

#166

No. 86-62  
REVISED

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:

166 Harkness Road Lot 39  
James Dayton Location - Address or Lot No.  
850 Belchertown Rd, Amh. Address  
Owner Address

Type of Building Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (yes)  
Other — Type of Building No. of persons Showers ( ) — Cafeteria ( )  
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 660 gallons.  
Septic Tank — Liquid capacity 1500 gallons Length 10 1/2' Width 5.66' Diameter Depth 5.33'  
Disposal Trench — No. Width Total Length Total leaching area 198 sq. ft. SIDES  
Seepage Pit No. 1 Diameter 25x8' Depth below inlet Total leaching area 200 sq. ft. BOTTOM  
Other Distribution box ( ) Dosing tank ( )  
Percolation Test Results Performed by F.A. Filios Date April 29, 1986  
Test Pit No. 1 2 minutes per inch Depth of Test Pit 8' Depth to ground water NONE  
Test Pit No. 2 minutes per inch Depth of Test Pit 7' Depth to ground water 7'

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

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

Signed [Signature] 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

DATE Board of Health

CHECK OR FILL IN WHERE APPLICABLE



1. 10/10/10

2. 10/10/10

3. 10/10/10

4. 10/10/10

5. 10/10/10

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14. 10/10/10

15. 10/10/10

16. 10/10/10

17. 10/10/10

18. 10/10/10

19. 10/10/10

No. 86-62



THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

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

Location: Address 166 Harkness Road DAYTON LOT None Lot 39
Owner Raymond & Brenda Miazga 1120 Federal St., Belchertown, Ma. 01007
Installer DMO CONSTRUCTION BELCHERTOWN RD Amherst

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

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 8.5' Width 5' Diameter Depth 5'
Disposal Trench - No. Width Total Length Total leaching area 107.5 sq. ft. Sides Bottom
Seepage Pit No. 1 Diameter 14.5' x 7' Depth below inlet 2.5' Total leaching area 101.5 sq. ft.
Percolation Test Results Performed by F.A. FILIOS Date April 29, 1986
Test Pit No. 1 2 minutes per inch Depth of Test Pit 8' Depth to ground water 8'
Test Pit No. 2 minutes per inch Depth of Test Pit 92" Depth to ground water 7'

Description of Soil Enclosed - SEE ENCLOSED DETAIL - BOTTOM OF LEACH PIT MUST BE 4' ABOVE ROAD (SEE LOG)
Nature of Repairs or Alterations - Answer when applicable

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

Application Approved By [Signature] Date 10-16-86
Application Disapproved for the following reasons:

Permit No. 86-62 Issued 10-16-86 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

Town OF Amherst

No. 86-62

FEE 290

Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. DAYTON LOT - HARKNESS RD

as shown on the application for Disposal Works Construction Permit No. 86-62 Dated 10-16-86

DATE 10-16-86 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE

Faint, illegible text covering the majority of the page, possibly bleed-through from the reverse side.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

86-62

HARKNESS RD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JAMES DAYTON Address BELCHERTOWN RD

Installer KARL'S Exc. Address RIVER DE WADSWORTH

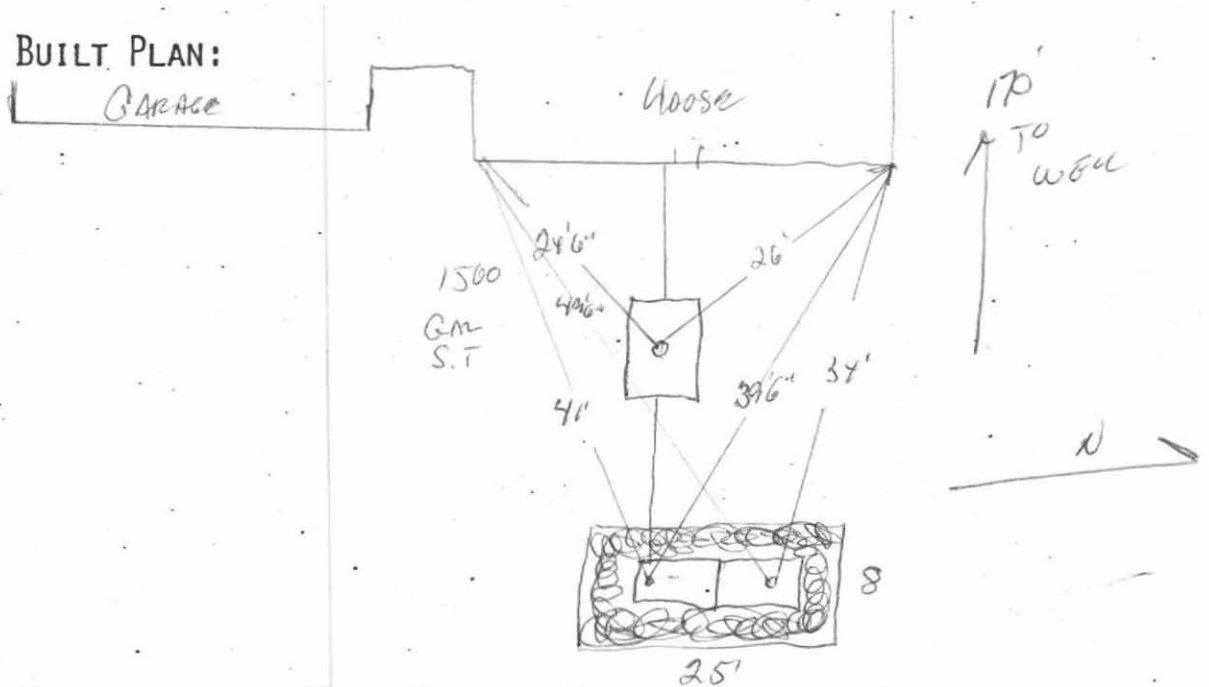
Date Installation Inspected and Approved 4/14/87

Description of System: Tank Capacity: 1500 215 sq ft S1000

Leach Field ( ) Bed ( ) Seepage Pit ( X ) Square Feet: 200 sq ft Bottom

Garbage Grinder Yes ( X ) - No ( ) No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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



No. \_\_\_\_\_

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:

Harkness Road
James Dayton
850 Belchertown Rd, Amh.

Type of Building: Dwelling - No. of Bedrooms: 4
Expansion Attic ( )
Garbage Grinder (yes)
Other - Type of Building:
No. of persons:
Showers ( ) - Cafeteria ( )

Design Flow: 55 gallons per person per day. Total daily flow: 660 gallons.
Septic Tank - Liquid capacity: 1500 gallons. Length: 10 1/2'. Width: 5.66'. Diameter: 5.33'.
Disposal Trench - No. 1. Width: 25' x 8'. Depth below inlet: 7'. Total leaching area: 200 sq. ft. SIDES
Seepage Pit No. 1. Diameter: 25' x 8'. Depth below inlet: 7'. Total leaching area: 200 sq. ft. BOTTOM
Other Distribution box ( )
Dosing tank ( )
Percolation Test Results: Performed by: F.A. Filios. Date: April 29, 1986
Test Pit No. 1: 2 minutes per inch. Depth of Test Pit: 8'. Depth to ground water: NONE
Test Pit No. 2: 7 minutes per inch. Depth of Test Pit: 7'. Depth to ground water: 7'

Description of Soil: Enclosed

Nature of Repairs or Alterations - Answer when applicable

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

Signed:
Application Approved By:
Application Disapproved for the following reasons:

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( ) by:
at:
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated:

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

DATE Inspector

CHECK OR FILL IN WHERE APPLICABLE





DEEP SOIL LOGS

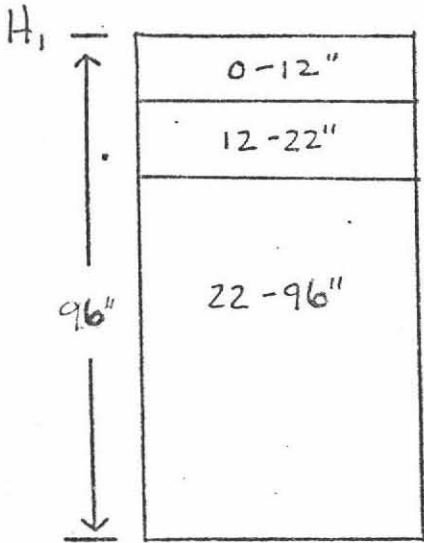
OWNER James Dayton

DATE April 29, 1986

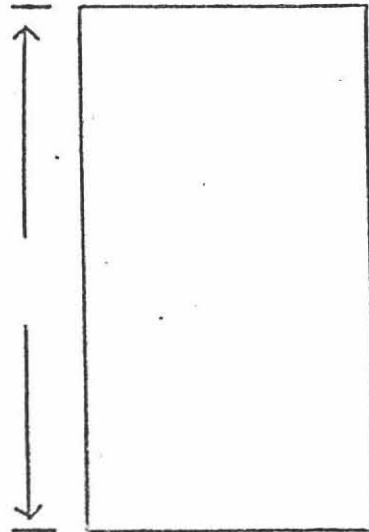
LOCATION Harkness Road  
Amherst

OBSERVER Fred A. Filios

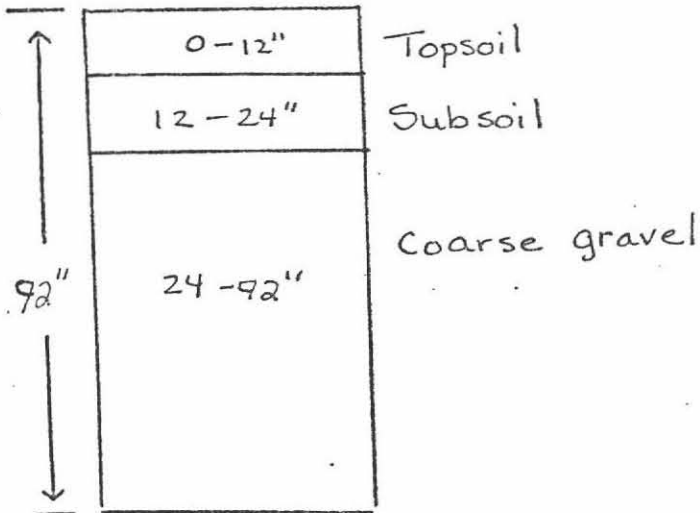
B of H \_\_\_\_\_



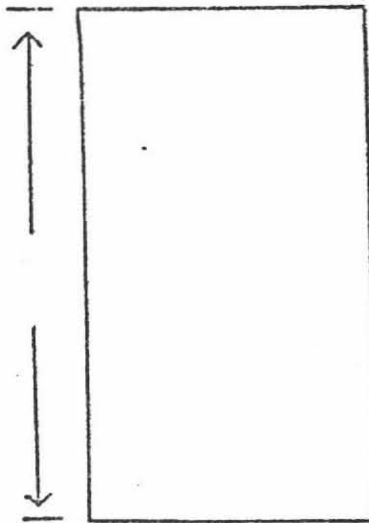
GROUND WATER 8'



GROUND WATER \_\_\_\_\_



GROUND WATER 7'



GROUND WATER \_\_\_\_\_

PERCOLATION RATE AT 40":

2 min./inch

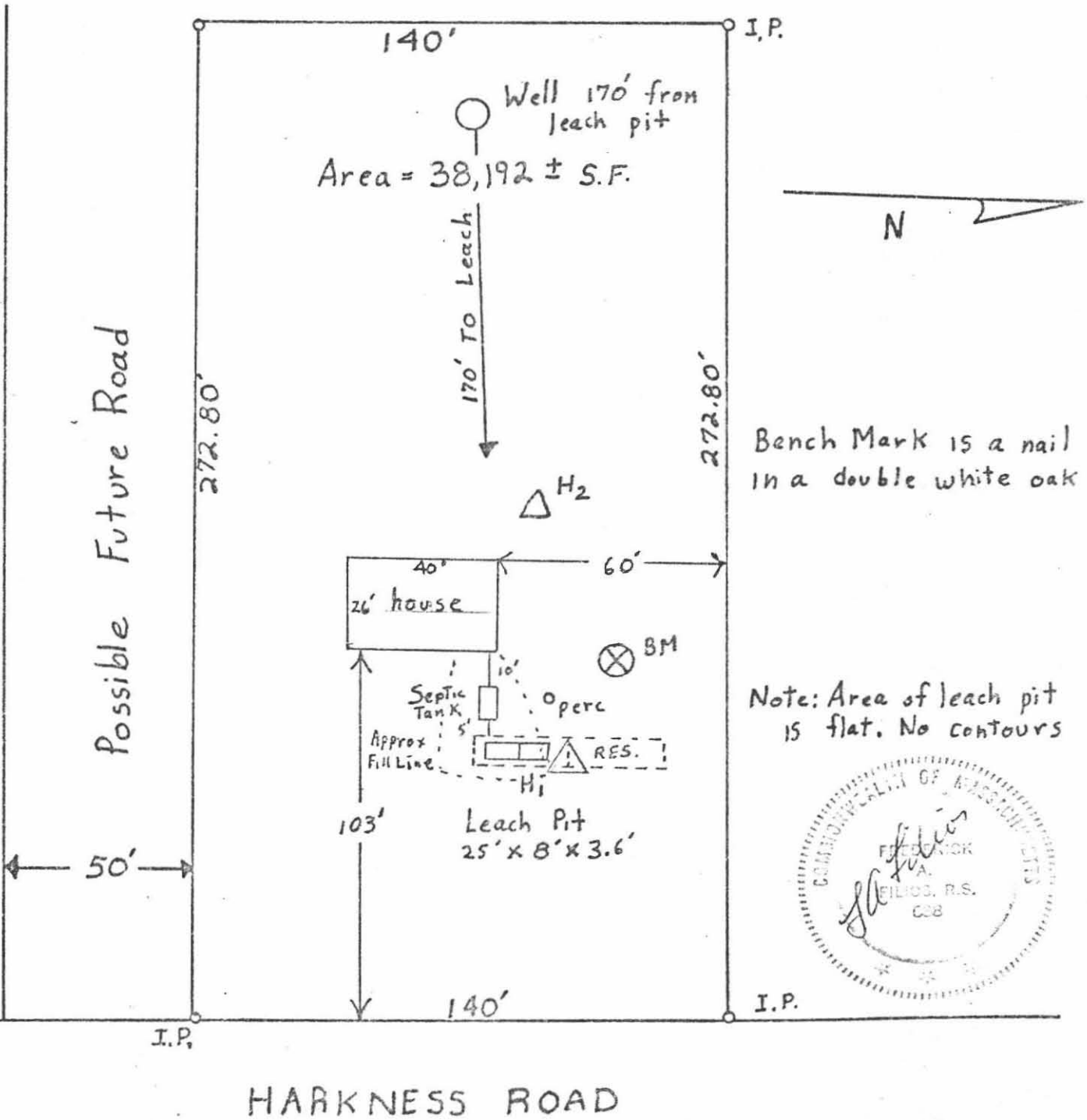




# PLAN SHOWING SEWAGE DISPOSAL

FOR: JAMES DAYTON  
 BELCHERTOWN RD.  
 AMHERST, MA.  
 AT: HARKNESS RD.  
 AMHERST, MA.

BY: F.A. FILIOS  
 69 PELHAM RD.  
 AMHERST, MA.  
 SCALE: 1" = 40'  
 DATE: OCT. 13, 1986



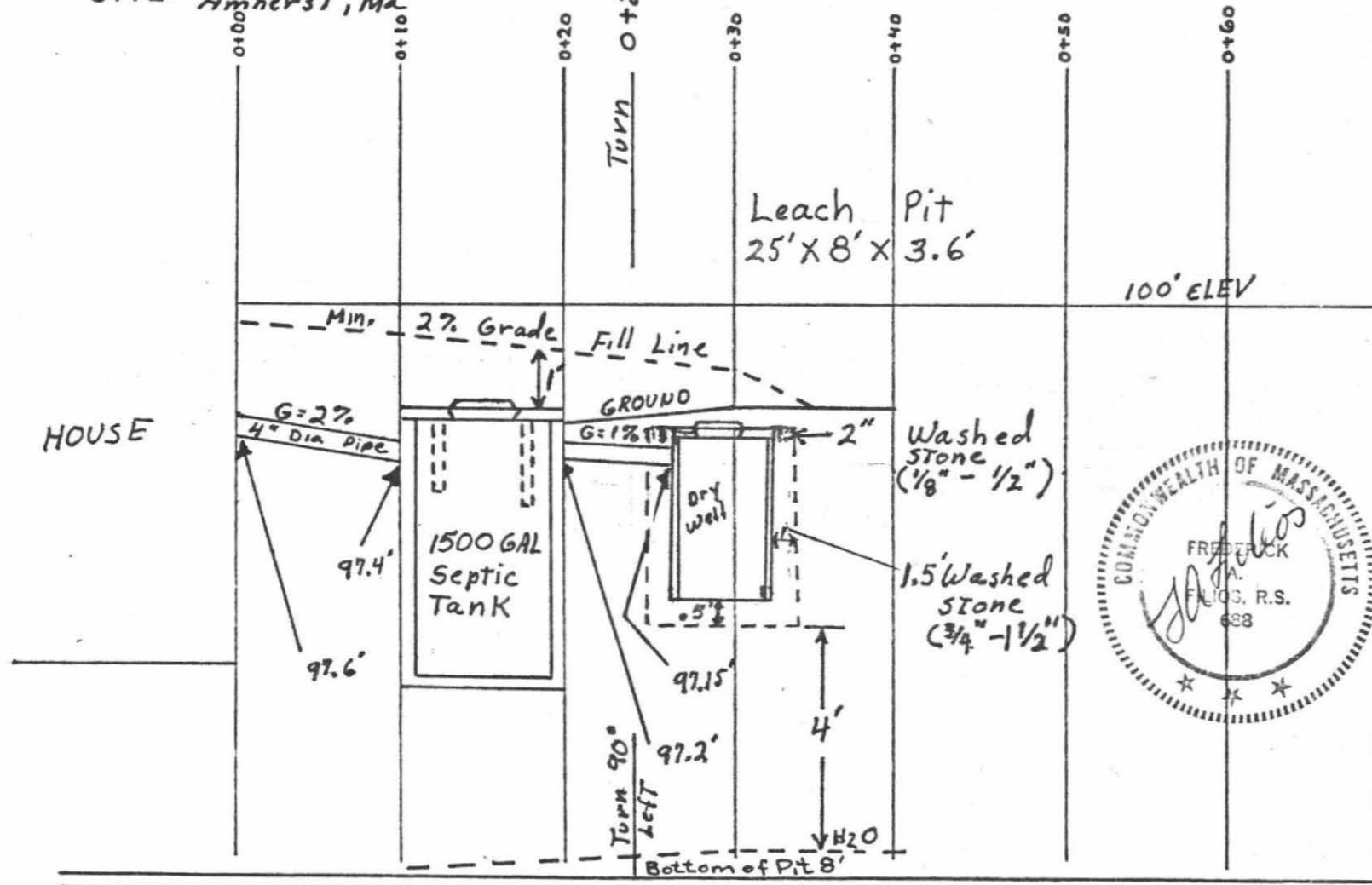


# PROFILE OF SEPTIC SYSTEM

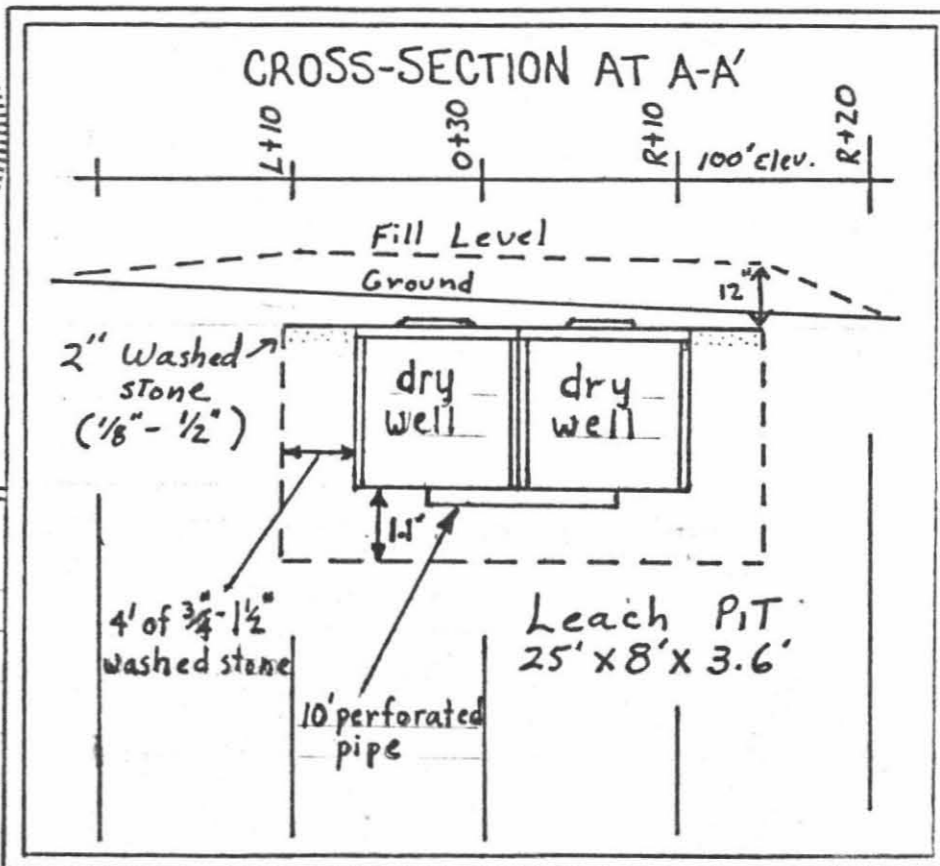
FOR: James Dayton  
Belchertown RD., Amherst, Ma  
SITE: Harkness RD  
Amherst, Ma

BY: FREDERICK A. FILIOS

SCALE: HORIZONTAL: 1" = 10'  
VERTICAL: 1" = 3'



100' Elev. Assumed at  
Bench Mark - Nail in double white oak

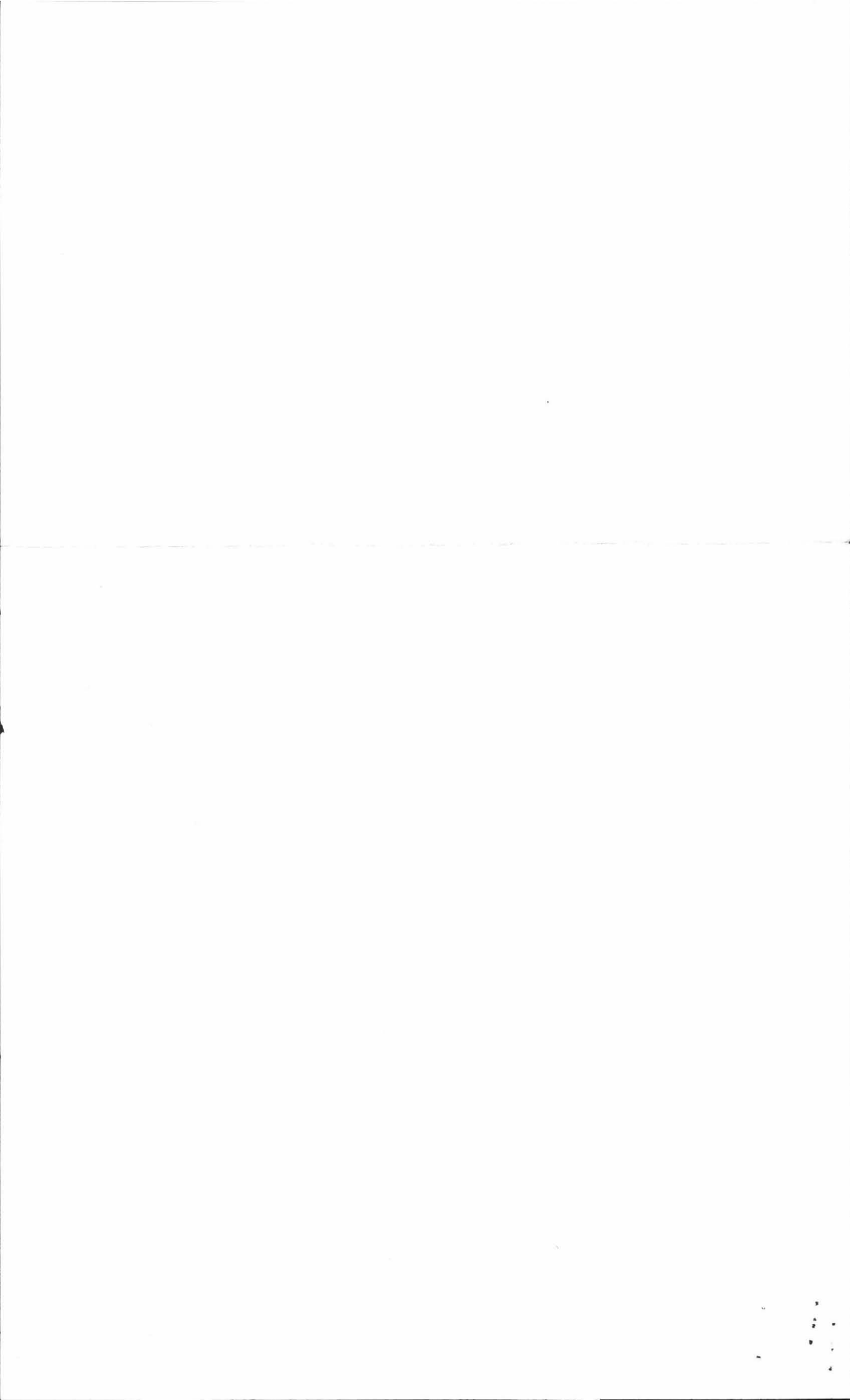


## SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

## CALCULATIONS

Demand - 4 bedrooms at 110 each = 440 gal  
 Perc rate - 2 min/inch  $GG \Rightarrow (.5)(440) = 220$  gal  
 leach pit - (25' x 8' x 3.6') total 660 gal.  
 sides - (25)(3)(2) = (150 ft<sup>2</sup>)(2.5) = 375 gal  
 (8)(3)(2) = (48 ft<sup>2</sup>)(2.5) = 120 gal  
 bottom - (25)(8) = (200 ft<sup>2</sup>)(1.0) = 200 gal  
 demand - 660 gal total available 695 gal



Am  
B17

BOARD OF HEALTH

SEPTIC SYSTEM INSPECTION REPORT OR REQUEST FOR EXEMPTION

Date of Inspection: 10/14/95

Present owner (seller):

JOE OUCKI 253-3527  
Name 166 HARKNESS ROAD Phone number

Amherst MASS 01002  
Address (number, street, city/town, state & ZIP code)

166 Harkness Road  
Location of Property (number and street) Tax Map & Parcel #

Engineer or Sanitarian:

WILLIAM SIKKUTA PSE 532 8525  
Name of firm and contact person Phone number

46 Opland Rd Holyoke MASS  
Address (number, street, city/town, state & ZIP code)

Seller's Attorney:

M. Serouck  
Name of firm and contact person Phone number

Amherst MASS  
Address (number, street, city/town, state & ZIP code)

Seller's Real Estate Broker/Salesperson:

TOWN AND COUNTRY 256 4181  
Name of agency and salesperson Phone number

JACKIE ZUZCO  
79 50 PLEASANT STREET  
Address (number, street, city/town, state & ZIP code)  
Amherst MASS





Buyer (if any):

SMITH

Name TEABERRY LANE

Phone number \_\_\_\_\_

AMHERST, MASS

Address (number, street, city/town, state & ZIP code)

I. Description of Property

- A. Number of Bedrooms: 4 Number of Bathrooms: 3
- C. Appliances: Dish Washer YES Garbage Disposal YES  
Washing Machine YES Other \_\_\_\_\_
- D. Length of present ownership: 7 years
- E. Year round residence: Yes ✓ No \_\_\_\_\_
- F. Seasonal residence: Yes NO Approx days per year \_\_\_\_\_
- G. Pumping of septic tank during past two years:  
Date Pumped 1 1982 By RAYS EXCAVATION  
Date Pumped 1 1985 By RAYS EXCAVATION

NOTE: If you wish to request an exemption, STOP HERE. Attach to this form the documentation required by Part III.D of this regulation, complete the signature line at the end of the CERTIFICATE OF COMPLIANCE below, and send this exemption request, together with the \$45 filing fee, to the persons and agencies listed below the signature line at the end of the CERTIFICATE OF COMPLIANCE.

II. Description of Sewage Disposal System

- A. Date installed: 1 1987-1988
- B. Cesspool \_\_\_\_\_ Septic Tank ✓ Other \_\_\_\_\_  
If "other", describe: 1500 GAL CONC TANK  
If septic tank, capacity: 1500 gallons



- C. Leaching facility: Field  Trench(es)  Pit   
 Size of Leaching facility: 25' x 8' x 3' 24" EFF  
DEPTH
- D. If septic tank is not found after search, explain evidence for system's apparent success or failure:  
 \_\_\_\_\_

III. Result of Inspection

- A. Amount of septage pumped from the tank: 1500 gallons
- B. Describe accumulation of solids found in the tank: 1" SCUM LAYER 12" SOLIDS ON BOTTOM
- C. Is outlet tee/baffle in place in tank? Yes  No   
 Unknown (explain) CONC CAST IN PLACE
- D. Is inlet tee/baffle in place in tank? Yes  No   
 Unknown (explain) CONC CAST IN PLACE
- E. Prior to pumping, is liquid level in tank above the tank outlet? Yes  No   
 Unknown (explain) \_\_\_\_\_
- F. Was liquid observed flowing from the outlet back into the tank during or after pumping? Yes  No
- G. Algal growth? Yes  No  Describe: TYPICAL
- H. Odor? Yes  No  Describe: TYPICAL
- I. Wastewater Discharge Slow? Yes  No  Describe: \_\_\_\_\_

IV. Comments

excellent working order



CERTIFICATE OF COMPLIANCE

I, the undersigned engineer or sanitarian currently registered in the Commonwealth of Massachusetts, certify that I have inspected the property described above and find it, as of this date, based solely upon my visual inspection and upon the pumping of the septic tank, to be in:

I. Good Working Condition

From the inspection, and from pumping records, this system appears to be in good working order.

Comments: Excellent working condition

II. Marginal Condition

A. Type 1 The system could not be judged in good working order because of the following reasons:

\_\_\_\_\_ System could not be judged because of an extended period of non-use. Approximate number of months: \_\_\_\_\_

\_\_\_\_\_ Problems with the system or its location. Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Type 2 Review by the Board of Health is recommended to determine if system constitutes a danger to the public health because:

\_\_\_\_\_ records show excessive pumping (more than two (2) times within any twelve (12) month period);

\_\_\_\_\_ presence of visible Ferric Sulfide stains or any other indication of high maximum groundwater levels;



- \_\_\_\_\_ system is inadequate for intended use;
  - \_\_\_\_\_ system is located within one hundred feet (100') of any domestic water supply well, including wells on neighboring properties;
  - \_\_\_\_\_ system is located within one hundred feet (100') of lake, pond, streams or other watercourse;
  - \_\_\_\_\_ Any other potential threat to the public health:
- 

### III. **Failed**

- \_\_\_\_\_ sewage flow to the surface;
  - \_\_\_\_\_ overload of the system;
  - \_\_\_\_\_ the system is in such a state of disrepair that it cannot function as originally intended;
  - \_\_\_\_\_ lack of a four (4) foot protective zone between the bottom of the system and ground water;
  - \_\_\_\_\_ outlet tee or baffle is not in place in the septic tank;
  - \_\_\_\_\_ inlet tee or baffle is not in place in the septic tank;
  - \_\_\_\_\_ liquid level in tank is above the tank outlet;
  - \_\_\_\_\_ after or during tank pumping, liquid is observed flowing from the outlet bank into the tank;
  - \_\_\_\_\_ any other actual threat to the public health:
-





7

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

Address of property  
Owner's name  
Date of Inspection

**PART A  
CHECKLIST**

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 4 number of bedrooms
- 3 number of current residents
- yes garbage grinder, yes or no
- yes laundry connected to system, yes or no
- no seasonal use, yes or no

If nonresidential, calculated flow:

$4 \times 110 = 440 \times 125\% = 550 \text{ GALS}$  ✓ Amherst code

Water meter readings, if available:

$550 \times 150 = 825 \text{ GALS}$

well water

Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

System pumped as part of inspection, yes or no  
if yes, volume pumped \_\_\_\_\_  
Reason for pumping: 1500 gals

Type of system

- Septic tank/distribution box/soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Other (explain) \_\_\_\_\_

Approximate age of all components. Date installed, if known. Source of information:

1987-1988      1500 gal tank double chambers.

Sewage odors detected when arriving at the site, yes or no



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SEPTIC TANK: \_\_\_\_\_  
(locate on site plan)

depth below grade: 16"

material of construction:  concrete \_\_\_\_\_ metal \_\_\_\_\_ FRP \_\_\_\_\_ other (explain)

dimensions: 1500 GALS    10'6" x 5'5"    56" TO 100"

12" sludge depth ELVN FROM  
BOTTOM  
20" distance from top of sludge to bottom of outlet tee or baffle  
1" scum thickness  
3" distance from top of scum to top of outlet tee or baffle  
21" distance from bottom of scum to bottom of outlet tee or baffle

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, recommendations for repairs, etc.)  
Excellent working condition

DISTRIBUTION BOX: NONE  
(locate on site plan)

\_\_\_\_\_ depth of liquid level above outlet invert

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PUMP CHAMBER: NONE  
(locate on site plan)

\_\_\_\_\_ pumps in working order, yes or no

Comments:  
(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): \_\_\_\_\_  
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain: LEACH PITS

25' x 8' x 2' TYPICAL DEPTH

BOTTOM SIDEWALL

Type 2 / IN SERIES

leaching pits and number

leaching chambers and number

leaching galleries and number 25' x 8' x 2'

leaching trenches, number, length

leaching fields, number, dimensions:

overflow cesspool, number

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)  
Excellent condition

CESSPOOLS (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 (cesspool must be pumped as part of inspection)

Comments:  
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, 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, recommendations for maintenance or repairs, etc.)





**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
FAILURE CRITERIA**

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

N Backup of sewage into facility?

N Discharge or ponding of effluent to the surface of the ground or surface waters?

DN Static liquid level in the distribution box above outlet invert?

NO Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?

N Required pumping 4 times or more in the last year?  
number of times pumped \_\_\_\_\_

N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?

N Is any portion of the SAS, cesspool or privy:  
below the high groundwater elevation?

N within 50 feet of a surface water?

N within 100 feet of a surface water supply or tributary to a surface water supply?

N within a Zone I of a public well?

N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?

N within 50 feet of a private water supply well?

N less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART D  
CERTIFICATION

Name of Inspector *WILLIAM T. SIERUTA PE*  
Company Name *SIERUTA ENGINEERING*  
Company Address *40 Upland Rd  
HOLYOKE, MASS 01040*

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the FAILURE CRITERIA section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the FAILURE CRITERIA section of this form.

Inspector's Signature

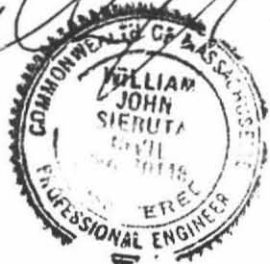
Date *OCT 14 1995*

*W. T. Sieruta*

Original to system owner

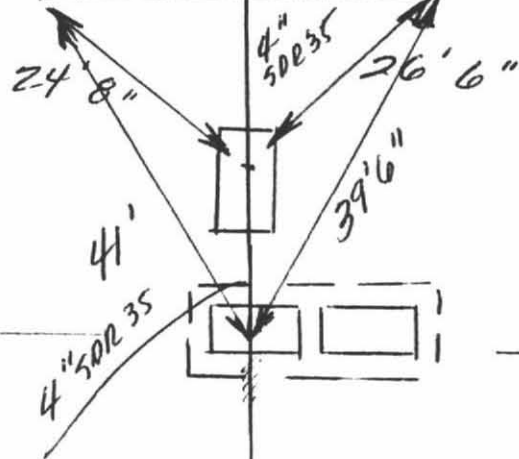
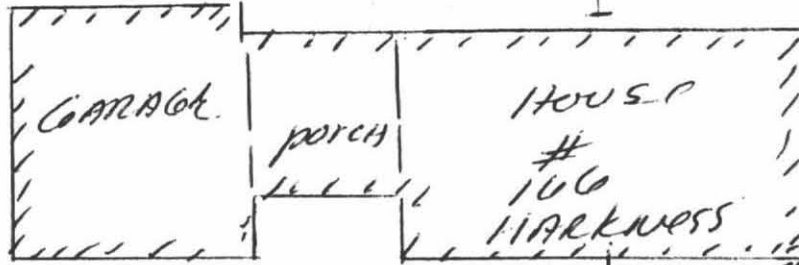
Copies to:

Buyer (if applicable)  
Approving authority



10  
11  
12

175'± FROM  
LEACH PITS  
TO EXISTING  
WELL



800'±  
TO PROP  
LINE

NO  
WELL  
WITHIN  
150'

DRIVEWAY

600'±  
TO PROP  
LINE

NO  
WELLS  
WITHIN  
150'

75'±

TO PROP LINE

NO WELLS WITHIN  
200'

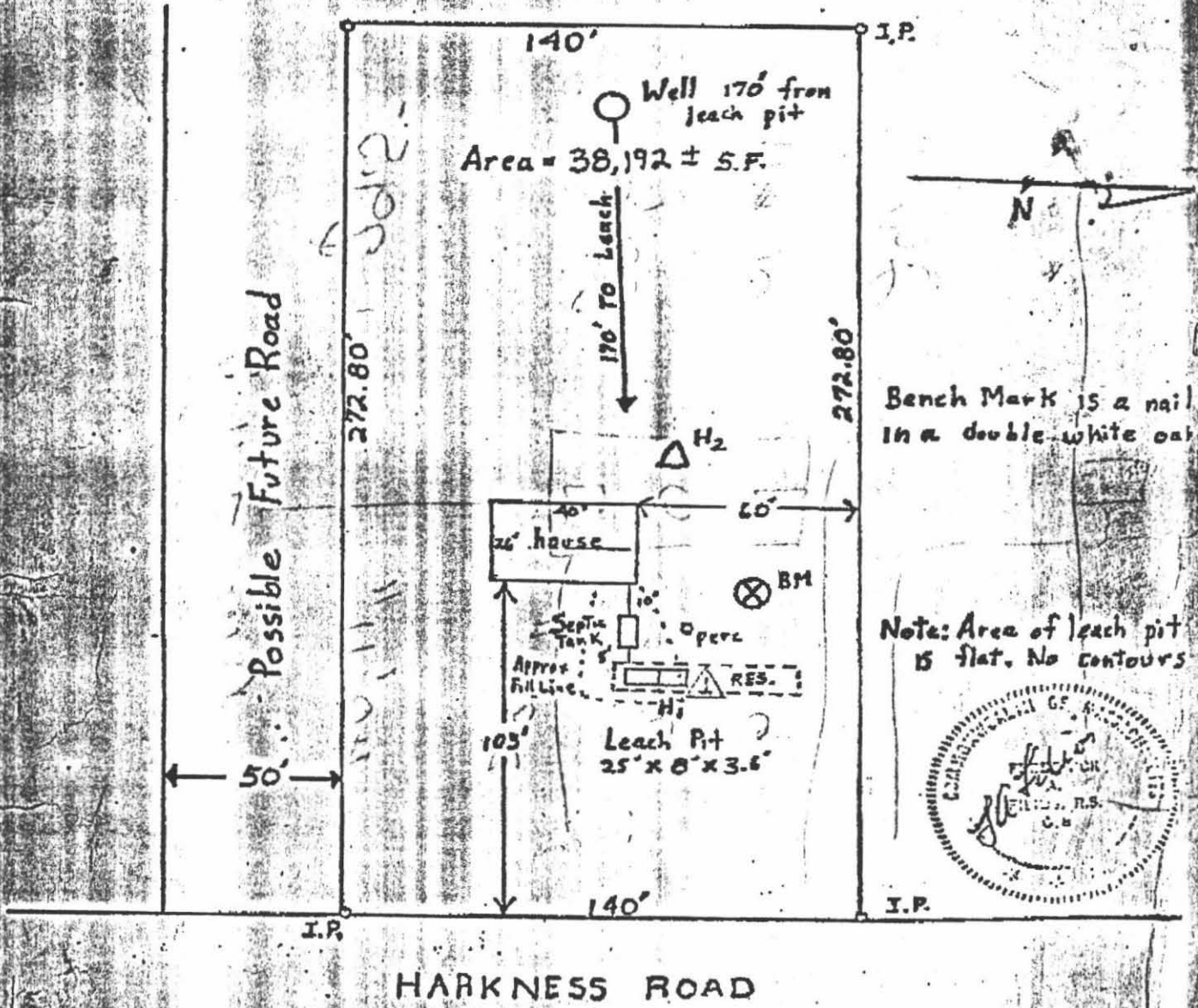
HARKNESS ROAD



# PLAN SHOWING SEWAGE DISPOSAL

FOR: JAMES DAYTON  
 BELCHERTOWN RD.  
 AMHERST, MA.  
 AT: HARKNESS RD.  
 AMHERST, MA.

BY: F.A. FILIOS  
 69 PELHAM RD.  
 AMHERST, MA.  
 SCALE: 1" = 40'  
 DATE: OCT. 13, 1986



TO RAY FROM JACKY ZUZGO

JOSEPH Ocicki (PAT)  
 166 HARKNESS RD  
 AMHERST,

TOWN # COUNCIL QUALITY  
 79 SOUTH PLEASANT ST.  
 AMHERST.  
 JACKIE ZUZGO

