



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

59 LARKSPUR DRIVE
 Property Address
 EVA FRANKLIN
 Owner's Name
 AMHERST MA 01002 SEPTEMBER 13, 2010
 City/Town State Zip Code Date of Inspection

B. Certification (cont.)

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:

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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

- Y N ND (Explain below):



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01002

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Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

PHILIP J. PASIECNIK

Name of Inspector

GREG'S WASTEWATER REMOVAL

Company Name

239 GREENFIELD ROAD

Company Address

SOUTH DEERFIELD

City/Town

MA.

State

01373

Zip Code

413-665-3989

Telephone Number

SI1526

License Number

B. Certification

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 Fails

Needs Further Evaluation by the Local Approving Authority

Philip J. Pasiecznik
Inspector's Signature

SEPTEMBER 14, 2010
Date

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.

****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.



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B. Certification (cont.)

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 indicates absent 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:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- | Yes | No | |
|--------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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



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C. Checklist

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

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, normal flows, water volumes, plans, facility inspection, site inspection, system components location, septic tank manholes, facility owner information, and existing information.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440 gpd



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B. Certification (cont.)

Yes No

- Yes No Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: _____.
- Yes No Any portion of the SAS, cesspool or privy is below high ground water elevation.
- Yes No Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Yes No Any portion of a cesspool or privy is within a Zone 1 of a public well.
- Yes No Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Yes No Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.]**
- Yes No The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
- 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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes No

- Yes No the system is within 400 feet of a surface drinking water supply
- Yes No the system is within 200 feet of a tributary to a surface drinking water supply
- Yes No 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.



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D. System Information (cont.)

Last date of occupancy/use:

N/A

Date

Other (describe below):

N/A

General Information

Pumping Records:

Source of information:

Septic tank was last pumped on 8/18/2005 by Greg's per our records.

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

Tank Dimensions

Reason for pumping:

Tank Inspection and Solids Removal

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) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):



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D. System Information

Description:

Design Plan showed system was for a four bedroom house.

Number of current residents:

0

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? [if yes separate inspection required]

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

Water meter readings, if available (last 2 years usage (gpd)):

67 gpd

Detail:

Last 2 years usage = 6547 cu. ft. x 7.5 gpcuft = 49,102.5 gallons / 730 days = 67.26 gpd

Sump pump?

Yes No

Last date of occupancy:

Approx. 1 year
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

N/A

Design flow (based on 310 CMR 15.203):

N/A

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

N/A

Grease trap present?

Yes No

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:

N/A



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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 25"
 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 13"
 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.):

Recommendations for septic tank pumping is every two to three years. Cast in place concrete inlet and outlet baffles appeared to be in good condition. Structural integrity of the septic tank appeared to be good. The liquid level was at the outlet invert. No leakage was evident at this time.

Grease Trap (locate on site plan):

Depth below grade: N/A feet
 Material of construction:
 concrete metal fiberglass polyethylene other (explain):
 N/A

Dimensions: N/A
 Scum thickness N/A
 Distance from top of scum to top of outlet tee or baffle N/A
 Distance from bottom of scum to bottom of outlet tee or baffle N/A
 Date of last pumping: N/A Date



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D. System Information (cont.)

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

18 Years Old / 1992 / Design Plan from Board of Health

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.5
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

Town Water
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

All visible building sewer joints appeared to be in good condition. Venting was visible outside the dwelling on the roof. No leakage was evident at this time. Building sewer pipe from foundation to septic tank seemed to have little or no downward pitch.

Septic Tank (locate on site plan):

Depth below grade:

1
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

N/A
years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes No

Dimensions:

10'6"Lx5'6"Wx5'4"D

Sludge depth:

8"



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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

1.5" Due to a settled box in good condition.

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.):

Distribution box appeared to be level and flow appeared equal to both outlet pipes. Little solids carryover was in the box when opened for inspection. No leakage was evident into or out of the box at this time.

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No

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

N/A

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:



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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

N/A

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

N/A

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

N/A

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes

No

Alarm level:

N/A

Alarm in working order:

Yes

No

Date of last pumping:

N/A

Date

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

N/A

* Attach copy of current pumping contract (required). Is copy attached?

Yes

No



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D. System Information (cont.)

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

N/A

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A



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D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: 2 - 32 ft. Long x 3 ft. Wide
- 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.):

Dimensions of the leaching trenches is per the Design Plan. Clogging of the soil wasn't evident at this time. No signs of hydraulic failure or ponding. Soil at the surface over the trenches was very dry at this time. Vegetation appeared to be uniform in growth over the trenches.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

- Number and configuration N/A
- Depth - top of liquid to inlet invert N/A
- Depth of solids layer N/A
- Depth of scum layer N/A
- Dimensions of cesspool N/A
- Materials of construction N/A
- Indication of groundwater inflow Yes No



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D. System Information (cont.)

Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water: 4+
 feet

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

- Obtained from system design plans on record
 If checked, date of design plan reviewed: 1992
 Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:
Present at Inspection with Design Plan
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

Site Exam and Design Plan

Before filing this Inspection Report, please see Report Completeness Checklist on next page.



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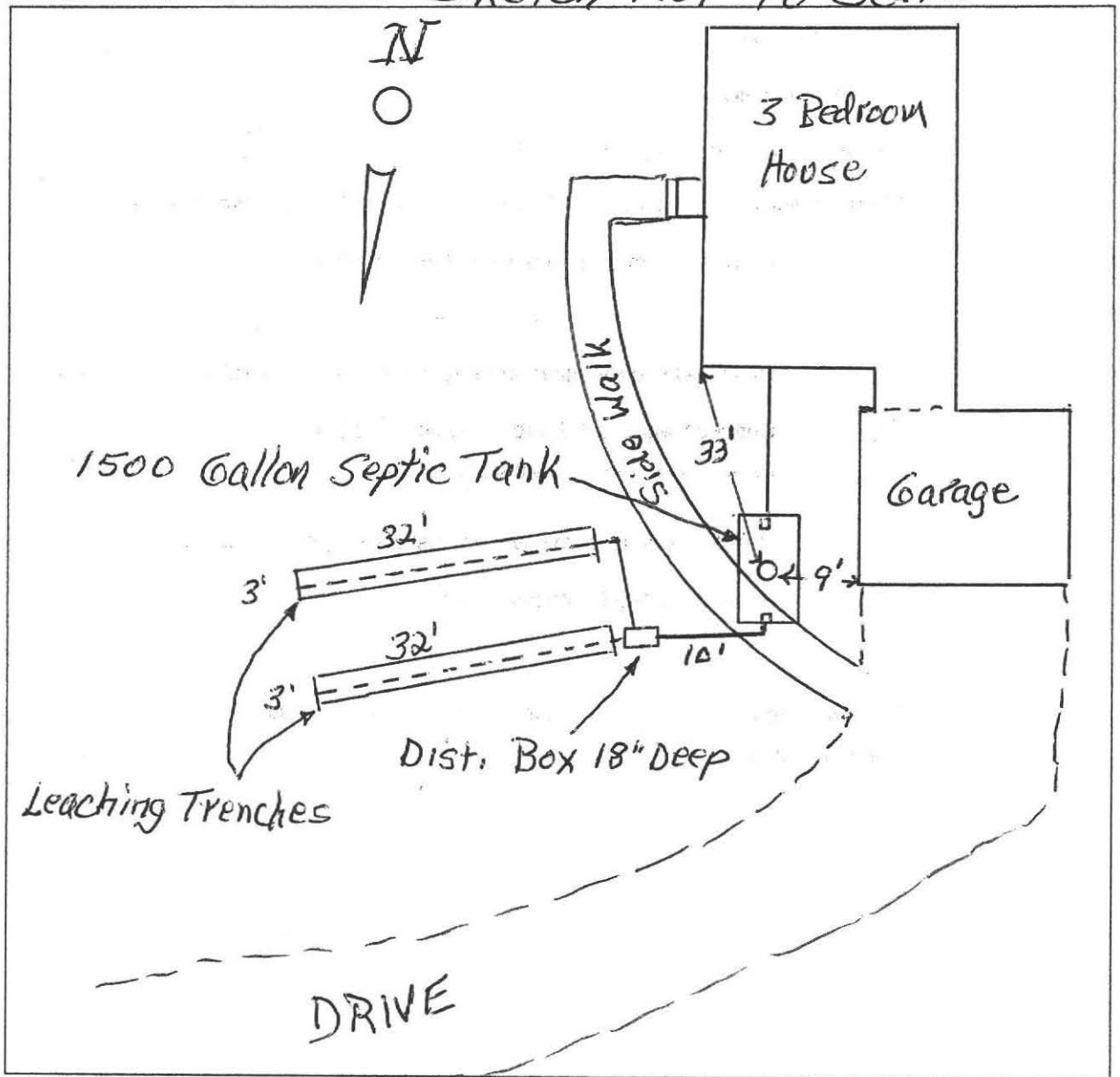
Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketched in the area below
- drawing attached separately

Sketch Not to Scale





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E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

1914

...

m-18
No. 86-38

APR 23 1986

12:30 PM

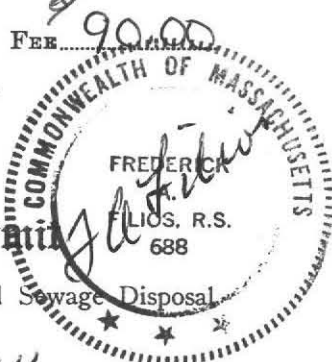
#59

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 (✓) or Repair () an Individual Sewage Disposal

System at:

59 Larkspur Dr. Amh Woods lot # 111
Location - Address
Phil Shumway or Lot No.
25 Mt Pollex Dr. Amh Ma
Owner
KARL KONIECZNY 327 RIVER DRIVE
Address
Installer

Type of Building 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 1500 gallons Length Width Diameter Depth

Disposal Trench — No. Width Total Length Total leaching area 235 sq. ft. Sides

Seepage Pit No. 1 Diameter 16 1/2 x 7' Depth below inlet 5.8 Total leaching area 145.5 sq. ft. Bottom

Other Distribution box (+ no Dosing tank ()

Percolation Test Results Performed by Frederick Filios Date Apr 26 1985

Test Pit No. 1 2 minutes per inch Depth of Test Pit 9' Depth to ground water none

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

Description of Soil Attached

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed 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 Philip E Shumway Date 4/23/86

Application Approved By Charles Conahy Date 4/24/86 11:45 AM

Application Disapproved for the following reasons:

Permit No. 86-38 Issued 4/24/86 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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 86-38

FEE 90

Disposal Works Construction Permit

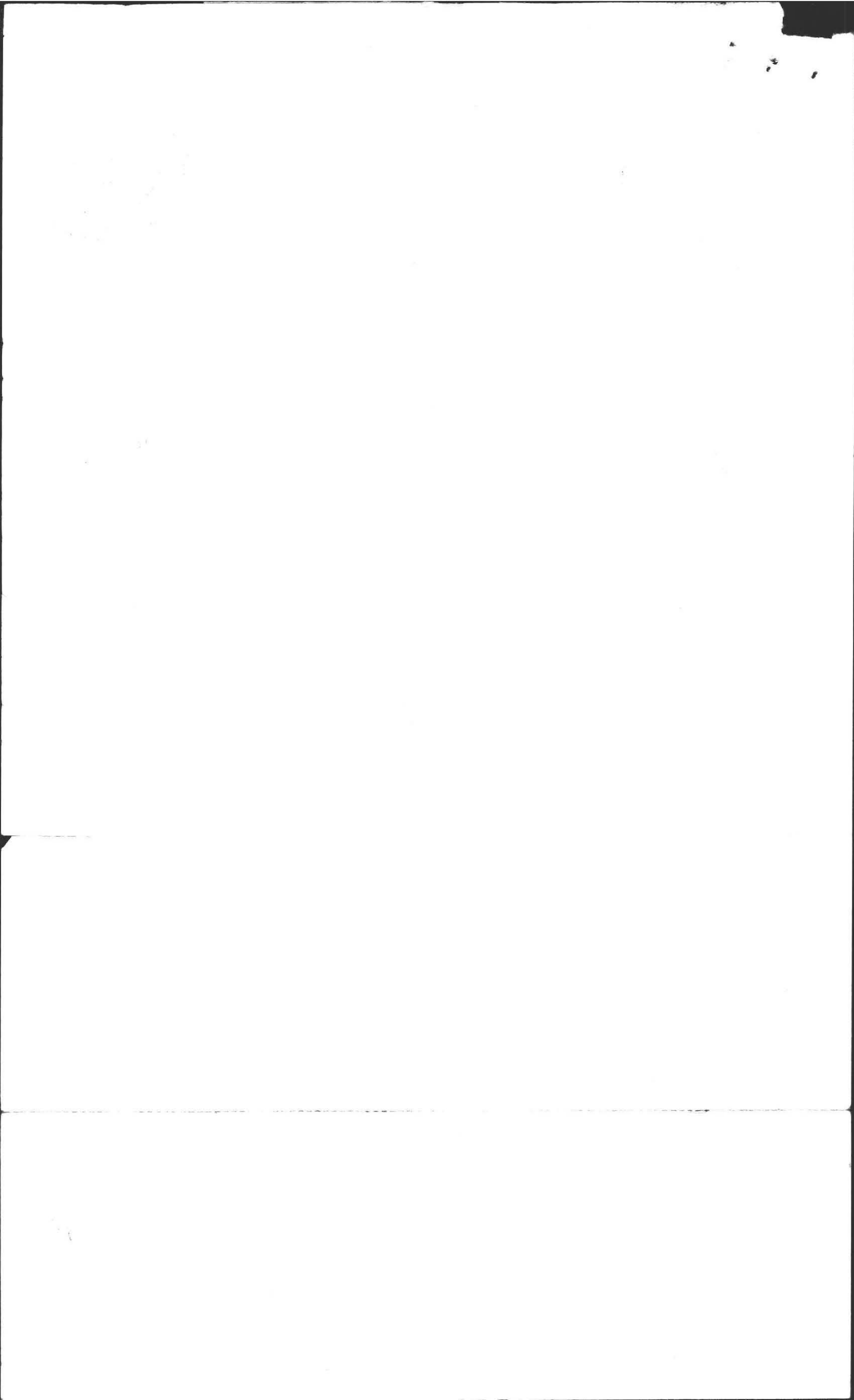
Permission is hereby granted Philip Shumway — KARL ETC to Construct (✓) or Repair () an Individual Sewage Disposal System

at No. Lot # 111 Amherst Woods Street

as shown on the application for Disposal Works Construction Permit No. 86-38 Dated 4/24/86

DATE 4/24/86 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



No.

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 (✓) or Repair () an Individual Sewage Disposal System at:

Location - Address: Larkspur Dr., Amh Woods lot # 111
Owner: Phil Shumway, 25 Mt Pollex Dr., Amh. Ma

Type of Building: Dwelling - No. of Bedrooms: 4, Expansion Attic (), Garbage Grinder (✓)
Other - Type of Building: , No. of persons: , Showers () - Cafeteria ()

Design Flow: 65 gallons per person per day, Total daily flow: 440 gallons
Septic Tank - Liquid capacity: 1500 gallons, Length: , Width: , Diameter: , Depth:
Disposal Trench - No. : , Width: , Total Length: , Total leaching area: 235 sq. ft.
Seepage Pit No. 1: 1, Diameter: 16 1/2 X 7', Depth below inlet: 5.8, Total leaching area: 74.5 sq. ft.
Percolation Test Results: Performed by: Frederick Filios, Date: Apr 26 1985

Description of Soil: Attached
Nature of Repairs or Alterations - Answer when applicable:

Agreement: The undersigned agrees to install the aforescribed 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

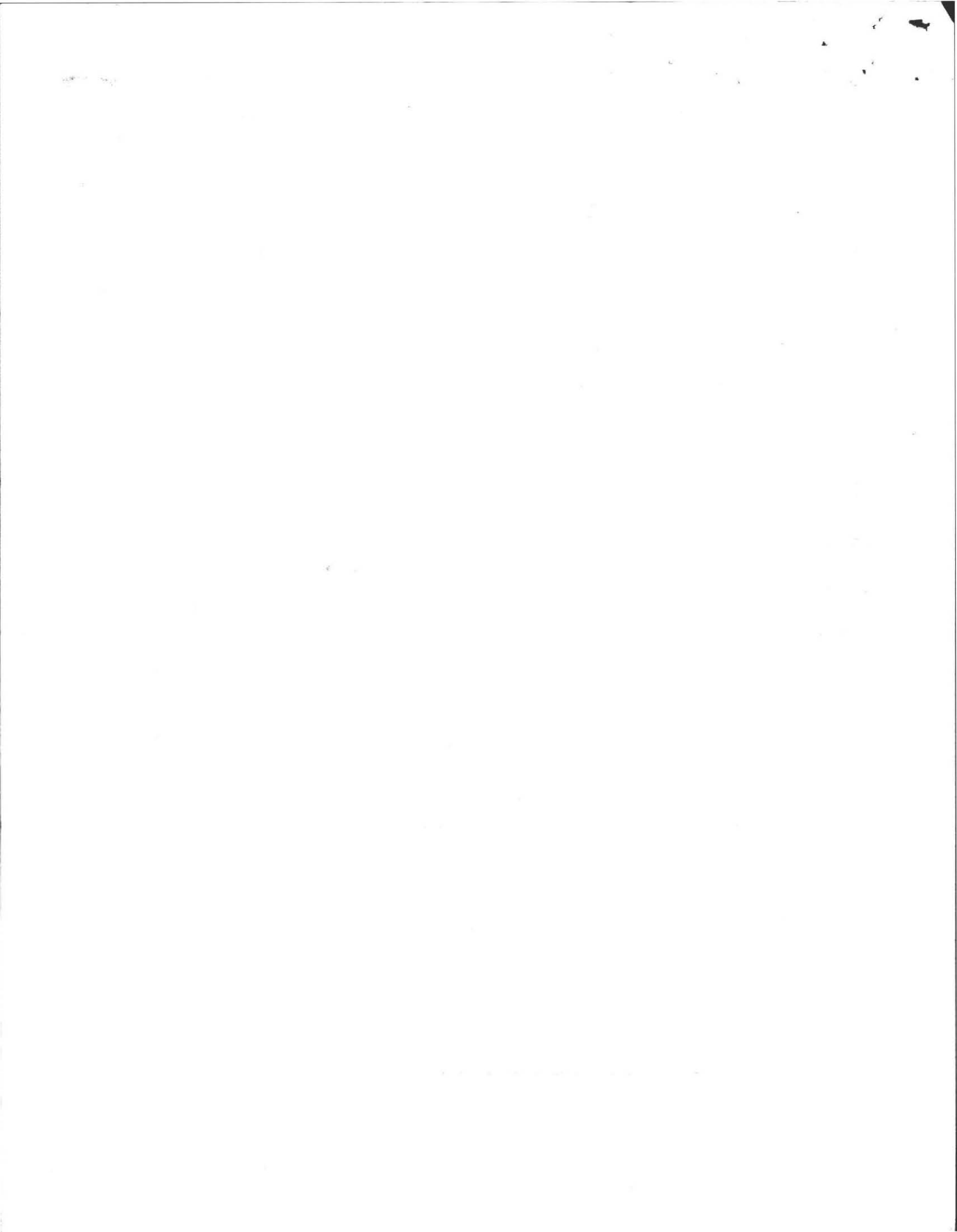
Certificate of Compliance

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

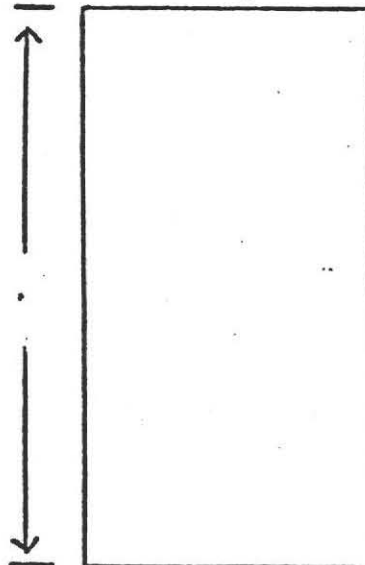
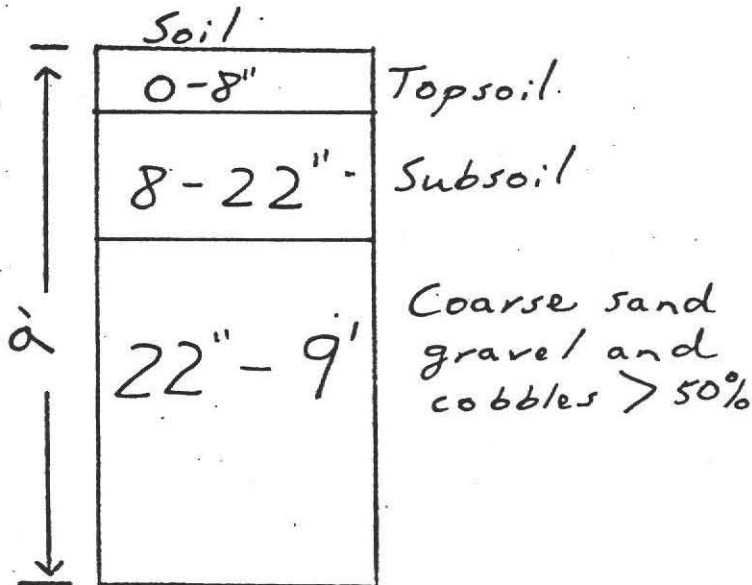
OWNER Amherst Woods Inc.

DATE April 26, 1985

LOCATION Amherst Woods

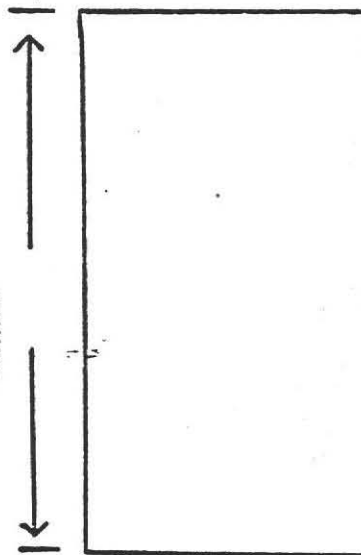
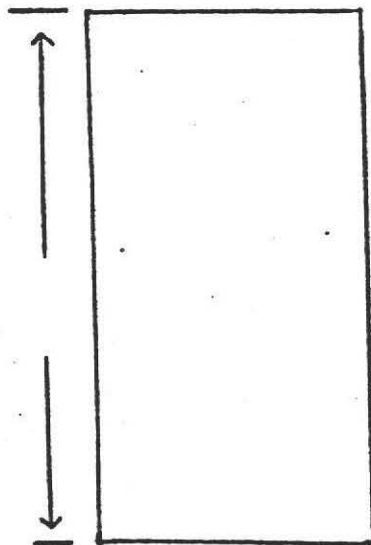
OBSERVER F.A. Filios

Lot #111



GROUND WATER None

GROUND WATER _____

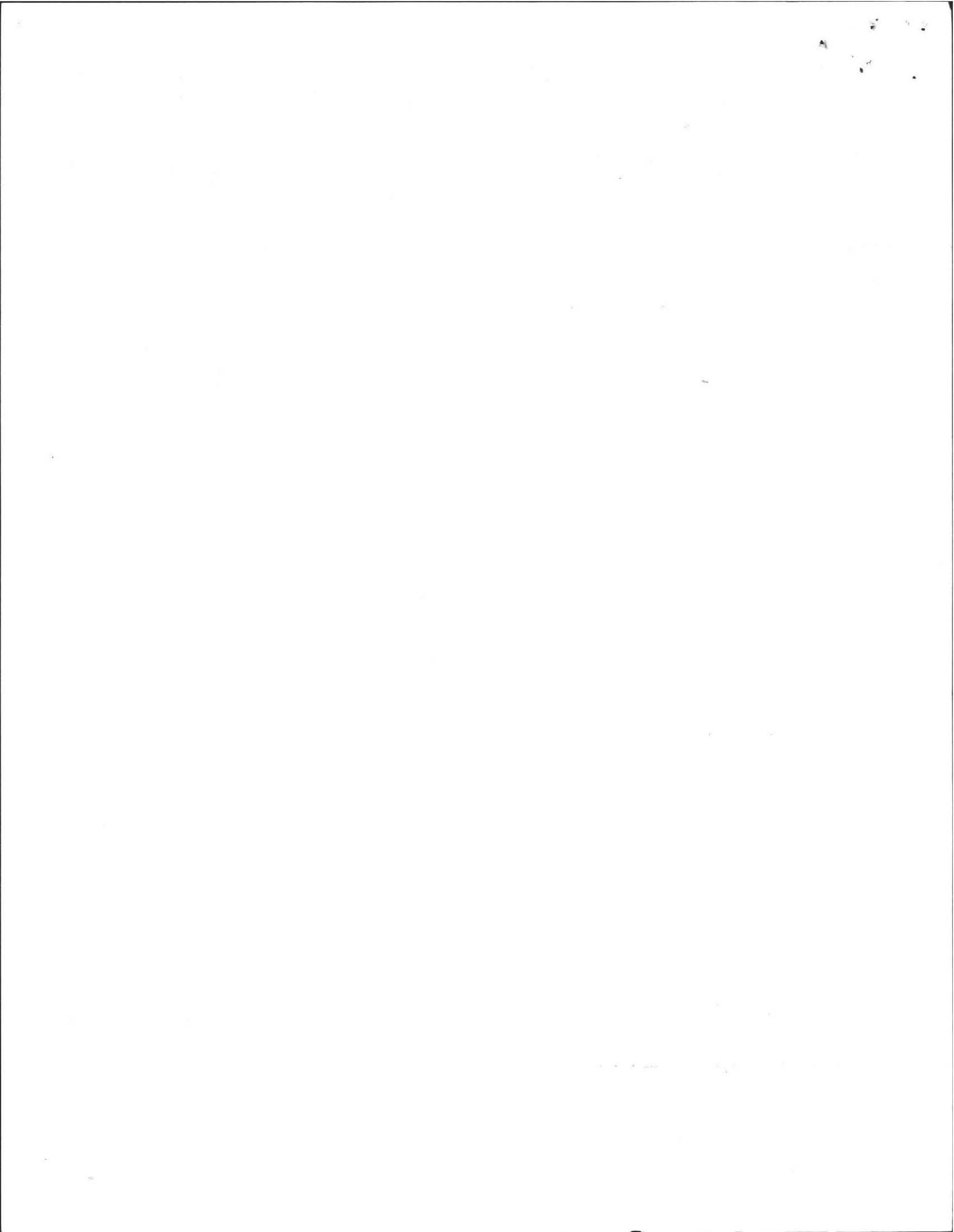


GROUND WATER _____

GROUND WATER _____

PERCOLATION RATE AT 37":

< 2 min/inch



PLAN SHOWING SEWAGE DISPOSAL

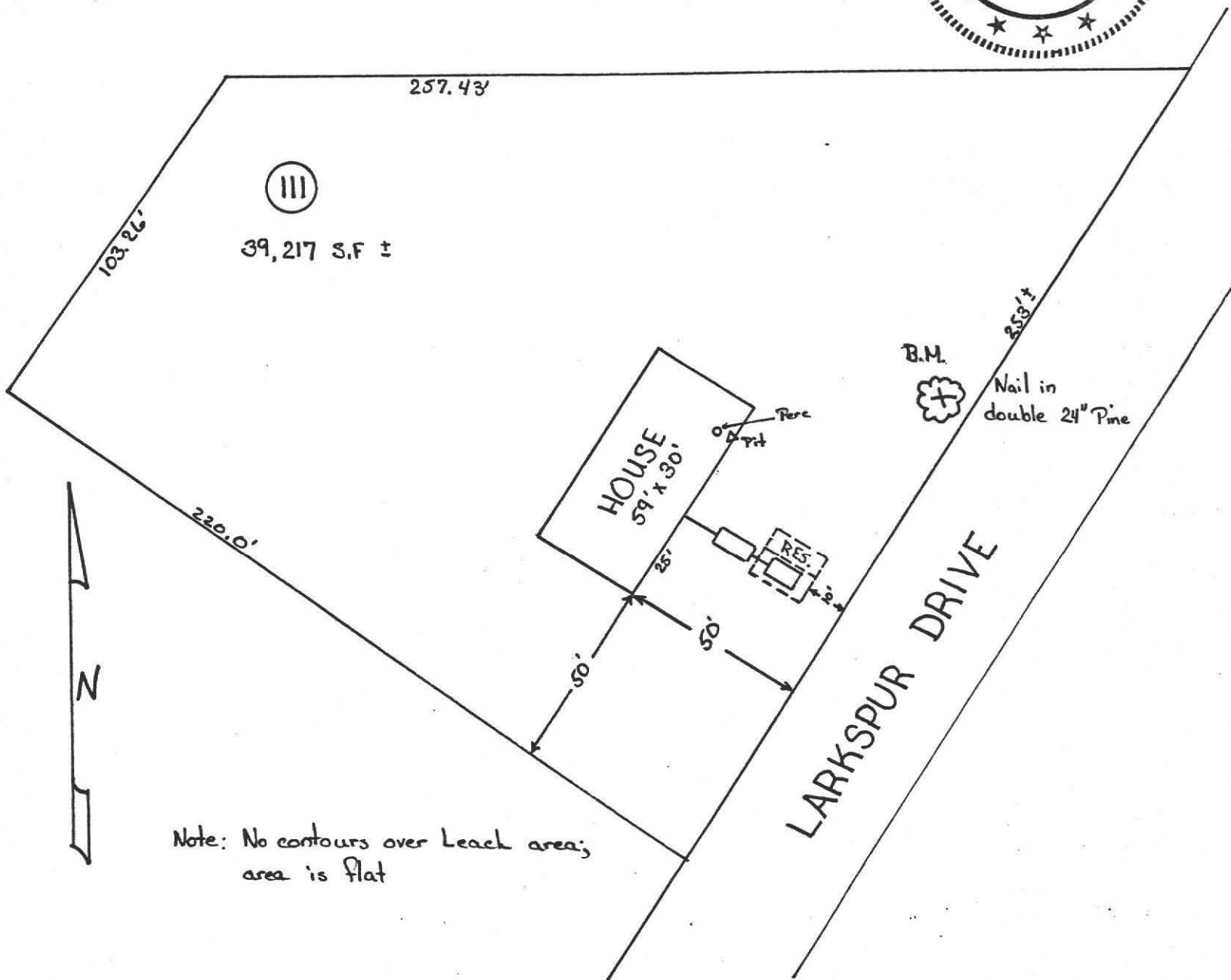
FOR: Phil Shumway
25 Mount Pollex Dr.
Amherst, MA

BY: F.A. Filios Tr.
69 Pelham Rd.
Amherst, MA

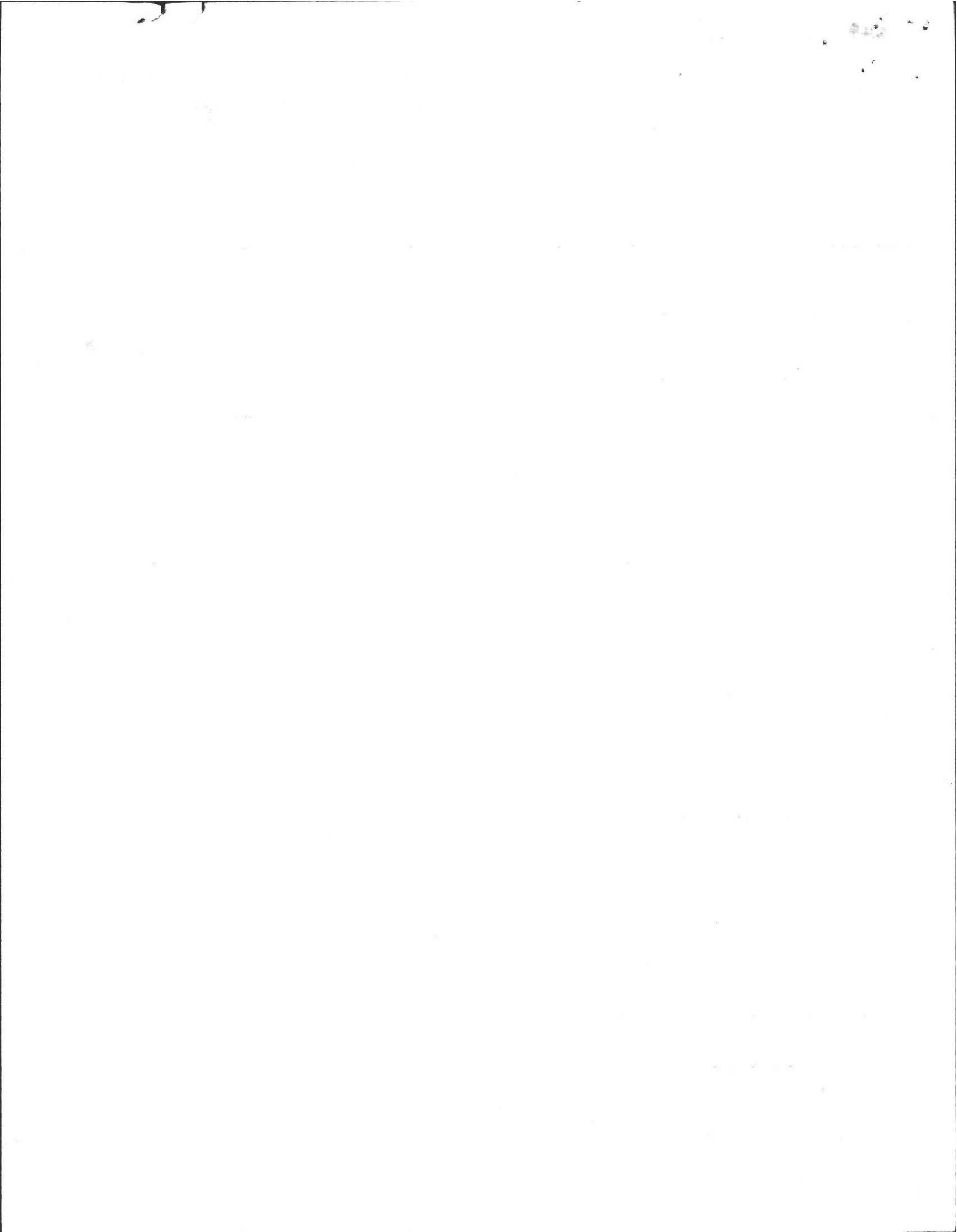
AT: Lot III, Larkspur Drive
Amherst Woods
Amherst, MA

SCALE: 1" = 40'

DATE: April 22 1981



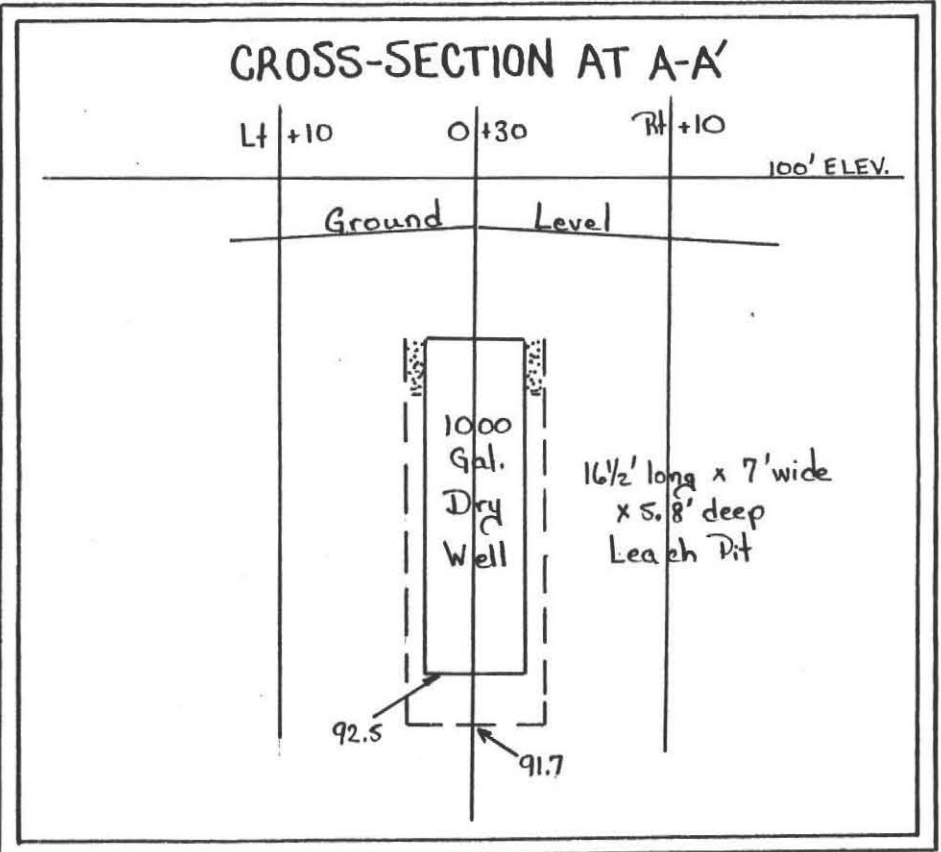
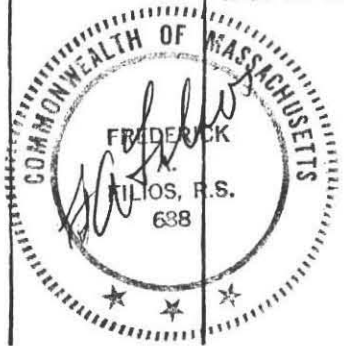
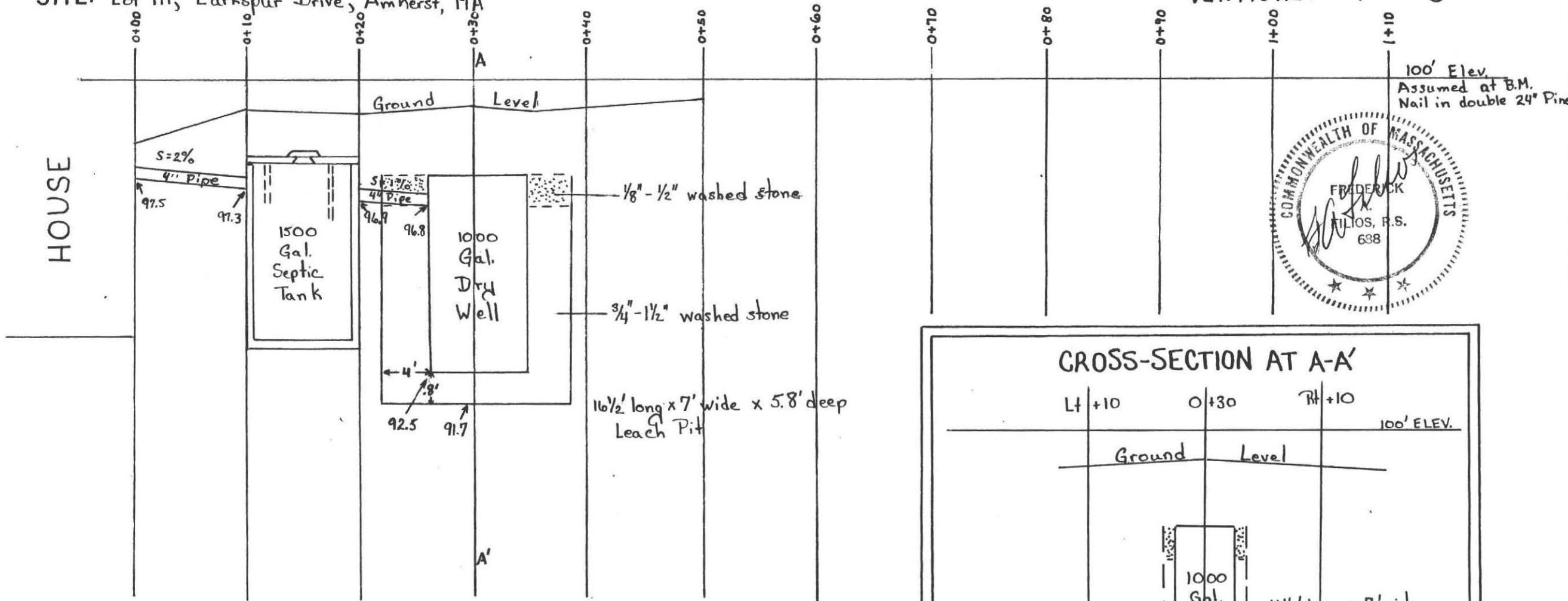
Note: No contours over Leach area;
area is flat



PROFILE OF SEPTIC SYSTEM

FOR: Phil Shumway
 25 Mount Pollux Drive, Amherst, MA
 SITE: Lot III, Larkspur Drive, Amherst, MA

BY: FREDERICK A. FILIOS R.K.
 DATE: April 22, 1986
 SCALE: HORIZONTAL: 1" = 10'
 VERTICAL: 1" = 3'

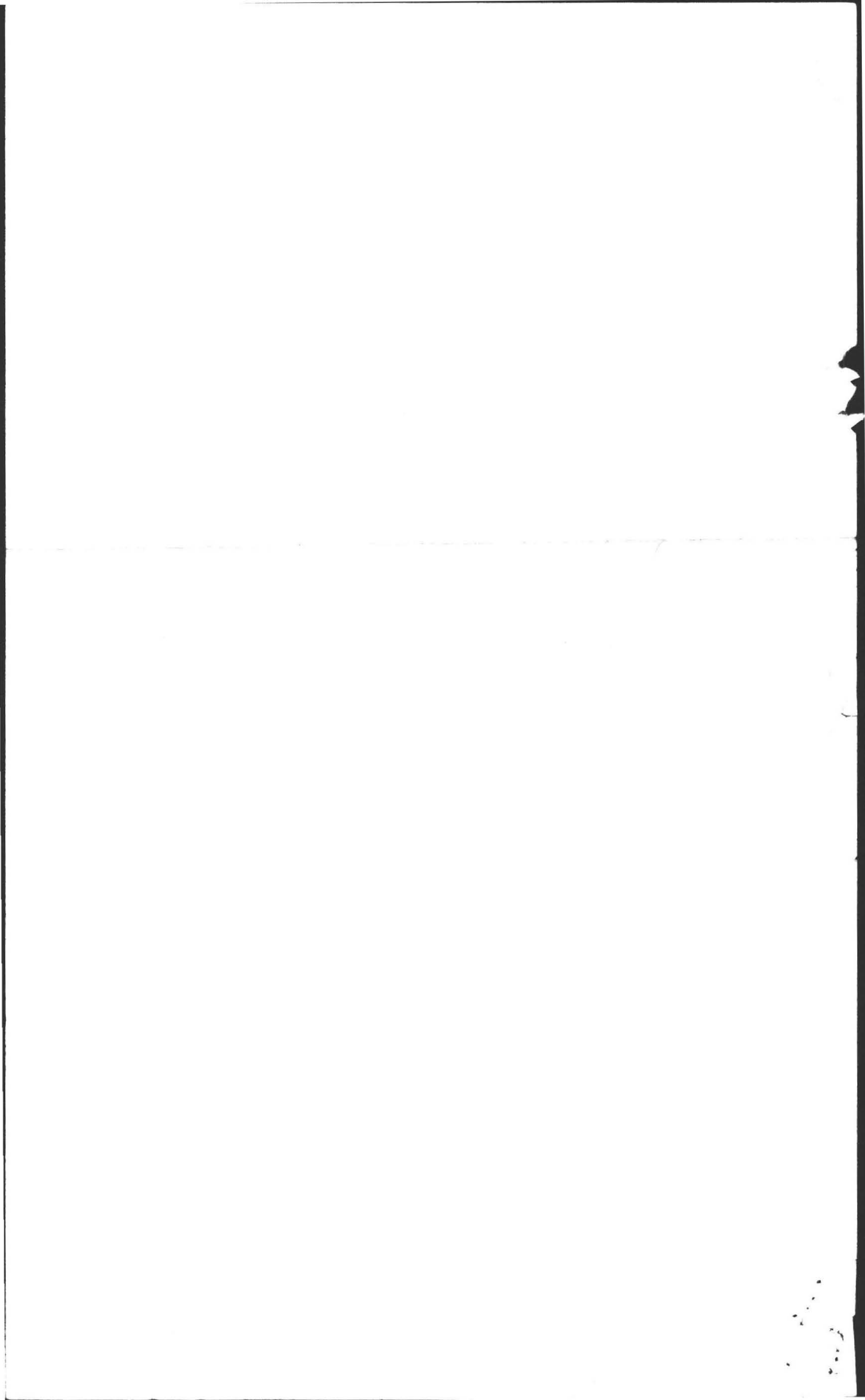


SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

$4 \text{ Bdm} \times 110 = 440 + 50\% \text{ for G.G.} = 660 \text{ gals.}$
 Perc Rate = 2 min/inch
 sides = 2.5 gal/s.F. ; Bottom = 1.0 gal/s.F.
 Leach Pit: $16\frac{1}{2}'$ long x $7'$ wide x $5.8'$ deep
 Sides: $16\frac{1}{2}' \times 5' \times 2 = 165 \text{ s.F.} \times 2.5 = 412.5$
 $7' \times 5' \times 2 = 70 \text{ s.F.} \times 2.5 = 175.0$
 Bottom: $16\frac{1}{2}' \times 7' = 115.5 \text{ s.F.} \times 1.0 = 115.5$
 Total = 703 gallons



59 Larkspur

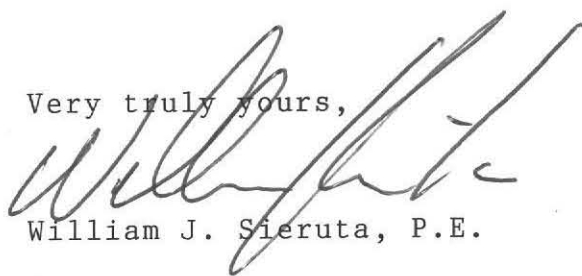
WILLIAM J. SIERUTA, P.E.
REGISTERED PROFESSIONAL ENGINEER
46 UPLAND ROAD
HOLYOKE, MASSACHUSETTS 01040
(413) 532-8525

Subject: P. Shumway
Lot 111 Larkspur Drive
Amherst, MA. 01002

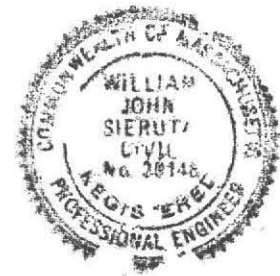
The subject septic system has been installed in accordance with the approved plans, 310 CMR 15 and local Board of Health regulations.

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

Very truly yours,



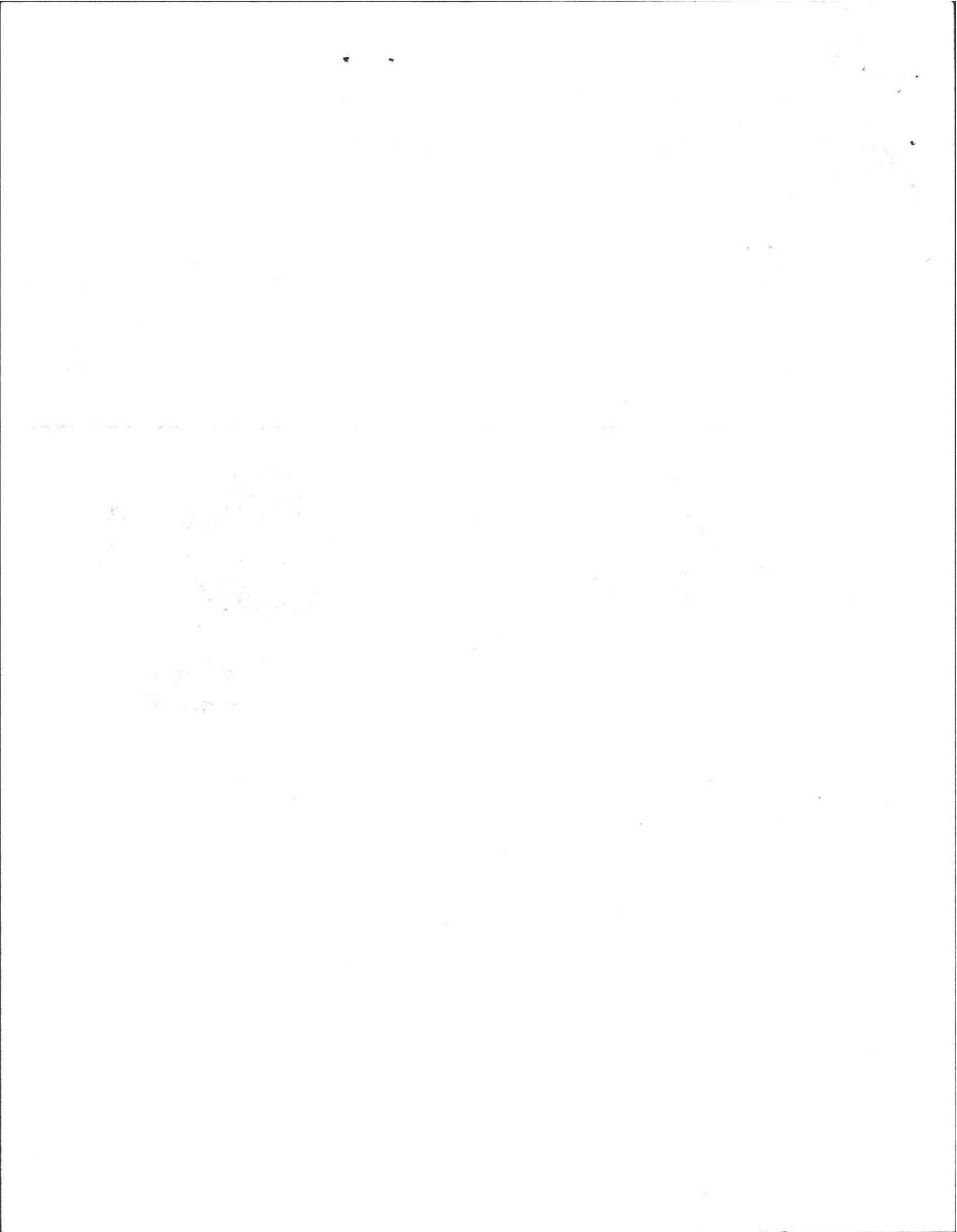
William J. Sieruta, P.E.



Poe
OCT 27 1992

cc:P. Shumway
Board of Health-Amherst

WJS:mbs



92-21

No.

FEE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst, MASS



Application for Disposal Works Construction Permit

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

LOT #111 59 LARKSPUR DRIVE AMHERST, MASS
PHIL SHUMWAY 25 MT POLOUX DRIVE Amherst MA

Owner: Phil Shumway, Address: 25 Mt Poloux Drive, Amherst MA
Installer: 43rd Room, Address: 39 215
Type of Building: Dwelling - No. of Bedrooms: Expansion Attic (NO) Garbage Grinder (YES)
Other - Type of Building: Residential, No. of persons: 8 Showers (2) - Cafeteria (NO)
Other fixtures: Full Bmt with Drains
Design Flow: 110 gallons per person per day, Total daily flow: 110 x 4 x 1.25 = 550 gallons
Septic Tank - Liquid capacity: 1500 gallons, Length: 10'0", Width: 5', Diameter: 5', Depth: 5'
Disposal Trench - No. 2, Width: 36", Total Length: 64', Total leaching area: sq. ft.
Seepage Pit No., Diameter, Depth below inlet, Total leaching area: sq. ft.
Other Distribution box (), Dosing tank () Bottom 192 ft 510 walls 250 ft
Percolation Test Results Performed by: Filios Enterprises Date: 9/20/89
Test Pit No. 1: 2.0 minutes per inch, Depth of Test Pit: 44", Depth to ground water: 129"
Test Pit No. 2: 2.0 minutes per inch, Depth of Test Pit: 72", Depth to ground water: 129"
Description of Soil: H1 0-8" TOPSOIL 8-19 SUB SOIL 19-138
Coarse gravel and sand H2O @ 129"

Nature of Repairs or Alterations - Answer when applicable: H2 0-11 TOPSOIL 11-29 SUB SOIL 29-128
Coarse sand; gravel with cables 5 strands H2O @ 129"

Agreement: The undersigned agrees to install the aforescribed 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: x Philip E. Shumway 6/18/92
Application Approved By: David J. Ziegler for O.D. 6/18/92
Application Disapproved for the following reasons: Date

Permit No. 92-21 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 Larkspur Drive Installer Lot 111 at Larkspur Drive 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. 92-21 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

Disposal Works Construction Permit

Permission is hereby granted Philip Shumway to Construct (X) or Repair () an Individual Sewage Disposal System at No. Larkspur Drive Street Lot 111 as shown on the application for Disposal Works Construction Permit No. 92-21 Dated

DATE 6/18/92 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



Town of

AUG 17 1992

AMHERST Massachusetts



Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 253-7077

August 12, 1992

Mr. David Keenan
Keenan Real Estate, Inc.
6 University Drive
Amherst, MA 01002

*Dear DAVID - nonsense!
Please schedule
mts with appropriate
Board I will attend
mts at
your
convenience
Thanks
David*

Dear David;

This letter is sent to you in regards to the septic system installation on Lot 111 Larkspur Drive, Amherst, Mass. On Friday August 8, 1992 you informed me that the system was inspected by the design engineer, Bill Sieruta and covered up. Unfortunately this procedure did not meet the Town requirement (copy enclosed) of the Health Department's Agent being present at the time of inspection. Therefore, I cannot give you a certificate of compliance for the installation of the septic system.

In order to comply with the Town requirements you must:

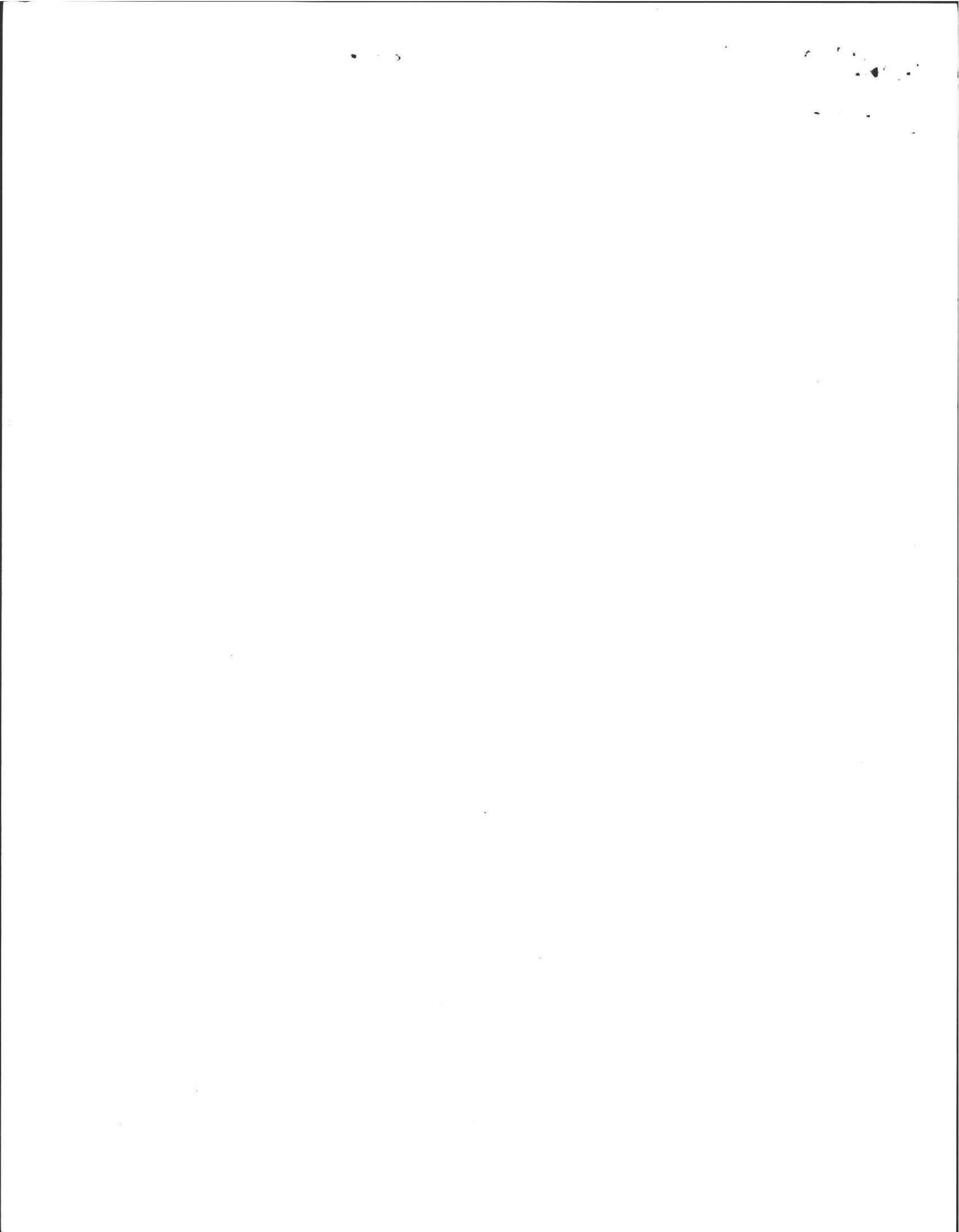
- 1) Uncover the system.
- 2) Call the engineer, Bill Sieruta, and set up an appointment with him, the Health Department agent, and yourself.

If you have any questions on this matter please feel free to call me.

Yours Truly,

David Zarozinski

CC: Bill Start, Inspection Services
Phil Shumway, Owner
Bill Sieruta, Engineer



AUG 17 1992

Town of



AMHERST

Massachusetts

Bettye Anderson Frederic, Director

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

January 1992

TO: INSTALLERS, ENGINEERS, SANITARIANS
FROM: DAVID ZAROZINSKI, SANITARIAN
ADVISORY: INSTALLATION OF SEPTIC SYSTEMS IN THE TOWN OF AMHERST

Please be advised as of January 13, 1992 it is my opinion that the following step(s) must be taken in the installation of a septic system.

1. As stated before, any change to the approved design plan must have prior approval of the Health Department **BEFORE** the installation can take place.
2. Engineers, Sanitarians, or their agent must inspect the installation of subsurface sewage disposal system at these intervals:
 - a) After the excavation is made for the placement of the fill but before the placement of the fill takes place.
 - b) Before the placement of the leaching stone.
 - c) Final inspection, which shall require that all of the covers are off of all of the tanks and other parts of the system for the inspection, and that all the pipes are properly placed on compacted soil and connected and/or cemented, and uncovered such that the pipes can be inspected in three intervals.
3. The Installer shall sign the certificate of compliance upon completion of the work.

The Installer, Engineer and/or Sanitarian or their agent shall be present at the time of the inspection by the Health Department. If you have questions on this matter please feel free to call me

10
DAVE
ZARRINSKI

Town of



AMHERST Massachusetts

Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 253-7077

COPY

August 19, 1992

Mr. David Keenan
Keenan Real Estate Inc.
6 University Drive
Amherst Mass 01002

Dear David,

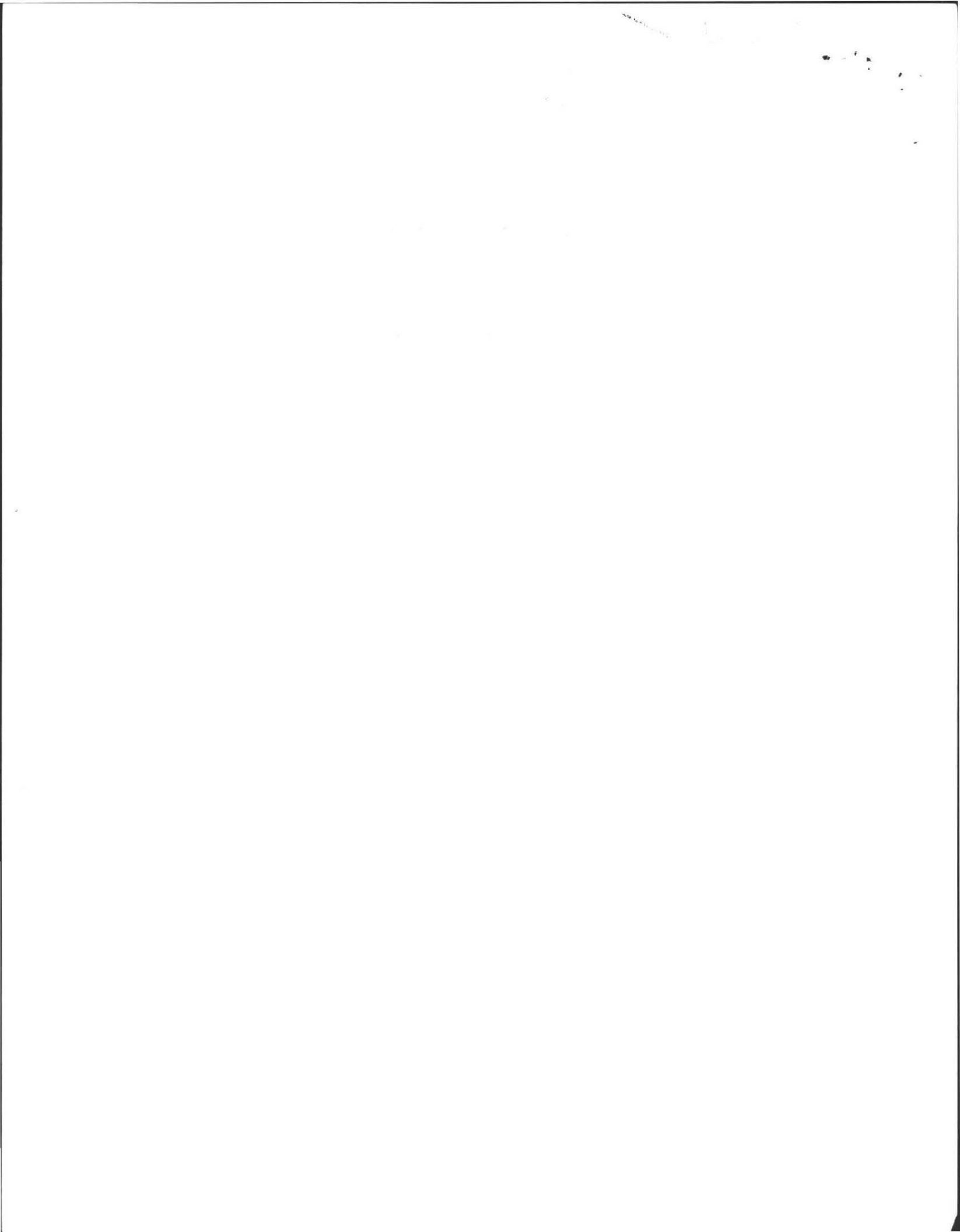
I am in receipt of your memo to me regarding the installation of a septic system on Lot 111 Larkspur Drive, Amherst Massachusetts.

Please be advised that our Board of Health meeting will be held on Wednesday September 2, 1992 in the mid-conference room at 7:00 p.m.

If you wish to meet with me prior to that meeting please feel free to call me at 256 - 4077 to set up an appointment.

Very Truly Yours,

David Zarozinski
Sanitarian



Town of



AMHERST *Massachusetts*

Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 253-7077

August 12, 1992

Mr. David Keenan
Keenan Real Estate, Inc.
6 University Drive
Amherst, MA 01002

Dear David;

This letter is sent to you in regards to the septic system installation on Lot 111 Larkspur Drive, Amherst, Mass. On Friday August 8, 1992 you informed me that the system was inspected by the design engineer, Bill Sieruta and covered up. Unfortunately this procedure did not meet the Town requirement (copy enclosed) of the Health Department's Agent being present at the time of inspection. Therefore, I cannot give you a certificate of compliance for the installation of the septic system.

In order to comply with the Town requirements you must:

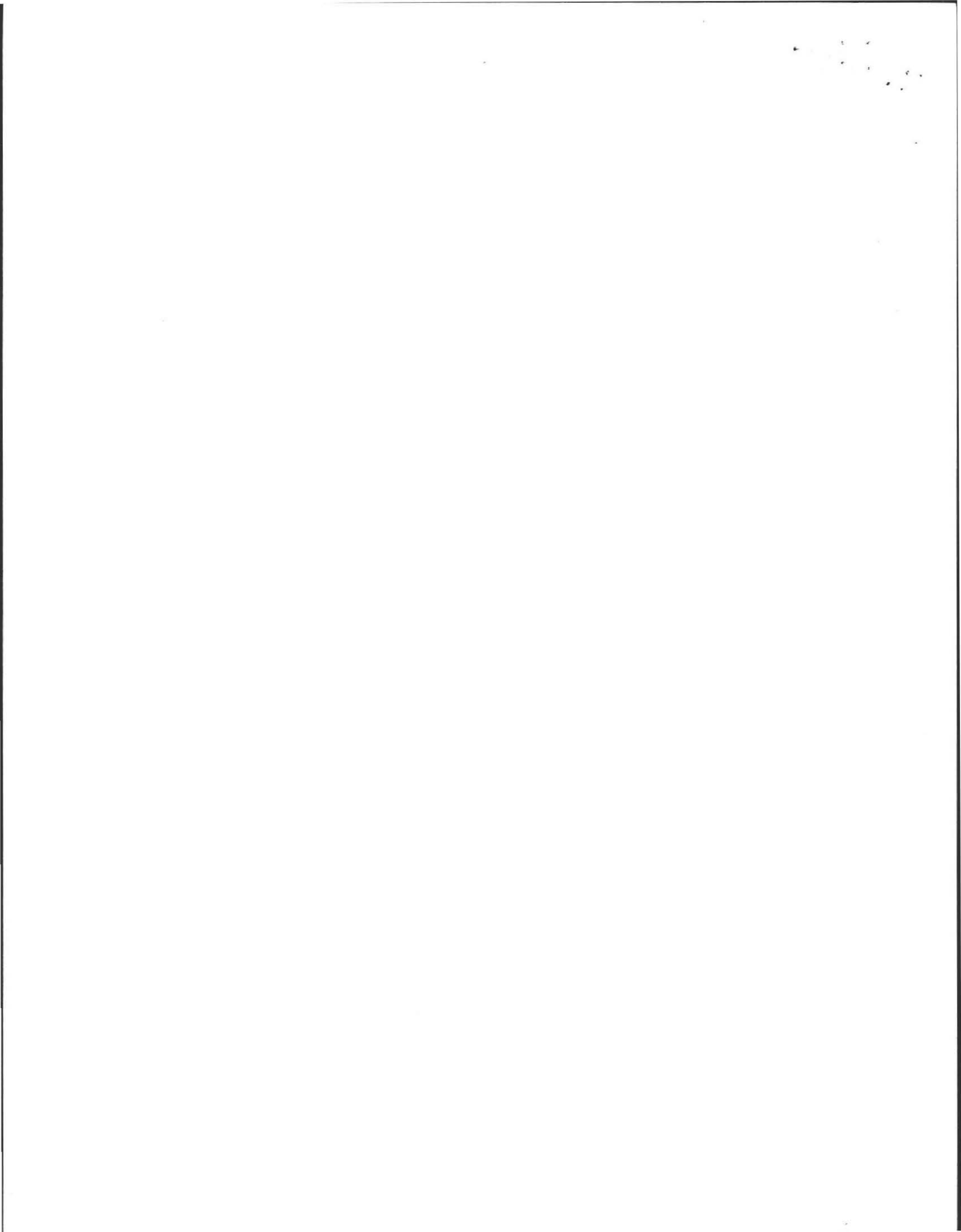
- 1) Uncover the system.
- 2) Call the engineer, Bill Sieruta, and set up an appointment with him, the Health Department agent, and yourself.

If you have any questions on this matter please feel free to call me.

Yours Truly,

David Zarozinski

CC: Bill Start, Inspection Services
Phil Shumway, Owner
Bill Sieruta, Engineer



PLAN SHOWING SEWAGE DISPOSAL

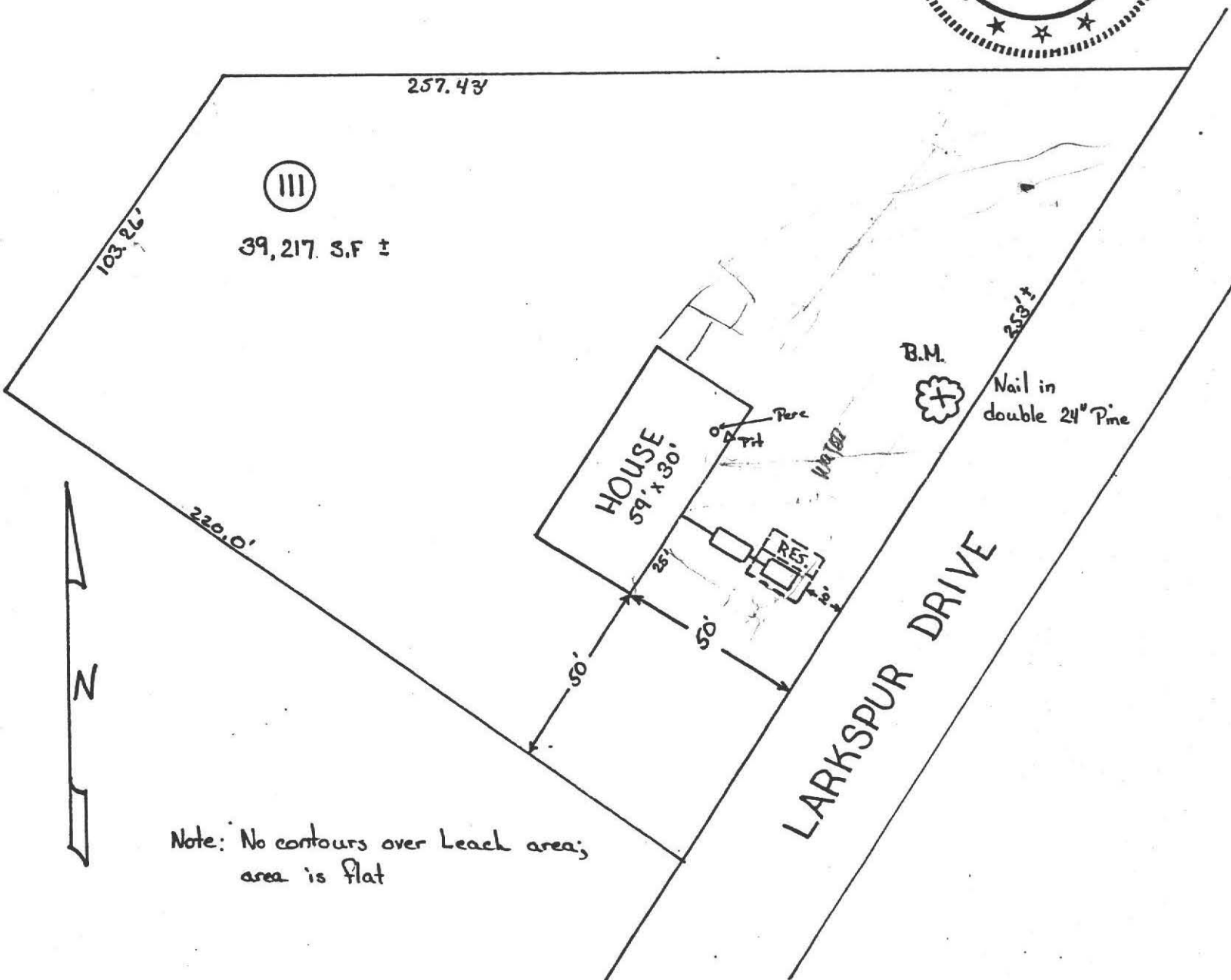
FOR: Phil Shumway
25 Mount Pollex Dr.
Amherst, MA

BY: F.A. Filios TR.
69 Pelham Rd.
Amherst, MA

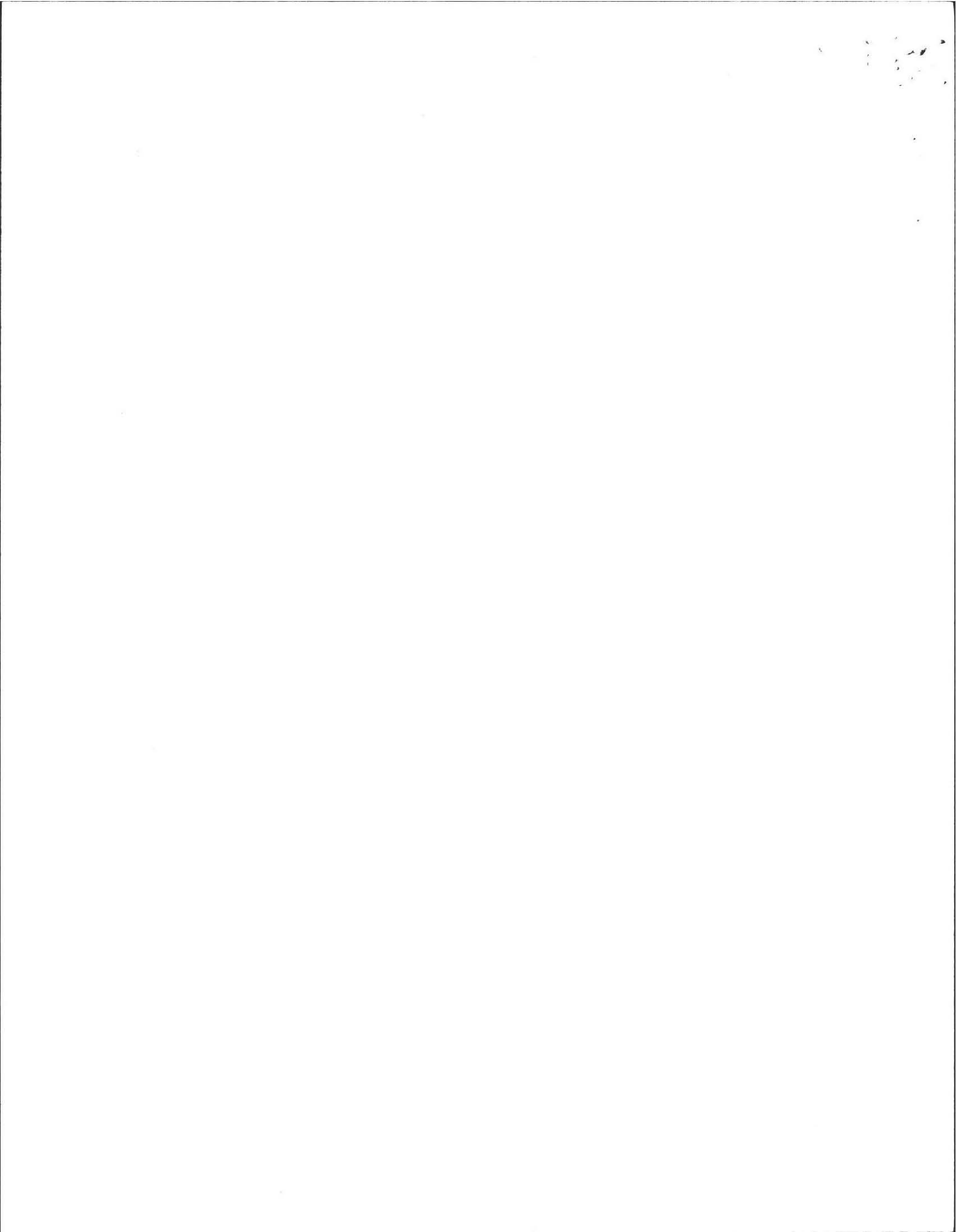
AT: Lot III, Larkspur Drive
Amherst Woods
Amherst, MA

SCALE: 1" = 40'

DATE: April 22, 1981



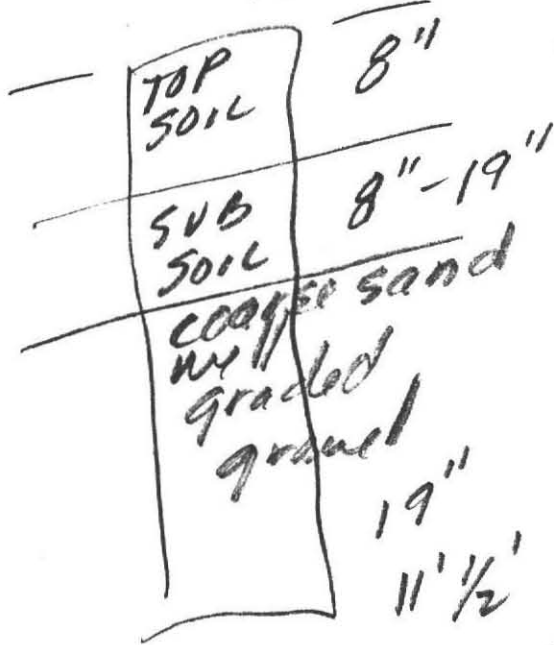
Note: No contours over Leach area;
area is flat



APRIL 20 1989

SOIL LOGS

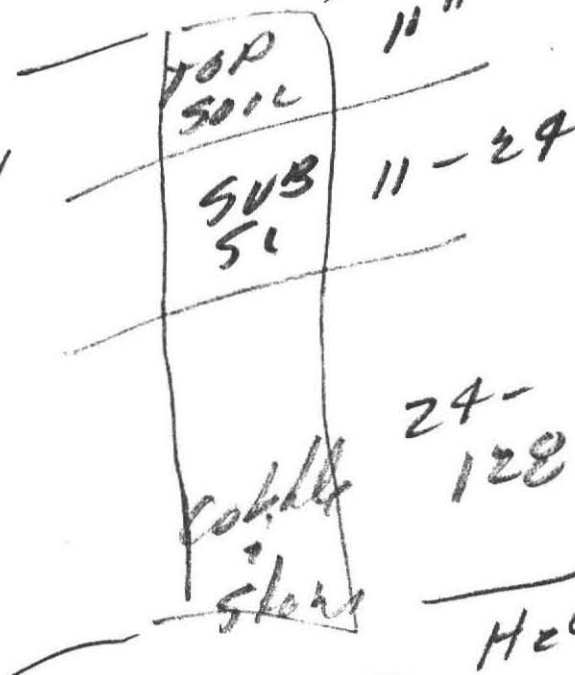
#1



H₂O

Fred Filos

D. Zarazian

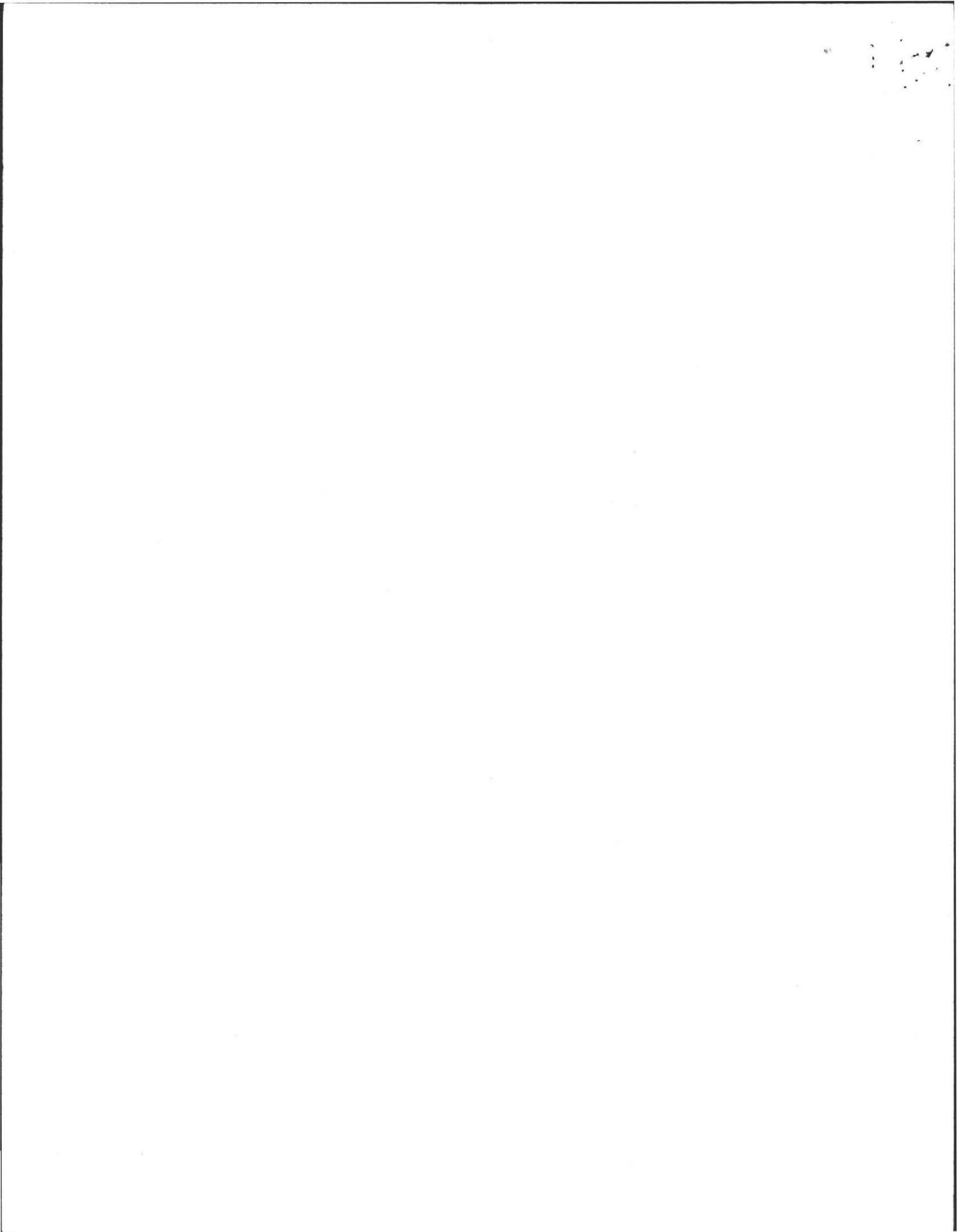


H₂O 124"

PERM RATE 2.0?
DEPTH OF PFC ?

PERM RATE
4 FT
2.0 "/math>

H₂O ? -
OXIDES ? -



PLAN SHOWING SEWAGE DISPOSAL

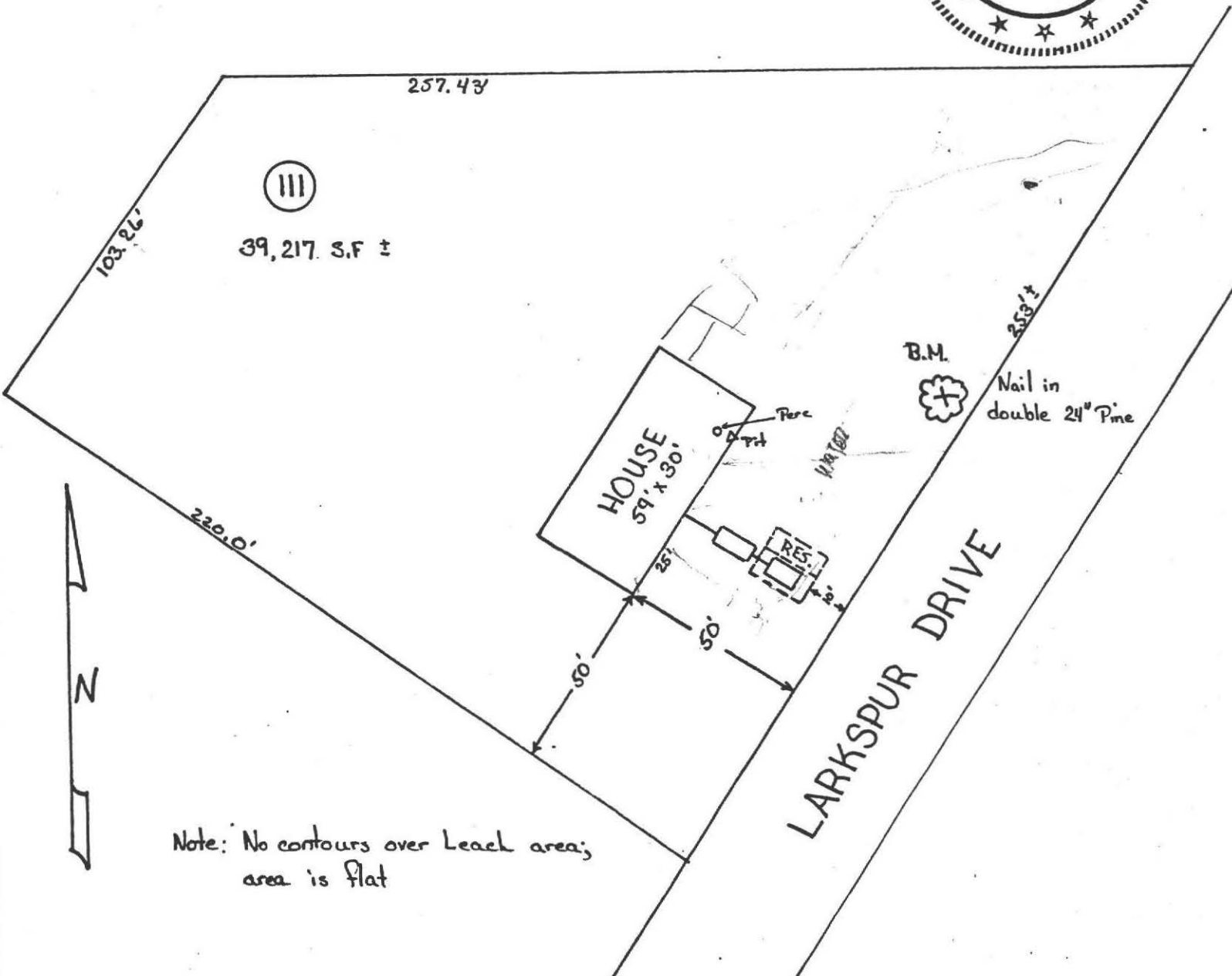
FOR: Phil Shumway
25 Mount Polk Dr.
Amherst, MA

BY: F.A. Filios Tr.
69 Pelham Rd.
Amherst, MA

AT: Lot III, Larkspur Drive
Amherst Woods
Amherst, MA

SCALE: 1" = 40'

DATE: April 22, 1981



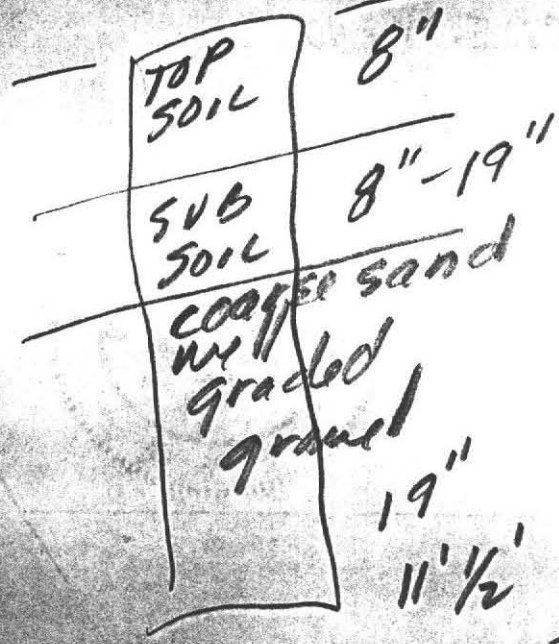
Note: No contours over Leach area;
area is flat

100

APRIL 20 1989

SOIL LOGS

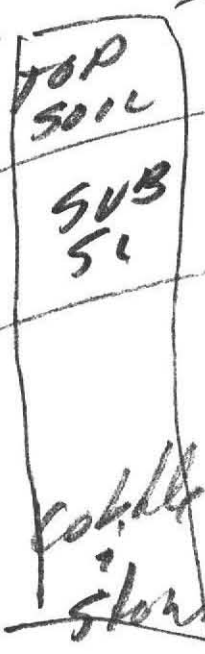
#1



H₂O

Fred Filios

D. Zarazinski



11 - 24

24 - 128

H₂O 124

H₂O 124"

PERM RATE 2.0?

DEPTH OF PERC ?

44"

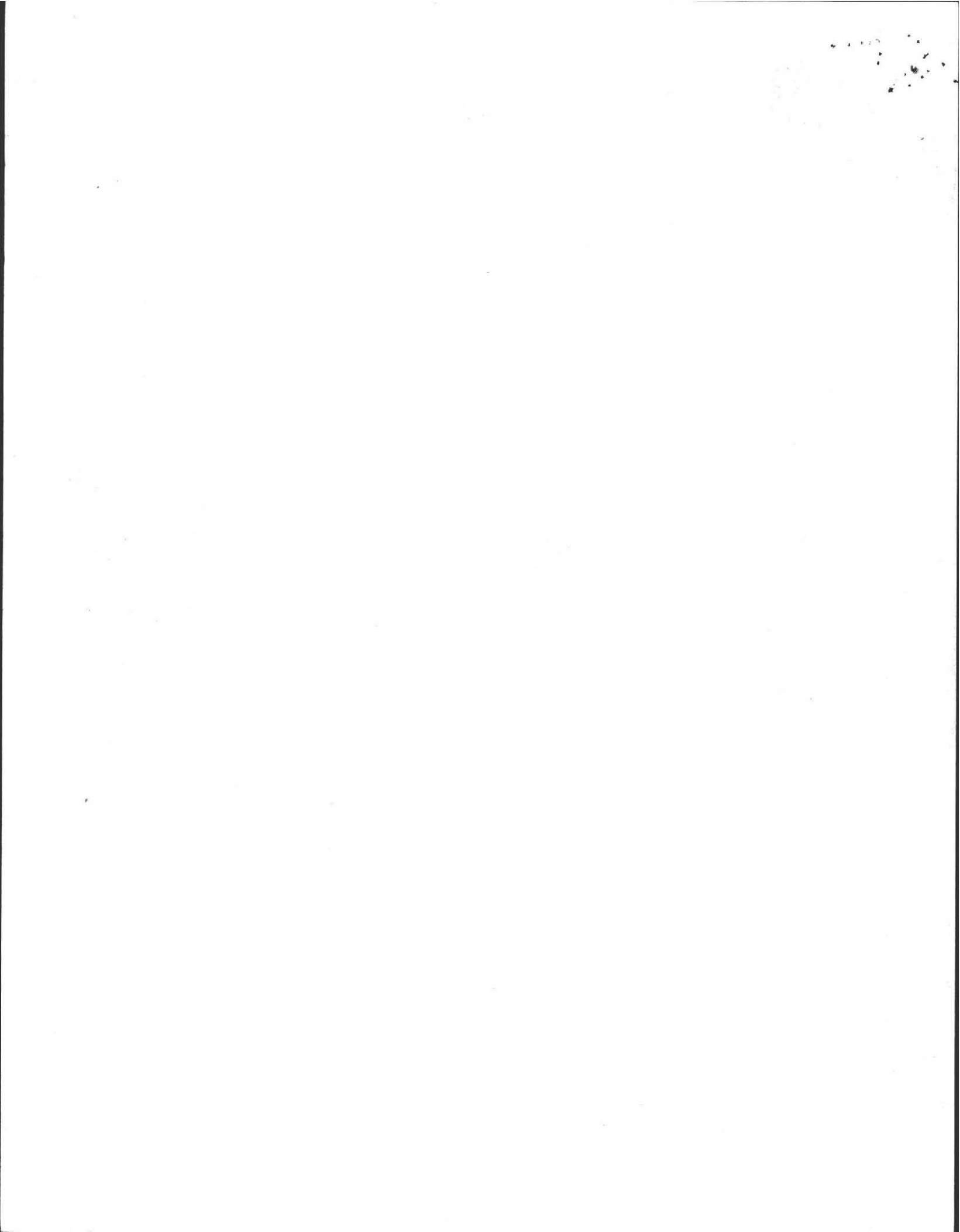
PERC RATE

4 FT

2.0 "/in

H₂O ? -

OXIDES ? -



TOWN OF AMHERST

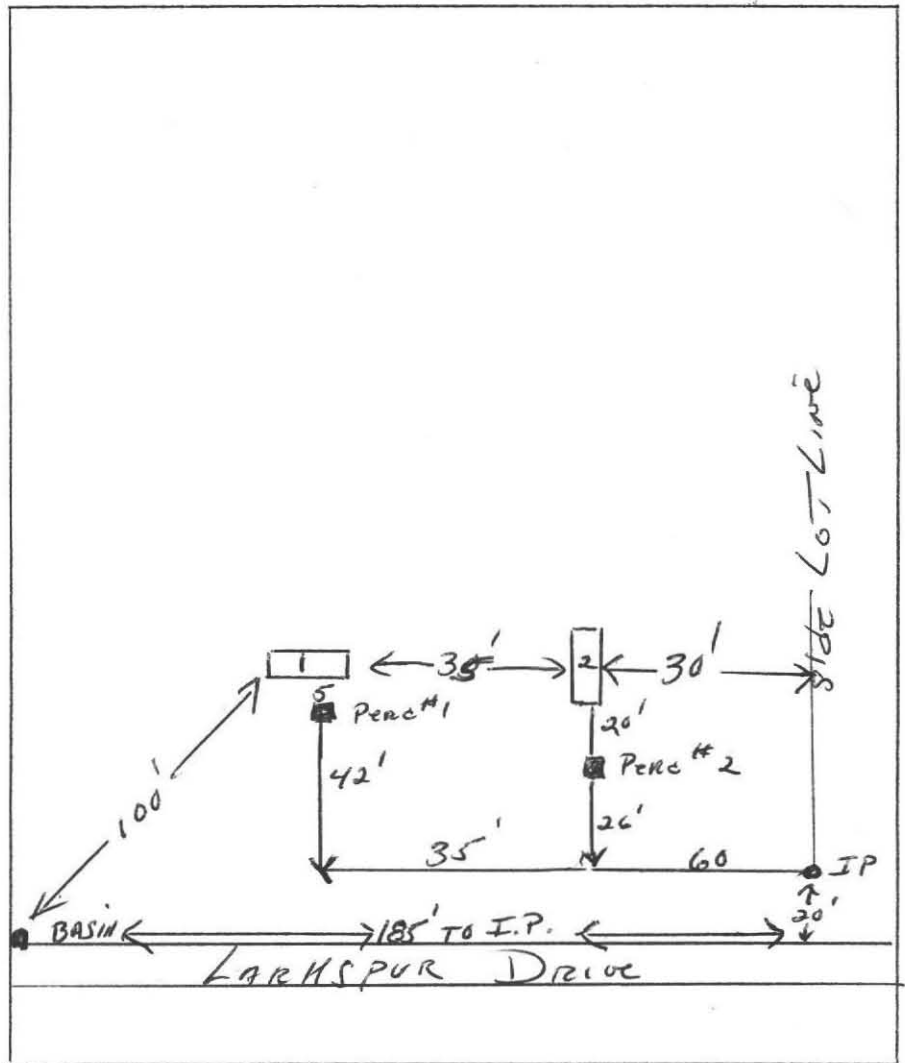
PERC TEST DATA SHEET

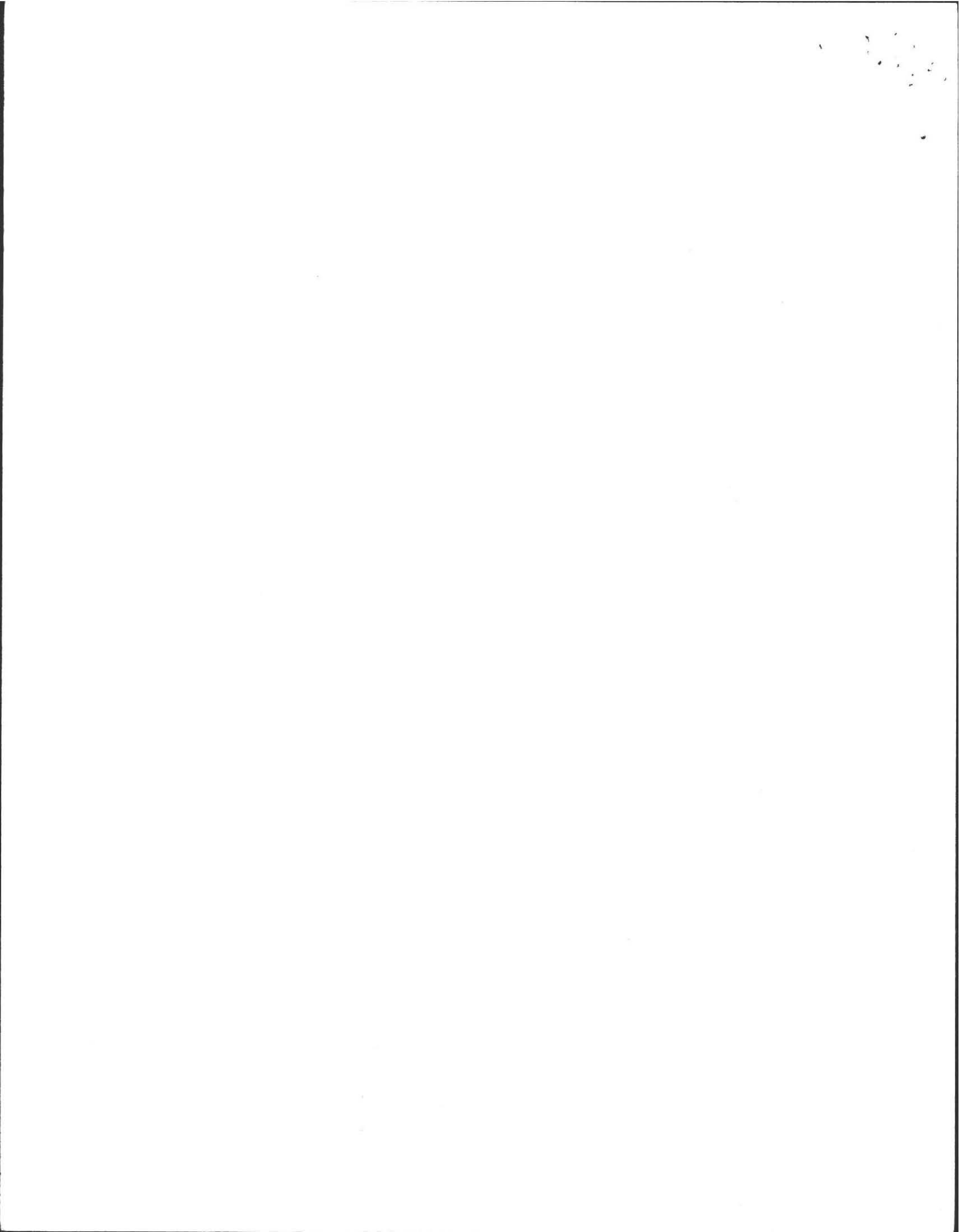
DATE 4/19/89 LOCATION LARKSPUR Drive LOT SIZE LOT # 111
 OWNER Philip Shumway ADDRESS 25 Mt. Pollox Dr TELE # 253-2711
 P.E./RS Bill Shumway FIRM Filius ENT OBSERVED BY David Zarruski
 BACK HOE OPERATOR Peter Wilson BENCH MARK _____
 PERC DEPTH 45" PRE SOAK TIME _____ PERC DEPTH 66" PRE SOAK TIME 9:41
 TEST 5" in 6 min. 72"
 RATE (2) RATE (2)

| #1 | #2 |
|---------------|--------------|
| TOP 8" | TOP 11" |
| SUB 19" | SUB 24" |
| Sand + Gravel | Same |
| Seepage 124" | Seepage 124" |
| 11 1/2 | 128 |

| | |
|-----|-----|
| TOP | TOP |
| SUB | SUB |

| | |
|-----|-----|
| TOP | TOP |
| SUB | SUB |





PERCOLATION TEST INFORMATION

| TEST PIT #1 | TEST PIT #2 |
|------------------------------------|------------------------------------------|
| TOP SOIL 0-8" | TOP SOIL 0-11" |
| SUB SOIL 8-19" | SUB SOIL 13-24" |
| LOWER SAND and 119" gravel 14-128" | LOWER SAND & gravel WITH COBBLES 24-128" |
| H ₂ O @ 129" | H ₂ O @ 124" |

DATE APRIL 20, 1987

FRED FILIOS, RS

WITNESS D. ZARAZINSKI, E.O.M.

PERMEABILITY TEST 1

DEPTH 44"

DESIGN PERCOLATION RATE

2.0 MIN/INCH

PERMEABILITY TEST 2

DEPTH 72" (G.O.)

DESIGN RATE 20 MIN/INCH

ALL WORK TO BE IN ACCORDANCE WITH 310 CMR 15.02 AND ALL LOCAL BOARD OF HEALTH REGULATIONS.

FINISH GRADING TO REMAIN SIMILAR TO THE EXISTING GROUND PROFILE. ALL DISTURBED AREAS TO BE LOAMED AND SEEDED.

DESIGN CRITERIA

USE SINGLE FAMILY RESIDENTIAL STRUCTURE 4 BEDROOM FULL BMT WITH FOUNDATIONAL DRAINS WITH DISPOSAL UNIT

DESIGN FLOW 310 CMR 15.02
 110 GALS/BEDROOM x 4 = 440 GPD WITH DISPOSAL UNIT 310 CMR 15.02
 440 x 150% = 660 GPD DRY

BOARD OF HEALTH REGULATIONS
 440 x 1.25 = 550 GPD DRY

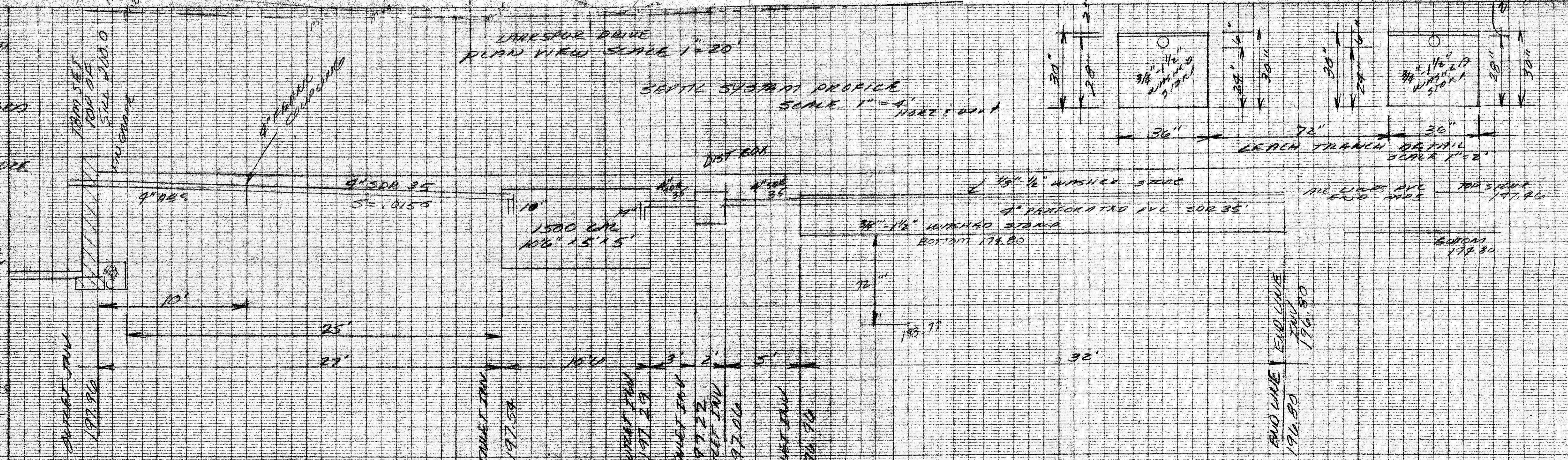
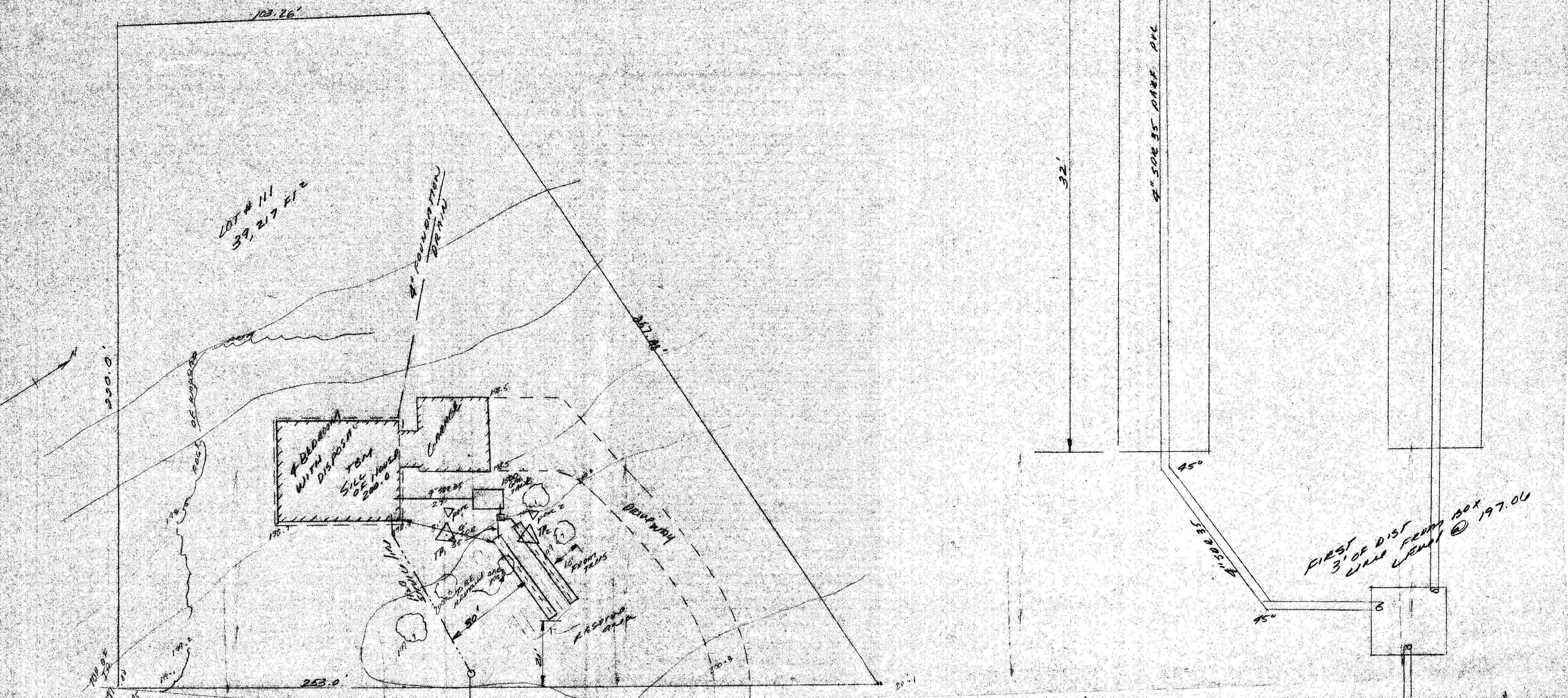
SEPTIC TANK 310 CMR 15.06
 440 GPD x 1.25 x 200% = 1100 GMS
 MINIMUM TANK SIZE PERMITTED 1500 GAL 310 CMR 15.06 SET

USE PRECAST CONCRETE TANK 10'6" x 5' x 5' 5/8" DEPTH BASE TO MATCH JOINT

LEACHING SYSTEM DESIGN DUE TO SOIL CONDITIONS

EFFECTIVE WIDTH 36"
 EFFECTIVE LENGTH 64'
 EFFECTIVE DEPTH 24"

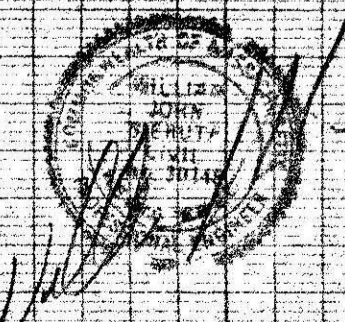
BOTTOM AREA 3' x 64' = 192 FT²
 SIDEWALL AREA 2' x 2' x 64' = 256 FT²
 192 x 2.5 + 256 x 1.0 = 832 FT²



SCOPE BREAK OUT ELEVATION
 310 CMR 15.03
 $150' \times \frac{1}{40'} = 3.75'$
 BREAK OUT ELEVATION
 197.410
 AVAILABLE DISTANCE
 71'
 ENLARGES CODE REQD OFFSET

- INSTALLATION NOTES**
1. SEPTIC TANK TO HAVE INLET AND OUTLET TEES MADE AND RACE WITH 310 CMR 15.06 SET 8, 7.
 2. SEPTIC TANK AND DIST BOX TO BE SET LEVEL ON COMPACT MATERIAL.
 3. ALL PIPE JOINTS WITH TANK & DIST BOX TO BE ASPHALT MADE SEALED.
 4. TBM SET AT TOP OF FOUNDATION TO HOUSE.

SEPTIC SYSTEM DESIGN FOR
 PHIL SHUMWAY
 LOT # III
 LOCKSPUR DRIVE
 AMHERST WOODS
 AMHERST MASS
 DWG BY W.J. SIEMATA JR.
 DATE 6-10-92



MADE IN U.S.A.
 "CLEARING PAPER CO."
 NO. 1525 - PLAN PROTRAYER