#15

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON MA 02108 (617) 292-5500

TRUDY COXE
Secretary

ARGEO PAUL CELLUCCI
Governor

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: #15 Teaberry Lane, Amherst Name of Owner: Iqbal Ali
Address of Owner: Same

Date of Inspection: 10/21/99
Name of Inspector: (Please Print) Jonathan Begg
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: HOWARD ENVIRONMENTAL SERVICES
Mailing Address: 750 NORTH PLEASANT STREET (REAR)
Telephone Number: AMHERST, MA 01002

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: J. Begg Date: 10/28

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

RECEIVED DEC 3 1999

HOWARD ENVIRONMENTAL SERVICES
750 NORTH PLEASANT STREET (REAR)
AMHERST, MA 01002

revised 9/2/98

Printed on Recycled Paper

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

Property Address: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection: 10/21/99

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 _____

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.

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 failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic 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 levelled 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: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection: 10/21/99

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 within 50 feet of a private 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 SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection: 10/21/99

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 **NOT** 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 following criteria apply to large systems in addition to the criteria above:

_____ 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: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection:
10/21/99

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

Yes	No	
✓		Pumping information was provided by the owner, occupant, or Board of Health.
✓		None of the system components have been pumped for at least two weeks and the system has been recording normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
	N/A	As built plans have been obtained and examined. Note if they are not available with N.A.
✓		The facility or dwelling was inspected for signs of sewage back-up.
✓		The system does not receive non-sanitary or industrial waste flow.
✓		The site was inspected for signs of breakout.
✓		All system components, excluding the Soil Absorption System, have been located on the site.
✓		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:
		Existing information. For example: Plan at B.O.H.
✓		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))
✓		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 FORM
PART C
SYSTEM INFORMATION

Property Address: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection: 10/21/99

FLOW CONDITIONS

RESIDENTIAL:
Design flow: — g.p.d./bedroom
Number of bedrooms (design): — Number of bedrooms (actual): 3
Total DESIGN flow —
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): 163 gpd
Sump Pump (yes or no): NO
Last date of occupancy: currently occupied

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 _____

System pumped as part of inspection: (yes or no) yes
If yes, volume pumped: 4000 gallons
Reason for pumping: inspection

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)
___ 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: — — Unknown

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: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection: 10/21/99

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 14"
Material of construction: __ cast iron ✓ 40 PVC __ other (explain)

Distance from private water supply well or suction line 100+
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
joints good condition, venting O.K., no evidence of leakage

SEPTIC TANK: __
(locate on site plan)

Depth below grade: 10"
Material of construction: ✓ concrete __ metal __ Fiberglass __ Polyethylene __ other (explain)

If tank is metal, list age ___ Is age confirmed by Certificate of Compliance ___ (Yes/No)

Dimensions: 4x4x8
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 22"
Scum thickness: 0"
Distance from top of scum to top of outlet tee or baffle: —
Distance from bottom of scum to bottom of outlet tee or baffle —
How dimensions were determined: estimated

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.) pumped for inspection, baffles good, liquid level at outlet invert, structural integrity good.

GREASE TRAP: ____
(locate on site plan)

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

Dimensions _____
Scum thickness: _____
Distance from top 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: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection:
10/21/99

TIGHT OR HOLDING TANK:_____ (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:__
(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:___
(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: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection: 10/21/99

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
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 dry, no signs of hydraulic failure, no ponding, vegetation normal.

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)

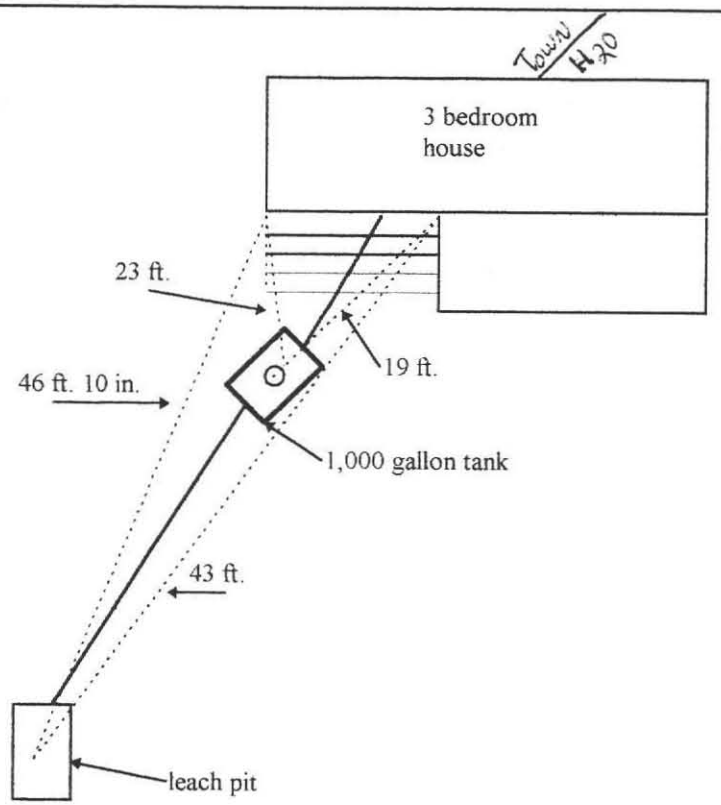
Materials of construction: ___ Dimensions: ___
Depth of solids: ___
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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

Property Address: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection:
10/21/99

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)

15 Teaberry Lane, Amherst



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

Property Address: #15 Teaberry Lane, Amherst
Owner: Ali
Date of Inspection: 10/21/99

NRCS Report name Soil Survey of Hampshire County, Central part
Soil Type Hinckley loamy sand
Typical depth to groundwater 6 feet+

USGS Date website visited 10/25/99
Observation Wells checked
Groundwater depth: Shallow ✓ Moderate _____ Deep _____

SITE EXAM Slope 5%
Surface water no
Check Cellar yes; dry; finished basement
Shallow wells no

Estimated Depth to Groundwater 6+ 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)

The high ground water was established by observing the property, there are deep ravines 10-20' deep near the Subject property, no signs of H_2O, Sandy Soils. Also the Soil Survey of Hampshire County sets the typical depth to groundwater at 6 feet plus.

No. 87-9 #15 Fee $90 CK# 1093

15 Teaberry Lane

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST, MASS

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (x) or Repair ( ) an Individual Sewage Disposal System at: 15 Teaberry

AMHERST WOODS AMHERST, MASS LOT 147
Location - Address or Lot No.

BRUCE TAYLOR PO Box 351 LEVERETT, MASS
Owner Address

Quabbin Forest Products Kimball Rd. Belchertown, MA
Installer Address

Type of Building Size Lot 25,123 Sq. feet

Dwelling — No. of Bedrooms 3 bedroom Expansion Attic (—) Garbage Grinder (X)

Other — Type of Building RESIDENTIAL No. of ~~persons~~ 3 bedroom Showers (X) — Cafeteria (—)

Other fixtures 1½ bathrooms

Design Flow 110 gallons per ~~person~~ bedroom per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 8'6" Width 5'0" Diameter — Depth 5'0"

Disposal Trench — No. ..... Width ..... Total Length ..... Total leaching area ..... sq. ft.

Seepage Pit No. 1 ~~Diameter~~ 10.6" x 5'6" x 3.0' Depth below inlet 2.0' Total leaching area ..... sq. ft.

Other Distribution box (—) Dosing tank (—)

Percolation Test Results Performed by F.A. FILIOS, RS. Date SIDE 128 FT² BOTTOM 249.8 FT² MARCH 7 1986

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit 43" Depth to ground water DNA

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water ..... DEEP HOI

Description of Soil 0-4" TOPSOIL 4"-21" SUBSOIL 21"-120" COARSE SAND SOME FINE GRAVEL CONTINOUS LOTS IN AREA ONE DEEP HOLE

Nature of Repairs or Alterations — Answer when applicable ONLY REQUIRED

Agreement:

The undersigned agrees to install the aforedescribed 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.

COMMONWEALTH OF MASSACHUSETTS WILLIAM JOHN SIERUTA No. 30148 REGISTERED PROFESSIONAL ENGINEER

Signed [signature] 3/5/86 Date

Application Approved By [signature] 3-30-87 Date

Application Disapproved *for the following reasons:* .....

Permit No. 87-9 Issued 3-30-87 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

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

No. 87-9 TOWN OF AMHERST FEE $90

Disposal Works Construction Permit

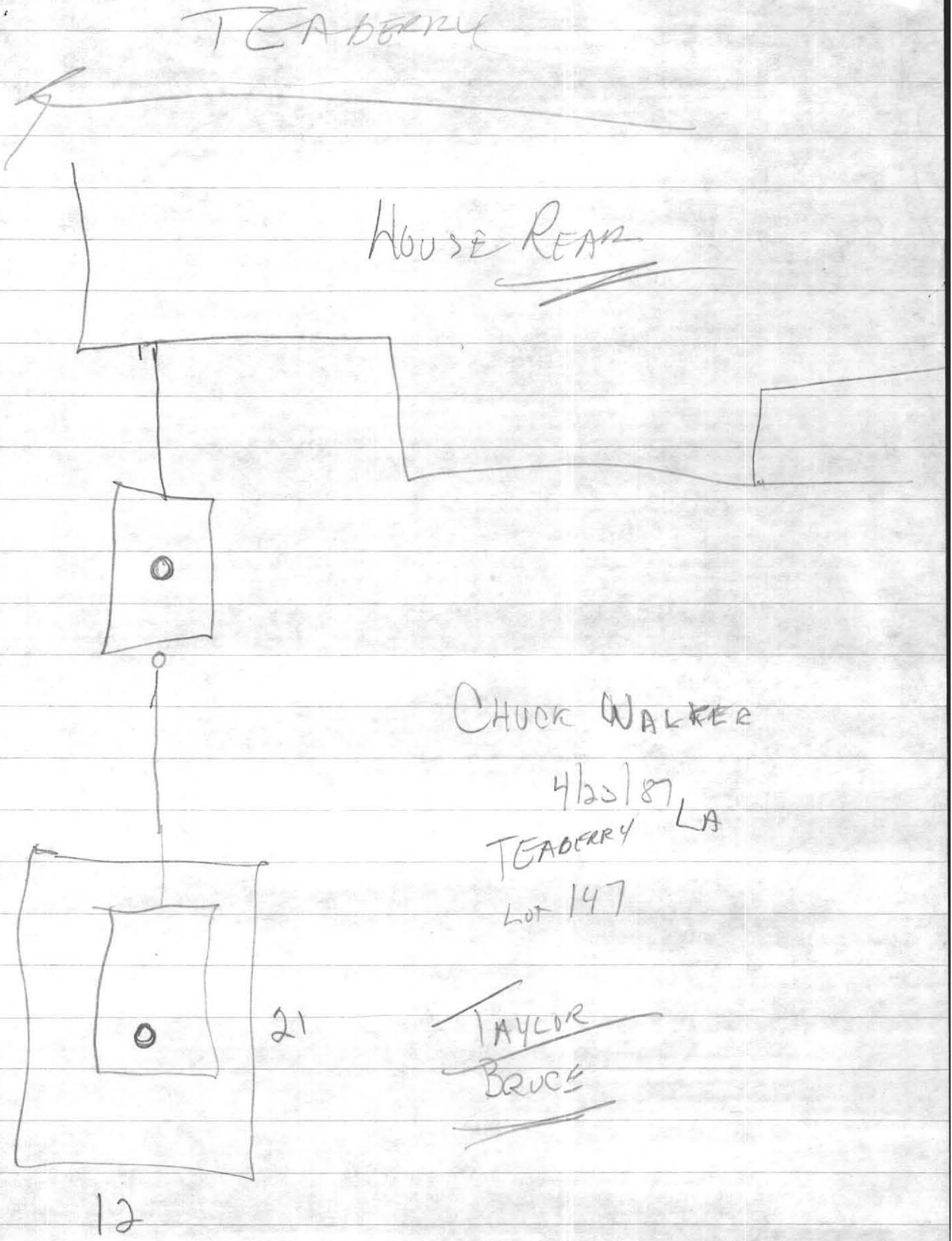
Permission is hereby granted BRUCE TAYLOR - QUABBIN FOREST PRODUCTS to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. LOT 147 WOOD LOT RD
Street

as shown on the application for Disposal Works Construction Permit No. 87-9 Dated 3-30-87

[signature]
Board of Health

DATE 3-30-87

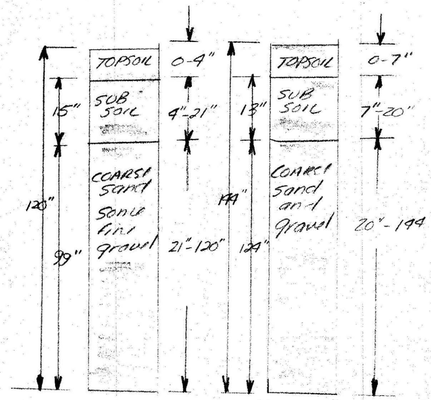
CHECK OR FILL IN WHERE APPLICABLE

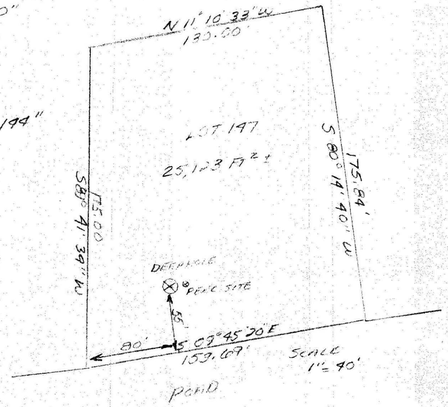

TEABERRY
HOUSE REAR
CHUCK WALKER
4/23/87 LA
TEABERRY
LOT 147
21
TAYLOR
BRUCE
12

CONTINUOUS LOTS 1 DEEP HOLE REQUIRED

*DEEP HOLE LOT # 197

DEEP HOLE LOT #196





PERCOLATION TEST

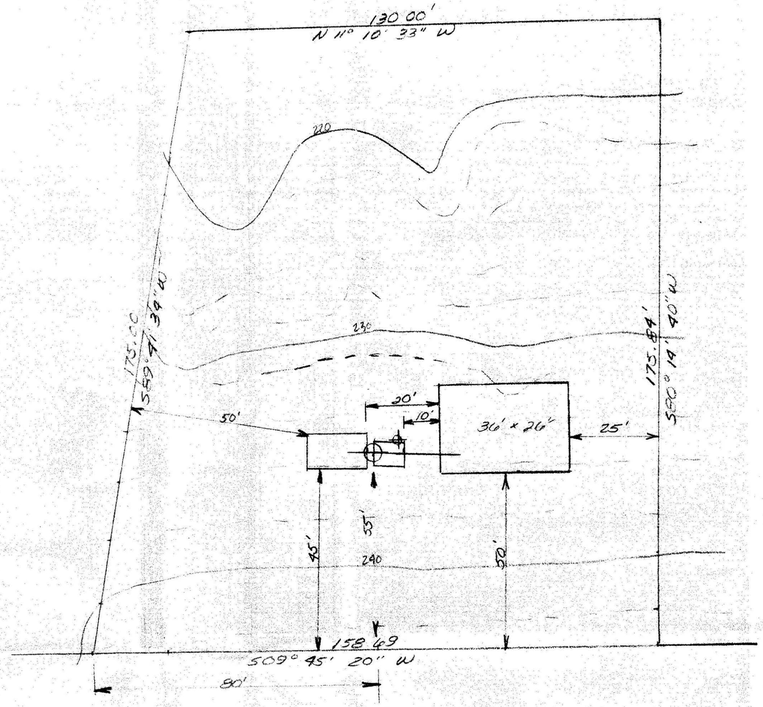
R.S. F.A. FILIOS
69 PELHAM RD
AMHERST MASS

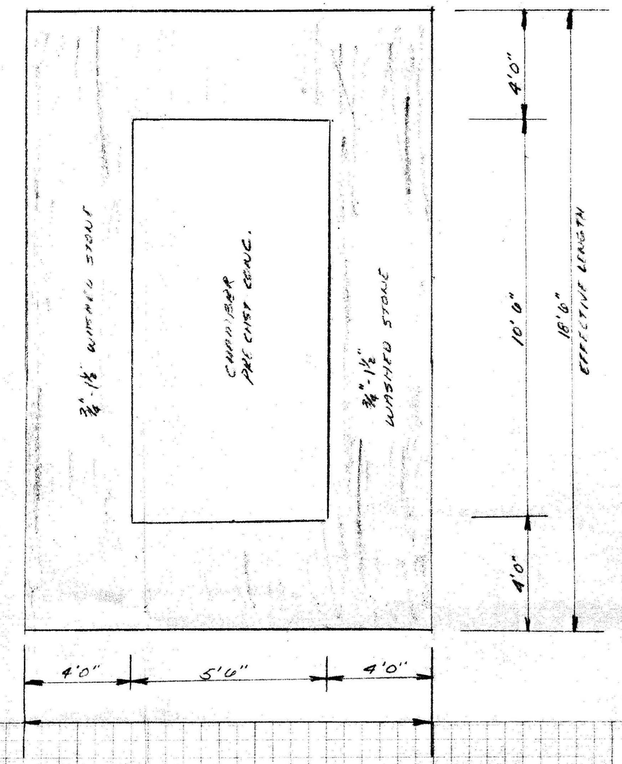
INSP
B.H. C DRAKE

DATE MARCH 7 1986

RATE 20 sec/inch

DESIGN RATE 2.0 min/inch





DESIGN NOTES

1 ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15 TITLE 5

2 FINISH CONTOURS TO REMAIN SIMILAR TO PRESENT EXISTING PROFILE WITH LOAMING AND SEEDING ONLY IN THE VICINITY OF THE HOUSE

DESIGN CRITERIA

USE: RESIDENTIAL HOME 3 BEDROOMS 1½ BATHROOMS
GARBAGE DISPOSAL

DESIGN FLOW:
110 gal/day/bedroom × 3 rms = 330 gal/day

SEPTIC TANK REQUIRED
330 gal/day × 150% = 495 gal
1000 gal minimum tank SIZE ALLOWED
USE 8'6" × 5'0" × 5'0" PRE CAST CONC TANK
310 CMR 15.00 (1)

LEACHING SYSTEM DESIGN
DUE to excellent soil conditions and the deep depth with no water or oxides A Leaching Chamber (pit) will be used per 310 CMR 15.11 (3)
DESIGN FLOW 330 gal/day × 150%
495 gal/day

Leaching Chamber: use precast conc unit rectangular shape
L=10.5' W=5.5' D=3.0'
EFFECTIVE DEPTH 2.0 FT

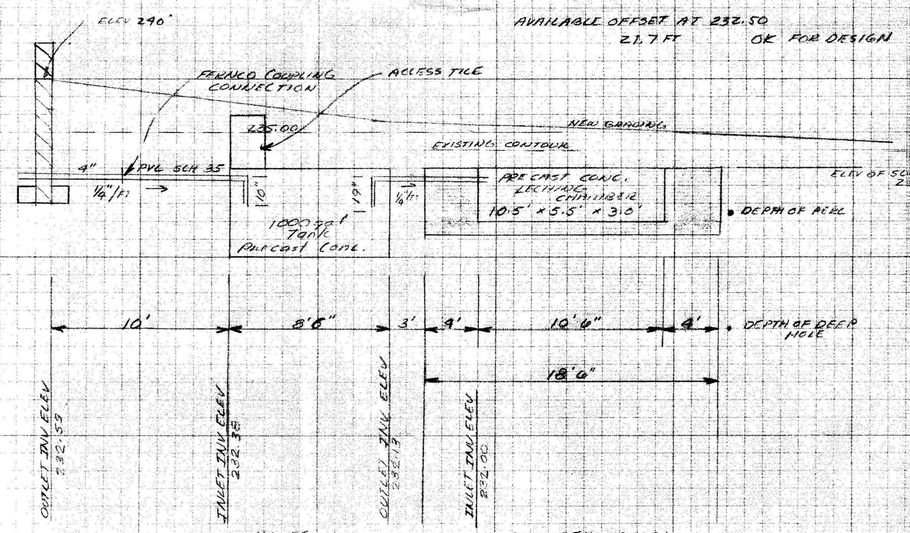
Percolation test 2 min/inch
SIDE AREA = 2.5 gal/FT²
BOTTOM AREA 1.0 gal/FT²

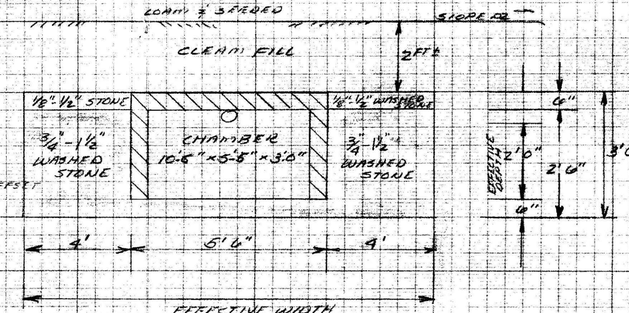
DESIGN WITH 4 FT OF WASHED STONE ALL SIDES
Le = 18.5' We = 13.5' De = 2.0

SIDE AREA (18.5 × 2 × 2 + 13.5 × 2 × 2) = 128 FT² 128 × 2.5 = 320 gal
BOTTOM AREA 18.5 × 13.5 = 249.7 249.7 × 1.0 = 249.7 gal
BENCHMARK ELEV SE PIN 240.00' 5 (6) gal/day

SLOPE OFF SET REQ'D
AT ELEV 232.50 SLOPE 2'/14'
150 2'/100' = 18.7 FT

AVAILABLE OFFSET AT 232.50
21.7 FT OK FOR DESIGN





TANK NOTES
- TANK TO BE INSTALLED LEVEL
- ALL TANK/PIPE JOINTS TO BE MORTAR SEALED
- INLET & OUTLET TEES INSTALLED AS REQ'D PER 310 CMR 15.06 (5)
- ACCESS MANHOLE TILE FOR TANK TO BE PROVIDED

WATER TO BE PROVIDED FROM PUBLIC SUPPLY

CHAMBER NOTES
- CHAMBER TO BE INSTALLED LEVEL
- ALL CHAMBER/PIPE JOINTS TO BE MORTAR SEALED

EFFECTIVE SIZE OF CHAMBER
18'6" × 13'6" × 2'0"

SEPTIC SYSTEM DESIGN
BRUCE TAYLOR
LOT #147 AMHERST WOODS
AMHERST, MASSACHUSETTS

ENGR W.J. SIERUTA, PE
DATE: NOV 19, 1986

COMMONWEALTH OF MASSACHUSETTS
W. J. SIERUTA
No. 31164
REGISTERED PROFESSIONAL ENGINEER

Wm J Sierut