CHARLOTTE CAVANAUGH
905 BAY ROAD

TOWN COMMONS RESERVATIONS

No. 01-16 Inlet/outlet T's must be Sched 40 Pipe FEE CK # 2530 pd 225.00

THE COMMONWEALTH OF MASSACHUSETTS

AMHERST, MASSACHUSETTS

Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct (NO) or Repair (YES) an On-site Sewage Disposal System at:

Location Address or Lot No.	Owner's Name, Address, and Tel. No.
905 BAY ROAD	MS. CAVANAUGH 905 BAY ROAD AMHERST, MA 253-3542
Installer's Name, Address, and Tel. No.	**Designer's Name, Address, and Tel. No.**
TO BE DETERMINED	[CEA] Civil Engineering Associates 10 Crane Avenue East Longmeadow, MA 01028 Tel: (413) 525-2874

Type of Building:

Dwelling No. of Bedrooms 3 Garbage Grinder (NO)

Other Type of Building _____ No. per Persons _____ Showers ( ) Cafeteria ( )

Other Fixtures _____

Design Flow 333 gallons per day. **Calculated** daily flow 330 gallons.

Plan Date 09/20/01 Number of sheets 4 Revision Date _____

Title Proposed Sewage Disposal System Prepared For: 905 Bay Road, Amherst

Description of Soil See Attached Soil Profile

Nature of Repairs or Alterations (Answer when applicable) _____

Date last inspected: _____

COMMONWEALTH OF MASSACHUSETTS ROBERT M. CAFARELLI CIVIL 30026 REGISTERED PROFESSIONAL ENGINEER

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

* Signed Charlotte B Cavanaugh * Date 10/1/01

Application Approved by Howard Pargment Date 10/1/01

Application Disapproved for the following reasons _____

Permit No. 01-16 Date Issued 10/1/01

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Certificate of Compliance

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed ( ) or repaired/replaced (✓) on 11/28/02

by Thomas Nelson for MS. Cavanaugh

at 905 Bay Road has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 01-16 dated 9/20/01. Use of this system is conditioned on compliance with the previsions set forth below:

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on _____

DATE 1/28/02 Inspector Thomas Nelson

No. 01-16 Inlet/outlet T's must be Sched 40 Pipe FEE CK # 2530 pd 225.00

THE COMMONWEALTH OF MASSACHUSETTS

AMHERST, MASSACHUSETTS

Application for Disposal System Construction Permit

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TO BE DETERMINED	[CEA] Civil Engineering Associates 10 Crane Avenue East Longmeadow, MA 01028 Tel: (413) 525-2874

Type of Building:

Dwelling No. of Bedrooms 3 Garbage Grinder (NO)

Other Type of Building _____ No. per Persons _____ Showers ( ) Cafeteria ( )

Other Fixtures _____

Design Flow 333 gallons per day. **Calculated** daily flow 330 gallons.

Plan Date 09/20/01 Number of sheets 4 Revision Date _____

Title Proposed Sewage Disposal System Prepared For: 905 Bay Road, Amherst

Description of Soil See Attached Soil Profile

COMMONWEALTH OF MASSACHUSETTS ROBERT M. CAFARELLI CIVIL 30026 REGISTERED PROFESSIONAL ENGINEER

Nature of Repairs or Alterations (Answer when applicable) _____

Date last inspected: _____

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

* Signed Charlotte B. Cavanaugh * Date 10/1/01

Application Approved by Carol Fagnant Date 10/1/01

Application Disapproved for the following reasons _____

Permit No. 01-16 Date Issued 10/1/01

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Certificate of Compliance

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed ( ) or repaired/replaced ( ) on 1/28/02

by Dave Ward for Ms Cavanagh

at 905 Bay Road has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 01-16 dated 9/20/01. Use of this system is conditioned on compliance with the previsions set forth below:

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on _____

DATE 1/28/02 Inspector Edward Silva

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Disposal System Construction Permit

Permission is hereby granted to Charlotte Cavanaugh

to construct ( ) or repair ( ) an On-site Sewage System located at 905 Bay Road

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions.

All construction must be completed within three years of the date below.

DATE 10/1/01 Approved by Carol Fagnant

Perc # 150.00
Plans 75.00
025-01 CK # 2530

Parcel 27C000033
TOWN WATER

FORM 11 - SOIL EVALUATOR FORM

No. _____

3 Bedrooms
1500 G-L

Date: 9/18/01

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: BOB CAFARELLI Date: 9/18/01
Witnessed By: DAVID ZARDZINSKI

Location Address or Lot #	Owner's Name, Address, and Telephone #
New Construction ☐ Repair ☑	CHARLOTTE CAVANAUGH 905 BAY ROAD 253-0542

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 References Reviewed: _____

entered in p/plan 9/20/01

Location Address or Lot No. 905 Bay Rd

On-site Review

Deep Hole Number (1) Date: 9/18/01 Time: 8:00 Weather Sunny Cool

Location (identify on site plan) _____

Land Use _____ Slope (%) _____ Surface Stones _____

Vegetation _____

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body	feet	Drainage way	feet
Possible Wet Area	feet	Property Line	feet
Drinking Water Well	feet	Other	

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
6	A	SL	10YR 3/3		Berry Gravel
40	C_1	S	10YR 4/6	7½	
9	C_2	S	2.5Y 6/4		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____

DEP

DEP APPROVED FORM - 12/07/95

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 905 Bay Road

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: 9/18/01	Time: 8:50	
Observation Hole #	(1)	
Depth of Perc	76"	
Start Pre-soak	8:53	
End Pre-soak	9:08	
Time at 12"	9:08	
Time at 9"	9:13	
Time at 6"	9:21	
Time (9"-6")	8	
Rate Min./Inch		

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

Site Passed ☑ Site Failed ☐

Performed By: Bob Cadrell

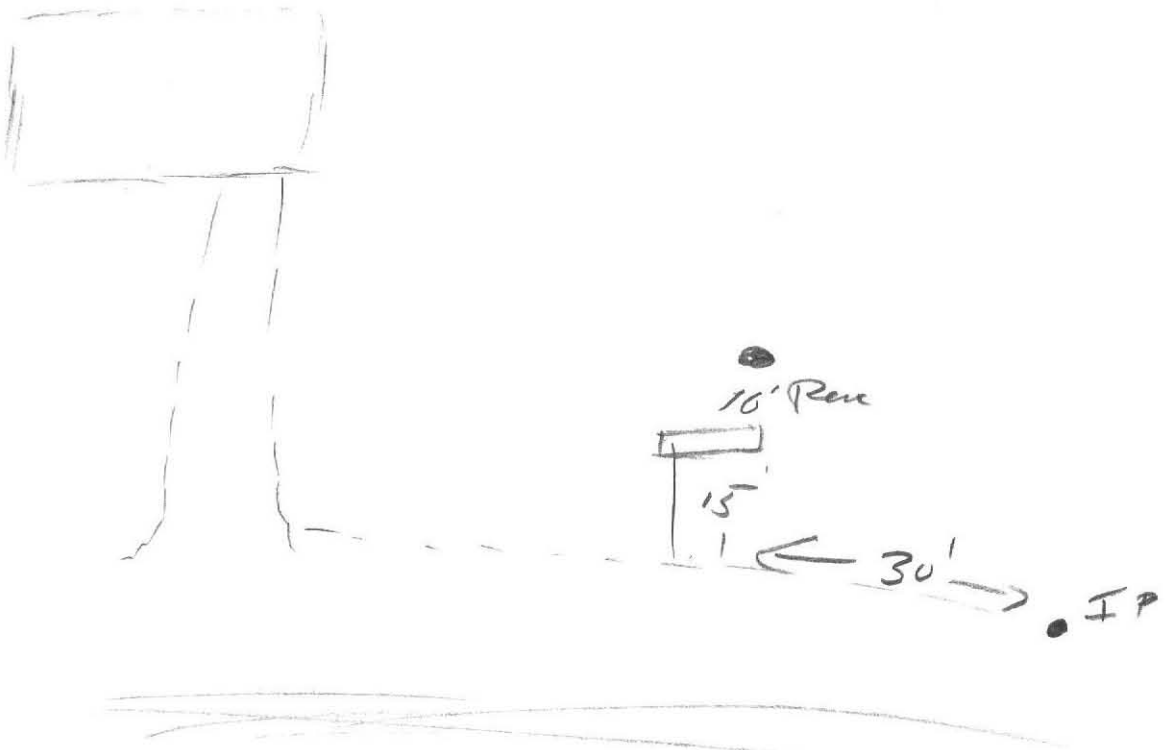
Witnessed By: David Zaleski

Comments:

Over

DEP

DEP APPROVED FORM - 12/07/95


10' Rec
15'
30'
IP
Bay Road

TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

No. 1826

Charlotte

Received of Phillip Cavanaugh (Name) of 905 Bay Rd (Address)

For Property Located at: 905 Bay Rd. (Street Address) (Owner)

HEA009	Bakery R6510 443508		HEA015	Sanitary Code Booklets R6510 432305	
HEA001	Bed & Breakfast R6510 443516		HEA016	Septic Tank Permit-Installers R6510 443511	
HEA002	Catering License R6510 443507		HEA017	Septic Tank Permit-Private R6510 443510	
HEA003	Food Handler R6510 443515		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA004	Frozen Deserts R6510 443501		HEA019	Sub-Division Review Fee R6510 432306	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA012	Swimming Pool Permits R6510 443512	
HEA006	Massage Therapy License R6510 443504		HEA020	Tanning License R6510 443509	
HEA007	Milk & Cream License R6510 443500		HEA024	Funeral Director License R6510 443502	
HEA008	Motel License R6510 443506		HEA034	Immunization Clinic R6510 432307	
HEA010	Removal of Offal R6510 443513		HEA030	Car Seats 8407 258004	
HEA021	Removal of Rubbish R6510 443520		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA011	Percolation Test Fees R6510 432300	225.00	HEA023	TB Clinic R6510 432303	
HEA013	Recreation Camp License R6510 443503		HEA022	Tobacco License R6510 443505	
HEA014	Retail Store Permit R6510 443514		HEA		
			HEA		

TOTAL FEE: 225.00 #2530

D. Canavan
Inspeciton Services/Health Department

9/19/01
Date

Philip J. Cavanaugh Jr.
Charlotte B. Cavanaugh
905 Bay Road
Amherst, Ma 01002

2530

53-8027/2118

DATE Sept. 18, 2001

PAY TO THE ORDER OF Town of Amherst $ 225 00

Two hundred twenty five & 00/100 DOLLARS

Security features included. Details on back.

UMASS/FIVE COLLEGE FEDERAL CREDIT UNION
New Market Center
6 University Drive
Amherst, Mass. 01002

FOR Septic

Charlotte B. Cavanaugh

⑆211880271⑆ 022482902⑈ 2530

#1826

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

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

905 BAY ROAD, AMHERST CHARLOTTE CAVANAUGH

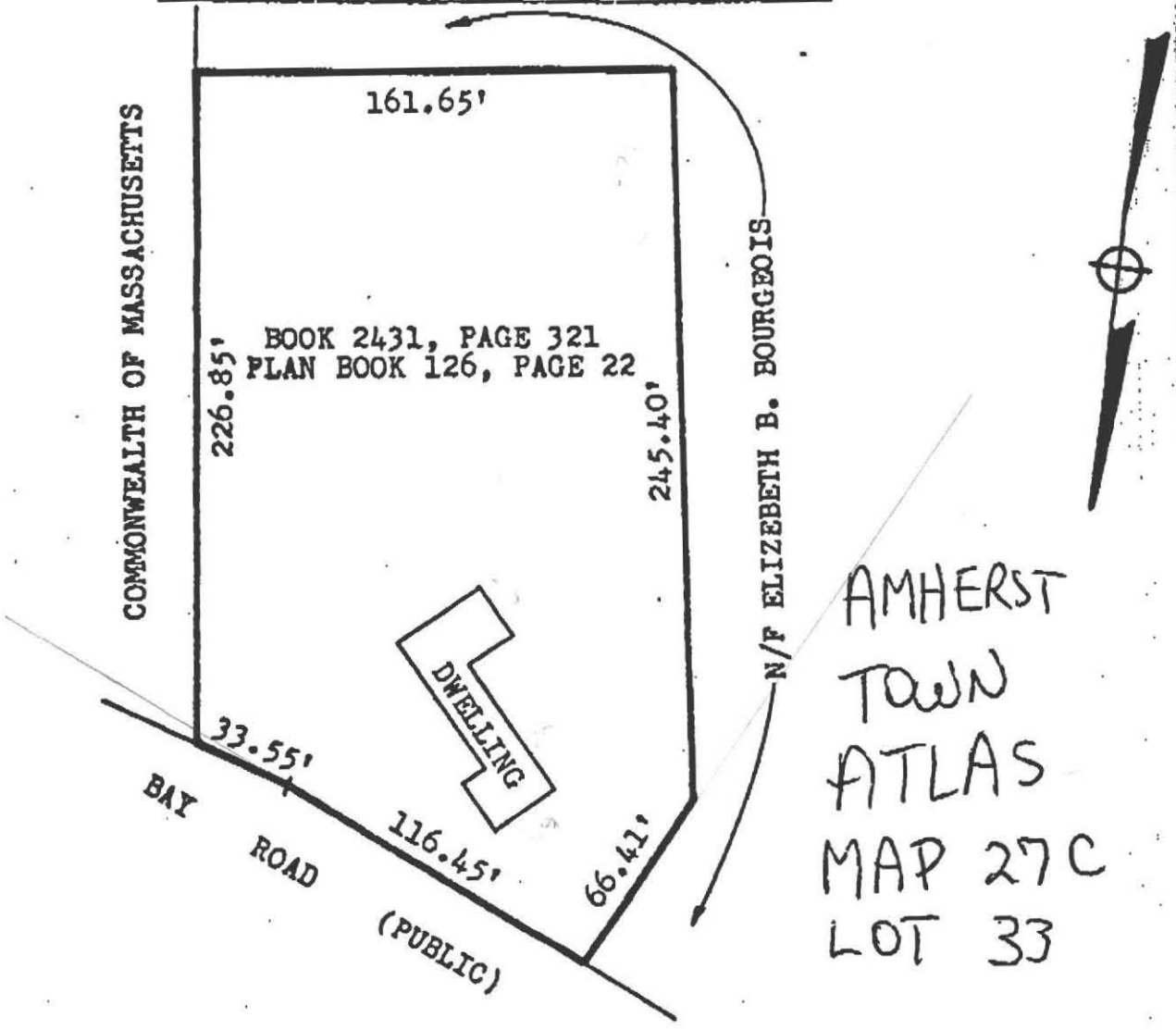
905 BAY ROAD, AMHERST CHARLOTTE CAVANAUGH

905 BAY ROAD, AMHERST CHARLOTTE CAVANAUGH

LOCUS
905 BAY ROAD, AMHERST, MA

Microsoft Expedia
Streets98

-THIS PLAT NOT FOR RECORDING PURPOSES-



TO ALL PARTIES INTERESTED IN PREMISES SHOWN HEREON:

I HEREBY REPORT THAT I HAVE EXAMINED THE PREMISES AND BASED ON EXISTING MONUMENTATION ALL EASEMENTS, ENCROACHMENTS AND BUILDINGS ARE LOCATED ON THE GROUND AS SHOWN AND THAT THE BUILDINGS ARE ENTIRELY WITHIN THE LOT LINES. I FURTHER REPORT THAT THE PROPERTY IS NOT LOCATED WITHIN AN ESTABLISHED FLOOD HAZARD AREA.

DATED: October 18, 1984

SURVEYOR: Harold R. Eaton

COMMONWEALTH OF MASSACHUSETTS
HAROLD L EATON No. 23611 REGISTERED LAND SURVEYOR

Harold R Eaton

-NOTE-
THIS PLAT FOR MORTGAGE LOAN PURPOSES ONLY AND DOES NOT CONSTITUTE A PROPERTY SURVEY

-MORTGAGE LOAN INSPECTION PLAT-
AMHERST, MASSACHUSETTS
OWNED BY
DAVID T. KEENAN
SCALE: 1"=60' OCTOBER 18, 1984

HAROLD L. EATON, REGISTERED LAND SURVEYOR
SUNRISE DRIVE - HADLEY - MASSACHUSETTS

FORM 11 - SOIL EVALUATOR FORM
Page 3 of 3

Location Address or Lot No. 905 Bay Road

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole none inches
- ☐ Depth weeping from side of observation hole none inches
- ☑ Depth to soil mottles 90" inches
- ☐ Ground water adjustment feet

Index Well Number | Reading Date | Index well level

Adjustment factor | Adjusted ground water level 90"

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 "June95" (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 [signature] Date 9/18/01

DEP APPROVED FORM - 12/07/95

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 905 Bay Road

COMMONWEALTH OF MASSACHUSETTS

AMHERST, Massachusetts

Percolation Test*

Date: 9/18/01 Time: 8:00

Observation Hole #	1	
Depth of Perc	76"	
Start Pre-soak	8:53	
End Pre-soak	9:08	
Time at 12"	9:08	
Time at 9"	9:13	
Time at 6"	9:21	
Time (9"-6")	8	
Rate Min./Inch	3 min	

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

Site Passed ☑ Site Failed ☐

Performed By: Robert Cafarelli

Witnessed By: DAVE ZAROZINSKI

Comments:

DEP APPROVED FORM - 12/07/95

3BRM
NO GG

4 copies

No. _____ Date: 9/18/01

Commonwealth of Massachusetts
AMHERST, **Massachusetts**

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Cafarelli Date: 9/18/01
Witnessed By: DAVE ZAROZINSKI

Location Address or Lot #	Owner's Name, Address and Telephone #
905 BAY ROAD AMHERST MA	CAUANAUGH 905 BAY ROAD AMHERST, MA 253-3542

New Construction ☐ Repair ☑

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 References Reviewed: _____

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. 905 BAY Road

On-site Review

Deep Hole Number Date: 9/18/01 Time: 8:00 Weather SUNNY
Location (identify on site plan)
Land Use RES. Slope (%) Surface Stones yes
Vegetation LAWN
Landform OUTWASH
Position on landscape (sketch on the back)
Distances from:
Open Water Body >100 feet Drainage way >50 feet
Possible Wet Area >100 feet Property Line >10 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)
0-6	A	SL	10YR 3/3		
6-40	C1	S	10YR 4/6	90"	BONEY GRAVEL
40-9'	C2	S	2.5Y 6/4		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock: >9'
Depth to Groundwater: Standing Water in the Hole: none Weeping from Pit Face: none
Estimated Seasonal High Ground Water: 90"

DEP APPROVED FORM - 12/07/95

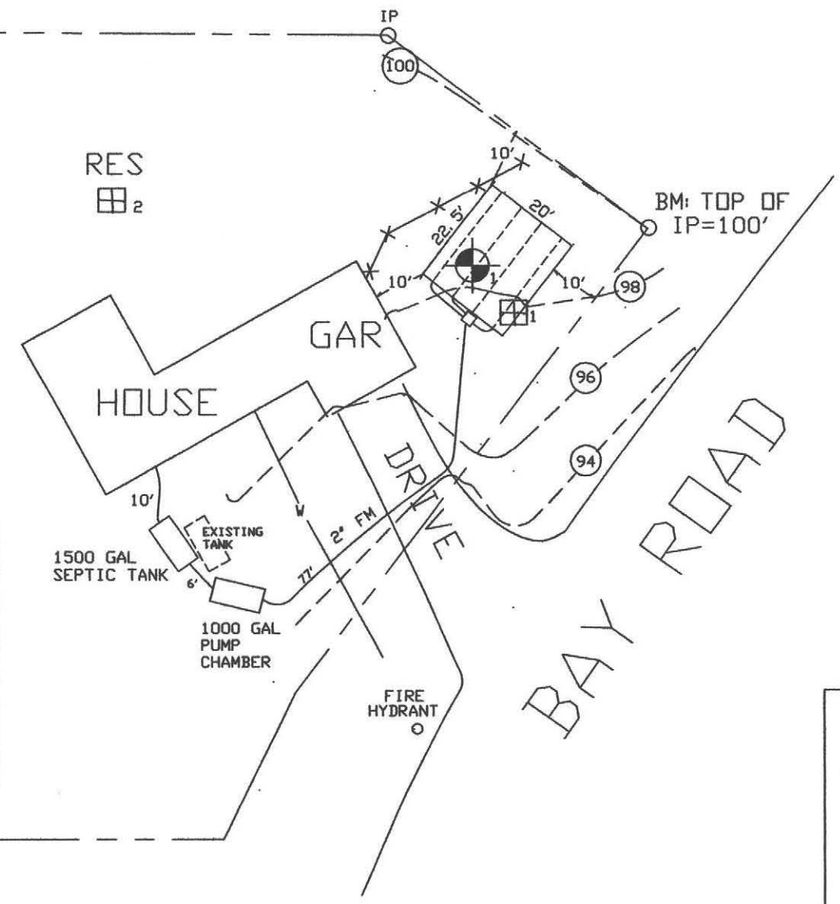
60

NO OTHER WELLS OR WETLANDS LOCATED WITHIN 150 FEET OF THE LEACH BED

1. THIS PLAN IS FOR THE INSTALLATION OF THE PROPOSED SEPTIC SYSTEM ONLY AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES, PINS, FENCES, HEDGES, ETC. OR TO BE USED FOR ANY PURPOSE OTHER THAN ITS ORIGINAL INTENT.
2. LOT LAYOUT AND PROPERTY LINE LOCATIONS FROM OWNER

905 BAY ROAD

NOTE: 2" FORCE MAIN AND WATER LINE MUST BE CLASS 150 PIPE OR GREATER AT CROSSING.



PLAN VIEW
SCALE: 1"= 30'

1. PUMP CRUSH AND FILL EXISING SEPTIC TANK.
2. RAISE PLUMBING SO TOP OF TANKS WILL BE ONE FOOT DEEP (INVERT OUT ELEVATION OF 93.5' +-)
3. INSTALL 1500 GALLON SEPTIC TANK AND 1000 GALLON PUMP CHAMBER TO SPECS.
4. INSTALL 20' BY 22.5' BED

PIPE FROM HOUSE TO SEPTIC TANK TO BE SCHEDULE 40 PIPE

PIPE FROM PUMP CHAMBER TO BE 2" PVC FORCE MAIN EQIVALENT TO CLASS 150 PRESSURE PIPE OR GREATER

INSTALL 2" FORCE MAIN APPROXIMATELY 2' BELOW GRADE

INSTALL 2" FM IN SCHEDULE 40 SLEVE UNDER DRIVE (3" OR 4" DIA)

ALL OTHER PIPE TO BE 4" DIA SDR 35 PVC

LEGEND:

- EXISTING CONTOUR
- PROPOSED CONTOUR
- FENCE
- STONEWALL
- UTILITY LINE (W, G, E, ETC.) —UL—
- OBSERV/PERC TEST HOLE (PERC / DEEP HOLE)

CEA CIVIL ENGINEERING ASSOCIATES
CIVIL ENGINEERS • LAND/SITE PLANNERS
10 Crane Avenue
East Longmeadow, MA 01028
Tel (413) 525-2874
Fax (413) 525-3695

COMMONWEALTH OF MASSACHUSETTS
ROBERT M. CAFARELLI
CIVIL
30026
REGISTERED PROFESSIONAL ENGINEER

DESIGNED BY:	HORIZONTAL SCALE:
RMC	1"=30'
DRAWN BY:	VERTICAL SCALE:
RMC	
CHECKED BY:	DATE:
RMC	09/20/01
APPROVED BY:	PROJECT NUMBER:
RMC	01-709

NO.:	DATE:	REVISION

PROPOSED SEWAGE DISPOSAL SYSTEM PREPARED FOR:
SEPTIC SYSTEM PLAN
905 BAY ROAD
AMHERST, MASSACHUSETTS

MS. CAVANAUGH

SHEET NUMBER
1 OF *4*

BALLAST CALCULATION FOR PUMP CHAMBER
905 BAY ROAD, AMHERST, MA

1000 GALLON KELLOGG TANK SPECS (PER MFG)
OUTSIDE DIMENSIONS = 48" X 96" X 64"
TANK WEIGHT = 10,000 LBS

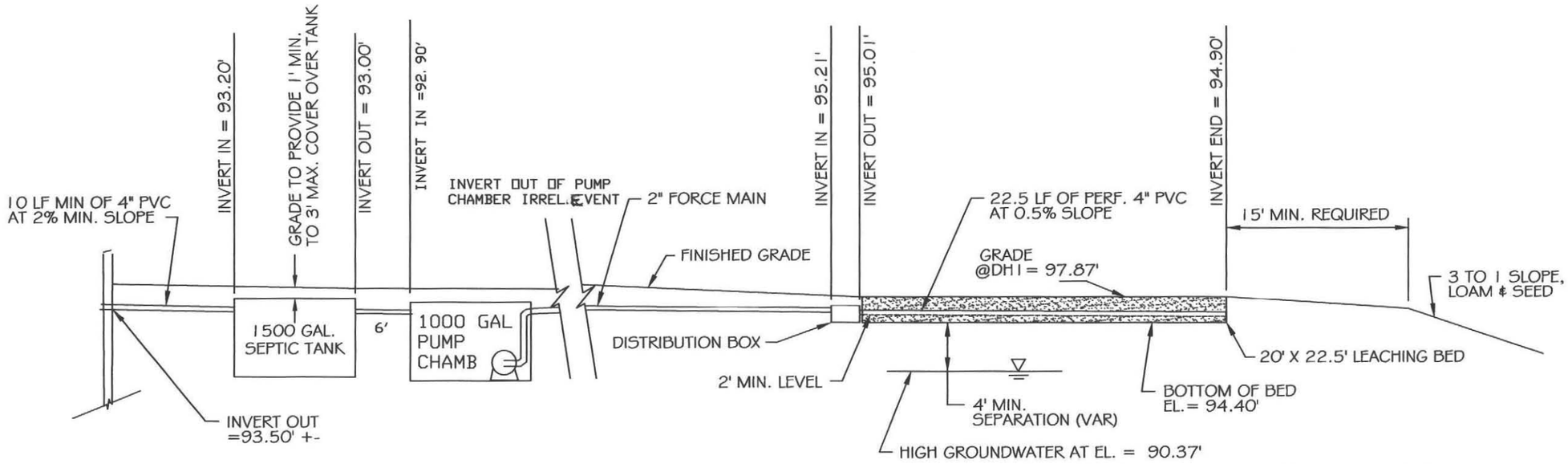
BUOYANCY OF TOTAL TANK SUBMERGED IN WATER
= (48"X96"X64")/1728 CI/CF = 170.67 CF

170.67 CF X 62.4 LBS/CF = 10,650 LBS BUOYANT FORCE

WEIGHT OF TANK PLUS 8" OF LIQUID IN TANK AT ALL TIMES
8" OF LIQUID = 142 GALLONS
142 GAL X 8.345 LBS/GAL = 1,185 LBS

WEIGHT OF TANK AND LIQUID = 11,185 LBS

WEIGHT OF TANK AND LIQUID (11,185 LBS) GREATER THAN BUOYANT FORCE OF TOTALLY SUBMERGED TANK (10,650 LBS)

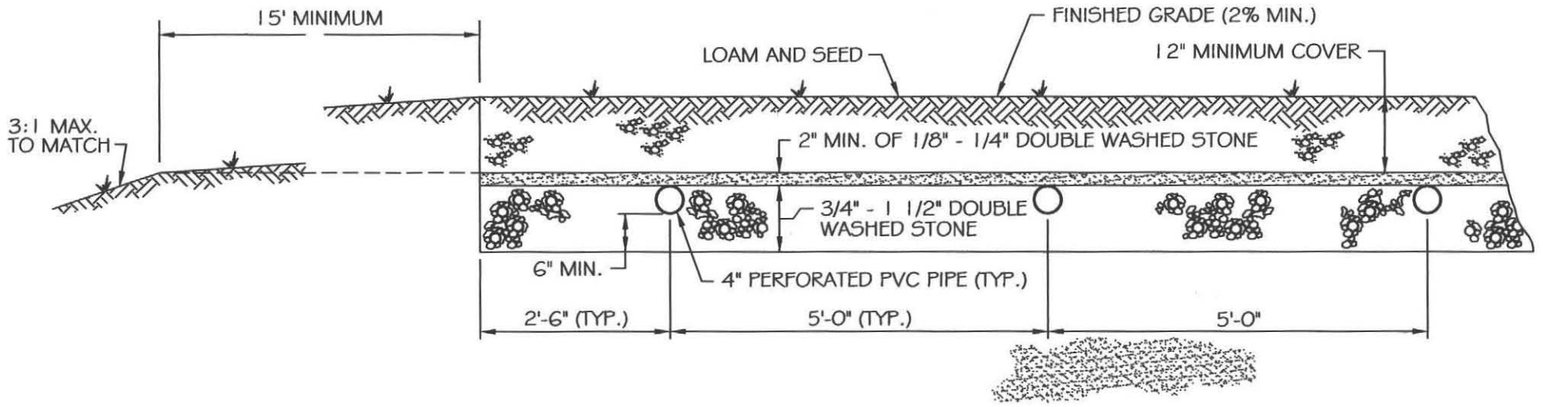


ELEV OF DEEP HOLE - DEPTH TO GW = ELEV OF GW
97. 87' - 7. 5 = 90. 37'

PLUMBING TO BE RAISED TO APPROXIMATELY 2' BELOW SOIL GRADE @ HOUSE.

PROFILE

SCALE: NONE



LEACHING FACILITY CROSS SECTION

SCALE: 1/2"= 1'-0"

CEA **CIVIL ENGINEERING ASSOCIATES**

CIVIL ENGINEERS • LAND/SITE PLANNERS

10 Crane Avenue
East Longmeadow, MA 01028
Tel (413) 525-2874
Fax (413) 525-3695

COMMONWEALTH OF MASSACHUSETTS
ROBERT M. CAFARELLI
CIVIL
30026
REGISTERED PROFESSIONAL ENGINEER

DESIGNED BY:	HORIZONTAL SCALE:
R.M.C	AS NOTED
DRAWN BY:	VERTICAL SCALE:
R..M.C.	AS NOTED
CHECKED BY:	DATE:
R.M.C	09/20/01
APPROVED BY:	PROJECT NUMBER:
R.M.C	01-709

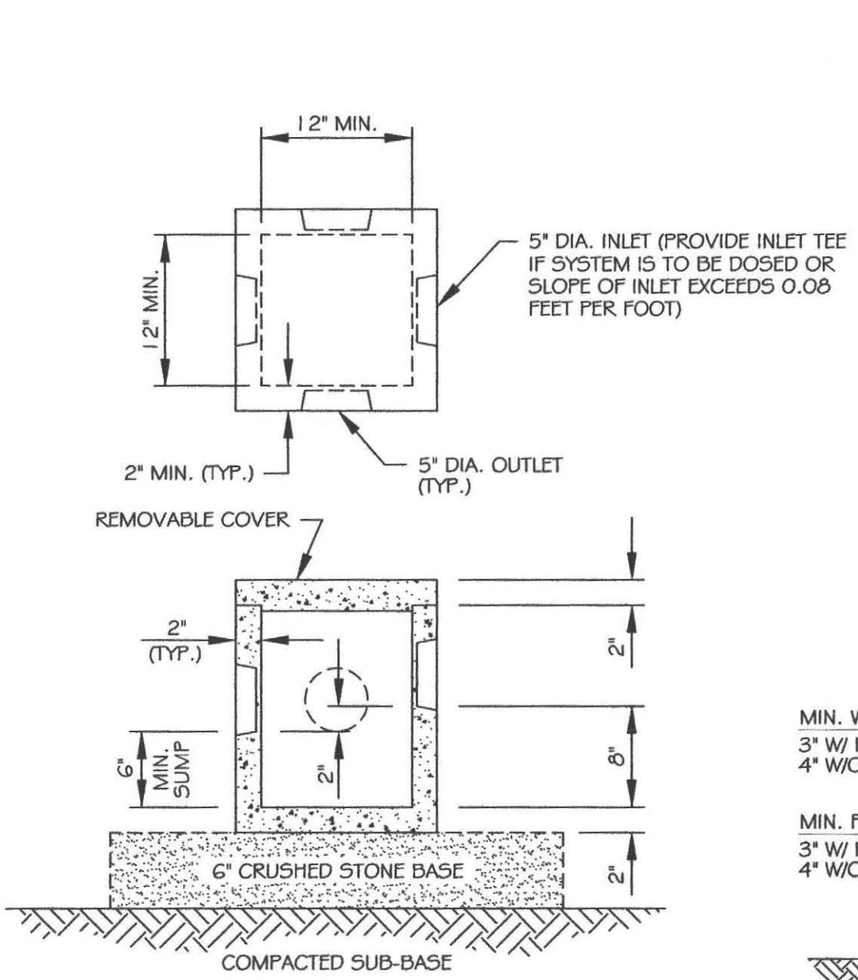
NO.:	DATE:	REVISION

PROPOSED SEWAGE DISPOSAL SYSTEM
PREPARED FOR:
MS. CAVANAUGH
905 BAY ROAD
AMHERST, MASSACHUSETTS

PROFILE AND CROSS SECTION

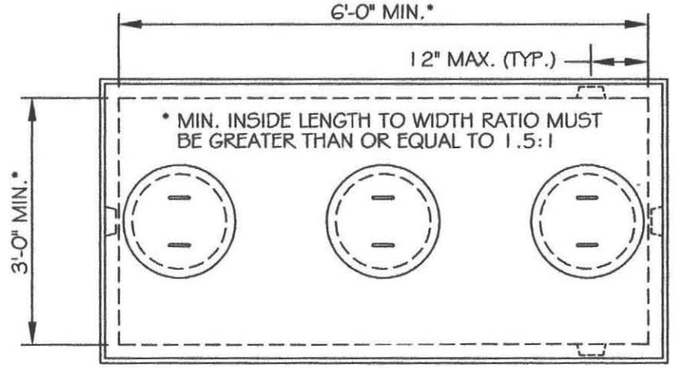
SHEET NUMBER

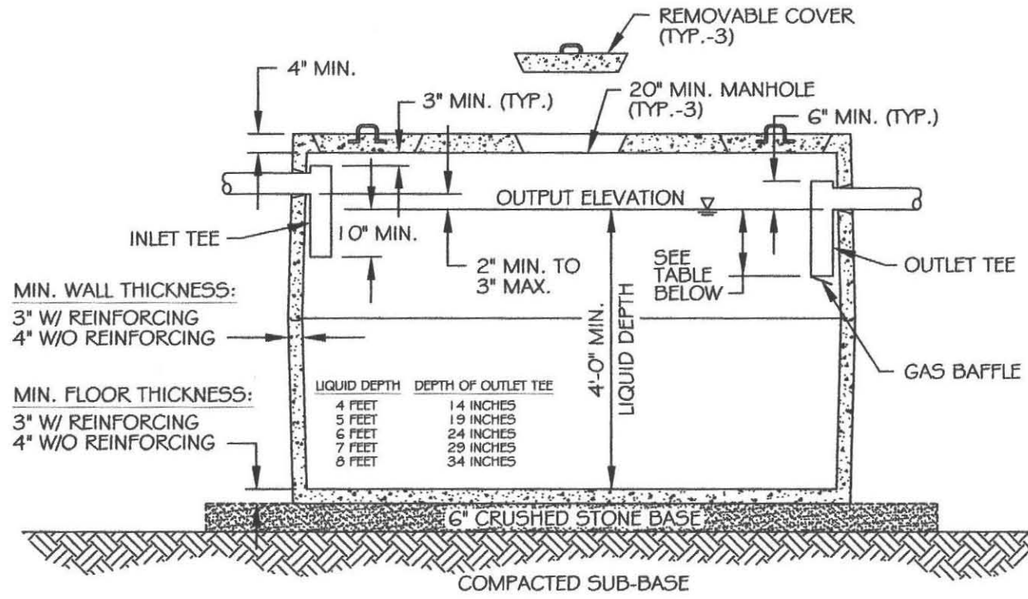
2 OF *4*



PRECAST CONCRETE DISTRIBUTION BOX

SCALE: 1"= 1'-0"





PRECAST CONCRETE SEPTIC TANK

SCALE: 3/8"= 1'-0"

MINIMUM REQUIREMENTS FOR D. BOX & TANK:

1. CONCRETE STRENGTH OF 4000 PSI AT 28 DAYS.
2. REINFORCING PER ASTM A615 FOR WIRE FABRIC, GRADE 40 OR 60 WITH 1" COVER.

CEA **CIVIL ENGINEERING ASSOCIATES**

CIVIL ENGINEERS • LAND/SITE PLANNERS

10 Crane Avenue
East Longmeadow, MA 01028
Tel (413) 525-2874
Fax (413) 525-3695

COMMONWEALTH OF MASSACHUSETTS
ROBERT M. CAFARELLI
CIVIL
30026
REGISTERED PROFESSIONAL ENGINEER

DESIGNED BY:	HORIZONTAL SCALE:
R.M.C	AS NOTED
DRAWN BY:	VERTICAL SCALE:
R.M.C.	AS NOTED
CHECKED BY:	DATE:
R.M.C	09/20/01
APPROVED BY:	PROJECT NUMBER:
R.M.C	01-709

NO.:	DATE:	REVISION

PROPOSED SEWAGE DISPOSAL SYSTEM
PREPARED FOR:
MS. CAVANAUGH
905 BAY ROAD
AMHERST, MASSACHUSETTS

DIST. BOX & SEPTIC TANK DETAILS

SHEET NUMBER

3 OF 4

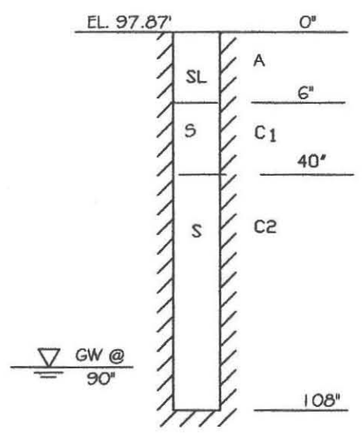
GENERAL NOTES

1. ALL UNDERGROUND UTILITIES (WATER, GAS, ETC.) SHOWN ON THIS PLAN ARE APPROXIMATE ONLY. AS REQUIRED BY STATE LAWS, THE INSTALLER MUST CONTACT "DIG-SAFE" (1-800-DIGSAFE) THREE BUSINESS DAYS PRIOR TO ANY DIGGING.
2. ALL WORK & MATERIALS SHALL CONFORM TO THE STATE ENVIRONMENTAL CODE, TITLE 5 (310 CMR 15.00) PLUS ALL OTHER BOARD OF HEALTH REGULATIONS APPLICABLE TO THE INSTALLATION OF THIS SYSTEM.
3. THE INSTALLER SHALL VERIFY LOCATION OF PROPERTY LINES AND ALL SITE CONDITIONS & DIMENSIONS PRIOR TO THE INSTALLATION OF THE SEWAGE DISPOSAL SYSTEM. THE ENGINEER SHALL BE NOTIFIED IMMEDIATELY UPON THE DISCOVERY OF DIFFERING CONDITIONS BETWEEN THE REQUIREMENTS OF THIS PLAN AND THE SITE.
4. THE ELEVATIONS SHOWN ON PLAN ARE BASED ON A TEMPORARY BENCH MARK (TBM) VALUE AS ESTABLISHED BY THE ENGINEER, REFER TO PLAN FOR LOCATION OF TBM AND GIVEN DATUM VALUE.
5. AT NO TIMES SHALL HEAVY CONSTRUCTION EQUIPMENT OR TRUCKS PASS OVER ANY PART OF THE SEWAGE DISPOSAL SYSTEM. IF THE INSTALLER REQUIRES CROSS-OVERS, THE ENGINEER MUST BE NOTIFIED.
6. A MINIMUM OF 24 HOURS NOTICE MUST BE GIVEN TO THE ENGINEER PRIOR TO ANY INSPECTIONS OF THE SEWAGE DISPOSAL SYSTEM.
7. THE SYSTEM SHALL BE LEFT OPEN FOR AN INSPECTION BY THE ENGINEER AND THE BOARD OF HEALTH AGENT AND WILL NOT BE BACKFILLED UNTIL A CERTIFICATE OF COMPLIANCE HAS BEEN ISSUED.

CONSTRUCTION NOTES

1. INSTALL ONE (1) NEW 1500 GALLON PRECAST CONCRETE SEPTIC TANK WITH A MINIMUM CONCRETE COMPRESSIVE STRENGTH OF 4000 PSI AT 28 DAYS MEETING THE REQUIREMENTS SHOWN IN SEPTIC TANK DETAIL. TANK MUST ALSO BE PLACED ON A LEVEL STABLE BASE THAT HAS BEEN MECHANICALLY COMPACTED.
2. CONTRACTOR MUST HAVE PROPERTY LINE LOCATIONS VERIFIED PRIOR TO INSTALLATION OF SEPTIC SYSTEM.
3. INSTALL 1000 GALLON PUMP CHAMBER AND PUMP PER SPECS. PIPE FROM HOUSE TO TANK, AND ANY PIPE UNDER DRIVEWAY TO BE SCHEDULE 40. PIPE FROM PUMP TO BE 2" FORCE MAIN. REMAINING PIPE TO BE SDR 35 PVC.
4. INSTALL ONE (1) NEW PRECAST CONCRETE DISTRIBUTION BOX MEETING THE REQUIREMENTS SHOWN IN DISTRIBUTION BOX DETAIL.
5. INSTALL ONE (1) 20' BY 22.5' LEACH BED AS SHOWN ON PLAN. REFER TO PROFILE FOR REQUIRED ELEVATIONS.
6. LINES OUT OF DISTRIBUTION BOX SHALL BE NON-PERFORATED AND LEVEL FOR A MINIMUM OF TWO FEET
7. 4" END CAPS SHALL BE INSTALLED ON ALL 4" DISTRIBUTION LINES.

DEEP OBSERVATION HOLE #1



PERC. DEPTH = 76"
PERC. RATE = 3 MIN/IN

DESIGN CALCULATIONS

ESTIMATED SEWAGE FLOW:

TYPE OF ESTABLISHMENT: Family Dwelling, Single UNIT: per bedroom

NUMBER OF UNITS: 3 REQUIRED FLOW PER UNIT: 110 GPD/UNIT

EXISTING OR PROPOSED GARBAGE GRINDER?: NO

3 BEDROOMS x 110 GPD/BEDROOM = 330 GPD

PERC & SOIL DATA:

PERC RATE: 3 MIN./INCH SOIL CLASS: 1

SOIL TEXTURE: S EFFLUENT LOADING RATE: .74 GPD/SF

VOLUME OF SEPTIC TANK:

330 GPD x 2 (200% OF DESIGN FLOW) = 660 GPD; ∴ USE 1500 GALLON SEPTIC TANK

LEACHING AREA REQUIREMENTS:

MIN. REQUIRED LEACHING AREA: (330 GPD) / (0.74 GPD/SF) x 1.0* = 446 SF

SIDEWALL CAPACITY: NONE, LEACHING BED USED

BOTTOM CAPACITY: 0.74 GPD/SF x 20' WIDE x 1' LENGTH = 14.80 GPD/LF

TOTAL CAPACITY PER LINEAR FOOT: 0.0 GPD/LF + 14.80 GPD/LF = 14.80 GPD/LF

REQUIRED LENGTH OF LEACHING FACILITY: (330 GPD) / (14.80 GPD/LF) x 1.0* = 22.30 LF, ∴ USE 22.5'

TOTAL LEACHING CAPACITY PROVIDED: 22.5 LF x 14.80 GPD/LF = 333 GPD > 330 GPD (OK)

TOTAL LEACHING AREA: 0 + (20' X 22.5') = 450 SF > 446 SF (OK)

*(1.0 FOR NO GARBAGE GRINDER; 1.5 WITH GARBAGE GRINDER)

NOTES:

1. SOIL EVALUATIONS PERFORMED BY ROBERT M. CAFARELLI, P.E. w/ CEA,
2. SOIL EVALUATIONS WITNESSED BY D. ZAROZYNSKI, AMHERST HEALTH AGENT
3. SEE ATTACHED SOIL EVALUATION SHEET FOR ADDITIONAL INFORMATION.

CEA **CIVIL ENGINEERING ASSOCIATES**

CIVIL ENGINEERS • LAND/SITE PLANNERS

10 Crane Avenue
East Longmeadow, MA 01028
Tel (413) 525-2874
Fax (413) 525-3695

COMMONWEALTH OF MASSACHUSETTS
ROBERT M. CAFARELLI
CIVIL
30026
REGISTERED PROFESSIONAL ENGINEER

DESIGNED BY:	HORIZONTAL SCALE:
R.M.C	NONE
DRAWN BY:	VERTICAL SCALE:
R.M.C	NONE
CHECKED BY:	DATE:
R.M.C	09/20/01
APPROVED BY:	PROJECT NUMBER:
R.M.C	01-709

NO.:	DATE:	REVISION

PROPOSED SEWAGE DISPOSAL SYSTEM
PREPARED FOR:
MS. CAVANAUGH
905 BAY ROAD
AMHERST, MASSACHUSETTS

NOTES & DESIGN CALCULATIONS

SHEET NUMBER

4 OF *4*

B04

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 905 BAY RD
AMHERST, MA
Owner's Name: PHILIP CAVANAUGH
Owner's Address: SAME
253-3542

Date of Inspection: 09/05/2001

Name of Inspector: (please print) NATHAN TORRETTI
Company Name: CLEAN SEPTICS
Mailing Address: P.O. BOX 394
LUDLOW, MA
Telephone Number: 583-2138

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 the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

___ Passes
___ Conditionally Passes
___ Needs Further Evaluation by the Local Approving Authority
✓ Fails

Inspector's Signature: Nathan Torretti **Date:** 09/05/01

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 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 DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments

This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 905 BAY RD
AMHERST, MA
Owner: CAVANAUGH
Date of Inspection: 09/5/01

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

_____ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 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.

Answer yes, no or not determined (Y,N,ND) in the ____ for the following statements. If "not determined" please explain.

_____ The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

_____ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed
____ distribution box is leveled or replaced

ND explain:

_____ The system required pumping more than 4 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

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: __905 BAY RD_____
__AMHERST, MA_____
Owner: ____CAVANAUGH_____
Date of Inspection: ____09/5/01_____

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 public health, safety or 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 public health, safety and the environment:**

___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool 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, safety and 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 SAS and the SAS is within a Zone 1 of a public water supply.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

**This system passes if the well water analysis, performed at a DEP certified laboratory, 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. **Other:**

_____
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: __905 BAY RD_____
__AMHERST, MA_____
Owner: ____CAVANAUGH_____
Date of Inspection: ____09/5/01_____

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes	No	
✓	___	Backup of sewage into facility or system component due to 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 ½ day flow
___	✓	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	✓	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	✓	Any portion of 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 1 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. **[This system passes if the well water analysis, performed at a DEP certified laboratory, 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

yes (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
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)

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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: ___ 905 BAY RD_____
___ AMHERST , MA_____
Owner: ___CAVANAUGH_____
Date of Inspection: ____09/5/01_____

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes No

✓ ___ Pumping information was provided by the owner, occupant, or Board of Health

___ ✓ Were any of the system components pumped out in the previous two weeks

✓ ___ Has the system received normal flows in the previous two week period

___ ✓ Have large volumes of water been introduced to the system recently or as part of this inspection

___ ✓ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

✓ ___ Was the facility or dwelling inspected for signs of sewage back up

✓ ___ Was the site inspected for signs of break out

✓ ___ Were all system components, excluding the SAS, located on site

✓ ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum

✓ ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

Yes no

___ ✓ Existing information. For example, a plan at the Board of Health.

___ ✓ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: ___905 BAY RD_____
___AMHERST, MA_____
Owner: _____CAVANAUGH_____
Date of Inspection: ____09/5/01_____

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): __3_ Number of bedrooms (actual): ___3__
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): __330____
Number of current residents: ___2___
Does residence have a garbage grinder (yes or no): _NO
Is laundry on a separate sewage 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 2 years usage (gpd)): _TOWN WATER
Sump pump (yes or no): _NO_
Last date of occupancy: _PRESENT

COMMERCIAL/INDUSTRIAL
Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____gpd
Basis of design flow (seats/persons/sqft,etc.): _____
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/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records
Source of information: ___PUMPED 1998___
Was system pumped as part of the inspection (yes or no): _NO__
If yes, volume pumped: ___gallons -- How was quantity pumped determined? ____
Reason for pumping: _____

TYPE OF SYSTEM
___ Septic tank, distribution box, soil absorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
___ Shared system (yes or no) (if yes, attach previous inspection records, if any)
___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
___ Tight tank ___ Attach a copy of the DEP approval

✓ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:
__1954 HOME OWNER_____

Were sewage odors detected when arriving at the site (yes or no): _NO_

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: __905 BAY RD_____
__AMHERST , MA_____
Owner: ___CAVANAUGH_____
Date of Inspection: __09/5/01_____

BUILDING SEWER (locate on site plan)

Depth below grade: _6'4"_
Materials of construction: _XX_cast iron __40 PVC ___other (explain): _____
Distance from private water supply well or suction line: ___20'____
Comments (on condition of joints, venting, evidence of leakage, etc.):
_____JOINTS AND VENTING OK, NO LEAKS_____

SEPTC TANK: ✓ (locate on site plan)

Depth below grade: _6'_
Material of construction: _XX__concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: __ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: __N/A____
Sludge depth: _____
Distance from top of sludge to bottom of outlet tee or baffle: ___
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:___
How were dimensions determined: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
__*PUMP TANK WHEN INSTALLING NEW LEACH FIELD , NEEDS NEW SEPTIC TANK*
_____

GREASE TRAP: ___(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 (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: __905 BAY RD_____
___AMHERST , MA_____
Owner: _____CAVANAUGH_____
Date of Inspection: ____9/5/01_____

TIGHT or HOLDING TANK: __NO_ (tank must be pumped 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 (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): ____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.):
_____
_____

DISTRIBUTION BOX: _ (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: **NONE**
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):
_____
_____

PUMP CHAMBER: __NO_ (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.): _____
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: ___905 BAY RD_____
___AMHERST, MA_____
Owner: ___CAVANAUGH_____
Date of Inspection: _____9/5/01_____

SOIL ABSORPTION SYSTEM (SAS): ____ **(locate on site plan, excavation not required)**

If SAS not located explain why:

Type
____ leaching pits, number: _____
____ leaching chambers, number: ____
____ leaching galleries, number: ____
_✓_ leaching trenches, number, length: __1 UNKNOWN__
___ leaching fields, number, dimensions: _____
____ overflow cesspool, number: ____
____ innovative/alternative system Type/name of technology: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
SOIL SANDY LOAM , YES SIGNS OF HYDRAULIC FAILURE; 100% PONDED- LIQUID LEVEL IS UP TO TOP OF TANK, YES SOIL DAMP, UNUSUALLY HIGH VEGETATION

CESSPOOLS: ____ (cesspool must be pumped as part of inspection)(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 (yes or no): ___
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

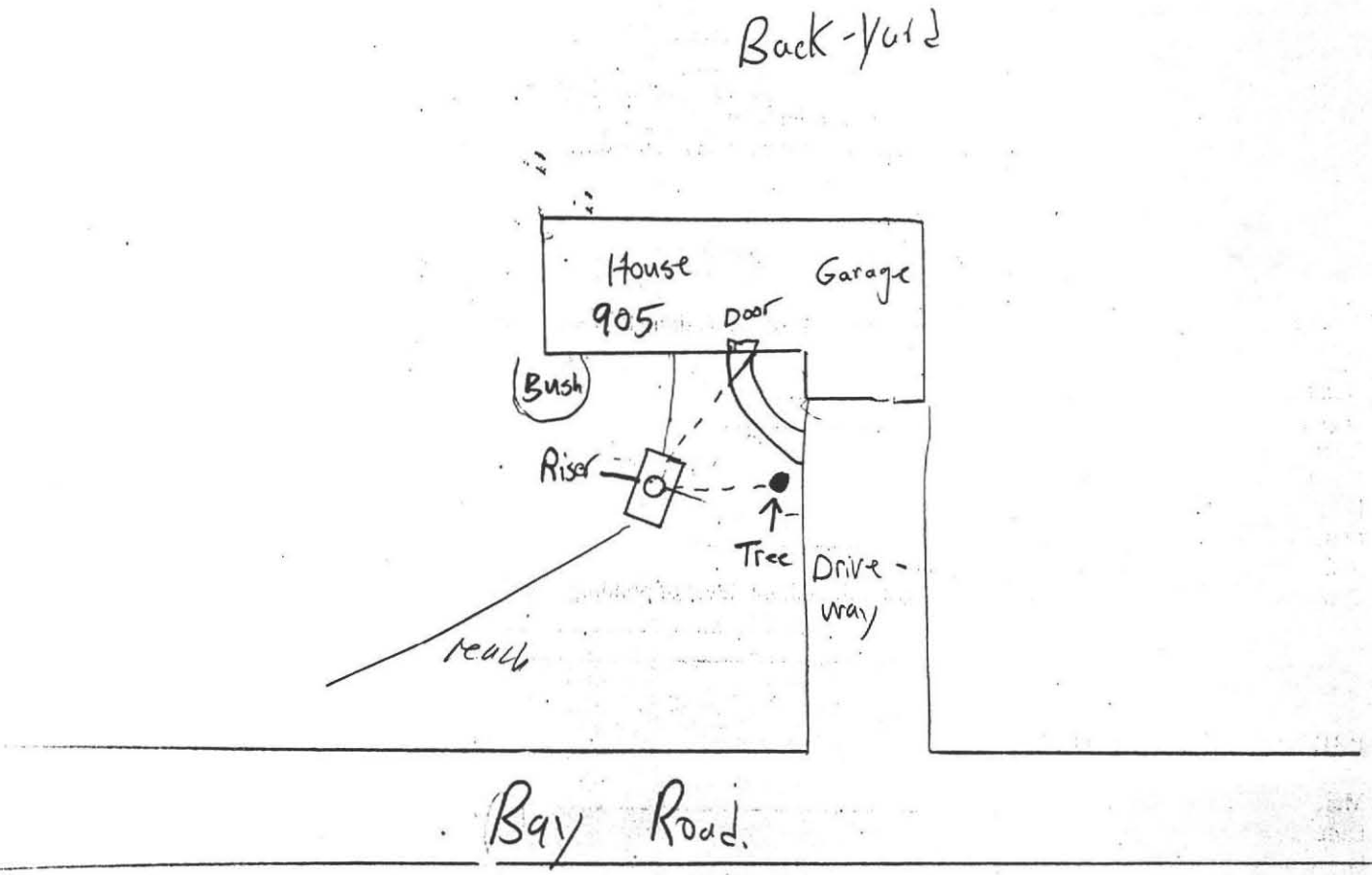
PRIVY: ____ (locate on site plan)

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

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 905 Bay Rd Amherst
Owner: Cavanaugh
Date of Inspection: 9/5/21

SKETCH OF SEWAGE DISPOSAL SYSTEM
Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



Right Side of front Door to Riser – 26' 6"

Tree in Front yard to Riser = 32'

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 905 BAY RD
AMHERST , MA
Owner: CAVANAUGH
Date of Inspection: 9/5/01

SITE EXAM
Slope
Surface water
Check cellar
Shallow wells

Estimated depth to ground water ____feet
Please indicate (check) all methods used to determine the high ground water elevation:

____ Obtained from system design plans on record - If checked, date of design plan reviewed: _
____ Observed site (abutting property/observation hole within 150 feet of SAS)
____ Checked with local Board of Health-explain: ____
____ Checked with local excavators, installers- (attach documentation)
____ Accessed USGS database-explain: _____

You **must** describe how you established the **high ground water elevation**:
TO BE DETERMINED AT PERC TEST

FORM 3A - CERTIFICATE OF COMPLIANCE

No. 01-16 Fee_____

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 (X) Upgraded ( ), Abandoned ( )

by: RIVER DRIVE EXCAVATING

at: 905 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. 01-16

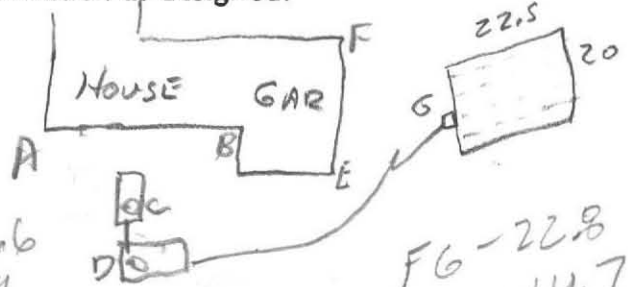
dated 9-20-01 Approved Design Flow 333 (gpd)

Installer: Thomas Walker

Designer: TX. Jr. (CEA) Inspector Thomas Dunn

Date 1-28-02

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

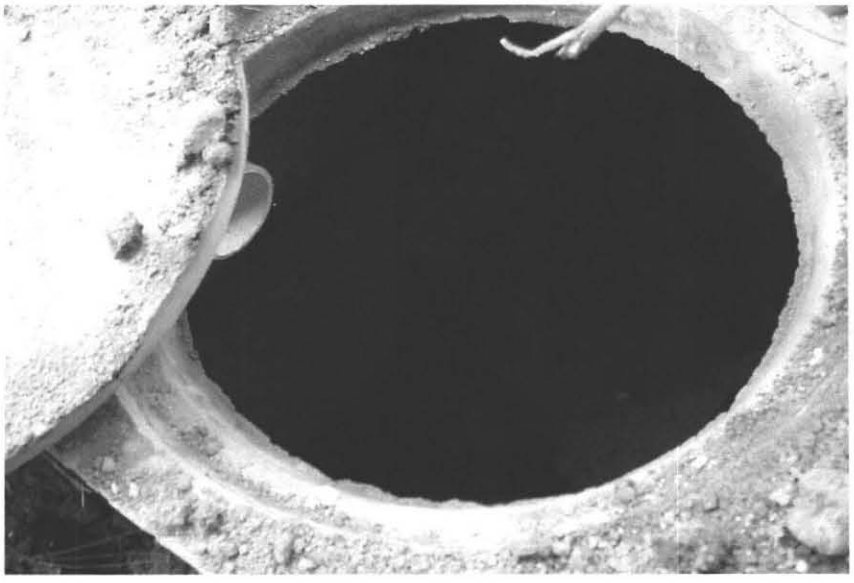


AC - 22.6
AD - 29
BC - 38.6
BD - 45.6

FG - 22.8
EG - 14.7

ELEVATIONS
IP - 92.59
FM - 91.84
TP OUT - 1.89
END PIPE - 2.00
NI = 97.41
TOP PIPE OUT = 95.52 - 95.19
END PIPE = 95.41 - 95.08
PLAN PIPE OUT = 95.01
ACTUAL = 95.19

DEP APPROVED FORM 5/96



905 Bay Road Final inspection
Engineer: Bob Cafarelli
Installer: Riverdrive Excavating

105 Bay Road Final inspection 1/29/02
Engineer Bob Cafarelli
Installer: Riverdrive Excavating