

327 Bay Rd.



TYPE OR PRINT ONLY

**Well Completion Report**

<b>1. WELL LOCATION</b>		GPS (OPTIONAL) _____	LATITUDE _____	LONGITUDE _____						
Address at Well Location: <u>Bay Rd</u>		Property Owner: <u>Matt Lannon</u>								
Subdivision Name: _____		Mailing Address: <u>260 E. Leverett Rd</u>								
City/Town: <u>Amherst</u>		City/Town: <u>Amherst</u>								
Assessors Map _____ Assessors Lot #: <u>8</u>		NOTE: Assessors Map and Lot # mandatory if no street address available								
Board of Health permit obtained: Yes <input type="checkbox"/> Not Required <input checked="" type="checkbox"/>		Permit Number _____ Date Issued _____								
<b>2. WORK PERFORMED</b>		<b>3. PROPOSED USE</b>		<b>4. DRILLING METHOD</b>						
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Abandon <input type="checkbox"/> Deepen <input type="checkbox"/> Recondition <input type="checkbox"/> Replace <input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____		<input type="checkbox"/> Cable <input type="checkbox"/> Auger <input checked="" type="checkbox"/> Air Hammer <input type="checkbox"/> Direct Push <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Other _____						
<b>5. WELL LOG</b>		<b>6. SITE SKETCH (Use permanent landmarks with distances)</b>								
		Unconsolidated		Consolidated						
From (ft)	To (ft)	WATER	Clay	Silt	Sand	Gravel	Cobbles	Boulders	Other	Rock Type
		Permeability High Low								
0	10									hardpan
10	40					X				hardpan
40	69									hardpan
69	422									Sandstone
<div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <span style="font-size: 2em; font-family: cursive;">File</span> </div> <p style="text-align: right; margin-top: 20px;">open lot</p>										
<b>7. WELL CONSTRUCTION</b>		<b>8. CASING</b>								
Total Depth Drilled <u>422</u>		From (ft)	To (ft)	Casing Type and Material			Size O.D. (in)	Well Seal Type		
Date Drilling Complete <u>12-17-08</u>		0	81	#17 Black Steel			6" ED	drive shoe		
<b>9. SCREEN</b>										
From (ft)	To (ft)	Slot Size			Screen Type and Material				Screen Diameter	
<b>10. FILTER PACK / GROUT / ABANDONMENT MATERIAL</b>										
From (ft)	To (ft)	Material Description				Purpose				
<b>11. ADDITIONAL WELL INFORMATION</b>										
Developed? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Fracture Enhancement? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Method _____										
Disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>12. WELL TEST DATA (PRODUCTION WELLS)</b>						<b>13. STATIC WATER LEVEL (ALL WELLS)</b>				
Date	Method	Yield (GPM)	Time Pumped (hrs & min)	Drawdown to (Ft. BGS)	Time Recovery to (hrs & min)	Recovery to (Ft. BGS)	Date Measured	Depth Below Ground Surface (FT)		
12-18	AK	3	2	422	55	312	12-13	47		
<b>14. PERMANENT PUMP (IF AVAILABLE)</b>						<b>15. NAME/ADDRESS OF PUMP INSTALLATION COMPANY</b>				
Pump Description _____ Horsepower _____										
Pump Intake Depth _____ (ft) Nominal Pump Capacity _____ (gpm)										
<b>16. COMMENTS</b>										
<b>17. WELL DRILLER'S STATEMENT</b>						This well was drilled and/or abandoned under my supervision, according to applicable rules and regulations, and this report is complete and correct to the best of my knowledge.				
Driller: <u>Robert Hutchison</u>						Supervising Driller Signature: <u>Robert Hutchison</u> Registration #: <u>7145</u>				
Firm: _____						Date: <u>12-17-08</u> Rig Permit #: <u>11099</u>				

NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.



August 9 2006

**Amherst Health Dept**

RE:Septic System Installation Inspection  
# 327 Bay Road

On this date, the Cold Spring Staff inspected the installation of a Soil Absorption System (Septic tank and L. field, septic system). The writer found the installation to be complete (except for completion of cover material and final fill) and in compliance with our plans and 310 CMR 15.000. The installer representative (**L & F Const.**) & My inspection noted that the system was built properly, in accordance with the state regulations and our plans. The contractor was requested to have sufficient breakout soil on site and properly cover the system according to our plans and may backfill the system after review by local Health Department representatives.

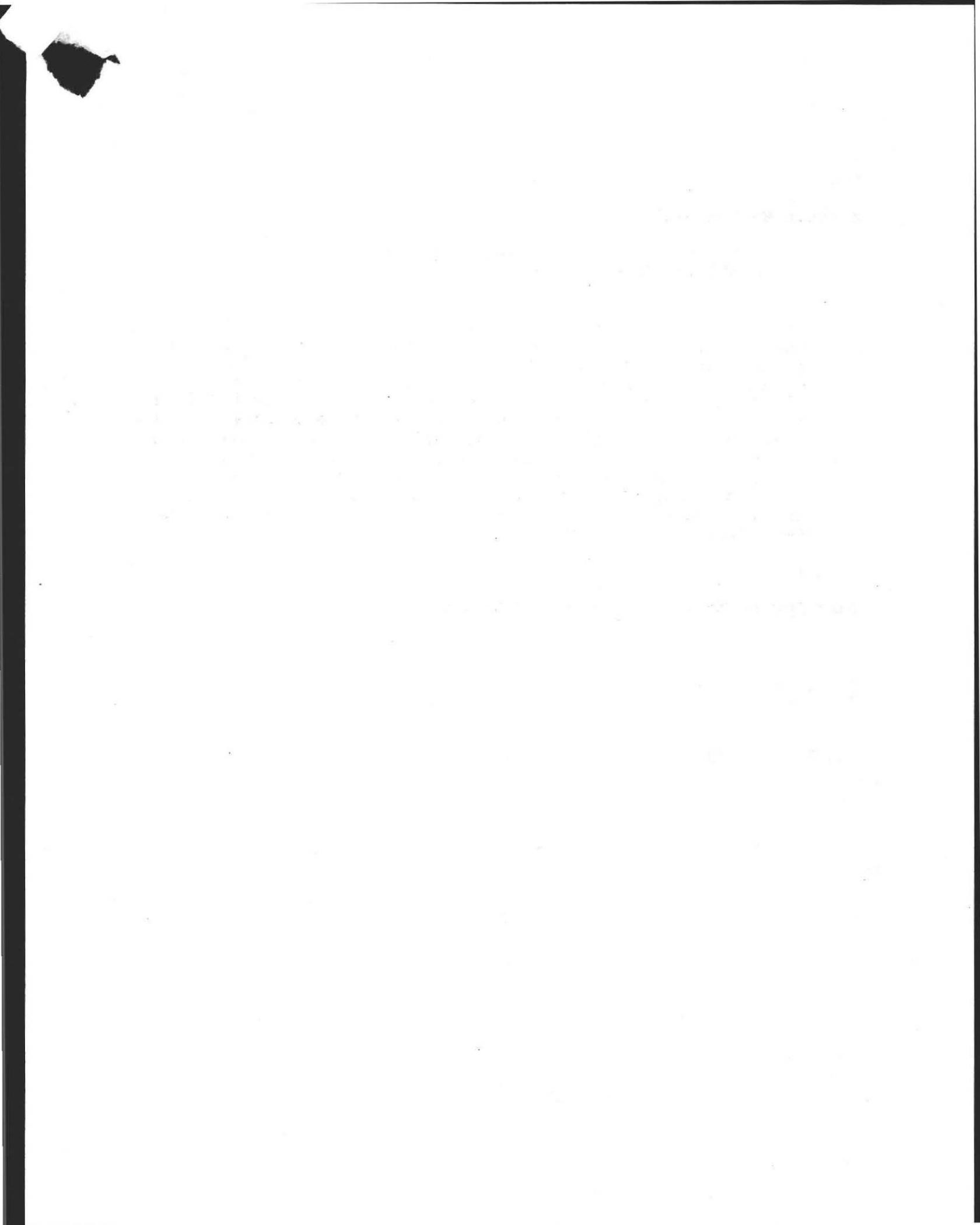
Sincerely,

**Cold Spring Environmental Consultants, Inc.**

  
Alan Weiss, RS, MS  
Principal Hydrogeologist

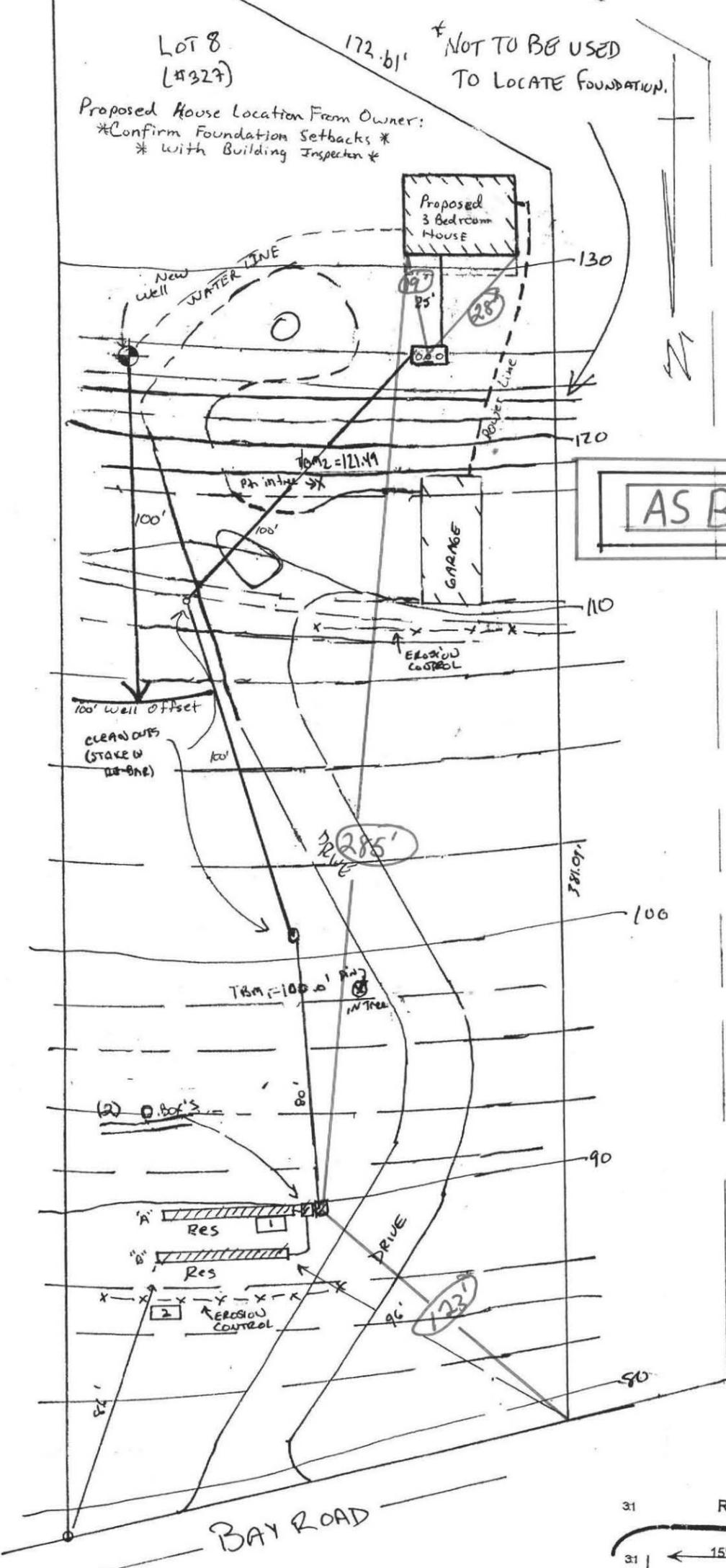
\*As Built Attached

AS BUILT

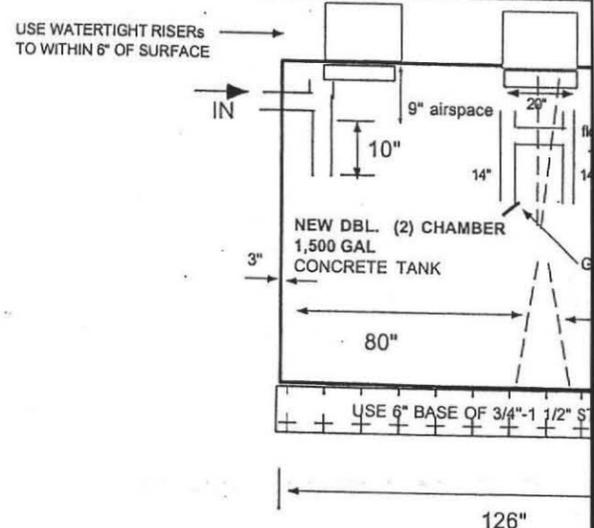


# PLOT PLAN

(1" = 90')

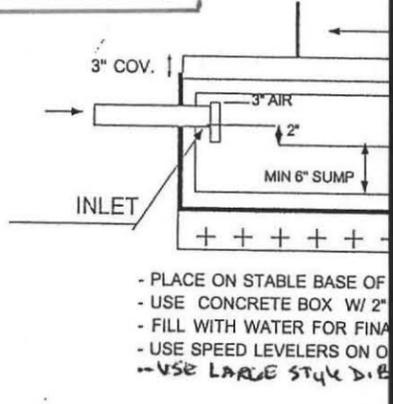


### TYPICAL NEW DBL. CHAMBER 1,500 GAL

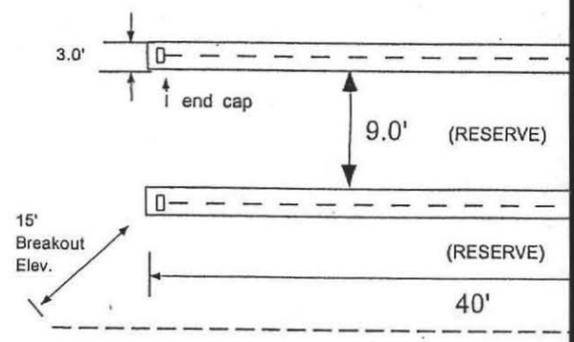


NOTE: CONTRACTOR MUST USE SCH 40 PVC AS SHOWN

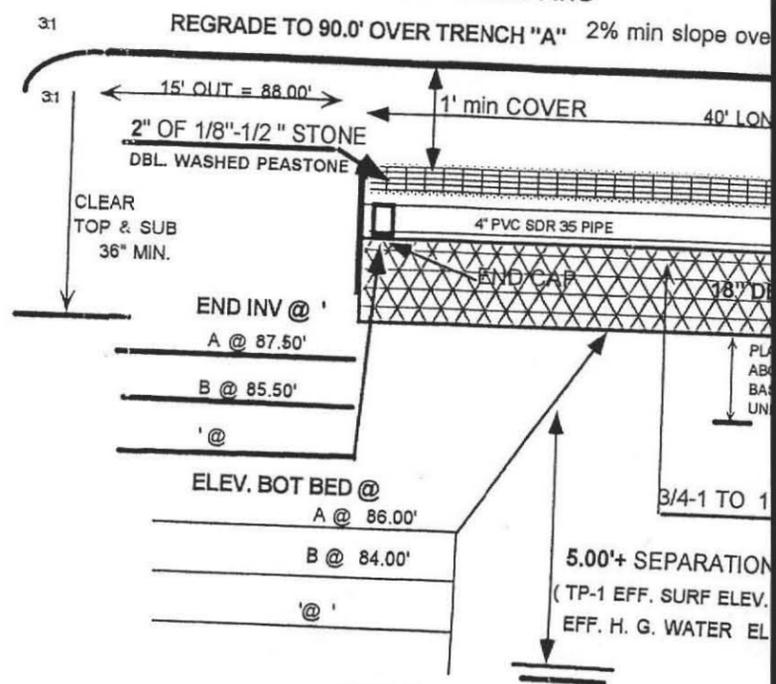
AS BUILT: 8/9/06

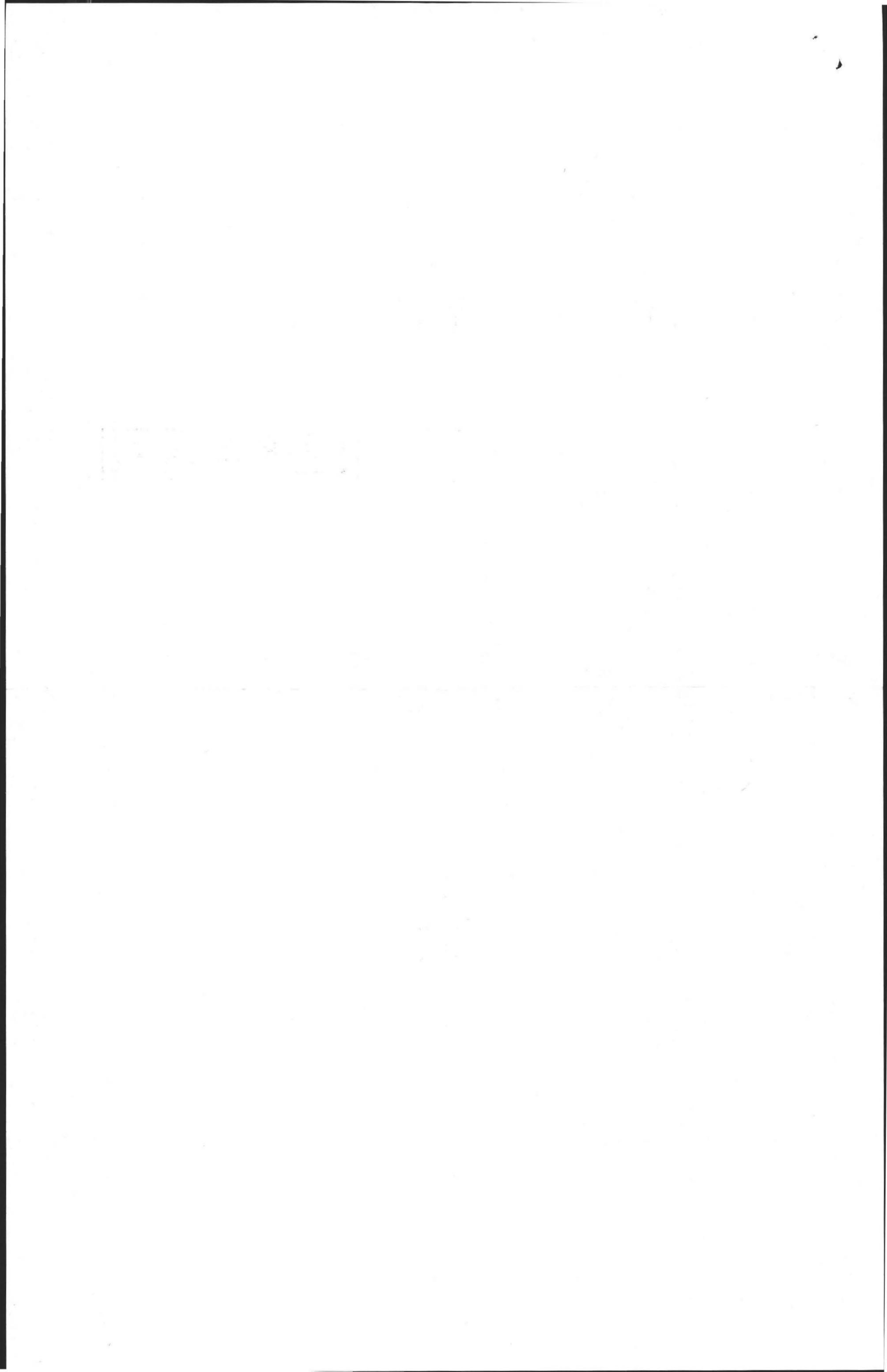


### LEACH TRENCH LAYOUT



USE 2 TRENCHES: 40' FEET LONG (3' WID 2.0' VERTICAL STEPPING







# AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002  
(413) 256-4077

(413) 256-4033 ENVIRONMENTAL HEALTH SERVICES  
(413) 256-4053 (FAX)

## SUB-GRADE INSPECTION

Location: 327 Bay Rd  
Property Owner: LANON

I certify that I have inspected the excavation to sub-grade of the proposed septic system leaching area prior placement of any fill of stone, or construction of any portion of the system.

I further certify that:

1. All 'A' and 'B' horizon soils (topsoils and subsoils) were removed in the area of the system.
2. There was no evidence of ground water in the excavation.
3. There was no evidence of "mottles" that would be in conflict with the findings of the deep hole soil profile.
4. That the excavation was accomplished to the proper depth and in conformance with the approved plans.

ALAN WEISS  
Designers Name

  
Designers Signature

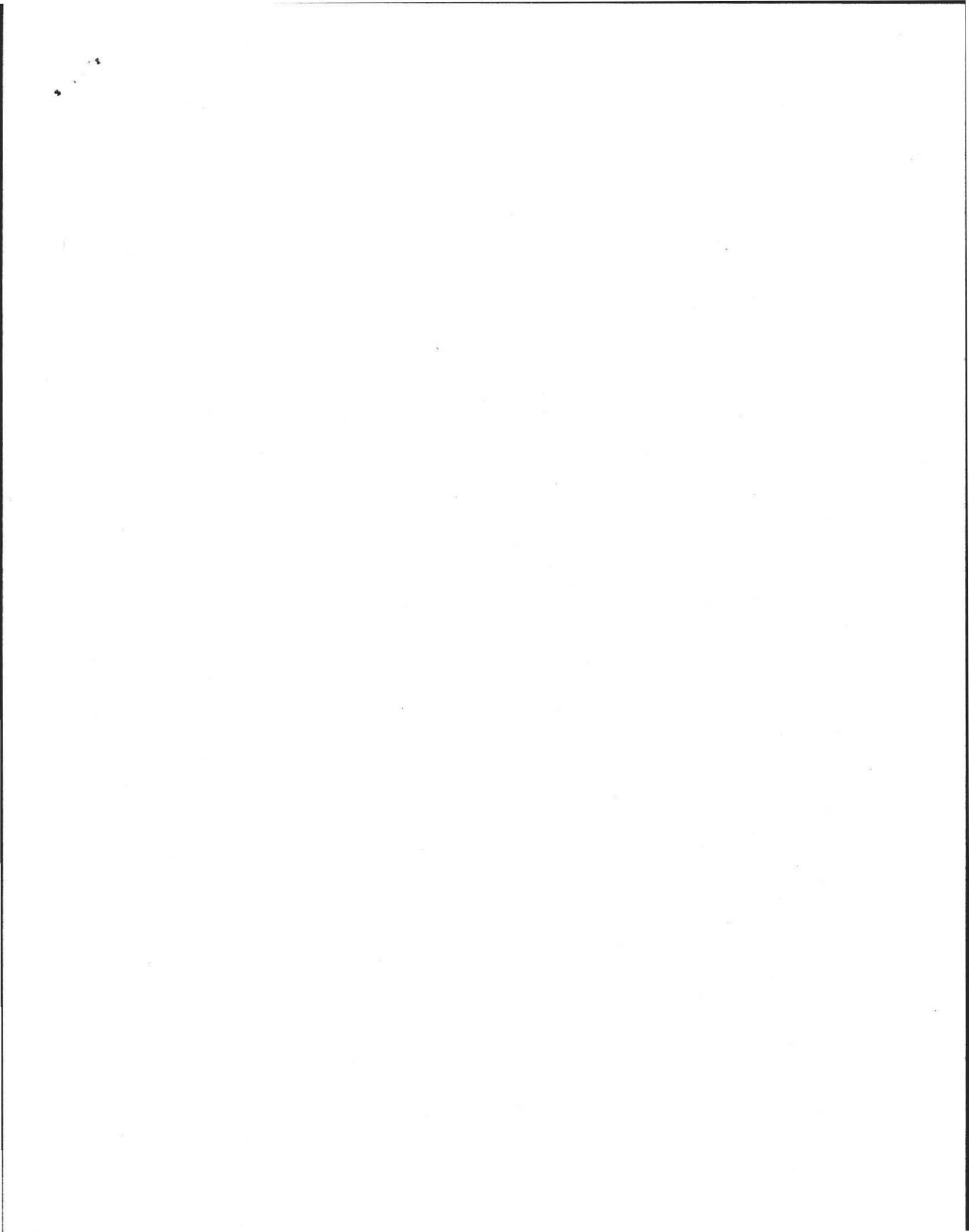


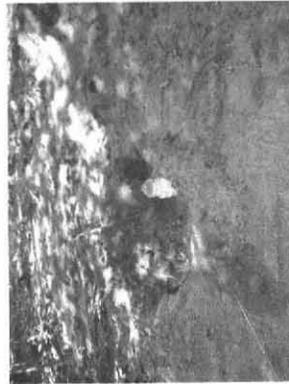
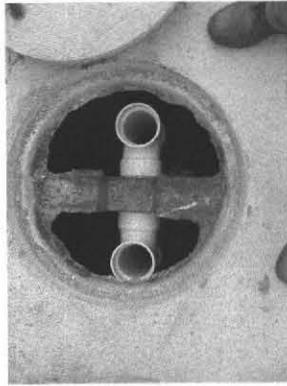
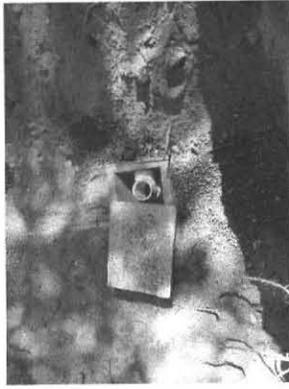
COLD SPRING ENVIRONMENTAL, INC.  
Street Address 560 OLD ENFIELD RD.  
BELCHERTOWN, MA 01007

Town, State, Zip Code

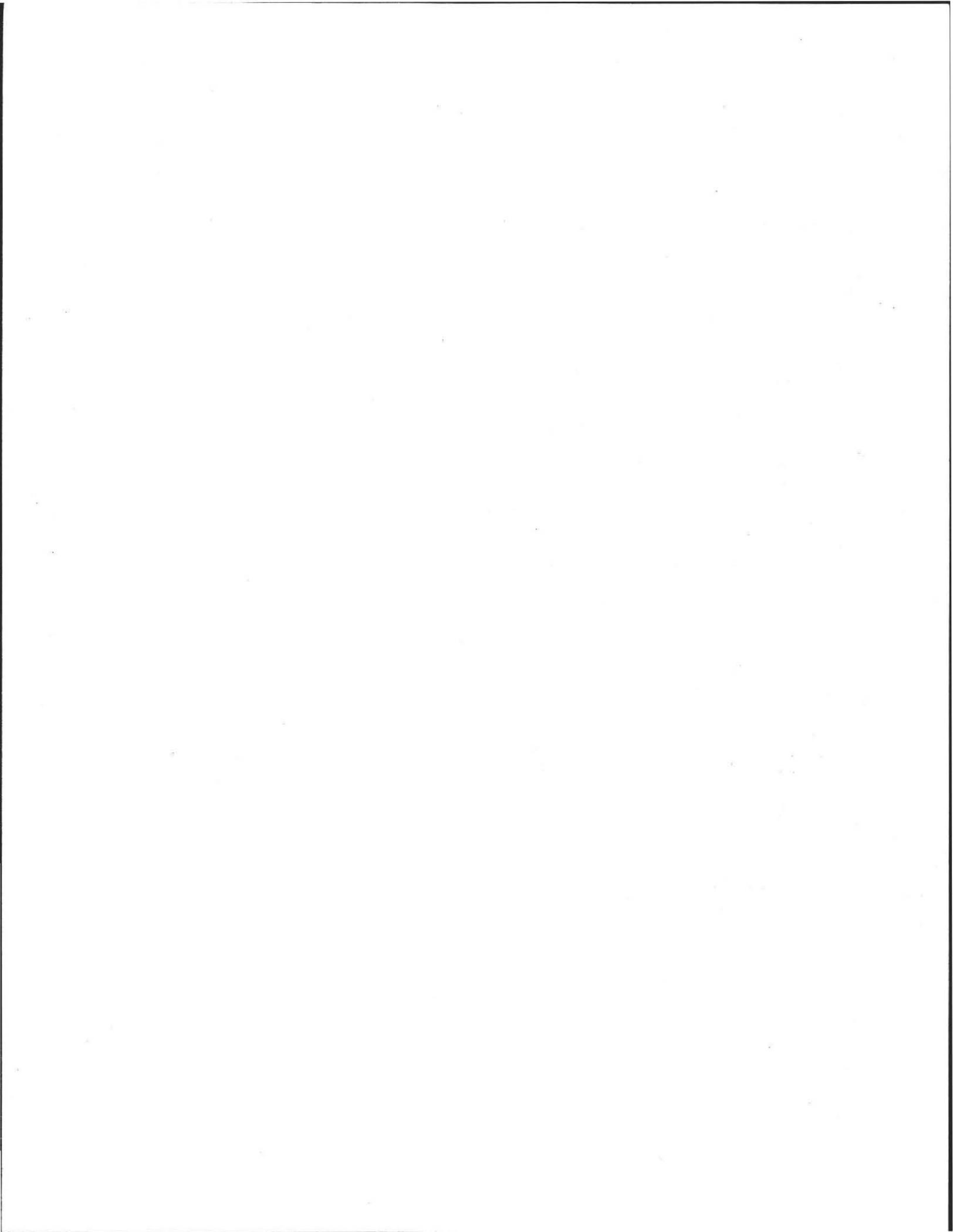
413-323-5957  
Telephone Number





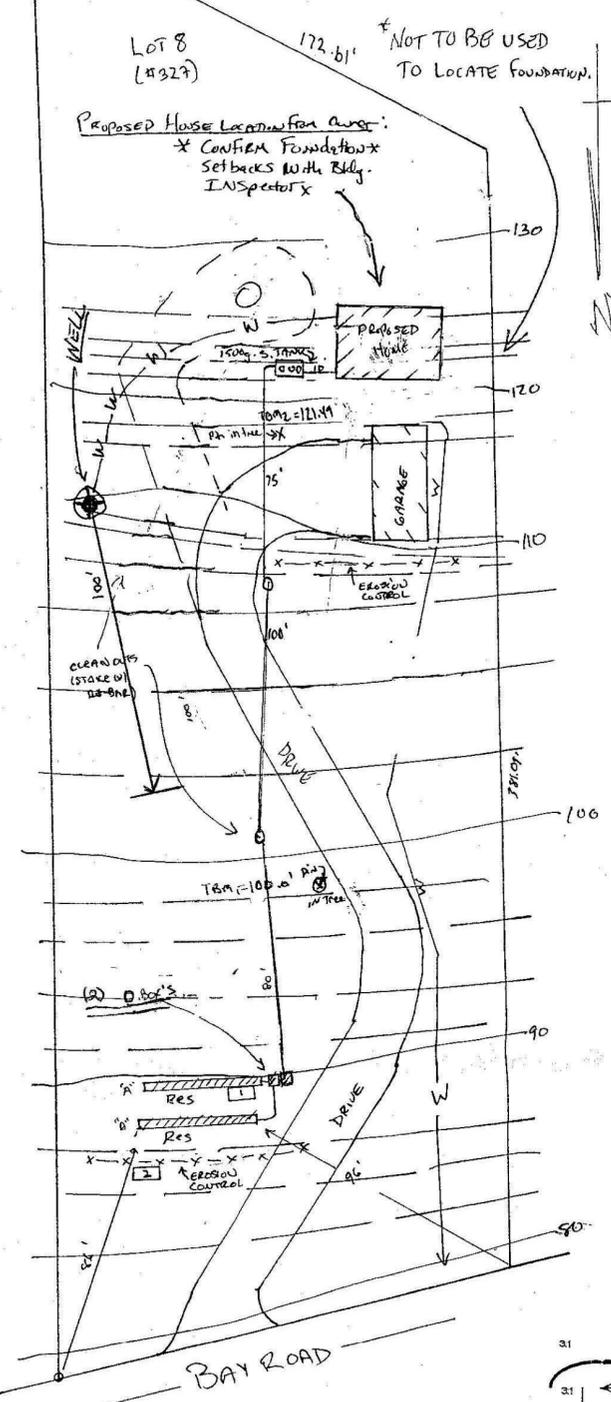


327 Bay Road 8/9/06  
Installer L & F Construction  
Engineer: Alan Weiss

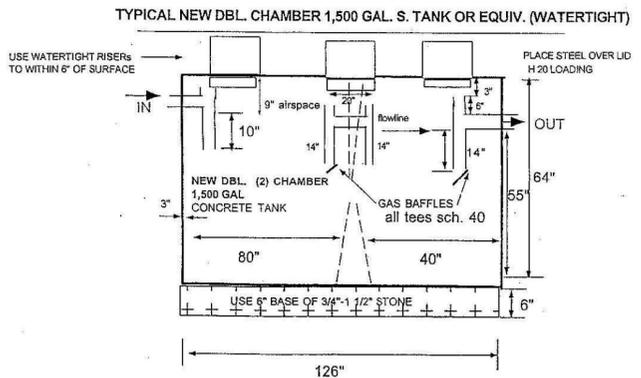
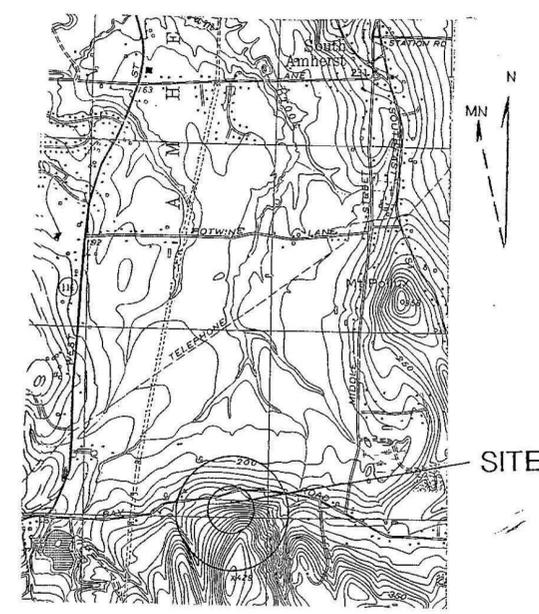


**PLOT PLAN**

(1" = 40')

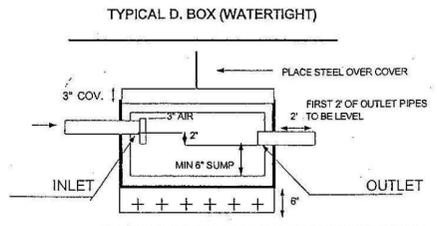


**SITE LOCUS**

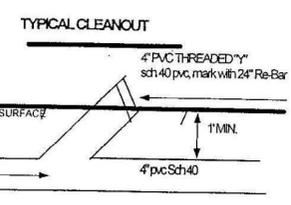


NOTE: CONTRACTOR MUST PIPE MIDDLE TEE WITH SCH 40 PVC AS SHOWN

(\* MUST BE > 50' TO WELL)



- PLACE ON STABLE BASE OF 6" 3/4-1 1/2" CRUSHED STONE
- USE CONCRETE BOX W/ 2" MIN WALL THICKNESS
- FILL WITH WATER FOR FINAL INSPECTION
- USE SPEED LEVELERS ON OUTLET PIPES
- USE LARGE STY. D. BOX.

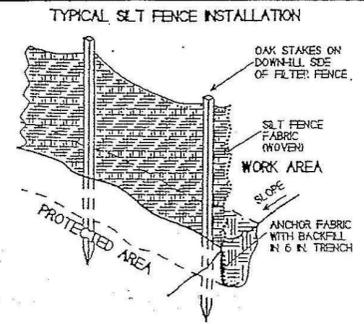


**TEST PIT LOGS**

TP-1 EFF ELEV.	EFF FOR DESIGN OF "B"	TP-2 87.50'
0-6" "A"	FINE SANDY LOAM	10 YR 3/2
6-22" "Bw"	FINE SANDY LOAM	10 YR 5/6
22-132" "C1"	FINE - COARSE SAND, WELL SORTED	10YR 4/6 (10% COBBLES)
		22-132"

OXIDES (NOT OBS.)  
 ASSUMED ESHGW @ 132', USED IN TP-1 FOR DESIGN @ "TRENCH A" = 79.00'  
 SEEPS AND STATIC = NOT OBS.  
 BEDROCK @ NOT OBS. (>132')

USE EROSION CONTROL DUE TO SLOPE



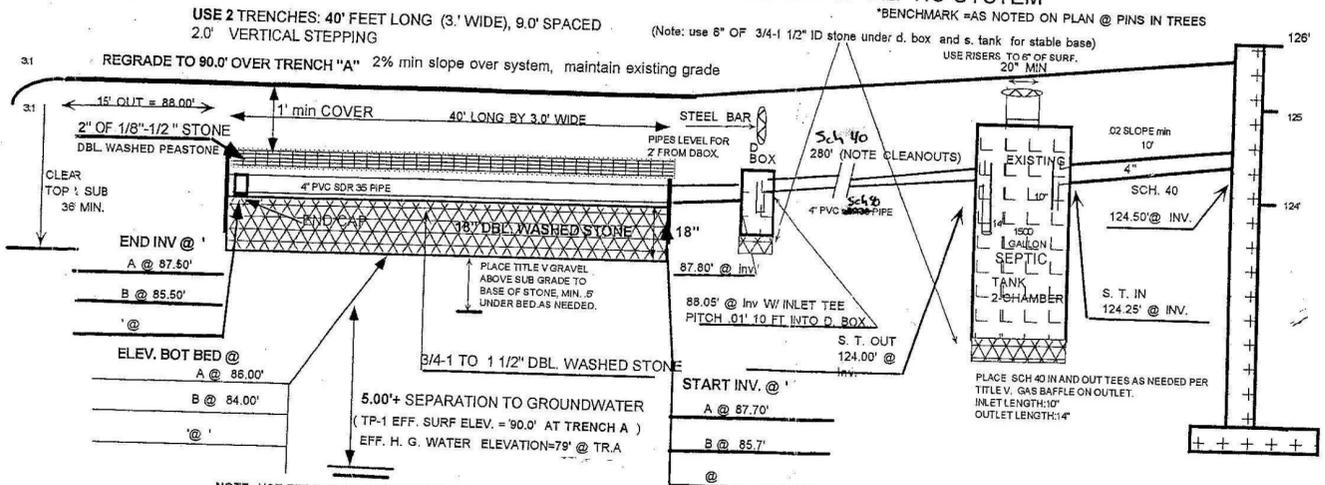
**GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:**

- HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
- MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF LEACHFIELD.
- USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
- CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM.
- KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

**DESIGN NOTES:**

- 3 BR. x 110' gal/day x = 330 gal/day (3 bedroom design)
- Use **Two** Leach Trenches: 40' long x 3.0' wide x 18" stone below invert.  
 Bot. Area: 3.0' wide x 40' long x 2 = 240 sf.  
 Side Area: 1.50' x 40' long x 2 x 2 = 240 sf.  
 Side Area: 1.50' x 3.0' wide x 2 x 2 = 18.0 sf.  
 Tot. Area: 498 sf x 0.74 gal.sf. = 369 gal./day.
- NO GARBAGE DISPOSAL ALLOWED
- ALL D. BOX OUTLET PIPES LEVEL FOR 2"; TEE AT D. BOX. INLET
- NO WELLS WITHIN 150 FEET OF SYSTEM. (water line shown)
- NO WETLANDS WITHIN 150 FEET OF SYSTEM
- PRE & POST CONTOURS NOTED AS NECESSARY.
- RESERVE AREA (BETWEEN TRENCHES).
- SLOPE CALC. APPLIC. REGRADE OVER TRENCHES AS NOTED.
- SUBGRADE INSPECTION REQUIRED
- PLACE (TITLE V FILL ONLY AS NEEDED) OVER SUBGRADE AS SHOWN
- SOIL EVALUATION TP-1 & 2 BY A. WEISS, 03/20/02, D. ZAROZINSKI & T. DION, INSP.
- 2% MIN. SLOPE OVER SAS UPON FINAL.  
 PERCS by A. WEISS 43" & 42, RATE = <2 MIN./IN. "SAND"
- INSTALL GAS BAFFLES AT BOTH CHAMBER OUTLETS AS NOTED
- INSTALL/INSPECT TEES SCH. 40, (10" INLET, 14" OUTLET) ON 1,500 GAL. S. TANK
- USE NEW 2 CHAMBER, 1,500 GAL. S. TANK W/ BAFFLES/TEES IN PLACE.
- USE APPROVED (1.5") ID DBL WASHED STONE UNDER PIPE & D. BOX CONTRACTOR TO CONFIRM STONE PROPERLY WASHED (WITH BUCKET #20 TEST) PRIOR TO PLACEMENT.
- NO TREES WITHIN 10 FT. OF NEW LEACHING TRENCH STONE.
- NO FILL WITHIN 10 FEET OF PROPERTY LINE.
- T.B.M.1. 100.00 pin in tree along driveway, AS NOTED ON PLAN

**CROSS SECTION OF SEPTIC SYSTEM**



NOTE: USE TITLE V FILL ONLY UNDER AND AROUND FIELD TO MEET DESIGN ELEVATIONS AS NOTED ON PLAN AND AS PER 310 15.255 (clear all top and sub prior to fill placement)

**SEPTIC SYSTEM PLAN FOR MATT LANNON & KELLEY ELY**  
**LOT 8 (327) BAY ROAD, AMHERST, MA**

SCALE: <b>NOTED</b>	APPROVED BY:	DRAWN BY: <b>AW</b>
DATE: <b>8/7/02</b>		REVISED: <b>12-10-04</b>
		<b>8-15-05</b>

DRAWING NUMBER: **102-1494-0320**

**REVISED**  
8-15-05

No. 02-20 Revised  
Installer L & K Const.

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Call # 413-695-8831

Location <u>327 Bay Road</u>	Owner's Name <u>Math &amp; Kelly Lannon</u>
Map/Parcel#	Address <u>260 E. Leavitt Rd</u>
Lot# <u>8 (aka #1)</u>	Telephone# <u>548-7018</u>
Installer's Name <u>Joe Wilder (Joe Exrau.)</u>	Designer's Name <u>Alan Weiss, RS</u>
Address <u>Wendall, MA.</u>	Address <u>Belchertown, MA.</u>
Telephone# <u>978-544-6275</u>	Telephone# <u>373-5957</u>

Type of Building Res. Lot Size 72,000<sup>+</sup> sq. ft.  
 Dwelling - No. of Bedrooms 3 Bedroom Garbage grinder (  )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ) , Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 369 gpd  
 Plan: Date 8/7/02 Number of sheets \_\_\_\_\_ Revision Date 12-10-04  
 Title Septic System Plan (Revised) 12/10/04  
 Description of Soil(s) Class 1: Sand  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator Alweiss Date of Evaluation 3/20/02

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete, new Const

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

Signed Math Lannon Date 8-10-05

Inspections \_\_\_\_\_ CELL PHONE 413-695-8831

No. 02-20 Revised

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

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

by: \_\_\_\_\_ at 327 Bay Road

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 02-20 R, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_ Designer: \_\_\_\_\_ Inspector: David Reynolds Date: 8/9/06

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

No. 02-20 Revised

COMMONWEALTH OF MASSACHUSETTS

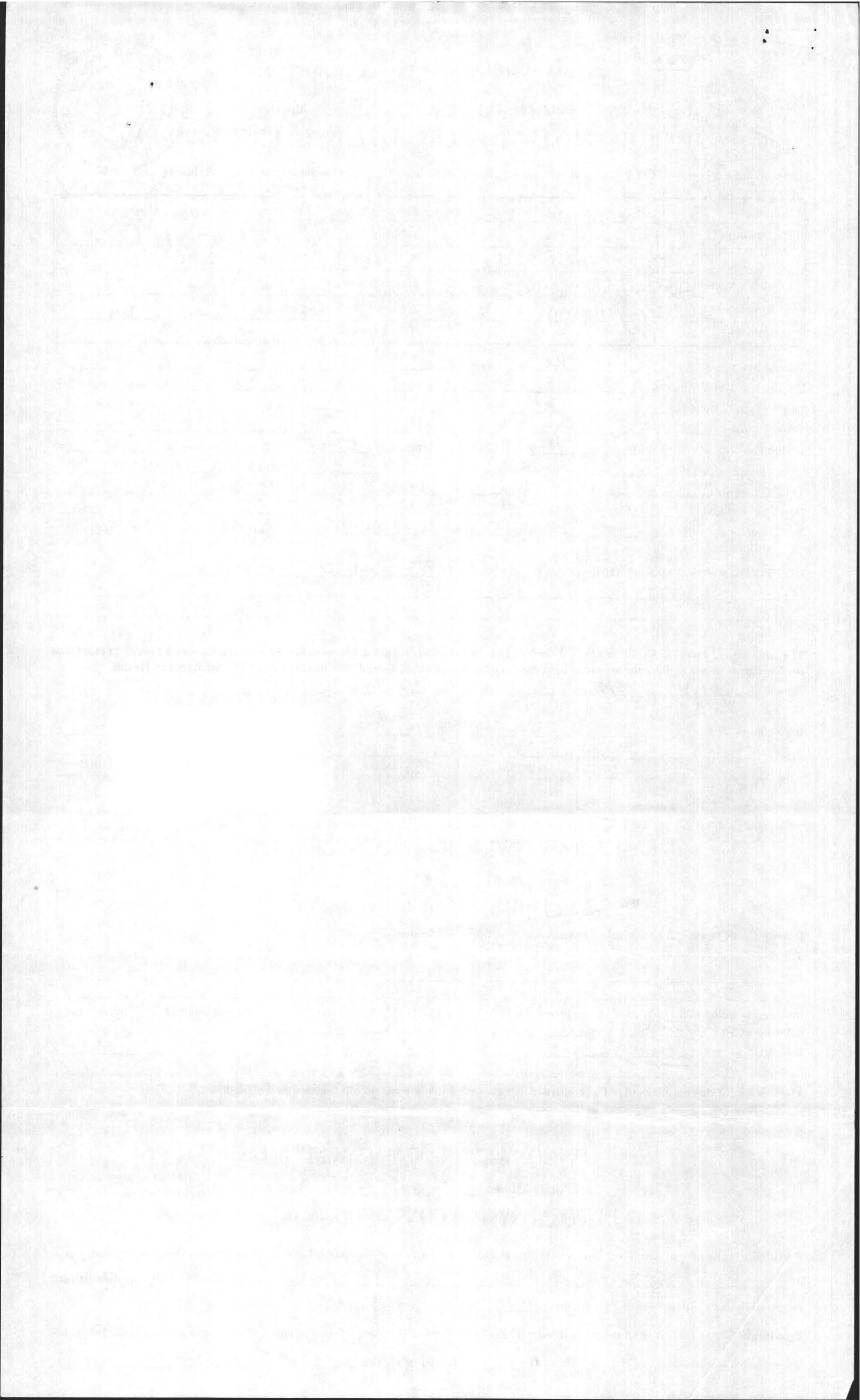
Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 327 Bay Road as described in the application for Disposal System Construction Permit No. 02-20 R, dated 8/17/05. Rec 8/17/05

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

Date 8/17/05 Board of Health David Reynolds



26A 8

TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 3131

Received of MATT HEW LANNON of 260 EAST LEVERETT RD  
Name Address

For Property Located at: 327 Bay Road Matt Lannon  
Street Address Owner

- |  |  |
|--|--|
| HEA009 Bakery<br>R6510 443508                    | HEA015 Sanitary Code Booklets<br>R6510 432305            |
| HEA001 Bed & Breakfast<br>R6510 443516           | HEA016 Septic Tank Permit-Installers<br>R6510 443511     |
| HEA002 Catering License<br>R6510 443507          | HEA017 Septic Tank Permit-Private<br>R6510 443510        |
| HEA003 Food Handler<br>R6510 443515              | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      |
| HEA004 Frozen Deserts<br>R6510 443501            | HEA019 Sub-Division Review Fee<br>R6510 432306           |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | HEA012 Swimming Pool Permits<br>R6510 443512             |
| HEA006 Massage Therapy License<br>R6510 443504   | HEA020 Tanning License<br>R6510 443509                   |
| HEA007 Milk & Cream License<br>R6510 443500      | HEA024 Funeral Director License<br>R6510 443502          |
| HEA008 Motel License<br>R6510 443506             | HEA034 Immunization Clinic<br>R6510 432307               |
| HEA010 Removal of Offal<br>R6510 443513          | HEA030 Car Seats<br>8407 258004                          |
| HEA021 Removal of Rubbish<br>R6510 443520        | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 |
| HEA011 Percolation Test Fees<br>R6510 432300     | HEA023 TB Clinic<br>R6510 432303                         |
| HEA013 Recreation Camp License<br>R6510 443503   | HEA022 Tobacco License<br>R6510 443505                   |
| HEA014 Retail Store Permit<br>R6510 443514       | HEA  |
|  | HEA  |

(C) 100.00

TOTAL FEE: 100.00

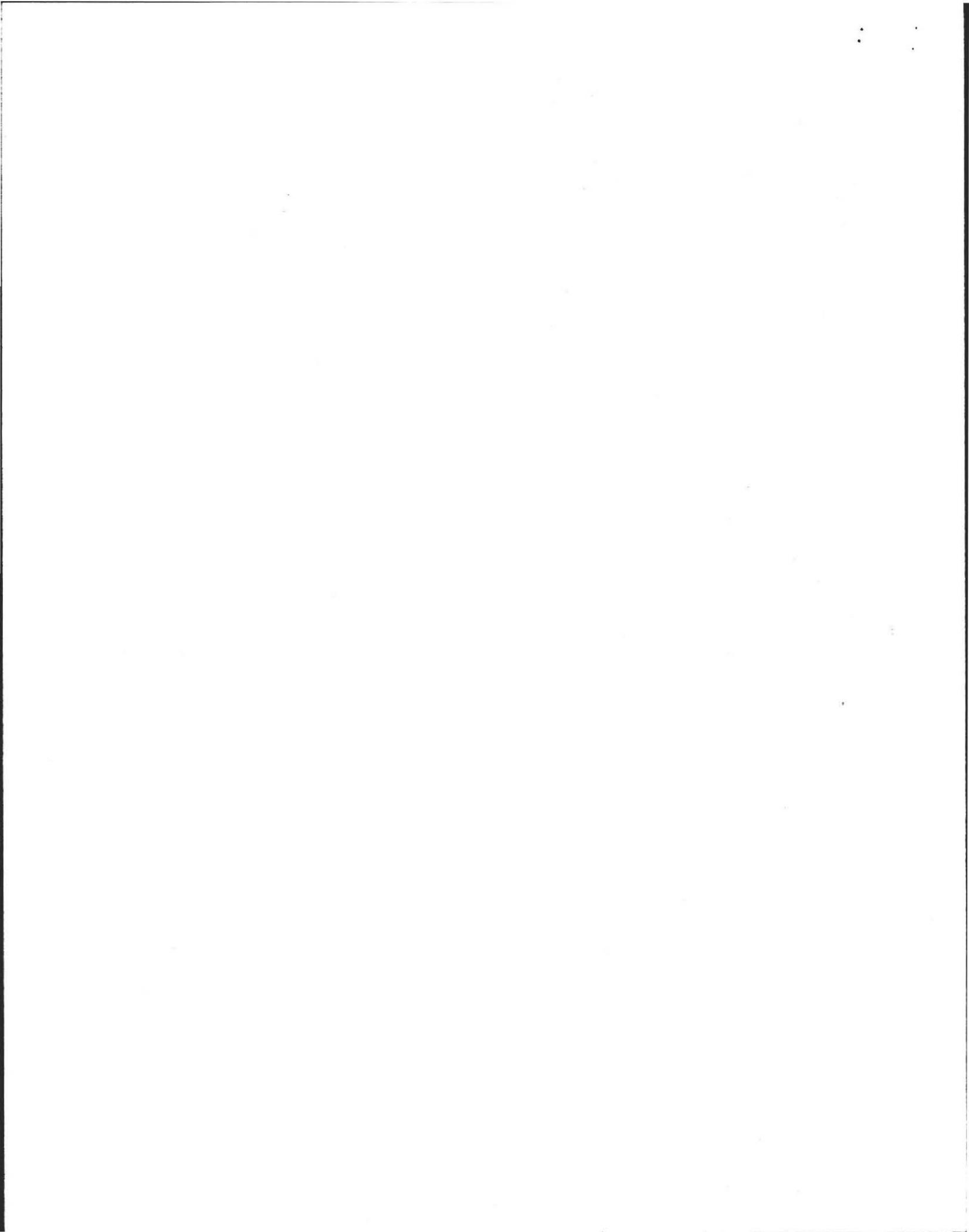
David Baggett  
Inspector Services Health Department

10/23/02  
Date

<b>MATTHEW LANNON</b> 260 EAST LEVERETT RD AMHERST, MA 01002		0225 53-248/118
PAY TO THE ORDER OF <u>Town of Amherst</u>		DATE <u>10-22-02</u>
<u>One hundred dollars 00/100</u>		\$ <u>100.00</u>
THE BANK OF WESTERN MASSACHUSETTS SPRINGFIELD, MASSACHUSETTS		DOLLARS  Security features included. Details on back.
FOR <u>Plans for sep.</u> <u>Matt Lannon</u>		MP
@0118024880 08 00221218 0225		

Must be \

© HARLAND



**TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES**

No. 3131

Received of MATT HEW LANNON of 260 EAST LEWIST ROAD  
Name Address

For Property Located at: 327 Bay Road MATT LANNON  
Street Address Owner

- |   |       |   |                   |
|---|-------|---|-------------------|
| <b>HEA009</b> Bakery<br>R6510 443508                    | _____ | <b>HEA015</b> Sanitary Code Booklets<br>R6510 432305            | _____             |
| <b>HEA001</b> Bed & Breakfast<br>R6510 443516           | _____ | <b>HEA016</b> Septic Tank Permit-Installers<br>R6510 443511     | _____             |
| <b>HEA002</b> Catering License<br>R6510 443507          | _____ | <b>HEA017</b> Septic Tank Permit-Private<br>R6510 443510        | <u>(1) 100.00</u> |
| <b>HEA003</b> Food Handler<br>R6510 443515              | _____ | <b>HEA018</b> Septic Tank Reinspection Fee<br>R6510 432301      | _____             |
| <b>HEA004</b> Frozen Deserts<br>R6510 443501            | _____ | <b>HEA019</b> Sub-Division Review Fee<br>R6510 432306           | _____             |
| <b>HEA005</b> Health Dept. Housing Isp.<br>R6510 432302 | _____ | <b>HEA012</b> Swimming Pool Permits<br>R6510 443512             | _____             |
| <b>HEA006</b> Massage Therapy License<br>R6510 443504   | _____ | <b>HEA020</b> Tanning License<br>R6510 443509                   | _____             |
| <b>HEA007</b> Milk & Cream License<br>R6510 443500      | _____ | <b>HEA024</b> Funeral Director License<br>R6510 443502          | _____             |
| <b>HEA008</b> Motel License<br>R6510 443506             | _____ | <b>HEA034</b> Immunization Clinic<br>R6510 432307               | _____             |
| <b>HEA010</b> Removal of Offal<br>R6510 443513          | _____ | <b>HEA030</b> Car Seats<br>R407 258004                          | _____             |
| <b>HEA021</b> Removal of Rubbish<br>R6510 443520        | _____ | <b>HEA026</b> Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____             |
| <b>HEA011</b> Percolation Test Fees<br>R6510 432300     | _____ | <b>HEA023</b> TB Clinic<br>R6510 432303                         | _____             |
| <b>HEA013</b> Recreation Camp License<br>R6510 443503   | _____ | <b>HEA022</b> Tobacco License<br>R6510 443505                   | _____             |
| <b>HEA014</b> Retail Store Permit<br>R6510 443514       | _____ | <b>HEA</b>  | _____             |
|   |       | <b>HEA</b>  | _____             |

TOTAL FEE: 100.00

*David Baggett*  
 Inspection Services/Health Department

10/23/02  
 Date

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

White - Applicant    Yellow - Collector    Pink - Accounting    Gold - Health/Inspections

&XV0&XVS  
 \*\*\*TOWN OF AMHERST\*\*\*  
 MISC CASH RECEIPTS  
 Date / Time : 10/23/02 14:12  
 Payment : \$100.00  
 Receipt # : 224630  
 Check/Credit Card #: 3131/CK225  
 T1146  
 Paid by : MATTHEW LANNON

~~CONFIDENTIAL~~

MATTHEW LAMON  
301 2nd Ave

301 2nd Ave

DATE	DESCRIPTION	AMOUNT	BALANCE
1/1/00	Opening Balance		100.00
1/15/00	Deposit	50.00	150.00
2/1/00	Withdrawal	20.00	130.00
2/15/00	Deposit	30.00	160.00
3/1/00	Withdrawal	10.00	150.00
3/15/00	Deposit	40.00	190.00
4/1/00	Withdrawal	15.00	175.00
4/15/00	Deposit	25.00	200.00
5/1/00	Withdrawal	30.00	170.00
5/15/00	Deposit	15.00	185.00
6/1/00	Withdrawal	25.00	160.00
6/15/00	Deposit	35.00	195.00
7/1/00	Withdrawal	40.00	155.00
7/15/00	Deposit	20.00	175.00
8/1/00	Withdrawal	15.00	160.00
8/15/00	Deposit	30.00	190.00
9/1/00	Withdrawal	25.00	165.00
9/15/00	Deposit	15.00	180.00
10/1/00	Withdrawal	30.00	150.00
10/15/00	Deposit	20.00	170.00
11/1/00	Withdrawal	10.00	160.00
11/15/00	Deposit	40.00	200.00
12/1/00	Withdrawal	25.00	175.00
12/15/00	Deposit	15.00	190.00
1/1/01	Withdrawal	30.00	160.00
1/15/01	Deposit	20.00	180.00
2/1/01	Withdrawal	15.00	165.00
2/15/01	Deposit	35.00	200.00
3/1/01	Withdrawal	25.00	175.00
3/15/01	Deposit	15.00	190.00
4/1/01	Withdrawal	30.00	160.00
4/15/01	Deposit	20.00	180.00
5/1/01	Withdrawal	10.00	170.00
5/15/01	Deposit	40.00	210.00
6/1/01	Withdrawal	25.00	185.00
6/15/01	Deposit	15.00	200.00
7/1/01	Withdrawal	30.00	170.00
7/15/01	Deposit	20.00	190.00
8/1/01	Withdrawal	10.00	180.00
8/15/01	Deposit	40.00	220.00
9/1/01	Withdrawal	25.00	195.00
9/15/01	Deposit	15.00	210.00
10/1/01	Withdrawal	30.00	180.00
10/15/01	Deposit	20.00	200.00
11/1/01	Withdrawal	10.00	190.00
11/15/01	Deposit	40.00	230.00
12/1/01	Withdrawal	25.00	205.00
12/15/01	Deposit	15.00	220.00
1/1/02	Withdrawal	30.00	190.00
1/15/02	Deposit	20.00	210.00
2/1/02	Withdrawal	10.00	200.00
2/15/02	Deposit	40.00	240.00
3/1/02	Withdrawal	25.00	215.00
3/15/02	Deposit	15.00	230.00
4/1/02	Withdrawal	30.00	200.00
4/15/02	Deposit	20.00	220.00
5/1/02	Withdrawal	10.00	210.00
5/15/02	Deposit	40.00	250.00
6/1/02	Withdrawal	25.00	225.00
6/15/02	Deposit	15.00	240.00
7/1/02	Withdrawal	30.00	210.00
7/15/02	Deposit	20.00	230.00
8/1/02	Withdrawal	10.00	220.00
8/15/02	Deposit	40.00	260.00
9/1/02	Withdrawal	25.00	235.00
9/15/02	Deposit	15.00	250.00
10/1/02	Withdrawal	30.00	220.00
10/15/02	Deposit	20.00	240.00
11/1/02	Withdrawal	10.00	230.00
11/15/02	Deposit	40.00	270.00
12/1/02	Withdrawal	25.00	245.00
12/15/02	Deposit	15.00	260.00
1/1/03	Withdrawal	30.00	230.00
1/15/03	Deposit	20.00	250.00
2/1/03	Withdrawal	10.00	240.00
2/15/03	Deposit	40.00	280.00
3/1/03	Withdrawal	25.00	255.00
3/15/03	Deposit	15.00	270.00
4/1/03	Withdrawal	30.00	240.00
4/15/03	Deposit	20.00	260.00
5/1/03	Withdrawal	10.00	250.00
5/15/03	Deposit	40.00	290.00
6/1/03	Withdrawal	25.00	265.00
6/15/03	Deposit	15.00	280.00
7/1/03	Withdrawal	30.00	250.00
7/15/03	Deposit	20.00	270.00
8/1/03	Withdrawal	10.00	260.00
8/15/03	Deposit	40.00	300.00
9/1/03	Withdrawal	25.00	275.00
9/15/03	Deposit	15.00	290.00
10/1/03	Withdrawal	30.00	260.00
10/15/03	Deposit	20.00	280.00
11/1/03	Withdrawal	10.00	270.00
11/15/03	Deposit	40.00	310.00
12/1/03	Withdrawal	25.00	285.00
12/15/03	Deposit	15.00	300.00
1/1/04	Withdrawal	30.00	270.00
1/15/04	Deposit	20.00	290.00
2/1/04	Withdrawal	10.00	280.00
2/15/04	Deposit	40.00	320.00
3/1/04	Withdrawal	25.00	295.00
3/15/04	Deposit	15.00	310.00
4/1/04	Withdrawal	30.00	280.00
4/15/04	Deposit	20.00	300.00
5/1/04	Withdrawal	10.00	290.00
5/15/04	Deposit	40.00	330.00
6/1/04	Withdrawal	25.00	305.00
6/15/04	Deposit	15.00	320.00
7/1/04	Withdrawal	30.00	290.00
7/15/04	Deposit	20.00	310.00
8/1/04	Withdrawal	10.00	300.00
8/15/04	Deposit	40.00	340.00
9/1/04	Withdrawal	25.00	315.00
9/15/04	Deposit	15.00	330.00
10/1/04	Withdrawal	30.00	300.00
10/15/04	Deposit	20.00	320.00
11/1/04	Withdrawal	10.00	310.00
11/15/04	Deposit	40.00	350.00
12/1/04	Withdrawal	25.00	325.00
12/15/04	Deposit	15.00	340.00
1/1/05	Withdrawal	30.00	310.00
1/15/05	Deposit	20.00	330.00
2/1/05	Withdrawal	10.00	320.00
2/15/05	Deposit	40.00	360.00
3/1/05	Withdrawal	25.00	335.00
3/15/05	Deposit	15.00	350.00
4/1/05	Withdrawal	30.00	320.00
4/15/05	Deposit	20.00	340.00
5/1/05	Withdrawal	10.00	330.00
5/15/05	Deposit	40.00	370.00
6/1/05	Withdrawal	25.00	345.00
6/15/05	Deposit	15.00	360.00
7/1/05	Withdrawal	30.00	330.00
7/15/05	Deposit	20.00	350.00
8/1/05	Withdrawal	10.00	340.00
8/15/05	Deposit	40.00	380.00
9/1/05	Withdrawal	25.00	355.00
9/15/05	Deposit	15.00	370.00
10/1/05	Withdrawal	30.00	340.00
10/15/05	Deposit	20.00	360.00
11/1/05	Withdrawal	10.00	350.00
11/15/05	Deposit	40.00	390.00
12/1/05	Withdrawal	25.00	365.00
12/15/05	Deposit	15.00	380.00
1/1/06	Withdrawal	30.00	350.00
1/15/06	Deposit	20.00	370.00
2/1/06	Withdrawal	10.00	360.00
2/15/06	Deposit	40.00	400.00
3/1/06	Withdrawal	25.00	375.00
3/15/06	Deposit	15.00	390.00
4/1/06	Withdrawal	30.00	360.00
4/15/06	Deposit	20.00	380.00
5/1/06	Withdrawal	10.00	370.00
5/15/06	Deposit	40.00	410.00
6/1/06	Withdrawal	25.00	385.00
6/15/06	Deposit	15.00	400.00
7/1/06	Withdrawal	30.00	370.00
7/15/06	Deposit	20.00	390.00
8/1/06	Withdrawal	10.00	380.00
8/15/06	Deposit	40.00	420.00
9/1/06	Withdrawal	25.00	395.00
9/15/06	Deposit	15.00	410.00
10/1/06	Withdrawal	30.00	380.00
10/15/06	Deposit	20.00	400.00
11/1/06	Withdrawal	10.00	390.00
11/15/06	Deposit	40.00	430.00
12/1/06	Withdrawal	25.00	405.00
12/15/06	Deposit	15.00	420.00
1/1/07	Withdrawal	30.00	390.00
1/15/07	Deposit	20.00	410.00
2/1/07	Withdrawal	10.00	400.00
2/15/07	Deposit	40.00	440.00
3/1/07	Withdrawal	25.00	415.00
3/15/07	Deposit	15.00	430.00
4/1/07	Withdrawal	30.00	400.00
4/15/07	Deposit	20.00	420.00
5/1/07	Withdrawal	10.00	410.00
5/15/07	Deposit	40.00	450.00
6/1/07	Withdrawal	25.00	425.00
6/15/07	Deposit	15.00	440.00
7/1/07	Withdrawal	30.00	410.00
7/15/07	Deposit	20.00	430.00
8/1/07	Withdrawal	10.00	420.00
8/15/07	Deposit	40.00	460.00
9/1/07	Withdrawal	25.00	435.00
9/15/07	Deposit	15.00	450.00
10/1/07	Withdrawal	30.00	420.00
10/15/07	Deposit	20.00	440.00
11/1/07	Withdrawal	10.00	430.00
11/15/07	Deposit	40.00	470.00
12/1/07	Withdrawal	25.00	445.00
12/15/07	Deposit	15.00	460.00
1/1/08	Withdrawal	30.00	430.00
1/15/08	Deposit	20.00	450.00
2/1/08	Withdrawal	10.00	440.00
2/15/08	Deposit	40.00	480.00
3/1/08	Withdrawal	25.00	455.00
3/15/08	Deposit	15.00	470.00
4/1/08	Withdrawal	30.00	440.00
4/15/08	Deposit	20.00	460.00
5/1/08	Withdrawal	10.00	450.00
5/15/08	Deposit	40.00	490.00
6/1/08	Withdrawal	25.00	465.00
6/15/08	Deposit	15.00	480.00
7/1/08	Withdrawal	30.00	450.00
7/15/08	Deposit	20.00	470.00
8/1/08	Withdrawal	10.00	460.00
8/15/08	Deposit	40.00	500.00
9/1/08	Withdrawal	25.00	475.00
9/15/08	Deposit	15.00	490.00
10/1/08	Withdrawal	30.00	460.00
10/15/08	Deposit	20.00	480.00
11/1/08	Withdrawal	10.00	470.00
11/15/08	Deposit	40.00	510.00
12/1/08	Withdrawal	25.00	485.00
12/15/08	Deposit	15.00	500.00
1/1/09	Withdrawal	30.00	470.00
1/15/09	Deposit	20.00	490.00
2/1/09	Withdrawal	10.00	480.00
2/15/09	Deposit	40.00	520.00
3/1/09	Withdrawal	25.00	495.00
3/15/09	Deposit	15.00	510.00
4/1/09	Withdrawal	30.00	480.00
4/15/09	Deposit	20.00	500.00
5/1/09	Withdrawal	10.00	490.00
5/15/09	Deposit	40.00	530.00
6/1/09	Withdrawal	25.00	505.00
6/15/09	Deposit	15.00	520.00
7/1/09	Withdrawal	30.00	490.00
7/15/09	Deposit	20.00	510.00
8/1/09	Withdrawal	10.00	500.00
8/15/09	Deposit	40.00	540.00
9/1/09	Withdrawal	25.00	515.00
9/15/09	Deposit	15.00	530.00
10/1/09	Withdrawal	30.00	500.00
10/15/09	Deposit	20.00	520.00
11/1/09	Withdrawal	10.00	510.00
11/15/09	Deposit	40.00	550.00
12/1/09	Withdrawal	25.00	525.00
12/15/09	Deposit	15.00	540.00
1/1/10	Withdrawal	30.00	510.00
1/15/10	Deposit	20.00	530.00
2/1/10	Withdrawal	10.00	520.00
2/15/10	Deposit	40.00	560.00
3/1/10	Withdrawal	25.00	535.00
3/15/10	Deposit	15.00	550.00
4/1/10	Withdrawal	30.00	520.00
4/15/10	Deposit	20.00	540.00
5/1/10	Withdrawal	10.00	530.00
5/15/10	Deposit	40.00	570.00
6/1/10	Withdrawal	25.00	545.00
6/15/10	Deposit	15.00	560.00
7/1/10	Withdrawal	30.00	530.00
7/15/10	Deposit	20.00	550.00
8/1/10	Withdrawal	10.00	540.00
8/15/10	Deposit	40.00	580.00
9/1/10	Withdrawal	25.00	555.00
9/15/10	Deposit	15.00	570.00
10/1/10	Withdrawal	30.00	540.00
10/15/10	Deposit	20.00	560.00
11/1/10	Withdrawal	10.00	550.00
11/15/10	Deposit	40.00	590.00
12/1/10	Withdrawal	25.00	565.00
12/15/10	Deposit	15.00	580.00
1/1/11	Withdrawal	30.00	550.00
1/15/11	Deposit	20.00	570.00
2/1/11	Withdrawal	10.00	560.00
2/15/11	Deposit	40.00	600.00
3/1/11	Withdrawal	25.00	575.00
3/15/11	Deposit	15.00	590.00
4/1/11	Withdrawal	30.00	560.00
4/15/11	Deposit	20.00	580.00
5/1/11	Withdrawal	10.00	570.00
5/15/11	Deposit	40.00	610.00
6/1/11	Withdrawal	25.00	585.00
6/15/11			

**TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES**

No. 3131

Received of MATTHEW LANNON of 8260 RUSSELL RD  
Name Address

For Property Located at: 307 Bay Road Street Address  
Owner MAT LANNON  
413-695-3921

- |   |       |   |                   |
|---|-------|---|-------------------|
| <b>HEA009</b> Bakery<br>R6510 443508                    | _____ | <b>HEA015</b> Sanitary Code Booklets<br>R6510 432305            | _____             |
| <b>HEA001</b> Bed & Breakfast<br>R6510 443516           | _____ | <b>HEA016</b> Septic Tank Permit-Installers<br>R6510 443511     | _____             |
| <b>HEA002</b> Catering License<br>R6510 443507          | _____ | <b>HEA017</b> Septic Tank Permit-Private<br>R6510 443510        | <u>(1) 100.00</u> |
| <b>HEA003</b> Food Handler<br>R6510 443515              | _____ | <b>HEA018</b> Septic Tank Reinspection Fee<br>R6510 432301      | _____             |
| <b>HEA004</b> Frozen Deserts<br>R6510 443501            | _____ | <b>HEA019</b> Sub-Division Review Fee<br>R6510 432306           | _____             |
| <b>HEA005</b> Health Dept. Housing Isp.<br>R6510 432302 | _____ | <b>HEA012</b> Swimming Pool Permits<br>R6510 443512             | _____             |
| <b>HEA006</b> Massage Therapy License<br>R6510 443504   | _____ | <b>HEA020</b> Tanning License<br>R6510 443509                   | _____             |
| <b>HEA007</b> Milk & Cream License<br>R6510 443500      | _____ | <b>HEA024</b> Funeral Director License<br>R6510 443502          | _____             |
| <b>HEA008</b> Motel License<br>R6510 443506             | _____ | <b>HEA034</b> Immunization Clinic<br>R6510 432307               | _____             |
| <b>HEA010</b> Removal of Offal<br>R6510 443513          | _____ | <b>HEA030</b> Car Seats<br>8407 258004                          | _____             |
| <b>HEA021</b> Removal of Rubbish<br>R6510 443520        | _____ | <b>HEA026</b> Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____             |
| <b>HEA011</b> Percolation Test Fees<br>R6510 432300     | _____ | <b>HEA023</b> TB Clinic<br>R6510 432303                         | _____             |
| <b>HEA013</b> Recreation Camp License<br>R6510 443503   | _____ | <b>HEA022</b> Tobacco License<br>R6510 443505                   | _____             |
| <b>HEA014</b> Retail Store Permit<br>R6510 443514       | _____ | <b>HEA</b>  | _____             |
|   |       | <b>HEA</b>  | _____             |

TOTAL FEE: 100.00

Matthew Lannon  
Inspection Services/Health Department

10/23/02  
Date

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

White - Applicant    Yellow - Collector    Pink - Accounting    Gold - Health/Inspections

82908295  
TOWN OF AMHERST  
MISC CASH RECEIPTS  
Date / Time : 10/23/02 14:12  
Payment : \$100.00  
Receipt #: 224630  
Check/Credit Card #: 3131-CK225  
Paid by : MATTHEW LANNON



TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 3131

Received of MATTHEW LANNON of 260 EAST LEVERETT ROAD  
Name Address

For Property Located at: 327 Bay Road Matt Lannon  
Street Address Owner

- |  |   |
|--|---|
| HEA009 Bakery<br>R6510 443508                    | HEA015 Sanitary Code Booklets<br>R6510 432305                       |
| HEA001 Bed & Breakfast<br>R6510 443516           | HEA016 Septic Tank Permit-Installers<br>R6510 443511                |
| HEA002 Catering License<br>R6510 443507          | HEA017 Septic Tank Permit-Private <u>(1) 100.00</u><br>R6510 443510 |
| HEA003 Food Handler<br>R6510 443515              | HEA018 Septic Tank Reinspection Fee<br>R6510 432301                 |
| HEA004 Frozen Deserts<br>R6510 443501            | HEA019 Sub-Division Review Fee<br>R6510 432306                      |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | HEA012 Swimming Pool Permits<br>R6510 443512                        |
| HEA006 Massage Therapy License<br>R6510 443504   | HEA020 Tanning License<br>R6510 443509                              |
| HEA007 Milk & Cream License<br>R6510 443500      | HEA024 Funeral Director License<br>R6510 443502                     |
| HEA008 Motel License<br>R6510 443506             | HEA034 Immunization Clinic<br>R6510 432307                          |
| HEA010 Removal of Offal<br>R6510 443513          | HEA030 Car Seats<br>8407 258004                                     |
| HEA021 Removal of Rubbish<br>R6510 443520        | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518            |
| HEA011 Percolation Test Fees<br>R6510 432300     | HEA023 TB Clinic<br>R6510 432303                                    |
| HEA013 Recreation Camp License<br>R6510 443503   | HEA022 Tobacco License<br>R6510 443505                              |
| HEA014 Retail Store Permit<br>R6510 443514       | HEA   |
|  | HEA   |

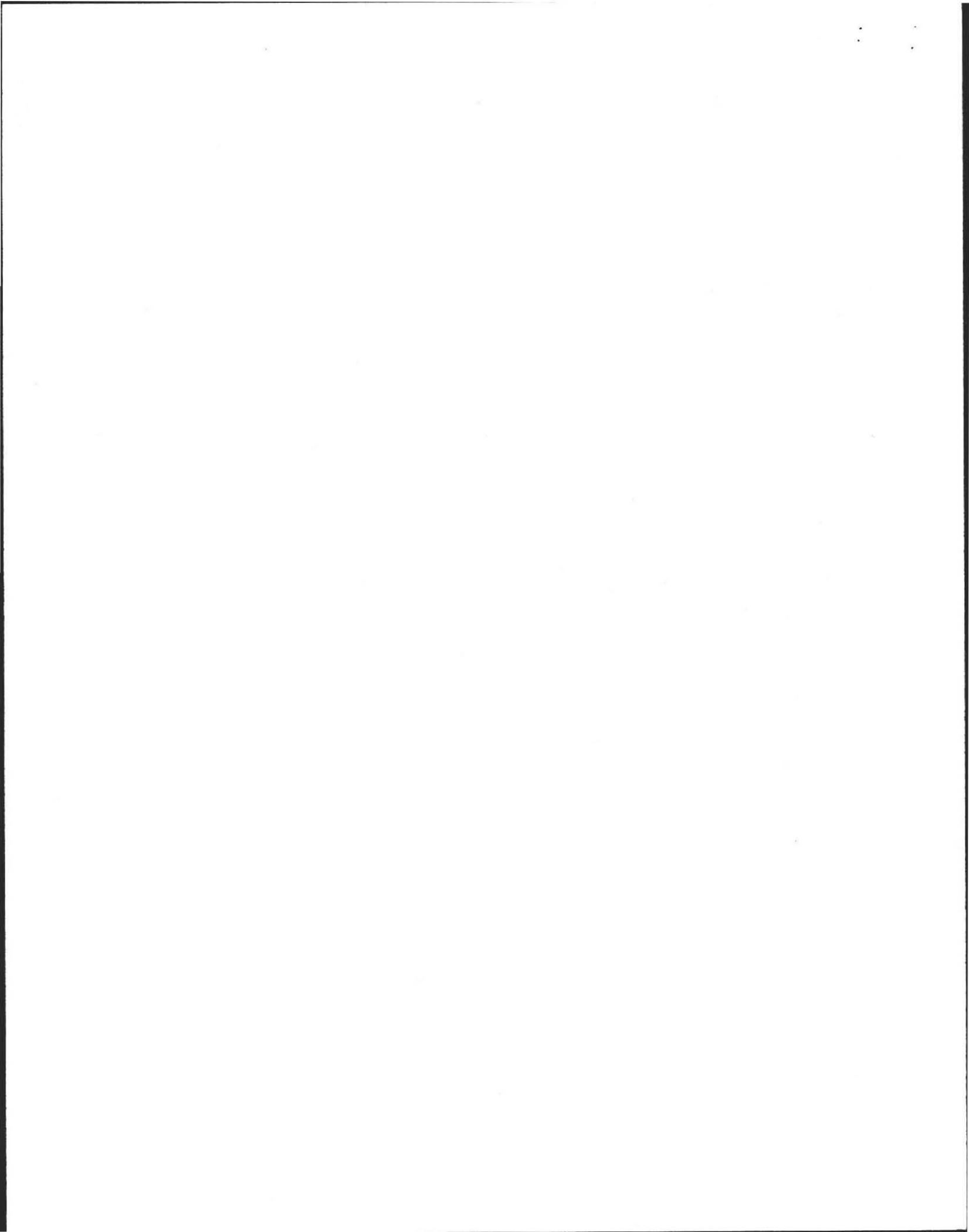
Needs parcel

TOTAL FEE: 100.00  
Date 10/23/02

Sarah B. [Signature]  
Inspector Services Health Department

<b>MATTHEW LANNON</b> 260 EAST LEVERETT RD AMHERST, MA 01002		0225 53-248/118
PAY TO THE ORDER OF <u>Town of Amherst</u>		DATE <u>10-22-02</u>
One hundred dollars <u>00/100</u>		\$ <u>100.00</u> DOLLARS
THE BANK OF WESTERN MASSACHUSETTS SPRINGFIELD, MASSACHUSETTS		Security Features Included on Back.
FOR <u>Plans for sep.</u>		MP
⑆011802488⑆ 08 00221218⑆ 0225		

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



No. \_\_\_\_\_

Date: 3/20/02

Commonwealth of Massachusetts  
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 3/20/02

Witnessed By: D. ZAROZINSKI

Location Address or Lot # <u>(west of #347) (#327)</u> <u>Parcel #1 (LOT 8)</u> <u>BAY ROAD</u>	Owner's Name, Address, and Telephone # <u>Matt Lennan + Kelly, cly</u> <u>260 E. Leverage Road</u> <u>Amherst, MA</u> <u>548-7018</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No  Yes

Year Published 1981 Publication Scale 1:25,000 Soil Map Unit MeC  
Drainage Class ROAD Soil Limitations N/A - slope

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform \_\_\_\_\_

Flood Insurance Rate Map:

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

Wetland Area:

National Wetland Inventory Map (map unit) \_\_\_\_\_

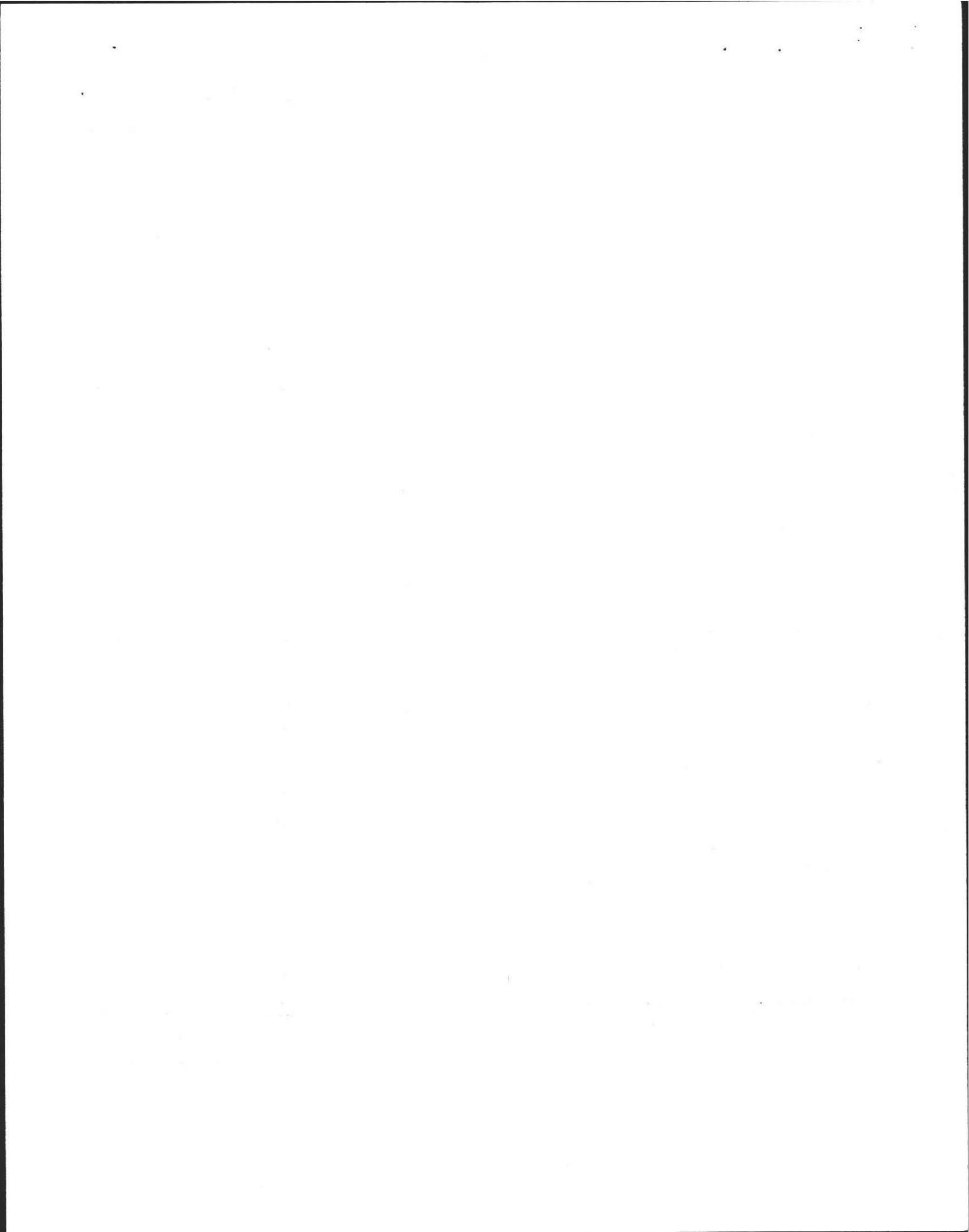
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range : Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. (West of 347)  
(Bay Road Parcel #1)

On-site Review

Deep Hole Number TP-1 Date: 3/20/02 Time: 9:00 Weather clouds

Location (identify on site plan) \_\_\_\_\_

Land Use Rural Res. Slope (%) 3.5 Surface Stones many/few

Vegetation w. pine

Landform Terrace

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body 100' feet      Drainage way 100' feet  
 Possible Wet Area 100' feet      Property Line 25' feet  
 Drinking Water Well 100' feet      Other \_\_\_\_\_

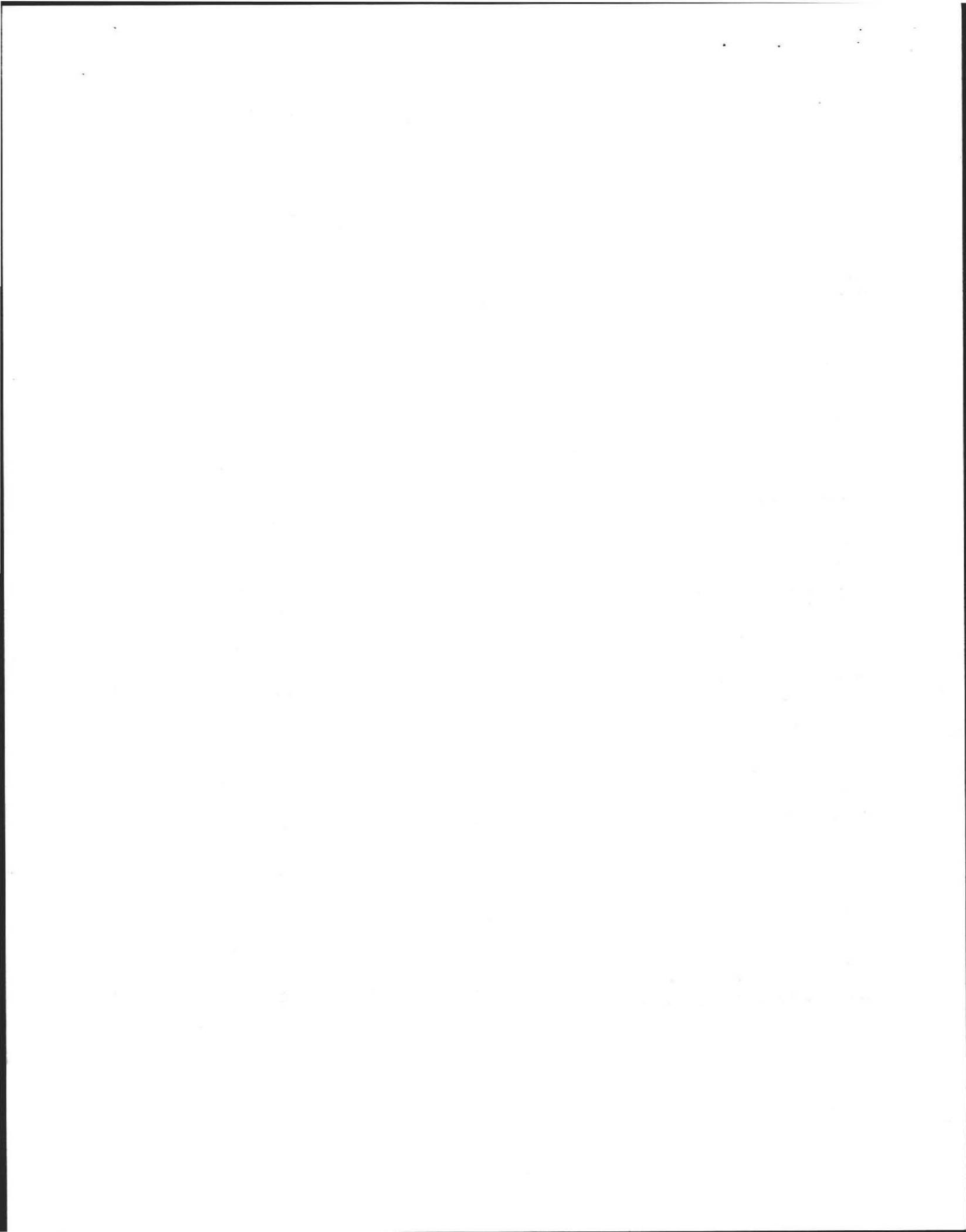
DEEP OBSERVATION HOLE LOG\*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
<u>0-6"</u>	<u>A</u>	<u>FSL</u>	<u>10YR 3/2</u>		<u>Friable, loose</u>
<u>6-22"</u>	<u>BW</u>	<u>FSL</u>	<u>10YR 5/6</u>		<u>Friable, loose</u>
<u>22-132"</u>	<u>C</u>	<u>S</u>	<u>10YR 4/6</u>	<u>132"</u> <u>2.54 5/6</u>	<u>F-C. Sand,</u> <u>10% cobbles, dry</u>
<u>0-6"</u>	<u>A</u>	<u>FSL</u>	<u>10YR 3/2</u>		<u>Friable, loose</u>
<u>6-22"</u>	<u>BW</u>	<u>FSL</u>	<u>10YR 5/6</u>	<u>Not</u>	<u>Friable, loose</u>
<u>22-132"</u>	<u>C</u>	<u>S</u>	<u>10YR 4/6</u>	<u>obs.</u>	<u>F-C. Sand, 10% cobbles</u> <u>dry.</u>

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH      Depth to Bedrock: 132" +  
 Depth to Groundwater: Standing Water in the Hole: Not      Weeping from Pit Face: Not, obs  
 Estimated Seasonal High Ground Water: 132" +





FORM 12 - PERCOLATION TEST

Location Address or Lot No. Parcel 1 BAY ROAD

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>3/20/02</u>		Time: <u>9:30</u>
Observation Hole #	<u>P<sub>1</sub></u>	
Depth of Perc	<u>43"</u>	<u>42"</u>
Start Pre-soak	<u>9:30</u>	<u>10:02</u> <u>CANT</u>
End Pre-soak	<u>9:45</u>	<u>10:02</u> <u>HOLD</u>
Time at 12"	<u>9:45</u>	<u>10:04</u> <u>H<sub>2</sub>O</u>
Time at 9"	<u>9:48</u>	<u>10:05</u>
Time at 6"	<u>9:52</u>	<u>10:06</u>
Time (9"-6")	<u>&lt;2 (5)</u>	<u>22</u>
Rate Min./Inch	<u>&lt;2</u>	<u>&lt;2</u>

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

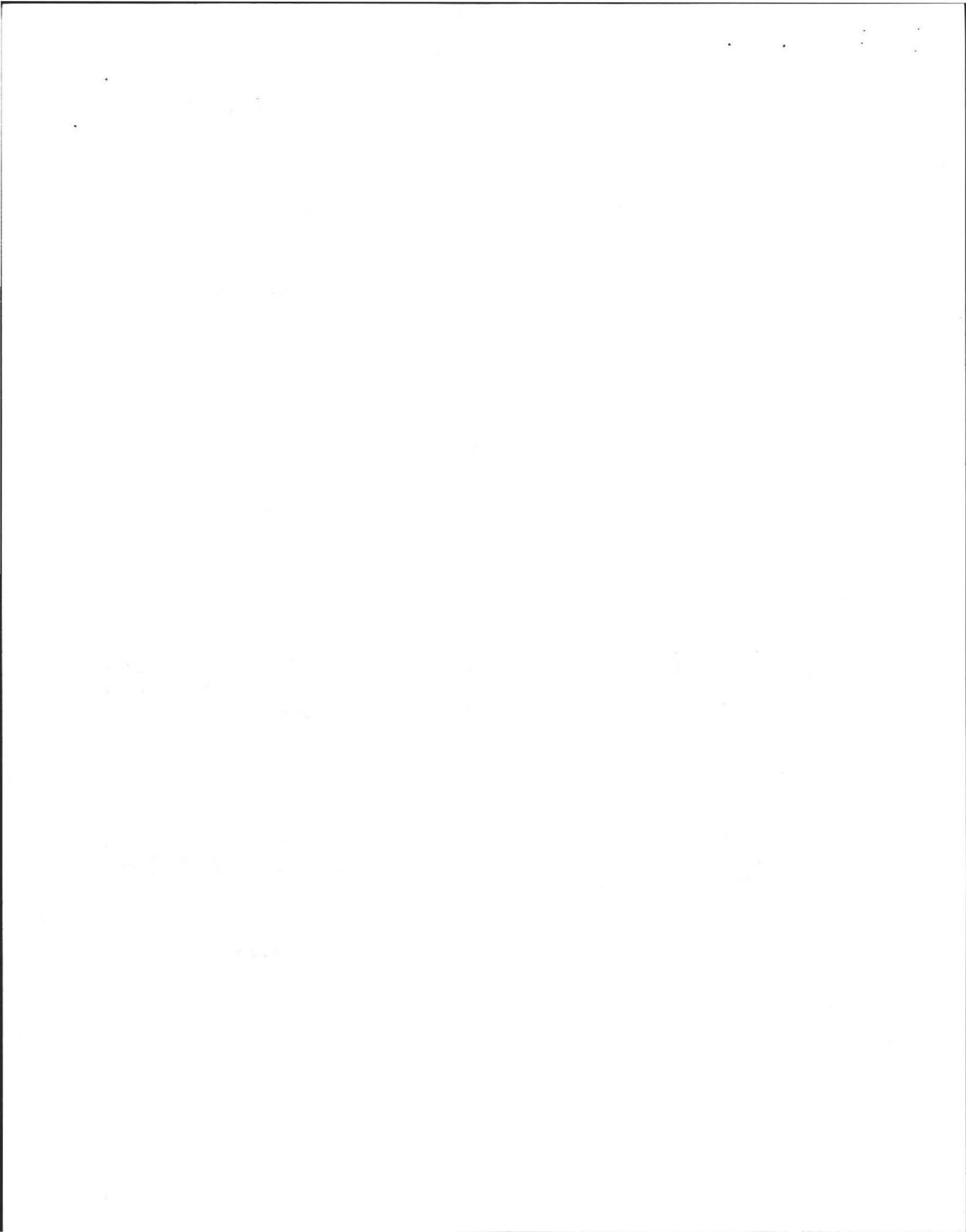
Site Passed  Site Failed

Performed By: A. Weiss

Witnessed By: D. ZAROZINSKI

Comments: 5' separation, Design for slope





(W. of # 347)  
Location Address or Lot No. Parcel #1, BAY ROAD

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 132" 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

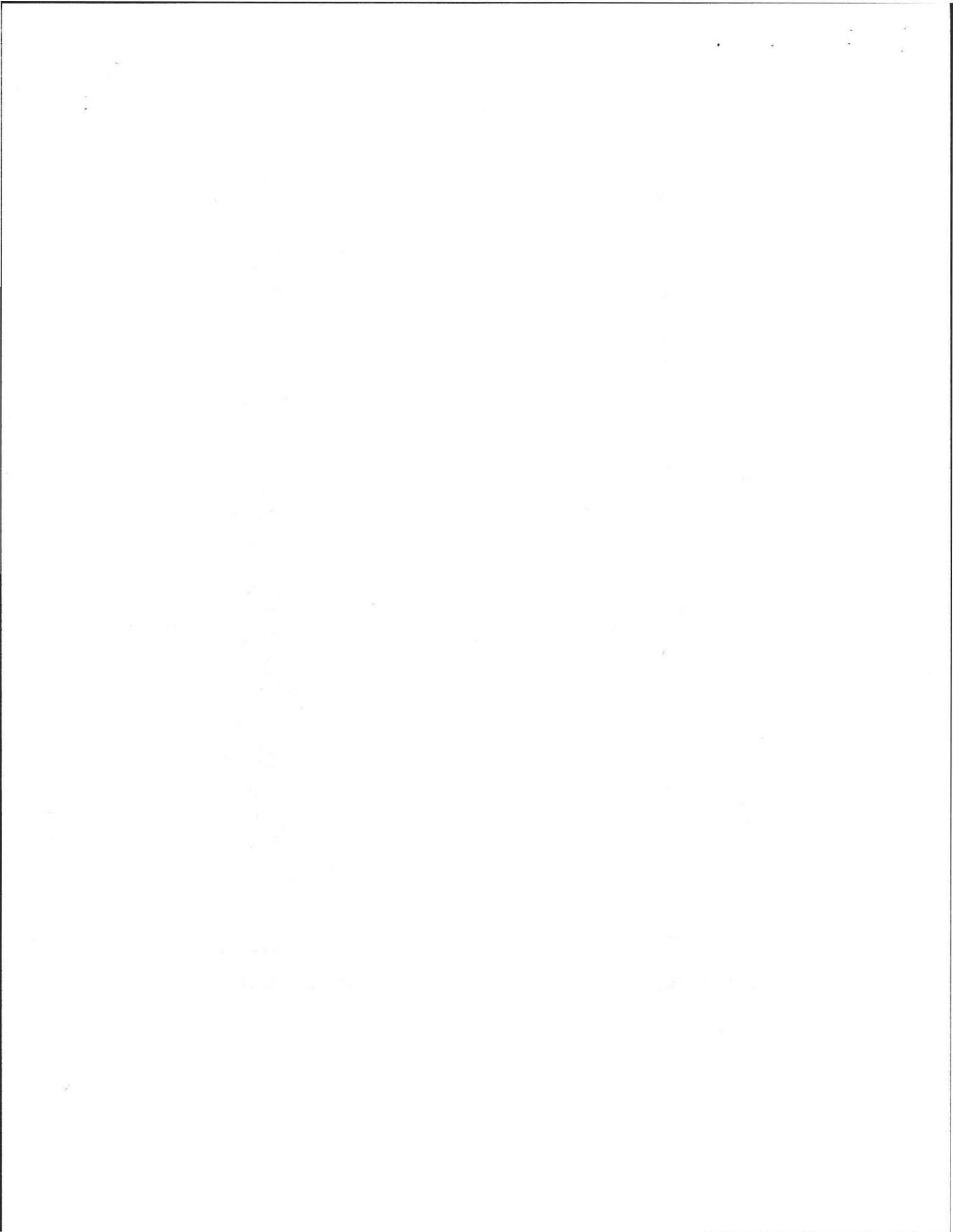
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

Certification

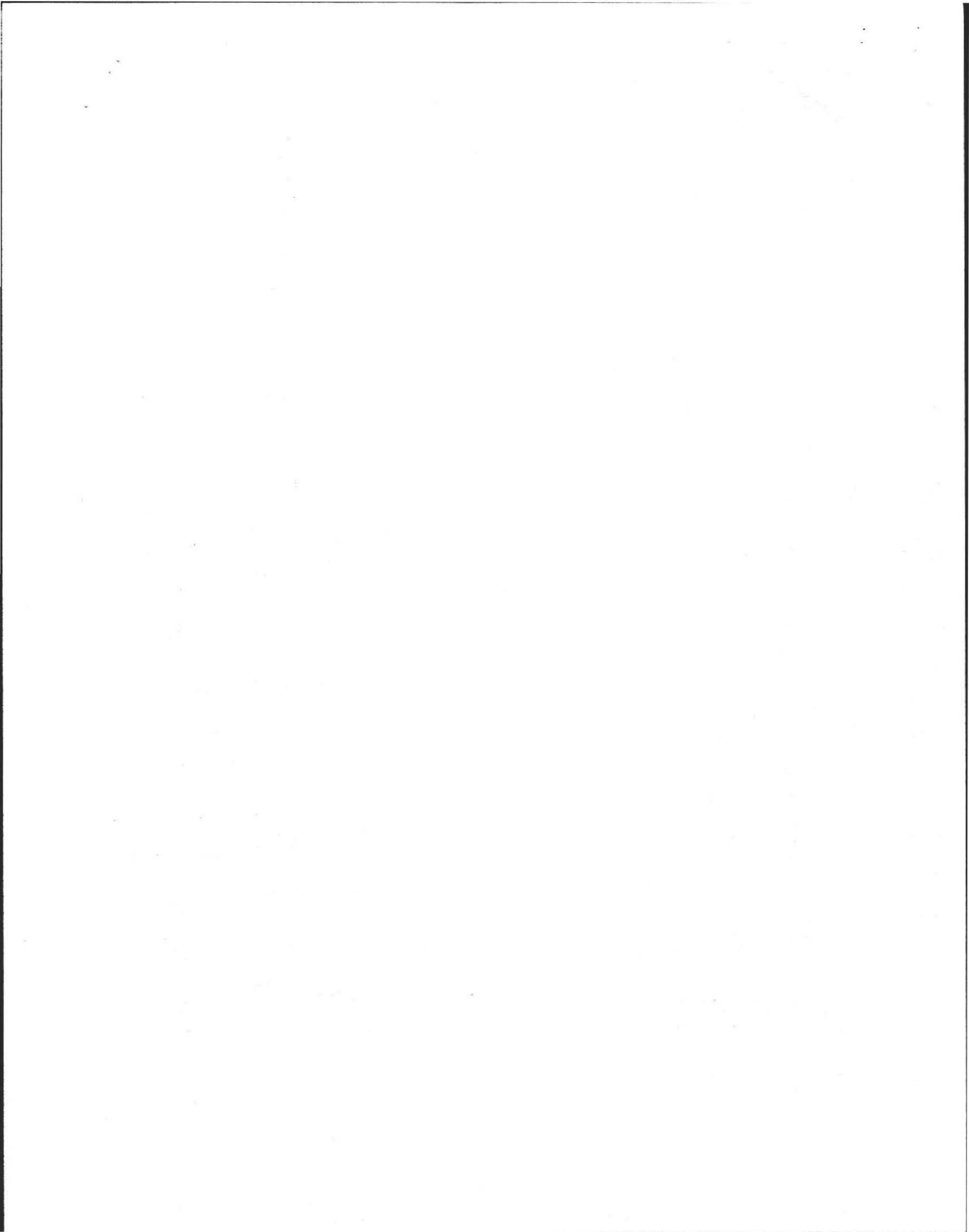
I certify that on June, 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Al Date 3/20/02









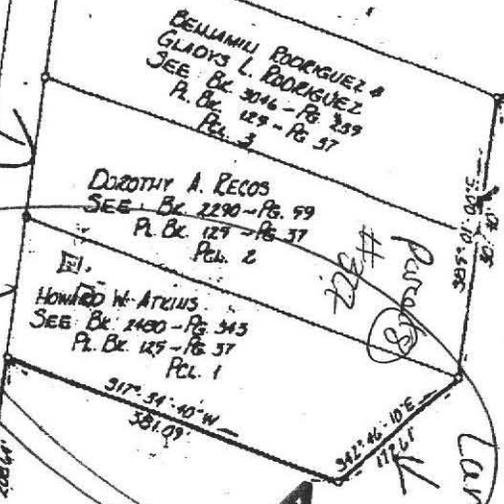
LEGEND

- I.P. FOUND
- I.P. TO BE SET
- CONC. BOUND FOUND
- UNMARKED POINT

From Alan Weiss  
323-595-  
252 1076

JEFFERY B. BROWN &  
DEBORAH C. BROWN  
SEE: Bk. 2992 - Pg. 124  
Bk. 2992 - Pg. 126  
P. Bk. 151 - Pg. 85

House # 347



First or Second  
Wed or  
Thurs of April would be  
good date for perk.

To	Alan Weiss	Date	3/6/02
Co./Dept.		From	Math Lannon
Phone #		Co	
Fax #		Phone #	548 7018
		Fax #	256 3117

Post-It Fax Note 7671

① 15.175 A

② 13.679 ACRES

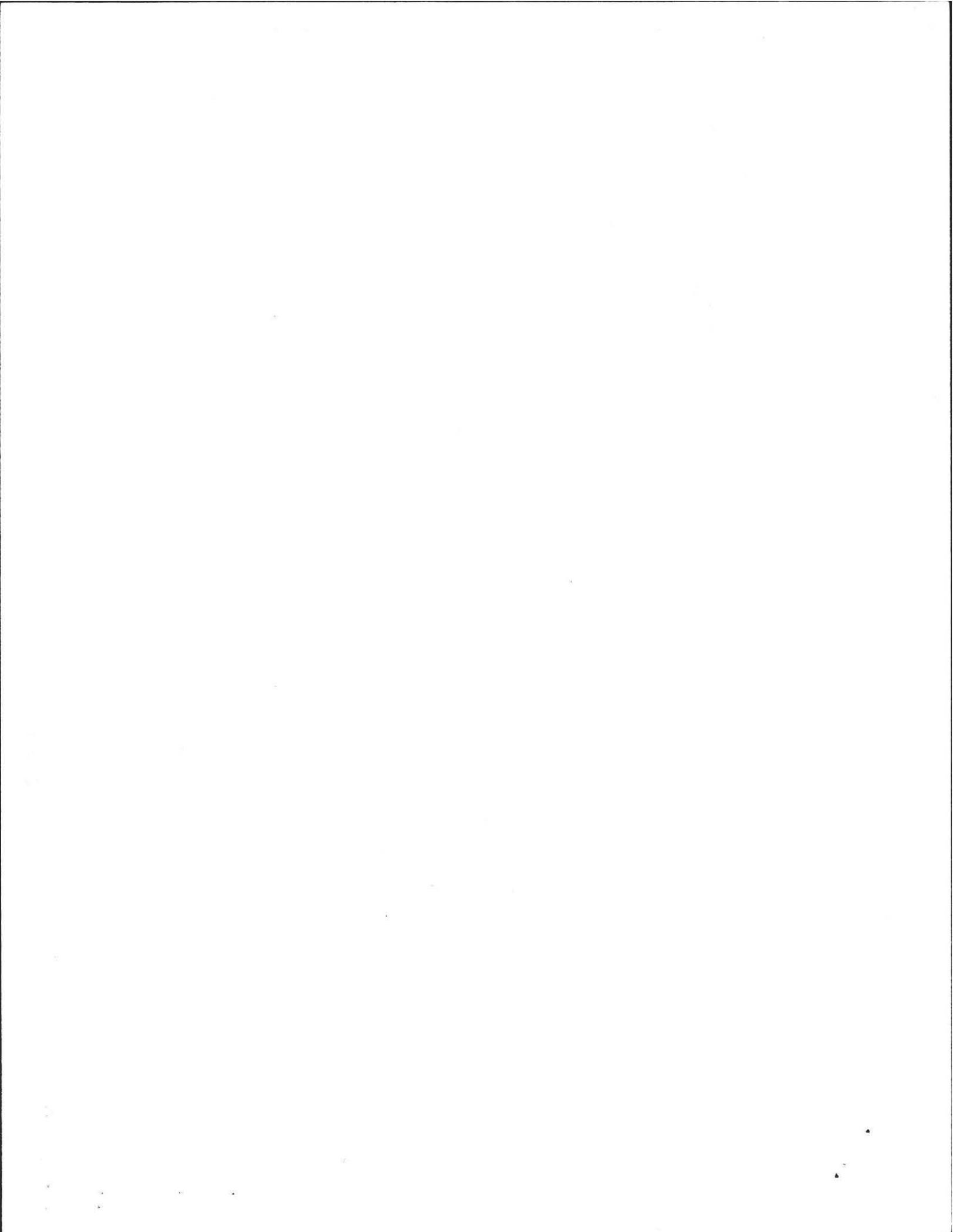
⑤ 19.671 ACRES FLAG LOT

BAY ROAD - A 197' ALTERATION OF AN 180' HAMPSHIRE COUNTY LAYOUT - 26' 5 1/2\"/>



APPROXIMATE LOCATION OF PROPOSED ACCESS DRIVE IN FAVOR OF LOTS 7, 8 & 9

NOTE  
PERIMETER PROPERTY LINE INFORMATION DERIVED FROM AN OCTOBER 1, 1975 PLAN BY GORDON E. HILLSWORTH & ASSOCIATES, INC. ENTITLED "LAWD IN AMHERST, MASS. BELONGING TO BRUCE G. BROWN" AND IS NOT THE RESULT OF AN ON THE GROUND SURVEY BY THIS OFFICE.



Commonwealth of Massachusetts

Town of \_\_\_\_\_

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL Weiss Date: 3/20/02  
Witnessed By: DAVID ZAROVIN

Location Address of: Lot # <u>BAYRL</u>	Owner's Name: <u>MAT LAHIGAN</u>
<u>Next to 347</u>	Address of: <u>260 EAST LAUREL RD</u>
New Construction <input checked="" type="checkbox"/> Repair <input type="checkbox"/>	Telephone: <u>5487018</u>

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 (USGS): month \_\_\_\_\_  
Range: Above Normal  Normal  Below Normal

Other Reference Reviewed:

CH# 0193  
PL 175 Re-test  
3/20/02  
PD Re-test 675  
PL 175 Re-test  
PL 175 Re-test  
275.00

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

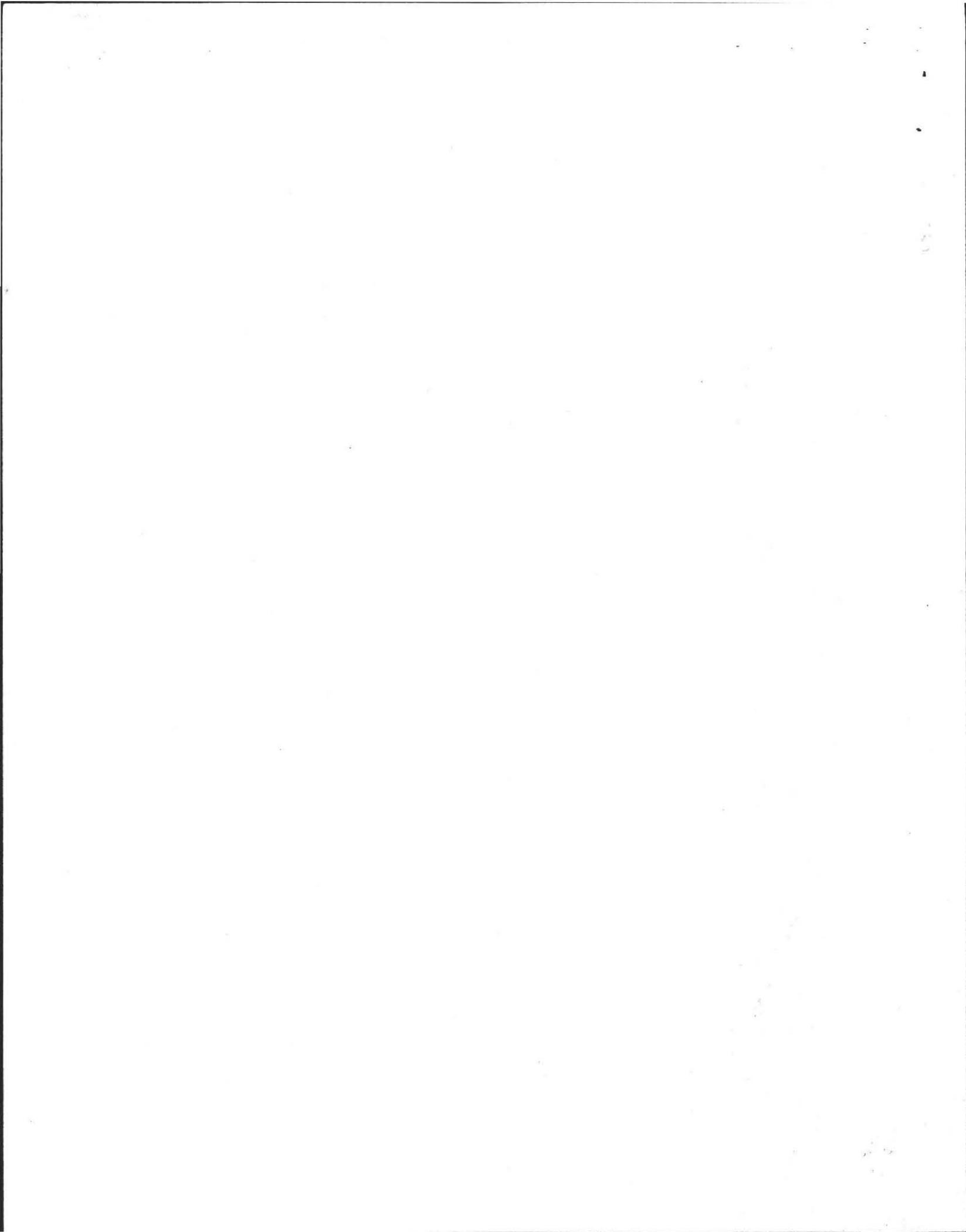
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? \_\_\_\_\_

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 \_\_\_\_\_



On-Site Review

Deep Hole Number 0 Date: 3/20/02 Time 9 AM  
 Weather Cloudy 35-45  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use Residential Slope (%) 5  
 Surface Stone few  
 Vegetation: white pine

Landform: Terrace

Position on Landscape (sketch on back) \_\_\_\_\_  
 Distances from:  
 Open Water Body 100 feet  
 Possible Wet Area 100 feet  
 Drinking Water Well 100 feet  
 Drainageway 100 feet  
 Property Line 63 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
6	FSL	A	10YR 3/2		fine to coarse sand
22	FSL	B	10YR 5/6	130	coarse sand
132	S	C	10YR 4/6	2Y 5/6	outwash

Parent Material (geologic) 60T wash  
 Depth to Bedrock 132  
 Depth to Groundwater: \_\_\_\_\_  
 Standing Water in the Hole \_\_\_\_\_  
 Weeping from Pit Face \_\_\_\_\_  
 Estimated Seasonal High Water 132

On-Site Review

Deep Hole Number 2 Date: 3/20/02 Time \_\_\_\_\_  
 Weather Cloudy 35-45  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use Residential Slope (%) 5  
 Surface Stone few  
 Vegetation: white pine

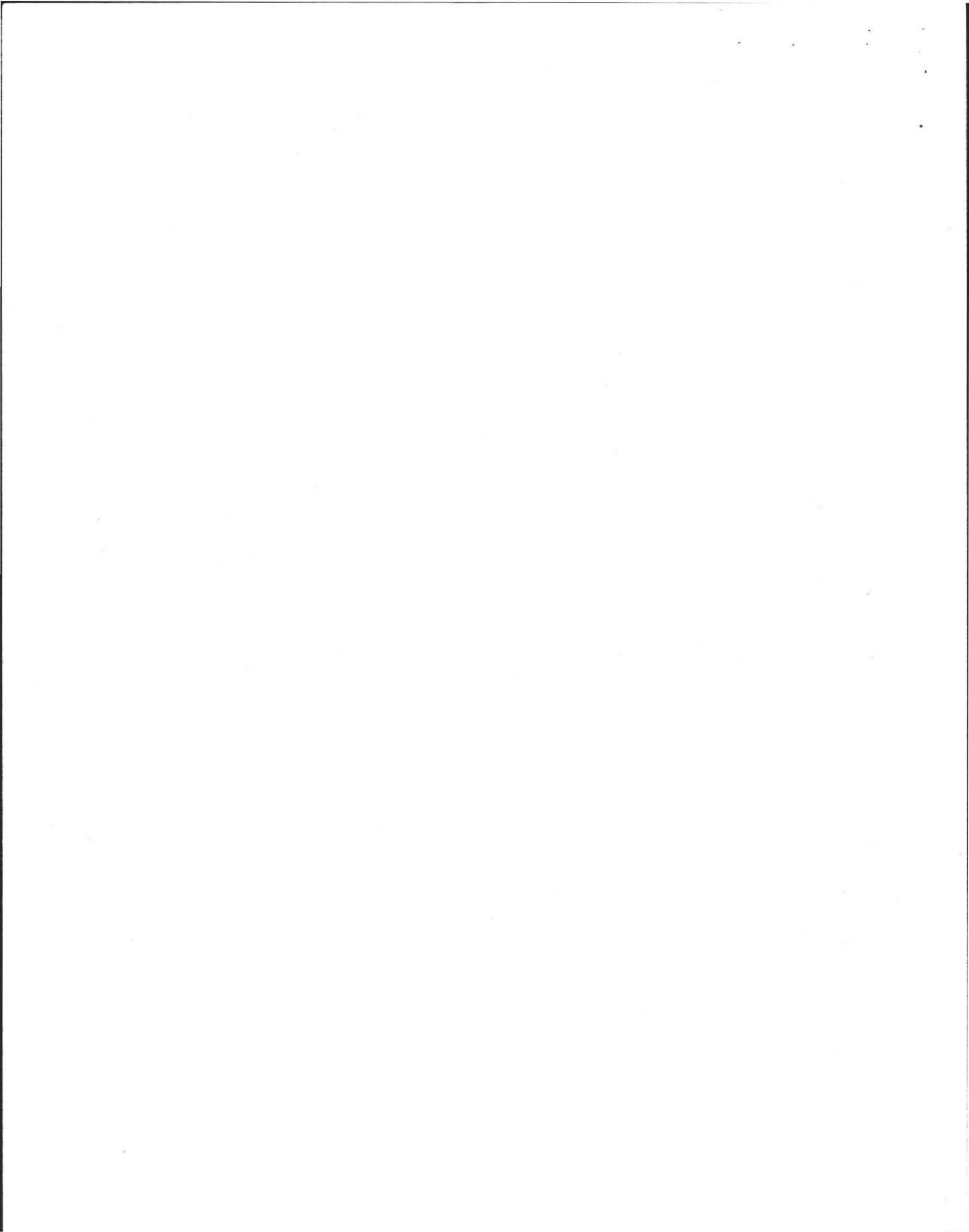
Landform: Terrace

Position on Landscape (sketch on back) \_\_\_\_\_  
 Distances from:  
 Open Water Body 100 feet  
 Possible Wet Area 100 feet  
 Drinking Water Well 100 feet  
 Drainageway 100 feet  
 Property Line 25 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
6	FSL	A	10YR 3/2		fine to coarse sand
22	FSL	B	10YR 5/6	132	outwash
132	S	C	10YR 4/6	2Y 5/6	outwash

Parent Material (geologic) OUTwash  
 Depth to Bedrock 132  
 Depth to Groundwater: \_\_\_\_\_  
 Standing Water in the Hole \_\_\_\_\_  
 Weeping from Pit Face \_\_\_\_\_  
 Estimated Seasonal High Water 132



FORM 12: Percolation Test  
 Location Address or Lot #

Bay Road

Commonwealth of Massachusetts

Town of Amherst

PERCOLATION TEST \*

DATE:	TIME:	
Observation Hole #	①	②
Depth of Perc	43	42"
Start Pre-soak	9:30	10:02
End Pre-soak	9:45	
Time at 12"	9:45	10:04
Time at 9"	9:48	CANT
Time at 6"	9:52	Hold
Time (9"-6")	4	
Rate Min./Inch	12	12

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

Site Passed

Site failed

Performed by

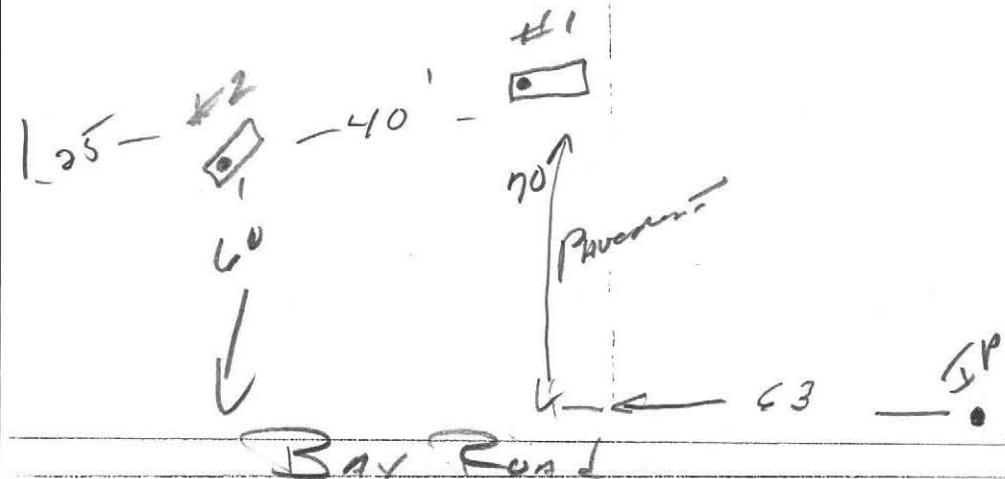
Al Weiss

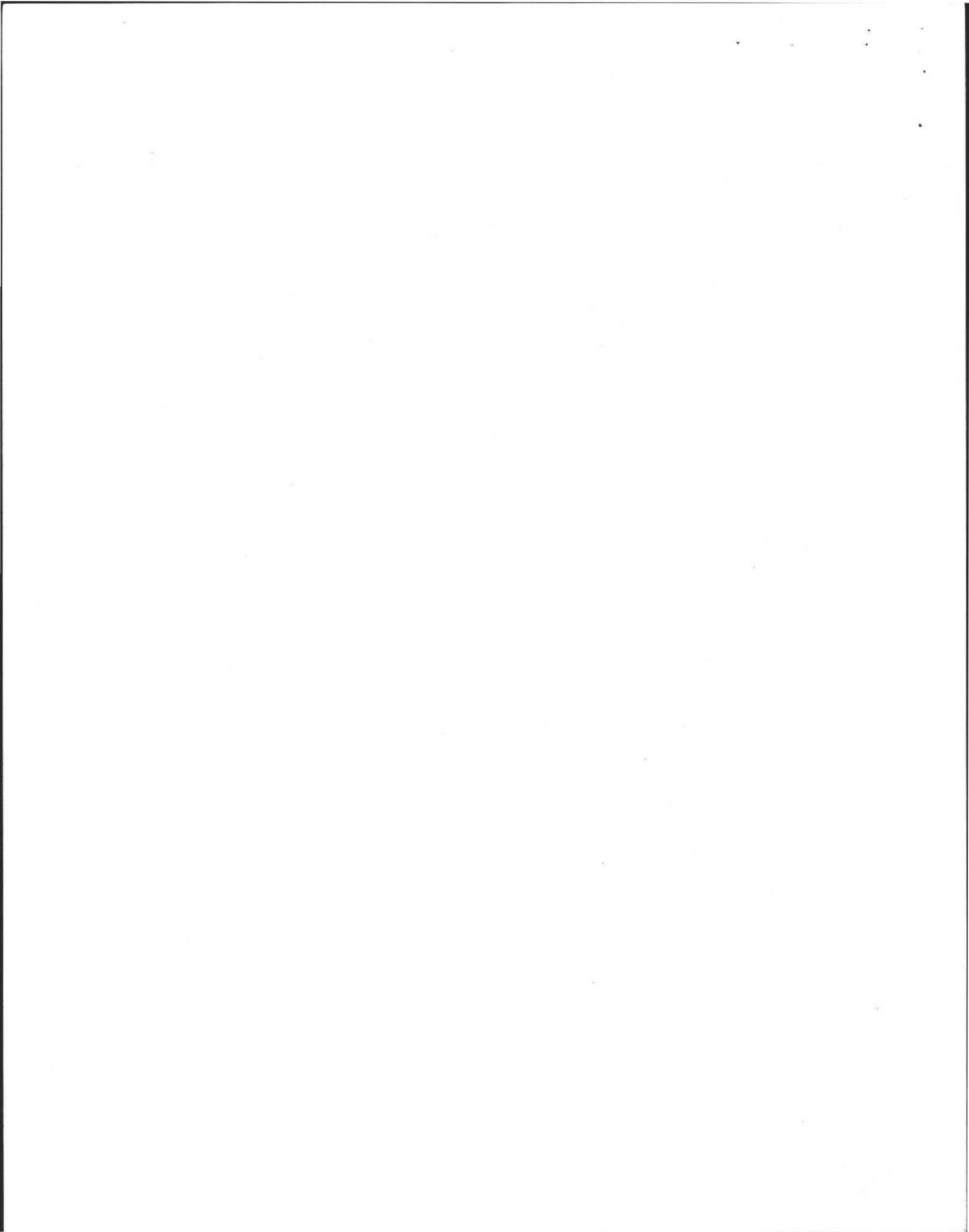
Witnessed by

David Zarozinski

Comments:

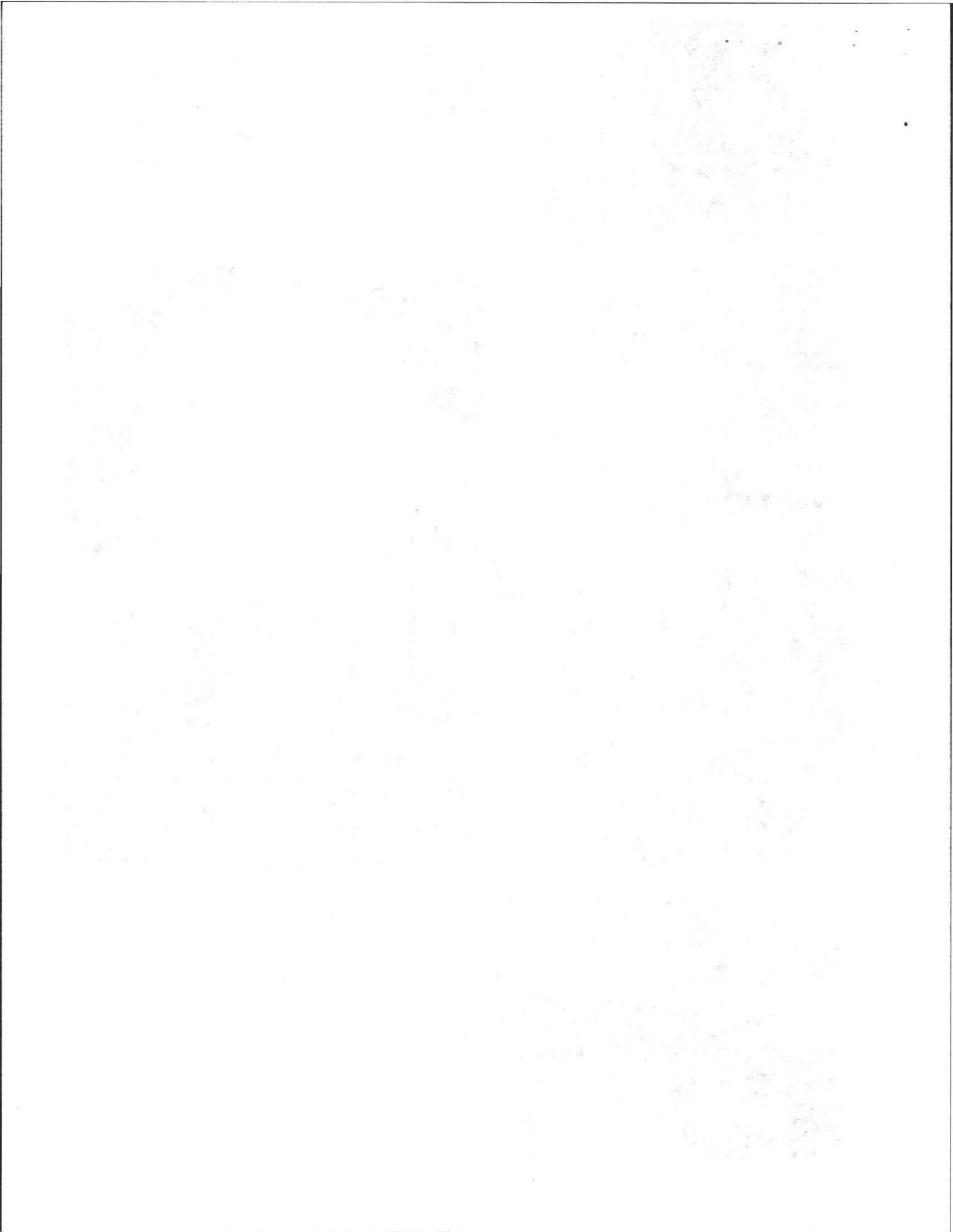
5' separation





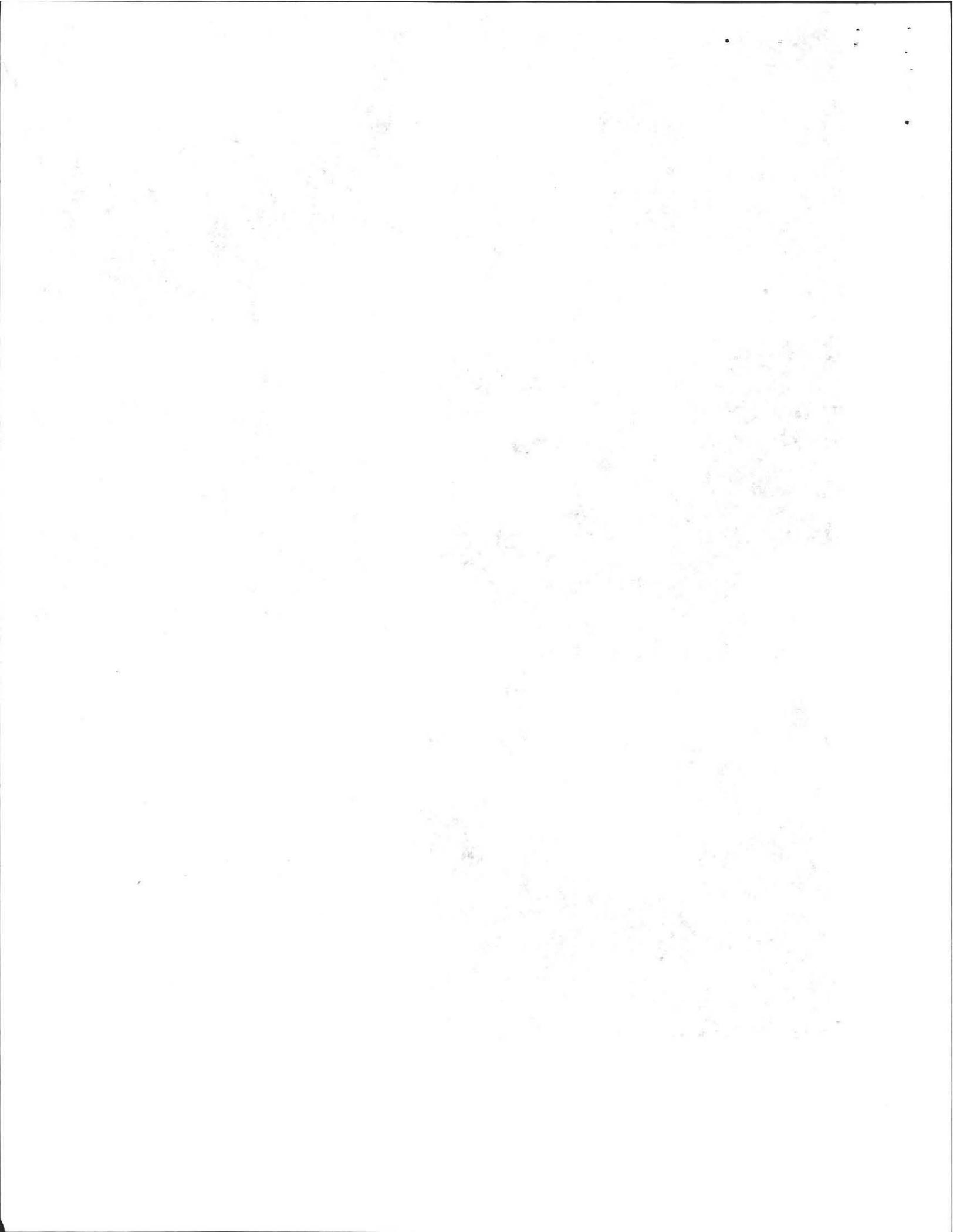


Bay Road Perc Test next to 347 Bay road  
Hole #1  
Engineer: Alan Weiss  
Owner: Matt Lannon





Bay Road Perc test next to 347 Bay Road  
Engineer: Alan Weiss  
Owner: Matt Lannon  
Hole #2



**MATTHEW LANNON**  
260 EAST LEVERETT RD  
AMHERST, MA 01002

0193

53-248/118

DATE 3/20/02

PAY TO THE  
ORDER OF

Town of Amherst

\$ 175<sup>00</sup>

One hundred seventy five & <sup>00</sup>/<sub>100</sub>

DOLLARS

 Security features  
included  
Details on back

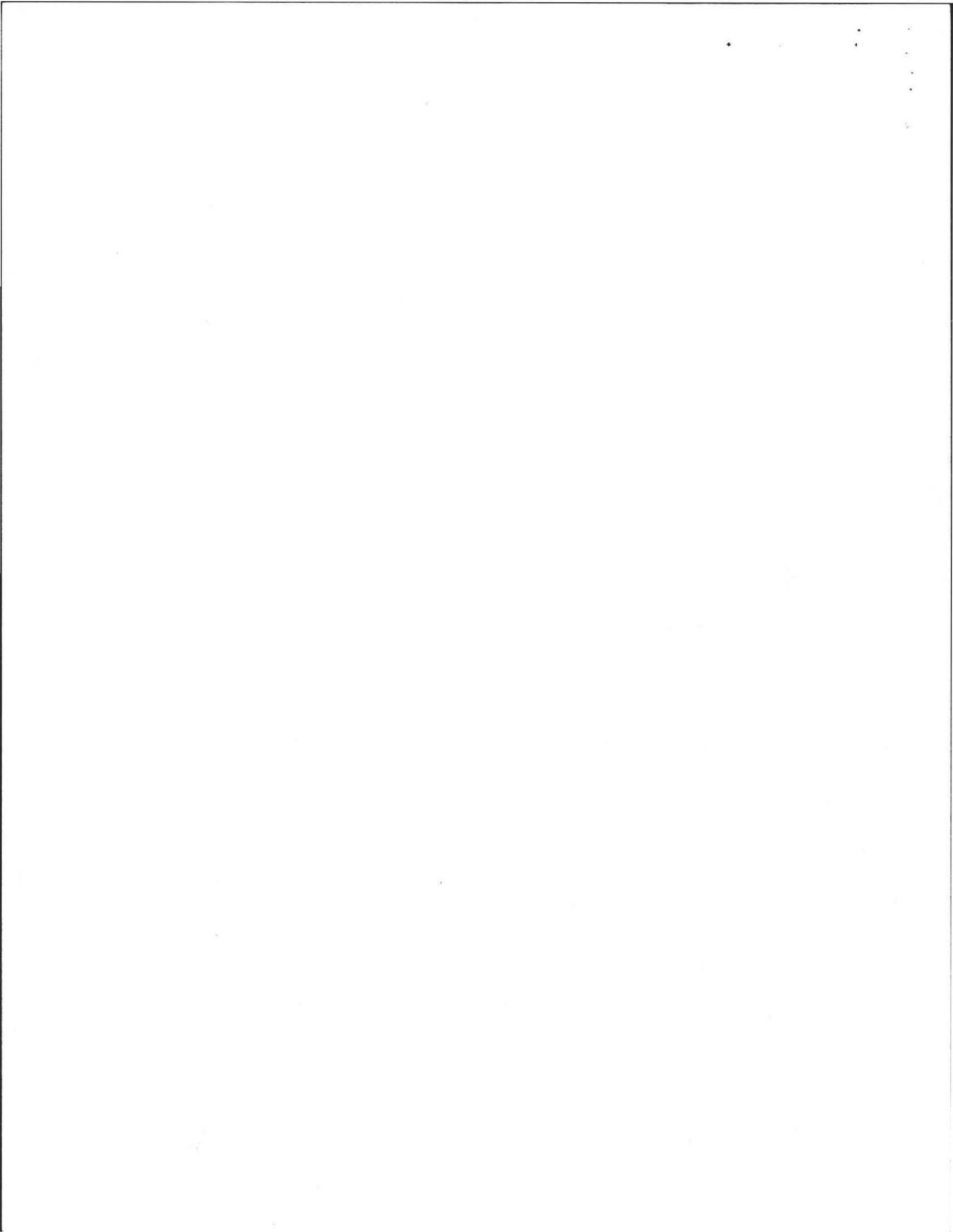


THE BANK OF WESTERN  
MASSACHUSETTS  
SPRINGFIELD, MASSACHUSETTS

FOR

Matthew Lannon MP

⑆0⑆1802488⑆0800221218⑆0193



TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

CK # 0193

No. 2002

Received of Matthew Lannon of 260 East Leverett Rd.

For Property Located at: Bay Rd. same

- |  |          |  |       |
|--|----------|--|-------|
| HEA009 Bakery<br>R6510 443508                    | _____    | HEA015 Sanitary Code Booklets<br>R6510 432305            | _____ |
| HEA001 Bed & Breakfast<br>R6510 443516           | _____    | HEA016 Septic Tank Permit-Installers<br>R6510 443511     | _____ |
| HEA002 Catering License<br>R6510 443507          | _____    | HEA017 Septic Tank Permit-Private<br>R6510 443510        | _____ |
| HEA003 Food Handler<br>R6510 443515              | _____    | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      | _____ |
| HEA004 Frozen Deserts<br>R6510 443501            | _____    | HEA019 Sub-Division Review Fee<br>R6510 432306           | _____ |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | _____    | HEA012 Swimming Pool Permits<br>R6510 443512             | _____ |
| HEA006 Massage Therapy License<br>R6510 443504   | _____    | HEA020 Tanning License<br>R6510 443509                   | _____ |
| HEA007 Milk & Cream License<br>R6510 443500      | _____    | HEA024 Funeral Director License<br>R6510 443502          | _____ |
| HEA008 Motel License<br>R6510 443506             | _____    | HEA034 Immunization Clinic<br>R6510 432307               | _____ |
| HEA010 Removal of Offal<br>R6510 443513          | _____    | HEA030 Car Seats<br>8407 258004                          | _____ |
| HEA021 Removal of Rubbish<br>R6510 443520        | _____    | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____ |
| HEA011 Percolation Test Fees<br>R6510 432300     | ① 175.00 | HEA023 TB Clinic<br>R6510 432303                         | _____ |
| HEA013 Recreation Camp License<br>R6510 443503   | _____    | HEA022 Tobacco License<br>R6510 443505                   | _____ |
| HEA014 Retail Store Permit<br>R6510 443514       | _____    | HEA  | _____ |
|  |          | HEA  | _____ |

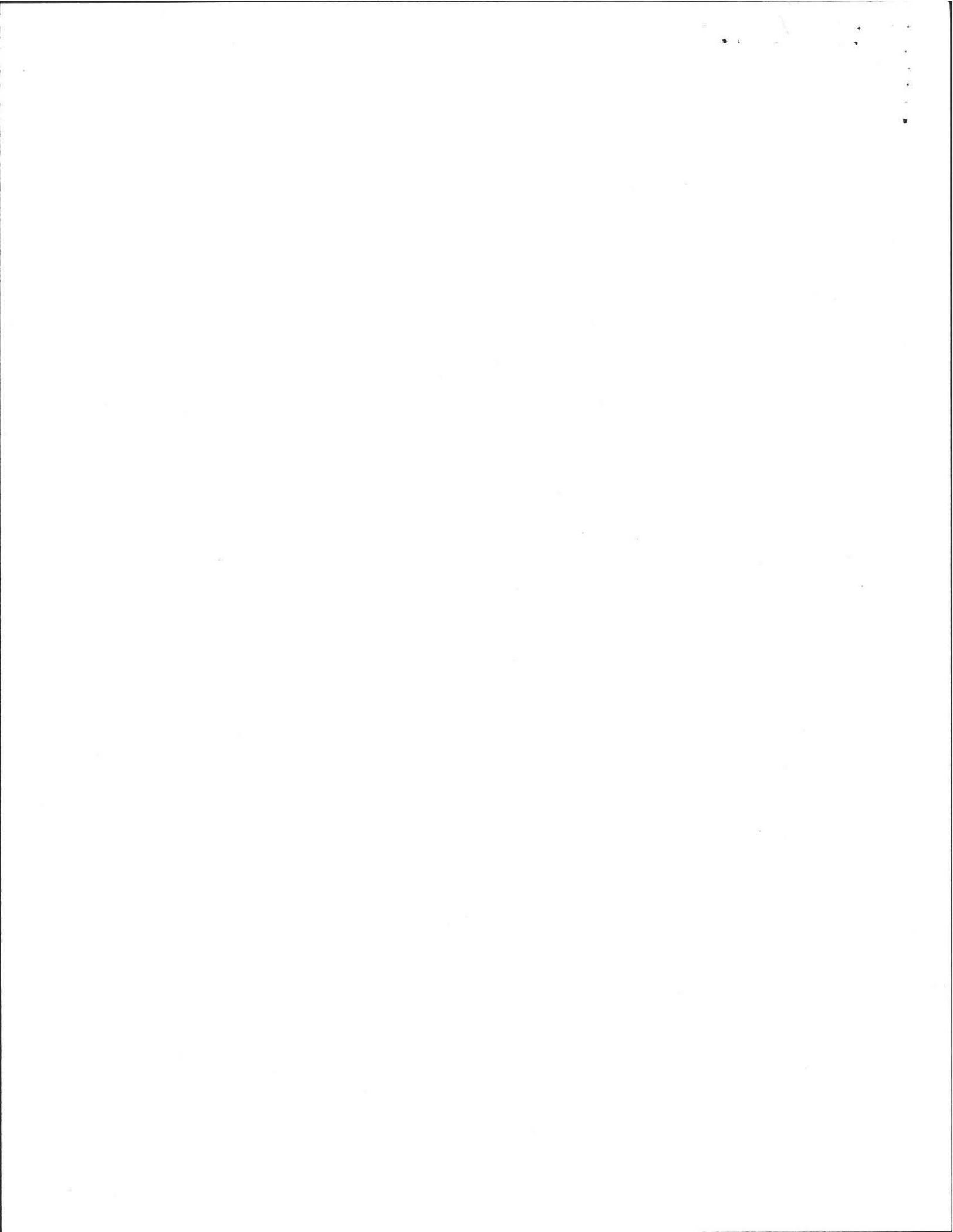
TOTAL FEE: \$175.00

Kelli Kydd  
Inspection Services/Health Department

3/25/02  
Date

MATTHEW LANNON 260 EAST LEVERETT RD AMHERST, MA 01002	0193 53-248/118
PAY TO THE ORDER OF <u>Town of Amherst</u>	DATE <u>3/20/02</u>
<u>One hundred seventy five &amp; 00/100</u> DOLLARS	\$ <u>175.00</u>
THE BANK OF WESTERN MASSACHUSETTS SPRINGFIELD, MASSACHUSETTS	Security Features Included on back
FOR <u>Matthew Lannon</u>	MP
⑆011802488⑆ 08 00221218⑆ 0193	

Must be Validated by th



**Cold Spring  
Environmental, Inc.  
413-323 5957  
(fax 323 4916)**

# Memo

**To:** Dave Z.

**From:** Alan Weiss, Cold Spring Environmental, Inc.

**CC:**

**Date:** 8/26/05

**Re:** Bay Road, Lannon.

RECEIVED  
8/30/05

Attached are revisions and responses to your comments regarding the above property.

Please let me know if you need anything further.

Thank You,

Alan E. Weiss, RS

Phone: 323-5957

Fax: 323-4916

Aeweiss@charter.net

1910

1910

1910

No. 95-25

#472

FEE

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:

472 BAY ROAD LOT #73 MAP 26 C  
LARRY KERPELMAJ  
Location - Address or Lot No.  
Owner Address

Type of Building  
Dwelling - No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (X) REMOVE  
Other - Type of Building No. of persons Showers ( ) - Cafeteria ( )  
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 621 gallons.  
Septic Tank - Liquid capacity gallons Length 10.5' Width 58" Diameter Depth 55" (INU)  
Disposal Trench - No. 1 Width 24' Total Length 35' Total leaching area 840 sq. ft.  
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (Y) Dosing tank ( )  
Percolation Test Results Performed by A. WEISS, P.S. Date 9/19/95  
Test Pit No. 1 2 minutes per inch Depth of Test Pit 11' Depth to ground water 11' (ASSURED)  
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil MEDIUM WELL SORTED SAND

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 Environmental 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 [Signature] Date 10/14/95 L.K.

Application Approved By Date

Application Disapproved for the following reasons: Date

Permit No. 95-25 Issued Date

[Handwritten signature and date 11/16/95]

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

[Handwritten signature and name]

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

at 472 Bay Road Installer  
has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 95-25 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

TOWN OF AMHERST

Disposal Works Construction Permit

Permission is hereby granted Larry KerpelmaJ  
to Construct ( ) or Repair (✓) an Individual Sewage Disposal System  
at No.

as shown on the application for Disposal Works Construction Permit No. 95-25 Dated

DATE 10/5/95 Board of Health

CH # 5062 9/20/95

CHECK OR FILL IN WHERE APPLICABLE

BOARD OF HEALTH

Resolution of the Board of Health

Whereas the Board of Health has received information that certain persons are engaged in the sale of adulterated food and drugs, and whereas it is the duty of the Board to protect the public health, therefore

Resolved, That the Board of Health do hereby order that the said persons be and they are hereby ordered to discontinue the sale of the said adulterated food and drugs, and that the Board of Health do hereby order that the said persons be and they are hereby ordered to pay the costs of this proceeding.

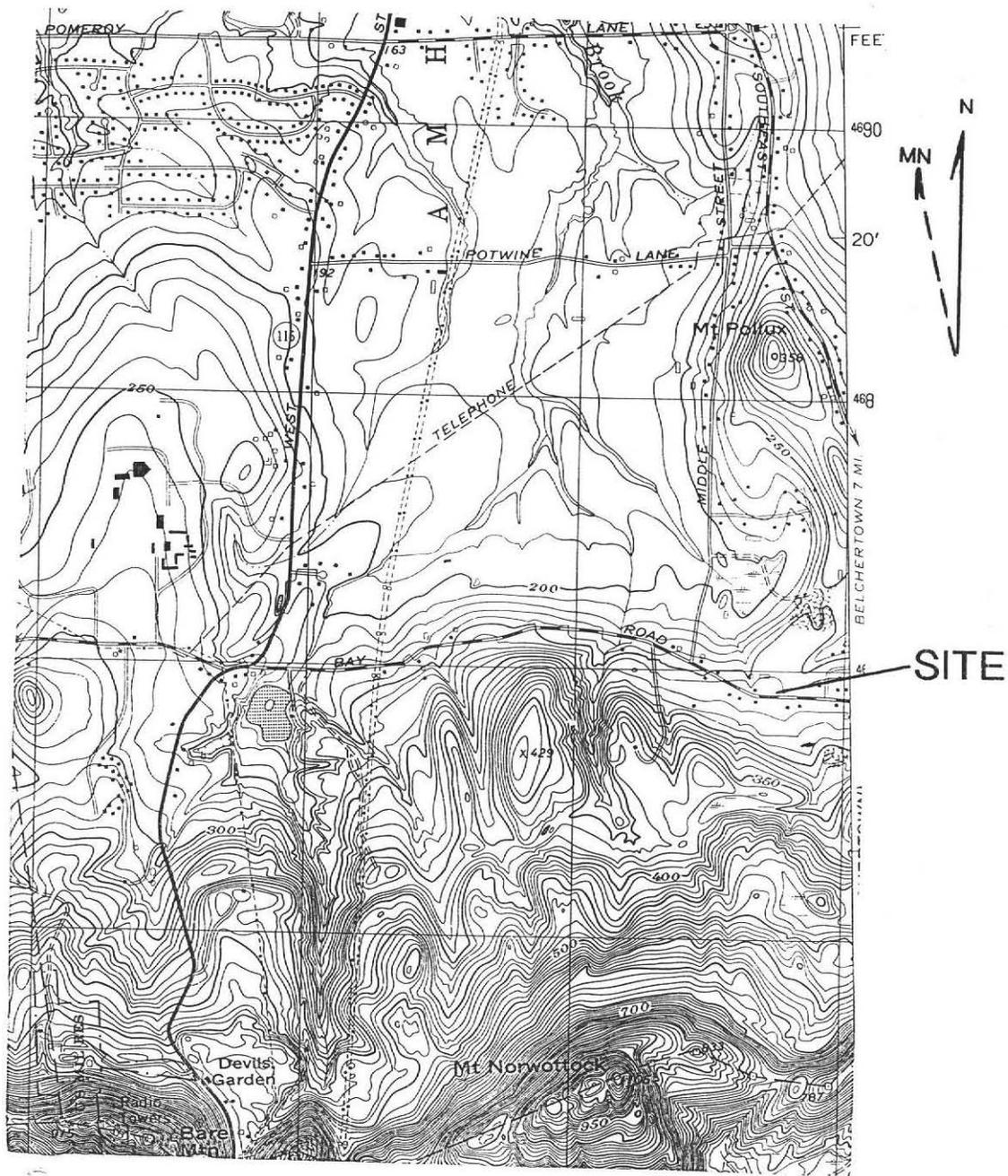
BOARD OF HEALTH

Resolution of the Board of Health

Whereas the Board of Health has received information that certain persons are engaged in the sale of adulterated food and drugs, and whereas it is the duty of the Board to protect the public health, therefore

Resolved, That the Board of Health do hereby order that the said persons be and they are hereby ordered to discontinue the sale of the said adulterated food and drugs, and that the Board of Health do hereby order that the said persons be and they are hereby ordered to pay the costs of this proceeding.

# FIGURE 1: SITE LOCUS

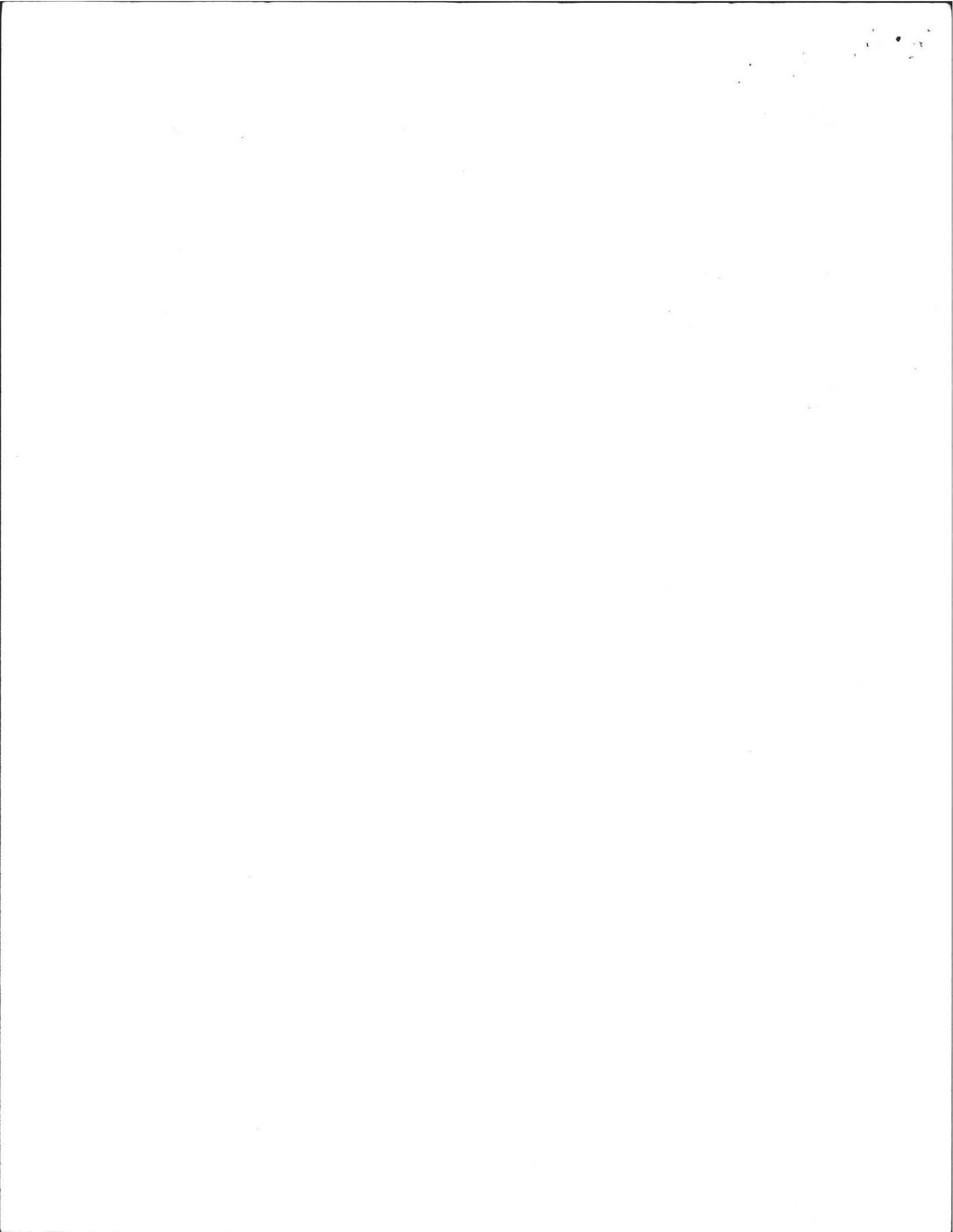


SCALE: 1"=2,083 FT.

USGS 7.5 MIN. QUAD.

0 FEET 2000

COLD SPRING ENVIRONMENTAL INC.



TOWN OF AMHERST  
PERC TEST DATA SHEET

157 Pd  
9/20/95  
CH # 5062

DATE 9/19/95 LOCATION 472 Bay Road LOT SIZE \_\_\_\_\_

OWNER Harry Mempelman ADDRESS \_\_\_\_\_ TELE # \_\_\_\_\_

P.E./RS AL Weiss FIRM Cold Spring Env OBSERVED BY David Zaremski

BACK HOE OPERATOR Harri's TELE \_\_\_\_\_ BENCH MARK \_\_\_\_\_

PERC DEPTH 44" PRE SOAK TIME \_\_\_\_\_ PERC DEPTH \_\_\_\_\_ PRE SOAK TIME \_\_\_\_\_

TEST 25 gal - \_\_\_\_\_

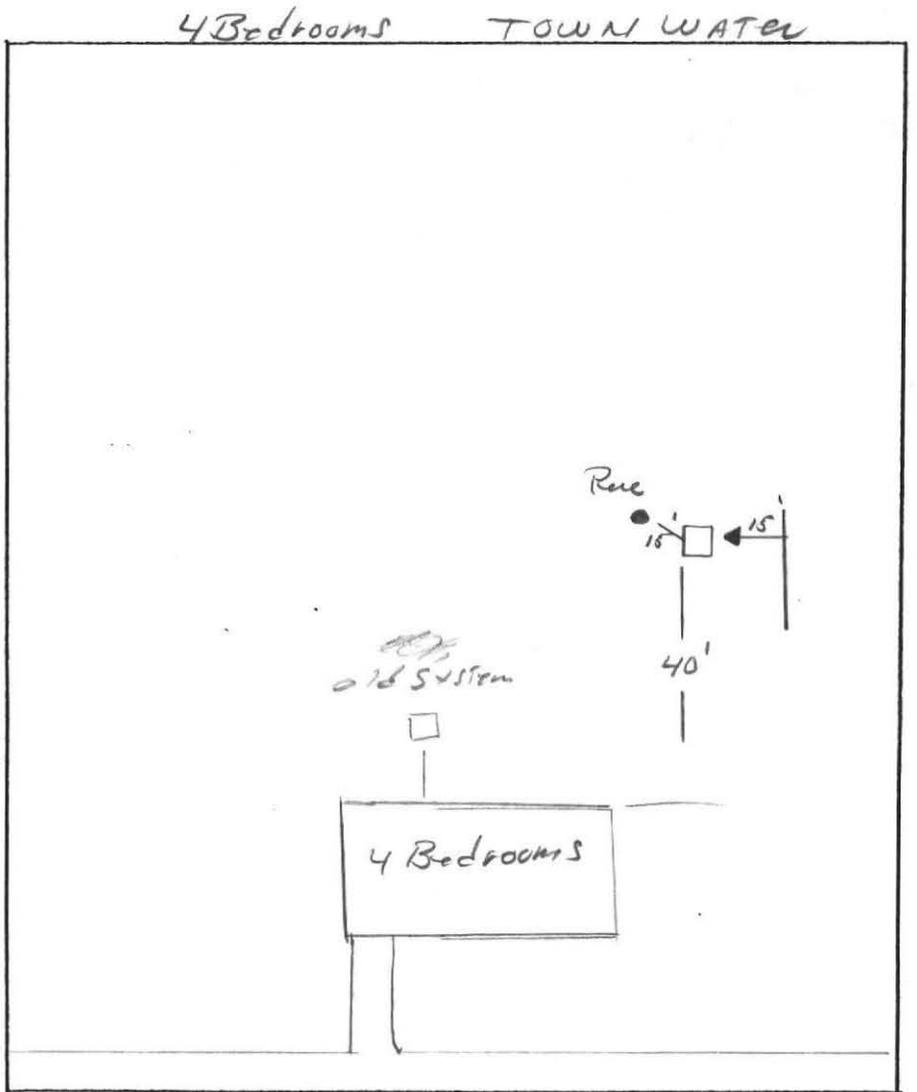
CANT Hold

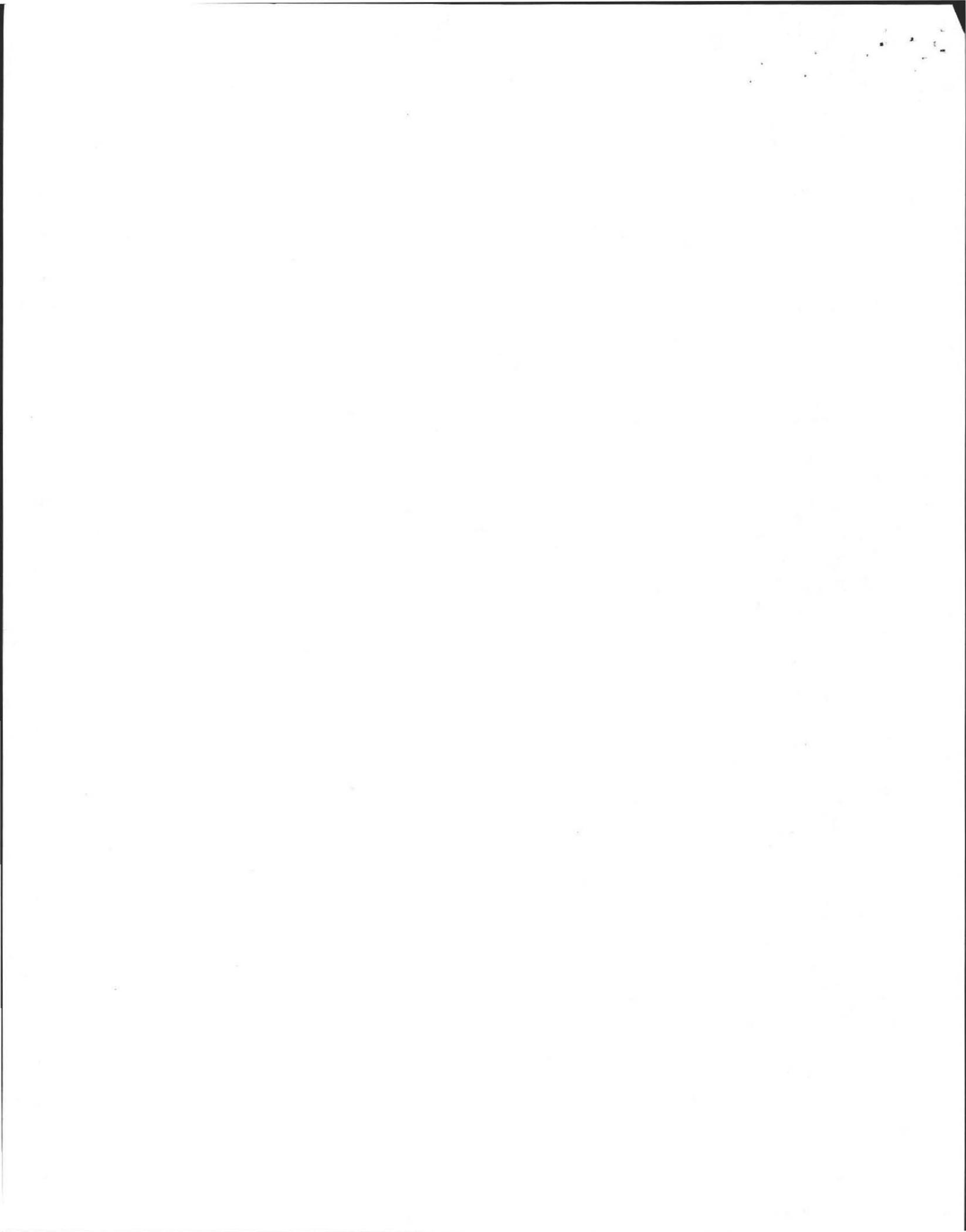
RATE (2) RATE \_\_\_\_\_

#1	#2
Brown TOP 8'	DARK Brown TOP 10XR 3/3
NO SUB	NO SUB
Course Sand Coarse Sand 40"	DARK yellowish Brown C1 10XR 4/4
med Sand well sorted	Loamy Sand C2 10XR 5.3
DRY 11'	

TOP	TOP
SUB	SUB

TOP	TOP
SUB	SUB



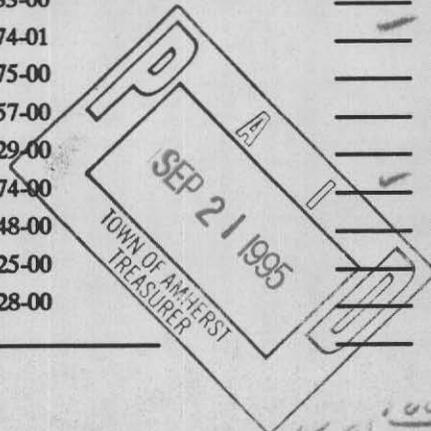


LARRY C. KARPETMAN  
 9 PURITAN ROAD  
 ACTON, MA 01720

CHK 5062

**TOWN OF AMHERST  
 Health Department**

<input type="checkbox"/> Bakery	01-0-501-4433-00	<input type="checkbox"/> Offal/Garbage	01-0-501-4472-00
<input type="checkbox"/> Bed & Breakfast	01-0-501-4474-01	<input checked="" type="checkbox"/> Perc Test 101 <sup>00</sup>	01-0-501-4344-00
<input type="checkbox"/> Burial Permit	01-0-501-4475-00	<input type="checkbox"/> Retail Permit	01-0-501-4473-00
<input type="checkbox"/> Car Seat Rental	89-0-000-2557-00	<input type="checkbox"/> Sanitary Code Booklet	01-0-501-4380-00
<input type="checkbox"/> Catering	01-0-501-4429-00	<input type="checkbox"/> Septic Installers Permit	01-0-501-4470-01
<input type="checkbox"/> Food Handler	01-0-501-4474-00	<input checked="" type="checkbox"/> Septic Private Applications 600	01-0-501-4470-00
<input type="checkbox"/> Housing Inspection	01-0-501-4348-00	<input type="checkbox"/> Septic - Reinspection	01-0-501-4345-00
<input type="checkbox"/> Massage	01-0-501-4425-00	<input type="checkbox"/> Sub-Division Rev.	01-0-501-4460-00
<input type="checkbox"/> Motel License	01-0-501-4428-00	<input type="checkbox"/> T.B. Clinic	01-0-501-4379-00
<input type="checkbox"/> Miscellaneous	01-0-501-_____	<input type="checkbox"/> Twenty-one D Tickets	01-0-501-4879-00



TOTAL FEE 160<sup>00</sup>

[Signature]  
 Treasurer/Collector

Date

[Signature]  
 Health Department

Date

**Must have Collector's "PAID STAMP" on receipt to be valid.**

White: Applicant      Yellow: Collector      Pink: Accountant      Gold: Health Dept.

1. The first part of the report is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research.

2. The second part of the report is a detailed description of the methods used in the study. It includes a description of the experimental design, the data collection procedures, and the statistical methods used for data analysis.



3. The third part of the report is a discussion of the results of the study. It compares the findings with previous research and discusses the implications of the results for the field of study.

4. The fourth part of the report is a conclusion and a list of references. The conclusion summarizes the main findings of the study and provides recommendations for further research. The references list the sources of information used in the study.

5. The fifth part of the report is a list of appendices. These include additional data, tables, and figures that are not included in the main text of the report.

6. The sixth part of the report is a list of abbreviations and a glossary. These provide definitions for the terms and symbols used in the report.

7. The seventh part of the report is a list of acknowledgments. This section expresses appreciation to the individuals and organizations that provided support and assistance during the course of the study.

8. The eighth part of the report is a list of footnotes. These provide additional information and references for the text of the report.

9. The ninth part of the report is a list of errata. These are corrections to errors in the report that have been identified since its publication.

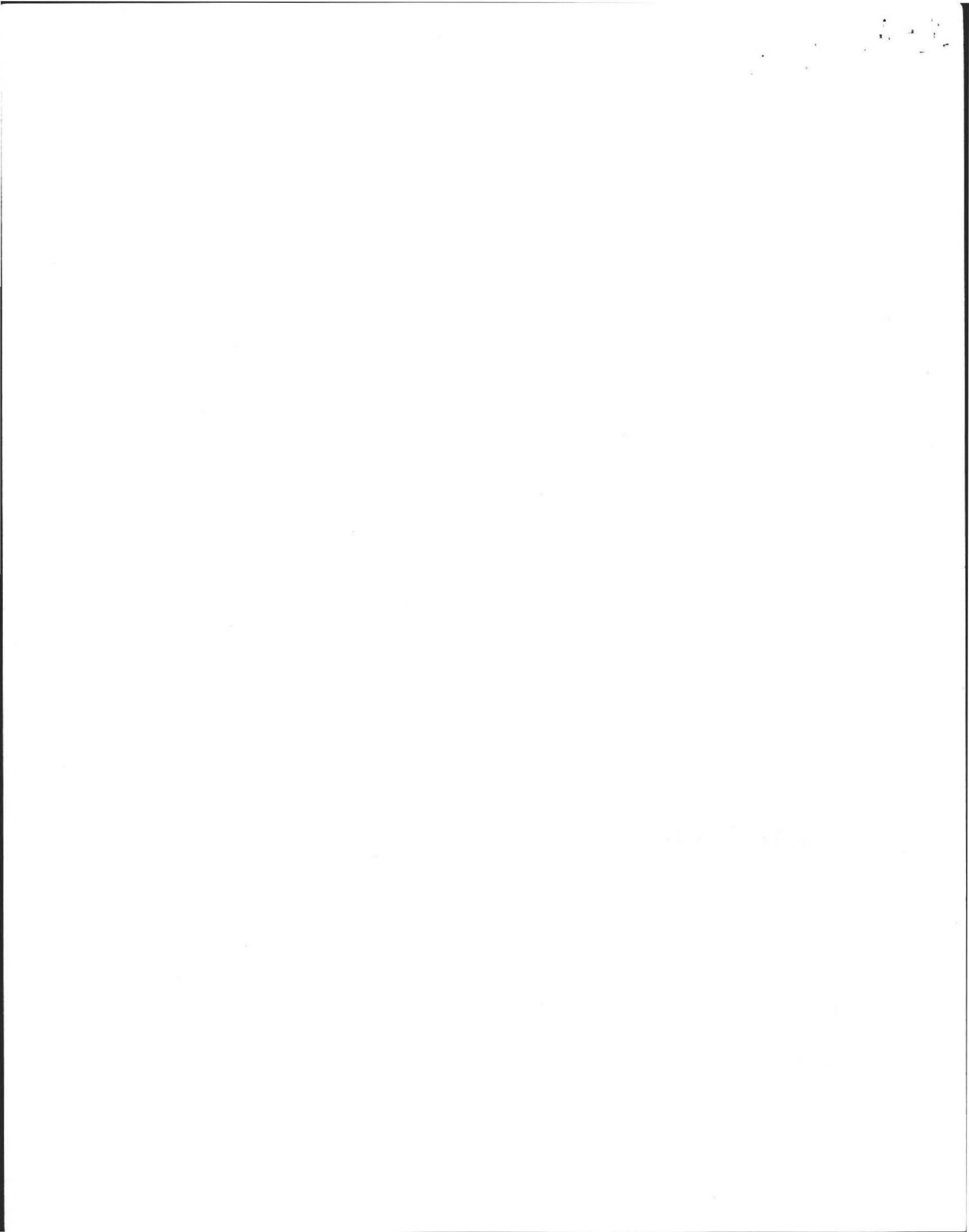
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 972 BAY ROAD, AMHERST  
Owner's name LARRY KERPELMAN  
Date of Inspection 9/12/95

PART A  
CHECKLIST

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 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

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

If nonresidential, calculated flow:

Water meter readings, if available:

CURRENT Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

No  
~~System~~ pumped as part of inspection, yes or no  
if yes, volume pumped \_\_\_\_\_  
Reason for pumping:  
Pumped MAY, 1995 BY KARL'S

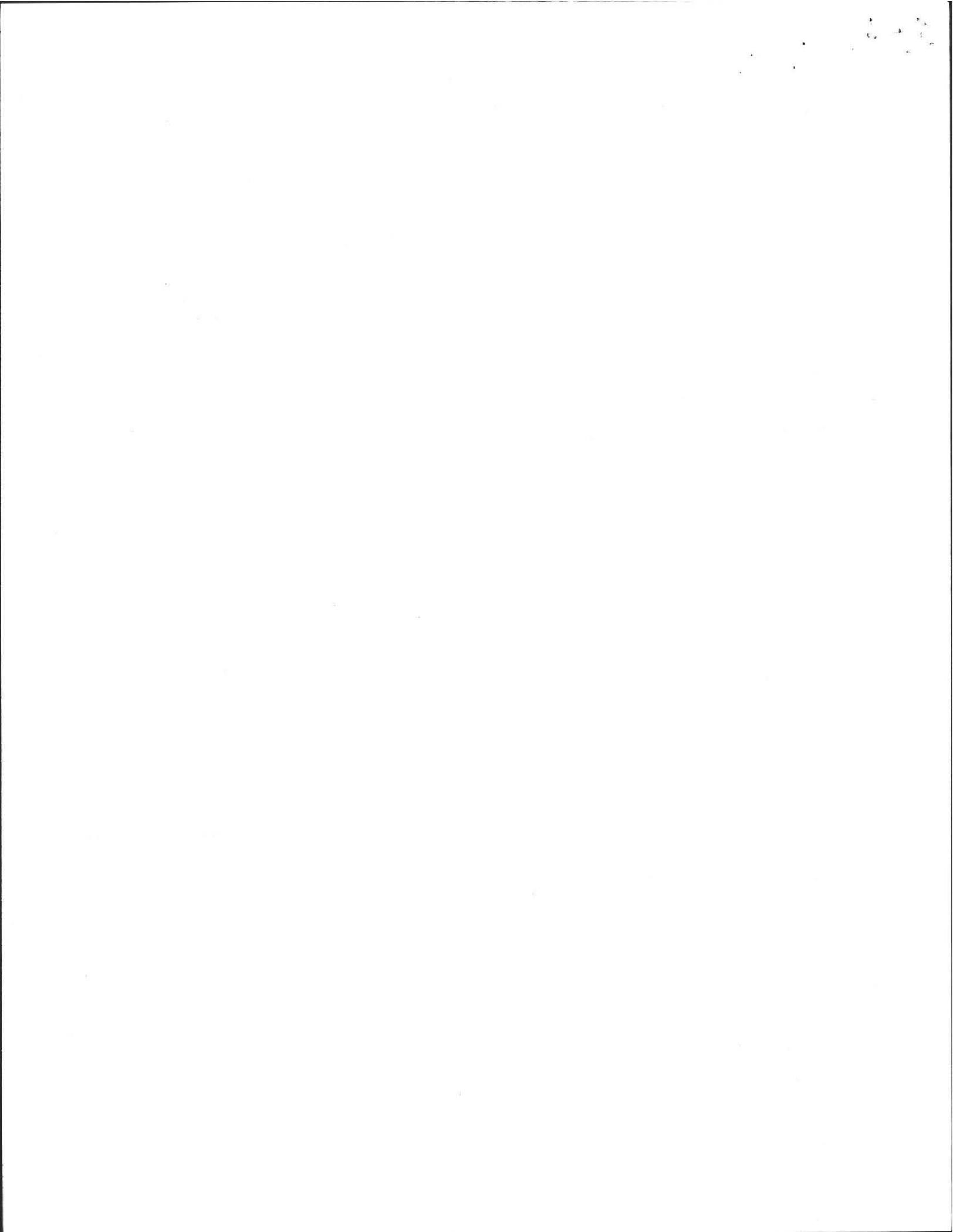
Type of system

- Y 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:

27 yrs +/-

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



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SEPTIC TANK: 1000 GAL (+)  
(locate on site plan)

depth below grade: 18"

material of construction:  concrete  metal  FRP  other (explain)  
OLDER SEPTIC TANK TYPE (RECT COVERS)

dimensions: 7.5' x 90'

- 2" sludge depth
- distance from top of sludge to bottom of outlet tee or baffle
- <1" 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, recommendations for repairs, etc.)  
FAILURE AT OUTLET, LIQUID OVER INVERT

DISTRIBUTION BOX: Y  
(locate on site plan)

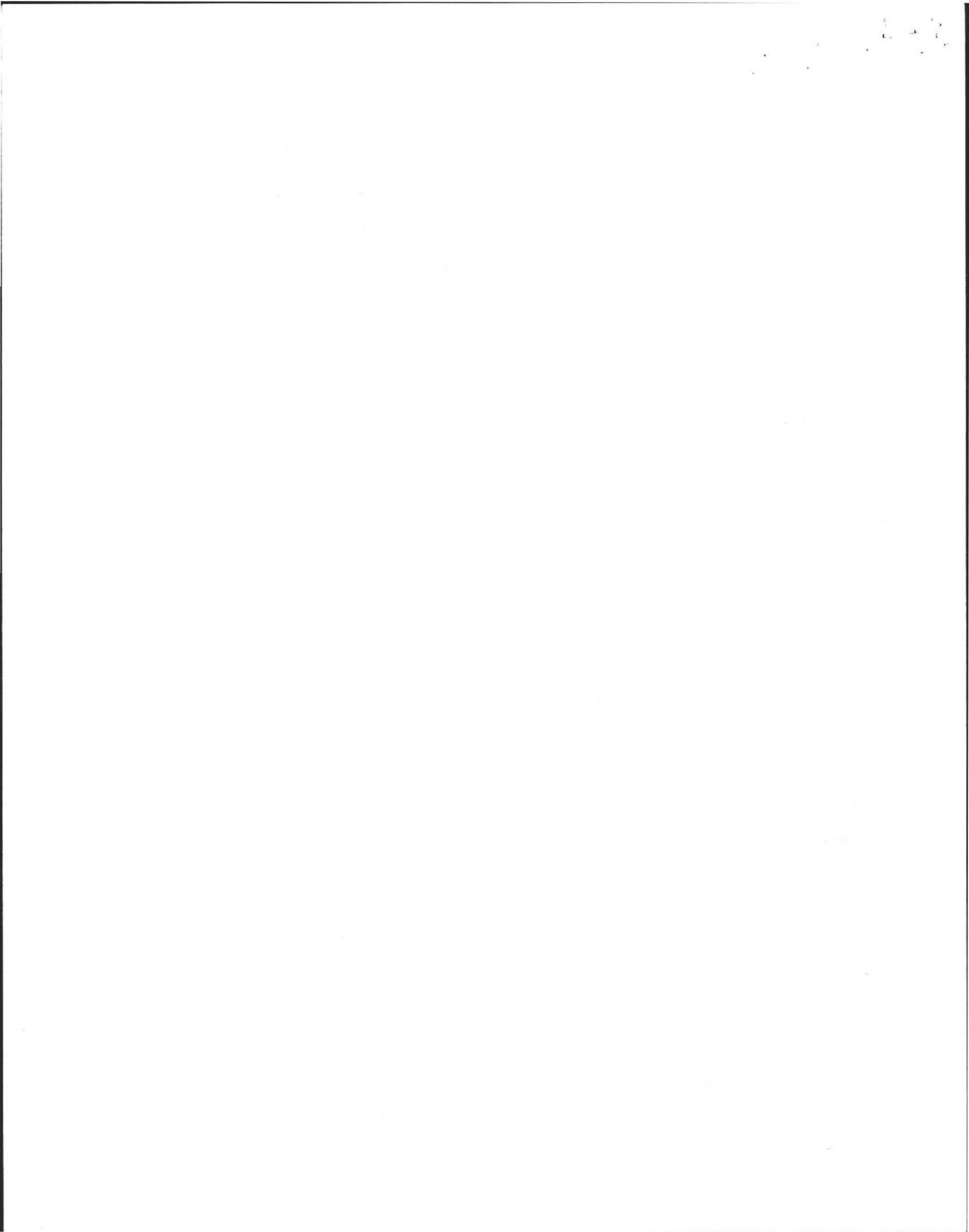
3-4" depth of liquid level above outlet invert

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

PUMP CHAMBER: NA  
(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:

FAILED AT D.Box

Type

- leaching pits and number
- leaching chambers and number
- leaching galleries and number
- leaching trenches, number, length
- leaching fields, number, dimensions
- overflow cesspool, number

UNK. DIMENSIONS

Comments:

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

FAILURE (HYDRAULIC) NOTED

CESSPOOLS (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)

NA

Comments:

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

PRIVY:

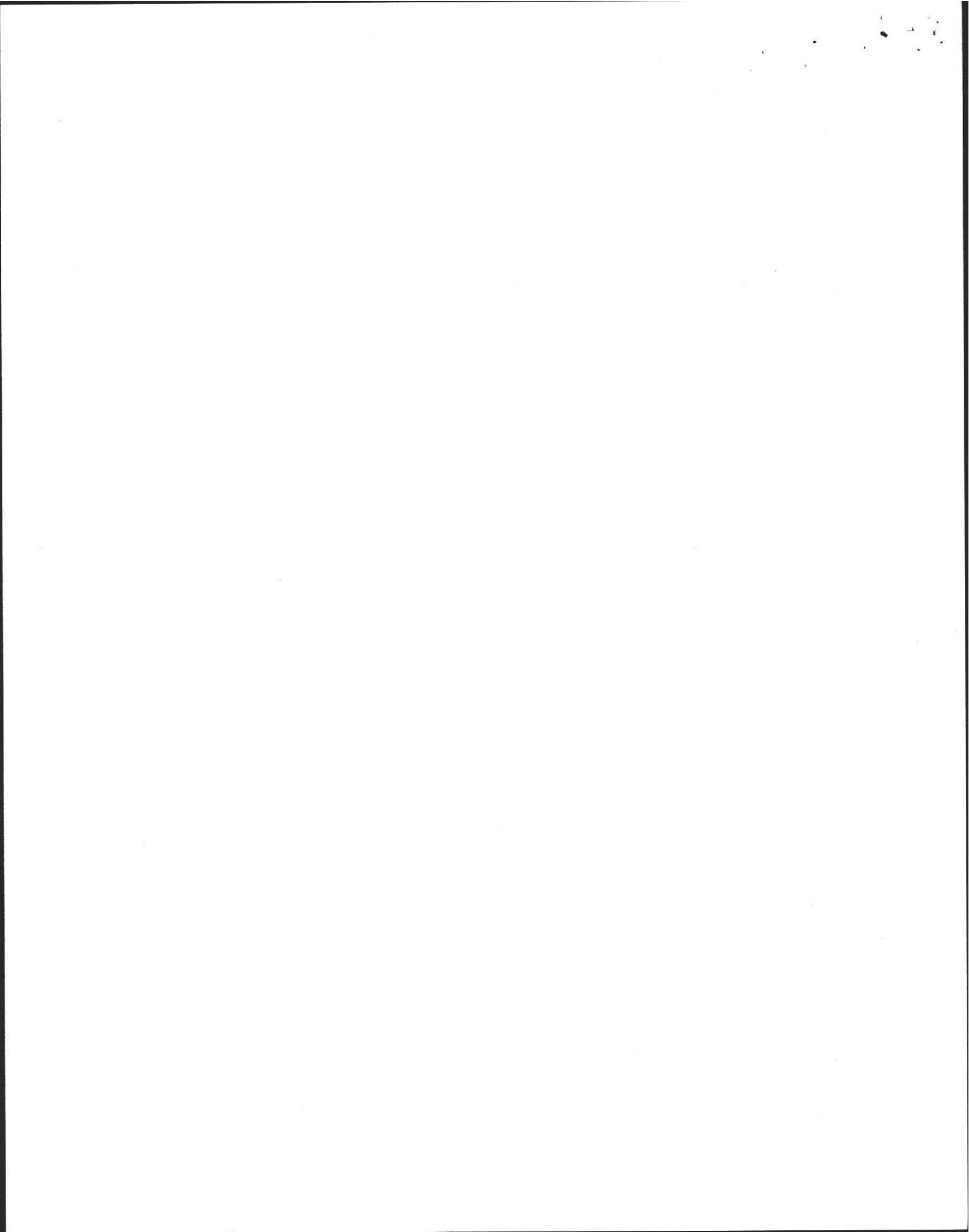
(locate on site plan)

- materials of construction
- dimensions
- depth of solids

NA

Comments:

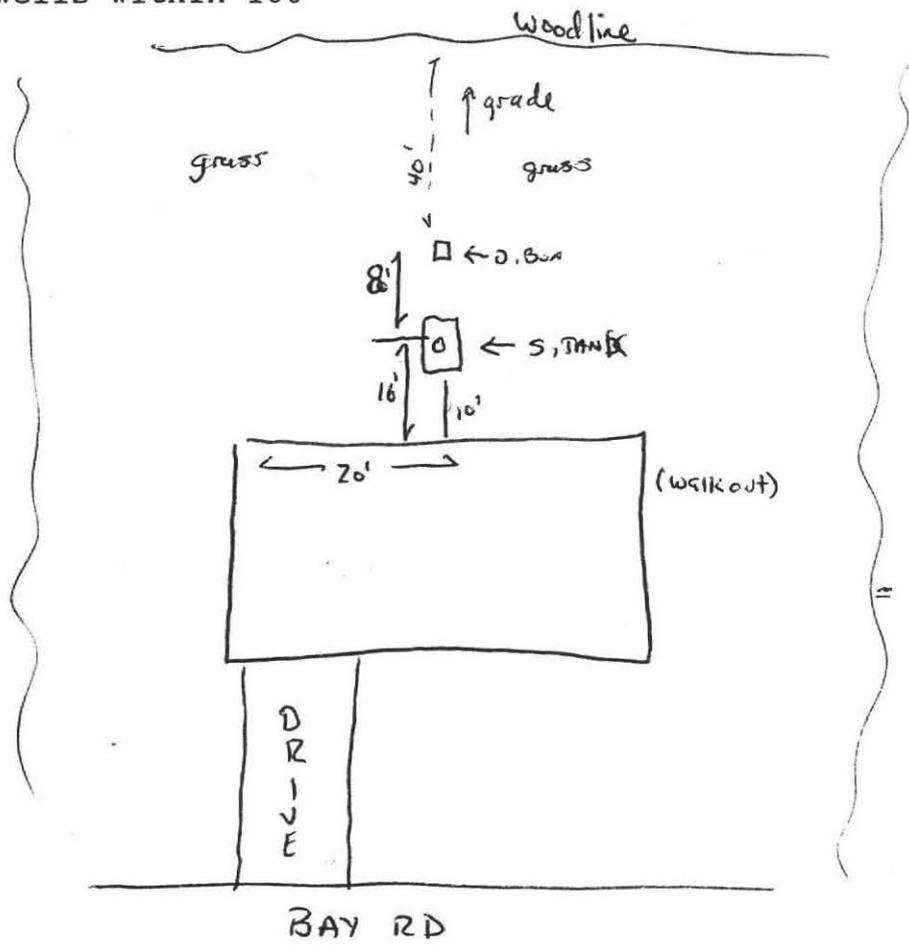
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)



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

\_\_\_\_\_ depth to groundwater

method of determination or approximation:

---

---

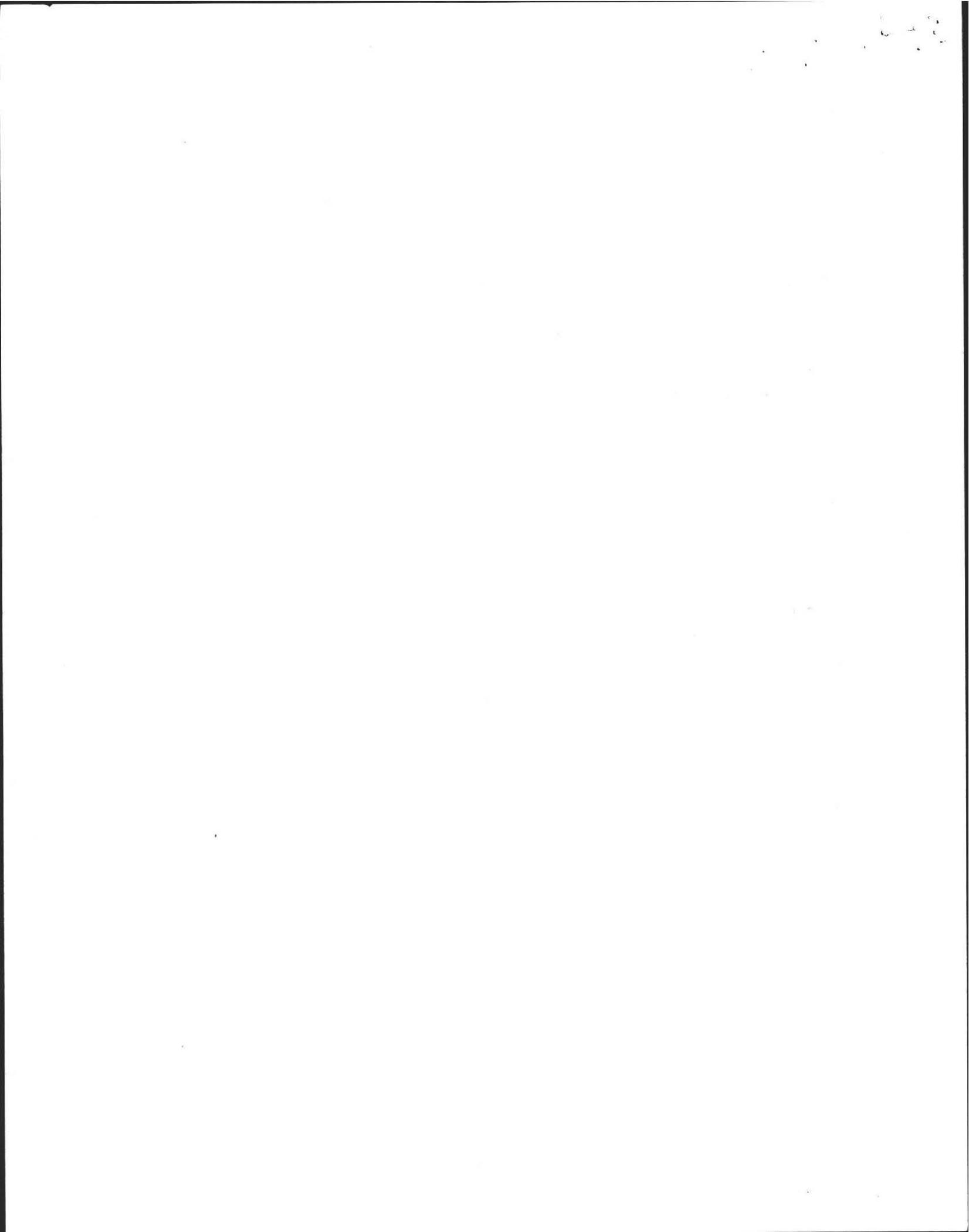
---

---

---

---

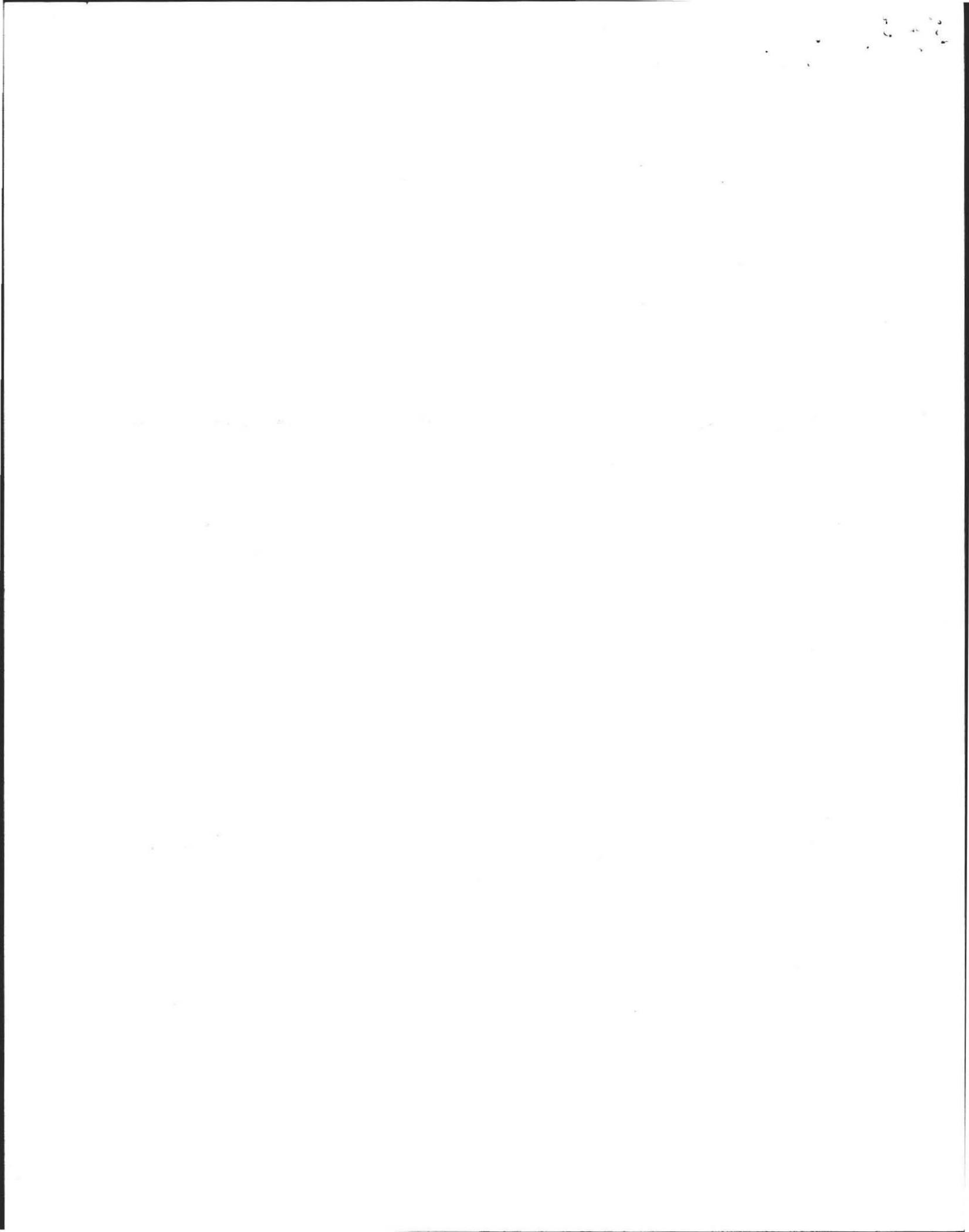
---



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?
- \* 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 \_\_\_\_\_
- N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?
- N.D. Is any portion of the SAS, cesspool or privy:  
UNK. 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 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. #933  
Company Name COLD SPRING  
Company Address ENVIRONMENTAL, INC.  
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 *Alan E. Weiss*

Date 9/2/95

Original to system owner - LARRY KERPELMAN  
4 PURITAN RD.

Copies to: ACTON, MA. 01720

Buyer (if applicable) (NONE)  
Approving authority AMHERST BD. OF HEALTH

