MARKET HILL ROAD

Smead®
UPC 10315
No. 2-350L
HASTINGS, MN

#61

No. 95-27 FEE 160 00 CK # 3096

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

61 MARKET HILL RD — Location - Address
Map 64 Lot 47 — or Lot No.

MARGARET BARDEN CLINE — Owner
Address

Installer
Address

Type of Building — Size Lot ..... Sq. feet

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

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

Other fixtures .....

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

Septic Tank — Liquid capacity 1500 gallons Length 126" Width 68" Diameter NA Depth 64"/55"

Disposal Trench — No. 2 Width ..... Total Length ..... Total leaching area ..... sq. ft.

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

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by ..... Date .....

Test Pit No. 1 42 minutes per inch Depth of Test Pit 72" Depth to ground water 54"

Test Pit No. 2 ..... minutes per inch Depth of Test Pit 72" Depth to ground water .....

Description of Soil See attached plan

COMMONWEALTH OF MASSACHUSETTS HAROLD L. STILES CIVIL No. 32914 REGISTERED PROFESSIONAL ENGINEER

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 Environmental 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 Harold L Stiles for Margaret Barden Cline Date 10/23/95

Application Approved By David Zaczek for Bd of Hlth Date .....

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

Permit No. 95-27 Issued ..... Date

Robert Stowe
Amherst Civil Eng.

THE COMMONWEALTH OF MASSACHUSETTS Alan Kovics

BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

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

by ..... Installer

at 61 Market Hill Road

has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 95-27 dated .....

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

DATE 6/19/96 Inspector David Zaczek

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 95-27 TOWN OF AMHERST FEE 160 00 CK # 3096

Disposal Works Construction Permit

Permission is hereby granted MARGARET BARDEN CLINE

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

at No. 61 MARKET HILL RD Street

as shown on the application for Disposal Works Construction Permit No. 95-27 Dated .....

David Zaczek for Bd of Hlth Board of Health

DATE 11/3/95

FORM 1255 A.M. SULKIN CO.

VARIANCE Request has been OK'd by Board of Health Members (Telephone) Bd of Health OK 11/16/95

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. .....

Mr + Mrs. Fred Skodinski of 47 Fountain Street Holyoke
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Residence
(residence, store, etc.)

which will be located at Market Hill Road to be installed by

Karl Konieney Hadley Mass 3
(name) (address) (phone

Builder is Chester J. Milewska Plumber is R. D. Shipman

Description of lot, building and fixtures as follows:

Lot: Dimensions 150 x 150 Type of Soil Gravel Well or Town Water? Town

Distance to Town Sewer Mile Depth to Ground Water 6+ Kind of Well .....

Will Lot be Graded? Some By Filling or Removing Soil? .....

Building: Dimensions 76 x 30 No. Bedrooms 3 No. Occupants 2

Fixtures: No. Toilets 2 Urinals ~~0~~ Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders Yes

Auto Dishwasher No Auto. Clotheswasher Yes Other (basement) .....

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

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 7/6/60 Chester J. Milewska
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

F. Skodinski is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900. Gals. Liquid Capacity.

Leaching System: Trenches of not less than ..... Sq. Ft. bottom area.

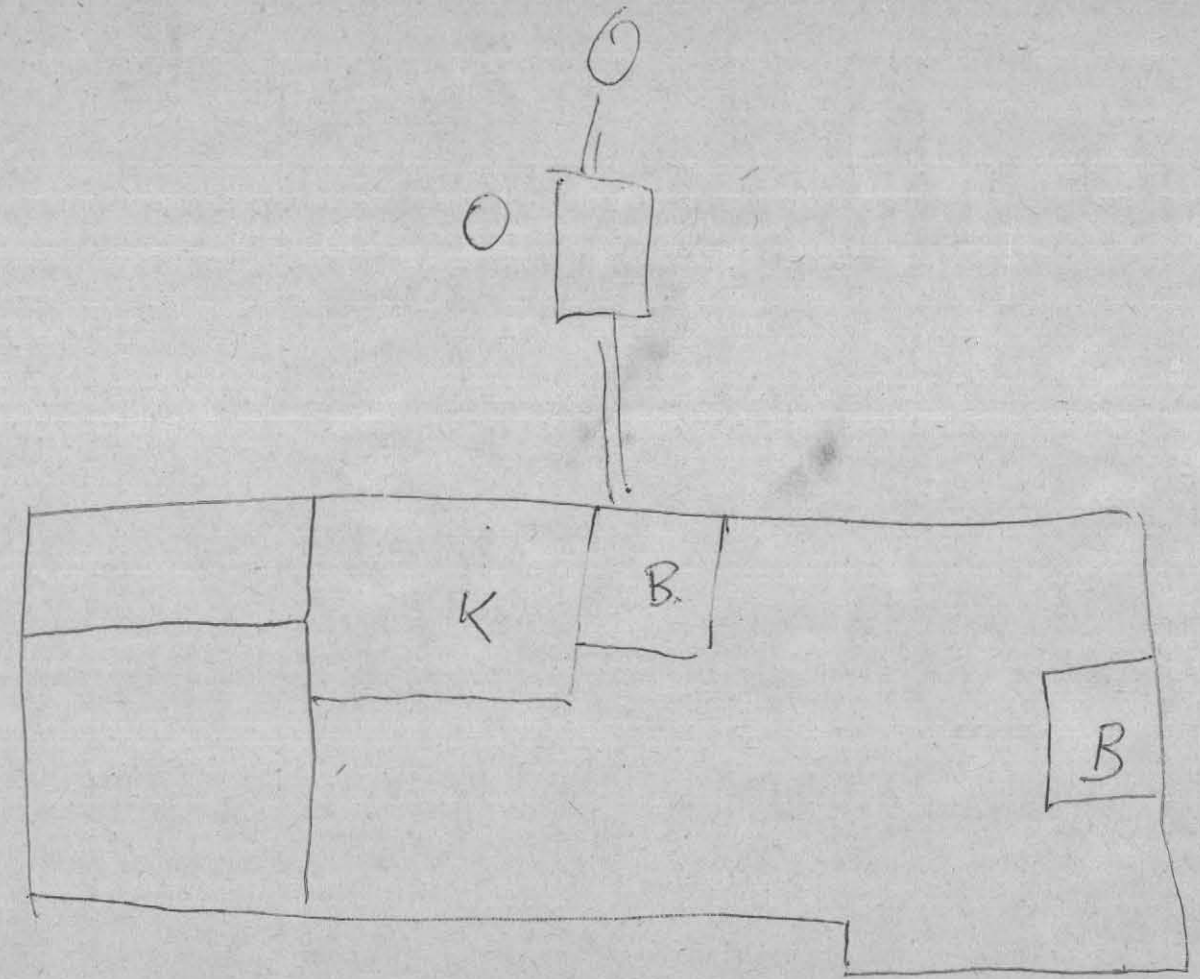
Dry well 64 ft. bottom area and 6 ft. below the inlet.

Other Leach Dry well (2) 6 ft

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.

G. A. Lind 7/6/60
for the Board of Health date

Inspected ..... Approved O.K.


K
B
B
Market Hill Road

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

TITLE 5
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 61 Market Hill Rd Amherst, Ma
Owner's Name: Mark Dawson
Owner's Address: (same)
Date of Inspection: 5/30/02

Name of Inspector: (please print) Pamela / Cary Bissell
Company Name: _Affordable Home and Septic Inspections Inc
Mailing Address: _51 Laurel St._
_Holyoke< Ma. 01040
Telephone Number: 413-532-8600

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: Cary Bissell **Date:** 5/30/02

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

Notes and Comments SAS Functional

******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.**

F16

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 61 Market Hill Rd Amherst, Ma

Owner: Mark Dawson

Date of Inspection: 5/30/02

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

A. System Passes:

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

Comments:

B. System Conditionally Passes:

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

Answer yes, no or not determined (Y,N,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 break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

____ broken pipe(s) are replaced
____ 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:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 61 Market Hill Rd
Amherst, Ma

Owner: Dawson

Date of Inspection: 5/30/00

C. Further Evaluation is Required by the Board of Health:

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

1. **System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

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

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

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

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

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

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

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria 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 A
CERTIFICATION (continued)

Property Address: 61 Market Hill Rd Amherst, MA
Owner: Dawson
Date of Inspection: 5/20/09

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes	No	
___	✓	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	✓	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___	✓	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___	✓	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	✓	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	✓	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	✓	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	✓	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	✓	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	✓	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for 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.]**

No (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
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	
___	___	the system is within 400 feet of a surface drinking water supply
___	___	the system is within 200 feet of a tributary to a surface drinking water supply
___	___	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 61 Market Hill Rd
Amherst, MA
Owner: Dawson
Date of Inspection: 5/30/02

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

Yes	No	
✓		Pumping information was provided by the owner, occupant, or Board of Health
	✓	Were any of the system components pumped out in the previous two weeks ?
✓		Has the system received normal flows in the previous two week period ?
	✓	Have large volumes of water been introduced to the system recently or as part of this inspection ?
✓		Were as built plans of the system obtained and examined? (If they were not available note as N/A)
✓		Was the facility or dwelling inspected for signs of sewage back up ?
✓		Was the site inspected for signs of break out ?
✓		Were all system components, excluding the SAS, located on site ?
✓		Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?
✓		Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

Yes	no	
✓		Existing information. For example, a plan at the Board of Health.
✓		Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 61 Market Hill Rd
Amherst, Ma
Owner: Dawson
Date of Inspection: 5/10/00

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): 3 Number of bedrooms (actual): 1
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 385
Number of current residents: 1
Does residence have a garbage grinder (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): N/A
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): Town Water
Sump pump (yes or no): No
Last date of occupancy: Presently

COMMERCIAL/INDUSTRIAL
Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____ gpd
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): ___
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records
Source of information: None Known
Was system pumped as part of the inspection (yes or no): No
If yes, volume pumped: _____ gallons -- How was quantity pumped determined? _____
Reason for pumping: _____

TYPE OF SYSTEM
✓ Septic tank, distribution box, soil absorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
___ Shared system (yes or no) (if yes, attach previous inspection records, if any)
___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
___ Tight tank ___ Attach a copy of the DEP approval

___ Other (describe): _____

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

Were sewage odors detected when arriving at the site (yes or no): No

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 61 Market Hill Rd Amherst, Ma
Owner: Dewey
Date of Inspection: 5/22/08

BUILDING SEWER (locate on site plan)

Depth below grade: 1'6"
Materials of construction: ___cast iron ✓40 PVC ___other (explain): _____
Distance from private water supply well or suction line: _____
Comments (on condition of joints, venting, evidence of leakage, etc.):
_____

SEPTIC TANK: P (locate on site plan)

Depth below grade: 1'
Material of construction: ✓concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: 10x5x5
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 31"
Scum thickness: 3"
Distance from top of scum to top of outlet tee or baffle: 10"
Distance from bottom of scum to bottom of outlet tee or baffle: 8"
How were dimensions determined: Sludge Judge Tape
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Septic Tank appears sound. Tees in place. Plastic cover
to rear of exfil field

GREASE TRAP: ___(locate on site plan)

Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
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 (continued)

Property Address: 6/ Market Hill Rd Hubert, NC
Owner: Dawson
Date of Inspection: 5/30/08

TIGHT or HOLDING TANK: ____ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: _____
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):
_____
Dimensions: _____
Capacity: _____gallons
Design Flow: _____gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): ____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.):
_____
_____

DISTRIBUTION BOX: P (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: Ø
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.):
D-Box intact. Knockouts intact. 2 outlet lines present.
Speed levelers added to equalize flow

PUMP CHAMBER: ____ (locate on site plan)

Pumps in working order (yes or no): ____
Alarms in working order (yes or no): ____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 6 Market Hill Rd Amherst, MA

Owner: Dawson

Date of Inspection: 5/21/03

SOIL ABSORPTION SYSTEM (SAS): P **(locate on site plan, excavation not required)**

If SAS not located explain why:

Type

____ leaching pits, number: ___
____ leaching chambers, number: ____
____ leaching galleries, number: ____
(2) leaching trenches, number, length: approx 50'
____ leaching fields, number, dimensions: _____
____ overflow cesspool, number: ____
____ innovative/alternative system Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
Two leach trench lines. Flow equalized with speed levelers
Accepting flow equally. SAS functional

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

Number and configuration: _____
Depth – top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes 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)

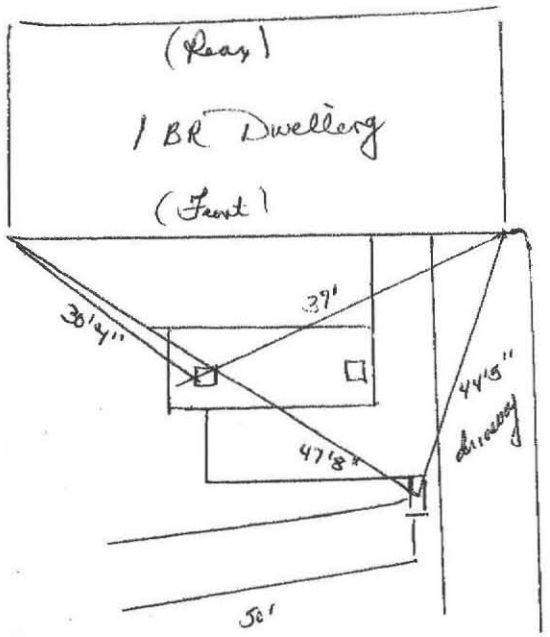
Property Address: 61 Market Hill Rd Amherst, MA

Owner: Dawson

Date of Inspection: 5/20/08

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.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 61 Market Hill Rd
Amherst, Ma

Owner: Dawson

Date of Inspection: 5/21/03

SITE EXAM

Slope
Surface water
Check cellar
Shallow wells

Estimated depth to ground water 5' feet

Please indicate (check) all methods used to determine the high ground water elevation:

___ Obtained from system design plans on record - If checked, date of design plan reviewed: _____
✓ 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:**
No signs of HGW on site. Area of variable GW status
No unusual vegetation / ponding. No sump pump

Affordable Home Inspections
Title 5 Septic Inspection Evaluation Agreement

I.) Affordable Home Inspections represented by Cary/Pamela Bissell as the septic inspectors has been contracted for:

1.) To inspect the property septic system located at 61 Market Hill Rd Amherst

2)By client Mark Dawson

3)for the fee of $ 350.00 this fee represents the standard time schedule of three hours for the onsite inspection .Time exceeding this shall be charged at $45.00 per hour. On site inspection commences at the time of arrival at the above address.

4.) By your signature, it is understood that this inspection does not serve as a warranty implied or expressed. Nor any form of surety, and does not absolve the seller of any possible liability.

5.) Further more it is understood that this inspection and the opinion contained within the report are performed and based upon the abilities ,knowledge and experience of the named inspector regarding Title 5 Septic Inspections.

II.) The Inspector Intends To:

1.) Visually inspect all major structural components of the septic system relative to Title 5 requirements.

2.) Visually identify obvious ,existing problems and where possible indicate areas of potential problems.

III,) Inspector will not :

1) Make repairs, nor enter septic , nor be responsible for any damage to the septic system or property.

IV,) Inspector is not a guarantor of the future life , adequacy or performance of the septic system.

V,) Inspections are limited to visual defect and general appearance of the septic system and property at the time of the inspection.

VI,) Neither the contents of this report nor any representations made herein are assignable without the expressed written consent of Affordable Home Inspections

VII,) Affordable Home Inspections liability is limited to the cost of the inspection.

VIV,) Septic inspection results are filed with the local Board of Health as required by Title V Regulations.

Signed Mark D Dawson Date 20 May 2002
Affordable Home Inspections representative

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

RECEIVED 12/28/04

TITLE 5
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 61 Market Hill, Rd.
Amherst, Ma
Owner's Name: Catherine Shankweiter
Owner's Address:

Date of Inspection: 12/21/04

Name of Inspector: (please print) NICK TORRETTI
Company Name: CLEAN SEPTICS
Mailing Address: P.O. BOX 394
LUDLOW, MA
Telephone Number: 583-2138

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:

__x__ Passes
____ Conditionally Passes
____ Needs Further Evaluation by the Local Approving Authority
____ Fails

Inspector's Signature: Nick Torretti **Date:** 12/21/04

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

Notes and Comments : **Pump Septic Tank every 2 years**

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.

OFFICAL INSPECTION FORM-NOT FOR VOLUNTARY ASSESSEMENTS

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

Property Address: _

Owner: _
Date of Inspection: ____12/21/04_____

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

A. System Passes:

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

Comments:
____Pump Septic Tank Every 2Years

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,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 break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

____ broken pipe(s) are replaced
____ 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:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: _

_ _____

Owner: __
Date of Inspection: _____

C. Further Evaluation is Required by the Board of Health:

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

1. **System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

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

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

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

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

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

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

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria 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 A
CERTIFICATION (continued)

Property Address: _____

Owner: _
Date of Inspection: _____

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes No
___ _x_Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
__ x_Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
___ x__ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
___ _x___Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___ _x___Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___ _x___Any portion of the SAS, cesspool or privy is below high ground water elevation.__
___ _x___Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___ __x__Any portion of a cesspool or privy is within a Zone 1 of a public well.
___ __x__ Any portion of a cesspool or privy is within 50 feet of a private water supply well.
__ __x__ 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.]**

_no____ (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
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
___ ___ the system is within 400 feet of a surface drinking water supply

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

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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address:

_ _____

Owner: ____
Date of Inspection: _____

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

Yes No
_yes__ ___ Pumping information was provided by the owner, occupant, or Board of Health

___ _no__ Were any of the system components pumped out in the previous two weeks ?

_yes__ ___ Has the system received normal flows in the previous two week period ?

___ _no__ Have large volumes of water been introduced to the system recently or as part of this inspection ?

_yes__ ___ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes___ ___ Was the facility or dwelling inspected for signs of sewage back up ?

yes___ ___ Was the site inspected for signs of break out ?

yes___ ___ Were all system components, excluding the SAS, located on site ?

yes___ ___ 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 ?

_yes__ ___ 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:

Yes no
_yes__ ___ Existing information. For example, a plan at the Board of Health.

yes___ ___ 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)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: _

_ _____ _____

Owner: ___

Date of Inspection: _____

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 1__ Number of bedrooms (actual): _1___

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _110 gpd

Number of current residents: 2

Does residence have a garbage grinder (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 2 years usage (gpd)): Town Water

Sump pump (yes or no): no

Last date of occupancy: _present

COMMERCIAL/INDUSTRIAL

Type of establishment: _____

Design flow (based on 310 CMR 15.203): _____gpd

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): __

Water meter readings, if available: ___

Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: **Owner**

Was system pumped as part of the inspection (yes or no): yes__

If yes, volume pumped: **1500** gallons -- How was quantity pumped determined? measured__

Reason for pumping: **inspection**

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)

___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

___ Tight tank ___ Attach a copy of the DEP approval

___ Other (describe): _____

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

Approximately 10 years old, owner

Were sewage odors detected when arriving at the site (yes or no):

_____no_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: _
_ _____
Owner: _
Date of Inspection: _____

BUILDING SEWER (locate on site plan)
Depth below grade: 1'8"
Materials of construction: _x_ cast iron ___ 40 PVC ___other (explain):
Distance from private water supply well or suction line: ___
Comments (on condition of joints, venting, evidence of leakage, etc.):
JOINTS, VENTING APPEAR TO BE IN GOOD CONDITION, NO LEAKS

SEPTC TANK: ___ (locate on site plan)

Depth below grade: **10"**
Material of construction: _x_concrete ___metal ___fiberglass ___polyethylene
_other(explain)_____
If tank is metal list age: __ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: **10x5x5**
Sludge depth: **10"**
Distance from top of sludge to bottom of outlet tee or baffle: _
Scum thickness: **3"**
Distance from top of scum to top of outlet tee or baffle: _
Distance from bottom of scum to bottom of outlet tee or baffle:__
How were dimensions determined: **MEASURED**
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, Etc.):
PUMP SEPTIC TANK EVERY 2 YEARS, BAFFLES, LIQUID LEVELS APPEAR TO BE IN CONDITION, STRUCTURAL INTEGRITY OK, NO LEAKS

GREASE TRAP: ___(locate on site plan)

Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other
(explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
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 (continued)

Property Address: _____

Owner: __ _
Date of Inspection: _____

TIGHT or HOLDING TANK: ___ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: _____
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):
_____
Dimensions: _____
Capacity: _____gallons
Design Flow: _____gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): ____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.):
_____
_____

DISTRIBUTION BOX: **x** (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: **0"**
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,
D-BOX APPEARS LEVEL & EQUAL,NO CARRYOVER
NO LEAKS

PUMP CHAMBER : ___ (locate on site plan)

Pumps in working order (yes or no): _
Alarms in working order (yes or no): __
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): _____
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: _

OWNER: _____
Date of Inspection: _____

SOIL ABSORPTION SYSTEM (SAS): ____ **(locate on site plan, excavation not required)**

If SAS not located explain why:

___ leaching pits, number:
____ leaching chambers, number: ____
____ leaching galleries, number: _____
__x__ leaching trenches, number, length **2 trenches, 56' long**
___ leaching fields, number, dimensions: ____
____ overflow cesspool, number: ____
____ innovative/alternative system Type/name of technology: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
Soil and vegetation appear ok, no signs of failure

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

Number and configuration: ___
Depth – top of liquid to inlet invert: __
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes 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.):

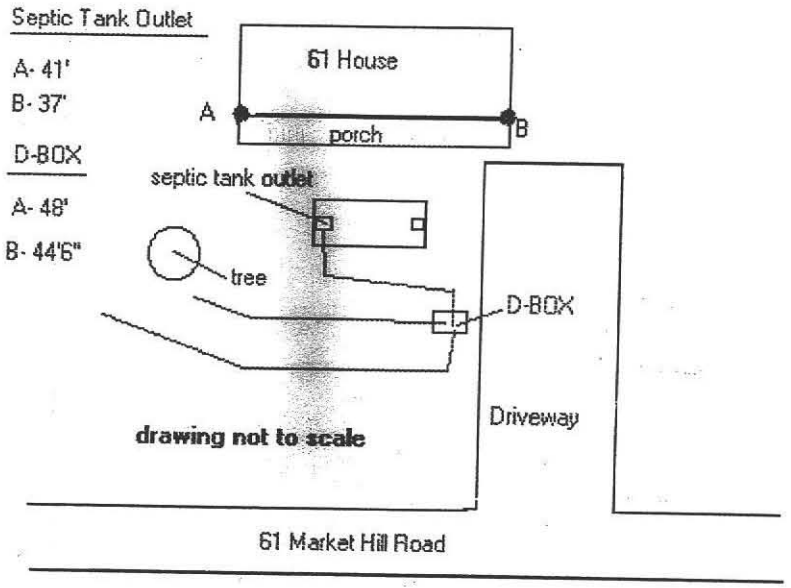
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: _____

_____

Owner: _____
Date of Inspection: _____

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.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Propertoy Address: _

_ _____

Owner: _
Date of Inspection: _____

SITE EXAM
Slope x
Surface water
_x__Check cellar
Shallow wells

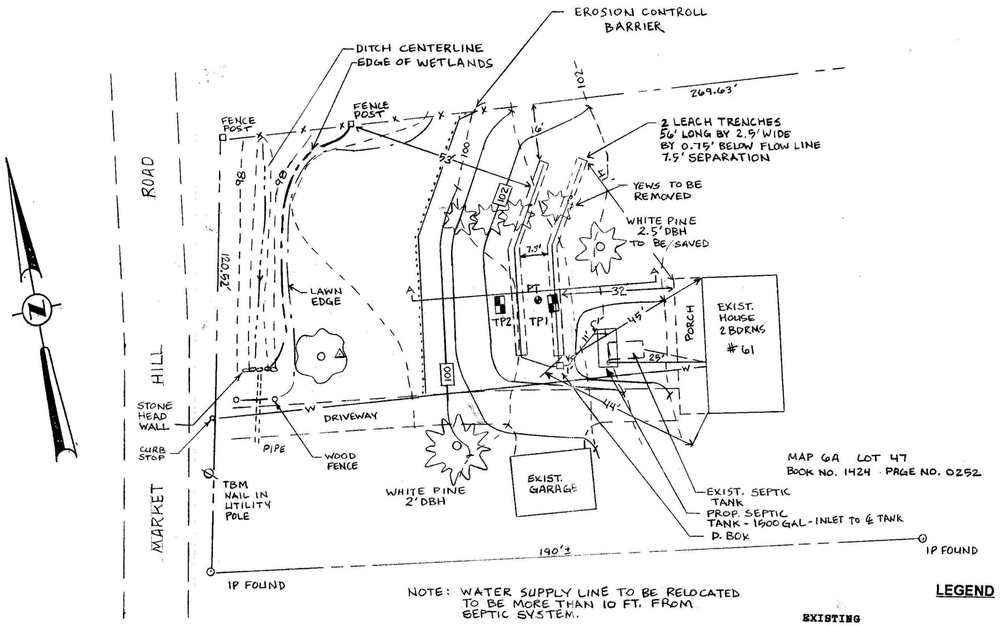
Estimated depth to ground water - none at 4'_

Please indicate (check) all methods used to determine the high ground water elevation:

___ Obtained from system design plans on record - If checked, date of design plan reviewed: _
__x__ 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:

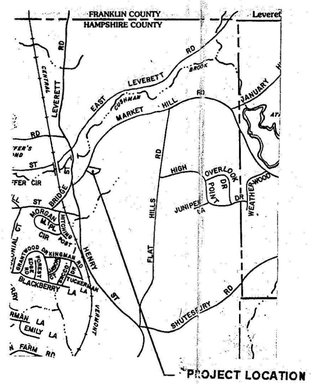
____Slope & Checked Cellar
_____



PLAN VIEW
SCALE 1" = 20 FEET

BOUNDARY INFORMATION FROM TOWN OF AMHERST ASSESSOR'S MAP.

LOCUS MAP



LEGEND

EXISTING		PROPOSED
xxx	CONTOUR LINE (1' INTERVAL)	xxx
TPx PT	DEEP OBSERVATION PIT	TPx PT
	PERCOLATION TEST	
	IRON PROPERTY PIN	
	DECIDUOUS TREE	
	CONIFEROUS TREE	
	UTILITY POLE	
W	WATER SUPPLY LINE	W

CONSTRUCTION NOTES:

1. This area served by town water. No wells within 200 ft. of proposed leach facility at time of survey.
2. Septic tank shall be pumped and inspected as necessary and at least once every three years.
3. Pines exiting Distribution Box shall have the same invert elevation and shall be level for at least the first two feet of length.
4. Topsoil and subsoil shall be removed for five feet around proposed leach area and where fill is to be placed. Fill shall be a clean granular sand and shall conform to the specifications of Title 5 310 CMR 15.255(3).
5. Removal and disposal of existing septic tank shall conform to all applicable regulations. Disturbed areas shall be loamed and seeded to match adjacent grade and grass and mulched until permanent vegetative cover is established..

SOIL INVESTIGATION

TEST PIT NO. 1 Elev. 100.5'

PERCOLATION TEST AT 100.25'
Saturation Period: 15 Minutes
Percolation Rate: <2 Minutes/Inch

0" - 9"	A	Fine Sandy Loam
9" - 16"	Bw	Very Fine Sandy Loam Matrix: 2.5Y5/4 Mottles: 7.5YR5/8 5%
16" - 72"	C	Fine Loamy Sand w/ fine to coarse gravel, cobbles and stones Matrix: 7.5YR5/8 No Mottles

Groundwater Elevation: 95.8'
Bedrock Elevation: Lower than 94.5'
These are Class 1 Soils

TEST PIT NO. 2 Elev 99.6'

0" - 9"	A	Fine Sandy Loam
9" - 16"	Bw	Very Fine Sandy Loam Matrix: 2.5Y5/4 Mottles: 7.5YR5/8 5%
16" - 72"	C	Fine Loamy Sand w/ fine to coarse gravel, cobbles, stones, 3 boulders. Matrix: 7.5YR5/8 No Mottles

Groundwater Elevation: 94.9'
Bedrock Elevation: 93.6' or lower
These are Class 1 Soils

Wetlands within 200 ft of the Soil Absorption System as shown.
Soils investigation and percolation testing performed by Robert Stover, Certified Soil Evaluator on September 26, 1995. Witnessed by David Zarozinski, Health Officer, Amherst Board of Health.

DESIGN CRITERIA

Two bedroom single family house.
No garbage disposal shall be installed.
Utilize leaching trench system.
Proposed septic tank: 1500 gal. tank.

DESIGN CALCULATION

Design flow: 2 bdrm @ 110gpd/bdrm = 220 gpd

Leaching Trenches: Percolation rate = 2 min/inch
Bottom area: 0.74 GPD/SF
Sidewall area: 0.74 GPD/SF

Use 2 trenches 56 ft. long x 2.5 ft. wide x 0.75 ft. below flow line
Bottom area: (56 x 2.5) x 2 x 0.74 = 207.2 GPD
Sidewall area: (56 x .75) x 4 x 0.74 = 124.3 GPD

TOTAL LEACHING CAPACITY = 331.3 GPD
TOTAL REQUIRED = 220 GPD OK

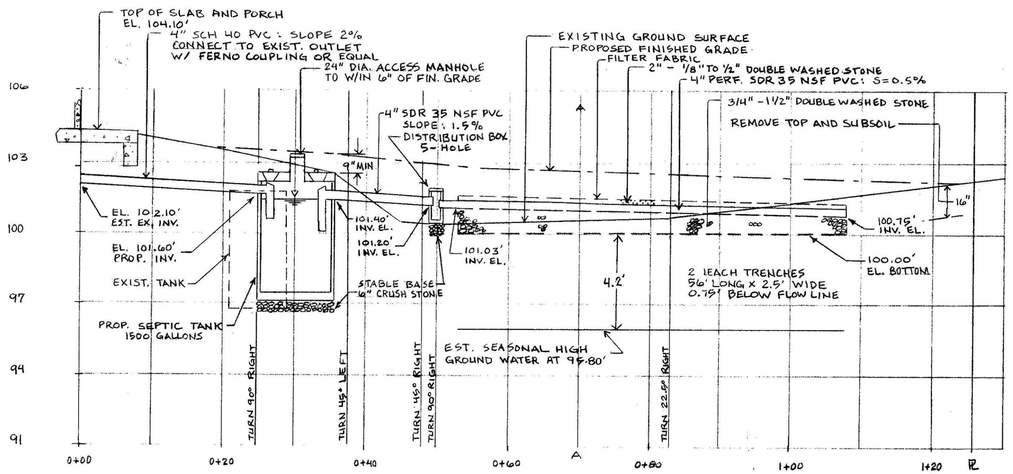
GENERAL CONDITIONS

1. This system repair is designed in accordance with 310 CMR 15.00 (Title 5) except for the requirement for 5 foot separation to groundwater. There will be a local upgrade approval request for this requirement. Construction shall conform to the approved plan.

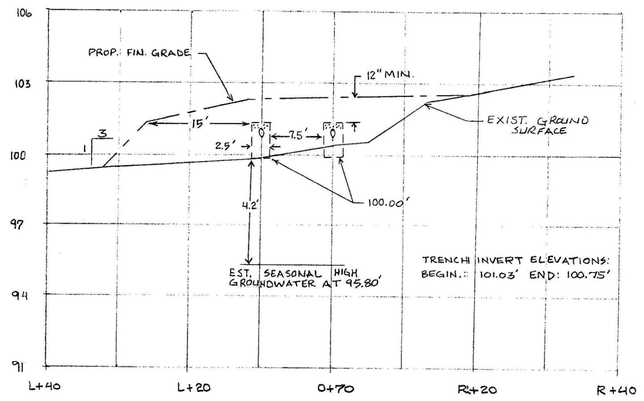
2. Contractor shall notify engineer of any unusual conditions and shall not modify the plan without the written consent of the engineer. Any debris in the site area shall be removed and disposed of in accordance with the law.

3. There is no guarantee express or implied to any user of a system installed pursuant to this plan.

4. Inspections of excavation and installation: the contractor shall notify the designer when the excavation is complete and prior to installation of stone and pipe to verify elevations. The contractor shall notify the designer and the Amherst Health Dept. when system installation is complete and prior to placement of cover material for final inspection. Notifications shall be 48 hours prior to the time of inspection.



SYSTEM PROFILE
SCALE: H: 1" = 10' V: 1" = 3 '



LEACHING TRENCHES SECTION "A" - "A'"
H: 1" = 10' V: 1" = 5 '

COMMONWEALTH OF MASSACHUSETTS
HAROLD L. STILES JR. CIVIL No. 32914 REGISTERED PROFESSIONAL ENGINEER

10/24/95

MARGARET BARDEN CLINE
61 MARKET HILL ROAD
AMHERST, MASSACHUSETTS

ON-SITE SEWAGE DISPOSAL SYSTEM
61 MARKET HILL RD., AMHERST, MASSACHUSETTS

SCALE: AS SHOWN	APPROVED BY HLS	DRAWN BY RWS
DATE: OCT 20, 1995		

AMHERST CIVIL ENGINEERING
HAROLD L. STILES, P.E. / ROBERT STOVER
6 UNIVERSITY DR., BOX 144, AMHERST, MA 01004
(413) 256-3400

DRAWING NUMBER

CHARRETTE PRO-FORM 95897 PRINTED ON 80# CHAMPION VELLUM