762 Noth East St. NUT Alouthert ST Need Receipt to in these -CSL- 6 - 187



FORM 3A - CERTIFICATE OF COMPLIANCE

CERTIFICATE OF COMPLIANCE

Description of Work: __ Individual Component(s) X_Complete System

The undersigned hereby certify that the Sewage Disposal System:

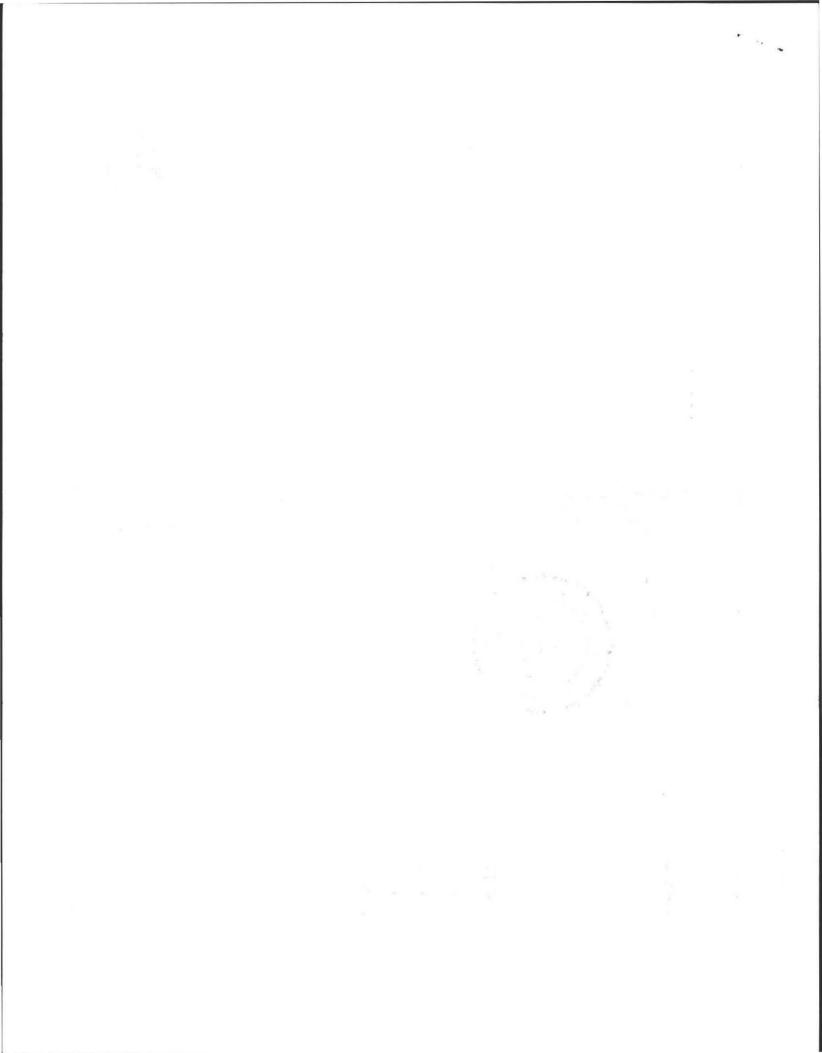
Constructed X Repaired Upgraded Abandoned

by: RONALD BERCUME - HADLEY, MA.

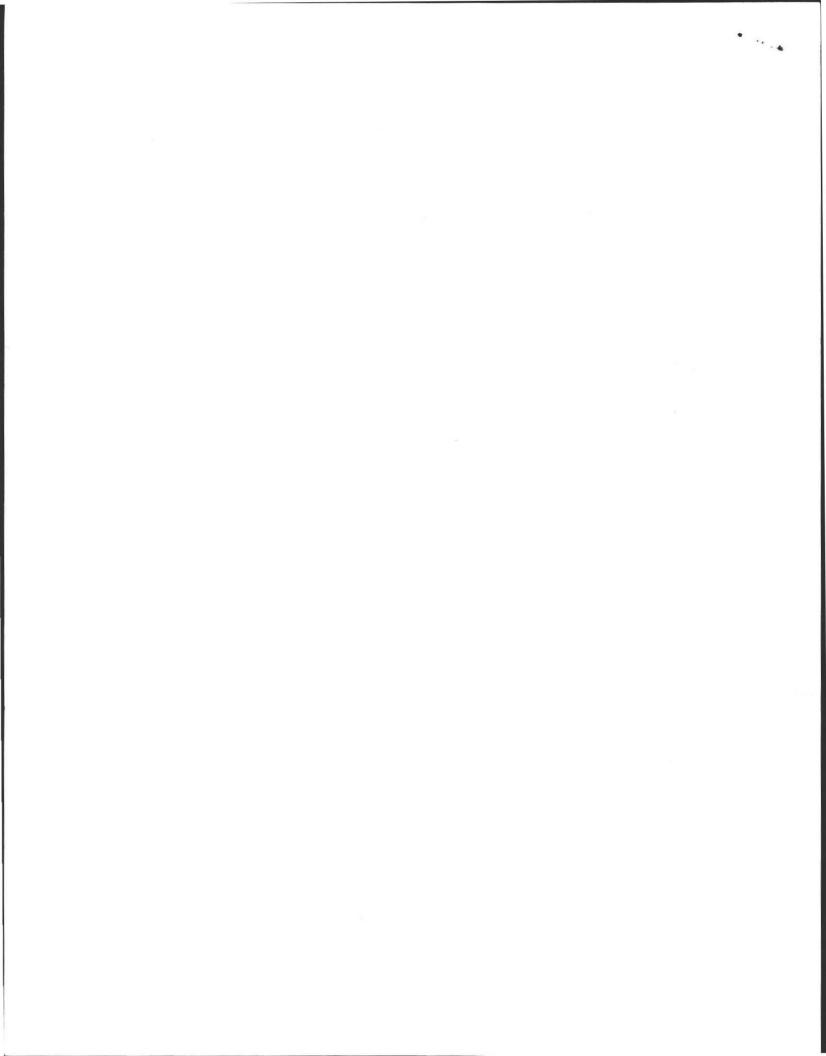
at: LOT # 9 -NORTH EAST STREET - AMHERST, MA..

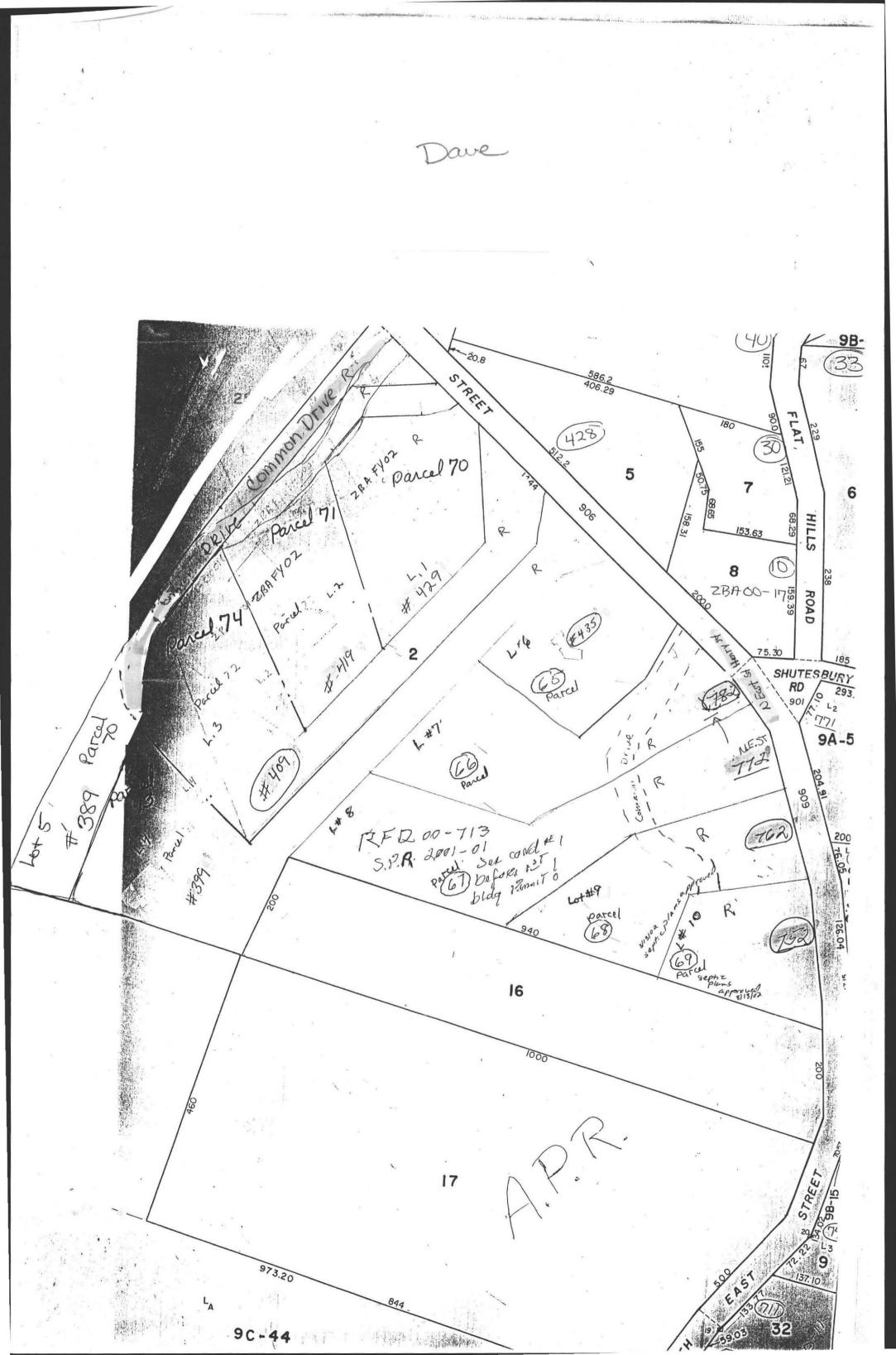
has been installed in accordance with the provisions of 310 CMR 15.00(Title5) and the
approved design plan / as-built plans relating to the application No.
dated: MARCH 8, 2002 Approved Design Flow: GPD
Installer: KARLS EXCAVATING - HADLEY, MA. Steven Konya
Designer: TIMOTHY CENTRE GINNIS R.S. Inspector: Car Pepel.
Date: OCTOBER 11, 2003

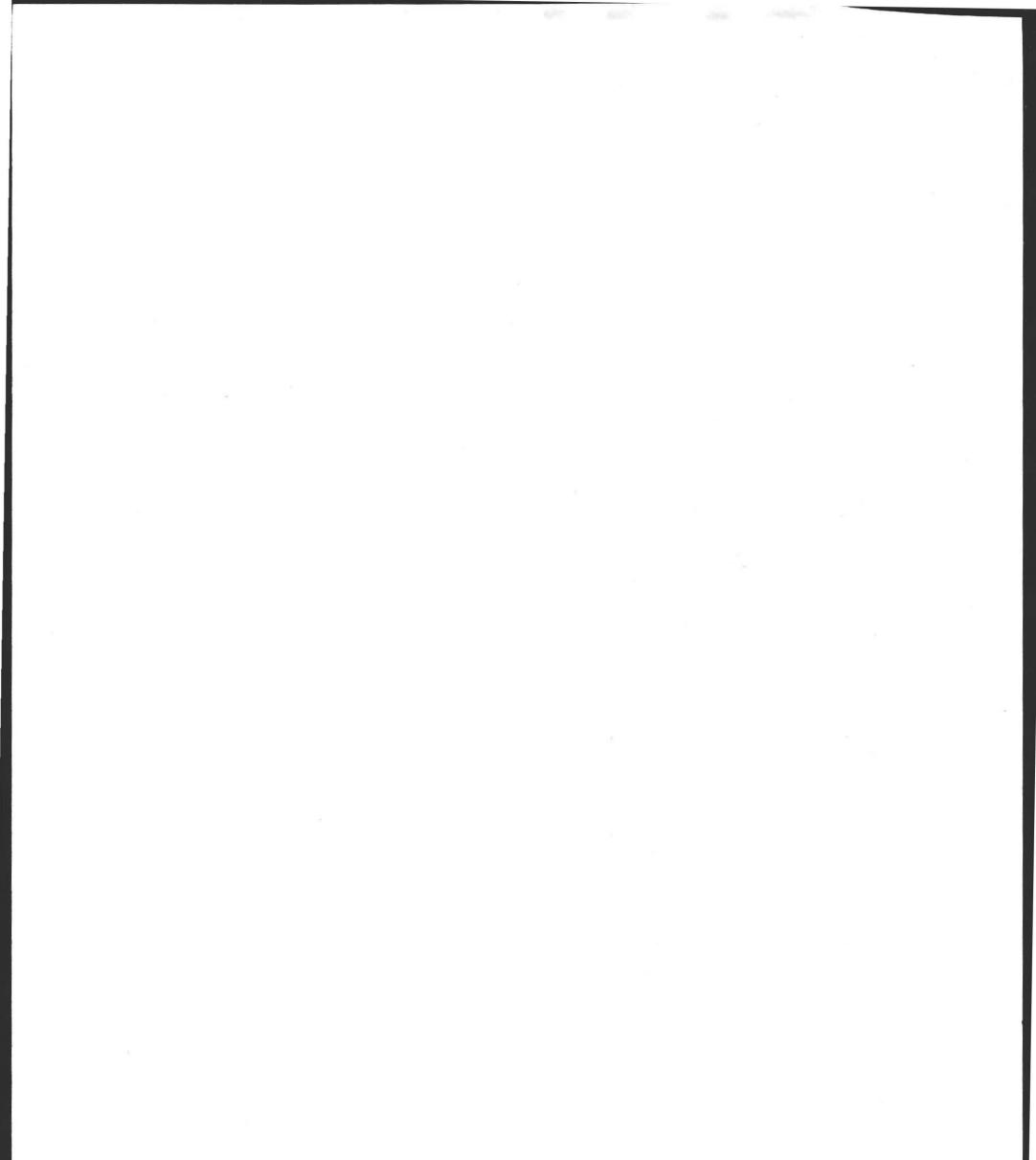
The issuance of this permit shall not be construed as a guarantee that the system will function as designed.



4" PVC SOLID PIPE 4 TRENCHES @ (40'L x 3'W)EACH 40' 40' "D" SEPTIC TANK PUMPING MANHOLE ____ Ó EXISTING DISTRIBUTION BOX "C" Ð 4" PVC SOLID PIPE-AS-BUILT DIMENSIONS 0 -EXISTING 1500 GALLON SEPTIC TANK "A" to "C" = 24'-4" "A" "B" "A" to "D" = 34'-4" "B" to "C" = 17' "B" to "D" = 29' GARAGE EXISTING HOUSE ELECTRIC LINE -F AS-BUILT PLAN OF LEACHING TRENCH SYSTEM 4 TRENCHES @ (40'L x 3'W x 2.0'H) each LOT # 9 - NORTHEAST STREET - AMHERST, MA. WATER LINE-BERCUME BUILDERS - HADLEY, MA. FOR: BY: TIMOTHY E. MAGINNIS R.S. - WESTHAMPTON, MA. 01027 OCTOBER 8, 2003 W Е



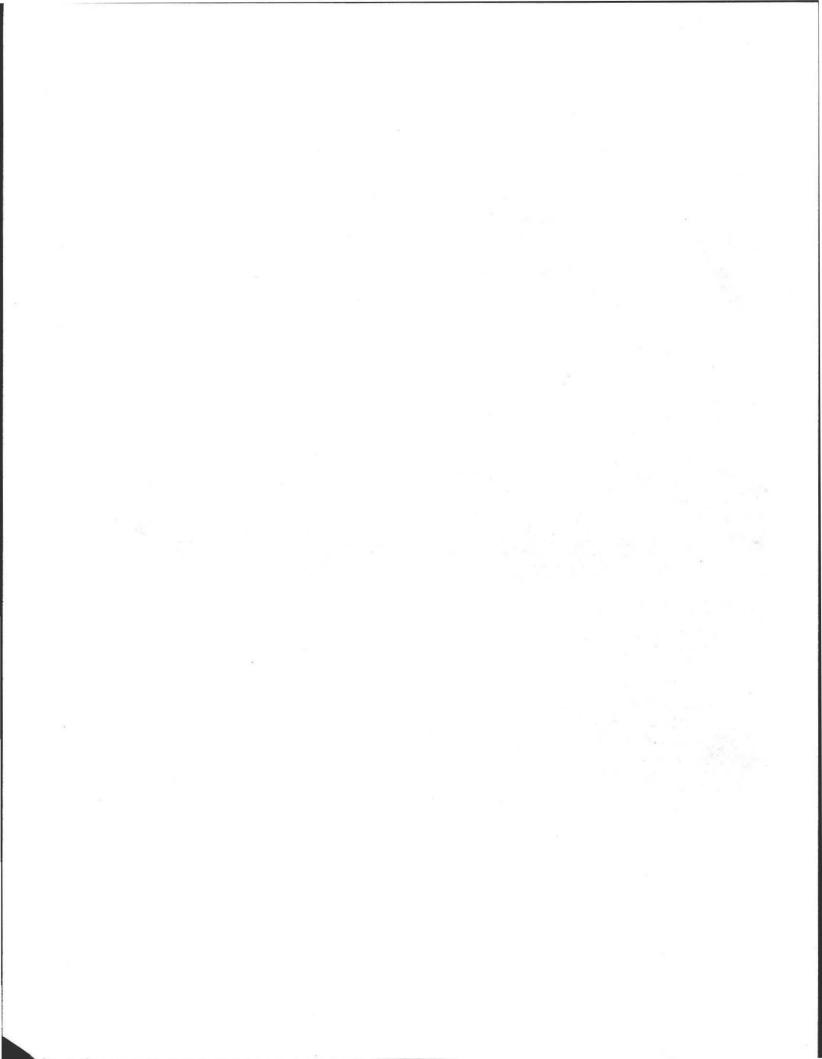


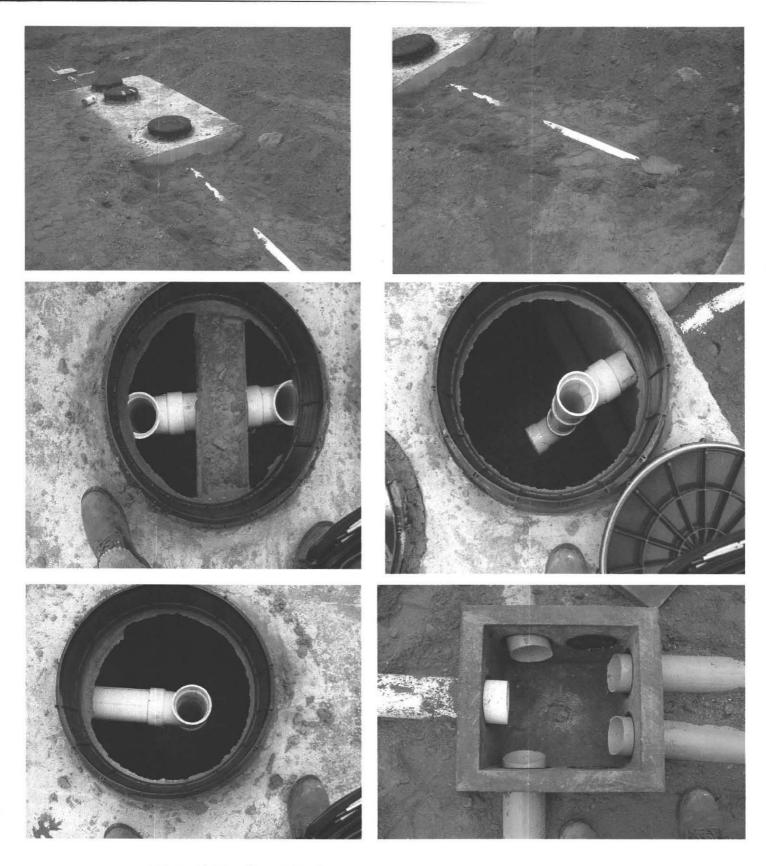




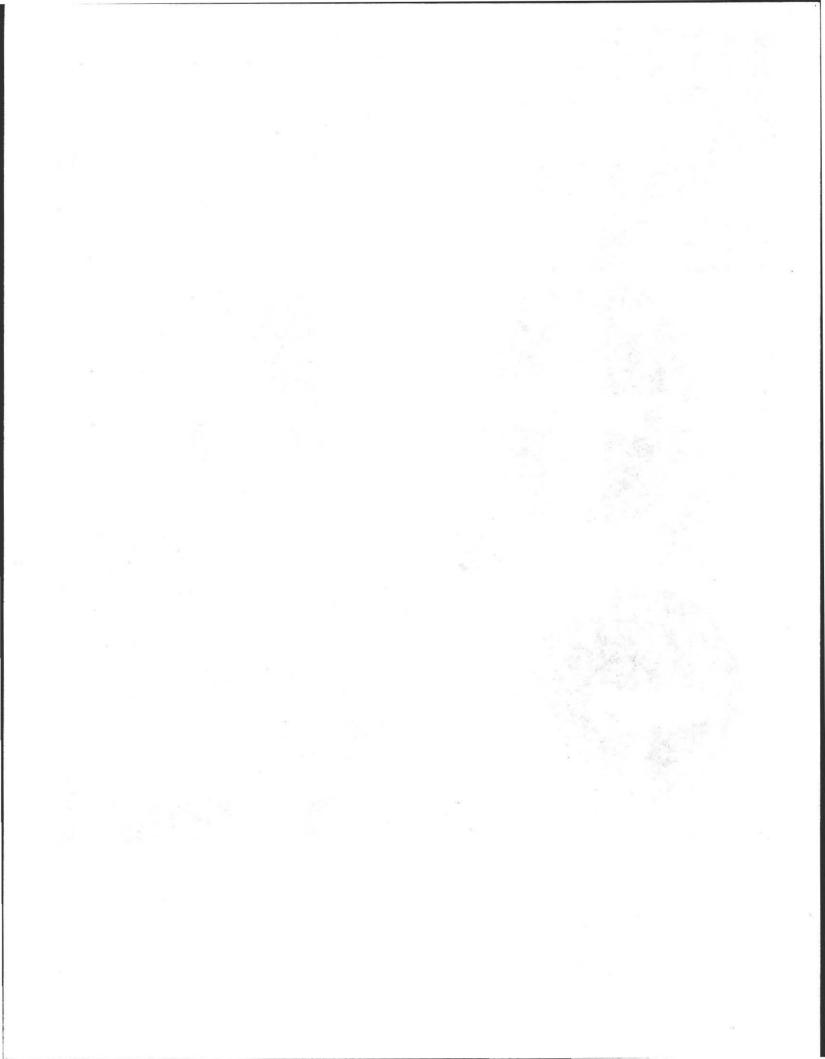


762 North East Street lot 9 10/9/03 Engineer: Tim Maginnis Installer: Karl's



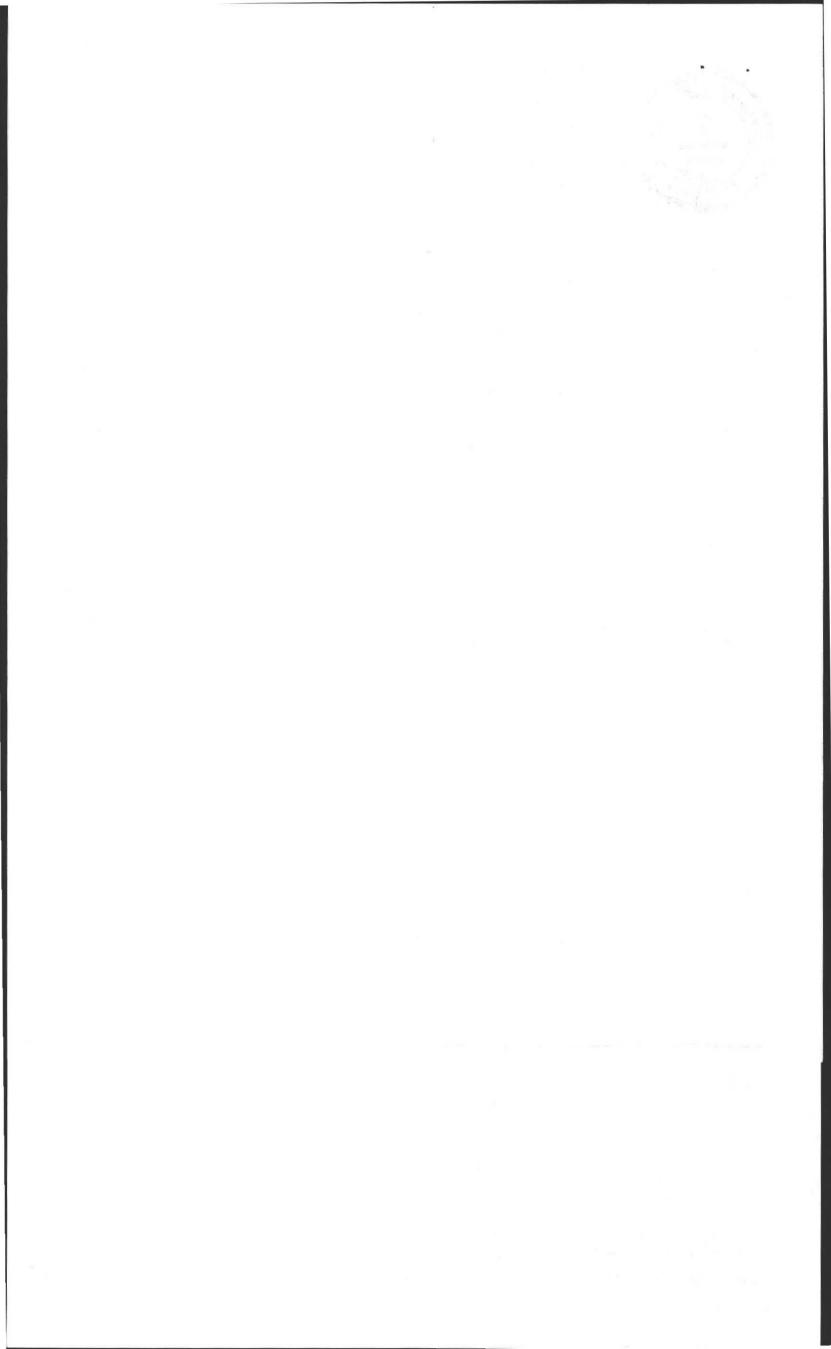


762 North East Street Lot 9 10/9/03 Engineer: Tim Maginnis Installer: Karl's

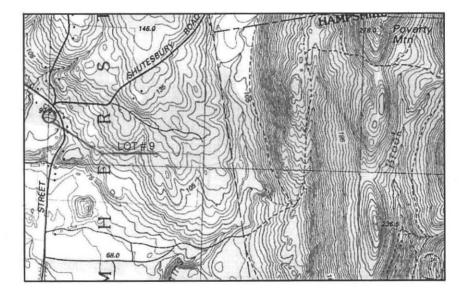


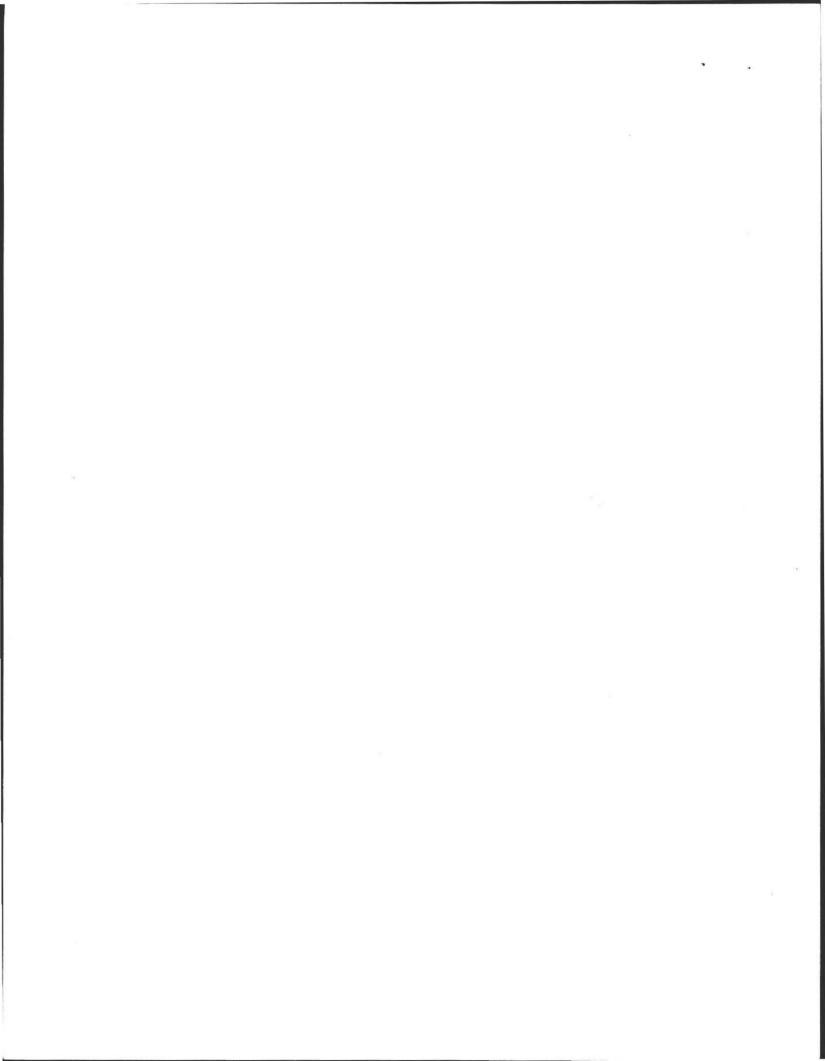
STH OF MARCH			FEE /GO
WE SH UL MIG. W			Pan
WITHIN CONTRACTOR	COMMONWEALTH	OF MASSACHUSETTS	PINUS
TIMOTHYM SEL	Board of Health, Am	TERST, MA.	ChE 4287 PL. 200.00
W 982 APPEI	CATION FOR DISPOSAL S	SYSTEM CONSTRUCTION PI	RMIT Kon 2 Plan
Application for Parentit to	Construct() Repair() Upgrade() A	bandon() - Complete System 🗅 Indiv	vidual Components
Location NORTH		Owner's Name RON BER	CUME
Map/Parcel#	CAST STREET		
	PARIS	////////////////////////////////////	
Lot# LOT 9/2	CANOR Thouse ST	Telephone# (413) 549-	
Installer's Name	MARIS	Designer's Name Timothy MA	GINNIS R.S
Address 3	27 Rivei Due	Address 70 MONTAOVE R	D-W HAMPDN
Telephone#	549-5396	Telephone# (413) 527-52	291
Type of Building	SINGLE FAMILY	Lot Size	= 75000 ± sq. ft.
Dwelling - No. of Bedrooms	5		Garbage grinder (
		No. of persons 10	
Other Fixtures		^	
) 550 gpd Calculated		provided 864.32 gpd
	S. 2007_ Number of sheets		
	CHING TROUCH SYSTE		
Description of Soil(s)	E PLAN & SOIL ÉVAI	l. form	C . C - A
Soil Evaluator Form No.	Name of Soil Evalu	ator A. Weiss Date of Evalua	tion <u>5-15-00</u>
DESCRIPTION OF REPAIRS	S OR ALTERATIONS		
		13-12-02	
Inspections			<i>e</i>
Inspections			
Inspections	COMMONWEALTH	OF MASSACHUSETTS	e
Inspections	COMMONWEALTH	OF MASSACHUSETTS	
Inspections	COMMONWEALTH Board of Health,	OF MASSACHUSETTS	
Inspections	COMMONWEALTH Board of Health, A CERTIFICATE C	OF MASSACHUSETTS mkus, ma. DF COMPLIANCE	
Inspections No Description of Work: □ In	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S	OF MASSACHUSETTS mkus, ma. DF COMPLIANCE System	FEE 100
Inspections No Description of Work: In The undersigned hereby cer	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S ctify that the Sewage Disposal System; Co	OF MASSACHUSETTS mkus, MA. OF COMPLIANCE System onstructed (-), Repaired (-), Upgraded (-)	FEE CO
Inspections No Description of Work: In The undersigned hereby cer	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S ctify that the Sewage Disposal System; Co	OF MASSACHUSETTS mkus, MA. OF COMPLIANCE System onstructed (-), Repaired (-), Upgraded (-)	FEE CO
Inspections No. $\underline{02-02}$ Description of Work: \Box In The undersigned hereby cer by: $\underline{102}(\underline{LoT} \ \underline{c})$ has been installed in accord	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S rtify that the Sewage Disposal System; Co Complete Structure Complete Structure Comple	OF MASSACHUSETTS	FEE Co
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Inspections No. $\underline{O2 - O2}$ Description of Work: \Box In The undersigned hereby cer by: $\underline{102} (\underline{LoT} - \underline{q})$ has been installed in accord application No. $\underline{O2 - O}$ Installer Designer:	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S rtify that the Sewage Disposal System; Co Lance with the provisions of 310 CMR 15 ance with the provisions of 310 CMR 15 Inspector:	OF MASSACHUSETTS MA. OF COMPLIANCE System onstructed (), Repaired (), Upgraded () Manual Manual Constructed (), Upgraded () Manual Constructed (), Upgraded () Manual Constructed (), Upgraded () Manual Constructed (), Upgraded () Date: Date:	FEE CO
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Inspections No. $\underline{O2-O2}$ Description of Work: \Box In The undersigned hereby cer by: $\underline{TO2} (\underline{CoT} \ \underline{T})$ has been installed in accord application No. $\underline{O2-O}$ Installer Designer: The issuance of this permit is No. $\underline{O2-O2}$ Permission is hereby gran	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S rtify that the Sewage Disposal System; Co 	OF MASSACHUSETTS <u>whenson</u> , MA. OF COMPLIANCE System onstructed (), Repaired (), Upgraded () <u>Contineation</u> System onstructed (), Repaired (), Upgraded () <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contineation</u> <u>Contine</u>	FEE 60^{-6} FEE 60^{-6} Abandoned () rs/as-built plans relating to FEE 60^{-6} C K H 4287 PJ 200 $\frac{60}{5}$ For 2/2 05 al sewage disposal system
Inspections No. $\underline{O2-O2}$ Description of Work: \Box In The undersigned hereby cer by: $\underline{TO2} (\underline{CoT} \ \underline{T})$ has been installed in accord application No. $\underline{O2-O}$ Installer Designer: The issuance of this permit is No. $\underline{O2-O2}$ Permission is hereby gran	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S rtify that the Sewage Disposal System; Co 	OF MASSACHUSETTS MA. OF COMPLIANCE System onstructed (), Repaired (), Upgraded () <u>Margeneous</u> 000 (Title 5) and the approved design planed 1 Design Flow(gpd) Date: of MASSACHUSETTS MASSACHUSETTS MA. ONSTRUCTION PERMIT	FEE 60^{-6} FEE 60^{-6} Abandoned () rs/as-built plans relating to FEE 60^{-6} C K H 4287 PJ 200 $\frac{60}{5}$ For 2/2 05 al sewage disposal system
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Inspections No. $\underline{O2} - O2$ Description of Work: \Box In The undersigned hereby cer by: $\underline{102} (\underline{LoT} - \underline{7})$ has been installed in accord application No. $\underline{O2} - \underline{O2}$ Installer Designer: The issuance of this permit No. $\underline{O2} - \underline{O2}$ Permission is hereby gran at (\underline{LoT} - \underline{7}) Disposal System Construct	COMMONWEALTH Board of Health, CERTIFICATE O dividual Component(s) □ Complete S rtify that the Sewage Disposal System; Co 	OF MASSACHUSETTS MA. OF COMPLIANCE System Onstructed (), Repaired (), Upgraded () 	FEE 60^{-6} FEE 60^{-6} $FEE 60^{-6}$ C K F 4287 $PJ 200^{-6}$ $FJ 200^{-6}$ FOK 3 Phus al sewage disposal system ed in the application for
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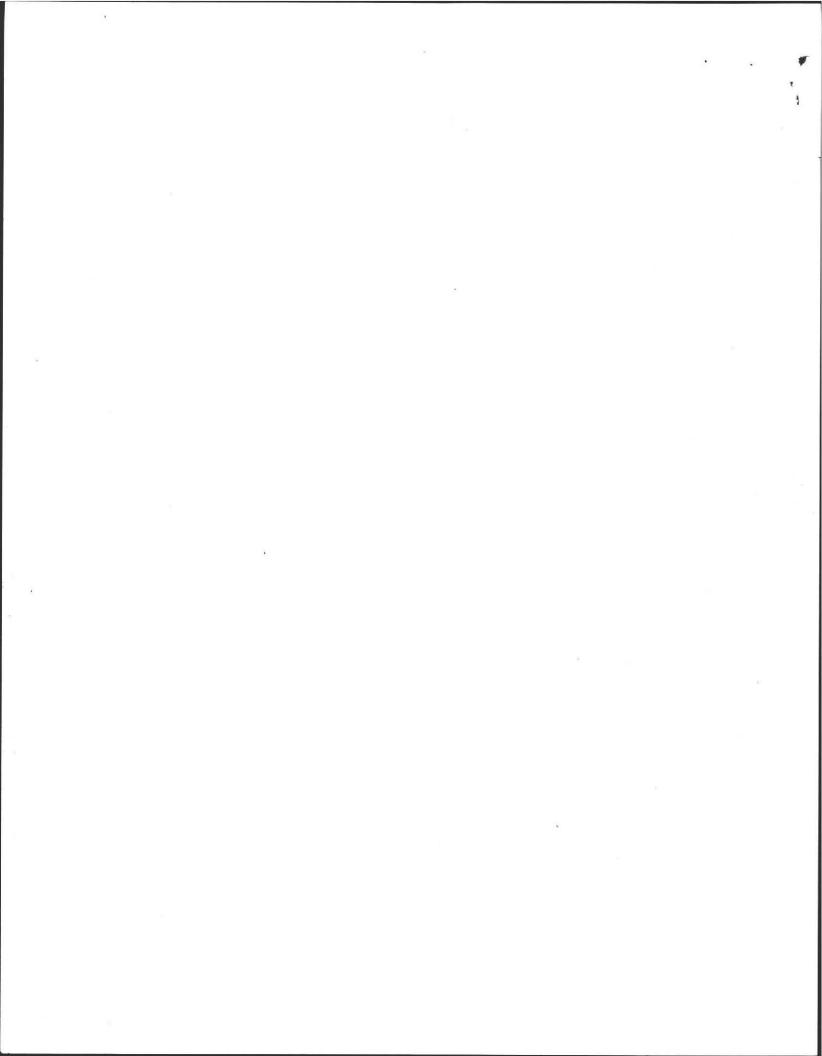
(03-08-02) LOT # 9 @ NORTHEAST STREET AMHERST, MA FOR, RON BERCUME PROPOSED SEPTIC SYSTEM





G-1	G-2	FORM 11 - SOIL EVALUATOR FORM Page 1 of 3
No		Date: 5/15/00
	Commonwealth	th of Massachusetts , Massachusetts
S	Soil Suitability Assessment	t for On-site Sewage Disposal
Performe	d By: Al Weiss d By: Devid Jar	Date: 5/15/00
Location Addres	as a Henry ST	Owner's Name. ESTATE OF CAUSON Address. and Telephone & Doug Mohl
New Con	struction 🛛 Repair	
Office Re	view	
Published	Soil Survey Available: No 🗌 Yes	
Year Publi	ished Publication Sca	sale Soil Map Unit
Drainage (Class Soil Limitations	S and the second s
Surficial C	Geologic Report Available: No Yes	
Year Publi	ished Publication S	Scale
All and a second	Material (Map Unit)	
Landform Elood Inst	urance Rate Map:	
	0 year flood boundary No Yes	
	0 year flood boundary No Yes	
3 • C	0 year flood boundary No 🛛 Yes 🔲	
	Area: Wetland Inventory Map (map unit) Conservancy Program Map (map unit)	
Current W	ater Resource Conditions (USGS): Month	h
	oove Normal Normal Below Nor	
	erences Reviewed:	
		· · · · · · · · · · · · · · · · · · ·





FORM 12 - PERCOLATION TEST

Location Address or Lot No. Heak ST.

Q-1 C-2

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

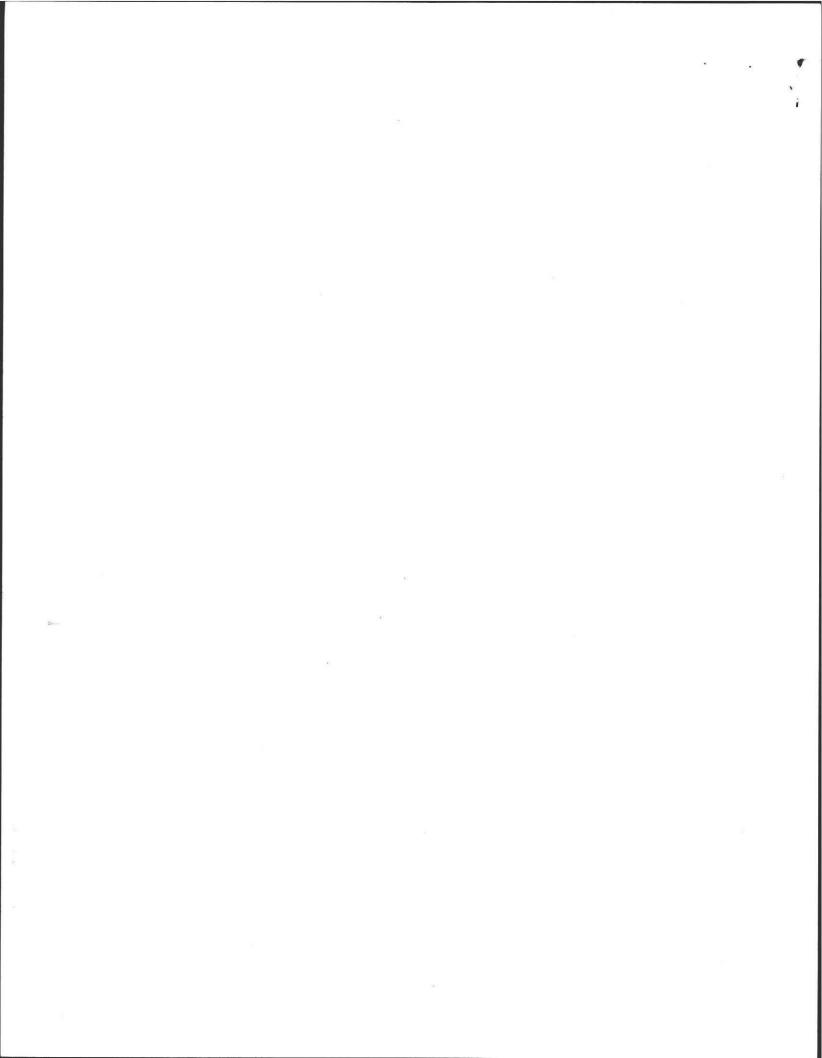
	Percolation	n Test*
ک . :Date	Tistou	Time:
Observation Hole #	G-1	G. 2
Depth of Perc	48'	1. L19
Start Pre-soak	11:20	11 : 31
End Pre-soak	11:20	11:31
Time at 12"	11:21	11:32
Time at 9"	11:22	
Time at 6"	11:23	- 1:34
Time (9"-6")		2
Rate Min./Inch	22	. <2

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

Site Passed	Site Failed	
Performed By:	AL werss.	
Witnessed By:	Dovid Zarainsta	
Comments:	· · ·	



DEP APPROVED FORM - 12/07/95

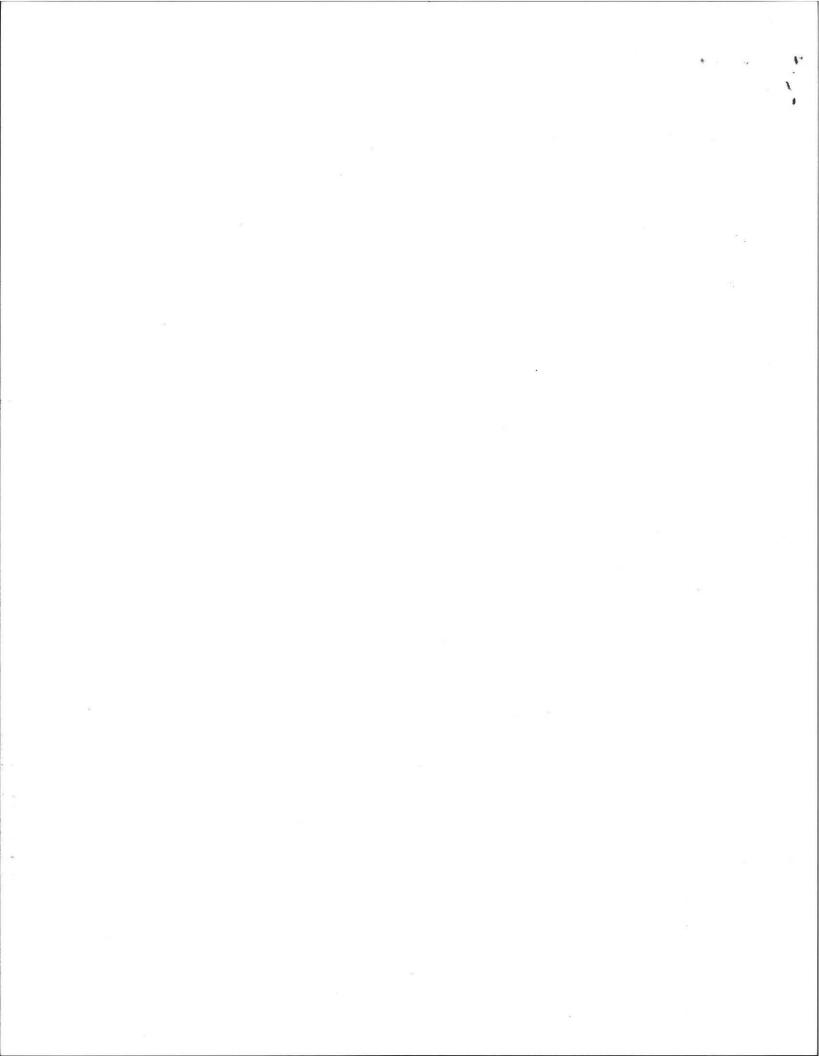


	Q-1	6-2			FOI	RM 11 - SOIL EVALUATOR FORM Page 2 of 3
I	Location Addre	ss or Lot No.	Hen	(nY	ST.	
			9	<u>On-site</u>	<u>Review</u>	
	Deep Hole Num Location (identi		Date: 57	15/	Time:	Weather Strang 60
·	Land Use Vegetation	Rund	Slope	(%)	Surface S	itones Few
	Position on land		n on the back	l.		
	Possible	ater Body / Wet Area Water Well	10 & Meet	Drainag Propert Other		feet
			DEEP OB	SERVAT	ION HOL	E LOG
	Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
GAI	6	A	FSC	10/2/2		Fringle
	26	Bu	SC	10 m		
	144	C	S ,	10 1 × 5/0		Canged Stand 5) Caresed Stand 5) Cabbles Stance
G # 2	SE	A	FS(10 400		Fringle
	25	Bu	SC	3/2 10/0		FRIDE
	146	Ć	S,	s/c 10/n	74	Counter Sind STO Counter Sind STO Coloples Stores
	• MINIMU Parant Material (geo Depth to Groundwat		Mup.	1/11	D DISPOSAL A	REA ToBedrock: 196 9 Weeping from Pit Face:
	Estimated Seasonal	1		146		



DEP APPROVED FORM - 12/07/95

2



6	COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.	FORM 11 - SOIL EVALUATOR FORM
350 Old Enfie	ALAN E. WEISS, M.S., L.S.P. Licensed Site Professional Registered Sanitarian Hydrogeologist President Subsurface Investigations	Page 1 of 3
Belchertown, J	MA 01007 *Percolation Tests and 7 & 323-4916 (FAX) Septic Designs	Date: <u>5/,5/00</u> h of Massachusetts , Massachusetts
	Soil Suitability Assessment	t for On-site Sewage Disposal
	Performed By: A. Weiss Witnessed By: D. ZAROZINSKI Lmiddle lot, 2nd Gon Su	Date: 5/5/00
	Location Address or LOT G, Henry St. Amherst New Construction B Repair	Owner's Name Di Kahl Address and TOFINO ASSEC. Hardluy, MA.
	Office Review	
	Published Soil Survey Available: NoYesYear Published1981Publication ScaleDrainage ClassPAPIDSoil Limitations	e 19 15,840 Soil Map Unit MeA
	Surficial Geologic Report Available: No 🗹 Yes Year Published Publication Sca Geologic Material (Map Unit)	
	Landform Flood Insurance Rate Map:	KOT-9
	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 Bele v Norma Other References Reviewed:	



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· · · ·

FORM 12 - PERCOLATION TEST

\$

Location Address or Lot No. LOT G. Herry ST

COMMONWEALTH OF MASSACHUSETTS Amherst

, Massachusetts

	Percolation	Test	
Date: 5	115/00	Time	e:. 11,15
Observation Hole #	6.		67.
Depth of Perc	48"		49"
Start Pre-soak	11:20		11.31
End Pre-soak	11:20	CANT	11:31
Time at 12"	11:21	HOLD SOMK	11.32
Time at 9"	11:22		11.33
Time at 6"	11:23		11:34
Time (9"-6")	2 min		2
Rate Min./Inch	2Z Min		2Z Min

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

Site Passed D Site Failed

Performed By:	A. Werss			
Witnessed By:	D. ZAKOZINSKI			
Comments:	6'SEPATION			£14 -



DEP APPROVED FORM - 12/07/95

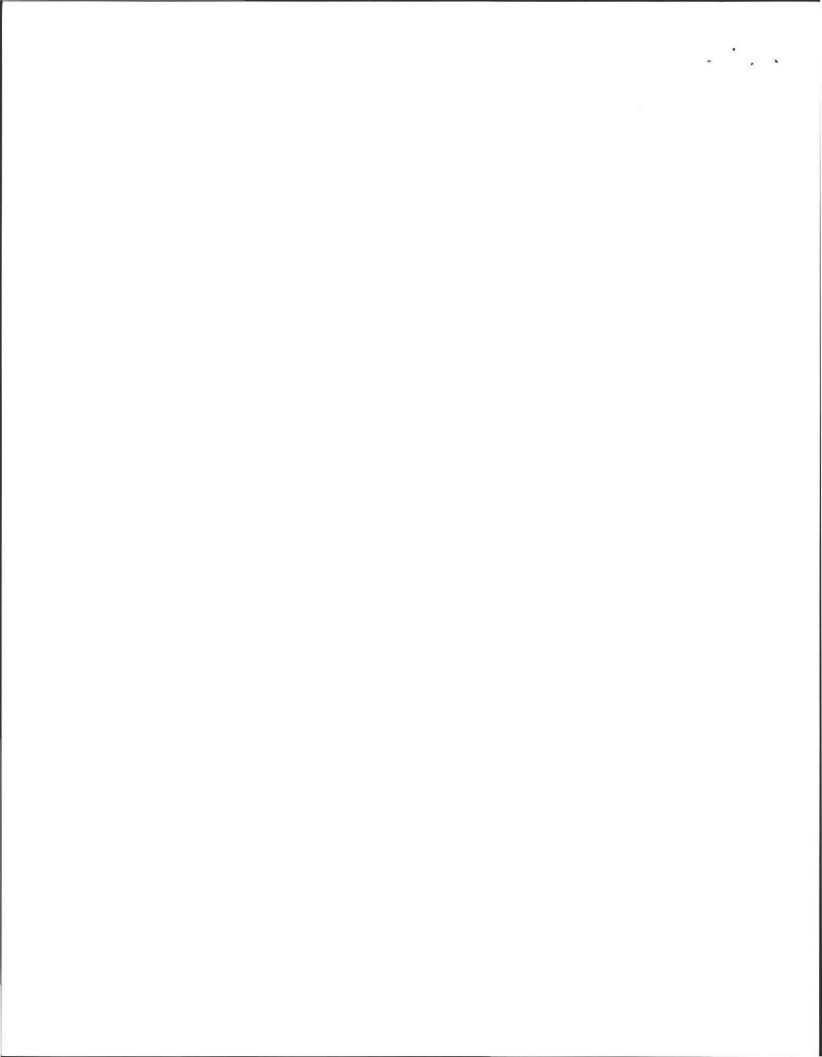
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FORM 11 - SOIL EVALUATOR FORM Page 2 of 3

	Location Add	ress or Lot No	». <u> </u>	J	e Revie	<u>'₩</u> '
	Location (idem Land Use Vegetation Landform Position on Ian Distances from Open W Possible	tify on site pla	an) Slop ch on the bac feet feet feet feet	e (%) 1 k) Draina Proper Other	Surface	<u>>'</u> f_feet D'}_feet
6.	Depth from Surface (Inches) 0 - 6'' 6 - 26'' 26'' - 144'' 0 - 8'' 8 - 28'' 28 - 146''	Soil Horizon A Bw C A Bw C	SU	Soil Color (Munsell) i OYRJ/Z IOYRJ/L IOYRJ/L IOYRJ/L iOYRJ/L ic YRJ/L IOYRJ/L	Soil Mottling NO Mottles	Other (Structure, Stones, Boulders, Consistency, % Gravell Friable Laminatel med - Gand, 5% CobblestStonG. Friable Friable Friable Lomnatel Med-Cause Sund 5% CobblestStores
D		Standing Wat	HWASH	Noto		REA TOBedrock: 144"+ Weeping from Pit Face: Not obs

2

DEP APPROVED FORM - 12/07/95



FORM 11 - SOIL EVALUATOR FORM Page 3 of 3

Location Address or Lot No. Lot G., Hory H.

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 //Y 't inches

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?

Certification

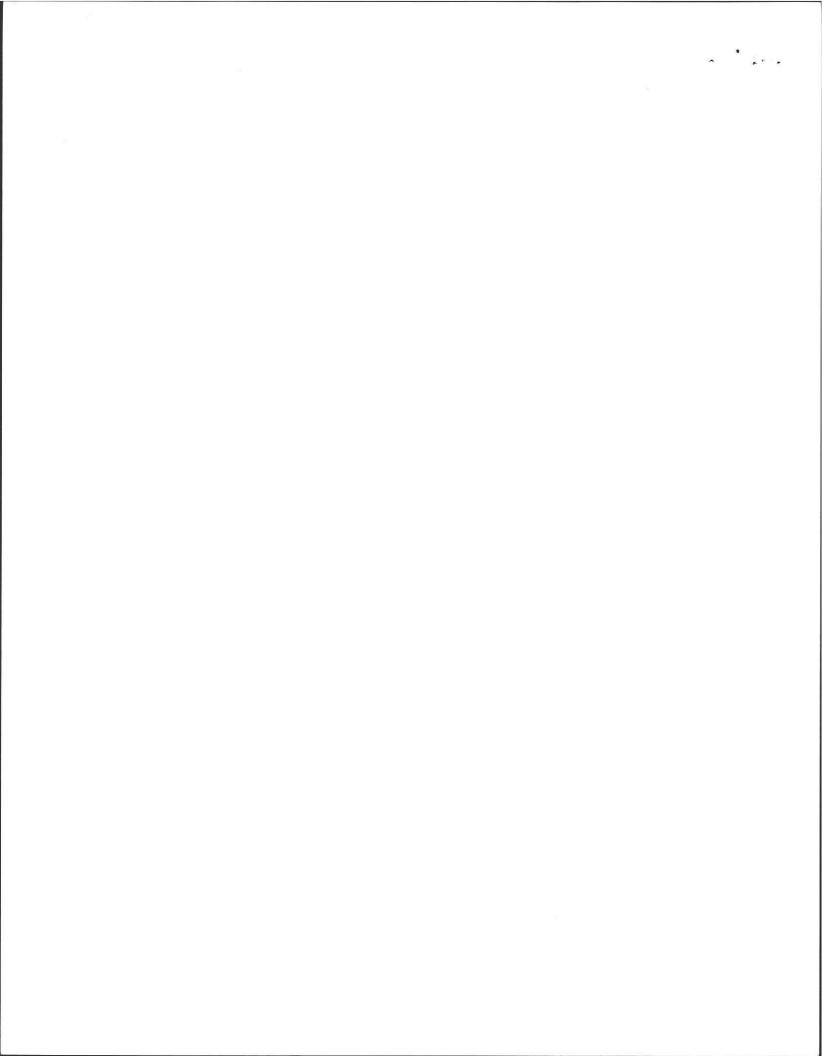
I certify that on <u>Juc</u>, <u>1915</u> (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Al- Date 5/15/00





DEP APPROVED FORM - 12/07/95

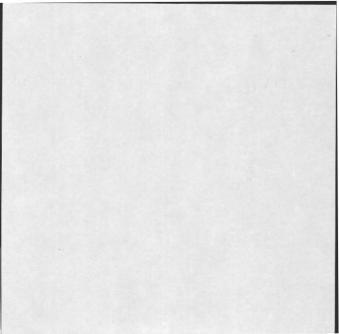


NORTHEAST STREET

Lot # 9

Re:

BERCUME Ron



FORM 3A - CERTIFICATE OF COMPLIANCE

CERTIFICATE OF COMPLIANCE

Description of Work: __ Individual Component(s) X_Complete System

The undersigned hereby certify that the Sewage Disposal System:

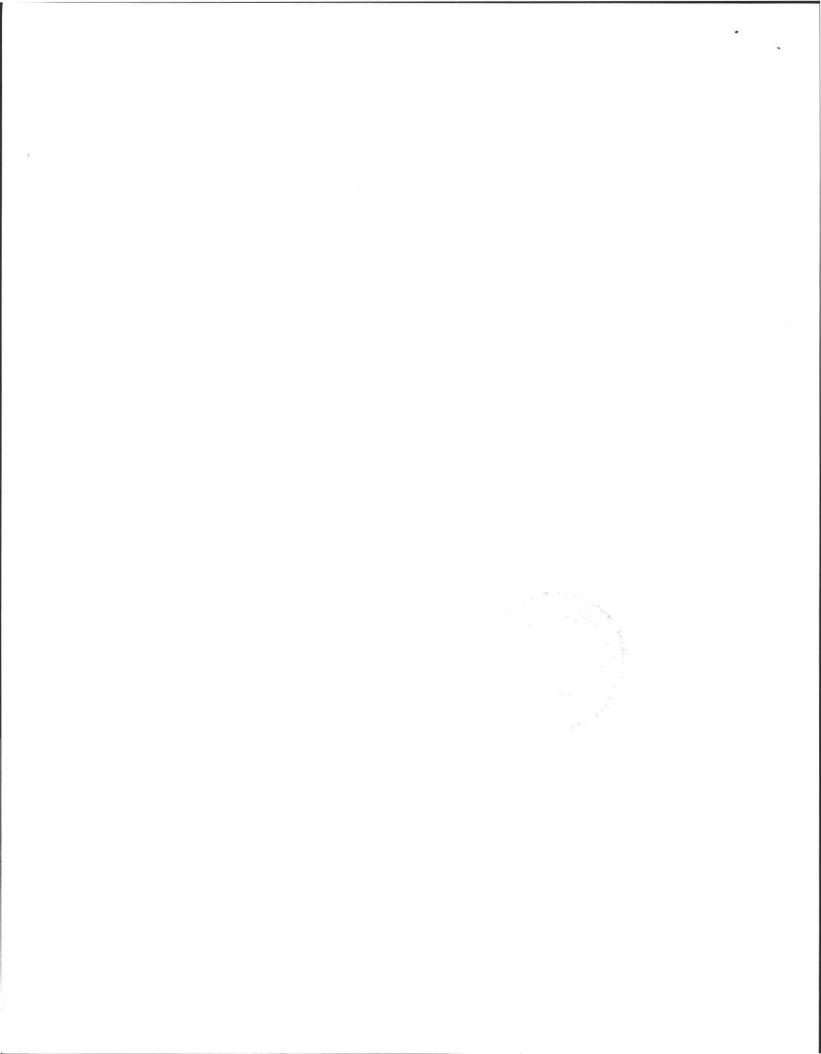
Constructed X Repaired Upgraded Abandoned

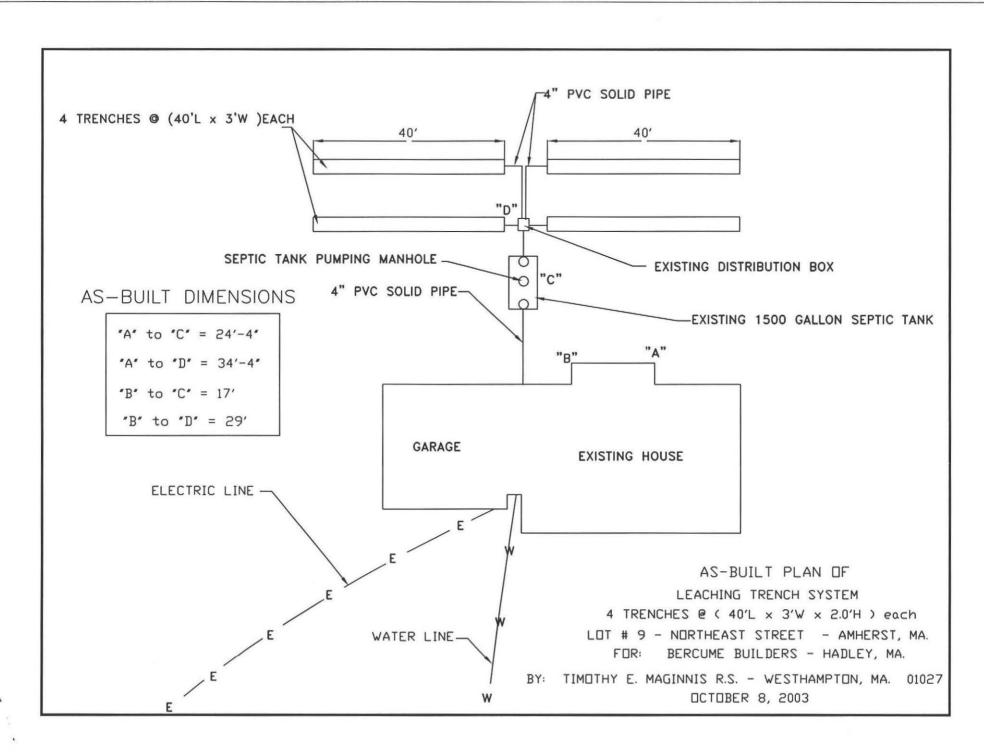
by: RONALD BERCUME - HADLEY, MA.

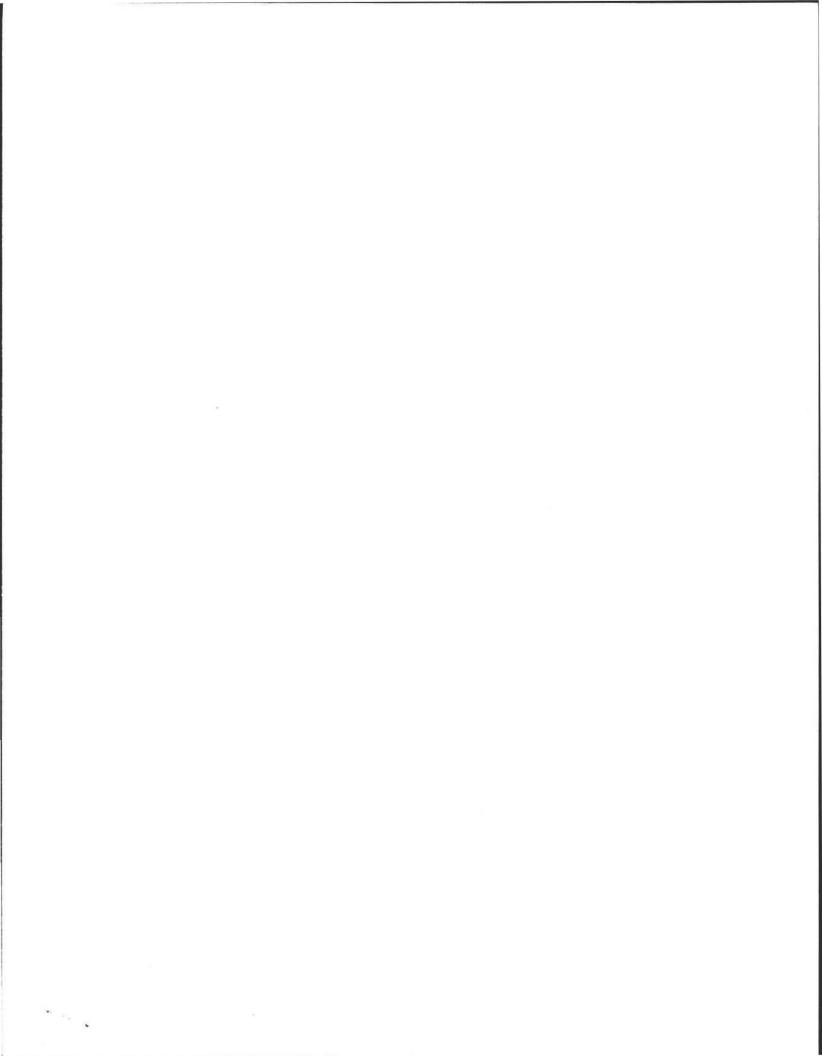
at: LOT # 9 -NORTH EAST STREET - AMHERST, MA..

has been installed in accordance with the provisions of 310 CMR 15.00(Title5) and the
approved design plan / as-built plans relating to the application No.
dated: MARCH 8, 2002 Approved Design Flow: GPD
TH OF MASSACL
Installer: KARY STEWCAVATING - HADLEY, MA.
Designer: THOTHNER: MAGINNIS R.S. Inspector:
TU AND A CONSTITUTION
Date: OCTOBER 11, 2003

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









AMHERST Massachusetts

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

> (413) 256-4033 ENVIRONMENTAL HEALTH SERVICES (413) 256-4053 (FAX) www.town.amherst.ma.us/health

October 10, 2003

Mr. Ronald Bercume Bercume Builders 25 Sylvia Heights Hadley, MA 01035

Dear Mr. Bercume:

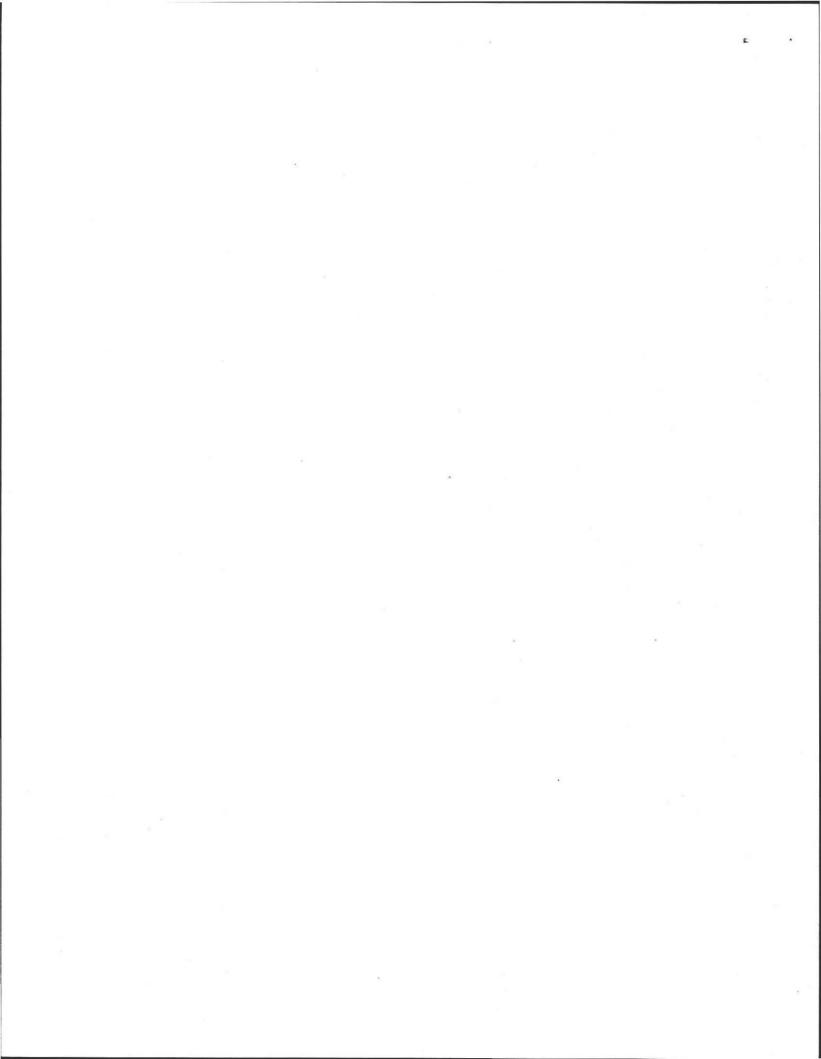
On Thursday, October 9, 2003, along with Mr. Thomas Dion (from my office), Mr. Timothy Maginnis, Sanitarian, and the installer from Karl's Site Work, inspected Lot #9, 762 North East Street and Lot #7, 782 North East Street, Amherst, MA. There are several issues with this installation.

762 North East Street (Lot #9):

- Septic system is installed more than fifty feet (50 ft.) from the design plan (not over deep holes). The Health Department or Mr. Maginnis never received a call from you or the installer regarding these changes. It is stated on the plan under contractor Note # 4 no modifications without approval or the engineer and the Board of Health.
- 2. The new location may also present a problem with the gas line from the house to the gas tank. In order to drive over this line the pipe for this system must be Schedule 40. The installed pipe for this system is Schedule 35.

782 North East Street (Lot # 7):

1. Our files do not have an approved septic system design. Mr. Maginnis' septic plan shows that the septic system tank on the other side of the house. Once again, the Health Department and the sanitarian must be notified of all changes.



I was notified by Karl's Site Work that you informed them (Karl's) where you wanted these changes made on both systems.

This letter is sent to you along with a copy to Karl's Site Work to inform both parties that any septic system(s) installed in the Town of Amherst without the proper approvals are not going to be granted a Certificate of Compliance.

If you have any questions on the matter, please feel free to call me at 256-4033.

Sincerely,

David Zarozinski

Sanitarian

cc: Karl's Site Work, 327 River Drive, Hadley, MA 01035 Timothy Maginnis, Sanitarian, Montague Road, Westhampton, MA 01027 Bonnie Weeks, Building Commissioner, Town of Amherst

