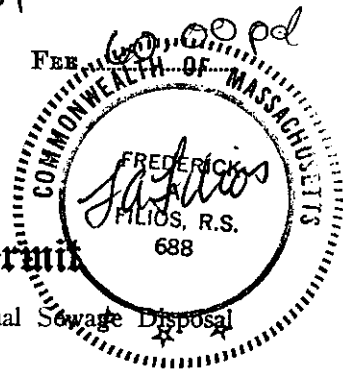


MAR 27 1990

839

No. 90-5



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 (X) an Individual Sewage Disposal System at:

839

Bay Road

Lot # 11

Location - Address

or Lot No.

Ron LaVerdiere

1/2 Canterbury Farms, 436 West St., Amherst, MA

Owner

Address

Stoney's Excavating

Bill Peaso

Installer

Address

Type of Building

Size Lot 35,586 Sq. feet ±

Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (yes)

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

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 825 gallons.

Septic Tank - Liquid capacity 1500 gallons Length 10.5' Width 5' Diameter Depth 5.3'

Disposal Trench - No. 1 Width 13' Total Length 25' Total leaching area 150 sq. ft. SIDEWALL

Seepage Pit No. Diameter Depth below inlet 3' Total leaching area 325 sq. ft. BOTTOM

Other Distribution box () Dosing tank () Test Pit: 19 APRIL 1989

Percolation Test Results Performed by Filios Enterprises, Inc. Date Perc Test: 16 March 1990

Test Pit No. 1 2 minutes per inch Depth of Test Pit 13.5' Depth to ground water None

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Attached

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.

Signed

Ronald LaVerdiere

3/27/90

Application Approved By

David Bergandi for Amherst Board of Health

3/27/90

Application Disapproved for the following reasons:

Permit No. 90-5

Issued

3/27/90

Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (X) by Stoney's Excavating Installer Bill Peaso

at Bay Road

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. 90-5 dated 3/27/90

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

DATE

4/6/90

Inspector

David Bergandi

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 90-5 TOWN OF Amherst

FEE

60.00 pd.

Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair () an Individual Sewage Disposal System

at No. Bay Road

as shown on the application for Disposal Works Construction Permit No. 90-5 Dated 3/27/90

DATE

3/27/90

Board of Health

CHECK OR FILL IN WHERE APPLICABLE

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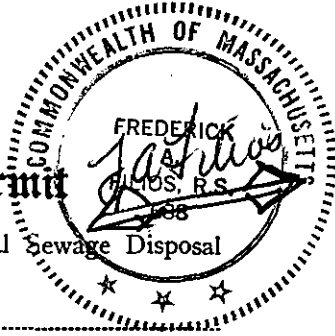
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FEE 60.00

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 (X) an Individual Sewage Disposal System at:

Location - Address: Bay Road, Lot #11
Owner: Ron LaVerdiere, or Lot No.
Address: 1/2 Canterbury Farms, 436 West St., Amherst, MA
Installer: Bill Peaso

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

Design Flow: 55 gallons per person per day. Total daily flow: 825 gallons.
Septic Tank - Liquid capacity: 1500 gallons Length: 10.5' Width: 5' Diameter: Depth: 5.3'
Disposal Trench - No. 1 Width: 13' Total Length: 25' Total leaching area: 150 sq. ft. SIDEWALL
Seepage Pit No. Diameter: Depth below inlet: 3' Total leaching area: 325 sq. ft. BOTTOM
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by: Elias Enterprises, Inc. Date: Test Pit: 19 April 1989
Test Pit No. 1: 2 minutes per inch Depth of Test Pit: 13.5' Depth to ground water: None
Test Pit No. 2: minutes per inch Depth of Test Pit: Depth to ground water:

Description of Soil: Attached

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.

Application Approved By: [Signature] Signed: [Signature] Date: 3/27/90
Application Disapproved for the following reasons:

Permit No. 90-5 Issued 3/27/90 Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town OF Amherst
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (X) by [Signature] Installer: Bill Peaso at Bay Road 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. 90-5 dated 3/27/90

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

DATE 4/6/90 Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

No. 90-5 Town OF Amherst

FEE 60.00

Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair () an Individual Sewage Disposal System at No. Bay Road

as shown on the application for Disposal Works Construction Permit No. 90-5 Dated 3/27/90

DATE 3/27/90 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE

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COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

TRUDY COXE
 Secretary

DAVID B. STRUBS
 Commissioner

ANGELO PAUL GELLUCCI
 Governor

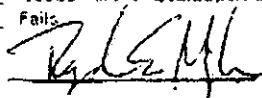
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
 PART A
 CERTIFICATION

Property Address: 839 Bay Road, Amherst, MA
 Name of Owner: Roberta Issler
 Roberta Issler
 Address of Owner: 839 Bay Road, Amherst, MA, 01082
 Date of Inspection: December 19, 1998
 Name of Inspector: (Please Print) Raymond Mieczkowski
 I am a DEP approved system inspector pursuant to Section 15.340 of Title 6 (310 CMR 15.000)
 Company Name: SYSTEMS
 Mailing Address: P.O. BOX 684 HADLEY, MA 01035
 Telephone Number: 413-549-6013

CERTIFICATION STATEMENT

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

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

Inspector's Signature: 

Date: January 18, 1999

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

NOTES AND COMMENTS

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

Property Address: 839 Bay Road, Amherst, MA
Owner: Roberts Issler
Date of inspection: December 19, 1998

INSPECTION SUMMARY: Check A, B, C, or D:

A. SYSTEM PASSES:

I have not found any information which indicates that any of the failure conditions described in 310 CMR 15.303 exist. Any failure criteria not evaluated are indicated below.

COMMENTS: _____

B. SYSTEM CONDITIONALLY PASSES:

_____ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

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

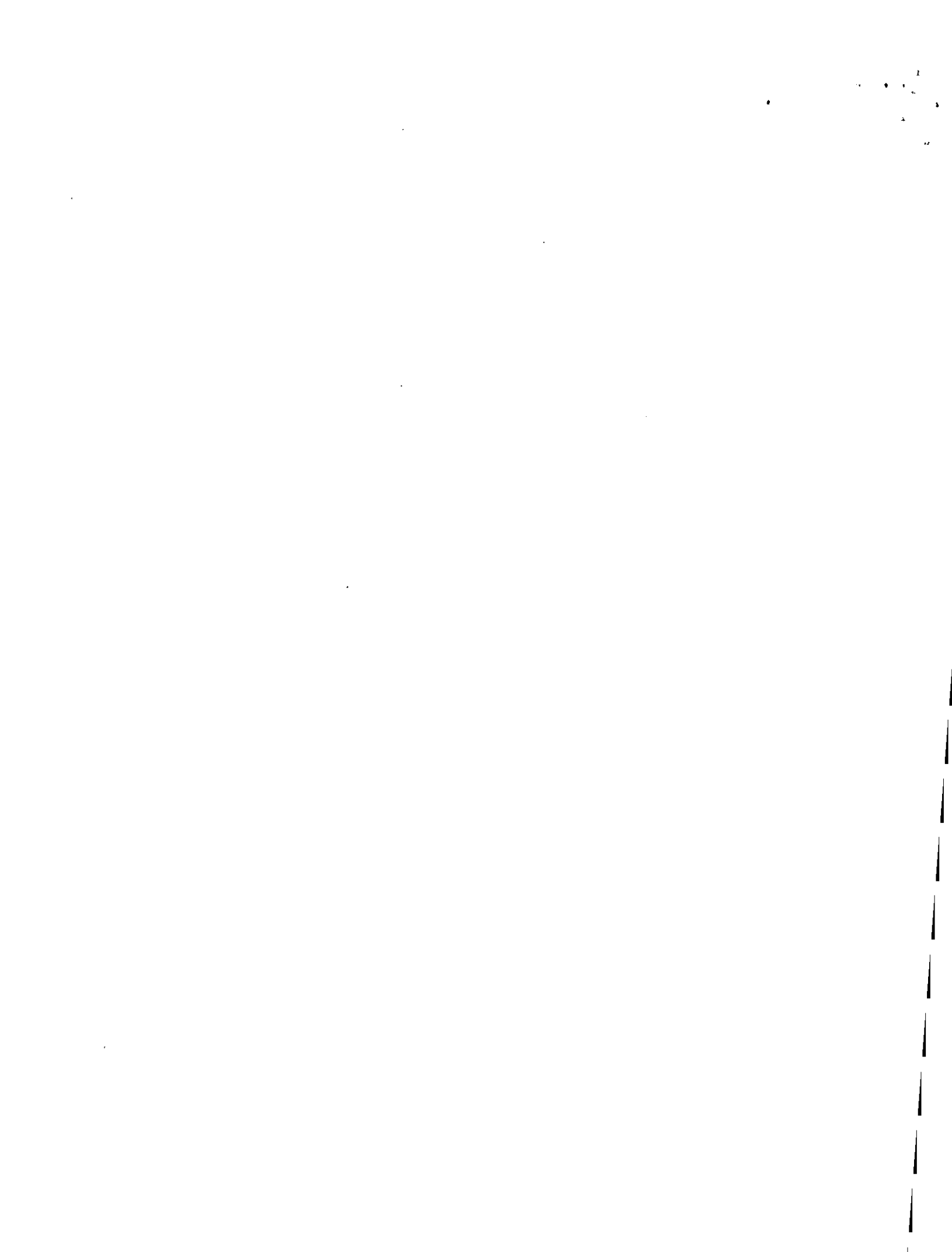
_____ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health.

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

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

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

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



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

Property Address: 839 Bay Road, Amherst, MA
Owner: Roberta Isler
Date of Inspection: December 19, 1998

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

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

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

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

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

- _____ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- _____ The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- _____ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- _____ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

3) OTHER

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

Property Address: 839 Bay Road, Amherst, MA
 Owner: Roberta Isler
 Date of Inspection: December 19, 1998

D. SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

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

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool. |
| ___ | ___ | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool. |
| ___ | ___ | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| ___ | ___ | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow. |
| ___ | ___ | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s).
Number of times pumped ___. |
| ___ | ___ | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| ___ | ___ | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| ___ | ___ | Any portion of a cesspool or privy is within a Zone I of a public well. |
| ___ | ___ | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| ___ | ___ | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

E. LARGE SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

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

_____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | the system is within 400 feet of a surface drinking water supply |
| ___ | ___ | the system is within 200 feet of a tributary to a surface drinking water supply |
| ___ | ___ | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well) |

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 839 Bay Road, Amherst, MA
 Owner: Roberta Issler
 Date of Inspection: December 19, 1998

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

- | Yes | No | |
|----------|-----------|---|
| <u>X</u> | <u> </u> | Pumping information was provided by the owner, occupant, or Board of Health. |
| <u>X</u> | <u> </u> | 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. |
| <u>X</u> | <u> </u> | As built plans have been obtained and examined. Note if they are not available with N/A: |
| <u>X</u> | <u> </u> | The facility or dwelling was inspected for signs of sewage back-up. |
| <u>X</u> | <u> </u> | The system does not receive non-sanitary or industrial waste flow. |
| <u>X</u> | <u> </u> | The site was inspected for signs of breakout. |
| <u>X</u> | <u> </u> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <u>X</u> | <u> </u> | The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum. The size and location of the Soil Absorption System on the site has been determined based on: |
| <u>X</u> | <u> </u> | Existing information. For example, Plan at B.O.H. |
| <u>X</u> | <u> </u> | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) (16.302(3)(b)) |
| <u>X</u> | <u> </u> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems. |

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 839 Bay Road, Amherst, MA
Owner: Roberta Issler
Date of Inspection: December 19, 1998

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 330 g.p.d./bedroom,
Number of bedrooms (design): _____ Number of bedrooms (actual): 3
Total DESIGN flow _____
Number of current residents: 1
Garbage grinder (yes or no): YES
Laundry (separate system) (yes or no): NO; If yes, separate inspection required
Laundry system inspected (yes or no) _____
Seasonal use (yes or no): NO
Water meter readings, if available (last two year's usage (gpd): On Town Water
Sump Pump (yes or no): NO
Last date of occupancy: Currently Occupied

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: _____ gpd (Based on 16.203)
Basis of design flow: _____
Grease trap present (yes or no) _____
Industrial Waste Holding Tank present (yes or no) _____
Non-sanitary waste discharged to the Title 5 system (yes or no) _____
Water meter readings, if available: _____
Last date of occupancy: _____

OTHER: (Describe) _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

System pumped as part of inspection (yes or no): YES
If yes, volume pumped: 1500 gallons
Reason for pumping: _____

TYPE OF SYSTEM

XXX 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)
_____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
_____ Tight Tank _____ Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1990 +/- (FROM RECORDS)

Sewage odors detected when arriving at the site: (yes or no) NO

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

Property Address: 839 Bay Road, Amherst, MA
Owner: Roberta Issler
Date of Inspection: December 19, 1998

BUILDING SEWER:
(Locate on site plan)

Depth below grade: _____
Material of construction: ___ cast iron ___ 40 PVC ___ other (explain) _____

Distance from private water supply well or suction line _____

Diameter _____

Comments: (condition of joints, venting, evidence of leakage, etc.) _____

SEPTIC TANK: X
(locate on site plan)

Depth below grade: 40"
Material of construction: X concrete ___ metal ___ Fiberglass ___ Polyethylene ___ other(explain) _____

If tank is metal, list age _____ is age confirmed by Certificate of Compliance _____ (Yes/No)

Dimensions: 5' WIDE X 10' LONG

Sludge depth: 8

Distance from top of sludge to bottom of outlet tee or baffle: 29"

Scum thickness: 6

Distance from top of scum to top of outlet tee or baffle: 6

Distance from bottom of scum to bottom of outlet tee or baffle: 8"

How dimensions were determined: FIELD MEASURED

Tank is in good structural condition and everything appears to be functioning correctly

Comments:

(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Liquid depth even with 4" outlet - no signs of hydraulic failure - Tank appears to be functioning properly

GREASE TRAP: N/A

(locate on site plan)

Depth below grade: _____
Material of construction: ___ concrete ___ metal ___ Fiberglass ___ Polyethylene ___ other(explain) _____

Dimensions: _____

Scum thickness: _____

Distance from top of scum to top of outlet tee or baffle: _____

Distance from bottom of scum to bottom of outlet tee or baffle: _____

Date of last pumping: _____

Comments:

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



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

Property Address: 839 Bay Road, Amherst, MA
Owner: Roberta Issler
Date of Inspection: December 19, 1998

SOIL ABSORPTION SYSTEM (SAS): XX

(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

Type:

leaching pits, number: 1 EACH, 4.5' WIDE BY 8' LONG BY 6' DEEP
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: _____
overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)

Leach Tank is approximately 4' below grade - top of peastone found and 3 - 1/2' deep - no signs of hydraulic failure - no signs of surcharging

CESSPOOLS: N/A

(locate on site plan)

Number and configuration: _____
Depth-top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater: _____
inflow (cesspool must be pumped as part of inspection)

Comments:

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

PRIVY: N/A

(locate on site plan)

Materials of construction: _____ Dimensions: _____
Depth of solids: _____
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

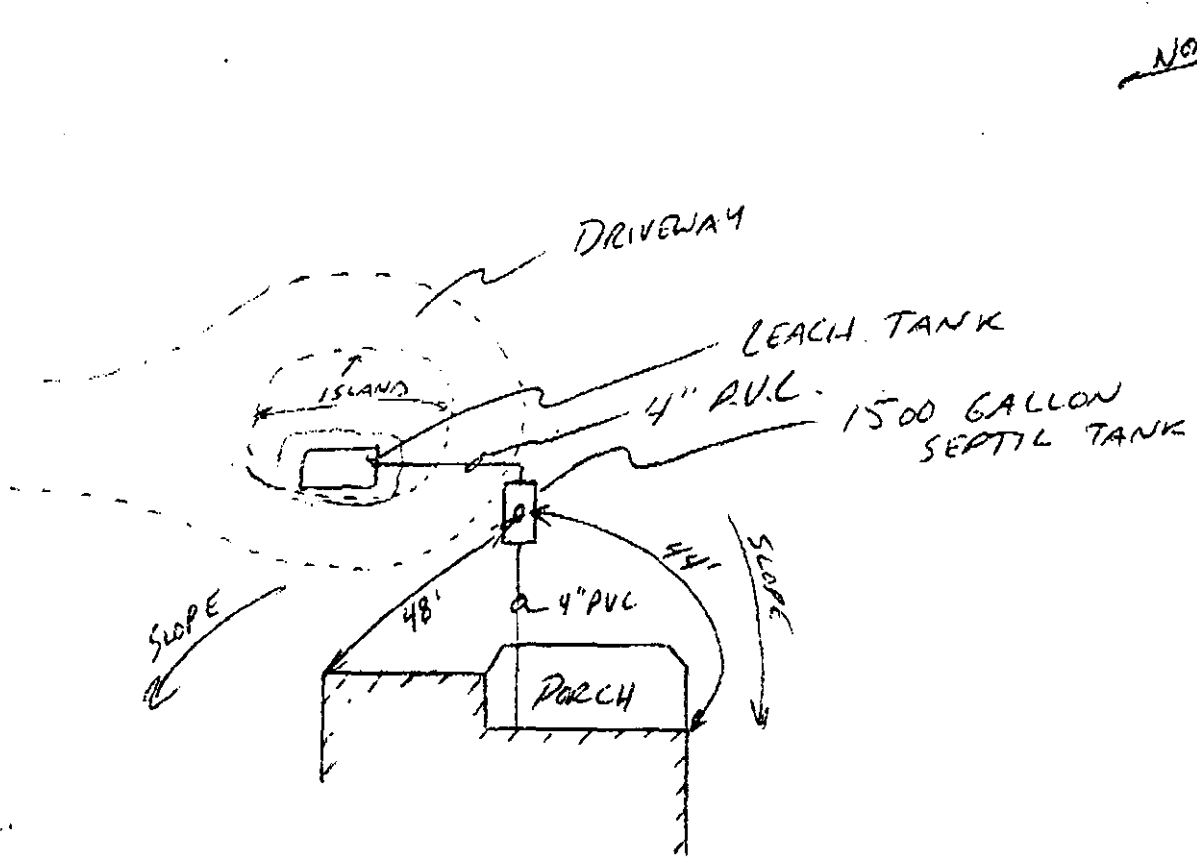
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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (condensed)

Property Address: 839 Bay Road, Amherst,
Owner: MA
Date of Inspection: Roberto Isler

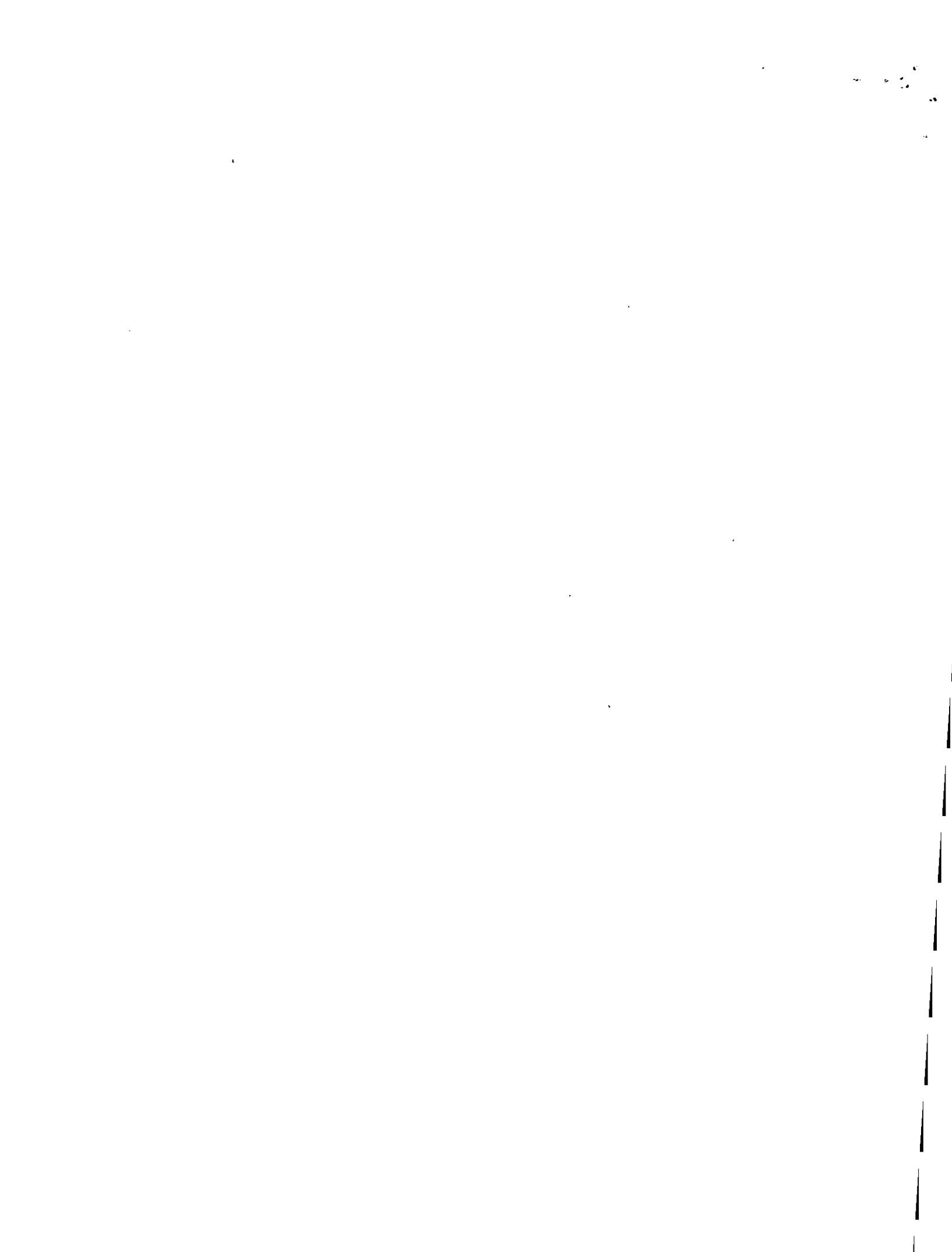
SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



revised 9/2/98

Page 10 of 11



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

Property Address: 839 Bay Road, Amherst, A
Owner: Roberta Issler
Date of inspection: December 12, 1998

NRCS Report name _____
Soil Type _____
Typical depth to groundwater _____

USGS Data website visited _____
Observation Wells checked _____
Groundwater depth: Shallow _____ Moderate _____ Deep _____

SITE EXAM Slope 2%
Surface water NONE
Check Cellar _____
Shallow wells _____

Estimated Depth to Groundwater 10+ Feet

Please indicate all the methods used to determine High Groundwater Elevation:

- Obtained from Design Plans on record
- Observed Site (Abutting property, observation hole, basement sump etc.)
- Determined from local conditions
- Checked with local Board of health
- Checked FEMA Maps
- Checked pumping records
- Checked local excavators, installers
- Used USGS Data

Describe how you established the High Groundwater Elevation. (Must be completed)

SURROUNDING TOPOGRAPHY



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

Property Address: 839 Bay Road, Amherst, MA
Owner: Roberta Issler
Date of Inspection: December 19, 1998

TIGHT OR HOLDING TANK: N/A (Tank must be pumped prior to, or at time of, inspection)
(locate on site plan)

Depth below grade: _____
Material of construction: concrete metal Fiberglass Polyethylene other(explain)

Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm present: _____
Alarm level: _____ Alarm in working order: Yes No
Date of previous pumping: _____
Comments: _____
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: N/A
(locate on site plan)

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, etc.)

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

Pumps in working order (Yes or No): _____
Alarms in working order (Yes or No): _____
Comments: _____
(note condition of pump chamber, condition of pumps and appurtenances, etc.)

100

100

#839

FILIOS ENTERPRISES, INC.
69 Pelham Rd.
Amherst, MA 01002

Date: April 6, 1990

Name: Ronald LaVerdiere

Address: Canterbury Farms
436 West St.
Amherst, MA 01002

Dear Ronald,

This is to notify you that Filios Enterprises, Inc. has inspected the septic system installed

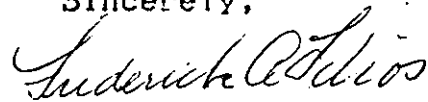
AT: Lot 11
Bay Road
Amherst, MA 01002

Unless exceptions are noted below, the system complied with the approved design and elevations.

Exceptions:

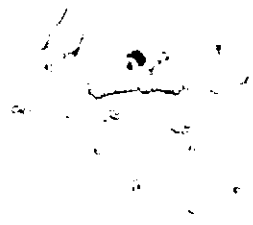
- 1.) The elevations and grades of the as-built septic system vary from those of the design to the extent shown in red on the copy of the profile enclosed.
- 2.) The layout of the as-built septic system varies from that of the design to the extent shown in red on the copy of the plan-view enclosed.

Sincerely,



(Frederick A. Filios)

C.C. to Board of Health



1

TOWN OF AMHERST

PERC TEST DATA SHEET

house
Repair Lot 3
perc EBM

DATE 7/19/89 LOCATION Bay Road LOT SIZE _____

OWNER Ron LaVendine ADDRESS 148 Wildcat Dr TELE # 256 9285

P.E./RS Robert Stover FIRM Filius East OBSERVED BY David Zimovitz

BACK HOE OPERATOR Stover's BENCH MARK _____

PERC DEPTH 24" PRE SOAK TIME 9:15-9:30 PERC DEPTH _____ PRE SOAK TIME _____

TEST	<u>12" 9:30</u>	<u>8" 9:35⁵⁰</u>	_____	_____
	<u>11" 9:31⁵⁰</u>	<u>7" 9:37³⁰</u>	_____	_____
	<u>10" 9:33¹⁰</u>	<u>6" 9:39²⁰</u>	_____	_____
	<u>9" 9:34²⁰</u>	_____	_____	_____

RATE (2) RATE _____

#1

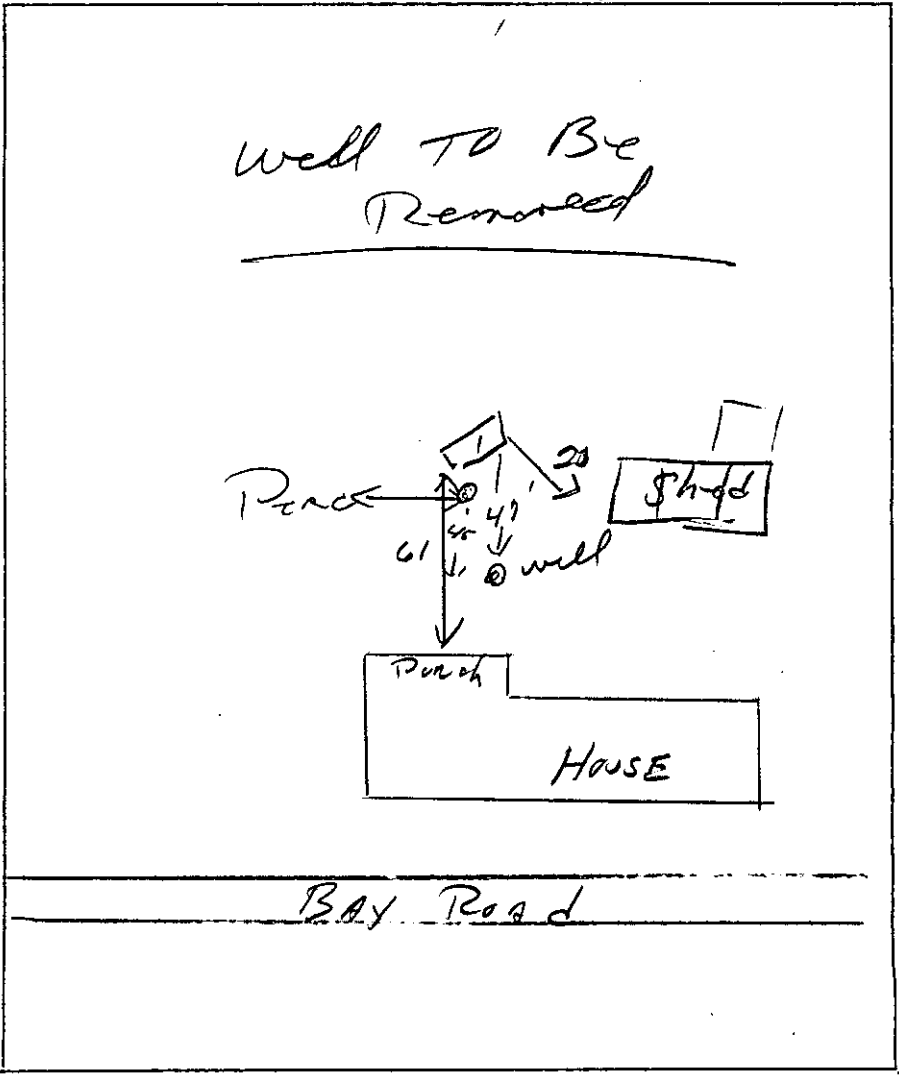
TOP <u>7"</u>	TOP
SUB <u>18"</u>	SUB
<u>STRATIFIED Gravel 7'</u>	
<u>STRAT Sand 140</u>	

Very fine SAND 13 1/2

TOP	TOP
SUB	SUB

TOP	TOP
SUB	SUB

4 Bedrm a/c



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Handwritten calculations:
440.
220
1/4 220
105
125

DEEP SOIL LOGS

OWNER Ron LaVerdiere

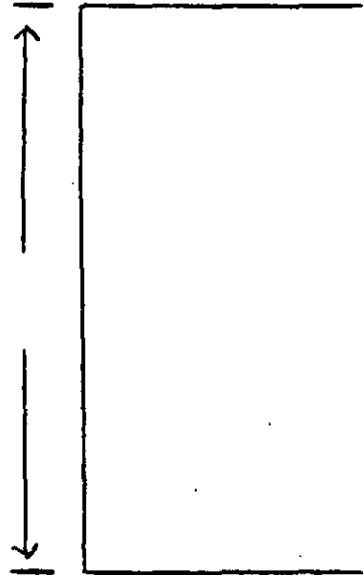
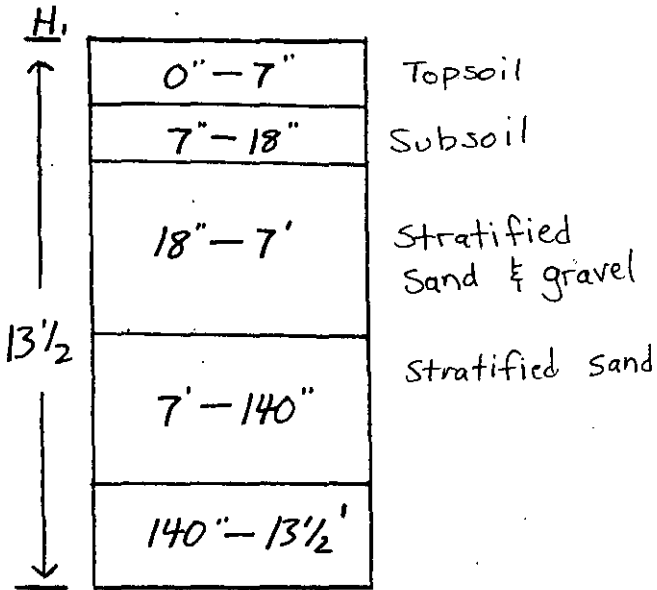
DATE April 19, 1989

LOCATION Lot II
House Lot, Bay Rd.

OBSERVER Filios Enterprises Inc.

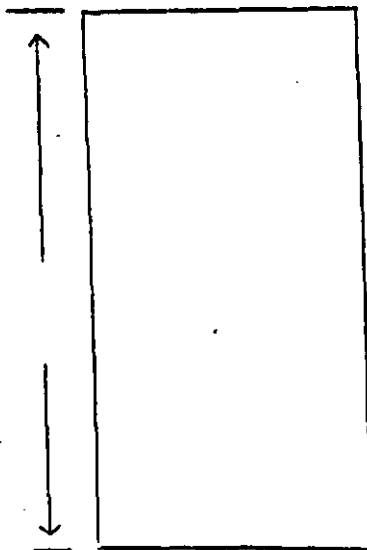
Amherst

B of H Dave Zarozinski

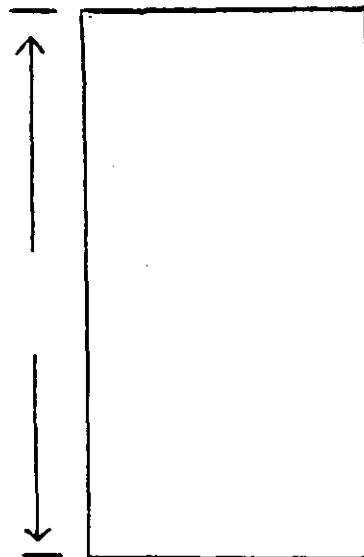


GROUND WATER None

GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

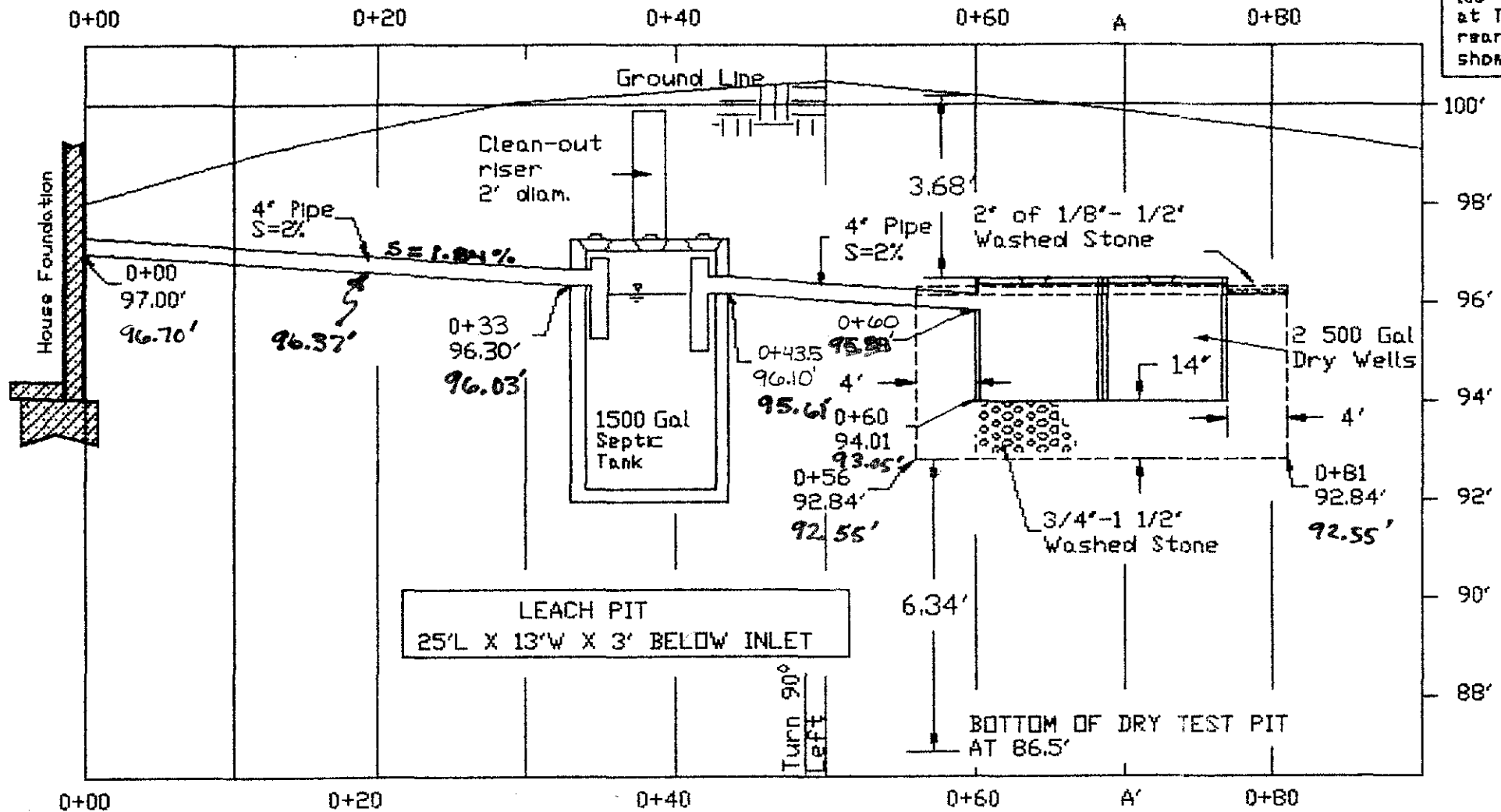
PERCOLATION RATE AT 24": **★** Perc deferred

< 2 min./inch

Perc Test Performed
16 March 1990



Handwritten scribbles and marks in the top right corner of the page.



SPECIFICATIONS
 ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DEPT. OF ENVIRONMENTAL PROTECTION STATE ENVIRONMENTAL CODE TITLE 5.

Calculations

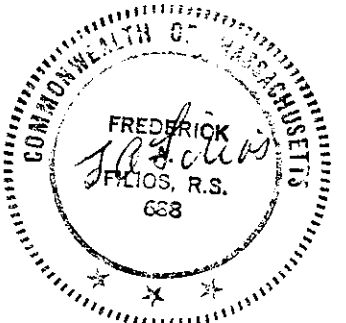
Required:
 For a 4 bedroom house with a garbage disposal a minimum capacity of 825 Gal.

Designed:
 A leaching pit 25' Long X 13' Wide X 3' below inlet (effective depth).
 Designed with a percolation rate of 2 min./inch. and bottom and sidewall loading factors of 1.0 and 2.5 gal./sq. ft. respectively.

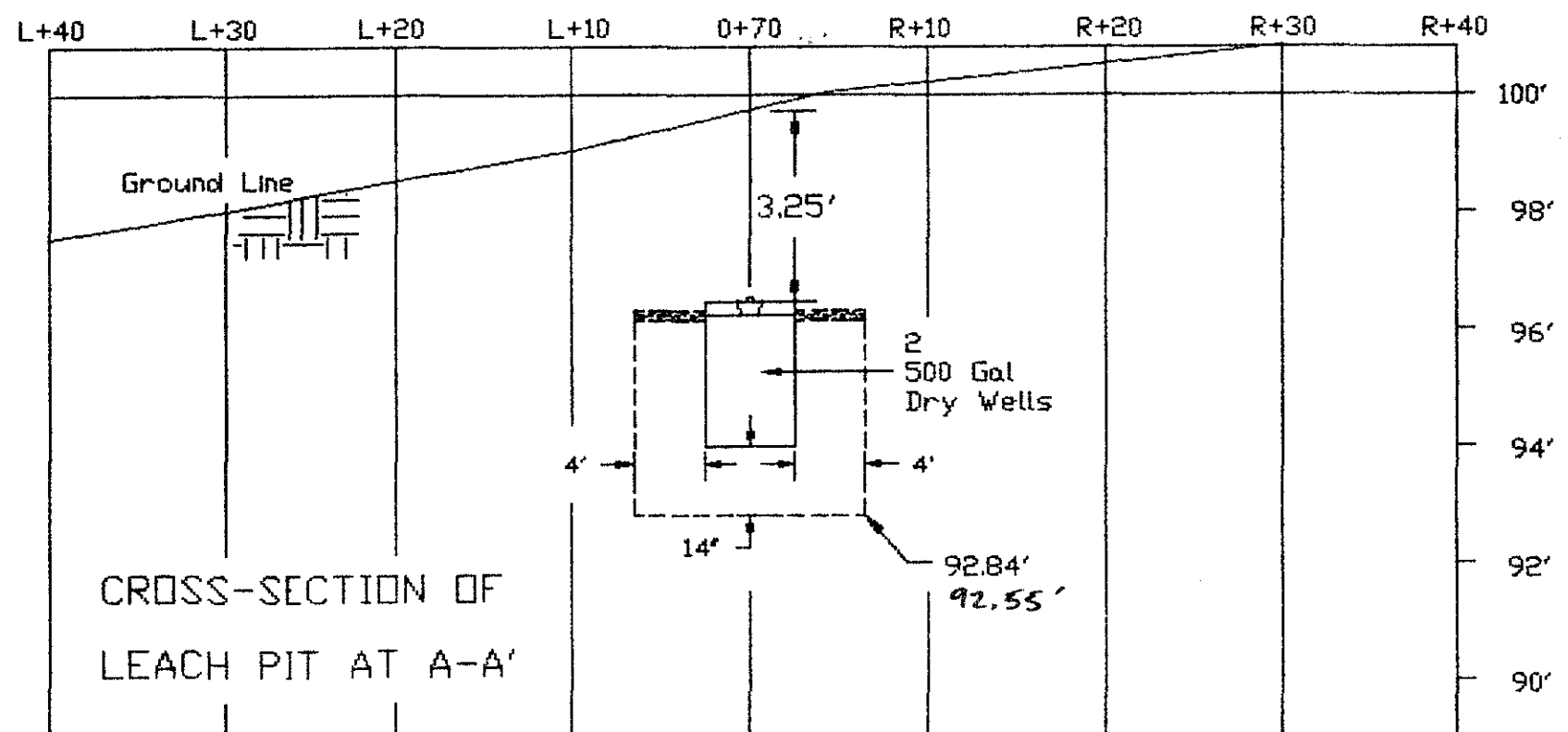
Sidewall: 2 sides (25'X3') 2.5 gal./sq.ft. =	375 gal.
Endwall: 2 ends (13'X3') 2.5 gal./sq.ft. =	195 gal.
Bottom: (25'X13') 1 gal./sq.ft. =	325 gal.
Total:	895 gal.

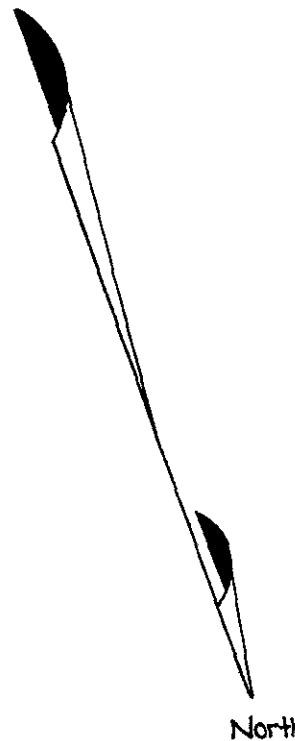
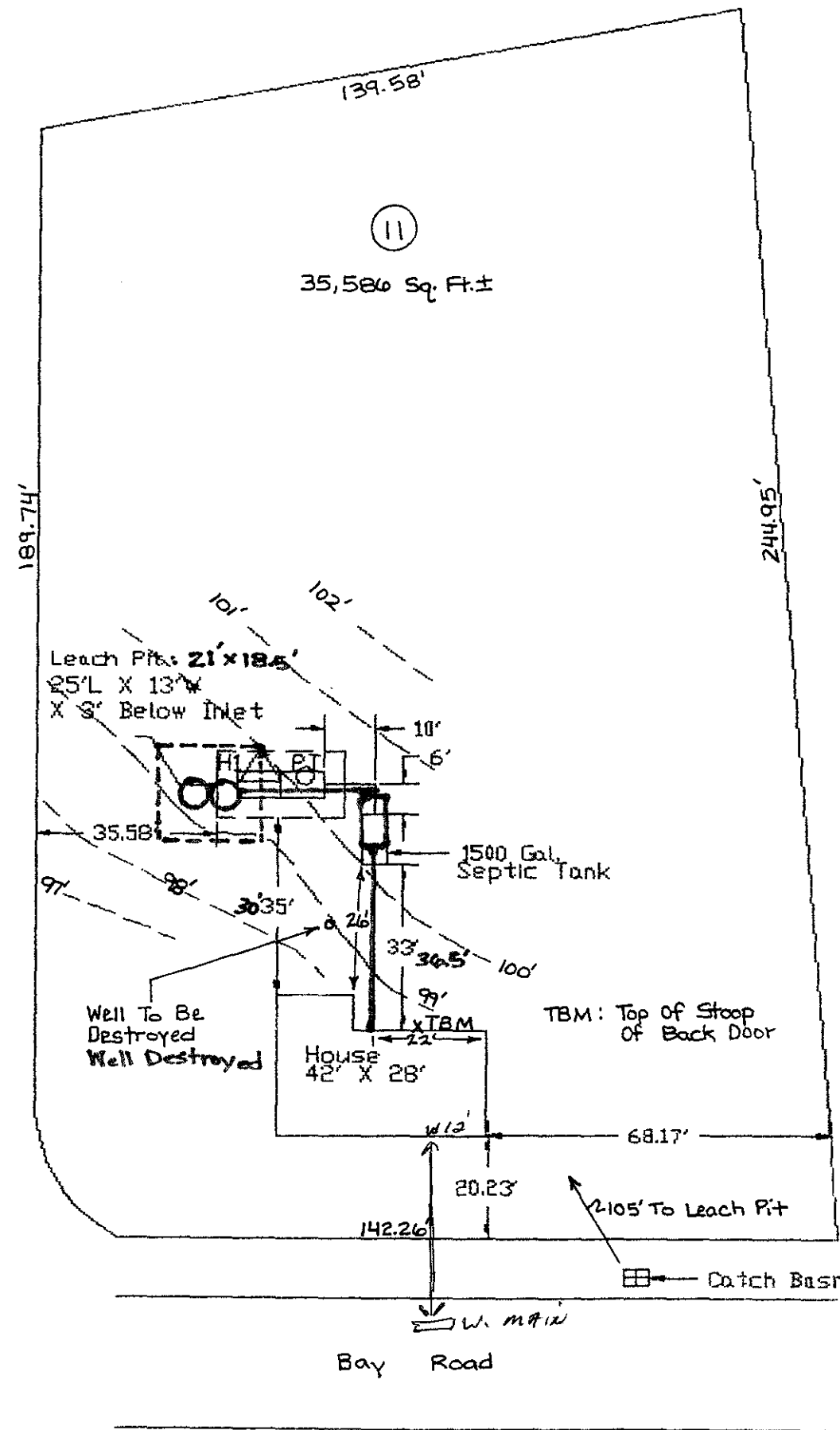
Construction Notes

1. Septic tank should be inspected and pumped annually.
2. Inlet and outlet tees must extend 14' and 24' below the flow line respectively.
3. Topsoil and subsoil must be removed to a distance of 10' around system.



PROFILE	
AT: LOT 11 BAY RD., AMHERST MA	
By: Filios Enterprises, Inc. 69 Pelham Rd. Amherst, MA 01002 (413) 256-8008	For: Ronald LaVerdiere c/o Canterbury Farms 436 West St. Amherst MA 01002
Drawn By: P. Filios	SCALE: HOR 1"=100' VER 1"=3.0'
21 March 1990	PAGE 2 OF 2





- NOTES**
1. This lot will be served by town water.
 2. No other wells within 200' of the leach area at time of the survey

LEGEND

○	Percolation Test
△	Deep Test Pit
---	Contour Lines (1' Interval)

PLAN OF SEWAGE DISPOSAL SYSTEM	
AT: LOT 11, BAY RD., AMHERST, MA.	
BY: Filios Enterprises, Inc. 69 Pelham Road Amherst, MA 01002 (413) 256-8008	FOR: Ronald LaVerdiere % Canterbury Farms 436 West Street Amherst, MA 01002
Drawn By: P. Filios	Scale: 1" = 30.00'
231 March 1990	Page 1 of 2

