

No. 86-64

#28

ed.



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 (X) or Repair () an Individual Sewage Disposal System at:

28 "Amherst Woods"

Lot # 129

Albert Fiszler
Location - Address

26 Miller Av., Southampton, MA.
or Lot No. Address

LaValley & Sons
Owner

Earlhy
Address

Type of Building Dwelling No. of Bedrooms 5 Expansion Attic () Garbage Grinder (Yes)

Other — Type of Building _____ No. of persons _____ Showers () — Cafeteria ()

Other fixtures _____

Design Flow 55 + 50 g.p.d. gallons per person per day. Total daily flow 825 gallons.

Septic Tank — Liquid capacity 1500 gallons Length 10' Width 5' Diameter _____ Depth 5'

Disposal Trench — No. _____ Width _____ Total Length _____ Total leaching area 320 sq. ft. sides

Seepage Pit No. 1 Diameter 25'x7' Depth below inlet 5 Total leaching area 175 sq. ft. bottom

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by F.A. Filios Date March 10

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

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 10/27/86

Application Approved By [Signature] Date 10/23-86

Application Disapproved for the following reasons: _____

Permit No. 86-64 Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired () by LaValley & Sons

at Albert Fiszler Installer Lot # 129 Amherst Woods

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 5/23/88 Inspector for Amherst Health Dept: [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 86-64

FEE 9.90

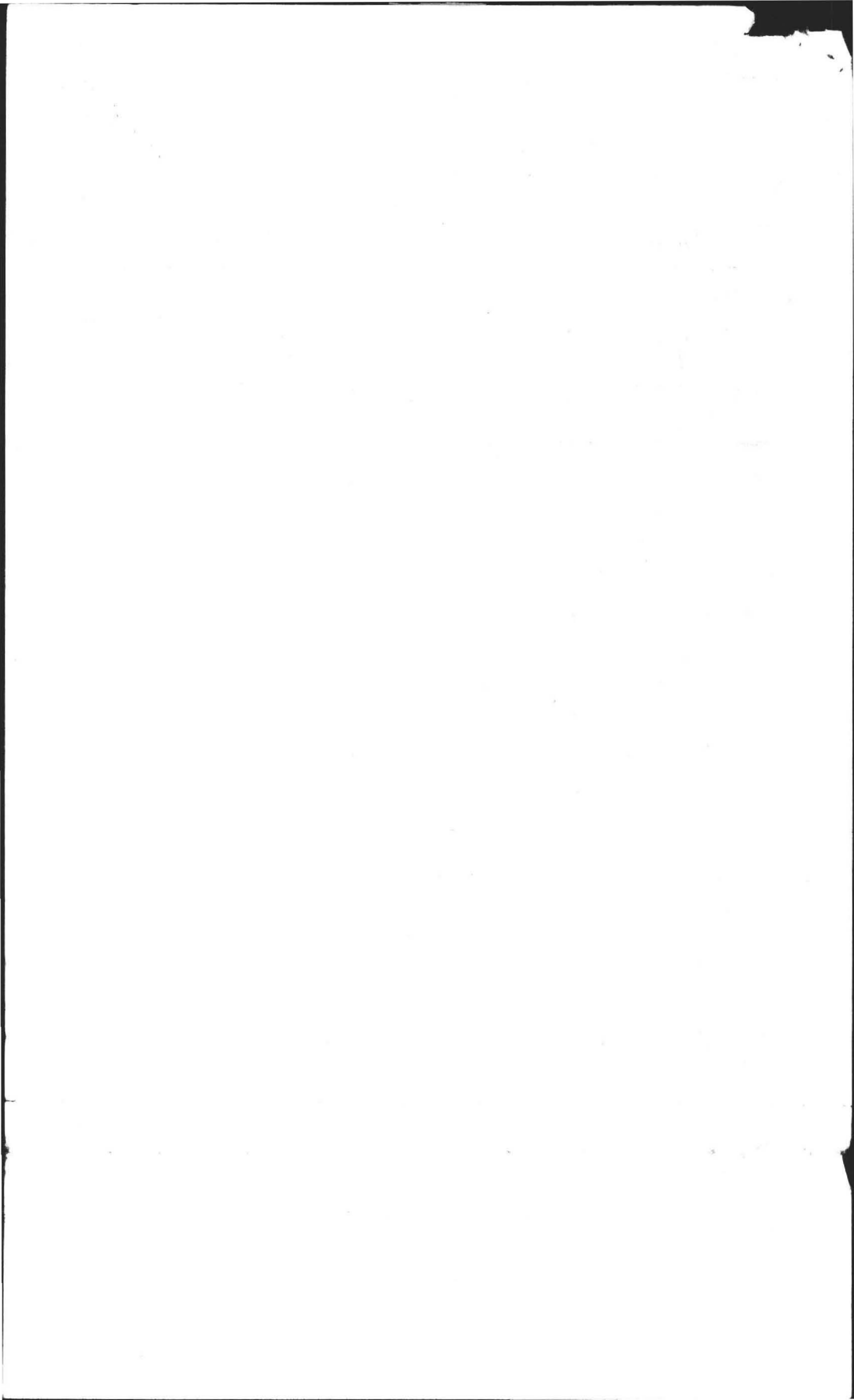
Disposal Works Construction Permit

Permission is hereby granted AL F. 825W to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot 129 Street 26 Miller Av.

as shown on the application for Disposal Works Construction Permit No. 86-64 Dated 10/23/86

DATE 10/23/86 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



No. _____

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 (X) or Repair () an Individual Sewage Disposal

System at:

"Amherst Woods"

Lot # 129

Albert Fiszler

26 Miller Av., Southamptn, MA

LaValley & Son

Esther

Type of Building

Dwelling No. of Bedrooms 5 Expansion Attic () Garbage Grinder (yes)

Other - Type of Building No. of persons Showers () - Cafeteria ()

Other fixtures

Design Flow 55 + 50 % gallons per person per day. Total daily flow 825 gallons.

Septic Tank - Liquid capacity 1500 gallons Length 10' Width 5' Diameter Depth 5'

Disposal Trench - No. Width Total Length Total leaching area 320 sq. ft. sides

Seepage Pit No. 1 Diameter 25' x 7' Depth below inlet 5' Total leaching area 175 sq. ft. bottom

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by F.A. Filios Date March 10

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

Nature of Repairs or Alterations - Answer when applicable

Agreement:

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Signed [Signature] Date 10/27/80

Application Approved By _____ Date _____

Application Disapproved for the following reasons: _____

Permit No. _____

Issued _____

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 _____

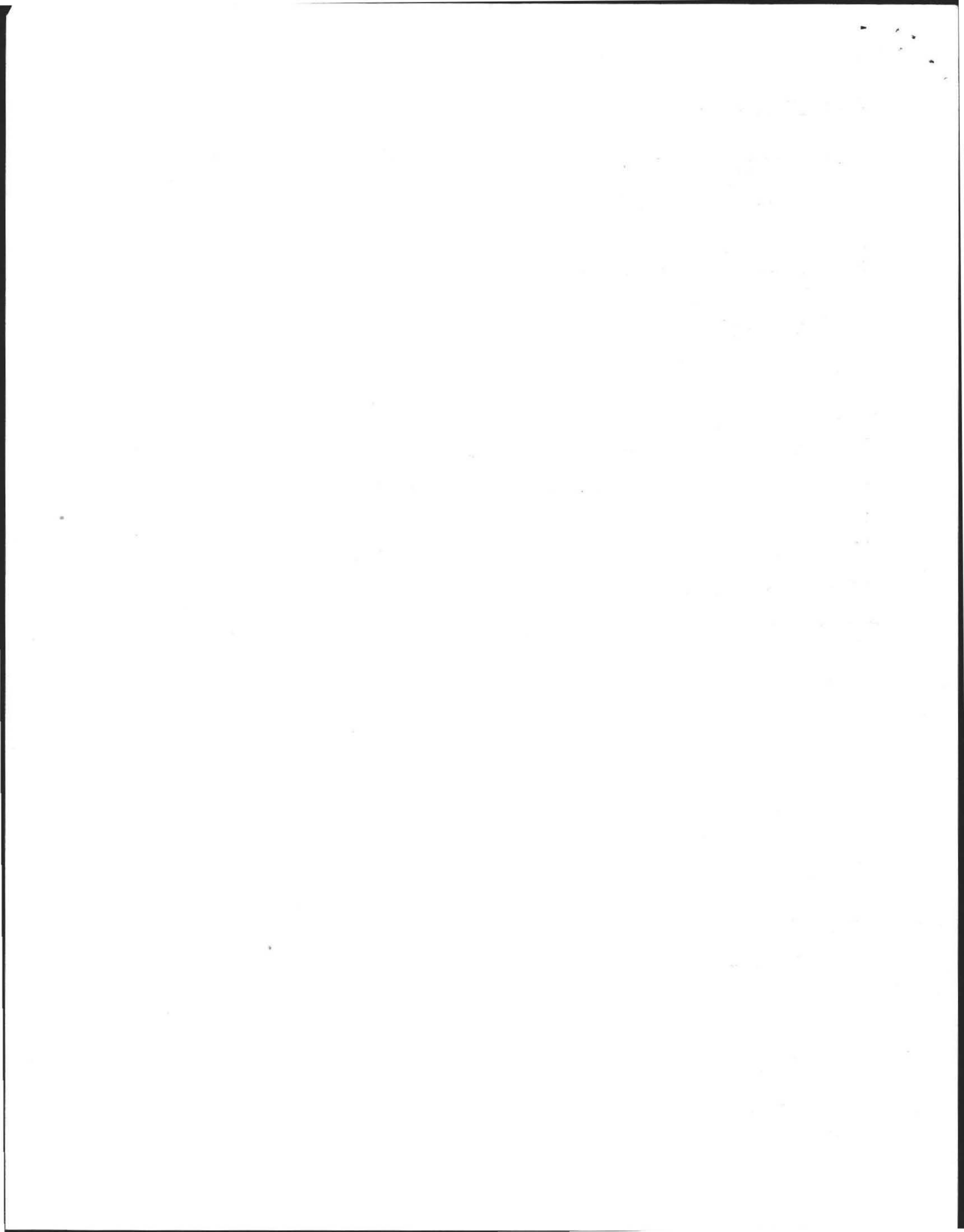
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____

Inspector _____

CHECK OR FILL IN WHERE APPLICABLE



DEEP SOIL LOGS

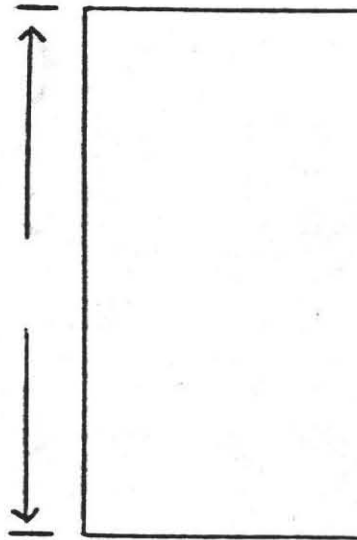
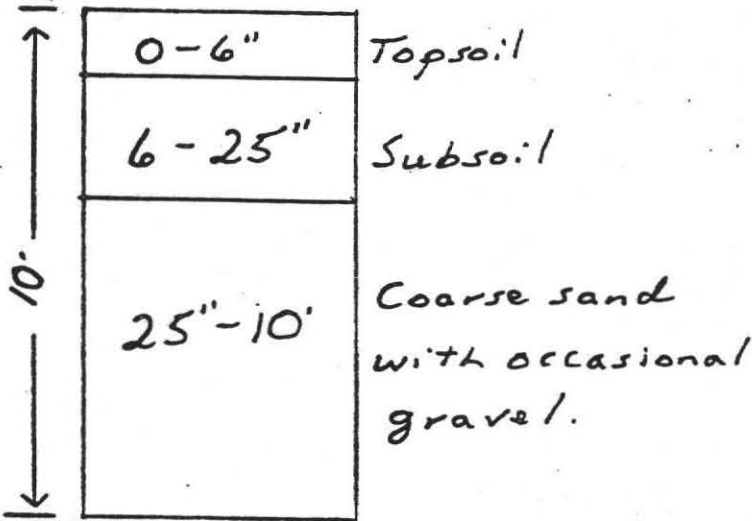
OWNER Jeffrey W. Flower

DATE March 10, 1986

LOCATION Lot 129 Amherst Woods
Amherst, MA.

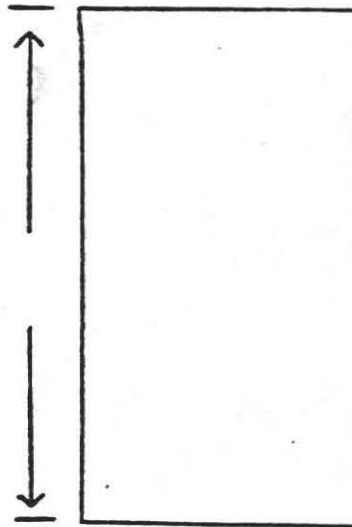
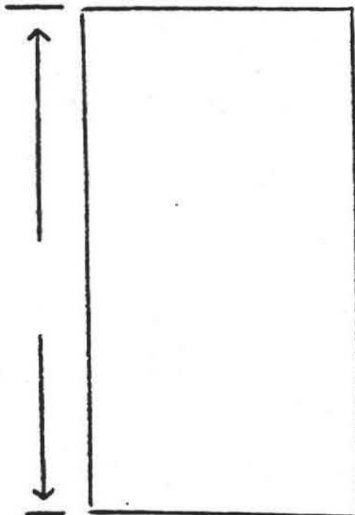
OBSERVER F.A. Filios

B of H C. Drake



GROUND WATER NONE

GROUND WATER _____



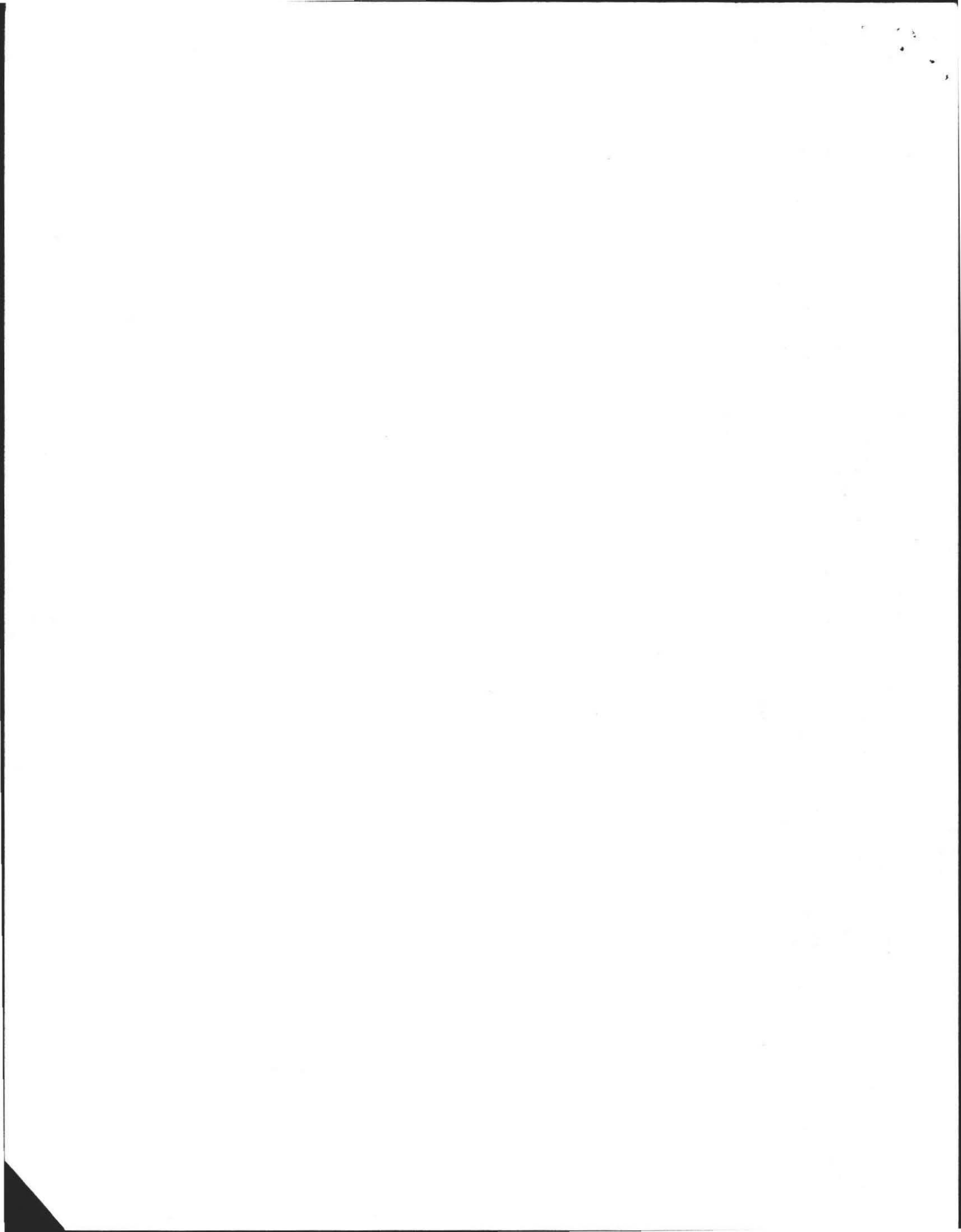
GROUND WATER _____

GROUND WATER _____

PERCOLATION RATE AT 40":

< 2 min./inch



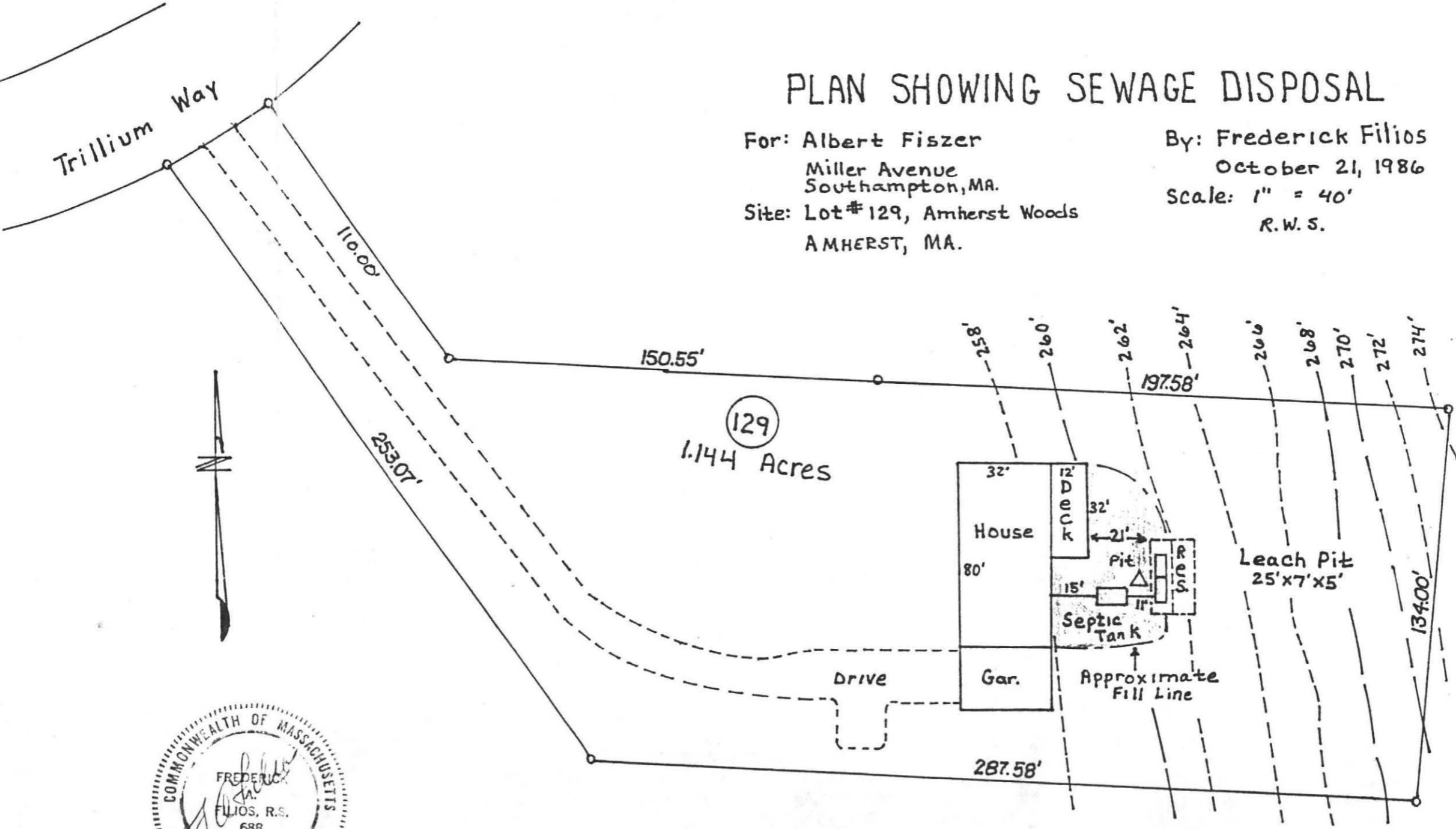


PLAN SHOWING SEWAGE DISPOSAL

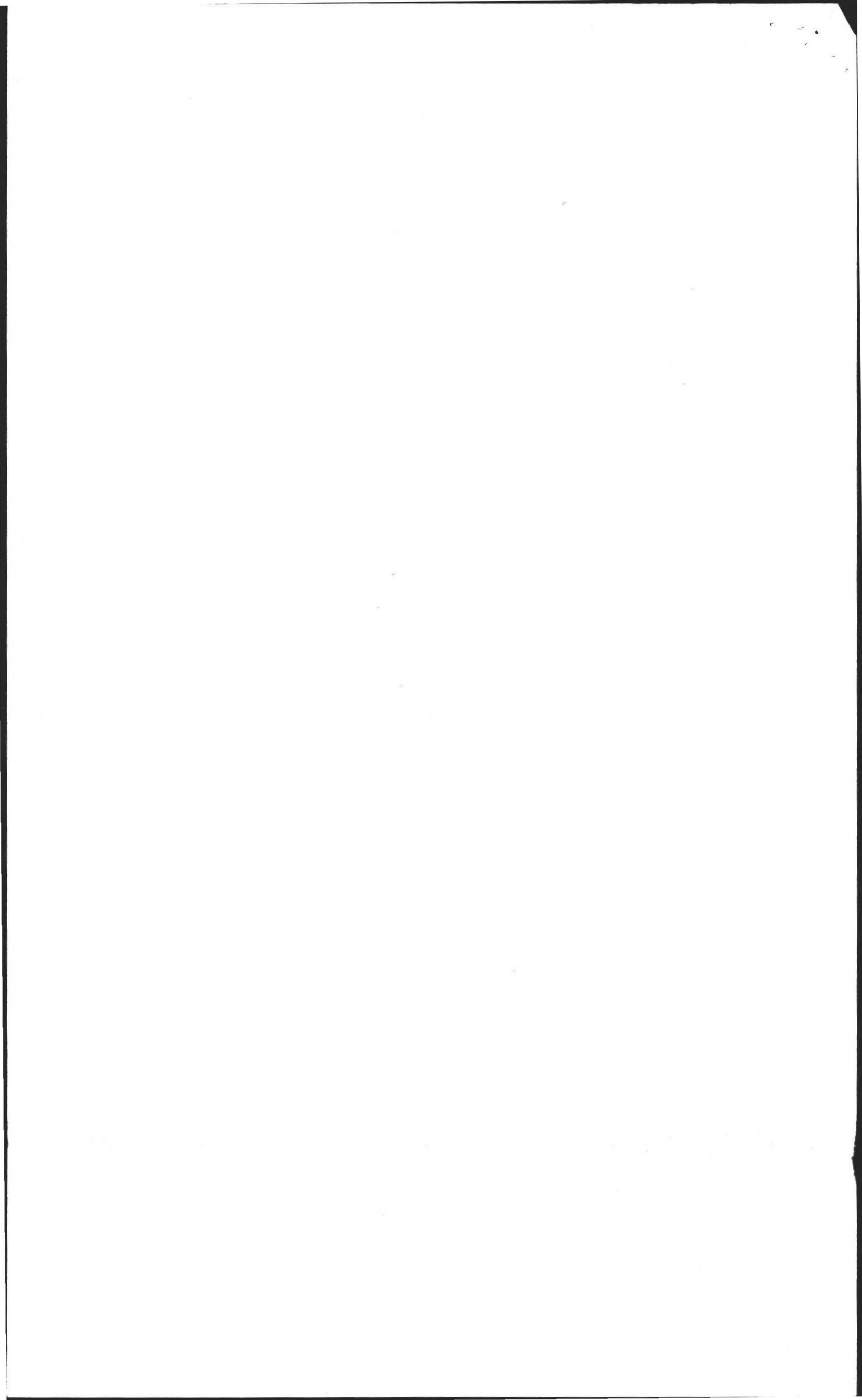
For: Albert Fiszer
 Miller Avenue
 Southampton, MA.
 Site: Lot #129, Amherst Woods
 AMHERST, MA.

By: Frederick Filios
 October 21, 1986
 Scale: 1" = 40'
 R.W.S.

Trillium Way



Note: Town Water Available
 No Wells In The Area



PROFILE OF SEPTIC SYSTEM

FOR: Albert Fiszler
26 Miller Ave.
Southampton, Ma.

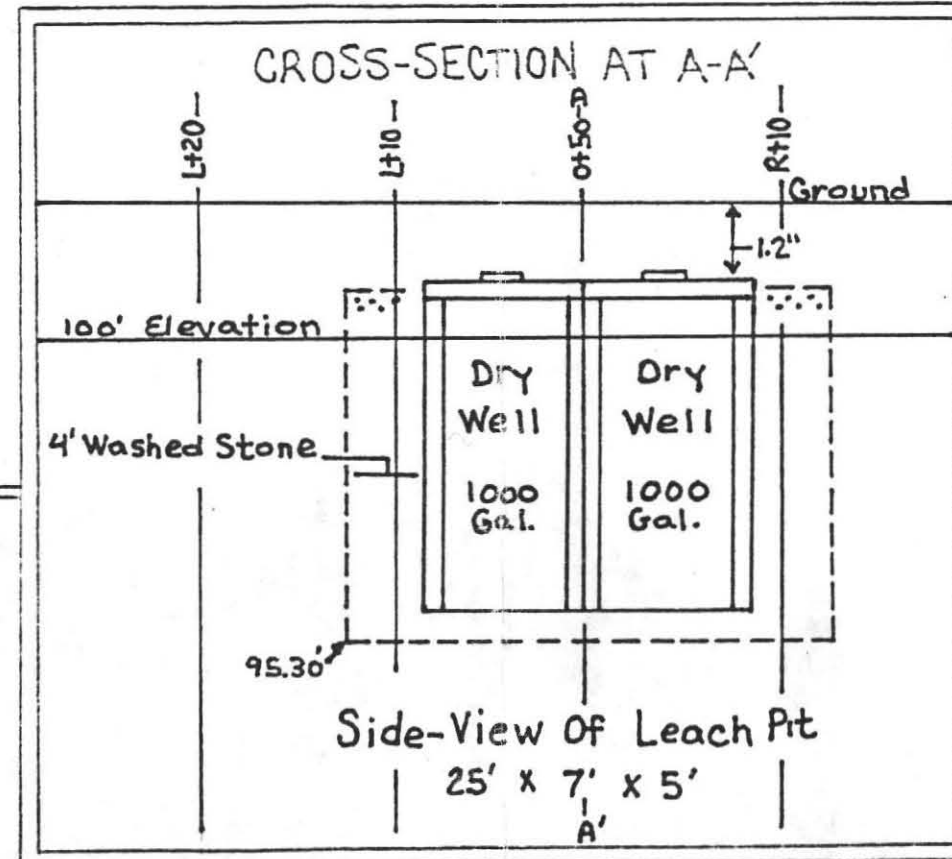
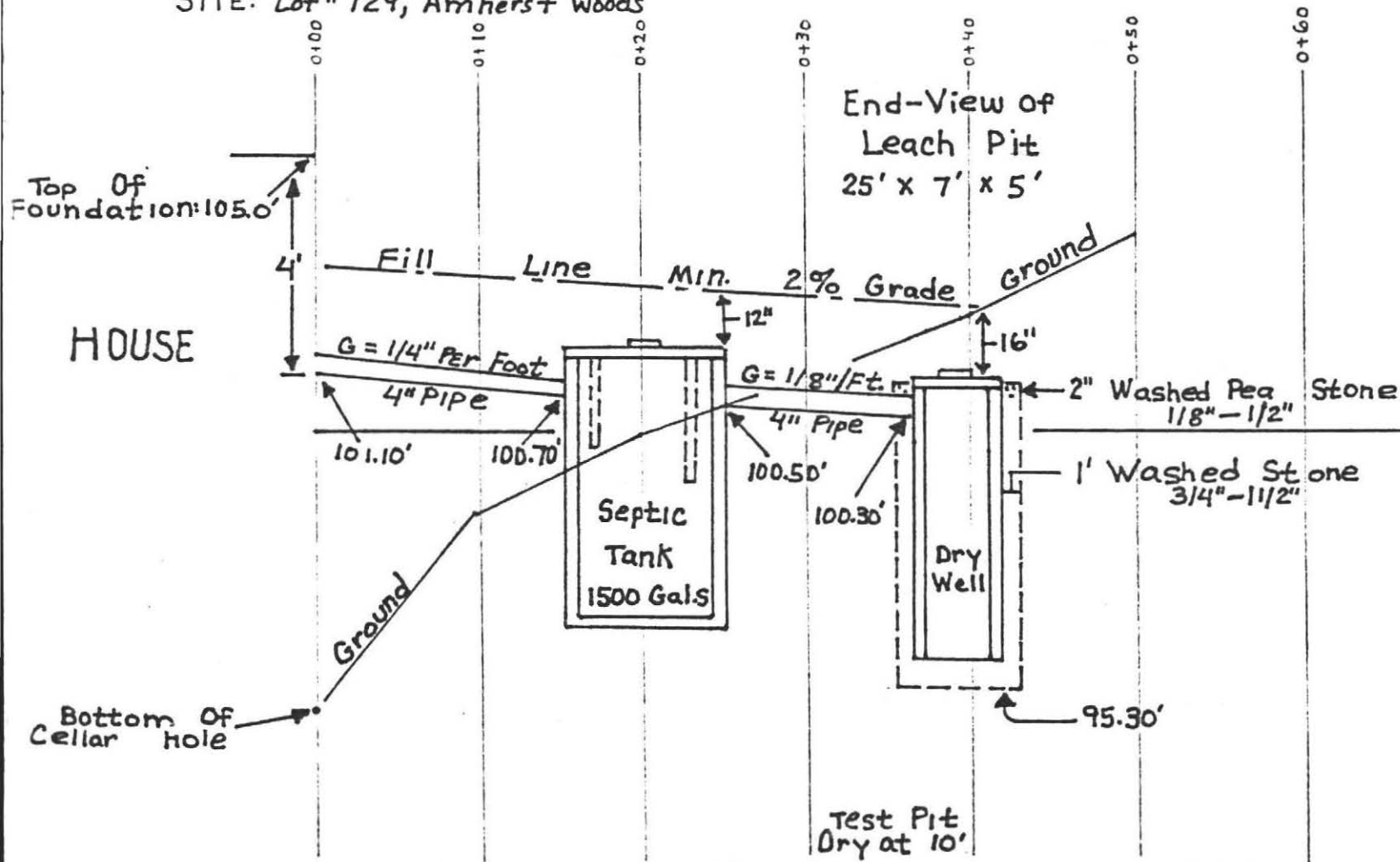
SITE: Lot #129, Amherst Woods

BY: FREDERICK A. FILIOS

October 21, 1986
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'



100' Elevation Assumed At
B.M.: NAIL in Tree



SPECIFICATIONS

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

CALCULATIONS

Demand: 5 Bdrms + Disposal = 825 Gal.s
Perc Rate: 2 Min. Per Inch
Leach Pit: 25' x 7' x 5' (below inlet)

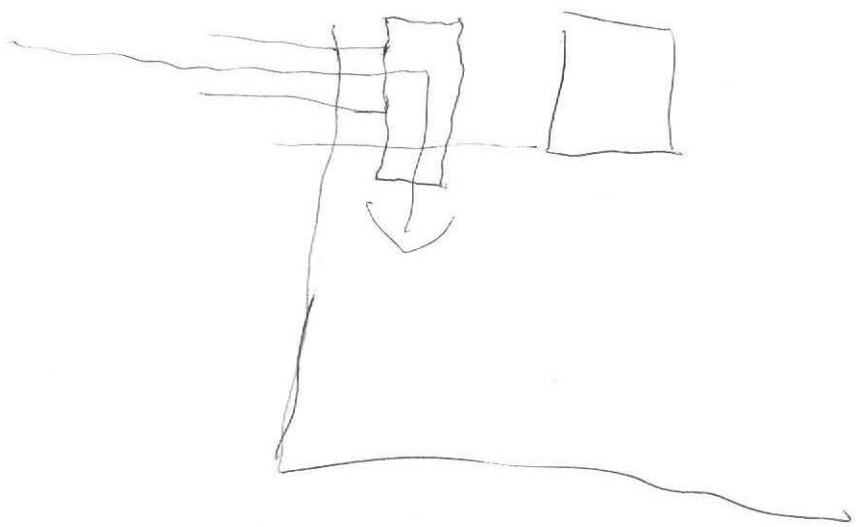
Calculations:

Sides: $(25' \times 5') \times 2 = 250 \text{ ft}^2 \times 2.5 \text{ Gal.} = 625 \text{ Gal.s}$

Ends: $(7' \times 5') \times 2 = 70 \text{ ft}^2 \times 2.5 \text{ Gal.} = 175 \text{ Gal.s}$

Bottom: $25' \times 7' = 175 \text{ ft}^2 \times 1.0 \text{ Gal.} = 175 \text{ Gal.s}$

Total Available: 975 Gal.s



Post-it® Fax Note	7671	Date	# of pages 13
To	From DAVE ZAROZINSKI		
Co./Dept.	Co.		
Phone #	Phone #		
Fax # 253-7194	Fax #		

#28

COPIES SENT:

- (BOH) - Bd. of Health
- (BUYER) - LINDA GRAVES, TOWN + COUNTY
256-1312
- (SELLER) - KIMBERLY DEMETROPOULOS,
BOROWSKI
8 B KING ST.
NORTHAMPTON
01060

setts
ental Affairs

DEP Environmental Protection

William F. Weld
Governor
Trudy Coxe
Secretary, EOE
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

Property Address: 28 TEABERRY LANE
Date of Inspection: 11/21/95
Name of Inspector: ALAN E. WEISS, R. S. #933
Company Name, Address and Telephone Number:

F. BATTI
Address of Owner: 1 IDUNA LANE
(If different) AMHERST, MA.

COLD SPRING ENVIRONMENTAL, INC.
350 OLD ENFIELD RD. BELCHERTOWN, MA. 01007
PH: (413) 323-5957 FAX: (413) 323-4916

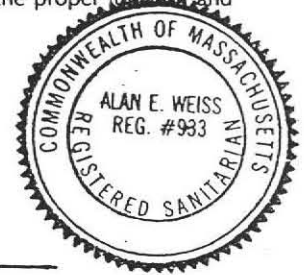
CERTIFICATION STATEMENT

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: Alan E. Weiss

Date: 11/21/95



The System Inspector shall submit a copy of this inspection report to the Approving Authority 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.

INSPECTION SUMMARY:

Check A, B, C, or D:

A) SYSTEM PASSES:

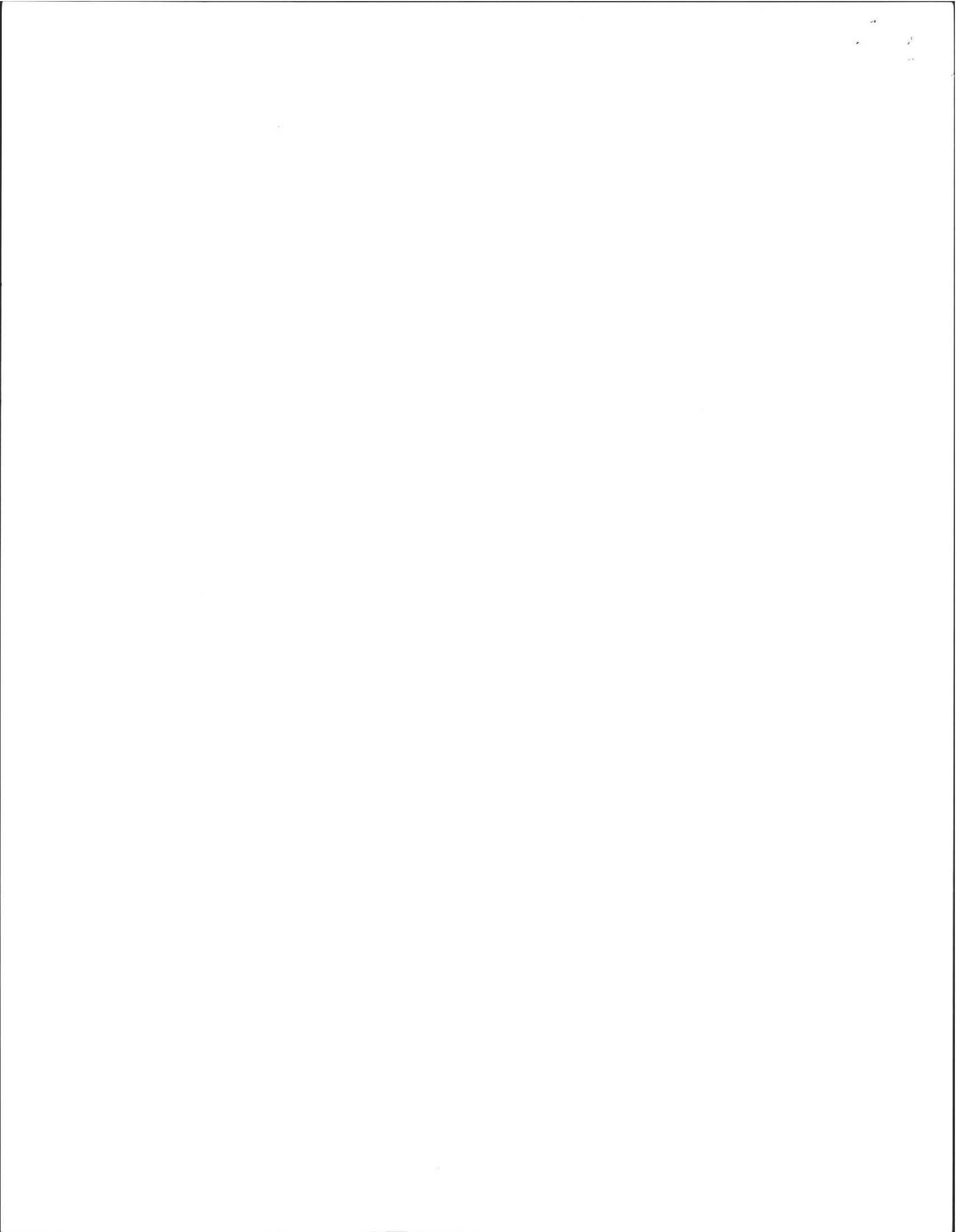
I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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, 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 conforming septic tank as approved by the Board of Health.



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

Property Address: 28 TEABERRY LANE
Owner: F. GATI
Date of Inspection: 11/21/95

B) SYSTEM CONDITIONALLY PASSES (continued)

- 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

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 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 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 APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and 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.

D) SYSTEM FAILS:

I have determined that the system violates one or more of the following failure criteria as defined 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.

- 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.

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

Property Address: 28 TEABERRY LANE
Owner: F. GATTI
Date of Inspection: 11/2/95

D) SYSTEM FAILS (continued):

- N Static liquid level in the ~~distribution box~~ ^{Leach tank} above outlet invert due to an overloaded or clogged SAS or cesspool.
- N Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- N Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____
- N Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- N.A. Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- N.A. Any portion of a cesspool or privy is within a Zone I of a public well.
- N.A. Any portion of a cesspool or privy is within 50 feet of a private water supply well. (TOWN WATER)
- N.A. 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: (N.A.)

The following criteria apply to large systems in addition to the criteria above:

- _____ The design flow of system is 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:
 - ___ 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)

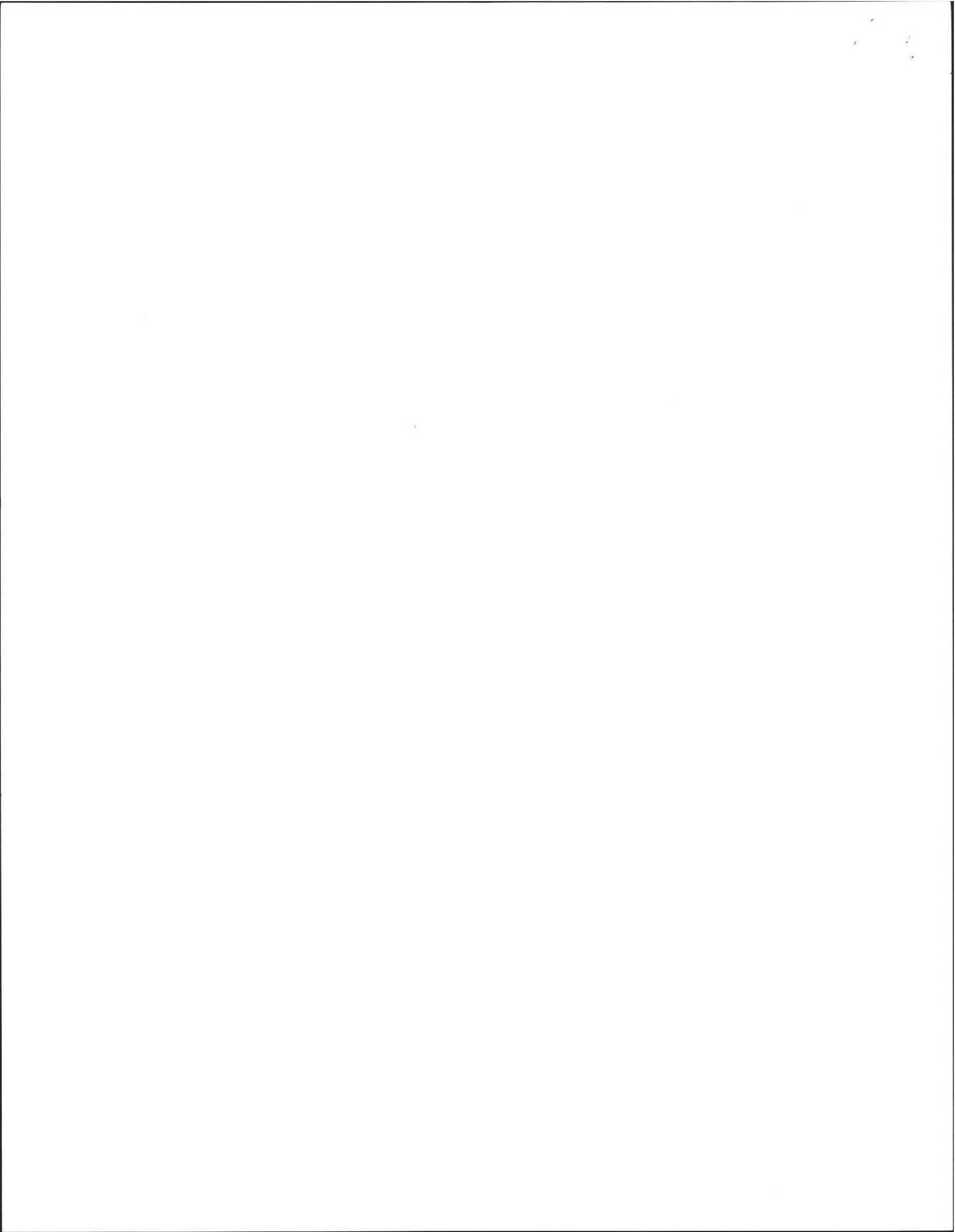
The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 28 TEABERRY LANE
Owner: F. GATTI
Date of Inspection: 11/2/95

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- 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.
- 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 or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 28 TEABERRY LANE
Owner: F. BATTI
Date of Inspection: 11/21/95

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 825 gallons
Number of bedrooms: 5
Number of current residents: 5
Garbage grinder (yes or no): Y (NOT RECOMMENDED)
Laundry connected to system (yes or no): Y
Seasonal use (yes or no): N
Water meter readings, if available: NO

Last date of occupancy: CURRENT

COMMERCIAL/INDUSTRIAL: N/A

Type of establishment: ~~R~~ RESIDENTIAL
Design flow: _____ gallons/day
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:

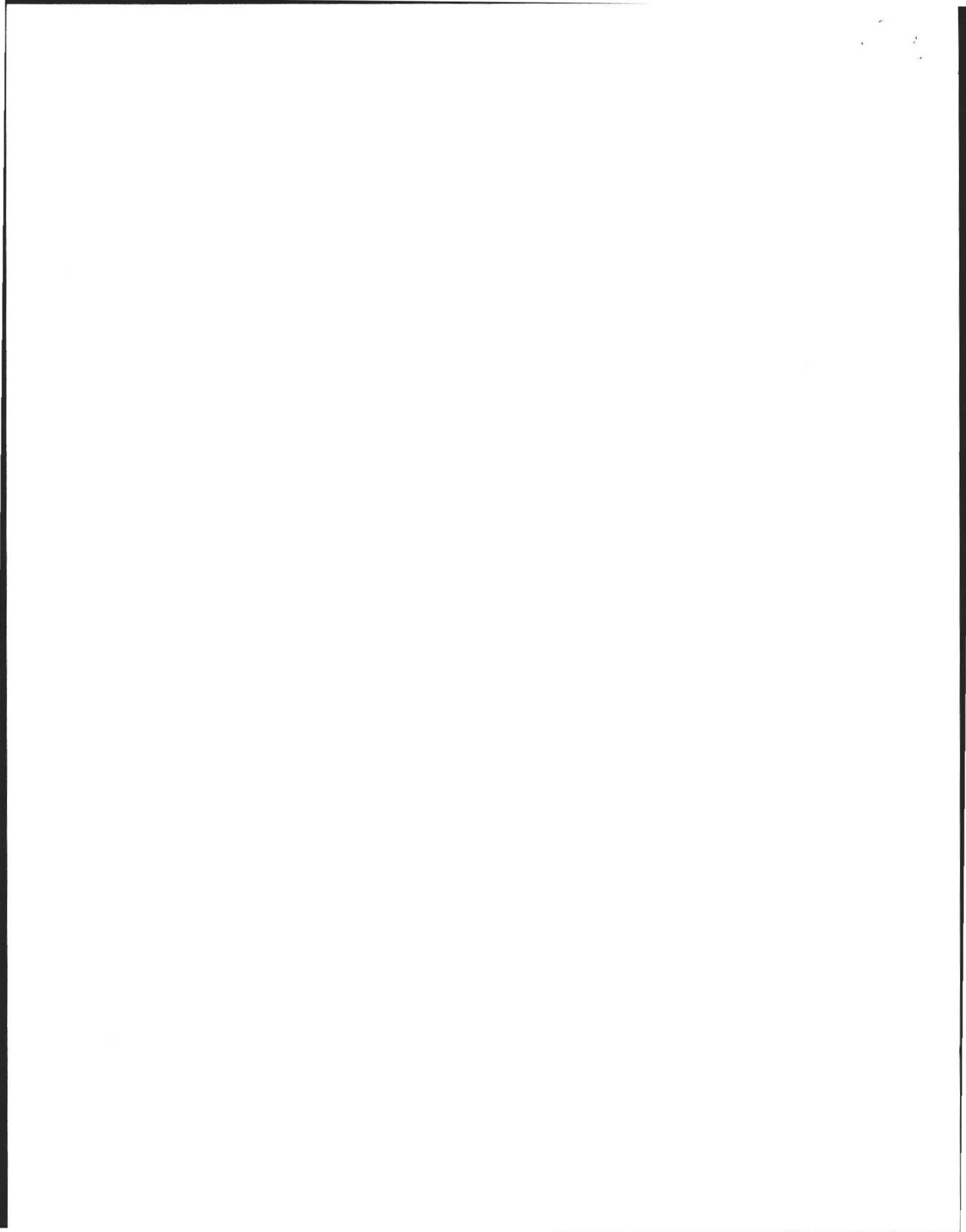
23 yrs
System pumped as part of inspection: (yes) or no) _____
If yes, volume pumped: 1500+ gallons
Reason for pumping: TIME RECOMMENDED

TYPE OF SYSTEM

4 Septic tank/distribution box/soil absorption system (2 LEACH TANKS)
____ Single cesspool
____ Overflow cesspool
____ Privy
____ Shared system (yes or no) (if yes, attach previous inspection records, if any)
____ Other (explain) _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 9 yrs. (B.O.H.) (C.O.C.)

Sewage odors detected when arriving at the site: (yes or no) _____



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

Property Address: 28 Teaberry Lane
Owner: F. GATTI
Date of Inspection: 11/21/95

SEPTIC TANK: Y
(locate on site plan)

Depth below grade: 20" (RISERS TO 18")
Material of construction: Concrete metal FRP other(explain)

Dimensions: 1500 GAL. 10.5 x 5' x 5.3'
Sludge depth: 23"
Distance from top of sludge to bottom of outlet tee or baffle: 24"
Scum thickness: 0-1"
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: 18"

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.) Good Shape, Good baffles (built in).

GREASE TRAP: N.A.
(locate on site plan)

Depth below grade: _____
Material of construction: concrete metal FRP 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: _____

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: _____
Owner: _____
Date of Inspection: _____

TIGHT OR HOLDING TANK: N.A.
(locate on site plan)

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

Dimensions: _____
Capacity: _____ gallons
Design flow: _____ gallons/day
Alarm level: _____

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

DISTRIBUTION BOX: N.A.
(locate on site plan)

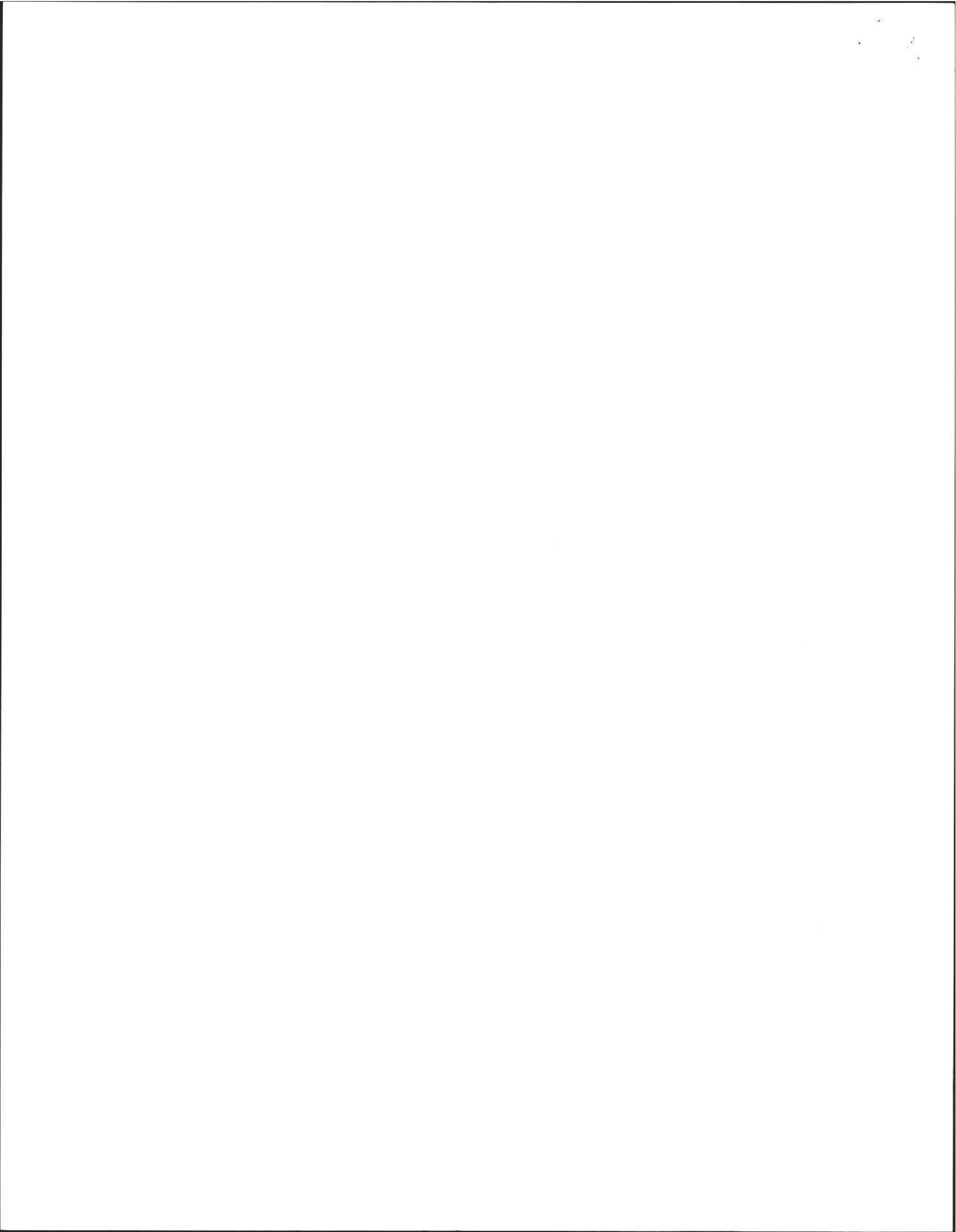
Depth of liquid level above outlet invert: _____

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

PUMP CHAMBER: N.A.
(locate on site plan)

Pumps 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: 28 TEADERY LANE
Owner: F. GATTI
Date of Inspection: 11/2/95

SOIL ABSORPTION SYSTEM (SAS): Y
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:

leaching pits, number: 2 (25' x 7')
leaching chambers, number: _____
leaching galleries, number: _____
leaching trenches, number, length: _____
leaching fields, number, dimensions: _____
overflow cesspool, number: _____

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

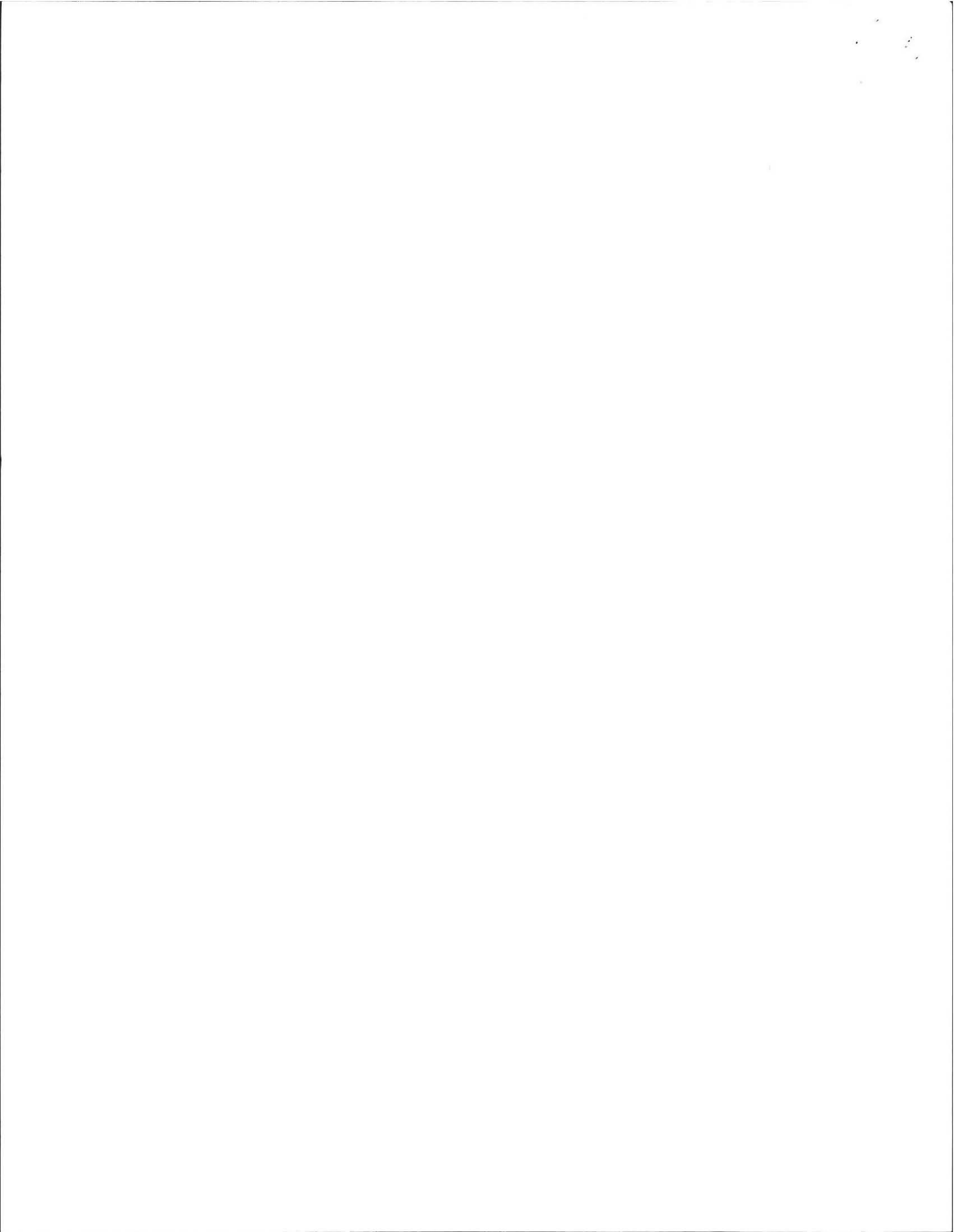
CESSPOOLS: N.A.
(locate on site plan)

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: N.A.
(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.) _____

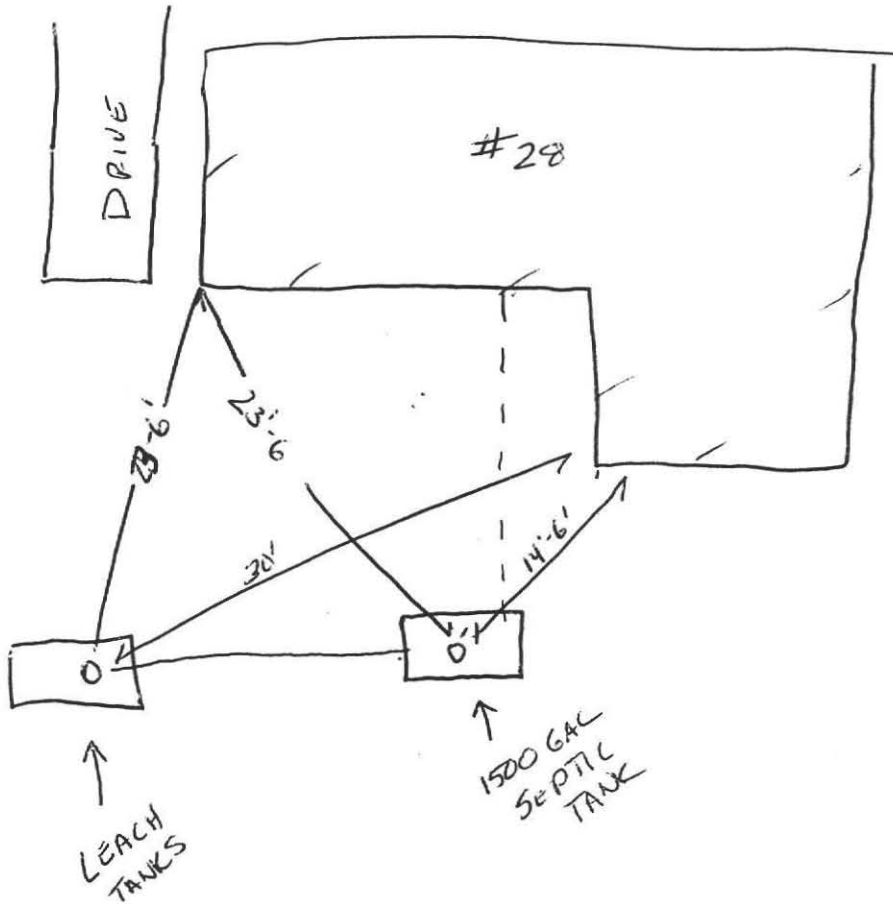


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 28 TEABERT LANE
Owner: F. GATTI
Date of Inspection: 11/21/95

SKETCH OF SEWAGE DISPOSAL SYSTEM:

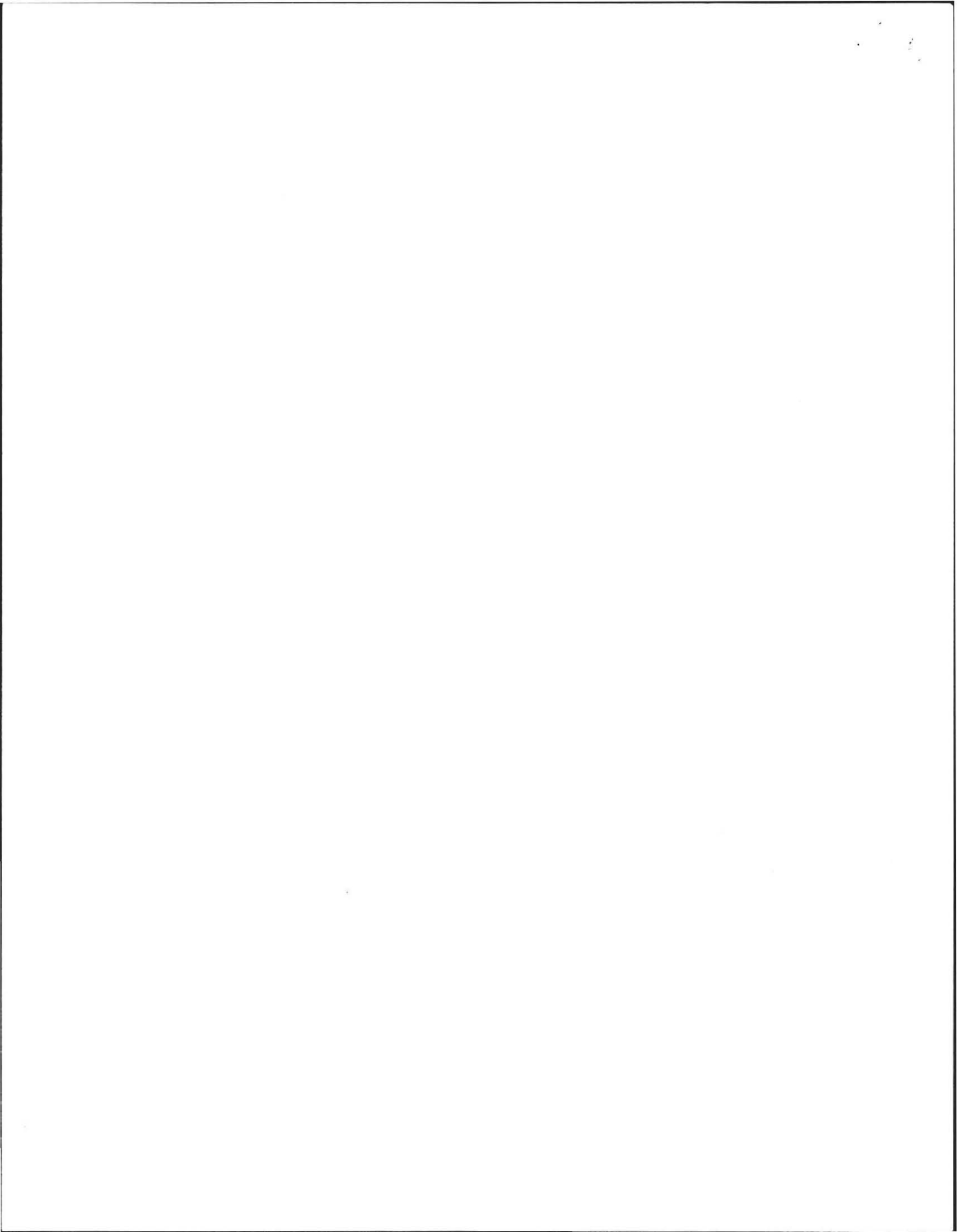
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater: 10' + feet

method of determination or approximation: TOPO, + Perc Test (1986) Attached.



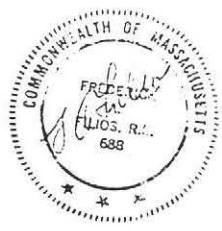
Teakery Lane
Way

#28

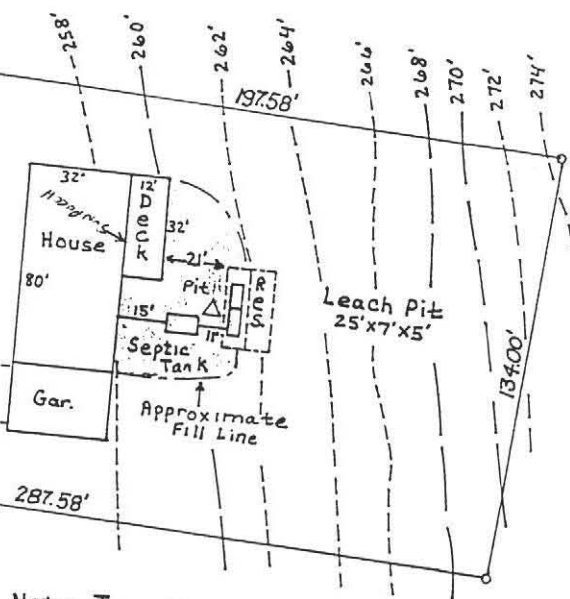
PLAN SHOWING SEWAGE DISPOSAL

For: Albert Fiszer
Miller Avenue
Southampton, MA.
Site: Lot #129, Amherst Woods
AMHERST, MA.

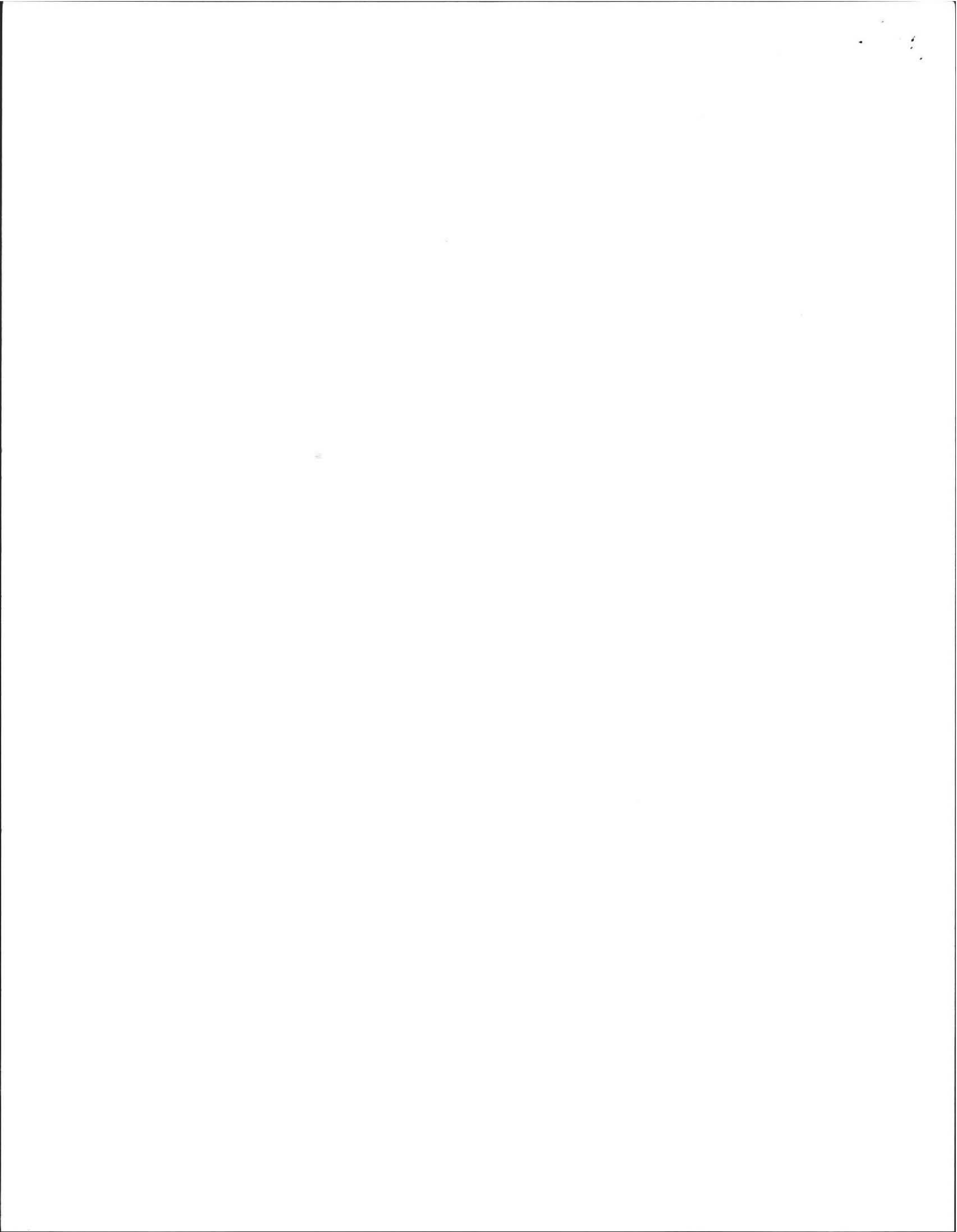
By: Frederick Filios
October 21, 1986
Scale: 1" = 40'
R.W.S.



150.55'
110.00'
253.07'
1.144 Acres
129



Note: Town Water Available
No Wells In The Area



DEEP SOIL LOGS

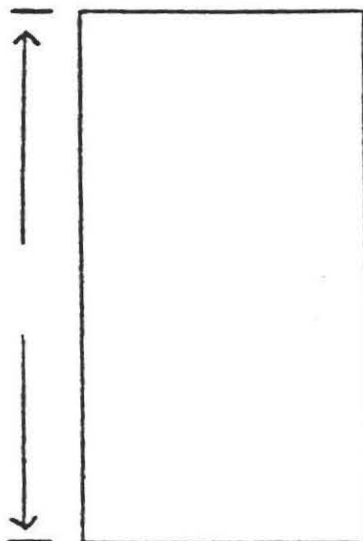
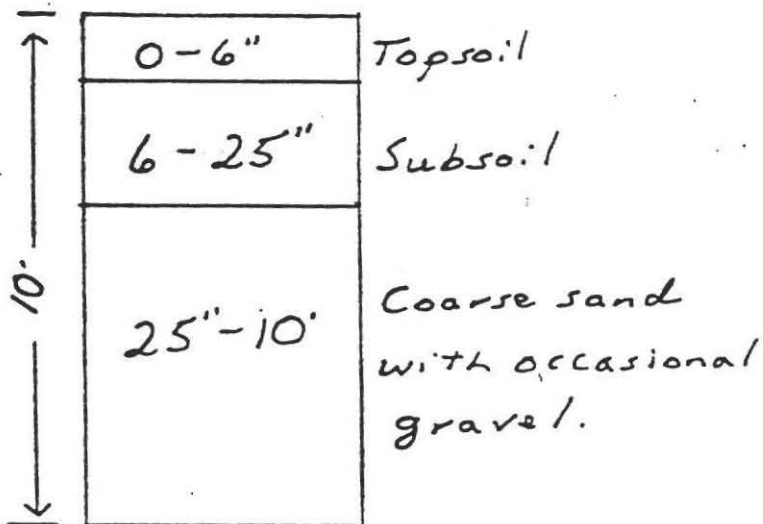
OWNER Jeffrey W. Flower

DATE March 10, 1986

LOCATION Lot 129 Amherst Woods
Amherst, MA.

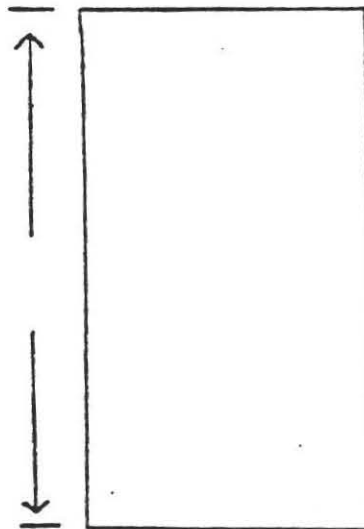
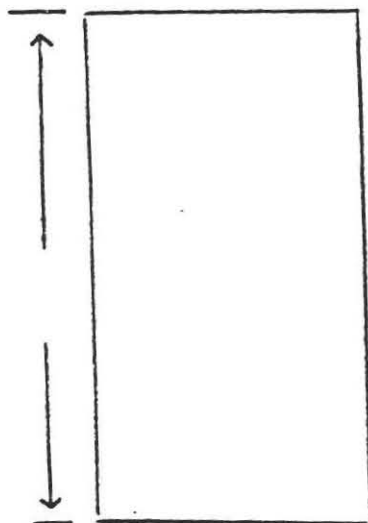
OBSERVER F.A. Filios

B of H C. Drake



GROUND WATER NONE

GROUND WATER _____



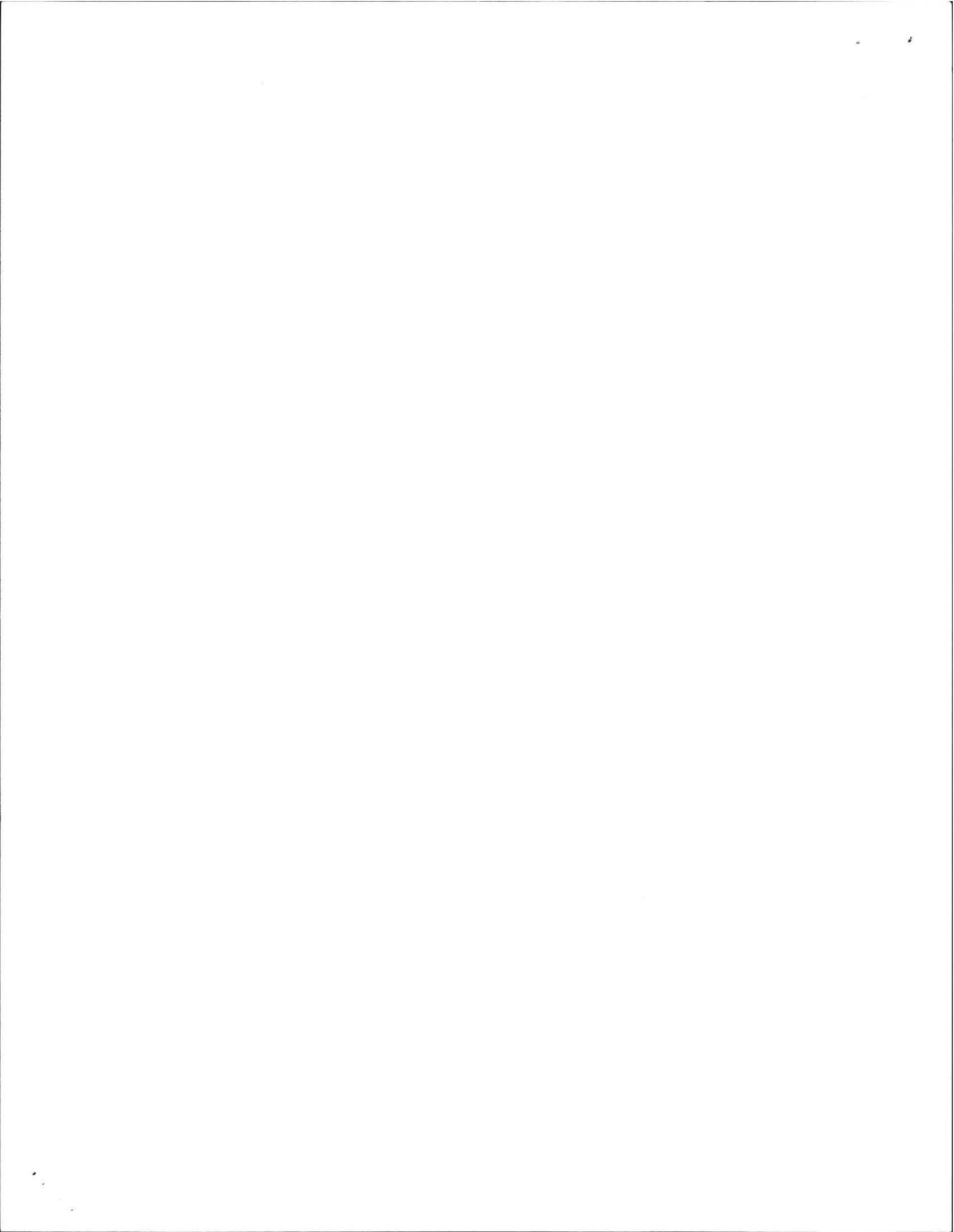
GROUND WATER _____

GROUND WATER _____

PERCOLATION RATE AT 40":

< 2 min./inch





No. 86-64

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 (X) or Repair () an Individual Sewage Disposal

System at: 28 "Tea Brewery Amherst Woods"

Lot # 129

Location - Address Albert Fisser

or Lot No. 26 Miller Av., Southampton, MA

Owner LaValley & Sons

Address Ceslby

Installer LaValley & Sons

Address LaValley & Sons

Type of Building Dwelling No. of Bedrooms 5 Expansion Attic () Garbage Grinder (yes)

Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()

Other fixtures _____

Design Flow 55 + 50 gpd gallons per person per day. Total daily flow 825 gallons.

Septic Tank - Liquid capacity 1500 gallons Length 10' Width 5' Diameter _____ Depth 5'

Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area 320 sq. ft. sides

Seepage Pit No. 1 Diameter 25' x 7' Depth below inlet 5' Total leaching area 175 sq. ft. bottom

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by F.A. Filios Date March 10

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

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 10/27/86

Application Approved By [Signature] Date 10/23-86

Application Disapproved for the following reasons: _____

Permit No. 86-64

Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired () by LaValley & Sons

at Albert Fisser Installer # Lot 129 Amherst Woods

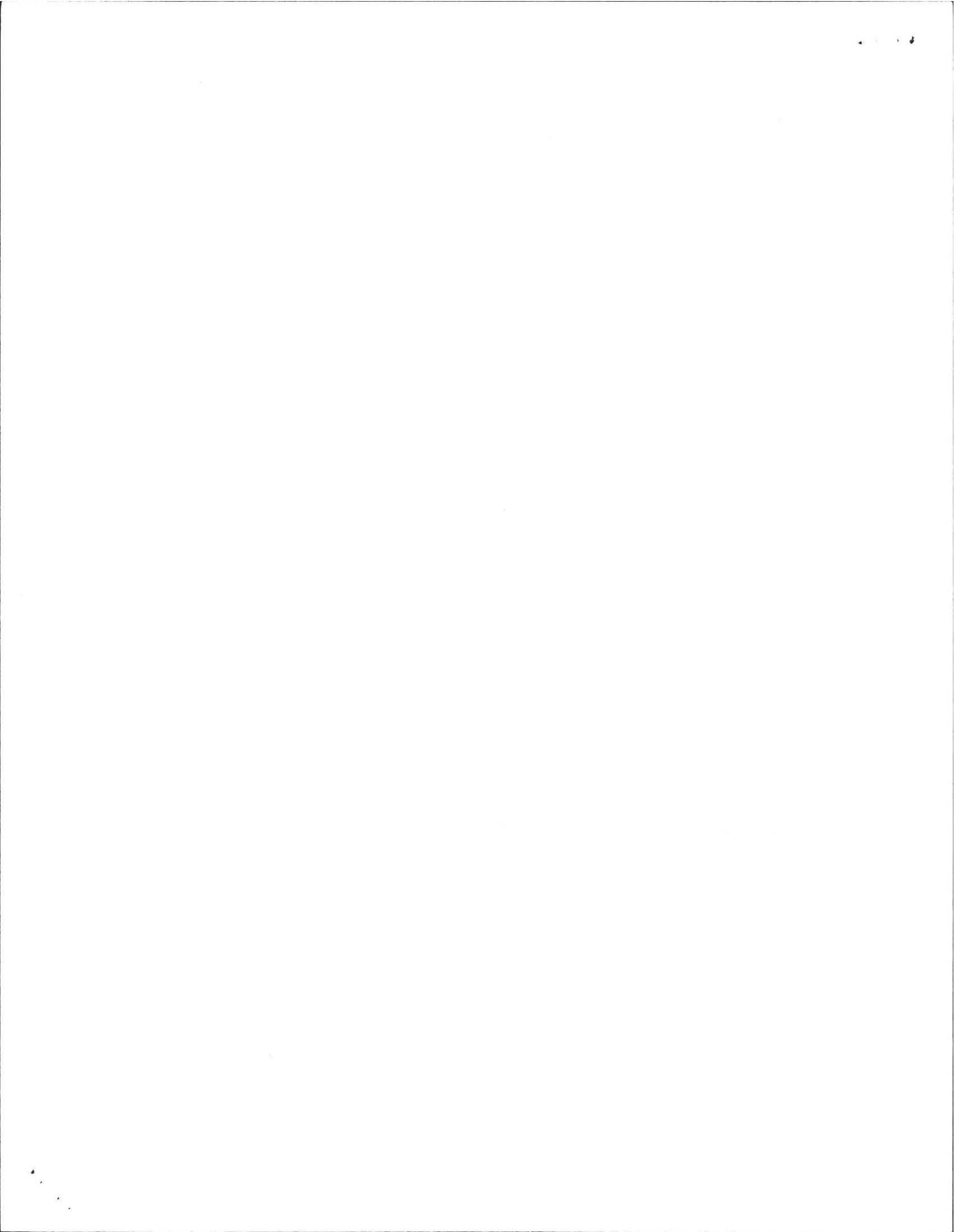
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE 5/23/87

Inspector for Amherst Health Dept. [Signature]

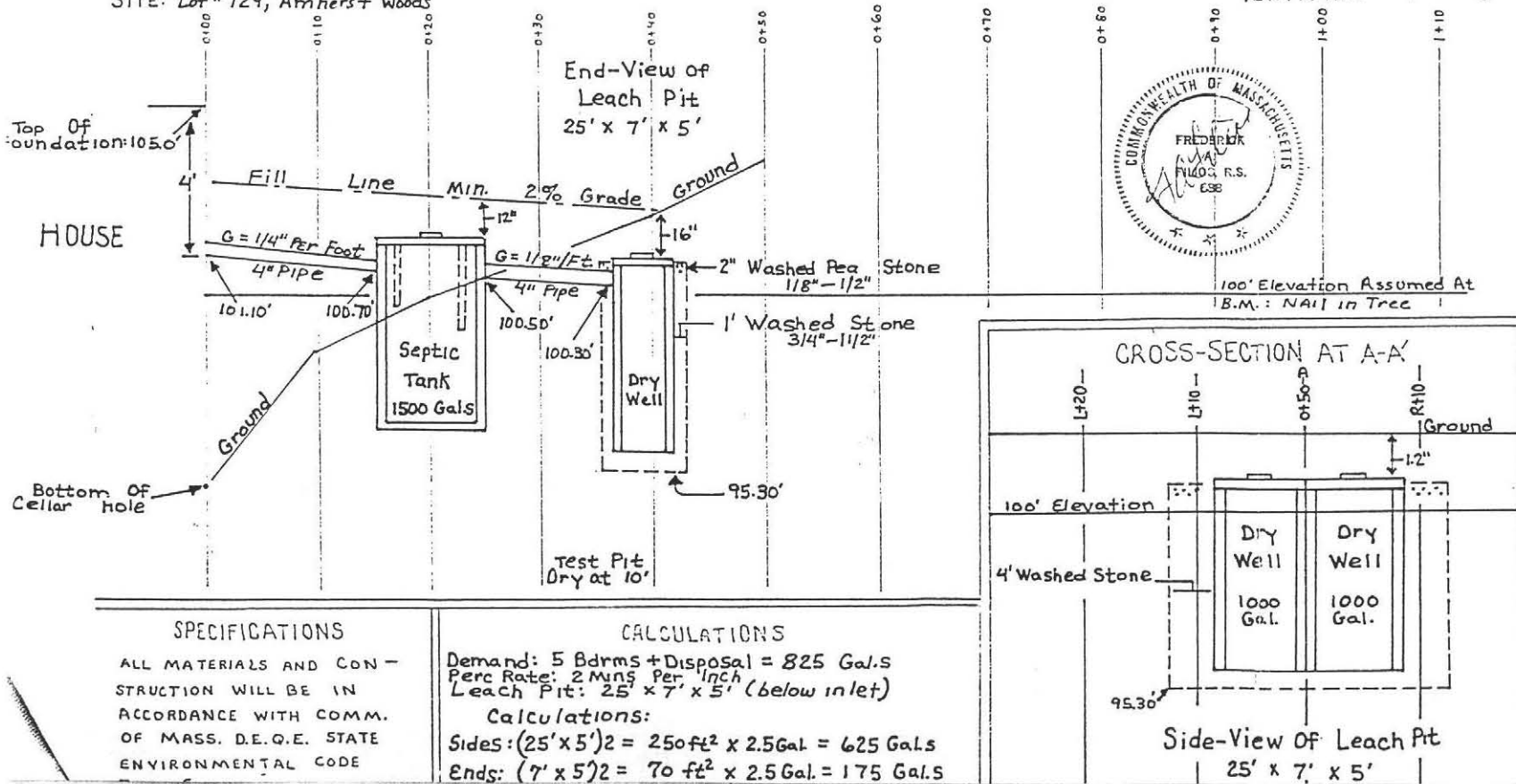
CHECK OR FILL IN WHERE APPLICABLE



PROFILE OF SEPTIC SYSTEM

FOR: Albert Fiszler
26 Miller Ave.
Southampton, Ma.
SITE: Lot #129, Amherst Woods

BY: FREDERICK A. FILIOS
October 21, 1986
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'



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