PHIL DOWLING 586-5013

No. 99-3 Repair THE COMMONWEALTH OF MASSACHUSETTS FEE 160.00

BOARD OF HEALTH

Town OF Amherst

ck#125 1-7-99

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) - [X] Complete System ☐ Individual Components

220 Middle Street Location	Gerry Nolan Owner's Name
Map/Parcel #	220 Middle St. S. Amherst, MA Address
Lot #	Telephone #
Installer's Name	Environmental Field Services Designer's Name
Address	355 Address
Telephone #	586-7200 Telephone #

Type of Building: Single family Lot Size _____ Sq. feet

Dwelling — No. of Bedrooms 3 Garbage Grinder (NO)

Other — Type of Building _____ No. of persons 6 Showers ( ), Cafeteria ( )

Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow _____ gpd Design flow provided 360 gpd

Plan: Date 1-15-99 Number of sheets 1 Revision Date _____

Title Sewage Disposal System - Repair - NOLAN

Description of Soil(s) Loamy sand - See soil reports.

Soil Evaluator Form No. _____ Name of Soil Evaluator M. Lavigne Date of Evaluation 1-8-99

* DESCRIPTION OF REPAIRS OR ALTERATIONS a complete new 1500 gal septic system with a 30'x15' leaching field.

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

* Signed Gerard Nolan Date Jan 23, 1999

Inspections _____

FORM 1 - APPLICATION FOR DSCP **DEP APPROVED FORM 5/96**

No. 99-3 THE COMMONWEALTH OF MASSACHUSETTS FEE 165.00

Amherst BOARD OF HEALTH

ck#125

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** [X] **Complete System**

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

by: _____

at 220 Middle Street

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. 99-3 dated _____. Approved Design Flow _____ (gpd)

Installer John Mitchell Karl's Excv.

Designer: _____ Inspector _____ Date 3/5/99

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

FORM 3 - CERTIFICATE OF COMPLIANCE **DEP APPROVED FORM 5/96**

ENVIRONMENTAL FIELD SERVICES, INC.
P.O. BOX 518
LEEDS, MA 01053
1-413-586-7200

March 5, 1999

Board of Health
Town Offices
Amherst, MA 01002

re: Inspection of Septic System at Nolan Home, 220 Middle Street

Dear Board:

On March 5, 1999, a representative from our office completed the inspection of the repair septic system installation referenced above. The system was installed by Karl's Excavating of Hadley, MA.

Our representative found that the system is installed properly and in accordance with our septic plan dated 1-15-99. Pipe elevations at the house, tank, D-box and field corners were surveyed and the results are on the back of this letter. All system parameters were found to be within acceptable limits. The as-built locations of all system components have been documented on the attached sketch.

This letter shall serve as Engineer and Installer Certification that the system was installed in accordance with Title V and our approved system design. If there are any questions, please contact our office.

Sincerely yours,

Nina Inchardi
Registered Sanitarian

Michael J. Lavigne
Engineering Manager

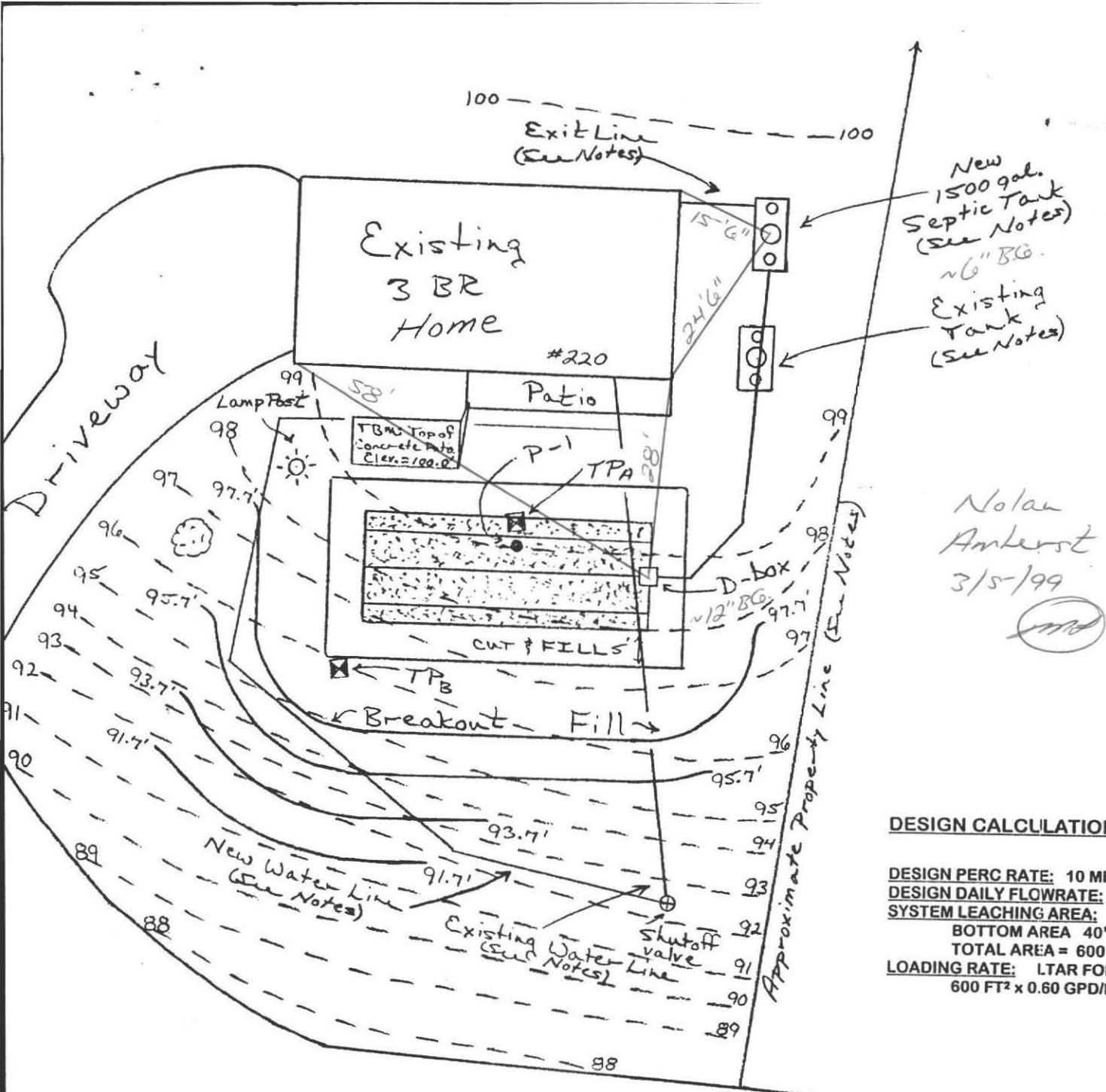
I hereby certify that the above referenced system was installed in accordance with Title V and the approved septic design prepared by Environmental Field Services.

Steven Kromer — Karl's Excavating, Amherst, MA

ROD	line0sight	true dist.	<V (DEG)	<V (MIN)	<V (SEC)	SCOPE	true elev.		
1.195	39	38.94	-1	-32	0	102.24	102.24		
							3/5/99	NOLAN	
								AMHERST	
ROD	lineOsight	true dist.	<V (DEG)	<V (MIN)	<V (SEC)	ELEV	true elev.		
1.195	39	38.94	-1	-32	0	100.00	100.00	TBM	Per
2.32	64	63.96	0	-58	0	98.84	98.84	HC	Plan
0.615	23	22.80	-3	-45	0	100.12	100.12	HC	↓
3.23	46	45.99	0	-36	0	98.53	98.53	TANK IN	98.58
3.23	46	46.00	0	-23	0	98.70	98.70	HOUSE OUT	98.8
3.18	36	35.98	-1	-2	0	98.41	98.41	TANK OUT	98.33
4.06	12	11.98	-1	-43	0	97.82	97.82	DBOX IN	97.83
4.065	13	12.96	-2	-8	0	97.69	97.69	DBOX OUT	97.63
4.06	12	11.95	-2	-33	0	97.64	97.64	DBOX OUT	97.63
3.255	51	50.88	-1	-57	0	97.25	97.25	LINE END	97.33
3.25	50	49.88	-1	-58	0	97.27	97.27	LINE END	97.33
3.245	49	48.88	-2	0	0	97.28	97.28	LINE END	97.33

O.K.

3/5/99



Nolan
Amherst
3/5/99

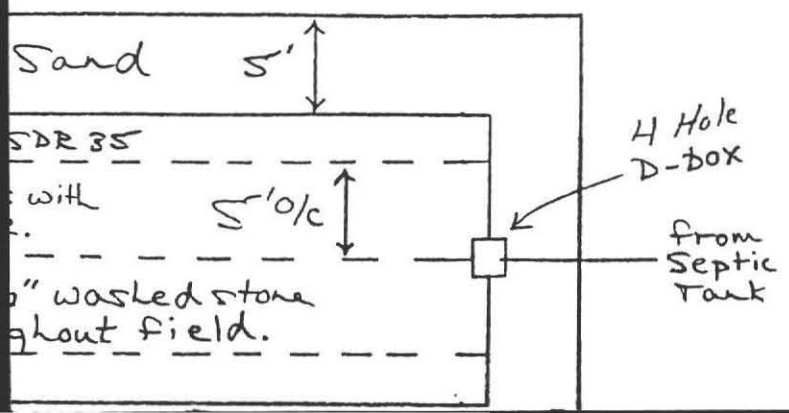
DESIGN CALCULATIONS

DESIGN PERC RATE: 10 MIN/IN (Measured
DESIGN DAILY FLOWRATE: 110 GPD/BEDR
SYSTEM LEACHING AREA:
BOTTOM AREA 40' x 15' = 600 FT²
TOTAL AREA = 600 FT²
LOADING RATE: LTAR FOR CLASS II SOIL
600 FT² x 0.60 GPD/FT² = 360 GPD

ld

scale 1" = 10'

N



SITE PLAN

SCALE : 1" = 20'

EXISTING

PROPOSE

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

Property Address:
Owner:
Date of Inspection:

B] SYSTEM CONDITIONALLY PASSES (continued)

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

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

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

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

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

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

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

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

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

___ The system has a septic tank and soil absorption system (***SAS***) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ **(approximation not valid)**.

3) **OTHER**

___ _____
_____
_____

#228 **RECEIVED** APR 1 3 1998

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

WILLIAM F. WELD
Governor

ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 228 Middle St. Amherst MA.
Date of Inspection: 3-19-98
Name of Inspector: David P. Kolacz Sr.

Address of Owner:
(If different)

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Environmental Field Services
Mailing Address: P.O. Box 518 Leeds, MA. 01053
Telephone Number: (413) 586-7200

CERTIFICATION STATEMENT

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

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

Inspector's Signature: David P. Kolacz Sr. **Date:** 3-19-98

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

INSPECTION SUMMARY: Check (A) ***B, C, or D:***

A] SYSTEM PASSES:

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

COMMENTS: The System @ 228 middle St. Amherst did not violate any of the failure criteria under 310 CMR 15.303 at the time of the 3-19-98 inspection.

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.

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

___ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

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 either "Yes" or "No" as to each of the following:

Yes	No	
X		Pumping information was provided by the owner, occupant, or Board of Health.
X		None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
X		As built plans have been obtained and examined. Note if they are not available with N/A. Per owner
X		The facility or dwelling was inspected for signs of sewage back-up.
X		The system does not receive non-sanitary or industrial waste flow.
X		The site was inspected for signs of breakout.
X		All system components, excluding the Soil Absorption System, have been located on the site.
X		The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

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

X		The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.
	X	Existing information. Ex. Plan at B.O.H.
X		Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]

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

Property Address: 228 Middle St. Amherst
Owner: Philip Shemmway
Date of Inspection: 3-19-98

D] SYSTEM FAILS:

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

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

Yes	No	
—	—	Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
—	—	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
—	—	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
—	—	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
—	—	Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped ___.
—	—	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
—	—	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
—	—	Any portion of a cesspool or privy is within a Zone I of a public well.
—	—	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
—	—	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

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

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

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

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)

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

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

Property Address:
Owner:
Date of Inspection:

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 12"
Material of construction: __ cast iron X 40 PVC __ other (explain)

Distance from private water supply well or suction line >100'
Diameter 5"
Comments: (condition of joints, venting, evidence of leakage, etc.)
All joints and venting was in good working condition at the time of the 3-19-98 inspection. No leakage was observed at the 22E middle of site

SEPTIC TANK: X
(locate on site plan)

Depth below grade: 2'
Material of construction: X concrete __metal __Fiberglass __Polyethylene __other(explain)

If tank is metal, list age ____ Is age confirmed by Certificate of Compliance ____ (Yes/No)

Dimensions: 7'6" x 4' x 5'
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 2'8"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 2'7"
How dimensions were determined: Field calculations

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) All baffles (Tees) were in good working condition and the static water level was right at the outlet invert at the time of the 3-19-98 inspection.

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

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 228 Middle ST. Amherst MA
Owner: Philip Shammway
Date of Inspection: 3-19-98

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 440 g.p.d./bedroom for S.A.S.
Number of bedrooms: 4
Number of current residents: 6
Garbage grinder (yes or no): yes
Laundry connected to system (yes or no): yes
Seasonal use (yes or no): no
Water meter readings, if available (last two (2) year usage (gpd): See Attached
Sump Pump (yes or no): no

Last date of occupancy: Current

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

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

GENERAL INFORMATION

PUMPING RECORDS and source of information:

_____
System pumped as part of inspection: (yes or (no)) no
If yes, volume pumped: _____ gallons
Reason for pumping: _____

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)
_____ I/A Technology etc. Copy of up to date contract?
Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 6 years Per owner
_____

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

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

Property Address:
Owner:
Date of Inspection:

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

If not determined to be present, explain:
Ground Probing estimated The SAS To be approximately 20' x 40' as stated by The Sketch Provided by The owner. (See Attached)

Type:
leaching pits, number:___
leaching chambers, number:___
leaching galleries, number:___
leaching trenches, number, length: 3 @ 40'
leaching fields, number, dimensions:___
overflow cesspool, number:___
Alternative system: ___
Name of Technology: ___

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
There was no signs of hydraulic Failure or Ponding at The 22E Middle St. Site. The vegetation appeared uniform

CESSPOOLS: ___
(locate on site plan)

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

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

PRIVY: ___
(locate on site plan)

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

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

Property Address: 22E Middle ST. Amherst MA.
Owner: Philip Shaunessy
Date of Inspection: 3-19-98

TIGHT OR HOLDING TANK:_____ (Tank must be pumped prior to, or 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 level:_____ Alarm in working order ___ Yes; ___ No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: X
(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
The distribution box was level and the static water level was right at the outlet inverts of the SAS.

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.) _____

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

Property Address:
Owner:
Date of Inspection:

Depth to Groundwater >6 Feet

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

____ Obtained from Design Plans on record

X Observation of Site (Abutting property, observation hole, basement sump etc.)

X Determine it from local conditions

____ Check with local Board of health

____ Check FEMA Maps

____ Check pumping records

X Check local excavators, installers

____ Use USGS Data

Describe in your own words how you established the High Groundwater Elevation. (Must be completed)

There was no of high ground water on the property and probing within the excavated hole (D-Box) didn't detect high ground water. Area excavation sites confirm this ground water estimate at the time of the 3-19-98 inspection

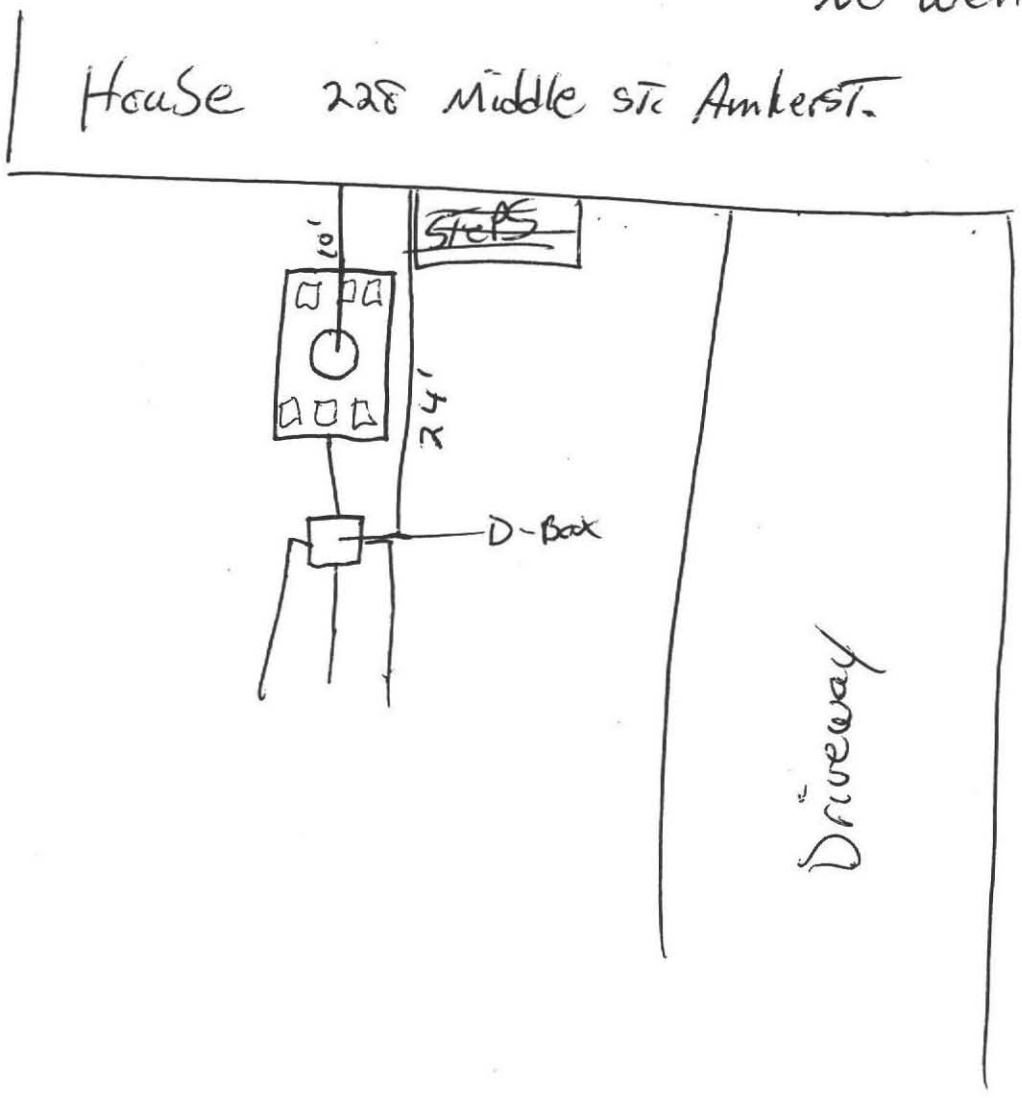
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 228 Middle St. Amherst MA.
Owner: Philip Shumway
Date of Inspection: 3-19-98

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)

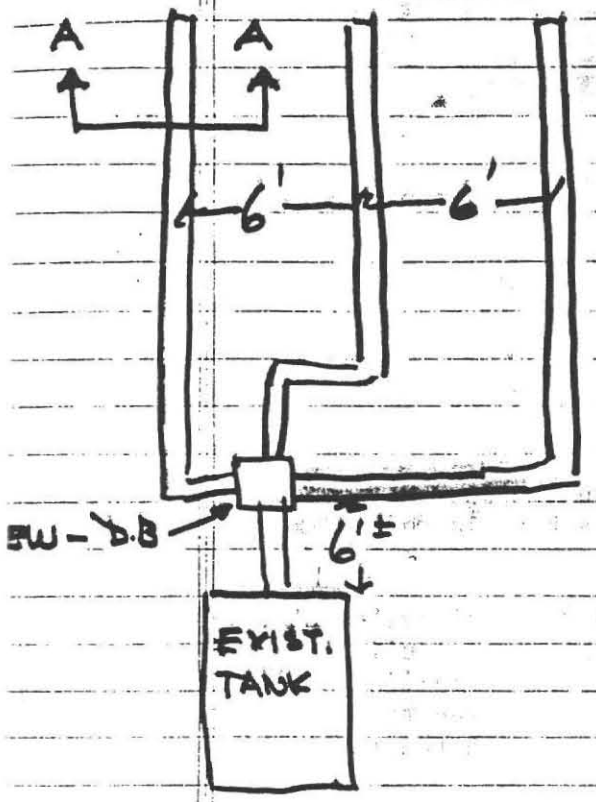
"No well" → Public water
see Attached



MIDDLE ST.

NOV 3 1988

PLAN & SECTION OF NEW LEACH LINES + BED TO REPLACE OLD TRENCH LINES WHICH WERE BECOMING CLOGGED



PIPE - 1/4" DIA. 10' LENGTHS

FIELD - APPROX 20'x40'

SECT. A-A

THE NEW BED OF APPROX 24'x40' HAS THREE TIMES THE LEACHING AREA OF THE OLD TRENCHES.

TOWN OF AMHERST

OFFICE OF THE TOWN COLLECTOR
TOWN HALL, AMHERST, MA 01002

ROM	SERVICE TO	METER NUMBER	METER NUMBER
[illegible]	0[illegible]/28/96	[illegible]	

JAN 23 '96 0 20

EADING	PRESENT READING	USAGE	CODE	AMOUNT
00	252400	5500	E	[illegible].50

RETURN THIS STUB WITH PAYMENT

MAIL TO: 7150173 U.S. POSTAGE

RENTAL	1.00
[illegible] WATER AMT	40.70
EST WATER	2.96
[illegible]	1.00

[illegible]
25 MT POLLUX DR
AMHERST MA
01002

SERVICE AT: 228 [illegible] ST

BILL DATE	DUE DATE
01/24/96	02/26/96

E	DUE DATE	ACCOUNT NUMBER	TOTAL DUE	ACCOUNT NUMBER	TOTAL DUE
[illegible]	02/26/96	383701	106.16	383701	106.16

TOWN OF AMHERST

OFFICE OF THE TOWN COLLECTOR
TOWN HALL, AMHERST, MA 01002

ROM	SERVICE TO	METER NUMBER	METER NUMBER
/97	11/19/97	17093248	

DEC 12 '97 0 20

ADING	PRESENT READING	USAGE	CODE	AMOUNT
00	256800	0	A	4.50

RETURN THIS STUB WITH PAYMENT

MAIL TO: 7150123 U.S. POSTAGE

RENTAL	1.00

SHUMWAY, PHILIP S
25 MT POLLUX DR
AMHERST MA
01002

SERVICE AT: 228 MIDDLE ST

BILL DATE	DUE DATE
12/17/97	01/17/98

E	DUE DATE	ACCOUNT NUMBER	TOTAL DUE	ACCOUNT NUMBER	TOTAL DUE
/97	01/17/98	383701	5.50	383701	5.50

MAKE CHECK PAYABLE TO

TOWN OF AMHERST

OFFICE OF THE TOWN COLLECTOR
TOWN HALL, AMHERST, MA 01002

SERVICE FROM	SERVICE TO	METER NUMBER	METER NUMBER
04/12/96	07/22/96	17093248	

PREVIOUS READING	PRESENT READING	USAGE	CODE	AMOUNT
252400	256600	4200	M	46.20

METER RENTAL	1.00

SERVICE AT:

BILL DATE	DUE DATE	ACCOUNT NUMBER	TOTAL DUE
07/25/96	08/26/96	383701	47.20

MAKE CHECK PAYABLE TO

TOWN OF AMHERST

OFFICE OF THE TOWN COLLECTOR
TOWN HALL, AMHERST, MA 01002

SERVICE FROM	SERVICE TO	METER NUMBER	METER NUMBER
03/18/96	04/12/96	17093248	

PREVIOUS READING	PRESENT READING	USAGE	CODE	AMOUNT
252400	252400	0		3.50

METER RENTAL	1.00
PREVIOUS WATER AMT	103.20
INTEREST WATER	5.20
PAST METER RENTAL	2.00

SERVICE AT:

BILL DATE	DUE DATE	ACCOUNT NUMBER	TOTAL DUE
04/23/96	05/23/96	383701	112.70

MAKE CHECK PAYABLE TO

TOWN OF AMHERST

OFFICE OF THE TOWN COLLECTOR
TOWN HALL, AMHERST, MA 01002

SERVICE FROM	SERVICE TO	METER NUMBER	METER NUMBER
01/29/97	03/29/97	17093248	

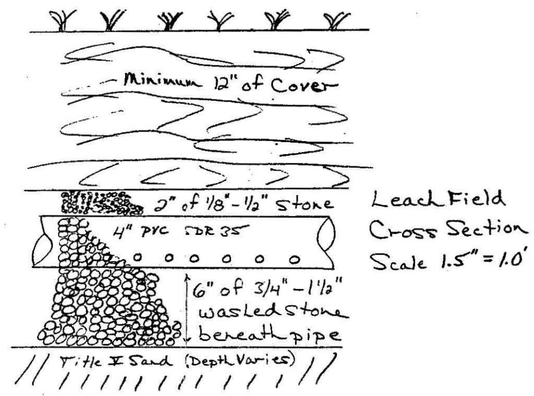
WE DELIVER OIL SPEC

PREVIOUS READING	PRESENT READING	USAGE	CODE	AMOUNT
256800	256800	0	M	3.90

METER RENTAL	1.00
PREVIOUS WATER AMT	8.93
INTEREST WATER	0.41
PAST METER RENTAL	2.00

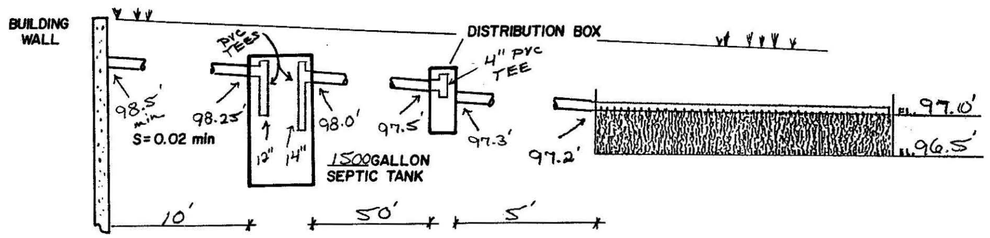
SERVICE AT:

BILL DATE	DUE DATE	ACCOUNT NUMBER	TOTAL DUE
06/03/97	07/03/97		



Leach Field Cross Section
Scale 1.5" = 1.0'

SYSTEM PROFILE (NOT TO SCALE)



CONSTRUCTION NOTES

1.) ONE (1) RECTANGULAR LEACHING FIELD, 40' LONG AND 15' WIDE, WITH 6" OF 3/4"- 1 1/2" DOUBLE WASHED STONE BENEATH THREE (3), 40' LONG, 4" PVC LATERALS, SPACED 5' O/C, CONNECT ENDS WITH SOLID PIPE, COVER PIPE WITH 2" OF 1/8" - 1/2" STONE.
2.) SYSTEM WILL ACCOMMODATE A THREE BEDROOM HOME WITH NO DISPOSAL.
3.) THIS DESIGN REQUIRES THE EXISTING BUILDING SEWER EXIT LINE TO BE RAISED TO THE ELEVATION SPECIFIED IN THE PROFILE IN ORDER TO ACHIEVE A GRAVITY FLOW SYSTEM.
4.) BUILDING EXIT LINE TO BE 4" PVC SCH. 40, WITH A MINIMUM SLOPE OF 2%.
5.) ALL OTHER PIPE TO BE 4" PVC, SDR 35 (OR EQUIVALENT).
6.) EXISTING SEPTIC TANK TO BE PUMPED, CRUSHED AND BACKFILLED WITH CLEAN SAND.
7.) NEW SEPTIC TANK (1500 GALLON) TO BE FITTED WITH 4" PVC SCH. 40 TEES AS SHOWN.
8.) THE EXISTING WATER SUPPLY LINE MUST BE REMOVED AND RELOCATED APPROXIMATELY AS SHOWN, MAINTAIN MINIMUM 10' SETBACK FROM LEACH FIELD ALONG ENTIRE RUN.
9.) ALL TOPSOIL AND SUBSOIL (~ 24") TO BE REMOVED FROM BENEATH AND FOR FIVE (5) FEET AROUND S.A.S. AND REPLACED WITH TITLE V SAND PRIOR TO PLACEMENT OF THE LEACHING FIELD (SEE CUT & FILL). REF: 310 CMR 15.255
10.) ANY PORTION OF THE OLD LEACHING FACILITY ENCOUNTERED SHALL BE REMOVED AS NECESSARY AND DISPOSED OF PER B.O.H. INSTRUCTIONS, BACKFILL WITH T5SAND.
11.) TO PREVENT SHORT CIRCUITING OF THE EFFLUENT, THE D-BOX IS TO BE INSTALLED WITH A 4" TEE CEMENTED TO THE INLET AND THE FIRST TWO FEET OF EXIT PIPE ARE TO BE LAID LEVEL. SPEED LEVELERS RECOMMENDED.
12.) SET FIELD AT ELEVATION NOTED IN PROFILE, BACKFILL TO PROVIDE AT LEAST 12" OF COVER AND CROWN SLIGHTLY TO SHED AND DIVERT SURFACE RUNOFF.
13.) CONTRACTOR TO VERIFY PROPERTY LINE LOCATIONS PRIOR TO CONSTRUCTION AND MAINTAIN REQUIRED SETBACKS.
14.) THIS DESIGN REQUIRES A LOCAL UPGRADE APPROVAL FOR A REDUCED SEPARATION TO WATER TABLE (3 1/2' INSTEAD OF 4'), AN APPLICATION ACCOMPANIES THIS PLAN.
15.) ALL CONSTRUCTION TO BE I.A.W. TITLE V, THE STATE ENVIRONMENTAL CODE.
16.) NOTIFY ENGINEER AT LEAST 72 HOURS PRIOR TO THE TIME INSPECTION IS REQUIRED.

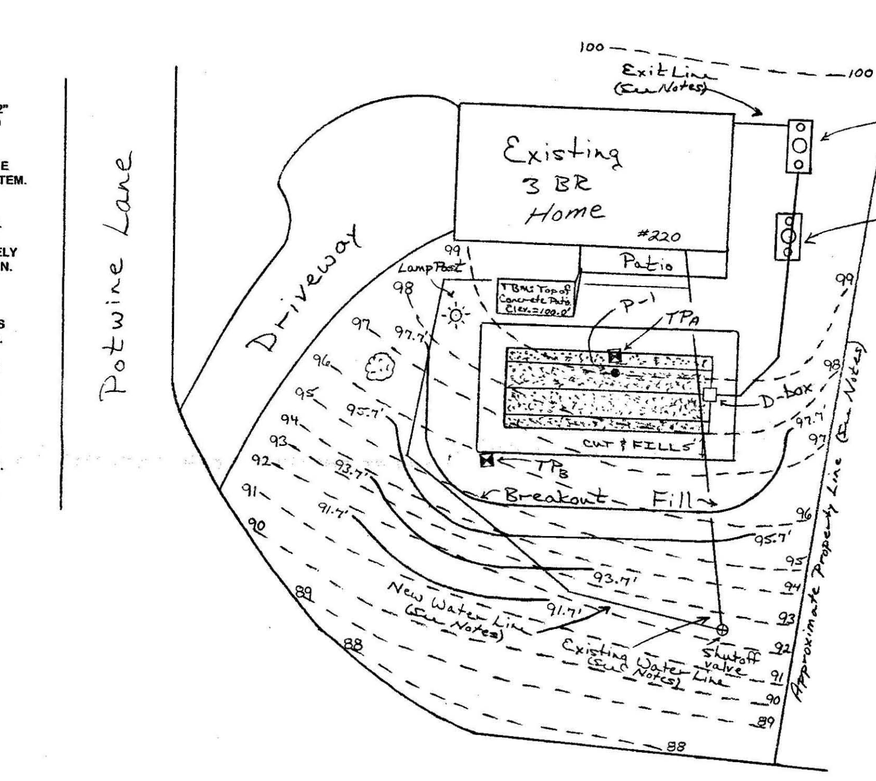
PERCOLATION TEST RESULTS

PERCOLATION TEST NO.	DEPTH (INCHES)	RATE (MIN/INCH)	DATE
P-1	74"	7	1/8/99

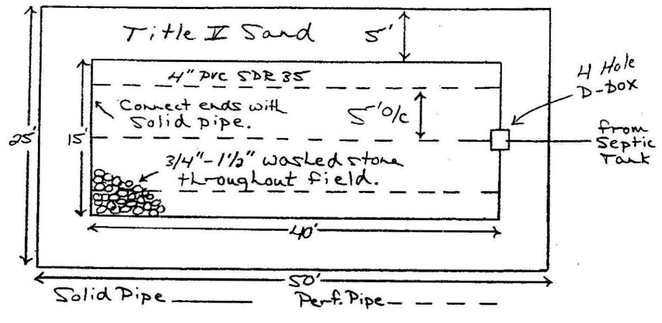
Performed by: M. Lavigne A.S.E.
Witnessed by: D. Zarazinski B.O.H.

SOIL LOGS - See Accompanying Reports.

	HOLE NO. TPA	HOLE NO. TPB
1	Topsoil	Topsoil
2	Subsoil	Subsoil
3	Loamy Sand	Loamy Sand
4		
5	Sandy Loam	Sandy Loam
6		
7	Loamy Sand	Loamy Sand
8		
9		
10	E.S.H.W.T. @ 72"	E.S.H.W.T. @ 72"
11		
12		



Leach Field Plan View scale 1" = 10'



DESIGN CALCULATIONS

DESIGN PERC RATE: 10 MIN/IN (Measured at 7 min/in)
DESIGN DAILY FLOWRATE: 110 GPD/BEDROOM x 3 BEDROOMS = 330 GPD
SYSTEM LEACHING AREA:
BOTTOM AREA 40' x 15' = 600 FT²
TOTAL AREA = 600 FT²
LOADING RATE: LTAR FOR CLASS II SOIL AT 10 MIN/IN = 0.60 GPD/FT²
600 FT² x 0.60 GPD/FT² = 360 GPD

SITE PLAN

SCALE: 1" = 20'

- EXISTING CONTOUR
- PROPOSED CONTOUR
- GROUNDWATER OBSERVATION
- PERCOLATION TEST

N

APPROVALS AND REVISIONS

COMMONWEALTH OF MASSACHUSETTS
1-19-99
NINA INCHARDI
No. 898
REGISTERED SANITARIAN

ENVIRONMENTAL FIELD SERVICES, INC.

P.O. BOX 518
LEEDS, MA 01053
1-(413)-586-7200

TITLE

SEWAGE DISPOSAL SYSTEM

- Repair -

FOR

Gerry Nolan
220 Middle Street
S. Amherst, MA

FIELD 1-13-99
DRAWN M.L.
CALC.
CHECK

DATE 1-15-99
PLAN NO.

DATA REFERENCES

Site: 220 Middle Street S. Amherst, MA

TBM: Top of Concrete Patio, at corner shown. Elevation = 100.0'

165850