

Date 6/11

FORM 1-APPLICATION FOR DSCP

No 99-18

Fee \_\_\_\_\_

Commonwealth of Massachusetts  
AMHERST, Massachusetts

Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct ( ) or Repair (X) an On-site Sewage Disposal system at:

|  |   |
|--|---|
| Location Address or Lot No.<br><br>1611 SOUTHEAST STREET | Owner's Name, Address and Tel. #<br><br>WILLIE BEMIS<br>1611 SOUTHEAST STREET<br>AMHERST, MA 01102<br>413-256-6444                      |
| Installer's Name, Address, and Tel. #                    | Designer's Name, Address and Tel. #<br><br>MacLeay Associates, Inc.<br>102 Bridge Street<br>Shelburne Falls, MA 01370<br>(413) 625-9774 |

Type of Building:

Dwelling No. of Bedrooms \_\_\_ Garbage Grinder \_\_\_

Other Type of Building \_\_\_\_\_ No. of Persons \_\_\_\_\_  
Showers \_\_\_ Cafeteria \_\_\_\_\_  
Other Fixtures \_\_\_\_\_

Design Flow 555 gallons per day. Calculated daily flow 550 gallons  
Plan Date 4/7/99 Number of Sheets ONE Revision Date NONE  
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR WILLIE BEMIS, 1611 SOUTHEAST STREET

Description of Soil MEDIUM SAND SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS. SEASONAL HIGH GROUNDWATER AT 100" PERC RATE 2 MIN./INCH. . WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable) INSTALL NEW SEPTIC TANK, PUMP CHAMBER AND LEACH TRENCHES.

Date last inspected: \_\_\_\_\_

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signed Steven Konuz Date 8/4/99

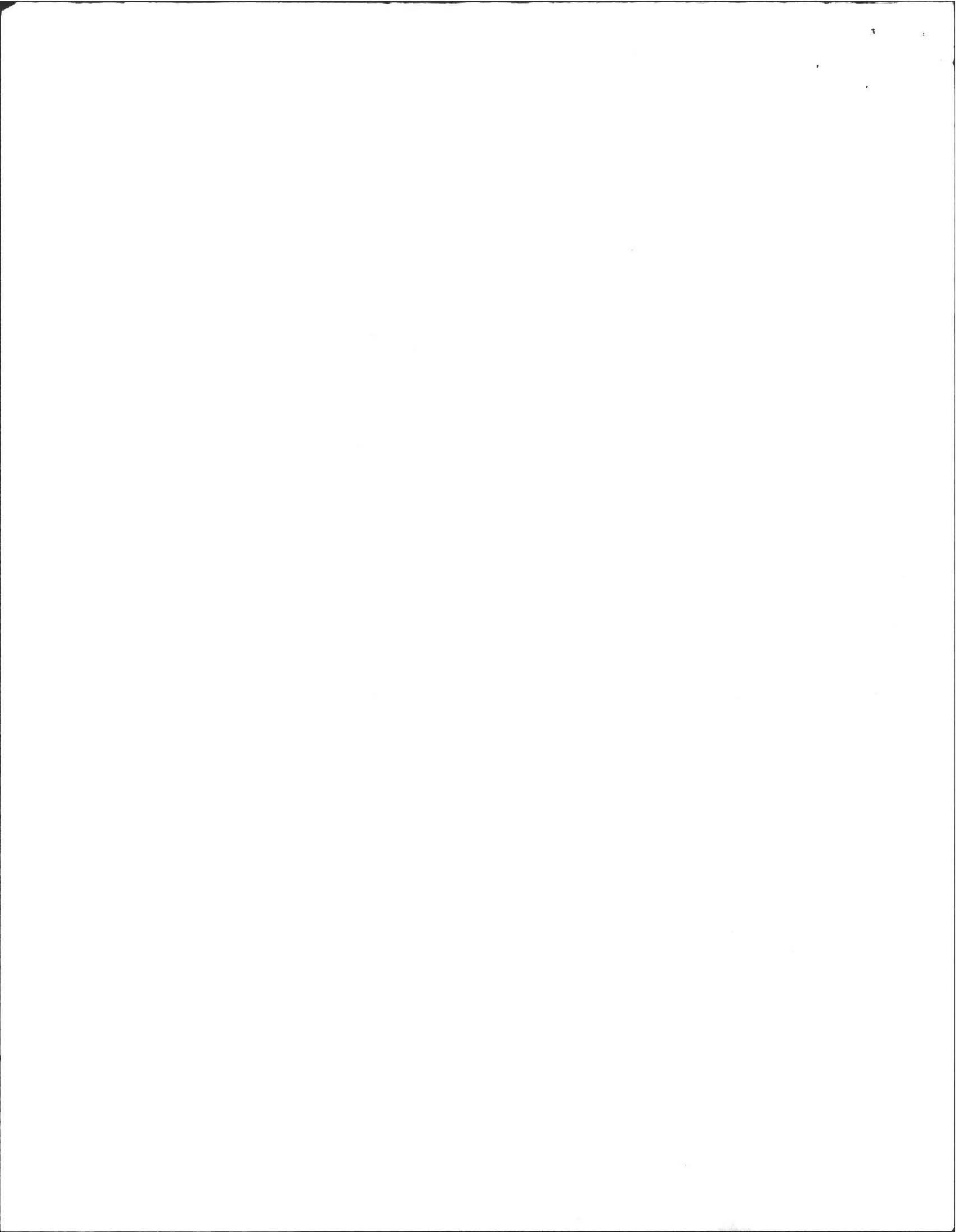
Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for the following reasons \_\_\_\_\_

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

Date Issued \_\_\_\_\_

August 2, 1999 - Septic System Design was given to Justin  
 System installed - No Approval from B.O.H. The installed  
 Doug MacLeay Eng - has signed plan and has OK to the installed  
 System - David Zarozinski, MA Dept Inspection Services



Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed ( )  
or repaired/replaced (X) on 8/3/99 by


Karl's Excavating for WILLIE BEMIS at  
1611 SOUTHEAST STREET

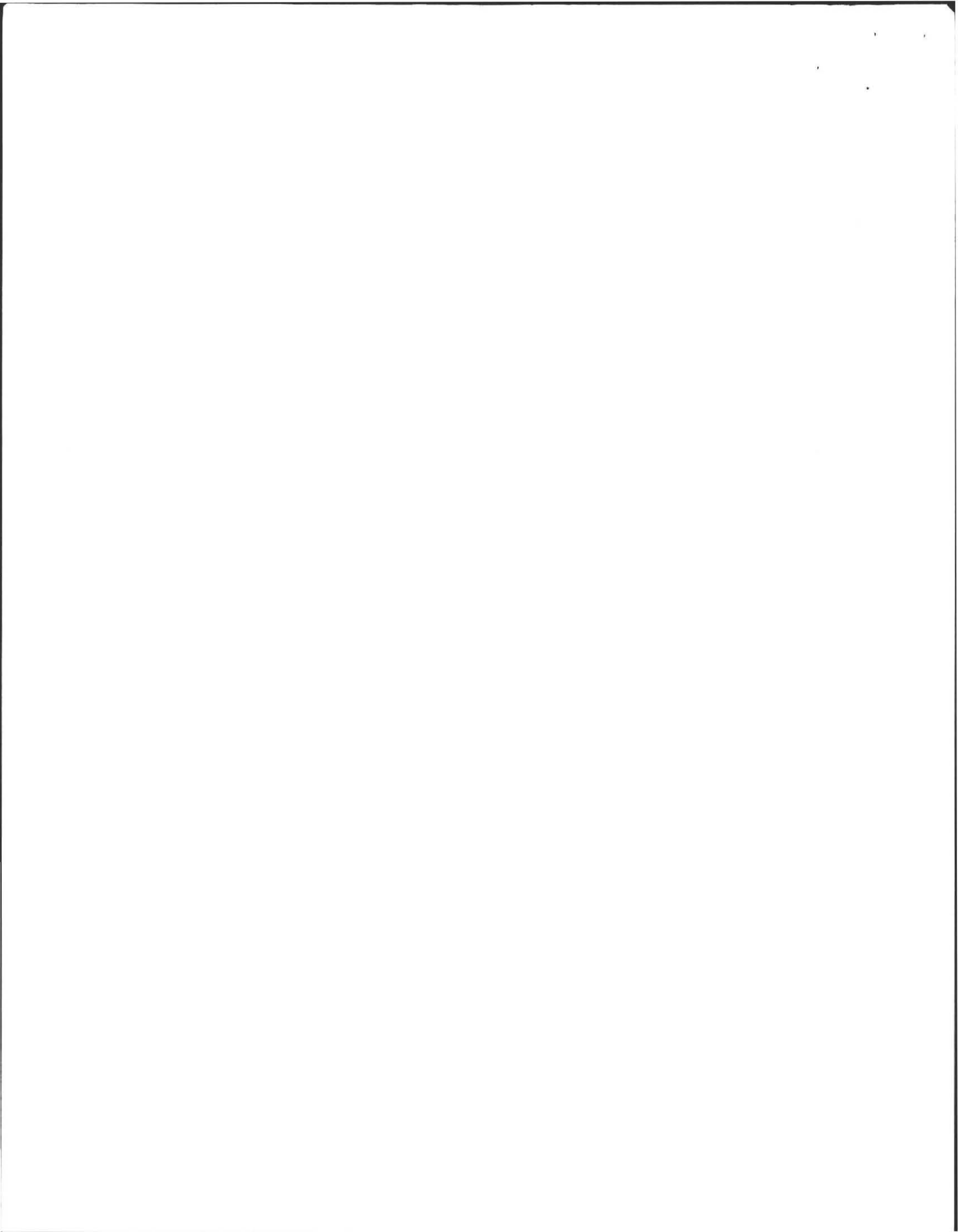
has been constructed in accordance with the provisions of Title 5 and the for  
Disposal System Construction Permit No. \_\_\_\_\_ dated  
\_\_\_\_\_. Use of this system is conditioned on compliance  
with the provisions set forth below:

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

The issuance of this certificate shall not be construed as a guarantee that  
the system will function as designed. The Certificate expires on

Date 8/3/99

Inspector 





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**AMHERST, Massachusetts**

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**Type of Building:**

Dwelling      No. of Bedrooms \_\_\_ Garbage Grinder  
 Other          Type of Building \_\_\_\_\_ No. of Persons  
                   Showers \_\_\_ Cafeteria \_\_\_\_\_  
                   Other Fixtures \_\_\_\_\_

Design Flow    555      gallons per day. Calculated daily flow    550      gallons  
Plan    Date 4/7/99      Number of Sheets ONE      Revision Date NONE  
           Title    SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR WILLIE BEMIS, 1611 SOUTHEAST STREET

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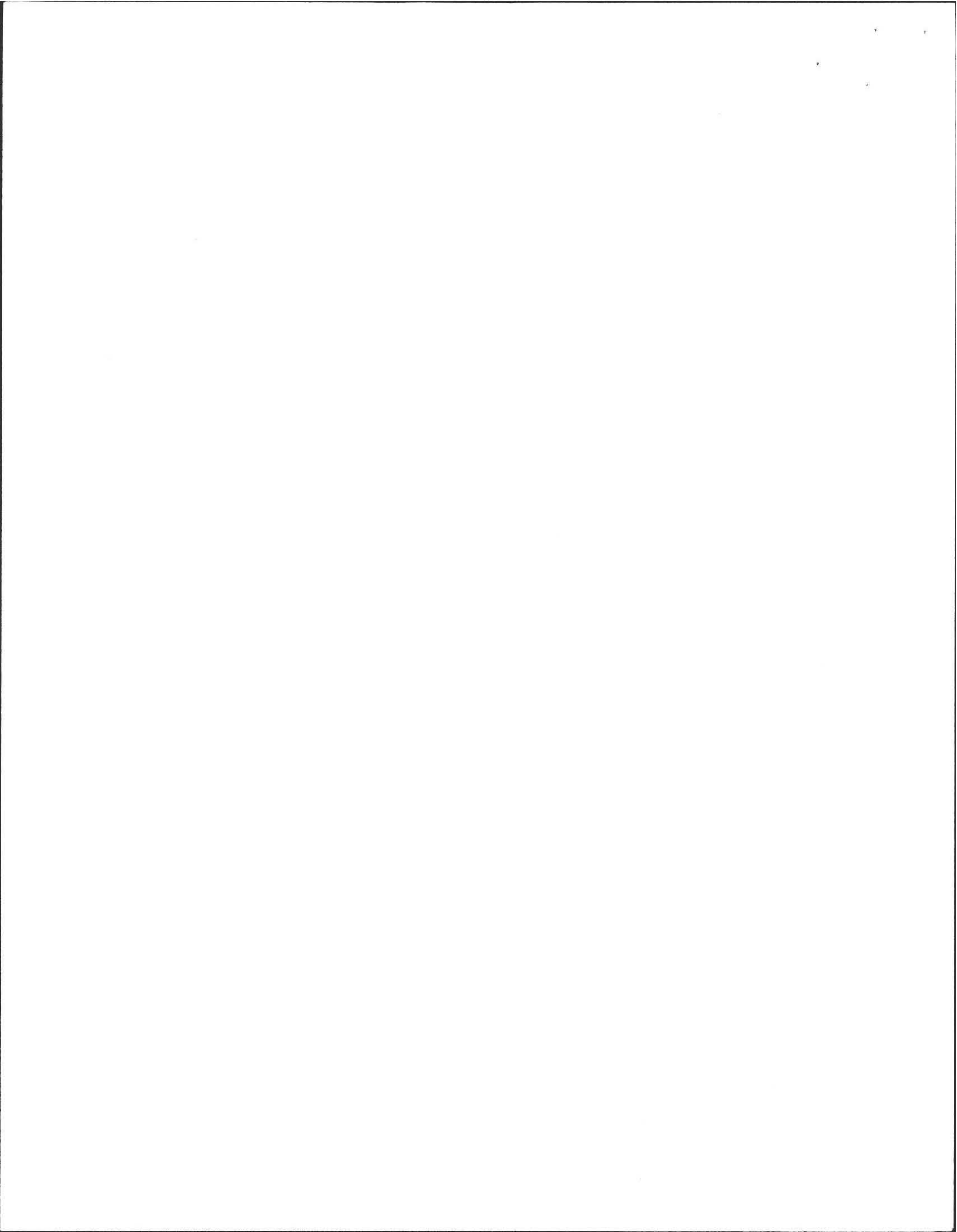
Signed Steve Kowalski      Date 8/6/99

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for the following reasons \_\_\_\_\_

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AMHERST, Massachusetts

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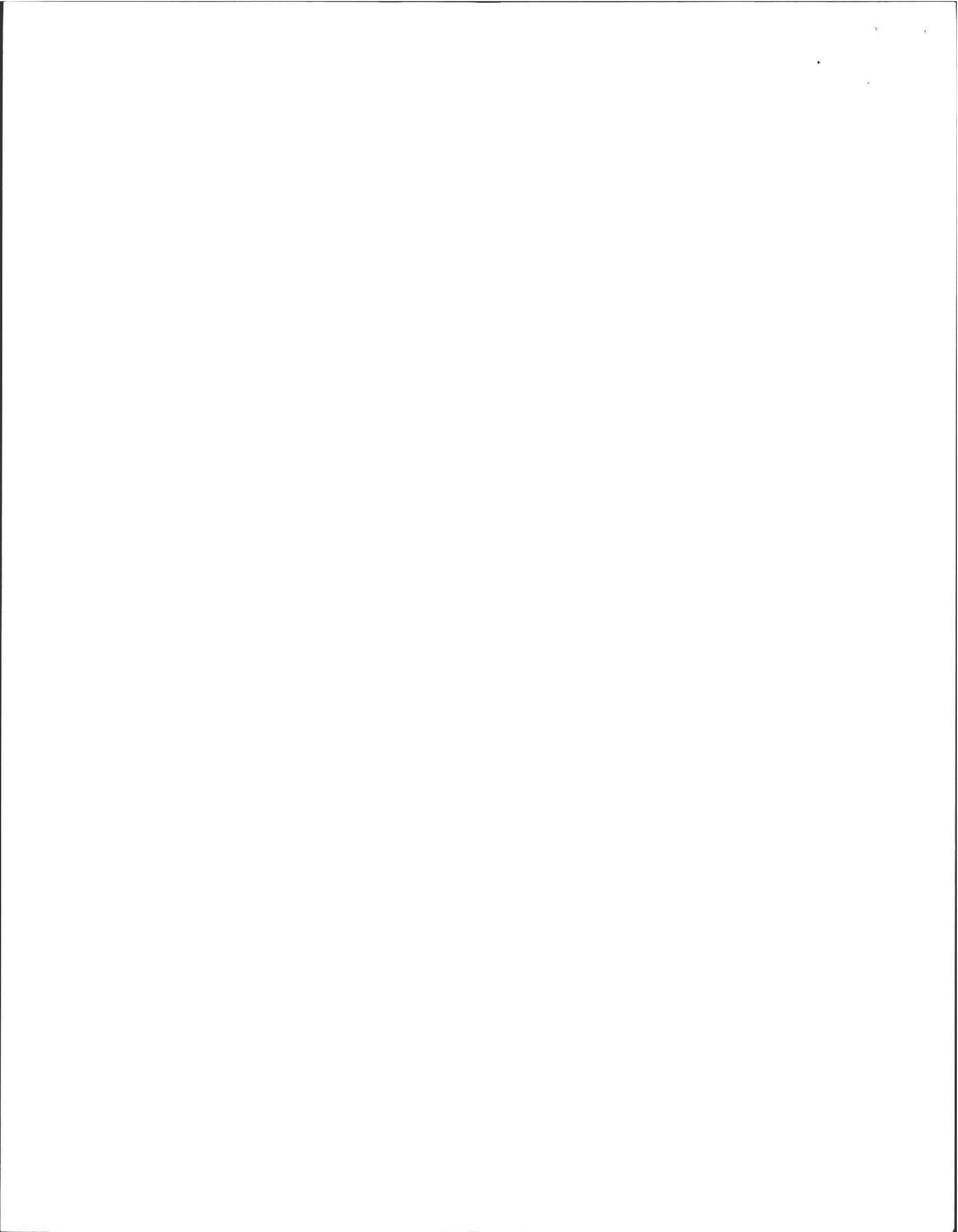
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Disposal System Construction Permit No. \_\_\_\_\_ dated  
\_\_\_\_\_ Use of this system is conditioned on compliance  
with the provisions set forth below:

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

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the system will function as designed. The Certificate expires on

Date 8/3/99

Inspector 



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             Other Fixtures \_\_\_\_\_

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Plan Date 4/7/99 Number of Sheets ONE Revision Date NONE  
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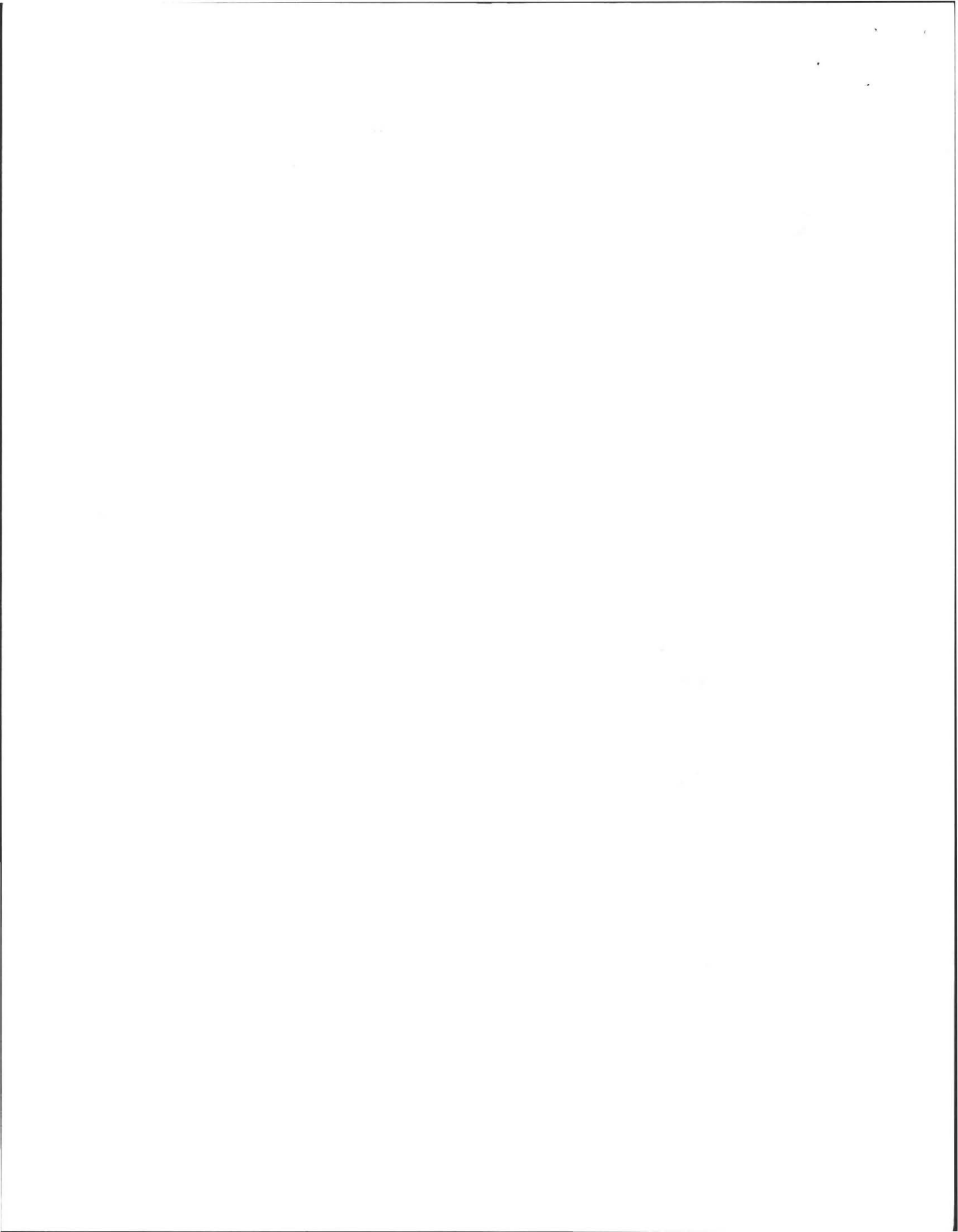
Signed Steven Konega Date 8/6/99

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for the following reasons \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date Issued \_\_\_\_\_



Commonwealth of Massachusetts

AMHERST, Massachusetts

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Date 8/3/99

Inspector 





0102

# **MacLeay Associates, Inc.**

CIVIL ENGINEERS

102 BRIDGE STREET  
SHELBURNE FALLS, MA 01370  
PHONE (413) 625-9774  
FAX (413) 625-9704

## **SYSTEM INSTALLATION OBSERVATION REPORT**

### **SITE INFORMATION**

LOT # \_\_\_\_\_  
STREET 1611 southeast Street  
TOWN Amherst  
JOB # 99-016

DATE: 8/3/99

### **OWNER INFORMATION**

PROPERTY OWNER Willie Bemis  
STREET ADDRESS 1611 Southeast Street  
TOWN Amherst, MA.01002

### **INSTALLER INFORMATION**

NAME OF INSTALLER Karl's Excavating  
STREET ADDRESS 327 River Drive  
TOWN Hadley, MA. 01035

### **OBSERVATION RESULTS**

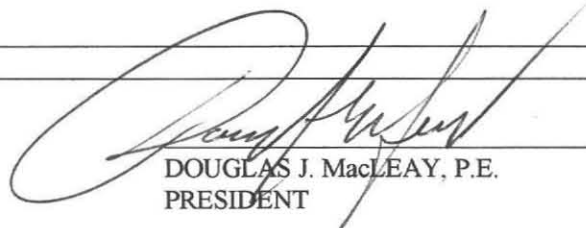
DATE OF OBSERVATION: 8/2/99

- (X) THE SYSTEM APPEARED TO BE INSTALLED SUBSTANTIALLY IN ACCORDANCE WITH THE APPROVED PLAN, AND IS IN COMPLIANCE WITH TITLE 5.
- ( ) THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, AND IS NOT IN COMPLIANCE WITH TITLE 5.

DEFICIENCIES: \_\_\_\_\_  
\_\_\_\_\_

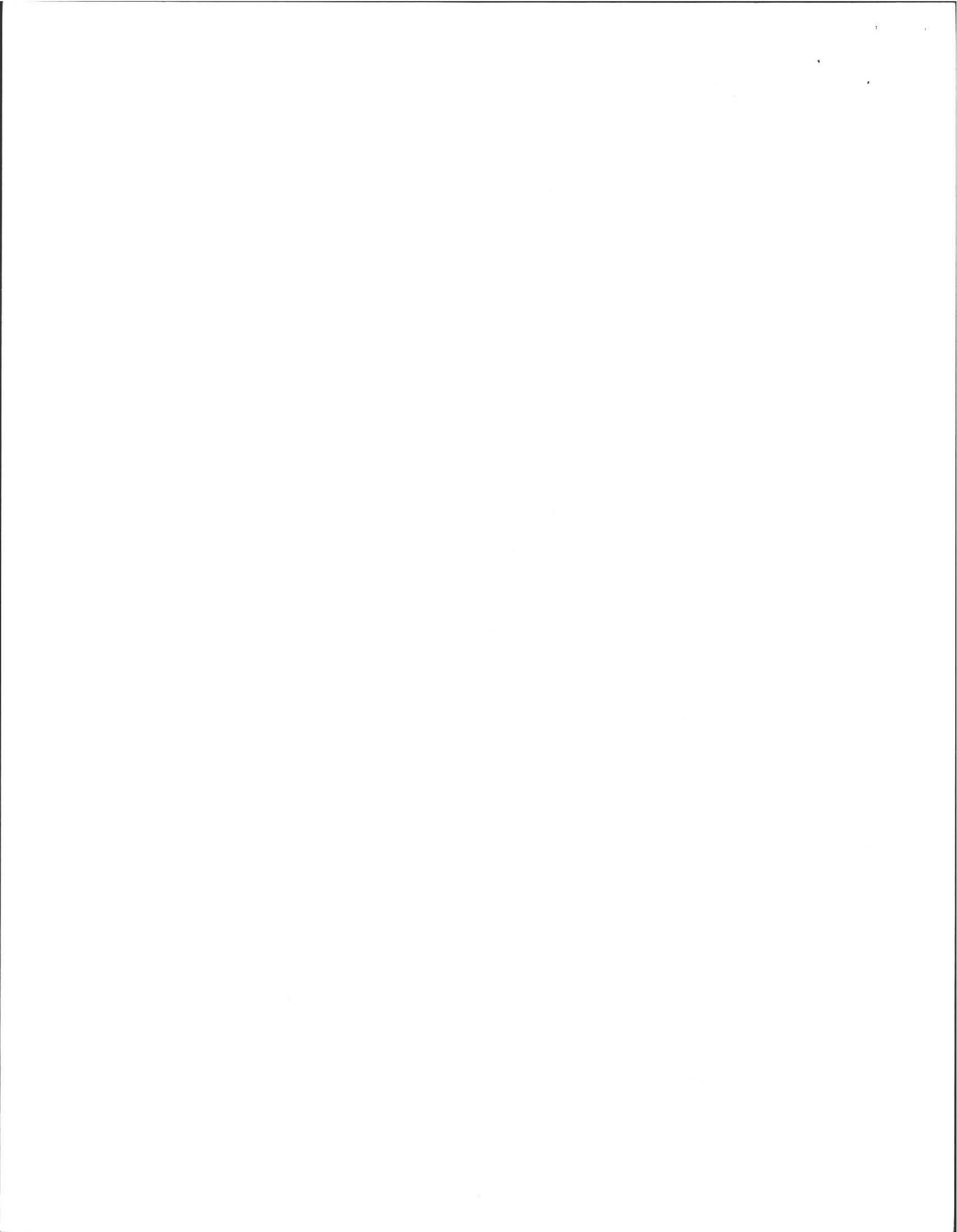
- ( ) THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, BUT IS IN COMPLIANCE WITH TITLE 5. ENCLOSED IS A COPY OF THE PLAN SHOWING "AS BUILT" LOCATIONS AND ELEVATIONS.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_



DOUGLAS J. MacLEAY, P.E.  
PRESIDENT

SEND COPIES TO: BOARD OF HEALTH  
Karl's Excavating



Pd CK#1321  
3-23-99 Pd 160<sup>00</sup>

FORM 11 - SOIL EVALUATOR FORM

OWNER'S NAME: William E Bemis  
LOCATION ADDRESS: 1611 Southeast St LOT # \_\_\_\_\_  
JOB NUMBER: 99-016 DATE: 3/23/99

COMMONWEALTH OF MASSACHUSETTS

AMHERST, Massachusetts

**11 Suitability Assessment for On-Site Sewage Disposal**

Performed By: Douglas J. Mac Leay  
Witnessed By: David Zarozinski

|   |   |
|---|---|
| Location Address or Lot #<br><u>1611 Southeast St</u> | Owner's Name, Address, and Telephone #<br><u>Willy Bemis</u><br><u>1611 Southeast</u> |
|---|---|

New Construction  Repair  Number of Bedrooms 5

Office Review  
Published Soil Survey Available: No  Yes   
Year Published 1981 Publication Scale: 1"=1320 Soil Map Unit Merrimack  
Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_

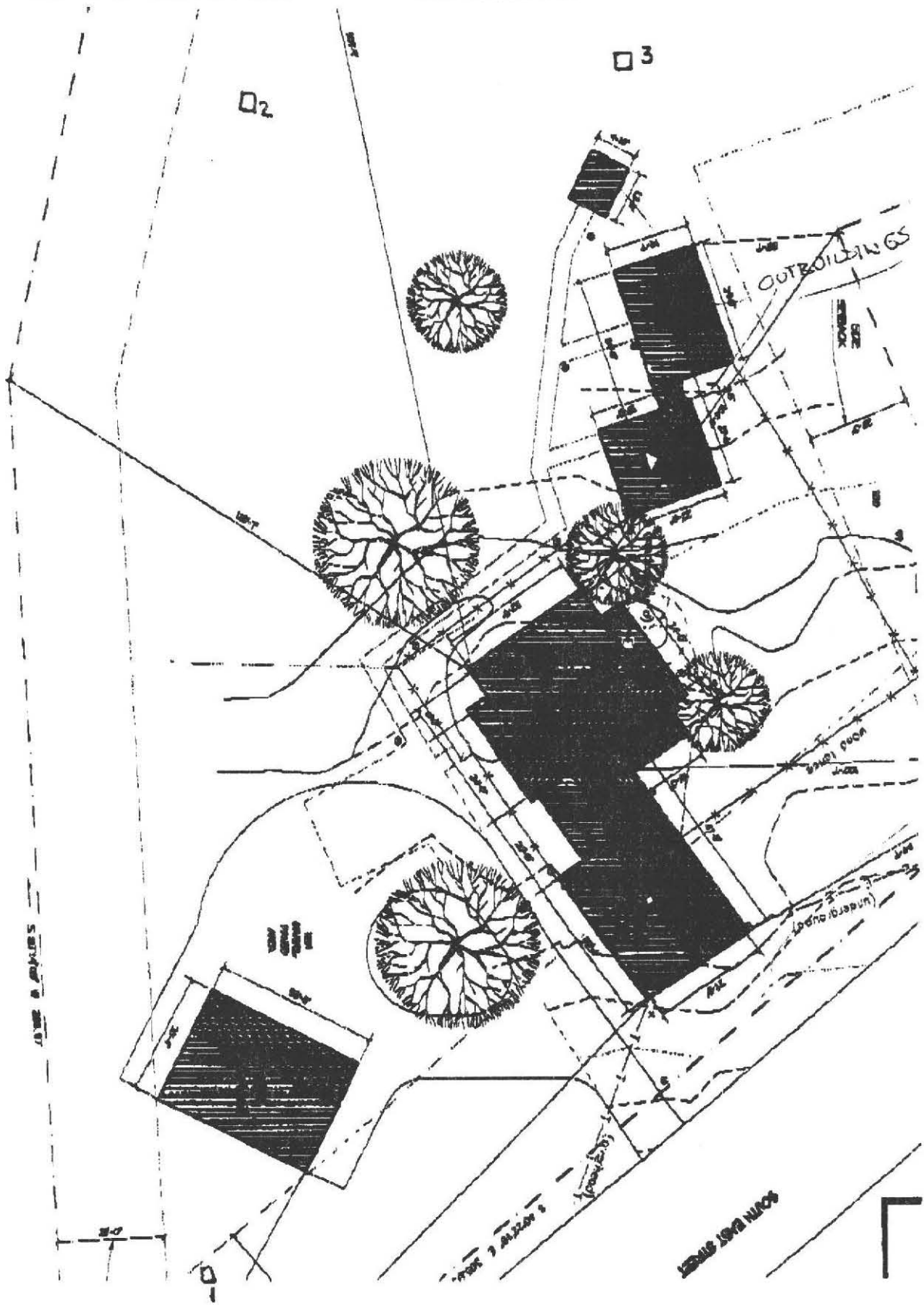
Surficial Geologic Report Available: No  Yes   
Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_  
Geologic Material (Map Unit) \_\_\_\_\_  
Landform \_\_\_\_\_

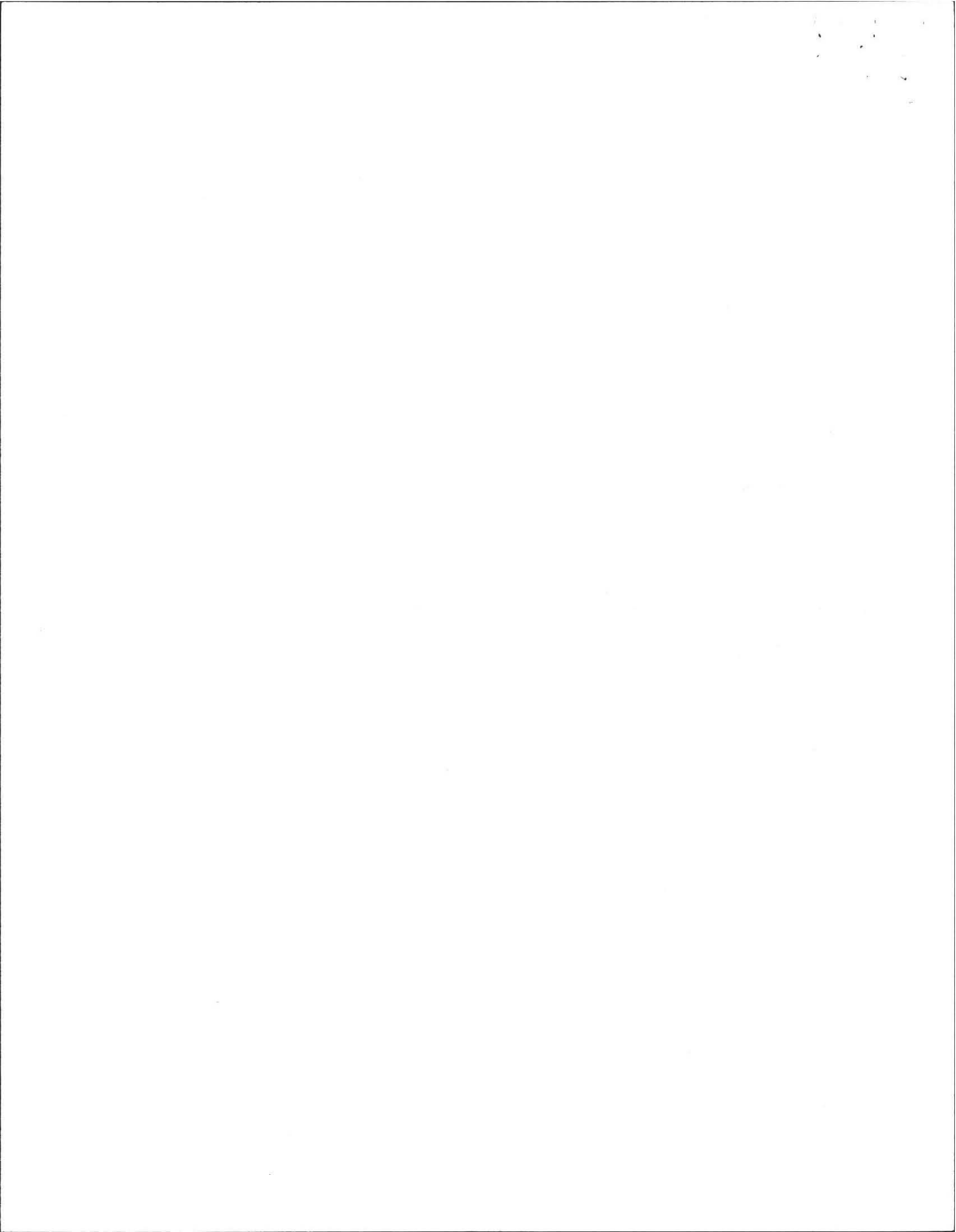
Flood Insurance Rate Map:  
Above 500 year Flood boundary NO  YES   
Within 500 year Flood boundary NO  YES   
Within 100 year Flood boundary NO  YES

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

Current Water Resource Conditions (USGS): Month FEBRUARY  
Range: Above Normal  Normal  Below Normal

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**FORM 11 - SOIL EVALUATOR FOR**  
Page

OWNER'S NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

LOT # \_\_\_\_\_

JOB NUMBER: 99-016

**On-Site Review**

Deep Hole Number 1 Date: 3/23/99 Time: 9:30 Weather: COOL FRY CLOUDY

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

Land Use: LAWN Slope (%) 3 Surface Stones NONE

Vegetation: GRASS

Landform: \_\_\_\_\_

Position on Landscape (sketch on the back)

Distances from:

Open Water Body NONE feet  
Possible Wet Area NONE feet  
Drinking Water Well TW feet

Drainage way NONE feet  
Property Line 15 feet  
Other: \_\_\_\_\_

**DEEP OBSERVATION HOLE LOG**

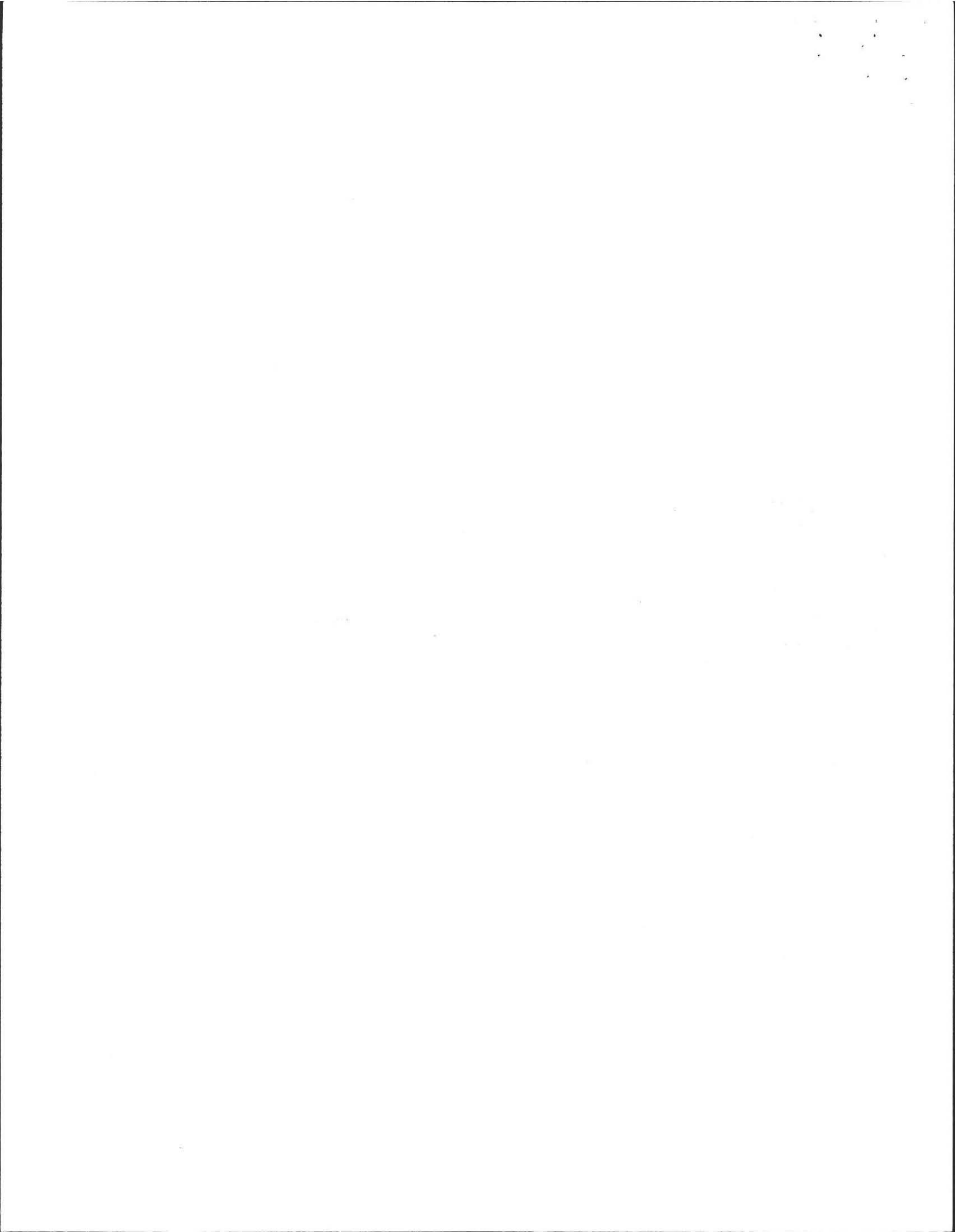
| Depth from Surface (inches) | Soil Horizon   | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling                | Other (Structure, Stones, Boulders, Consistency, & Gravel) |
|-----------------------------|----------------|---------------------|----------------------|------------------------------|--|
| 0" - 13"                    | A              | SANDY LOAM          | 10YR 5/3             |                              | FRIABLE<br>NO STONES                                       |
| 13" - 29"                   | Bw             | SANDY LOAM          | 10YR 9/4             |                              | FRIABLE<br>NO STONES                                       |
| 29" - 96"                   | C <sub>1</sub> | SANDY LOAM          | 10YR 5/4             | 0-29"<br>5Y 5/2<br>7.5YR 4/6 | COMPACT  |
| 96" - 140"                  | C <sub>2</sub> | COARSE SAND         | 10YR 5/4             | NONE                         | FRIABLE<br>SINGLE GRAIN                                    |

Parent Material (geologic) OUTWASH Depth to Bedrock: NONE

Depth to Groundwater: Standing Water in the Hole: NONE Weeping from Pit Face: NONE

ES HWL = 29"

*David J. [Signature]*





**FORM 11 - SOIL EVALUATOR FOR**  
Page

OWNER'S NAME: \_\_\_\_\_  
 LOCATION ADDRESS: \_\_\_\_\_ LOT # \_\_\_\_\_  
 JOB NUMBER: 99-016

**On-Site Review**

Deep Hole Number 2 Date: 3/23/99 Time: 10:15 Weather: COOL PTLY CLDY  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use: LAWN Slope (%) 3 Surface Stones NONE  
 Vegetation: GRASSES  
 Landform: \_\_\_\_\_

Position on Landscape (sketch on the back)

Distances from:

Open Water Body NONE feet  
 Possible Wet Area NONE feet  
 Drinking Water Well 70 feet  
 Drainage way NONE feet  
 Property Line 15' feet  
 Other: \_\_\_\_\_

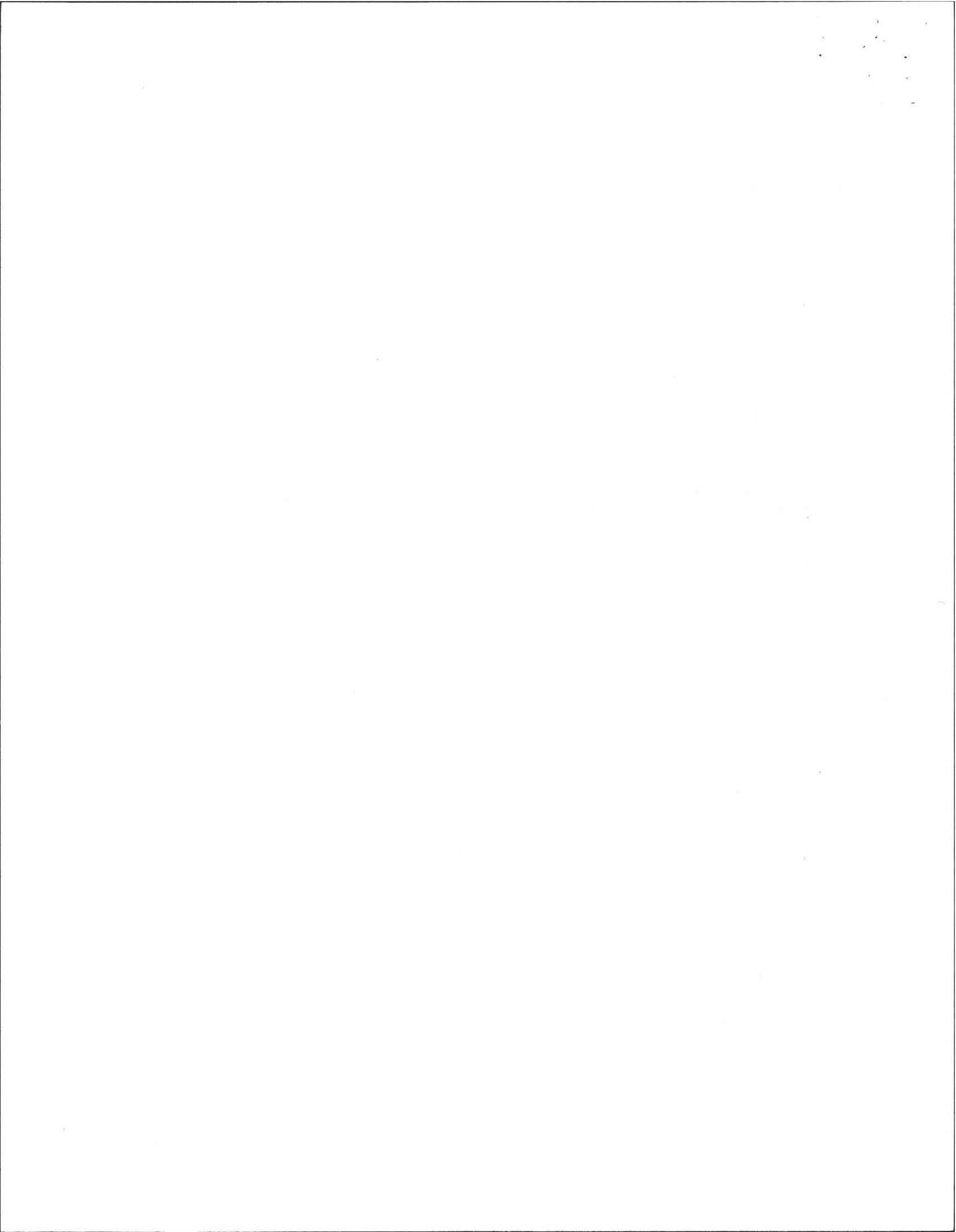
| DEEP OBSERVATION HOLE LOG   |                |                     |                      |               |  |
|-----------------------------|----------------|---------------------|----------------------|---------------|--|
| Depth from Surface (inches) | Soil Horizon   | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling | Other (Structure, Stones, Boulders, Consistency, & Gravel) |
| 0" - 10"                    | A              | LOAMY SAND          | 10YR3/3              | NONE          | FRIABLE<br>NO STONES                                       |
| 10" - 22"                   | Bw             | LOAMY SAND          | 10YR4/4              |               | ↓  |
| 22" - 100"                  | C <sub>1</sub> | MEDIUM SAND         | 7.5YR5/4             |               |  |
| 100" - 120"                 | C <sub>2</sub> | SANDY LOAM          | 2.5Y4/2              | ↖ @100"<br>GW | FIRM   |
| 120" - 132"                 | C <sub>3</sub> | COARSE SAND         | 10YR6/6              | NONE          | FRIABLE  |

Parent Material (geologic) OUTWASH Depth to Bedrock: NONE

Depth to Groundwater: Standing Water in the Hole: NONE Weeping from Pit Face: NONE

ESHW = 100"

*David Jacobs*



FORM 11 - SOIL EVALUATOR FOR  
Page

OWNER'S NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

LOT # \_\_\_\_\_

JOB NUMBER: 99-016

On-Site Review

Deep Hole Number 3 Date: 3/23/99 Time: 10:40 Weather: PTLY CLOUDY  
COOL

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

Land Use: LAWN Slope (%) 3 Surface Stones NONE

Vegetation: GRASSES

Landform: OUTWASH PLAIN

Position on Landscape (sketch on the back)

Distances from:

Open Water Body NONE feet  
Possible Wet Area NONE feet  
Drinking Water Well 1W feet

Drainage way NONE feet  
Property Line 407 feet  
Other: \_\_\_\_\_

DEEP OBSERVATION HOLE LOG

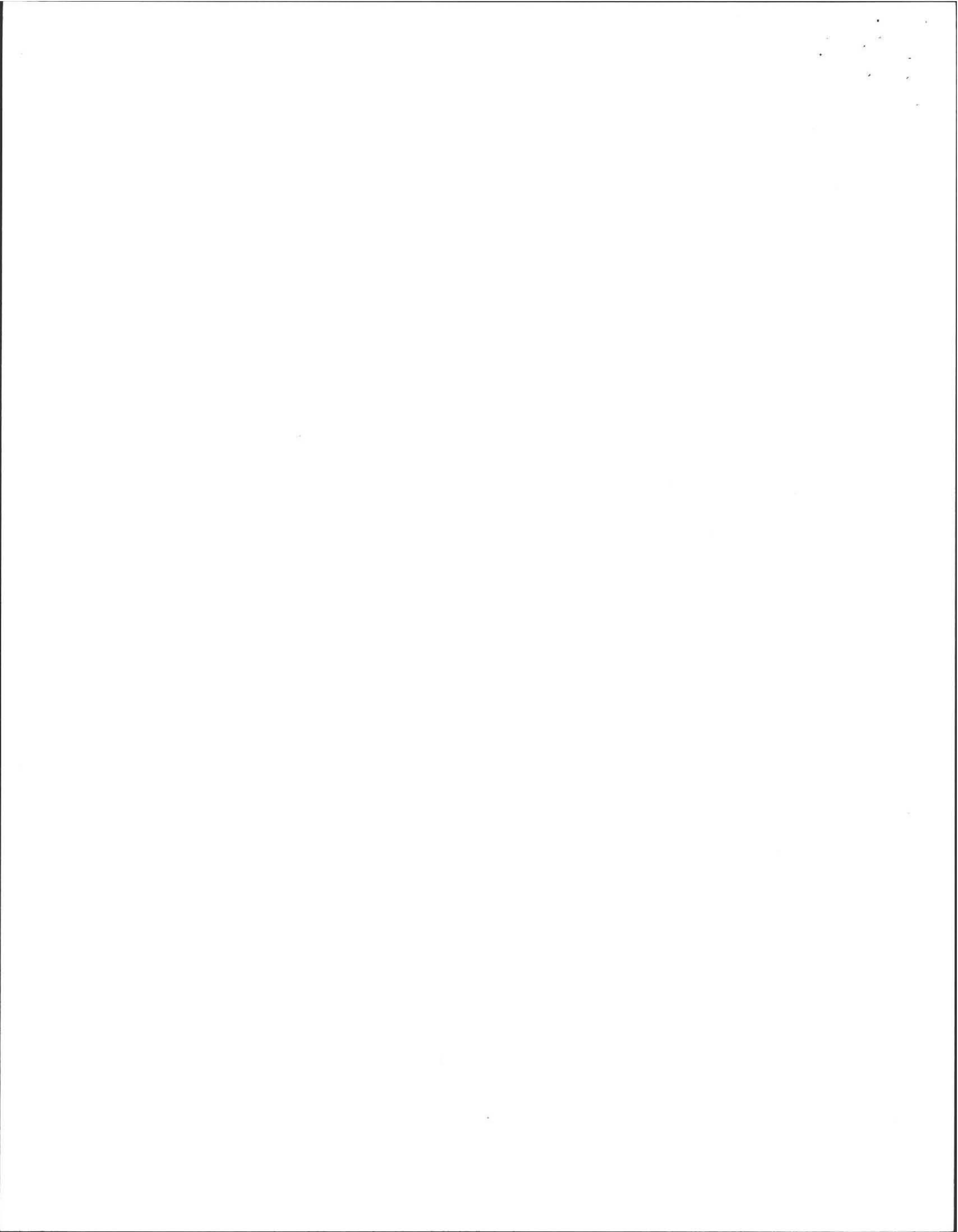
| Depth from Surface (inches) | Soil Horizon   | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling | Other (Structure, Stones, Boulders, Consistency, & Gravel) |
|-----------------------------|----------------|---------------------|----------------------|---------------|--|
| 0" - 14"                    | A              | LOAMY SAND          | 10YR3/3              |               | FRIDGLE FEW STONE  |
| 14" - 28"                   | Bw             | LOAMY SAND          | 10YR5/6              |               | FRIDGLE FEW STONE  |
| 28" - 33"                   | C <sub>1</sub> | COARSE SAND         | 10YR4/6              | 0-28"         |  |
| 33" - 64"                   | C <sub>2</sub> | SANDY LOAM          | 10YR6/3              | 7.5YR5/6      | FIRM FEW STONE   |
| 64" - 79"                   | C <sub>3</sub> | SANDY LOAM          | 5YR4/6               |               |  |
| 79" - 94"                   | C <sub>4</sub> | SANDY LOAM          | 7.5YR4/2             |               | COMPACT FEW STONE  |

Parent Material (geologic) OUTWASH Depth to Bedrock: NONE @ 94"

Depth to Groundwater: Standing Water in the Hole: NONE Weeping from Pit Face: 86"

ESHWI = 28"

*Ronald J. [Signature]*



## FORM 12 - PERCOLATION TEST

OWNER'S NAME: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

LOT # \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_

99-016

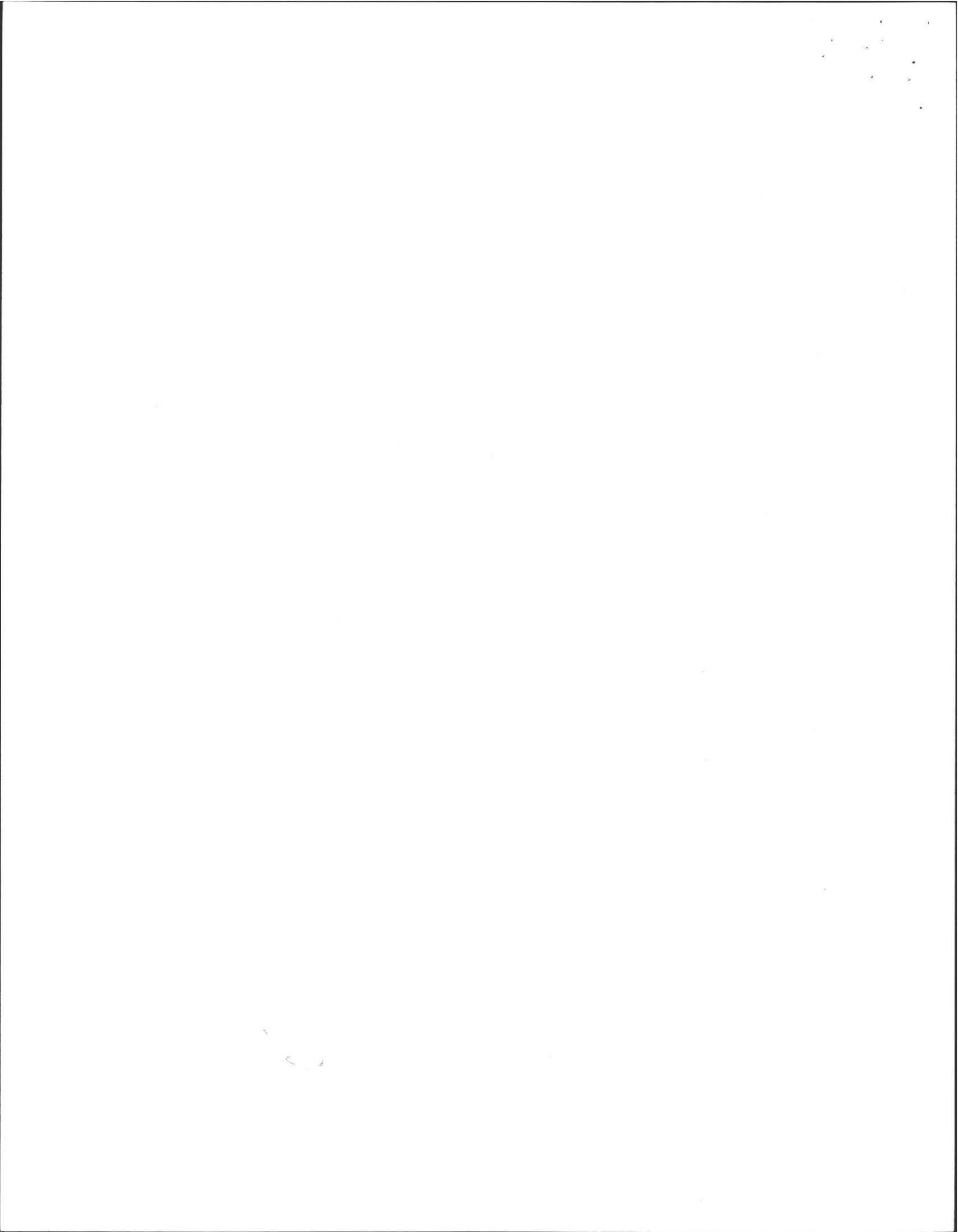
## COMMONWEALTH OF MASSACHUSETTS

AMHERST , Massachusetts

| Percolation Test     |              |                    |
|----------------------|--------------|--------------------|
| Date: <u>3/23/99</u> |              | Time: <u>10:55</u> |
| Observation Hole #   | <u>2</u>     |                    |
| Depth of Perc.       | <u>60"</u>   |                    |
| Start Pre-soak       | <u>10:52</u> |                    |
| End Pre-soak         | <u>WOULD</u> |                    |
| Time at 12"          | <u>NOT</u>   |                    |
| Time at 9"           | <u>HOLD</u>  |                    |
| Time at 6"           | <u>SOAK</u>  |                    |
| Time (9"-6")         |              |                    |
| Rate Min/Inch        | <u>2</u>     |                    |

Site Passed Site Failed Performed By: Douglas J. Mac LeayWitnessed By: David Zarozinski

Comments:



## FORM 11 - SOIL EVALUATOR FORM

OWNER'S NAME: \_\_\_\_\_  
 LOCATION ADDRESS: \_\_\_\_\_ LOT # \_\_\_\_\_  
 JOB NUMBER: 99-016 DATE: 3/23/99

### 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 1 = 29 inches. 2 = 100 inches  
 Ground water adjustment \_\_\_\_\_ feet. 3 = 28 inches

Index Well Number \_\_\_\_\_ Reading Date \_\_\_\_\_ Index well level \_\_\_\_\_  
 Adjustment factor \_\_\_\_\_ Adjusted ground water level \_\_\_\_\_

#### Depth of Naturally Occurring Pervious Material

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

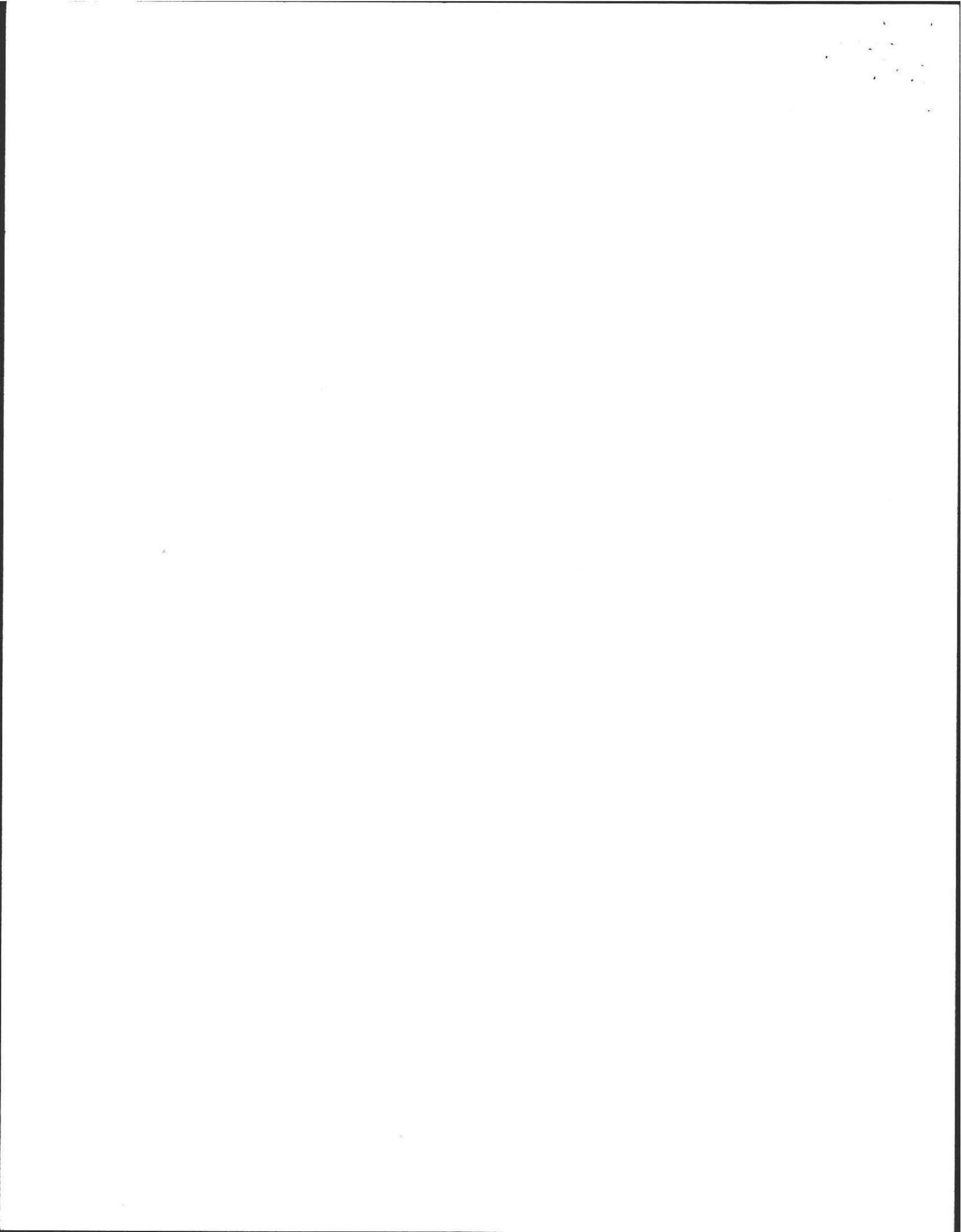
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

#### Certification

I certify that on 10/95 (date) I have passed the 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 CMA 15.017.

Signature [Signature]

Date 3/23/99






WILLIAM E. BEMIS  
BETTY ANNE McGUIRE  
1611 S EAST ST. 413-256-6444  
AMHERST, MA 01002-3067

5-13/110  
9374627837

1321

DATE March 23, '99

PAY TO THE ORDER OF Town of Amherst \$160.00

One hundred sixty and <sup>no</sup>/<sub>100</sub> DOLLARS  Security Features Included Return to Back

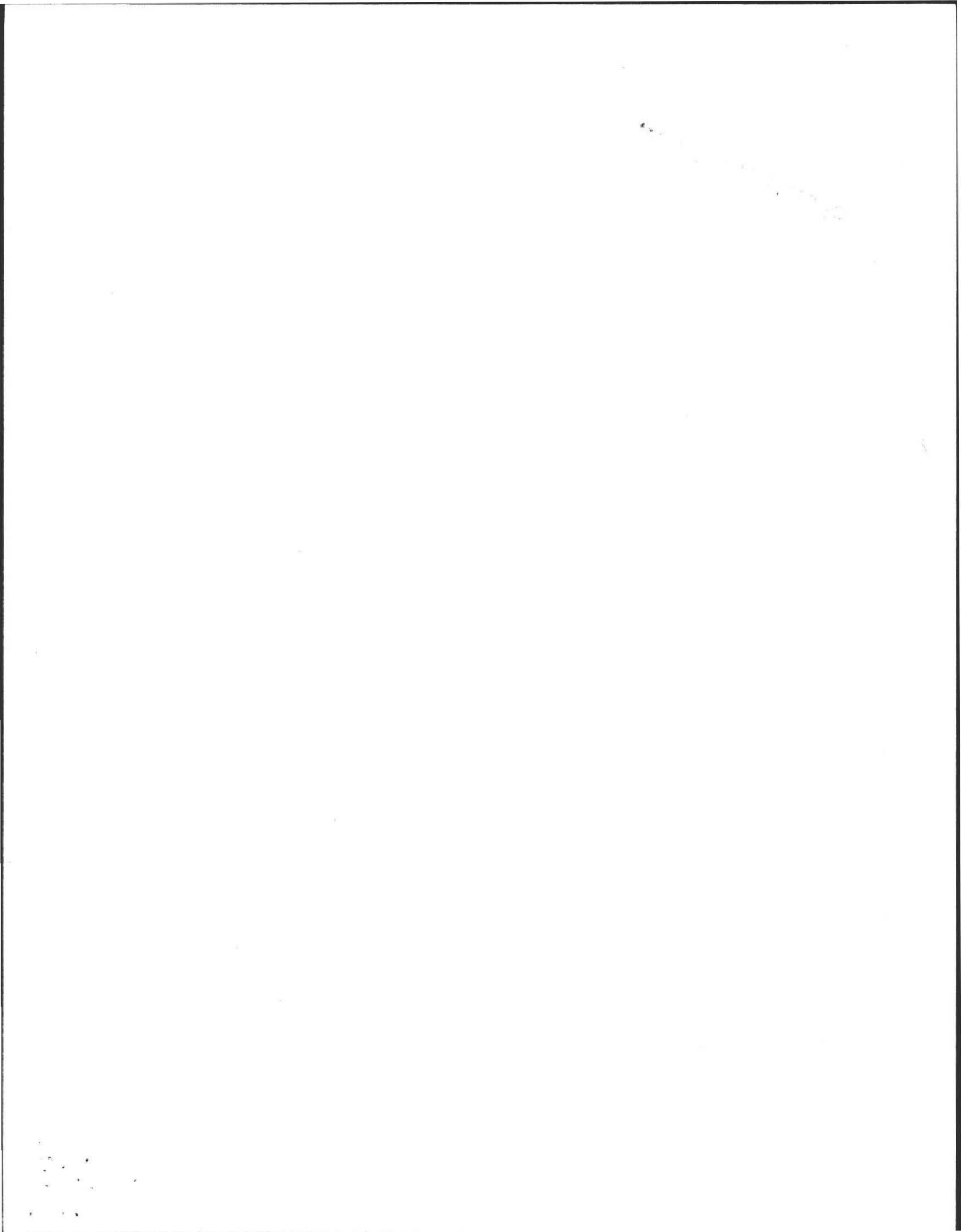


MEMO Peric Test & Sanitary Inspection William E Bemis MP

⑆011000138⑆ 93746 27837⑈ 1321

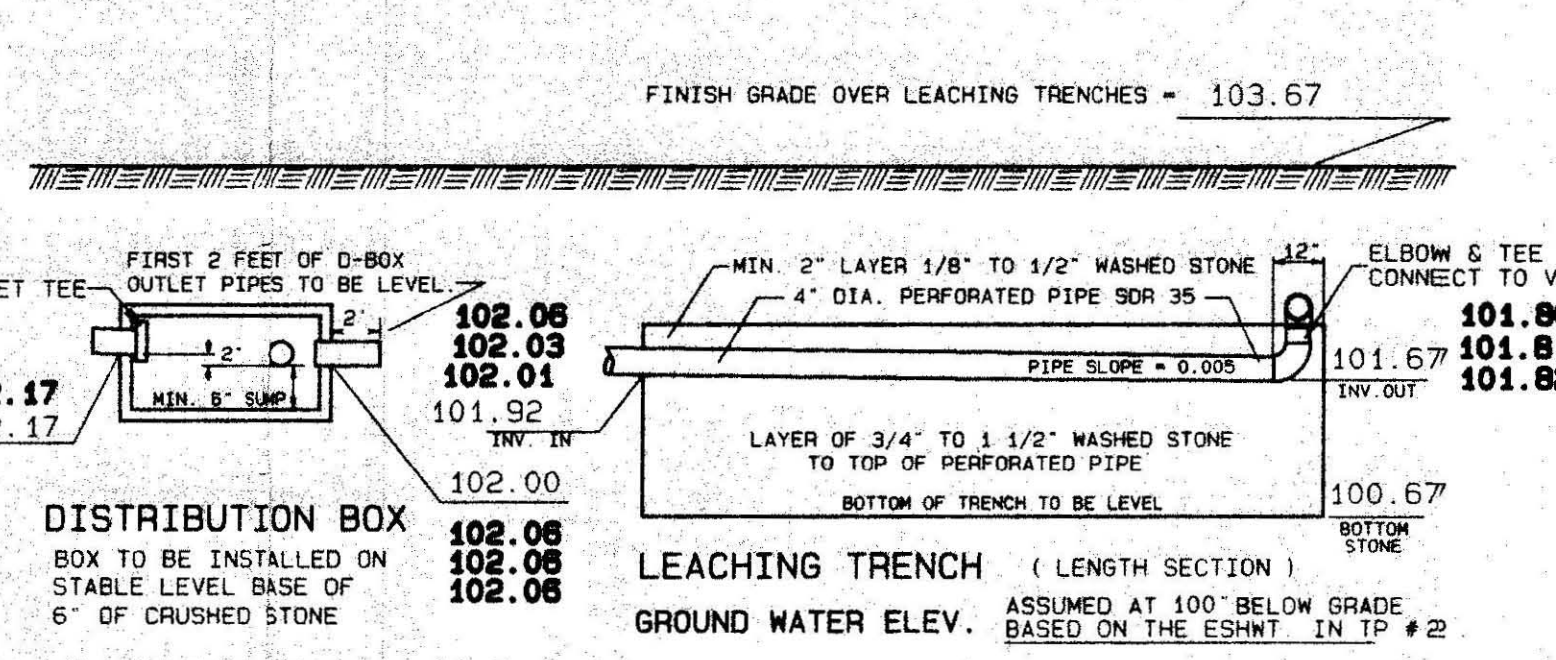
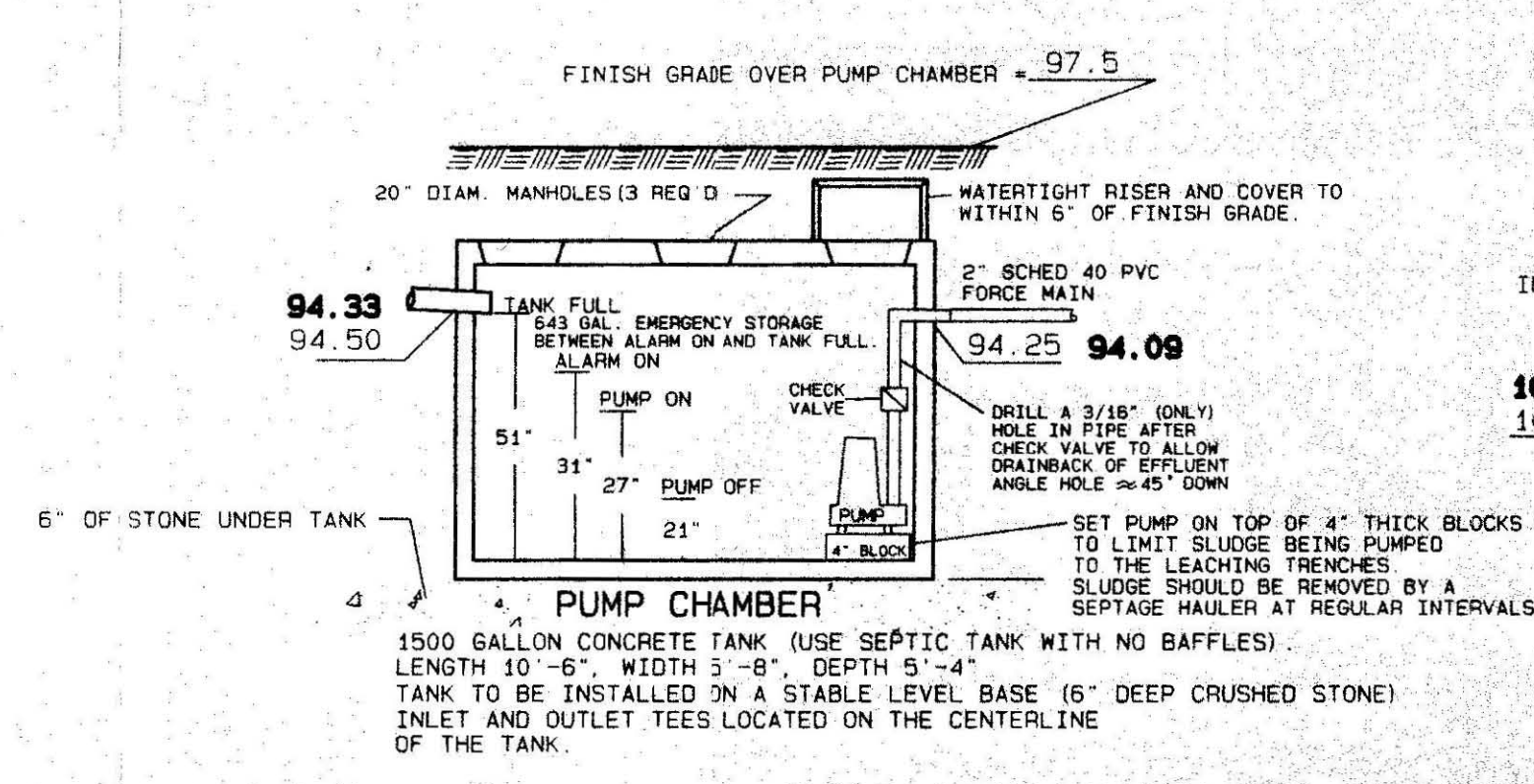
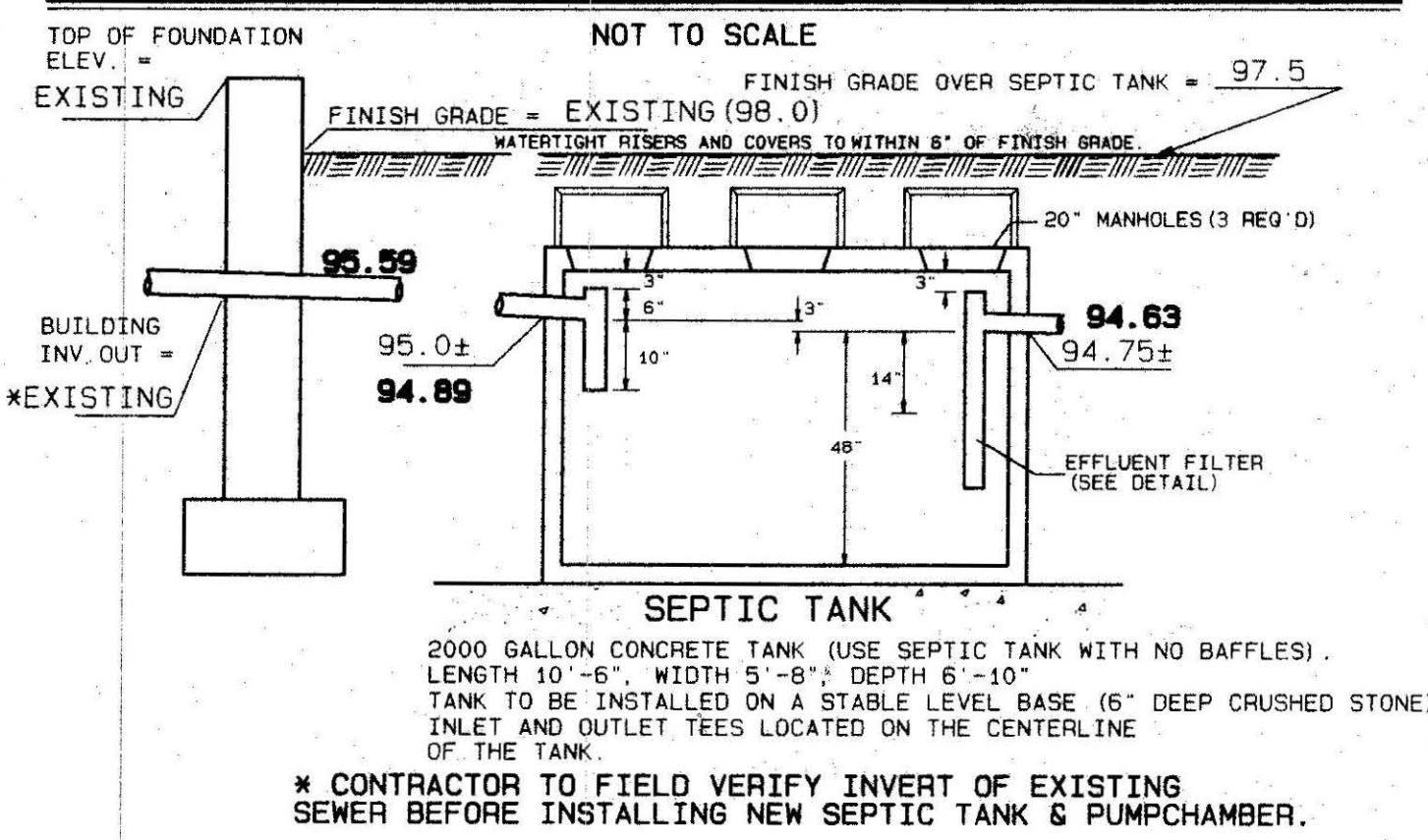
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R# 687





# SANITARY SYSTEM PROFILE



### TEST PIT DATA

BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI  
 DATE: MARCH 23, 1999  
 SOIL EVALUATOR: DOUGLAS J. MacLEAY, P.E.

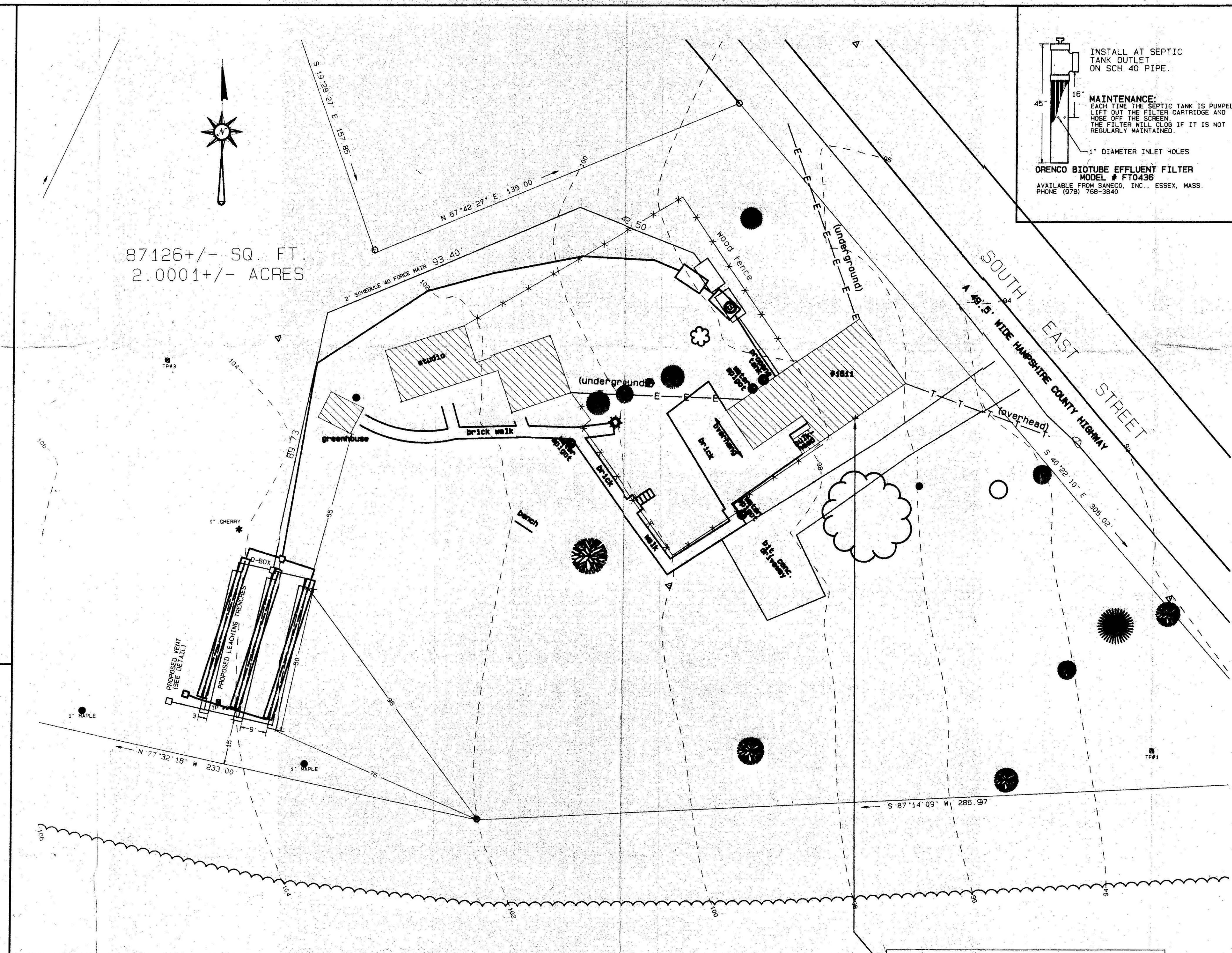
| TEST PIT #   | ELEV. TOP | ESHWIT | OBS. H2O | BOTTOM |
|--------------|-----------|--------|----------|--------|
| TEST PIT # 1 | 93.28     | 90.86  | NONE     | 84.61  |
| TEST PIT # 2 | 104.12    | 95.79  | NONE     | 93.12  |
| TEST PIT # 3 | 104.50    | 102.17 | 97.33    | 96.67  |

| HORIZON    | SOIL TYPE   | DEPTH (FT) |
|------------|-------------|------------|
| HORIZON A  | LOAMY SAND  | 10/1R 3/3  |
| HORIZON B  | LOAMY SAND  | 10/1R 4/4  |
| HORIZON C1 | MEDIUM SAND | 7.5/1R 5/4 |
| HORIZON C2 | SANDY LOAM  | 10/1R 5/4  |
| HORIZON C3 | COARSE SAND | 10/1R 4/6  |

- NOTES:**
- THIS PLAN IS FOR THE REPAIR OF AN EXISTING FAILED SEPTIC SYSTEM.
  - PROVIDE AND INSTALL A DISTRIBUTION BOX INLET TEE. (TITLE 5, 310 CMR 15.232(3)(a)).
  - DISTRIBUTION LINES SHALL BE VENTED AS SHOWN ON THE PLAN AND DETAIL.
  - PUMP AND ALARM TO BE ON SEPARATE CIRCUITS. (TITLE 5, CMR REG. 15.09(2)).
  - TITLE 5 REQUIRES OBSERVATION OF THE INSTALLED SYSTEM BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE SYSTEM MUST NOT BE BACKFILLED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.
  - ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.
  - LEVEL SWITCHES ARE TO BE MOUNTED ON THE SPECIFIED STAINLESS STEEL SWITCH BRACKET OR APPROVED EQUAL. THEY ARE TO BE MOUNTED AWAY FROM THE PUMP INLET.

**TOPOGRAPHIC SURVEY NOTE:**  
 TOPOGRAPHIC SURVEY WAS PREPARED FOR WILLIAM E. BEMIS, PREPARED BY HAROLD L. EATON & ASSOCIATES, DATED MARCH 3, 1999.

- PUMP CHAMBER COMPONENTS SPECIFICATIONS**
- ALL COMPONENTS ARE TO BE AS SPECIFIED OR AN APPROVED EQUAL.
- 1- MEYERS #M-50, 1/2 HP. SEWAGE PUMP (USE MOST EFFICIENT VOLTAGE AT SITE) (CAPABLE OF PASSING 2" SOLIDS)
  - 1- WATERGUARD 5-12 CONTROL PANEL
  - 1- TA-101 HIGH WATER ALARM COMPLETE WITH LEVEL SWITCH
  - 1- SUBS-7 WATER PROOF JUNCTION BOX
  - 2- 2000-25 CONCRETE LEVEL SWITCHES
  - 1- 100-4 LEVEL SWITCH BRACKET
  - 1- CHECK VALVE (PVC OR BRONZE)
- ALL COMPONENTS LISTED ABOVE AVAILABLE AT:  
 BLAKE PUMP COMPANY  
 ADAMS ROAD, GREENFIELD, MA 01301  
 (413) 773-3683
- PUMP CHAMBER TO BE 1000 GAL. SEPTIC TANK
  - PUMP ON/OFF LIQUID LEVEL CONTROLS TO BE SET TO PUMP DOWN 16 INCHES TO GIVE A 342.6 GAL. DOSE: 9 GAL. TO FILL FORCE MAIN 333.6 GAL. DOSE TO LEACHING TRENCHES.
  - ALARM CONTROLS TO BE ON SEPARATE CIRCUIT AND SET TO SOUND WHEN LIQUID LEVEL IS 34" ABOVE FLOOR OF TANK.
- DOSING FREQUENCY**  
 REG 15.294(1)(d) TRENCHES TO BE DOSED ONCE A DAY.



### DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE  
 DESIGN FLOW 110 GALLON PER DAY PER BEDROOM  
 TOTAL DESIGN FLOW 550 GALLON PER DAY.

**SEPTIC TANK**  
 550 GALLONS X 200% = 1100 GALLONS DESIGN CAPACITY  
 USE 2000 2-COMPARTMENT GALLON SEPTIC TANK.

**LEACHING TRENCHES**

**SIDEWALL:**  
 2 X 50" LENGTH X 1" DEPTH = 100 SQUARE FEET.  
 100 SQ. FT. X 74 GAL. PER SQ. FT. = 7400 GAL. LEACHING.

**BOTTOM:**  
 50" LENGTH X 3.0" WIDTH = 150 SQUARE FEET.  
 150 SQ. FT. X 74 GAL. PER SQ. FT. = 11100 GAL. LEACHING.

TOTAL NUMBER OF LEACHING TRENCHES 3  
 TOTAL LEACHING AREA = 750 SQUARE FEET.  
 TOTAL LEACHING CAPACITY = 555 GALLONS PER DAY.

- ### GENERAL NOTES
- 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM EXCEPT WHERE OTHERWISE NOTED.
  - 4" SDR 35 PERFORATED PIPE TO BE USED IN LEACHING AREA.
  - 1500 GALLON REINFORCED CONCRETE SEPTIC TANK.
  - AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
  - ELEVATIONS BASED ON ASSUMED DATUM.
  - UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY APPLICABLE LOCAL RULES.
  - ANY CHANGE TO THIS PLAN MUST BE APPROVED BY THE BOARD OF HEALTH AND THE DESIGN ENGINEER.
  - THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.

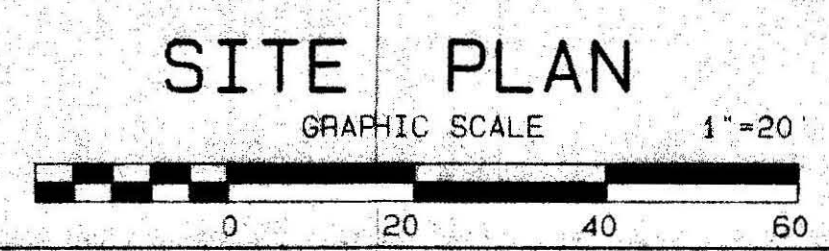
### LEGEND

|     |                           |
|-----|---------------------------|
| --- | EXISTING CONTOURS         |
| --- | PROPOSED CONTOURS         |
| --- | 4" SDR 35 PERFORATED PIPE |
| --- | 4" SDR 35 SOLID PIPE      |
| --- | WATER LINE                |
| --- | EROSION BARRIER           |
| --- | EDGE OF WETLAND           |
| --- | CENTERLINE STREAM         |
| --- | PROPERTY LINE             |
| --- | STONEWALL                 |

**SITE LOCUS**  
 SCALE: 1" = 2083'

AS-BUILT LOCATIONS AND ELEVATIONS ARE BASED ON FIELD SURVEY BY MACLEAY ASSOCIATES, INC. ON AUGUST 2, 1999

SYSTEM INSTALLED BY:  
 KARL'S EXCAVATING  
 327 RIVER DRIVE  
 HADLEY, MA



BENCHMARK: STONE BLOCK @ F. FLOOR  
 ELEVATION=100.00' (ASSUMED)

SHEET NO. 1 OF 1.

APPROVED: [Signature]  
 DATE: APRIL 6, 1999

REV. DATE BY DESCRIPTION APPR.  
 1 04/06 J.M. AS BUILT PLAN

TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN

FOR: AMHERST, MASS  
 WILLIAM BEMIS  
 1511 SOUTHEAST STREET

DATE: APRIL 6, 1999 JOB NO. 99-016

**MacLEAY ASSOCIATES, INC.**  
 102 BRIDGE STREET, SHELburnE FALLS, MA 01370  
 TELEPHONE: (413) 625-9774 FAX: (413) 625-9704



✓ RECEIVED  
*[Signature]*

**TITLE 5  
OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
PART A  
CERTIFICATION**

**Property Address:** 1611 Southeast Street Amherst MA 01002  
**Owner's Name:** William Bemis (C/O Janice Kynard, Jones Town & Country Real Estate,  
**Address:** 1611 South East Street AMherst MA 01002

**Date of Inspection:** June 20 2006

**Name of Inspector:** Alan E. Weiss, R.S # 933, Hydrogeologist, M.S.  
**Company Name:** Cold Spring Environmental Inc.  
**Mailing Address:** 350 Old Enfield Road  
Belchertown, Massachusetts 01007  
**Telephone Number:** (413) 323-5957 fax: 413-323-4916

**CERTIFICATION STATEMENT**

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

**Inspector's Signature:** *[Signature]* **Date:** June 20, 2006

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

**Notes and Comments:**

Septic Tank had high level upon inspection due to clogged outlet tee filter. Failure to maintain filter once yearly resulted in filter clogging. Karls replaced filter. System appears otherwise to be fine. All levels were ok at pump and d. box. Leach field, pump and chamber 7+/- years old. Outlet & inlet tees are in place in 2000 gal s. tank. Pumping of tank was completed. All staining was proper. Stone was not saturated and alarm and pump working properly. Trenches should be vented.  
\*\*\*\*This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same different conditions of use.

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The first part of the document discusses the importance of maintaining accurate records. It emphasizes that proper record-keeping is essential for the effective management of any organization. This includes tracking financial transactions, personnel files, and operational procedures. The text suggests that without reliable records, decision-making becomes difficult and the risk of errors increases significantly.

Furthermore, the document highlights the role of technology in modern record-keeping. It notes that digital systems offer numerous advantages over traditional paper-based methods, such as improved accessibility, security, and efficiency. However, it also cautions against over-reliance on technology, stressing the need for robust backup and recovery protocols to prevent data loss.

In conclusion, the document asserts that a well-organized record-keeping system is a cornerstone of successful business operations. It encourages organizations to invest in the necessary infrastructure and training to ensure their records are accurate, secure, and easy to access.

The second part of the document focuses on the legal and ethical implications of record-keeping. It discusses the various regulations that govern the collection, storage, and disposal of personal and sensitive information. Organizations must be aware of these laws to avoid potential legal consequences and maintain the trust of their stakeholders.

Additionally, the document addresses the ethical responsibilities of record-keepers. It stresses the importance of transparency and accountability in how data is handled. Organizations should clearly communicate their data practices and ensure that they are used only for the purposes for which they were collected.

Finally, the document provides some practical advice for implementing a record-keeping strategy. It suggests starting with a clear assessment of current record-keeping practices and identifying areas for improvement. It also recommends regular audits to ensure compliance with relevant laws and standards.

**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 1611 Southeast Street  
Owner: Bemis  
Date of Inspection: June 20, 2006

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

**A. System Passes:**

YES I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments: No signs of failure

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**B. System Conditionally Passes:**

NO One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the \_\_\_ for the following statements. If "not determined" please explain.

\_\_\_ The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.  
\*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

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

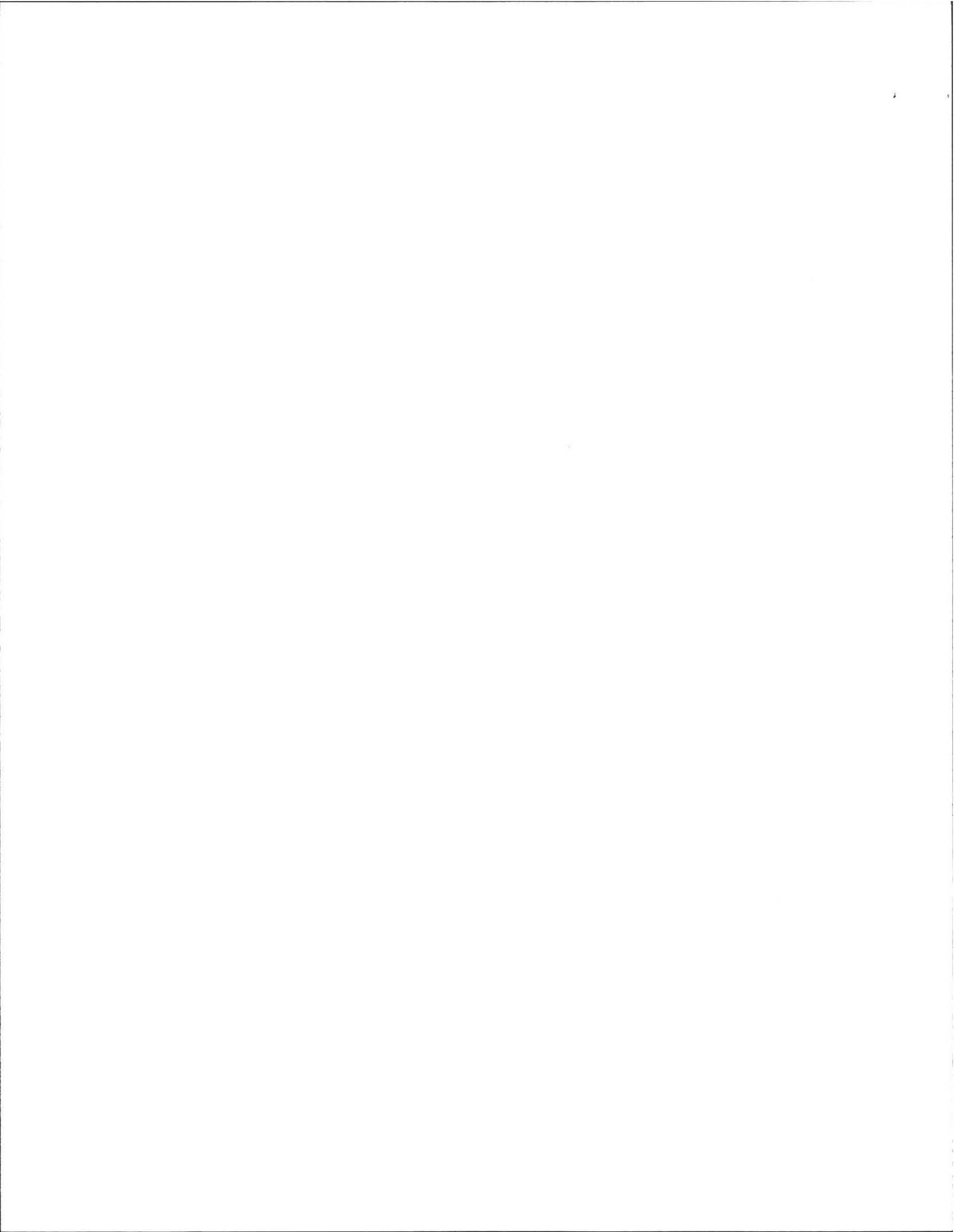
- \_\_\_ broken pipe(s) are replaced
- \_\_\_ obstruction is removed
- \_\_\_ distribution box is leveled or replaced

ND explain:

\_\_\_ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- \_\_\_ broken pipe(s) are replaced
- \_\_\_ obstruction is removed

ND explain:



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**

**PART A**

**CERTIFICATION (continued)**

Property Address: 1611 Southeast Street

Owner: Bemis

Date of Inspection: June 20, 2006

**C. Further Evaluation is Required by the Board of Health:**

NO Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

Cesspool or privy is within 50 feet of a surface water

Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

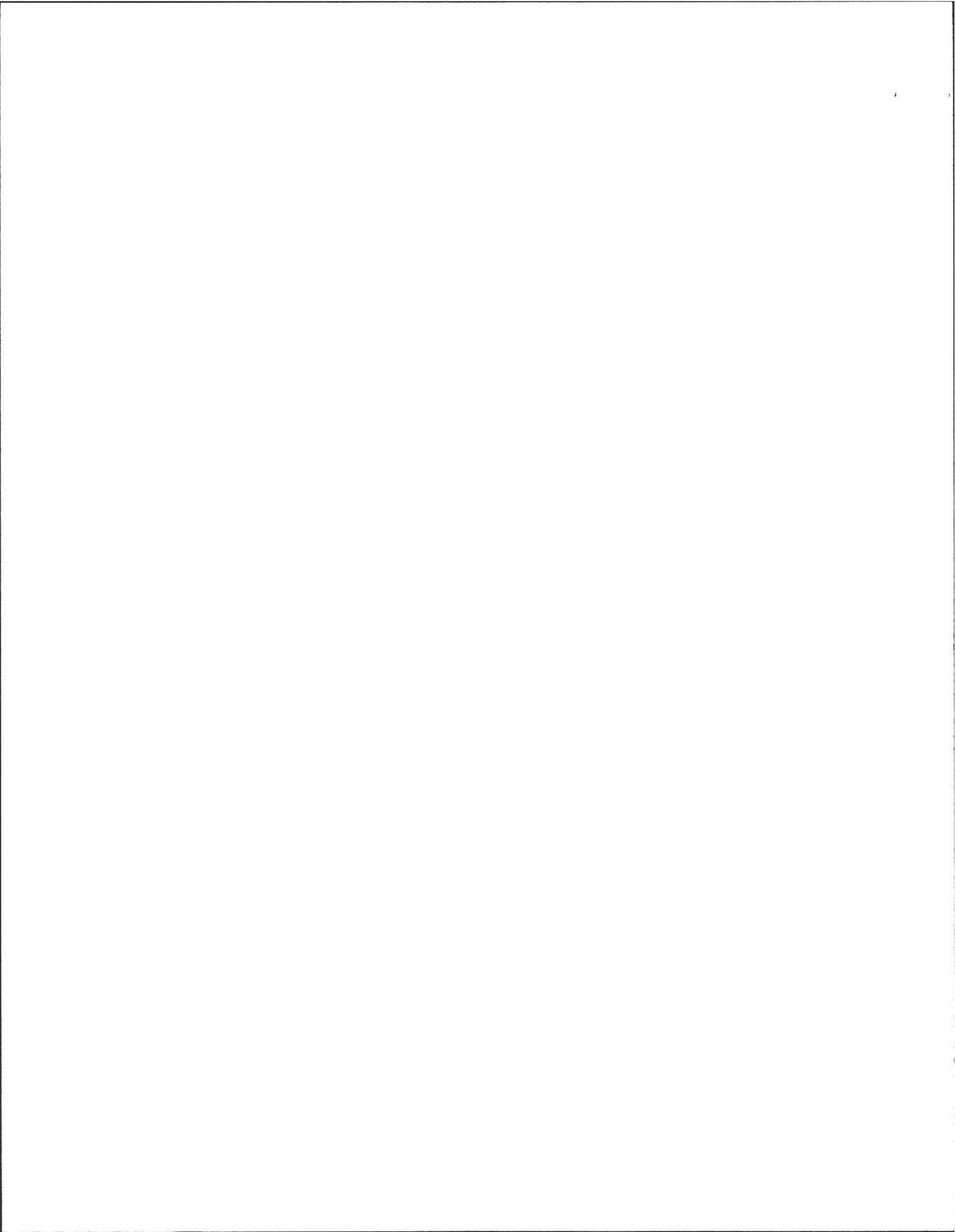
The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*. Method used to determine distance \_\_\_\_\_

\*\*This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

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





OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 1611 Southeast Street  
 Owner: Bemis  
 Date of Inspection: June 20, 2006

**D. System Failure Criteria applicable to all systems:**

You **must** indicate "yes" or "no" to each of the following for **all** inspections:

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped _____.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

NO (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

**E. Large Systems:**

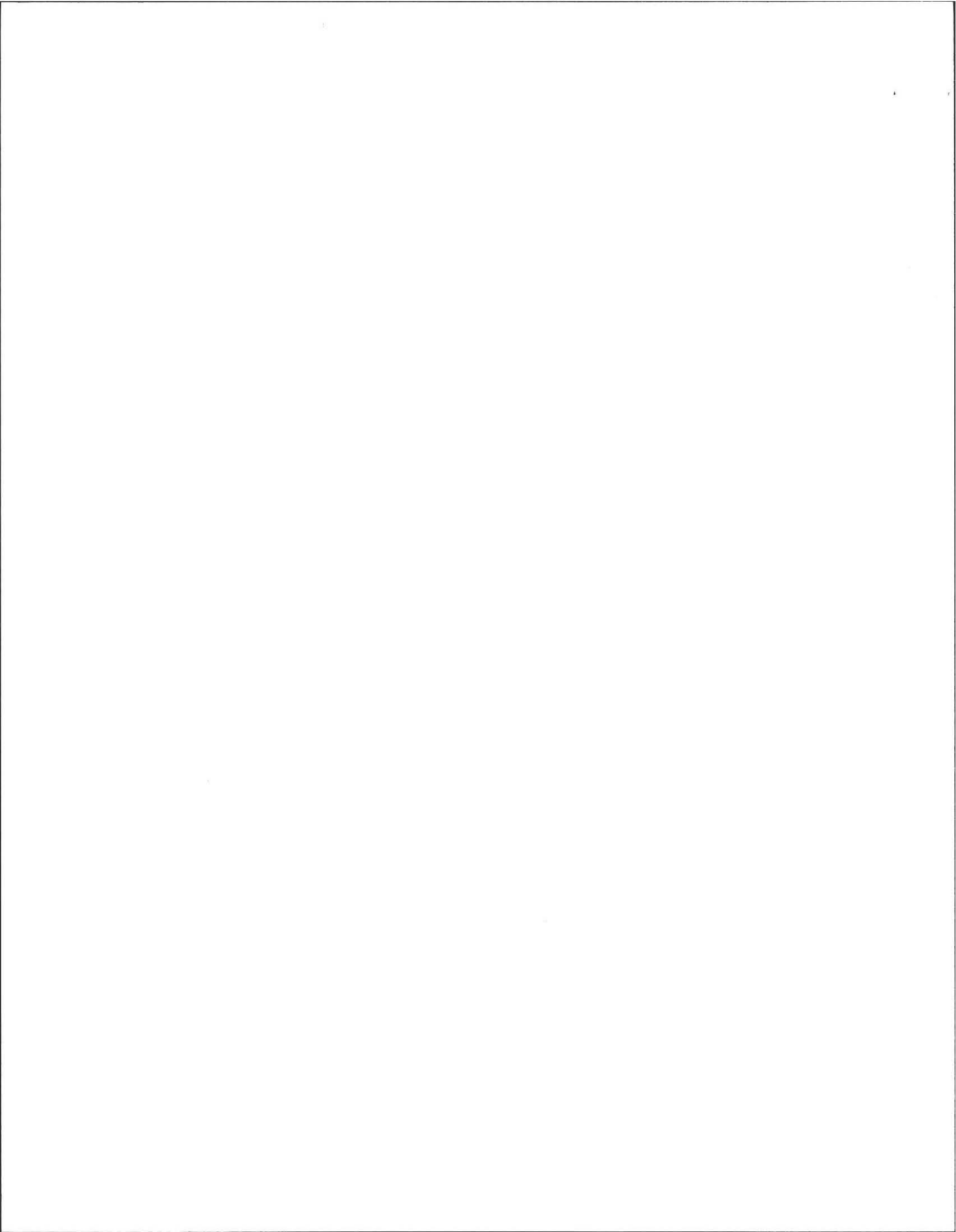
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| yes                      | no                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART B**  
**CHECKLIST**

Property Address: 1611 Southeast Street  
Owner: Bemis  
Date of Inspection: June 20, 2006

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

Yes No

Yes \_\_\_ Pumping information was provided by the owner, occupant, or Board of Health

\_\_\_ No \_\_\_ Were any of the system components pumped out in the previous two weeks ?

YES \_\_\_ Has the system received normal flows in the previous two week period ?

\_\_\_ NO \_\_\_ Have large volumes of water been introduced to the system recently or as part of this inspection ?

yes \_\_\_ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes \_\_\_ Was the facility or dwelling inspected for signs of sewage back up ?

yes \_\_\_ Was the site inspected for signs of break out ?

yes \_\_\_ Were all system components, excluding the SAS, located on site ?

yes \_\_\_ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

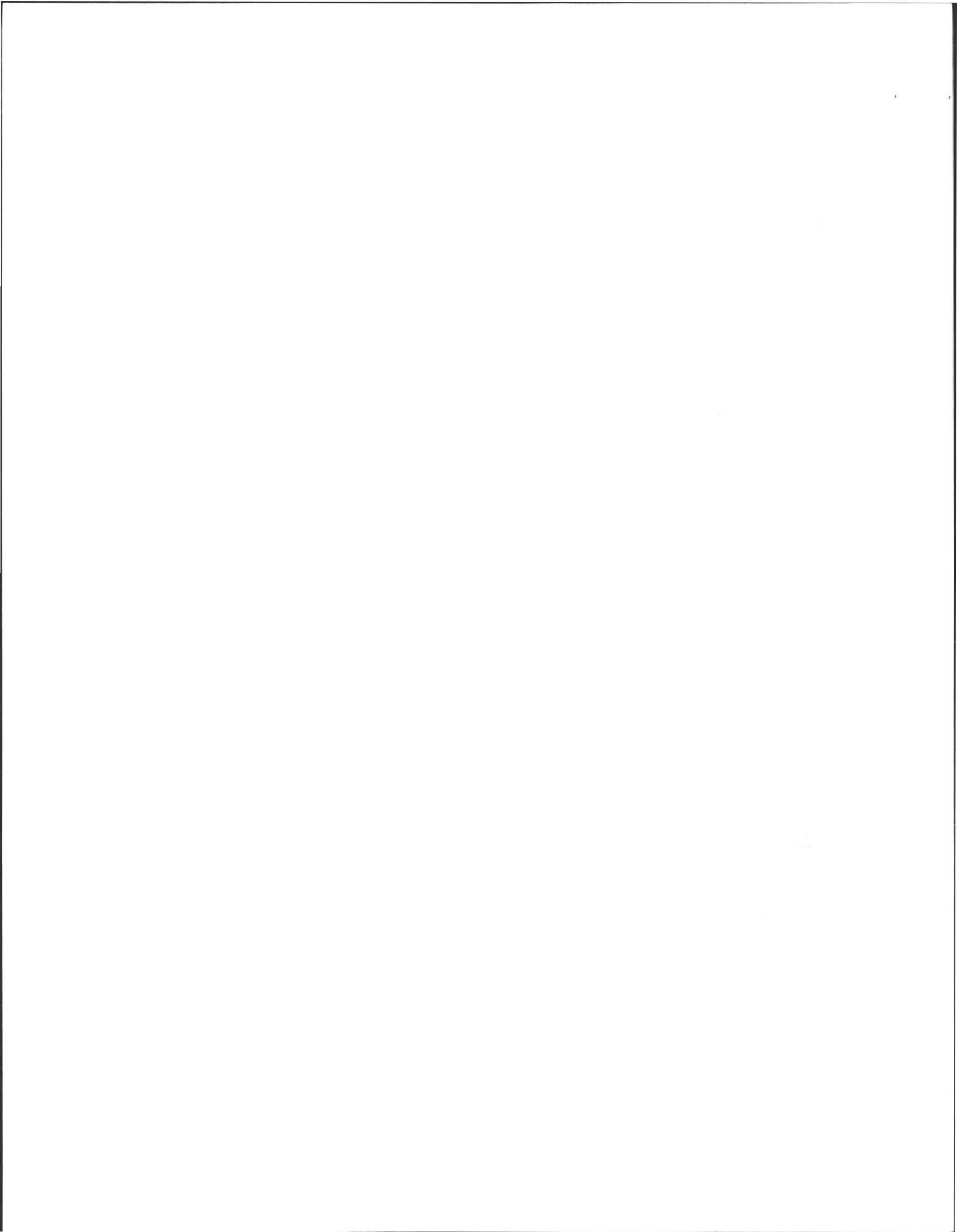
yes \_\_\_ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

Yes no

Yes \_\_\_ Existing information. For example, a plan at the Board of Health.

yes \_\_\_ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION**

Property Address: 1611 Southeast Street  
Owner: Bemis  
Date of Inspection: June 20, 2006

**FLOW CONDITIONS**

**RESIDENTIAL**

Number of bedrooms (design): ? Number of bedrooms (actual): 5  
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ??  
Number of current residents: 5 (empty since Oct.)  
Does residence have a garbage grinder (yes or no): No GRINDERS ARE NOT RECOMMENDED  
Is laundry on a separate sewage system (yes or no): \*no [if yes separate inspection required]  
Laundry system inspected (yes or no): n/a  
Seasonal use: (yes or no): NO  
Water meter readings, if available (last 2 years usage (gpd)): N/a  
Sump pump (yes or no): Yes  
Last date of occupancy: 9 mos.

**COMMERCIAL/INDUSTRIAL**

Type of establishment: N/A  
Design flow (based on 310 CMR 15.203): \_\_\_\_\_ gpd  
Basis of design flow (seats/persons/sqft, etc.): \_\_\_\_\_  
Grease trap present (yes or no): \_\_\_\_\_  
Industrial waste holding tank present (yes or no): \_\_\_\_\_  
Non-sanitary waste discharged to the Title 5 system (yes or NO): \_\_\_\_\_  
Water meter readings, if available: \_\_\_\_\_  
Last date of occupancy/use: \_\_\_\_\_

**OTHER** (describe) \_\_\_\_\_

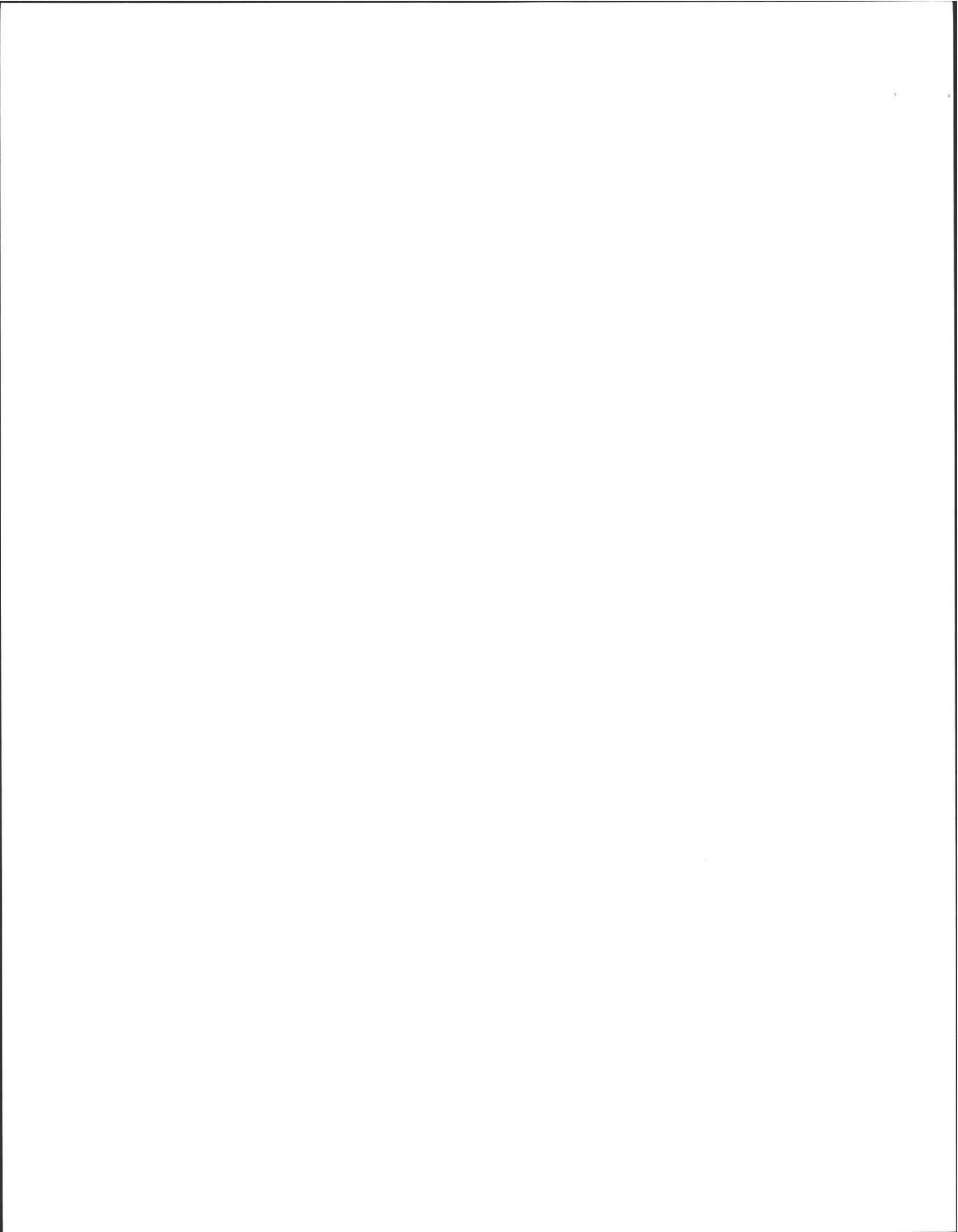
**GENERAL INFORMATION**

**Pumping Records**

Source of information: (owner )  
Was system pumped as part of the inspection (YES or no): YES @ inspection  
If yes, volume pumped: 2000 gallons -- How was quantity pumped determined? Measured  
Reason for pumping: Time-Insp (Never pumped before)

**TYPE OF SYSTEM**

Septic tank, distribution box, soil absorption system  
 Single cesspool  
 Overflow cesspool  
 Privy  
 Shared system (yes or no) (if yes, attach previous inspection records, if any)  
 Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)  
 Tight tank  Attach a copy of the DEP approval  
 Other (describe): \_\_\_\_\_  
Approximate age of all components, date installed (if known) and source of information: 7 years+/-  
Were sewage odors detected when arriving at the site (yes or no): NO



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 1611 Southeast Street  
Owner: Bemis  
Date of Inspection: June 20, 2006

**BUILDING SEWER** (locate on site plan)

Depth below grade: 10"  
Materials of construction: \_\_\_ cast iron X 40 PVC \_\_\_ other (explain): \_\_\_  
Distance from private water supply well or suction line: 10'+  
Comments (on condition of joints, venting, evidence of leakage, etc.):  
\_\_\_\_\_

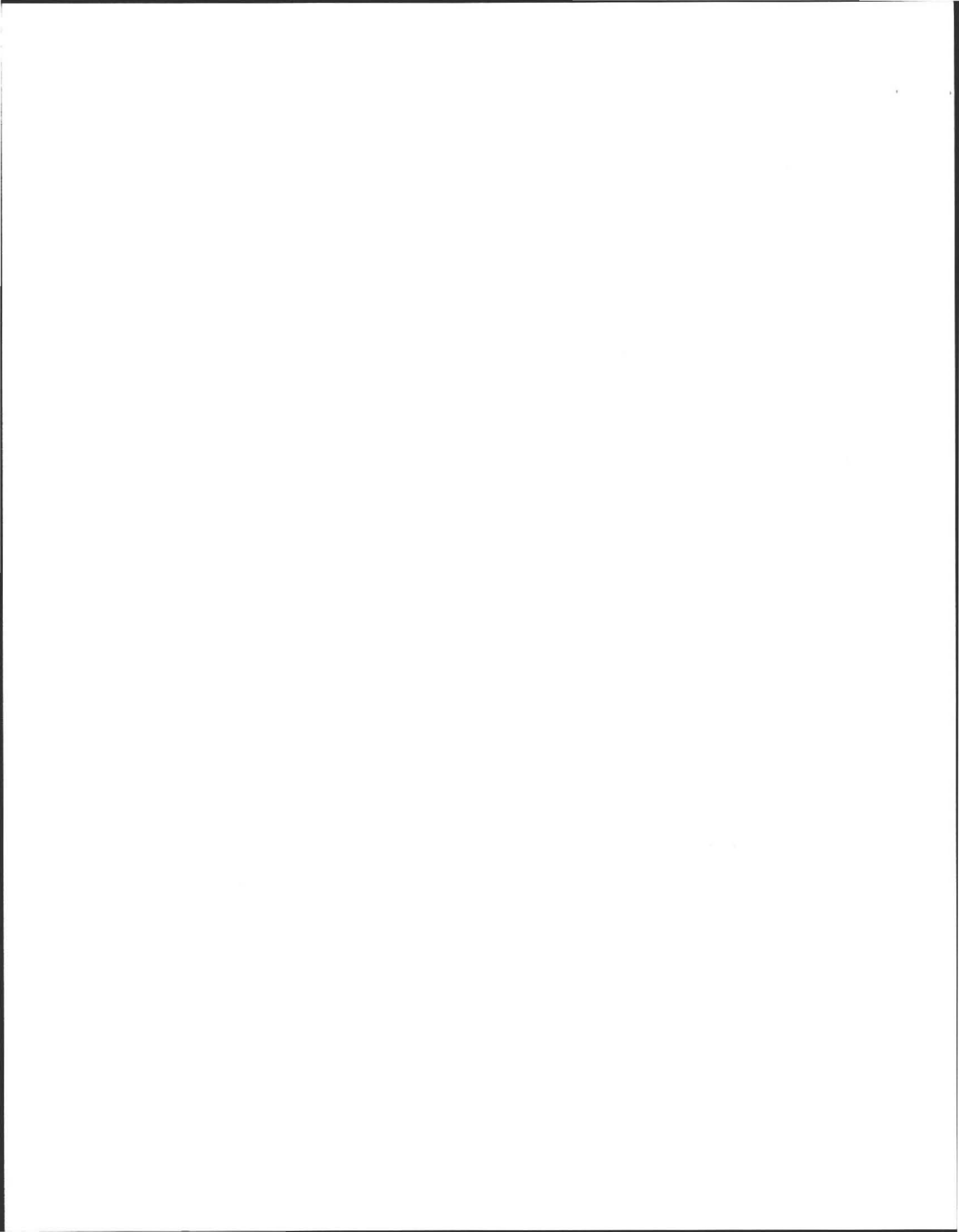
**SEPTIC TANK: Yes** (locate on site plan)

Depth below grade: 12"  
Material of construction: X concrete \_\_\_ metal \_\_\_ fiberglass \_\_\_ polyethylene  
\_\_\_ other(explain) \_\_\_\_\_  
If tank is metal list age: \_\_\_ Is age confirmed by a Certificate of Compliance (yes or no): \_\_\_ (attach a copy of certificate)  
Dimensions: 5.5'w x 10.5'l x 5.5'd  
Sludge depth: 2"  
Distance from top of sludge to bottom of outlet tee or baffle: 50"  
Scum thickness: 2"  
Distance from top of scum to top of outlet tee or baffle: 6"  
Distance from bottom of scum to bottom of outlet tee or baffle: 12"  
How were dimensions determined: MEASURED  
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.): TANK CONDITION OK  
Tees are in place outlet filter clogged and replaced.

**GREASE TRAP: N/A** (locate on site plan)

Depth below grade: \_\_\_  
Material of construction: \_\_\_ concrete \_\_\_ metal \_\_\_ fiberglass \_\_\_ polyethylene \_\_\_ other  
(explain): \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Scum thickness: \_\_\_\_\_  
Distance from top of scum to top of outlet tee or baffle: \_\_\_\_\_  
Distance from bottom of scum to bottom of outlet tee or baffle: \_\_\_\_\_  
Date of last pumping: \_\_\_\_\_  
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):





**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION** (continued)

Property Address: 1611 Southeast Street  
Owner: Bemis  
Date of Inspection: June 20, 2006

**TIGHT or HOLDING TANK:** \_\_\_\_\_ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: \_\_\_\_\_

Material of construction: \_\_\_\_\_ concrete \_\_\_\_\_ metal \_\_\_\_\_ fiberglass \_\_\_\_\_ polyethylene \_\_\_\_\_ other(explain): \_\_\_\_\_

Dimensions: \_\_\_\_\_

Capacity: \_\_\_\_\_ gallons

Design Flow: \_\_\_\_\_ gallons/day

Alarm present (yes or no): \_\_\_\_\_

Alarm level: \_\_\_\_\_ Alarm in working order (yes or no): \_\_\_\_\_

Date of last pumping: \_\_\_\_\_

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

**DISTRIBUTION BOX:** YES (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: @ Inv.

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): Level and equal (12" of cover soil)

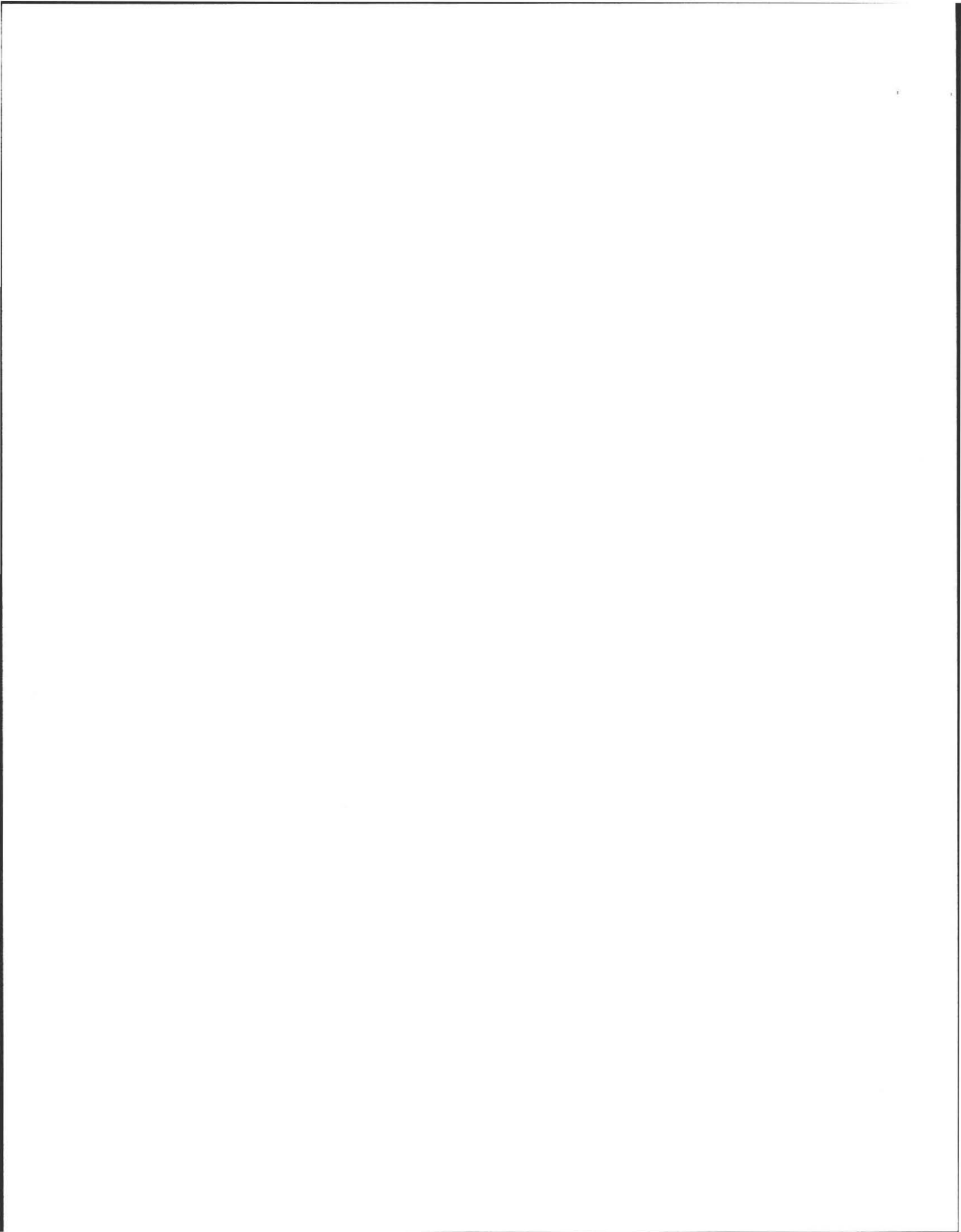
**PUMP CHAMBER:** YES (locate on site plan)

Pumps in working order (yes or no): yes

Alarms in working order (yes or no): yes

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): \_\_\_\_\_

Good condition, working.



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 1611 Southeast Street  
Owner: Bemis  
Date of Inspection: June 20, 2006

SOIL ABSORPTION SYSTEM (SAS): YES (locate on site plan, excavation not required)

If SAS not located explain why:

\_\_\_\_\_

\_\_\_\_\_

**Type**

\_\_\_ leaching pits, number: \_\_\_  
\_\_\_ leaching chambers, number: \_\_\_  
\_\_\_ leaching galleries, number: \_\_\_  
3 leaching trenches, number, length: 3 trenches 50' l x 3' W  
\_\_\_ leaching fields, number, dimensions: \_\_\_\_\_  
\_\_\_ overflow cesspool, number: \_\_\_  
\_\_\_ innovative/alternative system Type/name of technology: \_\_\_\_\_

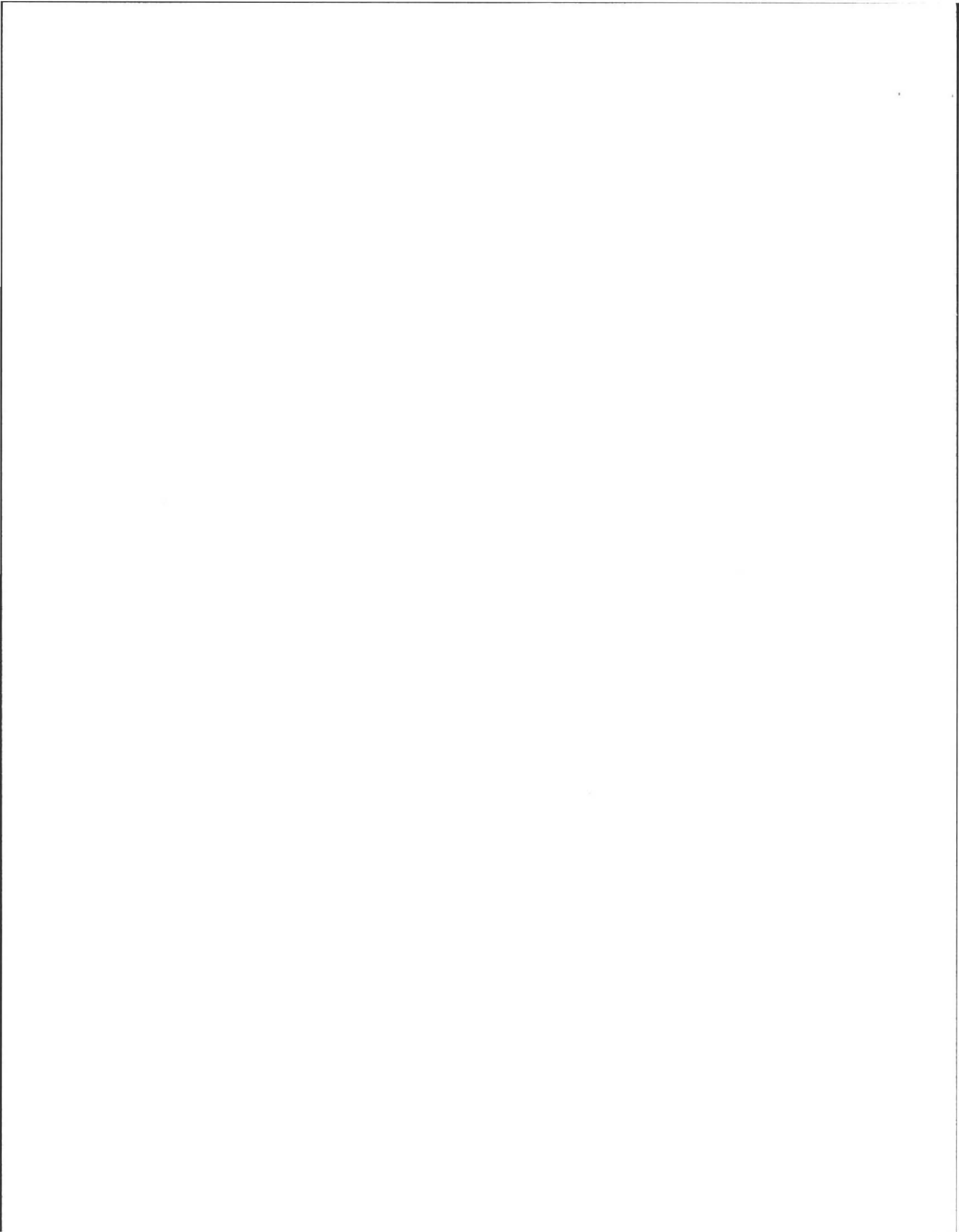
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.): No signs of failure (stone not saturated), no Groundwater observed.  
No staining on stone of 3 line system. System should have vent.

CESSPOOLS: N/A (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: \_\_\_\_\_  
Depth - top of liquid to inlet invert: \_\_\_\_\_  
Depth of solids layer: \_\_\_\_\_  
Depth of scum layer: \_\_\_\_\_  
Dimensions of cesspool: \_\_\_\_\_  
Materials of construction: \_\_\_\_\_  
Indication of groundwater inflow (yes or no): \_\_\_\_\_  
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

PRIVY: N/A (locate on site plan)

Materials of construction: \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Depth of solids: \_\_\_\_\_  
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):  
\_\_\_\_\_



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

**Property Address:** 1611 Southeast Street

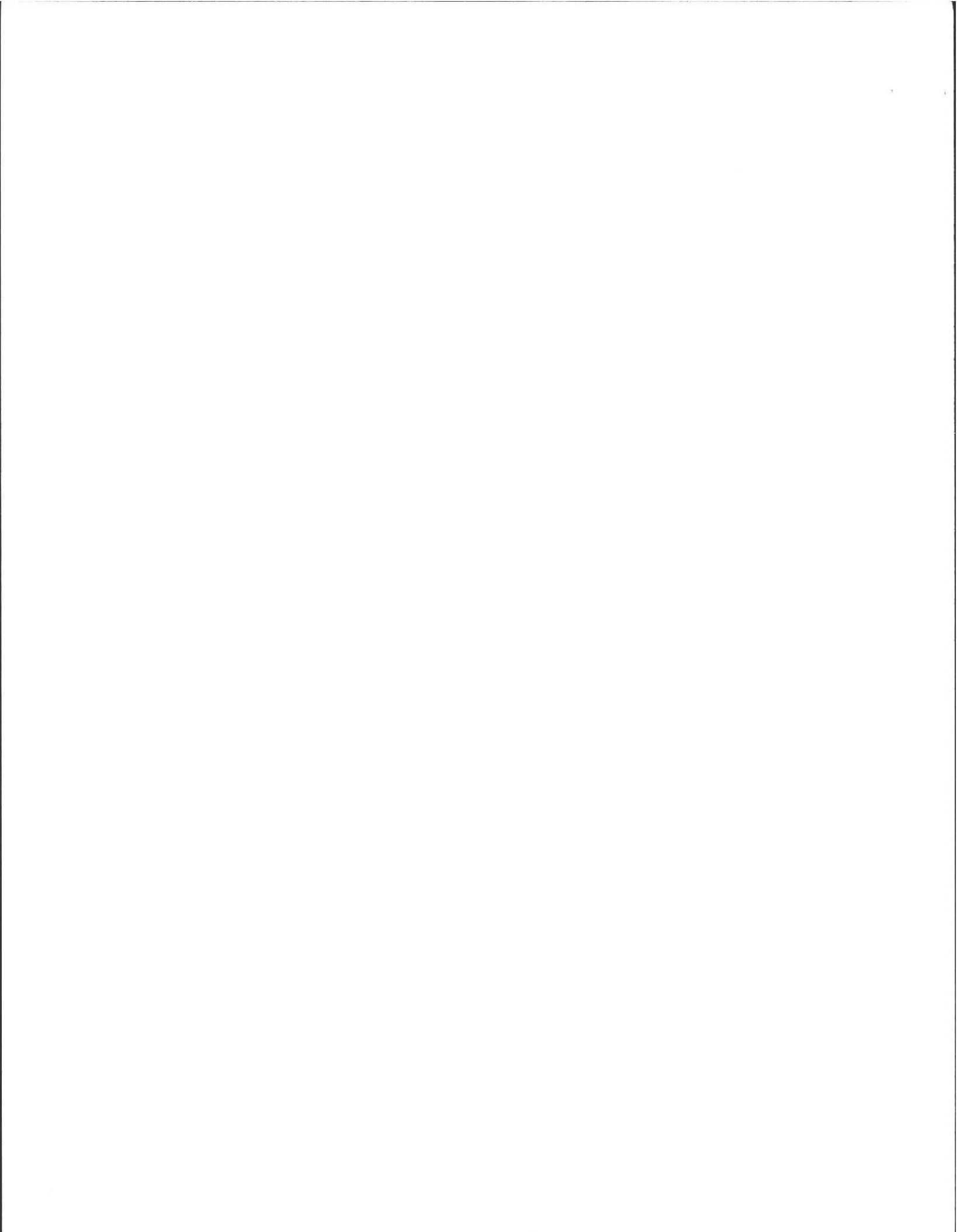
**Owner:** Bemis

**Date of Inspection:** June 20, 2006

**SKETCH OF SEWAGE DISPOSAL SYSTEM**

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

See Attached.



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

Property Address: 1611 Southeast Street  
Owner: Bemis  
Date of Inspection: June 20, 2006

**SITE EXAM**

Slope YES  
Surface water \_\_\_\_\_  
Check cellar YES '  
Shallow wells \_\_\_\_\_

Estimated depth to ground water 4 feet

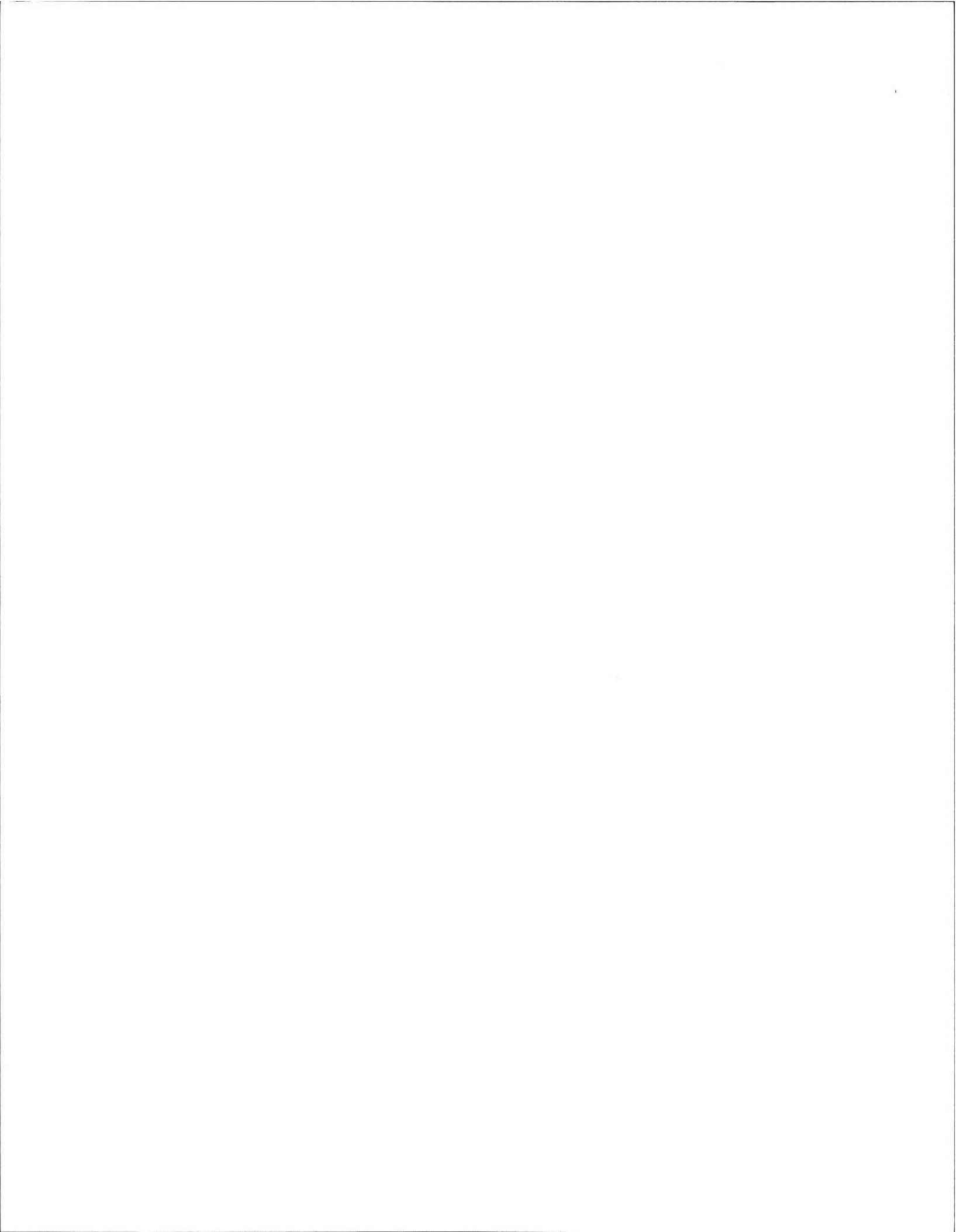
Please indicate (check) all methods used to determine the high ground water elevation:

- Obtained from system design plans on record - If checked, date of design plan reviewed: 2000  
 Observed site (abutting property/observation hole within 150 feet of SAS)  
 Checked with local Board of Health-explain: \_\_\_\_\_  
 Checked with local excavators, installers- (attach documentation)  
 Accessed USGS database-explain: \_\_\_\_\_

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

Water level based on on-site data & from topography & vegetation and soil type system only 1 ft. down. (NO evidence of high g. water observed at soil bore at stone field) reportedly eval. (1999).





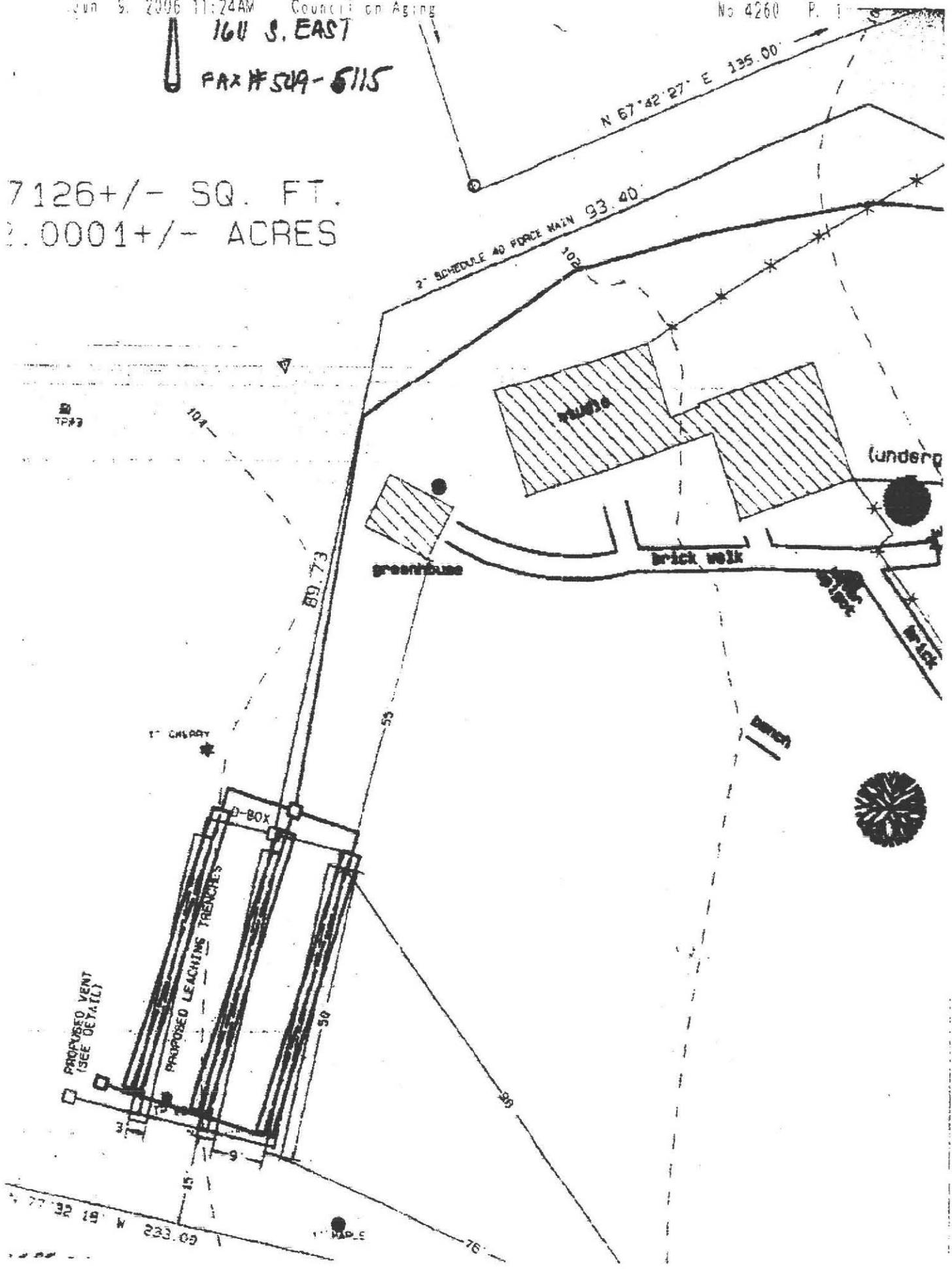
Jun 9, 2006 11:24AM Council on Aging

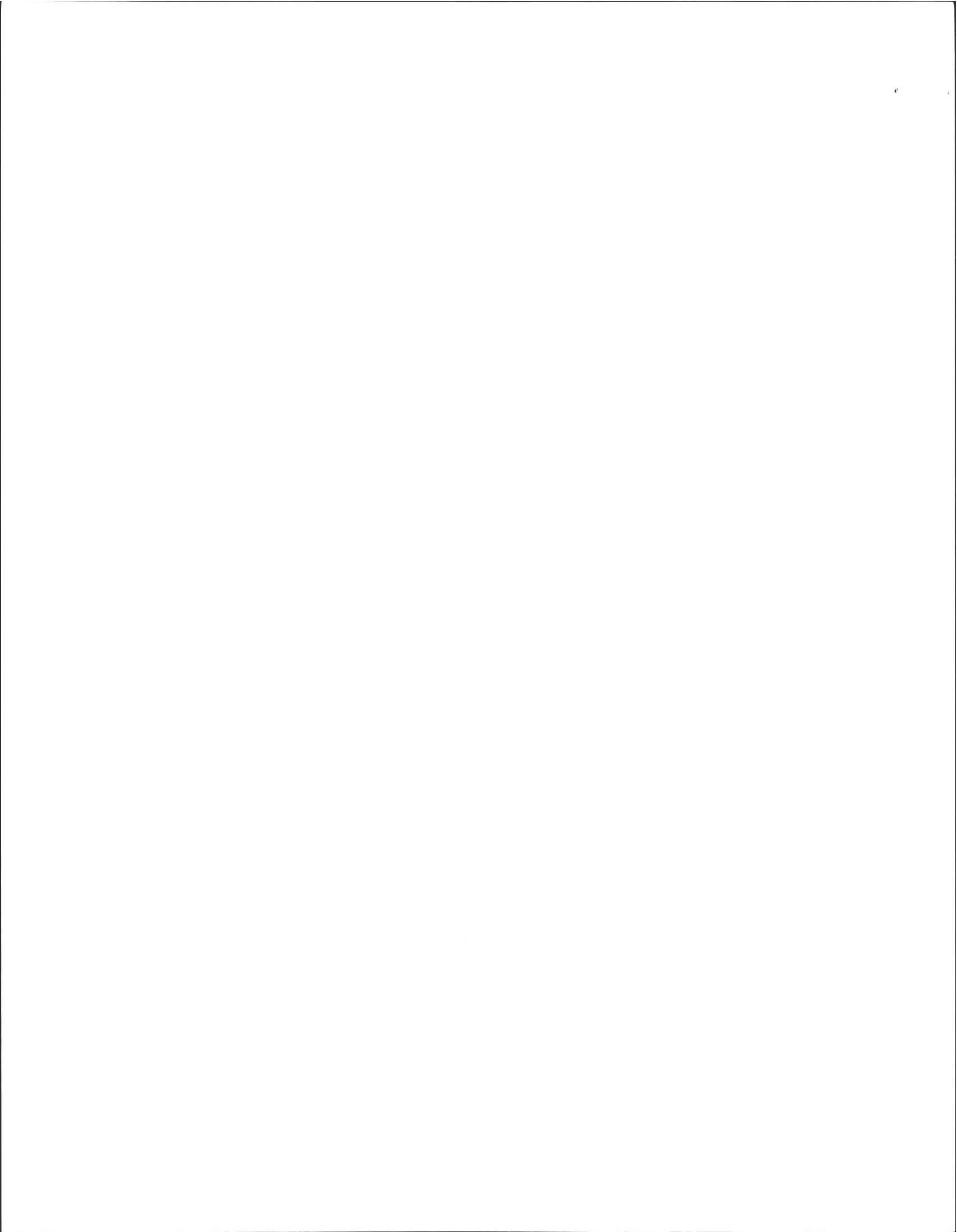
No 4260 P. 1

160 S. EAST

FAX # 509-5115

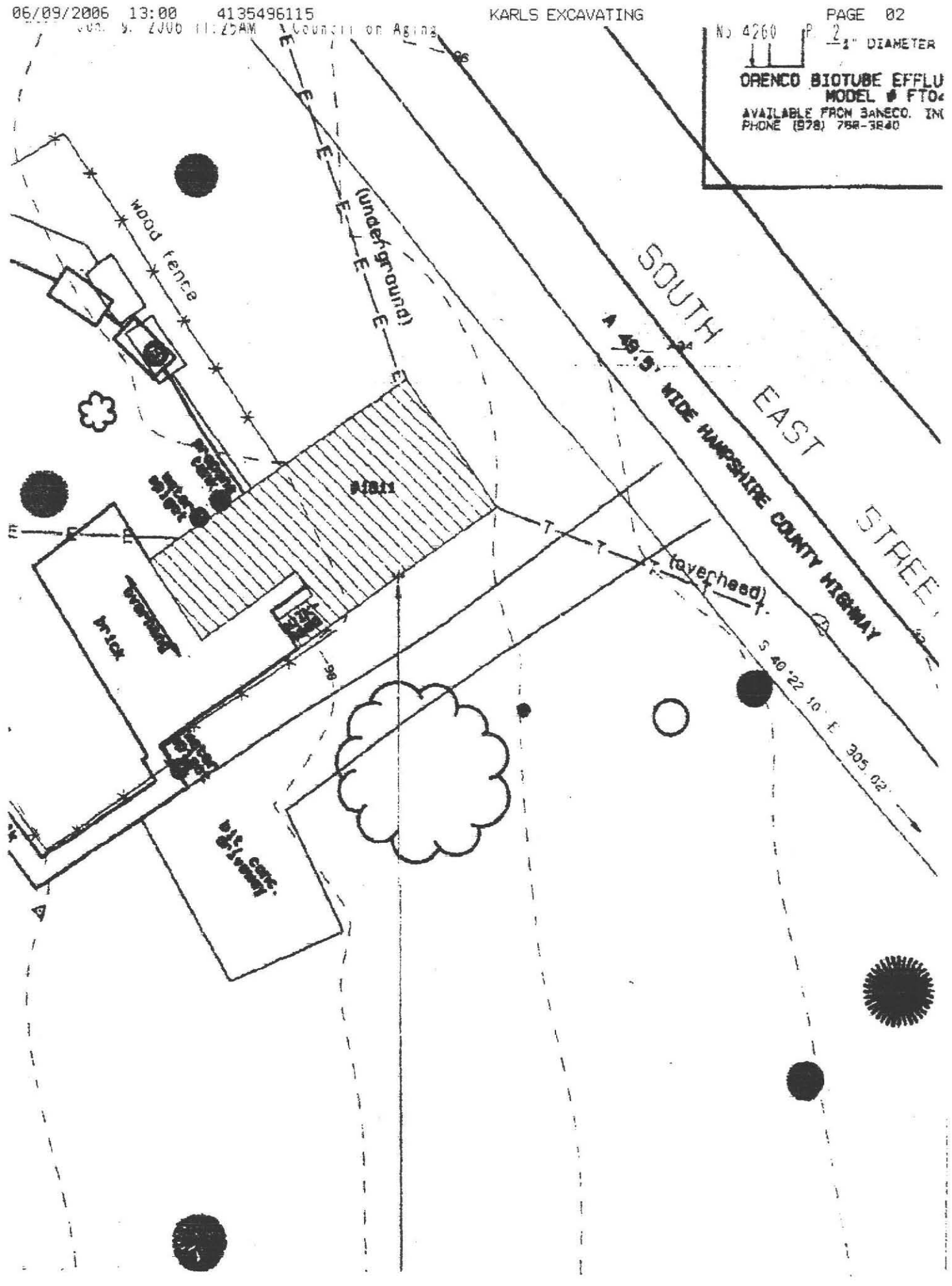
7126+/- SQ. FT.  
2.0001+/- ACRES

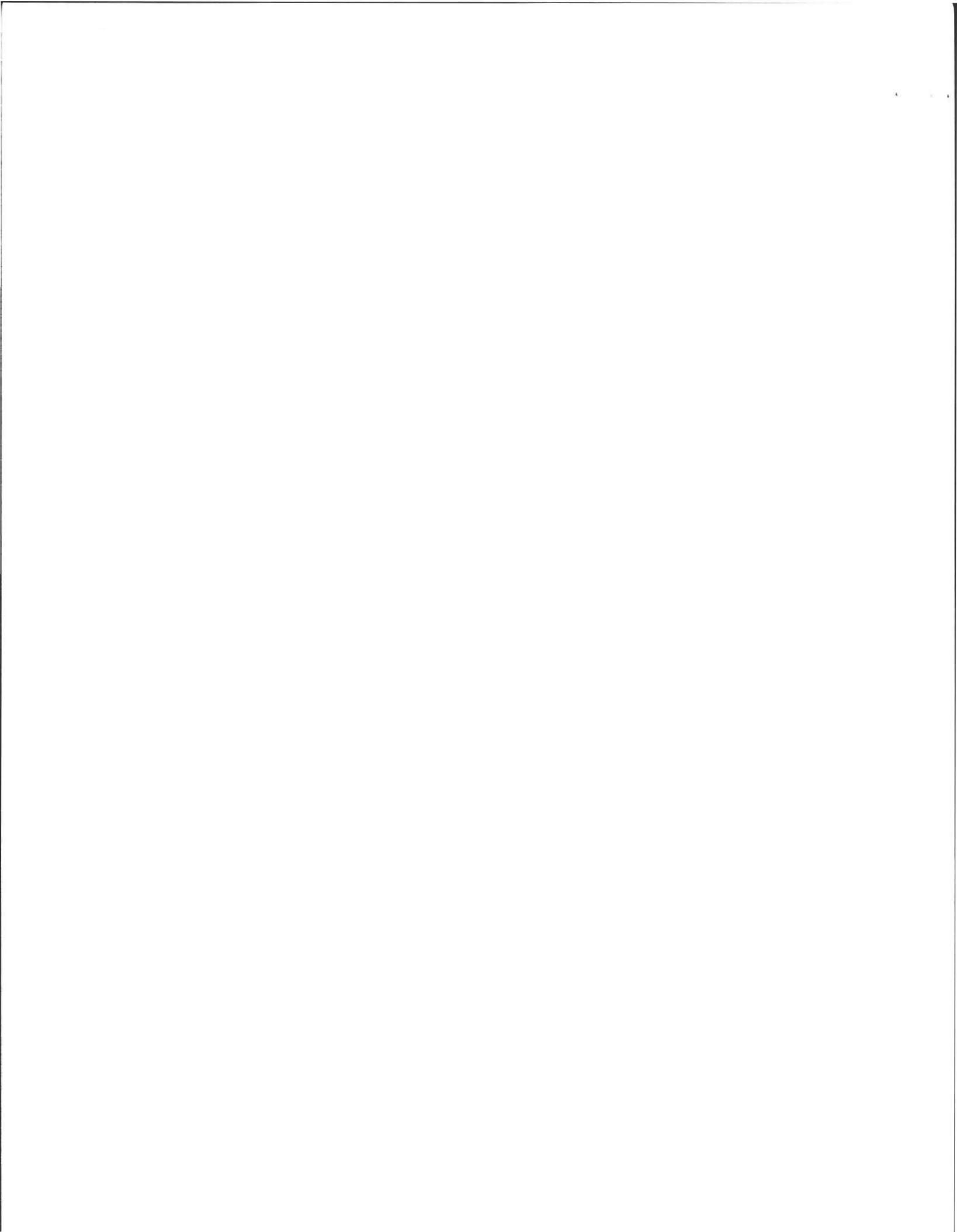




No 4260 P. 2 1" DIAMETER

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BEMIS 1611 S. EAST ST AMHERST

