

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 # 2 DATE: 9/1/98
STREET SWALLOW FARMS ROAD
TOWN AMHERST
JOB # 90-063-2

OWNER INFORMATION

PROPERTY OWNER ALI MOSHIRI
STREET ADDRESS _____
TOWN _____

INSTALLER INFORMATION

NAME OF INSTALLER L & F CONSTRUCTION
STREET ADDRESS 103 LONG PLAIN ROAD
TOWN LEVERETT

OBSERVATION RESULTS

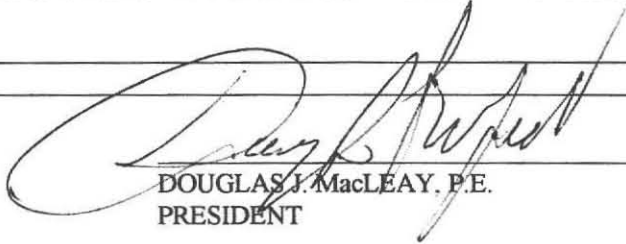
DATE OF OBSERVATION: 8/31/98

- (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.

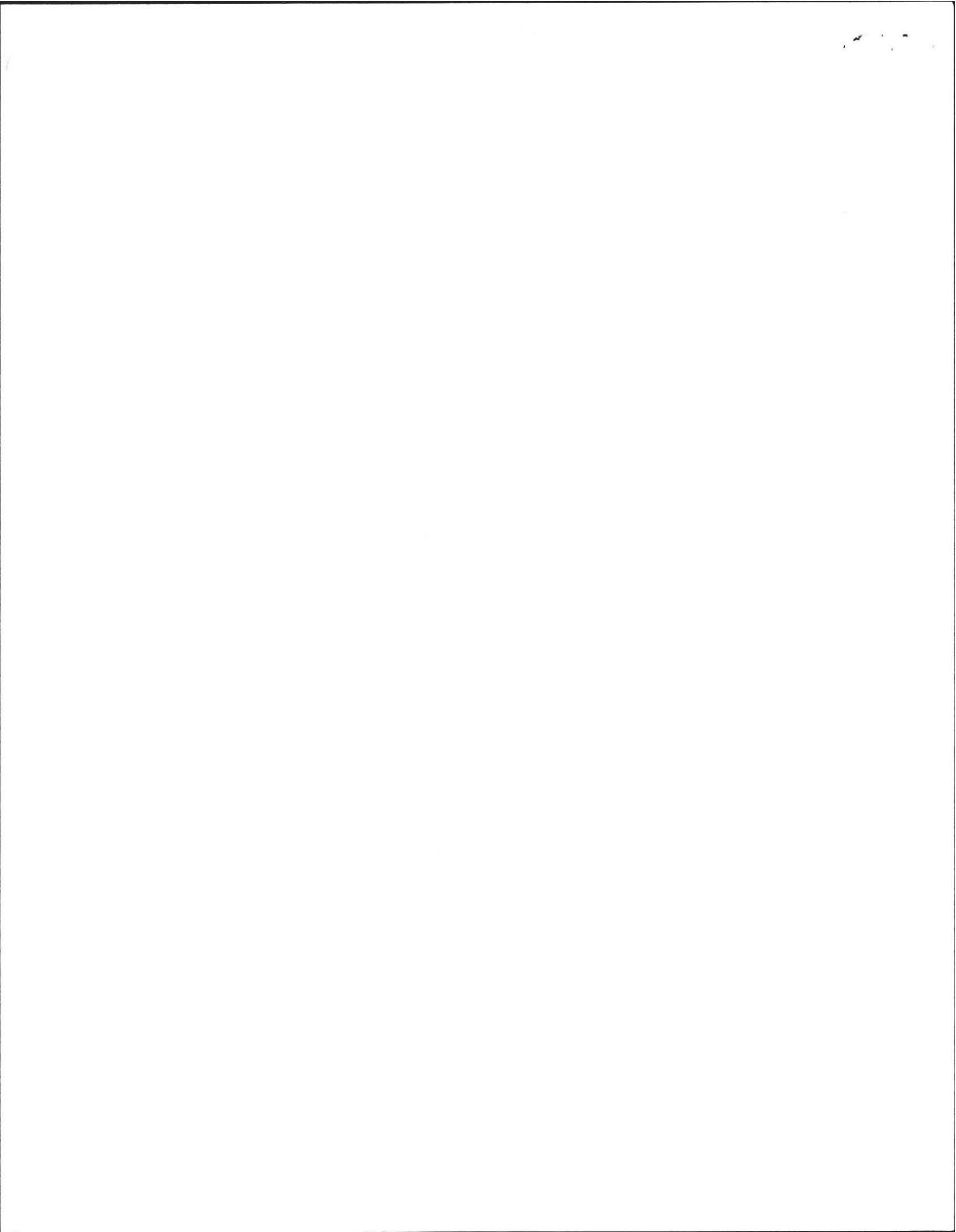
DEFICIENCIES: _____

- () 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.

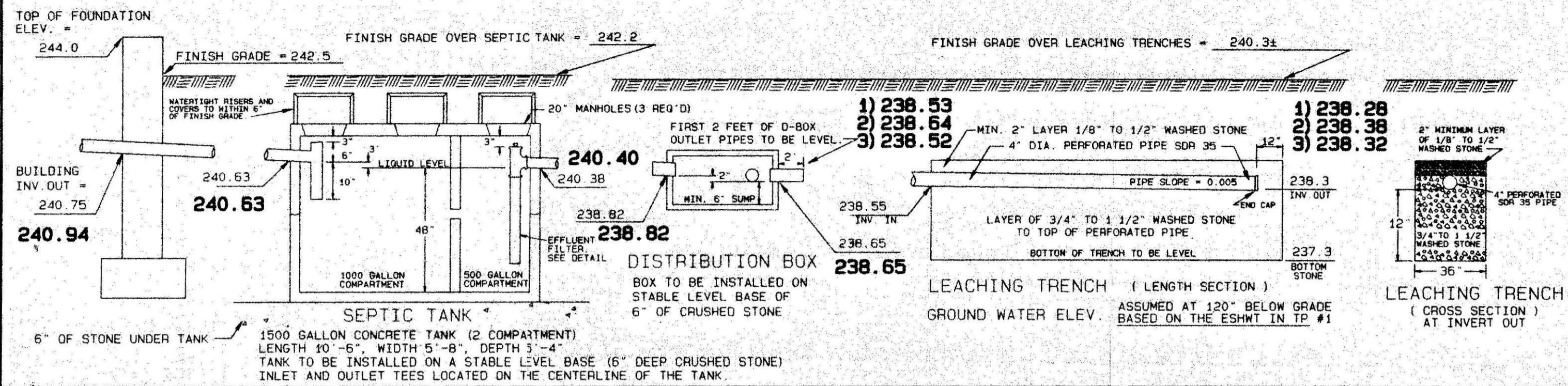
COMMENTS: _____


DOUGLAS J. MacLEAY, P.E.
PRESIDENT

SEND COPIES TO: BOARD OF HEALTH



SANITARY SYSTEM PROFILE (NO SCALE)



TEST PIT DATA

PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
D	<2	51
E	<2	79

BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI
 DATE: MAY 21, 1998
 SOIL EVALUATOR: DOUGLAS J. MACLEAY, P.E.

TEST PIT # 1: ELEV. TOP = 240.7, ESHWT = <230.7, OBS. H2O = NONE, BOTTOM = 230.7
 TEST PIT # 2: ELEV. TOP = 239.5, ESHWT = 231.5, OBS. H2O = NONE, BOTTOM = 229.5

HORIZON	SOIL TYPE	DEPTH (IN)
HORIZON A	LOAMY SAND	10YR 4/4
HORIZON Bw	LOAMY SAND	7.5YR 5/8
HORIZON C1	FINE SAND	10YR 5/4
HORIZON C2	FINE SAND	2.5Y 6/3
HORIZON A	LOAMY SAND	10YR 4/4
HORIZON Bw	LOAMY SAND	7.5YR 5/8
HORIZON C1	FINE SAND	10YR 5/4
HORIZON C2	SANDY LOAM	10YR 5/3

DESIGN DATA

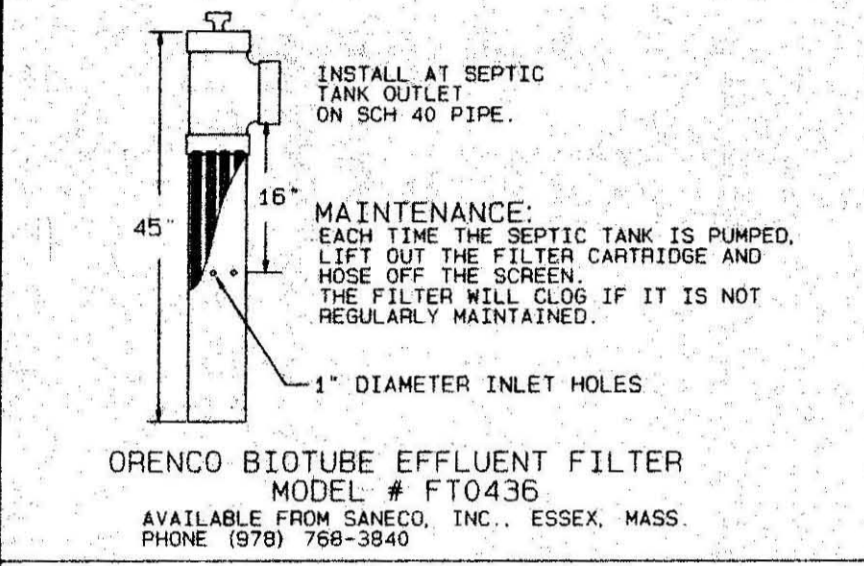
DESIGN BASED ON SINGLE FAMILY RESIDENCE (4 BEDROOM)
 DESIGN FLOW 110 GALLON PER DAY PER BEDROOM
 TOTAL DESIGN FLOW 440 GALLON PER DAY.
SEPTIC TANK
 440 GALLONS X 200% = 880 GALLONS DESIGN CAPACITY.
 USE 1500 GALLON 2 COMPARTMENT SEPTIC TANK.
LEACHING TRENCHES
 THE TOWN OF AMHERST REQUIRES 1.25 TIMES MINIMUM TITLE 5 LEACHING AREA. 440 GPD / 0.74 GSF X 1.25 = 743 SQ. FT. MINIMUM PER TOWN OF AMHERST REGULATION.
 SIDEWALL: 2 X 50' LENGTH X 1.0' DEPTH = 100 SQUARE FEET.
 100 SQ. FT. X 0.74 GAL. PER SQ. FT. = 74 GAL. LEACHING.
 BOTTOM: 50' LENGTH X 3.0' WIDTH = 150 SQUARE FEET.
 150 SQ. FT. X 0.74 GAL. PER SQ. FT. = 111 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 2 COMPARTMENT 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.

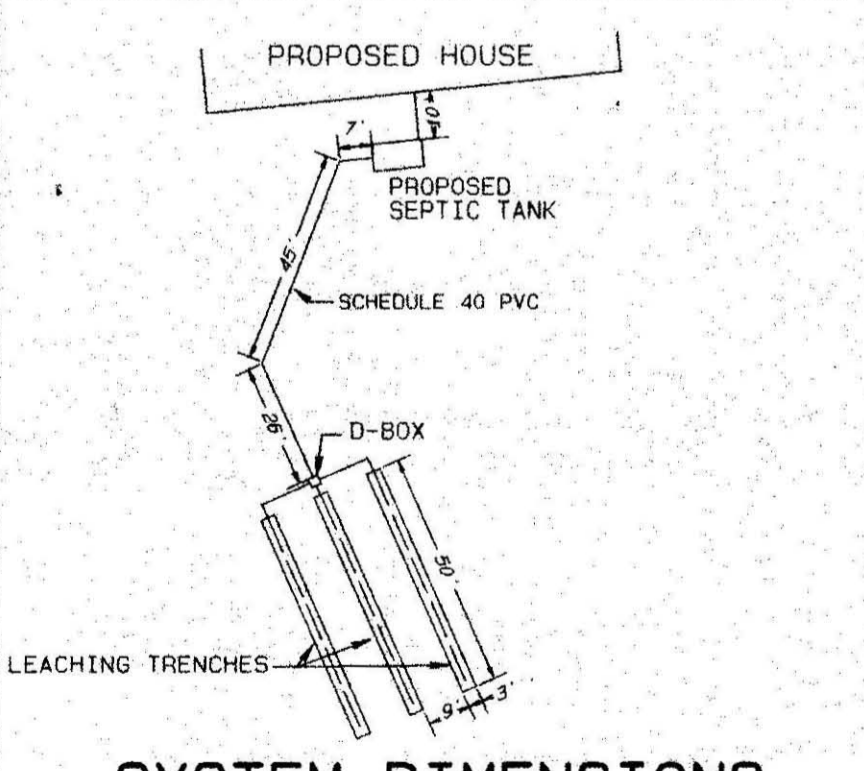
LEGEND

- 100 --- EXISTING CONTOURS
- 100 --- PROPOSED CONTOURS
- 4" SDR 35 PERFORATED PIPE
- 4" SDR 35 SOLID PIPE
- WATER LINE
- FENCE
- EDGE OF WETLAND
- CENTERLINE STREAM
- PROPERTY LINE
- AS-BUILT

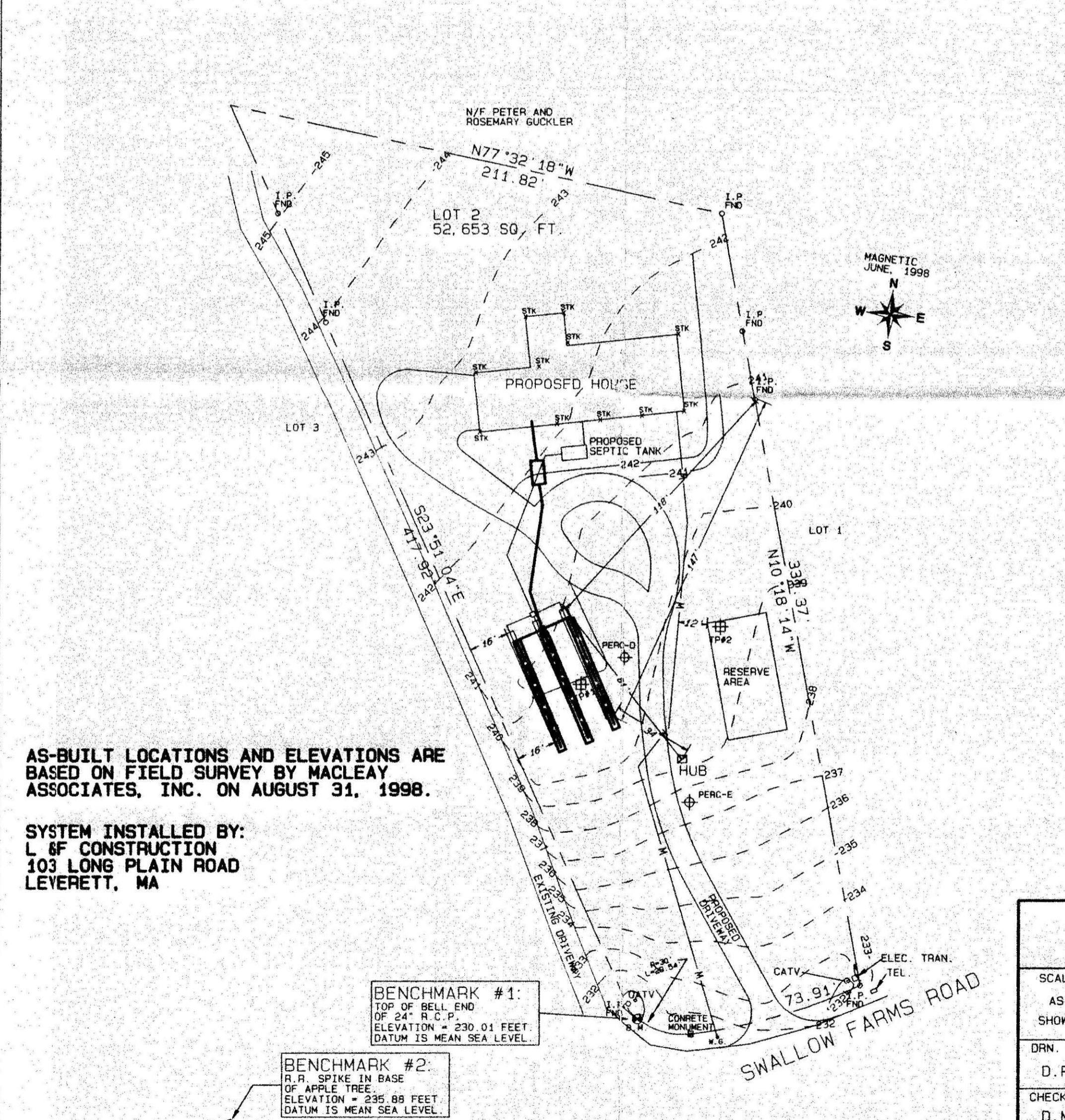


NOTES:
 1. TITLE 5 REQUIRES OBSERVATION OF THE INSTALLED SYSTEM BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE SYSTEM MUST NOT BE BACKFILLED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.
 2. ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.

PROPERTY LINE REFERENCE:
 PROPERTY LINES AS SHOWN ARE BASED ON A CLUSTER SUBDIVISION DEFINITIVE PLAN IN AMHERST MASS., PREPARED FOR CONSTANCE LESLIE, PREPARED BY H.L. EATON AND ASSOC., DATED 10/17/91.



SYSTEM DIMENSIONS
 SCALE: 1" = 40'

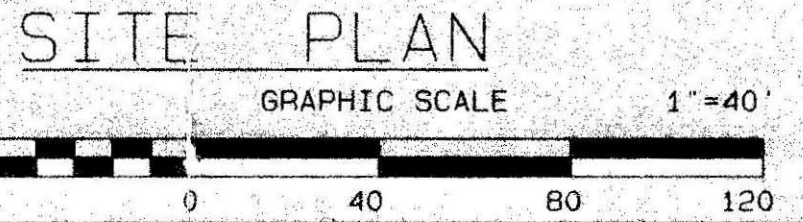


AS-BUILT LOCATIONS AND ELEVATIONS ARE BASED ON FIELD SURVEY BY MACLEAY ASSOCIATES, INC. ON AUGUST 31, 1998.

SYSTEM INSTALLED BY:
 L & F CONSTRUCTION
 103 LONG PLAIN ROAD
 LEVERETT, MA

BENCHMARK #1:
 TOP OF BELL END
 OF 24" R.C.P.
 ELEVATION = 230.01 FEET
 DATUM IS MEAN SEA LEVEL.

BENCHMARK #2:
 R.R. SPIKE IN BASE
 OF APPLE TREE.
 ELEVATION = 235.88 FEET
 DATUM IS MEAN SEA LEVEL.



SHEET NO. 1 OF 1.		2	9/1/98	S.K.	AS-BUILT	D.M.
		1	8/12/98	S.K.	WATERLINE LOCATION/RESERVE AREA	D.M.
SCALE	APPROVED:	REV. DATE	BY	DESCRIPTION	APPR.	
AS SHOWN	DOUGLAS J. MACLEAY No. 31203 CIVIL REGISTERED PROFESSIONAL ENGINEER	TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASSACHUSETTS				
DRN. BY		FOR: ALI MOSHIRI SWALLOW FARMS ROAD - LOT 2				
D.P.		DATE:	JULY 31, 1998	JOB NO.	90-063-2	
CHECKED						
D.M.						

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

ck # 1608

TOWN OF AMHERST
HEALTH PERMITS/ INSPECTION SERVICES

NY 0497

Received of Michael Wilcox of 23 Country Corners Rd Amh
For Property Located at: Lot 2 Swallow Farms Rd Amh Ali Moshiri
Name Street Address Owner

- | | | | |
|---|-------|--|---------|
| HEA009 Bakery
R6510 443508 | _____ | HEA014 Retail Store Permit
R6510 443514 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA015 Sanitary Code Booklets
R6510 432305 | _____ |
| HEA025 Burial Permits
R6510 443517 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA002 Catering License
R6510 443507 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | ① 60.00 |
| HEA003 Food Handler
R6510 443515 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA004 Frozen Desserts
R6510 443501 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA024 Funeral Director License
R6510 443502 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA005 Health Dept. Housing Insp.
R6510 432302 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA023 TB Clinic
R6510 432303 | _____ |
| HEA007 Milk & Cream License
R6510 443500 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | _____ | HEA | _____ |
| HEA013 Recreation Camp License.
R6510 443503 | _____ | | |

TOTAL FEE: \$60.00

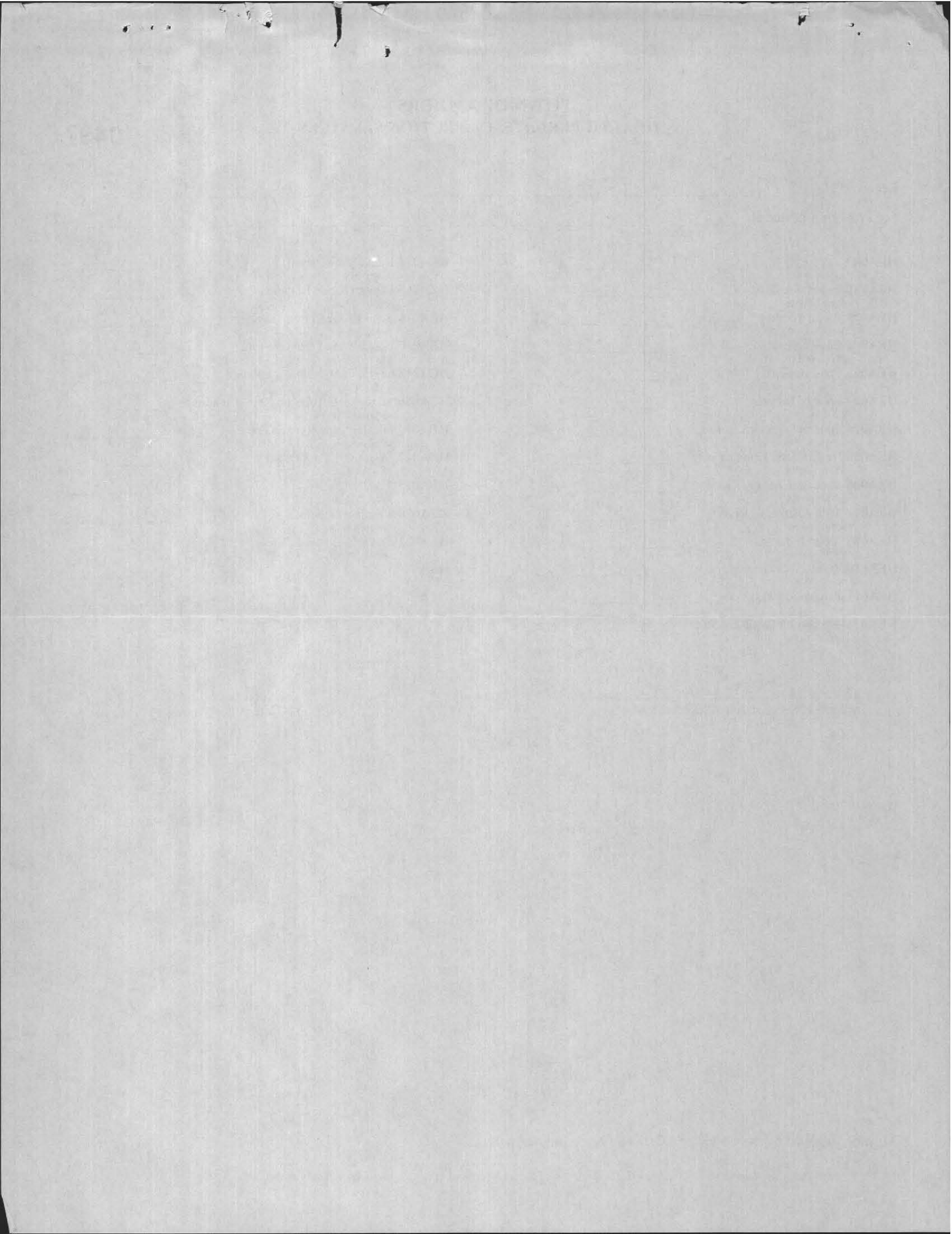
Gennie ...
Inspection Services/Health Department

9.9.99
Date

EILEEN MUIR 7-31-98

SYSTEM OF ACCOUNTS
HEALTH DEPARTMENT
Date / Time : 09/09/99 12:00:00
Payment : \$ 60.00
Receipt # : 1018
Check/Credit Card # :
City : Amherst
Paid by : HEALC RECEIPTS

Must be validated by the Collector's Office to be considered paid.



TOWN OF AMHERST

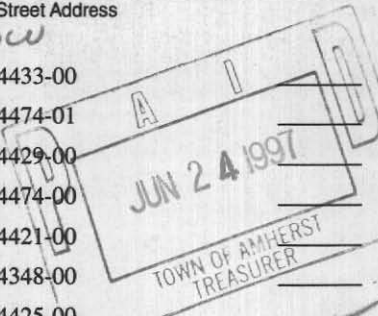
INSPECTION SERVICES/HEALTH PERMITS

*CHK
1103*

Received of Michael P. Wilcox of 23 Country Corners Rd
Name Address

For Property Located at H Swallow Farms Rd Some
Street Address Owner

<input type="checkbox"/> Bakery	01-0-501-4433-00	<input type="checkbox"/> Perc Test	01-0-501-4344-00
<input type="checkbox"/> Bed & Breakfast	01-0-501-4474-01	<input type="checkbox"/> Pool	01-0-501-4471-00
<input type="checkbox"/> Catering	01-0-501-4429-00	<input type="checkbox"/> Rec. Camp	01-0-501-4424-00
<input type="checkbox"/> Food Handler	01-0-501-4474-00	<input type="checkbox"/> Retail Permit	01-0-501-4473-00
<input type="checkbox"/> Frozen Desserts	01-0-501-4421-00	<input type="checkbox"/> Sanitary Code Booklet	01-0-501-4380-00
<input type="checkbox"/> Housing Inspection	01-0-501-4348-00	<input type="checkbox"/> Septic Installers Permit	01-0-501-4470-01
<input type="checkbox"/> Massage	01-0-501-4425-00	<input type="checkbox"/> Septic Private Applications	01-0-501-4470-00
<input type="checkbox"/> Milk	01-0-501-4420-00	<input type="checkbox"/> Septic - Reinspection	01-0-501-4345-00
<input type="checkbox"/> Motel License	01-0-501-4428-00	<input type="checkbox"/> Sub-Division Rev.	01-0-501-4460-00
<input type="checkbox"/> Miscellaneous	01-0-501-_____	<input type="checkbox"/> Tanning	01-0-501-4434-00
<input type="checkbox"/> Offal/Garbage	01-0-501-4472-00	<input type="checkbox"/> Twenty-one D Tickets	01-0-501-4879-00



TOTAL FEE: 60.00

N. J. Lund 6-24-97
Treasurer/Collector Date

[Signature]
Inspection Services

White - Applicant Yellow - Collector Pink - Inspection Services

JOHN W. DEWEY

THE UNIVERSITY OF CHICAGO

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TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

253-9602

CASE #

Received of MIKE WILCOX of 23 COUNTRY CORNERS RD
Name Address

For Property Located at SWALLOW FARMS ROAD WILCOX
Street Address Owner

<input type="checkbox"/> Bakery	01-0-501-4433-00	<input type="checkbox"/> Perc Test	01-0-501-4344-00
<input type="checkbox"/> Bed & Breakfast	01-0-501-4474-01	<input type="checkbox"/> Pool	01-0-501-4471-00
<input type="checkbox"/> Catering	01-0-501-4429-00	<input type="checkbox"/> Rec. Camp	01-0-501-4424-00
<input type="checkbox"/> Food Handler	01-0-501-4474-00	<input type="checkbox"/> Retail Permit	01-0-501-4473-00
<input type="checkbox"/> Frozen Desserts	01-0-501-4421-00	<input type="checkbox"/> Sanitary Code Booklet	01-0-501-4380-00
<input type="checkbox"/> Housing Inspection	01-0-501-4348-00	<input type="checkbox"/> Septic Installers Permit	01-0-501-4470-01
<input type="checkbox"/> Massage	01-0-501-4425-00	<input checked="" type="checkbox"/> Septic Private Applications	01-0-501-4470-00
<input type="checkbox"/> Milk	01-0-501-4420-00	<input type="checkbox"/> Septic - Reinspection	01-0-501-4345-00
<input type="checkbox"/> Motel License	01-0-501-4428-00	<input type="checkbox"/> Sub-Division Rev.	01-0-501-4460-00
<input type="checkbox"/> Miscellaneous	01-0-501-_____	<input type="checkbox"/> Tanning	01-0-501-4434-00
<input type="checkbox"/> Offal/Garbage	01-0-501-4472-00	<input type="checkbox"/> Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE: 60.00

Norma J. Lynch
Treasurer/Collector Date

Jan [Signature]
Inspection Services

White - Applicant
Yellow - Collector
Pink - Inspection Services

