52 HIGH POINT DRIVE

219 E. PLEASANT ST.

11' x 7 1/2' floor

18" x 32" windows

eting112@yahoo.com

67

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-28 Date 9/12/72 Fee 3.00 Date Rec'd. 9/12/72 By DHP

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

Location—Address 52 HIGH POINT DRIVE or Lot No. 11

Owner ROY IND'S. INC. Address BOX 472 AMHERST

Contractor BILL CLARK Address SHUTESBURY

Type of Building _____ Dimensions _____ Size Lot 38,000 ±

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

Other _____ No. of persons _____ Showers ( )

Other fixtures _____ 100' DISTANCE

Town Water? NO Type of Well ARTESIAN

Design Flow 50 gallons per person per day. Total daily flow 300 gallons.

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 5'-4" D 4'-10"

Disposal Trench—No. 4 Width 3'-0" Total Length 135 Total leaching area 400 sq. ft. MIN

Disposal Bed—No. 1 Diameter 0×40 Depth below inlet _____ Total leaching area 400 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by J. HART & HUNTLEY ENGR Date 9/11/72

Test Pit No. 1 (~~4~~) 3 minutes per inch Depth of Test Pit 2'-1"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil GLACIAL TILL Depth to Ground Water NONE

Will *disposal area* be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

[signature] 9/12/72
Owner or builder date

Application Approved by [signature] 9-13-72
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI 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 satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-28

Permission is hereby granted ROY INDUSTRIES to construct (✓) or repair ( ) an Individual Sewage Disposal System at LOT #11 HIGH POINT DR.

as shown on the application for Disposal Works Construction Permit No. 72-28

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9-13-72

[signature]
Board of Health

CK # 9562
160 00

No. 96-3

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

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

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

52 HIGH POINT — Location · Address
LOT #11 — or Lot No.
MARY BETH BRIDEGAM — Owner
52 HIGH POINT — Address
KARL'S EXCAVATING — Installer
HADLEY MA. — Address

Type of Building
Size Lot 1.07 AC ~~sq. feet~~
Dwelling — No. of Bedrooms 3/4 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 458 gallons.
Septic Tank — Liquid capacity 1000 gallons, Length 102" Width 58" Diameter ..... Depth 55
Disposal Trench — No. 4 Width 2' Total Length 42' Total leaching area 864 sq. ft. (864)
Seepage Pit No. ..... Diameter ..... Depth below inlet ..... Total leaching area ..... sq. ft.
Other Distribution box (✓) Dosing tank ( )
Percolation Test Results Performed by A. WEISS, R.S. Date 4/11/96
Test Pit No. 1 10 minutes per inch Depth of Test Pit 10' Depth to ground water 10'
Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil FINE SANDY LOAM

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 Environmental 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 Mary Elizabeth Bridegam 5-24-96 (Date)

Application Approved By David Zaiguel - for Inspectional Svcs 5-24-96 (Date)

Application Disapproved *for the following reasons:* ..... (Date)

Permit No. 96-3 Issued ..... (Date)

CHECK OR FILL IN WHERE APPLICABLE

Final 9/20/96 (AW)

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired (—)
by ..... (Installer)
at 52 High Point Drive
has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 96-3 dated .....

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

DATE 9/20/96 Inspector David Zaiguel

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

CH # 9562

No. 96-3 TOWN OF Amherst FEE 160 to Pd

Disposal Works Construction Permit

Permission is hereby granted Mary Beth Bridegam

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

at No. 52 High Point Drive
Street

as shown on the application for Disposal Works Construction Permit No. 96-3 Dated 5-24-96

Board of Health

DATE 5-24-96

Form 1255 (H&W) HOBBS & WARREN™ Publishers

MARY Beth Bridegam
Pd CK# 2521
253- 9552

Location Address or Lot #: 52 HIGH POINT Drive LOT # 11

On-site Review

Deep Hole Number Date: 4-11-96 Time: 8:38 Weather PTI Cloudy
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)
4"	A	DK Brown	10YR 3/3		
26"	B	olive yellow	2.5Y 6/6		
10'	C	olive Till Few Stones Little Silt Sandy Loam			Few Stones

* 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:

DEP APPROVED FORM - 12/07/95

FORM II - SOIL EVALUATOR FORM
Page 2 of 3

Location Address or Lot #:

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	

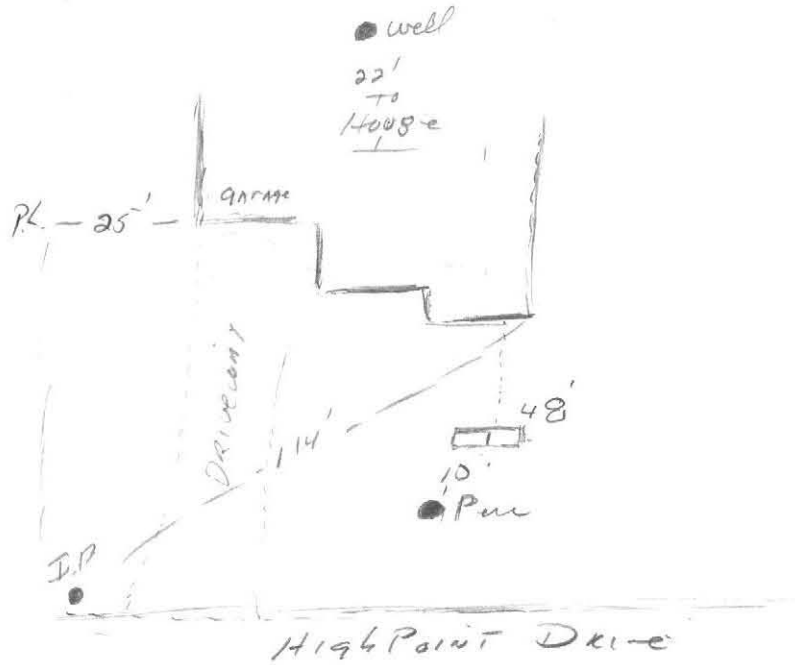
DEEP OBSERVATION HOLE LOG*

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)

* 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:

DEP APPROVED FORM - 12/07/95


well
22'
To
House
garage
P.L. — 25' —
Driveway
114'
48'
10'
Pool
I.P
High Point Drive

52 HighPoint Drive 3 Bedroom w G/G - G/G must be removed

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 ..... inches
- ☐ Ground water adjustment ..... feet

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

Adjustment factor ..... Adjusted ground water level .....

Percolation Test

Date: 4-11-96 Time: 9:00

Observation Hole #		
Depth of Perc	42"	
Start Pre-soak	9:00	
End Pre-soak	9:15	
Time at 12"	9:15	11 - 9:22 10 - 9:32
Time at 9"	9:44 "	
Time at 6"	10:31	7" 10:16
Time (9"-6")	48	
Rate Min./Inch	16	

Site Suitability Assessment: Site Passed ☑ Site Failed ☐

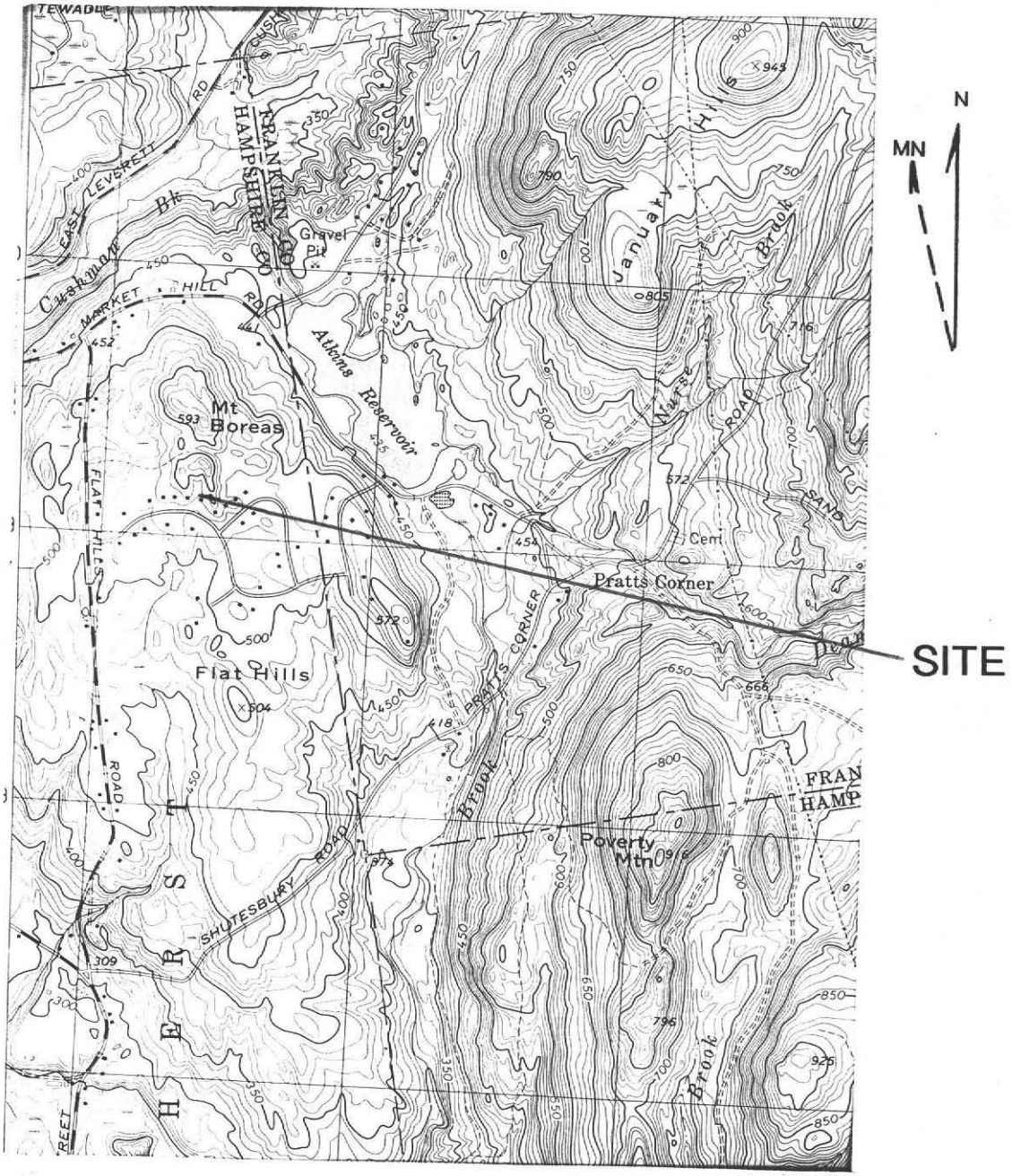
Additional Testing Needed: .....

Performed By: Alan Weiss Certification Number: .....

Witnessed By: David Zarozinski

Comments: .....

FIGURE 1: SITE LOCUS



SCALE: 1"=2,083 FT.

USGS 7.5 MIN. QUAD.

0 FEET 2000

COLD SPRING ENVIRONMENTAL INC.

#52

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

DEP

William F. Weld
Governor
Trudy Coxe
Secretary, EOEA
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 52 HIGH POINT DRIVE, AMHERST
Address of Owner: MARY BETH BRIDEGAM
(If different)
Date of Inspection: 3/21/96
Name of Inspector: ALAN E. WEISS, R. S. #933
Company Name, Address and Telephone Number: COLD SPRING ENVIRONMENTAL, INC.
350 OLD ENFIELD RD. BELCHERTOWN, MA. 01007
PH: (413) 323-5957 FAX: (413) 323-4916

CERTIFICATION STATEMENT

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

___ Passes
___ Conditionally Passes
___ Needs Further Evaluation By the Local Approving Authority
✓ Fails

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

Inspector's Signature: [signature]
Date: 3/21/96

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection.
The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

INSPECTION SUMMARY:

Check A, B, C, or D:

A] SYSTEM PASSES:

_____ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B] SYSTEM CONDITIONALLY PASSES:

_____ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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

___ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

(revised 8/15/95)

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 52 HIGH POINT DRIVE
Owner: BRIDEGAM
Date of Inspection: 3/21/96

B] SYSTEM CONDITIONALLY PASSES (continued)

___ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is levelled or replaced

___ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

_____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D] SYSTEM FAILS:

✓ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

✓ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 52 HIGH POINT DR.
Owner: BRIDEGAM
Date of Inspection: 3/21/96

D] SYSTEM FAILS (continued):

✓ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
backflow upon pumping

___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

___ Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s).
Number of times pumped ____

___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ Any portion of a cesspool or privy is within a Zone I of a public well.

___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. 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.

E] LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

____ The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

___ the system is within 400 feet of a surface drinking water supply

___ the system is within 200 feet of a tributary to a surface drinking water supply

___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 62 HIGH POINT DR
Owner: BRIDEGAM
Date of Inspection: 3/21/96

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 system does not receive non-sanitary or industrial waste flow

✓ The site was inspected for signs of breakout.

✓ All system components, excluding the Soil Absorption System, 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 Soil Absorption System 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 Sub-Surface Disposal System.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 52 HIGH POINT DR.
Owner: BRIDEGAM
Date of Inspection: 3/21/96

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 gallons
Number of bedrooms: 3
Number of current residents: 1
Garbage grinder (yes or no): Y (NOT RECOMMENDED)
Laundry connected to system (yes or no): Y
Seasonal use (yes or no): N
Water meter readings, if available: _____

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL: N/A
Type of establishment: _____
Design flow: _____ gallons/day
Grease trap present: (yes or no) ___
Industrial Waste Holding Tank present: (yes or no) ___
Non-sanitary waste discharged to the Title 5 system: (yes or no) ___
Water meter readings, if available: _____

Last date of occupancy: _____

OTHER: (Describe) _____
Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:
LAST YEAR PUMPED
System pumped as part of inspection: (yes or no) YES
If yes, volume pumped 1000 gallons
Reason for pumping: Relieve Flow

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) and source of information: 1972

Sewage odors detected when arriving at the site: (yes or no) ___

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 52 HIGH POINTE DR.
Owner: BRIDEGAM
Date of Inspection: 3/21/96

SEPTIC TANK: Yes
(locate on site plan)

Depth below grade: 18"
Material of construction: ✓concrete __metal __FRP __other(explain)

Dimensions: 8.5' x 4.5'
Sludge depth: 2-4"
Distance from top of sludge to bottom of outlet tee or baffle: 16"
Scum thickness: 2-4"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 16"

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, etc.) S. TANK. TURNED 90° and enters + exits corners.

GREASE TRAP: N/A
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions:____
Scum thickness:____
Distance from top of scum to top of outlet tee or baffle:____
Distance from bottom of scum to bottom of outlet tee or baffle:____

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, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 52 HIGH POINT DR.
Owner: BRIDEGAM
Date of Inspection: 3/21/96

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:

Type:

leaching pits, number:____
leaching chambers, number:____
leaching galleries, number:____
leaching trenches, number,length:_____
✓ leaching fields, number, dimensions: 10' x 40' (per plan 1972)
overflow cesspool, number:____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation,etc.)
System Failing.

CESSPOOLS: N/A
(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, etc.)

PRIVY: N/A
(locate on site plan)

Materials of construction:_____ Dimensions:_____
Depth of solids:_____
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)_____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 52 HIGH POINT DR.
Owner: BRIDEGAM
Date of Inspection: 3/21/96

TIGHT OR HOLDING TANK: ✓ N/A
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions:_____
Capacity:_____gallons
Design flow:_____gallons/day
Alarm level:_____

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

DISTRIBUTION BOX: Y
(locate on site plan)

Depth of liquid level above outlet invert: - over box

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
- SYSTEM FAILED BACK FLOW OPEN PUMPING, SLUDGE IN BOX.

PUMP CHAMBER: N
(locate on site plan)

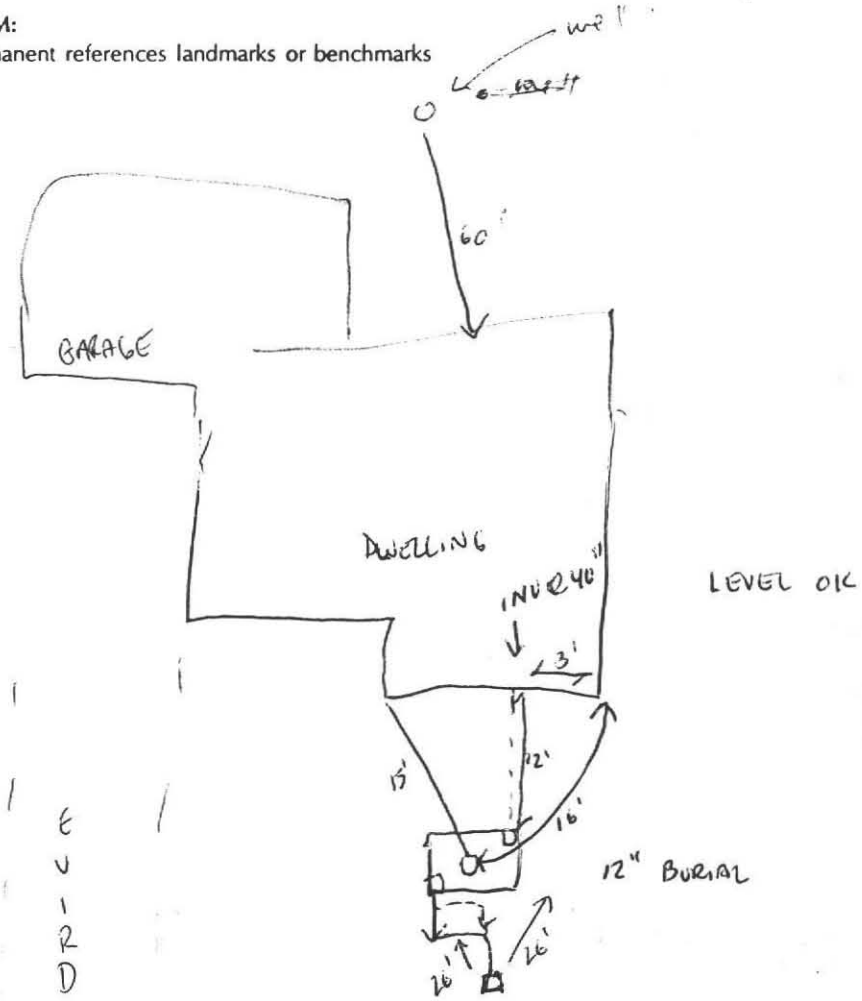
Pumps in working order:(yes or no)_____

Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 52 HIGH POINT DR.
Owner: BREDEGAM
Date of Inspection: 3/21/96

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 5-6 feet
method of determination or approximation: TOPOGRAPHIC ESTIMATION (Rec requested by client)

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-28 Date 9/12/72 Fee 3.00 Date Rec'd. 9/12/72 By DAF

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

Location—Address #52 HIGH POINT DRIVE or Lot No. 11

Owner ROY IND'S. INC. Address Box 472 AMHERST

Contractor BILL CLARK Address SHUTESBURY

Type of Building _____ Dimensions _____ Size Lot 38,000 ±

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

Other _____ No. of persons _____ Showers ( )

Other fixtures _____ 100' DISTANCE

Town Water? NO Type of Well ARTESIAN

Design Flow 50 gallons per person per day. Total daily flow 300 gallons.

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 5'-4" D 4'-10"

Disposal Trench—No. ~~4~~ Width ~~3'-0"~~ Total Length ~~105~~ Total leaching area 400 sq. ft. MIN

Disposal Bed—No. 1 Diameter 0+40 Depth below inlet _____ Total leaching area 400 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by J. HART & HUNTLEY ENGR Date 9/11/72

Test Pit No. 1 (~~4~~) 3 minutes per inch Depth of Test Pit 2'-1"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil GLACIAL TILL Depth to Ground Water NONE

Will *disposal area* be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

[signature] 9/12/72
Owner or builder date

Application Approved by [signature] 9-13-72
date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI 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 satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-28

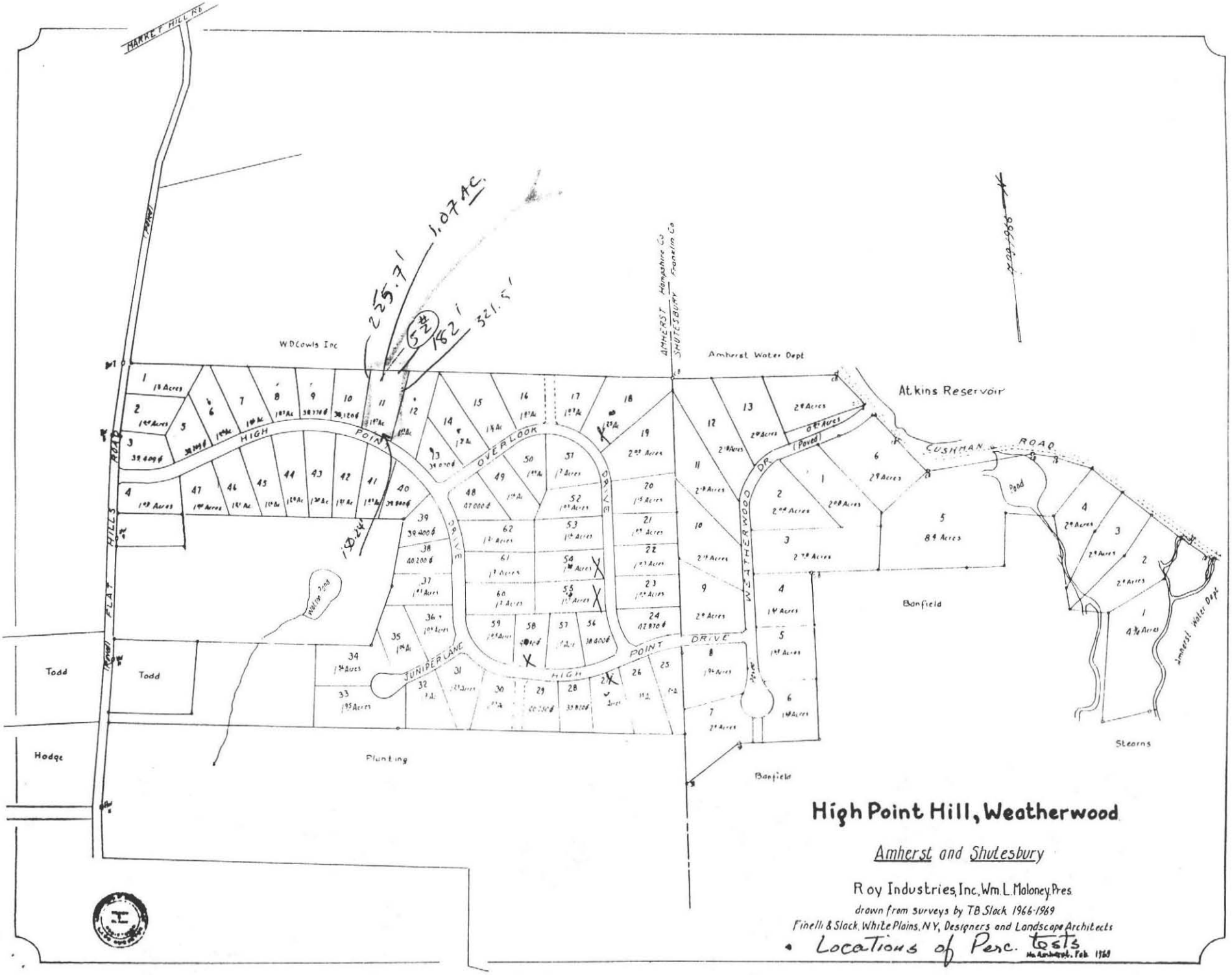
Permission is hereby granted ROY INDUSTRIES to construct (✓) or repair ( ) an Individual Sewage Disposal System at LOT #11 HIGH POINT DR.

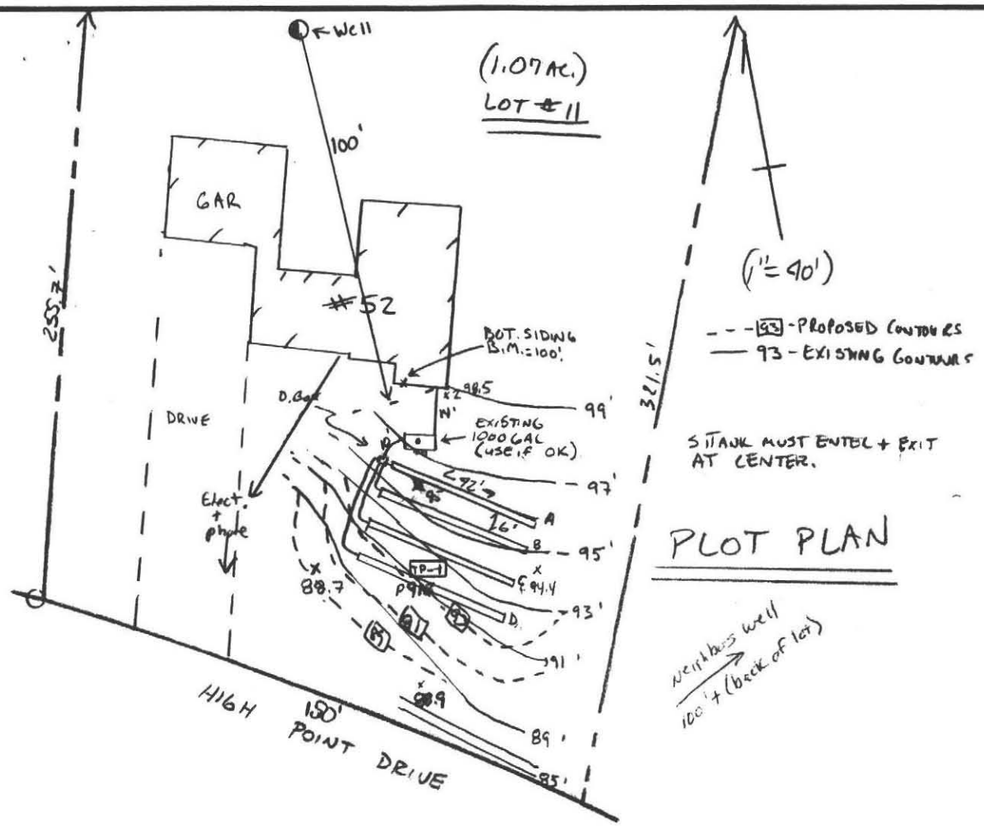
as shown on the application for Disposal Works Construction Permit No. 72-28

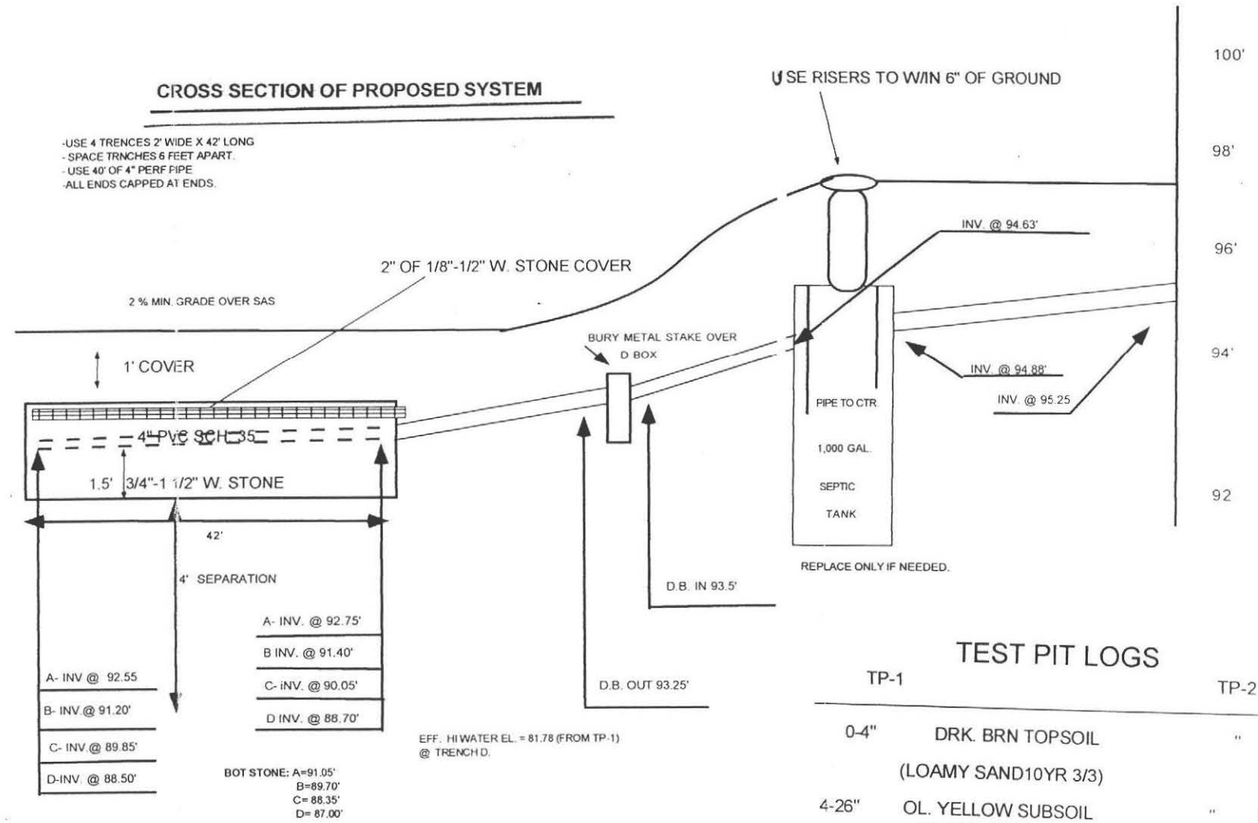
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9-13-72

[signature]
Board of Health


HARKET HILL RD
FLAT HILLS ROAD
W.D.Cowls Inc
HIGH POINT
OVERLOOK
DRIVE
JUNIPER LANE
WEATHERWOOD DR.
POINT DRIVE
AMHERST Hampshire Co
SHUTESBURY Franklin Co
Amherst Water Dept
Atkins Reservoir
CUSHMAN ROAD
Pond
Todd
Todd
Hodge
Plunting
Banfield
Banfield
Stearns
Amherst Water Dept
225.7'
1.07 AC.
162'
321.5'
10.24'
High Point Hill, Weatherwood
Amherst and Shutesbury
Roy Industries, Inc., Wm. L. Maloney, Pres.
drawn from surveys by T.B. Slack 1966-1969
Finelli & Slack, White Plains, N.Y., Designers and Landscape Architects
• Locations of Perc. tests





TEST PIT LOGS

TP-1			TP-2
0-4"	DRK. BRN TOPSOIL (LOAMY SAND10YR 3/3)	"	A
4-26"	OL. YELLOW SUBSOIL (LOAMY SAND, 2.5YR 6/6)	"	B
26"-10"'	FINE SANDY LOAM (TILL) SOME SILT. OLIVE 5YR 3/3	"	C1

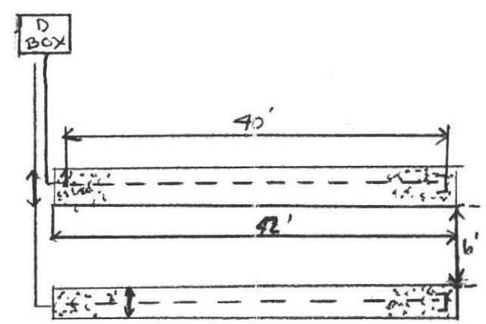
N.A.	OXIDES	--
NA.	STATIC H20	--
NA.	BEDROCK	--

ELEV. OF TP-1 =91.78' , EFF. ESHWT.=81.78' @ TRENCH "D"

DESIGN NOTES:

1. 4 BR. x 110 gal/day=440 gal./day
2. Use FOUR Leach Trenches: 2 ' wide x 18" stone below invert.
   Bot. Area: 2' wide x 42' long x 4= 336 sf.
   Side Area: 1.5'x 42' long x 2 x 4= 504 sf.
   Side Area: 1.5' x 2' wide x 2 x 4= 24 st
   Tot. Area: 864 sf x 0.53 gal.sf. = 458 gal./day.
3. NO GARBAGE DISPOSAL ALLOWED
4. ALL D. BOX OUTLET PIPES LEVEL FOR 2'.
5. WELLS WITHIN 150 FEET OF SYSTEM NOTED.
6. POSSIBLE WETLANDS WITHING 150 FEET OF SYSTEM NOTED.
7. PRE & POST CONTOURS NOTED AS NECESSARY.
8. RESERVE AREA NOTED (BEWEEN TRENCHES).
9. SLOPE CALCS noted and post contours apply.
10. 2% MIN. SLOPE OVER SAS. REMOVE TREES & LOAM W/IN 10' OF TRENCHES
11. USE EXISTING TANK IF NOT DETERIORATED
PIPE INLET AND OUTLET TO CENTER.
IF REPLACEMENT WARANTED, USE 1500 GAL.
12. REMOVE OLD SAS ONLY AS TO NOT INTERFERE WITH NEW SAS.

PERC TEST BY A. WEISS, R.S., SOIL EVALUATOR ON 4/11/96 , D. Zaraozinski, AGENT.
PERC1 AT 42" DEPTH = 16 min/in. PERC2 AT N.A. = -- MIN./IN.



TYPICAL TRENCHES

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

MARY BETH BRIDEGAM
52 HIGH POINT DRIVE
AMHERST, MA. 01002

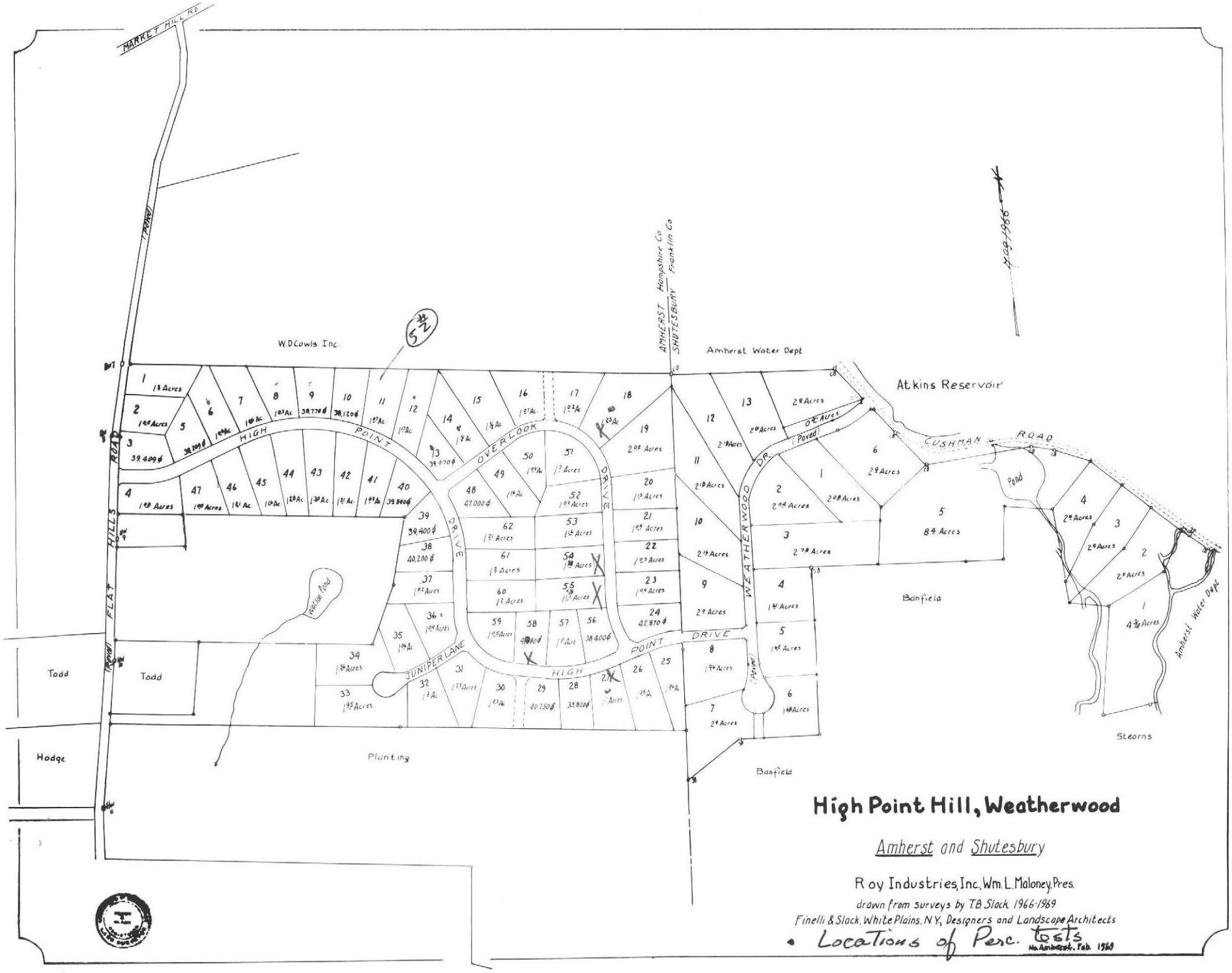
SCALE: NOTED	APPROVED BY	DRAWN BY AW
DATE: 5/13/96	AW	

SEPTIC SYSTEM REPAIR PLAN

COLD SPRING ENVIRONMENTAL INC.

DRAWING NUMBER 96-631-0318

NOTE. * Disconnect old SSDS AND INSTALL NEW SSDS such that old does not interfere w/ new.



High Point Hill, Weatherwood

Amherst and Shutesbury

Roy Industries, Inc., Wm. L. Maloney, Pres.

drawn from surveys by T.B. Slack 1966-1969

Finelli & Slack, White Plains, N.Y., Designers and Landscape Architects

Willis E. Bridgeman Jr.
Mary Elizabeth Bridgeman
52 High Point Drive
253-9562

TOWN OF AMHERST
Health Department

CK # 2521

____ Bakery	01-0-501-4433-00	____ Offal/Garbage	01-0-501-4472-00
____ Bed & Breakfast	01-0-501-4474-01	✓ Perc Test 100 00	01-0-501-4344-00
____ Burial Permit	01-0-501-4475-00	____ Retail Permit	01-0-501-4473-00
____ Car Seat Rental	89-0-000-2557-00	____ Sanitary Code Booklet	01-0-501-4380-00
____ Catering	01-0-501-4429-00	____ Septic Installers Permit	01-0-501-4470-01
____ Food Handler	01-0-501-4474-00	✓ Septic Private Applications 60 00	01-0-501-4470-00
____ Housing Inspection	01-0-501-4348-00	____ Septic - Reinspection	01-0-501-4345-00
____ Massage	01-0-501-4425-00	____ Sub-Division Rev.	01-0-501-4460-00
____ Motel License	01-0-501-4428-00	____ T.B. Clinic	01-0-501-4379-00
____ Miscellaneous	01-0-501-____	____ Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE 160 00

Collector — Date — Health Department — Date 4/3/96

PAID APR 4 1996 TOWN OF AMHERST TREASURER

Must have Collector's "PAID STAMP" on receipt to be valid.

Yellow: Collector Pink: Accountant Gold: Health Dept.