

330 PELHAM ROAD



Dec. 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: December 1, 2011

TO James Paddock
244 Locks Village Rd.
Wendell, MA 01379

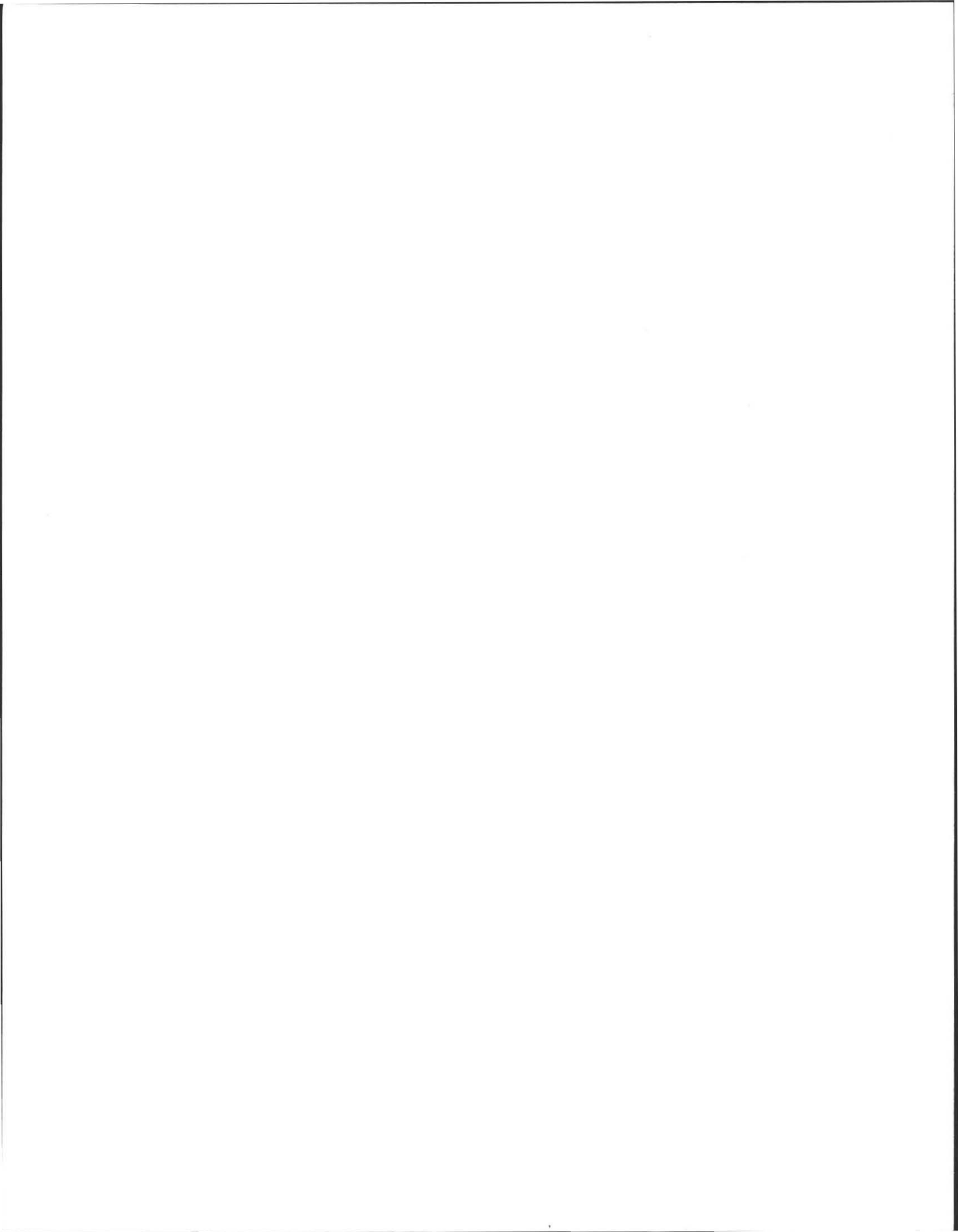
RE: Invoice for Plan Review

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

| QUANTITY | DESCRIPTION | UNIT PRICE | LINE TOTAL |
|-----------|--|------------|------------|
| 1.00 | Plan Review | \$ 150.00 | \$ 150.00 |
| | | | |
| | | | |
| | | | |
| | this invoice is due upon receipt; please remit to address above. | | |
| | thank you | | |
| | | | |
| | | | |
| | | | |
| SUBTOTAL | | | \$ 150.00 |
| SALES TAX | | | |
| TOTAL | | | \$ 150.00 |

We are only billing you for the plan review as we were not physically at the Title V that failed the system -



No. _____

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>330 Pelham Rd.</u> | Owner's Name | <u>James Paddock</u> |
| Map/Parcel# | <u>15B/12</u> | Address | <u>244 Locks Village Rd, Windsor</u> |
| Lot# | <u>12</u> | Telephone# | <u>978-544-6461</u> |
| Installer's Name | <u>Karl's Site Work</u> | Designer's Name | <u>Alan Weiss, RS</u> |
| Address | <u>Hadley, MA.</u> | Address | <u>Belderau, MA.</u> |
| Telephone# | <u>549-5396</u> | Telephone# | <u>413-323-5952</u> |

Type of Building Residence Lot Size 3.45 ^{ac} 15 ^{sq. ft.}

Dwelling - No. of Bedrooms 4 BR (Actual) Garbage grinder No

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

Other Fixtures _____

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

Plan: Date 11/2/11 Number of sheets _____ Revision Date _____

Title Septic Tank Replacement Plan.

Description of Soil(s) Class 1:

Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Septic Tank

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 AW Date 11/2/11
for J. Paddock

Inspections _____

No. _____

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.

No. _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

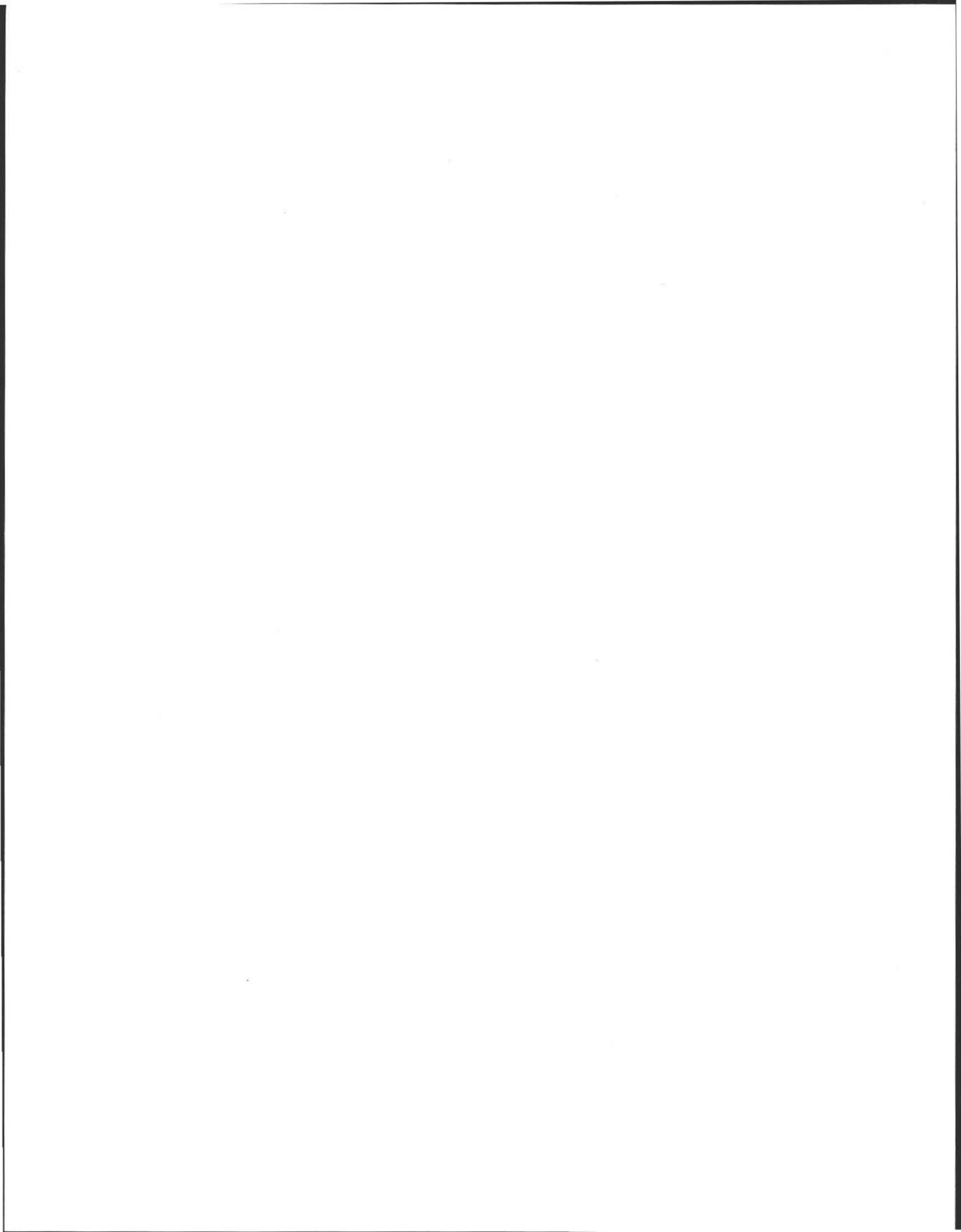
DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Disposal System Construction Permit No. _____, dated _____.

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

Form 1255 Rev. 5/96 A.M. Sullivan Co. Chatham, MA Date _____ Board of Health _____





- Property Map**
 - Property Lines
 - Property Line
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
 - Easements
- Topography**
 - Elevations
 - Elevation Contours
 - Immediate
 - Inlet
- Baseemap**
 - Trails
 - Rail Lines
 - Local Roads
 - Major Roads
 - State Routes
 - Structures
 - Building
 - Foundation or in concrete
 - Outbuilding or Metal
 - Deck, Porch, Stairs or
 - Mobile home, Trailer or
 - Building Foot
 - Water storage tank
 - Rivers and Streams
 - Streams
 - Major Culverts
 - Hydro Connector
 - Handwalks, Fencelines
 - Water Bodies
 - Dams
 - Rivers, Ponds & Rese
 - Retention ponds/Flo
 - Wetland
 - Forested Wetland
- Parking**
 - Parking Paved
 - Parking Unpaved
- Driveways**
 - Driveway Paved
 - Driveway Unpaved
- Sidewalks**
 - Sidewalks
- Transportation**
 - Paved street polygons
 - Unpaved street polyg
- Bridges**
 - Bridge decking and str
 - Foot Bridge
 - Rail Bridge
- Streets**
 - Local Roads
 - Major Roads
 - State Routes
- Mid Roads**
 - Limited Access Highw
 - Other High
 - Other Non Road Collec
 - Major Road, Collector
 - Minor Road, Arterial



Horizontal Datum: MA Stateplane Coordinate System,
 Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD83, Feet

Planimetric & topographic baseemap features compiled
 at 1"-40' scale from April, 2009 Aerial Photography.
 Parcels compiled to match the baseemap;
 revisions are ongoing.

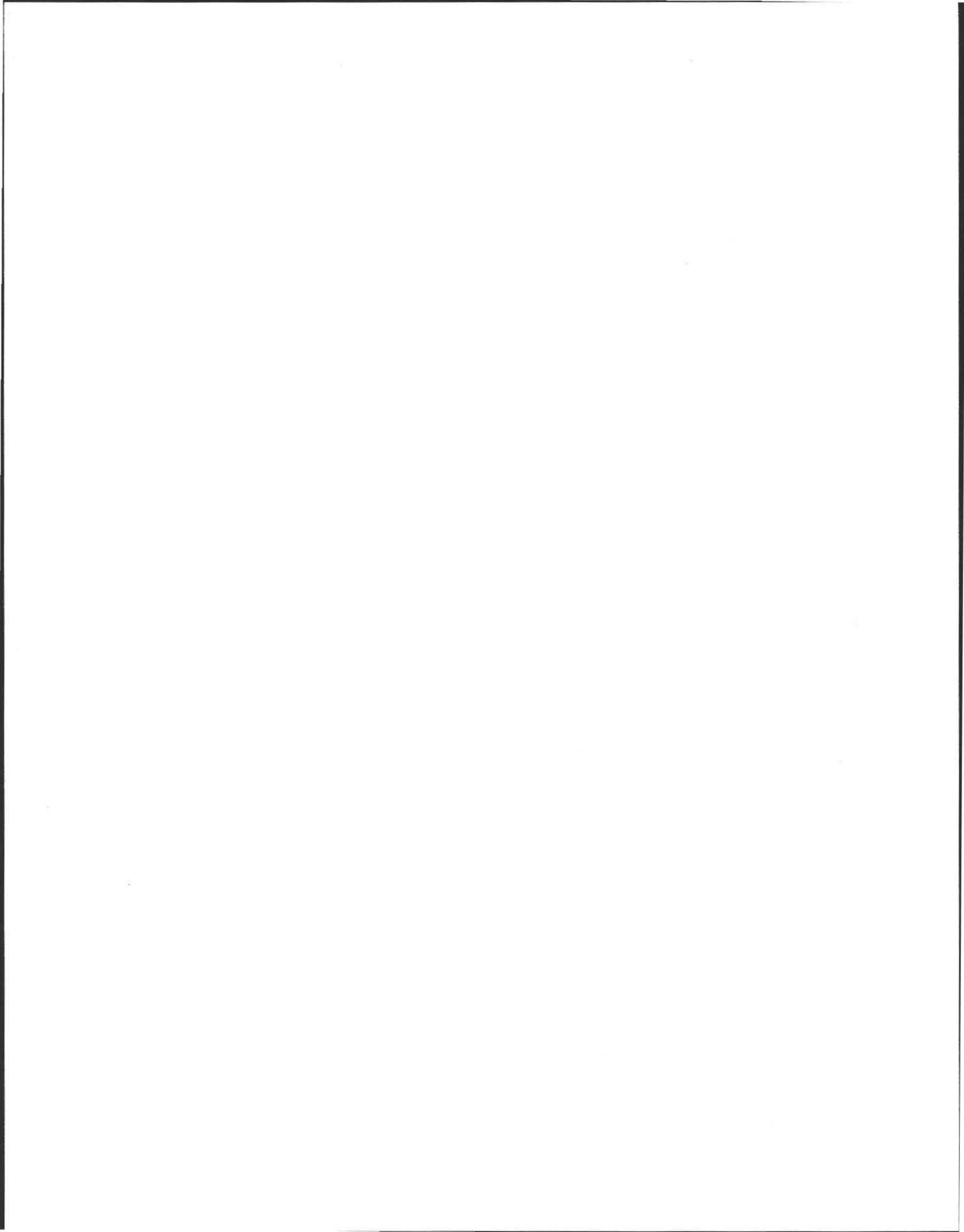
The information depicted on this map is for planning
 purposes only. It may not be adequate for legal boundary
 definition, regulatory interpretation, or property conveyance
 purposes. Utility structures and underground utility
 locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES,
 EXPRESSED OR IMPLIED, CONCERNING THE
 ACCURACY,
 COMPLETENESS, RELIABILITY, OR SUITABILITY OF
 THESE DATA. THE TOWN OF AMHERST DOES NOT
 WARRANT OR GUARANTEE THE ACCURACY OF THIS INFORMATION,
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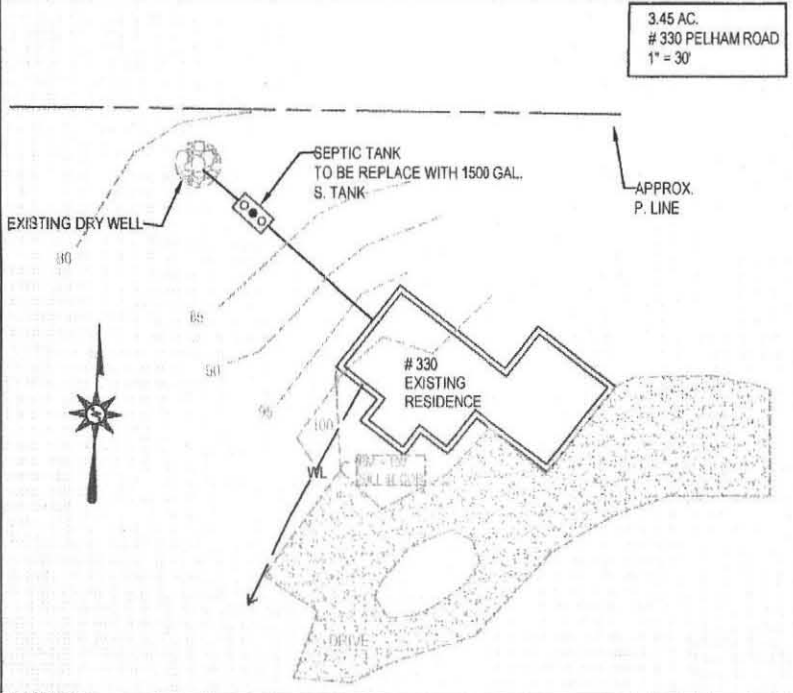
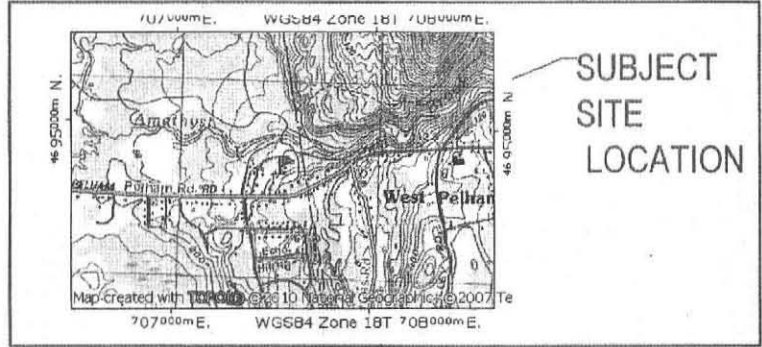
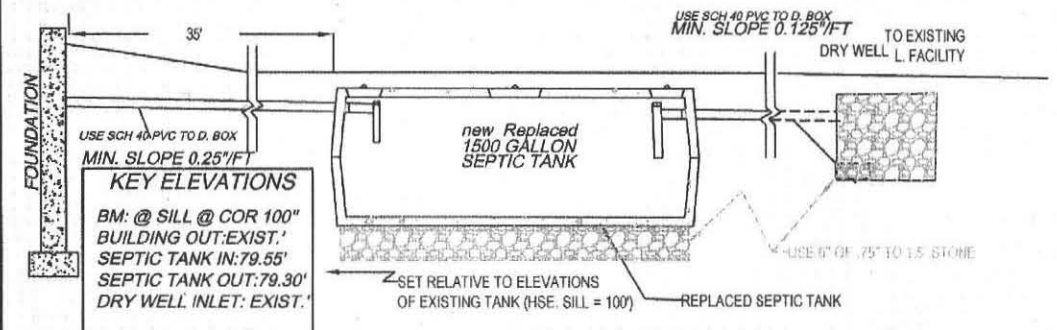


1" = 100 ft

Amherst GIS Viewer November 28, 2011



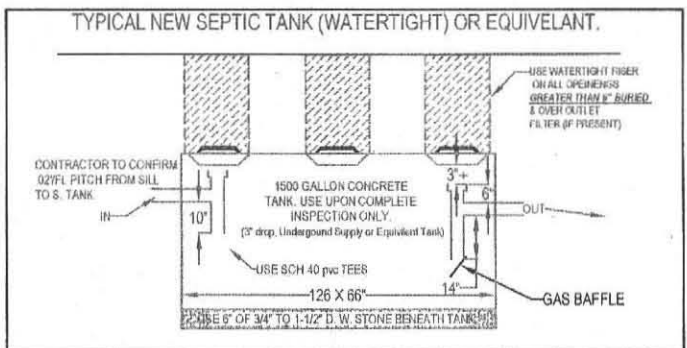
EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



NOTE TO INSTALLER:
LOCATE AND ESTABLISH L. AREA AS FUNCTIONING FIRST. IF FAILED, CONTACT DESIGNER IMMEDIATELY. STOP TANK INSTALL PLAN. OTHERWISE PROCEED WITH:
1. Pump, crush and remove old component.
2. Install new S. tank as noted on plan as per 310 CMR 15.00, with proper Sch 40 tees and gas baffle or outlet filler.
3. Contact Designer and local Health official for proper inspection prior to backfill.

NOTE: NO GAURANTEE OF LEGNTH OF FUNCTION OF L. FIELD IS ADDRESSED. FIELD FOUND FUNCTIONAL AT TIME OF COMPONENT CHANGEOUT.

NOTE: NOT A SURVEY FOR SEPTIC LOCATION ONLY. NO PROPERTY LINES WITHIN 15 FT OF PROPOSED TANK REPLACEMENT



SEPTIC TANK & D. BOX REPLACEMENT PLAN FOR JAMES PADDOCK
330 PELHAM ROAD
AMHERST, MA

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

PHD.NC: (413) 323-5957
S.A.C.: (413) 323-4916
e-Mail: ALWEISS@charter.net

| | | |
|---------------------|-------------------------|----------------------------------|
| DATE: 11.28.2011 | DRAWN BY: ALAN WEISS | REVISED: |
| SCALE: 1"=30' | | DRAWING NUMBER: 111-3793-1107 |

