

#5

RECEIVED JUL 07 2000

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
One winter Street, Boston Ma 02108 (617) 292-5500

ARGEO PAUL CELLUCCI
GOVERNOR

TRUDY COXE
Secretary

DAVID B. STRUHS
COMMISSIONER

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 5 TEABERRY LANE
AMHERST, MA

Name of Owner: WIDEMAN
Address of owner: SAME

Date of Inspection: 6/27/00

Name of Inspector: (Please Print) JOHN ALVES

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)

Company Name: CLEAN SEPTICS

Mailing Address: 540 CENTER ST., LUDLOW, MA

Telephone Number: 413-583-2138

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 inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature: John Alves

Date 06/27/2000

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within thirty (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 Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

DISPOSAL SHOULD NOT BE USED

RECEIVED FEB 15 1961

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)**

Property Address: **5 TEABERRY LANE
AMHERST , MA**

Owner: **WIDEMAN**

Date of Inspection: **06/27/2000**

INSPECTION SUMMARY: Check **A**, B, C, or D:

A SYSTEM PASSES:

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

COMMENTS: _____

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.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.

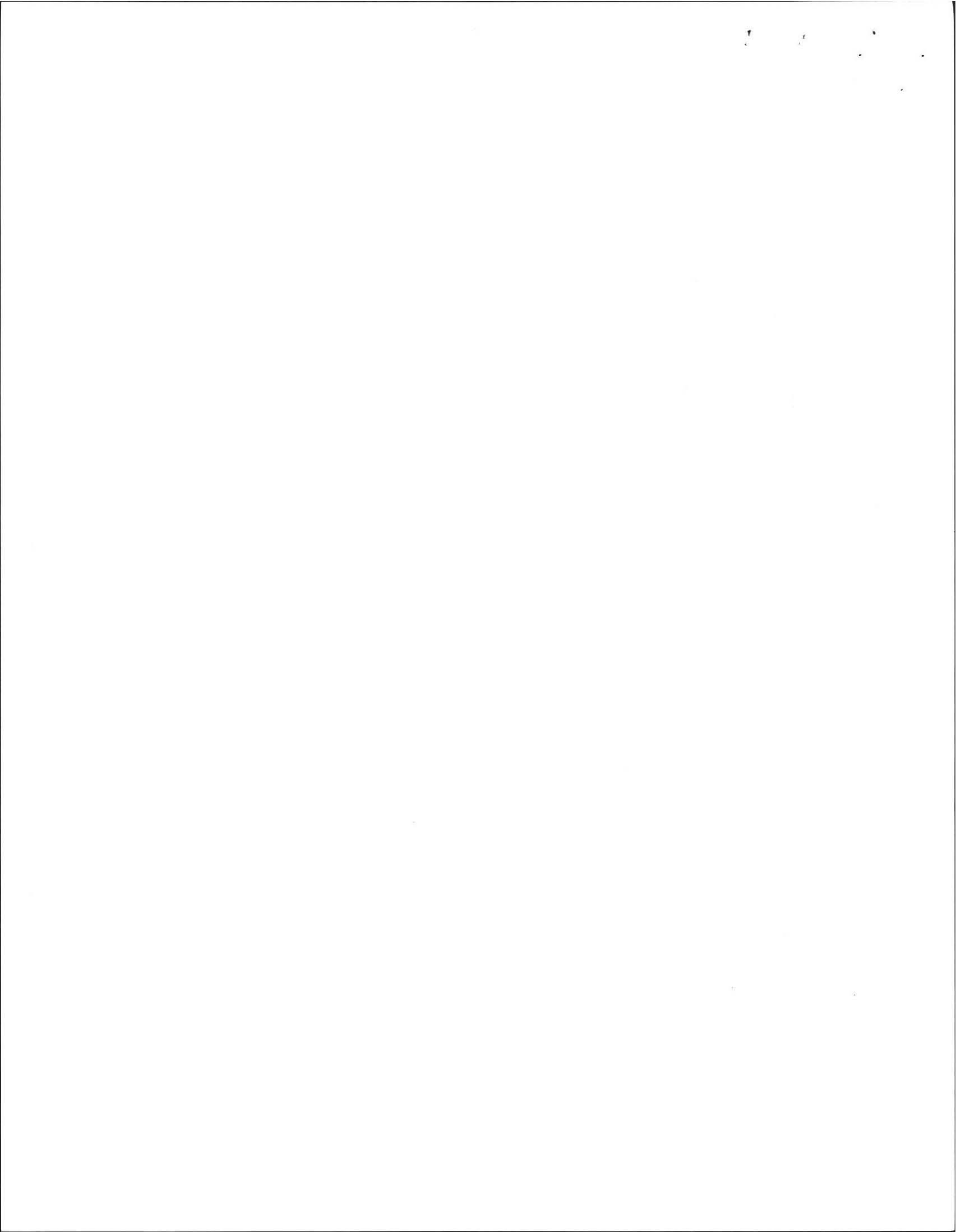
_____ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection: or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration. or tank as approved by the Board of Health.

_____ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health).

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

_____ The system required pumping more than four 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



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)**

Property Address: 5 TEABERRY LANE
Owner: WIDEMAN
Date of Inspection: 6/27/2000

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 the public health, safety and the environment.

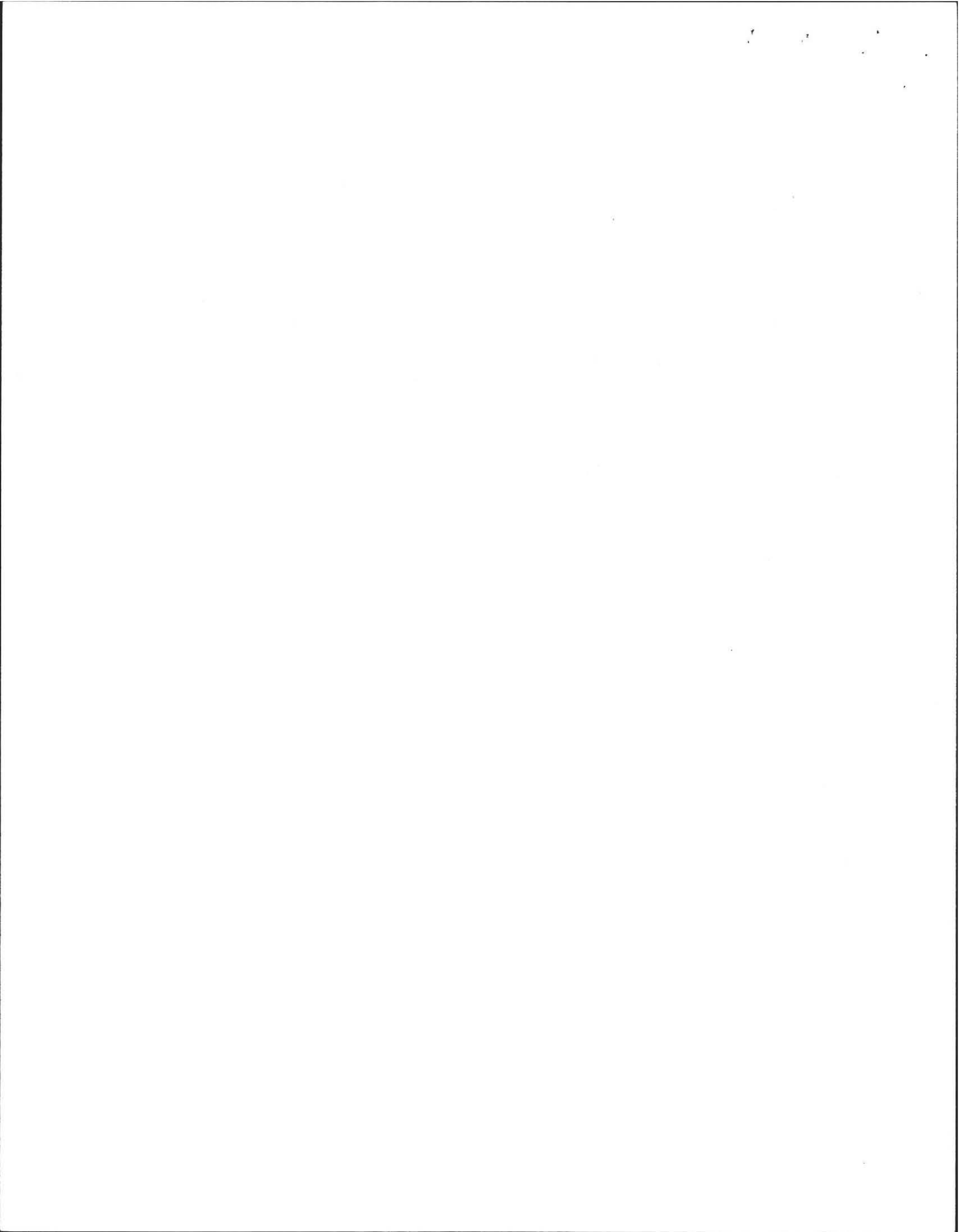
1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- ___ Cesspool or privy is within 50 feet of 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 AND SAFETY AND THE 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 soil absorption system and the SAS is within a Zone I of a public water supply well.
- ___ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis 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. Method used to determine distance _____ (approximation not valid).

3) Other



**SUBSURFACE SEWAGE DISPOSAL INSPECTION FORM
PART A
CERTIFICATION (continued)**

**Property Address: 5 TEABERRY LANE
Owner: WIDEMAN
Date of Inspection: 06/27/2000**

D. SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

___ I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Backup of sewage into facility or system component due to an 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 |
| ___ | ___ | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow. |
| ___ | ___ | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped _____. |
| ___ | ___ | Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation. |
| ___ | ___ | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| ___ | ___ | Any portion of a cesspool or privy is within a zone I of a public well. |
| ___ | ___ | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| ___ | ___ | 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. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

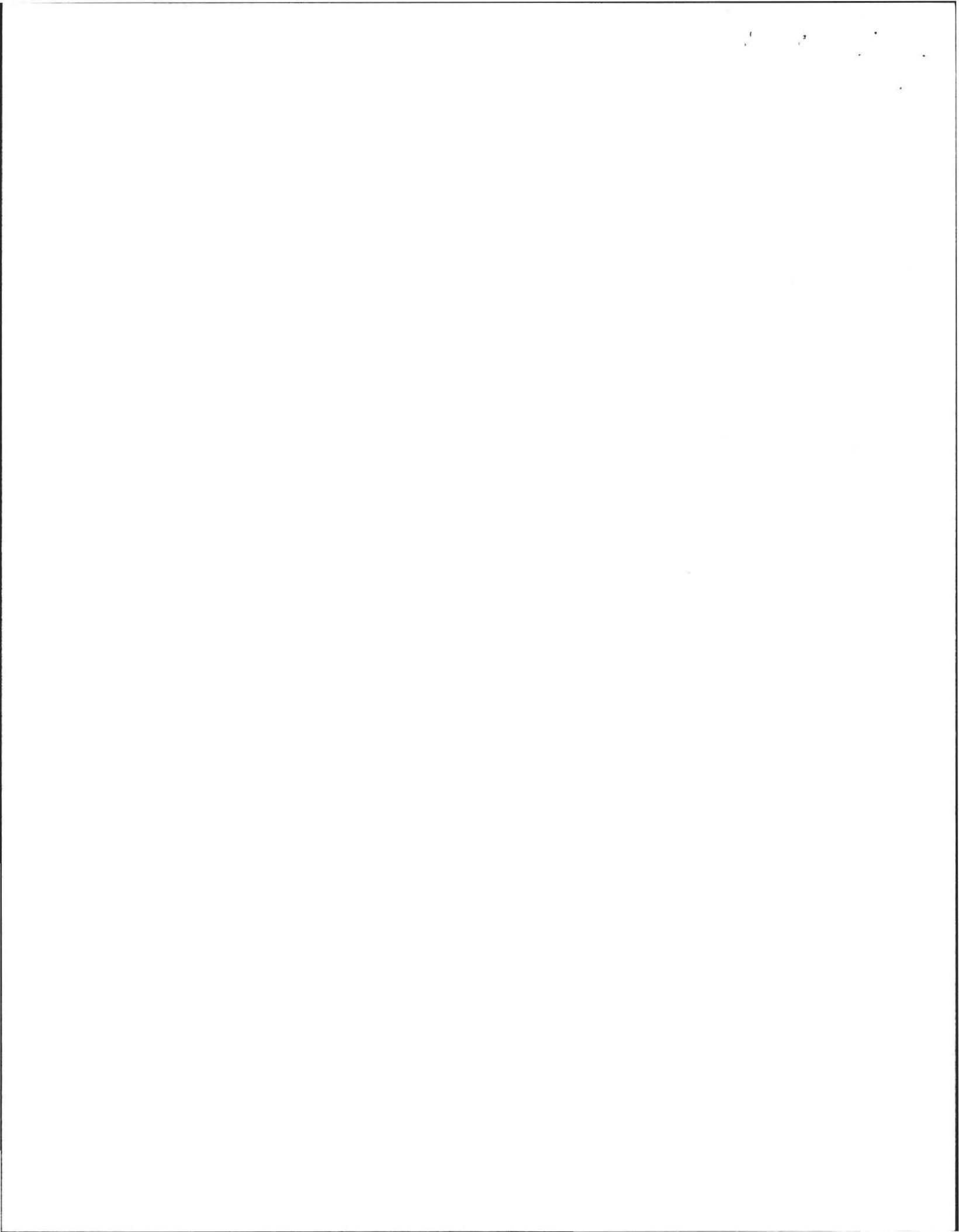
E. LARGE SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

___ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- | 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) |

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

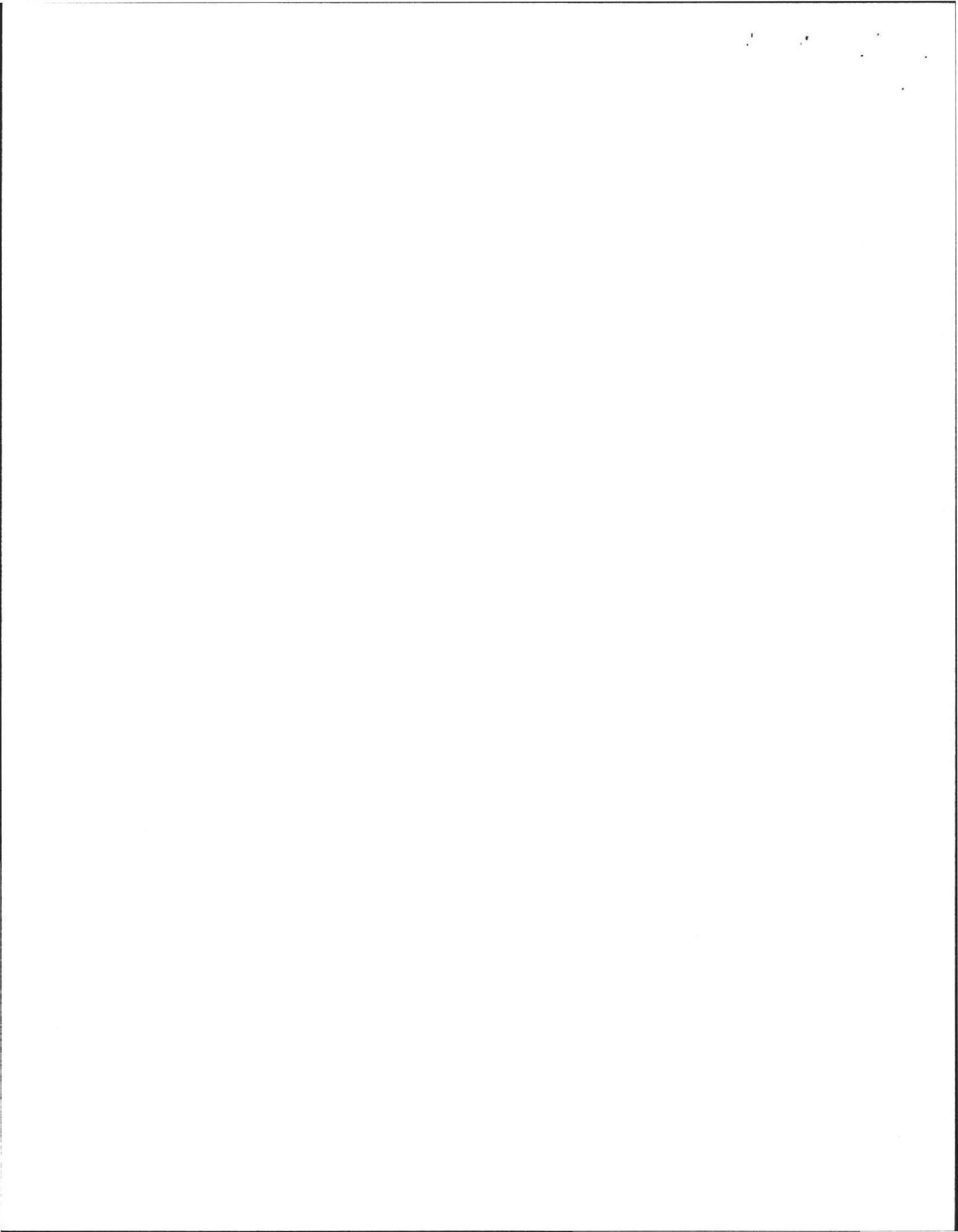


**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST**

Property Address: 5 TEABERRY LANE
Owner: WIDEMAN
Date of Inspection: 06/27/2000

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

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | As built plans have been obtained and examined. Note if they are not available with N/A. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility or dwelling was inspected for signs of sewage back-up. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The system does not receive non-sanitary or industrial waste flow. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The site was inspected for signs of breakout. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | All system components, excluding the Soil Absorption System, have been located on the site. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum. The size and location of the Soil Absorption System on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, Plan at B.O.H. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) (15.302(3)(b)) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems. |



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FOR
PART C
SYSTEM INFORMATION**

Property Address: **5 TEABERRY LANE**
Owner: **WIDEMAN**
Date of Inspection: **06/27/2000**

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 110 g.p.d./bedroom.
Number of bedrooms (design): 4 Number of bedrooms (actual): 4
Total DESIGN flow 440
Number of current residents: 1
Garbage grinder (yes or no): YES
Laundry (separate 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 two year's usage (gpd): N/A
Sump Pump (yes or no): NO
Last date of occupancy: PRESENT

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow _____ gpd (Based on 15.203)
Basis of design flow _____
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: _____

Other: (Describe) _____
Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

1997 OWNER
System pumped as part of inspection: (yes or no) NO
If yes, volume pumped: _____ gallons
Reason for pumping _____

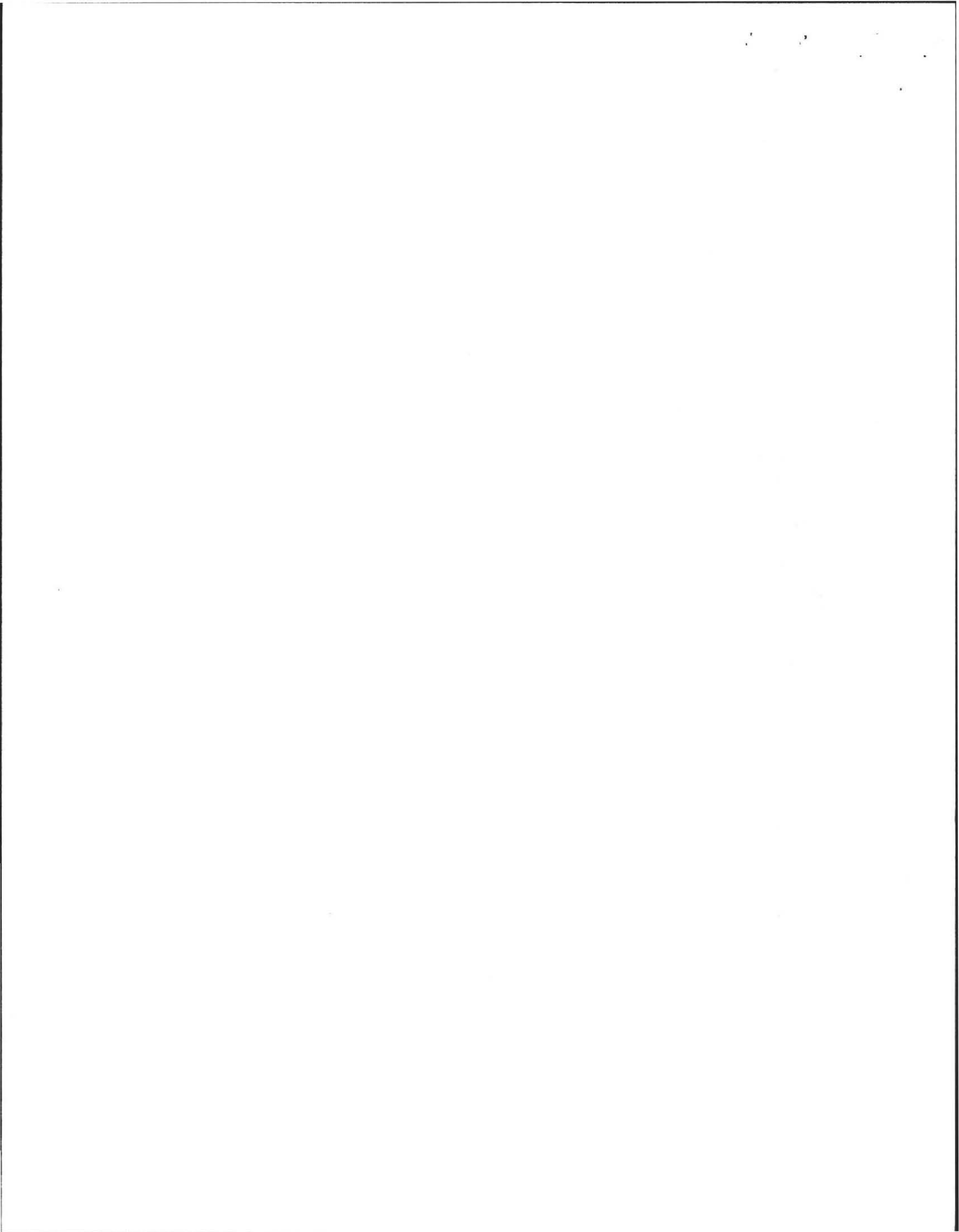
TYPE OF SYSTEM

Septic tank / ~~distribution box~~ / soil absorption system
____ Single cesspool
____ Overflow cesspool
____ Privy
____ Shared system (yes or no)
____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
____ Tight Tank _____ Copy of DEP Approval

other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 1986 TOWN RECORDS

Sewage odors detected when arriving at the site: (yes or No) NO



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C
SYSTEM INFORMATION (continued)

Property Address: 5 TEABERRY LANE
Owner: WIDEMAN
Date of Inspection: 6/27/2000

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 2'8"
Material of construction: cast iron XX 40 PVC _____ other (explain)

Distance from private water supply well or suction line- 50'
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
JOINTS OK, VENT OK, NO LEAKS

SEPTIC TANK:
(Locate on site plan)

Depth below grade: 2'4" **RISER TO SURFACE**
Material of construction: XX concrete _____ metal _____ Fiberglass _____ Polyethylene _____ Other(explain)

If tank is metal, list age _____ is age confirmed by Certificate of Compliance _____ (Yes or No)
Dimensions: 10'L 5'W 5' D 1500 KELLOGG
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 2'8"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 8"
Distance from bottom of scum to bottom of outlet tee or baffle: 15"
How dimensions were determined: **PROBE & MEASURER**

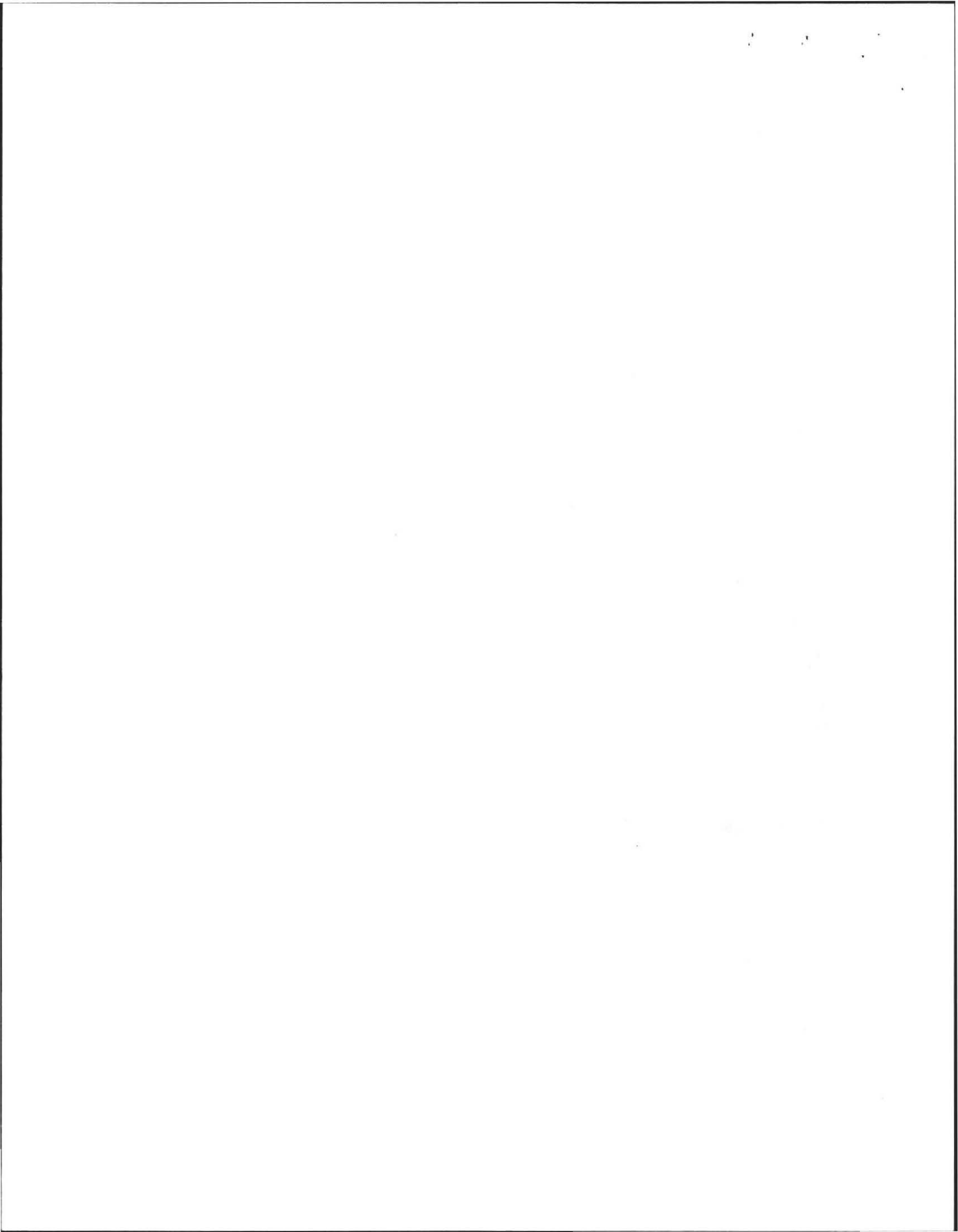
Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc) **NO PUMP . BAFFLES OK . LEVEL OK . TANK OK, NO LEAKS**

GREASE TRAP:
(LOCATE ON SITE PLAN)

Depth below grade: _____
Material of construction: _____ concrete _____ metal _____ Fiberglass _____ Polyethylene _____ other(explain)

Dimensions: _____
Scum thickness: _____
Distance from tip 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:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____



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

Property Address: 5 TEABERRY LANE
Owner: WIDEMAN
Date of Inspection: 6/27/2000

TIGHT OR HOLDING TANK: NO (Tank must be pumped prior to, or 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 _____ Alarm level: _____ Alarm in working order: Yes _____ NO _____
Date of previous pumping: _____
Comments:
(condition of inlet tee, Condition of alarm and float switches, etc.)

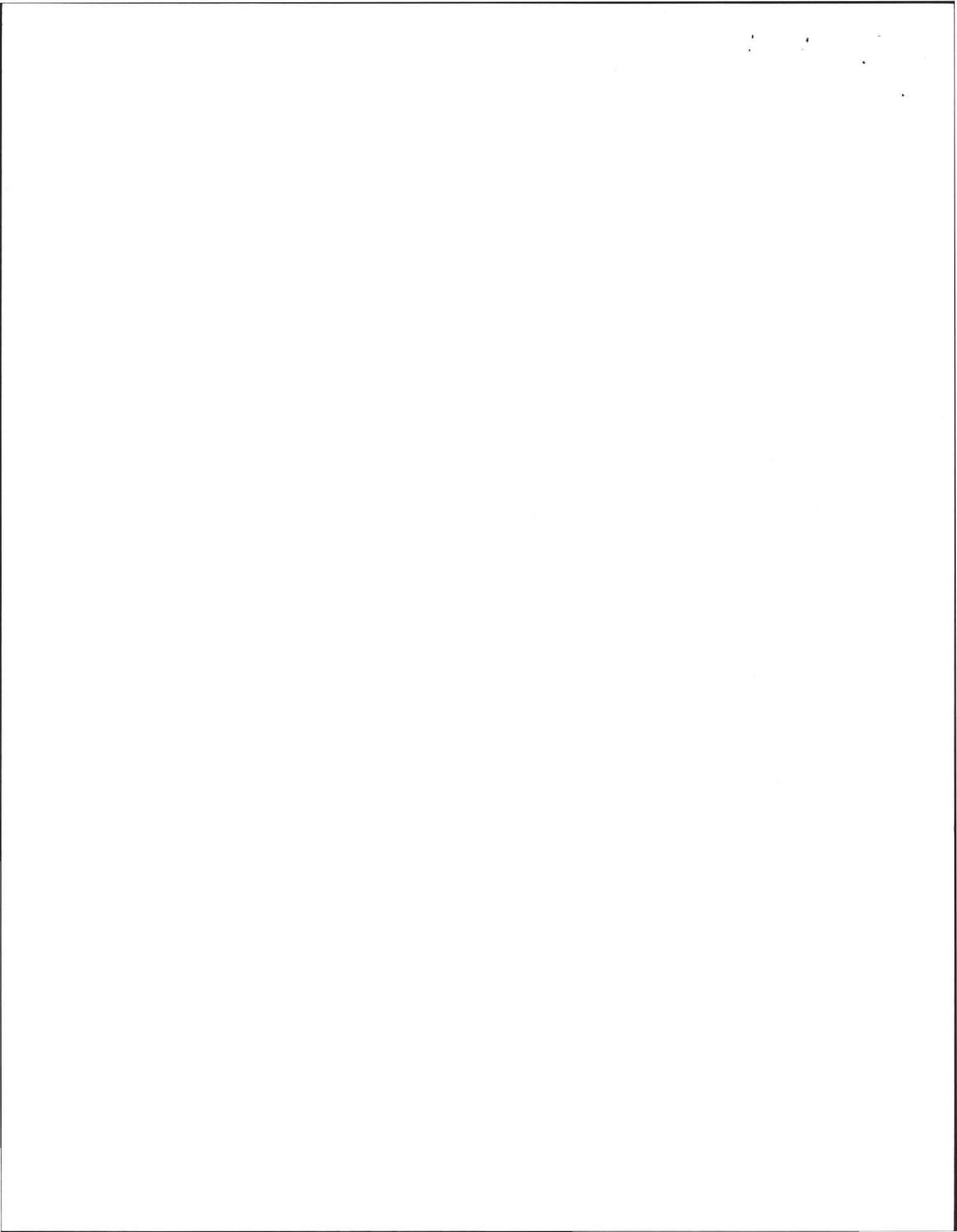
DISTRIBUTION BOX: NONE
(locate on site plan)

Depth of liquid level above outlet invert _____

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

PUMP CHAMBER: NO
(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.) _____



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

Property Address: 5 TEABERRY LN
Owner: WIDEMAN
Date of Inspection: 06/27/2000

SOIL ABSORPTION SYSTEM (SAS): _____

(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

Type:

Leaching pits, number: 1 @ 1000 GAL
Leaching chambers, number: _____
Leaching galleries, number: _____
Leaching trenches, number, length: _____
Leaching fields, number, dimensions: _____
Overflow cesspool, number: _____
Alternative system: _____
Name of Technology: _____

Comments:

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

SOIL SANDY . NO HYDRAULIC FAILURE . PONDING 20% . SOIL DRY . VEGETATION WOODED

CESSPOOLS: _____

(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 (cesspool must be pumped as part of inspection) _____

Comments:

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

PRIVY: _____

(locate on site plan)

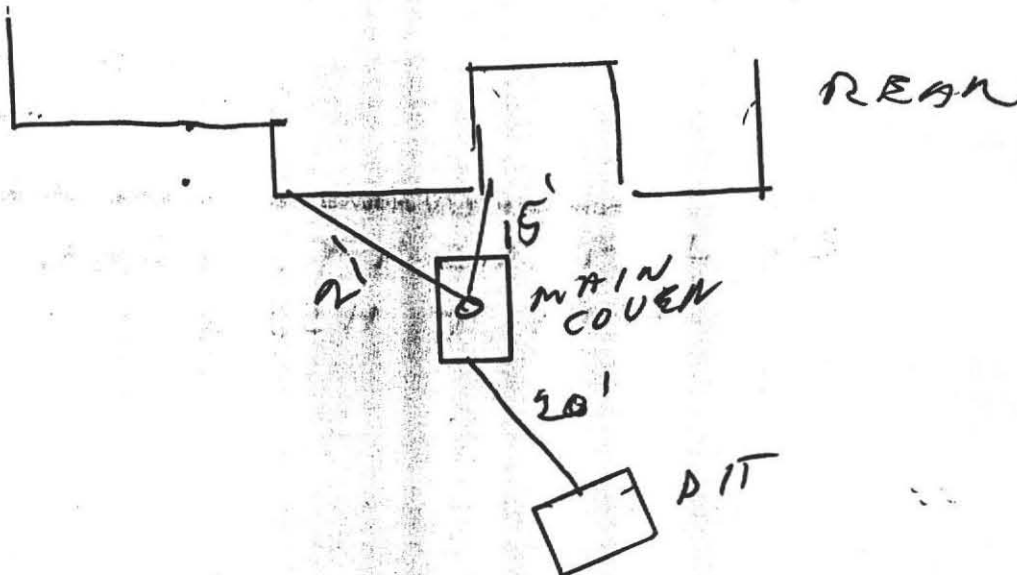
Materials of construction: _____ Dimensions: _____
Depth of solids: _____
Comments: _____
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

100

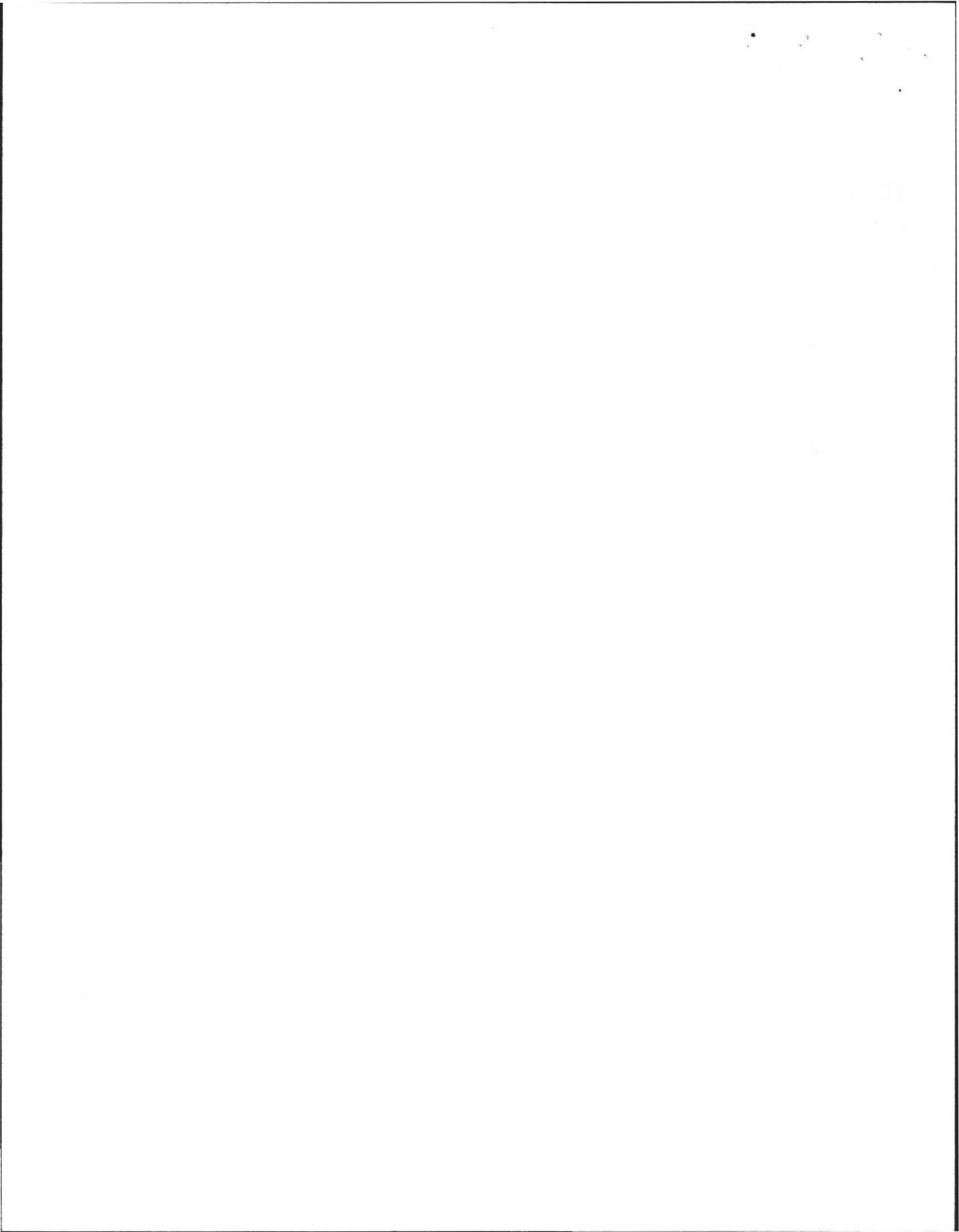
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address:
Owner:
Date of Inspection:

SKETCH OF SEWAGE DISPOSAL SYSTEM: Include ties to at least two permanent reference landmarks or benchmarks
Locate all wells within 100' (locate where public water supply comes into house)



To all parties concerned with this report. This inspection carries no warranties or guarantees. The condition's of this system May change due to maintenance, elements of the weather, number of occupants ect, ect, and respect for the system. These systems do not last forever. This is a limited inspection only, intended to provide information concerning the physical Condition observed at the time of the viusal inspection. Again this is not a general warrantee.



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

Property Address: **5 TEABERRY LANE**
Owner: **WIDEMAN**
Date of Inspection: **6/27/2000**

NRCS Report name _____
Soil Type _____
Typical depth to groundwater _____

USGS Date website visited _____
Observation Wells checked _____
Groundwater depth: Shallow _____ Moderate _____ Deep _____

SITE EXAM Slope _____
Surface water _____
Check Cellar _____
Shallow wells _____

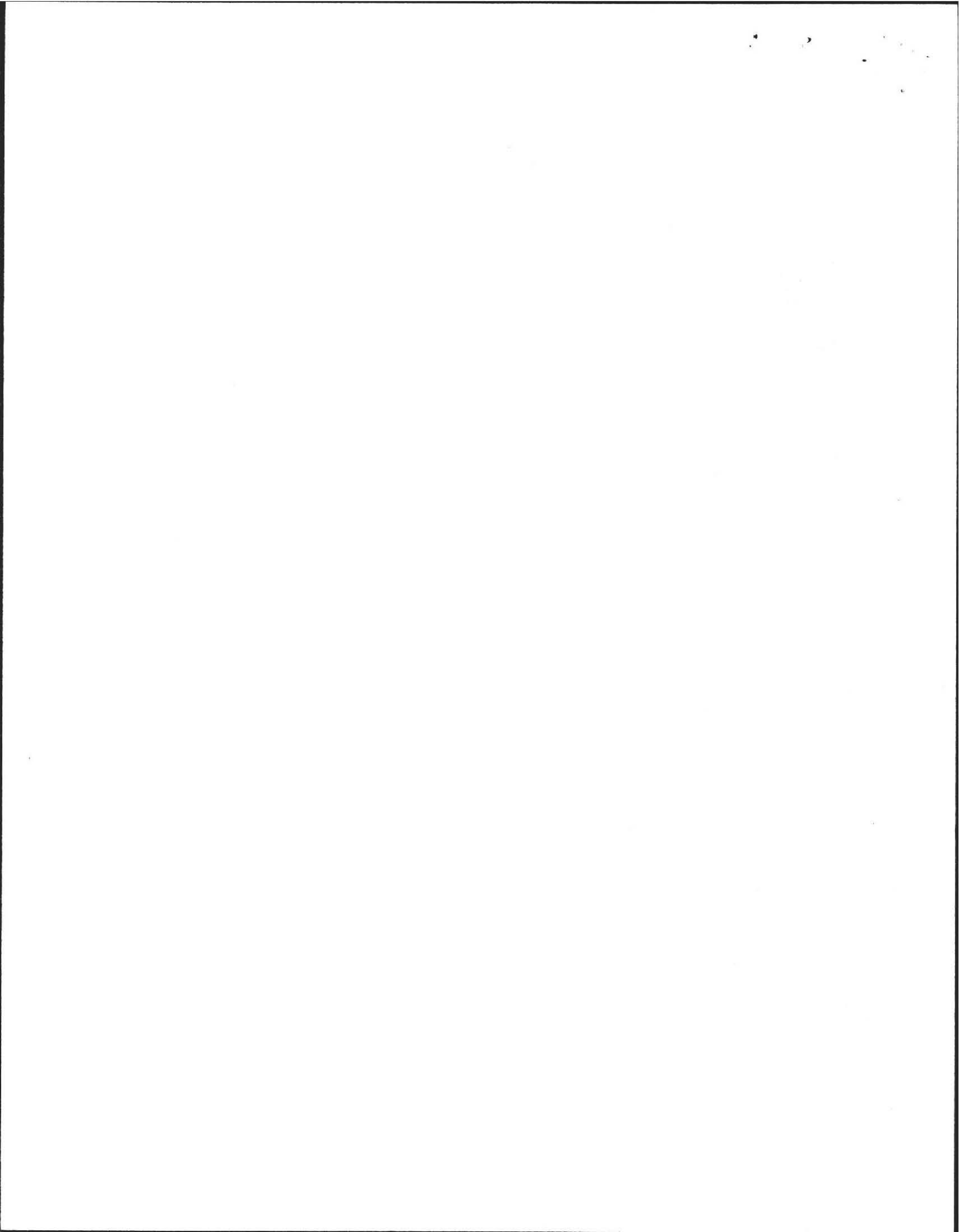
Estimated Depth to Groundwater **NONE AT 10** Feet

Please indicate all the methods used to determine High Groundwater Elevation:

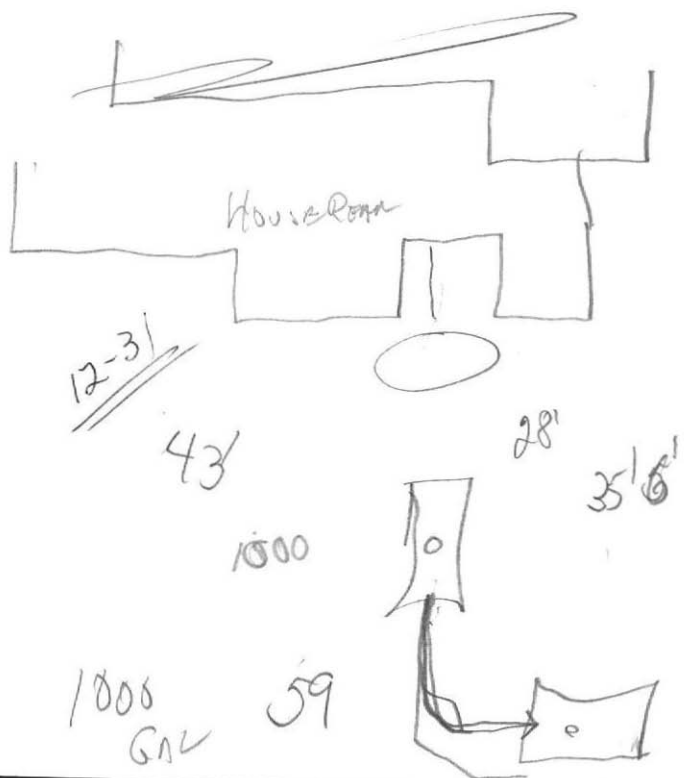
- Obtained from Design Plans on record
- Observed Site (Abutting property, observation hole, basement sump etc.)
- Determined from local conditions
- Checked with local Board of Health
- Checked FEMA Maps
- Checked pumping records
- Checked local excavators, installers
- Used USGS Data

Describe how you established the High Groundwater Elevation. (Must be completed)

PERC FRED FILIOS
MARCH 7, 1986



LOT 150 - Teasberry
CONCRETE



~~12-31~~

43'

28'

35' 6"

1000

1000
GAL

59

AMHERST

Massachusetts

DEPARTMENT OF LEISURE SERVICES &
SUPPLEMENTAL EDUCATION
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
413-253-9373

October 8, 1986

League Season Schedule
Coordinator

League is scheduled to begin their 86-87

I would like to begin scheduling officials
Please review the attached tentative

dates you will be available to officiate.

If you want to officiate: to my office before

in an addressed/stamped envelope. You will

No. 86-59

#5

FEE 90

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 () an Individual Sewage Disposal System at:

5 Teaberry Lane Location - Address Lot 150 or Lot No.
Mike Connors Owner 8 Fox Glove Lane Address Amherst
Richard Roberts Installer Wendway Rd Address Leicester

Type of Building _____ Size Lot 24,006 Sq. feet
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (✓)
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures _____

Design Flow 82.5 gallons per person per day. Total daily flow 660 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 10.5 Width 5 Diameter _____ Depth 5
Disposal Trench - No. _____ Width 7 Total Length 16.5 Total leaching area 235 sq. ft. Sides
Seepage Pit No. 1 Diameter _____ Depth below inlet 5 Total leaching area 115.5 sq. ft. Bottom

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. Filios Date March 7, 1986
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10 Depth to ground water NONE
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil Enclosed - USE 10' X 15' EXCAVATION

Nature of Repairs or Alterations - Answer when applicable _____

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary 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.

Application Approved By Steve Protha *Signed _____ Date 10/7/86
Chas Drake _____ Date 10/7/86

Application Disapproved for the following reasons: _____

Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____

at _____ Installer _____
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary 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 SYSTEM WILL FUNCTION SATISFACTORY.

DATE _____ Inspector _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 86-59

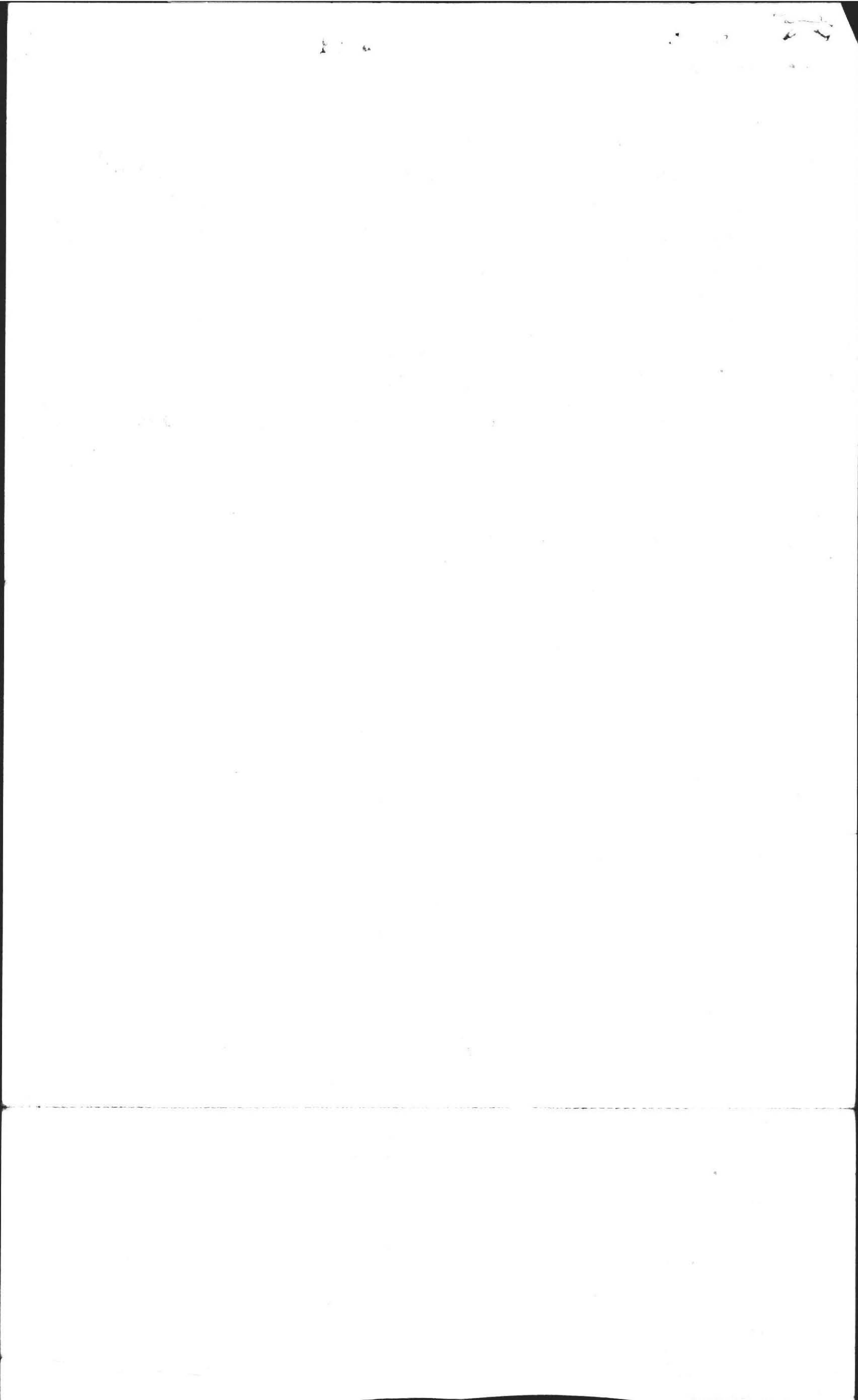
FEE 90

Disposal Works Construction Permit

Permission is hereby granted Mike Connors R.S.
to Construct (X) or Repair () an Individual Sewage Disposal System
at No. Lot 150 Teaberry Lane Street 86-59 Dated 10-7-86
as shown on the application for Disposal Works Construction Permit No. _____

DATE 10-7-86 _____ Board of Health

CHECK OR FILL IN WHERE APPLICABLE



No.

FEE 90

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 () an Individual Sewage Disposal System at:

Teaberry Lane Location - Address Lot 150 or Lot No. 8 Fox Glove Lane Address Amherst Owner Mike Connors

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

Design Flow 82.5 gallons per person per day. Total daily flow 660 gallons. Septic Tank - Liquid capacity 1500 gallons Length 10 1/2 Width 5 Diameter 5 Depth 5 Disposal Trench - No. Width 7 Total Length 16.5 Total leaching area 235 sq. ft. Sides Seepage Pit No. 1 Diameter Depth below inlet 5 Total leaching area 115.5 sq. ft. Bottom

Percolation Test Results Performed by F.A. Filias Date March 7, 1986 Test Pit No. 1 2 minutes per inch Depth of Test Pit 10 Depth to ground water NONE Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Enclosed Use 10' x 15' Excavation

Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary 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.

Application Approved By [Signature] Signed Date

Application Disapproved for the following reasons: Date

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by Installer

at has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

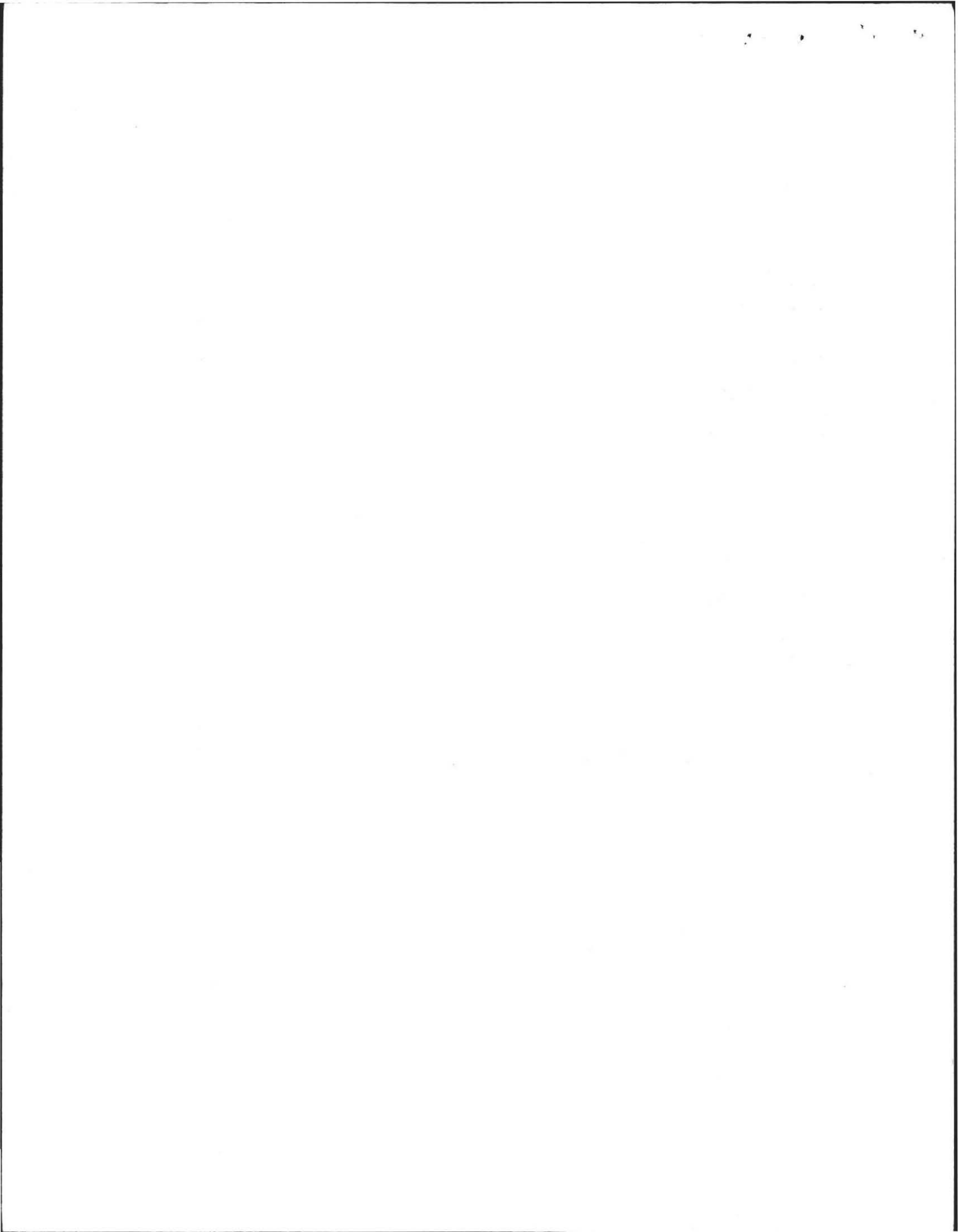
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

CHECK OR FILL IN WHERE APPLICABLE



DEEP SOIL LOGS

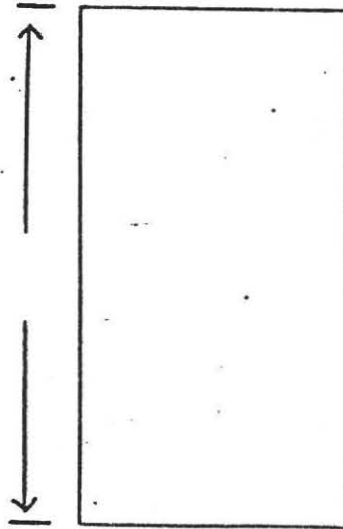
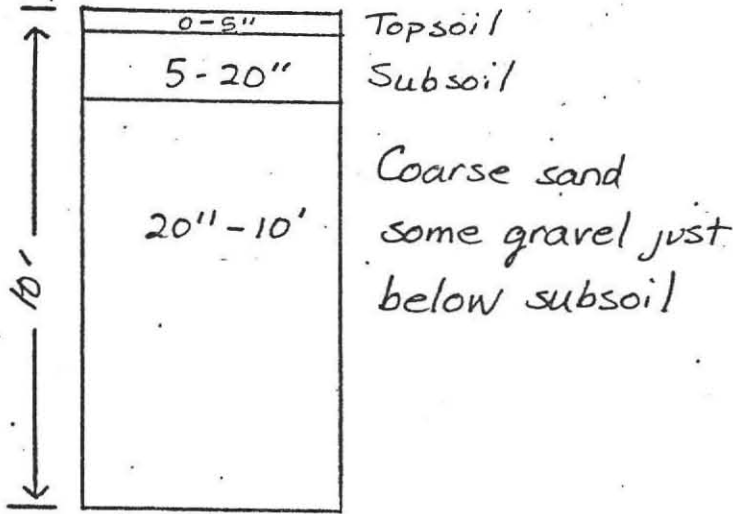
OWNER Jeffrey W. Flower

DATE March 7, 1986

LOCATION Lot 150 Amherst Wood
Amherst, Ma.

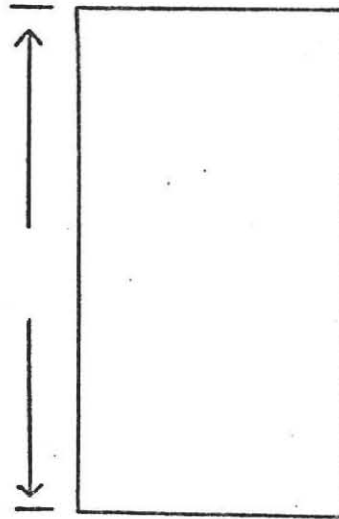
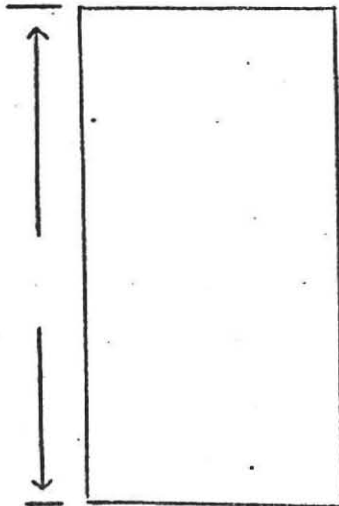
OBSERVER F.A. Filios

B of H C. Drake



GROUND WATER none

GROUND WATER _____



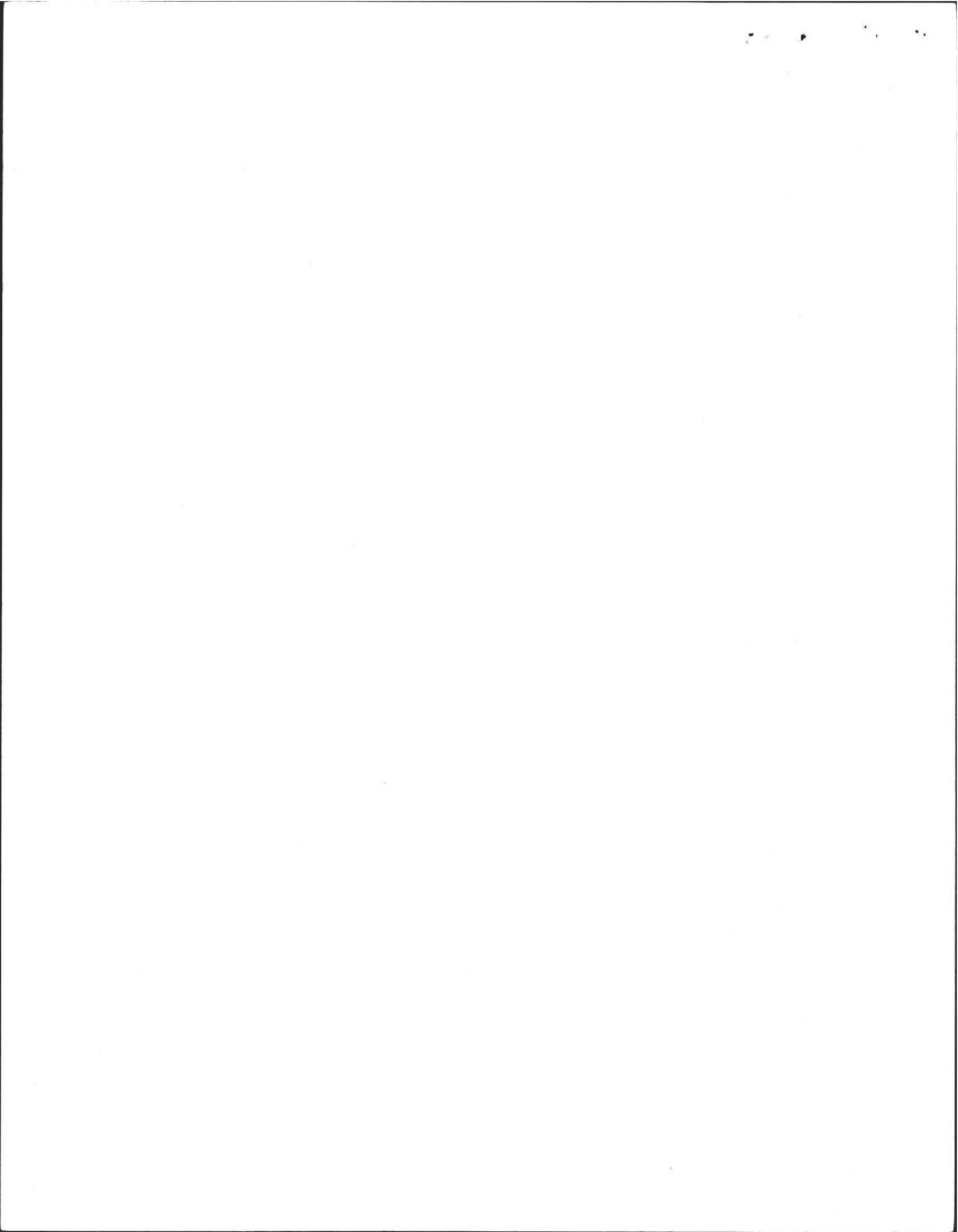
GROUND WATER _____

GROUND WATER _____

PERCOLATION RATE AT 38 :

20 ^{sec.} / min. / inch





PLAN SHOWING SEWAGE DISPOSAL

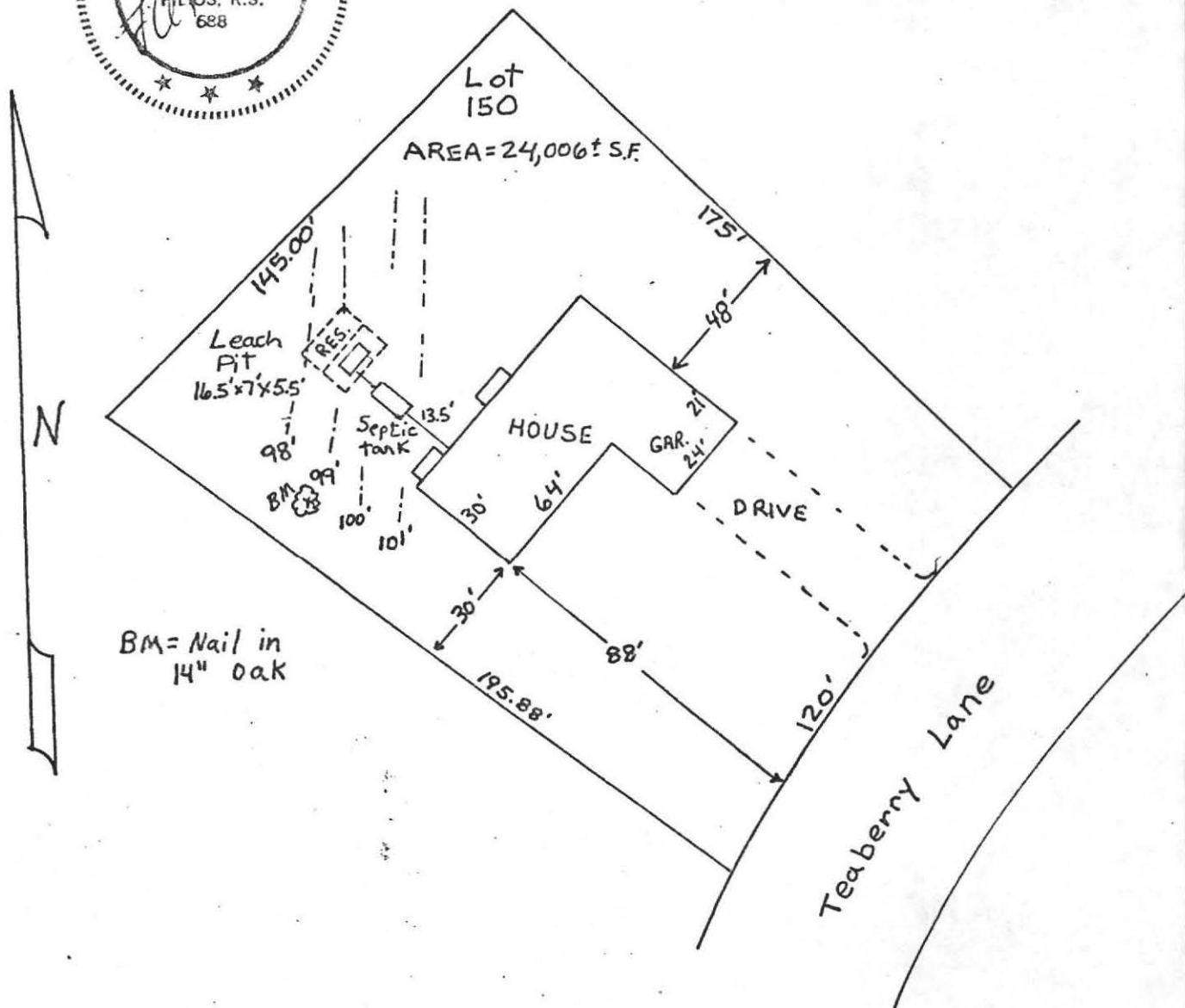
FOR: Mike Connors
8 Fox Glove Lane
Amherst, MA.

BY: F.A. Filios
69 Pelham Road
Amherst, MA.

SITE: Lot 150
Amherst Woods
Amherst, MA.

SCALE: 1"=40'

DATE: September 16, 1986

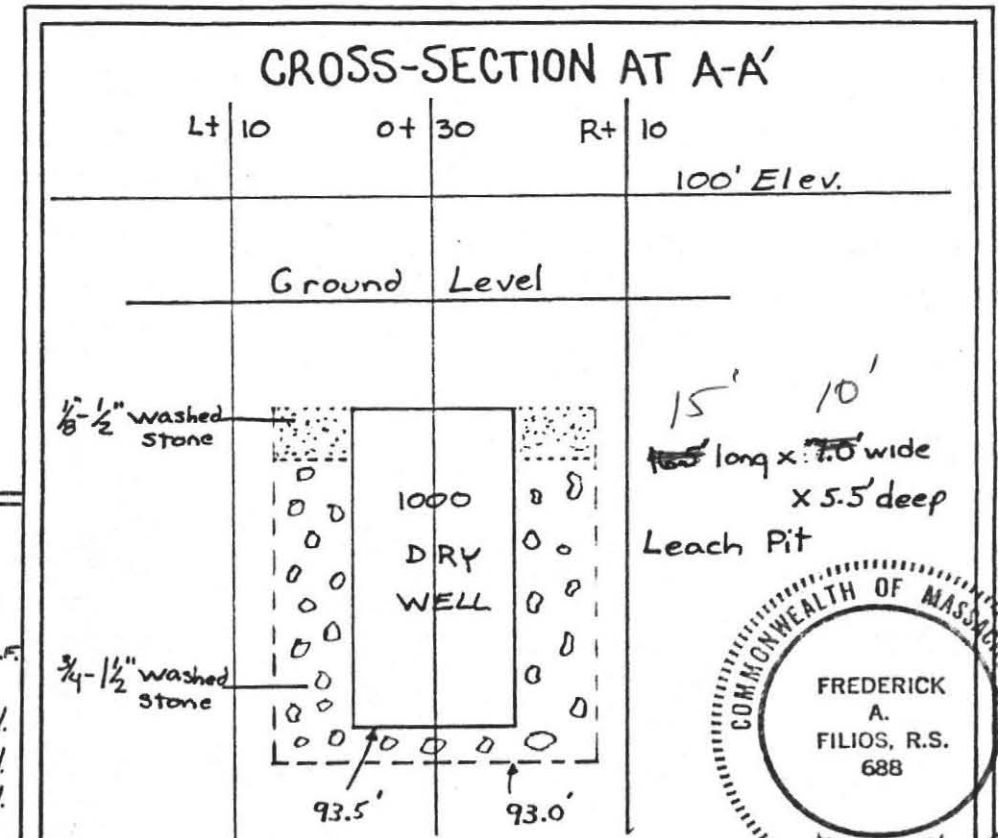
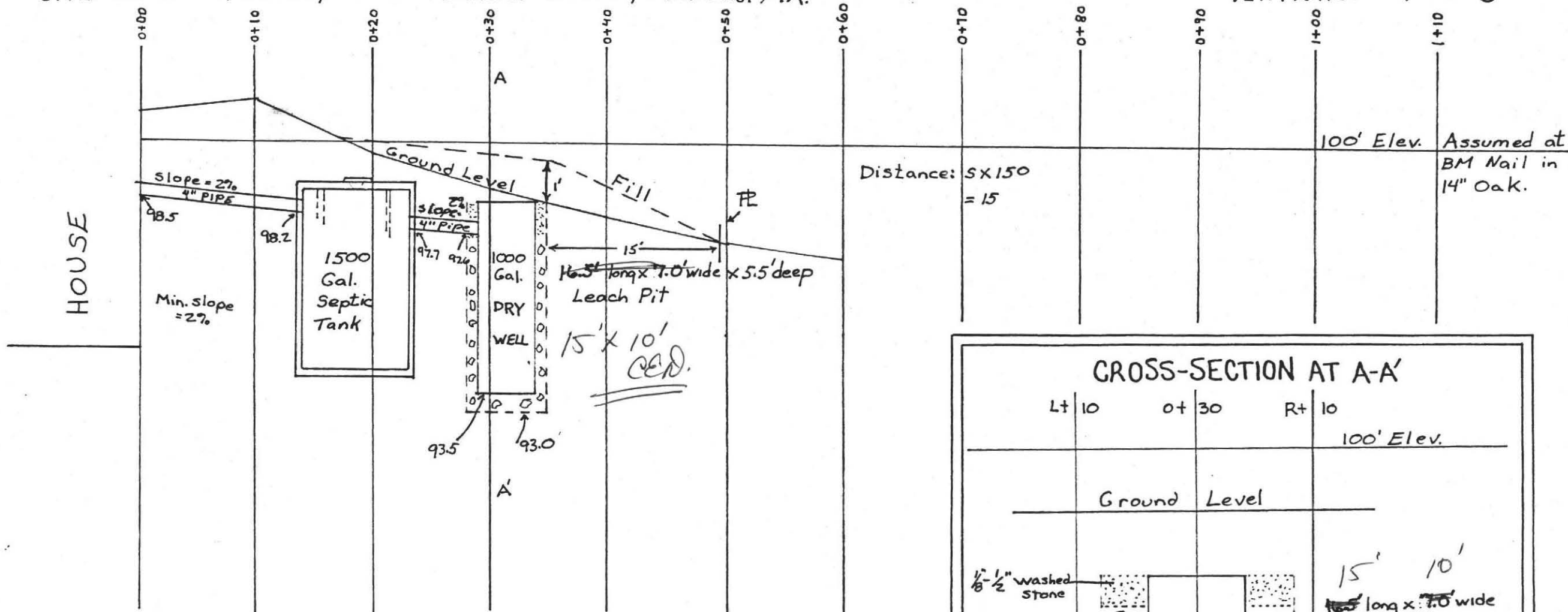


PROFILE OF SEPTIC SYSTEM

FOR: Mike Connors
8 Fox Glove Lane Amherst, MA.

BY: FREDERICK A. FILIOS
DATE: September 16, 1986
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'

SITE: Lot 150 Teaberry Lane Amherst Woods, Amherst MA.



SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

4 Bdm x 110 = 440 + 50% for G.G. = 660 gallons
 Perc rate = 2 min / inch Sides = 2.5 gal/s.f.; Bottom 1.0 gal/s.f.
 Leach Pit: 16.5' long x 7' wide x 5.8' deep
 Sides: 16.5' x 5' x 2 = 165 S.F. x 2.5 gal/s.f. = 412.5 gal.
 7' x 5' x 2 = 70 S.F. x 2.5 gal/s.f. = 175.0 gal.
 Bottom: 16.5' x 7' = 115.5 S.F. x 1.0 gal/s.f. = 115.5 gal.
 Total = 703.0 gal.

