AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

2009

Received of Cold Spring Environmental (Name) of 350 Old Enfield, Belchertown Rd. (Address)

For Property Located at: 270 E. Leverett Rd. (Street Address) same (Owner)

HEA009	Bakery R6510 443509		HEA016	Septic Tank Permit-Installers R6510 443511	
HEA001	Bed & Breakfast R6510 443516		HEA017	Septic Tank Permit-Private R6510 443510	$125 –
HEA002	Catering License R6510 443507		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA003	Food Handler R6510 443515		HEA019	Sub-Division Review Fee R6510 432306	
HEA004	Frozen Deserts R6510 443501		HEA012	Swimming Pool Permits R6510 443512	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA020	Tanning License R6510 443509	
HEA006	Massage Therapy License R6510 443504		HEA034	Immunization Clinic R6510 432307	
HEA008	Motel License R6510 443506		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA010	Removal of Offal R6510 443513		HEA022	Tobacco License R6510 443505	
HEA021	Removal of Rubbish R6510 443520		HEA042	Body Arts / Tatoo R6510 443521	
HEA011	Percolation Test Fees R6510 432300		HEA043	Food Service Plan Review R6510 432308	
HEA013	Recreation Camp License R6510 443503		HEA044	Porta Potties R6510 432309	
HEA014	Retail Store Permit R6510 443514		HEA045	Ice Rinks R6510 443522	
HEA015	Sanitary Code Booklets R6510 432305		HEA046	Rental Registration R6510 432310	
			HEA047	Fines R6510 48200	
			HEA		
			HEA		

TOTAL FEE: $125 –

Amherst Health Department

6/21/06
Date

OFFICE USE ONLY

CHECK #	CASH
2031	Ø

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

WHITE – Applicant YELLOW – Collector PINK – Accounting GOLD – Health / Inspections

No. 06-10

P & A Weiss Ck # 2031 RCVD 2009 FEE 125 ck

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

c/o Diana Daniels, Sawdi RE.

Location	270 E. Leverett Rd.	Owner's Name	Mark Stowes
Map/Parcel#		Address	270 E. Leverett Rd
Lot#		Telephone#	781-551-0581
Installer's Name	KARL'S	Designer's Name	Alan Weiss
Address	Hadley. MA	Address	Belchertown
Telephone#	549-5396	Telephone#	323-5957

Type of Building ROS Lot Size ____ sq. ft.

Dwelling - No. of Bedrooms 3 Garbage grinder ( )

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

Other Fixtures ____

Design Flow (min. required) 330 gpd Calculated design flow ____ Design flow provided ____ gpd

Plan: Date ____ Number of sheets ____ Revision Date ____

Title Title 5 Rpot + Photo Attached.

Description of Soil(s) ____

Soil Evaluator Form No. ____ Name of Soil Evaluator ____ Date of Evaluation ____

DESCRIPTION OF REPAIRS OR ALTERATIONS D. Box Replaced only as part of Title 5 Inspection.

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

Signed for M. Stowes Date 6-12-06

Inspections ____

No. 06-10

FEE 125.00 ck # 2031

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ☑ **Individual Component(s)** ☐ **Complete System**

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

by: Karl's

at 270 East Leverett Rd

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. 06-10, dated 6-12-06. Approved Design Flow ____ (gpd)

Installer ____

Designer: AL KARLS Inspector: for Mark Stowes Date: 6/12/06

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

No. 06-10

FEE 125 ck

P & A Weiss Ck # 2031

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 270 East Leverett Road as described in the application for Disposal System Construction Permit No. 06-10, dated 6-12-06. Rec. 6/20/06

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

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 6/12/06 Board of Health for

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

Property Address: 270 East Leverett Road, Amherst

Owner's Name: Mark Stowes C/O Diana Daniel, Sawicki Real State .
Address: 152 Irving Street
Norwood, MA 02062
Date of Inspection: June 12, 2006 (original)

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

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:

XX Passes
___ Conditionally Passes
_ __ Needs Further Evaluation by the Local Approving Authority
___ Fails

Inspector's Signature: _____ **Date: June 12, 2006 Revised**

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:

Home was unoccupied. D. Box was replaced and reinspected by inspector. SAS is 18+/- years old. Septic tank has inlet & outlet baffles in place. No liquid in stone or signs of failure noted. System Now PASSES with new D. Box. .
House vacant for 6 mos. Used by 1-2 persons before that according to seller.
******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 different conditions of use.**

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

Property Address: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006
Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

YES 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: No signs of failure (D. Box replaced)

B. System Conditionally Passes:

NO 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.

NO 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: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

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

NO 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: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

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

Yes	No	
___	_x_	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	_x_	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	_x_	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	_x_	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	_x_	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	_x_	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	_x_	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	_x_	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	_x_	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	_x_	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.]**

__NO__ (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: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

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

Yes No
Yes ___ Pumping information was provided by the owner, occupant, or Board of Health

___ No Were any of the system components pumped out in the previous two weeks ?

yes _ Has the system received normal flows in the previous two week period ?

___ NO Have large volumes of water been introduced to the system recently or as part of this inspection ?

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

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

yes ___ Was the site inspected for signs of break out ?

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

yes ___ 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 ?

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

yes ___ 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)]

PART C
SYSTEM INFORMATION

Property Address: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

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: 1
Does residence have a garbage grinder (yes or no): YES (*GRINDERS ARE NOT RECOMMENDED)
Is laundry on a separate sewage system (yes or no): *no [if yes separate inspection required]
Laundry system inspected (yes or no): n/a
Seasonal use: (yes or no): NO
Water meter readings, if available (last 2 years usage (gpd)): N/a
Sump pump (yes or no): NO
Last date of occupancy: 6 month earlier

COMMERCIAL/INDUSTRIAL
Type of establishment: N/A
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: (owner & Inspection)
Was system pumped as part of the inspection (YES or no): YES)
If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? Measured
Reason for pumping: TIME

TYPE OF SYSTEM
x 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: 20 years+/-
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: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

BUILDING SEWER (locate on site plan)

Depth below grade: **40"**
Materials of construction: ___cast iron __**40 PVC** ___other (explain): _Orangeburg
Distance from private water supply well or suction line: **10'+**
Comments (on condition of joints, venting, evidence of leakage, etc.):
_____

SEPTIC TANK: Yes(locate on site plan)

Depth below grade: _48"_
Material of construction: *X* 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: ***4.5'w x 10.5'l x 4.5'd***
Sludge depth: _2__"_____
Distance from top of sludge to bottom of outlet tee or baffle: __48"_____
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: _9"_____
How were dimensions determined: ___***MEASURED***_____
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 CONDITION***
was ok with baffles in place_____
_____

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

PART C
SYSTEM INFORMATION (continued)

Property Address: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

TIGHT or HOLDING TANK: _____(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: YES (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: *@ inv.*
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.) ***New box due to cracks in concrete in old one.***
_____

PUMP CHAMBER: NO (locate on site plan)

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

PART C
SYSTEM INFORMATION (continued)

Property Address: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

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

If SAS not located explain why:

_____

_____

Type

___ leaching pits, number: _____
____ leaching chambers, number: ____
____ leaching galleries, number: ____
__2__ leaching trenches, number, length: *2' x 50' trenches)*
___ 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 signs of failure noted, stone ok, , no Groundwater or oxides observed in auger hole 1 ft. below d. box, stone ok.***

CESSPOOLS: N/A (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: 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.):

_____

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C
SYSTEM INFORMATION (continued)

Property Address: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

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.

SEE ATTACHED.

PART C
SYSTEM INFORMATION (continued)

Property Address: 270 E. Leverett Road
Owner: Stowes
Date of Inspection: June 12, 2006

SITE EXAM
Slope *YES*
Surface water
Check cellar *YES '*
Shallow wells_____

Estimated depth to ground water 6'+ 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: _
X 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:

Water level based on on-site data & from topography & vegetation Excavation in area by inspector.
(across street in 2005)

RECEIVED APR 1 1 1989

APR - 4 198

3

Fee 90.00 Pd

DOUGLAS J. MACLEAY No. 31208 CIVIL REGISTERED

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

ation is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposal

LEVERETT RD Lot# 078 on map 03A
Location - Address or Lot No.

T. STOSZ, JR 7176 PEACE CHIMES CT, COLUMBIA, MD. 21045
Owner Address

IAM CLARK PRATT CORNER RD, SHUTESBURY MA.
Installer Address

ding Size Lot 95 Acres Sq. feet

; — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder ( )

Type of Building ~~LOG/FRAME~~ No. of persons ~~2~~ Showers ~~(3)~~ — Cafeteria ( )

Other fixtures

110 gallons per ~~person~~ Room per day. Total daily flow 330 gallons.

— Liquid capacity 1000 gallons Length 21'-6" Width 4'-10" Diameter Depth 5'-4"

ich — No. 2 Width 2.5' Total Length 50' Total leaching area sq. ft.

No. Diameter Depth below inlet Total leaching area sq. ft.

ation box ( ) Dosing tank ( )

est Results Performed by Mac Leay Associates Date March 6, 1989

No. 1 9 minutes per inch Depth of Test Pit 132" Depth to ground water DRY

No. 2 7 minutes per inch Depth of Test Pit 126" Depth to ground water DRY

Soil TP-1) 0"-12" topsoil, 12"-18" Subsoil, 18"-132" compact ct gravel.
TP-2) 0"-18" topsoil, 18"-24" Subsoil, 24"-126"

irs or Alterations — Answer when applicable

signed agrees to install the aforedescribed Individual Sewage Disposal System in accordance with TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in . Certificate of Compliance has been issued by the board of health.

Signed Mac J. Stosz, Jr. 3/10/89
Date

roved By Date

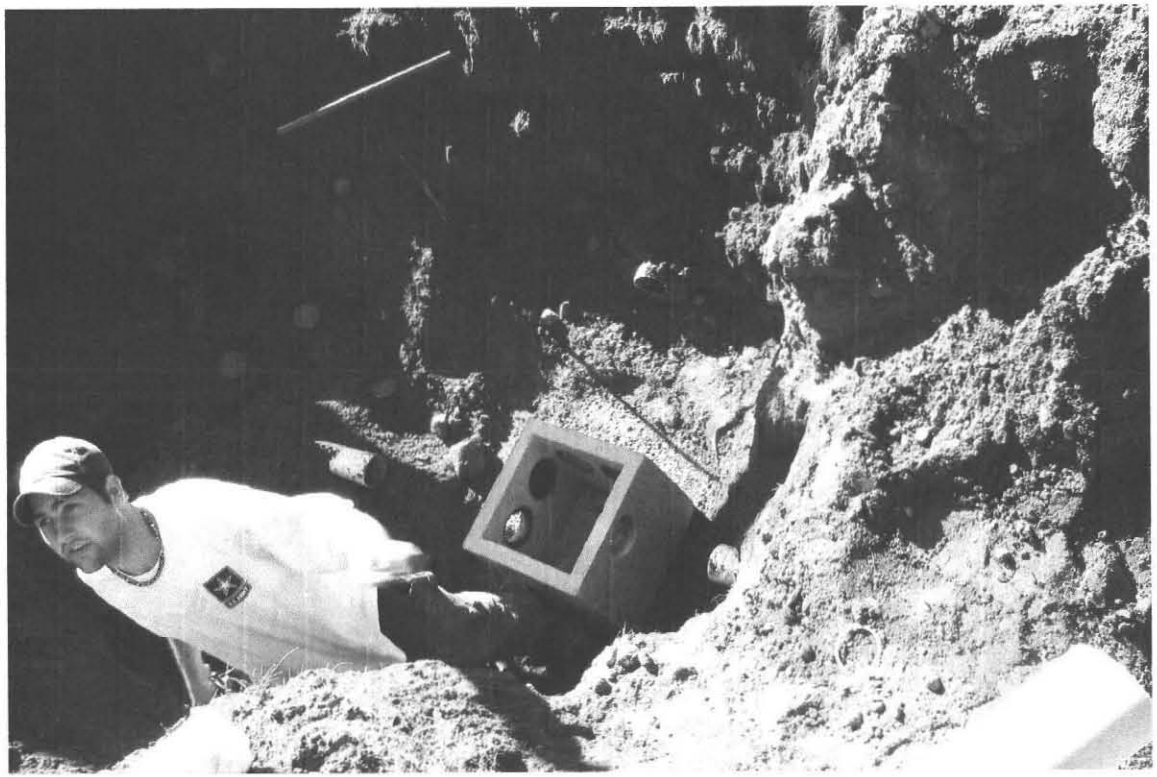
pproved for the following reasons:

Date

No. 89-3 Issued
Date

TOTAL LEACHING AREA = 550 SQ FT


PROPOSED
3 BDRM
HOUSE
GARAGE
SEPT. TANK
RESERVE
AREA
PER.
EDGE BROOK
BROOK
EAST
EDGE
210.8'
102'
92'
100'
63'
352.11'
124'
50'
58'
26'



New Box Install 6-12-06