63 FLAT HILLS

No. 99-28

FEE 75.00
CK # 1050

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct ( ) or Repair (X) an Individual Sewage Disposal System at:

63 FLAT HILLS ROAD

TERRY KENNEDY (Location - Address) — 63 FLAT HILLS ROAD (or Lot No.)

DMO RICHARD MISTERKA (Owner) — 213 N. EAST ST. AMHERST (Address)

Installer — Address

Type of Building — Size Lot ..... Sq. feet

Dwelling — No. of Bedrooms 5 — Expansion Attic ( ) — Garbage Grinder (No)

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

Other fixtures .....

Design Flow 550 gallons per person per day. Total daily flow 550 gallons.

Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal Trench — No. ..... Width ..... Total Length ..... Total leaching area ..... sq. ft.

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

Other Distribution box (✓) Dosing tank ( )

Percolation Test Results Performed by ..... Date .....

Test Pit No. 1 12 minutes per inch Depth of Test Pit ..... Depth to ground water 70"

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

Description of Soil SANDY LOAM

Nature of Repairs or Alterations — Answer when applicable REPLACE SAS INSPECT AND UPGRADE EXISTING TANK AS NECESSARY

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

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

Signed [signature] 9/27/00 (Date)

Application Approved By [signature] 9-27-00 (Date)

Application Disapproved *for the following reasons:* .....

Date

Permit No. 99-28 Issued ..... (Date)

Richard Misterka Oct 4, 2000

Glenn Ridlle

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

COMMONWEALTH OF MASSACHUSETTS GLENN D. RIDDLE 1949 REGISTERED SANITARIAN

Certificate of Compliance

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

by Richard Roberts (Installer)

at 63 FLAT HILL ROAD

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 99-28 dated .....

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

DATE 10/4/00 Inspector Thomas Stein

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

No. 99-28 FEE 75.00

Disposal Works Construction Permit

Permission is hereby granted Terry Kennedy

to Construct ( ) or Repair (✓) an Individual Sewage Disposal System

at No. 63 Flat Hill Road (Street)

as shown on the application for Disposal Works Construction Permit No. 99-28 Dated 9/27/00

DATE 9/27/00 Board of Health Amherst

No. _____ Date: _____

Commonwealth of Massachusetts
AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: GLENN RIDDLE Date: 5-31-00
Witnessed By: DAVID ZAROZINKI

Location Address or Lot # 63 FLAT HILLS ROAD New Construction ☐ Repair ☒	Owner's Name, Address, and Telephone # TERRY KENNEDY 63 FLAT HILLS ROAD AMHERST MA (413) 256-1235

Office Review

Published Soil Survey Available: No ☐ Yes ☒

Year Published ..... Publication Scale ..... Soil Map Unit MoB

Drainage Class Well Dr. (IIe) Soil Limitations PERCHED WATER TABLE SLOW TO MOD'LY SLOW PERMEABILITY

Surficial Geologic Report Available: No ☐ Yes ☐ NOT CHECKED

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 MAY 2000

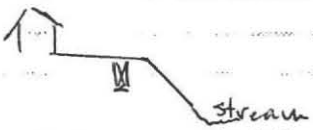
Range :Above Normal ☒ Normal ☐ Below Normal ☐

Other References Reviewed: _____

Location Address or Lot No. 63 FLAT HILLS ROAD AMHERST.

On-site Review

Deep Hole Number 3 Date: 5-31-00 Time: 9 AM Weather Sunny Warm
Location (identify on site plan)
Land Use RESIDENTIAL Slope (%) 1-3 Surface Stones FEW
Vegetation GRASSED
Landform STREAM TERRACE
Position on landscape (sketch on the back)



Distances from:

Open Water Body >100 feet Drainage way >25 feet
Possible Wet Area 100 feet Property Line 50 feet FROM WESTERLY LINE
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)
0-10"	A	S. LOAM	10YR 4/4	—	FRIABLE
10-23"	Bw	S. LOAM	10YR 5/6	—	FRIABLE
23-120"	C	S. LOAM	2.5Y 5/3	70" FAINT 2.5Y 5/3 85" DISTINCT 5Y 5/3	FIRM

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock: >120"
Depth to Groundwater: Standing Water in the Hole: Ø Weeping from Pit Face: Ø
Estimated Seasonal High Ground Water: 70"

Location Address or Lot No. 63 FLAT HILLS ROAD AMHERST

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole ..... inches
- ☐ Depth weeping from side of observation hole ..... inches
- ☒ Depth to soil mottles 70 inches
- ☐ Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level .....

Adjustment factor ..... Adjusted ground water level .....

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? YES

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

Certification

I certify that on July 1995 (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 5-31-00

Pd ck # 1050 ~~225.00~~
9/27/00 75.00

No. _____ Date: 5-31-00

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Glenn Riddle **Date:**
Witnessed By: David Zarizinski

Location Address or Lot # 63 Flat Hills Rd New Construction ☐ Repair ☑	Owner's Name, Address, and Telephone # Terry Kennedy 63 Flat Hills Rd 253-9954

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: _____

Location Address or Lot No. 63 Flat Hill Rd

On-site Review

Deep Hole Number **Date:** 5-31-00 **Time:** **Weather** cloudy
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)
#1	10	SL	A	10YR 4/4		
	23	SL	B	10YR 5/6	40"	2.5Y 5/2 Fa.
	120	SL	C	2.5Y 4/4	85	15% weep.
#2						

* 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: _____

Location Address or Lot No. 63 Flat Hills Rd.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*

Date: 5-30-00 Time: 9:00

Observation Hole #		
Depth of Perc		
Start Pre-soak		
End Pre-soak		
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch		

Use Perc Info from Doug Clay Mc Perc

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

Site Passed ☐ Site Failed ☐

Performed By: Glenn Riddle

Witnessed By:

Comments:

DEP APPROVED FORM - 12/07/95

Pd CK# 3292 160.00

No. _____ Date: 3/12/98

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Doug McCloy Date: 3/12/98
Witnessed By: Dave Z

Location Address or Lot # 63 Flat Hills Rd New Construction ☐ Repair ☑	Owner's Name, Address, and Telephone # Terence Kennedy 63 Flat Hills Rd

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: _____

Location Address or Lot No. _____

On-site Review

Deep Hole Number 2 **Date:** 3/12/98 **Time:** **Weather** Clear Cold
Location (identify on site plan)
Land Use Lawn **Slope (%)** 4 **Surface Stones**
Vegetation Grass
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)
0-8"	A	Sandy Loam	10YR 3/3		Friable Few Stones
8"-18"	Bw	Sandy Loam	10YR 4/6	37" 9/6	Friable 10% Stones Cobbles Boulders
18-84"	C	Sandy Loam	2.5Y 5/3	7.5YR 5/8 2.5Y 4/2	Firm 20%

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Basic Till **Depth to Bedrock:** 84"
Depth to Groundwater: **Standing Water in the Hole:** None **Weeping from Pit Face:**
Estimated Seasonal High Ground Water: 37"
37"

Location Address or Lot No. _____

On-site Review

Deep Hole Number ..... **Date:** ..... **Time:** ..... **Weather** .....
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)
0-5"	A	S A N D Y	10YR 2/2		Friable
5-24"	Bw		10YR 5/8		Few Stones
				42"	Friable 10%
24-108"	C	L O A M	2.5Y 5/4	10% 2.5Y 4/2	Stones Cobbles Boulders
				7.5YR 5/6	20% S, C, B

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Basal Till **Depth to Bedrock:** 108"
Depth to Groundwater: **Standing Water in the Hole:** 96" **Weeping from Pit Face:** 76"
Estimated Seasonal High Ground Water: 42"

Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:	Time:	
Observation Hole #	1	
Depth of Perc	48"	
Start Pre-soak	8:45	
End Pre-soak	9:00	
Time at 12"	9:00	
Time at 9"	9:25	
Time at 6"	9:59	
Time (9"-6")	34	
Rate Min./Inch	12	

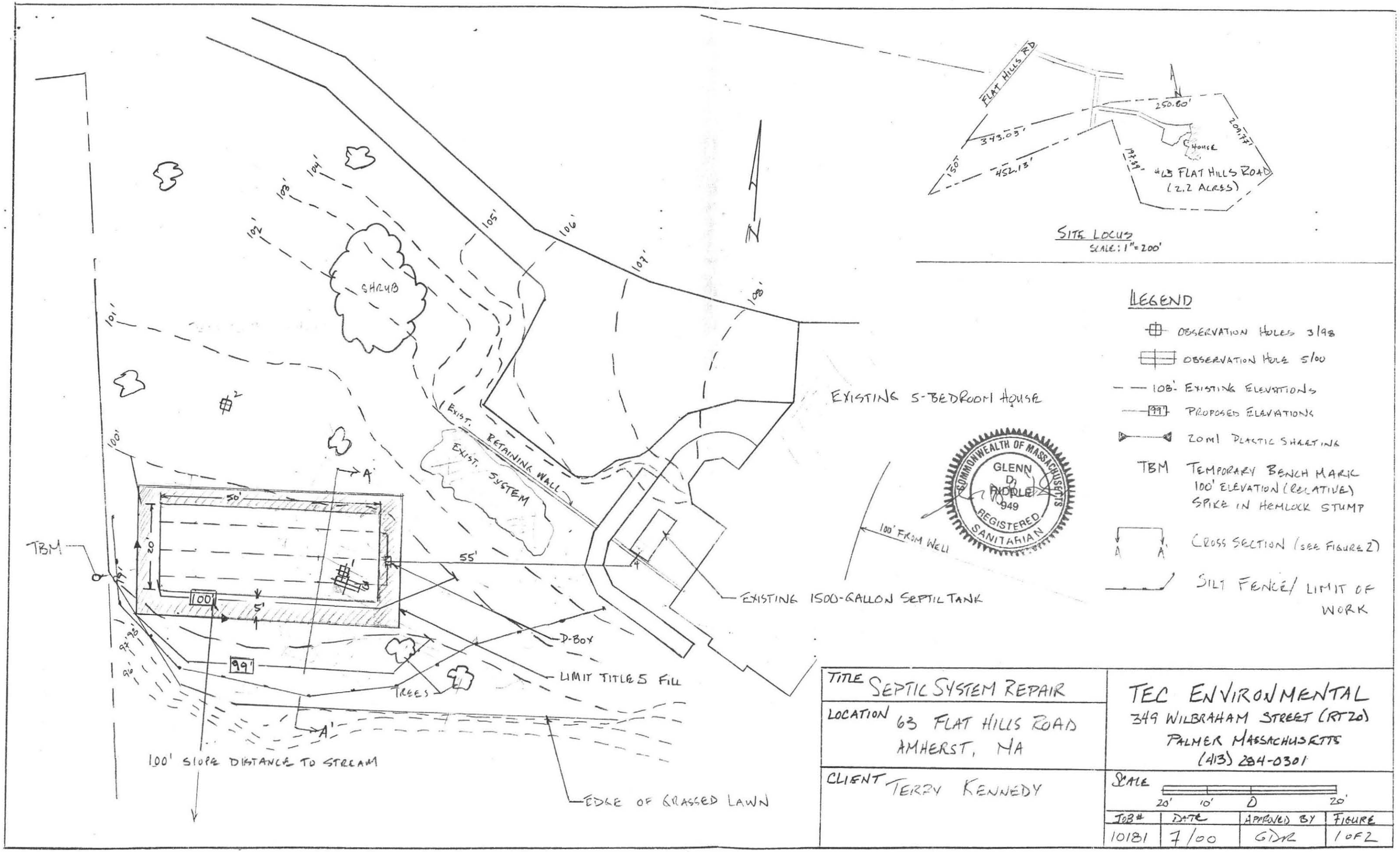
* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed ☑ Site Failed ☐

Performed By: _____

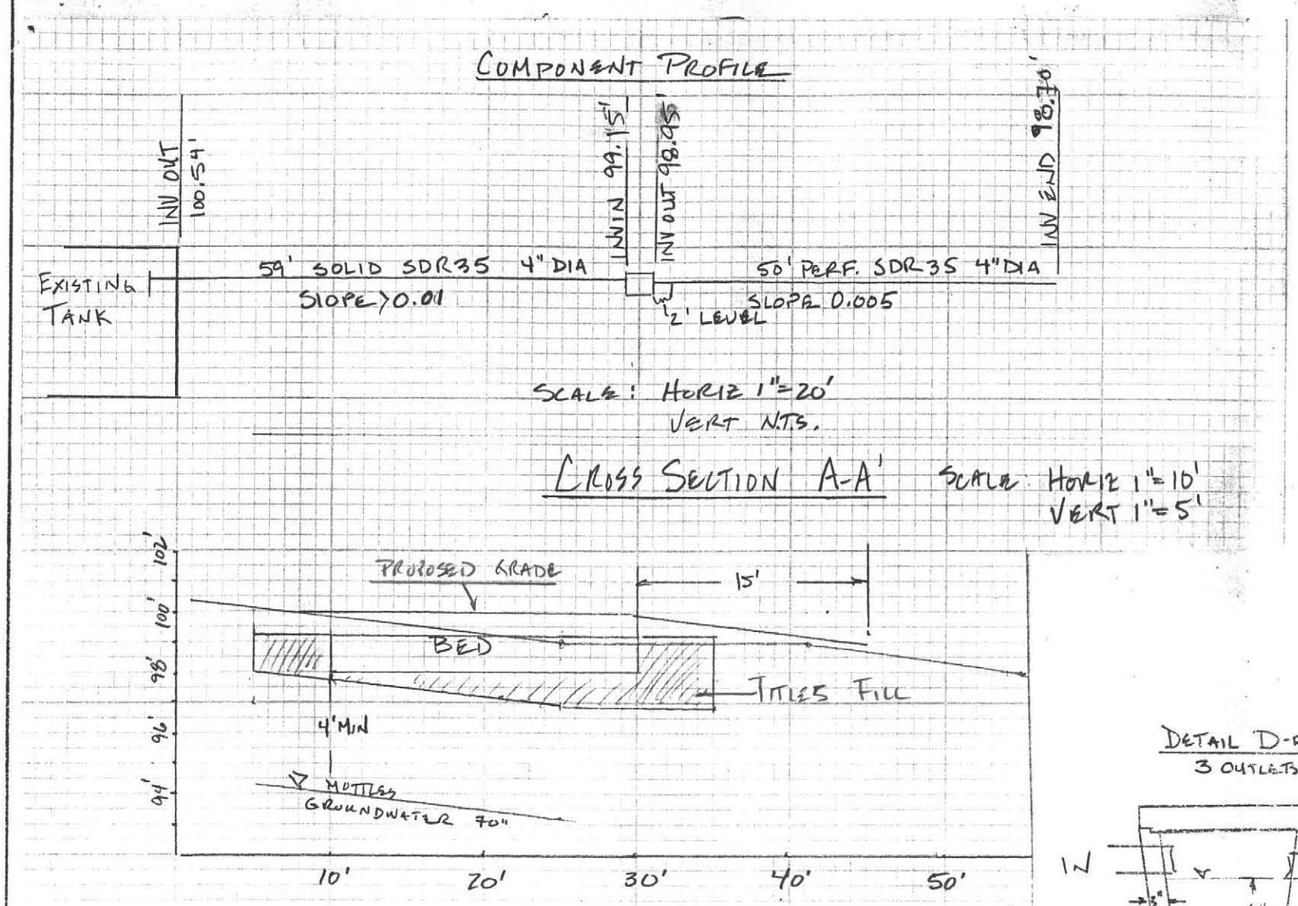
Witnessed By: _____

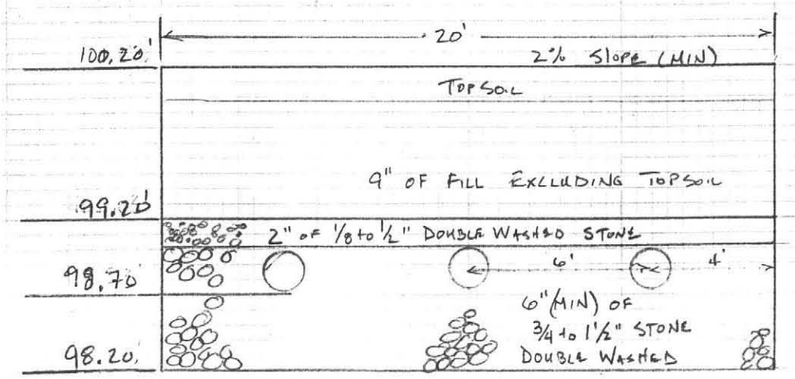
Comments: _____



TITLE SEPTIC SYSTEM REPAIR	TEC ENVIRONMENTAL 349 WILBRAHAM STREET (RT 20) PALMER MASSACHUSETTS (413) 284-0301
LOCATION 63 FLAT HILLS ROAD AMHERST, MA	
CLIENT TERRY KENNEDY	SCALE 20' 10' 0 20'

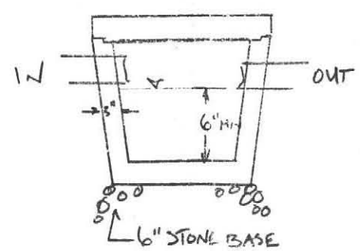
JOB #	DATE	APPROVED BY	FIGURE
10181	7/00	GDP	1 OF 2





DETAIL LEACH BED (END VIEW) NTS

DETAIL D-BOX NTS
3 OUTLETS REQUIRED



COMMONWEALTH OF MASSACHUSETTS
GLENN D. RIDDLE
949
REGISTERED SANITARIAN

Calculations and Notes

All work shall be completed in accordance with 310 CMR 15.00.

System Flow Calculation (310 CMR 15.203): the owner proposes to repair a septic system at an existing residence with 5 bedrooms and no garbage disposal. The design flow is **550 gallons per day.**

Septic Tank (310 CMR 15.223): The design flow is 550 gallons per day 200% of the design flow is 1,100 gallons per day. An existing 1,500-gallon tank may be used. The tank will be inspected by title 5 inspector and upgraded or replaced as warranted in accordance with Title 5.

Long Term Acceptance Rate (310 CMR 15.242) the percolation rate was determined to be 12 minutes per inch and a Class II soil therefore a rate of **0.56 gallons per day per square foot** may be treated by the soil in the area of the system. Since 550 gallons per day is the design flow and the acceptance rate is 0.56 gallons per day per square foot 550 gallons per day /0.56 gallons per day per square foot = **982square feet** is required.

Leaching Area (310 CMR 15.252) using a leaching bed with dimensions of 50 feet long and 20 feet wide the surface area is **1,000 square feet** > 982 square feet.

Sewer lines to be replaced from the septic tank to distribution box and leaching bed will be 4-inch diameter solid **SDR 35 and** laterals will be constructed with perforated 4-inch diameter **SDR 35** or equivalent.

Variances: The proposed system requires no variances. However, a 20 ml. Plastic barrier will be used to reduce the setback from the system to a 3:1 slope from 15 feet to 5 feet.

Property Lines: locations of property lines, site features and topography shown are based on a plan by McLeay Associates, Inc. Private water supply wells located on the property or adjacent property within 150 feet from the proposed soil absorption system (SAS) are indicated on the plan.

The Test Pit Log presented above is based in part on a soil evaluation performed by Glenn Riddle and witnessed by David Zarozinski on May 31, 2000. The percolation test (12 minutes per inch) was completed by Doug McLeay and witnessed by David Zarozinski on March 28, 1998.. All topsoil, fill and subsoil (above the C horizon) will be removed. The system shall be constructed in approved Title 5 fill as shown.

Hole # 3	Assumed Elevation 99.48'		Groundwater Depth = 5.8' Elevation 93.68'
A	0-10" Sandy Loam	10YR4/4	Mottles - 70"
B	10-23" Sandy Loam	10YR5/6	Weeping - none
C	27-120" med. SAND	2.5Y4/4	Standing - none
			Refusal - none

TITLE SEPTIC SYSTEM REPAIR

LOCATION 63 FLAT HILLS ROAD
AMHERST, MA

CLIENT TERRY KENNEDY

TEC ENVIRONMENTAL
349 WILBRAHAM STREET (RT 20)
PALMER MASSACHUSETTS
(413) 284-0301

SCALE AS NOTED

JOB #	DATE	APPROVED BY	FIGURE
10181	7/00	GDR	2 of 2

#63

No. 85-44 FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK JOHNSON, R.S. 638

Application is hereby made for a Permit to Construct (✓) or Repair ( ) an Individual Sewage Disposal System at:

63 Flat Hills Road, Amherst — Location / Address
3 — or Lot No.
Amherst Building Co. — Owner
P.O. Box 396 North Amherst — Address
L+F Construction — Installer
Leverett MA. — Address

Type of Building — Size Lot 95,608 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (–) no

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal ~~Trench~~ Bed — No. 1 Width ~~4~~ 15 Total Length ~~57~~ 40 Total leaching area ~~400~~ 600 sq. ft. @ MCW

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

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F.A. Filios Date Dec. 3, 1983

Test Pit No. 1 4 minutes per inch Depth of Test Pit 7' Depth to ground water none

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

Description of Soil Attached

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

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

Signed [signature] 11-1-85 Date

Application Approved By [signature] 11-1-85 Date

Application Disapproved *for the following reasons:* .....

Permit No. 85-44 Issued 11-1-85 Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

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

at .....

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. ..... dated .....

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

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 85-43 TOWN OF AMHERST FEE $90

Disposal Works Construction Permit

Permission is hereby granted Amherst Building Co. — L+F Const.

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 3 Flat Hills Rd — Street

as shown on the application for Disposal Works Construction Permit No. 85-43 Dated 11-1-85

[signature] Board of Health

DATE 11-1-85

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No. 85-43 FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (✓) or Repair ( ) an Individual Sewage Disposal System at:

Flat Hills Road, Amherst — 3
Location Address — or Lot No.

Amherst Building Co. — P.O. Box 396 North Amherst
Owner — Address

Installer — Address

Type of Building — Size Lot 95,608 Sq. feet

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

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal ~~Trench~~ Bed — No. 1 Width ~~12'~~ 15' Total Length ~~54'~~ 40' Total leaching area ~~400~~ sq. ft. 600

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

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F.A. Filios, Date Dec. 3, 1983

Test Pit No. 1 4 minutes per inch Depth of Test Pit 7' Depth to ground water none

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

Description of Soil Attached

230' 5 GAL/min

Nature of Repairs or Alterations — Answer when applicable

High Static 10'

Agreement:

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

Signed ON FILE ..... Date

Application Approved By C Shaw ..... Date

Application Disapproved *for the following reasons:* ..... Date

Permit No. ..... Issued ..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

at .....

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. ..... dated .....

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

DATE ..... Inspector .....

CHECK OR FILL IN WHERE APPLICABLE

DEEP SOIL LOGS

OWNER Amherst Building Co

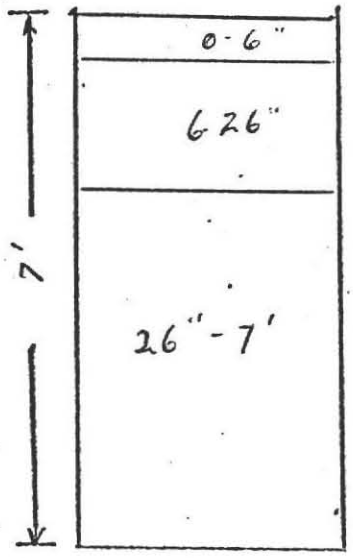
Date Dec 3, 1983

LOCATION Flat Hills Road

OBSERVER F.A. Filios

Soil

Lot #3

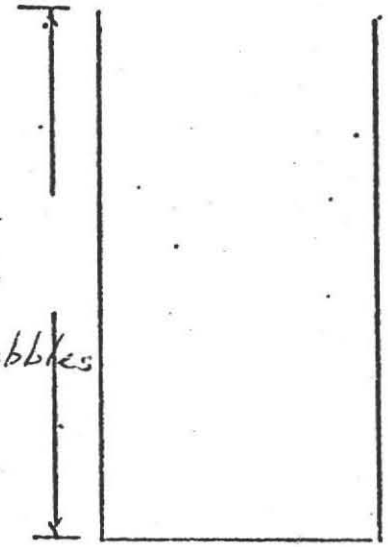


Topsoil

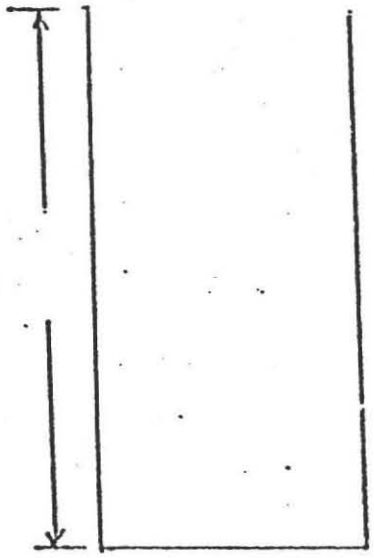
Subsoil

Loose glacial Till with gravel + cobbles

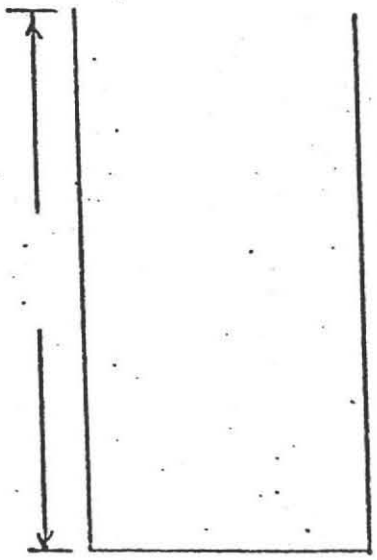
Ground Water none



Ground Water _____



Ground Water _____



Ground Water _____

Percolation Rate at 37"

3.66 minutes/inch

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
688

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot #3 . Flat Hills Rd

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Amherst Building Co Address P.O. Box 896 North Amherst

Installer L + F Const Address Leverett MA.

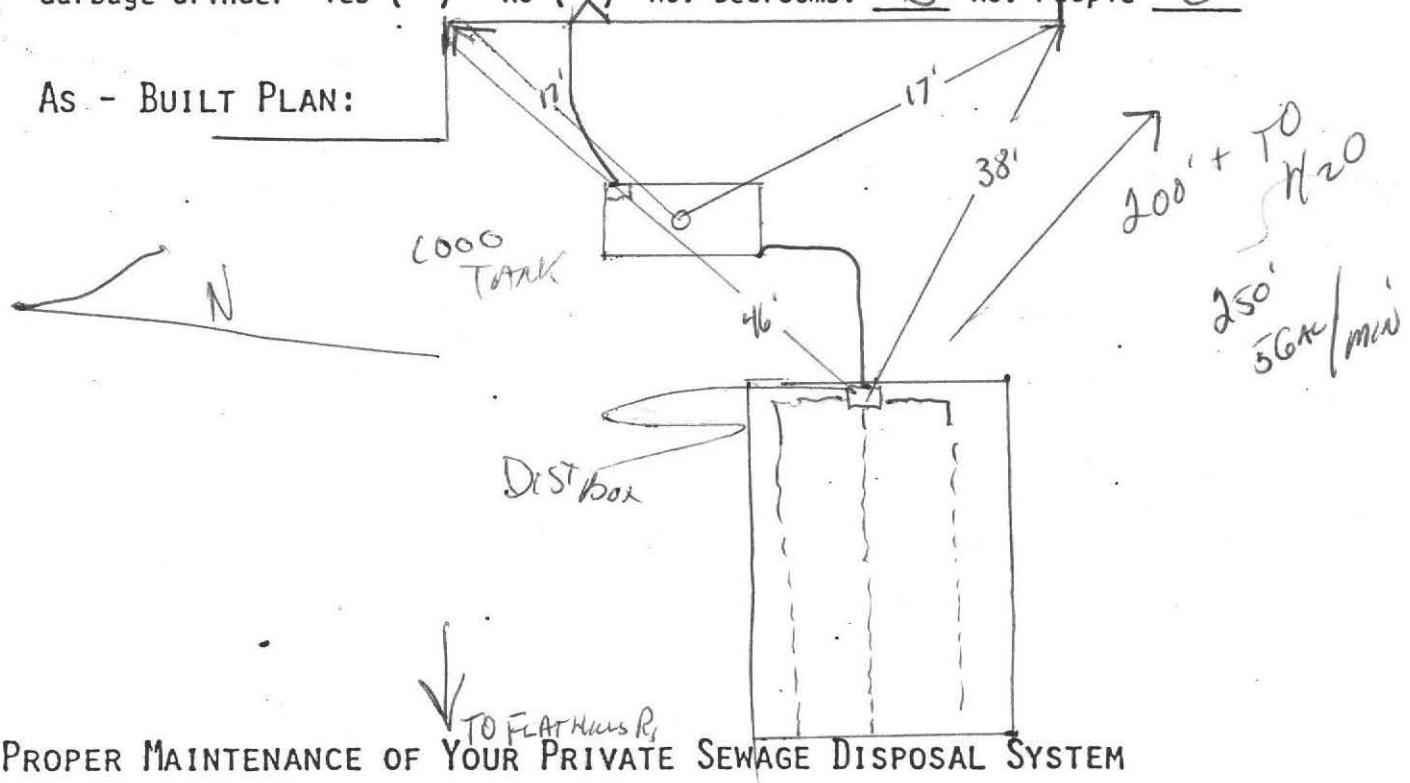
Date Installation Inspected and Approved 6/5/86.

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 600.

Garbage Grinder Yes ( ) No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

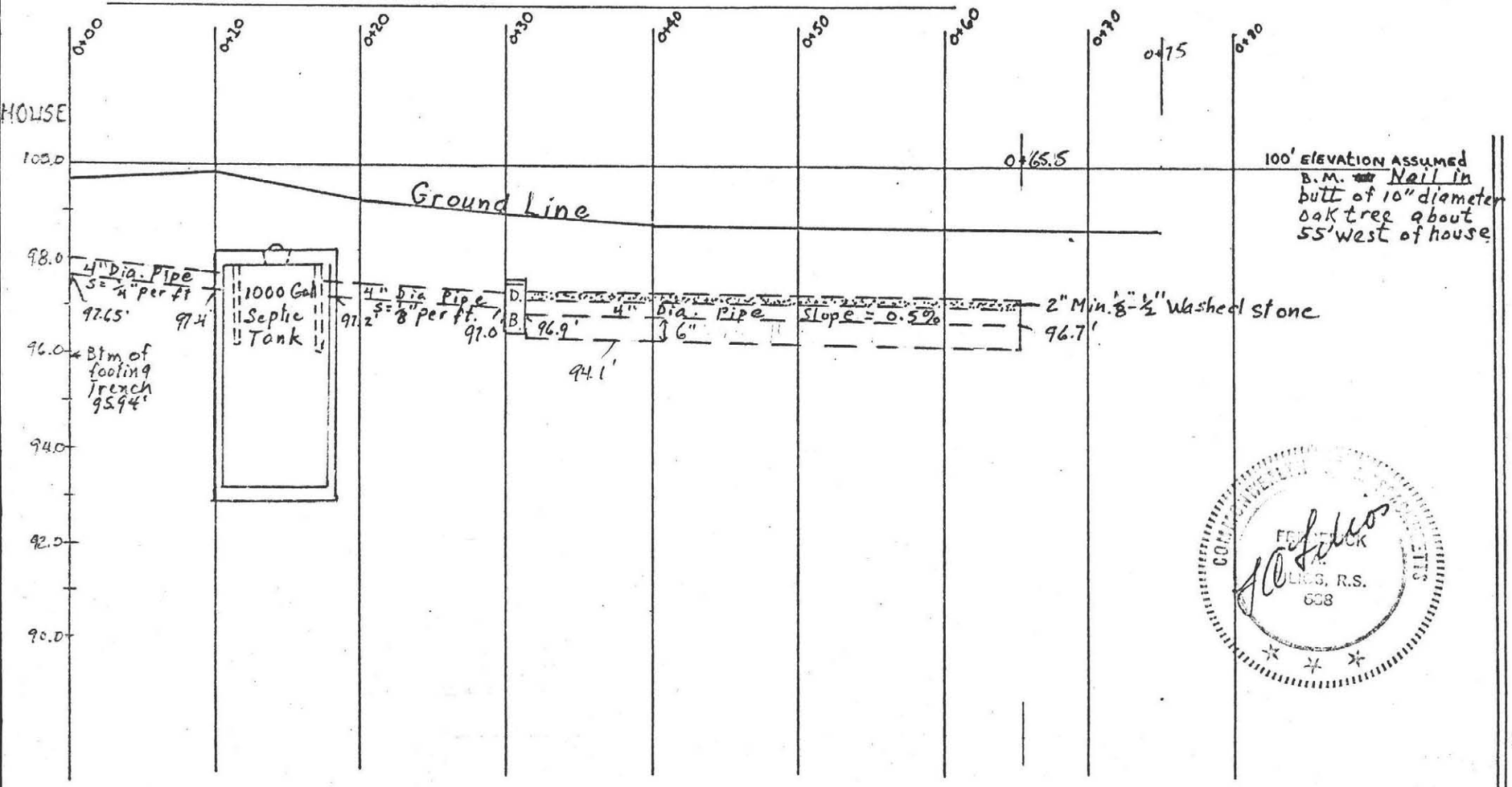
1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

PROFILE OF SEPTIC SYSTEM

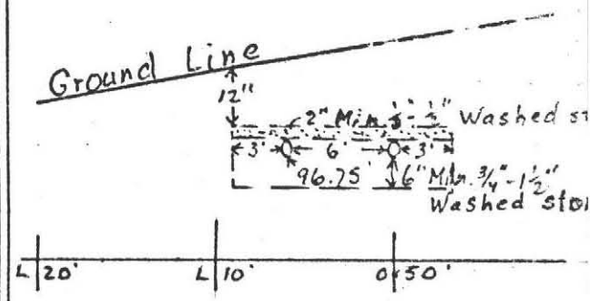
FOR: AMHERST BUILDING CO.
P.O. BOX 396 NORTH AMHERST, MASS.
AT: LOT 3, FLATHILLS ROAD, AMHERST MASS.

BY: FREDERICK A. FILIOS
69 PELHAM ROAD
AMHERST, MA 01002

DATE: Oct. 30, 1985
SCALE: HORIZONTAL 1" = 10
VERTICAL



X SECTION AT 0+50



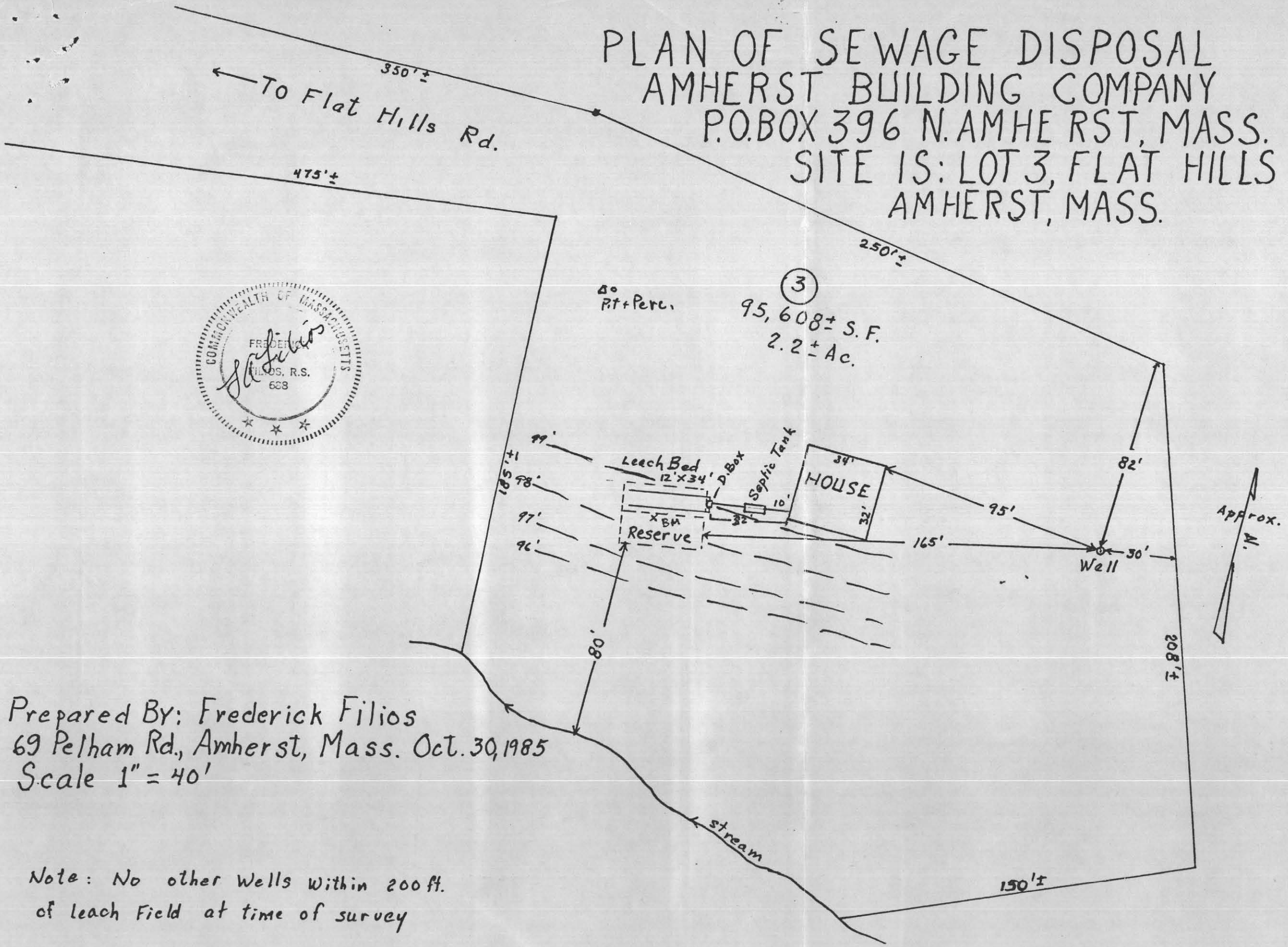
SPECIFICATIONS

All materials and construction are to be in accordance with the Comm. of Mass. D.E.Q.E. State Environmental Code Title 5.

CALCULATIONS:

3 Bdrms. @ 110 = 330 Gals Required
Perc rate = 40 Min. per inch
Leach Field 34' X 12' = 408 sq ft.
408 sq ft X 0.83 Gals/sq ft = 338.64 Gals.
338.64 Gallons Available

PLAN OF SEWAGE DISPOSAL
AMHERST BUILDING COMPANY
P.O.BOX 396 N.AMHERST, MASS.
SITE IS: LOT 3, FLAT HILLS RD. AMHERST, MASS.



Prepared By: Frederick Filios
69 Pelham Rd., Amherst, Mass. Oct. 30, 1985
Scale 1" = 40'

Note: No other Wells within 200 ft. of leach Field at time of survey

CHK 3212
PS

TOWN OF AMHERST
HEALTH PERMITS/ INSPECTION SERVICES

No. 0219

Received of TERENCE J KENNEDY (Name) of 63 FLAT HILLS RD (Address)

For Property Located at: 63 FLAT HILLS RD (Street Address) TERENCE KENNEDY (Owner)

HEA009 Bakery R6510 443508		**HEA014** Retail Store Permit R6510 443514	
HEA001 Bed & Breakfast R6510 443516		**HEA015** Sanitary Code Booklets R6510 432305	
HEA025 Burial Permits R6510 443517		**HEA016** Septic Tank Permit-Installers R6510 443511	
HEA002 Catering License R6510 443507		**HEA017** Septic Tank Permit-Private R6510 443510	60.00
HEA003 Food Handler R6510 443515		**HEA018** Septic Tank Reinspection Fee R6510 432301	
HEA004 Frozen Desserts R6510 443501		**HEA026** Smoking & Tobacco Reg. Violations R6510 443518	
HEA024 Funeral Director License R6510 443502		**HEA019** Sub-Division Review Fee R6510 432306	
HEA005 Health Dept. Housing Insp. R6510 432302		**HEA012** Swimming Pool Permits R6510 443512	
HEA006 Massage Therapy License R6510 443504		**HEA023** TB Clinic R6510 432303	
HEA007 Milk & Cream License R6510 443500		**HEA020** Tanning License R6510 443509	
HEA008 Motel License R6510 443506		**HEA022** Tobacco License R6510 443505	
HEA010 Removal of Offal R6510 443513		**HEA**	
HEA011 Percolation Test Fees R6510 432300	100.00	**HEA**	
HEA013 Recreation Camp License. R6510 443503			

TOTAL FEE: 160.00

Inspection Services/Health Department

3/12/98
Date

TOWN OF AMHERST
MISC CASH RECEIPTS
Date / Time : 03/12/98 15:05:41
Payment : $100.00
Receipt # : 46710
Check/Credit Card #:
Clerk : kuprasa
Paid by : TERENCE KENNEDY

TOWN OF AMHERST
MISC CASH RECEIPTS
Date / Time : 03/12/98 15:05:28
Payment : $60.00
Receipt # : 46711
Check/Credit Card #: 3212/0219
Clerk : kuprasa
Paid by : TERENCE KENNEDY

Must be validated by the Collector's Office to be considered paid.

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