461 Station Rd

Date Received ?
12/18/06

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

461 Station Rd.
Property Address

Michael & Cindy Belanger
Owner's Name

Owner information is required for every page.

Amherst	MA	01002	12/11/06
City/Town	State	Zip Code	Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

A. General Information

1. Inspector:

Robert Stover
Name of Inspector

Amherst Civil Engineering
Company Name

P.O. Box 3312
Company Address

Amherst	MA	01004-3312
City/Town	State	Zip Code

(413) 256-3400	
Telephone Number	License Number

B. Certification

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:

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

See comments on page two

Robert W. Stover	12/11/06
Inspector's Signature	Date

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.

******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 or different conditions of use.**

Pumping recommendation: Pump septic tank every 3 yrs if full-time occupancy by 1 or 2 persons; every 2 yrs if 3 or 4 full-time residents and every year if more than 4 residents.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

461 Station Rd
Property Address

Owner information is required for every page.

Belanger
Owner's Name

Amherst — City/Town | MA — State | 01002 — Zip Code | 12/11/06 — Date of Inspection

B. Certification (cont.)

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:

This system was installed in August, 2002. Since then the house has been occupied only very intermittently. Only for the last 10± months has the system been receiving "normal" flows. So it's in a "like new" condition. Since installation

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: the grade over the system has been built up so that the tank and dist. box are 41" below the surface of the ground.

☐ 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

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

461 Station Rd.
Property Address

Belanger
Owner's Name

Owner information is required for every page.

Amherst — City/Town | MA — State | 01002 — Zip Code | 12/11/06 — Date of Inspection

B. Certification (cont.)

B) System Conditionally Passes (cont.): No

☐ 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:

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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

461 Station Rd.
Property Address

Owner information is required for every page.

Belanger
Owner's Name

Amherst — MA — 01002 — 12/11/06
City/Town — State — Zip Code — Date of Inspection

B. Certification (cont.)

C) Further Evaluation is Required by the Board of Health (cont.): No

☐ 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 indicates absent 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:

_____

_____

_____

D) System Failure Criteria Applicable to All Systems:

You <u>must</u> indicate "Yes" or "No" to each of the following for <u>all</u> inspections:

Yes	No	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☐	☒	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	NA ☐	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
☐	NA ☐	Required pumping more than 4 times in the last year ***NOT*** due to clogged or obstructed pipe(s). Number of times pumped: _____.
☐	☒	Any portion of the SAS, cesspool or privy is below high ground water elevation.
☐	NA ☐	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

461 Station Rd.
Property Address

Belanger
Owner's Name

Owner information is required for every page.

Amherst — City/Town | MA — State | 01002 — Zip Code | 12/11/06 — Date of Inspection

B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.)**:**

Yes	No	
☐ NA	☐	Any portion of a cesspool or privy is within a Zone 1 of a public well.
☐ NA	☐	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐ NA	☐	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 fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.]**
☐	☒	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☐	☒	**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. not apply

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes	No	
☐	☐	the system is within 400 feet of a surface drinking water supply
☐	☐	the system is within 200 feet of a tributary to a surface drinking water supply
☐	☐	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.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

Property Address: 461 Station Rd.				
Owner's Name: Belanger				
City/Town: Amherst	State: MA	Zip Code: 01002	Date of Inspection: 12/11/06	

C. Checklist

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 not pumped by report of owner
☐	☒	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:
☒	☐	Existing information. For example, a plan at the Board of Health.
☒	☐	Determined in the field (if any of the as-built failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

Location of dist. box, as-built sketch showing approx. loc. of trenches and ground topography.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

Property Address: 461 Station Rd.

Owner's Name: Belanger

City/Town: Amherst | State: MA | Zip Code: 01002 | Date of Inspection: 12/11/06

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 3-4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

Number of current residents: 3

Does residence have a garbage grinder? ☐ Yes ☒ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? no separate laundry system ☐ Yes ☐ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): 131.27 gpd ave 2/8/06 to 11/8/06

I checked the meter readings from 11/09/04 forward and they are very small due probably to the very intermittent occupancy of the house. The period of heaviest usage was 2/8/06 to 11/8/06 (39644 gals over 302 day) probably doesn't represent normal usage from full-time occupancy. Earlier time period water usage was even less.

Sump pump? ☐ Yes ☒ No

Last date of occupancy: occupied at time of insp. (Date)

Commercial/Industrial Flow Conditions: not apply

Type of Establishment:

Design flow (based on 310 CMR 15.203): Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present? ☐ Yes ☐ No

Industrial waste holding tank present? ☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☐ No

Water meter readings, if available:

Last date of occupancy/use: Date

Other (describe):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

461 Station Rd.
Property Address

Belanger
Owner's Name

Amherst — MA — 01002 — 12/11/06
City/Town — State — Zip Code — Date of Inspection

D. System Information (cont.)

General Information

Pumping Records:

Source of information: according to Mike Belanger the tank hasn't been pumped because the house has been occupied so little.

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: gallons

How was quantity pumped determined? little build up of solids (scum or sludge) so tank did not need pumping.

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:

installed 8/2002

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

461 Station Rd
Property Address

Owner information is required for every page.

Belanger
Owner's Name

Amherst — City/Town | MA — State | 01002 — Zip Code | 12/11/06 — Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: below slab — feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain):

Distance from private water supply well or suction line: pressurized public water service line — feet

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

pipes exit under slab - visible portions of pipes in good condition - no evidence of leakage.

Septic Tank (locate on site plan):

Depth below grade: — feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: not apply — years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 10.5' x 5.5' x 4.0' deep below outlet pipe invert.

Sludge depth: ≤ 2"

Distance from top of sludge to bottom of outlet tee or baffle: 32"+

Scum thickness: <1" no continuous scum layer

Distance from top of scum to top of outlet tee or baffle: 5"

Distance from bottom of scum to bottom of outlet tee or baffle: 13.5-14"

How were dimensions determined? measured + estimated w/ a pole (sludge)

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

461 Station Rd.
Property Address

Belanger
Owner's Name

Amherst — City/Town | MA — State | 01002 — Zip Code | 12/11/06 — Date of Inspection

D. System Information (cont.)

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

Liquid level @ outlet invert. Sch 40 PVC inlet and outlet tees. Tank is in "like new" structural condition. Risers to within 1" to 2" of grade over inlet and outlet. No evidence of Leakage observed.

Grease Trap (locate on site plan): None

Depth below grade: _____ feet

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: _____ Date

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

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: none

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

Property Address: 461 Station Rd.

Owner's Name: Belanger

City/Town: Amherst | State: MA | Zip Code: 01002 | Date of Inspection: 12/11/06

D. System Information (cont.)

Tight or Holding Tank (cont.) none

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: _____ Alarm in working order: ☐ Yes ☐ No

Date of last pumping: _____ Date

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

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

Distribution Box (if present must be opened) (locate on site plan): 41" below grade

Depth of liquid level above outlet invert: 0"

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.):

box is reasonably level and distribution to outlets is reasonably equal, no evidence of solids carryover, no evidence of leakage.

Pump Chamber (locate on site plan): none

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

Property Address: 461 Station Rd.

Owner's Name: Belanger

City/Town: Amherst | State: MA | Zip Code: 01002 | Date of Inspection: 12/11/06

D. System Information (cont.)

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

not pump system

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☒	leaching trenches	number, length:	2 trs - each 50'L
☐	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.):

soil and vegetation were normal. No signs of hydraulic failure, ponding or damp soil observed.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address: 461 Station Rd.

Owner's Name: Belanger

City/Town: Amherst | State: MA | Zip Code: 01002 | Date of Inspection: 12/11/06

Owner information is required for every page.

D. System Information (cont.)

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration: no cesspool

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 ☐ No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Privy (locate on site plan): No privy.

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

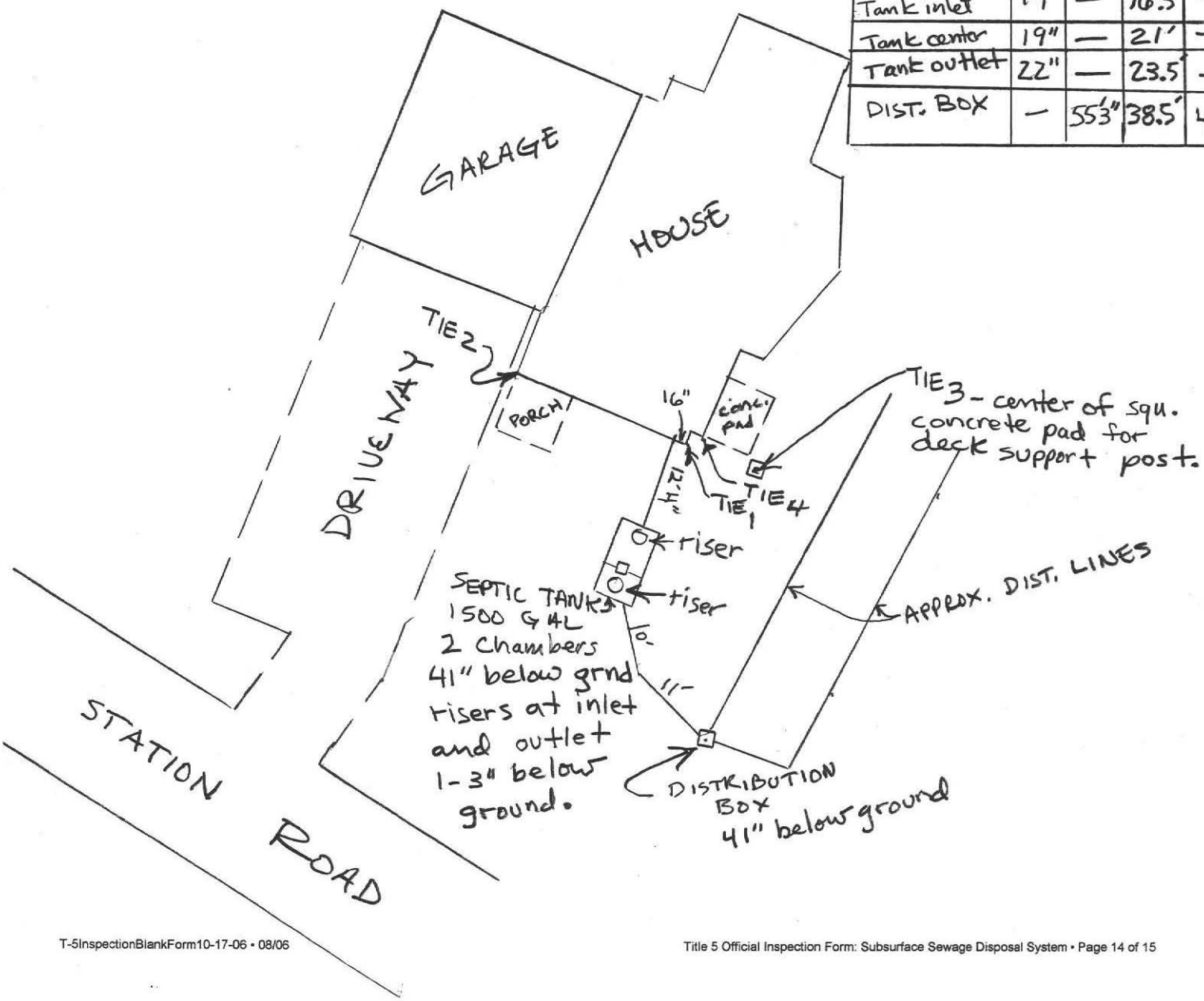
Owner information is required for every page.

Property Address	461 Station Rd.
Owner's Name	Belanger
City/Town	Amherst
State	MA
Zip Code	01002
Date of Inspection	

D. System Information (cont.)

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.

SYSTEM COMPONENT	TIE 1	TIE 2	TIE 3	TIE 4
Tank inlet	14'	—	16.5'	—
Tank center	19"	—	21'	—
Tank outlet	22"	—	23.5'	—
DIST. BOX	—	55'3"	38.5'	42'



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

Property Address: 461 Station Rd.

Owner's Name: Belanger

City/Town: Amherst | State: MA | Zip Code: 01002 | Date of Inspection: 12/11/06

D. System Information (cont.)

Site Exam:

☒ Check Slope — site is at crest of an outwash kame rising above part of Lawrence's swamp.

☐ Surface water none

☒ Check cellar

☐ Shallow wells none

Estimated depth to ground water: >10' feet

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

☒ Obtained from system design plans on record

If checked, date of design plan reviewed: 11/17/2000 Date

☐ 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:

I established the high ground water elevation at a soil evaluation I conducted on 9/13/2000 as a certified soil evaluator. The on-site evaluation was witnessed for the Town by David Zarozinski. One test pit was dug 10' deep and no evidence of ground water was observed. This confirmed 2 test pits in the area by F.A. Filios + D. Zarozinski 11' and 11½' deep with no indication of ground water done on 5/4/92. logs attached to this report.

Location Address or Lot No. opposite #376 STATION RD. Amherst

On-site Review

Soil Evaluation Confirmation Test Pit

Deep Hole Number 1 **Date:** 9/13/2000 **Time:** 7:30 AM **Weather** Mostly Cloudy

Location (identify on site plan) See septic plan

Land Use hay field **Slope (%)** 1-5 **Surface Stones** None

Vegetation upland grasses + herbs - some cultivated apple trees

Landform Kame

Position on landscape (sketch on the back)

Distances from:

Open Water Body 200 feet Drainage way 200 feet

Possible Wet Area 200 feet Property Line 50 feet

Drinking Water Well Town Water 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)
0-5	A	FSL	10YR3/3	None	Friable to loose
5-19	Bw	FSL	10YR5/8	None	Friable / Massive
19-120	C	FS	2.5Y7/4	None	loose few medium gravel and cobbles

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash **Depth to Bedrock:** >10'

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

Estimated Seasonal High Ground Water: >10'

Deep Soil Logs

Fillos Enterprises, Inc.

69 Pelham Rd., Amherst MA 01002. (413) 256-8008

COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILLOS
REG. SOIL SCIENTIST
688

Owner: EARL W. MERRILL

Date: 4 MAY, 1992

Location: LOT # 51
STATION RD.
AMHERST, MA

B. of H. DAVID ZAROZINSKI

#1

0-7"	TOPSOIL	
7 - 16"	SUBSOIL	
16"-11'	COARSE SAND SOME FINE GRAVEL OCCASIONAL COBBLES	11'

Ground Water NONE

Ground Water

0-7"	TOPSOIL	
7"-15"	SUBSOIL	
15" - 11½'	COARSE SAND SOME GRAVEL	11½'

Ground Water NONE

Ground Water

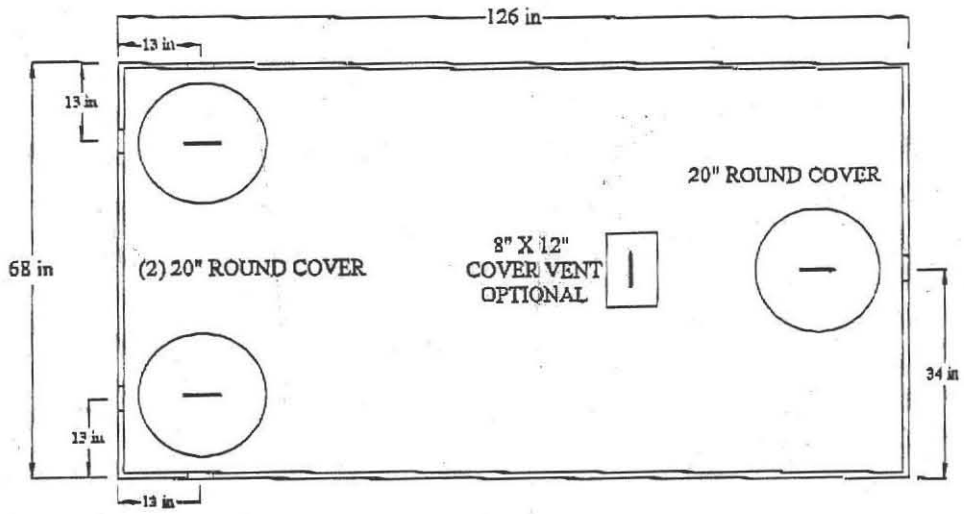
#1 Percolation Rate at: 57"
<2 min./inch

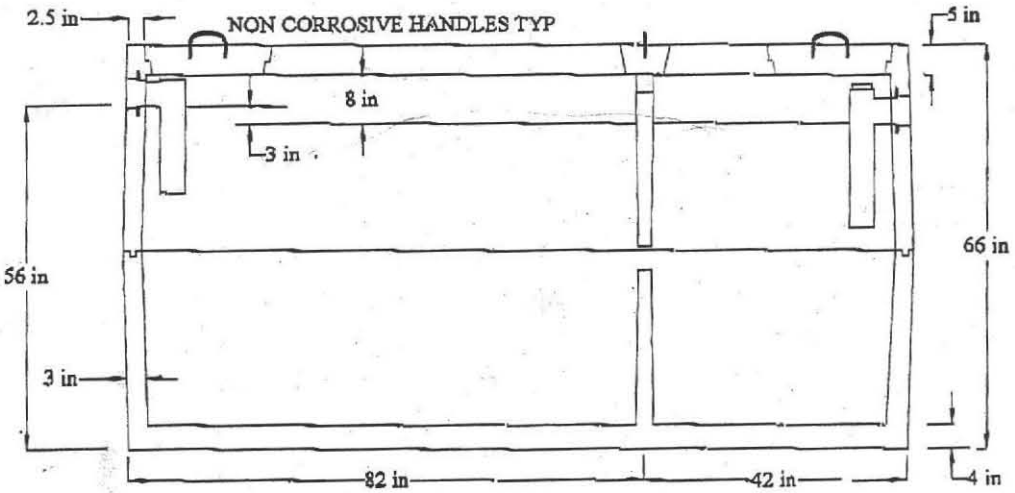
#2 Percolation Rate at: 36"
<2 min./inch

Milford Plant
539 Oronoque Road.
Milford, Connecticut

Arrow Concrete Products, Inc.
560 Salmon Brook Street
Granby, CT 06035
(860) 653-5063

Norwich Plant
21 Vergason Avenue
Norwich, Connecticut





4.67
+.5

5.167

DESIGN NOTES

1. CONCRETE -4500 PSI, 28 DAYS
2. INLET BAFFLE - 4" PVC WITH INLET PIPE SEALS
3. OUTLET BAFFLE - 4" OUTLET FILTER WITH GAS TRAP
4. REINFORCEMENT - STEEL WIRE MESH 6" X 6", 10 GAGE
5. TONGUE AND GROOVE JOINT SEALED WITH MASTIC SEALANT

AC-3
1500 GALLON SEPTIC TANK
2 - COMPARTMENT

No. 00-23 THE COMMONWEALTH OF MASSACHUSETTS FEE _____

BOARD OF HEALTH

Town OF Amherst 519-0247

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

461 Station Rd Location	Michael Belanger Owner's Name
Map/Parcel #	107 East Pleasant St. #1 Amherst Address 01002
51 Lot #	(413) ~~549-5781~~ Telephone #
Installer's Name	Richard E. Costa PE Robert Stover Amherst Civil Engineering Designer's Name
Address	P.O. Box 3312, Amherst, MA 01004-3312 Address
Telephone #	(413) 256-3400 Telephone #

Type of Building: Single family house Lot Size _____ Sq. feet

Dwelling — No. of Bedrooms 4 Garbage Grinder (no)

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

Other fixtures _____

Design Flow (min. required) 440 gpd Calculated design flow 444 gpd Design flow provided _____ gpd

Plan: Date 11/17/2000 Number of sheets 1 Revision Date _____

Title "Plan of Sewage Disposal System"

Description of Soil(s) Attached

Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Stover Date of Evaluation 9/13/2000

DESCRIPTION OF REPAIRS OR ALTERATIONS _____

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed M. Belanger Date 11-21-00

Inspections _____

FORM 1 - APPLICATION FOR DSCP **DEP APPROVED FORM 5/96**

No. 00-23 **THE COMMONWEALTH OF MASSACHUSETTS** FEE _____

Amherst BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** (X) **Complete System**

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

by: Michael Belanger

at Station Rd.

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. 00-23 dated _____. Approved Design Flow _____ (gpd)

Installer M. Belanger

Designer: Robert N. Stover 8/21/02 for Amherst Civil Engineering Inspector [signature] Date 9/12/02

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

FORM 3 - CERTIFICATE OF COMPLIANCE **DEP APPROVED FORM 5/96** (Permits made B/O Stover)

COMMONWEALTH OF MASSACHUSETTS Richard E. Costa Civil No. 37449 REGISTERED PROFESSIONAL ENGINEER

11/17/2000

No. 00-23 **THE COMMONWEALTH OF MASSACHUSETTS** FEE —

Amherst BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct (X) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at Station Road as described in the application for Disposal System Construction Permit No. 00-23, dated _____.

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

Date 12/5/00 Board of Health [signature]

FORM 2 - DSCP **DEP APPROVED FORM 5/96**