

317 LOT3 LEVERETT RD.

map



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification (continued)

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

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 conditions described in 310 CMR 15.303 or in 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.

Answer YES, NO, or Not Determined (Y,N, or ND). in the ____ 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.

ND explain:

_____ Observation of sewage backup or breakout or high static water level in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled, or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
 obstruction is removed
 distribution box is leveled or replaced

ND explain:

_____ 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
 obstruction is removed

ND explain:

B.O.H. COPY

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION



TITLE 5 INSPECTION FORM

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

**Part A
Certification**

Property Address: 317 Leverett Road Amherst, Mass. 01002
Name of Owner: Melissa & Scott Tarra

Date of Inspection: August 21, 2006
Address of Owner:

Name of Inspector: Philip J. Pasiecznik
Company Name: Greg's Wastewater Removal
239A Greenfield Road
S. Deerfield, MA 01373

Company Phone: (413) 665 - 3989

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate, and complete, as of the time of 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
- Needs Further Evaluation by the local Approving Authority
- Fails

INSPECTOR'S SIGNATURE:

Philip J. Pasiecznik

DATE:

8/21/06

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

NOTES AND COMMENTS: No failure criteria as described on page four of this inspection form was found at the time of inspection of this system. System Design Plan was obtained from property owner for the purpose of this inspection.

***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.

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A

Certification (continued)

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

D] SYSTEM FAILURE CRITERIA applicable to all systems:

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

- | YES | NO | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the Soil Absorption System, cesspool, or privy is below the high groundwater elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone I of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exists as defined 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.

You must indicate either "Yes" or "No" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | The system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 threat, or answered "yes" in Section D above the large system has failed. The owner or operator or 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.

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part A
Certification (continued)

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH

Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety, 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 THE 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.

- 2) **SYSTEM WILL FAIL UNLESS 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 THE ENVIRONMENT:**

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to 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 and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

- 3) Other _____

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C

SYSTEM INFORMATION

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

FLOW CONDITIONS

Residential:

Number of bedrooms (design): 5 Number of bedrooms (actual) 5
DESIGN Flow: 550 G.P.D. (based on 310 CMR 15.203 - for example: 110 gpd x # of bedrooms)
Number of current residents: 4
Is Garbage Grinder present (yes or no) No
Is laundry on a separate sewage system (yes or no) No if yes separate inspection required
Laundry system inspected (yes or no) _____
Seasonal Use (yes or no) No
Water Meter readings - if available
(last two (2) year usage (gpd) Private Well Not Metered
Sump Pump (yes or no) No
Last Date of Occupancy: Currently Occupied

Commercial/Industrial:

Type of establishment: _____
Design flow: (Based on 310 CMR 15.203) _____ gallons per day
Basis of design flow (seats/persons/sqft, etc.) _____
Grease trap present (yes or no) _____
Industrial Waste Holding Tank present (yes or no) _____
Non-sanitary waste discharged to the Title 5 system
(yes or no) _____
Last Date of Occupancy/Use: _____

OTHER (describe): _____

GENERAL INFORMATION

PUMPING RECORDS

Source of information: System septic tank hasn't been pumped since installation.
Was system pumped as part of the inspection: Yes
(yes or no)
If YES -enter volume pumped 1500 gallons
Reason for pumping: How was the quantity pumped determined? Tank Dimensions and Design Plan Tank Inspection and Clean Outlet Filter

TYPE OF SYSTEM:

Septic Tank / Soil Absorption System Single Cesspool
 Overflow Cesspool Privy

Shared system (yes or no) (if yes, attach previous inspection records, if any) No
Innovative/Alternative technology. Attach a copy of up the current operation and maintenance contract (to be obtained from system owner) _____
Tight Tank _____ Attach a copy of DEP Approval _____
OTHER (describe): Pressure Distribution System (No D-Box)
Approximate age of all components, date installed (if known) and source of information:
2 Years Old / May 14, 2004 / As Built
Were sewage odors detected when arriving at site: (yes or no) No

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Part B
CHECKLIST

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

Check if the following have been done. You **must** indicate either "Yes" or "No" as to each of the following:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was requested of the owner, occupant, or Board of Health. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the Soil Absorption System, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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:

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 (3)(b)] |

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Part C

SYSTEM INFORMATION (continued)

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

TIGHT or HOLDING TANK: N/A (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 in gallons _____

Design flow in gallons per day _____

Alarm present (Yes or No) _____

Alarm level _____

Alarm in working order Yes No

Date of last pumping _____

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

DISTRIBUTION Yes No (If present, MUST be opened - locate on site plan)

BOX

Depth of liquid level above outlet invert: No Box Present

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.) No Box Present

PUMP CHAMBER: (located on site plan)

Pumps in working order: (Yes or No) Yes

Alarms in working order: (Yes or No) Yes

Comments: (Note condition of pump chamber, condition of pumps and appurtenances, etc.) The pump chamber was in good condition. Pump was tested and in good working order. All floats were tested and in good working order. No solids carryover was in the pump chamber. Liquid was cycled from the pump chamber to the leachfield as part of this inspection.

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Part A

Certification (continued)

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

BUILDING SEWER (Locate on site plan):

Depth below grade: 30"

Material of construction: _____ cast iron XXX 40 PVC _____ other (explain)

Distance from private water supply well or suction line Well is 55' from where building sewer pipe exits dwelling.

Diameter 4"

Comments: (condition of joints, venting, evidence of leakage, etc.) Joints were in good condition. Venting was visible outside the dwelling on roof. No leakage was evident.

SEPTIC TANK (locate on site plan):

Depth below grade: 24"

Material of Construction: Concrete Metal Fiberglass Polyethylene _____ Other (explain)

If tank is metal, list age _____ Is age confirmed by Certificate of Compliance _____
(Yes/No) (If "Y", attach copy of Certificate of Compliance)

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

Dimensions:

5"

Sludge Depth

26"

Distance from top of sludge to bottom of outlet tee or baffle

4"

Scum thickness

6"

Distance from top of scum to top of outlet tee or baffle

13"

Distance from bottom of scum to bottom of outlet tee or baffle

Measured

How dimensions were determined:

Comments: (On pumping recommendations, inlet & outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.) The septic tank should be pumped and the outlet filter cleaned every two to three years. PVC Inlet tee was in place and extends 10" below the flow line. PVC Outlet tee and filter was in place and extends 17" below the flow line. Structural integrity of the septic tank was good. The liquid level was at the outlet invert. No leakage was evident. Risers on the septic tank covers were 12" below grade.

GREASE TRAP (locate on site plan):

Depth below grade: N/A

Material of Construction: Concrete Metal Fiberglass Polyethylene Other (explain) _____

Dimensions

Scum thickness

Distance from top of scum to top of outlet tee / baffle

Distance from bottom of scum to bottom of outlet tee / baffle

Date of last pumping:

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

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C

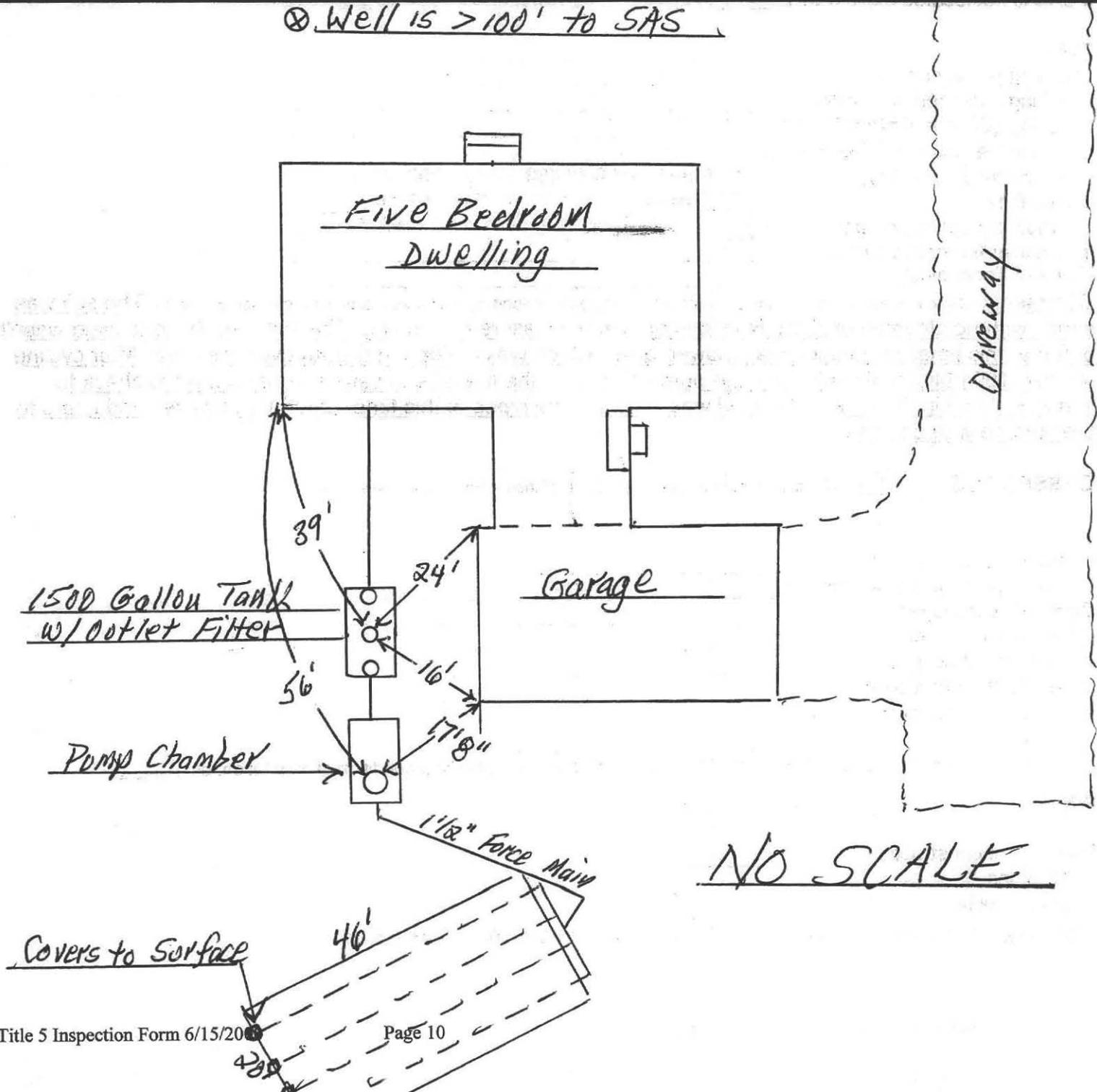
SYSTEM INFORMATION

Property Address: 317 Leverett Road Amherst, Mass. 01002
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SKETCH OF SEWAGE DISPOSAL SYSTEM:

{Provide a Sketch 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.

⊗ Well is > 100' to SAS



NO SCALE

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
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Part C

SYSTEM INFORMATION (continued)

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

SOIL ABSORPTION SYSTEM

(SAS):

(locate on site plan, if possible; excavation not required.)

If SAS is not located explain why: _____

TYPE:

Leaching pits & number _____
Leaching chambers & number _____
Leaching galleries & number _____
Leaching trenches, number, length _____
Leaching fields, number, dimensions 4 - Pipe Leachfield 46ft. Long x 20ft. Wide
(Pressure Distribution per Design Plan)
Overflow cesspool, number _____
Innovative/Alternative system: _____
Name of Technology: _____

Comments: (Note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.) The soil was sandy with no clogging evident. No signs of hydraulic failure or ponding. The soil over the leachfield wasn't damp at this time. Vegetation was mowed grass which was uniform in growth over this area. After cycling approx. 150 gallons of liquid from the pump chamber, the lateral end valves were opened to check for standing liquid in the pipes. No liquid was visible in the pipes at this time. Lateral end valves had risers to the surface with covers..

CESSPOOLS (Cesspool must be pumped as part of inspection - locate on site plan)

Number & 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 or No)

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.) _____

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Part C
SYSTEM INFORMATION (continued)

Property Address: 317 Leverett Road Amherst, Mass. 01002
Owner: Melissa & Scott Tarra
Date of Inspection: August 21, 2006

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

Estimated Depth to Groundwater > 5 Feet

Please indicate (check) all the methods used to determine High Groundwater Elevation:

- Obtained from system design plans on record - If checked, date of design plan reviewed: October 8, 2003 MacLeay Associates, Inc.
- 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:**
Site Exam and Design Plan (Test Pit Data Attached)

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Very faint, illegible text in the upper middle section.

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TEST PIT DATA

BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI
 DATE: DECEMBER 6, 2001
 SOIL EVALUATOR: CHRISTIAN BOYSEN

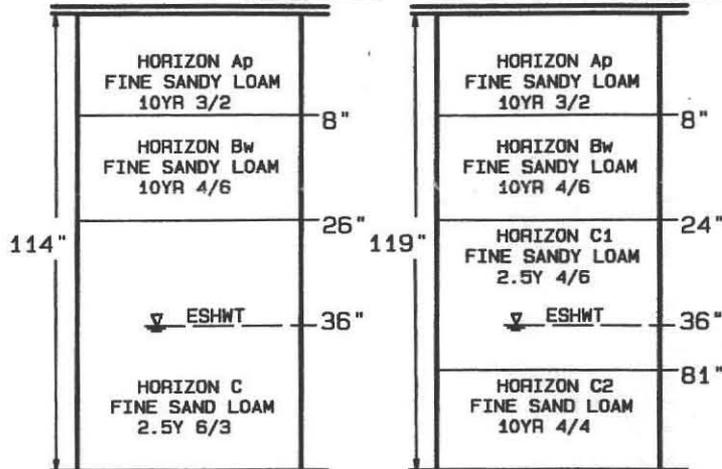
PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
63	4	42
68	10	48

TEST PIT # 63

ELEV. TOP = 94.56
 ESHWT = 91.56
 OBS. H2O = NONE
 BOTTOM = 85.06

TEST PIT # 68

ELEV. TOP = 93.41
 ESHWT = 90.41
 OBS. H2O = NONE
 BOTTOM = 83.49



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

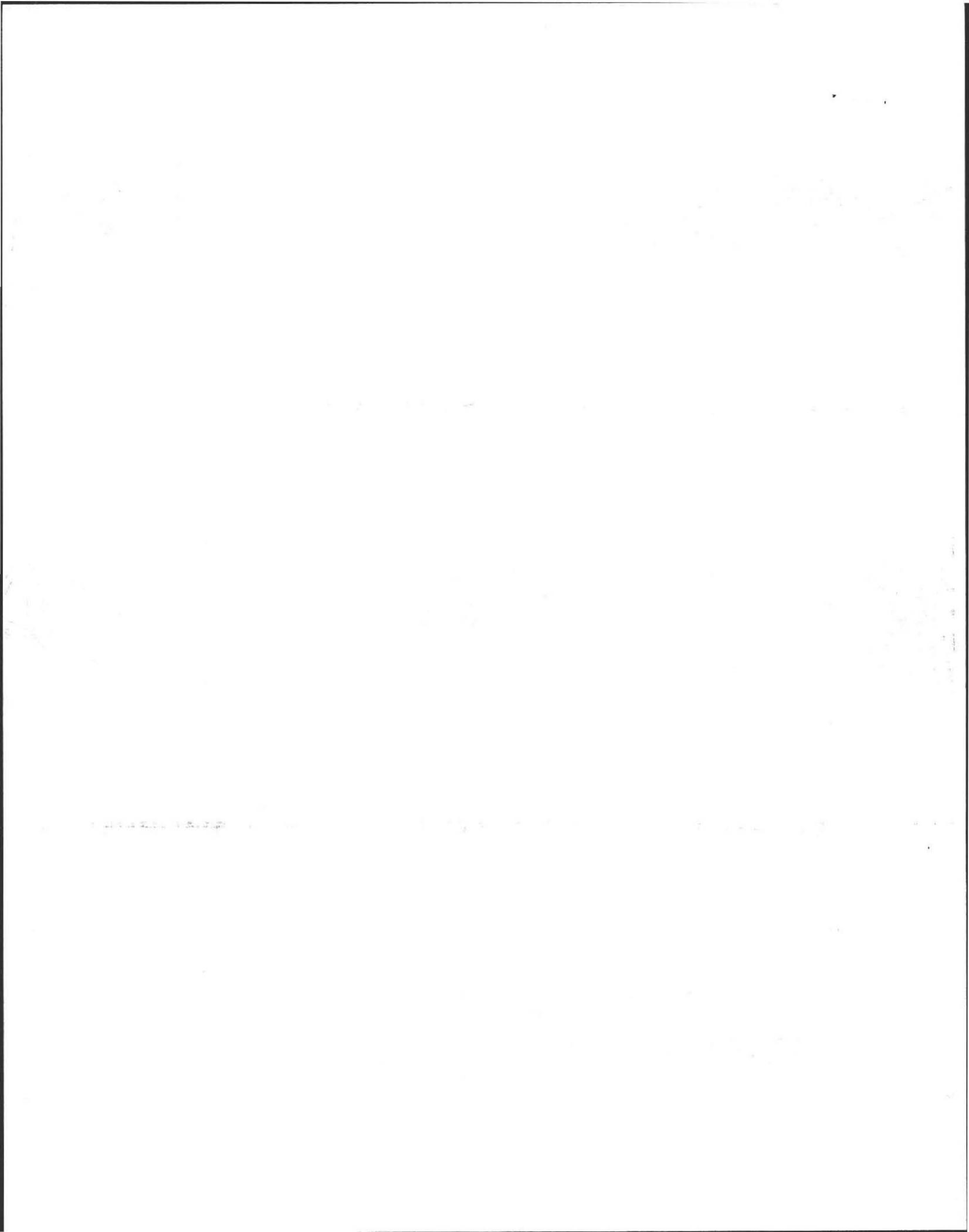
BOTTOM:

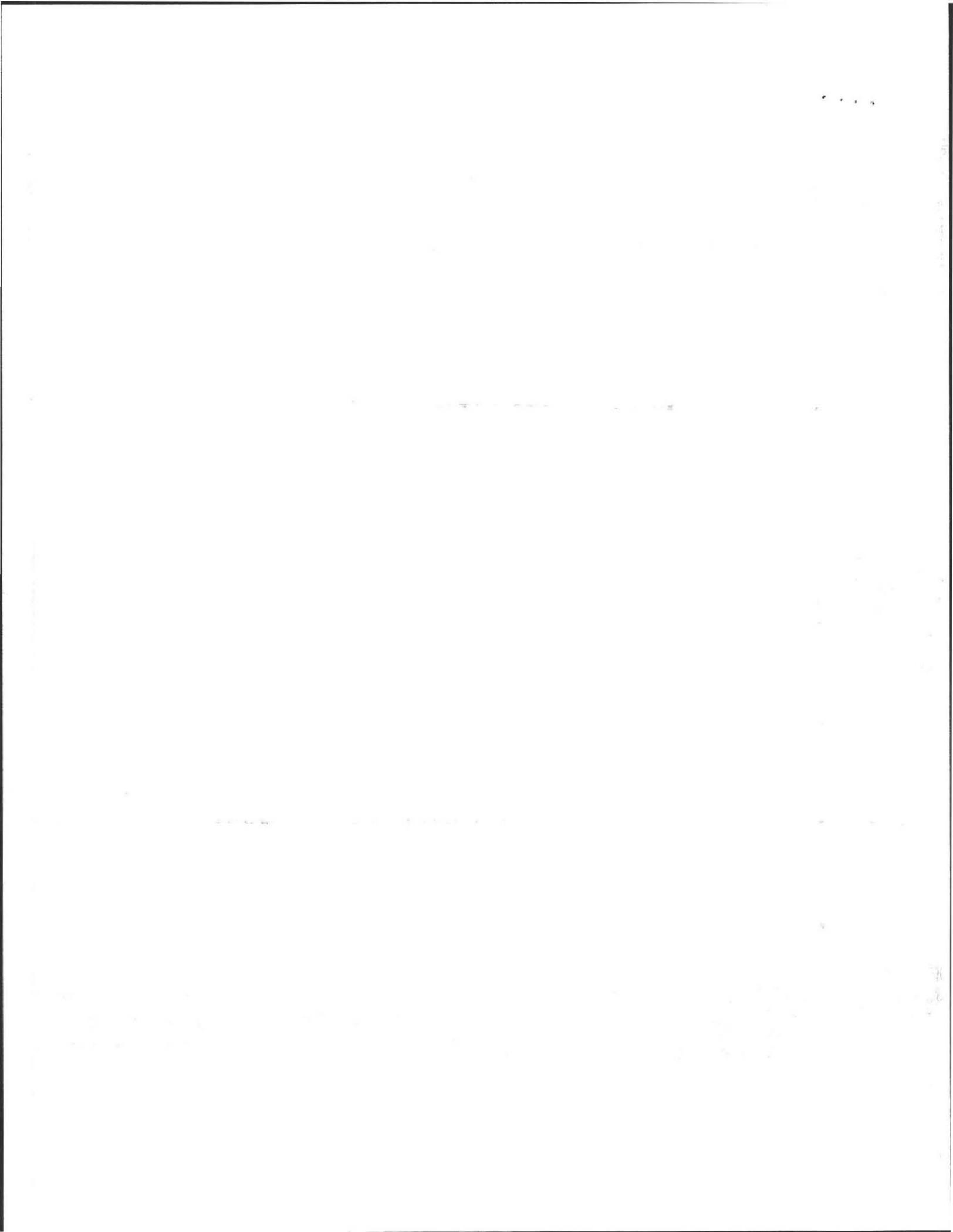
46' LENGTH X 20' WIDTH = 920 SQUARE FEET.
920 SQ. FT. X .60 GAL. PER SQ.FT. = 552 GAL. LEACHING.
 TOTAL LEACHING CAPACITY = 552 GALLONS PER DAY.

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

GENERAL NOTES

- 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM EXCEPT WHERE OTHERWISE NOTED.
- 4" SDR 35 PERFORATED PIPE TO BE USED IN LEACHING AREA.
- 1500 GALLON REINFORCED CONCRETE SEPTIC TANK.
- AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
- ELEVATIONS BASED ON ASSUMED DATUM





- 4" SDR 35 PERFORATED PIPE
- 4" SDR 35 SOLID PIPE
- #---#--- WATER LINE
- X---X--- EROSION BARRIER
- *---*--- EDGE OF WETLAND
- CENTERLINE STREAM
- PROPERTY LINE
- o o o o o o o o o o STONEWALL
- **AS-BUILT**

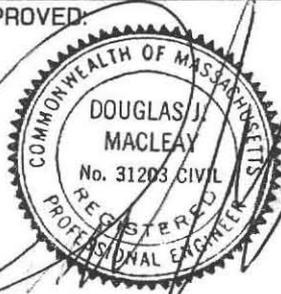
A-8

**AS-BUILT LOCATIONS AND ELEVATIONS
ARE BASED ON FIELD SURVEY BY
MACLEAY ASSOCIATES, INC.
ON MAY 14, 2004.**

**SYSTEM INSTALLED BY:
L&F CONSTRUCTION
608 LONG PLAIN ROAD
LEVERETT, MA**

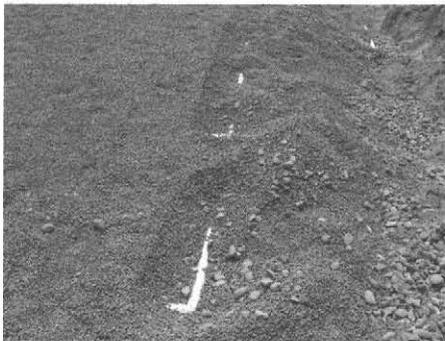
1284.50'
85°19'32"
PROPOSED
90'

SHEET NO. 1 OF 1.

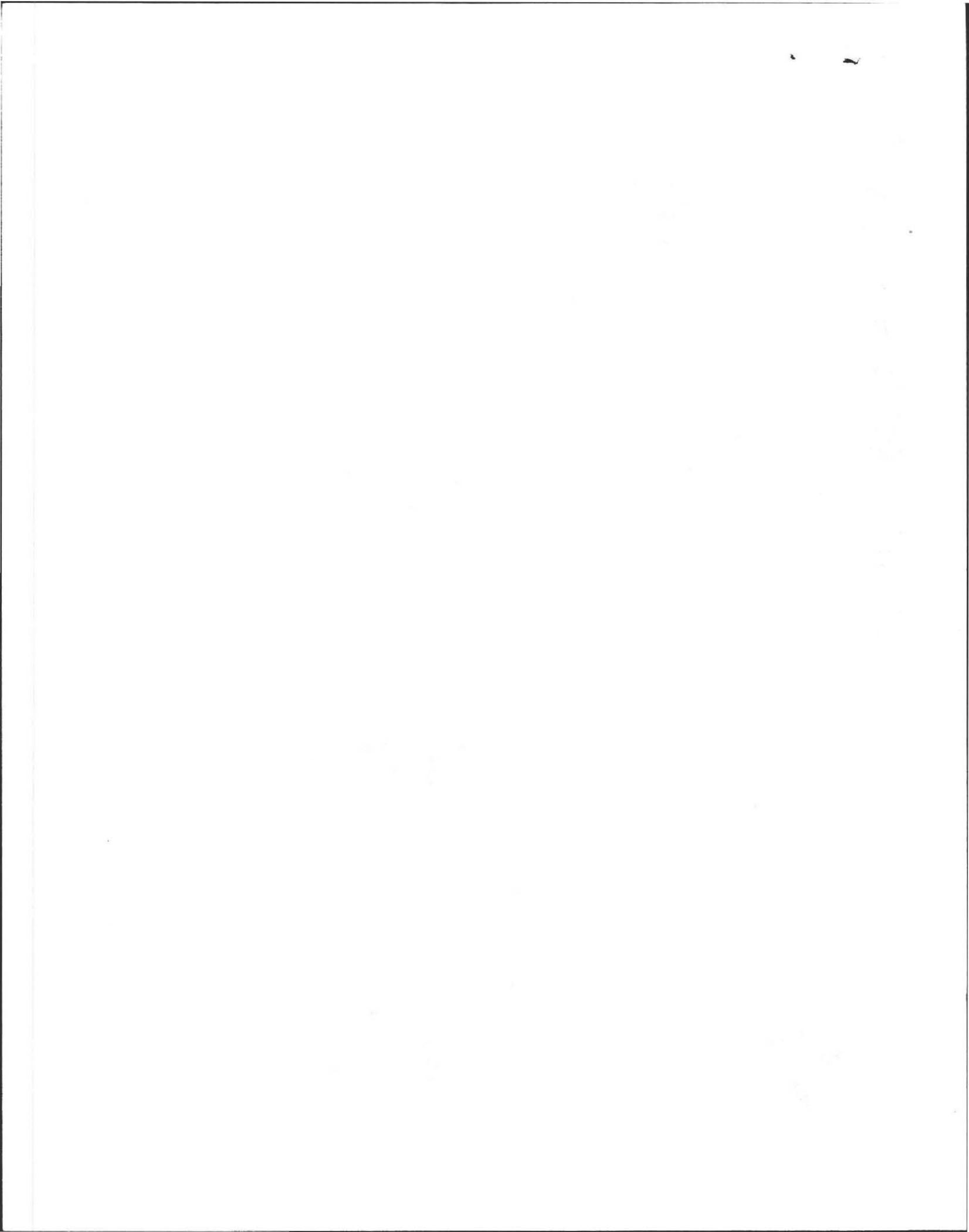
SCALE			REV.	DATE	BY	DESCRIPTION	APPR.
AS SHOWN			1	8/14/04	S.K.	AS-BUILT	D.M.
DRN. BY			1	10/30/03	S.K.	ADDED BENCHMARK	D.M.
CHECKED		TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS					
D.M.		FOR: AMHERST BUILDING COMPANY, LLC 317 LEVERETT ROAD					
		DATE: OCTOBER 8, 2003			JOB NO. 2002-072-3		

MacLEAY ASSOCIATES, INC.
 102 BRIDGE STREET, SHELBURNE FALLS, MA 01370
 TELEPHONE: (413) 625-9774 FAX: (413) 625-9704

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317 Leverett Road Lot # 3 5/14/04
Engineer: D. MacLeay
Installer: LAF CONSTRUCTION



FORM 1-APPLICATION FOR DSCP

No. 03-21

Revised

Fee 100

cut # 10165

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. <u>3</u> <u>317</u> LOT 3 LEVERETT ROAD	Owner's Name, Address and Tel. # 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 5 Garbage Grinder NO

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

Design Flow 550 gallons per day. Calculated daily flow 552 gallons
 Plan Date 10/08/03 Number of Sheets ONE Revision Date NONE
 Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR
LOT 3 LEVERETT ROAD.

Description of Soil SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS,
SEASONAL HIGH GROUNDWATER AT 36" PERC RATE 10 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 aforescribed 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.

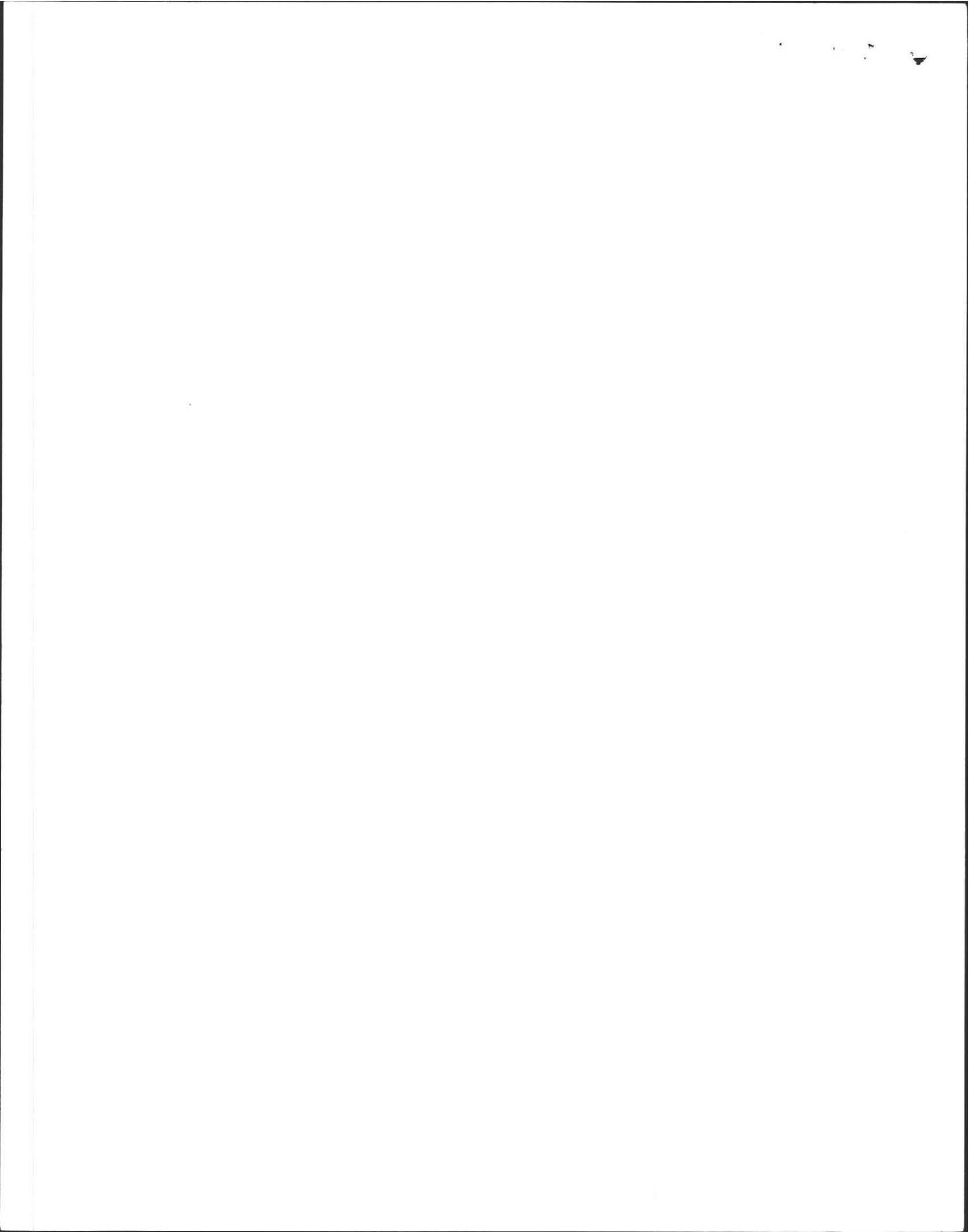
Signed Mark Unst Date 10.21.03

Application Approved by David Zarozinski Date 11/2/03

Application Disapproved for the following reasons _____

Permit No. 03-21
Revised

Date Issued 11/12/03



FORM 2-DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. 03-21
Renewal

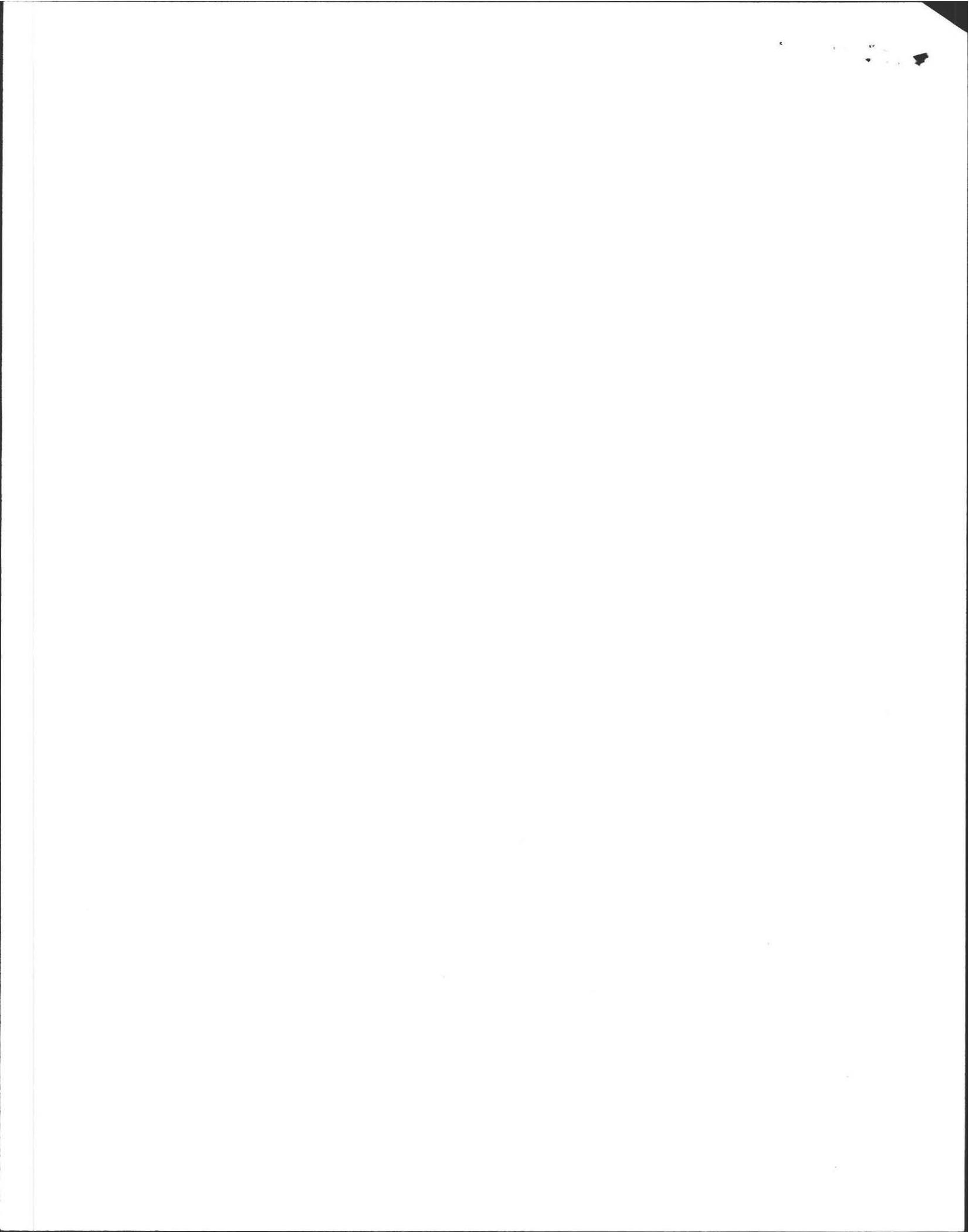
Permission is hereby granted to AMHERST BUILDING CO. to construct (X) or
repair () an On-site Sewage System located at
317 LOT 3 LEVERETT ROAD

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 11/12/03

Approved by *David J. [Signature]*
Health Officer



Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

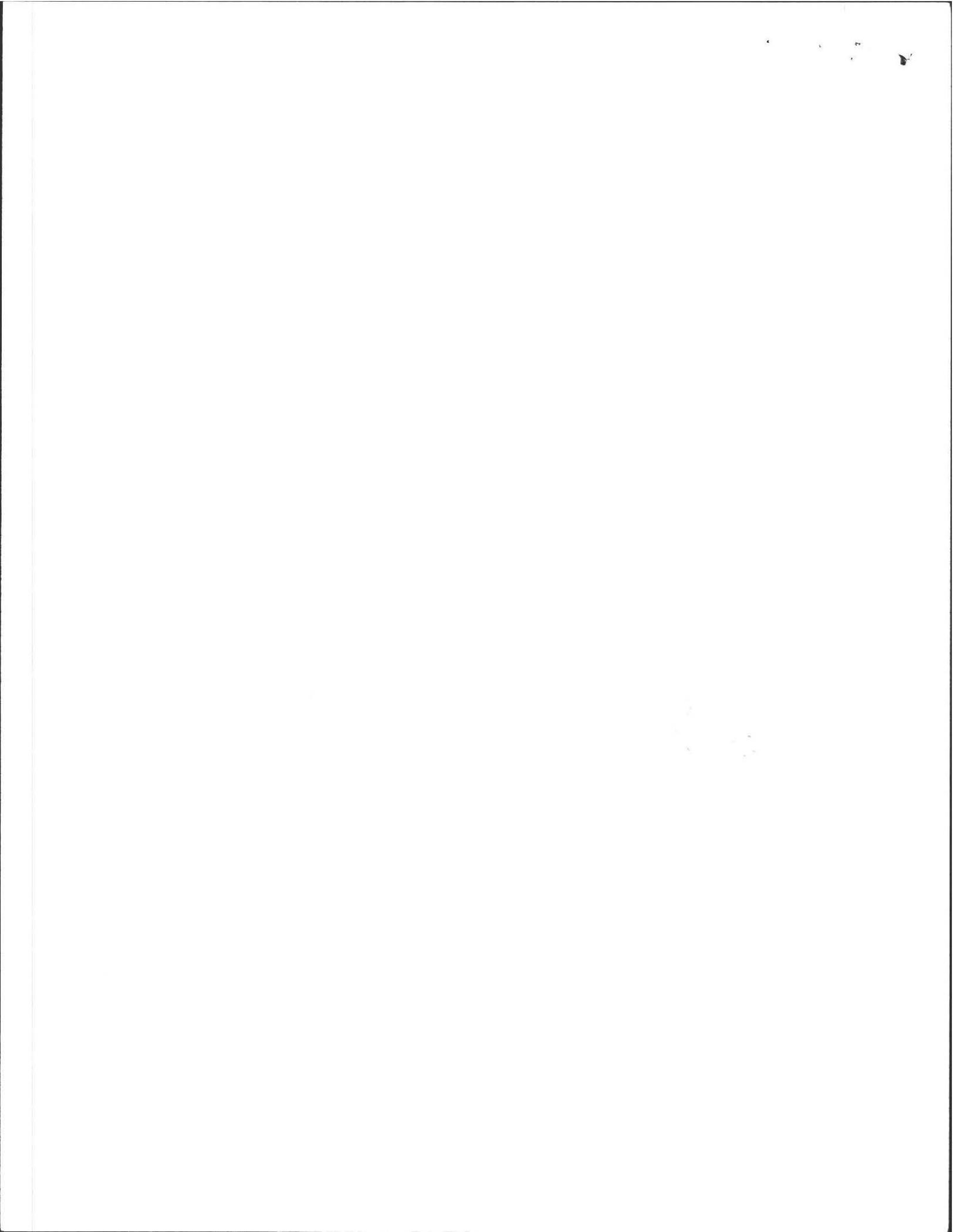
This is to Certify, that the On-site Sewage Disposal System installed (X) or repaired/replaced () on _____ by _____ for AMHERST BUILDING CO at 317 LOT 3 LEVERETT ROAD

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 03-21 Rev. dated 10/30/03 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 5/14/04

Inspector Thomas Stein



Commonwealth of Massachusetts

Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: Charita Boyer Date: 12/5/01
Witnessed By: David Zarrink

Location Address of: Lot # <u>Deep Holes 63+64</u>	Owner's Name: <u>Stowell Prop</u> Address of: Telephone:
New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	

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:

Leverett Rd

Holes 63+64

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

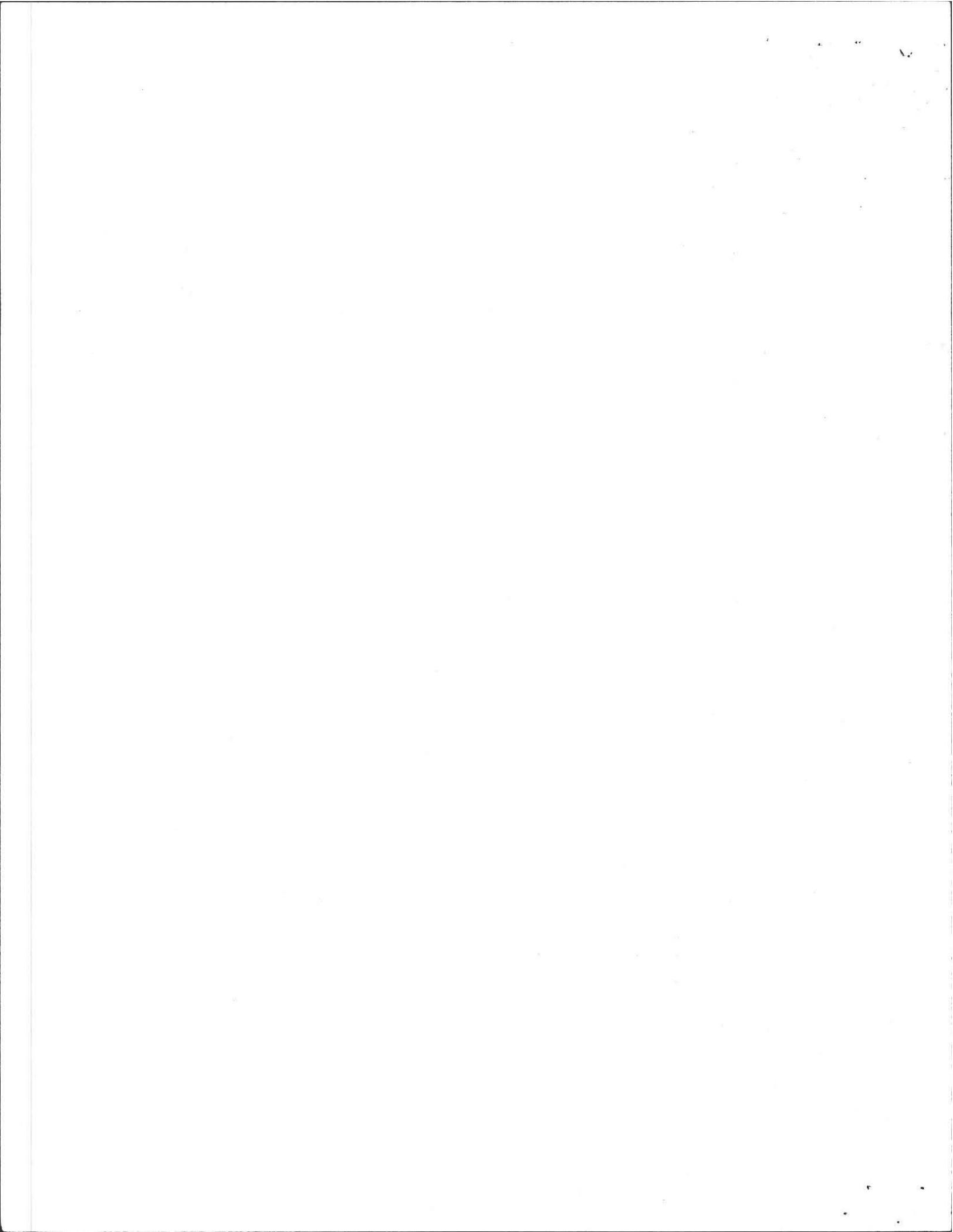
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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 _____



Cornett Rd

Holes 63+64

On-Site Review

Deep Hole Number 63 Date: 12/5/61 Time 3:30
Weather Sunny 60
Location (identify on site plan) _____
Land Use Field Slope (%) 3
Surface Stone _____
Vegetation: grass

Landform: Till Terrace

EASTERN TOP OF Terrace

Position on Landscape (sketch on back) _____

Distances from:

Open Water Body 200 feet Drainageway 100 feet
Possible Wet Area 100 feet Property Line 200 feet
Drinking Water Well 200 feet Other _____
TO 30' below 1

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	Ap	FSL	10YR 3/2	-	Loose chunk MAY HAVE FINE ROOTS
26	Bw	FSL	10YR 4/6	36	MASSIVE FRIABLE 20% gravel
114	C	FSL	2.5Y 6/3	114 2.5Y 4/3	MASSIVE FRIABLE 20% gravel STONES

Parent Material (geologic) Abolation Till
Depth to Bedrock 114
Depth to Groundwater: _____
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water 36"

On-Site Review

Deep Hole Number 64 Date: 12/5/61 Time 3:30
Weather Sunny 60
Location (identify on site plan) _____
Land Use Field Slope (%) 3
Surface Stone _____
Vegetation: grass

Landform: Till Terrace

Position on Landscape (sketch on back) _____

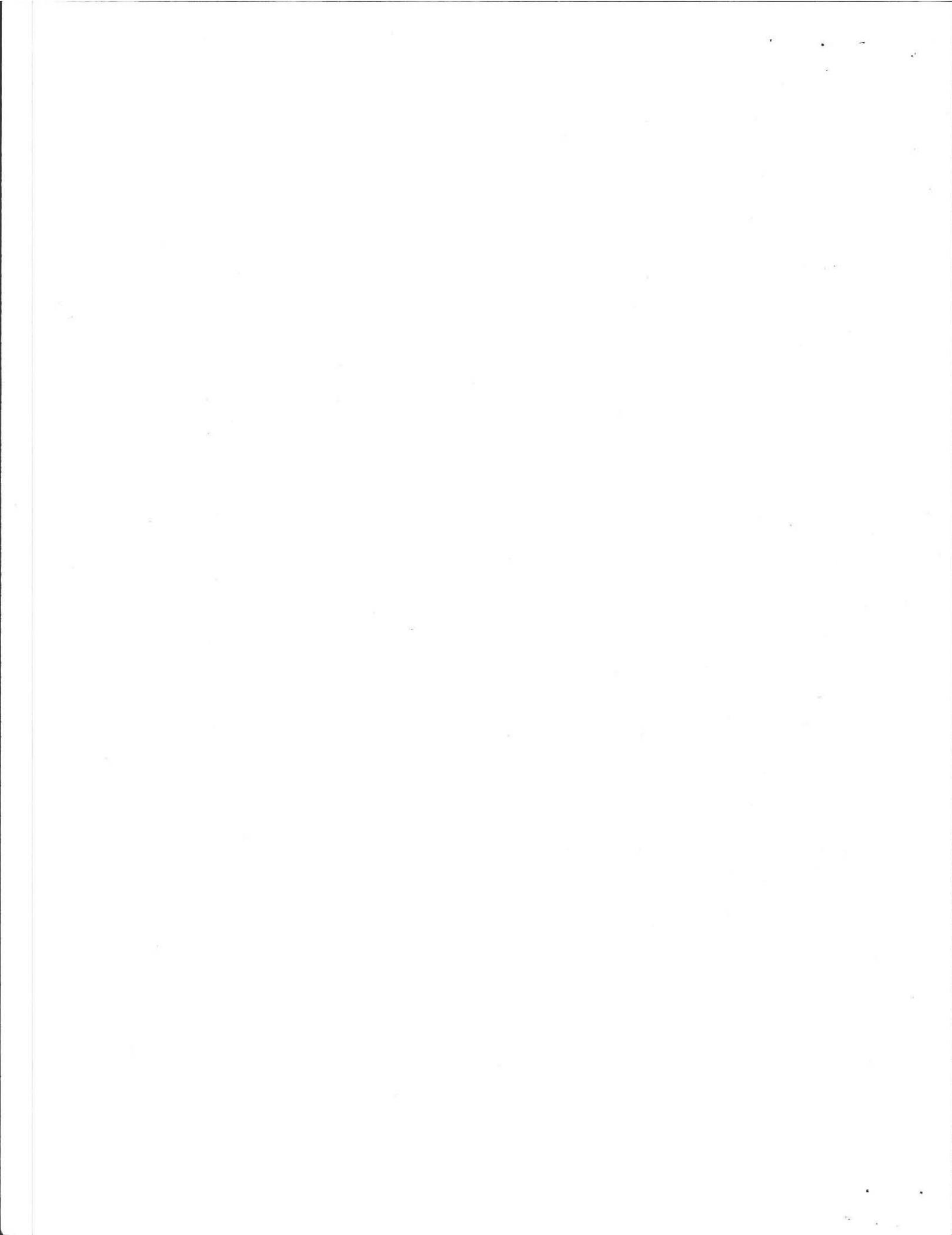
Distances from:

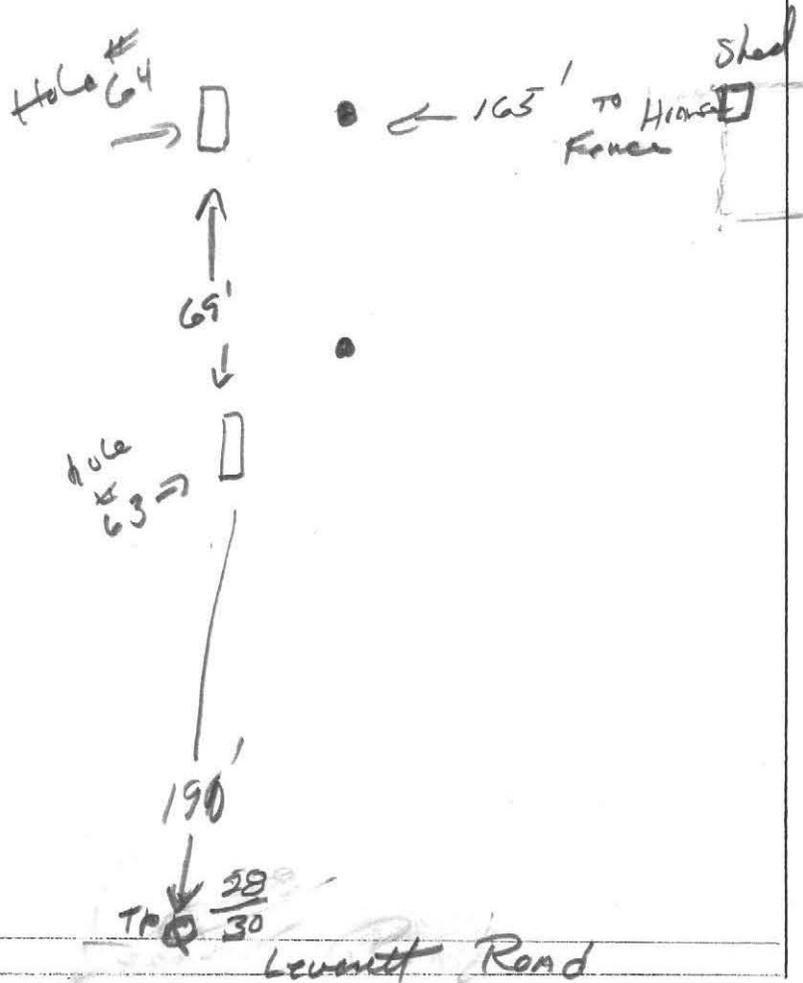
Open Water Body 200 feet Drainageway 100 feet
Possible Wet Area 100 feet Property Line 200 feet
Drinking Water Well 200 feet Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	Ap	FSL	10YR 3/2	-	Loose chunk
22	Bw	FSL	10YR 4/6	48" 2.5Y 6/3	MAY HAVE ROOTS MASSIVE FRIABLE 20% gravel
120	C	FSL	2.5Y 6/3	6/3	MASSIVE FRIABLE 20% gravel STONES

Parent Material (geologic) Abolation Till
Depth to Bedrock 120
Depth to Groundwater: _____
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water 48"





FORM 12: Percolation Test
 Location Address or Lot # Holes 63+64 Leavitt Rd.

Commonwealth of Massachusetts
 Town of

PERCOLATION TEST *		
	DATE: <u>12/25/01</u>	TIME: <u>3:50</u>
Observation Hole #	<u>63</u>	<u>64</u>
Depth of Perc	<u>42"</u>	<u>44"</u>
Start Pre-soak	<u>3:15</u>	<u>2:56</u>
End Pre-soak	<u>3:38</u>	<u>3:11</u>
Time at 12"	<u>3:30</u>	<u>3:11</u>
Time at 9"	<u>3:35</u>	<u>3:19</u>
Time at 6"	<u>3:46</u>	<u>3:27</u>
Time (9"-6")	<u>11</u>	<u>8</u>
Rate Min./Inch	<u>(4)</u>	<u>2</u>

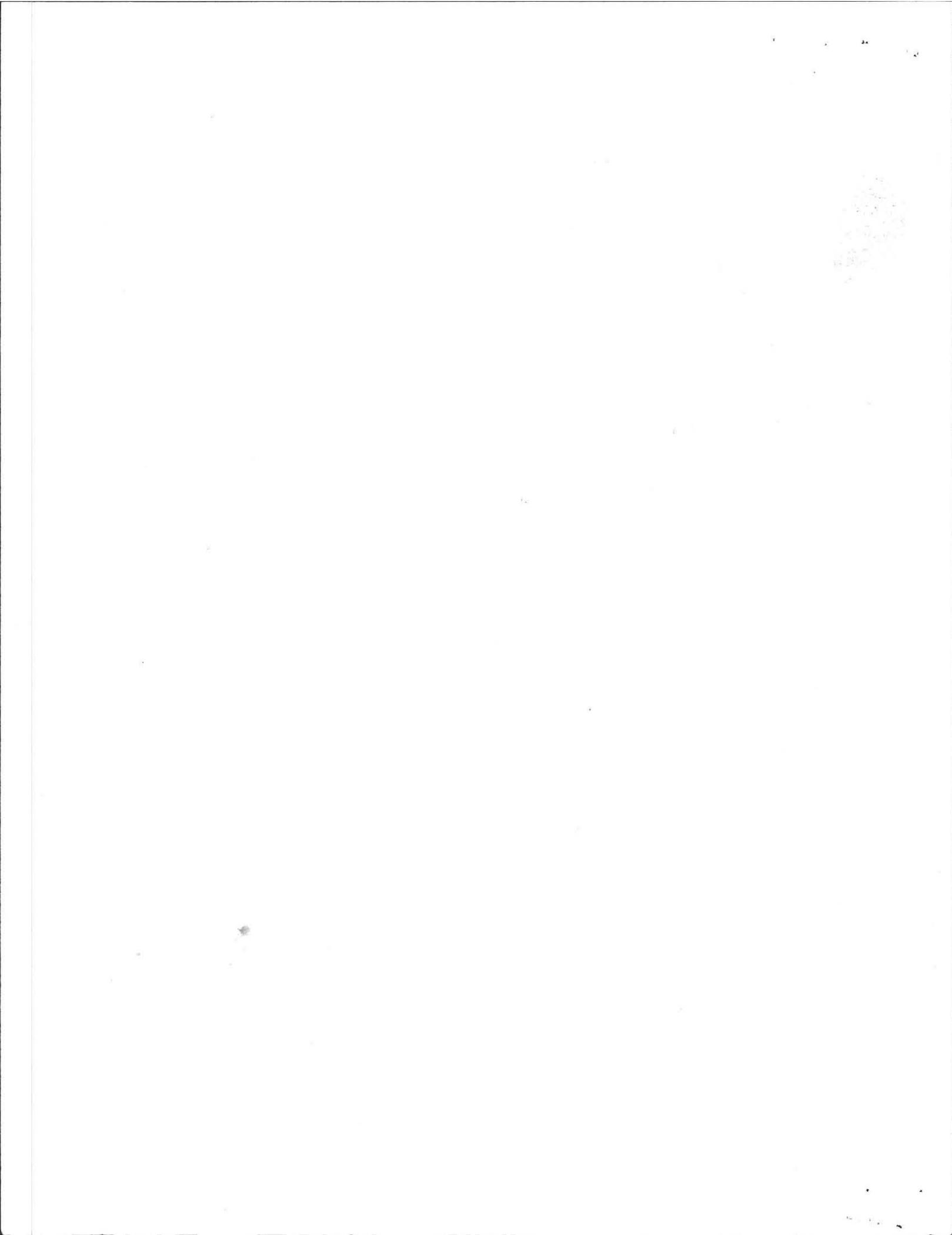
*Minimum of one percolation test must be performed in both the primary area and reserve area.

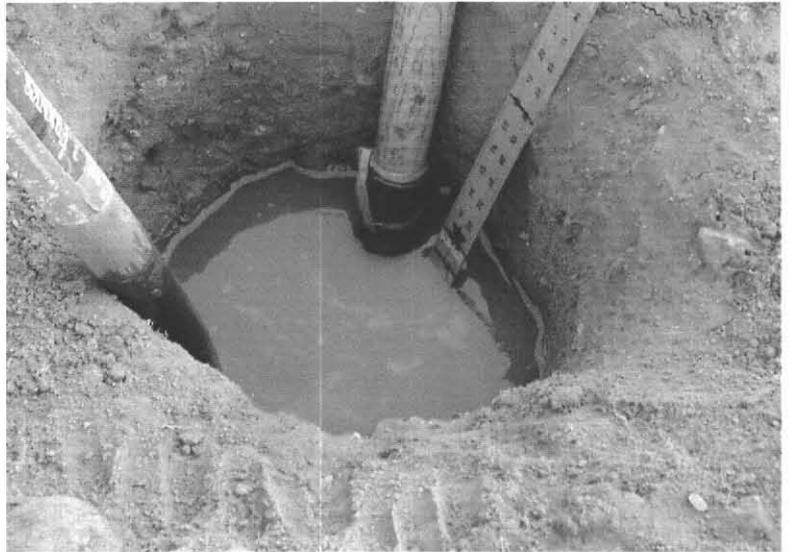
Site Passed Site failed

Performed by Christina Boyson

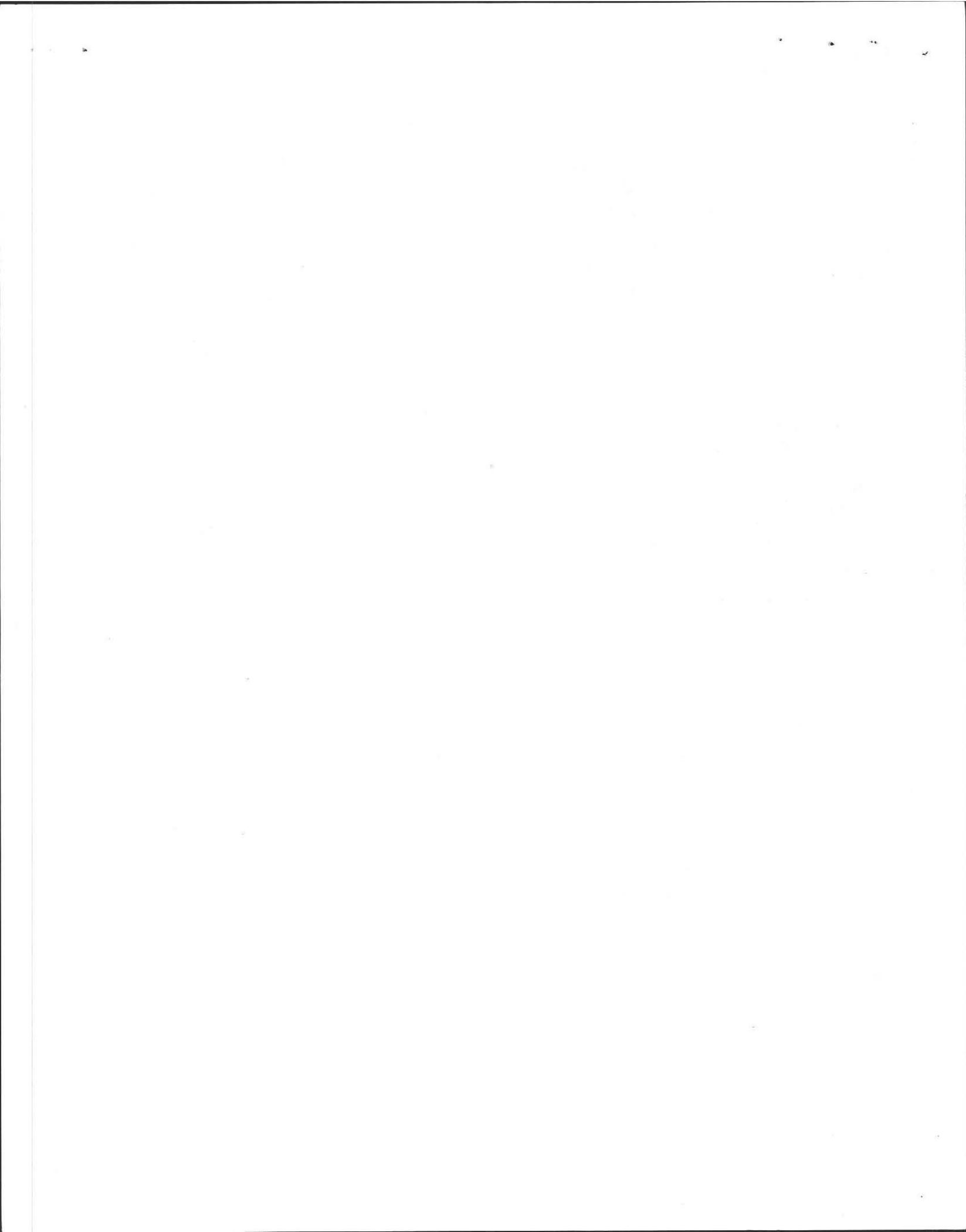
Witnessed by David Throon

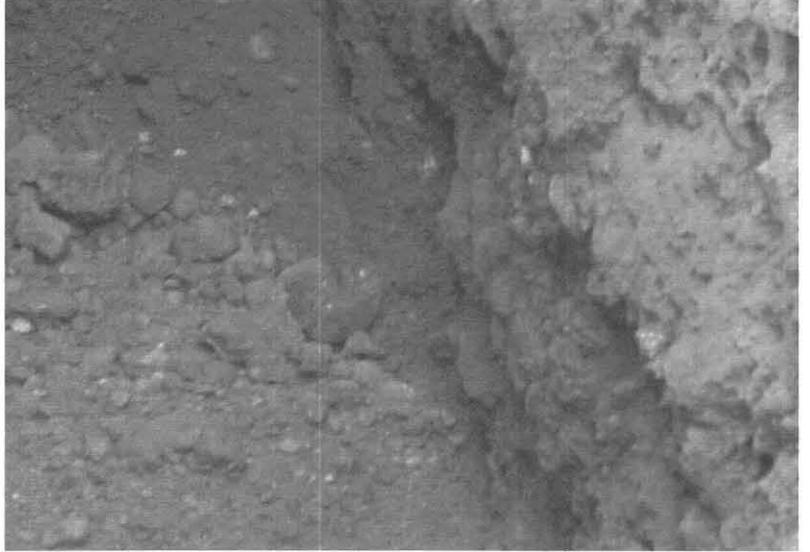
Comments:



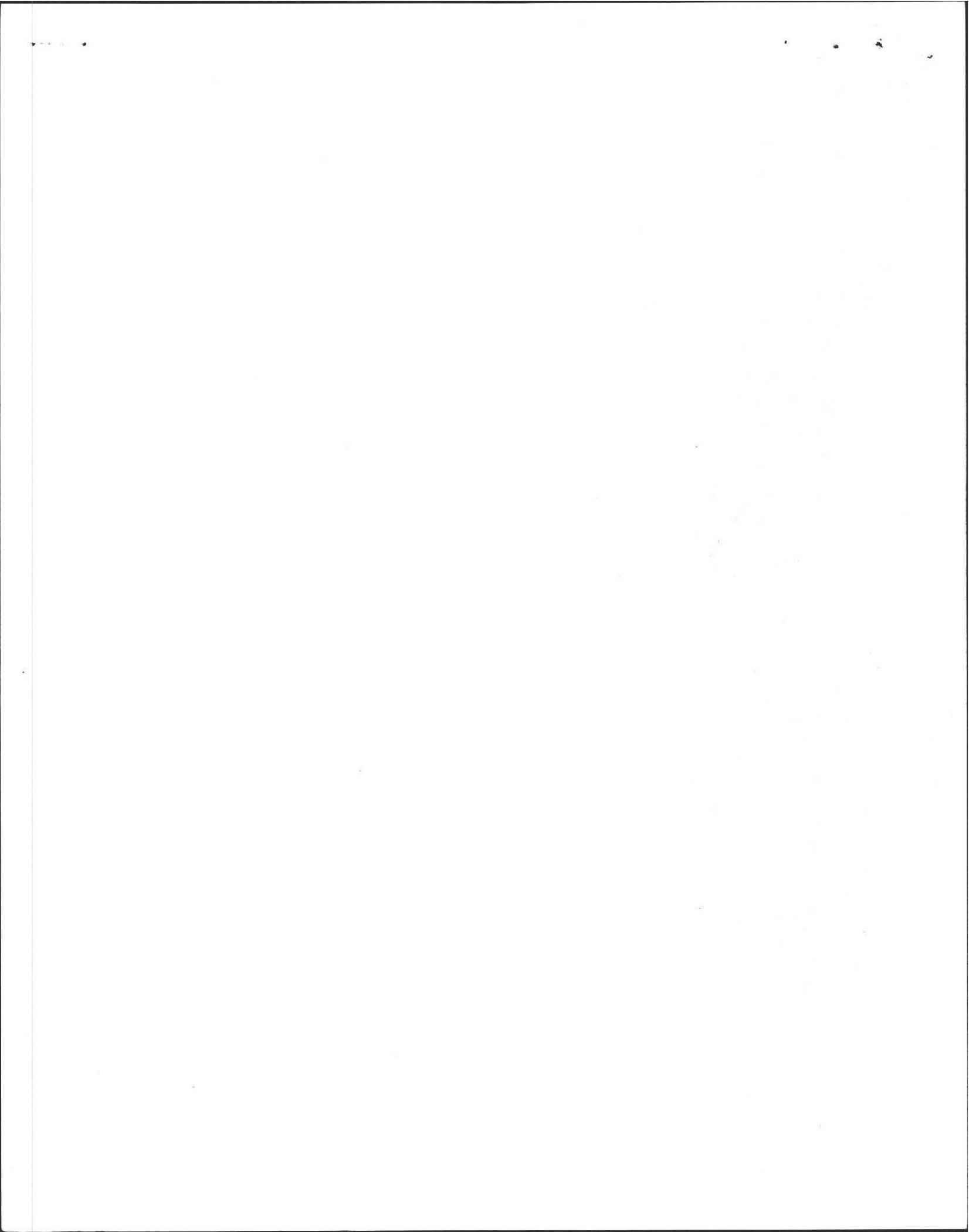


Stowall Property Leverett Road Hole #63
Engineer: Christian Boysen





Stowall Property Leverett Road Hole #64
Engineer: Christian Boysen



Perc # 67 - 12/5/01

Leverett Rd 67/68

Deep Hole Log

12/11/01

FORM 11: Soil Evaluation Form

NO: _____

Commonwealth of Massachusetts

Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Determination: Seasonal High Water Table

Performed By: Chasmine Buser Date: _____

Witnessed By: David Zarnoch

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

Location Address of: Lot # _____	Owner's Name: <u>Stwell Prop</u> Address of: _____ Telephone: _____
New Construction <input checked="" type="checkbox"/> Repair <input type="checkbox"/>	

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

Office Review

Depth of Naturally Occurring Previous Material

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

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

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

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

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

Certification

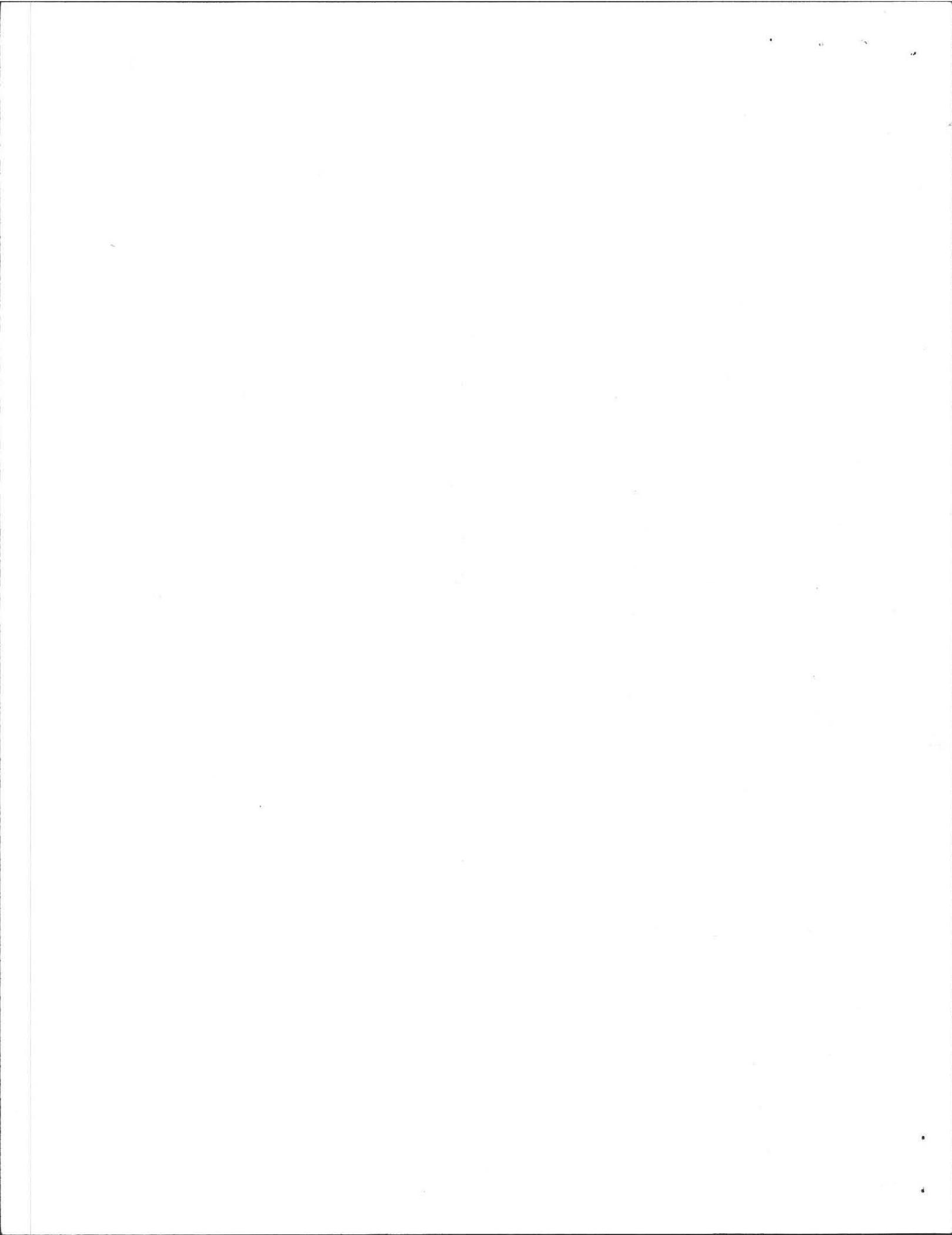
Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

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.

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

Signature _____
Date _____

Other Reference Reviewed:



On-Site Review

Deep Hole Number 67 Date: 12-6-01 Time _____
 Weather Sunny (12/11/01) Deep Hole
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____
 Surface Stone _____
 Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____

Distances from:

Open Water Body _____ feet Drainageway _____ feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____ feet

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
9	Ap	FSL	10Yr 3/2		Loose Crumb
24	Bw	FSL	10Yr 4/4		MASSIVE friable
87	C1	FSL	2.5Y 4/5	31 5%+ 7.5Y 4/6	MASSIVE friable 10% gravel
135	C2	FSL	10Yr 4/4	5%+ 7.5Y 4/6	MASSIVE friable 20% gravel

Parent Material (geologic) Ablation T.11
 Depth to Bedrock 135
 Depth to Groundwater: _____
 Standing Water in the Hole _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water 31"

On-Site Review

Deep Hole Number 68 Date: _____ Time _____
 Weather _____
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____
 Surface Stone _____
 Vegetation: _____

Landform: _____

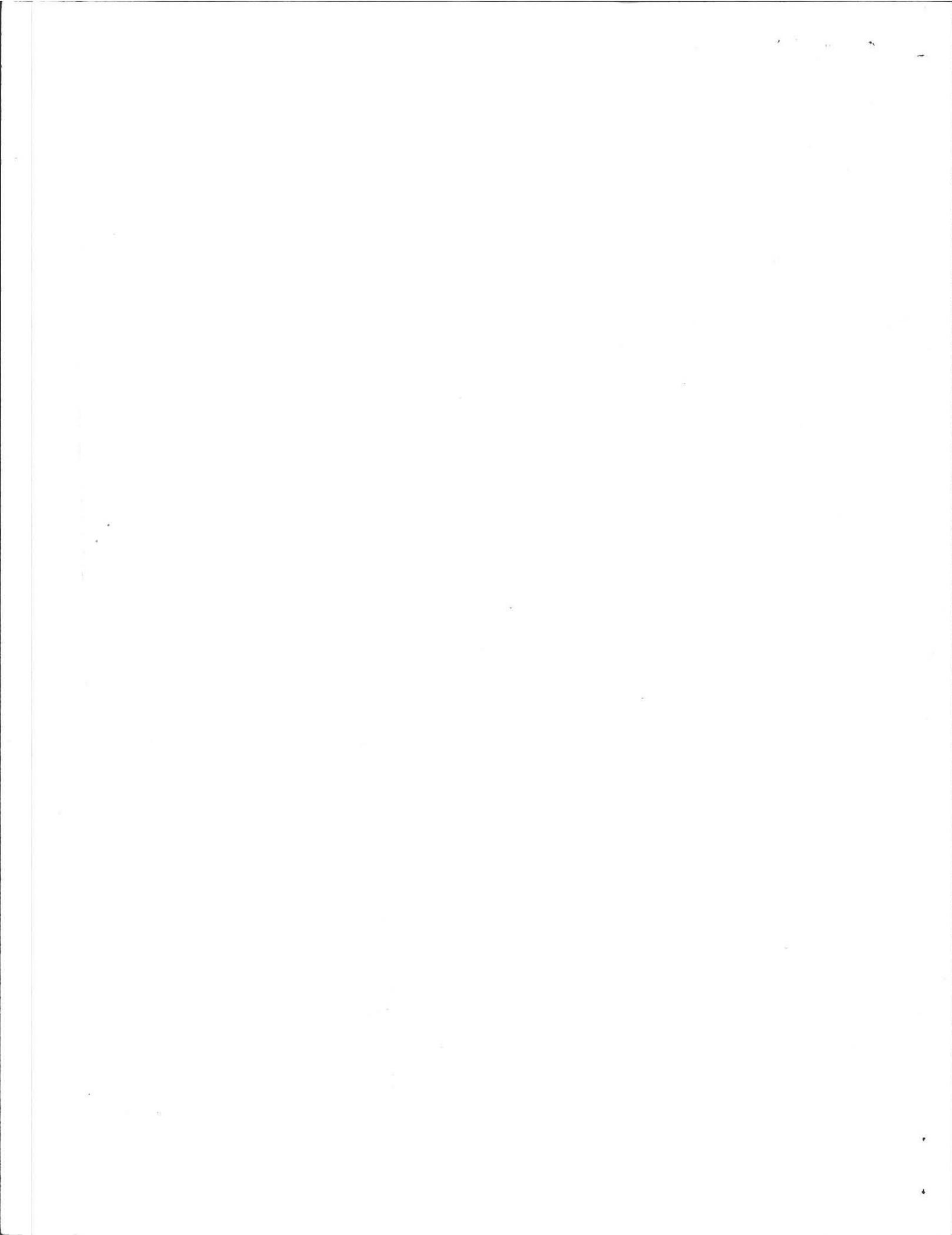
Position on Landscape (sketch on back) _____

Distances from:

Open Water Body _____ feet Drainageway _____ feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____ feet

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	Ap	FSL	10Yr 3/2		Loose Crumb many fine roots
24	Bw	FSL	10Yr 4/6	36" 5%	MASSIVE friable 10% gravel
81	C1	FSL	2.5Y 4/6	7.5Y 4/6	MASSIVE friable 20% cobbles
119	C2	FSL	10Yr 4/4	5% 4/6 7.5Y 4/6	MASSIVE 20% cobbles STONES

Parent Material (geologic) Ablation T.11
 Depth to Bedrock 119
 Depth to Groundwater: _____
 Standing Water in the Hole _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water 36"



FORM 12: Percolation Test
 Location Address or Lot # _____

Commonwealth of Massachusetts
 Town of _____

PERCOLATION TEST *		
	DATE:	TIME:
Observation Hole #	67	68
Depth of Perc	42"	
Start Pre-soak	11:30	8:57
End Pre-soak	11:45	9:12
Time at 12"	11:45	9:12
Time at 9"	12:10	9:27
Time at 6"	1:04	9:56
Time (9"-6")	54	29
Rate Min./Inch	18	10

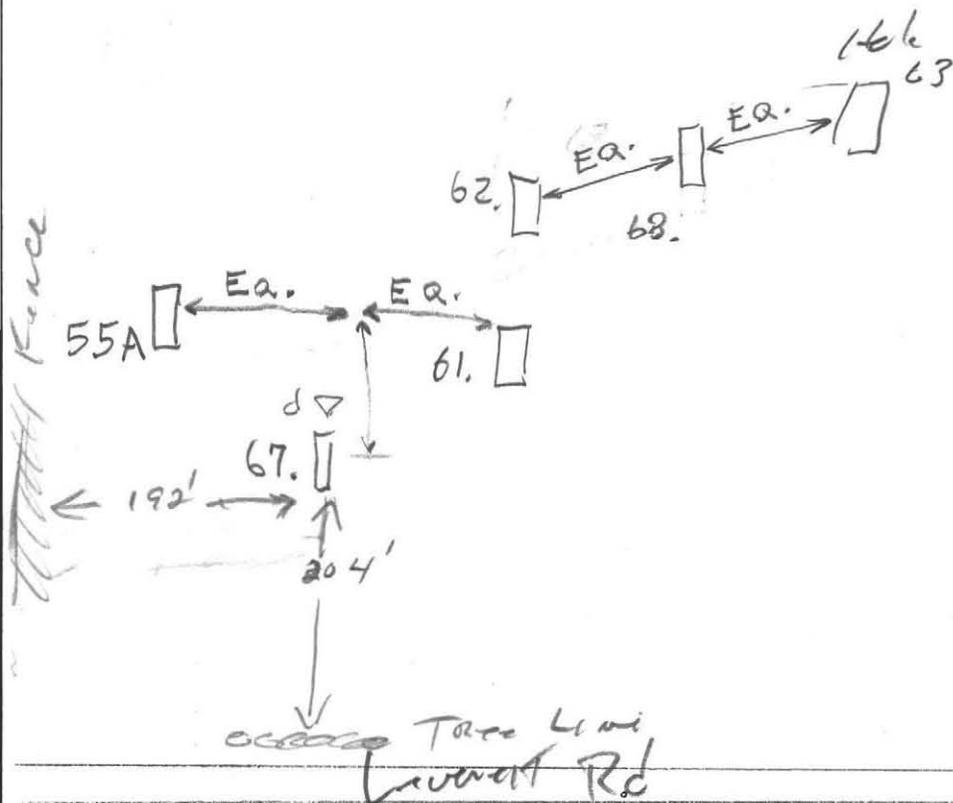
*Minimum of one percolation test must be performed in both the primary area and reserve area.

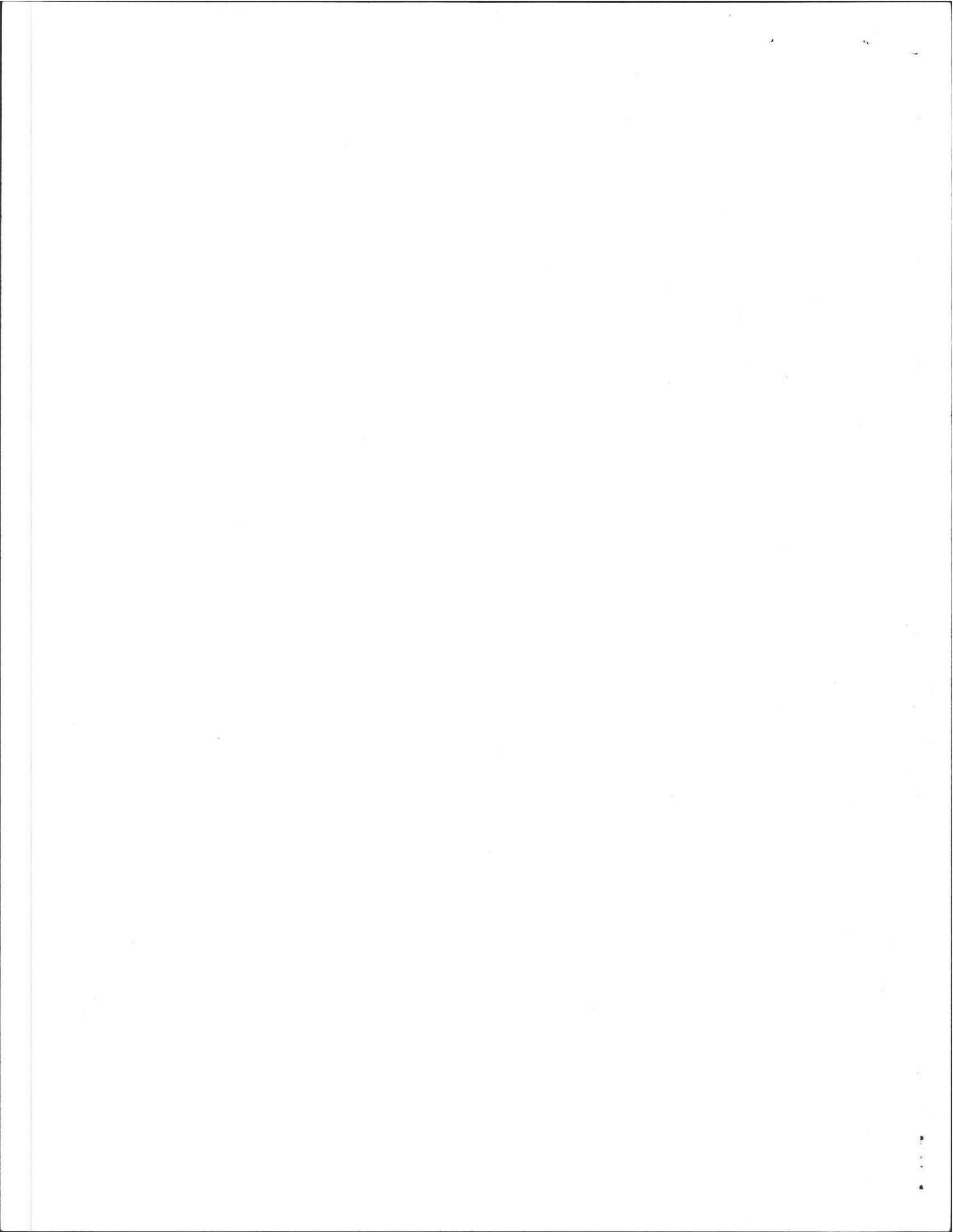
Site Passed Site failed

Performed by Christina Boyson

Witnessed by David J. [Signature]

Comments:





TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

No. 2314

Received of WVO LLC (dba) ECO STRUCTURES of 25 MAIN ST - SUITE 445
Name Address NORTHAMPTON MA 01060
586-5840

For Property Located at: LOT 3 (317) + LOT 7 273 LAURETT ROAD same
Street Address Owner

HEA009 Bakery R6510 443508	_____	HEA015 Sanitary Code Booklets R6510 432305	_____
HEA001 Bed & Breakfast R6510 443516	_____	HEA016 Septic Tank Permit-Installers R6510 443511	_____
HEA002 Catering License R6510 443507	_____	HEA017 Septic Tank Permit-Private <u>2</u> R6510 443510	<u>200.00</u>
HEA003 Food Handler R6510 443513	_____	HEA018 Septic Tank Reinspection Fee R6510 432301	_____
HEA004 Frozen Deserts R6510 443501	_____	HEA019 Sub-Division Review Fee R6510 432306	_____
HEA005 Health Dept. Housing Isp. R6510 432302	_____	HEA012 Swimming Pool Permits R6510 443512	_____
HEA006 Massage Therapy License R6510 443504	_____	HEA020 Tanning License R6510 443509	_____
HEA007 Milk & Cream License R6510 443500	_____	HEA024 Funeral Director License R6510 443502	_____
HEA008 Motel License R6510 443506	_____	HEA034 Immunization Clinic R6510 432307	_____
HEA010 Removal of Offal R6510 443513	_____	HEA030 Car Seats 8407 258004	_____
HEA021 Removal of Rubbish R6510 443520	_____	HEA026 Smoking & Tobacco Reg. Violations R6510 443518	_____
HEA011 Percolation Test Fees R6510 432300	_____	HEA023 TB Clinic R6510 432303	_____
HEA013 Recreation Camp License R6510 443503	_____	HEA022 Tobacco License R6510 443503	_____
HEA014 Retail Store Permit R6510 443514	_____	HEA HEA	_____

TOTAL FEE: 200.00

Inspection Services (Health Department)

10/23/03
Date

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

WVO, LLC dba
ECO STRUCTURES
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

10165

PAY TO THE ORDER OF

Town of Amherst
TWO HUNDRED

10-21-03

\$ 200.00
100

00
100

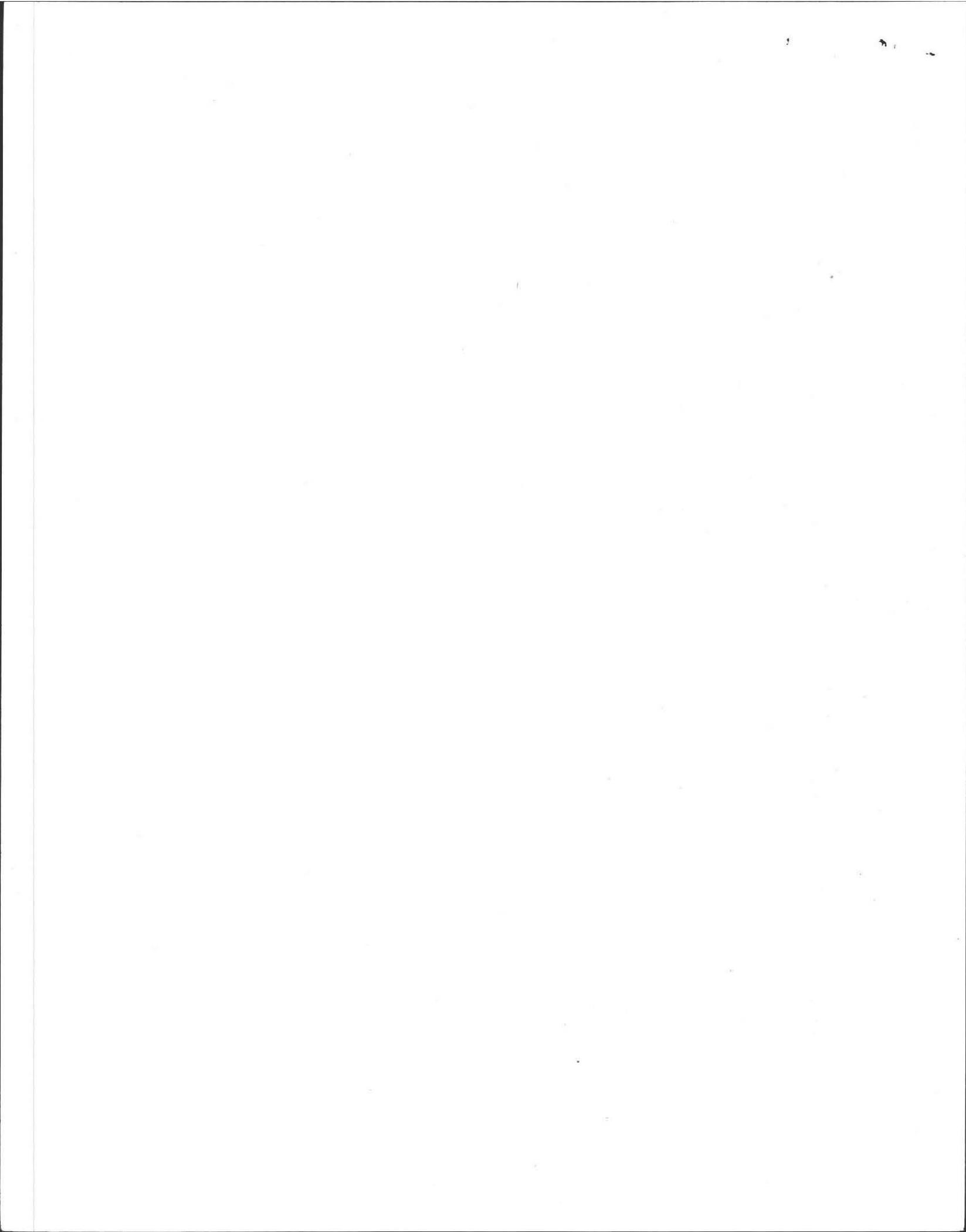
DOLLARS
Security features included. Details on back.

MEMO LOT 3 (317) and LOT 7 (273) LAURETT RD

Mark West

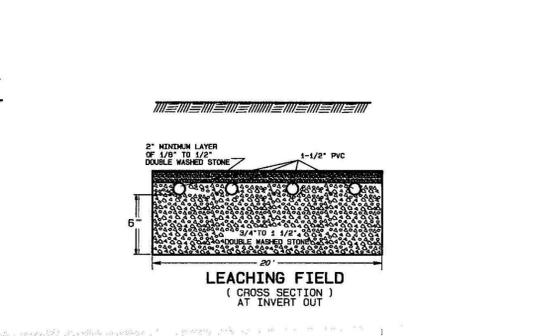
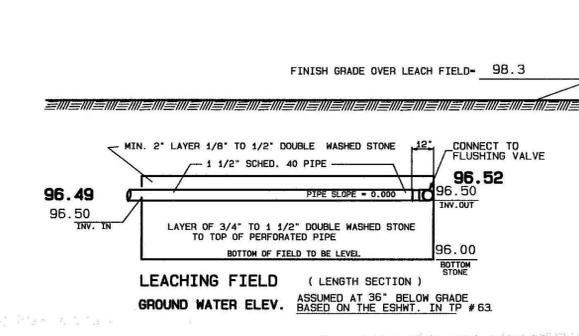
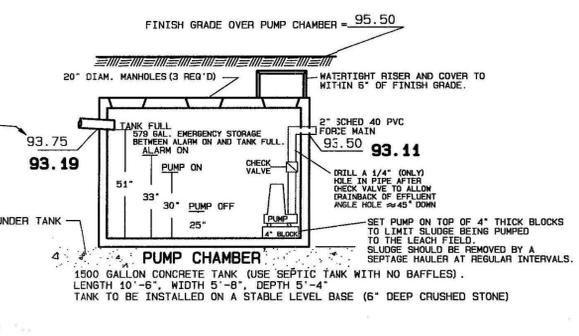
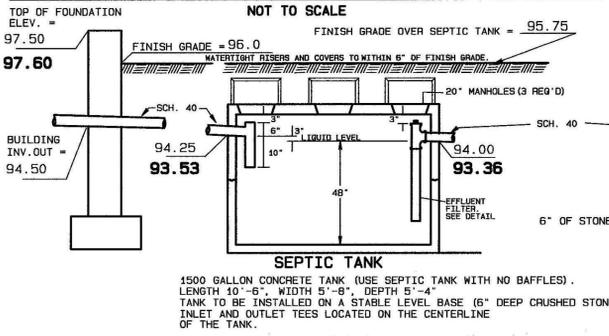
⑈010165⑈ ⑆21187233⑆ 02 25 001098⑈

MICROPRINT IS LOCATED BELOW THIS WARNING BAND



SANITARY SYSTEM PROFILE

TEST PIT DATA		PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI		63	4	42
DATE: DECEMBER 6, 2001		68	10	48
SOIL EVALUATOR: CHRISTIAN BOYSEN				

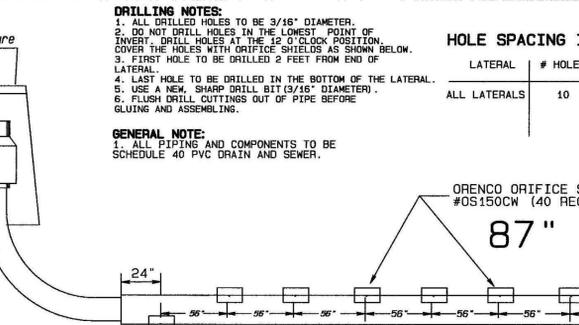
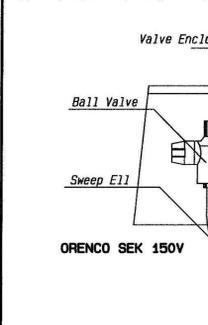
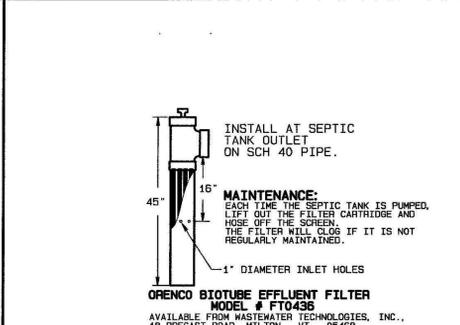


TEST PIT # 63	TEST PIT # 68
ELEV. TOP = 94.56	ELEV. TOP = 93.41
ESHWT = 91.56	ESHWT = 90.41
OBS. H2O = NONE	OBS. H2O = NONE
BOTTOM = 85.06	BOTTOM = 83.49

NOTES:

- THIS PLAN IS FOR THE CONSTRUCTION OF A NEW SEPTIC SYSTEM.
- 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 (6).)
- 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.
- ALL DISTURBED AREAS SHOULD BE LOADED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.
- 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:
 FILLS UNDER THE WETLANDS PROTECTION ACT MAY BE REQUIRED FOR THIS PROJECT. THE AMHERST CONSERVATION COMMISSION SHOULD BE CONTACTED FOR A DETERMINATION.



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:
 46' LENGTH X 20' WIDTH = 920 SQUARE FEET.
 920 SQ. FT. X 50 GAL. PER SQ. FT. = 552 GAL. LEACHING.
 TOTAL LEACHING CAPACITY = 552 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 HOUSE LOCATION AND PROPERTY LINES.

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.

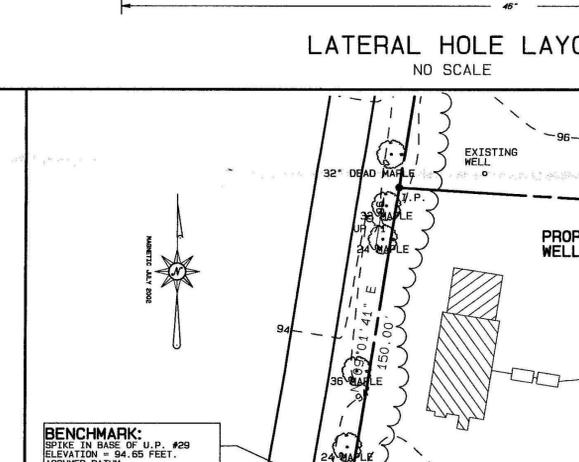
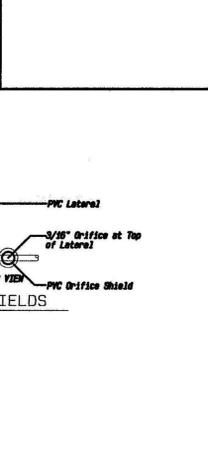
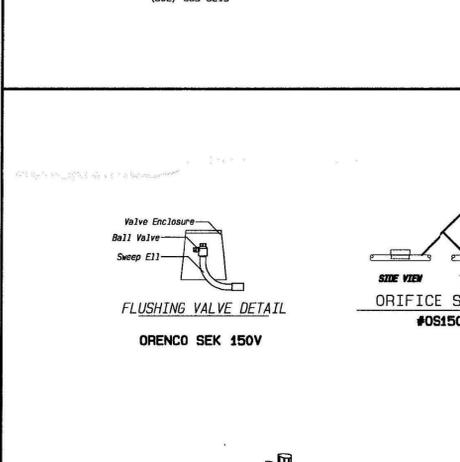
PUMP CHAMBER COMPONENTS SPECIFICATIONS

- ALL COMPONENTS ARE TO BE AS SPECIFIED OR AN APPROVED EQUAL.
- 1- MEYERS #MNSO, 1/2 HP, SEWAGE PUMP (USE MOST EFFICIENT VOLTAGE AT SITE) (CAPABLE OF PASSING 2" SOLIDS)
- 1- WATERGUARD S-12 CONTROL PANEL
- 1- TA-101 HIGH WATER ALARM COMPLETE WITH LEVEL SWITCH
- 1- SJSB-7 WATER PROOF JUNCTION BOX
- 2- S900-20 CONVEYER LEVEL SWITCHES
- 1- 100-4 LEVEL SWITCH BRACKET
- 1- CHECK VALVE (PVC OR BRONZE)

ALL COMPONENTS LISTED ABOVE AVAILABLE AT:
 BLAKE PUMP COMPANY
 ADAMS ROAD, GREENFIELD, MA 01301
 (413) 773-3663

- PUMP CHAMBER TO BE 1500 GAL. SEPTIC TANK
- PUMP ON/OFF LIQUID LEVEL CONTROLS TO BE SET TO PUMP DOWN 5 INCHES TO GIVE A 160.8 GAL. DOSE: 12 GAL. TO FILL FORCE MAIN 148.8 GAL. DOSE TO LEACH FIELD.
- ALARM CONTROLS TO BE ON SEPARATE CIRCUIT AND SET TO SOUND WHEN LIQUID LEVEL IS 33" ABOVE FLOOR OF TANK.

DOSING FREQUENCY
 REG. 15.254 (4) (d): FIELD TO BE DOSED FOUR TIMES PER DAY.

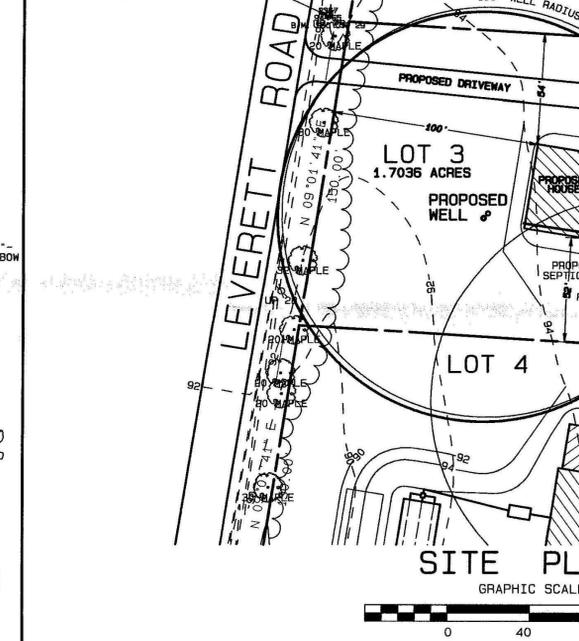
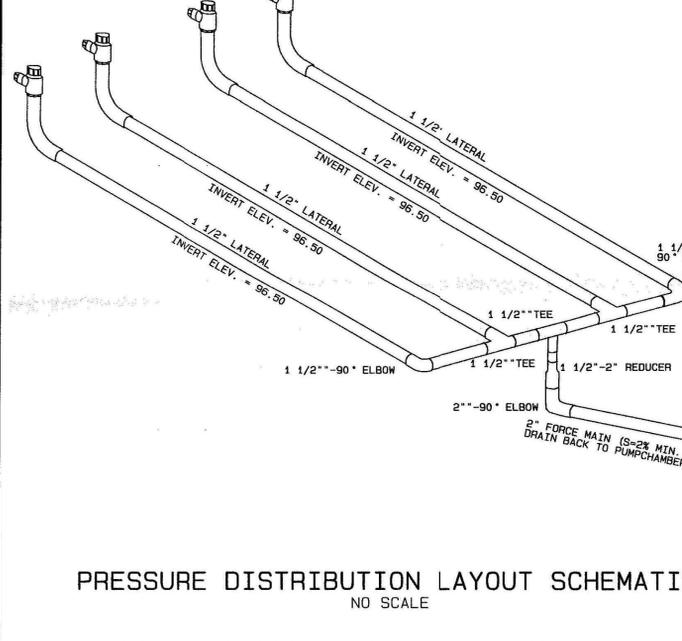
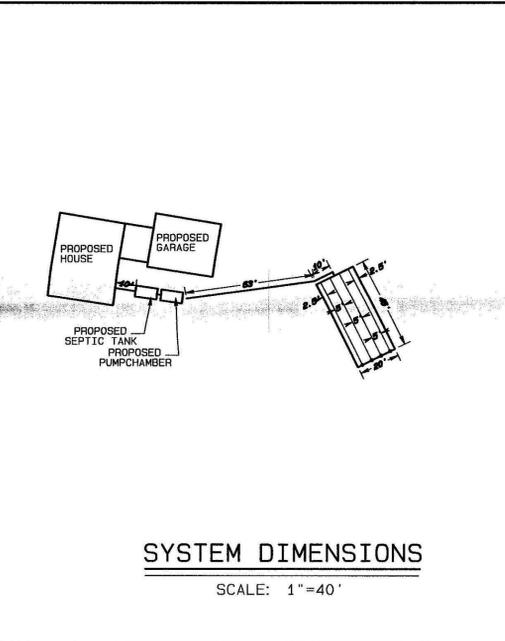


GENERAL NOTES

- 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM EXCEPT WHERE OTHERWISE NOTED.
- 4" SDR 35 PERFORATED PIPE TO BE USED IN LEACHING AREA.
- 1500 GALLON REINFORCED CONCRETE SEPTIC TANK.
- AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
- ELEVATIONS BASED ON ASSUMED DATUM.
- UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY APPLICABLE LOCAL RULES.
- ANY CHANGE TO THIS PLAN MUST BE APPROVED BY THE BOARD OF HEALTH AND THE DESIGN ENGINEER.
- THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.

LEGEND

- EXISTING CONTOURS
- 100 --- PROPOSED CONTOURS
- 4" SDR 35 PERFORATED PIPE
- 4" SDR 35 SOLID PIPE
- WATER LINE
- EROSION BARRIER
- EDGE OF WETLAND
- CENTERLINE STREAM
- PROPERTY LINE
- STONEWALL
- AS-BUILT



AS-BUILT LOCATIONS AND ELEVATIONS ARE BASED ON FIELD SURVEY BY MACLEAY ASSOCIATES, INC., ON MAY 14, 2004.

SYSTEM INSTALLED BY:
 L&F CONSTRUCTION
 608 LONG PLAIN ROAD
 LEVERETT, MA

SHEET NO. 1 OF 1.

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

APPROVED: [Signature]

REV. DATE BY DESCRIPTION APPR.

TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS
 FOR: AMHERST BUILDING COMPANY, LLC
 317 LEVERETT ROAD

DATE: OCTOBER 8, 2003
 JOB NO.: 2002-072-3

MacLEAY ASSOCIATES, INC.
 102 BRIDGE STREET, SHELBURNE FALLS, MA 01370
 TELEPHONE: (413) 625-9774 FAX: (413) 625-9704