

273 MONTAGUE ROAD





**COLD SPRING ENVIRONMENTAL  
CONSULTANTS INC.**

- 2IE Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

October 30 2008

**Amherst Board of Health**

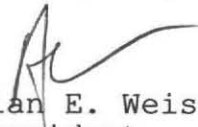
RECEIVED  
11-12-08

RE:Septic System Repair Installation Inspection  
# (273 Montague Road (Brown))

On this date, the writer inspected the installation of a **Leach Field (only)**. The writer found the installation to be complete (except for completion of cover material and final fill) and in compliance with our plans and 310 CMR 15.000. The installer representative (**Karls Excavating**). Our inspection noted that the system was built properly, in accordance with the state regulations and our plans. The contractor was requested to have sufficient breakout soil on site and properly cover the system according to our plans and may backfill the system after review by local Health Department representatives.

Sincerely,

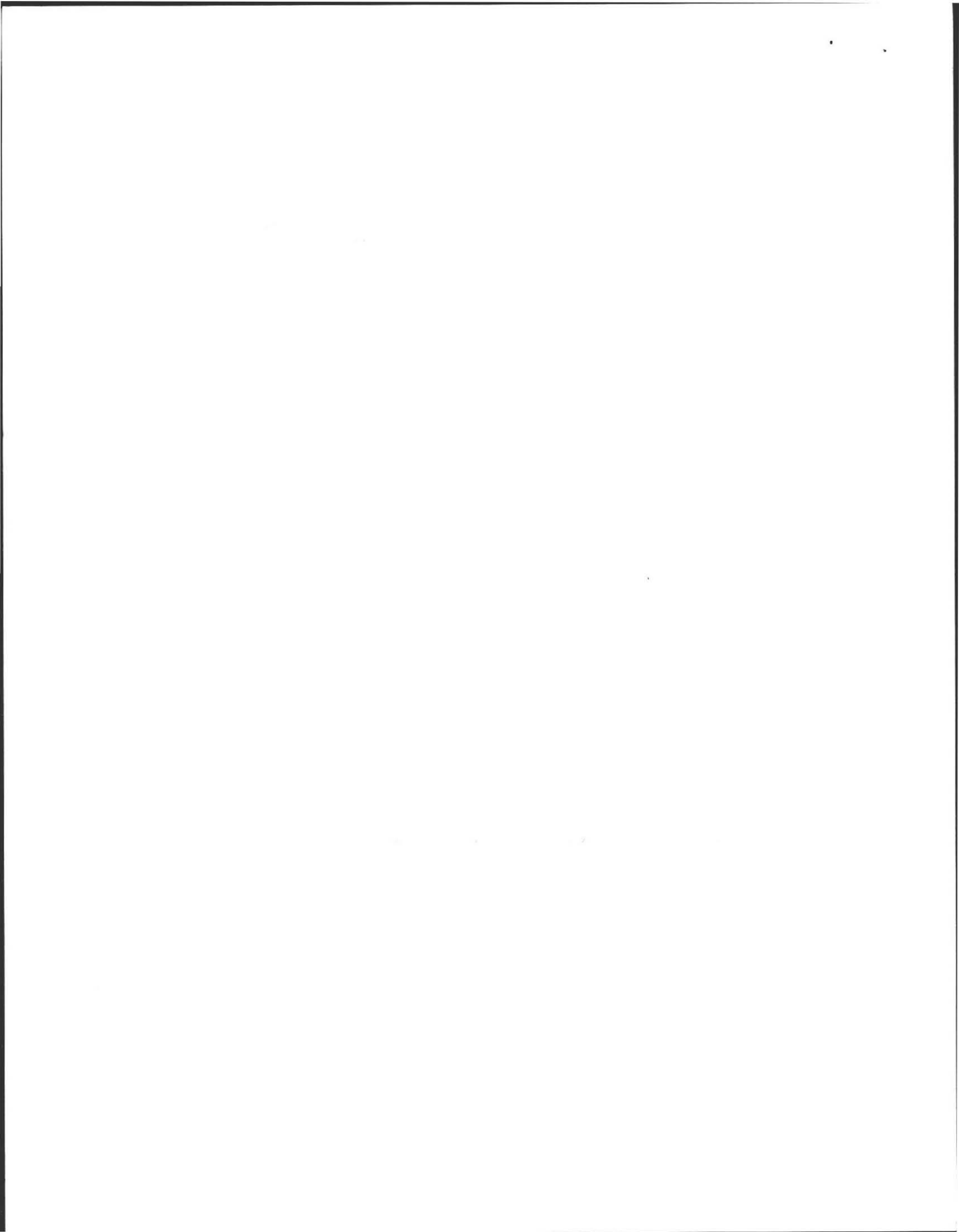
**Cold Spring Environmental Consultants, Inc.**

  
Alan E. Weiss, M.S., L.S.P.  
President  
Principal Hydrogeologist  
Licensed Site Professional #6442  
Registered Sanitarian #933

Cold Spring Environmental  
350 Old Enfield Road  
Belchertown, Ma. 01007

413-323-5957, phone  
413-323-4916, fax

*\*As built Attached,*





AS BUILT  
 10.30.2008  
 MAP 2C LOT 10  
 SCALE: 1"=30'  
 16,750± Sq. Ft.  
 0.385± Ac.

**NOT AN ACTUAL SURVEY!!**  
 LINES DRAWN FOR SEPTIC  
 LOCATION PURPOSES ONLY!



**200**

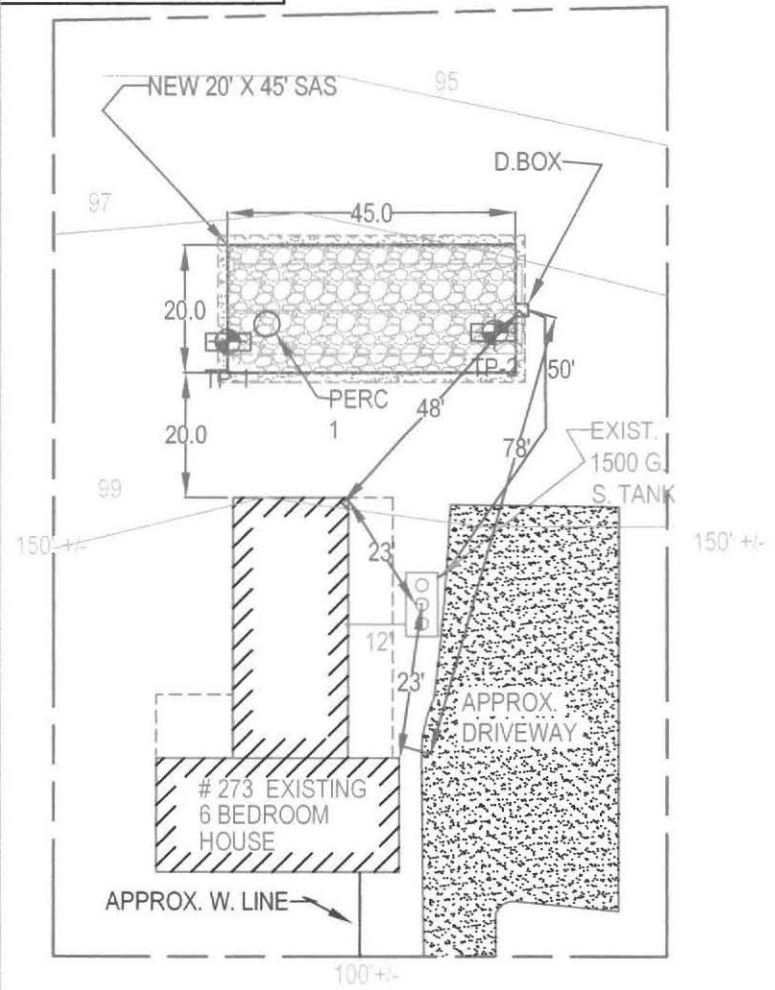
**DUE**

**ALL**

- 1.) INS
- PLA
- 2.) HA
- STC
- REI
- 3.) HA
- NO
- (4-2

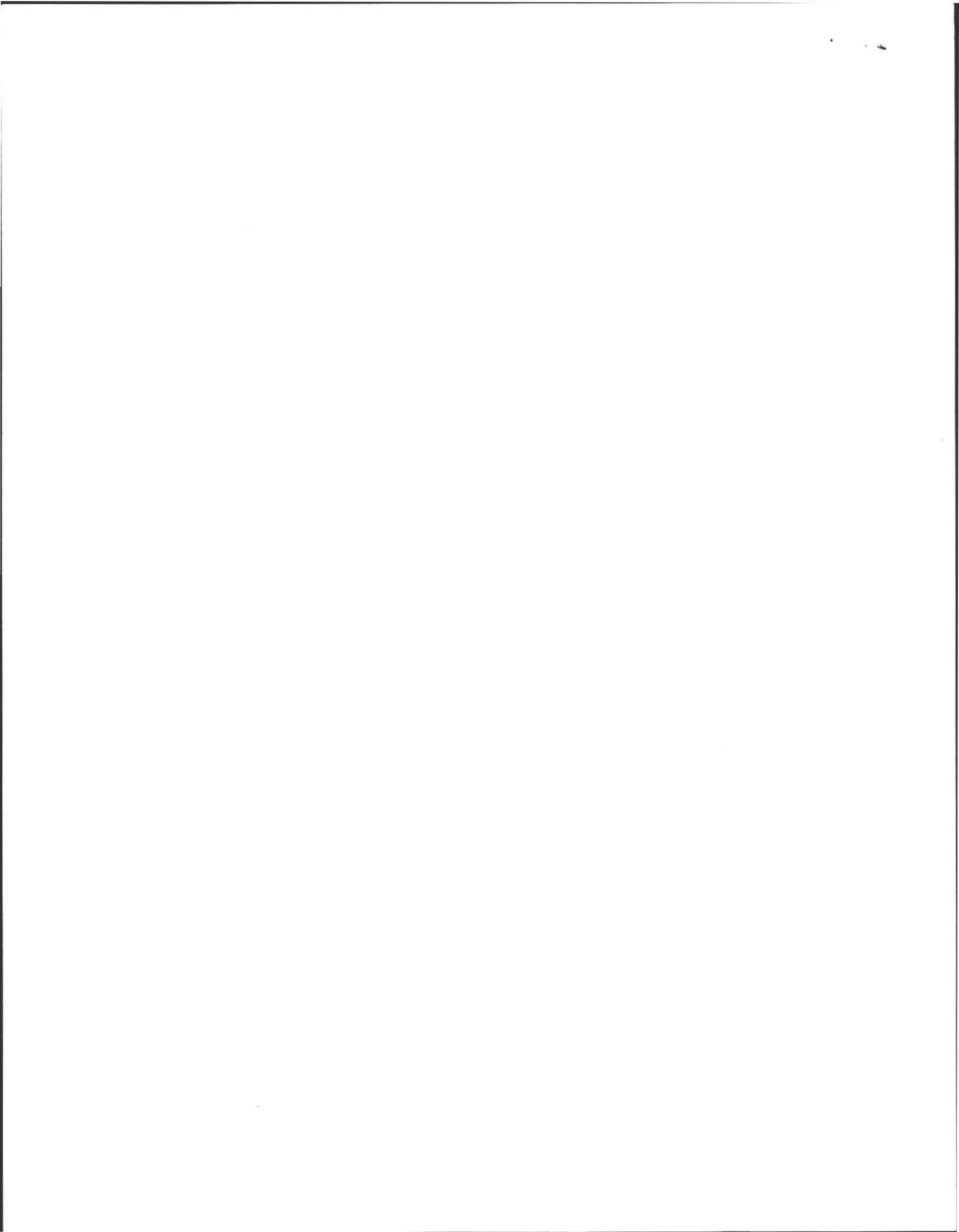
**G.**  
**M**

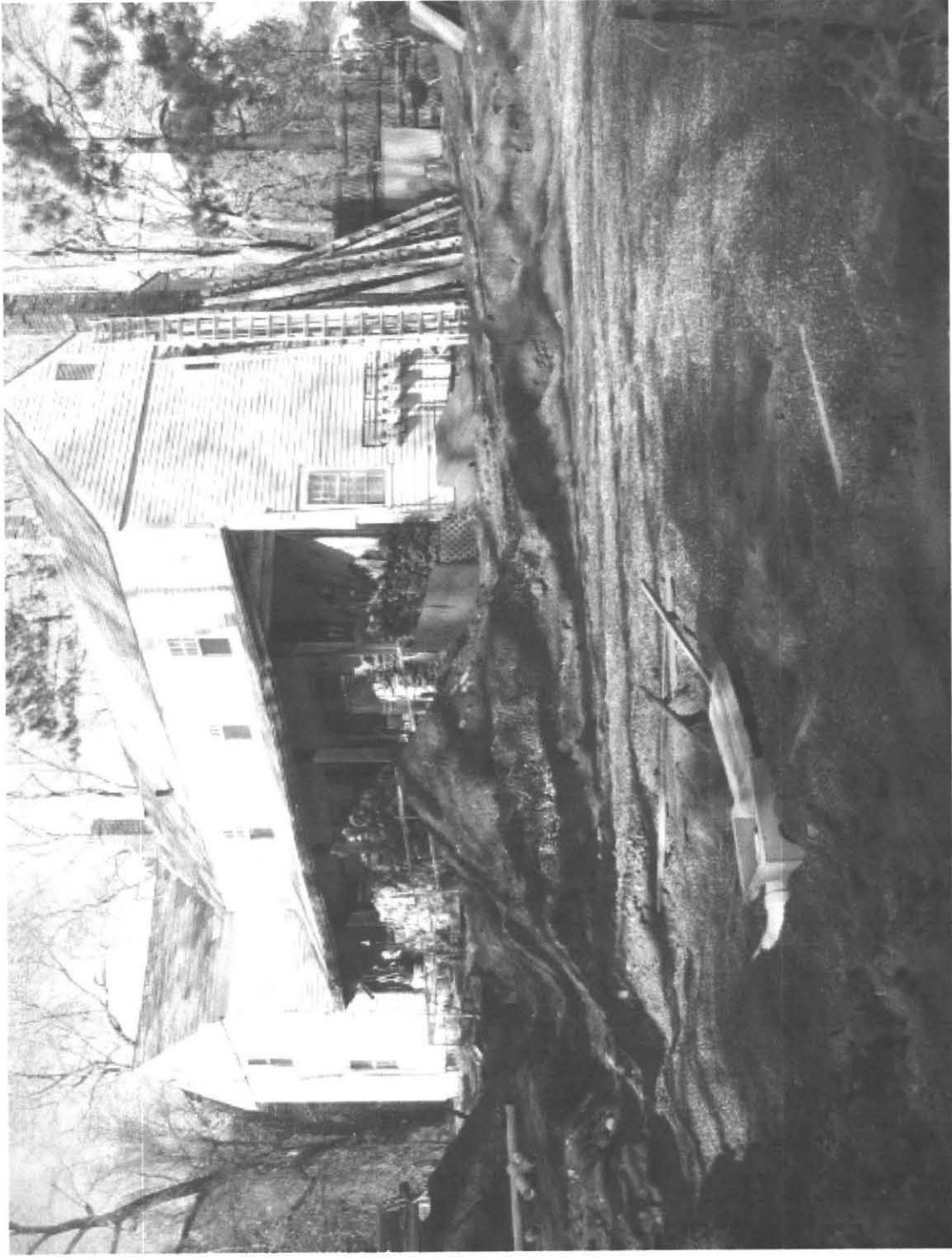
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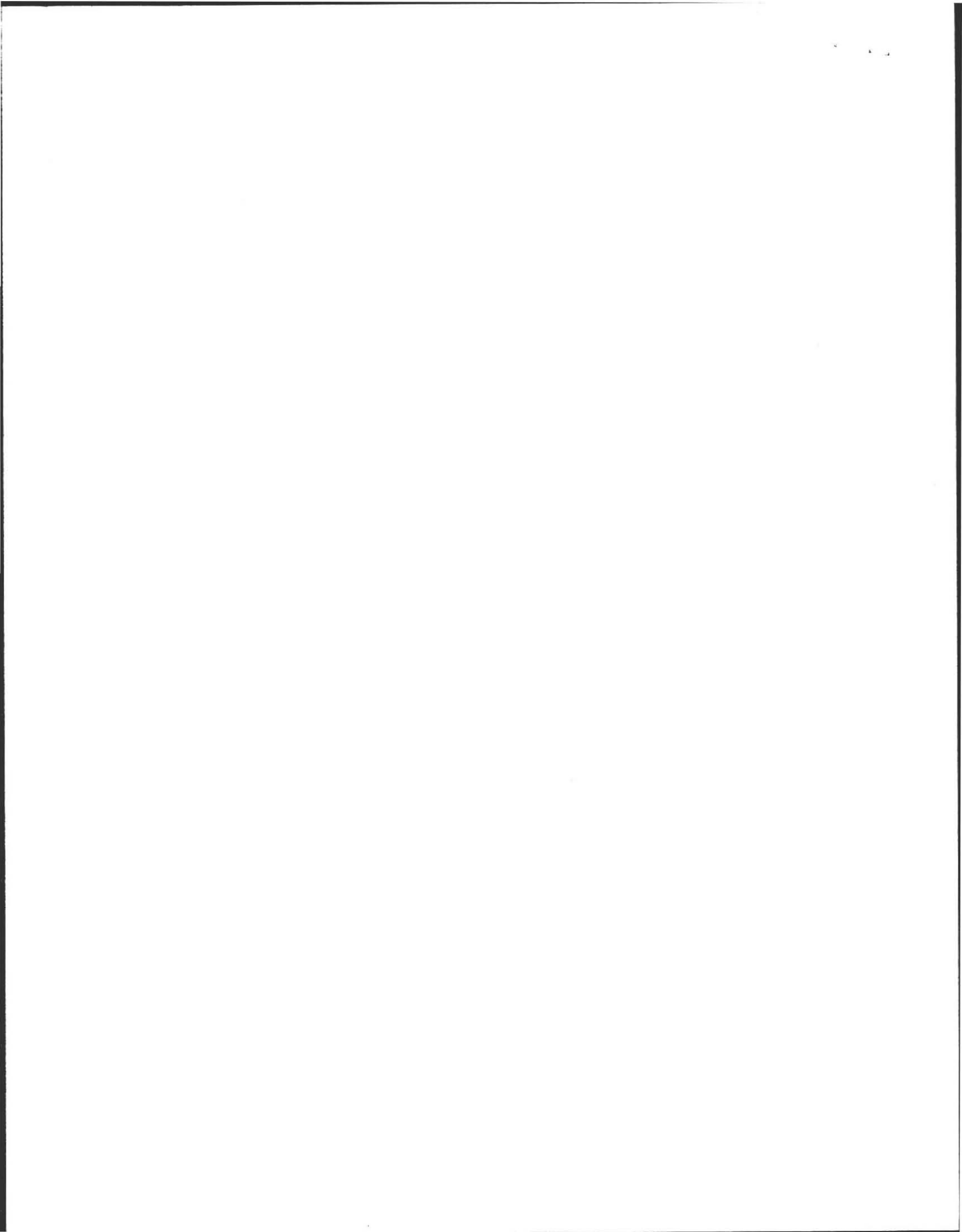
**MONTAGUE ROAD (RTE 63)**

USING EXISTING SEPTIC TANKS.

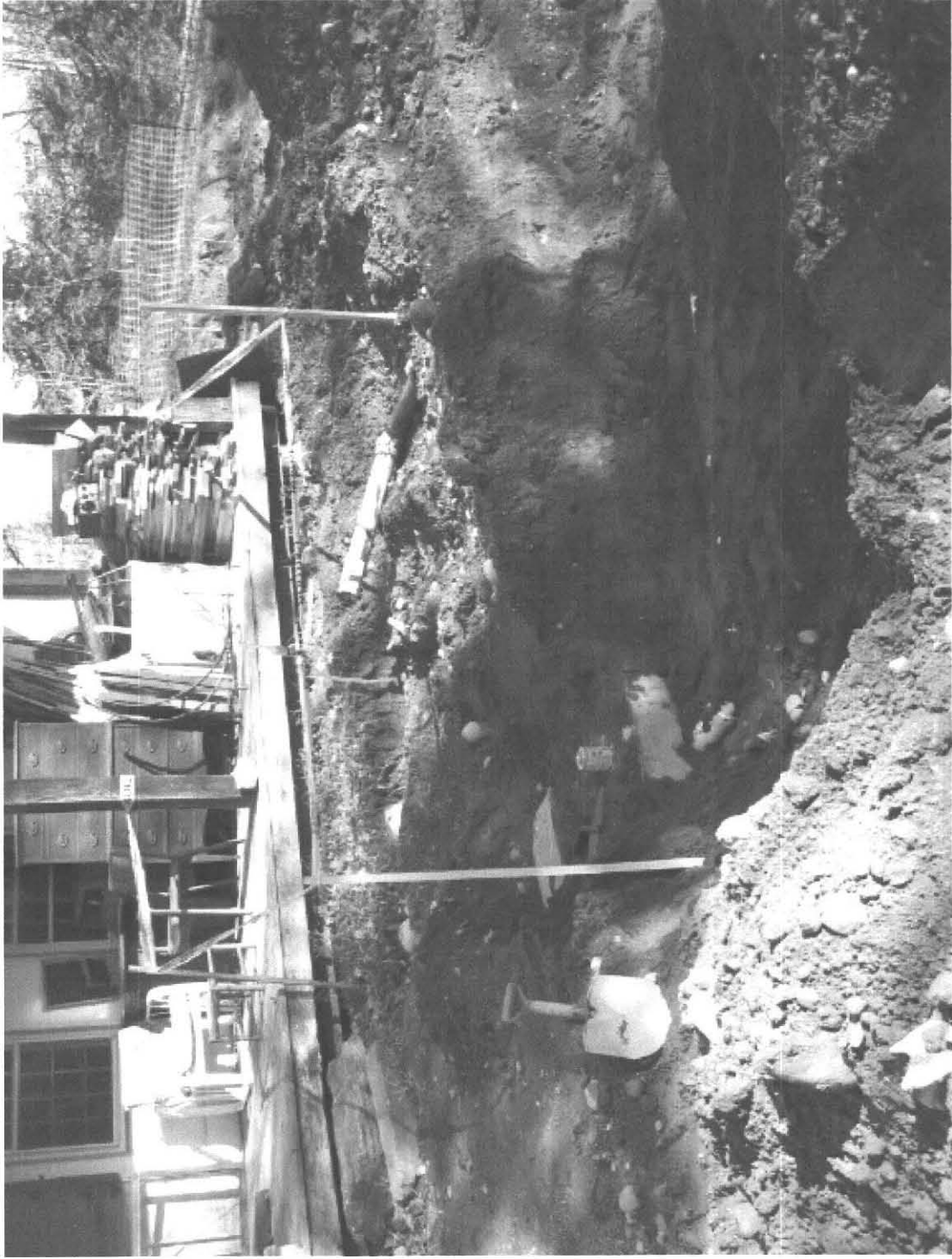




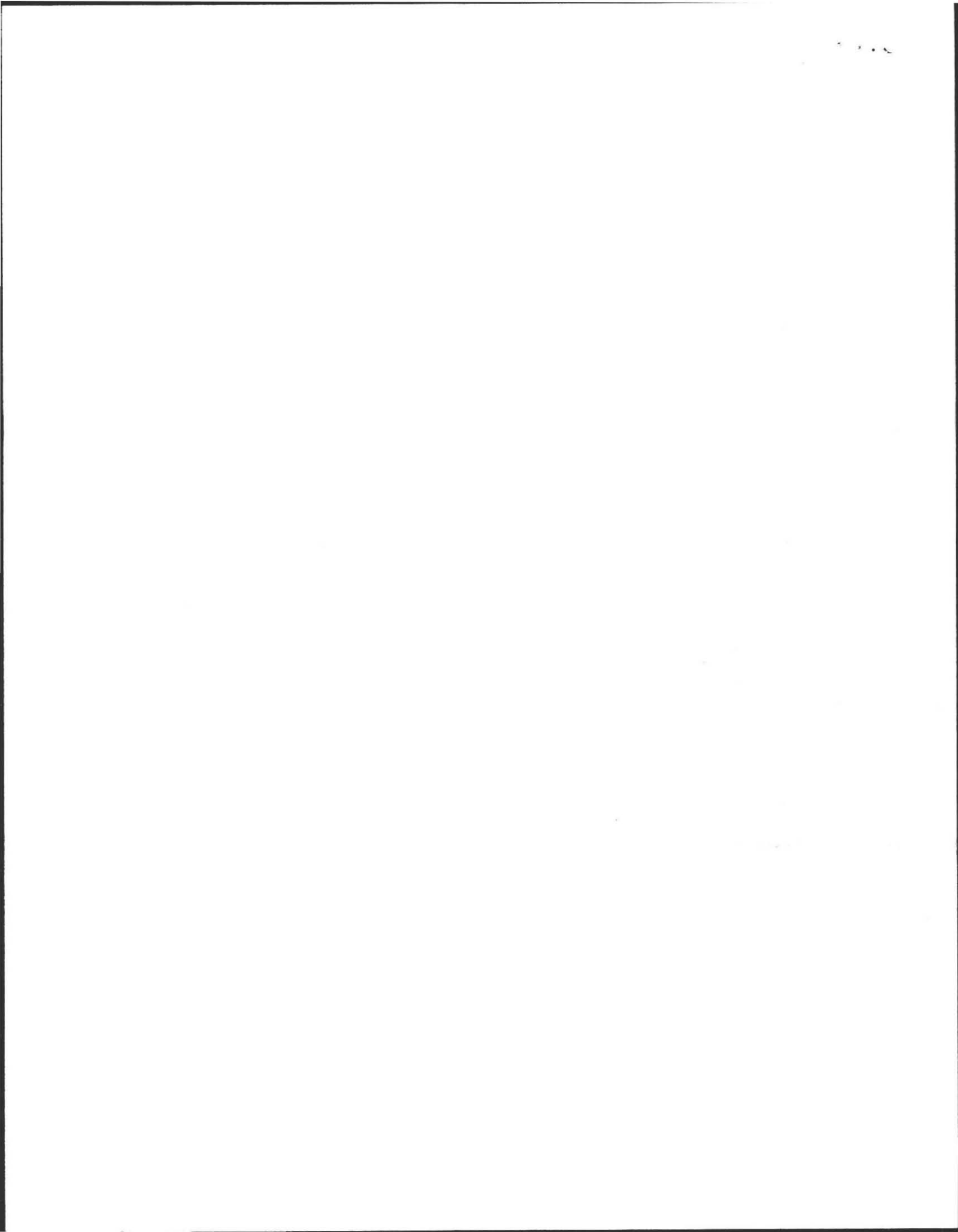
New L. Field  
273 Montague Road  
N. Amherst, MA  
10.30.2008







Existing Septic Tank  
273 Montague Road  
N. Amherst, MA  
10.30.2008



TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 3259

Received of HENRY BROWN of 162 MAIN ST LEEDS MA, P.O. BOX 9 01053

For Property Located at: 273 MONTAGUE ROAD HENRY BROWN

- |  |                           |  |                                 |
|--|---------------------------|--|---------------------------------|
| HEA009 Bakery<br>R6510 443508                    | _____                     | HEA015 Sanitary Code Booklets<br>R6510 432305            | _____                           |
| HEA001 Bed & Breakfast<br>R6510 443516           | _____                     | HEA016 Septic Tank Permit-Installers<br>R6510 443511     | _____                           |
| HEA002 Catering License<br>R6510 443507          | _____                     | HEA017 Septic Tank Permit-Private<br>R6510 443510        | _____                           |
| HEA003 Food Handler<br>R6510 443515              | _____                     | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      | _____                           |
| HEA004 Frozen Deserts<br>R6510 443501            | _____                     | HEA019 Sub-Division Review Fee<br>R6510 432306           | _____                           |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | _____                     | HEA012 Swimming Pool Permits<br>R6510 443512             | _____                           |
| HEA006 Massage Therapy License<br>R6510 443504   | _____                     | HEA020 Tanning License<br>R6510 443509                   | _____                           |
| HEA007 Milk & Cream License<br>R6510 443500      | _____                     | HEA024 Funeral Director License<br>R6510 443502          | _____                           |
| HEA008 Motel License<br>R6510 443506             | _____                     | HEA034 Immunization Clinic<br>R6510 432307               | _____                           |
| HEA010 Removal of Offal<br>R6510 443513          | _____                     | HEA030 Car Seats<br>8407 258004                          | _____                           |
| HEA021 Removal of Rubbish<br>R6510 443520        | <u>\$300<sup>00</sup></u> | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____                           |
| HEA011 Percolation Test Fees<br>R6510 432300     | _____                     | HEA023 TB Clinic<br>R6510 432303                         | _____                           |
| HEA013 Recreation Camp License<br>R6510 443503   | _____                     | HEA022 Tobacco License<br>R6510 443505                   | <u>05-12-08</u>                 |
| HEA014 Retail Store Permit<br>R6510 443514       | _____                     | HEA  | <u>Gave plans to Alan Weiss</u> |
|  |                           | HEA  | <u>273 Montague Rd</u>          |

TOTAL FEE: \$300<sup>00</sup>

Roman Diner  
Inspection Services/Health Department

12/5/07  
Date

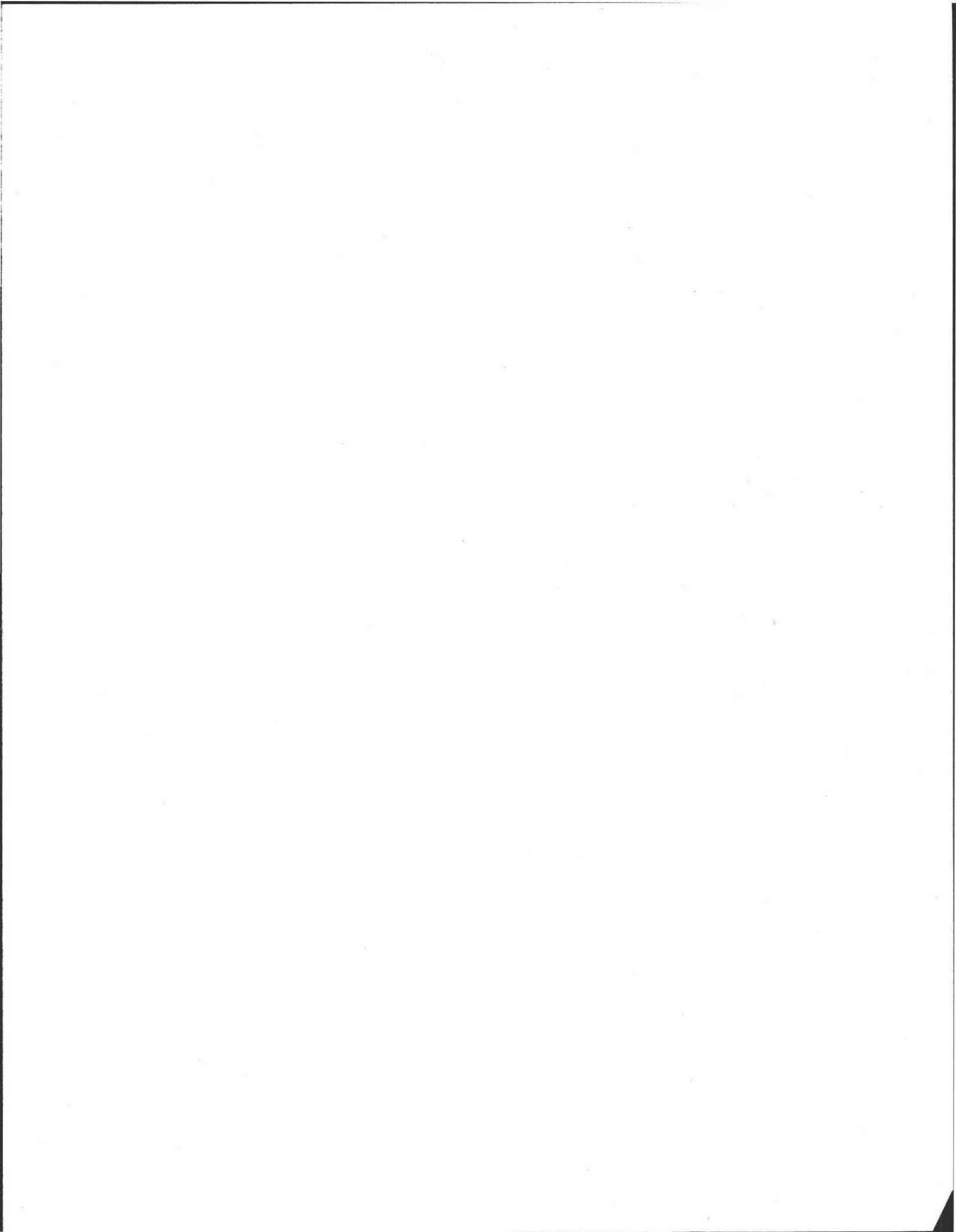
HENRY A. BROWN  
DEBRA L. MCNEICE  
P.O. BOX 9  
LEEDS, MA 01053

FLORENCE SAVINGS BANK  
35 MAIN STREET FLORENCE, MA 01060  
53-7168/2118

9872

PAID TO THE ORDER OF Town of Amherst \$ 300<sup>00</sup>  
Three hundred & no/100 DOLLARS

EMO: Mont Rd - Percolat Hy B





Plan: 273 Montague Rd Designed by: Alan Weiss # 107-2900-1205

CHECK LIST FOR SEPTIC PLANS

Repair

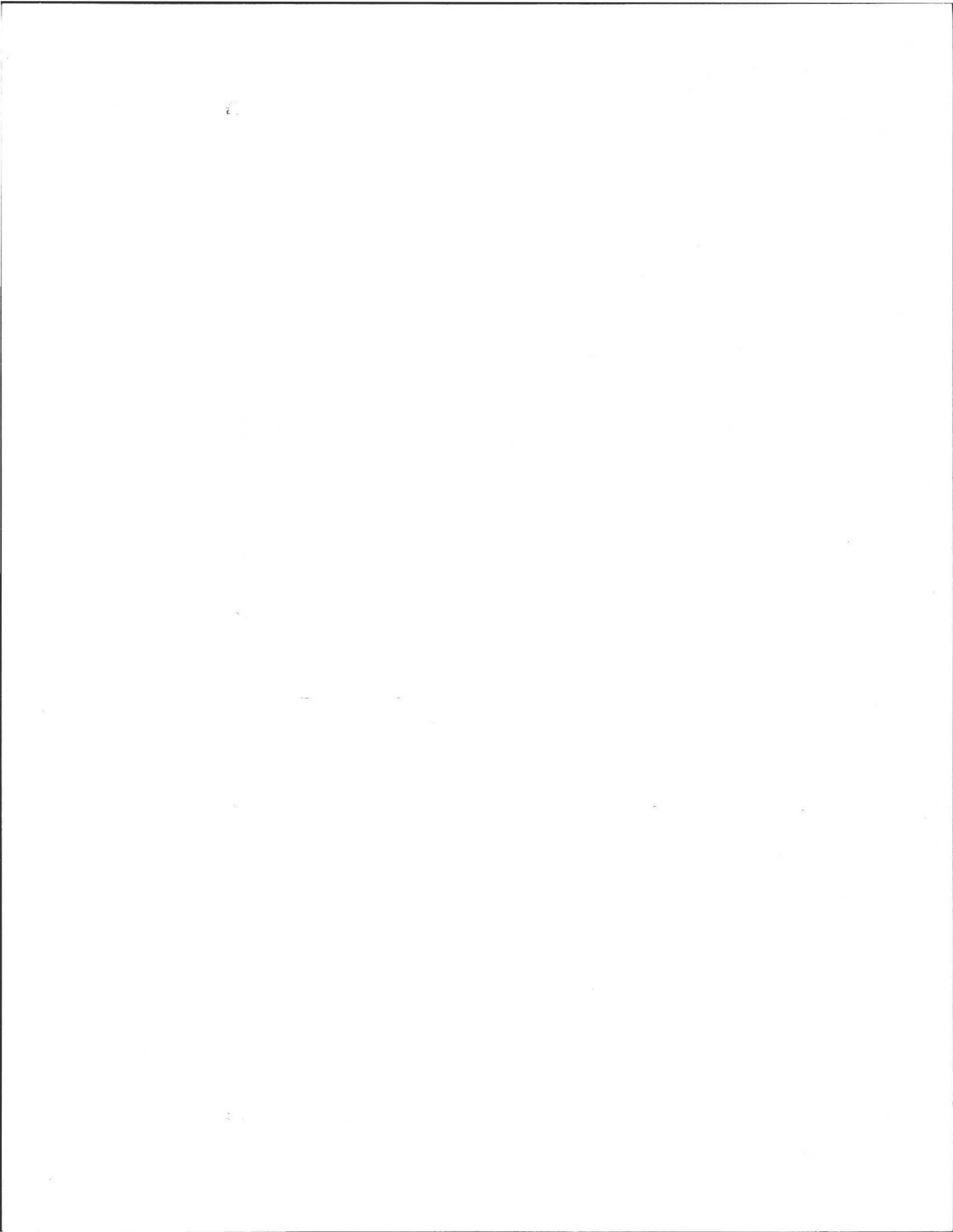
(R+63)  
For Henry Brown

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp 15220 (3)
- Legal boundaries noted
- Easements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private CMR 15.220(k):
  - Within 400 feet of system in case of surface water and gravel packed public water supply
  - Within 250 feet of system in case of tubular public water supply
  - Within ~~150~~ feet of private supply wells 100" septic sys.; 5" tank
- Well statement if applicable
- Location of any surface waters, rivers, vegetated wetlands
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 15.227.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

NOTES: Old System failed probably previous location of tank under driveway

Tank to D. Box has 3 bends but all < 90° -

02-15-08 Plans ready for pick-up. JW



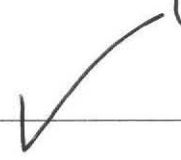


Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

received  
11.26.07



273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

11.20.2007

Date of Inspection

Owner information is required for every page.

**Inspection results must be submitted on this form. Inspection forms may not be altered in any way.**

**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:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

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

Inspector's Signature

11.16.2007 & 11.20.2007

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.**







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

11.20.2007

Date of Inspection

Owner information is required for every page.

## 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:

System serves 6 bedroom Duplex. System has a 1500 gal S. Tank with ok condition and tees (tank is 10 yrs. old) . D. box and leaching area (Older) is in corroded condition. The box was cracked, weak and 1/2 full of sludge with black staining around lid. The stone and box black staining and sludge conditions are indicative of failure.

### 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:

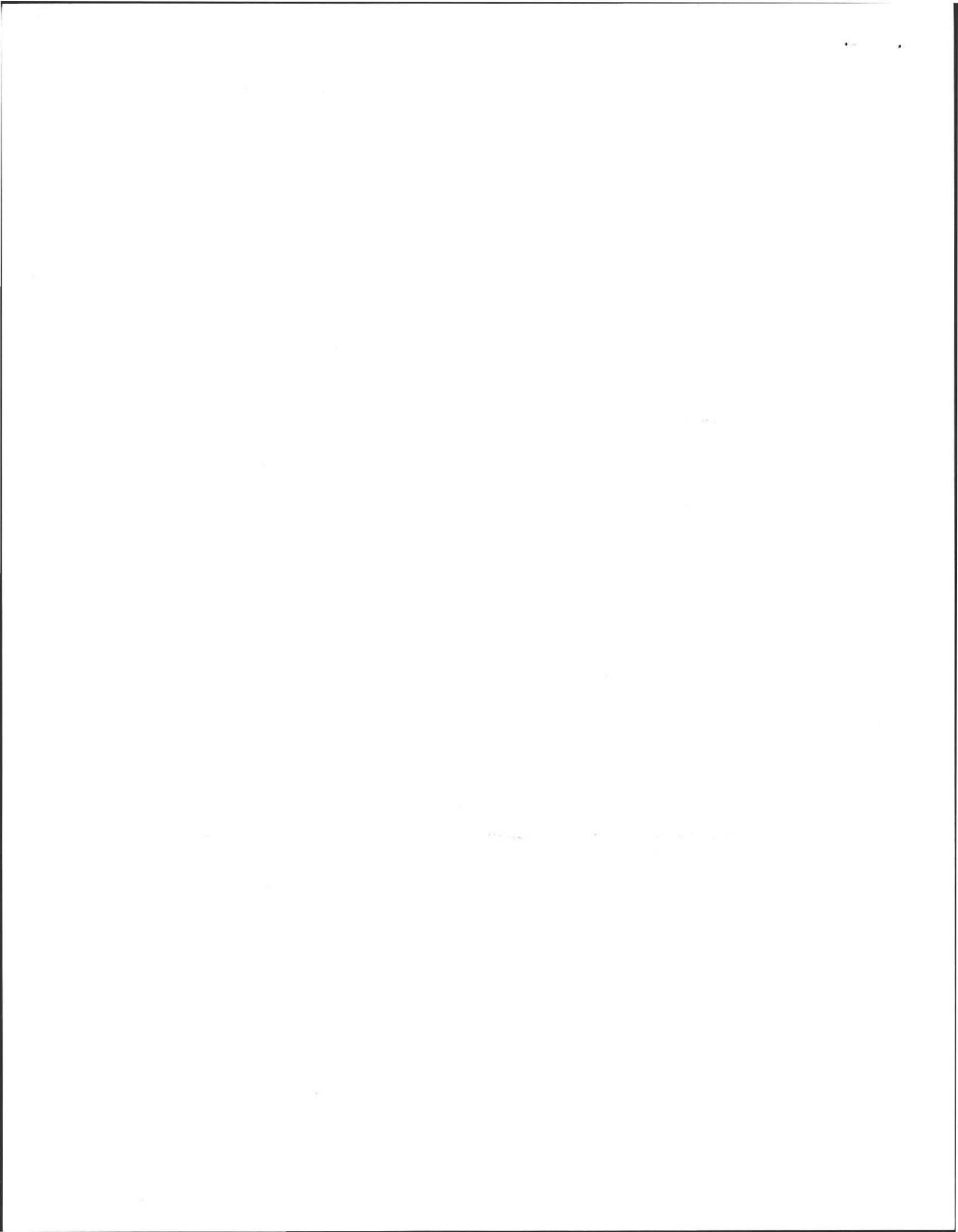
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- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

broken pipe(s) are replaced

obstruction is removed





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Amherst

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11.20.2007

Date of Inspection

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## B. Certification (cont.)

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

- distribution box is leveled or replaced

ND Explain:

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- 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:

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### 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 UNIVERSITY OF CHICAGO PRESS



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

11.20.2007

Date of Inspection

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B. Certification (cont.)

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

- 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 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.

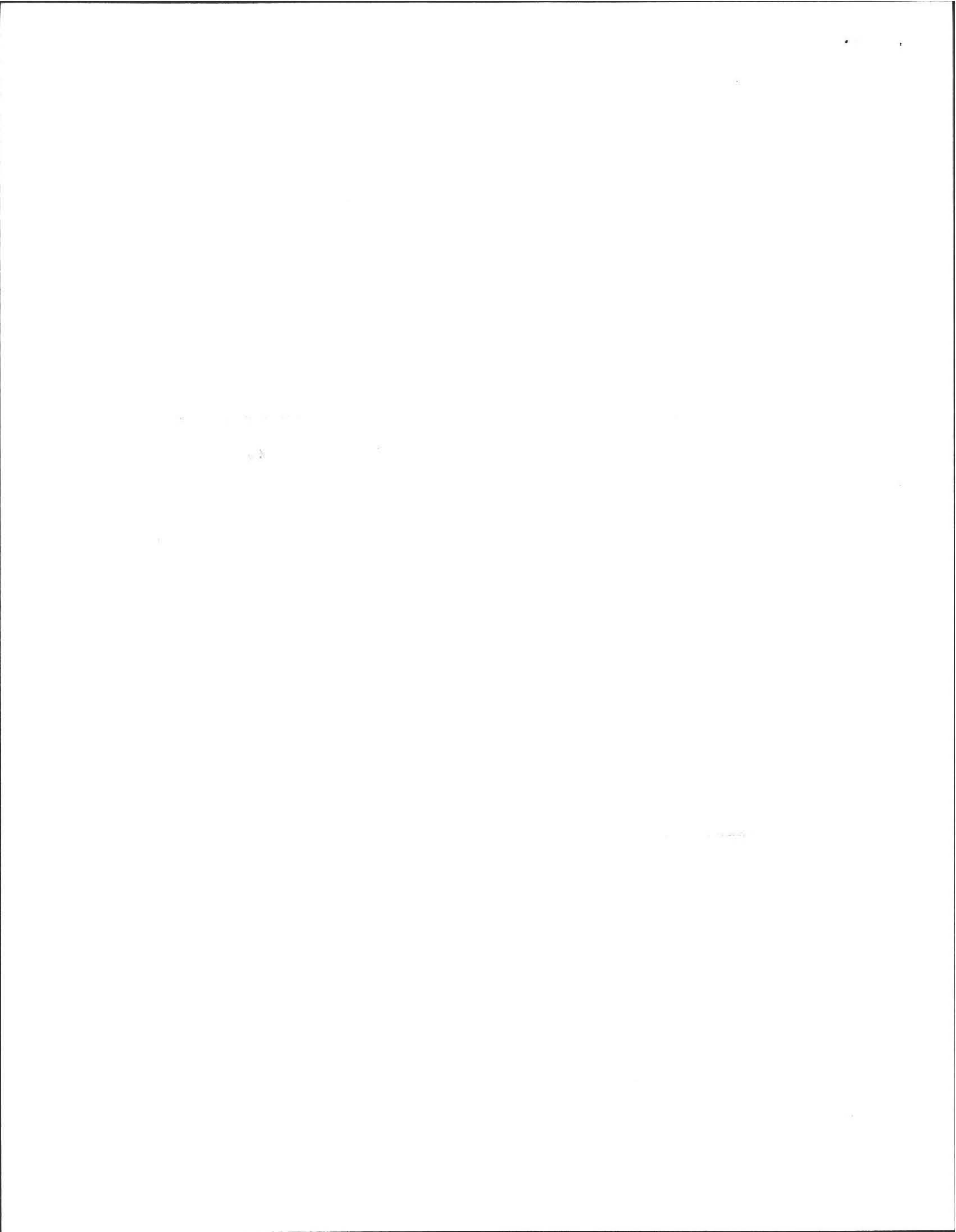
3. Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D) System Failure Criteria Applicable to All Systems:

You 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
- Yes No Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
- Yes No Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- Yes No Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_
- Yes No Any portion of the SAS, cesspool or privy is below high ground water elevation.
- Yes No Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.





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## B. Certification (cont.)

### D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

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 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.

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

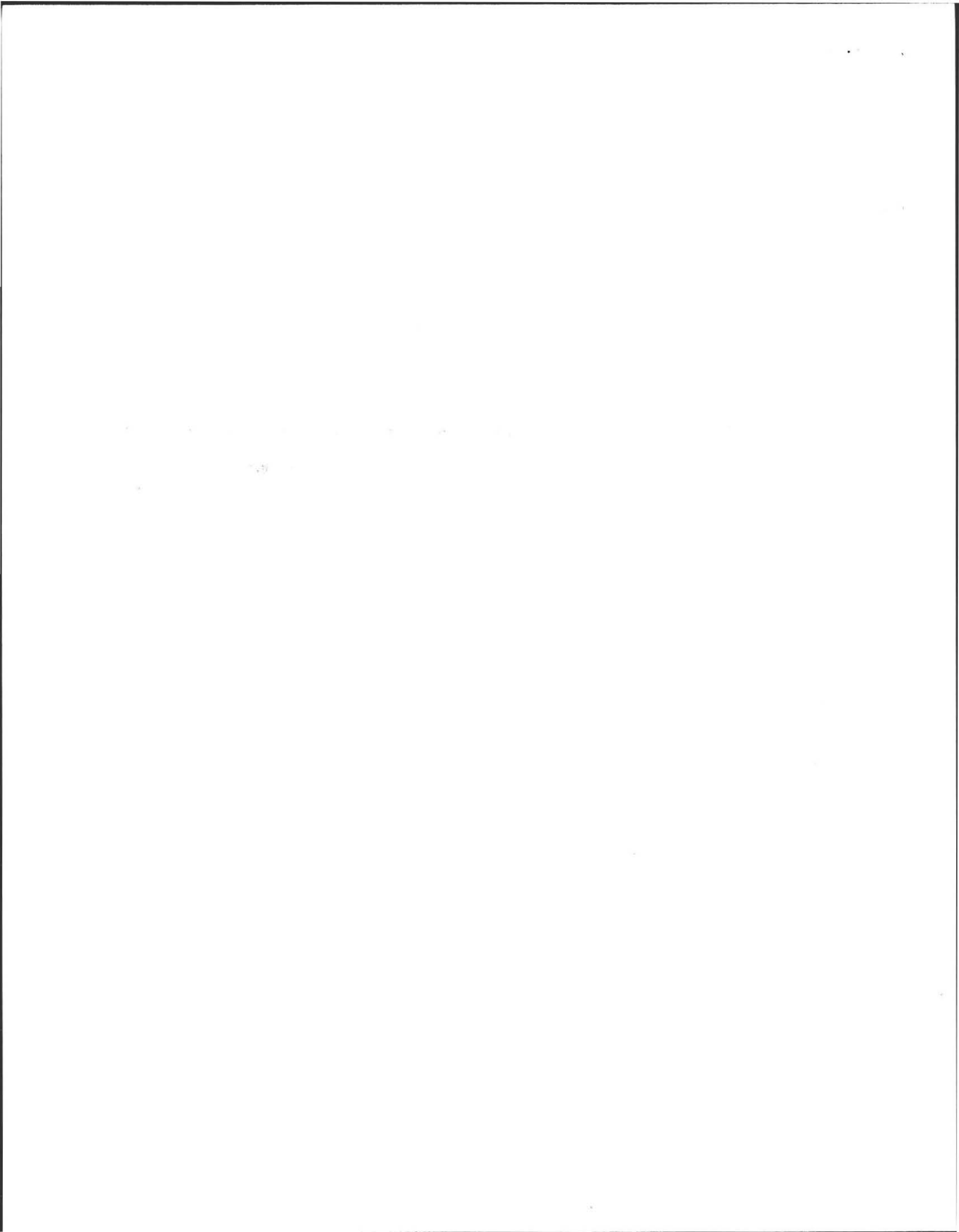
the system is within 400 feet of a surface drinking water supply

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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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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11.20.2007

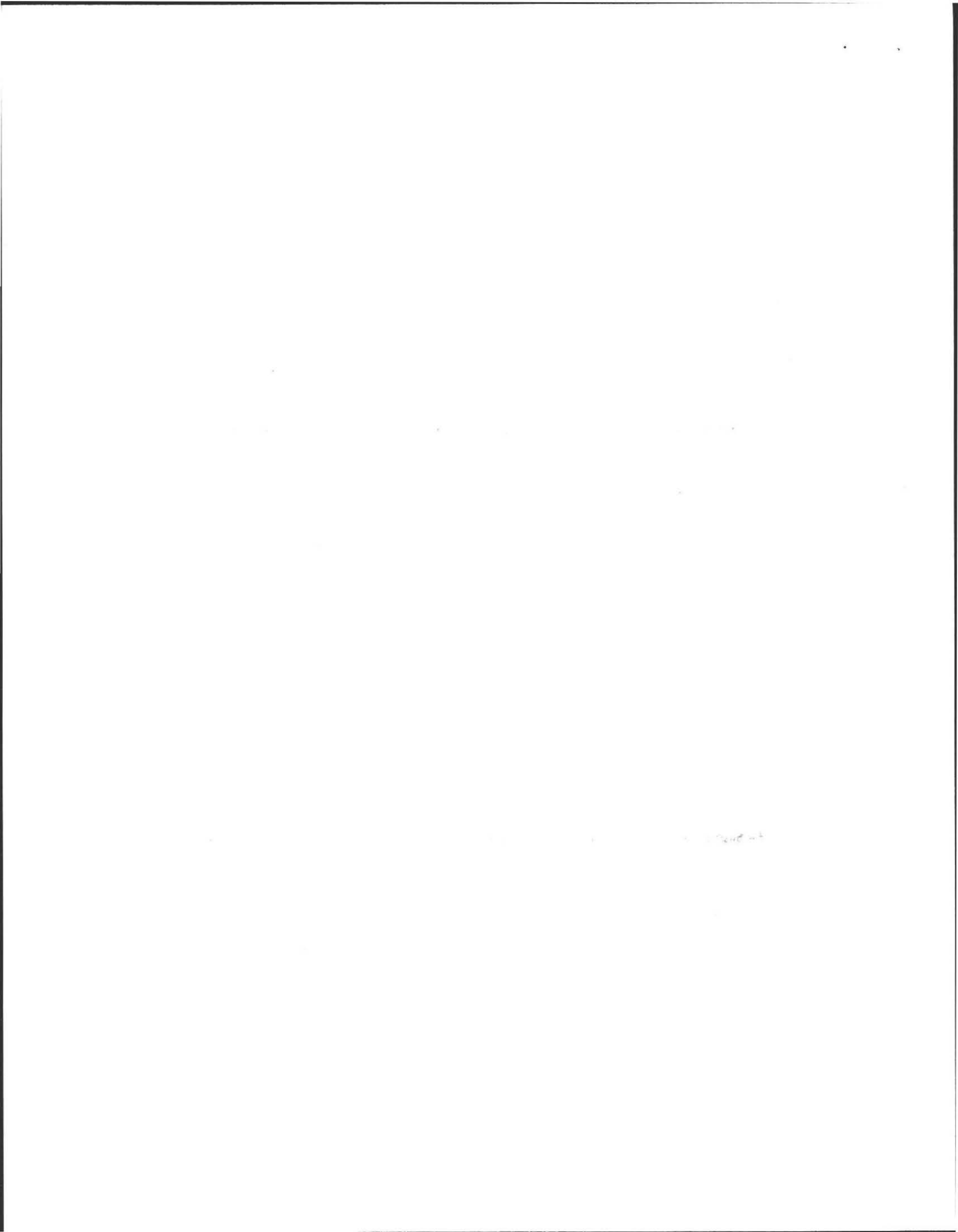
Date of Inspection

Owner information is required for every page.

## C. Checklist

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

- | Yes  | No                                  |   |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Was the site inspected for signs of break out?  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | 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? |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?   |
| <br>   |                                     |   |
| <b>The size and location of the Soil Absorption System (SAS) on the site has been determined based on:</b> |                                     |   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Existing information. For example, a plan at the Board of Health.   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | 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)]  |





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11.20.2007

Date of Inspection

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## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design): \_\_\_\_\_ Number of bedrooms (actual): 6

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

Number of current residents: 6

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)): N/A

Sump pump?  Yes  No

Last date of occupancy: current  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

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

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

Grease trap present?  Yes  No

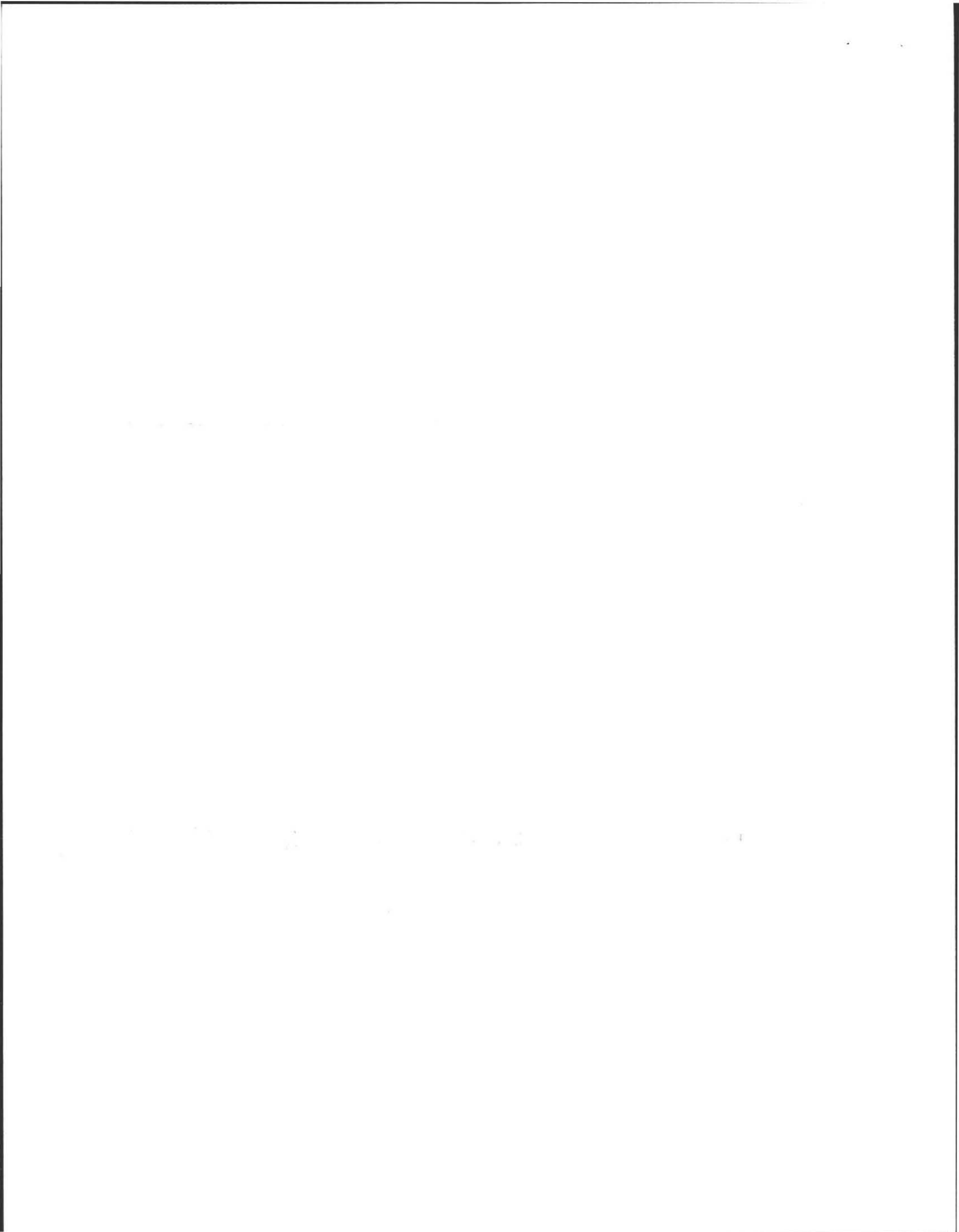
Industrial waste holding tank present?  Yes  No

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

Water meter readings, if available: N/A

Last date of occupancy/use: N/A  
Date

Other (describe): N/A





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Owner information is required for every page.

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Owner's Name

Amherst

City/Town

MA  
State

01002  
Zip Code

11.20.2007  
Date of Inspection

## D. System Information (cont.)

### General Information

#### Pumping Records:

Source of information:

Owner: (1 yr)

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

gallons

How was quantity pumped determined?

pumper

Reason for pumping:

#### Type of System:

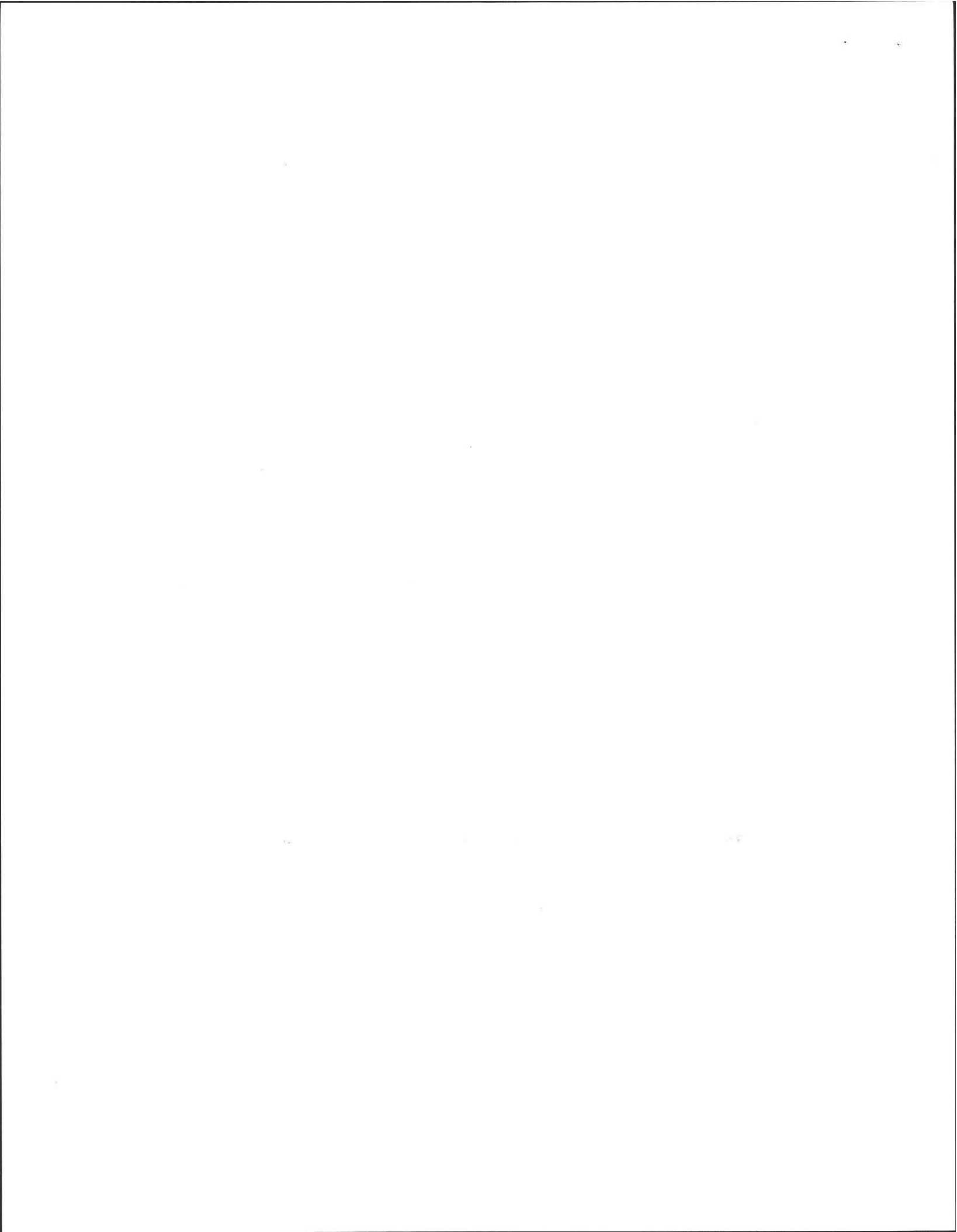
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from 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:

30+ Years L. field. (10 yr. old S. tank)

Were sewage odors detected when arriving at the site?

Yes  No







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## D. System Information (cont.)

**Building Sewer** (locate on site plan):

Depth below grade:

1.4+

feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

10'

feet

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

**Septic Tank** (locate on site plan):

Depth below grade:

1.0'

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'X5.5'X4.5'

Sludge depth:

2"

Distance from top of sludge to bottom of outlet tee or baffle

40"

Scum thickness

2"

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

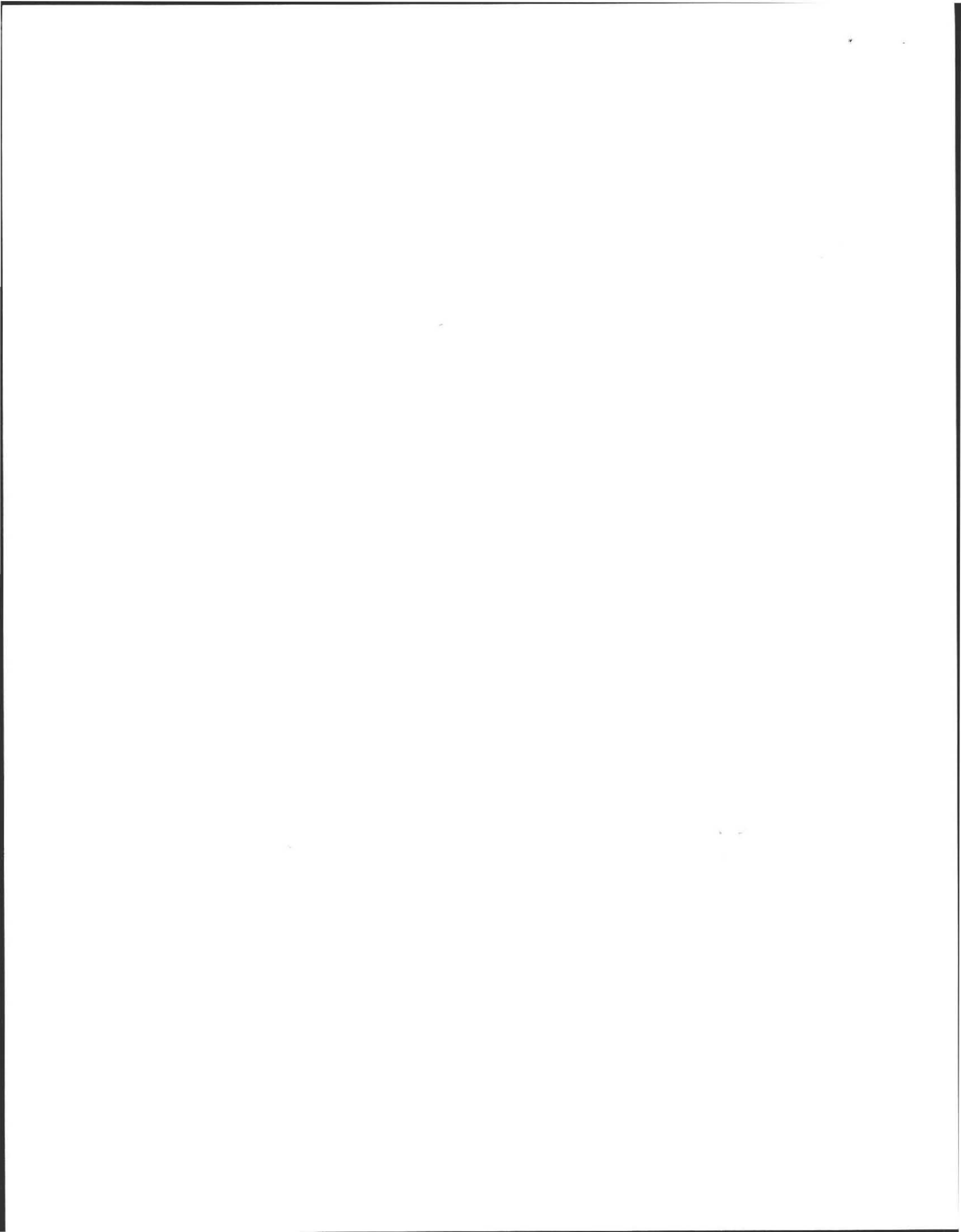
6"

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

10"

How were dimensions determined?

Measured





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

11.20.2007

Date of Inspection

Owner information is required for every page.

## 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.):

Tank level ok, Tees inplace. D. box was Structural weak and ladened with sludge, D. box sidewalls broken thru.

### Grease Trap (locate on site plan):

Depth below grade:

N/A  
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

N/A

Scum thickness

N/A

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

N/A

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

N/A

Date of last pumping:

N/A  
Date

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

N/A

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

Depth below grade:

N/A

Material of construction:

concrete

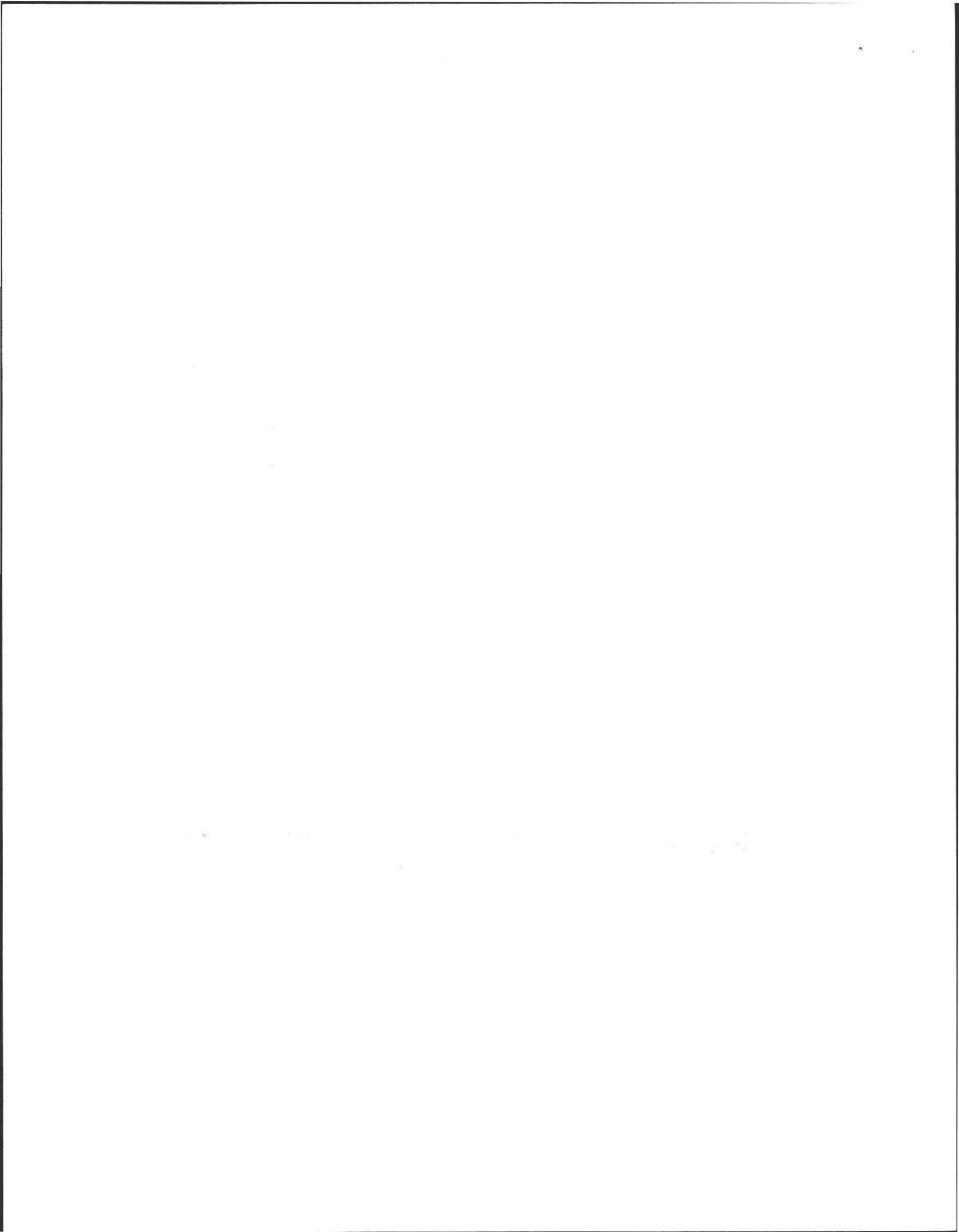
metal

fiberglass

polyethylene

other (explain):

N/A





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

11.20.2007

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

### Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes  No

Alarm level:

N/A

Alarm in working order:  Yes  No

Date of last pumping:

N/A

Date

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

N/A

\* Attach copy of current pumping contract (required). Is copy attached?

Yes  No

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

Depth of liquid level above outlet invert

Sludge 1/2 into pipes.

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.):

Box was weake and cracked with carryover sludge.

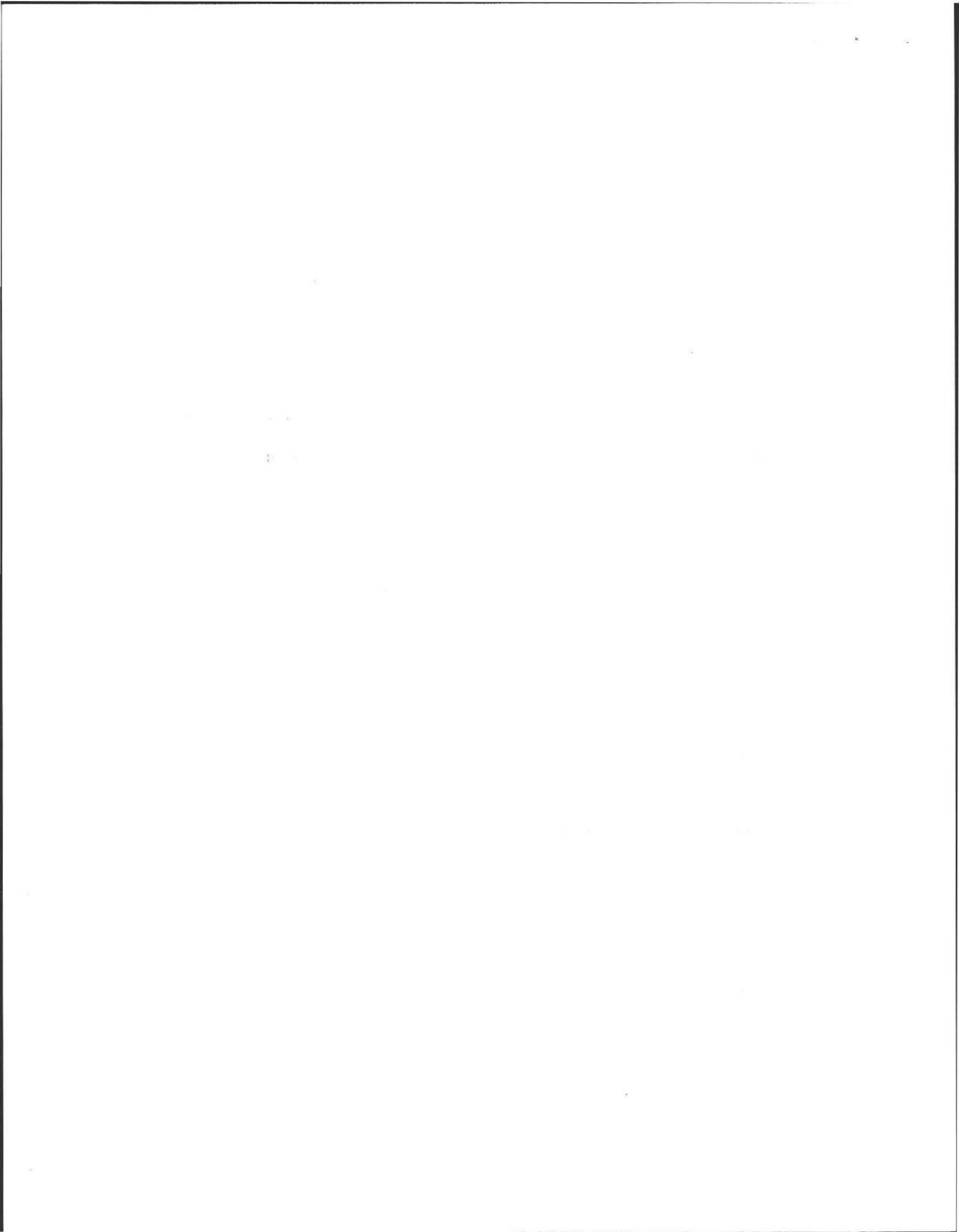
**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes  No

Alarms in working order:

Yes  No





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

11.20.2007

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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:

\_\_\_\_\_  
\_\_\_\_\_

Type:

- |                                     |                               |                     |                   |
|-------------------------------------|-------------------------------|---------------------|-------------------|
| <input type="checkbox"/>            | leaching pits                 | number:             | _____             |
| <input type="checkbox"/>            | leaching chambers             | number:             | _____             |
| <input type="checkbox"/>            | leaching galleries            | number:             | _____             |
| <input type="checkbox"/>            | leaching trenches             | number, length:     | _____             |
| <input checked="" type="checkbox"/> | leaching fields               | number, dimensions: | 18 x25'+/- 3 line |
| <input type="checkbox"/>            | overflow cesspool             | number:             | _____             |
| <input type="checkbox"/>            | innovative/alternative system |                     |                   |

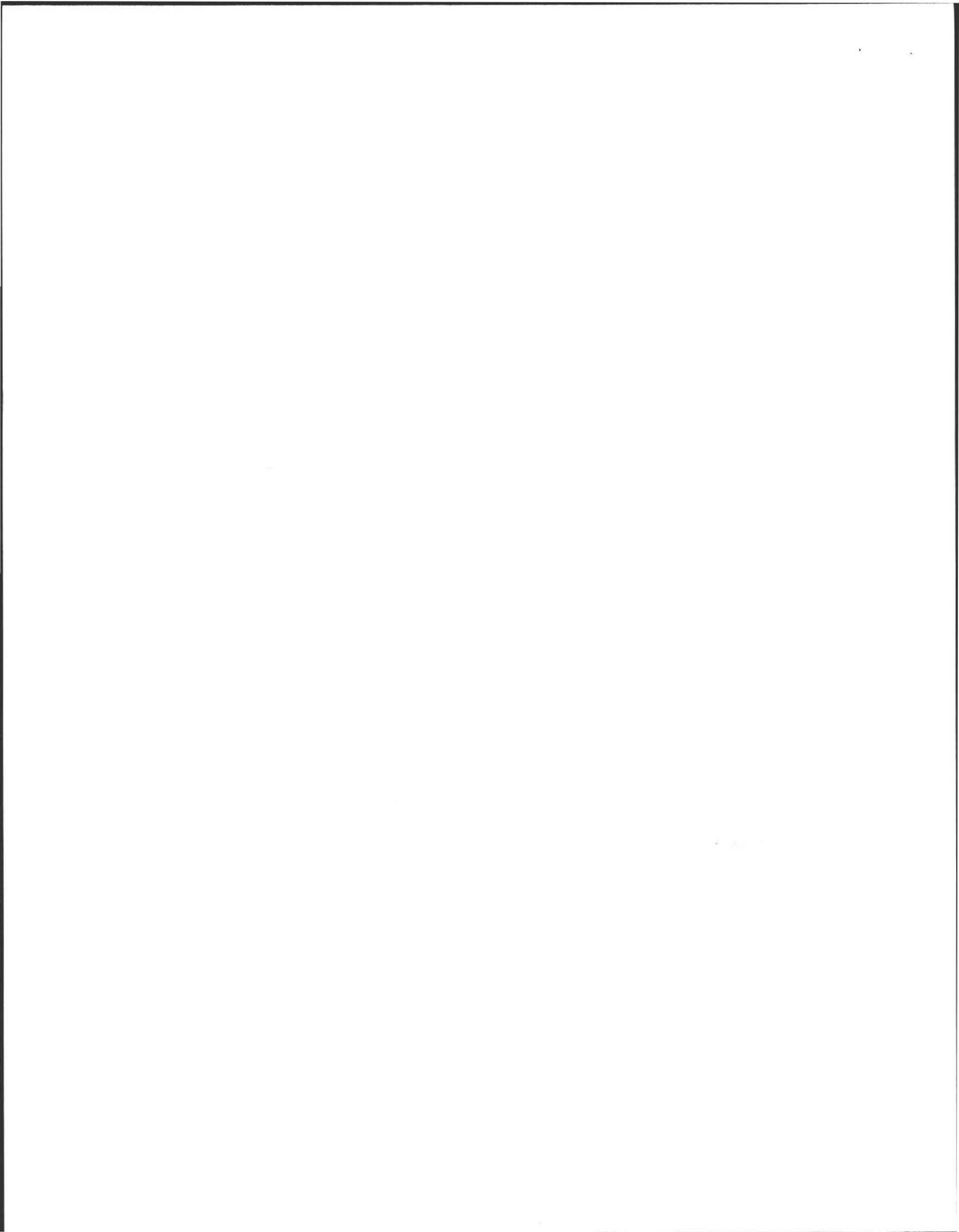
Type/name of technology: \_\_\_\_\_

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

Black Stained soil and stone.

\_\_\_\_\_







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amhest

MA

01002

11.20.2007

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

**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

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

\_\_\_\_\_  
\_\_\_\_\_

**Privy** (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

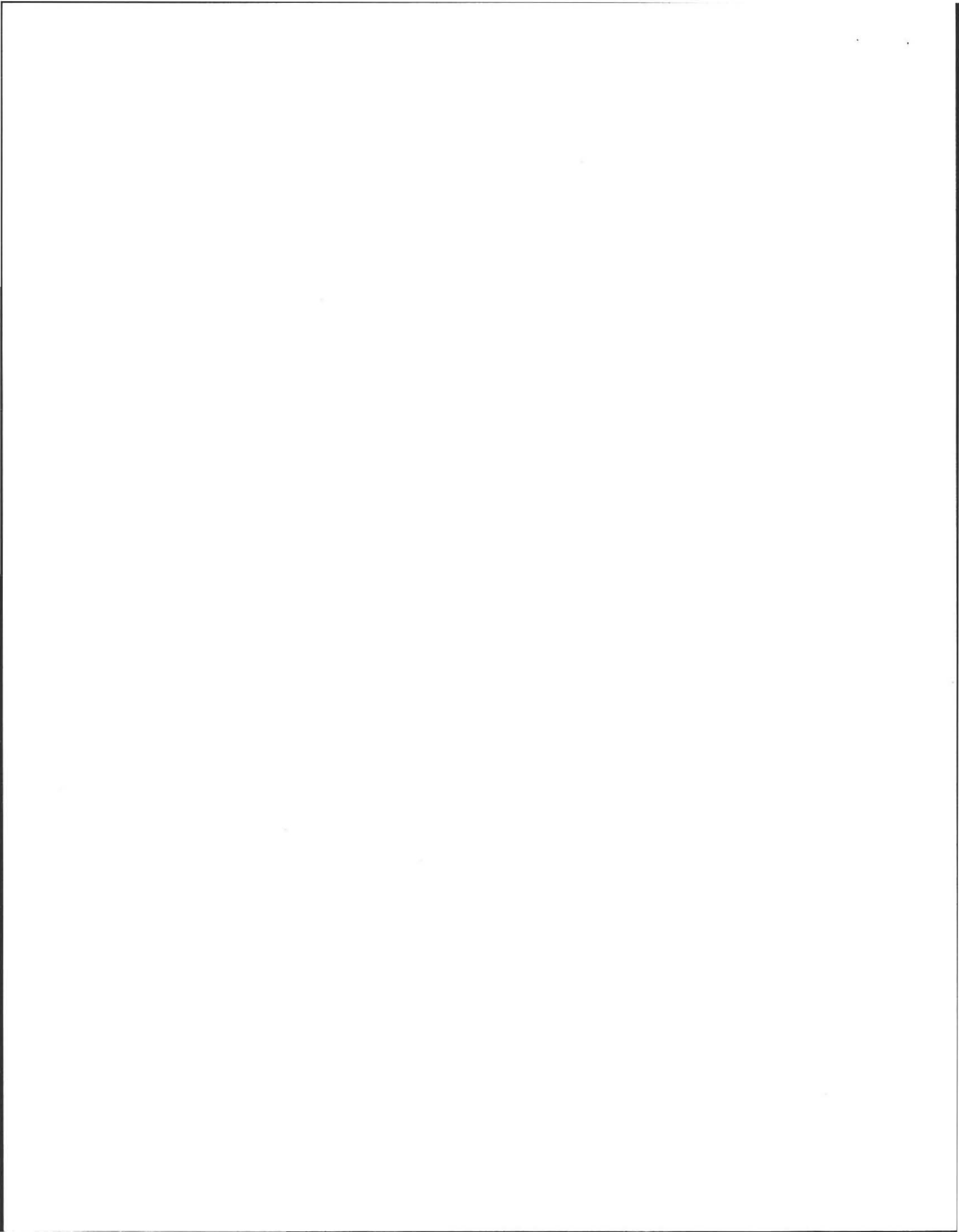
Depth of solids

N/A

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

N/A

\_\_\_\_\_  
\_\_\_\_\_





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

273 Montague Road, Amherst

Property Address

Henry Brown, Mail: POB 9, Leeds, MA 01053

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

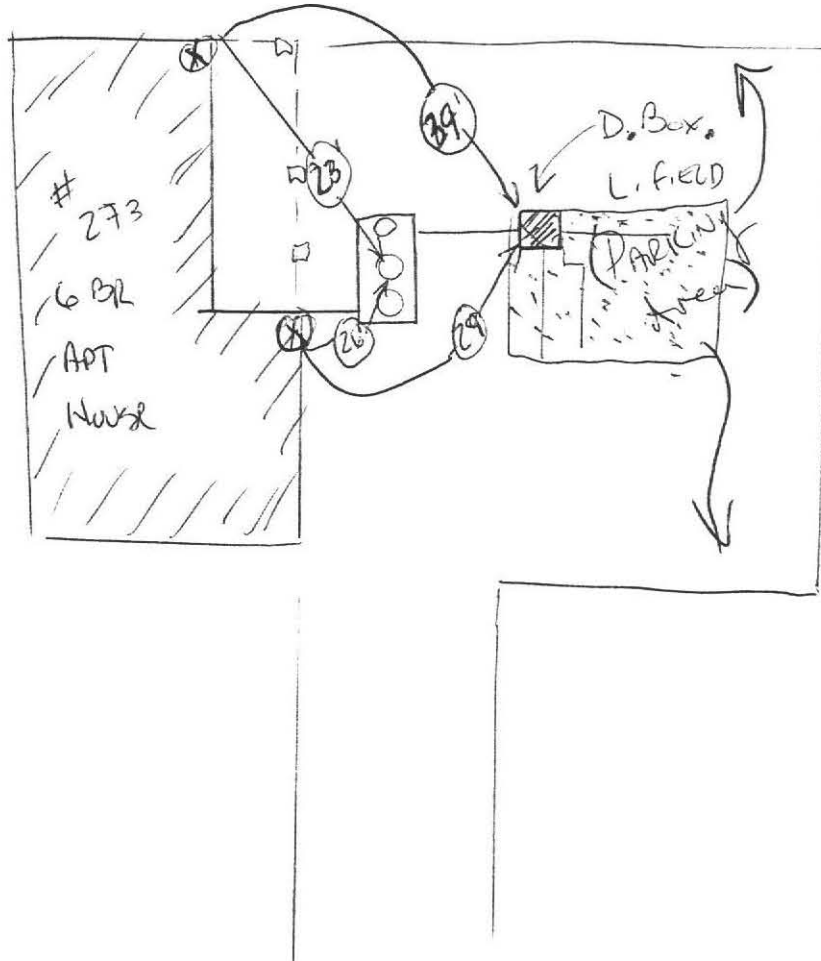
11.20.2007

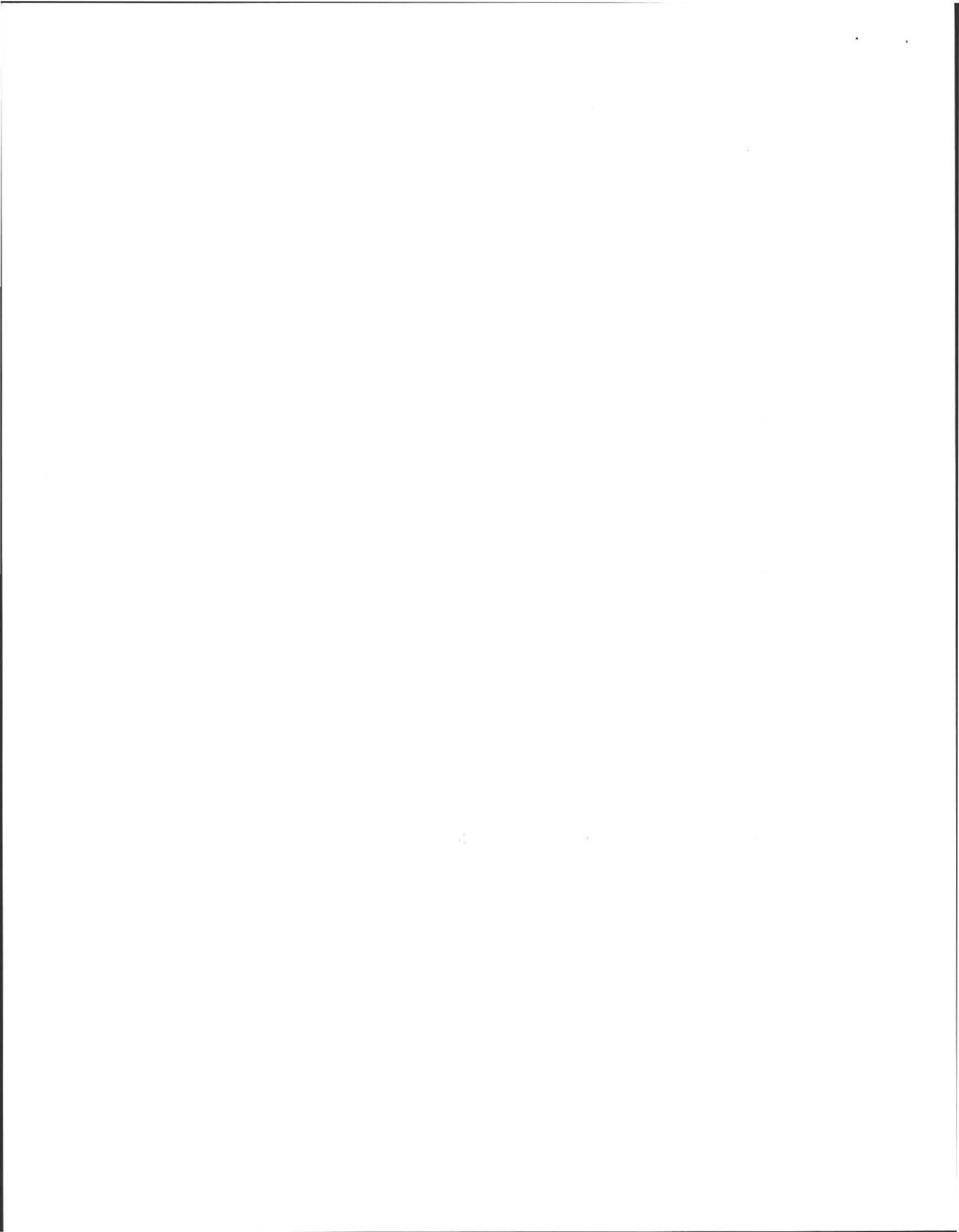
Date of Inspection

Owner information is required for every page.

## D. System Information (cont.)

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.







# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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City/Town

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11.20.2007

Date of Inspection

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## D. System Information (cont.)

### Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

6'

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:

Adjacent house to south perced by inspector. inlate 1990s

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

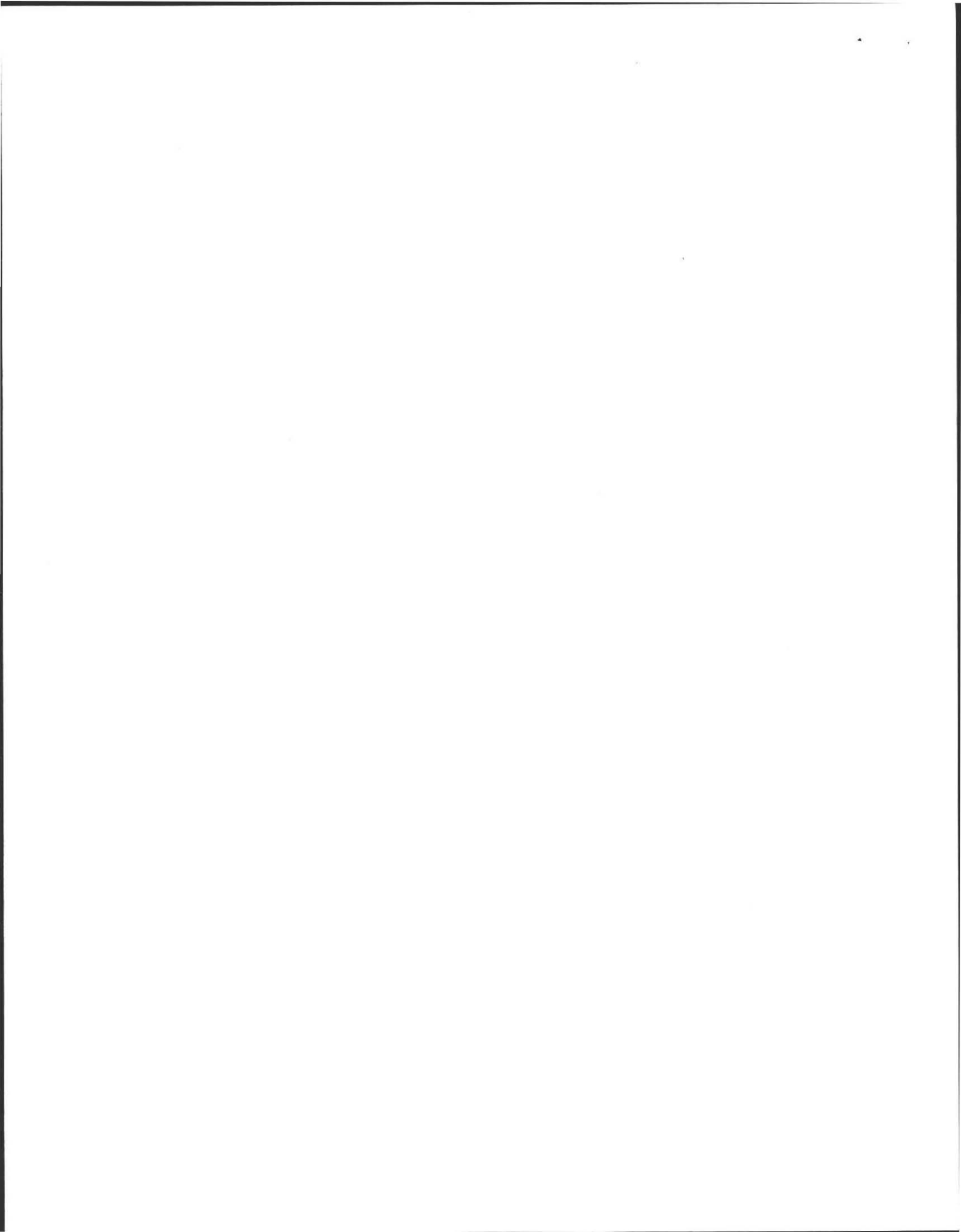
Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

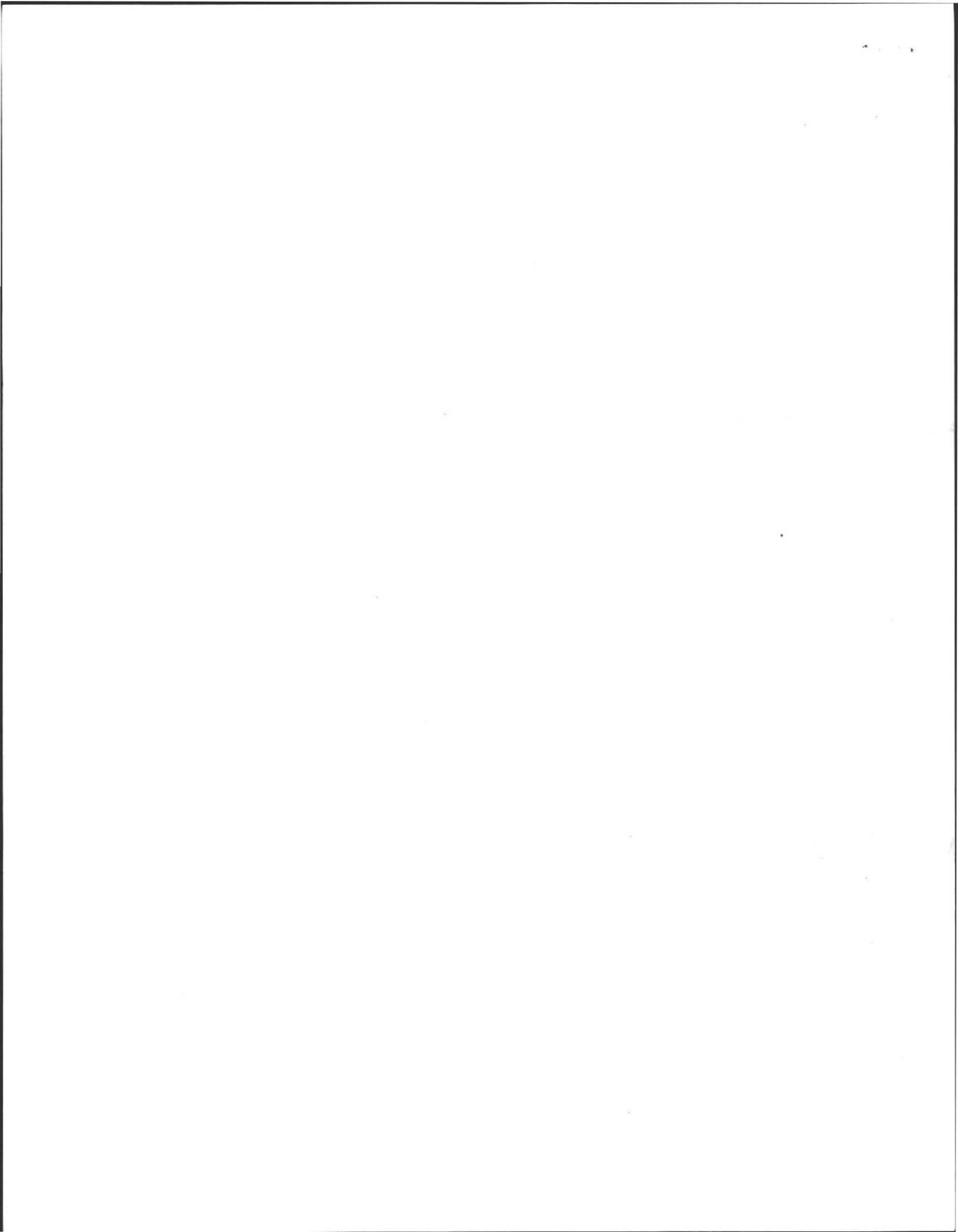
Excavation in immediate area.







d. box # 273 Montague Road 11.20.2007





Commonwealth of Massachusetts  
 City/Town of Amherst  
**Disposal System Construction Permit**  
 Form 2A

08-01  
 Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**Permission is hereby granted to:**

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



Karls' Excavating  
 Name  
 327 River Drive  
 Address  
 Hadley  
 City/Town  
 MA  
 State  
 01035  
 Zip Code

to perform the following work on an on-site sewage disposal system:

- Construction
- Repair or replacement
- Repair or replacement of system components

Lot # 2- Market Hill Road  
 Facility Address  
 Amherst  
 City/Town  
 Ma  
 State  
 01002  
 Zip Code  
 Ron Bercume Randy Bercume  
 Owner  
 (413) 374-5050 508-816-3473  
 Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

No garbage disposal allowed

---



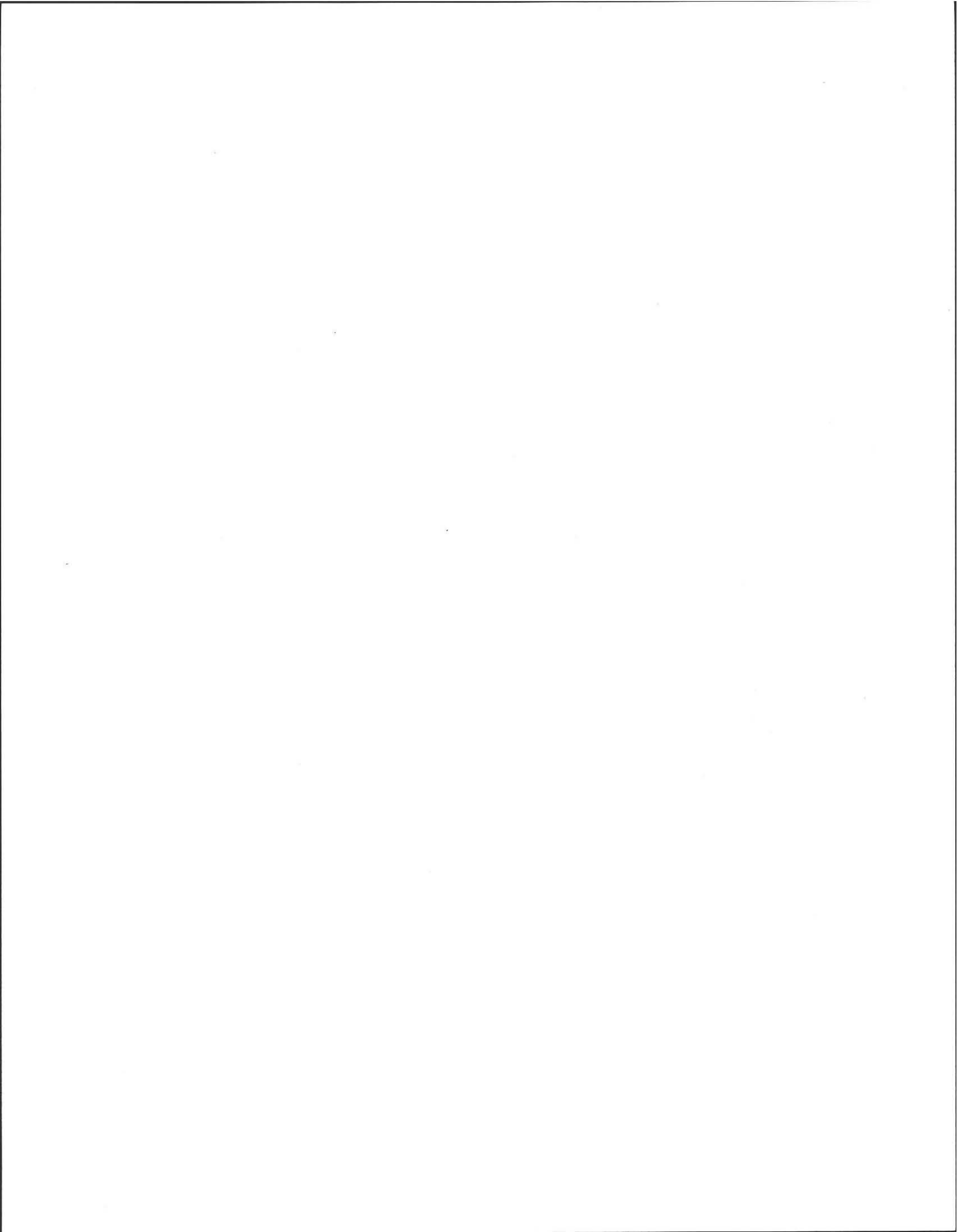
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---

**All construction must be completed within three years of the date below.**

*[Signature]*  
 Approved by  
 Title Sanitarian - Town of Amherst  
 Date 02-11-08





Commonwealth of Massachusetts  
 City/Town of Amherst  
**Disposal System Construction Permit**  
 Form 2A

08-01  
 Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**Permission is hereby granted to:**

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



Karl's Excavating Name Karl's Excavating Name of Company  
327 River Drive Address  
Hadley City/Town MA State 01035 Zip Code

to perform the following work on an on-site sewage disposal system:

- Construction
- Repair or replacement
- Repair or replacement of system components

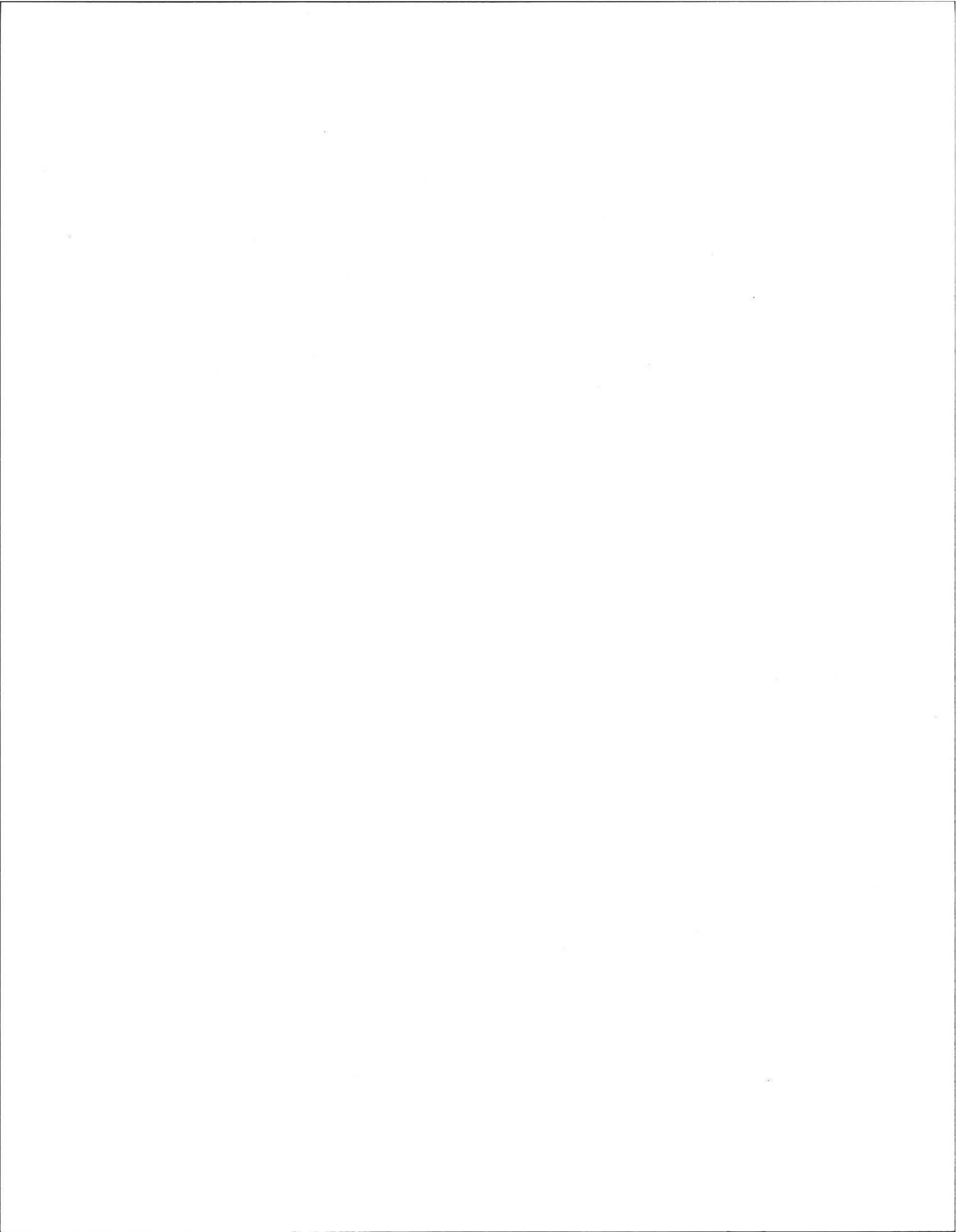
Lot # 2- Market Hill Road Facility Address  
Amherst City/Town Ma State 01002 Zip Code  
Ron Bercume Randy Bercume Owner (413) 374-5050 508-816-3473 Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

No garbage disposal allowed

**All construction must be completed within three years of the date below.**

[Signature] Approved by SE, MPH, RS Date 02-11-08  
Sanitarian - Town of Amherst Title



TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 3321

Received of HENRY BROWN of P.O. BOX 9 LEEDS, MA 01053  
Name Debra L. Mc Neice Address

For Property Located at: 273 MONTAGUE ROAD HENRY BROWN  
Street Address Owner

- |   |   |
|---|---|
| <b>HEA009</b> Bakery _____<br>R6510 443508                    | <b>HEA015</b> Sanitary Code Booklets _____<br>R6510 432305            |
| <b>HEA001</b> Bed & Breakfast _____<br>R6510 443516           | <b>HEA016</b> Septic Tank Permit-Installers _____<br>R6510 443511     |
| <b>HEA002</b> Catering License _____<br>R6510 443507          | <b>HEA017</b> Septic Tank Permit-Private _____<br>R6510 443510        |
| <b>HEA003</b> Food Handler _____<br>R6510 443515              | <b>HEA018</b> Septic Tank Reinspection Fee _____<br>R6510 432301      |
| <b>HEA004</b> Frozen Deserts _____<br>R6510 443501            | <b>HEA019</b> Sub-Division Review Fee _____<br>R6510 432306           |
| <b>HEA005</b> Health Dept. Housing Isp. _____<br>R6510 432302 | <b>HEA012</b> Swimming Pool Permits _____<br>R6510 443512             |
| <b>HEA006</b> Massage Therapy License _____<br>R6510 443504   | <b>HEA020</b> Tanning License _____<br>R6510 443509                   |
| <b>HEA007</b> Milk & Cream License _____<br>R6510 443500      | <b>HEA024</b> Funeral Director License _____<br>R6510 443502          |
| <b>HEA008</b> Motel License _____<br>R6510 443506             | <b>HEA034</b> Immunization Clinic _____<br>R6510 432307               |
| <b>HEA010</b> Removal of Offal _____<br>R6510 443513          | <b>HEA030</b> Car Seats _____<br>8407 258004                          |
| <b>HEA021</b> Removal of Rubbish _____<br>R6510 443520        | <b>HEA026</b> Smoking & Tobacco Reg. Violations _____<br>R6510 443518 |
| <b>HEA011</b> Percolation Test Fees _____<br>R6510 432300     | <b>HEA023</b> TB Clinic _____<br>R6510 432303                         |
| <b>HEA013</b> Recreation Camp License _____<br>R6510 443503   | <b>HEA022</b> Tobacco License _____<br>R6510 443505                   |
| <b>HEA014</b> Retail Store Permit _____<br>R6510 443514       | <b>HEA</b> _____  |
|   | <b>HEA</b> _____  |

*Plan Review Title*  
\$150.00

TOTAL FEE: \$150.00 1/31/08  
Date

Thomas Dion  
 Inspection Services/Health Department

Check# 9934 \$150.00

PAID  
 FEB 06 2008  
 Town of Amherst

Must be Validated by the Collector's Office to be considered paid

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

213 MONTAGNE ROAD

APR 11 1908

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1908

APR 11 1908

CHURCH OF THE HOLY TRINITY

APR 11 1908



TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 3321

Received of HENRY BROWN of P.O. BOX 9 LEEDS, MA 01053  
Name Address

For Property Located at: 273 MONTAGUE ROAD HENRY BROWN  
Street Address Owner

- |  |  |
|--|--|
| HEA009 Bakery<br>R6510 443508                    | HEA015 Sanitary Code Booklets<br>R6510 432305            |
| HEA001 Bed & Breakfast<br>R6510 443516           | HEA016 Septic Tank Permit-Installers<br>R6510 443511     |
| HEA002 Catering License<br>R6510 443507          | HEA017 Septic Tank Permit-Private<br>R6510 443510        |
| HEA003 Food Handler<br>R6510 443515              | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      |
| HEA004 Frozen Deserts<br>R6510 443501            | HEA019 Sub-Division Review Fee<br>R6510 432306           |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | HEA012 Swimming Pool Permits<br>R6510 443512             |
| HEA006 Massage Therapy License<br>R6510 443504   | HEA020 Tanning License<br>R6510 443509                   |
| HEA007 Milk & Cream License<br>R6510 443500      | HEA024 Funeral Director License<br>R6510 443502          |
| HEA008 Motel License<br>R6510 443506             | HEA034 Immunization Clinic<br>R6510 432307               |
| HEA010 Removal of Offal<br>R6510 443513          | HEA030 Car Seats<br>8407 258004                          |
| HEA021 Removal of Rubbish<br>R6510 443520        | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 |
| HEA011 Percolation Test Fees<br>R6510 432300     | HEA023 TB Clinic<br>R6510 432303                         |
| HEA013 Recreation Camp License<br>R6510 443503   | HEA022 Tobacco License<br>R6510 443505                   |
| HEA014 Retail Store Permit<br>R6510 443514       | HEA  |
|  | HEA  |

\$150<sup>00</sup>

TOTAL FEE: \$150<sup>00</sup>

Thomas DION  
Inspection Services/Health Department

1/31/08  
Date

HENRY A. BROWN  
DEBRA L. MCNEICE  
P.O. BOX 9  
LEEDS, MA 01053

 FLORENCE SAVINGS BANK  
15 MAIN STREET, FLORENCE, MA 01060  
53-7168/2118

9934

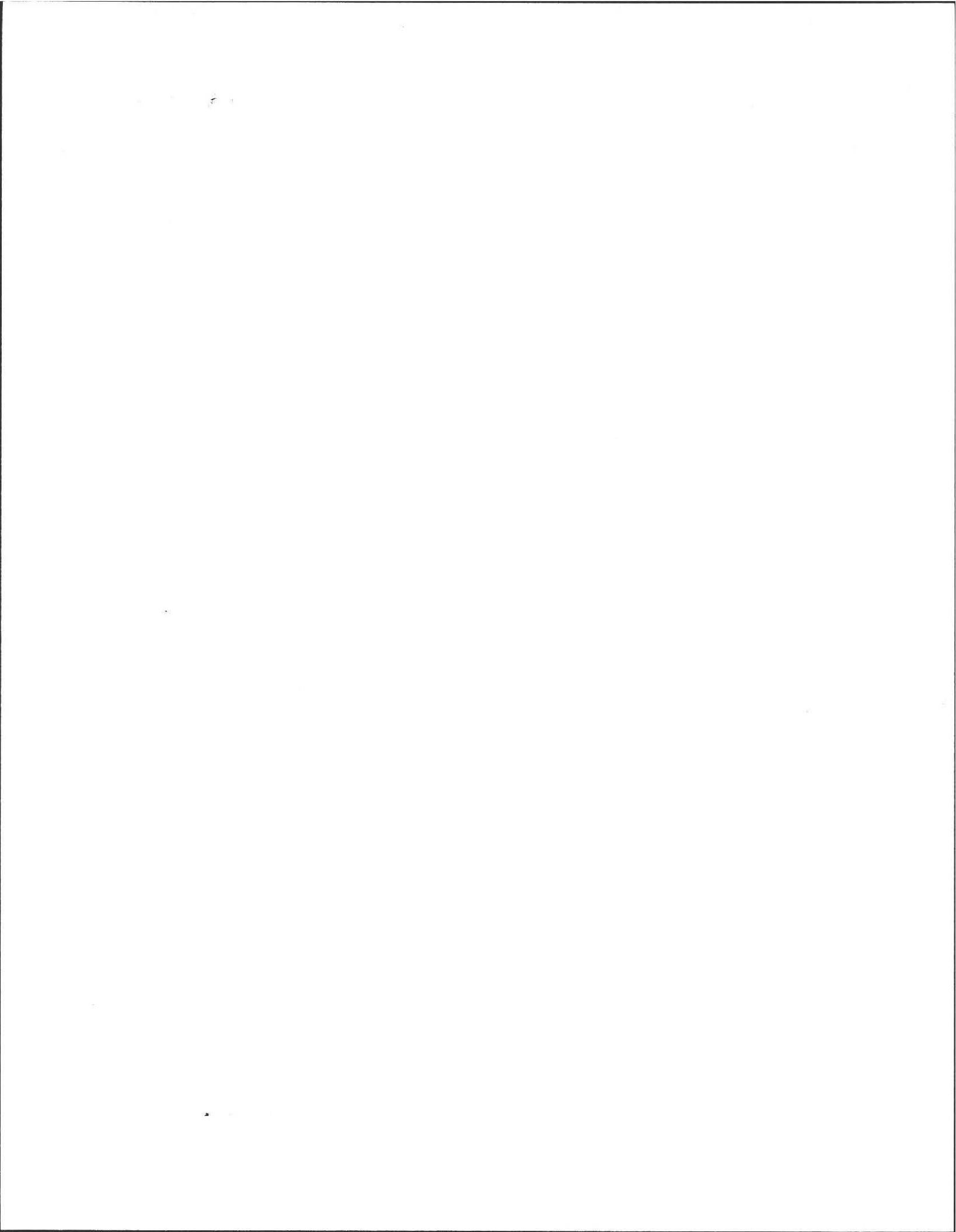
1-31-08

PAY TO THE ORDER OF Town of Amherst \$ 150<sup>-</sup>  
One hundred and fifty <sup>xx</sup>/<sub>100</sub> DOLLARS

MEMO: Plan Review at 5 month.

Hy B

Security features. Details on back.



No. 08-02

PAID FEE 450.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location	<u>273 Montague Rd</u>	Owner's Name	<u>Henry Brown</u>
Map/Parcel#	<u>2C/10</u>	Address	<u>273 Montague Rd</u>
Lot#	<u>10</u>	Telephone#	<u>508-0746; Mail: P.O. 9, Leeds MA</u>
* Installer's Name		Designer's Name	<u>Alan Weiss R.S.</u>
Address		Address	<u>Belchertown</u>
Telephone#		Telephone#	<u>413-323-5957</u>

Type of Building Residence Lot Size 16,750± sq. ft.  
 Dwelling - No. of Bedrooms 6 Bedrooms Garbage grinder (M)  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 660 Design flow provided 660 gpd  
 Plan: Date 12/12/07 Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_  
 Title Septic System Repair Plan  
 Description of Soil(s) Class I (C.Sand)  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. Weiss Date of Evaluation 12/15/07

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New SAS. Remove Existing SAS where Interfering.

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 [Signature] Date 1-31-08



Inspections \_\_\_\_\_

*Two Copies  
attach check + sig  
Permit*

No. \_\_\_\_\_

COMMONWEALTH OF

Board of Health, \_\_\_\_\_

CERTIFICATE OF

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Const

by: \_\_\_\_\_

at \_\_\_\_\_

has been installed in accordance with the provisions of 310 CMR 15.00, \_\_\_\_\_ relating to

application No. \_\_\_\_\_, 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. 08-02

FEE \$150.00  
(\$450.00 Total 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 273 Montague Rd as described in the application for Disposal System Construction Permit No. 08-02, dated 12-15-08 12-12-07

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

The following is a list of the  
 names of the persons who  
 were present at the meeting  
 held on the 12th day of  
 the month of January, 1902.  
 The names are as follows:  
 [Faint list of names follows]

The names of the persons who  
 were present at the meeting  
 held on the 12th day of  
 the month of January, 1902.  
 The names are as follows:  
 [Faint list of names follows]

The names of the persons who  
 were present at the meeting  
 held on the 12th day of  
 the month of January, 1902.  
 The names are as follows:  
 [Faint list of names follows]

ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

350 Old Enfield Rd.  
Belchertown, MA 01007  
(413) 323-5957 & 323-4916 (FAX)

aeweiss@charter.net

Date: 12/15/07

Commonwealth of Massachusetts  
*Amherst*, Massachusetts  
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 12/15/07

Witnessed By: T. Dean

Location Address or Lot # <u>273 Montague</u> New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	Owner's Name, Address, and Telephone # <u>Henry Brown</u> <u>POB 9</u> <u>Leeds, MA.</u>
--	---

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) \_\_\_\_\_

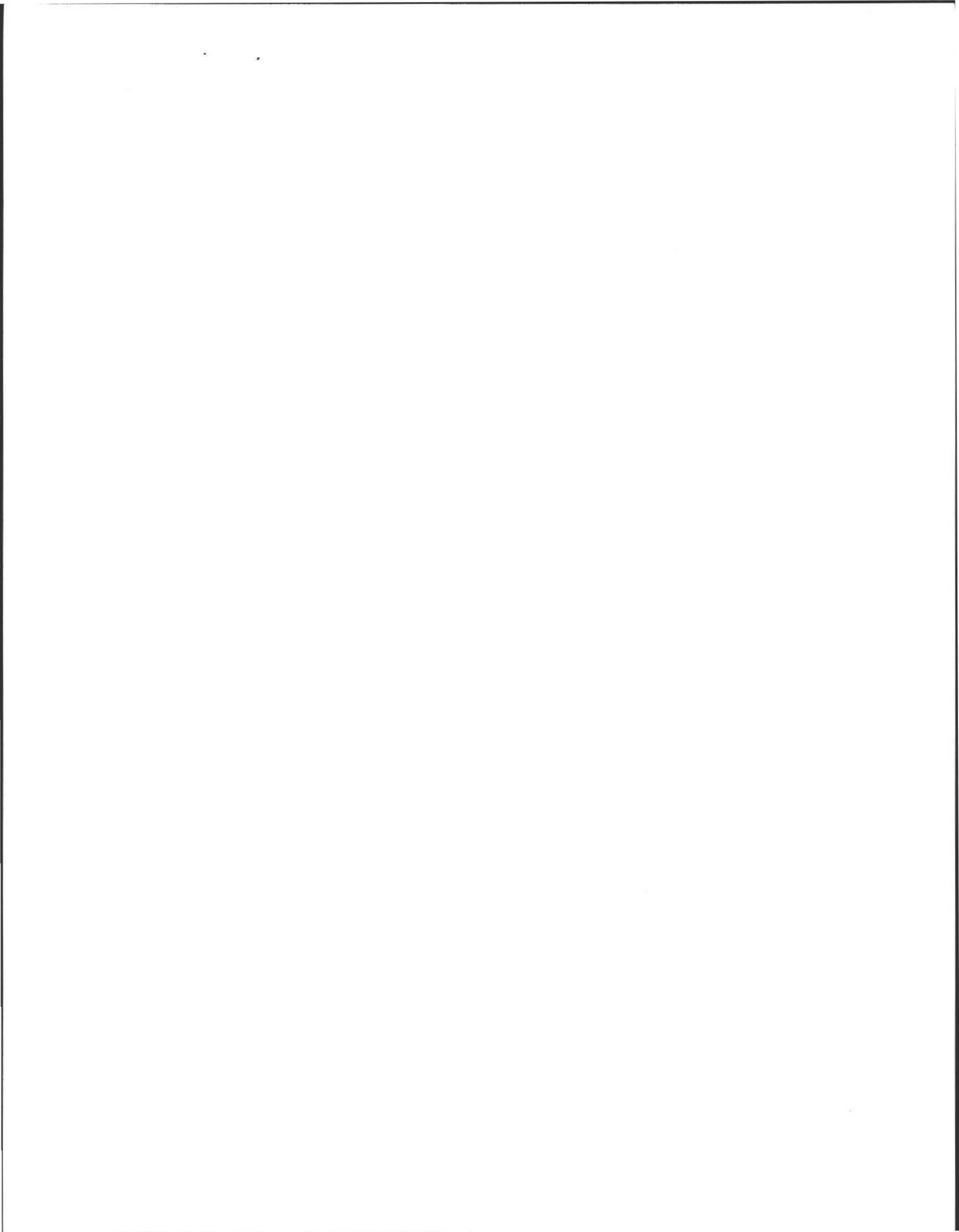
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. # 273 Montague Rd.

On-site Review

Deep Hole Number 1+2 Date: 12/5/07 Time: 9:00 Weather SUN 70°F

Location (identify on site plan) \_\_\_\_\_

Land Use \_\_\_\_\_ Slope (%) 2 Surface Stones \_\_\_\_\_

Vegetation grass

Landform \_\_\_\_\_

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:  
 Open Water Body 100+ feet  
 Possible Wet Area 100+ feet  
 Drinking Water Well 100+ feet  
 (Town)  
 Drainage way 100+ feet  
 Property Line 100+ feet  
 Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG\*

FP-1

2  
nd  
ystm

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-18"	A	FSC	10YR3/6	<u>Not obs.</u>	frable
18"-28"	Bw	LS	10YR5/6		frable
28"-126"	C <sub>1</sub>	S	10YR4/4		C sand + gravel 10% cobbles + stones
0-60"	A <sub>f</sub> +C <sub>mix</sub>	fill	-	-	old system
60"-126"	C <sub>1</sub>	S	10YR4/4	-	(remove as needed) Sand + gravel

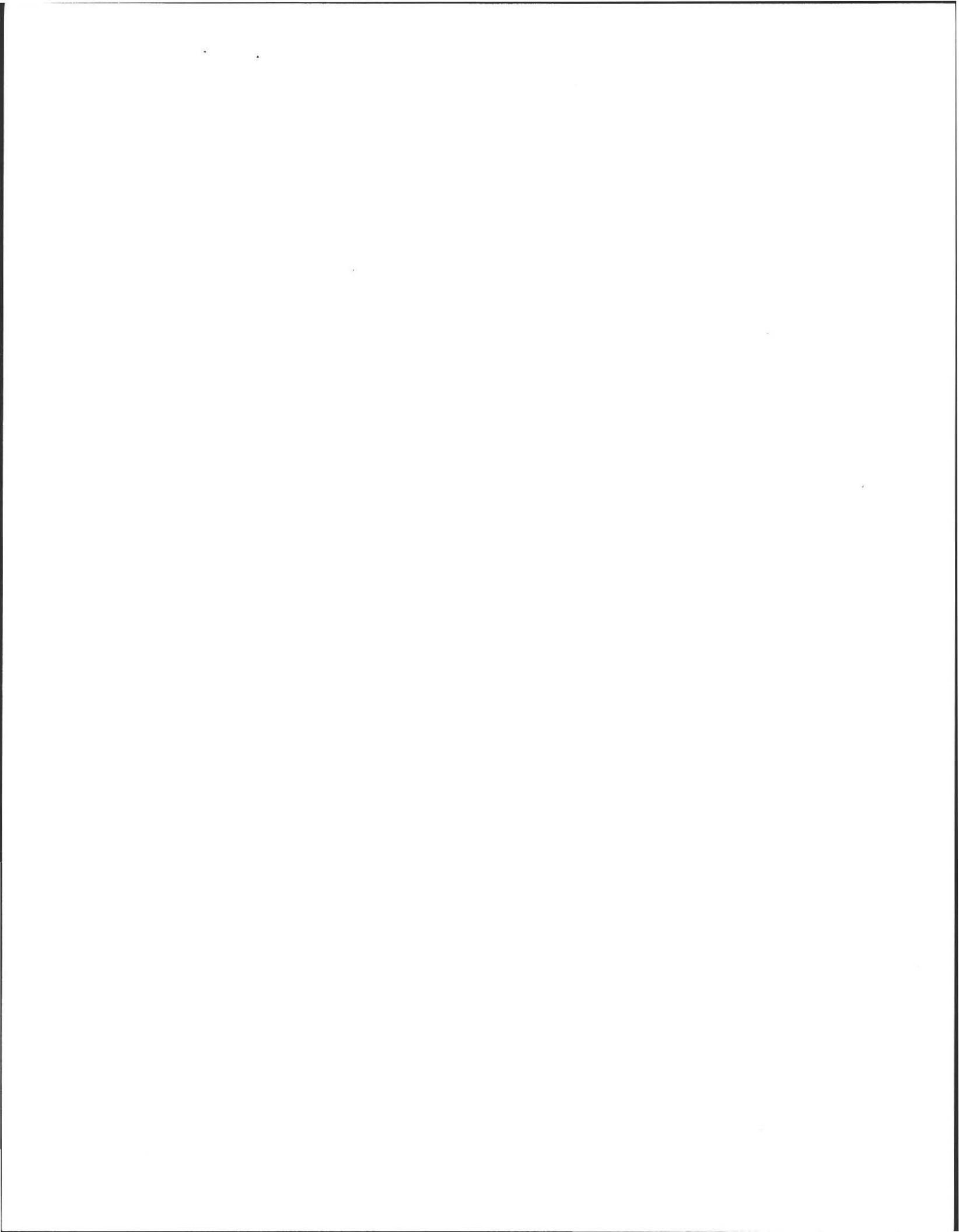
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Depth to Bedrock: 126"

Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not

Estimated Seasonal High Ground Water: 120"







Location Address or Lot No. 273 Montague Rd

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>12/5/07</u>	Time: <u>9:30</u>
Observation Hole #	<u>P<sub>1</sub></u>	
Depth of Perc	<u>56"</u>	
Start Pre-soak	<u>9:45</u>	
End Pre-soak	<u>9:50</u>	
Time at 12"	<div style="text-align: center;">                     ↓ <u>COULD NOT</u>  <u>HOLD H<sub>2</sub>O</u> </div>	
Time at 9"	<div style="text-align: center;">                     ↓ <u>HOLD H<sub>2</sub>O</u> </div>	
Time at 6"	<u>9:52</u>	
Time (9"-6")	<u>42</u>	
Rate Min./Inch	<u>42</u>	

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

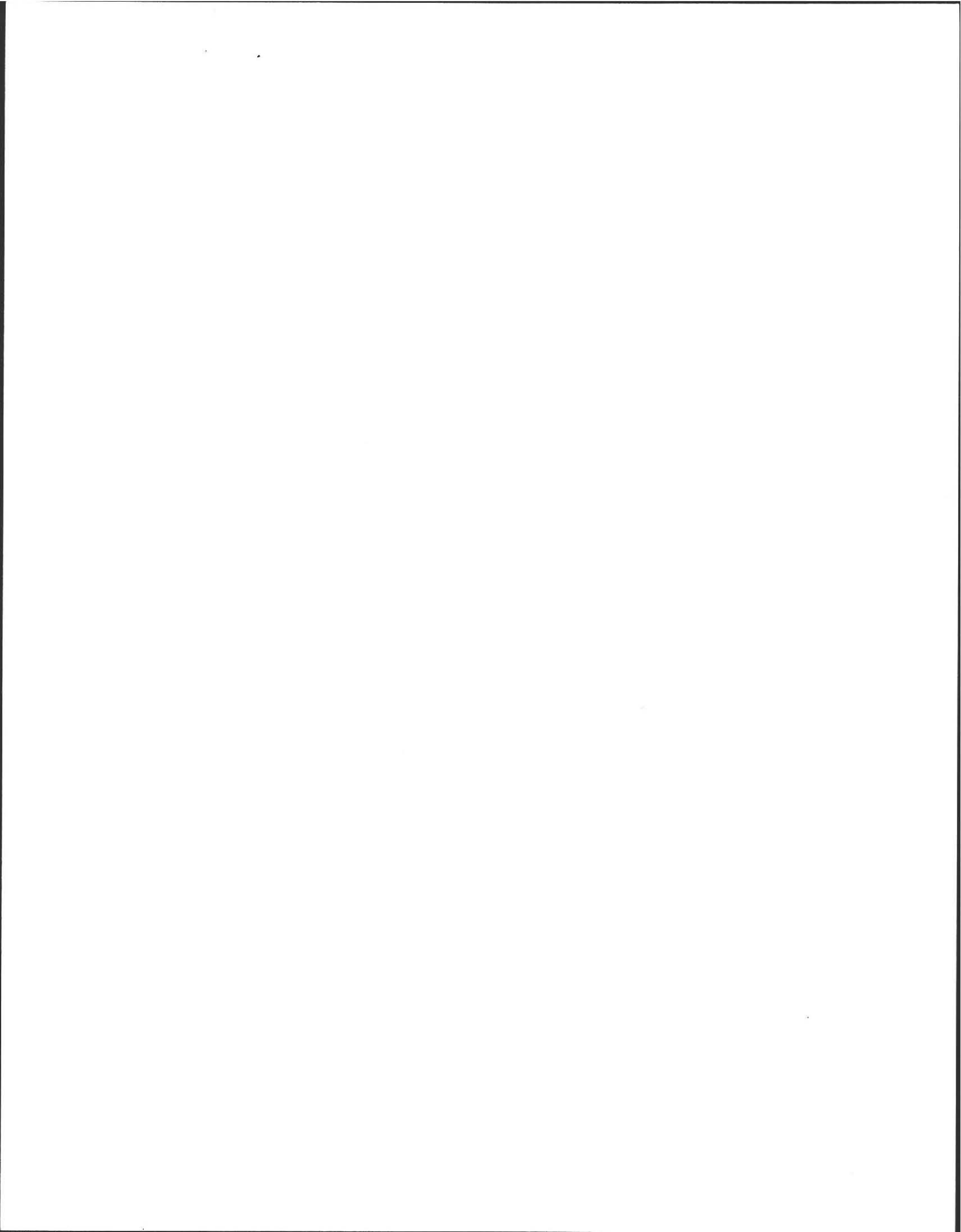
Site Passed  Site Failed

Performed By: A. Weiss

Witnessed By: T. Dion

Comments: \_\_\_\_\_





Location Address or Lot No. 273 Montague Rd

### Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole ..... inches
- Depth to soil mottles 12' inches
- Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level

Adjustment factor ..... Adjusted ground water level .....

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

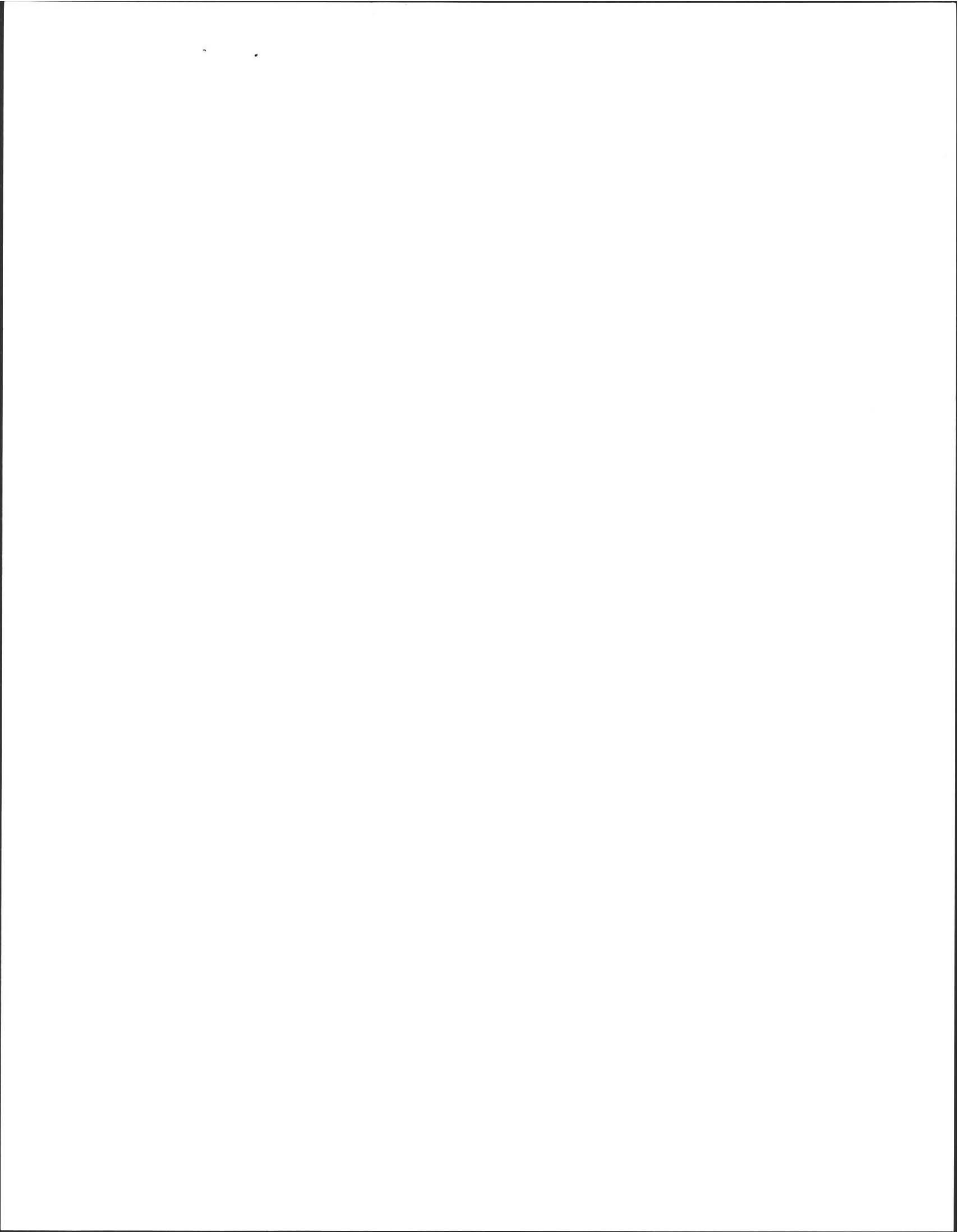
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

Certification

I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 12/5/07

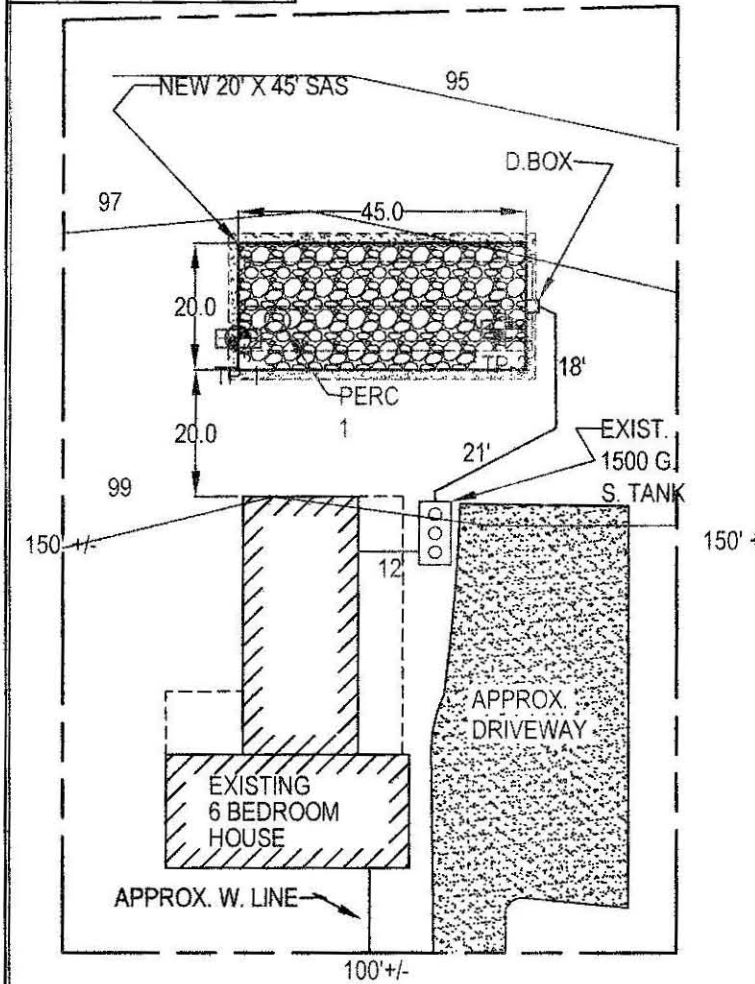






**PLOT PLAN**  
**MAP 2C LOT 10**  
**SCALE: 1"=30'**  
**16,750± Sq. Ft.**  
**0.385± Ac.**

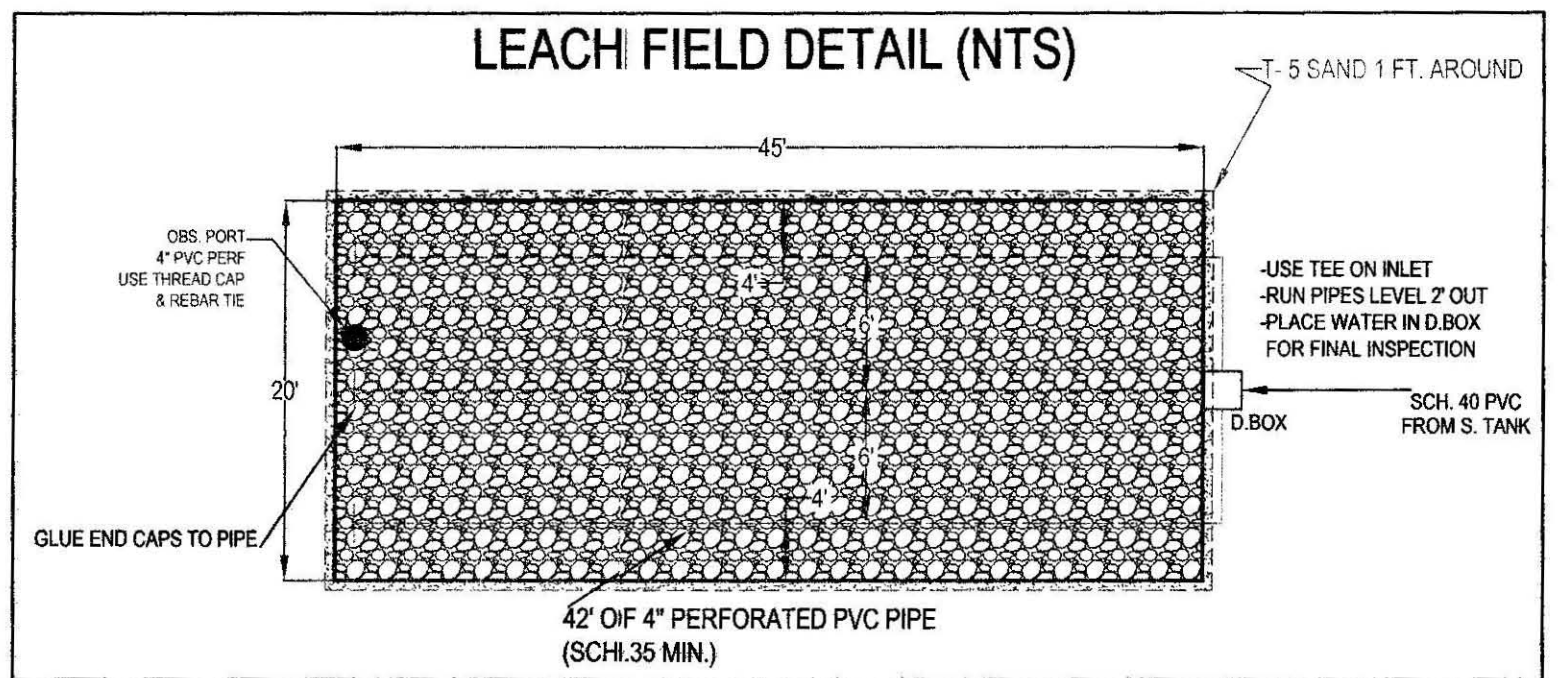
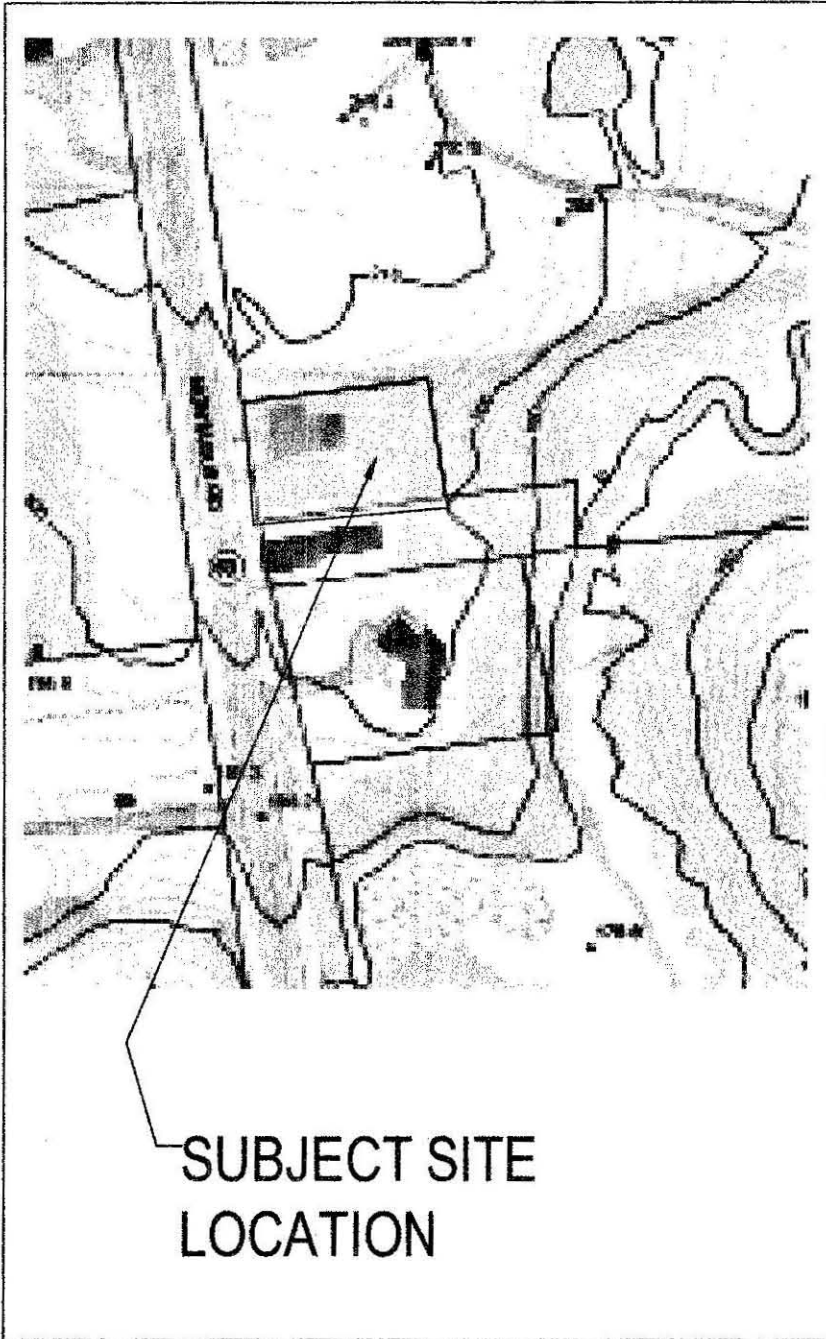
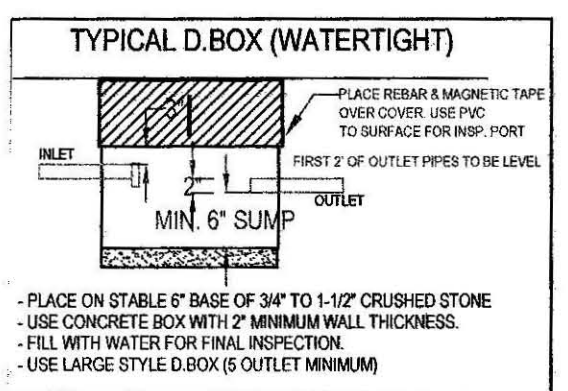
*NOT AN ACTUAL SURVEY!!  
 LINES DRAWN FOR SEPTIC  
 LOCATION PURPOSES ONLY!*



MONTAGUE ROAD (RTE 63)

**2006 SEPTIC PLAN ADDENDUM**  
**DUE TO LATE REGULATION CHANGES 4-22-2006**  
**ALL NEW SYSTEMS MUST:**  
 1.) INSTALL PVC RISERS OVER D. BOX'S BURIED DEEPER THAN 9" AND PLACE IRON REBAR ON TOP.  
 2.) HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED WITH SCREW RISER TO 3" OF SURFACE, MARKED WITH REBAR. *All OPENINGS & COMPONENTS marked with magnetic tape*  
 3.) HAVE PERFORATIONS IN BED AT 4 AND 8 O-CLOCK POSITIONS.  
 NOTE: THESE ARE NEW STATE REGULATION REQUIREMENTS (4-22-06), NOT NECESSARILY THE OPINION OF THE DESIGNER.

**GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.**  
 1.) HAVE TANK PUMPED EVERY 2 YEARS.  
 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.  
 3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.  
 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.  
 5.) CLEAN TANK OUTLET FILTER ANNUALLY IF PRESENT

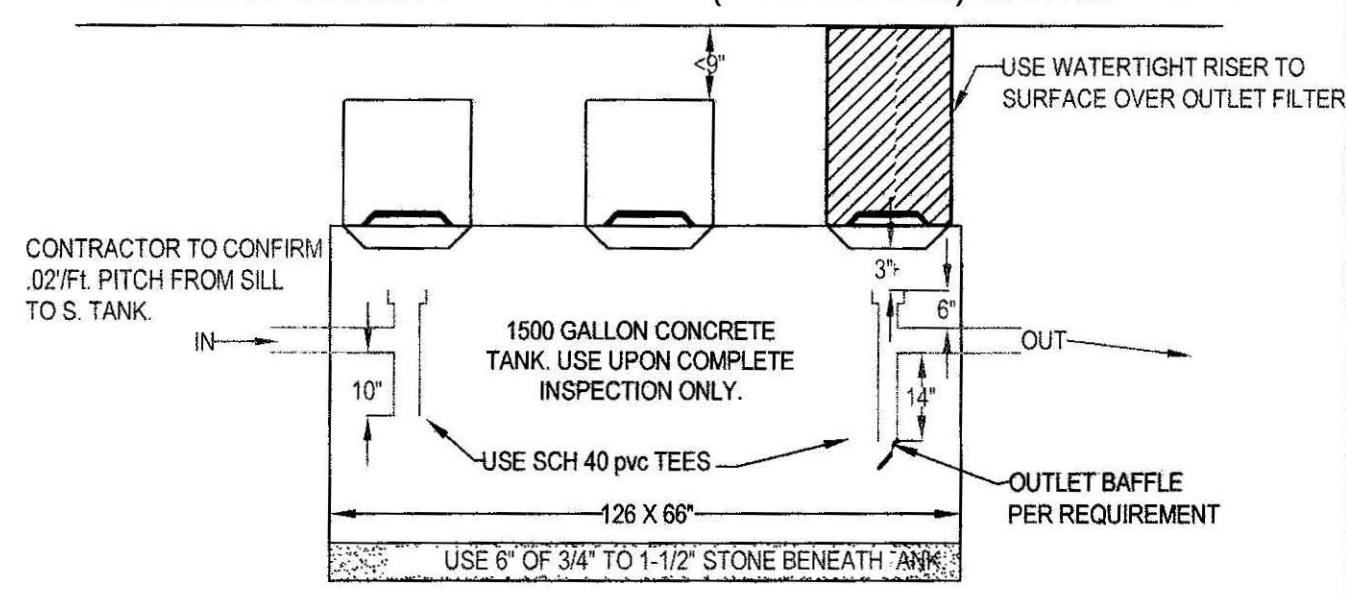


**DESIGN NOTES AND CALCULATIONS:**

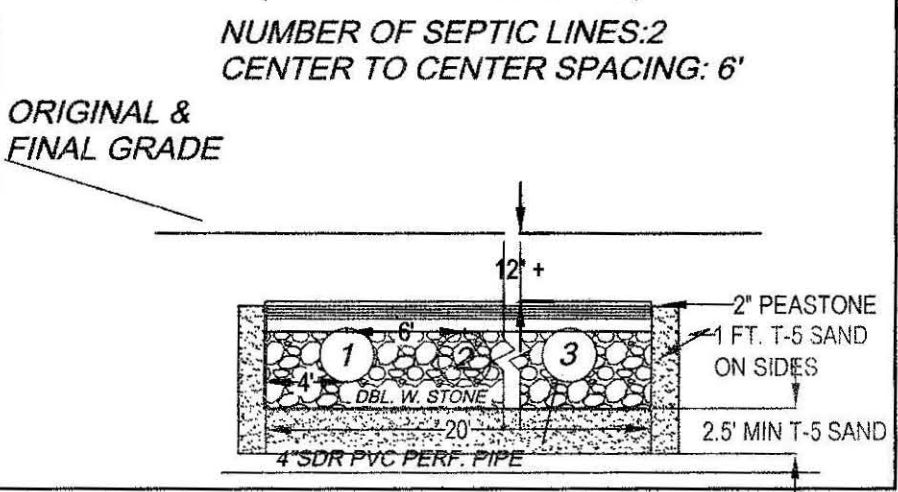
- 1.) 6 BR X 110 GPD /BR = 660 GPD  
 - Use ONE FIELD: 20' WIDE X 45' LONG WITH 6" OF 1/2" TO 1/4" DBL WASHED STONE BELOW INVERT  
 - BOTTOM AREA: 20' W X 45' L = 900 SF.  
 - SIDE AREA: 0 SF.  
 - TOTAL AREA: 900 SF X 0.74 GAL/SF = 666 GPD
3. GARBAGE DISPOSAL, NOT ALLOWED
4. NO OTHER PRIVATE WELLS WITHIN 100 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS
6. USE EXIST. 1,500 GAL. S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK  
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET).  
 NOTE:  
 - SEPTIC TANKS AND PUMP CHAMBERS WITH RECEEDING COVERS ARE NOT ALLOWED. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS.
7. USE LARGE STYLE D. BOX ONLY.
- 7A ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'  
 NOTE:  
 - D. BOXES WITH COVERS AND WALLS LESS THAN 2" THICK ARE NOT ALLOWED PER DESIGN.
8. USE APPROVED (1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6"  
 - CONFIRM STONE PROPERLY WASHED (WITH BUCKET / H2O TEST) PRIOR TO PLACEMENT.
- 8A EXCAVATE AND REMOVE EXISTING SYSTEM WHERE INTERFERING, AND REMOVE SOIL AND FILL TO 60" PRIOR TO INSTALLING FIELD
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AREA NOTED REQUIRED.
11. SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
13. USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
14. USE 2% MIN. SLOPE OVER SAS  
 - CLEAR TOP AND SILL TO 60" (WAVY) MIN. AS NEEDED (INSPECTION REQUIRED).  
 - CLEAR PAST BASE OF BIFILL (MIN. 28"-60") & SCARIFY UNDER BED PRIOR TO TITL V SAND PLACEMENT.  
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING SYSTEM IF PRESENT.
15. SOIL EVALUATION BY A. WEISS, RS. 12/05/07 (T. DION, BOH AGENT).  
 - DEPTH OF PERC. 56"  
 - PERC RATE = <2' MIN / IN  
 - CLASS I SOIL RATING (SAND)
16. NO TREES WITHIN 110 FT. OF NEW LEACH FIELD. USE TITL V FILL 5' OUT.
17. ENGINEER TO INSPECT SUBGRADE, AND FINAL.  
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

**USING EXISTING SEPTIC TANKS:**  
 AN EXISTING 1,000 or 1,500 GALLON SEPTIC TANK CAN BE USED IF UPON INSPECTION BY THE INSTALLING CONTRACTOR, IF THE TANK IS INSPECTED AND PUMPED AND FOUND TO BE STRUCTURALLY SOUND AT THE TIME OF THE SUBGRADE INSPECTION. IF BAFFLES ARE NOT BUILT IN, THAN SCH 40 PVC TEES MUST BE ADDED. IF TANK IS NOT SOUND THAN, NOTIFY ENGINEER IMMEDIATELY IN ORDER TO ACCOMMODATE A NEW 1,500 GALLON (MIN.) SEPTIC TANK.

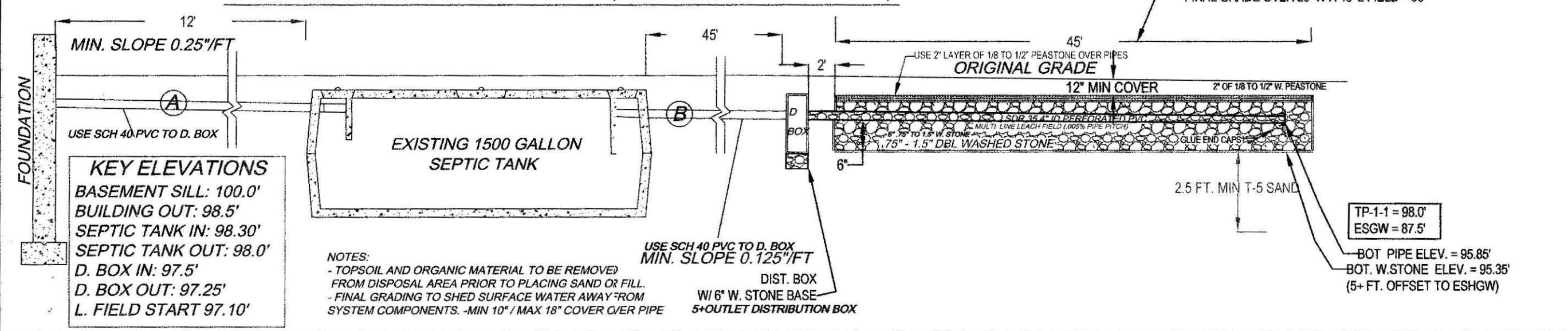
**TYPICAL EXISTING SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.**



**EFFLUENT DISPOSAL AREA**  
**CROSS SECTION - NOT TO SCALE**  
**(LEVEL DISPOSAL AREA)**



**EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)**



**ATTENTION INSTALLER!!**  
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

**NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.**

**TEST PIT LOG:**

SOIL EVALUATOR: ALAN WEISS				DATE OF EVALUATION: 12/05/07			
TP-1 EFF. ELEV: 98.0'				TP-2 EFF. ELEV:			
DEPTH:	HORIZ:	TEXTURE (MORSELL):	MATERIAL:	DEPTH:	HORIZ:	TEXTURE (MORSELL):	MATERIAL:
0-18	A	FSL (10 YR 3/3)	FRIABLE	0-60	A/C	FILL	OLD SYSTEM
18-28	Bw	LS (10 YR 5/6)	FRIABLE	60-116	C1	SAND (10 YR 4/4)	REMOVE AS NEEDED
28-126	C1	SAND (10 YR 4/4)	C. SAND AND GRAVEL SANDS. 10% COBBLES AND STONES				
OXIDES: NOT OBSERVED				OXIDES: NOT OBSERVED			
EHWT: 126+ 87.5'				EHWT: 116+'			
STANDING H2O: NOT OBSERVED				STANDING H2O: NOT OBSERVED			
WEEPING: NOT OBSERVED				WEEPING: NOT OBSERVED			
BEDROCK: 126+'				BEDROCK: 116+'			



**SEPTIC SYSTEM REPAIR PLAN FOR HENRY BROWN**  
**273 MONTAGUE ROAD**  
**AMHERST, MA.**

*Cold Spring Environmental Consultants Inc.*  
**350 Old Enfield Road**  
**Belchertown, Ma. 01007**

PHONE: (413) 323-5957  
 FAX: (413) 323-4916  
 E-Mail: [ALWES@charter.net](mailto:ALWES@charter.net)

DATE: 12/12/07  
 SCALE: 1"=30'

DRAWN BY: ALAN WEISS  
 REVISED: \_\_\_\_\_

DRAWING NUMBER: 107-2900-1205

*Handwritten initials and date: 12-15-07*





Commonwealth of Massachusetts  
 City/Town of AMHERST  
**Title 5 Letter of Non-Compliance**  
**Form 7**

COPY

DEP has provided this form for use by local Boards of Health if they choose to do so.

Dear Mr. Henry Brown  
Name

It has come to the attention of Town of Amherst Health Department  
Approving Authority

That the on-site sewage disposal system owned/operated by you and located at  
273 Montague Rd.

Address  
Amherst MA 01002  
City/Town State Zip Code

Is not being properly maintained in accordance with 310 CMR 15.300 (and/or any Local Inspection and Maintenance Plan or Local Requirements):

310 CMR.15025  
Specify Local Requirements

The following items have been found to be in non-compliance with Title 5 – the State Environmental Code.

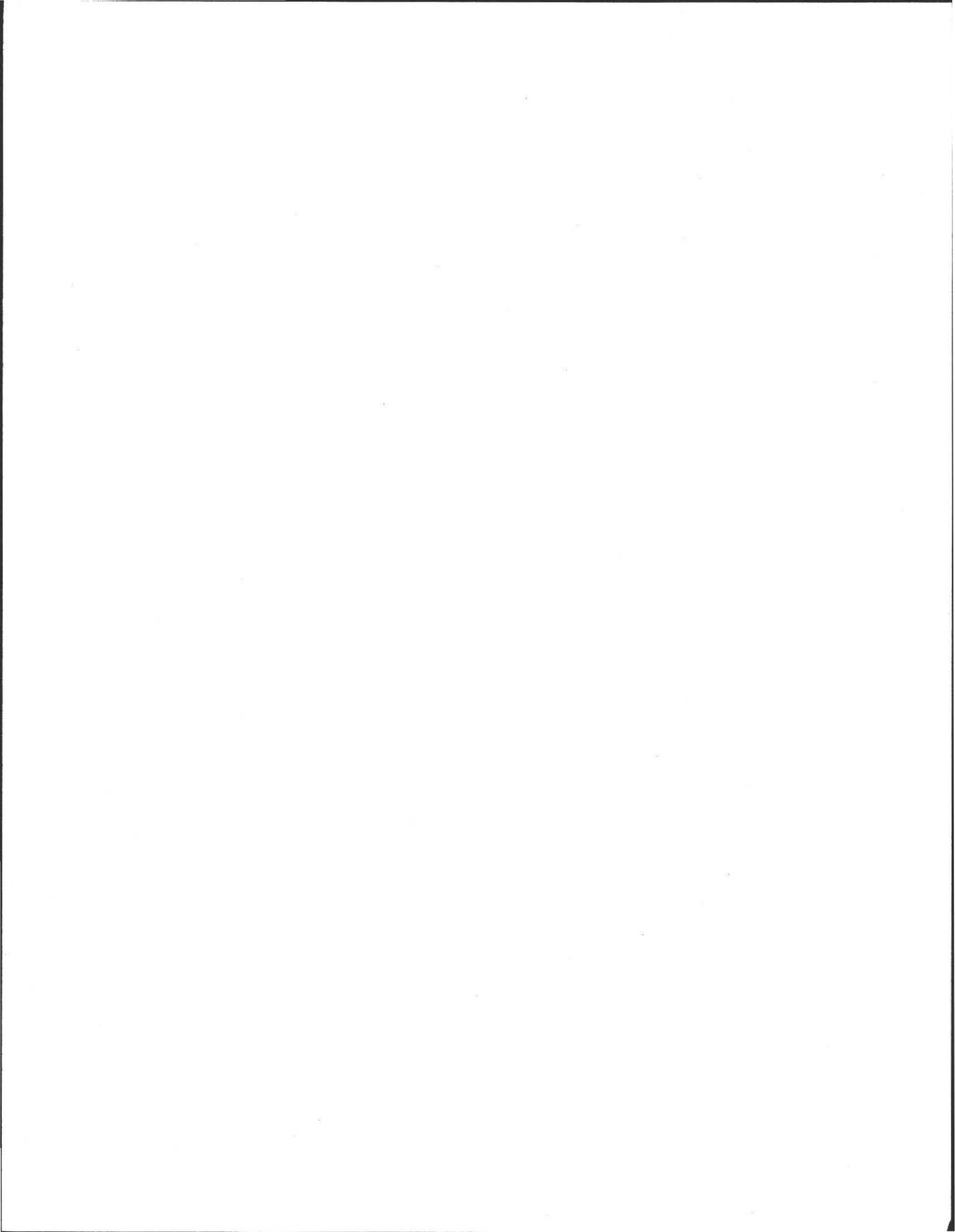
TITLE V INSPECTION FAILED ON 11/20/07

I hereby certify that the following action(s) be taken within TWO YEARS FROM TODAY  
number of days

And that you inform this office when those actions have been completed.

Please be advised that failure to perform the specified actions may result in further enforcement actions.

Approving Authority Signature  
Tom Dion 12/5/07  
Approving Authority Name Date



TOWN OF AMHERST  
HEALTH PERMITS/INSPECTION SERVICES

No. 3259 ✓

Received of HENRY BROWN of 162 ~~MONTAGUE~~ MAIN ST LEEDS MA, P.O. BOX 9 01053

For Property Located at: 273 MONTAGUE ROAD HENRY BROWN

- |  |                           |  |       |
|--|---------------------------|--|-------|
| HEA009 Bakery<br>R6510 443508                    | _____                     | HEA015 Sanitary Code Booklets<br>R6510 432305            | _____ |
| HEA001 Bed & Breakfast<br>R6510 443516           | _____                     | HEA016 Septic Tank Permit-Installers<br>R6510 443511     | _____ |
| HEA002 Catering License<br>R6510 443507          | _____                     | HEA017 Septic Tank Permit-Private<br>R6510 443510        | _____ |
| HEA003 Food Handler<br>R6510 443515              | _____                     | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      | _____ |
| HEA004 Frozen Deserts<br>R6510 443501            | _____                     | HEA019 Sub-Division Review Fee<br>R6510 432306           | _____ |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | _____                     | HEA012 Swimming Pool Permits<br>R6510 443512             | _____ |
| HEA006 Massage Therapy License<br>R6510 443504   | _____                     | HEA020 Tanning License<br>R6510 443509                   | _____ |
| HEA007 Milk & Cream License<br>R6510 443500      | _____                     | HEA024 Funeral Director License<br>R6510 443502          | _____ |
| HEA008 Motel License<br>R6510 443506             | _____                     | HEA034 Immunization Clinic<br>R6510 432307               | _____ |
| HEA010 Removal of Offal<br>R6510 443513          | _____                     | HEA030 Car Seats<br>8407 258004                          | _____ |
| HEA021 Removal of Rubbish<br>R6510 443520        | <u>\$300<sup>00</sup></u> | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____ |
| HEA011 Percolation Test Fees<br>R6510 432300     | _____                     | HEA023 TB Clinic<br>R6510 432303                         | _____ |
| HEA013 Recreation Camp License<br>R6510 443503   | _____                     | HEA022 Tobacco License<br>R6510 443505                   | _____ |
| HEA014 Retail Store Permit<br>R6510 443514       | _____                     | HEA  | _____ |
|  |                           | HEA  | _____ |

TOTAL FEE: \$300<sup>00</sup>

Thomas Dixon

Inspection Services/Health Department

12/5/07  
Date

HENRY A. BROWN  
DEBRA L. MCNEICE  
P.O. BOX 9  
LEEDS, MA 01053

FLORENCE SAVINGS BANK  
55 MAIN STREET FLORENCE, MA 01060  
53-7168/2118

9872

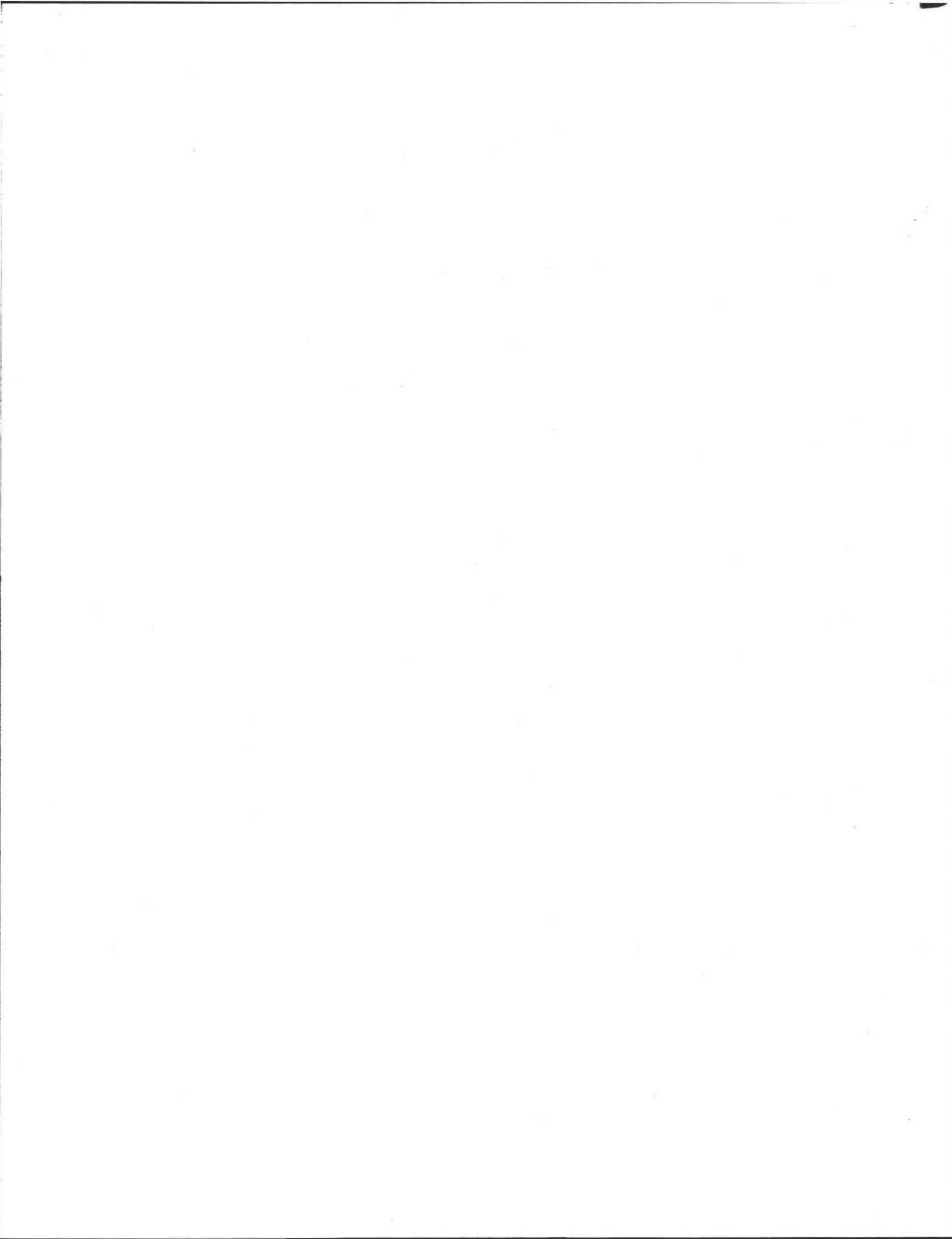
PAY TO THE ORDER OF Town of Amherst \$ 300<sup>00</sup>  
Three hundred & no/100 DOLLARS

MEMO: Rest of - part of Hy B

⑈009872⑈ ⑆211871688⑆ 01 23 037037⑈

Security features. Details on back.





Case # SPT2008-00015

No. \_\_\_\_\_

Date: 12/5/07

Commonwealth of Massachusetts  
Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: ALAN WEISS

Date: 12/5/07

Witnessed By: TOM DION

Location Address or Lot # 273 MONTAENE RD.	Owner's Name, Address, and Telephone # HENRY BROWN P.O. BOX 9 LEEDS, MA
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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) \_\_\_\_\_

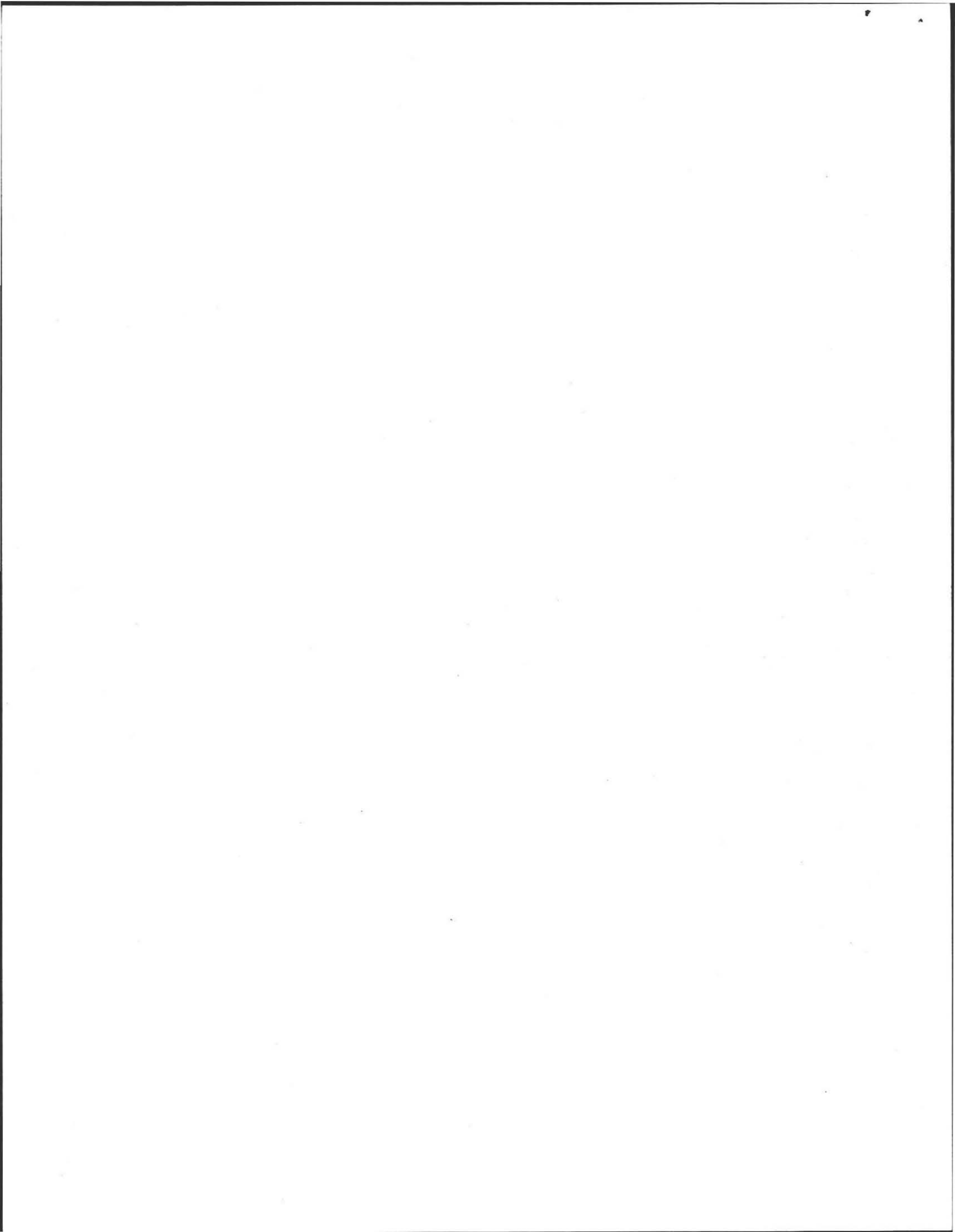
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. 273 MANTAGUE ROAD

**On-site Review**

Deep Hole Number 142 Date: 12/5/07 Time: 9:00 AM ~~8:30 AM~~ Weather SUNNY

Location (identify on site plan) \_\_\_\_\_

Land Use \_\_\_\_\_ Slope (%) 2 Surface Stones \_\_\_\_\_

Vegetation GRASS

Landform \_\_\_\_\_

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body 100' feet      Drainage way 100' feet  
 Possible Wet Area 100' feet      Property Line 100' feet  
 Drinking Water Well 100' 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)
<u>0-18"</u>	<u>A</u>	<u>FS L</u>	<u>10YR 3/3</u>		<u>FRAGILE</u>
<u>18"-28"</u>	<u>Bw</u>	<u>LS</u>	<u>10YR 5/6</u>	<u>NOT OBSERVED</u>	<u>FRAGILE</u>
<u>28"-126"</u>	<u>C<sub>1</sub></u>	<u>S</u>	<u>10YR 4/4</u>		<u>10% SAND AND GRAVEL</u> <u>10% COBBLE + STONES</u>
<u>0-60"</u>	<u>Af + Lim</u>	<u>FILL</u>	<u>-</u>		<u>OLD SYSTEM</u>
<u>60-116"</u>	<u>C<sub>1</sub></u>	<u>S</u>	<u>10YR 4/4</u>	<u>-</u>	<u>REMOVE AS NEEDED</u> <u>SAND AND GRAVEL</u>

(#1)  
  
#2  
OLD SYSTEM

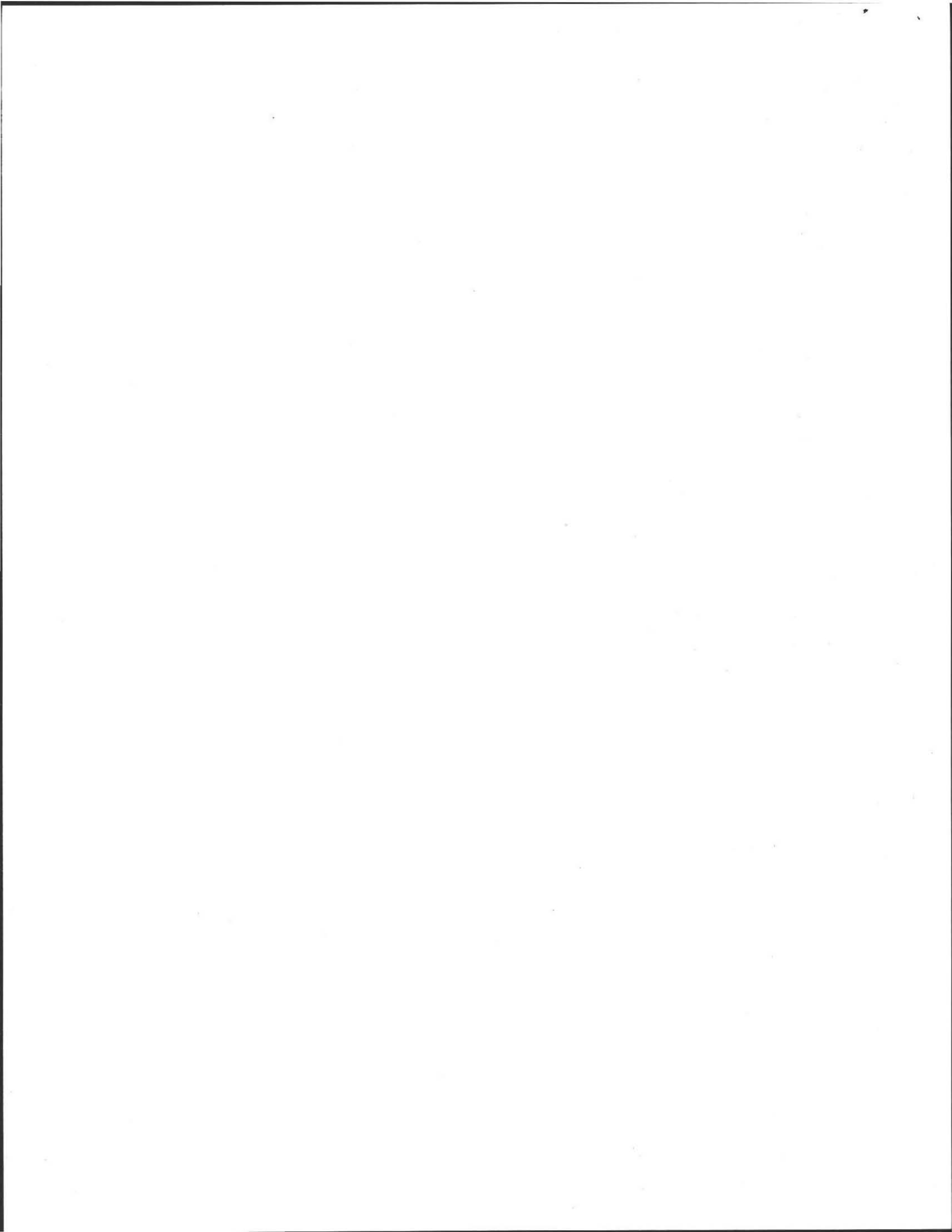
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH      Depth to Bedrock: 126"

Depth to Groundwater: Standing Water in the Hole: NOT OBSERVED      Weeping from Pit Face: NOT

Estimated Seasonal High Ground Water: 120"





Location Address or Lot No. 273 MONTAGUE ROADDetermination for Seasonal High Water TableMethod Used:

- Depth observed standing in observation hole ..... inches  
 Depth weeping from side of observation hole ..... inches  
 Depth to soil mottles 120" inches  
 Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level .....

Adjustment factor ..... Adjusted ground water level .....

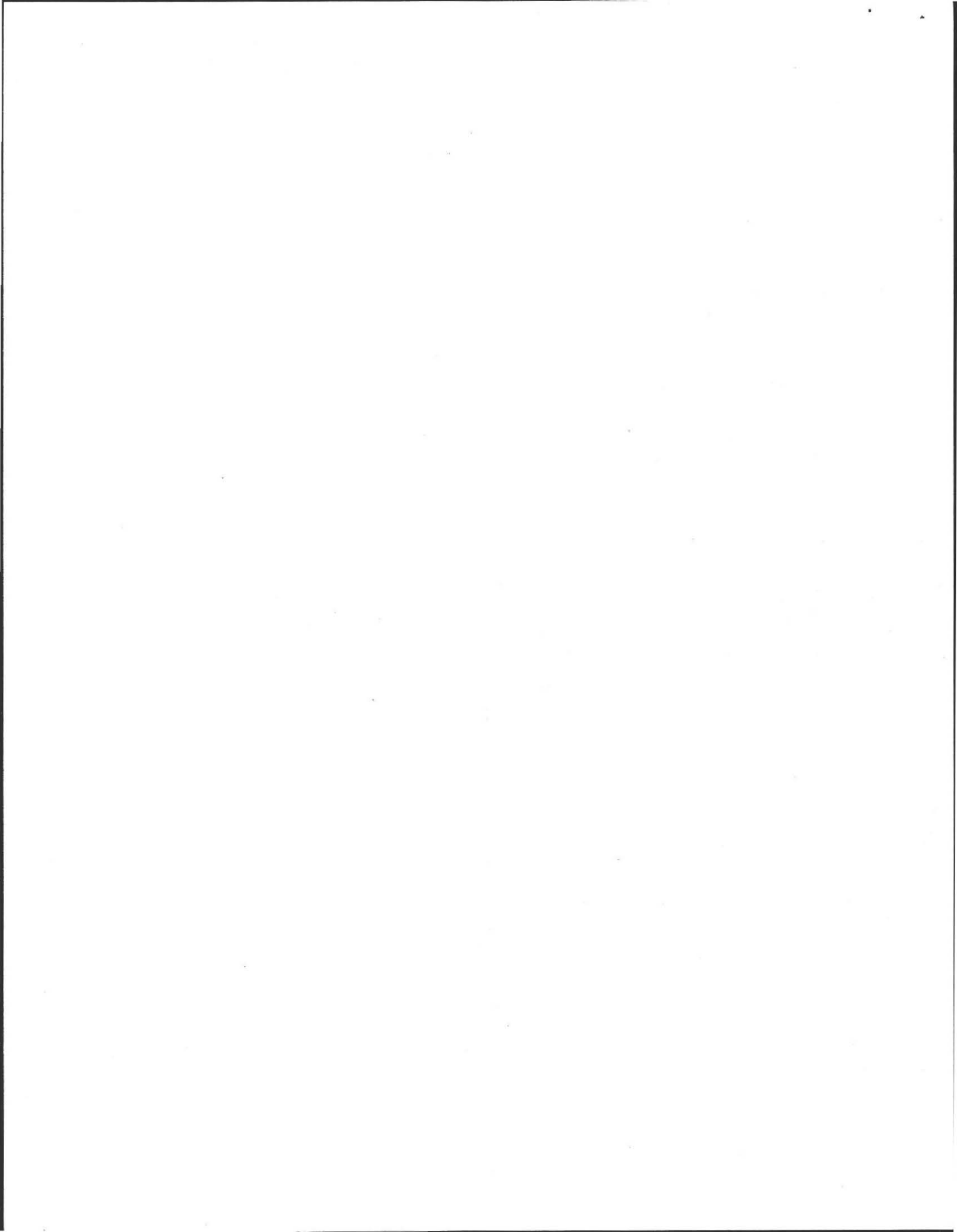
Depth of Naturally Occurring Pervious MaterialDoes at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? YES

If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

Certification

I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 12/5/07



Location Address or Lot No. 273 MONTAUK RD

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:	<u>12/5/07</u>	Time: <u>9:30 AM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>56"</u>	<u>REPAIR</u>
Start Pre-soak	<u>9:45</u>	
End Pre-soak	<u>9:50 COULD NOT HOLD WATER</u>	
Time at 12"	↓	" "
Time at 9"		" "
Time at 6"	<u>9:52</u>	
Time (9"-6")	<u>&lt; 2</u>	
Rate Min./Inch	<u>&lt; 2</u>	

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

Site Passed  Site Failed

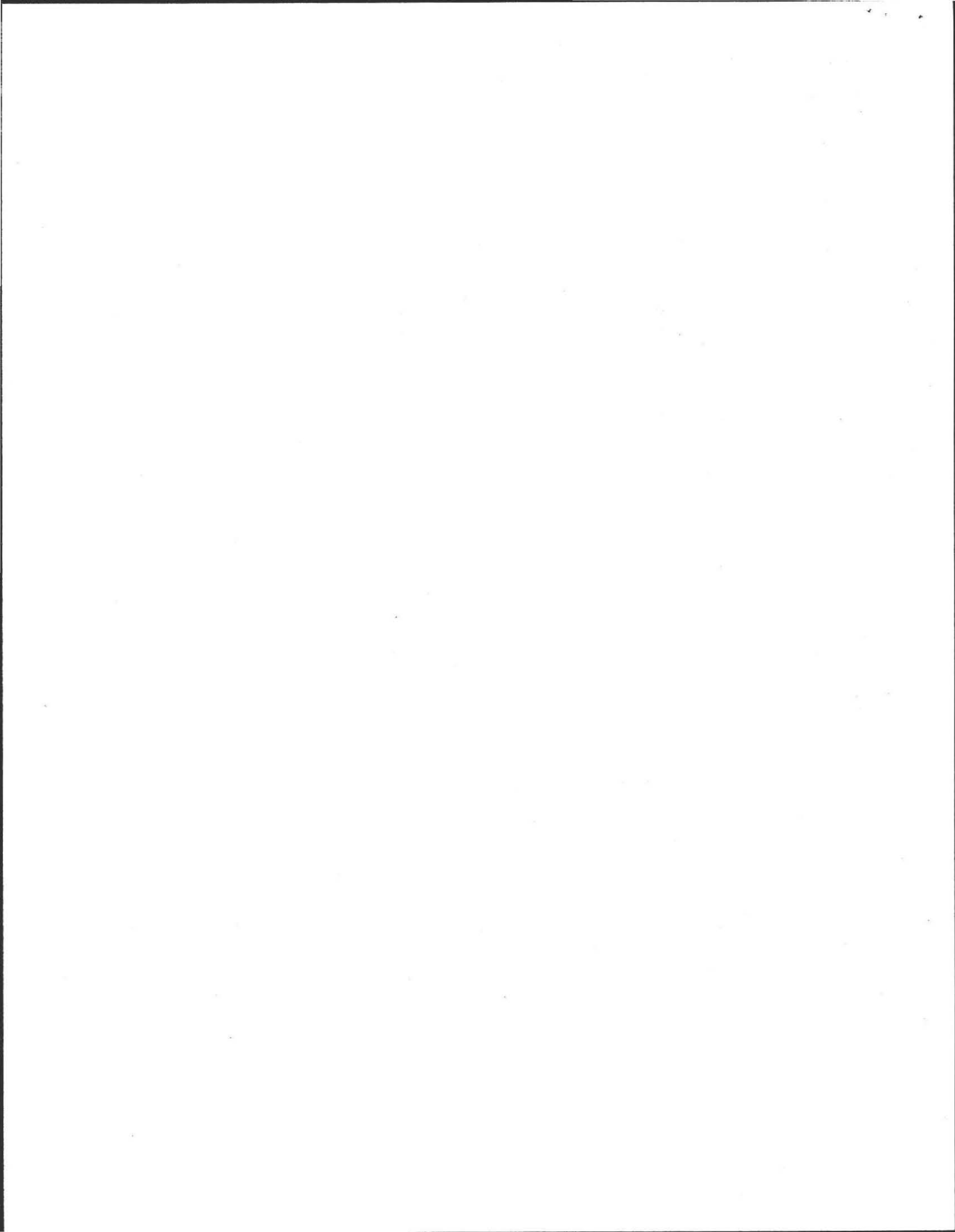
Performed By: ALAN WEISS

Witnessed By: TOM DIDN

Comments: \_\_\_\_\_



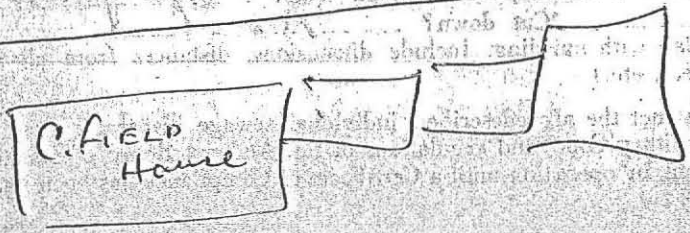
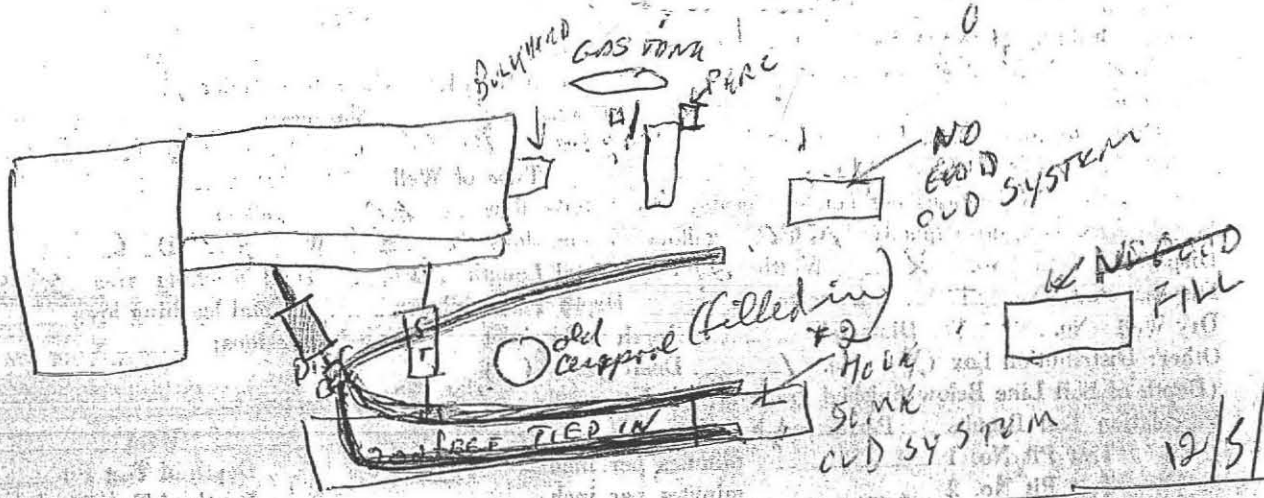




2

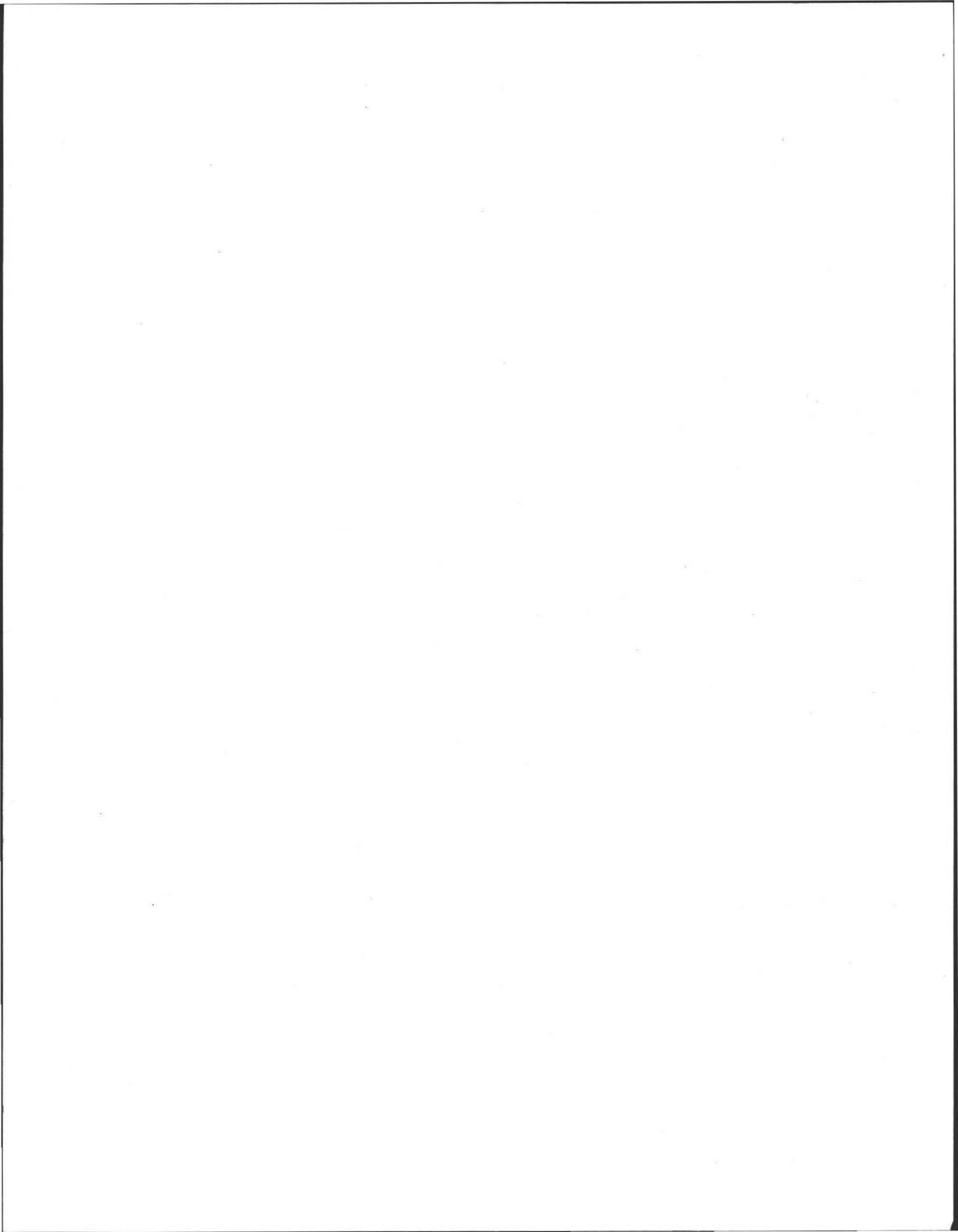
Mtague Rd

To  
N. Amherst  
Center



COMMITTEE OF GOVERNORS

OFFICE OF THE ATTORNEY GENERAL





- Elevation Contours
  - Index Contour
  - Intermediate Contour
  - Depression - Index
  - Depression - Intermediate
  - Obscured - Index
  - Obscured - Intermediate
  - Obscured Depression - Index
  - Obscured Depression - Int

Elevation Model

High : 1,258.99'

Low : 128.56'

\* Elevations

+ Rail Lines

- Trails

Miscellaneous Lines

Transportation

- Pavement

- Unpaved Road

- Tree Cover

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet

Planimetric basemap features compiled at 1"=40' and 1"=100' scale from April, 1999 Aerial Photography. Aerial Photography: April, 2004. Parcels compiled through a "best-fit" methodology to match the basemap; revisions are ongoing.

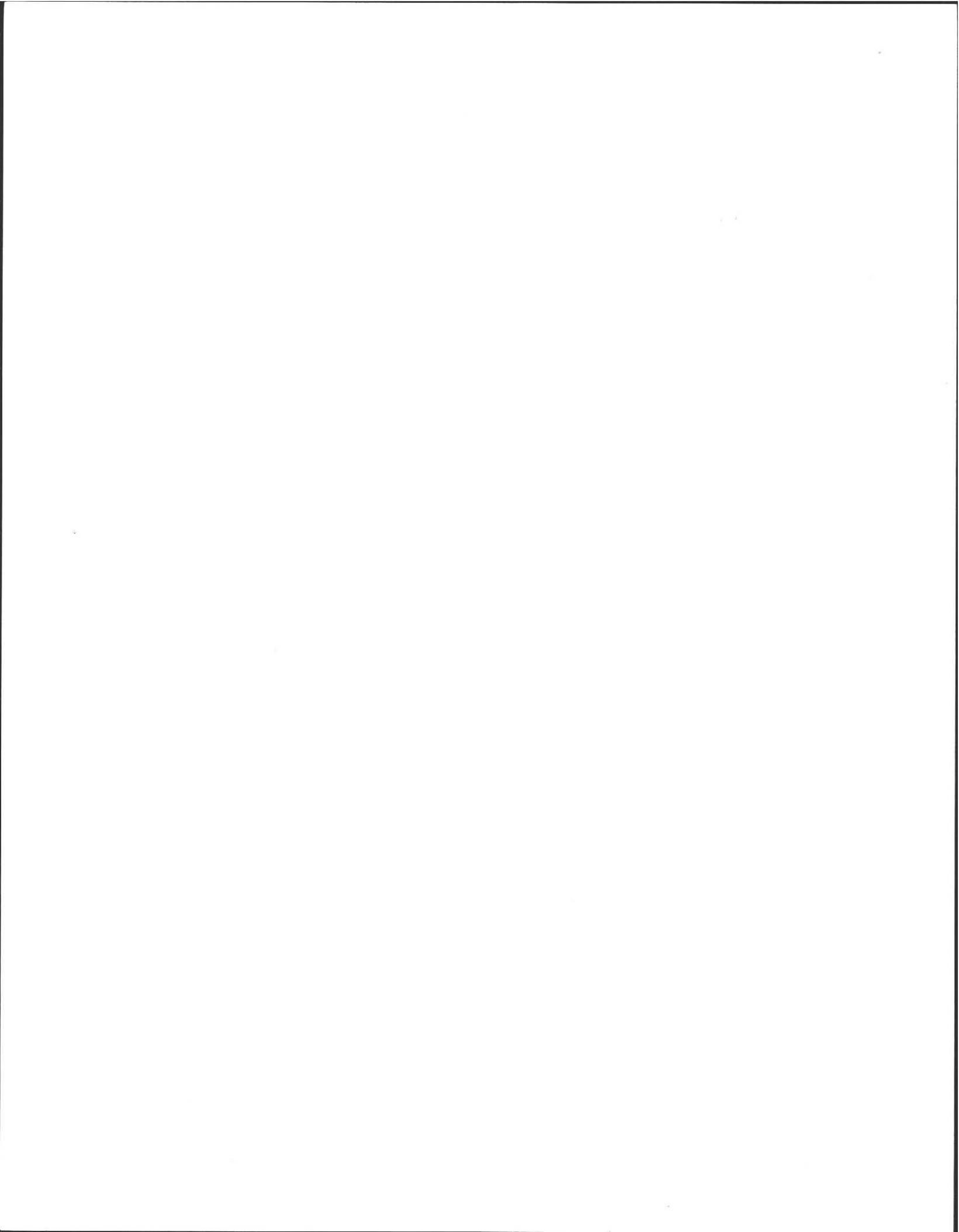
The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 50 ft



Amherst GIS Viewer November 28, 2007



CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT			
BROWN, HENRY A		1 Level	1 All Public	1 Paved	3 Rural	Description	Code	Appraised Value	Assessed Value
P.O. BOX 9		4 Rolling				RESIDNTL	1110	131,900	131,900
LEEDS, MA 01053-0009						RES LAND	1110	139,200	139,200
Additional Owners:						RESIDNTL	1110	300	300
<b>SUPPLEMENTAL DATA</b>									
Other ID: 02C000010		Precinct							
Calc Frontag 99.1		School							
Owner Occup APR PARCELS									
GIS ID: 2C-10		ASSOC PID#							
<b>Total</b>								271,400	271,400

601  
AMHERST, MA  
  
**VISION**

RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)								
BROWN, HENRY A		2732/ 9	05/30/1986	Q		183,000		Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
CORCORAN, MATTHEW & WAYNE		2147/ 313	02/01/1980			0		2006	1110	131,900	2005	1110	111,400	2004	1110	106,900
CORCORAN, A WAYNE & SONDR A K		2098/ 234	05/24/1979			56,000		2006	1110	139,200	2005	1110	116,100	2004	1110	98,700
WALLACE, GORDON K & ANN E		1359/ 261	01/01/1961			0		2006	1110	300	2005	1110	300	2004	1110	300
<b>Total:</b>									271,400	<b>Total:</b>			227,800	<b>Total:</b>		205,900

EXEMPTIONS				OTHER ASSESSMENTS				
Year	Type	Description	Amount	Code	Description	Number	Amount	Comm. Int.
2006	NO	NOT OWNER OCCUP	0					
<b>Total:</b>			0					

This signature acknowledges a visit by a Data Collector or Assessor

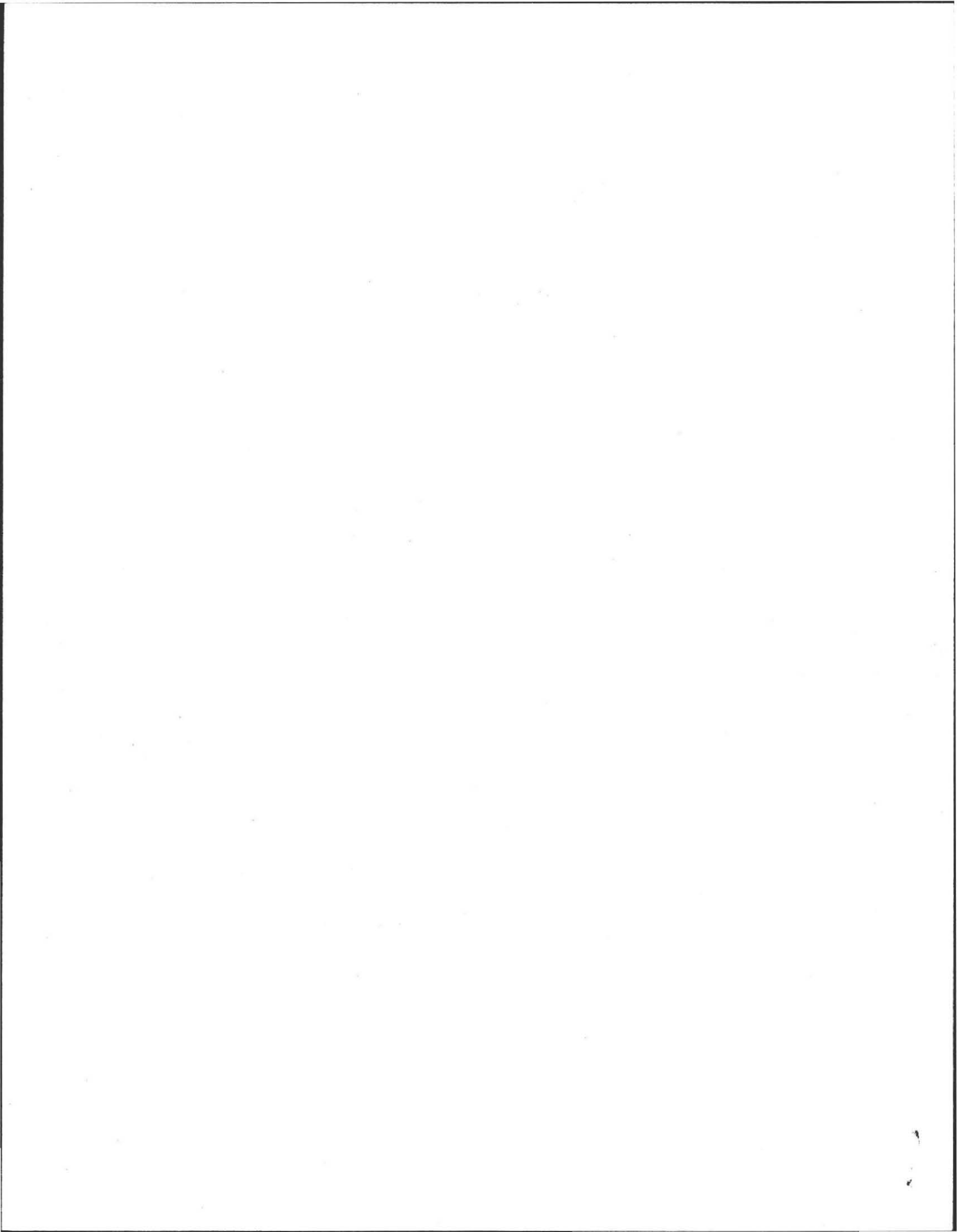
ASSESSING NEIGHBORHOOD				
NBHD/ SUB	NBHD NAME	STREET INDEX NAME	TRACING	BATCH
3500/A				

APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	131,900
Appraised XF (B) Value (Bldg)	0
Appraised OB (L) Value (Bldg)	300
Appraised Land Value (Bldg)	139,200
Special Land Value	0
Total Appraised Parcel Value	271,400
Valuation Method:	C
Adjustment:	0
<b>Net Total Appraised Parcel Value</b>	<b>271,400</b>

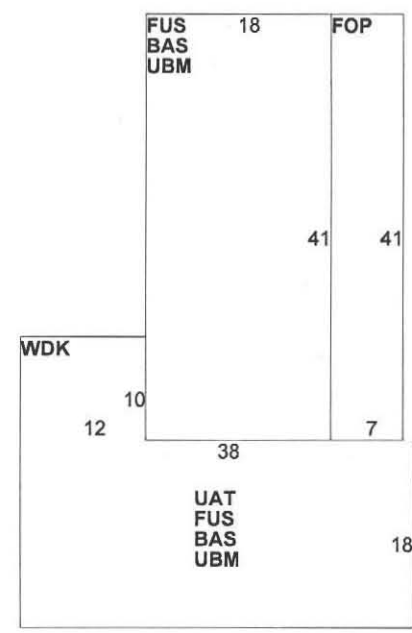
**NOTES**  
 FOUR FAMILY ONLY IN FAIR  
 CONDITION DWB 12/02/96  
 1ST:1-2 BR,1-3BR APT  
 2ND:1-2BR,1-3BR APT(1BR=  
 0 CLOSET)  
 EST 3 OF 4 INTS

BUILDING PERMIT RECORD										VISIT/ CHANGE HISTORY					
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments		Date	Type	IS	ID	Cd.	Purpose/Result
92B-278	02/06/1992			1,500		0				9/4/2002			TM	00	Measur+Listed
										12/2/1996			DB	00	Measur+Listed
										5/26/1992			EB		

LAND LINE VALUATION SECTION																				
B #	Use Code	Use Description	Zone	D	Frontage	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	Adj. Unit Price	Land Value		
1	1110	APT 4-8 UN MDL-01	RO30				16,750 SF	9.78	1.00	C	1.0000	1.00	3500	0.85			8.31	139,200		
1	1110	APT 4-8 UN MDL-01	RO30				0.00 AC	10,000.00	1.00	C	1.0000	1.00	3500	0.85			8,500.00	0		
<b>Total Card Land Units:</b>							16,750 SF	<b>Parcel Total Land Area:</b>							16,750 SF	<b>Total Land Value:</b>				139,200



CONSTRUCTION DETAIL			CONSTRUCTION DETAIL (CONTINUED)		
Element	Cd.	Ch. Description	Element	Cd.	Ch. Description
Style	11	Family Conver.			
Model	01	Residential			
Grade	20	Grade = 100%			
Stories	2	2 Stories	Foundation		
Occupancy	4		<b>MIXED USE</b>		
Exterior Wall 1	11	Clapboard	<i>Code</i>	<i>Description</i>	<i>Percentage</i>
Exterior Wall 2			1110	APT 4-8 UN MDL-01	100
Roof Structure	03	Gable/Hip	<b>COST/MARKET VALUATION</b>		
Roof Cover	11	Slate	Adj. Base Rate:	72.82	
Interior Wall 1	03	Plaster/SkimC	Section. RCN:	227,417	
Interior Wall 2	02	Wall Brd/Wood	Net Other Adj:	0.00	
Interior Flr 1	09	Pine/Soft Wood	Replace Cost	227,417	
Interior Flr 2	12	Hardwood	AYB	1910	
Heat Fuel	04	Electric	EYB	1963	
Heat Type	07	Electr Basebrd	Dep Code	FR	
AC Type	01	None	Remodel Rating		
Total Bedrooms	06	6 Bedrooms	Year Remodeled		
Total Bthrms	4		Dep %	42	
Total Half Baths	0		Functional Obslnc	0	
Total Xtra Fixtrs			External Obslnc	0	
Total Rooms	18	18 Rooms	Cost Trend Factor	1	
Bath Style	01	Old Style	Status		
Kitchen Style	01	Old Style	% Complete		
			Overall % Cond	58	
			Apprais Val	131,900	
			Dep % Ovr	0	
			Dep Ovr Comment		
			Misc Imp Ovr	0	
			Misc Imp Ovr Comment		
			Cost to Cure Ovr	0	
			Cost to Cure Ovr Comment		

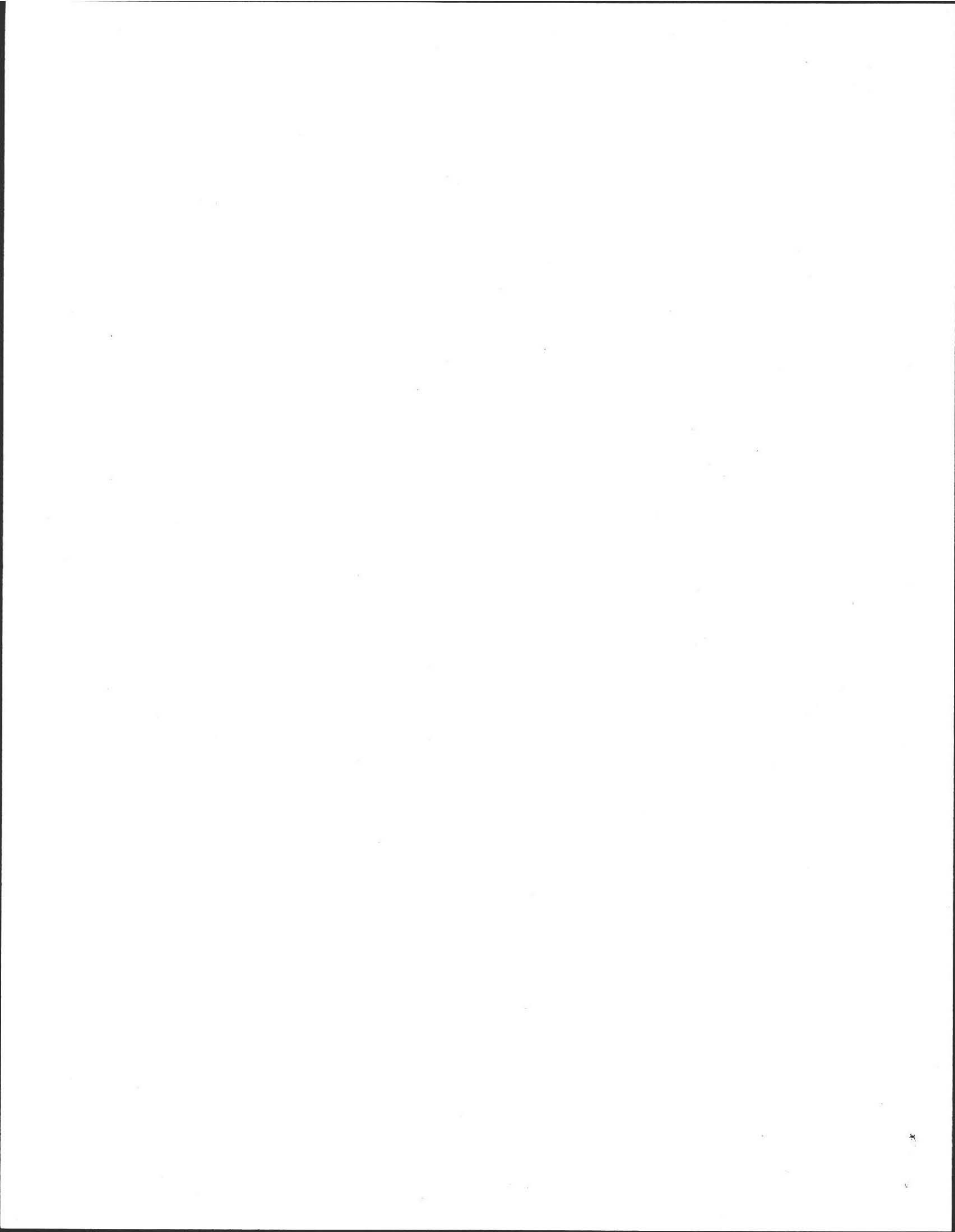


OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)												
Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
SHD1	SHED FRAME			L	120	8.00	1956		0		30	300

BUILDING SUB-AREA SUMMARY SECTION						
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undreprec. Value
BAS	First Floor	1,422	1,422	1,422	72.82	103,550
FOP	Porch, Open, Finished	0	287	57	14.46	4,151
FUS	Upper Story, Finished	1,280	1,422	1,280	65.55	93,210
UAT	Attic, Unfinished	0	684	68	7.24	4,952
UBM	Basement, Unfinished	0	1,422	284	14.54	20,681
WDK	Deck, Wood	0	120	12	7.28	874
<b>Ttl. Gross Liv/Lease Area:</b>		<b>2,702</b>	<b>5,357</b>	<b>3,123</b>		<b>227,417</b>

No Photo On Record







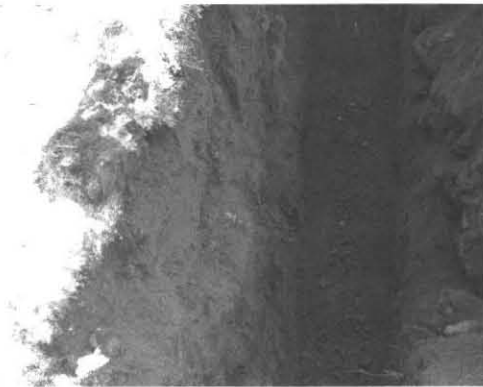
Deep hole #2



Deep holes and perc test for  
273 Montague Road  
12/5/07



Deep hole #1



Deep hole #1



Deep hole #1



Perc test 1



Perc test 1



Perc test 1

