No. 97-5

SIGN ALL ~~4 copies~~ 6 copies FEE 00
FOR Bd. of Health #514

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location 18 Fox Glove Lane, Amherst, MA	Owner's Name Lee Bowlie
Map/Parcel# Book 126, Page 82	Address 18 Fox Glove, Lane, Amherst, MA
Lot# 39	Telephone# 413-253-7031
Installer's Name	Designer's Name Alan E. Weiss
Address	Address 350 Old Enfield Rd., Belchertown MA 01007
Telephone#	Telephone# 413-323-5957

Type of Building Residential Lot Size 1.562 Acres ~~sq. ft.~~

Dwelling - No. of Bedrooms 4 To be removed → Garbage grinder (✓)

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

Other Fixtures _____

Design Flow (min. required) 440 gpd Calculated design flow 562 Design flow provided 562 gpd

Plan: Date 6/5/97 Number of sheets 1 Revision Date _____

Title Figure 2: Septic System Repair Plans

Description of Soil(s) Interlayered gravel w/ coarse sand

Soil Evaluator Form No. 11 Name of Soil Evaluator Alan Weiss Date of Evaluation 5/1/97

DESCRIPTION OF REPAIRS OR ALTERATIONS Replace existing leach tank with new leach trench soil absorbtion system.

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

Signed Lee Bowlie Date 6/9/97

Inspections _____

6/9/97 9/16/97 final

No. 97-5

FEE 160 00
ck #514

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

CERTIFICATE OF COMPLIANCE

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

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

by: _____

at 18 Fox Glove Lane

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 97-5, dated _____. Approved Design Flow 562 (gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. 97-5

FEE 160 00
ck #514

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 18 Fox Glove Lane as described in the application for Disposal System Construction Permit No. 97-5, dated _____.

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

Date 6-11-97 Board of Health [signature] for Inspection Services

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

Location Address or Lot No. #18 Fox glen.

On-site Review

Deep Hole Number TP-1 Date: 5/1/97 Time: Weather

Location (identify on site plan)

Land Use Res. Slope (%) 4% Surface Stones N/A

Vegetation GRASS

Landform KAME TERRACE

Position on landscape (sketch on the back)

Distances from:

Open Water Body	85'	feet	Drainage way	N/A	feet
Possible Wet Area	85'	feet	Property Line	50'	feet
Drinking Water Well	N/A	feet	Other		

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A.		10 YR 3/2		F.S.L.
8-18"			10 YR 4/6		L.S.
18" → 9.5' (hole broke at 9.5')			10 YR 4/4	N/A.	Interlayered gravel w/ coarse SAND, ND water.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) SAND + GRAVEL DepthtoBedrock: N/A

Depth to Groundwater: Standing Water in the Hole: N/A Weeping from Pit Face: N/A

Estimated Seasonal High Ground Water: 9.5' +

4 persons, 4 BR house, has disposal (to be removed)

Location Address or Lot No. 18 Foxglove Lane, Amherst, MA

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*

Date: See 1984 perc	Time:	
Observation Hole #	(waived)	
Depth of Perc	SOIL IS GRAVEL	
Start Pre-soak	(Per 1984)	
End Pre-soak		
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch	<2	

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

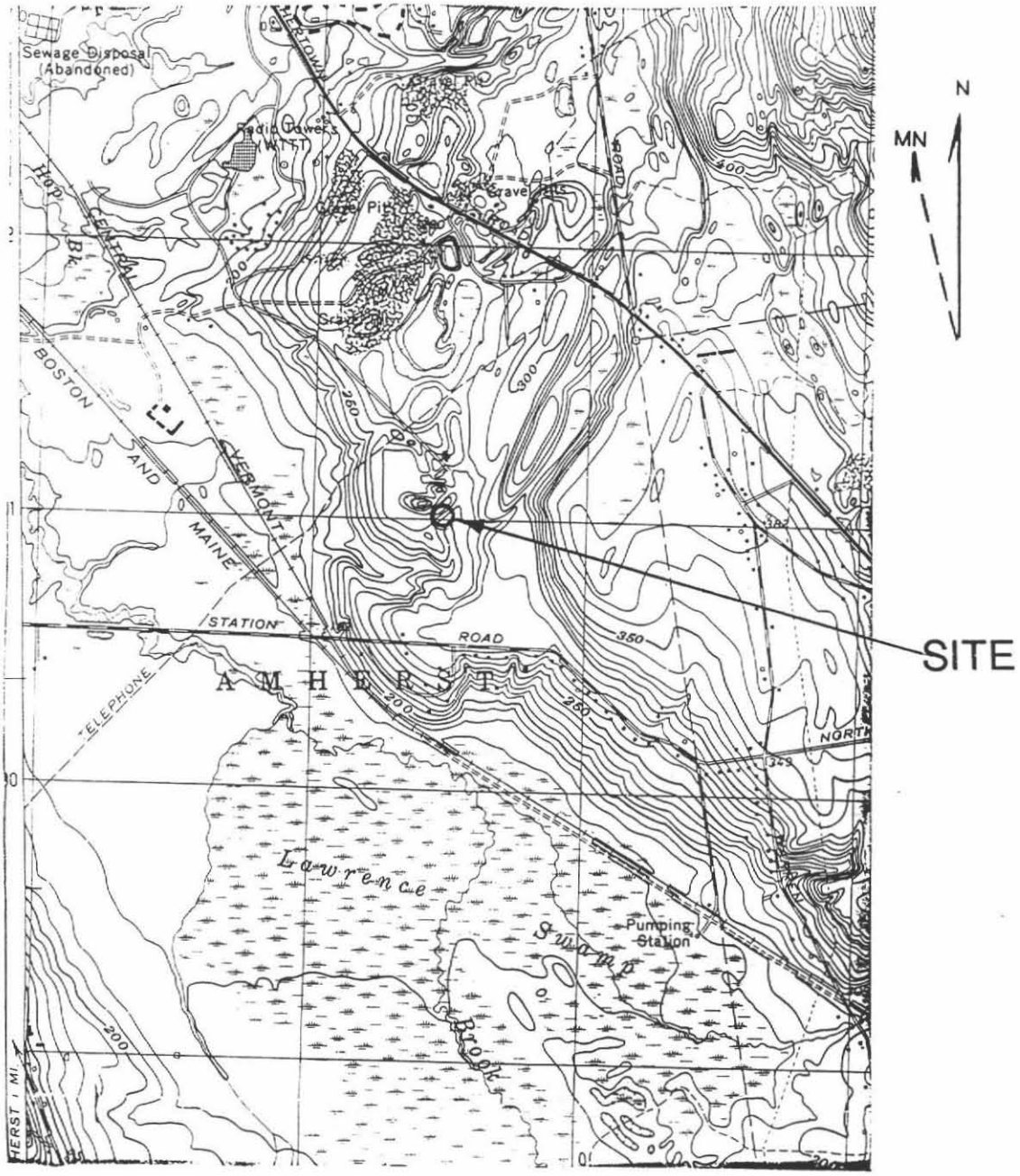
Site Passed ☒ Site Failed ☐

Performed By: Alan Weiss

Witnessed By: D. Zarozinski

Comments: Need wetlands determination

FIGURE 1: SITE LOCUS

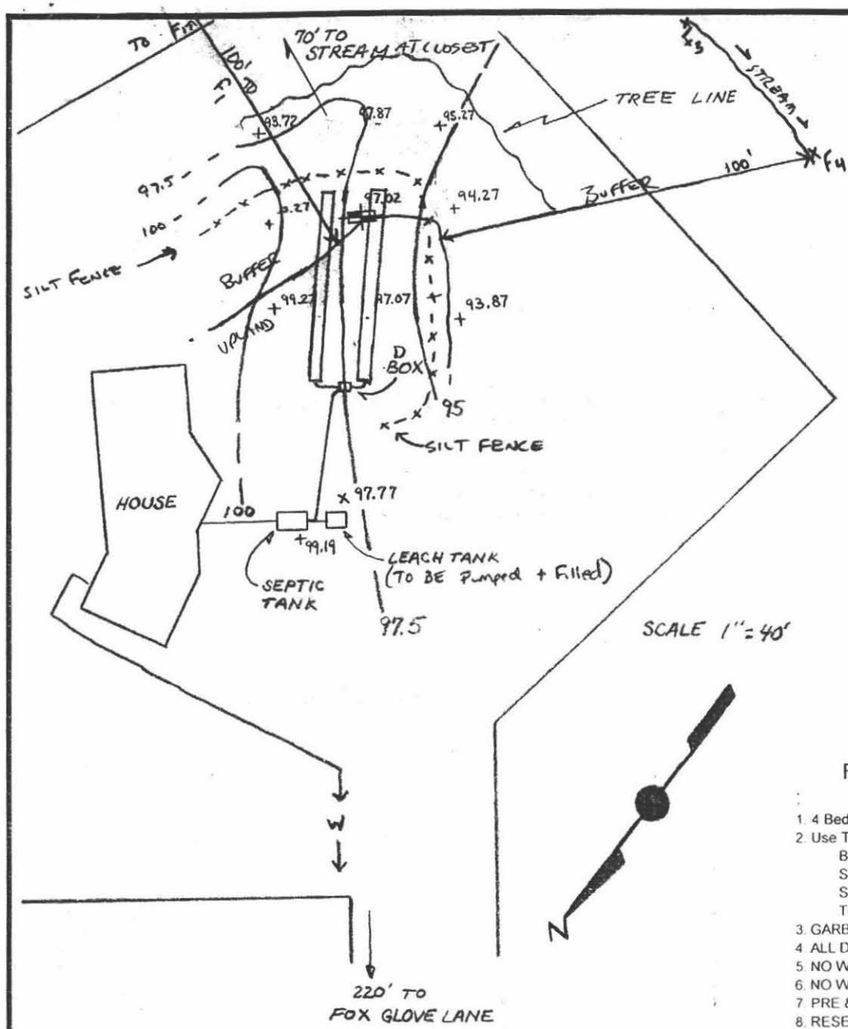


SCALE: 1"=2,083 FT.

USGS 7.5 MIN. QUAD.

0 FEET 2000

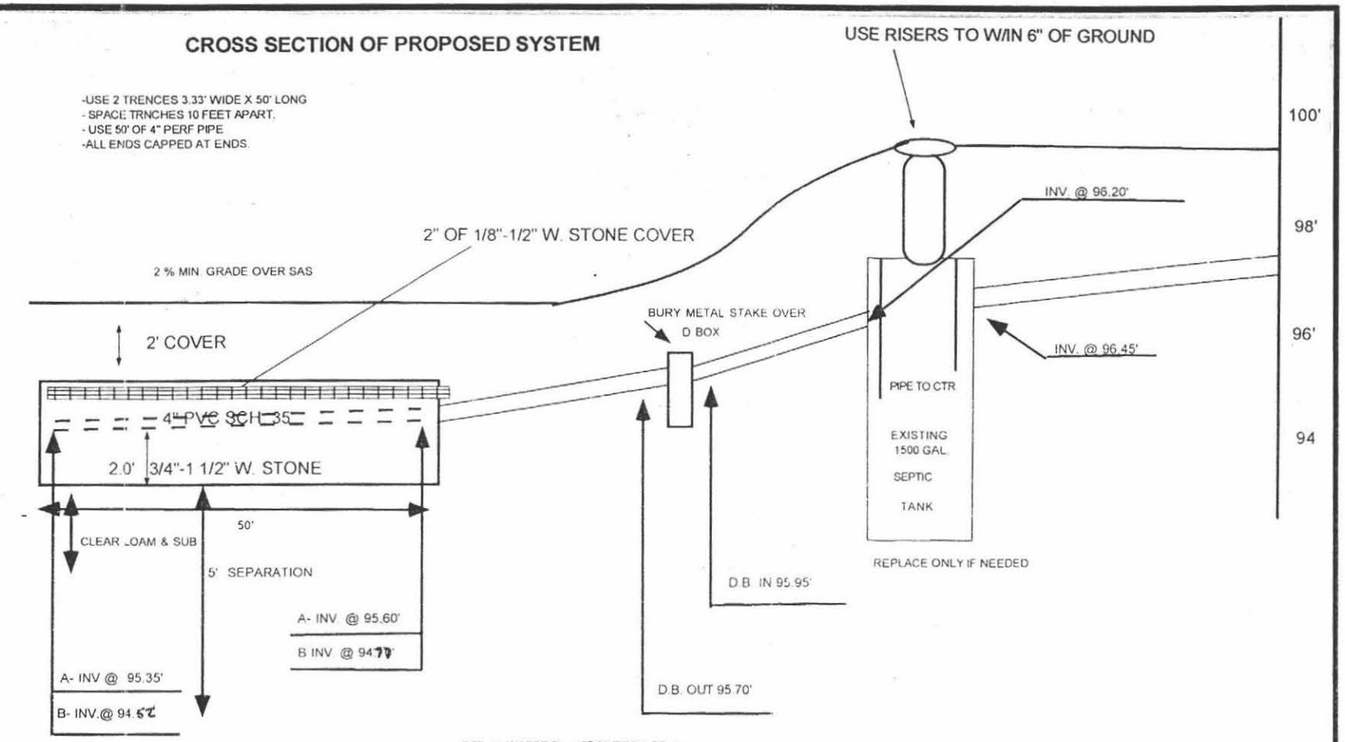
COLD SPRING ENVIRONMENTAL INC.



SITE PLAN

CROSS SECTION OF PROPOSED SYSTEM

-USE 2 TRENCES 3.33' WIDE X 50' LONG
- SPACE TRNCHES 10 FEET APART.
- USE 50' OF 4" PERF PIPE
-ALL ENDS CAPPED AT ENDS.



EFF. HI WATER EL. = 87.52 (FROM TP-1) @ TRENCH B.

BOT STONE: A=93.35'
B=92.52

REPAIR DESIGN NOTES

1. 4 Bedrooms x 110 gal/day = **440gal./day**
2. Use TWOLeach Trenches: 3.33 ' wide x 50' long x 2' stone below invert.
   - Bot. Area: 3.33' wide x 50' long x 2 = 333sf.
   - Side Area: 2' HI x 50' long x 2 SIDES x 2 = 400 sf.
   - Side Area: 2' x 3.33' wide x 2 x 2 = 26.64sf
   - Tot. Area: 759.64 sf x 0.74 gal.sf. = **562 gal./day.**
3. GARBAGE DISPOSAL TO BE REMOVED
4. ALL D. BOX OUTLET PIPES LEVEL FOR 2'.
5. NO WELLS WITHIN 150 FEET OF SYSTEM.
6. NO WETLANDS WITHIN 50 FEET OF SYSTEM.
7. PRE & POST CONTOURS NOTED AS NECESSARY.
8. RESERVE AREA NOT REQUIRED (BEWEEN TRENCHES).
9. SLOPE CALCS NOT APPLIC (15' allowed).
10. 2% MIN. SLOPE OVER SAS
11. FINAL GRADE RUNOFF, MAY NOT INTERFERE WITH SAS.
12. BENCHMARK = 100.0' SLAB AT GARAGE
13. USE EXISTING SEPTIC TANK.

PERC TEST BY A. WEISS ON 5/1/97, D. ZAROZINSKI, BOH AGENT
PERC. ASSUMED AT <2 MIN/IN.

SOIL LOG:

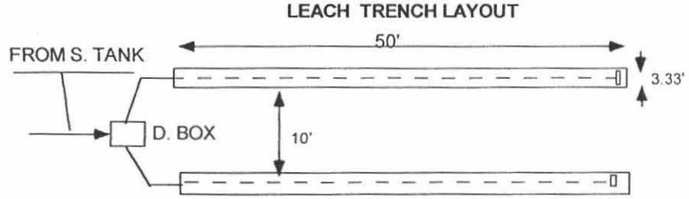
TP-1 EL. 97.02'

0-8" A, TOPSOIL, FINE SANDY LOAM (10YR3/2)
8-18" B, SUBSOIL, LOAMY SAND (10 YR4/6)

18" - 9.5' C SUBSTRATA, interlayered gravel with coarse sand (10YR4/4)
(CLASS 1 SOIL)

Not observed OXIDES
9.5' STATIC H20 (STANDING)
NA. BEDROCK

LEACH TRENCH LAYOUT



COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

COLD SPRING ENVIRONMENTAL, INC.		
SCALE: AS NOTED	APPROVED BY:	DRAWN BY FJS
DATE: 6/5/97		REVISED
FIGURE 2: SEPTIC SYSTEM REPAIR PLANS		
18 FOX GLOVE LANE, AMHERST		DRAWING NUMBER 97-756-0415

11 X 17 PRINTED ON NO. 1000H CLEARPRINT

10.99: Forms

DEP File No. _____ (To be provided by DEP)

Form 1

City/Town Amherst
Applicant Lee Bowlie

Commonwealth
of Massachusetts

Request for a Determination of Applicability
Massachusetts Wetlands Protection Act, G.L. c. 131, §40

1. I, the undersigned, hereby request that the Amherst Conservation Commission make a determination as to whether the area, described below, or work to be performed on said area, also described below, is subject to the jurisdiction of the Wetlands Protection Act, G.L. c. 131, §40.

2. The area is described as follows. (Use maps or plans, if necessary, to provide a description and the location of the area subject to this request.)

   Location: Street Address 18 Foxglove Lane, Amherst, MA

   Lot Number: 39

3. The work in said area is described below. (Use additional paper, if necessary, to describe the proposed work.)

Replace/Repair existing septic system. See plans for details.

10.99: continued

4. The owner(s) of the area, if not the person making this request, has been given written notification of this request on _____(date).

The name(s) and address(es) of the owner(s):

Lee Bowie
18 Fox Glove Lane
Amherst, MA

5. I have filed a complete copy of this request with the appropriate regional office of the Massachusetts Department of Environmental Protection
6/9/97 (date)

DEP Northeast Regional Office
10 Commerce Way
Woburn, MA 01801

DEP Southeast Regional Office
Lakeville Hospital
Route 105
Lakeville, MA 02347

DEP Central Regional Office
75 Grove Street
Worcester, MA 01605

DEP Western Regional Office
State House West, 4th Floor
436 Dwight Street
Springfield, MA 01103

6. I understand that notification of this request will be placed in a local newspaper at my expense in accordance with Section 10.5(3)(b) 1 of the regulations by the Conservation Commission and that I will be billed accordingly.

Signature_____ Name_____

Address_____ Tel._____

• 21E Site Investigations
• Subsurface Investigations
• Pollution Remediation
• LSP on Staff

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

• Percolation Tests and Septic Designs
• Regulatory Compliance
• Recycling and Solid Waste

June 9, 1997

Amherst Conservation Commission
Bangs Community Center
Amherst, Massachusetts 01002

RE: Bowie Property, Septic Repair &
Determination of Applicability
18 Foxglove Lane, Amherst
Cold Spring # 97-756-0415

Enclosed please find the Repair Plan for the subsurface Disposal System for the above mentioned property. The no work line is to be delineated using properly buried (6"), staked silt fence. All above noted locations are referenced on the Figure 1: Site Locus Map and Figure 2: Site Plan, attached.

The Health Department will be contacted for proper septic repair permits. Wetland delineation was based on our own observation of topography,typical hydrophytic species, and hydrology observed in the field on May 1, 1997. The plan intention is to utilize the best part of the property with the least disturbance of the resource area.

Mitigative measures include a silt fence that establishes a no work zone (60') as well as follow-up mulching and seeding of yard margins. The leachfield exceeds the Title V (310 CMR 15.00) setback of 50 feet (70' feet noted to leaching trench). The disturbance area (work area) in the buffer zone would be limited to about 1,250 square feet.

Please note that because of the "limited impact", our experience with most communities is that this type of repair work can be completed with the a **Negative Determination** (with the noted mitigative measures followed as contingencies). The attached plan and form has been filed with the Springfield, DEP. Please notify me at your earliest convenience if you have any questions or wish for me to attend the hearing.

Sincerely,
Cold Spring Environmental Consultants, Inc.

Alan E. Weiss, M.S.
Principal Hydrogeologist
Registered Sanitarian Lic. #933
President

COMMONWEALTH OF MASSACHUSETTS
ALAN E WEISS
REG. #933
REGISTERED SANITARIAN

PC: Mr. Bowie, 18 Foxglove Lane, Amherst
Mass. DEP-Wetlands Div.
Mr. David Zarozinski, Inspection Services

350 Old Enfield Road • Belchertown, MA 01007 • (413) 323-5957 & 323-4916
Fax: 323-4916

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

•Subsurface Investigations
•21E Site Investigations
•Pollution Remediation
•Percolation Tests and Septic Designs

Date: 5/1/97

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: D. ZAROZINSKI

Date: 5/1/97

Location Address or Lot #	Owner's Name, Address, and Telephone #
18 Forgione Amherst New Construction ☐ Repair ☐	Lee Bowie 18 Fox Glove Lane Amherst, MA 253-7031

Office Review

Published Soil Survey Available: No ☐ Yes ☒

Year Published 1981 Publication Scale 1:15,840 Soil Map Unit HgB

Drainage Class Severe Soil Limitations

Surficial Geologic Report Available: No ☒ Yes ☐

Year Published Publication Scale

Geologic Material (Map Unit) STRATIFIED DRIFT

Landform KAME TERRACE

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☒

Within 500 year flood boundary No ☒ Yes ☐

Within 100 year flood boundary No ☒ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) N/A

Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range: Above Normal ☐ Normal ☐ Below Normal ☐

Other References Reviewed: _____

Location Address or Lot No. 18 Fox Glove Lane, Amherst

Determination for Seasonal High Water Table

Method Used:

- [x] Depth observed standing in observation hole ..... inches
- [ ] Depth weeping from side of observation hole ..... inches
- [ ] Depth to soil mottles ..... inches
- [ ] Ground water adjustment ..... feet

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

Adjustment factor ..... Adjusted ground water level

Depth of Naturally Occurring Pervious Material

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

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

Certification

I certify that on June 1995 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 5/1/97

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

C11 F 514

TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

Received of Lee Bowie MEREDITH W. MICHAELS (Name) of 18 Foxglove Lane (Address) 253-4680

For Property Located at 18 Foxglove Lane (Street Address) Same (Owner)

	Bakery	01-0-501-4433-00	✓	Perc Test 100.00	01-0-501-4344-00
	Bed & Breakfast	01-0-501-4474-01		Pool	01-0-501-4471-00
	Catering	01-0-501-4429-00		Rec. Camp	01-0-501-4424-00
	Food Handler	01-0-501-4474-00		Retail Permit	01-0-501-4473-00
	Frozen Desserts	01-0-501-4421-00		Sanitary Code Booklet	01-0-501-4380-00
	Housing Inspection	01-0-501-4348-00		Septic Installers Permit	01-0-501-4470-01
	Massage	01-0-501-4425-00	✓	Septic Private Applications 60.00	01-0-501-4470-00
	Milk	01-0-501-4420-00		Septic - Reinspection	01-0-501-4345-00
	Motel License	01-0-501-4428-00		Sub-Division Rev.	01-0-501-4460-00
	Miscellaneous	01-0-501-_____		Tanning	01-0-501-4434-00
	Offal/Garbage	01-0-501-4472-00		Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE: 160.00

Norma J. Lynch — Treasurer/Collector

PAID MAY 7 1997 #514 TOWN OF AMHERST TREASURER — Date

David E. Paczynski for — Inspection Services

White - Applicant *Yellow - Collector* *Pink - Inspection Services*

514 24# ~~[illegible]~~ ~~[illegible]~~
pd 160 00

No. _____ Date: 5/1/97

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Alan Weiss Cold Spring Env. Date: 5/1/97
Witnessed By: David Zarzewski

Location Address or Lot # 18 Foxglove Lane New Construction ☐ Repair ☑	Owner's Name, Address, and Telephone # Lee G. Bowin 18 Foxglove Lane 253-7031

Office Review

Published Soil Survey Available: No ☐ Yes ☐
Year Published ..... Publication Scale ..... Soil Map Unit .....
Drainage Class ..... Soil Limitations .....
Surficial Geologic Report Available: No ☐ Yes ☐
Year Published ..... Publication Scale .....
Geologic Material (Map Unit) .....
Landform .....
Flood Insurance Rate Map:
Above 500 year flood boundary No ☐ Yes ☐
Within 500 year flood boundary No ☐ Yes ☐
Within 100 year flood boundary No ☐ Yes ☐
Wetland Area:
National Wetland Inventory Map (map unit) .....
Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month .....
Range :Above Normal ☐ Normal ☐ Below Normal ☐
Other References Reviewed: _____

Location Address or Lot No. 18 FOXGLOVE LANE

On-site Review

Deep Hole Number **Date:** **Time:** **Weather**
Location (identify on site plan)
Land Use **Slope (%)** **Surface Stones**
Vegetation
Landform
Position on landscape (sketch on the back)
Distances from:

Open Water Body	feet	Drainage way	feet
Possible Wet Area	feet	Property Line	feet
Drinking Water Well	feet	Other	

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
8"	A		10 YR 3/2		F. S L
18	B		10 YR 4/6	14 U	Loamy Sand
Bedrock Down			10 YR 4/4		Interlayered gravel sand
C 8?	C				

*MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ **Depth to Bedrock:** _____

Depth to Groundwater: **Standing Water in the Hole:** _____ **Weeping from Pit Face:** _____

Estimated Seasonal High Ground Water: _____

Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*

Date: ..... Time: .....

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

Unused

Fill gravel - Sand Back Hole Down "old Perc 2"

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

Site Passed ☑ Site Failed ☐

Performed By: _____

Witnessed By: _____

Comments: .....

No. 85-4

Fee $90 Pd 3/21

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK FILIOS, R.S. 688

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

18 Fox Glove Lane — Location & Address — Amherst Woods II Lot 39 — Lot No.

Donald LaVerdiere — Owner — 500 Station Road — Address

Ed Stone — Installer — West St Monadnock — Address

Type of Building — Size Lot 1.562 Ac ~~Sq. feet~~

Dwelling — No. of Bedrooms 4 — 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 440 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~~ 13 x 9' Depth below inlet 5 Total leaching area 220 sq. ft. Sides / 117 Bottom

Other Distribution box (→) no Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date May 1984

Test Pit No. 1 < 2 minutes per inch Depth of Test Pit 120" Depth to ground water none

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

Signed [signature] Date 3-11-85

Application Approved By [signature] Date 3-12-85

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

Permit No. 85-4 Issued 3-12-84 Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

at .....

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

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 85-4 Town of Amherst Fee $90

Disposal Works Construction Permit

Permission is hereby granted Ed Stone - Don LaVerdiere

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

at No. Lot 39 Fox Glove Street

as shown on the application for Disposal Works Construction Permit No. 85-4 Dated 3-12-85

[signature] Board of Health

DATE 3-12-85

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No..... 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 (X) or Repair ( ) an Individual Sewage Disposal System at:

Fox Glove Lane — Location - Address; Lot #39 — or Lot No.

Castellano & BARBARA TURNER — Owner; 85 Stoney Hill Rd, Amherst, Ma. — Address

Ed Stone — Installer; West St., Montague, Mass. — Address

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

Dwelling — No. of Bedrooms 4 Expansion Attic (No) Garbage Grinder (1)

Other — Type of Building ..... No. of persons 4 Showers (2) — Cafeteria ( )

Other fixtures .....

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

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

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

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

Other Distribution box ( ) Dosing tank ( )

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

Test Pit No. 1.....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.....

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 Barbara Turner Castellano & Turner 3/11/85 Date

Application Approved By..... Date

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

Date

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

at.....

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

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

No..... FEE.....

Disposal Works Construction Permit

Permission is hereby granted.....

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

at No..... Street

as shown on the application for Disposal Works Construction Permit No..... Dated.....

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

CHECK OR FILL IN WHERE APPLICABLE

No..... Fee.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK FILIOS, R.S. 683

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

Fox Glove Lane — Location Address
Amherst Woods II Lot 39 — or Lot No.
Donald LaVerdiere — Owner
500 Station Road — Address
Installer — Address

Type of Building — Size Lot 1.562 Ac ~~Sq. feet~~

Dwelling — No. of Bedrooms 4 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 440 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~~ 13 x 9' Depth below inlet 5 Total leaching area 220 sq. ft. Sides
117 Bottom

Other Distribution box (—) no Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date May 1984

Test Pit No. 1 <2 minutes per inch Depth of Test Pit 120" Depth to ground water none

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 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 ..... Date .....

Application Approved By ..... Date .....

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

Date .....

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

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

at .....

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

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

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

CHECK OR FILL IN WHERE APPLICABLE

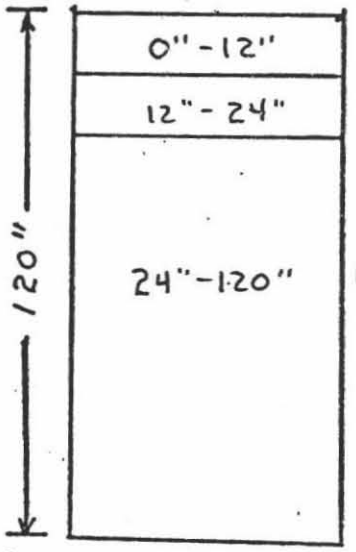
DEEP SOIL LOGS

OWNER Amherst Woods, Phase II

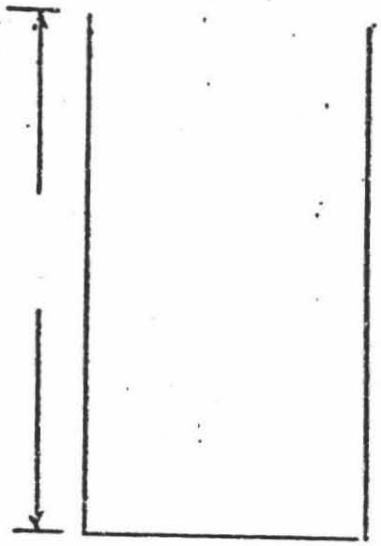
Date JUNE 1984

LOCATION Fox Glove Lane Lot #39

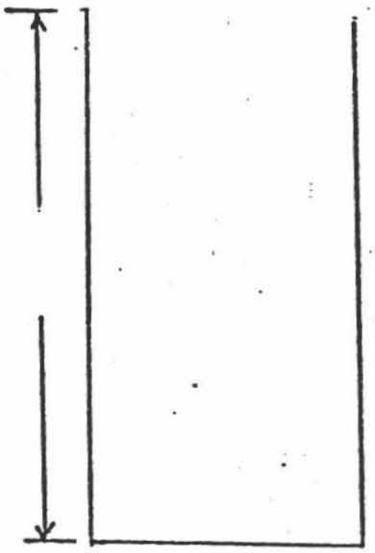
OBSERVER F.A. Filios



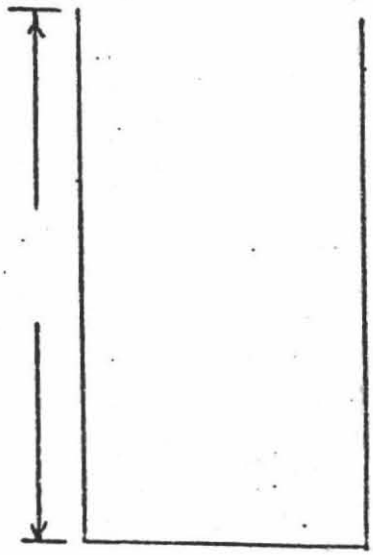
Ground Water none



Ground Water _____



Ground Water _____



Ground Water _____

Percolation Rate at 32"

< 2 min/inch

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
633

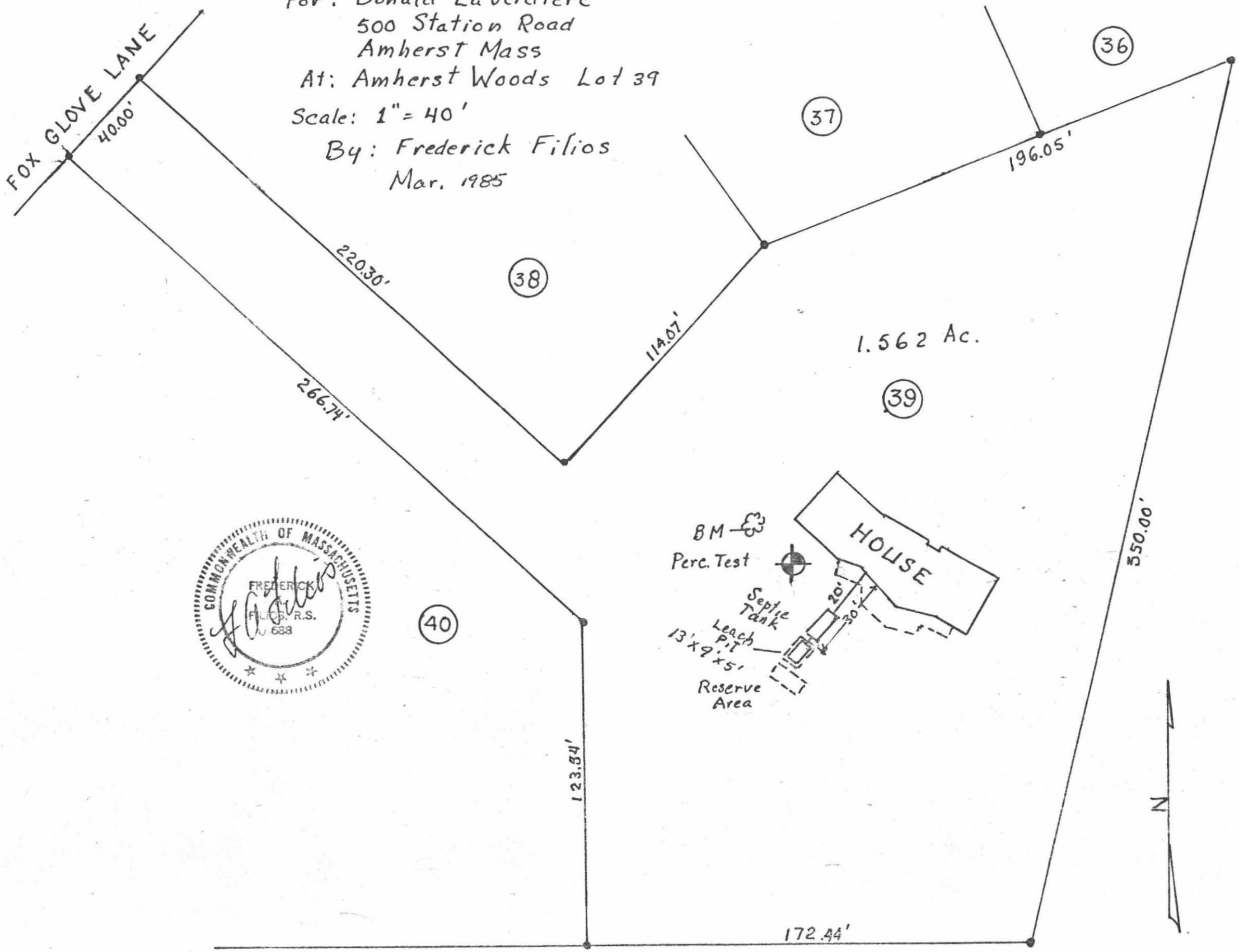
PLAN SHOWING SEWAGE DISPOSAL

For: Donald LaVerdiere
500 Station Road
Amherst Mass

At: Amherst Woods Lot 39

Scale: 1" = 40'

By: Frederick Filios
Mar. 1985

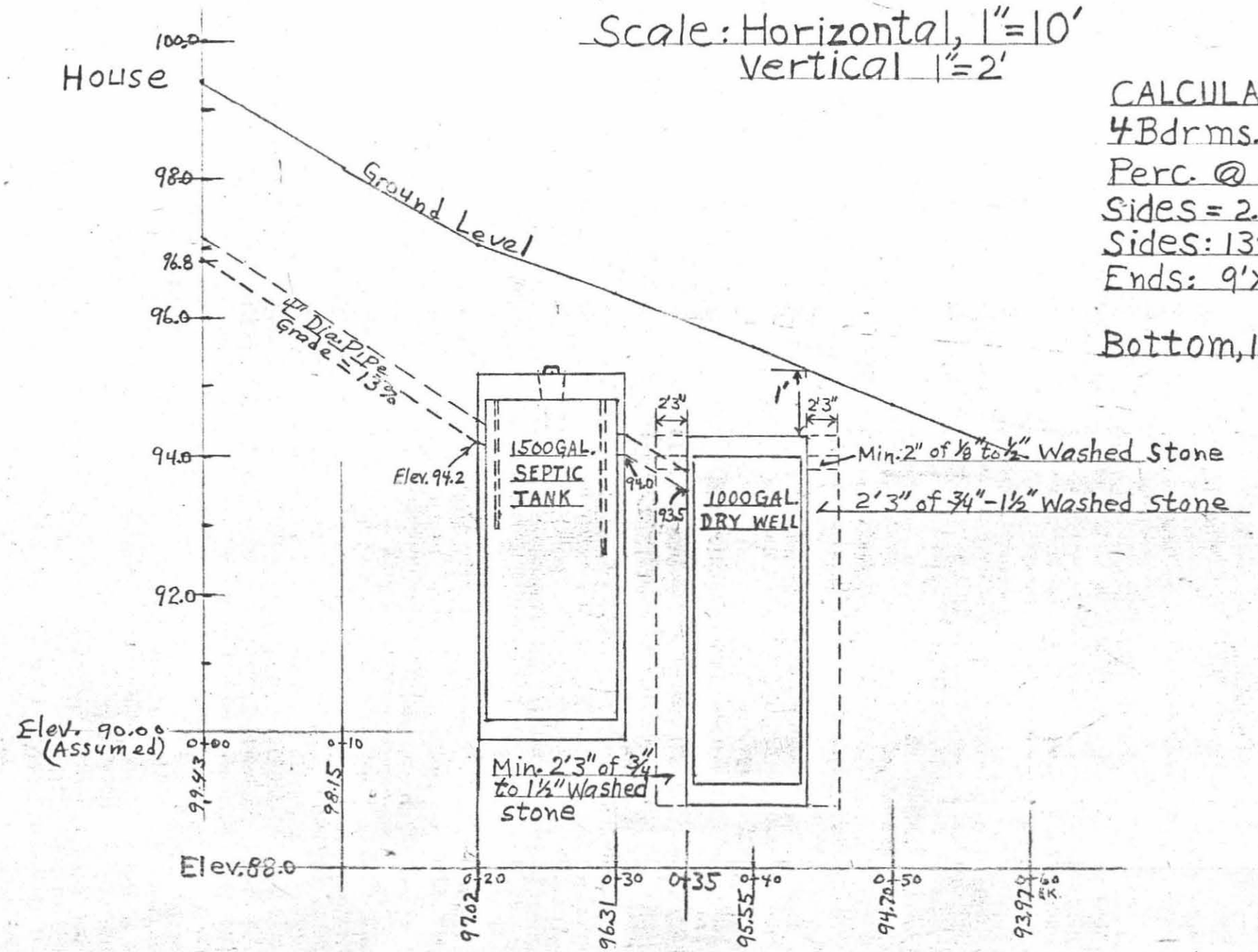


COMMONWEALTH OF MASSACHUSETTS
FREDERICK FILIOS
REG. P.L.S.
No. 688

PROFILE OF SEPTIC SYSTEM
DONALD LA VERDIERE
AMHERST WOODS LOT 39
FOX GLOVE LANE, AMHERST MASS.

BY: Frederick Filios March 6, 1985

Scale: Horizontal, 1" = 10'
Vertical 1" = 2'



CALCULATIONS

4 Bdrms. @ 110 = 440 + G.G = 660 Gal. Req'd.

Perc. @ 2 min per inch

Sides = 2.5 Gals. per sq ft., Btm = 1 Gal per sq. ft.

Sides: 13' X 5' X 2 = 130 Sq. ft.

Ends: 9' X 5' X 2 = 90 Sq. ft.

220 Sq. ft X 2.5 = 550 Gals

Bottom, 13' X 9' = 117 sq. ft X 1 Gal. = 117

Available 667 Gals.

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