CEVERETT ROAD

Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

DEP

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 294 LEVERETT RD AMHERST MA
Date of Inspection: 5-10-03
Name of Inspector: LEONARD W. BUCK
Company Name, Address and Telephone Number:
BUCK BUILDERS 340 RIVER DR HADLEY, MA,
413 5497338

Address of Owner: (If different) JEFFREY R. WOOD
312 LEVERETT RD
AMHERST, MA.

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- X Passes
- ___ Conditionally Passes
- ___ Needs Further Evaluation By the Local Approving Authority
- ___ Fails

Inspector's Signature: LW Buck **Date:** 5-10-03

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

INSPECTION SUMMARY:

Check A, B, C, or D:

A] SYSTEM PASSES:

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

B] SYSTEM CONDITIONALLY PASSES:

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

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

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

(revised 8/15/95)

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

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

Property Address:
Owner:
Date of Inspection:

B] SYSTEM CONDITIONALLY PASSES (continued)

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

_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is levelled or replaced

___ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

D] SYSTEM FAILS:

_____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

___ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

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

Property Address: 294 LEVERETT RD AMHERST, MA.
Owner: J. WOOD
Date of Inspection: 5-10-03

D] SYSTEM FAILS (continued):

___ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

___ Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s).
Number of times pumped ____

___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ Any portion of a cesspool or privy is within a Zone I of a public well.

___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

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

____ The design flow of system is 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

___ the system is within 400 feet of a surface drinking water supply

___ the system is within 200 feet of a tributary to a surface drinking water supply

___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address:
Owner:
Date of Inspection:

Check if the following have been done:

TANKS WERE PUMPED & INSPECTED ON 5-10-03

✓ Pumping information was requested of the owner, occupant, and Board of Health.

✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

✓ As built plans have been obtained and examined. Note if they are not available with N/A.

✓ The facility or dwelling was inspected for signs of sewage back-up.

✓ The system does not receive non-sanitary or industrial waste flow

✓ The site was inspected for signs of breakout.

✓ All system components, excluding the Soil Absorption System, have been located on the site.

✓ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

✓ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.

✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

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

Property Address:
Owner:
Date of Inspection:

SEPTIC TANK: YES
(locate on site plan)

Depth below grade: 6"
Material of construction: X concrete __metal __FRP __other(explain)

Dimensions: 8'-6" x 54" x 64"
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 36"
Scum thickness: 1/2"
Distance from top of scum to top of outlet tee or baffle: 8"
Distance from bottom of scum to bottom of outlet tee or baffle: 22"

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) NO LEAKAGE - EXCELLENT CONDITION THROUGHOUT SYSTEM OBVIOUSLY WELL MAINTAINED - OWNER PUMPS ANNUALLY

GREASE TRAP: NO
(locate on site plan)

Depth below grade: ____
Material of construction: __concrete __metal __FRP __other(explain)

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

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 29 LEVERETT RD AMHERST
Owner: J. WOOD
Date of Inspection: 5-10-03

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 gallons
Number of bedrooms: 3
Number of current residents: 2
Garbage grinder (yes or no): NO
Laundry connected to system (yes or no): YES
Seasonal use (yes or no): NO
Water meter readings, if available: _____

Last date of occupancy: PRESENTLY OCCUPIED

COMMERCIAL/INDUSTRIAL:
Type of establishment: _____
Design flow: _____ gallons/day
Grease trap present: (yes or no) ___
Industrial Waste Holding Tank present: (yes or no) ___
Non-sanitary waste discharged to the Title 5 system: (yes or no) ___
Water meter readings, if available: _____

Last date of occupancy: _____

OTHER: (Describe) _____
Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:
PUMPED ANNUALLY
System pumped as part of inspection: (yes or no) YES
If yes, volume pumped 1000 gallons
Reason for pumping: TO INSPECT CONDITION OF TANK

TYPE OF SYSTEM
X Septic tank/distribution box/soil absorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
___ Shared system (yes or no) (if yes, attach previous inspection records, if any)
___ Other (explain) _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1990 INSTALLED (OWNER'S AGENT)

Sewage odors detected when arriving at the site: (yes or no) NO

(revised 8/15/95)

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

Property Address:
Owner:
Date of Inspection:

SOIL ABSORPTION SYSTEM (SAS): YES
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number:____
leaching chambers, number:____
leaching galleries, number:____
leaching trenches, number,length:_____
leaching fields, number, dimensions: YES - ONE
overflow cesspool, number:____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation,etc.)
NO SIGNS OF FAILURE - NO PONDING - HEALTHLY VEGETATION APPEARS TO BE IN VERY GOOD CONDITION

CESSPOOLS: NO
(locate on site plan)

Number and configuration:_____
Depth-top of liquid to inlet invert:_____
Depth of solids layer:_____
Depth of scum layer:_____
Dimensions of cesspool:_____
Materials of construction:_____
Indication of groundwater
inflow (cesspool must be pumped as part of inspection)_____

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

PRIVY: NO
(locate on site plan)

Materials of construction:_____ Dimensions:_____
Depth of solids:_____
Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)_____

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

Property Address: 294 LEVERETT RD AMHERST
Owner: J. WOOD
Date of Inspection: 5-10-03

TIGHT OR HOLDING TANK: NO
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions:_____
Capacity:_____gallons
Design flow:_____gallons/day
Alarm level:_____

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

DISTRIBUTION BOX: YES
(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
VERY CLEAN, GOOD CONDITION - NO SOLIDS

PUMP CHAMBER: NO
(locate on site plan)

Pumps in working order:(yes or no)____

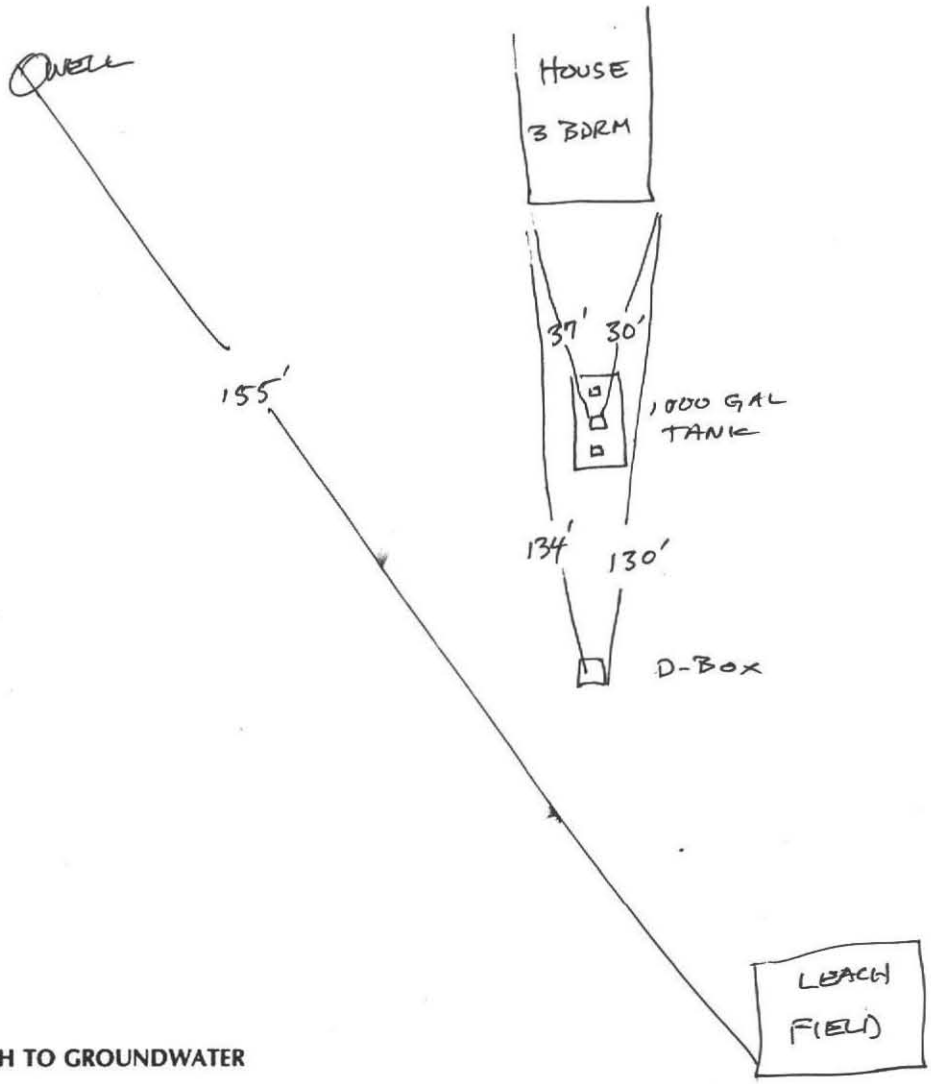
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.)

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

Property Address: 294 LEVERETT RD AMHERST
Owner: J. WOOD
Date of Inspection: 5-10-03

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 12 feet
method of determination or approximation: VISUAL TO POND ON LOWER PASTURE

(revised 8/15/95)

#294

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 74-31 Date 4/30/74 Fee 3.00 Date Rec'd. 4/30/74 By C.E.D.

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

Location—Address Leverett Road or Lot No. So. ~~3-62~~ 3-85

Owner Jerrold L. Adams Address 16 Amherst Rd RFD3 Amherst

Contractor Ernest Hastings Address Gill, Mass

Type of Building Frame Dimensions _____ Size Lot 1½ Ac

Dwelling—No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (✓)

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? no Type of Well Drilled

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L_____ W_____ D_____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area 400 sq. ft.

Disposal Bed—No. 1 ~~Diameter~~ 10X40 Depth below inlet 1' Total leaching area ~~300~~ sq. ft. min

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Frederick Filios Soil Scientist Date Apr 22, 1974

Test Pit No. 1 5.3 minutes per inch Depth of Test Pit 4' 4'

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil See attachment Depth to Ground Water Seepage @ 60"

Will *disposal area* be filled? no Cut down? no

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

System must be 4' above maximum water table. See log.

Jerrold L. Adams 4/30/74
Owner or builder date

Application Approved by C.E. Drake 4/30/74
date

See Plan for location of water supply

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 74-31

Permission is hereby granted Jerrold Adams to construct (✓) or repair ( ) an Individual Sewage Disposal System at Lot 4 So - 3-85

as shown on the application for Disposal Works Construction Permit No. 74-31

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 4/30/74

C.E. Drake
Board of Health

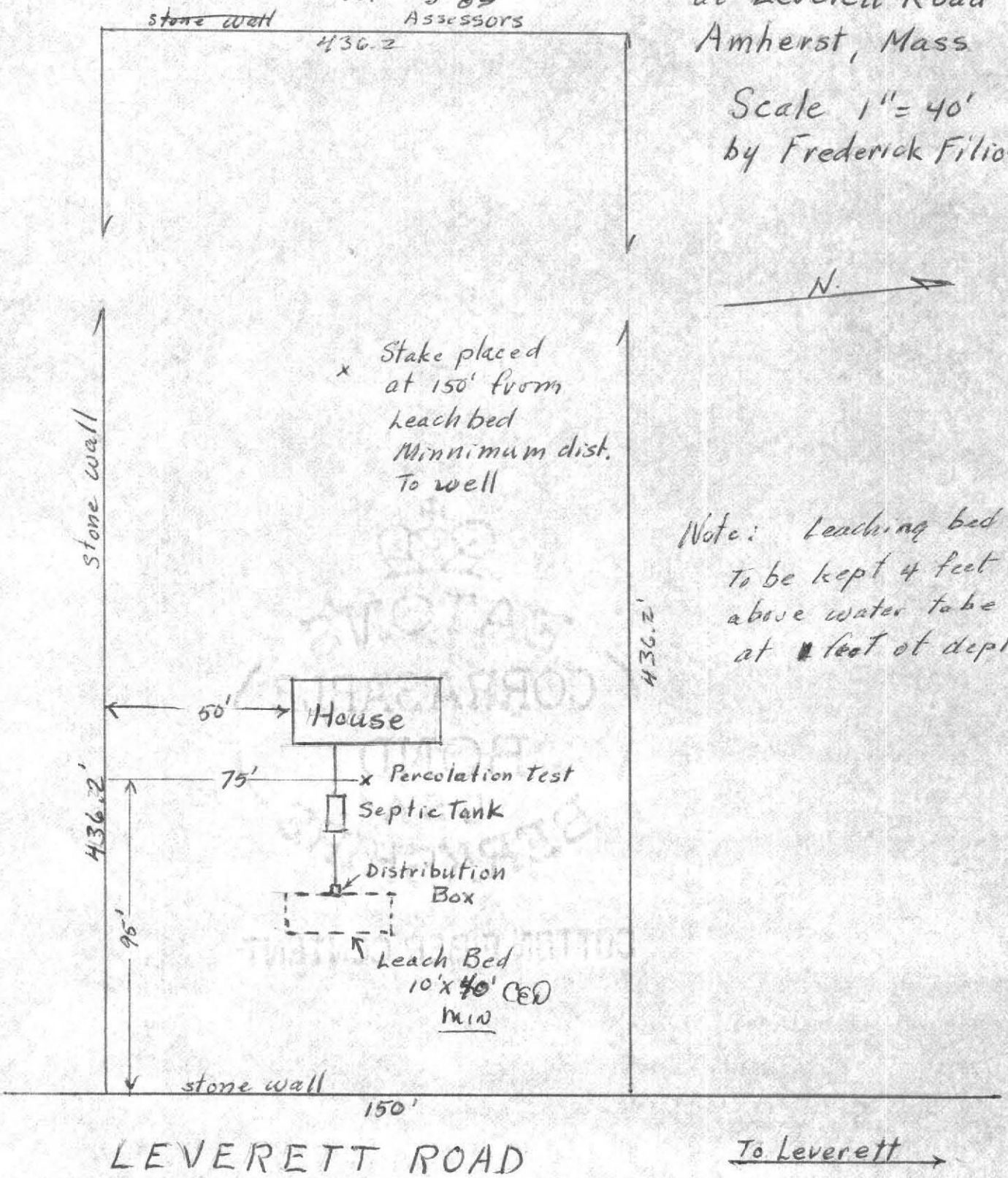
PLAN SHOWING SEWAGE DISPOSAL

for

Jerrold Adams
at Leverett Road
Amherst, Mass

So. #3-85
Assessors

Scale 1" = 40'
by Frederick Filios



Note: Leaching bed
To be kept 4 feet
above water table or
at 4 feet of depth

DEEP SOIL LOGS

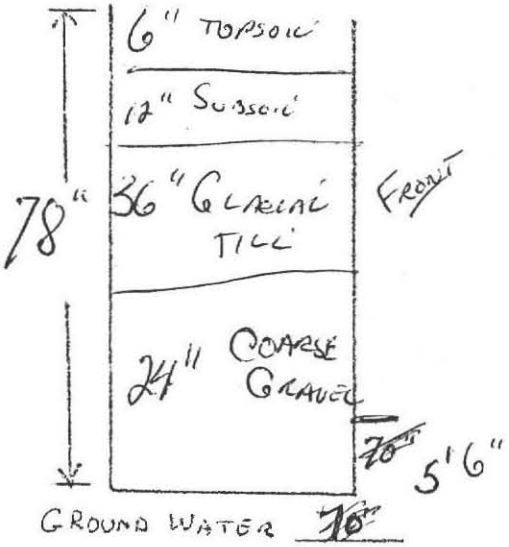
OWNER Jerrold Adams

DATE 4/22/74

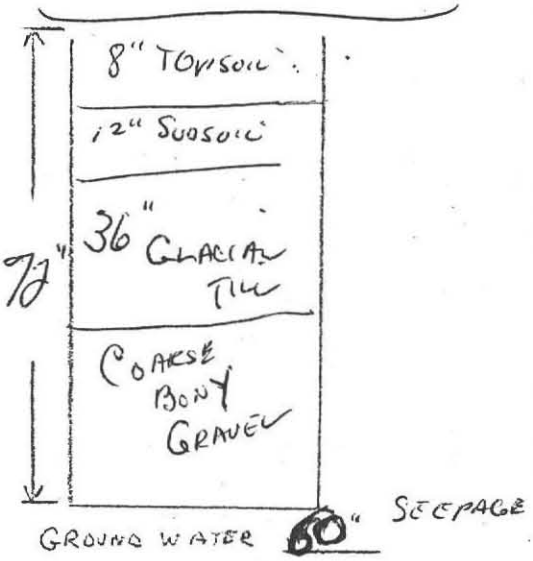
LOCATION Leverett Rd

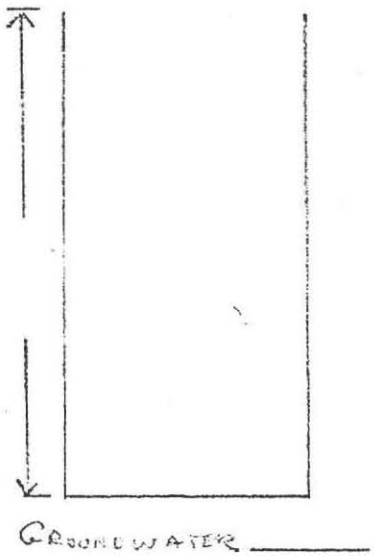
OBSERVER Drake

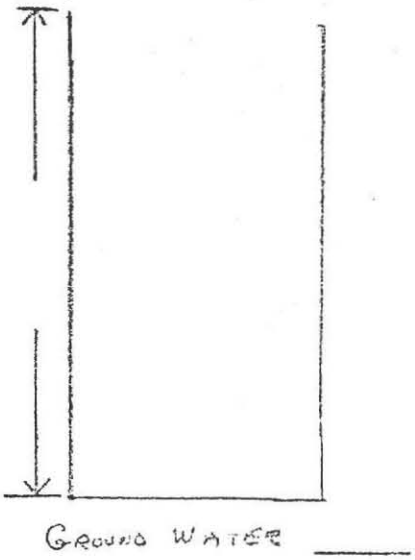
North Lot



South Lot







BOARD OF HEALTH
AMHERST, MASS.

#294

No. 86-78 FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Rtd Ck 373

Application for Disposal Works Construction Permit

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

LEVERETT RD. (Location - Address) LOT #1 (or Lot No.)

JEFFREY WOOD (Owner) 312 LEVERETT RD. AMHERST (Address)

L+F CONST. (Installer) LEVERETT (Address)

Type of Building Size Lot 65,000 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder (No)

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

Other fixtures .....

Design Flow 110 gallons per ~~person~~ BEDROOM per day. Total daily flow 330 gallons.

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

Disposal ~~Trench~~ FIELD — No. ..... Width 30' Total Length 35' Total leaching area 1050 sq. ft.

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

Other Distribution box (YES) Dosing tank (No)

Percolation Test Results Performed by FREDERICK FILIOS Date 4-22-74

1974 → Test Pit No. 1 5.3 minutes per inch Depth of Test Pit 72" Depth to ground water 60"

1986 → Test Pit No. 2 16.0 minutes per inch Depth of Test Pit 114" Depth to ground water 48"

Description of Soil PIT #1 (1974) TO 8" TOPSOIL; TO 20" SUBSOIL; TO 56" GLACIAL TILL; TO DEPTH COARSE GRAVEL. PIT #2 (1986) TO 6" TOPSOIL; TO 18" SUBSOIL W/ 1-2" COBBLES; TO DEPTH DENSE TILL W/ FINES & 1-4" COBBLES.

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

Agreement:

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

Signed Jeffrey Wood

Application Approved By C E Wrobel Date 12/31/86

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

Permit No. 86-77 Issued 12/31/86 (Date)

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired ( ) by L+F Construction (Installer)

at Jeff Wood Lot 1 Leverett Rd

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

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

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

10/21/88 Leach system installed. To be done - line at tank either to be connected, line to be installed from house. Foundation to septic tank. Final P.T. inspection.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 86/78 TOWN OF AMHERST FEE $90

Disposal Works Construction Permit

Permission is hereby granted J. WOOD - L+F CONST

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. LOT 1 LEVERETT ROAD (Street)

as shown on the application for Disposal Works Construction Permit No. 86-77 Dated 12/31/86

C E Wrobel (Board of Health)

DATE 12/31/86

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

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

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

JEFFREY WOOD — Owner — 312 LEVERETT RD. AMHERST — Address

Installer — Address

Type of Building — Size Lot 65,000 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder (No)

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

Other fixtures .....

Design Flow 110 gallons per ~~person~~ BEDROOM per day. Total daily flow 330 gallons.

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

Disposal ~~Trench~~ FIELD — No. ..... Width 30' Total Length 35' Total leaching area 1050 sq. ft.

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

Other Distribution box (YES) Dosing tank (NO)

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

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

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

Signed..... Date

Application Approved By..... Date

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

..... Date

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

by L&F Const. Installer

at Lot 1 Leverett Rd. Jeff Wood

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

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

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

10/28/80 Leach system installed; leach line from house to septic tank needs to be installed line at septic tank outlet needs to be corrected. F.P.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

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

Disposal Works Construction Permit

Permission is hereby granted.....

to Construct ( ) or Repair ( ) an Individual Sewage Disposal System

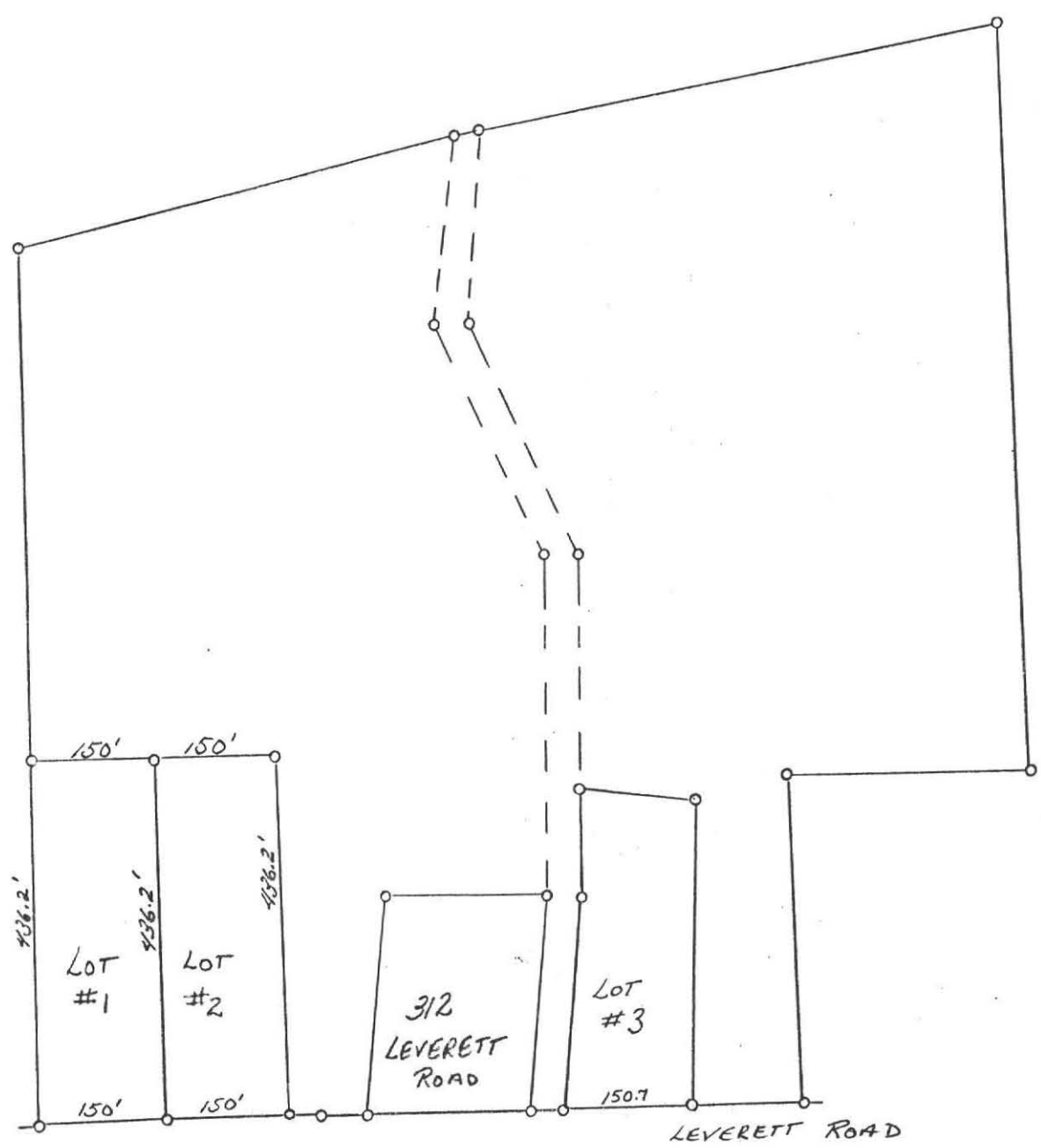
at No..... Street

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

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

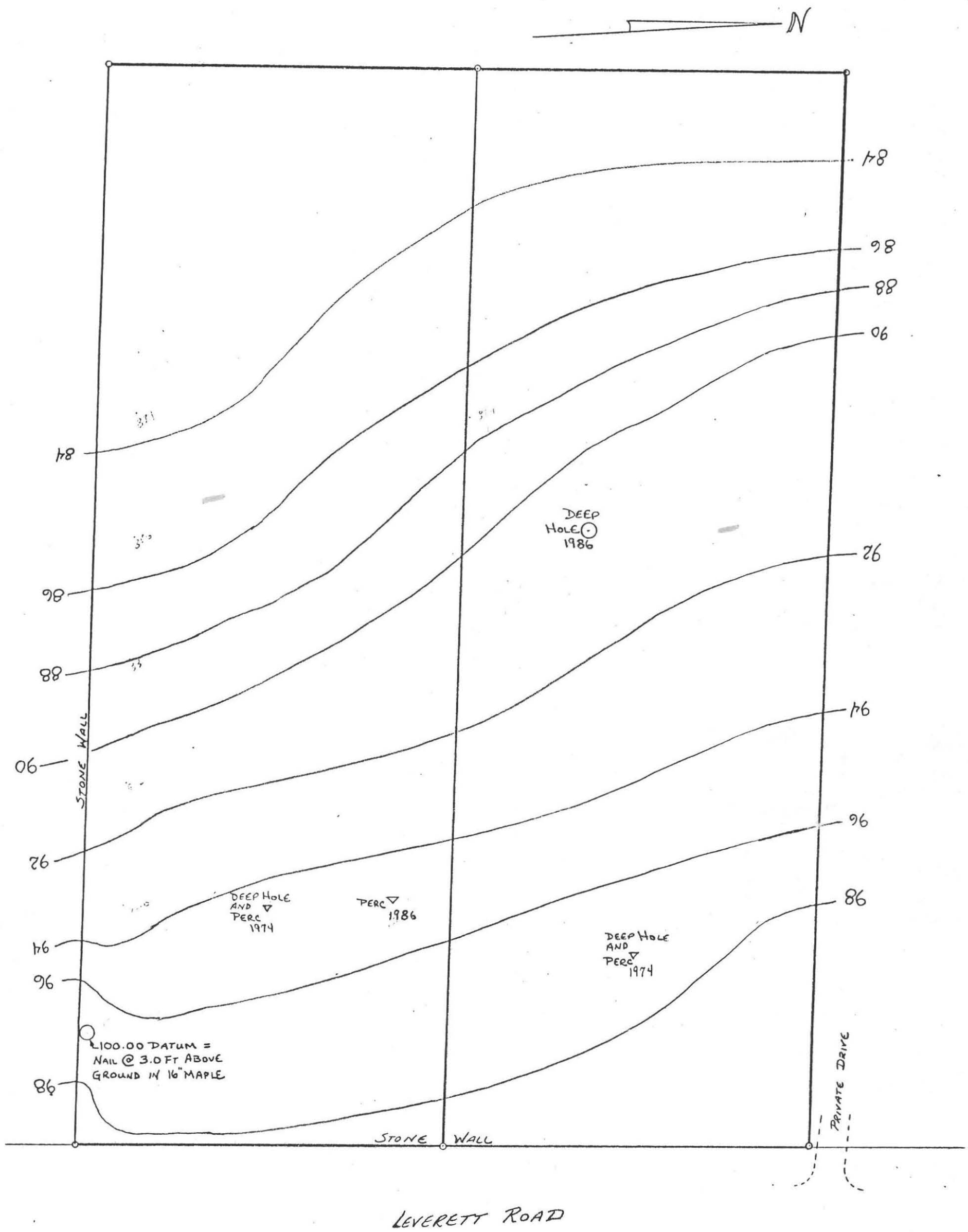


PLAN OF RESIDENTIAL LOTS ON THE WEST SIDE OF LEVERETT RD. NEAR 312 LEVERETT RD.

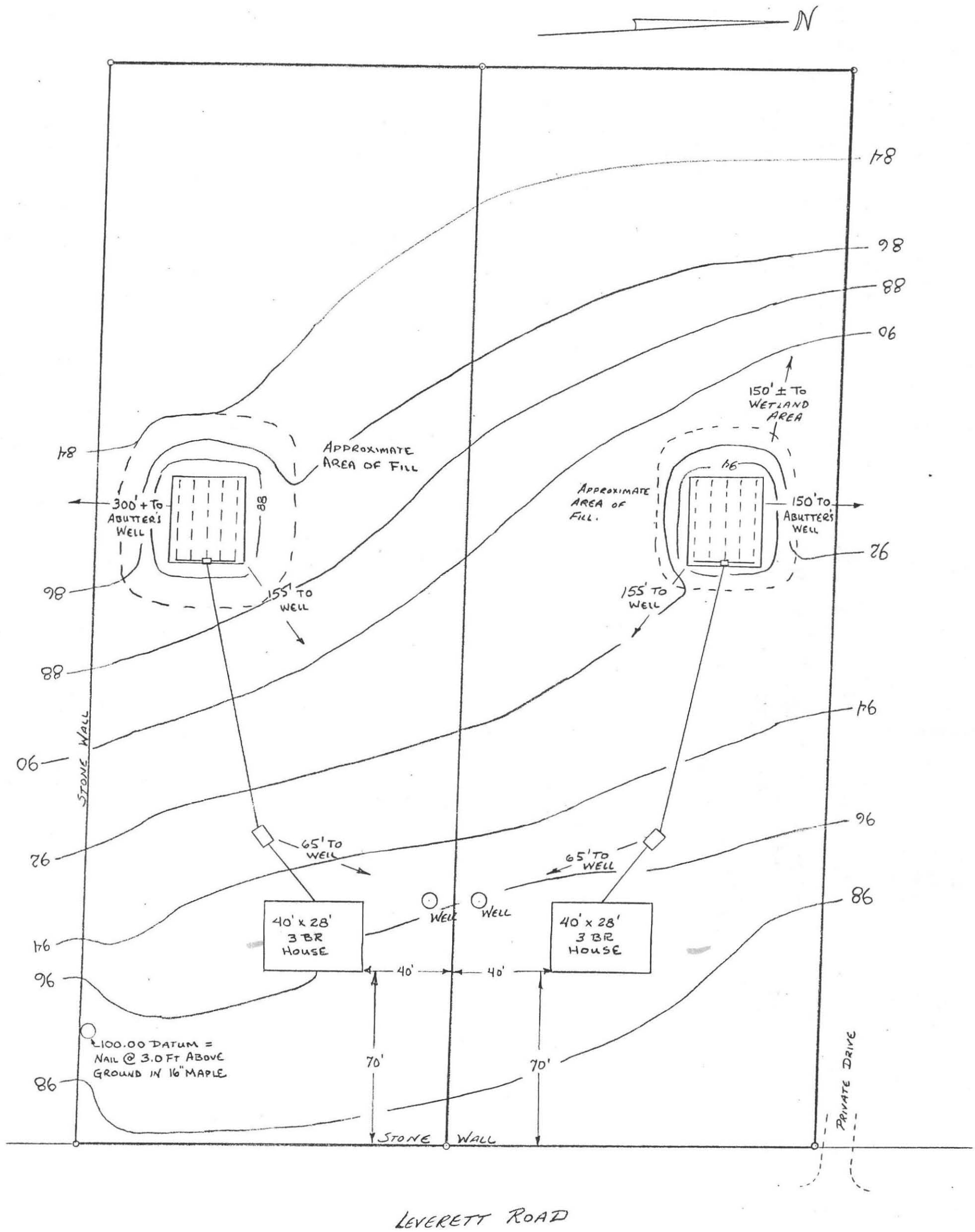
FOR: JEFFREY WOOD

PREPARED BY: RICHARD SCOTT, P.E.

SCALE: 1" = 200' DATE 12-19-86



PROPOSED SEPTIC SYSTEM DESIGN
LOTS #1 & #2 LEVERETT RD. AMHERST
SITE PLAN: EXISTING CONTOURS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: 1" = 40' DATE: 12-18-86



PROPOSED SEPTIC SYSTEM DESIGN
LOTS #1 & #2 LEVERETT RD. AMHERST
SITE PLAN: PROPOSED LOCATIONS & CONTOURS
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: 1" = 40' DATE: 12-18-86

OBSERVATION PITS

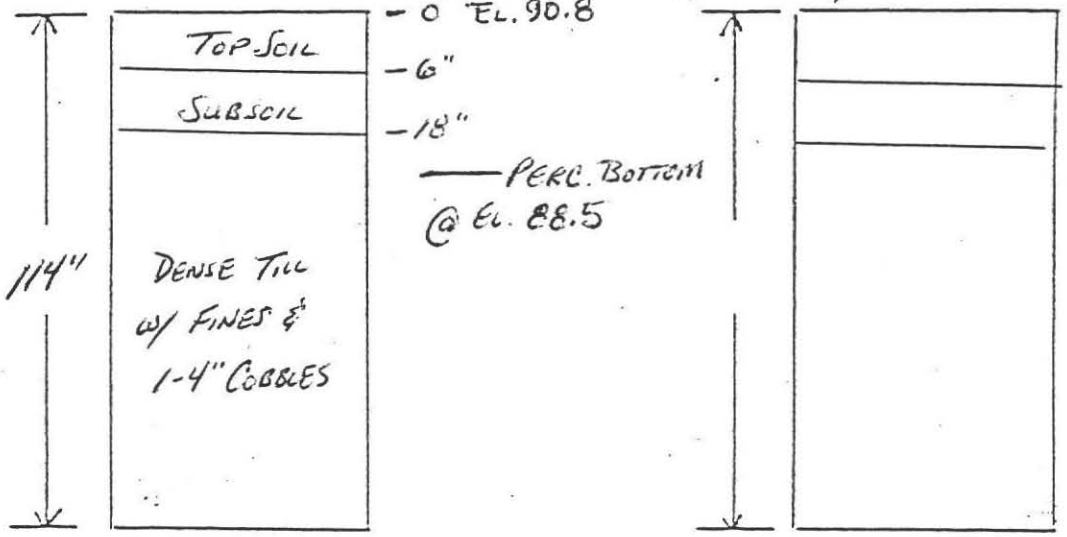
REQUESTED BY: JEFFREY WEED

LOCATION: LOT #1 & #2 (SEE ALSO PROFILES & PERCS BY FRED FILIOS 4-22-74)
LEVERETT RD. AMHERST

MAILING ADDRESS: 312 LEVERETT RD. AMHERST, MA. 01002

DATE: 12-17-86 OBSERVER: RICHARD SCOTT

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

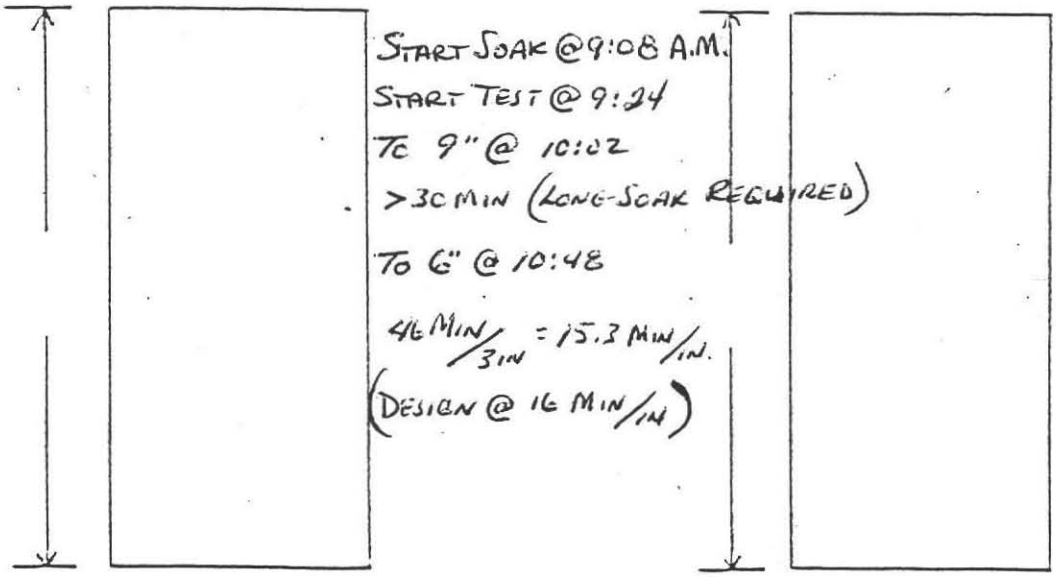


Groundwater 48"

Perc Rate 16 MIN./INCH

Groundwater _____

Perc Rate _____



Groundwater _____

Perc Rate _____

Groundwater _____

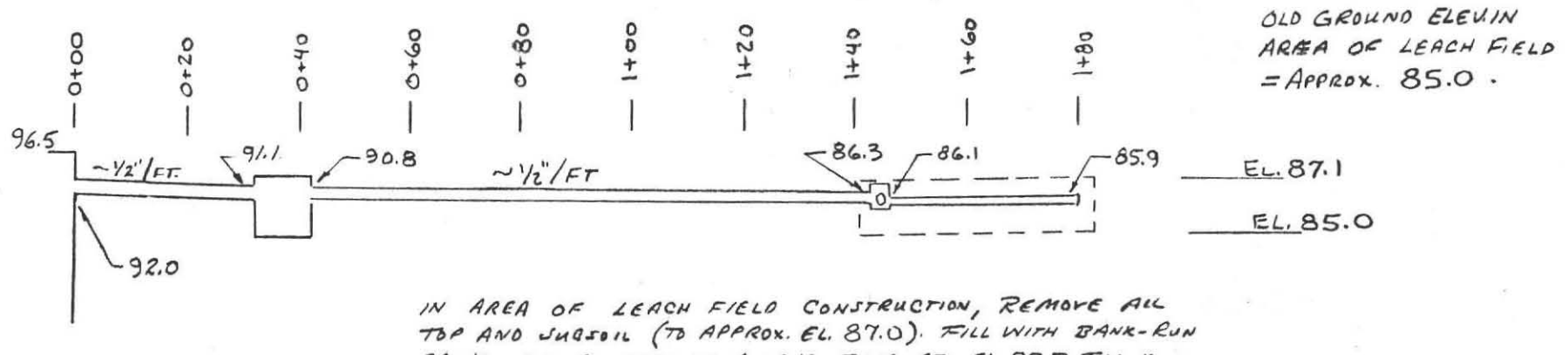
Perc Rate _____

SYSTEM DESIGN CALCULATIONS

3 BEDROOM X 110 GAL PER BEDROOM PER DAY = 330 G.P.D. DESIGN FLOW

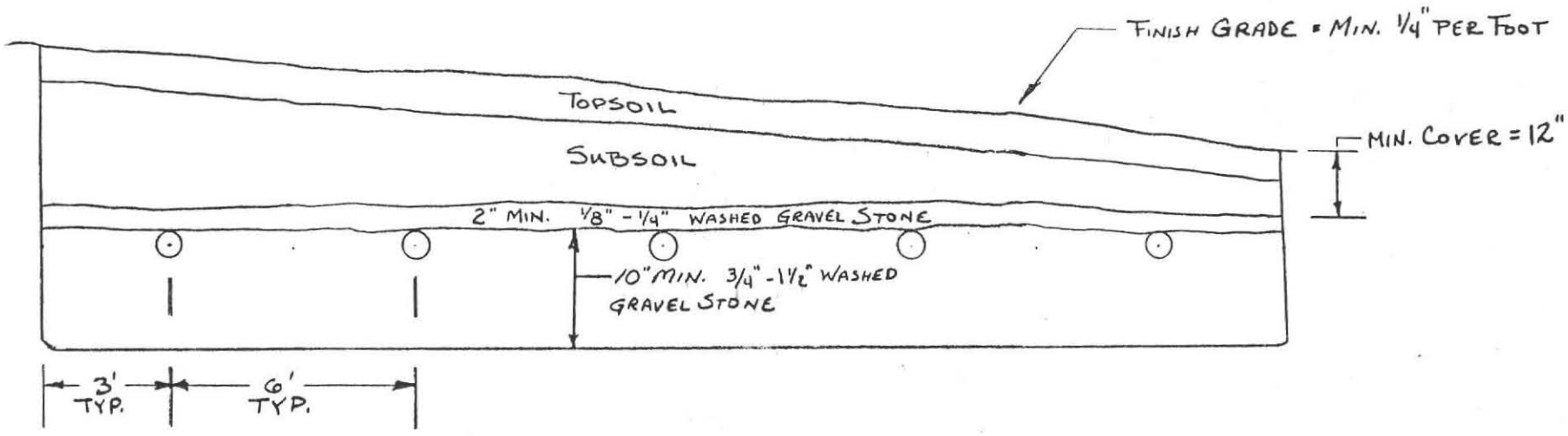
MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 X 330 = 445 GALLONS
SPECIFIED EFFECTIVE TANK VOLUME = 1000 GALLONS
PERCOLATION RATE = 16 MINUTES PER INCH → DESIGN LOADING =
= 3.0 SQ. FT. PER GALLON FOR BOTTOM LEACHING ONLY.
MINIMUM LEACH FIELD BOTTOM AREA = 330 X 3.0 = 990 SQ. FT.
LEACH FIELD SPECIFIED FOR THIS SITE = 30' X 35' = 1050 SQ. FT.

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



IN AREA OF LEACH FIELD CONSTRUCTION, REMOVE ALL TOP AND SUBSOIL (TO APPROX. EL. 87.0). FILL WITH BANK-RUN GRAVEL AND COMPACT TO A LEVEL BASE AT EL. 88.5. FILL IS TO EXTEND LEVEL 10' BEYOND BOUNDARY OF FIELD THEN SLOPE 1:4 TO OLD GRADE.

SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW
SCALE: HORIZ: 1" = 30' VERT: N.T.S.



30' X 35' LEACHFIELD. HEADER PIPES FROM DISTRIBUTION BOX TO BE 4" PVC NON-PERFORATED & ARE TO BE LAID LEVEL. 175 LIN. FT. OF 4" PERFORATED PVC DISTRIBUTION PIPE TO BE LAID AT MIN. .005' PER FT. ALL PIPE ENDS TO BE CAPPED.

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

PROPOSED SEPTIC SYSTEM DESIGN
LOT #1 LEVERETT RD. AMHERST, MA.
FOR: JEFFREY WOOD
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE:

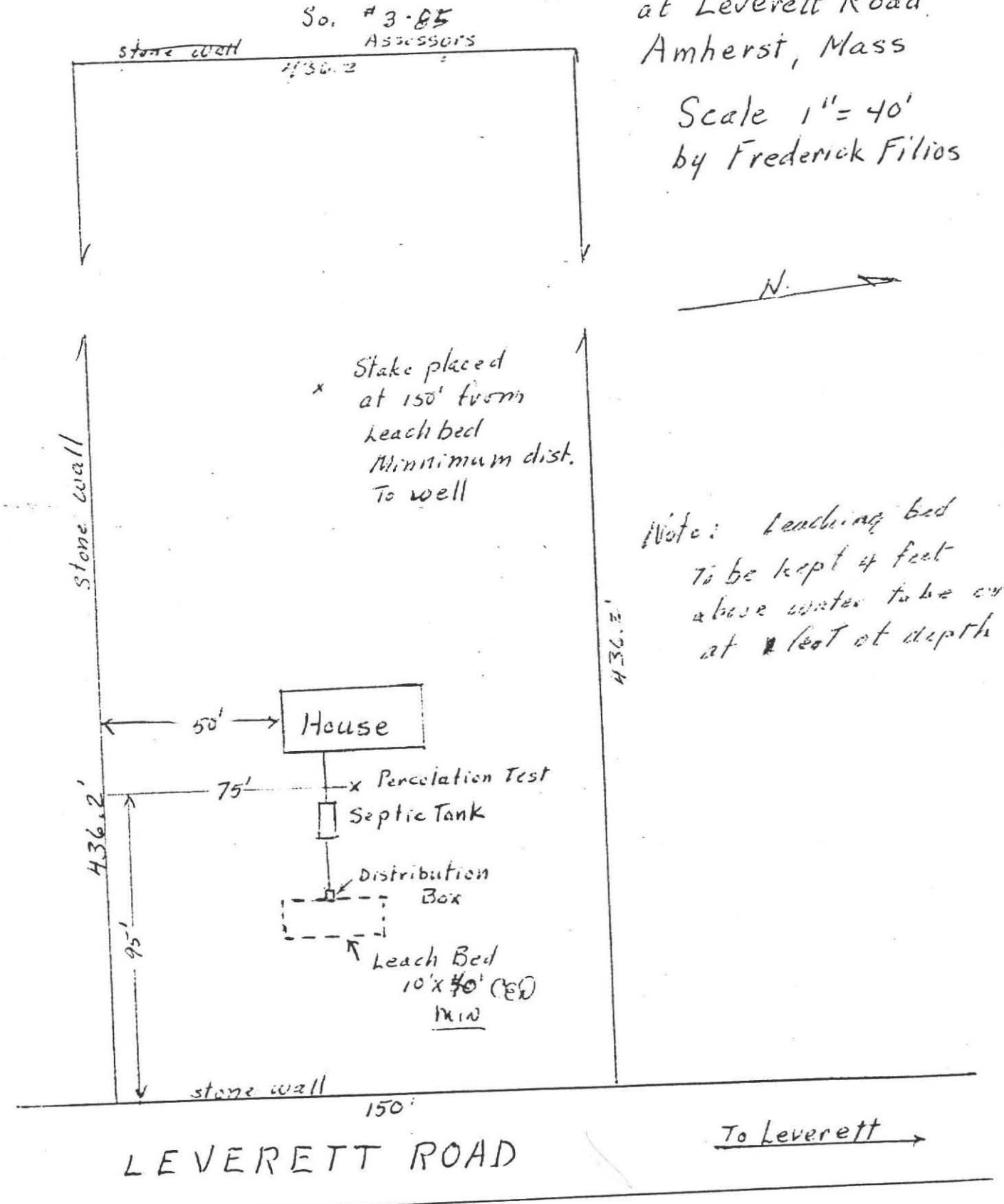
'LAN SHOWING SEWAGE DISPOSAL

for

Jerrold Adams
at Leverett Road
Amherst, Mass

So. #3-85
Assessors

Scale 1" = 40'
by Frederick Filios



Note: Leaching bed
To be kept 4 feet
above water table or
at least at depth

DEEP SOIL LOGS

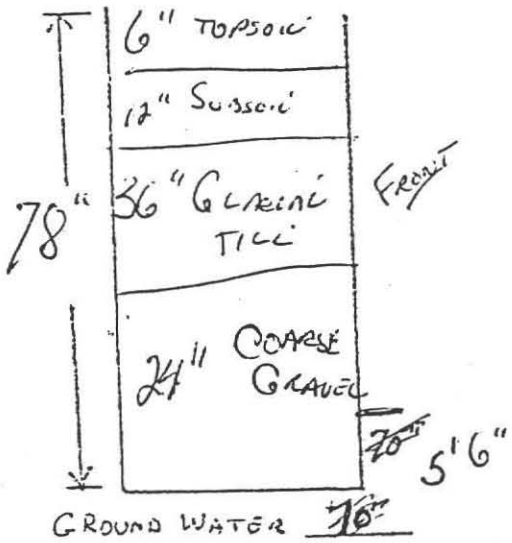
OWNER Jerome Adams

DATE 4/22/74

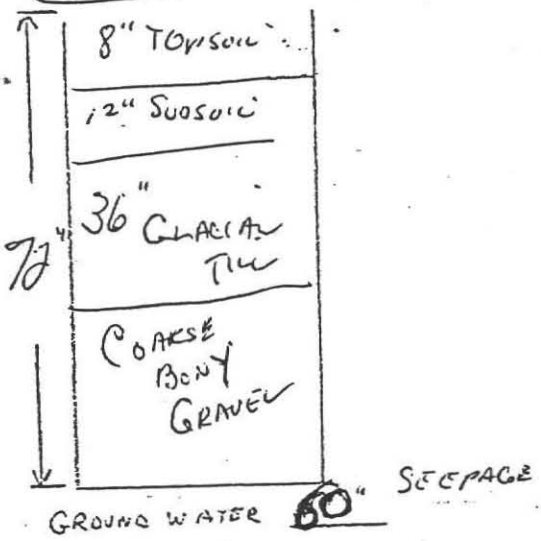
LOCATION Leverett Rd

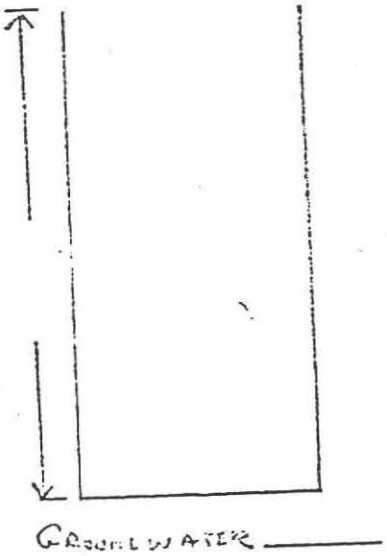
OBSERVER Drake

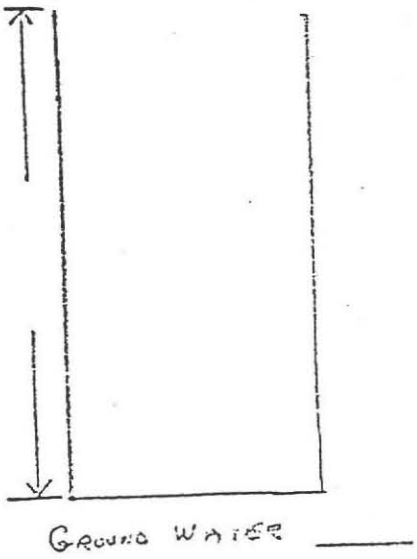
North Lot



South Lot







BOARD OF HEALTH
AMHERST, MASS.