260 Lowell Rd
Lots 1 - 3

Quabbin Analytical Laboratory

Ahn Jovenia
Amherst Both

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

COPY

Name:	Baranoski Plumbing	Sample Date:	2-25-11
Address:	P.O. Box 255	Report Date:	2-28-11
	So. Deerfield, MA 01373	Collected By:	Steve Baranoski
Sample Location:		Type Supply:	Well
	Kittredge	Sample No.:	QAL 1506
	Juggler Meadow Farm	Lab ID#:	M-02454
	260 Leverett Road		
	Amherst, MA 01002		

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	Absent	Present or Absent
Fecal Coliform Bacteria	Absent	Present or Absent
Nitrite	0	1.0 mg/l
Nitrate	0.6	10.0 mg/l
PH	7.75	6.5-8.5
Alkalinity	54.0	No Limit
Iron	.21	.30 mg/l
Manganese	*.14	.05 mg/l
Copper	.03	1.3 mg/l
Sulfate	16.0	250 mg/l
Chloride	36.5	250 mg/l
Hardness	96.0	No Limit
Conductivity	298.0	No Limit
Total Dissolved Solids	196.6	500 mg/l
Turbidity	0.5	5 NTU
Chlorine	0	No Limit
Sodium	19.4	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Manganese, the sample was found to be within acceptable levels for D.E.P. Drinking Water Standards. If there are any questions on this report, please do not hesitate to call this office.

David Fredenburgh, Director

QAL #1506 Continued TESTED FOR	RESULTS	Page 2 MAX. RECOMMENDED LEVELS
Potassium	6.3	No Limit
Magnesium	10.2	No Limit
Calcium	35.2	No Limit
Ammonia	0	No Limit
Sediment	Neg	Pos or Neg
Color	2.0	15 cu
Odor	0	3 ton

Drinking water quality report?

Do you need this for BOTH?

QUABBIN ANALYTICAL LABORATORY

P.O. Box 1192, 9 Stadler Street, Belchertown, MA 01007-1192
413-323-7134
Fax 413-323-5033

INTERPRETATION OF RESULTS OF CHEMICAL EXAMINATION OF WATER BY THE MASS. DEPT. OF ENVIRONMENTAL QUALITY ENGINEERING

AS PRESENTED BY THE QUABBIN ANALYTICAL LABORATORY

COLIFORM BACTERIA: Coliform bacteria are widely distributed in nature. Contamination from surface waters, septic systems and direct contamination from animal feces can contribute to the growth of coliform bacteria in wells. Chlorine is used to disinfect well water that contains any coliform bacteria per 100 ml of water. If you have a problem with coliform bacteria in your well it is a good idea to check for bacteria every six months.

NITRITE: Part of the nitrogen cycle. Can be correlated to high levels of nitrate. The standard allows for 1.0 milligrams of nitrite per liter.

NITRATE: In drinking water above the standard poses an immediate threat to children under three months of age. In some infants, excessive levels of nitrate have been known to react with the hemoglobin in blood to produce an anemic condition commonly known as "blue baby." If the drinking water contains an excessive amount of nitrate it should not be given to infants under three months of age and not used to prepare formula. The standard allows for 10.0 milligrams of nitrate per liter.

pH: A measure of hydrogen ion concentration in water. Values range from 0-14. A value of 7 indicates neutral water; values less than 7, increasing acidity; and values greater than 7 indicates increasing alkalinity. The pH of water often varies from 4 to 9. Determination of pH assists in the control of disinfection and corrosion.

ALKALINITY: The alkalinity of water is a measure of it's ability to neutralize a strong acid. Alkalinity is imparted to water by bicarbonate (HC03), carbonate (C03), and/or hydroxide (0H). The presence of these compounds is determined by standard methods involving titration with a strong acid using various indicator solutions. The results are reported as mg/l of calcium carbonate (CaC03) per liter of water. A water with low pH and low alkalinity might be considered to be corrosive. An alkalinity of less than 100 mg/l is desirable for domestic purposes.

IRON: Small amounts of iron are frequently present in water because of the large amount of iron present in soil and because corrosive water will pick up iron from cast iron pipes. The presence of high levels is considered objectionable because it stains laundry and porcelain, and it also affects the taste of beverages. The recommended limit for iron is .30 milligrams per liter.

MANGANESE: Although rarely present in excess of one milligram per liter, manganese imparts tenacious stains to laundry and to plumbing fixtures. A limit of .05 mg/l is recommended.

POTASSIUM: Soft metal often linked up with chloride to form a salt. Not normally considered a toxic metal.

MAGNESIUM: A component of the water's hardness. Magnesium is found in soil and can leach into water supplies affecting hardness.

CALCIUM: A component of the water's hardness. Calcium is found in soil and can leach into water supplies affecting hardness, alkalinity and pH.

AMMONIA: Part of nitrogen cycle. Indication of organic waste. A gas produced by the breakdown of organic waste materials.

SEDIMENT: A visual identification made for the presence or absence of sediment after a period of standing.

COLOR: A measurement of clarity or discoloration. Color is considered for aesthetic reasons and can also be used to confirm problems with various minerals and metals such as iron. The standard allows for 1-15 cu.

ODOR: Odor is measured in threshold number units. Its presence indicates possible contaminants. The standard allows for 0-3 ton.

LEAD: Lead and its compounds are poisonous and accumulate in the bone structure when ingested in amounts exceeding the natural elimination rate of about 300 micrograms per day. Accumulation of significant amounts of lead in the body may cause severe and permanent brain damage, convulsions, and death. Environmental concern with lead poisoning has resulted in a national program to reduce the concentration of lead in consumer products.

ARSENIC: This element occurs naturally in the environment, especially in the western United States, and it is also used in insecticides. It is found in tobacco, shellfish, drinking water and in the air in some locations. The standard allows for 0.01 milligrams of arsenic per liter of water. If persons drink water that continuously exceeds the standard by a substantial amount over a lifetime, they may suffer from fatigue and loss of energy. Extremely high levels can cause poisoning. Arsenic can be removed by filtration.

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct( ) Repair( ) Upgrade( ) Abandon( ) - ❑ **Complete System** ❑ **Individual Components**

c/o Mark Wolfram. 626-6692

Location	Greenhouse	Owner's Name	ParraFin Co.
Map/Parcel#	3A-9 + 3A/50	Address	260 Leverett Rd
Lot#	9 + 50	Telephone#	626-222 (Barry T.).
Installer's Name	ParraFin Co.	Designer's Name	Alan Weiss, RS
Address	312/ 260 Leverett Rd.	Address	Belchertow
Telephone#		Telephone#	323-5957

Type of Building Greenhouse Lot Size — sq. ft.

Dwelling - No. of Bedrooms _____ Garbage grinder (—)

Other - Type of Building Sink + drain tight tank only. No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

Design Flow (min. required) — gpd Calculated design flow — Design flow provided — gpd

Plan: Date 11/12/2010 Number of sheets _____ Revision Date _____

Title Greenhouse Sink + Drain Tight Tank. (1500 gal)

Description of Soil(s) —

Soil Evaluator Form No. — Name of Soil Evaluator — Date of Evaluation —

DESCRIPTION OF REPAIRS OR ALTERATIONS As noted.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Alan Barry T. Date 11/15/2010

Inspections _____

No. 11-03 FEE 150.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ❑ **Individual Component(s)** ❑ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed (✓), Repaired ( ), Upgraded ( ), Abandoned ( )

by: _____

at 260 Leverett Rd

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated 11/16/2010. Approved Design Flow 1367. (gpd) TIGHT TANK FOR GREENHOUSE.

Installer Mark Wolfram

Designer: Alan Weiss Inspector: Gary Canterbury Date: 11/16/2010

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 1103 FEE 150.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

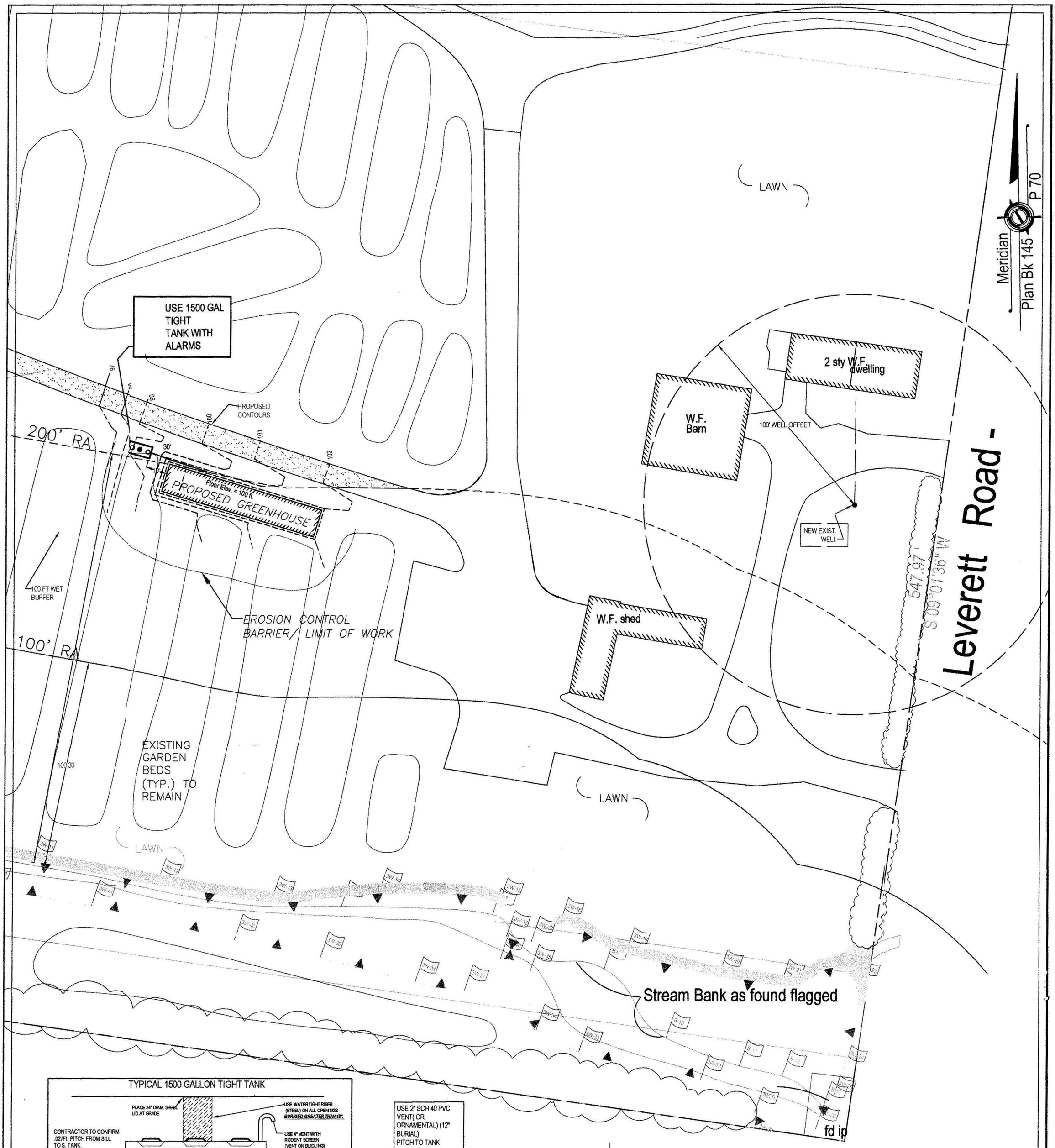
Permission is hereby granted to; Construct(✓) Repair( ) Upgrade( ) Abandon( ) an individual sewage disposal system at 260 Leverett Rd as described in the application for Disposal System Construction Permit No. 1103, dated 11/16/10.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

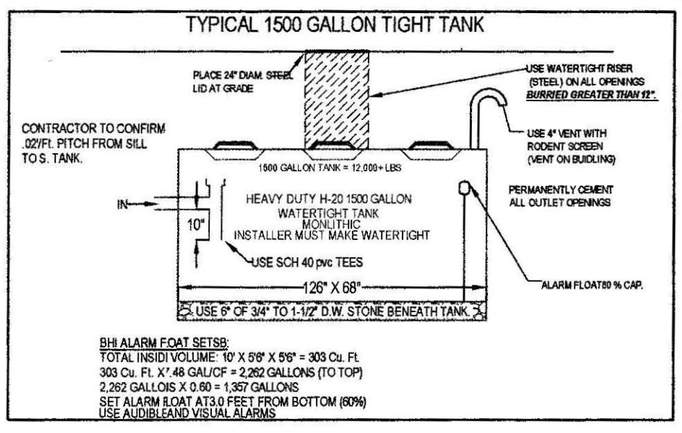
Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA

Date 11/16/10 Board of Health Gary Canterbury SE#13267

Signing for the Board of Health



TYPICAL 1500 GALLON TIGHT TANK



BHI ALARM FOAT SETSB:
TOTAL INSIDI VOLUME: 10' X 5'6" X 5'6" = 303 Cu. Ft.
303 Cu. Ft. X'.48 GAL/CF = 2,262 GALLONS (TO TOP)
2,262 GALLOIS X 0.60 = 1,357 GALLONS
SET ALARM FLOAT AT3.0 FEET FROM BOTTOM (60%)
USE AUDIBLEAND VISUAL ALARMS

USE 2" SCH 40 PVC VENT(OR ORNAMENTAL) (12" BURIAL) PITCH TO TANK

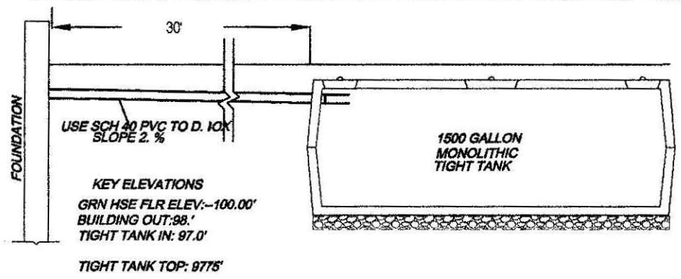
MAINTENANCE:
-HAVE CONTENTS PUMPED ANNUALLY BY APPROPRIATE LIQUID WASTE MATERIALS REMOVAL COMPANY.
-INSPECT TANK, ALARMS, VENT AND OPENINGS ANNUALLY FOR PROPER OPERATION.

0' 30' 60' 90'

Wetlands as found flagged by Baystate Environmental Consultants

PLOT PLAN PROVIDED TO COLD SPRING ENVIRONMENTAL BY BAYSTATE ENVIRONMENTAL CONSULTANTS INC. (THAT PLOT REFRENCES SURVEY BY ROSE ASSOCIATES SEPT. 2007

EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS #933
REGISTERED SANITARIAN

GREENHOUSE SINK/FLOOR DRAIN TIGHT TANK PLAN PARRAFIN Co.
260 FRONT FARM LEVERETT ROAD
AMHERST, MA.

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007
PHONE: (413) 323-5957
FAX: (413) 323-4916
e-Mail: AEWEISS@charter.net

DATE:	DRAWN BY:	
11/12/10	ARS	
SCALE:	CHECKED BY:	DRAWING NUMBER:
1"=30'	AEW	109-3790-1214A

Town of AMHERST, MASSACHUSETTS FOUNDED 1759 AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

APPLICATION FOR A WELL CONTRUCTION PERMIT

I hereby petition the Board of Health of the Town of Amherst for a Well Construction Permit (WCP) to install a private well in the Town of Amherst.

ATTACHED IS A PLAN SHOWING THE PROPOSED LOCATION OF THE WELL (WITH ORIGINAL DATE, STAMP AND SIGNATURE OF AN ENGINEER REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) MEETING ALL THE REQUIREMENTS OF AMHERST RULES AND REGULATIONS FOR PRIVATE WELLS.

1. Address of Property: _____
2. Assessor of Parcel Number: _____
3. Name of Owner: _____ Telephone Number: _____

   Address of Owner: _____
4. Name of Well Driller: _____
   (Must be registered with Massachusetts Water Resources Commission)
5. Purpose of Well: *Drinking ( ) Agricultural Only ( )

The undersigned acknowledges that he must, before commencing construction or use of the system which is the matter of this application, secure any and all other permits which may be required by the laws of the Town of Amherst and the Commonwealth of Massachusetts, and agree to abide by all regulations of the Town of Amherst and the Commonwealth of Massachusetts concerning private wells.

- The undersigned also understands that if a private well is to be used for drinking purposes, a **BUILDING PERMIT** affecting the structure the well is to serves **WILL NOT BE ISSUED UNTIL A** Water Supply Certificate has been granted by the Amherst Board of Health.

Name of Applicant: _____ **Fee: $100.00**

Signature: _____ **Date:** _____

WELL PERMIT # _____

MAKE SMOKING HISTORY

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

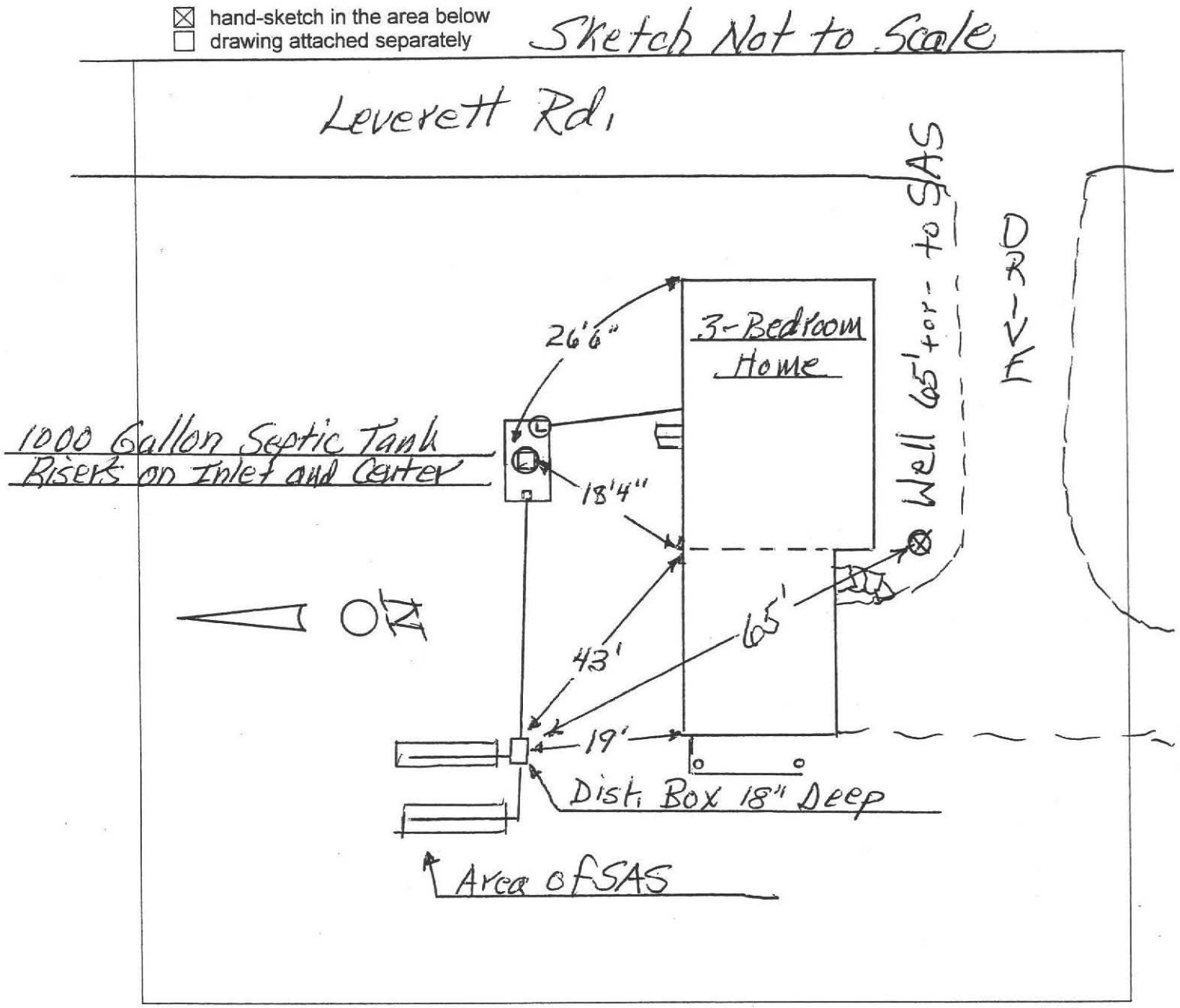
Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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-sketch in the area below
☐ drawing attached separately



260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
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):

COMPLETED 10/13/09

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

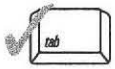
GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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	MA.	01373
City/Town	State	Zip Code

413-665-3989	SI1526
Telephone Number	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. Pasiecnik
Inspector's Signature

SEPTEMBER 29, 2009
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.**

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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: Tape measure and Estimated 65 feet

** 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	
☐	☒	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

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

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AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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):	

Distribution Box Replacement Recommended

☐ 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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

C. Checklist

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:
☐	☒	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(5)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): N/A Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 gpd

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

Yes	No	
☐	☒	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 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.]**
☐	☒	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☐	☒	**The system <u>fails</u>.** 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	
☐	☐	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.

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Last date of occupancy/use: _____ Date

Other (describe below):

_____

_____

_____

General Information

Pumping Records:

Source of information: Owner states septic tank was pumped out 3 years ago.

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

Reason for pumping: Septic tank will be pumped at the time of repair.

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): _____

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

D. System Information

Description:

Number of current residents: 2

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)): Private Well Not Metered

Detail:

Sump pump? ☐ Yes ☒ No

Last date of occupancy: Currently Occupied

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): Gallons per day (gpd)

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

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:

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: 27"

Scum thickness: 4"

Distance from top of scum to top of outlet tee or baffle: 8"

Distance from bottom of scum to bottom of outlet tee or baffle: 11"

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 on pumping the septic tank is every two years. Concrete removable inlet baffle was in good condition. Cast in place concrete outlet baffle was in good condition and working as intended. Structural integrity of the septic tank was good. The liquid level was at the outlet invert when covers were opened. 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):

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: Date

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

30+ Years Old / Installation Date Unknown / Estimated

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade: 3 feet

Material of construction:

☒ cast iron ☐ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: 40 feet

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

Joints in the basement of the dwelling were in good condition. ABS Plastic pipe changes to Cast Iron exiting the dwelling foundation. Venting was visible outside the dwelling on the roof. No leakage was evident at this time.

Septic Tank (locate on site plan):

Depth below grade: 2.5 feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: _____ years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 9' L x 5' W x 5' D

Sludge depth: 6"

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

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

Depth of liquid level above outlet invert @, But Not Above

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 replacement is recommended due to the existing concrete box being structurally unsound. Cracks in the concrete were visible and a hole in the side of the box above the liquid level. Some solids carryover was evident. No leakage was evident. There were two outlet pipes, but one wasn't getting any flow because it was higher than the one getting all the flow.

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:

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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):

Dimensions:

Capacity: gallons

Design Flow: gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: Alarm in working order: ☐ Yes ☐ No

Date of last pumping: Date

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

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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

Depth of solids

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☒	leaching trenches	number, length:	2 @ 20ft. + or - Best Estimate
☐	leaching fields	number, dimensions:	
☐	overflow cesspool	number:	
☐	innovative/alternative system		

Type/name of technology:

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

No clogging of the gravely soil was evident from backup or breakout of liquid. No signs of hydraulic failure or ponding to the surface of the ground. The soil over the SAS wasn't damp or spongy under foot. Vegetation was uniform in growth over the SAS.

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	
Depth of solids layer	
Depth of scum layer	
Dimensions of cesspool	
Materials of construction	
Indication of groundwater inflow	☐ Yes ☐ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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: _____ Date

☐ Observed site (abutting property/observation hole within 150 feet of SAS)

☒ Checked with local Board of Health - explain:
Present at Inspection

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

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

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

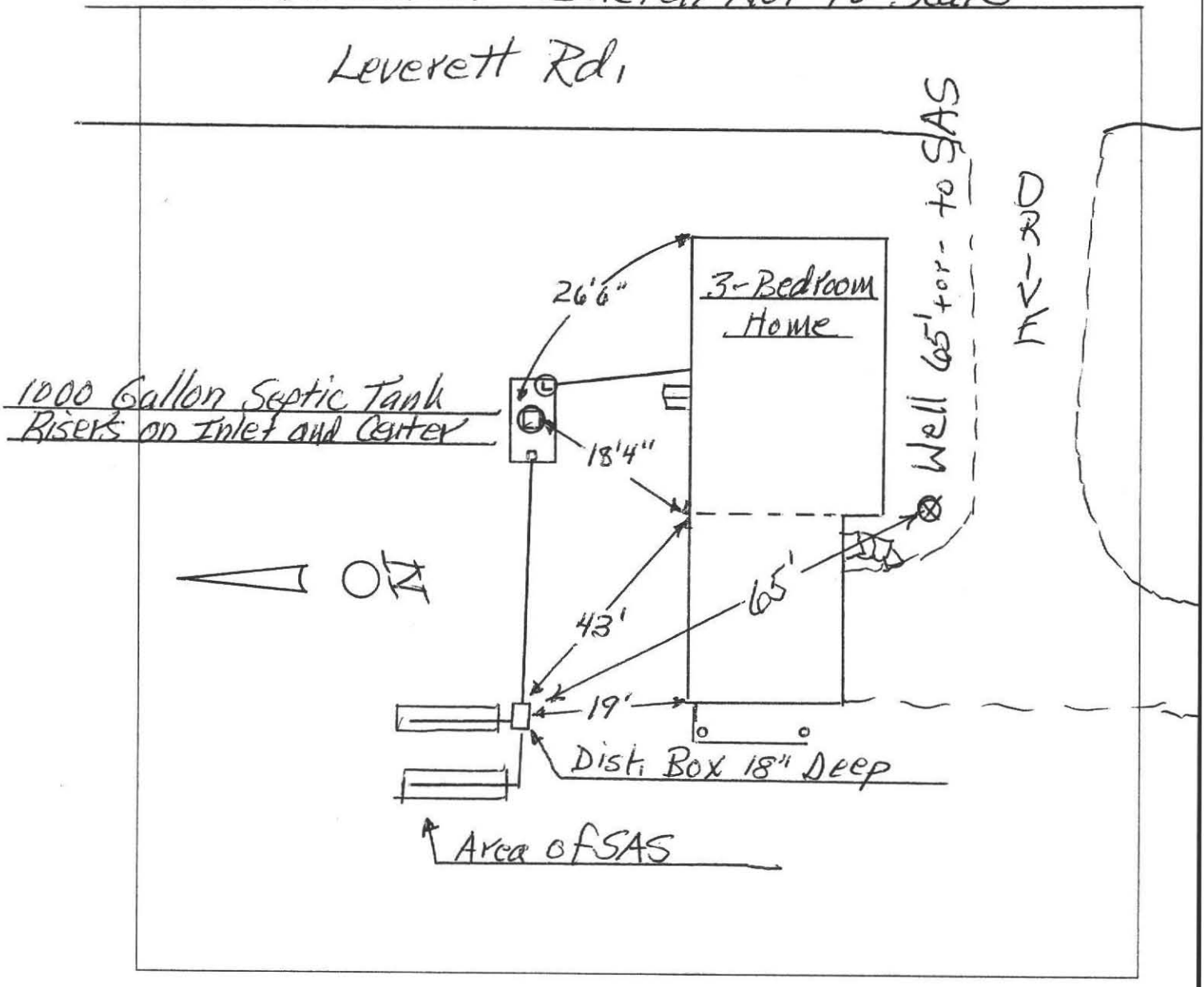
AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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-sketch in the area below
☐ drawing attached separately

Sketch Not to Scale



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

260 LEVERETT ROAD
Property Address

GORDON FLETCHER-HOWELL
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	SEPTEMBER 29, 2009
City/Town	State	Zip Code	Date of Inspection

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

PERMITS/INSP PAYMENT RECPT#: 10027159
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 09/29/09 TIME: 14:53
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 3959

REFERENCE: A

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: 260 LEVERETT

FEES:
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00

No. 88-6 FEE 90.00 H

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST



Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

260 LEVERETT ROAD — Location - Address; LOT #3 — or Lot No.

LEIGH ANDREWS — Owner; 260 LEVERETT RD. — Address

STONEY'S EXCAVATING — Installer; MONTAGUE, MA. — Address

Type of Building — Size Lot 80,000 Sq. feet

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

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

Other fixtures .....

Design Flow 110 gallons per ~~person~~ BEDROOM per day. Total daily flow 440 gallons.

Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5' Diameter ..... Depth 4'

Disposal ~~Trench~~ FIELD ✓ No. 1 Width 24' Total Length 40' Total leaching area 960 sq. ft.

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

Other Distribution box (Yes) Dosing tank (No)

Percolation Test Results Performed by R. SCOTT, P.E. WITNESS: C. DRAKE, AM BOARD OF H Date 12-29-86

Test Pit No. 1 8 minutes per inch Depth of Test Pit 72" Depth to ground water 36"

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

Description of Soil TO 6" TOPSOIL; TO 18" SUBSOIL; TO DEPTH, DENSE TILL W/ FINES & 1"-3" COBBLES.

(RECORDED ON 12-29-86 AS, "TEST SITE #1")

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.

HEALTH DEPARTMENT
FEB 4 1988

Signed ..... 2/4/88 Date

Application Approved By ..... Date

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

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

by ..... Installer

at .....

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

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

No. ..... FEE .....

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 .....

..... Board of Health

DATE .....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

Lot 1 88-4
Lot 5 88-5
Lot 3 88-6

Richard Scott, P.E.
31 Shutesbury Rd.
Pelham, Mass. 01002

January 26, 1988

Amherst Board of Health
Town Hall
Amherst, Mass. 01002

Attn: Mr. Dennis Pinski

Dear Dennis:

Enclosed are four copies of septic system design paperwork for three lots on Leverett Road owned by Leigh Andrews. Percolation tests for these lots were witnessed by Charlie Drake in December 1986.

The perc tests and initial planning for the lots were done prior to the current set of Amherst supplemental regulations and prior to your assumption of Mr. Drake's responsibilities. This design work is presented here in the form I customarily have sent to Charlie and is, I believe, in accordance with his interpretation of Title 5.

If you have any questions about form or content of this work please call me during the day at (617-544-2511)

Sincerely,

Richard Scott

Richard Scott, P.E.

cc: Leigh Andrews
549-1129 H
549-0598 B (answering machine)

AMHERST HEALTH DEPARTMENT
BANGS COMMUNITY CENTER
70 BOLTWOOD WALK
AMHERST, MA 01002
FEB 4 1988

no Good

No.....

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:

260 LEVERETT ROAD — Location - Address
LOT #1 — or Lot No.

LEIGH ANDREWS — Owner
260 LEVERETT ROAD — Address

STONEY'S EXCAVATING — Installer
MONTAGUE, MA. — Address

Type of Building — Size Lot 135,000 Sq. feet

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

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

Other fixtures .....

Design Flow 110 gallons per ~~person~~ Bedroom per day. Total daily flow 440 gallons.

Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5' Diameter..... Depth 4'

Disposal ~~Trench~~ FIELD ✓ No. 1 Width 24' Total Length 65' Total leaching area 1560 sq. ft.

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

Other Distribution box (Yes) Dosing tank (No)

Percolation Test Results Performed by L. Scott, P.E. Witness: C. Drake, BOH. Date 12-29-86

Test Pit No. 1 16 minutes per inch Depth of Test Pit 54" Depth to ground water 48"

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

Description of Soil To 4" TOPSOIL; TO 18" SUBSOIL; TO 54" DENSE TILL W/ FINES AND 1"-5" COBBLES. LEDGE @ 54"
(RECORDED ON 12-29-86 AS, "TEST SITE #2")

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

CHECK OR FILL IN WHERE APPLICABLE

FEB 0 - 1986

FEB 04 1986

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

.....OF.....

No..... FEE.....

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.....

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

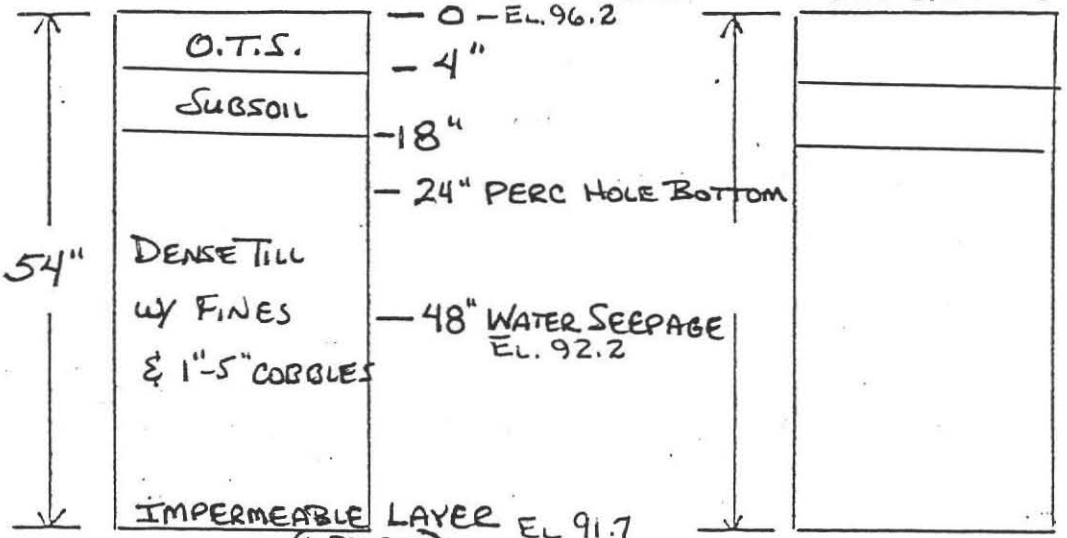
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. AMHERST
SITE #2 – LOT #1

MAILING ADDRESS: - SAME -

DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

START SOAK @ 11:31
START TEST @ 11:47

11" @ 12:00
10" @ 12:16
9" @ 12:34

3" IN 47 MIN. > 30 MIN.
RATE IS UNIFORM ∴ CONTINUE TEST

9" @ 12:34
7½" @ 12:53
6" @ 1:28

3" = 54 MIN

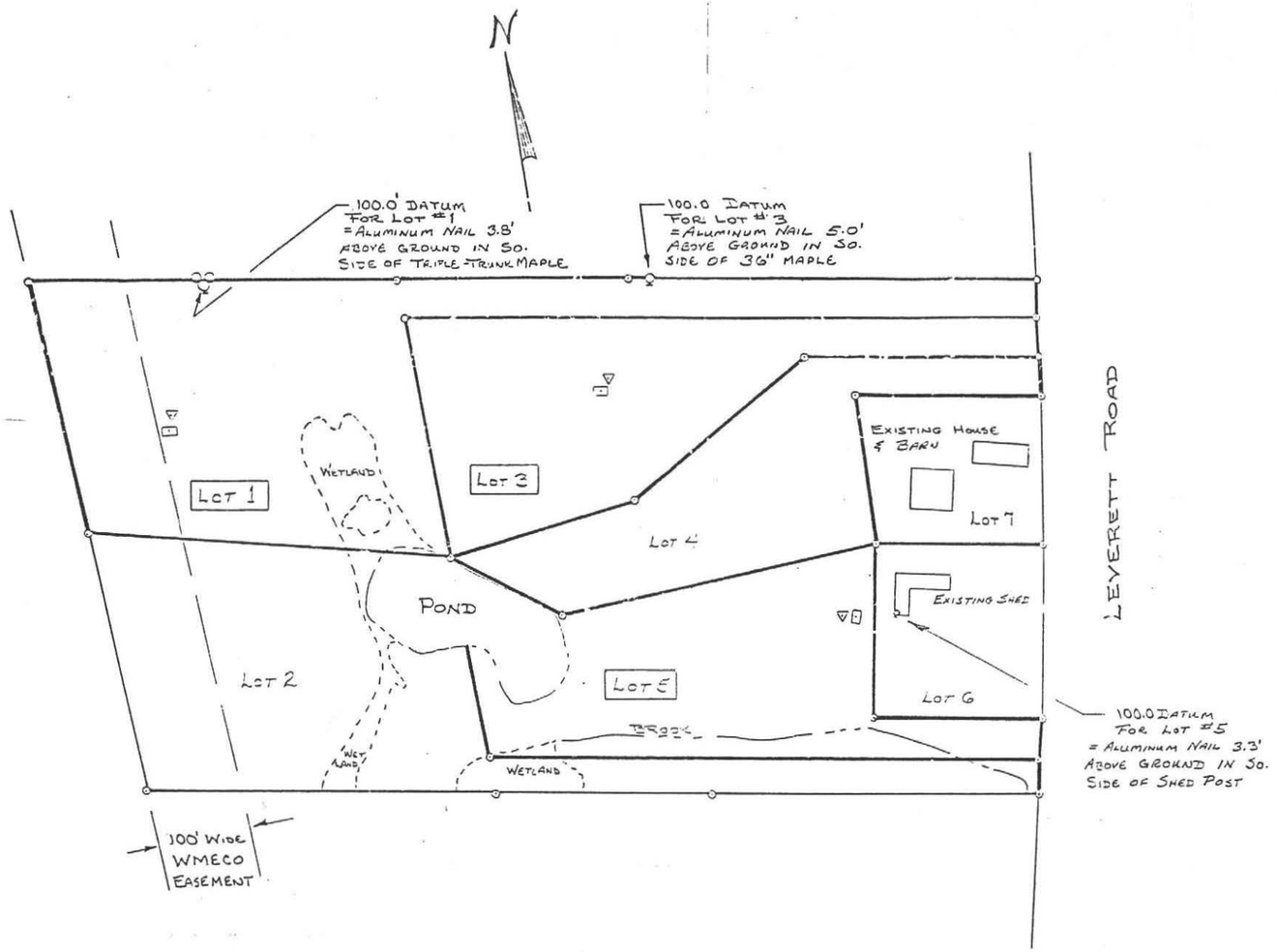
PERC RATE = 18 MIN./INCH

Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED
PROFESSIONAL ENGINEER

Richard Scott 1-2-87



NOTES

1) FOR BOUNDARY LENGTHS & BEARINGS SEE PLANS BY A. HAIGHTLET & ASSOC.

2) CURRENT DESIGN WORK IS FOR LOT NUMBERS 1, 3, & 5 ONLY

3.) ▽ = LOCATION OF PERCOLATION TEST
□ = LOCATION OF DEEP HOLE TEST

FEB 04 1988

FEB 0 1988

SEPTIC SYSTEM LAYOUTS
260 LEVERETT ROAD, AMHERST MA.

SCALE: 1"=100'	APPROVED BY:	DRAWN BY RMS
DATE: 11-13-87		REVISED

PROPOSED LOT BOUNDARIES
LOTS #1, #3 & #5

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

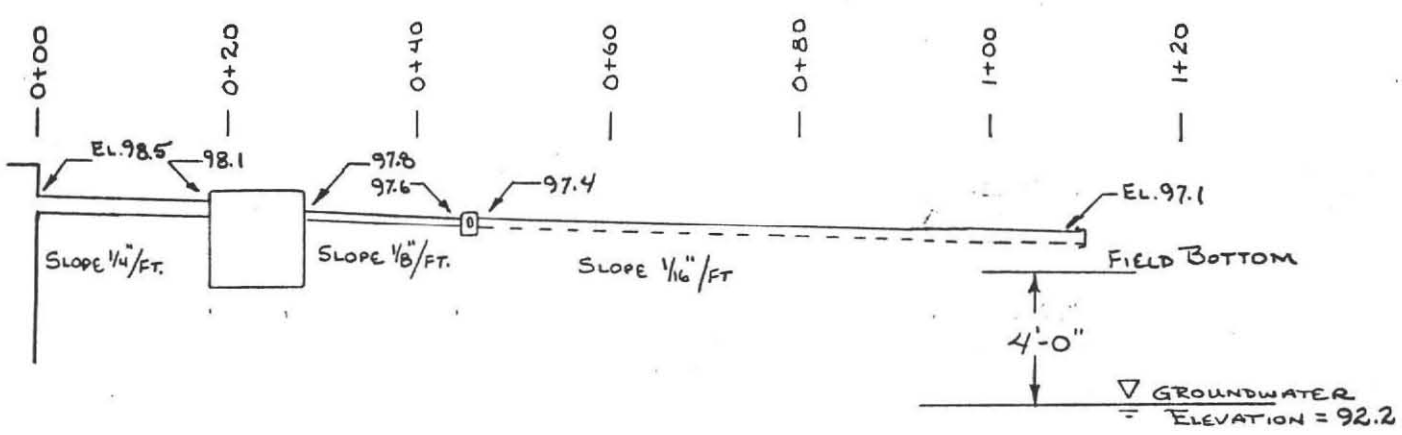
17 X 22 PRINTED ON NO. 1000H CLEARPRINT ®

SYSTEM DESIGN CALCULATIONS

4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

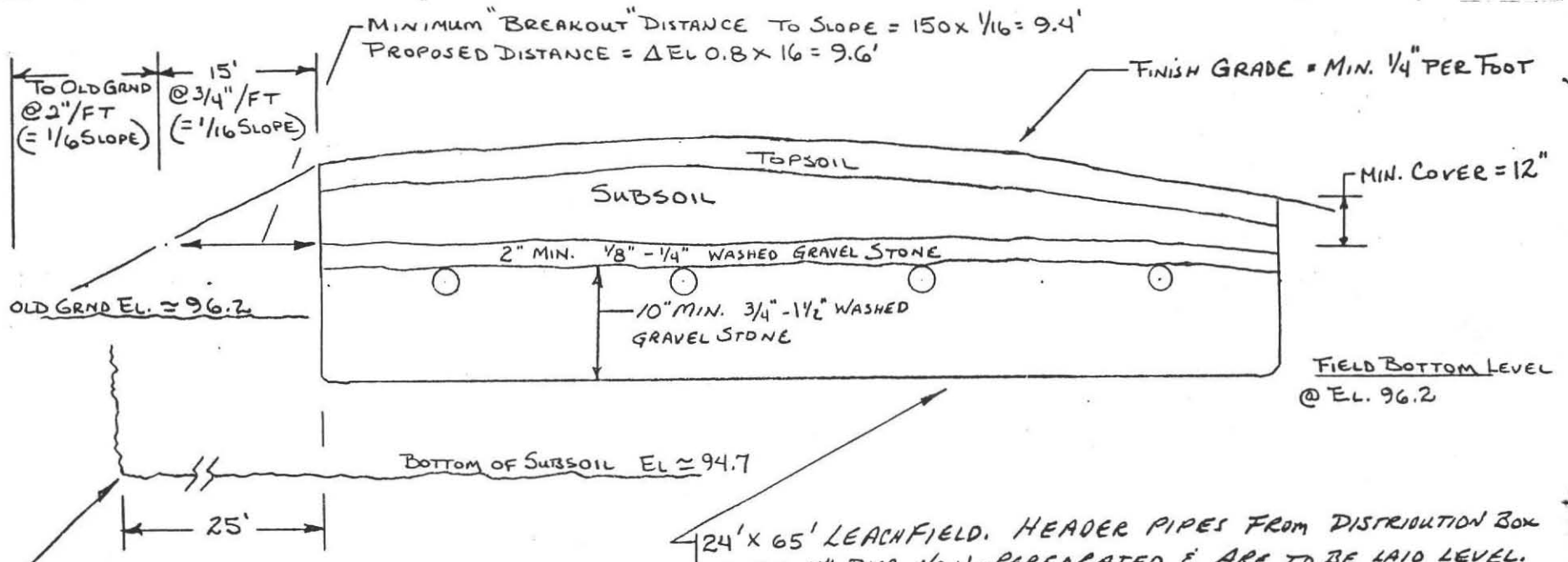
MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 X 440 = 660 GALLONS
SPECIFIED EFFECTIVE TANK VOLUME = 1000 GALLONS
PERCOLATION RATE = 18 MINUTES PER INCH → DESIGN LOADING =
= 2.72 SQ. FT. PER GAILON FOR BOTTOM LEACHING ONLY.
MINIMUM LEACH FIELD BOTTOM AREA = 440 X 2.72 = 1197 SQ. FT. X 1.25 "AMHERST FACTOR" = 1496 FT²
LEACH FIELD SPECIFIED FOR THIS SITE = 24' X 65' = 1560 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE 'ENVIORONMENTAL CODE TITLE 5, AND TOWN OF AMHERST SUPPLEMENTAL REGULATIONS



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW

SCALE: HORIZ: 1"=20' VERT: N.T.S.



LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW

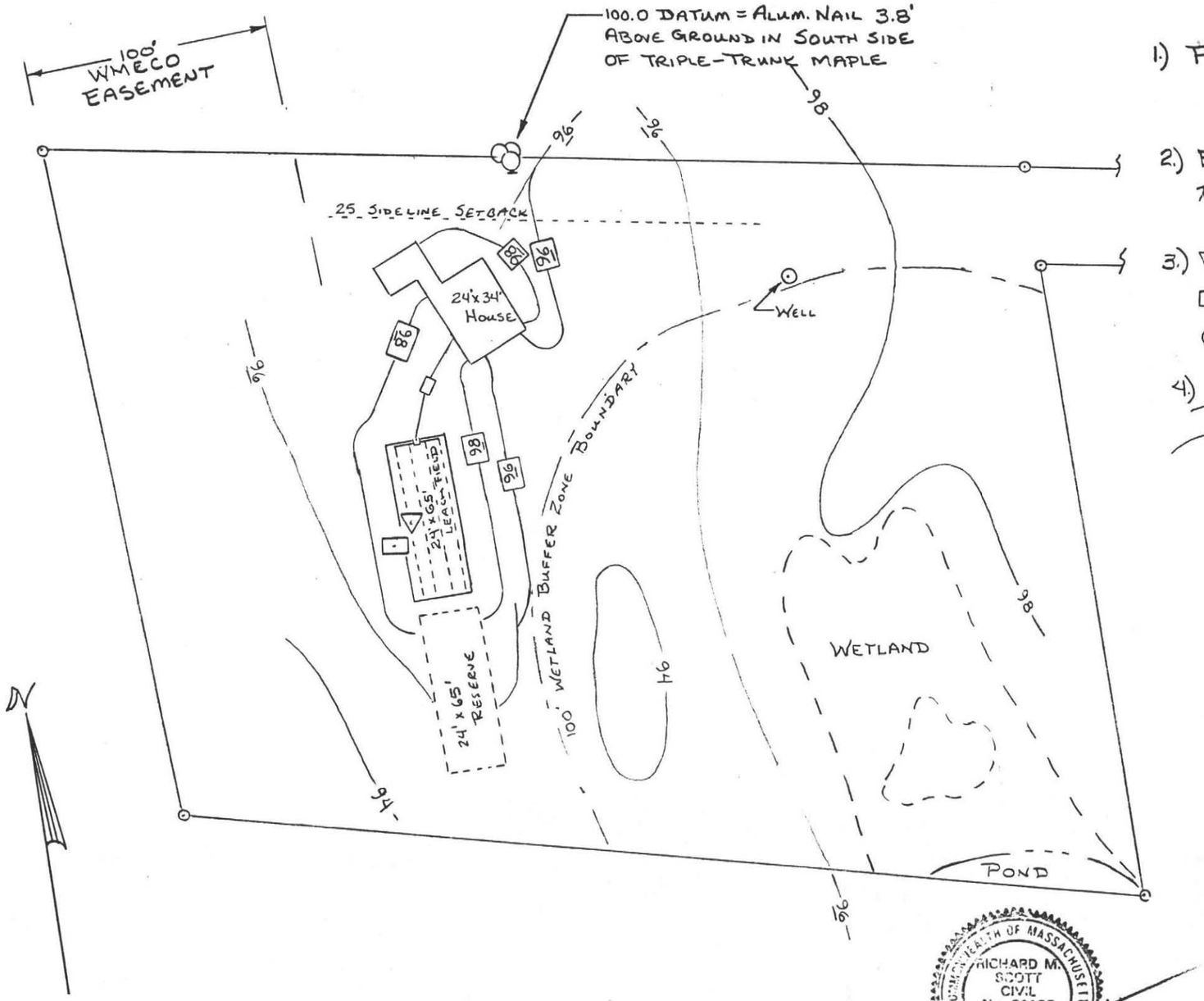
SCALE: HORIZ: 1"=4' VERT: N.T.S.

FEB 04 1988

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31189
REGISTERED PROFESSIONAL ENGINEER

Richard Scott 12-4-87

PROPOSED SEPTIC SYSTEM DESIGN
260 LEVERETT RD., AMHERST LOT #1
FOR: LEIGH ANDREWS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 12-4-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) ELEVATION CONTOURS ARE FROM FIELD WORK BY R. SCOTT ON 11-7-87

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST
⊙ = LOCATION OF ARTESIAN WELL

4.) 98 = EXISTING CONTOUR
98 = PROPOSED FINISH CONTOUR

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31188
REGISTERED PROFESSIONAL ENGINEER

12-4-87

FEB 04 1988

SEPTIC SYSTEM LAYOUT - LOT #1 260 LEVERETT ROAD, AMHERST, MA.		
SCALE: 1"=50'	APPROVED BY:	DRAWN BY RMS
DATE: 11-22-87		REVISED
EXISTING & PROPOSED FEATURES		
FOR: LEIGH ANDREWS BY: RICHARD SCOTT, P.E.		DRAWING NUMBER

11 X 17 PRINTED ON NO. 1000H CLEARPRINT

No.....

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:

260 LEVERETT ROAD — Location - Address
LOT #3 — or Lot No.

LEIGH ANDREWS — Owner
260 LEVERETT RD. — Address

STONEY'S EXCAVATING — Installer
MONTAGUE, MA. — Address

Type of Building — Size Lot 80,000 Sq. feet

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

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

Other fixtures .....

Design Flow 110 gallons per ~~person~~ Jedison per day. Total daily flow 440 gallons.

Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5 Diameter..... Depth 4'

Disposal ~~Trench~~ Field ✓ No. 1 Width 24' Total Length 40' Total leaching area 960 sq. ft.

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

Other Distribution box (Yes) Dosing tank (No)

Percolation Test Results Performed by R. Scott, P.E. Witness: C. Drake, Am Bd of H Date 12-29-86

Test Pit No. 1 8 minutes per inch Depth of Test Pit 72" Depth to ground water 36"

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

Description of Soil To 6" TOPSOIL; TO 18" SUBSOIL; TO DEPTH, DENSE TILL W/ FINES & 1"-3" COBBLES.
(RECORDED ON 12-29-86 AS, "TEST SITE #1")

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

CHECK OR FILL IN WHERE APPLICABLE

FEB 04 1988

Agreement:

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

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

Application Approved By..... Date.....

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

..... Date

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

by..... Installer

at.....

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

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

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

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

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.....

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

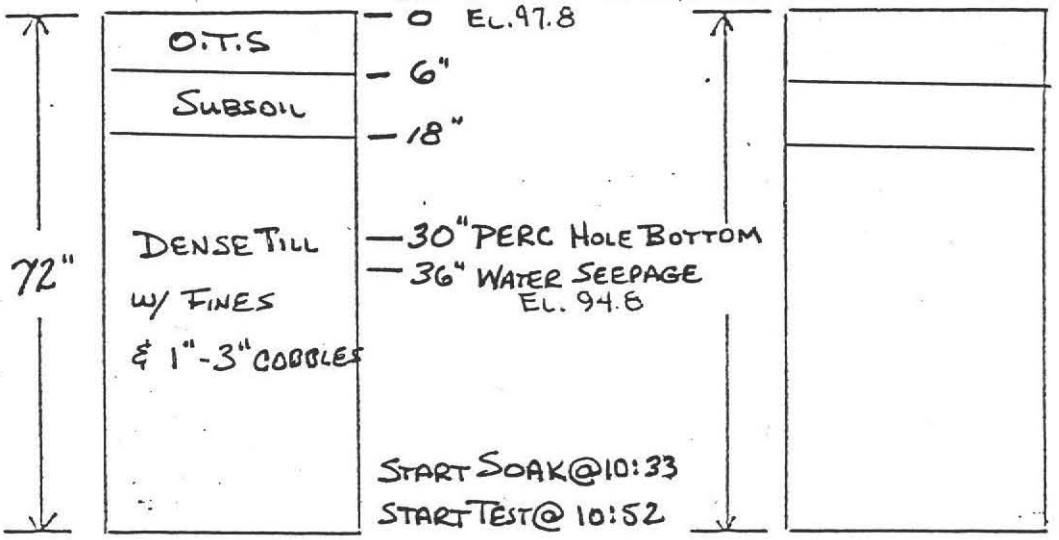
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. AMHERST
SITE #1 — LOT #3

MAILING ADDRESS: — SAME —

DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



START SOAK @ 10:33
START TEST @ 10:52

Groundwater _____ 11" @ 10:56 Groundwater _____

Perc Rate _____ 9" @ 11:07 Perc Rate _____

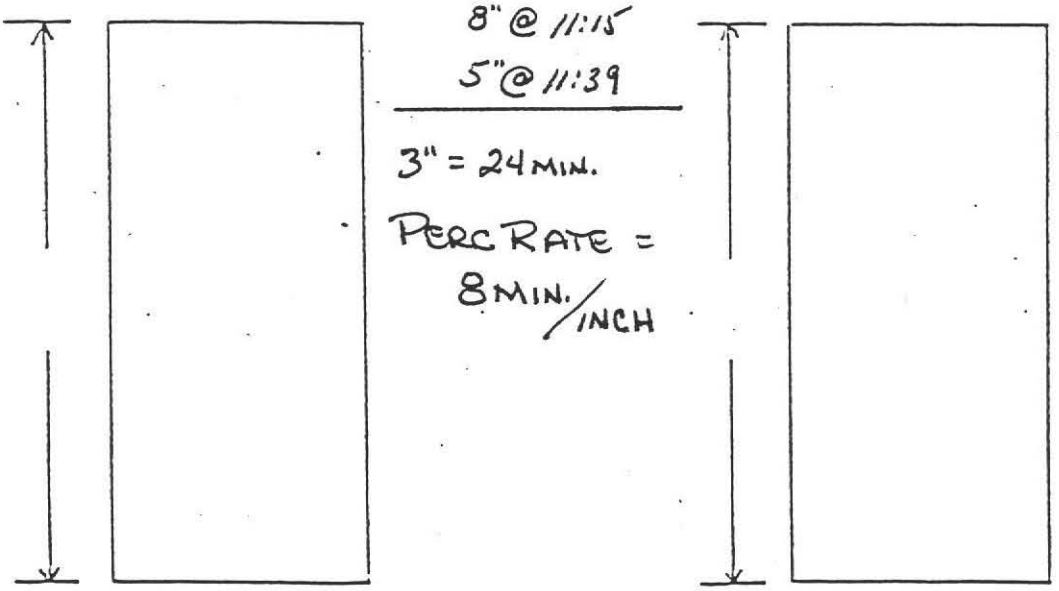
3" IN 15 < 30 OKAY

8" @ 11:15

5" @ 11:39

3" = 24 MIN.

PERC RATE = 8 MIN./INCH

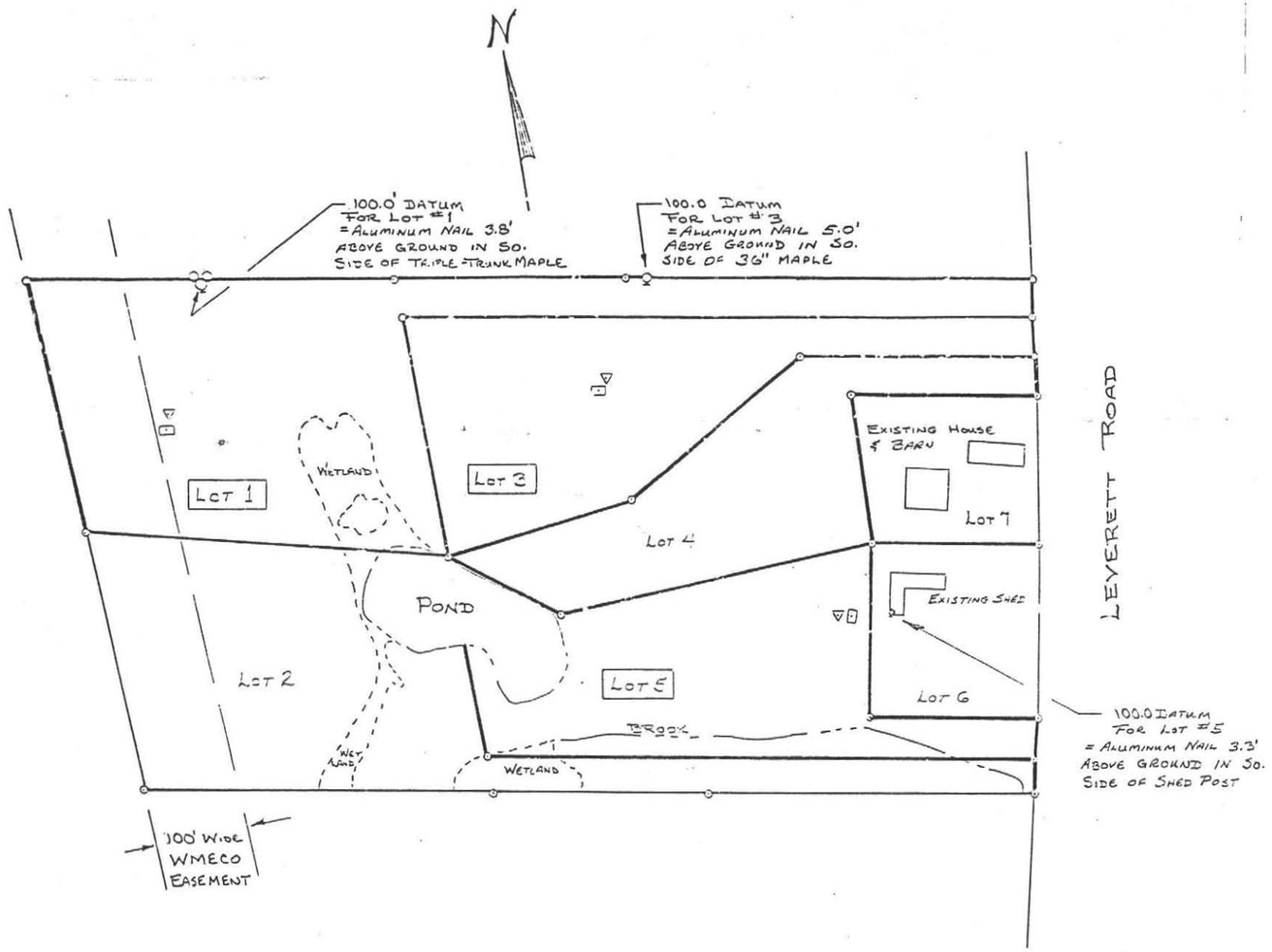


Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED
PROFESSIONAL ENGINEER
Richard Scott 1-2-88

FEB 04 1988



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLANS BY A. HUNTLEY & ASSOC.

2) CURRENT DESIGN WORK IS FOR LOT NUMBERS 1, 3, & 5 ONLY

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

FEB 04 1988

FEB 9 1988

SEPTIC SYSTEM LAYOUTS
260 LEVERETT ROAD, AMHERST MA.

SCALE: 1" = 100'	APPROVED BY:	DRAWN BY RMS
DATE: 11-13-87		REVISED

PROPOSED LOT BOUNDARIES
LOTS #1, #3 & #5

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

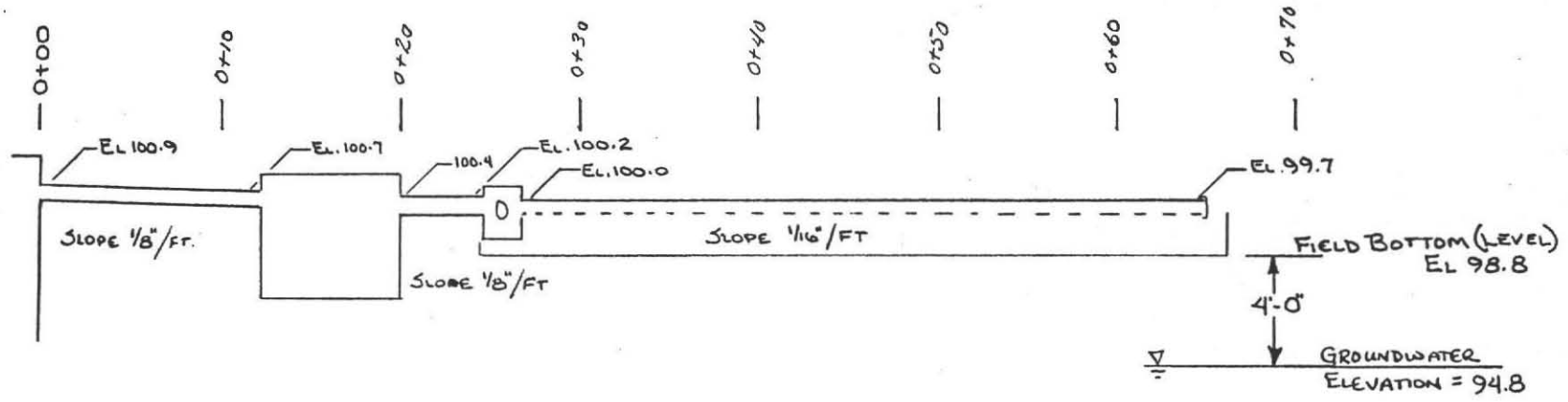
17 X 22 PRINTED ON NO. 1000H CLEARPRINT ®

SYSTEM DESIGN CALCULATIONS

4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

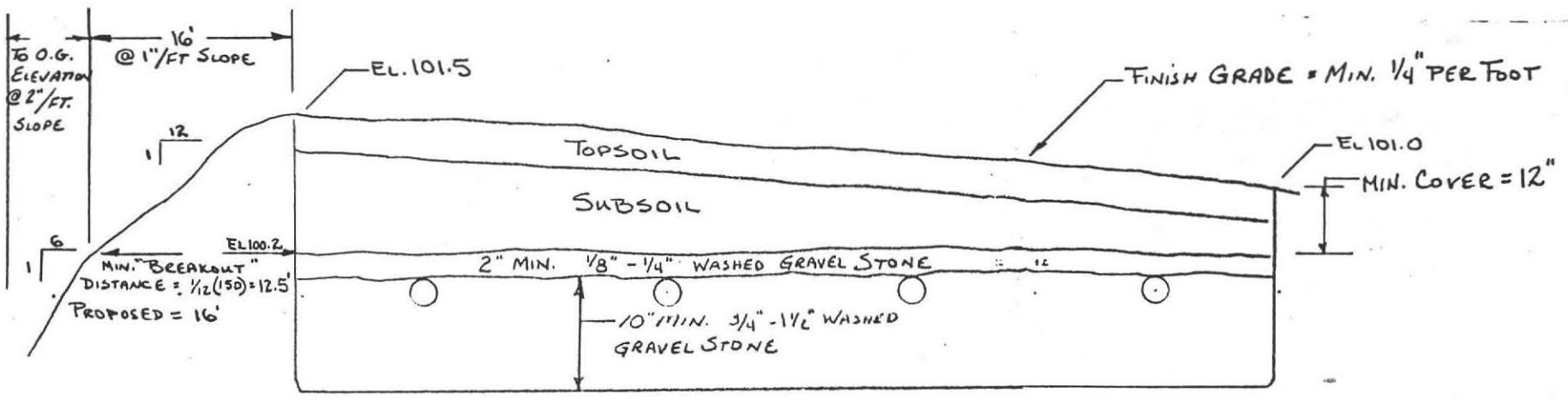
MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 × 440 = 660 GALLONS
SPECIFIED EFFECTIVE TANK VOLUME = 1000 GALLONS
PERCOLATION RATE = 8 MINUTES PER INCH → DESIGN LOADING =
= 1.6 SQ. FT. PER GALLON FOR BOTTOM LEACHING ONLY.
MINIMUM LEACH FIELD BOTTOM AREA = 440 × 1.6 = 704 SQ. FT. × 1.25 "AMHERST FACTOR"
= 880 Sq Ft.
LEACH FIELD SPECIFIED FOR THIS SITE = 24' × 40' = 960 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5. AND TOWN OF AMHERST SUPPLEMENTAL REGULATIONS



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW

SCALE: HORIZ: 1" = 10' VERT: N.T.S.



EXCAVATE ALL TOP & SUBSOIL IN AN AREA 25' BEYOND FIELD BOUNDARIES IN ALL DIRECTIONS. FILL & MACHINE-COMPACT BANK-RUN GRAVEL TO EL. 98.8. MAX. FIN. EL. OVER TOP OF FIELD = 101.5 BEYOND LIMITS OF FINISHED FIELD, GRADE @ 1" PER FOOT × 16' THEN 2" PER FOOT TO RETURN TO O.G. ELEVATION.

24' × 40' LEACHFIELD. HEADER PIPES FROM DISTRIBUTION BOX TO BE 4" PVC NON-PERFORATED & ARE TO BE LAID LEVEL. 160 LIN. FT. OF 4" PERFORATED PVC DISTRIBUTION PIPE TO BE LAID AT MIN. .005' PER FT. ALL APE ENDS TO BE CAPPED.

LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW

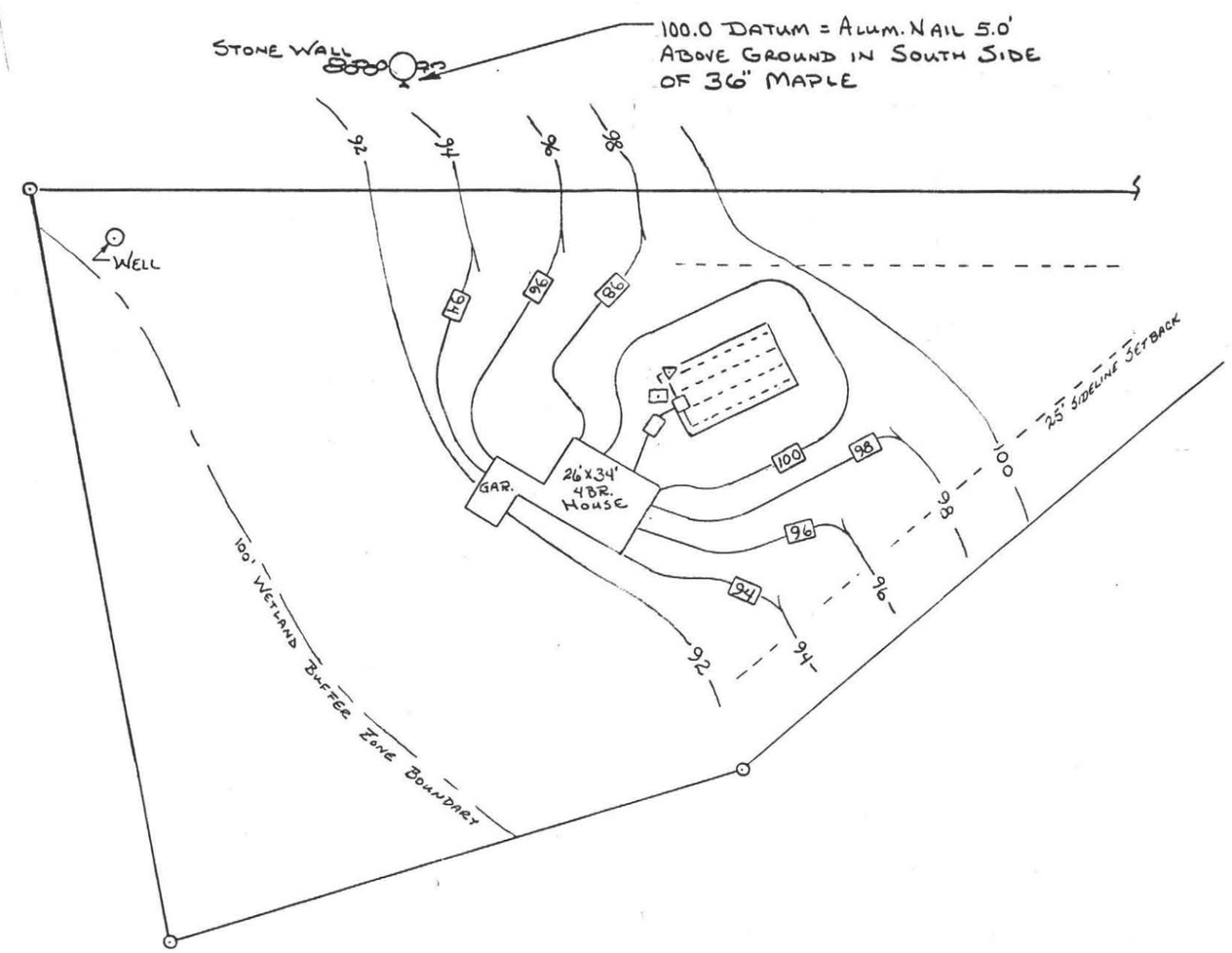
SCALE: HORIZ: 1" = 4' VERT: N.T.S.

Richard Scott 12-18-87

REGISTERED PROFESSIONAL ENGINEER No. 31390

FEB 04 1988

PROPOSED SEPTIC SYSTEM DESIGN
260 LEVERETT RD., AMHERST LOT #3
FOR: LEIGH ANDREWS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 12-18-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) ELEVATION CONTOURS ARE FROM FIELD WORK BY R. SCOTT ON 11-7-87

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

4.) —94— EXISTING CONTOUR
94 PROPOSED FINISH CONTOUR

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED PROFESSIONAL ENGINEER
12-18-87

FEB 04 1988

SEPTIC SYSTEM LAYOUT - LOT #3 260 LEVERETT ROAD, AMHERST, MA		
SCALE: 1" = 50'	APPROVED BY:	DRAWN BY RMS
DATE: 11-22-87		REVISED
EXISTING & PROPOSED FEATURES		
FOR: LEIGH ANDREWS BY: RICHARD SCOTT, P.E.		DRAWING NUMBER

11 X 17 PRINTED ON NO. 1000H CLEARPRINT •

No..... 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:

260 Leverett Road — Lot #3
Location - Address — or Lot No.
Leigh Andrews — 260 Leverett Rd.
Owner — Address
Stoney's Excavating — Montague, MA.
Installer — Address

Type of Building — Size Lot 80,000 Sq. feet
Dwelling ✓ No. of Bedrooms 4 Expansion Attic (No) Garbage Grinder (No)
Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )
Other fixtures .....

Design Flow 110 gallons per ~~person~~ Session per day. Total daily flow 440 gallons.
Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5' Diameter..... Depth 4'
Disposal ~~Trench~~ Field ✓ No. 1 Width 24' Total Length 40' Total leaching area 960 sq. ft.
Seepage Pit No..... Diameter..... Depth below inlet..... Total leaching area.....sq. ft.
Other Distribution box (Yes) Dosing tank (No)
Percolation Test Results Performed by R. Scott, P.E. Witness: C. Drake, Am. Bd. of H Date 12-29-86
Test Pit No. 1 8 minutes per inch Depth of Test Pit 72" Depth to ground water 36"
Test Pit No. 2.....minutes per inch Depth of Test Pit..... Depth to ground water.....

Description of Soil To 6" topsoil; to 18" subsoil; to depth, dense till w/ fines & 1"-3" cobbles.
(Recorded on 12-29-86 as, "Test Site #1")

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

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

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

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

Application Approved By..... Date.....

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

Date.....

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

THE COMMONWEALTH OF MASSACHUSETTS

FEB 04 1988

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

FEB 04 1988

BOARD OF HEALTH

No..... .....OF..... Fee.....

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.....

Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

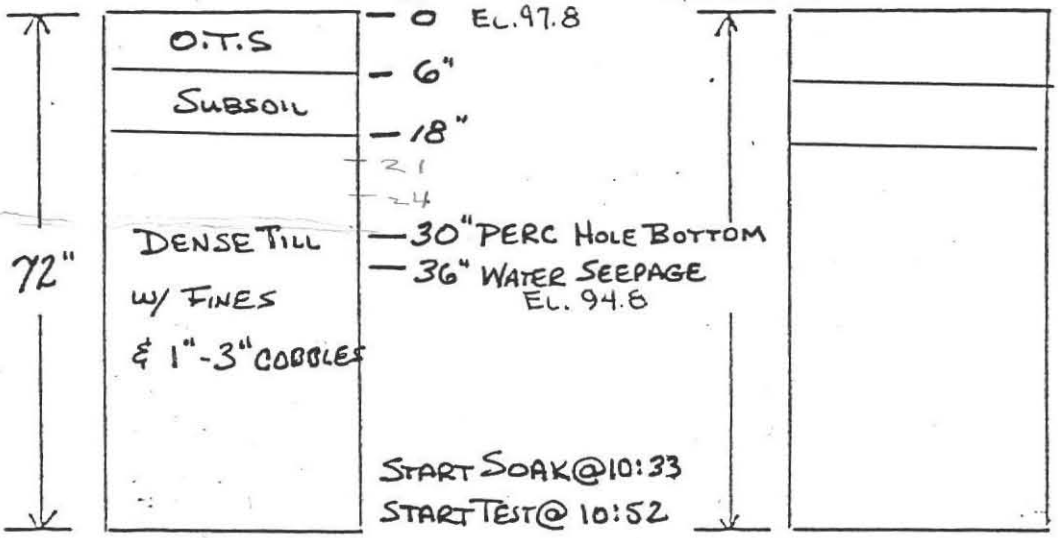
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. · AMHERST
SITE #1 — LOT #3

MAILING ADDRESS: — SAME —

DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



Groundwater _____ Groundwater _____

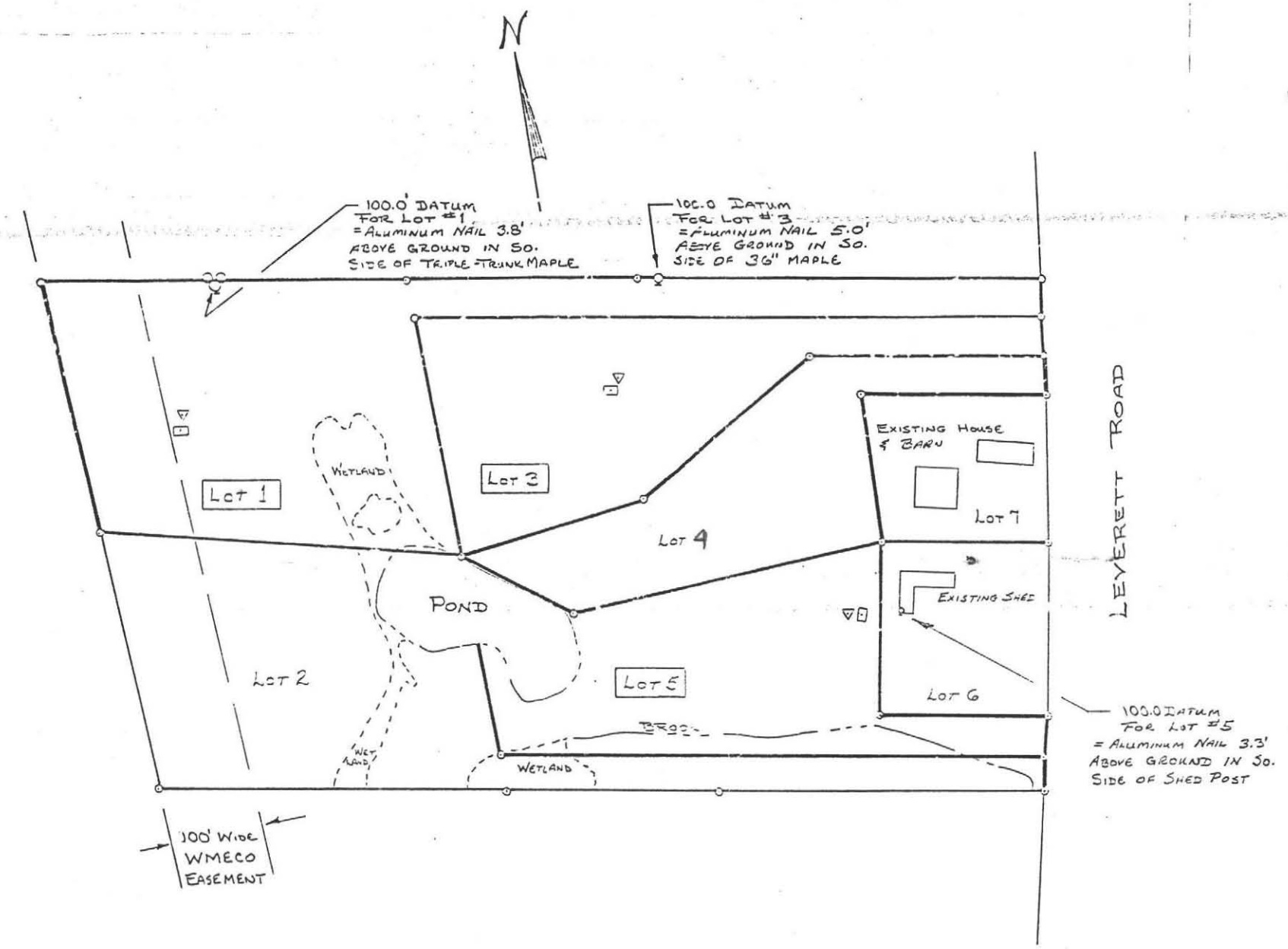
Perc Rate _____ Perc Rate _____

Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED
PROFESSIONAL ENGINEER

Richard Scott 1-2-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HASTLET & ASSOC.

2) CURRENT DESIGN WORK IS FOR LOT NUMBERS 1, 3, & 5 ONLY

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

FEB 04 1988

SEPTIC SYSTEM LAYOUTS
260 LEVERETT ROAD, AMHERST MA.

SCALE: 1"=100'	APPROVED BY:	DRAWN BY RMS
DATE: 11-13-87		REVISED

PROPOSED LOT BOUNDARIES
LOTS #1, #3 & #5

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

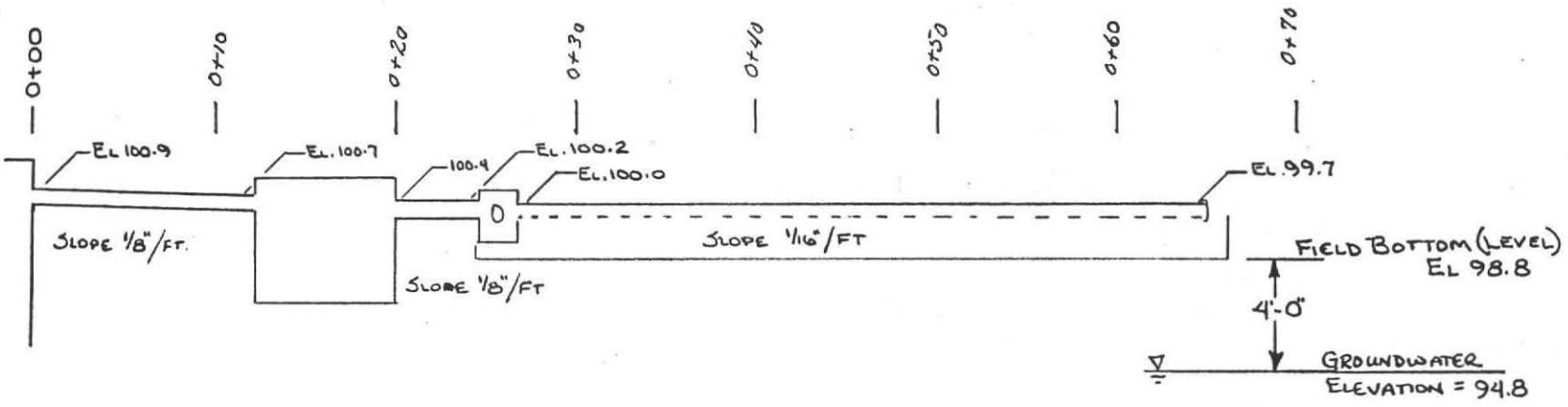
17 X 22 PRINTED ON NO. 1000H CLEARPRINT ●

SYSTEM DESIGN CALCULATIONS

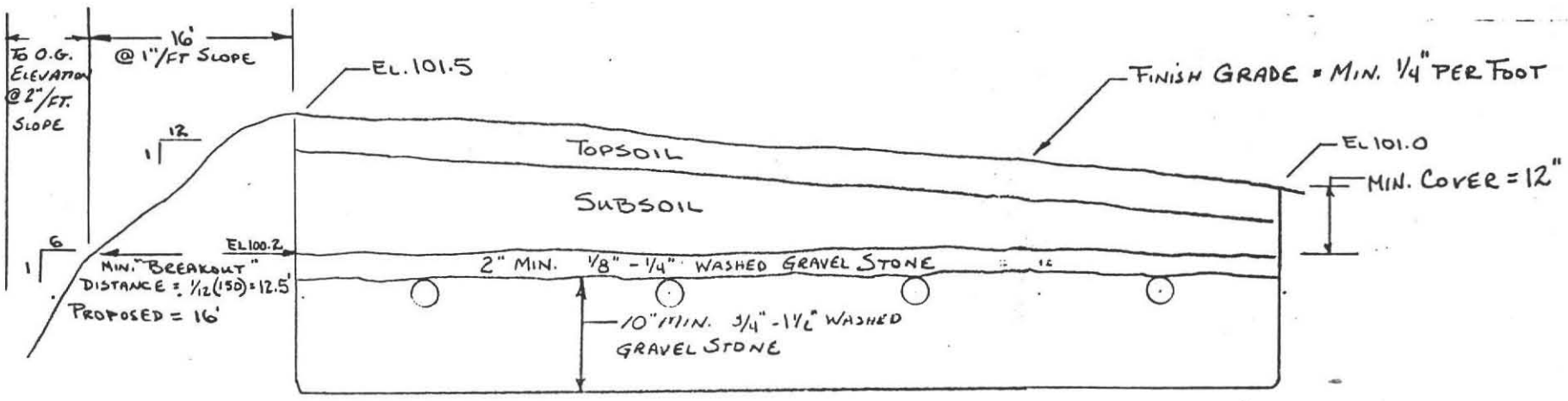
4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 X 440 = 660 GALLONS
SPECIFIED EFFECTIVE TANK VOLUME = 1000 GALLONS
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LEACH FIELD SPECIFIED FOR THIS SITE = 24' X 40' = 960 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE ENVIORONMENTAL CODE TITLE 5. AND TOWN OF AMHERST SUPPLEMENTAL REGULATIONS



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW
SCALE: HORIZ: 1" = 10' VERT: N.T.S.



OLD GROUND EL. = 97.8

APPROX. EL. 96.3

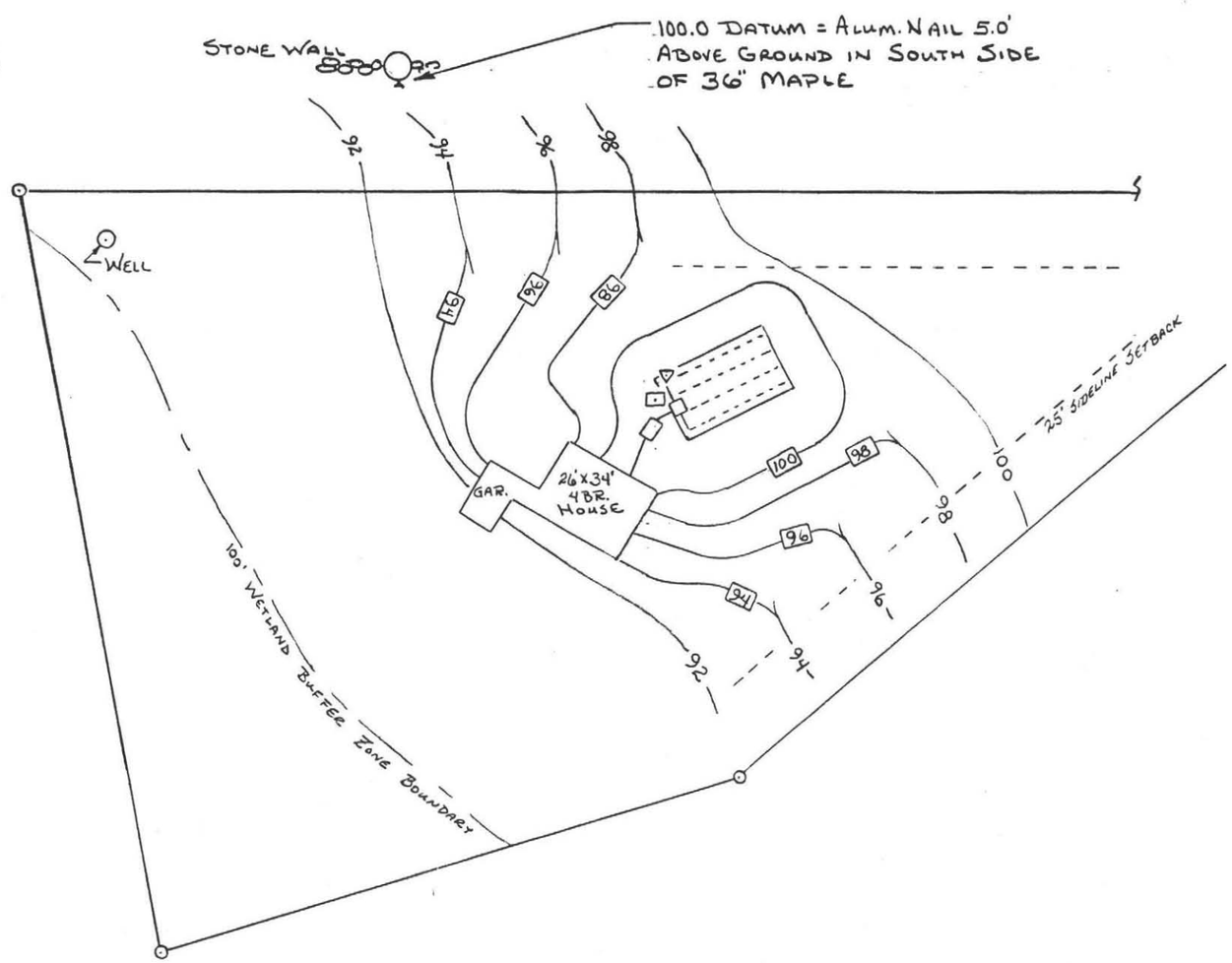
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LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW
SCALE: HORIZ: 1" = 4' VERT: N.T.S.

Richard Scott 12-18-87
No. 31109 REGISTERED PROFESSIONAL ENGINEER
FEB 04 1988

PROPOSED SEPTIC SYSTEM DESIGN
260 LEVERETT RD., AMHERST LOT #3
FOR: LEIGH ANDREWS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 12-18-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) ELEVATION CONTOURS ARE FROM FIELD WORK BY R. SCOTT ON 11-7-87

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

4.) —94— EXISTING CONTOUR
94 PROPOSED FINISH CONTOUR

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED
PROFESSIONAL ENGINEER

12-18-87

FEB 04 1988

SEPTIC SYSTEM LAYOUT - LOT #3
260 LEVERETT ROAD, AMHERST, MA

SCALE: 1" = 50'	APPROVED BY:	DRAWN BY RMS
DATE: 11-22-87		REVISED

EXISTING & PROPOSED FEATURES

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

11 X 17 PRINTED ON NO. 1000H CLEARPRINT

No.....

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:

260 LEVERETT ROAD — Location - Address
LOT #3 — or Lot No.

LEIGH ANDREWS — Owner
260 LEVERETT RD. — Address

STONEY'S EXCAVATING — Installer
MONTAGUE, MA. — Address

Type of Building
Dwelling ✓ No. of Bedrooms 4 Expansion Attic (No) Size Lot 80,000 Sq. feet Garbage Grinder (No)
Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )
Other fixtures .....

Design Flow 110 gallons per ~~person~~ BEDROOM per day. Total daily flow 440 gallons.
Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5' Diameter ..... Depth 4'
Disposal ~~Trench~~ FIELD ✓ No. 1 Width 24' Total Length 40' Total leaching area 960 sq. ft.
Seepage Pit No. ..... Diameter ..... Depth below inlet ..... Total leaching area ..... sq. ft.
Other Distribution box (Yes) Dosing tank (No)
Percolation Test Results Performed by R. SCOTT, P.E. WITNESS: C. DRAKE, AMBOH Date 12-29-86
Test Pit No. 1 8 minutes per inch Depth of Test Pit 72" Depth to ground water 36"
Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil TO 6" TOPSOIL; TO 16" SUBSOIL; TO DEPTH, DENSE TILL W/ FINES & 1"-3" COBBLES.
(RECORDED ON 12-29-86 AS, "TEST SITE #1")

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

CHECK OR FILL IN WHERE APPLICABLE

FEB 04 1988

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

No. .....

FEE.....

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 .....

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Board of Health

DATE .....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

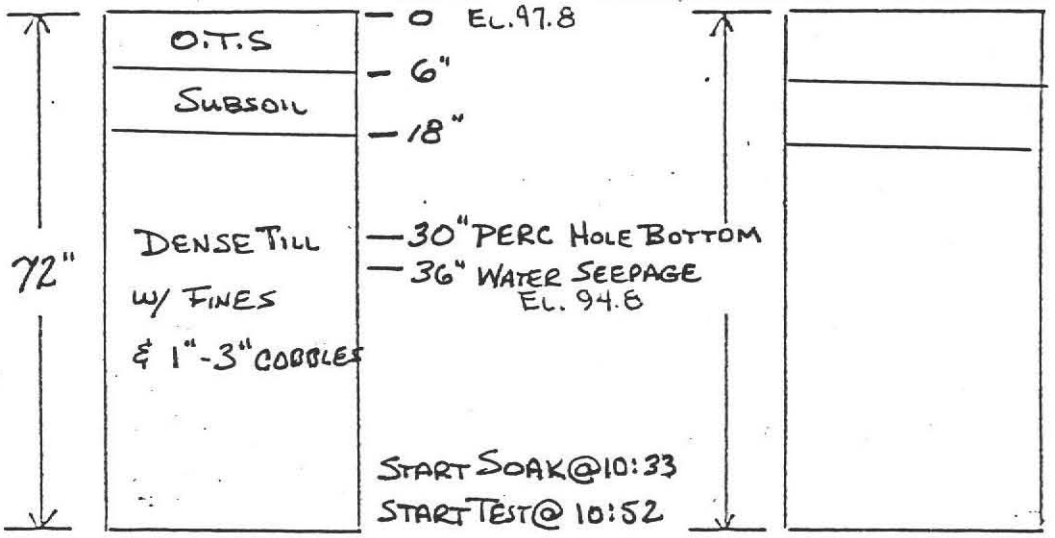
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. · AMHERST
SITE #1 – LOT #3

MAILING ADDRESS: – SAME –

DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



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Groundwater _____ 11" @ 10:56 Groundwater _____

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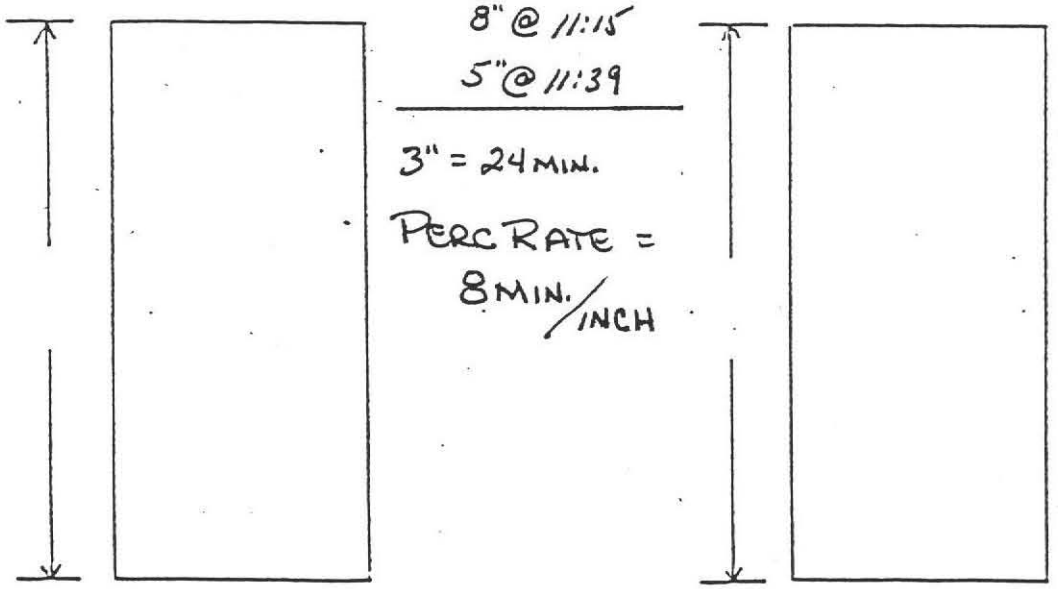
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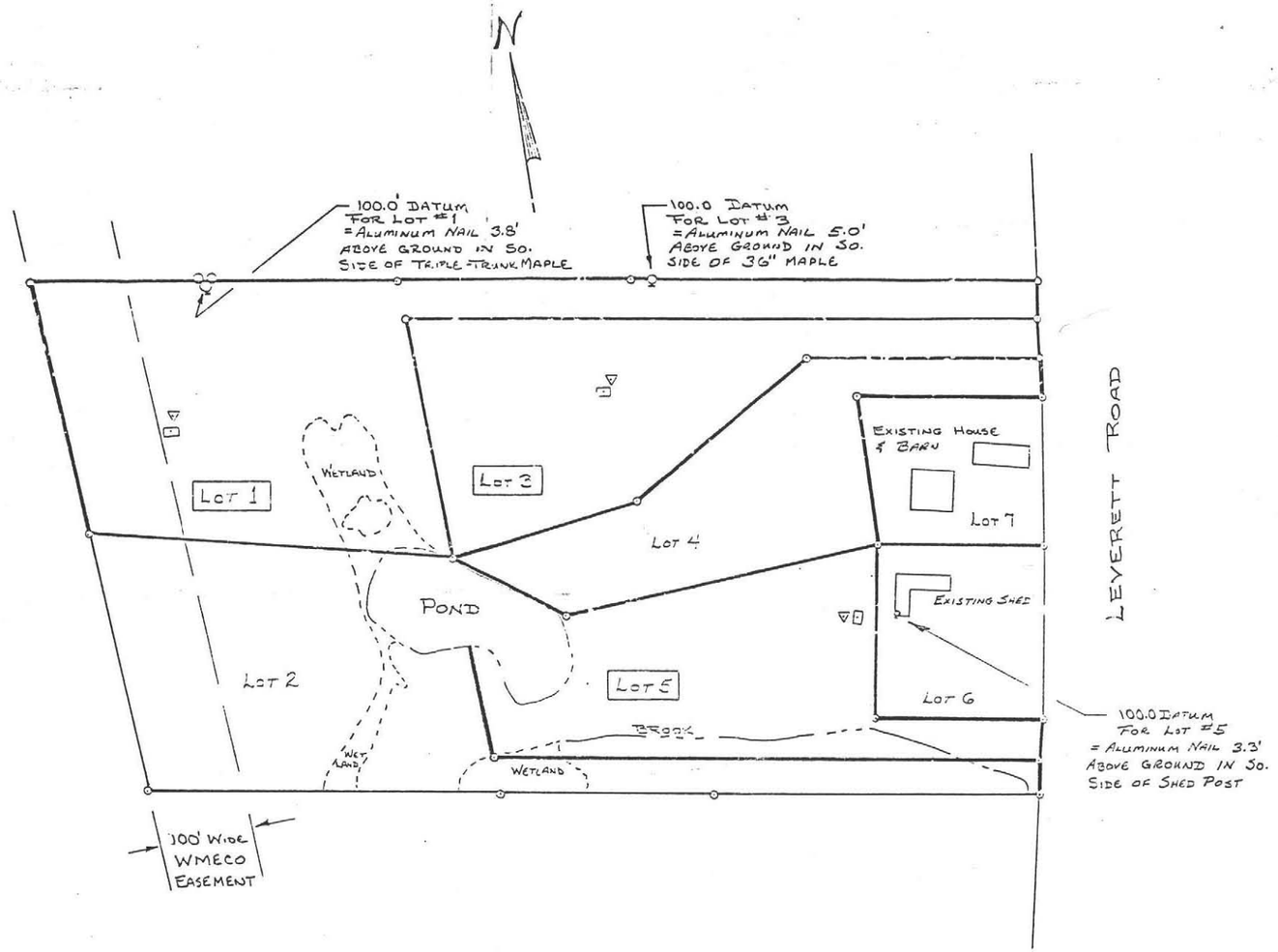


Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED PROFESSIONAL ENGINEER

Richard Scott 1-2-87



NOTES

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⊡ = LOCATION OF DEEP HOLE TEST

FEB 04 1988

SEPTIC SYSTEM LAYOUTS
260 LEVERETT ROAD, AMHERST MA.

SCALE: 1"=100'	APPROVED BY:	DRAWN BY RMS
DATE: 11-13-87		REVISED

PROPOSED LOT BOUNDARIES
LOTS #1, #3 & #5

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

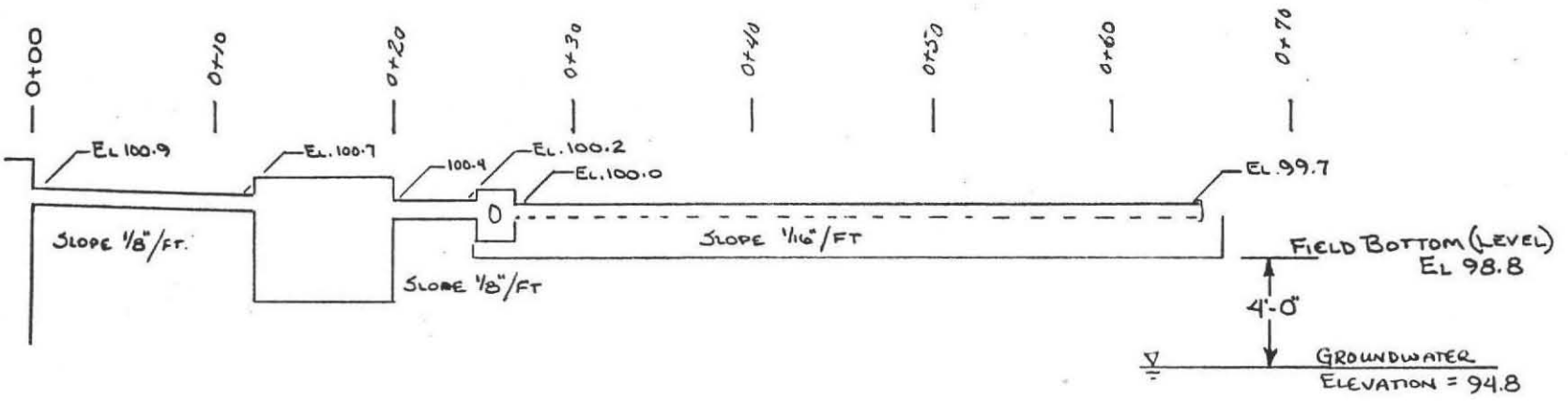
17 X 22 PRINTED ON NO. 1000H CLEARPRINT ®

SYSTEM DESIGN CALCULATIONS

4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

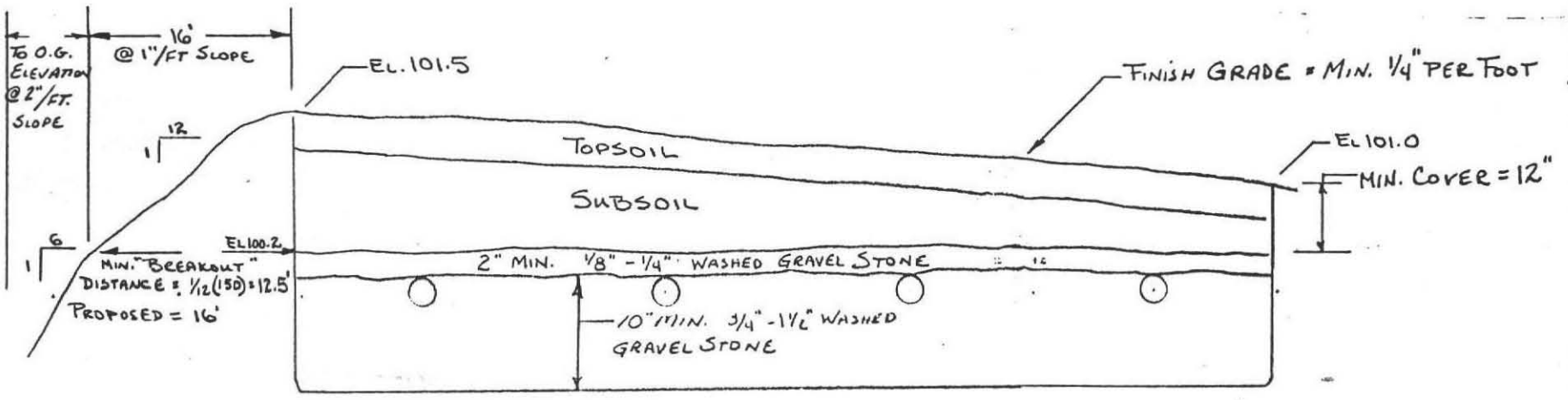
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SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW

SCALE: HORIZ: 1"= 10' VERT: N.T.S.



EXCAVATE ALL TOP & SUBSOIL IN AN AREA 25' BEYOND FIELD BOUNDARIES IN ALL DIRECTIONS. FILL & MACHINE-COMPACT BANK-RUN GRAVEL TO EL. 98.8. MAX. FIN. EL. OVER TOP OF FIELD = 101.5 BEYOND LIMITS OF FINISHED FIELD, GRADE @ 1" PER FOOT X 16' THEN 2" PER FOOT TO RETURN TO O.G. ELEVATION.

24' X 40' LEACHFIELD. HEADER PIPES FROM DISTRIBUTION BOX TO BE 4" PVC NON-PERFORATED & ARE TO BE LAID LEVEL. 160 LIN. FT. OF 4" PERFORATED PVC DISTRIBUTION PIPE TO BE LAID AT MIN. .005' PER FT. ALL APE ENDS TO BE CAPPED.

LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW

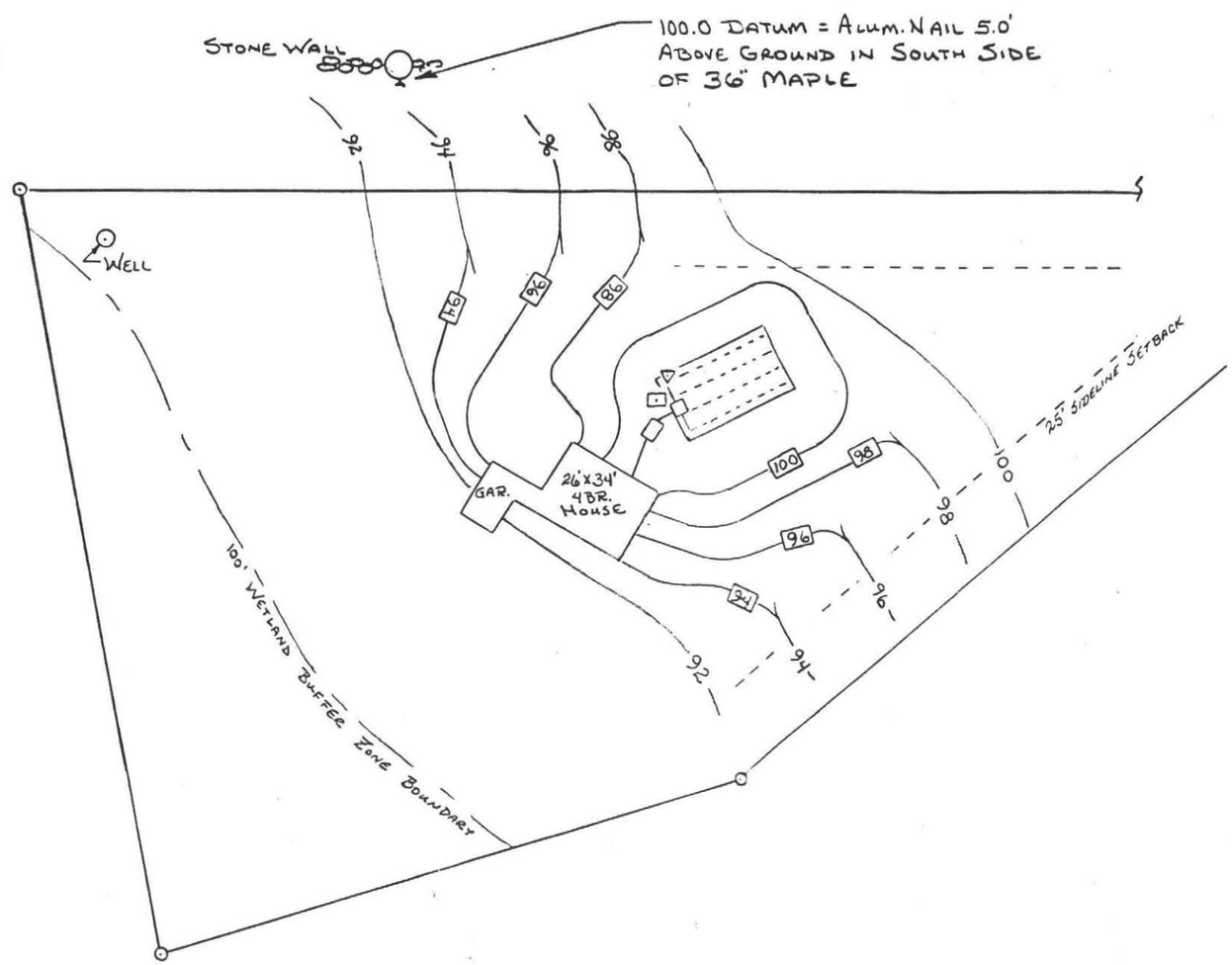
SCALE: HORIZ: 1"= 4' VERT: N.T.S.

Richard Scott 12-18-87

COMMONWEALTH OF MASSACHUSETTS — RICHARD SCOTT — No. 31199 — REGISTERED PROFESSIONAL ENGINEER

FEB 04 1988

PROPOSED SEPTIC SYSTEM DESIGN
260 LEVERETT RD., AMHERST LOT #3
FOR: LEIGH ANDREWS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 12-18-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) ELEVATION CONTOURS ARE FROM FIELD WORK BY R. SCOTT ON 11-7-87

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

4.) —94— EXISTING CONTOUR
94 PROPOSED FINISH CONTOUR

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED
PROFESSIONAL ENGINEER

12-18-87

FEB 04 1988

SEPTIC SYSTEM LAYOUT - LOT #3
260 LEVERETT ROAD, AMHERST, MA

SCALE: 1" = 50'	APPROVED BY:	DRAWN BY RMS
DATE: 11-22-87		REVISED

EXISTING & PROPOSED FEATURES

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

11 X 17 PRINTED ON NO. 1000H CLEARPRINT

NO Good

No.....

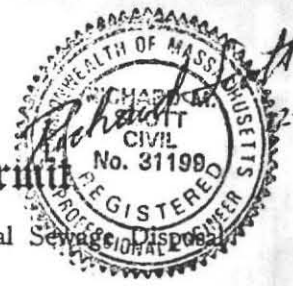
FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit



12-481

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

260 LEVERETT ROAD — Location - Address
LOT #1 — or Lot No.

LEIGH ANDREWS — Owner
260 LEVERETT ROAD — Address

STONEY'S EXCAVATING — Installer
MONTAGUE, MA. — Address

Type of Building — Size Lot 135,000 Sq. feet

Dwelling ✓ No. of Bedrooms 4 Expansion Attic (NO) Garbage Grinder (NO)

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

Other fixtures .....

Design Flow 110 gallons per ~~person~~ Bedroom per day. Total daily flow 440 gallons.

Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5' Diameter..... Depth 4'

Disposal ~~Field~~ ~~Trench~~ ✓ No. 1 Width 24' Total Length 65' Total leaching area 1560 sq. ft.

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

Other Distribution box (~~NO~~) Dosing tank (NO)

Percolation Test Results Performed by P. SCOTT, P.E. WITNESS: C. DRAKE, BOARD OF H. Date 12-29-86

Test Pit No. 1 18 minutes per inch Depth of Test Pit 54" Depth to ground water 48"

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

Description of Soil TO 4" TOPSOIL; TO 18" SUBSOIL; TO 54" DENSE TILL W/ FINES AND 1"-5" COBBLES. LEDGE @ 54"
(RECORDED ON 12-29-86 AS, "TEST SITE # 2")

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

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

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

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

Application Approved By..... Date.....

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

..... Date

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

FEB 04 1988

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

..... OF .....

No..... FEE.....

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.....

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

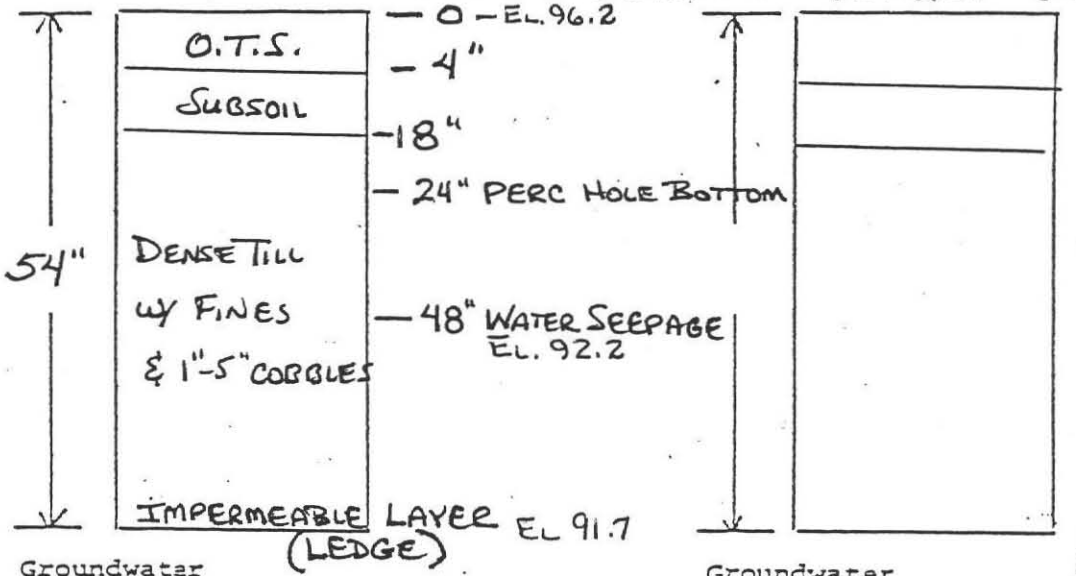
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. AMHERST
SITE #2 – LOT #1

MAILING ADDRESS: - SAME -

DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

START SOAK @ 11:31
START TEST @ 11:47

11" @ 12:00
10" @ 12:16
9" @ 12:34

3" IN 47 MIN. > 30 MIN.
RATE IS UNIFORM ∴ CONTINUE TEST

9" @ 12:34
7½" @ 12:53
6" @ 1:28

3" = 54 MIN

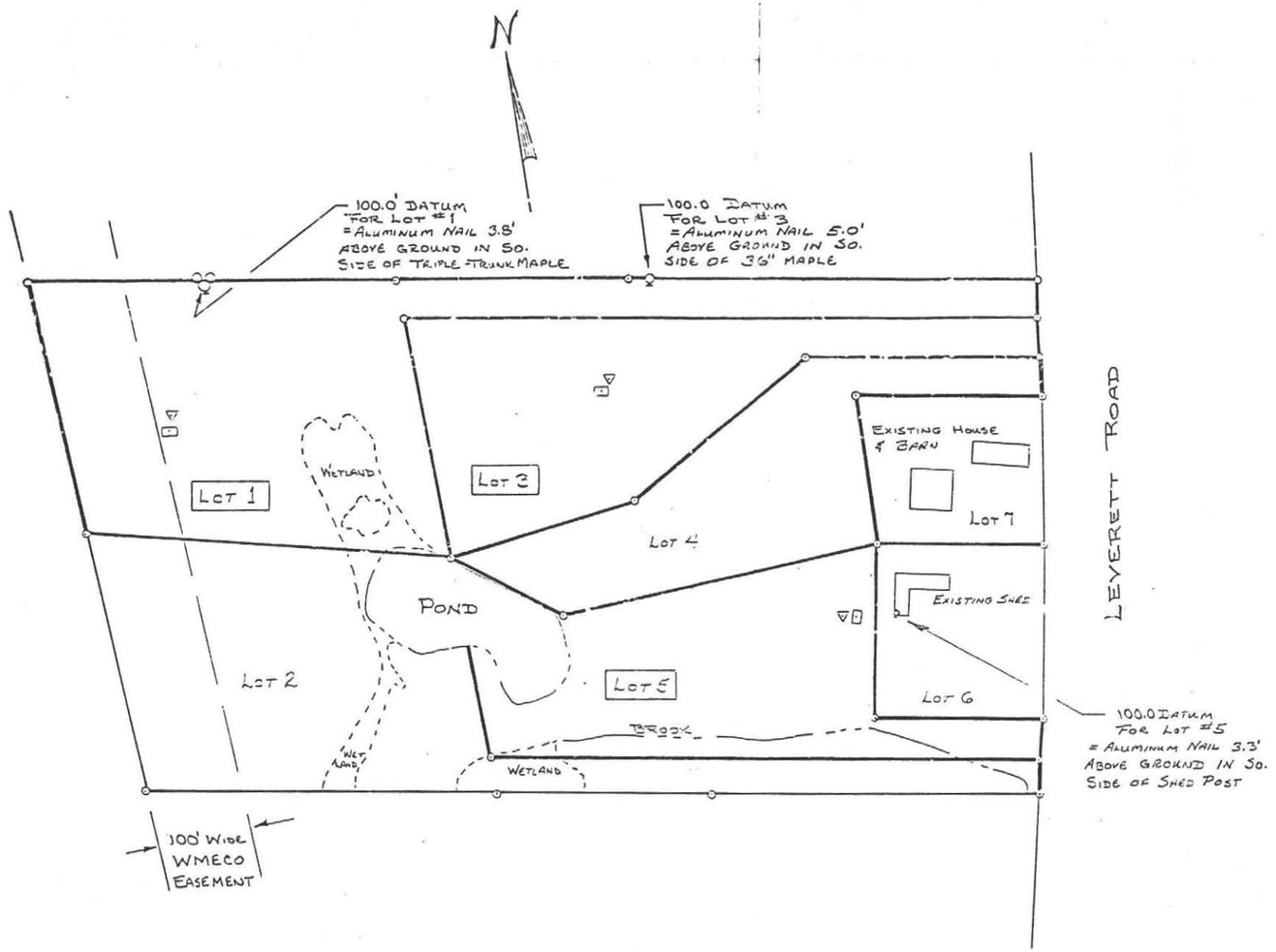
PERC RATE = 18 MIN./INCH

Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED
PROFESSIONAL ENGINEER

Richard Scott 1-2-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) CURRENT DESIGN WORK IS FOR LOT NUMBERS 1, 3, & 5 ONLY

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

FEB 04 1988

SEPTIC SYSTEM LAYOUTS
260 LEVERETT ROAD, AMHERST MA.

SCALE: 1"=100'	APPROVED BY:	DRAWN BY PMS
DATE: 11-13-87		REVISED

PROPOSED LOT BOUNDARIES
LOTS #1, #3 & #5

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

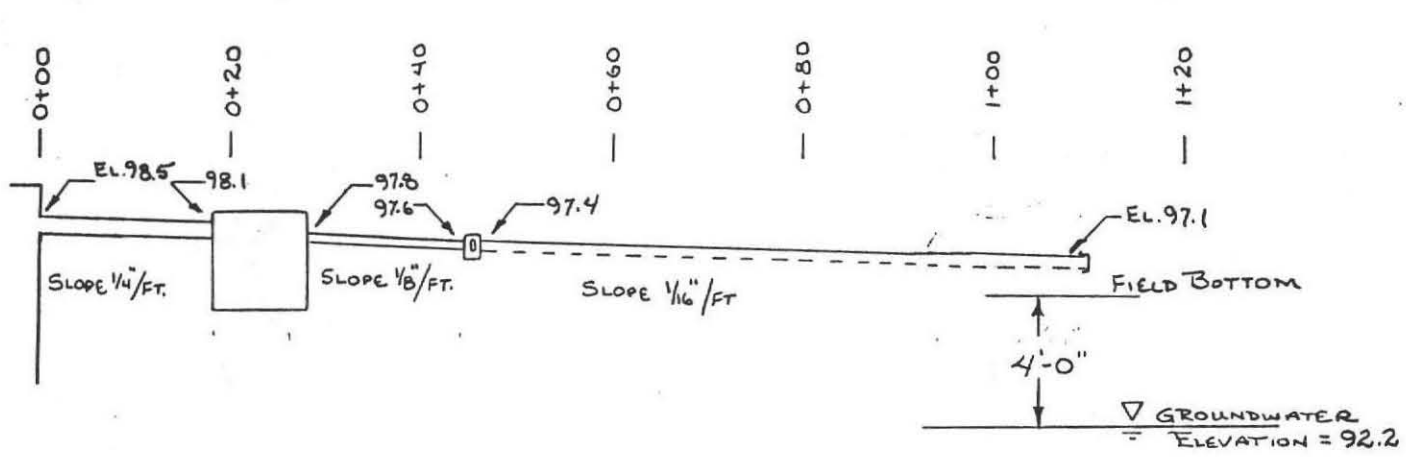
17 X 22 PRINTED ON NO. 1000H CLEARPRINT ®

SYSTEM DESIGN CALCULATIONS

4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

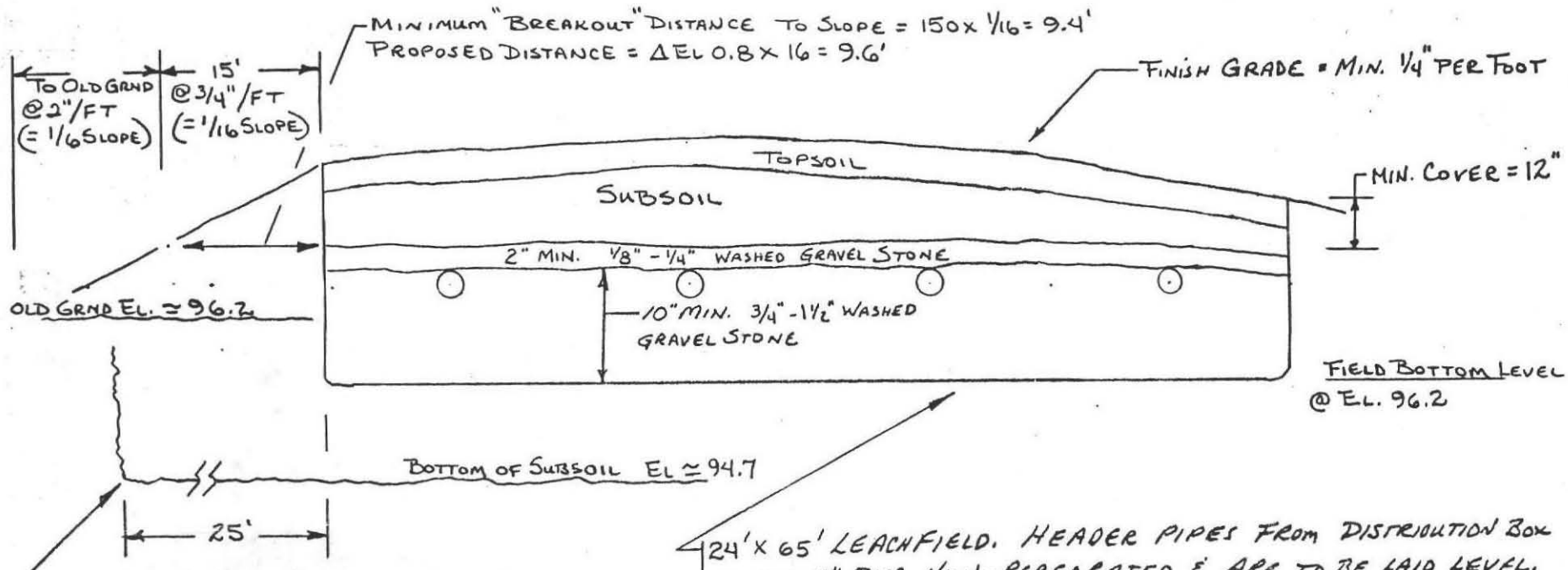
MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 x 440 = 660 GALLONS
SPECIFIED EFFECTIVE TANK VOLUME = 1000 GALLONS
PERCOLATION RATE = 18 MINUTES PER INCH → DESIGN LOADING =
= 2.72 SQ. FT. PER GAILON FOR BOTTOM LEACHING ONLY.
MINIMUM LEACH FIELD BOTTOM AREA = 440 X 2.72 = 1197 SQ. FT. X 1.25 "AMHERST FACTOR" = 1496 FT²
LEACH FIELD SPECIFIED FOR THIS SITE = 24' x 65' = 1560 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE 'ENVIORONMENTAL CODE TITLE 5, AND TOWN OF AMHERST SUPPLEMENTAL REGULATIONS



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW

SCALE: HORIZ: 1"=20' VERT: N.T.S.



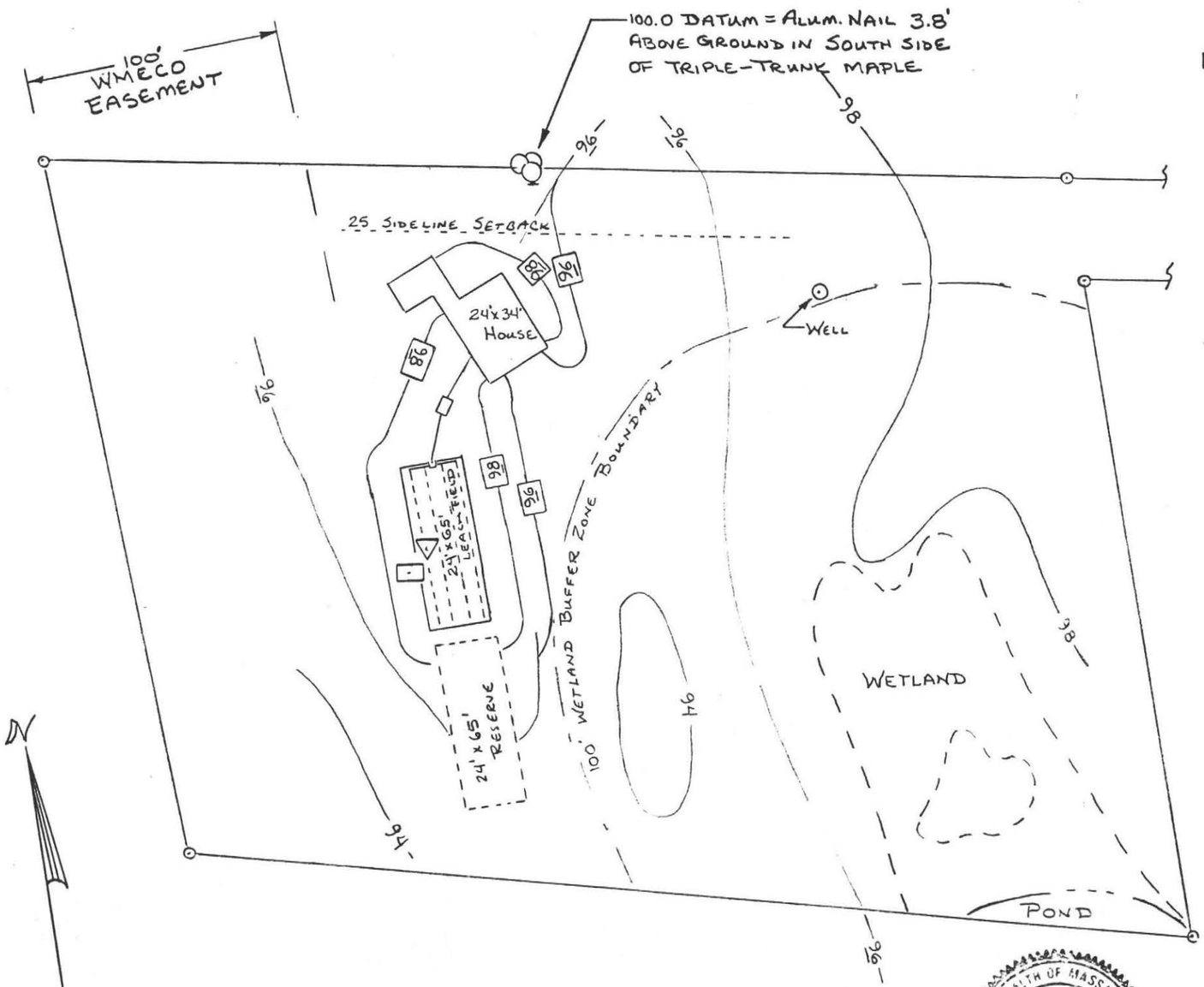
LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW

SCALE: HORIZ: 1"=4' VERT: N.T.S.

FEB 04 1988

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31189
REGISTERED
Richard Scott 12-4-87

PROPOSED SEPTIC SYSTEM DESIGN
260 LEVERETT RD., AMHERST LOT #1
FOR: LEIGH ANDREWS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 12-4-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) ELEVATION CONTOURS ARE FROM FIELD WORK BY R. SCOTT ON 11-7-87

3.) ▽ = LOCATION OF PERCOLATION TEST
□ = LOCATION OF DEEP HOLE TEST
⊙ = LOCATION OF ARTESIAN WELL

4.) 98 = EXISTING CONTOUR
98 = PROPOSED FINISH CONTOUR

FEB 04 1988

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31189
REGISTERED PROFESSIONAL ENGINEER

Richard Scott 12-4-87

SEPTIC SYSTEM LAYOUT - LOT #1 260 LEVERETT ROAD, AMHERST, MA.		
SCALE: 1"=50'	APPROVED BY:	DRAWN BY RMS
DATE: 11-22-87		REVISED
EXISTING & PROPOSED FEATURES		
FOR: LEIGH ANDREWS BY: RICHARD SCOTT, P.E.		DRAWING NUMBER

11 X 17 PRINTED ON NO. 1000H CLEARPRINT ●

No.....

FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit



12-4-87

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

260 LEVERETT ROAD — Location - Address
LOT #1 — or Lot No.
LEIGH ANDREWS — Owner
260 LEVERETT ROAD — Address
STONEY'S EXCAVATING — Installer
MONTAGUE, MA. — Address

Type of Building — Size Lot 135,000 Sq. feet
Dwelling ✓ No. of Bedrooms 4 Expansion Attic (No) Garbage Grinder (No)
Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )
Other fixtures .....

Design Flow 110 gallons per ~~person~~ Bedroom per day. Total daily flow 440 gallons.
Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5' Diameter..... Depth 4'
Disposal ~~Trench~~ FIELD ✓ No. 1 Width 24' Total Length 65' Total leaching area 1560 sq. ft.
Seepage Pit No..... Diameter..... Depth below inlet..... Total leaching area.....sq. ft.
Other Distribution box (Yes) Dosing tank (No)
Percolation Test Results Performed by P. Scott, P.E. Witness: C. Drake, BofH. Date 12-29-86
Test Pit No. 1 18 minutes per inch Depth of Test Pit 54" Depth to ground water 48"
Test Pit No. 2.....minutes per inch Depth of Test Pit..... Depth to ground water.....

Description of Soil TO 4" TOPSOIL; TO 18" SUBSOIL; TO 54" DENSE TILL W/ FINES AND 1"-5" COBBLES. LEDGE @ 54"
(RECORDED ON 12-29-86 AS, "TEST SITE #2")

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.....

FEB 01 1988

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

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

FEB 01 1988

.....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

.....OF.....

No..... FEE.....

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.....

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

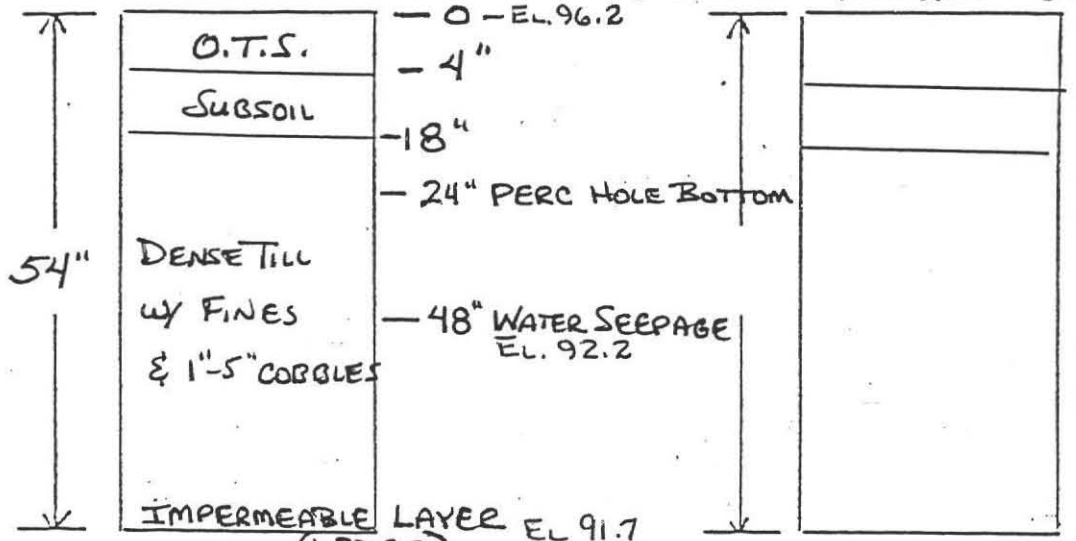
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. AMHERST
SITE #2 - LOT #1

MAILING ADDRESS: - SAME -

DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

START SOAK @ 11:31
START TEST @ 11:47

11" @ 12:00
10" @ 12:16
9" @ 12:34

3" IN 47 MIN. > 30 MIN.
RATE IS UNIFORM ∴ CONTINUE TEST

9" @ 12:34
7½" @ 12:53
6" @ 1:28

3" = 54 MIN

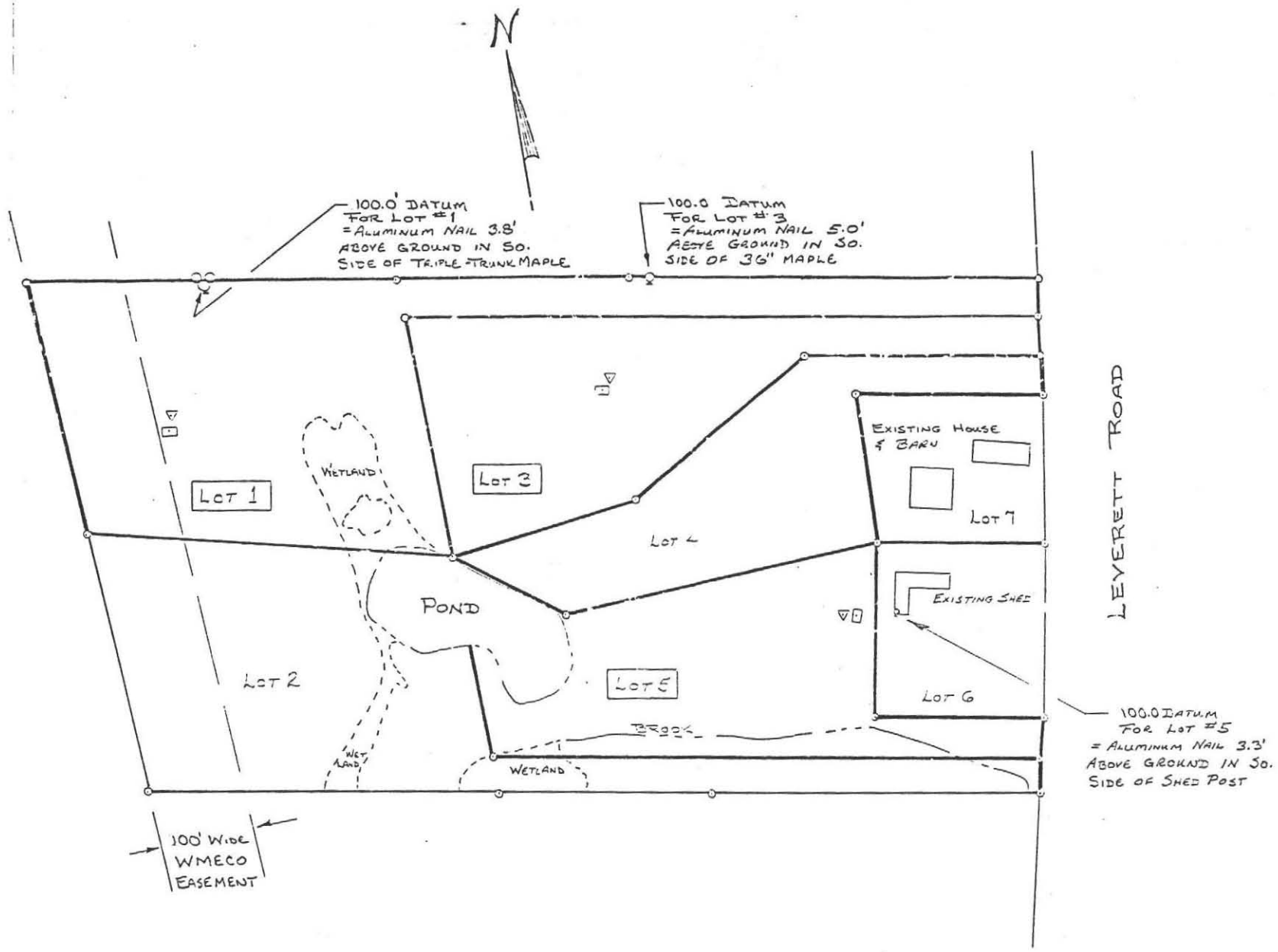
PERC RATE = 18 MIN./INCH

Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED PROFESSIONAL ENGINEER

Richard Scott 1-2-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) CURRENT DESIGN WORK IS FOR LOT NUMBERS 1, 3, & 5 ONLY

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

FEB 04 1988

SEPTIC SYSTEM LAYOUTS
230 LEVERETT ROAD, AMHERST MA.

SCALE: 1"=100'	APPROVED BY:	DRAWN BY RMS
DATE: 11-13-87		REVISED

PROPOSED LOT BOUNDARIES
LOTS #1, #3 & #5

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

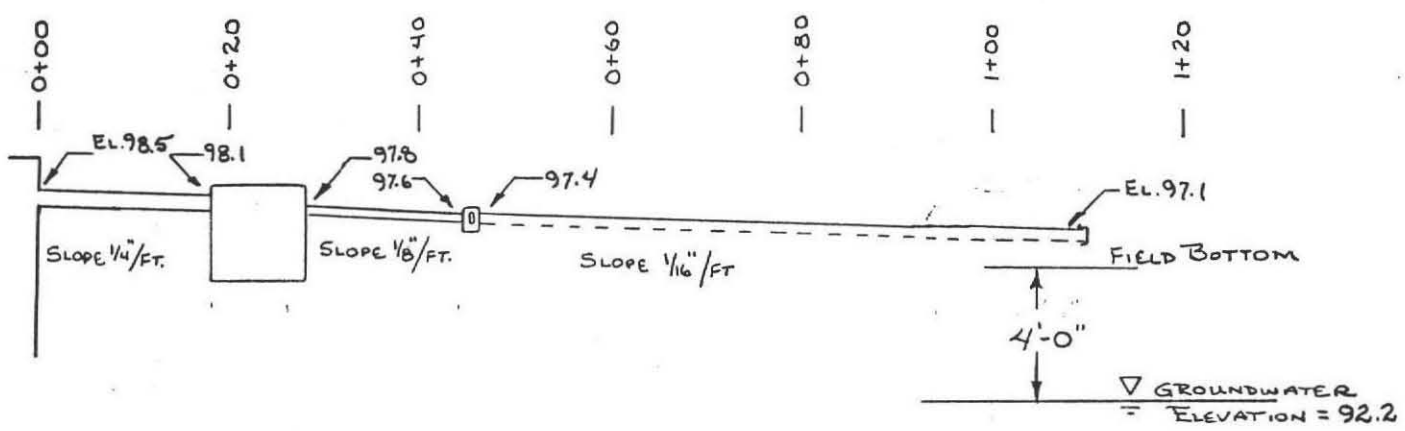
17 X 22 PRINTED ON NO. 1000H CLEARPRINT ©

SYSTEM DESIGN CALCULATIONS

4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

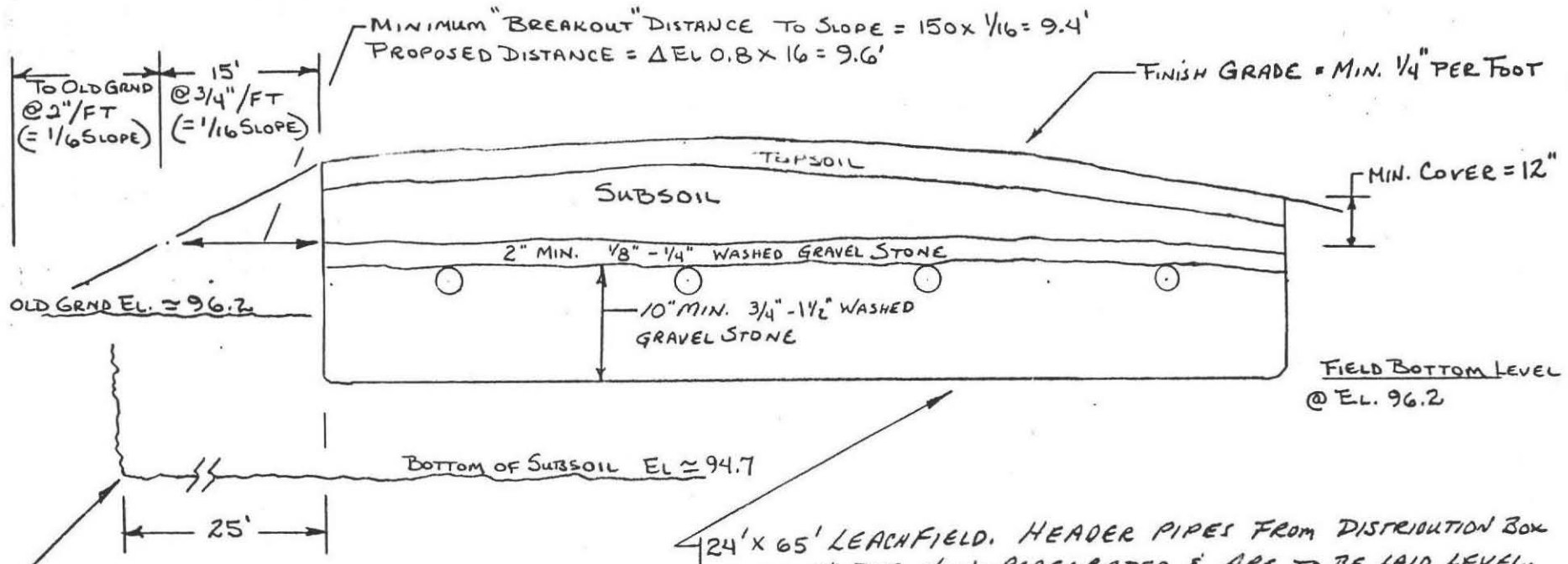
MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 x 440 = 660 GALLONS
SPECIFIED EFFECTIVE TANK VOLUME = 1000 GALLONS
PERCOLATION RATE = 18 MINUTES PER INCH → DESIGN LOADING =
= 2.72 SQ. FT. PER GAILON FOR BOTTOM LEACHING ONLY.
MINIMUM LEACH FIELD BOTTOM AREA = 440 X 2.72 = 1197 SQ. FT. X 1.25 "AMHERST FACTOR" = 1496 FT²
LEACH FIELD SPECIFIED FOR THIS SITE = 24' x 65' = 1560 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE 'ENVIORONMENTAL CODE TITLE 5, AND TOWN OF AMHERST SUPPLEMENTAL REGULATIONS



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW

SCALE: HORIZ: 1"=20' VERT: N.T.S.

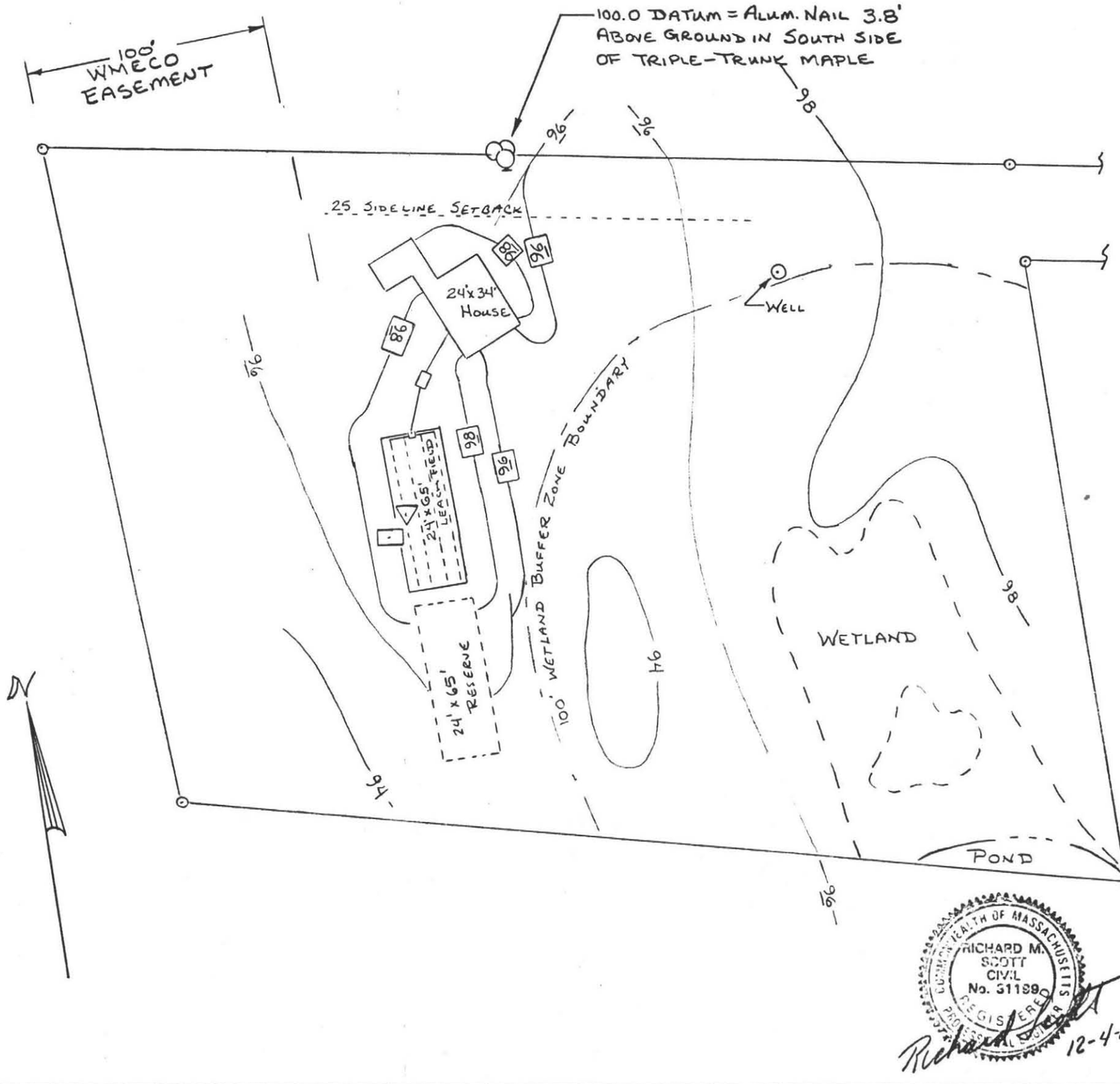


LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW

SCALE: HORIZ: 1"=4' VERT: N.T.S.

FEB 04 1988
COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT CIVIL No. 31139 REGISTERED
Richard Scott 12-4-87

PROPOSED SEPTIC SYSTEM DESIGN
260 LEVERETT RD., AMHERST LOT #1
FOR: LEIGH ANDREWS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 12-4-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) ELEVATION CONTOURS ARE FROM FIELD WORK BY R. SCOTT ON 11-7-87

3.) ▽ = LOCATION OF PERCOLATION TEST
□ = LOCATION OF DEEP HOLE TEST
⊙ = LOCATION OF ARTESIAN WELL

4.) 98 = EXISTING CONTOUR
98 = PROPOSED FINISH CONTOUR

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31198
REGISTERED PROFESSIONAL ENGINEER

Richard Scott 12-4-87

FEB 24 1988

SEPTIC SYSTEM LAYOUT - LOT #1
260 LEVERETT ROAD, AMHERST, MA.

SCALE: 1"=50'	APPROVED BY:	DRAWN BY RMS
DATE: 11-22-87		REVISED

EXISTING & PROPOSED FEATURES

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

11 X 17 PRINTED ON NO. 1000H CLEARPRINT

OBSERVATION PITS

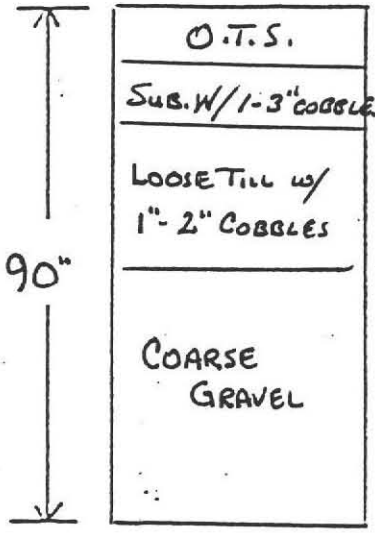
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. AMHERST
SITE #3

MAILING ADDRESS: SAME

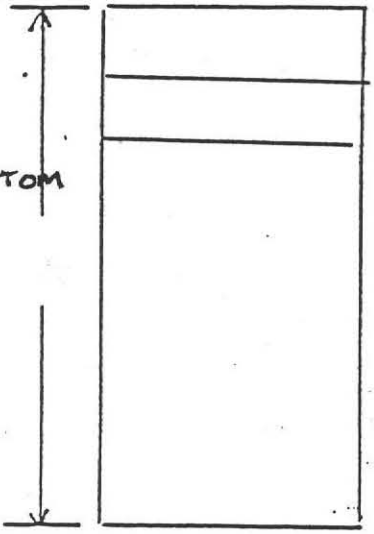
DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



Groundwater _____

Perc Rate _____



Groundwater _____

Perc Rate _____

START SOAK @ 12:00

START TEST @ 12:18

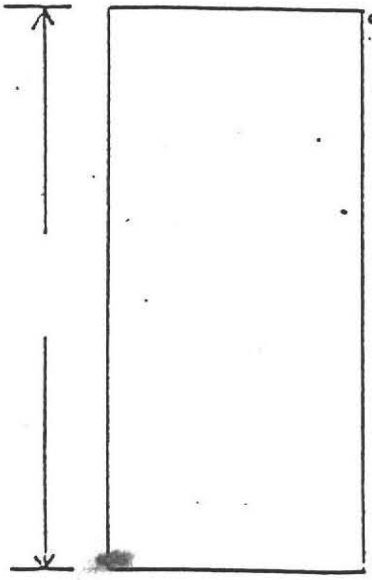
9" @ 12:26

3" IN 8 MIN. < 30 MIN OKAY

4" @ 12:42

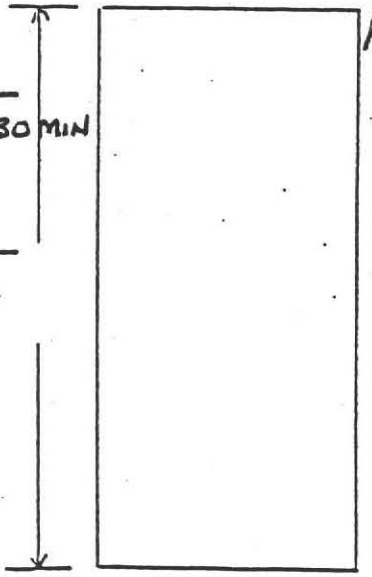
5" = 16 MIN

PERC RATE =
4 MIN./INCH



Groundwater _____

Perc Rate _____



Groundwater _____

Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31139
REGISTERED
PROFESSIONAL ENGINEER

Richard Scott 1-2-87

No.....

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:

260 LEVERETT ROAD — Location - Address
LOT #3 — or Lot No.
LEIGH ANDREWS — Owner
260 LEVERETT RD. — Address
STONEY'S EXCAVATING — Installer
MONTAGUE, MA. — Address

Type of Building
Dwelling ✓ No. of Bedrooms 4 Expansion Attic (No) Garbage Grinder (No)
Size Lot 80,000 Sq. feet
Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )
Other fixtures .....

Design Flow 110 gallons per ~~person~~ BEDROOM per day. Total daily flow 440 gallons.
Septic Tank ✓ Liquid capacity 1000 gallons Length 8' Width 5' Diameter..... Depth 4'
Disposal ~~Trench~~ FIELD ✓ No. 1 Width 24' Total Length 40' Total leaching area 960 sq. ft.
Seepage Pit No..... Diameter..... Depth below inlet..... Total leaching area..... sq. ft.
Other Distribution box (Yes) Dosing tank (No)
Percolation Test Results Performed by R. Scott, P.E. Witness: C. Drake, Am. Bd. of H Date 12-29-86
Test Pit No. 1 8 minutes per inch Depth of Test Pit 72" Depth to ground water 36"
Test Pit No. 2 ..... minutes per inch Depth of Test Pit..... Depth to ground water.....

Description of Soil To 6" TOPSOIL; TO 18" SUBSOIL; TO DEPTH, DENSE TILL W/ FINES & 1"-3" COBBLES.
(RECORDED ON 12-29-86 AS, "TEST SITE #1")

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

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

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

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

Application Approved By..... Date.....

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

Date.....

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

THE COMMONWEALTH OF MASSACHUSETTS

FEB 04 1988

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

OF.....

No..... FEE.....

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.....

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

OBSERVATION PITS

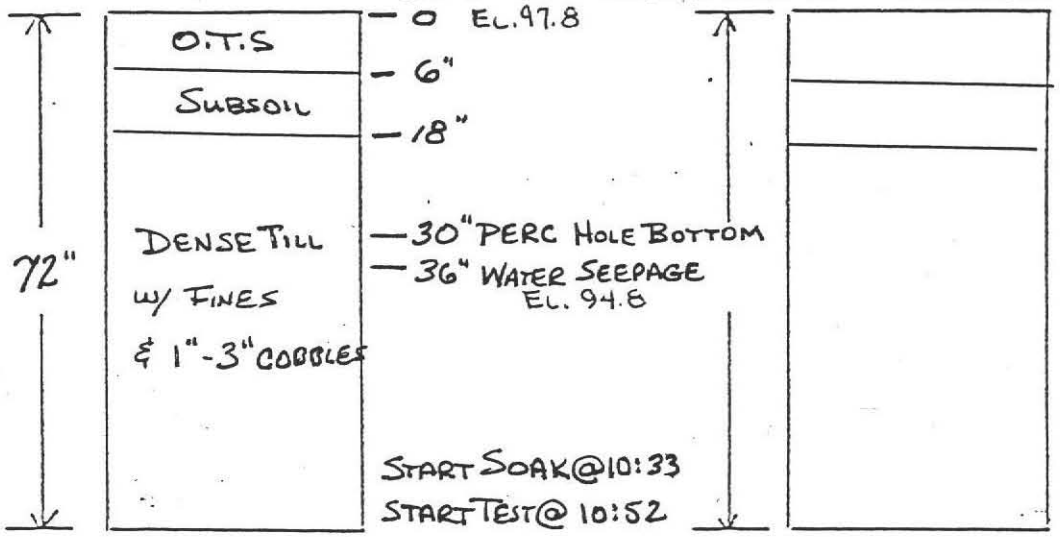
REQUESTED BY: LEIGH ANDREWS

LOCATION: 260 LEVERETT RD. AMHERST
SITE #1 – LOT #3

MAILING ADDRESS: – SAME –

DATE: 12-29-86 OBSERVER: RICHARD SCOTT

WITNESS: C.E. DRAKE AMHERST B.O.H.



START SOAK @ 10:33
START TEST @ 10:52

Groundwater _____ 11" @ 10:56 Groundwater _____

Perc Rate _____ 9" @ 11:07 Perc Rate _____

3" IN 15 < 30 OKAY

8" @ 11:15

5" @ 11:39

3" = 24 MIN.

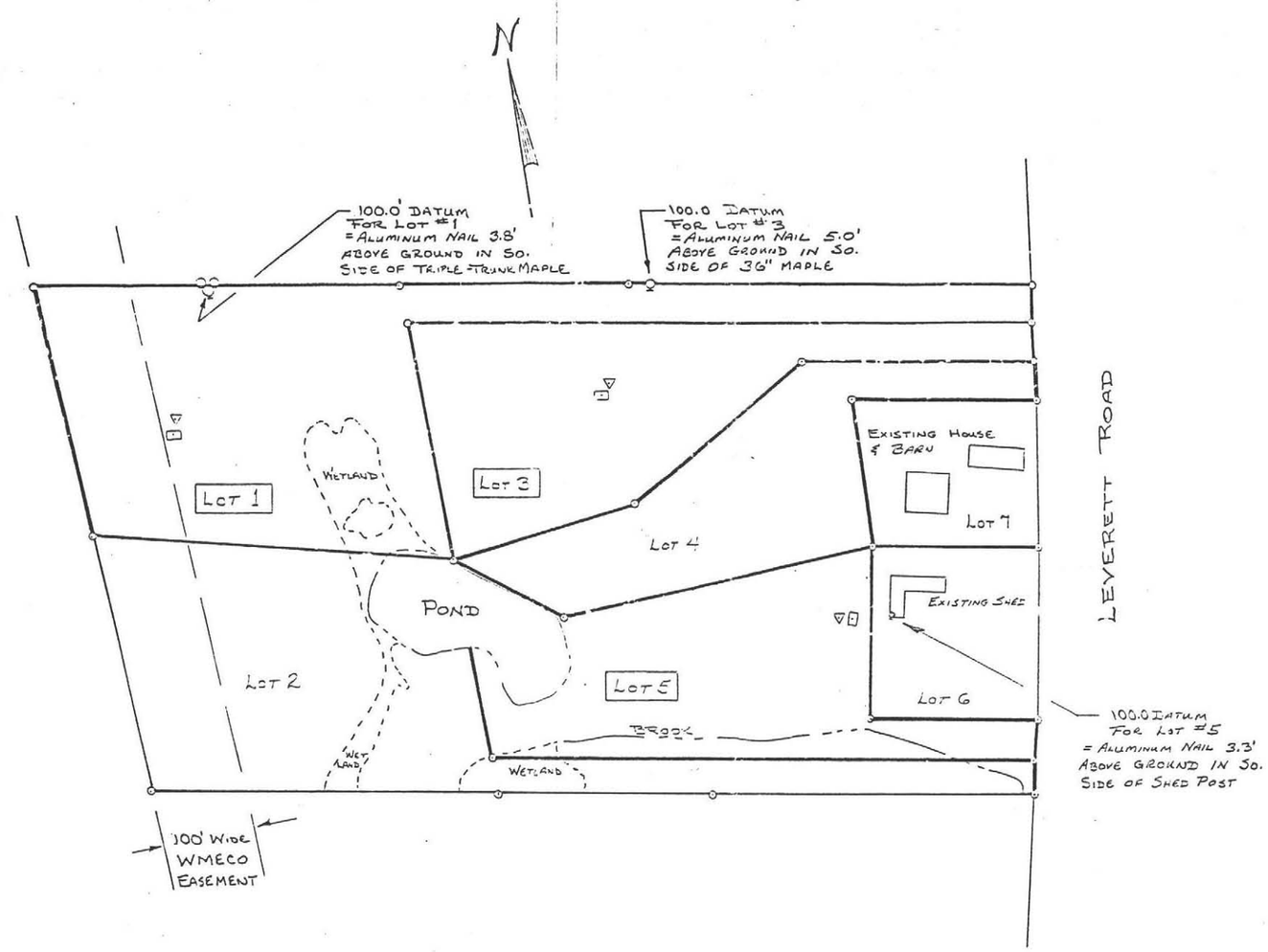
PERC RATE = 8 MIN./INCH

Groundwater _____ Groundwater _____

Perc Rate _____ Perc Rate _____

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED PROFESSIONAL ENGINEER
Richard Scott 1-2-87

FEB 04 1988



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLANS BY A. HAIGHTLET & ASSOC.

2) CURRENT DESIGN WORK IS FOR LOT NUMBERS 1, 3, & 5 ONLY

3) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

FEB 04 1988

SEPTIC SYSTEM LAYOUTS
230 LEVERETT ROAD, AMHERST MA.

SCALE: 1"=100'	APPROVED BY:	DRAWN BY RMS
DATE: 11-13-87		REVISED

PROPOSED LOT BOUNDARIES
LOTS #1, #3 & #5

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

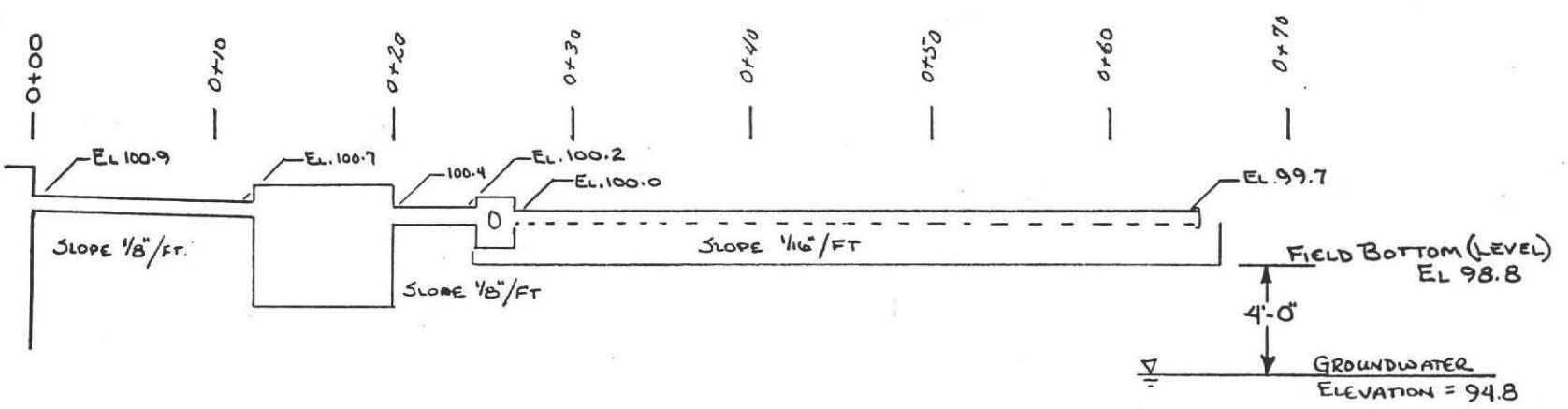
17 X 22 PRINTED ON NO. 1000H CLEARPRINT ®

SYSTEM DESIGN CALCULATIONS

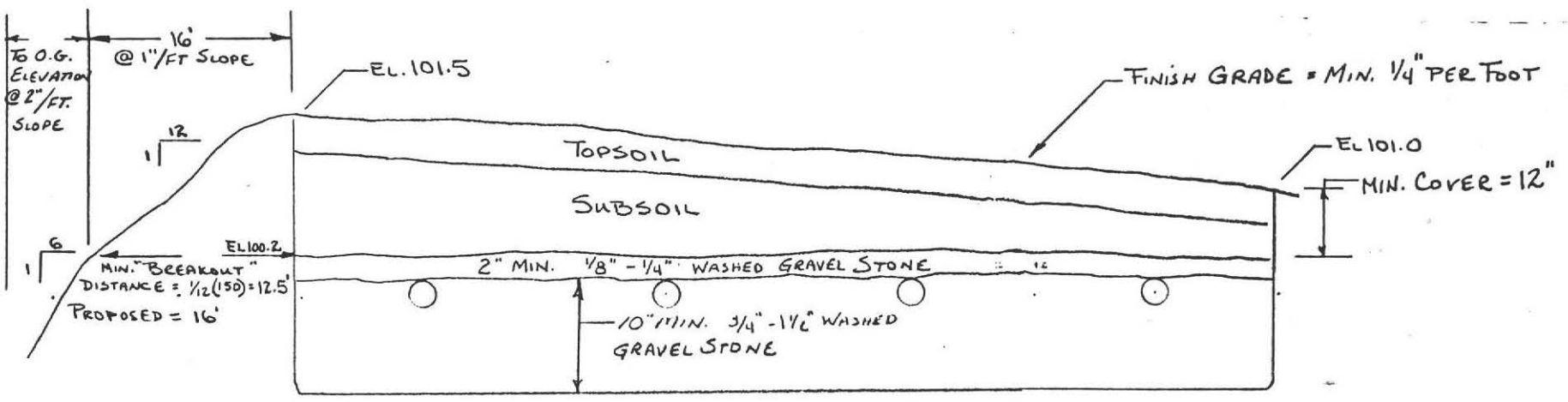
4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 X 440 = 660 GALLONS
SPECIFIED EFFECTIVE TANK VOLUME = 1000 GALLONS
PERCOLATION RATE = 8 MINUTES PER INCH → DESIGN LOADING =
= 1.6 SQ. FT. PER GALLON FOR BOTTOM LEACHING ONLY.
MINIMUM LEACH FIELD BOTTOM AREA = 440 X 1.6 = 704 SQ. FT. X 1.25 "AMHERST FACTOR"
= 880 Sq Ft.
LEACH FIELD SPECIFIED FOR THIS SITE = 24' X 40' = 960 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5. AND TOWN OF AMHERST SUPPLEMENTAL REGULATIONS



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW
SCALE: HORIZ: 1" = 10' VERT: N.T.S.



EXCAVATE ALL TOP & SUBSOIL IN AN AREA 25' BEYOND FIELD BOUNDARIES IN ALL DIRECTIONS. FILL & MACHINE-COMPACT BANK-RUN GRAVEL TO EL. 98.8. MAX. FIN. EL. OVER TOP OF FIELD = 101.5 BEYOND LIMITS OF FINISHED FIELD, GRADE @ 1" PER FOOT X 16' THEN 2" PER FOOT TO RETURN TO O.G. ELEVATION.

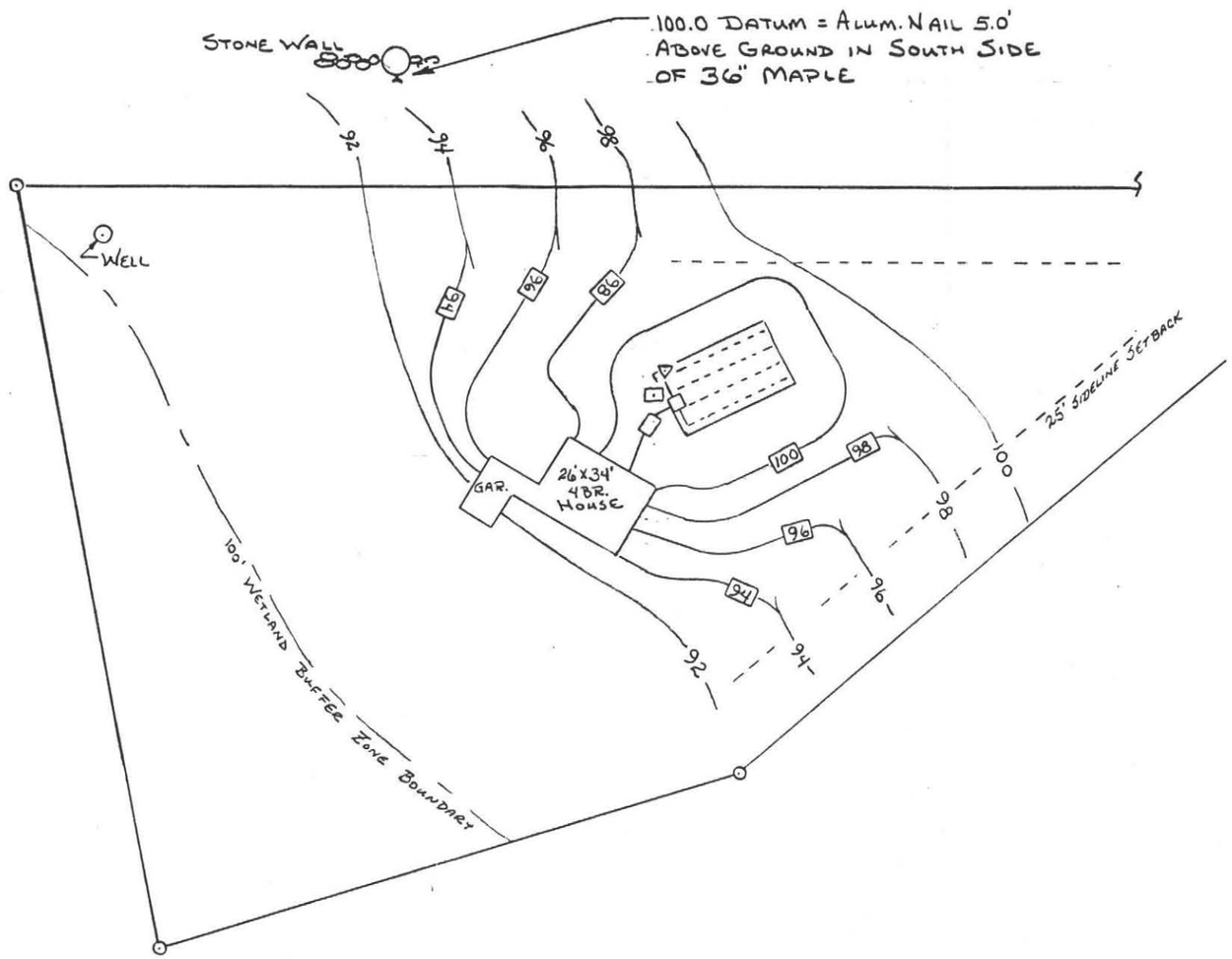
24' X 40' LEACHFIELD. HEADER PIPES FROM DISTRIBUTION BOX TO BE 4" PVC NON-PERFORATED & ARE TO BE LAID LEVEL. 160 LIN. FT. OF 4" PERFORATED PVC DISTRIBUTION PIPE TO BE LAID AT MIN. .005' PER FT. ALL PIPE ENDS TO BE CAPPED.

LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW
SCALE: HORIZ: 1" = 4' VERT: N.T.S.

FEB 04 1988

Richard Scott 12-18-87

PROPOSED SEPTIC SYSTEM DESIGN
260 LEVERETT RD., AMHERST LOT #3
FOR: LEIGH ANDREWS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 12-18-87



NOTES

1.) FOR BOUNDARY LENGTHS & BEARINGS SEE PLAN BY A. HUNTLEY & ASSOC.

2.) ELEVATION CONTOURS ARE FROM FIELD WORK BY R. SCOTT ON 11-7-87

3.) ▽ = LOCATION OF PERCOLATION TEST
⊡ = LOCATION OF DEEP HOLE TEST

4.) —94— EXISTING CONTOUR
94 PROPOSED FINISH CONTOUR

RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED
PROFESSIONAL ENGINEER
COMMONWEALTH OF MASSACHUSETTS
12-18-87

FEB 04 1988

SEPTIC SYSTEM LAYOUT - LOT #3
260 LEVERETT ROAD, AMHERST, MA

SCALE: 1" = 50'	APPROVED BY:	DRAWN BY RMS
DATE: 11-22-87		REVISED

EXISTING & PROPOSED FEATURES

FOR: LEIGH ANDREWS
BY: RICHARD SCOTT, P.E.

DRAWING NUMBER

11 X 17 PRINTED ON NO. 1000H CLEARPRINT