54 LARKSPUR

6/28 @ 4 .

54 LARKSPUR

D BOX - Good, but will pump sediment

2 occupants
4 BR
no grinder
no sump pump
pumped system 2 years, will pump.

Anna Russell
built '87 repaired '97
starfish110@comcast.net

paid today
$200.-

204 BELCHERTOWN ROAD TRASH OUTSIDE CANS

App - 18396
Batch - 6690

CUST NAME
4 BOLTWOOD AVENUE
05/31/13
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 14:27

CUST NAME

0
DEPT

DE HEA058 TITLE V WI 200.

RECPT TOTAL

200.00 AMOUNT
PAULA RUSS QUA CHECK 701

BOH

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Property Address: 54 LARKSPUR DR
AMHERST, MA
Owner's Name: STEPHEN GOODSON
Owner's Address: SAME

Date of Inspection: 10/31/2001

Name of Inspector: (please print) NATHAN TORRETTI
Company Name: CLEAN SEPTICS
Mailing Address: P.O. BOX 394
LUDLOW, MA
Telephone Number: 583-2138

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
- ___ Fails

Inspector's Signature: Nathan Torretti **Date:** 10/31/01

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

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 or different conditions of use.

F.to

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

Property Address: __54 LARKSPUR DR_____
__AMHERST , MA_____
Owner: _ GOODSON
Date of Inspection: ____10/31/01_____

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

A. System Passes:

✓ 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:
PUMP SEPTIC TANK EVERY YEAR

B. System Conditionally Passes:

_____ 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: __54 LARKSPUR DR _____
__ AMHERST , MA_____
Owner: ____GOODSON_____
Date of Inspection: ____10/31/01_____

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 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: __54 LARKSPUR DR_____
__AMHERST, MA_____
Owner: ____GOODSON_____
Date of Inspection: ____10/31/01_____

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

Yes No
___ ✓ Backup of sewage into facility or system component due to 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
___ ✓ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___ ✓ Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ 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 SAS, cesspool or privy is below high ground water elevation.
___ ✓ Any portion of 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 1 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. **[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: ___54 LARKSPUR DR_____
___ AMHERST , MA_____
Owner: ___GOODSON_____
Date of Inspection: ____10/31/01_____

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

Yes	No	
✓		Pumping information was provided by the owner, occupant, or Board of Health
	✓	Were any of the system components pumped out in the previous two weeks
✓		Has the system received normal flows in the previous two week period
	✓	Have large volumes of water been introduced to the system recently or as part of this inspection
✓		Were as built plans of the system obtained and examined? (If they were not available note as N/A)
✓		Was the facility or dwelling inspected for signs of sewage back up
✓		Was the site inspected for signs of break out
✓		Were all system components, excluding the SAS, located on site
✓		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
✓		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	
✓		Existing information. For example, a plan at the Board of Health.
✓		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: ___54 LARKSPUR DR_____
___AMHERST, MA_____
Owner: _____GOODSON_____
Date of Inspection: _____10/31/01_____

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): __4_ Number of bedrooms (actual): ___4__
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): __440-____
Number of current residents: __3__
Does residence have a garbage grinder (yes or no): NO_
Is laundry on a separate sewage system (yes or no): __NO__ [if yes separate inspection required]
Laundry system inspected (yes or no): _NO__
Seasonal use: (yes or no): __NO_
Water meter readings, if available (last 2 years usage (gpd)): __TOWN WATER
Sump pump (yes or no): _NO_
Last date of occupancy: __PRESENT__

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: __PUMPED 10/1/01
Was system pumped as part of the inspection (yes or no): __NO__
If yes, volume pumped: ___gallons -- How was quantity pumped determined? ___
Reason for pumping: ___

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:
_____4 YRS – JUNE 27,1997 TOWN RECORDS_____

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: __54 LARKSPUR DR_____
__AMHERST , MA_____
Owner: ___GOODSON_____
Date of Inspection: __10/31/01_____

BUILDING SEWER (locate on site plan)

Depth below grade: _2'6"_
Materials of construction: _XX_cast iron __40 PVC ___other (explain): ____
Distance from private water supply well or suction line: _N/A____
Comments (on condition of joints, venting, evidence of leakage, etc.):
JOINTS & VENTING APPEAR OK, NO LEAKS

SEPTC TANK: ✓ (locate on site plan)
Depth below grade: _2'2"_
Material of construction: _XX__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: _10'5" L, 5' W, 5' D_
Sludge depth: _____NO SLUDGE_____
Distance from top of sludge to bottom of outlet tee or baffle: ___
Scum thickness: _NO SCUM_
Distance from top of scum to top of outlet tee or baffle: ___
Distance from bottom of scum to bottom of outlet tee or baffle:___
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.):
PUMP TANK EVERY YEAR :BAFFLES ARE OK; STRUCTURAL INTEGRITY OK, LIQUID LEVELS OK, NO LEAKS

GREASE TRAP: ___(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: 54 LARKSPUR DR
AMHERST , MA
Owner: GOODSON
Date of Inspection: 10/31/01

TIGHT or HOLDING TANK: ___ (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: ✓ (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: **0"**
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.):
D-BOX IS LEVEL-DISTRIBUTION IS EQUAL; YES EVIDENCE OF CARRYOVER, NO LEAKS

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: ___54 LARKSPUR DR_____
___AMHERST, MA_____
Owner: ___GOODSON_____
Date of Inspection: _____10/31/01_____

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

If SAS not located explain why:

Type
____ leaching pits, number: ____
____ leaching chambers, number: ____
____ leaching galleries, number: ____
___ leaching trenches, number, length: ___
✓ leaching fields, number, dimensions: 3 @ 50'
____ 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.):
SOIL SANDY GRAVEL , NO SIGNS OF HYDRAULIC FAILURE; SOIL DRY &, VEGETATION OK

CESSPOOLS: ____ (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.):

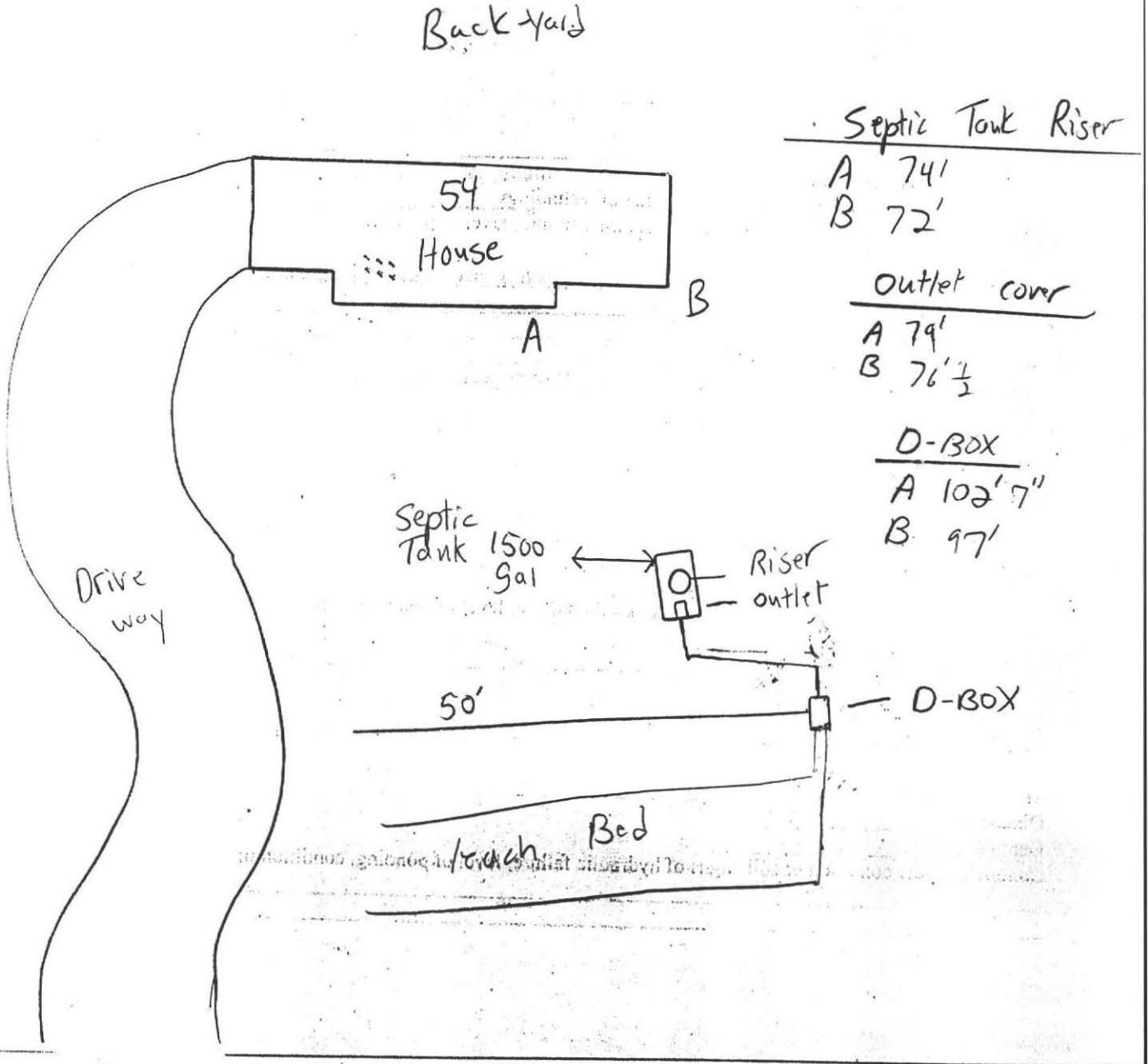
PRIVY: ____ (locate on site plan)

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 O
SYSTEM INFORMATION (continued)

Property Address: 54 LarkSpur DR
Amherst
Owner: Goodson
Date of Inspection: 10/31/01

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: 54 LARKSPUR DR
AMHERST , MA
Owner: GOODSON
Date of Inspection: 10/31/01

SITE EXAM
Slope
Surface water
Check cellar
Shallow wells

Estimated depth to ground water **NONE AT 6'** 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**:
CHECKED CELLAR/ SLOPE IN YARD

#54

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 54 Larkspur Drive
Date of Inspection: 6/10/97
Name of Inspector: Fred Filios
Company Name, Address and Telephone Number:

Address of Owner: 441 Unit I
(If different) West St
Amherst MA. 01002

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

Inspector's Signature: Frederick A Filios **Date:** 6/10/97

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.

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

6/13/97
Rec

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

Property Address: 54 Larkspur Drive
Owner: Ron La Verdierre
Date of Inspection: 6/10/97

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: 54 Larkspur Drive
Owner: Ron LaVerdiere
Date of Inspection: 6/10/97

D] SYSTEM FAILS (continued):

N/A Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

N/A Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 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 Soil Absorption System, cesspool or privy is below the high groundwater elevation.

No Any portion of a 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 I 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. 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: 54 Larkspur Drive
Owner: Ron LaVerdiere
Date of Inspection: 6/10/97

Check if the following have been done.

- YES 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.
- N/A 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 (continued)

Property Address: 54 Larkspur Drive
Owner: Ron La Verdierre
Date of Inspection: 6/10/97

SEPTIC TANK: ✓ 1500 gal
(locate on site plan)

Depth below grade: 58"
Material of construction: ✓ concrete __metal __FRP __other(explain)

Dimensions: 5' x 10' x 4' deep
Sludge depth: 6"
Distance from top of sludge to bottom of outlet tee or baffle: 18"
Scum thickness: 5"
Distance from top of scum to top of outlet tee or baffle: 5"
Distance from bottom of scum to bottom of outlet tee or baffle: 29"

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.)
evidence of high effluent having been over outlet baffle

GREASE TRAP:__
(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

Property Address: 54 Larkspur Drive
Owner: Ron LaVerdiere
Date of Inspection: 6/10/97

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 440 gallons
Number of bedrooms: 4
Number of current residents: 3
Garbage grinder (yes or no): no
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): ___
Water meter readings, if available: _____

Last date of occupancy: present

COMMERCIAL/INDUSTRIAL:
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: 2 yrs ago

System pumped as part of inspection (yes or no) ___
If yes, volume pumped 1500 gallons
Reason for pumping for inspection

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: 11 yrs

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

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

Property Address: 54 Larkspur Drive
Owner: Ron LaVerdierre
Date of Inspection: 6/10/97

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: 1 10000 Gal Tank
leaching chambers, number: ___
leaching galleries, number: ___
leaching trenches, number, length: ___
leaching fields, number, dimensions: ___
overflow cesspool, number: ___

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) 1ft below grade Full To Flow line

CESSPOOLS: ___
(locate on site plan)

Number and configuration: ___
Depth-top of liquid to inlet invert: ___
Depth of solids layer: ___
Depth of scum layer: ___
Dimensions of cesspool: ___
Materials of construction: ___
Indication of groundwater inflow (cesspool must be pumped as part of inspection) ___

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

PRIVY: ___
(locate on site plan)

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

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

Property Address: 54 Larkspur Drive
Owner: Ron LaVerdierre
Date of Inspection: 6/10/97

TIGHT OR HOLDING TANK:__
(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:__ none
(locate on site plan)

Depth of liquid level above outlet invert _____

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)_____

PUMP CHAMBER:___
(locate on site plan)

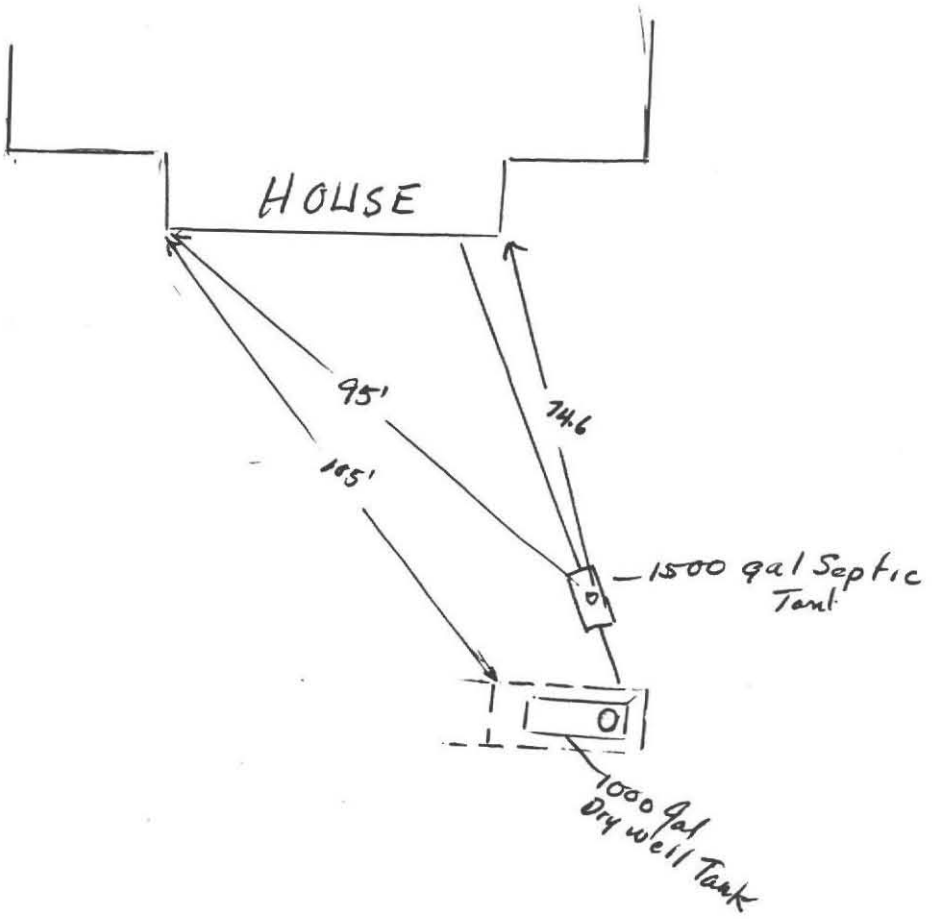
Pumps in working order:(yes or no)_____

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: 54 Larkspur Drive
Owner: Ron LaVerdierre
Date of Inspection: 6/10/97

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: >10 feet
method of determination or approximation:
Geologically this area has deep outwash sand + gravel
Gravel pit across the street

[redacted] 97-8

9/1/97

FEE 60.00 ck. #2452

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Application for Disposal System Construction Permit

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

Location Address or Lot No.	Owner's Name, Address and Tel. No.
54 Larkspur Dr.	Ronald Laverdiere 441 West St. Unit I Amherst, MA
Installer's Name, Address, and Tel.No.	Designer's Name, Address and Tel. No. Lewis J Cook Surveyors, Inc 323-7124 Robert F. Sheehan, PE Belchertown, MA

Type of Building:

~~Dwelling~~ No. of Bedrooms 4 Garbage Grinder (NO

Other Type of Building _____ No. per Persons _____ Showers ( ) Cafeteria ( )

Other Fixtures _____

Design Flow 440 gallons per day. **Calculated** daily flow 499.5 gallons.

Plan Date June 27, 1997 Number of sheets _____ Revision Date _____

Title _____

Description of Soil See Attached Sheets

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS SHEEHAN No. 22454 REGISTERED PROFESSIONAL ENGINEER

6/30/97

Nature of Repairs or Alterations (Answer when applicable) _____

Date last inspected: _____

Agreement: Insp. Dave Zatoginski

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

Signed _____ Date _____

Application Approved by _____ Date _____

Application Disapproved for the following reasons _____

Permit No. _____ Date Issued R A Lewis 7/2/97

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Certificate of Compliance

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

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

DATE _____ Inspector _____

Location Address or Lot No. 54 Larkspur Drive

On-site Review

Deep Hole Number ____ Date: 6/19/97 Time: 9:00AM Weather ____
Location (identify on site plan) ____
Land Use lawn Slope (%) ____ Surface Stones ____
Vegetation lawn
Landform ____
Position on landscape (sketch on the back) ____
Distances from: Town Water
Open Water Body N/A feet Drainage way ____ feet
Possible Wet Area N/A feet Property Line 25' 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)
0	A	FSL	10yr 4/3		
5	B	SL	10yr 5/8		
18	C_1	Sand	7.5yr 5/6	68"	30-40% Medium gravel 7.5yr4/6 distinct
68	C_2	Sand	2.5Y 6/2		20% fine gravel
125					

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Depth to Bedrock: > 125
Depth to Groundwater; Standing Water in the Hole: none Weeping from Pit Face: none
Estimated Seasonal High Ground Water: clayey sand layer @ 68"
To be removed ± 10' around

FORM 11 - SOIL EVALUATOR FORM
Page 2 of 3

Location Address or Lot No. ____

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

No. _____ Date: _____

Commonwealth of Massachusetts
Amherst, **Massachusetts**

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Rick Lewis Date: 6/19/97
Witnessed By: Dave Zarozinski

Location Address or Lot # 41 Larkspur Drive New Construction ☐ Repair ☒	Owner's Name, Address, and Telephone # Ronald Laverdiere 441 West St Unit I Amherst, MA

Office Review

Published Soil Survey Available: No ☐ Yes ☒

Year Published ..... Publication Scale ..... Soil Map Unit .....

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No ☐ Yes ☐

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☐

Within 500 year flood boundary No ☐ Yes ☐

Within 100 year flood boundary No ☒ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) .....

Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month .....

Range :Above Normal ☐ Normal ☐ Below Normal ☒

Other References Reviewed: _____

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 54 Larkspur Drive

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

Percolation Test* Waived		
Date: _____	Time: _____	
Observation Hole #		
Depth of Perc		
Start Pre-soak		
End Pre-soak		
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch		

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

Site Passed ☐ Site Failed ☐

Performed By: _____

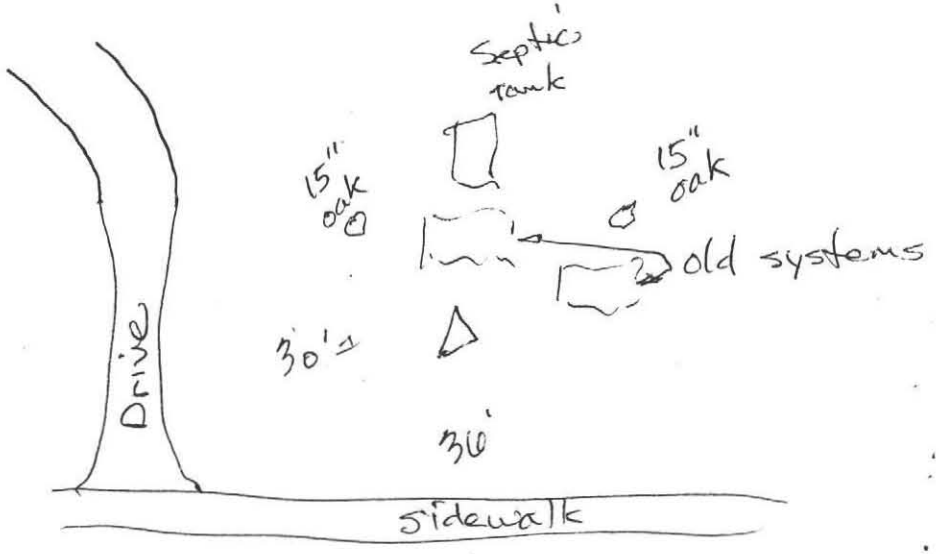
Witnessed By: _____

Comments: _____

DEP APPROVED FORM - 12/97/95

water line & utilities to be located

#54



LARK SPUR DRIVE

Location Address or Lot No. 54 Larkspur Drive

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

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

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

Depth of Naturally Occurring Pervious Material

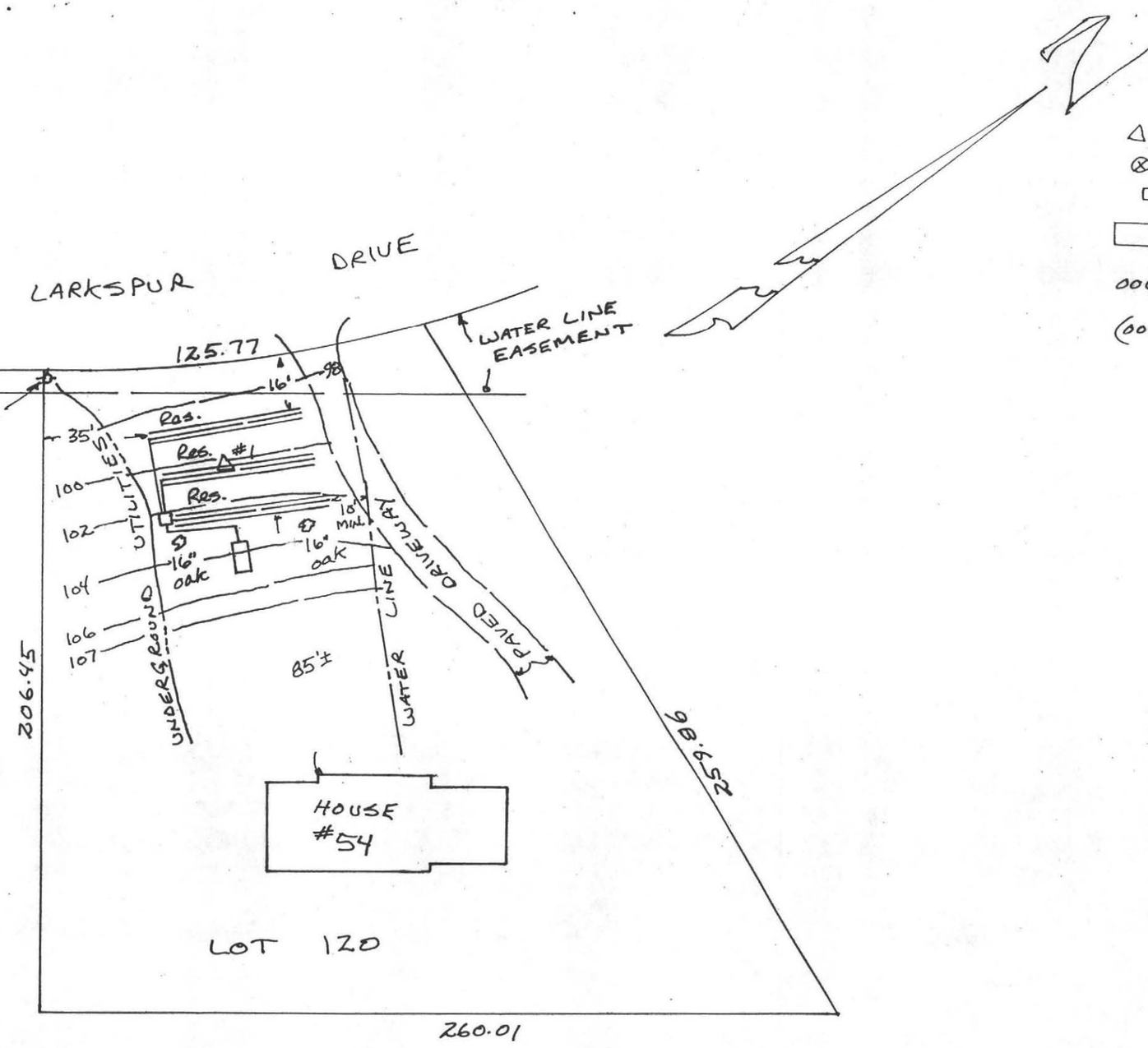
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

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

Certification

I certify that on NOV 1995 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Richard A Lewis Date 6/19/97



LEGEND

- △ - Deep Hole
- ⊗ - Perc Test
- □ - 'D' Box
- ▭ - 1500 GAL. (Existing) Septic Tank
- 000 — Existing Contours
- (000) - - - Proposed Contours

NOTES:

1. NO OTHER WELLS OR WETLANDS OBSERVED WITHIN 200' OF SEPTIC SYSTEM.
2. ALL LOAM, SUBSOIL & TREES TO BE REMOVED WITHIN 5' OF SEPTIC SYSTEM AND AREA OF FILL.
3. TOWN WATER

SEPTIC SYSTEM REPAIR PERMIT PLAN OF
LOT 120 AMHERST, MA

PREPARED FOR

RONALD LAVERDIERE
441 WEST ST. UNIT I
AMHERST, MA

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHEEHAN
No. 28614
REGISTERED PROFESSIONAL ENGINEER
6/30/97

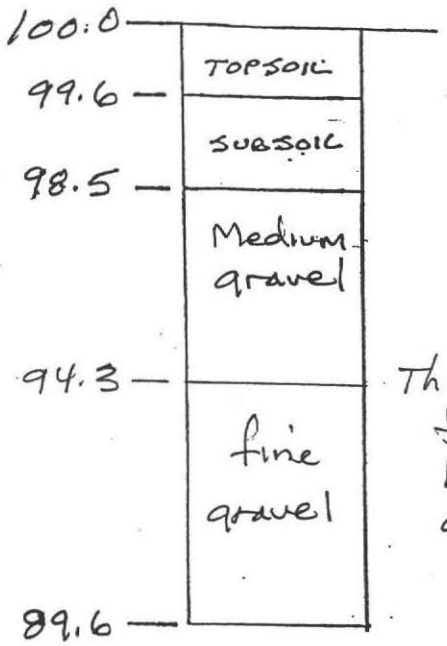
SCALE 1"=40' JUNE 27, 1997

LEWIS & COOK SURVEYORS, INC.
BELCHERTOWN - PALMER, MA

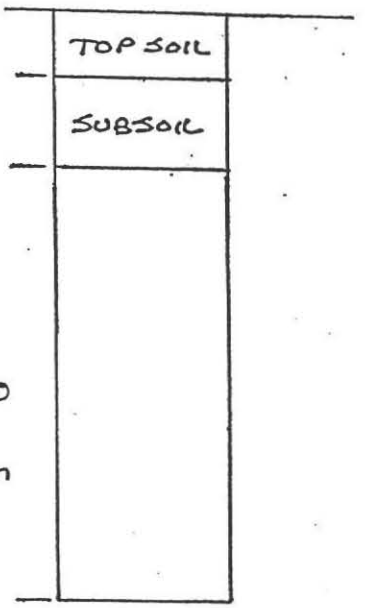
DEEP TEST HOLES

LOT 120 Pg. 3
54 LARKSPUR DR.

#1



#2



Repair

Thin layer of very fine silty sand to be removed 10' around system

---

CALCULATIONS

SOIL CLASS I

2.0 min./in = 0.74 gal./sq.ft.

BOTTOM AREA

50' x 3' x 3 lines = 450 sq.ft.

SIDEWALL AREA (NOT ALLOWED IN LEACHING FIELDS)

50' x 3/4' x 2 sides x 3 lines = 225 sq.ft.

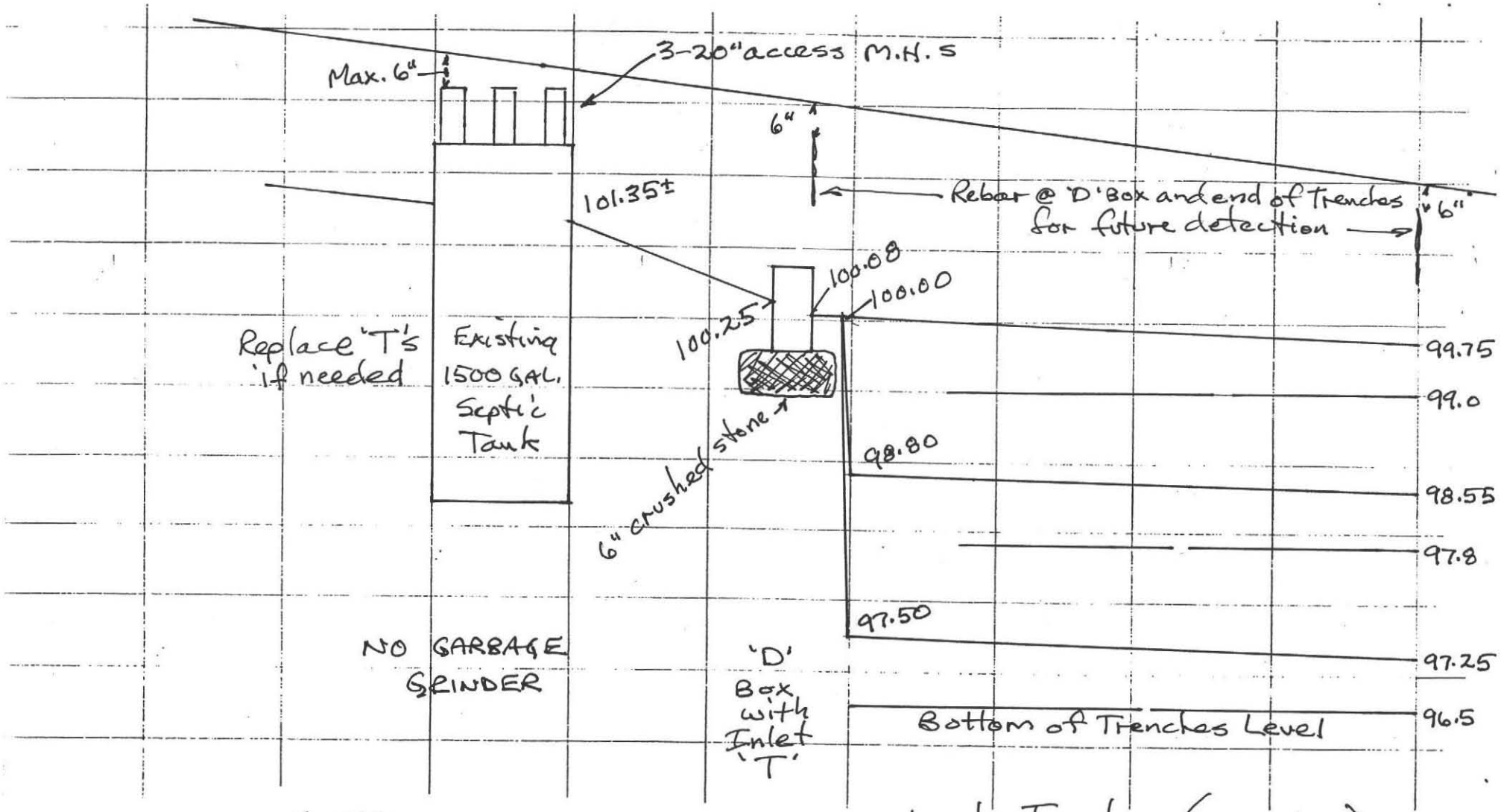
675 sq.ft. x 0.74 gal./sq.ft. = 499.5 GAL.

— AVAILABLE

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SWEENEY
No. 24151
REGISTERED PROFESSIONAL ENGINEER

6/30/97

440 GAL. REQUIRED
4 Bedroom House
NO Garbage Grinder



NOTES:

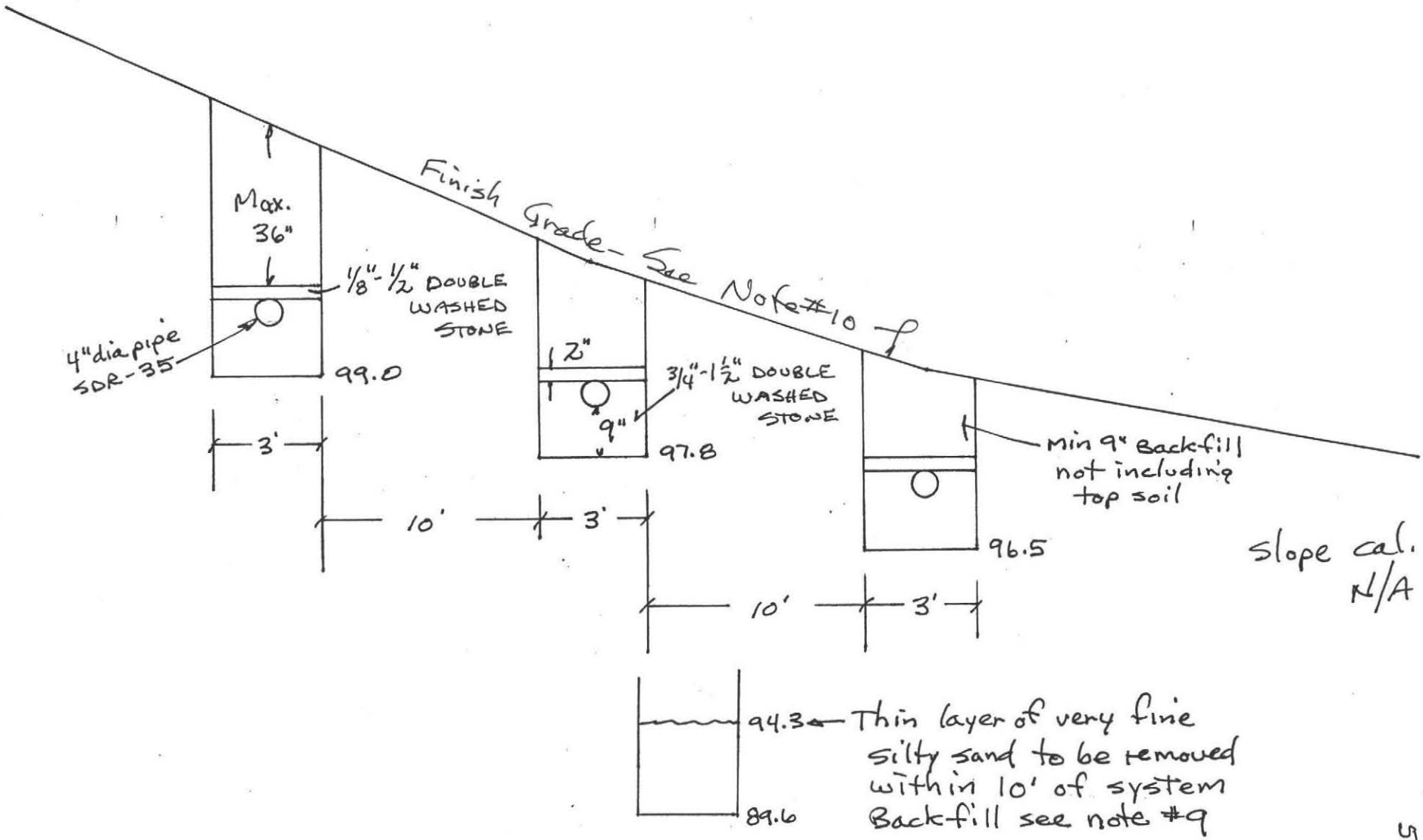
1. SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES.
2. OUTLET TEE SHALL HAVE A GAS BAFFLE
3. D-BOX SHALL HAVE MINIMUM 12" INSIDE WIDTH AND 6" SUMP BELOW OUTLET INVERT.
4. ACCESS M.H.'S TO SEPTIC TANK SHALL BE WITHIN 6" TO FINISHED GRADE
5. D-BOX OUTLET PIPES SHALL BE LEVEL MIN. 2 ft.
6. END CAPS ON PIPES
7. ELEVATIONS ARE TO INVERTS UNLESS NOTED
8. SEPTIC TANKS SHOULD BE INSPECTED ANNUALLY

PROFILE OF SYSTEM SCALE HORZ. 1"=10'

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHEEHAN
No. 22454
REGISTERED PROFESSIONAL ENGINEER

6/3/97

LOT 120 Pg. 4
54 Larkspur Dr.



NOTES:

9. ALL LOAM, SUBSOIL AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 5 FT. OF LEACHING FACILITY AND FILL WITHIN 5 FT. OF LEACHING FACILITY SHALL MEET SPECIFICATIONS OF TITLE 5 15.255 (3)

FINISH GRADE ABOVE AND ADJACENT TO SYSTEM SHALL SLOPE AT LEAST 2% TO PREVENT ACCUMULATION OF SURFACE WATER

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS SHEEHAN No. 20[illegible] REGISTERED PROFESSIONAL ENGINEER

6/30/97

CROSSECTION OF SYSTEM
NO SCALE

LOT 120 Pg. 5
54 LARKSPUR DR.

54 Larkspur

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT 120 LARKSPUR DR. HOUSE NO. 54

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner ROD LAVERGERE Address STATION ROAD

Installer ED STONE Address MONTAGUE MA.

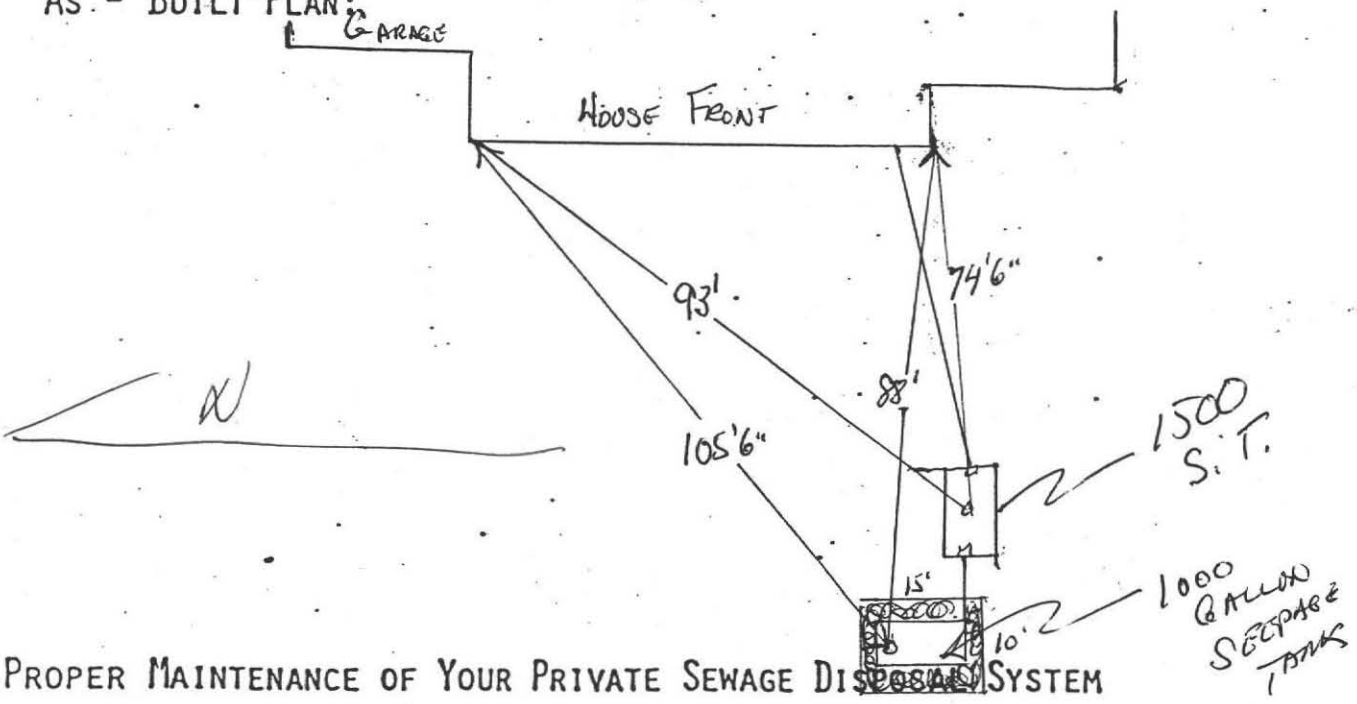
Date Installation Inspected and Approved 10-7-86

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed (:) Seepage Pit (X). Square Feet: 150 250 SIDES & BOTTOM

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

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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

No. 85-47 FEE 9000

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

COMMONWEALTH OF MASSACHUSETTS FREDERICK L. DS, R.S. 688

Application for Disposal Works Construction Permit

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

#54

Larkspur Drive — Location - Address — Lot 120 — or Lot No.

Donald Lavrendiere — Owner — 700 Station Road — Address

D.A. Lakrdiere & Son Cons Co. — Installer — Thru Stoney's Excavation Co. — Montague Mass — Address

Type of Building — Size Lot 41,268 Sq. feet

Dwelling — No. of Bedrooms 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 440 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 8½' Width 5' Diameter..... Depth 5'

Disposal Trench — No. ..... Width 7 ~~Total~~ Length 10½ Total leaching area 157.5 sq. ft. sides

Seepage Pit No. 1 ~~Diameter~~..... Depth below inlet 4½ Total leaching area 47.25 sq. ft. Bottom

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F.A. Filios Date April 26, 1985

Test Pit No. 1 2 minutes per inch Depth of Test Pit 9' Depth to ground water Dry at 9'

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

Description of Soil Enclosed

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

Town OF Amherst

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.

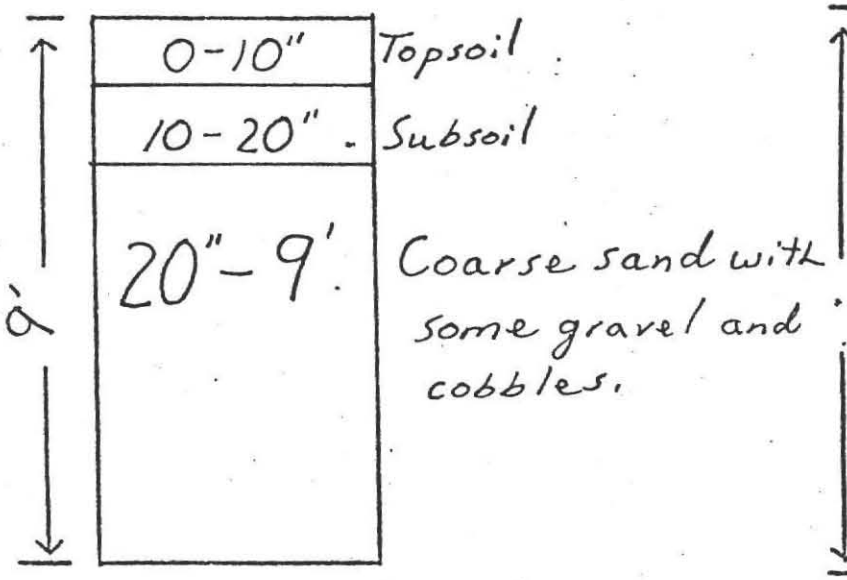
DATE..... Inspector.....

CHECK OR FILL IN WHERE APPLICABLE

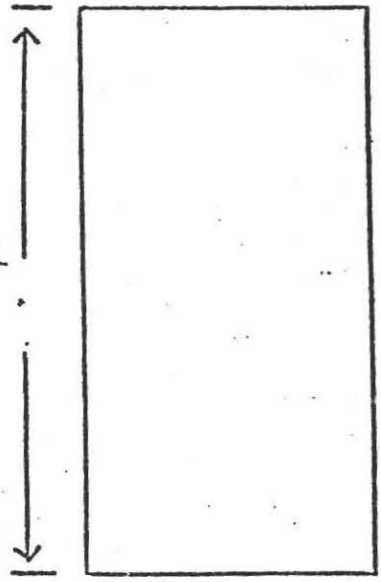
DEEP SOIL LOGS

OWNER Amherst Woods Inc. DATE April 26, 1985

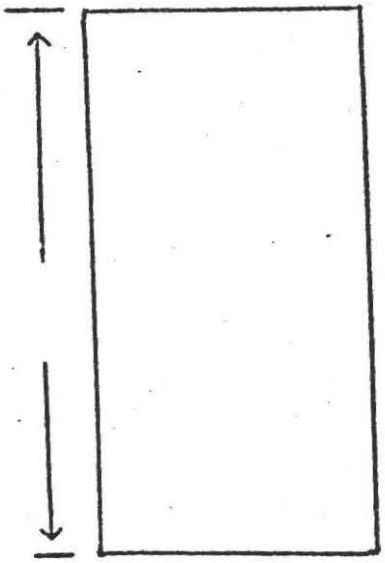
LOCATION Amherst Woods Lot #120 OBSERVER F.A. Filios



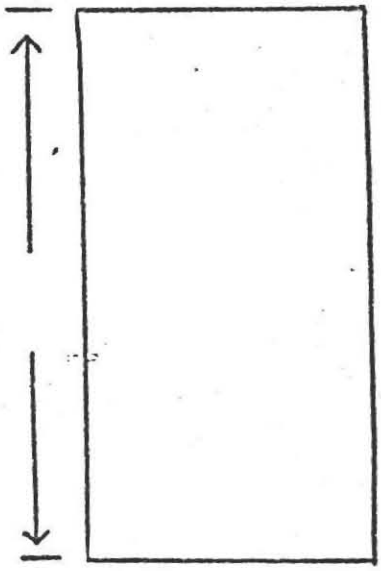
GROUND WATER None



GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

PERCOLATION RATE AT 30": 2 min/inch

COMMONWEALTH OF MASSACHUSETTS
FREDERICK FILIOS, R.S.
688

PLAN SHOWING SEWAGE DISPOSAL

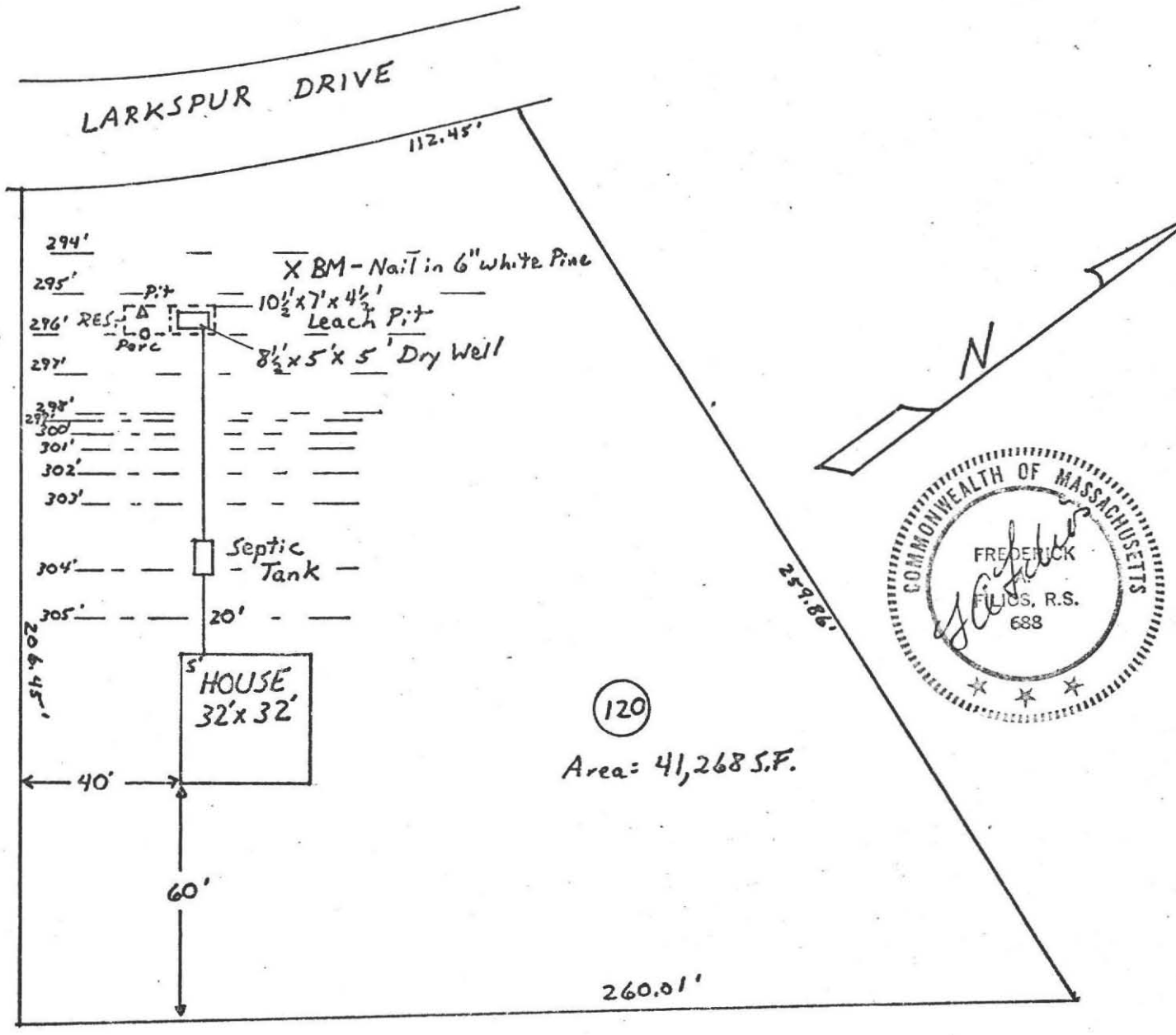
FOR: Donald LaVerediere
700 Station Road
Amherst, MA.

AT: Lot 120 Larkspur Drive
Amherst Woods
Amherst, MA.

BY: F.A. Filios ltr.
69 Pelham Road
Amherst, MA.

SCALE: 1" = 40'

October 29, 1985

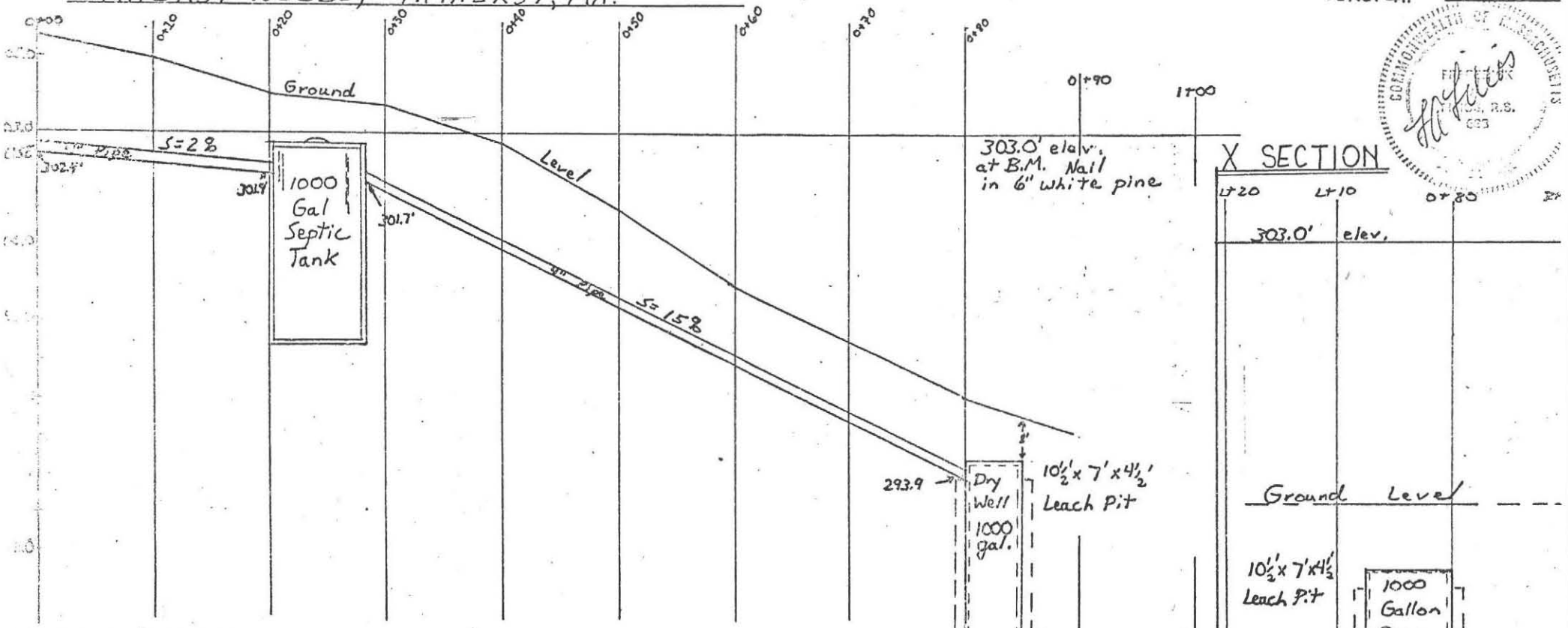


NOTE:
On town water, no wells in the area.

OR: DONALD LAVEREDIERE
700 Station Road, Amherst
T: LOT 120, LARKSPUR DRIVE
AMHERST WOODS, AMHERST, MA.

BY: FREDERICK A. FILIOS W.T.
69 PELHAM ROAD
AMHERST, MA 01002

DATE: October 29, 1985
SCALE: HORIZONTAL 1" = 10'
VERTICAL 1" = 3'



X SECTION

SPECIFICATIONS

All materials and construction are to be in accordance with the Comm. of Mass. D.E.Q.E. State Environmental Code Title 5.

CALCULATIONS:

4 Bdrm x 110 = 440 gal req.
Perc rate = 2 min/inch ; Side rate = 2.5, bottom = 1.0
Leach Pit: 10½' long x 7' Wide x 4½' deep
Sides: 10½' x 4½' x 2 x 2.5 = 236.25
7' x 4½' x 2 x 2.5 = 157.5
Bottom: 10½' x 4½' x 1.0 = 47.25
Total 441 gal.

TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

chk 2652

Received of Ronald Lauer Sieve (Name) of 54 Larkspur Drive (Address)

For Property Located at Same (Street Address) Same (Owner)

_____	Bakery	01-0-501-4433-00	_____	Perc Test	01-0-501-4344-00
_____	Bed & Breakfast	01-0-501-4474-01	_____	Pool	01-0-501-4471-00
_____	Catering	01-0-501-4429-00	_____	Rec. Camp	01-0-501-4424-00
_____	Food Handler	01-0-501-4474-00	_____	Retail Permit	01-0-501-4473-00
_____	Frozen Desserts	01-0-501-4421-00	_____	Sanitary Code Booklet	01-0-501-4380-00
_____	Housing Inspection	01-0-501-4348-00	_____	Septic Installers Permit	01-0-501-4470-01
_____	Massage	01-0-501-4425-00	_____	Septic Private Applications	01-0-501-4470-00
_____	Milk	01-0-501-4420-00	_____	Septic - Reinspection	01-0-501-4345-00
_____	Motel License	01-0-501-4428-00	_____	Sub-Division Rev.	01-0-501-4460-00
_____	Miscellaneous	01-0-501-_____	_____	Tanning	01-0-501-4434-00
_____	Offal/Garbage	01-0-501-4472-00	_____	Twenty-one D Tickets	01-0-501-4879-00

PAID JUL 2 - 1997 TOWN OF AMHERST TREASURER

TOTAL FEE: 60.00

Treasurer/Collector 7/1/97 Date

David Lauzenski for Inspection Services

White - Applicant *Yellow - Collector* *Pink - Inspection Services*

FOR) W.W. Perso

CASH

TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

Received of Ronald Haverstock (Name) of 441 West St Unit I (Address)

For Property Located at 54 Larkspur Drive (Street Address) (Owner)

____	Bakery	01-0-501-4433-00	____	Perc Test	01-0-501-4344-00
____	Bed & Breakfast	01-0-501-4474-01	____	Pool	01-0-501-4471-00
____	Catering	01-0-501-4429-00	____	Rec. Camp	01-0-501-4424-00
____	Food Handler	01-0-501-4474-00	____	Retail Permit	01-0-501-4473-00
____	Frozen Desserts	01-0-501-4421-00	____	Sanitary Code Booklet	01-0-501-4380-00
____	Housing Inspection	01-0-501-4348-00	✓	Septic Installers Permit	01-0-501-4470-01
____	Massage	01-0-501-4425-00	____	Septic Private Applications	01-0-501-4470-00
____	Milk	01-0-501-4420-00	____	Septic - Reinspection	01-0-501-4345-00
____	Motel License	01-0-501-4428-00	____	Sub-Division Rev.	01-0-501-4460-00
____	Miscellaneous	01-0-501-____	____	Tanning	01-0-501-4434-00
____	Offal/Garbage	01-0-501-4472-00	____	Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE: 50.00

Norma J Lynch (Treasurer/Collector) CC 7-3-97 (Date)

Carol Pagnotti (Inspection Services)

White - Applicant *Yellow - Collector* *Pink - Inspection Services*

No. 97-8

Pd CASH FOR Liaise

FEE 60 00

CK # 3652

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Application for Disposal System Construction Permit

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

Location Address or Lot No.	Owner's Name, Address and Tel. No.
54 Larkspur Dr.	Ronald Laverdiere 441 West St. Unit I Amherst, MA
Installer's Name, Address, and Tel.No. W. Pecso 5 Amherst Rd. Belchertown 323-4852	Designer's Name, Address and Tel. No. 323-7124 Lewis & Cook Surveyors, Inc Robert F. Sheehan, PE Belchertown, MA

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder (NO

Other Type of Building _____ No. per Persons _____ Showers ( ) Cafeteria ( )

Other Fixtures _____

Design Flow 440 gallons per day. **Calculated** daily flow 499.5 gallons.

Plan Date June 27, 1997 Number of sheets _____ Revision Date _____

Title _____

Description of Soil See Attached Sheets

Nature of Repairs or Alterations (Answer when applicable) Robert D Sheehan 6/30/97

Date last inspected: _____

Agreement: Insp. Dave Zatoginski

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

Signed _____ Date _____

Application Approved by _____ Date _____

Application Disapproved for the following reasons _____

Permit No. 97-8 Date Issued _____

Stan T Hulme Bill Pecso FOR

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Certificate of Compliance

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed ( ) or repaired/replaced (✓) on 7-2-97 by W. Pecso for Ronald Laverdiere at 54 Larkspur Drive has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 97-8 dated _____. Use of this system is conditioned on compliance with the provisions set forth below:

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

DATE 7/2/97 Inspector David Zatoginski for Stephen Levine

THE COMMONWEALTH OF MASSACHUSETTS

No. 97-8 Amherst, MASSACHUSETTS FEE 60 00

Disposal System Construction Permit

Permission is hereby granted to Ronald Laverdiere to construct ( ) or repair (✓) an On-site Sewage System located at 54 Larkspur Drive

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

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

DATE 7/1/97 Approved by David Zatoginski for Stephen Levine

FORM 1255 Rev. 3/95 A.M. SULKIN CO. - BOSTON, MA

No. 85-47 FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

COMMONWEALTH OF MASSACHUSETTS FREDERICK FILIOS, R.S. 688

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

Larkspur Drive (#54) Lot 120
Location - Address or Lot No.

Donald Laverediere 700 Station Road
Owner Address

D.A. LaVerdiere & Son Construction Co. Thru Montague Mass.
Installer Stonays excavation Co. Address

Type of Building Size Lot 41,268 Sq. feet

Dwelling — No. of Bedrooms 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 440 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 8½' Width 5' Diameter..... Depth 5'

Disposal Trench — No. ..... Width 7 ~~Total~~ Length 10½ Total leaching area 157.5 sq. ft. sides

Seepage Pit No. 1 ~~Diameter~~..... Depth below inlet 4½ Total leaching area 47.25 sq. ft. Bottom

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F.A. Filios Date April 26, 1985

Test Pit No. 1 2 minutes per inch Depth of Test Pit 9' Depth to ground water Dry at 9'

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

Description of Soil Enclosed

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 Donald LaVerdiere

Application Approved By [signature] Date 11-8-85

Application Disapproved *for the following reasons:*

Permit No. 85-47 Issued 11-8-85 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 ( ) 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

No. 85-47 Town OF Amherst FEE 90

Disposal Works Construction Permit

Permission is hereby granted D.A. LAVERDIERE & SON STONE

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

at No. Lot 120 LARKSPUR DR
Street

as shown on the application for Disposal Works Construction Permit No. 85-47 Dated 11-8-85

DATE 11-8-85 [signature]
Board of Health

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

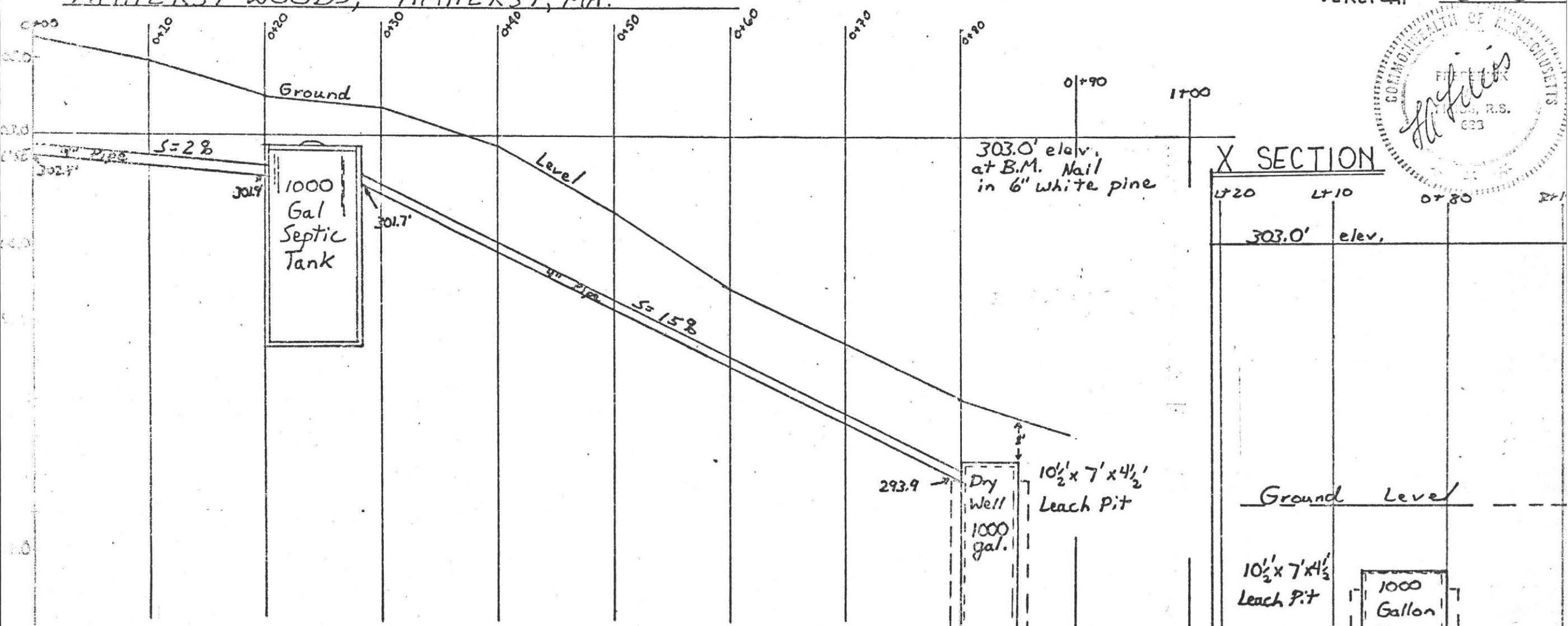
PROFILE OF SEPTIC SYSTEM

OR: DONALD LAVEREDIERE
700 Station Road, Amherst
T: LOT 120, LARKSPUR DRIVE
AMHERST WOODS, AMHERST, MA.

BY: FREDERICK A. FILIOS, R.S.
69 PELHAM ROAD
AMHERST, MA 01002

DATE: October 29, 1985

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



SPECIFICATIONS

All materials and construction are to be in accordance with the Comm. of Mass. D.E.Q.E. State Environmental Code Title 5.

CALCULATIONS:

4 Bdrm x 110 = 440 gal req.
Perc rate = 2 min/inch ; Side rate = 2.5, bottom = 1.0
Leach Pit: 10½' long x 7' wide x 4½' deep
Sides: 10½' x 4½' x 2 x 2.5 = 236.25
7' x 4½' x 2 x 2.5 = 157.5
Bottom: 10½' x 4½' x 1.0 = 47.25
Total 441 gal.