

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

Property Address: 107 LARKSPUR DR, AMHERST  
Owner: CHONG & MAY LEE  
Date of Inspection: 12/5/95

**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.

#107

Lot 82



Commonwealth of Massachusetts  
Executive Office of Environmental Affairs

# Department of Environmental Protection

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

## SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

CHONG & MAY LER

Property Address: 107 LARKSPUR DR, AMHERST

Date of Inspection: 12/5/95

Name of Inspector: HAROLD L. STIVES

Company Name, Address and Telephone Number:

Address of Owner:  
(If different)

AMHERST CIVIL ENGINEERING  
6 UNIVERSITY DRIVE #144  
AMHERST, MA. 01004-6000  
(413) 256-3400

### 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:

*Harold L. Stives*

Date: 12/5/95

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

### INSPECTION SUMMARY:

Check A, B, C, or D:

#### A) SYSTEM PASSES:

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

#### B) SYSTEM CONDITIONALLY PASSES:

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

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

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

(revised 8/15/95)

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

Property Address: 107 LARKSPUR  
Owner: LFE  
Date of Inspection: 12/5/95

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The system does not receive non-sanitary or industrial waste flow
- The site was inspected for signs of breakout.
- All system components, excluding the Soil Absorption System, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

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

Property Address: 107 LARKSPUR DR., AMHERST  
Owner: LEE  
Date of Inspection: 12/5/95

**D] SYSTEM FAILS (continued):**

- 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 1/2 day flow.
- Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).  
Number of times pumped \_\_\_\_\_
- Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- Any portion of a cesspool or privy is within a Zone I of a public well.
- Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

**E] LARGE SYSTEM FAILS:**

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

- The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:
  - the system is within 400 feet of a surface drinking water supply
  - the system is within 200 feet of a tributary to a surface drinking water supply
  - the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

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

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION**

Property Address: 107 LARKSPUR DR AMHERST  
Owner: LEE  
Date of Inspection: 12/5/95

**FLOW CONDITIONS**

**RESIDENTIAL:**

Design flow: 330 gallons  
Number of bedrooms: 3  
Number of current residents: 2  
Garbage grinder (yes or no): yes  
Laundry connected to system (yes or no): yes  
Seasonal use (yes or no): no  
Water meter readings, if available: 5100 c.f. x 7.5 = 38,250 / 151 days

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Last date of occupancy: OCCUPIED

**COMMERCIAL/INDUSTRIAL:**

Type of establishment: NA  
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: \_\_\_\_\_

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Last date of occupancy: \_\_\_\_\_

**OTHER:** (Describe) \_\_\_\_\_

Last date of occupancy: \_\_\_\_\_

**GENERAL INFORMATION**

**PUMPING RECORDS** and source of information:

System pumped as part of inspection: (yes or no) yes  
If yes, volume pumped 1500 gallons  
Reason for pumping 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: 1985 (10YRS) SEPTIC PLAN

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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: 107 LARKSPUR DR  
Owner: LEE  
Date of Inspection: 12/5/95

SEPTIC TANK:   
(locate on site plan)

Depth below grade: 4'  
Material of construction:  concrete  metal  FRP  other(explain)

Dimensions: 126" x 60" x 64"  
Sludge depth: 4"  
Distance from top of sludge to bottom of outlet tee or baffle: 29"  
Scum thickness: 0"  
Distance from top of scum to top of outlet tee or baffle: 24"  
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.) Recommend pumping bi-annually. Inlet and outlet tees in good condition. Depth normal; Tank structural sound; No evidence of leakage

GREASE TRAP: ~~NA~~  
(locate on site plan)

Depth below grade: \_\_\_\_\_  
Material of construction:  concrete  metal  FRP  other(explain)

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

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) \_\_\_\_\_

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

Property Address: 107 LARKSPUR DR.  
Owner: LEE, CINDY  
Date of Inspection: 12/5/95

**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  
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.) soil in good condition  
no sign of hydraulic failure; no ponding; vegetation normal

**CESSPOOLS:** NA

(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:** NA

(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: 107 LARKSPUR  
Owner: LBE  
Date of Inspection: 12/5/95

**TIGHT OR HOLDING TANK:** NA  
(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:** NONE  
(locate on site plan)

Pumps in working order:(yes or no) \_\_\_\_\_

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

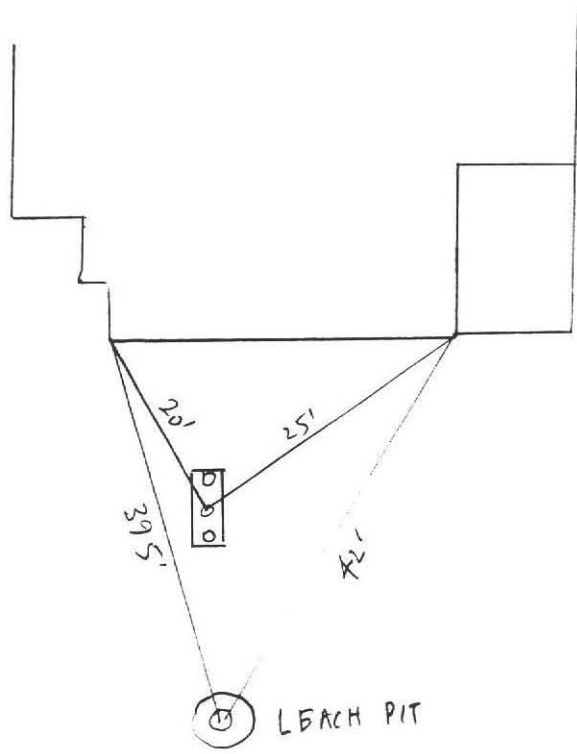
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**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 107 LARKSPUR DR, AMHEAST  
Owner: LEE  
Date of Inspection: 12/5/95

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



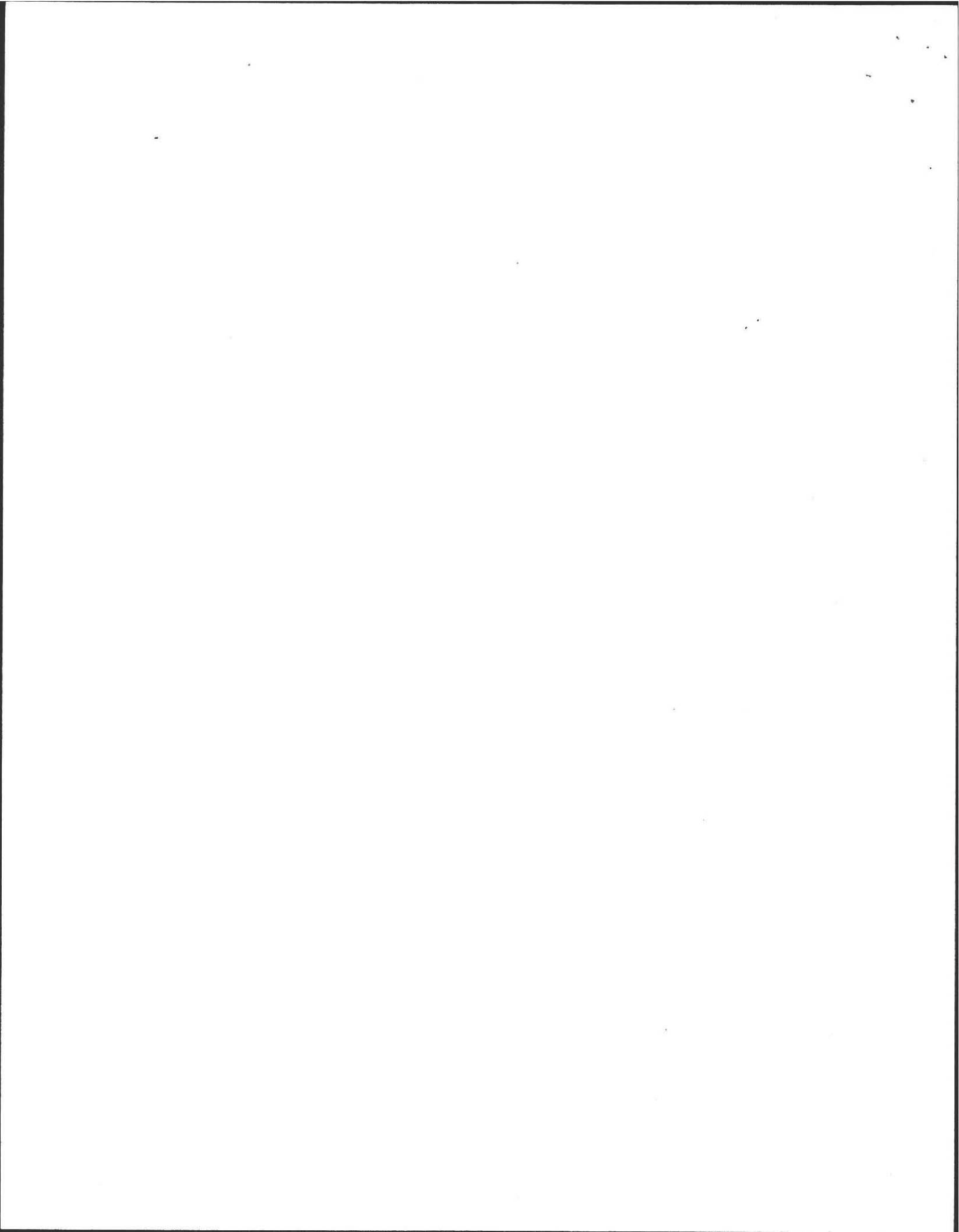
**DEPTH TO GROUNDWATER**

Depth to groundwater: 76' feet  
method of determination or approximation: 120" AS PER PLAN BY JOHN BRICKETT, BS 1985

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No. 85-50

OK'd 634 \$90 FEE

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:

107 Larkspur Drive Lot 82
Henry Whitlock Mayflower Condos, Belchertown
Pesso Francon St Belchertown MA

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

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

Septic Tank - Liquid capacity: gallons Length: Width: Diameter: Depth:

Disposal Trench - No. Width: 7 Total Length: 10 1/2 Total leaching area: 157.5 sq. ft. side

Seepage Pit No. 1 Diameter: Depth below inlet: 4 1/2 Total leaching area: 73.5 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 @ 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 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: Andrew W. Conley Date: 11-25-85

Application Approved By: [Signature] Date: 11/25/85

Application Disapproved for the following reasons:

Permit No. 85-50 Issued 11-25-85 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 [Location]

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. [Permit No.] dated [Date]

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

DATE [Date] Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Disposal Works Construction Permit

Permission is hereby granted Henry Whitlock - PESSO CONTRACTOR to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 82 Larkspur Dr Street

as shown on the application for Disposal Works Construction Permit No. 85-50 Dated 11-25-85

DATE 11/25-85 Board of Health [Signature]

12-28

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot 82 LARKSPUR DR.

103 LARKSPUR

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner HENRY WHITKOCK Address MAYFLOWER CONDOS

Installer PEESO CONST Address BELCHERTOWN MA

Date Installation Inspected and Approved 4-11-86

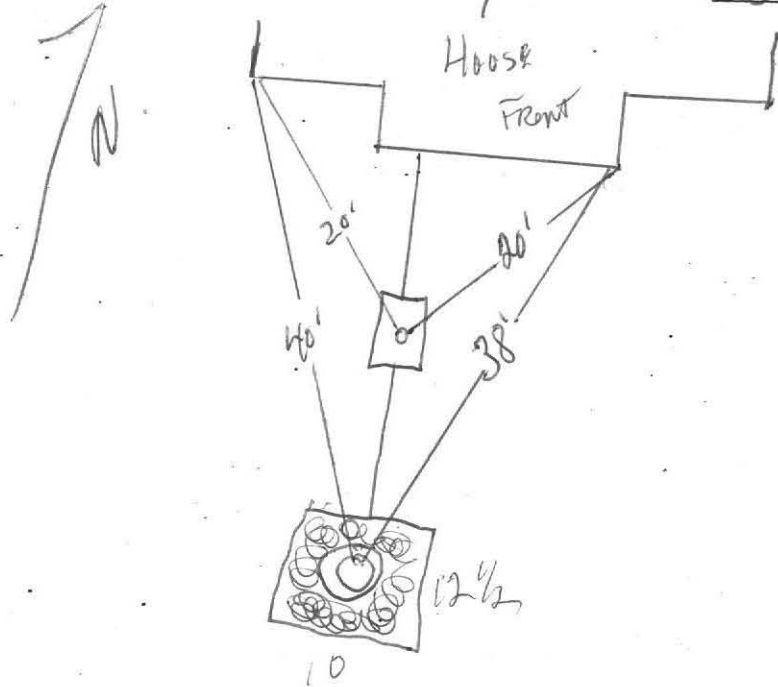
Description of System: Tank Capacity: 1500

175 SLOES

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 175 Bottom

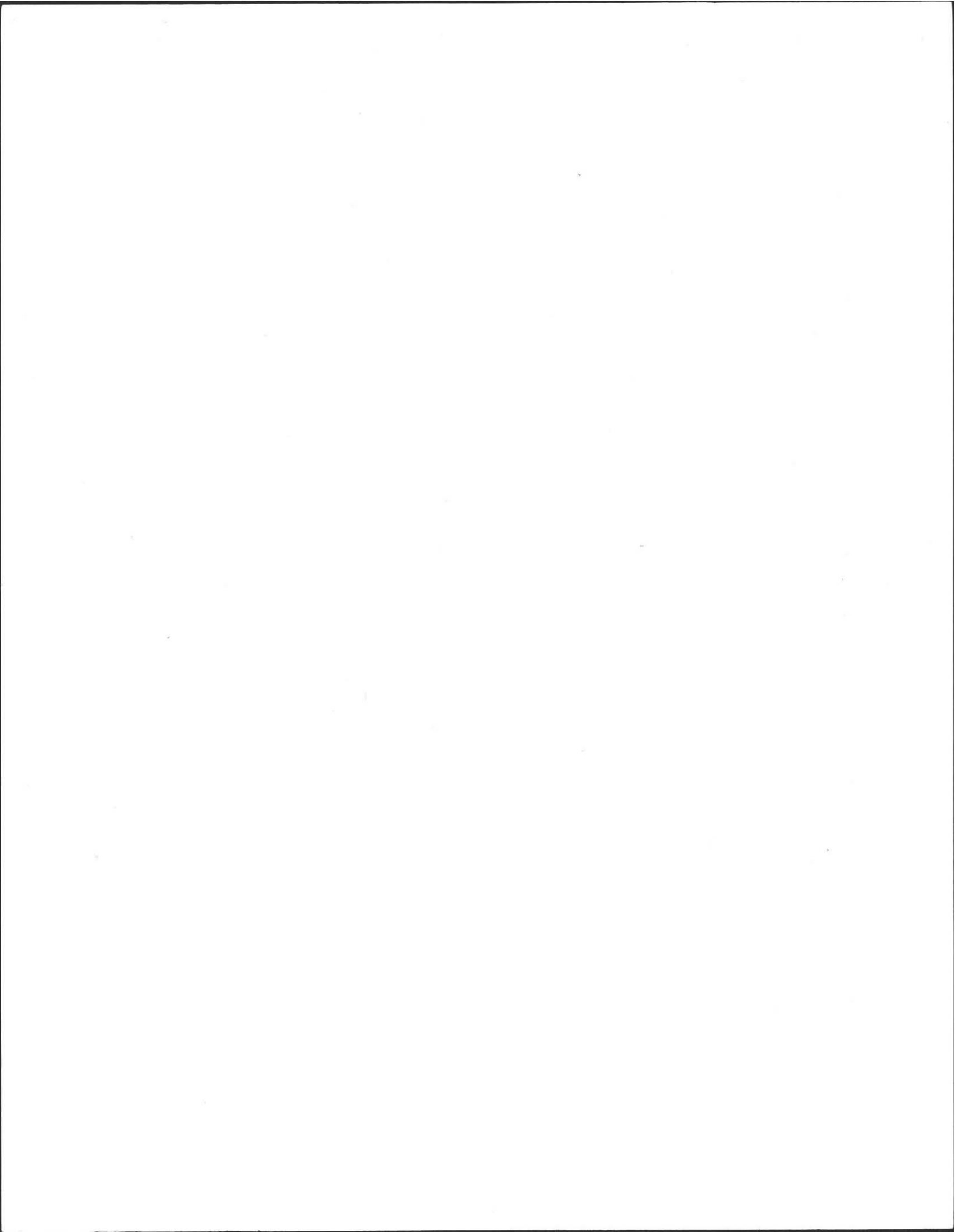
Garbage Grinder Yes ( ) - No (X) No. Bedrooms: 4 No. People 2

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

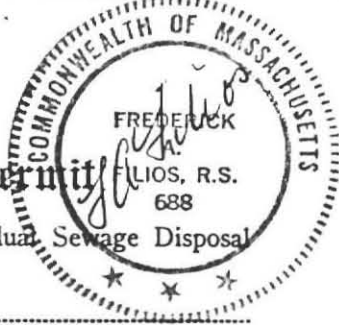
1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into 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. 85-50

FEE 20.00

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH  
TOWN OF AMHERST



Application for Disposal Works Construction Permit

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

Larkspur Drive Lot 82  
Henry Whitlock Location Address  
Owner Mayflower Condos, Belchertown or Lot No. Address

Type of Building \_\_\_\_\_ Address \_\_\_\_\_  
Size Lot 31,436 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 \_\_\_\_\_ gallons Length \_\_\_\_\_ Width \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_  
Disposal Trench — No. \_\_\_\_\_ Width 7 Total Length 10 1/2' Total leaching area 157.5 sq. ft. side  
Seepage Pit No. 1 Diameter \_\_\_\_\_ Depth below inlet 4 1/2' Total leaching area 73.5 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 @ 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 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  
~~THE~~ TOWN OF AMHERST  
Certificate of Compliance

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

at \_\_\_\_\_ Installer \_\_\_\_\_  
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 \_\_\_\_\_

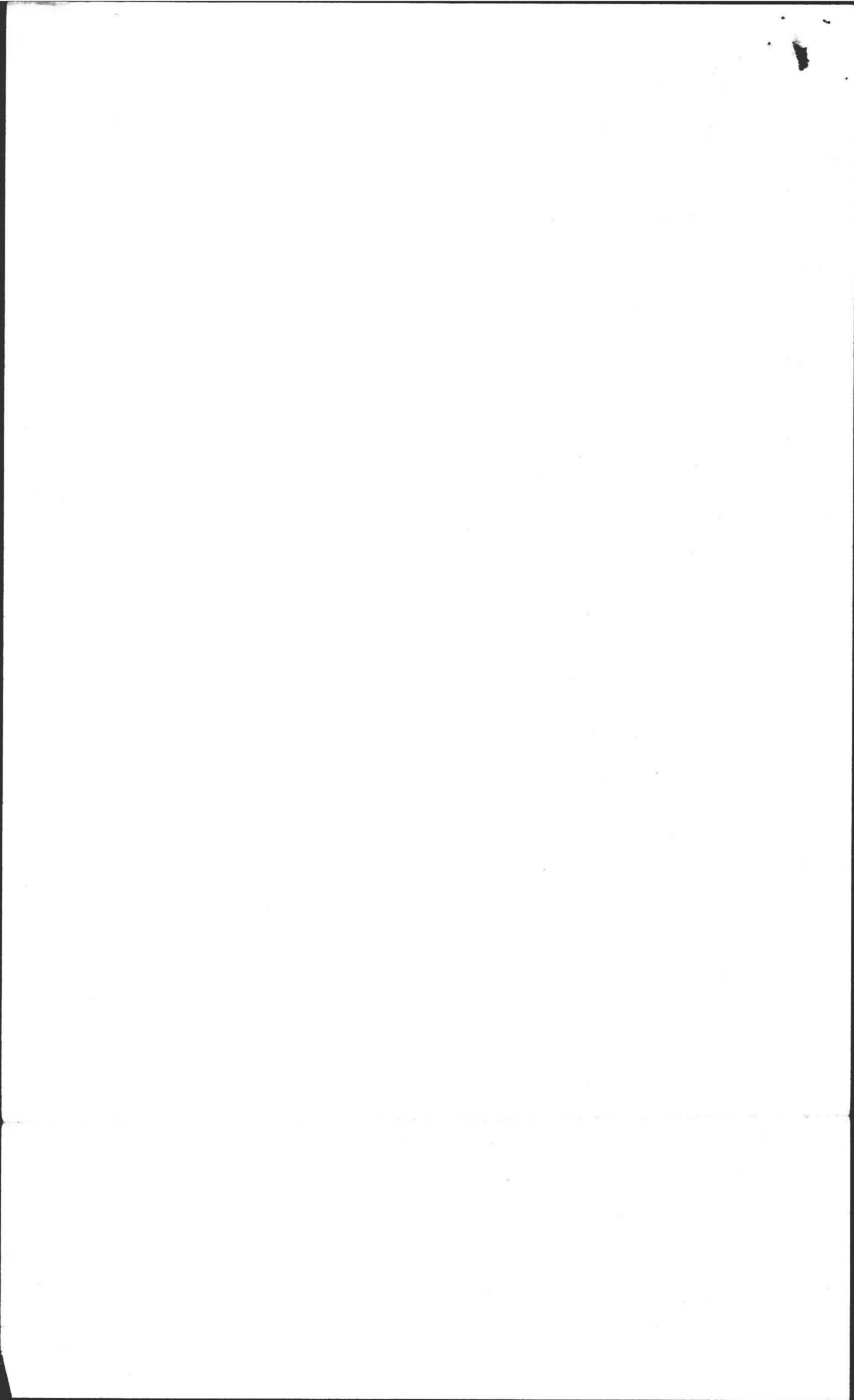
THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH  
OF \_\_\_\_\_  
Disposal Works Construction Permit

Permission is hereby granted \_\_\_\_\_  
to Construct ( ) or Repair ( ) an Individual Sewage Disposal System  
at No. \_\_\_\_\_ Street \_\_\_\_\_

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

DATE \_\_\_\_\_ Board of Health \_\_\_\_\_

CHECK OR FILL IN WHERE APPLICABLE





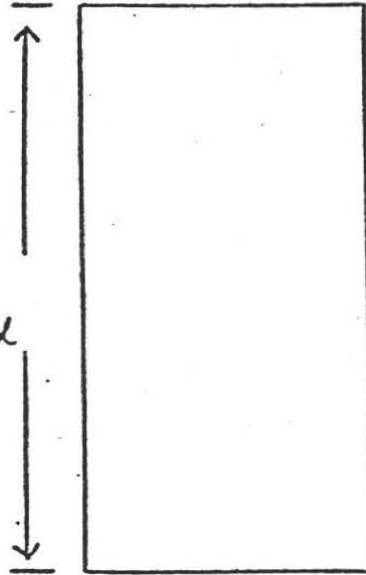
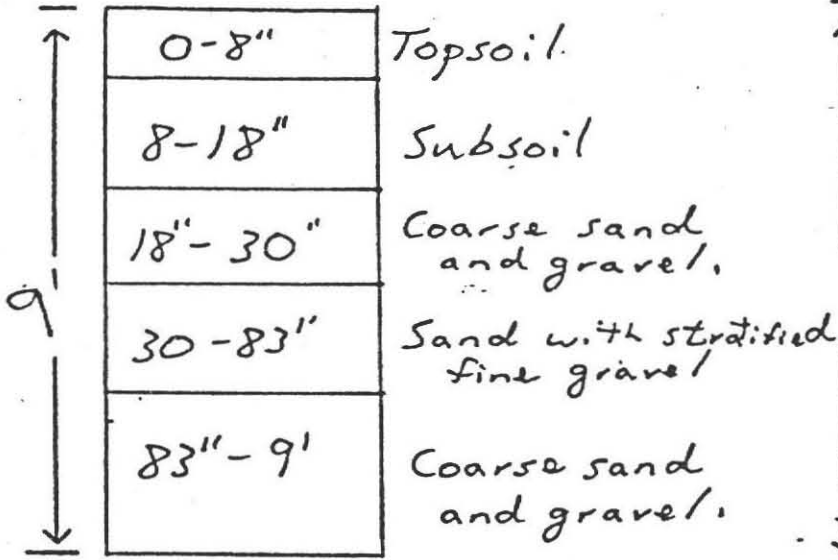
DEEP SOIL LOGS

OWNER Amherst Woods Inc.

DATE April 26, 1985

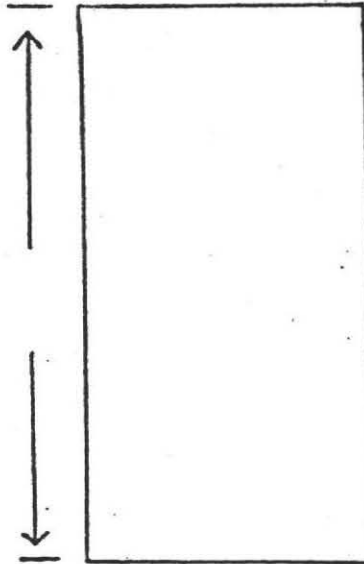
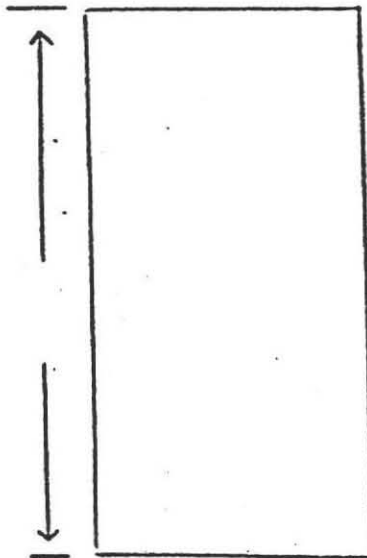
LOCATION Amherst Woods  
Lot #82

OBSERVER F.A. Filios



GROUND WATER None

GROUND WATER \_\_\_\_\_

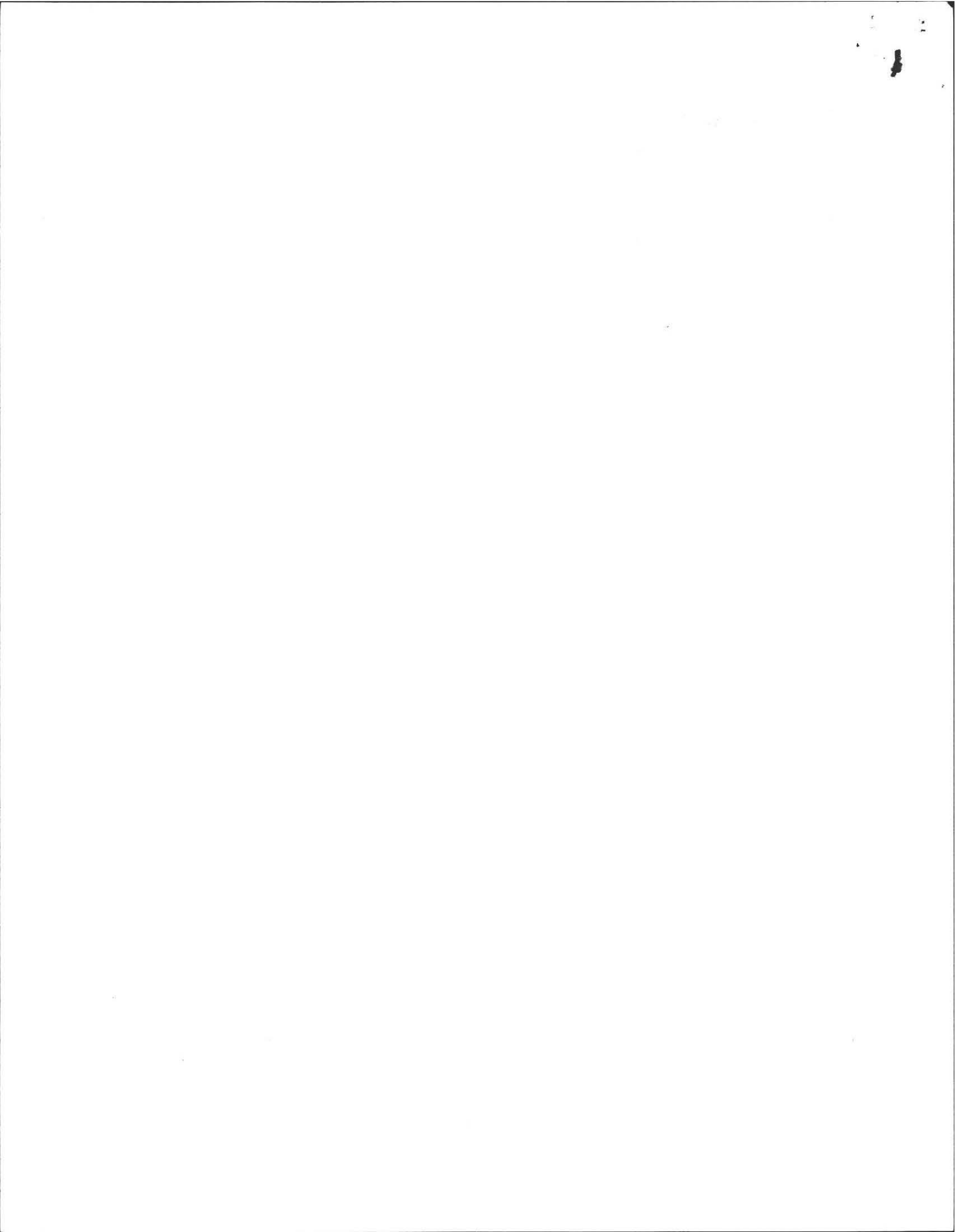


GROUND WATER \_\_\_\_\_

GROUND WATER \_\_\_\_\_

Percolation Rate at 36" :

< 2 min/inch



# PLAN SHOWING SEWAGE DISPOSAL

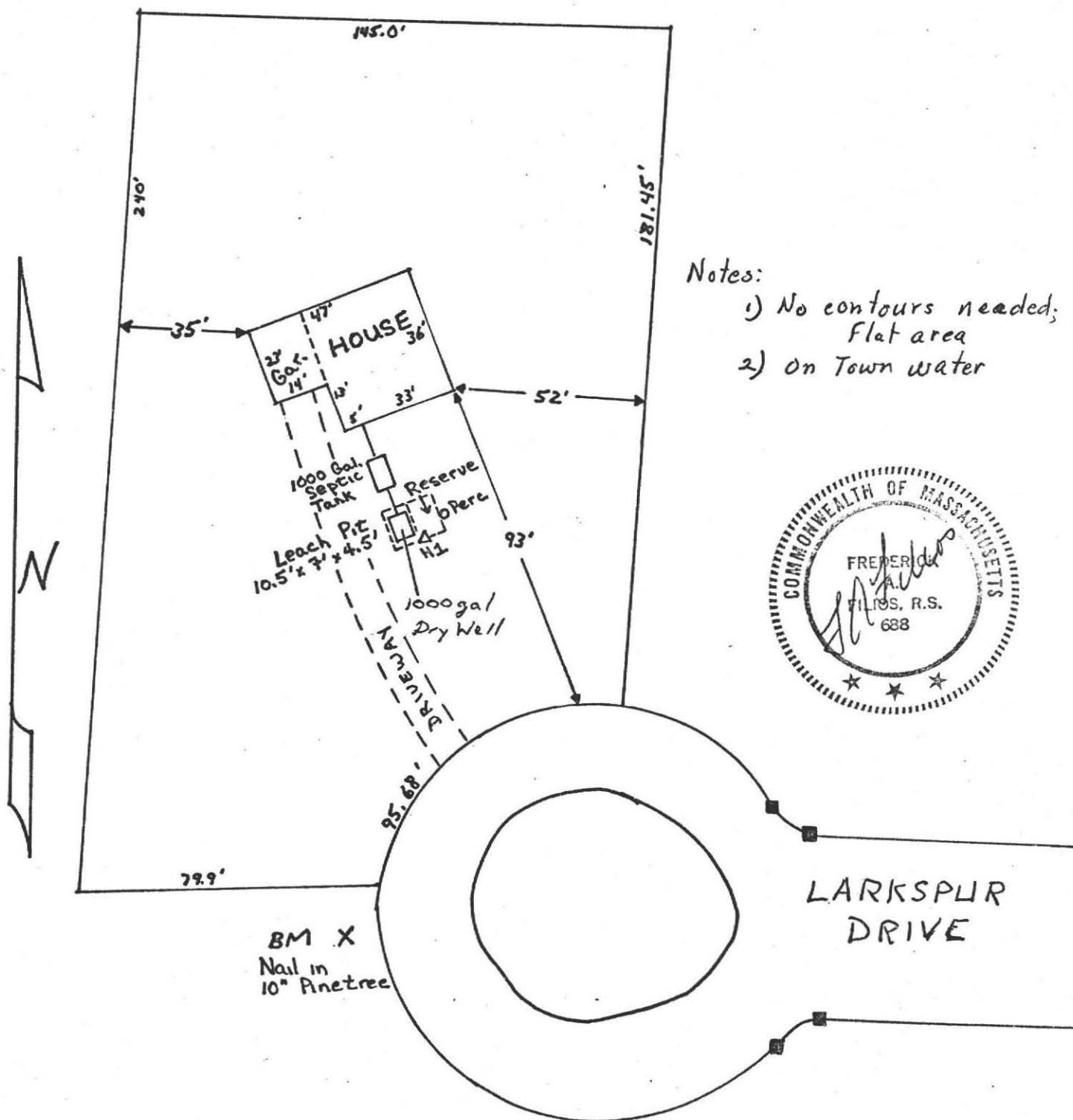
FOR: Henry Whitlock  
 Mayflower Condos,  
 Belchertown, MA

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

SITE: Lot 82,  
 Amherst Woods,  
 Amherst, MA

DATE: November 18, 1985

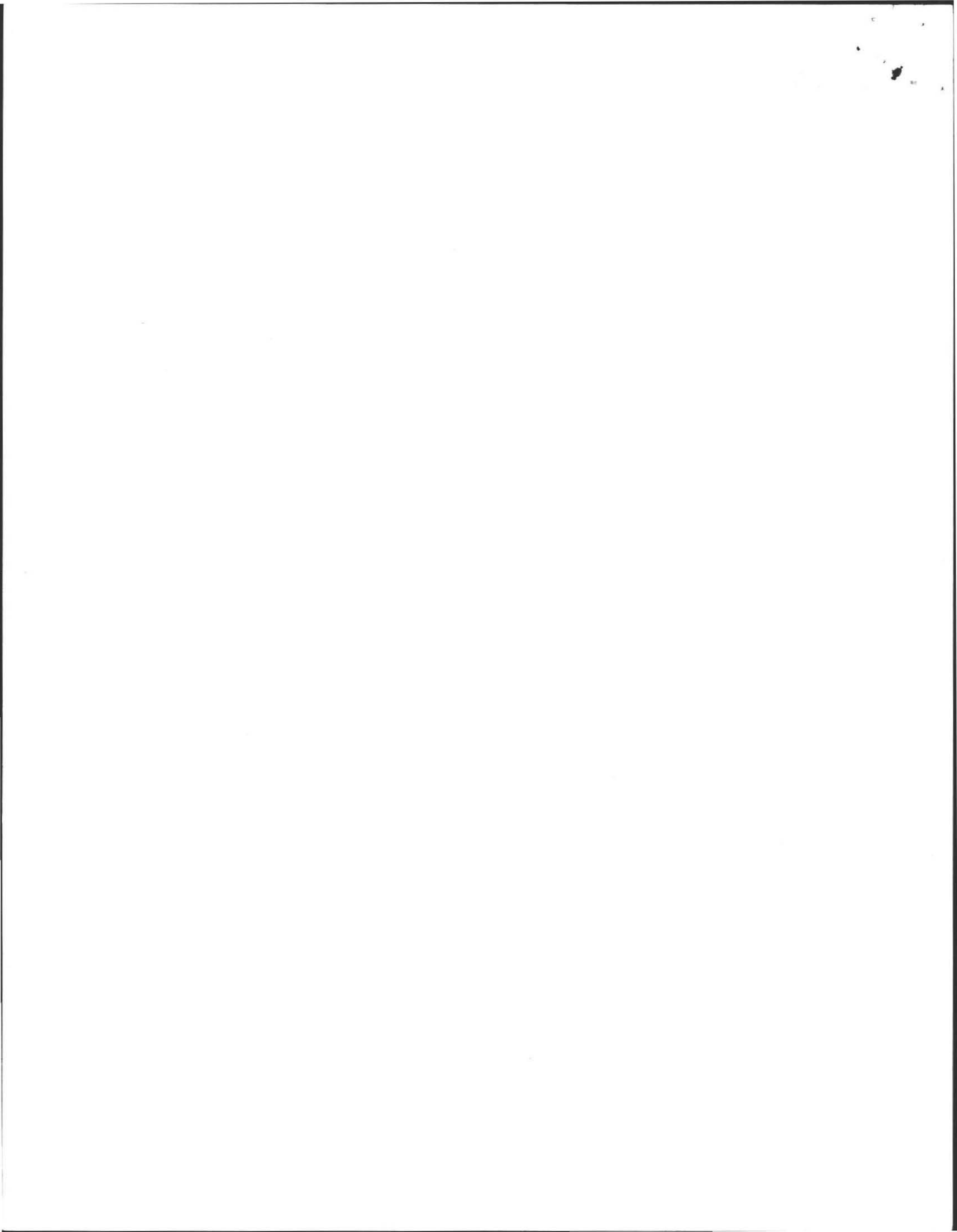
SCALE: 1" = 40'



Notes:

- 1) No contours needed;  
 Flat area
- 2) on Town water





# PROFILE OF SEPTIC SYSTEM

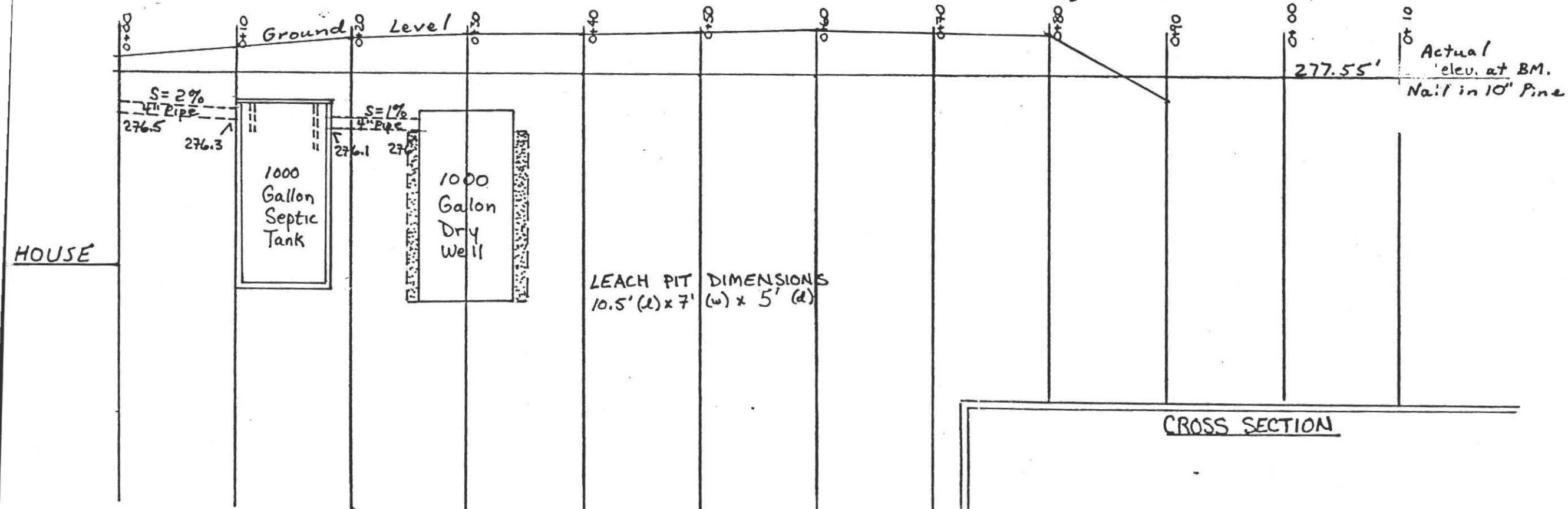
FOR: Henry Whitlock, Mayflower Condos, Belchertown, MA

BY: FREDERICK A. FILIOS

SITE: Lot 82, Amherst Woods, Amherst, MA

DATE: November 18, 1985

SCALE: VERT. 1" = 3'; HORIZ. 1" = 10'



LEACH PIT DIMENSIONS  
10.5' (l) x 7' (w) x 5' (d)

## CROSS SECTION

Area is flat. No cross section is necessary.

## CALCULATIONS

4 Bdrm x 110 gal. = 440 gal. required  
 Perc Rate = 2 min./inch  
 Side Rate = 2.5 Bottom = 1.0  
 Leach Pit: 10.5' long x 7' wide x 4.5' deep  
 Sides:  $10.5 \times 4.5 \times 2 \times 2.5 = 236.25$   
 $7 \times 4.5 \times 2 \times 2.5 = 157.5$   
 Bottom:  $10.5 \times 7 \times 1 = 73.5$   
 $236.25 + 157.5 + 73.5 = 467.25$  Gallons  
 Available With This System

Specifications: All materials and construction will be in accordance with the Commonwealth of Massachusetts D.E.Q.E. State Environmental Code, Title 5.



