TITLE 5

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

Property Address: 20 Indian Pipe Lane, Amherst, MA

Owner's Name: William Kerrigan
Owner's Address: 20 Indian Pipe Lane
Amherst, MA 01002
Date of Inspection: July 23, 2003

COPY

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (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 the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

XX Passes
___ Conditionally Passes
___ Needs Further Evaluation by the Local Approving Authority
___ Fails

Inspector's Signature: _____ **Date: July 23, 2003**

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

Notes and Comments:

1500 gal. Septic Tank was in good condition. The leaching tank is noted in good condition with dry stone 12-16" down. No evidence of High Groundwater. Effective height is 24" in 5'x 10' L. Tank. Sandy soil noted in area with groundwater noted at 6+ feet. Property has town water. *Garbage disposal is not recommended.*

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same different conditions of use.**

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 20 INDIAN PIPE

Owner: Kerrigan

Date of Inspection: 7/23/03

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

yes I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B. System Conditionally Passes:

No One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the ____ for the following statements. If "not determined" please explain.

_____ The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

_____ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed
____ distribution box is leveled or replaced

ND explain:

_____ The system required pumping more than 4 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

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 70 INDIAN PIPE

Owner: Kimgen

Date of Inspection: 7/23/03

C. Further Evaluation is Required by the Board of Health:

No Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. **System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

___ Cesspool or privy is within 50 feet of 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 any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

___ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. **Other:**

_____
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 20 INDIAN PIPE

Owner: Keenan

Date of Inspection: 7/23/03

D. System Failure Criteria applicable to all systems:
You must indicate "yes" or "no" to each of the following for all inspections:

Yes No

___ No Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___ No Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___ No Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___ No Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___ No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped ___.
___ No Any portion of the SAS, cesspool or privy is below high ground water elevation.
___ No Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___ No Any portion of a cesspool or privy is within a Zone 1 of a public well.
___ No Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___ No Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

No (Yes (No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes no

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

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

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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

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

Property Address: 26 INDIAN PIPE

Owner: Iemgan

Date of Inspection: 7/23/03

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

Yes No

yes ___ Pumping information was provided by the owner, occupant, or Board of Health

___ no Were any of the system components pumped out in the previous two weeks ?

yes ___ Has the system received normal flows in the previous two week period ?

___ no Have large volumes of water been introduced to the system recently or as part of this inspection ?

yes ___ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes ___ Was the facility or dwelling inspected for signs of sewage back up ?

yes ___ Was the site inspected for signs of break out ?

yes ___ Were all system components, excluding the SAS, located on site ?

yes ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

yes ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

Yes no

yes ___ Existing information. For example, a plan at the Board of Health.

yes ___ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

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

Property Address: 20 INDIAN RIDGE
Owner: Keenan
Date of Inspection: 7/23/03

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): 4 (5) Number of bedrooms (actual): 5 * Designed for Disposal 854 gal/day
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____
Number of current residents: 2
Does residence have a garbage grinder (yes or no): yes * NOT Recommended
Is laundry on a separate sewage system (yes or no): No [if yes separate inspection required]
Laundry system inspected (yes or no): —
Seasonal use: (yes or no): NO
Water meter readings, if available (last 2 years usage (gpd)): N/A
Sump pump (yes or no): No
Last date of occupancy: current.

COMMERCIAL/INDUSTRIAL
Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____gpd
Basis of design flow (seats/persons/sqft,etc.): _____
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/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records
Source of information: Owner 4 years
Was system pumped as part of the inspection (yes or no): ___
If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? _____
Reason for pumping: Time

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)
___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
___ Tight tank ___ Attach a copy of the DEP approval

___ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:
1990 (13 years)

Were sewage odors detected when arriving at the site (yes or no): No

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 20 INDIAN PIPE

Owner: KEMGAS
Date of Inspection: 7/23/03

BUILDING SEWER (locate on site plan)

Depth below grade: 20"
Materials of construction: ___cast iron ✓40 PVC ___other (explain): _____
Distance from private water supply well or suction line: 10'+
Comments (on condition of joints, venting, evidence of leakage, etc.):
OK

SEPTIC TANK: Yes (locate on site plan)

Depth below grade: 24"
Material of construction: ✓concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: 10'x5'x4.5'
Sludge depth: 5"
Distance from top of sludge to bottom of outlet tee or baffle: 38"
Scum thickness: 3'
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: 10"
How were dimensions determined: MEAS.
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Baffles Built in, CONDITION +level OK.

GREASE TRAP: No (locate on site plan)

Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___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: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 20 INDIAN PIPE

Owner: KERRIGAN
Date of Inspection: 7/23/07

TIGHT or HOLDING TANK: NO (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: N
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):
_____
Dimensions: _____
Capacity: _____gallons
Design Flow: _____gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): ____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.):
_____
_____

DISTRIBUTION BOX: YES (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: _____
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):
_____
_____

PUMP CHAMBER: NO (locate on site plan)

Pumps in working order (yes or no): ____
Alarms in working order (yes or no): ____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 20 INDIAN PIKE

Owner: KOMAR
Date of Inspection: 7/23/03

SOIL ABSORPTION SYSTEM (SAS): YES **(locate on site plan, excavation not required)**

If SAS not located explain why:

Type
2 leaching pits, number: 2 - 750'S 10' x 5' x 2' each.
____ leaching chambers, number: ____
____ leaching galleries, number: ____
____ leaching trenches, number, length: ____
____ leaching fields, number, dimensions: ____
____ overflow cesspool, number: ____
____ innovative/alternative system Type/name of technology: ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
NO SIGN OF FAILURE

CESSPOOLS: NO (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: ____
Depth – top of liquid to inlet invert: ____
Depth of solids layer: ____
Depth of scum layer: ____
Dimensions of cesspool: ____
Materials of construction: ____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: NO (locate on site plan)

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

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

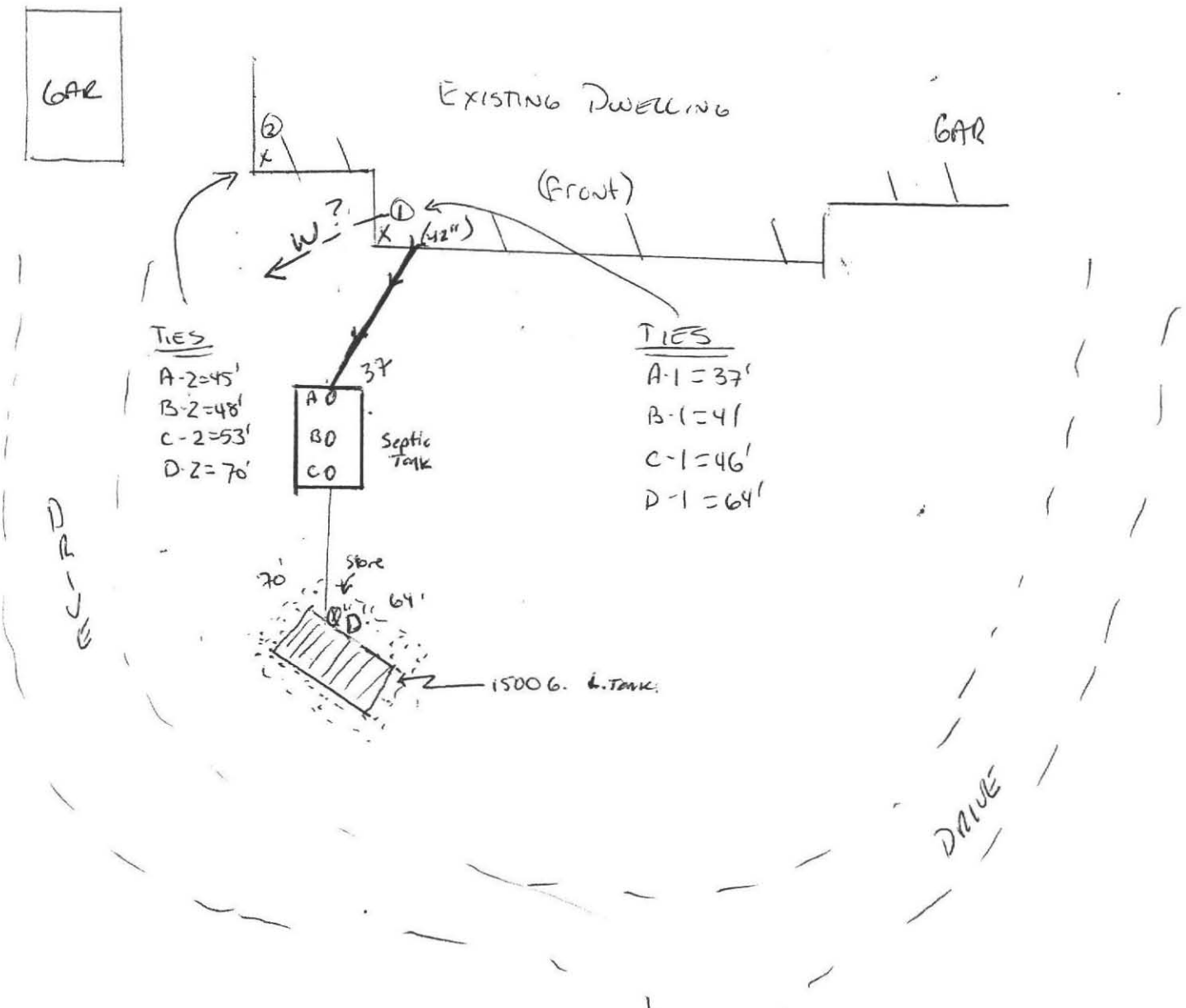
Property Address: 20 INDIAN PIPE

Owner: Kerigan

Date of Inspection: 7/23/03

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 20 INDIAN PIKE

Owner: Kerrigan
Date of Inspection: 7/23/03

SITE EXAM
Slope
Surface water
Check cellar
Shallow wells

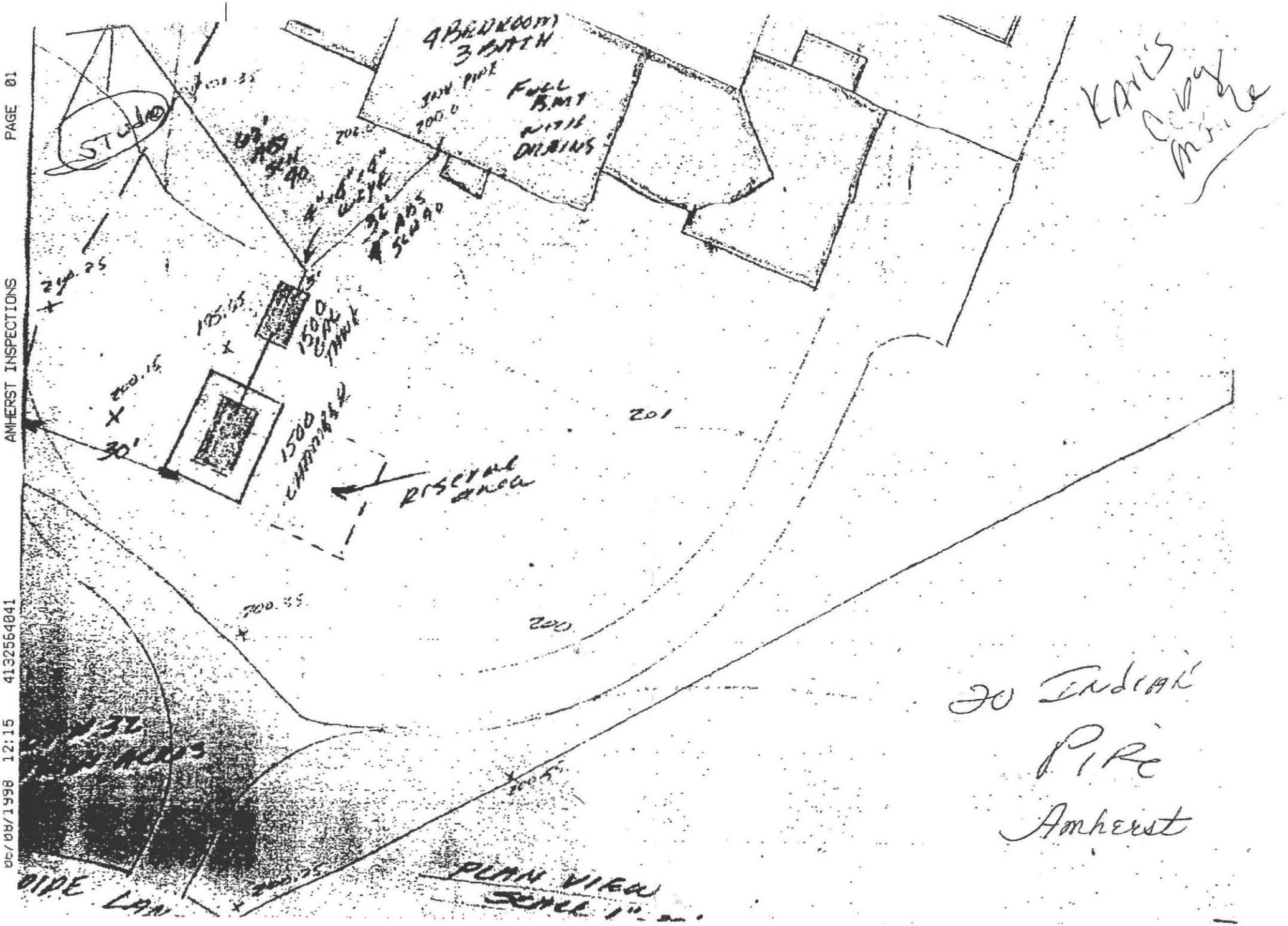
Estimated depth to ground water 6 4 feet

Please indicate (check) all methods used to determine the high ground water elevation:

___ Obtained from system design plans on record - If checked, date of design plan reviewed: _____
___ Observed site (abutting property/observation hole within 150 feet of SAS)
___ Checked with local Board of Health-explain: _____
___ Checked with local excavators, installers- (attach documentation)
___ Accessed USGS database-explain: _____

You must describe how you established the **high ground water elevation:**

_____
_____
_____
_____


4 BEDROOM
3 BATH
FULL B.MT
WITH DRAINS
STABLE
1500 GAL TANK
1500 GAL TANK
RESERVE AREA
201
200
PINE VIEW
SCALE 1" =
30 Endicott
Pl
Amherst

20 Indian Pipe

WILLIAM J. SIERUTA, P.E.
REGISTERED PROFESSIONAL ENGINEER
46 UPLAND ROAD
HOLYOKE, MASSACHUSETTS 01040
(413) 532-8525

June 7, 1990

Subject: Lot 32 Indian Pipe Road
Amherst Woods
Amherst, MA. 01002

The subject septic system has been installed in accordance with the approved plans, 310 CMR 15 and local Board of Health regulations.

If you need any additional information please do not hesitate to contact me.

Very truly yours,

William J. Sieruta, P.E.

COMMONWEALTH OF MASSACHUSETTS
WILLIAM JOHN SIERUTA
CIVIL
No. 30145
REGISTERED PROFESSIONAL ENGINEER

20 Indian Pipe

WILLIAM J. SIERUTA, P.E.
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46 UPLAND ROAD
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The subject septic system has been installed in accordance with the approved plans, 310 CMR 15 and local Board of Health regulations.

If you need any additional information please do not hesitate to contact me.

Very truly yours,

William J. Sieruta, P.E.

COMMONWEALTH OF MASSACHUSETTS
CHARLES
No. A
CLINES
No. 30452
REGISTERED
PROFESSIONAL ENGINEER
CIVIL

3/6/87

88-24

13'6" LOG

FEE #90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

20 Indian Pipe Lane — Location - Address
Lot 32 — or Lot No.

Warren Hall — Owner
19 Bottums Road, Northampton, MA — Address

Installer — Address

Type of Building — Size Lot 1.06 Acres

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

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.

Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

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

Seepage Pit No. 2 ..... Diameter ..... Depth below inlet 2.0 ..... Total leaching capacity 1708 GPD

Other Distribution box (x) Dosing tank ( )

Percolation Test Results Performed by Frederick A. Filios, RS #688 Date April 18, 1984

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit 10' Depth to ground water None

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil See attached plan.

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

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

Signed Warren Hall 6/13/88 (Date)

Application Approved By D. Pinski for Amherst Health Dept. 6/15/88 (Date)

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

Date

Permit No. 88-24 Issued 6/15/88 (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. 88-24 dated .....

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 88-24 Town of Amherst Fee $90 pd.

Disposal Works Construction Permit

Permission is hereby granted

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

at No. Warren Hall Street Indian Pipe Lane Lot #32

as shown on the application for Disposal Works Construction Permit No. 88-24 Dated

for Amherst Health Dept.: Dennis A. Pinski

Board of Health

DATE June 15, 1988

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

COMMONWEALTH OF MASSACHUSETTS
CHARLES A. CLINES No. 30452 REGISTERED PROFESSIONAL ENGINEER
3/6/87 CIVIL

FEE #90.00

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:

Indian Pipe Lane — Location - Address
Lot 32 — or Lot No.
Warren Hall — Owner
19 Bottums Road, Northampton, MA — Address
Installer
Address

Type of Building
Size Lot 1.06 Acres
Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (xx)
Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )
Other fixtures .....
Design Flow 55 gallons per person per day. Total daily flow 440 gallons.
Septic Tank — Liquid capacity 1500 gallons Length..... Width..... Diameter..... Depth.....
Disposal Trench — No. ..... Width..... Total Length..... Total leaching area.....sq. ft.
Seepage Pit No. 2 Diameter..... Depth below inlet 2.0 Total leaching capacity 1708 GPD
Other Distribution box (x) Dosing tank ( )
Percolation Test Results Performed by Frederick A. Filios, RS #688 Date April 18, 1984
Test Pit No. 1 2.0 minutes per inch Depth of Test Pit 10' Depth to ground water None
Test Pit No. 2 .....minutes per inch Depth of Test Pit..... Depth to ground water.....
Description of Soil See attached plan.
Nature of Repairs or Alterations — Answer when applicable

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

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

Signed Warren Hall — Date 6/13/88

Application Approved By D. Pinskii for Amherst Health Dept. — Date 6/15/88

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

Permit No. 88-24 — Issued 6/15/88 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. 88-24 dated.....

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 88-24 Town OF Amherst FEE #90 pd

Disposal Works Construction Permit

Permission is hereby granted.....
to Construct (x) or Repair ( ) an Individual Sewage Disposal System
at No. Warren Hall Indian Pipe Lane Lot #32
Street
as shown on the application for Disposal Works Construction Permit No. 88-24 Dated.....
for Amherst Health Dept: D. Pinskii
Board of Health

DATE June 15, 1988

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: WARREN HALL

Location: LOT 32 INDIAN PIPE LANE

Number of Bedrooms: 4 Garbage Disposal: YES

LEACH AREA DESIGN

4 Bedrooms x 2 persons/bedroom = 8 persons

8 Persons x 55 gallons of wastewater/person/day = 440 total gallons of wastewater/day.

Percolation Rate: 2.0 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

2.0 min/inch = 2.50 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

* If a leach bed is to be installed, no sidewall is allowed.
* If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity).

** WITH GARBAGE DISPOSAL:

440 Gallons of wastewater/day x 200% = 880 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacity)

ALMER HUNTLEY, JR., & ASSOCIATES, INC.
LAND SURVEYORS - PROFESSIONAL ENGINEERS - LANDSCAPE ARCHITECTS

LEACHING PIT DESIGN

Precast Pit Used: 10 ' Long x 5 ' Wide x 2.0 ' Effective Depth

Using 4' ' of stone all around and 2' ' of stone under pit.

SIDEWALL AREA:

18' ' Long x 4' ' Effective Depth x 2 Sides = 144 SF

13' ' Wide x 4' ' Effective Depth x 2 Sides = 104 SF

Total of 248 SF (Sidewall Area) x 2.5 Gal/SF = 620 Gal/Pit (Sidewall)

BOTTOM AREA:

18 ' Long x 13 ' Wide = 234 SF

234 SF (Bottom Area) x 1.0 Gal/SF = 234 Gal/Pit (Bottom)

620 Gal/Pit (Sidewall)

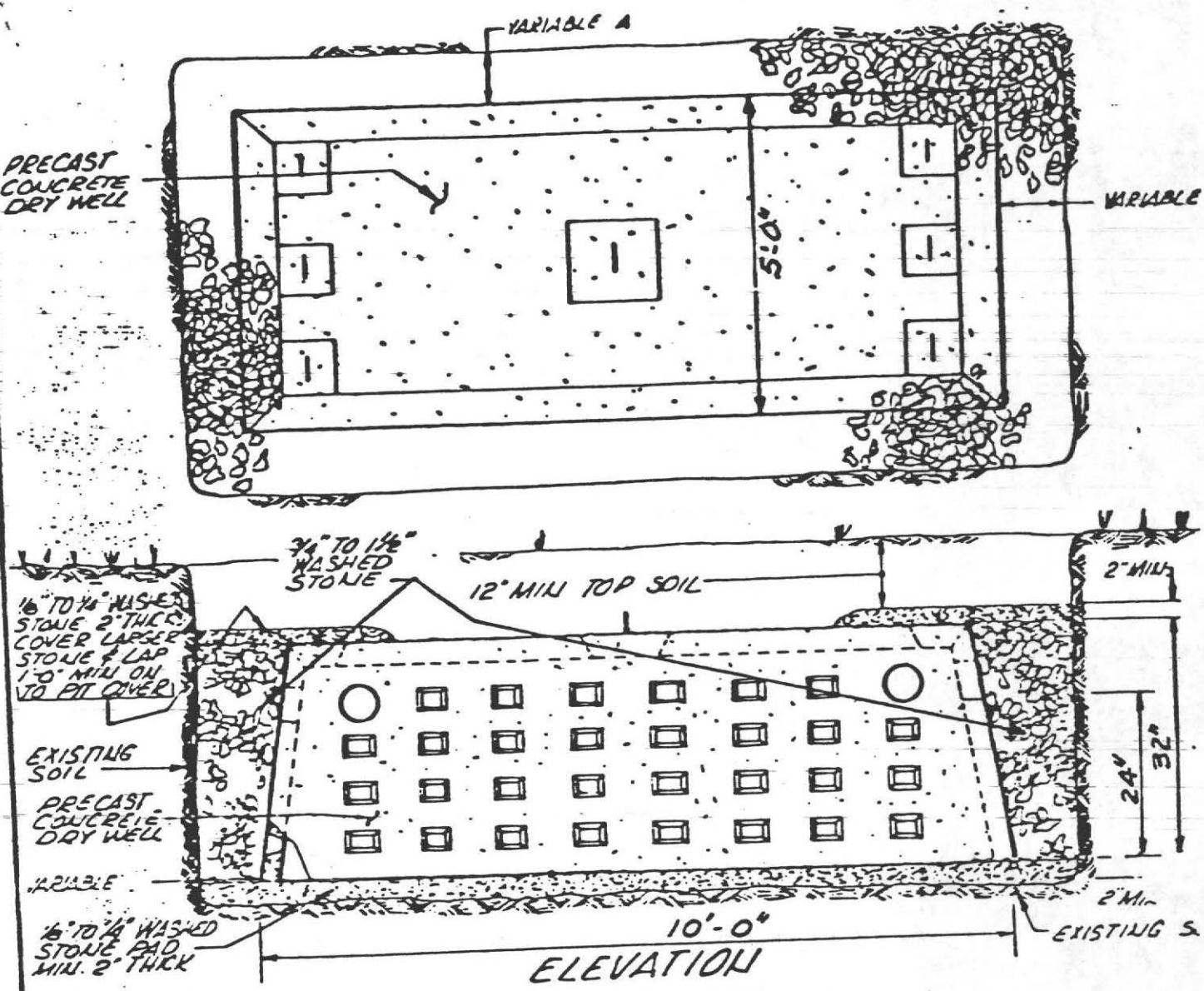
\+ 234 Gal/Pit (Bottom)

= 854 TOTAL Gal/Pit (Designed)

* Without Garbage Disposal: _____ Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x 440 Gal/Day (Daily Flow) = 660 Gal/Pit (REQUIRED)

Using 440 Gal/Day (Daily Flow) ÷ 660 Gal/Pit = 2 Pit(s)



NOTE: • ALL WORK WILL BE DONE IN ACCORDANCE WITH THE STATE ENVIRONMENTAL CODE - TITLE 5.

• SPACING WHEN MORE THAN ONE SEEPAGE PIT OR DRY WELL ARE BEING USED IS TO BE TWICE THE GREATEST EFFECTIVE WIDTH OR DEPTH OF THE PIT, WHICHEVER IS GREATER.

ALMER HUNTLEY, JR. & ASSOCIATES, INC
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS.
125 PLEASANT STREET
NORTHAMPTON, MASS.

LOT 33

250.00'

LOT 32
1.06 Ac.

80'

72'

75'

71'

PROPOSED DWELLING

1500 GALLON SEPTIC TANK

10'± MIN.

PROPOSED DRIVEWAY

342.73'

41'

46'

D-BOX

TBM- SPIKE IN 20" OAK = 100.00

TWO 750 GALLON LEACHING PITS WITH 4'-0" OF STONE ALL AROUND AND 2'-0" OF STONE UNDER

26' MIN.

RESERVE AREAS

PROPOSED TOWN WATER LINE

206.38

109.32'

100

R.O.W. 50' WIDE

98

L=89.59'

PLAN
SCALE: 1"=20'

OBSERVATION PIT: #1
DATE: 4-18-84

120"	TOPSOIL	0-18"
	SUBSOIL W/GRAVEL	18"-24"
	SAND	24"-42"
	GRAVEL	42"-120"

GROUNDWATER = NONE
OXIDE: = N.A.
PERIC. RATE = < 2 MIN./IN.

OBSERVATION PIT:
DATE:

GROUNDWATER =
OXIDE: =
PERC. RATE =

NOTES:

ALL WORK TO BE DONE IN ACCORDANCE WITH TITLE 5, STATE ENVIRONMENTAL CODE.

SEPTIC TANK SHOULD BE INSPECTED AND CLEANED AT ILEAST ANNUALLY PER TITLE 5, SEC. 6.16

SOIL LOGS AND PERCOLATION TESTS ARE FROM THE OFFICE OF FREDERICK A. FILIOS R.S. #688 AND ARE NOT THE PRODUCT OF THIS OFFICE.

MIN. INV. @ WALL = 97.07
10'-4" P.V.C. PIPE @ 3'-0.02"/FT.
INV. IN = 96.89
1500 GALLON SEPTIC TANK
INV. OUT = 96.62
23' LENGTHS 4" P.V.C. PIPE @ 1'-0.01"/FT.
22'-4" P.V.C. @ 3'-0.01"/FT.
2- LENGTHS
INV. IN = 96.00
BOTTOM OF PIT = 94.00
2-750 GALLON LEACHING PITS
BOTTOM OF STONE = 92.00
EXISTING GRADE
4'-0" MIN. REQ'D.
BOTTOM OF TESTHOLE = 88.00
INV. IN = 96.39
D-BOX
INV. OUT = 96.22
100
90

PROFILE
HORZ. & VERT. SCALE: 1"=10'

98 PROPOSED CONTOUR
98 EXISTING CONTOUR

PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM FOR LOT 32 ON INDIAN PIPE LANE, AMHERST PREPARED FOR WARREN HALL

FIELD WORK:
COMPUTATIONS AB JR.
DRAFTING: AB JR.
CHECKED: CAC
SCALE: AS NOTED
DATE: 3-6-87

COMMONWEALTH OF MASSACHUSETTS
CHARLES A. CLINES No. 30452
REGISTERED PROFESSIONAL ENGINEER
CIVIL
Charles A. Clines 3/6/87

ALMER HUNTLEY, & ASSOCIATES, INC.
LAND SURVEYORS—PROFESSIONAL ENGINEERS—LANDSCAPE ARCHITECTS
125 PLEASANT STREET
NORTHAMPTON, MA.

P-1637

SHEET: 1 OF: 1

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