

#87

JUN 6 1991

WILLIAM J. SIERUTA, P.E.  
REGISTERED PROFESSIONAL ENGINEER  
46 UPLAND ROAD  
HOLYOKE, MASSACHUSETTS 01040  
(413) 532-8525

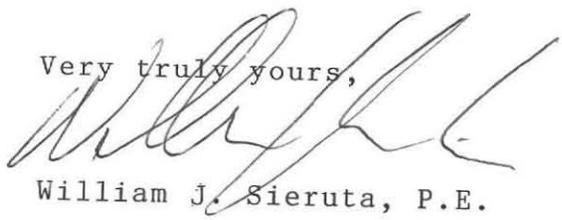
June 1, 1991

Subject: Ashby Septic System  
Market Hill Road  
Amherst, MA. 01002

The subject septic system has been installed in accordance with the approved plans with this noted change. Trench #2 was lengthened to compensate for a boulder at inlet end of trench. The design total square footage was unaltered. The installation meets 310 CMR 15 and local board of health regulations.

If you need any additional information, please do not hesitate to contact me.

Very truly yours,



William J. Sieruta, P.E.

WJS:mbs

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No. 91-1

FEE 160.00  
Pd 304

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST, MASS

Application for Disposal Works Construction Permit

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

RAYMOND ASHBY MARKET HILL ROAD Amherst  
RAYMOND ASHBY MARKET HILL ROAD Amherst  
Location - Address or No. Address  
Owner Address

Type of Building Dwelling - No. of Bedrooms 9 Expansion Attic ( ) Garbage Grinder (X)  
Other - Type of Building Resident No. of persons 3 Showers (2) - Cafeteria (X)  
Other fixtures PARTIAL BMT

Design Flow 110 gallons per person per day. Total daily flow 110 x 1.25 x 9 gallons 550

Septic Tank - Liquid capacity 1000 gallons Length 8'0" Width 5' Diameter 5' Depth 5'

Disposal Trench - No. 3 Width 36" Total Length 102' Total leaching area sq. ft.

Seepage Pit No. Diameter Depth below inlet 12" Total leaching area sq. ft.

Other Distribution box ( ) Dosing tank ( ) BOTTOM 306 FT 2 SIDE 209 FT 2

Percolation Test Results Performed by W.J. SIERUTA Date MARCH 17 1991

Test Pit No. 1 10.0 minutes per inch Depth of Test Pit 45" Depth to ground water 52"

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

Description of Soil 30-10 well graded gravel 1120 @  
54" TM-2 0-10 0-17-28 51x4 51B 51C 28-40B  
WELL GRADED GRAVEL 1120 @ 51

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed 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 Carol E. Ashby 5/2/91  
Application Approved By David Zaccanti for Gabriel Hall 5/6/91  
Date

Application Disapproved for the following reasons:

Permit No. 91-1 Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Certificate of Compliance

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

at 87 MARKET HILL ROAD Installer

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. 91-1 dated 5/6/91

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

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF Amherst

Disposal Works Construction Permit

Permission is hereby granted to Construct ( ) or Repair (X) an Individual Sewage Disposal System at No. 87 MARKET HILL ROAD

as shown on the application for Disposal Works Construction Permit No. 91-1 Dated

DATE 5/6/91 David Zaccanti for Gabriel Hall Board of Health

CHECK OR FILL IN WHERE APPLICABLE



TOWN OF AMHERST  
PERC TEST DATA SHEET

91-1

CH # 304  
Pd 160.00  
Perctest +  
Plan

DATE 3/20/91 LOCATION 87 MARKET HILL RD LOT SIZE \_\_\_\_\_

OWNER Raymond E Ashby ADDRESS 93 MARKET Hill TELE # \_\_\_\_\_  
*CAROL ASHBY*

P.E./RS William SICKUTA FIRM SAMA OBSERVED BY D. ZARONIA

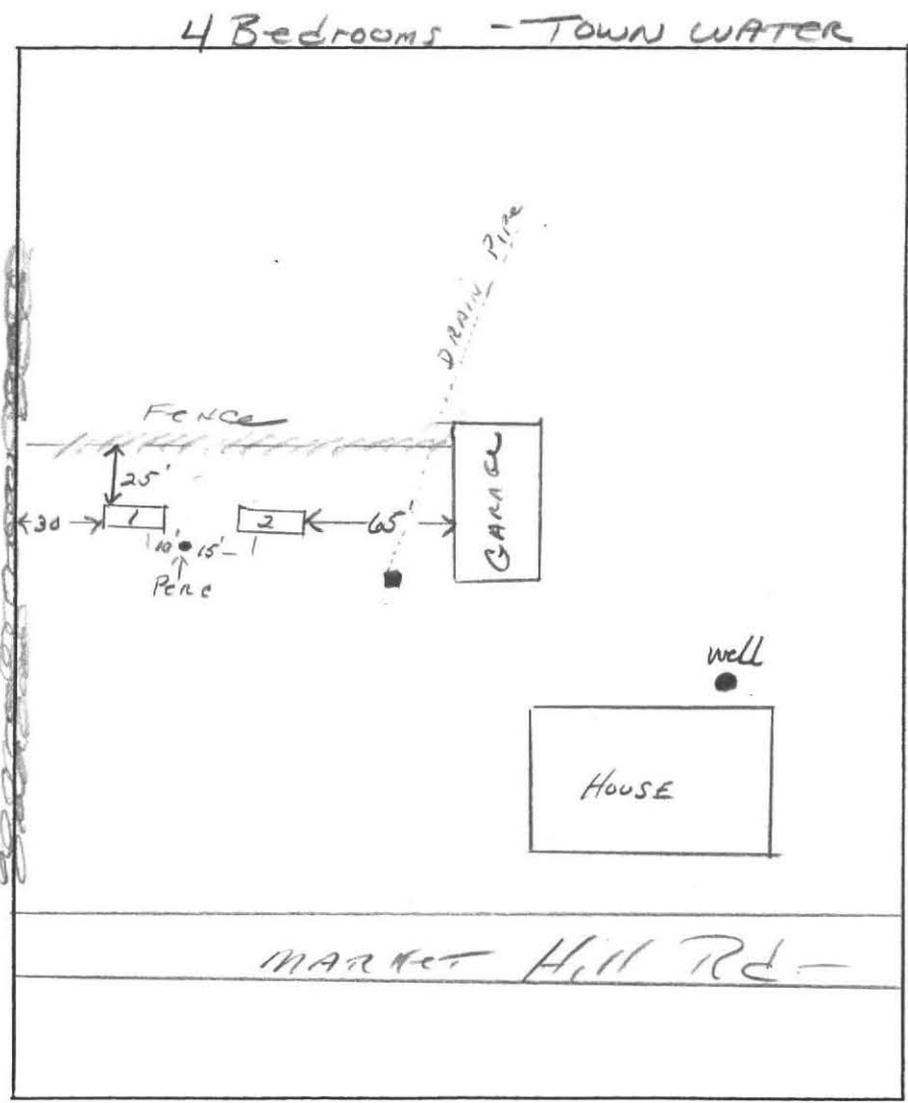
BACK HOE OPERATOR MILKE STOSZ BENCH MARK \_\_\_\_\_

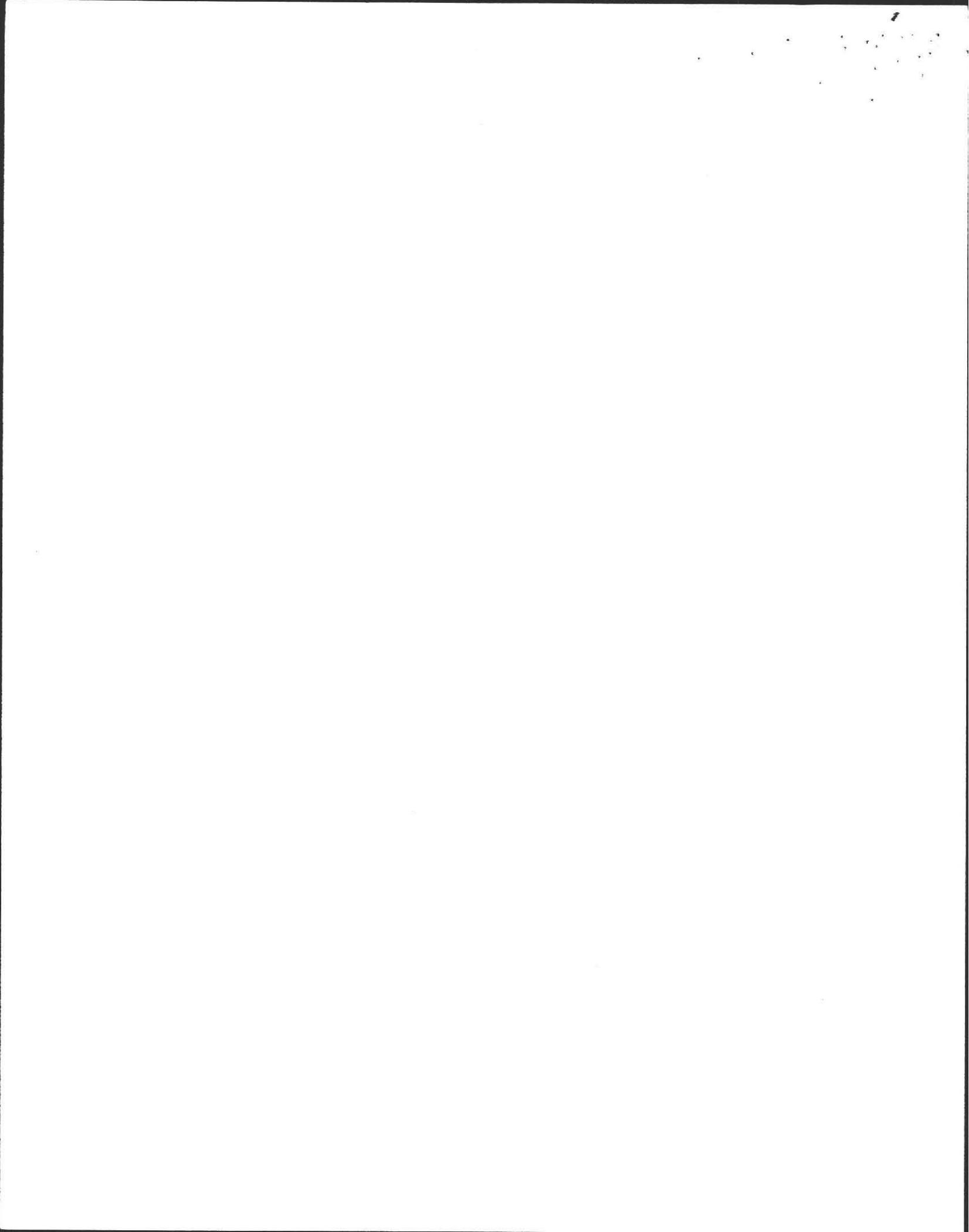
PERC DEPTH 45" PRE SOAK TIME 9:01 PERC DEPTH \_\_\_\_\_ PRE SOAK TIME \_\_\_\_\_

TEST	<u>9:16</u>	<u>12"</u>	<u>8"</u>	<u>9:35</u>	_____	_____
	<u>9:20</u>	<u>11"</u>	<u>7"</u>	<u>9:40</u>	_____	_____
	<u>9:25</u>	<u>10"</u>	<u>6"</u>	<u>9:47</u>	_____	_____
	<u>9:31</u>	<u>9"</u>	<u>16 MIN</u>	_____	_____	_____

RATE (6) RATE \_\_\_\_\_

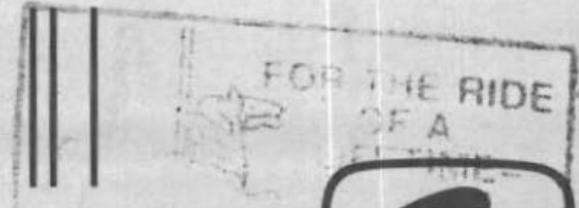
#1	#2
TOP 16"	TOP 14"
SUB 30"	SUB 28"
Silty Gravel WATER Cobbles Boulders	Silty Sand Cobbles Boulders WATER
54"	51"
	Till 68"
	108"
TOP	TOP
SUB	SUB
TOP	TOP
SUB	SUB





UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE, \$300

**SENDER INSTRUCTIONS**  
Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO 

Print Sender's name, address, and ZIP Code in the space below.

Amherst Health Dept  
93 Market Hill Road  
Amherst, MA 01002

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1.  Show to whom delivered, date, and addressee's address. (Extra charge)      2.  Restricted Delivery (Extra charge)

3. Article Addressed to:

Mr + Mrs. Raymond Ashby  
93 Market Hill Road  
Amherst, MA 01002

4. Article Number

P 102 241 410

Type of Service:

- Registered       Insured  
 Certified       COD  
 Express Mail       Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee

X

Raymond & Ashby

6. Signature - Agent

X

7. Date of Delivery **MAR 09 1991**

8. Addressee's Address (ONLY if requested and fee paid)

P 102 241 410

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

*(See Reverse)*

Sent to <i>Mr + Mrs Raymond Cshby</i>	
Street and No. <i>93 Market Hill Rd</i>	
P.O., State and ZIP Code <i>Amherst, MA 01002</i>	
Postage	<i>S</i>
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	<i>S</i>
Postmark or Date <i>Sent 3/8/91</i>	

PS Form 3800, June 1985

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address, leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

Town of



AMHERST

Massachusetts

Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK  
AMHERST, MA 01002-2128  
(413) 256-4077

March 8, 1991

Mr. & Mrs. Raymond Ashby  
93 Market Hill Road  
Amherst, MA 01002

Dear Mr. & Mrs. Ashby:

Please be advised that I received a call from the Amherst Public Works Department about a smell of sewage in and around the area of 87 Market Hill Road, Amherst, MA.

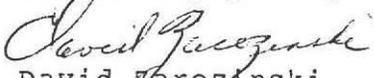
On Thursday, March 7, 1991, I conducted a "dye test" of the property alleged owned by you at 87 Market Hill Road.

On Friday, March 8, 1991, at 10 a.m., I reinspected the area and found that the dye from the test I conducted on Thursday was coming out of "pipes" that are draining toward and into the road ditch.

Therefore, it is my opinion that the septic system for 87 Market Hill Road has failed and must be repaired as soon as possible.

Please call me at 256-4077 so that we can begin the repair process to this septic system.

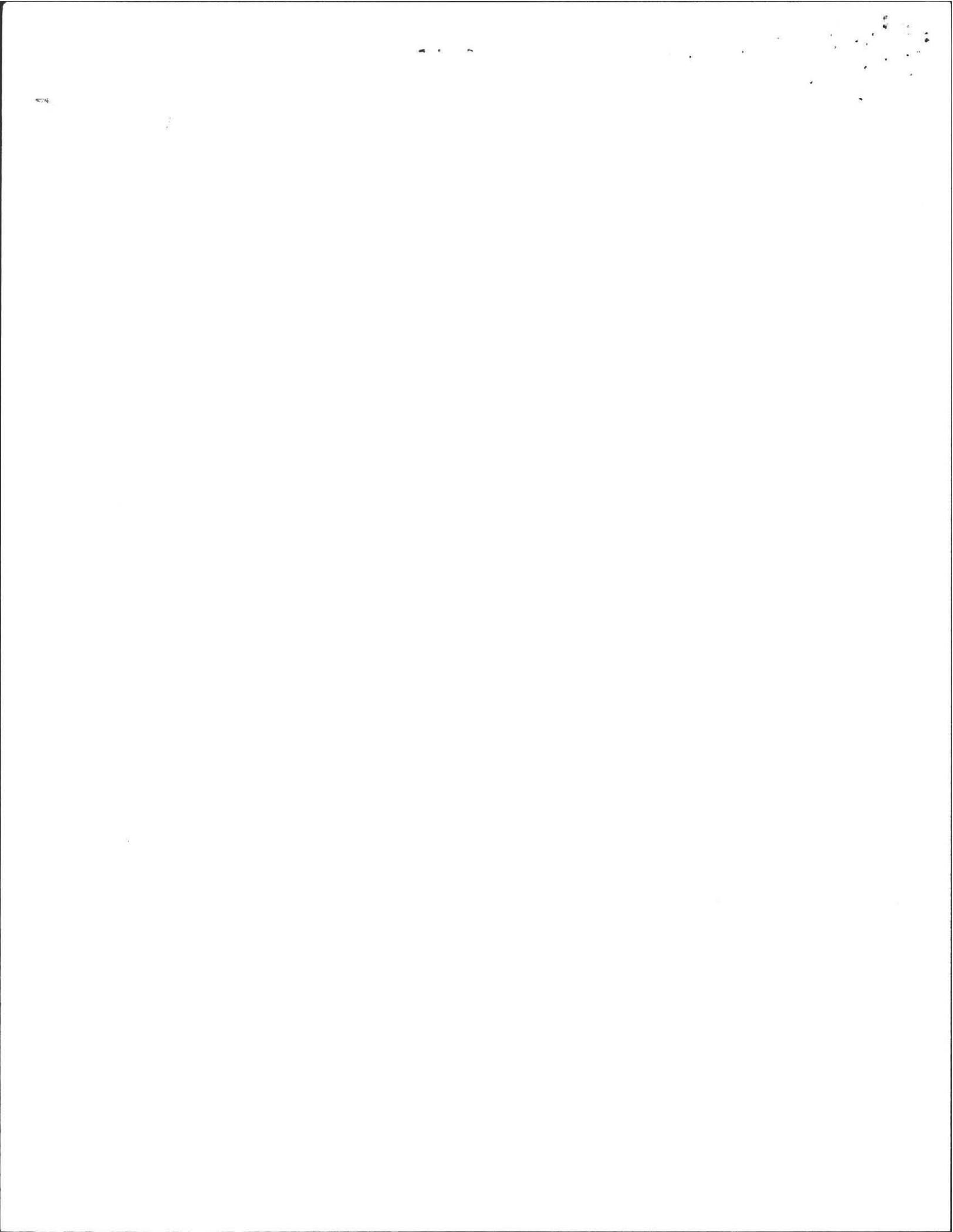
Very truly yours,

  
David Zarozinski  
Sanitarian

P 102 241 410

EH3:Ashby

Re test on 3/20/91  
CH #304 Rec 3/18/91  
FOR 160  
Plans +  
Re test



Percolation Test

Test No. DARC TEST  
 Reading \_\_\_\_\_ Time \_\_\_\_\_  
 Saturation (15 min) 9:01 - 9:16  
 \_\_\_\_\_ 9:14  
 \_\_\_\_\_ 9:21  
 \_\_\_\_\_ 9:25  
 \_\_\_\_\_ 9:31  
 \_\_\_\_\_ 9:35  
 \_\_\_\_\_ 9:40  
 \_\_\_\_\_ 9:47

Test No. \_\_\_\_\_  
 Reading \_\_\_\_\_ Time \_\_\_\_\_  
 Saturation (15 min) \_\_\_\_\_  
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Perc Rate 6.0 Min/inch  
 Ground Elev. \_\_\_\_\_  
 Depth of Hole 45

Perc. Rate \_\_\_\_\_  
 Ground Elev. \_\_\_\_\_  
 Depth of Hole \_\_\_\_\_

Test Pit TP-1  
 Depth \_\_\_\_\_ Soil Description \_\_\_\_\_  
0-10 OTS LOAM  
10-30 SILTY SUBSOIL  
30-110 WELL graded gravel  
WITH COBBLES & BOULDERS

Deep Test Pit/s TP-2  
 Test Pit \_\_\_\_\_  
 Depth \_\_\_\_\_ Soil Description \_\_\_\_\_  
0-14 OTS  
14-28 SUB  
28-68 gravel  
68-108 gravel

Groundwater Depth 59" Elev. \_\_\_\_\_  
 Bedrock Depth \_\_\_\_\_ Elev. \_\_\_\_\_  
 Ground Elev. \_\_\_\_\_

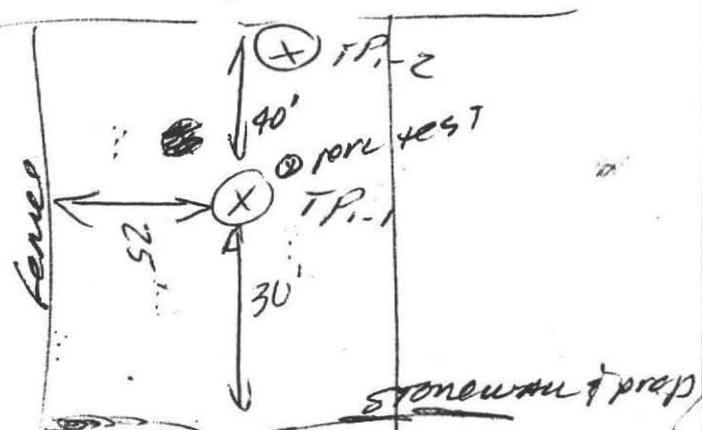
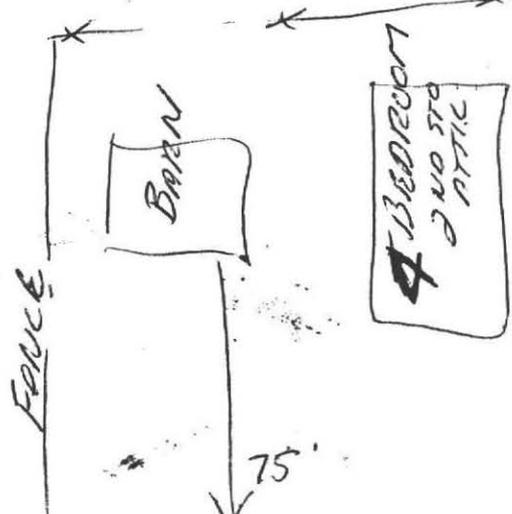
Groundwater Depth 51 Elev. \_\_\_\_\_  
 Bedrock Depth \_\_\_\_\_ Elev. \_\_\_\_\_  
 Ground Elev. 51

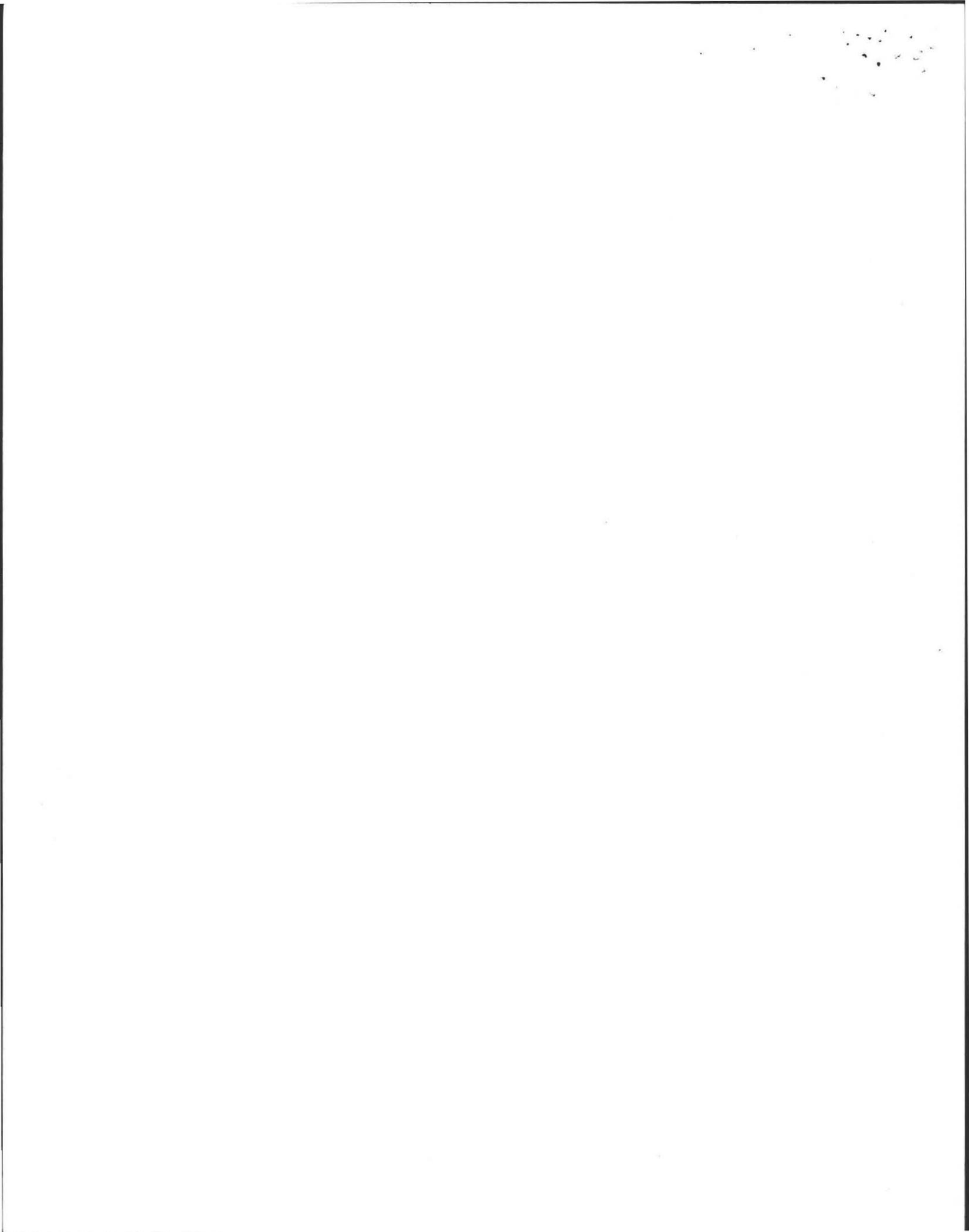
S.C.S. Soil Description gravel Seasonal High Water Table? AS NOTED  
 Bench Mark: Elev. SIC 110 Description \_\_\_\_\_

COMMENTS:



Date: MARCH 1991  
 Client: RAYMOND FISHBY  
MARKET HILL  
AMHERST MASS  
 Engineer: WJSIERUTA  
 Witness: D. ZAROVANSKI  
 Location of Perc: EXISTING HOUSE  
MARKET HILL ROAD  
AMHERST, MASS







# AMHERST Massachusetts

Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT  
70 BOLTWOOD WALK  
AMHERST, MA 01002-2128  
(413) 253-7077

## OFFICE OF THE HEALTH DEPARTMENT

### MISCELLANEOUS INSPECTIONS

Name MR Raymond Ashby

Owner SAME

Type of Business RENTAL Prop.

Inspection of SEPTIC SYSTEM (87 MARKET HILL)

Date: 3/8/91 Time: 10:00

<sup>OWNER</sup>  
Business Address 93 MARKET HILL  
(Street)

Amherst  
(City or Town)

Violation(s) and remarks: ON Friday March 8, 1991

I Re-Inspected the property AT 87  
MARKET HILL RD.

The TOWN OF Amherst (D.P.W.) is  
INSTALLING Road Drainage in this  
Area.

DYE From the TEST I conducted  
on Thursday is coming OUT OF "PIPES"  
that lead toward the Road.

Therefore IT is my opinion that  
the SEPTIC SYSTEM FOR 87 MARKET HILL  
Rd. has failed AND MUST be Repaired  
AS SOON AS POSSIBLE —

This Inspection Report is signed and certified  
Under the pains and penalties of perjury.

Signature of Inspector: David Ziegenfuss

Signature of Owner or Person in Charge: \_\_\_\_\_

