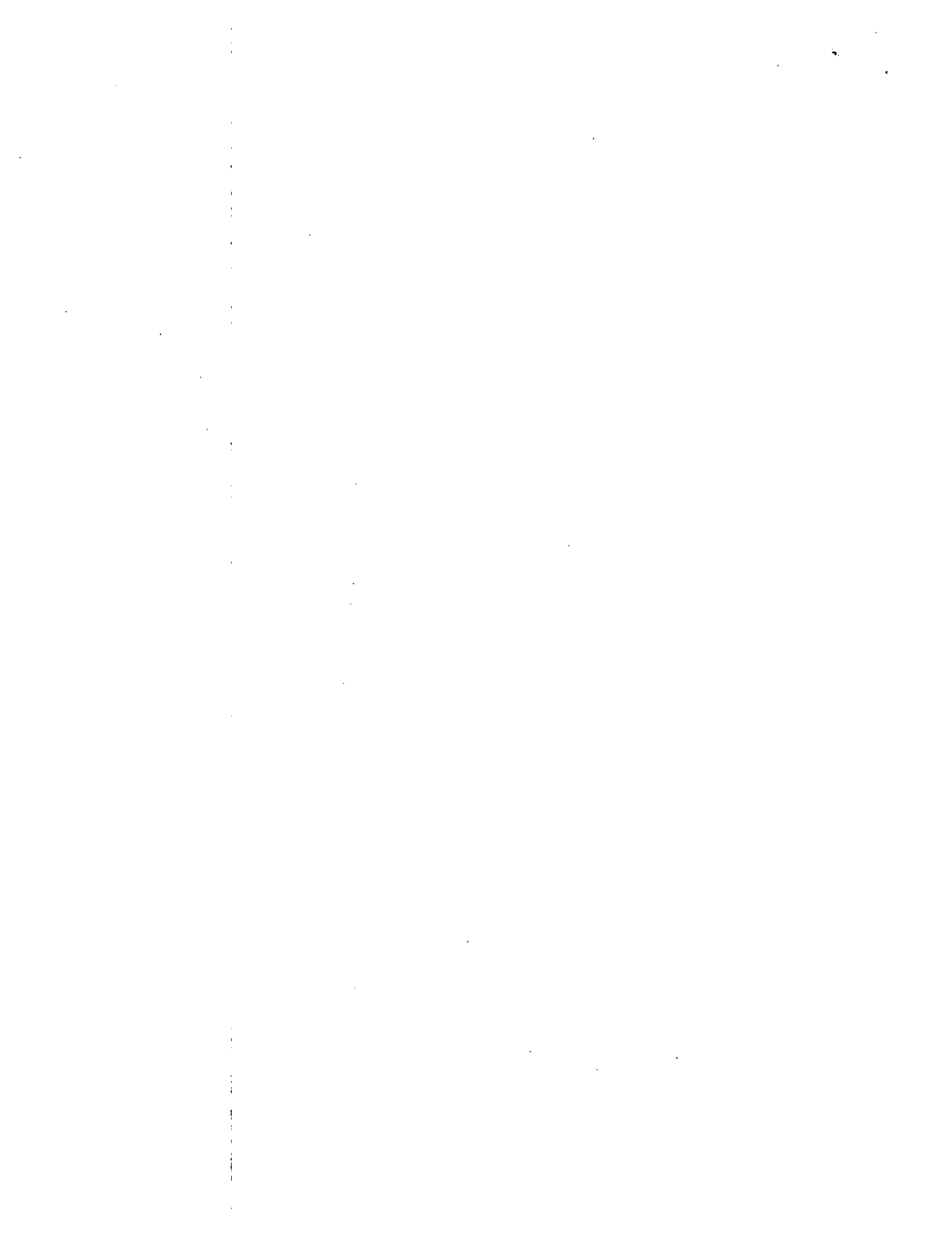
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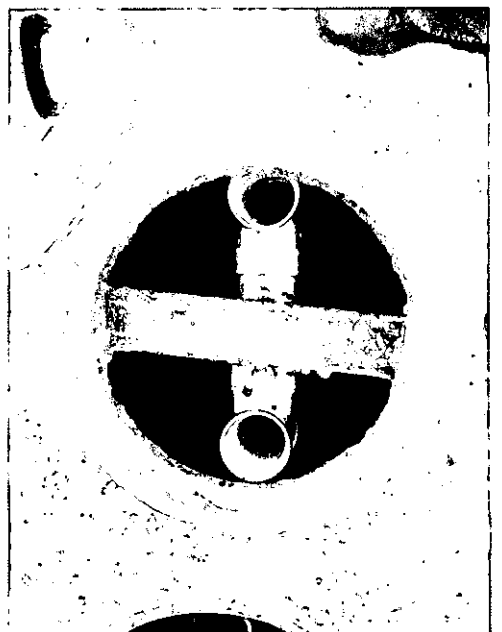
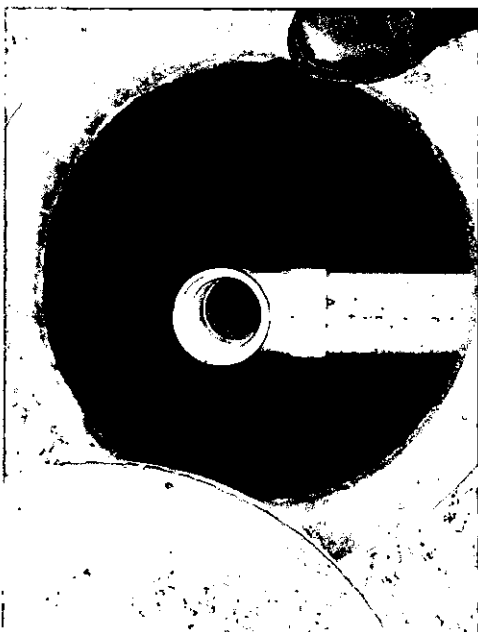
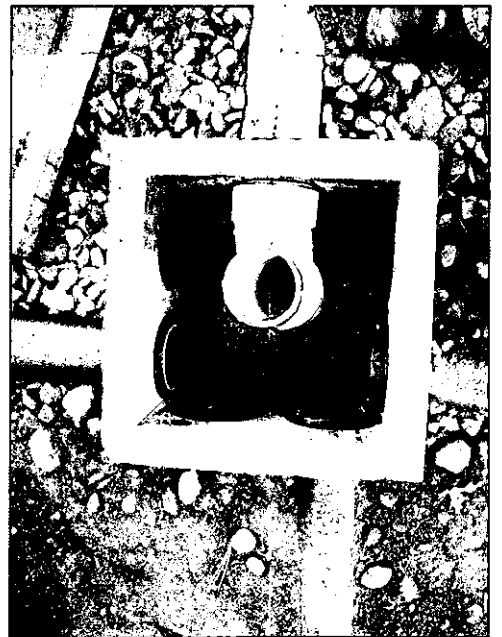
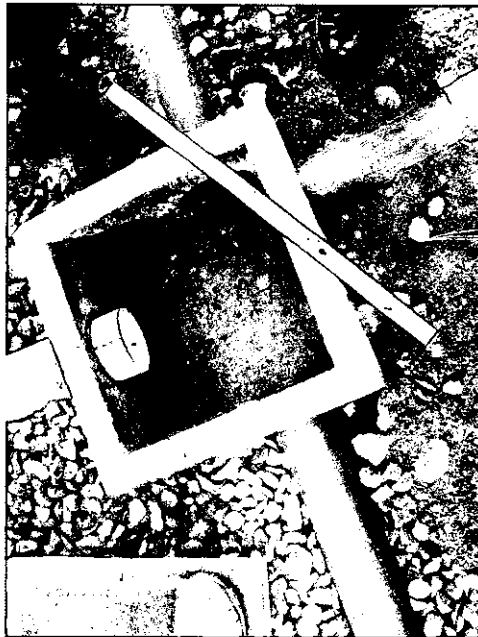
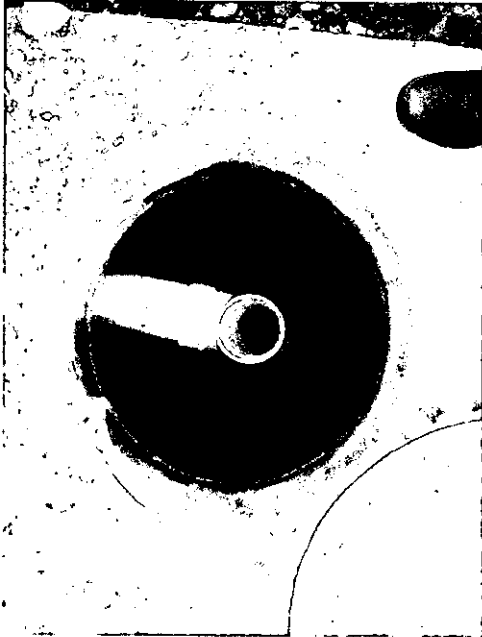
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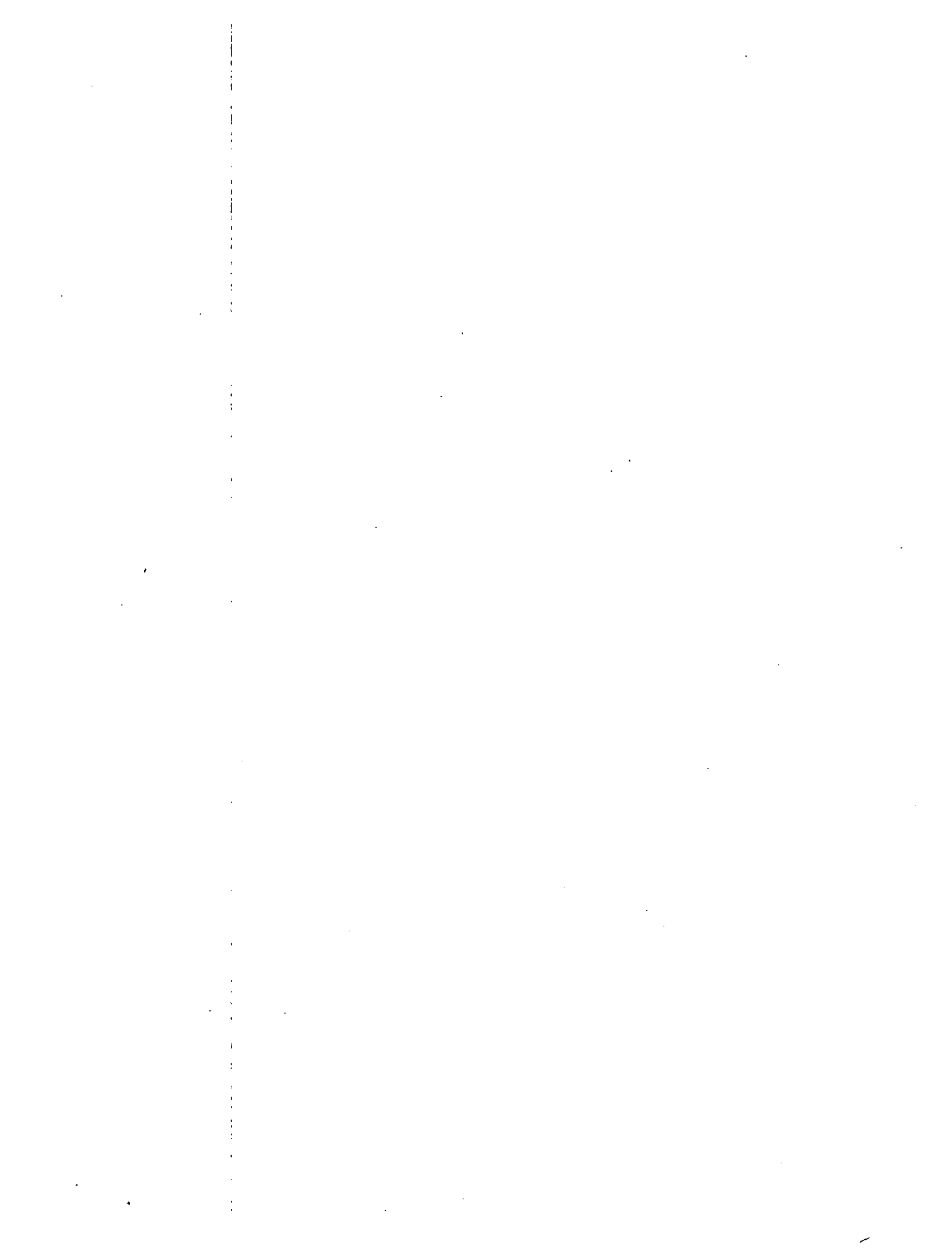
17











**Town of Amherst Board of Health
Septic Supplemental Sheet**

1. Septic System (Please circle):

- | | |
|-----------------------------------|---|
| A.) Alternative | G.) Single Cesspool |
| B.) Cesspool with overflow | <input checked="" type="radio"/> H.) Pit System |
| C.) Conventional gravity w/d. box | I.) Conventional w/Pump chamber |
| D.) Large (710,000 GPD) | J.) Pressure dosing system |
| E.) Modified Tight Tank | K.) Other: _____ |
| F.) Shared System | |

2. Soil Absorption System (Please Circle):

- | | |
|---------------------|--|
| A.) Alternative Bed | <input checked="" type="radio"/> D.) Pit Gallery |
| B.) Leach Field | E.) Other: _____ |
| C.) Trenches | |

3. Compartment Tank (Please Circle): Yes or No

4. Tank Gallon: 1# 1000 #2 _____

5. Design Flow (GPD): 511

6. Tank Construction (Please Circle):

- | | |
|---|------------------|
| <input checked="" type="radio"/> A.) Concrete | C.) Steel |
| B.) Fiberglas | D.) Other: _____ |

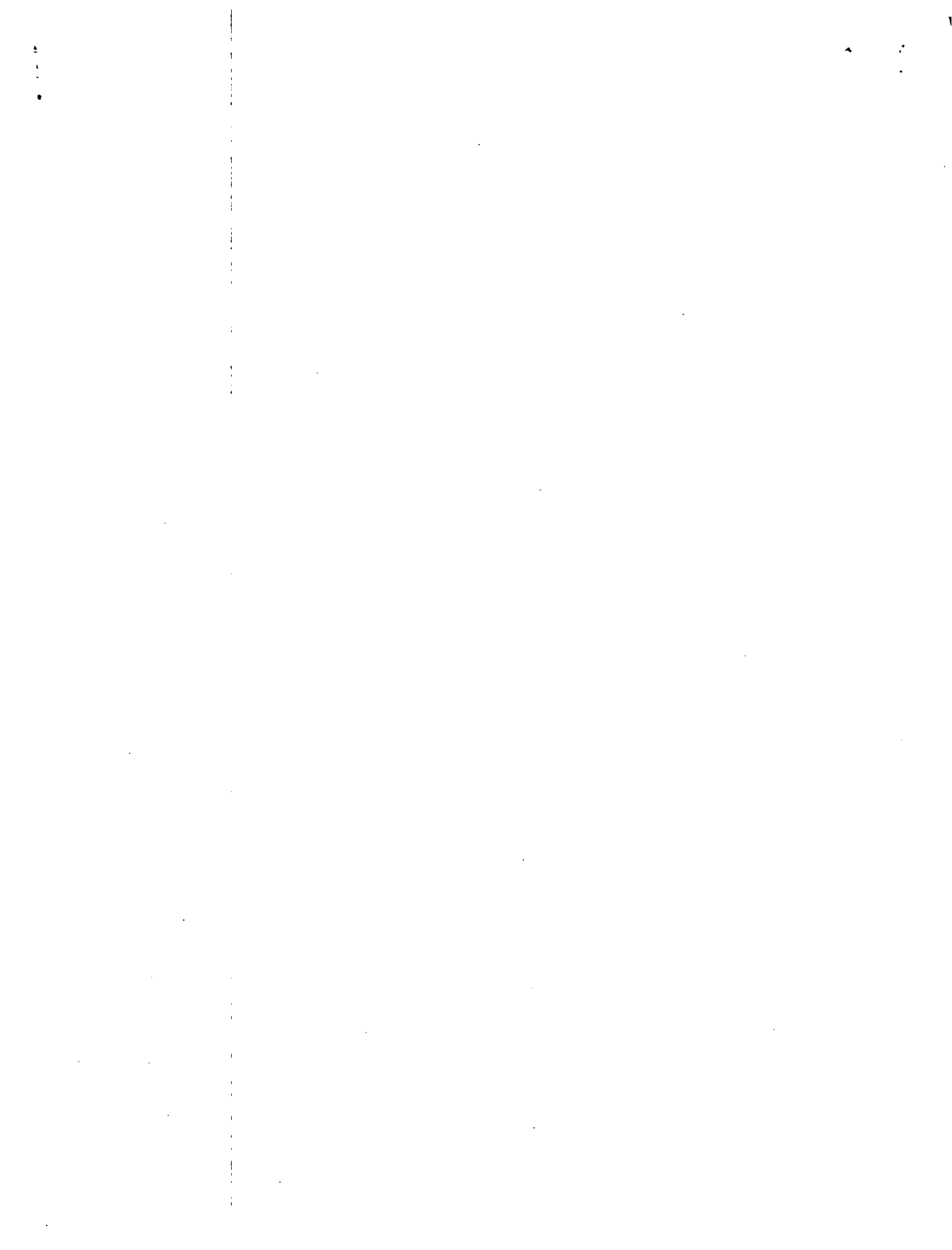
7. Elevated (Please Circle): Yes or No

8. Groundwater Separation: 4'

9. Title V (Please Circle):

- | | |
|------------------------|---------------------------|
| A.) C-Conditional Pass | C.) P- Pass |
| B.) F- Fail | D.) V- Further Evaluation |

10. Date of Title V Inspection: _____



Commonwealth of Massachusetts

Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: Bob Stover Date: 8/16/05
Witnessed By: David Zarobinski

Location Address of: Lot # _____	Owner's Name: <u>Thomas Joyce</u> Address of: <u>19 Alyssum Drive</u> Telephone: <u>253 9805</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available? No Yes
Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available? No Yes
Year Published _____ Publication Scale _____
Geologic Material (map unit) _____
Landform _____

Flood Insurance Rate Map:
Above 500 year flood boundary? No Yes
Within 500 year flood boundary? No Yes
Within 100 year flood boundary? No Yes

Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (used): month _____
Range: Above Normal Normal Below Normal

Other Reference Reviewed:

TOWN WATER

ALT



Determination: Seasonal High Water Table

Methods Used:

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

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

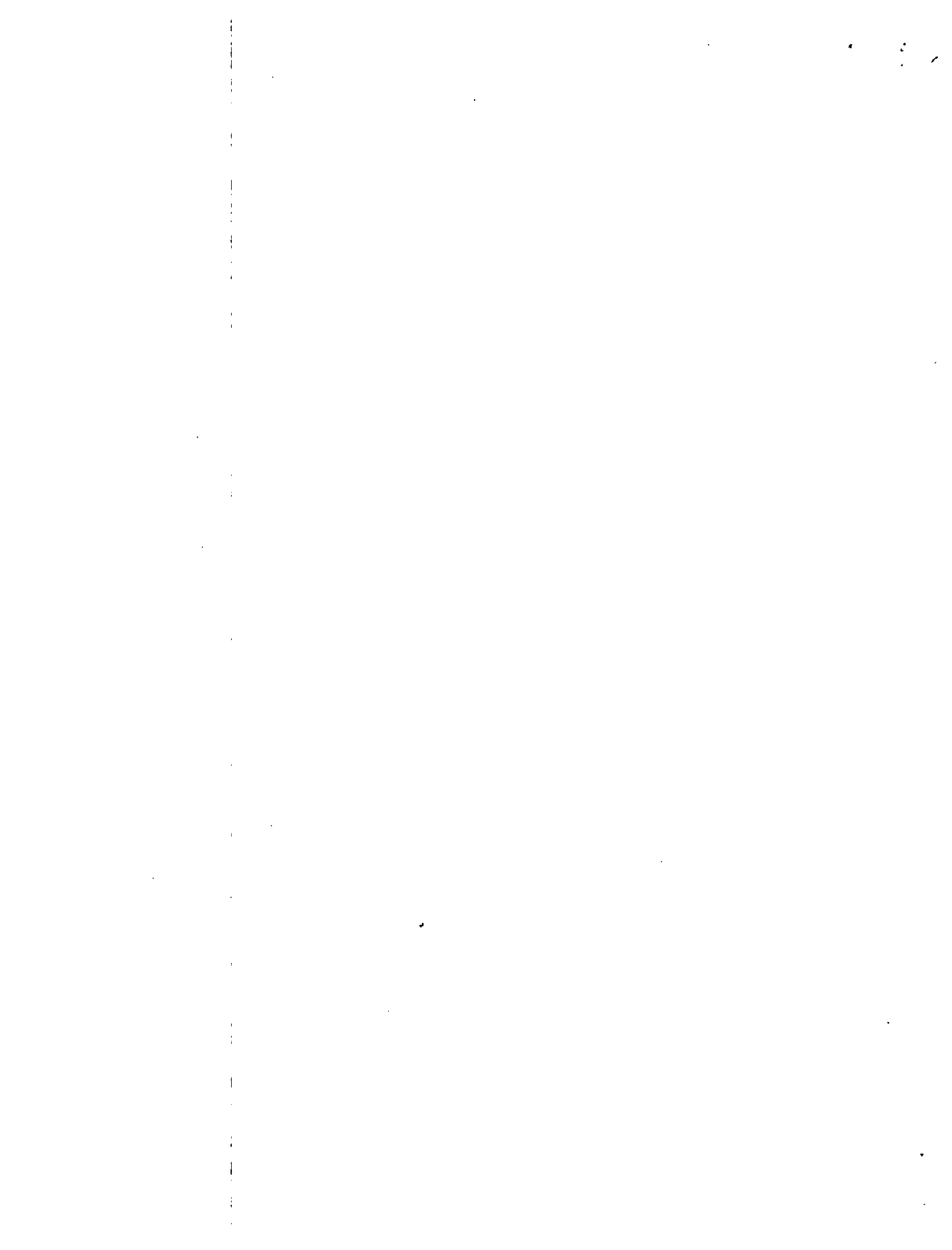
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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

Certification

I certify that on _____ (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.

Signature _____
Date _____





Location Address or Lot No. Thomas Joyce
19 Alyssum Dr., Amherst

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles > 126 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 6/1993 (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 Robert Stover Date 8/16/05





Location Address or Lot No. 19 Alyssum

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>8/16/05</u>	Time: <u>11:38 AM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>45</u>	
Start Pre-soak	<u>11:38</u>	
End Pre-soak	<u>11:41</u>	
Time at 12"	<u>could not maintain a water level</u>	
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch	<u>Less than 2</u>	

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

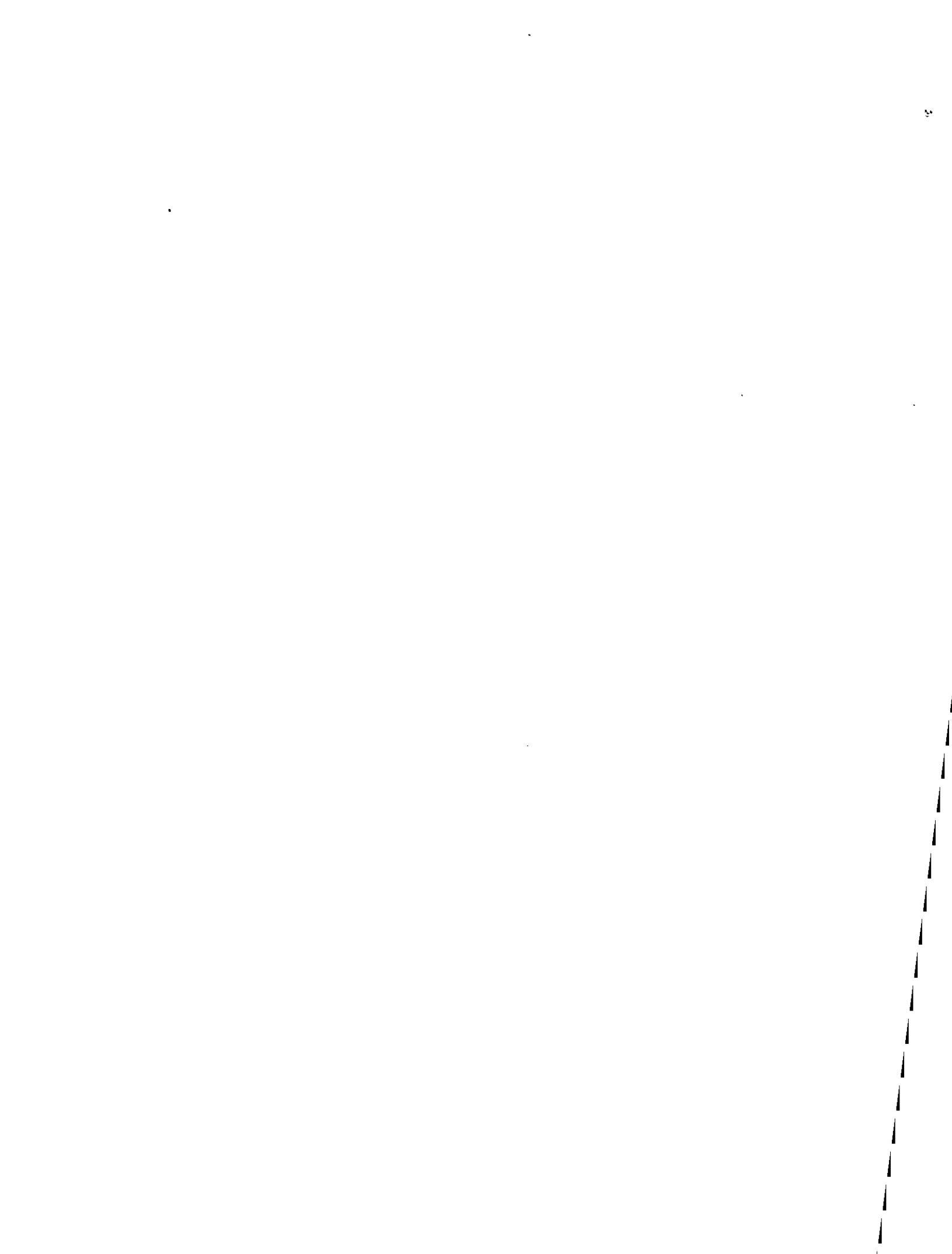
Site Passed Site Failed

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments: 5' separation required





Location Address or Lot No. 19 Alyssum Dr, Amherst

On-site Review

Deep Hole Number 1 Date: 8/16/05 Time: 11:30 AM Weather 85° sunny w/ high cloud
 Location (identify on site plan) See plan
 Land Use yard Slope (%) 0 Surface Stones none
 Vegetation _____
 Landform outwash plain
 Position on landscape (sketch on the back) _____
 Distances from:

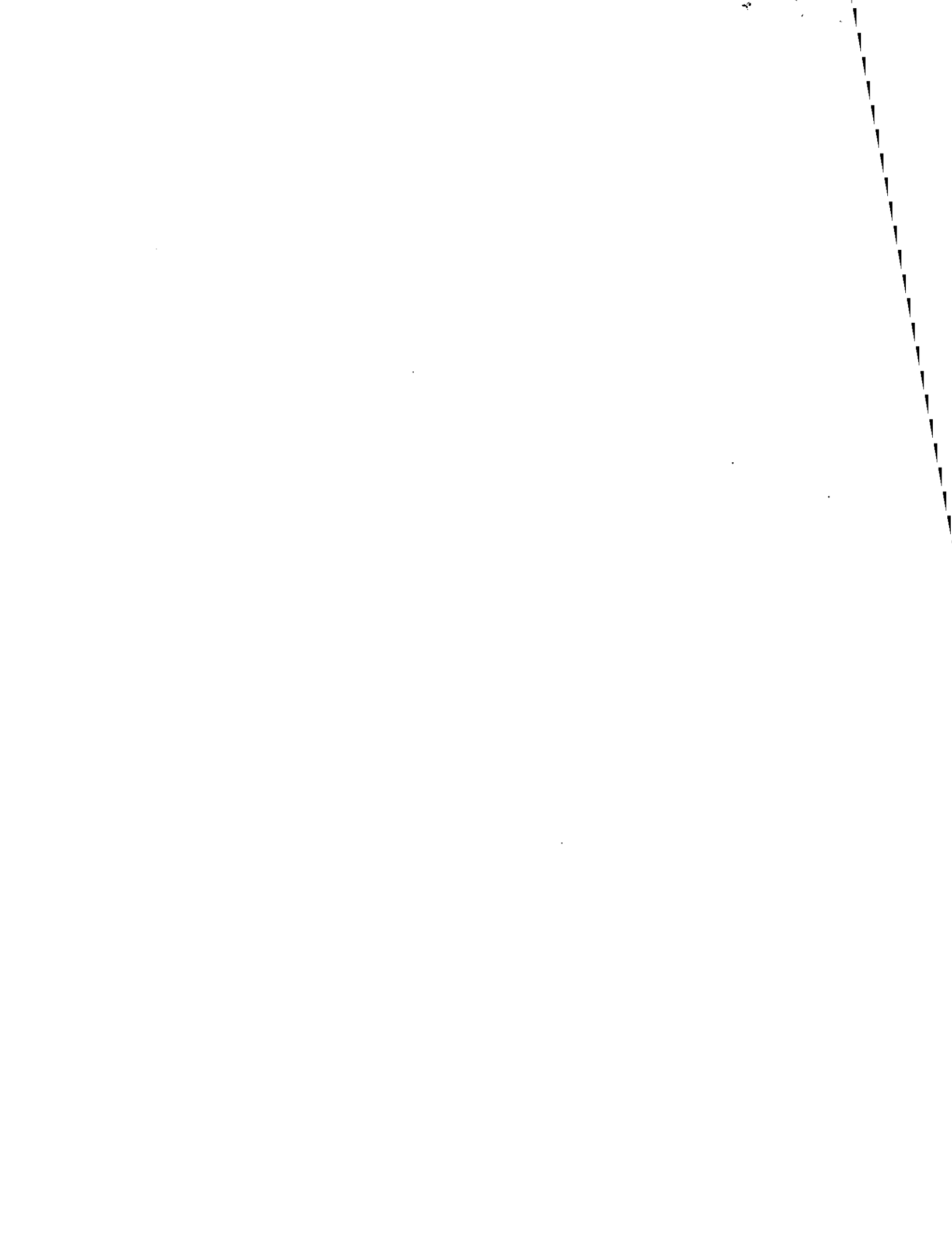
Open Water Body 200 feet Drainage way none feet
 Possible Wet Area 200 feet + Property Line 25-30 feet
 Drinking Water Well 200 feet + Other _____

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-6	AP	FSL	10YR3/4	none	Friable
6-20	Bw	FSL gravelly	10YR4/6	none	Friable to firm
20-126	C	med-co sand gravelly cobbley	2.5Y6/4 7.5YR5/4 10YR6/4	none	Loose 10% cobbles 10-15% gravel 2 boulder coarser w/ depth untill 100"
		60"-100" 100"-126"	F to med sand stratified		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash-ice contact Depth to Bedrock: >10.5'
 Depth to Groundwater: Standing Water in the Hole: none Weeping from Pit Face: none
 Estimated Seasonal High Ground Water: >10.5'





No. _____

Date: _____

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover

Date: 8/16/05

Witnessed By: David Zarozinski

Location Address or Lot # <u>19 Alyssum Dr</u>	Owner's Name, Address, and Telephone # <u>Thomas + Stephanie Joyce</u> <u>19 Alyssum Dr</u> <u>Amherst, MA 01002</u> <u>(413) 253-9805</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published 1987 Publication Scale 1:25,000 Soil Map Unit Hg B

Drainage Class A Soil Limitations poor filter

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

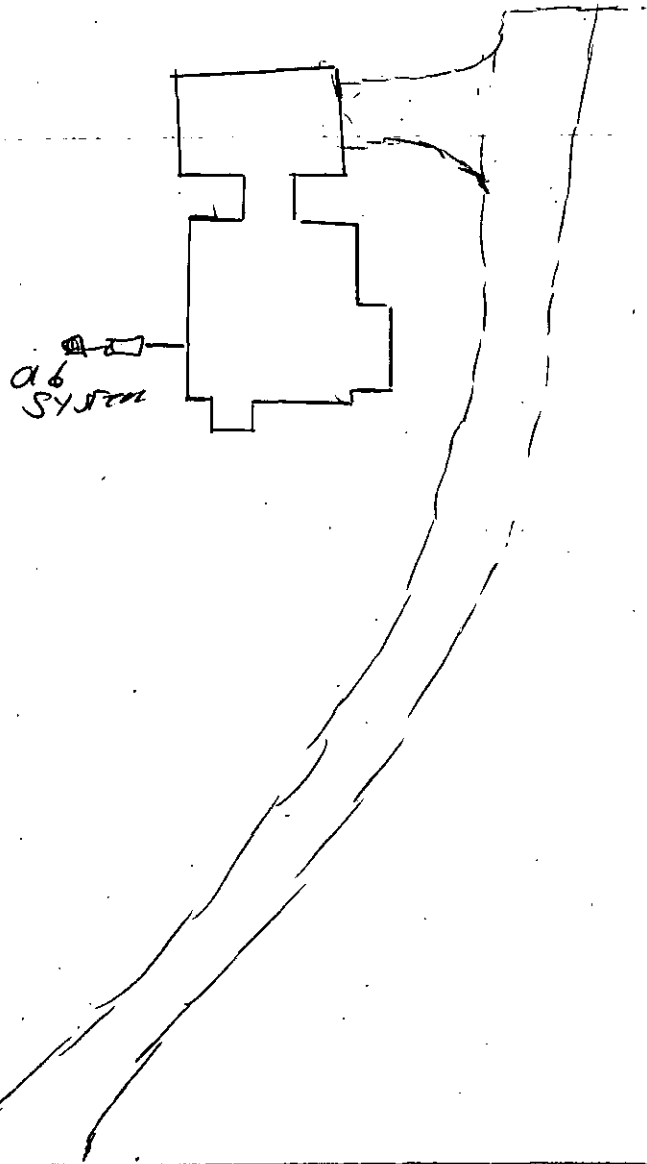
Other References Reviewed: _____





old design 3 Bedrooms No G/C

Peric Test 250⁰⁰
Plan Revised 125
375



FORM 12: Percolation Test

Location Address or Lot # 19 Myssum Drive

Commonwealth of Massachusetts

Town of Ambars

PERCOLATION TEST *		
DATE: <u>8/16/05</u>		TIME:
Observation Hole #	①	
Depth of Perc	45'	
Start Pre-soak	11:38	
End Pre-soak		
Time at 12"	CHART	
Time at 9"	Hold	
Time at 6"	WATER	
Time (9"-6")		
Rate Min./Inch	< 2	

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

Site Passed Site failed

Performed by Bob Stover

Witnessed by David Zarowski

Comments:

On-Site Review

Deep Hole Number 95 Date: 8/16/08 Time 11:31
 Weather 95 Sunny
 Location (identify on site plan) _____
 Land Use Yard Slope (%) 0
 Surface Stone _____
 Vegetation: _____

Landform: OUTWASH PLAIN

Position on Landscape (sketch on back) _____
 Distances from:
 Open Water Body 20 feet Drainageway _____ feet
 Possible Wet Area 20 feet Property Line 25-30 feet
 Drinking Water Well _____ feet Other _____

TOWN WATER

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
6	Ap	FSL		—	Friable
20	Bw	FSL gravelly		—	Friable to Firm
126	C	Med-Low Sand gravelly Cobbles famed sand		—	Loose 10% cobbles 10-15% gravel

Parent Material (geologic) OUTWASH - ICE CONTACT
 Depth to Bedrock 126
 Depth to Groundwater: _____
 Standing Water in the Hole: _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water 126

On-Site Review

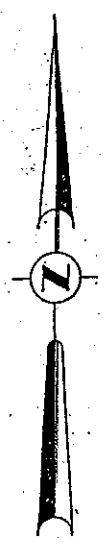
Deep Hole Number _____ Date: _____ Time _____
 Weather _____
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____
 Surface Stone _____
 Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____
 Distances from:
 Open Water Body _____ feet Drainageway _____ feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____

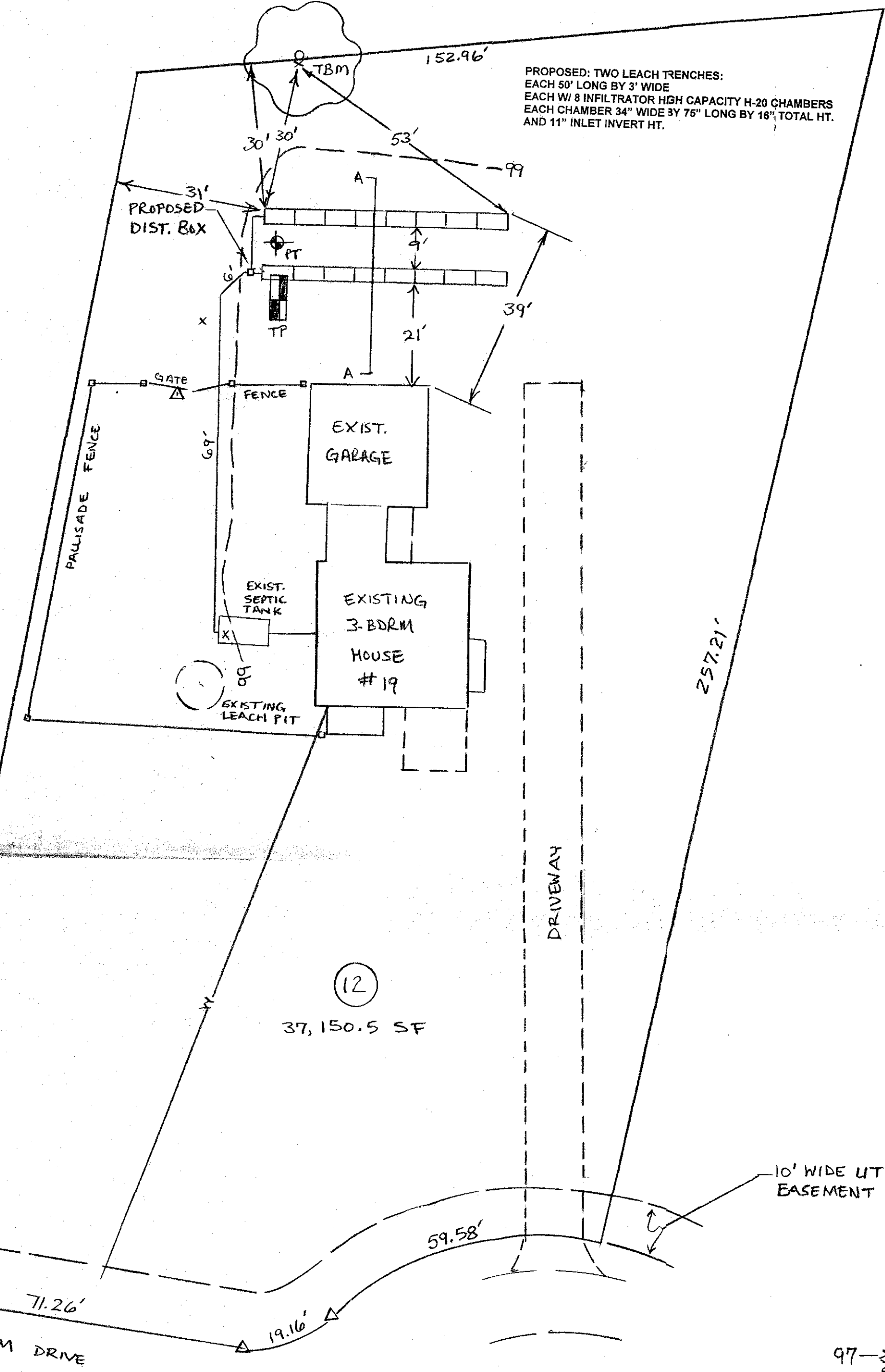
DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel

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

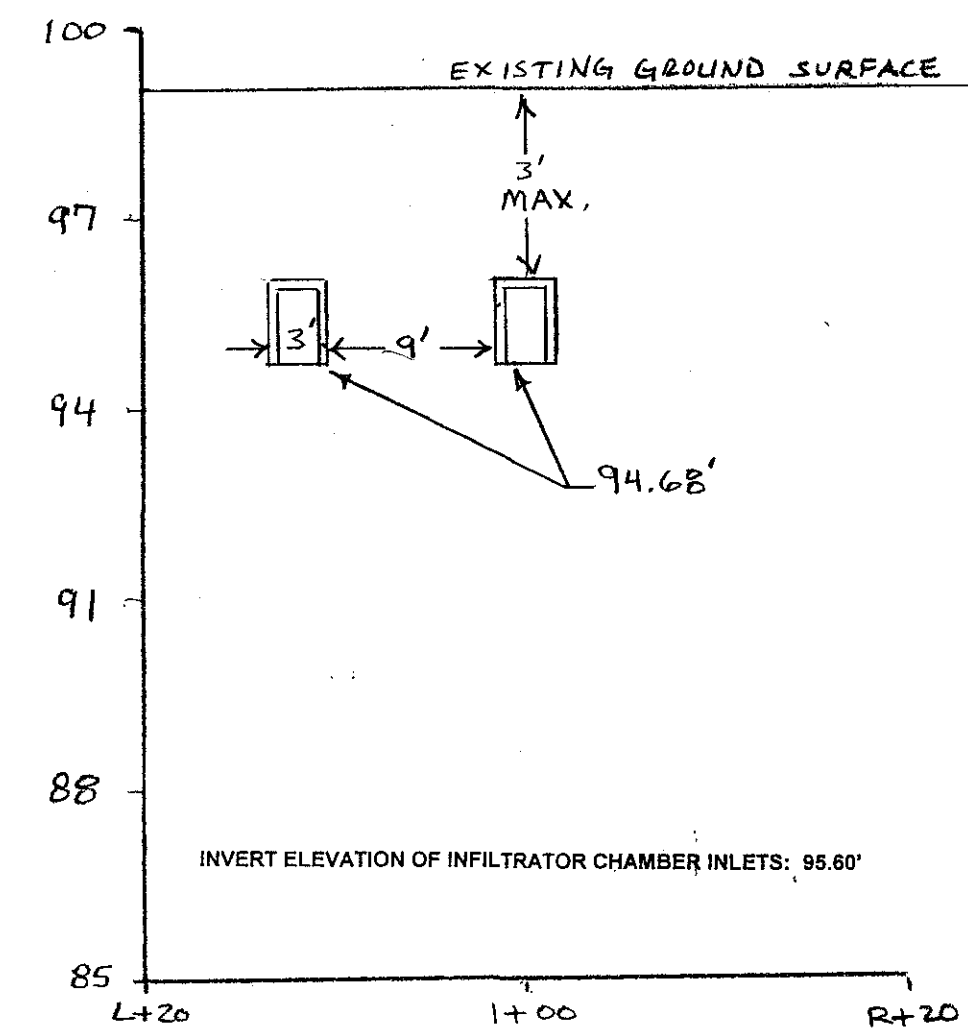


TBM: 100.00' ELEVATION ASSUMED AT NAIL IN BASE OF 9" DBH CHERRY TREE.

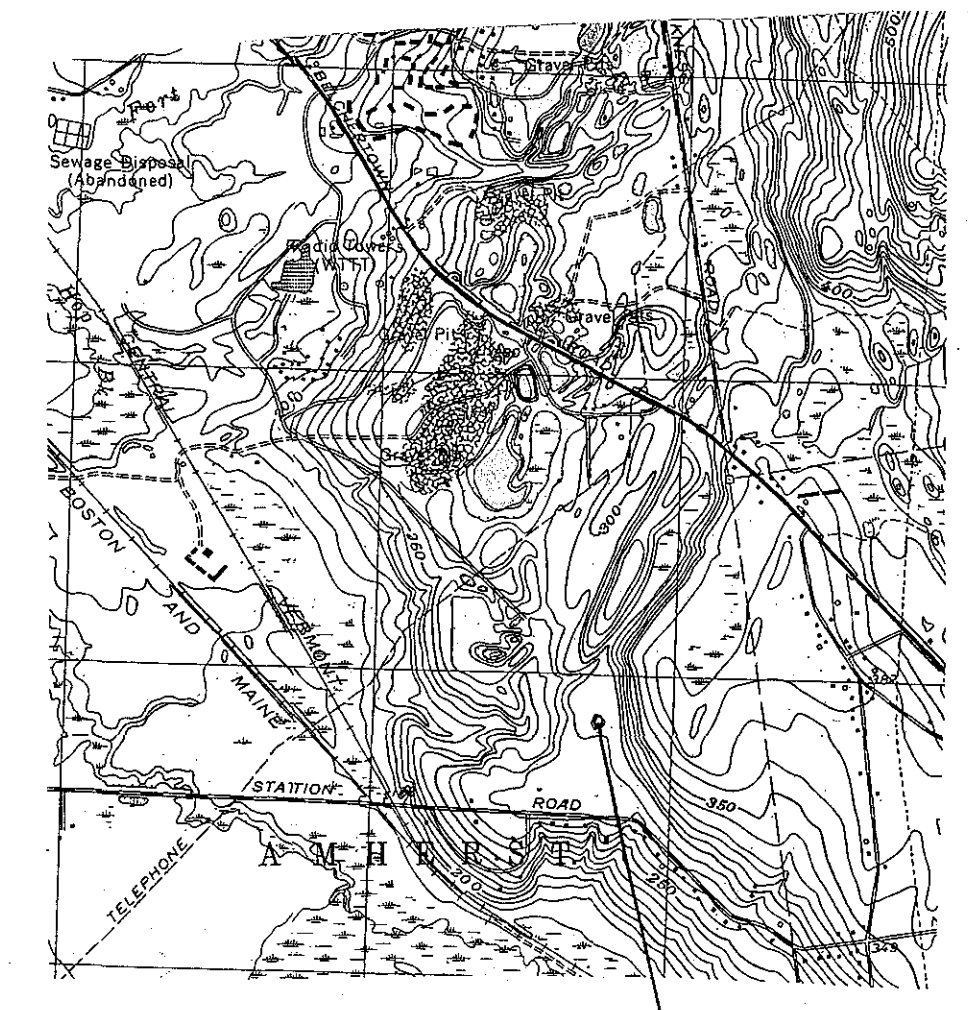
PROPOSED: TWO LEACH TRENCHES: EACH 50' LONG BY 3' WIDE EACH W/ 8 INFILTRATOR HIGH CAPACITY H-20 CHAMBERS EACH CHAMBER 34" WIDE BY 76" LONG BY 16" TOTAL HT. AND 11" INLET INVERT HT.



PLANVIEW
SCALE: 1" = 20'



SECTION OF LEACH TRENCHES
SCALE: H: 1" = 10' V: 1" = 3'



PROJECT LOCATION
USGS BELCHERTOWN, MASS. QUAD
SCALE = 1: 25 000

SOIL EVALUATION

Soil Evaluator: Robert Stover
BOH Representative: David Zarocinski
Date of Evaluation: 8/16/05

Ground surface elevation at Deep Hole: 98.33'
Est. Seasonal High Ground Water Elev. deeper than 88.33'
Bedrock Elev. deeper than 85.33'

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	Ap	FSL	10YR2/3/4	none	friable
6 - 20"	Bw	FSL gravelly	10YR4/6	none	friable to firm no structure
20 - 126"	C	Med to Co Sand	2.5Y8/4	none observed	loose 10-15% gravel, 10% cobbles coarser w/ depth

Parent Material (Geologic): outwash
Standing Water in the Hole: none
Estimated Seasonal High Ground Water: >126"

DESIGN CRITERIA

Design flow is for a 3-bedroom house, no garbage grinder.

DESIGN CALCULATION

Design flow: 3-bedrooms, no garbage grinder: 330 gpd
Total design flow: 330 gpd

The existing 1000 Gal. precast Septic Tank shall be inspected at the time of this repair and it will be retained if it is determined to be in a functional condition.

Effluent Loading Rate: Percolation Rate = <2 minute per inch
Class I soils.
Effluent loading rate = 0.74 gpd/sf.

Proposed Soil Absorption System: two infiltrator leach trenches:
Each trench w/ 8 infiltrator chambers (total 16 chambers)
Each trench 50' long by 3' wide by 11" below inlet.

Each high capacity chamber (trench configuration): = 7.79 SF/LF.
16 chambers each 6.25 LF (76" long): = 100 LF.
100 LF X 7.79 SF/LF: = 779 SF.

Calculated Design Flow: 779 SF X 0.74 GPD/SF: = 578 gpd.
Total Required Design Flow: = 330 gpd (OK)

GENERAL CONDITIONS

- This septic system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
- The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
- All debris in the site area shall be removed and disposed of in accordance with the law.
- There is no guarantee expressed or implied to any user of a system installed pursuant to this plan. This plan is prepared solely for the purpose of the repair of the septic system serving the house at this property.
- The installer shall be certified in accordance with Massachusetts DEP policy to install the leaching chambers proposed in this plan.
- The installer shall notify the designer when the system excavation is ready for inspection and the designer and the Board of Health when the system installation is complete and prior to the placement of the cover material for final inspection. Notification shall be 48 hours prior to the time of inspection.
- The on-site sewage disposal system shall be pumped and inspected as necessary and at least once every three years.

CONSTRUCTION NOTES

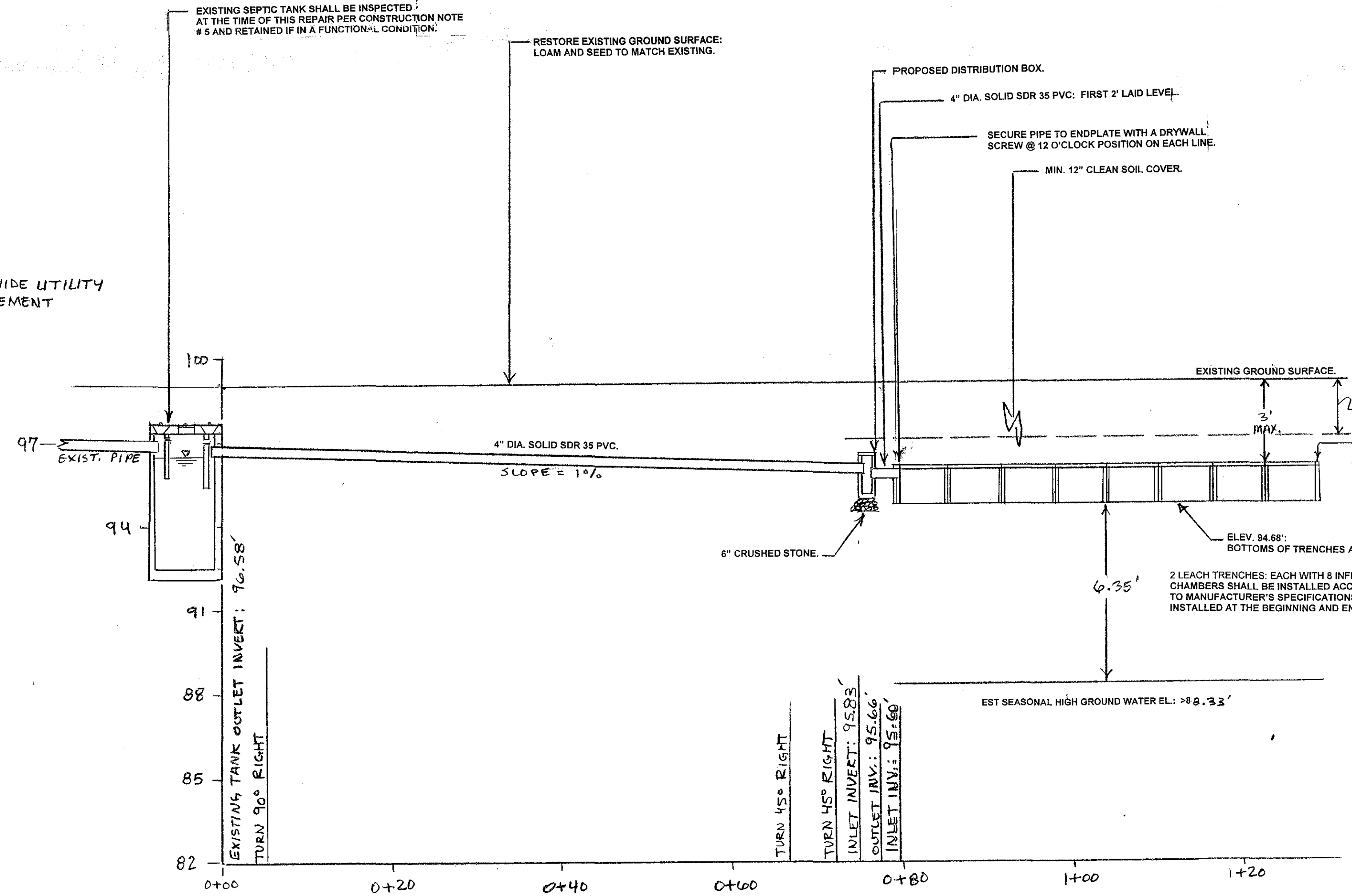
- Any topsoil, subsoil, old fill, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system, from five feet around the soil absorption system and from wherever fill is to be placed. Any fill placed under or adjacent to the soil absorption system shall be a clean, granular sand and conform to the specifications of Title 5, 310 CMR 15.22(5).
- The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
- Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.
- The pipes exiting the distribution box shall have the same invert elevation and shall be level for a minimum of the first two feet.
- The existing septic tank shall be uncovered and inspected at the time of this repair to ensure structural integrity and that the baffles/tees are in a functional condition.
- The existing leach pit shall be pumped. If the dry well shall be crushed, the leach pit shall be filled with sand and gravel and the existing grade shall be restored to match existing.

EXISTING SEPTIC TANK SHALL BE INSPECTED AT THE TIME OF THIS REPAIR PER CONSTRUCTION NOTE # 5 AND RETAINED IF IN A FUNCTIONAL CONDITION.

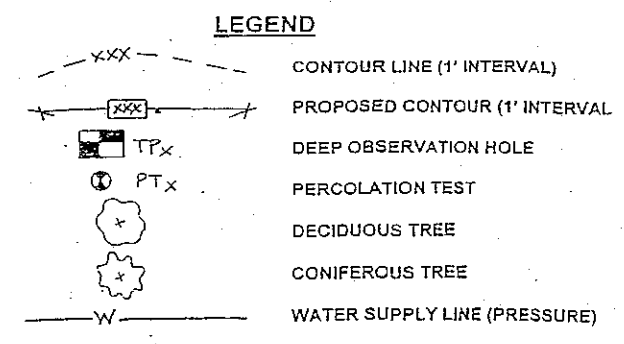
The existing leach pit shall be pumped. If the dry well shall be crushed, the leach pit shall be filled with sand and gravel and the existing grade shall be restored to match existing.

EXISTING SEPTIC TANK SHALL BE INSPECTED AT THE TIME OF THIS REPAIR PER CONSTRUCTION NOTE # 5 AND RETAINED IF IN A FUNCTIONAL CONDITION.

RESTORE EXISTING GROUND SURFACE: LOAM AND SEED TO MATCH EXISTING.



PROFILE OF SYSTEM
SCALE: H: 1" = 10' V: 1" = 3'



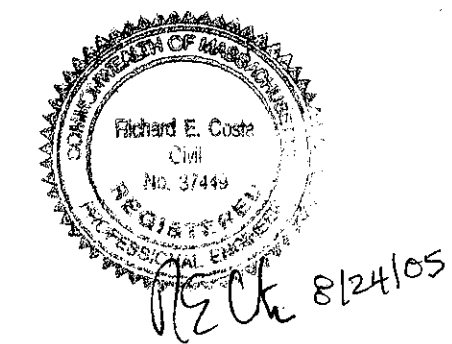
NOTE: THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 150' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM LOCATION OR WETLANDS BORDERING SURFACE WATER SUPPLIES OR TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO OTHER WETLANDS OR WATER BODIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION.

PLAN OF SEPTIC SYSTEM REPAIR
19 ALYSSUM DRIVE, AMHERST, MASS.

THOMAS AND STEPHANIE JOYCE
19 ALYSSUM DRIVE, AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY: [Signature] DRAWN BY: R/S
DATE: 8/23/05

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER
P.O. BOX 3312, AMHERST, MA 01004-3312 (413)256-3400



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

1642

Received of Thomas Anderson Jones of 1165 Main St
Name Address

For Property Located at: Same Same
Street Address Owner

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

TOTAL FEE: 715.00

[Signature]
Amherst Health Department

[Signature]
Date

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

OFFICE USE ONLY

CHECK #	CASH
TOWN OF AMHERST HEALTH DEPT. RECIPIS	
Date of Issue	08/25/09 10:37
Payment	700.00
Receipt #	1771
Check/Credit Card #	1573
GOLD - Health/Inspections	

WHITE - Applicant YELLOW - Collector PINK - Accounting



THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 84-6

Town OF Amherst

FEE \$90

Disposal Works Construction Permit

Permission is hereby granted HALUK DEKIN - ED STONO

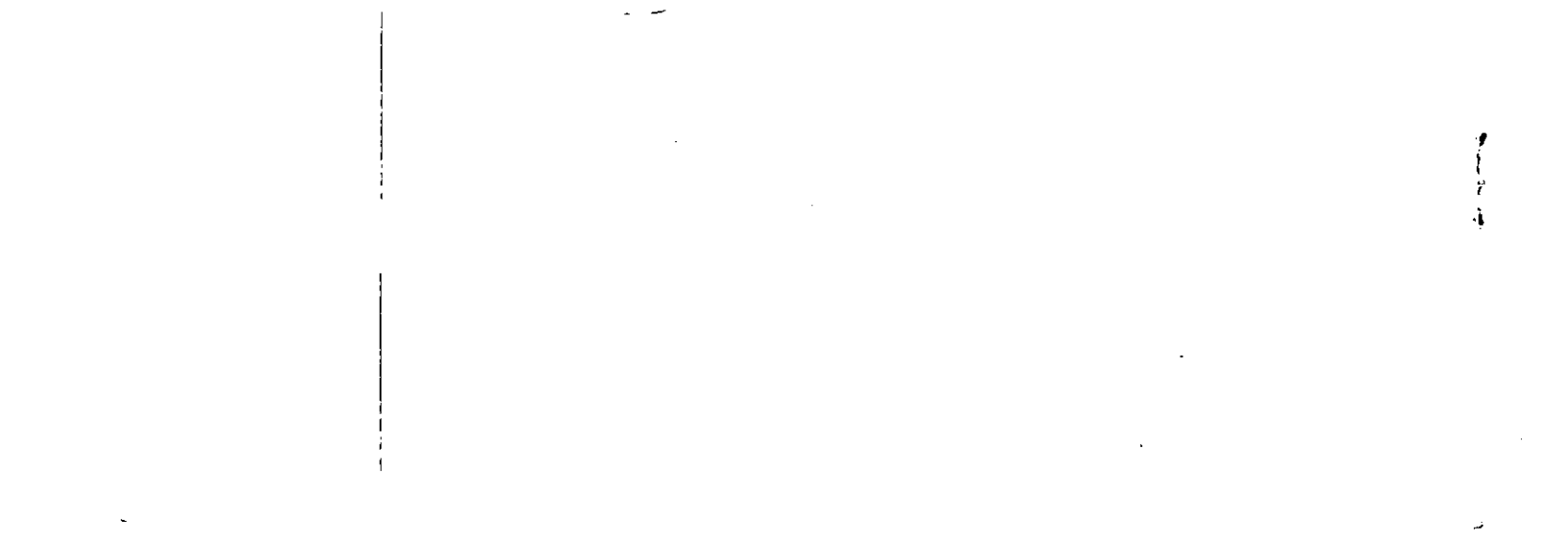
to Construct () or Repair () an Individual Sewage Disposal System

at No. Box # 9 Alyssum Dr

as shown on the application for Disposal Works Construction Permit No. 84-6 Dated 3-13-84

DATE MARCH 13, 1984

Charles E. Drake
Board of Health



No. 84-6

FEE \$90
Pol. by Ok.
3-13-84

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:

#22 Alyssum Drive Amherst, Mass. #9
HALUK DERIN 125-A2 BRITANNY MONAR, Amherst
STONE'S EXCAVATING CO. West St. Montague CTR. MASS.

Type of Building _____ Size Lot 55,756 Sq. feet
Dwelling — No. of Bedrooms 3 Expansion Attic () Garbage Grinder (1)
Other — Type of Building _____ No. of persons _____ Showers (2) — Cafeteria ()
Other fixtures DISPOSAL

Design Flow _____ gallons per person per day. Total daily flow 330 gallons.
Septic Tank — Liquid capacity 1500 gallons Length _____ Width _____ Diameter _____ Depth _____
Disposal Trench — No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 1 Diameter 10 1/2 x 7 Depth below inlet 5' Total leaching area 175 sq. ft. Sides bottom

Other Distribution box () no Dosing tank ()
Percolation Test Results Performed by Frederick Filios Date Mar 16 1981
Test Pit No. 1 1.0 minutes per inch Depth of Test Pit 10' 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 Haluk Derin Date 3/5/84
Application Approved By [Signature] Date 3-13-84

Application Disapproved for the following reasons: _____

Permit No. 84-6 Issued 3-13-84 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 _____

CHECK OR FILL IN WHERE APPLICABLE

1942
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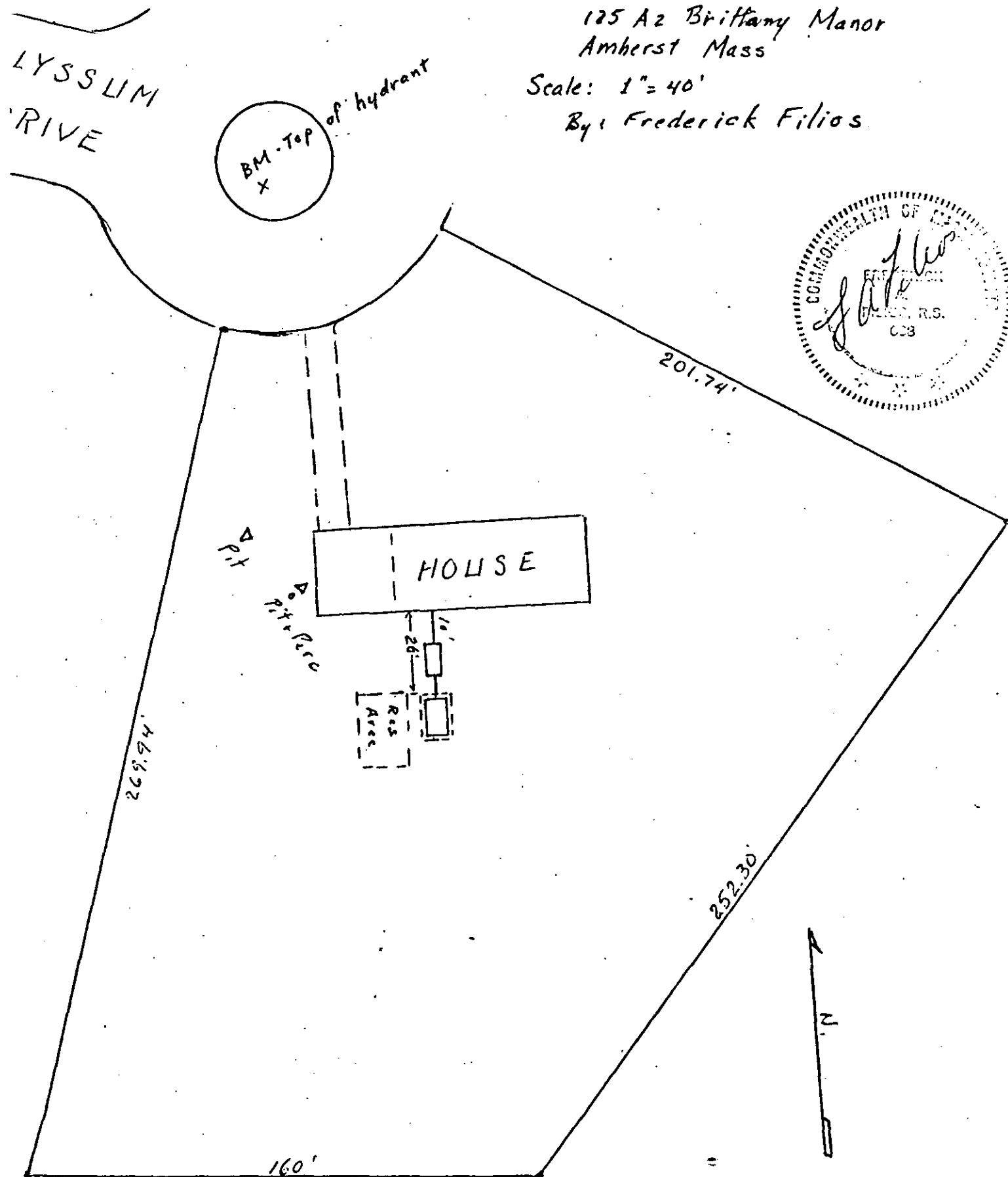
PLAN SHOWING SEWAGE DISPOSAL

Mar 1984

For: Haluk Derin
125 A2 Brittany Manor
Amherst Mass

Scale: 1" = 40'

By: Frederick Filios



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OWNER Amherst Woods Phase I

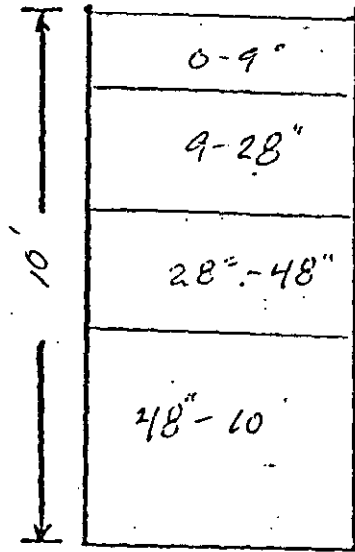
Date Mar 16 1981

LOCATION Rudbeckia Road

OBSERVER F.A. Filios

Soil

Lot #9



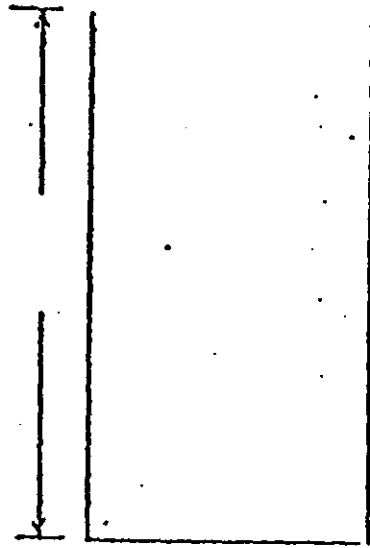
Topsoil

Subsoil; sandy

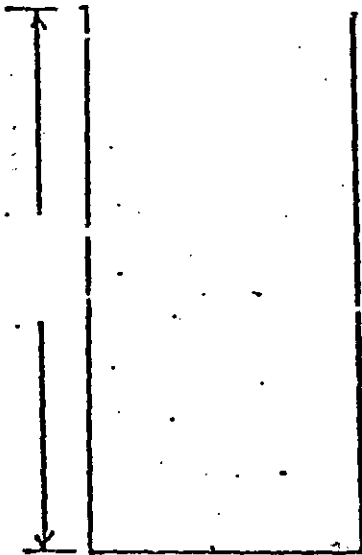
Medium sand.

Stratified coarse sand, gravel + cobbles

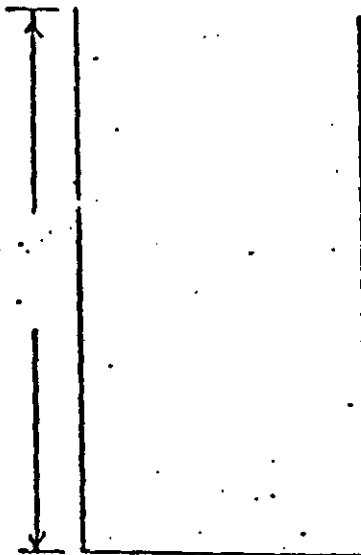
Ground Water none



Ground Water _____



Ground Water _____



Ground Water _____

Percolation at 42"

1.0 minutes/inch



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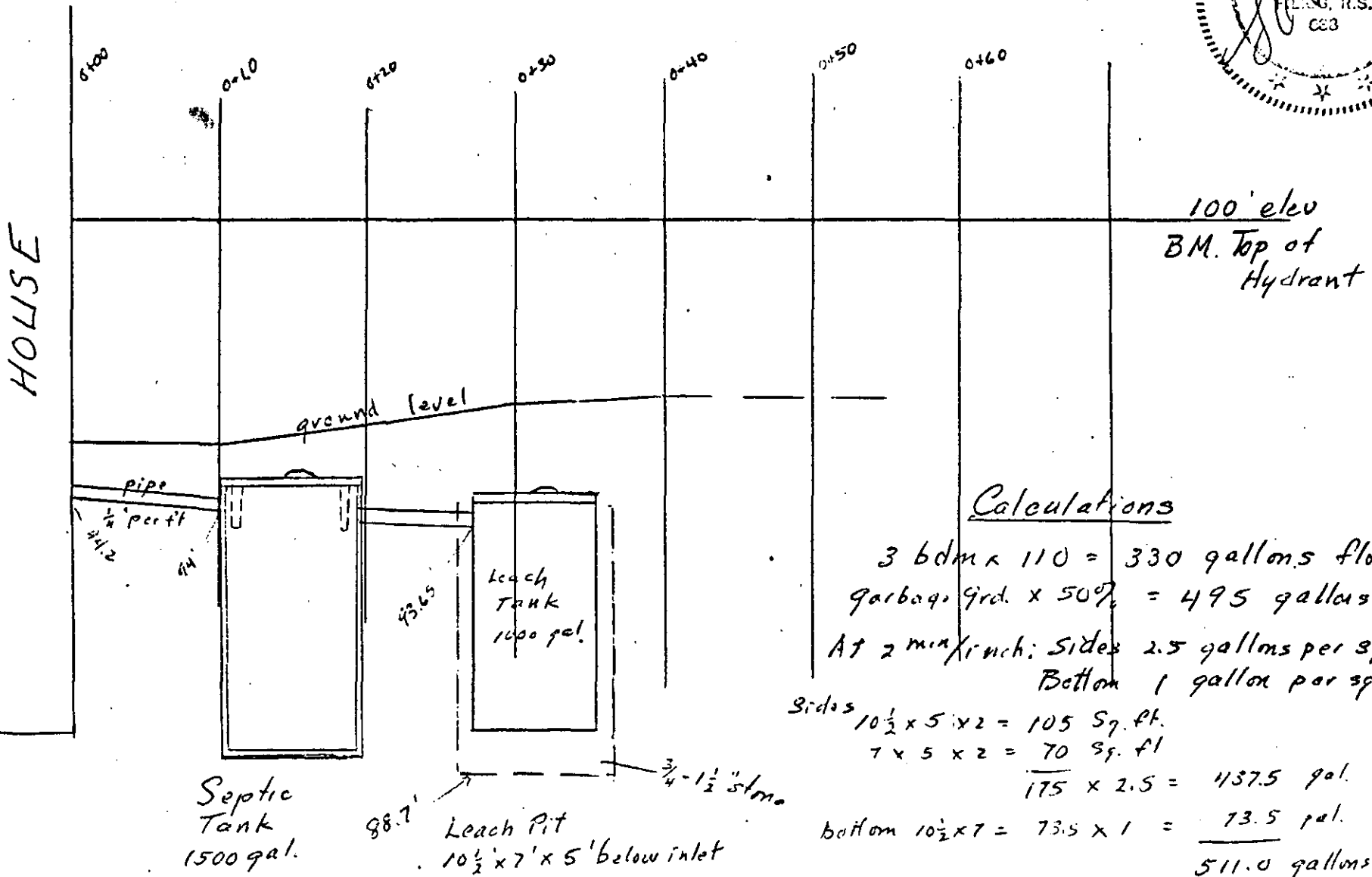
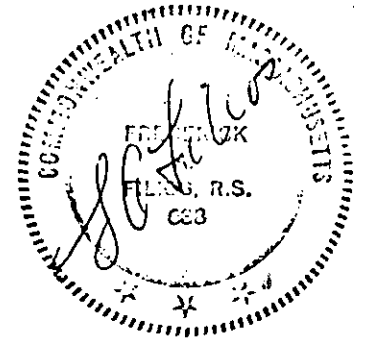
PROFILE OF SEPTIC SYSTEM

Mar, 1984

For: Haluk Derin
 125-A2 Brittany Manor
 Amherst Mass
 At: Alyssum Drive #22

Scale: Horizontal, 1"=10'
 Vertical, 1"=3'

By: Frederick Filios



Calculations

$3 \text{ bdm} \times 110 = 330 \text{ gallons flow}$
 $\text{garbage, grd.} \times 50\% = 495 \text{ gallons required}$
 At 2 min/rinch; Sides 2.5 gallons per sq. ft
 Bottom 1 gallon per sq. ft
 Sides $10\frac{1}{2} \times 5 \times 2 = 105 \text{ sq. ft.}$
 $7 \times 5 \times 2 = 70 \text{ sq. ft.}$
 $175 \times 2.5 = 437.5 \text{ gal.}$
 bottom $10\frac{1}{2} \times 7 = 73.5 \times 1 = 73.5 \text{ gal.}$
511.0 gallons proposed.

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Faint, illegible markings or text in the center-right area of the page.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot #9 Aiysson Dr.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner HALUK DERIN Address 125A-2 BRITANNY MANOR

Installer ED. STONE Address WEST ST. MONTAGUE

Date Installation Inspected and Approved JUNE 1984

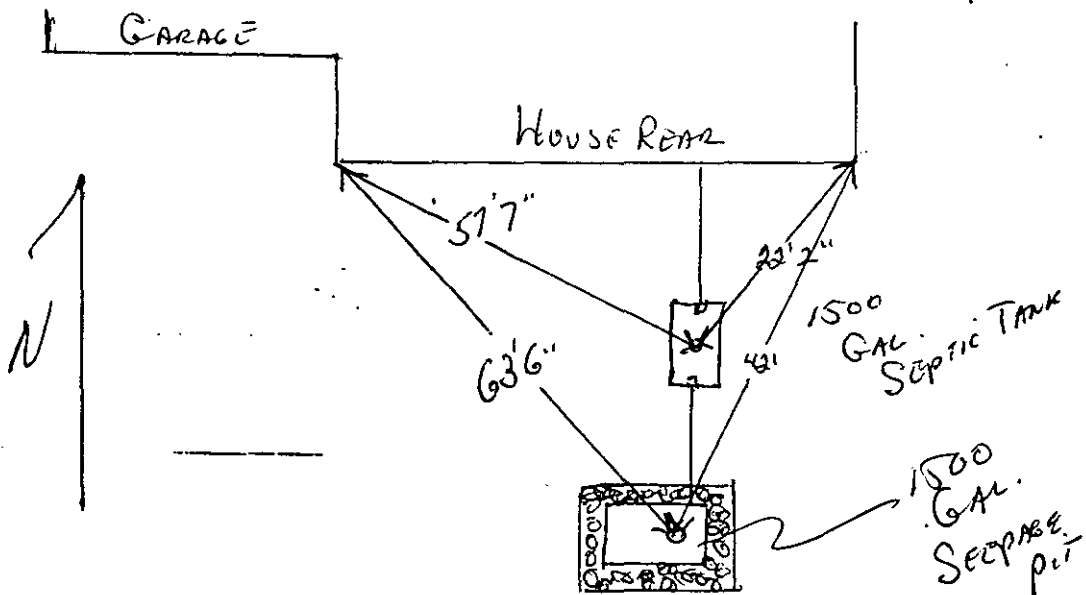
Description of System: Tank Capacity: 1500

1500 GALLON SEPTIC TANK

Leach Field () Bed () Seepage Pit (x) Square Feet: 540

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 _____ 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.

