7 TRABERRY LANE



6.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

August 5, 2009

413-323-4916

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

lagabe of Loop

Amherest 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.

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

Sincerely,

Cold Spring Environmental Consultants, Inc.

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

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

*As built Attached,

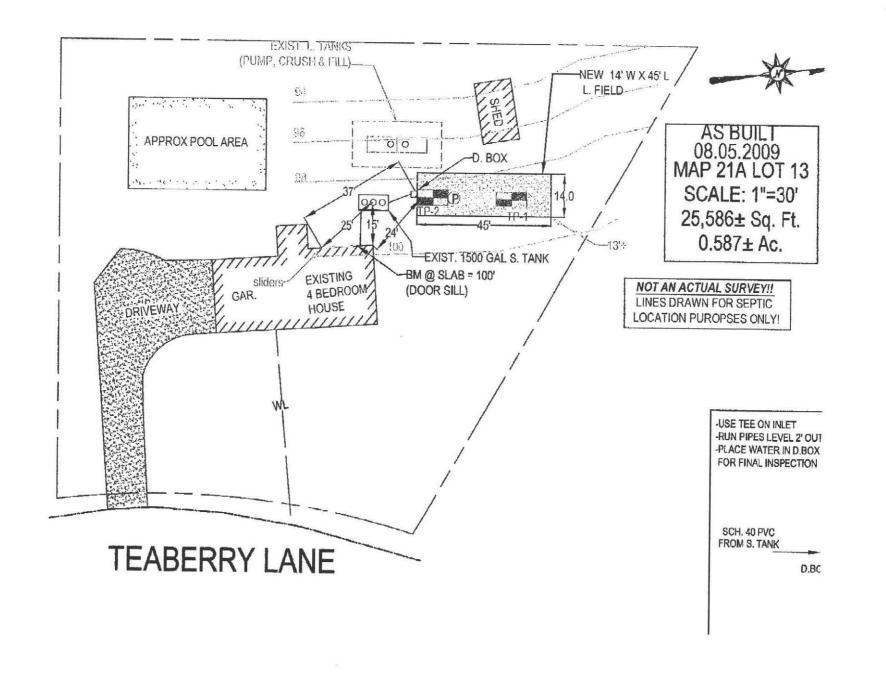


AMHERST Massachusetts

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







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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	MA	01002	9.05.07
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:

Alan E. Weiss		
Name of Inspector		
Cold Spring Environmental Consultants Inc.		
Company Name		
350 Old Enfield Road		
Company Address		
Belchertown	MA	01007
City/Town	State	Zip Code
413.323.5957		
Telephone Number	License Number	

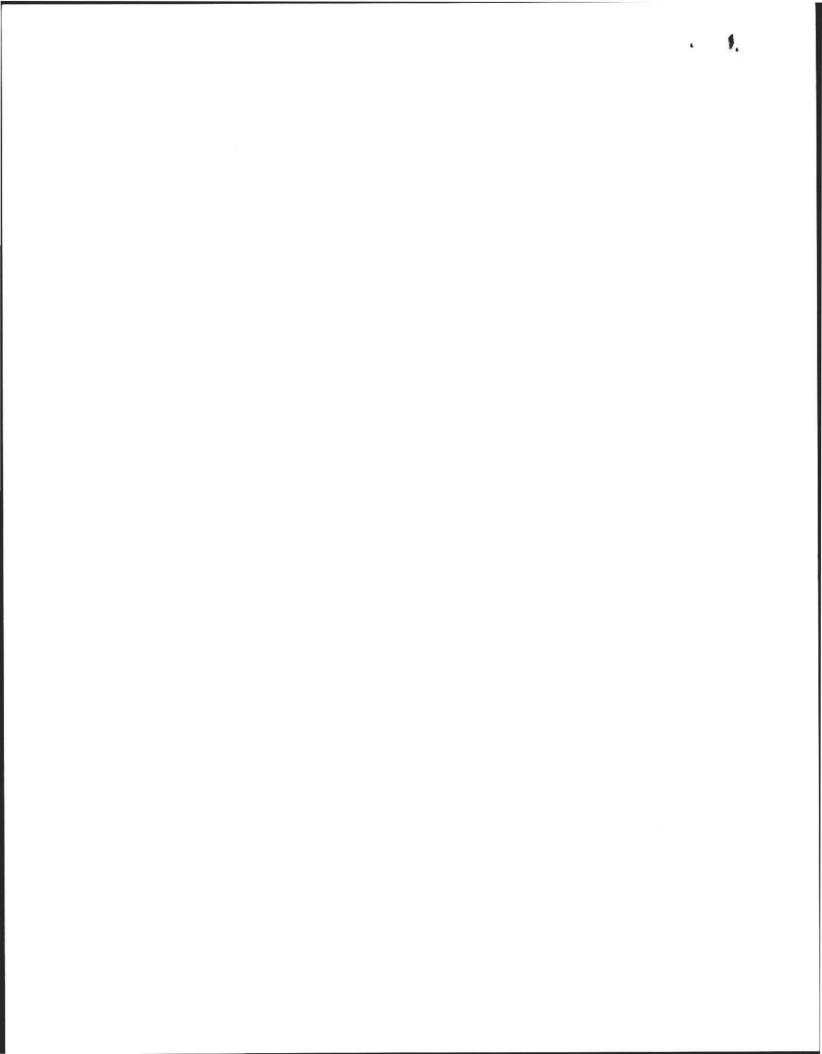
B. Certification

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	I Fails
Needs Further Evaluat	ion by the Local Approving Authority	
A	09.05.2007	
Inspector's Signature		to the Armenian Authority (Deced

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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Property Address			
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	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:

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.

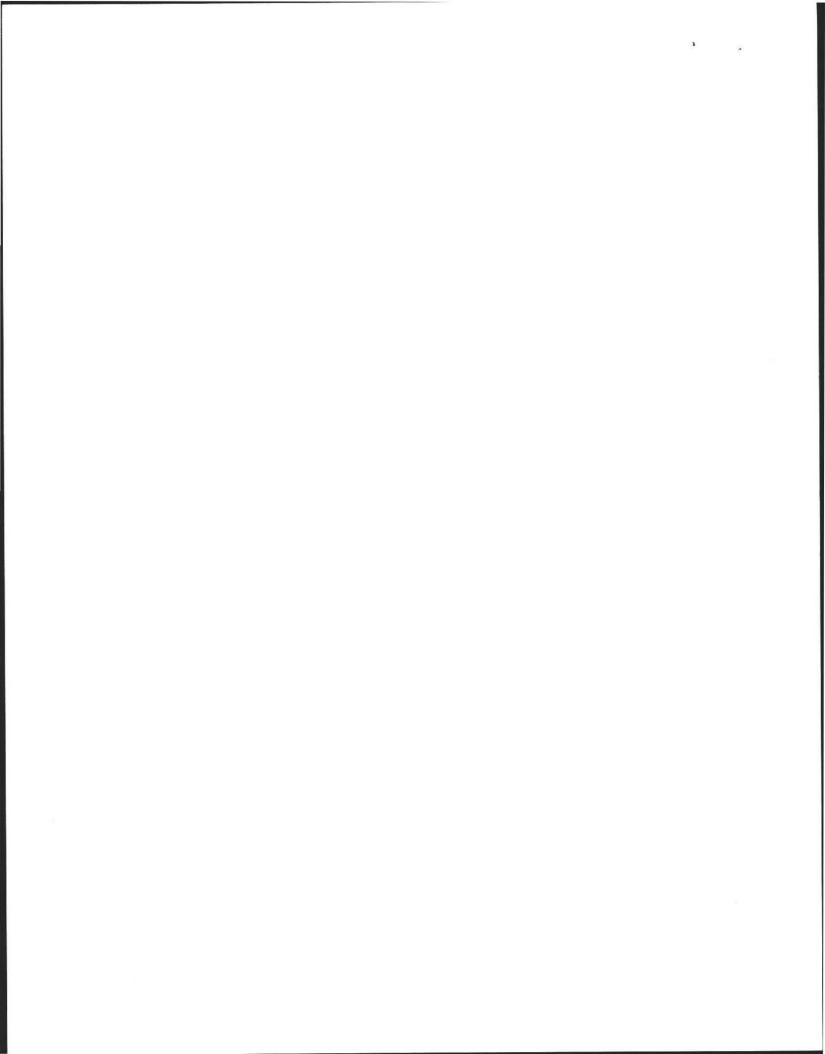
* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

Π

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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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
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Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	Date of Inspection

B. Certification (cont.)

Ct	Sertification (cont.)				
B)	B) System Conditionally Passes (cont.):				
	distribution box is leveled or replaced				
ND	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,				

Cesspool or privy is within 50 feet of a surface water

safety and the environment:

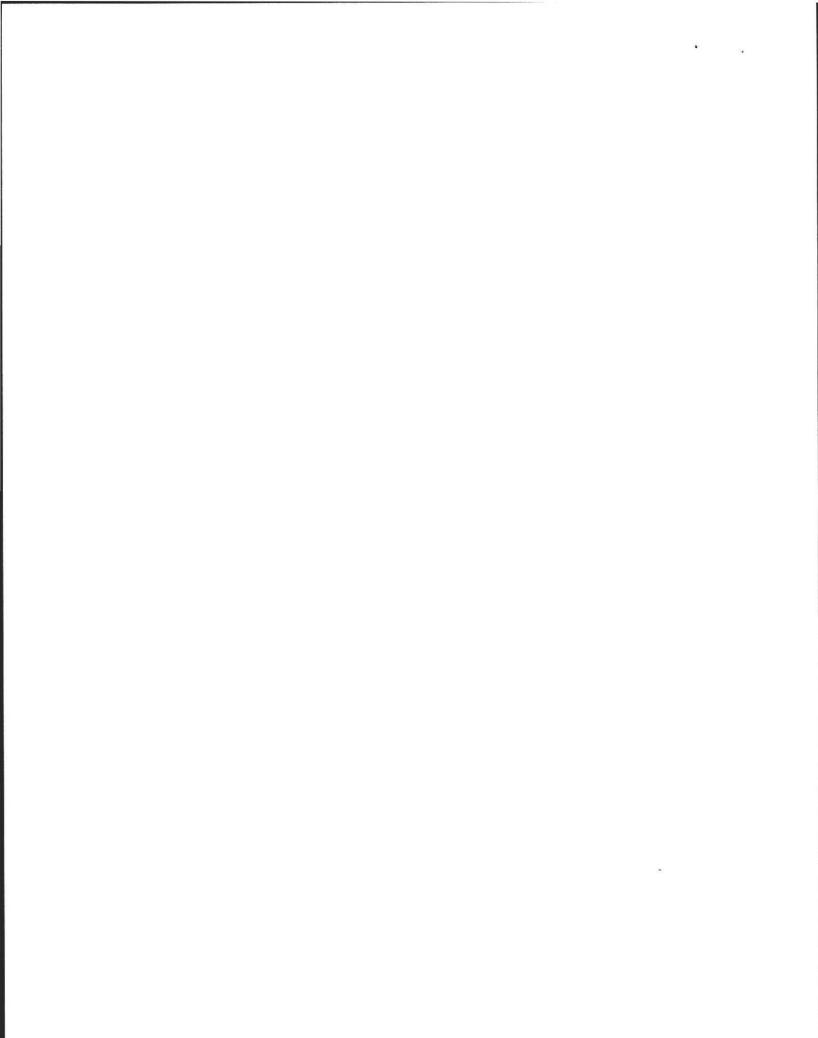
Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
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City/Town	State	Zip Code	Date of Inspection

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:

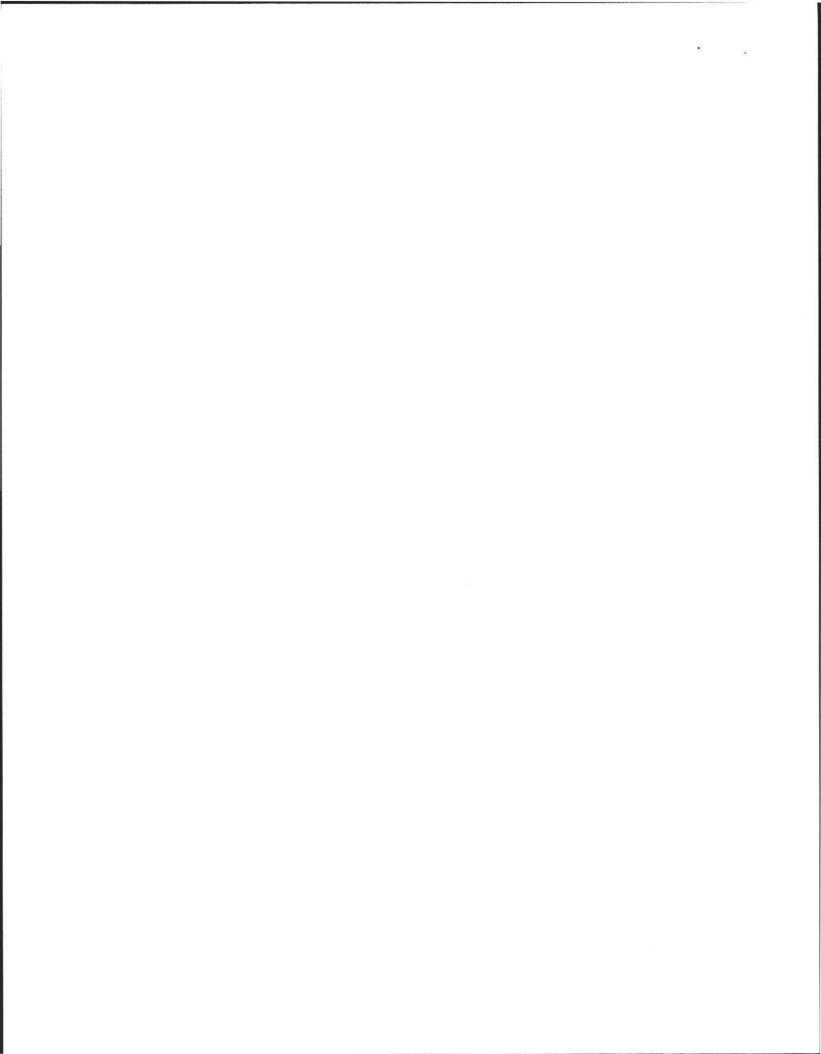
** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

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

every page.	City/Town	State	Zip Code	Date of Inspection	
Owner information is required for	Amherst	MA	01002	9.05.07	
	Owner's Name				
	Laurie Moran				
	Property Address				
A CONTRACTOR	7 Teaberry Lane, Amherst, MA 01002				

B. Certification (cont.)

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

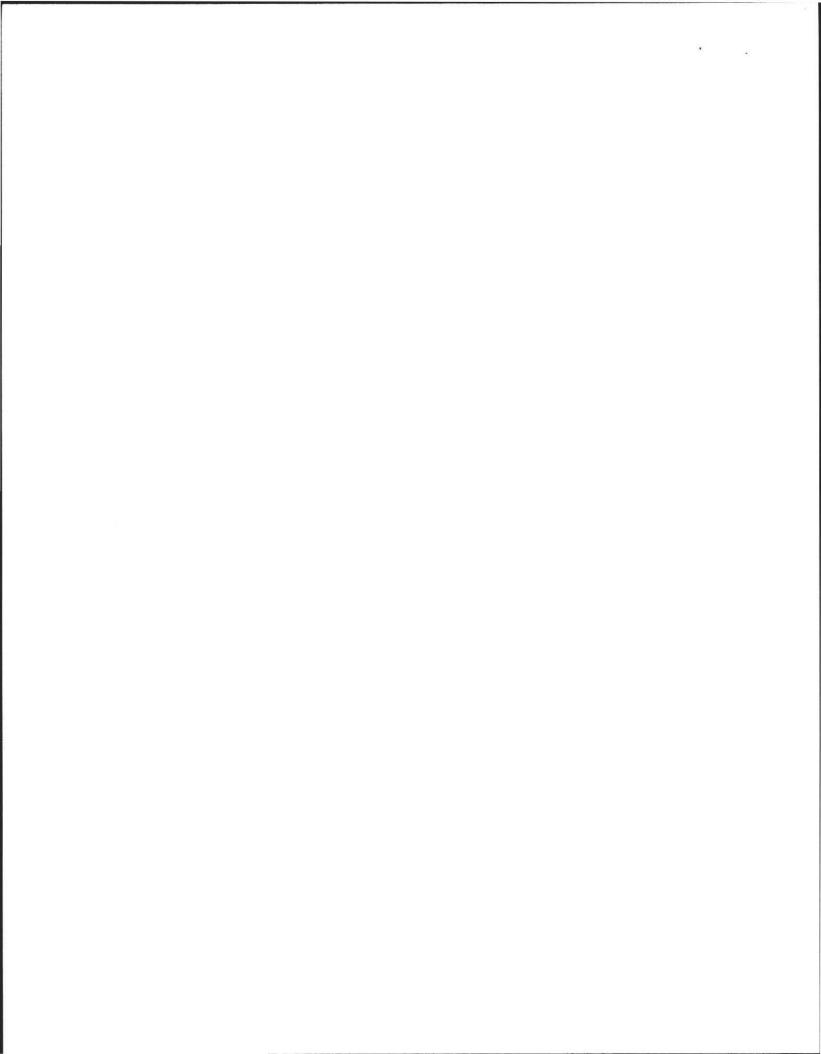
Yes	No	
	\boxtimes	Any portion of a cesspool or privy is within a Zone 1 of a public well.
	\boxtimes	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
		Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well 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.]
	\boxtimes	The system is a cesspool serving a facility with a design flow of 2000gpd- 10,000gpd.
	\boxtimes	The system <u>fails</u> . 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.





Commonwealth of Massachusetts

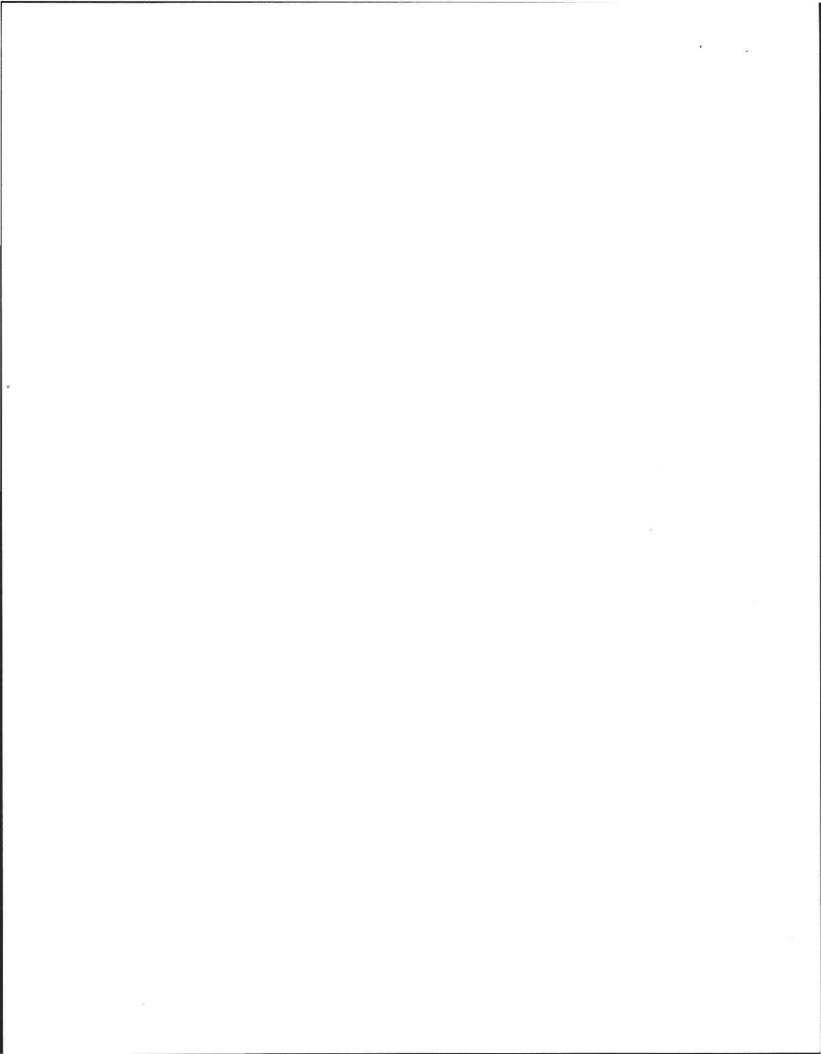
Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	Date of Inspection

C. Checklist

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

Yes	No	
\boxtimes		Pumping information was provided by the owner, occupant, or Board of Health
	\boxtimes	Were any of the system components pumped out in the previous two weeks?
\boxtimes		Has the system received normal flows in the previous two week period?
	\boxtimes	Have large volumes of water been introduced to the system recently or as part of this inspection?
\boxtimes		Were as built plans of the system obtained and examined? (If they were not available note as N/A)
\boxtimes		Was the facility or dwelling inspected for signs of sewage back up?
\boxtimes		Was the site inspected for signs of break out?
\boxtimes		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:
\boxtimes		Existing information. For example, a plan at the Board of Health.
\boxtimes		Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]



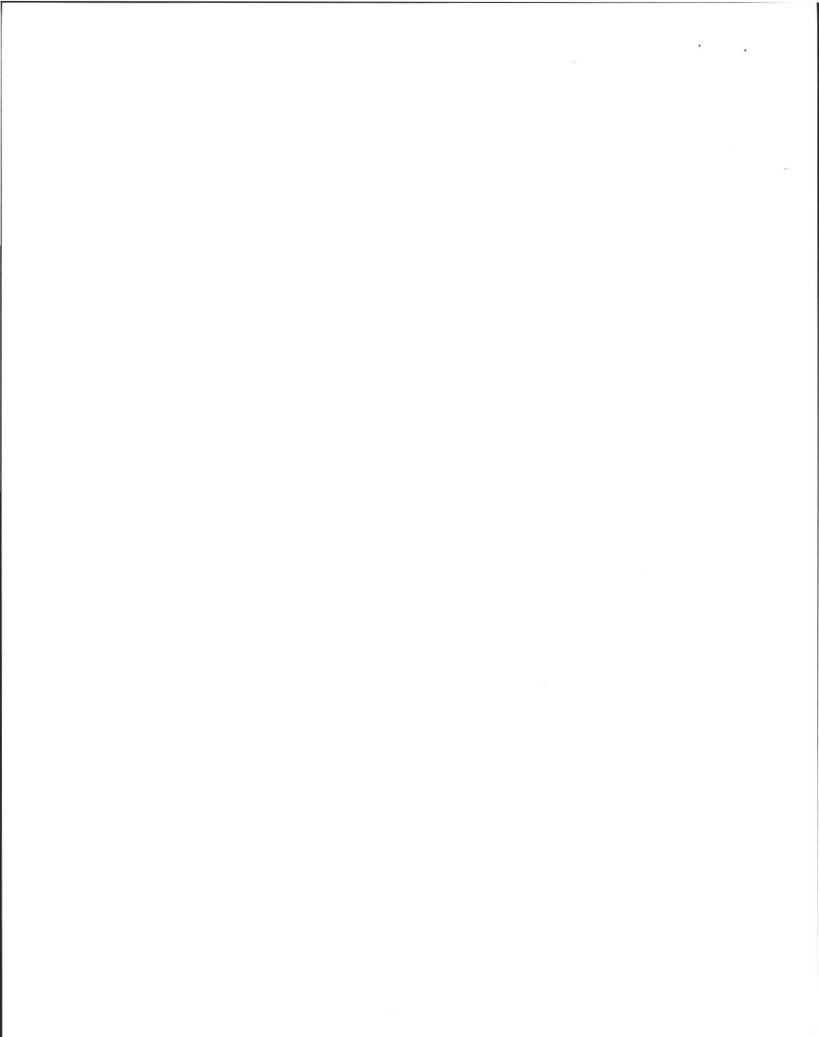


Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

R Carton	7 Teaberry Lane, Amherst, MA 01002 Property Address				
	Laurie Moran				
Owner	Owner's Name				
information is required for	Amherst	MA	01002	9.05.07	
every page.	City/Town	State	Zip Code	Date of Inspection	
		\mathcal{I}			
	D. Sustam Information				

D. System Information

Residential Flow Conditions	:		
Number of bedrooms (design)	3	Number of bedrooms (actual):	3
DESIGN flow based on 310 Cl	MR 15.203 (for exam	ple: 110 gpd x # of bedrooms):	330
Number of current residents:			2
Does residence have a garbag	🗌 Yes 🛛 No		
Is laundry on a separate sewa	🗌 Yes 🛛 No		
Laundry system inspected?			🗌 Yes 🛛 No
Seasonal use?			🗌 Yes 🛛 No
Water meter readings, if availa	ble (last 2 years usag	ge (gpd)):	N/A
Sump pump?			🗌 Yes 🛛 No
Look data af a summer a			current
Last date of occupancy:			Date
Commercial/Industrial Flow	Conditions:		
	Conditions:	<u>N/A</u>	
Commercial/Industrial Flow		N/A	
Commercial/Industrial Flow Type of Establishment:	IR 15.203):		
Commercial/Industrial Flow Type of Establishment: Design flow (based on 310 CM	IR 15.203):	N/A Gallons per day (gpd)	
Commercial/Industrial Flow Type of Establishment: Design flow (based on 310 CM Basis of design flow (seats/per	IR 15.203): rsons/sq.ft., etc.):	N/A Gallons per day (gpd)	Date
Commercial/Industrial Flow Type of Establishment: Design flow (based on 310 CM Basis of design flow (seats/per Grease trap present?	IR 15.203): rsons/sq.ft., etc.): present?	N/A Gallons per day (gpd) N/A	Date
Commercial/Industrial Flow Type of Establishment: Design flow (based on 310 CM Basis of design flow (seats/per Grease trap present? Industrial waste holding tank p	IR 15.203): rsons/sq.ft., etc.): present? d to the Title 5 system	N/A Gallons per day (gpd) N/A	Date Date Yes Yes Yes No Yes No
Commercial/Industrial Flow Type of Establishment: Design flow (based on 310 CM Basis of design flow (seats/per Grease trap present? Industrial waste holding tank p Non-sanitary waste discharged	IR 15.203): rsons/sq.ft., etc.): present? d to the Title 5 system	N/A Gallons per day (gpd) N/A	Date Date Yes Yes Yes No Yes No





Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

7 Teaberry Lane, Amherst, MA Property Address	01002		
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	Date of Inspection

D. System Information (cont.)

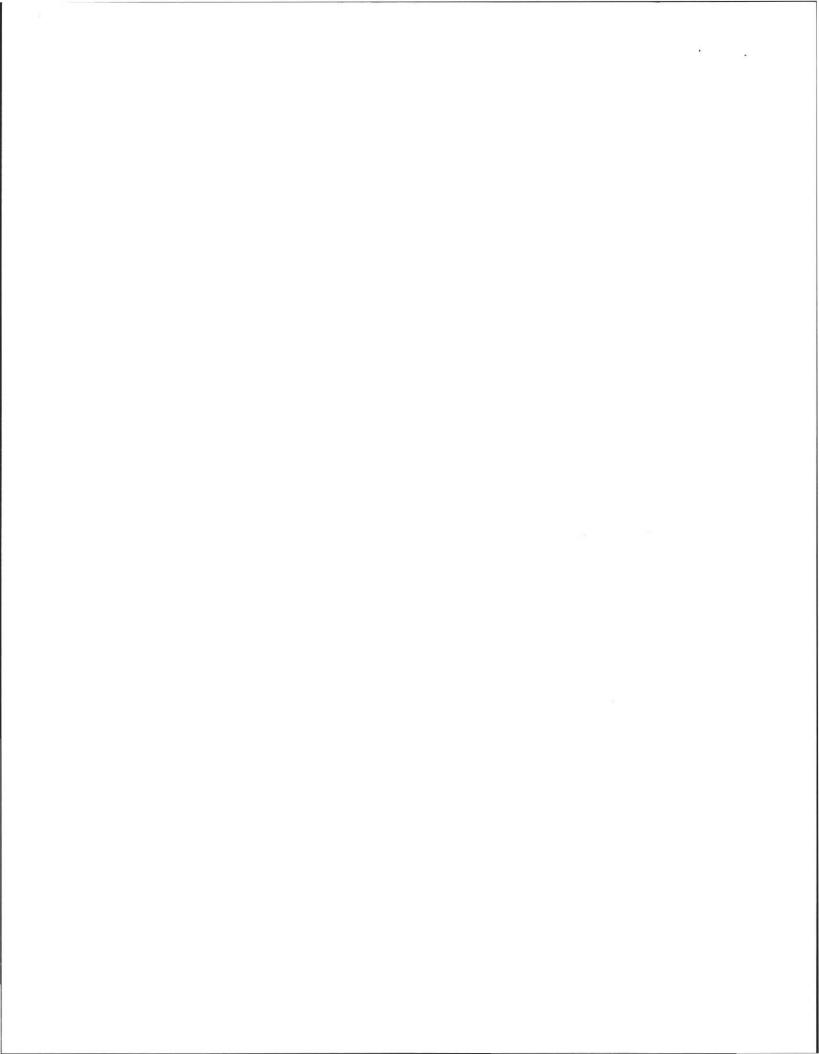
General Information

Pumping Reco	rds:		
Source of inform	nation:	1 - 2 years	
Was system pu	mped as part of the inspection?	🛛 Yes 🗌] No
If yes, volume p	umped:	1500 gallons	
How was quant	ity pumped determined?	meas.	
Reason for purr	nping:	<u>T-5</u>	
Type of System	n:		
\boxtimes	Septic tank, distribution box, so	bil absorption system	
	Single cesspool		
	Overflow cesspool		
	Privy		
	Shared system (yes or no) (if y	es, attach previous inspection records, if a	ny)
	Innovative/Alternative technolo maintenance contract (to be of	gy. Attach a copy of the current operation a otained from system owner)	and
	Tight tank. Attach a copy of the	e 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



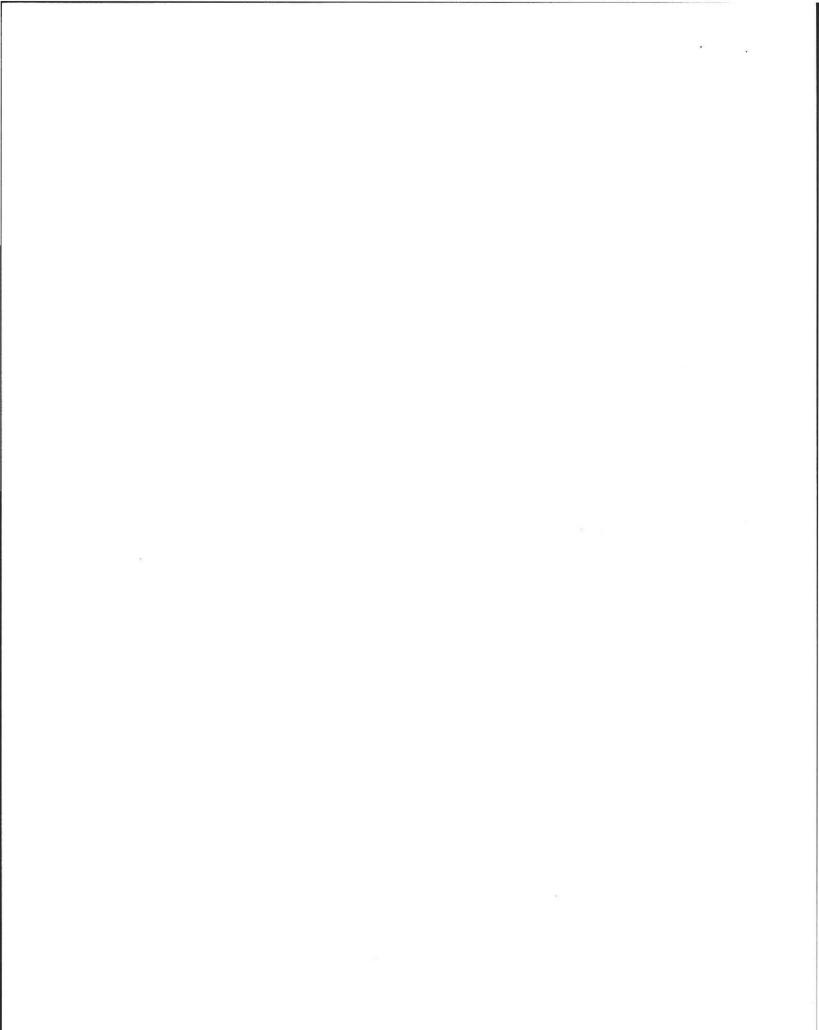


Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	Date of Inspection

D.	System Inform	mation (cont.)				
	Building Sewer (lo	cate on site plan):				
	Depth below grade:				1.0+ feet	
	Material of construc	tion:				
	ast iron	🛛 40 PVC	🗌 other (explain	ı):		
	Distance from priva	te water supply well of	or suction line:		10' feet	
	Comments (on cond	dition of joints, ventin	g, evidence of leak	age,	etc.):	
	Septic Tank (locate				0.5	
	Depth below grade:				feet	
	Material of construc	tion:				
	🛛 concrete	metal	☐ fiberglass		polyethylene	other (explain)
	If tank is metal, list a	age:			years	
	Is age confirmed by	a Certificate of Com	pliance? (attach a d	сору	of certificate)	🛛 Yes 🗌 No
	Dimensions:				10'X4.5'X4.5'	
	Sludge depth:				2"	
		f sludge to bottom of	outlet tee or haffle		45"	
	Scum thickness	sludge to bottom of	outiet tee of ballie		2"	+
					6"	
		f scum to top of outle				
	Distance from botto	m of scum to bottom	of outlet tee or baf	fle		
	How were dimension	ns determined?			(Meas.)	11

Title 5 Official Inspection Form: Subsurface Sewage Disposal System • Page 9 of 15





Commonwealth of Massachusetts Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	Date of Inspection

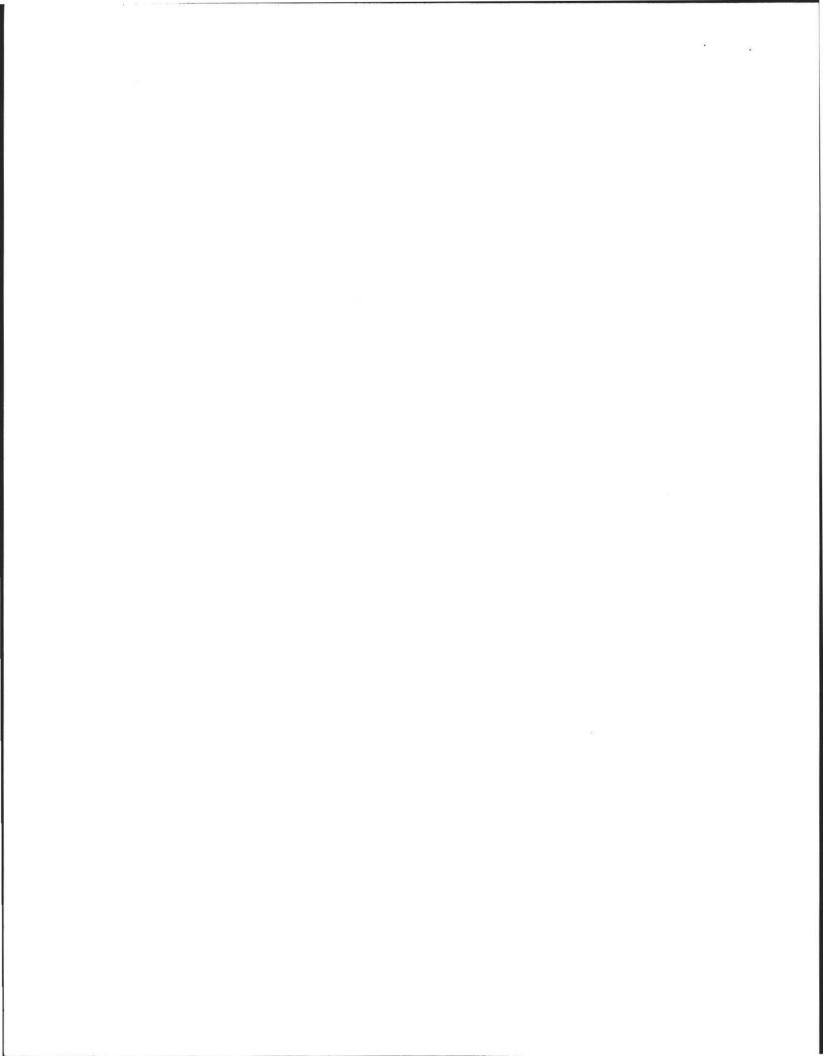
D. System Information (cont.)

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

Tank	level	high.

_						
Grease Trap (loca	te on site plan):					
Depth below grade):		N/A feet			
Material of constru	ction:					
	🗌 metal	fiberglass	polyethylene	other (explain):		
	R.		N/A			
Dimensions:			IN/A			
Scum thickness			N/A			
Distance from top	of scum to top of ou	tlet tee or baffle	N/A	<u>N/A</u>		
Distance from bott	om of scum to botto	m of outlet tee or baff	le <u>N/A</u>			
Date of last pumpi	ng:		N/A Date			
		ions, inlet and outlet evidence of leakage,	ee or baffle condition	a, structural integrity,		
N/A						
-	·	pumped at time of ins	pection) (locate on s	ite plan):		
Depth below grade	5.					
Material of constru	iction:					
concrete	metal	☐ fiberglass	polyethylene	other (explain):		

N/A



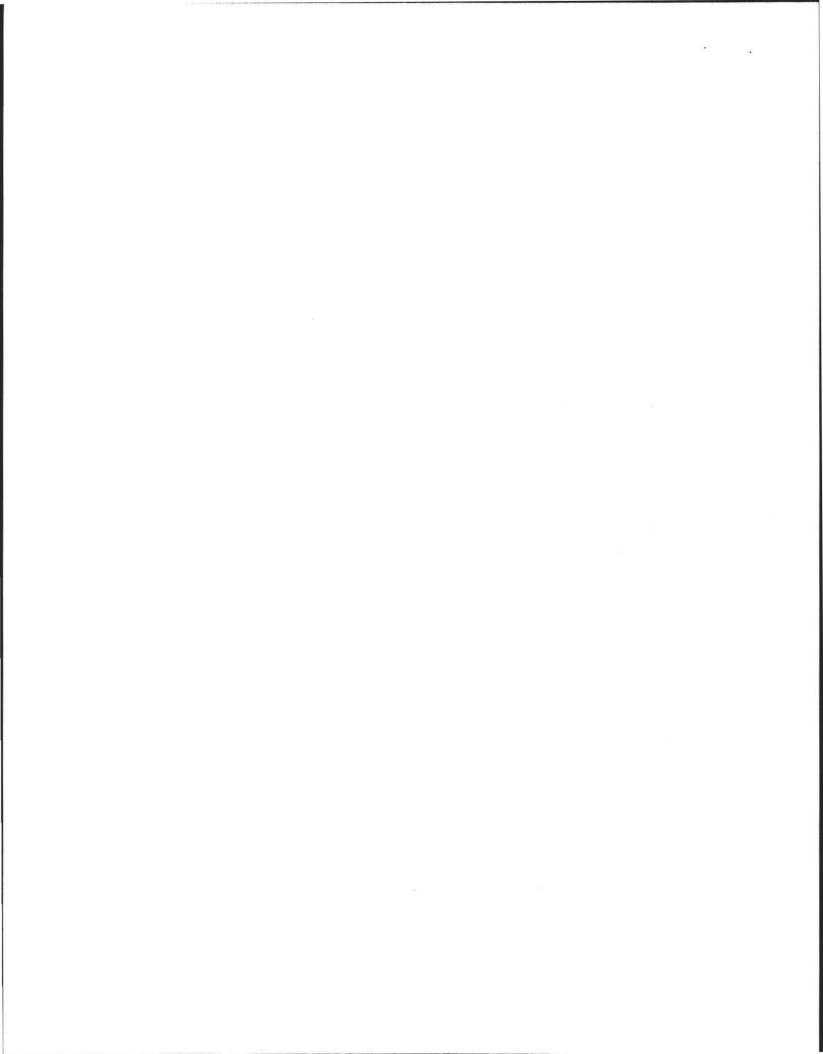


Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

A CONTRACTOR	7 Teaberry Lane, Amherst, MA 01002				
0	Property Address				
	Laurie Moran				
Owner	Owner's Name				
information is required for	Amherst	MA	01002	9.05.07	
every page.	City/Town	State	Zip Code	Date of Inspection	

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:	es 🗌 No
Date of last pumping:	N/A Date	
Comments (condition of alarm and float switches N/A	, etc.):	
* Attach copy of current pumping contract (requir Distribution Box (if present must be opened) (lo		es 🗌 No
Depth of liquid level above outlet invert	N/A	
Depth of liquid level above outlet invert Comments (note if box is level and distribution to evidence of leakage into or out of box, etc.):		s carryover, any
Comments (note if box is level and distribution to		s carryover, any
Comments (note if box is level and distribution to		s carryover, any
Comments (note if box is level and distribution to evidence of leakage into or out of box, etc.):		s carryover, any





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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	Date of Inspection

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):

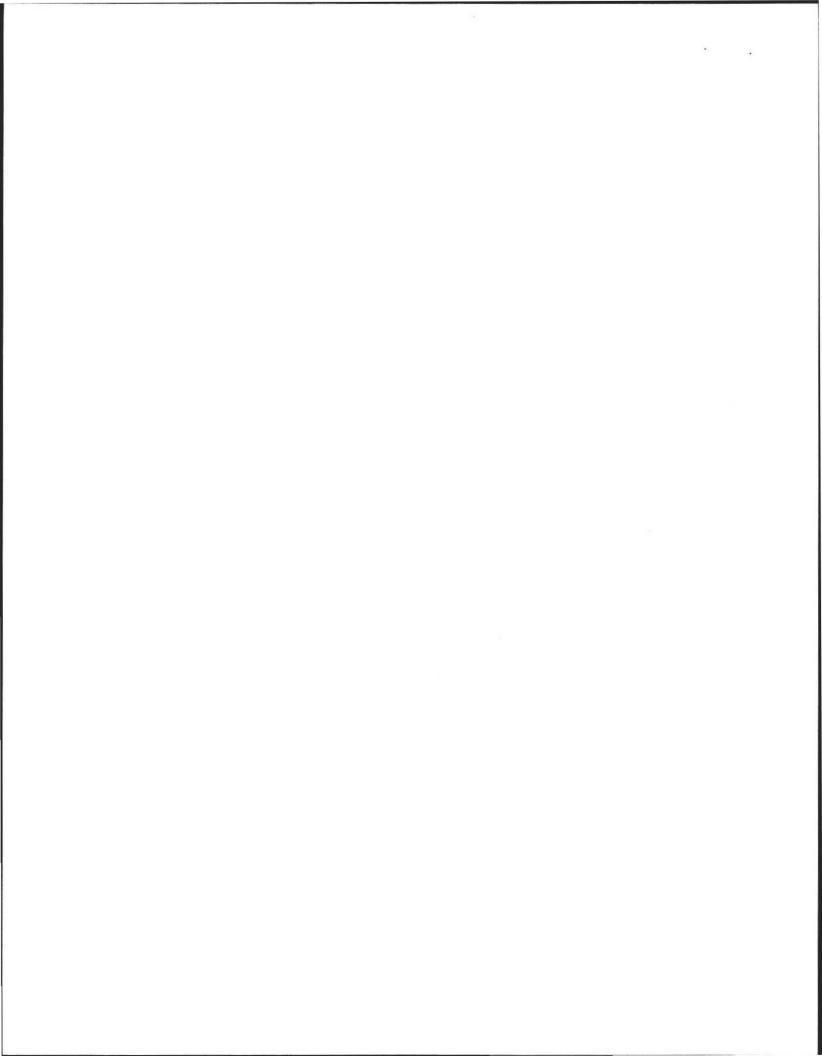
If SAS not located, explain why:

Type:

	leaching pits	number:	
	leaching chambers	number:	
\boxtimes	leaching galleries	number:	1 @ 4' x 8' x48"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)





Commonwealth of Massachusetts Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

required for every page.	City/Town	State	Zip Code	Date of Inspection
information is	Amherst	MA	01002	9.05.07
Owner	Owner's Name			
	Laurie Moran			
)	Property Address			
A DE LE LE	7 Teaberry Lane, Amherst, MA 01002			

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, s etc.):	signs of hydraulic failure, level of	ponding, condition of vegetation,
Privy (locate on site plan):		
Materials of construction:	N/A	
Dimensions	N/A	
Depth of solids	N/A	
Comments (note condition of soil, s etc.):	signs of hydraulic failure, level of	ponding, condition of vegetation
N/A		





Commonwealth of Massachusetts Title 5 Official Inspection Form

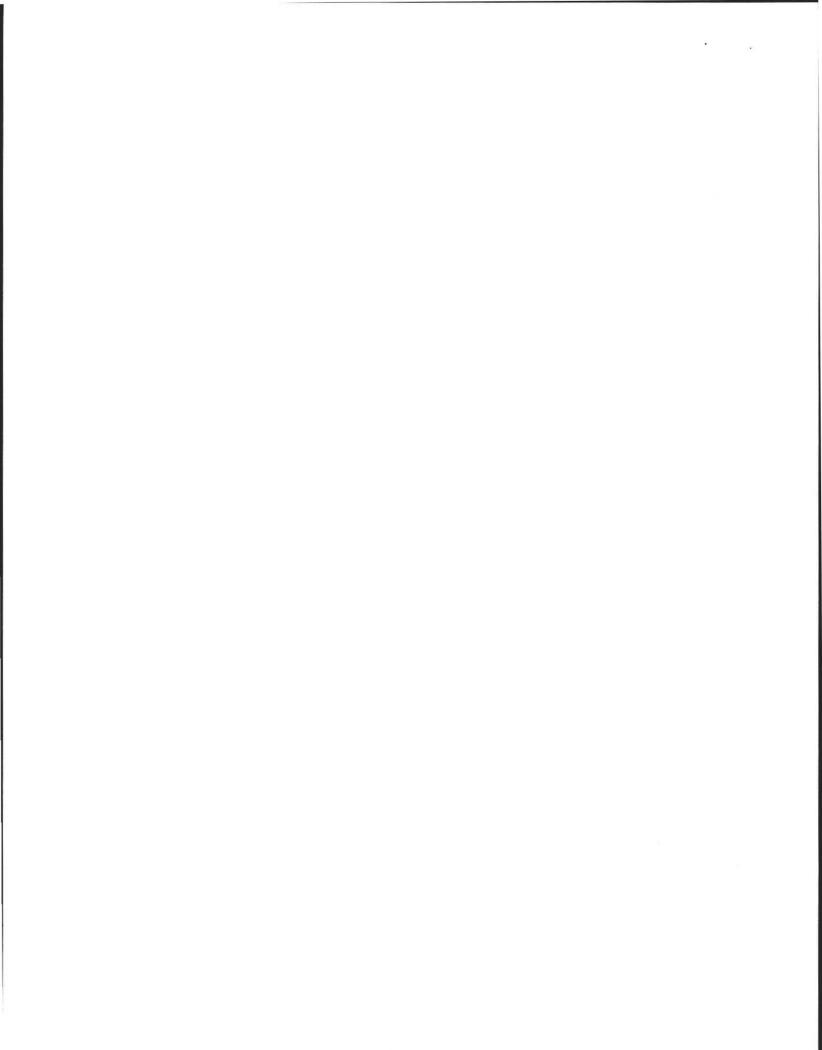
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	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.

Owner information is required for every page.





Commonwealth of Massachusetts Title 5 Official Inspection Form

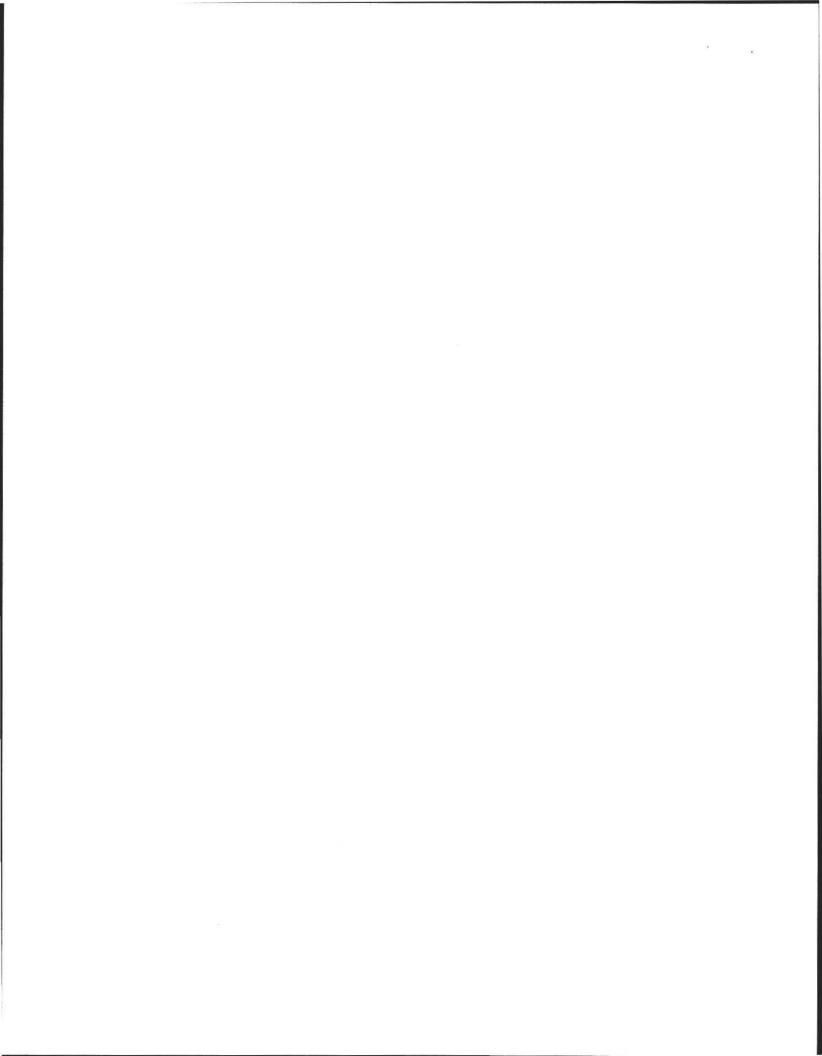
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address			
Laurie Moran			
Owner's Name			
Amherst	MA	01002	9.05.07
City/Town	State	Zip Code	Date of Inspection

_			
D.	System	Information (cont.)	
	Site Exam:		
	Check	Slope	
	Surface	e water	
	Check	cellar	
	Shallov	v wells	
	Estimated of	depth to ground water:	8'+ Work in area
	Please indi	cate all methods used to determine the high gro	und water elevation:
		Obtained from system design plans on record	
		If checked, date of design plan reviewed:	N/A per town records and topo Date
	\boxtimes	Observed site (abutting property/observation h	ole within 150 feet of SAS)
		Checked with local Board of Health - explain:	
		Checked with local excavators, installers - (atta	ach 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.

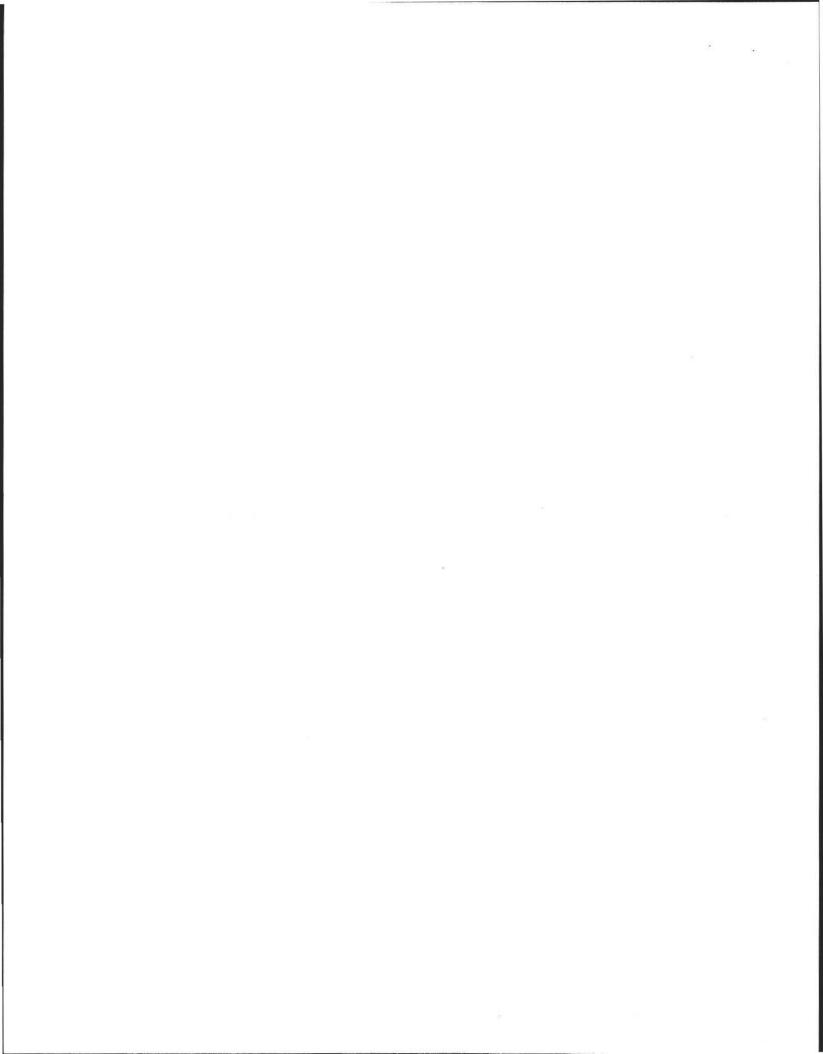


BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE OUISGLAZION Address Pine VALLY VEMOTOR DERCESSTOR Owner Installer W.W. CLARK Address RATT CORNERB. SAUDES- Sound Date Installation Inspected and Approved 11-10-86 Description of System: Tank Capacity: 1500 160 Borrom Leach Field () Bed () Seepage Pit (X). Square Feet: 375 TOFS Garbage Grinder Yes (X) - No () No. Bedrooms: 3 No. People S - BUILT PLAN: House fine VEAD SERY 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. For your protection sanitary pumpers are licensed by the Amherst Board of Health. Regular pumping is crucial to avoid early failure and costly repairs of 3. the system. DO NOT dispose into the system such items as rags, string, sanitary 4. napkins, coffee grounds as they can cause it to clog and fail.

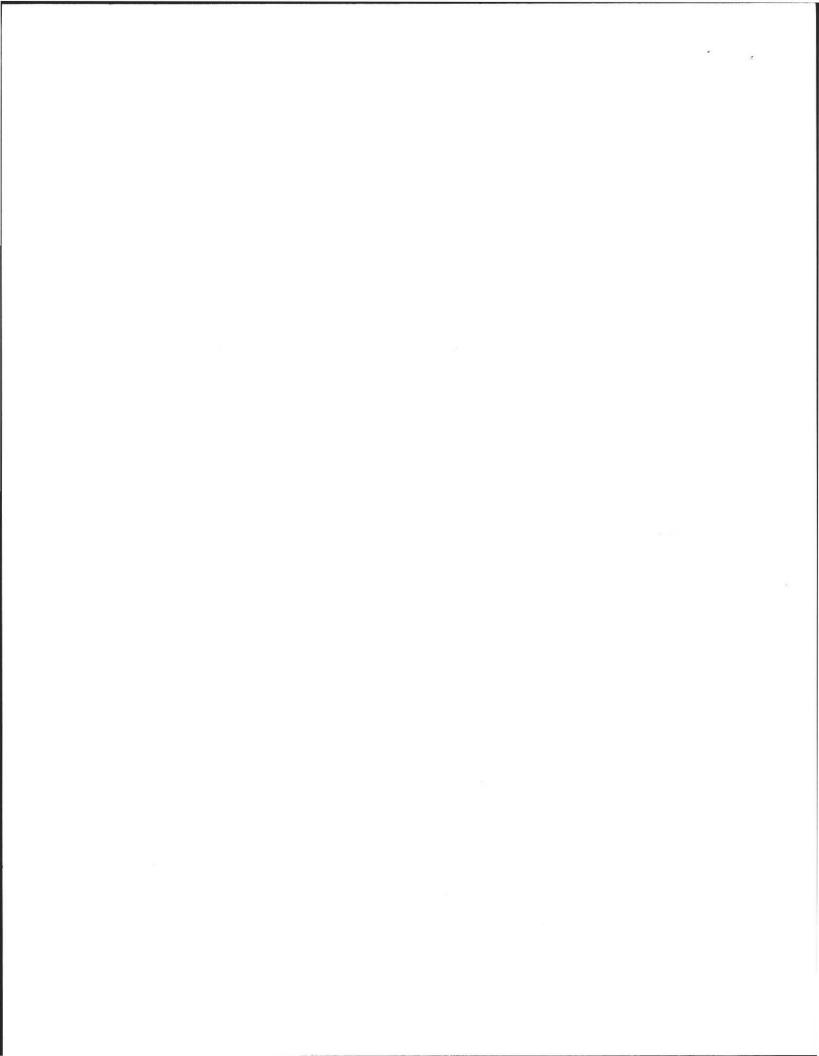
 Further information can be obtained by contacting your Health Department at 253-7077.



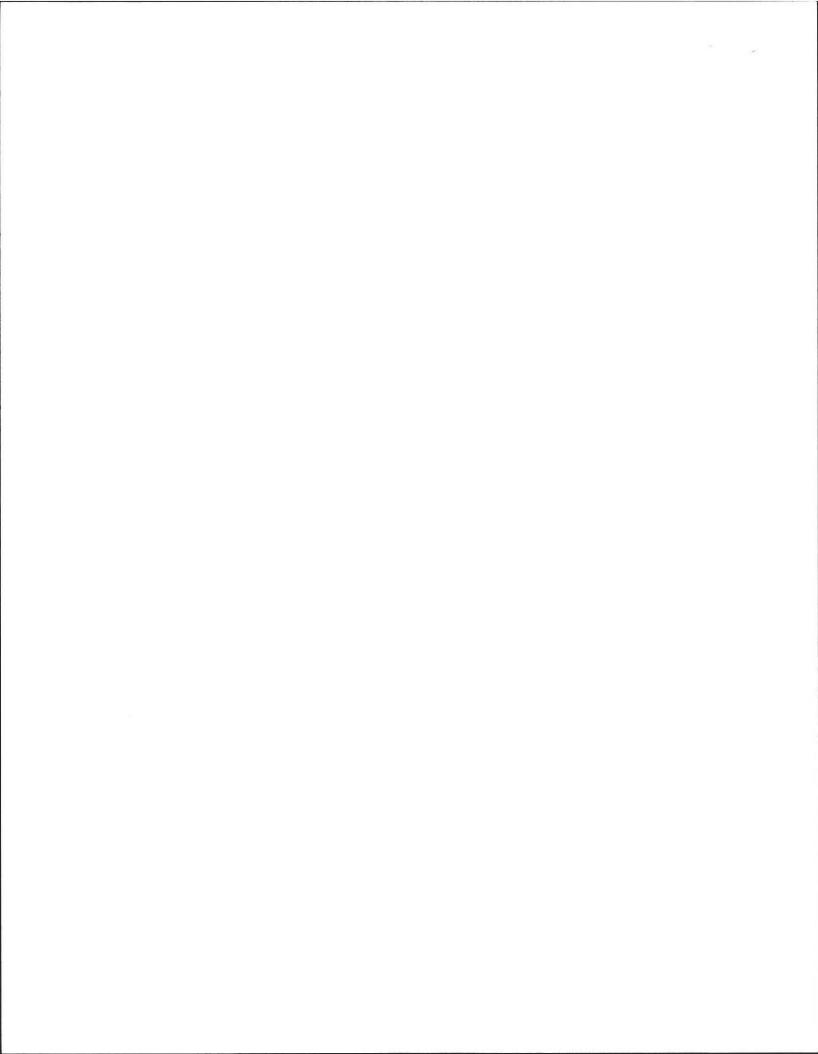
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SEP-04-2007 TUE 01:56 PM P. 05 DEEP SOIL LOGS DATE March OWNER Jeffrey WI. Flower 1981 LOCATION Lot 149 Amherst Woods OBSERVER F.A. Filios Amherst MA : . B of H C. Drake Soil Topsoil 4-30" Subsoil Coarse sand "-10" GROUND WATER none GROUND WATER GROUND WATER GROUND WATER PERCOLATION RATE AT 36 . 20 min./inch



SEP-04-2007 TUE 01:56 PM P. 06 64 PELHAM KOAD BELCHERTOWN, MA AMHERST, MA AT: Lot 149 TEABERRY LANE SCALE: 1"=40' AMHERST, MA DATE: 10/2/86 NOTE: TOWN WATER AVAILABLE FILEILERICK No WELLS IN AREA FILIOS, R.S. 628 BENCH MARK - NAIL IN 10" WHITE OAK 1 LEACHI AT 23'x7'x3.1' House ABERRY LOT 149, DRIVE AREA = 26,545 ± S.F. 150' COMMONWEA MASSACHUSE BOARD OF HEALTH ov IOWN HMARDS OF XX -6

