140 MIDDLE STREET

237 - MEMORD

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

140 Middle Street
Property Address

Charles E. Lehane and Audrey J. Lehane
Owner's Name

Amherst	MA	01002	11/16/12
City/Town	State	Zip Code	Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. General Information

1. Inspector:

Robert Stover
Name of Inspector

Amherst Environmental Services
Company Name

PO Box 3312
Company Address

Amherst	MA	01004-3312
City/Town	State	Zip Code

413-256-3400	SI3216
Telephone Number	License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

☒ Passes ☐ Conditionally Passes ☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Robert Stover
Inspector's Signature

November 16, 2013
Date

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

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

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B. Certification (cont.)

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

A) System Passes:

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

Comments:

The Health Dept inspector and I agreed the distribution box had deteriorated and and needed to be replaced. It was replaced by WW Clark excavating and it was inspected by me before it was covered. See attached photos. I certify that the garbage grinder was removed by the owners.

B) System Conditionally Passes:

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

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

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

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

☐ Y ☐ N ☐ ND (Explain below):

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B. Certification (cont.)

B) System Conditionally Passes (cont.)**:**

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

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☐ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

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

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

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

☐ Cesspool or privy is within 50 feet of a surface water

☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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B. Certification (cont.)

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

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

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

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

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

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

3. Other:

_____

_____

_____

_____

D) System Failure Criteria Applicable to All Systems:

You <u>must</u> indicate "Yes" or "No" to each of the following for <u>all</u> inspections:

Yes	No	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☐	☒	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	☒	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

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B. Certification (cont.)

Yes	No	
☐	☒	Required pumping more than 4 times in the last year ***NOT*** due to clogged or obstructed pipe(s). Number of times pumped: _____.
☐	☒	Any portion of the SAS, cesspool or privy is below high ground water elevation.
☐	☒	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
☐	☒	Any portion of a cesspool or privy is within a Zone 1 of a public well.
☐	☒	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐	☒	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**
☐	☒	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☐	☒	**The system <u>fails</u>.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes	No	
☐	☐	the system is within 400 feet of a surface drinking water supply
☐	☐	the system is within 200 feet of a tributary to a surface drinking water supply
☐	☐	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

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

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C. Checklist

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

Yes	No	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☐	☒	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☒	☐	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
☒	☐	Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?
		The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:
☒	☐	Existing information. For example, a plan at the Board of Health.
☒	☐	Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

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

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D. System Information

Description:

Number of current residents: none

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☒ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): 44.25 gpd

Detail:
see attached

Sump pump? ☐ Yes ☒ No

Last date of occupancy: end of March 2012

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203): Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present? ☐ Yes ☐ No

Industrial waste holding tank present? ☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☐ No

Water meter readings, if available:

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D. System Information (cont.)

Last date of occupancy/use: _____ Date

Other (describe below):

_____

_____

_____

General Information

Pumping Records:

Source of information: Health Dept. records indicate tank last pumped on 3/29/12, 9/23/04,

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

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

Reason for pumping: tank condition did not require 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) and a copy of latest inspection of the I/A system by system operator under contract

☐ Tight tank. Attach a copy of the DEP approval.

☐ Other (describe):

_____

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D. System Information (cont.)

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

Fall 1999

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

Building Sewer (locate on site plan):

Depth below grade: 1 feet

Material of construction:

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

Distance from private water supply well or suction line: 10 plus feet

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

No evidence of leakage and joints in good condition. A sewage ejector pump pumps flow from the kitchen sink, bathroom and shower, and washing machine to BSO. Upstairs bathroom has gravity flow to BSO.

Septic Tank (locate on site plan):

Depth below grade: 9 inches feet

Material of construction:

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

If tank is metal, list age: years

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

Dimensions: 10.5' X 5.5' X 4' effective depth

Sludge depth: less than one inch

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: 34 inches

Scum thickness: less than one inch

Distance from top of scum to top of outlet tee or baffle: 6 inches

Distance from bottom of scum to bottom of outlet tee or baffle: 14 inches

How were dimensions determined? visually

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
The tank and tees are in good condition. Liquid level was at outlet invert. No evidence of leakage observed. Pump tank annually. Use liquid detergents. Do not install a garbage grinder. Minimize disposal of manufactured products, grease, oil fat, food particles to the extent possible. Absolutely no disposal of paint, paint residue, paint thinner or cleaner or any like product into system. Use natural paper toilet paper (such as Scot's brand) and do not dispoe of hygiene products into system.

Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

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

Dimensions: _____

Scum thickness _____

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

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

Date of last pumping: _____ Date

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D. System Information (cont.)

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

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

Depth below grade: _____

Material of construction:

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

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: _____ Alarm in working order: ☐ Yes ☐ No

Date of last pumping: _____ Date

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

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

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D. System Information (cont.)

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

Depth of liquid level above outlet invert: liquid level at outlet invert slight carryover of solids.

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.):
Existing box had deteriorated and was replaced. New box was installed by WW Clark Excavating of Shutesbury (413-259-1411). New box installed level with equal distribution to all four outlet pipes. D. box is 21 inches below grade.

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

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

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

If SAS not located, explain why:

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D. System Information (cont.)

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	one; 30' X 20'
☐	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 were normal. No ponding, damp soil, or other signs of hydraulic failure were observed.

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

Number and configuration _____

Depth – top of liquid to inlet invert _____

Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow ☐ Yes ☐ No

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D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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

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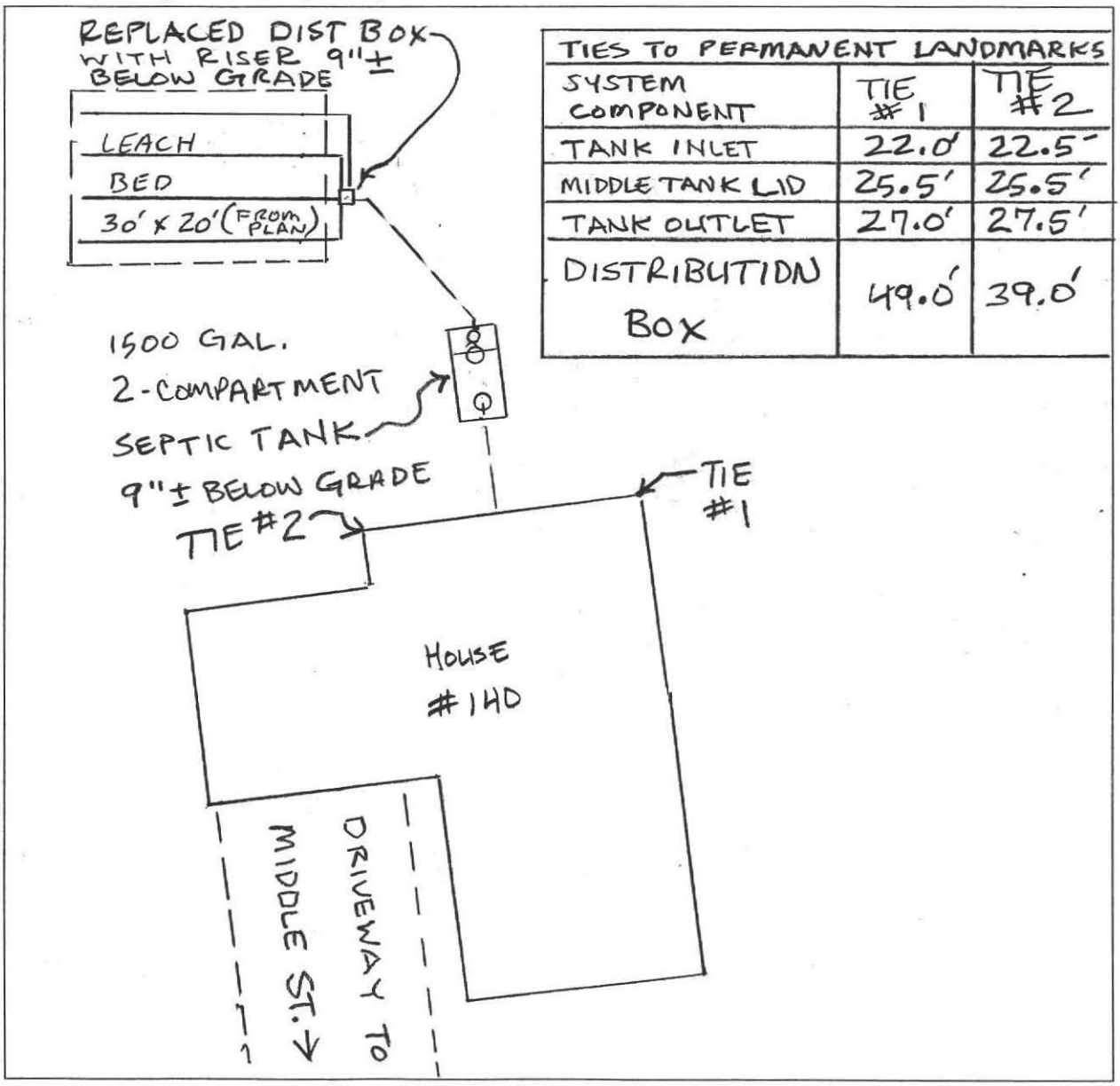
D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

☒ hand-sketch in the area below
☐ drawing attached separately



TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENT	TIE #1	TIE #2
TANK INLET	22.0'	22.5'
MIDDLE TANK LID	25.5'	25.5'
TANK OUTLET	27.0'	27.5'
DISTRIBUTION BOX	49.0'	39.0'

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D. System Information (cont.)

Site Exam:

☐ Check Slope

☐ Surface water

☐ Check cellar

☐ Shallow wells

Estimated depth to high ground water: 68 inches
feet

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

☒ Obtained from system design plans on record

If checked, date of design plan reviewed: 9/27/1999
Date

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

☒ Checked with local Board of Health - explain:

checked Health Dept records for the septic at this property and obtained copy of design plan.

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

☐ Accessed USGS database - explain:

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

The high ground water elevation was established from a report of a soil evaluation by Robert F. Sheehan and witnessed by David Zarozinski for the Amherst Health Dept conducted on May 18, 1999. This report indicated that the estimated ground water = 68" based on mottling in the soil at that depth. This report is on the design plan for this septic system submitted to the Board of Health on Sept 27, 1999.

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

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E. Report Completeness Checklist

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

SOIL LOGS

DATE: MAY 18 1999

HOLE NUMBER	HORIZON	DEPTH FROM SURFACE INCHES	SOIL TEXTURE	SOIL COLOR MUNSELL	MOTTLING	OTHER
1	A	0-5	SL	10YR4/4		
	Bw	5-13	SL	10YR4/6		
	C1	13-30	FS	10YR5/3	NONE OBSERVED	FIRM, FRIABLE
	C2	30-68	CS&G	5YR4/4	5%+@ 68" 2.5Y5/6	LOOSE SINGLE GRAIN
	C3	68-123	VFS	10YR4/3		FIRM WET

ELEVATION AT GRADE: 100.43
ELEVATION OF BOTTOM OF H1: 90.18
WEEPING = 120"; ESTIMATED GROUND WATER = 68", ELEVATION = 94.76
LEDGE = > 123" NOT IN FLOOD PLAIN

SITUATION:

4 BEDROOM DWELLING, NO GARBAGE GRINDER, PERC RATE AT HOLE 1 OF 3 MINUTES PER INCH, DOP 60 INCHES,

PERC TEST DATE: MAY 18, 1999, BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI
SOIL EVALUATOR: ROBERT F. SHEEHAN, CERTIFIED NOVEMBER 1994.

4 BEDROOMS @ 110 GALS = 440 GALLONS
ESTIMATED AVERAGE DAILY FLOW BASED ON 1995 TITLE 5 REGULATIONS

LEACHING SYSTEM IS TO CONSIST OF 1 BED, 20 FT WIDE X 30 FT LONG
WITH A MINIMUM OF 0.50 FEET OF STONE UNDER THE DISTRIBUTION LINES.

REPAIR SEPTIC SYSTEM DESIGN ~~142~~ 140 MIDDLE ST AMHERST,MA.		
	SUBMITTED TO BOARD OF HEALTH SEPT. 27,1999	SHEET 1 OF 2
REPAIR SEPTIC SYSTEM DESIGN FOR CHARLES LEHANE AMHERST, MA.		
R. F. SHEEHAN ASSOCIATES INC GRANBY MA		DRAWING NUMBER 99155 PDR

Consumption History Inquiry/Report - Munis [***TOWN OF AMHERST***]

My File Edit Tools Help

Tier History
Replace Hist
Demand Inq

Account

Account 382901 Customer 24720

Parcel 23B000020 LEHANE JR, CHARLES

Location 140 Suffix Customer status CURRENT

Pre-direction Street MIDDLE ST

Street type Post-direction

Unit type Unit/Apt

ZIP code City State

Subdivision Lot

Service

Service WATER 001 WATER RATE Mfr PRO Meter # 74866050 Status ACTIVE

1 of 1

Exceptions

Description	Code	Action	SO Type

Consumption History

Read Date	Read Time	Bill#	P	R	Current	Usage	Repl Use	Billed Usage	Bill Amount	Charge Amount	Adj Bill Amt
09/27/2012		520546		A	641	4	0	4	14.60	13.60	
06/18/2012		514034		A	637	8	0	8	27.40	26.40	
03/28/2012		507423		A	629	7	0	7	24.10	23.10	
01/11/2012		501477		A	622	15	0	15	50.50	49.50	
08/30/2011		492714		A	607	10	0	10	34.00	33.00	
05/24/2011		486322		A	597	12	0	12	40.60	39.60	
02/17/2011		479525		A	585	10	0	10	34.00	33.00	
11/29/2010		474172		A	575	14	0	14	47.20	46.20	
08/20/2010		466853		A	561	12	0	12	40.60	39.60	

1 of 1

OVR

Town of A... Microsoft... CODESyst... Inbox - Mi... Bill Inquiry... Payment E... UB Origin... Consumpt...

1:11 PM 3/8/2013

gallons used

2012 = 11 days
2011 = 365 days
2010 = 316 days

30,638 / 692 days = 44.29 gals per day

page 2

water only

Friday, Mar 08, 2013 01:11 PM

Consumption History Inquiry/Report - Munis [***TOWN OF AMHERST***]

My File Edit Tools Help

Tier History
Replace Hist
Demand Inq

Account

Account 382901 Customer 24720

Parcel 23B000020 LEHANE JR, CHARLES

Location 140 Suffix Customer status CURRENT

Pre-direction Street MIDDLE ST

Street type Post-direction

Unit type Unit/Apt

ZIP code City State

Subdivision Lot

Service

Service WATER 001 WATER RATE Mfr PRO Meter # 74866050 Status ACTIVE

1 of 1

Exceptions

Description	Code	Action	SO Type

Consumption History

Read Date	Read Time	Bill#	P	R	Current	Usage	Repl Use	Billed Usage	Bill Amount	Charge Amount	Adj Bill Amt
05/05/2010		459878		A		549	10	0	10	34.00	33.00
02/18/2010		453044		E		539	14	0	14	47.20	46.20
11/24/2009		448203		A		525	14	0	14	47.20	46.20
08/20/2009		440874		A		511	11	0	11	37.30	36.30
05/15/2009		433987		A		500	13	0	13	42.60	41.60
02/13/2009		427128		E		487	16	0	16	52.20	51.20
11/05/2008		421380		A		471	14	0	14	45.80	44.80
08/05/2008		415018		A		457	9	0	9	29.80	28.80
05/22/2008		409222		A		448	23	0	23	70.00	69.00

1 of 1

OVR

Town of A... Microsoft... cODESxls... Inbox - Mi... Bill Inquiry... Payment E... UB Origin... Consumpti... 1:10 PM 3/8/2013

page 1

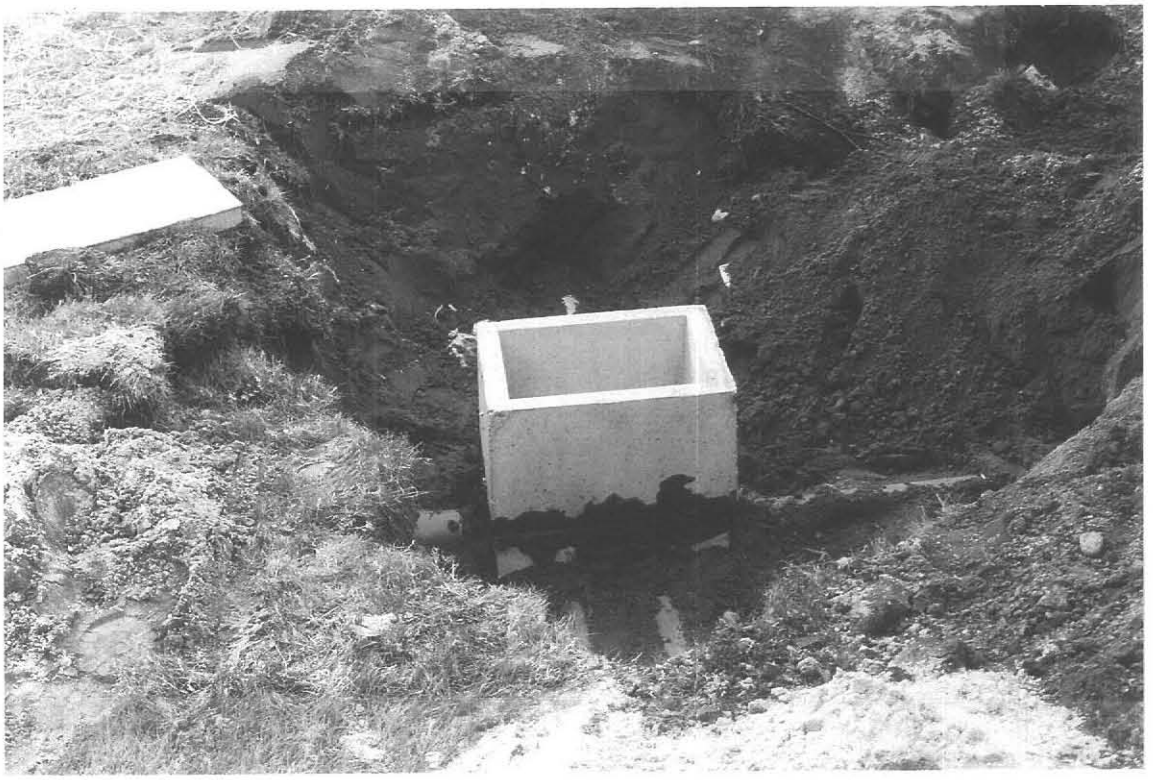
A - ACTUAL

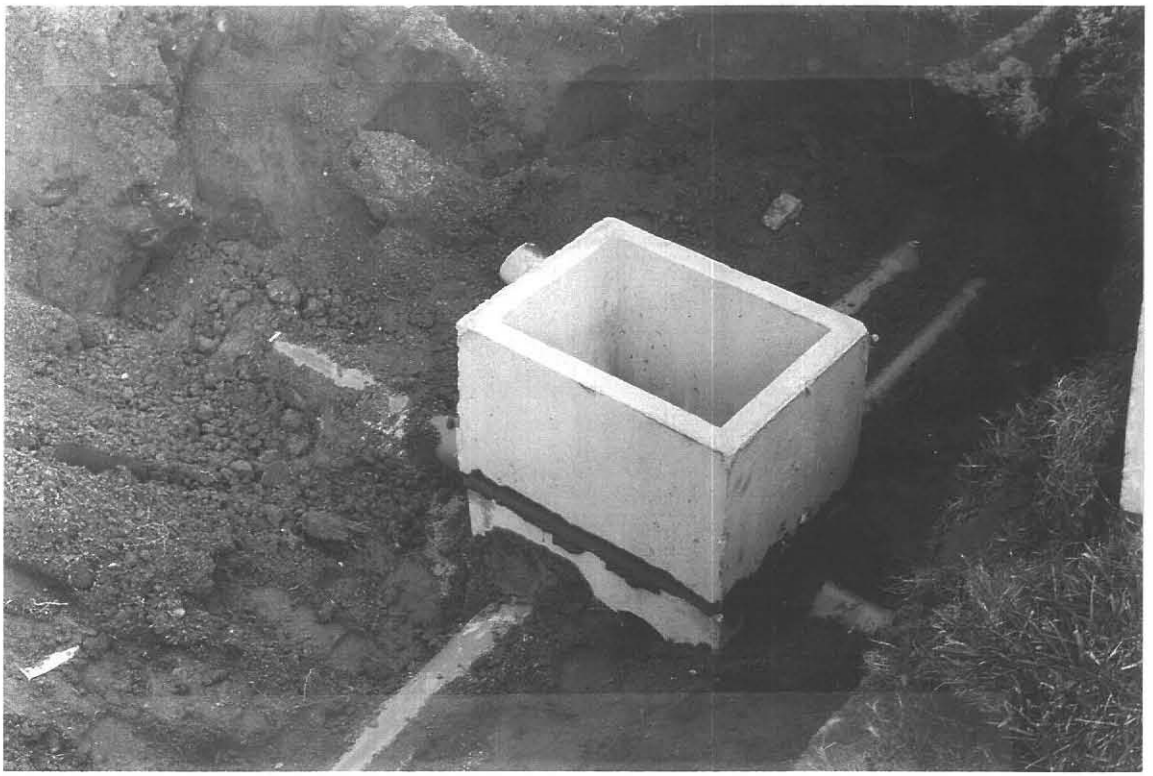
E - Estimated

water only

Friday, Mar 08, 2013 01:10 PM

Two photos of new distribution box for septic
AT 140 Middle St., Amherst Nov. 2012 RWS





November 2012
INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: November 16, 2012

TO Charles & Audrey Lehane
4 Lake Drive
Shutesbury, MA 01072

RE: Invoice for **Septic Title V witness & Plan Review**

Services provided by **Edmund Smith**

PAYMENT TERMS: PAID

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness	$ 200.00	$ 200.00
	Rec'd today your check #3957 for $200.00		
	this invoice is paid in full/thank you		
		SUBTOTAL	$ 200.00
		SALES TAX	
		TOTAL	$ 200.00

Munis Done

NOTES:

FIRST 2 FEET OUT OF D BOX TO BE LEVEL.
ENDS OF DISTRIBUTION LINES TO BE CAPPED .
BOTTOM OF TRENCHES OR BED TO BE LEVEL.
ALL STONE MUST BE DOUBLE WASHED.
SEWER PIPE FROM HOUSE TO NEWSEPTIC TANK MUST HAVE A SLOPE OF 0.01 AND MUST BE 4 INCH SOLID WALL PVC. SDR 35.
PIPE BETWEEN SEPTIC TANK AND DISTRIBUTION BOX IS TO BE 4 " SOLID WALL PVC SDR 35 SLOPE 0.01.
SEPTIC TANK AND DISTRIBUTION BOX MUST BE SET LEVEL AND TRUE TO GRADE ON A STABLE BASE OF STONE 6" THICK WHICH HAS BEEN MECHANICALLY COMPACTED.
1500 GALLON 2 COMPARTMENT (CONNETICUT STYLE) SEPTIC TANK MUST HAVE 3 ACCESS MANHOLES WITH A MINIMUMDIAMETER OF 20" AND BE NO MORE THAN 12" BELOW GRADE. ONE MANHOLE OVER INLET BAFFLE, OUTLET BAFFLE THE THIRD MANHOLE MUST BE LOCATED OVER THE CONCRETE DIVIDER BETWEEN THE FIRST COMPARTMENT AND THE SECOND COMPARTMENT. WHEN THIS COVER IS REMOVED EASY ACCESS TOBOTH COMPARTMENTS MUST BE AVAILABLE FOR PUMPING. I.E., ADEQUATE ROOM TO INSERT A CONVENTIONAL PUMP HOSE AND FOR VISUAL INSPECTION. DO NOT USE ANY TANK WITH AN OPENING TOO SMALL TO PERMIT THE HOSE TO BE INSERTED. IF THE TOP OF THE SEPTIC TANK IS MORE THAN 12" BELOW GRADE, CHIMNEYS MUST BE PROVIDED.
THE TOP OF ALL SEPTIC SYSTEM COMPONENTS SHALL BE NO MORE THAN 36" BELOW FINISHED GRADE.
IF THE TOP OF THE SEPTIC TANK IS MORE THAN 12" BELOW GRADE THE SEPTIC TANK MUST HAVE 3 ACCESS MANHOLES WITH A MINIMUM DIAMETER OF 20" AND BE FLUSH WITH GRADE. ONE MANHOLE OVER EACH BAFFLE AND ONE OVER THE CENTER.
INLET AND OUTLET TEES SHALL BE CAST IRON, SCHEDULE 40 PVC OR CAST INPLACE CONCRETE AND BE ON THE CENTER LINEOF THE SEPTIC TANK. CROSS SECTIONAL FLOW BAFFLES SHALL NOT BE USED AS SUBSTITUTES PER 15.227(1). INLET AND OUTLET TEES MUST BE LOCATED AT CENTER OF TANK, EVEN IF ENTRY IS THROUGH THE SIDE OF THE TANK.
SEPTIC TANK OUTLET TEE MUST BE EQUIPPED WITH GAS BAFFLE WHICH SHALL BE CONSTRUCTED FROM SCHEDULE 40 PVC 4" DIAMETER PIPE GLUED JOINTS. GAS BAFFLE SHALL BE INSTALLED SO THAT BOTTOM IS 14" BELOW LIQUID LINE FOR A 48" DEEP TANK 19" FOR A 60" DEEP TANK. A 90 DEGREE ELBOW IS TO BE GLUED IN PLACE POINTING TOWARD THE CENTER OF THE SEPTIC TANK. A TEE MAY BE SUBSTITUTED FOR THE ELBOW.
DO NOT USE ANY SEPTIC TANK THAT HAS A HOLE IN THE BOTTOM OR IN THE SIDE.
DISTRIBUTION BOX MUST HAVE A MINIMUM INSIDE DIMENSION OF 12" WITH A 6" SUMP.
A MINIMUM OF 9" OF COVER, EXCLUDING TOP SOIL MUST BE PLACED AS BACKFILL OVER THE SEPTIC SYSTEM.
DISTRIBUTION LINES SHALL BE SCHEDULE 40 IF NO VEHICULAR TRAFFIC IS ANTICIPATED SDR 35 MAY BE USED.
ALL SEPTIC TANKS, PUMP CHAMBERS AND DISTRIBUTION BOXES MUST BE WATER TIGHT.
A MINIMUM 15' HORIZONTAL SEPARATION DISTANCE MUST BE PROVIDED BETWEEN THE TOP OF THE PEA STONE AND THE ADJACENT DOWNHILL SLOPE. FOR DETAIL REGARDING SLOPE AND RETURN TO GRADE SEE "CROSS SECTION OF LEACHING TRENCHES (BED)" DETAIL.
EXCAVATOR MUST PROVIDE A SWALE 5 FEET WIDE AROUND SAS TO PREVENT SURFACE WATER RUNOFF FROM DRAINING ON TO NEIGHBORING PROPERTY.
IF LEDGE IS ENCOUNTERED HIGHER THAN ANTICIPATED OR HIGHER THAN OBSERVED DURING THE EVALUATION OF DEEP OBSERVATION HOLES (PERC TEST), FILL MUST BE ADDED TO RAISE THE BOTTOM OF THE LEACHING SYSTEM AT LEAST 4 FEET ABOVE THE HIGHEST ELEVATION OF LEDGE FOUND.
ANY PART OF THE SEPTIC SYSTEM THAT WILL BE SUBJECT TO VEHICULAR TRAFFIC MUST HAVE AN H 20 WHEEL LOAD RATING.
NO WELLS OBSERVED WITHIN 150' OF PROPOSED LEACHING SYSTEM OTHER THAN SHOWN.
PROPERTY OWNER IS RESPONSIBLE FOR COMPLIANCE WITH ALL LOCAL ZONING REGULATIONS, CONSERVATION COMMISSION REGULATINGS AND MASSACHUSETTS WETLAND PROTECTION ACT..
EXISTING SEPTIC TANK MUST BE REMOVED AND DEBRIS DISPOSED OF IN A MANNER ACCEPTABLE TO THE BOARD OF HEALTH.
ANY DEBRIS ENCOUNTERED FROM EXISTING SEPTIC SYSTEM MUST BE DISPOSED OF IN A MANNER ACCEPTABLE TO THE BOARD OF HEALTH.
PROPERTY LINES MUST BE ESTABLISHED BY A REGISTERED LAND SURVEYOR IN ORDER TO MAINTAIN PROPER SETBACK.
NO DRIVEWAY, PARKING AREA OR OTHER IMPERVIOUS SURFACE SHALL BE LOCATED ABOVE THE LEACHING SYSTEM EXCEPT WHERE UNAVOIDABLE. IN SUCH CASES VENTING MUST BE PRESENT.
ANY WORK DONE BY THE PROPERTY OWNER LESS THAN 100' FROM A WETLAND WILL REQUIRE THAT HE FILE A NOTICE OF INTENT WITH THE LOCAL CONSERVATION COMMISSION.
NO SEPTIC SYSTEM ADDATIVES MAY BE PLACED IN A SEPTIC TANK.
NO PART OF A LEACHING SYSTEM MAY BE LOCATED LESS THAN 100 FEET FROM ANY WELL OR EDGE OF A WETLAND OR LESS THAN 10 FEET FROM ANY PROPERTY LINE.
PROPERTY OWNER IS RESSPONSIBLE FOR FINISH GRADING AND SEEDING. EXCAVATOR IS RESPONSIBLE FOR BACKFILLING AND ROUGH GRADING UNILESS OTHERWISE NEGOTIATED WITH PROPERTY OWNER.
A CURTAIN DRAIN MAY HAVE TO BE INSTALLED IN THE FUTURE AT THE BACK PROPERTY LINE TO DIVERT GROUND WATER AROUND THE S.A.S.
THIS SEPTIC SYSTEM DESIIGN IS NOT INTENDED TO BE A SITE PLAN.
EXCAVATOR MUST CALL DIG SAFE FOR CLEARANCE BEFORE STARTING WORK. TEL: 1 888 344-7233.
DO NOT SCALE DRAWING..

THE DESIGN ENGINEER MUST INSPECT ALL COMPONENTS OF THE SUBSURFACE ABSORPTION SYSTEM PRIOR TO BACKFILLING. 15.021(3)
TEL: 413 467-7228

WASHED STONE -- CLEAN STONE

THE MASSACHUSETTS DEP HAS ESTABLISHED A TEST TO DETERMINE THE CLEANLINESS OF "WASHED STONE" USED IN THE LEACHING SYSTEM.

MARK A 5 GALLON WHITE PLASTIC BUCKET AT THE 1 GALLON HEIGHT AND THE 4 GALLON HEIGHT. PLACE STONE FROM THE PILE OR TRUCK IN THE BUCKET UP TO THE 1 GALLON MARK. MAKE SURE THAT STONE COMES FROM SEVERAL DIFFERENT PLACES IN THE TRUCK OR PILE. FILL THE BUCKET TO THE 4 GALLON MARK WITH CLEAN WATER, AGITATE THE STONE -- WATER MIXTURE TO SUSPEND ANY FINE PARTICLES. WAIT 60 SECONDS. AFTER 60 SECONDS IF THE OUTLINES OF THE INDIVIDUAL PIECES OF STONE ARE CLEARLY VISIBLE THE STONE CAN BE ASSUMED TO BE REASONABLY FREE OF FINES. IF THE INDIVIDUAL STONE PIECES CANNOT BE CLEARLY SEEN THE STONE IS PROBABLY TOO "DIRTY" AND SHOULD NOT BE USED IN A TITLE 5 SOIL ABSORPTION SYSTEM. IF SUCH STONE IS USED THE SYSTEM WILL BE REJECTED.

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHEEHAN
No. 22454
REGISTERED PROFESSIONAL ENGINEER

REPAIR SEPTIC SYSTEM DESIGN 142 MIDDLE ST AMHERST,MA.		
	SUBMITTED TO BOARD OF HEALTH SEPT. 27,1999	SHEET 2 OF 2
REPAIR SEPTIC SYSTEM DESIGN FOR CHARLES LEHANE AMHERST, MA.		
R. F. SHEEHAN ASSOCIATES INC GRANBY, MA		DRAWING NUMBER 99155 PDR

No. 99-21 #140 FEE

COMMONWEALTH OF MASSACHUSETTS

pd $160.00 9/9/99 ck# 3448

Board of Health, AMHERST, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct( ) Repair( ) Upgrade( ) Abandon( ) - ❑ **Complete System** ❑ **Individual Components**

Location MIDDLE ST 140	Owner's Name CHARLES LEHANC
Map/Parcel#	Address 142 MIDDLE ST
Lot#	Telephone# 1-413-256-4697
Installer's Name WM. W CLARK	Designer's Name R.F. SHEEHAN ASSOC. INC.
Address PRATT CORNER RD SHUTESBURY	Address 146 TAYLOR ST GRANBY MA.
Telephone# 413 259 1411	Telephone# 413-467-9228

Type of Building DWELLING Lot Size 29040 sq. ft.

Dwelling - No. of Bedrooms 4 Garbage grinder REMOVE

Other - Type of Building _____ No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

Design Flow (min. required) 55 gpd Calculated design flow 440 Design flow provided 444 gpd

Plan: Date 9/8/99 Number of sheets 2 Revision Date —

Title DWG # 99155

Description of Soil(s) SAND

Soil Evaluator Form No. _____ Name of Soil Evaluator RF SHEEHAN Date of Evaluation 5/18/99

DESCRIPTION OF REPAIRS OR ALTERATIONS SEE ATTACHED SHEETS

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS SHEEHAN No. 22454 REGISTERED PROFESSIONAL ENGINEER

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Charles Lehane By RF Sheehan Date 9/8/99

Inspections _____

No. 99-21 FEE 160.00 pd

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ❑ **Individual Component(s)** ☒ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: _____

at 142 MIDDLE ST

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 99-21, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. not pd

Date: 5-18-99

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Bob Sheehan Date: 5-18-99
Witnessed By: David Zarizinski

Location Address or Lot # 140 Middle Street New Construction ☐ Repair ☑	Owner's Name, Address, and Telephone # Charles Audrey Lehane 140 Middle St 256-4697

Office Review

Published Soil Survey Available: No ☐ Yes ☐

Year Published ..... Publication Scale ..... Soil Map Unit .....

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No ☐ Yes ☐

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☐

Within 500 year flood boundary No ☐ Yes ☐

Within 100 year flood boundary No ☐ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) .....

Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month .....

Range :Above Normal ☐ Normal ☐ Below Normal ☐

Other References Reviewed: _____

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 142 Middle St

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:	Time:	
Observation Hole #	1	
Depth of Perc	60"	
Start Pre-soak	9:33	
End Pre-soak	9:44	
Time at 12"		
Time at 9"	9:48	
Time at 6"	9:55	
Time (9"-6")	7	
Rate Min./Inch	2	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed ☑ Site Failed ☐

Performed By: _____

Witnessed By: _____

Comments: _____

DEP

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. _____

On-site Review

Deep Hole Number ..... Date: ..... Time: ..... Weather .....
Location (identify on site plan) .....
Land Use ..... Slope (%) ..... Surface Stones .....
Vegetation .....
Landform .....
Position on landscape (sketch on the back)
Distances from:

Open Water Body	feet	Drainage way	feet
Possible Wet Area	feet	Property Line	feet
Drinking Water Well	feet	Other	

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
5	A	SL	10YR 4/4		
13	Bw	LS	10YR 4/6		
30	C1	FS	10YR 5/7 10YR 5/6	68" 2.5Y 5/6	
68	C2	CS + Gravel	5YR 4/4		
123	C3	Fine Silty Sand	10YR 4/3		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____

P 746 225 570

Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

Sent to Charles & Audrey Lehane Jr.	
Street & No. 140 Middle St.	
P.O., State & ZIP Code Amherst Ma 01002	
Postage	$ 29
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	$
Postmark or Date	

USPS SEP 11 1991 AMHERST, MA 01002

PS Form 3800, June 1990

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 the 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.

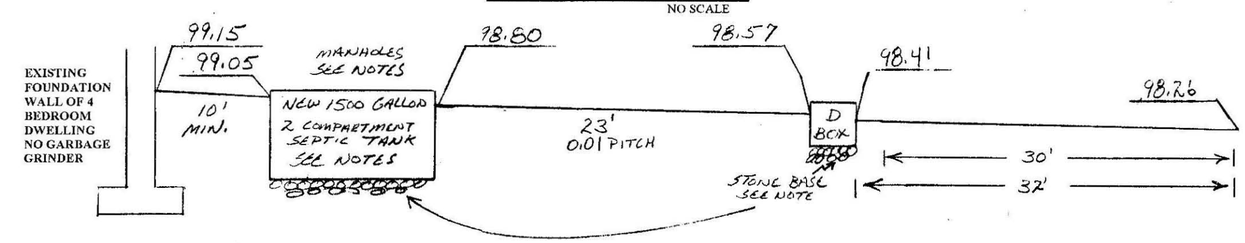
6. Save this receipt and present it if you make inquiry.

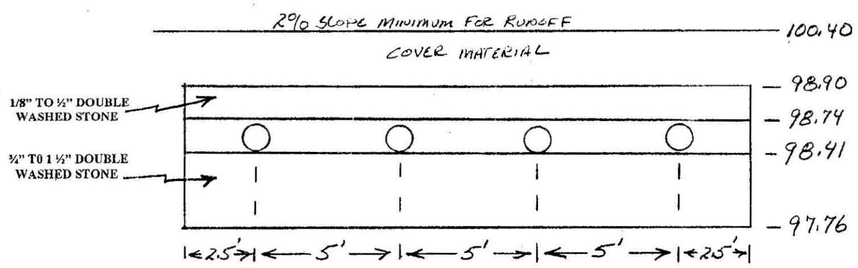
☆ **U.S.G.P.O. 1990-270-153**

PS Form **3800**, June 1990 *(Reverse)*

PROFILE OF SEPTIC SYSTEM WITH INVERT ELEVATIONS

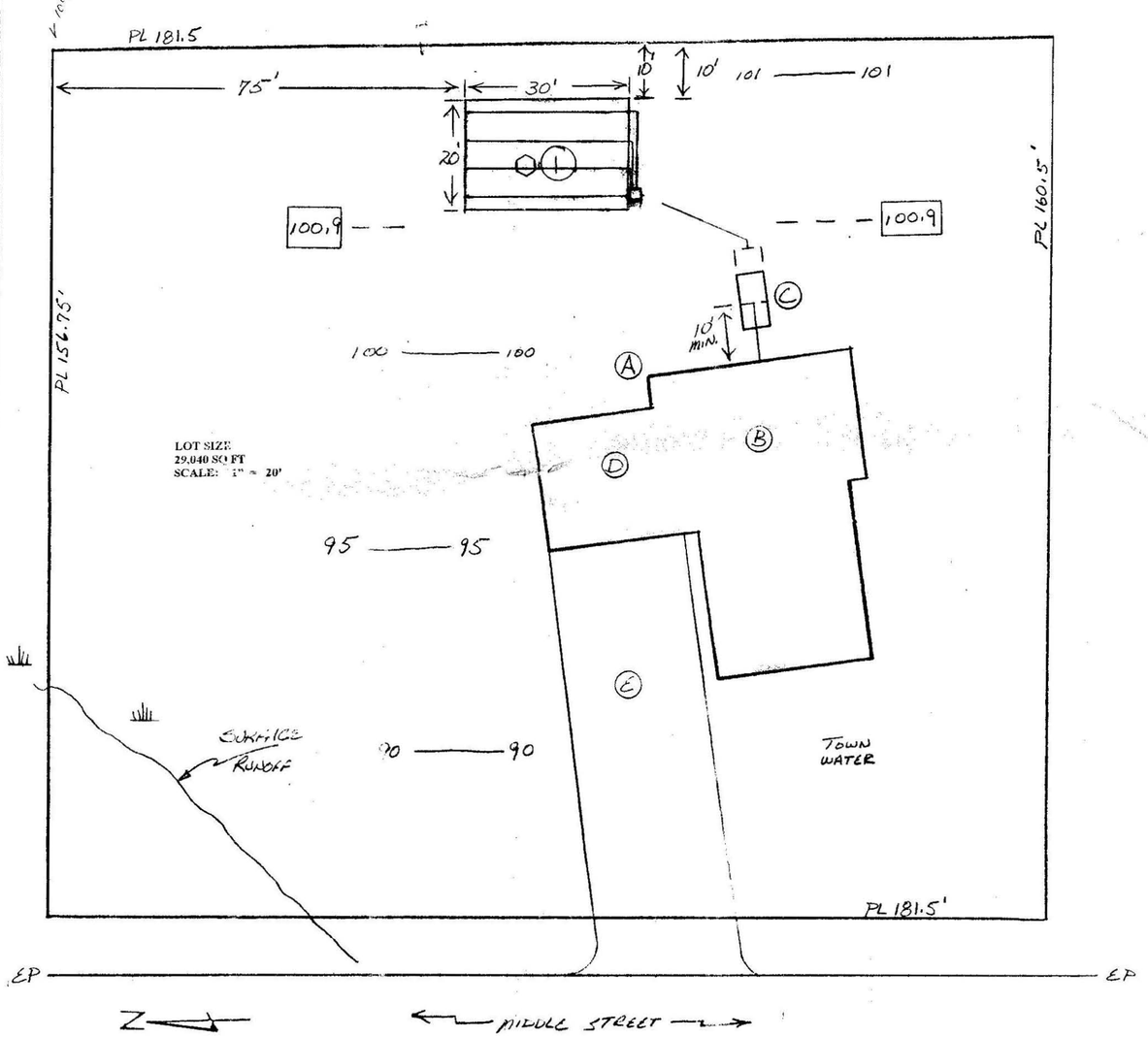
NO SCALE





CROSS SECTION OF LEACHING BED WITH ELEVATIONS SHOWN AT D BOX

NO SCALE



LEGEND

- LOCATION OF DEEP OBSERVATION HOLE
- LOCATION OF PERC TEST
- WELL
- POSSIBLE WETLAND
- 104 — EXISTING CONTOUR
- 104 — —FINISH CONTOUR
- EP EDGE OF PAVEMENT
- PL APPROXIMATE PROPERTY LINE

(A) = BENCHMARK: GRADE AT CORNER OF HOUSE RELATIVE ELEVATION 100.00

(B) = 4 BEDROOM DWELLING. NO GARBAGE GRINDER

(C) = EXISTING SEPTIC TANK REPLACED WITH NEW 1500 GALLON, 2 COMPARTMENT CONNETICUT STYLE SEPTIC TANK. MINIMUM 10 FT. AWAY FROM HOUSE FOUNDATION.

(D) = GARAGE

(E) = PAVED DRIVEWAY

SOIL LOGS

DATE: MAY 18 1999

HOLE NUMBER	HORIZON	DEPTH FROM SURFACE INCHES	SOIL TIEXTURE	SOIL COLOR MUNSELL	MOTTLING	OTHER
1	A	0-5	SL	10YR4/4		
	Bw	5-13	SL	10YR4/6		
	C1	13-30	FS	10YR5/3	NONE OBSERVED	FIRM, FRIABLE
	C2	30-68	CS&G	5YR4/4	5%+@ 68" 2.5Y5/6	LOOSE SINGLE GRAIN
	C3	68-123	VFS	10YR4/3		FIRM WET

ELEVATION AT GRADE: 100.43
ELEVATION OF BOTTOM OF H1: 90.18
WEEPING = 120"; ESTIMATED GROUND WATER = 68", ELEVATION = 94.76
LEDGE = > 123" NOT IN FLOOD PLAIN

SITUATION:

4 BEDROOM DWELLING, NO GARBAGE GRINDER, PERC RATE AT HOLE 1 OF 3 MINUTES PER INCH, DOP 60 INCHES,

PERC TEST DATE: MAY 18, 11999, BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI
SOIL EVALUATOR: ROBERT F. SHEEHAN, CERTIFIED NOVEMBER 1994.

4 BEDROOMS @ 110 GALS = 440 GALLONS
ESTIMATED AVERAGE DAILY FLOW BASED ON 1995 TITLE 5 REGULATIONS

LEACHING SYSTEM IS TO CONSIST OF 1 BED, 20 FT WIDE X 30 FT LONG WITH A MINIMUM OF 0.50 FEET OF STONE UNDER THE DISTRIBUTION LINES.

GARBAGE GRINDER MUST BE REMOVED

PLUMBING MUST BE RAISED IN CELLAR.
ADEQUATE COVER OVER TOP OF PIPE AND FACILITIES IN YARD IS REQUIRED.

DESIGN CALCULATIONS:

BOTTOM = 20FT X 30 FT = 600. SQ FT X 0.74 G / SQ FT = 444.0 GALS
1995 TITLE 5 LOADING FACTORS USED FOR CALCULATIONS.

VARIANCE REQUESTED FROM WATER TABLE SEPARATION TO BOTTOM OF BED FROM 4 FT DOWN TO 3 FT PER 310 CMR 15.405(1)(I),1, 2, 3, 4, 5.

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHEEHAN
No. 22464
REGISTERED PROFESSIONAL ENGINEER

REPAIR SEPTIC SYSTEM DESIGN 142 MIDDLE ST AMHERST,MA.		
	SUBMITTED TO BOARD OF HEALTH SEPT. 27,1999	SHEET 1 OF 2
REPAIR SEPTIC SYSTEM DESIGN FOR CHARLES LEHANE AMHERST, MA.		
R. F. SHEEHAN ASSOCIATES INC GRANBY MA		DRAWING NUMBER 99155 PDR

No. 99-21 #140 FEE

COMMONWEALTH OF MASSACHUSETTS

pd $160.00 9/9/99 ck# 3448

Board of Health, AMHERST, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct( ) Repair( ) Upgrade( ) Abandon( ) - ❑ **Complete System** ❑ **Individual Components**

Location MIDDLE ST 140	Owner's Name CHARLES LEHANE
Map/Parcel#	Address 142 MIDDLE ST
Lot#	Telephone# 1-413-256-4697
Installer's Name WM. W CLARK	Designer's Name R.F. SHEEHAN ASSOC. INC.
Address PRATT CORNER RD SHUTESBURY	Address 146 TAYLOR ST GRANBY MA.
Telephone# 413 259 1411	Telephone# 413-467-7228

Type of Building DWELLING Lot Size 29040 sq. ft.

Dwelling - No. of Bedrooms 4 Garbage grinder REMOVE

Other - Type of Building _____ No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

Design Flow (min. required) 55 gpd Calculated design flow 440 Design flow provided 444 gpd

Plan: Date 9/8/99 Number of sheets 2 Revision Date —

Title DWG # 99155

Description of Soil(s) SAND

Soil Evaluator Form No. _____ Name of Soil Evaluator RF SHEEHAN Date of Evaluation 5/8/99

DESCRIPTION OF REPAIRS OR ALTERATIONS SEE ATTACHED SHEETS

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS SHEEHAN No. 22454 REGISTERED PROFESSIONAL ENGINEER

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Charles Lehane by RF Sheehan Date 9/8/99

Inspections _____

No. 99-21 FEE 160.00 pd

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ❑ **Individual Component(s)** ☒ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: _____

at 142 MIDDLE ST

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 99-21, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. 99-21 FEE 160.00 pd

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(X) Upgrade( ) Abandon( ) an individual sewage disposal system

at 142 MIDDLE ST as described in the application for

Disposal System Construction Permit No. 99-21, dated 9-29-99

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 9-29-99 Board of Health

R. F. SHEEHAN ASSOCIATES INC.
146 TAYLOR STREET PH. 413-467-7228
GRANBY, MA 01033

53-8209/2118
0120011134

3448

DATE 9/9/99

PAY TO THE ORDER OF Town of Amherst $ 160 00/100

One hundred sixty dollars only DOLLARS

Security features included. Details on back.

POLISH NATIONAL CREDIT UNION
CHICOPEE, MASS. 01013

MEMO Lubane Filter Fee

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SAFETY PAPER

R# 981

Location Address or Lot No. _____

On-site Review

Deep Hole Number ..... Date: ..... Time: ..... Weather .....
Location (identify on site plan) .....
Land Use ..... Slope (%) ..... Surface Stones .....
Vegetation .....
Landform .....
Position on landscape (sketch on the back)
Distances from:

Open Water Body	feet	Drainage way	feet
Possible Wet Area	feet	Property Line	feet
Drinking Water Well	feet	Other	

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____