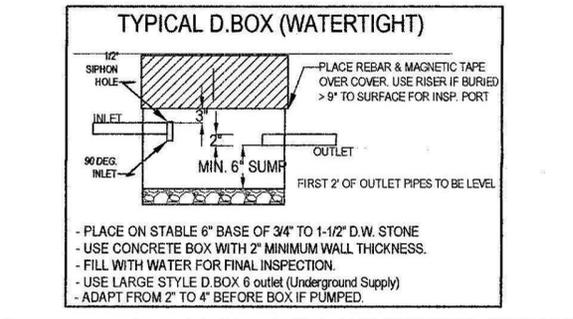
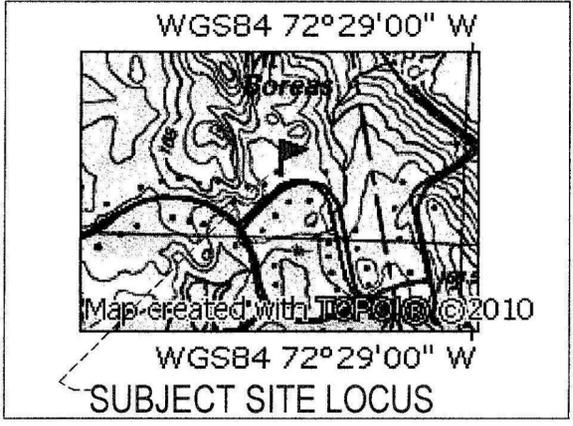
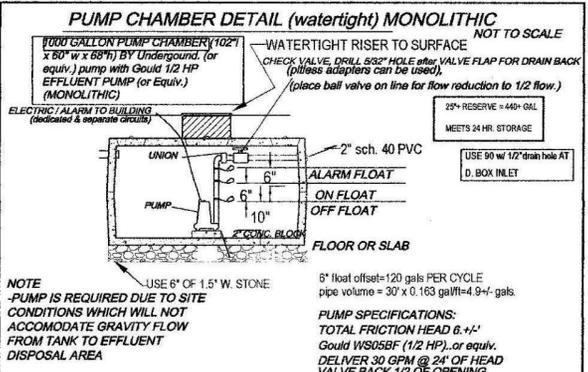
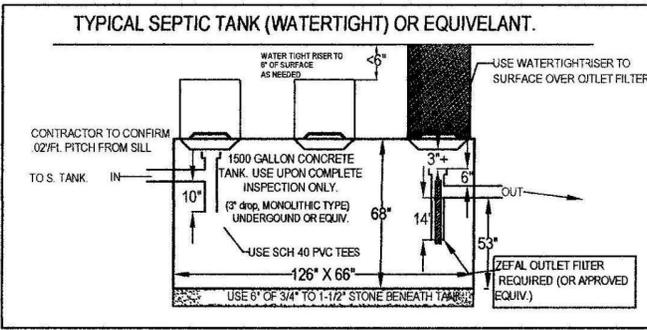
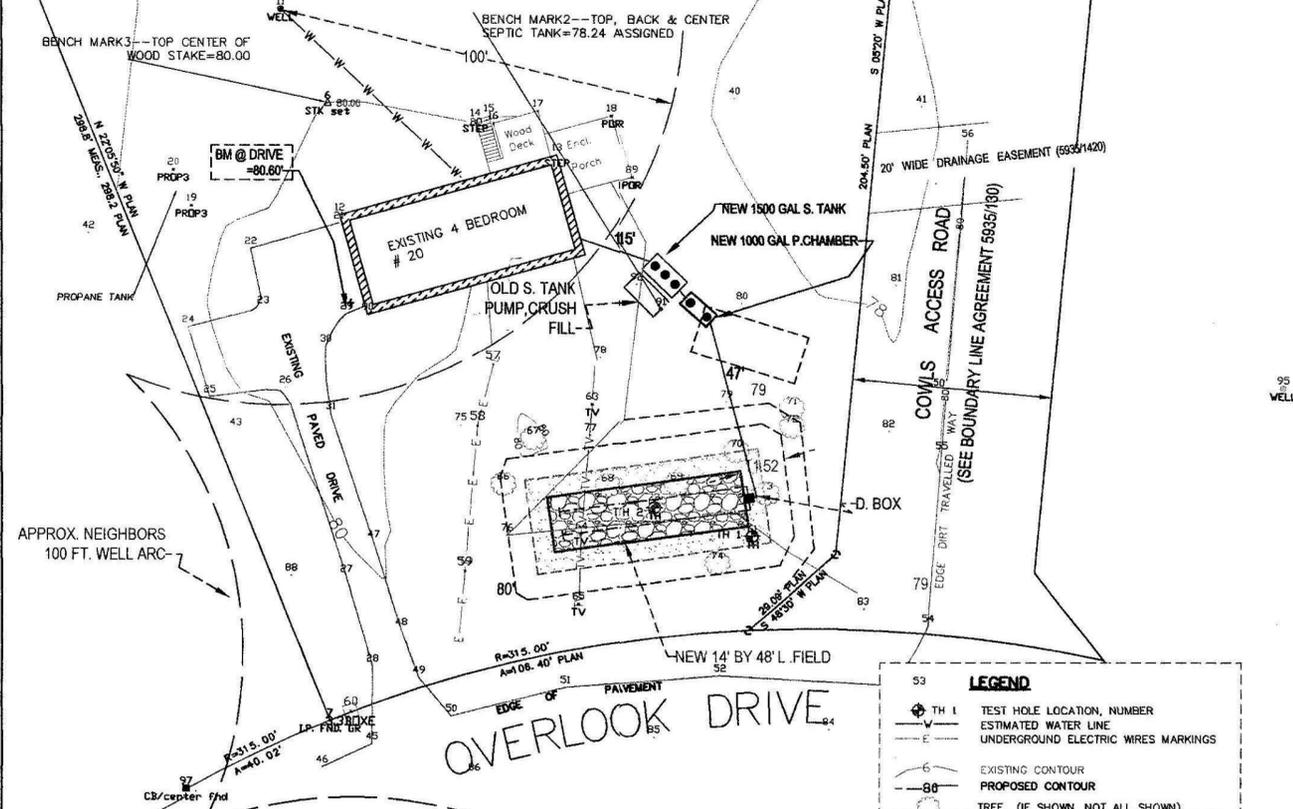


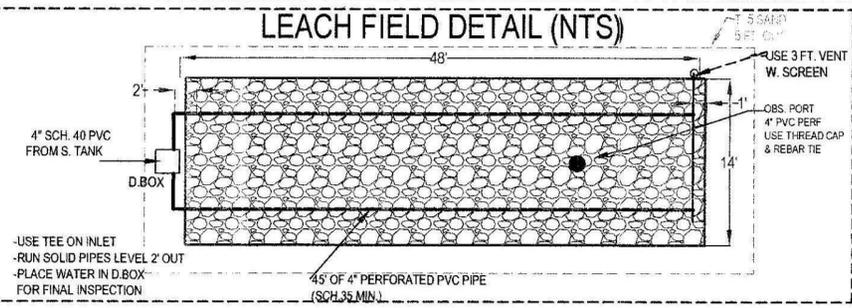
20 OVERLOOK PRIVE

NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (3, 4, OR 5 FEET), IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.

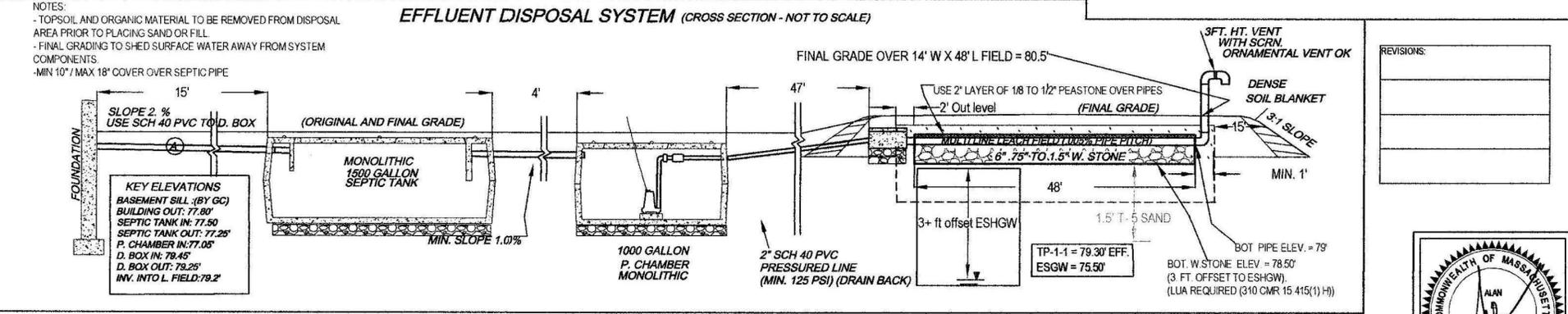
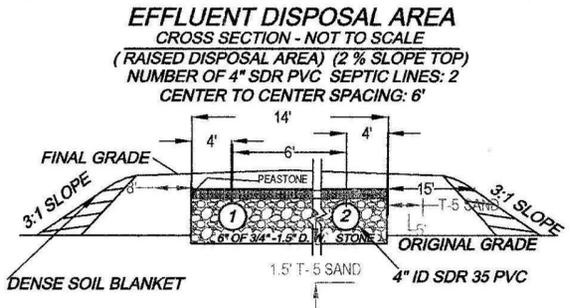
BASE MAP FROM: R. CADILLAC, PLS JUNE 2011
 - LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!
 - NO OTHER PROPERTY LINES OTHER THAN AT STREET WITHIN 20 FT OF SEPTIC SYSTEM.
PLOT PLAN MAP 6b LOT 46 SCALE: 1"=30'
1.07 AC.



- DESIGN NOTES AND CALCULATIONS:**
- 4 (BEDROOM HOME) = 440 GPD MIN. REQUIRED.
 - USE LEACHING FIELD 14' WIDE X 48' LONG WITH 6" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT.
 - BOTTOM AREA: L. FIELD (14' W X 48' L) = 672 SF.
 - TOTAL AREA: 672 SF X .70 GAL/SF = 470 GPD PROVIDED.
 - GARBAGE DISPOSAL NOT PERMITTED.
 - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
 - NO OTHER WETLANDS WITHIN 100 FEET OF SAS.
 - USE S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK.
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET).
 - NOTE:
 - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
 - USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
 - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2" CONC. WALLS.
 NOTE:
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
 7B ANY / ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
 - USE (.75"-1.12") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
 - USE PROPER SCH. 40 PVC TEES AS SHOWN.
 - PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
 - SLOPE CALC'S (SEE CONTOURS). SUBGRADE INSP. REQ'D.
 - USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
 - USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO 24" MIN. AS NEEDED (INSPECTION REQUIRED).
 - CLEAR PAST BASE OF B (MIN. 24") & SCARIFY UNDER BED PRIOR TO TITLE V SAND/STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
 - SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 42"
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 - CLASS 1, L. SAND SOIL RATING
 - NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
 - ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
 - BM=100.00 @ (DRIVEWAY CORNER, as noted), CONFIRM PROPER PIPE SLOPES
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
 - GRADE MULCH AND SEED OVER SAS AS NOTED.
 - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
 - USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.



- PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER (PRESSURE BEDS):**
- HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
 - HAVE TANK, PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED ANNUALLY.
 - MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
 - MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
 - DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
 - USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
 - CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
 - KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.



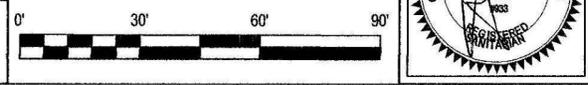
TEST PIT LOG:

TP-1 EFF. ELEV: 79.3' EFF.				SOIL EVALUATOR: A. WEISS, RS				DATE OF EVALUATION: 06.22.2011							
TP-2 EFF. ELEV: 99.30' Eff. Elev.															
DEPTH:	HORIZ:	TEXTURE:	MOISTURE:	MATERIAL:	DEPTH:	HORIZ:	TEXTURE:	MOISTURE:	MATERIAL:	DEPTH:	HORIZ:	TEXTURE:	MOISTURE:	MATERIAL:	
0-8"	Ap	LS	10 YR 3.2	FRIABLE	0-11"	Ap	LS	10 YR 3.2	FRIABLE						
8-19"	Bw	LS	2.5 Y 5.6	F. Sandy	11-20"	Bw	LS	2.5 Y 5.6	F. Sandy, Granular						
19-110"	C1	FS	2.5 Y 6.3	F. SANDY, ABLATION TILL	20-108"	C1	FS	2.5 Y 6.3	F. SAND, WELL SORTED						
				GRANULAR, 10% stones					GRANULAR, 10% stones						
OXIDES: 46%				2.5 Y 5.2				OXIDES: 46%				2.5 Y 5.2			
EHW: 46%								EHW: 46%							
STANDING H2O: 100"								STANDING H2O: -							
WEEPING: 100"								WEEPING: -							
BEDROCK: 110"+								BEDROCK: 108"+							

SEPTIC SYSTEM PLAN FOR SUSAN AND CHARLES SCHILLER
 20 OVERLOOK DRIVE
 AMHERST, MA
Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007
 PJO.NC: (413) 323-5977
 S.A.C: (413) 323-4976
 DATE: 06.28.2011
 SCALE: 1"=30'
 DRAWN BY: AEW
 CHECKED BY: AEW
 REVISED:
 DRAWING NUMBER: 111-3615-0622

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.

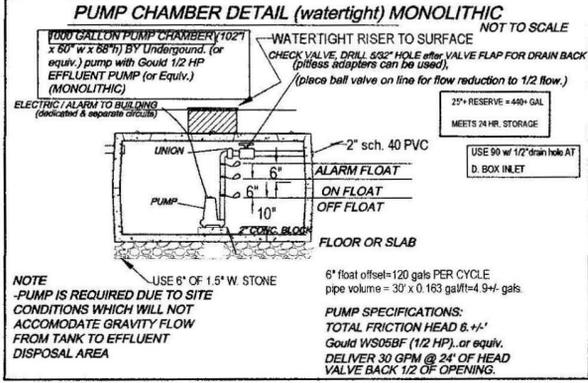
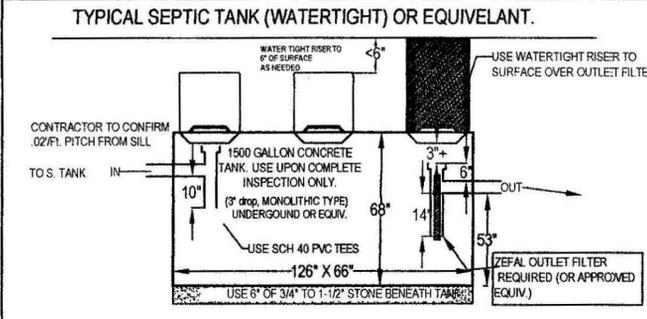
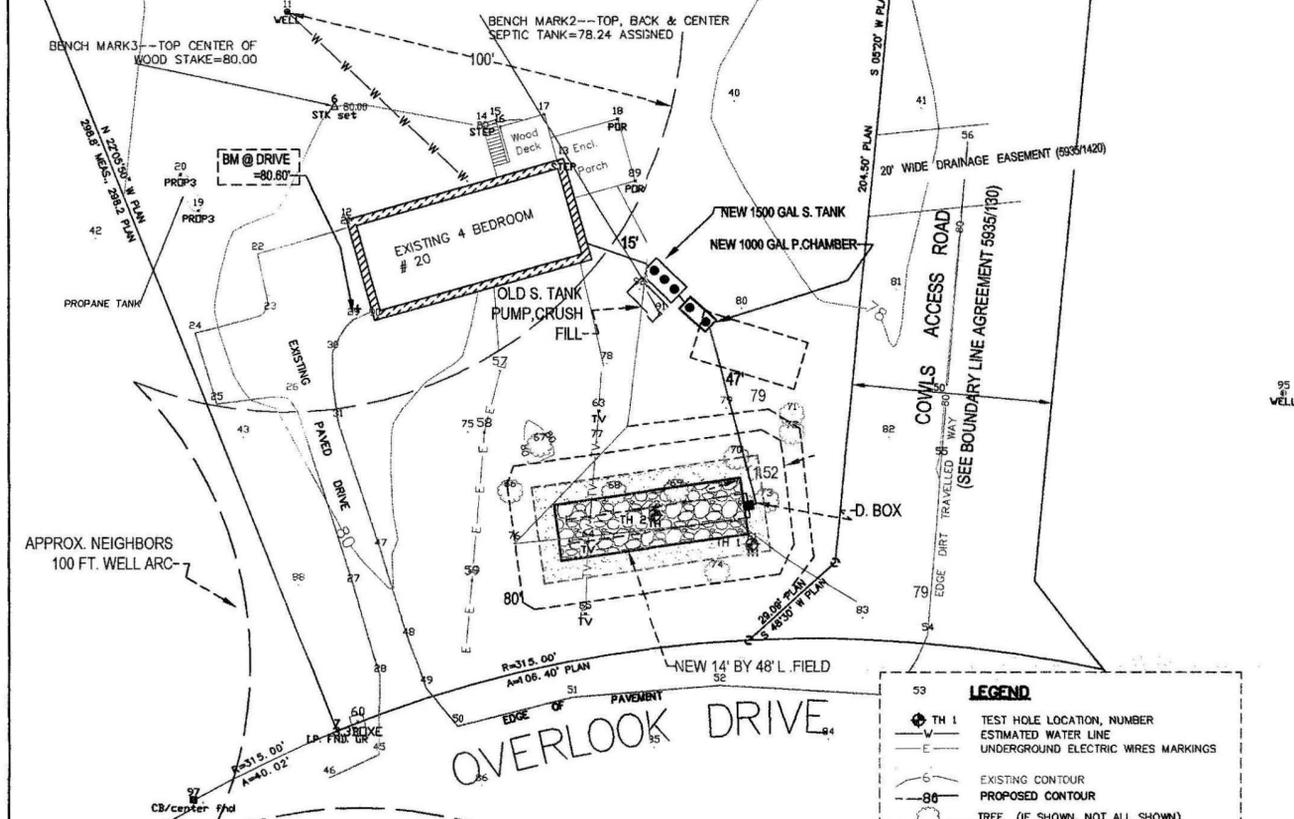
NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (3, 4, OR 5 FEET), IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.

BASE MAP FROM: R. CADILLAC, PLS JUNE 2011
 - LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!
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PLOT PLAN MAP 6b LOT 46 SCALE: 1"=30'
 1.07 AC.



DESIGN NOTES AND CALCULATIONS:

1.) 4 (BEDROOM HOME) = 440 GPD MIN. REQUIRED.

- USE LEACHING FIELD 14' WIDE X 48' LONG WITH 6" OF 3/4" TO 1-1/2" DBL WASHED STONE BELOW INVERT.

- BOTTOM AREA: L. FIELD (14' W X 48' L) = 672 SF.

- TOTAL AREA: 672 SF X .70 GAL/SF = 470 GPD PROVIDED.

3. GARBAGE DISPOSAL NOT PERMITTED.

4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.

5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS.

6. USE S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK

- INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET).

NOTE:
 - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.

7. USE LARGE STYLE (6 OUTLET) D. BOX ONLY.

7A. ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2' BOXES MUST HAVE 2"+ CONC. WALLS

NOTE:
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.

7B. ANY / ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.

8. - USE (.75"-1.12") STONE UNDER TANK & D. BOX FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.

9. USE PROPER SCH. 40 PVC TEES AS SHOWN.

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16. NO TREES WITHIN 10 FT. OF NEW LEACH AREA.

17. ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL

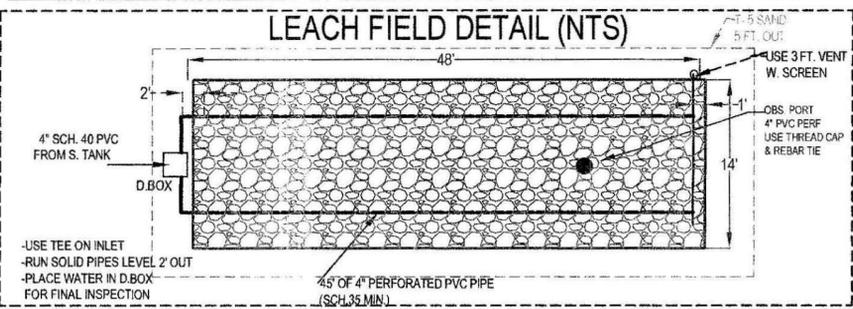
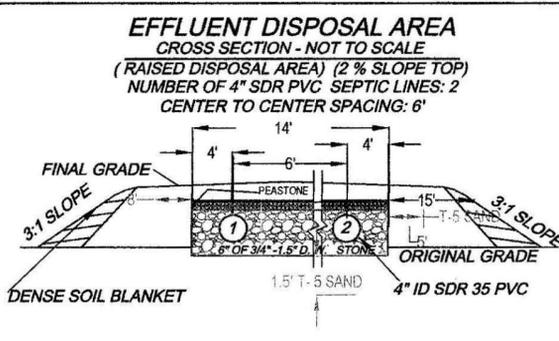
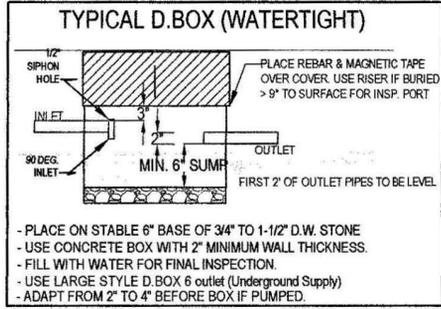
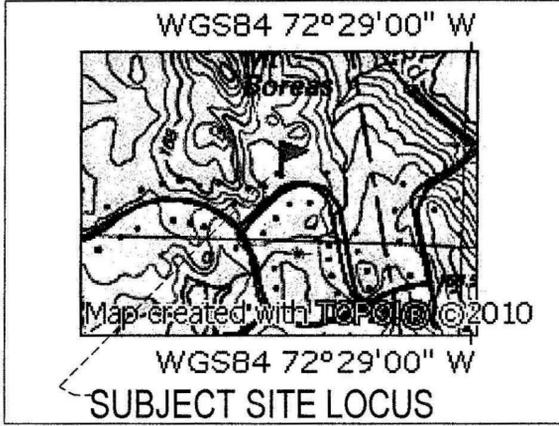
18. BM=100.00 @ (DRIVEWAY CORNER, as noted), CONFIRM PROPER PIPE SLOPES

- USE INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK

19. GRADE MULCH AND SEED OVER SAS AS NOTED.

20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

21. USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.



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TEST PIT LOG:

SOIL EVALUATOR: A. WEISS, RS.				DATE OF EVALUATION: 06.22.2011			
TP-1 EFF. ELEV: 79.3' EFF.				TP-2 EFF. ELEV: 99.30' Eff. Elev.			
DEPTH	HORIZ.	TEXTURE	MOISTURE (MONSIELL)	DEPTH	HORIZ.	TEXTURE	MOISTURE (MONSIELL)
0-8"	Ap	LS	110 YR 3.2	0-11"	Ap	LS	10 YR 3.2
8-19"	Bw	LS	2.5 Y 5.6	11-20"	Bw	LS	2.5 Y 5.6
19-110"	C1	FS	2.5 Y 6.3	20-108"	C1	FS	2.5 Y 6.3
							GRANULAR, 10% stones

OXIDES: 46" 2.5 Y 5.2

EHWT: 46"

STANDING H2O: 100"

WEEPING: 100"

BEDROCK: 110"+

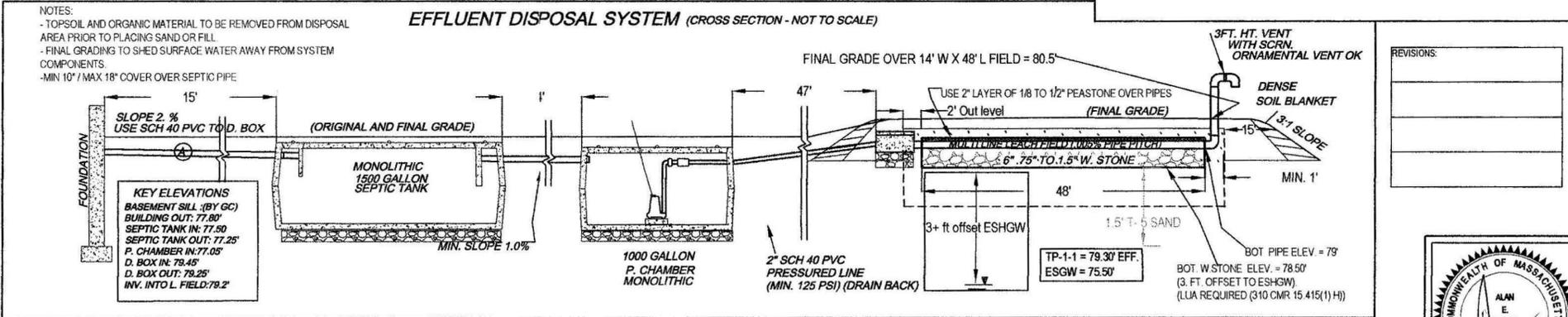
OXIDES: 46" 2.5 Y 5.2

EHWT: 46"

STANDING H2O: -

WEEPING: -

BEDROCK: 108"+



SEPTIC SYSTEM PLAN FOR SUSAN AND CHARLES SCHILLER

20 OVERLOOK DRIVE
 AMHERST, MA

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

P.F.D. NO.: (413) 323-5957
 S.F.A.C.: (413) 323-4916

e-Mail: AEW@CS@charter.net

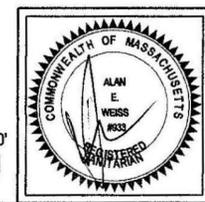
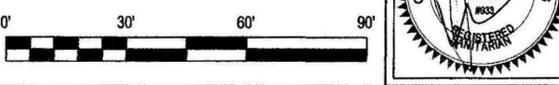
DATE: 06.28.2011
 SCALE: 1"=30'

DRAWN BY: AEW
 CHECKED BY: AEW

REVISED:
 DRAWING NUMBER: 111-3615-0622

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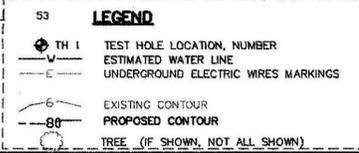
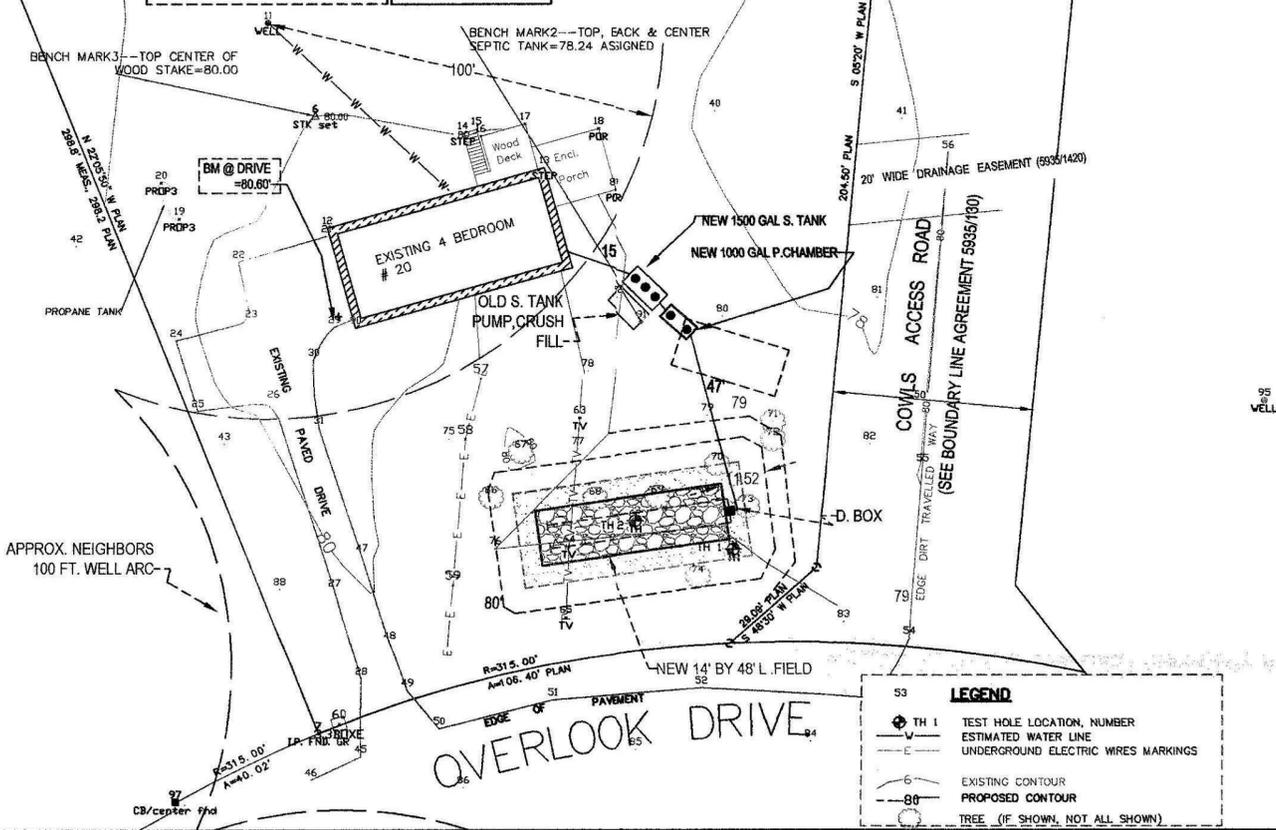
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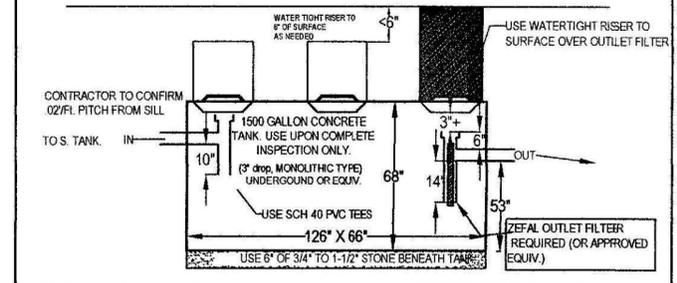
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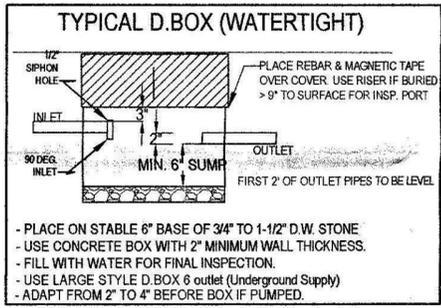
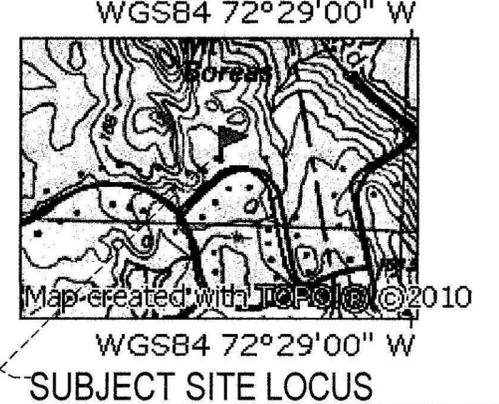
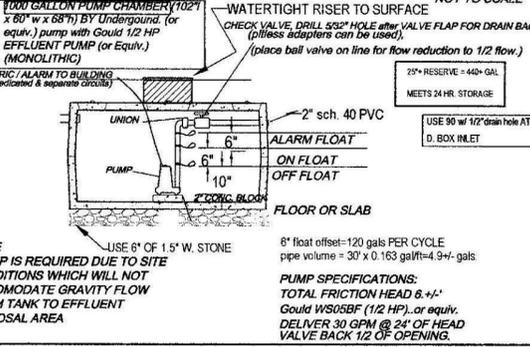
PLAT PLAN
MAP 6b LOT 46
SCALE: 1"=30'
1.07 AC.



TYPICAL SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.



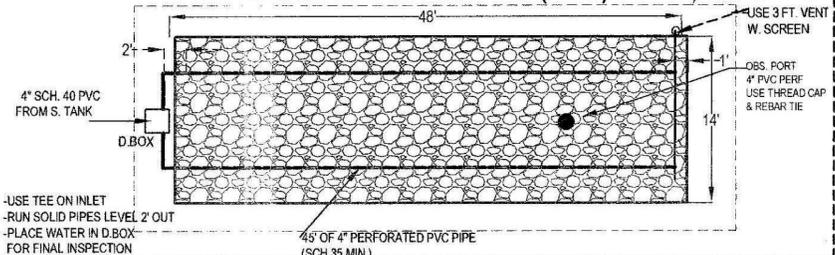
PUMP CHAMBER DETAIL (watertight) MONOLITHIC NOT TO SCALE



DESIGN NOTES AND CALCULATIONS:

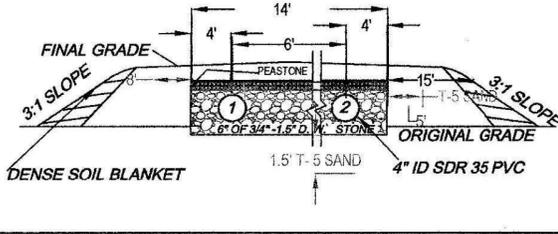
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LEACH FIELD DETAIL (NTS)

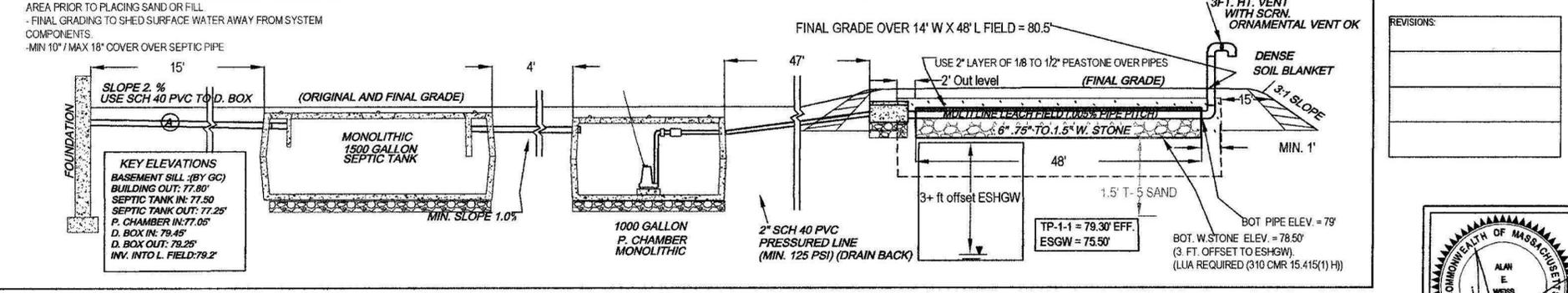


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3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
7. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
8. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

EFFLUENT DISPOSAL AREA CROSS SECTION - NOT TO SCALE (RAISED DISPOSAL AREA) (2% SLOPE TOP) NUMBER OF 4" SDR PVC SEPTIC LINES: 2 CENTER TO CENTER SPACING: 6'



EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



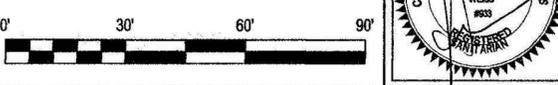
TEST PIT LOG:		SOIL EVALUATOR:	DATE OF EVALUATION:
TP-1 EFF. ELEV: 79.30' EFF.		A. WEISS, RS	06.22.2011
DEPTH:	HORIZ. TEXTURE (MUNSELL)	MATERIAL:	
0-8"	Ap LS	10 YR 3.2	FRIABLE
8-19"	Bw LS	2.5 Y 5.6	F. Sandy
19-110"	C1 FS	2.5 Y 6.3	F. SAND, WELL SORTED
		GRANULAR, 10% stones	GRANULAR, 10% stones
OXIDES:	46"	2.5 Y 5.2	OXIDES:
EHWT:	46"		EHWT:
STANDING H2O:	100"		STANDING H2O:
WEEPING:	100"		WEEPING:
BEDROCK:	110"+		BEDROCK:

SEPTIC SYSTEM PLAN FOR SUSAN AND CHARLES SCHILLER

20 OVERLOOK DRIVE
AMHERST, MA
Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA 01007
PH. NO.: (413) 323-5957
FAX: (413) 323-4916
e-Mail: AEWISS@charter.net

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/BOH 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.



DATE: 06.28.2011
SCALE: 1"=30'
DRAWN BY: AEW
CHECKED BY: AEW
REVISED:
DRAWING NUMBER: 111-3615-0622

No. 12-04



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>20 Overlook Dr., Amherst.</u>	Owner's Name <u>Charlie + Susan Schiller</u>
Map/Parcel# <u>6 B / 46.</u>	Address <u>20 Overlook Dr.</u>
Lot# <u>#46</u>	Telephone# <u>413-256-0642</u>
Installer's Name <u>Karl's Excavation</u>	Designer's Name <u>Alan Weiss, RS</u>
Address <u>HADLEY, MA</u>	Address <u>Baldertown, MA.</u>
Telephone# <u>549-5396</u>	Telephone# <u>323-5957</u>

Type of Building Residence Lot Size 107 Ac. sq. ft.
 Dwelling - No. of Bedrooms 4 Bedroom. Garbage grinder
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____

Design Flow (min. required) 110 x 4 gpd Calculated design flow 440 Design flow provided 470 gpd
 Plan: Date 6/25/11 Number of sheets 1 Revision Date _____

Title SOHL System Design
 Description of Soil(s) CLASS I: LSAND

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 6/22/2011
E. Smith.

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New System as per plan.

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 Susan Schiller Date 4-11-12

Inspections _____

No. 12-04

FEE 450.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

by: _____ at 20 OVERLOOK

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 12-04, dated 6/28/2011. Approved Design Flow 470 (gpd)

Installer ROBERT ADAM Designer: _____ Inspector Edmund R. Sauter Date: 4/3/2012

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

No. 12-04

FEE 450.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

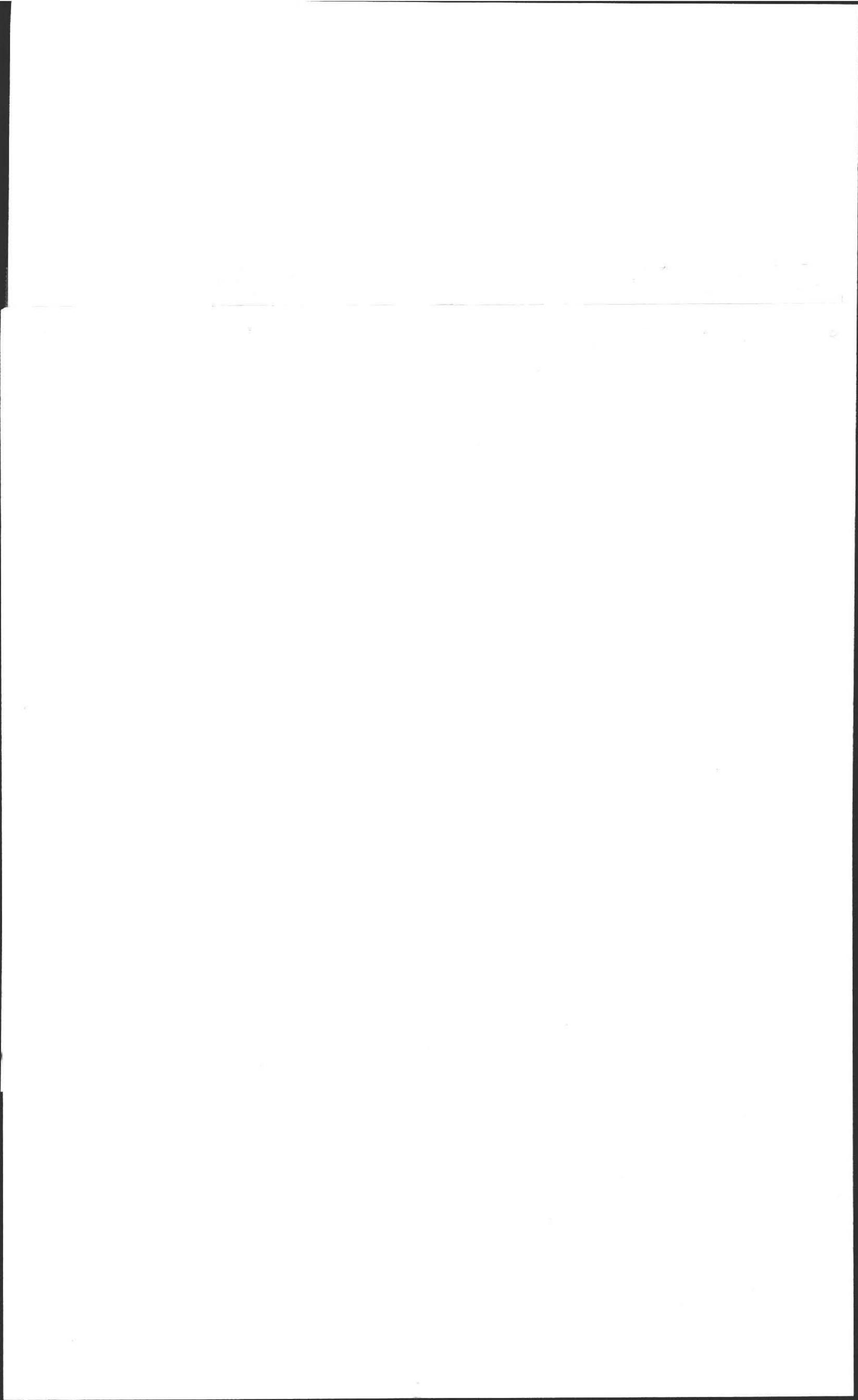
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (X) Upgrade () Abandon () an individual sewage disposal system at 20 OVERLOOK DRIVE as described in the application for

Disposal System Construction Permit No. 12-04, dated 8.05.11.

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

Date 8.5.11 Board of Health Edmund R. Sauter



No. 12-04



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>20 Overlook Dr., Amherst.</u>	Owner's Name <u>Charlie + Susan Schiller</u>
Map/Parcel# <u>6B/46</u>	Address <u>20 Overlook Dr.</u>
Lot# <u>#46</u>	Telephone# <u>413-256-0642</u>
Installer's Name <u>Karl's Excavation ADAR</u>	Designer's Name <u>Alan Weiss, RS</u>
Address <u>HADLEY, MA</u>	Address <u>Belcherham, MA.</u>
Telephone# <u>549-5396</u>	Telephone# <u>323-5957</u>

Type of Building Residence Lot Size 107 Ac. +/- sq. ft.
 Dwelling - No. of Bedrooms 4 Bedroom. Garbage grinder
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____

Design Flow (min. required) 110 x 4 gpd Calculated design flow 440 Design flow provided 470 gpd

Plan: Date 6/28/11 Number of sheets 1 Revision Date _____

Title Septic System Design

Description of Soil(s) Class 1: LSAND

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss E. Smith Date of Evaluation 6/22/2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New System as per plan.

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 _____ Date _____

Inspections _____

No. 12-04

FEE 450.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

by: _____

at 20 OVERLOOK

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 12-04, dated 6/28/2011. Approved Design Flow 470 (gpd)

Installer ROBERT ADAR

Designer: _____ Inspector: Edmund R. Smith Date: 4/3/2012

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

No. 12-04

FEE 450.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

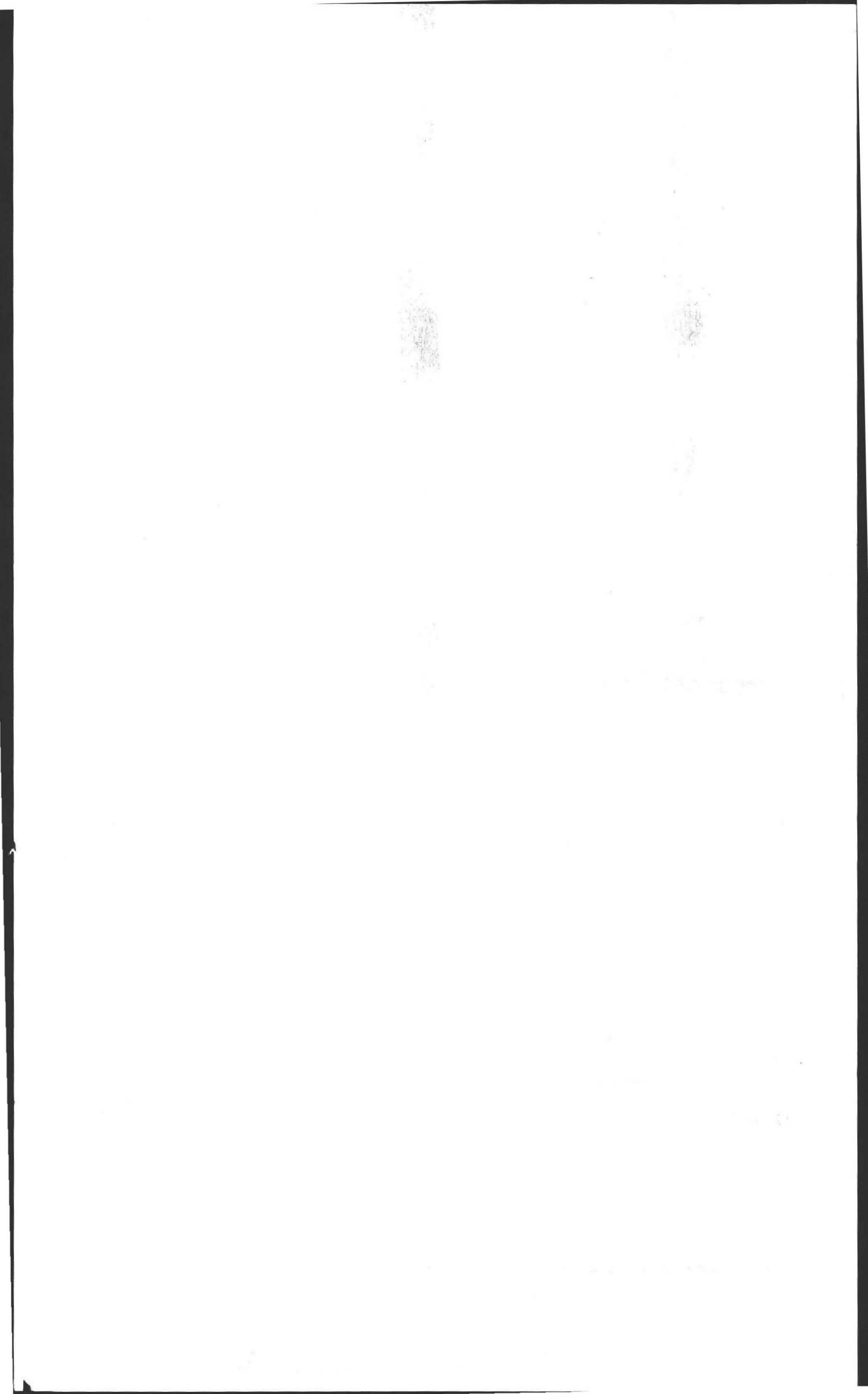
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (X) Upgrade () Abandon () an individual sewage disposal system at 20 OVERLOOK DRIVE as described in the application for

Disposal System Construction Permit No. 12-04, dated 8.05.11.

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

Date 8.5.11 Board of Health Edmund R. Smith



PERMITS/INSP PAYMENT RECPT#: 12022916
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 09/13/11 TIME: 14:46
CLERK: smithe DEPT:

PAID BY: SCHILLER, CHARLES G &
PAYMENT METH: CHECK 1115

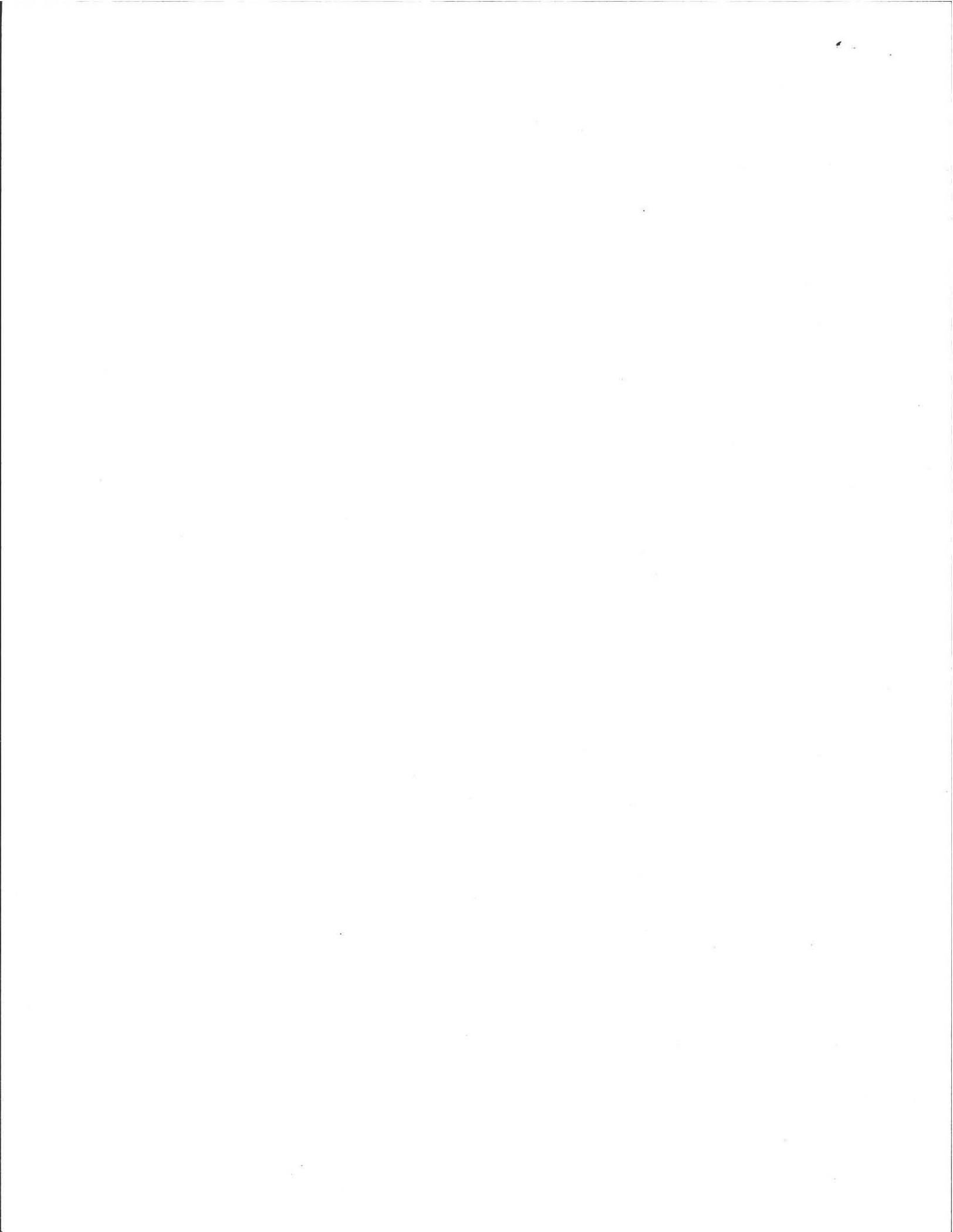
REFERENCE: 10703

AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS: 20 OVERLOOK DR

FEES:
HEA011 300.00

TOTAL PAID: 300.00



PERMITS/INSP PAYMENT RECPT#: 12022917
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 09/13/11 TIME: 14:51
CLERK: smithe DEPT:

PAID BY: SCHILLER, CHARLES G &
PAYMENT METH: CHECK 1115

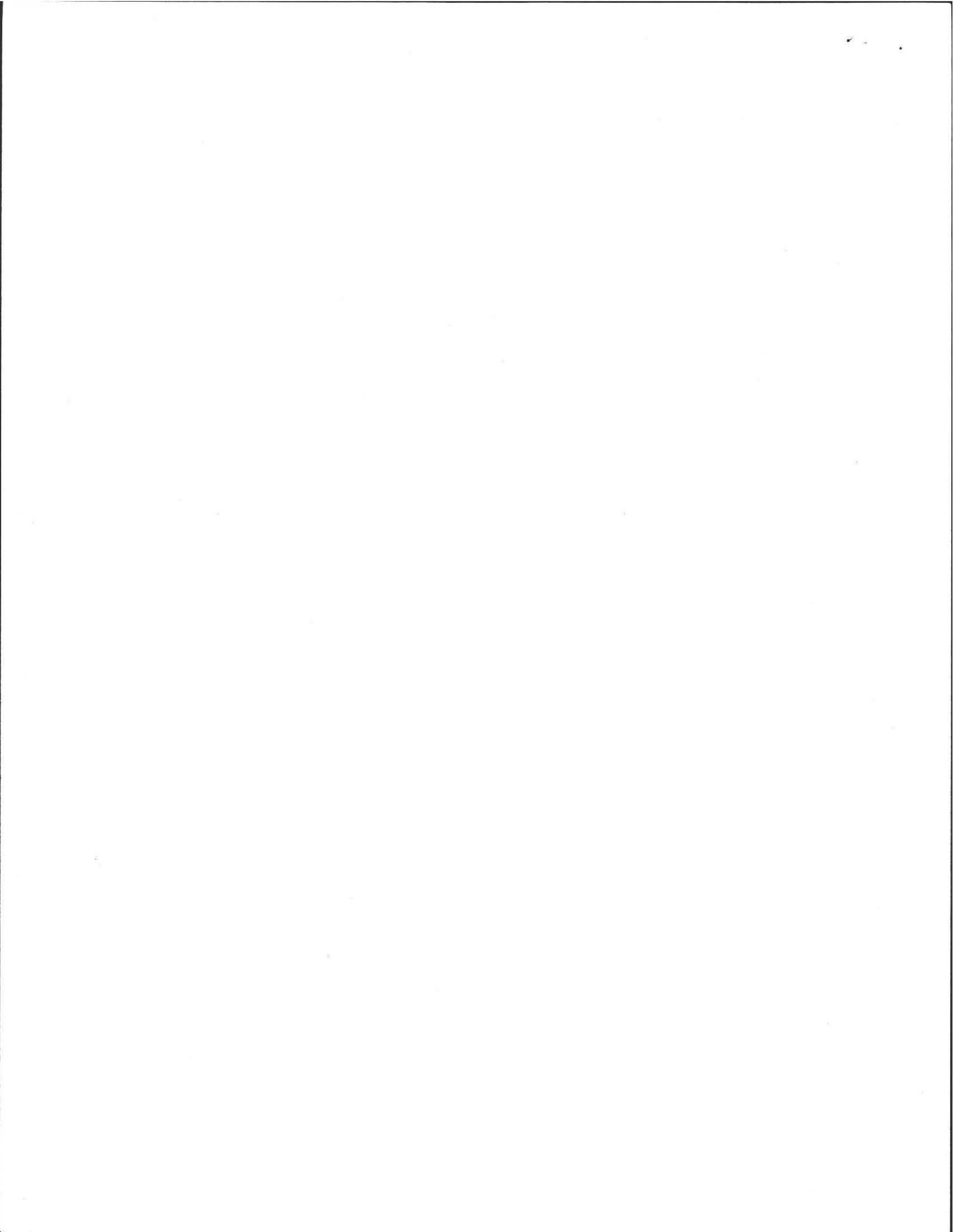
REFERENCE: 10704

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: 20 OVERLOOK DR

FEES:
HEA017 150.00

TOTAL PAID: 150.00



9-1-11

TO: Edmund Smith + Javeria Mir

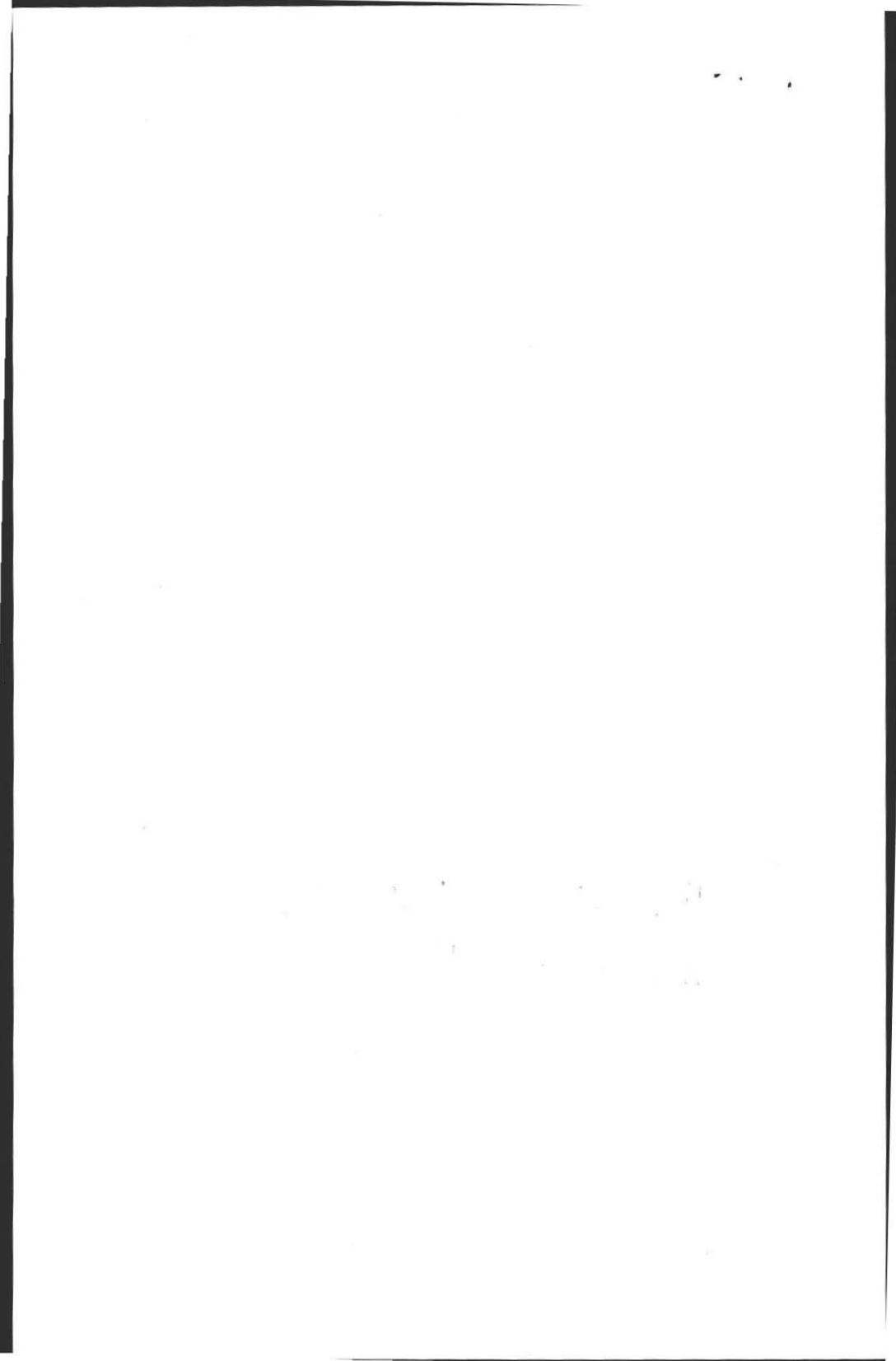
Enclosed please find payment
in full for perc/soil test +
plan review.

Thank you.

Susan Scheller

#10703 - Perc Test

#10704 - Plan Review



Plan: 20 OVERLOOK DRIVE

Designed by: ALAN WEISS

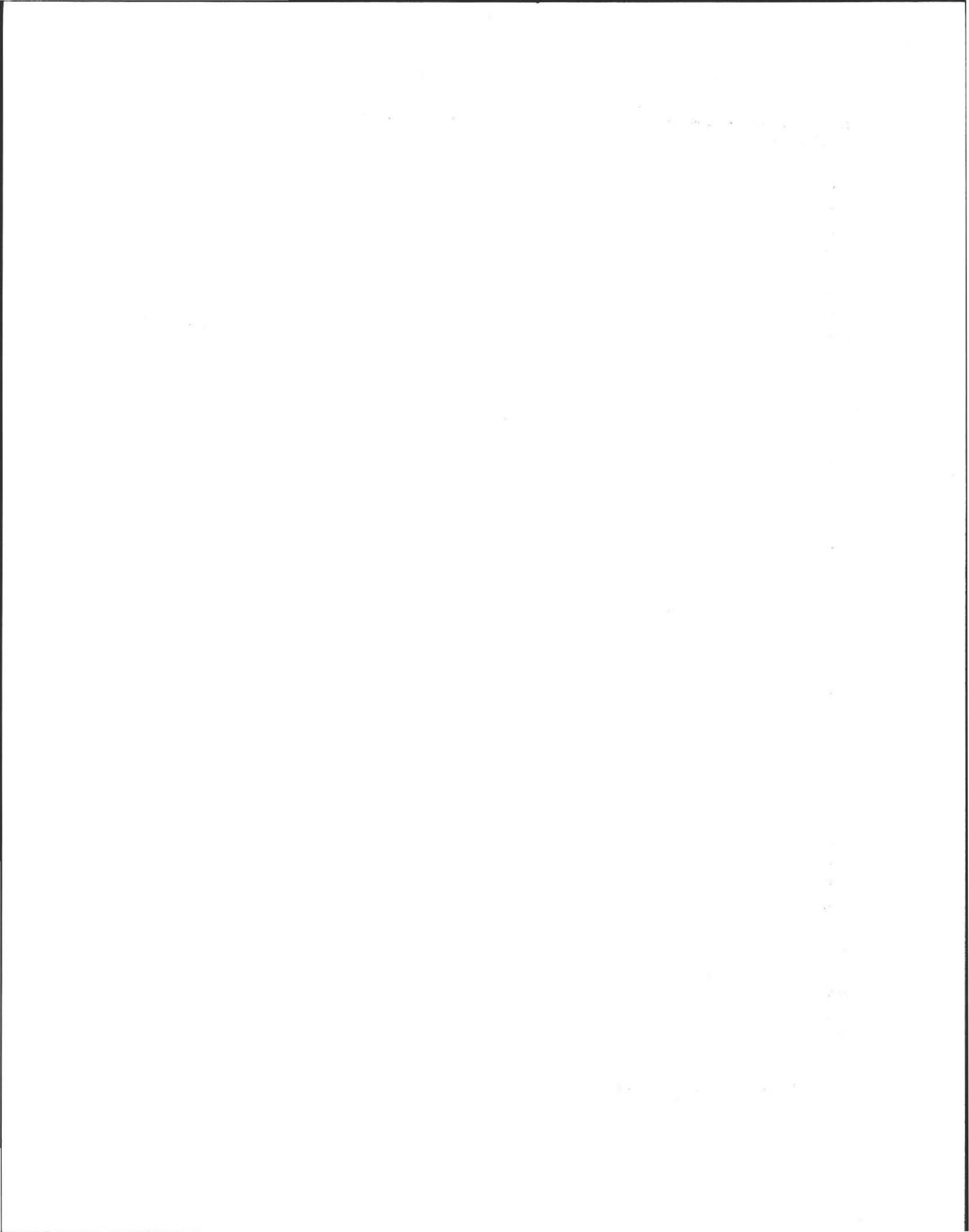
8/5/2011

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp 15.220 (3)
- Legal boundaries noted
- Basements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- NA Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4) REPAIR
- 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) FEARINGS GIVEN
- 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.
- NK If dosing is proposed, design and specs of dosing system
- NA When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- NA 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
- NA Local upgrade requests on the plan
- NA Local upgrade forms attached to application
- NA Note on plan listing all variances sought in conjunction with the plan

NOTES:

Plan Approved



No. 12-04



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>20 Overlook DR., Amherst.</u>	Owner's Name <u>Charlie + Susa Schiller</u>
Map/Parcel# <u>6 B / 46.</u>	Address <u>20 Overlook DR.</u>
Lot# <u>#46</u>	Telephone# <u>413-256-0642</u>
Installer's Name <u>Karl's Excavation</u>	Designer's Name <u>Alan Weiss RS</u>
Address <u>HADLEY, MA</u>	Address <u>Belchertown, MA.</u>
Telephone# <u>549-5396</u>	Telephone# <u>323-5957</u>

Type of Building Residence Lot Size 1.07 Ac. [±] 1/2 sq. ft.
 Dwelling - No. of Bedrooms 4 Bedrooms. Garbage grinder (No)
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 x 4 gpd Calculated design flow 440 Design flow provided 470 gpd
 Plan: Date 6/25/11 Number of sheets 1 Revision Date _____
 Title Septic System Design
 Description of Soil(s) Class 1: LSand
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 6/22/2011
E. Smith.

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New System as per plan.

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 _____ Date _____

Inspections _____

No. 12-04

FEE 450.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

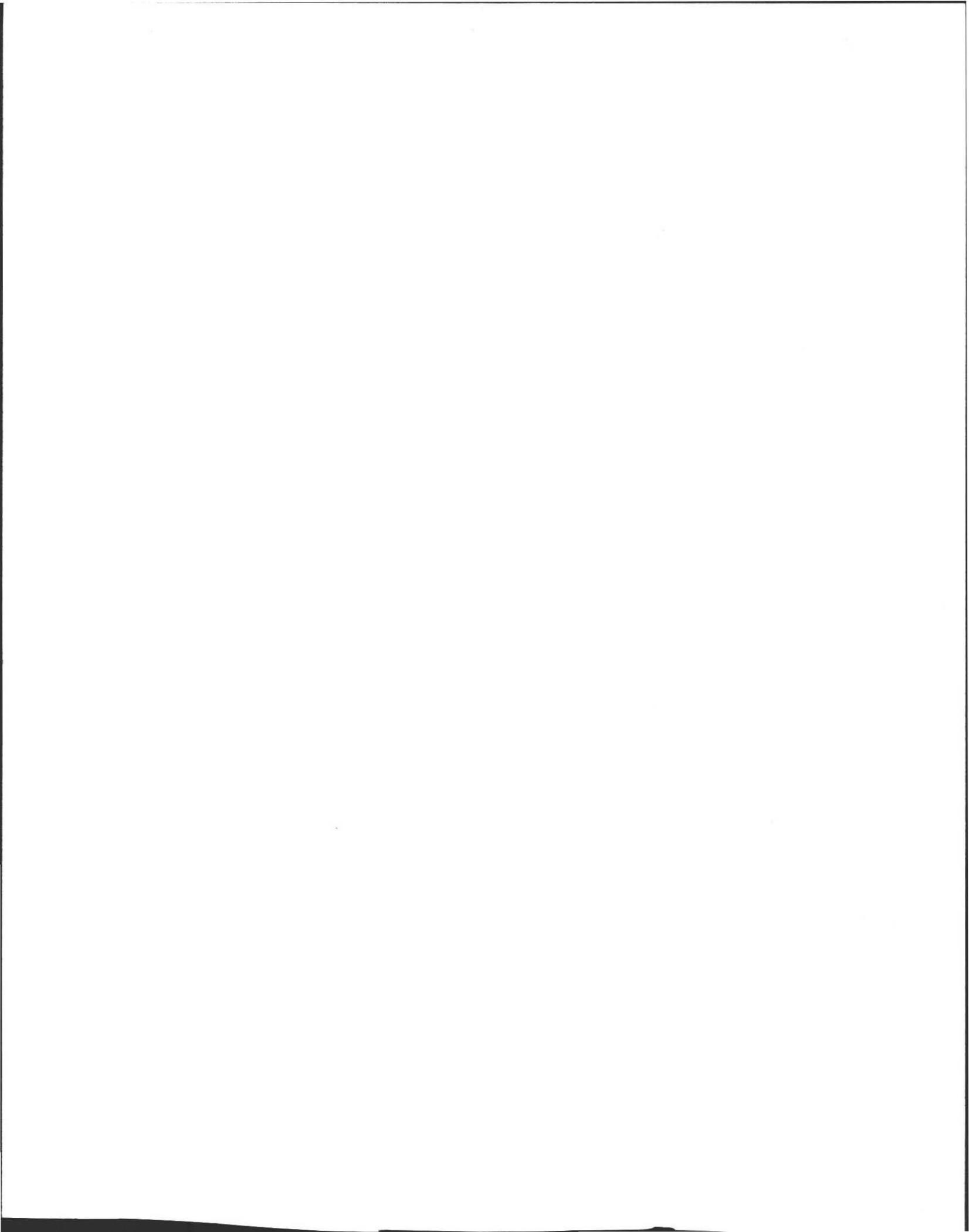
by: _____
at _____

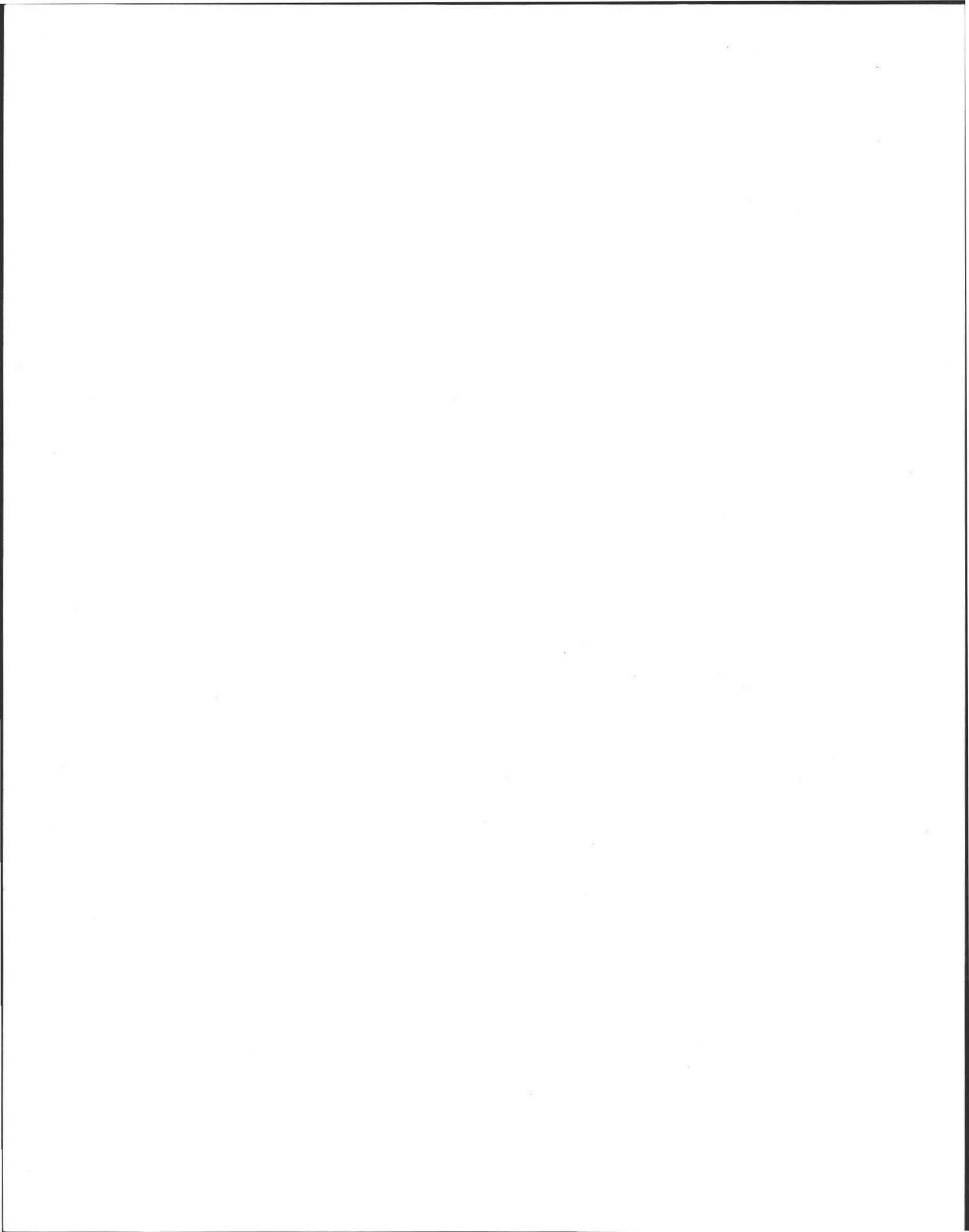
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____, Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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





IMPORTANT MESSAGE

For _____

Day 7/20 Time 12:18 P.M. A.M.

M Ron Cadillac

Of Yarmouth Cape Cod

Phone 508 775 9710
FAX Area Code Number Extension
MOBILE Area Code Number Extension

Telephoned		Returned your call		RUSH	
Came to see you		Please call		Special attention	
Wants to see you		Will call again		Caller on hold	

Message _____

questions about size of
parts of system
- working on alternative plan
- general questions about
working in Anckerst.

Signed _____

lot #16

- does Amherst have requirement for \$1500? I don't
- 3' to groundwater?
6 min / 1" he wants to use
12 - C4 units
- special approval letter needed
- B layer is available for use
- watertightness critical? in tank? in pump chambers

#463 第 一

IMPORTANT MESSAGE

For _____

Day 7/20 Time 11:00 A.M.
P.M.

M RON CADILLAR

Of _____

Phone 1 (508) 775 9700
FAX Area Code Number Extension
MOBILE Area Code Number Extension

Telephoned	Returned your call	RUSH	
Came to see you	Please call	Special attention	
Wants to see you	Will call again	Caller on hold	

Message 20 OVERLOOK DRIVE

Sculler plan
old septic tank + why it's
not being used.

Signed _____



Commonwealth of Massachusetts

City/Town of

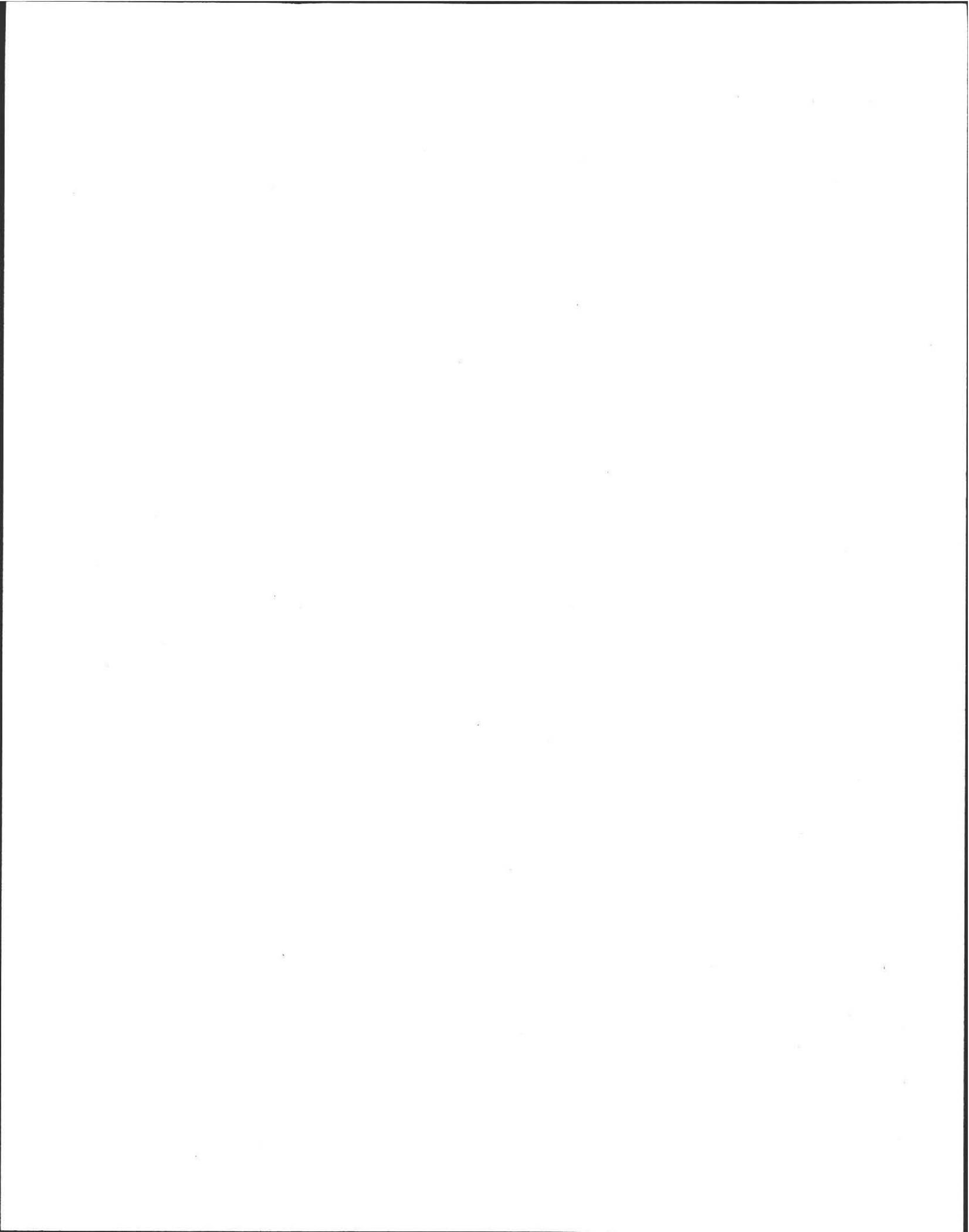
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

A. Facility Information

Owner Name CHARLES G. + SUSAN J. SCHILLER
Street Address 20 OVERLOOK DRIVE
City AMHERST State MA Zip Code 01002

B. Site Information

- 1. (Check one) [] New Construction [] Upgrade [x] Repair
2. Published Soil Survey Available? [x] Yes [] No If yes: Year Published Publication Scale Soil Map Unit
441C-GLOUCESTER FINE SANDY LOAM 3-8% Slopes VELY STONY
441B Soil Name " " " 8-15% Soil Limitations
3. Surficial Geological Report Available? [] Yes [] No If yes: Year Published Publication Scale Map Unit
TILL OR BEDROCK Geologic Material Landform
4. Flood Rate Insurance Map
Above the 500-year flood boundary? [] Yes [] No Within the 100-year flood boundary? [] Yes [] No
Within the 500-year flood boundary? [] Yes [] No Within a velocity zone? [] Yes [] No
5. Wetland Area: National Wetland Inventory Map Map Unit Name
Wetlands Conservancy Program Map Map Unit Name
6. Current Water Resource Conditions (USGS): Month/Year Range: [] Above Normal [] Normal [] Below Normal
7. Other references reviewed:





Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (minimum of two holes required at every proposed primary and reserved disposal area)

Deep Observation Hole Number: #1 Date: 6/23/2011 Time: 9:30 Weather: light rain

1. Location

Ground Elevation at Surface of Hole: Location (identify on plan):

2. Land Use

WOODLAND (e.g., woodland, agricultural field, vacant lot, etc.) Surface Stones Slope (%) MIXED HARD + SOFT WOODS Vegetation Landform Summit Position on Landscape (attach sheet)

3. Distances from:

Open Water Body >100' feet Drainage Way feet Possible Wet Area feet Property Line 20' feet Drinking Water Well >100' feet Other feet

4. Parent Material:

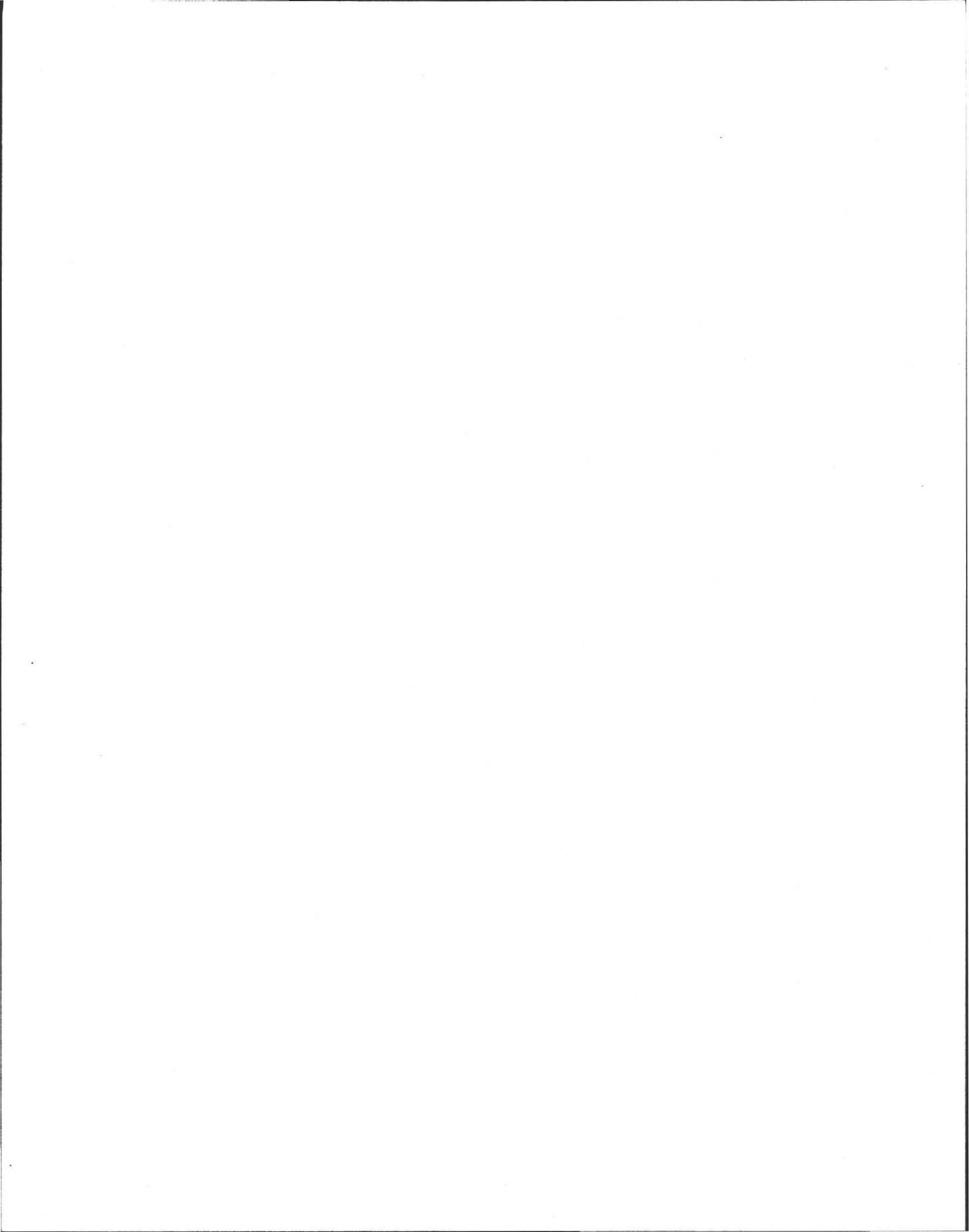
Till Unsuitable Materials Present: Yes No

If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock

5. Groundwater Observed: Yes No

If yes: 80" Depth Weeping from Pit Depth Standing Water in Hole

Estimated Depth to High Groundwater: 46" inches elevation





Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: # 1

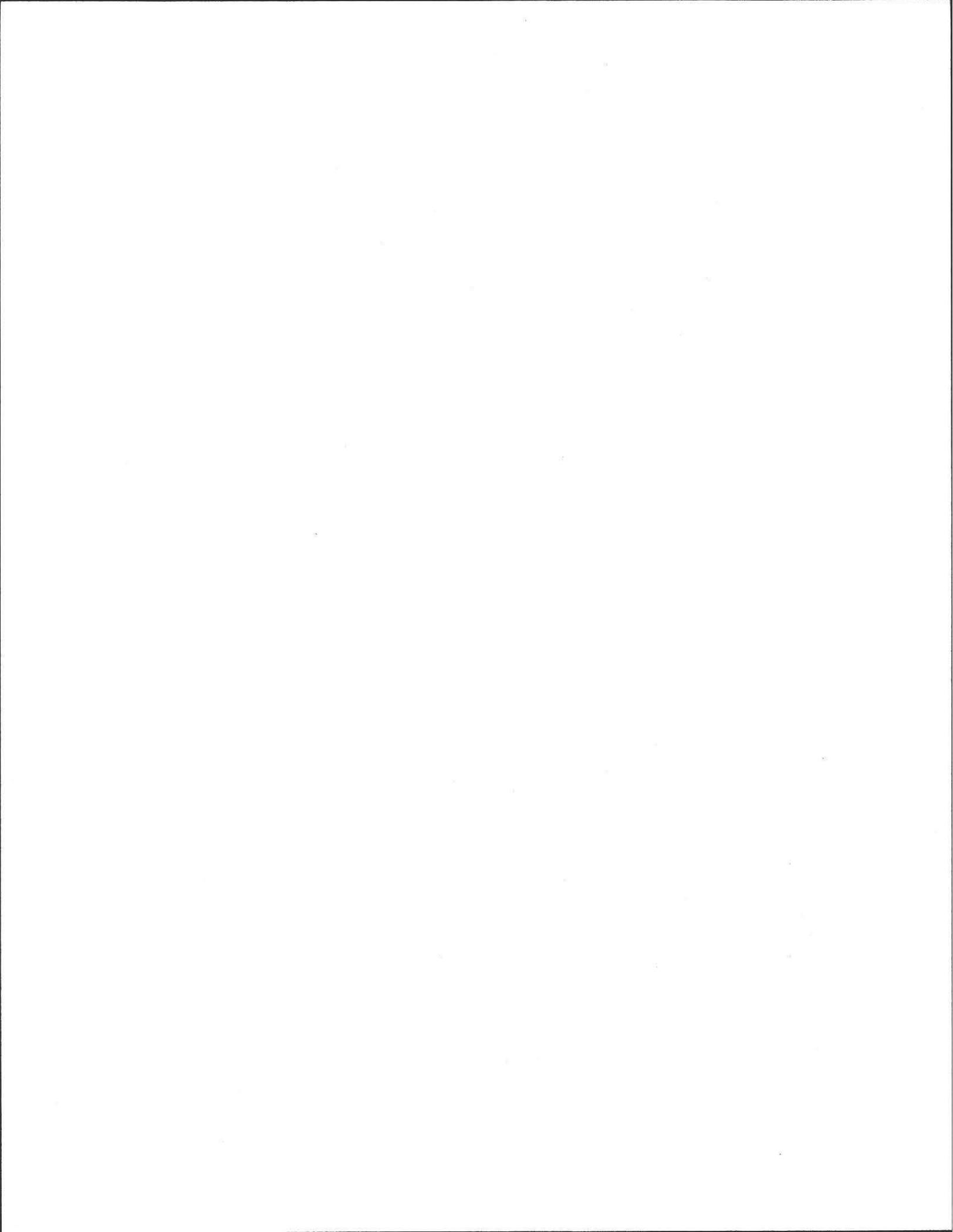
ABLATION
TILL

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-8	A					FSL				RIABLE	
8-19	Bw	2.5Y6/3				FLS					
19-110	C ₁	2.5Y6/3	46"			LS		10-15%			

Additional Notes:

PERC DEPTH 42"

WEEPING AT 80"





Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: #2 Date 6/23/2011 Time 9:30 Weather light rain

1. Location

Ground Elevation at Surface of Hole: Location (identify on plan):

2. Land Use (e.g., woodland, agricultural field, vacant lot, etc.) Surface Stones Slope (%)

Vegetation Landform Position on Landscape (attach sheet)

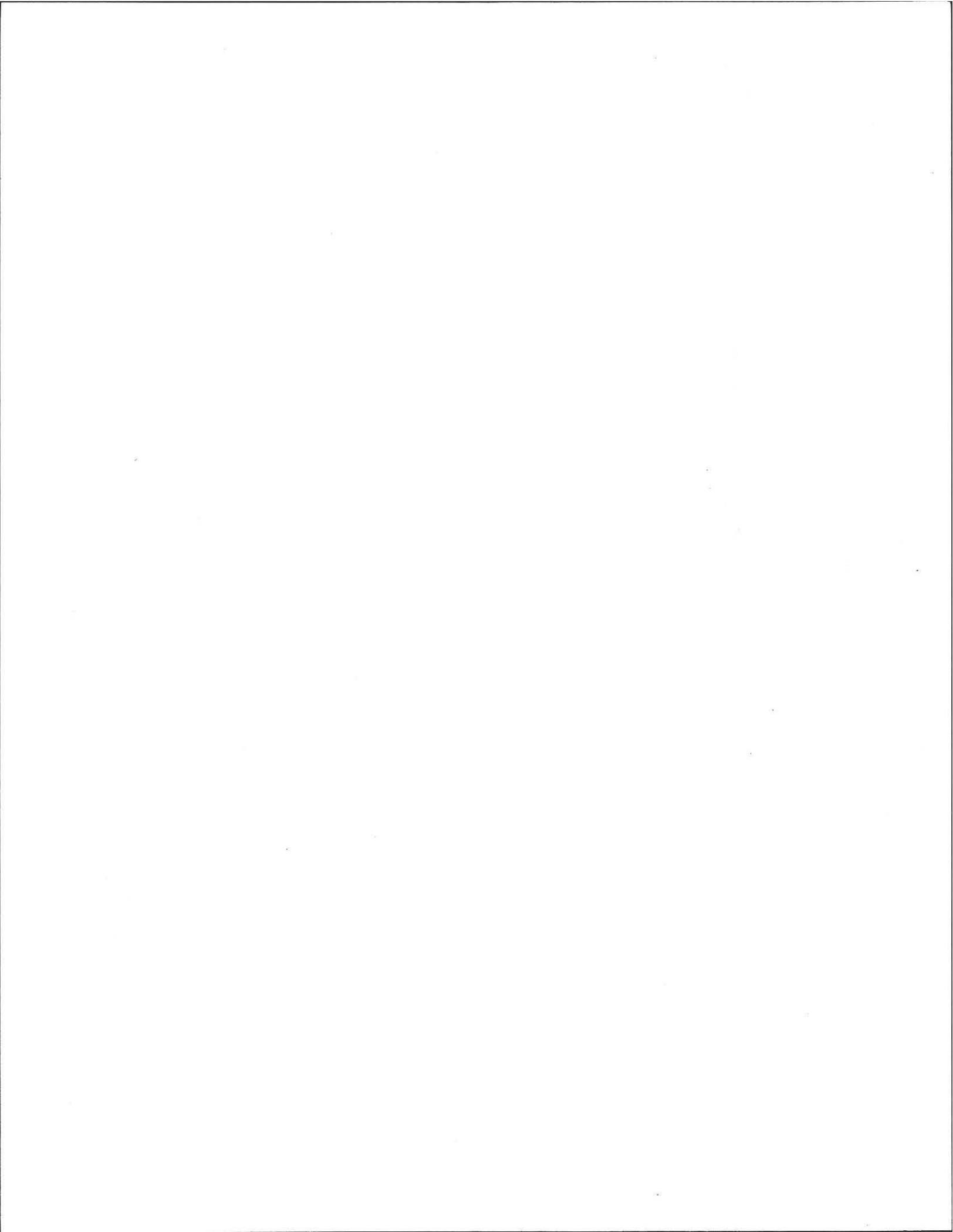
3. Distances from: Open Water Body feet Drainage Way feet Possible Wet Area feet Property Line feet Drinking Water Well feet Other feet

4. Parent Material: Unsuitable Materials Present: Yes No

If Yes: Disturbed Soil Fill Material Impervious Layer(s) Weathered/Fractured Rock Bedrock

5. Groundwater Observed: Yes No If yes: Depth Weeping from Pit Depth Standing Water in Hole

Estimated Depth to High Groundwater: inches elevation





Commonwealth of Massachusetts

City/Town of

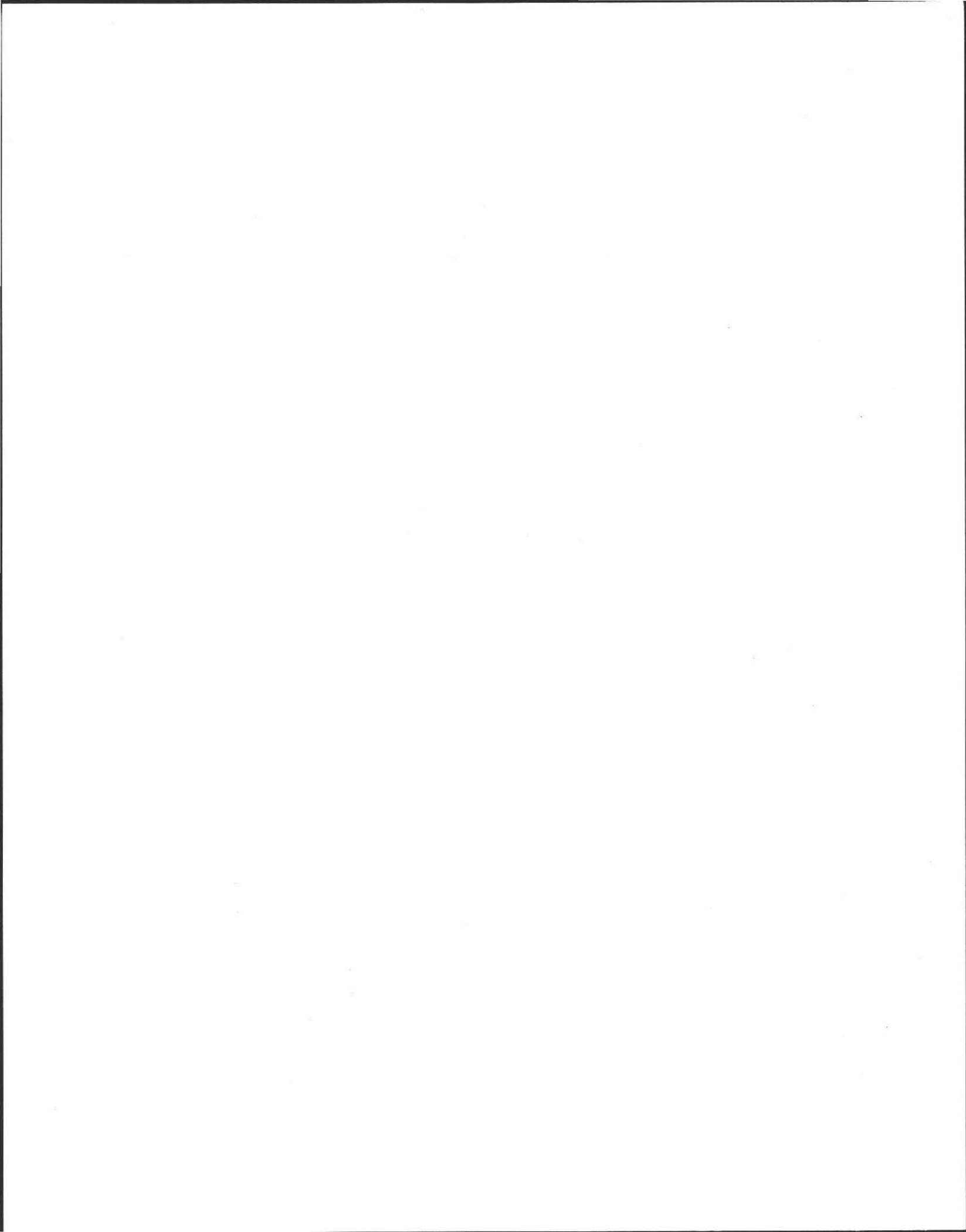
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: _____

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			

Additional Notes:





Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method Used:

- Depth observed standing water in observation hole A. _____ inches B. _____ inches
- Depth weeping from side of observation hole A. _____ inches B. _____ inches
- Depth to soil redoximorphic features (mottles) A. _____ inches B. _____ inches
- Groundwater adjustment (USGS methodology) A. _____ inches B. _____ inches

2.

Index Well Number _____ Reading Date _____ Index Well Level _____

Adjustment Factor _____ Adjusted Groundwater Level _____

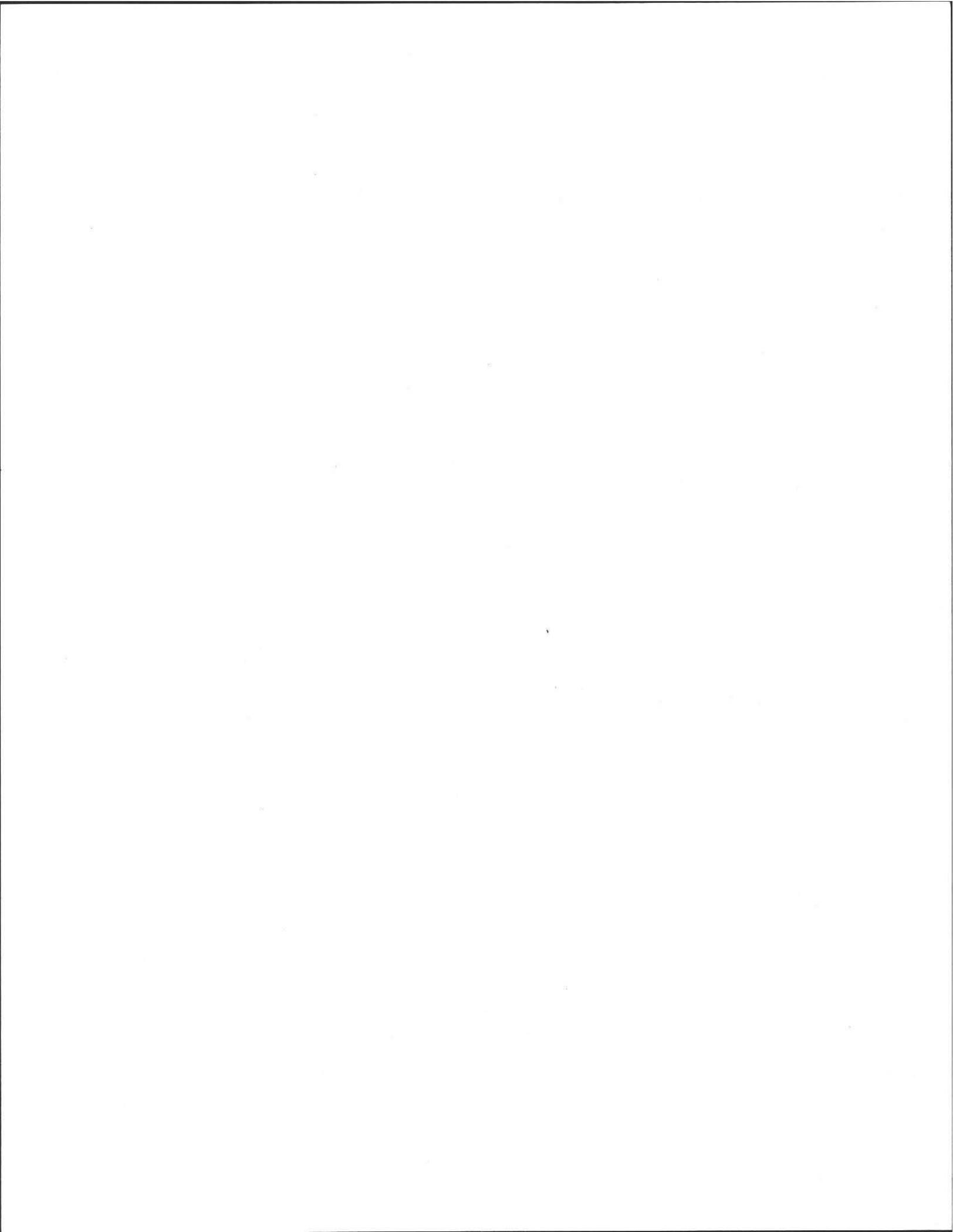
E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

a. 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 No

b. If yes, at what depth was it observed? Upper boundary: _____ inches Lower boundary: _____ inches





Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator

Date

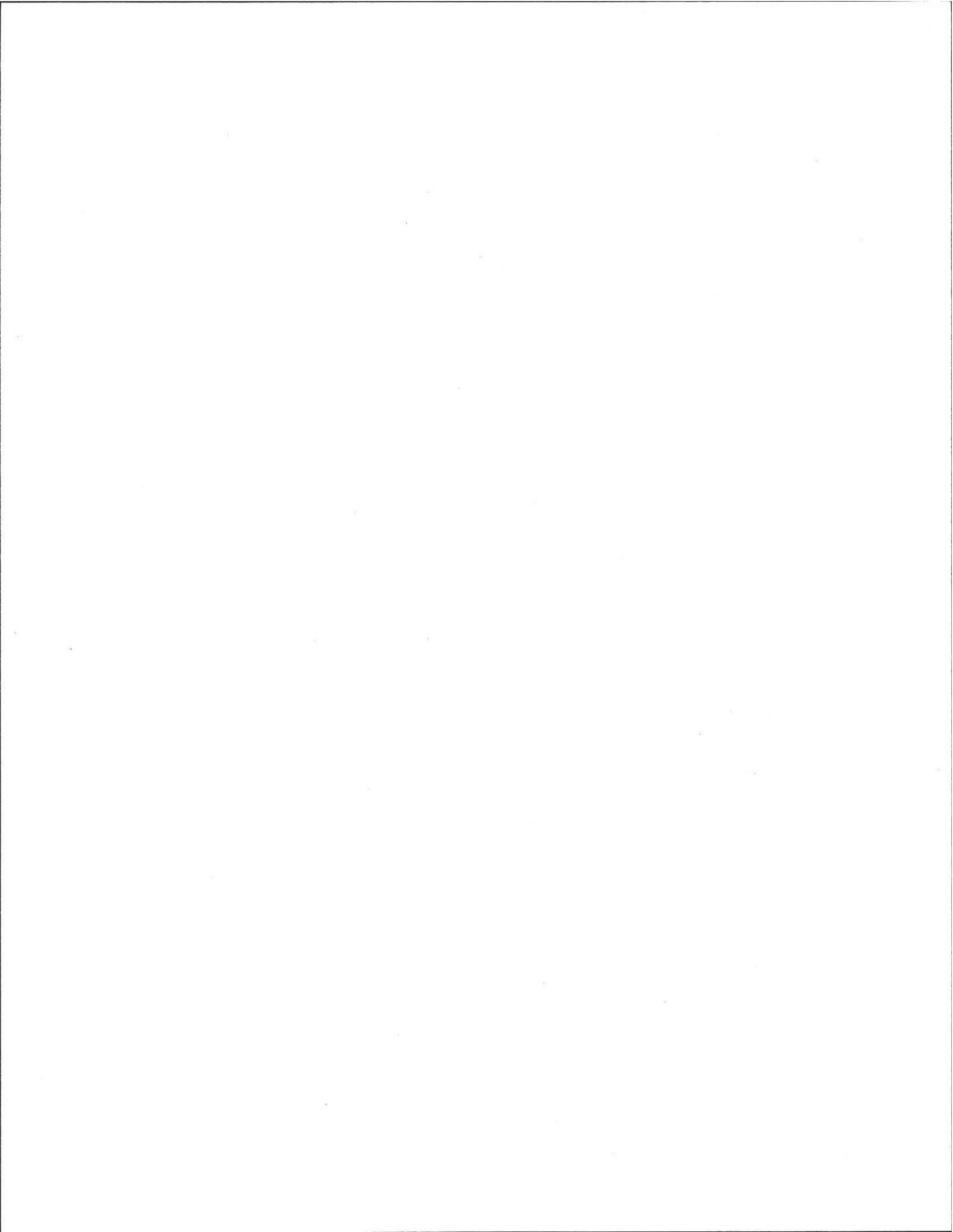
Typed or Printed Name of Soil Evaluator / License #

Date of Soil Evaluator Exam

Name of Board of Health Witness

Board of Health

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.





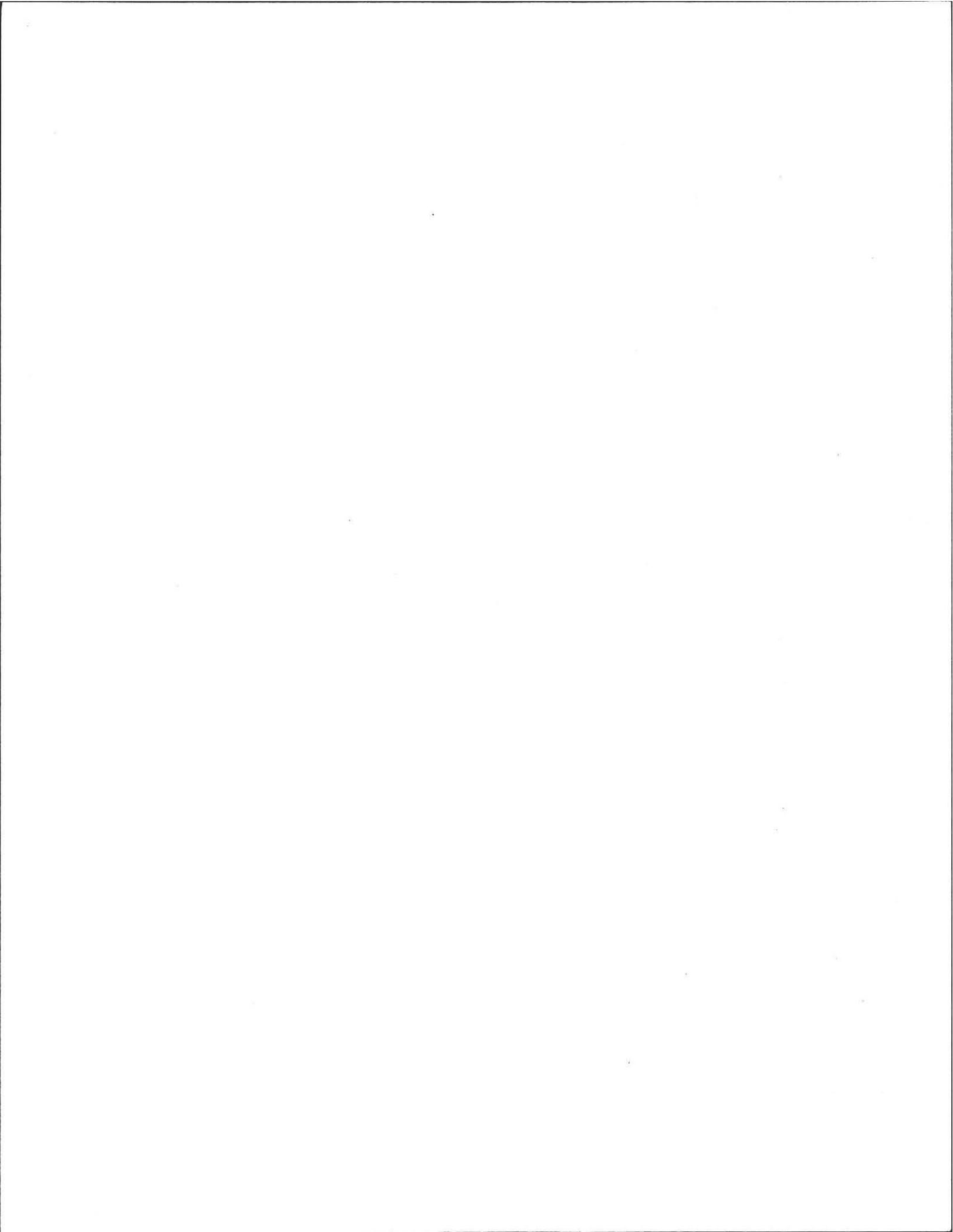
Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Field Diagrams

Use this sheet for field diagrams:





Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: ①

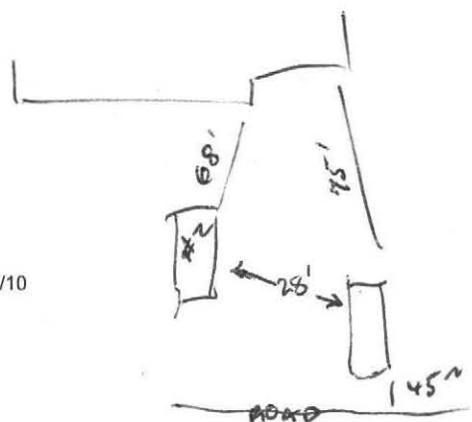
Depth (in.)	Soil Horizon/Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-8	A					FSL				FRAGILE ROOTS	
8-19	B _w	2.5Y 6/4		2.5Y 6/4		FLS					
19-110	C ₁	2.5Y 6/3	46"	2.5Y 6/3		LS		10-15%			

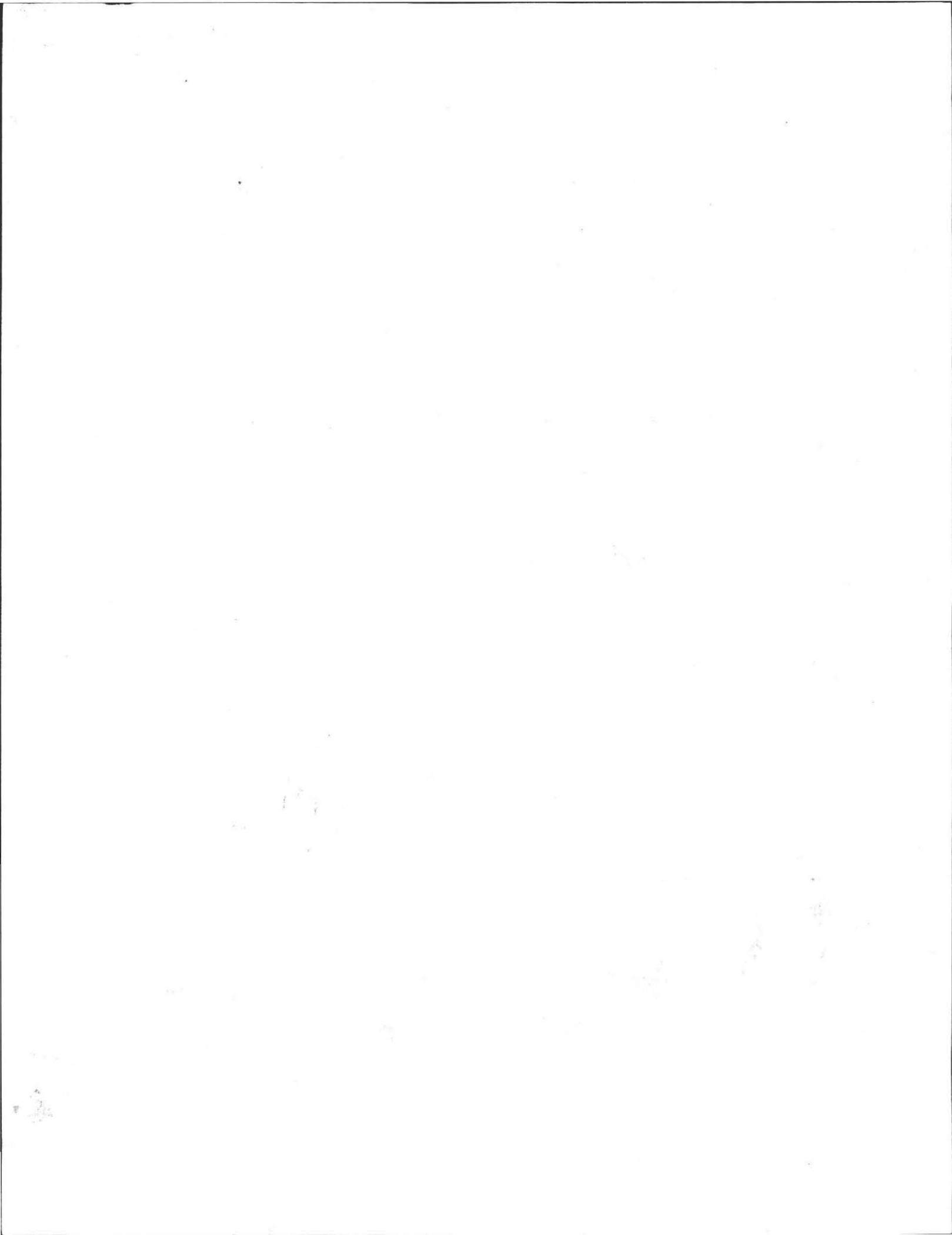
ASLATION TILL

BOTTOM 110

Additional Notes:

PERC DEPTH 42" — SOAK 9:15 — PERC 9:30 DONE AT 9:57
 OXIDE LAYER @ 46-47" ; 46"
 WEERING AT 80"





**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 73-34 Date 5/9/73 Fee 3. Date Rec'd. 5/9/73 By DGF

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

Location—Address 20 OVERLOOK DRIVE or Lot No. 16
 Owner ROY INDUSTRIES INC. ROBERT SOROCKI Address CUSHMAN ROAD SHUTESBURY
 Contractor W.W. CLARK Address SHUTESBURY
 Type of Building RESIDENCE Dimensions _____ Size Lot 1.074.
 Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()
 Other _____ No. of persons _____ Showers ()
 Other fixtures _____
 Town Water? NO Type of Well ART.

Design Flow 50 gallons per person per day. Total daily flow 400 gallons
 Septic Tank—Liquid capacity 1200 gallons Dimensions: L. 10'-0" W. 5'-4" D. 4'-10"
 Disposal Trench—No. 1 Width 20'-0" Total Length 40'-0" Total leaching area 800 sq. ft.
 Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.
 Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____
 Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by HUNTLEY ENGINEERING Date 4/17-19/73
 Pore Test Pit No. 1 8.7 minutes per inch Depth of Test Pit 3'-0"
 Open Test Pit No. 2 _____ minutes per inch Depth of Test Pit 7'
 Description of Soil CLAYEY SILT Depth to Ground Water 5'-0"
 Will disposal area be filled? _____ Cut down? _____
 (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

System must be located near top of pit 2
 Application Approved by [Signature] Owner or builder ROY INDUSTRIES INC BY [Signature] 5/9/73 date
[Signature] Will Clark 5-14-73 date

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of _____ INSTALLER _____ Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____ The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE _____ Inspector _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 73-34
 Permission is hereby granted ROY INDUSTRIES INC to construct (X) or repair () an Individual Sewage Disposal System at LOT 16 20 OVERLOOK DR as shown on the application for Disposal Works Construction Permit No. 73-34
 This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE MAY 14, 1973 [Signature]
 Board of Health

10
BANK OF AMERICA
1/10/12

30
~~CONFIDENTIAL~~
1/10/12

100
1/10/12

100
1/10/12

100
1/10/12

100
1/10/12

100

100

100

BOARD OF HEALTH

20 overlook

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner: ROBERT SKROCKI Address LOT #16 OVERLOOK DR.

Installer BILL CLARK Address SAUTESBURY

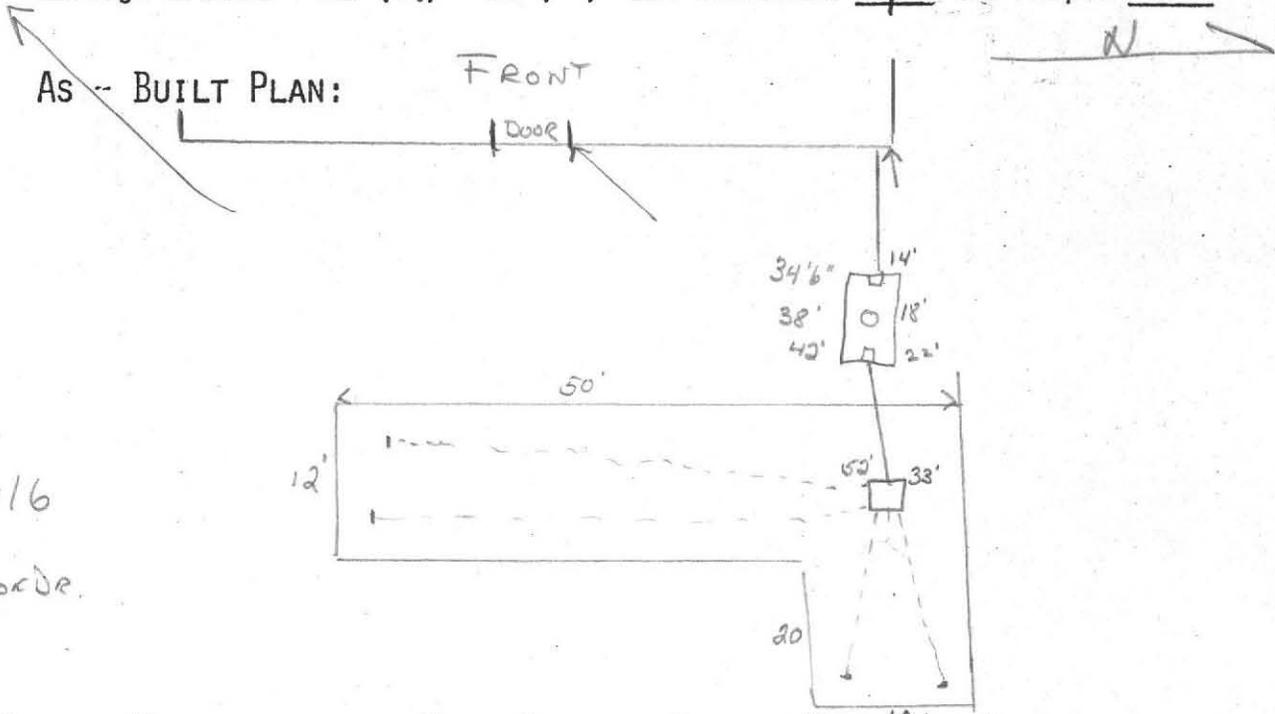
Date Installation Inspected and Approved JUNE 24, 1974

Description of System: Tank Capacity: 1200

Leach Field () Bed (X) Seepage Pit () Square Feet: 900

Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8

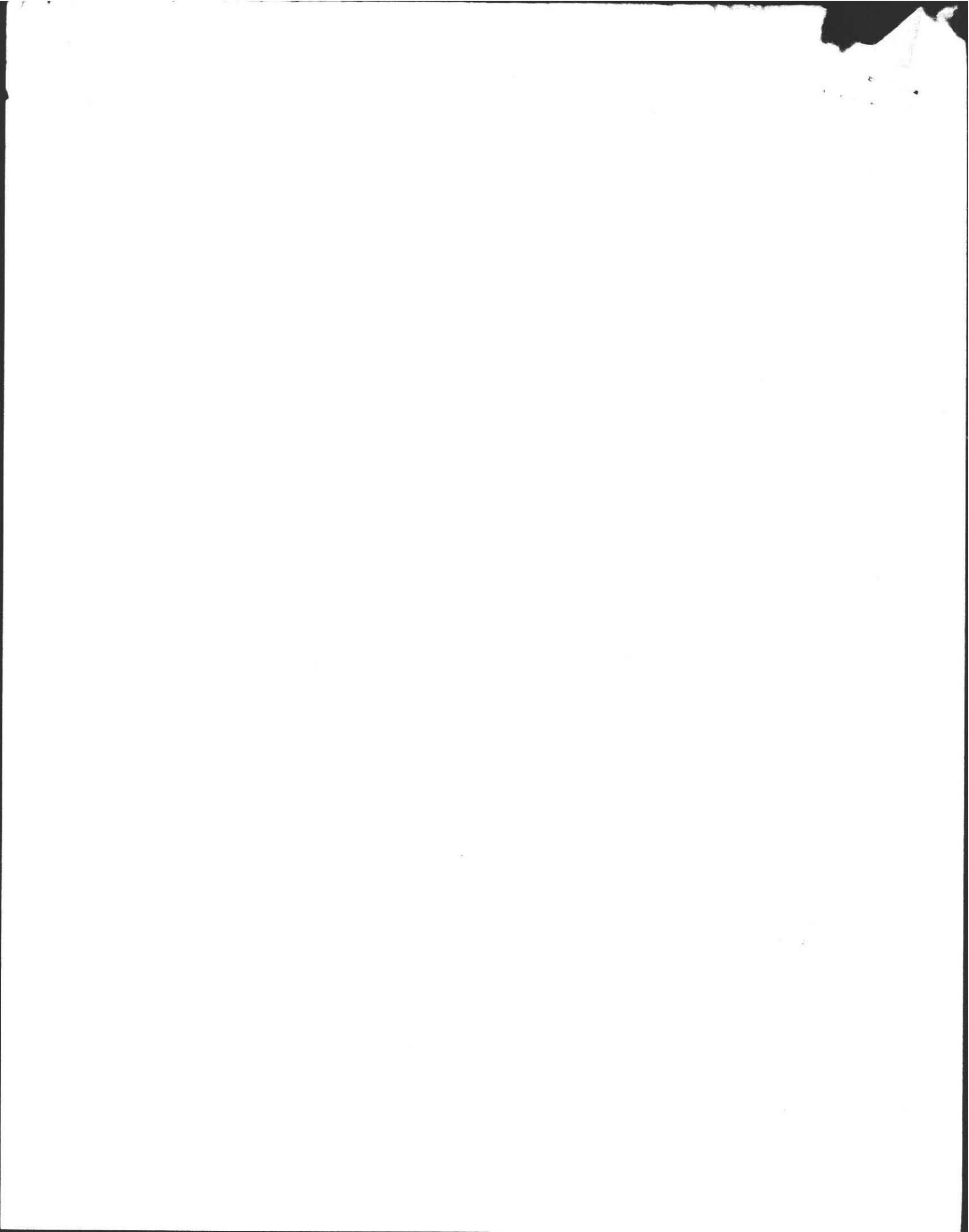
H₂O



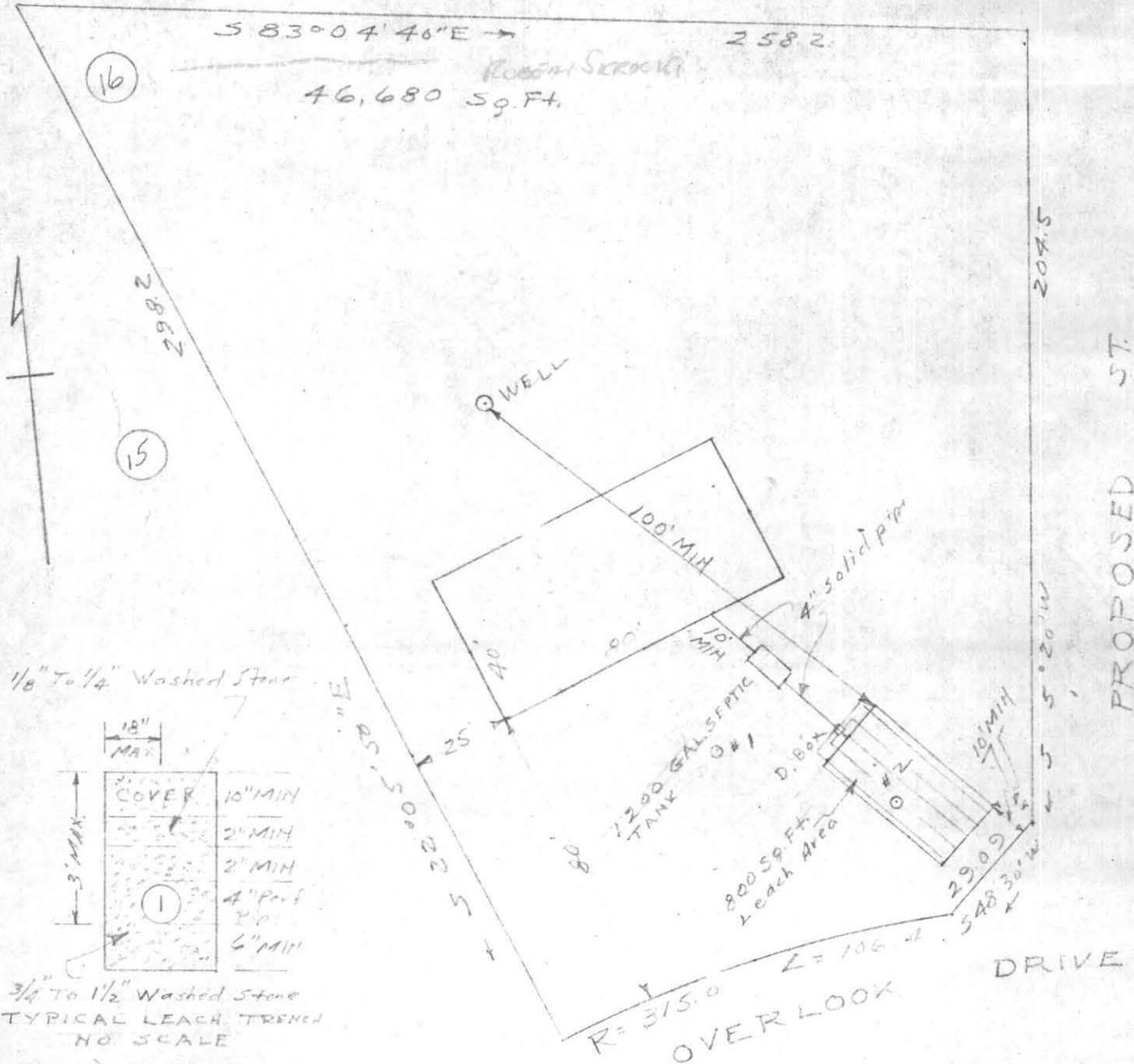
Lot #16
OVERLOOK DR.

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



N/F W. D. COWLES, INC.



NOTE: (1) PERF. PIPE TO BE 6\"/>

PLAN OF PROPOSED SEWAGE DISPOSAL FIELD

AMHERST, MASS
PREPARED FOR

ROY INDUSTRIES INC

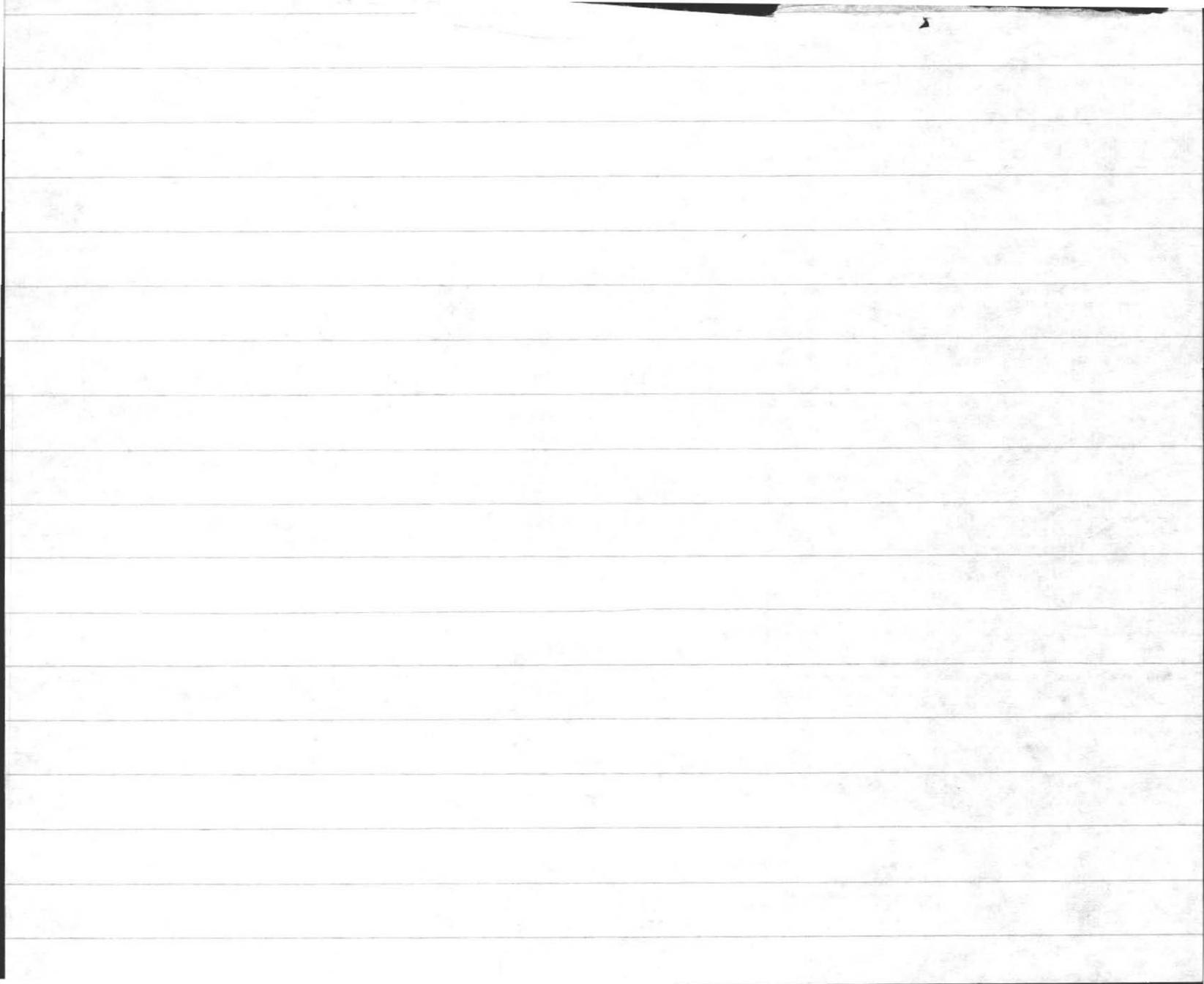
1"=40' E.A.P. 5/3/23



ALMER HUNTLEY, JR. & ASSOCIATES, INC.
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
238 BRIDGE STREET
NORTHAMPTON, MASS.

Lot 20 (Cladock Drive)

do site inspection of lot
Need another test pit (?) for G.W.
because of Dec. 1984 test and $5\frac{1}{2}'$ and $7\frac{1}{2}'$ to water. (?)





THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

Location - Address: Overlook Dr., Amherst #20
Owner: Ross Building Corp.
Address: LTD Rt 166 Westhampton, MA

Type of Building: Dwelling - No. of Bedrooms: 3
Expansion Attic ()
Garbage Grinder (no)
Other - Type of Building: No. of persons: Showers () - Cafeteria ()

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: 9.5' Width: 5' Diameter: Depth: 5.4"
Disposal Trench - No. 1 Width: 24' Total Length: 32' Total leaching area: 76.8 sq. ft.
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: sq. ft.
Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by: Filios Enterprises, Inc. Date: 12/10/84
Test Pit No. 1: 9 minutes per inch Depth of Test Pit: 8' Depth to ground water: 5 1/2'
Test Pit No. 2: minutes per inch Depth of Test Pit: 8 1/2' Depth to ground water: 7 1/2'

Description of Soil: See attached sheet

Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: _____ Date: _____

Application Approved By: _____ Date: _____

Application Disapproved for the following reasons: _____ Date: _____

Permit No. _____ Issued: _____ Date: _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

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

at Lot #20 Overlook Dr Amherst, MA 01002 Installer

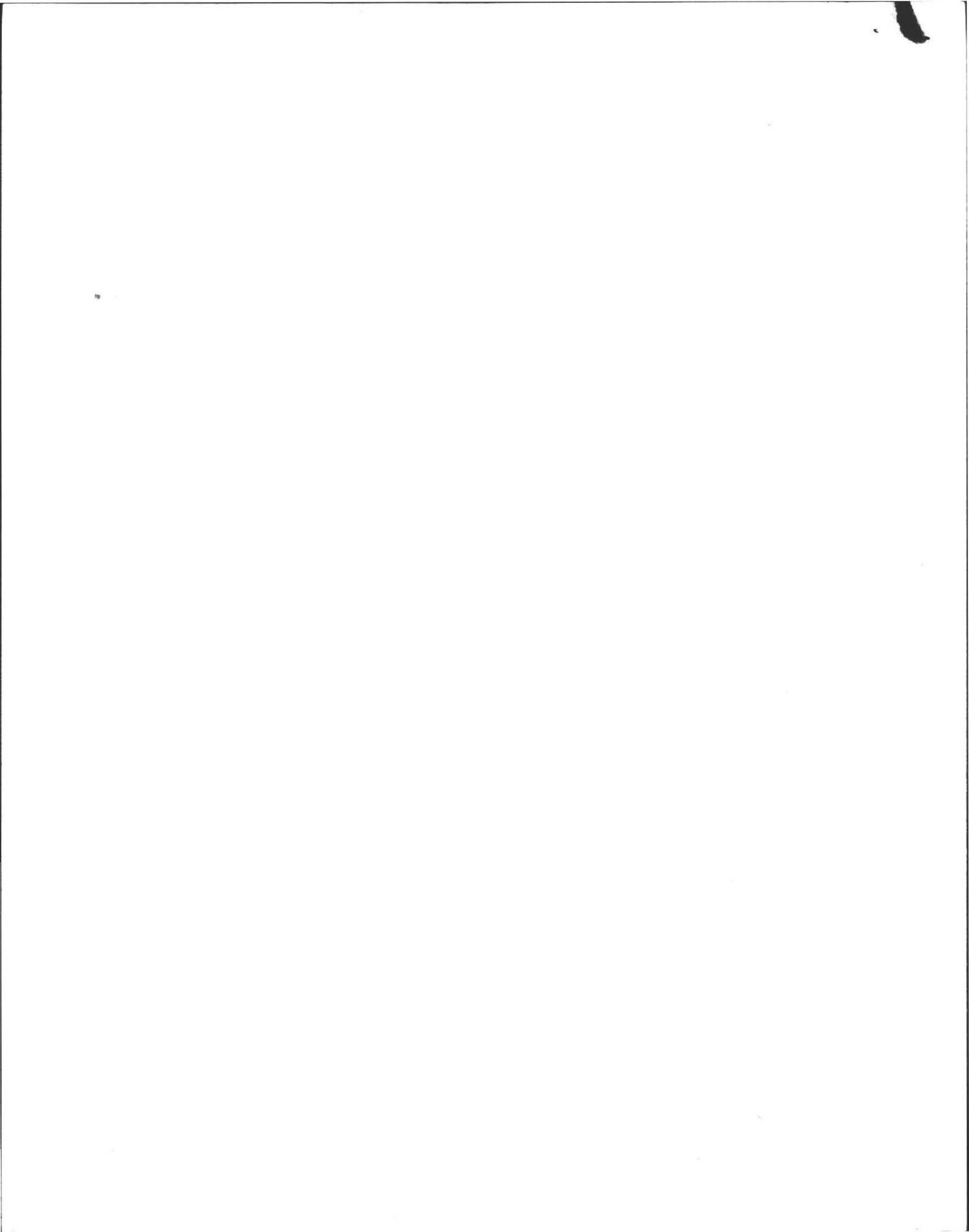
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE: _____ Inspector: _____

THE COMMONWEALTH OF MASSACHUSETTS

CHECK OR FILL IN WHERE APPLICABLE



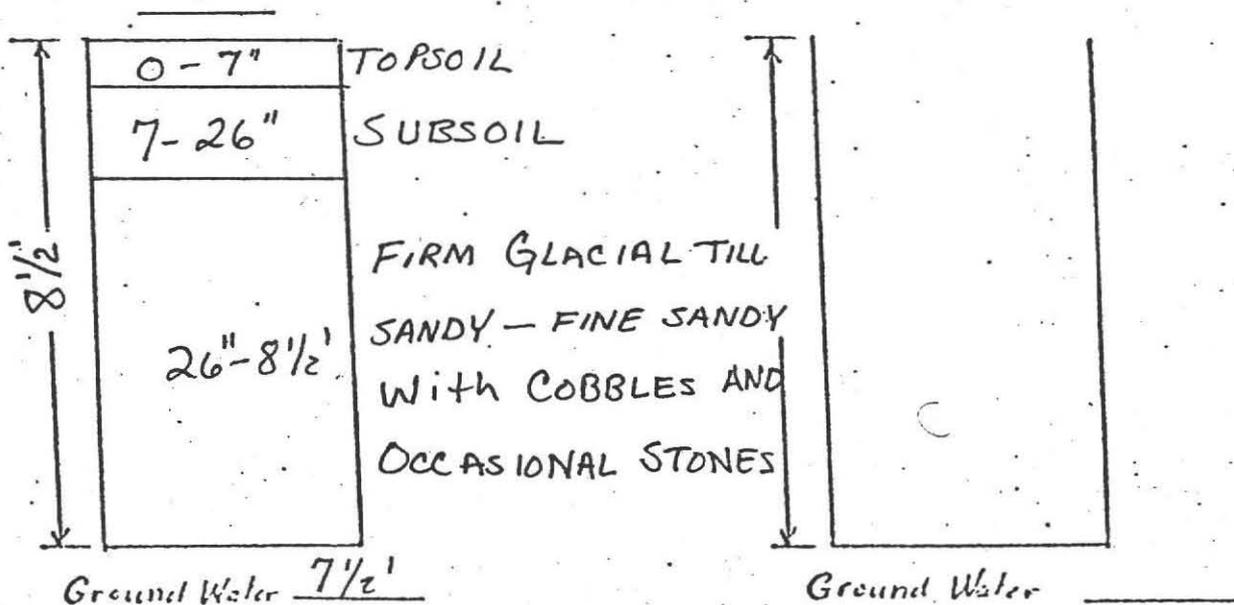
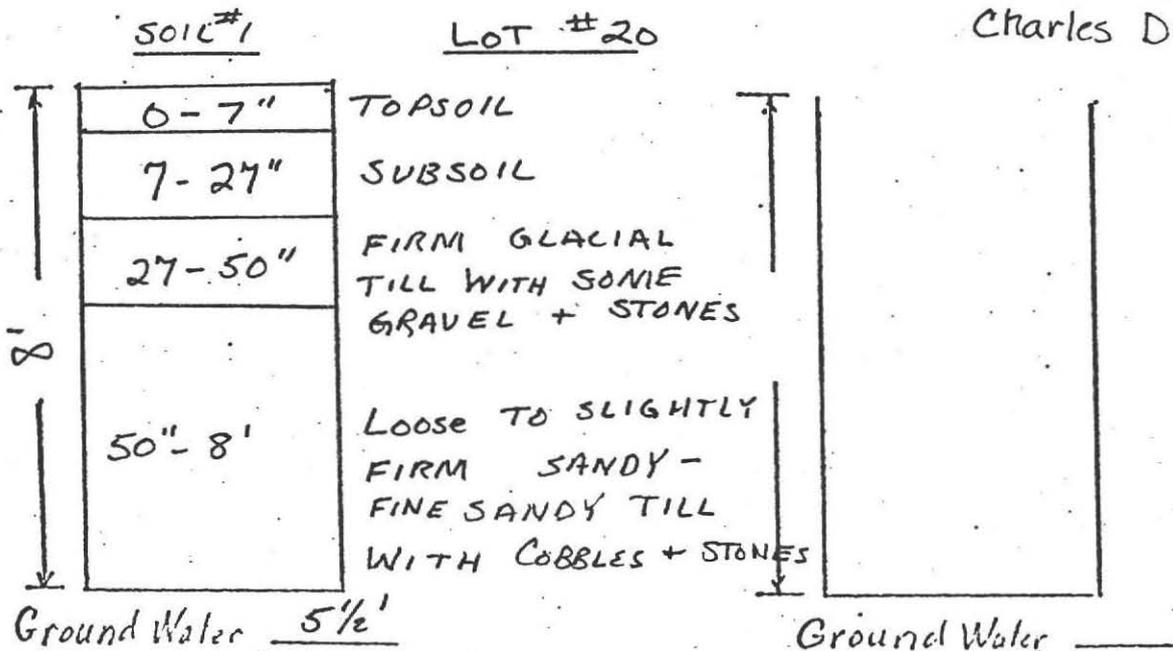
DEEP SOIL LOGS

OWNER BENJAMIN H. STEVENS

Date Dec. 10, 1984

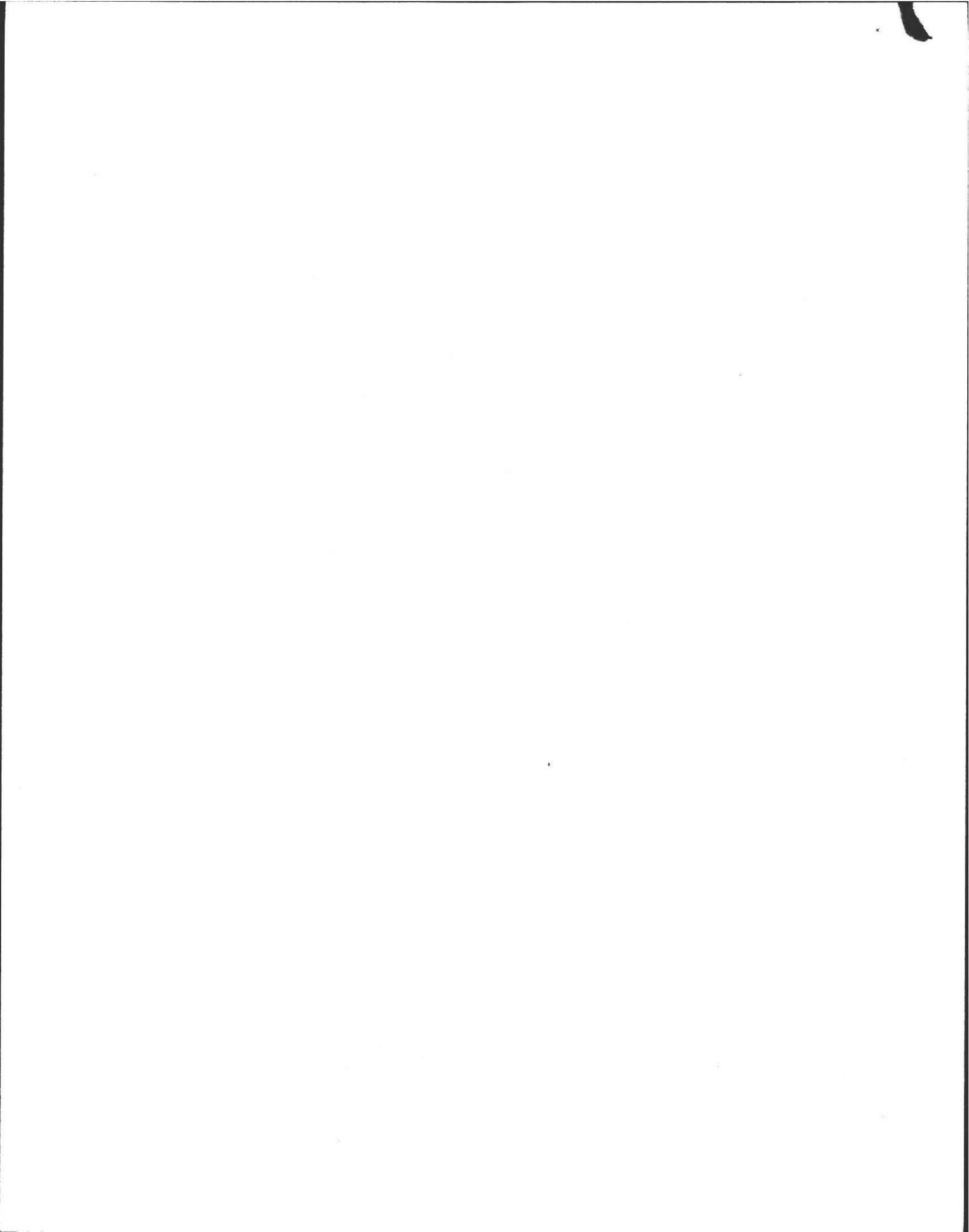
LOCATION OVERLOOK Dr., AMHERST

OBSERVER F.A. FILIOS
Charles Drake



PERCOLATION RATE AT 32"
9 MINUTES/INCH



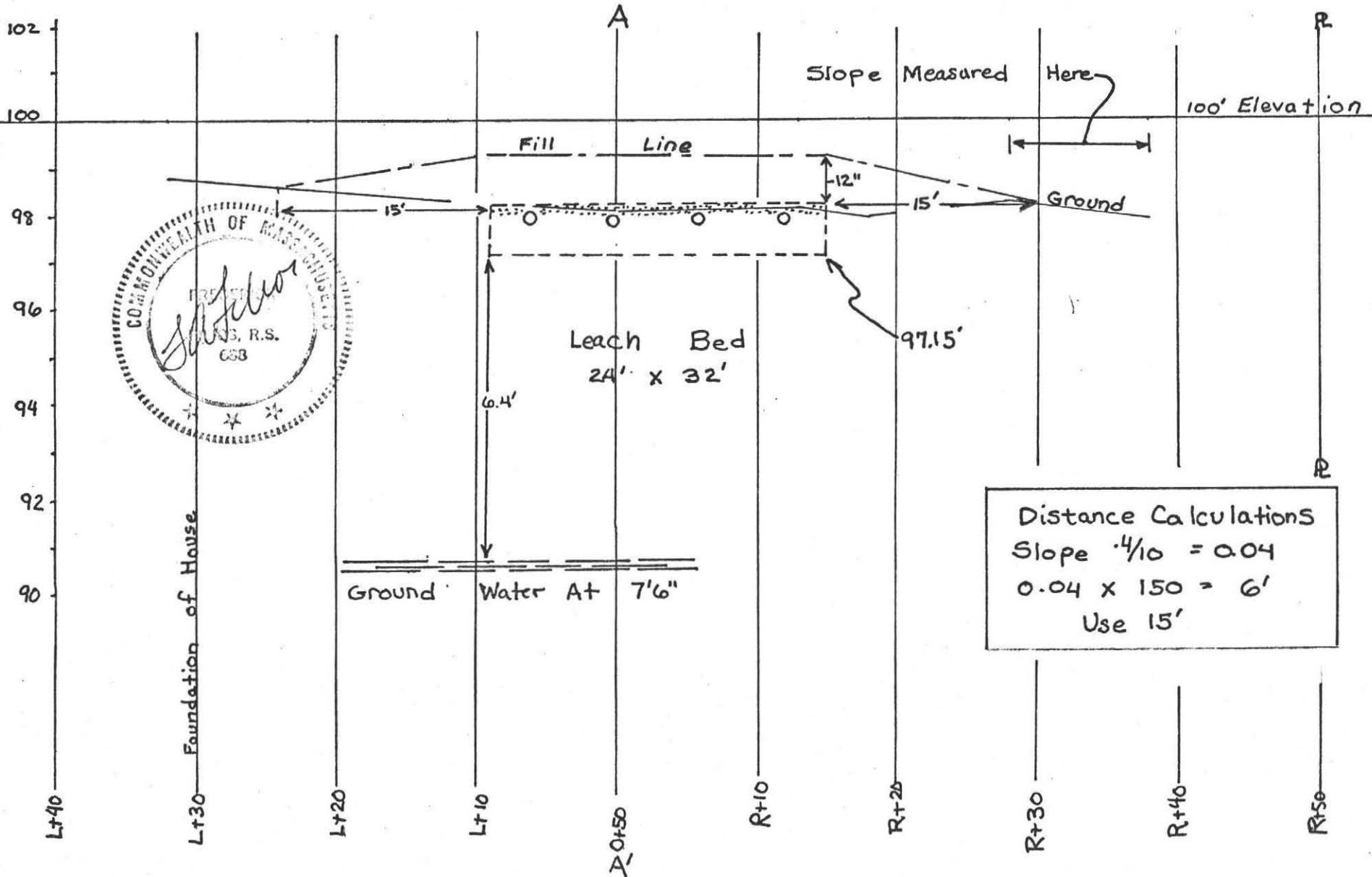


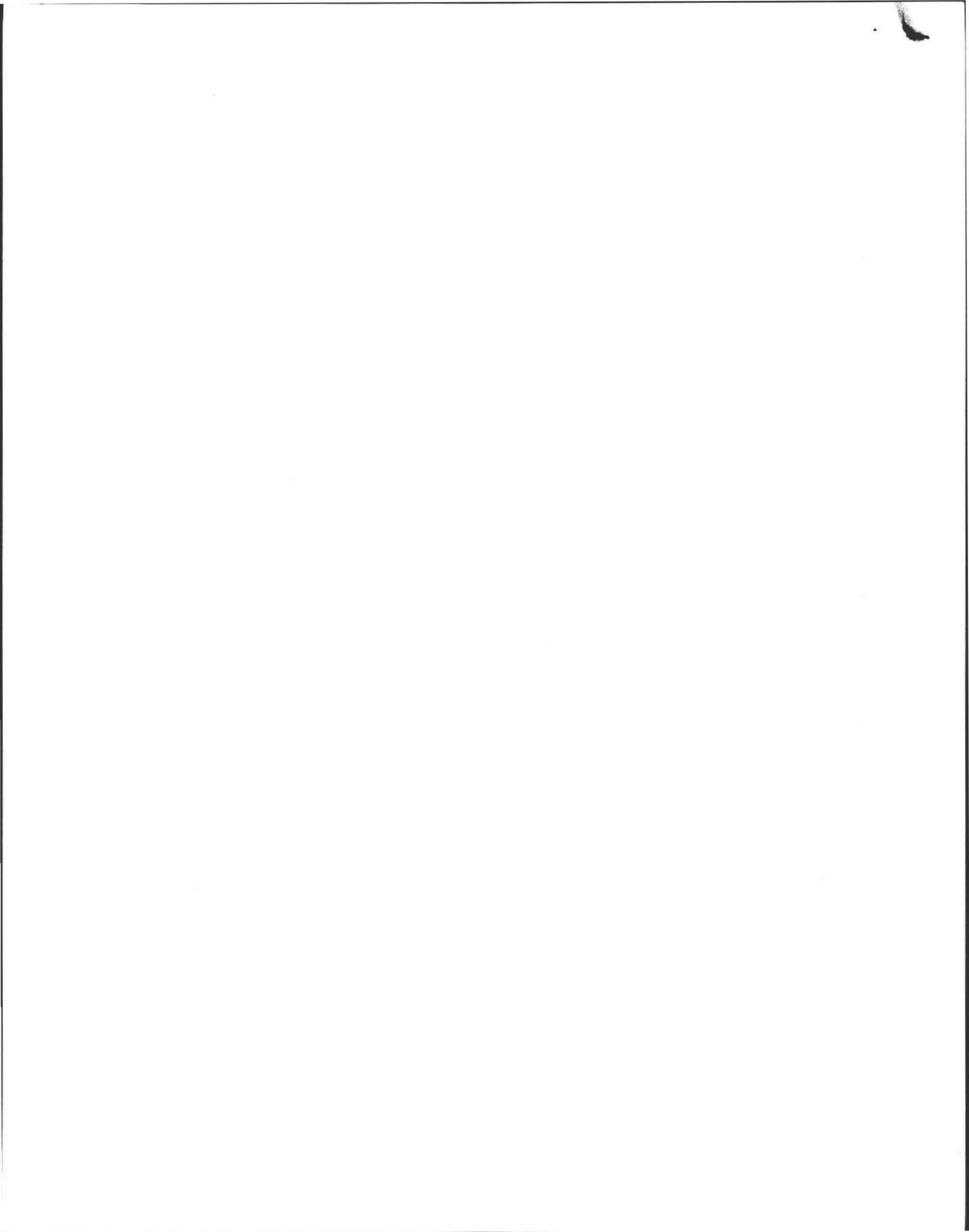
CROSS-SECTION OF LEACH BED AT A-A'

For: Robert Skrowki
 Ross Building Corp.
 LTD RTE. 66
 Westhampton, MA 01027

FILIOS ENTERPRISES, INC.
 January 15, 1988 R.W.9.
 Scale: Horizontal: 1" = 10'
 Vertical: 1" = 3'

Site: Lot 20, Overlook Dr.





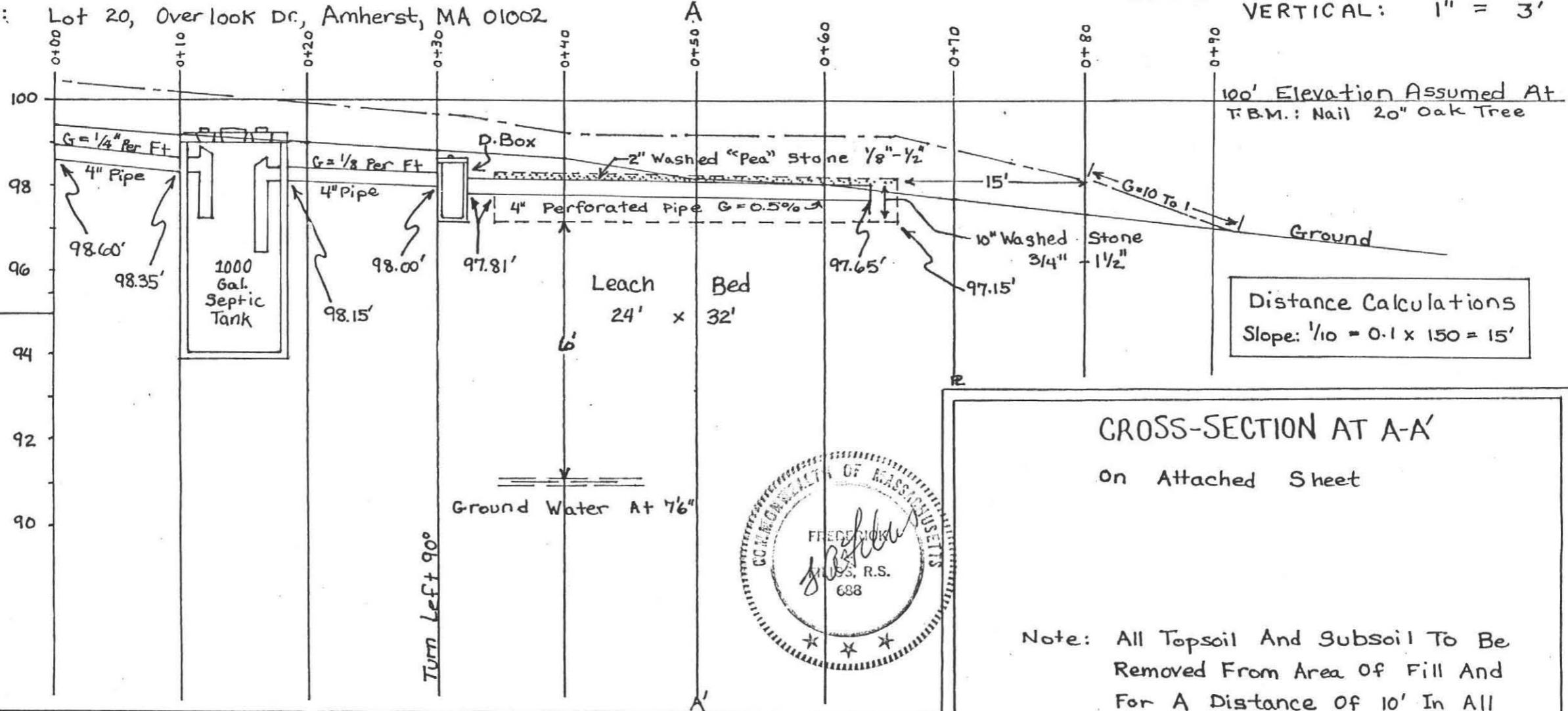
PROFILE OF SEPTIC SYSTEM

FOR: Robert Skrowki - Ross Bldg. Corp.
Rte 66, Westhampton, MA 01027

Filos Enterprises, Inc.
January 15, 1988 R.W.S.
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'

SITE: Lot 20, Overlook Dr., Amherst, MA 01002

House Foundation



CROSS-SECTION AT A-A'
On Attached Sheet

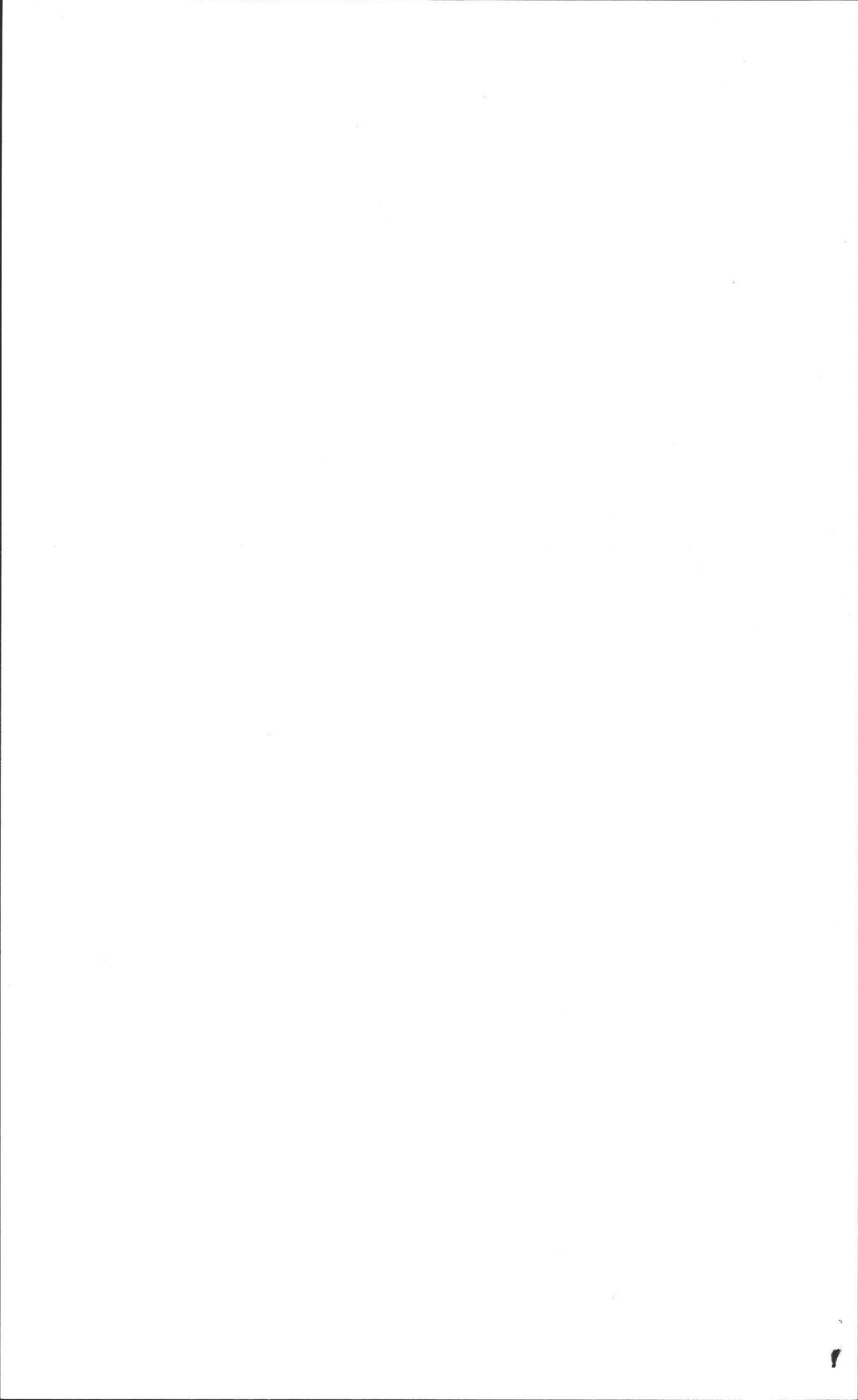
Note: All Topsoil And Subsoil To Be Removed From Area Of Fill And For A Distance Of 10' In All Directions Of The Leach Area.

SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

Design Flow: 3 Bdrm @ 110 = 330 Gals Req.
Perc Rate: 10 min/in allows bottom area: 0.55 gal/ft^2
Leach Bed: 24' wide x 32' long = 768.0 ft^2
 $768.0 \text{ ft}^2 \times 0.55 = 422.4 \text{ Gals Available}$

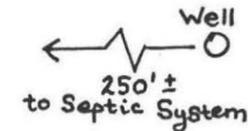
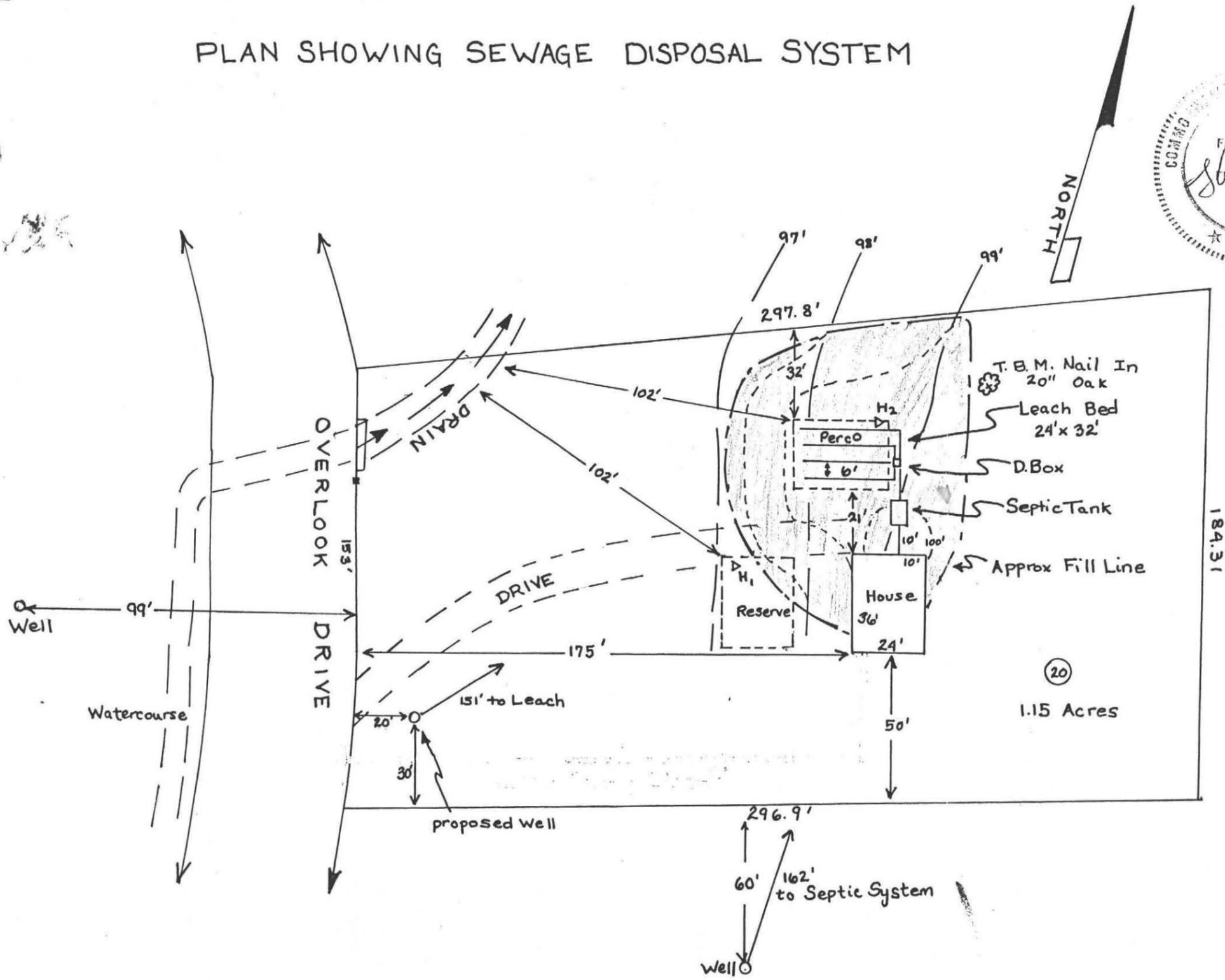


PLAN SHOWING SEWAGE DISPOSAL SYSTEM

FOR: BOB SKROWKI
 ROSS BUILDING CORP.
 LTD. RT. 66
 WESTHAMPTON, MA 01027

SITE: LOT 20
 OVERLOOK DRIVE
 AMHERST, MA

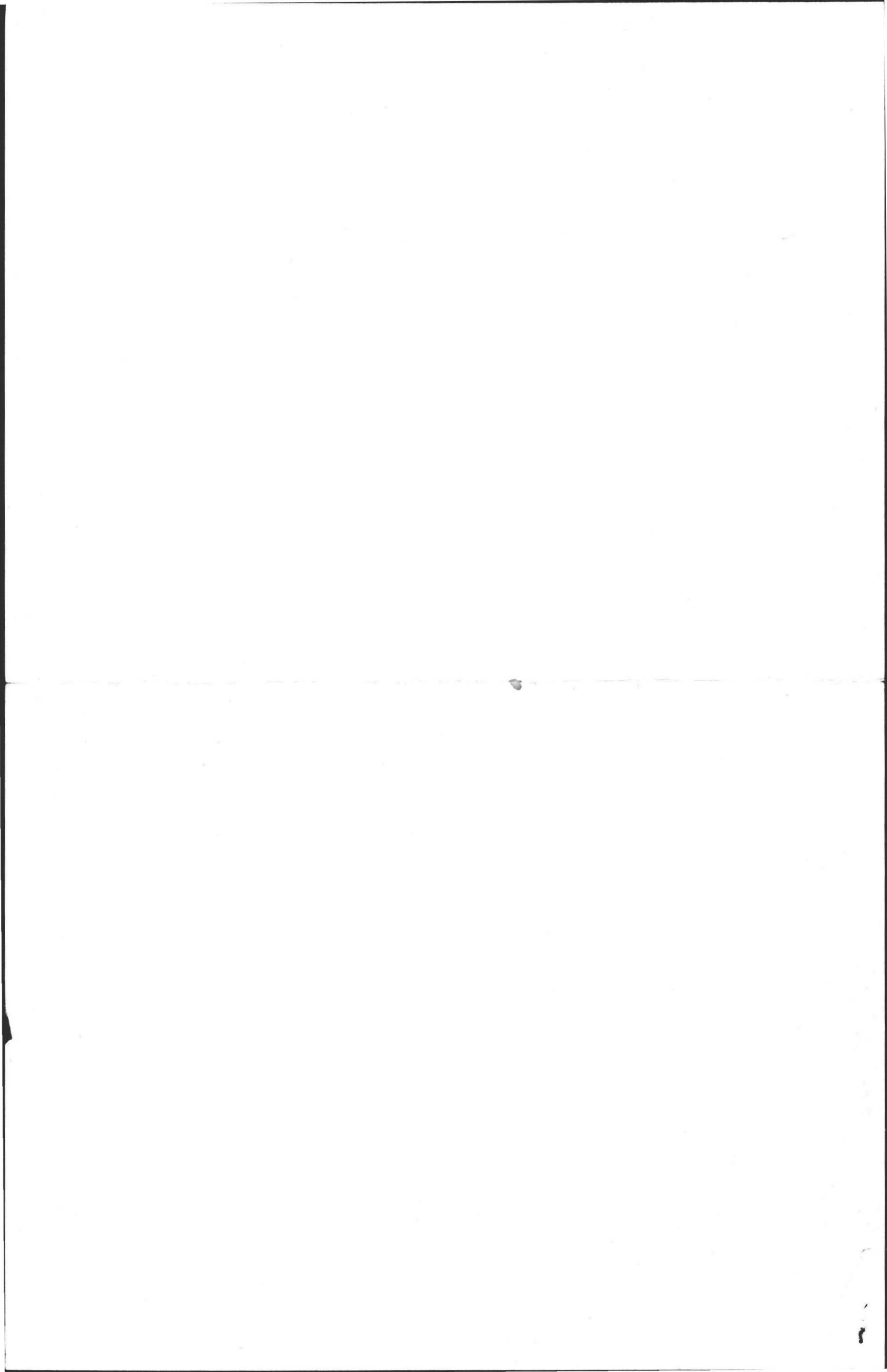
Contour Line: _____
 Proposed Contour: - - - - -
 Fill Line: - - - - -
 Note: No Wells within 200' of Leach



BY: FILIOS ENTERPRISES, INC.
 69 PELHAM ROAD
 AMHERST, MA 01002 R.W.S.

DATE: JANUARY 20, 1988
 SCALE: 1" = 40'-00"

AREA = 50,148 ± SQ. FT.
 1.15 ± Ac



AMHERST HEALTH DEPARTMENT
 BANGS COMMUNITY CENTER
 70 BOLTWOOD WALK
 AMHERST, MA 01002

SOIL EXAMINATIONS / PERCOLATION TESTS

JOB #

LOCATION OF PROP.: *Ross Bldg. Corp.*
 #
Lot 20 Overlook Drive
 Amherst, MA

LOT NO.:

DATE PERFORMED: *May 12, 1988*

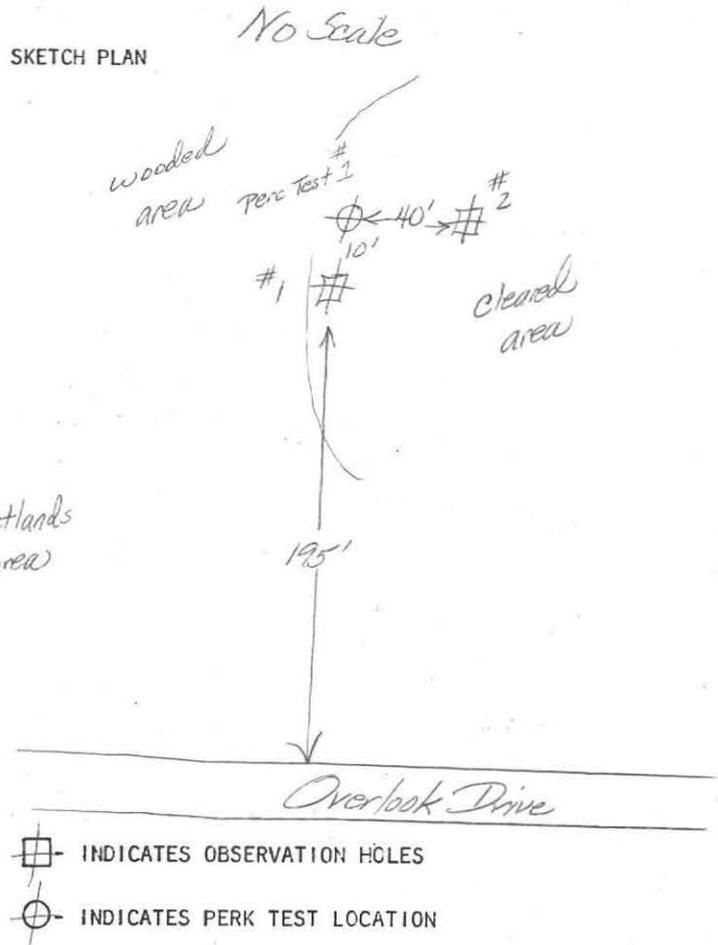
PERFORMED BY: *Fred Filios*

WITNESSED BY: *for Bd of Health: Dennis Baska*

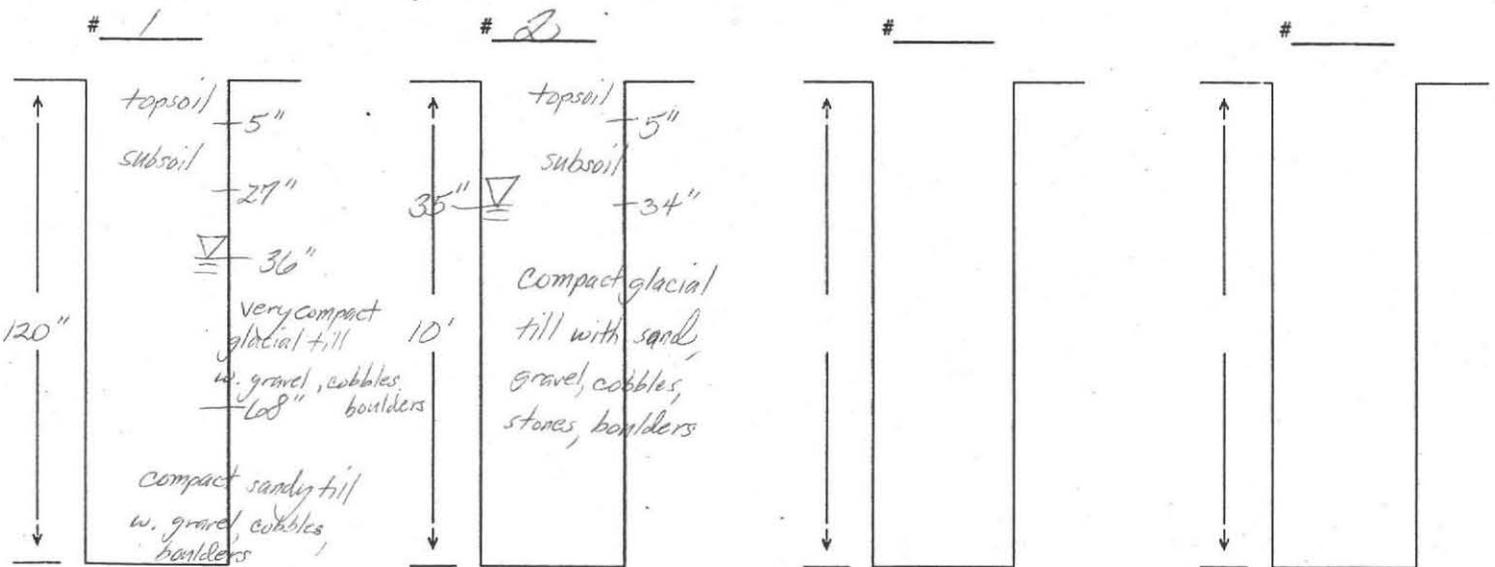
PERK TEST RESULTS: (tabulation on back)

1. *No percolation tests made on this day*
2. *(groundwater interference)*
- 3.
- 4.

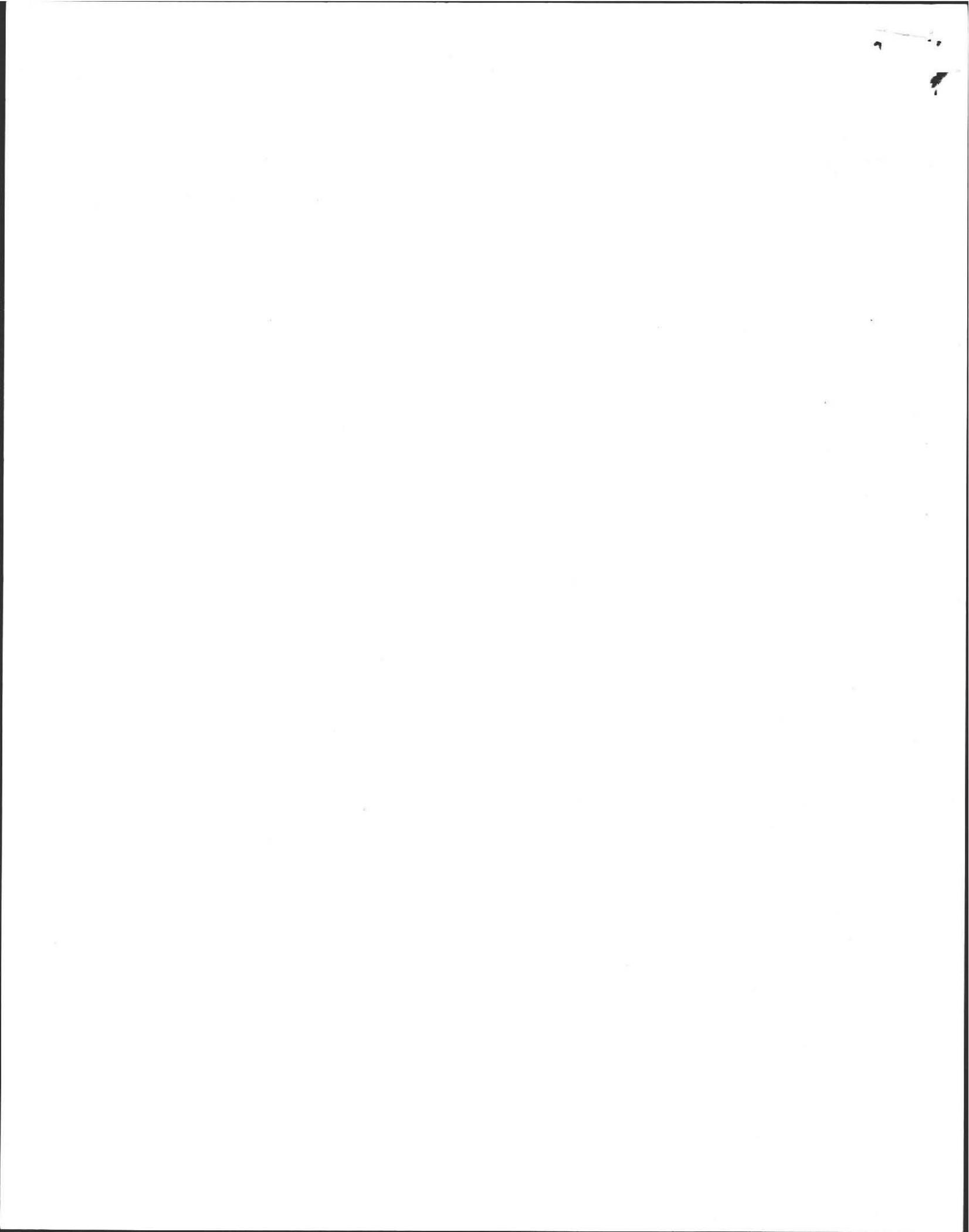
COMMENTS: *Site originally tested 12/10/84.*
High groundwater observed (see below). Original
design plan dated Jan 20, 1988 is not acceptable.
Needs new percolation tests and new plan design.



▽ denotes groundwater
 OBSERVATION HOLES



NOTE: *bottom of excavations kept filling in.*



No.

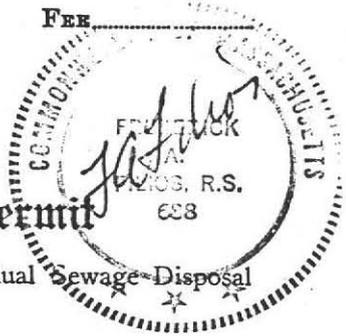
FEE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Location - Address: Overlook Dr., Amherst #20
Owner: Ross Building Corp.
Address: LTD Rt 106 Westhampton, MA

Type of Building: Dwelling - No. of Bedrooms: 3
Expansion Attic ()
Garbage Grinder (no)
Other - Type of Building:
No. of persons:
Showers () - Cafeteria ()

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: 9.5' Width: 5' Diameter: Depth: 5.4"
Disposal Trench - No. 1 Bed: Width: 2.4' Total Length: 32' Total leaching area: 76.8 sq. ft.
Seepage Pit No.: Diameter: Depth below inlet: Total leaching area: sq. ft.
Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by: Elias Enterprises, Inc. Date: 12/10/84
Test Pit No. 1: 9 minutes per inch Depth of Test Pit: 8' Depth to ground water: 5 1/2'
Test Pit No. 2: minutes per inch Depth of Test Pit: 8 1/2' Depth to ground water: 7 1/2'

Description of Soil: See attached sheet
Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed:
Application Approved By:
Application Disapproved for the following reasons:

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

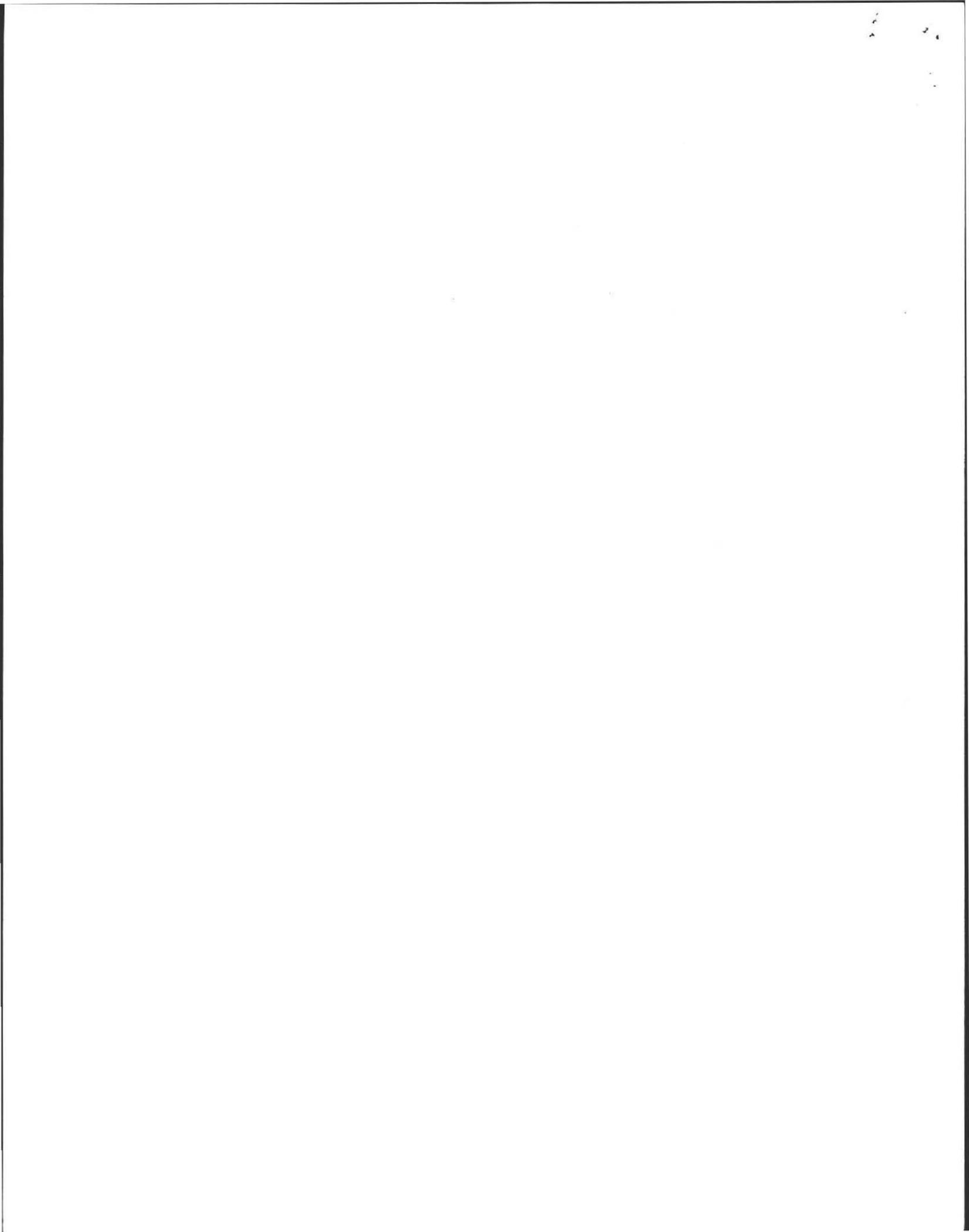
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired () by:
at Lot #20 Overlook Dr. Amherst, MA 01002
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated:

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

DATE Inspector

CHECK OR FILL IN WHERE APPLICABLE



DEEP SOIL LOGS

OWNER BENJAMIN H. STEVENS

Date Dec. 10, 1984

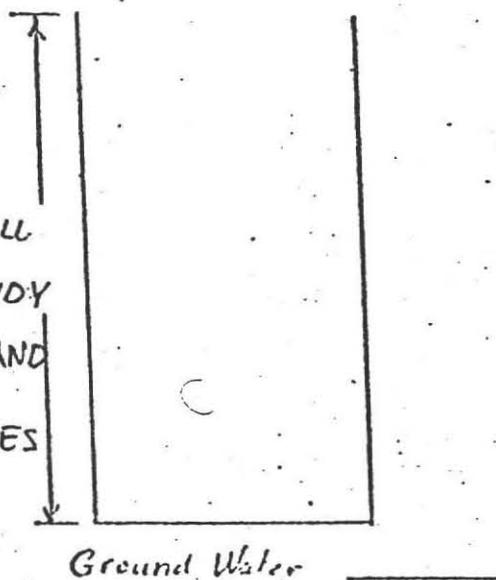
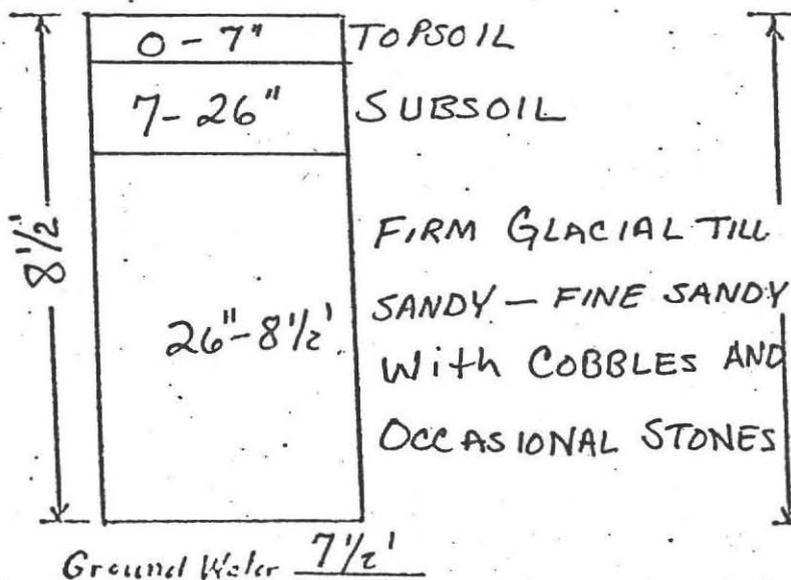
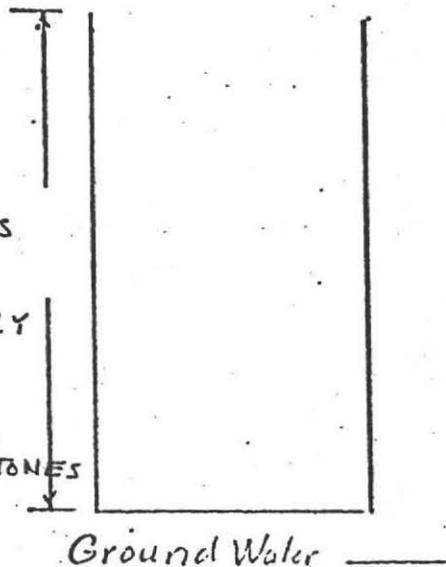
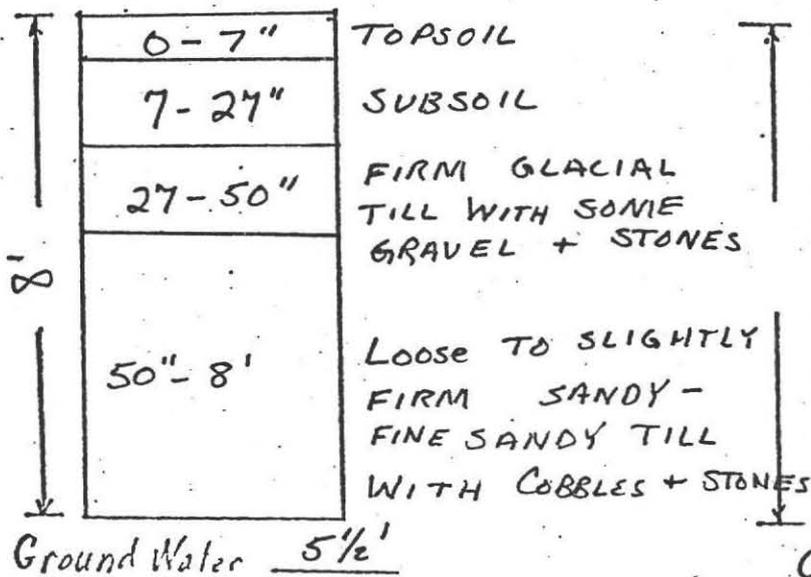
LOCATION OVERLOOK DR., AMHERST

OBSERVER F.A. FILIOS

Charles Drake

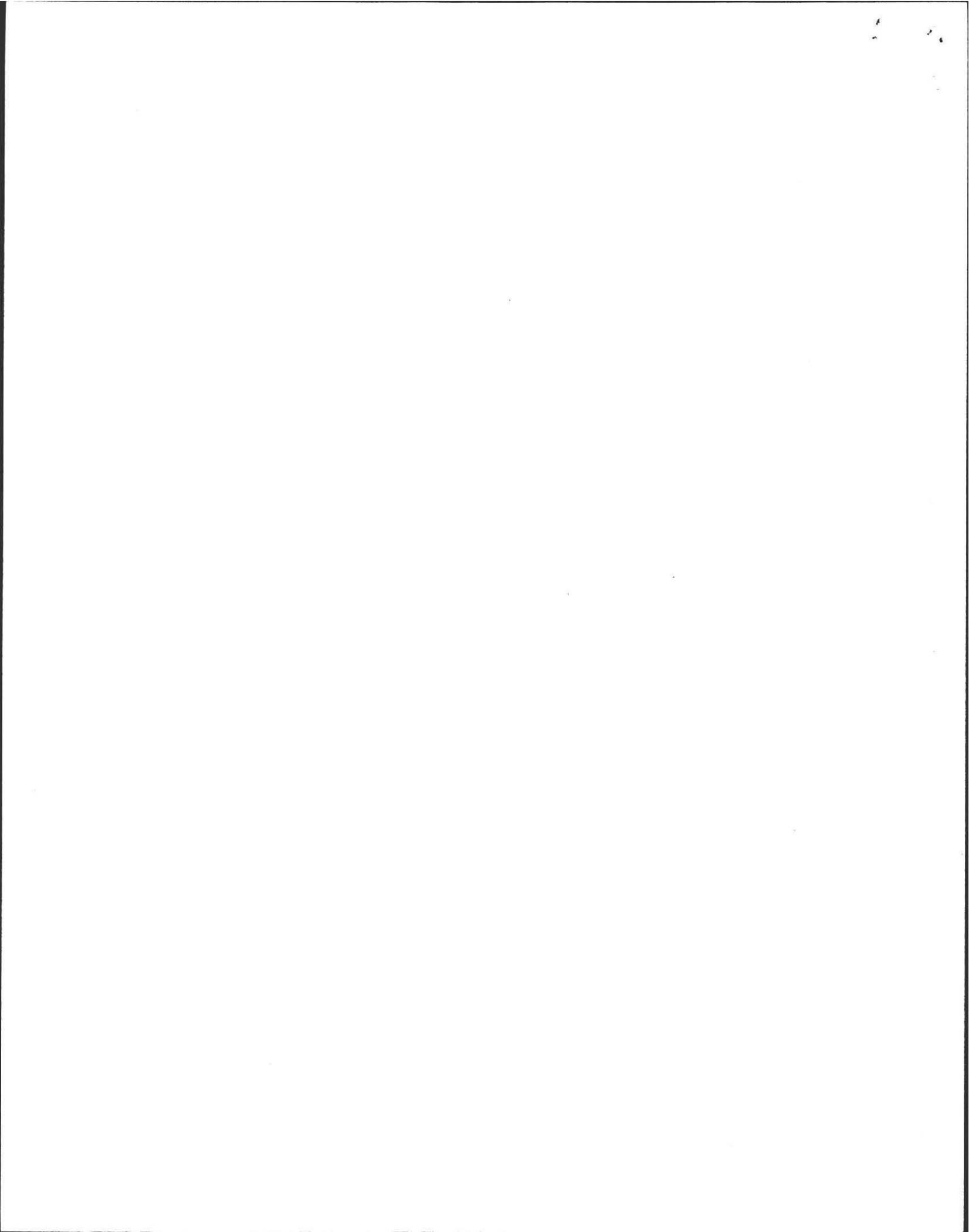
SOIL #1

LOT #20



PERCOLATION RATE AT 32"
9 MINUTES / INCH



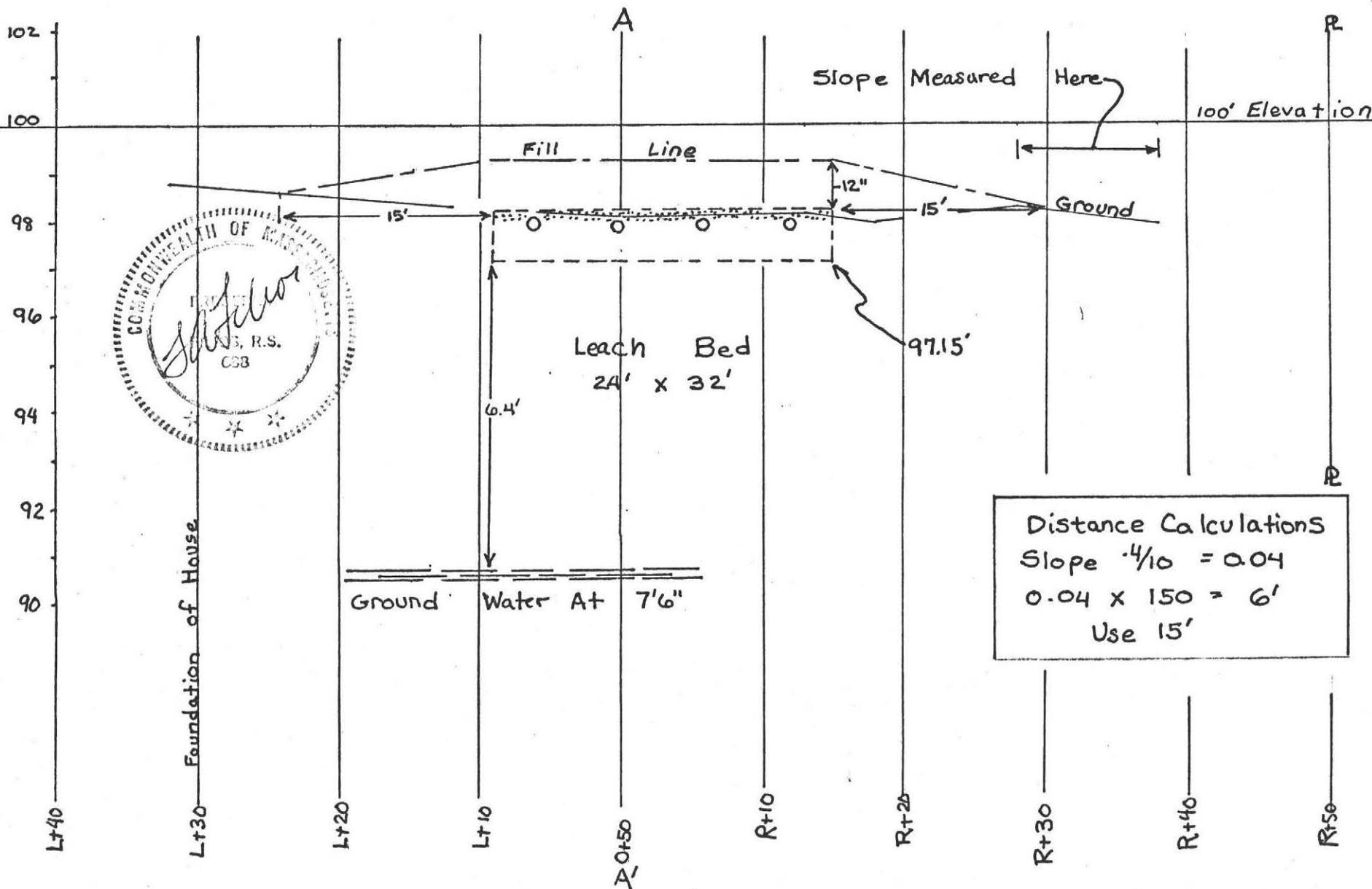


CROSS-SECTION OF LEACH BED AT A-A'

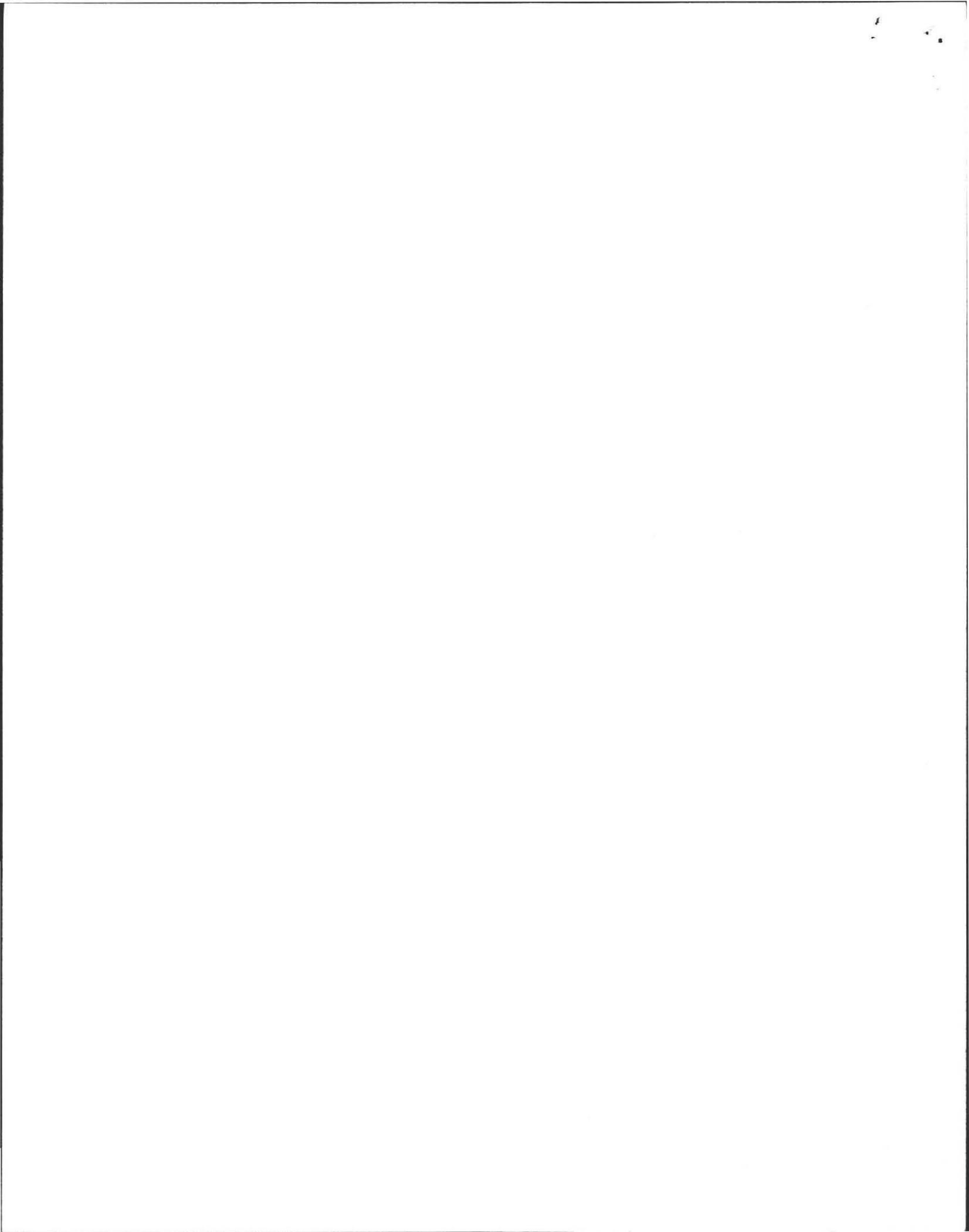
For: Robert Skrowki
 Ross Building Corp.
 LTD RTE. 66
 Westhampton, MA 01027

FILIOS ENTERPRISES, INC.
 January 15, 1988 R.W.G.
 Scale: Horizontal: 1" = 10'
 Vertical: 1" = 3'

Site: Lot 20, Overlook Dr.



Distance Calculations
 Slope $\frac{4}{10} = 0.04$
 $0.04 \times 150 = 6'$
 Use 15'



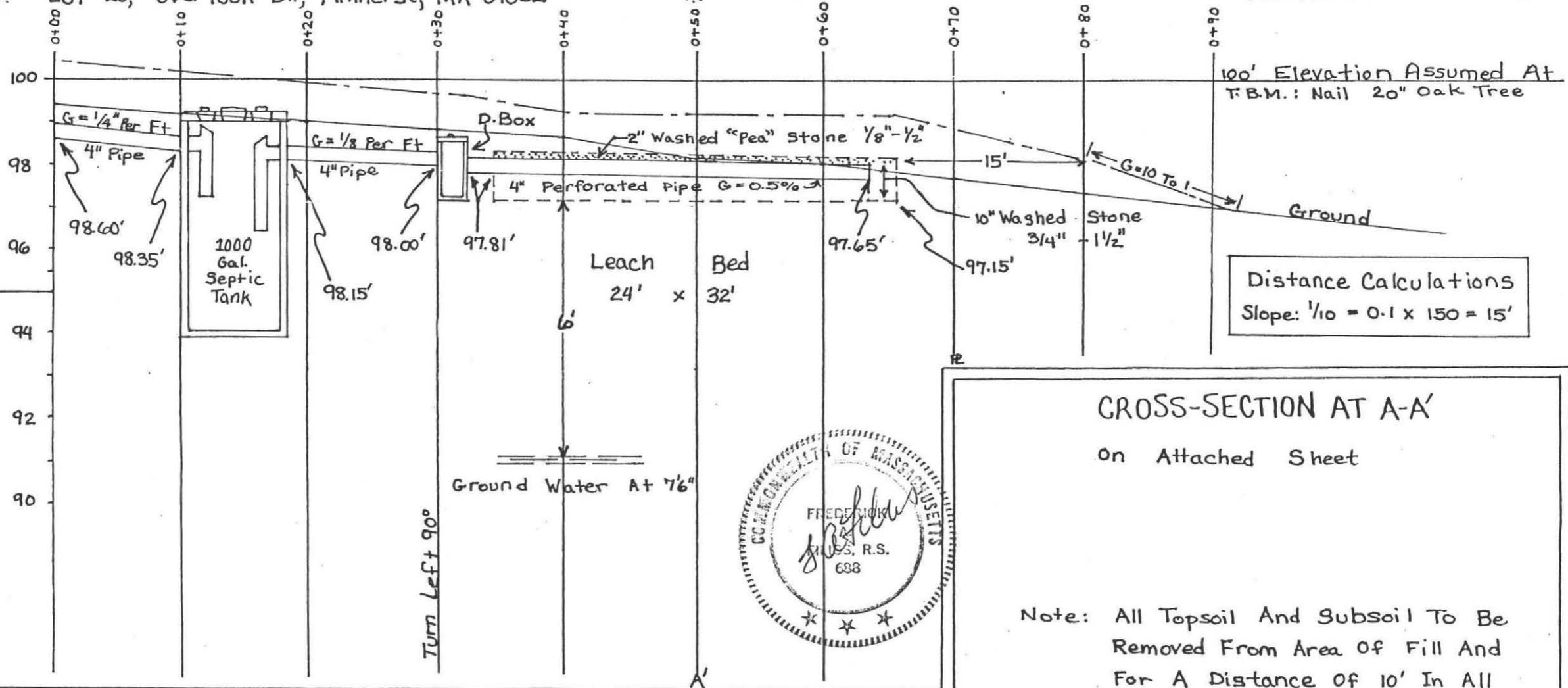
PROFILE OF SEPTIC SYSTEM

FOR: Robert Skrowki - Ross Bldg. Corp.
Rte 66, Westhampton, MA 01027

Filos Enterprises, Inc.
January 15, 1988 R.W.S.
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'

SITE: Lot 20, Overlook Dr., Amherst, MA 01002

House Foundation



CROSS-SECTION AT A-A'

On Attached Sheet

Note: All Topsoil And Subsoil To Be Removed From Area Of Fill And For A Distance Of 10' In All Directions Of The Leach Area.

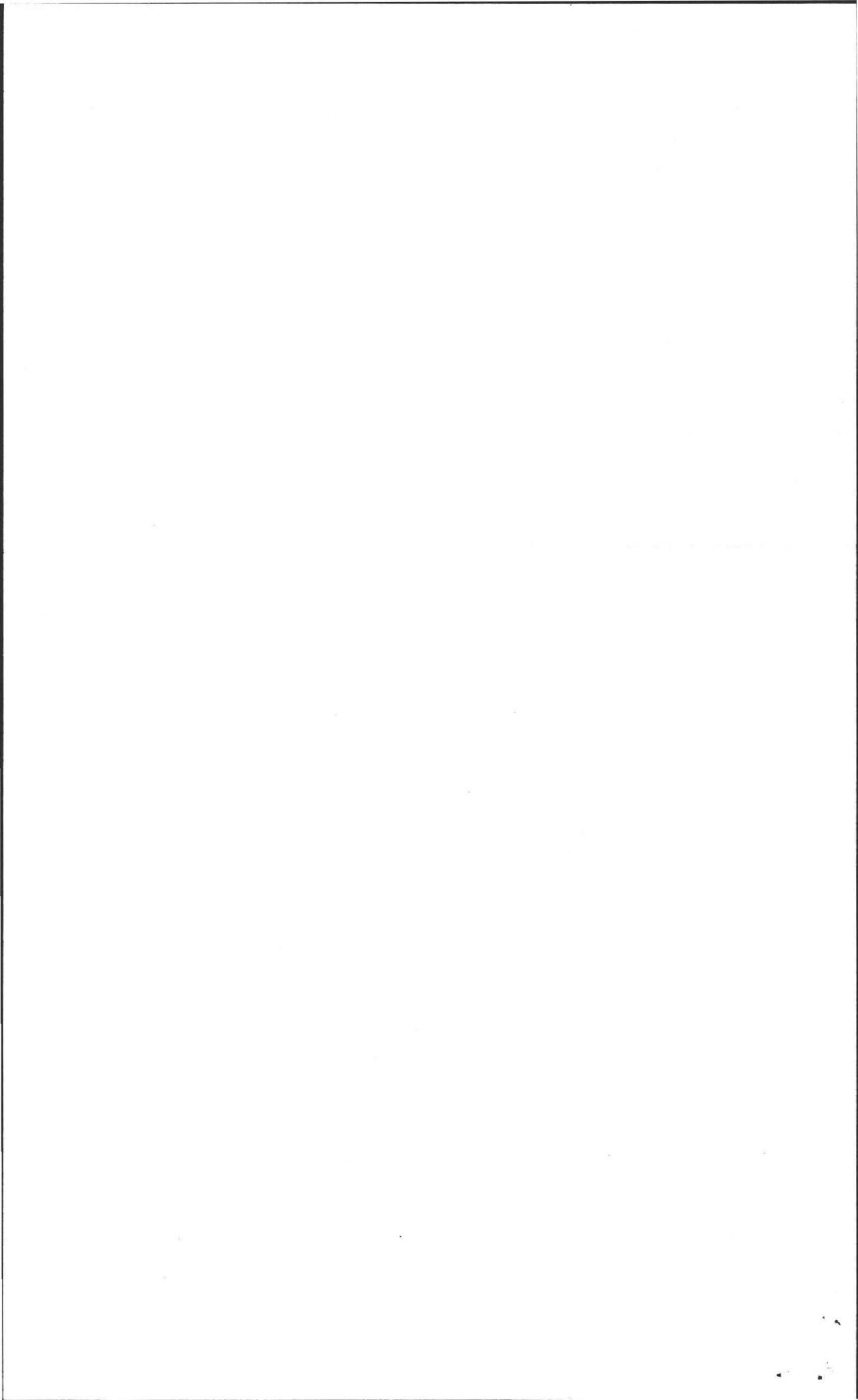
SPECIFICATIONS

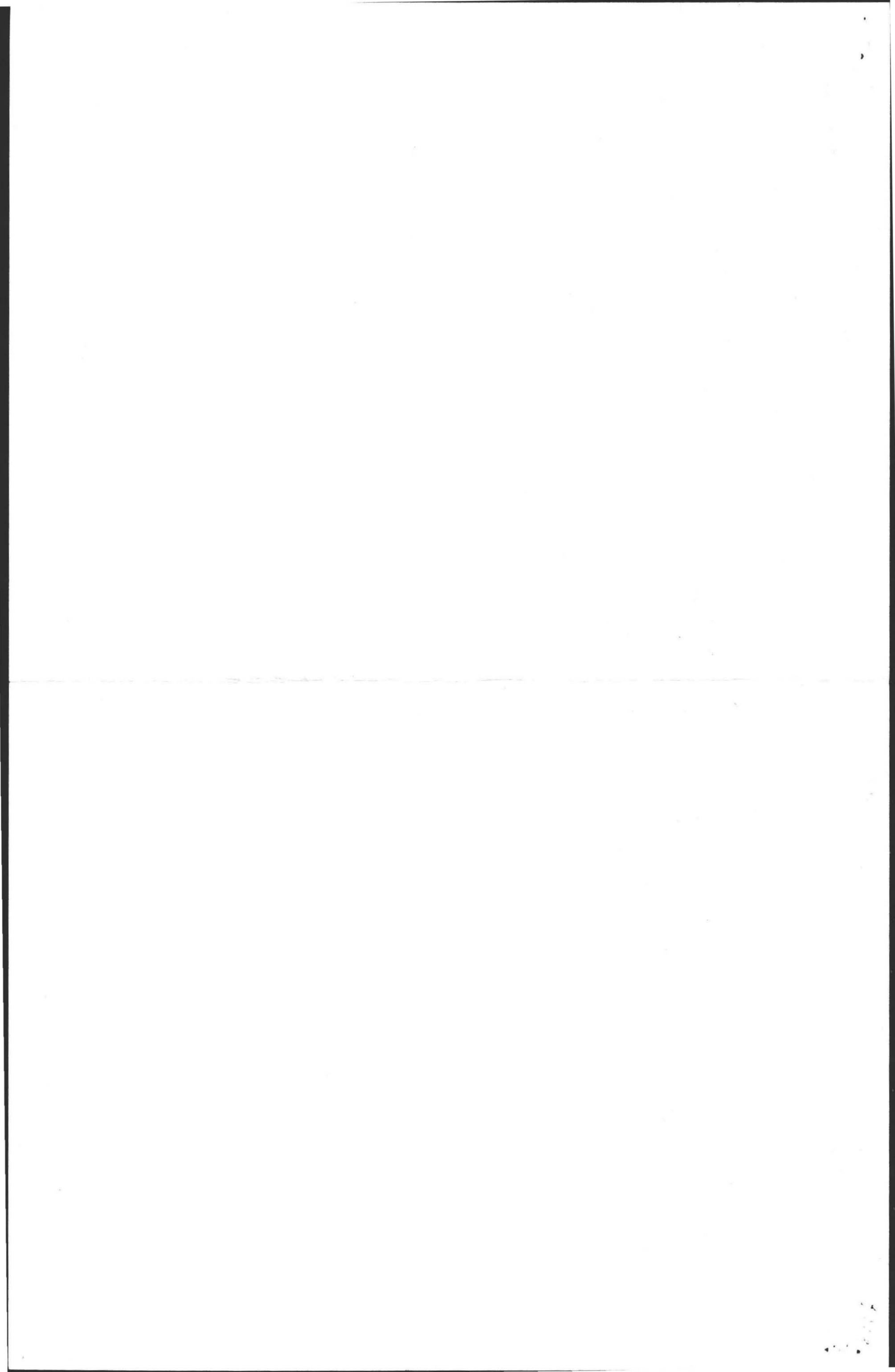
ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

Design Flow: 3 Bdrm @ 110 = 330 Gals Req.
Perc Rate: 10 min/in allows bottom area: 0.55 gal/ft²
Leach Bed: 24' wide x 32' long = 768.0 ft²
768.0 ft² x 0.55 = 422.4 Gals Available







Town of



AMHERST

Massachusetts

Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 253-7077

April 27, 1988

Ross Building Corporation
Route 66
Westhampton, MA

Atten: Mr. Robert Skrocki

Dear Mr. Skrocki:

This office has reviewed the disposal works construction permit application for lot #20, Overlock Drive, Amherst, MA.

Soil log information included with the application indicates the lot was tested December 10, 1984.

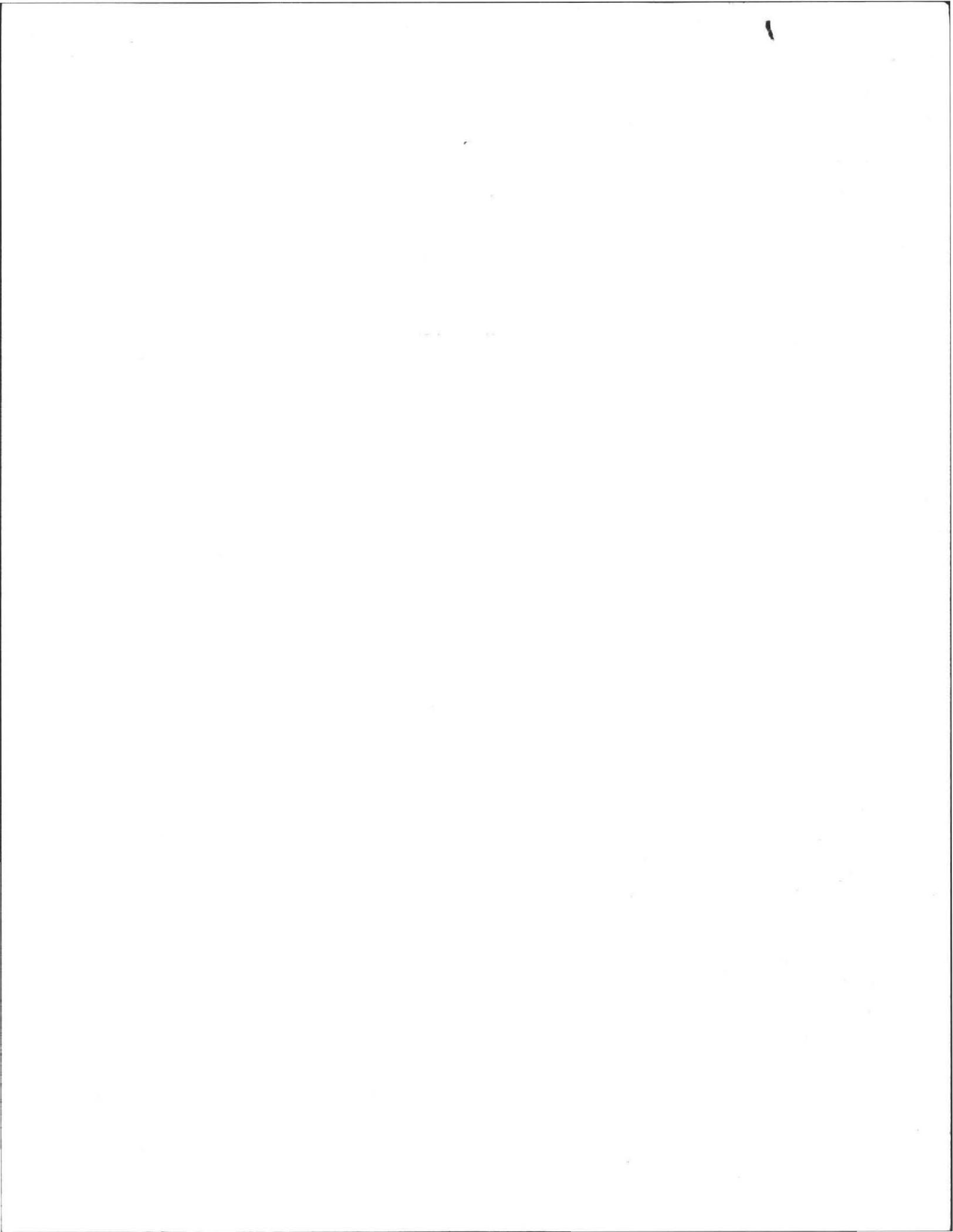
Please be advised that the Amherst Board of Health's supplementary regulations to State Environmental Code have changed since the property was originally tested.

Before the application can be processed new groundwater readings for the site will have to be made (Board of Health regs. require groundwater determinations to be made between March 1 - May 15) and a new percolation test taken completely in the glacial till layer will have to be performed.

Please contact me (tel. 253-7077) to schedule the testings prior to the May 15 deadline or if you have any questions relative to the matter.

Sincerely,

Dennis A. Pinski, C.H.O., R.S.



No. 88-13

527-7011

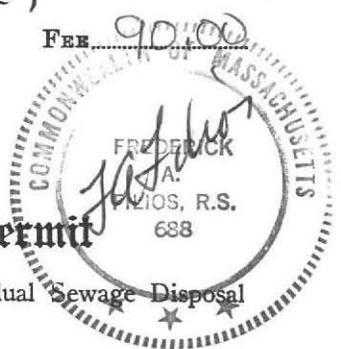
FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Location - Address: Overlook Dr., Amherst #20
Owner: Ress Building Corp. or Lot No.
Installer: Joseph Mastacka Inc. Address: LTD Rt 106 Westhampton, MA

Type of Building: Dwelling - No. of Bedrooms: 3 Expansion Attic ()
Other - Type of Building: _____ No. of persons: _____ Showers () - Cafeteria ()
Other fixtures: _____

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: 8.5' Width: 5' Diameter: _____ Depth: 5.4"
Disposal Trench - No. 1 Width: 24' Total Length: 32' Total leaching area: 768 sq. ft.
Seepage Pit No. _____ Diameter: _____ Depth below inlet: _____ Total leaching area: _____ sq. ft.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by: Filios Enterprises, Inc. Date: 12/10/84
Test Pit No. 1: 9 minutes per inch Depth of Test Pit: 8' Depth to ground water: 5 1/2'
Test Pit No. 2: _____ minutes per inch Depth of Test Pit: 8 1/2' Depth to ground water: 7 1/2'

Description of Soil: see attached sheet
Nature of Repairs or Alterations - Answer when applicable: _____

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.
X Signed: Robert E. Skerke, Pres. Date: _____

Application Approved By: _____ Date: _____
Application Disapproved for the following reasons: _____ Date: _____
Permit No. _____ Issued: _____ Date: _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired () by _____ at Lot #20 Overlook Dr. Amherst, MA 01002 has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

No. _____ FEE _____

Disposal Works Construction Permit

Permission is hereby granted _____ to Construct (✓) or Repair () an Individual Sewage Disposal System at No. Lot 20 Overlook Dr as shown on the application for Disposal Works Construction Permit No. _____ Dated _____

DATE: _____ Board of Health

CHECK OR FILL IN WHERE APPLICABLE

10/10/10

10/10/10

10/10/10

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No. 88-13

527-7011

FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Location - Address: Overlook Dr., Amherst #20
Owner: Ross Building Corp. or Lot No. LTD Rt 106 Westhampton, MA
Installer: Joseph Mastromauro, Inc. Address: 50148

Type of Building: Dwelling — No. of Bedrooms: 3 Expansion Attic () Garbage Grinder ()
Other — Type of Building: _____ No. of persons: _____ Showers () — Cafeteria ()
Other fixtures: _____

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank — Liquid capacity: 1000 gallons Length: 9.5' Width: 5' Diameter: _____ Depth: 5.4'
Disposal Trench — No. 1 Width: 24' Total Length: 32' Total leaching area: 768 sq. ft.
Seepage Pit No. _____ Diameter: _____ Depth below inlet: _____ Total leaching area: _____ sq. ft.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by: Filius Enterprises, Inc. Date: 12/10/84
Test Pit No. 1: 9 minutes per inch Depth of Test Pit: 8' Depth to ground water: 5 1/2'
Test Pit No. 2: _____ minutes per inch Depth of Test Pit: 8 1/2' Depth to ground water: 7 1/2'

Description of Soil: see attached sheet
Nature of Repairs or Alterations — Answer when applicable: _____

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.
X Signed: Robert E. Skochi, Pres. Date: _____

Application Approved By: _____ Date: _____
Application Disapproved for the following reasons: _____ Date: _____

Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired () by _____ at Lot #20 Overlook Dr Amherst, MA 01003 has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. _____ FEE _____

Disposal Works Construction Permit

Permission is hereby granted _____ to Construct (✓) or Repair () an Individual Sewage Disposal System at No. Lot 20 Overlook Dr Street _____ as shown on the application for Disposal Works Construction Permit No. _____ Dated _____

DATE: _____ Board of Health

CHECK OR FILL IN WHERE APPLICABLE

Town Amherst

Overlook Dr., Amherst
Pace Building Corp.
#30
LTD & W. Westborough, MA

20148

200
100
100
100
100

101/184
100
100

100
100
100
100
100

see attached sheet

Town Amherst

101/184 Overlook Dr. Amherst, MA 01004

Town Amherst

101/184 Overlook Dr.

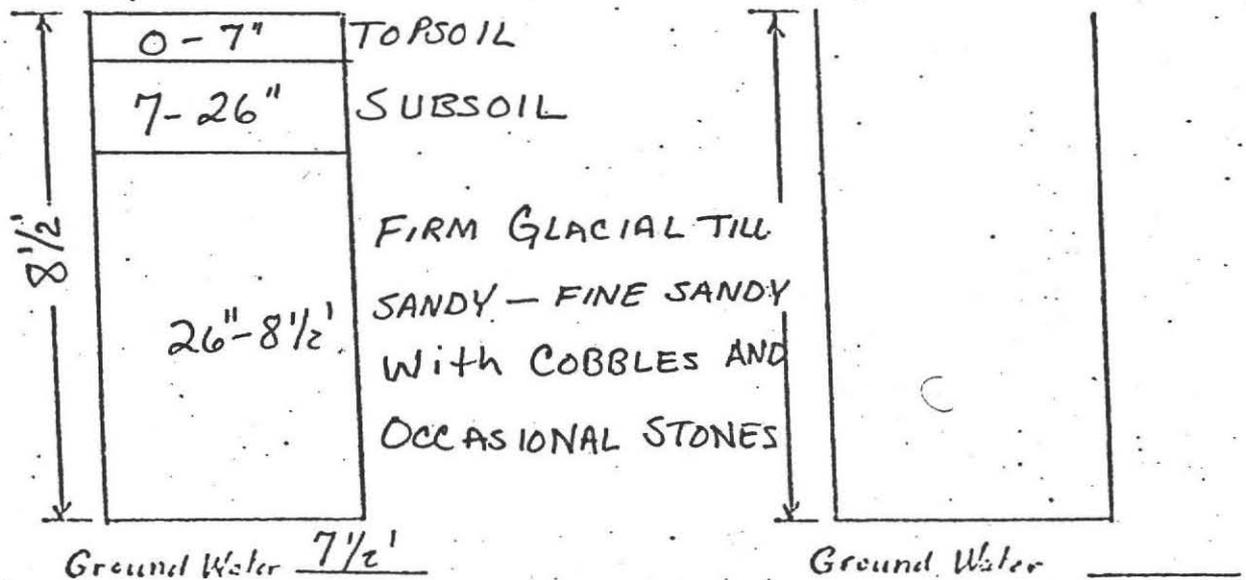
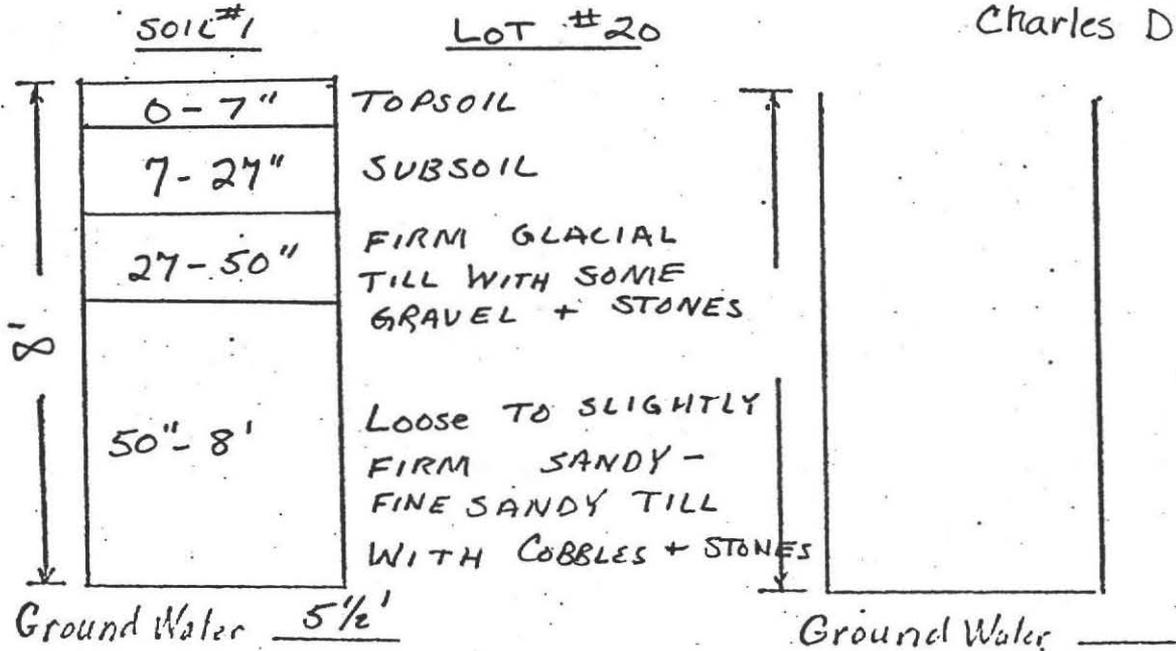
DEEP SOIL LOGS

OWNER BENJAMIN H. STEVENS

Date Dec. 10, 1984

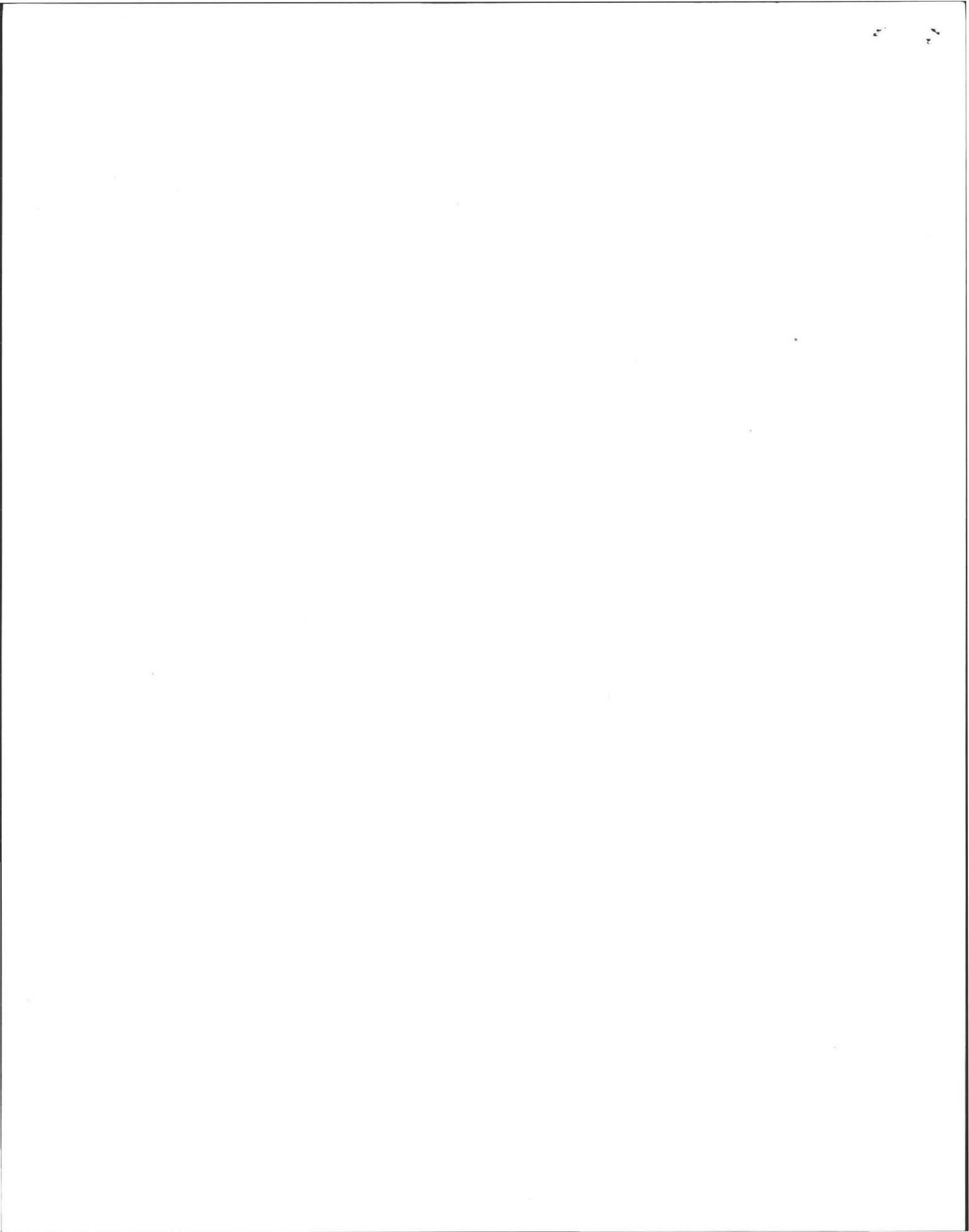
LOCATION OVERLOOK DR., AMHERST

OBSERVER F.A. FILIOS
Charles Drake



PERCOLATION RATE AT 32"
9 MINUTES / INCH



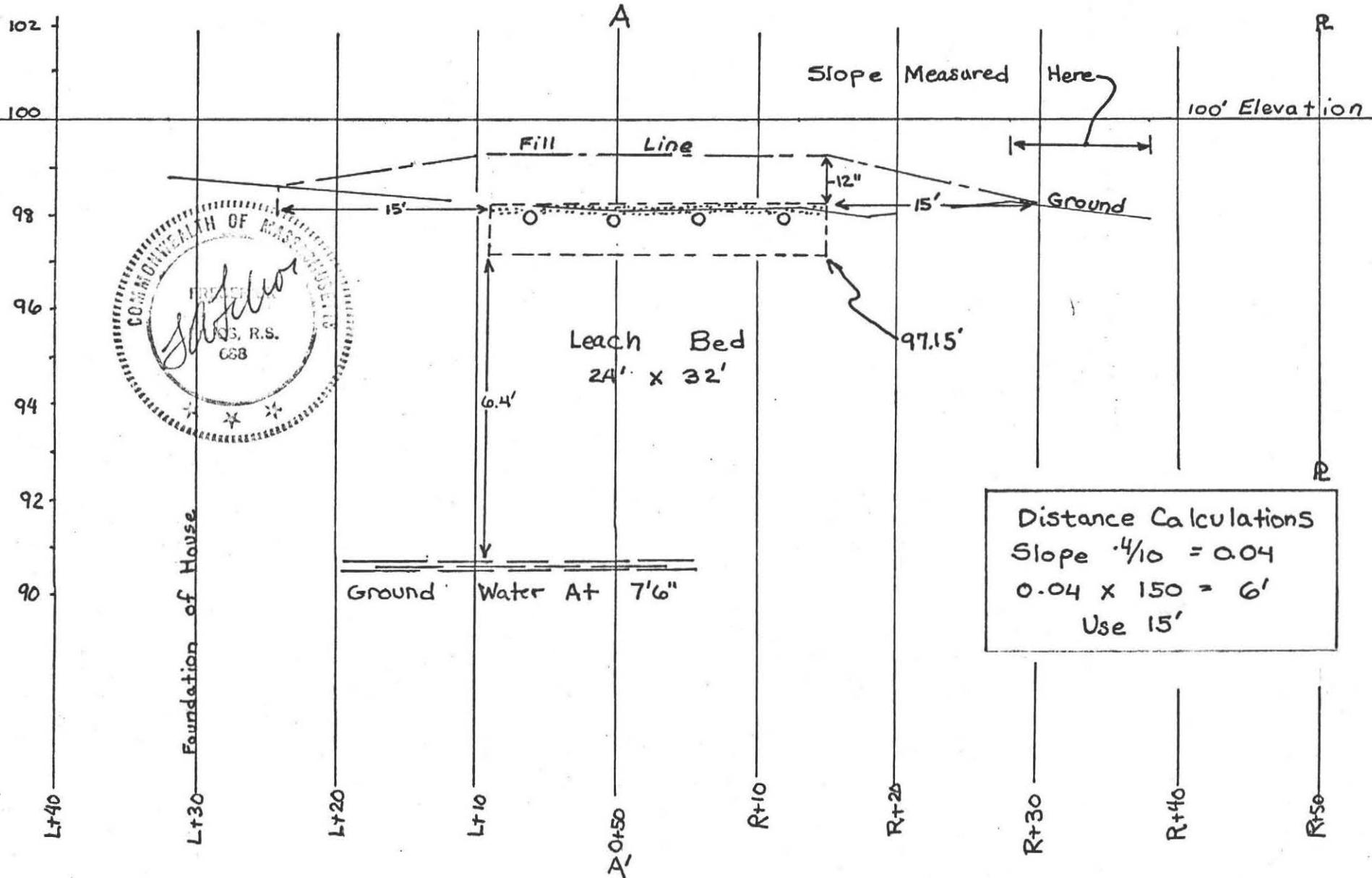


CROSS-SECTION OF LEACH BED AT A-A'

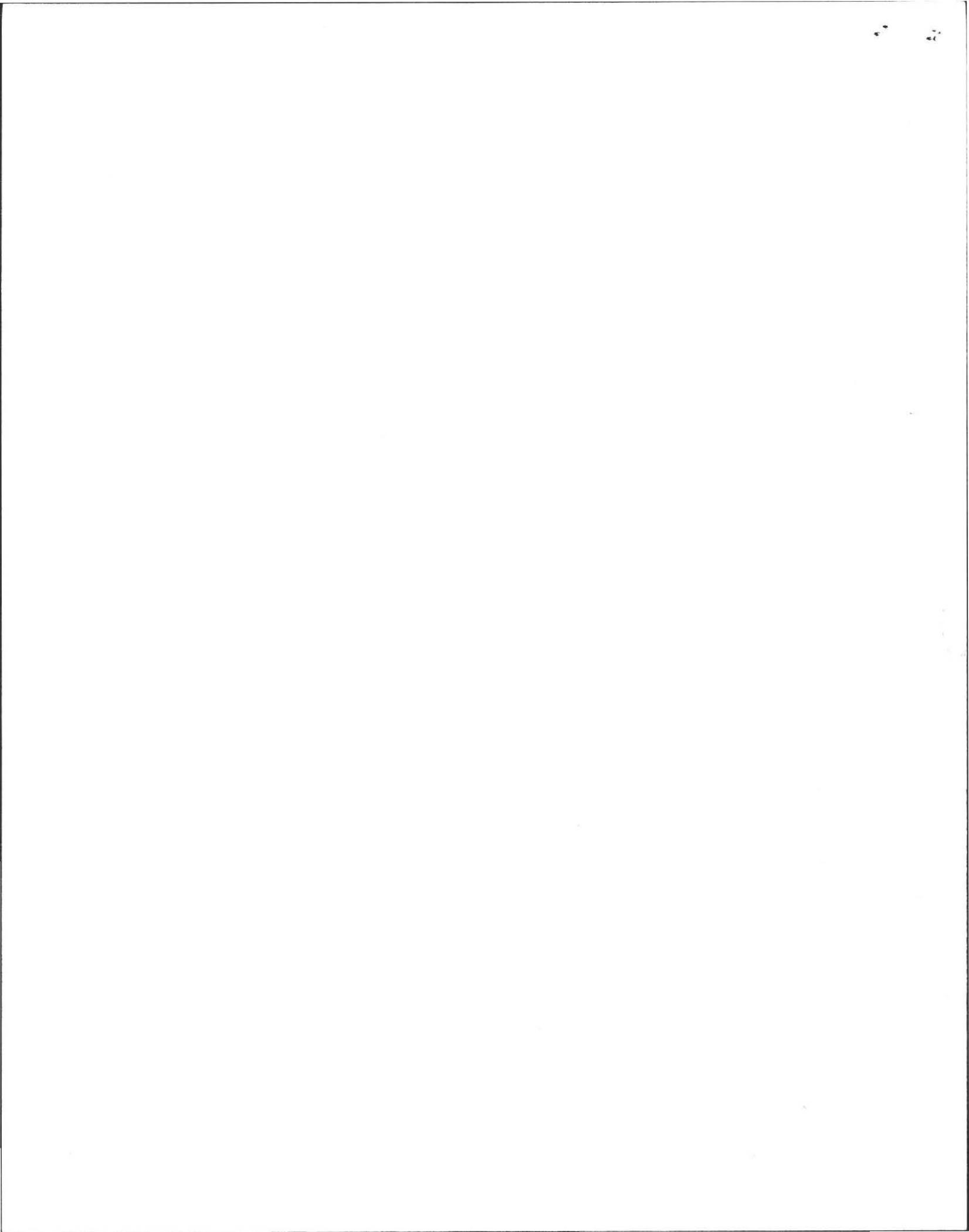
For: Robert Skrowki
 Ross Building Corp.
 LTD RTE. 66
 Westhampton, MA 01027

FILIOS ENTERPRISES, INC.
 January 15, 1988 R.W.9.
 Scale: Horizontal: 1" = 10'
 Vertical: 1" = 3'

Site: Lot 20, Overlook Dr.



Distance Calculations
 Slope $\frac{4}{10} = 0.04$
 $0.04 \times 150 = 6'$
 Use 15'



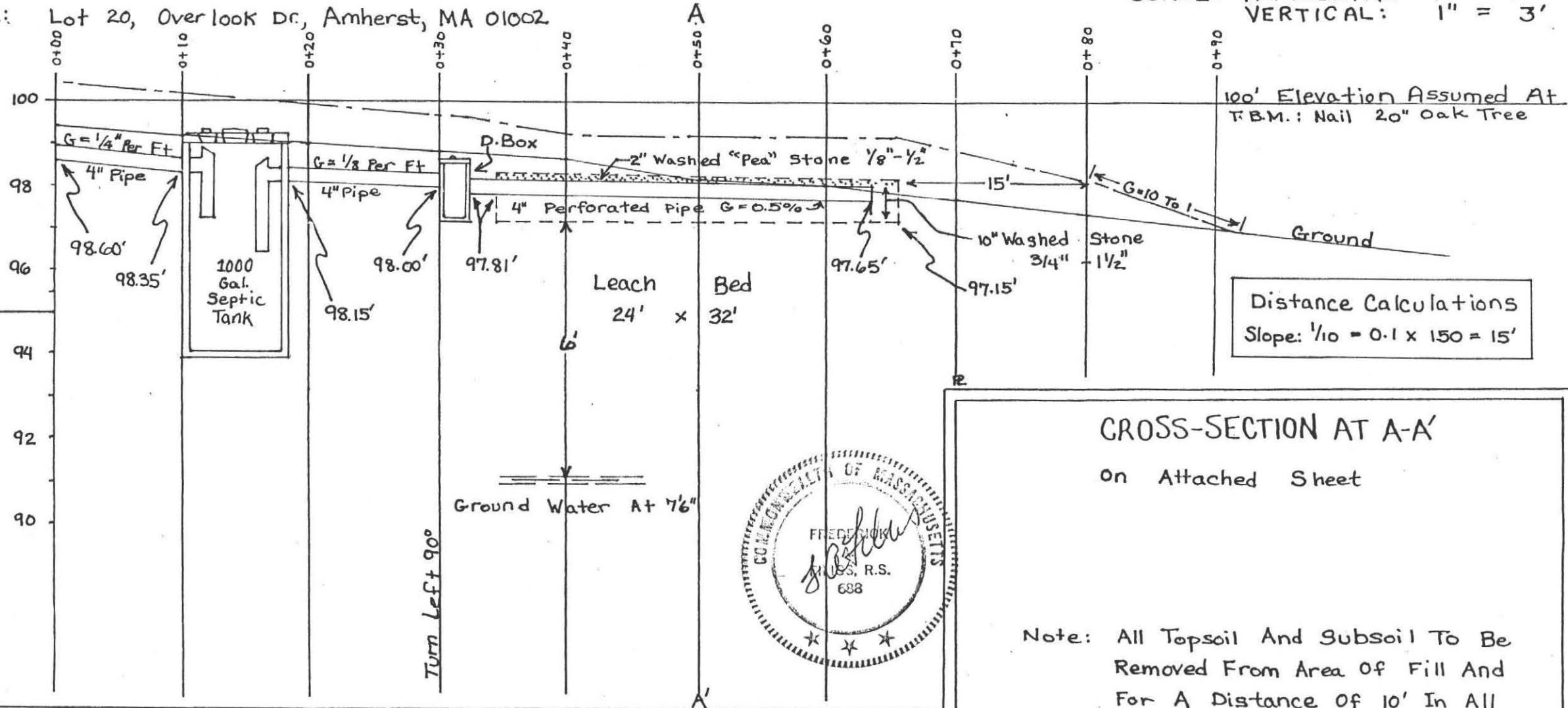
PROFILE OF SEPTIC SYSTEM

FOR: Robert Skrowki - Ross Bldg. Corp.
Rte 66, Westhampton, MA 01027

Filos Enterprises, Inc.
January 15, 1988 R.W.S.
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'

SITE: Lot 20, Overlook Dr., Amherst, MA 01002

House Foundation

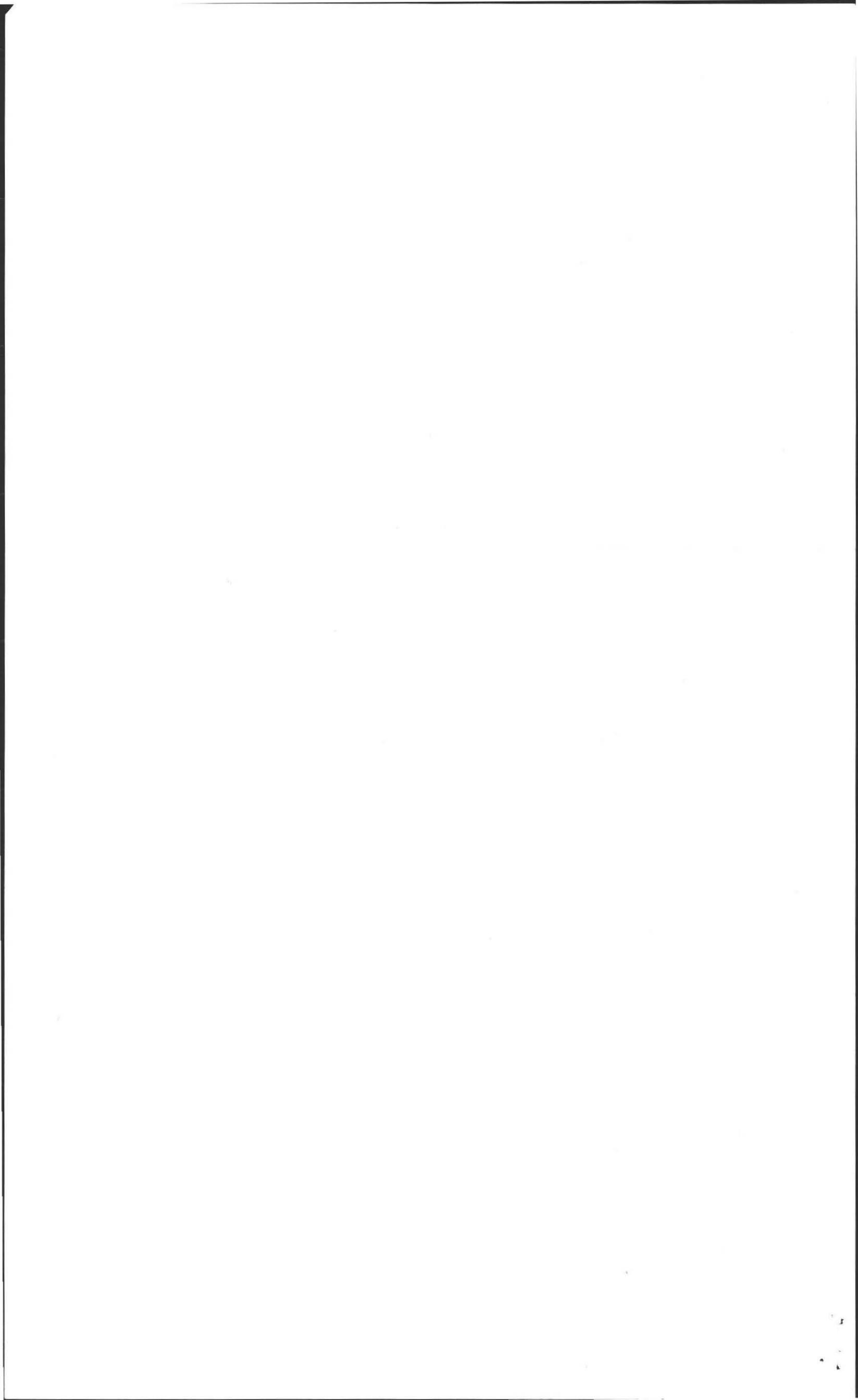


SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

Design Flow: 3 Bdrm @ 110 = 330 Gals Req.
Perc Rate: 10 min/in allows bottom area: 0.55 gal/ft²
Leach Bed: 24' wide x 32' long = 768.0 ft²
768.0 ft² x 0.55 = 422.4 Gals Available

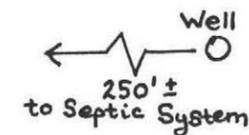
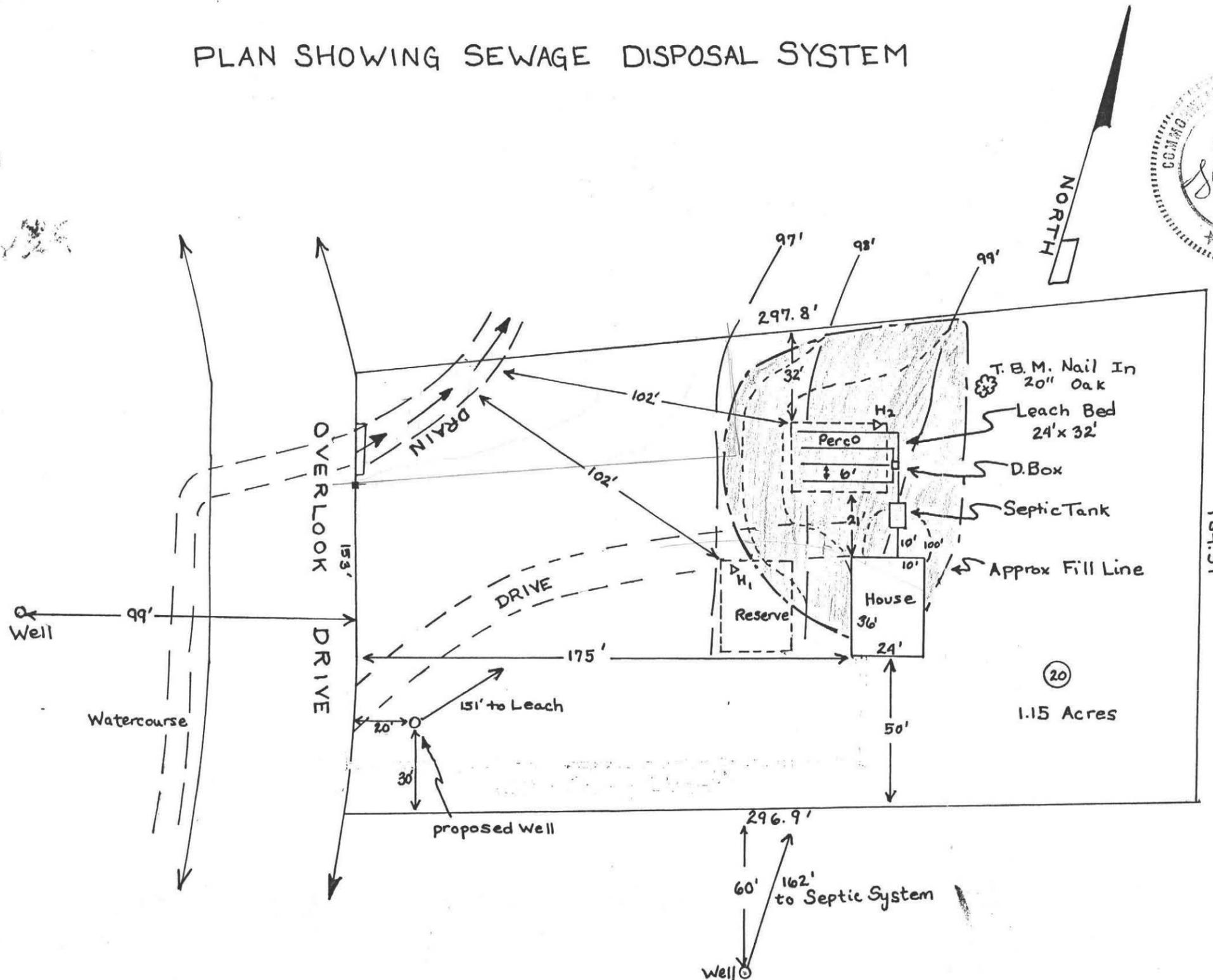


PLAN SHOWING SEWAGE DISPOSAL SYSTEM

FOR: BOB SKROWKI
 ROSS BUILDING CORP.
 LTD. RT. 66
 WESTHAMPTON, MA 01027

SITE: LOT 20
 OVERLOOK DRIVE
 AMHERST, MA

Contour Line: ————
 Proposed Contour: - - - - -
 Fill Line: — - - - -
 Note: No Wells within 200' of Leach



BY: FILIOS ENTERPRISES, INC.
 69 PELHAM ROAD
 AMHERST, MA 01002 R.W.S.

DATE: JANUARY 20, 1988
 SCALE: 1" = 40'-00"

AREA = 50,148 ± SQ. FT.
 1.15 ± AC

