305 Leverett Rd.
LOT 4
Deep Holes 75+76

PERMITS/INSP PAYMENT RECPT#: 11098310
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/20/11 TIME: 09:07
CLERK: publichea DEPT:

PAID BY: Thomas Obrien
PAYMENT METH: CHECK 3217

REFERENCE: 8883

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

SITE ADDRESS: 305 Leverett Road

FEES:
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00

Town of AMHERST Massachusetts

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

INSPECTION NOTES

4/19/2011		**Address: 305 Leverett Road; Title V Inspection**
		Alan Weiss, septic engineer
		Property owners: Thomas O'Brien
		Distribution box shows deposits from condensate line from furnace; A. Weiss instructed homeowner to remove condensate line from septic and drain through sidewall/sill onto ground.
		Well on far side of house, in excess of 100' away. Tank had excessive scum on top, pumping should rectify w/ sufficient backwashing. Pumping to be done more often, along with cleaning of filter.
		Check rec'd at inspection for $200 for Title V Witness fee. (account of Thomas O'Brien, #3217 amount $200.00)

Edmund, Smith

From: Alan Weiss [aeweiss@charter.net]
Sent: Friday, April 15, 2011 6:52 AM
To: Edmund, Smith
Cc: 'Christine Lau'
Subject: FW: $$ 305 Leverett Rd

Ed,

Could you please confirm to Christine the Title 5 amount due to the town for the Tuesday inspection next week.

thanks

Alan
Cold Spring Environmental Consultants Inc.

www.coldspringenvironmental.com

From: Christine Lau [mailto:Christine@CallOnChristine.com]
Sent: Thursday, April 14, 2011 9:10 PM
To: Alan Weiss
Subject: Re: $$ 305 Leverett Rd

Hi Alan:

I will need the amounts if I am to be able to can catch Tom beforehand. I believe you said $300.00 for you – payable to Cold Springs? How much is the town 150.00?

My best,
Christine

Christine Lau
Realtor®, CRS, GRI, ABR, SRES
Your connection to the UMass, Five College Area

Prudential Sawicki Real Estate
35 University Drive
Amherst, MA 01002
413-549-2600 X25
413-549-2601 Fax
413-374-7316 Cell
www.CallOnChristine.com

From: Alan Weiss
Sent: Thursday, April 14, 2011 11:16 AM
To: 'Christine Lau'
Subject: RE: $$ 305 Leverett Rd

That would be great.

Alan
Cold Spring Environmental Consultants Inc.

www.coldspringenvironmental.com

From: Christine Lau [mailto:Christine@CallOnChristine.com]
Sent: Thursday, April 14, 2011 9:05 AM
To: Alan Weiss
Subject: $$ 305 Leverett Rd

Hi Alan:

Do you want me to bring checks payable to you and the Town? $$? The current tenant (Buyer) is planning on being there to give you access to the house.

My best,
Christine

Christine Lau
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app - 8883
Batch - 5312

April 2011 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: April 19, 2011

TO Christine Lau
Prudential Sawicki Real Estate
35 University Drive, Amherst, MA 01002

RE: Invoice for **Septic Title V witness**

Services provided by **Edmund Smith & Javeria Mir**

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness	$200.00	$200.00
	Rec'd today check #3217 (acct. of Thomas O'Brien) for $200.00		
	this invoice is paid in full/thank you		
		SUBTOTAL	$200.00
		SALES TAX	
		TOTAL	$200.00

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

305 Leverett Road
Property Address

C/O Christine Lau, Prudential Sawicki Real Estate, 35 Univ. Drive Amherst, MA 01002
Owner's Name

Owner information is required for every page.

Amherst	MA	01002	04.19.2011
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:

Alan E Weiss
Name of Inspector

Cold Spring Environmental Consultants Inc.
Company Name

350 Old Enfield Road
Company Address

Belchertown	MA	01007
City/Town	State	Zip Code

413.323.5957	RS 933
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

Inspector's Signature — Date: 04.19.2011

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

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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:

System was found to pass, Leach area is 6 years old (1500 gallon tank). Outlet tee & inlet tee was in place. Septic tank was pumped. Distribution box was in good shape, No high staining observed. Condensor tubing from furnace should be removed. Tank should be pumped every 2-3 years. Clean outlet Filter Annually.

B) System Conditionally Passes:

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

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

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

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

☐ Y ☐ N ☐ ND (Explain below):

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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

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B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.
Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

_____

_____

_____

_____

D) System Failure Criteria Applicable to All Systems:

You <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

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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.

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C. Checklist

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

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): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

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D. System Information

Description:

Number of current residents: 4

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)):

Detail:

Sump pump? ☐ Yes ☒ No

Last date of occupancy: current
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

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:

Commonwealth of Massachusetts

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D. System Information (cont.)

Last date of occupancy/use: current
Date

Other (describe below):

General Information

Pumping Records:

Source of information: -

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

If yes, volume pumped: 1500 gallons

How was quantity pumped determined? Volume

Reason for pumping: Inspection

Type of System:

- ☒ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

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Amherst	MA	01002	04.19.2011

D. System Information (cont.)

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

6+/- years Leach area, & septic tank

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

Building Sewer (locate on site plan):

Depth below grade: 1.' feet

Material of construction:

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

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

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

Septic Tank (locate on site plan):

Depth below grade: 1 feet

Material of construction:

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

Good condition, outlet tee & inlet tee in place, level good, Clean outlet filter annually and pump tank every 2-3 years.

If tank is metal, list age: years

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

Dimensions: 10.5' x 5.5' x 4.5'

Sludge depth: 14"

Commonwealth of Massachusetts

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: 30"

Scum thickness: 12"

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: 2"

How were dimensions determined? Meas.

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

Grease Trap (locate on site plan):

Depth below grade: _____ 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

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D. System Information (cont.)

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

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

Depth below grade: _____

Material of construction:

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

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons 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

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D. System Information (cont.)

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

Depth of liquid level above outlet invert @ invert,

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.):
Box was in good condition, 14" down.

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.):

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

If SAS not located, explain why:

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D. System Information (cont.)

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	3 line L. Field 50' x22' +/-
☐	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.):
D. box had no high staining. No sign of past failure.

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

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow ☐ Yes ☐ No

Commonwealth of Massachusetts

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D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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

Commonwealth of Massachusetts

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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

Commonwealth of Massachusetts

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D. System Information (cont.)

Site Exam:

☒ Check Slope

☐ Surface water

☒ Check cellar

☒ Shallow wells

Estimated depth to high ground water: 4'+ ft.
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: 2004-5
Date

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

☒ Checked with local Board of Health - explain:

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

☐ Accessed USGS database - explain:

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

work in area, discussions with BOH,& plans

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

Commonwealth of Massachusetts

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E. Report Completeness Checklist

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

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

Title 5 Attachments

Prepared by:

Cold Spring Environmental Consultants, Inc.
350 Old Enfield Road
Belchertown, MA. 01007

Prepared for:

C/O Christine Lau, Prudential Sawicki Real Estate
35 University Drive, Amherst, MA 01002

Site:

305 Leverett Road
Amherst MA 01002

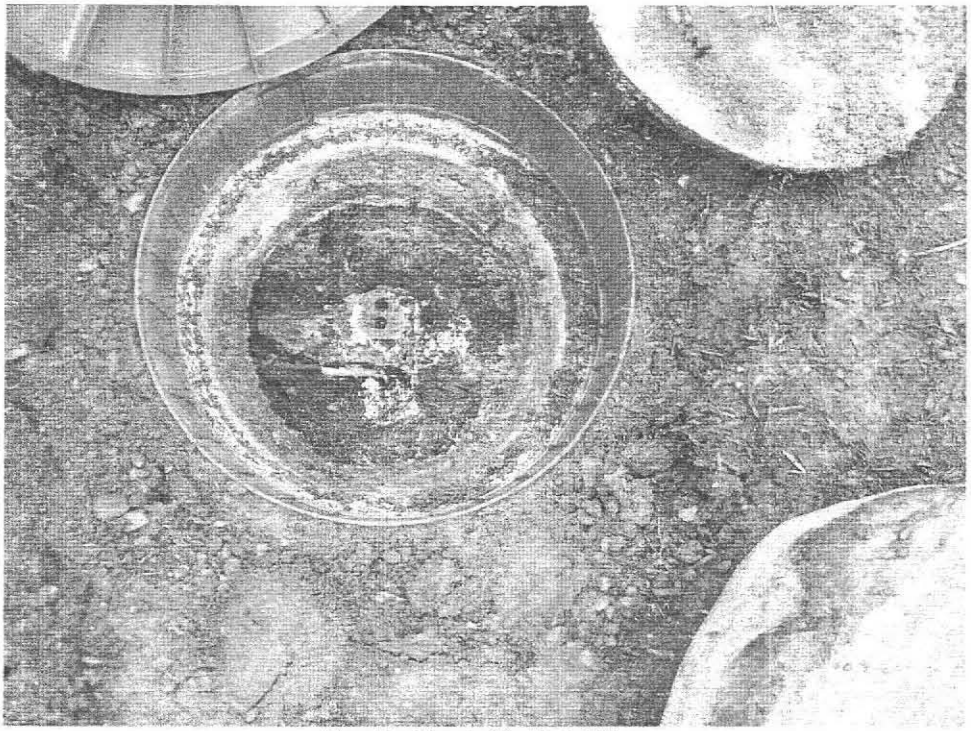
Project Number: 111-3559-0419

System Evaluator: Alan Weiss

Date: April 19 2011

350 Old Enfield Road ▪ Belchertown, MA. 01007 ▪ Phone: 413.323.5957 Fax 413.323.4916
email: aeweiss@charter.net www.coldspringenvironmental.com

Septic System Area
305 Leverett Road
Amherst, MA
04.19.2011



Septic Tank Outlet Filter
305 Leverett Road
Amherst, MA
04.19.2011

Dist Box.
305 Leverett Road
Amherst, MA
04.19.2011

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 FEBRUARY 20, 2003, H.C. REG. OF DEEDS PAGE 195, PAGE 111.

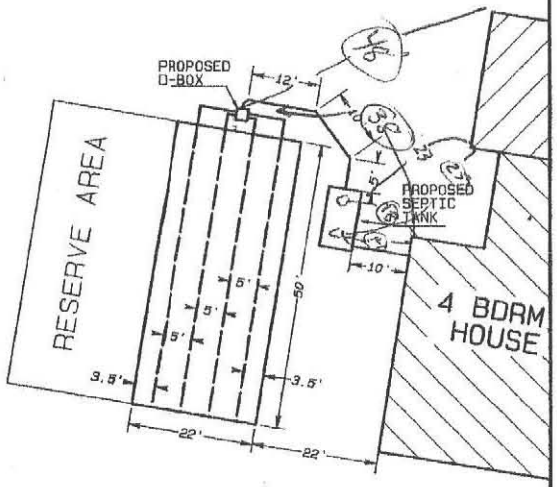
1" DIAMETER INLET HOLES

ORENCO BIOTUBE EFFLUENT FILTER
MODEL # FT0436
AVAILABLE FROM WASTEWATER TECHNOLOGIES, INC.
18 PRECAST ROAD, MILTON, VT. 05468
(877) 212-3218

POLYLOCK

SITE LOCUS

0 1/2 MILE 1 MILE

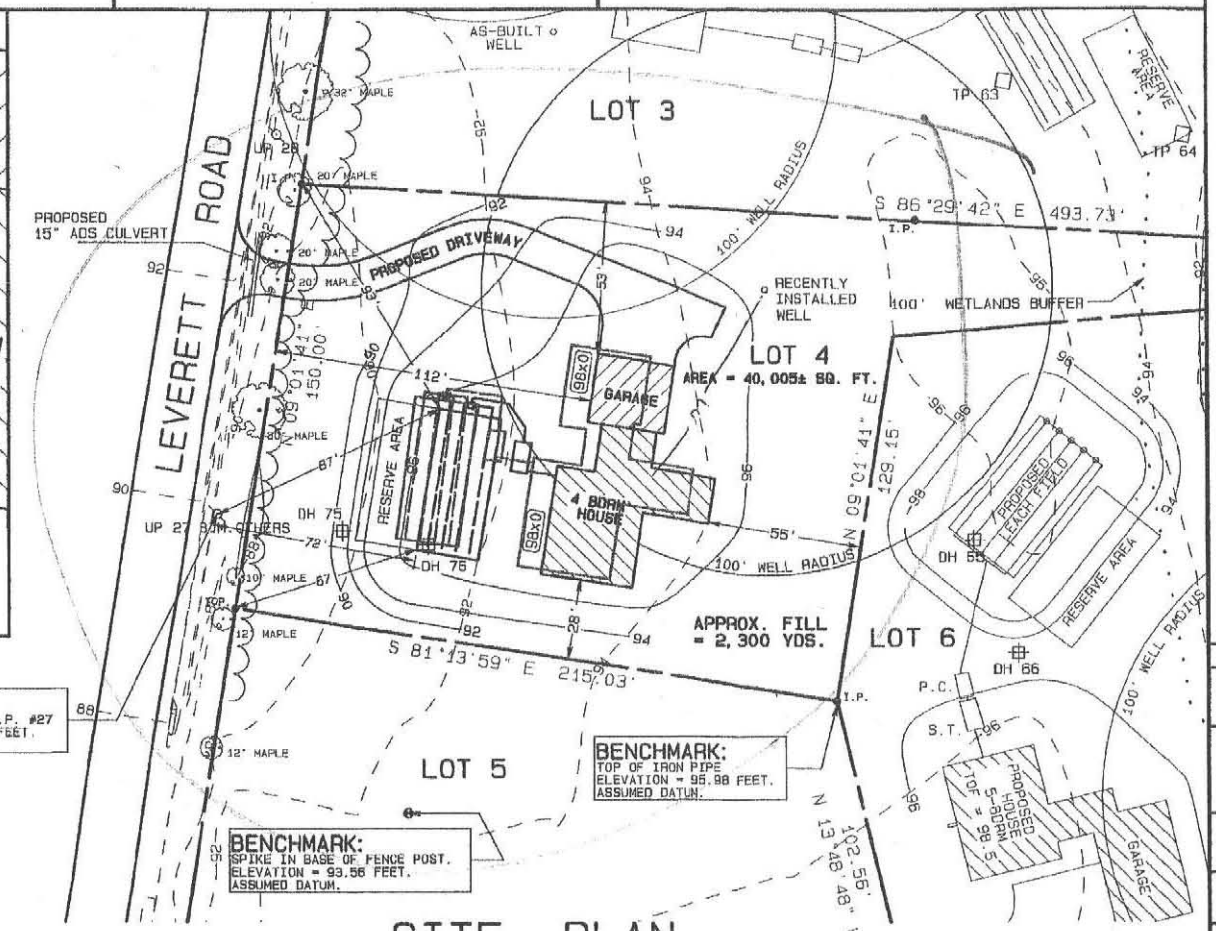


SYSTEM DIMENSIONS

SCALE: 1" = 20'

AS BUILT LOCATIONS AND ELEVATIONS BASED ON A FIELD SURVEY PERFORMED BY MACLEAY ASSOCIATES DATED 7/22/05

SYSTEM INSTALLED BY:
L & F CONSTRUCTION
608 LONG PLAIN ROAD
LEVERETT, MA 01054
(413) 665-3788



SITE PLAN

GRAPHIC SCALE 1"=40'

0 40 80 120

BOTTOM:
50'
1100
TOTAL

NOTE: P
TO THE

GENI

1. 4"
EXC
2. FRC
3. FRC
4. 4"
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9. THI

LEG

SHEET N

SCALE AS SHOWN	APPROV
DRN. BY J.M.	
CHECKED D.M.	

FORM 1-APPLICATION FOR DSCP

No 05-05

Fee 100.00
ck #11266

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 4, 305 LEVERETT ROAD	AMHERST BUILDING CO 25 MAIN STREET NORTHAMPTON , MA 01060 413-586-5340
Installer's Name, Address, and Tel. #	**Designer's Name, Address and Tel. #**
	MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder NO

Other Type of Building _____ No. of Persons _____ Showers __ Cafeteria _____
Other Fixtures _____

Design Flow 440 gallons per day. Calculated daily flow 440 gallons
Plan Date 03/254/05 Number of Sheets ONE Revision Date NONE
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR LOT 4(305) LEVERETT ROAD.

Description of Soil SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS, SEASONAL HIGH GROUNDWATER AT 24" PERC RATE 25 MIN./INCH, . WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable)INSTALL SEPTIC TANK, D-BOX 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 3/29/05

Application Approved by [signature] Date 3/30/05.

Application Disapproved for the following reasons _____

Permit No. 05-05 Date Issued 3/30/05.

FORM 3-CERTIFICATE OF COMPLIANCE

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 _____ by L & F CONSTRUCTION for **AMHERST BUILDING CO** at **LOT 4, 305 LEVERETT ROAD**

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 05-05 dated March 25, 2005 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

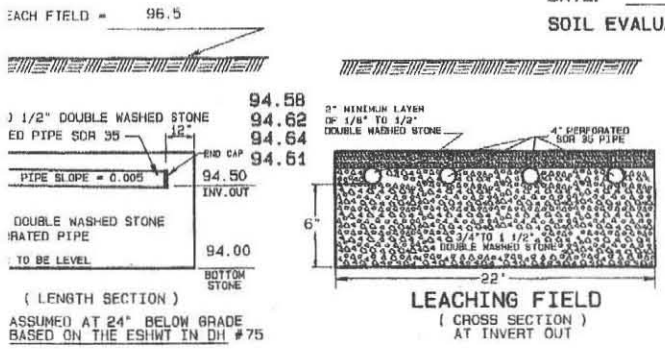
_____ _____

Date _____ Inspector _____

TEST PIT DATA

BOARD OF HEALTH WITNESS: DAVE ZAROZINSKI
DATE: SEPTEMBER 6, 2002
SOIL EVALUATOR: DOUGLAS J. MACLEAY, P.E.

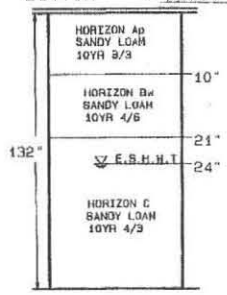
PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
75	25	40
76	14	40



LEACHING FIELD
(CROSS SECTION)
AT INVERT OUT

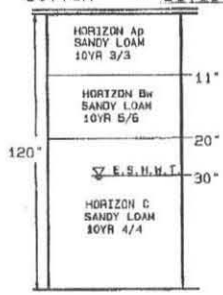
DEEP HOLE # 75

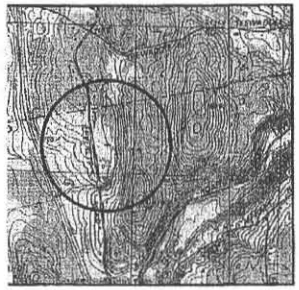
ELEV. TOP = 89.67
ESHWT = 87.67
OBS. H20 = NONE
BOTTOM = 78.67



DEEP HOLE # 76

ELEV. TOP = 91.69
ESHWT = 89.19
OBS. H20 = NONE
BOTTOM = 81.69





SITE LOCUS

1/2 MILE 1 MILE

DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE
DESIGN FLOW 110 GALLON PER DAY PER BEDROOM (4)
TOTAL DESIGN FLOW 440 GALLON PER DAY.

SEPTIC TANK

440 GALLONS X 200% = 880 GALLONS DESIGN CAPACITY.
USE 1500 GALLON REINFORCED CONCRETE SEPTIC TANK.

LEACHING FIELD

BOTTOM:
50' LENGTH X 22' WIDTH = 1100 SQUARE FEET.
1100 SQ. FT. X .40 GAL. PER SQ.FT. = 440 GAL. LEACHING.
TOTAL LEACHING CAPACITY = 440 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 GROUND WATER AND PROPERTY LINES.

GENERAL NOTES

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 _____ by L & F CONSTRUCTION for **AMHERST BUILDING CO** at **LOT 4, 305 LEVERETT ROAD**

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 05-05 dated March 25, 2005 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

Installer _____

Designer: _____ Inspector Thomas Dion

Date 7/22/05

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 4

SUB-GRADE INSPECTION

Location: 305 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

7/19/05

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 4

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.

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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

7/19/05

Property Location: 305 LEVERETT RD
Vision ID: 100695

MAP ID: 3A/ / 96/ /
Other ID: LOT 4

Bldg #: 1 **Card** 1 **of** 1 **Print Date:** 08/17/2005 14:08

CURRENT OWNER	TOPO.	UTILITIES	STRT./ROAD	LOCATION
AMHERST BUILDING COMPANY LLC 25 MAIN ST SUITE 445 NORTHAMPTON, MA 01060				

SUPPLEMENTAL DATA

Account #
Calc Frontag 150
Owner Occupi
Precinct
School

GIS ID: 3A-96

CURRENT ASSESSMENT

Description	Code	Appraised Value	Assessed Value
RES LAND	1010	101,800	101,800
RESIDNTL	1010	3,500	3,500
Total		105,300	105,300

601
AMHERST, MA

VISION

RECORD OF OWNERSHIP

	BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.
AMHERST BUILDING COMPANY LLC	7095/ 253	03/14/2003	U	V		1G

PREVIOUS ASSESSMENTS (HISTORY)

Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
2005	1300	101,800	2004	1300	76,500			
	Total:	101,800		Total:	76,500		Total:	

EXEMPTIONS

Year	Type/Description	Amount
Total:		

OTHER ASSESSMENTS

Code	Description	Number	Amount	Comm. Int.

This signature acknowledges a visit by a Data Collector or Assessor

APPRAISED VALUE SUMMARY

Appraised Bldg. Value (Card)	0
Appraised XF (B) Value (Bldg)	3,500
Appraised OB (L) Value (Bldg)	0
Appraised Land Value (Bldg)	101,800
Special Land Value	
Total Appraised Card Value	105,300
Total Appraised Parcel Value	105,300
Valuation Method:	Cost/Market Valuation
Net Total Appraised Parcel Value	**105,300**

NOTES

NEW PARCEL FY 04 OUT OF
3A-2 DWB 04/08/03
HOUSE 30% 06/30/05 DWB

BUILDING PERMIT RECORD

Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments
BLD05-795	6/3/2005	NC	New Construct	330,500				SFD,4BDRM,2CAR GA
BLD05-632	4/8/2005	NC	New Construct	0				FOUNDATION FOR SF

VISIT/CHANGE HISTORY

Date	ID	Cd.	Purpose/Result
7/12/2005	DB	03	Building Permit Review
4/8/2003	DB	50	New Parcel First year

LAND LINE VALUATION SECTION

B#	Use Code	Description	Zone	D	Frontage	Depth	Units		Unit Price	I. Factor	S.I.	C. Factor	Nbhd.	Adj.	Notes- Adj/Special Pricing	Adj. Unit Price	Land Value
1	1010	SINGLE FAM	RO30		150		30,000.00	SF	3.17	1.00	3	1.00	CU	1.05		3.33	99,900
1	1010	SINGLE FAM	RO31				10,005.00	SF	0.18	1.00	0	1.00	CU	1.05		0.19	1,900
						Total Card Land Units	40,005.00	SF	Parcel Total Land Area:			40,005 SF				Total Land Value	101,800

Property Location: 305 LEVERETT RD
Vision ID: 100695

MAP ID: 3A/ / 96/ /
Other ID: LOT 4

Bldg #: 1 **Card** 1 **of** 1 **Print Date:** 08/17/2005 14

CONSTRUCTION DETAIL

Element	Cd.	Ch.	Description
Style/ Type	53		Antique Cape
Model	01		Residential
Grade	32		Grade = 160%
Stories	1.75		1 3/4 Stories
Occupancy	1		
Exterior Wall 1	11		Clapboard
2			
Roof Structure	03		Gable/Hip
Roof Cover	03		Asph/F Gls/Cmp
Interior Wall 1	05		Drywall/Sheet
2			
Interior Floor 1	12		Hardwood
2			
Heating Fuel	02		Oil
Heating Type	04		Forced Air-Duc
AC Type	03		Central
Bedrooms	04		4 Bedrooms
Bathrooms	3		3 Bathrooms
	04		Concrete
Total Rooms	10		10 Rooms
Bath Type	02		Modern
Kitchen Style	02		Modern

Commercial Data Elements

Element	Cd.	Ch.	Description
Heat & AC			
Frame Type			
Baths/Plumbing			
Ceiling/Wall			
Rooms/Prtns			
% Common Wall			
Wall Height			

CONDO/MOBILE HOME DATA

Element	Code	Description	Factor
Complex			
Floor Adj			
Unit Location			
Number of Units			
Number of Levels			
% Ownership			

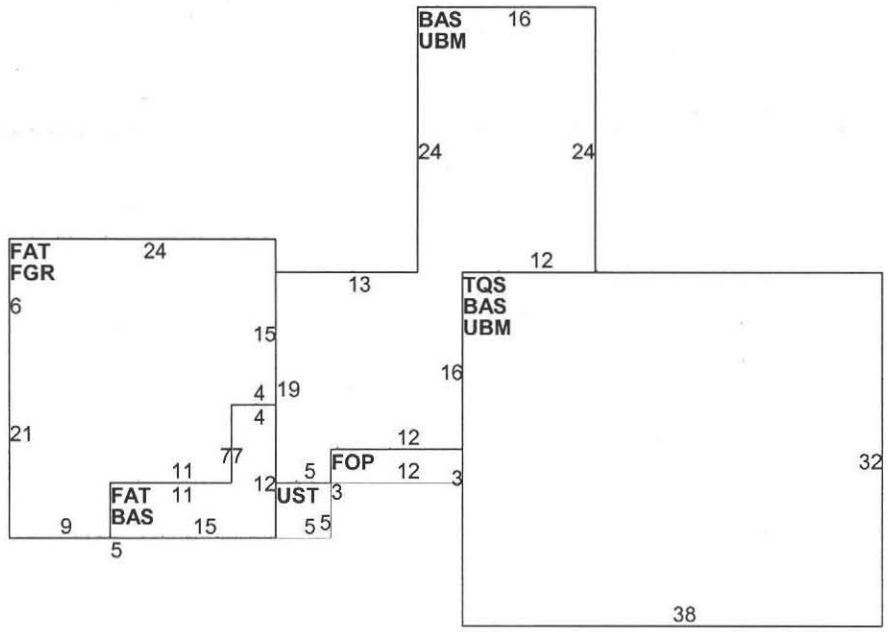
COST/MARKET VALUATION

Unadj. Base Rate	95.00
Size Adj. Factor	0.85120
Grade (Q) Index	1.68
Adj. Base Rate	135.85
Bldg. Value New	519,898
Year Built	2005
Eff. Year Built	(EX) 2004
Nrml Physcl Dep	0
Funcnl Obslnc	0
Econ Obslnc	0
Specl. Cond. Code	UC
Specl Cond %	0
Overall % Cond.	0
Deprec. Bldg Value	0

MIXED USE

Code	Description	Percentage
1010	SINGLE FAM	100

SKETCH



OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)

Code	Description	L/B	Units	Unit Price	Yr.	Dp Rt	%Cnd	Apr. Value
FPL2	FIREPLCE 1.5 S	B	1	3,500.00	2004	1	100	3,500

BUILDING SUB-AREA SUMMARY SECTION

Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,990	1,990	1,990	135.85	270,342
FAT	Attic, Finished	227	648	227	47.59	30,838
FGR	Garage, Finished	0	545	245	61.07	33,283
FOP	Porch, Open, Finished	0	36	7	26.42	951
TQS	Three Quarter Story	973	1,216	973	108.70	132,182
UBM	Basement, Unfinished	0	1,887	377	27.14	51,215
UST	Utility, Storage, Unfinished	0	25	8	43.47	1,087
Ttl. Gross Liv/Lease Area		3,190	6,347	3,827	Bldg Val:	519,898

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 # 4 (305)
STREET LEVERETT ROAD
TOWN AMHERST
JOB # 2002-072-4

DATE: 7/22/05

OWNER INFORMATION

PROPERTY OWNER AMHERST BUILDING CO.
STREET ADDRESS 25 MAIN STREET; SUITE 445
TOWN NORTHAMPTON, MA 01060

INSTALLER INFORMATION

NAME OF INSTALLER L & F CONSTRUCTION
STREET ADDRESS 608 LONG PLAIN ROAD
TOWN LEVERETT, MA 01054

OBSERVATION RESULTS

DATE OF OBSERVATION: *07/22/05*

(**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
AMHERST BUILDING COMPANY

FORM 1-APPLICATION FOR DSCP

No 05-05

Fee 100.00
ck #11266

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 4, 305 LEVERETT ROAD	AMHERST BUILDING CO 25 MAIN STREET NORTHAMPTON , MA 01060 413-586-5340
Installer's Name, Address, and Tel. #	**Designer's Name, Address and Tel. #**
	MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder NO

Other Type of Building _____ No. of Persons _____ Showers __ Cafeteria _____
Other Fixtures _____

Design Flow 440 gallons per day. Calculated daily flow 440 gallons
Plan Date 03/254/05 Number of Sheets ONE Revision Date NONE
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR LOT 4(305) LEVERETT ROAD.

Description of Soil SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS, SEASONAL HIGH GROUNDWATER AT 24" PERC RATE 25 MIN./INCH, . WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable) INSTALL SEPTIC TANK, D-BOX 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 3/29/05

Application Approved by [signature] Date 3/30/05.

Application Disapproved for the following reasons _____

Permit No. 05-05 Date Issued 3/30/05.

FORM 2-DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. 0505

Permission is hereby granted to **AMHERST BUILDING CO.** to construct (**X**) or repair () an On-site Sewage System located at

LOT 4, 305 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 March 30, 2005

Approved by David Pawlowski for Amherst Health Dept

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

1443

Received of Amherst Bldg. Department (Name) of 70 Main St. #115 Amherst, MA 01002 (Address)

For Property Located at: 30 Cowrell Rd. (Street Address) Same (Owner)

HEA009	Bakery R6510 443509	
HEA001	Bed & Breakfast R6510 443516	
HEA002	Catering License R6510 443507	
HEA003	Food Handler R6510 443515	
HEA004	Frozen Deserts R6510 443501	
HEA005	Health Dept. Housing Isp. R6510 432302	
HEA006	Massage Therapy License R6510 443504	
HEA008	Motel License R6510 443506	
HEA010	Removal of Offal R6510 443513	
HEA021	Removal of Rubbish R6510 443520	
HEA011	Percolation Test Fees R6510 432300	
HEA013	Recreation Camp License R6510 443503	
HEA014	Retail Store Permit R6510 443514	
HEA015	Sanitary Code Booklets R6510 432305	
HEA016	Septic Tank Permit-Installers R6510 443511	
HEA017	Septic Tank Permit-Private R6510 443510	$100
HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA019	Sub-Division Review Fee R6510 432306	
HEA012	Swimming Pool Permits R6510 443512	
HEA020	Tanning License R6510 443509	
HEA034	Immunization Clinic R6510 432307	
HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA022	Tobacco License R6510 443505	
HEA042	Body Arts / Tatoo R6510 443521	
HEA043	Food Service Plan Review R6510 432308	
HEA044	Porta Potties R6510 432309	
HEA045	Ice Rinks R6510 443522	
HEA046	Rental Registration R6510 432310	
HEA047	Fines R6510 48200	
HEA		
HEA		

TOTAL FEE: $100

Amherst Health Department

3/29/05
Date

OFFICE USE ONLY

CHECK #	CASH

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

```
***TOWN OF AMHERST***                T1146
MISC CASH RECEIPTS
Date / Time        : 03/29/05 11:21
Payment            : $100.00
Receipt #          : 175938
Check/Credit Card #: 11266
Paid by            : AMH BUILDING / 1443
```

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

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

1443

Received of _____ of _____
Name Address

For Property Located at: _____
Street Address Owner

HEA009	Bakery R6510 443509		HEA016	Septic Tank Permit-Installers R6510 443511	
HEA001	Bed & Breakfast R6510 443516		HEA017	Septic Tank Permit-Private R6510 443510	100
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

Amherst Health Department

Date

OFFICE USE ONLY

CHECK #	CASH

TOWN OF AMHERST T1146
MISC CASH RECEIPTS
Date / Time : 03/29/05 11:21
Payment : $100.00
Receipt # : 175938
Check/Credit Card #: 11266

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

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

FORM 1-APPLICATION FOR DSCP Plans

No 0505

Fee 100.00
ck #11266

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 4, 305 LEVERETT ROAD	AMHERST BUILDING CO 25 MAIN STREET NORTHAMPTON , MA 01060 413-586-5340
Installer's Name, Address, and Tel. #	**Designer's Name, Address and Tel. #**
	MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder NO

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

Design Flow 440 gallons per day. Calculated daily flow 440 gallons
Plan Date 03/254/05 Number of Sheets ONE Revision Date NONE
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR LOT 4(305) LEVERETT ROAD.

Description of Soil SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS, SEASONAL HIGH GROUNDWATER AT 24" PERC RATE 25 MIN./INCH, . WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable)INSTALL SEPTIC TANK, D-BOX 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 3/29/05

Application Approved by _____ Date _____.

Application Disapproved for the following reasons_____

Permit No. _____ Date Issued _____.

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 _____ by L & F CONSTRUCTION for **AMHERST BUILDING CO** at **LOT 4, 305 LEVERETT ROAD**

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 05-05 dated March 25, 2005 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

_____

Installer_____

Designer:_____ Inspector_____

Date_____

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 _____ by L & F CONSTRUCTION for **AMHERST BUILDING CO** at **LOT 4, 305 LEVERETT ROAD**

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 05-05 dated March 25, 2005 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 _____ Inspector _____

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 _____ by L & F CONSTRUCTION for **AMHERST BUILDING CO** at **LOT 4, 305 LEVERETT ROAD**

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 05-05 dated March 25, 2005 Use of this system is conditioned on compliance with the provisions set forth below:

_____

_____

_____

_____

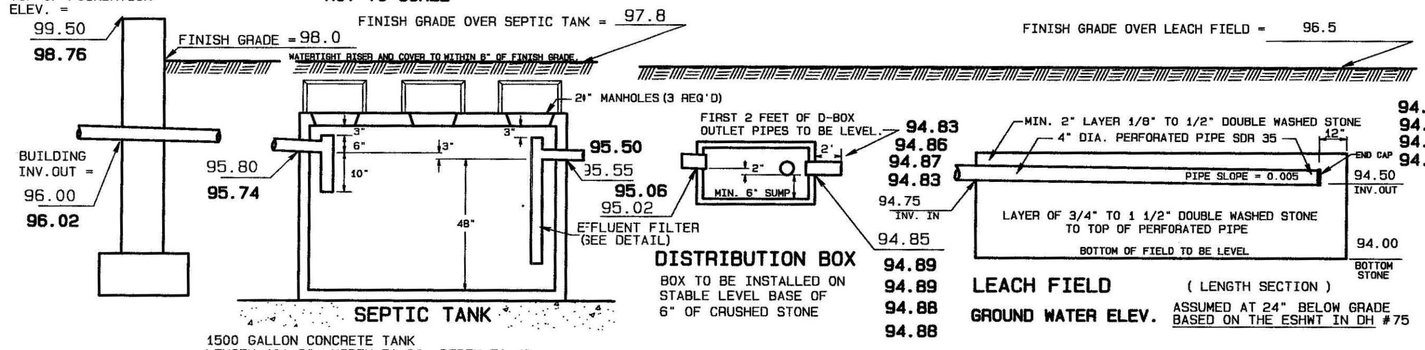
The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. The Certificate expires on

_____ _____

Date _____ Inspector _____

SANITARY SYSTEM PROFILE

NOT TO SCALE



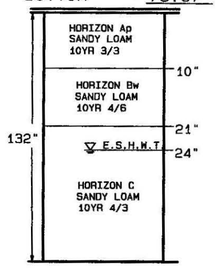
1500 GALLON CONCRETE TANK
LENGTH 10'-6", WIDTH 5'-8", DEPTH 5'-4"
TANK TO BE INSTALLED ON A STABLE LEVEL BASE (6" DEEP CRUSHED STONE)
INLET AND OUTLET TEES LOCATED ON THE CENTERLINE OF THE TANK.

TEST PIT DATA

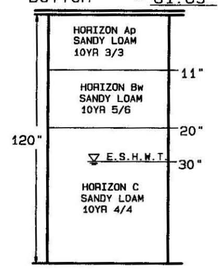
BOARD OF HEALTH WITNESS: DAVE ZAROZINSKI
DATE: SEPTEMBER 6, 2002
SOIL EVALUATOR: DOUGLAS J. MACLEAY, P.E.

PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
75	25	40
76	14	40

DEEP HOLE # 75
ELEV. TOP = 89.67
ESHWT = 87.67
OBS. H20 = NONE
BOTTOM = 78.67



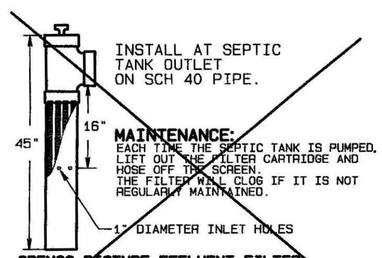
DEEP HOLE # 76
ELEV. TOP = 91.69
ESHWT = 89.19
OBS. H20 = NONE
BOTTOM = 81.69



NOTES:

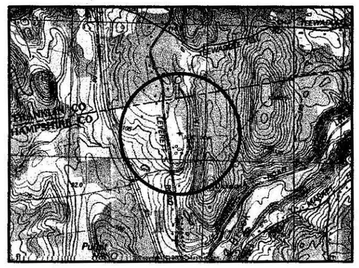
1. THIS PLAN IS FOR THE CONSTRUCTION OF A NEW SEPTIC SYSTEM.
2. REMOVE TOPSOIL & SUBSOIL BENEATH THE LEACHING FIELD AND TO 5' ON ALL SIDES OF THE FIELD. REPLACE WITH FILL MATERIAL MEETING THE SPECIFICATIONS OF 310 CMR 15.255(3). (TITLE 5, 310 CMR 15.255(5).)
3. TITLE 5 REQUIRES OBSERVATION OF THE INSTALLED 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.
4. ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.

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 FEBRUARY 20, 2003, H.C. REG. OF DEEDS PAGE 195, PAGE 111.



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

POLYLOCK



SITE LOCUS

0 1/2 MILE 1 MILE

DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE
DESIGN FLOW 110 GALLON PER DAY PER BEDROOM (4)
TOTAL DESIGN FLOW 440 GALLON PER DAY.

SEPTIC TANK
440 GALLONS X 200% = 880 GALLONS DESIGN CAPACITY.
USE 1500 GALLON REINFORCED CONCRETE SEPTIC TANK.

LEACHING FIELD
BOTTOM:
50' LENGTH X 22' WIDTH = 1100 SQUARE FEET.
1100 SQ. FT. X .40 GAL. PER SQ.FT. = 440 GAL. LEACHING.
TOTAL LEACHING CAPACITY = 440 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 GROUND WATER AND PROPERTY LINES.

GENERAL NOTES

1. 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM EXCEPT WHERE OTHERWISE NOTED.
2. FROM HOUSE OUT TO SEPTIC TANK: SCHEDULE 40 PVC
   MINIMUM GRADE: 1/4 INCH PER FOOT (2%)
3. FROM SEPTIC TANK TO DISTRIBUTION BOX TO FIELD: SDR 35 PVC
   MINIMUM GRADE: 1/8 INCH PER FOOT (1%)
4. 4" SDR 35 PERFORATED PIPE TO BE USED IN LEACHING AREA.
5. AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
6. ELEVATIONS BASED ON ASSUMED DATUM
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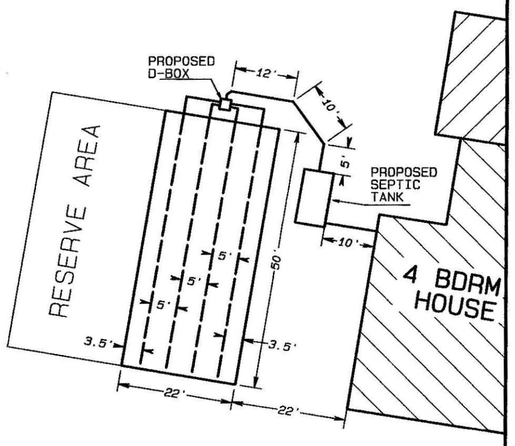
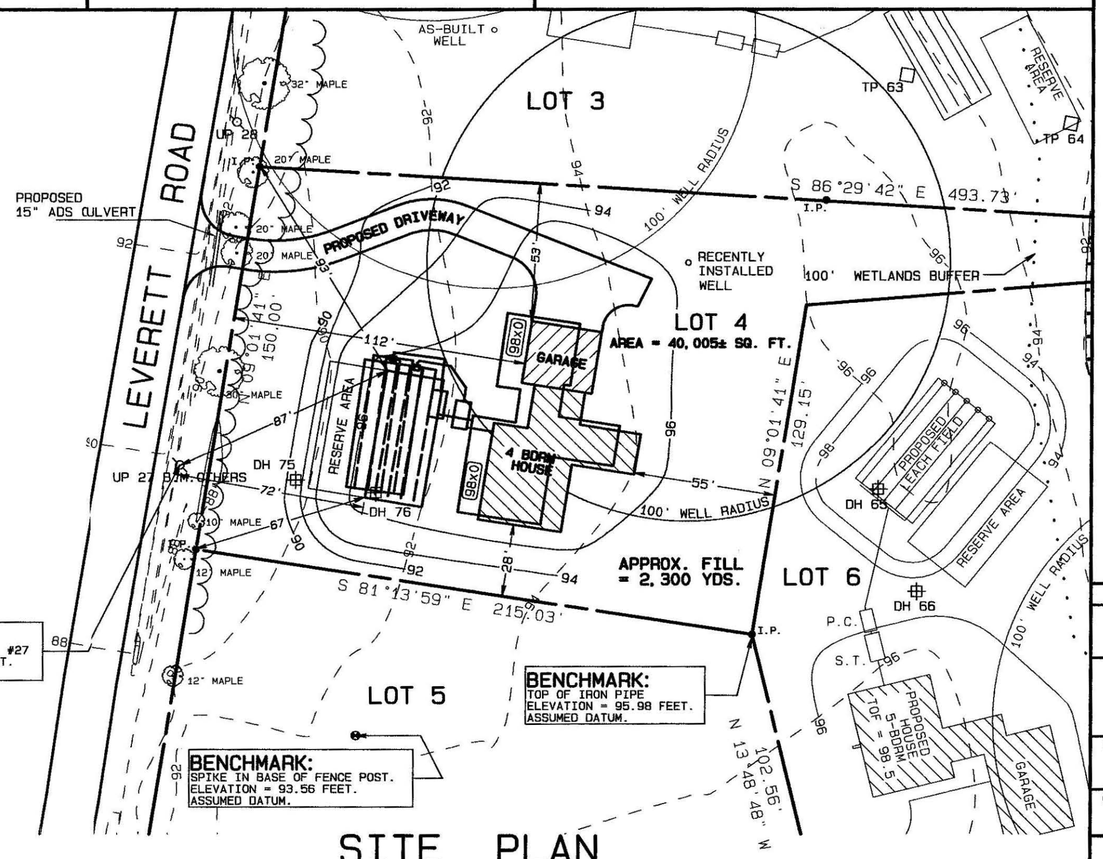
9. THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.



SYSTEM DIMENSIONS
SCALE: 1" = 20'

LEGEND

- 100 — EXISTING CONTOURS
- 100 — PROPOSED CONTOURS
- 4" SDR 35 PERFORATED PIPE
- 4" SDR 35 SOLID PIPE
- WATER LINE
- FENCE
- EDGE OF WETLAND
- PROPERTY LINE
- 98x0 SPOT GRADES
- AS BUILT



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

AS BUILT LOCATIONS AND ELEVATIONS BASED ON A FIELD SURVEY PERFORMED BY MACLEAY ASSOCIATES DATED 7/22/05

SYSTEM INSTALLED BY:
L & F CONSTRUCTION
608 LONG PLAIN ROAD
LEVERETT, MA 01054
(413) 665-3788

SHEET NO. 1 OF 1.

REV.	DATE	BY	DESCRIPTION	APPR.
1	7/22/05	J.M.	AS BUILT	D.M.

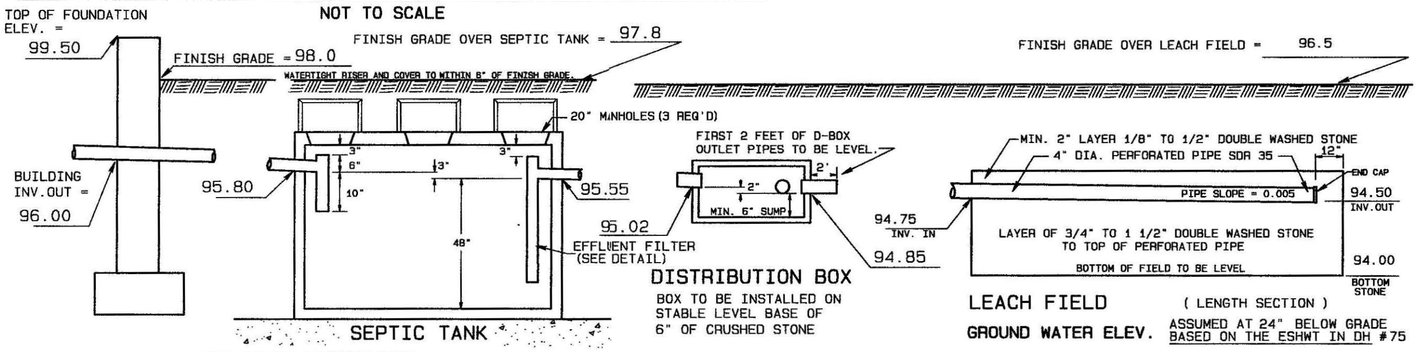
SCALE: AS SHOWN
DRN. BY: J.M.
CHECKED: D.M.
APPROVED: COMMONWEALTH OF MASSACHUSETTS — DOUGLAS J. MacLEAY CIVIL NO. 34203 — REGISTERED PROFESSIONAL ENGINEER

TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS.
FOR: AMHERST BUILDING COMPANY, LLC
LOT 4, 305 LEVERETT ROAD
DATE: MARCH 25, 2005
JOB NO. 2002-072-4

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

SANITARY SYSTEM PROFILE

NOT TO SCALE



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OBS. H20 = NONE
BOTTOM = 78.67

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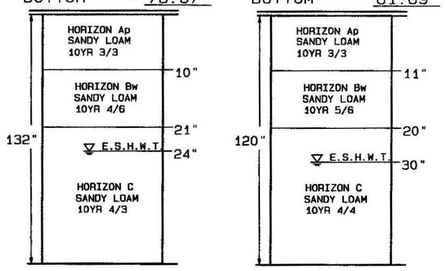

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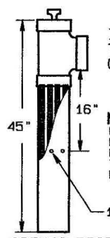
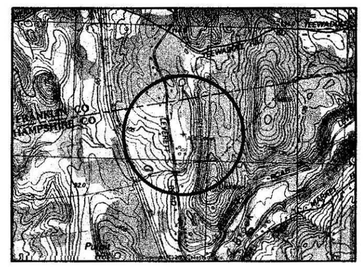


INSTALL AT SEPTIC TANK OUTLET ON SCH 40 PIPE.

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.

1" DIAMETER INLET HOLES

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



SITE LOCUS

0 1/2 MILE 1 MILE

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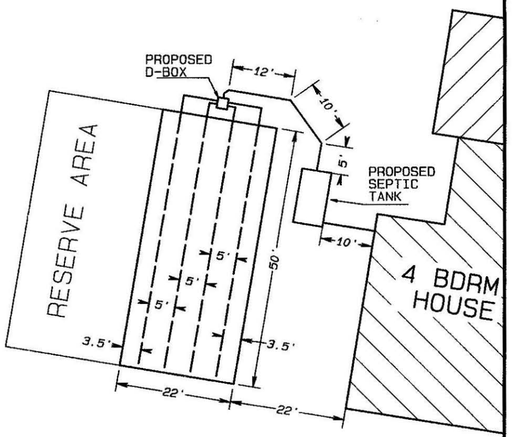
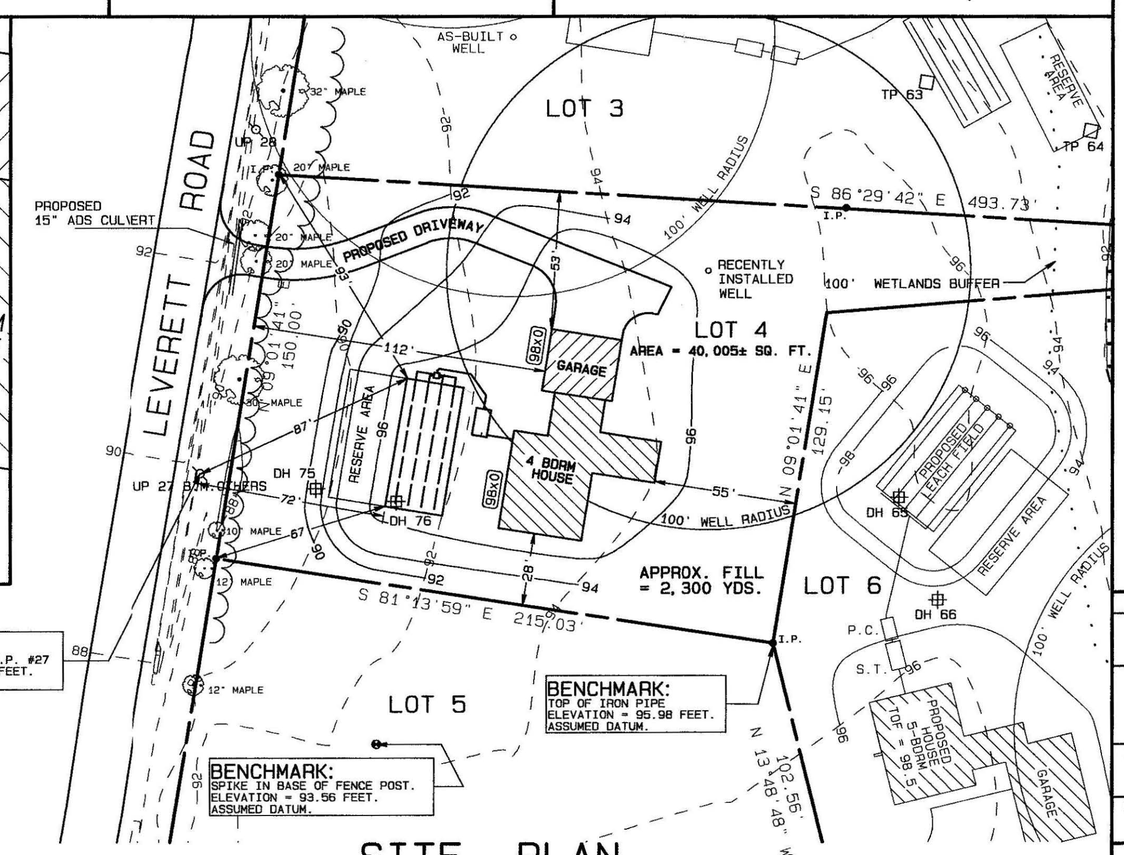


SYSTEM DIMENSIONS

SCALE: 1" = 20'



SITE PLAN

GRAPHIC SCALE 1"=40'

0 40 80 120

SHEET NO. 1 OF 1.

REV.	DATE	BY	DESCRIPTION	APPR.

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

COMMONWEALTH OF MASSACHUSETTS — DOUGLAS J. MacLEAY — CIVIL — NO. 31209 — REGISTERED PROFESSIONAL ENGINEER

TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS.
FOR: AMHERST BUILDING COMPANY, LLC
LOT 4, 305 LEVERETT ROAD
DATE: MARCH 25, 2005
JOB NO. 2002-072-4

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