#30 Both

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

ARGEO PAUL CELLUCCI
Governor

TRUDY COXE
Secretary

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 30 TEABERRY LANE AMHERST.

Name of Owner KELBERG
Address of Owner: SAME

Date of Inspection: 8/16/99
Name of Inspector: (Please Print) _____
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: CLEAN SEPTICS
Mailing Address: 540 CENTER ST. LUDLOW
Telephone Number: 583-2139

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

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

Inspector's Signature John Allen Date: 8/16/99

The System Inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP)within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

NOTES AND COMMENTS

DISPOSAL SHOULD NOT BE USED

revised 9/2 98

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

Property Address: 30 TEABERRY LANE
Owner: ICELBERG
Date of Inspection: 8/16/99

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: 30 TRABERRY LANE
Owner: KELBERG
Date of Inspection: 8/16/99

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: 30 TEABERRY LANE
Owner: ICKELBERG
Date of Inspection: 8/30/99

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: 30 TEABERRY LANE
Owner: KELBERG
Date of Inspection: 8/16/99

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 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. 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: 30 TEABERRY LANE
Owner: KELBERG
Date of Inspection: 8/16/99

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 110 g.p.d./bedroom.
Number of bedrooms (design): 4 Number of bedrooms (actual): 4
Total DESIGN flow 660
Number of current residents: 4
Garbage grinder (yes or no): YES
Laundry (separate system) (yes or no): NO If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no) NO
Water meter readings, if available (last two year's usage (gpd): N/A
Sump Pump (yes or no): NO
Last date of occupancy: PRESENT

COMMERCIAL/INDUSTRIAL:
Type of establishment: _____
Design flow: _____ gpd (Based on 15.203)
Basis of design flow _____
Grease trap present: (yes or no)___
Industrial Waste Holding Tank present: (yes or no)___
Non-sanitary waste discharged to the Title 5 system: (yes or no)___
Water meter readings, if available: _____
Last date of occupancy: _____

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

GENERAL INFORMATION

PUMPING RECORDS and source of information: 1997

System pumped as part of inspection: (yes or no) YES
If yes, volume pumped: 1500 gallons
Reason for pumping: REQUESTED

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: 1988 TOWN RECORDS

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

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

Property Address: 30 TIEABERRY LANE
Owner: KELBERG
Date of Inspection: 8/16/99

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 20"
Material of construction: __ cast iron ~~__~~ PVC __ other (explain)

Distance from private water supply well or suction line 25'
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
BEHIND WALLBOARD.

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 14"
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: 10.5'L 5'W 5'D 1500 KELLOGG STYLE
Sludge depth: 6"
Distance from top of sludge to bottom of outlet tee or baffle: 24"
Scum thickness: 0"
Distance from top of scum to top of outlet tee or baffle: 8"
Distance from bottom of scum to bottom of outlet tee or baffle: 22"
How dimensions were determined: PROBE + MEASURE.

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.) PUMP, BAFFLES OK, LEVEL OK
TANK OK; NO LEAKS

GREASE TRAP:____
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:_____
Scum thickness:_____
Distance from 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: 30 TEABERRY LANE
Owner: LARLBERG
Date of Inspection: 8/16/99

TIGHT OR HOLDING TANK:_____ (Tank must be pumped prior to, or at time of, inspection)
(locate on site plan)

NO

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:_____
Capacity:_____ ___ gallons
Design flow:_____ _____ gallons/day
Alarm present___ __
Alarm level:_____ Alarm in working order: Yes ___ No__
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX:__ NONE
(locate on site plan)

Depth of liquid level above outlet invert:_____

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

PUMP CHAMBER:___ NO
(locate on site plan)

Pumps in working order: (Yes or No)_____
Alarms in working order (Yes or No)_____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

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

Property Address: 30 TRABERN LANE
Owner: KELBERG
Date of Inspection: 8/16/99

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 SANDY, NO HYDRAULIC FAILURE
LESS THAN 50% PONDED.
SOIL DRY
VEGETATION OK

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)

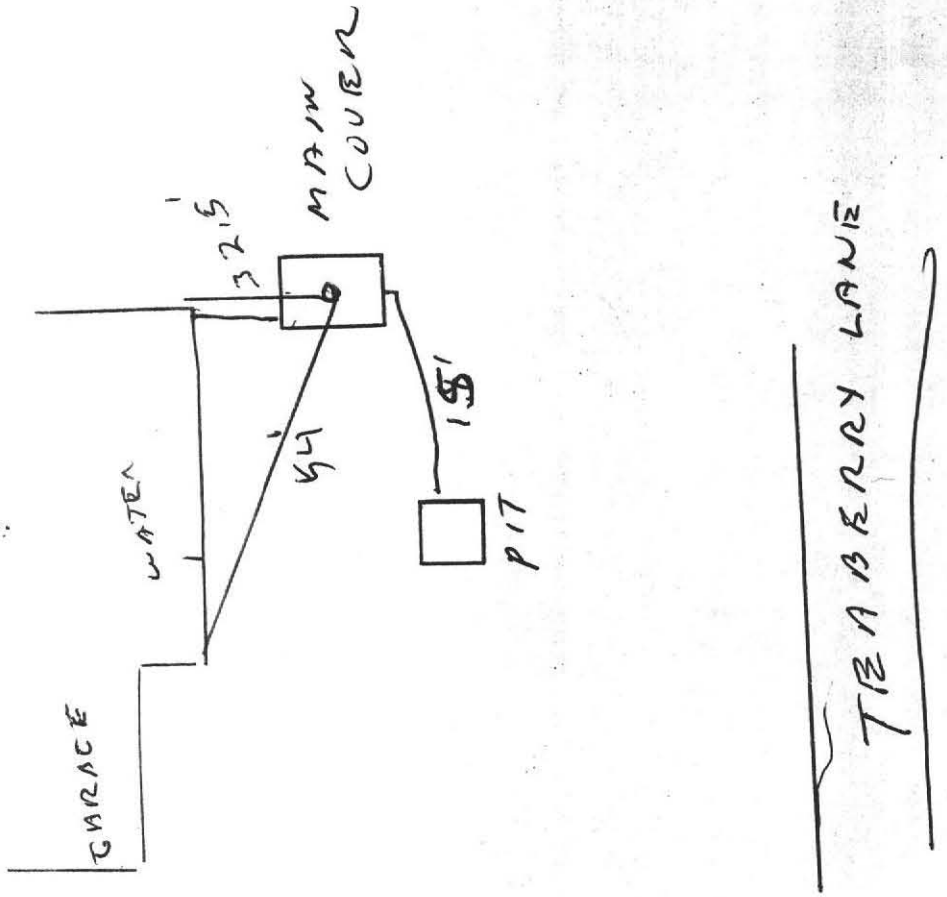
Materials of construction:_____ **Dimensions:**_____
Depth of solids:_____
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

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

Property Address: 30 TEABERRY LANE
Owner: ICELBERG
Date of Inspection: 8/16/99

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)



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

Property Address: 30 TRAGERRY LANE
Owner: ICELBERG
Date of Inspection: 8/16/99

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

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

SITE EXAM Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater 10 Feet NONE AT

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

✓ Obtained from Design Plans on record

___ Observed Site (Abutting property, observation hole, basement sump etc.)

___ Determined from local conditions

___ Checked with local Board of health

___ Checked FEMA Maps

___ Checked pumping records

___ Checked local excavators, installers

___ Used USGS Data

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

PERC MARCH 5, 1986
FILIOS ENTERPRISES INC

No. 88-39 NOV 1 1988 #130 Fee

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

30 Teaberry Lane Lot #130
Location - Address HOMES OF AMHERST or Lot No.

Michael Connors - Landscape Design 820 Southeast St., Amherst, MA 01002
Owner Address

Installer Address

Type of Building Size Lot 28,151 Sq. feet
Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (yes)
Other — Type of Building No. of persons Showers ( ) — Cafeteria ( )
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 660 gallons.
Septic Tank ✓ Liquid capacity 1500 gallons Length 10.5' Width 5' Diameter Depth 5.3'
Disposal Trench — No. Width Total Length Total leaching area 228 sq. ft. sides
Seepage Pit No. 1 Diameter 25'x13' Depth below inlet 3' Total leaching area 325 sq. ft. Bottom
Other Distribution box ( ) Dosing tank ( )
Percolation Test Results Performed by Filios Enterprises, Inc. Date March 5, 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 Attached

Nature of Repairs or Alterations — Answer when applicable

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.

Signed [signature] Date

Application Approved By Date

Application Disapproved *for the following reasons:* Date

Permit No. 88-39 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 (✓) or Repaired ( )
by Michael Connors - Landscape Design of Amherst
Installer
at Lot #130, Teaberry Lane, 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. 88-39 dated

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

DATE Dec. 16, 1988 Inspector [signature]
For Amherst Health Dept

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 88-39 Town of Amherst Fee 90.00

Disposal Works Construction Permit

Permission is hereby granted Michael Connors - Landscape Design of Amherst
to Construct (✓) or Repair ( ) an Individual Sewage Disposal System
at No. Lot #130, Teaberry Lane, Amherst Woods
Street
as shown on the application for Disposal Works Construction Permit No. 88-39 Dated
For Amherst Health Dept [signature]
Board of Health

DATE

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No. 88-39 NOV 1 1988 #30 Fee

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

30 Teaberry Lane HOMESOAPRS of AMHERST Lot #130
Location - Address or Lot No.

Michael Connors - Landscape Design 820 Southeast St., Amherst, MA 01002
Owner Address

Installer Address

Type of Building Size Lot 28,151 Sq. feet

Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (yes)

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

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 660 gallons.

Septic Tank ✓ Liquid capacity 1500 gallons Length 10.5' Width 5' Diameter Depth 5.3'

Disposal Trench — No. Width Total Length Total leaching area 225 sq. ft. sides

Seepage Pit No. 1 Diameter 25'x13' Depth below inlet 3' Total leaching area 325 sq. ft. Bottom

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by Filios Enterprises, Inc. Date March 5, 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 Attached

Nature of Repairs or Alterations — Answer when applicable

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.

Signed Date

Application Approved By Date

Application Disapproved *for the following reasons:*

Date

Permit No. 88-39 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 (✓) or Repaired ( )

by Michael Connors - Landscape Design of Amherst
Installer

at Lot #130, Teaberry Lane, 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. 88-39 dated

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

DATE Dec 16, 1988 Inspector
For Amherst Health Dept

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 88-39 Town of Amherst Fee 90.00

Disposal Works Construction Permit

Permission is hereby granted Michael Connors - Landscape Design of Amherst

to Construct (✓) or Repair ( ) an Individual Sewage Disposal System

at No. Lot #130, Teaberry Lane, Amherst Woods
Street

as shown on the application for Disposal Works Construction Permit No. 88-39 Dated

For Amherst Health Dept
Board of Health

DATE

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

DEEP SOIL LOGS

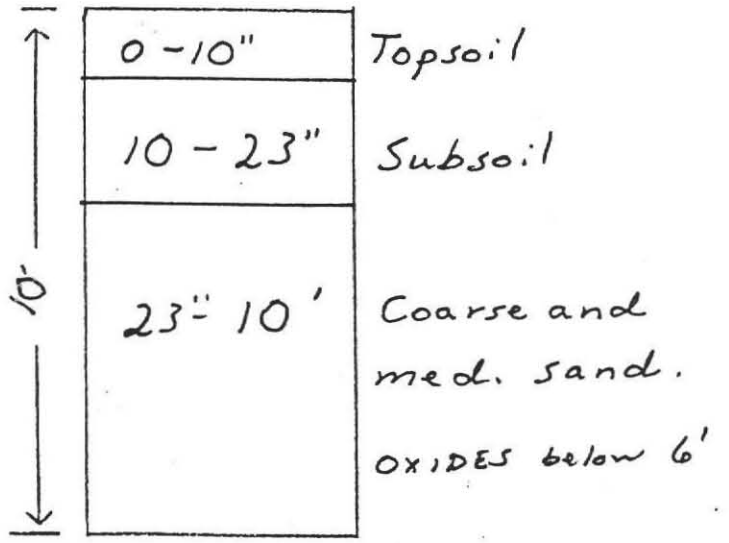
OWNER Jeffrey W. Flower

DATE March 5, 1986

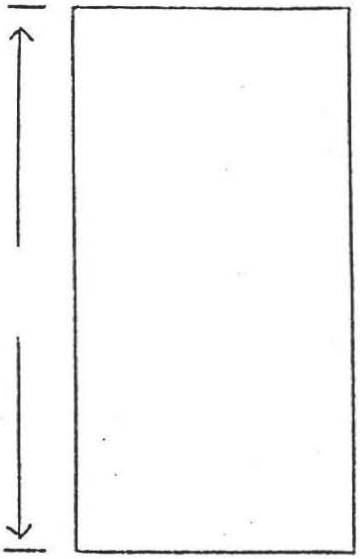
LOCATION Lot 130 Amherst Woods
Amherst, MA.

OBSERVER F.A. Filios

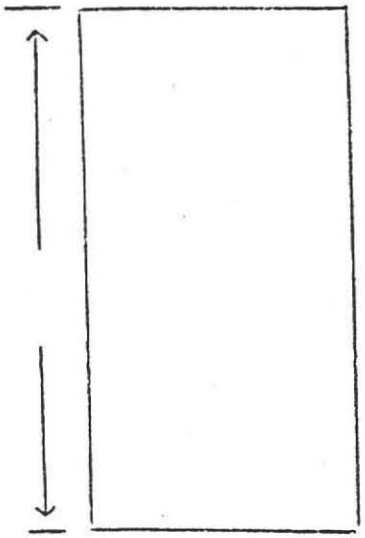
B of H C. Drake



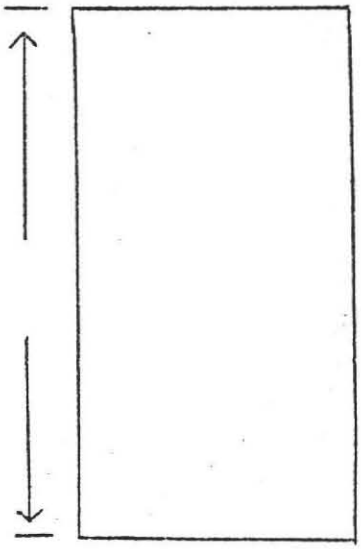
GROUND WATER NONE



GROUND WATER _____



GROUND WATER _____



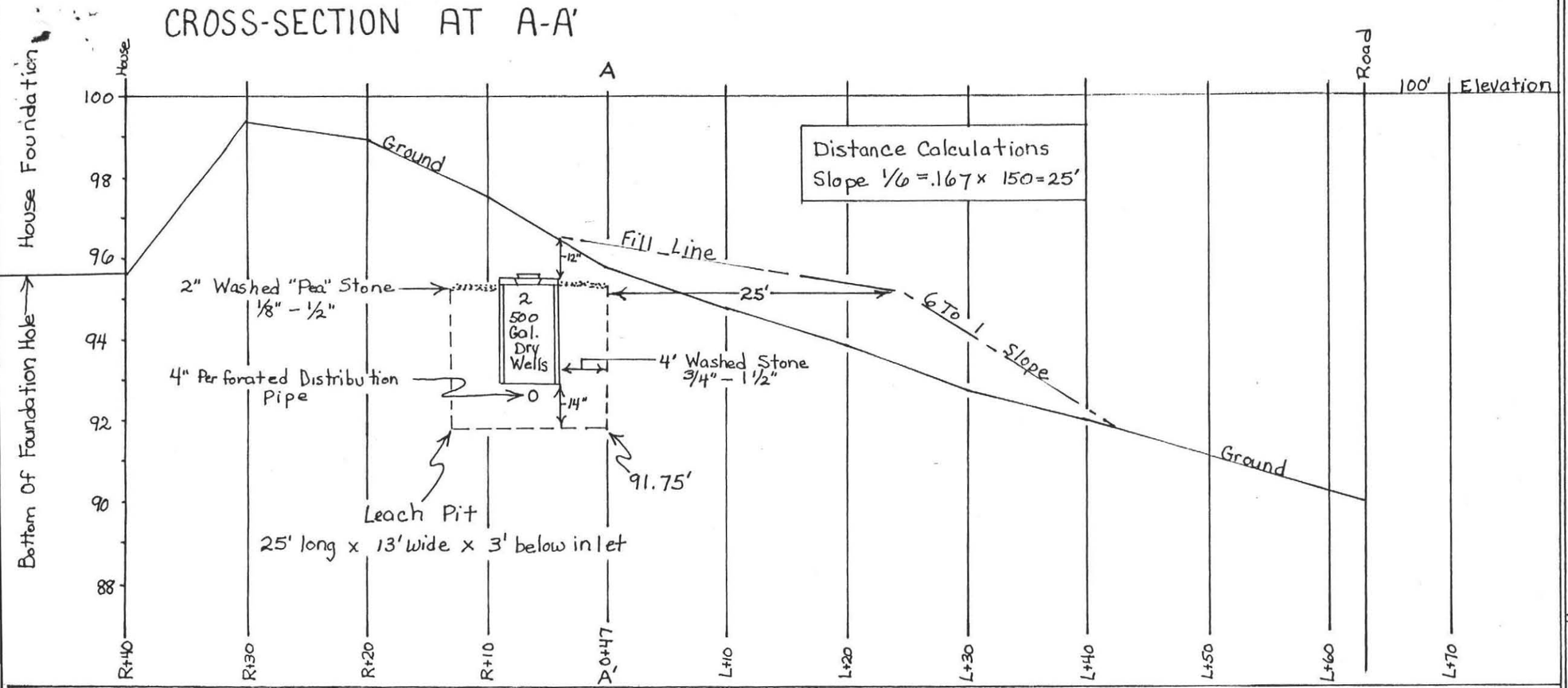
GROUND WATER _____

PERCOLATION RATE AT 42":

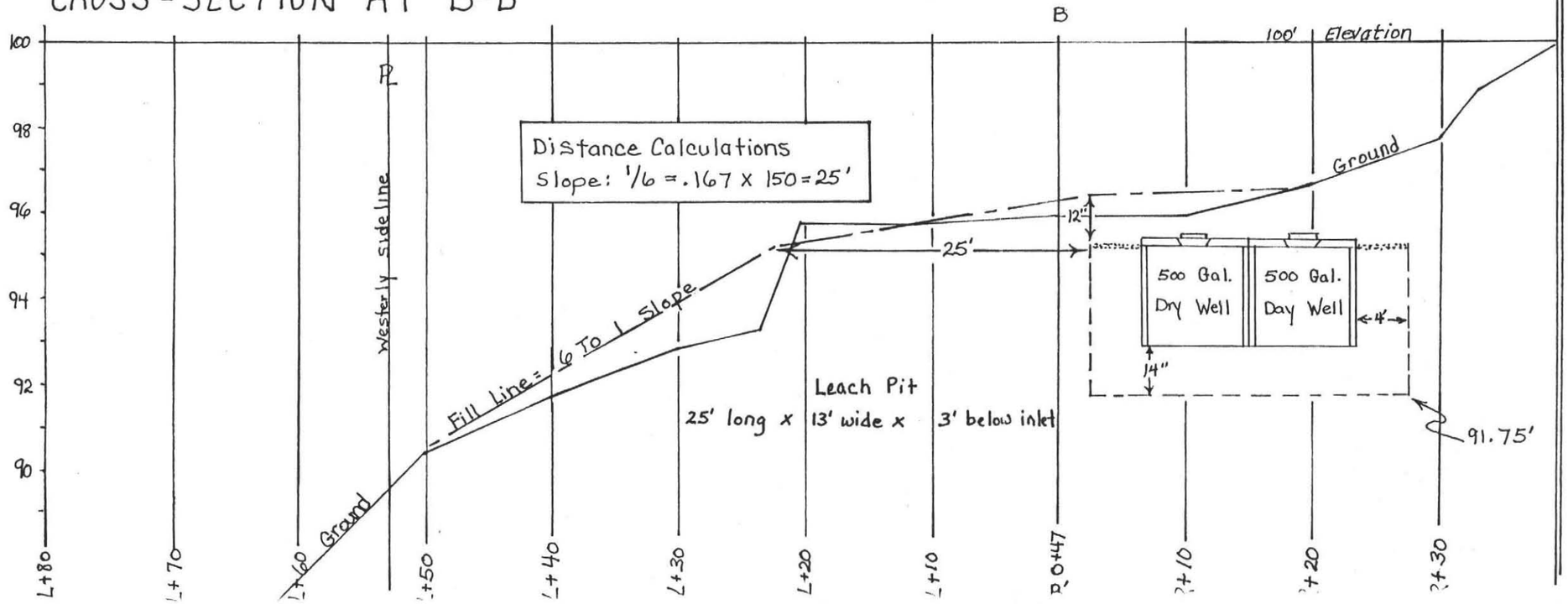
< 2 min./inch

COMMONWEALTH OF MASSACHUSETTS
FREDERICK W. FILIOS, R.S. 688

CROSS-SECTION AT A-A'



CROSS-SECTION AT B-B'



CROSS-SECTIONS OF LEACH PIT

For: Michael Connors
Landscape Design of Amherst
820 Southeast St., Amherst

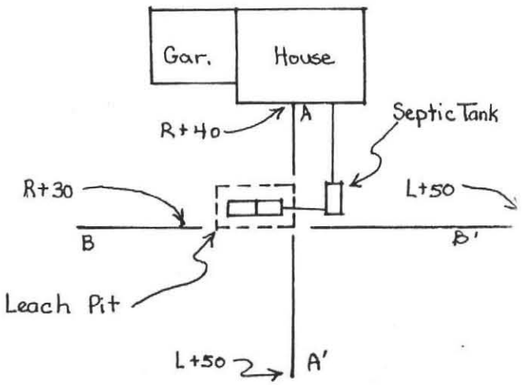
Site: Lot 3, Teaberry Lane
Amherst, MA. 01002

Date: October 31, 1988

By Filios Enterprises, Inc.
69 Pelham Road
Amherst, MA. 01002
R.W.S.

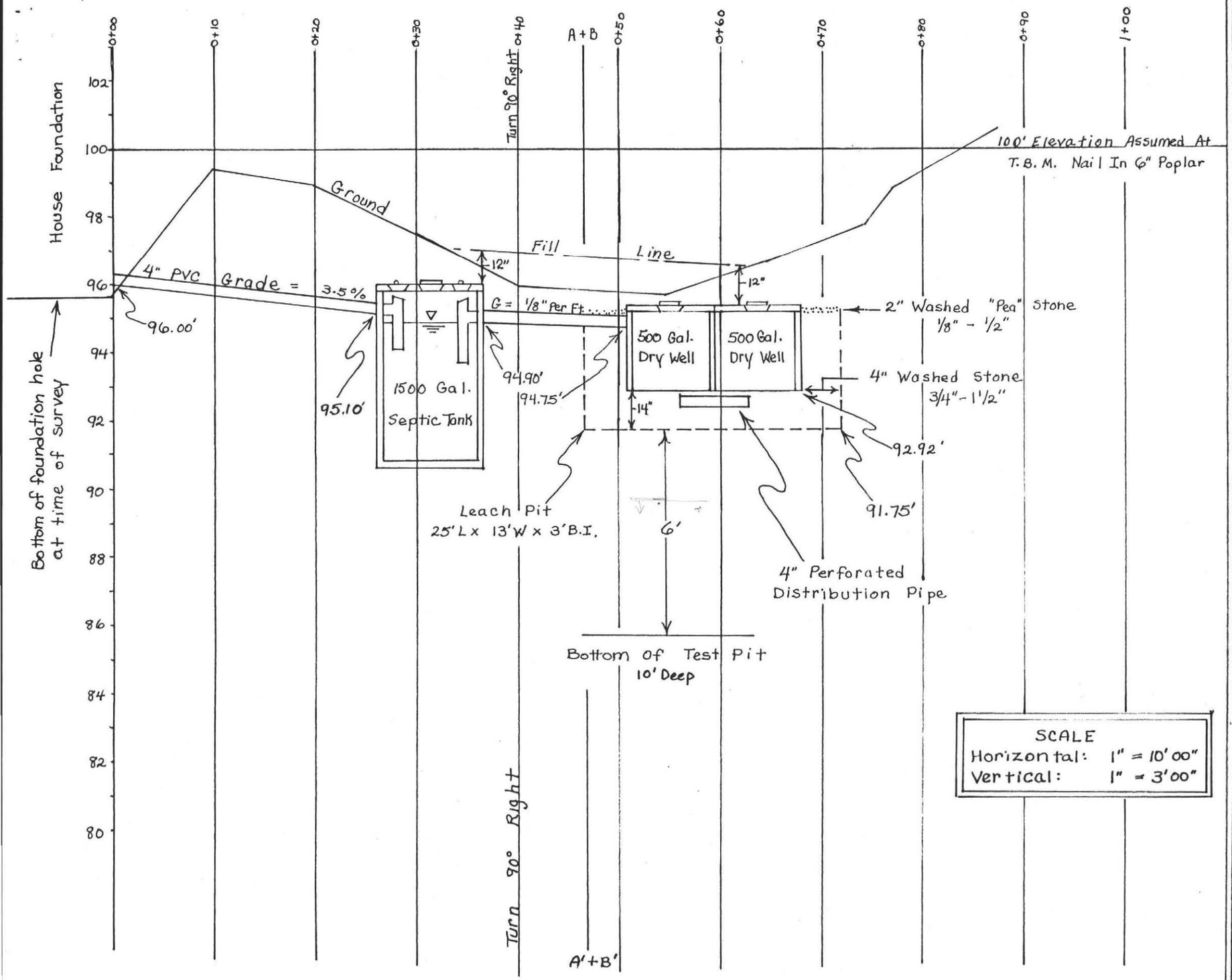
Scale: Horizontal: 1" = 10'00"
Vertical: 1" = 3'00"

Key To Cross-sections
Scale: 1" = 50'00"



COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS, R.S.
688

PROFILE OF SEPTIC SYSTEM



SCALE	
Horizontal:	1" = 10'00"
Vertical:	1" = 3'00"

SEPTIC SYSTEM DESIGN

For: Michael Connors,
Landscape Design
Amherst, MA 01002

BY: Filios Enterprises
69 Pelham Road
Amherst, MA. 01002

Site: Lot 130, Teaberry Ln.
Amherst, Mass.

Date: Oct. 31, 1988
R.W.S.

CALCULATIONS

Design flow: 4 Bdrms @ 110 gals. each = 440 Gals.
440 x 1.5 for garbage grinder = 660 Gals.
660 x 1.25 per Amherst Regulations = 825 Gals Required
Perc rate: 2 minutes/inch Sidewall: 2.5 gal/sq.ft.
Bottom: 1.0 gal/sq.ft

Leach Pit: 25' long x 13' wide x 3' below inlet
Side wall: (25' x 3') 2 sides = 150 sq.ft. x 2.5 = 375 gals.
End wall: (13' x 3') 2 ends = 78 sq.ft. x 2.5 = 195 gals
Bottom: 25' x 13' = 325 sq.ft. x 1.0 = 325 gals
Total flow of proposed system: 895 gals

CONSTRUCTION NOTES

1. The septic tank should be inspected and pumped annually.
2. The septic tank inlet tee should extend 10" below flow line. The outlet tee should extend 14" below the flow line.
3. All topsoil & other imprevious materials Should be removed from the area of fill.
4. A piece of 4" perforated PVC should be placed in the washed stone beneath the dry wells to facilitate distribution of effluent.

SPECIFICATIONS

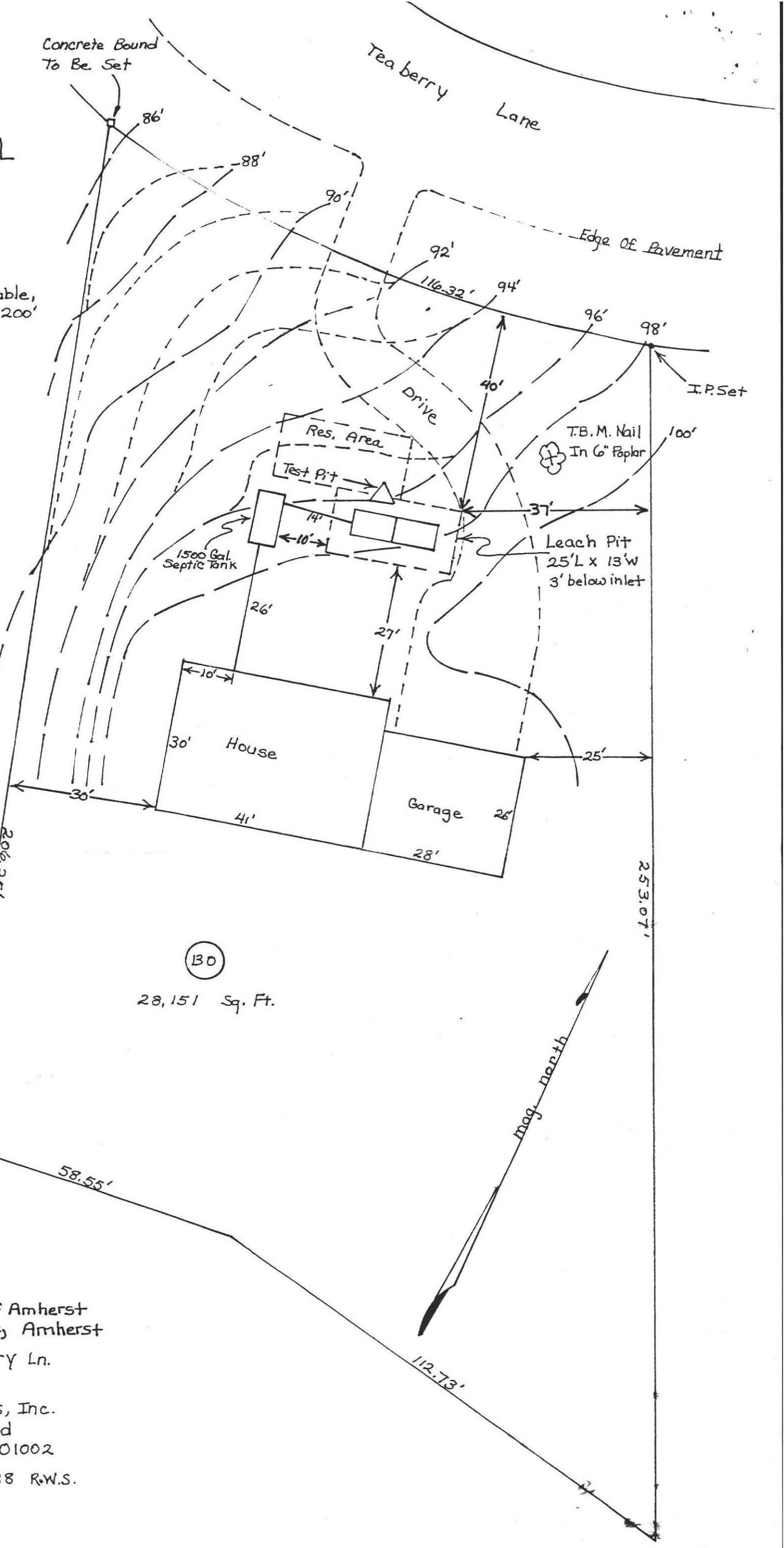
All materials and construction will be in accordance with Commonwealth of Mass. D.E.Q.E. State Environmental Code Title 5.

COMMONWEALTH OF MASSACHUSETTS
FREDERICK T. FILIOS, R.S.
688

30 Teaberry Lane

PLAN SHOWING SEWAGE DISPOSAL

Note: Town Water Available, No Wells Within 200' Of Leach Area.



COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS, R.S.
6886

For: Michael Connors
Landscape Design of Amherst
820 Southeast St., Amherst

Site: Lot # 130, Teaberry Ln.
Amherst, MA.

By: Filios Enterprises, Inc.
69 Pelham Road
Amherst, MA. 01002

Date: November 1, 1988 R.W.S.

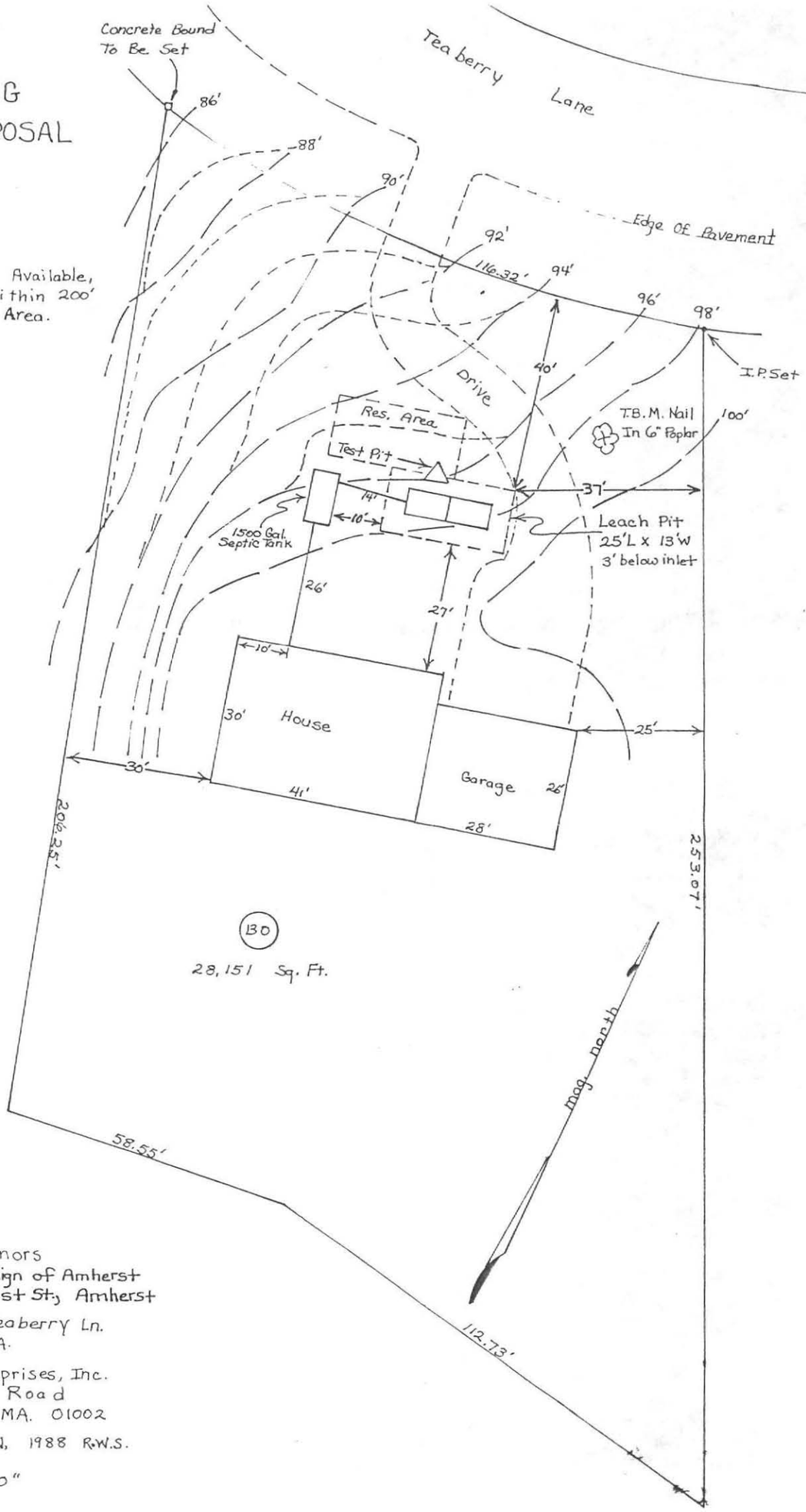
Scale: 1" = 20' 00"

Key:
Existing Contour Line ——— ——— ———
Proposed Contour Line - - - - - - - - - -

30 Teaberry Lane

PLAN SHOWING SEWAGE DISPOSAL

Note: Town Water Available, No Wells Within 200' Of Leach Area.



COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS, R.S.
6508

For: Michael Connors
Landscape Design of Amherst
820 Southeast St., Amherst

Site: Lot # 130, Teaberry Ln.
Amherst, MA.

By: Filios Enterprises, Inc.
69 Pelham Road
Amherst, MA. 01002

Date: November 1, 1988 R.W.S.

Scale: 1" = 20' 00"

Key:
Existing Contour Line ——— ——— ———
Proposed Contour Line - - - - - - - - - -