

7 TEN BERRY LANE

**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

- 2IE Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

received
8-7-09

August 5, 2009

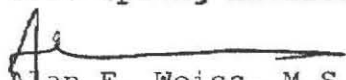
Amherst Bd. Of Health

**RE: Septic System Repair
Installation Inspection
7 Teaberry Lane (Moran)**

On this date, the writer inspected the installation of a new **(Septic System:L. field, ONLY)**. The writer found the installation to be complete (except for completion of cover material) and in compliance with our plans and 310 CMR 15.000. The installer representative **(Addairs Septic,)** and our inspection noted that the system was built & installed properly, in accordance with the state/local regulations and our plans. The contractor was requested to have sufficient soil on site and properly cover the tank according to our plans and may backfill the system after review by local Health Department representatives.

Sincerely,

Cold Spring Environmental Consultants, Inc.


Alan E. Weiss, M.S., L.S.P.
President
Principal Hydrogeologist
Licensed Site Professional #6442
Registered Sanitarian #933

Cold Spring Environmental
350 Old Enfield Road
Belchertown, Ma. 01007

413-323-5957, phone
413-323-4916, fax

**As built Attached,*

Town of



AMHERST

Massachusetts

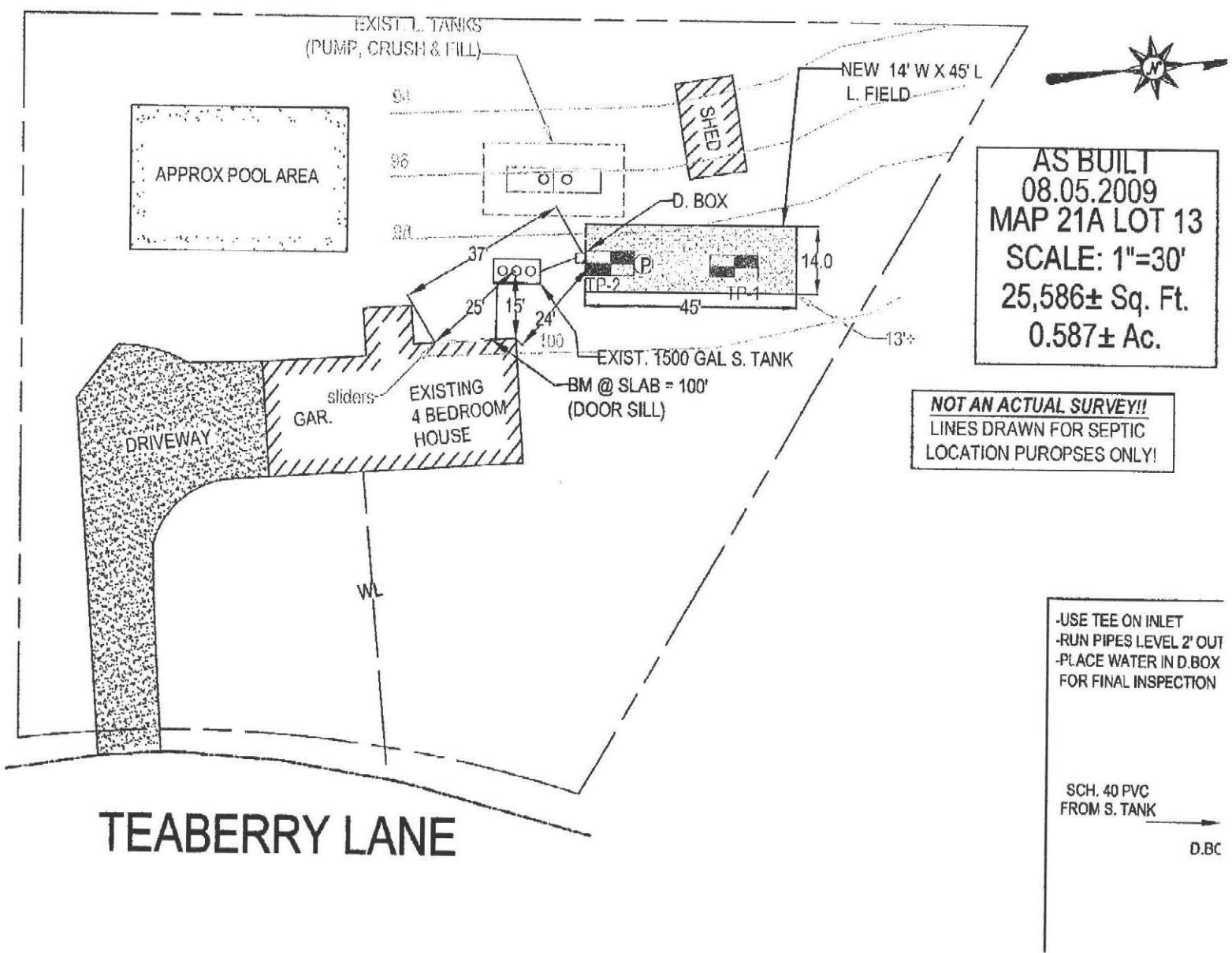
AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033



MAKE SMOKING HISTORY



Town of



AMHERST *Massachusetts*

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Environmental Health Services
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MAKE SMOKING HISTORY



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments



7 Teaberry Lane, Amherst, MA 01002

Property Address

Laurie Moran

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

9.05.07

Date of Inspection

Owner information is required for every page.

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:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

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:

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

Inspector's Signature

09.05.2007

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.



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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:

Septic Tank levels & baffles were good. High staining was noted. Leaching tank was overfull (standing liquid at inlet pipe level), (30 "eff. ht.). System is in hydraulic Failure and needs repair.

B) System Conditionally Passes:

- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y, N, ND) in the for the following statements. If "not determined," please explain.

- The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

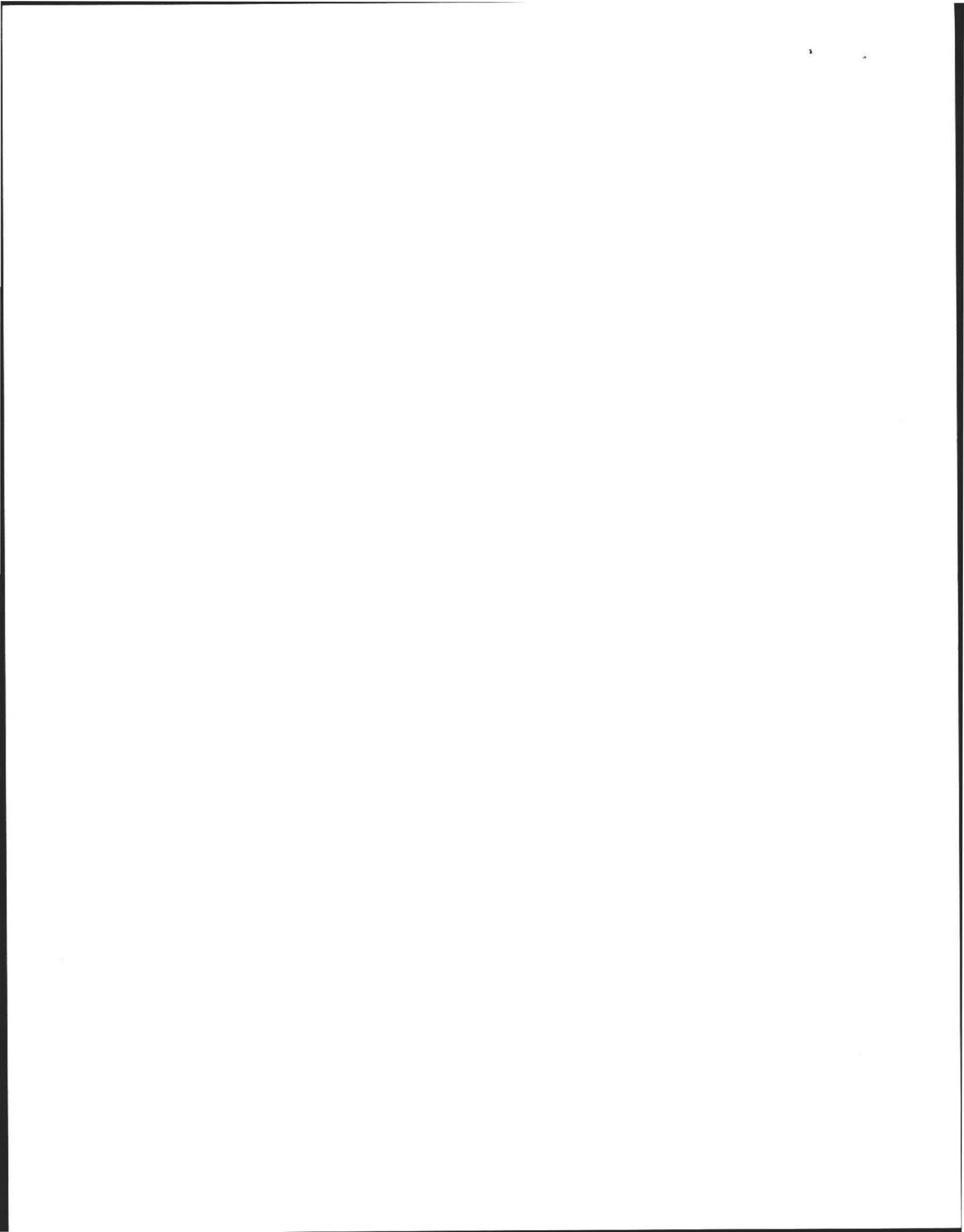
* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

broken pipe(s) are replaced

obstruction is removed





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- 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:

- 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

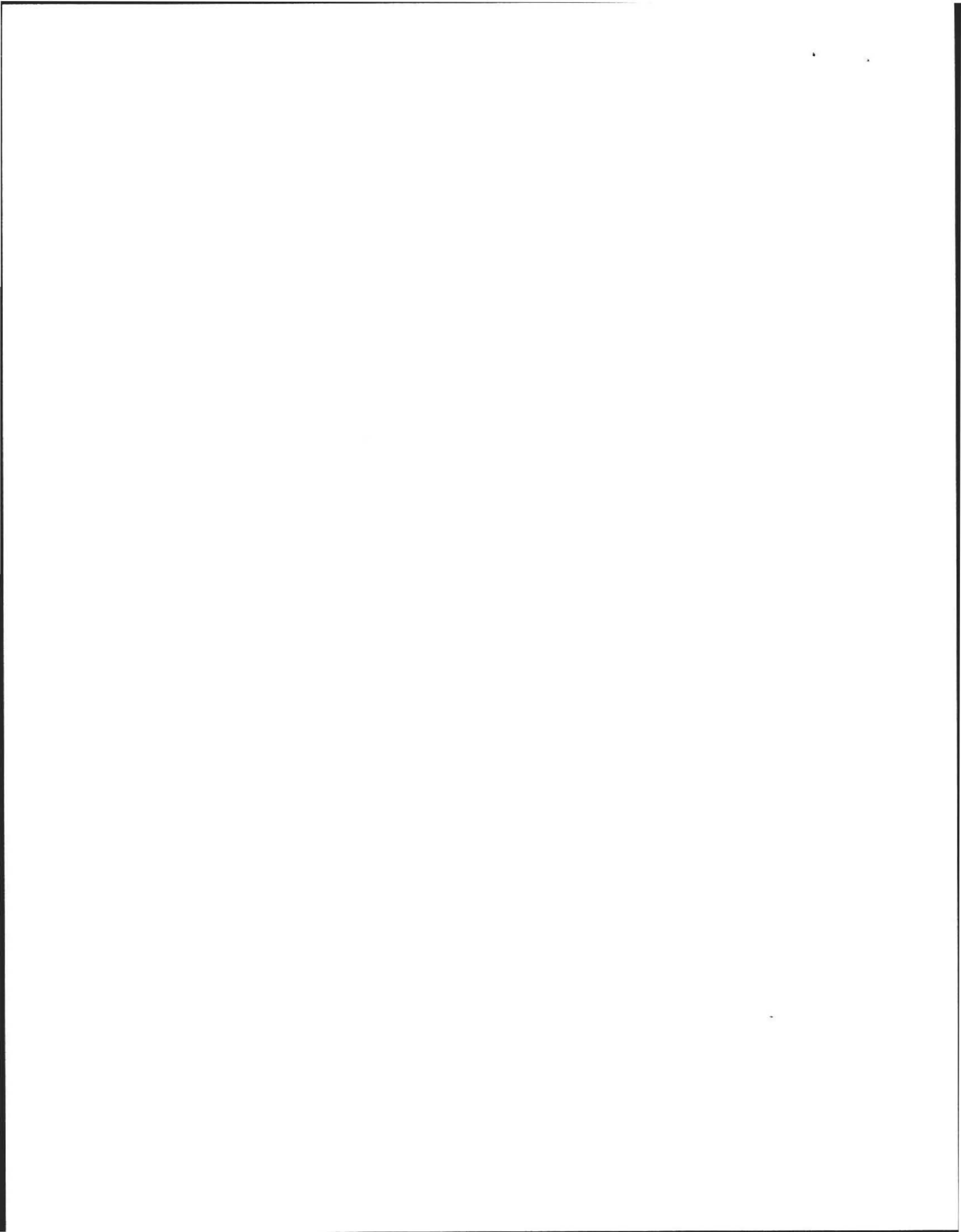
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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.





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B. Certification (cont.)

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

- 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.

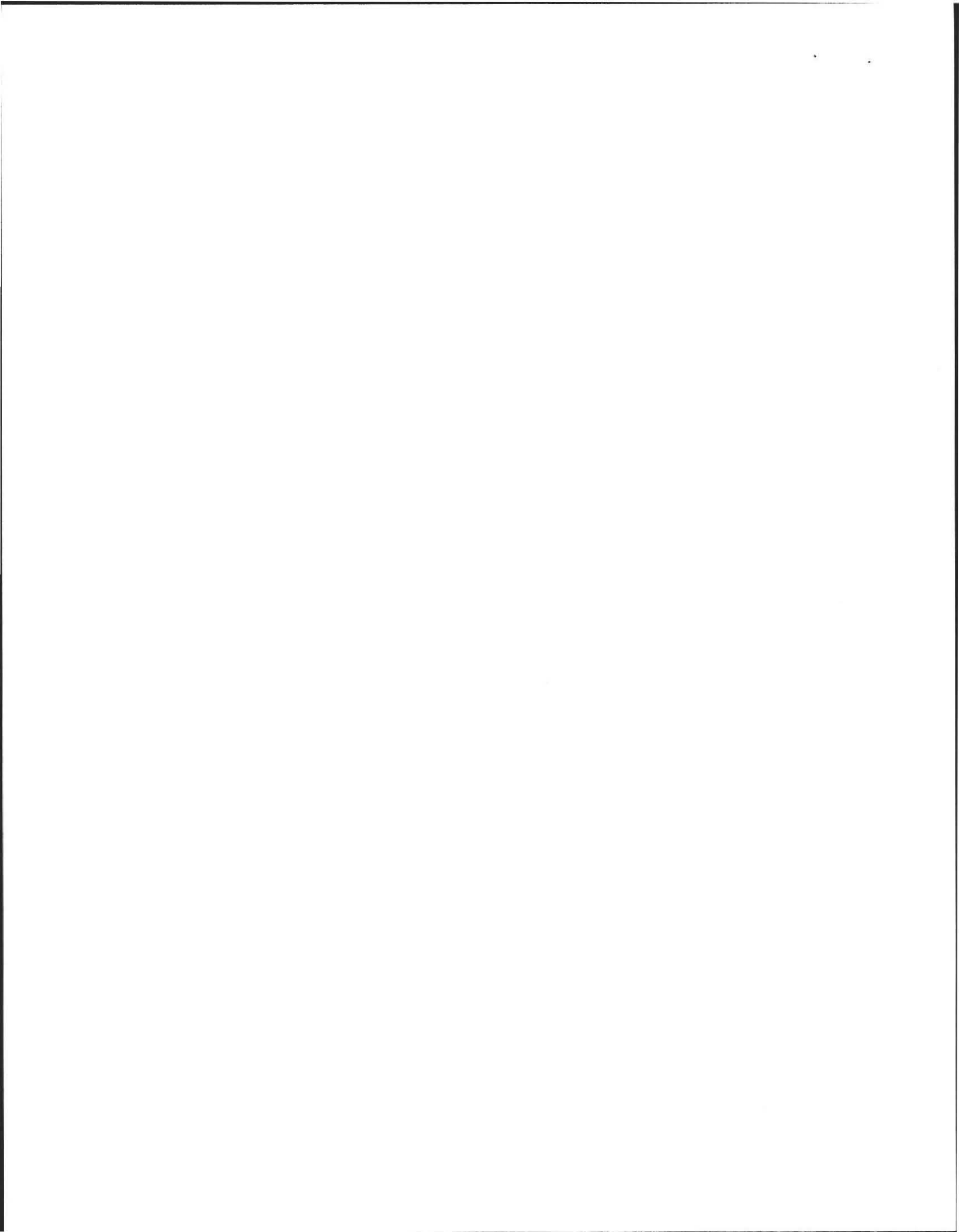
3. Other:

Three horizontal lines for additional information.

D) System Failure Criteria Applicable to All Systems:

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

- Table with 2 columns: Yes, No. Rows include: 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; 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 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; Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.





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B. Certification (cont.)

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

Yes No

Any portion of a cesspool or privy is within a Zone 1 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. [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.

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

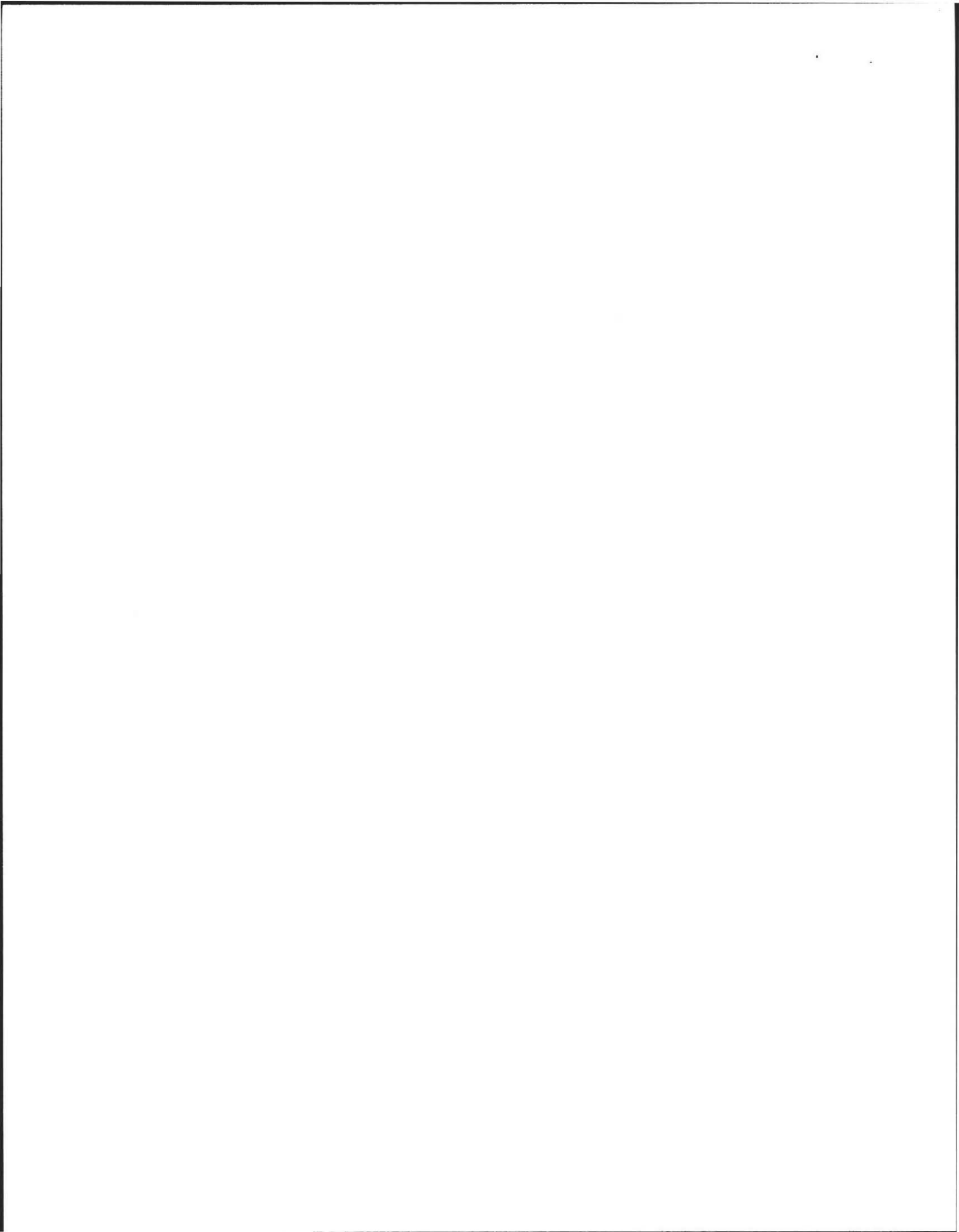
Yes No

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.





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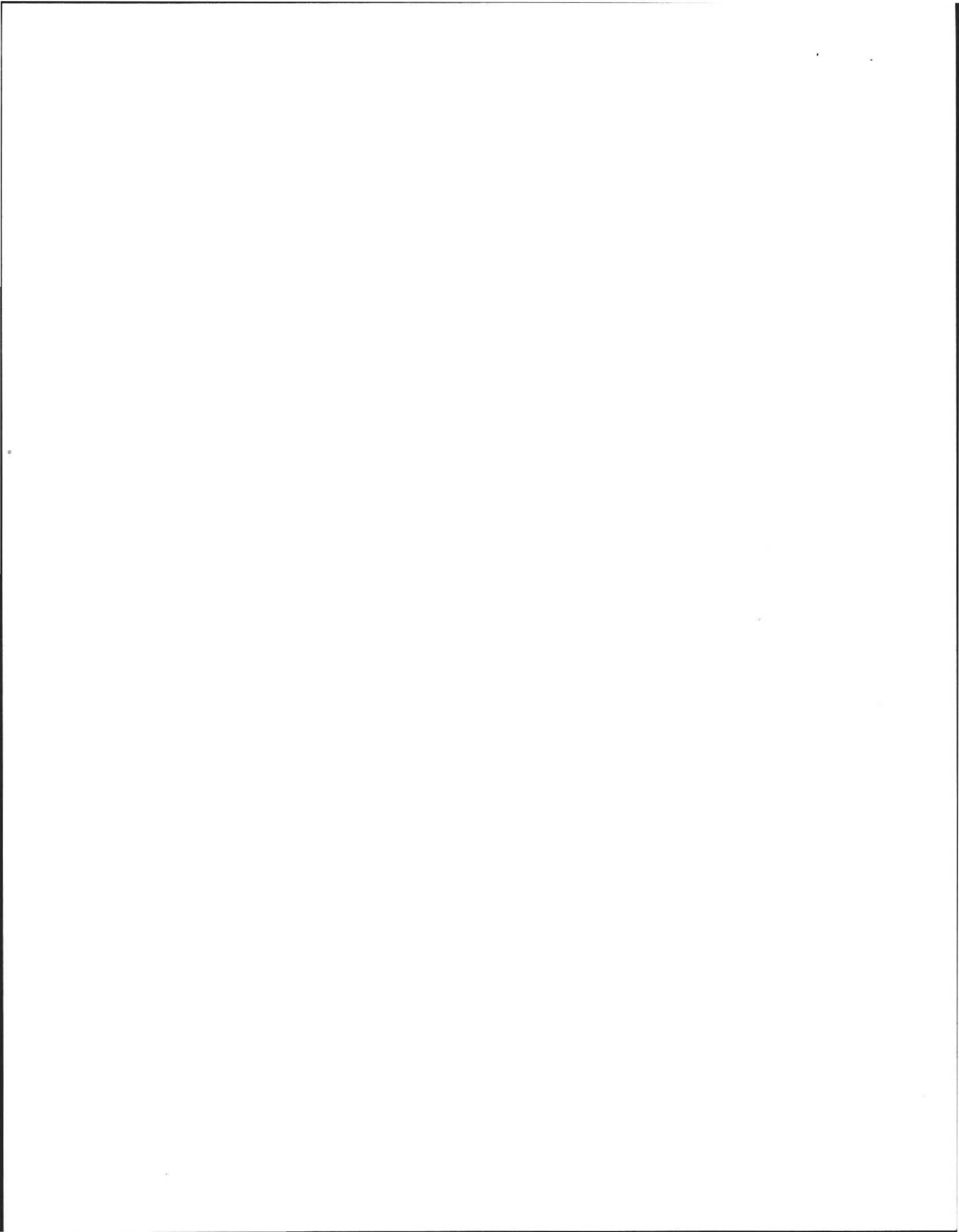
C. Checklist

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

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, normal flows, water volumes, built plans, sewage back up, break out, system components location, and septic tank manholes.

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

- Two checklist items regarding the determination of SAS size and location based on existing information or field determination.





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D. System Information

Residential Flow Conditions:

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

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330

Number of current residents: 2

Does residence have a garbage grinder? [] Yes [X] No

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

Laundry system inspected? [] Yes [X] No

Seasonal use? [] Yes [X] No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump? [] Yes [X] No

Last date of occupancy: current Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

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

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

Grease trap present? [] Yes [X] No

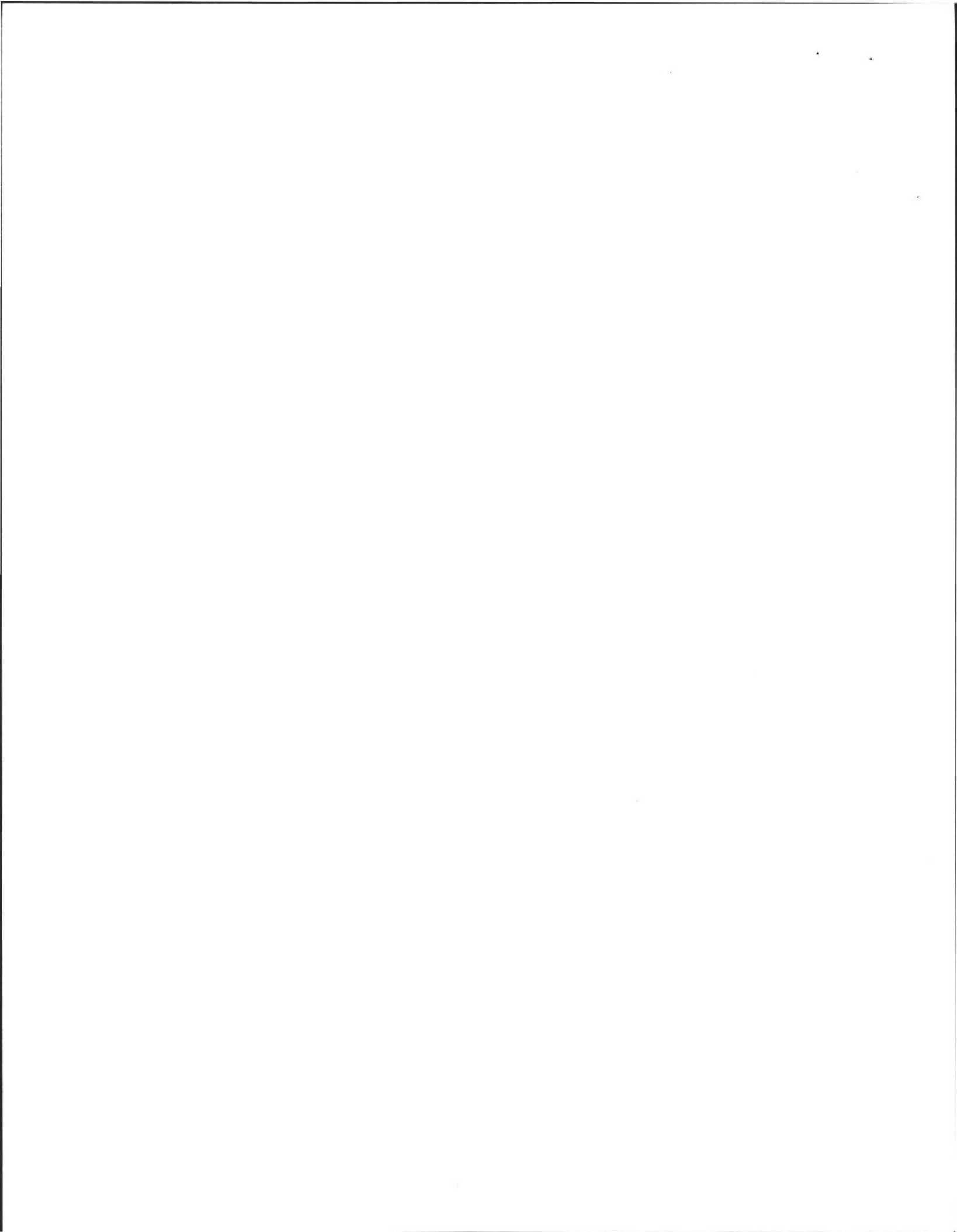
Industrial waste holding tank present? [] Yes [X] No

Non-sanitary waste discharged to the Title 5 system? [] Yes [X] No

Water meter readings, if available: N/A

Last date of occupancy/use: N/A Date

Other (describe): N/A





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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

1 - 2 years

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

meas.

Reason for pumping:

T-5

Type of System:

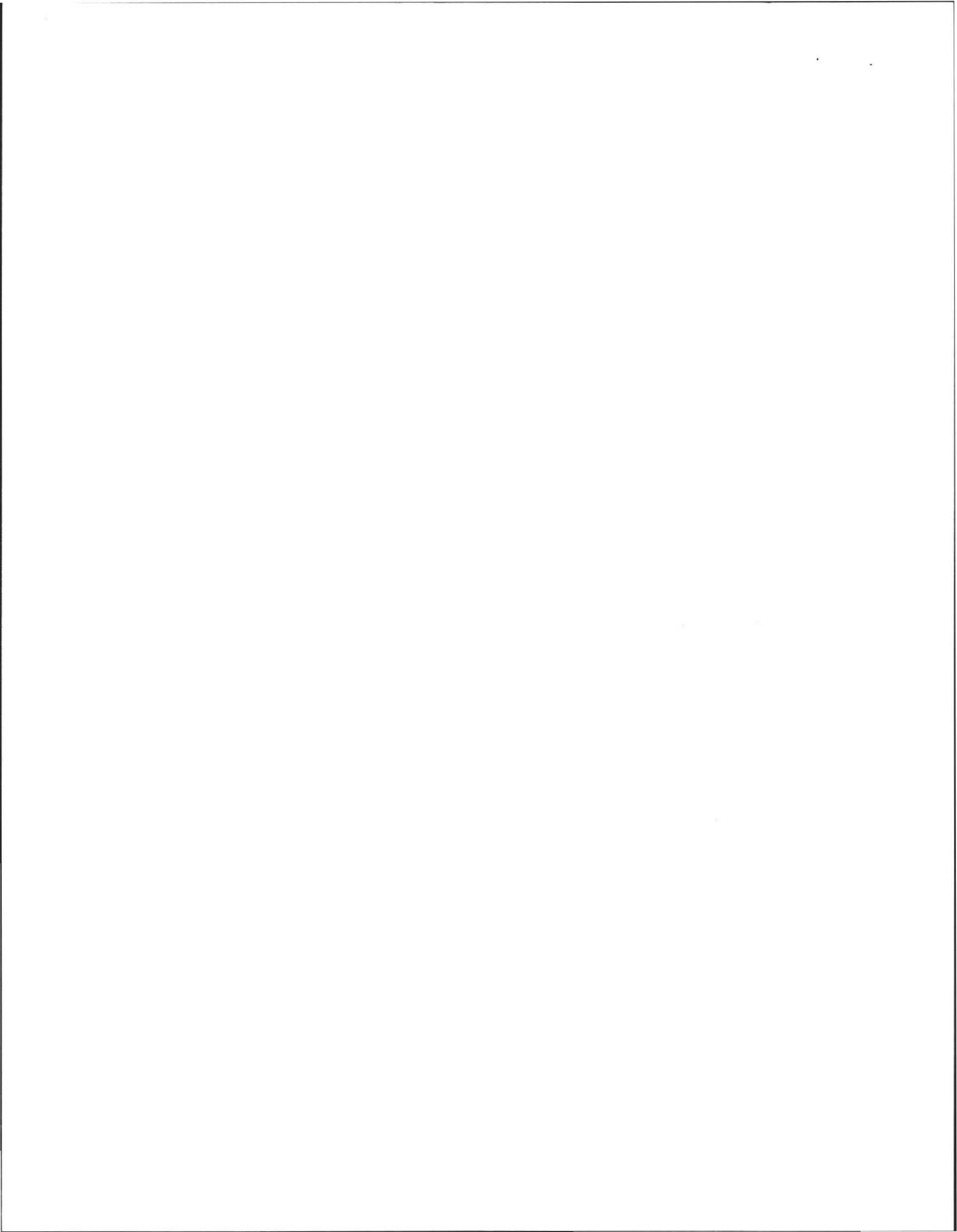
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from 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:

20 Years

Were sewage odors detected when arriving at the site?

Yes No





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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1.0+ feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

10' feet

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

Septic Tank (locate on site plan):

Depth below grade:

0.5 feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes No

Dimensions:

10'X4.5'X4.5'

Sludge depth:

2"

Distance from top of sludge to bottom of outlet tee or baffle

45"

Scum thickness

2"

Distance from top of scum to top of outlet tee or baffle

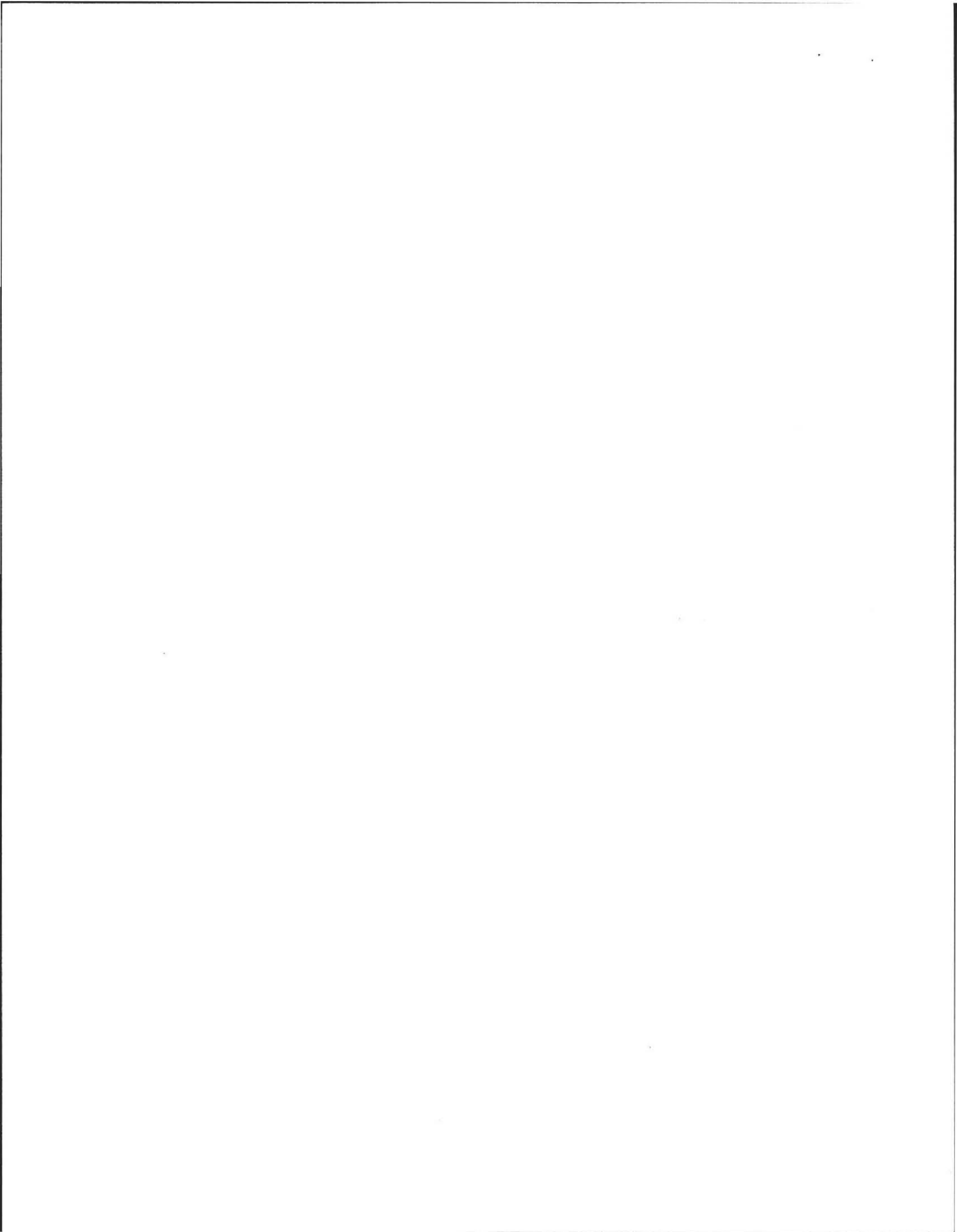
6"

Distance from bottom of scum to bottom of outlet tee or baffle

12"

How were dimensions determined?

---(Meas.)





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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.):

Tank level high.

Grease Trap (locate on site plan):

Depth below grade: N/A feet

Material of construction:

- concrete metal fiberglass polyethylene other (explain):

Dimensions: N/A

Scum thickness N/A

Distance from top of scum to top of outlet tee or baffle N/A

Distance from bottom of scum to bottom of outlet tee or baffle N/A

Date of last pumping: N/A 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.):

N/A

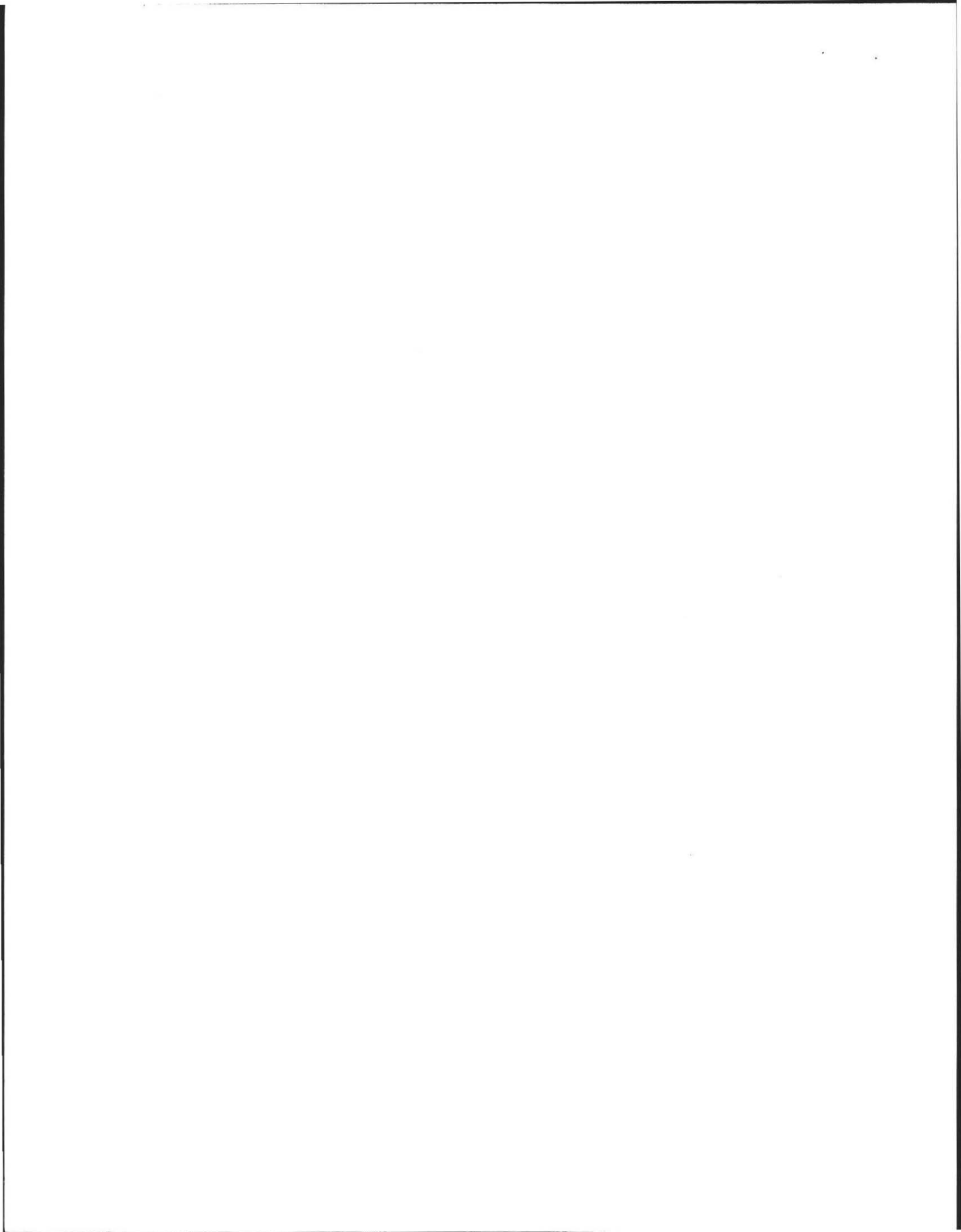
Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: N/A

Material of construction:

- concrete metal fiberglass polyethylene other (explain):

N/A





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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes No

Alarm level:

N/A

Alarm in working order:

Yes

No

Date of last pumping:

N/A

Date

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

N/A

* Attach copy of current pumping contract (required). Is copy attached?

Yes

No

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

N/A

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

Pump Chamber (locate on site plan):

Pumps in working order:

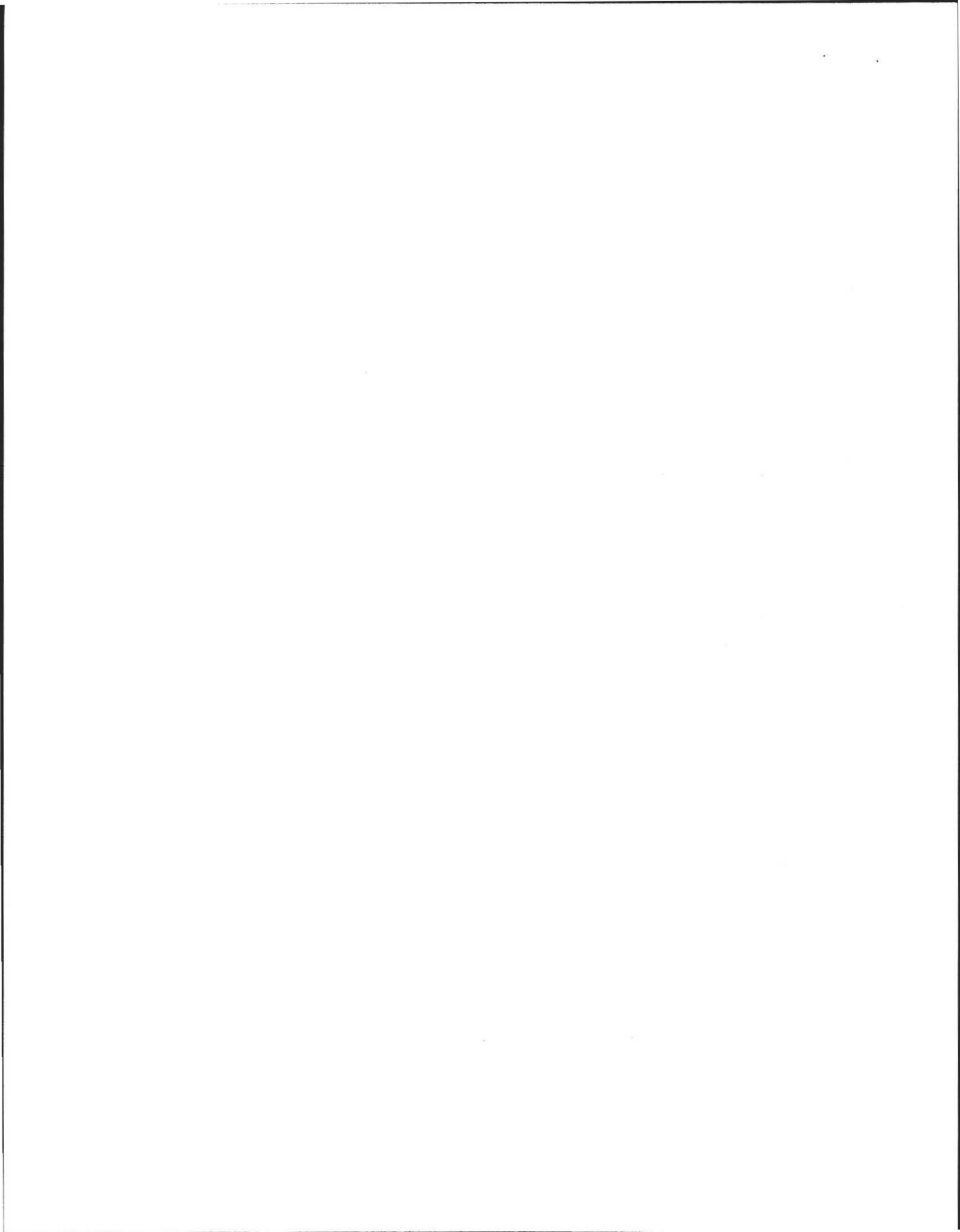
Yes

No

Alarms in working order:

Yes

No





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D. System Information (cont.)

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

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

If SAS not located, explain why:

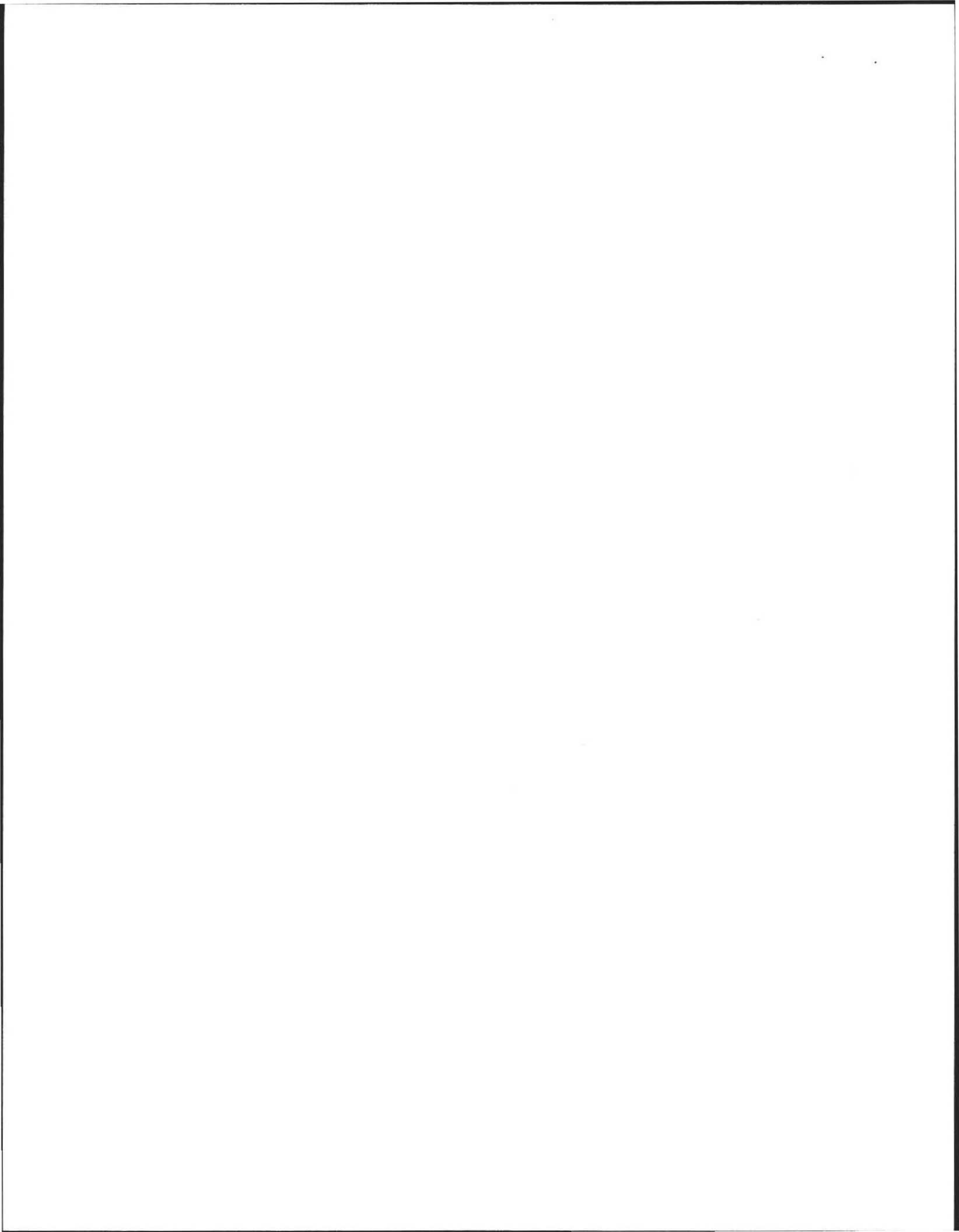
Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: 1 @ 4' x 8' x 48"d.
- leaching trenches number, length: _____
- leaching fields number, dimensions: _____
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____

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

evidence of hydraulic failure, soil at top ponded, with stone staining. (Full of standing liquid in stone in 30"+ Eff. Ht. Chamber)





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D. System Information (cont.)

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

Number and configuration _____

Depth – top of liquid to inlet invert _____

Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow

Yes

No

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

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

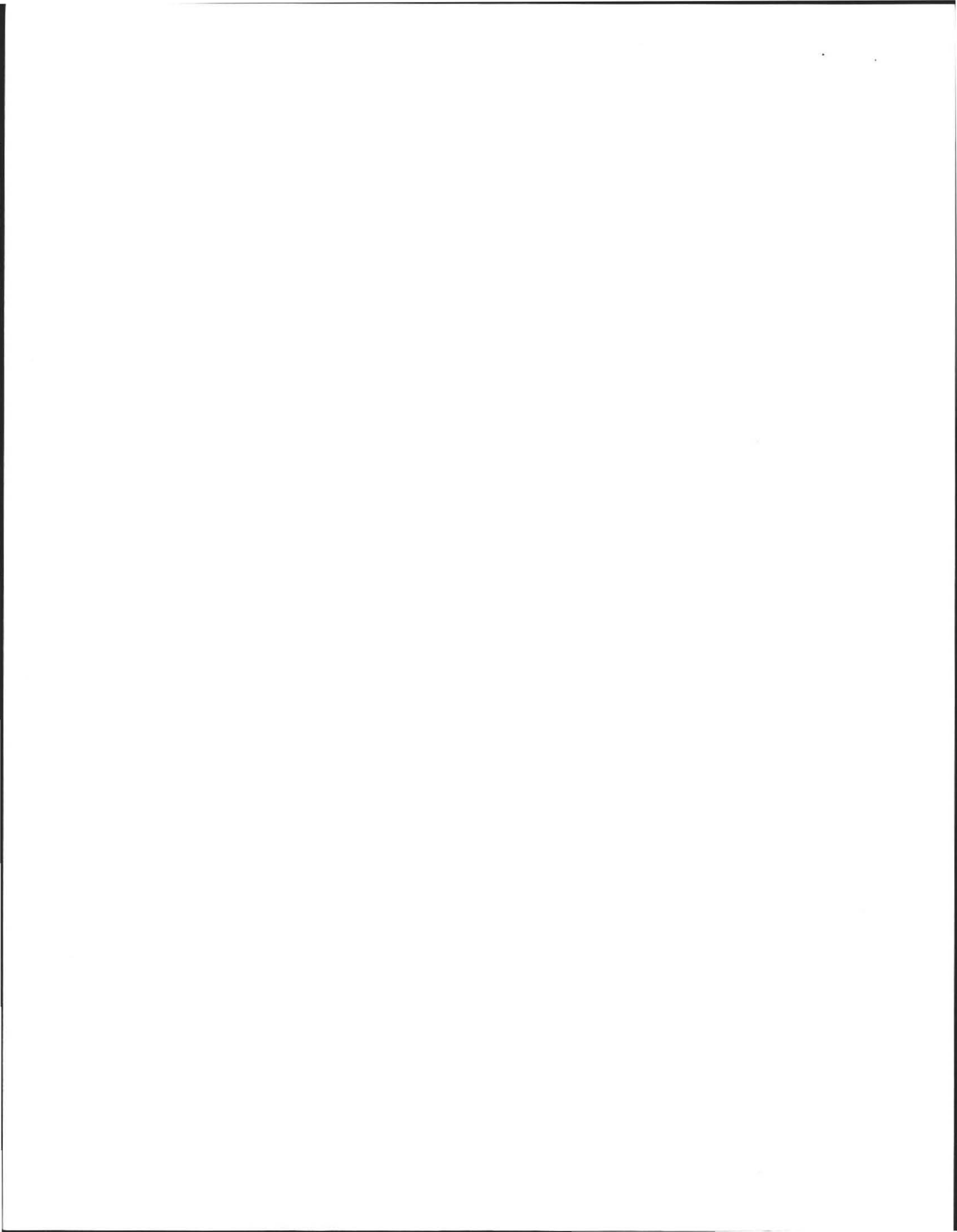
N/A

Depth of solids

N/A

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

N/A





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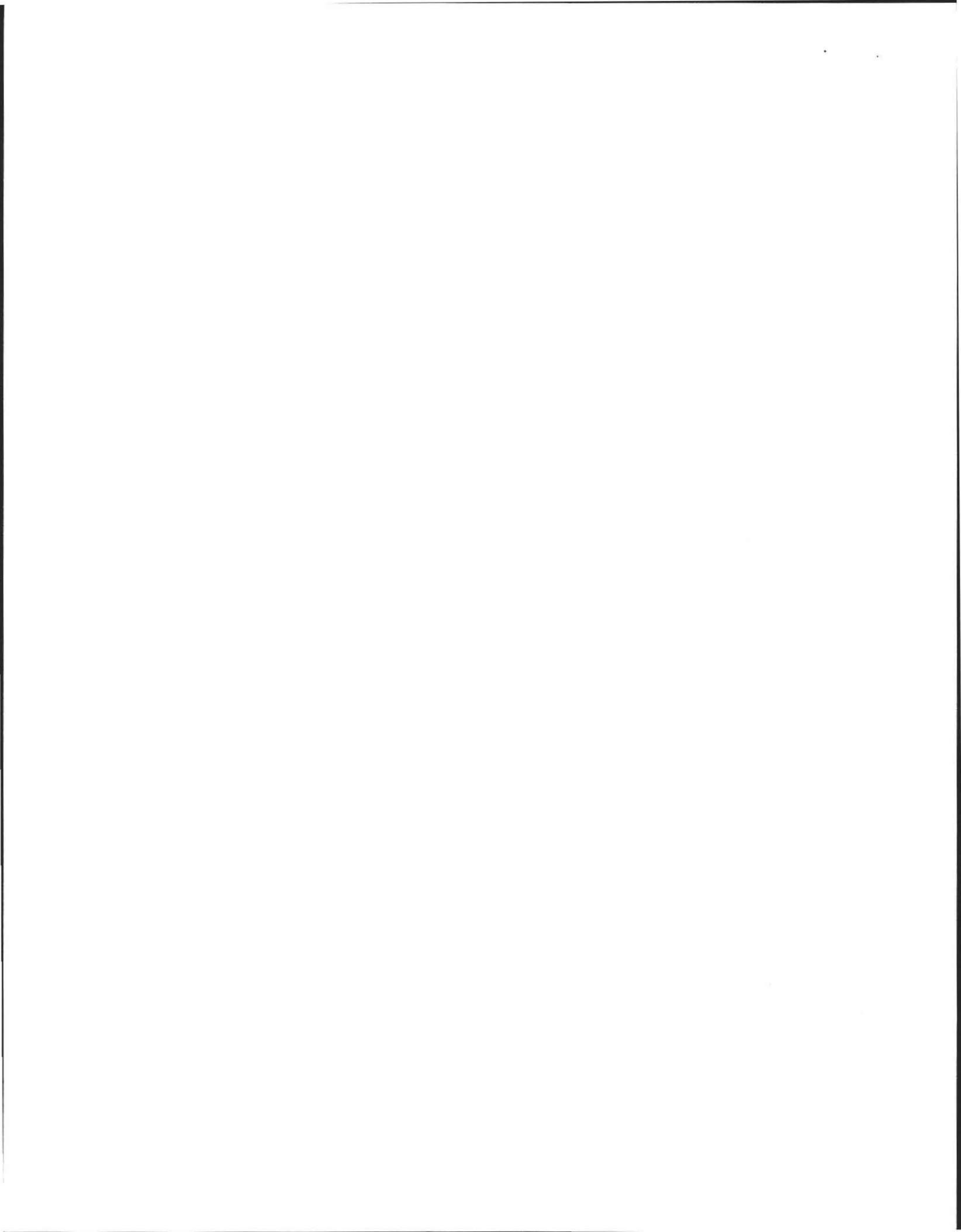
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D. System Information (cont.)

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.





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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

8'+ Work in area
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:

N/A per town records and topo
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

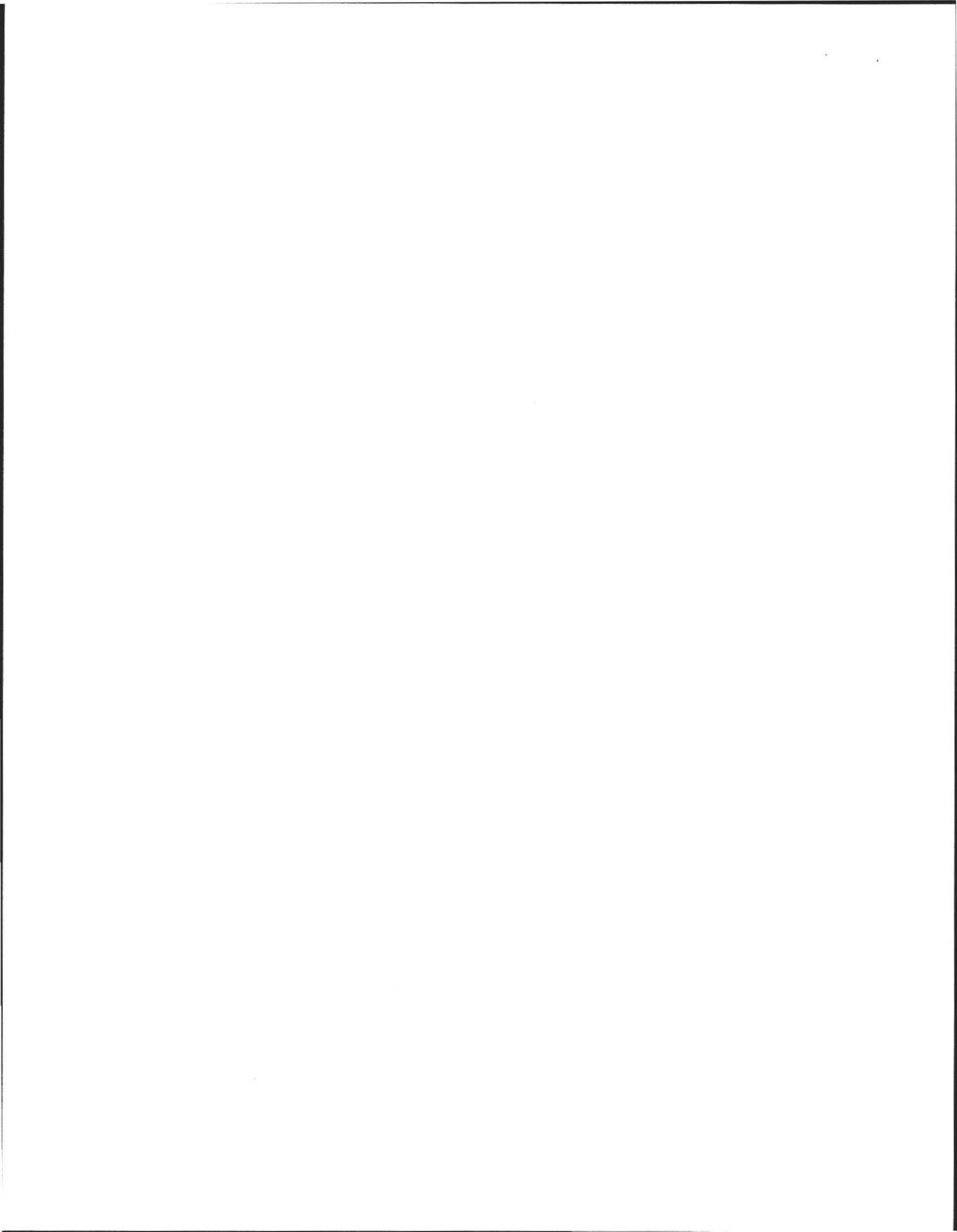
Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

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

Interpreted from depth of L. chamber and adjacent topo and records in immediate area of SAS. To be confirmed at re-evaluation (stone of bottom of I. gallery is 4 feet below grade.)



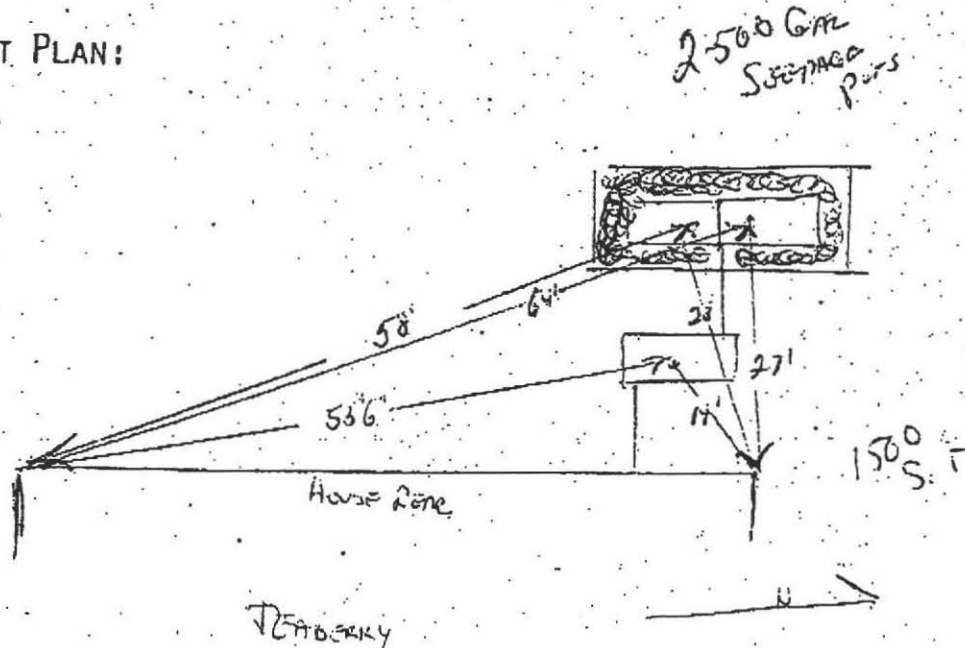
BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

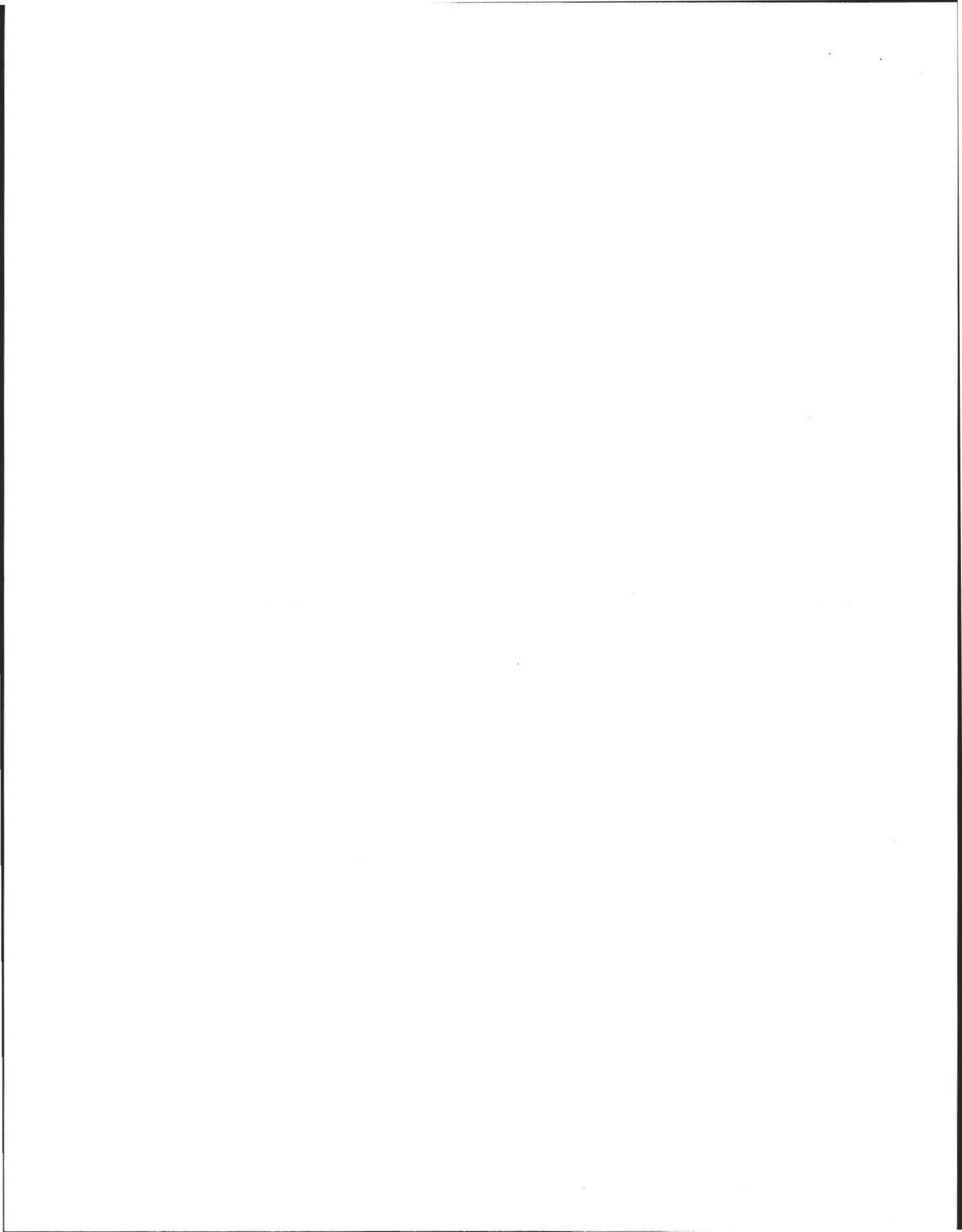
Owner LOUIS GLAZIER Address Pine Valley Permittion Beccanton
 Installer W. W. Clark Address PRATT CORNERS SWARTSBOURY
 Date Installation Inspected and Approved 11-10-86
 Description of System: Tank Capacity: 1500 160 Bottom
 Leach Field () Bed () Seepage Pit (X) Square Feet: 375 @ Sides
 Garbage Grinder Yes (X) No () No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



No. 86-61

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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

LOT # 149

Location - Address
LOUIS GLAZIER

or Lot No.
PINE VALLEY PLANTATION BELCHERTOWN

Owner
William Clark

Address
PRATT CORNER SHUTTERS

Installer

Address
Size Lot 26,545 Sq. feet

Type of Building
Dwelling No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
Other — Type of Building _____ No. of persons _____ Showers () — Cafeteria ()
Other fixtures _____

Design Flow 55 gallons per person per day. Total daily flow 495 gallons.
Septic Tank — Liquid capacity 1500 gallons Length 10.5' Width 5' Diameter _____ Depth 5'
Disposal Trench — No. _____ Width _____ Total Length _____ Total leaching area 375 sq. ft. SIDES
Seepage Pit No. _____ Diameter 23x7' Depth below inlet 2.5' Total leaching area 161 sq. ft. BOTTO

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 TOP SOIL TO 4" ; SUBSOIL TO 30" ; COARSE SAND TO 10'

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.

Signed [Signature] Date 10-15-86
Application Approved By [Signature] Date 10-16-86

Application Disapproved for the following reasons:

Permit No. 86-61 Issued 10/16/86 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

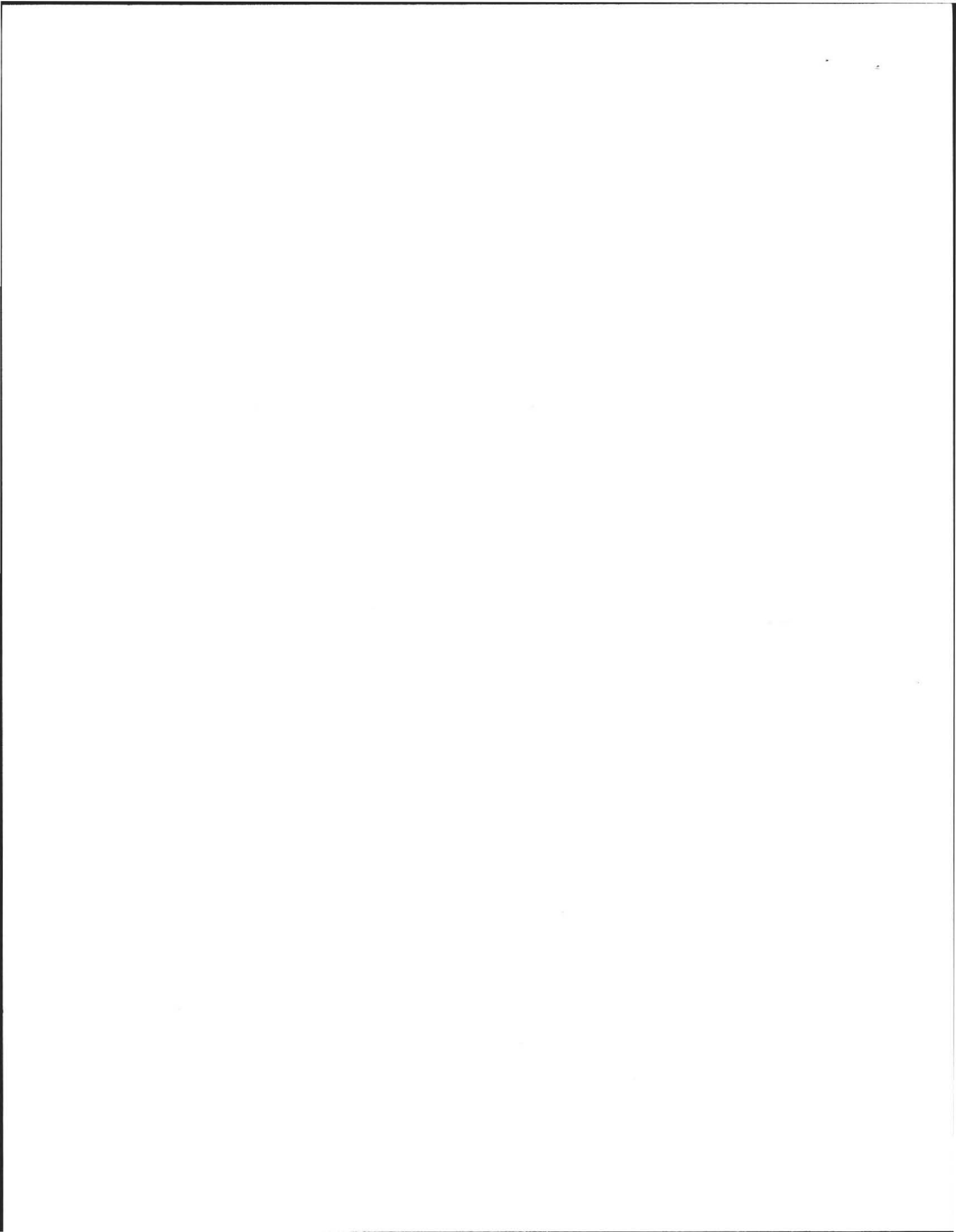
Certificate of Compliance

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

at _____ 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.

CHECK OR FILL IN WHERE APPLICABLE



DEEP SOIL LOGS

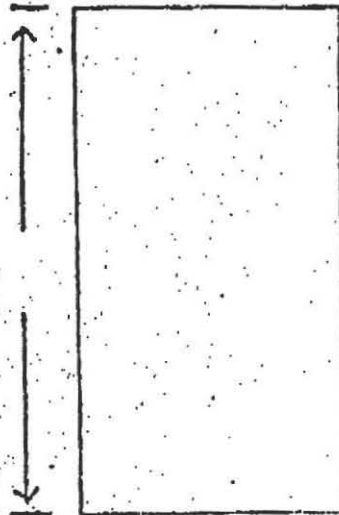
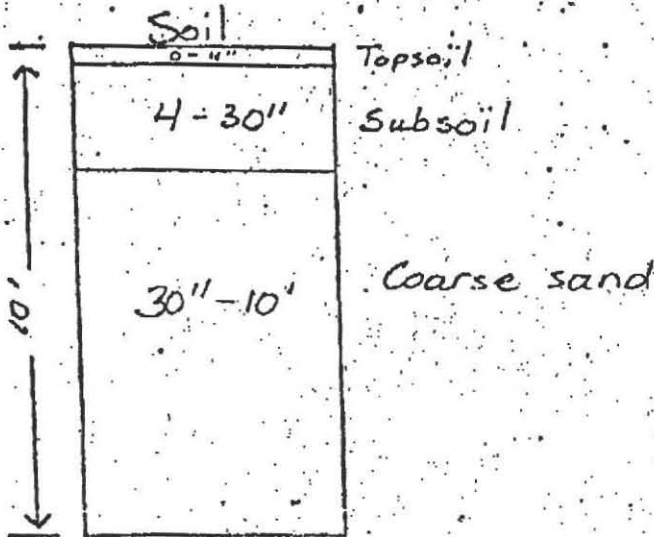
OWNER Jaffrey W. Flower

DATE March 7, 1986

LOCATION Lot 149 Amherst Woods
Amherst, MA

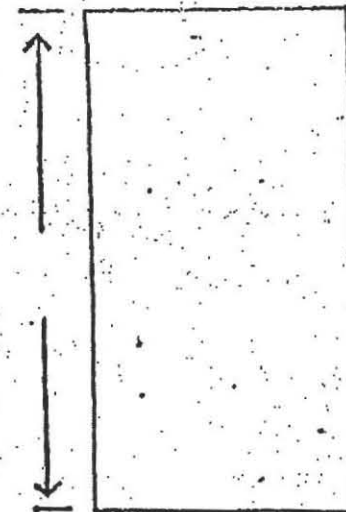
OBSERVER F.A. Filios

B of H C. Drake



GROUND WATER none

GROUND WATER _____



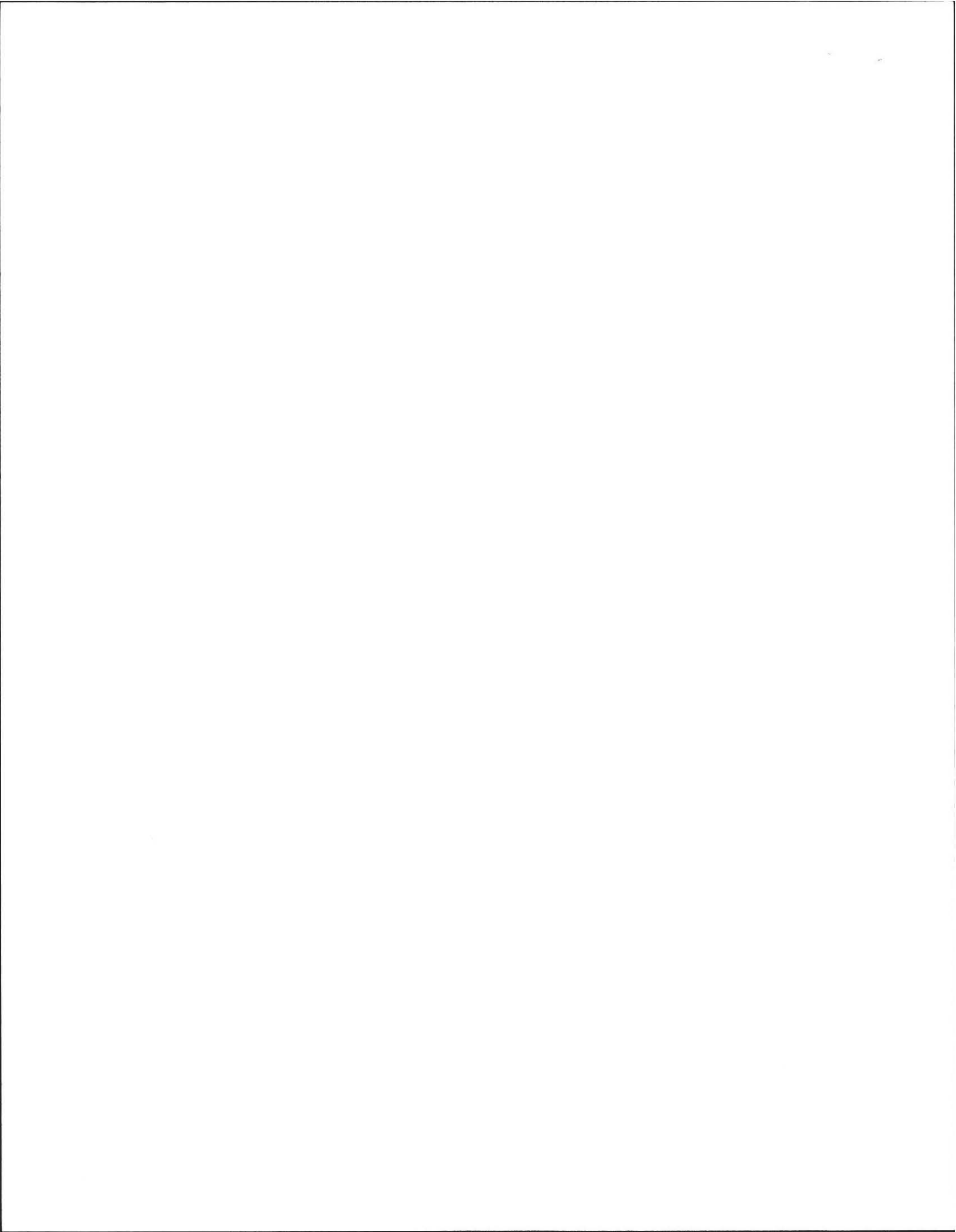
GROUND WATER _____

GROUND WATER _____

PERCOLATION RATE AT 36 "

20 Sec.
min./inch





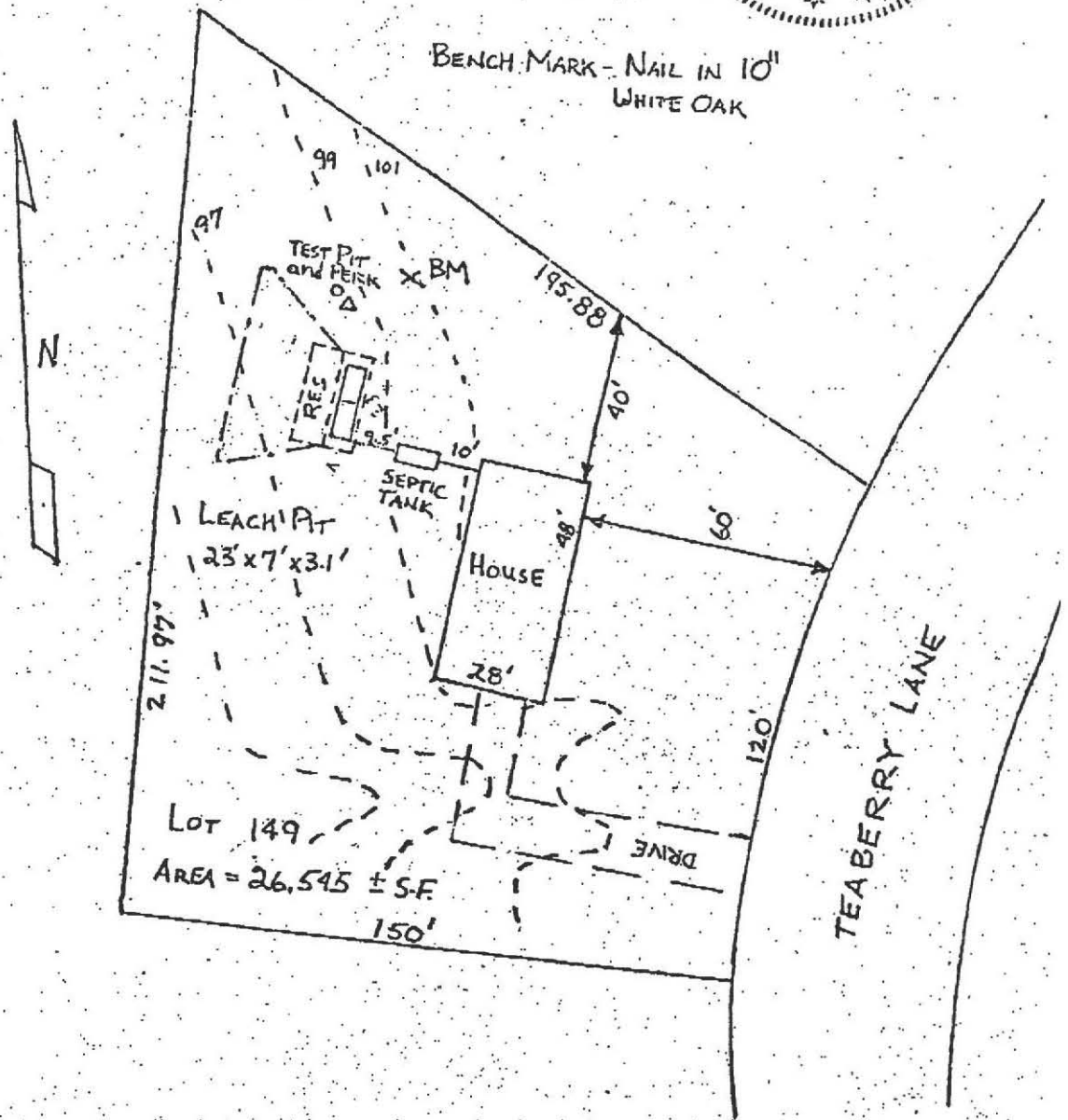
VALLEY PLANNING
BELCHERTOWN, MA

67 PELHAM ROAD
AMHERST, MA

AT: LOT 149
TEABERRY LANE
AMHERST, MA

SCALE: 1" = 40'
DATE: 10/2/86

NOTE: TOWN WATER AVAILABLE
NO WELLS IN AREA



THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

26-61 Town of Amherst
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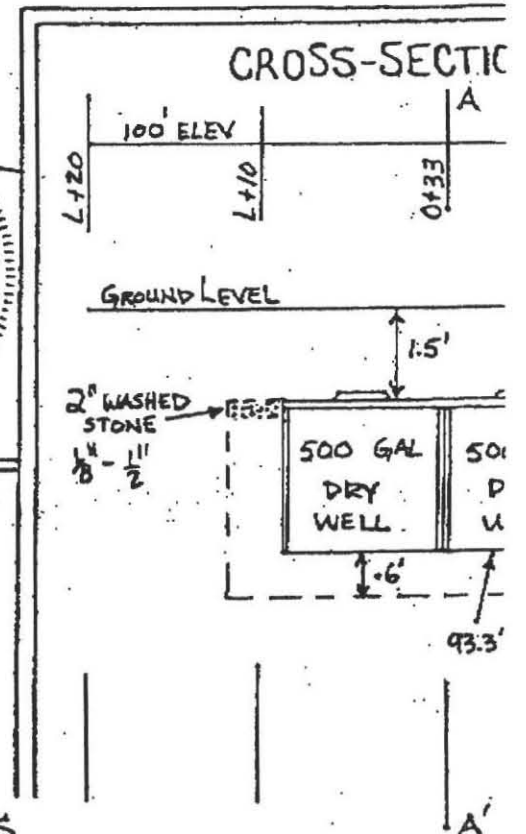
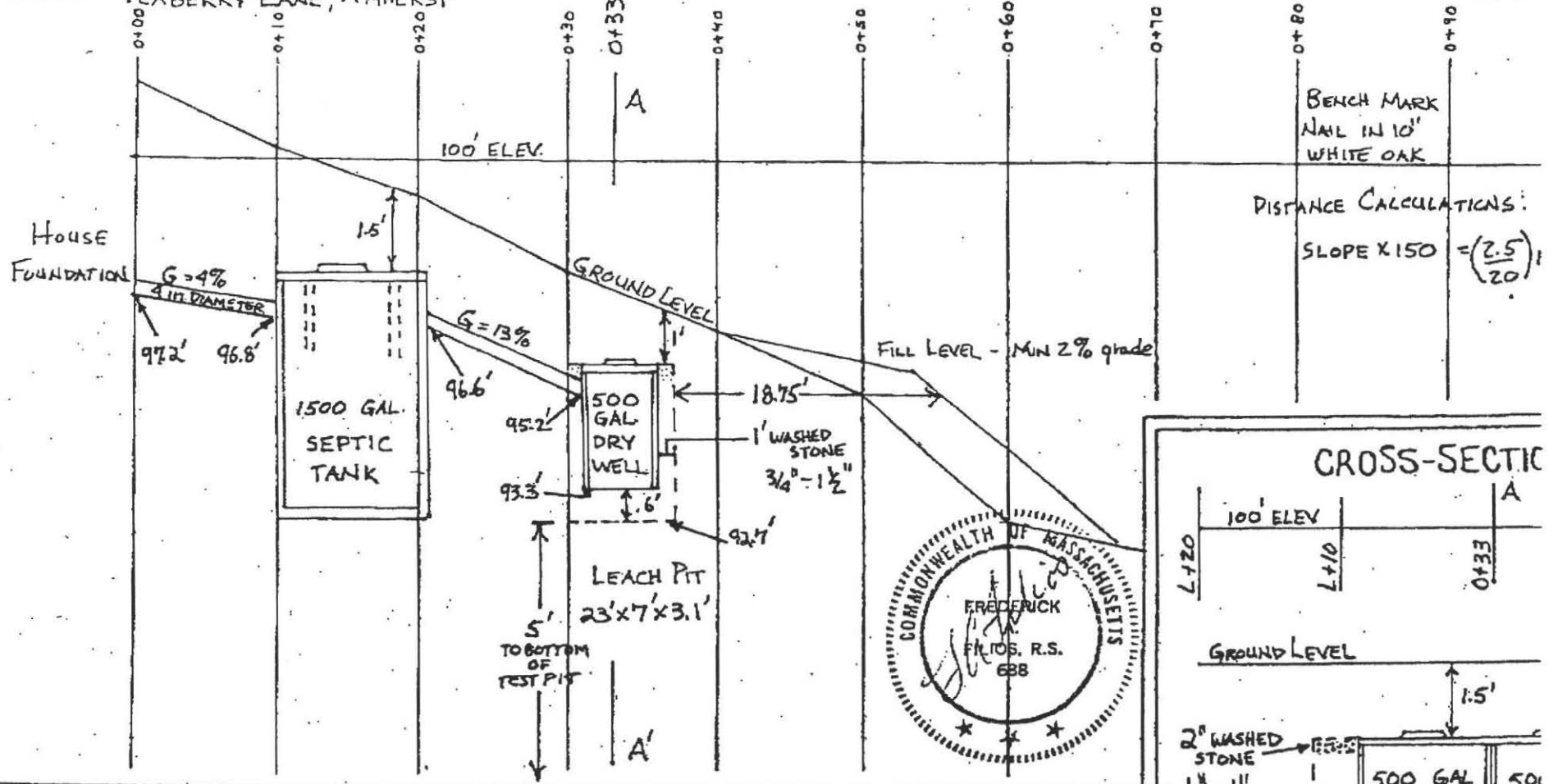


PINE VALLEY PLANTATION, BELCHERTOWN, MA

BY: FREDERICK

LOT 149
SITE: TEABERRY LANE, AMHERST

SCALE: HORIZONTAL
VERTICAL



SPECIFICATIONS

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

DESIGN FLOW CALCULATIONS

3 bdrms. AT 110 each = 330 GAL.S
GG = $\frac{165}{495}$ GAL

LEACH PIT 23' long x 7' WIDE x 3.1' DEEP
SIDES: $(23)(2.5)(2) = (105)(2.5) = 262.5$
 $(7)(2.5)(2) = (35)(2.5) = 87.5$
BOTTOM: $(23)(7) = (161)(10) = 161.0$

PROPOSED FLOW 536 GAL.S

