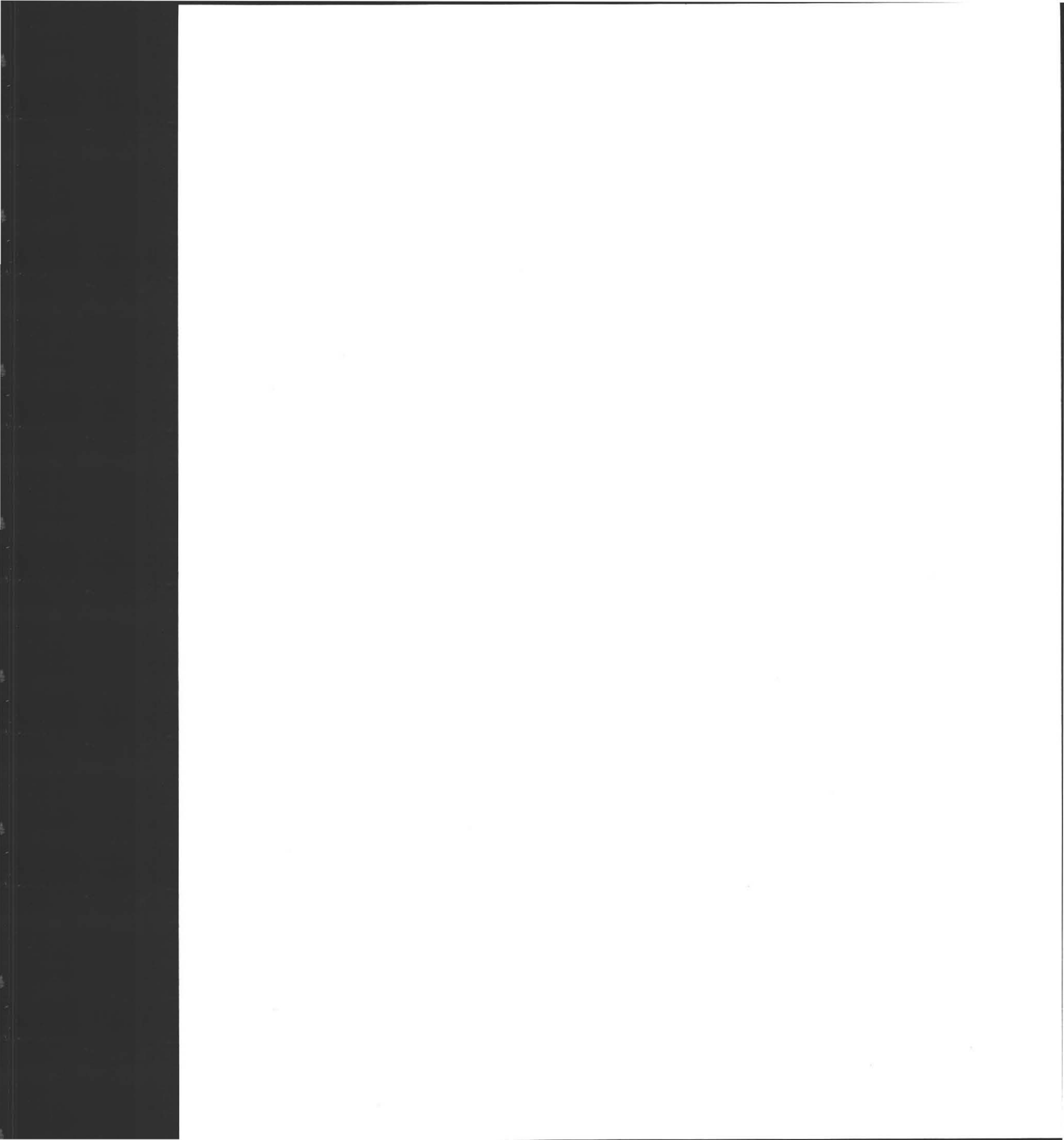


16 Foxglove







CUST NAME
4 BOLTWOOD AVENUE
04/09/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 07:51

CUST NAME

0
DEPT

DE HEA058

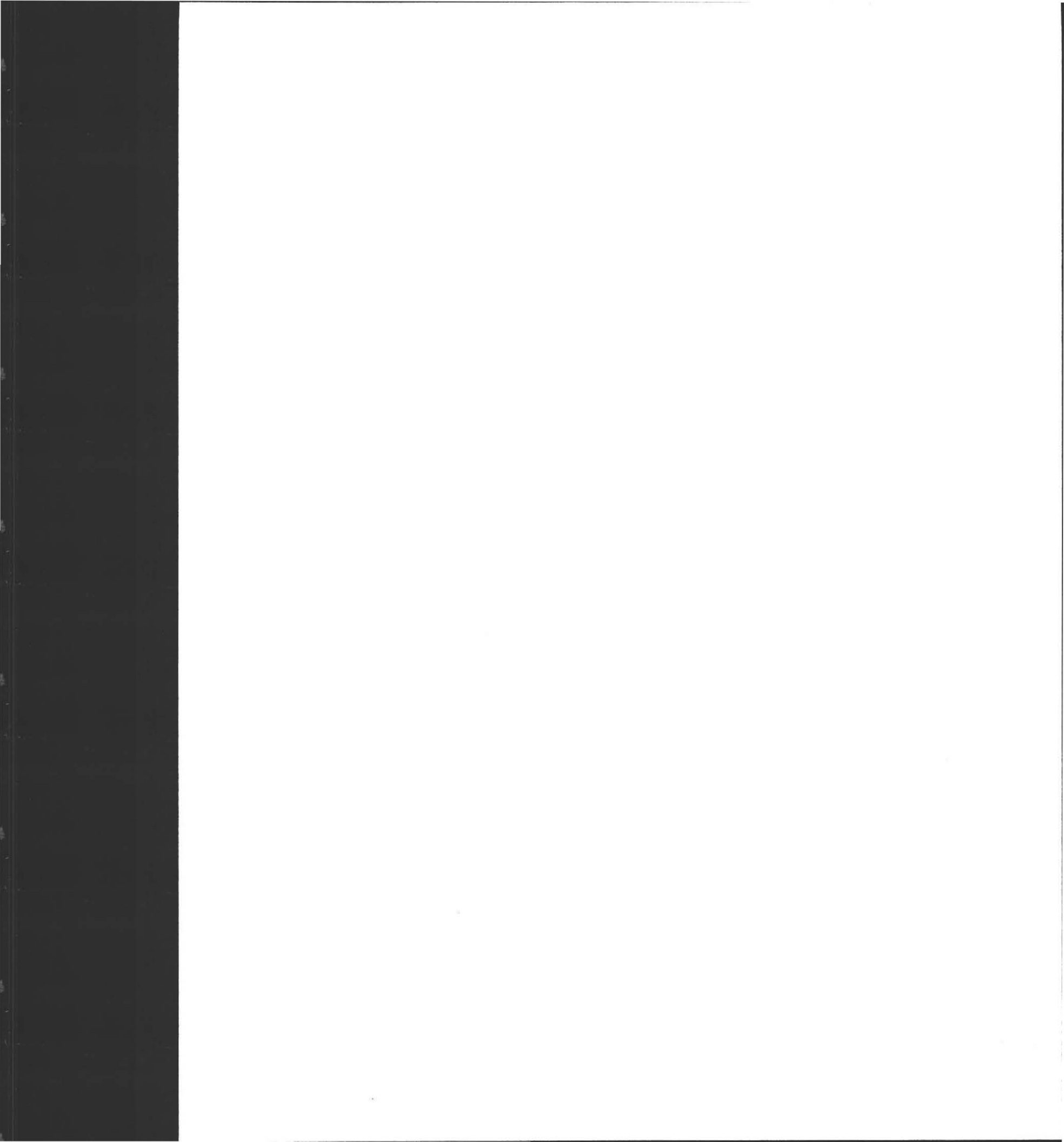
TITLE V WI 200.

RECPT TOTAL

200.00
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6724

AMOUNT





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

16 Foxglove Lane

Property Address

Kenneth and Peggy Brownell

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.05.2012

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. Please see completeness checklist at the end of the form.

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, M.S, Hydrogeologist, RS # 933

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

738

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

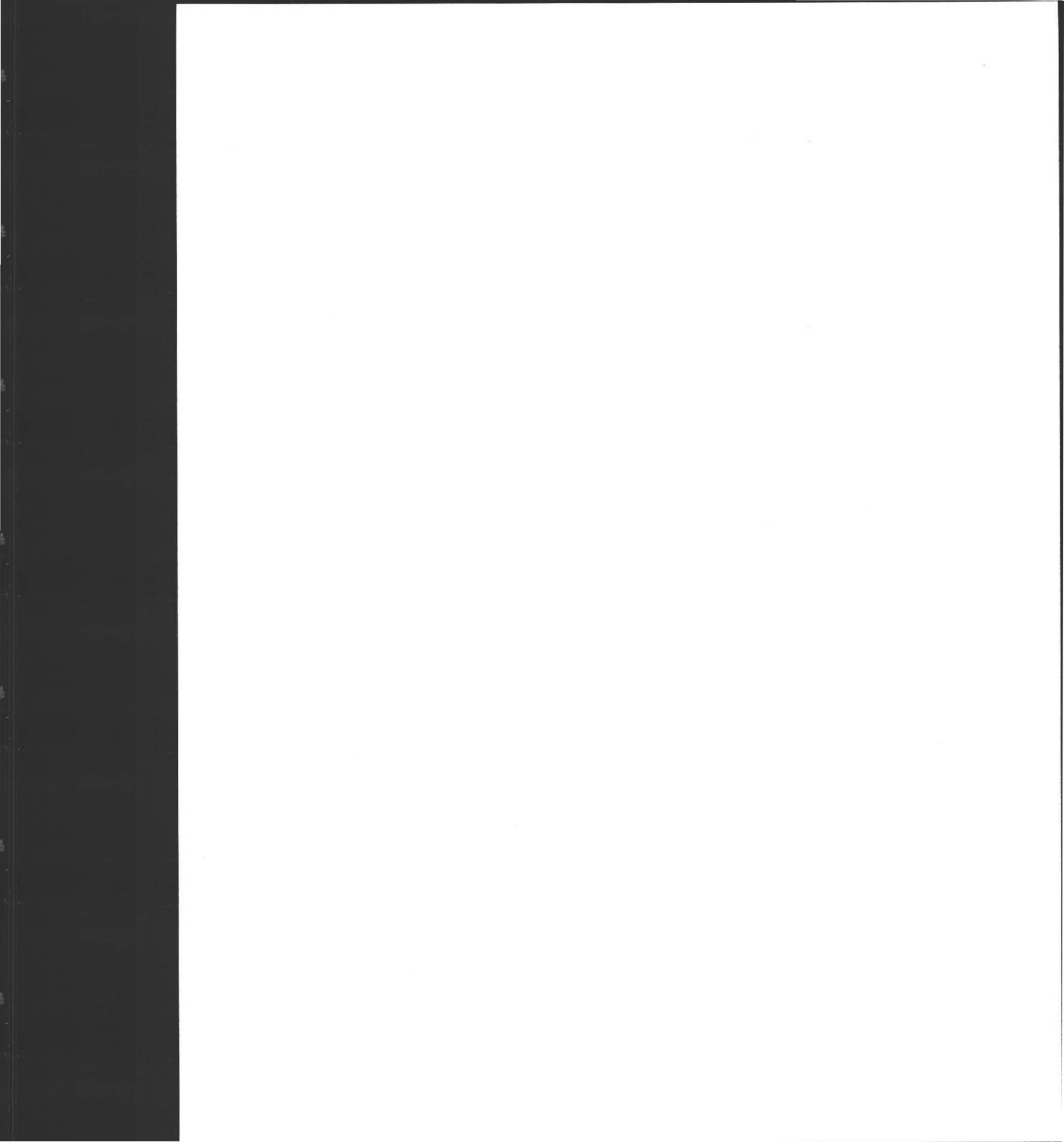
Inspector's Signature

04.05.2012

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.





Commonwealth of Massachusetts

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16 Foxglove Lane

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04.05.2012

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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:

Property has 1500 Gal S. tank & 1000 gal. leach tank (of 28+ yrs age). Tank was in fair condition with inlet and outlet baffles in place. All Levels (& staining) found functional and no signs of failure noted. Elevation of base of l. tank established to be over depth to highest adjacent wetland/GW level. House occupied by 2 persons, Garbage grinders are not recommended but is allowed on original permit.

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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

Y N ND (Explain below):

Blank lines for explanation of ND responses.



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Owner information is required for every page.

B. Certification (cont.)

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 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 must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

Yes No

- Yes No Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
- Yes No Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
- Yes No Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- Yes No Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow



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04.05.2012

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B. Certification (cont.)

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <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. [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.] |
| <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"/> | 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.

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

16 Foxglove Lane

Property Address

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Owner's Name

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04.05.2012

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Owner information is required for every page.

C. Checklist

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

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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): -



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

16 Foxglove Lane

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04.05.2012

Date of Inspection

D. System Information

Description:

1500 gallon S. tank and 1000 gal. I. tank 10.5' l x 7.' w x 5' depth

Number of current residents:

2

Does residence have a garbage grinder?

[X] Yes [] No

Is laundry on a separate sewage system? [if yes separate inspection required]

[] Yes [X] No

Laundry system inspected?

[] Yes [] No

Seasonal use?

[] Yes [X] No

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

n/a

Detail:

No separate laundry noted. connected to main system.

Sump pump?

[] Yes [X] No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

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:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

16 Foxglove Lane

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04.05.2012

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Last date of occupancy/use:

current

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

2002 & 2011

Was system pumped as part of the inspection?

[X] Yes [] No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

meas

Reason for pumping:

Inspection, check tank for infiltration

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...
[] Tight tank. Attach a copy of the DEP approval.
[] Other (describe):



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

16 Foxglove Lane

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01002

Zip Code

04.05.2012

Date of Inspection

D. System Information (cont.)

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

28+

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2.5
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

Septic Tank (locate on site plan):

Depth below grade:

2.0 ft
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes No

Dimensions:

10.5' x 5.5' x 4.2'

Sludge depth:

3"



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

16 Foxglove Lane

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MA

01002

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Date of Inspection

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 38"

Scum thickness 3"

Distance from top of scum to top of outlet tee or baffle 5"

Distance from bottom of scum to bottom of outlet tee or baffle 10"

How were dimensions determined? meas.

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 had inlet & outlet baffles in place, level was good prior to pumping.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

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: _____ Date



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

16 Foxglove Lane
Property Address

Kenneth and Peggy Brownell
Owner's Name

Amherst MA 01002 04.05.2012
City/Town State Zip Code Date of Inspection

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.):

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 per day

Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____ Date

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

* Attach copy of current pumping contract (required). Is copy attached? Yes No



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

16 Foxglove Lane

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D. System Information (cont.)

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

Depth of liquid level above outlet invert _____

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

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:

see sketch



Commonwealth of Massachusetts

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D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number: 10.5' x 7' x 5' ht.
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 signs of ponding, stone, No sign of seasonal high groundwater.

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



Commonwealth of Massachusetts

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D. System Information (cont.)

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.):



Commonwealth of Massachusetts

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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately



Commonwealth of Massachusetts

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D. System Information (cont.)

Site Exam:

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

Estimated depth to high ground water: 10+ feet

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

- Obtained from system design plans on record
If checked, date of design plan reviewed: 1984, Felios, & Drake
Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
Work in area
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

Records on file and elvation of terraced area.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



Commonwealth of Massachusetts

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E. Report Completeness Checklist

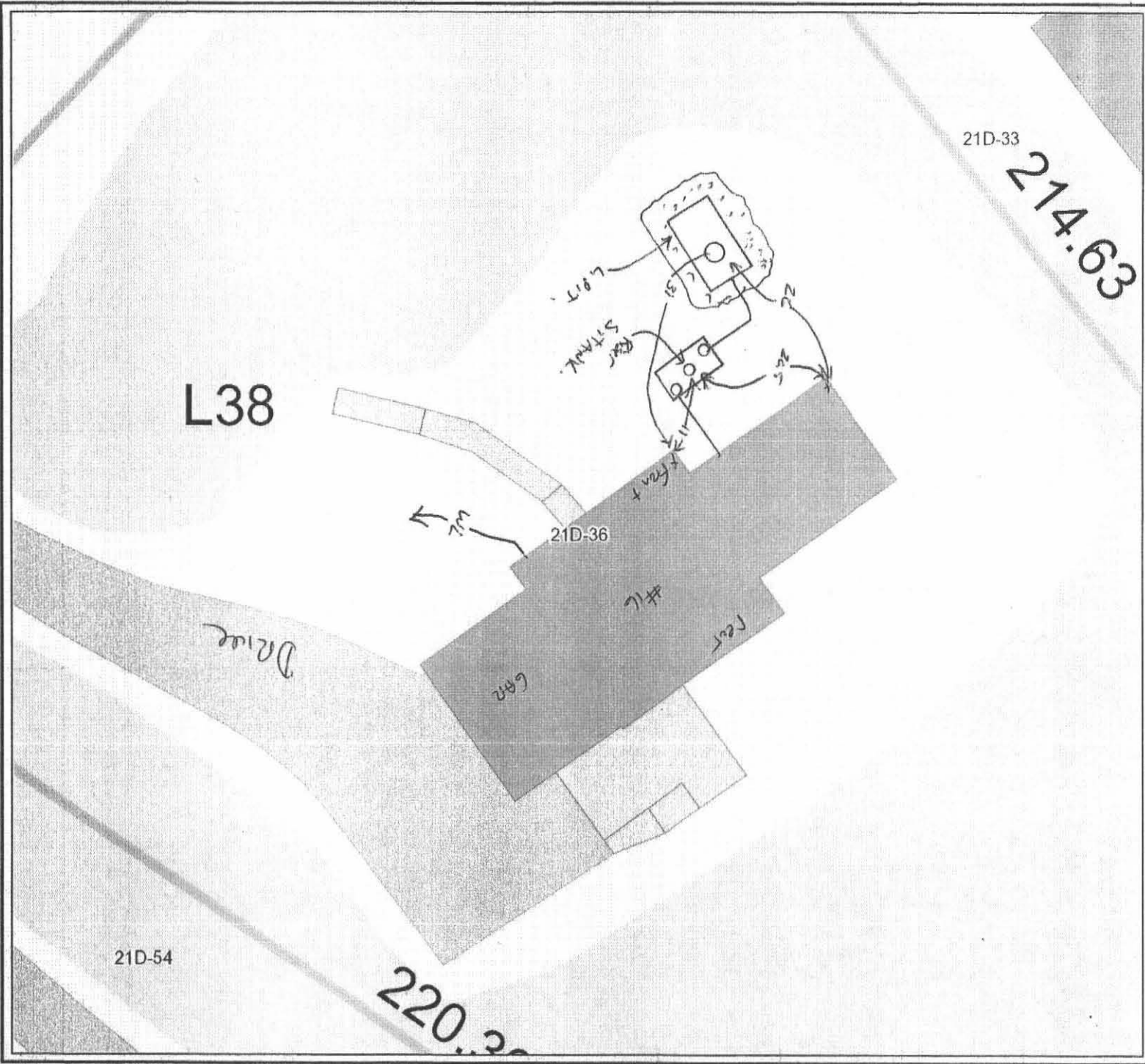
- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



S. Tank Outlet baffle
16 Foxglove Lane
Amherst, MA
04.05.2012



Leaching Tank
16 Foxglove Lane
Amherst, MA
04.05.2012



- Property Map**
- Property Lines
 - Property Line
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
 - Other Property Lines
 - Former Property Line
 - Subdivision Lot Line
 - Easements
- Driveways**
- Driveway Paved
 - Driveway Unpaved
- Transportation**
- Sidewalks
 - Paved street polygons
 - Unpaved street polyg
- Bridges**
- Bridge decking and str
 - Foot Bridge
 - Rail Bridge
- Basemap**
- Trails
 - Rail Lines
- Structures**
- Building
 - Foundation or in const
 - Outbuilding or Miscell
 - Deck, Porch, Stairs or
 - Mobile home, Trailer
 - Swimming Pool
 - Building Ruins
 - Water storage tank
- Rivers and Streams**
- Streams
 - Major Culverts
 - Hydro Connector
 - Headwalls, Floodwalls
- Landcover**
- Brush and scrub vege
 - Tree and forest vege
 - Cultivated field
 - Gravel pile
 - Quarry
 - Misc Impervious Surfa
- Parking**
- Parking Paved
 - Parking Unpaved

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD88, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; 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. Utility structures and underground utility locations are approximate and require field verification.

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.

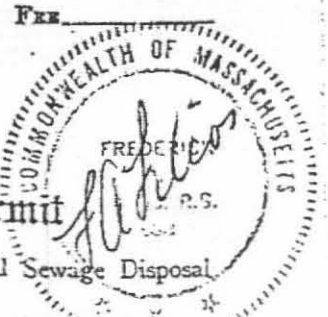
1" = 20 ft



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:

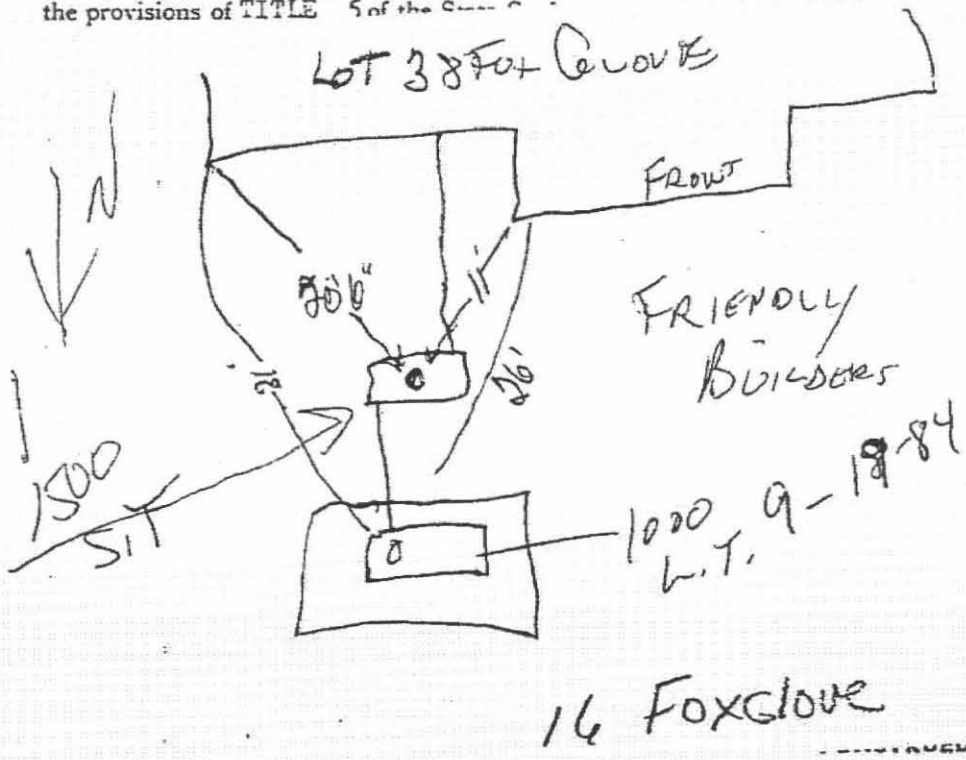
Amherst Woods Phase II #16 (lot 38) Fox Glove Lane
16 FOXGLOVE
Location - Address or Lot No.
Owner Address

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
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 1500 gallons Length Width Diameter Depth
Disposal Trench - No. Width Total Length Total leaching area 175 sq. ft.
Seepage Pit No. 1 Diameter 10 1/2 x 7' Depth below inlet 5' Total leaching area 73.5 sq. ft. Sides Bottom
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Frederic Filios Date May 1984
Test Pit No. 1 minutes per inch Depth of Test Pit Depth to ground water
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Enclosed
Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the Statutes of the Commonwealth and agrees not to place the system in



Date
Date
Date
Date

ted () or Reaired ()
y Code as described in the

DATE _____ Inspector _____

CHECK OR FILL IN WHERE APPLICABLE

...FACTORY. ... AS A GUARANTEE THAT THE



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, BOSTON MA 02108 (617) 252-6600

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

Property Address: 16 Foxglove Lane
Amherst, MA 01001
 Owner's Name: Jim & Judith Murphy
 Owner's Address: 16 Foxglove Lane
Amherst, MA 01001
 Date of Inspection: 06-Dec-02
 Name of Inspector: (Please print) John A. Kopinsky, P.E.
 Company Name: Innovative Engineering
 Mailing Address: 110 Chapin Greene Dr., Ludlow, MA 01056
 Telephone Number: 413/583-7930

*Hi Dave!
 Nice to hear from
 you. Hope all is fine.
 Sorry for the
 inconvenience!
 Thanks!
 JAM*

CERTIFICATION STATEMENT

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

Inspector's Signature: *John A. Kopinsky* Date: 16-Dec-02

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

Original design on file with the Amherst Board of Health indicates a 3-bedroom design with a garbage disposal.

****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 C
SYSTEM INFORMATION (continued)

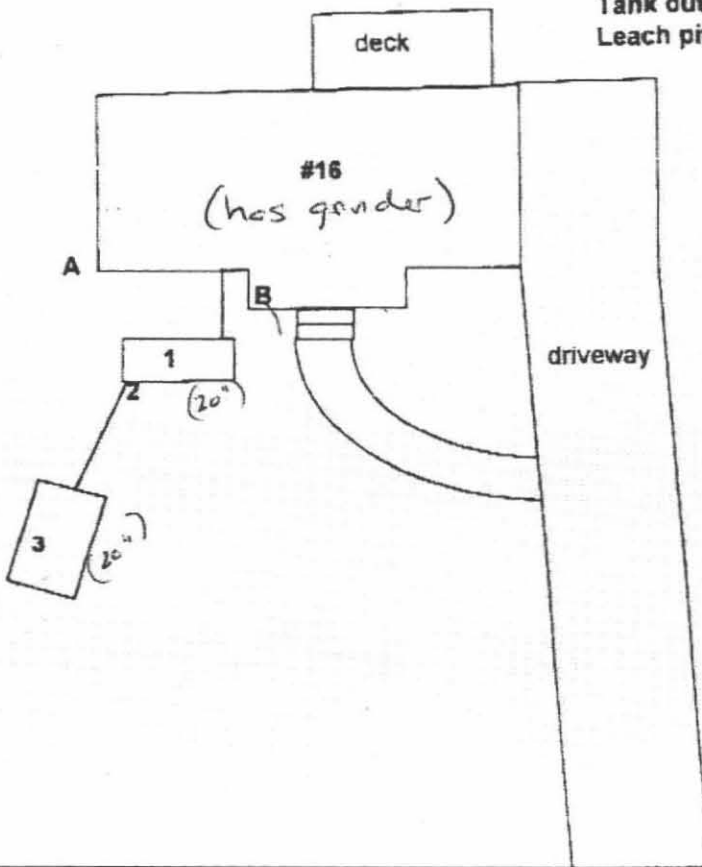
Property Address: 16 Foxglove Lane
Amherst, MA 01001
 Owner: Jim & Judith Murphy
 Date of Inspection: 06 Dec 02

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.

Ties to system components (ft)

	<u>A</u>	<u>B</u>
Center of tank (1)	20.5	11.5
Tank outlet (2)	18.5	16.5
Leach pit (3)	32.1	32.1 25



Foxglove Lane

NOT TO SCALE



COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, BOSTON MA 02108 (617) 212-6430

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

Property Address: 16 Foxglove Lane
Amherst, MA 01001
 Owner's Name : Jim & Judith Murphy
 Owner's Address : 16 Foxglove Lane
Amherst, MA 01001
 Date of Inspection: 06-Dec-02
 Name of Inspector: (Please print) John A. Kopinsky, P.E.
 Company Name: Innovative Engineering
 Mailing Address: 110 Chapin Greene Dr., Ludlow, MA 01056
 Telephone Number: 413/583-7930

*Hi Dave!
 Nice to hear from
 you. Hope all is fine.
 Sorry for the
 inconvenience!
 Thanks!
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- Passes
- Conditionally Passes
- Needs Further Evaluation By the Approving Authority
- Fails

Inspector's Signature: *John A. Kopinsky* Date: 16-Dec-02

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

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***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.

Innovative Engineering

110 Chapin Greene Dr.

Ludlow, MA 01056

Phone : 413/583-7930 FAX : 413/583-8771

10-Dec-02

**Health Department
Town of Amherst
70 Boltwood Walk
Amherst, MA 01002**

**Re: 16 Foxglove Lane
Amherst, MA
Project #021101**

Gentlemen,

Enclosed, please find a copy of a Title 5 inspection report for the above referenced property performed for Jim and Judith Murphy. As you can see, we are certifying that the sewage disposal system at this address has passed the requirements of 310 CMR 15.000

If you should have any questions or require any additional information, please feel free to contact our office.

Very truly yours,



**John A. Kopinsky, P.E.
Innovative Engineering**

cc: Mr. Jim Murphy

*It -
I called
John
DIDN'T
SIGN
FRONT COVER*



**COMMONWEALTH OF MASSACHUSETTS
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 ONE WINTER STREET, BOSTON MA 02126 (617) 252-6400**

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

Property Address: 16 Foxglove Lane
Amherst, MA 01001

Owner's Name : Jim & Judith Murphy

Owner's Address : 16 Foxglove Lane
Amherst, MA 01001

Date of Inspection: 06-Dec-02

Name of Inspector: (Please print) John A. Kopinsky, P.E.

Company Name: Innovative Engineering

Mailing Address: 110 Chapin Greene Dr., Ludlow, MA 01056

Telephone Number: 413/583-7930

CERTIFICATION STATEMENT

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

Inspector's Signature: _____ **Date:** 12-Dec-02

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

Original design on file with the Amherst Board of Health indicates a 3-bedroom design with a garbage disposal.

******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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

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 following 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 septic 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

ND explain :

Observation of sewage backup or breakout 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 levelled 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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

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 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 a 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 well.
- ___ 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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

D. System Failure Criteria applicable to all systems:

You **must** indicate "yes" or "no" to each of the following for **all** inspections:

- | YES | NO | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high groundwater elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply |
| <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. [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 | |
|--------------------------|--------------------------|--|
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

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

- | YES | NO | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period ? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back-up ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of breakout ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site ? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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 | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

FLOW CONDITIONS

RESIDENTIAL

Design flow: 110 g.p.d./bedroom
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 gpd
Number of current residents: 2
Does residence have a garbage grinder (yes or no): yes
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 two year's usage-gpd): 50
Sump pump (yes or no): no
Last date of occupancy: current

COMMERCIAL/INDUSTRIAL

Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sq ft, etc.): _____
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present (yes or no): _____
Non-sanitary waste discharge to the Title 5 system (yes or no): _____
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER: (Describe) _____

GENERAL INFORMATION

Pumping Records Last pumped 2 years ago. Pumper - Riverdrive Excavating
Source of information: Owner
Was system pumped as part of 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) Tank & leach chamber

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

1984 per Owner & BOH

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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

BUILDING SEWER: (locate on site plan)

Depth below grade: 30"
Materials of construction: ___ cast iron 40 PVC ___ other (explain) _____
Distance from private water supply well or suction line: n/a
Comments: (condition of joints, venting, evidence of leakage, etc.)
joints were tight with no sign of leakage

SEPTIC TANK: (locate on site plan)

Depth below grade: 23"
Material of construction: 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: 110"L x 62"W x 51"D
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 30"
Scum thickness: 0"
Distance from top of scum to top of outlet tee or baffle: 7"
Distance from bottom of scum to bottom of outlet tee or baffle: 19"
How dimensions were determined: field measured with a probe
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 fluid level observed to be at outlet invert. Tank & baffles in good condition.
Owner should maintain regular pumping schedule.

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 bottom 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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

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

Depth below grade: _____
Material of construction: _____ concrete _____ metal _____ fiberglass _____ polyethylene
_____ other(explain) _____
Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order: (yes/no): _____
Date of previous 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: _____
Comments (note if box is level and distribution to outlets is 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 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: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

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

If SAS not located, explain why:

Type

- leaching pits, number: _____
- leaching chambers, number: 1 @ 4' x 8'
- 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.):

Vegetation was uniform, soil was dry with no signs of failure.

CESSPOOLS: (cesspool must be pumped as part of inspection)(locate on site plan)

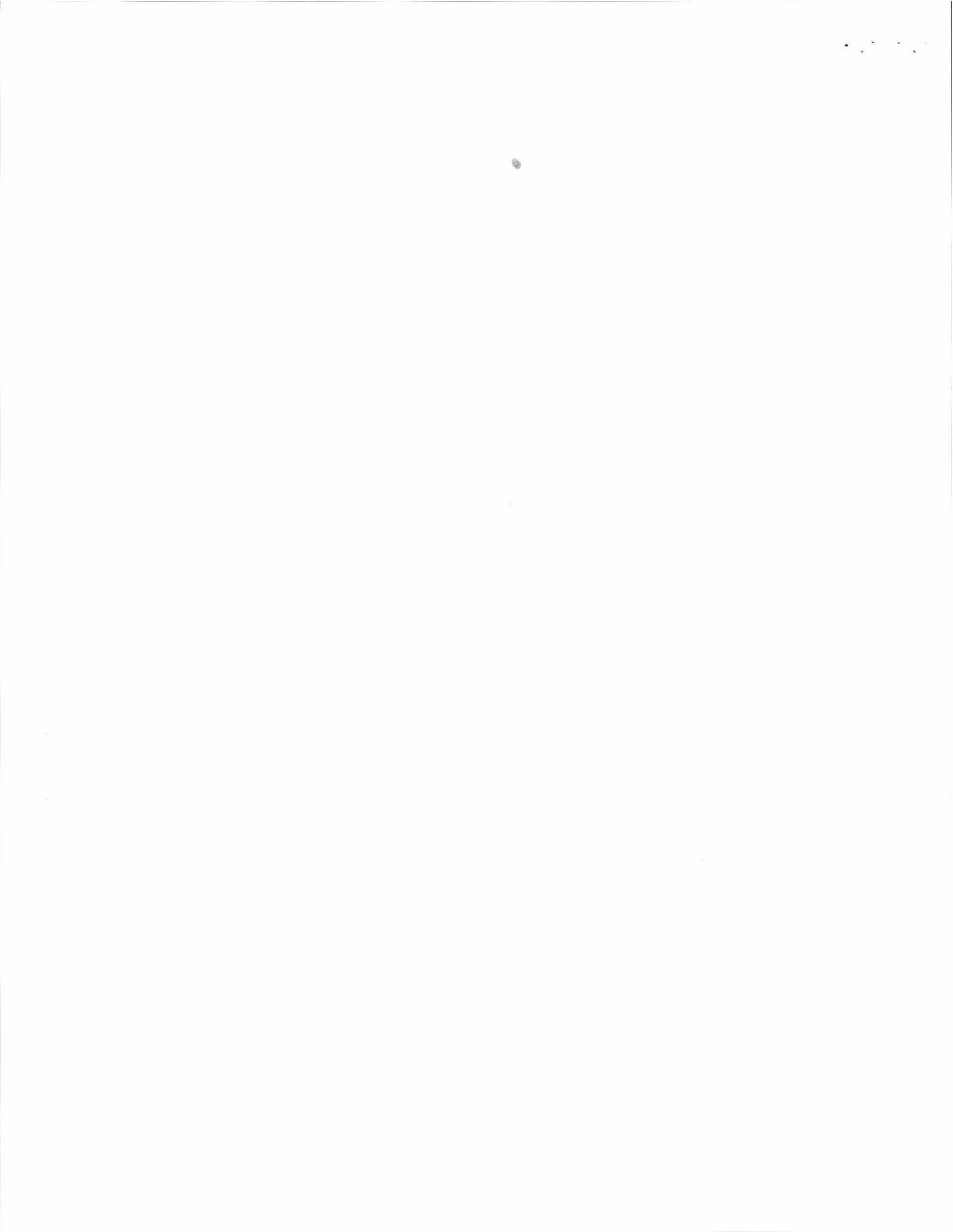
- Number and configuration: _____
- Depth-top of liquid to inlet invert: _____
- Depth of solids layer: _____
- Depth of scum layer: _____
- Dimensions of cesspool: _____
- Materials of construction: _____
- Indication of groundwater inflow (yes or no): _____

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)**

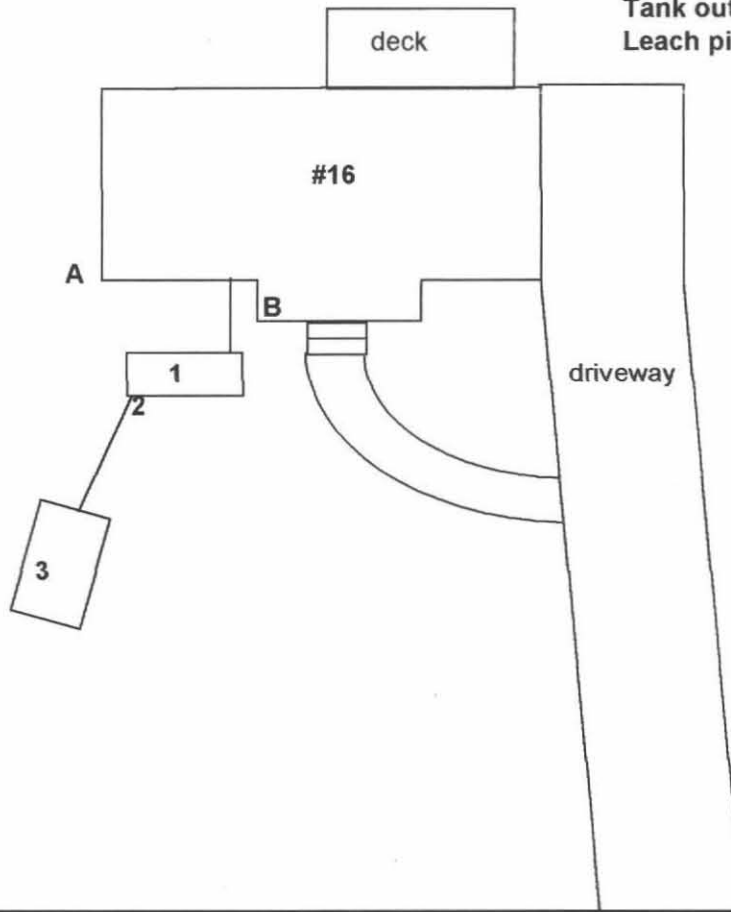
Property Address: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

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.

Ties to system components (ft)

	<u>A</u>	<u>B</u>
Center of tank (1)	20.5	11.5
Tank outlet (2)	18.5	16.5
Leach pit (3)	32.1	32.1



Foxglove Lane

NOT TO SCALE

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

Property Address: 16 Foxglove Lane
Amherst, MA 01001
Owner: Jim & Judith Murphy
Date of Inspection: 06-Dec-02

SITE EXAM

Slope 4.0%
Surface water none
Check Cellar dry
Shallow wells _____

Estimated Depth to Groundwater >48" 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: June, 1984
- Observed Site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain: design plans
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain: _____

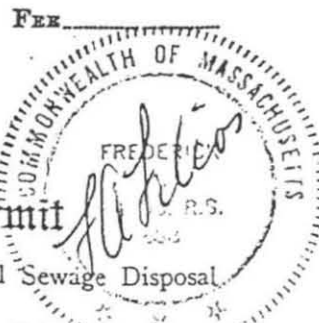
You must describe how you established the high ground water elevation:

Observed site - front portion of lot is greater than 10 feet lower than the elevation of the system.

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:

Amherst Woods Phase II #16 (lot 38) Fox Glove Lane
16 FOXGLOVE
Location - Address or Lot No.

Owner Address
Installer Address

Type of Building
Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 320 gallons.

Septic Tank - Liquid capacity 1500 gallons Length Width Diameter Depth

Disposal Trench - No. Width Total Length Total leaching area 175 sq. ft.

Seepage Pit No. 1 Diameter 10 1/2 x 7' Depth below inlet 5' Total leaching area 73.5 sq. ft. Sides Bottom

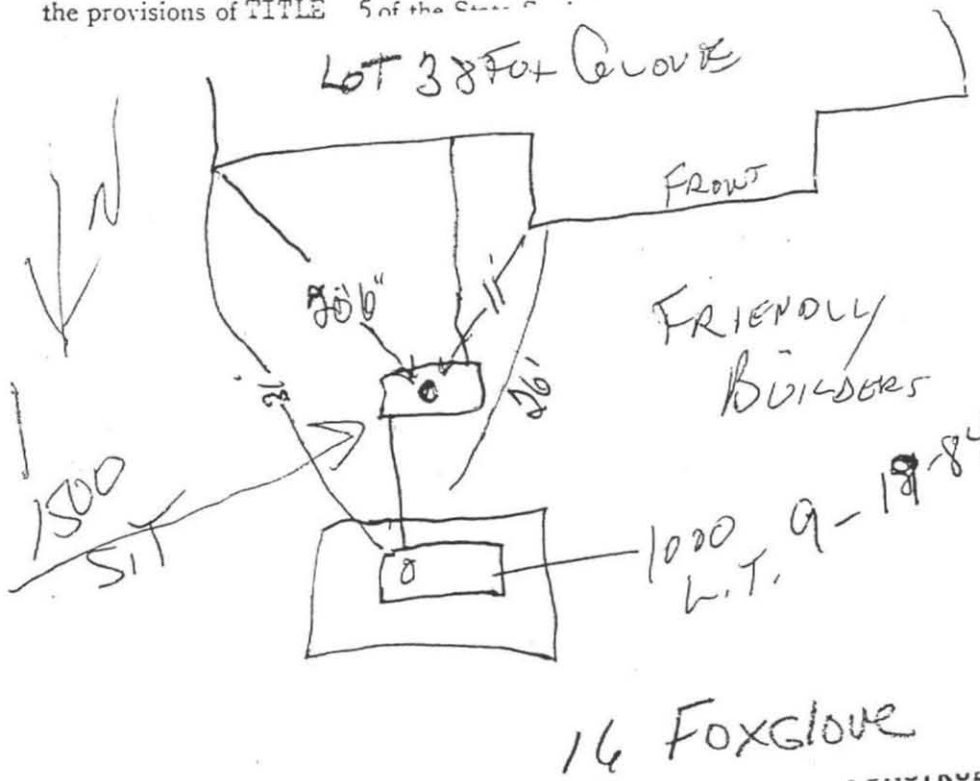
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Frederick Filios Date May 1984

Test Pit No. 1 minutes per inch Depth of Test Pit Depth to ground water
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Enclosed

Nature of Repairs or Alterations - Answer when applicable

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Statutes and agrees not to place the system in



Date
Date
Date
Date

ted () or Repaired ()
y Code as described in the

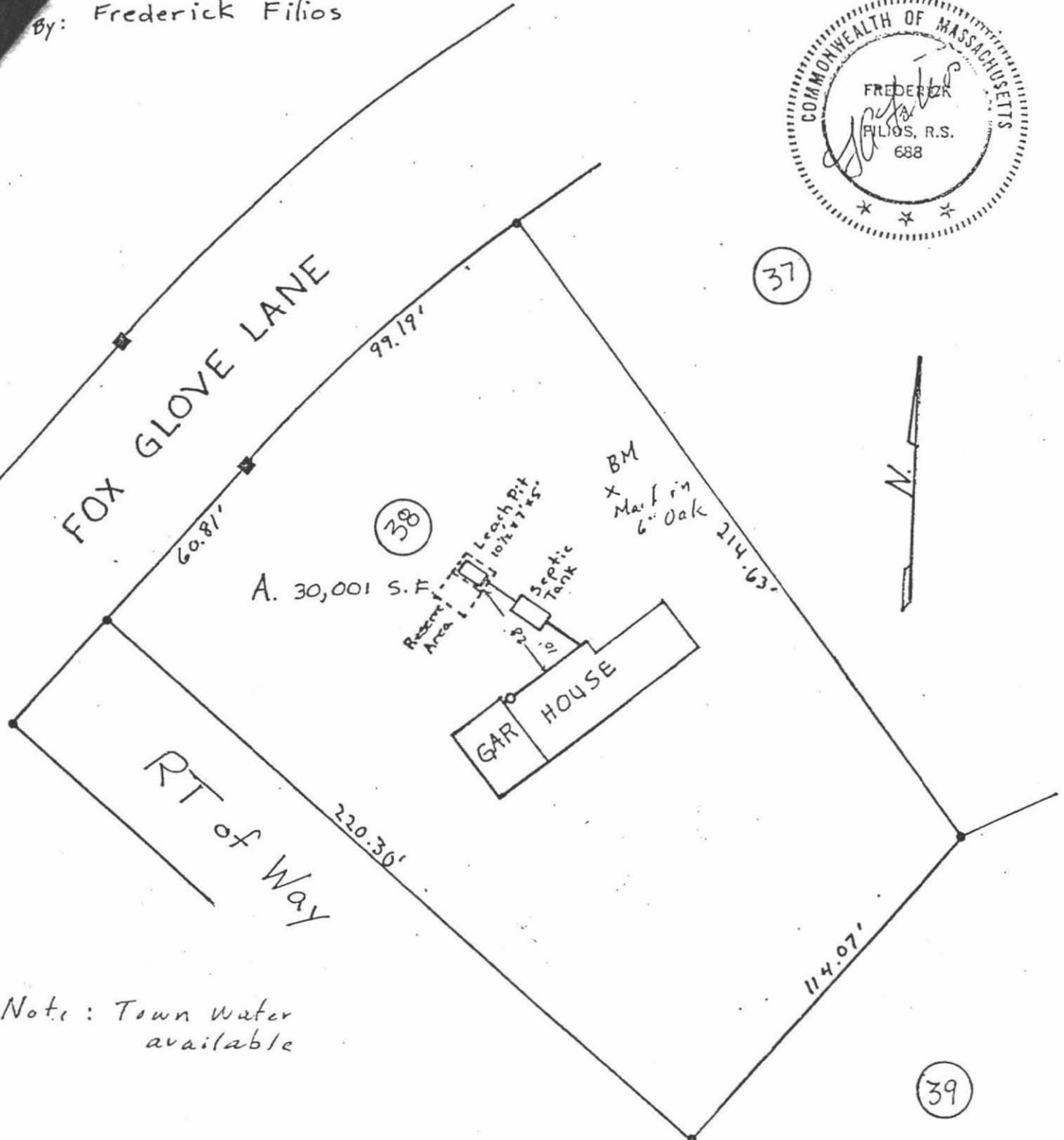
SHOWING SEWAGE DISPOSAL

Amherst Woods Phase II
Friendly Builders Inc
#38 Mr. Harvey Sansoucy

JUNE 1984

Scale: 1" = 40'

By: Frederick Filios



Note: Town water available



LOT 38 Fox Glove

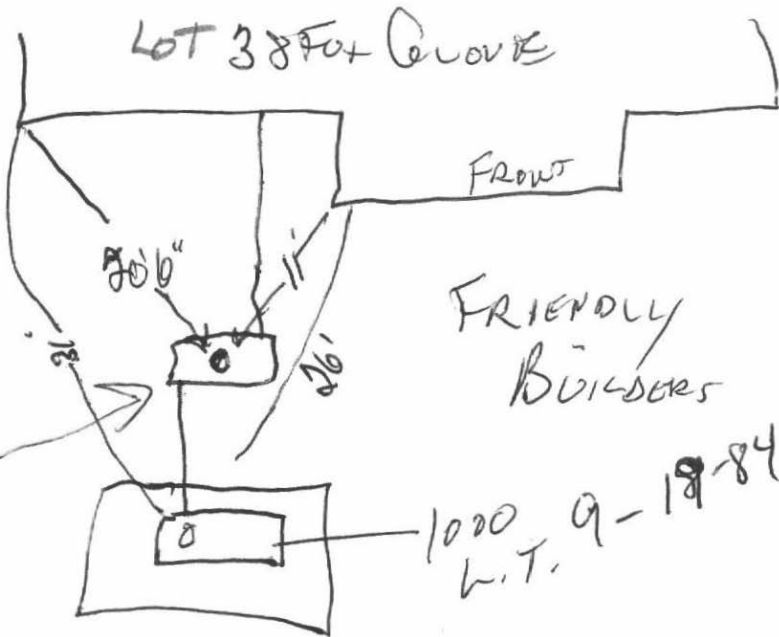
FRONT

FRIENDLY
BUILDERS

1000 9-19-84
W.T.

16 Foxglove

1500
SIT



No. 84-24

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:

116 Amherst Woods Phase II Location - Address 38 Fox Glove Lane
FR. PEESO Installer FRANCIS D. BEGEMAN Address 3 Barrett St Belchertown

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
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 1500 gallons Length _____ Width _____ Diameter _____ Depth _____

Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 1 Diameter 10 1/2 x 7' Depth below inlet 5' Total leaching area 175 sq. ft. 73.5 sq. ft. *Sides Bottom*

Percolation Test Results Performed by Frederick Filios Date May 1984

Test Pit No. 1 2 minutes per inch Depth of Test Pit 40" Depth to ground water NO WATER
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil Enclosed

Nature of Repairs or Alterations - Answer when applicable _____

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State 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 Harry Sawyer Date 6/21/84
Application Approved By [Signature] Date 6/21/84

Application Disapproved for the following reasons: _____

Permit No. 84-24 Issued 6-21-84 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 _____

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

Town OF Amherst

No. 84-24

FEE \$90

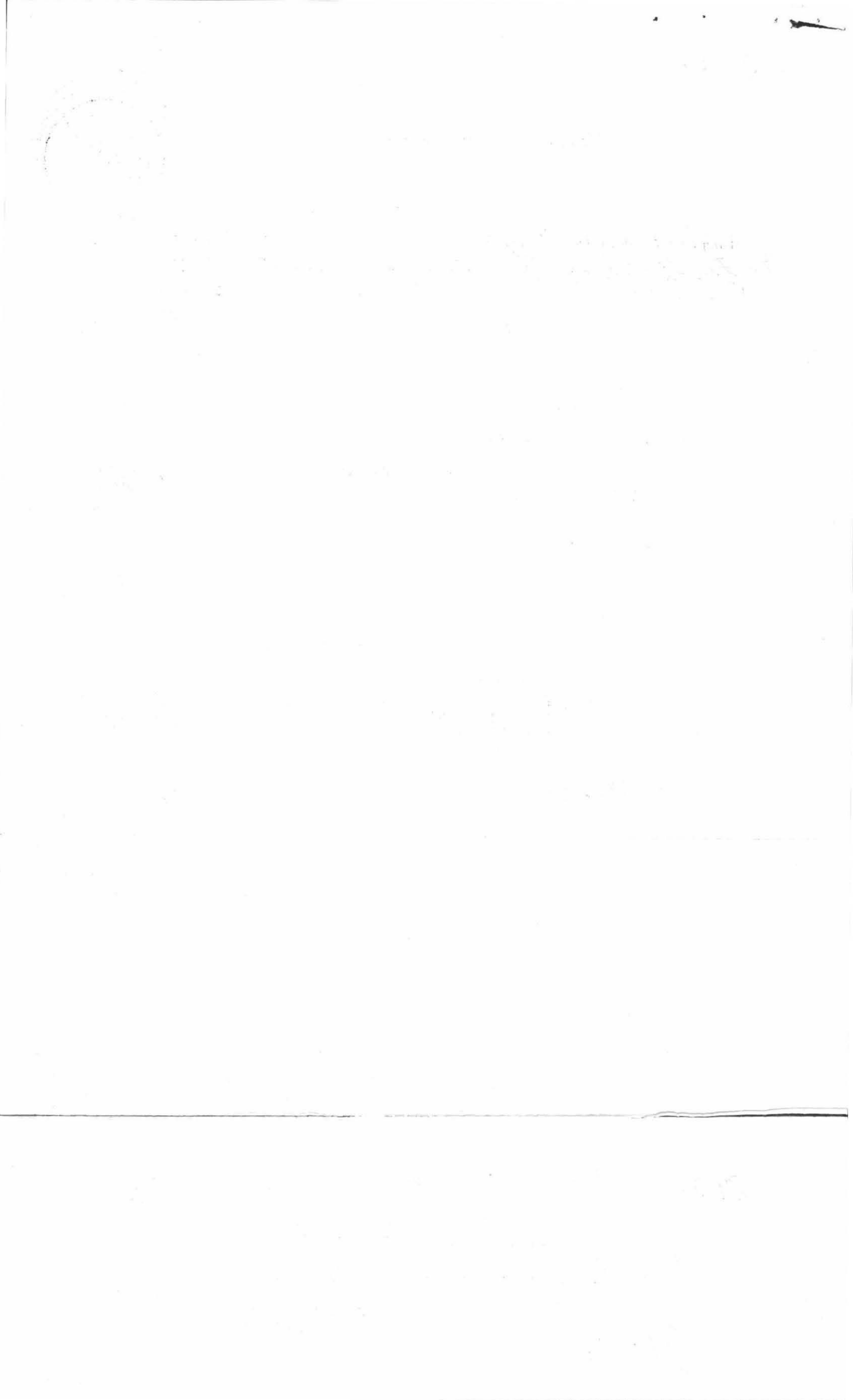
Disposal Works Construction Permit

Permission is hereby granted FRANCIS D. BEGEMAN - FR. PEESO to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot 38 Fox Glove Ln Amherst Woods

as shown on the application for Disposal Works Construction Permit No. 84-24 Dated 6-21-84

DATE 6/21/84 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



No.

FEE

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:

Amherst Woods Phase II Location - Address 38 Fox Glove Lane or Lot No.

Owner Address

Installer Address

Type of Building Size Lot 30,001 Sq. feet

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

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 1500 gallons Length Width Diameter Depth

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

Seepage Pit No. 1 Diameter 10 3/4 x 7' Depth below inlet 5' Total leaching area 175 sq. ft.

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by Frederick Filios Date May 1984

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

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

Description of Soil Endosed

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State 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

Application Approved By

Application Disapproved for the following reasons:

Permit No.

Issued

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

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

Sides Bottom



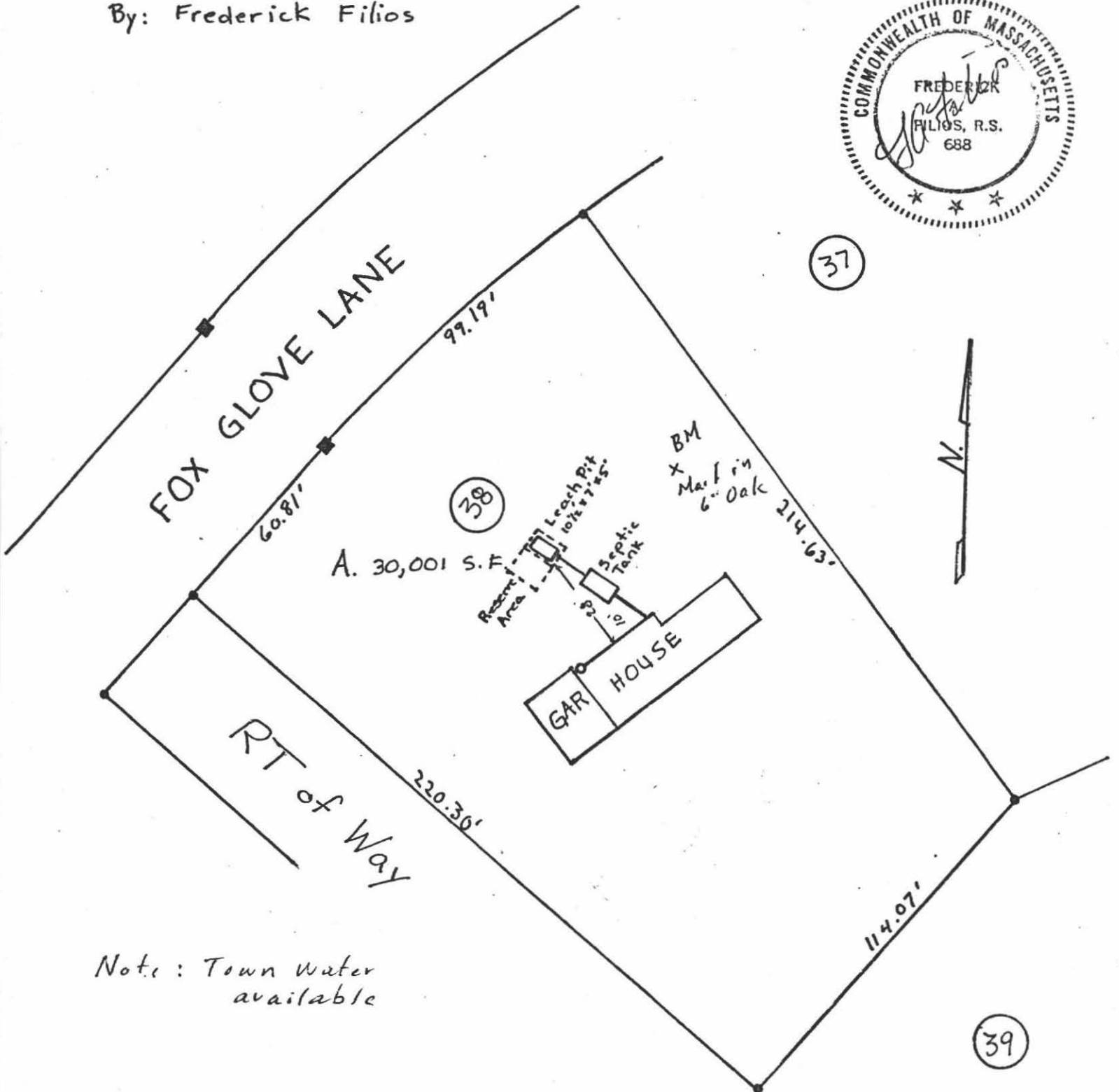
PLAN SHOWING SEWAGE DISPOSAL DISPOSAL

For: Amherst Woods Phase II
Friendly Builders Inc
Lot #38 Mr. Harvey Sansoucy

JUNE 1984

Scale: 1" = 40'

By: Frederick Filios



Note: Town water available



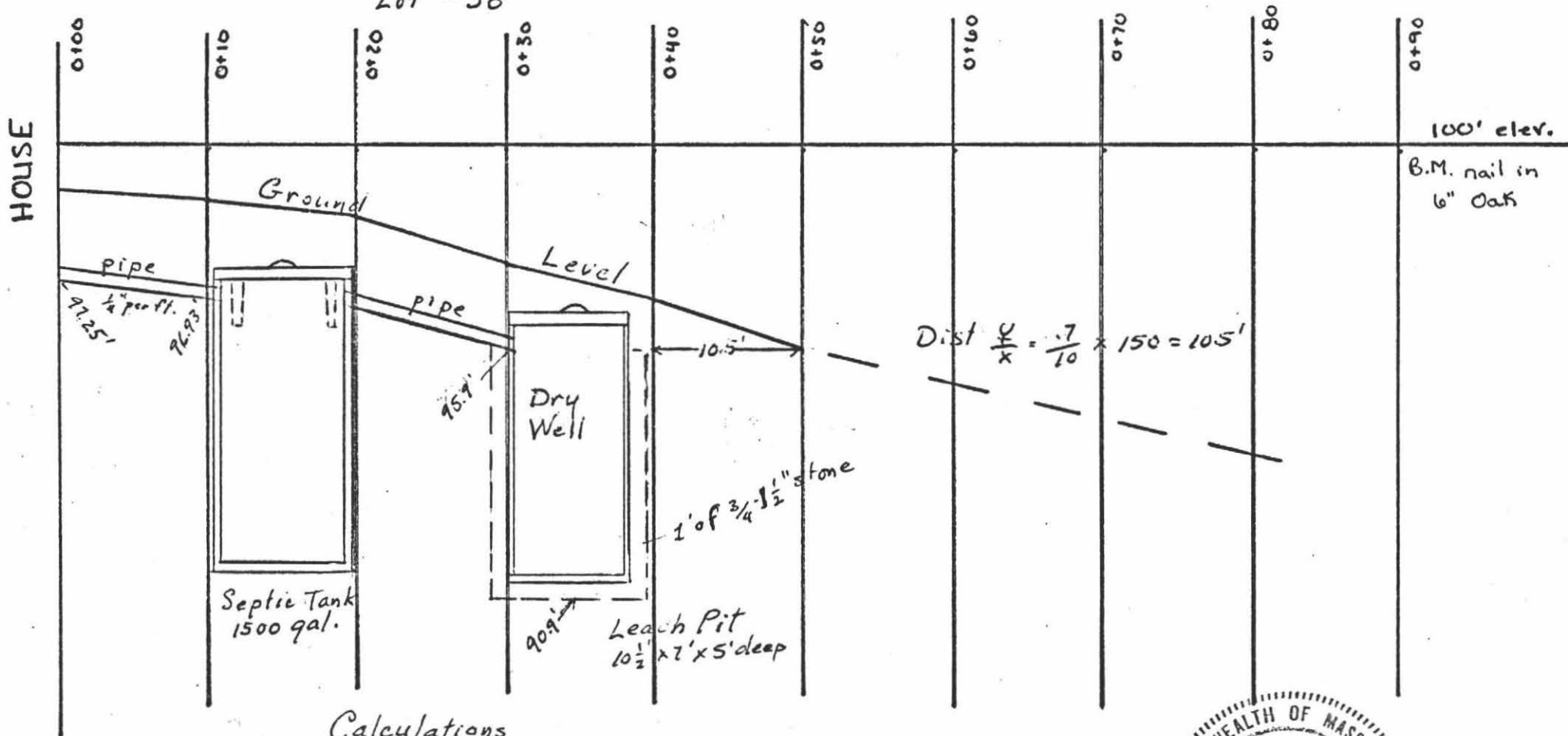
PROFILE OF SEPTIC SYSTEM

June 1984

For: Friendly Builders Inc
 Harvey Sencousy
 Belchertown Mass
 At: Amherst Woods Phase II
 Lot #38

Scale: Horizontal; 1" = 10'
 Vertical; 1" = 3'

By: Frederick Filios



Calculations

3 Bdm x 110 = 330 gallons flow

At 2 min. per inch

Sides: 2.5 gal. per sq. ft.

Bottom: 1 gal. per sq. ft.

Sides: $10.5 \times 5 \times 2 = 105$ Sq. ft

$7 \times 5 \times 2 = 70$ Sq. ft.

$175 \times 2.5 = 437.5$ gallons

Bottom $10.5 \times 7 = 73.5 \times 1 = 73.5$ gallons

Total 511.0 gallons proposed!





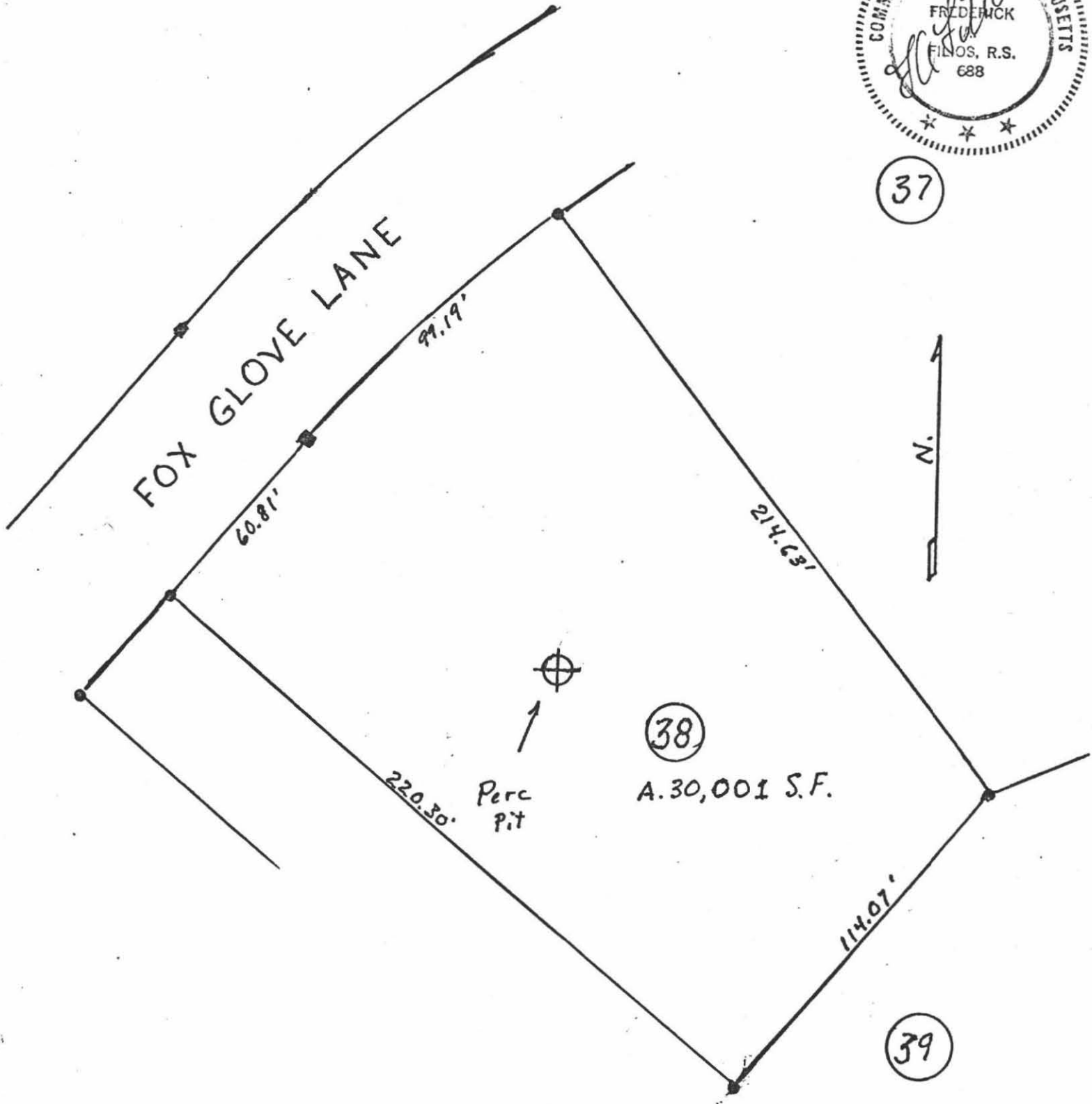
PERCOLATION TEST LOCATION

For: Amherst Woods Phase II
Lot #38, Freindly Builders, Inc.
Scale: 1" = 40'
By: Frederick Filios

May 1984



(37)



(39)



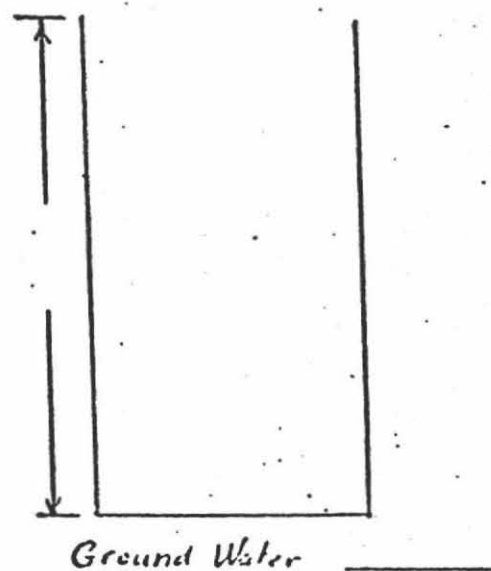
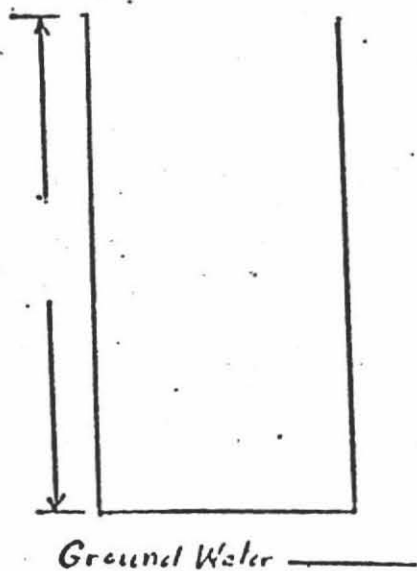
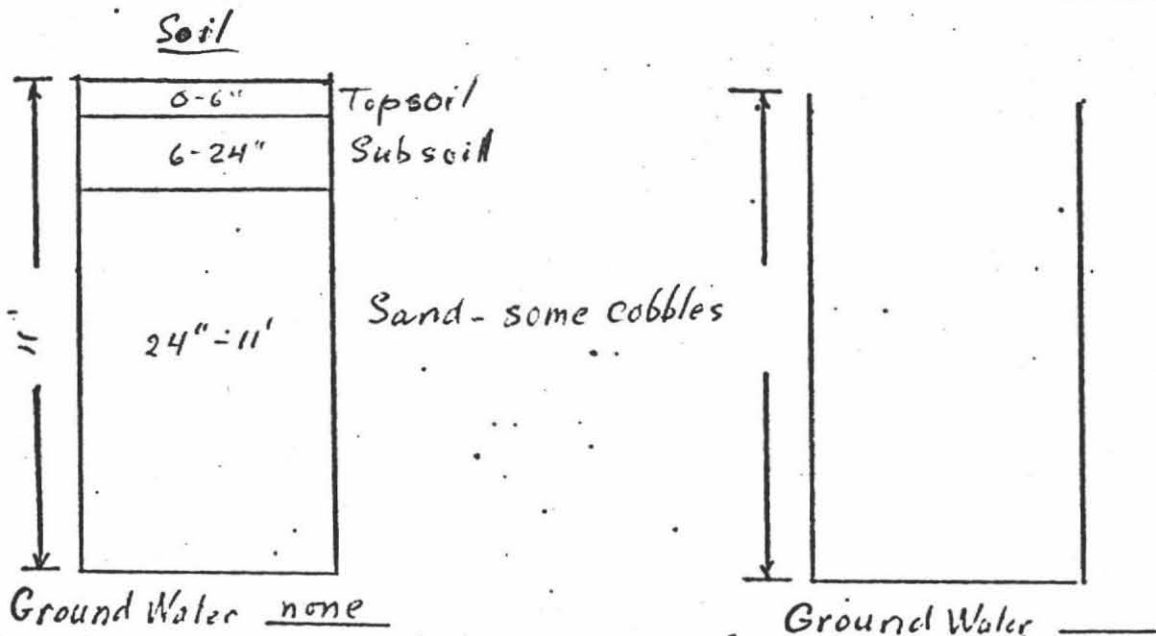
DEEP SOIL LOGS

OWNER Amherst Woods Phase II

Date May 1984

LOCATION Amherst Woods Lot #38

OBSERVER EA. Filios



Percolation Rate at 32"

< 2 minutes/finch



