April 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: April 6, 2012

TO

Margaret & Kenneth Brownell

16 Foxglove Lane Amherst MA 01002

RE: Invoice for

Septic Title V witness: 563 Montague Road, Amherst MA

Services provided by

Edmund Smith

PAYMENT TERMS: I PAID

QUANTITY	DESCRIPTION	UNIT PRICE;	LIN	IE TOTAL
1.00	Septic Title V witness: System passed Rec'd today your check #6724 for \$200.00 this invoice is paid in full/thank you	\$ 200.00	\$	200.00
	Rec'd today your check #6724 for \$200.00			
	this invoice is paid in full/thank you			
		SUBTOTAL SALES TAX		200.00
		TOTAL	S	200.00



App-13139 Batuli-4557

TOTAL \$

200.00

April 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: April 6, 2012

TO

Margaret & Kenneth Brownell

16 Foxglove Lane Amherst MA 01002

RE: Invoice for

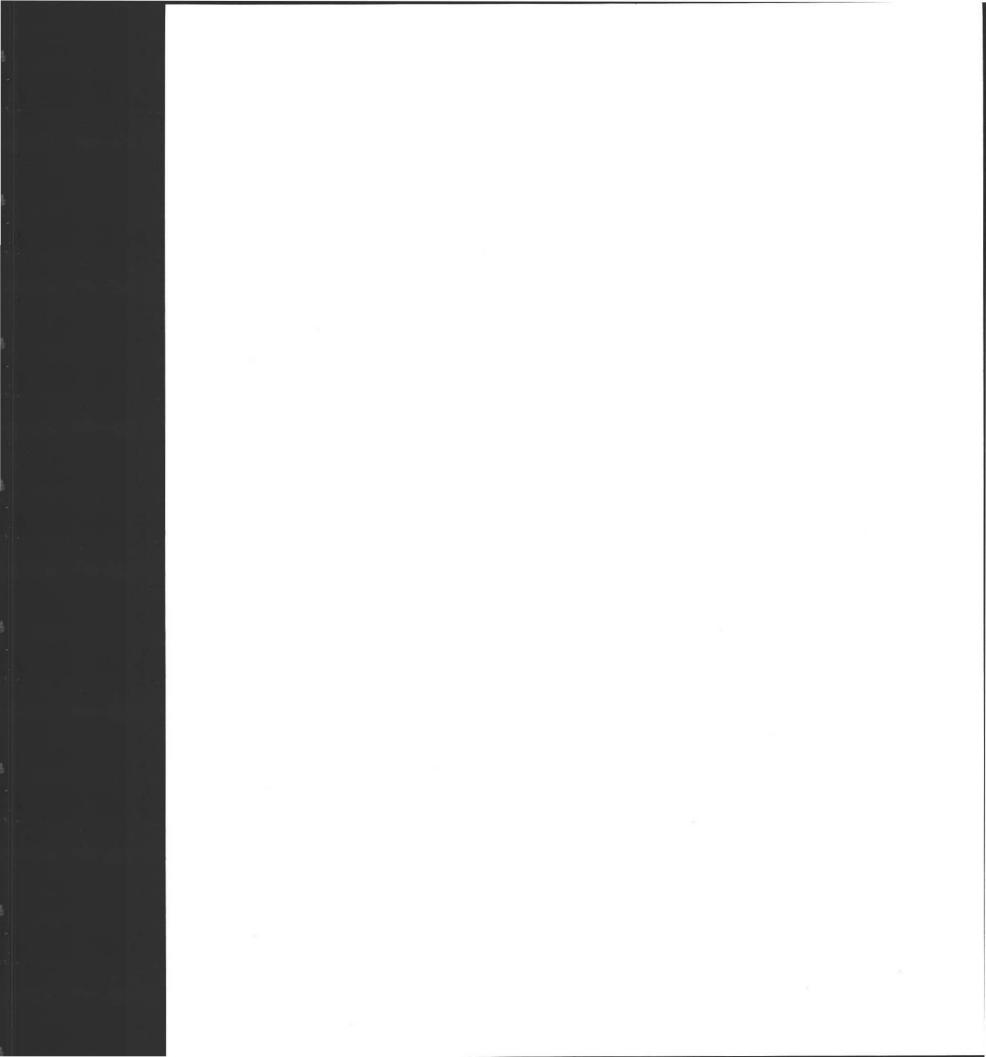
Septic Title V witness: 563 Montague Road, Amherst MA

Services provided by

Edmund Smith

PAYMENT TERMS: I PAID

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00 Septic Title V witness: System passed	Septic Title V witness: System passed	\$ 200.00	\$ 200.00
	Rec'd today your check #6724 for \$200.00		
	this invoice is paid in full/thank you		
		SUBTOTAL SALES TAX	



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

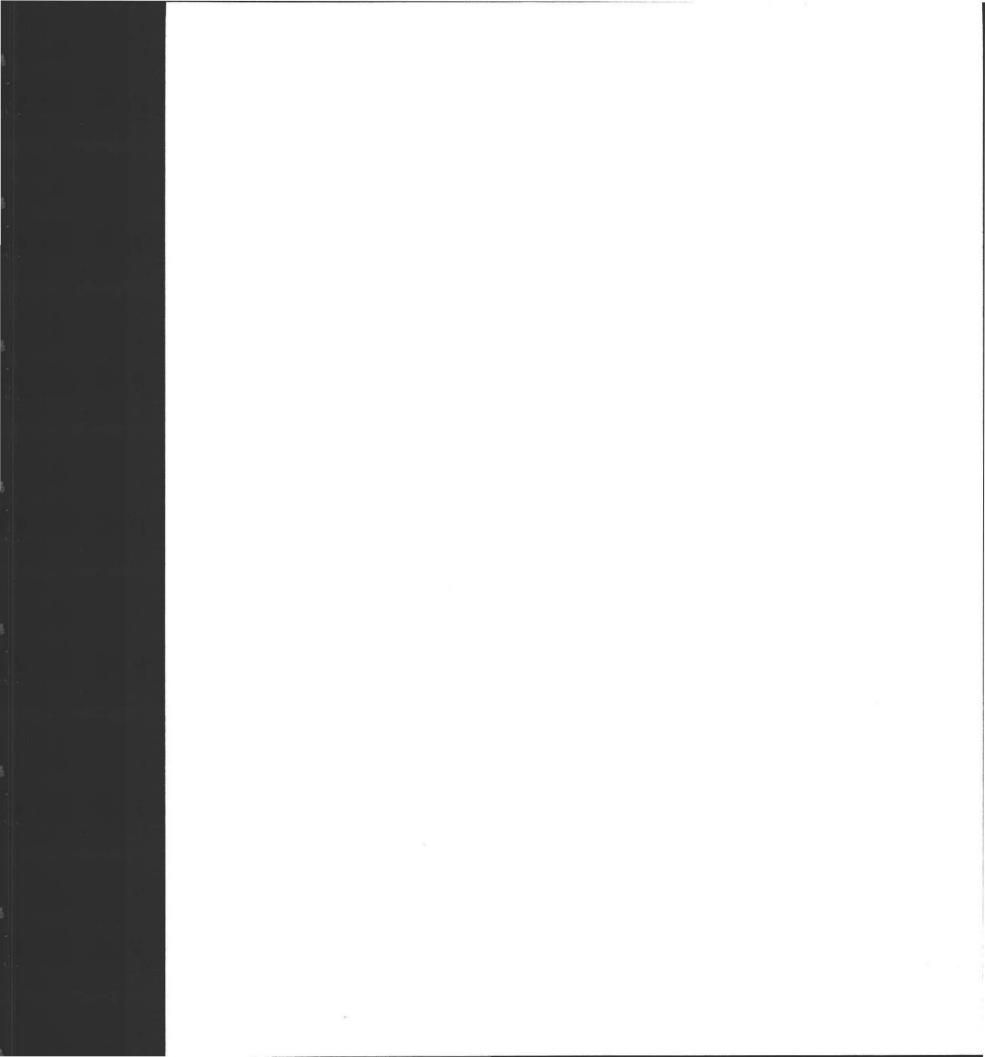
TITLE V WI 200.

RECPT TOTAL

200.00 MARGARET S QUA CHECK

6724

AMOUNT





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				
Property Address				
Kenneth and Peggy Brownell				
Owner's Name				
Amherst	MA	01002	04.05.2012	
City/Town	State	Zin Code	Date of Inspection	

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

1.





A.	General	Informa	ition

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	MA	01007
City/Town	State	Zip Code
413.323.5957	# 738	
Telephone Number	License Number	

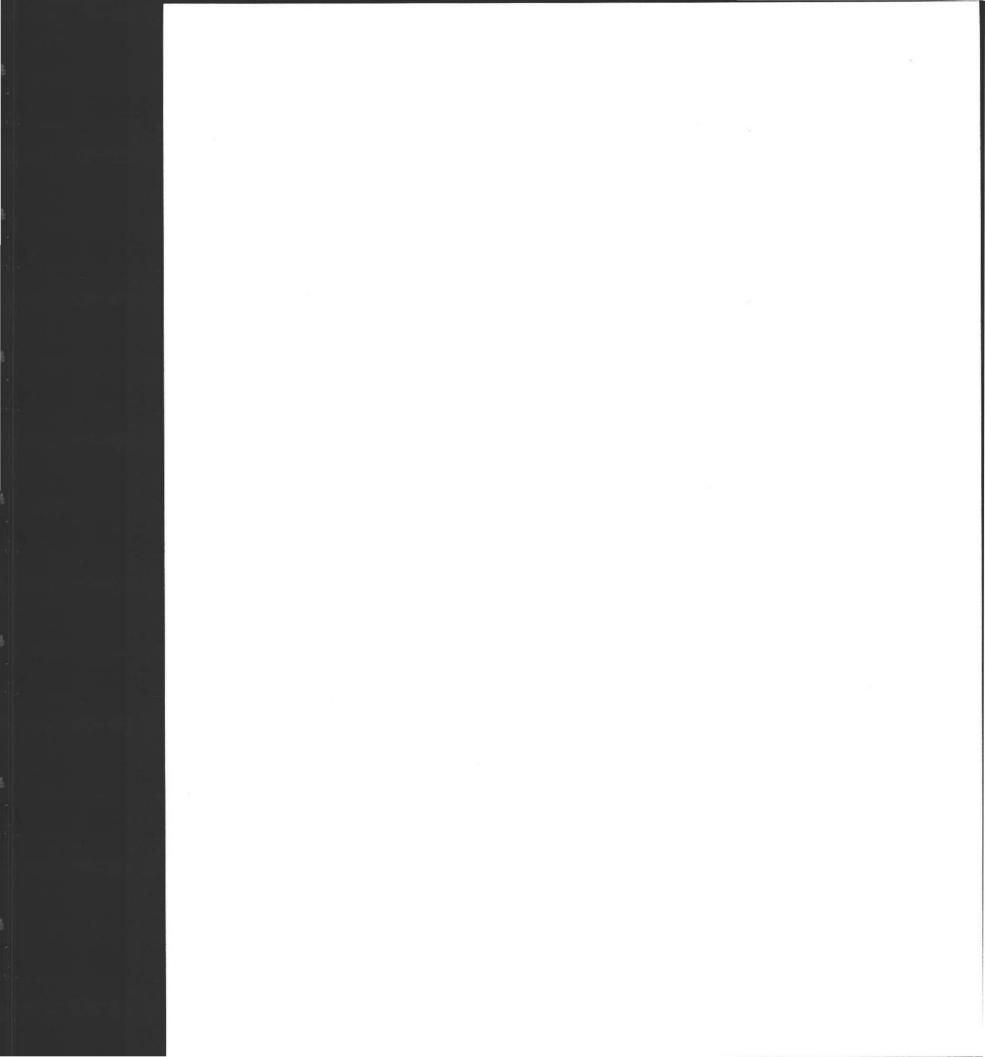
B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

\boxtimes	Passes	☐ Conditionally Passes	Fails
	Needs Further Evaluation by t	he Local Approving Authority	
	Alm bran	04.05.2012	
Insp	ector's Signature	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

	Foxglove Lane		V			
	nneth and Peggy Brownell					
	ner's Name					
٩m	herst		MA	01002	04.05.2012	
City	/Town	-	State	Zip Code	Date of Inspection	
3.	Certification (cont.))				
	Inspection Summary: Chec	ck A,B,C,D or E / a	lways	complete all of	Section D	
1)	System Passes:					
	I have not found any ir in 310 CMR 15.303 or indicated below.					
	Comments:					
	with inlet and outlet baffles noted. Elevation of base of	s in place. All Leve of I. tank established	ls (& sta d to be	aining) found for over depth to h	ge). Tank was in fair condition unctional and no signs of failure ighest adjacent wetland/GW leve ended but is allowed on original	
3)		omponents as describe system, upon c			nal Pass" section need to be cement or repair, as approved by	
	Check the box for "yes", "ndetermined," please explain		ed" (Y,	N, ND) for the	following statements. If "not	
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. Syst 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 p Compliance indicating that				ot leaking and if a Certificate of lable.	
	□ Y □ N	☐ ND (Explain	below):			
	Bell A. Service Control of the Contr					
		i				
	-				*	



Commonwealth of Massachusetts

		glove La Address	ne				*	-
			eggy Brownell					
Owr	ner's l	Name						
Am	hers	st		MA	010		04.05.2012	
City/Town			State	Zip (Code	Date of Inspection	*	
B.	B. Certification (cont.) B) System Conditionally Passes (con							
	Б)	Observ	ration of sewage backup or brea	ak out or				
			en or obstructed pipe(s) or due spection if (with approval of Boa			ed or un	even distribution box. Systen	n will
			broken pipe(s) are replaced		□ Y	□ N	☐ ND (Explain below):	
			obstruction is removed		□ Y	□ N	☐ ND (Explain below):	
			distribution box is leveled or re	placed	☐ Y	□N	☐ ND (Explain below):	
	9							
			stem required pumping more the will pass inspection if (with app					The
			broken pipe(s) are replaced		□ Y	\square N	☐ ND (Explain below):	
			obstruction is removed		□ Y	□ N	☐ ND (Explain below):	
			8					
	_							
	C)	Furthe	r Evaluation is Required by th	ne Board	of Heal	th:		
			ons exist which require further extern is failing to protect public h					e if
		15.303	tem will pass unless Board o (1)(b) that the system is not for and the environment:					ealth,
			Cesspool or privy is within 50	feet of a	surface \	water		
			Cesspool or privy is within 50	feet of a	bordering	g vegeta	ited wetland or a salt marsh	



Commonwealth of Massachusetts

	Foxglove L					
	perty Address		ownell			
	ner's Name	cggy Di	OWITCH			
Am	herst			MA	01002	04.05.2012
_	/Town			State	Zip Code	Date of Inspection
В.	Certific	cation	(cont.)			
	deter	mines th				Vater Supplier, if any) protects the public health,
	100 fe	eet of a s The sy	urface water supply or stem has a septic tan	tributary to k and SAS a	a surface wate nd the SAS is	m (SAS) and the SAS is within r supply. within a Zone 1 of a public water within 50 feet of a private water
	☐ The s more	y well. ystem ha from a p		AS and the S		n 100 feet but 50 feet or
		than 5 p	om, provided that no o			rogen and nitrate nitrogen is equal gered. A copy of the analysis must
			(47			
			W.			
D)	System F	ailure C	riteria Applicable to	All Systems	:	
	You mus	t indicat	e "Yes" or "No" to ea	ach of the fo	llowing for al	l inspections:
÷	Yes	No				
		\boxtimes	Backup of sewage clogged SAS or ce		or system comp	conent due to overloaded or
		\boxtimes		ing of effluer		e of the ground or surface waters pool
		\boxtimes		the distribu		outlet invert due to an overloaded
		\boxtimes	Liquid depth in ces	spool is less	than 6" below	invert or available volume is less



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	Foxglove L						_
	perty Address nneth and l		rownell				
	ner's Name	reggy bi	OWITEII				
Am	herst			MA	01002	04.05.2012	
City	Town			State	Zip Code	Date of Inspection	
В.	Certific	cation	(cont.)				
	Yes	No					
		\boxtimes	Required pumping obstructed pipe(s).			st year <i>NOT</i> due to clogged or	
		\boxtimes	Any portion of the	SAS, cesspo	ool or privy is b	elow high ground water elevation	ı.
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water supply or	
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within a 2	Zone 1 of a public well.	
		\boxtimes	Any portion of a ce	esspool or pr	ivy is within 50	feet of a private water supply we	<u>.</u> .
			from a private wate system passes if	er supply we the well wa	Il with no accepter analysis, p	100 feet but greater than 50 feet batable water quality analysis. [The performed at a DEP certified]	is
			of ammonia nitro	gen and nit other failure	rate nitrogen i e criteria are t	cates absent and the presence is equal to or less than 5 ppm, riggered. A copy of the analys this form.]	
		\boxtimes	The system is a ce 10,000gpd.	esspool servi	ng a facility wit	h a design flow of 2000gpd-	
			criteria exist as de	scribed in 31 uld contact t	10 CMR 15.303 he Board of He	e or more of the above failure b, therefore the system fails. The ealth to determine what will be	
E)			To be considered a l ,000 gpd to 15,000 g		n the system r	nust serve a facility with a	
E) I	For large questions			her "yes" or '	'no" to each of	the following, in addition to the	
	Yes	No			*		
			the system is withi	n 400 feet o	f a surface drin	king water supply	
			the system is withi	n 200 feet o	f a tributary to a	a surface drinking water supply	
			the system is locat Area – IWPA) or a			rea (Interim Wellhead Protection water supply well	Ú
	If you hav	e answe	red "yes" to any quest	ion in Section	n E the system	is considered a significant threa	t,



Commonwealth of Massachusetts

16 Foxglove Lane

Prop	erty Addres	ss						
	neth and	Peggy I	Brownell					
	er's Name				24222	21252212		
	herst			State	01002 Zip Code	04.05.2012 Date of Inspection		
_	Town	-P-4		State	Zip Code	Date of Inspection		
C.	Check	(IIST						
	Check if	the follo	wing have been done.	You must inc	licate "yes" or "	no" as to each of t	he following:	
	Yes	No						
	\boxtimes		Pumping information	on was provid	ed by the owne	er, occupant, or Bo	ard of Health	
		\boxtimes	Were any of the sy	stem compon	ents pumped o	out in the previous	two weeks?	
	\boxtimes		Has the system red	ceived normal	flows in the pr	evious two week p	eriod?	
		\boxtimes	Have large volume this inspection?	s of water bee	en introduced to	o the system recer	ntly or as part of	
			Were as built plans available note as N		n obtained and	examined? (If the	y were not	
	\boxtimes		Was the facility or	dwelling inspe	ected for signs	of sewage back up	?	
	\boxtimes		Was the site inspec	cted for signs	of break out?			
	\boxtimes		Were all system co	emponents, ex	cluding the SA	S, located on site?	>	
			Were the septic tar inspected for the o dimensions, depth	ondition of the	e baffles or tees	s, material of const		
			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:					
	\boxtimes		Existing information	n. For examp	le, a plan at the	Board of Health.		
			Determined in the approximation of d				C is at issue	
D.	Syste	m Info	ormation			V		
	Resider	itial Flov	v Conditions:					
	Number	of bedro	oms (design):	<u> </u>	Number of bed	drooms (actual):	3	
	DESIGN	I flow ba	sed on 310 CMR 15.20	03 (for examp	le: 110 gpd x#	of bedrooms):		



Commonwealth of Massachusetts

	Foxglove Lane perty Address							
	nneth and Peggy Brownell					×		
	ner's Name nherst	MA	01000	04.05.004	2			
_	/Town	MA State	01002 Zip Code	04.05.201 Date of Inspe				-
D.	System Information Description: 1500 gallon S. tank and 1000 gal. I. ta	ank 10.5'l x 7.' w :	x 5' depth		,		7,22	
	Number of current residents:					2		
	Does residence have a garbage grind	der?			\boxtimes	Yes		No
	Is laundry on a separate sewage syst	tem? [if yes separ	rate inspectio	n required]		Yes	\boxtimes	No
	Laundry system inspected?					Yes		No
	Seasonal use?					Yes	\boxtimes	No
	Water meter readings, if available (last Detail: No separate laundry noted, connected)				n/a	<u> </u>		
	Sump pump?		1			Yes		No
	Last date of occupancy:				Date	9		
	Commercial/Industrial Flow Condit	tions:						
	Type of Establishment:	4						-
	Design flow (based on 310 CMR 15.2	203):	Gallons	per day (gpd)				
	Basis of design flow (seats/persons/s	q.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:		-					

	4



Commonwealth of Massachusetts

	Foxglove Lane	•					
	perty Address nneth and Peg	av Brownell					
	ner's Name	gy brownen			41		
Am	nherst		MA	01002	04.05.2012		
_	Town		State	Zip Code	Date of Inspection		
D.	System I	nformation (cont.)					
				curren	t		
	Last date of o	ccupancy/use:		Date	8:		
	Other (descri	be below):					
		Ger	neral Infor	mation			
	Pumping Red	cords:					
	Source of information:		2002				
	Was system p	numped as part of the inspec	ction?				
	If yes, volume	pumped:	1500 gallon		1)		
	How was qua	ntity pumped determined?	meas		-		
	Reason for pu	umping:	Inspection, check tank for infiltration				
	Type of Syst	em:					
	\boxtimes	Septic tank, distribution b	ox, soil abs	sorption system			
		Single cesspool					
		Overflow cesspool					
		Privy					
		Shared system (yes or no) (if yes, at	tach previous i	nspection records, if any)		
			be obtaine	d from system	the current operation and owner) and a copy of latest der contract		
		Tight tank. Attach a copy	of the DEF	approval.			
		Other (describe):					



Commonwealth of Massachusetts

	Foxglove Lane perty Address					
	neth and Peggy E	Brownell				
	ner's Name					
Am	herst		MA	01002	04.05.20	012
City	Town		State	Zip Code	Date of In	spection
D.		ormation (cont.)		known) and	source of info	rmation:
	Were sewage ode	ors detected when a	rriving at the site	?	[☐ Yes ⊠ No
	Building Sewer	(locate on site plan):				
	Depth below grad	le:		-	2.5 feet	
	Material of constr	uction:				
	ast iron		other (e	xplain):	· ·	
	Distance from pri	vate water supply we	ell or suction line	e: -	feet	
	Comments (on co	ondition of joints, ven	ting, evidence of	f leakage, e	tc.):	
	Septic Tank (local	ate on site plan):	^		2.0 ft	2.5
	Depth below grad	le:		-	feet	3
	Material of constr	uction:				
	☑ concrete	☐ metal	☐ fiberglas	ss 🗌 p	olyethylene	other (explain)
	If tank is metal, lis	st age:		- 1	years	
	Is age confirmed	by a Certificate of Co	ompliance? (atta	ach a copy o		☐ Yes ☐ No
	Dimensions:			ą.	10.5' x 5.5' x	4.2'
	Sludge depth:				3"	



Commonwealth of Massachusetts

	roxylove Lane			-		
	perty Address Ineth and Peggy B	rownell				
	ner's Name	TOWITEI		1		
	herst		MA	01002	04.05.20	
_	/Town	121	State	Zip Code	Date of Insp	pection
D.	System Info	rmation (cont.)				
	Septic Tank (con	t.)				
	Distance from top	of sludge to bottom	of outlet tee or	baffle	38"	
	Scum thickness		3"			
	Distance from top	of scum to top of ou	tlet tee or baffle	e	5"	
	Distance from bot	tom of scum to botto	10"			
	How were dimens	ions determined?	meas.			
	liquid levels as rel	mping recommenda ated to outlet invert, outlet baffles in place	evidence of lea	kage, etc.):		n, structural integrity,
	9				*	
	5					
			_			
	·					
		-1				
	Grease Trap (local	ate on site plan):				
	Depth below grad	e:			feet	
	Material of constru	uction:				
	Material of Coristi	uction.				± 10
	☐ concrete	☐ metal	☐ fibergla	ss \square	polyethylene	other (explain):
						1
	Dimensions:					
	Scum thickness					
	Distance from top	of scum to top of ou	tlet tee or baffl	Э		
	Distance from bot	tom of scum to botto	m of outlet tee	or baffle		
	Date of last pump	ing:			Date	

			3		
				•	
	,				



Commonwealth of Massachusetts

16 Foxglove Lane

operty Address					
enneth and Peggy Br	ownell	3			
vner's Name		MA	01002	04.05.2042	
mherst ty/Town		MA State	Zip Code	04.05.2012 Date of Inspection	
. System Infor	mation (con				
Comments (on pur liquid levels as rela				affle condition, structur	al integrity
					Na.
		¥		*	
0			E		
Tight or Holding	ank (tank must b	pe pumped at tim	e of inspection) (locate on site plan):	
Depth below grade	\$		-		
Material of constru	ction:				
concrete	☐ metal	☐ fibergla	ss po	olyethylene	er (explain
Dimensional	*	-		ii.	
Dimensions:				*	
Capacity:			gailons		
Design Flow:			gallons per day		-
Alarm present:			☐ Yes ☐] No	
Alarm level:	-		Alarm in working	g order: Yes	☐ No
Date of last pumpir	ng:		Date	G.S.,	ik,
Comments (conditi	on of alarm and f	loat switches, etc	2.):		
					
		ntract (required).			□ No



Commonwealth of Massachusetts

Foxglove Lane			
perty Address			
nneth and Peggy Brownell ner's Name			
nherst	MA	01002	04.05.2012
//Town	State	Zip Code	Date of Inspection
Distribution Box (if present must be		e on site plan):	
Depth of liquid level above outlet inv	ert	-	
Comments (note if box is level and of evidence of leakage into or out of both		lets equal, any	evidence of solids carryover, a
	4		
1			
Pump Chamber (locate on site plan Pumps in working order:	1):		☐ Yes ☐ No
Alarms in working order:			☐ Yes ☐ No
Comments (note condition of pump	chamber, conditi	on of pumps a	nd appurtenances, etc.):
			*
Soil Absorption System (SAS) (local life SAS not located, explain why:	cate on site plan,	excavation no	t required):
see sketch	-		ŭ
	N N		- Se
		·	· · · · · · · · · · · · · · · · · · ·



Commonwealth of Massachusetts

16 Foxglove Lane Property Address

Kenneth and I	Peggy Brownell				
Amherst		MA	01002	04.05.2012	
City/Town	1.6	State	Zip Code	Date of Insper	ction
D. Systen	n Information (cont.)				
Type:					
	leaching pits		number:		-
\boxtimes	leaching chambers		number:		10.5' x 7' x 5' ht.
	leaching galleries		number:		
	leaching trenches		number, I	ength:	
	leaching fields		number,	dimensions:	
	overflow cesspool		number:		
	innovative/alternative sys	tem			
	Type/name of technology	:			
	Is (cesspool must be pumped a	as part of ins	spection) (locate	e on site plan):	
Depth – to	op of liquid to inlet invert				
Depth of	solids layer				
Depth of	scum layer				
Dimensio	ns of cesspool			_	
Materials	of construction				6 1
Indication	of groundwater inflow			☐ Yes	□ No



Commonwealth of Massachusetts

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 (note condition of soil, signs etc.):	s of hydraulic f	ailure, level of	ponding, condition of vegetation,
)a
Privy (locate on site plan):			
Materials of construction:	Ч		
Dimensions	-		
Depth of solids	:		
Comments (note condition of soil, signs etc.):	s of hydraulic t	ailure, level of	ponding, condition of vegetation,
	e .		

		*		



Owner information is required for every page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Kenneth and Peggy Browne	ell				
Owner's Name Amherst		MA	01002	04.05.2012	
City/Town		State	Zip Code	Date of Inspection	
Sketch Of Sewage Disp at least two permanent i where public water supp	osal System: Provi reference landmark bly enters the buildi	s or bench	nmarks. Locate	all wells within 100	
☐ hand-sketch in the a ☐ drawing attached se					
(4)					
,					
					:60



Owner information is required for every page.

Commonwealth of Massachusetts

16 Foxglove Lane

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

herst		MA	01002	04.05.2012
Town		State	Zip Code	Date of Inspection
Syste	m Information (cont.)			
Site Exa	m:			
⊠ Chec	ck Slope			
☐ Surfa	ace water			
⊠ Chec	ck cellar			
☐ Shall	low wells			
Estimate	d depth to high ground water:		10+ feet	
Please in	ndicate all methods used to deter	rmine the hig	gh ground wate	er elevation:
\boxtimes	Obtained from system design	n plans on re	ecord	
	If checked, date of design pla	an reviewed:	1984, Fe	elios, & Drake
	Observed site (abutting prop	erty/observa	tion hole withir	150 feet of SAS)
\boxtimes	Checked with local Board of	Health - exp	lain:	
	Work in area			
	Checked with local excavator	rs, installers	- (attach docu	mentation)
	Accessed USGS database -	explain:	*	
You mus	st describe how you established	the high gro	und water elev	ration:
Records	on file and elvation of terraced a	area.		
	-			



Owner information is required for every page.

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	MA	01002	04.05.2012	
Citv/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

- ☑ 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

ŧ				
	*			
			···	



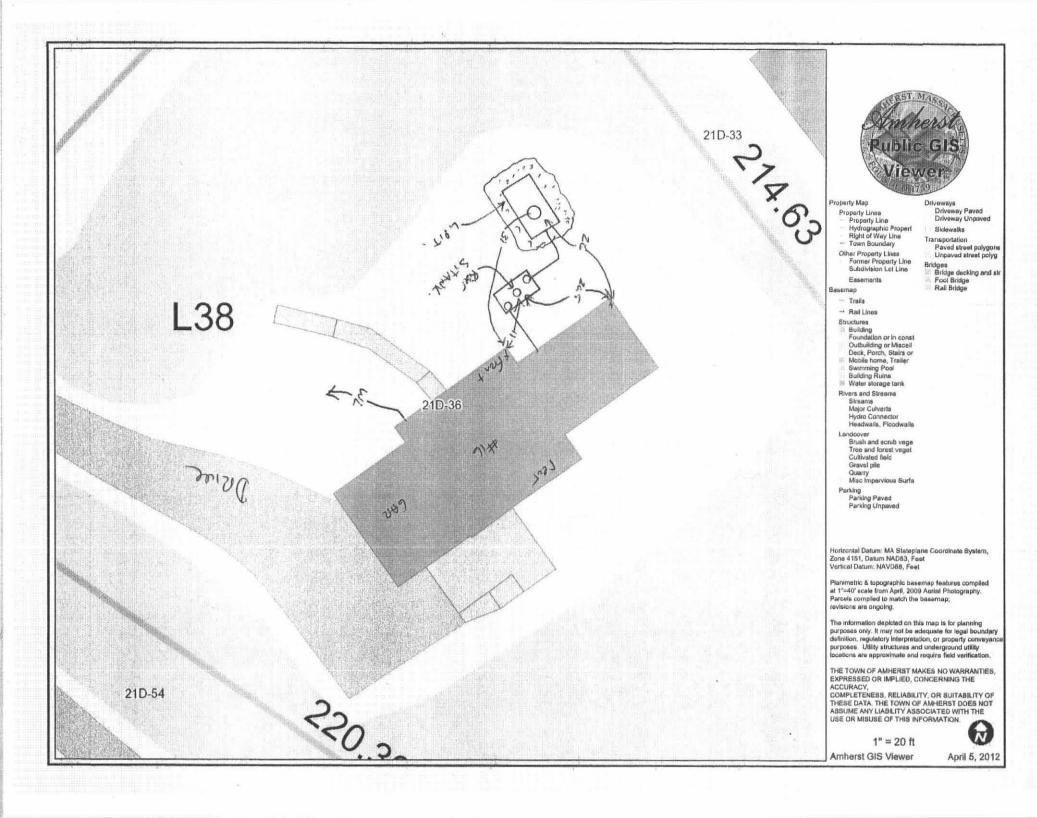
S. Tank Outlet baffle 16 Foxglove Lane Amherst, MA 04.05.2012

			¥



Leaching Tank 16 Foxglove Lane Amherst, MA 04.05.2012

	ě			



	Fre
THE COMMONWEALTH OF MASSACHUSETTS	WINNETH OF MA
BOARD OF HEALTH	arith Me
Town of Amherst	FREDERIED
Application for Disposal Works Constru	action Permit
Application is hereby made for a Permit to Construct () or Repair () an Individual Sewage Disposal.
	or Lot No.
16 FOXGLOVE Owner	Address
Installer	Address
ype of Building Dwelling — No. of Bedrooms 3 Expansion Attic () Other — Type of Building	
esign Flow. 55 gallons per person per day. Total daily flow	
Septic Tank — Liquid capacity 1500 gallons Length Width Total Length To	Diameter Depth or 6
Disposal Trench - No. Width, Total Length To	Total leaching area 775 sq. it.
Other Distribution box () Dosing tank () Percolation Test Results Performed by Frederick Filios	
Test Pit No. 1 minutes per inch Depth of Test Pit Dep	
Test Pit No. 2minutes per inch Depth of Test Pit Dep	The state of the s
escription of Soil Enclosed	
greement:	
greement: The undersigned agrees to install the aforedescribed Individual Sewage De	rosal System in accordance with
greement: The undersigned agrees to install the aforedescribed Individual Sewage Described Provisions of TITLE 5 of the Second Provisions	
Vature of Repairs or Alterations — Answer when applicable Igreement: The undersigned agrees to install the aforedescribed Individual Seware Describes provisions of TITLE 5 of the Service Described Individual Seware Described	rosal System in accordance with grees not to place the system in
The undersigned agrees to install the aforedescribed Individual Several Describes provisions of TITLE 5 of the Secretary Court	osal System in accordance with grees not to place the system in
The undersigned agrees to install the aforedescribed Individual Sewage Described Provisions of TITLE 5 of the Section 2	rosal System in accordance with grees not to place the system in
The undersigned agrees to install the aforedescribed Individual Severe De provisions of TITLE 5 of the Secretary Colon Frank C	osal System in accordance with grees not to place the system in
The undersigned agrees to install the aforedescribed Individual Severe De provisions of TITLE 5 of the Secretary Court of the Secretary C	Date
The undersigned agrees to install the aforedescribed Individual Seware Designed provisions of TITLE 5 of the Service Designed Total Servi	Date Date
The undersigned agrees to install the aforedescribed Individual Seware Designed provisions of TITLE 5 of the Service Designed Total Servi	Date Date
The undersigned agrees to install the aforedescribed Individual Seware Designed provisions of TITLE 5 of the Service Designed Total Servi	Date Date
The undersigned agrees to install the aforedescribed Individual Seware Described Provisions of TITLE Softhe Service Described From The Front Service Described Individual Seware Described Individual	Date Date
The undersigned agrees to install the aforedescribed Individual Seware Described Provisions of TITLE 5 of the Service Described Individual Seware Described Individual Sew	Date Date
greement: The undersigned agrees to install the aforedescribed Individual Seware Described Provisions of TITLE Soft the Service Described Individual Seware Described Ind	Date Date
The undersigned agrees to install the aforedescribed Individual Seware Designed provisions of TITLE 5 of the Service Designed Total Servi	Date Date
The undersigned agrees to install the aforedescribed Individual Severe De provisions of TITLE 5 of the Secretary Court of the Secretary C	Date Date
The undersigned agrees to install the aforedescribed Individual Server Reprovisions of TITLE 5 of the Server	Date Date
greement: The undersigned agrees to install the aforedescribed Individual Seware Described From The Soft the Service Described Individual Seware Described From The Soft the Service Described Individual Seware Described Indivi	Date Date Date Date Date Date

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COMMONWEALTH OF MASSACHURETTB EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION ONE WINTER STREET, DOSTOR MA \$1100 (\$17) MR-8600

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	His Dave! Nice to hear from
Owner's Name :	Jim & Judith Murphy	lice to war afor
Owner's Address :	16 Foxglove Lane Amherst, MA 01001	your Hope all is fine Sorry for the
Date of Inspection:	06-Dec-02	Sorry for the
Name of Inspector: (inconvenience!
Company Name:	Innovative Engineering	Thanks -
Mailing Address:	110 Chapin Greene Dr., Ludlow, MA 01056	18 Marila C
		1111

CERTIFICATION STATEMENT

Telephone Number: 413/583-7930

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:

	X	Passes	
		Conditionally Passes	
		Needs Further Evaluation	on By the Approving Authority
	Amathan	1	
Inspector's Signature:	ama ngm	Date:	16-Dec-02
The Suctom Inconstant shall submit a a	same of this increase	and annual to the America	a Arthority (Doord of Llookh or

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.

time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

	lo.		

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

SYSTEM INFORMATION (continued)

roperty Address:

16 Foxglove Lane

Amherst, MA 01001

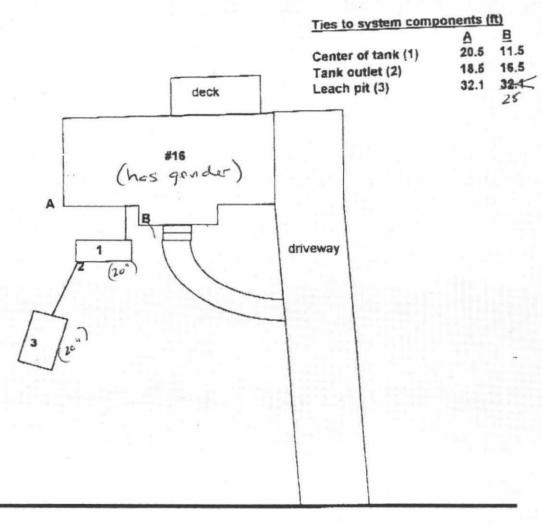
)wner:

Jim & Judith Murphy

)ate 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 penchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



Foxglove Lane

NOT TO SCALE



design with a garbage disposal.

COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROFECTION ORE WINTER STREET, BOSTON MA 68108 (617) 282-6600

TITLE 5

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

PART A CERTIFICATION

		CERTIFICATION		,
Property Address:	16 Foxglove Lane			Hi Dave!
	Amherst, MA 0100			Nice to hear.
Owner's Name :	Jim & Judith Murp	ohy		1/ ./:
Owner's Address :	16 Foxglove Lane			you. Hope all is :
	Amherst, MA 0100	<u>1</u>		1 We
Date of Inspection:	06-Dec-02			sorry for the
Name of Inspector: (F	Please print) <u>Jo</u> Innovative Engine	ohn A. Kopinsky, P.E.		Mice to hear . your Hope all is . Sorry for the inconvenience!
Mailing Address:	110 Chapin Greene		01056	101011
				,
Telephone Number:	413/583-7930			VA.
	e in the proper function and pector pursuant to Section	on 15.340 of Title 5 (3 Passes Conditionally Needs Further	Passes	-
	-	Fails		
Inspector's Signature	: Johna	Man S	Date:	16-Dec-02
DEP) within 30 days of gpd or greater, the insp	completing this inspection bector and the system own	 If the system is a sher shall submit the rep 	ared system ort to the app	Authority (Board of Health or or has a design flow of 10,000 propriate regional office of the if applicable, and the approving
Notes and Comments				
Original design	on file with the Ami	rerst Board of He	alth indi	cates a 3-bedroom

****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

John Tohn Top Sign Coon

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

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COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS DEPARTMENT OF ENVIRONMENTAL PROTECTION OME WINTER STREET, DOSTON MA 02108 (617) 242-6600

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

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 :

	<u>X</u>	Passes Conditionally Passes Needs Further Evaluation	on By the Approving Authority
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.

		*
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Page 2 of 11

ND explain:

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

CERTIFICATION (continued)

Prop	erty Address:		ove Lane MA 01001	
Own			dith Murphy	
Date	of Inspection:	06-De	<u>c-02</u> .	
INSP	PECTION SUMMA	RY: Check	A, B, C, D, or E / <u>ALWAYS</u> complete all of Section D	
A.	System passes:			
X			tion which indicates that any of the failure criteria described in 310 CM exist. Any failure criteria not evaluated are indicated below.	IR
Com	ments:			
B.	System Conditio	nally Passes	s:	
_	-		ents as described in the "Conditional Pass" section need to be replace completion of the replacement or repair, as approved by the Board of	
Answ expla		determined (Y, N, ND) in the following for the following statements. If "not det	ermined", please
oxpic.	The septi	ts substantial	al and over 20 years old* or the septic tank (whether metal or not) is a infiltration or exfiltration, or tank failure is imminent. System will passed with a complying septic tank as approved by the Board of Health.	
	* A metal septic	tank will pass	s inspection if it is structurally sound, not leaking and if a Certificate of	f Compliance
	ND explain :			
		s) or due to a	e backup or breakout or high static water level in the distribution box of broken, settled or uneven distribution box. System will pass inspection broken pipe(s) are replaced	
			obstruction is removed	
			distribution box is levelled or replaced	
	ND explain :			
			oumping more than 4 times a year due to broken or obstructed pipe(s) val of the Board of Health):	. The system will
		_	broken pipe(s) are replaced obstruction is removed	

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

CERTIFICATION (continued)

Prope	rty Add	Iress: 16 Foxglove Lane Amherst, MA 01001						
Owne Date o	r: of Inspe	Jim & Judith Murphy ection: 06-Dec-02						
C. F	URTH	ER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH						
is failir		ions exist which require further evaluation by the Board of Health in order to determine if the system otect 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)		n will fail unless the Board of Health (and Public Water Supplier, if any) determines that the n 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)

Owne	r:	dress: 16 Foxglove Lane Amherst, MA 01001 Jim & Judith Murphy
D. S	System	Failure Criteria applicable to all systems: licate "yes" or "no" to each of the following for all inspections:
YES	X X X	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
	X	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
_	$\frac{X}{X}$	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped
_	$\frac{X}{X}$	Any portion of the SAS, cesspool or privy is below high groundwater elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply
=	<u>X</u> <u>X</u> <u>X</u>	Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]
NO	(Yes/N	No) The system <u>fails</u> . 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.
		Systems: dered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000
		icate either "yes" or "no" to each of the following: g criteria apply to large systems in addition to the criteria above)
yes	no ——	the system is within 400 feet of a surface drinking water supply
		the system is within 200 feet of a tributary to a surface drinking water supply
		the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a manner

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.

Zone II of a public water supply well

Property Address:

16 Foxglove Lane

is unacceptable) [310 CMR 15.302(3)(b)]

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

Owner Date o		Jim & Judith Murphy ection: 06-Dec-02
Check	if the 1	following have been done: You must indicate "yes" or "no" as to each of the following:
YES X	NO	Pumping information was provided by the owner, occupant, or Board of Health
	X	Were any of the system components pumped out in the previous two weeks?
X		Has the system received normal flows in the previous two week period ?
	X	Have large volumes of water been introduced to the system recently or as part of this inspection ?
X		Were as built plans of the system obtained and examined? (If they were not available note as N/A)
X		Was the facility or dwelling inspected for signs of sewage back-up?
X	_	Was the site inspected for signs of breakout ?
X		Were all system components, excluding the SAS, located on site ?
X		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
X		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 X	NO ——	Existing information. For example, a plan at the Board of Health.
Х		Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance

*		

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): DESIGN flow based on 310 CMR 15.203(for example:110 gpd x # of bedrooms): 330 gpd Number of current residents: 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): <u>no</u> current Last date of occupancy: COMMERCIAL/INDUSTRIAL Type of establishment: Design flow (based on 310 CMR 15.203): 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 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 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 X Other (describe) Tank & leach chamber Approximate age of all components, date installed (if known) and source of information: 1984 per Owner & BOH

no

Were sewage odors detected when arriving at the site:(yes or 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: (Id	ocate on site plan)											
Depth below grade:	30"											
Materials of construction: cast iron X 40 PVC other (explain)												
Distance from private w	rater supply well or su	iction line: <u>n/a</u>										
Comments: (condition			tc.)									
joints were tight i	with no sign of l	eakage										
SEPTIC TANK:	X (locate	on site plan)										
Depth below grade:	23"											
Material of construction other(explain)	: <u>X</u>	concrete	metal	fiberglass	polyethylene							
If tank is metal, list age	:	Is age confirmed	by a Certificate	e of Compliance (y	es or no): (attach a							
copy of certificate)												
Dimensions: 110"L x	62"W x 51"D											
Sludge depth: 2	"											
Distance from top of slu	idge to bottom of out	et tee or baffle:	<u>30</u> "									
Scum thickness:	<u>o</u> "											
Distance from top of sc	um to top of outlet te	e or baffle:	7 "									
Distance from bottom of	f scum to bottom of o	outlet tee or baffle:	19 "									
How dimensions were of	letermined: field	measured with	a probe									
Comments (on pumping	g recommendations,	nlet and outlet tee	or baffle condit	ion, structural integ	grity, liquid levels							
as related to outlet inve												
Tank fluid level of	observed to be at	outlet invert.	Tank & ba	iffles in good o	condition.							
Owner should ma	intain regular	pumping sched	lule.									
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 sc												
Distance from bottom of	f scum to bottom of o	outlet tee or baffle:										
Date of last pumping:												
Comments (on pumping			or baffle condit	ion, structural integ	rity, liquid levels							
as related to outlet inve	rt, evidence of leakage	ge. etc.)										

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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 mus	t be pumped p	rior to, or at time of, in	spection)(locate on site plan)
Depth below grade:				
	concrete	metal	fiberglass	polyethylene
Capacity:gallons	-			
Design flow: gallons/day				
Alarm present (yes or no):				
Alarm level: Alarm in working	ng order: (yes/no):			
Date of previous pumping:				
Comments (condition of alarm and floa	t switches, etc.):			
DISTRIBUTION BOX: (i	f present must be o	opened)(locate	on site plan)	
Depth of liquid level above outlet inver-	t:			
Comments (note if box is level and dist leakage into or out of box, etc.)		is equal, any e	vidence of solids carry	over, any evidence of
PUMP CHAMBER: (le	ocate on site plan)			
Pumps in working order (yes or no): Alarms in working order (yes or no): Comments (note condition of pump char				

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

SYSTEM INFORMATION (continued)

Ambant MA 01001
Owner: Tim & Tudith Murphy
Date of Inspection: 06-Dec-02
SOIL ABSORPTION SYSTEM (SAS): X (locate on site plan, excavation not required)
If SAS not located, explain why:
Type leaching pits, number: X leaching chambers, number: 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:

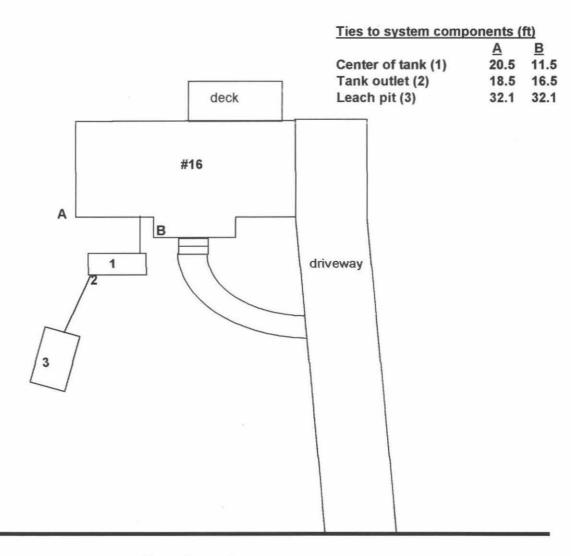
Jim & Judith Murphy

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.



Foxglove Lane

the system.

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 Gro Please indicate (check)	all methods used to determine the high ground water elevation:
X Obtained from sy	stem design plans on record - If checked, date of design plan reviewed:
	butting property/observation hole within 150 feet of SAS)
	cal Board of Health - explain: design plans
Checked with loc	al excavators, installers - (attach documentation)
Accessed USGS	database - explain:
	you established the high ground water elevation:
Observed site - fro	nt portion of lot is greater than 10 feet lower than the elevation of

.

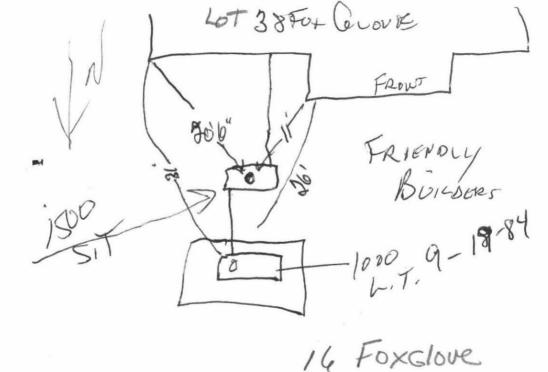
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SHOWING SEWAGE DISPOSAL nerst Woods Phase II riendly Builders Inc Mr. Harvey Sansoncy June 1984 1c: 1"= 40' Frederick Filios FOT GLOVE LANE A. 30,001 S.F HOUSE PX 491 Note: Town Water available

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BOARD OF HEALTH

\mathscr{D}_{-}
No 84-24
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
. 0.
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: 16 Amherst Woods Phase I A 38 Fax Glove Lane
Lancation - Address and
Por Franchis Wille Hayer Sangrung 3 Barrett St Belcherlow
Installer Address Address
Type of Building Size Lot. 30,001 Sq. feet
Dwelling — No. of Bedrooms Expansion Attic () Garbage Grinder (
Other — Type of Building
Other fixtures Design Flow
Septic Tank — Liquid capacity 1590, gallons Length Width Diameter Depth
Disposal Trench — No
Seepage Pit No. 1 Diameter 103 X 7 Depth below inlet 5 Total leaching area 3.5 sq. ft. Bottom
Other Distribution box () Dosing tank () Percolation Test Results, Performed by Frederick Filips Date May 1984
Test Pit No. 1. 2 minutes per inch Depth of Test Pit. 40. Depth to ground water. Noule At 1
Test Pit No. 2minutes per inch Depth of Test Pit Depth to ground water
Division Educat
Description of Soil Enclosed
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 Harry Sommer 6/21/34
Date
Application Approved By Date
Application Disapproved for the following reasons:
CP/ A./
Permit No. 87 - 24 Issued 6-21-84 Date
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 dated
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.
DATE
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
To
NO COG-ZY TOWN OF HMAGEST

84-24	TOWN OF AMAGEST	HEEF 97
Permission is h	Disposal Morks Construction Hermit ereby granted Francy Duspey - FR Perso	I DE
construct (X)	or Repair () an Individual Sewage Disposal System	

to Construct (X) or R at No. hot 38 Fox GLONE LA as shown on the application for Disposal Works Construction Permit No

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

Dwelling — No. of Bedrooms				
BOARD OF HEALTH Town of Amherst Application is hereby made for a Permit to Construct () or Repair () an Individual Sewage Disp System at: Amherst Noeds Phose II 38 Fox Clave Lond or Louisian Address Owner Address Type of Building No. of Bedrooms Size Lot 30,001 Sq. Cherry Special Specia	No	*		FEE
Application is hereby made for a Permit to Construct () or Repair () an Individual Sewage Disposes at: Amherst Leation Address Owner Address Owner Address Owner Address Type of Building No. of Bedrooms. Other — Type of Building No. of persons. Other — Type of Building No. of persons. Design Flow 5 gallons per person per day. Total daily flow 330 gallons Length. Width. Diameter. Design Flow 5 gallons per person per day. Total daily flow 330 gallons Length. Disposal Trench — No. Width, Total Length. Disposal Trench — No. Dosing tank () Percolation Test Results 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 Endoscid. Nature of Repairs or Alterations — Answer when applicable. Agreement: The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system operation until a Certificate of Compliance has been issued by the board of health. Signed. Application Approved By. Application Disapproved for the following reasons: Date Permit No. Date Permit No. Issued.				THE ALTH OF M
Application is hereby made for a Permit to Construct () or Repair () an Individual Sewage Disposes at: Amhers t Needs Phase II 38 Fax Glave London Address or Lot No. Owner Address Owner Address Dype of Building No. of Bedrooms Size Lot 39,001 Sq. Other — Type of Building No. of persons. Showers () — Cafeteria (Other fixtures Size Lot 39,001 Sq. Glave Permit No. I Diameter No. Sp. Gallons per person per day. Total daily flow 33.0 gallons Persons Seepage Pit No. I Diameter No. Width Diameter Depth Disposal Trench No. Width Total Length Total leaching area 75.5 Seepage Pit No. I Diameter No. I Dosing tank () Percolation Test Results 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 Endoscal Pagreement: The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of TITLE 5 of		BOARD O	F HEALTH	ALUKAN OF
Application is hereby made for a Permit to Construct () or Repair () an Individual Sewage Disposes at: Amhers t Needs Phase II 38 Fax Glave London Address Owner Address Owner Address Owner Address Outer Type of Building No. of Bedrooms Size Lot 39,001 Sq. Other Type of Building No. of persons. Showers () — Cafeteria (Other fixtures Size Lot 39,001 Sq. gallons Properson Per day. Total daily flow 33.0 gallons Length. Width. Diameter. Depth. Disposal Trench—No. Width. Total Length. Total leaching area. 75.5 scoperson Per No. 1 Diameter. 10,3 x 1. Depth below inlet. 5 Total leaching area. 75.5 scoperson Per Performed by Freederick Fillos Depth to ground water. Test Pit No. 1 minutes per inch Depth of Test Pit. Depth to ground water. Description of Soil Fadoscal Perconstrion of Soil Fadoscal Nature of Repairs or Alterations — Answer when applicable. Agreement: The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system of Titles of Compliance has been issued by the board of health. Signed. Application Disapproved for the following reasons: Date Permit No. Issued.		Town of Amb	erst	FREDERID
System at: Amherst Nords Phase II Location Address Owner Type of Building Dwelling — No. of Bedrooms Other Type of Building Other Type of Building Other Struces Oesign Flow Segulons per person per day. Total daily flow. Showers () — Cafeteria (Other Tank — Liquid capacity 1500. gallons Length Width Total Length Total leaching area Septic Tank — Liquid capacity 1500. gallons Seepage Pit No. Disposal Trench — No. Width Total Length Total leaching area Type of Building Other Type of Building Other Type of Building No. of persons. Showers () — Cafeteria (Depth. Disposal Trench — No. Seepage Pit No. Disposal Trench — No. Width Total leaching area Type of Building Total leaching area Type of Building Depth. Disposal Trench — No. Dosing tank () Percolation Test Results Performed by Frederick Fillos Date May 1983 Date Application of Soil Enclosed Date Application Approved By Application Disapproved for the following reasons: Date Permit No. Issued	Application	on for Disposal ?	Works Constri	iction Permit
Owner Installer Inst	Application is hereby ma	ide for a Permit to Constru	act () or Repair () an Individual Sewage Disposa
Type of Building Dwelling — No. of Bedrooms Size Lot. 30,001 Sq. Dwelling — No. of Bedrooms Size Lot. 30,001 Sq. Dother — Type of Building Other fixtures Design Flow. Segual on Septic Tank — Liquid capacity 1500, gallons Septic Tank — Liquid capacity 1500, gallons Seepage Pit No. Disposal Trench — No. Width, — Total Length. — Width. — Diameter. — Depth. Disposal Trench — No. Width, — Total Length. — Total leaching area. Total leaching area. Total leaching area. Total Pitter in the septiment of the septiment of the septiment of the septiment. Total Pitter in the septiment of the septiment of the septiment of the septiment. 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 aforedescribed Individual Sewage Disposal System in accordance of the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system operation until a Certificate of Compliance has been issued by the board of health. Signed. Application Approved By. Application Disapproved for the following reasons: Date Permit No. Issued.	Amherst No.	ods Phase II		38 Fax Glove Lane
Type of Building Dwelling — No. of Bedrooms Other — Type of Building Other fixtures Oesign Flow Segallons per person per day. Total daily flow Septic Tank — Liquid capacity 1500 gallons Disposal Trench — No. Width, Total Length Total leaching area Secepage Pit No. Dismeter 102 × 7.7 Depth below inlet Total leaching area Secepage Pit No. 1 Design tank () Percolation Test Results Performed by Frederick Fillos Depth to ground water. Test Pit No. 1 minutes per inch Depth of Test Pit. Depth to ground water. Description of Soil Fadoscal Nature of Repairs or Alterations — Answer when applicable Nature of Repairs or Alterations — Answer when applicable Nature of Title 5 of the State Sanitary Code — The undersigned further agrees not to place the system operation until a Certificate of Compliance has been issued by the board of health. Signed Application Disapproved By Date Permit No. Issued	Ov	vner	***************************************	Address
Depth of Dosing tank () Percolation Test Results Performed by Frederick Filips Date May 1989 Test Pit No. 1	Type of Building Dwelling — No. of Bedr Other — Type of Buildi Other fixtures Design Flow	ooms 3 No. of gallons per person ty 1500 gallons Length.	per day. Total daily flo	Size Lot 30,001 Sq. fee) Garbage Grinder (Showers () — Cafeteria () Ow. 330 gallons Diameter Depth
Nature of Repairs or Alterations — Answer when applicable	Other Distribution box () Percolation Test Results Test Pit No. 1	Dosing tank (Performed by Freder minutes per inch Depth of minutes per inch Depth of	Test Pit. De	Date. May 1984 epth to ground water.
Agreement: The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system operation until a Certificate of Compliance has been issued by the board of health. Signed				
Application Approved By	Agreement: The undersigned agrees he provisions of TITLE 5 of	to install the aforedescrib of the State Sanitary Code – f Compliance has been issue	ed Individual Sewage I — The undersigned furthed by the board of health.	Disposal System in accordance with er agrees not to place the system in
Application Approved By		Signed		
Permit No	Application Approved By			
Permit No	Application Disapproved for	the following reasons:		Date
				Date
) and	Fernit No	• ,	1ssued	Date

BOARD OF HEALTH

Certificate of Compliance

DATE.....

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired ()
by
Installer
at
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THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE
SYSTEM WILL FUNCTION SATISFACTORY.

SHOWING SEWAGE DISPOSAL PLAN For: Amherst Woods Phase II
Friendly Builders Inc.
Lot #38 Mr. Harvey Sansoncy June 1984 Scale: 1"= 40' By: Frederick Filios FREDERICK FREDER FOT GLOVE LANE BM A. 30,001 S. HOUSE PX 491 30.30. Note: Town Water available

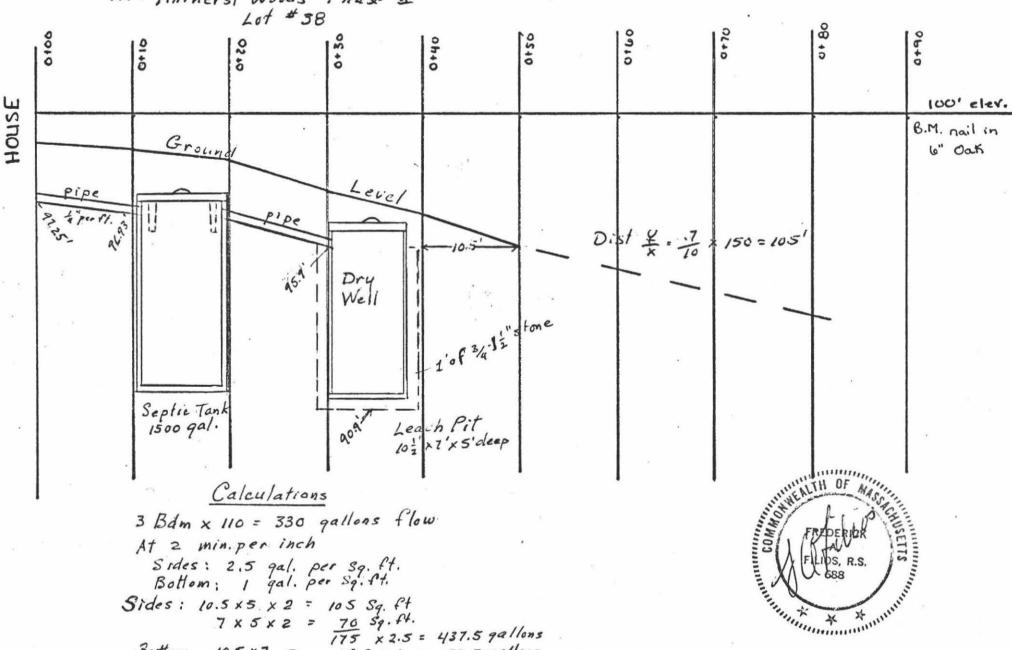
			•	· * .
à				

For: Friendly Builders Inc Harvey Sancousy Belchertown Mass At: Amherst Woods Phase II

Bottom 10.5 x7 =

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

By: Frederick Filios

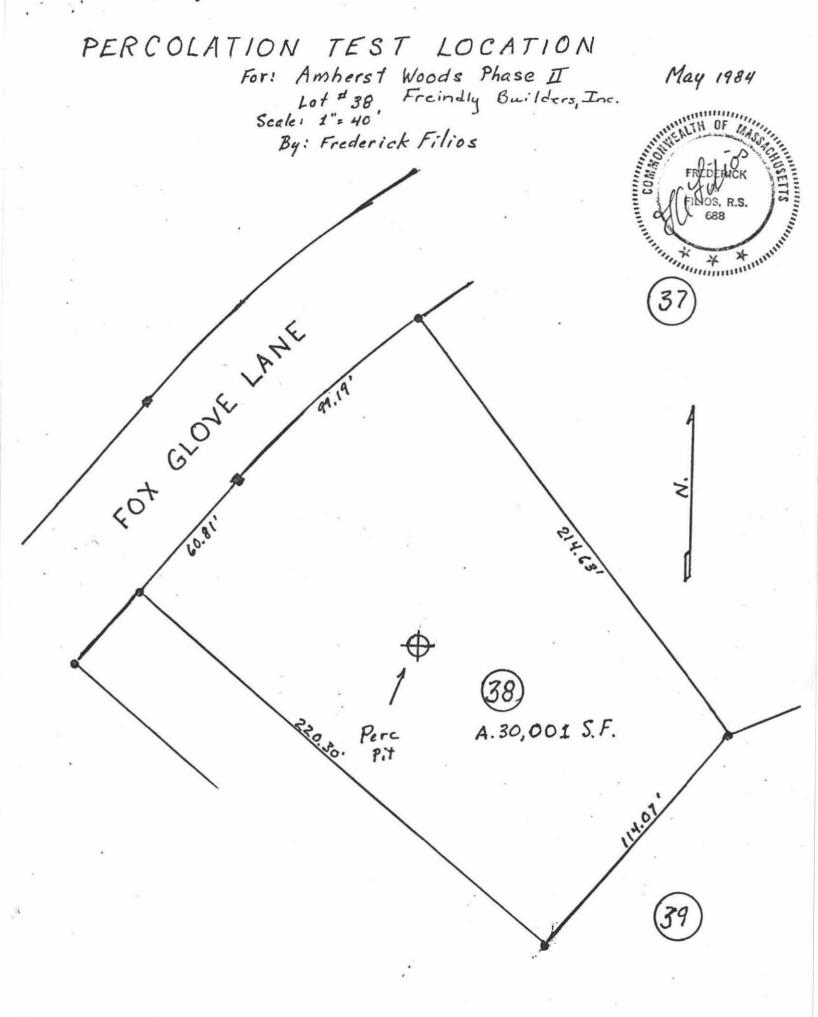


= 73.5 gallons

Total 511.0 gallons proposed !

73.5 K 1

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W.				

DEEP SOIL LOGS

OWNER Amherst Woods Phase IT	Date	May 1984
LOCATION Amherst Woods Lot #38	OBSERVE	R EA Filios
Soil		
6-24" Subscil		1 1
- 24"-11' Sand- some cobbles		
Ground Water none	Ground	Waler
下1 (<u> </u>	
	1	
Ground Water	Ground	Water
Percolation Rate at	32."	WITH OF WALL
1. 2 minutes (inch	·	FBADENCK .