

Town of



AMHERST

copy
Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

INSPECTION SERVICES DEPARTMENT
Fax (413) 256-4041
Phone (413) 256-4030

November 25, 1998

Mr. Albert Burnette
234 Henry Street
Amherst, MA 01002

RE: Septic system at 228 Henry Street, Amherst

Dear Mr. Burnette:

On Tuesday November 24, 1998, I inspected the septic system for your home located at 228 Henry Street, Amherst, MA.

In order to give you a Certificate of Compliance you need to pay for the perc test and design that was approved by me. The fee for this is \$160.00 made payable to The Town of Amherst.

For your convenience you may mail this fee to Inspection Services Department, 4 Boltwood Walk, Amherst, MA 01002.

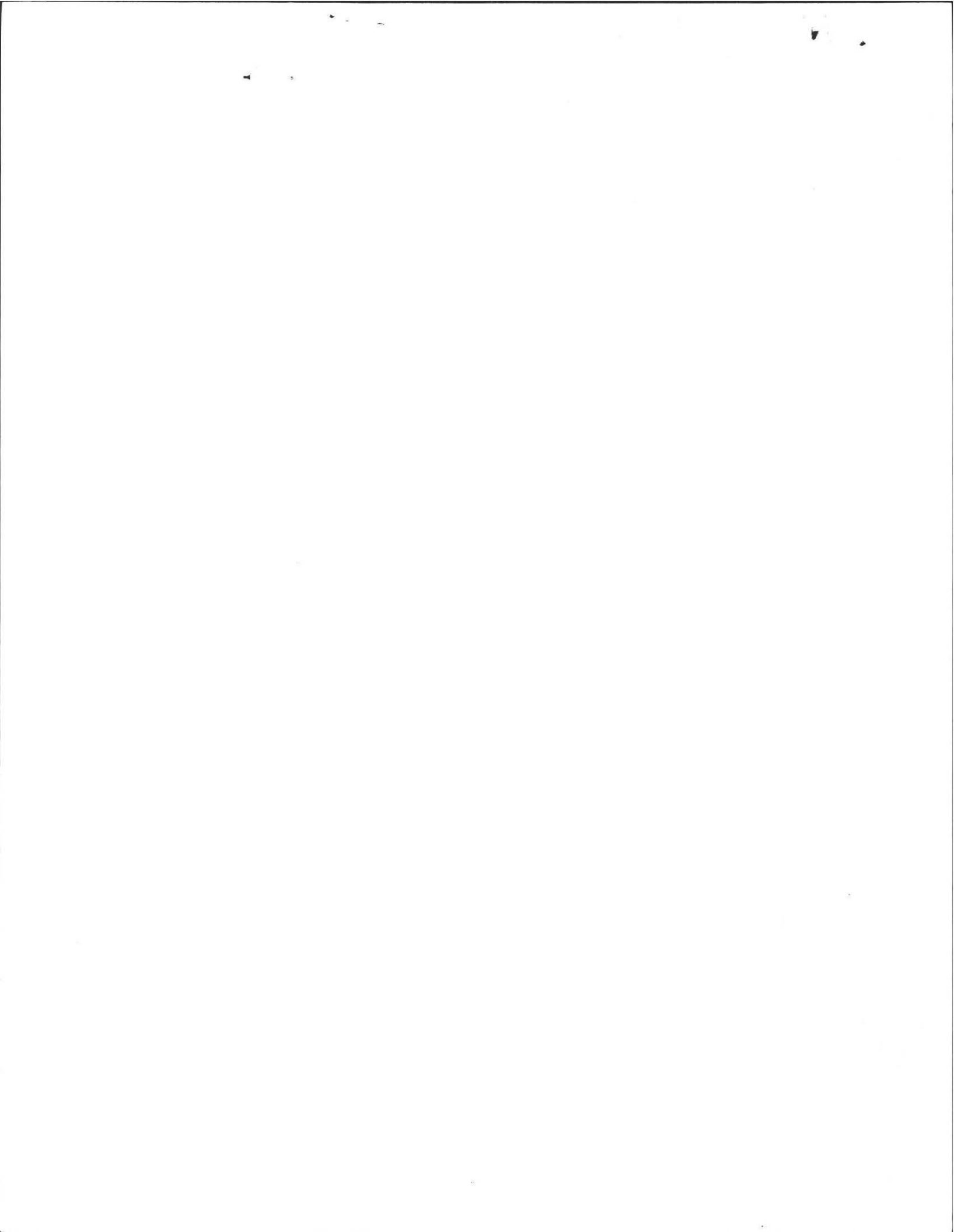
If you have any questions you may call me at 256-4030.

Sincerely,

David Zarozinski (BS)

David Zarozinski
Sanitarian
Inspection Services

PD



HUNTLEY

ALMET HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - LANDSCAPE ARCHITECTS

20001
Universal Inspection Services
Industrial Avenue
Northampton, MA 01061
Tel: (413) 584-7444
Fax: (413) 584-9150

549-7497

Memo TO
AL -
9/17/98

YB 11/10

2011

HUNTLEY

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS · ENGINEERS · LANDSCAPE ARCHITECTS

January 9, 1998

David Zarozinski
Town of Amherst Inspection Services
4 Boltwood Avenue
Amherst, Massachusetts

RE: Request for Local Upgrade Approval
Al Brunette, Septic Repair
Huntley Project No.: 98-108

549-7497

Dear Mr. Zarozinski:

On behalf of Albert Brunette of 228 Herry Street, Amherst, we are requesting the following Local Upgrade:

15.403.101 (2) a minimum three foot separation in soils with a recorded percolation rate of more than two minutes per inch between the bottom of the local absorption system and the high ground water elevation maintained.

The design plans, which have been provided to this office, show a separation of 3.34 feet.

Very truly yours,

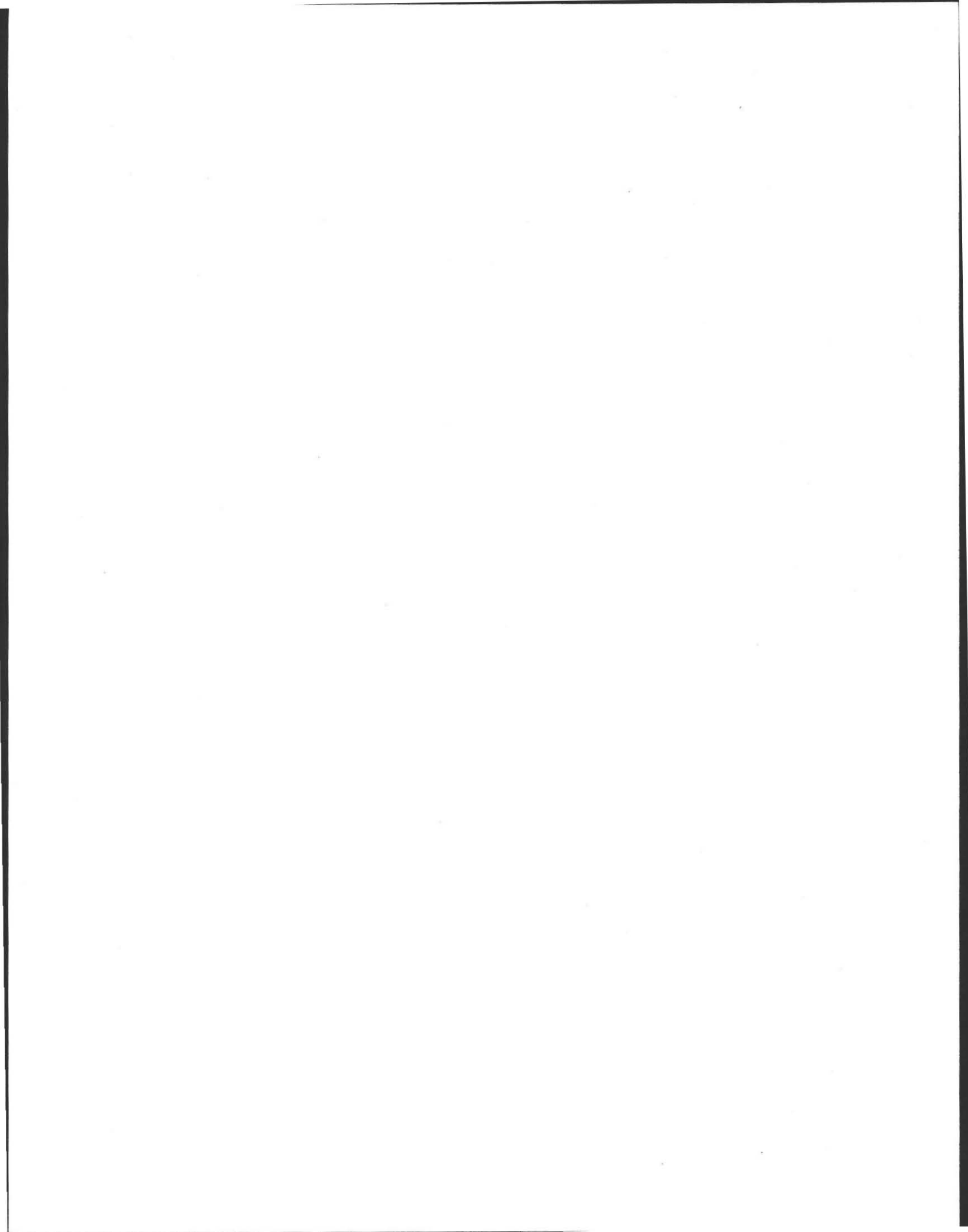
ALMER HUNTLEY, JR. & ASSOCIATES, INC.

Rebecca Sherer

Rebecca Sherer, PE

cc: file

Memo TO
AL -
9/17/98



Town of



AMHERST

Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

INSPECTION SERVICES DEPARTMENT
Fax (413) 256-4041
Phone (413) 256-4030

June 9, 1998

To: Amherst Board of Health

From: David Zarozinski, Sanitarian 

Re: Local Variance Request to Title V - 228 Henry Street

PL

Ms. Marie Pratt, owner of 228 Henry Street, Amherst, MA. would like to request a variance from Title V Regulations 310 *CMR* 15.405 (1) (I). She is requesting a vertical separation distance of three point eight three feet (3.83) between the bottom of the proposed soil absorption system and the high ground water elevation. (copy enclosed)

I would recommend the approval of this variance for the following reasons:

1. The code requires a separation of four feet. In order to get a four foot separation a pump system would have to be installed.
2. The system is designed to allow for both the best feasible upgrade within the boarders of the lot, and have the least effect on public health, safety and the environment.
3. Town water is available.
4. Garbage grinder will be removed.

No. 98-16

FEE 160⁰⁰

THE COMMONWEALTH OF MASSACHUSETTS

AMHERST, MASSACHUSETTS

Application for Disposal System Construction Permit

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

| | |
|---|--|
| Location Address or Lot. No. 228 Henry Street Amherst, MA 01002 | Owner's Name, Address and Tel. No. Marie Pratt 234 Henry Street Amherst, MA 01002 |
| | Designer's Name, Address and Tel. No. 413-584-7444 Almer Huntley, Jr. & Associates 30 Industrial Drive East Northampton, MA 01061 |

Type of Building:

Dwelling No. of Bedrooms 3 Garbage Grinder (X) NO
 Other Type of Building _____ No. of Persons _____ Showers () Cafeteria ()
 Other Fixtures _____

Design Flow 330 gallons per day. Calculated daily flow 336 gallons.

Plan Date 6-5-98 Number of sheets 2 Revision Date _____
 Title Plan of Proposed Sewage Disposal Systems

Description of Soil See Soil Logs

Nature of Repairs or Alterations (Answer when applicable) Replace existing leachfield with a 24' x 35' leachfield

Date last inspected: _____

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signed _____ Date _____
 Application Approved by _____ Date _____

Application Disapproved for the following reasons _____

Permit No. 98-16 Date Issued _____

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Certificate of Compliance

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced () on _____
 at _____ by _____ for _____ has been constructed
 in accordance with the provisions of Title 5 and for the Disposal System Construction Permit No. _____ dated _____
 Use of system is conditioned on compliance with the provisions set forth below:

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on _____

DATE _____ Inspector _____

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

No. 98-16

FEE 160⁰⁰

Disposal System Construction Permit

Permission is hereby granted to Marie Pratt
 to construct () or repair () an On-site Sewage System _____

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes that his/her duty to comply with Title 5 and the following local provisions or special conditions.

All construction must be completed within three years of the date below.

DATE 6-10-98 Approved by [Signature]

[Signature: Myron J. Christy]
[Signature: Pat J. O'Connell]

[Signature: Supervisor]
[Signature: Supervisor]

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Application for Local Upgrade Approval

Title 5, 310 CMR 15.000

DEP Approved form required by 310 CMR 15.403(1)

To be submitted to Local Approving Authority/Board of Health: For the upgrade of a failed or nonconforming system with a design flow of <10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

To be submitted to DEP: For the upgrade of a failed or nonconforming system with a design flow of 10,000 to up to 15,000 gpd and/or for upgrade of a state or federal facility, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of new design flow to a cesspool or privy or the addition of new design flow above the existing approved capacity of a system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

1) Facility/system owner

Name Marie Pratt

Address 234 Henry Street, Amherst, MA 01002

Phone # (413) 549 - 7497

Address of facility 228 Henry Street, Amherst, MA 01002

2) Applicant (if different from above)

Name Al Brunette

Address 228 Henry Street, Amherst, MA 01002

Phone # (413) 549 - 7497

3) Type of facility

residential commercial school

institutional

(Specify) _____

4) Type of existing system

privy cesspool(s) conventional system

Other (describe) _____

Type of soil absorption system (trenches, chambers, pits, etc.)

Existing leachfield

5) Design flow based on 310 CMR 15.203 design flows

a) Design flow of existing system 330 gpd

Approved? no yes approval date unknown-over 20 years old

b) Design flow of proposed upgraded system 336 gpd

c) Design flow of facility 330 gpd

1000

6) Proposed upgrade of existing system is

- a) Voluntary
 Required by order, letter, etc. (attach copy)
 Required following inspection required by 310 CMR 15.301 (provide date inspection form was submitted to the approving authority) _____ (date)

b) Describe the proposed upgrade to the system
 Construction of a 24" x 35' leachfield (840 s.f.) to be connected to existing septic tank

c) Which of the following are applicable to the proposed upgrade?
 Reduction of setback(s) (list setbacks to be reduced with proposed setback distances)

_____ Percolation rate of 30-60 minutes per inch (state actual perc rate) _____

_____ Up to 25% reduction in subsurface disposal area design requirements (state required & proposed size) _____

_____ Relocation of water supply well (identify well, describe relocation) _____

Reduction of required separation between bottom of SAS & high groundwater (specify proposed reduction & perc rate)
 4' separation is required - perc rate = 25min/inch proposed separation of 3.83'

_____ Other requirements of 310 CMR 15.000 that cannot be met (specify sections of the Code)

System upgrades that cannot be performed in accordance with 310 CMR 15.404 & 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410-15.417.

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- 7) If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high ground water elevation pursuant to 310 CMR 15.405(1)(i)(1). The evaluator must be a member or agent of the local approving authority:

Distance from soil absorption system to high groundwater
>3.8' feet

As determined by

Evaluator's name Robert Stover/David Larozinski

Evaluator's signature _____

Date of evaluation 7/29/97

- 8) Notice to Abutters.

No application for upgrade approval shall be complete until the applicant has notified all abutters by certified mail at least ten days before the Board of Health meeting at which the upgrade approval will be on the agenda pursuant to 310 CMR 15.403(1) and 15.405(2). Such notice shall include the date, time and place where the application will be discussed.

If the Department is the approving authority, then such notice to abutters must be completed prior to the date of submission of the application to the Department.

All notices to abutters shall include a copy of the completed application form and for applications involving the reduction of a setback from a property line or a private water supply well shall reference the standards set forth in 310 CMR 15.402 through 15.405.

List of Abutters to facility with proposed upgrade:

| | |
|--------------------|---------------------|
| Abutter Name _____ | Date notified _____ |
| Address _____ | |
| Abutter Name _____ | Date notified _____ |
| Address _____ | |
| Abutter Name _____ | Date notified _____ |
| Address _____ | |
| Abutter Name _____ | Date notified _____ |
| Address _____ | |

- 9) Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible (each section must be completed):

- a) an upgraded system in full compliance with 310 CMR 15.000 is not feasible:

10/10/10

- b) an alternative system approved pursuant to 310 CMR 15.283-15.288 is not feasible:

An alternative system is not feasible for this site because of the types of constraints

- c) a shared system is not feasible:

residential lot - shared system not feasible

- d) connection to a sewer is not feasible:

There is no existing municipal sewer available in the area.

- 10) An application for a disposal system construction permit, including all required attachments (e.g. plans & specifications, site evaluation forms), must accompany this application. Is the DSCP application attached? X yes ___ no

- 11) Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for knowing violations."

Albert Brunette - Grandson of Owner & Tenant 6-8-98
Facility owner's signature Date

Albert Brunette
Print Name

Almer Huntley, Jr. & Associates, Inc. 6/3/98
Name of preparer Date

(413) 584-7444, 30 Industrial Drive East, Northampton, MA 01060
Telephone # & address of preparer

NOTE: Title 5, 310 CMR 15.403(4), requires the system owner or operator to submit to the Department a copy of the local upgrade approval upon issuance by the Board of Health and prior to commencement of construction.

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Blank lines for project details and notes.

MASSACHUSETTS

has been constructed dated _____
in accordance with the plans and specifications on file with the Department of Environmental Health and in compliance with the provisions set forth below:

that the system will function as designed. This Certificate is valid for a period of _____ months.

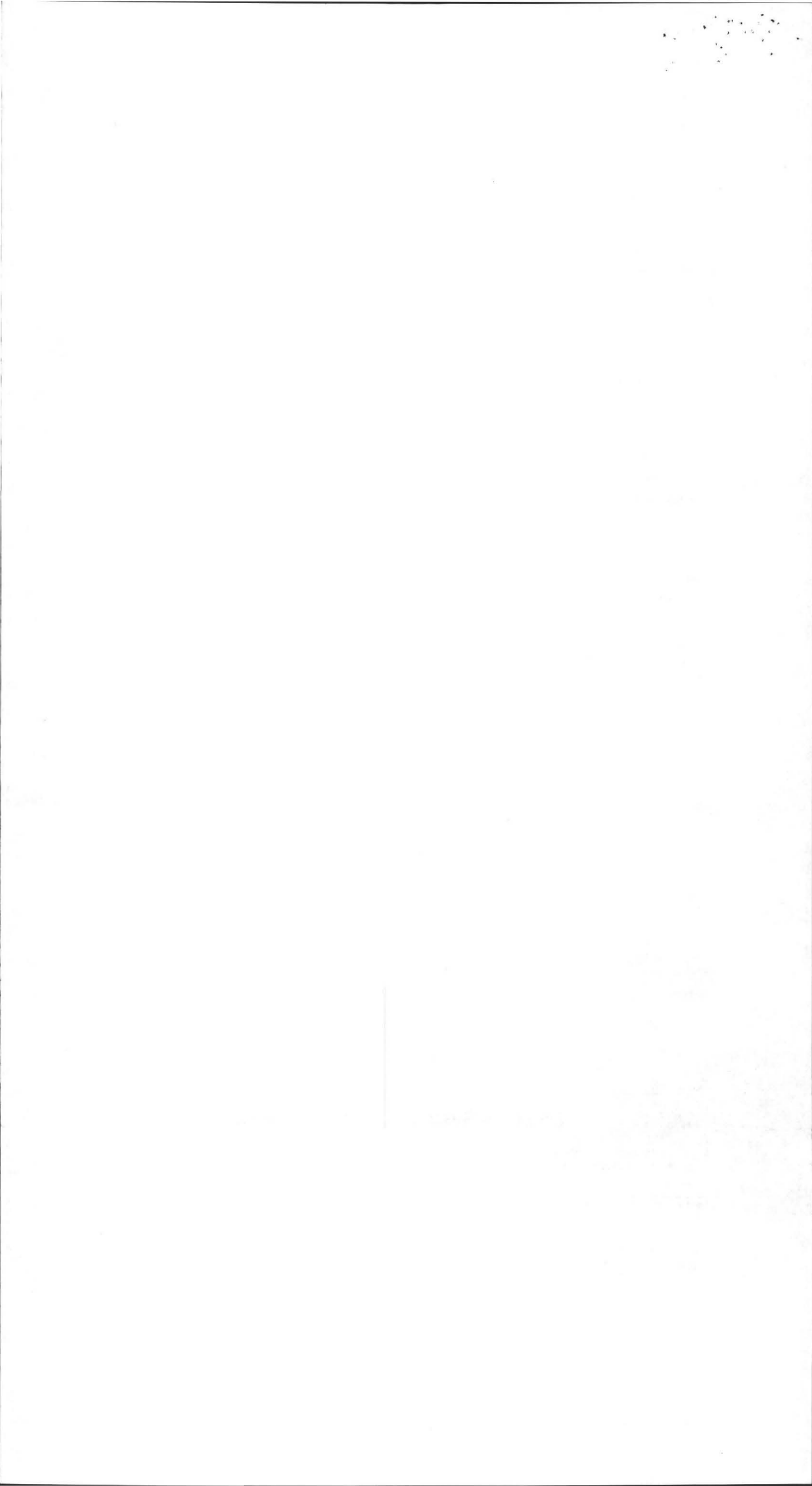
Inspector

THE COMMONWEALTH OF MASSACHUSETTS

No. _____, MASSACHUSETTS FEE: _____

Disposal System Construction Permit

Permission is hereby granted to _____
to construct / or repair / Year On-site Sewerage System _____
and as described in the above Application for Disposal System Construction Permit. The applicant is responsible for insuring compliance with
state and local laws and regulations.
All other provisions of the Massachusetts Department of Environmental Health shall apply.
DATE: _____



No. _____

Per. _____

THE COMMONWEALTH OF MASSACHUSETTS

AMHERST, MASSACHUSETTS

Application for Disposal System Construction Permit

Applicant Name: _____
 Location: _____
 Type of Building: _____
 Address: _____
 City/Town: _____
 State: _____
 Zip: _____



Type of Building: _____
 Design: _____
 Plans: _____
 Date: _____

Nature of Repairs or Alterations, if any, to be made: _____
 Date for completion: _____

Agreement: _____
 The undersigned agree to provide the construction and maintenance of the above described on-site sewage disposal system in accordance with the provisions of Title 8 of the Massachusetts Code and to make the system in operation until a Certificate of Compliance has been issued by the Board of Health.
 Signature: _____ Date: _____
 Application Approved by: _____ Date: _____
 Application of: _____

THE COMMONWEALTH OF MASSACHUSETTS

MASSACHUSETTS

Certificate of Compliance

_____ has been constructed _____ dated _____
 and is in compliance with the provisions of Title 8 of the Massachusetts Code and the provisions set forth below.

The undersigned hereby certifies that the system was constructed as guaranteed, that the system will function as designed. This Certificate is given in accordance with the provisions of Title 8 of the Massachusetts Code.

DATE: _____ Inspector: _____

THE COMMONWEALTH OF MASSACHUSETTS

No. _____

MASSACHUSETTS

Per. _____

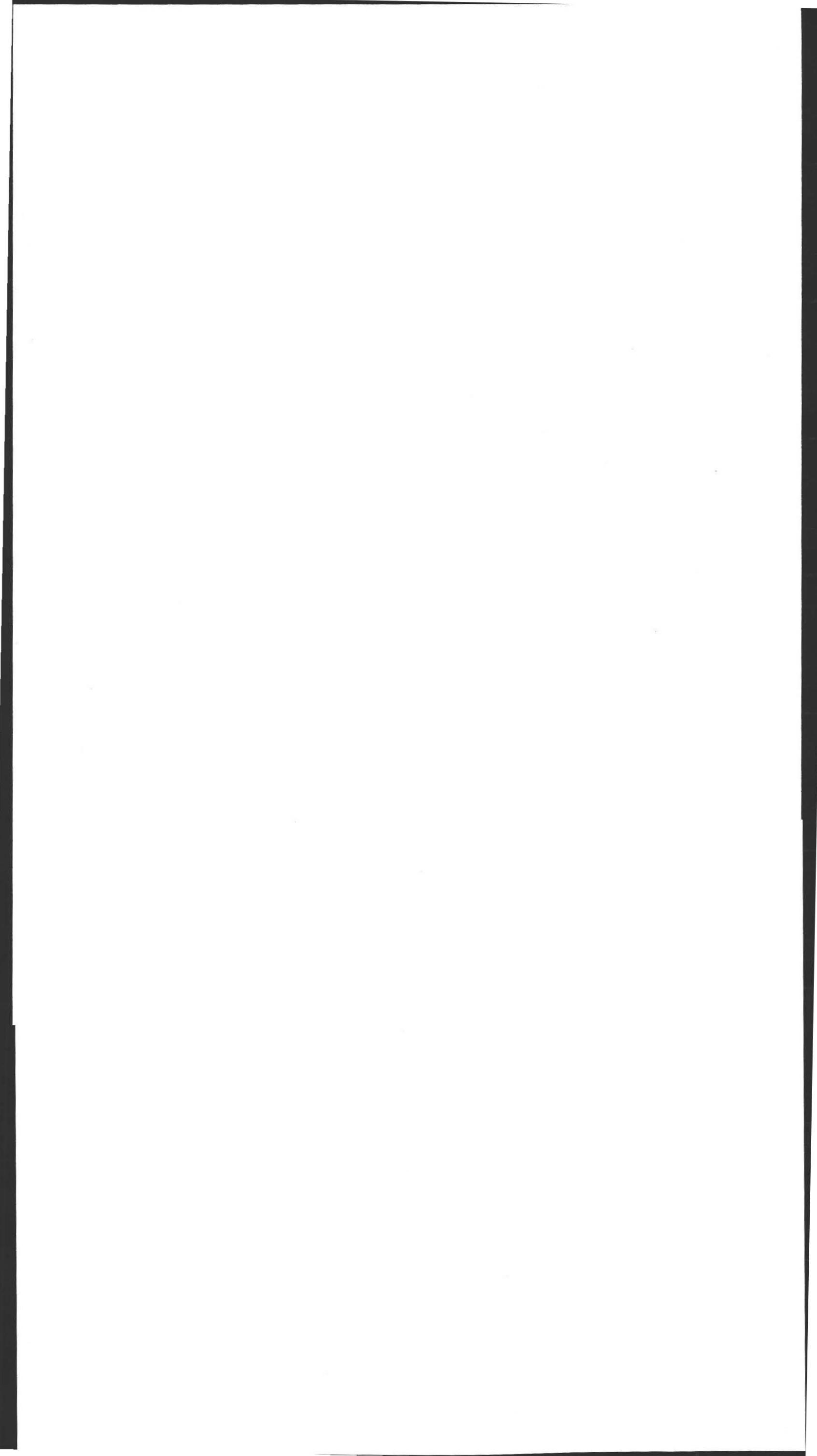
Disposal System Construction Permit

Permission is hereby granted to _____
 to construct () or repair () an On-site Sewage System _____

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes that his/her duty to comply with Title 8 and the following local provisions or special conditions: _____

All construction must be completed within three years of the date below.

DATE: _____ Approved by: _____



228 - 234 Henry St.
Christine Pratt

John Lashway
20 Laurel Dr.
Hadley, Ma. 01035



KODAK PERFECT TOUCH PROCESSING
JUL 28/83 10523815 01440 MPW1

2/30/83
Jill Henry Sr



234 Henry St
7/30/03

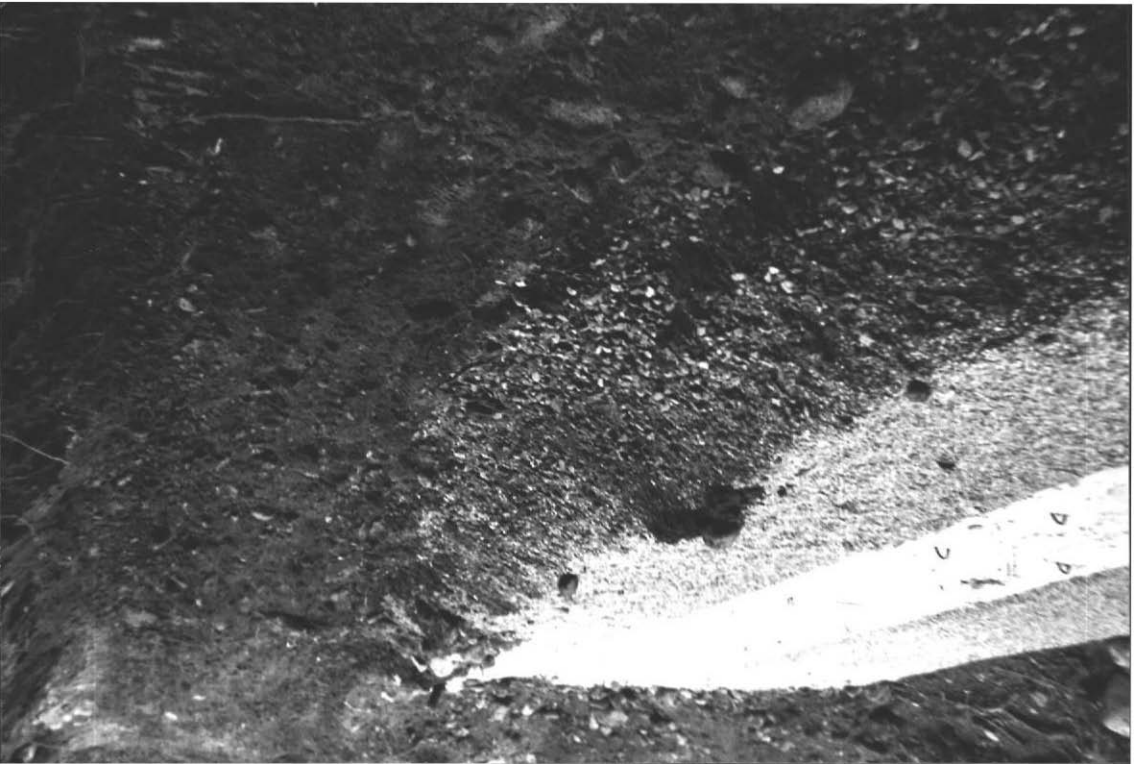
THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
500 5TH AVENUE
NEW YORK, N.Y. 10017



234 Henry St

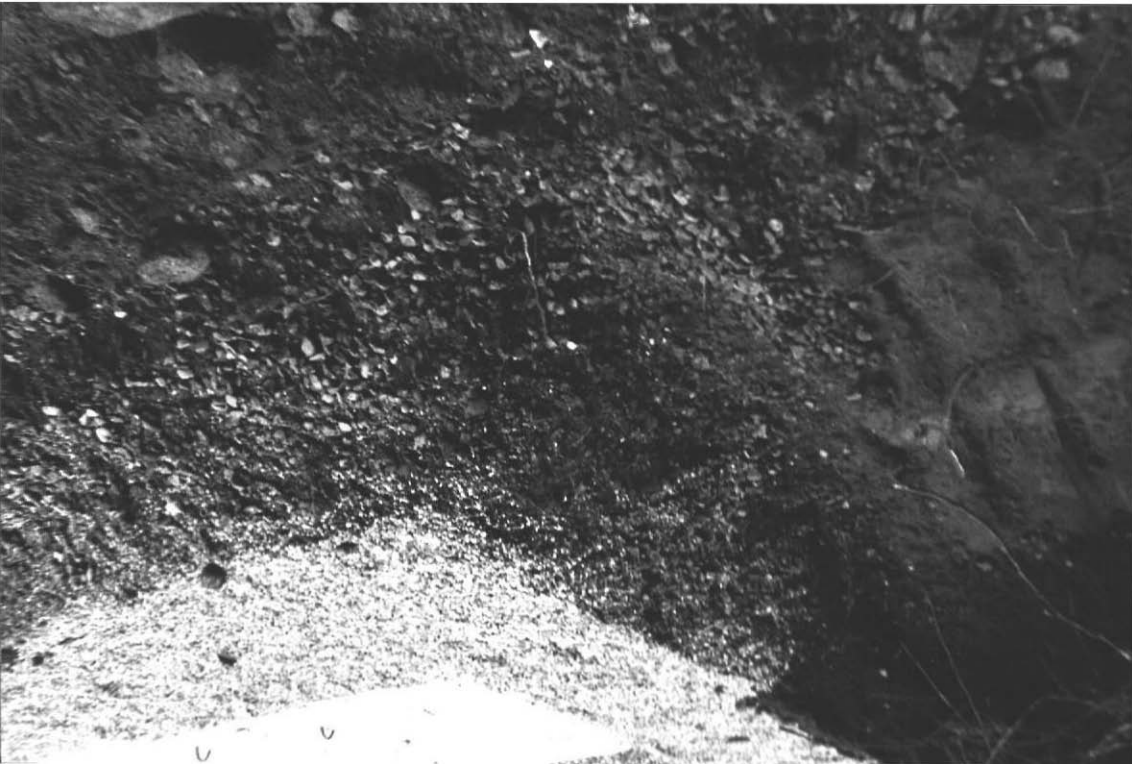
7/30/03

NOV 20 10 00 AM '03
KODAK SAFETY FILM



*ODER PERFECT TOUCH Processing
09/28/93 10528615 <12 > HWK1

234 Henry St 2/3/03



KODAK PERFECT TOUCH PROCESSING
JUL/28/93 10562815 411 2 1991

234 Henry St
7/30/03



KODAK PERFECT TOUCH PROCESSING
02/23/03

2/30/03

284 Henry St



KODAK PERFECT TOUCH PROCESSING
JUL/28/03 20526615 4 940 H&A

234 Henry St
7/30/03



RECEIVED
MAY 10 1963
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

231 Henry St
1/30/63

No. 03-02

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

FEE 275⁰⁰
PL
8/5/02
CR#154

Town of Amherst

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

| | |
|-------------------------------------|---|
| <u>234 Henry Street</u> Location | <u>Jimmy + Chris Pratt</u> Owner's Name |
| Map/Parcel # | <u>234 Henry St. N. Amherst MA</u> Address |
| Lot # | <u>586-7771</u> Telephone # |
| Installer's Name | <u>Environmental Design Inc.</u> Designer's Name |
| Address | <u>701 Old Ferry Rd, Northampton</u> Address |
| Telephone # | <u>585-5020</u> Telephone # |

Type of Building: Single family Lot Size _____ Sq. feet
Dwelling — No. of Bedrooms 3 Garbage Grinder NO
Other — Type of Building _____ No. of persons 6 Showers (), Cafeteria ()
Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow _____ gpd Design flow provided 355 gpd
Plan: Date 11-26-02 Number of sheets 1 Revision Date _____

Title Sewage Disposal System - Repair - Pratt

Description of Soil(s) See Soil Reports.
Soil Evaluator Form No. _____ Name of Soil Evaluator M. Lavigne Date of Evaluation 8-6-02

DESCRIPTION OF REPAIRS OR ALTERATIONS a new 32'x12' seepage gallery with a new 1500 gal septic tank.

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

Signed James & Pratt Date 01/10

Inspections _____



FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. 03-02

THE COMMONWEALTH OF MASSACHUSETTS
Amherst BOARD OF HEALTH

FEE PL

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 234 Henry Street

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. 03-02 dated _____ Approved Design Flow _____ (gpd)

Installer [Signature]

Designer: [Signature] Inspector [Signature] Date 7/30/03

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. 03-02

THE COMMONWEALTH OF MASSACHUSETTS
Amherst BOARD OF HEALTH

FEE 275⁰⁰
PL
CR#154
8/5/02

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct () Repair () Upgrade (X) Abandon () an individual sewage disposal system at 234 Henry Street as described

in the application for Disposal System Construction Permit No. 03-02, dated 01/10/03.

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

Date June 14, 2003 Board of Health [Signature]

FORM 2 - DSCP DEP APPROVED FORM 5/96

Revised Plans Received 1/14/03



No. _____

Date: 11-22-02

Commonwealth of Massachusetts
Amherst, Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Michael Lavigne
Witnessed By: Dave Zarazinski

Date: 8/6/02

| | |
|--|--|
| Location Address or Lot # <u>234 Henry St</u> | Owner's Name, Address, and Telephone # <u>Jimmy + Christine Pratt</u> <u>234 Henry St</u> <u>North Amherst MA 01059</u> |
| New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/> | |

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) _____

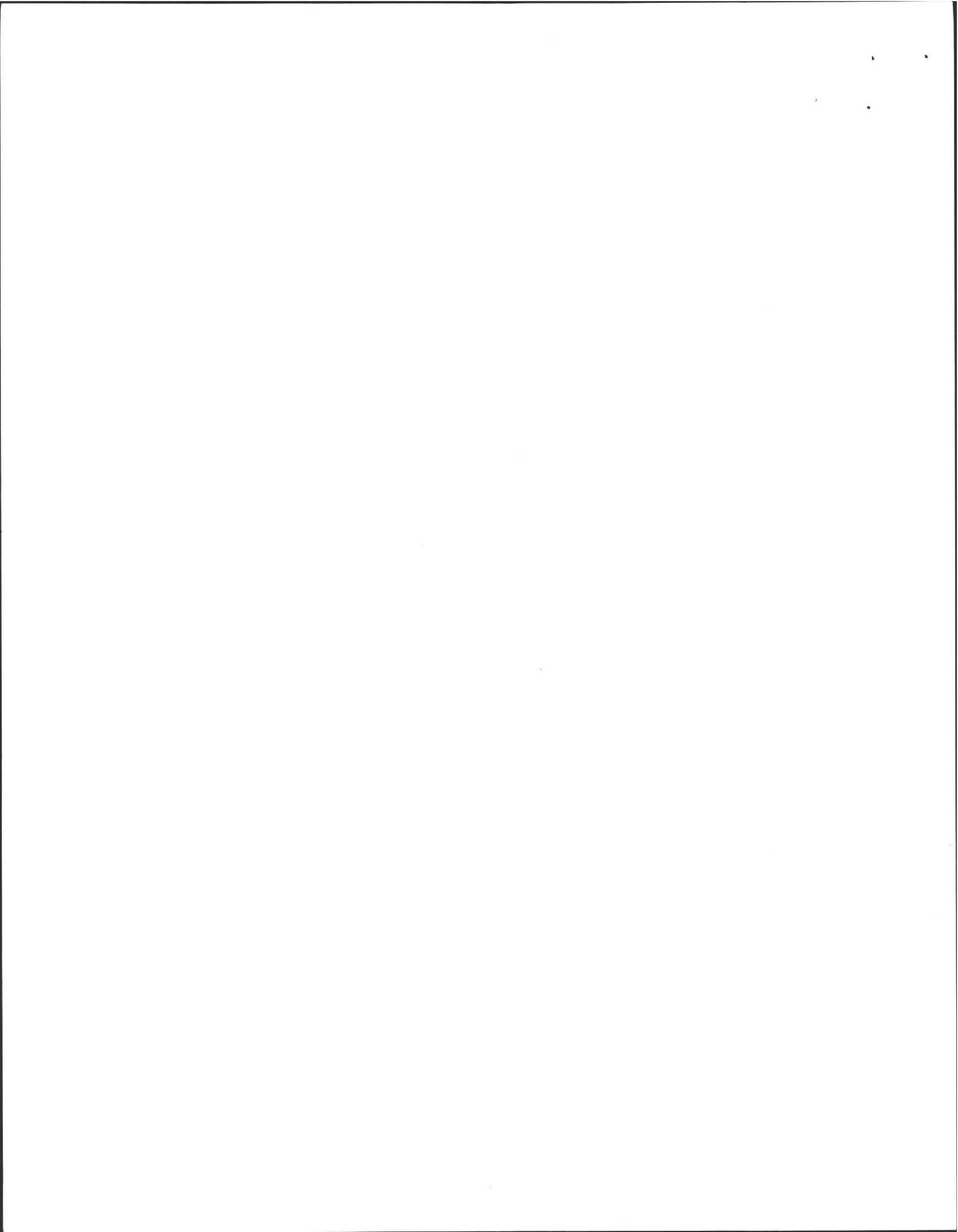
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 234 Henry Street

On-site Review

Deep Hole Number 1+2 Date: 8/6/02 Time: Morning Weather cloudy

Location (identify on site plan) See plan

Land Use lawn Slope (%) 0-2 Surface Stones few

Vegetation grasses

Landform

Position on landscape (sketch on the back) See design

Distances from:

Open Water Body >100 feet Drainage way >50 feet
 Possible Wet Area >100 feet Property Line ~20 feet
 Drinking Water Well >100 feet Other

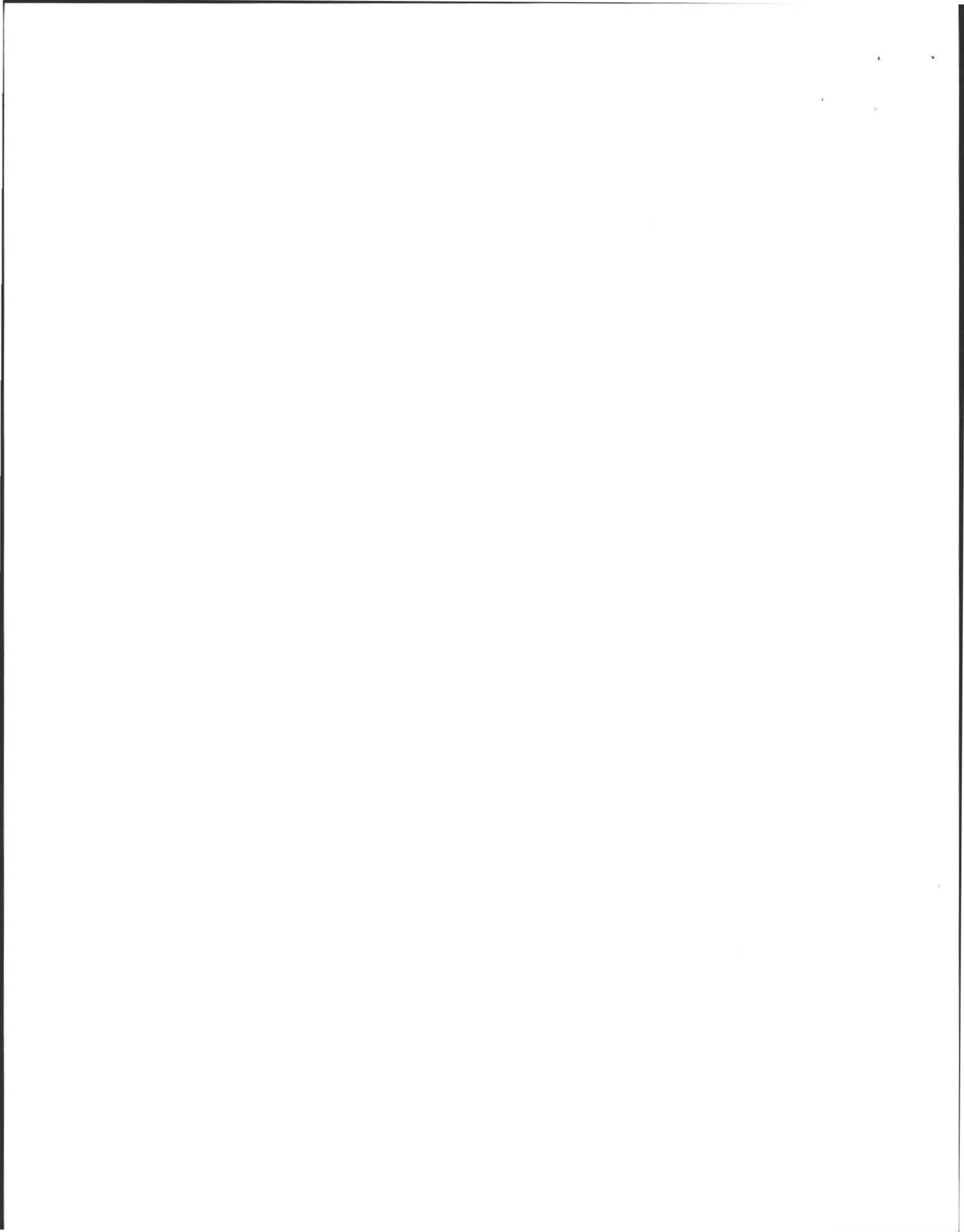
DEEP OBSERVATION HOLE LOG*

| Depth from Surface (Inches) | Soil Horizon | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
|-------------------------------------|--------------|---------------------|----------------------|---------------|--|
| DH1 0-10" 10"-20" 20"-108" | A | SL | 10YR3/3 | NONE | topsoil |
| | B | SL | 10YR4/6 | NONE | subsoil |
| | C | S | 2.5Y4/3 | NONE NOTED | medium + coarse 60% gravel lots of cobbles |
| DH2 0-12" 12"-24" 24"-108" | A | SL | 10YR3/3 | NONE | topsoil |
| | B | SL | 10YR4/6 | NONE | subsoil |
| | C | S | 2.5Y4/3 | NONE NOTED | Same as DH1 |

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Depth to Bedrock: ≥ 108" ≥ 108"
 Depth to Groundwater: Standing Water in the Hole: NONE Weeping from Pit Face: NONE
 Estimated Seasonal High Ground Water: ≥ 108" ≥ 108"





Location Address or Lot No. 234 Henry Street

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles ≥ 108 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

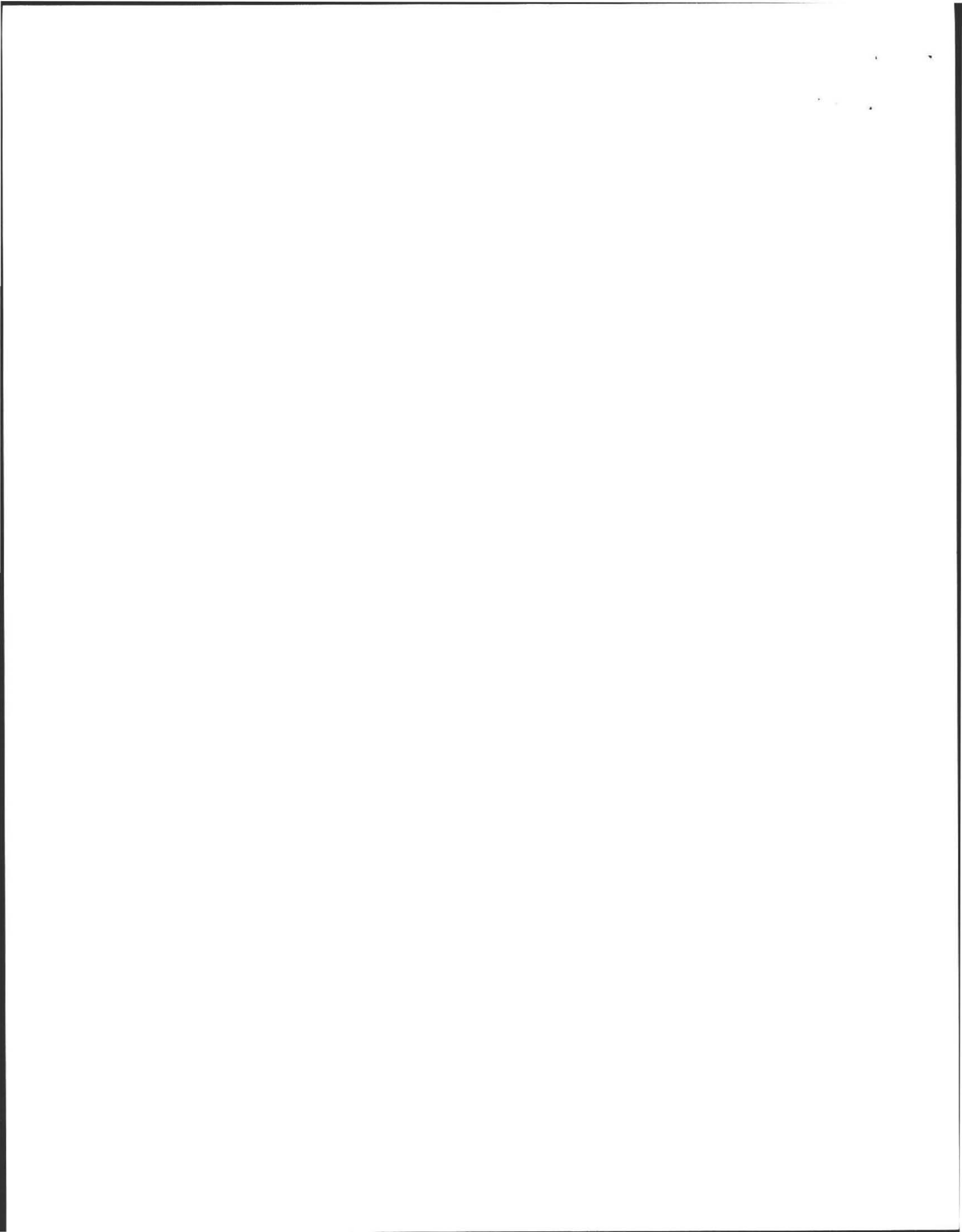
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on NOV. 94 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 11/22/02





Location Address or Lot No. 234 Henry Street

Pg 4

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

| Percolation Test* | | |
|---------------------|---|----------------------|
| Date: <u>8/6/02</u> | | Time: <u>morning</u> |
| Observation Hole # | <u>P-1</u> | |
| Depth of Perc | <u>42"</u> | |
| Start Pre-soak | <u>10:44</u> | |
| End Pre-soak | <u>10:59</u> | |
| Time at 12" | <u>10:59</u> | |
| Time at 9" | <u>11:05</u> (Re-filled <u>11:20</u>) | |
| Time at 6" | <u>11:35</u> | |
| Time (9"-6") | <u>15</u> | |
| Rate Min./Inch | <u>5</u> | |

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

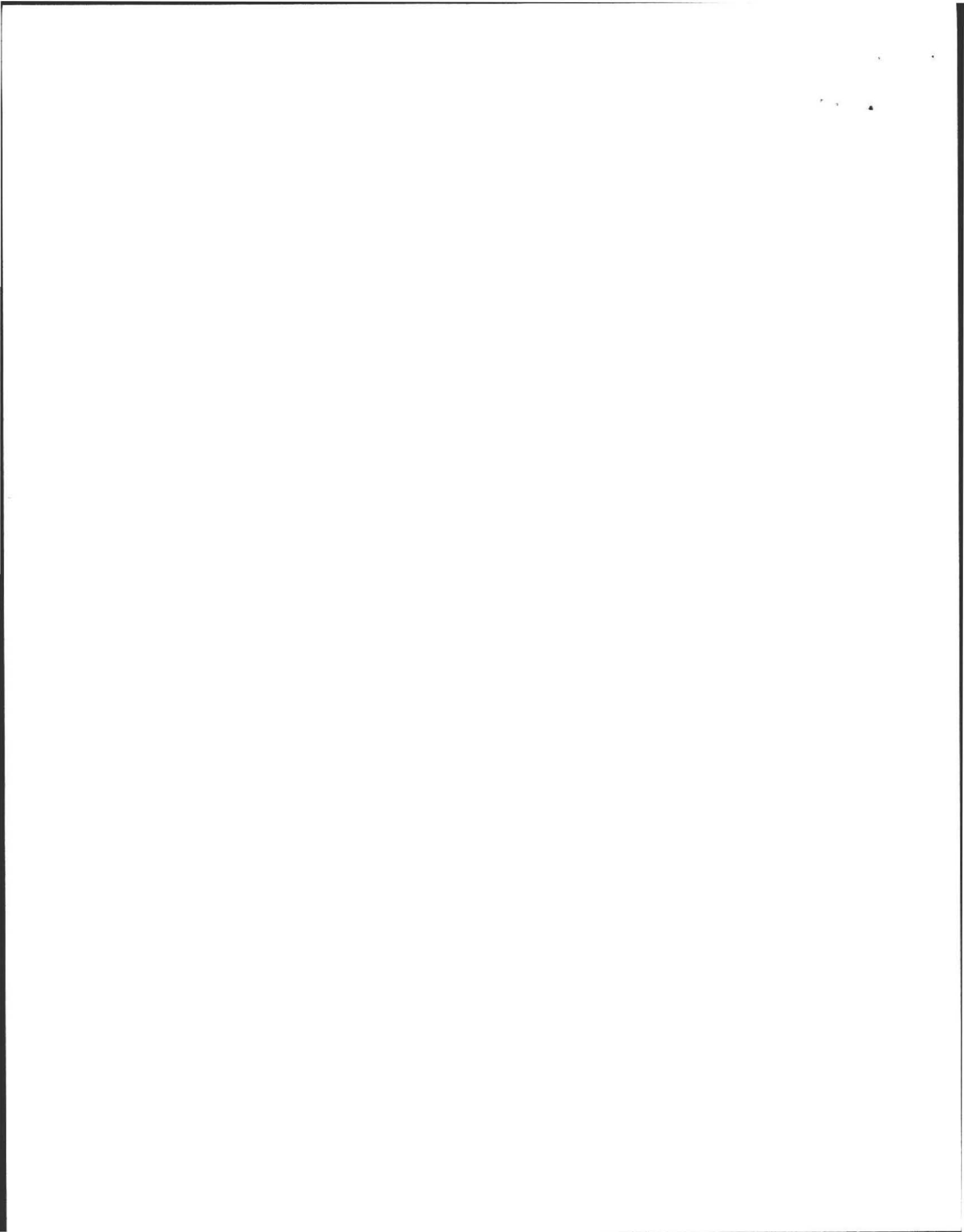
Site Passed Site Failed

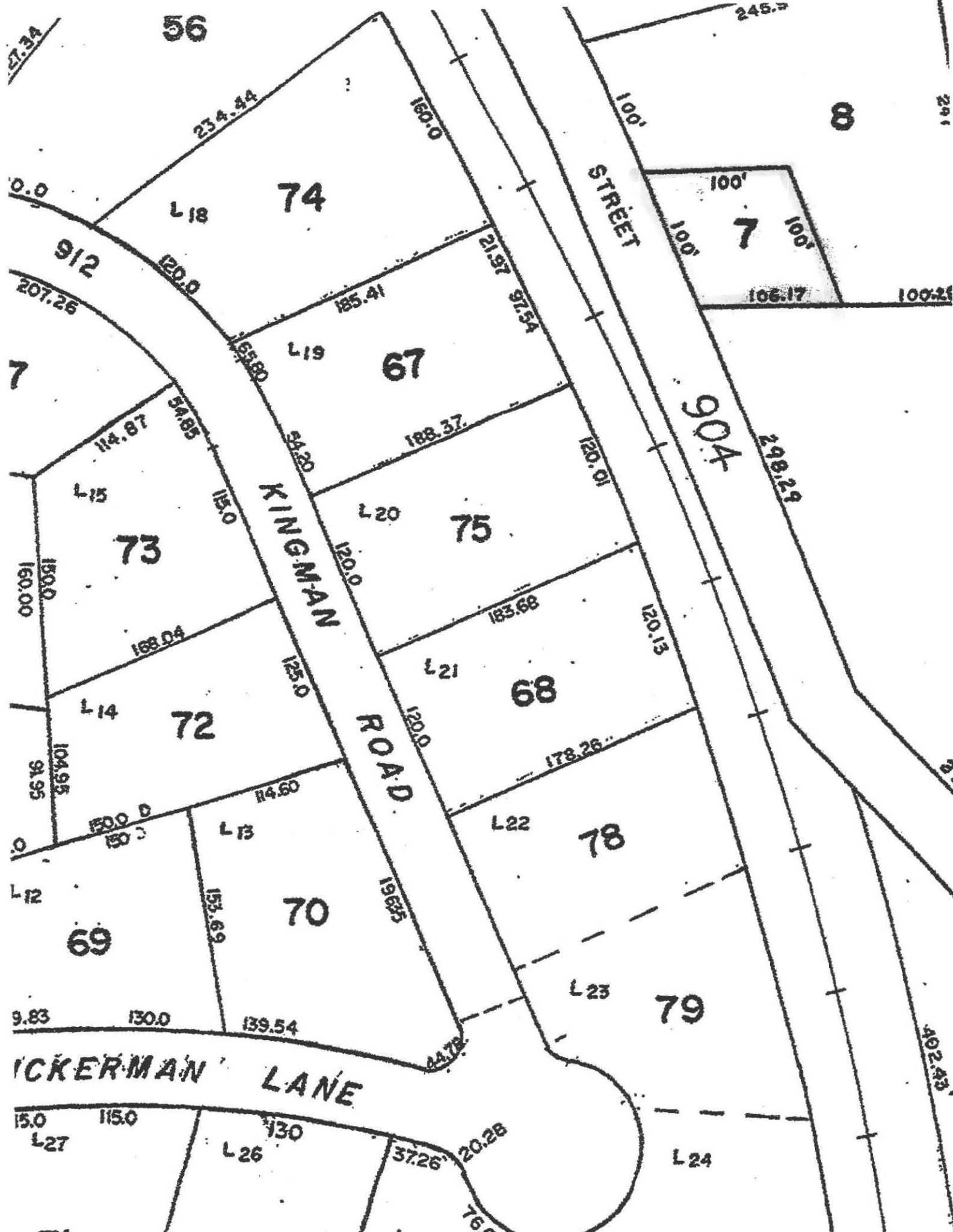
Performed By: Michael Lawignel

Witnessed By: Dave Zarazinski

Comments: _____







56

74

67

75

73

72

68

69

70

78

79

8

7

KINGMAN ROAD

STREET

WICKERMAN LANE

904

L18

L19

L20

L21

L15

L14

L13

L12

L22

L23

L24

L27

L26

27.34

0.0

207.26

160.00

91.95

9.83

15.0

234.44

120.0

114.87

168.04

150.0

130.0

115.0

160.0

185.41

188.37

21.97

183.68

178.26

44.78

192.25

37.26

20.28

76.9

100'

100'

106.17

100.21

248.29

100'

100'

100'

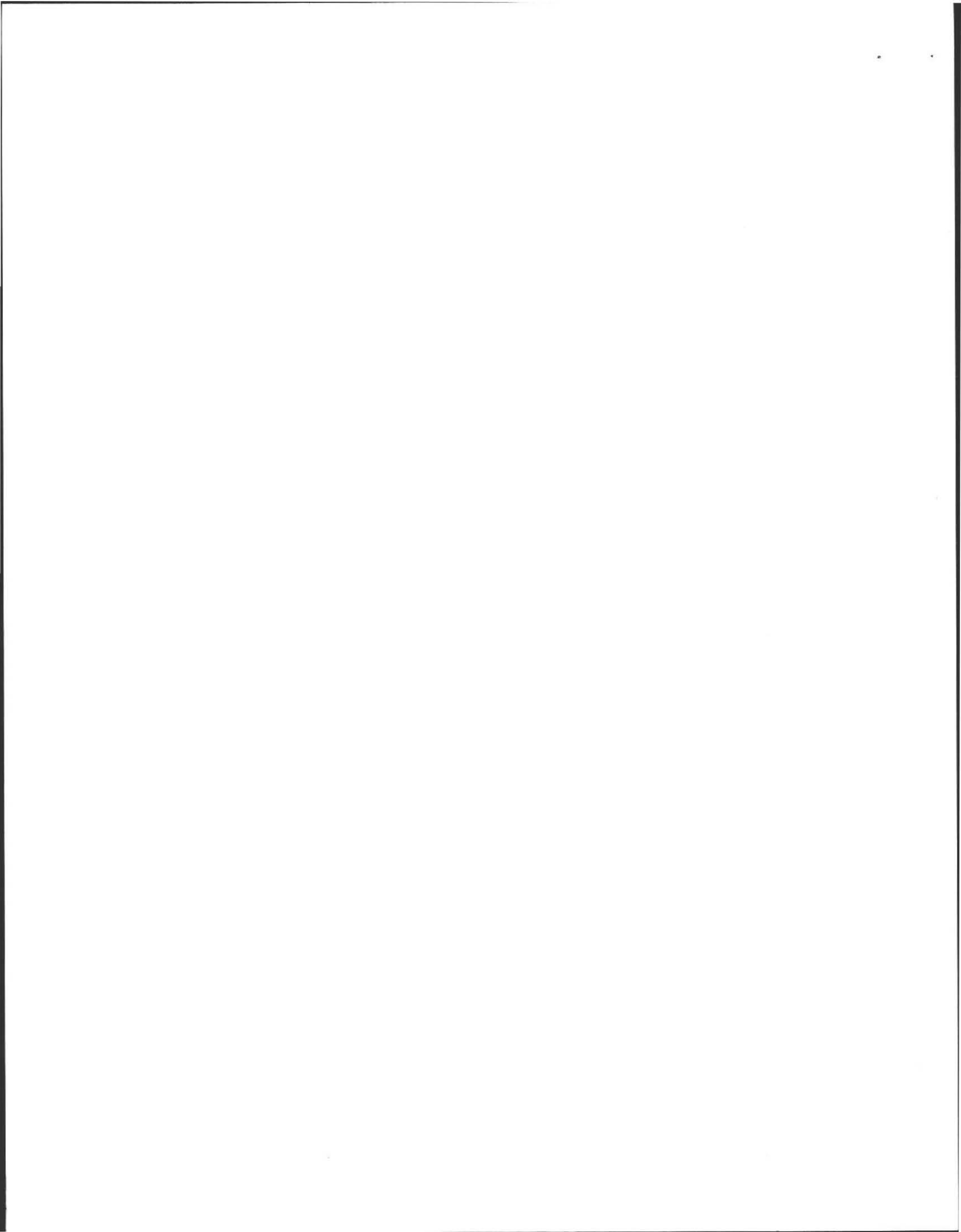
100'

402.43

245.3

241

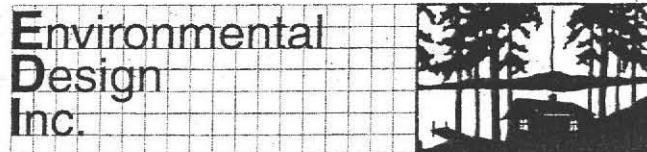
21



- Do not flush bulky items such as throw-away diapers or sanitary pads into your system.
- Do not flush toxic materials such as paint thinner, pesticides, or chlorine into your system as they may kill the bacteria in the tank. These bacteria are essential to a properly operating septic system.
- Repair leaking fixtures promptly.
- Be conservative with your water use and use water-reducing fixtures wherever possible.
- Keep deep-rooted trees and shrubs from growing on your leaching area.
- Keep heavy vehicles from driving or parking on your leaching area.

For more information:

If you have any questions regarding your septic system, please contact:



Site Planning ■ Perc Tests ■ System Designs ■ Title V Inspections

Michael J. Lavigne

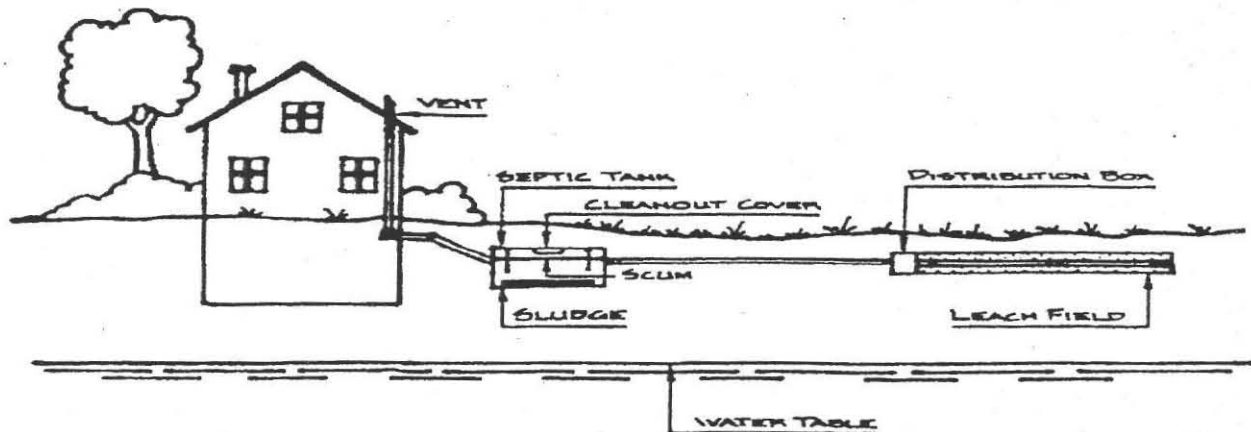
101 Old Ferry Road
Northampton, MA 01060
tel (413) 585-5020
fax (413) 582-0621



Care And Maintenance Of Your Septic System

What is a septic system?

- A septic system is a two part treatment and disposal system designed to condition untreated liquid household waste (sewage) so that it can be readily dispersed and percolated into the subsoil. Percolation through the soil accomplishes much of the final purification of the effluent, including the destruction of disease-producing bacteria.
- A septic tank provides the first step in the process by removing larger solid materials, decomposing solids by bacterial action, and storing sludge and scum. The liquid between sludge and scum is then passed along to the leaching area for final treatment and absorption into the ground. Remember: A properly maintained septic system will adequately treat your sewage.



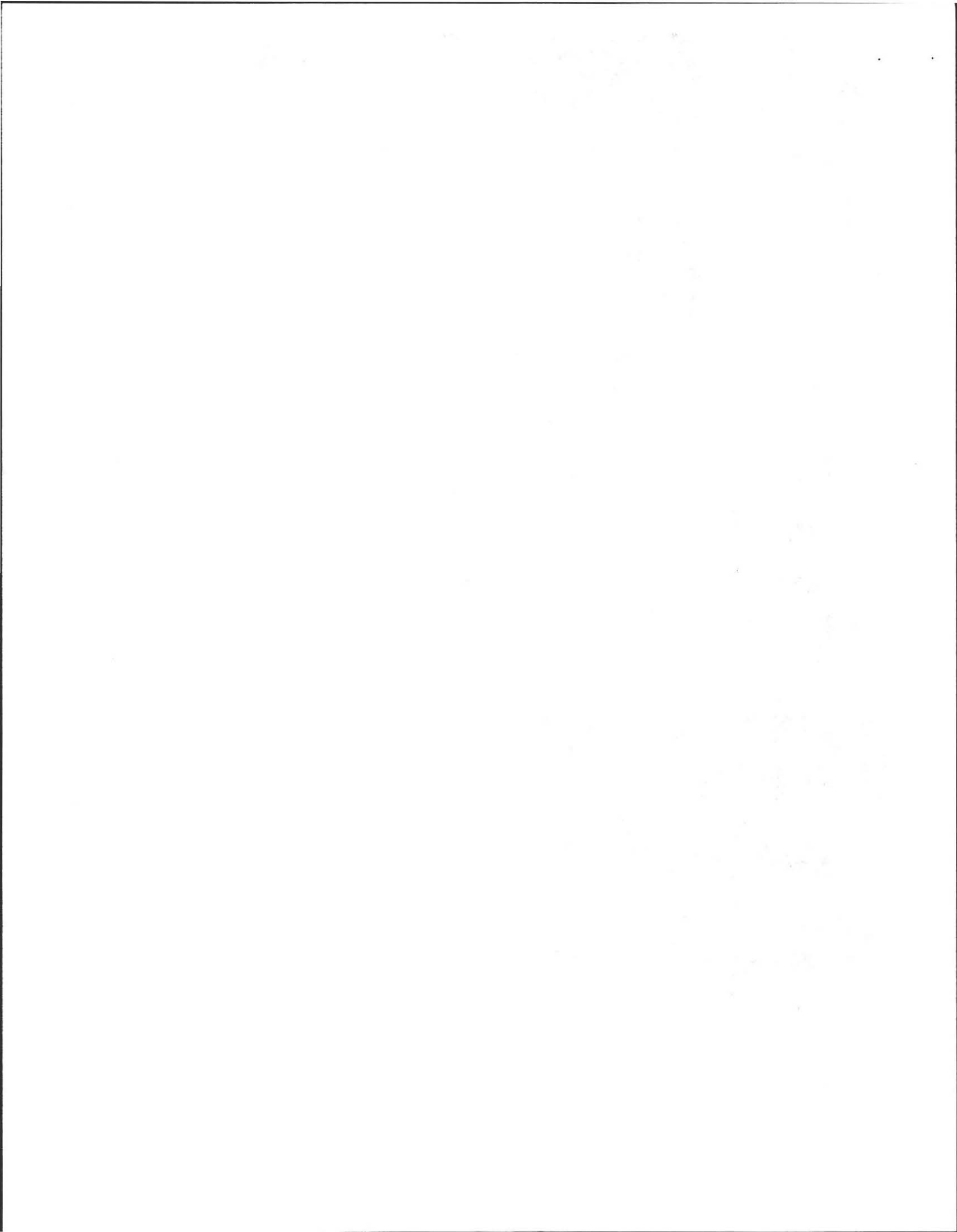
What should I do to maintain my septic system?

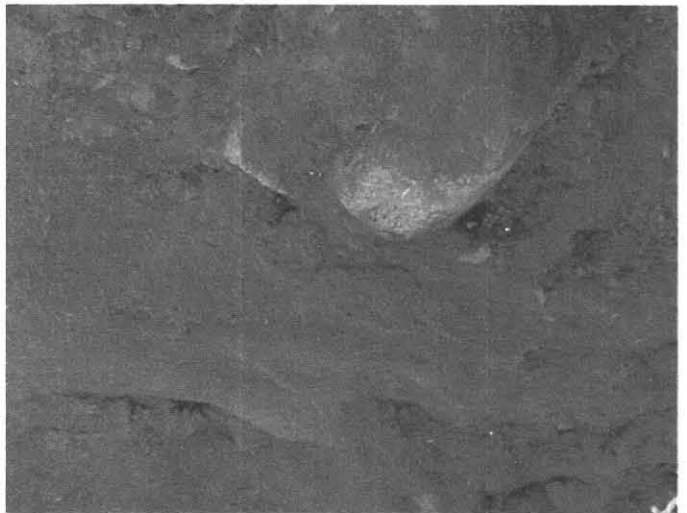
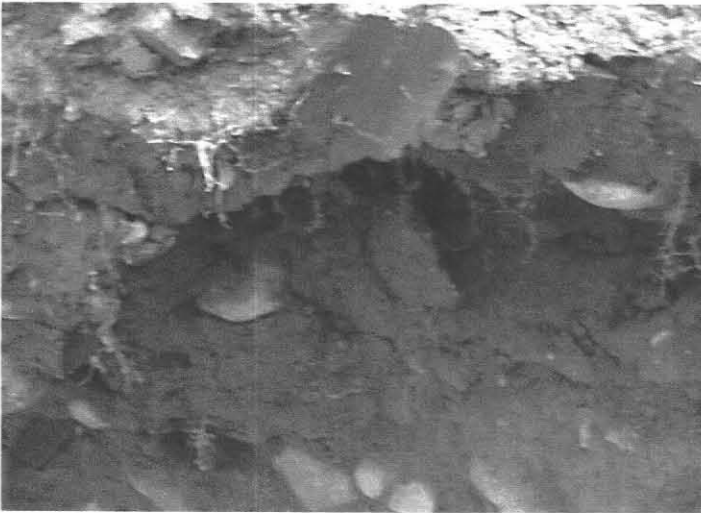
- Know the location of your septic tank and leaching area.
- Inspect your tank yearly and have the tank pumped as needed and at least every three years.

-OVER-

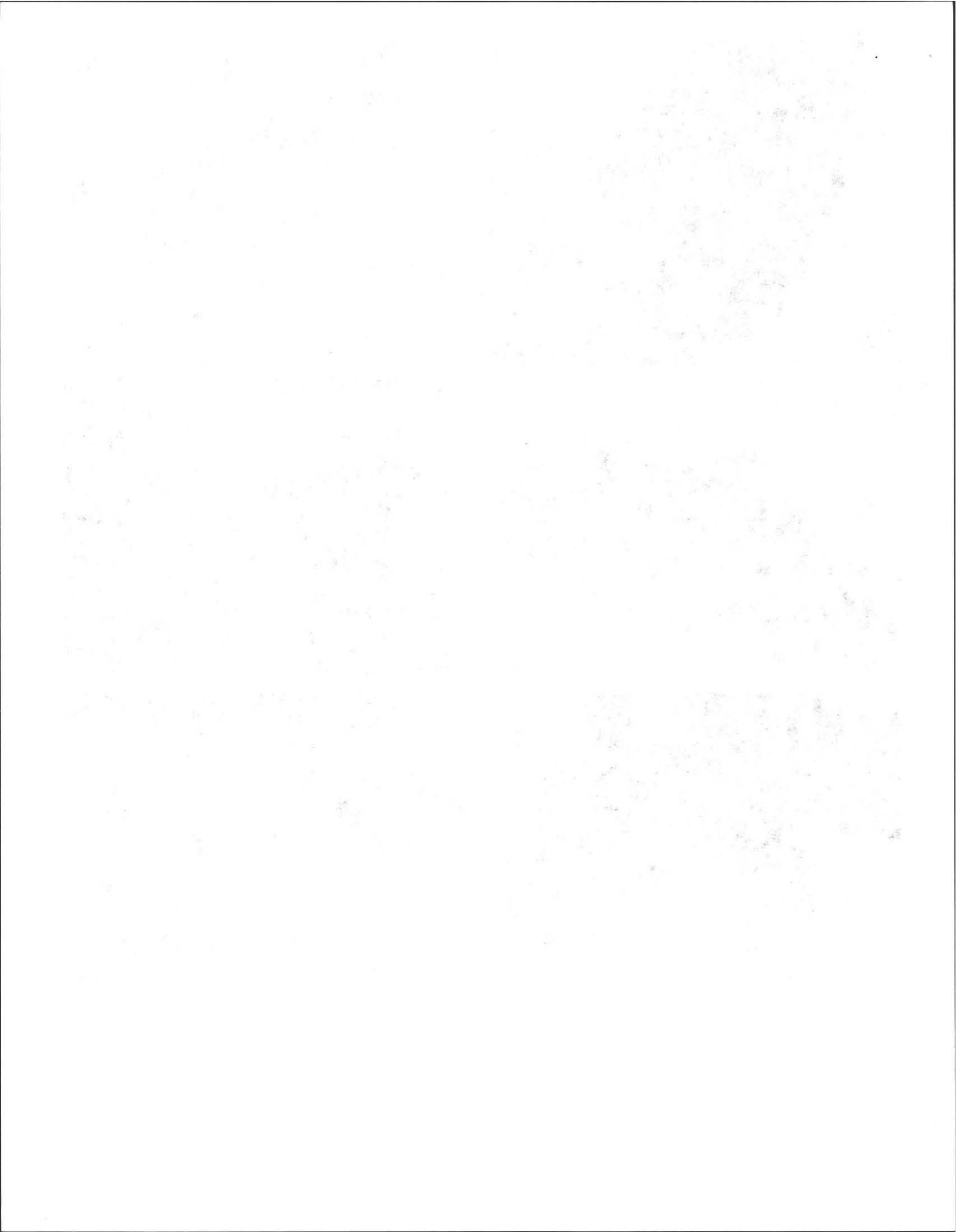


228-234 HENRY ST
OWNER: CHRISTINE PRATT





228-234 HENRY ST
OWNER: CHRISTINE PRATT



Commonwealth of Massachusetts
Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: EMU, Dept of Public Health Date: 8/15/02
Witnessed By: _____

| | | | |
|--|-----------------------------|---------------|----------------------------|
| Location Address of: Lot # | <u>234 HENRY ST</u> | Owner's Name: | <u>CHRISTINE PRATT</u> |
| | <u>ESTATE ; MARIE PRATT</u> | Address of: | <u>P.O BOX 378</u> |
| | | Telephone: | <u>SO DORCHESTER MASS.</u> |
| | | | <u>01373</u> |
| New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/> | | | |

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 Reference Reviewed:

cut 154 275
PL
8/15/02

Determination: Seasonal High Water Table

Methods Used:

- 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 No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

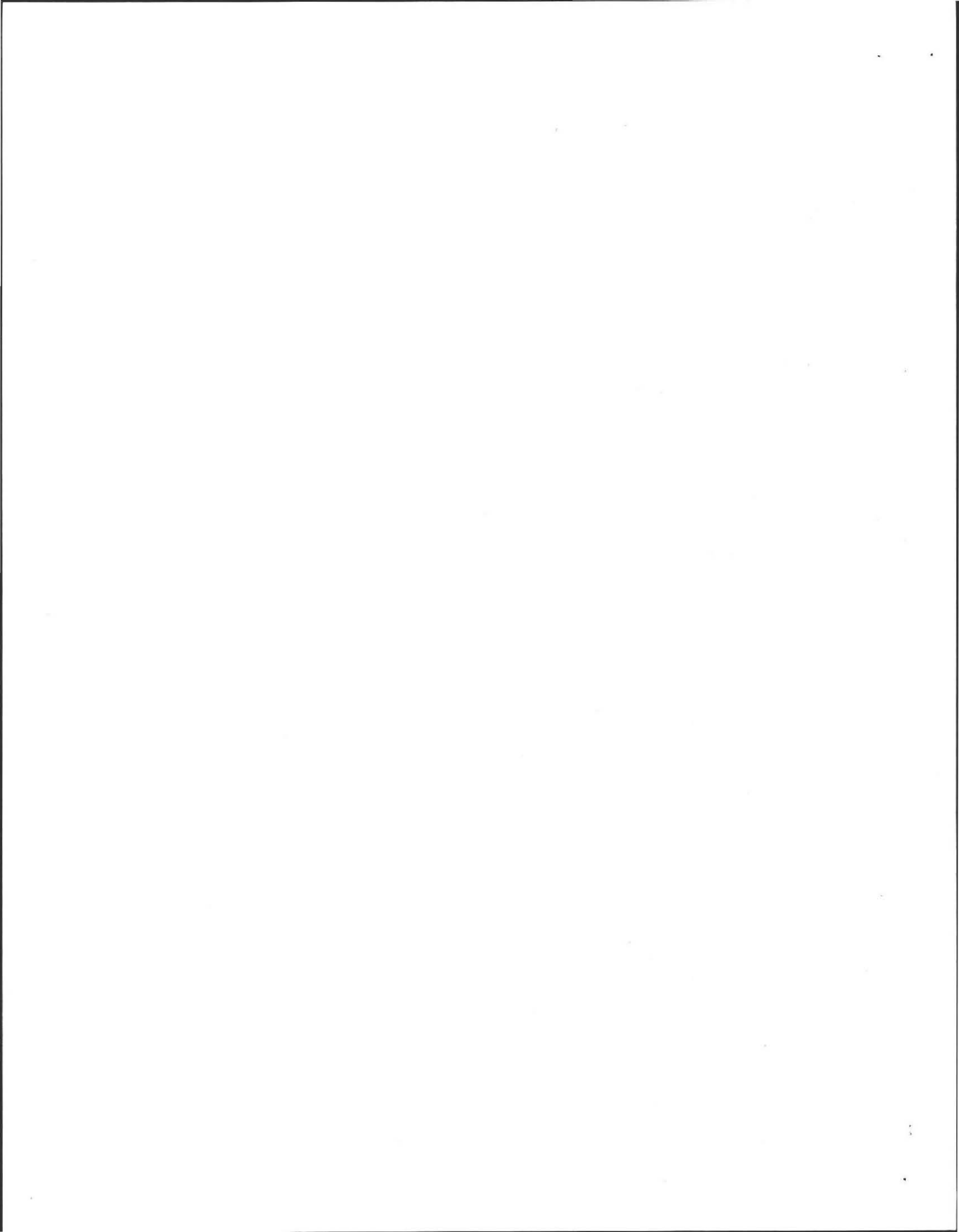
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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

Certification

I certify that on _____ (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 _____



234 Henry St

On-Site Review

Deep Hole Number 1 Date: 8/6/02 Time 10 AM
Weather Sunny 70°
Location (identify on site plan) _____
Land Use Residential Slope (%) 2-4
Surface Stone None
Vegetation: 96 ASPH

Landform: _____

Position on Landscape (sketch on back) _____

Distances from:

Open Water Body 100 feet Drainageway 100 feet
Possible Wet Area 100 feet Property Line _____ feet
Drinking Water Well 100 feet Other _____

| DEEP OBSERVATION HOLE LOG | | | | | |
|-----------------------------|--------------|---------------------|----------------------|---------------|---|
| depth from surface (inches) | soil horizon | soil texture (USDA) | soil color (Munsell) | soil mottling | other (structure, stones, boulders) Consistency, % gravel |
| 10" | A | SL | 10YR 3/3 | — | |
| 20" | B | SL | 10YR 4/2 | — | Med to coarse |
| 108 | C | SAND | 2.5Y 4/3 | — | Cobbles stones 60% gravel |

Parent Material (geologic) OUTWASH
Depth to Bedrock 108
Depth to Groundwater: _____
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water _____

Town Water

On-Site Review

Deep Hole Number _____ Date: _____ Time _____
Weather _____
Location (identify on site plan) _____
Land Use _____ Slope (%) _____
Surface Stone _____
Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____

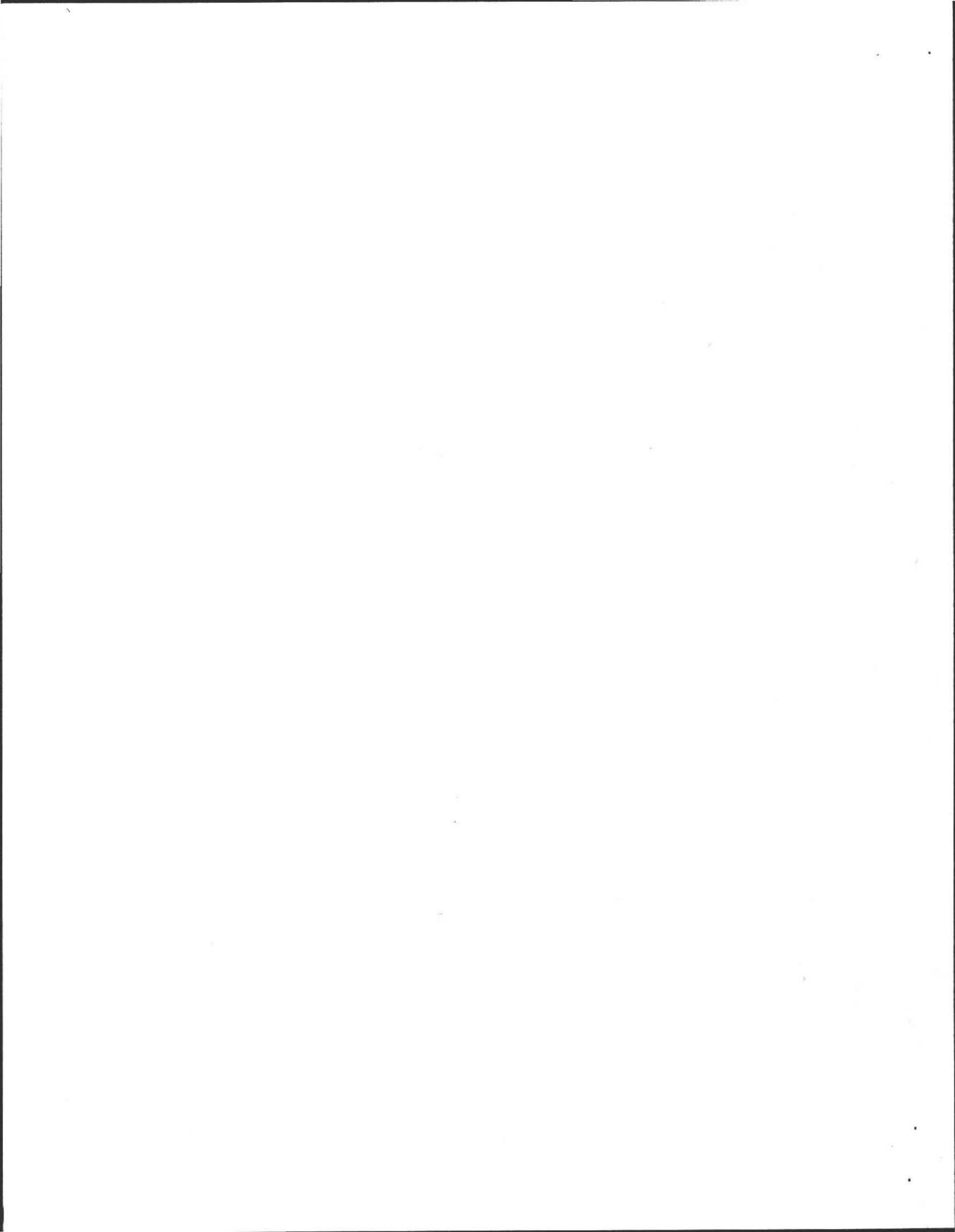
Distances from:

Open Water Body _____ feet Drainageway _____ feet
Possible Wet Area _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

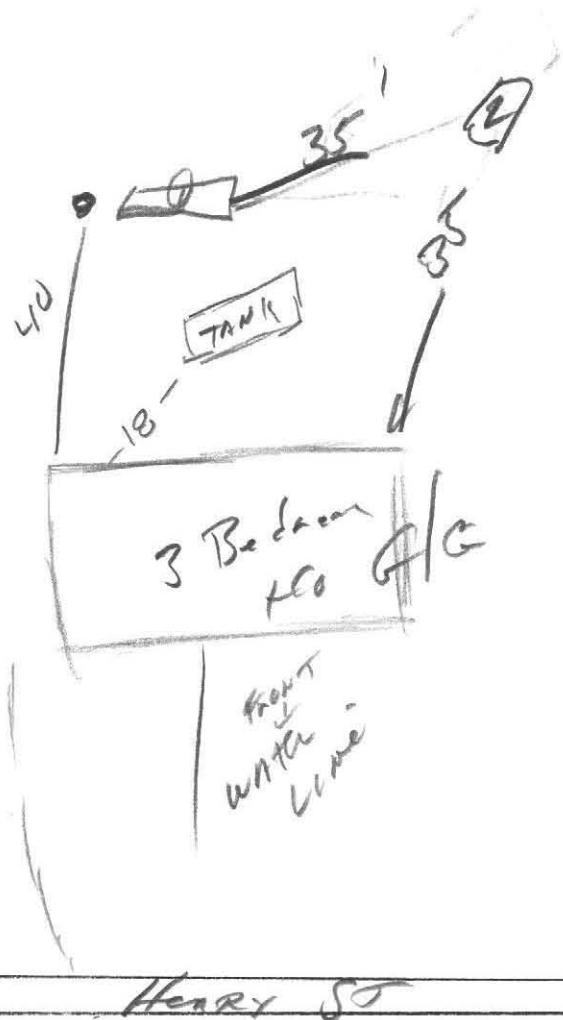
| DEEP OBSERVATION HOLE LOG | | | | | |
|-----------------------------|--------------|---------------------|----------------------|---------------|---|
| depth from surface (inches) | soil horizon | soil texture (USDA) | soil color (Munsell) | soil mottling | other (structure, stones, boulders) Consistency, % gravel |
| 12 | A | SL | 10YR 3/3 | — | |
| 24 | B | SL | 10YR 4/2 | — | Med to coarse |
| 9' | C | SAND | 2.5Y 4/3 | — | Cobbles stones |

Parent Material (geologic) OUTWASH
Depth to Bedrock 108
Depth to Groundwater: _____
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water _____

City # 154
Pd 275
Charlotte Park



234 Henry Street



FORM 12: Percolation Test
Location Address or Lot #

234 Henry St

Commonwealth of Massachusetts
Town of Andover

| PERCOLATION TEST * | | |
|--------------------|----------------------|-------|
| DATE: | 5/6/02 | TIME: |
| Observation Hole # | (1) | |
| Depth of Perc | 42" | |
| Start Pre-soak | 10:44 | |
| End Pre-soak | | |
| Time at 12" | 10 11:02 | |
| Time at 9" | 11:05 | 11:20 |
| Time at 6" | Rock fall in hole | 11:35 |
| Time (9"-6") | 15 | 15 |
| Rate Min./Inch | | (3) |

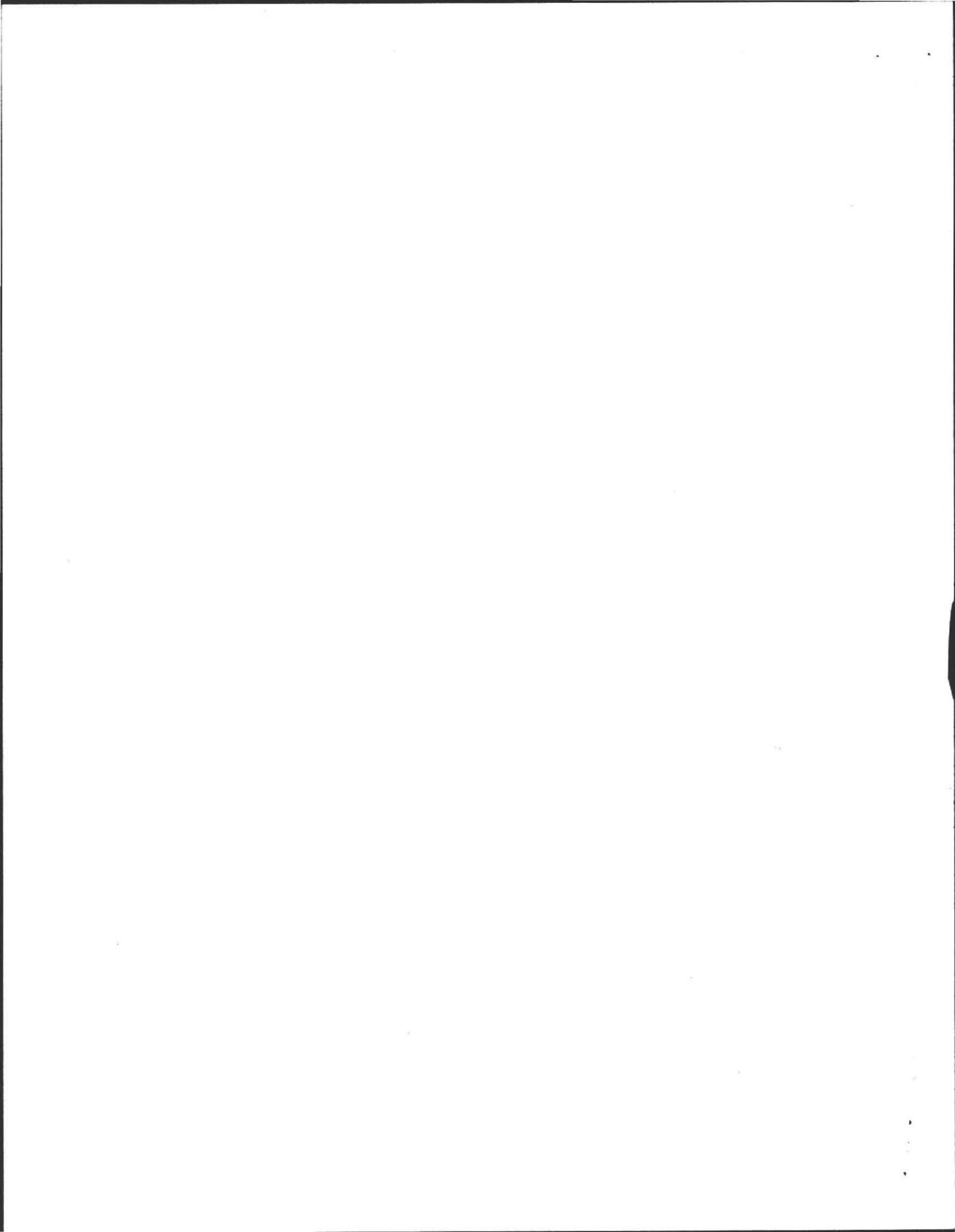
*Minimum of one percolation test must be performed in both the primary area and reserve area.

Site Passed Site failed

Performed by Melie Laurague ENR, Dorset

Witnessed by David Zarzinski

Comments:



CHRISTINE R. PRATT
P.O. BOX 378
SOUTH DEERFIELD, MA 01373

5-13/110
9453045333

154

PAY TO THE
ORDER OF

Tony of Anarchy

Two hundred twenty five DOLLARS *MP*



www.fleet.com
60808
South Deerfield Office
South Deerfield, Massachusetts 01373

MEMO

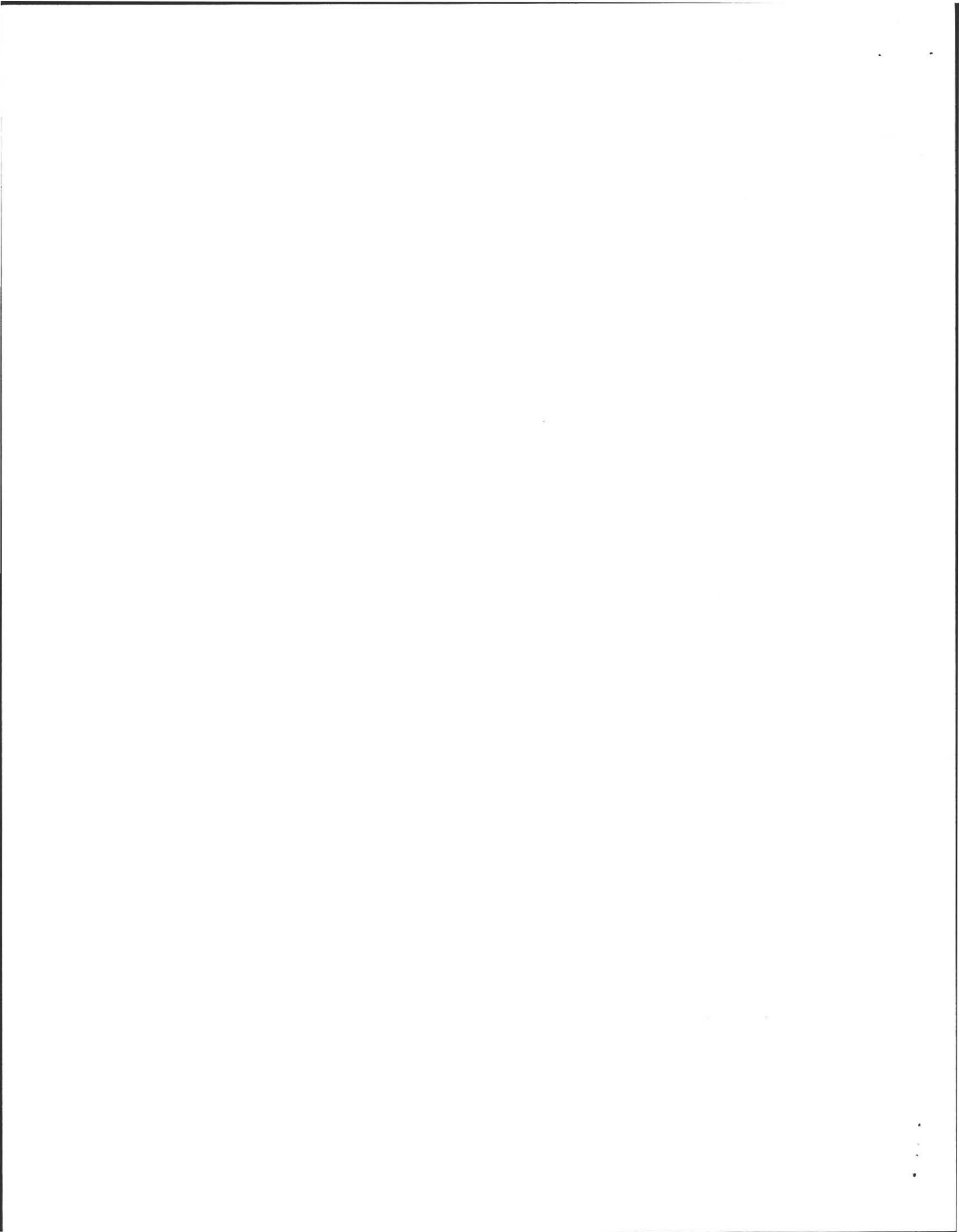
234 Key Sept

⑆01000138⑆ 94530 4533⑈ 0154

Security Features
Details on Back

DOLLARS

MP



TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

No. 2637

Received of Christine R. Pratt of P.O. Box 378
Name Address
228 Henry South Deerfield 01373

For Property Located at: 234 Henry ST MANE PRATT ESTATE
Street Address Owner

- | | |
|--|---|
| HEA009 Bakery R6510 443508 | HEA015 Sanitary Code Booklets R6510 432305 |
| HEA001 Bed & Breakfast R6510 443516 | HEA016 Septic Tank Permit-Installers R6510 443511 |
| HEA002 Catering License R6510 443507 | HEA017 Septic Tank Permit-Private <u>1000</u> R6510 443510 |
| HEA003 Food Handler R6510 443515 | HEA018 Septic Tank Reinspection Fee R6510 432301 |
| HEA004 Frozen Deserts R6510 443501 | HEA019 Sub-Division Review Fee R6510 432306 |
| HEA005 Health Dept. Housing Isp. R6510 432302 | HEA012 Swimming Pool Permits R6510 443512 |
| HEA006 Massage Therapy License R6510 443504 | HEA020 Tanning License R6510 443509 |
| HEA007 Milk & Cream License R6510 443500 | HEA024 Funeral Director License R6510 443502 |
| HEA008 Motel License R6510 443506 | HEA034 Immunization Clinic R6510 432307 |
| HEA010 Removal of Offal R6510 443513 | HEA030 Car Seats 8407 258004 |
| HEA021 Removal of Rubbish R6510 443520 | HEA026 Smoking & Tobacco Reg. Violations R6510 443518 |
| HEA011 Percolation Test Fees <u>175.00</u> R6510 432300 | HEA023 TB Clinic R6510 432303 |
| HEA013 Recreation Camp License R6510 443503 | HEA022 Tobacco License R6510 443505 |
| HEA014 Retail Store Permit R6510 443514 | HEA |
| | HEA |

TOTAL FEE: 275.00
[Signature] 8/3/02
 Inspection Services/Health Department Date

5-13/110 154
 9453045333

CHRISTINE R. PRATT
 P.O. BOX 378
 SOUTH DEERFIELD, MA 01373

DATE 8/3/02

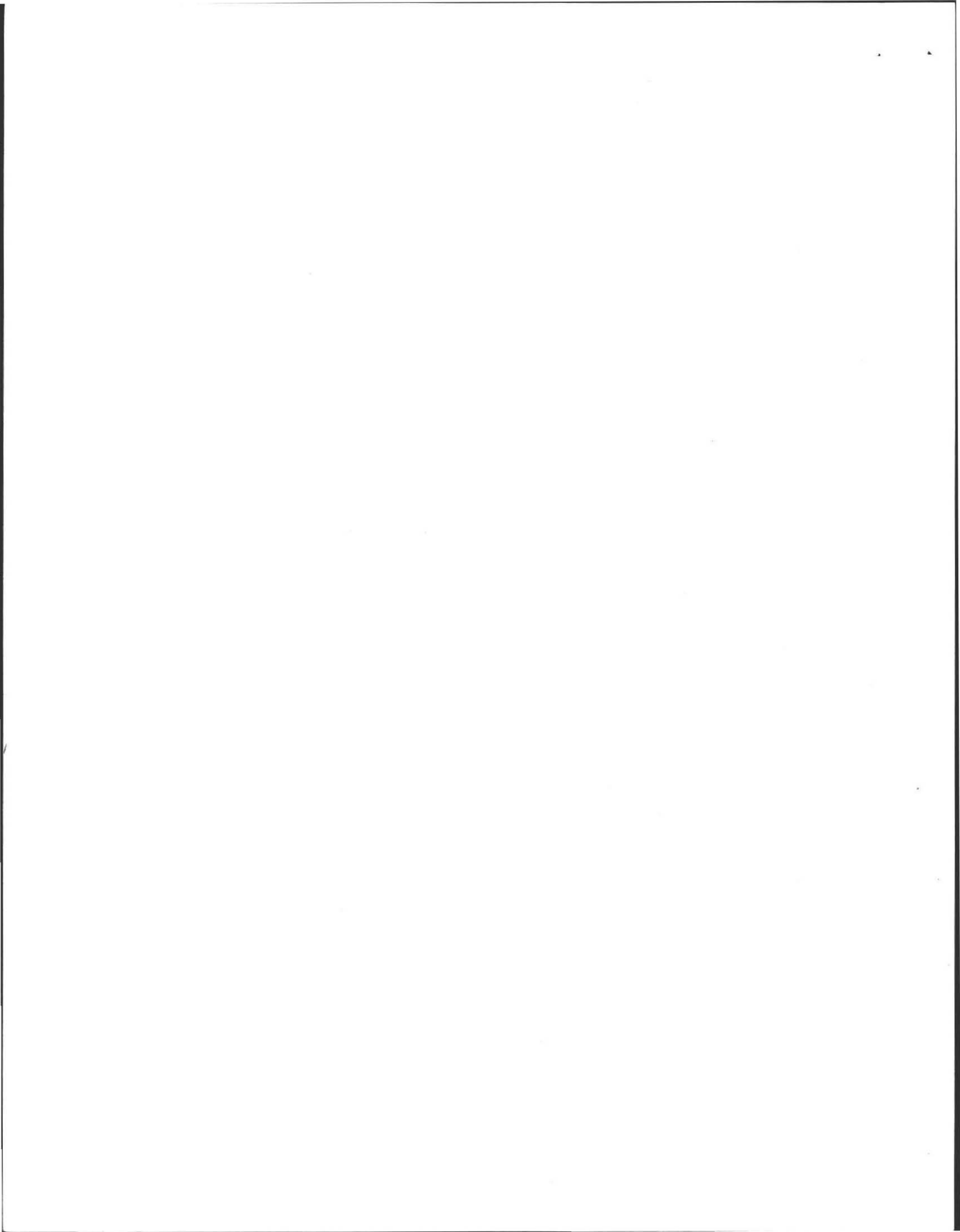
PAY TO THE ORDER OF Town of Amherst \$ 275.00
Two hundred seventy five DOLLARS

Fleet
 www.fleet.com
 60808 South Deerfield Office
 South Deerfield, Massachusetts 01373

MEMO 234 Henry Septic

1:0 1000 138: 94530 45333 0154

Must be Validated





**ENVIRONMENTAL
DESIGN, INC.**

101 OLD FERRY ROAD
NORTHAMPTON, MA 01060

PHONE: (413) 585-5020
FAX: (413) 582-0621

**SEWAGE DISPOSAL
SYSTEM - REPAIR**

234 Henry Street
North Amherst, MA

for

Jimmy & Chris Pratt
234 Henry Street
North Amherst, MA

413-586-7771

| | |
|----------|----------|
| FIELD | 11/26/02 |
| SURVEYOR | ML/JP |
| DESIGNER | ML |
| CHECKER | ML/PS |
| DESIGN | 11/26/02 |

DESIGN REFERENCES

SITE LOCATION
234 Henry Street
North Amherst, MA

BENCHMARK
Bottom of House Siding at Corner Shown.
Elevation = 100.0'

LEGEND

SCALE: 1" = 20'
EXISTING CONTOUR - - - - -
PROPOSED (FILL) CONTOUR _____
SOIL EVALUATION HOLE [Symbol]
PERC HOLE [Symbol]

APPROVALS & REVISIONS

Rev. A SAS moved, notes changed. 01-10-03

Soil Evaluator: Michael Lavigne
Witness: Dave Zarazinski
Date: August 06, 2002

Hole Name: DH1 Elevation: 95.0'

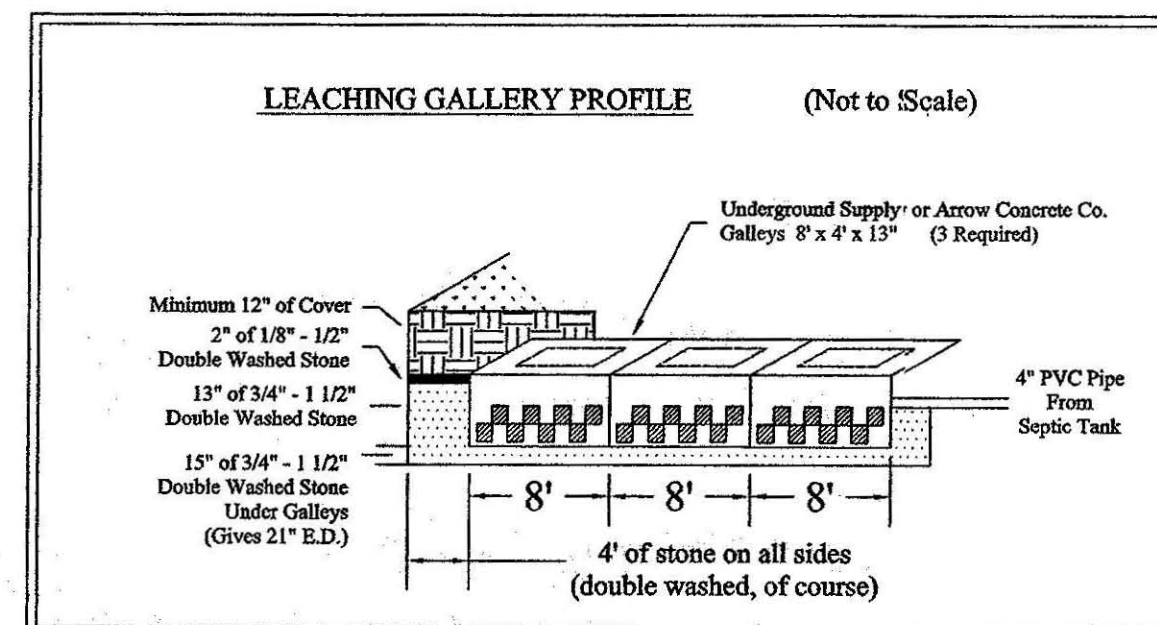
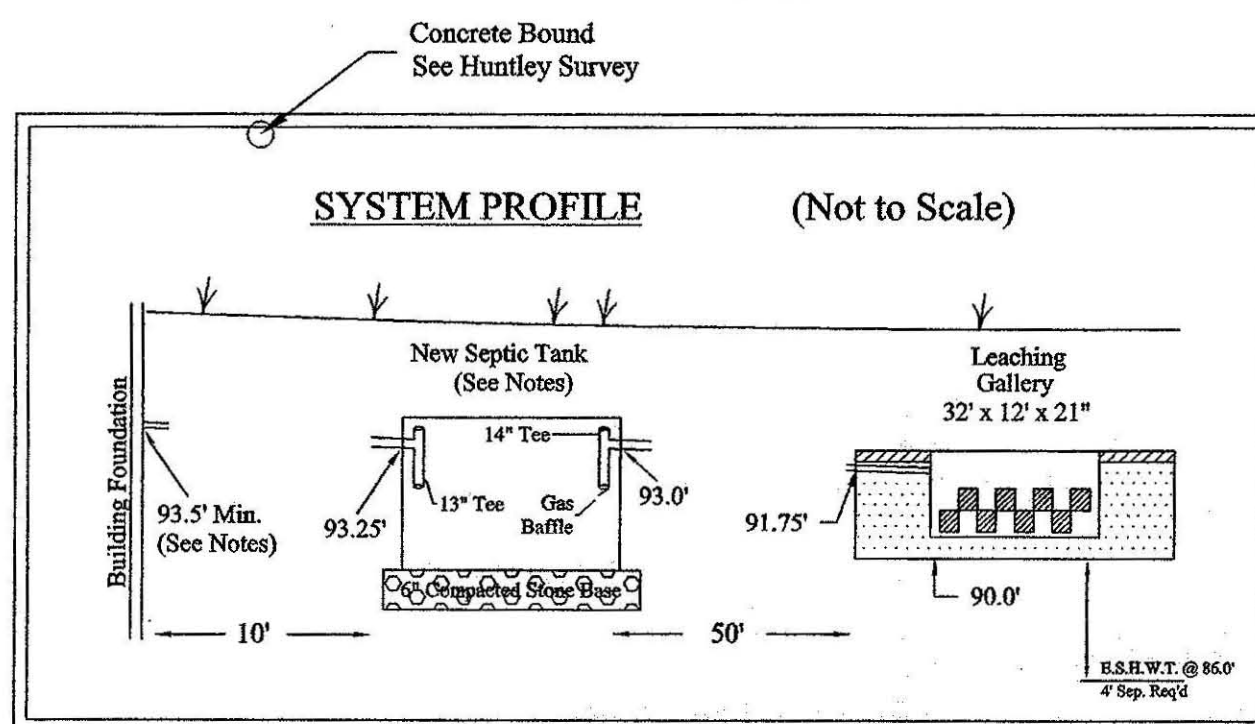
| Depth | Horizon | Texture | Color | Mottles |
|----------|---------|---------|---------|------------|
| 0"-10" | A | SL | 10YR3/3 | None |
| 10"-20" | B | SL | 10YR4/6 | None |
| 20"-108" | C | S | 2.5Y4/3 | None Noted |

Estimated Seasonal High Water Table @ 108" or 86.0'
Percolation Rate 5 min/inch

Hole Name: DH2 Elevation: 93.8'

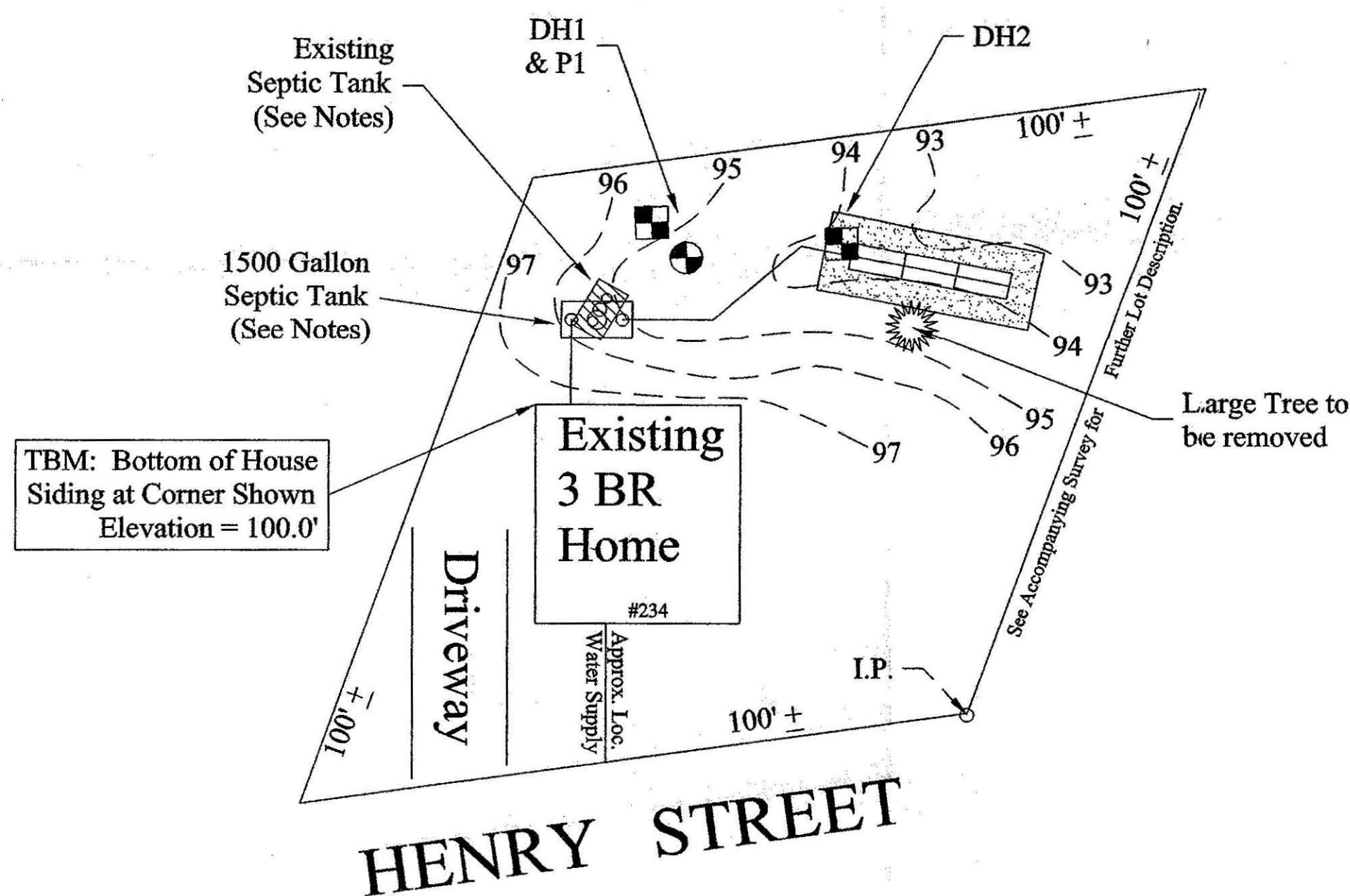
| Depth | Horizon | Texture | Color | Mottles |
|----------|---------|---------|---------|------------|
| 0"-12" | A | SL | 10YR3/3 | None |
| 12"-24" | B | SL | 10YR4/6 | None |
| 24"-108" | C | S | 2.5Y4/3 | None Noted |

Estimated Seasonal High Water Table @ 108" or 84.8'



CONSTRUCTION NOTES

- ONE RECTANGULAR SEEPAGE GALLERY, CONSISTING OF THREE (3) GALLEYS (UNDERGROUND SUPPLY OR ARROW CONCRETE 8' x 4 x 13"), SEE PROFILE 4' OF 3/4" - 1 1/2" DOUBLE WASHED STONE AROUND GALLEYS, 15" OF DOUBLE WASHED STONE BENEATH GALLEYS (EFFECTIVE SIZE 32' x 12' x 21") COVER SYSTEM WITH 2" OF 1/8" - 1/2" DOUBLE WASHED STONE.
- SYSTEM IS DESIGNED TO ACCOMMODATE A THREE BEDROOM HOME WITH NO DISPOSAL. ANY EXISTING DISPOSAL IS TO BE REMOVED.
- EXISTING SEPTIC TANK TO BE PUMPED, CRUSHED, AND FILLED WITH SAND. REPLACE WITH NEW 1500 GALLON TANK FITTED WITH 4" PVC SCH. 40 INLET AND OUTLET TEES. TANK TO BE SET ON A COMPACTED STONE BASE A MINIMUM OF 6" DEEP.
- LOCATION AND ELEVATION OF SEPTIC TANK MAY BE MODIFIED AS NECESSARY TO ACCOMMODATE SEWER PIPE EXIT LOCATION. MAINTAIN MINIMUM SETBACKS AND PITCHES. NOTIFY ENGINEER IF ANY PROBLEMS ARE ENCOUNTERED.
- BUILDING EXIT LINE TO BE 4" PVC SCH. 40, WITH A MINIMUM SLOPE OF 2%.
- ALL OTHER PIPE CAN BE 4" PVC SDR 35 MINIMUM.
- SET GALLERY AT ELEVATION NOTED IN PROFILE, BACKFILL TO PROVIDE A MINIMUM OF 12" OF COVER AND RE-GRADE TO PRECONSTRUCTION CONDITION, LOAM AND SEED.
- THE LARGE TREE SHOWN WILL NEED TO BE REMOVED.
- ALL CONSTRUCTION TO BE I.A.W. TITLE V, THE STATE ENVIRONMENTAL CODE.
- NOTIFY ENGINEER AT LEAST 72 HOURS PRIOR TO THE TIME INSPECTION IS REQUIRED.



Design Calculations

Design Daily Flowrate: 110 GPD/BR x 3 BR = 330 GPD
Design Perc. Rate: 8 min/inch (Tested @ 5 min/inch)
System Leaching Area:
Sidewall: 2 x (1.75' x 32') + 2 x (1.75' x 12') = 154 Sq. Ft.
Bottom: 32' x 12' = 384 Sq. Ft.
Total: 154 Sq. Ft. + 384 Sq. Ft. = 538 Sq. Ft.
L.T.A.R.(Class 1 Soil): 538 Sq. Ft. x 0.66 GPD/Sq. Ft. = 355 GPD

**ENVIRONMENTAL DESIGN, INC.
101 OLD FERRY ROAD
NORTHAMPTON, MA 01060
1-413-585-5020**

July 22, 2003

Board of Health
Town Offices
Amherst, MA 01002

re: Inspection of Septic System Repair Installation – Pratt Home, 234 Henry Street

Dear Board:

On July 22, 2003, a representative from our office performed a final inspection of the septic system repair installation referenced above. The system was installed by John Lashway of Hadley, MA.

Our representative found that the system appears to have been installed acceptably and in general accordance with our system plan dated 11-26-02. Risers were requested on the septic tank, and a small swath of Title V sand was requested along the downhill portion of the soil absorption system. The system will be backfilled upon completion of these two items. The as-built locations of relevant system components have been documented on the attached sketch.

If there are any questions, please contact our office.

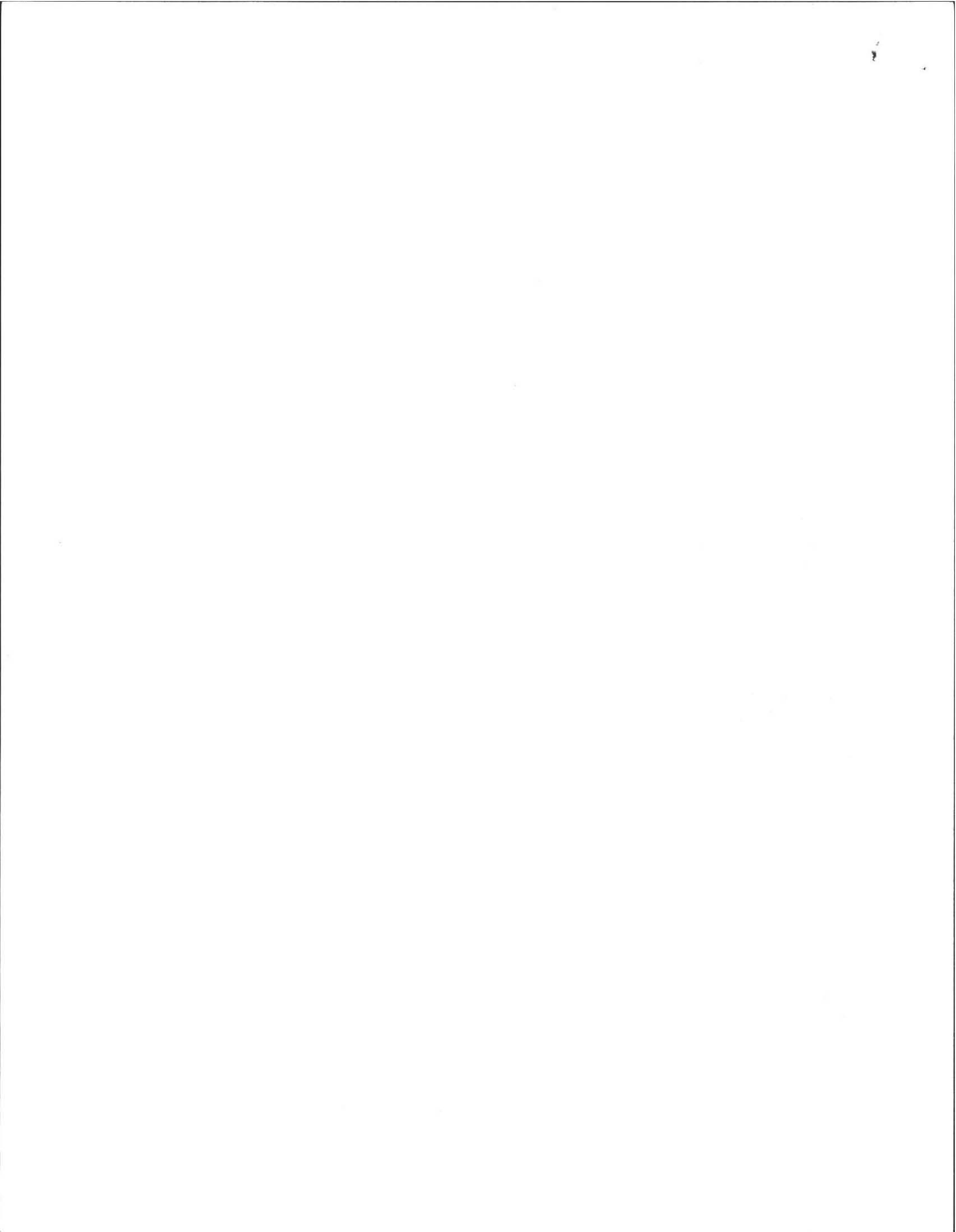
Sincerely yours,



Michael J. Lavigne

I hereby certify that the above referenced system was installed in accordance with Title V and the approved system design prepared by Environmental Design, Inc.

John Lashway, Hadley, MA



AS-BUILT (n.t.s.)

Pratt

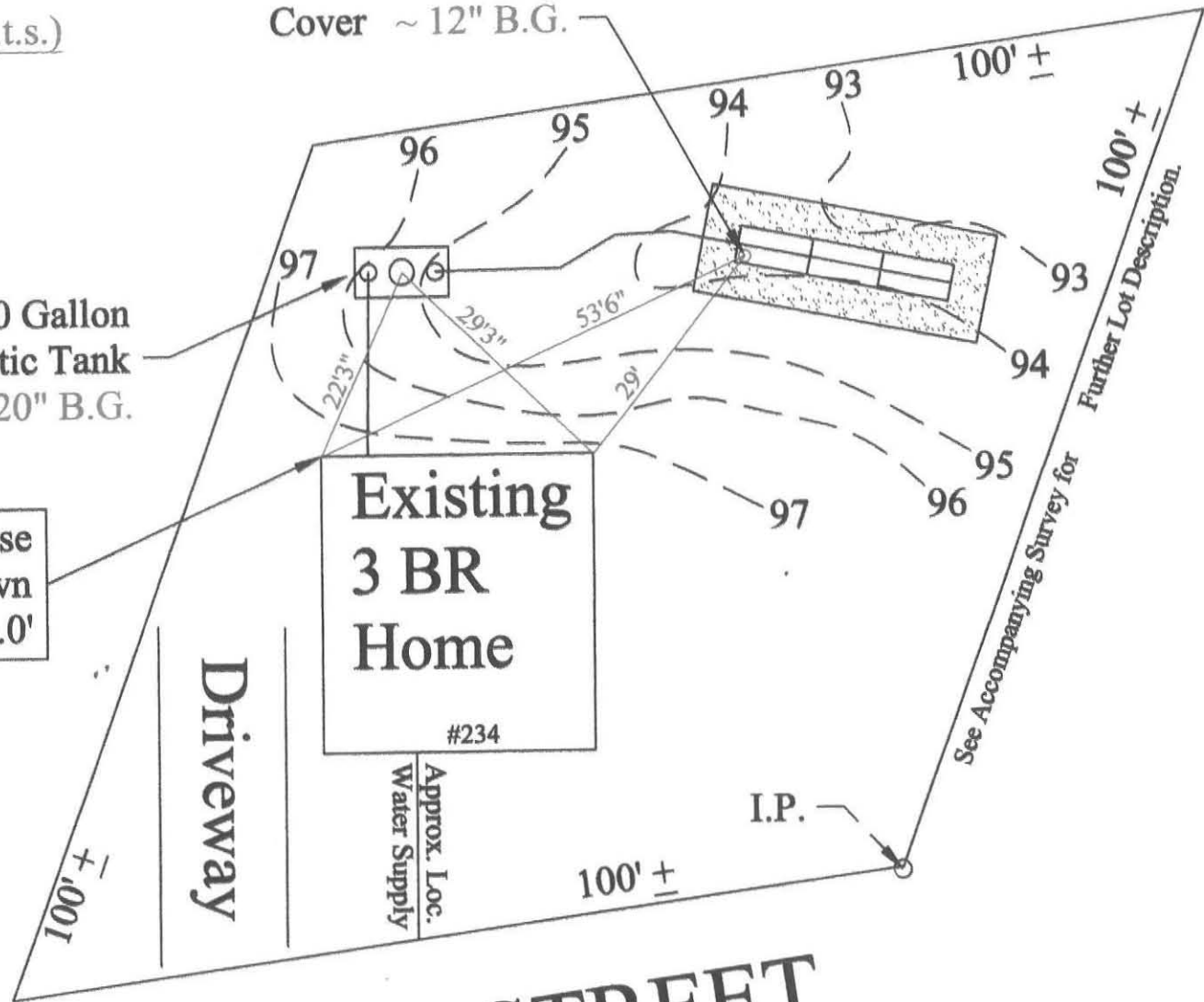
Amherst, MA

07-22-03

1500 Gallon
Septic Tank
~ 20" B.G.

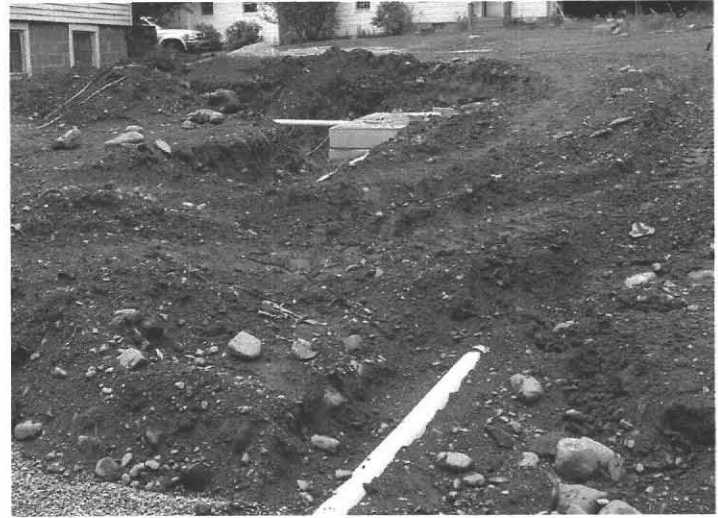
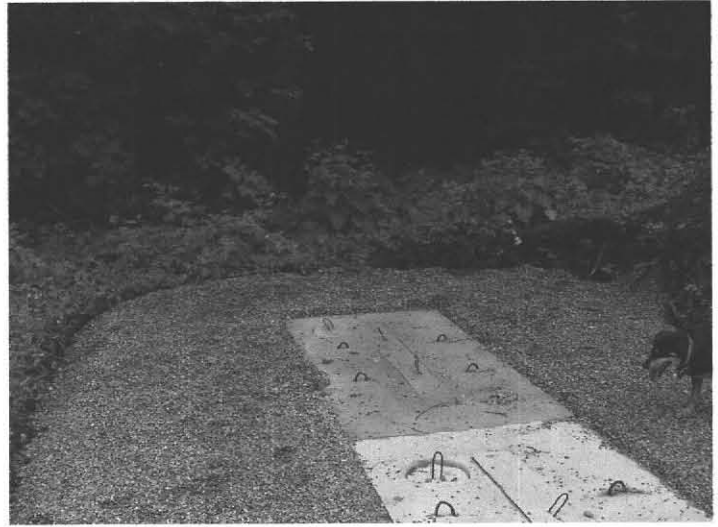
TBM: Bottom of House
Siding at Corner Shown
Elevation = 100.0'

Cover ~ 12" B.G.



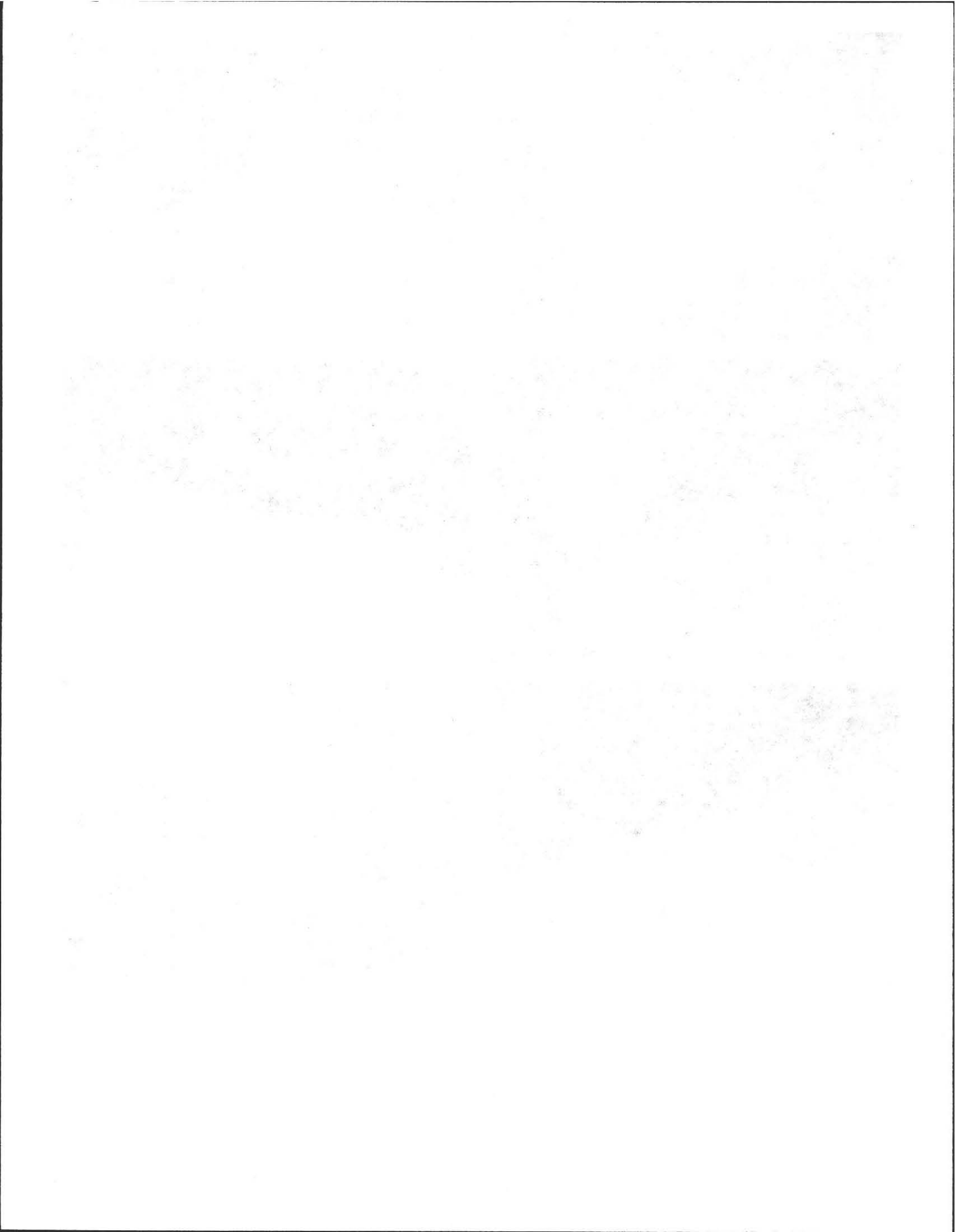
HENRY STREET

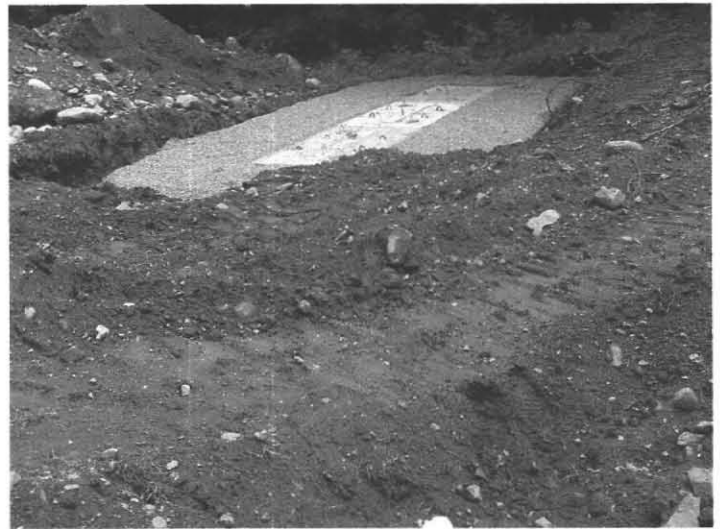
See Accompanying Survey for
Further Lot Description.



①

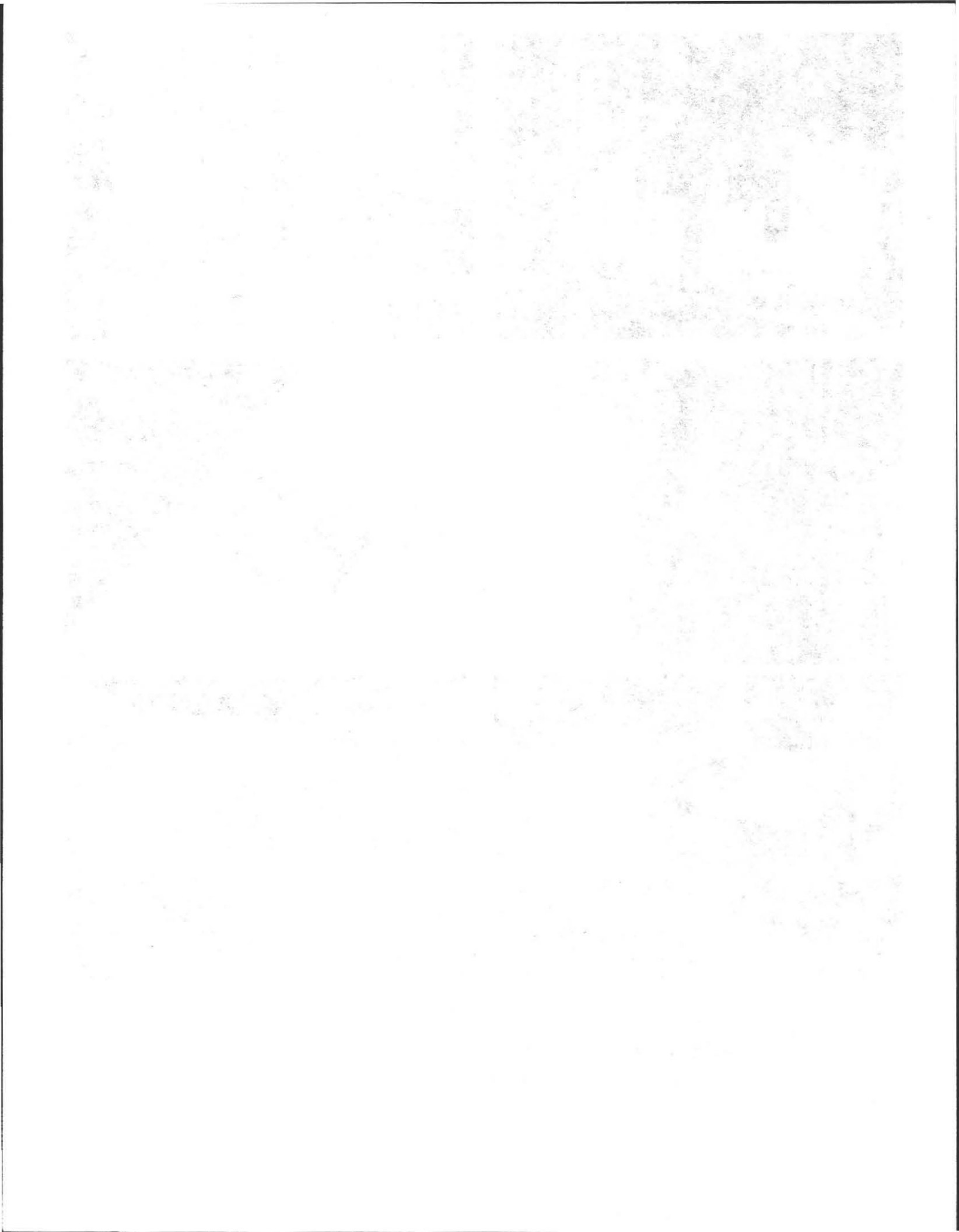
Owner: Jimmy & Christine Pratt
228-234 Henry St.
Installer: John Lashway





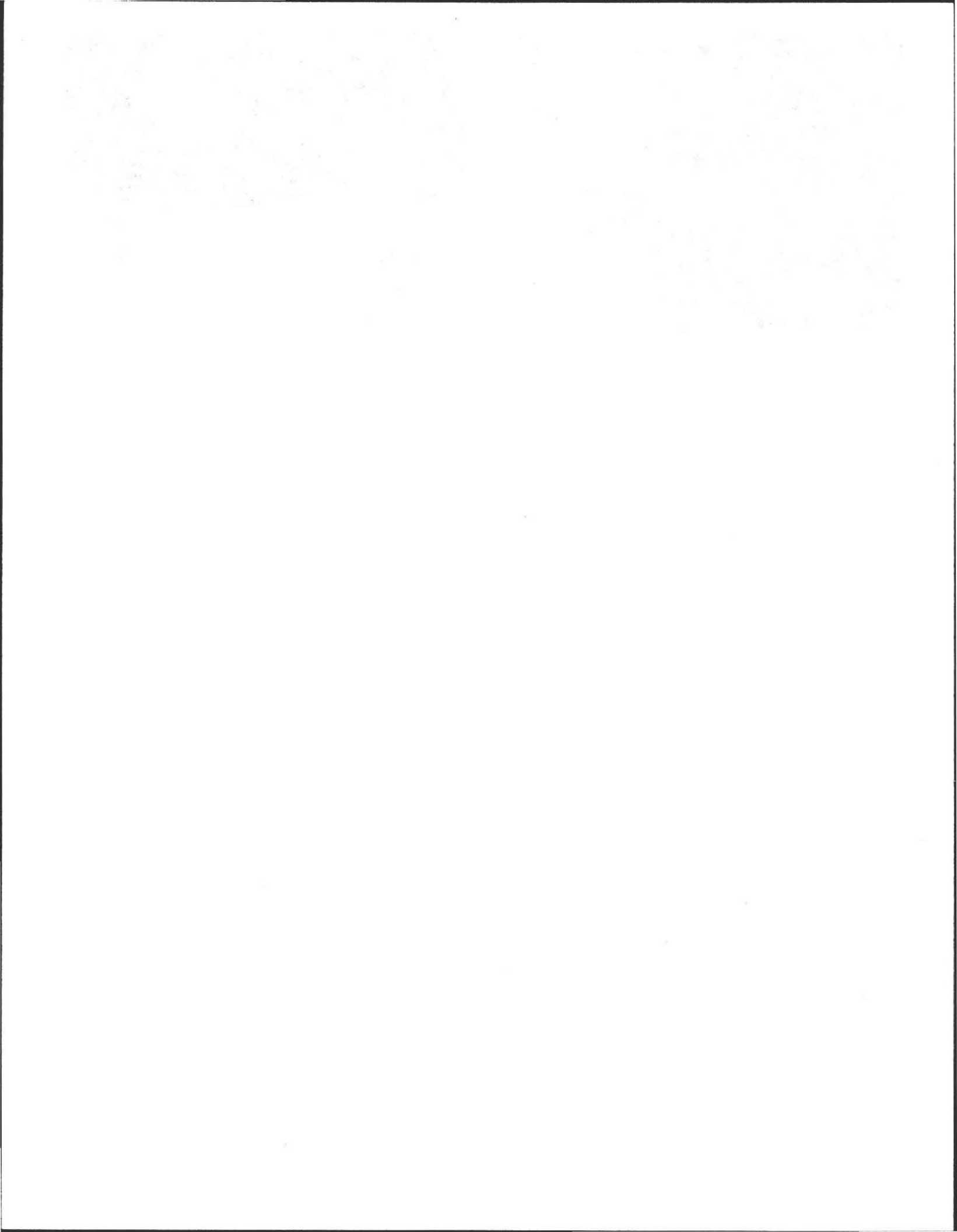
②

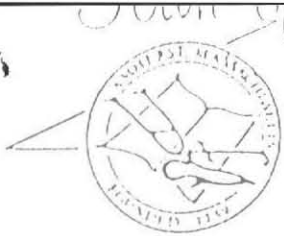
Owner: Jimmy & Christine Pratt
228-234 Henry St.
Installer: John Lashway





③ Owner: Jimmy & Christine Pratt
228-234 Henry St.
Installer: John Lashway





AMHERST *Massachusetts*

Bettye Anderson Frederic, Director

#234

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 256-4077

OFFICE OF THE HEALTH DEPARTMENT

MISCELLANEOUS INSPECTIONS

Name _____

Owner _____

Type of Business _____

Inspection of 234 Henry St

Date: 4/8/92 Time: _____

Business Address _____
(Street)

Amherst
(City or Town)

Violation(s) and remarks: Received a Call from Rita
(C.D.B.G.) Contractor broke pipe from
house to tank (arranging), he will replace
on Wednesday April 8, 1992

This Inspection Report is signed and certified
Under the pains and penalties of perjury.

Signature of Inspector: David Zappala

Signature of Owner or Person in Charge: _____

**TOWN OF AMHERST
HEALTH PERMITS/ INSPECTION SERVICES**

No. **0100**

Received of MARIE H. PRATT of 234 Henry St
Name Address
 For Property Located at: 234 Henry St M Pratt
Street Address Owner

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

TOTAL FEE: 160.00

Carol Jozwicki
 Inspection Services/Health Department

9/9/97
 Date

CK # 999

AMHERST LIVE DATABASE
 MISC CHG# RECEIPTS
 Date / Time : 09/09/97 11:35:46
 Payment : 160.00
 Check/Credit Card #:

Clerk : 0100
luciak

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

White - Applicant

Yellow - Collector

Pink - Accounting

Gold - Health/Inspections

TOWN OF AMHERST
HEALTH PERMITS/ INSPECTION SERVICES

No. 0100

Received of MARIE H. PRATT of 234 Henry St
For Property Located at: 234 Henry St M Pratt
Name Street Address Owner

- | | | | |
|---|-------------------------|--|--------------|
| HEA009 Bakery R6510 443508 | _____ | HEA014 Retail Store Permit R6510 443514 | _____ |
| HEA001 Bed & Breakfast R6510 443516 | _____ | HEA015 Sanitary Code Booklets R6510 432305 | _____ |
| HEA025 Burial Permits R6510 443517 | _____ | HEA016 Septic Tank Permit-Installers R6510 443511 | _____ |
| HEA002 Catering License R6510 443507 | _____ | HEA017 Septic Tank Permit-Private R6510 443510 | <u>60.00</u> |
| HEA003 Food Handler R6510 443515 | _____ | HEA018 Septic Tank Reinspection Fee R6510 432301 | _____ |
| HEA004 Frozen Desserts R6510 443501 | _____ | HEA026 Smoking & Tobacco Reg. Violations R6510 443518 | _____ |
| HEA024 Funeral Director License R6510 443502 | _____ | HEA019 Sub-Division Review Fee R6510 432306 | _____ |
| HEA005 Health Dept. Housing Insp. R6510 432302 | _____ | HEA012 Swimming Pool Permits R6510 443512 | _____ |
| HEA006 Massage Therapy License R6510 443504 | _____ | HEA023 TB Clinic R6510 432303 | _____ |
| HEA007 Milk & Cream License R6510 443500 | _____ | HEA020 Tanning License R6510 443509 | _____ |
| HEA008 Motel License R6510 443506 | _____ | HEA022 Tobacco License R6510 443505 | _____ |
| HEA010 Removal of Offal R6510 443513 | _____ | HEA | _____ |
| HEA011 Percolation Test Fees R6510 432300 | <u>100⁰⁰</u> | HEA | _____ |
| HEA013 Recreation Camp License. R6510 443503 | _____ | | |

TOTAL FEE: 160.00

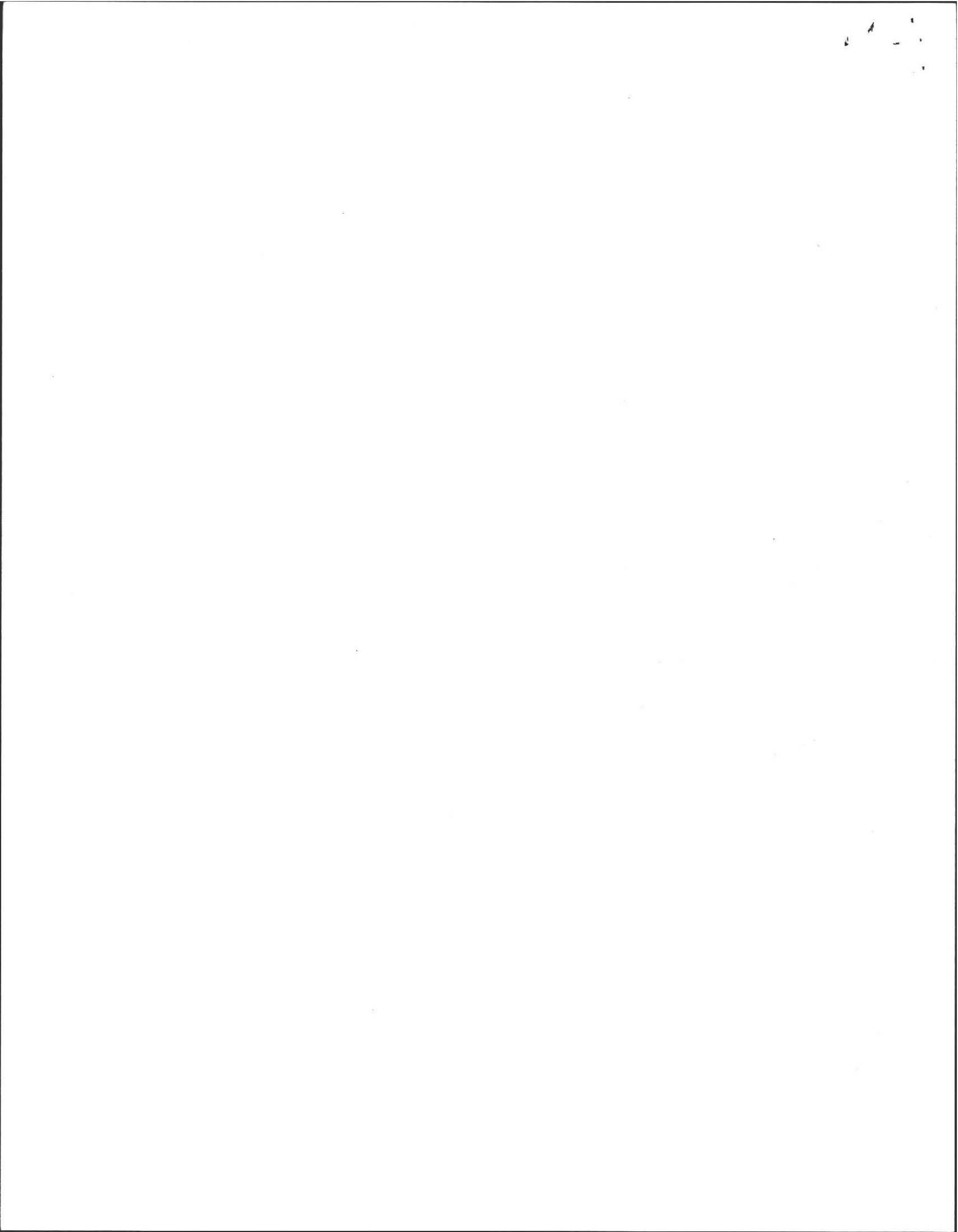
David J. [Signature]
Inspection Services/Health Department

9/9/97
Date

PAID
9/9/97

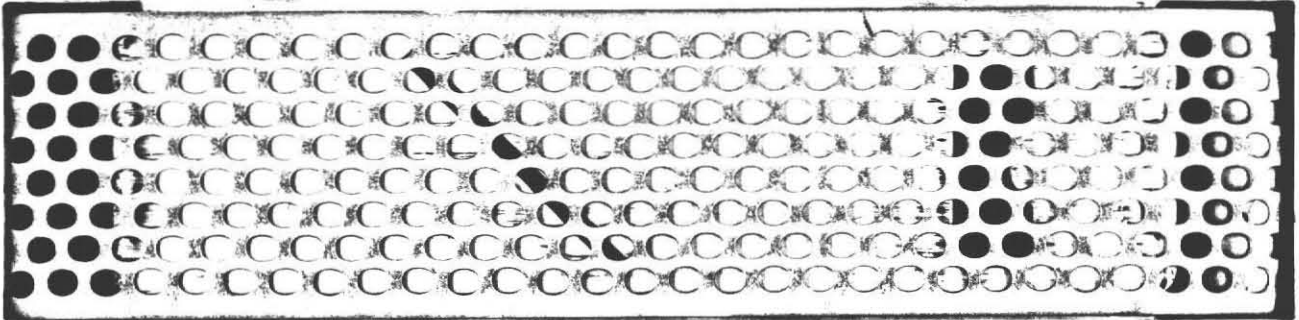
CH # 999

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

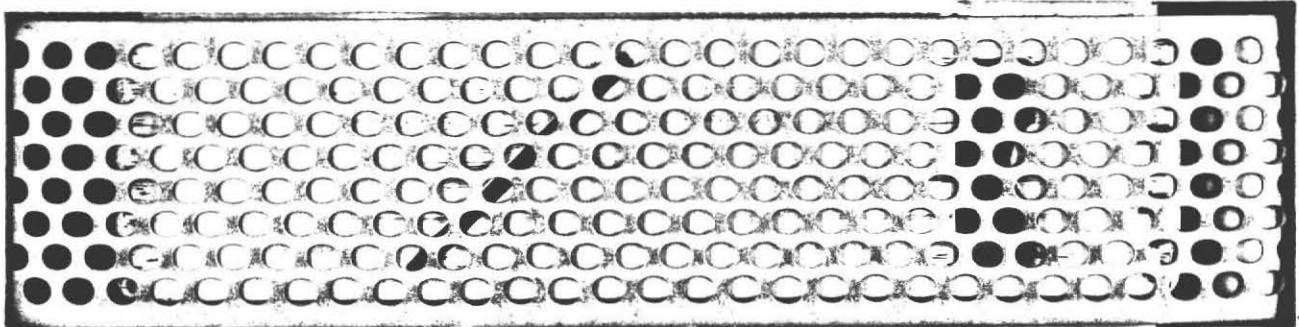


RECEIVED SEP 0 8 1997

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MEMO *Perk - Septic 228 Henry St* *Marie W. Pratt*
 College Street Office 4304
 Amherst, Massachusetts 01002
First Bank
One Hundred and Sixty
 DOLLARS
 ORDER OF *Town of Amherst*
 PAY TO THE
 MARIE H. PRATT
 234 HENRY ST.
 CUSHMAN, MA 01002
 DATE *9-8-97*
 5023405056
 5-13/110
 999
 ⑆011000138⑆ 50234 05056⑆ 0999



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