

28 BRIGHAM LANE

Medicine 2.098 Reduction

**Smith**  
**Spread**  
No 153L

HASTINGS, MN  
LOS ANGELES-CHICAGO-LOGAN, OH  
MCGREGOR, TX-LOCUST GROVE GA  
U.S.A.



# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

28 Brigham Lane, Amherst, MA

Property Address

Pauline Stark: (Mail:38A Club Estates Parkway, Austin Tx 78738)

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.14.2008

Date of Inspection

Owner information is required for every page.

**Inspection results must be submitted on this form. Inspection forms may not be altered in any way.**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

Telephone Number

License Number

## B. Certification

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

Fails

Needs Further Evaluation by the Local Approving Authority

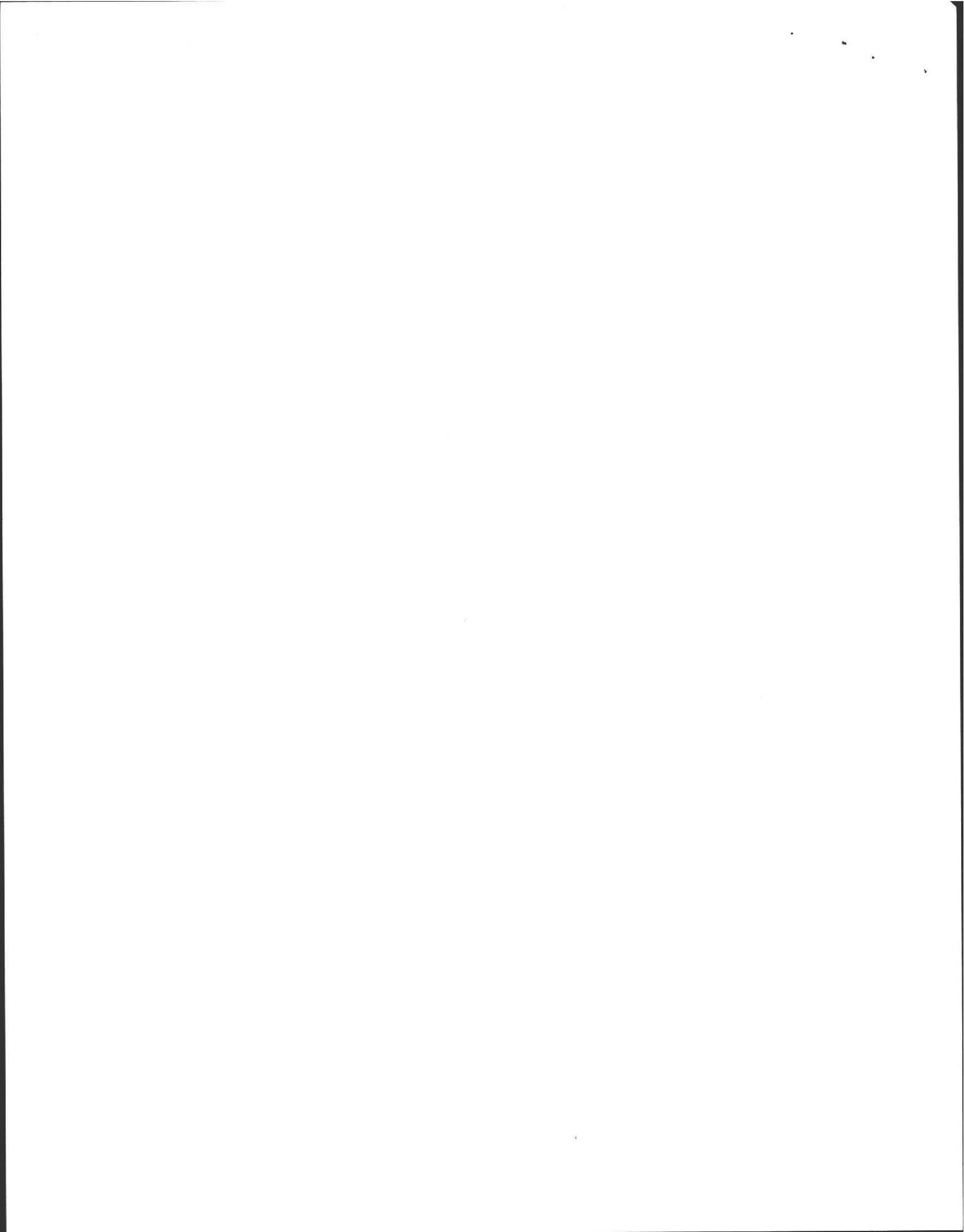
Inspector's Signature

05.14.2008

Date

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.

**\*\*\*\*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.**





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## B. Certification (cont.)

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:

All system levels were good. Leaching tanks had (<1" standing liquid, (24"+ eff. ht.). Septic Tank was pumped May, 2007, baffles in place with good levels. (reportedly installed 12+ yrs ago). Tank has been pumped by Karls. Recommend condensate tube removed from septic.

### 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.

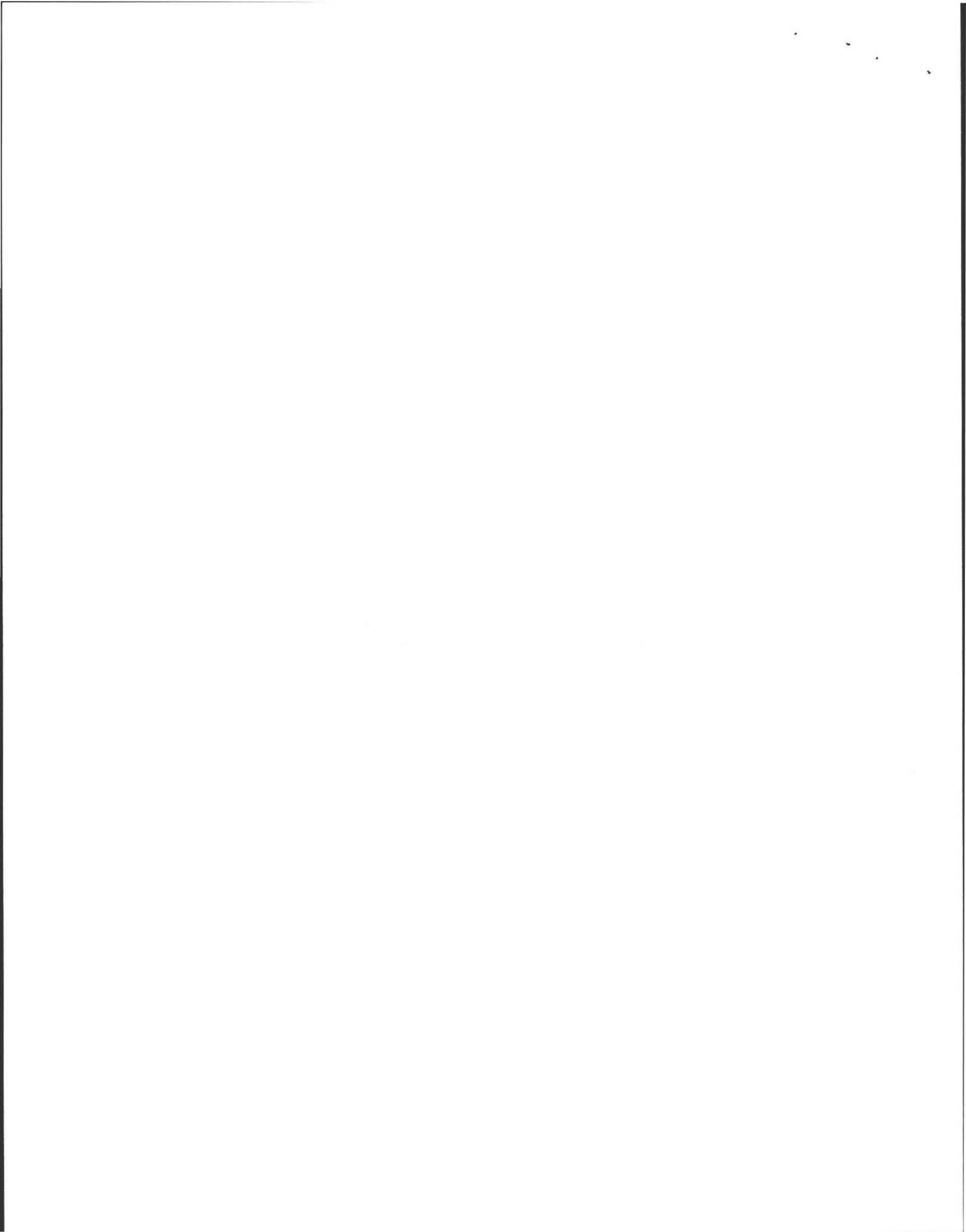
- The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by 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):





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broken pipe(s) are replaced

obstruction is removed

## B. Certification (cont.)

### B) System Conditionally Passes (cont.):

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:

---

---

### C) Further Evaluation is Required by the Board of Health:

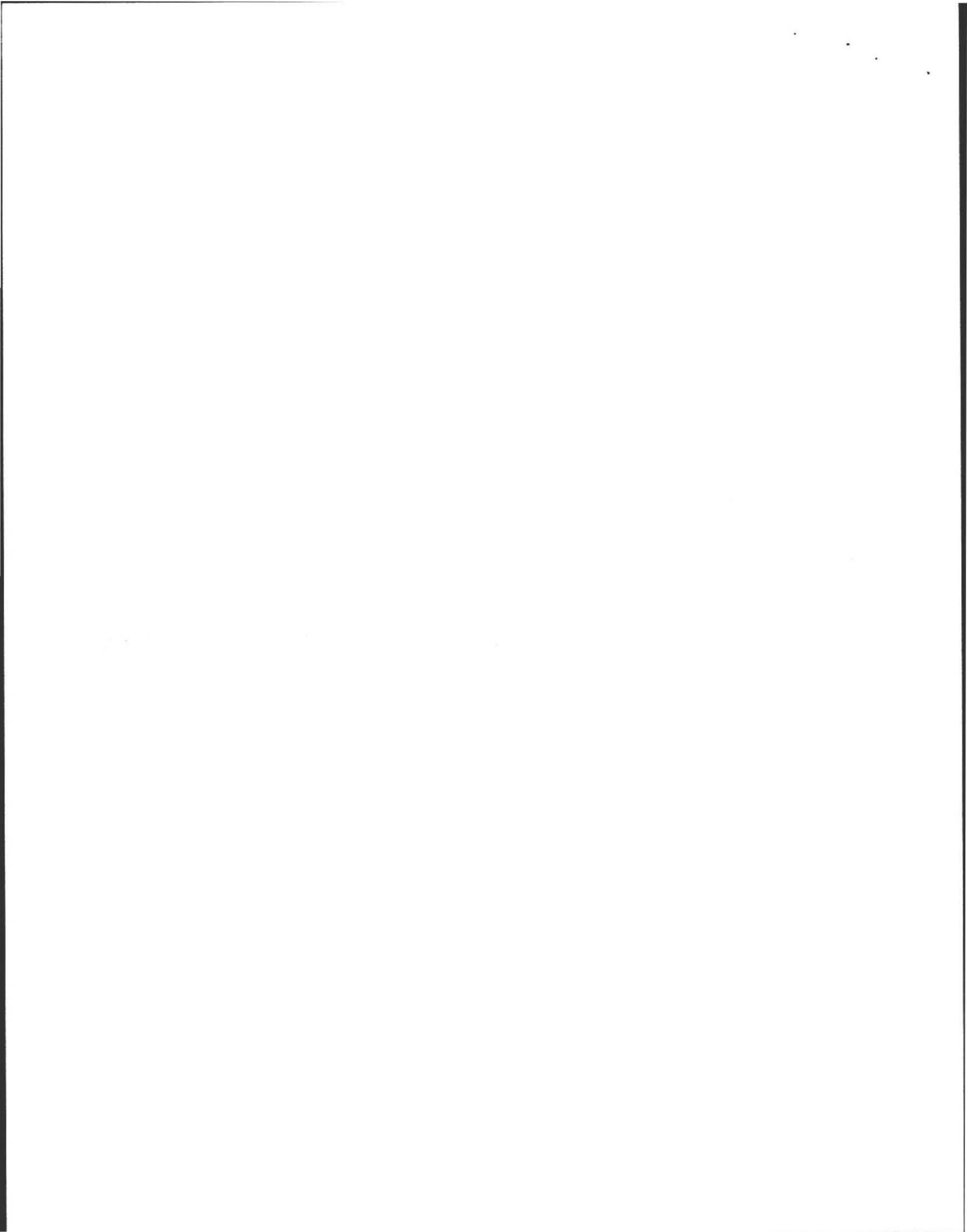
Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

**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:**







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- Three checkboxes with descriptions of septic tank and SAS locations relative to surface water supply, public water supply, and private water supply well.

B. Certification (cont.)

C) Further Evaluation is Required by the Board of Health (cont.):

- One checkbox with description: 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 indicates absent 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.

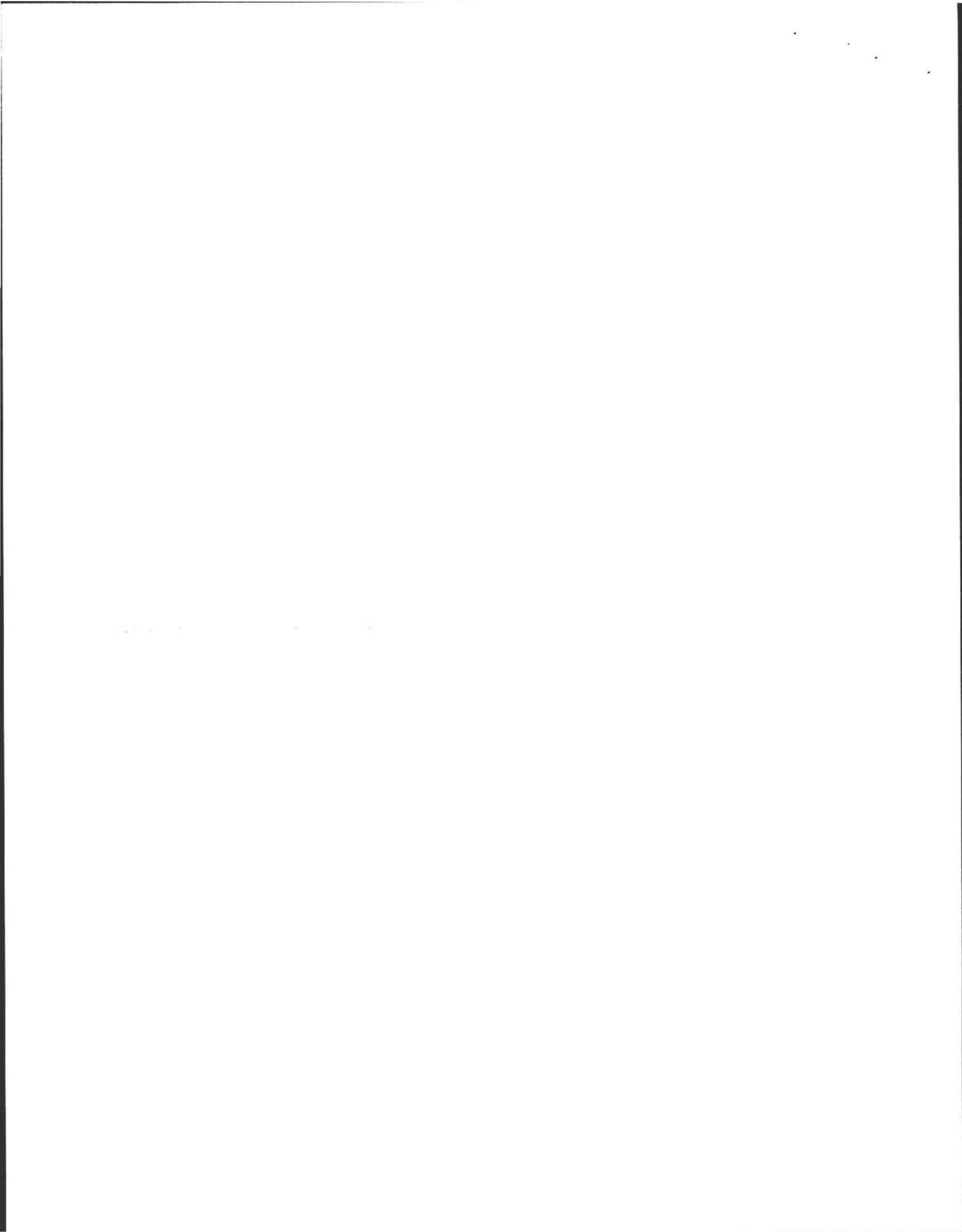
3. Other:

Three horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- Table with columns 'Yes' and 'No' and three rows of failure criteria: Backup of sewage, Discharge or ponding of effluent, and Static liquid level in the distribution box.





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- 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 **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.

## B. Certification (cont.)

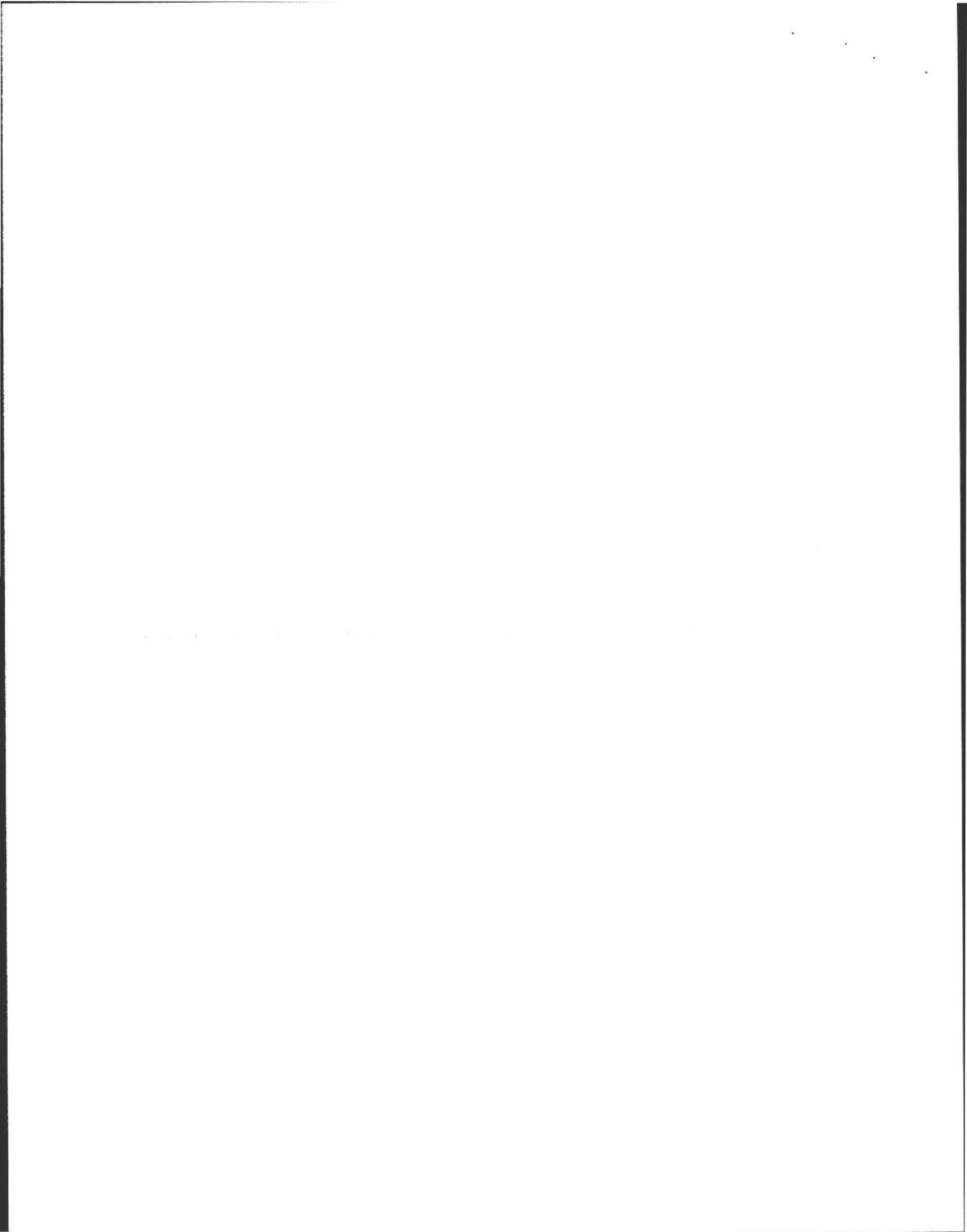
### D) System Failure Criteria Applicable to All Systems (cont.):

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <b>[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> 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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply                |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |





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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.

## C. Checklist

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?

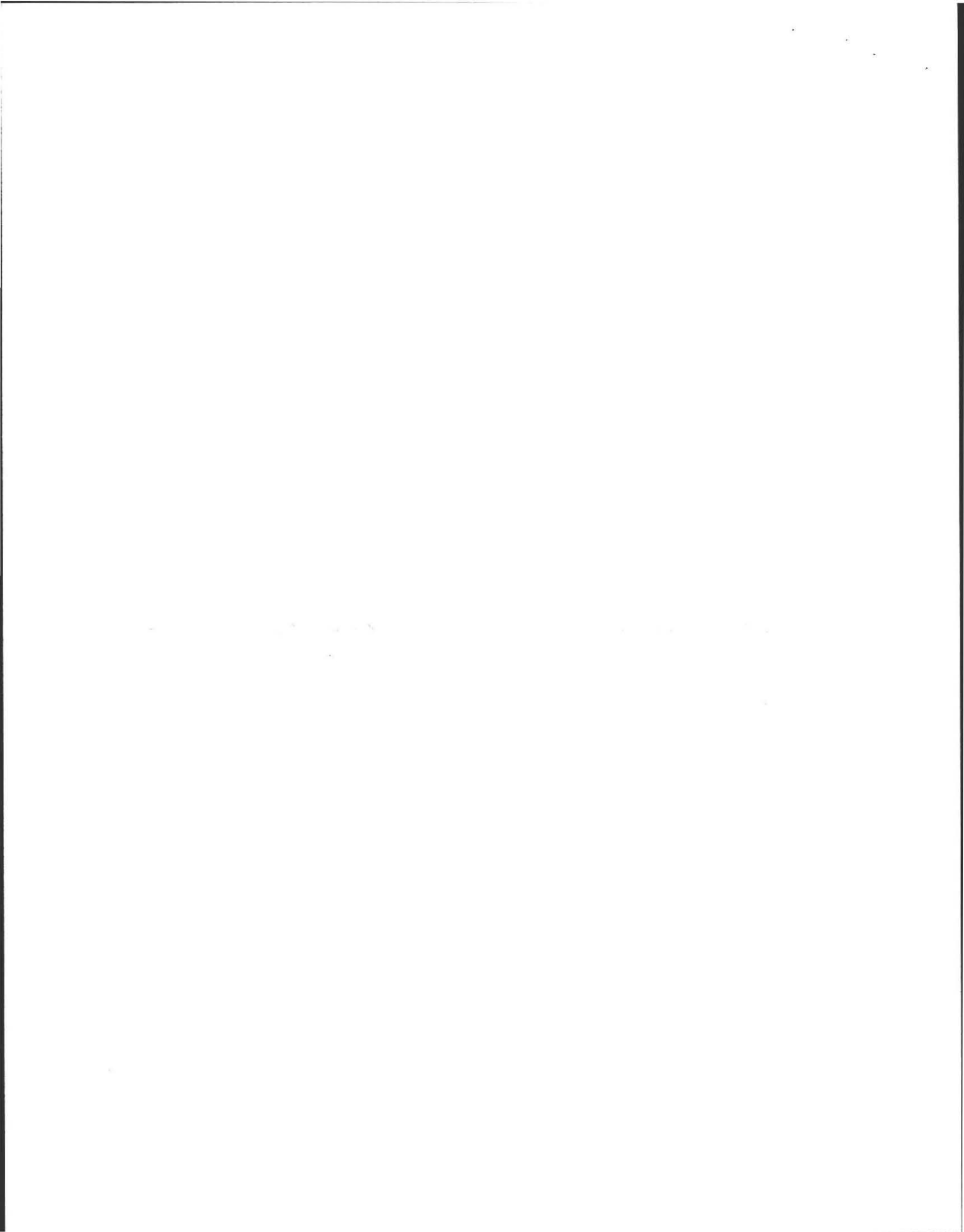
Were all system components, excluding the SAS, located on site?

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:

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





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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(5)]

## D. System Information

### Residential Flow Conditions:

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): 446

Number of current residents: 2

Does residence have a garbage grinder?  Yes  No

Is laundry on a separate sewage system? [if **yes** separate inspection required]  Yes  No

Laundry system inspected?  Yes  No

Seasonal use?  Yes  No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump?  Yes  No

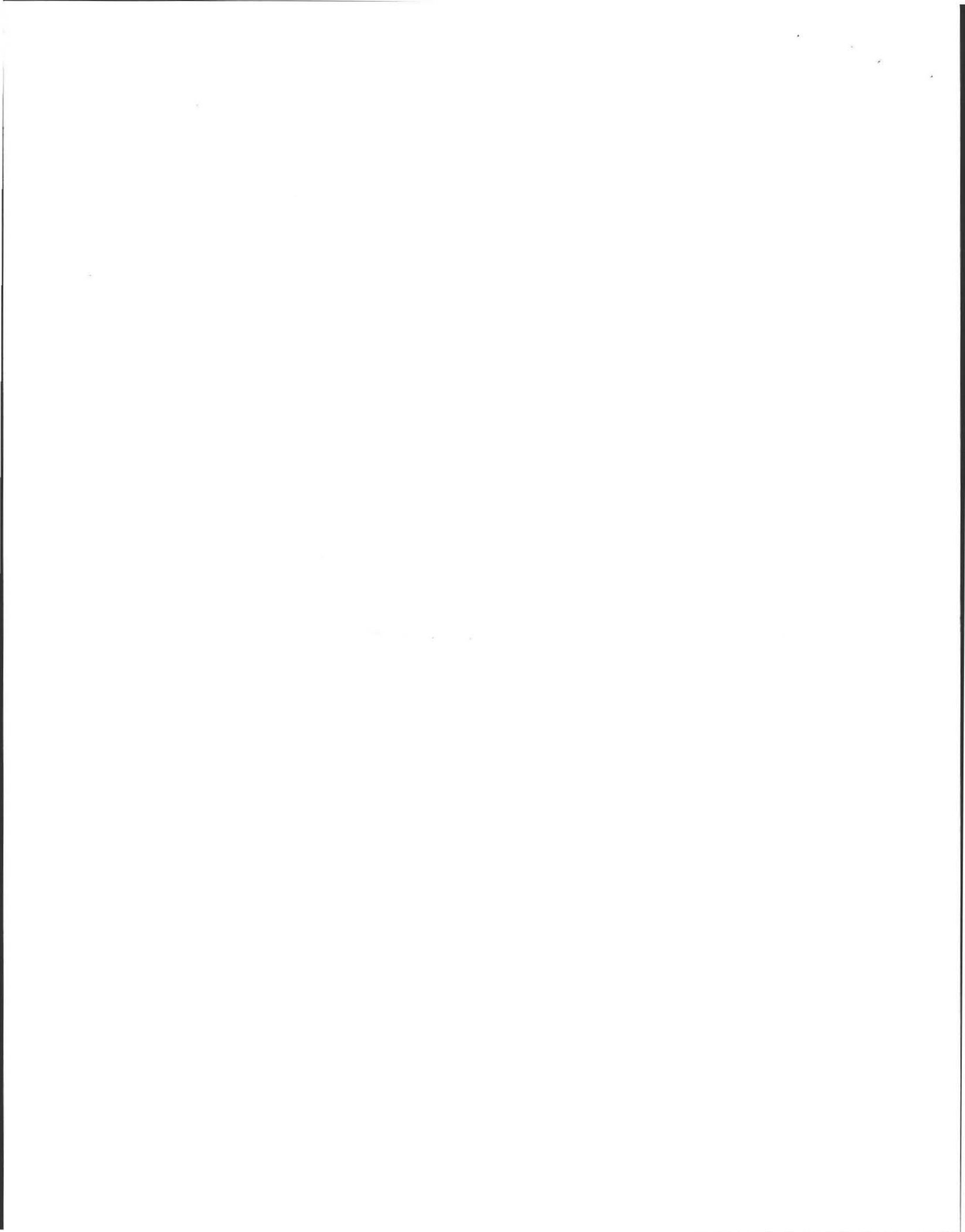
Last date of occupancy: current  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A  
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): N/A







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Amherst MA 01002 05.14.2008  
City/Town State Zip Code Date of Inspection

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Grease trap present?  Yes  No

Industrial waste holding tank present?  Yes  No

Non-sanitary waste discharged to the Title 5 system?  Yes  No

Water meter readings, if available: N/A

Last date of occupancy/use: N/A  
Date

Other (describe): N/A

## D. System Information (cont.)

### General Information

#### Pumping Records:

Source of information: Owner <1 yrs.

Was system pumped as part of the inspection?  Yes  No

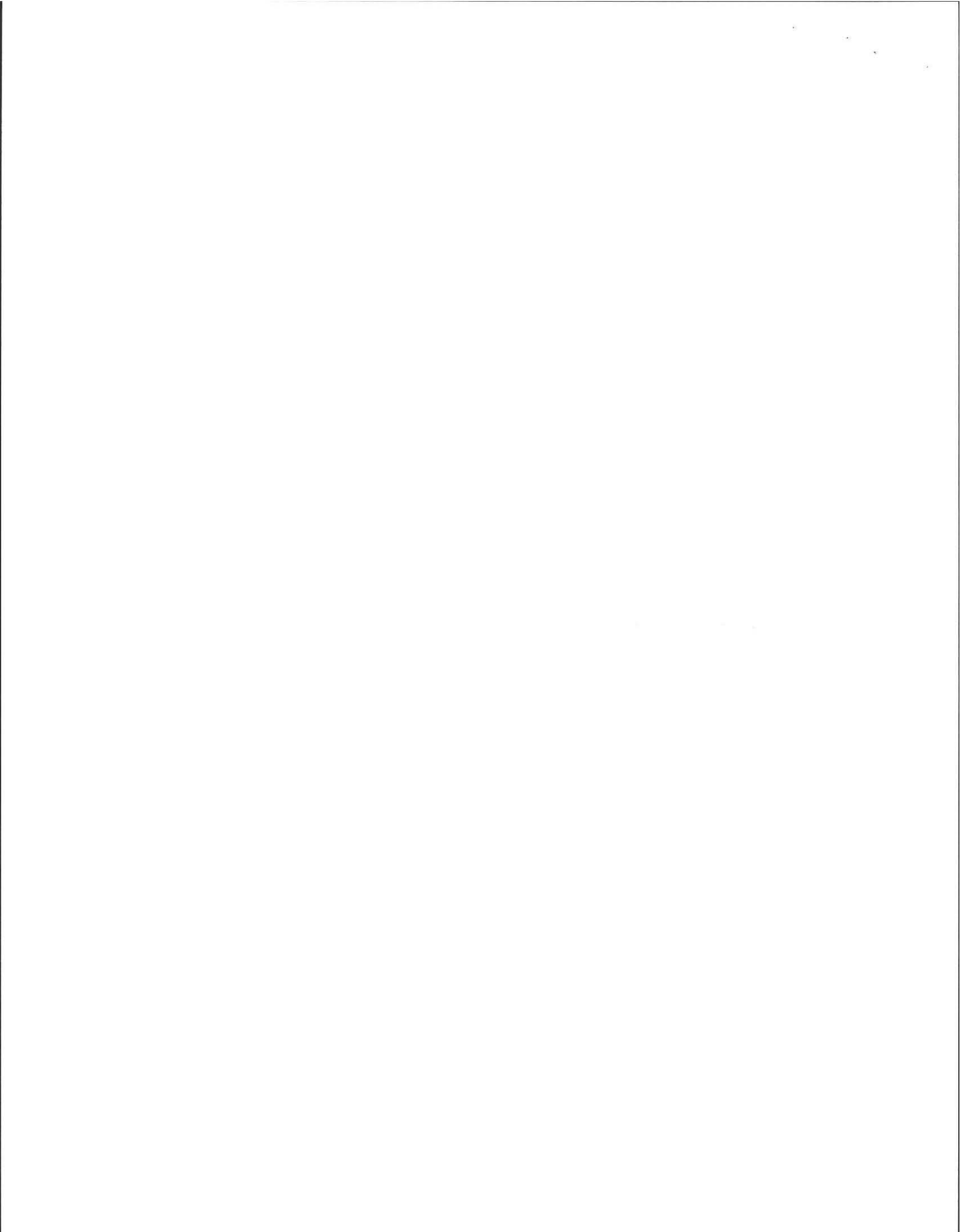
If yes, volume pumped: 1500 g  
gallons

How was quantity pumped determined? pumper

Reason for pumping: T-5

#### 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)





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Tight tank. Attach a copy of the DEP approval.

Other (describe):

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

12+ Years

Were sewage odors detected when arriving at the site?

Yes  No

## D. System Information (cont.)

**Building Sewer** (locate on site plan):

Depth below grade:

1.0+  
feet

Material of construction:

cast iron       40 PVC       other (explain):

Distance from private water supply well or suction line:

10'+ (Town Water)  
feet

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

laundry tied in.

**Septic Tank** (locate on site plan):

Depth below grade:

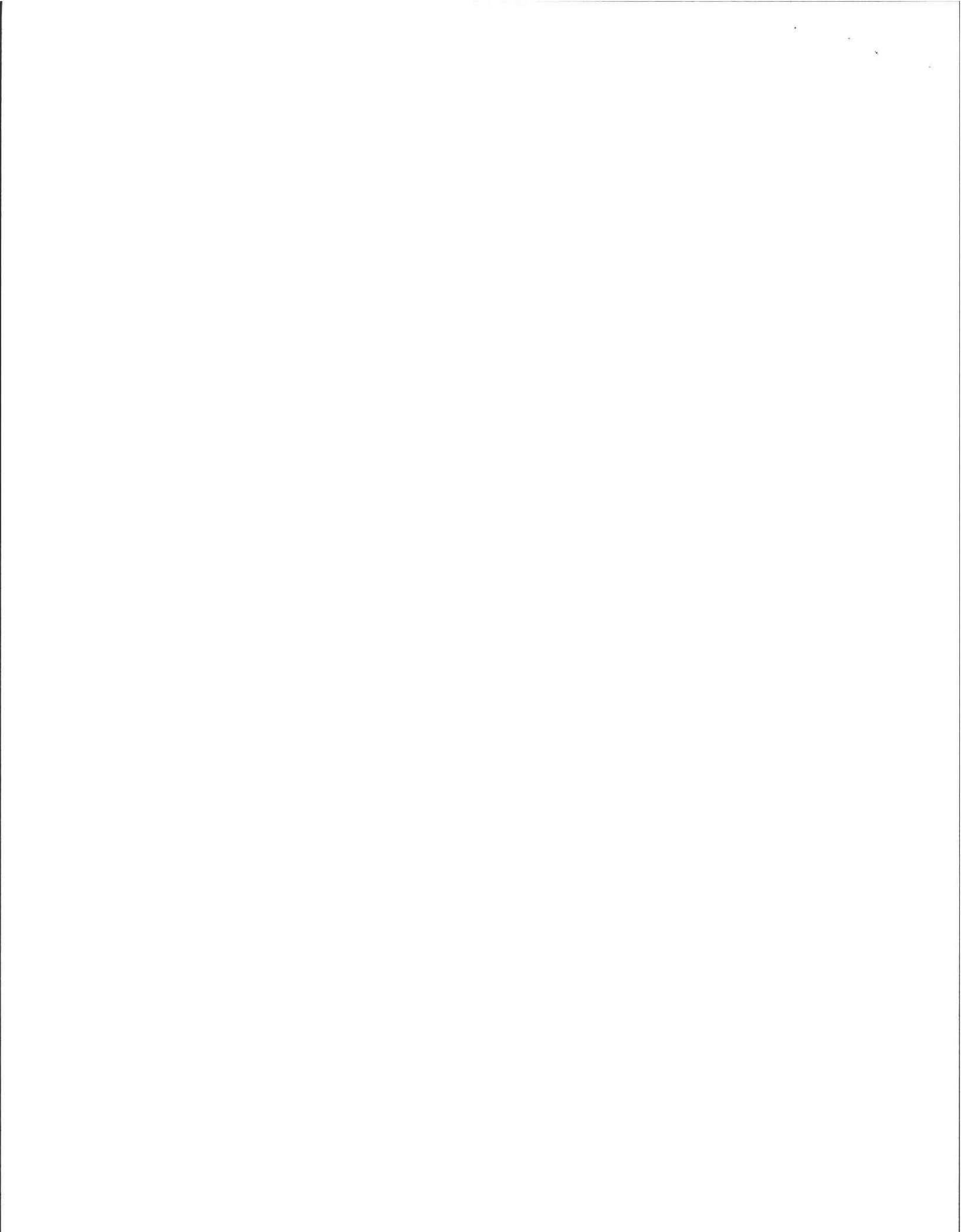
12"  
feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain)

If tank is metal, list age:

years





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Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) [X] Yes [ ] No

Dimensions: 10.5'X4.5'X4.5'
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle 40"
Scum thickness 2"
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 12"
How were dimensions determined? Measured

D. System Information (cont.)

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

Tank level good, good baffles.

Grease Trap (locate on site plan):

Depth below grade: N/A feet

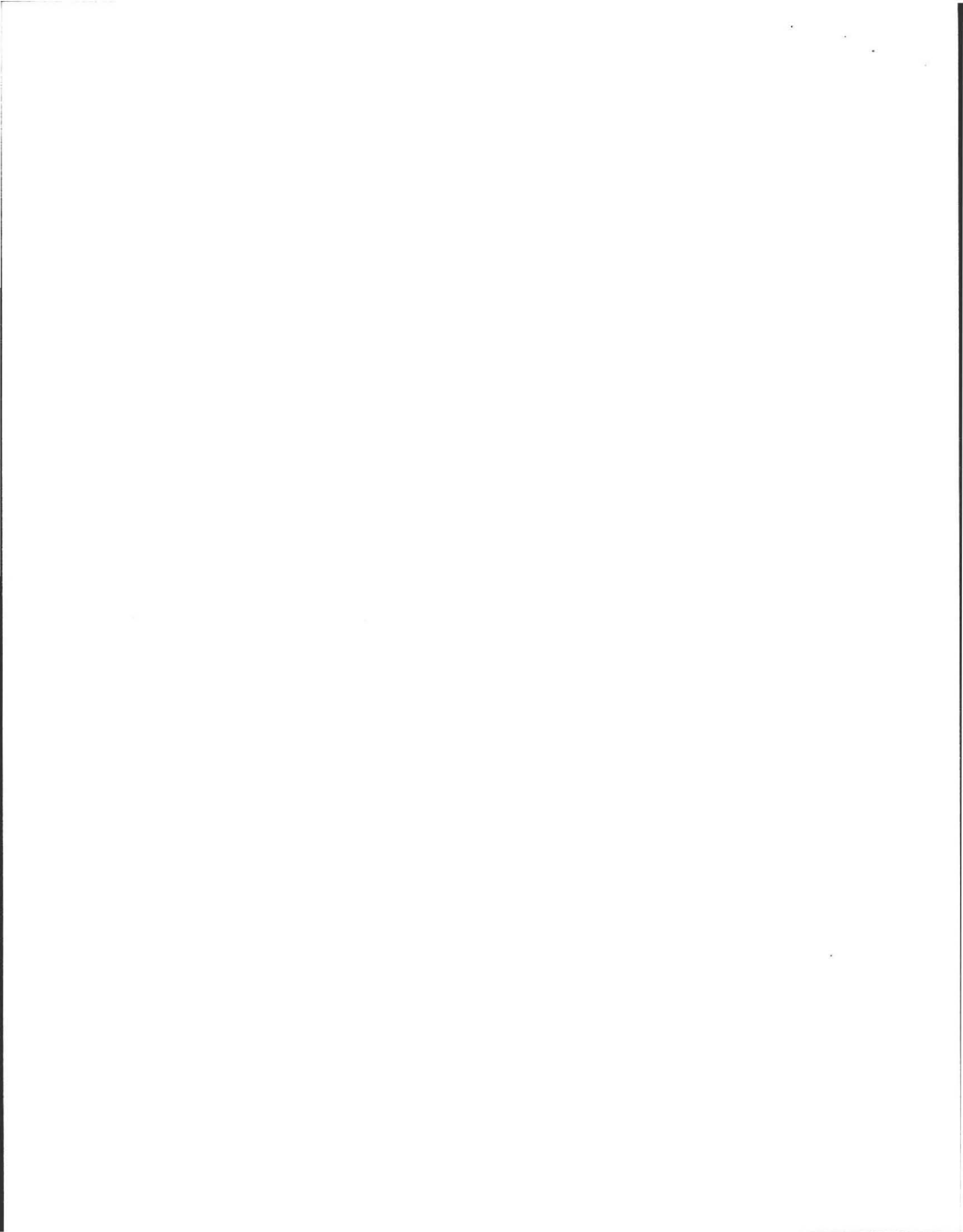
Material of construction:

[ ] concrete [ ] metal [ ] fiberglass [ ] polyethylene [ ] other (explain):

Dimensions: N/A

Scum thickness N/A

Distance from top of scum to top of outlet tee or baffle N/A





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

N/A

Date of last pumping:

N/A

Date

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

N/A

**Tight or Holding Tank** (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

N/A

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

N/A

## D. System Information (cont.)

**Tight or Holding Tank** (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes

No

Alarm level:

N/A

Alarm in working order:

Yes

No

Date of last pumping:

N/A

Date

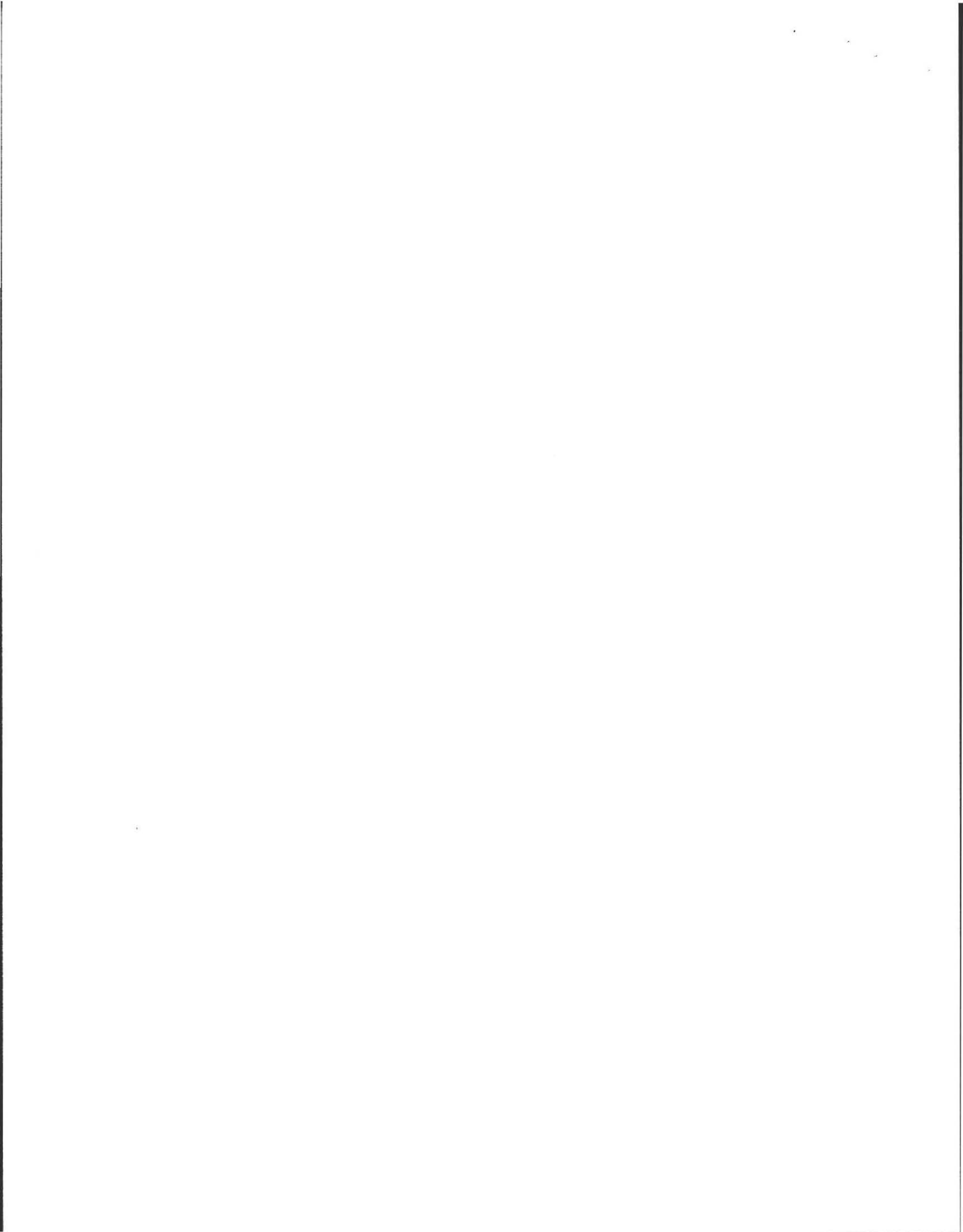
Comments (condition of alarm and float switches, etc.):

N/A

\* Attach copy of current pumping contract (required). Is copy attached?

Yes

No







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**Distribution Box** (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

N/A

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** (locate on site plan):

Pumps in working order:

Yes  No

Alarms in working order:

Yes  No

## D. System Information (cont.)

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

**Soil Absorption System (SAS)** (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

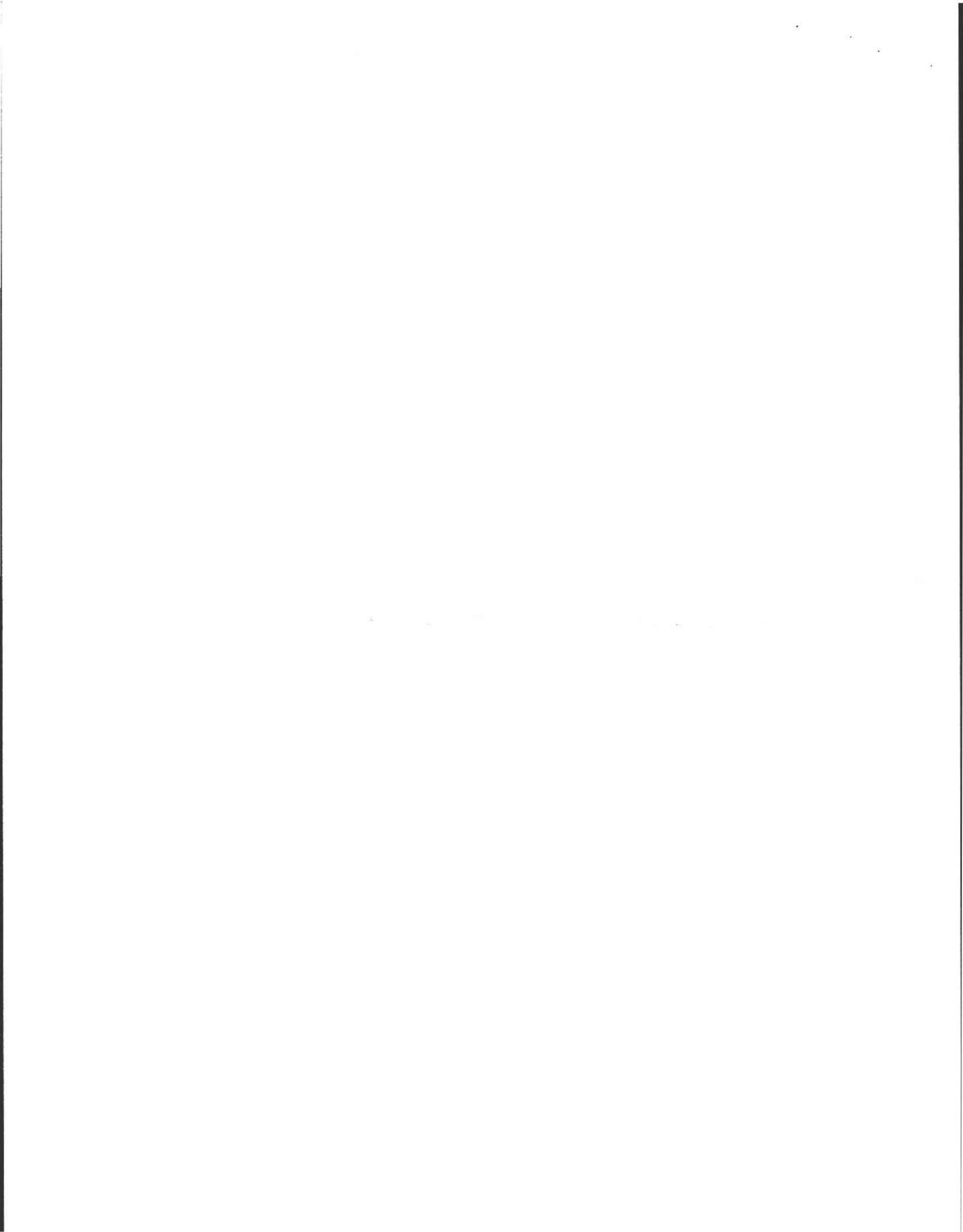
leaching pits

number:

leaching chambers

number:

4 @ 8' l x 4' w x  
24"+ eff ht. (500





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- leaching galleries number: \_\_\_\_\_
- leaching trenches number, length: \_\_\_\_\_
- 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.):

No evidence of hydraulic failure, soil at top good no stone staining. (<1" standing liquid in stone in Chamber), no staining on high portion of leaching chamber.

## D. System Information (cont.)

**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 \_\_\_\_\_

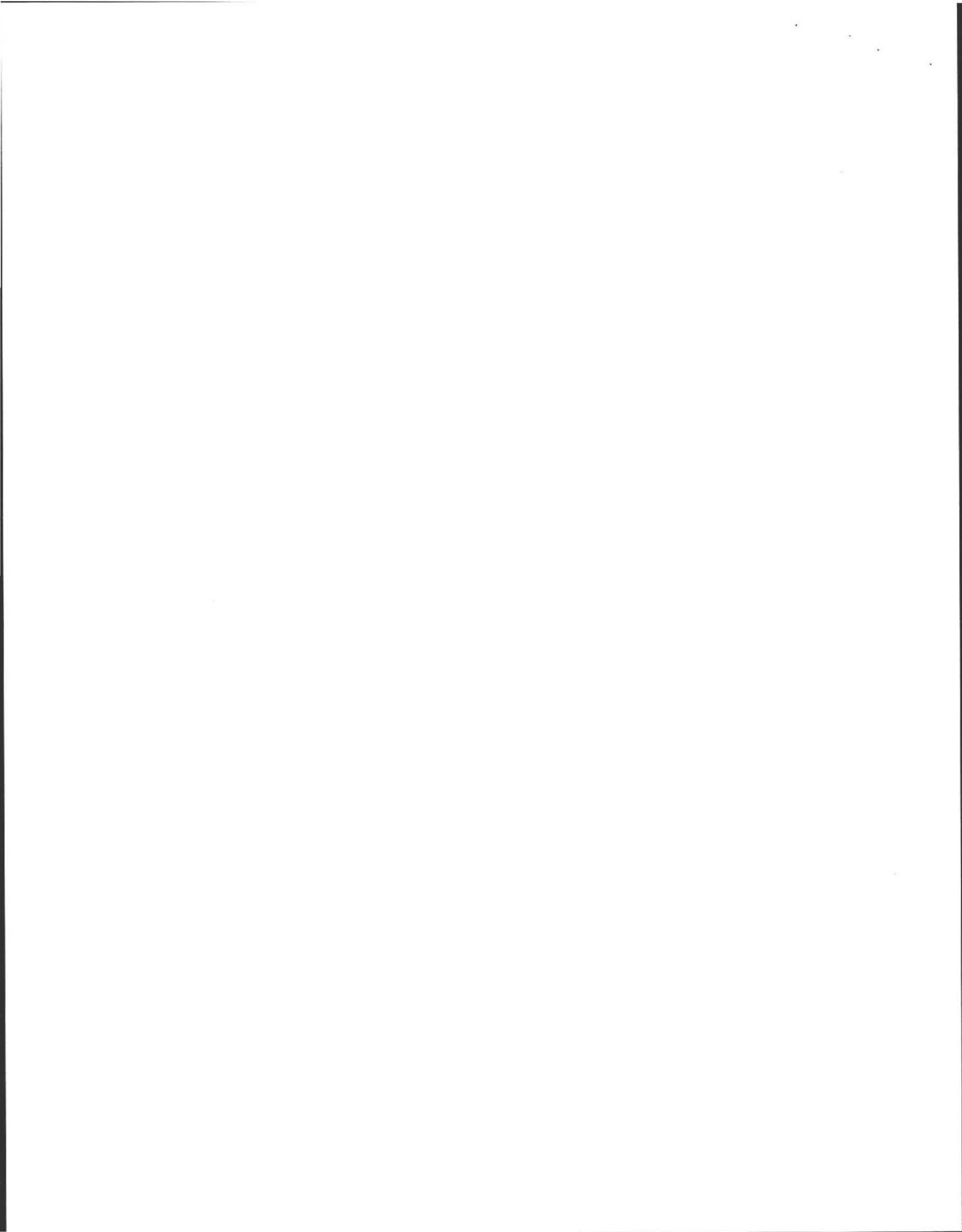
Depth of scum layer \_\_\_\_\_

Dimensions of cesspool \_\_\_\_\_

Materials of construction \_\_\_\_\_

Indication of groundwater inflow  Yes  No

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





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Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

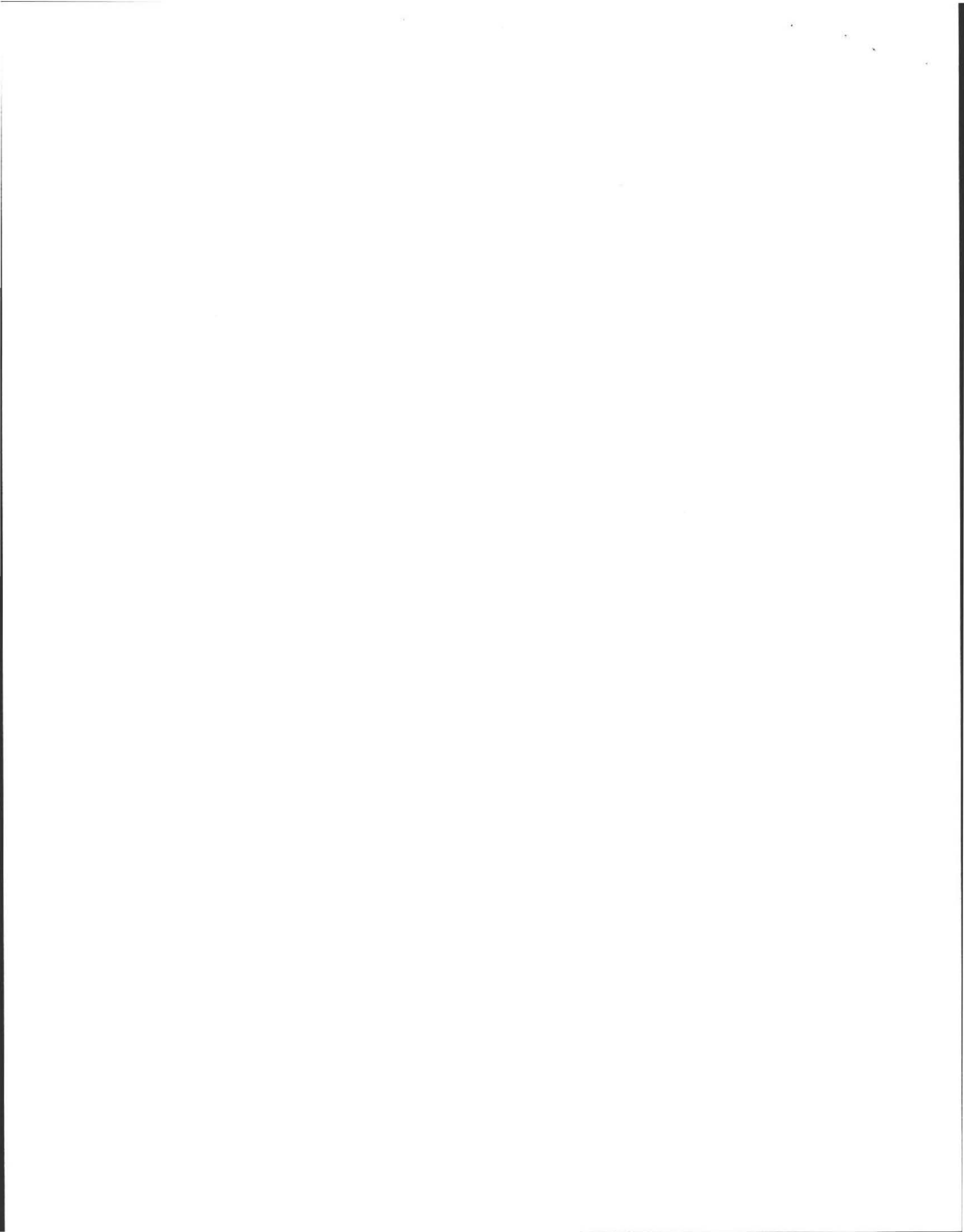
N/A

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

N/A

## D. System Information (cont.)

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.





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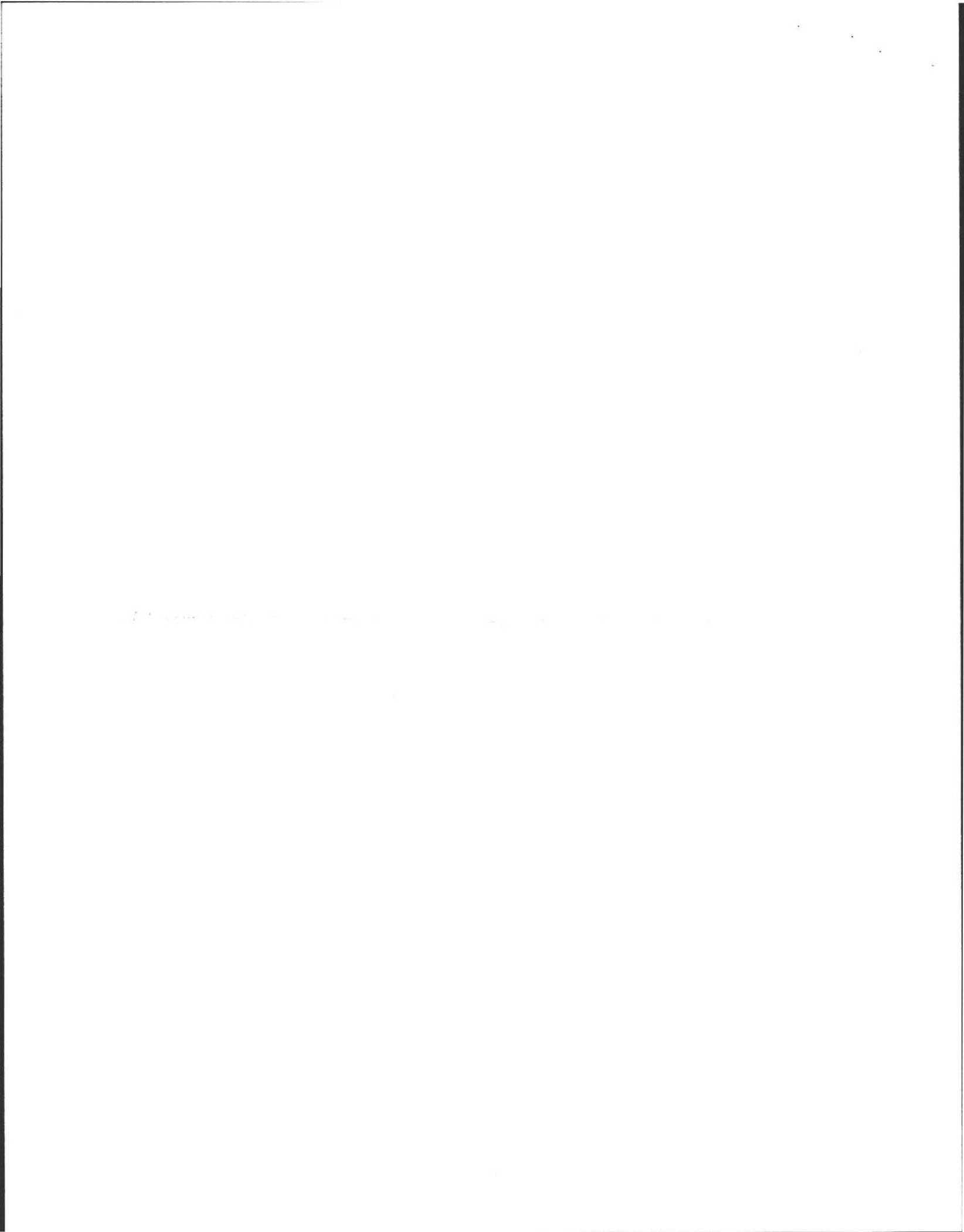
### Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to ground water:

5.'+ from hole near to l. tank 1992 records

Please indicate all methods used to determine the high ground water elevation:







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Obtained from system design plans on record

If checked, date of design plan reviewed: N/A per town records and topo  
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:  
\_\_\_\_\_

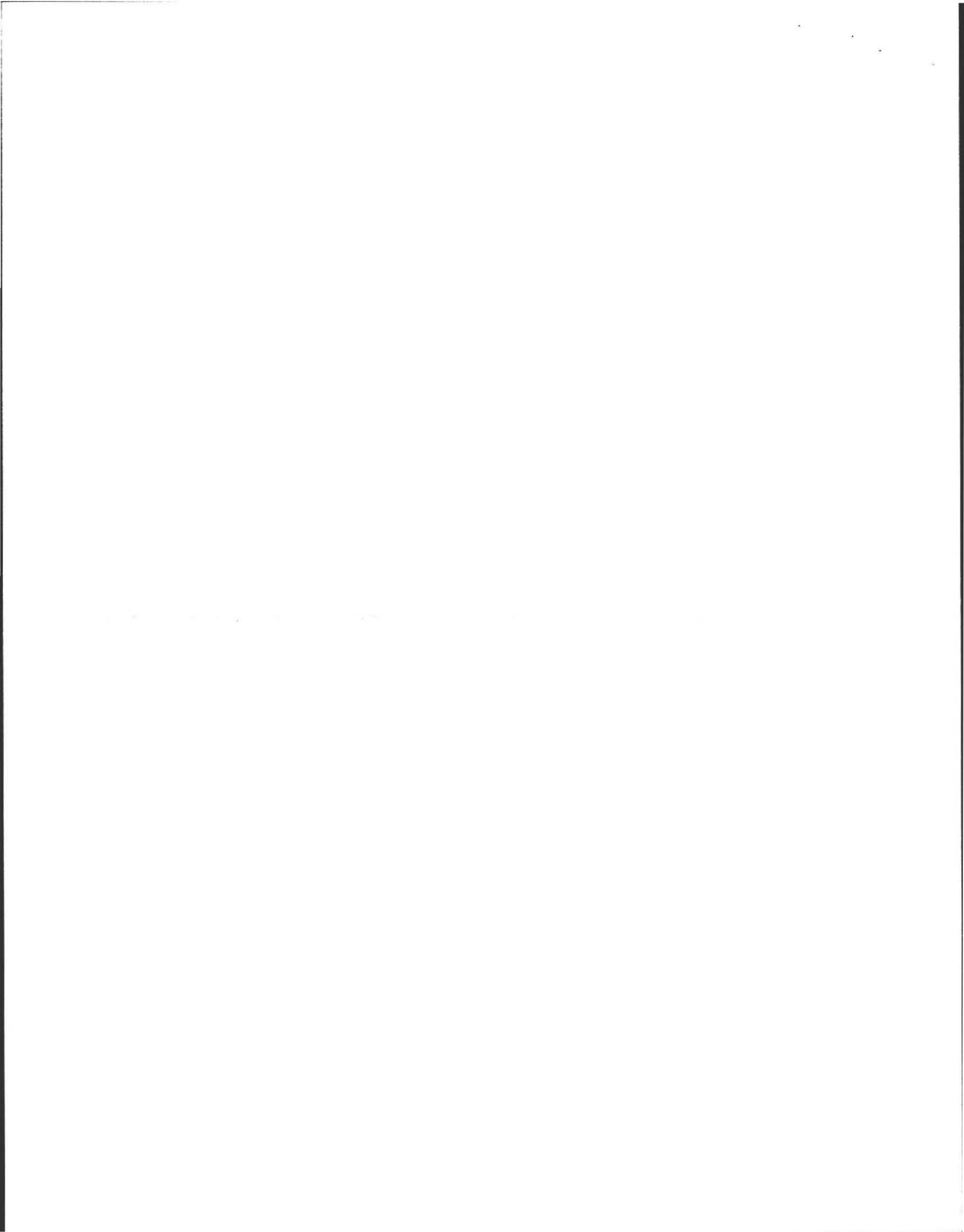
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:  
\_\_\_\_\_

You **must** describe how you established the high ground water elevation:

Interpreted from depth of L. chamber and adjacent topo and records in immediate area of SAS and depth of adjacent test pit in 1992.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



No. 95-29

FEE 60<sup>00</sup>

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

# Application for Disposal System Construction Permit

(ADDITION)

Application is hereby made for a Permit to Construct ( ) or Repair ( ) an On-site Sewage Disposal System at:

Location Address or Lot No. <u>28 Brigham Lane Amherst, MA.</u>	Owner's Name, Address and Tel. No. <u>Herbert and Pauline STARK 28 Brigham Lane Amherst, MA 01002 579-5983</u>
Installer's Name, Address, and Tel.No.	Designer's Name, Address and Tel. No. <u>Filios Enterprises Inc. 69 Alham Rd Amherst, MA 01002</u>

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder (NO)  
 Other Type of Building Residential No. per Persons \_\_\_\_\_ Showers ( ) Cafeteria ( )  
 Other Fixtures \_\_\_\_\_

Design Flow PER PERSON 55 gallons per day. Calculated daily flow 440 gallons.

Plan Date JUNE 15, 1992 Number of sheets 3 Revision Date Nov 9, 1995  
 Title PLAN OF SEWAGE DISPOSAL SYSTEM

Description of Soil  
ATTACHED

Nature of Repairs or Alterations (Answer when applicable) \_\_\_\_\_

Date last inspected: \_\_\_\_\_

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforementioned 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 Pauline Stark Date 11/13/95

Application Approved by Pauline Stark Date 11/15/95

Application Disapproved for the following reasons \_\_\_\_\_

Permit No. 95-29

Date Issued \_\_\_\_\_

*Paul A. Wilcox*

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

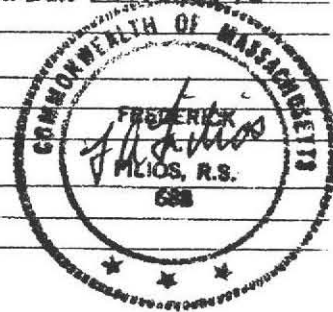
## Certificate of Compliance

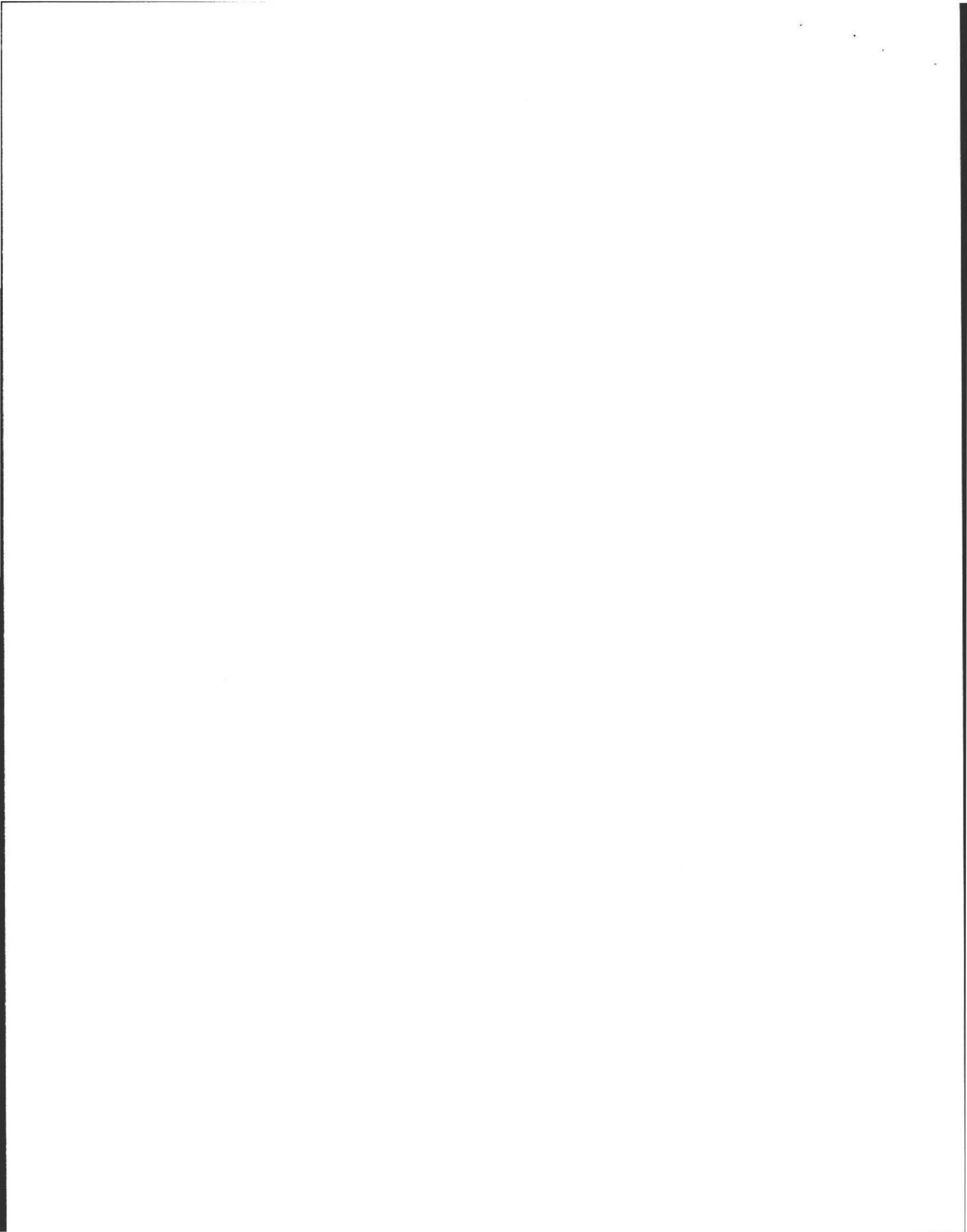
*Checked OK  
5/14/96  
S.L. Filios*

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed ( ) or repaired/replaced ( X ) on \_\_\_\_\_  
 by \_\_\_\_\_ for Herbert + Pauline STARK  
 at \_\_\_\_\_ has been constructed in  
 accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 95-29 dated \_\_\_\_\_  
 Use of this system is conditioned on compliance with the provisions 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 5/10/96 Inspector Pauline Stark





PAIR

878.0

28 BRIGHAM LANE  
9.46 ACRES

SUNSET AVE.

EXISTING SEWER LINE

BRIGHAM LANE (A PRIVATE WAY)

(VERTICAL RISE TO SEWER LINE  
APPROXIMATELY 50')

ADDITIONAL LA  
OF W. GILLEN

PUMP AND FILTER  
FOR SWIMMING  
POOL - NOT REMOVED

POOL

EXISTING HOUSE

GARAGE

DRIVEWAY

EXISTING SEPTIC TANK

LEACH PIT  
42' LONG X 13' WIDE  
2.0' BELOW INLET

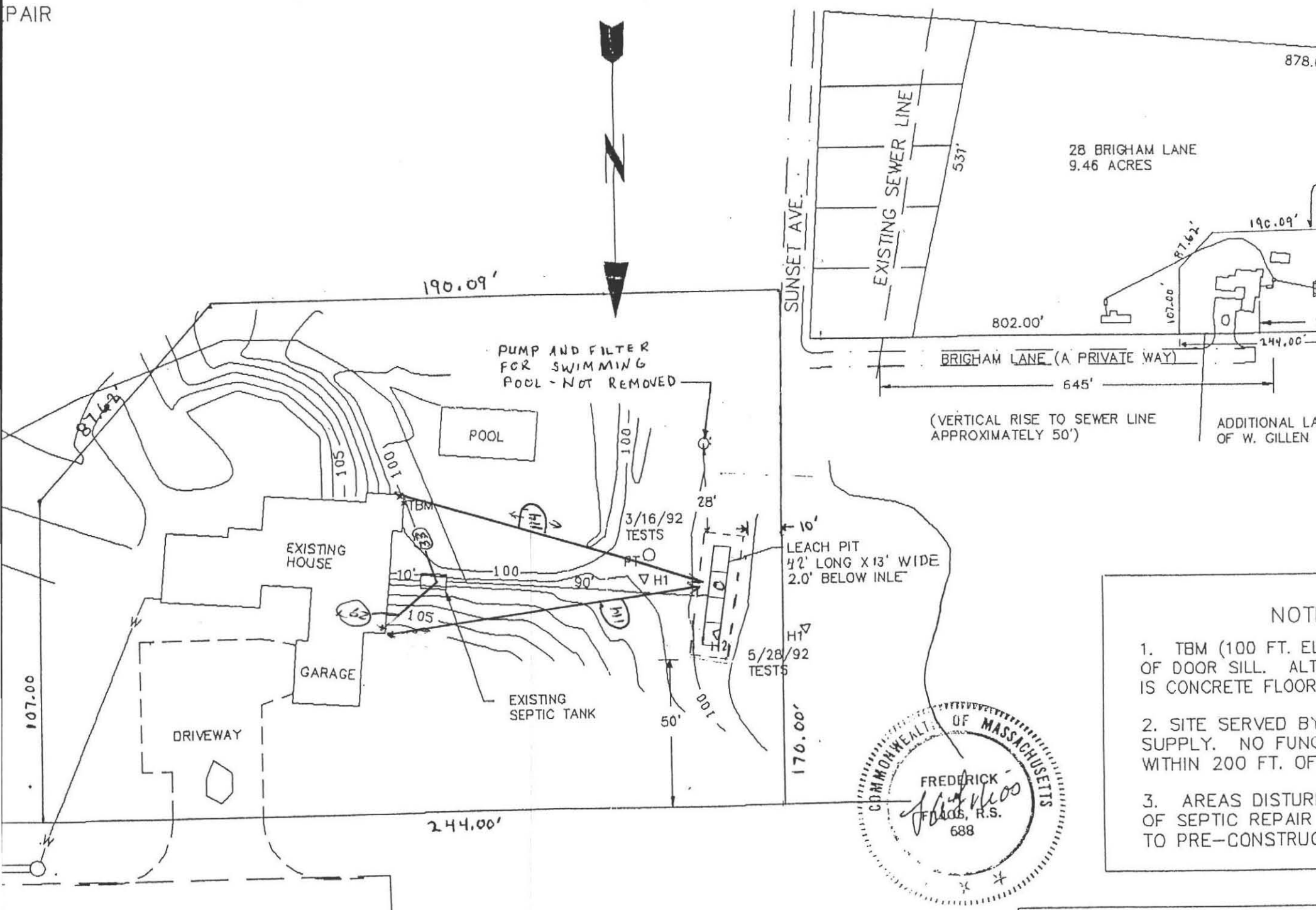
3/16/92 TESTS

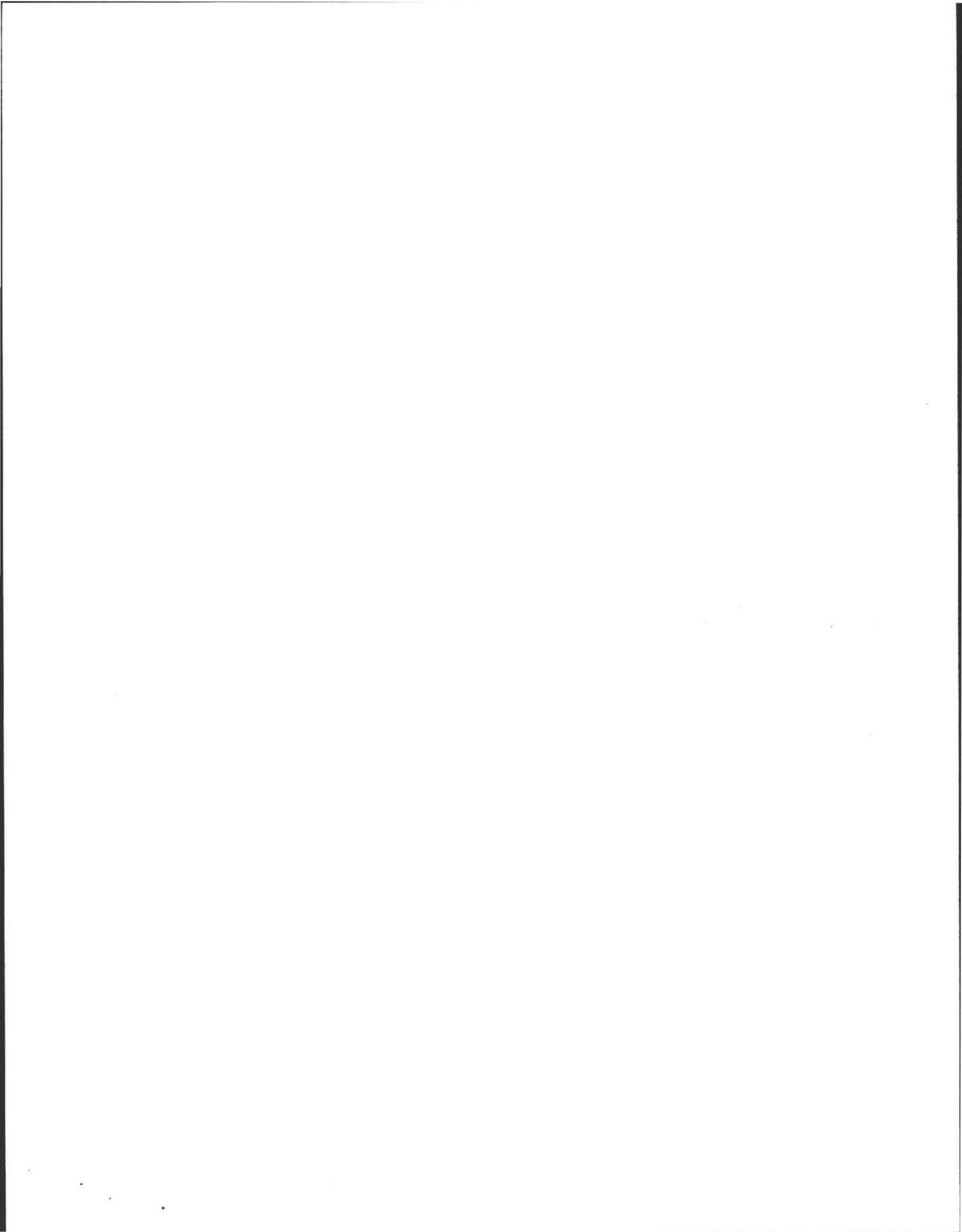
5/28/92 TESTS

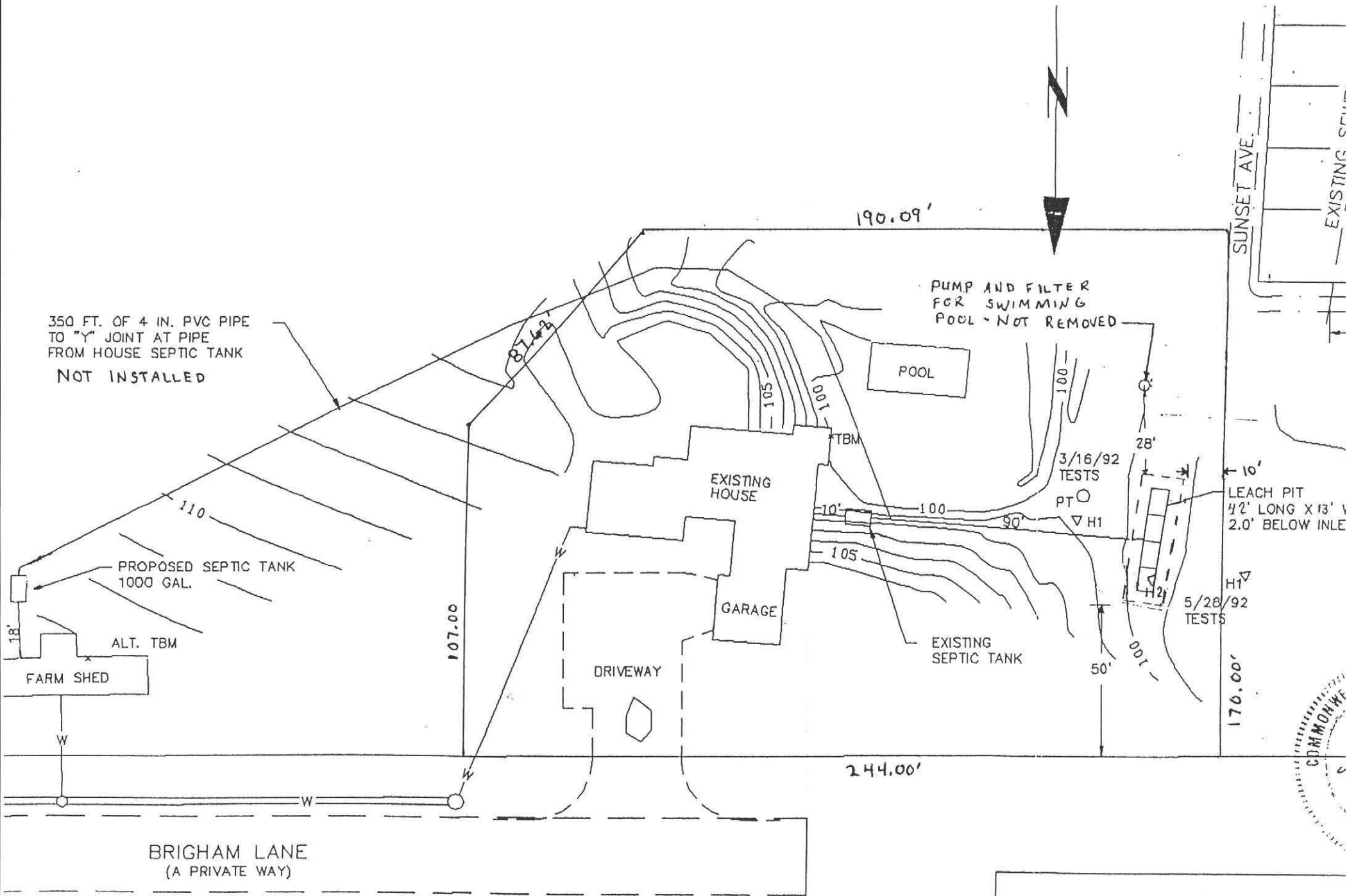


- NOTE
1. TBM (100 FT. EL. OF DOOR SILL. ALT. IS CONCRETE FLOOR
  2. SITE SERVED BY SUPPLY. NO FUNC. WITHIN 200 FT. OF
  3. AREAS DISTURB. OF SEPTIC REPAIR. TO PRE-CONSTRUCT

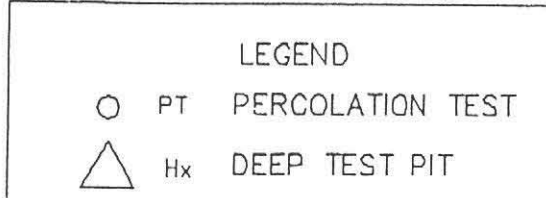
PLAN OF SEWAGE DISPOS

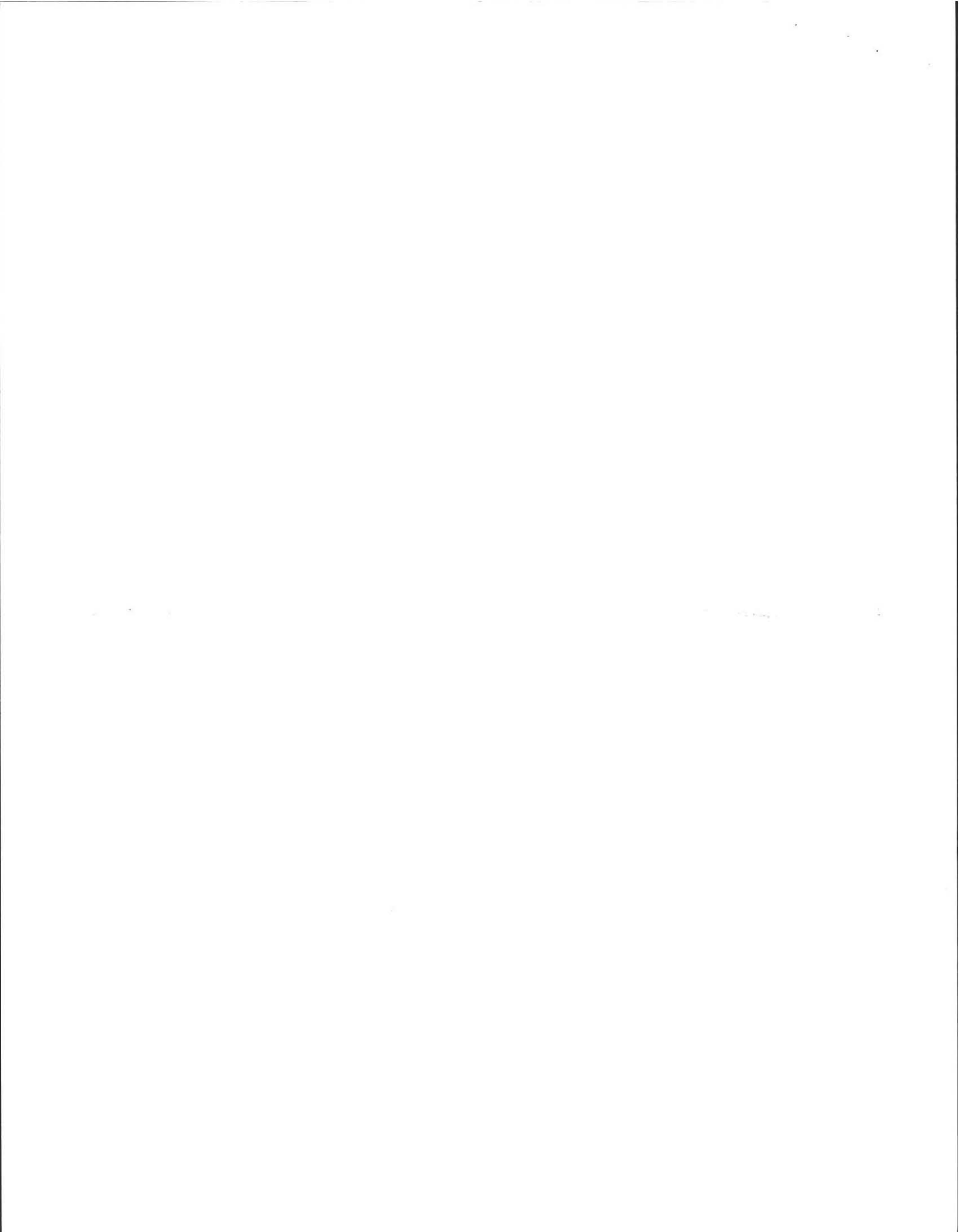




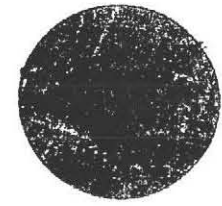
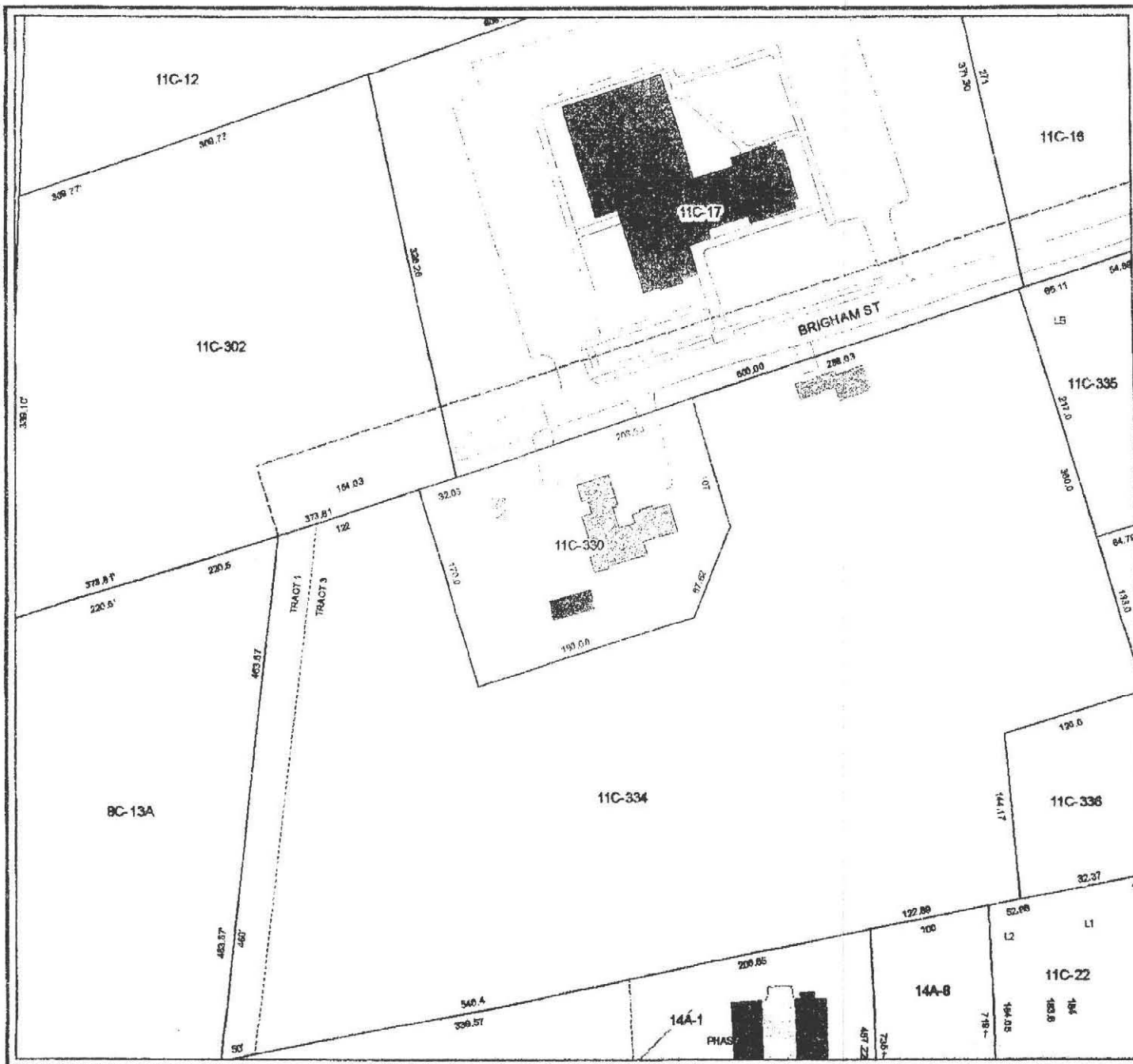


DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 DIVISION OF WATER POLLUTION CONTROL  
 Review and Approval









- Buildings**
  - Building
  - Foundation
  - Miscellaneous
  - Pier / Dock
  - Water Tank
  - Stretched Structure
- Examined**
- Property Lines**
  - Property Line
  - Hydro Property Line
  - Right of Way Line
  - Town Boundary
  - Former Property Line
  - Subdivision Lot Line
  - Rail Lines
- Recreation Features**
  - Park
  - Athletic Field or Court
  - Golf Course
  - Swimming Pool
  - Trails
- Water Bodies**
  - Dam
  - Marsh or Swamp
  - Retention Basin
  - Rivers, Ponds, Reservoirs
- Miscellaneous Lines**
- Transportation**
  - Pavement
  - Unpaved Road
  - Tree Cover

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet

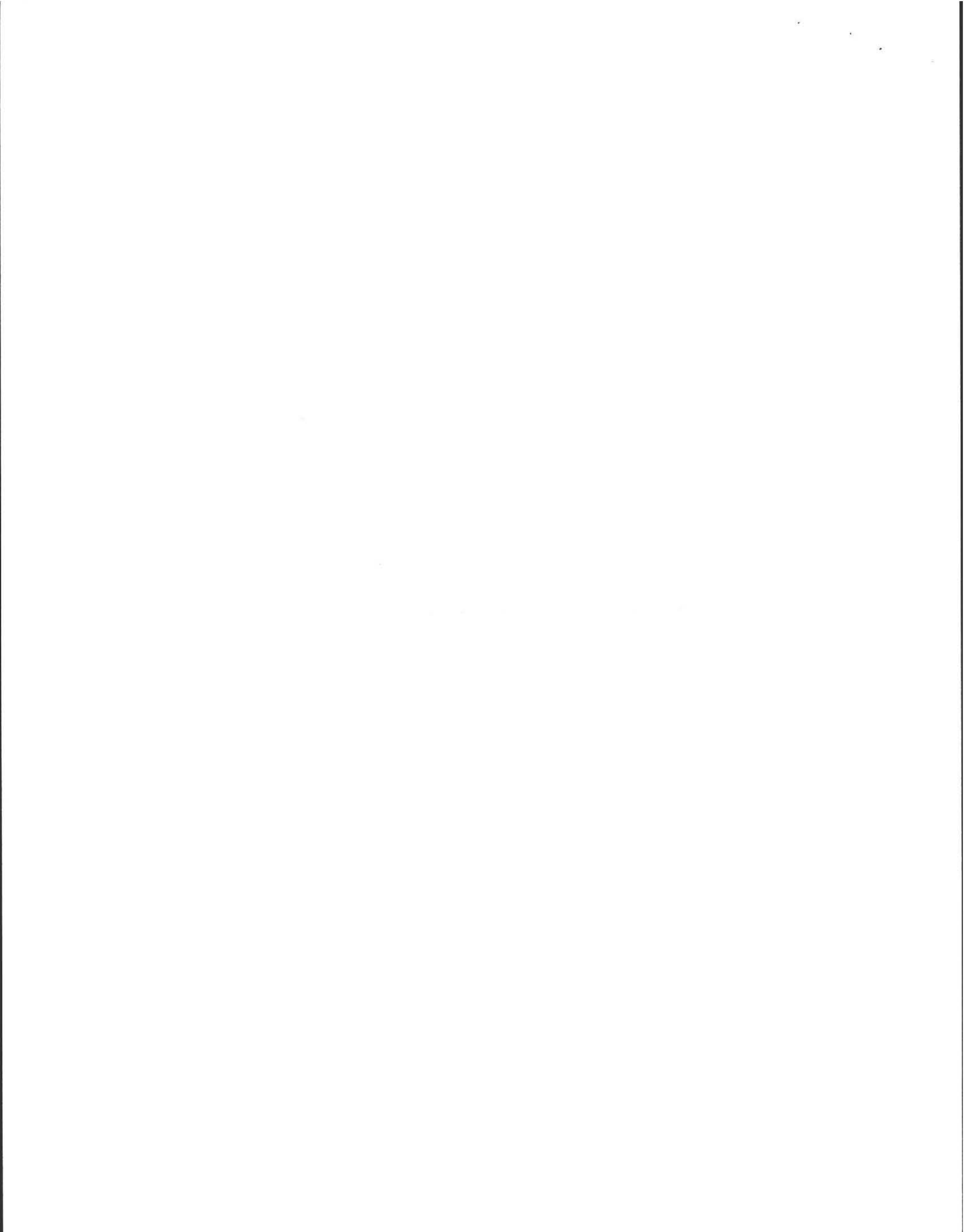
Planimetric base map features compiled at 1"=40' and 1"=100' scale from April, 1999 Aerial Photography. Aerial Photography: April, 2004. Parcels compiled through a "best-fit" methodology to match the base map; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 116 ft





# INVOICE

WILSON CONSTRUCTION  
 155 BUFFAM ROAD  
 PELHAM, MA. 01002  
 413-253-5105

RE:

BILL TO: PAULINA STARK  
 28 BRIGHAM LANE  
 AMHERST, MA. 01002

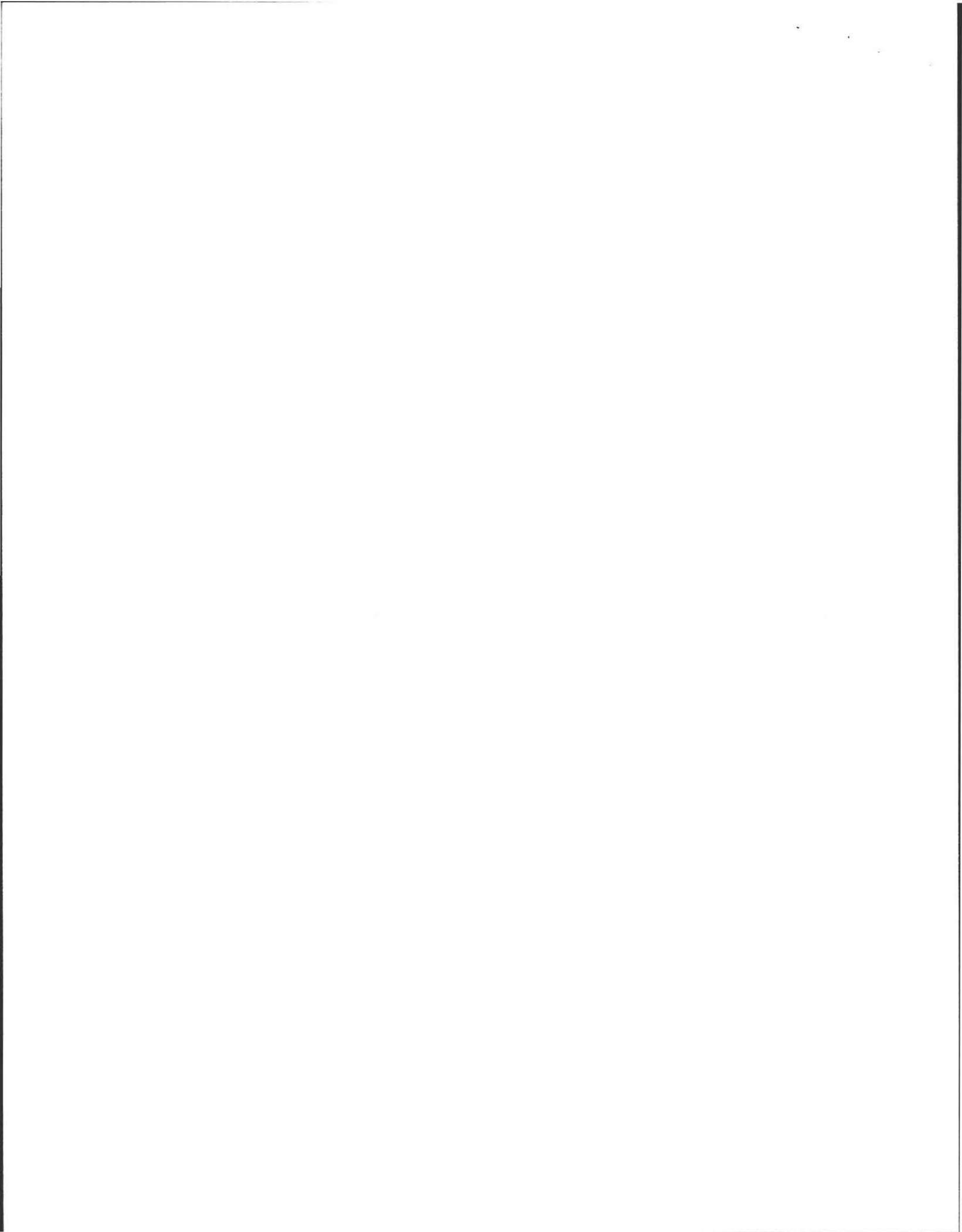
413-549-5983

Salesperson:	PETE	Date of order:
Payment terms:	PAYABLE UPON RECEIPT	Date order shipped:
Method of shipment:		FOB point:
Invoice number:	1657	Invoice date:
Order number:		5/16/96

ITEM NO.	QTY.	DESCRIPTION	PRICE EACH	AMOUNT
		ADDITION TO EXISTING TWO FIVE HUNDRED GAL. DRYWELL SEPTIC SYSTEM. INSTALLED TWO ADDITIONAL FIVE HUNDRED GAL. DRYWELLS FOR A TOTAL OF FOUR DRYWELLS PER SEPTIC DESIGN.		\$2,000.00
		EXTRA SITE WORK INVOLVED WITH EXISTING SYSTEM DRAINED LEACHING TANKS. REMOVED EXISTING 3/8" AND 1 1/2" STONE FROM AROUND DRYWELL TANKS. ENLARGED THE PIT SIZE AROUND DRYWELLS, TO FOUR FEET OF STONE. INSTALLED NEW 1 1/2" AND 3/8" STONE ON TWO SIDES OF DRYWELLS.		1,500.00

Sub total:	3,500.00
Tax rate:	Tax:
Shipping & handling:	
Credit:	
You pay this amount:	3,500.00

gh





# Deep Soil Logs

Filios Enterprises, Inc.

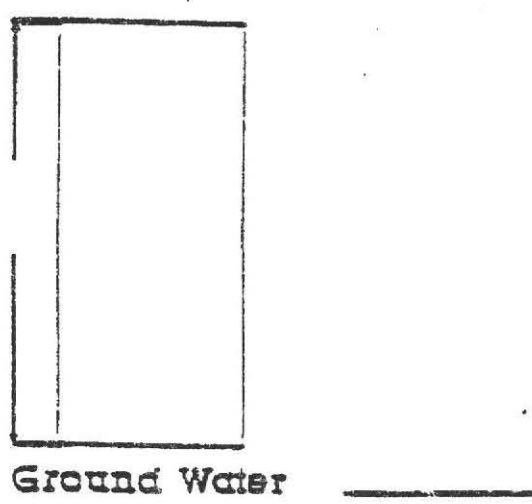
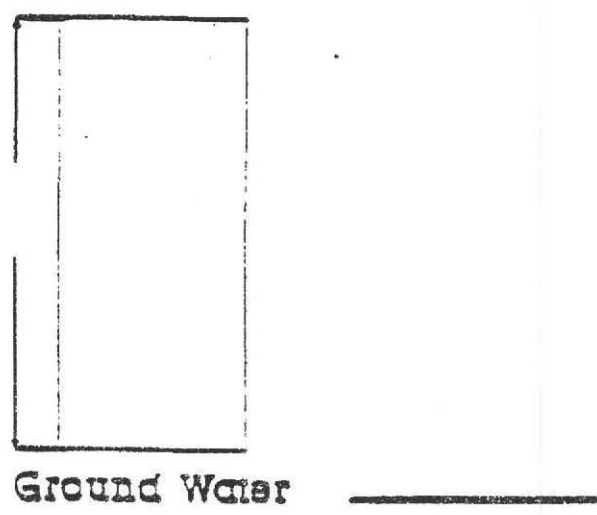
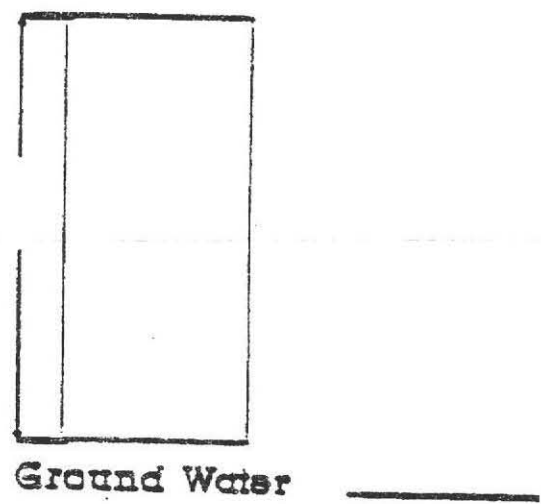
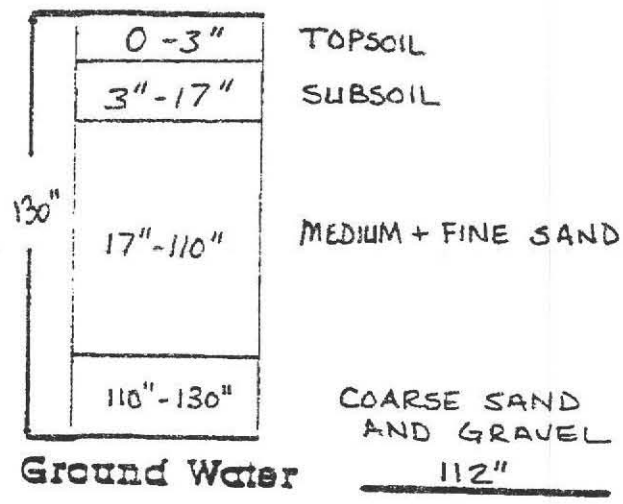
69 Pelham Rd. Amherst MA 01002. (413) 256-8008

Owner: WILLIAM GILLEN

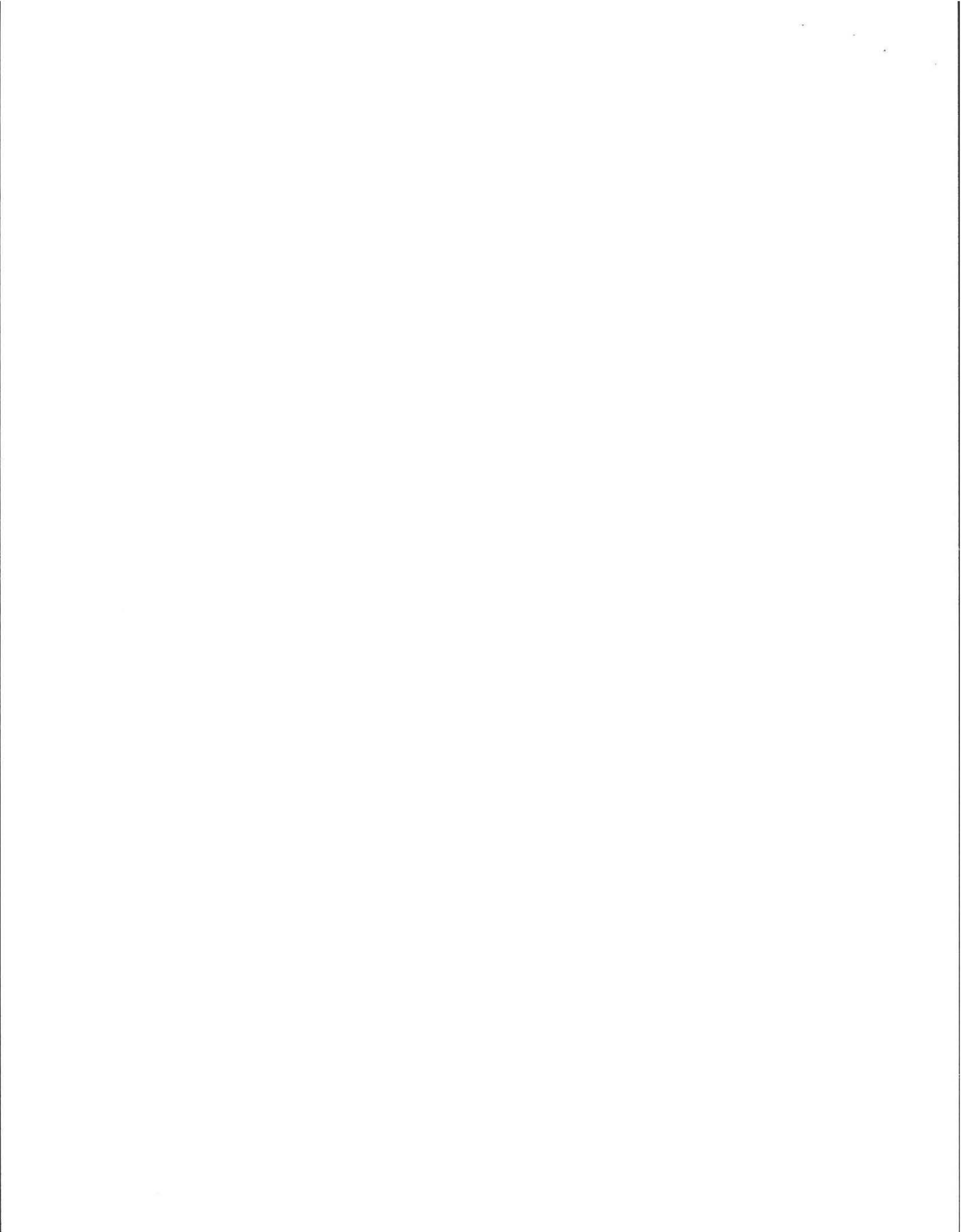
Date: 16 MARCH, 1992

Location: 28 BRIGHAM LN.  
AMHERST, MA

B. of H. DAVID ZAROZINSKI



Percolation Rate at 55"  
2 min./inch





S. Tank  
28 Brigham Lane, Amherst, MA  
05.14.2008







L. Tank  
28 Brigham Lane, Amherst, MA  
05.14.2008

