22 Indian Pipe

August 11, 1993

Dennis Delap
Goggins & Whalen
71 King Street
Northampton Massachusetts 01060

Due Date: Upon Receipt

INVOICE

	Amount Due
Xerox Charges	$3.25

PLEASE MAKE CHECK PAYABLE TO

TOWN OF AMHERST
COLLECTOR'S OFFICE
70 BOLTWOOD WALK
AMHERST MASSACHUSETTS 01002

our Copy

No. 8730

Fee 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

DEC 10 1987

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

11/25/87

CHECK OR FILL IN WHERE APPLICABLE

Application is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at: 22 Indian Pipe Lane

Amherst Woods (Location - Address) 31-A 22 INDIAN PIPE LANE (or Lot No.)

John Youngblood (Owner) Same (Address)

R. Roberts (Leverett) (Installer) (Address)

Type of Building Size Lot 2.129 Sq. feet

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

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

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 770 gallons.

Septic Tank — Liquid capacity 1000 gallons Length Width Diameter Depth

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

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

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by Date

Test Pit No. 1 minutes per inch Depth of Test Pit Depth to ground water

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

Description of Soil

Nature of Repairs or Alterations — Answer when applicable Install additional 1000 gallon septic tank to be connected into existing leaching pit. Existing system is designed to accept a maximum of 1708 G.P.D.

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.

X Signed Warren Hall (Date)

Application Approved By D. Piraki for Bd of Health 12/10/87 (Date)

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

Permit No. Issued (Date)

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

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

by Richard Roberts (Installer)

at John Youngblood Lot 31-A Amherst Woods

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

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

DATE 5/26/88 Inspector for Amherst Health Dept: D. Piraki

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

No. Fee 90.00

Disposal Works Construction Permit

Permission is hereby granted R. Roberts

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

at No. John Youngblood (Street) 31 A Amherst Woods

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

for Bd of Health: Dennis D. Piraki C.H.O., R.S. (Board of Health)

DATE Dec. 10, 1987

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

12/2/87

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

DEC 10 1987

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

Amherst Woods — Location - Address; 31-A — or Lot No.

John Youngblood — Owner; Same — Address

R. Roberts (Leverett) — Installer; Address

Type of Building; Size Lot 2.129 Sq. feet

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

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 770 gallons.

Septic Tank — Liquid capacity 1000 gallons Length ..... Width ..... Diameter ..... Depth .....

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

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

Other Distribution box ( ) Dosing tank ( )

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

Test Pit No. 1 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

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

Description of Soil .....

Nature of Repairs or Alterations — Answer when applicable Install additional 1000 gallon septic tank to be connected with existing leaching pit. Existing system is designed to accept a maximum of 1708 G.P.D.

Agreement:

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

Signed ..... Date .....

Application Approved By R. J. Pinaki for Bd. of Health Date 12/10/87

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

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

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

by ..... Installer

at .....

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

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

No. ..... Fee 70.00

Disposal Works Construction Permit

Permission is hereby granted R. Roberts

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

at No. John Youngblood 31-A Amherst Woods — Street

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

For Bd of Health R. J. Pinaki R.H.O., R.S. — Board of Health

DATE Dec 10, 1987

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

COMMONWEALTH OF MASSACHUSETTS
No. 30452
CHARLES A. CLINES
REGISTERED PROFESSIONAL ENGINEER
11/25/87 CIVIL

8730

Our Copy

FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

DEC 10 1987

Application for Disposal Works Construction Permit

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

Amherst Woods — Location - Address; 31-A — or Lot No.

John Youngblood — Owner; Same — Address

R. Roberts (Leventh) — Installer; Address

Type of Building; Size Lot 2.129 Sq. feet

Dwelling — No. of Bedrooms 1 Additional; Expansion Attic ( ); Garbage Grinder (no)

Other — Type of Building Guest house No. of persons *; Showers ( ) — Cafeteria ( )

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 770 gallons.

Septic Tank — Liquid capacity 1000 gallons; Length; Width; Diameter; Depth

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

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

Other Distribution box ( ); Dosing tank ( )

Percolation Test Results; Performed by; Date

Test Pit No. 1 minutes per inch; Depth of Test Pit; Depth to ground water

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

Description of Soil

Nature of Repairs or Alterations — Answer when applicable: Install additional 1000 gallon septic tank to be connected into existing leaching pit. Existing system is designed to accept a maximum of 1708 G.P.D.

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.

X Signed Raven Hall

Application Approved By D. Pinski for Bd of Health — Date 12/10/87

Application Disapproved *for the following reasons:* — Date

Permit No. — Issued — Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

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

DATE 5/26/88 Inspector for Amherst Health Dept: D. Pinski

COMMONWEALTH OF MASSACHUSETTS
ALMER M. HUNTLEY, JR. No. 9419 CIVIL REGISTERED PROFESSIONAL ENGINEER

FEE _____

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:

Amherst Woods — Location / Address — 31-A — or Lot No.

John Youngblood — Owner — Address

Installer — Address

Type of Building — Size Lot 2.129 Ac ~~Sq ft~~

Dwelling — No. of Bedrooms 6 Expansion Attic ( ) Garbage Grinder (X)

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

Other fixtures ____

Design Flow 55 gallons per person per day. Total daily flow 660 gallons.

Septic Tank — Liquid capacity 2000 gallons Length ____ Width ____ Diameter ____ Depth ____

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

Seepage Pit No. 2 Diameter ____ Depth below inlet 4'0" Total leaching ~~area~~ ~~xxxxx~~ capacity=1708 GPD

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F. Filios Date 4-26-85

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit ____ Depth to ground water ____

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

Description of Soil 9" topsoil, 1'3" silt, 8'0" sand, groundwater at 10'0"

Nature of Repairs or Alterations — Answer when applicable ____

Agreement:

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

Signed ____ Date ____

Application Approved By ____ Date ____

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

Permit No. ____ Issued ____ Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF ____

Certificate of Compliance

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

by ____ Installer

at ____

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

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

DATE ____ Inspector ____

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: John Youngblood (Guest House Addition)

Location: Lot 31 A, Amherst Woods, Amherst

Existing
Number of Bedrooms: 6 Garbage Disposal: Yes

proposed Numbu of
Additional Bedrooms for Guest House 1 Garbage Disposal No

LEACH AREA DESIGN

_____ Bedrooms x 2 persons/bedroom = _____ persons

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

Percolation Rate: _____ min/inch

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

_____ min/inch = _____ Gal/SF Sidewall Area

= _____ 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:

110 Gallons of wastewater/day x 150% = 165 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1000 Septic Tank Additional Tank

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

** WITH GARBAGE DISPOSAL:

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

RECOMMENDED: _____ 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 ' 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: 110 Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x 660 Gal/Day (Daily Flow) = 990 Gal/Pit (REQUIRED)

Using 1100 Gal/Day (Daily Flow) ÷ 854 Gal/Pit = 2 Pit(s)

2 Pits x 854 Gal/pit = 1708 G.P.D
Maximum Flow

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: John Youngblood

Location: Lot 31 A, Amherst Woods, Amherst

Number of Bedrooms: 6 Garbage Disposal: Yes

LEACH AREA DESIGN

6 Bedrooms x 2 persons/bedroom = 12 persons

12 Persons x 55 gallons of wastewater/person/day = 660 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 = 2.5 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:

660 Gallons of wastewater/day x 200% = 1320 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 2000 gal/ 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 ' Effective Depth

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

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

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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)

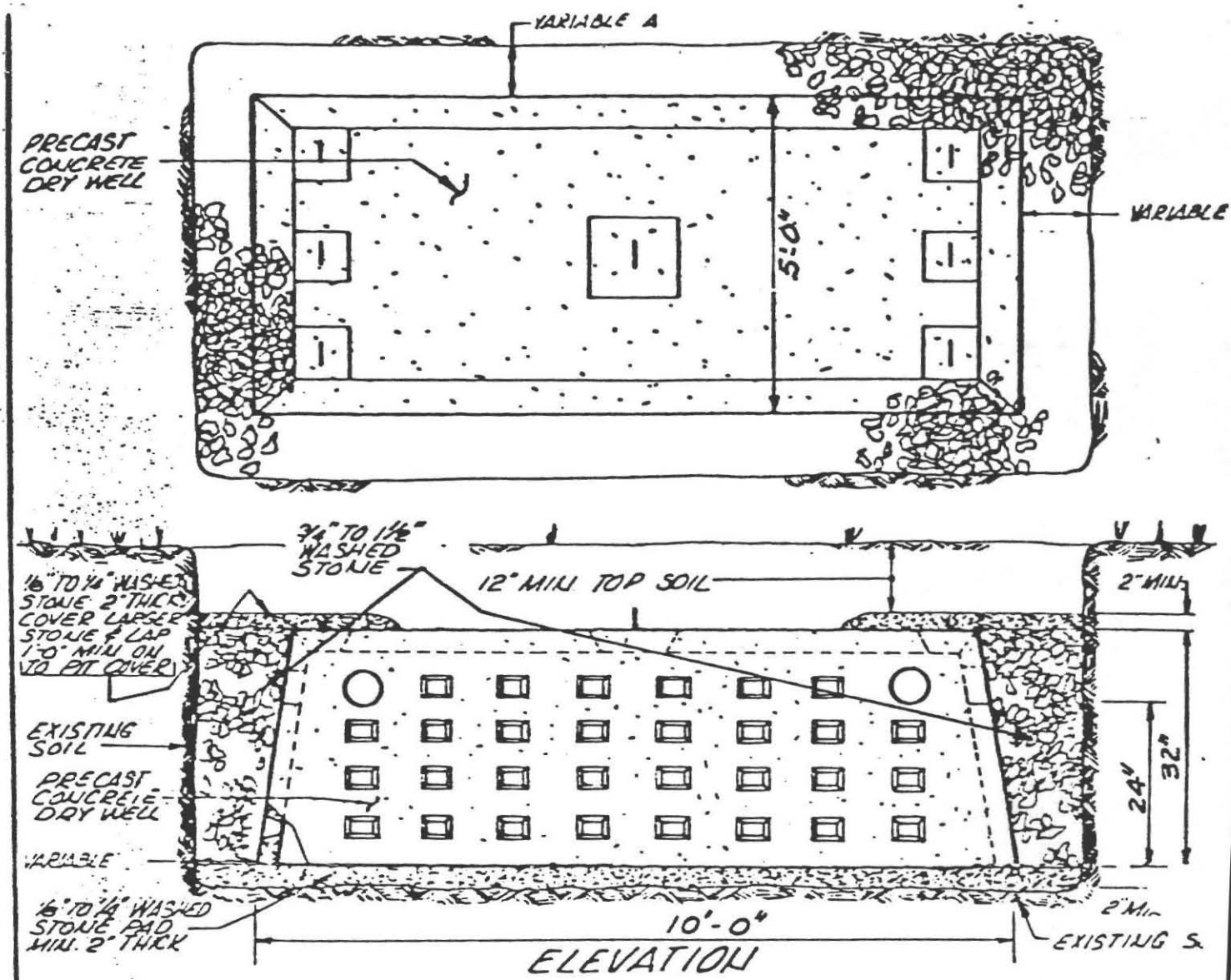
\+ 234 Gal/Pit (Bottom)

= 854 TOTAL Gal/Pit (Designed)

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

* With Garbage Disposal: 1.5 x 660 Gal/Day (Daily Flow) = 990 Gal/Pit (REQUIRED)

Using 990 Gal/Day (Daily Flow) ÷ 854 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.

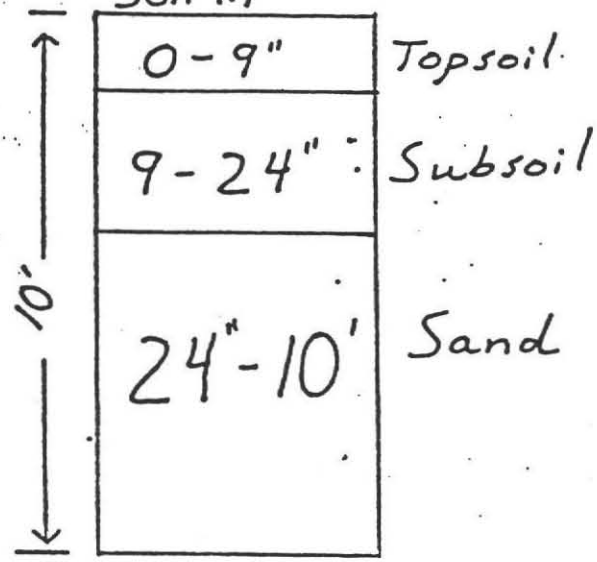
ALMER HUNTLEY, JR. & ASSOCIATES, INC
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS.
125 PLEASANT STREET
NORTHAMPTON, MASS.

DEEP SOIL LOGS

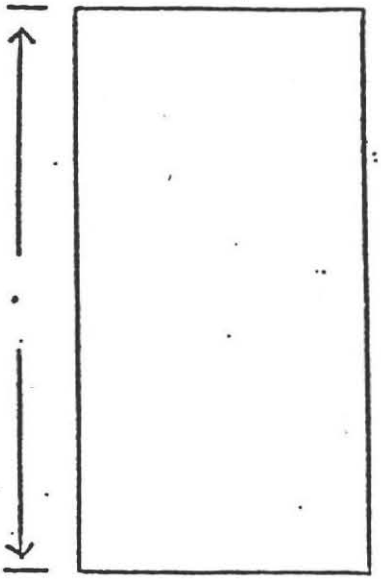
OWNER Amherst Woods Inc. DATE April 26, 1985

LOCATION Amherst Woods OBSERVER F.A. Filios
Amherst, MA; Lot #31-A

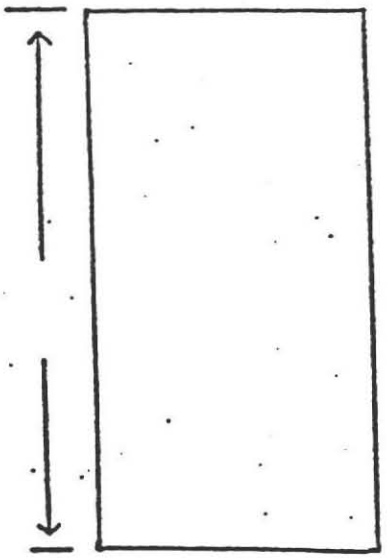
Soil H1



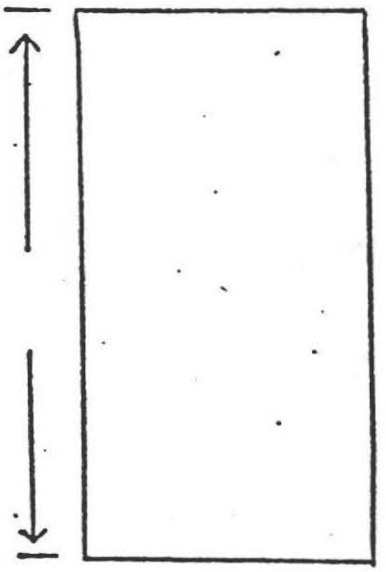
GROUND WATER 10'



GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

PERCOLATION RATE AT 36":

2 min/inch.

PERCOLATION TEST LOCATION

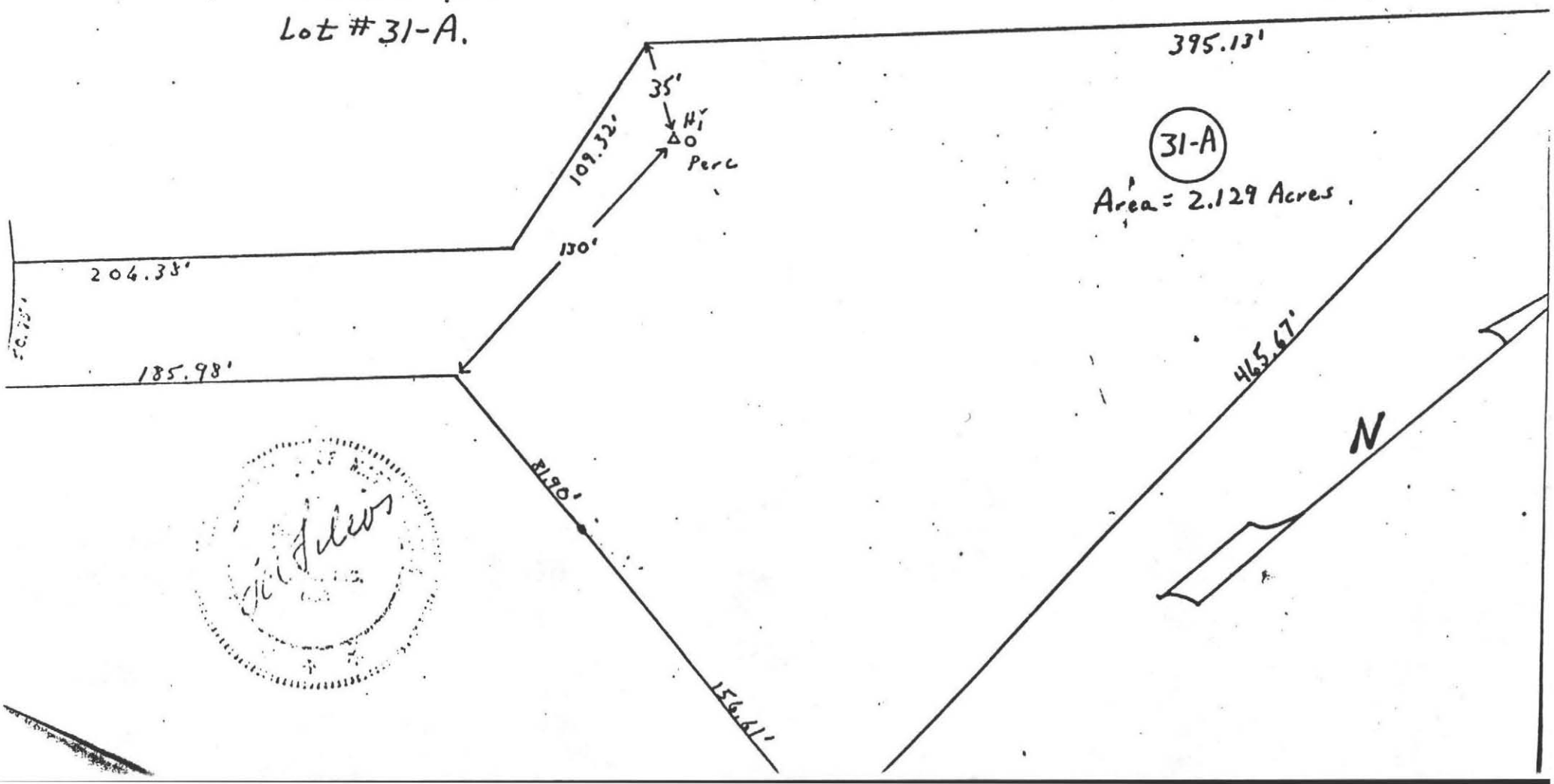
For: Amherst Woods Inc.
4413 Pine Street
Philadelphia, PA.

Scale: 1" = 60'

By: F.A. Filios

At: Amherst Woods
Amherst, MA.
Lot #31-A.

June, 1985



ALMER HUNTLEY, JR. & ASSOCIATES, INC.

SURVEYORS - ENGINEERS - LANDSCAPE ARCHITECTS
P.O. Box 568 / 30 INDUSTRIAL DRIVE EAST / NORTHAMPTON, MASS. 01061
(413) 584-7444

ALMER HUNTLEY, JR., PE., RLS

DOUGLAS W. THOMPSON, RLS
WILLIAM R. GARRITY, LA
JOHN G. RAYMOND, PE

P-1276

November 25, 1987

Board of Health
Room 318
Bangs Community Center
Amherst, MA 01002

Attn: Dennis Pinski

RE: John Youngblood Residence
Indian Pipe Lane, Amherst

Dear Dennis:

Enclosed please find updated plans for the Youngblood property. The proposed garage, as shown on the original plan, is now proposed to be a one bedroom guest house. This will increase the design flow into the existing leaching pits by 110 G.P.D. to a total design flow of 770 G.P.D. As shown on the original design sheets, the leaching area is designed to handle a maximum flow of 1708 G.P.D. An additional 1000 gallon septic tank will be installed to the piping from the guest house to eliminate piping which would have to cross the driveway to access the existing 2,000 gallon septic tank. The proposed effluent pipe would join the existing pipings just upstream of the existing distribution box.

If you have any questions please call my office.

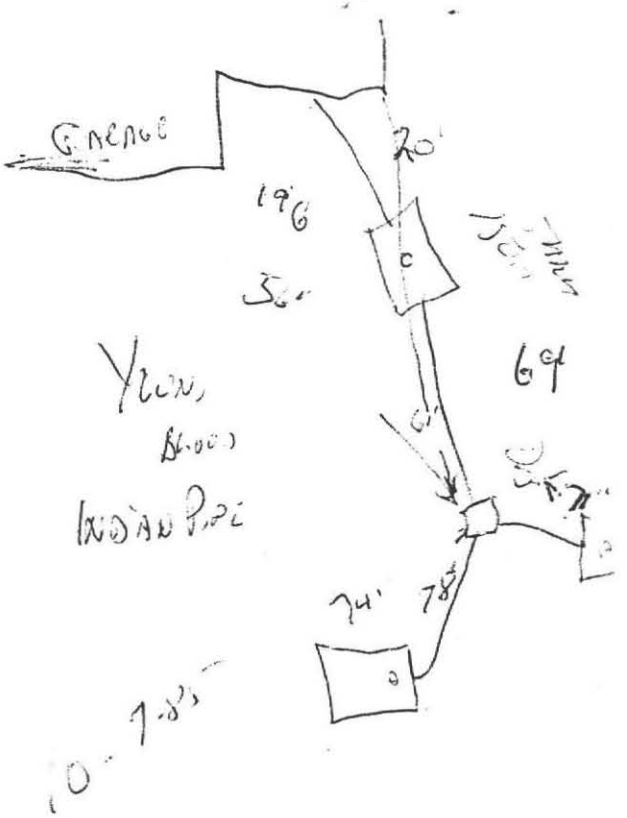
Very truly yours,

ALMER HUNTLEY, JR. & ASSOCIATES, INC.

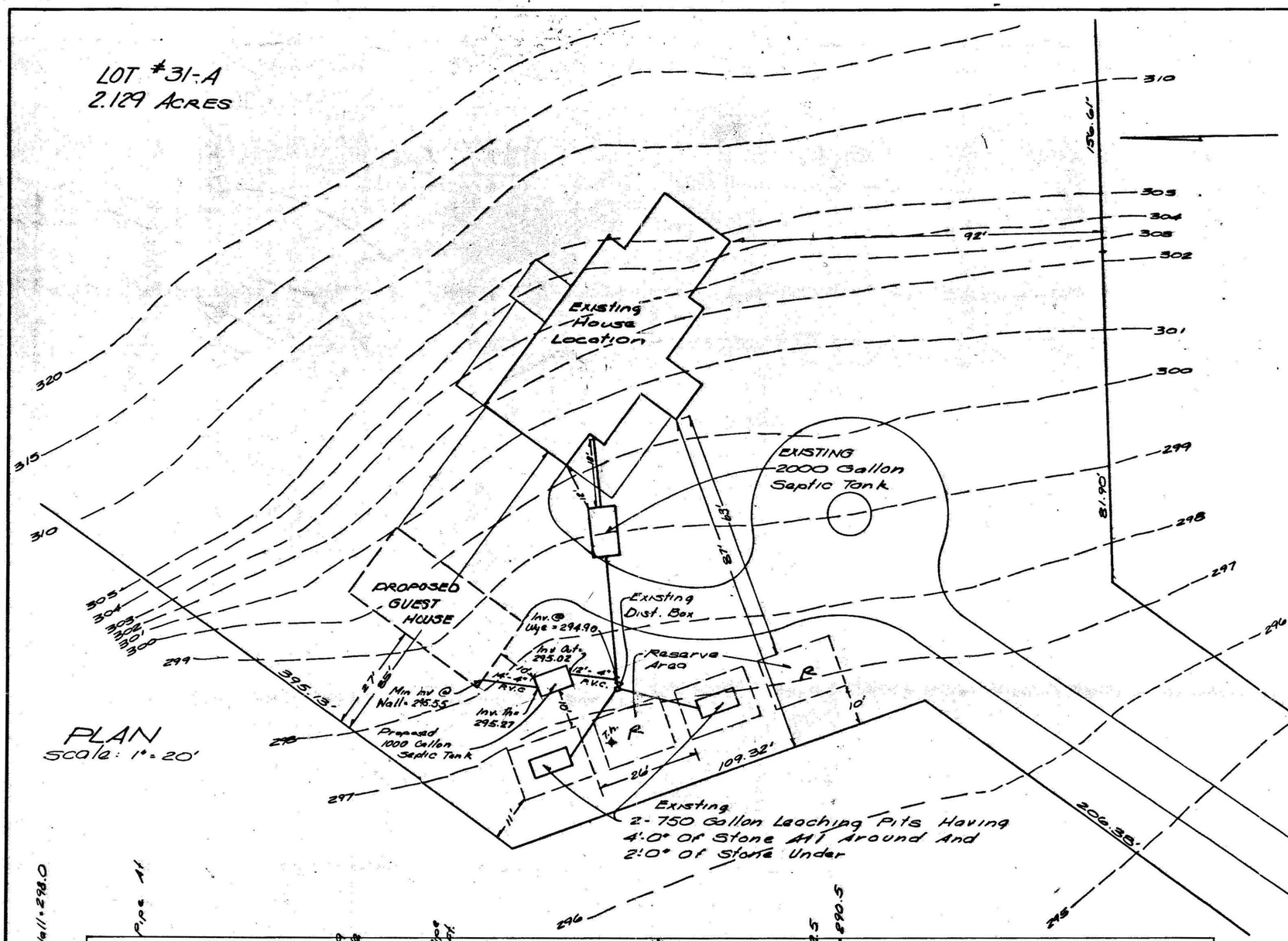
Richard P. Brazeau

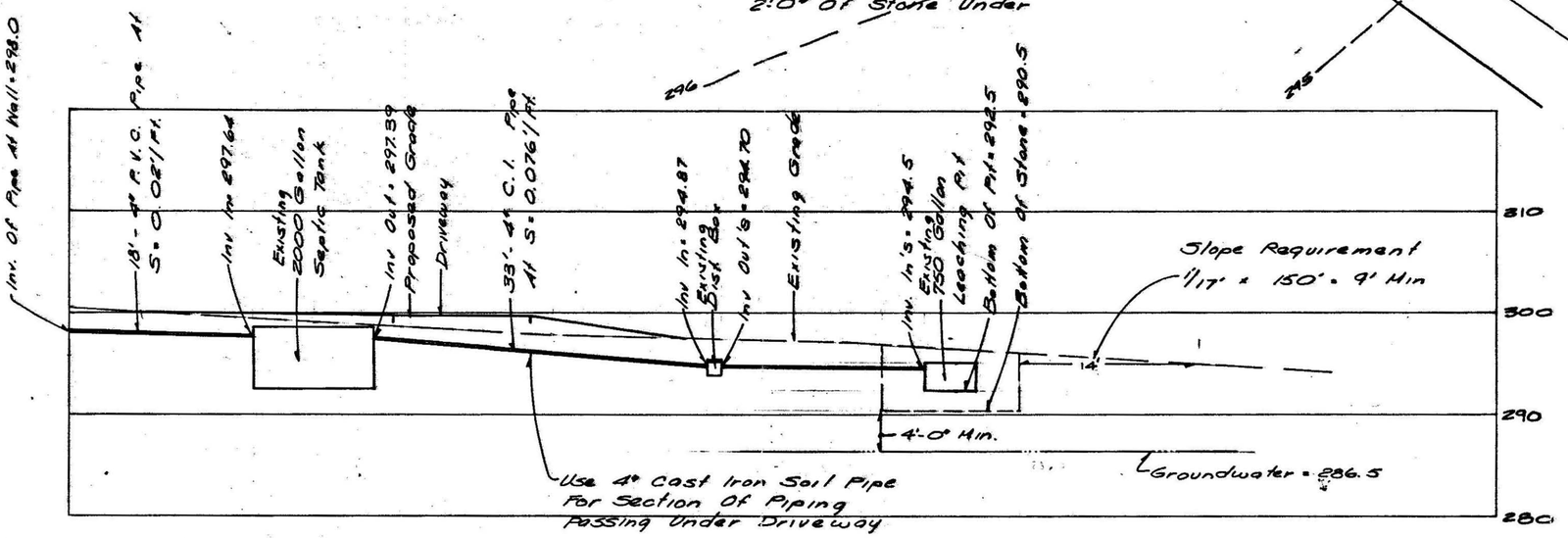
RPB/mld
Enclosure

DEC 10 1987


196
20'
69
74'
78'

LOT #31-A
2.129 ACRES





OBSERVATION PIT #1

DATE: 4-26-85

	O.T.S.	9"
	Silt	1'-3"
10'-0"	Sand	8'-0"

GROUNDWATER = 10'-0"
OXIDE =
PERC. RATE = 2.0 Min/Inch

OBSERVATION PIT

DATE: DEC 10 1987

GROUNDWATER =
OXIDE =
PERC. RATE =

NOTES:

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

SEPTIC TANIK SHOULD BE INSPECTED AND CLEANED AT LEAST ANNUALLY PER TITLE 5, SEC. 6.16.

- The Location And Elevation Of The Existing Septic Tank, Distribution Box, Leaching Pits And Piping Are As They Were Originally Designed And Approved. This Office Did Not Observe The Construction Of This System. Exact Locations And Elevations Will Be Obtained During Construction And Minor Changes May Be Made At That Time. Any Changes Should Be Approved By This Office And The Amherst Board Of Health

98 PROPOSED CONTOUR
98 EXISTING CONTOUR

PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM FOR LOT #31-A AMHERST WOODS, AMHERST
PREPARED FOR
JOHN YOUNGBLOOD

FIELD WORK:
COMPUTATIONS: RPB
DRAFTING: RPB
CHECKED: AMH
SCALE: AS NOTED
DATE: 7-22-85

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

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - PLANNERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

11/25/87 CIVIL Re: 11-24-87

SHEET: OF:

BRUNING 44-132 51838

P2-196

COMMONWEALTH OF MASSACHUSETTS
ALMER M. HUNTLEY, JR. No. 9419 CIVIL REGISTERED PROFESSIONAL ENGINEER

85-27

FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

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

Amherst Woods 22 Indian Pipe La 31-A
Location; Address — or Lot No.

John Youngblood
Owner

Richard Roberts — Hominiway Rd - Leverett
Installer — Address

Type of Building — Size Lot 2.129 Ac ~~Sq feet~~

Dwelling — No. of Bedrooms 6 Expansion Attic ( ) Garbage Grinder (X)

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 660 gallons.

Septic Tank — Liquid capacity 2000 gallons Length ..... Width ..... Diameter ..... Depth .....

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

Seepage Pit No. 2 Diameter ..... Depth below inlet 4'0" Total leaching ~~area~~ ~~xxxx~~ capacity=1708 GPD

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F. Filios Date 4-26-85

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit ..... Depth to ground water .....

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

Description of Soil 9" topsoil, 1'3" silt, 8'0" sand, groundwater at 10'0"

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 7/31/85
Date

Application Approved By E. Dodge 7/31/85
Date

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

Permit No. 85-87 Issued 7/31/85
Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

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

by .....
Installer

at .....

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

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

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

PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: John Youngblood

Location: Lot 31 A, Amherst Woods, Amherst

Number of Bedrooms: 6 Garbage Disposal: Yes

LEACH AREA DESIGN

6 Bedrooms x 2 persons/bedroom = 12 persons

12 Persons x 55 gallons of wastewater/person/day = 660 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 = 2.5 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:

660 Gallons of wastewater/day x 200% = 1320 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 2000 gal/ 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 ' 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)

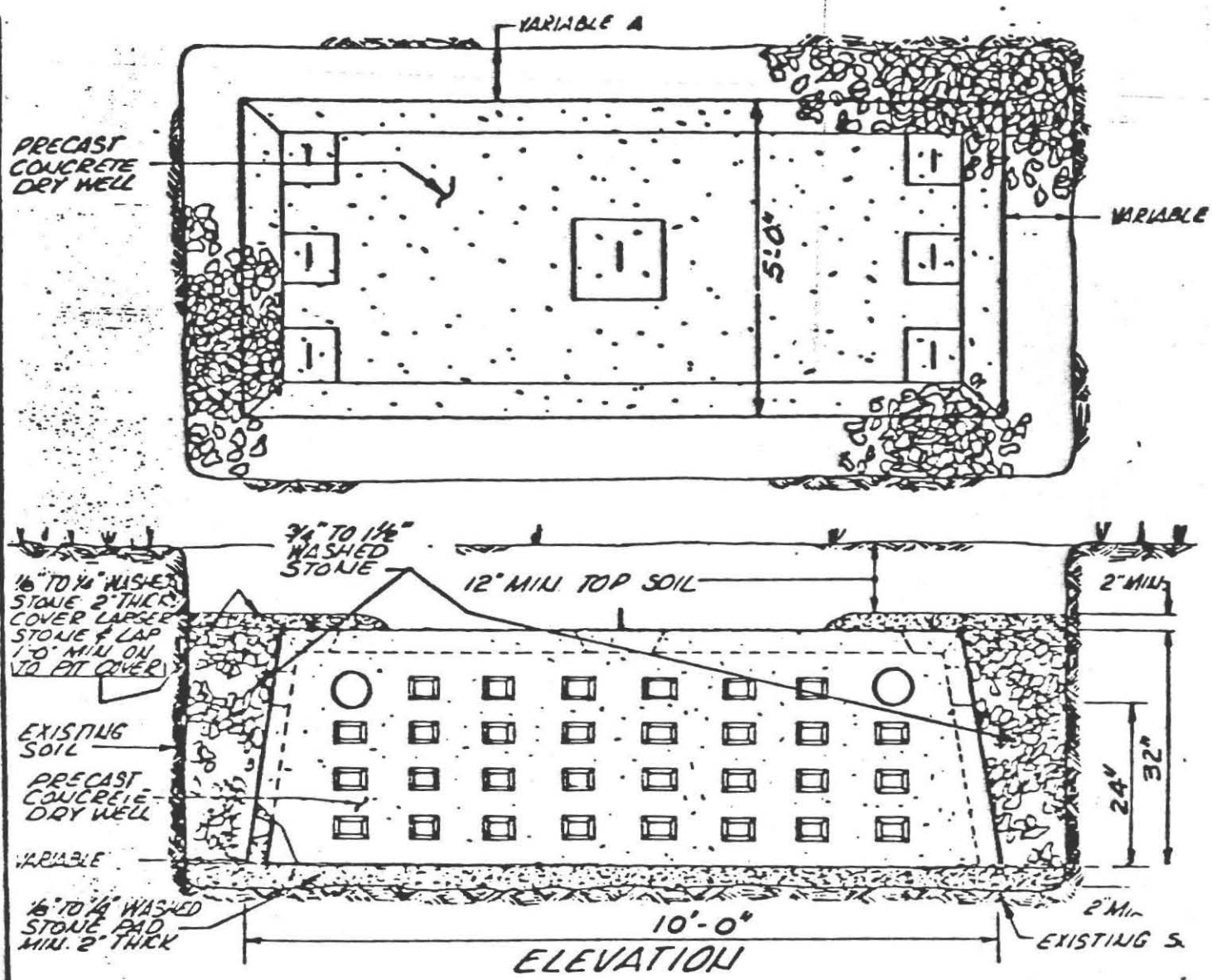
\+ 234 Gal/Pit (Bottom)

= 854 TOTAL Gal/Pit (Designed)

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

* With Garbage Disposal: 1.5 x 660 Gal/Day (Daily Flow) = 990 Gal/Pit (REQUIRED)

Using 990 Gal/Day (Daily Flow) ÷ 854 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.

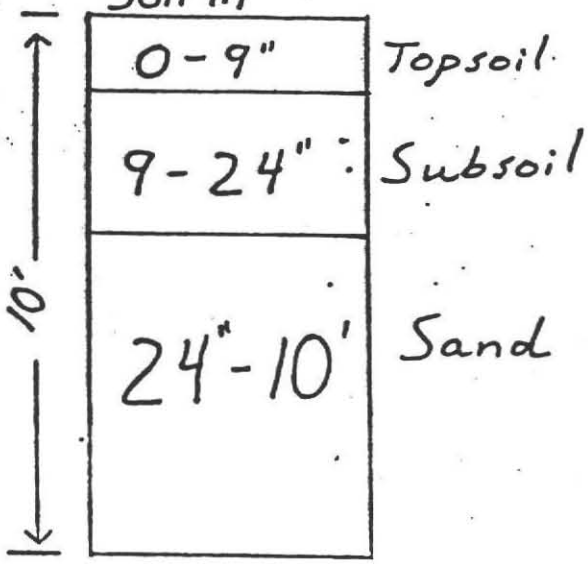
DEEP SOIL LOGS

OWNER Amherst Woods Inc. DATE April 26, 1985

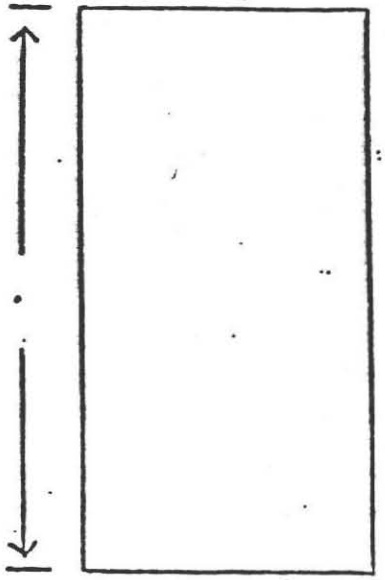
LOCATION Amherst Woods OBSERVER F.A. Filios

Amherst, MA; Lot #31-A

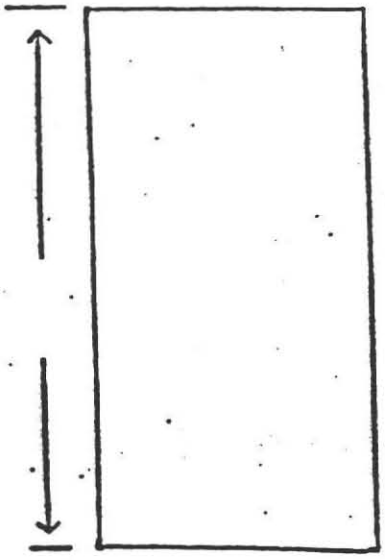
Soil H1



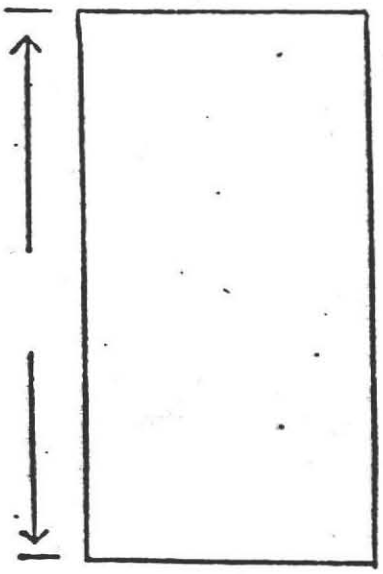
GROUND WATER 10'



GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

PERCOLATION RATE AT 36":

2 min/inch

PERCOLATION TEST LOCATION

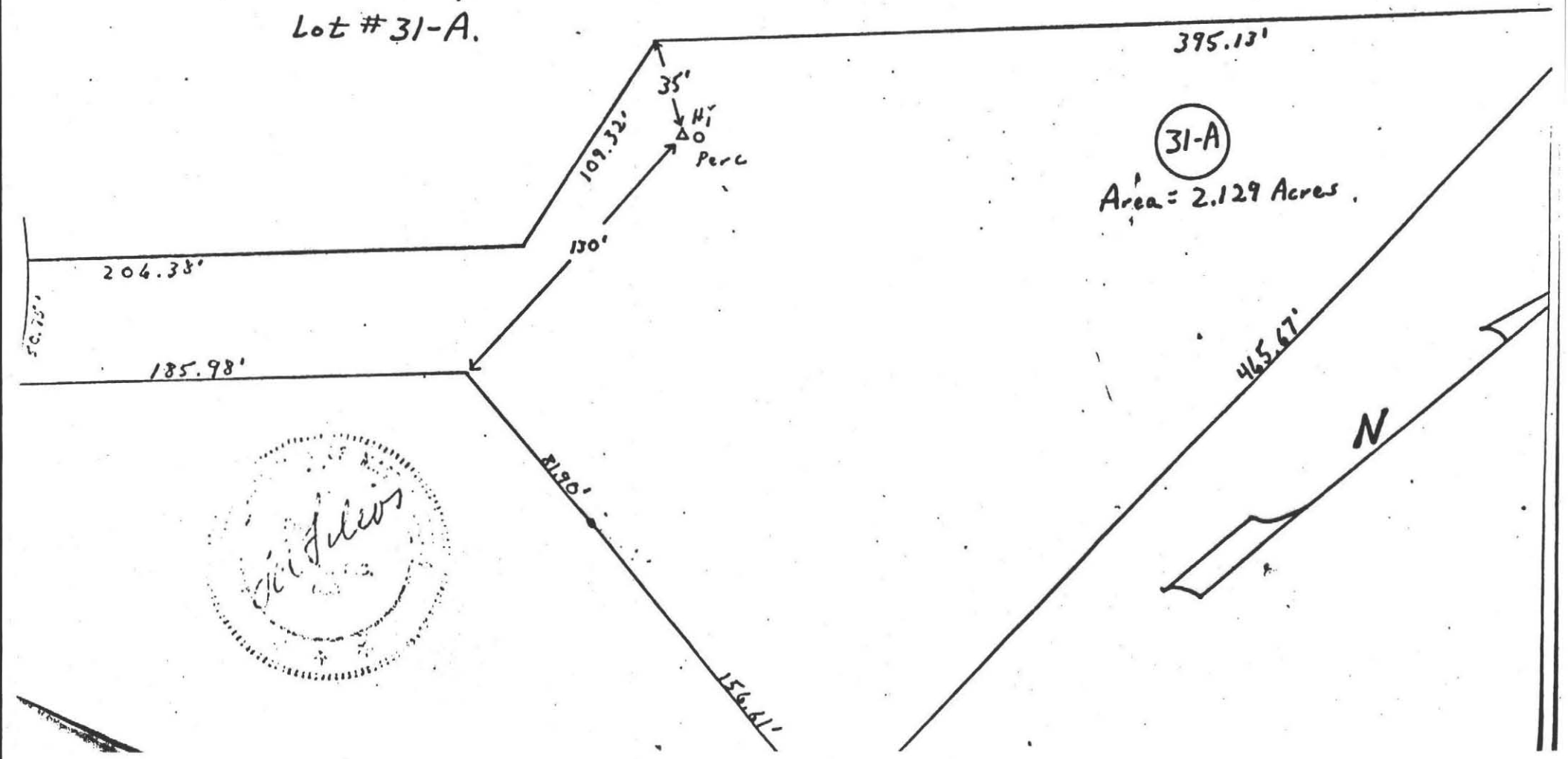
For: Amherst Woods Inc.
4413 Pine Street
Philadelphia, PA.

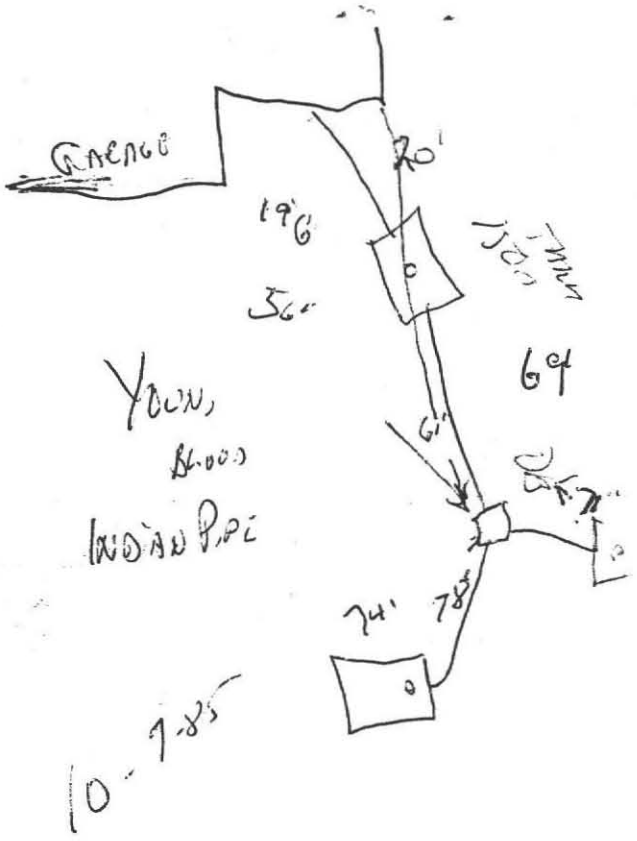
Scale: 1" = 60'

By: F.A. Filios

At: Amherst Woods
Amherst, MA.
Lot #31-A.

June, 1985




FENCE
20'
196'
56'
YELLOW
WOOD
INDIAN P.D.
64'
61'
74'
78'
10-7-85

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

No. 85-27

FEE $90

Disposal Works Construction Permit

Permission is hereby granted WARREN HALL - RICHARD ROBERTS

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

at No. LOT 31A INDIAN PIPE LA
Street

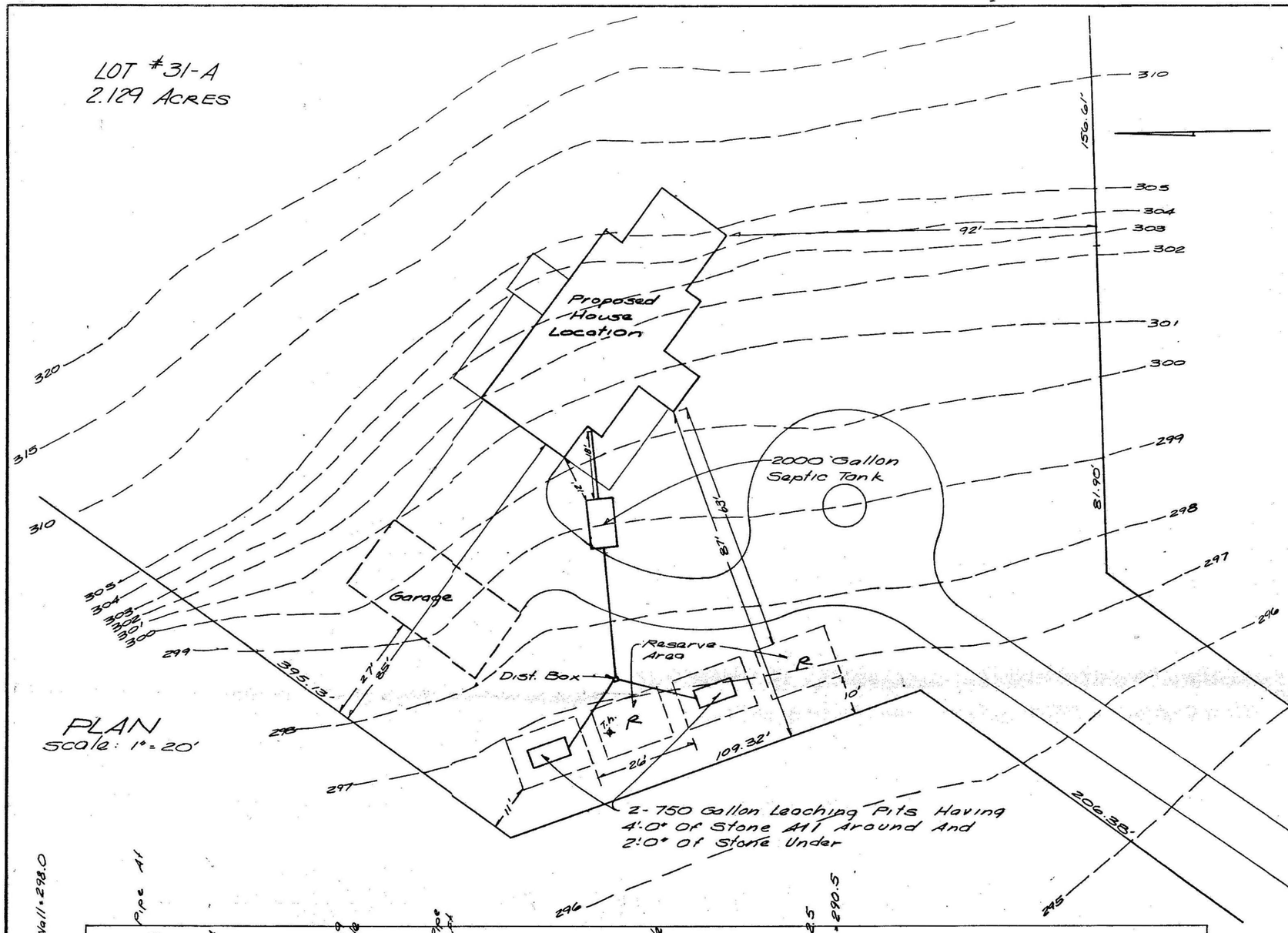
as shown on the application for Disposal Works Construction Permit No. 85-27 Dated 7/31/85

C E Dahl Jr
Board of Health

DATE 7/31/85

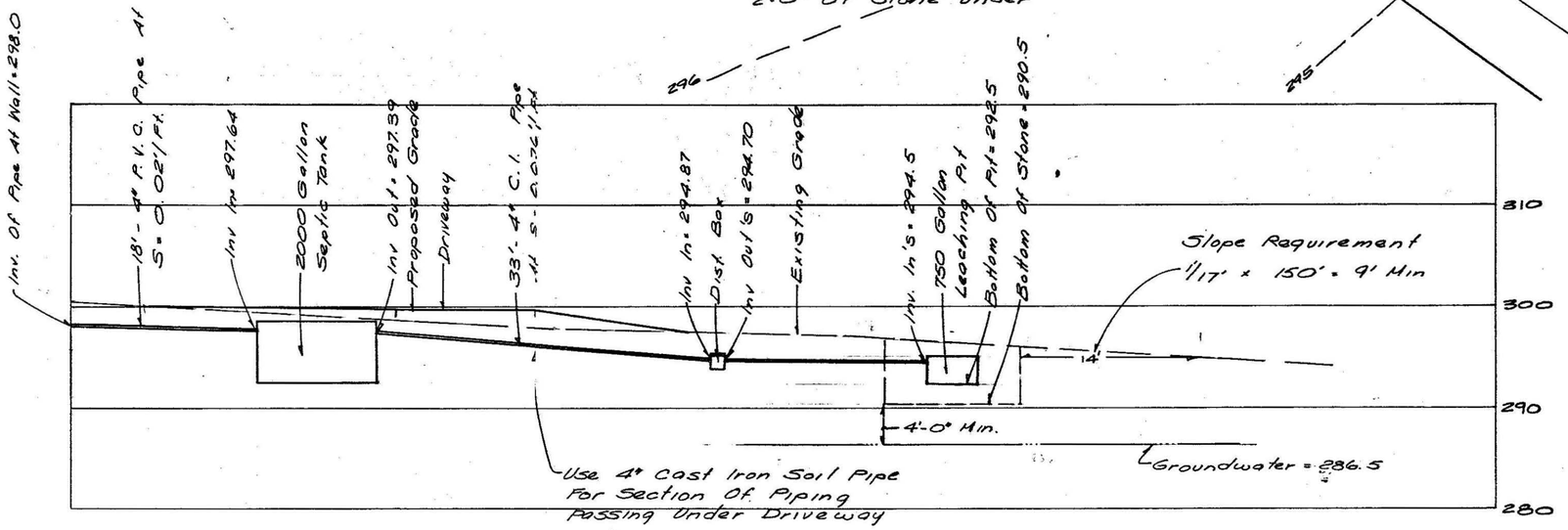
FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

LOT #31-A
2.129 ACRES



PLAN
Scale: 1" = 20'

2-750 Gallon Leaching Pits Having 4'-0" of Stone All Around And 2'-0" of Stone Under



OBSERVATION PIT #1

DATE: 4-26-85

10'-0"	O.T.S.	9"
	Silt	1'-3"
	Sand	8'-0"

GROUNDWATER = 10'-0"
OXIDE =
PERC. RATE = 2.0 Min/Inch

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 LEAST ANNUALLY PER TITLE 5, SEC. 6.16.

98 PROPOSED CONTOUR
98 EXISTING CONTOUR

PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM FOR LOT #31-A AMHERST WOODS, AMHERST
PREPARED FOR
JOHN YOUNGBLOOD

FIELD WORK:
COMPUTATIONS: RPB
DRAFTING: RPB
CHECKED: AMH
SCALE: AS NOTED
DATE: 7-22-85

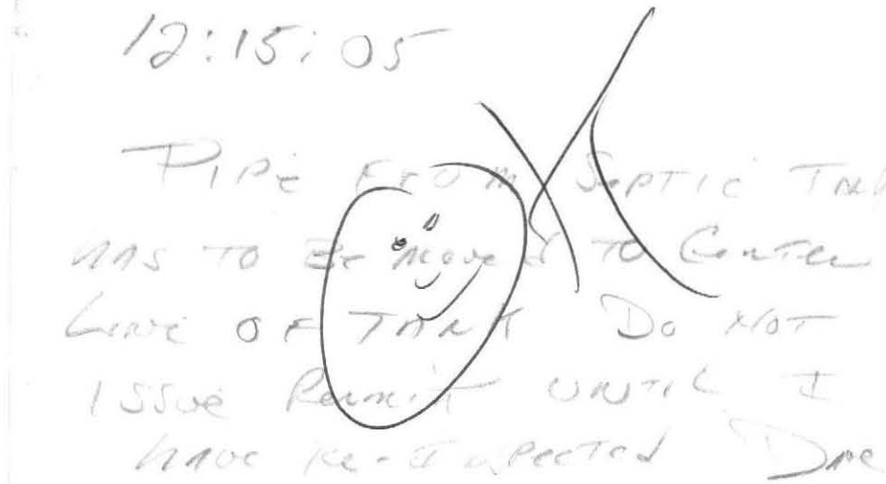
COMMONWEALTH OF MASSACHUSETTS
ALMER M. HUNTLEY, JR. No. 9419 CIVIL REGISTERED PROFESSIONAL ENGINEER

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - PLANNERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

SHEET: OF:

22 Indian Pipe Ln

12:15:05



These copies are for the Board of Health (Amherst Town Hall). Please sign where indicated and submit to the Board of Health with appropriate payment for permit fees. Please also submit attached sheet marked "ATTN: DAVE Z. BOH" in red at the top.

Thanks

C.S.E.C. Inc.

TITLE 5
OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 22 Indian Pipe, Amherst

Owner's Name: Alan Sharpe
Owner's Address: 22 Indian Pipe
Amherst, MA 01002
Date of Inspection: December 8, 2004
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:

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

Inspector's Signature: _____ **Date: December 8, 2004**

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:

Septic was 18+/-years old. Tanks (1500 gal for Apt and 2000 gal for house) had inlet & outlet baffles. Leaching Pit & D. box (stone) is in hydraulic failure stone is wet and black stained. Recomend perc test and new engineered new system.

*****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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

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

A. System Passes:

__NO__ 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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

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 ***MEasured***

   **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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

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

Yes	No	
X		Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
	X	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
	X?	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
	x	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
	x	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
	X	Any portion of the SAS, cesspool or privy is below high ground water elevation.
	x	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
	x	Any portion of a cesspool or privy is within a Zone 1 of a public well.
	x	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
	x	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.]**

YES (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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

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

Yes No

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

___ x Were any of the system components pumped out in the previous two weeks ?

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

___ x Have large volumes of water been introduced to the system recently or as part of this inspection ?

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

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

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

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

X ___ 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 ?

X ___ 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

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

X ___ 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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

FLOW CONDITIONS
RESIDENTIAL

Number of bedrooms (design): 6 Number of bedrooms (actual): 7
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____
Number of current residents: 3
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: *N/A*
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_____
Was system pumped as part of the inspection (yes or *no*): *YES*
If yes, volume pumped: 2000 gallons -- How was quantity pumped determined? Measured
Reason for pumping: *Repair imminent*

TYPE OF SYSTEM

x 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: 16 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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

BUILDING SEWER (locate on site plan)

Depth below grade: 12"
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.):
_____

SEPTIC TANK: N/A (locate on site plan)

Depth below grade: *12"*
Material of construction: *X* 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: *4'-w x11'"l x 5'.d*
Sludge depth: 3"
Distance from top of sludge to bottom of outlet tee or baffle: 40"
Scum thickness: 2"
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: 12"
How were dimensions determined: *MEASURED*
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): *TANK has inlet and outlet baffles, tank was ok.* Apartment has separate S. tank 1500 gal. to same SAS
_____

GREASE TRAP: N/A (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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

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

Depth below grade: ____
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.): ***submerged***
_____
_____

PUMP CHAMBER: ____ (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: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

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

If SAS not located explain why:

_____

_____

Type
__2__ leaching pits, number: __*SATURATED*__
____ 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.): ***Stone was saturated & leaching tank submerged.***

_____

CESSPOOLS: N/A **(**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: 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.):

_____

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

Property Address: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

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.

(Also, See Attached)

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

Property Address: 22 Indian Pipe
Owner: Sharpe
Date of Inspection: December 8, 2004

SITE EXAM
Slope *YES*
Surface water
Check cellar _____
Shallow wells_____

Estimated depth to ground water 8' feet

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

N/A Obtained from system design plans on record - If checked, date of design plan reviewed: _____
YES 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:

Interpreted topography and vegeation subject to confirmation at perc test

Cold Spring Environmental, Inc.
413-323 5957
(fax 323 4916)

Memo

To: Dave Z, Amherst Health Dept.

From: **Alan Weiss, Cold Spring Environmental, Inc.**

CC: Alan Sharpe

Date: 3/18/2005

Re: Revised Septic Plan per Your Request

22 Indian Pipe Rd, Amherst, MA.

Here are the changes Requested by you.

Please let me know if you need anything further.

Thank You,

Alan E. Weiss, RS

Phone: 323-5957

Fax: 323-4916

Aeweiss@charter.net

Cold Spring Environmental, Inc.
413-323 5957
(fax 323 4916)

Memo

To: Dave Z, Amherst Health Dept.

From: **Alan Weiss, Cold Spring Environmental, Inc.**

CC: Alan Sharpe

Date: 3/18/2005

Re: Revised Septic Plan per Your Request

REVISED

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