275 Leverett Rd.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

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

A) System Passes:

☒ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B) System Conditionally Passes:

☐ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

☐ Y ☐ N ☐ ND (Explain below):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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

MAY 21, 2010
Date

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

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

Owner information is required for every page.

SEAN KINGSLEY
Owner's Name

AMHERST	MA.	01002	MAY 21, 2010
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: _____

** 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 <u>must</u> indicate "Yes" or "No" to each of the following for <u>all</u> 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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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):

☐ 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

Owner information is required for every page.

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

AMHERST	MA.	01002	MAY 21, 2010
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): 5 Number of bedrooms (actual): 5

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550 gpd

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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 fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

Yes	No	
☐	☐	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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

AMHERST	MA.	01002	MAY 21, 2010
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

Last date of occupancy/use: N/A
Date

Other (describe below):

N/A

General Information

Pumping Records:

Source of information: System septic tank was pumped approx. 18 months ago per owner.

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

If yes, volume pumped: 1500 gallons

How was quantity pumped determined? Tank Dimensions

Reason for pumping: Tank Inspection, Solids Removal & Clean Outlet Filter

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):

Septic tank, pump chamber, soil absorption system (pressure distribution)

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
City/Town	State	Zip Code	Date of Inspection

D. System Information

Description:

Number of current residents: 5

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)): N/A

Detail:
Private Well Not Metered

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): N/A
Gallons per day (gpd)

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

Grease trap present? ☐ Yes ☐ No

Industrial waste holding tank present? ☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☐ No

Water meter readings, if available: N/A

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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: 25"

Scum thickness: 4"

Distance from top of scum to top of outlet tee or baffle: 6"

Distance from bottom of scum to bottom of outlet tee or baffle: 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 septic tank pumping for the number of bedrooms, a single compartment septic tank with an outlet filter is annually. PVC Inlet tee was in place and extends 12" below the flow line. PVC Outlet tee and filter was in place and extends 15" below the flow line. Structural integrity of the septic tank seemed good. The liquid level was just below the outlet invert. No substantial leakage was evident at this time. Covers on the septic tank are 12" deep below grade with the use of risers.

Grease Trap (locate on site plan):

Depth below grade: N/A feet

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain): N/A

Dimensions: N/A

Scum thickness: N/A

Distance from top of scum to top of outlet tee or baffle: N/A

Distance from bottom of scum to bottom of outlet tee or baffle: N/A

Date of last pumping: N/A Date

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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:

5 Years Old / 2005 / Builder

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

Building Sewer (locate on site plan):

Depth below grade: 2.5 feet

Material of construction:

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

Distance from private water supply well or suction line: 100+ feet

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

Building sewer joints in the basement looked to be in good condition. Venting pipes were visible outside the dwelling on the roof. No leakage was evident at this time.

Septic Tank (locate on site plan):

Depth below grade: 2 feet

Material of construction:

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

If tank is metal, list age: N/A years

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

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

Sludge depth: 8"

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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 N/A

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.):
N/A

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.):

Concrete pump chamber was in good condition. Audible and visual alarm was in good working order when tested. Pump was in good working order when tested. Float switch hanger was stainless steel and in good condition. Wires to float switches were swelling a little below the liquid.

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

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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):
N/A

Dimensions: N/A

Capacity: N/A gallons

Design Flow: N/A gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: N/A Alarm in working order: ☐ Yes ☐ No

Date of last pumping: N/A Date

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

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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 N/A

Depth of solids N/A

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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:	
☒	leaching fields	number, dimensions:	1 - 50ft. Long x 28ft. Wide
☐	overflow cesspool	number:	
☐	innovative/alternative system		

Type/name of technology:

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

Dimensions of the pressure distribution leaching field with five laterals is according to Design Plan. No soil clogging was evident at this time. No signs of hydraulic failure or ponding to the surface of the ground. The soil over the leaching field wasn't damp or spongy under foot. Vegetation was mowed grass which was uniform in growth over the leaching field.

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

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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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: 6 feet (From Grade on Leaching Field)

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: 11/15/04 MacLeay Associates, Inc (Date)

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

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

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

☐ Accessed USGS database - explain:

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

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

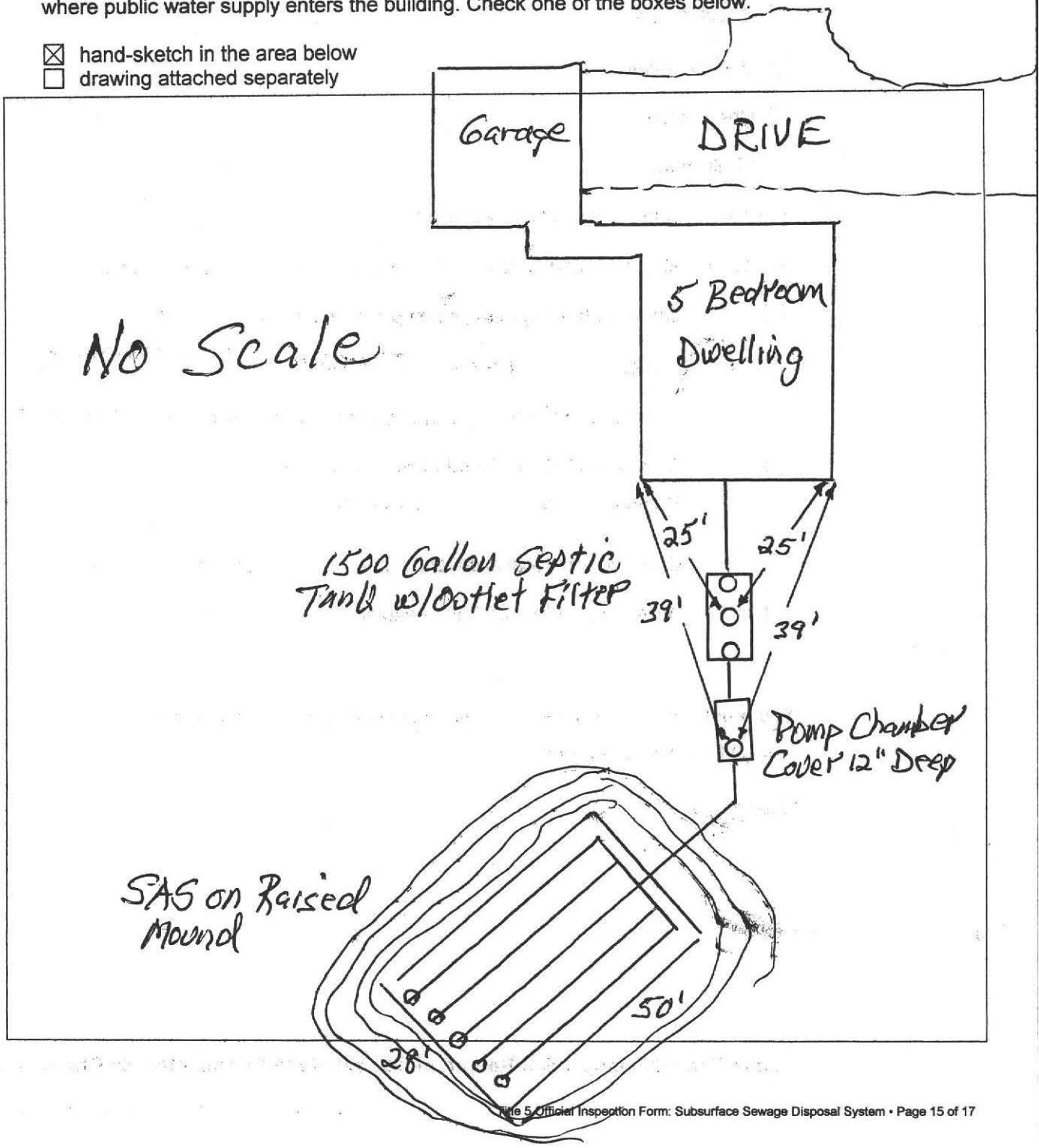
Owner information is required for every page.

AMHERST	MA.	01002	MAY 21, 2010
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



MacLeay Associates, Inc. civil engineers
102 Bridge Street, Shelburne Falls, MA 01370
phone (413) 625-9774
fax (413) 625-9704
email: macleay@crocker.com

SYSTEM INSTALLATION OBSERVATION REPORT

SITE INFORMATION

LOT # 6 275
STREET LEVERETT ROAD
TOWN AMHERST
JOB # 2002-072-6

DATE: 07/15/05

OWNER INFORMATION

PROPERTY OWNER AMHERST BUILDING COMPANY
STREET ADDRESS 25 MIAN STREET; SUITE 445
TOWN NORTHAMPTON, MA 01360

INSTALLER INFORMATION

NAME OF INSTALLER L & F CONSTRUCTION
STREET ADDRESS 608 LONG PLAIN 01054

OBSERVATION RESULTS

DATE OF OBSERVATION: *07/14/05*

(X) THE SYSTEM APPEARED TO BE INSTALLED SUBSTANTIALLY IN ACCORDANCE WITH THE APPROVED PLAN, AND IS IN COMPLIANCE WITH TITLE 5.

( ) THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, AND IS NOT IN COMPLIANCE WITH TITLE 5.

DEFICIENCIES:

( ) THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, BUT IS IN COMPLIANCE WITH TITLE 5. ENCLOSED IS A COPY OF THE PLAN SHOWING "*AS BUILT*" LOCATIONS AND ELEVATIONS.

COMMENTS:

DOUGLAS J. MacLEAY, P.E.
PRESIDENT

SEND COPIES TO: BOARD OF HEALTH
L & F
ABC

MacLeay Associates, Inc. civil engineers
102 Bridge Street, Shelburne Falls, MA 01370
phone (413) 625-9774
fax (413) 625-9704
email: macleay@crocker.com

SYSTEM INSTALLATION OBSERVATION REPORT

SITE INFORMATION

LOT # 6 DATE: 07/15/05
STREET 275 LEVERETT ROAD
TOWN AMHERST
JOB # 2002-072-6

OWNER INFORMATION

PROPERTY OWNER AMHERST BUILDING COMPANY
STREET ADDRESS 25 MIAN STREET; SUITE 445
TOWN NORTHAMPTON, MA 01360

INSTALLER INFORMATION

NAME OF INSTALLER L & F CONSTRUCTION
STREET ADDRESS 608 LONG PLAIN 01054

OBSERVATION RESULTS

DATE OF OBSERVATION: *07/14/05*

(X) THE SYSTEM APPEARED TO BE INSTALLED SUBSTANTIALLY IN ACCORDANCE WITH THE APPROVED PLAN, AND IS IN COMPLIANCE WITH TITLE 5.

( ) THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, AND IS NOT IN COMPLIANCE WITH TITLE 5.

DEFICIENCIES: _____

( ) THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, BUT IS IN COMPLIANCE WITH TITLE 5. ENCLOSED IS A COPY OF THE PLAN SHOWING "*AS BUILT*" LOCATIONS AND ELEVATIONS.

COMMENTS: _____

DOUGLAS J. MacLEAY, P.E.
PRESIDENT

SEND COPIES TO: BOARD OF HEALTH
L & F
ABC

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 256-4077
(413) 256-4033 ENVIRONMENTAL HEALTH SERVICES
(413) 256-4083 (FAX)

LOT 6

SUB-GRADE INSPECTION

Location: LEVERETT ROAD

Property Owner: Amherst Building Co.

I certify that I have inspected the excavation to sub-grade of the proposed septic system leaching area prior placement of any fill of stone, or construction of any portion of the system.

I further certify that:

1. All 'A' and 'B' horizon soils (topsoils and subsoils) were removed in the area of the system.
2. There was no evidence of ground water in the excavation.
3. There was no evidence of "mottles" that would be in conflict with the findings of the deep hole soil profile.
4. That the excavation was accomplished to the proper depth and in conformance with the approved plans.

MacLeay Assoc. Inc.
Designers Name

Designers Signature

102 Bridge St
Street Address

Shelburne Falls MA 01370
Town, State, Zip Code

413-625-9774
Telephone Number

7/11/05

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 256-4077
(413) 256-4033 ENVIRONMENTAL HEALTH SERVICES
(413) 256-4083 (FAX)

LOT 6

SUB-GRADE INSPECTION

Location: LEVERETT ROAD

Property Owner: Amherst Building Co.

I certify that I have inspected the excavation to sub-grade of the proposed septic system leaching area prior placement of any fill of stone, or construction of any portion of the system.

I further certify that:

1. All 'A' and 'B' horizon soils (topsoils and subsoils) were removed in the area of the system.
2. There was no evidence of ground water in the excavation.
3. There was no evidence of "mottles" that would be in conflict with the findings of the deep hole soil profile.
4. That the excavation was accomplished to the proper depth and in conformance with the approved plans.

Mac Leay Assoc. Inc.
Designers Name

Designers Signature

102 Bridge St
Street Address

Shelburne Falls MA 01370
Town, State, Zip Code

413-625-9774
Telephone Number

7/11/05

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

275 LEVERETT ROAD
Property Address

SEAN KINGSLEY
Owner's Name

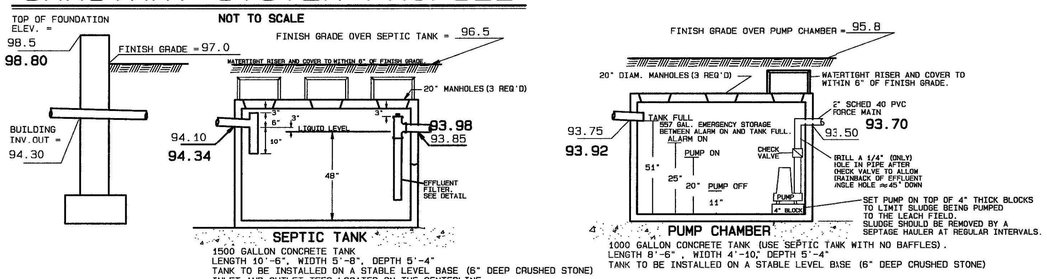
AMHERST	MA.	01002	MAY 21, 2010
City/Town	State	Zip Code	Date of Inspection

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

SANITARY SYSTEM PROFILE

NOT TO SCALE



TEST PIT DATA

BOARD OF HEALTH WITNESS: DAVE ZAROZINSKI
DATE: DECEMBER 5, 2001
SOIL EVALUATOR: CHRISTIAN BOYSEN

PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
65	6	47
66	25	48

DEEP HOLE # 65
ELEV. TOP = 95.88
ESHWT = 92.88
OBS. H20 = NONE
BOTTOM = 86.88

HORIZON Ap FINE SANDY LOAM 10YR 3/2 — 8"
HORIZON Bw FINE SANDY LOAM 10YR 4/6 — 23"
HORIZON C FINE SANDY LOAM 2.5Y 4/5 — 36"
108" — E.S.H.W.T.

DEEP HOLE # 66
ELEV. TOP = 95.84
ESHWT = 92.84
OBS. H20 = NONE
BOTTOM = 86.51

HORIZON Ap FINE SANDY LOAM 10YR 3/2 — 8"
HORIZON Bw FINE SANDY LOAM 10YR 4/6 — 22"
HORIZON C FINE SANDY LOAM 2.5Y 4/5 — 36"
112" — E.S.H.W.T.

NOTES:
1. THIS PLAN IS FOR THE CONSTRUCTION OF A NEW SEPTIC SYSTEM.
2. REMOVE TOPSOIL & SUBSOIL BENEATH THE LEACH FIELD AND TO 5' ON ALL SIDES OF THE FIELD. REPLACE WITH FILL MATERIAL MEETING THE SPECIFICATIONS OF 310 CMR 15.255(3). (TITLE 5, 310 CMR 15.255(5).)
3. PUMP AND ALARM TO BE ON SEPARATE CIRCUITS. (TITLE 5, CMR REG. 15.09:5).
4. TITLE 5 REQUIRES OBSERVATION OF THE INSTALLED SYSTEM BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE SYSTEM MUST NOT BE BACKFILLED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.
5. ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.
6. LEVEL SWITCHES ARE TO BE MOUNTED ON THE SPECIFIED STAINLESS STEEL SWITCH BRACKET OR APPROVED EQUAL. THEY ARE TO BE MOUNTED AWAY FROM THE PUMP INLET.
7. AMHERST REQUIRES OBSERVATION OF THE TOP AND SUBSOIL REMOVAL BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE STONE MUST NOT BE PLACED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.

WETLANDS PROTECTION NOTE:
FILING UNDER THE WETLANDS PROTECTION ACT MAY BE REQUIRED FOR THIS PROJECT. THE AMHERST CONSERVATION COMMISSION SHOULD BE CONTACTED FOR A DETERMINATION.

PROPERTY LINE REFERENCE:
PROPERTY LINES AS SHOWN ARE BASED ON A PLAN OF LAND IN AMHERST, MASSACHUSETTS, PREPARED FOR NORTHAMPTON ASSOCIATES, INC, PREPARED BY H.L. EATON ASSOC. DATED OCTOBER 21, 2002.

PUMP CHAMBER COMPONENTS SPECIFICATIONS

ALL COMPONENTS ARE TO BE AS SPECIFIED OR AN APPROVED EQUAL.

1. 1- MEYERS #MWH50, 1/2 HP, SEWAGE PUMP (USE MOST EFFICIENT VOLTAGE AT SITE) (CAPABLE OF PASSING 2" SOLIDS)
2. 1- WATERGUARD S-12 CONTROL PANEL
3. 1- TA-101 HIGH WATER ALARM COMPLETE WITH LEVEL SWITCH
4. 1- SJBS-7 WATER PROOF JUNCTION BOX
5. 2- 2900-25 CONNERY LEVEL SWITCHES
6. 1- 100-4 LEVEL SWITCH BRACKET
7. 1- CHECK VALVE (PVC OR BRONZE)

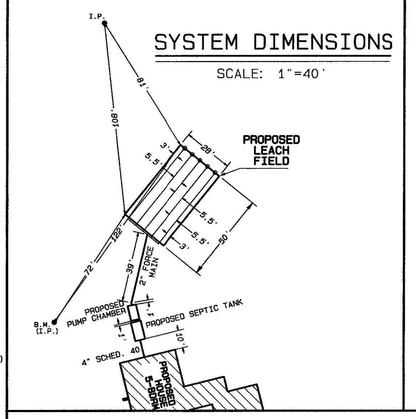
ALL COMPONENTS LISTED ABOVE AVAILABLE AT:
BLAKE PUMP COMPANY
ADAMS ROAD, GREENFIELD, MA 01301
(413) 773-3683

8. PUMP CHAMBER TO BE 1000 GAL. SEPTIC TANK
9. PUMP ON/OFF LIQUID LEVEL CONTROLS TO BE SET TO PUMP DOWN 9 INCHES TO GIVE A 193 GAL. DOSE: 7 GAL. TO FILL FORCE MAIN 186 GAL. DOSE TO LEACH FIELD.
10. ALARM CONTROLS TO BE ON SEPARATE CIRCUIT AND SET TO SOUND WHEN LIQUID LEVEL IS 25" ABOVE FLOOR OF TANK.

DOSING FREQUENCY
REG. 15.254(1)(d): FIELD TO BE DOSED THREE TIMES PER DAY.

SYSTEM DIMENSIONS

SCALE: 1"=40'

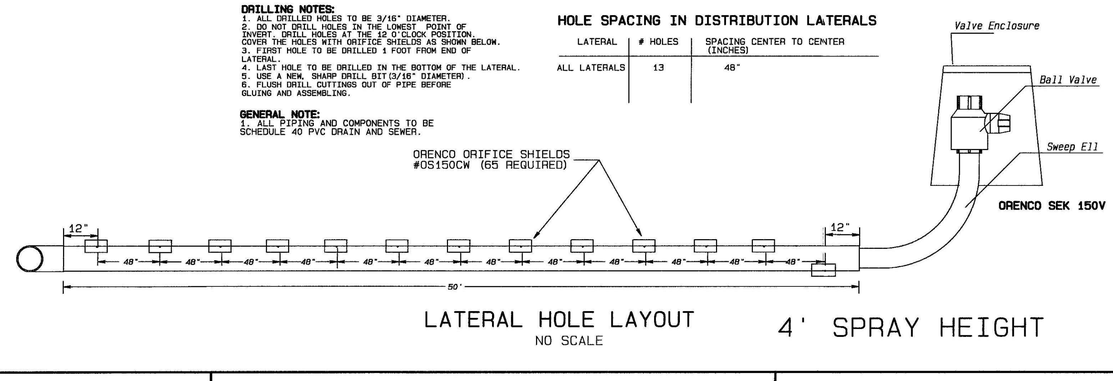


DRILLING NOTES:
1. ALL DRILLED HOLES TO BE 3/16" DIAMETER.
2. DO NOT DRILL HOLES IN THE LOWEST POINT OF INVERT. DRILL HOLES AT THE 12 O'CLOCK POSITION. COVER THE HOLES WITH ORIFICE SHIELDS AS SHOWN BELOW.
3. FIRST HOLE TO BE DRILLED 1 FOOT FROM END OF LATERAL.
4. LAST HOLE TO BE DRILLED IN THE BOTTOM OF THE LATERAL.
5. USE A NEW, SHARP DRILL BIT(3/16" DIAMETER).
6. FLUSH DRILL CUTTINGS OUT OF PIPE BEFORE GLUING AND ASSEMBLING.

GENERAL NOTE:
1. ALL PIPING AND COMPONENTS TO BE SCHEDULE 40 PVC DRAIN AND SEWER.

HOLE SPACING IN DISTRIBUTION LATERALS

LATERAL	# HOLES	SPACING CENTER TO CENTER (INCHES)
ALL LATERALS	13	48"



LATERAL HOLE LAYOUT
NO SCALE

4' SPRAY HEIGHT

DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE
DESIGN FLOW 110 GALLON PER DAY PER BEDROOM (5)
TOTAL DESIGN FLOW 550 GALLON PER DAY.

SEPTIC TANK
550 GALLONS X 200% = 1100 GALLONS DESIGN CAPACITY.
USE 1500 GALLON SEPTIC TANK.

LEACHING FIELD
BOTTOM:
50' LENGTH X 28' WIDTH = 1400 SQUARE FEET.
1400 SQ. FT. X .40 GAL. PER SQ.FT. = 560 GAL. LEACHING.
TOTAL LEACHING CAPACITY = 560 GALLONS PER DAY.

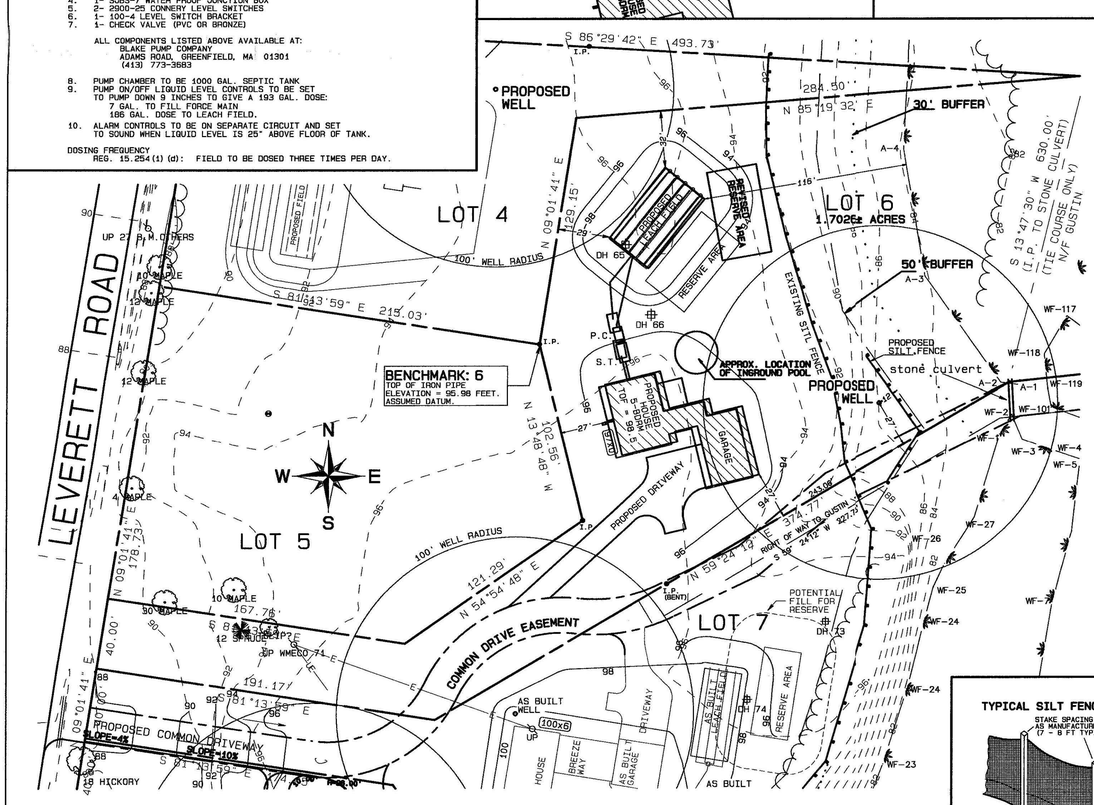
NOTE: PER TITLE 5, 310 CMR 15.240(B): A FIELD IS DESIGNED FOR THIS SITE DUE TO THE AREA LIMITATIONS CAUSED BY THE WATER TABLE AND PROPERTY LINES.

GENERAL NOTES

1. FROM HOUSE OUT TO SEPTIC TANK TO PUMP CHAMBER: USE 4" SCHEDULE 40 PVC MINIMUM GRADE: 1/4 INCH PER FOOT (2%)
2. FROM PUMP CHAMBER TO MANIFOLD: 2" SCHED. 40 PVC MINIMUM DRAWBACK GRADE: 1/4 INCH PER FOOT (2%)
3. 1 1/2" SCHED. 40 PVC PIPE TO BE USED IN LEACHING AREA.
4. AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
5. ELEVATIONS BASED ON ASSUMED DATUM
6. UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY APPLICABLE LOCAL RULES.
7. ANY CHANGE TO THIS PLAN MUST BE APPROVED BY THE BOARD OF HEALTH AND THE DESIGN ENGINEER.
8. THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.

LEGEND

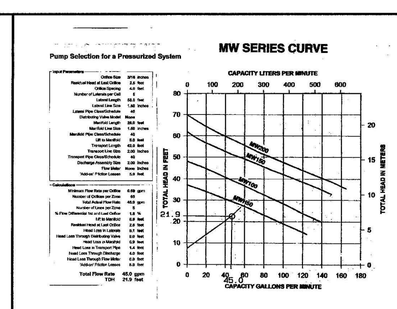
- 100 — EXISTING CONTOURS
- 100 — PROPOSED CONTOURS
- 1 1/2" SCHEDULE 40 PVC PIPE
- 2" SCHEDULE 40 PVC FORCE MAIN
- 4" SCHEDULE 40 SOLID PIPE
- EROSION BARRIER
- EDGE OF WETLAND
- 50' WETLANDS OFFSET
- RIGHT OF WAY (TO GUSTIN)
- PROPERTY LINE
- COMMON DRIVE EASEMENT
- AS-BUILT



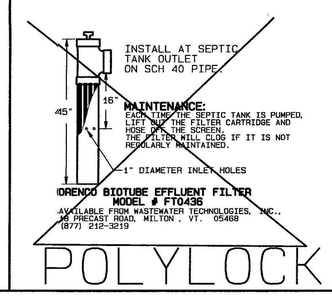
SITE PLAN
GRAPHIC SCALE 1"=40'
0 40 80 120

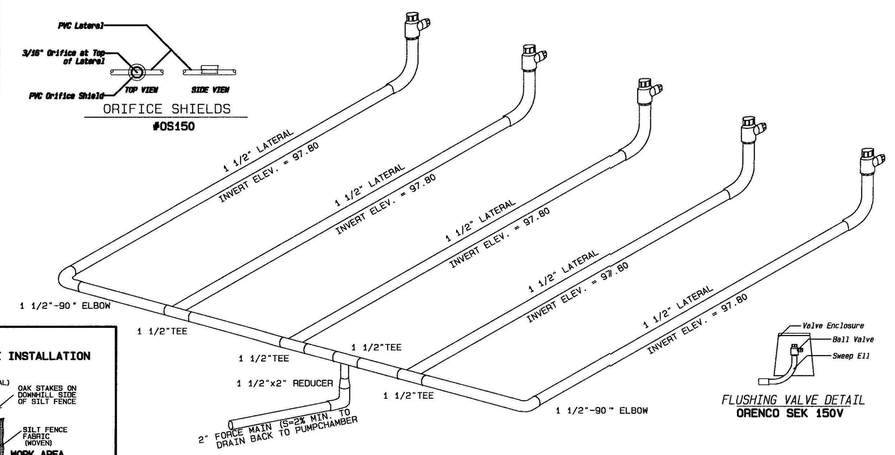
LOT 6
APPROX. TOTAL
FILL = 960 YD

WETLANDS DELINIATED BY:
LAND SOLUTIONS &
MANY SPRINGS ENVIRONMENTAL

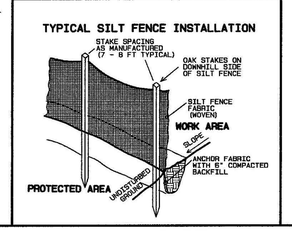


PUMP CURVE
USE MEYERS
MWH-50
1/2 HP PUMP





PRESSURE DISTRIBUTION LAYOUT SCHEMATIC
NO SCALE



AS-BUILT LOCATIONS AND ELEVATIONS ARE BASED ON FIELD SURVEY BY MACLEAY ASSOCIATES, INC. ON JULY 14, 2005.

SYSTEM INSTALLED BY:
L&F CONSTRUCTION
608 LONG PLAIN ROAD
LEVERETT, MA
(413) 665-3788

SHEET NO. 1 OF 1.

REV.	DATE	BY	DESCRIPTION	APPR
2	8/8/05	J.M.	MOVED RESERVE AREA, ADDED POOL	D.M.
1	7/15/05	S.K.	AS-BUILT	D.M.

SCALE AS SHOWN
DRN. BY J.M.
CHECKED D.M.
APPROVED: COMMONWEALTH OF MASSACHUSETTS DOUGLAS J. MacLEAY CIVIL NO. 31203 REGISTERED PROFESSIONAL ENGINEER

TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS.
FOR: AMHERST BUILDING COMPANY LOT 6 LEVERETT ROAD
DATE: NOVEMBER 15, 2004
JOB NO. 2002-072-6

MacLeay Associates, Inc. civil engineers
102 Bridge Street, Shelburne Falls, MA 01370
phone: (413) 625-9774 fax: (413) 625-9704 email: dmacleay@comcast.net

FORM 1-APPLICATION FOR DSCP Amherst Building Co CK# 11031

No 04-16

Fee 100.00 plan + FINAL FASP.

Commonwealth of Massachusetts

AMHERST, Massachusetts

Application for Disposal System Construction Permit

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

Location Address or Lot No.	Owner's Name, Address and Tel. #
LOT 6 LEVERETT ROAD 275 Leverett Rd	AMHERST BUILDING COMPANY LLC 25 MAIN STREET SUITE 445 NORTHAMPTON, MA 01060 586-5340
Installer's Name, Address, and Tel. #	**Designer's Name, Address and Tel. #**
LML CONSTRUCTION 608 LONG PLAIN ROAD LEVERETT, MA 01054 413-665-3788	MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms 5 Garbage Grinder NO

Other Type of Building _____ No. of Persons _____ Showers__ Cafeteria__
Other Fixtures _____

Design Flow 550 gallons per day. Calculated daily flow 560 gallons
Plan Date 11/15/04 Number of Sheets ONE Revision Date NONE
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR AMHERST BUILDING COMPANY LLC, LOT 6 LEVERETT ROAD.

Description of Soil FINE SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS, SEASONAL HIGH GROUNDWATER AT 36" PERC RATE 25 MIN./INCH, .
WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable) INSTALL SEPTIC TANK, PUMP CHAMBER, AND LEACH FIELD .

Date last inspected: _____

-*Agreement:

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

Signed [signature] Date 12/3/04

Application Approved by [signature] Date 12/03/04

Application Disapproved for the following reasons_____

Permit No. 04-16 Date Issued 12-3-04

Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed (**X**) or repaired/replaced () on 7/14/05 by LML CONSTRUCTION for **AMHERST BUILDING COMPANY LLC** at 275 **LOT 6 LEVERETT ROAD**

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 04-16 dated NOV 18, 2004 Use of this system is conditioned on compliance with the provisions set forth below:

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

Date 7/14/05 Inspector

Macleay Assoc. INC

FORM 2-DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. 04-16

Permission is hereby granted to **AMHERST BUILDING COMPANY LLC** to construct (**X**) or repair () an On-site Sewage System located at 275 **LOT 6 LEVERETT ROAD**

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

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

Date 12/03/04

Approved by David Pacuzenski for Amherst Health Dept

275 Leverett Rd 65+66

FORM 11: Soil Evaluation Form NO: _____

Commonwealth of Massachusetts
Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: _____ Date: _____
Witnessed By: _____

Location Address of: Lot #	Owner's Name: Stowell Prop Address of: Leverett Rd Telephone:
New Construction ☑ Repair ☐	

Office Review

Published Soil Survey Available? No ☐ Yes ☐
Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available? No ☐ Yes ☐
Year Published _____ Publication Scale _____
Geologic Material (map unit) _____
Landform _____

Flood Insurance Rate Map:
Above 500 year flood boundary? No ☐ Yes ☐
Within 500 year flood boundary? No ☐ Yes ☐
Within 100 year flood boundary? No ☐ Yes ☐

Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): month _____
Range: Above Normal ☐ Normal ☐ Below Normal ☐

Other Reference Reviewed:

Determination: Seasonal High Water Table

Methods Used:

☐ Depth observed standing in observation hole _____ inches
☐ Depth weeping from side of observation hole _____ inches
☐ Depth to soil mottles _____ inches
☐ Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feed of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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

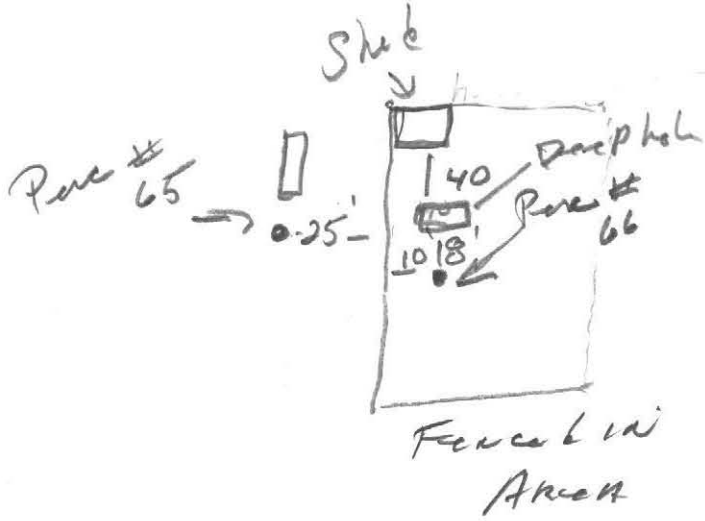
Certification

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

Signature _____
Date _____

Stowell Prop

#65 + 66



FORM 12: Percolation Test
Location Address or Lot # Lovell Rd

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST *		
DATE:		TIME:
Observation Hole #	65	66
Depth of Perc	47"	42"
Start Pre-soak	3:55	4:18
End Pre-soak	4:14	4:33
Time at 12"	4:14	4:33
Time at 9"	4:27	5:03
Time at 6"	4:44	6:16
Time (9"-6")	17	73
Rate Min./Inch	6	25

**Minimum of one percolation test must be performed in both the primary area and reserve area.*

Site Passed ☑ Site failed ☐

Performed by Chastan Bryson

Witnessed by David Zarowski

Comments:

Lovell Rd

On-Site Review

Deep Hole Number 65 Date: 12/5/01 Time 5:30
Weather Dusk 50
Location (identify on site plan)
Land Use Field Slope (%) 3-4
Surface Stone —
Vegetation: grasses

Landform: Till Terrace

Position on Landscape (sketch on back)
Distances from:
Open Water Body _____ feet Drainageway _____ feet
Possible Wet Ares _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
0	Ap	FSL	10YR 3/2	—	
23	Bw	FSL	10YR 4/6	— 36"	Same as 66
108	C	FSL	2.5Y 4/5	5% 10YR 4/4	

Parent Material (geologic) Abolatron
Depth to Bedrock 108
Depth to Groundwater :
Standing Water in the Hole —
Weeping from Pit Face —
Estimated Seasonal High Water 36"

On-Site Review

Deep Hole Number 66 Date: 12/5/01 Time 4:30
Weather 50 Dusk
Location (identify on site plan)
Land Use Field Slope (%) 3-4
Surface Stone —
Vegetation: grasses

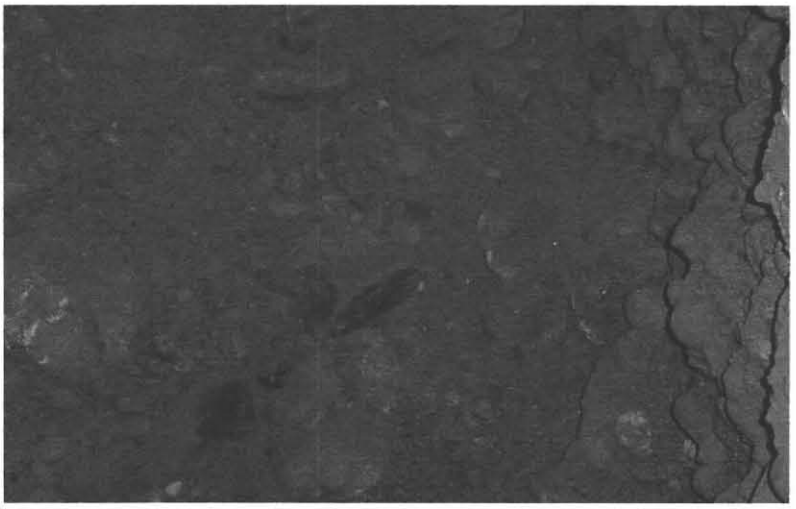
Landform: Till Terrace

Position on Landscape (sketch on back)
Distances from:
Open Water Body _____ feet Drainageway _____ feet
Possible Wet Ares _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

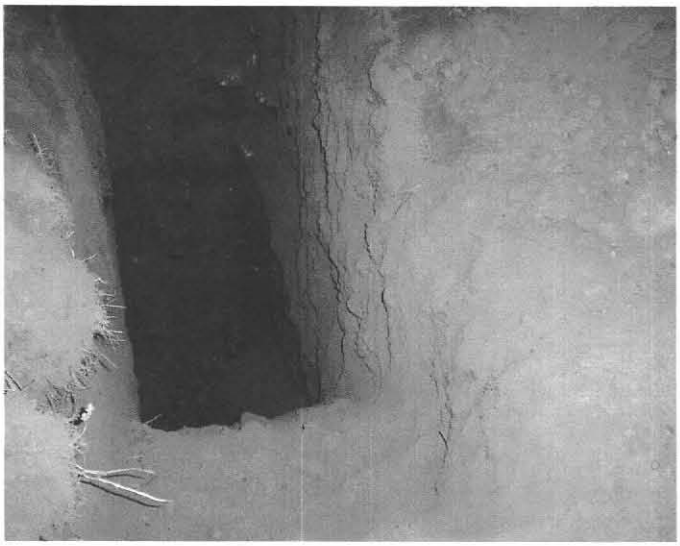
DEEP OBSERVATION HOLE LOG

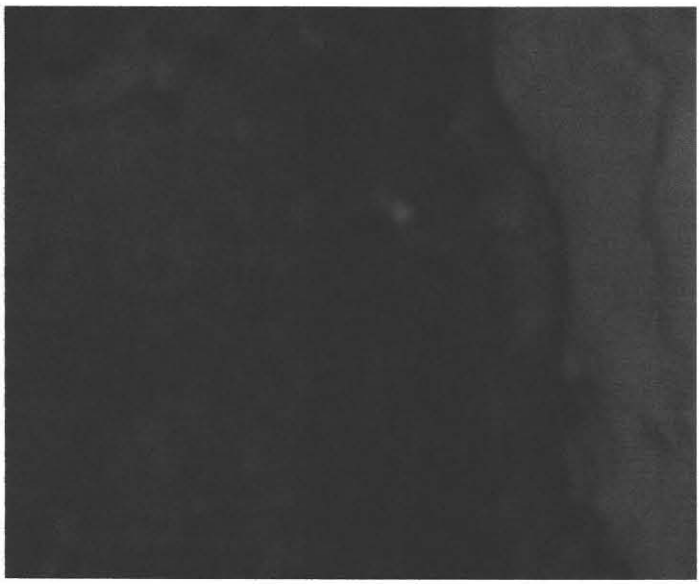
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	Ap	FSL	10YR 3/2	—	Loose Crumb Many Fine Roots
22	Bw	FSL	10YR 4/6	36" 5%	Massive Friable 20% Gravel
112	C	FSL	2.5Y 4/5	7.5YR 4/6	Massive Friable 20% Gravel Stones

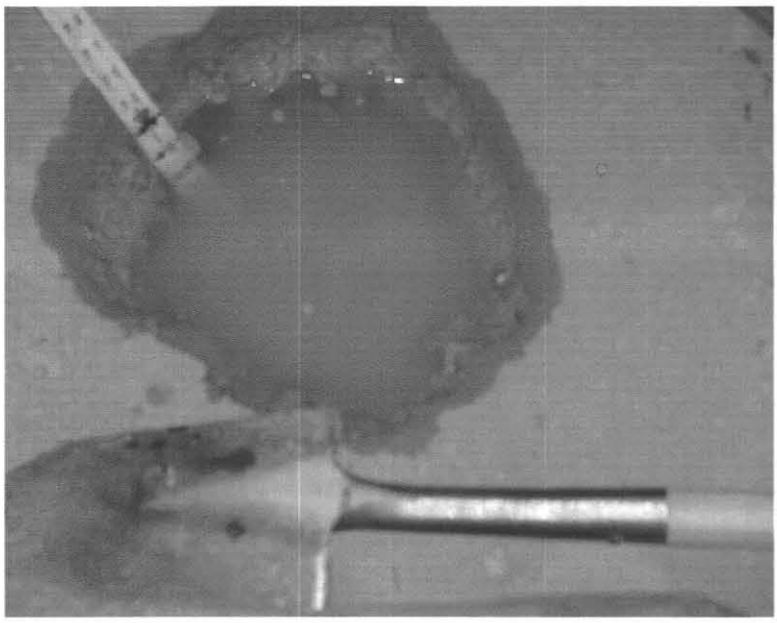
Parent Material (geologic) Abbotton Till
Depth to Bedrock 112"
Depth to Groundwater :
Standing Water in the Hole —
Weeping from Pit Face —
Estimated Seasonal High Water 36



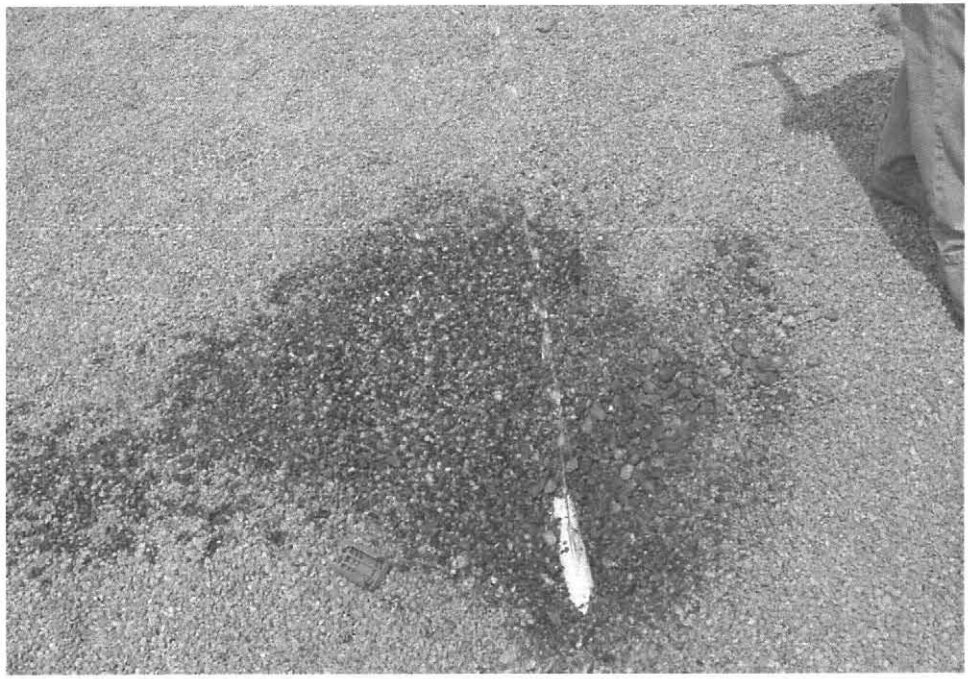
Stowall Property Hole # 65
Engineer: Christian Boysen

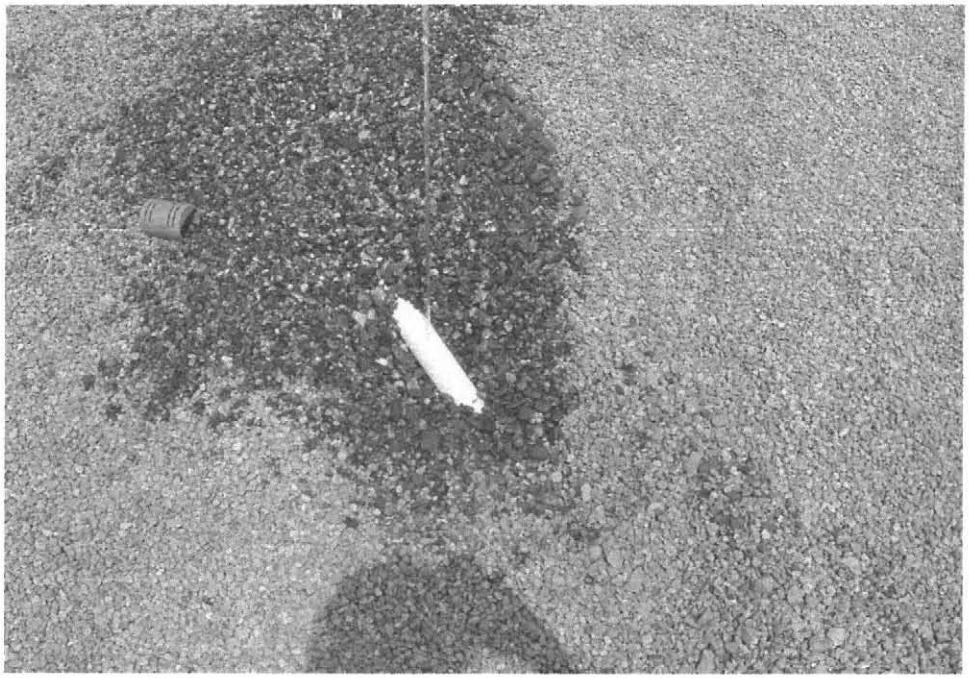


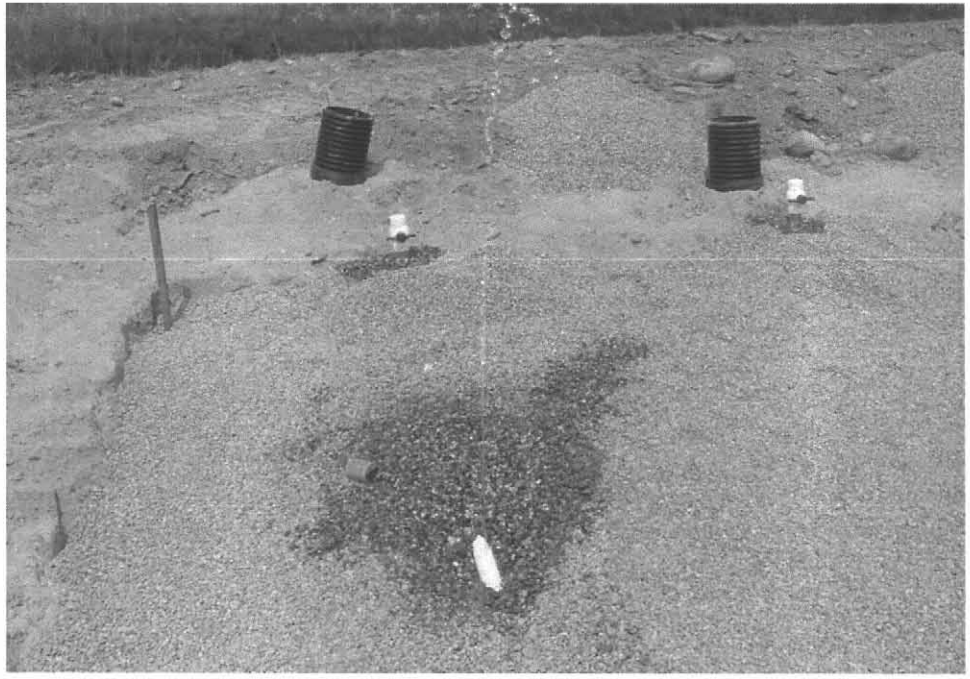




Stowall Property Leverett Road Hole #66
Engineer: Christian Boysen







Activities for Case # spt2005-00135

275 LEVERETT RD

construct new septic
perc test performed/paid 12/5/01

Owner NORTHAMPTON ASSOC. LLC
Owner AMHERST BUILDING COMPANY, 1

Activity	Description	Date 1	Date 2	Date 3	By	Disp.	Hold?	Updated By	Notes
SPTA010	Application Entered			12/6/2004	EJD		No hold	EJD - 12/6/2004	
SPTA360	Plans Review			12/3/2004	EJD	DONE	Hold	EJD - 12/7/2004	
SPTA500	Issue Construction Permit			12/3/2004	EJD	DONE	No hold	EJD - 12/7/2004	

12/7/04
waiting for installation
and final inspection

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

1323

Received of AMHERST BUILDING COMPANY LLC (Name) of 25 MAIN ST. SUITE 445 NORTHAMPTON (Address)

For Property Located at: LOT 6 LEVERETT RD (275 LEVERETT RD) (Street Address) AMHERST BUILDING CO. (Owner)

HEA009	Bakery R6510 443509		HEA016	Septic Tank Permit-Installers R6510 443511	
HEA001	Bed & Breakfast R6510 443516		HEA017	Septic Tank Permit-Private R6510 443510	Plan Review $100.00
HEA002	Catering License R6510 443507		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA003	Food Handler R6510 443515		HEA019	Sub-Division Review Fee R6510 432306	
HEA004	Frozen Deserts R6510 443501		HEA012	Swimming Pool Permits R6510 443512	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA020	Tanning License R6510 443509	
HEA006	Massage Therapy License R6510 443504		HEA034	Immunization Clinic R6510 432307	
HEA008	Motel License R6510 443506		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA010	Removal of Offal R6510 443513		HEA022	Tobacco License R6510 443505	
HEA021	Removal of Rubbish R6510 443520		HEA042	Body Arts / Tatoo R6510 443521	
HEA011	Percolation Test Fees R6510 432300		HEA043	Food Service Plan Review R6510 432308	
HEA013	Recreation Camp License R6510 443503		HEA044	Porta Potties R6510 432309	
HEA014	Retail Store Permit R6510 443514		HEA045	Ice Rinks R6510 443522	
HEA015	Sanitary Code Booklets R6510 432305		HEA046	Rental Registration R6510 432310	
			HEA047	Fines R6510 48200	
			HEA		
			HEA		

12/2/04

TOTAL FEE: $100

Amherst Health Department

12/2/04
Date

OFFICE USE ONLY

CHECK #	CASH
11031	

Must be Validated by the Collector's Office to be considered paid

T1146
RISC CASH RECEIPTS
Date/Time : 12/03/04 11:06
Payment : $100.00
Receipt # : 139412
Check/Credit Card #: 11031
: AMHERST BLDG CO

WHITE – Applicant YELLOW – Collector PINK – Accounting GOLD – Health / Inspections

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

1323

Received of AMHERST BUILDING COMPANY LLC (Name) of 25 MAIN ST. SUITE 445 NORTHAMPTON (Address)

For Property Located at: LOT 6 LAVERETT RD (275 LAVERETT RD) (Street Address) AMHERST BUILDING CO (Owner)

HEA009	Bakery R6510 443509		HEA016	Septic Tank Permit-Installers R6510 443511	
HEA001	Bed & Breakfast R6510 443516		HEA017	Septic Tank Permit-Private R6510 443510	Plan Review $100.00
HEA002	Catering License R6510 443507		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA003	Food Handler R6510 443515		HEA019	Sub-Division Review Fee R6510 432306	
HEA004	Frozen Deserts R6510 443501		HEA012	Swimming Pool Permits R6510 443512	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA020	Tanning License R6510 443509	
HEA006	Massage Therapy License R6510 443504		HEA034	Immunization Clinic R6510 432307	
HEA008	Motel License R6510 443506		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA010	Removal of Offal R6510 443513		HEA022	Tobacco License R6510 443505	
HEA021	Removal of Rubbish R6510 443520		HEA042	Body Arts / Tatoo R6510 443521	
HEA011	Percolation Test Fees R6510 432300		HEA043	Food Service Plan Review R6510 432308	
HEA013	Recreation Camp License R6510 443503		HEA044	Porta Potties R6510 432309	
HEA014	Retail Store Permit R6510 443514		HEA045	Ice Rinks R6510 443522	
HEA015	Sanitary Code Booklets R6510 432305		HEA046	Rental Registration R6510 432310	
			HEA047	Fines R6510 48200	
			HEA		
			HEA		

TOTAL FEE: $100

12/2/04

Amherst Health Department

12/2/04
Date

OFFICE USE ONLY

CHECK #	CASH
1103	

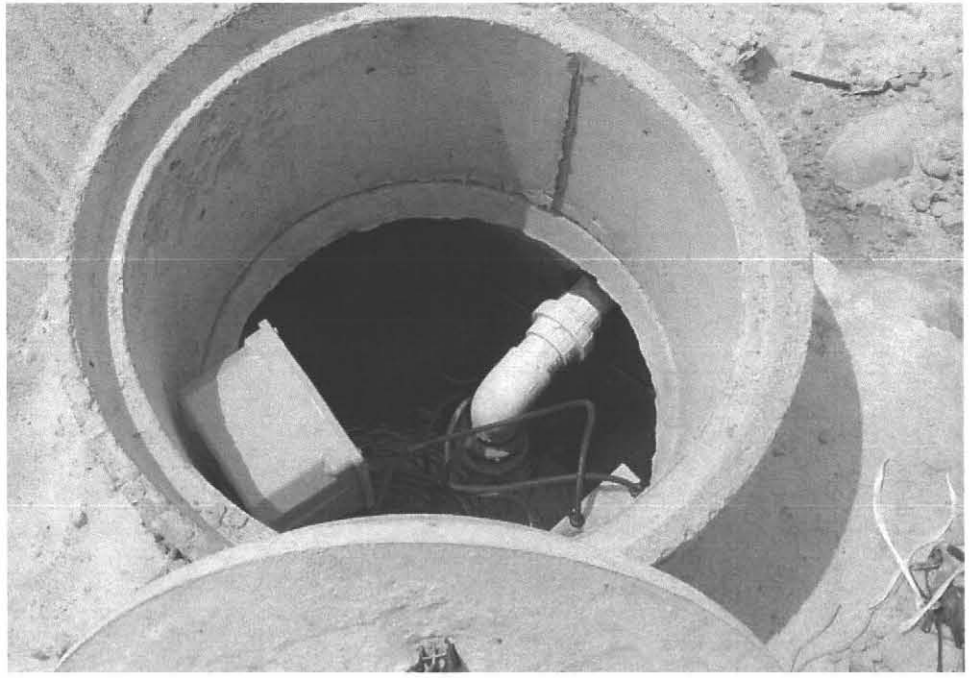
T1146

AISC CASH RECEIPTS
Date/Time : 12/03/04 11:06
Payment : $100.00
Receipt # : 139412
Check/Credit Card #: 11031
Received By : AMHERST BLDG CO

Must be Validated by the Collector's Office to be considered paid

WHITE – Applicant YELLOW – Collector PINK – Accounting GOLD – Health / Inspections


44
LEF
CONSTRUCTION



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON.

11031

AMHERST BUILDING COMPANY, LLC
25 MAIN STREET, SUITE 445
NORTHAMPTON, MA 01060
(413) 586-5340

NORTHAMPTON CO-OPERATIVE BANK
67 KING STREET, PO BOX 150
NORTHAMPTON, MA 01061-0150

53-7233/2118

12/2/04

PAY TO THE ORDER OF Town of Amherst $ 100 00/100

ONE HUNDRED DOLLARS 00/100 DOLLARS

Security features included. Details on back.

MEMO Lot 6 Leverett Rd Septic Permit

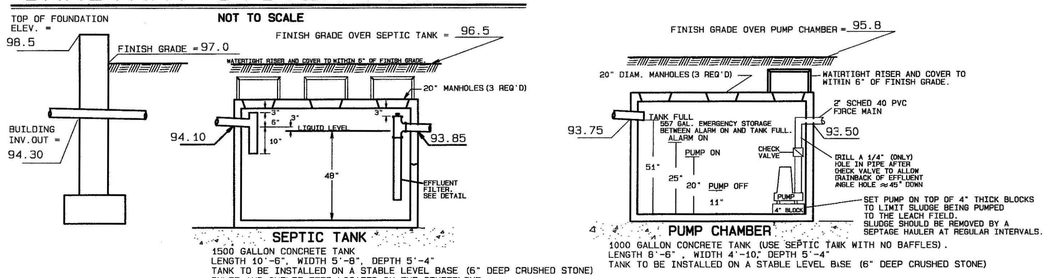
Mark Kent

MP

⑈011031⑈ ⑆211872331⑆ 02 25 001098⑈

SANITARY SYSTEM PROFILE

NOT TO SCALE



SEPTIC TANK
1500 GALLON CONCRETE TANK
LENGTH 10'-6", WIDTH 5'-8", DEPTH 5'-4"
TANK TO BE INSTALLED ON A STABLE LEVEL BASE (6" DEEP CRUSHED STONE)
INLET AND OUTLET TEES LOCATED ON THE CENTERLINE OF THE TANK.

PUMP CHAMBER
1000 GALLON CONCRETE TANK (USE SEPTIC TANK WITH NO BAFFLES).
LENGTH 8'-6" . WIDTH 4'-10, DEPTH 5'-4"
TANK TO BE INSTALLED ON A STABLE LEVEL BASE (6" DEEP CRUSHED STONE)

LEACHING FIELD (LENGTH SECTION)

GROUND WATER ELEV. ASSUMED AT 36" BELOW GRADE BASED ON THE ESHWT. IN TP # 1 & 2

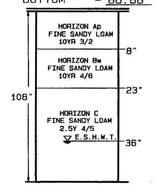
LEACHING FIELD
(CROSS SECTION)
AT INVERT OUT

TEST PIT DATA

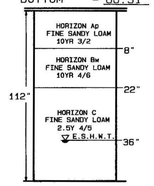
BOARD OF HEALTH WITNESS: DAVE ZAROZINSKI
DATE: DECEMBER 5, 2001
SOIL EVALUATOR: CHRISTIAN BOYSEN

PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
65	6	47
66	25	48

DEEP HOLE # 65
ELEV. TOP = 95.88
ESHWT = 92.88
OBS. H20 = NONE
BOTTOM = 86.88



DEEP HOLE # 66
ELEV. TOP = 95.84
ESHWT = 92.84
OBS. H20 = NONE
BOTTOM = 86.51



NOTES:
1. THIS PLAN IS FOR THE CONSTRUCTION OF A NEW SEPTIC SYSTEM.
2. REMOVE TOPSOIL & SUBSOIL BENEATH THE LEACH FIELD AND TO 5' ON ALL SIDES OF THE FIELD. REPLACE WITH FILL MATERIAL MEETING THE SPECIFICATIONS OF 310 CMR 15.255(3). (TITLE 5, 310 CMR 15.255(5).)
3. PUMP AND ALARM TO BE ON SEPARATE CIRCUITS. (TITLE 5, CMR REG. 15.09(5)).
4. TITLE 5 REQUIRES OBSERVATION OF THE INSTALLED SYSTEM BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE SYSTEM MUST NOT BE BACKFILLED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.
5. ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.
6. LEVEL SWITCHES ARE TO BE MOUNTED ON THE SPECIFIED STAINLESS STEEL SWITCH BRACKET OR APPROVED EQUAL. THEY ARE TO BE MOUNTED AWAY FROM THE PUMP INLET.
7. AMHERST REQUIRES OBSERVATION OF THE TOP AND SUBSOIL REMOVAL BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE STONE MUST NOT BE PLACED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.

WETLANDS PROTECTION NOTE:
FILING UNDER THE WETLANDS PROTECTION ACT MAY BE REQUIRED FOR THIS PROJECT. THE AMHERST CONSERVATION COMMISSION SHOULD BE CONTACTED FOR A DETERMINATION.

PROPERTY LINE REFERENCE:
PROPERTY LINES AS SHOWN ARE BASED ON A PLAN OF LAND IN AMHERST, MASSACHUSETTS, PREPARED FOR NORTHAMPTON ASSOCIATES, INC. PREPARED BY H.L. EATON ASSOC. DATED OCTOBER 21, 2002

PUMP CHAMBER COMPONENTS SPECIFICATIONS

ALL COMPONENTS ARE TO BE AS SPECIFIED OR AN APPROVED EQUAL.

1. 1- MEYERS #MWH50, 1/2 HP, SEWAGE PUMP (USE MOST EFFICIENT VOLTAGE AT SITE) (CAPABLE OF PASSING 2" SOLIDS)
2. 1- WATERGUARD S-12 CONTROL PANEL
3. 1- TA-101 HIGH WATER ALARM COMPLETE WITH LEVEL SWITCH
4. 1- SJBS-7 WATER PROOF JUNCTION BOX
5. 2- 2900-25 CONNERY LEVEL SWITCHES
6. 1- 100-4 LEVEL SWITCH BRACKET
7. 1- CHECK VALVE (PVC OR BRONZE)

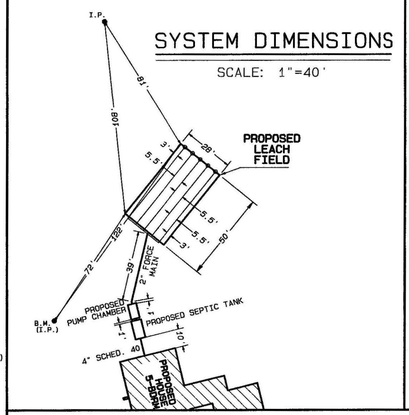
ALL COMPONENTS LISTED ABOVE AVAILABLE AT:
BLAKE PUMP COMPANY
ADAMS ROAD, GREENFIELD, MA 01301
(413) 773-3483

8. PUMP CHAMBER TO BE 1000 GAL. SEPTIC TANK
9. PUMP ON/OFF LIQUID LEVEL CONTROLS TO BE SET TO PUMP DOWN 9 INCHES TO GIVE A 193 GAL. DOSE:
   7 GAL. TO FILL FORCE MAIN
   186 GAL. DOSE TO LEACH FIELD.
10. ALARM CONTROLS TO BE ON SEPARATE CIRCUIT AND SET TO SOUND WHEN LIQUID LEVEL IS 25" ABOVE FLOOR OF TANK.

DOSING FREQUENCY
REG. 15.254(1)(d): FIELD TO BE DOSED THREE TIMES PER DAY.

SYSTEM DIMENSIONS

SCALE: 1"=40'

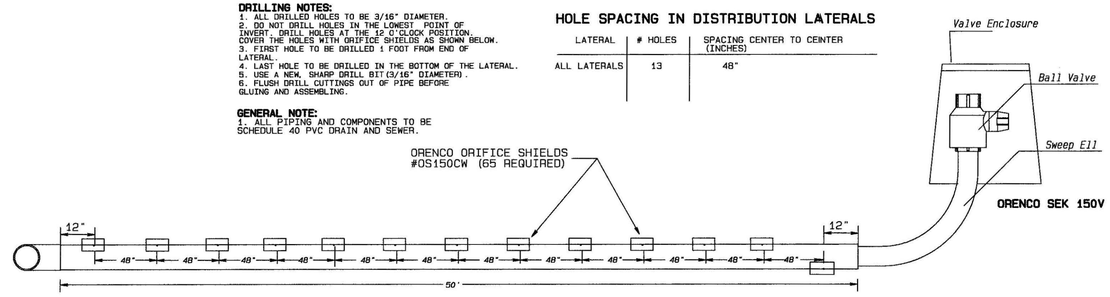


DRILLING NOTES:
1. ALL DRILLED HOLES TO BE 3/16" DIAMETER.
2. DO NOT DRILL HOLES IN THE LOWEST POINT OF INVERT. DRILL HOLES AT THE 12 O'CLOCK POSITION. COVER THE HOLES WITH ORIFICE SHIELDS AS SHOWN BELOW.
3. FIRST HOLE TO BE DRILLED 1 FOOT FROM END OF LATERAL.
4. LAST HOLE TO BE DRILLED IN THE BOTTOM OF THE LATERAL.
5. USE A NEW, SHARP DRILL BIT(3/16" DIAMETER).
6. FLUSH DRILL CUTTINGS OUT OF PIPE BEFORE GLUING AND ASSEMBLING.

GENERAL NOTE:
1. ALL PIPING AND COMPONENTS TO BE SCHEDULE 40 PVC DRAIN AND SEWER.

HOLE SPACING IN DISTRIBUTION LATERALS

LATERAL	# HOLES	SPACING CENTER TO CENTER (INCHES)
ALL LATERALS	13	48"



LATERAL HOLE LAYOUT
NO SCALE

DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE
DESIGN FLOW 110 GALLON PER DAY PER BEDROOM (5)
TOTAL DESIGN FLOW 550 GALLON PER DAY.

SEPTIC TANK
550 GALLONS X 200% = 1100 GALLONS DESIGN CAPACITY.
USE 1500 GALLON SEPTIC TANK.

LEACHING FIELD
BOTTOM:
50' LENGTH X 28' WIDTH = 1400 SQUARE FEET.
1400 SQ. FT. X .40 GAL. PER SQ.FT. = 560 GAL. LEACHING.
TOTAL LEACHING CAPACITY = 560 GALLONS PER DAY.

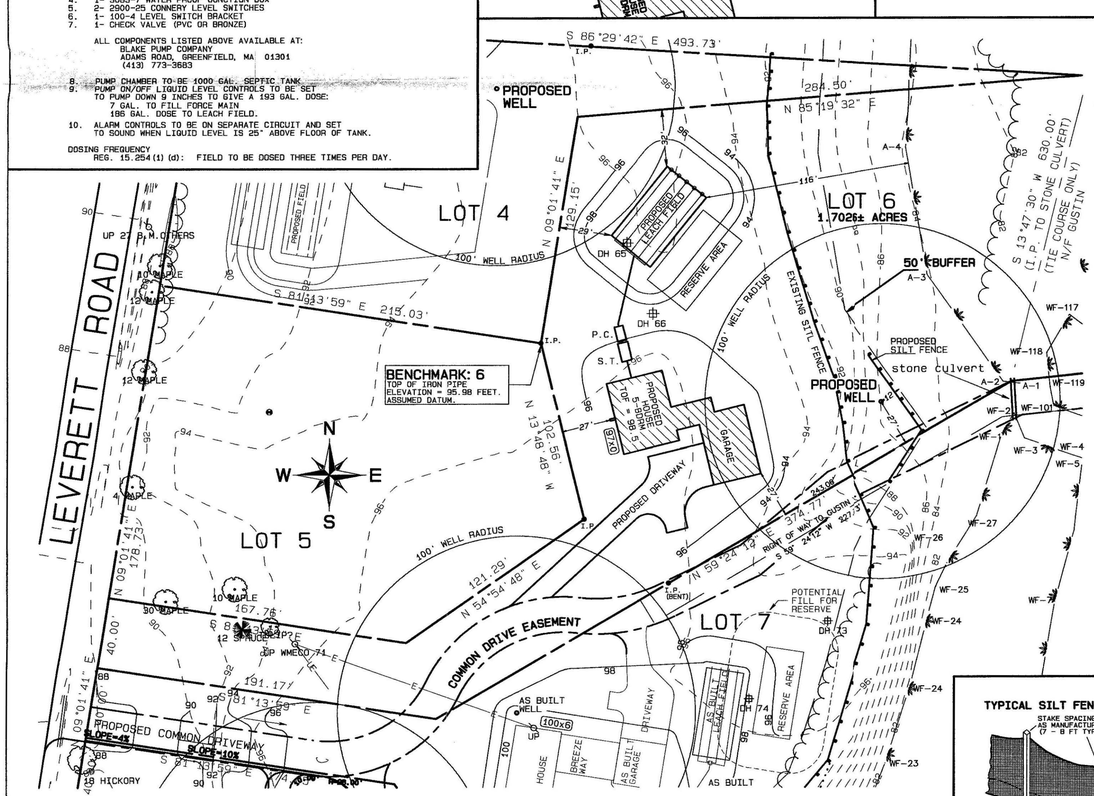
NOTE: PER TITLE 5, 310 CMR 15.240(6): A FIELD IS DESIGNED FOR THIS SITE DUE TO THE AREA LIMITATIONS CAUSED BY THE WATER TABLE AND PROPERTY LINES.

GENERAL NOTES

1. FROM HOUSE OUT TO SEPTIC TANK TO PUMP CHAMBER:
   USE 4" SCHEDULE 40 PVC
   MINIMUM GRADE: 1/4 INCH PER FOOT (2%)
2. FROM PUMP CHAMBER TO MANIFOLD: 2" SCHED. 40 PVC
   MINIMUM DRAWBACK GRADE: 1/4 INCH PER FOOT (2%)
3. 1 1/2" SCHED. 40 PVC PIPE TO BE USED IN LEACHING AREA.
4. AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
5. ELEVATIONS BASED ON ASSUMED DATUM
6. UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY APPLICABLE LOCAL RULES.
7. ANY CHANGE TO THIS PLAN MUST BE APPROVED BY THE BOARD OF HEALTH AND THE DESIGN ENGINEER.
8. THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.

LEGEND

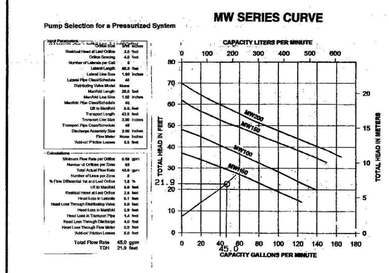
- EXISTING CONTOURS
- PROPOSED CONTOURS
- 1 1/2" SCHEDULE 40 PVC PIPE
- 2" SCHEDULE 40 PVC FORCE MAIN
- 4" SCHEDULE 40 SOLID PIPE
- EROSION BARRIER
- EDGE OF WETLAND
- 50' WETLANDS OFFSET
- RIGHT OF WAY (TO GUSTIN)
- PROPERTY LINE
- COMMON DRIVE EASEMENT



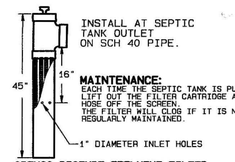
LOT 6
APPROX. TOTAL
FILL = 960 YD

SITE PLAN
GRAPHIC SCALE 1"=40'
0 40 80 120

WETLANDS DELINIATED BY:
LAND SOLUTIONS &
MANY SPRINGS ENVIRONMENTAL



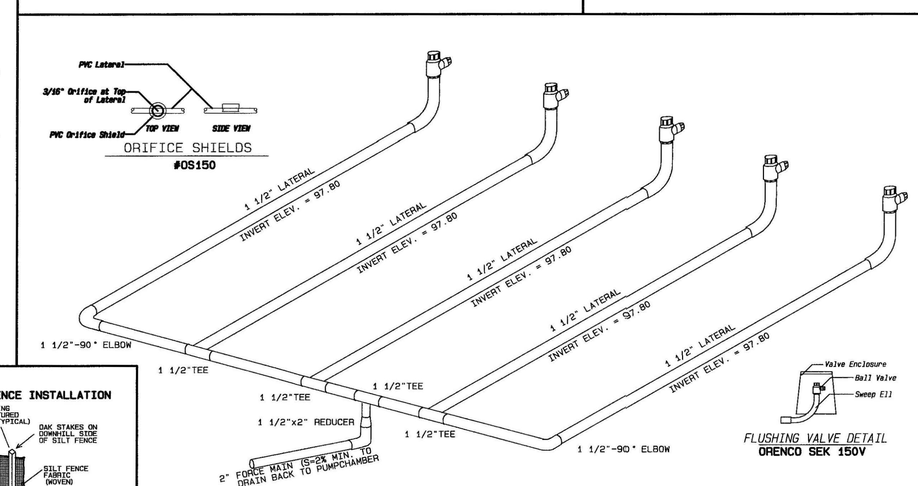
PUMP CURVE
USE MEYERS MWH-50 1/2 HP PUMP



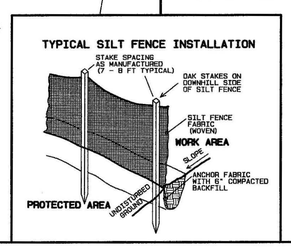
INSTALL AT SEPTIC TANK OUTLET ON SCH 40 PIPE.

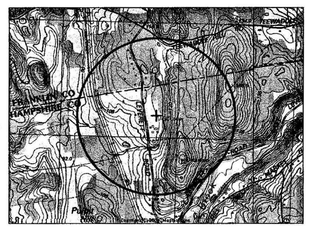
MAINTENANCE:
EACH TIME THE SEPTIC TANK IS PUMPED, LIFT OUT THE FILTER CARTRIDGE AND HOSE OFF THE SCREEN. THE FILTER WILL CLOG IF IT IS NOT REGULARLY MAINTAINED.

ORENCO BIOTUBE EFFLUENT FILTER
MODEL # FT0436
AVAILABLE FROM WASTEWATER TECHNOLOGIES, INC.,
18 PRECAST ROAD, MILTON , VT. 05468
(877) 212-3219



PRESSURE DISTRIBUTION LAYOUT SCHEMATIC
NO SCALE





SITE LOCUS
0 1/2 MILE 1 MILE

SHEET NO. 1 OF 1.

REV.	DATE	BY	DESCRIPTION	APPR.

SCALE: AS SHOWN
APPROVED:
DRN. BY: J.M.
CHECKED: D.M.

COMMONWEALTH OF MASSACHUSETTS — DOUGLAS MacLEAY — CIVIL — NO. 35353 — REGISTERED PROFESSIONAL ENGINEER

TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS.
FOR: AMHERST BUILDING COMPANY
LOT 6 LEVERETT ROAD
DATE: NOVEMBER 15, 2004
JOB NO. 2002-072-6

MacLeay Associates, Inc. civil engineers
102 Bridge Street, Shelburne Falls, MA 01370
phone: (413) 625-9774 fax: (413) 625-9704 email: dmacleay@comcast.net