327 Shay St. Lot 28 Map 20D

April 2013
INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: April 30, 2013

TO Burt Ewart & Linda Muerle
PO Box 2943
Amherst, MA, 01002

RE: Invoice for **Title 5 Witness Fee**
327 Shay Street
Services provided by **Edmund Smith**
PAYMENT TERMS: I Paid/thank you

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 witness (passed) performed 4/30/2013	$ 200.00	$ 200.00
	PAID 4/26/2013 CHECK # 1462 THANK YOU	(200.00)	$ (200.00)
		SUBTOTAL	$ -
		SALES TAX	
		TOTAL	$ -

4/30/2013

w/ Alan Weiss
PAID

327 Strong St.
- will be pumped (Adams)
- good condition
- geothermal (2005) here >25' probably 40'-58' (non-potable well)
- email receipt

No. 05-18

Rec'd Scott CK#5612 175.00

FEE

COMMONWEALTH OF MASSACHUSETTS

Plans — 125.00 CK#3498

Board of Health, Amherst, *MA.*

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS REG. 4933 REGISTERED SANITARIAN

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	327 Lot 28 Shays ST	Owner's Name	Linda S. Murray + Burt Ewart
Map/Parcel#	20D/28	Address	POB. 7943, Amherst 01004
Lot#	28	Telephone#	577-0178 (W)
Installer's Name		Designer's Name	Alan Weiss, RS.
Address		Address	Belchertown MA
Telephone#		Telephone#	413-323-5957

Type of Building Residence Lot Size 46,565 sq. ft.

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

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

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 464 gpd

Plan: Date 9/12/05 Number of sheets _____ Revision Date _____

Title _____

Description of Soil(s) Septic System Design.

Soil Evaluator Form No. _____ Name of Soil Evaluator A Weiss Date of Evaluation 4/13/05

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New Septic System

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 9/20/05

Inspections _____

No. 05-18

FEE 125.00 plans

COMMONWEALTH OF MASSACHUSETTS

Rec'd

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 ( ), Abandoned ( )

by: _____

at Shay Street

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 05-18, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: 4/24/06

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

No. 05-18

FEE 125.00

COMMONWEALTH OF MASSACHUSETTS

Rec'd 12

Board of Health, Amherst MASS. *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct(✓) Repair( ) Upgrade( ) Abandon( ) an individual sewage disposal system

at Shay ST as described in the application for

Disposal System Construction Permit No. 0348, dated Revised 9/26/05

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. Sulkin Co. Boston, MA

Date 9/30/05 Board of Health

No. 05-18

Reed Pd Scott CK#5612 175.00

FEE

COMMONWEALTH OF MASSACHUSETTS

Plans — 125.00 CK#3448

Board of Health, Amherst, *MA.*

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS REG. 4933 REGISTERED SANITARIAN

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	327 Lot 28 Shays ST	Owner's Name	Linda S. Mueth + Burt Ewart
Map/Parcel#	20D/28	Address	POB. 7943, Amherst 01004
Lot#	28	Telephone#	577-0178 (W)
Installer's Name		Designer's Name	Alan Weiss, RS.
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Other - Type of Building _____ No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 464 gpd

Plan: Date 9/12/05 Number of sheets _____ Revision Date _____

Title _____

Description of Soil(s) Septic System Design.

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 4/13/05

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New Septic System

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✓ Signed _____ Date 9/20/05

Inspections _____

No. 05-18

FEE 125.00 plans

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.* Reed Pd

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 Shay Street

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 05-18, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: 4/24/06

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

Land

Perc only

FORM 11: Soil Evaluation Form NO: _____

Commonwealth of Massachusetts
Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL Weiss Date: 6/13/07
Witnessed By: David Jarrush

Location Address of:	Owner's Name: Scott Lea
Lot #	Address of:
	Telephone: c/o Jackie Zuzgo DH Jones

New Construction ☑ Repair ☐ Parcel 20D000028

Office Review

Published Soil Survey Available? No ☐ Yes ☑
Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available? No ☑ Yes ☐
Year Published _____ Publication Scale _____
Geologic Material (map unit) _____
Landform _____

Flood Insurance Rate Map:
Above 500 year flood boundary? No ☐ Yes ☑
Within 500 year flood boundary? No ☑ Yes ☐
Within 100 year flood boundary? No ☑ Yes ☐

Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): month _____
Range: Above Normal ☑ Normal ☐ Below Normal ☐

Other Reference Reviewed:

Determination: Seasonal High Water Table

Methods Used:

- ☐ Depth observed standing in observation hole _____ inches
- ☐ Depth weeping from side of observation hole _____ inches
- ☐ Depth to soil mottles _____ inches
- ☐ Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feed of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

If not, what is the depth of naturally occurring previous material?
_____

Certification

I certify that on _____ (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 _____
Date _____

On-Site Review

Deep Hole Number 1 Date: 4/13/05 Time 10 am
Weather Sun 50
Location (identify on site plan) _____
Land Use woods Slope (%) 4-8°
Surface Stone Few
Vegetation:
deciduous

Landform:
Terrace

Position on Landscape (sketch on back) Catch Basin
Distances from:
Open Water Body 100 feet
Possible Wet Ares 100+ feet
Drinking Water Well 100 feet
Drainageway 40 feet
Property Line 20 feet
Other Drainage

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	A	10YR 3/2	FSL	—	Com fr Sand
24	Bw	10YR 5/6	LS	—	+ gravel
120	C	10YR 4/4	S	—	10 % Cobbles

Parent Material (geologic) Outwash
Depth to Bedrock 120
Depth to Groundwater :
Standing Water in the Hole —
Weeping from Pit Face —
Estimated Seasonal High Water —

On-Site Review

Deep Hole Number 2 Date: 4/13/05 Time 10:30
Weather Sunny 50
Location (identify on site plan) _____
Land Use woods Slope (%) 4-8
Surface Stone Few
Vegetation:
Deciduous

Landform:
Terrace

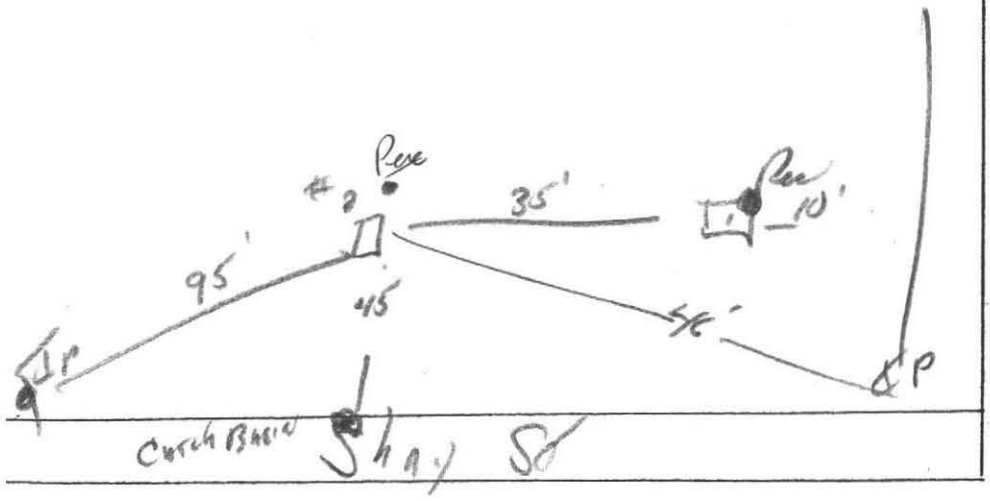
Position on Landscape (sketch on back) _____
Distances from:
Open Water Body 100 feet
Possible Wet Ares 100 feet
Drinking Water Well _____ feet
Drainageway _____ feet
Property Line 45 feet
Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel

Stone

Parent Material (geologic) Outwash
Depth to Bedrock 120
Depth to Groundwater :
Standing Water in the Hole —
Weeping from Pit Face —
Estimated Seasonal High Water —



House # 126

FORM 12: Percolation Test
Location Adrress or Lot # 28 MAR 20 D

Commonwealth of Massachusetts
Town of

PERCOLATION TEST *		
DATE: 4/13/05		TIME:
Observation Hole #	(1)	(2)
Depth of Perc	40	39"
Start Pre-soak	10:15	10:05
End Pre-soak	10:25	10:15
Time at 12"	10:25	10:15
Time at 9"	10:27	10:17
Time at 6"	10:29	10:19
Time (9"-6")	<2	<2
Rate Min./Inch	2	<2

**Minimum of one percolation test must be performed in both the primary area and reserve area.*

Site Passed ☑ Site failed ☐

Performed by AC Weiss

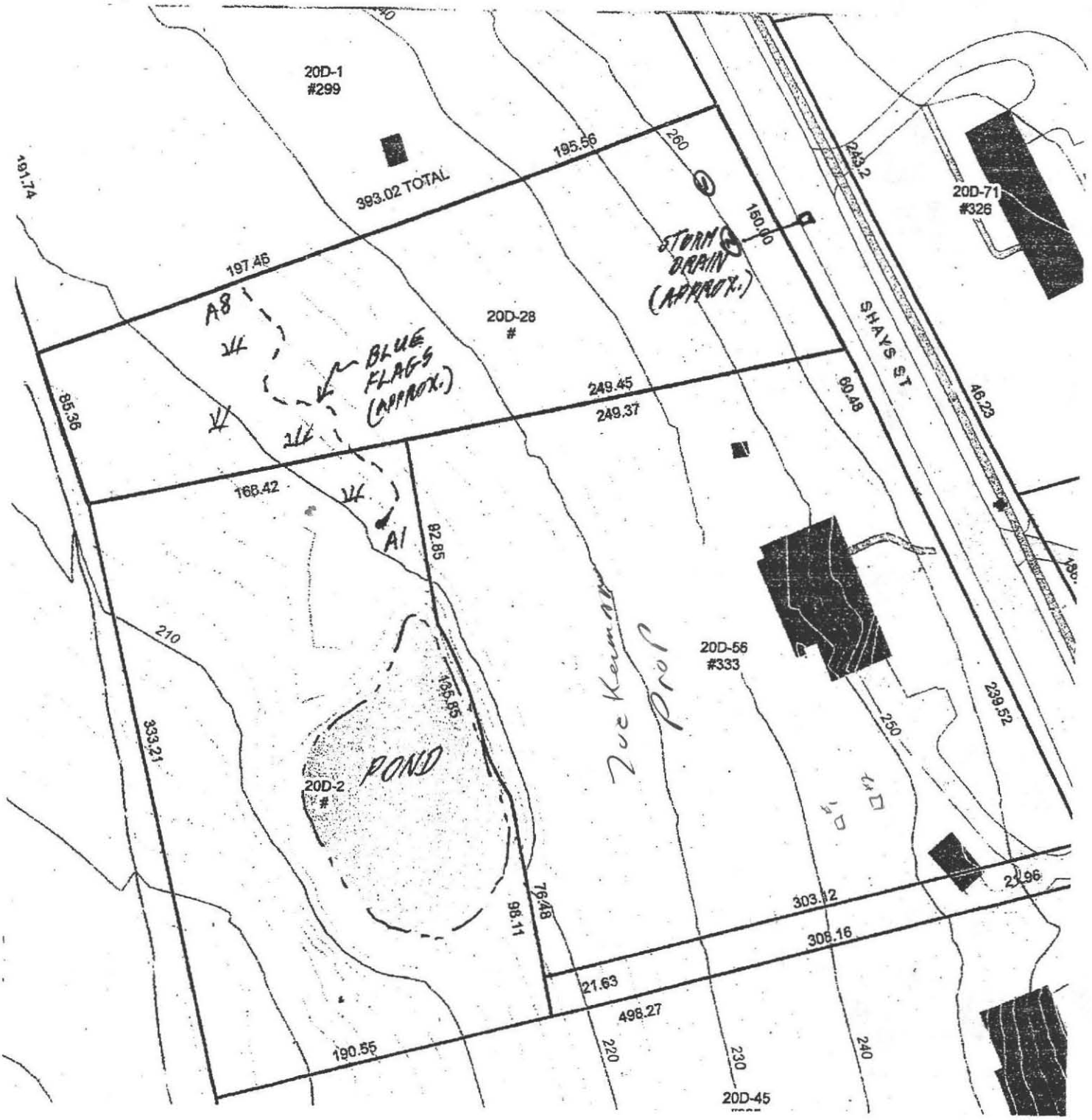
Witnessed by Dave Jarvis

Comments:

To: Alan Weiss 323-4916 1 page

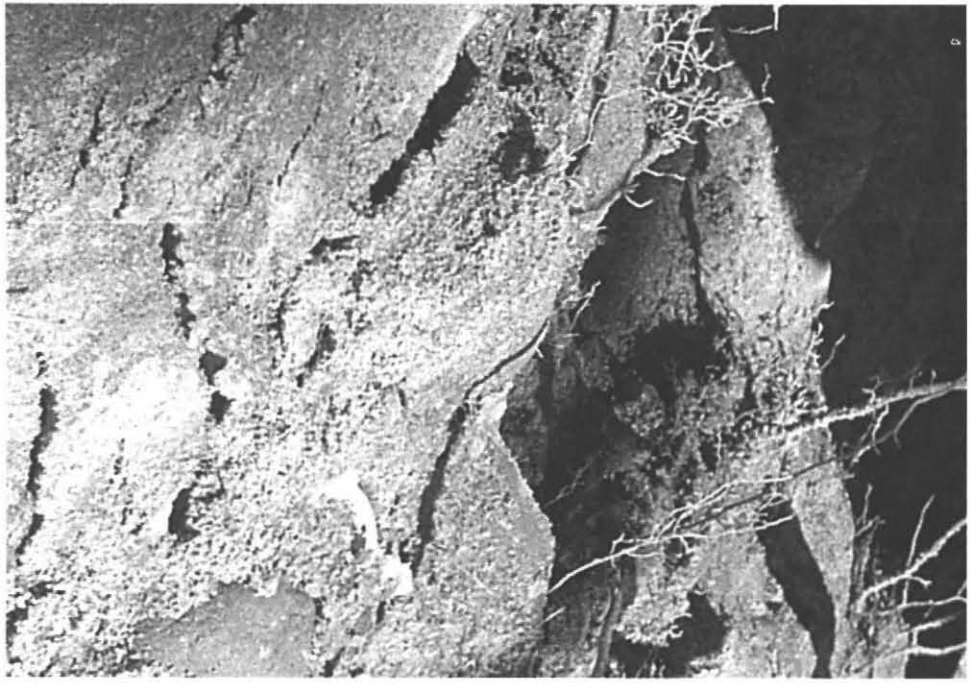
Fr: Chuck Dauchy

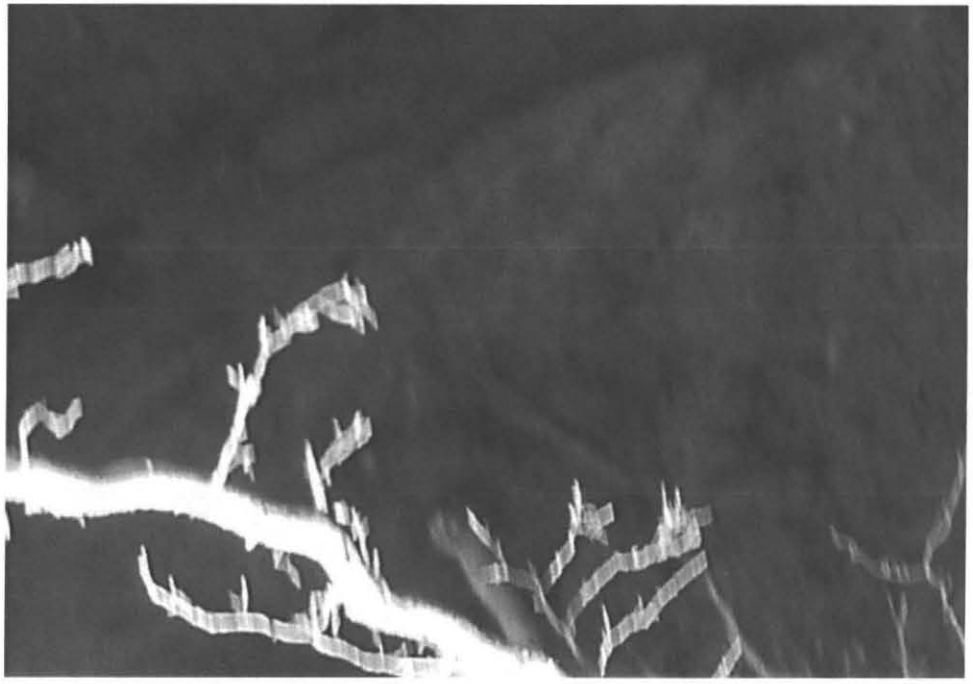
Re: Sage + Lea, Shay's St. 4/7/05



land owner: Scott Lon
lot 2

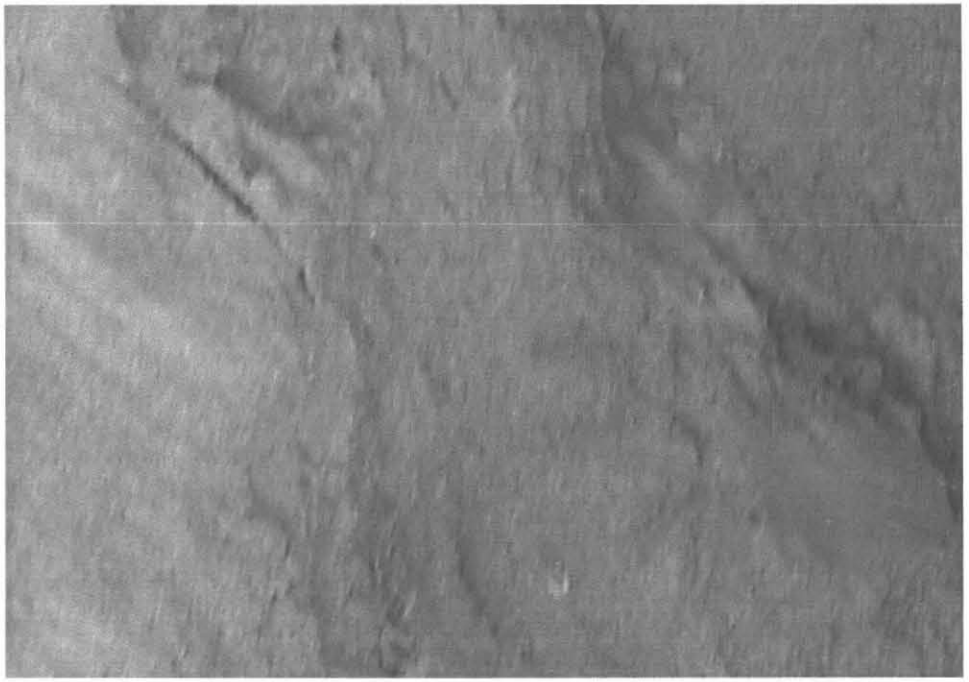
lot #28
map 20D

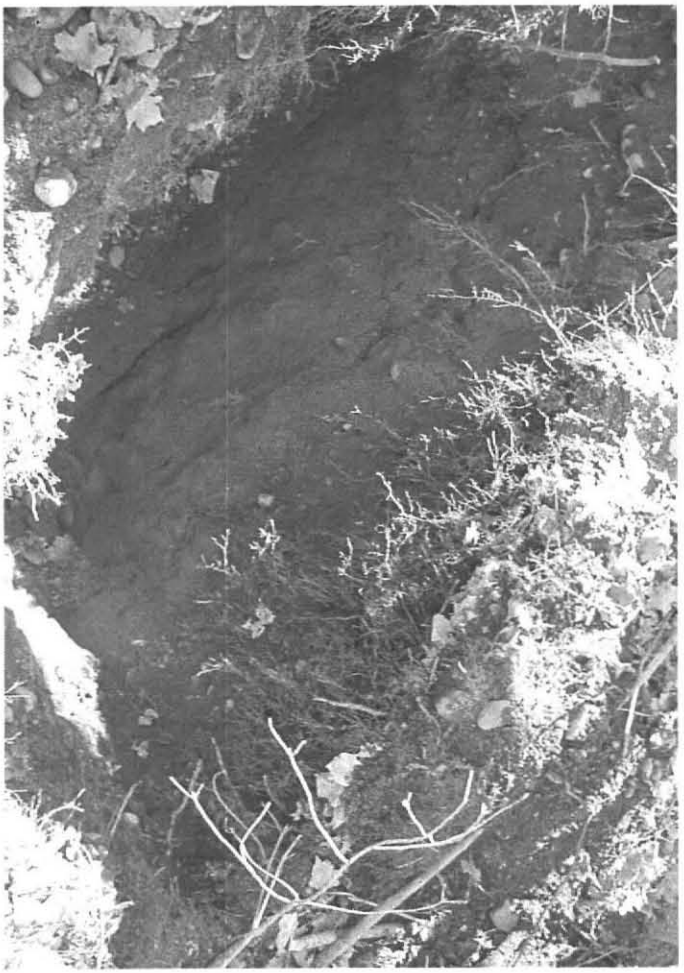




land owner: Scott Len
c/o Jackie Zuzgo / DH Jones
LOT 1 4/13/05

LOT 28
MAP 20 D





COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

•Subsurface Investigations
•21E Site Investigations
•Pollution Remediation
•Percolation Tests and Septic Designs

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

ORIGINAL

Date: 4/13/05

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: D. Zarozwski

Date: 4/13/05

Location Address or Lot #	Owner's Name, Address, and Telephone #
Between 299 - 333 Shays 20D - 28 New Construction ☑ Repair ☐	Scott Lea c/o Jacqui Zuzgo Jones Town + Country Real Estate. Amherst, MA. 01002 549-3700

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published 1981 Publication Scale 1:15,840 Soil Map Unit PaD

Drainage Class RaD Soil Limitations —

Surficial Geologic Report Available: No ☑ Yes ☐

Year Published Publication Scale

Geologic Material (Map Unit)

Landform

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☑

Within 500 year flood boundary No ☑ Yes ☐

Within 100 year flood boundary No ☑ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit)

Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range: Above Normal ☑ Normal ☐ Below Normal ☐

Other References Reviewed: LOT is

* Subject to ConSV. Comm. review *

Location Address or Lot No. LOT 28 , MAP 20D

On-site Review

Deep Hole Number 1 + 2 Date: 4/13/05 Time: 10:00 SUN Weather 50°F

Location (identify on site plan) _____

Land Use Wooded Slope (%) 4-8 Surface Stones Few.

Vegetation deciduous

Landform _____

Position on landscape (sketch on the back) . . .

Distances from:

Open Water Body 100'+ feet Drainage way 45' feet - catchbasin (street)

Possible Wet Area 100'+ feet Property Line 20' feet

Drinking Water Well 100'+ feet Other _____
Town.

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A	FSL	10yr 3/2		Friable, Loose
8-24"	Bw	LS	10yr 5/6	Not	Friable.
24"-120"	C_1	S+G.	10yr 4/4		Crs. Sand + gravel, 10% Cobbles
0-8"	A	FSL	10yr 3/2		Friable, Loose
8-24"	Bw	LS	10yr 5/6		Friable.
24-120"	C_1	S+G.	10yr 4/4	Not	Crs. Sand + gravel / 10% Cobbles.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Depth to Bedrock: 120"+

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

Estimated Seasonal High Ground Water: 120"+

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 20D-28 Shays

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: 4/13/05	Time: 10:00	
Observation Hole #	P_1	P_2
Depth of Perc	40"	39"
Start Pre-soak	10:15	CANT 10:05
End Pre-soak	10:25	HOLD 10:15
Time at 12"	10:25	SOAK. 10:15
Time at 9"	10:27	10:17
Time at 6"	10:29	10:19
Time (9"-6")	<2	<2
Rate Min./Inch	<2	<2

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

Site Passed ☑ Site Failed ☐

Performed By: A. Weiss

Witnessed By: D. ZARozinski

Comments: * Subject to Conservation Comm. review, *

DEP

DEP APPROVED FORM - 12/07/95

Between 299-373

Location Address or Lot No. 200-28, Shays St

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 120" inches
- ☐ Ground water adjustment ..... feet

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

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

Depth of Naturally Occurring Pervious Material

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

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

Certification

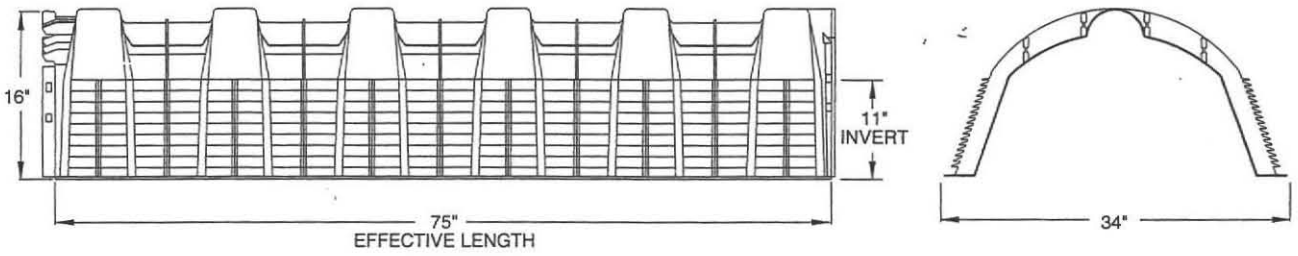
I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 4/13/05

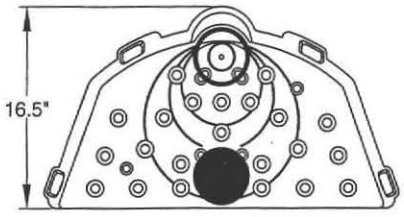
COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

High Capacity H-10 or High Capacity H-20 Chambers

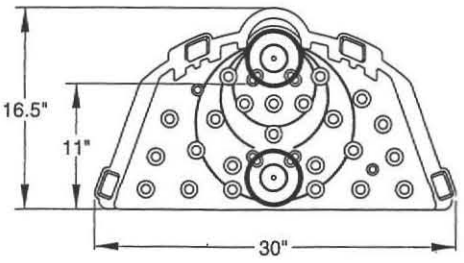
SIDE AND END VIEWS



POSILOCK END PLATES
(not to scale)



Open
Part # HCEO



Closed
Part # HCE

Nominal chamber specifications

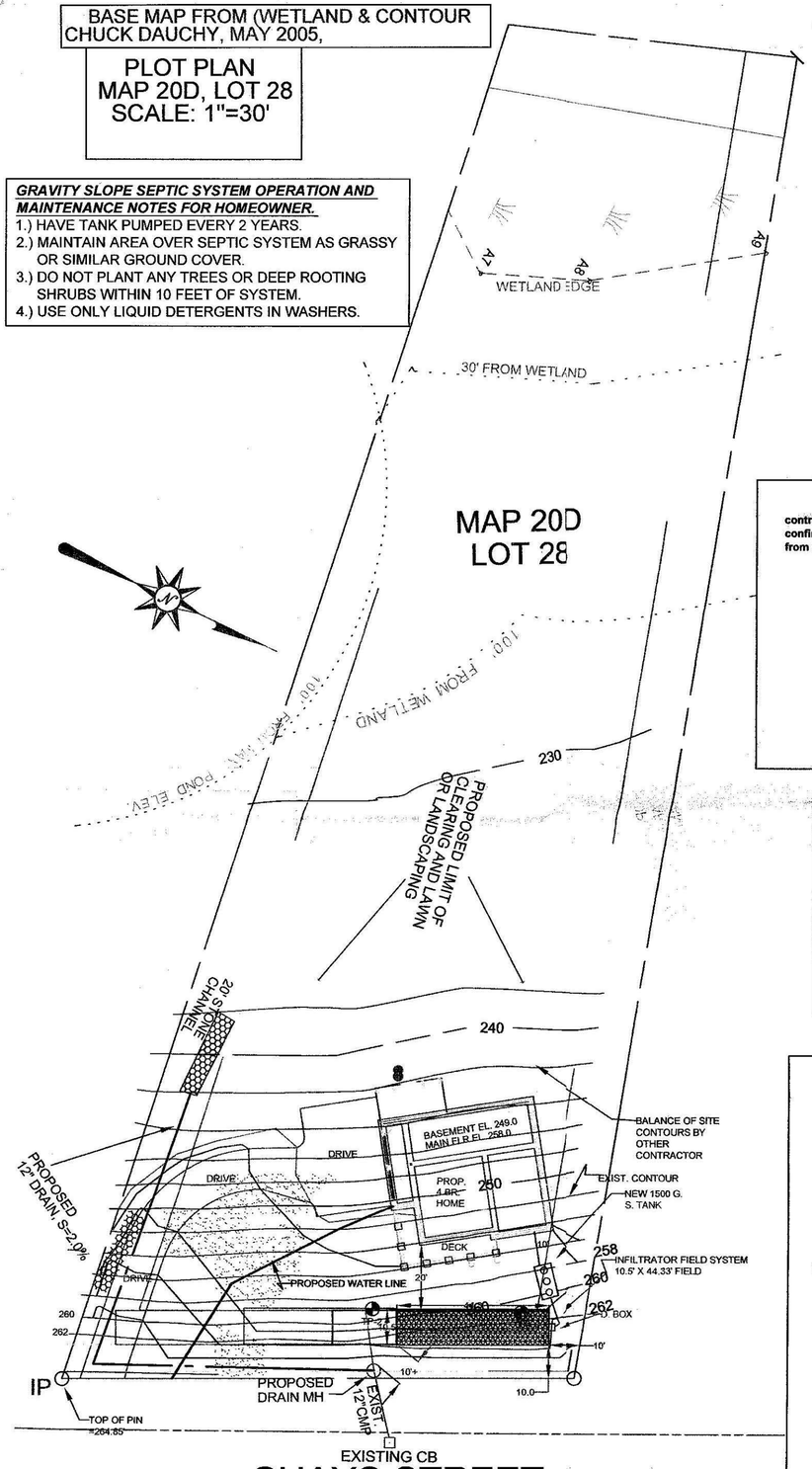
Size (W x L x H)	34" x 75" x 16"
Effective Leaching Area:	
Bed	4.72 sf/lf
Trench	7.79 sf/lf
Invert Elevation	11"

BASE MAP FROM (WETLAND & CONTOUR CHUCK DAUCHY, MAY 2005,

PLOT PLAN
MAP 20D, LOT 28
SCALE: 1"=30'

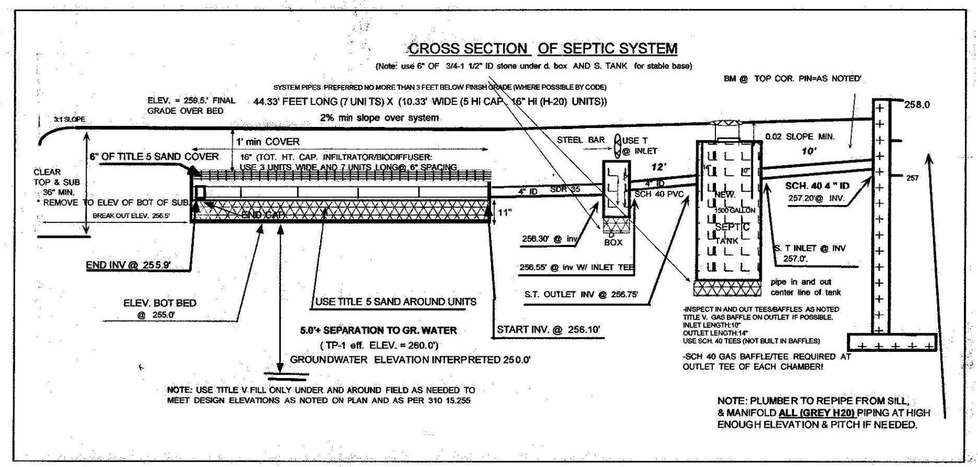
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

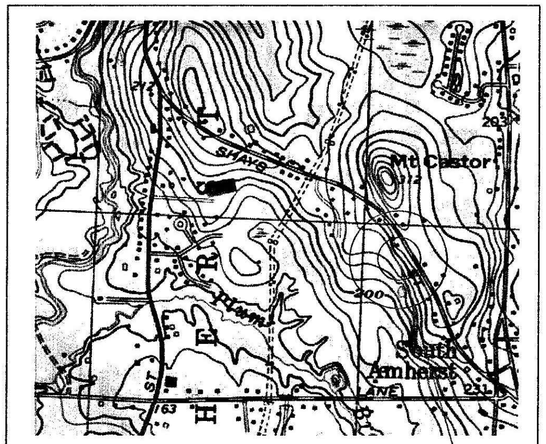
1.) HAVE TANK PUMPED EVERY 2 YEARS.
2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
4.) USE ONLY LIQUID DETERGENTS IN WASHERS.



CROSS SECTION OF SEPTIC SYSTEM

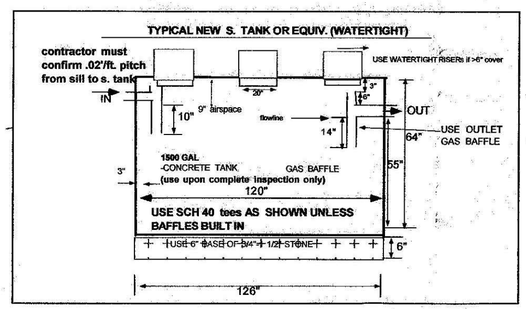
(Note: use 6" OF 3/4-1 1/2" ID stone under d. box AND S. TANK for stable base)



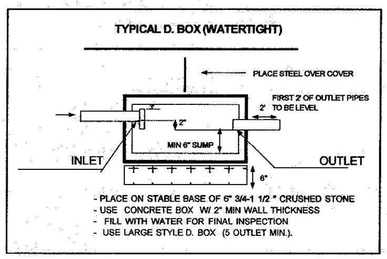


SUBJECT SITE LOCUS

TYPICAL NEW S. TANK OR EQUIV. (WATERTIGHT)

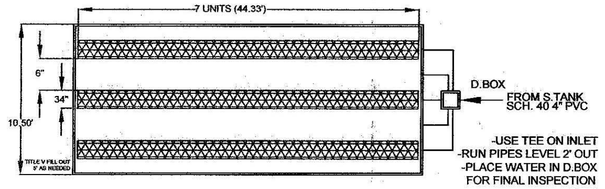


TYPICAL D. BOX (WATERTIGHT)



BioDiffuser® Septic Disposal System Cluster System

BioDiffuser® Septic Disposal System Cluster System



NOTES:

1. EXCAVATE AND LEVEL INSTALLATION AREAS.
2. SCARIFY SURFACE TO REMOVE ANY SMEARING CAUSED DURING EXCAVATION.
3. INSTALL BIODIFFUSER LEACHING CHAMBERS IN ADJACENT ROWS TO COVER DESIRED AREA.
4. INSTALL UNIVERSAL END CAP AND SECURE IN PLACE WITH BACK FILL.
5. INSTALL 4" PIPE TO EACH ROW OF BIODIFFUSER USING KNOCKOUTS PROVIDED IN THE UNIVERSAL END CAPS.
6. ENDS OF ROWS MAY BE CONNECTED WITH PIPING TO IMPROVE DISTRIBUTION.
7. FILL PERIMETER AND INTERIOR SIDEWALL AREAS TO TOP OF CHAMBERS AND WALK INTO PLACE.
8. USING A LIGHT TRACKED MACHINE, COVER BIODIFFUSER LEACHING CHAMBERS TO A MINIMUM OF 12" AFTER CONSOLIDATION FOR H-10 APPLICATIONS AND WITH 18" MINIMUM COVER AFTER CONSOLIDATION FOR H-20 APPLICAITONS. AVOID LARGE ROCKS OR DEBRIS IN COVER MATERIAL. A WELL GRADED, CRUSHED GRAVEL AND CAREFUL COMPACTION IS RECOMMENDED FOR H-20 INSTALLATIONS.

DESIGN NOTES:

1. 4 BR X 110 GAL/PERSONS/DAY = 440 GAL/PERS/DAY (4 bedroom Design),
   -Use "HI CAPACITY BIODIFFUSER" H-20 FIELD (7 UNITS (76"LONG)) X (3 UNITS (34") WIDE X 16" HI
   -10.5' wide (3 ROWS) x 44.33' (7 UNITS) LONG:
   ** TITTLE 5 SAND ON SIDES OF UNITS.
   Bot. Area: (conversion) 133 x 4.72 sf/lf 627 SF (EFFECTIVE).
   Side Area:
   Side End Area:
   Tot. Area: 628 SF x 0.74 gal/sf. = 464 GAL./DAY.
3. GARBAGE DISPOSAL NOT ALLOWED
4. ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2' ,
5. NO other PRIVATE WELLS WITHIN 150 FEET OF SAS. (PROPOSED. WATER LINE NOTED), NO WETLAND WITHIN 150 FEET OF SAS
6. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AREA NOTED REQUIRED.
7. USE NEW 1,500 GAL S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
8. USE PROPER SCH. 40 PVC TEES AS SHOWN.
9. SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
10. 2% MIN.. SLOPE OVER SAS, CLEAR TOP AND SUB TO 36" MIN. AS NEEDED. CLEAR TO BASE OF B (MIN. 36") UNDER BED PRIOR TO TITLE V SAND PLACEMENT (if needed).
11. SOIL EVALUATION BY A. WEISS, RS. 4-13-2005 (D. Zarozinski, BOH AGENT).
12. DEPTH (OF PERC. 40 & 39" BY D. ZAROZINSKI 4/13/2005
13. PERC RATE = <2 & <2 MIN/IN, CLASS 1 SOIL RATING (S)
14. INSTALL/INSPECT SCH. 40 TEES/BAFFLES (10" INLET, 14" OUTLET),
15. USE APIPROVED (1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6". CONFIRM STONE PROPERLY WASHED (WITH BUCKET /H2O TEST) PRIOR TO PLACEMENT.
16. NO TREIES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
17. ENGINEER TO INSPECT SUBGRADE, AND FINAL.
18. TOP OF PIN @ (AS NOTED), CONFIRM PROPER PIPE SLOPES USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
20. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
21. USE LEACHING FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240))
22. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

TEST PIT LOG:

TP05-1 EFF. EL.260 EFF. EILEV.		(TP 05-02 ')
0-8"	A: S. LOAM (10 YR 3/2)	0-8"
8-24"	Bw: L. SAND (10 YR 5/6)	8-24"
24-120"	C1: . SAND (10 YR 4/4)	24-120"

OXIDES :	NOT OBSERVED
ESHWT:	ASSUMED @ 1120"
NOT OBS"	STANDING H20)
NOT OBS"	WEEPING FROM FACE
120" +	BEDROCK

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 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.*

COMMONWEALTH OF MASSACHUSETTS — ALAN E. WEISS 9933 — REGISTERED SANITARIAN

SEPTIC SYSTEM AND DESIGN PLAN FOR LINDA D MUERLE & BURT EWART MAP 20D, LOT 28 SHAYS STREET AMHERST, MA.

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.
BELCHERTOWN, MA.
PHONE: (413) 323-5957
FAX: (413) 323-4916
EMAIL: AEWEISS@CHARTER.NET

DATE:	DRAWN BY:	REVISED:
9/12/05	ALAN WEISS	9/26/05
SCALE: 1"=30'		DRAWING NUMBER: 105-2178-0413