

101 STATE ST



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

Property Address: 101 State Street, Amherst, MA

Owner's Name: Geert De Vries
Owner's Address: 101 State Street
Amherst, MA 01002

Date of Inspection: September 5, 2001

Name of Inspector: Alan E. Weiss, R.S # 933
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:

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

Inspector's Signature: 

Date: September 5, 2001



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

L. Tanks were in good condition, 14" of liquid noted, 24" to effective height. S. Tank was in good condition. No signs of hydraulic failure noted.

****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.

K16

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

PART A
CERTIFICATION (continued)

Property Address: 101 STATE ST

Owner: DEURIES

Date of Inspection: 9/5/01

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

A. System Passes:

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:

LEVELS OK, NO SIGNS OF FAILURE

B. System Conditionally Passes:

_____ 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):

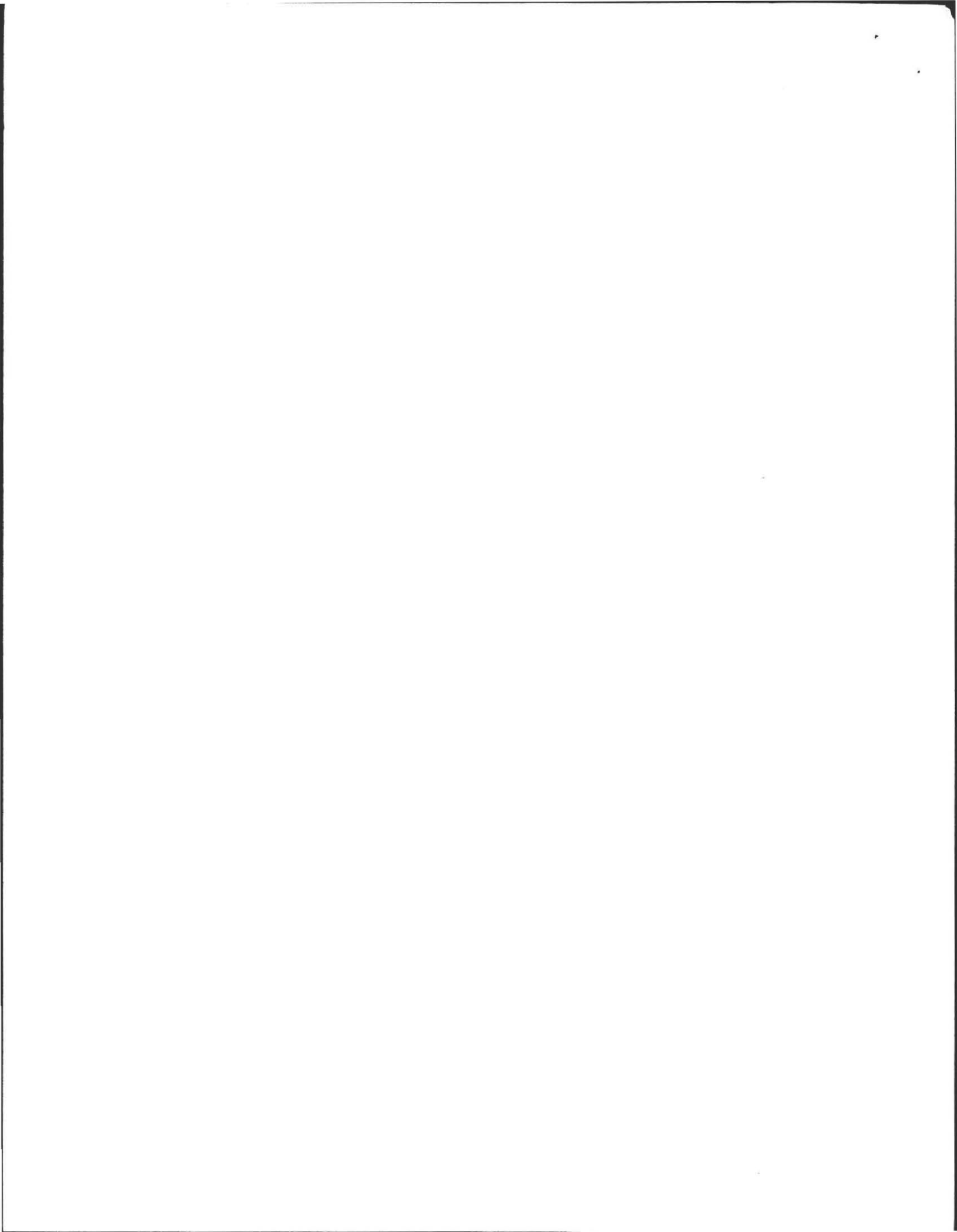
- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

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: 101 STATE ST

Owner: DEKRIES

Date of Inspection: 9/5/01

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

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:

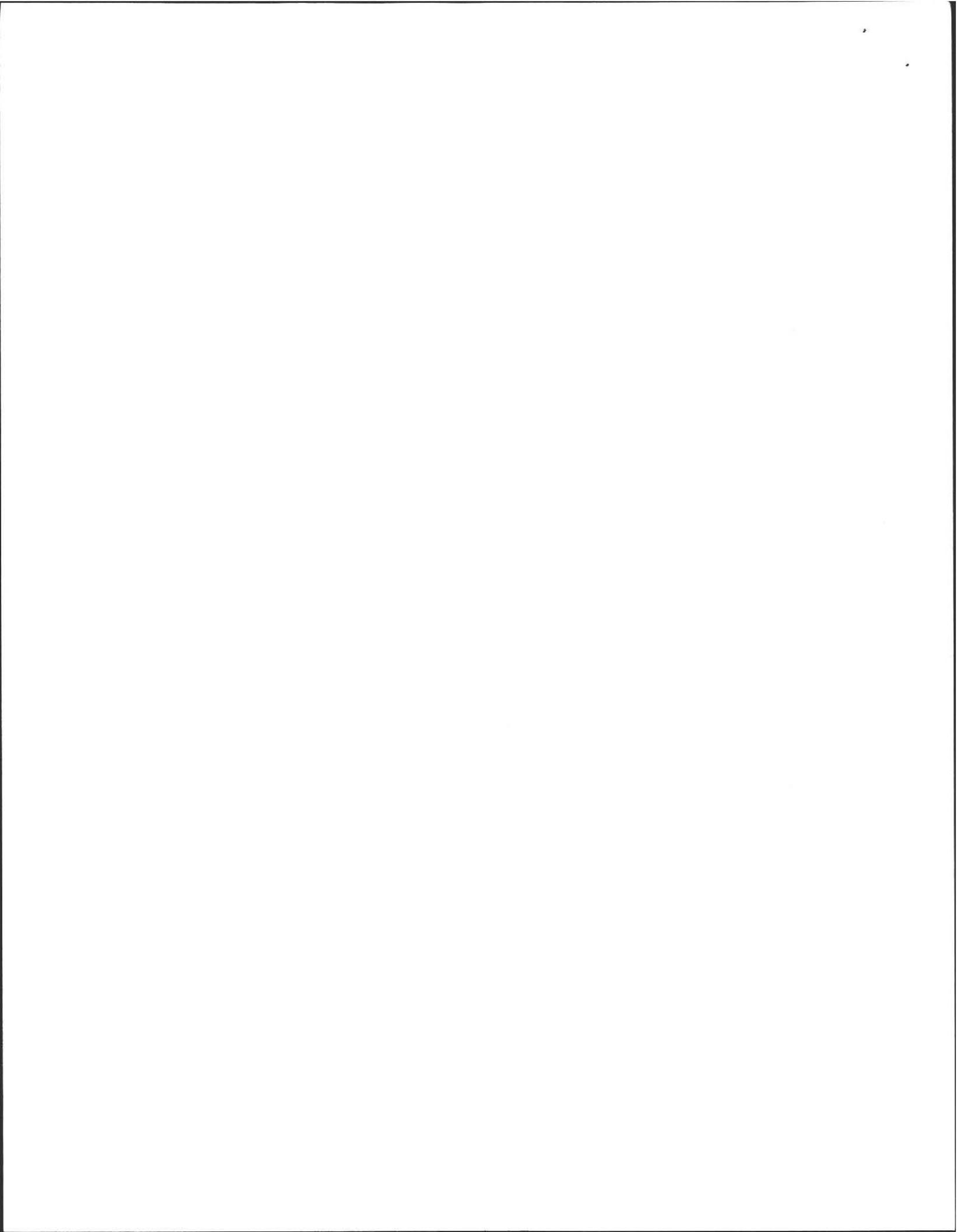
- Cesspool or privy is within 50 feet of a surface water
 Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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: 101 STATE ST.

Owner: DEPRIES

Date of Inspection: 9/5/01

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"/> | <u>No</u> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <u>No</u> | 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"/> | <u>NA</u> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <u>No</u> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <u>No</u> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____ |
| <input type="checkbox"/> | <u>No</u> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <u>No</u> | 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"/> | <u>No</u> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <u>No</u> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <u>No</u> | 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 <u>must be attached to this form.</u>] |

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.

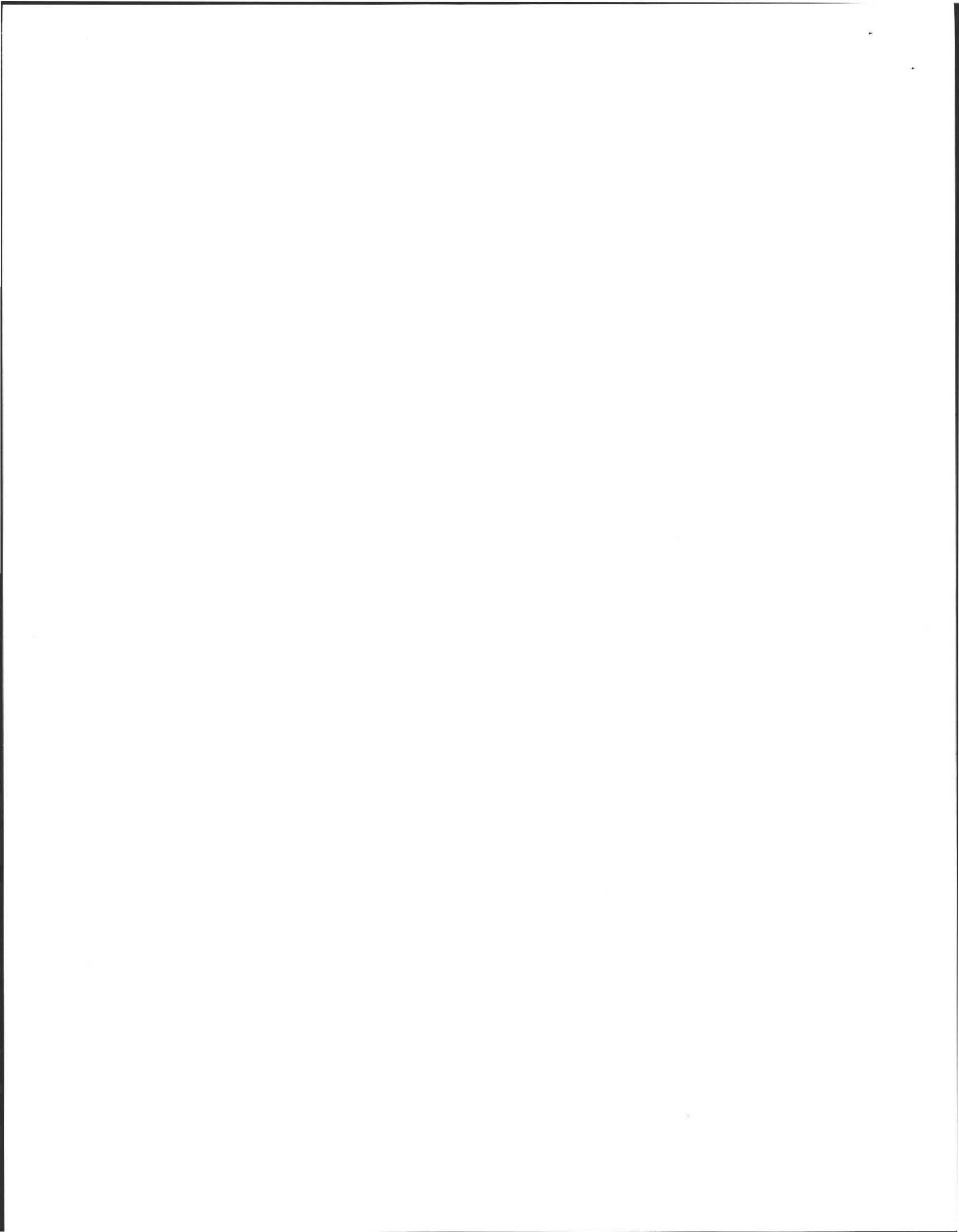
E. Large Systems:

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: 101 STATE ST

Owner: DEVRIES

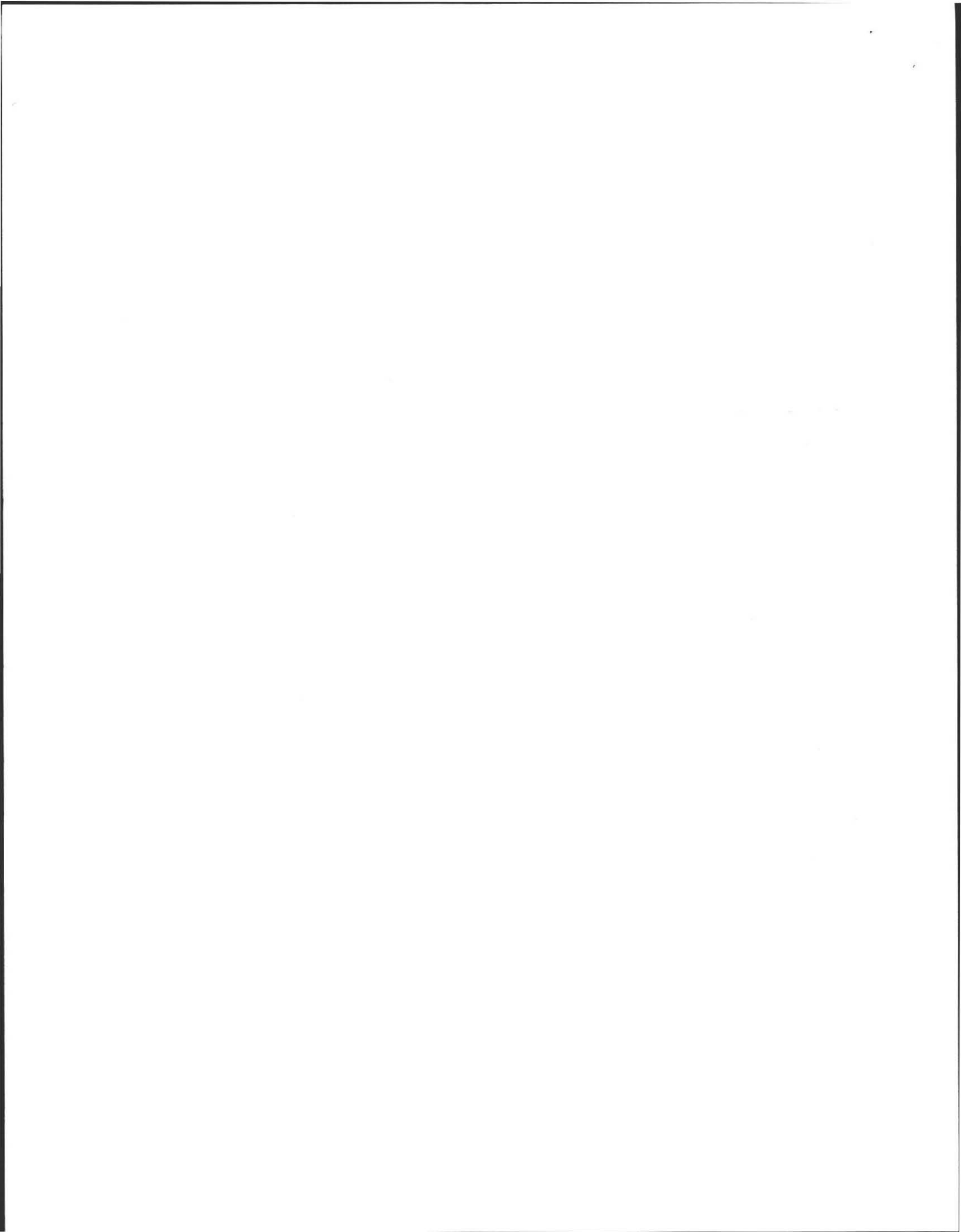
Date of Inspection: 9/5/01

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

- Yes No
- Pumping information was provided by the owner, occupant, or Board of Health
- Were any of the system components pumped out in the previous two weeks?
- Has the system received normal flows in the previous two week period?
- Have large volumes of water been introduced to the system recently or as part of this inspection?
- Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- Was the facility or dwelling inspected for signs of sewage back up?
- Was the site inspected for signs of break out?
- Were all system components, excluding the SAS, located on site?
- 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?
- 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
- Existing information. For example, a plan at the Board of Health.
- 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: 101 STATE ST.

Owner: DEURIES

Date of Inspection: 9/5/01

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 593
Number of current residents: 5
Does residence have a garbage grinder (yes or no): No
Is laundry on a separate sewage system (yes or no): No [if yes separate inspection required]
Laundry system inspected (yes or no): -
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): N/A
Sump pump (yes or no): No
Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL

Type of establishment: _____
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

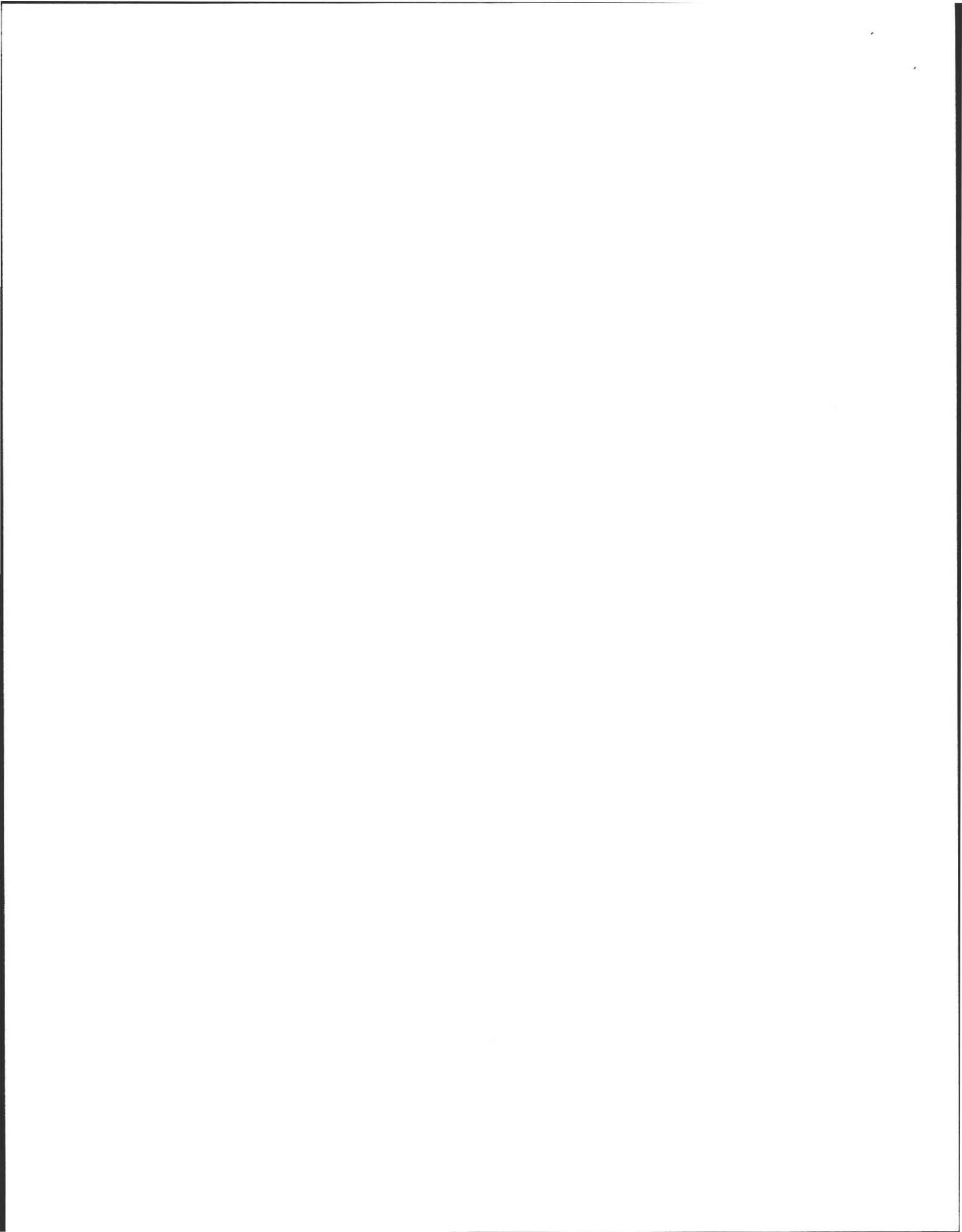
Source of information: _____
Was system pumped as part of the inspection (yes or no): _____
If yes, volume pumped: 1000 gallons -- How was quantity pumped determined? MEASURED
Reason for pumping: _____

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:
1974

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: 101 STATE ST

Owner: DEVIRIE

Date of Inspection: 9/5/01

BUILDING SEWER (locate on site plan)

Depth below grade: 24"

Materials of construction: cast iron 40 PVC other (explain): _____

Distance from private water supply well or suction line: 10'

Comments (on condition of joints, venting, evidence of leakage, etc.):

OK

SEPTIC TANK: Yes (locate on site plan)

Depth below grade: 36" (3 risers (24"))

Material of construction: 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: 4.5' x 0.5' x 4.5'

Sludge depth: 3"

Distance from top of sludge to bottom of outlet tee or baffle: 38"

Scum thickness: 4"

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: 14"

How were dimensions determined: MEAS.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Good conditions; Tees in place.

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

Depth below grade:

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

Dimensions: _____

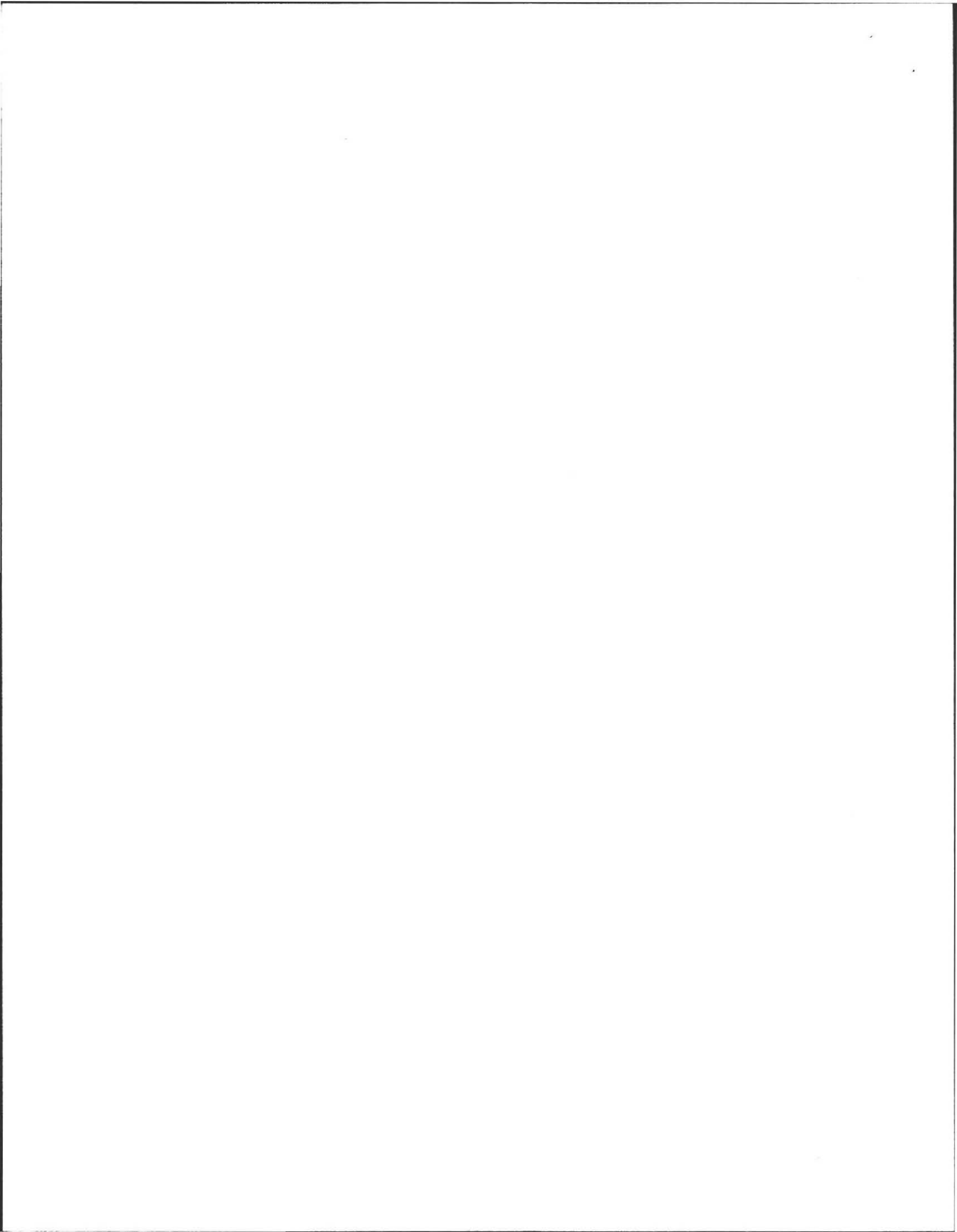
Scum thickness: _____

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: 101 STATE ST

Owner: DEVERES

Date of Inspection: 9/5/07

TIGHT or HOLDING TANK: N/A (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: 1

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: N/A (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: _____

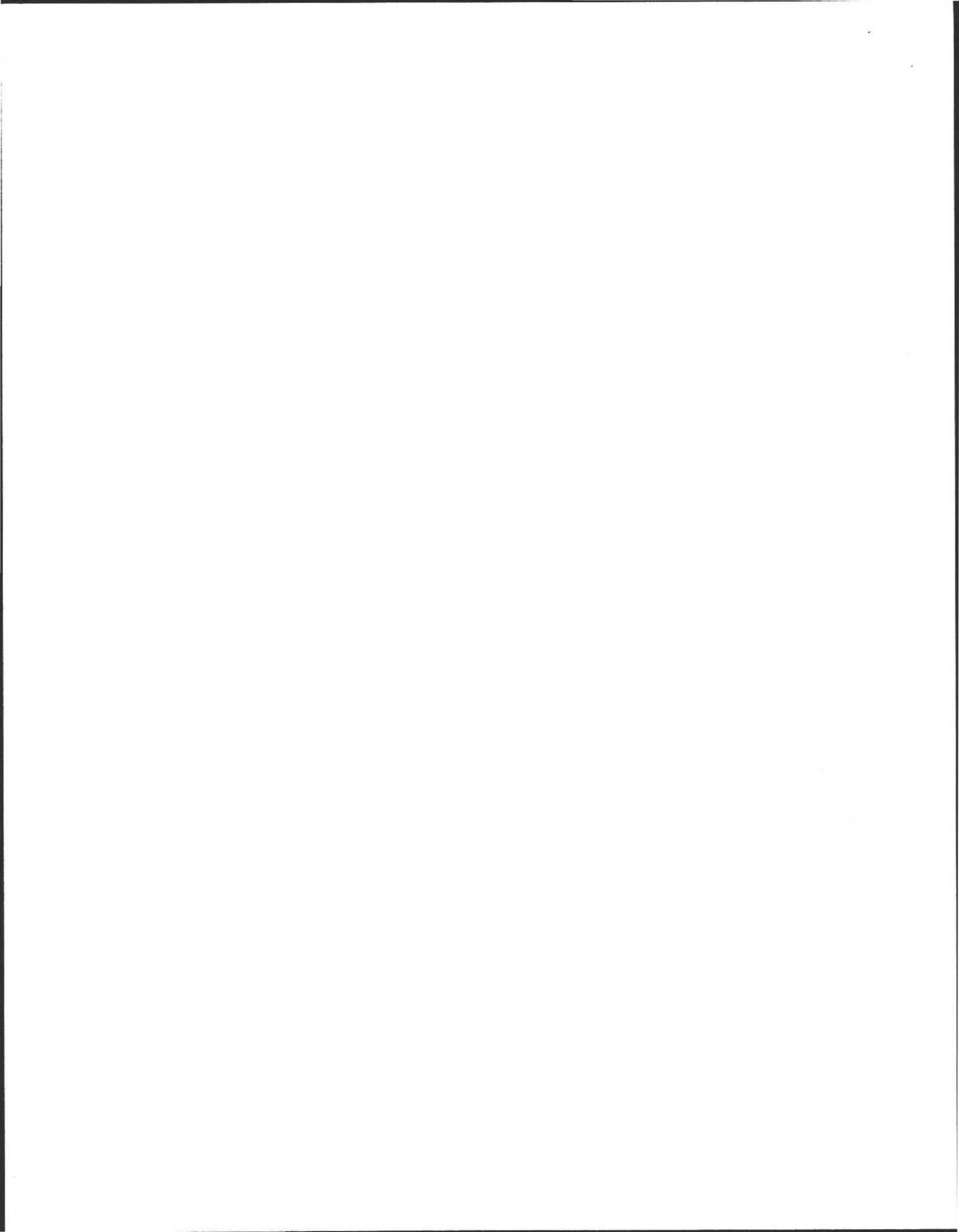
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

PUMP CHAMBER: N/A (locate on site plan)

Pumps in working order (yes or no): _____

Alarms in working order (yes or no): _____

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



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

Property Address: 101 STATE ST

Owner: DEURIES

Date of Inspection: 9/5/01

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

If SAS not located explain why:

- Type
- leaching pits, number: (2) 500 GAL.
 - leaching chambers, number: _____
 - leaching galleries, number: _____
 - leaching trenches, number, length: _____
 - 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 ; PUMPED 6-8" ; 24" EFF HT. ONLY 14" TOT. LIQUID

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.):

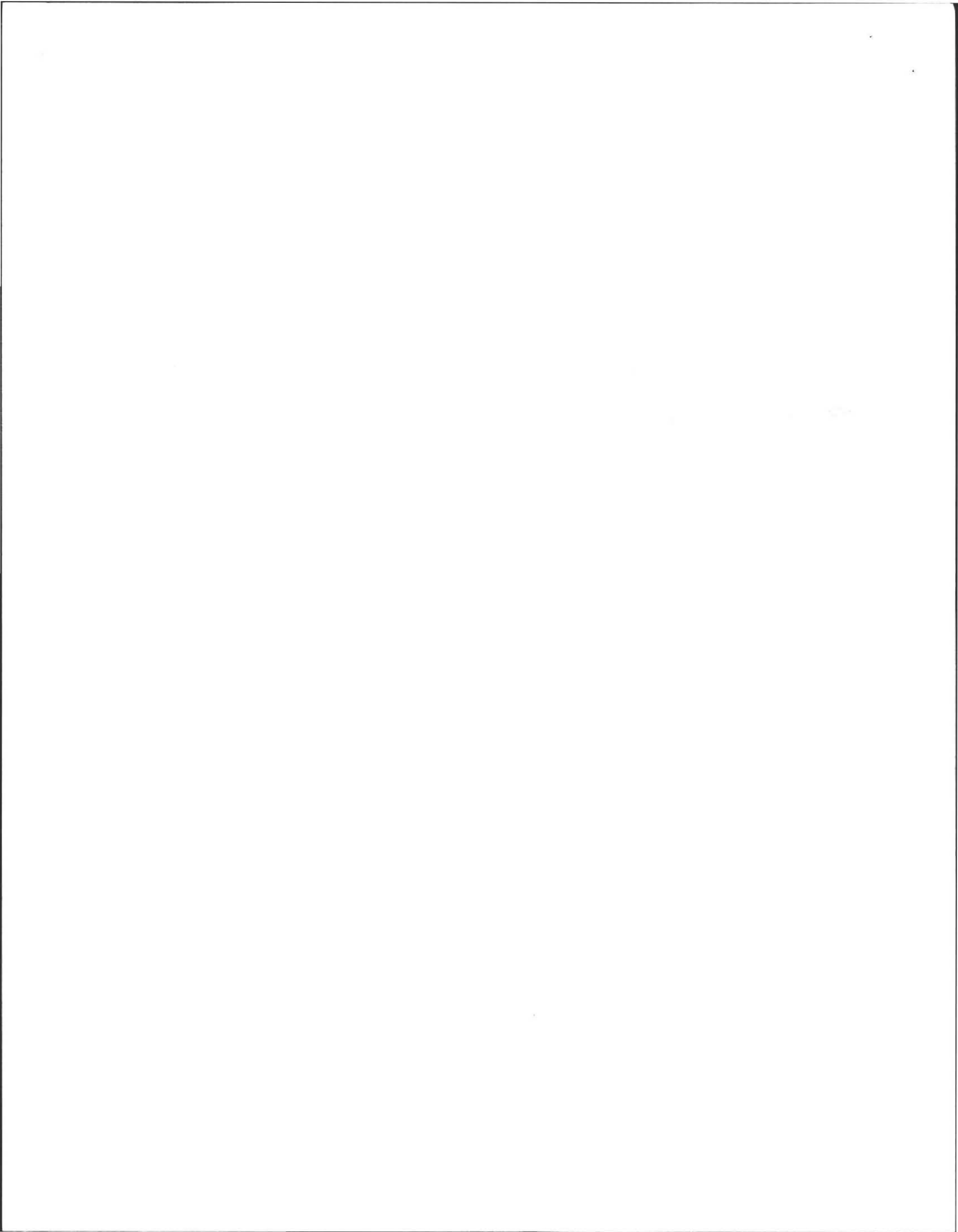
PRIVY: N/A (locate on site plan)

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: 101 STATE ST

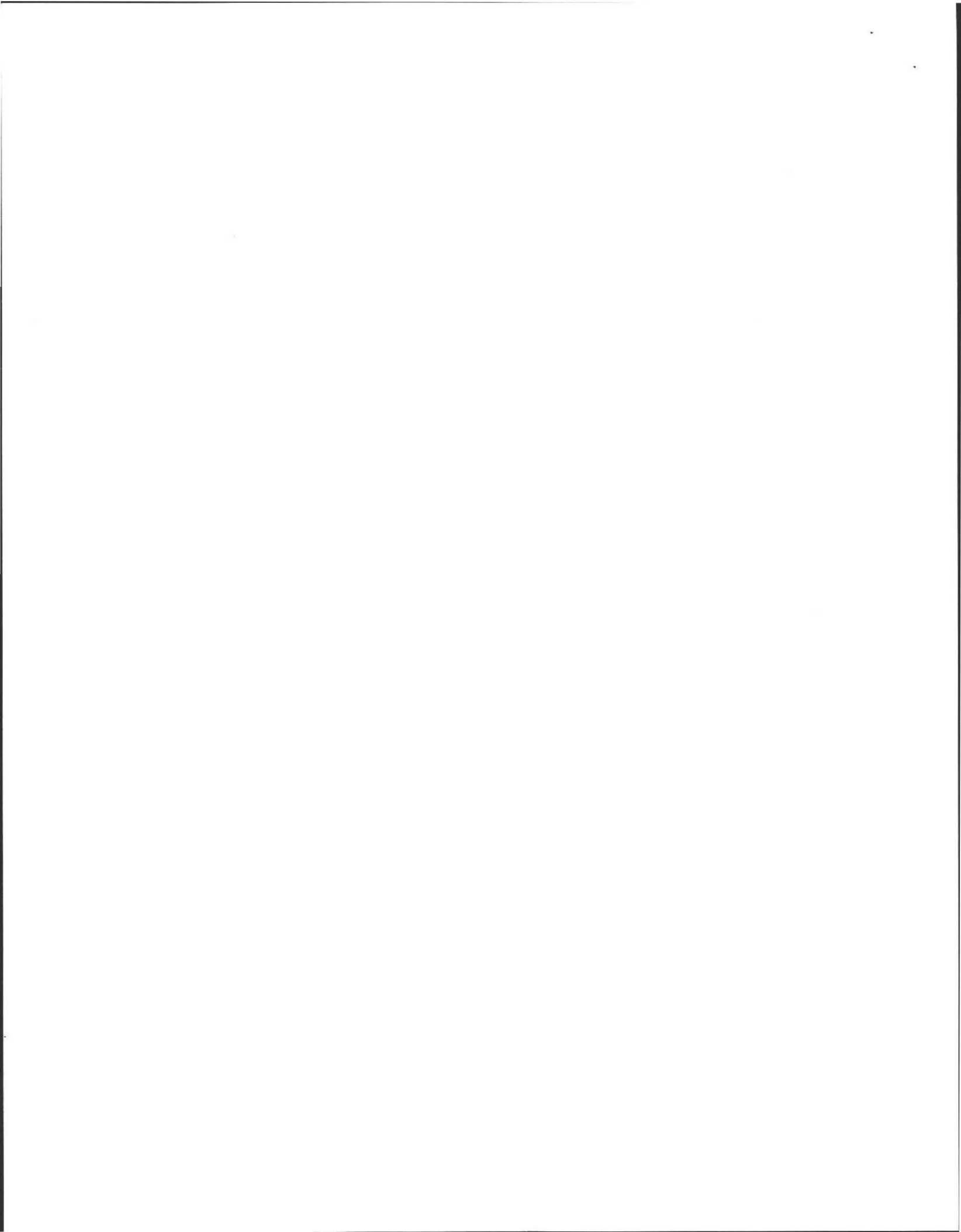
Owner: DEPRIES

Date of Inspection: 9/5/01

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 AS BUILT ATTACHED)



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

Property Address: 101 STATE ST

Owner: DEURIES

Date of Inspection: 9/5/01

- SITE EXAM
- Slope
- Surface water
- Check cellar
- Shallow wells

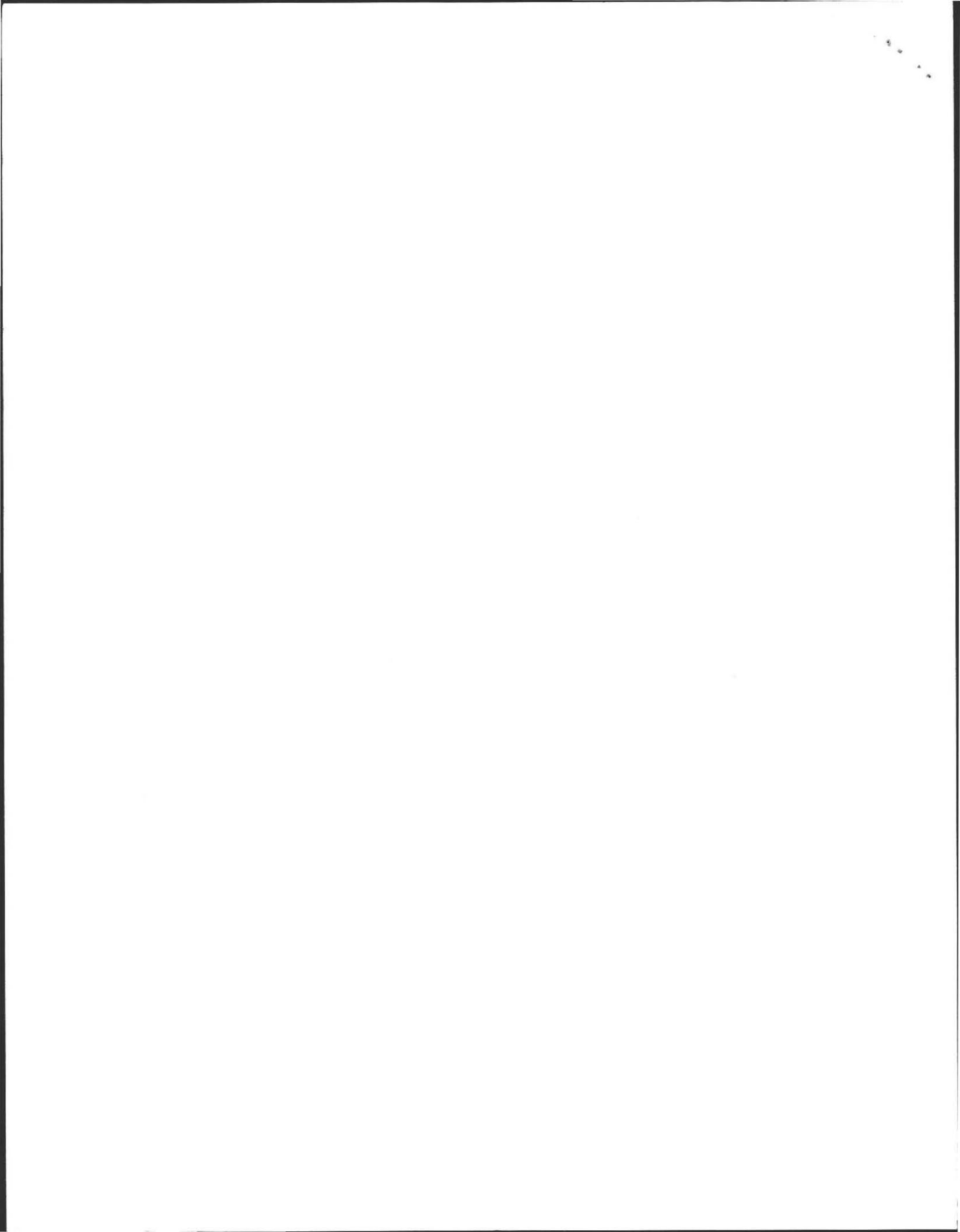
Estimated depth to ground water 8-10 feet (1986 + 1994)

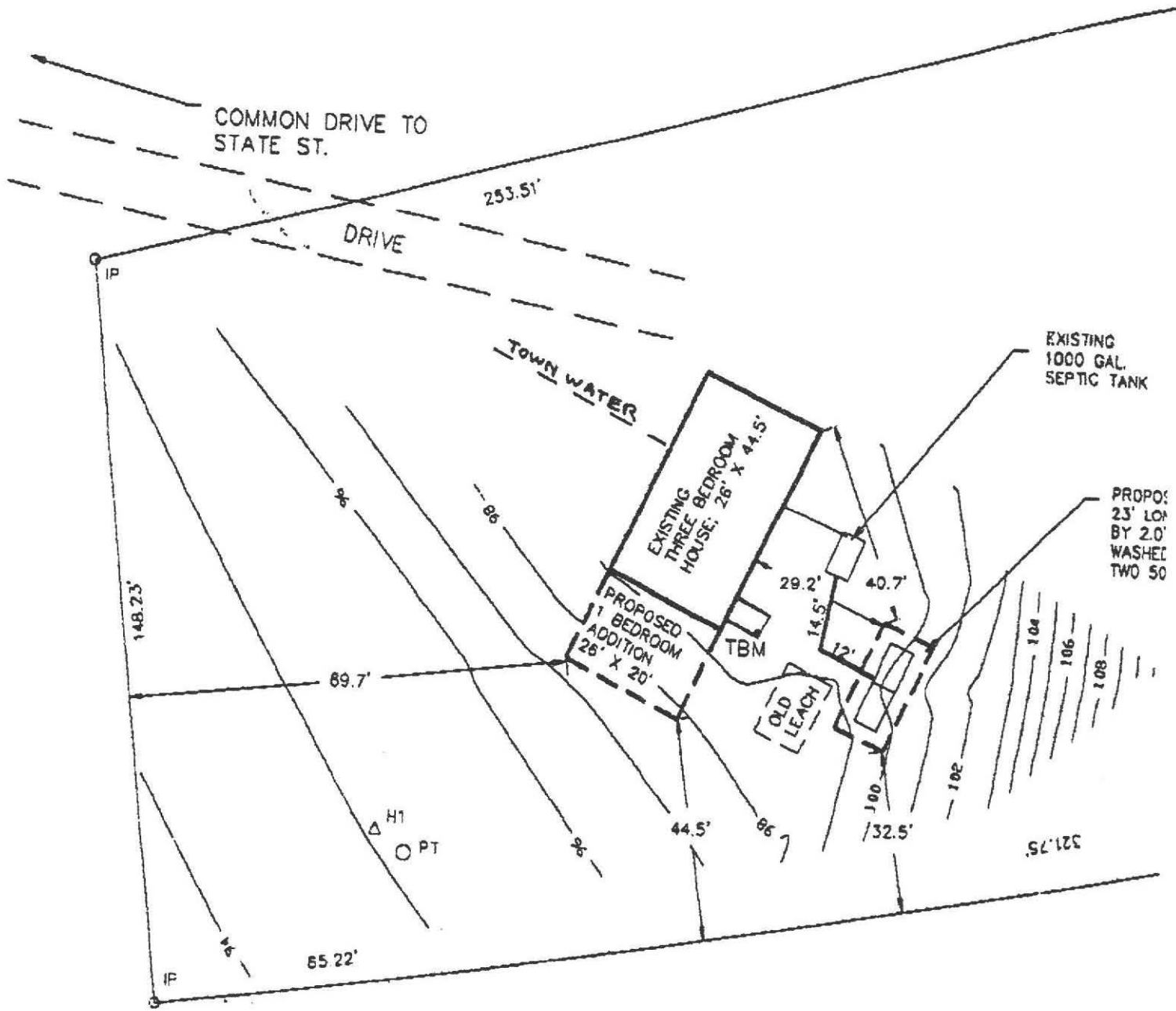
Please indicate (check) all methods used to determine the high ground water elevation:

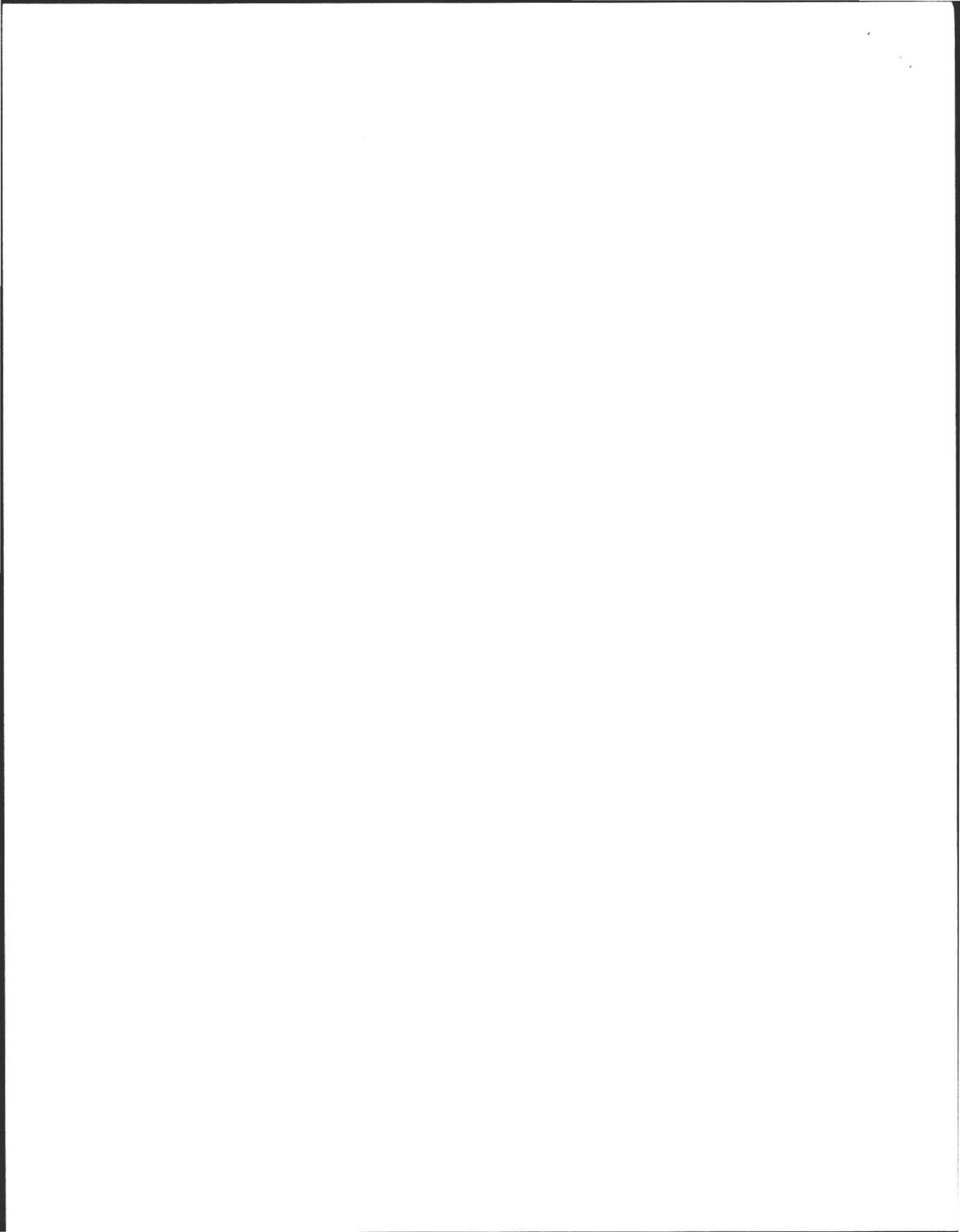
- Obtained from system design plans on record - If checked, date of design plan reviewed: 1986 + 1994
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain: _____
- Checked with local excavators, installers- (attach documentation)
- Accessed USGS database-explain: _____

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

* ON SITE RECORDS; TOPO + VEG







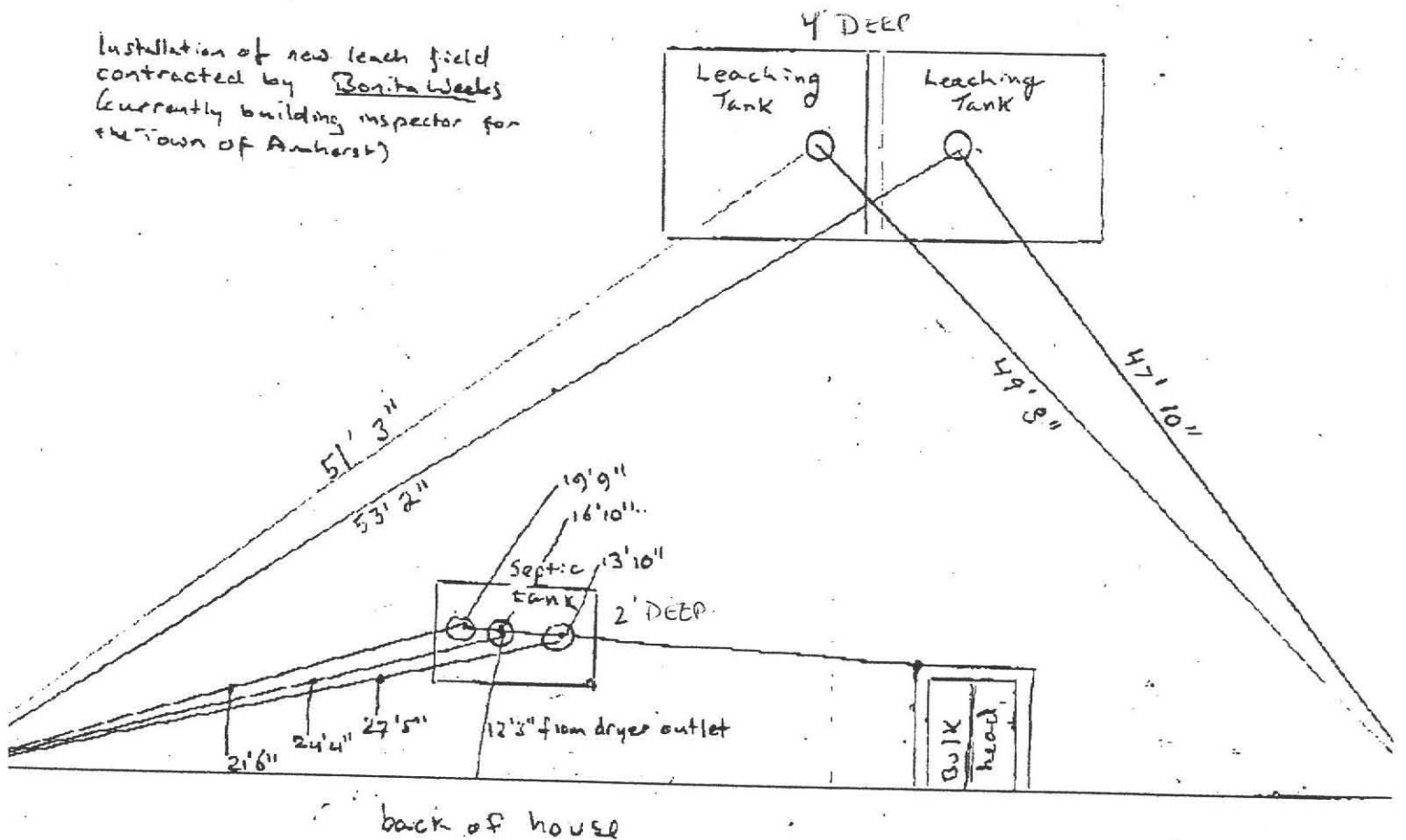
101 State

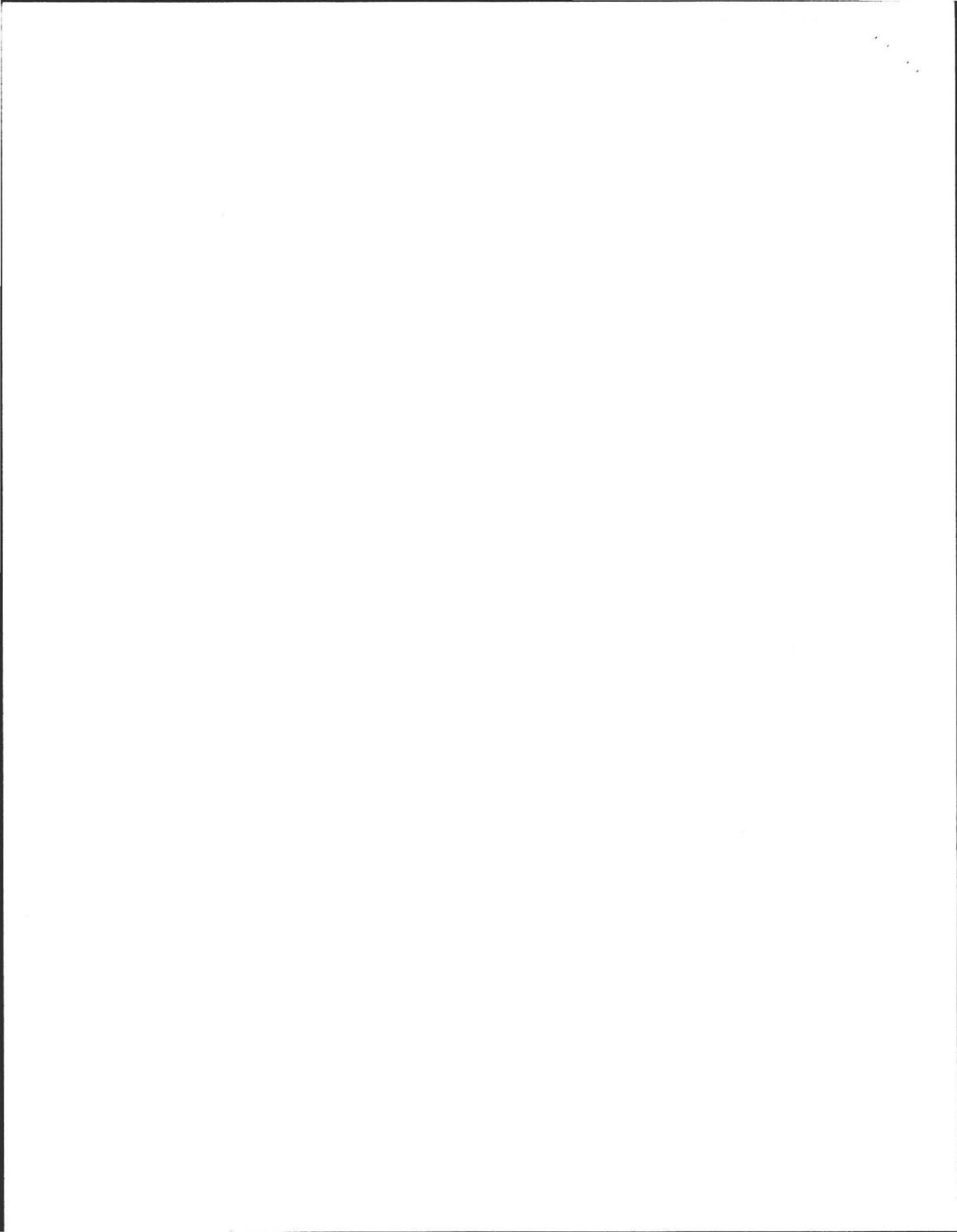
AS BUILT

101 State Street

Not to Scale

Installation of new leach field
contracted by Bonita Weeks
(currently building inspector for
the town of Amherst)

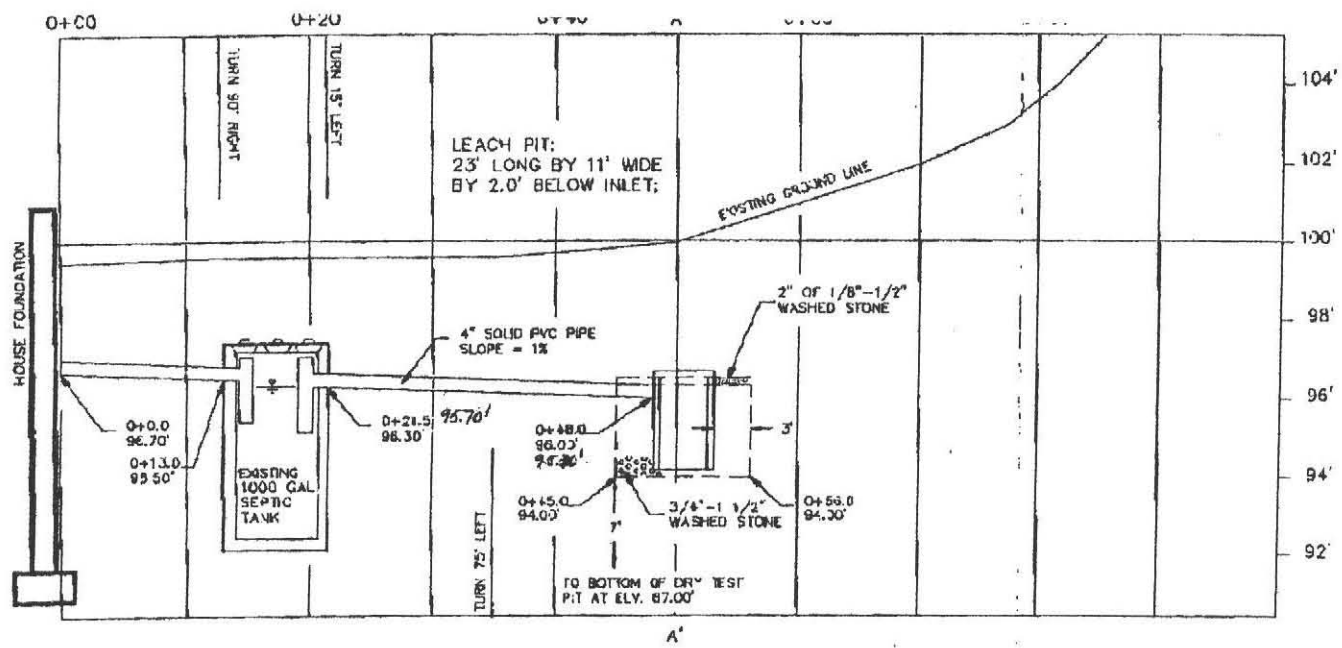




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PSYCHOLOGY DEPT

08/21/01 08:55 FAX 413 545 0898

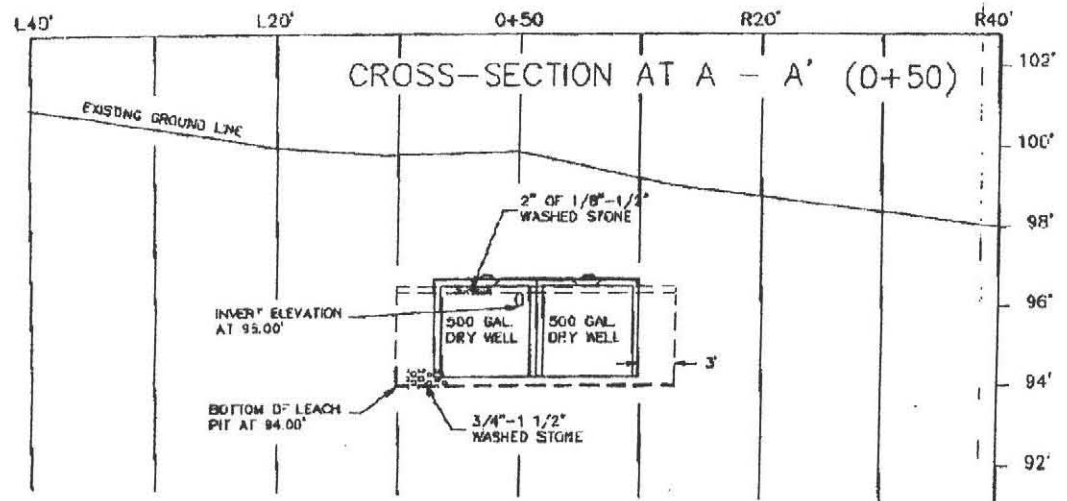


100' Elevation Assumed
at TBM, TBV is SE corner
of bulkhead wall as
shown on Plan view.

SPECIFICATIONS
ALL MATERIALS AND CONSTRUCTION MUST BE
IN ACCORDANCE WITH COMMONWEALTH OF
MASSACHUSETTS DEPT. OF ENVIRONMENTAL
PROTECTION STATE ENVIRONMENTAL CODE
TITLE 5.

Construction Notes

1. Septic tank should be inspected and pumped annually.
2. Inlet and outlet tees must extend 10" and 14" below the flow line respectively.



CALCULATIONS

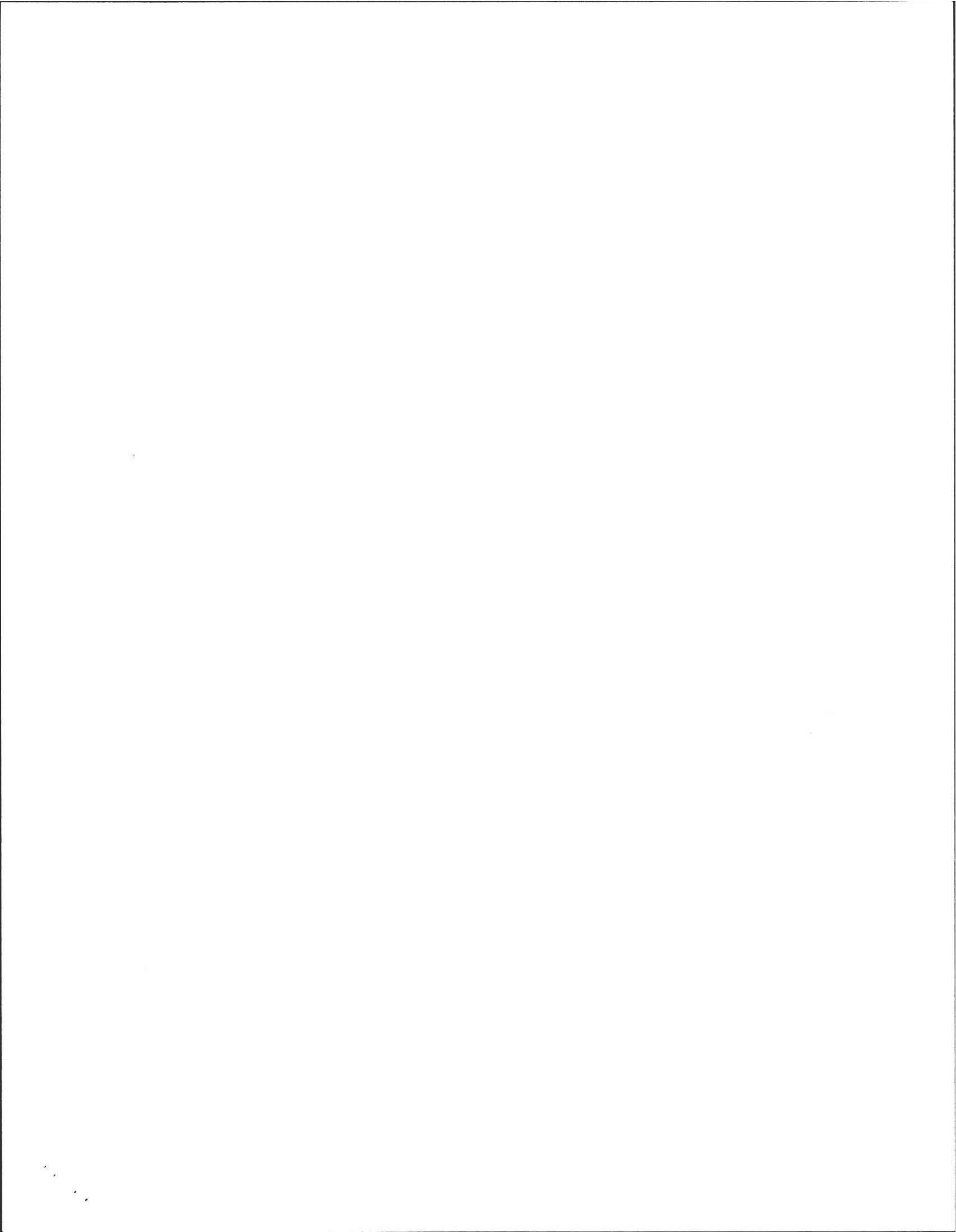
REQUIRED: For a 4 bedroom house without a garbage grinder
a capacity of 440 gal./day X 1.25 = 550 gal./day.

DESIGNED: 1 leach pit 23.0'L X 11.0'W X 2.00' below inlet
(effective depth), for a perc rate of 2 min./hr., yielding side and
bottom loading factors of 2.50 and 1.00 gal./sq.ft. respectively.

SIDEWALL: (23.0' + 11.0') 2 X 2.0' X 2.50 Gal./Sq.ft. = 340.0 Gal.
BOTTOM: (23.0' X 11.0') 1.00 Gal./Sq.ft. = 253.0 Gal.
TOTAL = 593.0 Gal



PROFILE OF SEWAGE DISPOSAL SYSTEM	
AT: LOT #1A, SAND HILL RD., AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 60 PELHAM RD AMHERST MA 01002 (413)258-8636	FOR: GERRY DEVIRES 101 STATE ST. AMHERST, MA 01002
DRAWN BY: P. FILIOS	SCALE: 1" = 3' VERT.
18 JULY, 1994	PAGE 2 OF 2



No. 94-18

BONITA WALKS 665-1400
204 RIVER ST 665-3142
SO. DORCHESTER
dk #2314

FEE 60.00 PL

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 (X) an Individual Sewage Disposal System at:

96 Sand Hill Rd (101 State St.)

1A

Geert DeVries
Location - Address
Owner

101 State St, Amherst MA 01002
Address

Type of Building

Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (N0)
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Address
Size Lot 47,000 Sq. feet

Design Flow 55 gallons per person per day. Total daily flow 190 x 1.25 = 237.5 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 8.5 Width 5.0 Diameter 18 Depth 4.0

Disposal Trench - No. Width 11.0 Total Length 23.0 Total leaching area 136 sq. ft. side
Seepage Pit No. 1 Diameter Depth below inlet 2.0 Total leaching area 253 sq. ft. bottom

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Almer Huntley + Assoc. Date 1/17/86
Test Pit No. 1 2 minutes per inch Depth of Test Pit 8 Depth to ground water None
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil sand

Nature of Repairs or Alterations - Answer when applicable Replace existing leach to allow house addition

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental 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 [Signature]
Application Approved By [Signature]

July 27 1994
Date
9/21/84
Date

Application Disapproved for the following reasons:

Permit No. _____ Issued _____ Date _____

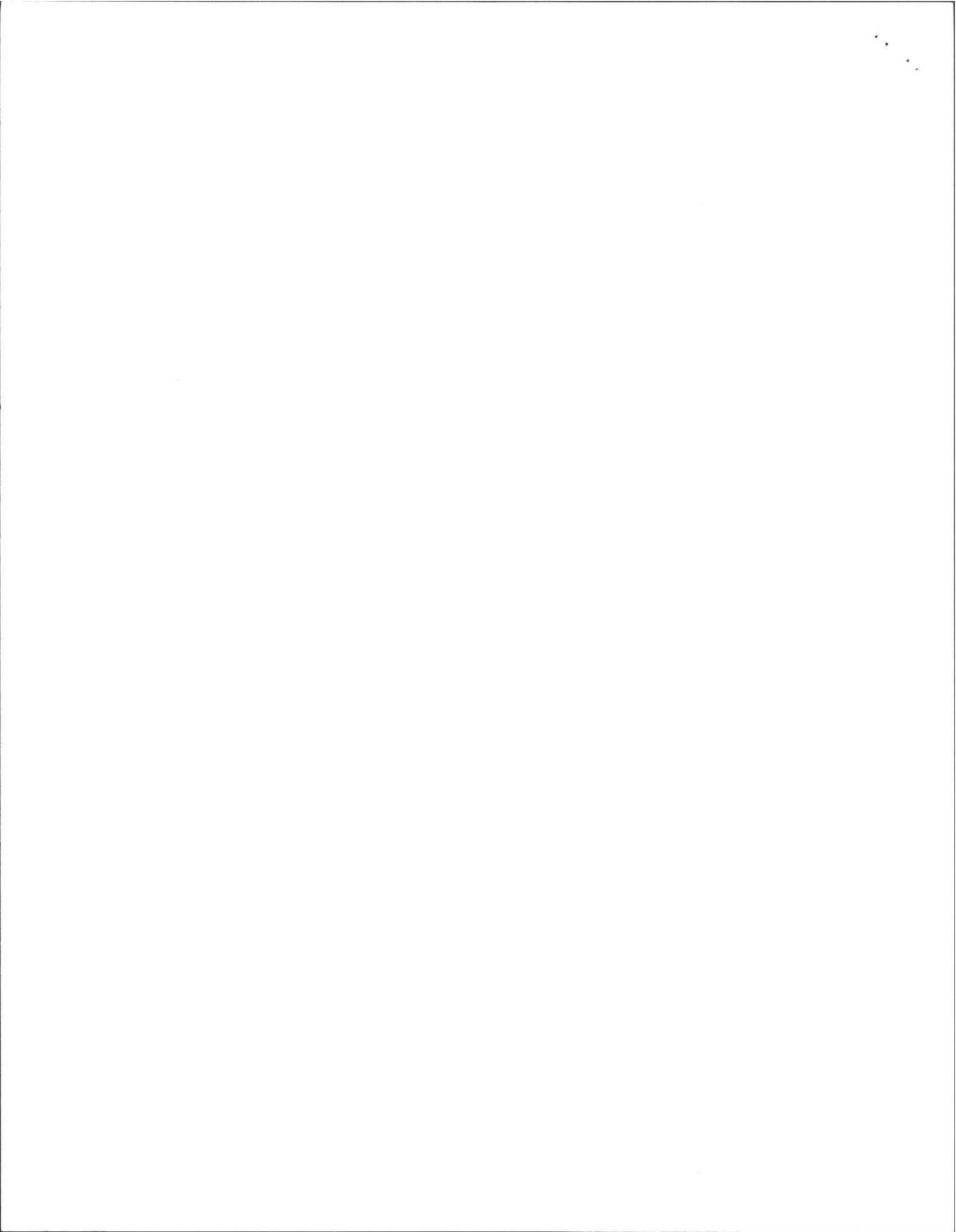
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town of Amherst
Certificate of Compliance

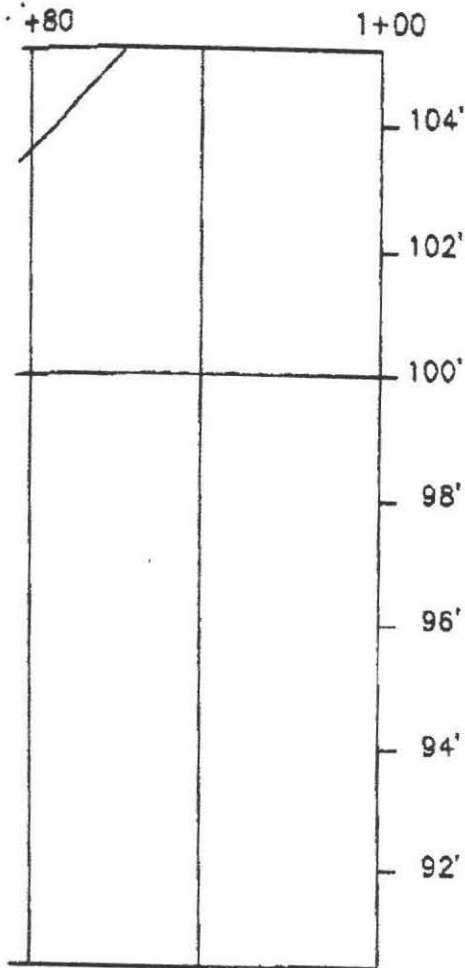
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (X) by _____ at 96 Sand Hill Rd (101 State St.)

has been installed in accordance with the provisions of TITLE 5 of The State Environmental 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

CHECK OR FILL IN WHERE APPLICABLE





100' Elevation Assumed at TBM. TBM is SE corner of bulkhead wall as shown on Plan view.

SPECIFICATIONS
 ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DEPT. OF ENVIRONMENTAL PROTECTION STATE ENVIRONMENTAL CODE TITLE 5.

Construction Notes

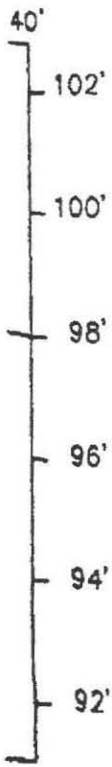
1. Septic tank should be inspected and pumped annually.
2. Inlet and outlet tees must extend 10" and 14" below the flow line respectively.

CALCULATIONS

REQUIRED: For a 4 bedroom house without a garbage grinder a capacity of 440 gal./day X 1.25 = 550 gal./day.

DESIGNED: 1 leach pit 23.0'L X 11.0'W X 2.00' below Inlet (effective depth), for a perc rate of 2 min./in., yielding side and bottom loading factors of 2.50 and 1.00 gal./sq.ft. respectively.

SIDEWALL: $(23.0' + 11.0')2 \times 2.0' \times 2.50 \text{ Gal./Sq.ft.} = 340.0 \text{ Gal.}$
 BOTTOM: $(23.0' \times 11.0')1.00 \text{ Gal./Sq.ft.} = 253.0 \text{ Gal.}$
 TOTAL 593.0 Gal.



PROFILE OF SEWAGE DISPOSAL SYSTEM	
AT: LOT #1A, SAND HILL RD., AMHERST, MA	
BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: GEERT DEVRIES 101 STATE ST. AMHERST, MA 01002
DRAWN BY: P. FILIOS	SCALE: 1" = 10' HOR. 3" VER.
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