

MacLeay Associates, Inc.

CIVIL ENGINEERS

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

#11

Dave
Ry
Epi

SYSTEM INSTALLATION OBSERVATION REPORT

SITE INFORMATION

RECEIVED JUL 14 1997

LOT # 4
STREET SWALLOW FARMS ROAD
TOWN AMHERST, MA
JOB # 90-063-4

DATE: 7/9/97

OWNER INFORMATION

PROPERTY OWNER DEBORAH ENGEL
STREET ADDRESS OLD ENFIELD ROAD
TOWN BELCHERTOWN

INSTALLER INFORMATION

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

OBSERVATION RESULTS

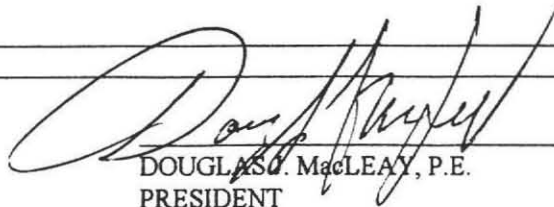
DATE OF OBSERVATION: 7/8/97

- (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 MacLEAY, P.E.
PRESIDENT

SEND COPIES TO: BOARD OF HEALTH
L&F CONSTRUCTION

The first part of the report
 is devoted to a description of
 the general conditions of the
 country. It is found that the
 climate is generally temperate
 and that the soil is fertile.
 The population is increasing
 and the commerce is growing.
 The government is well
 administered and the people
 are happy and contented.

FORM 1-APPLICATION FOR DSCP

No 97-4

Fee 60 ⁸⁰ _{PG} ^{CH 1103} _{6/23/97}

Commonwealth of Massachusetts
AMHERST, Massachusetts

Application for Disposal System Construction Permit

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

Location Address or Lot No. // SWALLOW FARMS ROAD, LOT 4	Owner's Name, Address and Tel. # DEBORAH ENGEL OLD ENFIELD RD BELCHERTOWN, MA
Installer's Name, Address, and Tel. # 	Designer's Name, Address and Tel. # MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms 5 Garbage Grinder: NO

Other Type of Building: _____ No. of Persons _____ Showers _____ Cafeteria _____
Other Fixtures _____

Design Flow 550 gallons per day. Design flow provided 702 gallons
Plan Date June 5, 1997 Number of Sheets ONE Revision Date NONE
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS. FOR DEBORAH ENGEL, SWALLOW FARMS ROAD, LOT 4.

Description of Soil LOAMY SAND AND FINE SAND. PLEASE SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS.

Nature of Repairs or Alterations (Answer when applicable) _____

Date last inspected: N/A

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 Michael P. Wilcox Date 6/6/97

Application Approved by [Signature] Date 6-10-97

Application Disapproved for the following reasons [Signature]

Permit No. 97-4

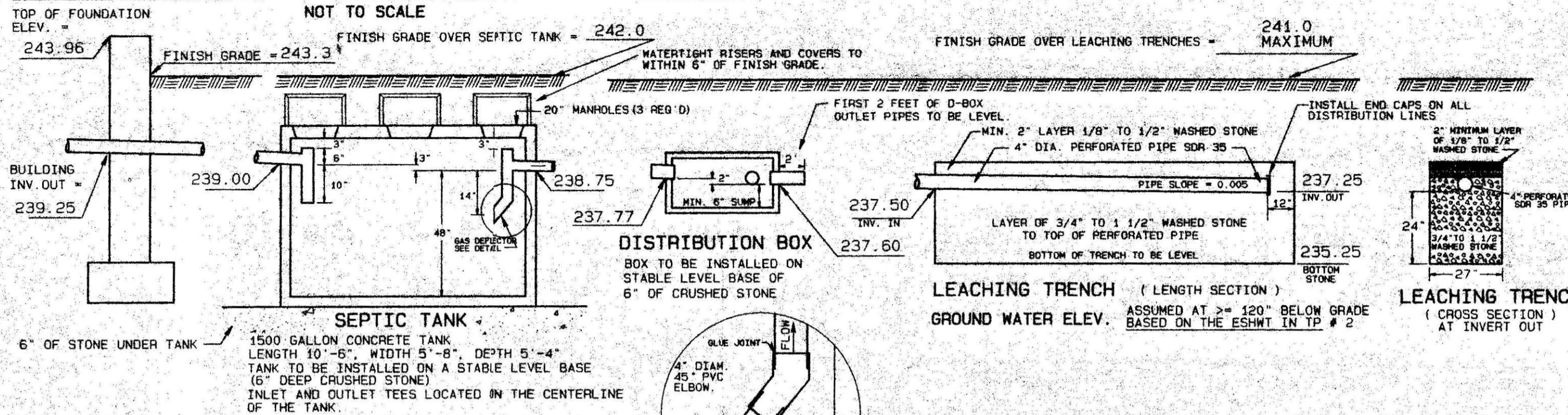
Date Issued 7/8/97

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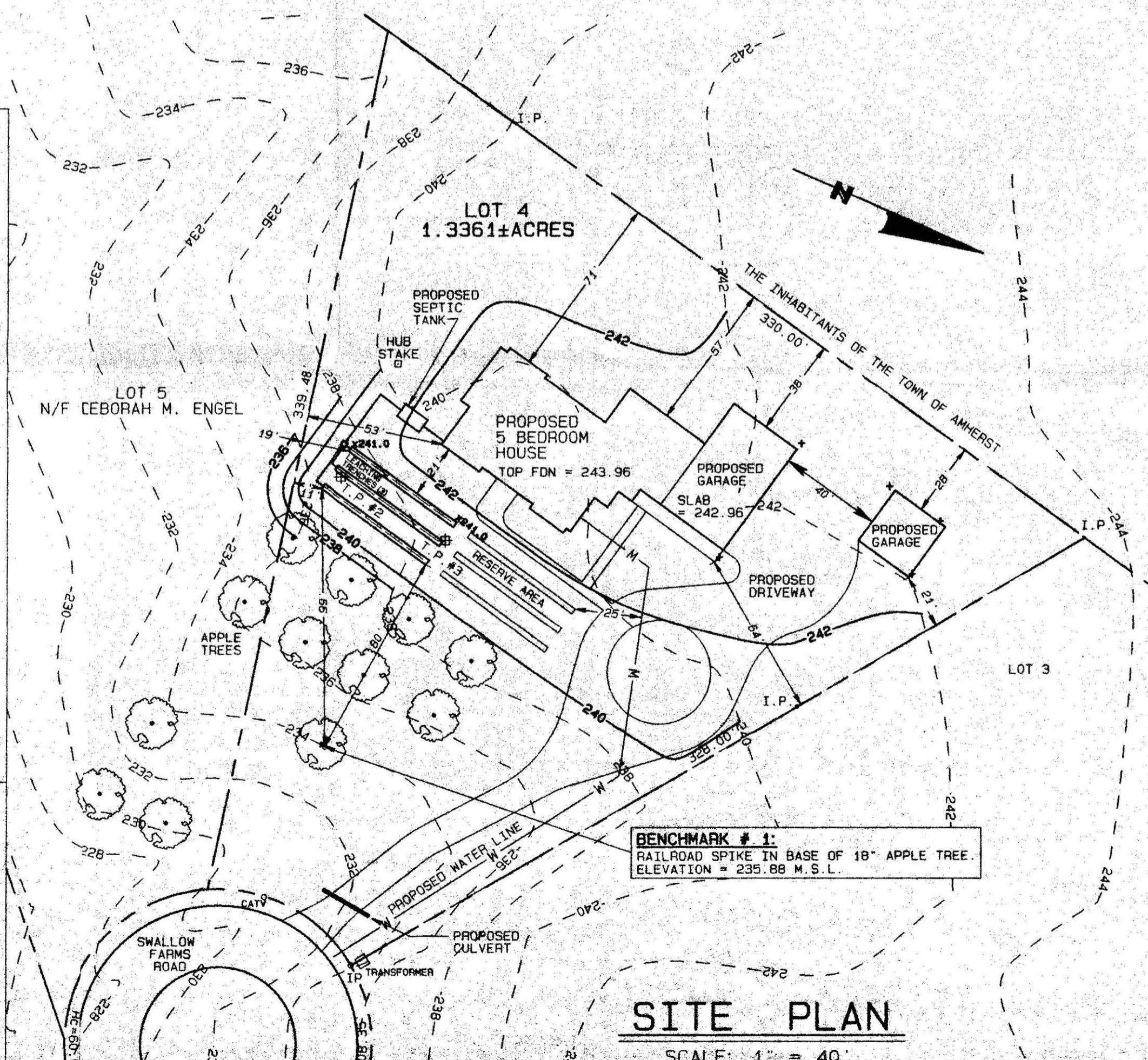
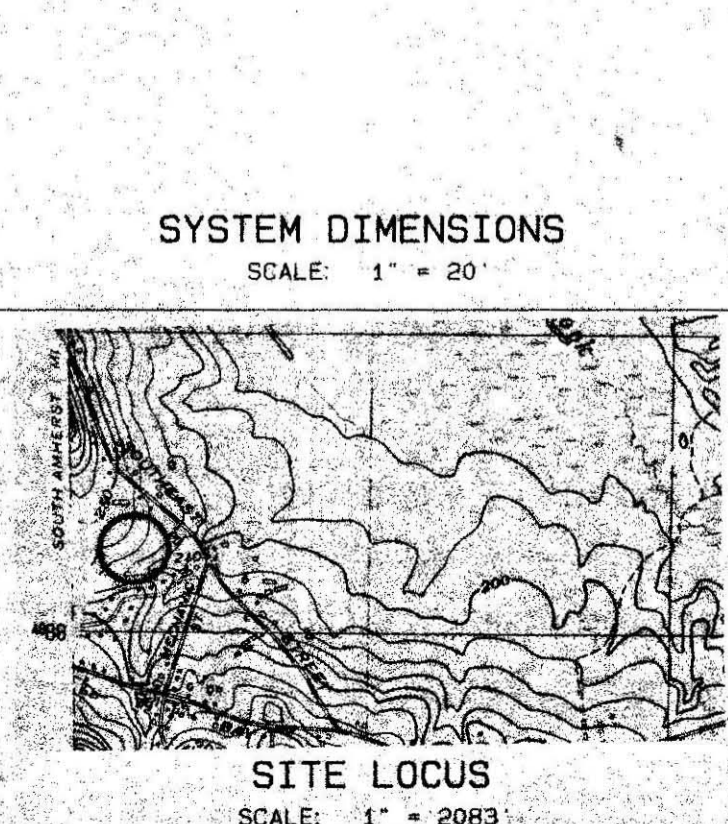
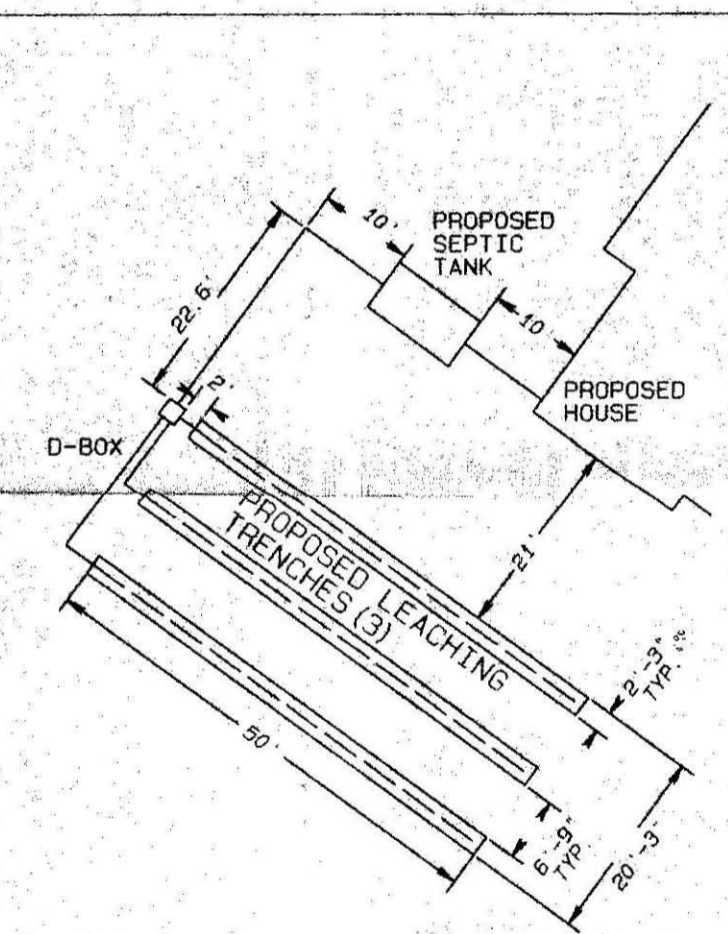
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SANITARY SYSTEM PROFILE



- NOTES:**
- REMOVE TOPSOIL AND SUBSOIL BENEATH THE LEACHING TRENCHES AND TO 5 FEET ON ALL SIDES OF THE TRENCHES. REPLACE WITH FILL MATERIAL MEETING THE SPECIFICATIONS OF 310 CMR 15.255(3) (REFERENCE TITLE 5, 310 CMR 15.255(5).)
 - 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. THE AMHERST BOARD OF HEALTH MAY REQUIRE ADDITIONAL OBSERVATIONS OF THE SYSTEM AS IT IS INSTALLED. CONTACT THE BOARD OF HEALTH BEFORE STARTING CONSTRUCTION TO ARRANGE A SCHEDULE.
 - 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 PLAN TITLED "PLAN OF LAND IN AMHERST, MASS." PREPARED FOR DEBORAH M. ENGEL, PREPARED BY HAROLD L. EATON AND ASSOCIATES, INC., DATED MARCH 11, 1997.



SITE PLAN

SCALE: 1" = 40'

TEST PIT DATA

BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI
DATE: MARCH 18, 1997
SOIL EVALUATOR: DOUGLAS J. MACLEAY, P.E.

PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
J	<2	52
L	<2	50

PERCOLATION TESTS PERFORMED MAY 14, 1990 BY DOUGLAS J. MACLEAY, WITNESSED BY DAVID ZAROZINSKI.

TEST PIT # 2
ELEV. TOP = 236.7
ESHWT = >120"
OBS. H2O = NONE
BOTTOM = 226.7

TEST PIT # 3
ELEV. TOP = 238.4
ESHWT = >120"
OBS. H2O = NONE
BOTTOM = 228.4

HORIZON	Ap	Soil Type	Depth
HORIZON Aa	Loamy Sand	10YR 3/3	15"
HORIZON Bw	Loamy Sand	10YR 5/6	30"
HORIZON C1	Fine Sand	10YR 4/4	73"
HORIZON C2	Fine Sand	10YR 5/4	120"

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 1500 GALLON SEPTIC TANK.

LEACHING TRENCHES
TOWN OF AMHERST REQUIRES 1.25 TIMES MINIMUM TITLE 5 LEACHING AREA. 550 GPD / 0.74 GSF X 1.25 = 930 SQ. FT. MINIMUM PER TOWN OF AMHERST REGULATION.

SIDEWALL:
2 X 50' LENGTH X 2.0' DEPTH = 200 SQUARE FEET.
200 SQ. FT. X 0.74 GAL. PER SQ. FT. = 148 GAL. LEACHING.

BOTTOM:
50' LENGTH X 2.25' WIDTH = 112.5 SQUARE FEET.
112.5 SQ. FT. X 0.74 GAL. PER SQ. FT. = 83 GAL. LEACHING.

TOTAL NUMBER OF LEACHING TRENCHES 3
TOTAL LEACHING AREA = 937.5 SQUARE FEET.
TOTAL LEACHING CAPACITY = 693 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 MEAN SEA LEVEL (M.S.L.)
- 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
---		EROSION BARRIER
---		EDGE OF WETLAND
---		CENTERLINE STREAM
---		PROPERTY LINE
+	x94.0	HOUSE CORNER STAKE SET BY BUILDING CONTRACTOR
o-o-o-o-o-o-o-o-o-o		STONEWALL

SHEET NO. 1 OF 1.		REV.	DATE	DESCRIPTION	APPR.
SCALE AS SHOWN	APPROVED:			TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASSACHUSETTS	
DRN. BY DP	DOUGLAS J. MACLEAY No. 31203 CIVIL REGISTERED PROFESSIONAL ENGINEER			FOR: DEBORAH ENGEL SWALLOW FARMS ROAD - LOT 4	
CHECKED D.M.		DATE: JUNE 05, 1997	JOB NO. 90-063-4		

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

FORM 3-CERTIFICATE OF COMPLIANCE

Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed (X)
or repaired/replaced () on _____
by _____
for DEBORAH ENGEL
at SWALLOW FARMS ROAD, LOT 4

_____ 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 _____

Inspector _____

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FORM 2-DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. _____

Permission is hereby granted to DEBORAH ENGEL to construct (X) or repair ()
an On-site Sewage System located at

SWALLOW FARMS ROAD, LOT 4

and as described in the above Application for Disposal System Construction Permit. The
applicant recognizes his/her duty to comply with Title 5 and the following local provisions
or special conditions.

All construction must be completed within two years of the date below.

Date _____

Approved by _____

100

Mike Wilcox Rd #0000
 CH # 1657 FOR FRAMES
 ON 5/14/90

TOWN OF AMHERST

PERC TEST DATA SHEET

DATE 3/14/90 LOCATION South East Street LOT SIZE Lot 4

OWNER Mike Wilcox ADDRESS 23 Country Corner Rd TELE # 253-9602

P.E./RS Doug MacLeay FIRM Same OBSERVED BY D. Zarnaud

BACK HOE OPERATOR Larry Leclair BENCH MARK _____

PERC DEPTH 48" PRE SOAK TIME _____ PERC DEPTH 72" PRE SOAK TIME _____

TEST (E) _____ (H) _____

CANT HOLD CANT HOLD

RATE (2) _____ RATE (2) _____

#1 (9)

TOP 8
SUB 18
med sand 50
Fine sand 114

#2 (14)

TOP 10
SUB 24
med sand
DRY 12'

Clay 11'
 (Bottom)
 DRY

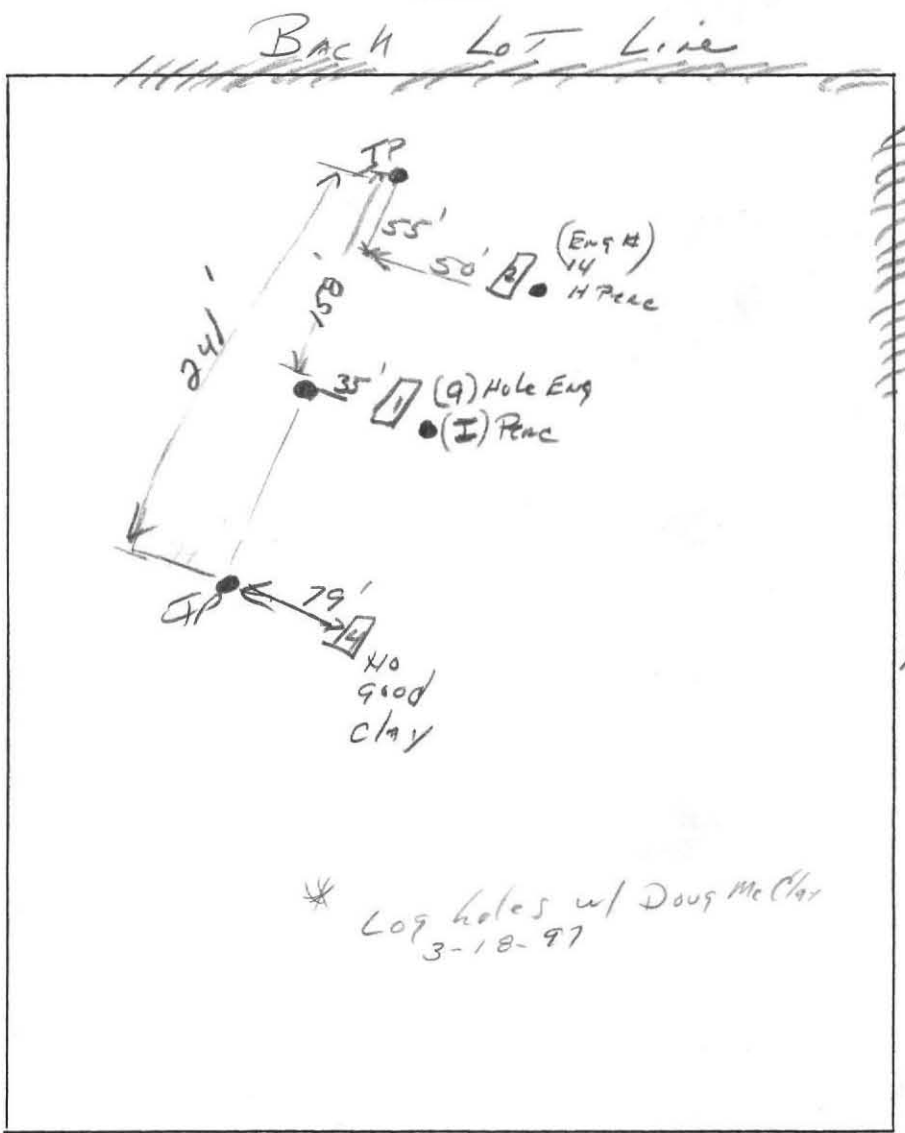
TOP
SUB

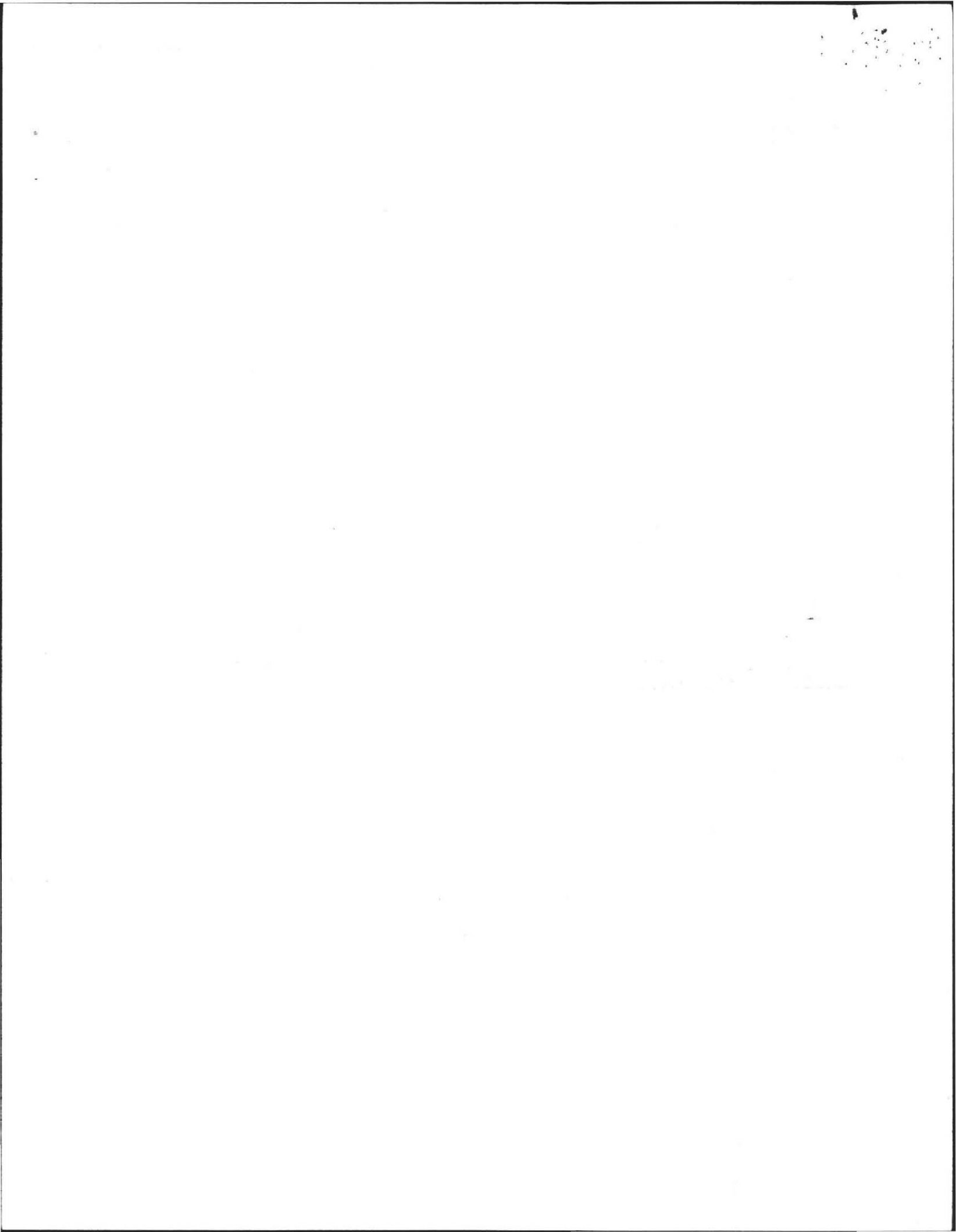
TOP
SUB

TOP
SUB

#4

TOP 10
SUB 18
course sand 48
clay 120"
DRY





FORM 11 - SOIL EVALUATOR FORM

OWNER'S NAME: _____

LOCATION ADDRESS: _____

LOT # 4

JOB NUMBER: 90-063

DATE: 3/18/97

COMMONWEALTH OF MASSACHUSETTS

AMHERST, Massachusetts

RECEIVED MAR 28 1997

Soil Suitability Assessment for On-Site Sewage Disposal

Performed By: Douglas Mac Leay

Witnessed By: David ZAVOZINSKI

Location Address or SWALLOW FARMS RD
Lot # 4

Owner's Name: DEBORAH M. ENGEL
Address, and OLD ENFIELD RD
Telephone # BELCHERTOWN

New Construction

Repair

Number of Bedrooms 4

Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale: _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year Flood boundary NO YES

Within 500 year Flood boundary NO YES

Within 100 year Flood boundary NO YES

Wetland Area:

National Wetland Inventory Map (map unit) _____

Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS):

Month _____

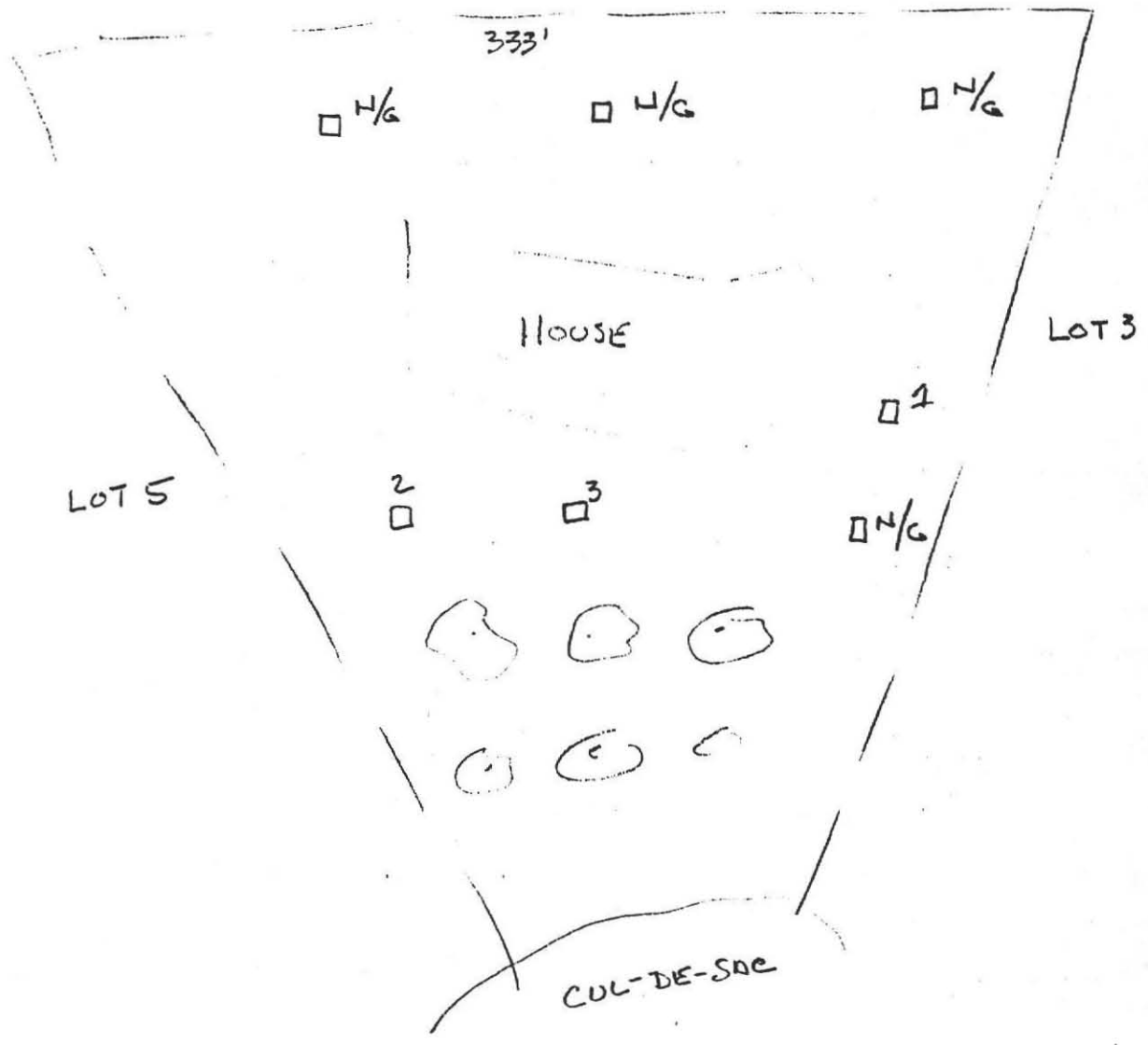
Range: Above Normal Normal Below Normal

Other References Reviewed: _____

100

100

AMHERST CONSERVATION
COMMISSION



100

OWNER'S NAME: _____

LOCATION ADDRESS: _____

LOT # 4

JOB NUMBER: 90-063

On-Site Review

Deep Hole Number 1 Date: 3/18/97 Time: 2:20 PM Weather: PTLY CLDY

Location (identify on site plan) _____

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

Vegetation: HAY

Landform: _____

Position on Landscape (sketch on the back)

Distances from:

Open Water Body N/A feet
 Possible Wet Area N/A feet
 Drinking Water Well 170 feet

Drainage way N/A feet
 Property Line 25 feet
 Other: FOOTING DRAIN

DEEP OBSERVATION HOLE LOG

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0" - 8"	Ap	SANDY LOAM	10YR 3/3	NONE	FRIBLE NO STONES SINGLE GRAIN
8" - 27"	Bw	LOAMY SAND	10YR 4/4	↓	↓
27" - 58"	C ₁	FINE SAND	10YR 5/6	↓	↓
58" - 120"	C ₂	FINE SAND	10YR 5/3	0 98" 7.5YR 5/6 10%	↓

Parent Material (geologic) OUTWASH Depth to Bedrock: > 120"

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

Estimated Seasonal High Ground Water: 98"

100

100

OWNER'S NAME: _____

LOCATION ADDRESS: _____

LOT # 4

JOB NUMBER: 90-063

On-Site Review

Deep Hole Number 2 Date: 3/18/97 Time: 2:50 PM Weather: FRY CLOUDY

Location (identify on site plan) _____

Land Use: FIELD Slope (%) 3 Surface Stones NO STONES

Vegetation: _____

Landform: _____

Position on Landscape (sketch on the back)

Distances from:

Open Water Body N/A feet
 Possible Wet Area 200+ feet
 Drinking Water Well TW feet

Drainage way 200+ feet
 Property Line 15' feet
 Other: _____

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0"-15"	Ap	LOAMY SAND	10YR3/3	NONE	FRIABLE NO STONES SINGLE GRAIN
15"-30"	Bw	LOAMY SAND	10YR5/6		
30"-73"	C ₁	FINE SAND	10YR4/4		
73"-120"	C ₂	FINE SAND	10YR5/4		

Parent Material (geologic) CUT WASH Depth to Bedrock: > 120"

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

Estimated Seasonal High Ground Water: 120"

100

100

100

OWNER'S NAME: _____

LOCATION ADDRESS: _____

LOT # 4

JOB NUMBER: 90-063

On-Site Review

Deep Hole Number 3 Date: 3/18/97 Time: 3 PM Weather: PTCY CLDY

Location (identify on site plan) _____

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

Vegetation: HAY

Landform: _____

Position on Landscape (sketch on the back)

Distances from:

Open Water Body 250+ feet
 Possible Wet Area 250+ feet
 Drinking Water Well TLW feet

Drainage way NONE feet
 Property Line 75' 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" - 11"	Ap	LOAMY SAND	10YR 4/3	NONE	FRIABLE NO STONES
11" - 25"	Ew	LOAMY SAND	10YR 5/6		SINGLE GRAIN
25" - 58"	C1	FINE SAND	10YR 5/4		
58" - 120"	C2	FINE SAND	10YR 5/6		

Parent Material (geologic) OUTWASH Depth to Bedrock: > 120"

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

Estimated Seasonal High Ground Water: 120"

100

FORM 11 - SOIL EVALUATOR FORM

OWNER'S NAME: _____

LOCATION ADDRESS: _____

JOB NUMBER: 90-063

LOT # 4

DATE: 3/18/97

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole NONE ^{DN 283} inches.
- Depth weeping from side of observation hole _____ inches.
- Depth to soil mottles DH1 98 inches.
- Ground water adjustment _____ feet.

Index Well Number _____ Reading Date _____ Index well level _____

Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Pervious Material

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

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

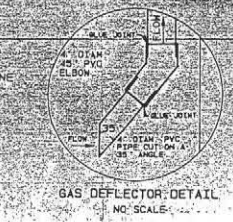
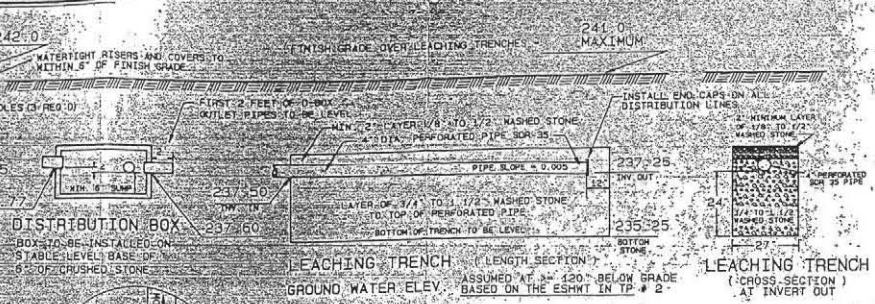
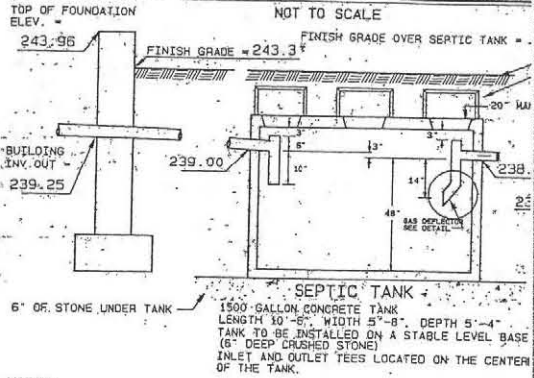
Certification

I certify that on 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 CMR 15.017.

Signature [Handwritten Signature] Date 3/18/97

100

SANITARY SYSTEM PROFILE



TEST PIT DATA

TEST PIT #	ELEV. TOP	ELEV. TOP	ESHMT	OBS H2O	BOTTOM
2	236.7	238.4	2120	NONE	228.4
3	238.4	238.4	2120	NONE	228.4

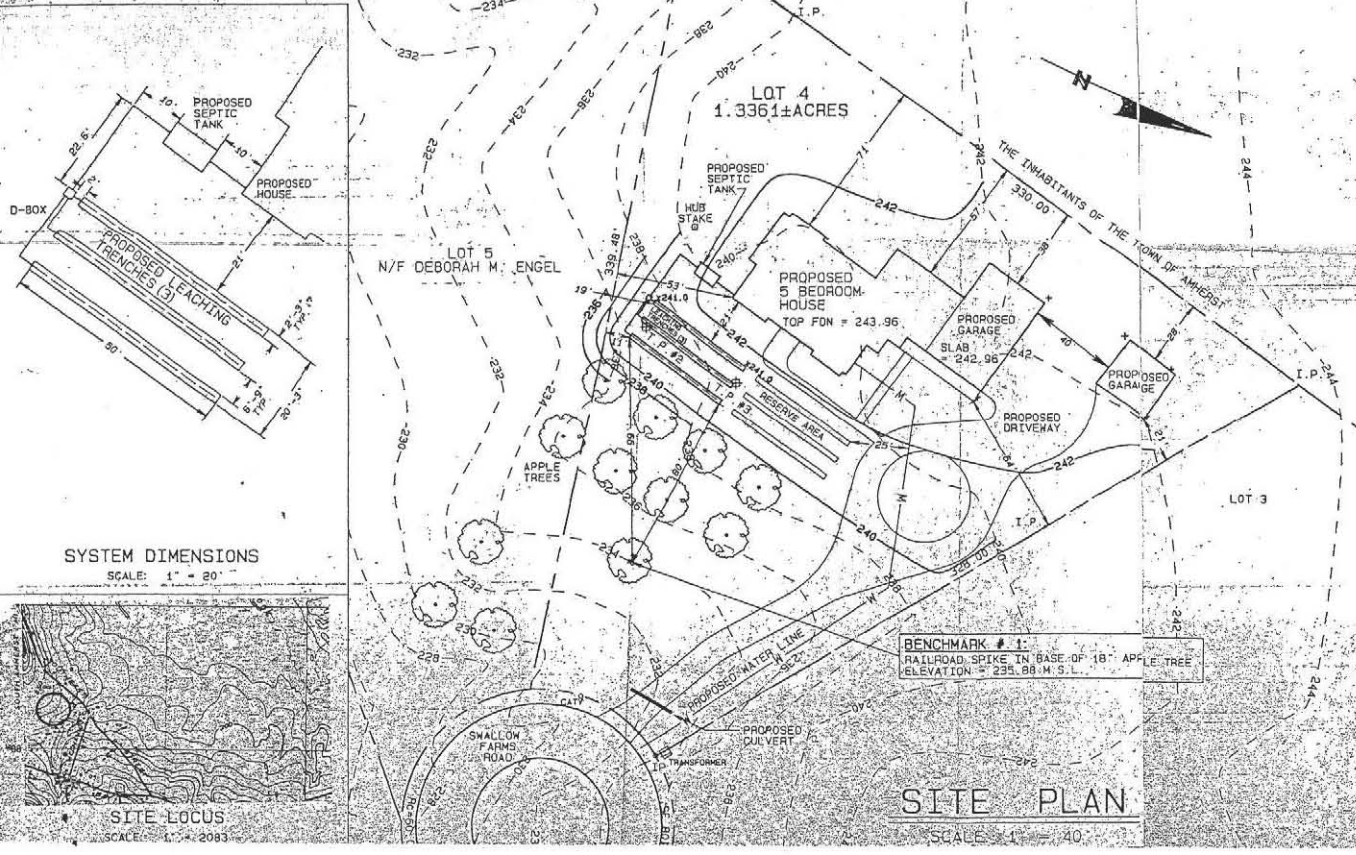
DESIGN DATA

DESIGN BASED ON: SINGLE FAMILY RESIDENCE
 DESIGN FLOW: 110 GALLON PER DAY PER BEDROOM
 TOTAL DESIGN FLOW: 550 GALLON PER DAY
 SEPTIC TANK: 1550 GALLONS X 200" = 1100 GALLONS DESIGN CAPACITY
 USE: 1500 GALLON SEPTIC TANK
 LEACHING TRENCHES: 200 SQ. FT. X 0.74 GAL. PER SQ. FT. = 148 GAL. LEACHING
 SIDEWALL: 2 X 50" LENGTH X 2.0' DEPTH = 200 SQUARE FEET
 200 SQ. FT. X 0.74 GAL. PER SQ. FT. = 148 GAL. LEACHING
 BOTTOM: 50" LENGTH X 2.25' WIDTH = 112.5 SQUARE FEET
 112.5 SQ. FT. X 0.74 GAL. PER SQ. FT. = 83 GAL. LEACHING
 TOTAL NUMBER OF LEACHING TRENCHES: 3
 TOTAL LEACHING AREA = 937.5 SQUARE FEET
 TOTAL LEACHING CAPACITY = 693 GALLONS PER DAY

NOTES:

- REMOVE TOPSOIL AND SUBSOIL BENEATH THE LEACHING TRENCHES AND TO 5 FEET ON ALL SIDES OF THE TRENCHES. REPLACE WITH FILL MATERIAL MEETING THE SPECIFICATIONS OF 310 CMR 15.255(3) (REFERENCE TITLE 5, 310 CMR 15.255(5)).
- 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. THE AMHERST BOARD OF HEALTH MAY REQUIRE ADDITIONAL OBSERVATIONS OF THE SYSTEM AS IT IS INSTALLED. CONTACT THE BOARD OF HEALTH BEFORE STARTING CONSTRUCTION TO ARRANGE A SCHEDULE.
- ALL DISTURBED AREAS SHOULD BE LOADED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.

PROPERTY LINE REFERENCE:
 PROPERTY LINES AS SHOWN
 PREPARED FOR DEBORAH M. ENGEL, AMHERST, MASS.
 PREPARED BY HAROLD L. EATON AND
 ASSOCIATES, INC., DATED MARCH 11, 1997.



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 MEAN SEA LEVEL (M.S.L.).
- 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
W	WATER LINE
X	ERDSTON BARRIER
---	EDGE OF WETLAND
---	CENTERLINE STREAM
---	PROPERTY LINE
-----	STONEWALL
+	HOUSE CORNER STAKE SET BY BUILDING CONTRACTOR
+	x94.0 PROPOSED SPOT GRADE

SHEET NO. 1 OF 1

SCALE AS SHOWN	APPROVED:	REV.	DATE	DESCRIPTION	APPR.
				TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASSACHUSETTS	
DRN. BY DP				FOR: DEBORAH ENGEL, SWALLOW FARMS ROAD - LOT 4	
CHECKED D.W.		DATE:	JUNE 05, 1997		JOB NO. 90-063-4

MacLEAY ASSOCIATES, INC
 102 BRIDGE STREET, SHELburnE FALLS, MA 01370
 TEL: (413) 438-1150

sent 8/31/05
 TO DEBORAH ENGEL
 # 253-1150

COPY

