

35 TRILION DAY

~~100~~ ~~LEVERETT~~ ~~ROMA~~

18
20

PERMITS/INSP PAYMENT RECPT#: 14007309
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/23/13 TIME: 14:01
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 3889

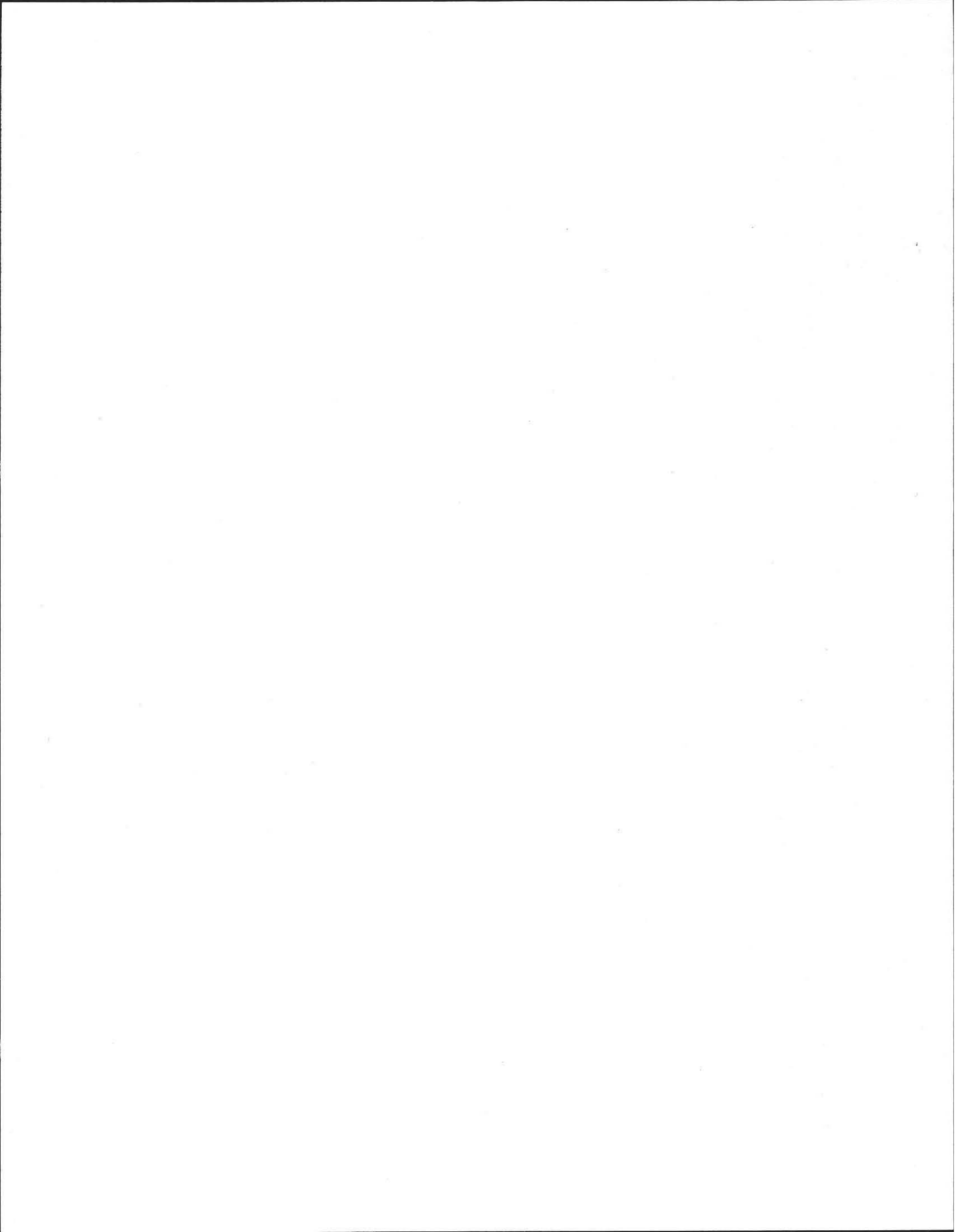
REFERENCE:

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS:

FEEs:
HEA058 200.00

TOTAL PAID: 200.00



PERMITS/INSP PAYMENT RECPT#: 14007312
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/23/13 TIME: 14:08
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 3889

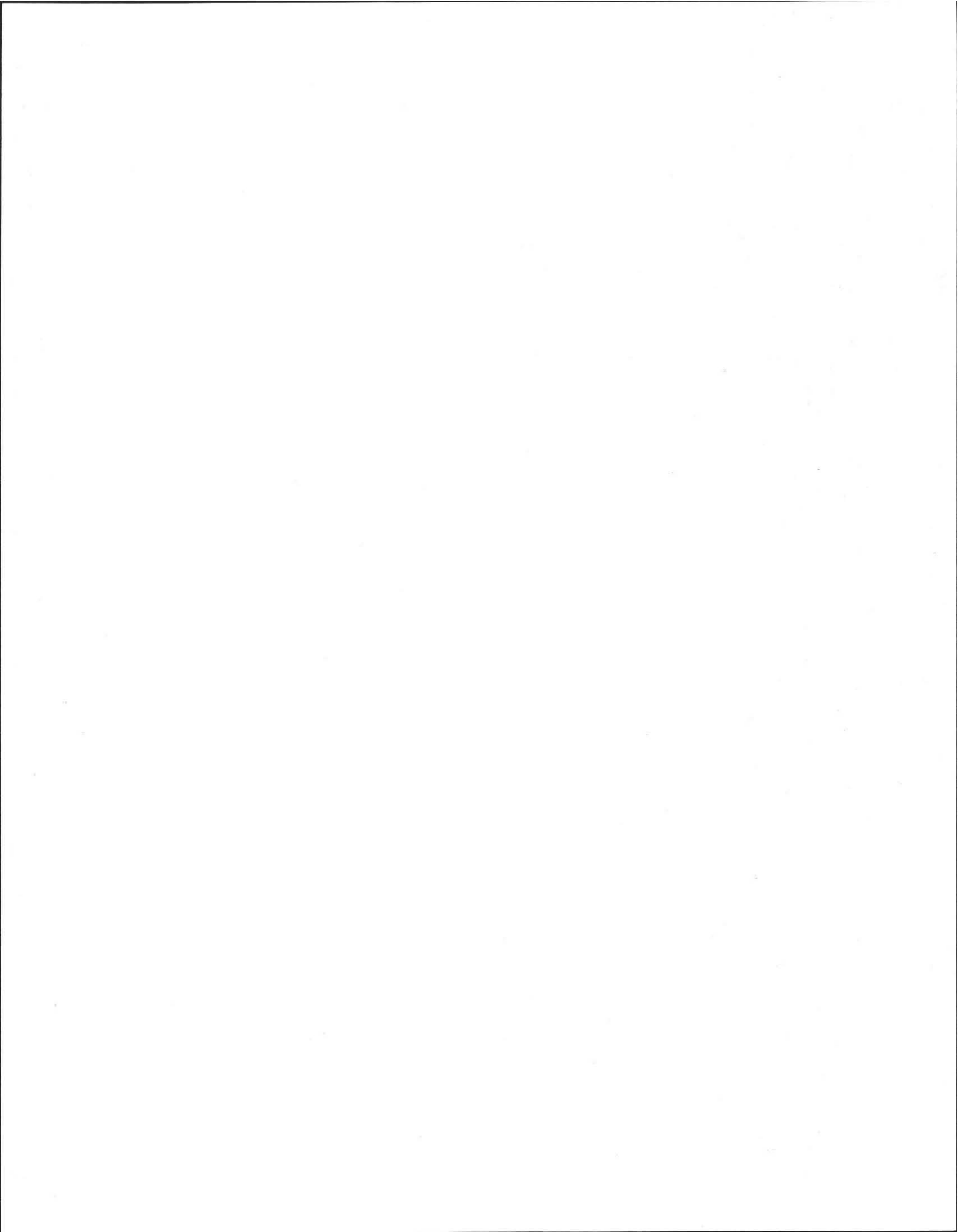
REFERENCE:

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS:

FEEs:
HEA017 150.00

TOTAL PAID: 150.00



PERMITS/INSP PAYMENT RECPT#: 14007311
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/23/13 TIME: 14:05
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 3889

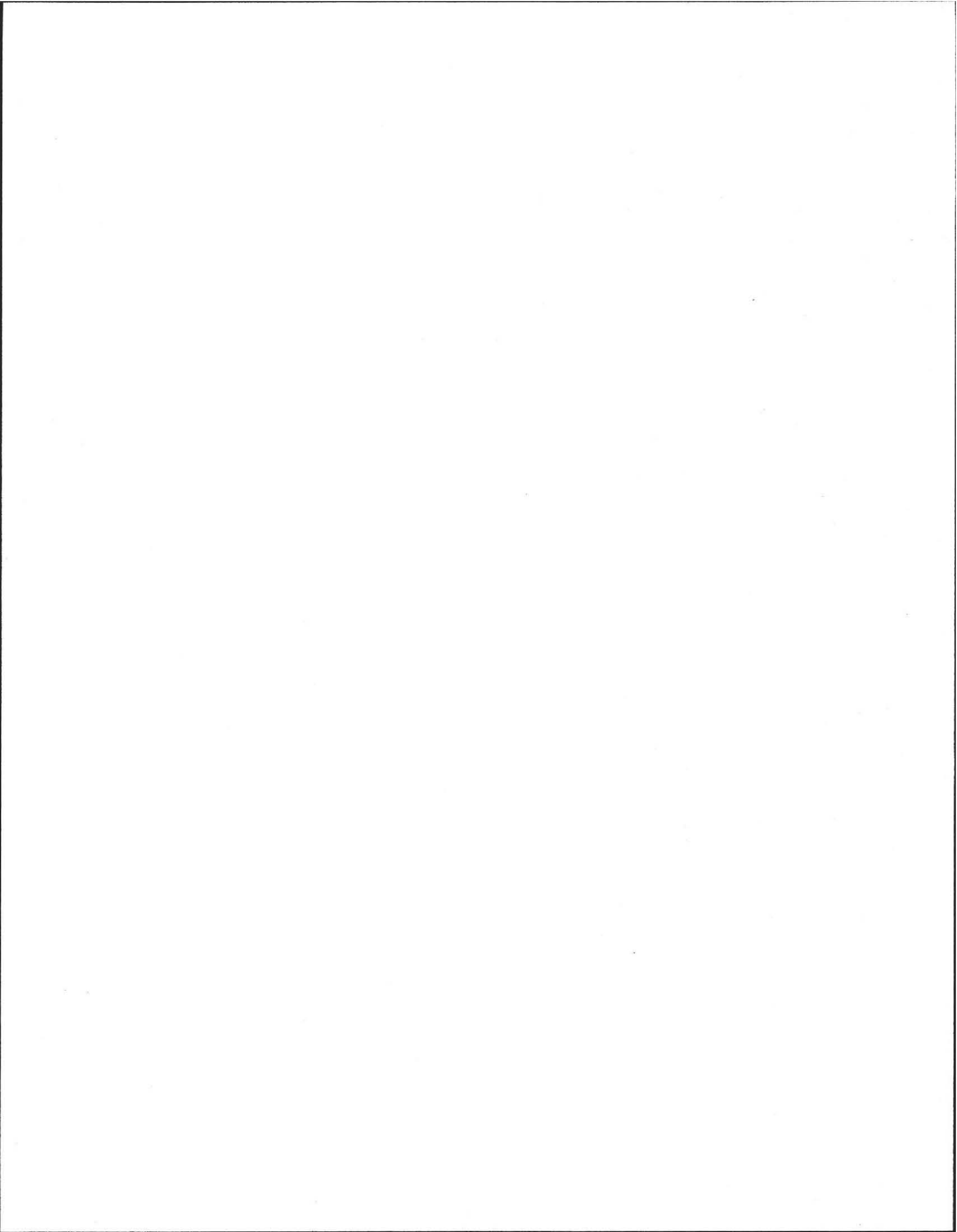
REFERENCE:

AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS:

FEE:
HEA011 300.00

TOTAL PAID: 300.00





Commonwealth of Massachusetts
 City/Town of
Certificate of Compliance
 Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

13-14
 DSCP Number _____ DSCP Date _____
ANTHONY + ANN BURTON
 Facility Owner _____
35 TRILLIUM WAY
 Street Address or Lot # _____
AMHERST _____ MA _____ 01002
 City/Town _____ State _____ Zip Code _____

Designer Information:
ALAN WEISS
 Name _____ Name of Company fax: 413-323-4916
 Signature _____ Date _____

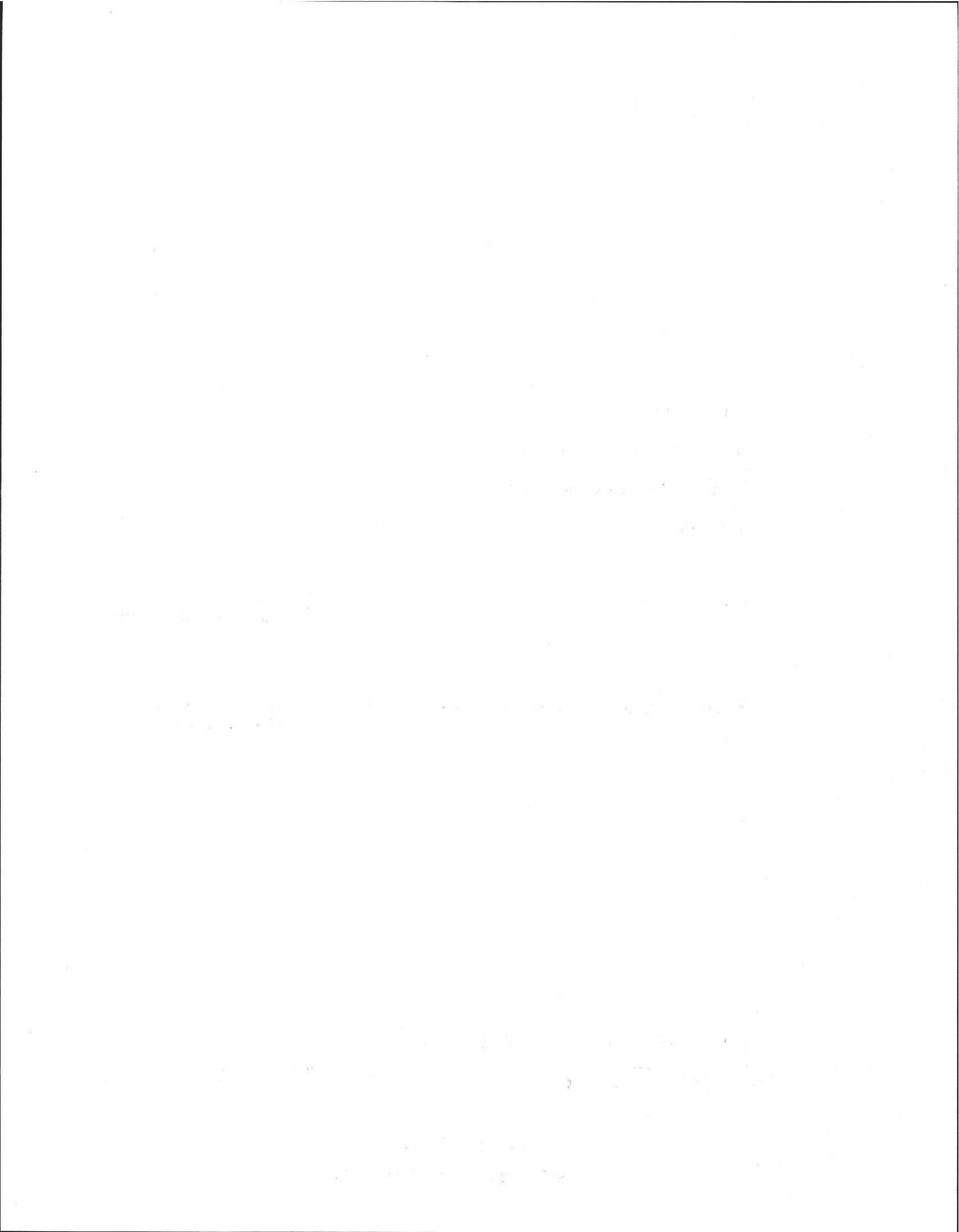
Installer Information:
RIVER DRIVE EXCAVATING
 Name _____ Name of Company fax 413-584-1814
 Signature _____ Date _____

Use of this system is conditioned on compliance with the provisions set forth below:

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

AMHERST HEALTH DEPARTMENT
 Approving Authority
[Signature] _____ JULY 19, 2013
 Signature _____ Date _____

7/23/2013 - \$650
 CK-3887 BATCH 506



FAX

Date 07/23/2013

Number of pages including cover sheet:
2

TO

**River Drive
Excavating**

Phone

**Fax Phone
1(413)5840
1814**

FROM

*Edmund Smith
Amherst Health Department
Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002*

Phone (413) 259-3153

Fax Phone (413) 259-2404

E-Mail smithe@amherstma.gov

REMARKS: Urgent For your review Reply ASAP Please Comment

Please sign under Installer Information, and fax it on to Alan Weiss (fax: 413.323.4916)

Thanks!

Edmund Smith
Health Inspector
Amherst Health Department



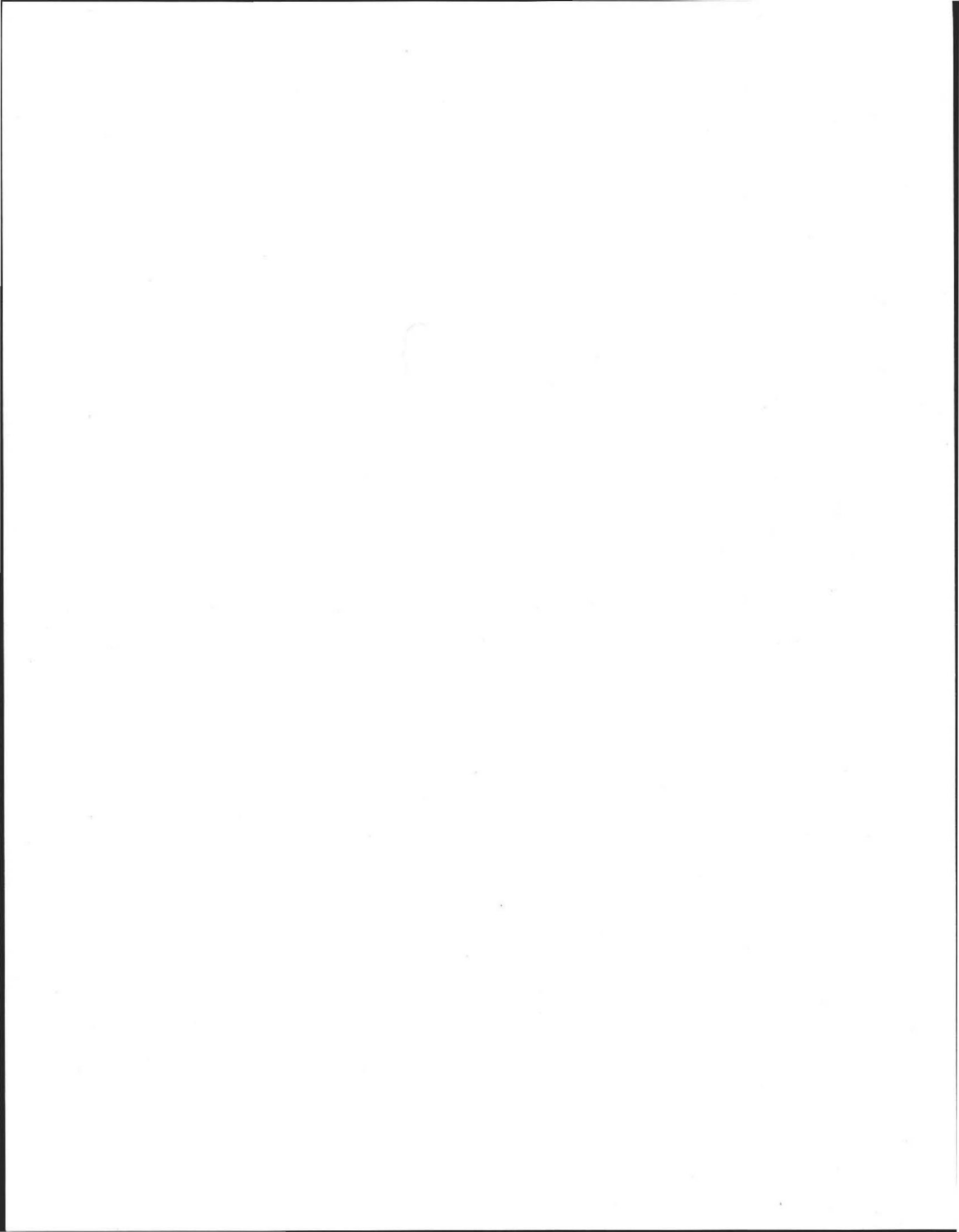
ANN SUTLIF
Jones Group

35 Trillium way

(413-262-0289

TS WITNESS	\$200
SOIL EVAL	300
PLAN REVIEW	<u>150</u>
	\$650

10 DANA STREET
AMHERST MA
01002





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

aweiss@charter.net

Date: 4/30/13

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By:

A. Weiss
Ed. Smith

Date: 4/30/13

Witnessed By:

(Aka LOT #62)

Location Address or Lot # Map. 21b LOT 49 35 Trullium Way	Owner's Name, Address, and Telephone # Ann + Anthony Burton 35 Trullium Way Amherst, MA
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published Publication Scale Soil Map Unit

Drainage Class Soil Limitations

Surficial Geologic Report Available: No Yes

Year Published Publication Scale

Geologic Material (Map Unit)

Landform

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit)

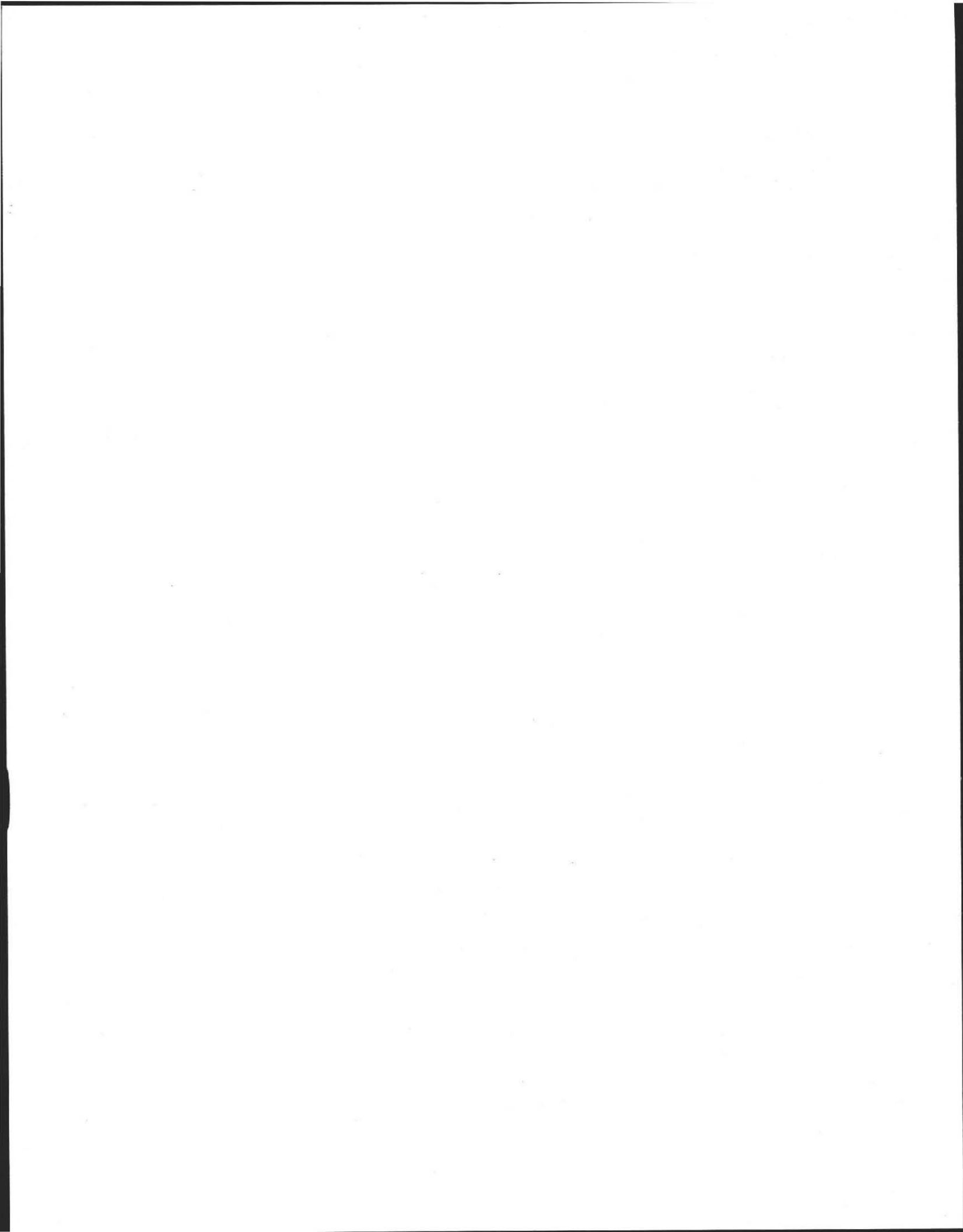
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 35 Trillium Way

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles 96" inches Assured
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

If not, what is the depth of naturally occurring pervious material? _____

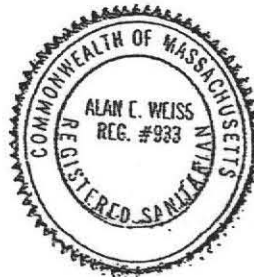
Certification

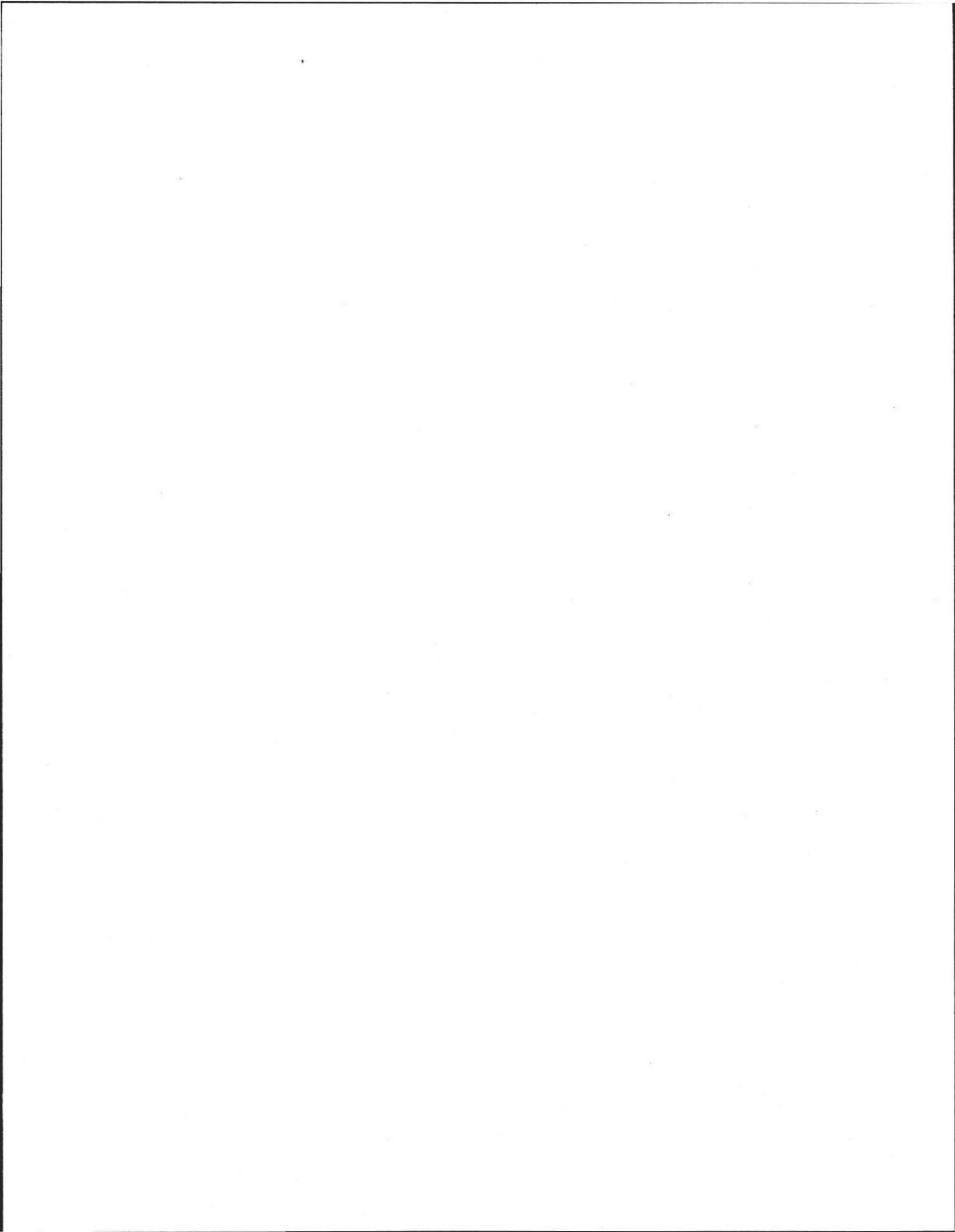
I certify that on yes (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 4/30/03



DEP APPROVED FORM - 12/07/95





Location Address or Lot No. 35 Miller

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>4/30/13</u>		Time: ..
Observation Hole #	<u>P1</u>	
Depth of Perc	<u>42"</u>	
Start Pre-soak	<u>11:16</u>	Repair ↓
End Pre-soak	<u>11:37</u>	
Time at 12"	<u>11:31</u>	
Time at 9"	<u>11:37</u>	
Time at 6"	<u>11:46</u>	
Time (9"-6")	<u>9 min</u>	
Rate Min./Inch	<u>3 $\frac{min}{in}$ / 10</u>	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

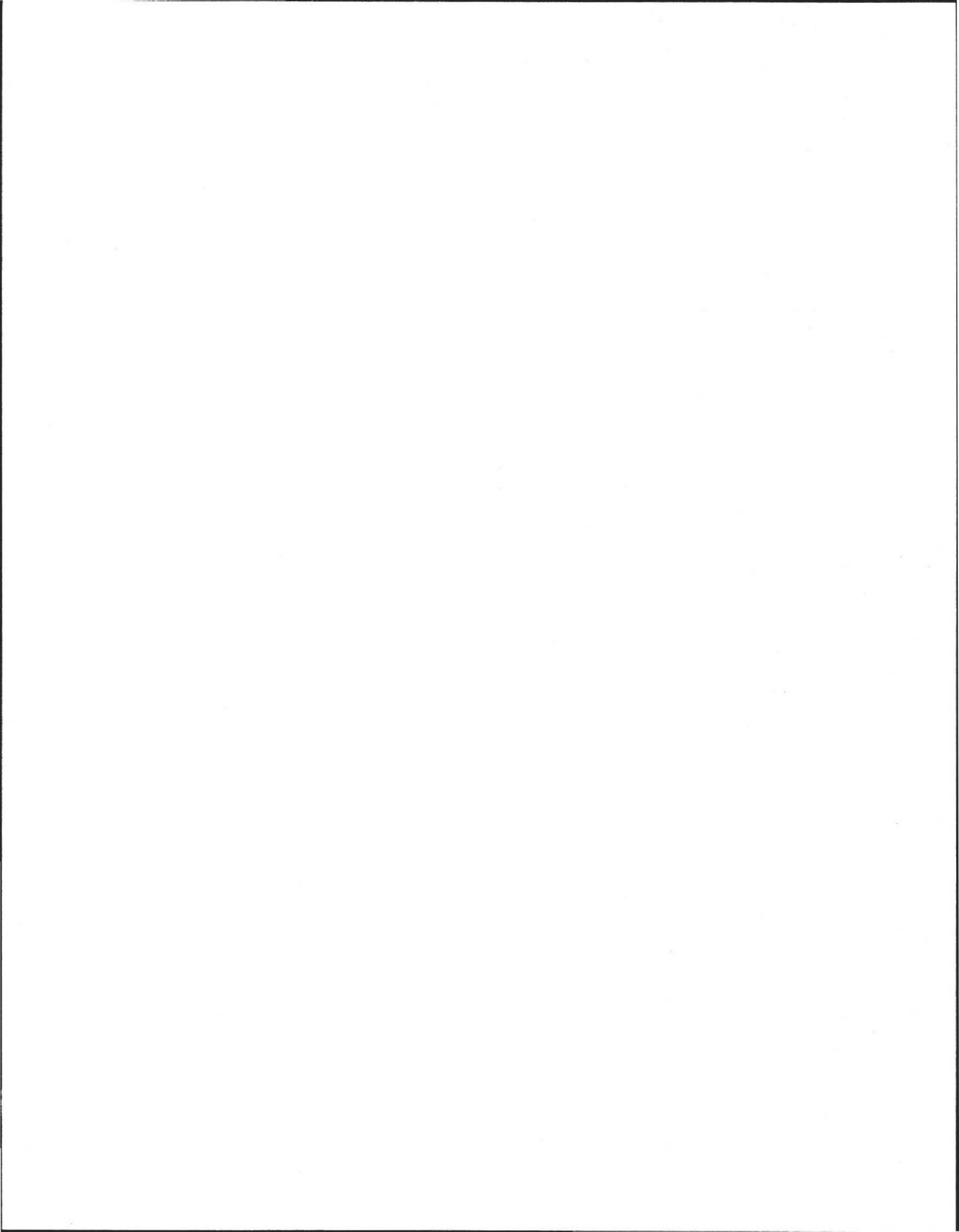
Site Passed Site Failed

Performed By: Alan Weiss, RS

Witnessed By: E. Smith

Comments: _____





Location Address or Lot No. 35 Triller Way

On-site Review

Deep Hole Number 112 Date: 4/30/13 Time: 11: Am Weather 4/30/13

Location (identify on site plan) _____

Land Use _____ Slope (%) _____ Surface Stones _____

Vegetation grass

Landform Drumlin Terraced

Position on landscape (sketch on the back) ...

Distances from:

Open Water Body 100' feet Drainage way _____ feet

Possible Wet Area 100' feet Property Line _____ feet

Drinking Water Well 100' feet Other _____
Town Water

DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0-10"	A ₁	FSC	10YR3/2		Friable
10-27"	B _w	CS	10YR5/6		F Sandy
27-100"	C ₁	CS	7.5YR 9/3	xpt obs. (96" +/-) (assured)	Med Sandy Ablation, mod. soft 10% cobbles
#2 0-5"	A ₁				
5-25"	B ₀				Sand as #1
25-60"	C ₁				Med Sandy Ablation fill.
60-96"	C ₂				Fine Basal fill

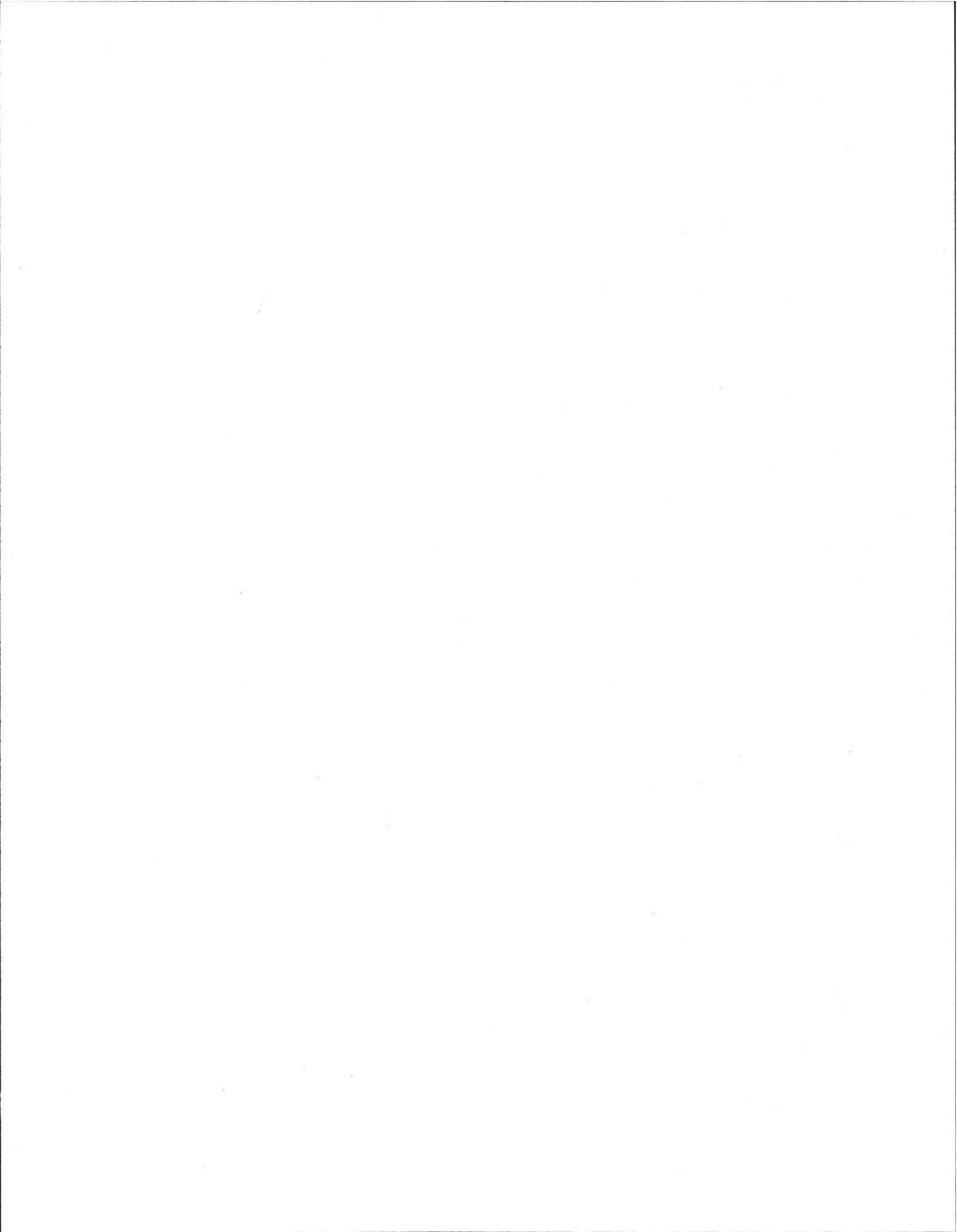
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ablation till Depth to Bedrock: 100'

Depth to Groundwater: Standing Water in the Hole: no Weeping from Pit Face: not

Estimated Seasonal High Ground Water: 96"





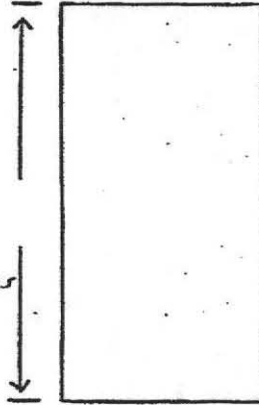
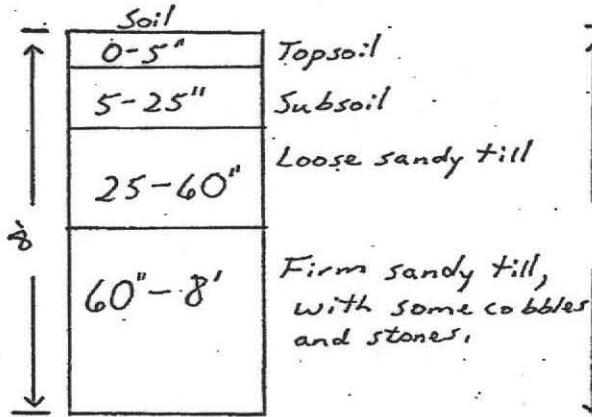
DEEP SOIL LOGS

OWNER Amherst Woods

DATE April 23, 1984

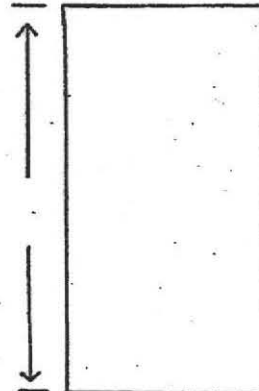
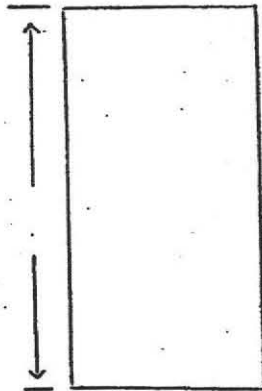
LOCATION Amherst Woods
Lot # 62

OBSERVER F.A. Filios



GROUND WATER None

GROUND WATER _____

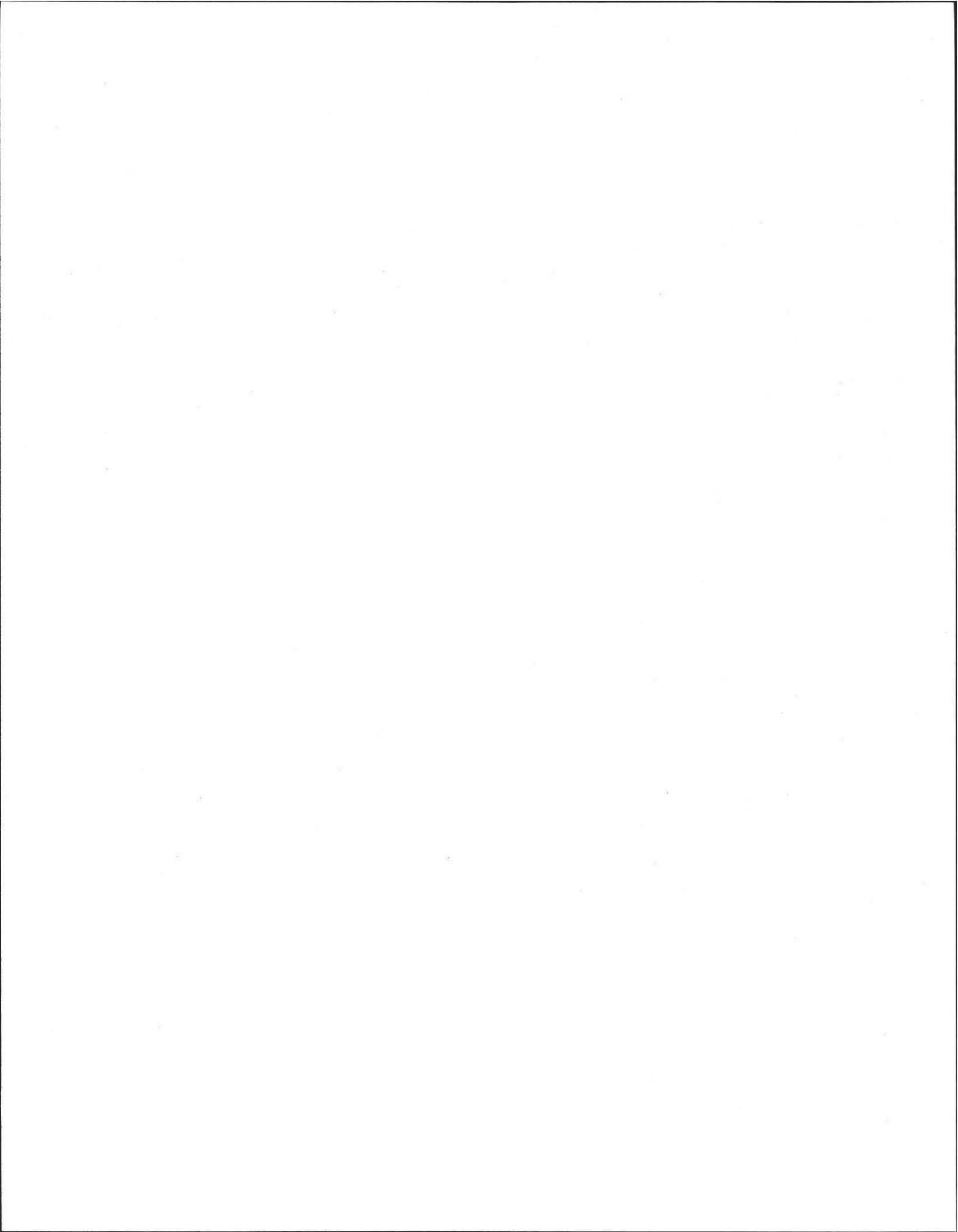


GROUND WATER _____

GROUND WATER _____

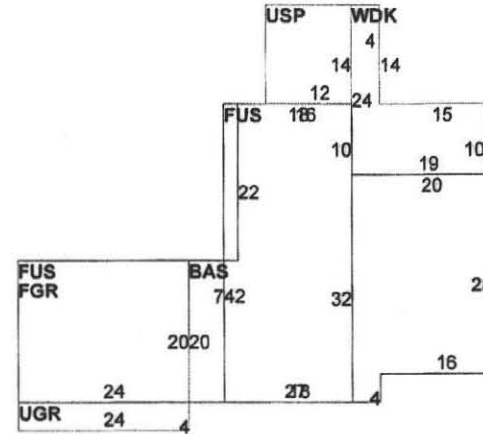
Percolation Rate at 36" :

10min/inch



CONSTRUCTION DETAIL			CONSTRUCTION DETAIL (CONTINUED)				
Element	Cd.	Ch.	Description	Element	Cd.	Ch.	Description
Style	07		Modern/Contemp				
Model	01		Residential				
Grade	15		A+				
Stories	2		2 Stories	Foundation			
Occupancy				MIXED USE			
Exterior Wall 1	11		Clapboard	Code	Description	Percentage	
Exterior Wall 2				1010	Single Family	100	
Roof Structure	03		Gable/Hip	COST/MARKET VALUATION			
Roof Cover	03		Asph/F Gls/Cmp	Adj. Base Rate:		98.25	
Interior Wall 1	05		Drywall/Sheet	Replace Cost		317,845	
Interior Wall 2				AYB		1986	
Interior Flr 1	12		Hardwood	Dep Code		GD	
Interior Flr 2				Remodel Rating			
Heat Fuel	03		Gas	Year Remodeled			
Heat Type	04		Forced Air-Due	Dep %		10	
AC Type	03		Central	Functional Obslnc		0	
Total Bedrooms	04		4 Bedrooms	External Obslnc		0	
Total Bthrms	3			Cost Trend Factor			
Total Half Baths	1			Condition			
Total Xtra Fixtrs				% Complete		90	
Total Rooms	8		8 Rooms	Overall % Cond		90	
Bath Style	02		Average	Apprais Val		286,100	
Kitchen Style	02		Modern	Dep % Ovr		0	
				Dep Ovr Comment			
				Misc Imp Ovr		0	
				Misc Imp Ovr Comment			
				Cost to Cure Ovr		0	
				Cost to Cure Ovr Comment			

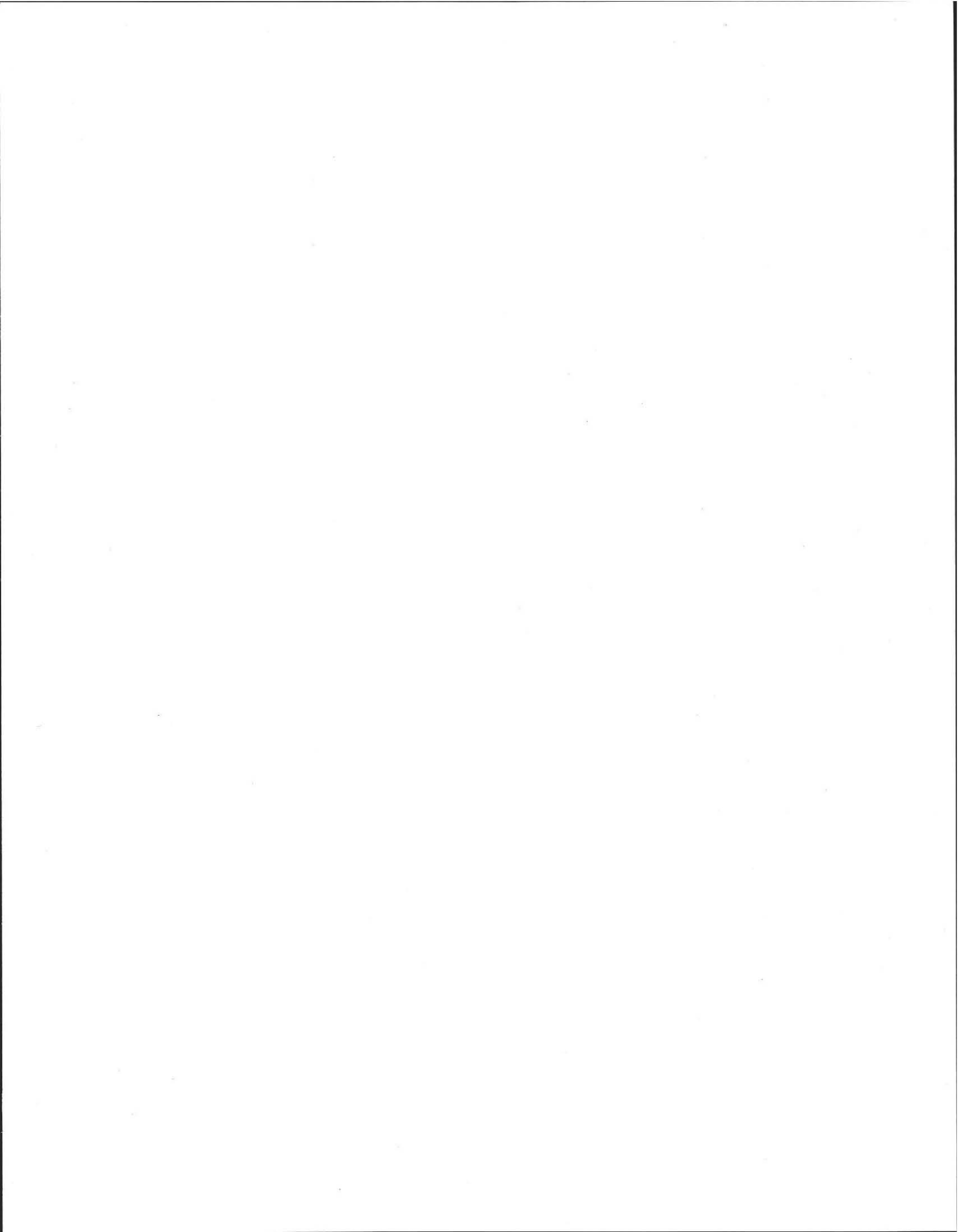
UBM[1304]
FHS[352]



OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)												
Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
FPL3	Fireplace 2 St			B	1	4,000.00	2001		1		100	3,600

No Photo On Record

BUILDING SUB-AREA SUMMARY SECTION						
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,388	1,388	1,388	98.25	136,374
FGR	Garage, Finished	0	480	192	39.30	18,864
FHS	Half Story, Finished	194	352	194	54.15	19,061
FUS	Upper Story, Finished	1,236	1,236	1,112	88.39	109,256
UBM	Basement, Unfinished	0	1,304	261	19.67	25,644
UGR	Garage, Unfinished	0	96	29	29.68	2,849
USP	Porch, Screen, Unfinished	0	168	34	19.88	3,341
WDK	Deck, Wood	0	246	25	9.98	2,456
Ttl. Gross Liv/Lease Area:		2,818	5,270	3,235		317,845



Property Location: 35 TRILLIUM WAY

MAP ID: 21B / 49 / 1

Bldg Name:

State Use: 1010

Vision ID: 5779

Account #

Bldg #: 1 of 1

Sec #: 1 of 1 Card 1 of 1

Print Date: 12/18/2012 14:30

CURRENT OWNER		TOPO.	UTILITIES	STRT/ROAD	LOCATION	CURRENT ASSESSMENT				
BURTON, J ANTHONY			2 Public Water			Description	Code	Appraised Value	Assessed Value	
10 DANA ST			3 Public Sewer			RESIDENTL	1010	289,700	289,700	
AMHERST, MA 01002						RES LAND	1010	154,000	154,000	
Additional Owners:		SUPPLEMENTAL DATA			<p style="text-align: center;">601 Amherst, MA</p> <p style="text-align: center; font-size: 2em;">VISION</p>					
		Other ID: 21B000049	Precinct							
		Calc Frontag 84.2	Vote At							
			Tenant							
			Parent							
			Created							
			ASSOC PID#							
		BIDIN			Total				443,700	443,700
		BIDOUT								
		GIS ID: 21B-49								

RECORD OF OWNERSHIP					BK-VOL/PAGE	SALE DATE	q/u	w/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)											
BURTON, J ANTHONY					8618/ 333	02/15/2006	U	I		1A	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value			
BURTON, J ANTHONY & ANNE M					4504/ 220	06/27/1994	Q	I	300,000	00	2013	1010	289,700	2012	1010	289,700	2012	1010	289,700			
SUTCLIFF, ANN B & JOHN H					2643/ 238	11/08/1985			35,500		2013	1010	154,000	2012	1010	154,000	2012	1010	154,000			
FLOWER, JEFFREY W					2619/ 67	09/13/1985			0													
											Total:			443,700	Total:			443,700	Total:			443,700

EXEMPTIONS				OTHER ASSESSMENTS			
Year	Type	Description	Amount	Code	Description	Number	Amount
2008	NO	NOT OWNER OCCUP	0				
Total:			0				

This signature acknowledges a visit by a Data Collector or Assessor

ASSESSING NEIGHBORHOOD				
NBHD/SUB	NBHD Name	Street Index Name	Tracing	Batch
AW/A				

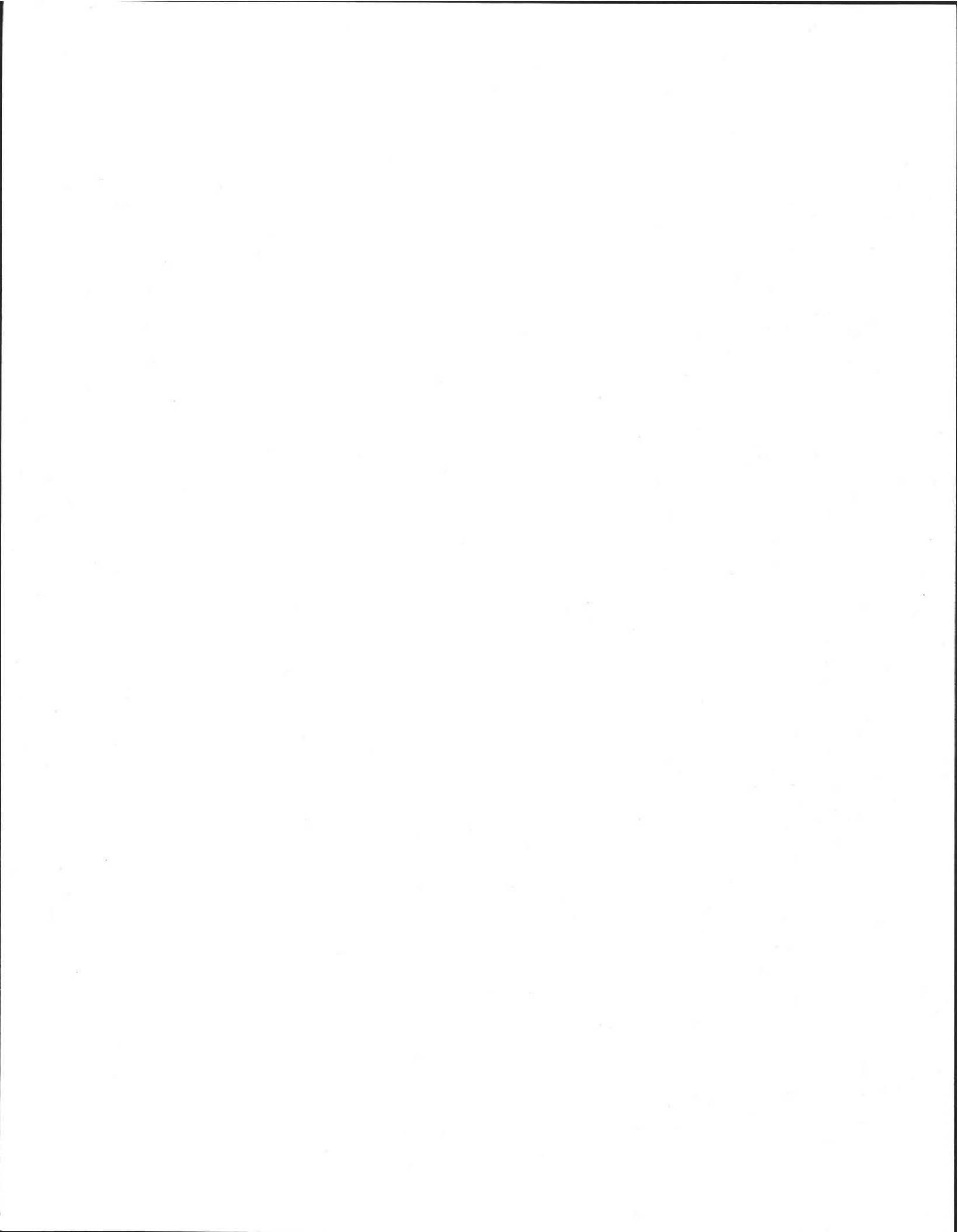
APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	286,100
Appraised XF (B) Value (Bldg)	3,600
Appraised OB (L) Value (Bldg)	0
Appraised Land Value (Bldg)	154,000
Special Land Value	0
Total Appraised Parcel Value	443,700
Valuation Method:	C
Exemptions	0
Adjustment:	0
Net Total Appraised Parcel Value	443,700

NOTES	
LOT 62	
INT ALT BASEMENT-WALLS	
FINISHED FOR POTTERY	
STUDIO-ADD A/C FY96	
ADDES FUS OVER GARAGE	
FY00	

BUILDING PERMIT RECORD									
Permit ID	Issue Date	Type	Description	Amount	Insp Date	% Comp.	Date Comp.	Comments	
GAS08-0140	03/11/2008	PL	Plumbing	0		0		FURNACE	10/27/2005
ELE99-828	04/16/1999	EL	Electric	0		0		LIGHT/CON	02/16/2000
ELE99-138	08/05/1998	EL	Electric	0		0		WIRE 2ND	07/13/1999
BLD98-688	06/25/1998	RE	Remodel	35,000		0		2ND FLR A	08/02/1995
BLD97-290	10/04/1996	RE	Remodel	2,000		0		REPAIR DE	05/29/1990
ELE95-478	01/11/1995			40		0			
95-0358	01/06/1995			4,500		0			

VISIT/ CHANGE HISTORY					
Date	Type	IS	ID	Cd.	Purpose/Result
10/27/2005			SS	15	Drive By Field Review
02/16/2000			DB	40	No Change On Abatement
07/13/1999			LT	03	Building Permit Review
08/02/1995			EB		
05/29/1990			HG		

LAND LINE VALUATION SECTION																							
B #	Use Code	Use Description	Zone	D	Front	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	S Adj Fact	Adj. Unit Price	Land Value				
1	1010	Single Family	RO30				30,000 SF	4.40	1.1500	8	1.0000	1.00	AW	1.00			1.00		151,800				
1	1010	Single Family	RO31				18,569 SF	0.12	1.0000	0	1.0000	1.00	AW	1.00			1.00		2,200				
Total Card Land Units:							1.11 AC	Parcel Total Land Area:							1.11 AC	Total Land Value:							154,000



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JOHN SUTLIFF Address TRILLIUM WAY

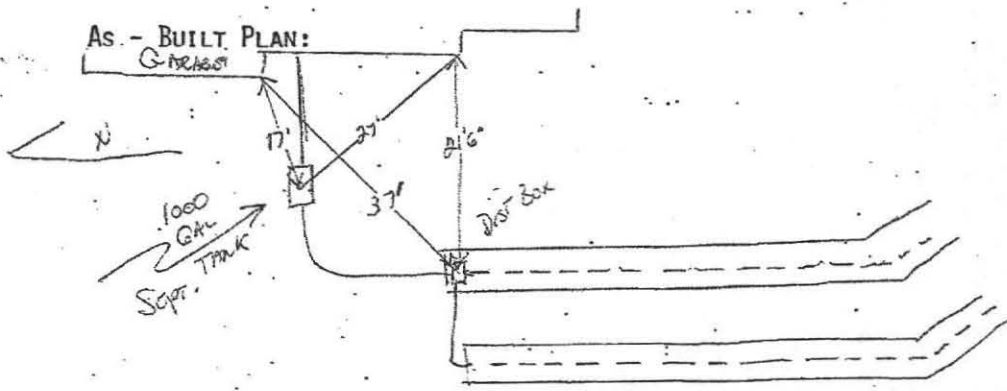
Installer CHUCK WALKER Address BELCHERTOWN MA

Date Installation Inspected and Approved 6/13/86

Description of System: Tank Capacity: 1000

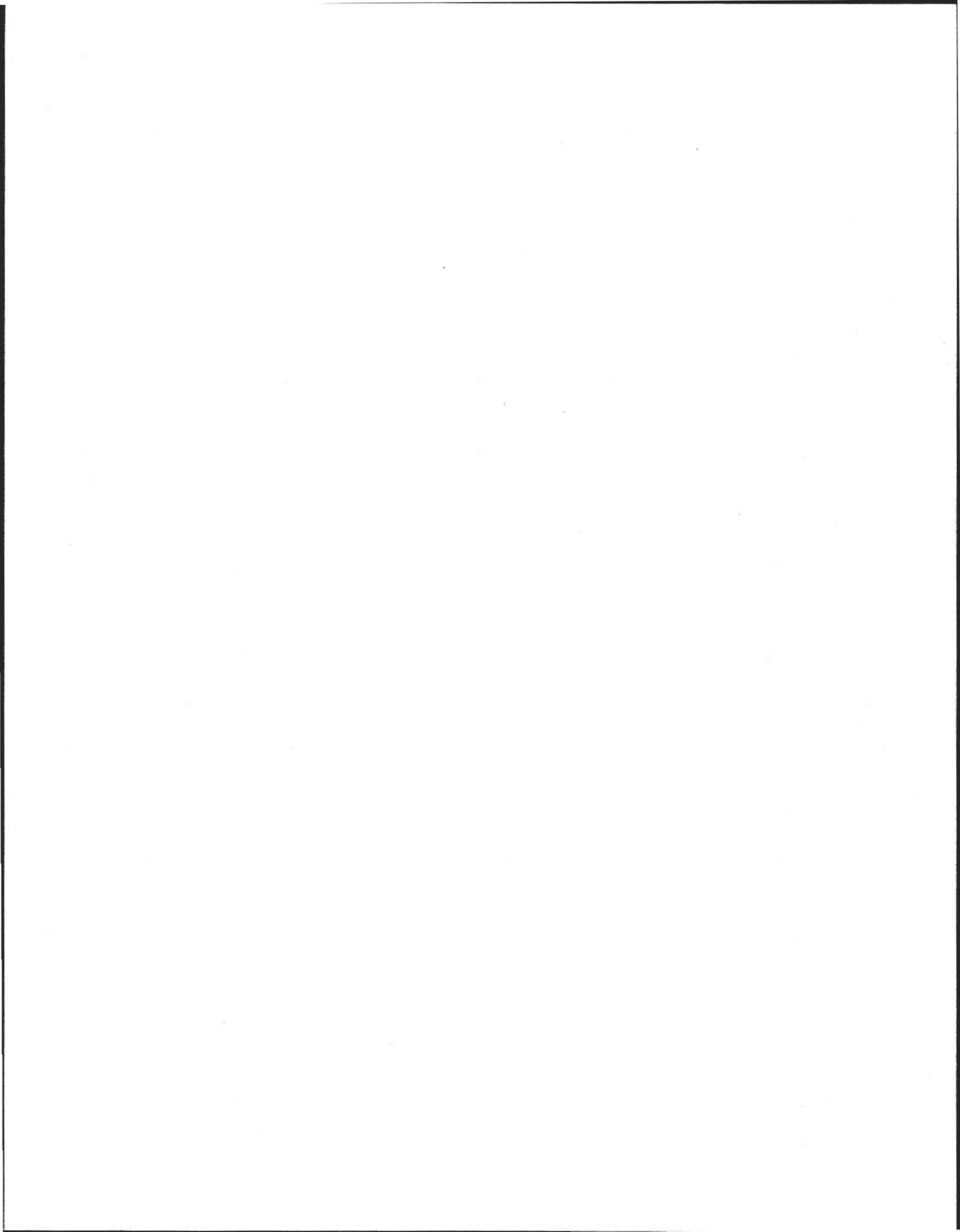
Leach Field (X) Bed () Seepage Pit () Square Feet: _____

Garbage Grinder Yes () - No (X) No. Bedrooms: 3 No. People 6



T. R. Walker
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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



No. 85-49

#35

Fee \$90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Trillium Way
35 Amherst Woods Lot 62
 Location - Address or Lot No.
John Sutcliffe 220 Aubinwood Drive
 Owner - Address
Quarant - Chuck Wallace Belchertown
 Installer - Address
 Type of Building Size Lot 1.115 Acres
 Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (No)
 Other - Type of Building No. of persons Showers () - Cafeteria ()
 Other fixtures
 Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
 Septic Tank - Liquid capacity 1000 gallons Length 8 1/2' Width 5' Diameter Depth 5'
 Disposal ~~System~~ - No. 1 Width 8 1/2' Total Length 38' Total leaching area 678 sq. ft.
 Seepage Pit No. Diameter 8.0 Depth below inlet Total leaching area 800 sq. ft.
 Other Distribution box () Dosing tank ()
 Percolation Test Results Performed by E.A. Elias Date April 23, 1984
 Test Pit No. 1. 10 minutes per inch Depth of Test Pit 8 Depth to ground water Day at 8
 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.

Application Approved By [Signature] Date 11-12-85

Application Disapproved for the following reasons:

Permit No. 85-49

Issued 11-12-85

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 _____

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

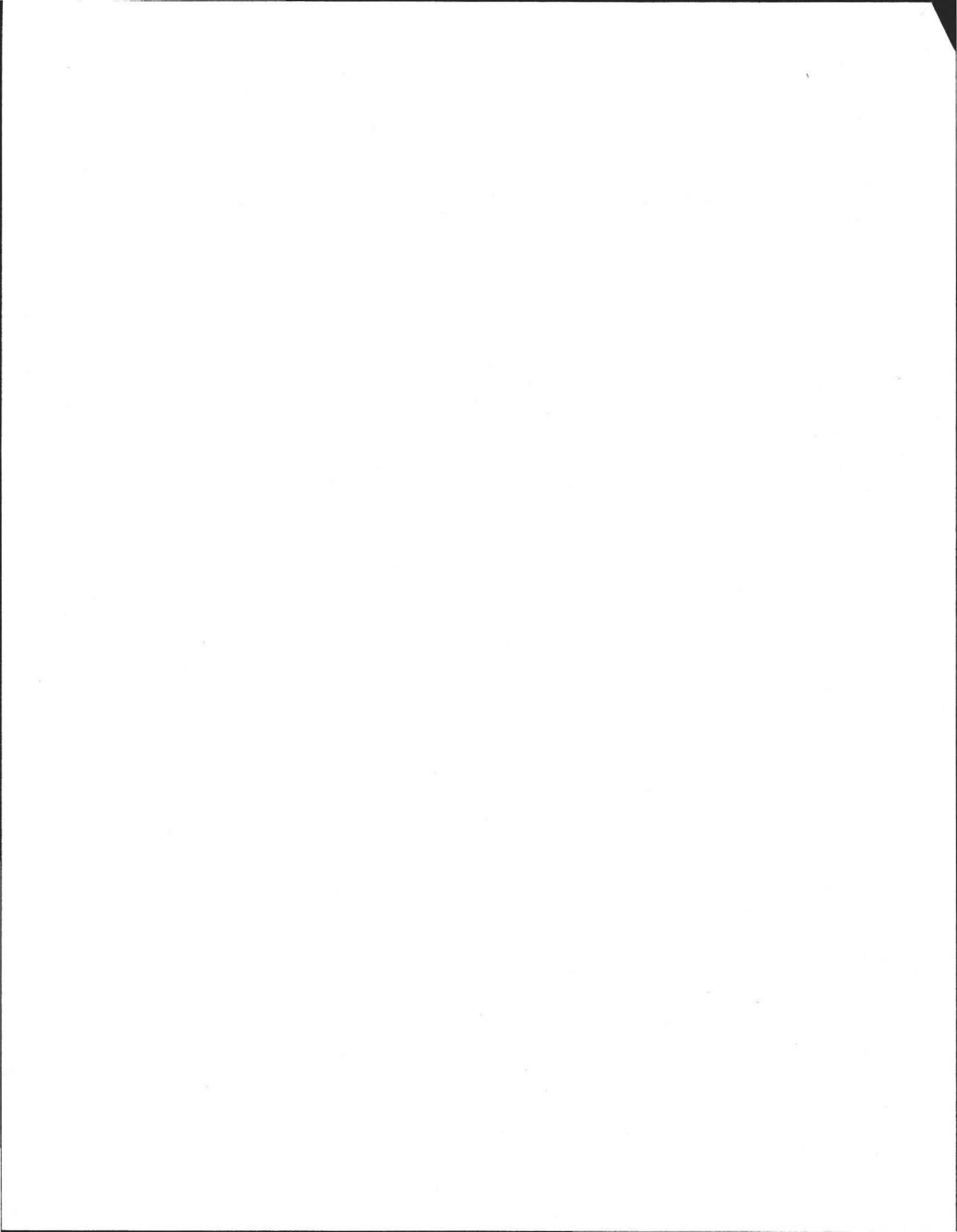
Town of Amherst

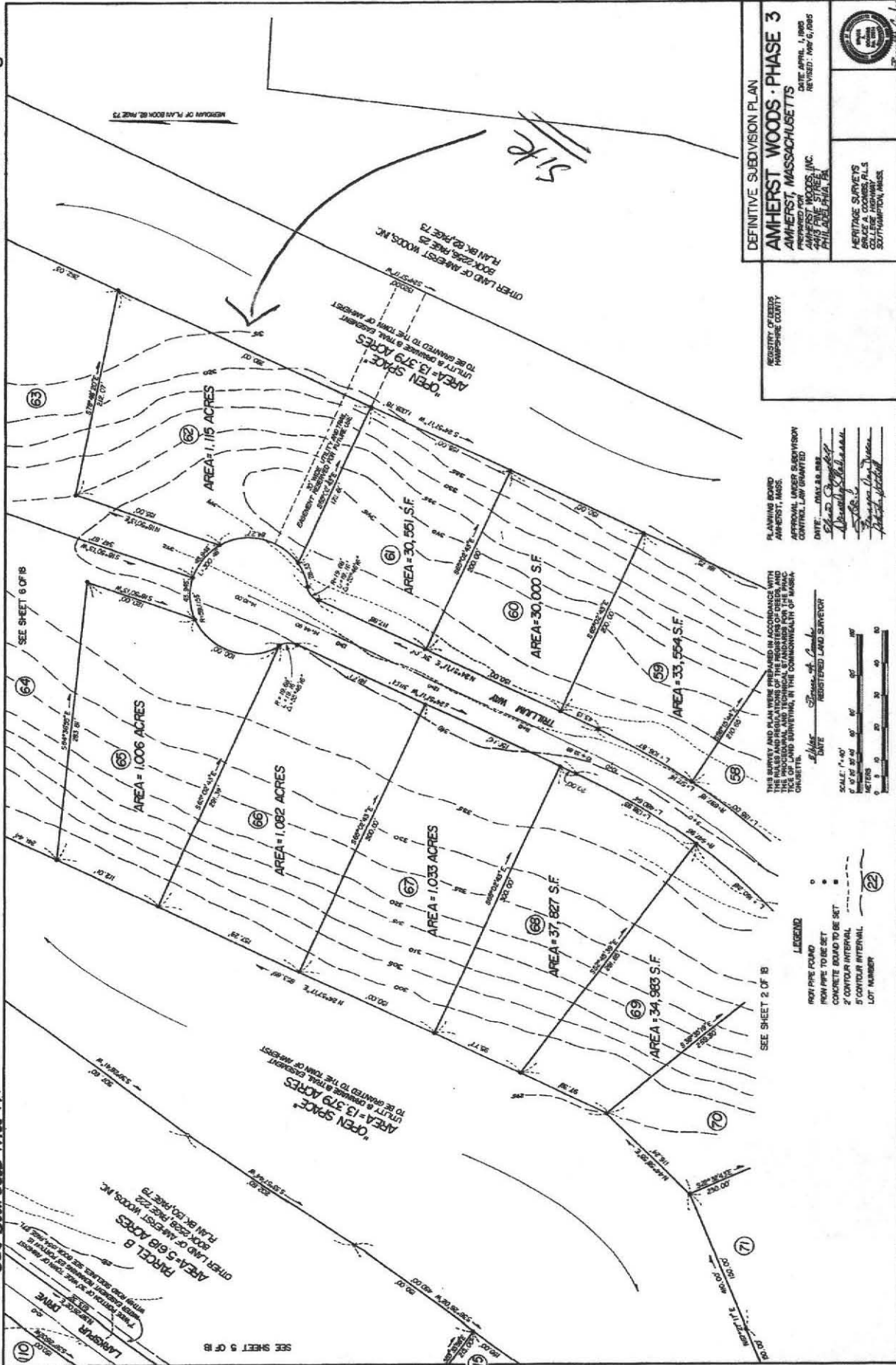
Disposal Works Construction Permit

Permission is hereby granted John Sutcliffe to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot #62 Trillium Way Street 85-49 Dated 11-12-85 as shown on the application for Disposal Works Construction Permit No. _____

DATE 11-12-85

CHECK OR FILL IN WHERE APPLICABLE





DEFINITIVE SUBDIVISION PLAN
AMHERST WOODS - PHASE 3
 AMHERST, MASSACHUSETTS
 PREPARED FOR
 AMHERST WOODS, INC.
 100 WOODS DRIVE
 AMHERST, MASSACHUSETTS

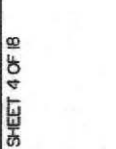
PLANNING BOARD
 AMHERST, MASS.
 APPROVAL UNDER SUPERVISOR
 CONTROL LAW GRANTED
 DATE: JULY 23, 1985
 BY: [Signature]
 [Signature]
 [Signature]

THE ABOVE PLAN HAS BEEN PREPARED IN ACCORDANCE WITH THE PROFESSIONAL AND TECHNICAL STANDARDS FOR THE PRACTICE OF SURVEYING, IN THE COMMONWEALTH OF MASSACHUSETTS.
 DATE: [Date]
 SURVEYOR: [Name]
 REGISTERED LAND SURVEYOR

LEGEND
 ○ IRON PIPE FOUND
 ● IRON PIPE TO BE SET
 ■ CONCRETE ROAD TO BE SET
 --- 2' CONTOUR INTERNAL
 - - - 5' CONTOUR INTERNAL
 (22) LOT NUMBER

SCALE: 1" = 40'
 METERS: 0 10 20 30 40 50
 SEE SHEET 2 OF 18

AMHERST WOODS, INC.
 100 WOODS DRIVE
 AMHERST, MASSACHUSETTS
 DATE: APRIL 1, 1985
 REVISION: APR 6, 1985



HERITAGE SURVEYS
 COLLEGE AVENUE, FALLS
 SOUTHAMPTON, MASS.

CITY OF AMHERST
 MASSACHUSETTS

SEE SHEET 5 OF 18

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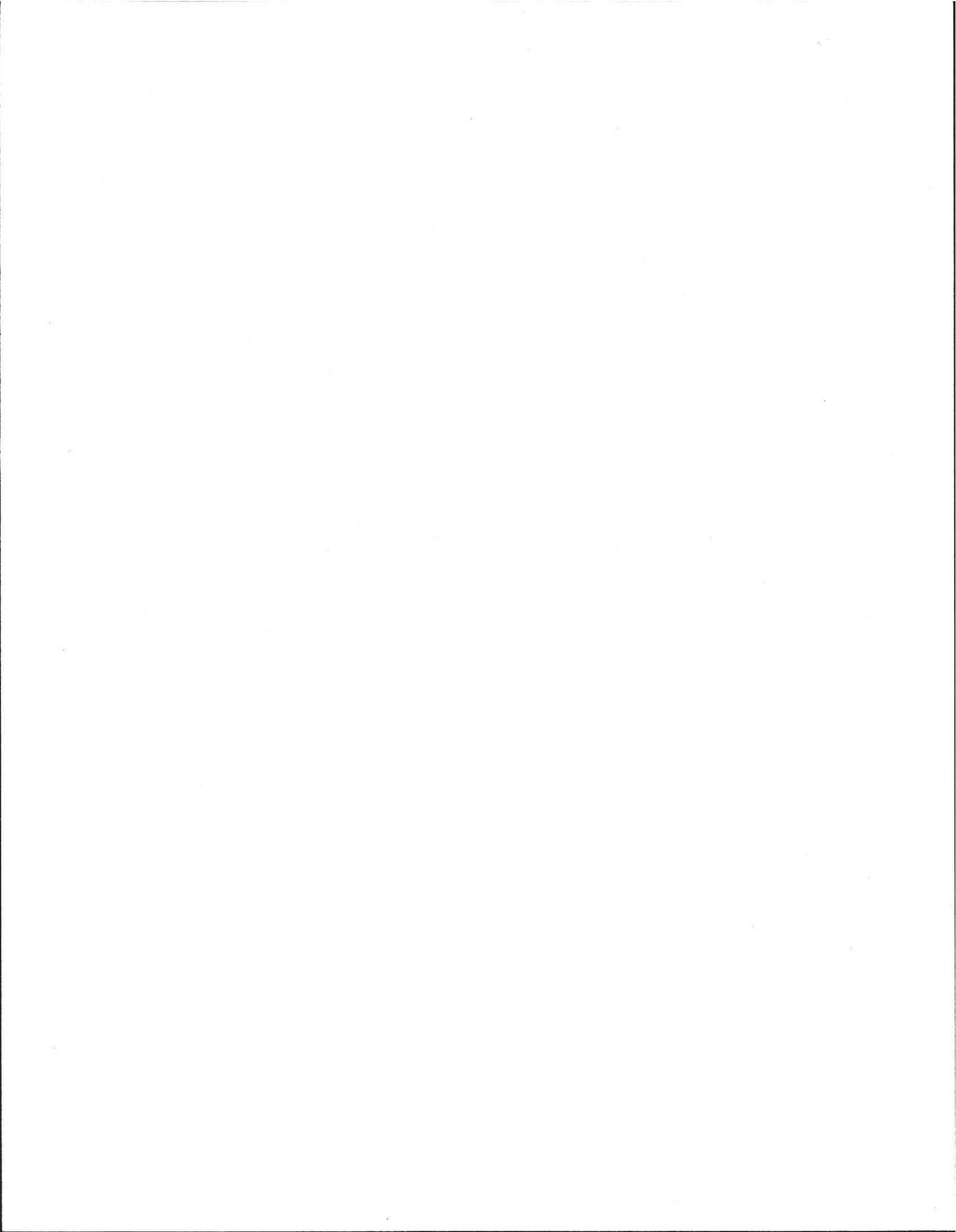
SEE SHEET 96 OF 18

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SEE SHEET 100 OF 18



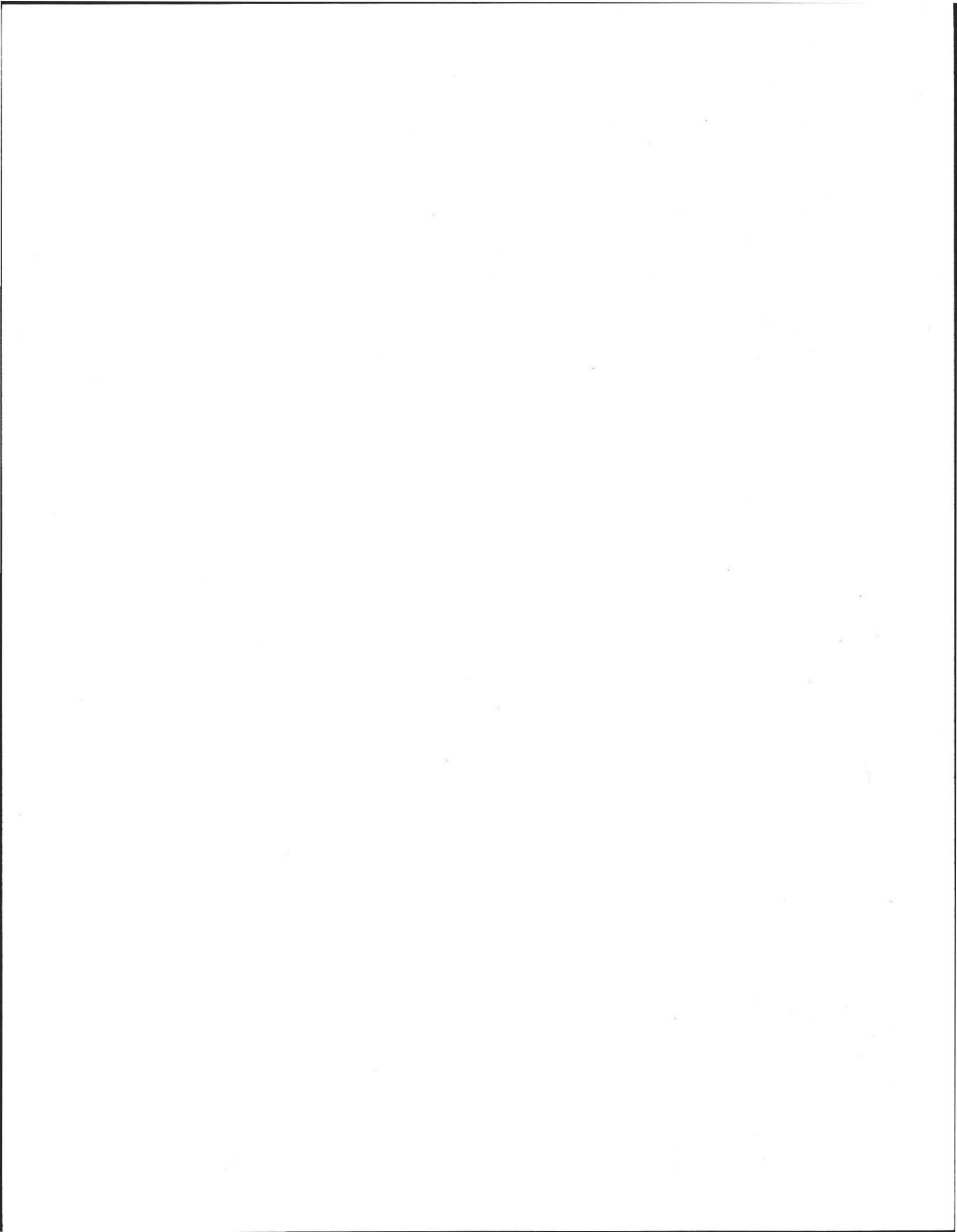
6/25/2013

35 TRILLION

- D-BOX level, pipes good angle.
- 20' off of foundation
- observation port ✓
- can hear plumbing but coming into septic tank

4/9 HENRY - Scott Ardison /

4 people, 5 bedrooms, tank good, d-box - has scum (needs pump)
paid \$200



April 2013
INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: April 19, 2013

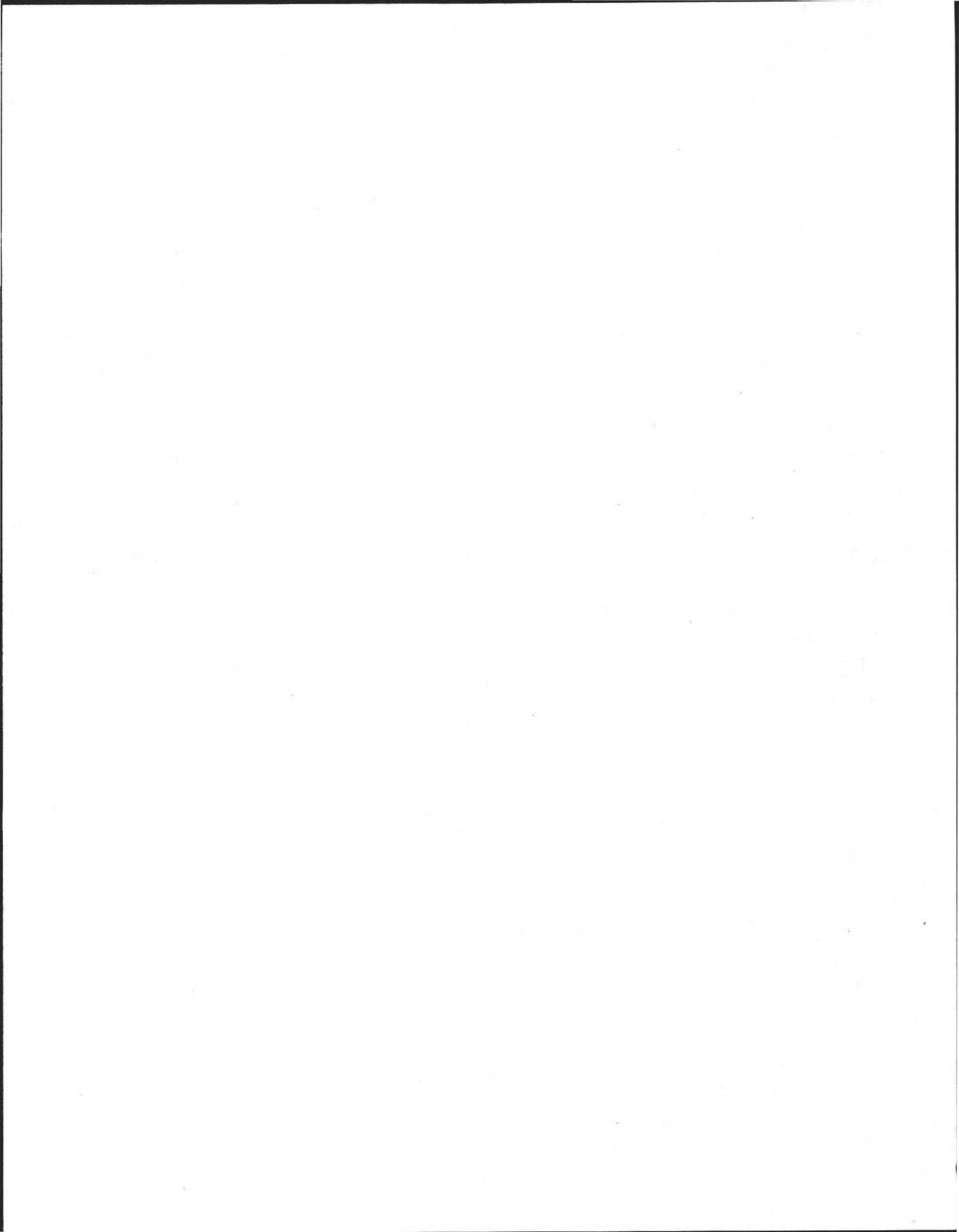
TO Ann & Anthony Burton
35 Trillium Way
Amherst, MA, 01002

RE: Invoice for Title 5 Inspection

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 Witness Fee (4/12/2013)	\$ 200.00	\$ 200.00
1.00	Soil Evaluation (4/28/2013)	\$ 300.00	\$ 300.00
	please remit by check payable to: Town of Amherst		
SUBTOTAL			\$ 500.00
SALES TAX			
TOTAL			\$ 500.00





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.12.2013

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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, M.S, Hydrogeologist, RS # 933

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

738

License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

Passes Conditionally Passes Fails

Needs Further Evaluation by the Local Approving Authority

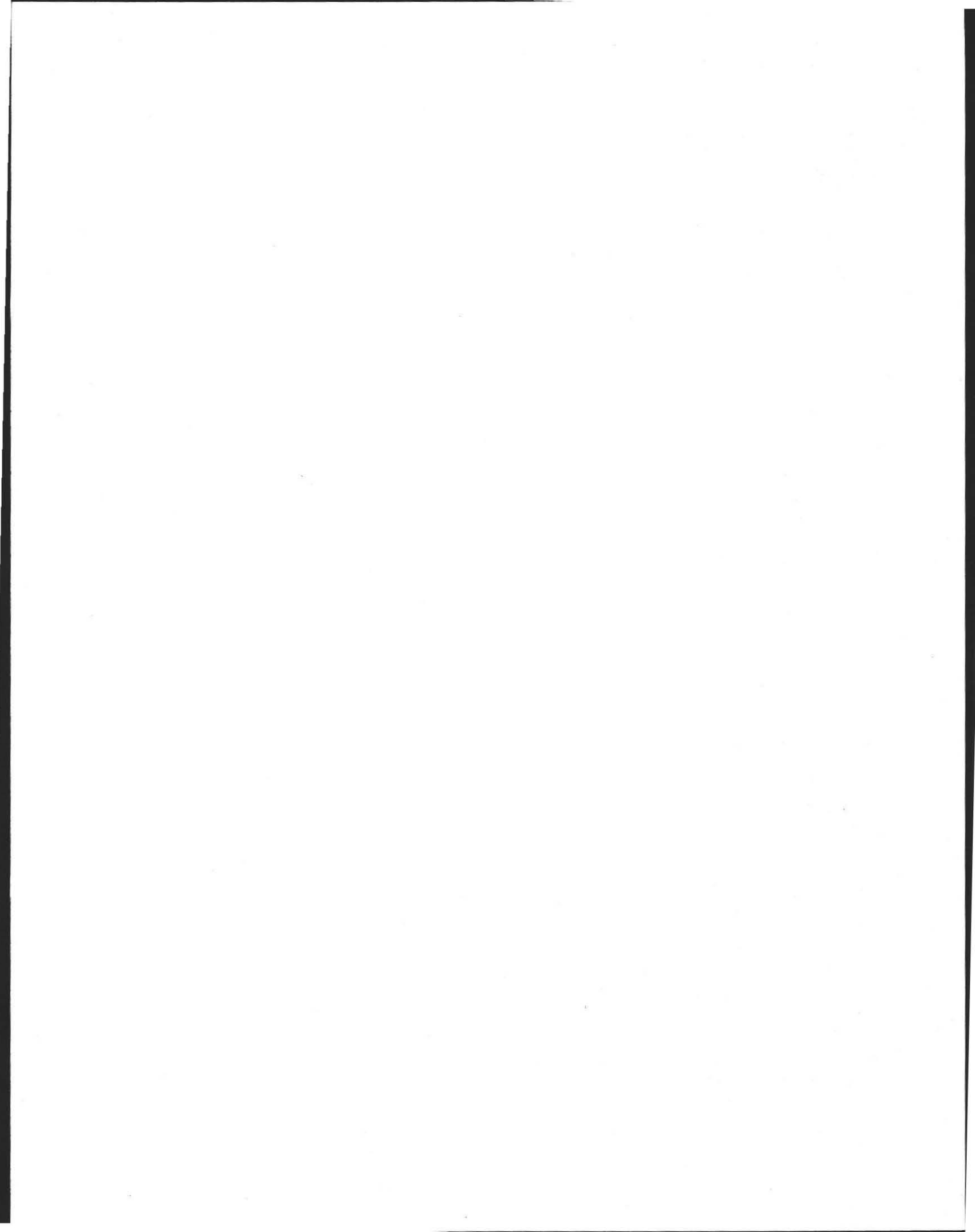
Inspector's Signature

04.12.2013

Date

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

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.





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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / always complete all of Section D

A) System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

Property has original 1000 Gal S. tank and D. Box with L. field of 27+/- yrs, Liquid levels in D box were heavy with biosolids and 1/2 way up in to Leach pipes indicating hydraulic failure. Needs perc test and new engineered system with (Sewer in area still a few years out).

B) System Conditionally Passes:

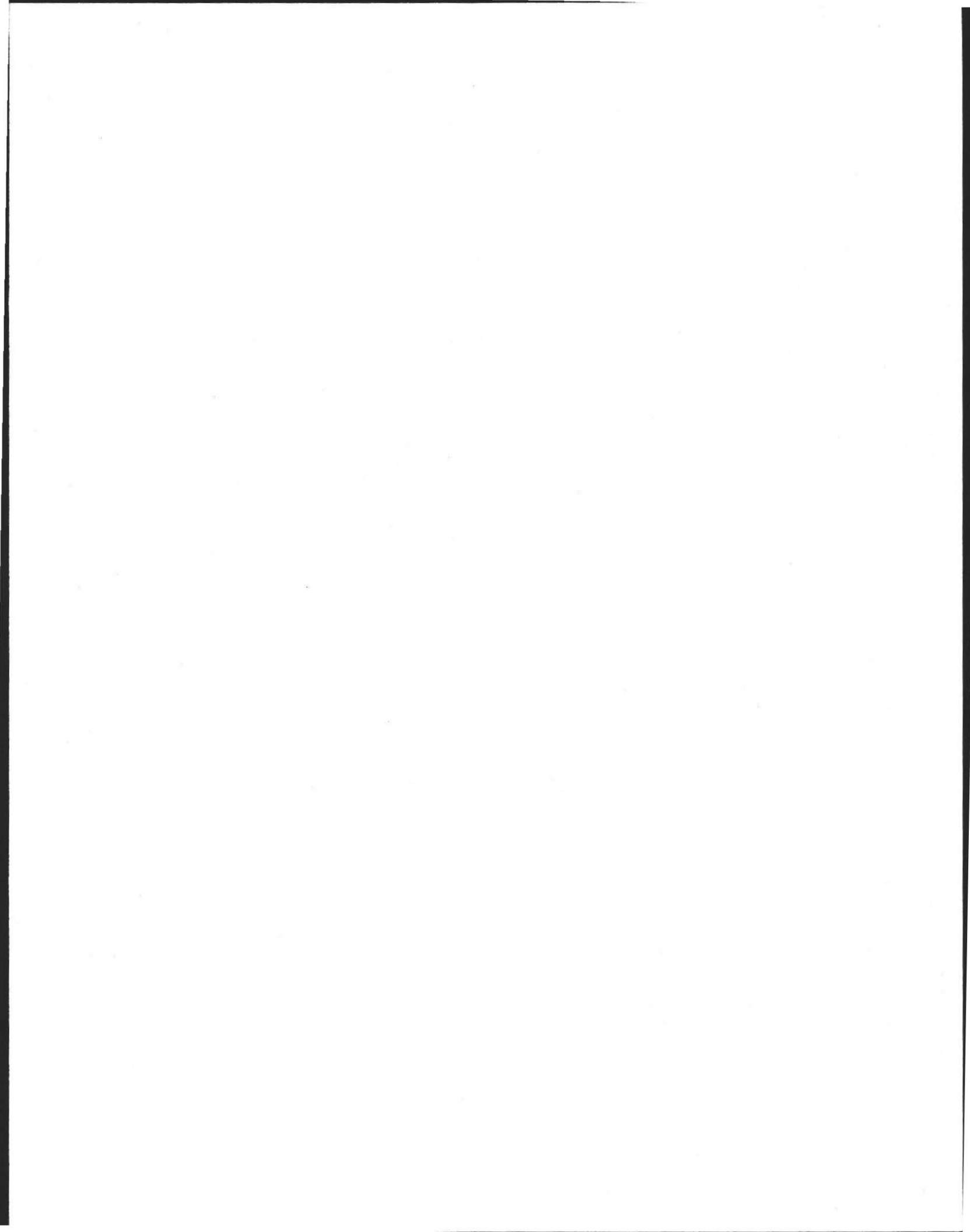
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

Y N ND (Explain below):





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

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

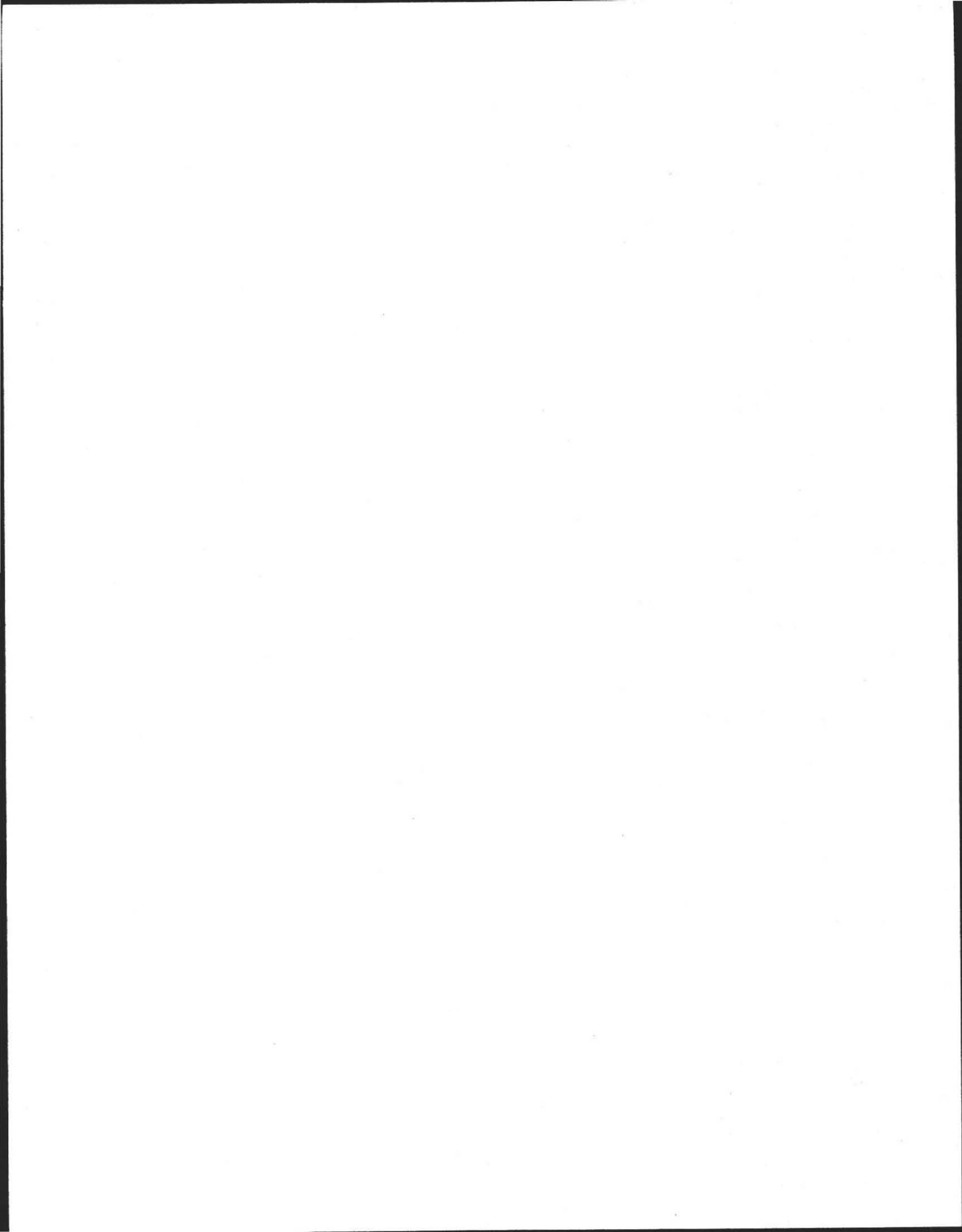
Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

Cesspool or privy is within 50 feet of a surface water

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

Owner information is required for every page.





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B. Certification (cont.)

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:

- Four checkbox options regarding system proximity to surface water, public water supply, and private water supply wells.

** 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 must be attached to this form.

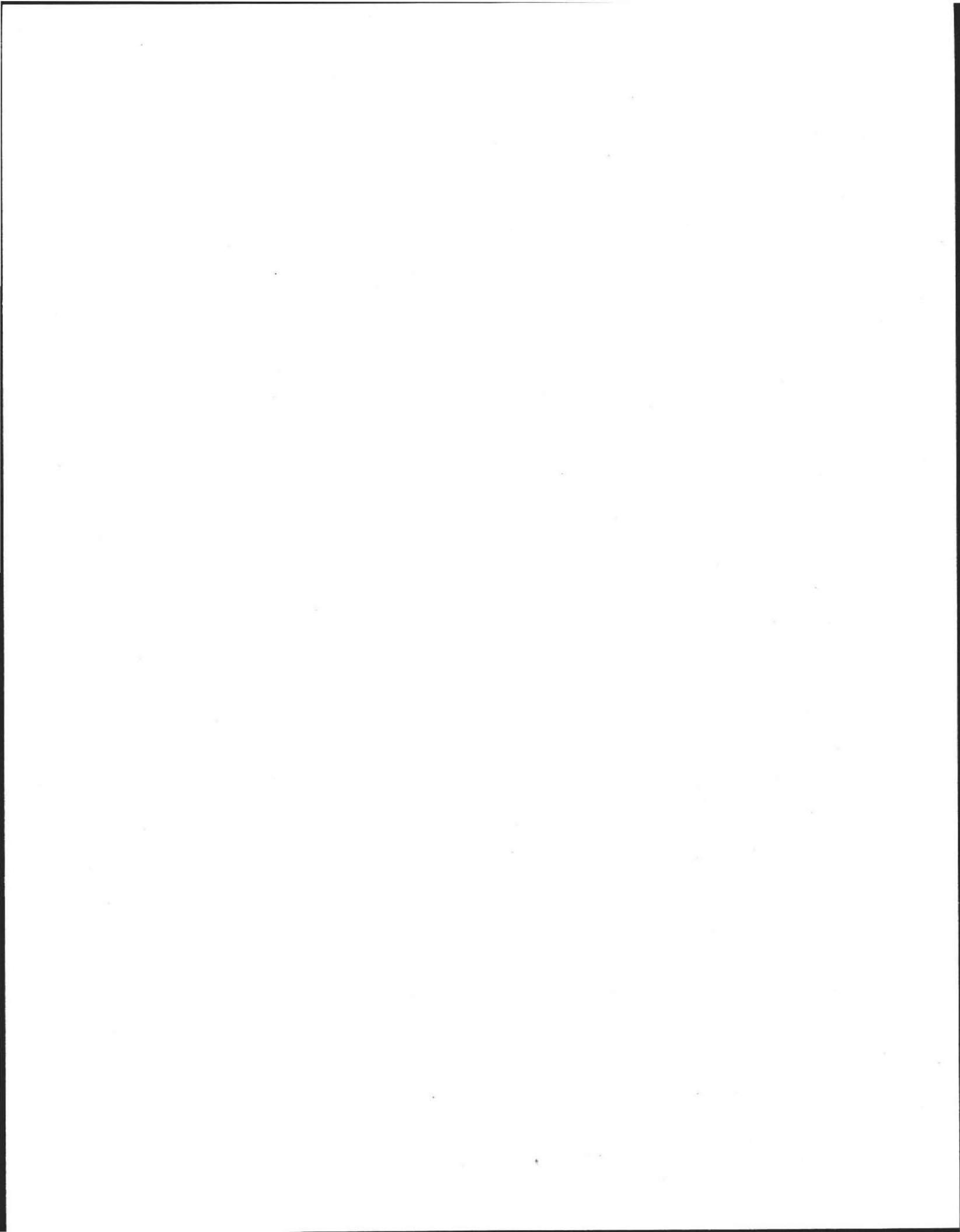
3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns for Yes/No and four failure criteria: backup of sewage, discharge to surface, static liquid level, and liquid depth in cesspool.





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B. Certification (cont.)

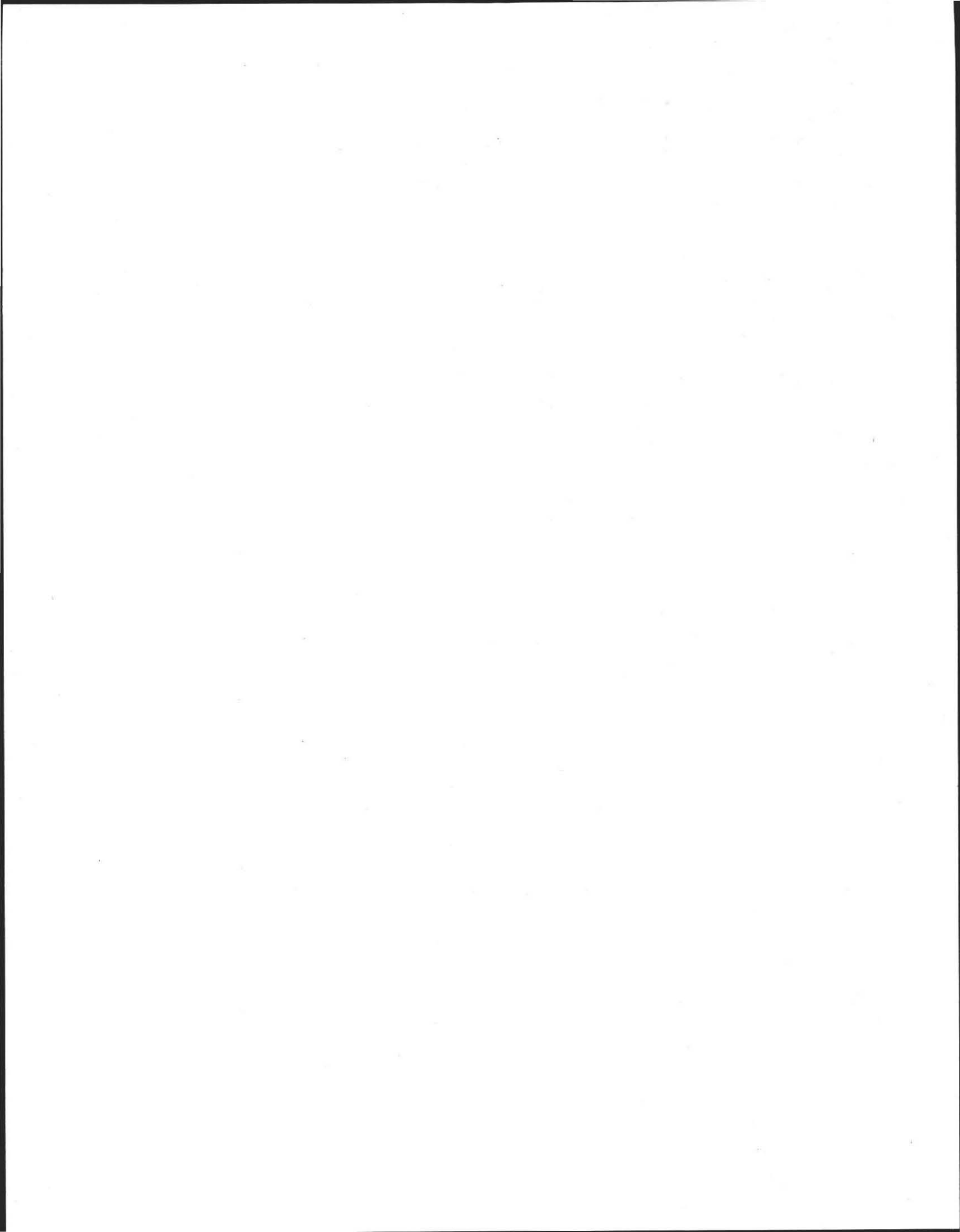
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: ____.

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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.





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C. Checklist

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

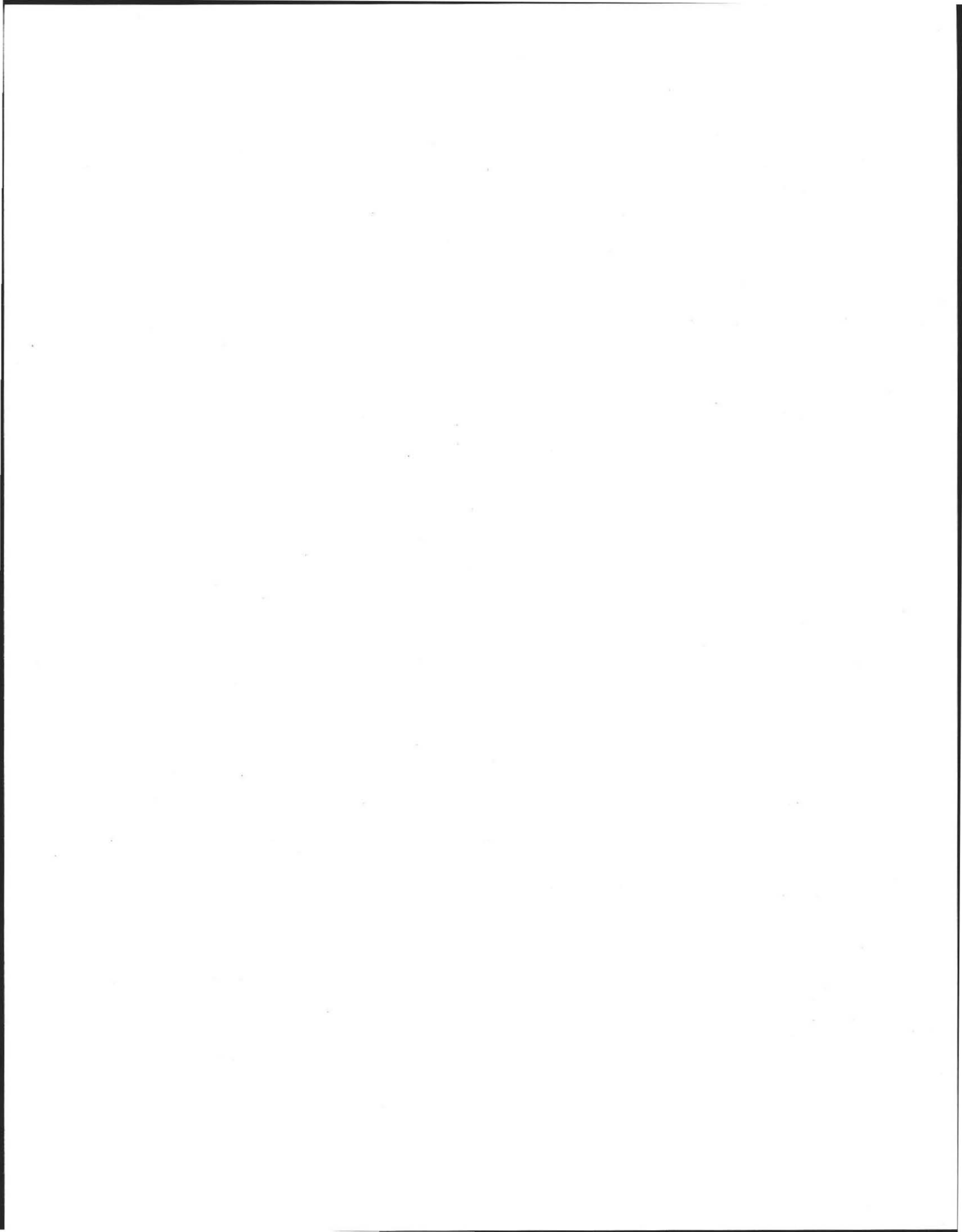
- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, normal flows, water introduction, built plans, facility inspection, site inspection, system components location, septic tank manholes, facility owner information, and SAS determination.

D. System Information

Residential Flow Conditions:

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

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





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Date of Inspection

D. System Information

Description:

1000 gallon S. tank and leachfield (2 pipe).

Number of current residents:

2

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? [if yes separate inspection required]

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

n/a

Detail:

Laundry was connected to main system.

Sump pump?

Yes No

Last date of occupancy:

Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

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

Grease trap present?

Yes No

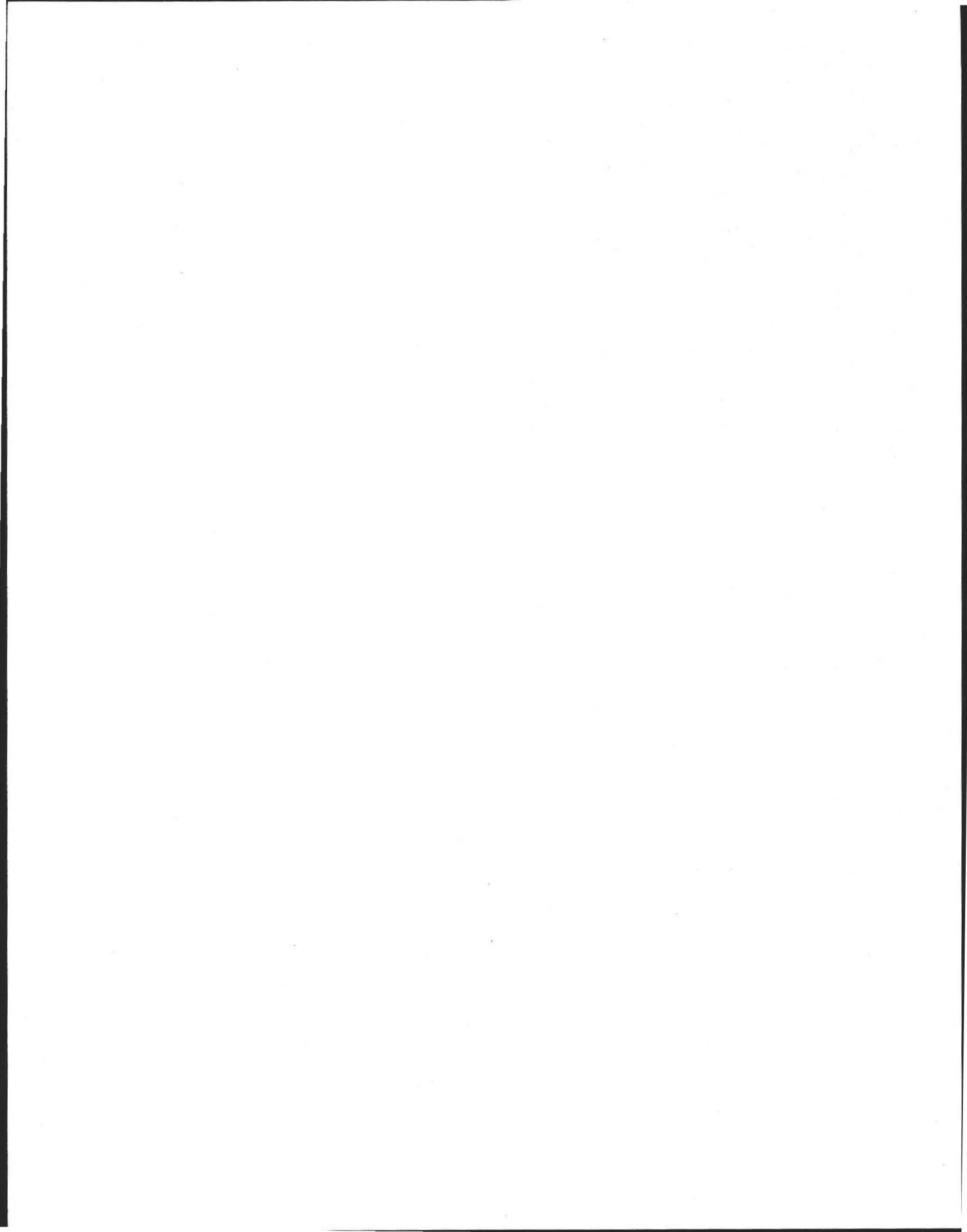
Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:





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D. System Information (cont.)

Last date of occupancy/use:

current Date

Other (describe below):

General Information

Pumping Records:

Source of information:

4+ yrs

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:

Insp.

Type of System:

- Septic tank, distribution box, soil absorption system
Single cesspool
Overflow cesspool
Privy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
Tight tank. Attach a copy of the DEP approval.
Other (describe):





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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

27+

Were sewage odors detected when arriving at the site? Yes No

Building Sewer (locate on site plan):

Depth below grade: 1.5 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: feet

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

Good condition

Septic Tank (locate on site plan):

Depth below grade: .8 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

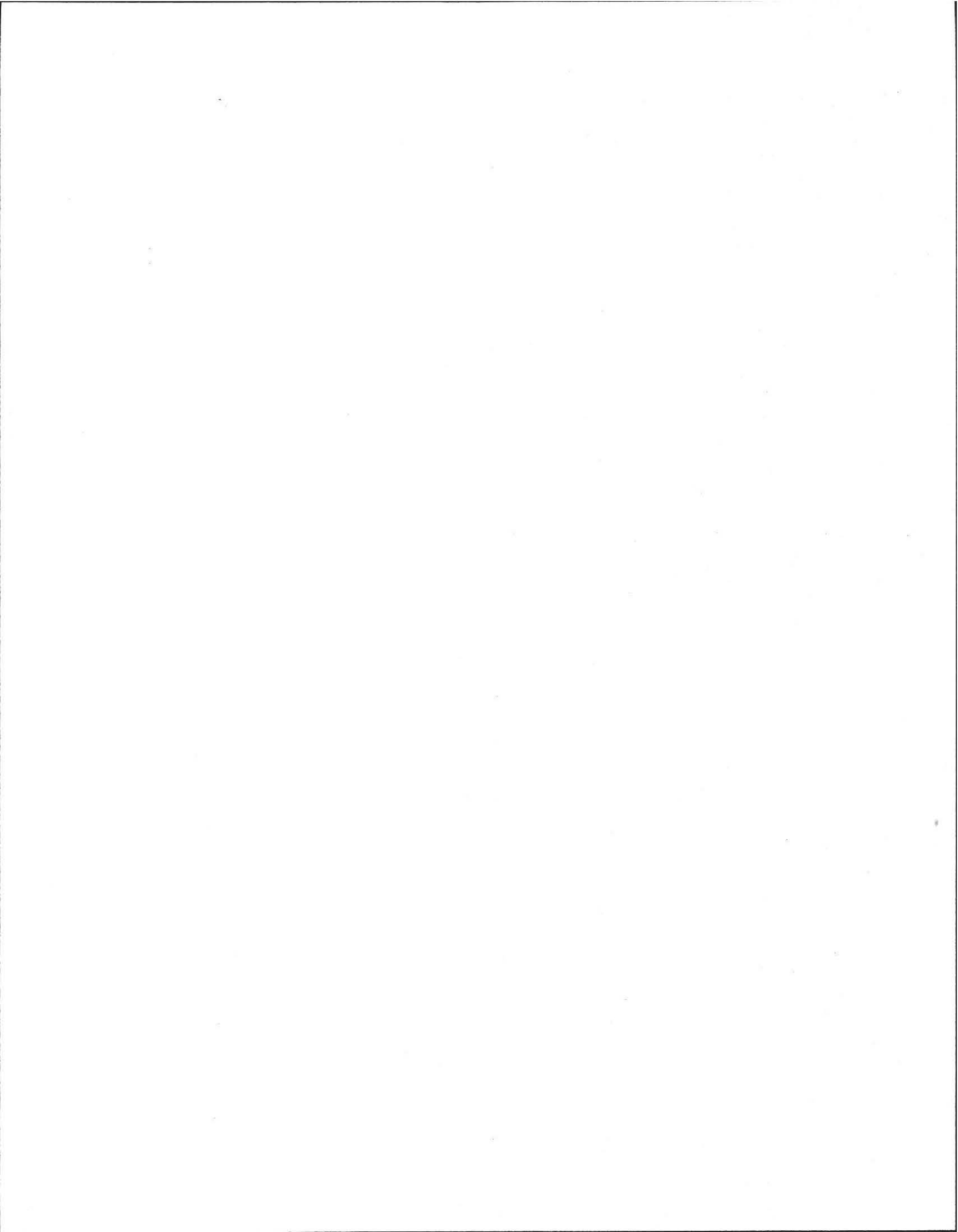
1000 gallon liquid level staining backed up into inlet tee, minimal corrosion at top of outlet baffle otherwise good condition.

If tank is metal, list age: years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: 8' x 4' x 4.2'

Sludge depth: 18"





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle 26"

Scum thickness 6"

Distance from top of scum to top of outlet tee or baffle 6"

Distance from bottom of scum to bottom of outlet tee or baffle 12"

How were dimensions determined? Pumper

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

Grease Trap (locate on site plan):

Depth below grade: feet

Material of construction:

checkbox concrete checkbox metal checkbox fiberglass checkbox polyethylene checkbox other (explain):

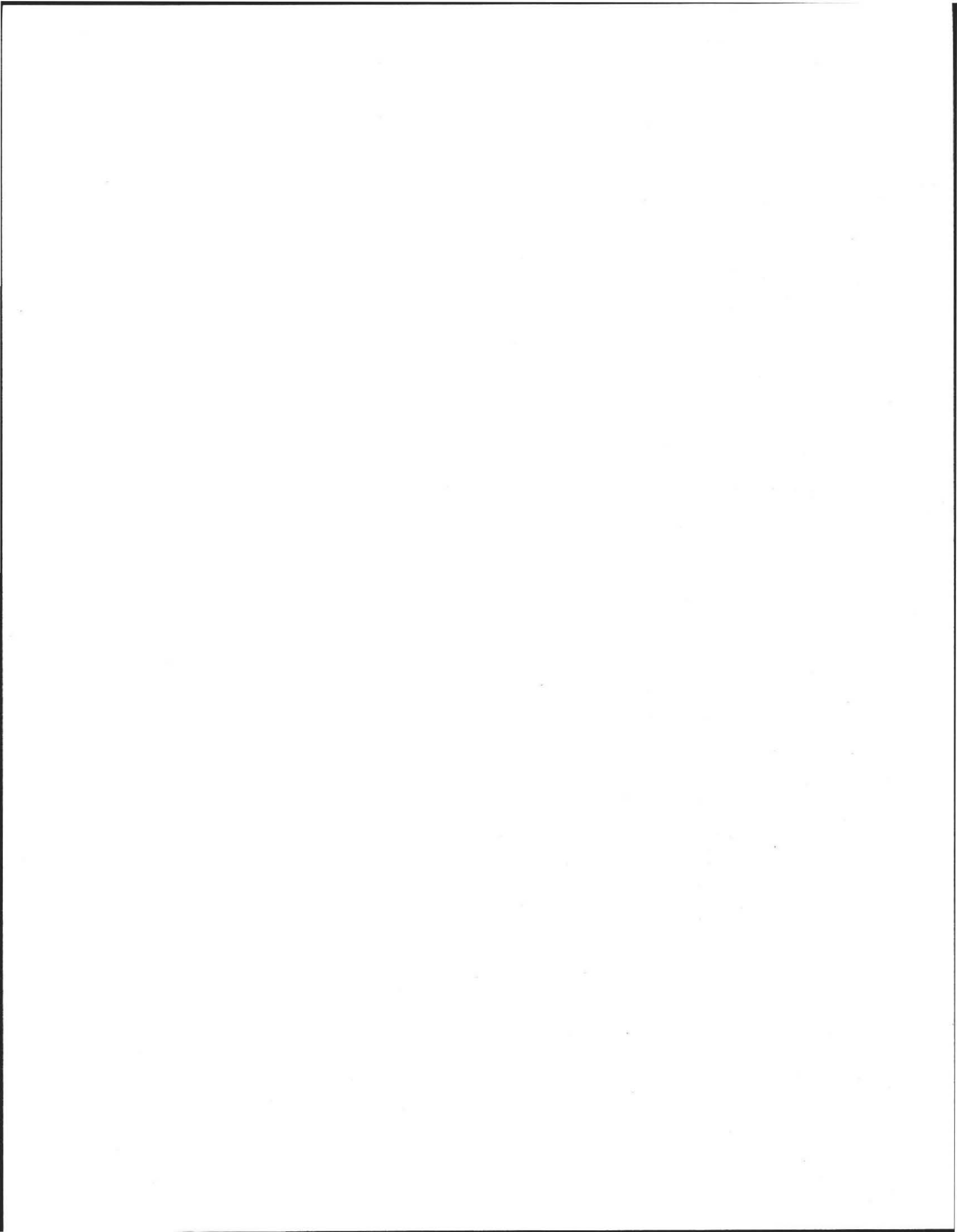
Dimensions:

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: Date





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

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

Four horizontal lines for handwritten comments.

Tight or Holding Tank (tank must be pumped 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 per day

Alarm present:

Yes No

Alarm level: _____

Alarm in working order: Yes No

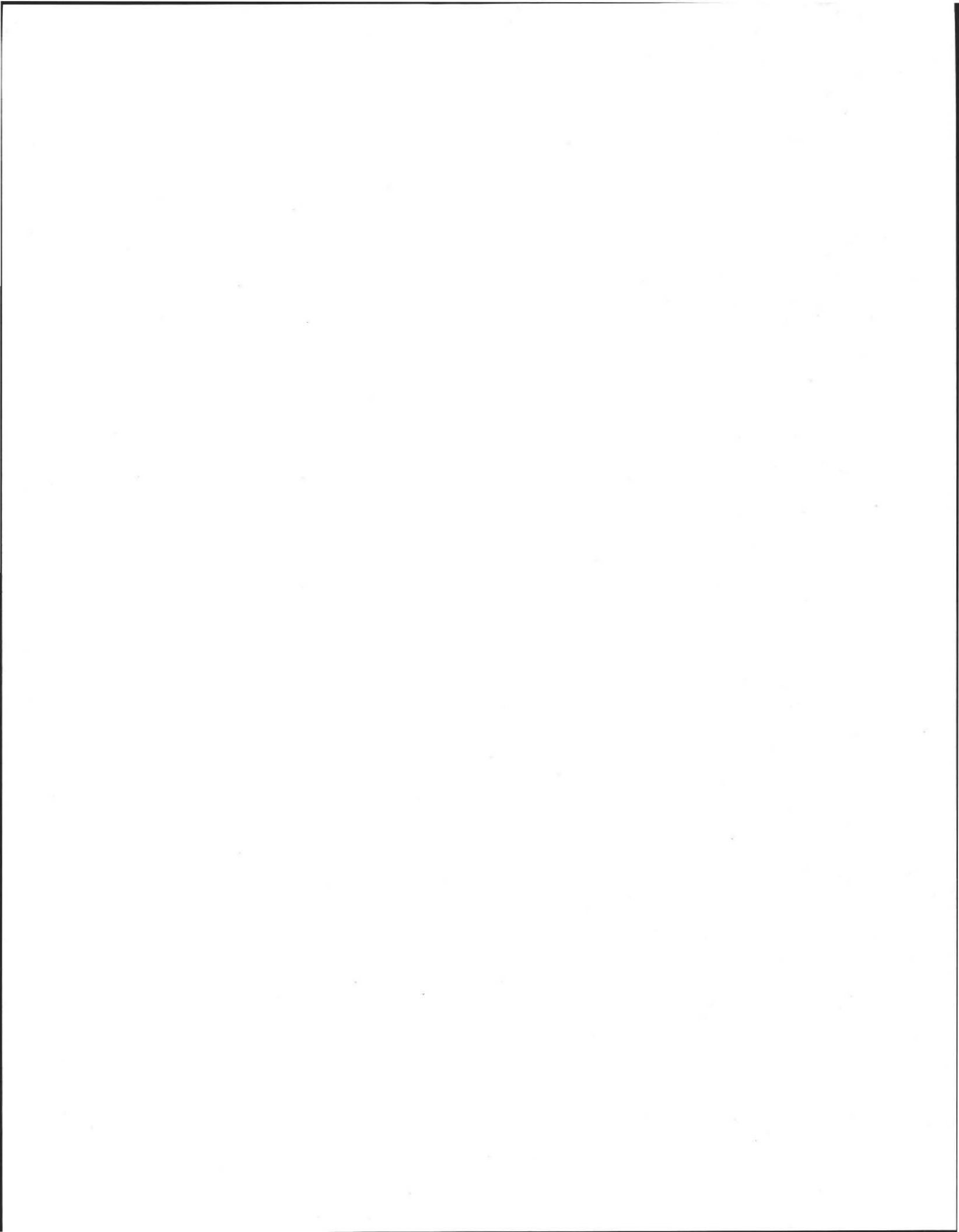
Date of last pumping: _____

Date

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

Four horizontal lines for handwritten comments.

* Attach copy of current pumping contract (required). Is copy attached? Yes No





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D. System Information (cont.)

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

Depth of liquid level above outlet invert liquid level nearly 1/2 way up piping

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

Pump Chamber (locate on site plan):

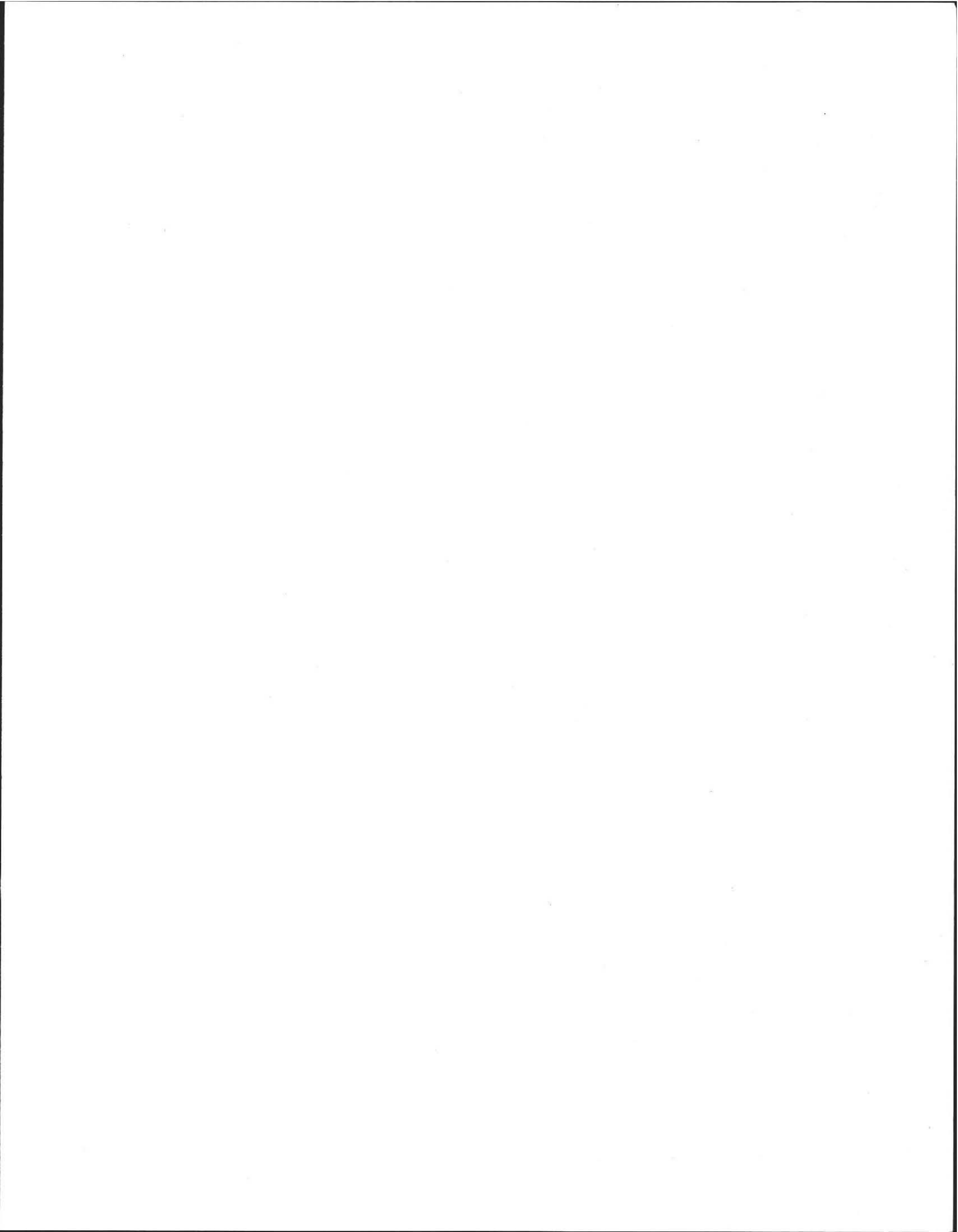
Pumps in working order: [] Yes [] No

Alarms in working order: [] Yes [] No

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:





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D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 2 lines in failure
- 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.):

leach field in failure, heavy biosolids, liquid and sludge 1/2 into outlet pipes.

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

Number and configuration _____

Depth – top of liquid to inlet invert _____

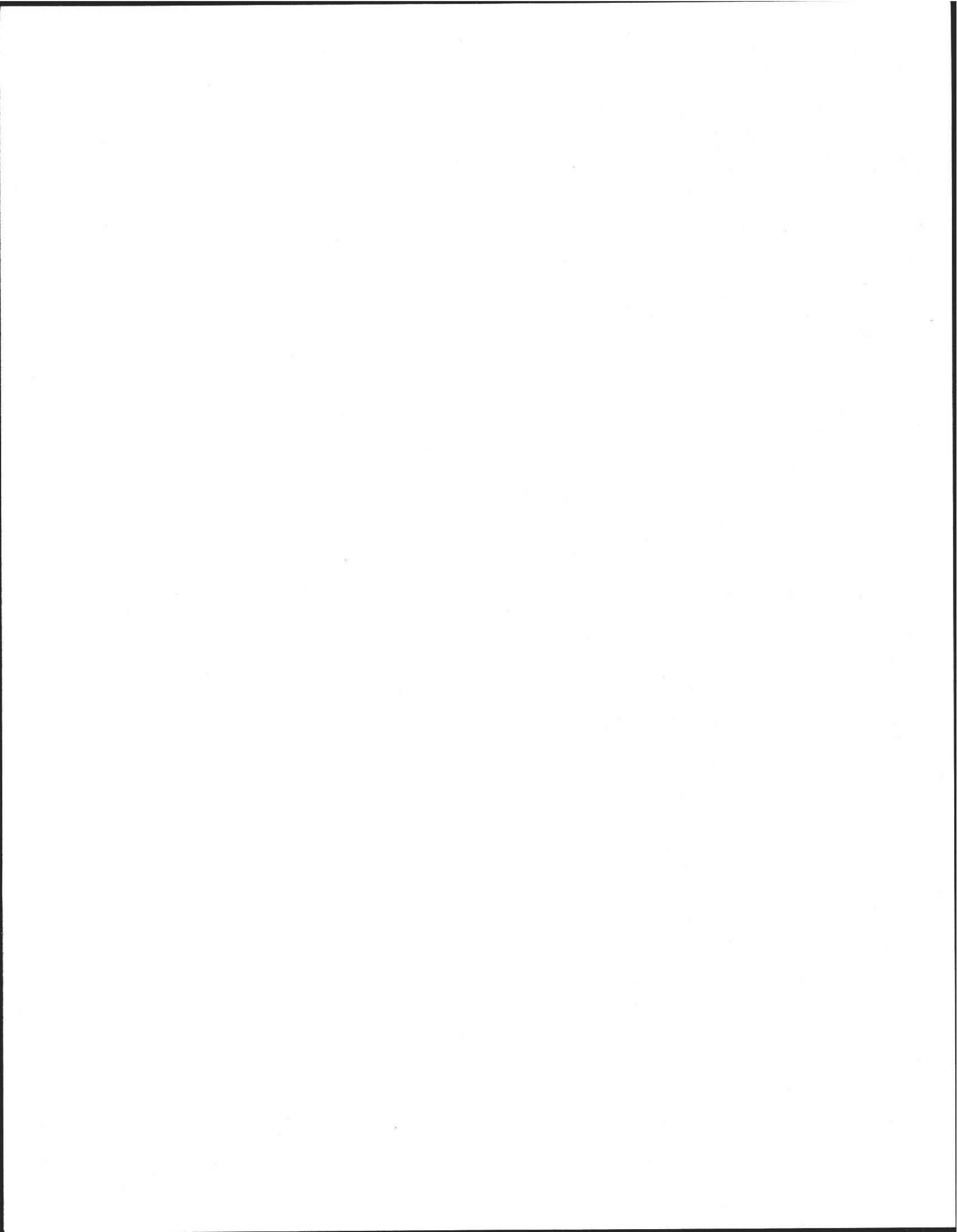
Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No





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D. System Information (cont.)

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

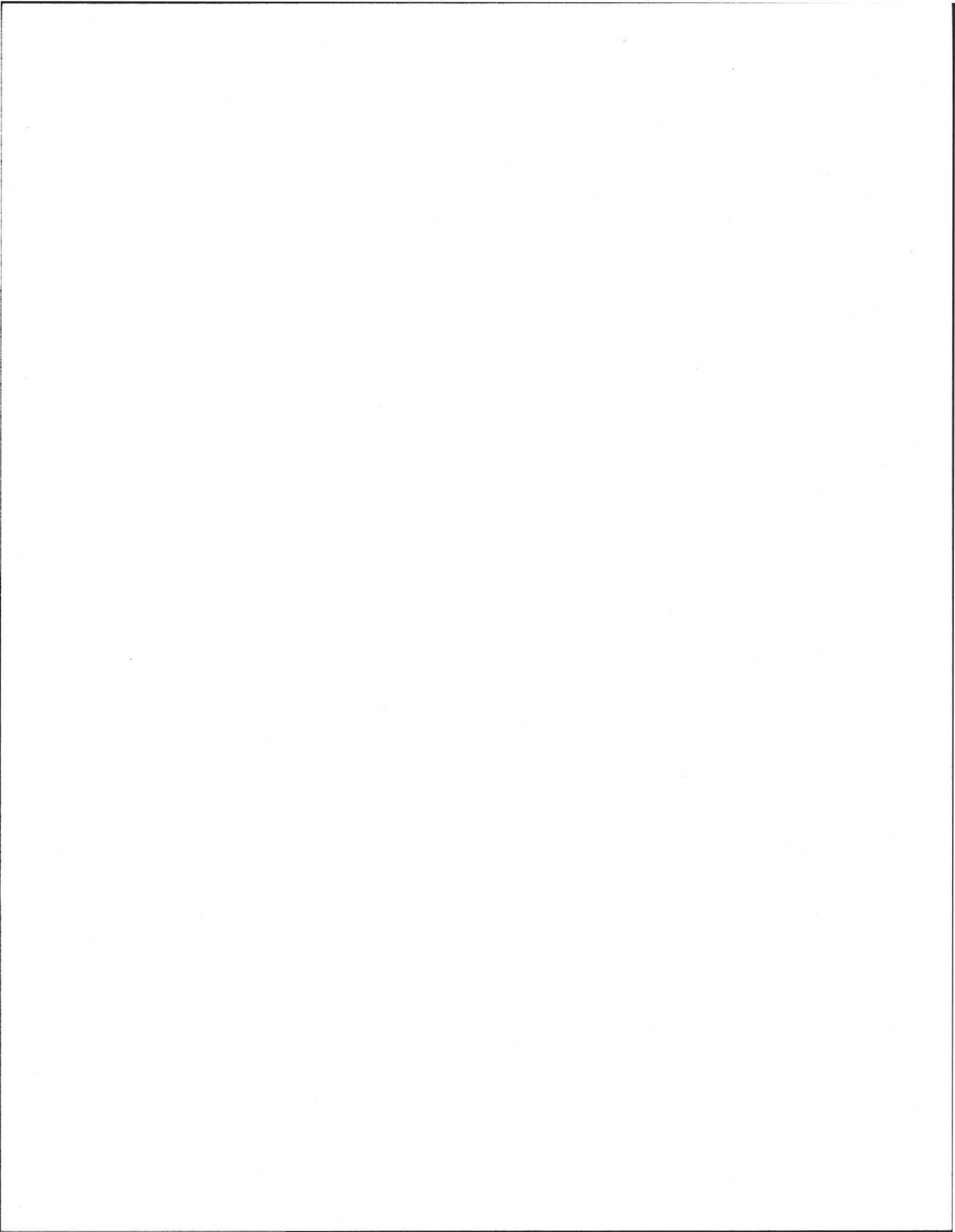
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

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





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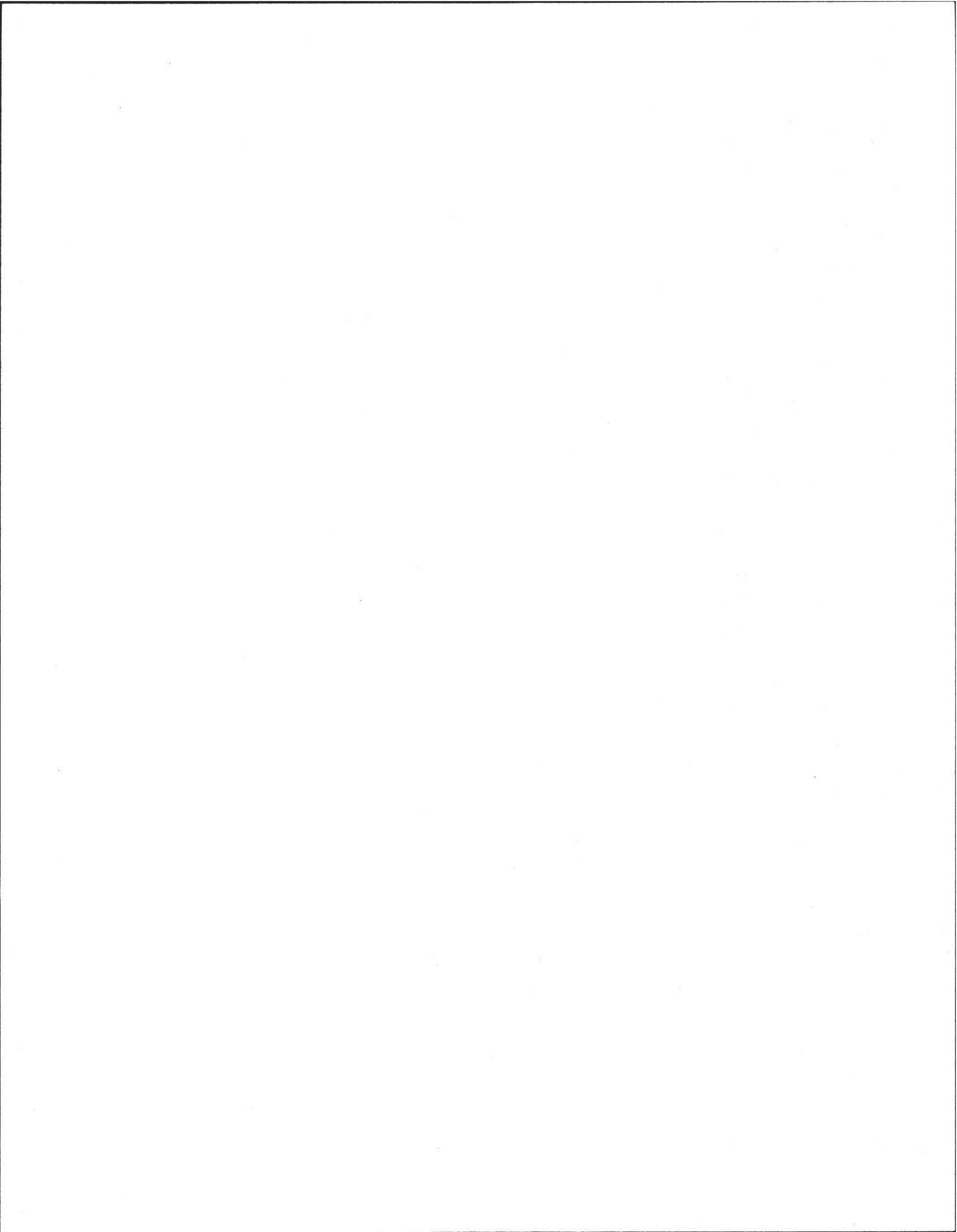
Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





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D. System Information (cont.)

Site Exam:

[X] Check Slope

[] Surface water

[X] Check cellar

[] Shallow wells

Estimated depth to high ground water:

To be determined at soil eval (old record noted 8' .

Please indicate all methods used to determine the high ground water elevation:

[X] Obtained from system design plans on record

If checked, date of design plan reviewed: 1986 Date

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

[X] Checked with local Board of Health - explain:

Work at site & neighborhood.

[] Checked with local excavators, installers - (attach documentation)

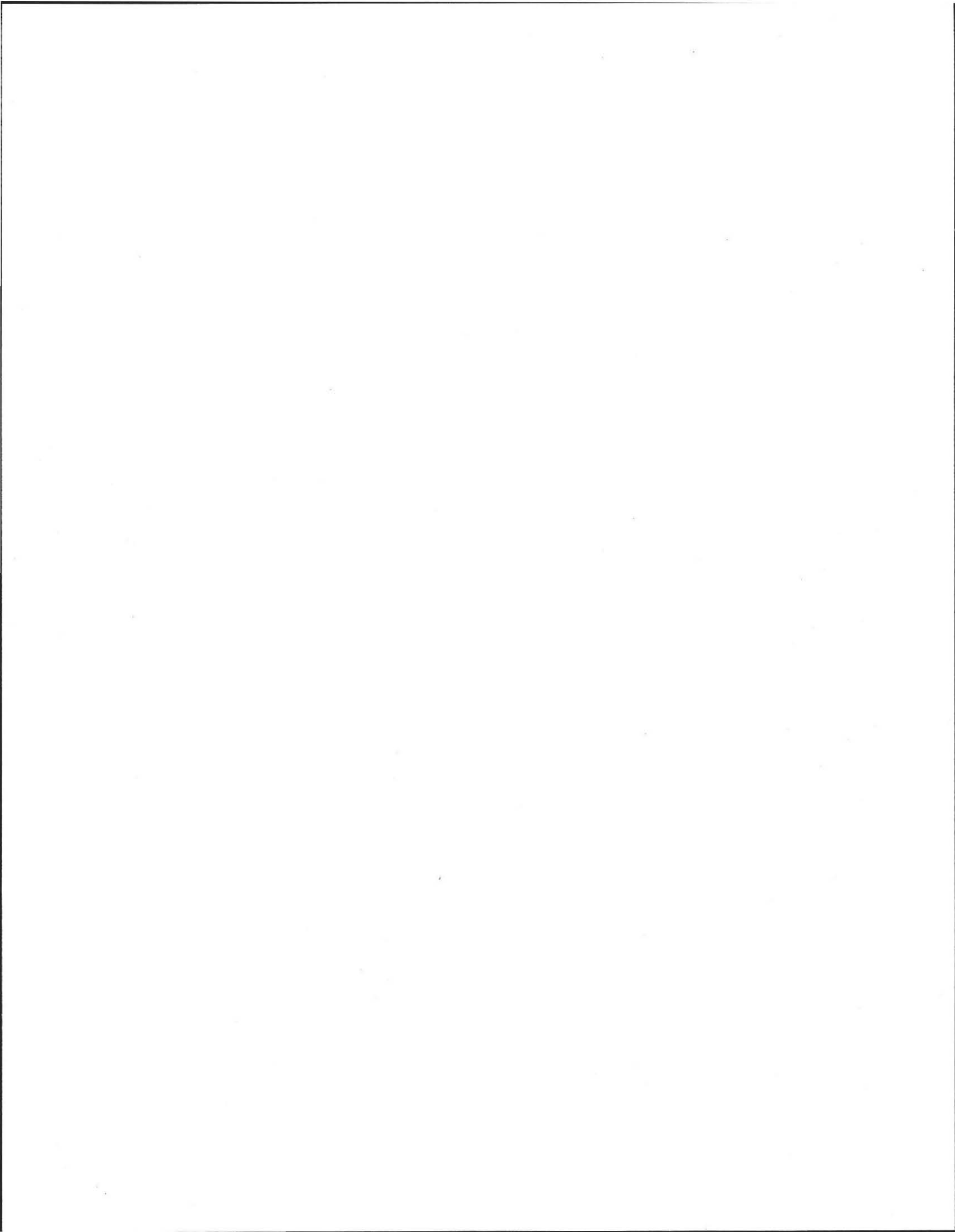
[] Accessed USGS database - explain:

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

topo and on site excavation.

Blank lines for describing high ground water elevation determination methods.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

MA

01002

04.12.2013

City/Town

State

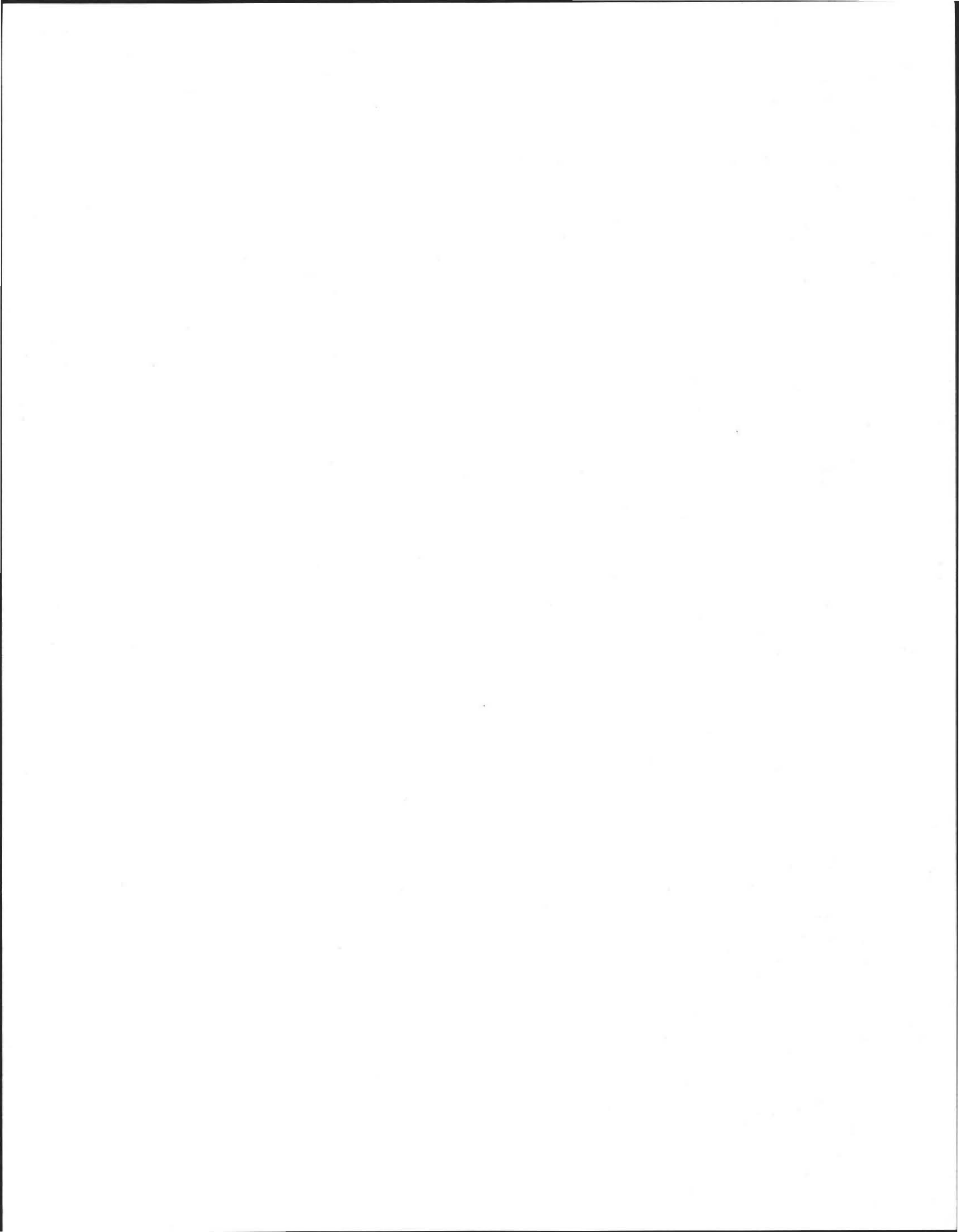
Zip Code

Date of Inspection

Owner information is required for every page.

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



No. 85-49

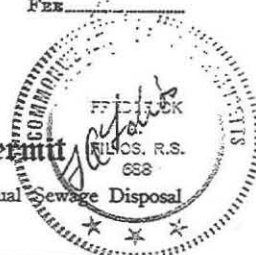
#35

FEE

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:

Location - Address Trillium Way
35 Amherst Woods Lot 62
or Lot No.
Address 220 Aubinwood Drive
Owner John Sattliff
Installer Quasar - Chuck Wallace Address

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

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 8 1/2' Width 5' Diameter _____ Depth 5'
Disposal ~~Line~~ - No. 1 Width 18' Total Length 38' Total leaching area 635 sq. ft.
Seepage Pit No. _____ Diameter 20' Depth below inlet 40' Total leaching area _____ sq. ft.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. Elias Date April 23, 1984
Test Pit No. 1 10 minutes per inch Depth of Test Pit 8' Depth to ground water Day at 8'
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 _____ Date _____

Application Approved By _____ Date 11-12

Application Disapproved for the following reasons: _____

Permit No. 85-49 Issued 11-12 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 _____

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

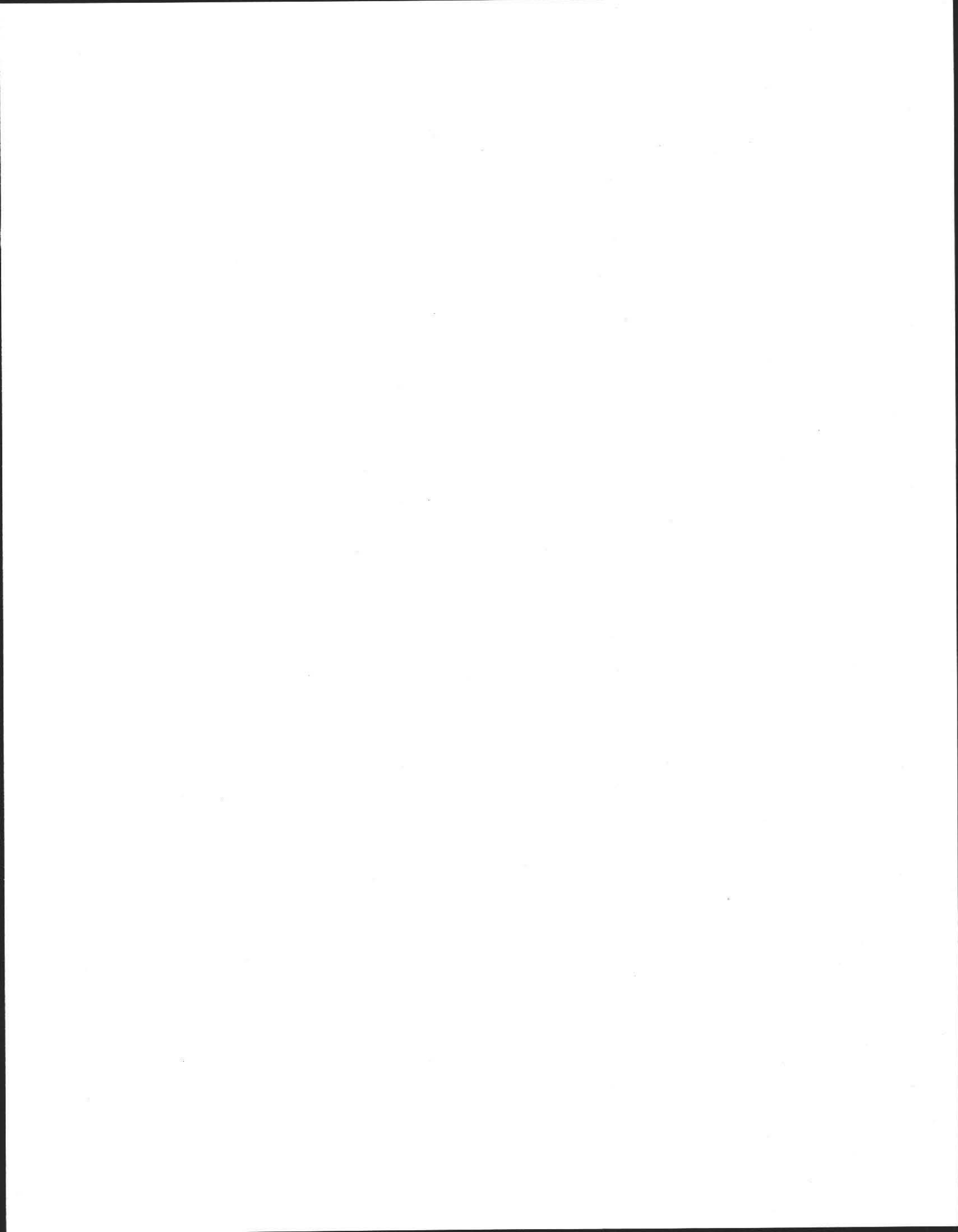
No. 85-49 OF 1 FEE 1

Disposal Works Construction Permit

Permission is hereby granted _____
to Construct (X) or Repair () an Individual Sewage Disposal System
at No. Lot #62 _____
as shown on the application for Disposal Works Construction Permit No. _____ Dated _____

DATE _____ Board of Health

CHECK OR FILL IN WHERE APPLICABLE

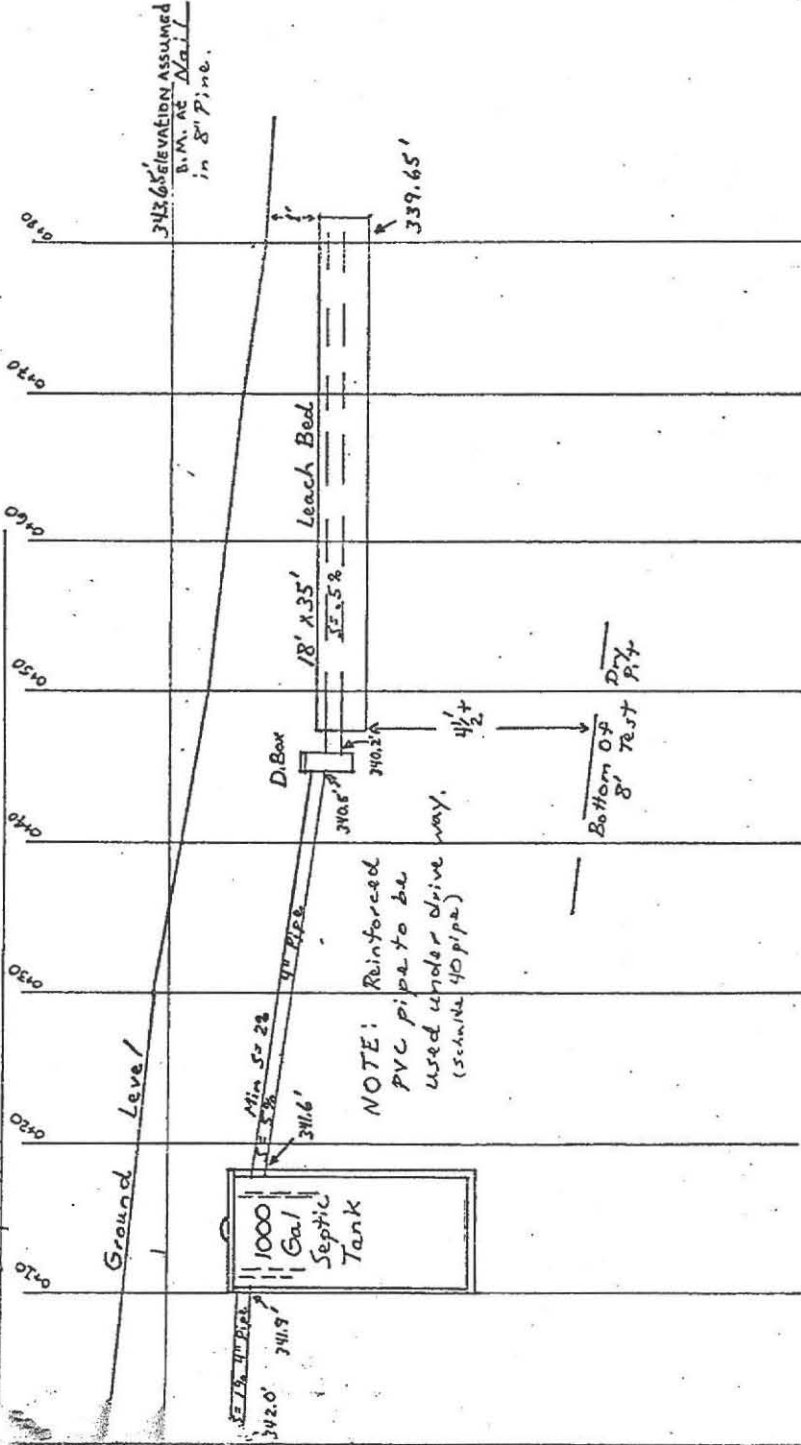


PROFILE OF SEPTIC SYSTEM

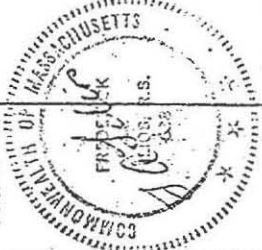
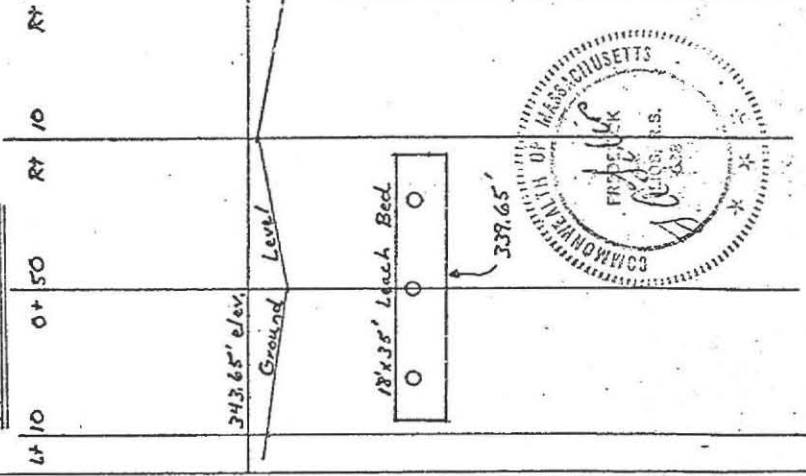
BY: **FREDERICK A. FILIOS, W.F.**
 69 PELHAM ROAD
 AMHERST, MA 01002

OWNER: **John Sutliff**
 220 Aubinwood Drive, Amherst, MA.
 Lot 62 Amherst Woods
 Amherst, MA.

DATE: **October 29, 1985**
 SCALE: HORIZONTAL **1" = 10'**
 VERTICAL **1" = 3'**



X SECTION

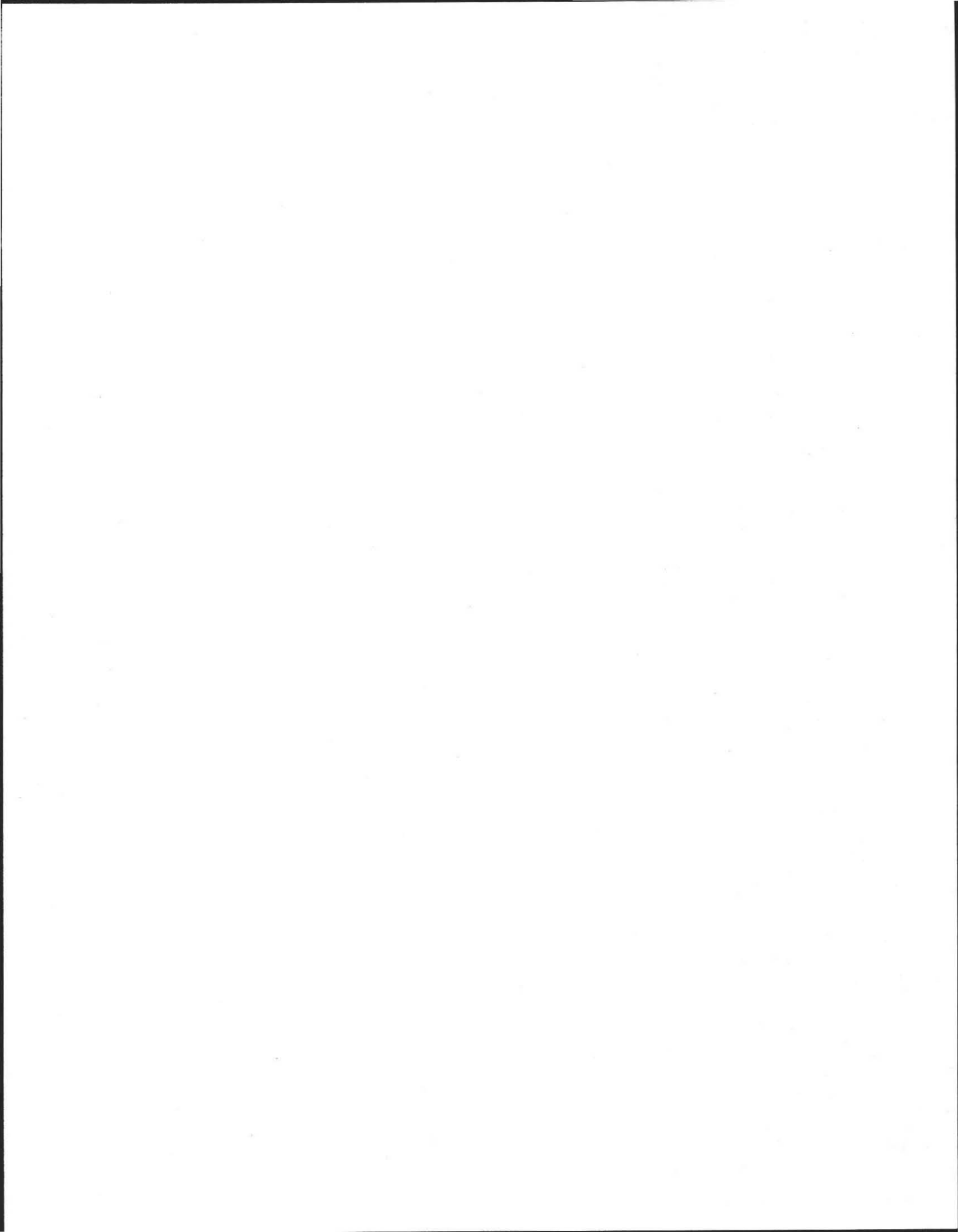


SPECIFICATIONS

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

CALCULATIONS:

$3 \text{ Bdm} \times 110 = 330 \text{ gal. req.}$
 Perc. Rate is 10 min./inch, bottom rate = 55 Leach Bed:
 $18' \times 35' = 630 \text{ S.F.}$
 $630 \text{ S.F.} \times .55 = 346.5 \text{ gal.}$



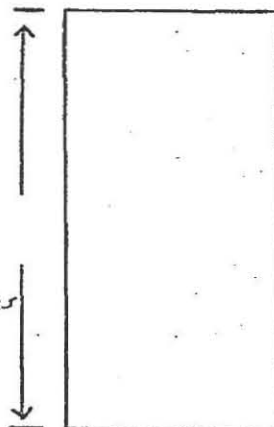
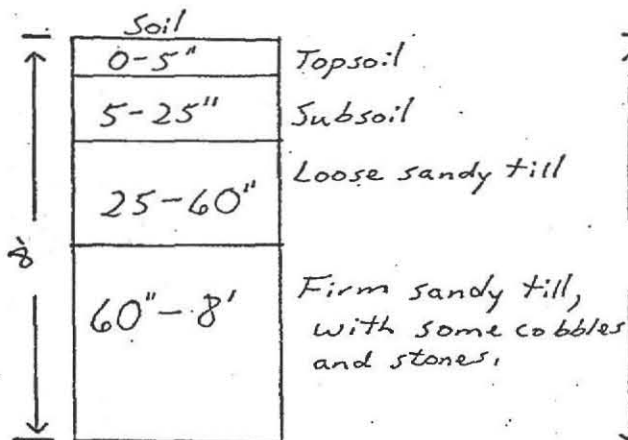
DEEP SOIL LOGS

OWNER Amherst Woods

DATE April 23, 1984

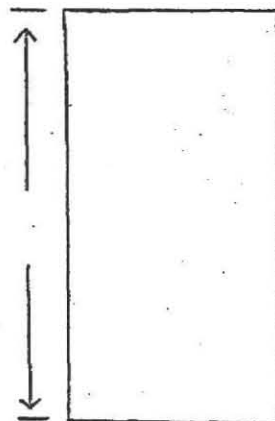
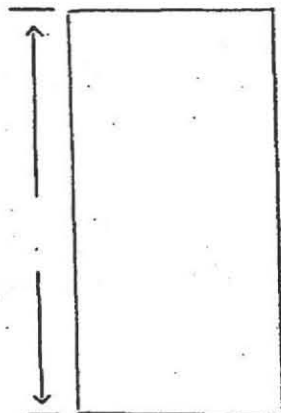
LOCATION Amherst Woods
Lot # 62

OBSERVER F.A. Elias



GROUND WATER None

GROUND WATER _____

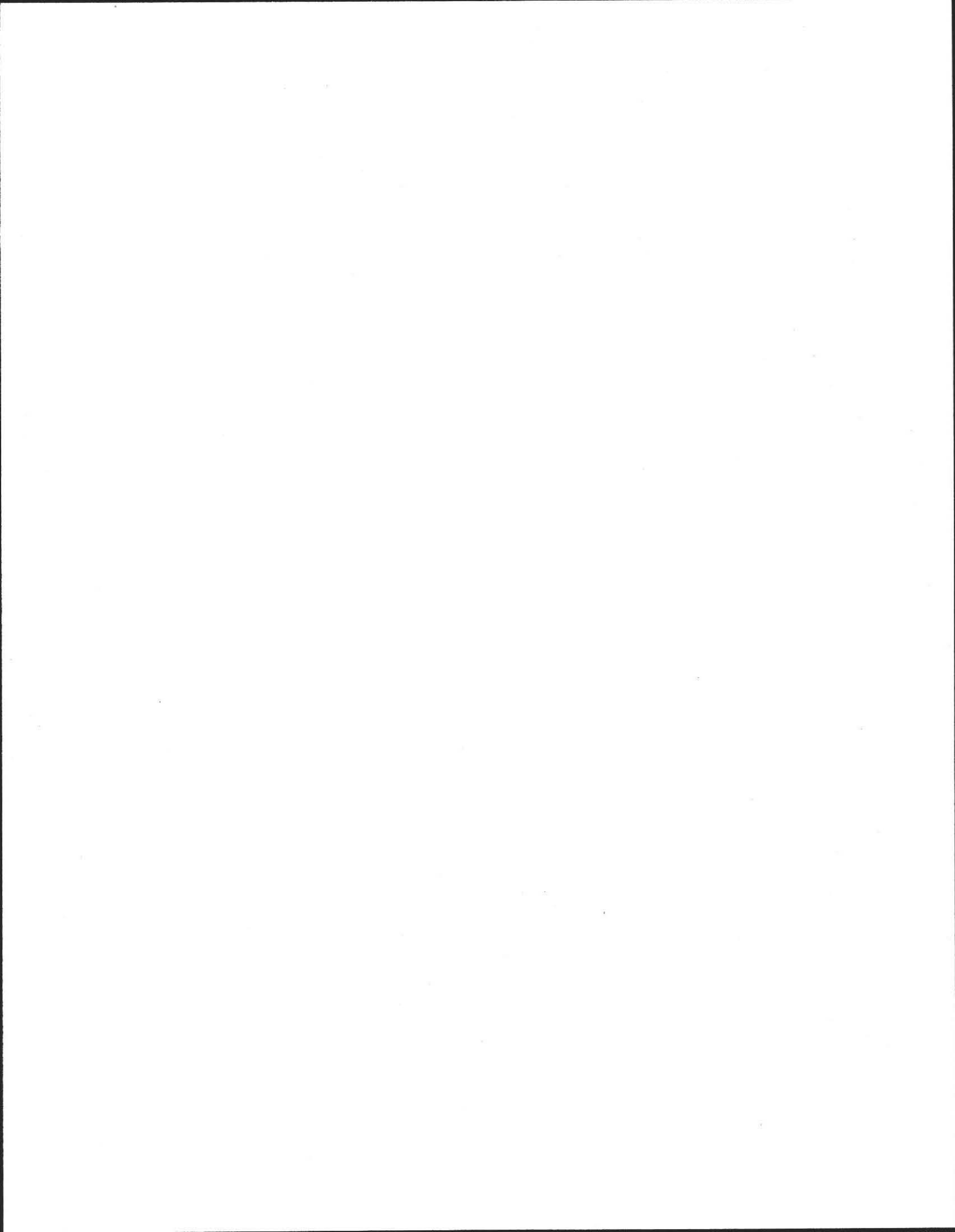


GROUND WATER _____

GROUND WATER _____

Percolation Rate at 36" :

10min/inch



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner J. L. F. I. Address _____

Installer C. W. Address _____

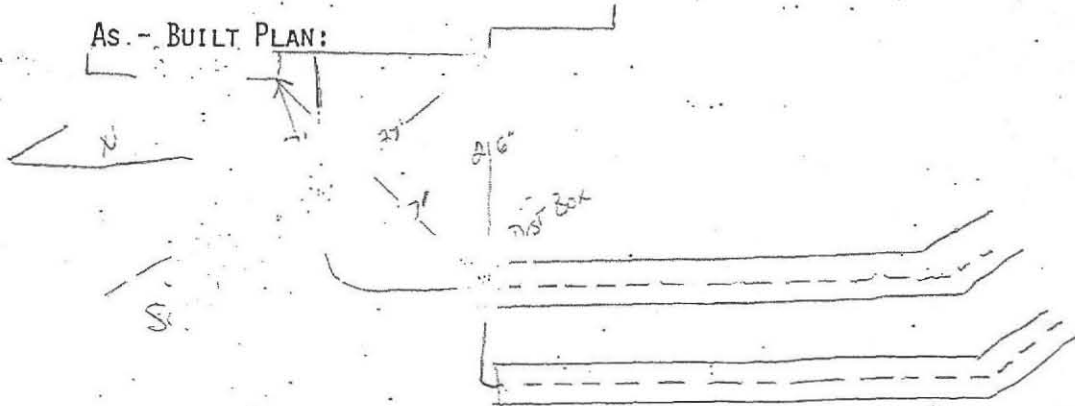
Date Installation Inspected and Approved _____

Description of System: Tank Capacity: 100-

Leach Field Bed () Seepage Pit () Square Feet: _____

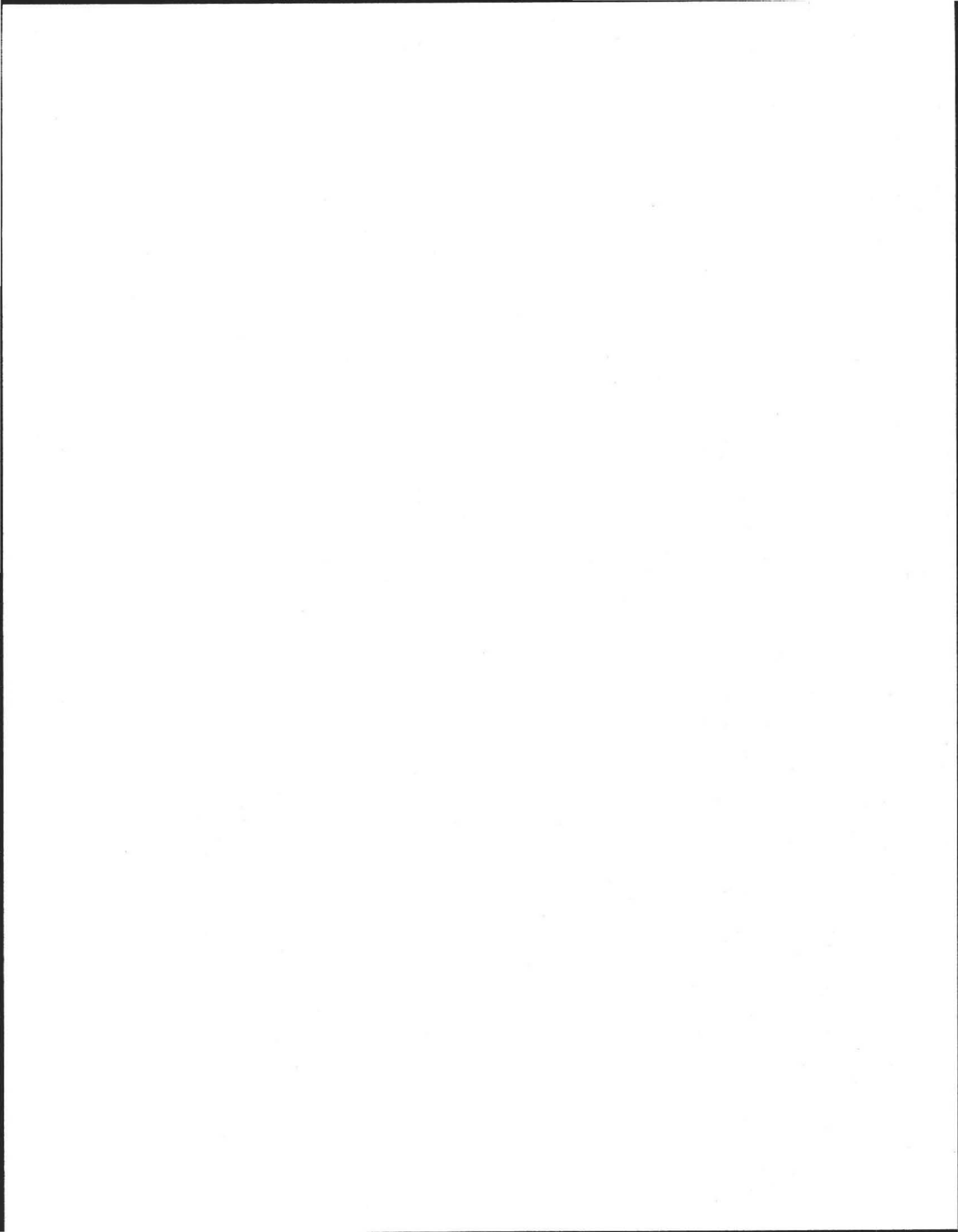
Garbage Grinder Yes () - No No. Bedrooms: 3 No. People 6

AS-BUILT PLAN:



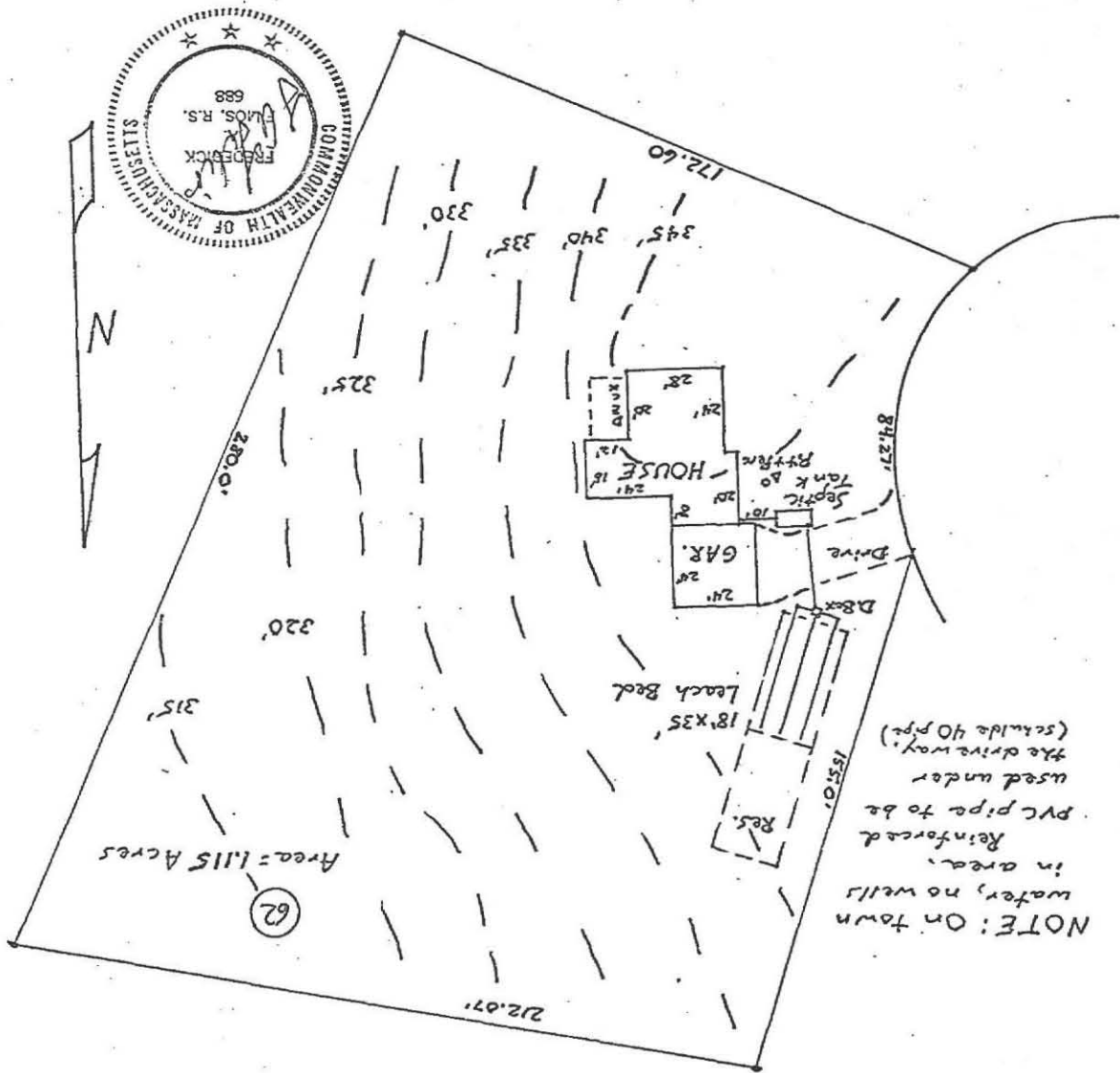
T. Richardson
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

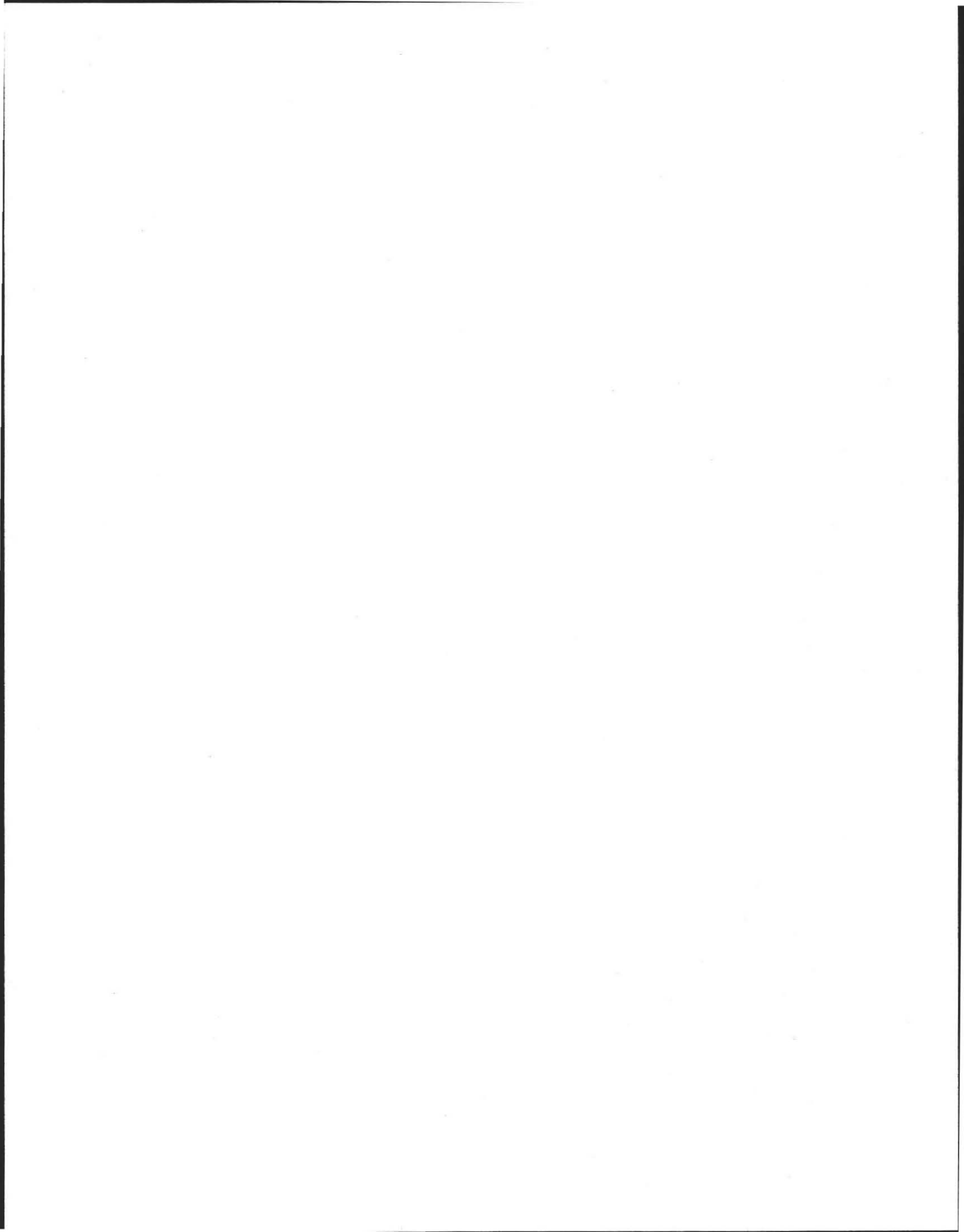
1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into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



PLAN SHOWING SEWAGE DISPOSAL

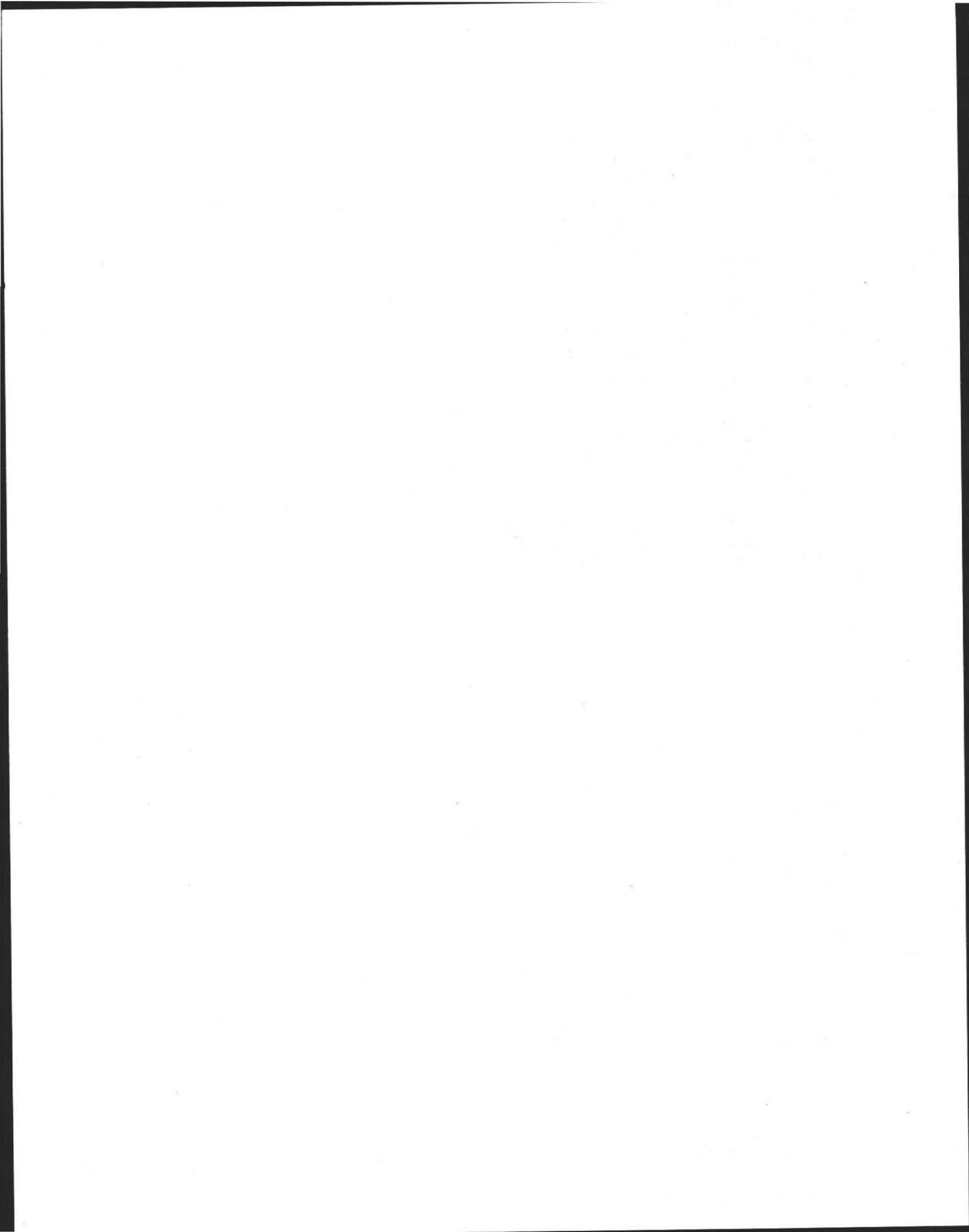
FOR: John Sutti:ff
 220 Aubinwood Drive
 Amherst, MA.
 AT: Lot 62
 Amherst Woods
 Amherst, MA.
 BY: F.A.F. Ilos/W.T.
 69 Felham Road
 Amherst, MA.
 SCALE: 1"=40'
 October 29, 1985





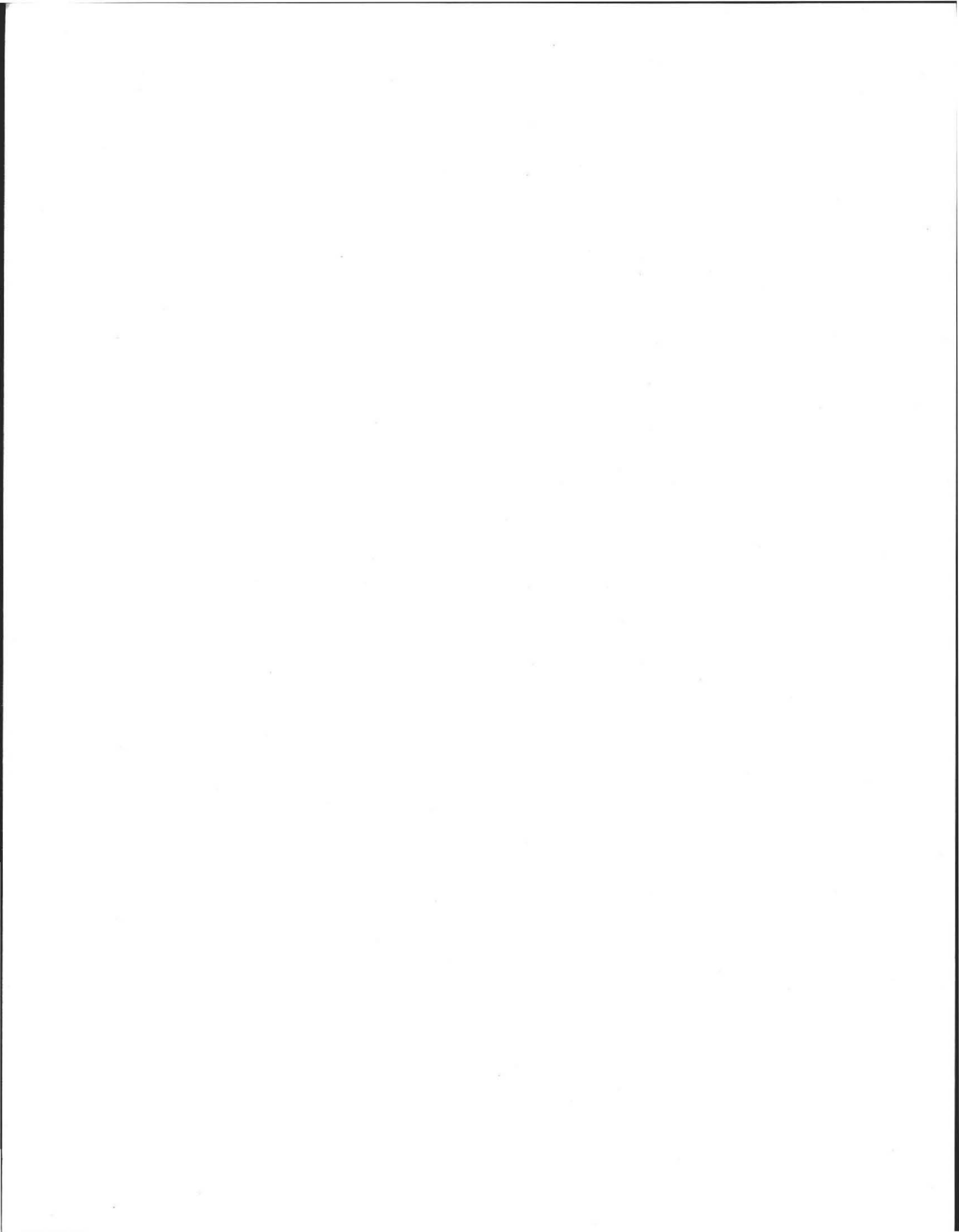


S. Tank Inlet Baffle pipe
35 Trillium Way
Amherst, MA
04.12.2013



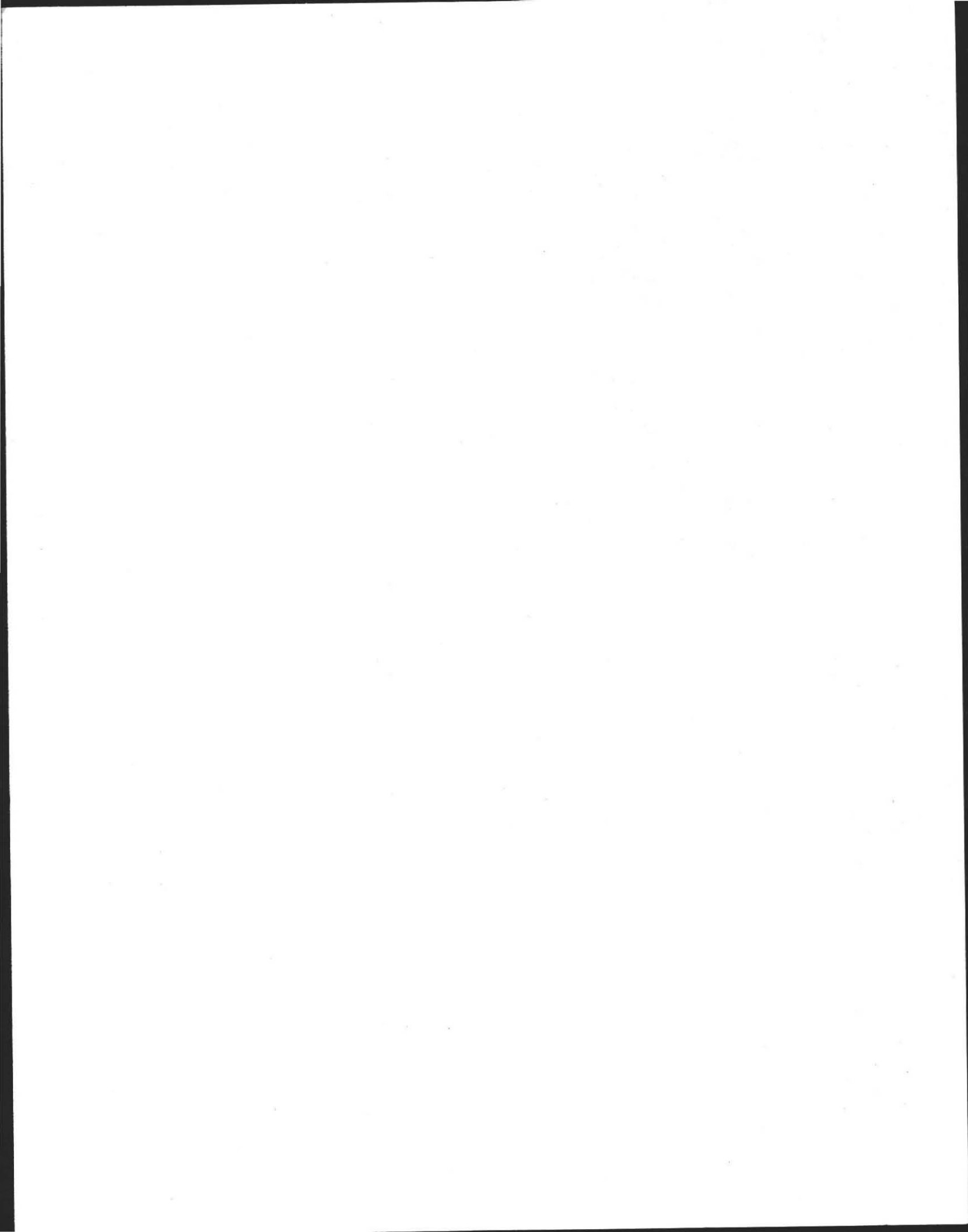


S. Tank Outlet Baffle pipe
35 Trillium Way
Amherst, MA
04.12.2013





D. Box (heavy biosolids, half in pipe)
35 Trillium Way
Amherst, MA
04.12.2013



4/20/13
A. Weiss
E. Smith

35 TRILLIUM

REPAIR SOIL EVALUATION

w/ ARAN WEISS

1 deep hole - existing data on file (results consistent)

#1

0 - 10" A FSL 10yr 3/2

10 - 27" B LS 10yr 5/6

27" - 100" C LS 90" (assumed) 7.5yr 4/3 med sandy
at least till

perc. @ 42" 11:18

11:31

11:31

11:37

11:46 done

g/min = 3
/3



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

MA State

01002 Zip Code

04.12.2013

Date of Inspection

B. Certification (cont.)

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:

- Four checkbox options regarding septic tank and SAS placement relative to surface and private water supplies.

Method used to determine distance:

** 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 must be attached to this form.

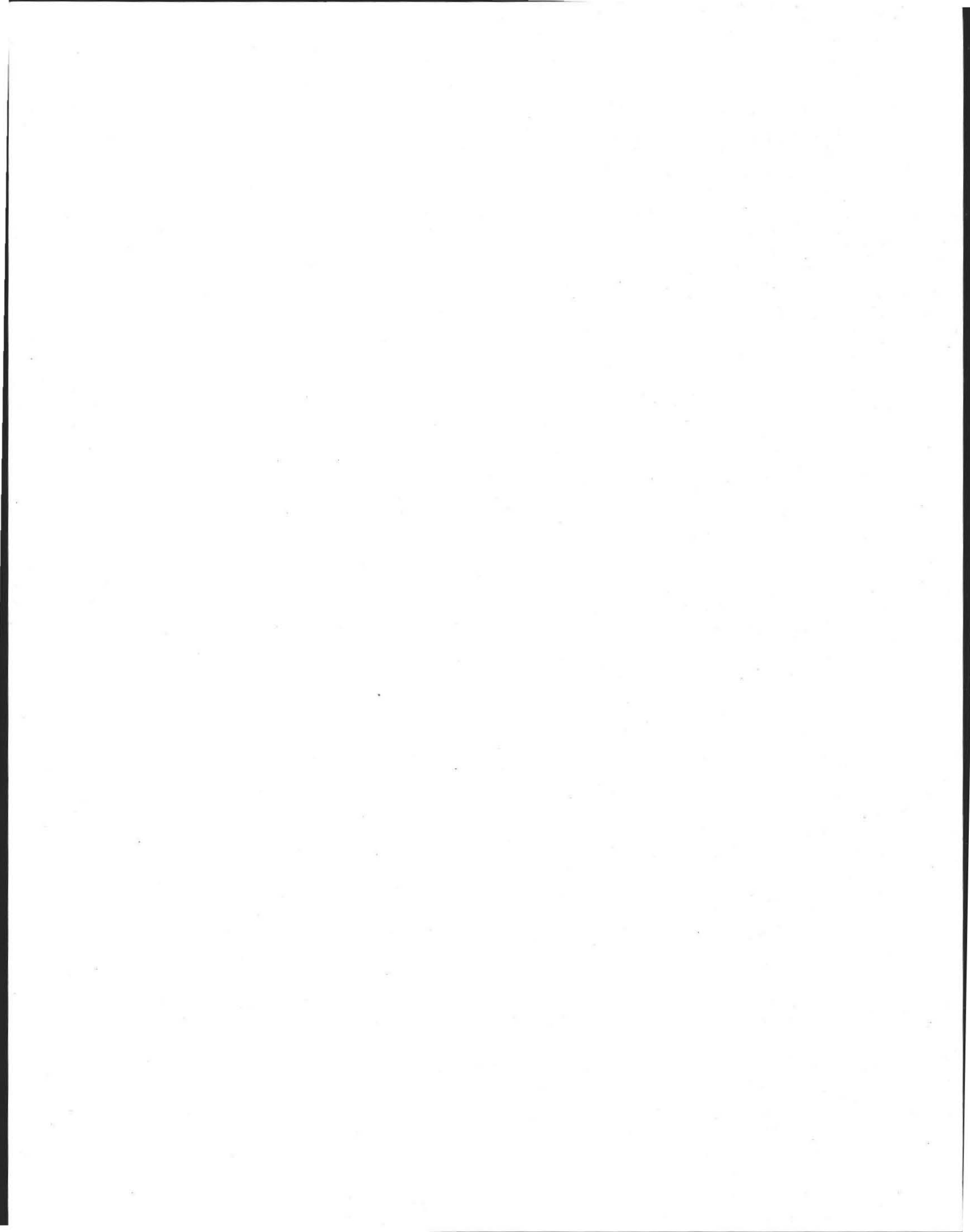
3. Other:

Four horizontal lines for additional notes.

D) System Failure Criteria Applicable to All Systems:

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

- Table with columns for Yes/No and four failure criteria: backup of sewage, discharge to surface, static liquid level, and liquid depth in cesspool.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.12.2013

Date of Inspection

Owner information is required for every page.

B. Certification (cont.)

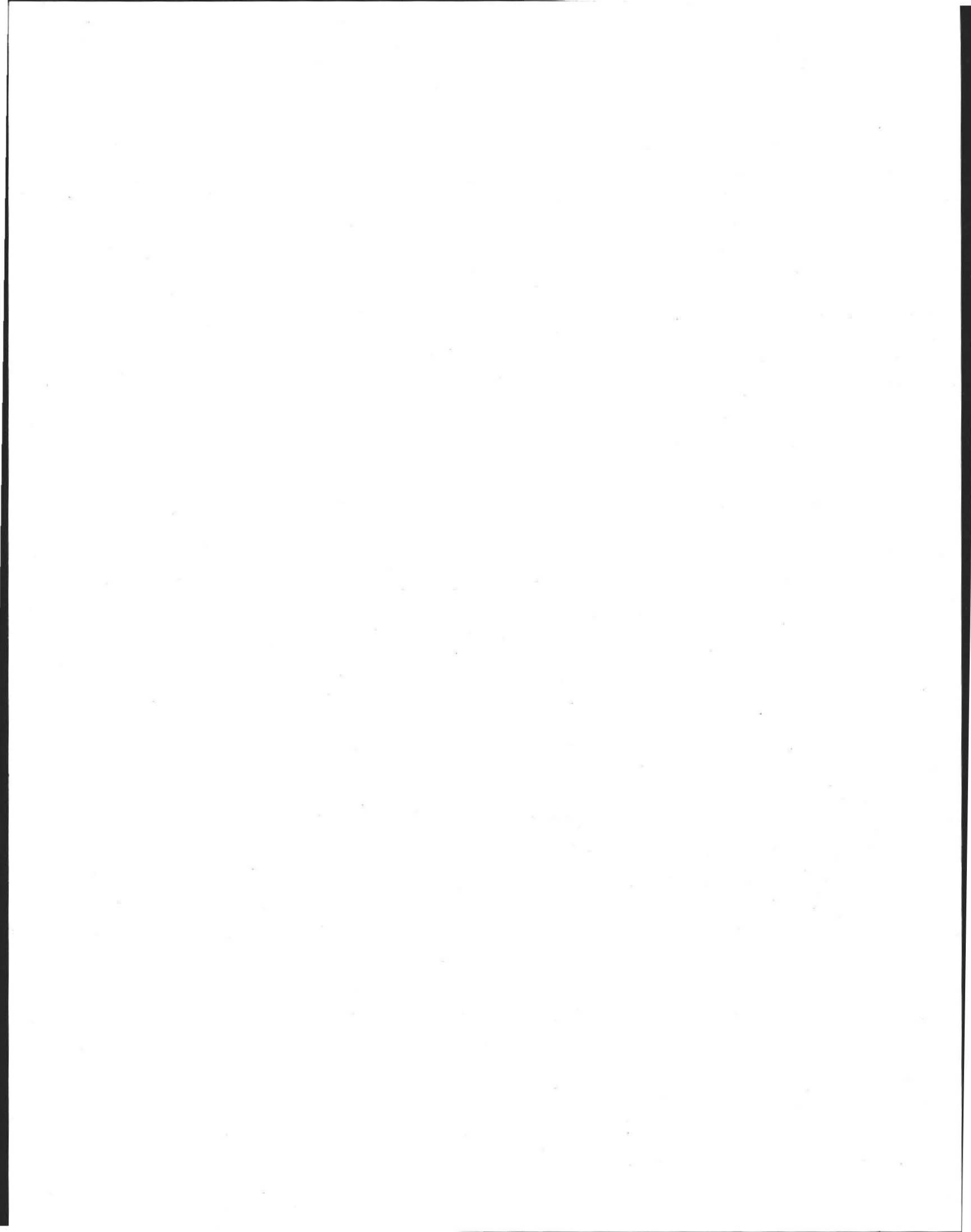
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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

- Yes No the system is within 400 feet of a surface drinking water supply the system is within 200 feet of a tributary to a surface drinking water supply the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Trillium Way

Property Address

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Amherst

City/Town

MA

State

01002

Zip Code

04.12.2013

Date of Inspection

C. Checklist

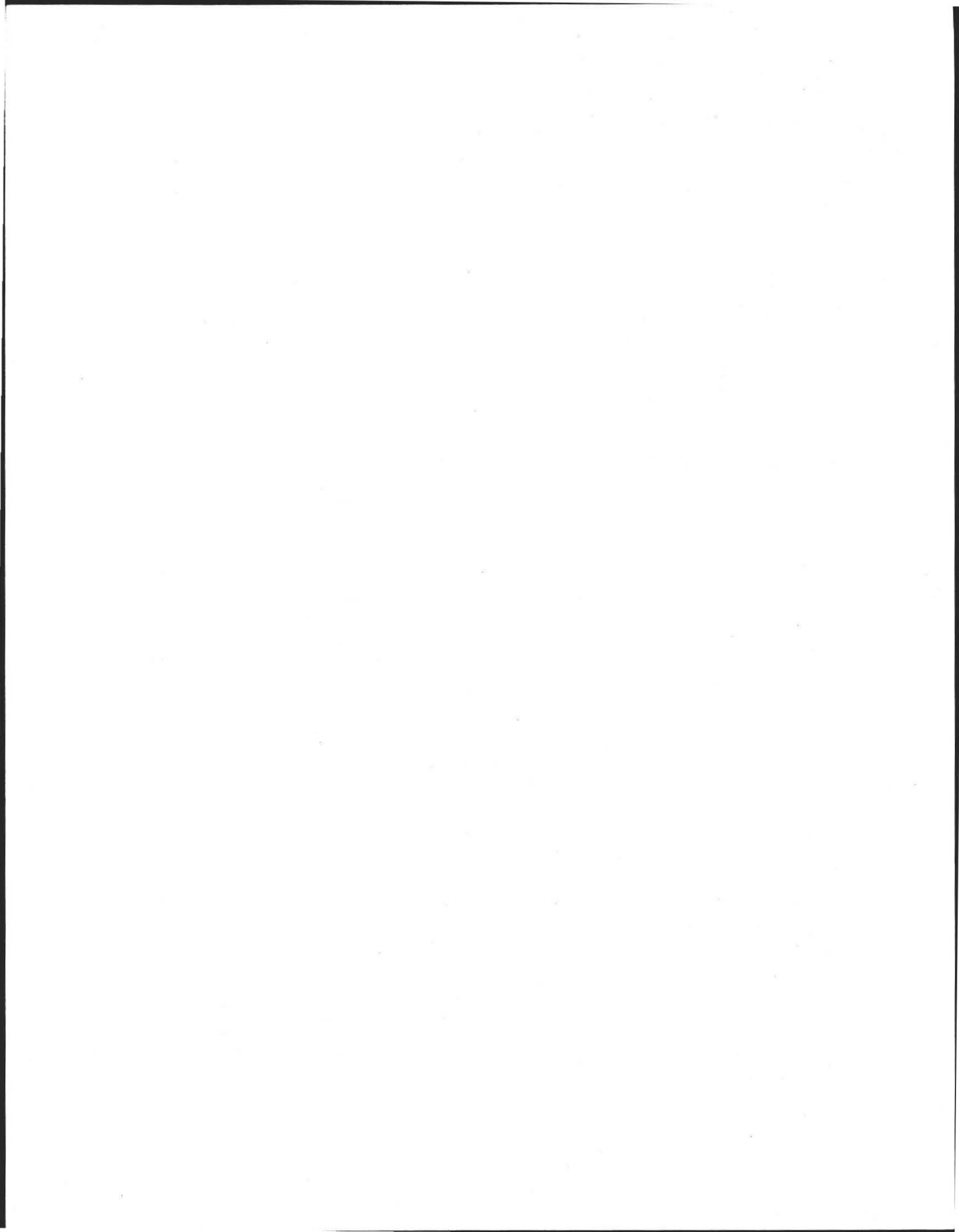
Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, normal flows, water volumes, as-built plans, facility inspection, site inspection, system components location, septic tank manholes, facility owner information, and distance determination.

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst MA 01002 04.12.2013

City/Town State Zip Code Date of Inspection

D. System Information

Description:

1000 gallon S. tank and leachfield (2 pipe).

Number of current residents: 2

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

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

Laundry system inspected? [] Yes [] No

Seasonal use? [] Yes [X] No

Water meter readings, if available (last 2 years usage (gpd)): n/a

Detail:

Laundry was connected to main system.

Sump pump? [] Yes [X] No

Last date of occupancy: Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

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

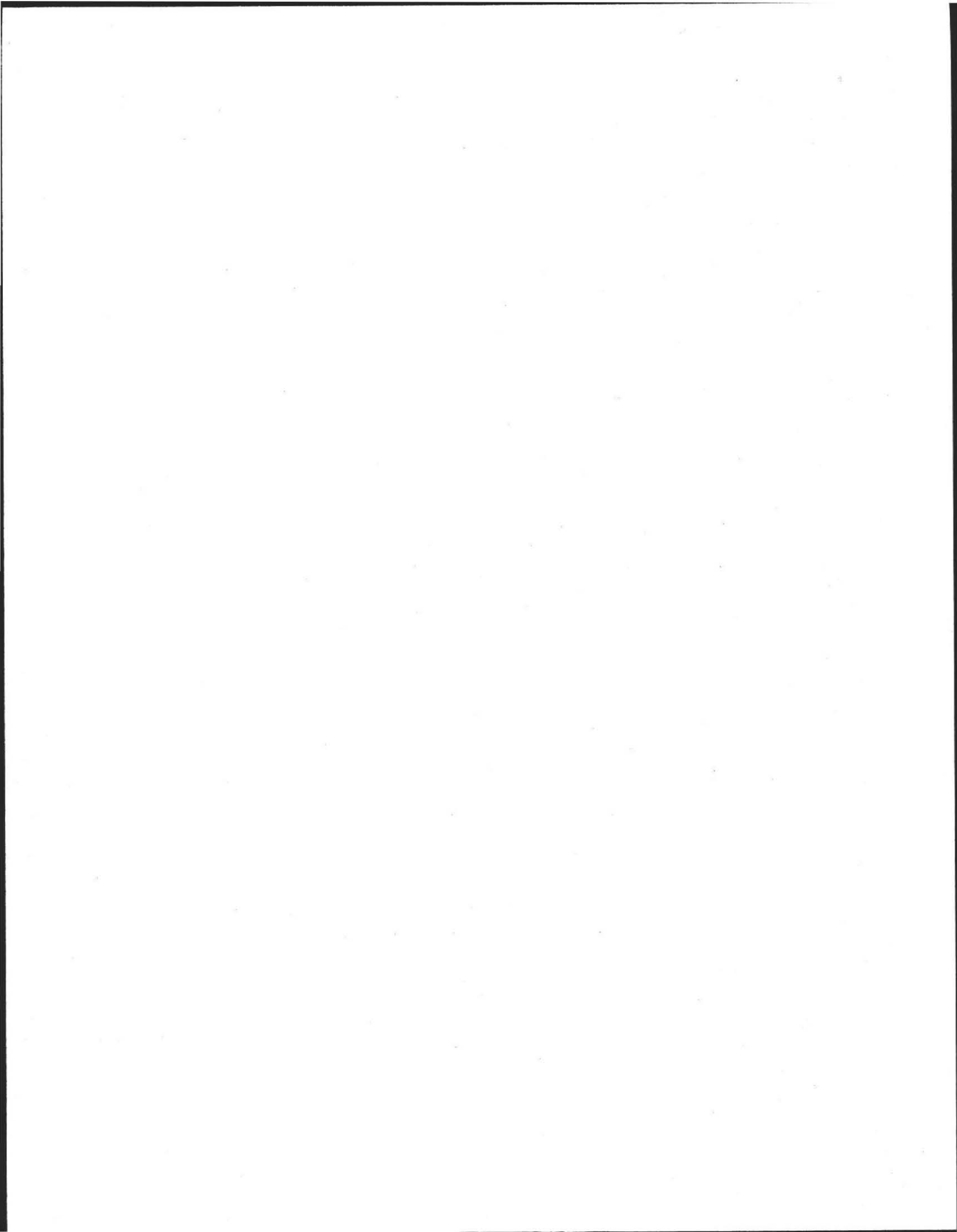
Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present? [] Yes [] No

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

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

Water meter readings, if available:





Commonwealth of Massachusetts

Title 5 Official Inspection Form

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35 Trillium Way

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Amherst

City/Town

MA

State

01002

Zip Code

04.12.2013

Date of Inspection

D. System Information (cont.)

Last date of occupancy/use:

current Date

Other (describe below):

General Information

Pumping Records:

Source of information:

4+ yrs

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

gallons

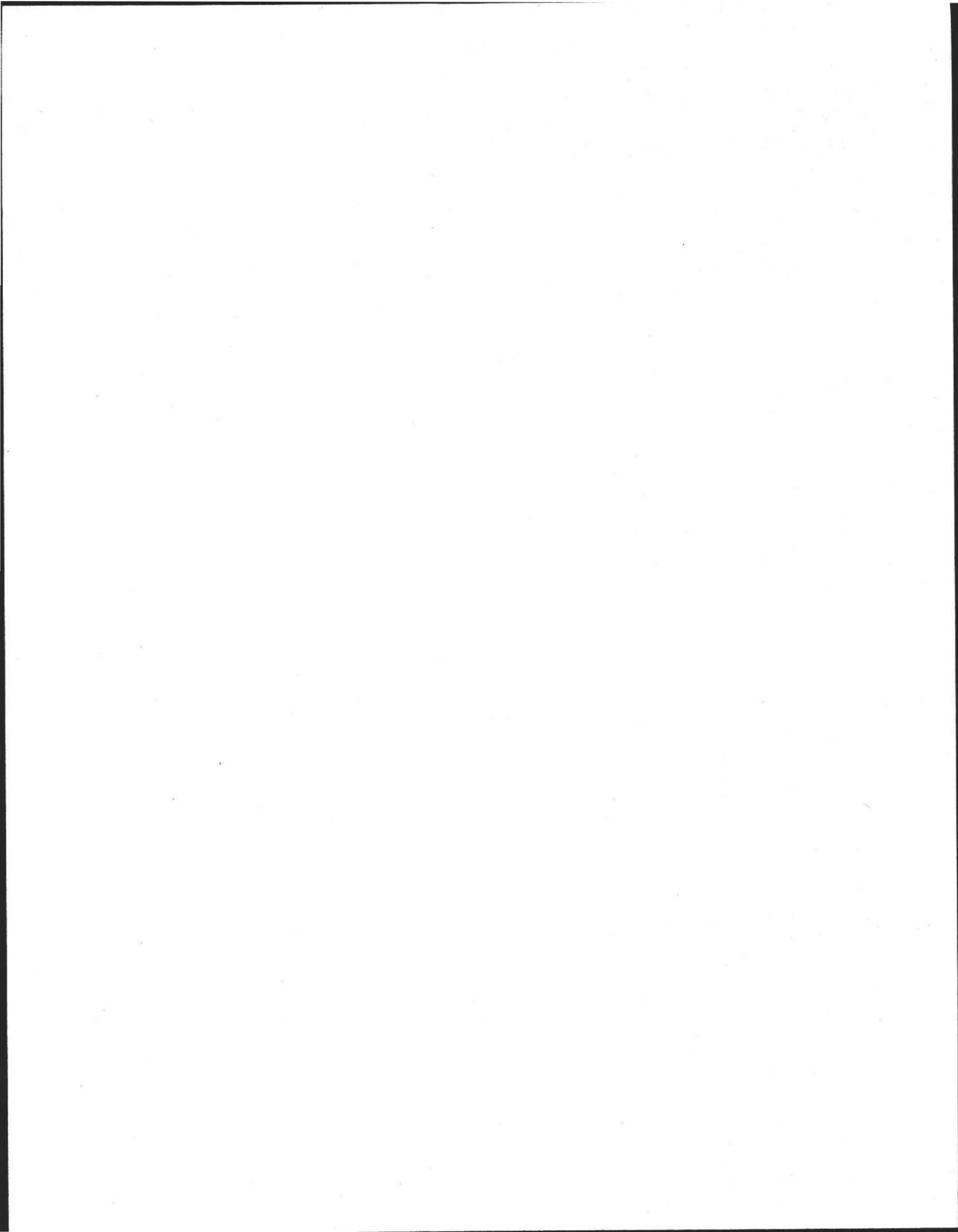
How was quantity pumped determined?

Reason for pumping:

Insp.

Type of System:

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





Commonwealth of Massachusetts

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01002

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04.12.2013

Date of Inspection

D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

27+

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1.5 feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

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

Good condition

Septic Tank (locate on site plan):

Depth below grade:

.8 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

1000 gallon liquid level staining backed up into inlet tee, minimal corrosion at top of outlet baffle otherwise good condition.

If tank is metal, list age:

years

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

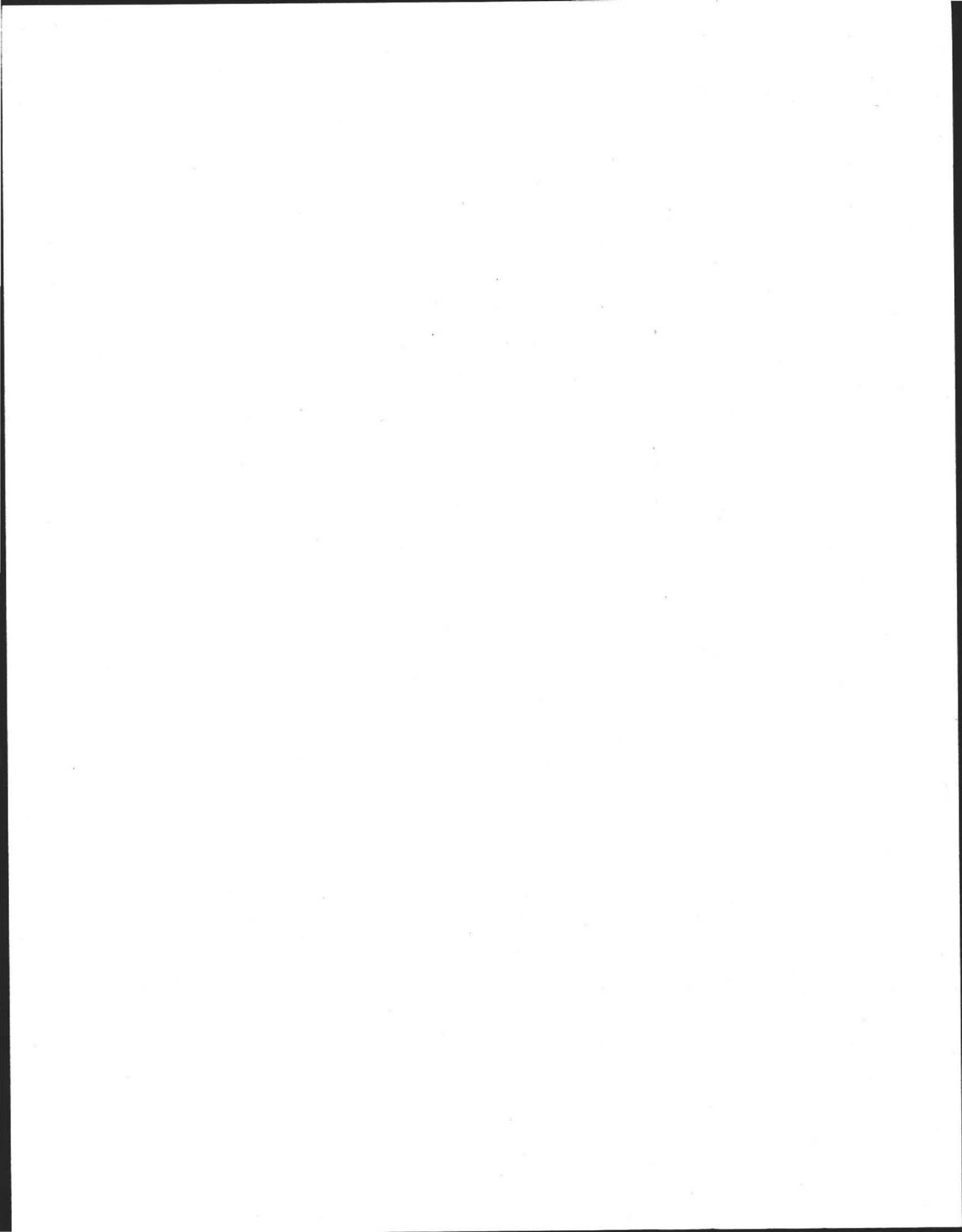
Yes No

Dimensions:

8' x 4' x 4.2'

Sludge depth:

18"





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

Owner information is required for every page.

35 Trillium Way
 Property Address
 Ann and Anthony Burton
 Owner's Name
 Amherst MA 01002 04.12.2013
 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

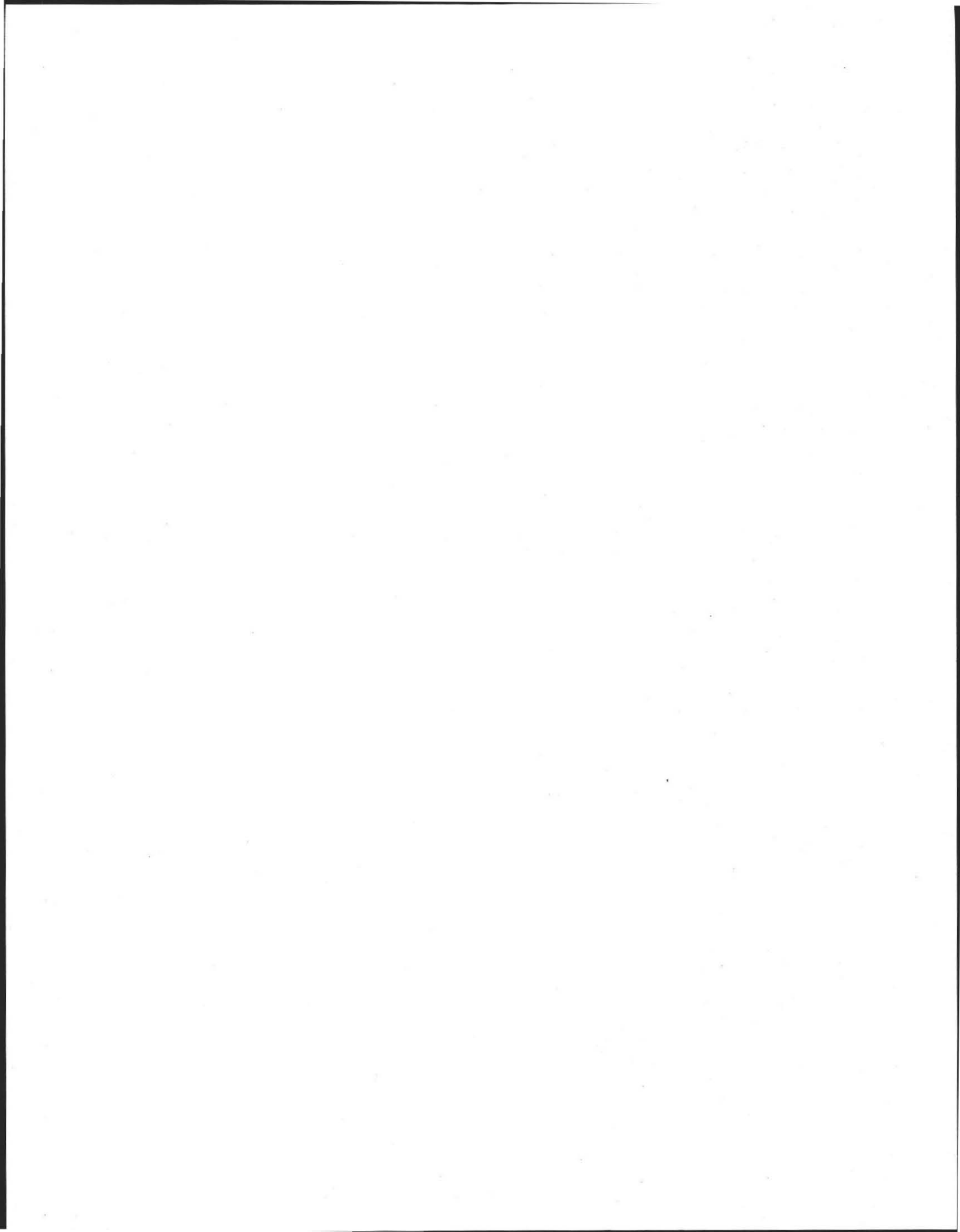
Distance from top of sludge to bottom of outlet tee or baffle 26"
 Scum thickness 6"
 Distance from top of scum to top of outlet tee or baffle 6"
 Distance from bottom of scum to bottom of outlet tee or baffle 12"
 How were dimensions determined? Pumper

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

Grease Trap (locate on site plan):

Depth below grade: _____ feet
 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: _____ Date





Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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35 Trillium Way

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04.12.2013

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.):

Four horizontal lines for handwritten comments.

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

Depth below grade:

Material of construction:

checkbox concrete checkbox metal checkbox fiberglass checkbox polyethylene checkbox other (explain):

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

checkbox Yes checkbox No

Alarm level:

Alarm in working order: checkbox Yes checkbox No

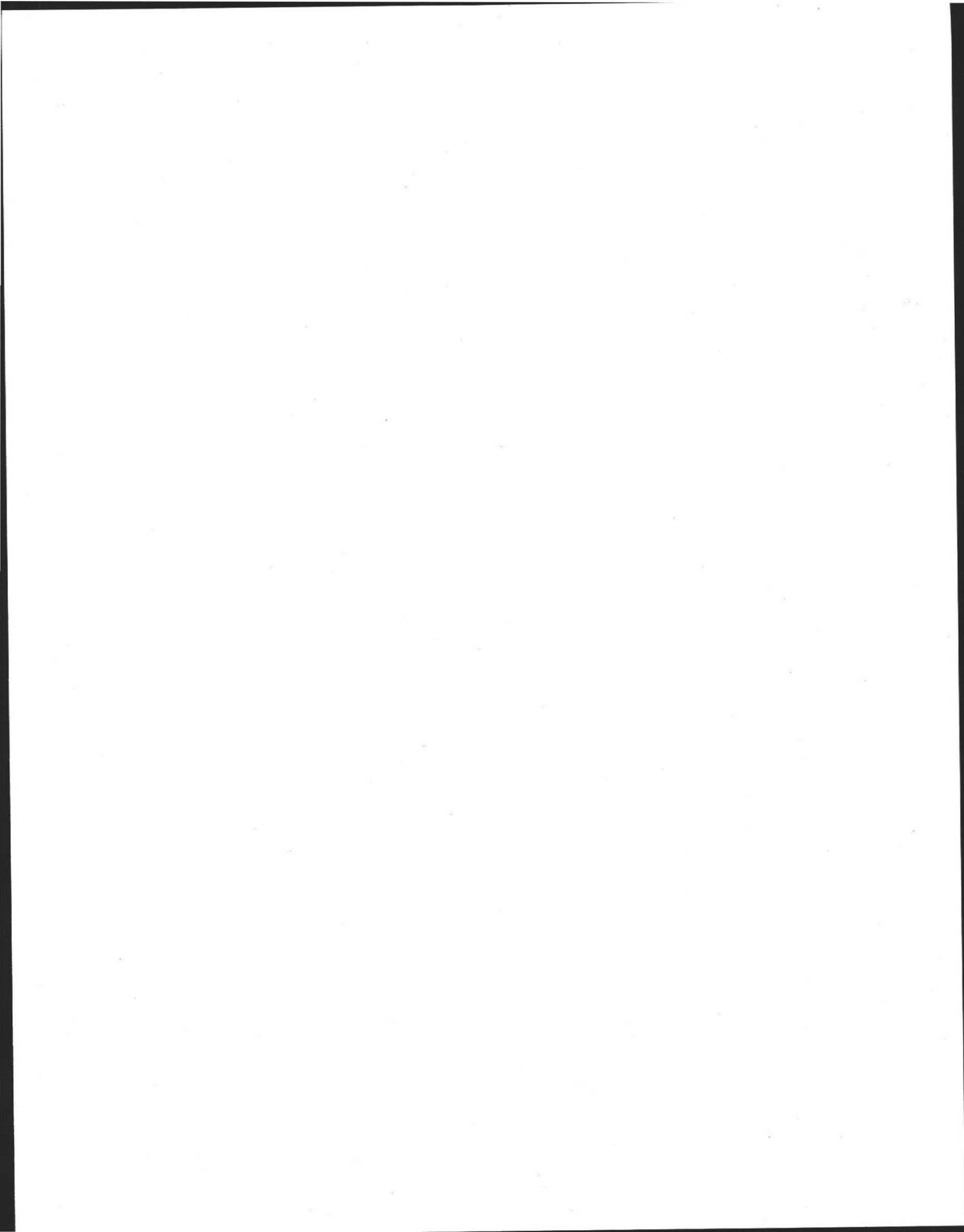
Date of last pumping:

Date

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

Four horizontal lines for handwritten comments.

* Attach copy of current pumping contract (required). Is copy attached? checkbox Yes checkbox No





Commonwealth of Massachusetts
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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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35 Trillium Way
 Property Address
 Ann and Anthony Burton
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 Amherst MA 01002 04.12.2013
 City/Town State Zip Code Date of Inspection

D. System Information (cont.)

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

Depth of liquid level above outlet invert liquid level nearly 1/2 way up piping

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

Pump Chamber (locate on site plan):

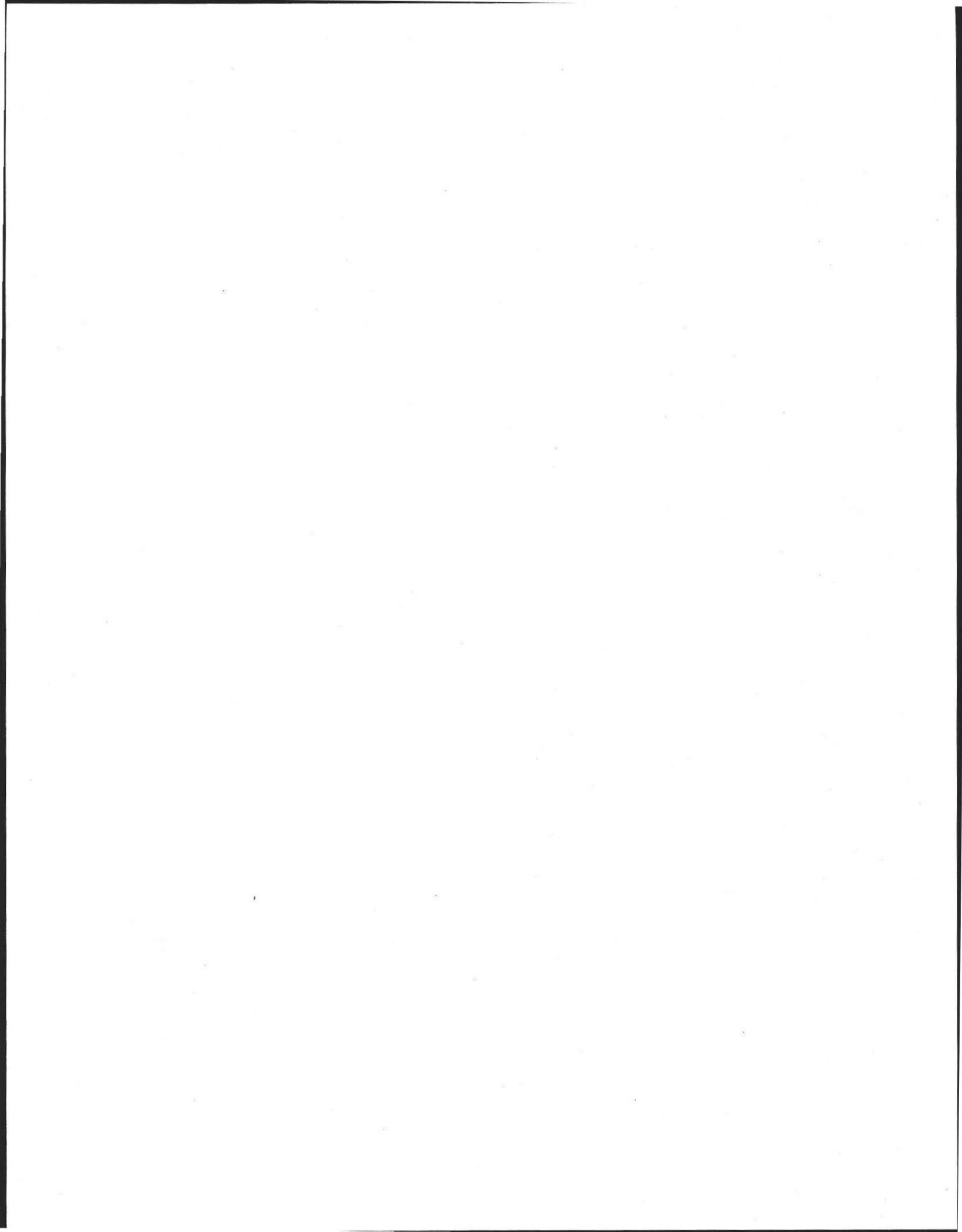
Pumps in working order: Yes No

Alarms in working order: Yes No

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:





Commonwealth of Massachusetts

Title 5 Official Inspection Form

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35 Trillium Way

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04.12.2013

Date of Inspection

D. System Information (cont.)

Type:

- leaching pits number:
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions: 2 lines in failure
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.):

leach field in failure, heavy biosolids, liquid and sludge 1/2 into outlet pipes.

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

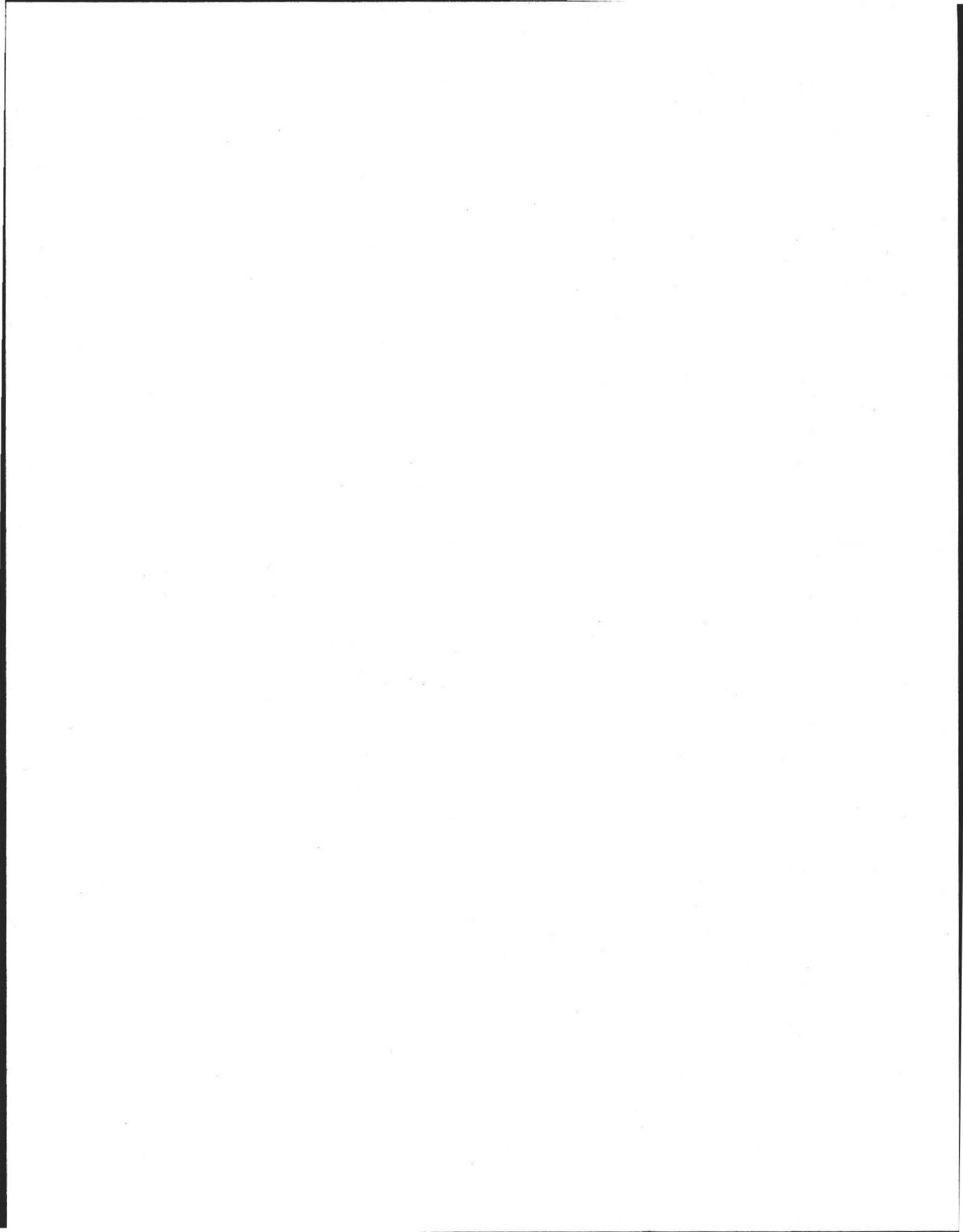
Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No





Commonwealth of Massachusetts

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04.12.2013

Date of Inspection

D. System Information (cont.)

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

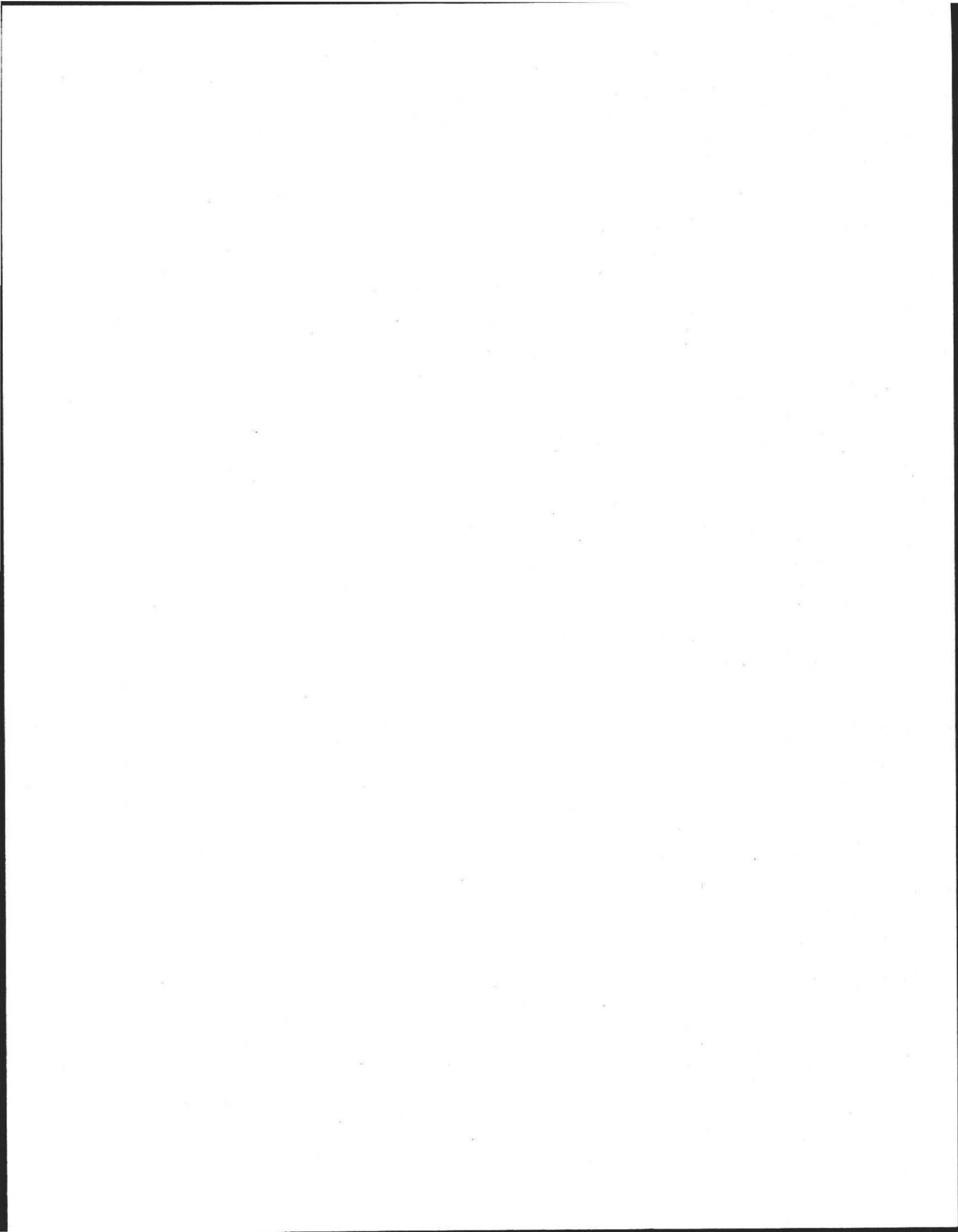
Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

MA

01002

04.12.2013

City/Town

State

Zip Code

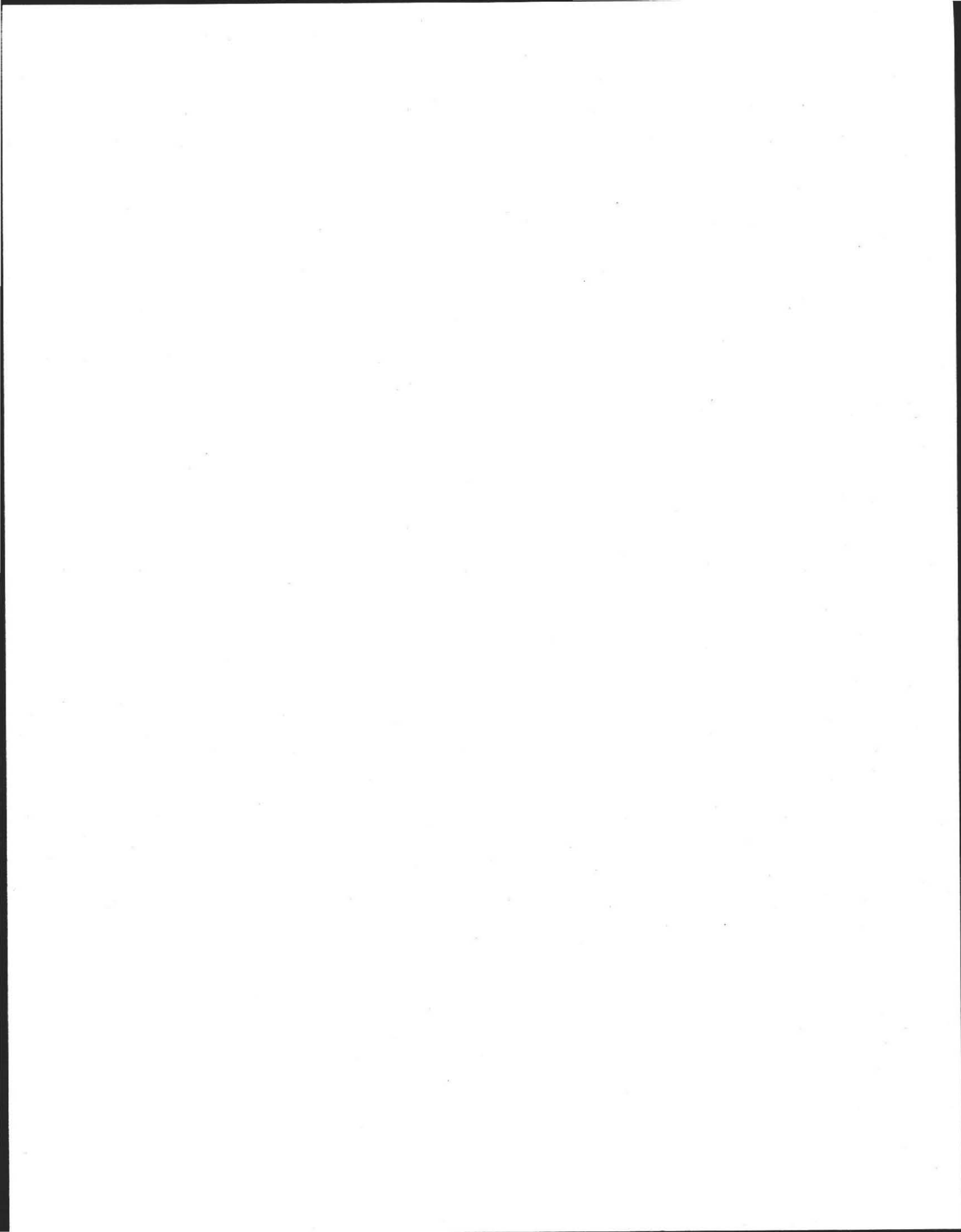
Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.12.2013

Date of Inspection

D. System Information (cont.)

Site Exam:

[X] Check Slope

[] Surface water

[X] Check cellar

[] Shallow wells

Estimated depth to high ground water:

To be determined at soil eval (old record noted 8'.

Please indicate all methods used to determine the high ground water elevation:

[X] Obtained from system design plans on record

If checked, date of design plan reviewed:

1986

Date

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

[X] Checked with local Board of Health - explain:

Work at site & neighborhood.

[] Checked with local excavators, installers - (attach documentation)

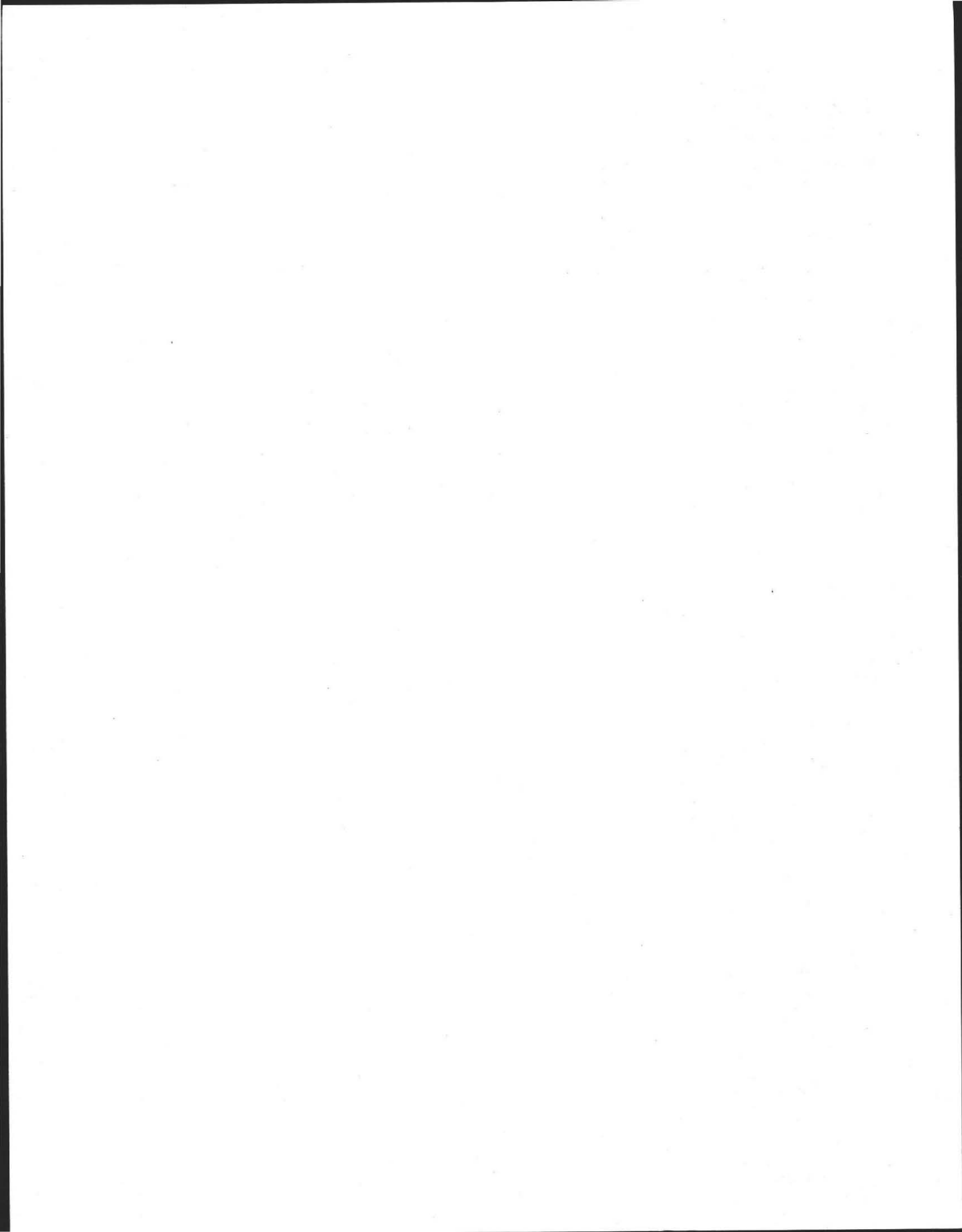
[] Accessed USGS database - explain:

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

topo and on site excavation.

Blank lines for describing high ground water elevation establishment.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

MA

01002

04.12.2013

City/Town

State

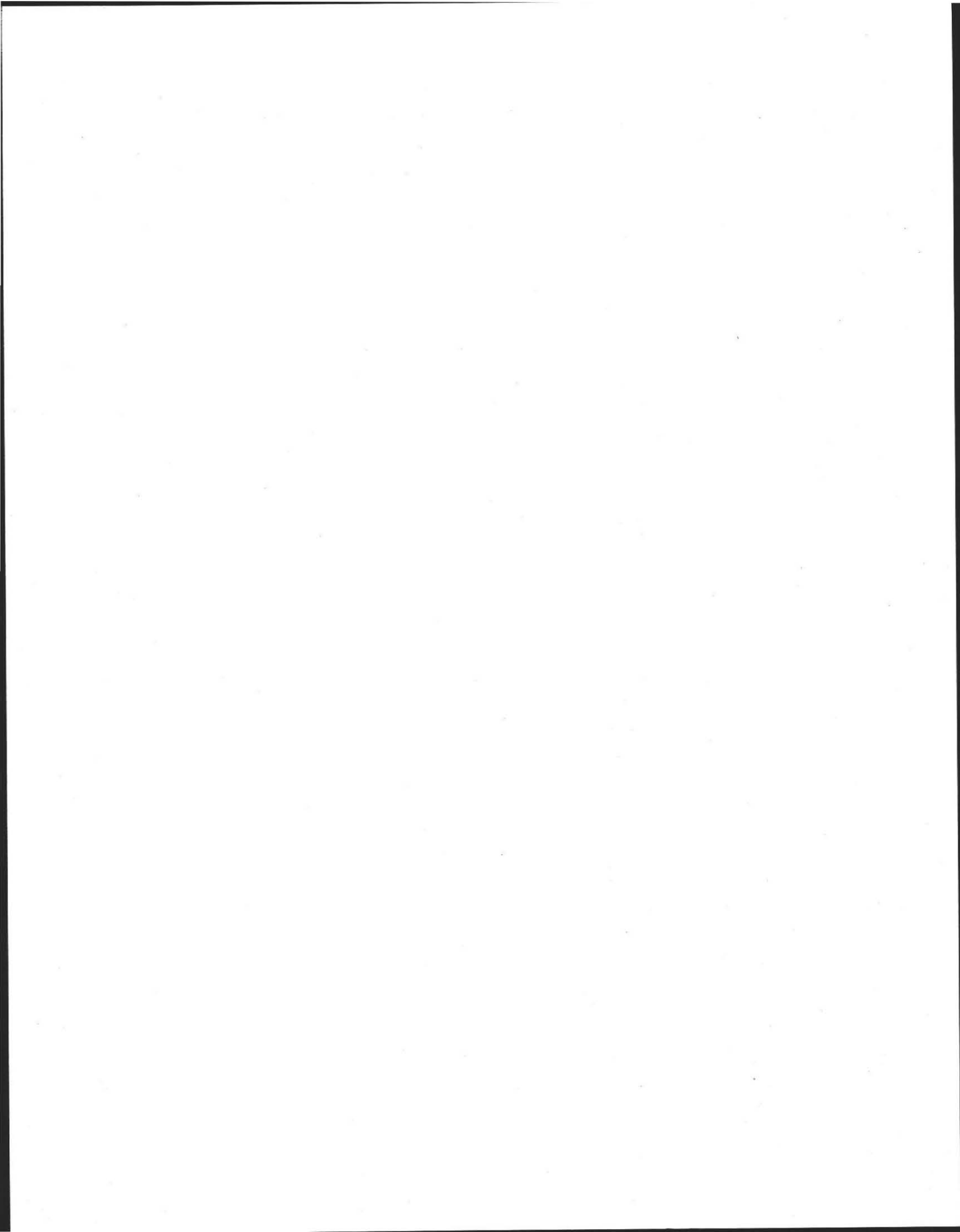
Zip Code

Date of Inspection

Owner information is required for every page.

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



No. 85-49

#35

Fee

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:

Location - Address: 35 Amherst Woods Lot No. 62
Owner: John Satliff Address: 220 Aubinwood Drive
Installer: Quasar - Chuck Wallace

Type of Building: Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
Other - Type of Building: No. of persons: Showers () - Cafeteria ()
Other fixtures:

Design Flow: 55 gallons per person per day. Total daily flow: 330 gallons.
Septic Tank - Liquid capacity: 1000 gallons Length: 8 1/2' Width: 5' Diameter: Depth: 5'
Disposal Tank - No. 1 Width: 8' Total Length: 38' Total leaching area: 600 sq. ft.
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: sq. ft.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by: F.A. Elias Date: April 23, 1984
Test Pit No. 1: 10 minutes per inch Depth of Test Pit: 8 Depth to ground water: Day at 8'
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: _____ Date: _____

Application Approved By: _____ Date: _____

Application Disapproved for the following reasons: _____

Permit No. 85-49 Issued 11-12 Date

CHECK OR FILL IN WHERE APPLICABLE

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 _____ 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

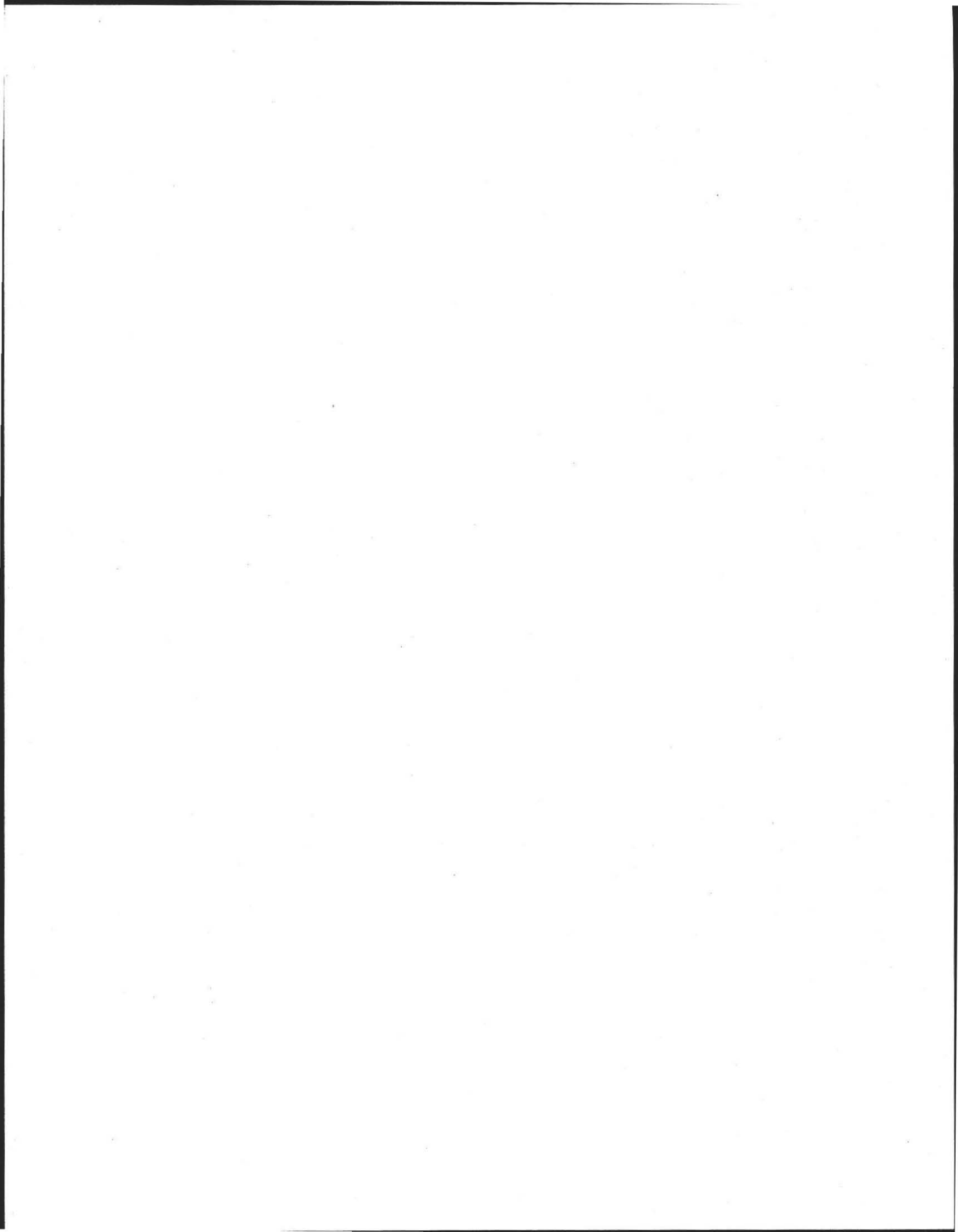
No. 85-19 OF Amherst FEE 1

Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot #62 Street Trillium Way

as shown on the application for Disposal Works Construction Permit No. _____ Dated _____

DATE _____ Board of Health

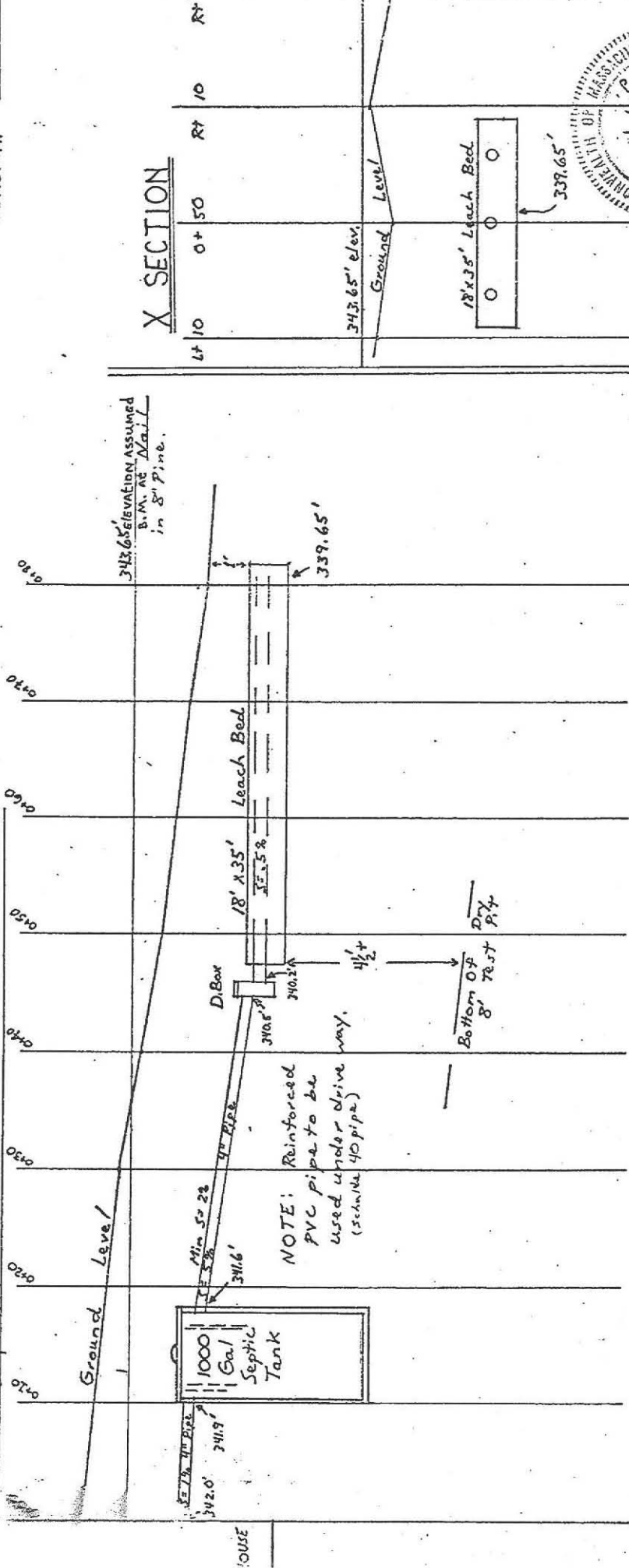


PROFILE OF SEPTIC SYSTEM

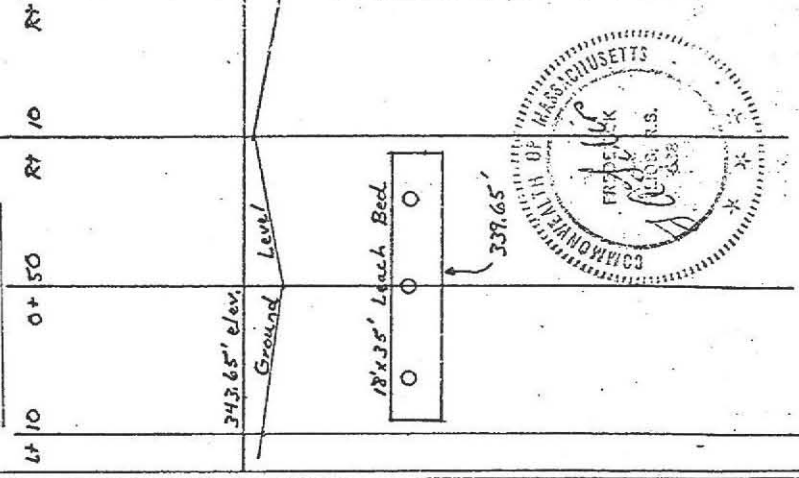
BY: **FREDERICK A. FILIOS, W.T.**
 69 PELHAM ROAD
 AMHERST, MA 01002

OWNER: **John Sutcliffe**
 220 Aubinwood Drive, Amherst, MA,
 Lot 62, Amherst Woods
 Amherst, MA.

DATE: **October 29, 1985**
 SCALE: HORIZONTAL **1" = 10'**
 VERTICAL **1" = 3'**



X SECTION

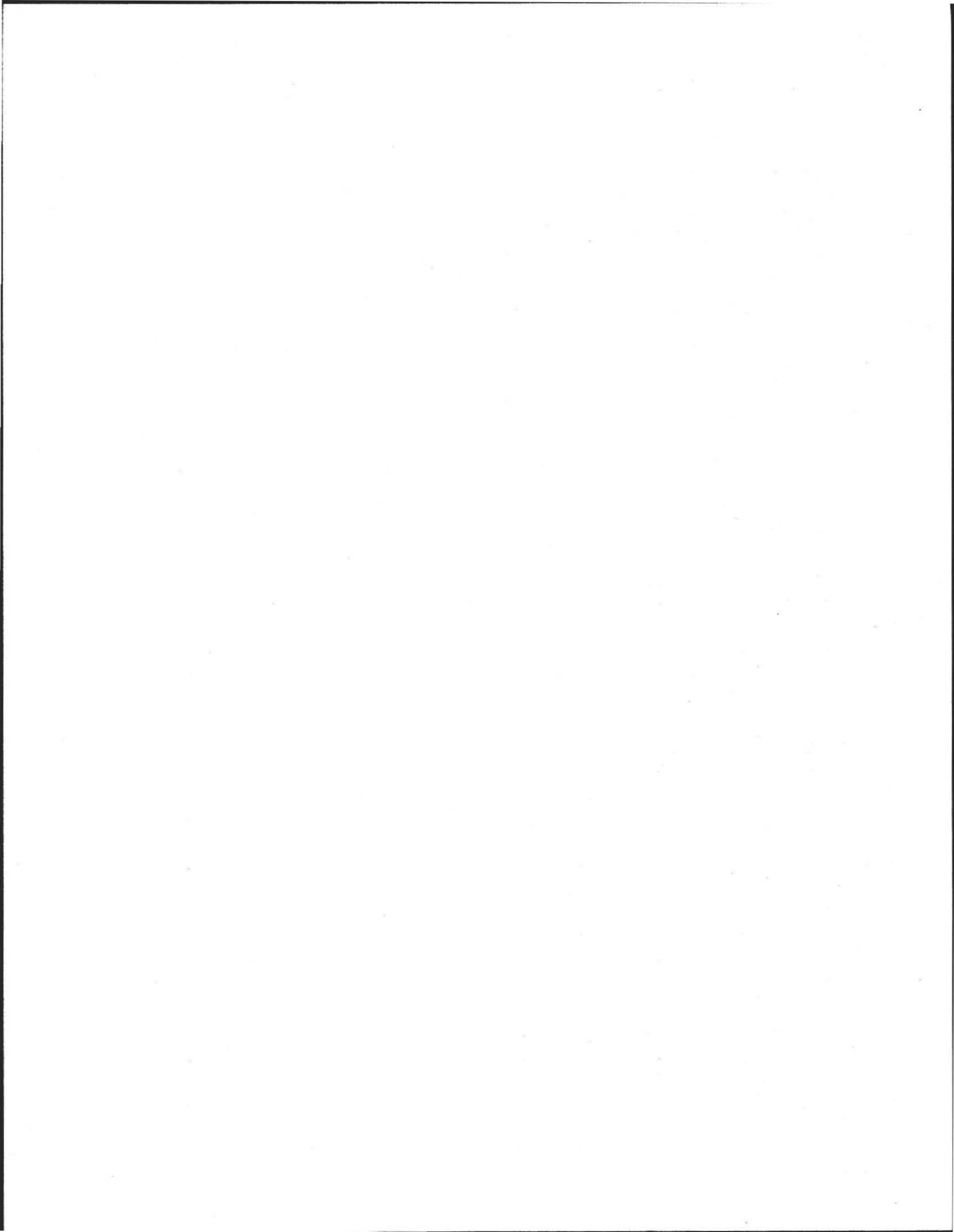


SPECIFICATIONS

All materials and construction are to be in accordance with the Comm. of MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE Title 5.

CALCULATIONS:

3 Bdm X 110 = 330 gal. reg.
 Perc Rate is 10 min/linch, bottom rate 2.55
 Leach Bed:
 18' X 35' = 630 S.F.
 630 S.F. X 1.55 = 346.5 gal.



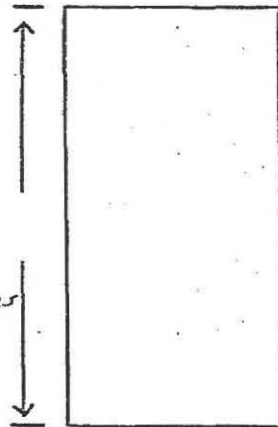
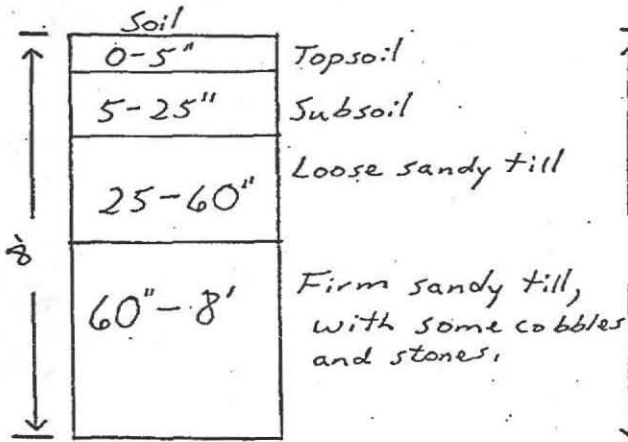
DEEP SOIL LOGS

OWNER Amherst Woods

DATE April 23, 1984

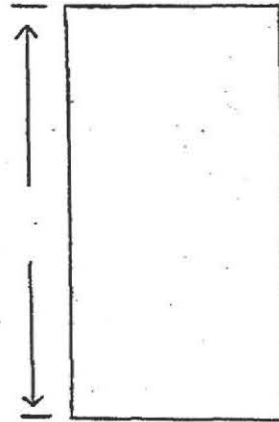
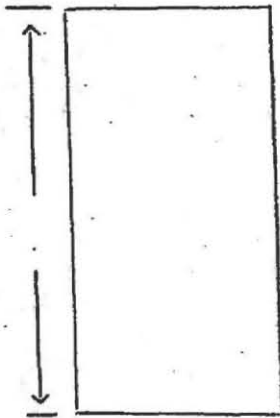
LOCATION Amherst Woods
Lot # 62

OBSERVER F.A. Filios



GROUND WATER None

GROUND WATER _____

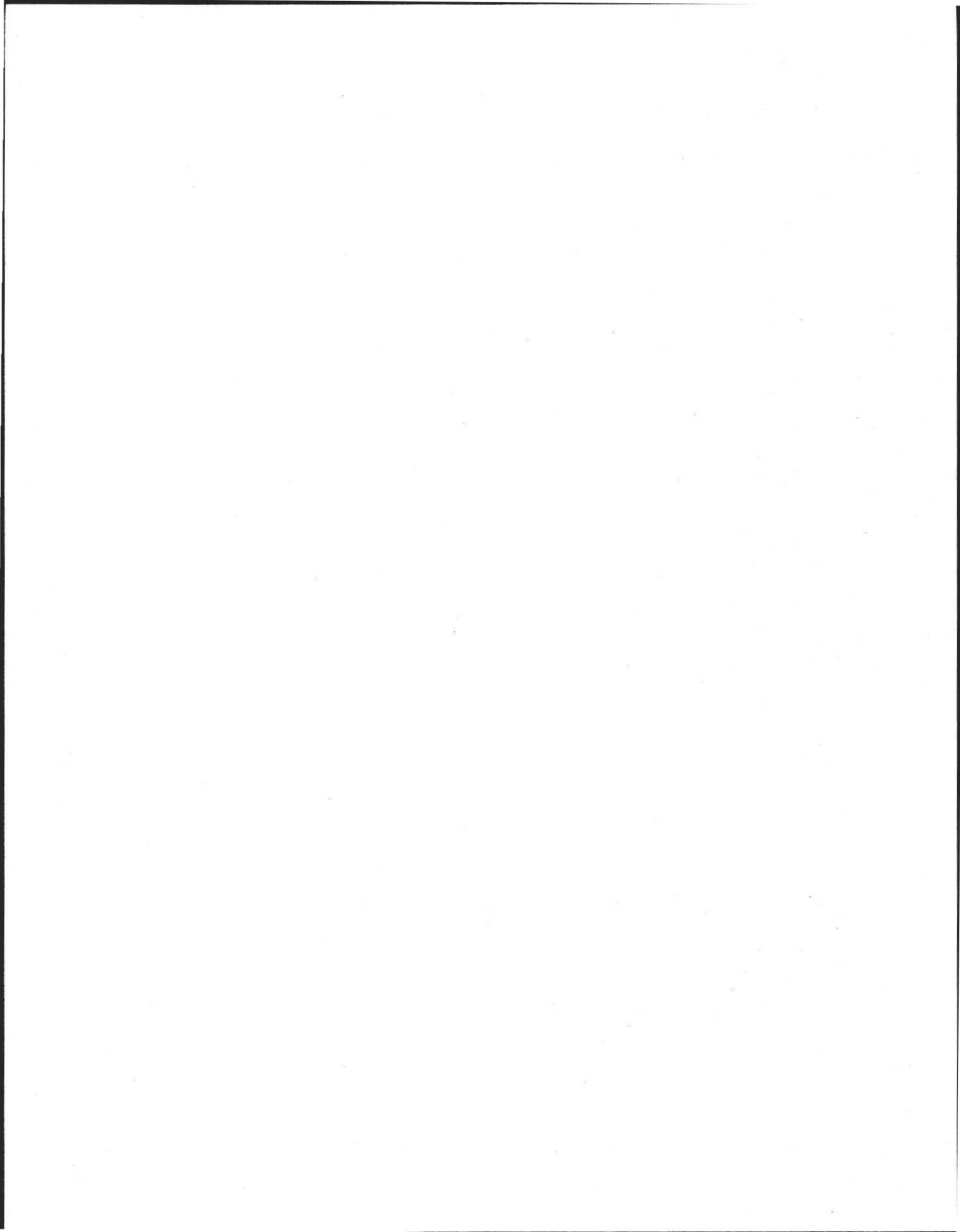


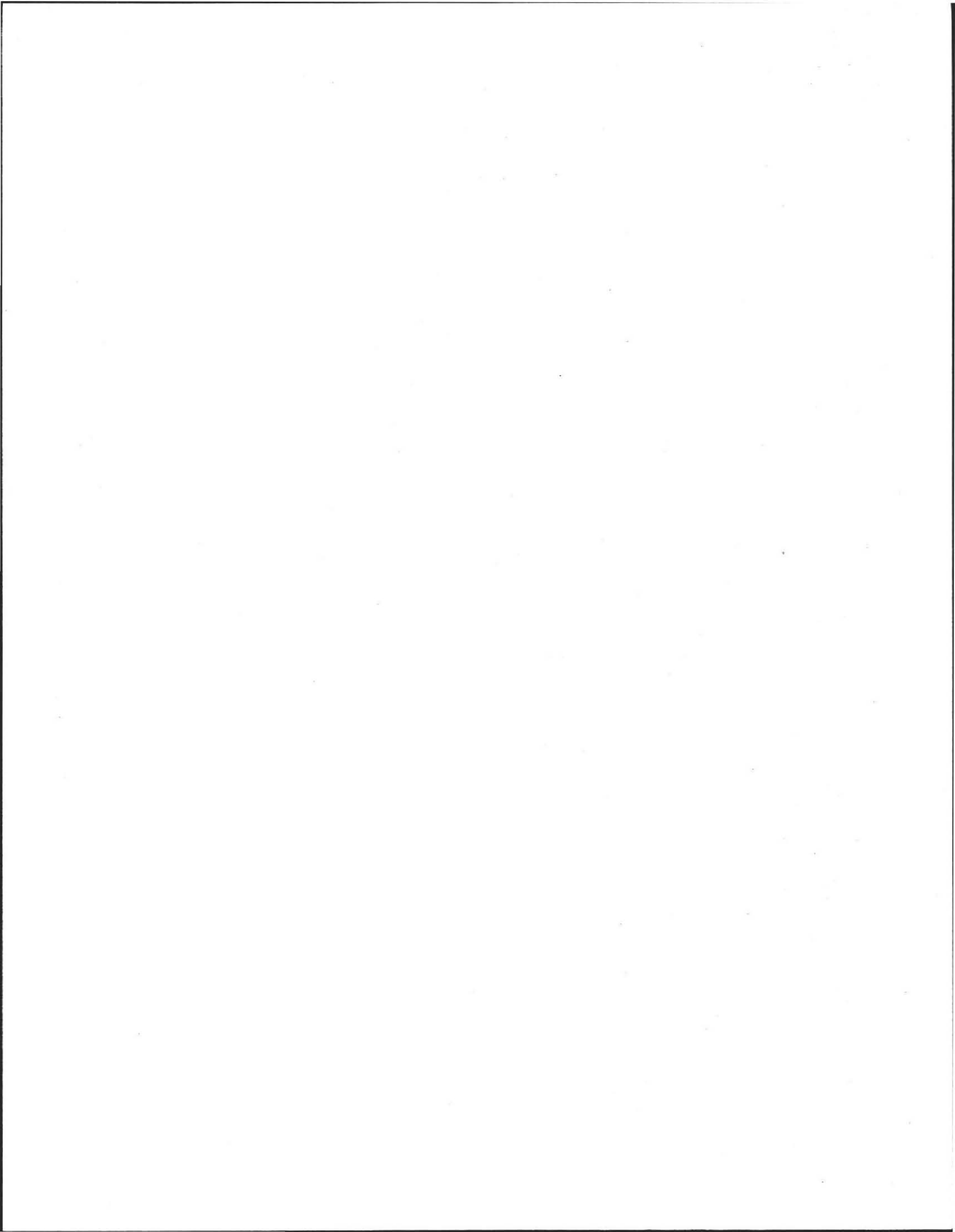
GROUND WATER _____

GROUND WATER _____

Percolation Rate at 36" :

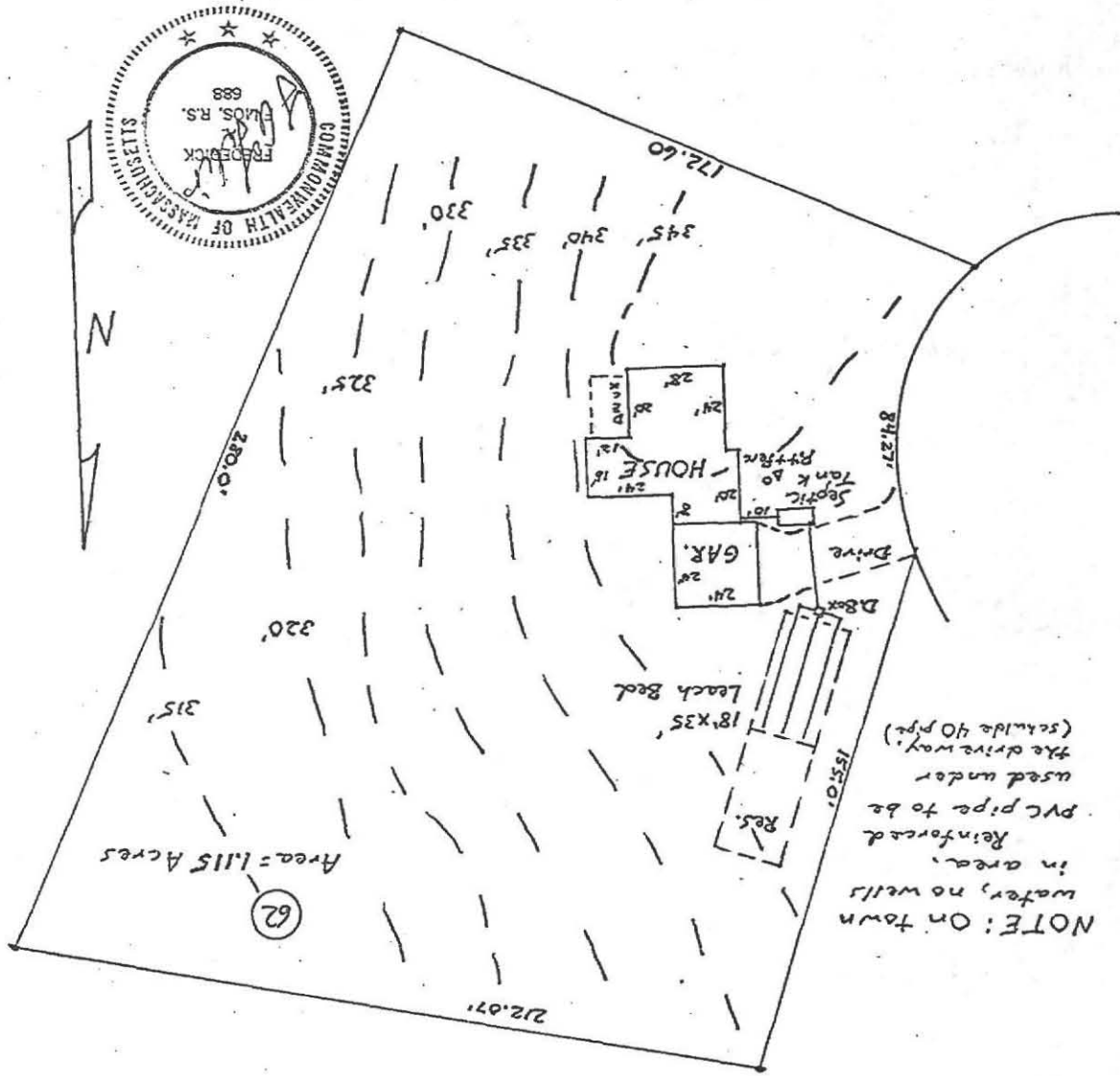
10min/inch

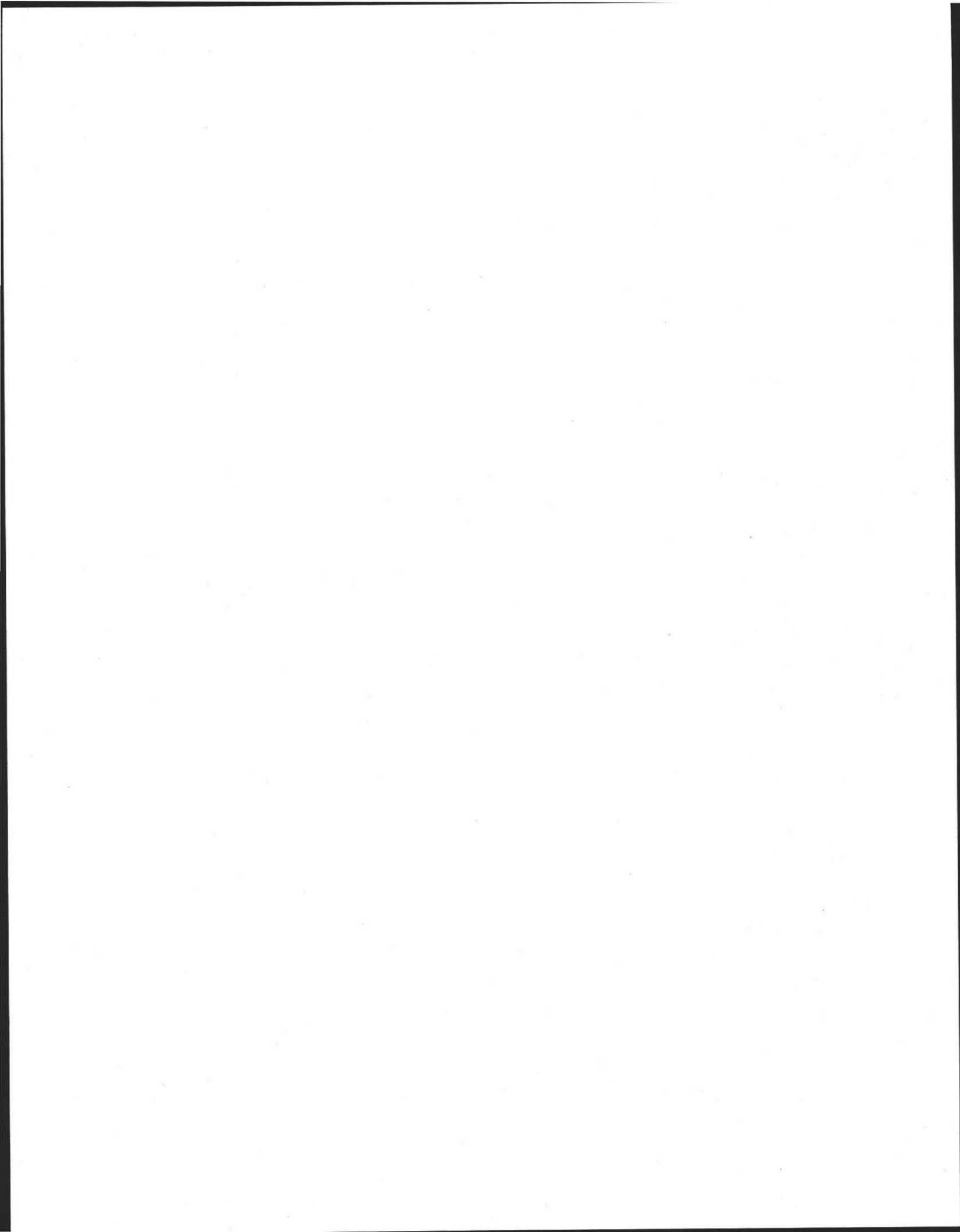




PLAN SHOWING SEWAGE DISPOSAL

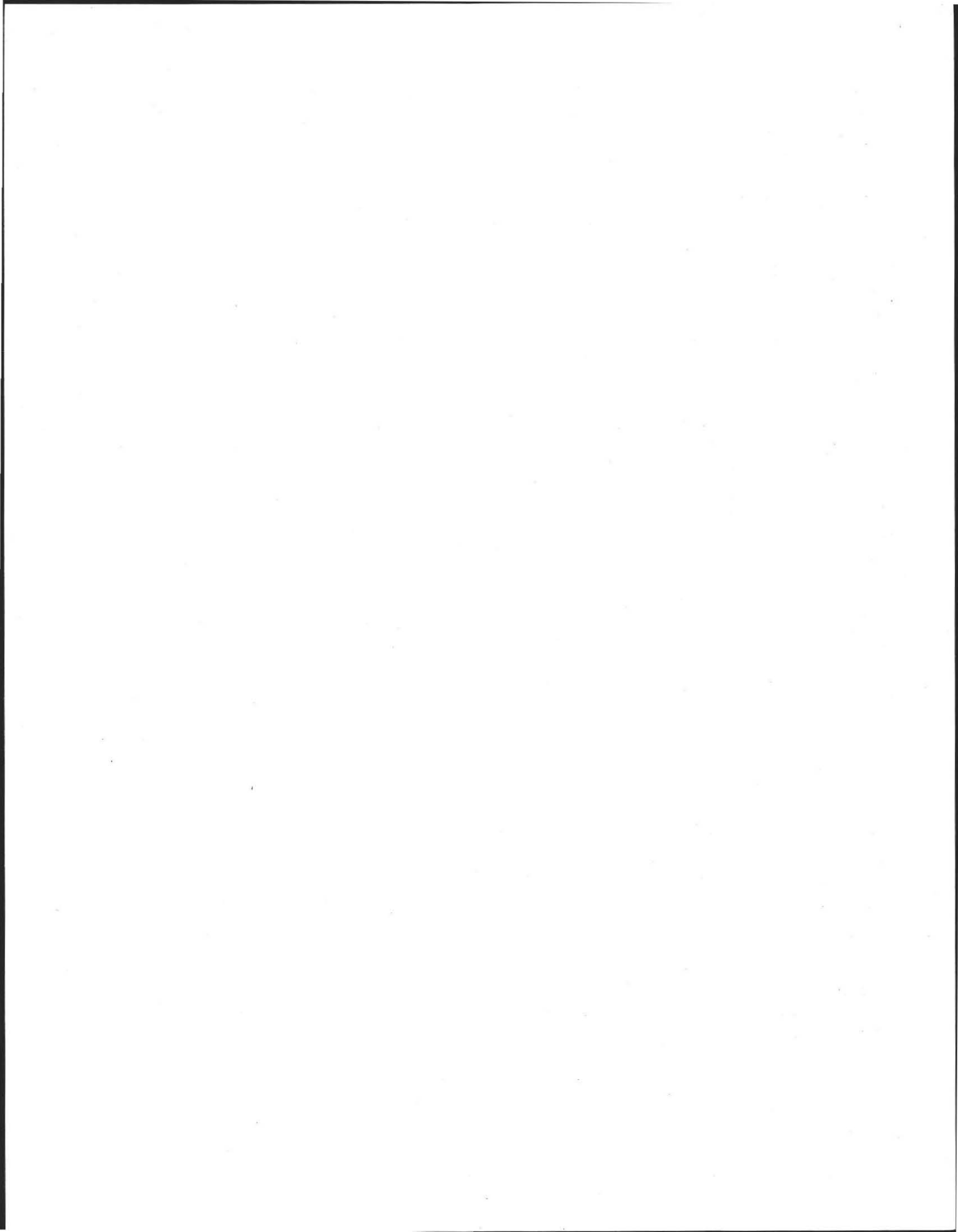
FOR: John Sutti:ff
 220 Aubinwood Drive
 Amherst, MA.
 AT: Lot 62
 Amherst Woods
 Amherst, MA.
 BY: F.A. Filios/W.T.
 69 Pelham Road
 Amherst, MA.
 SCALE: 1"=40'
 October 29, 1985





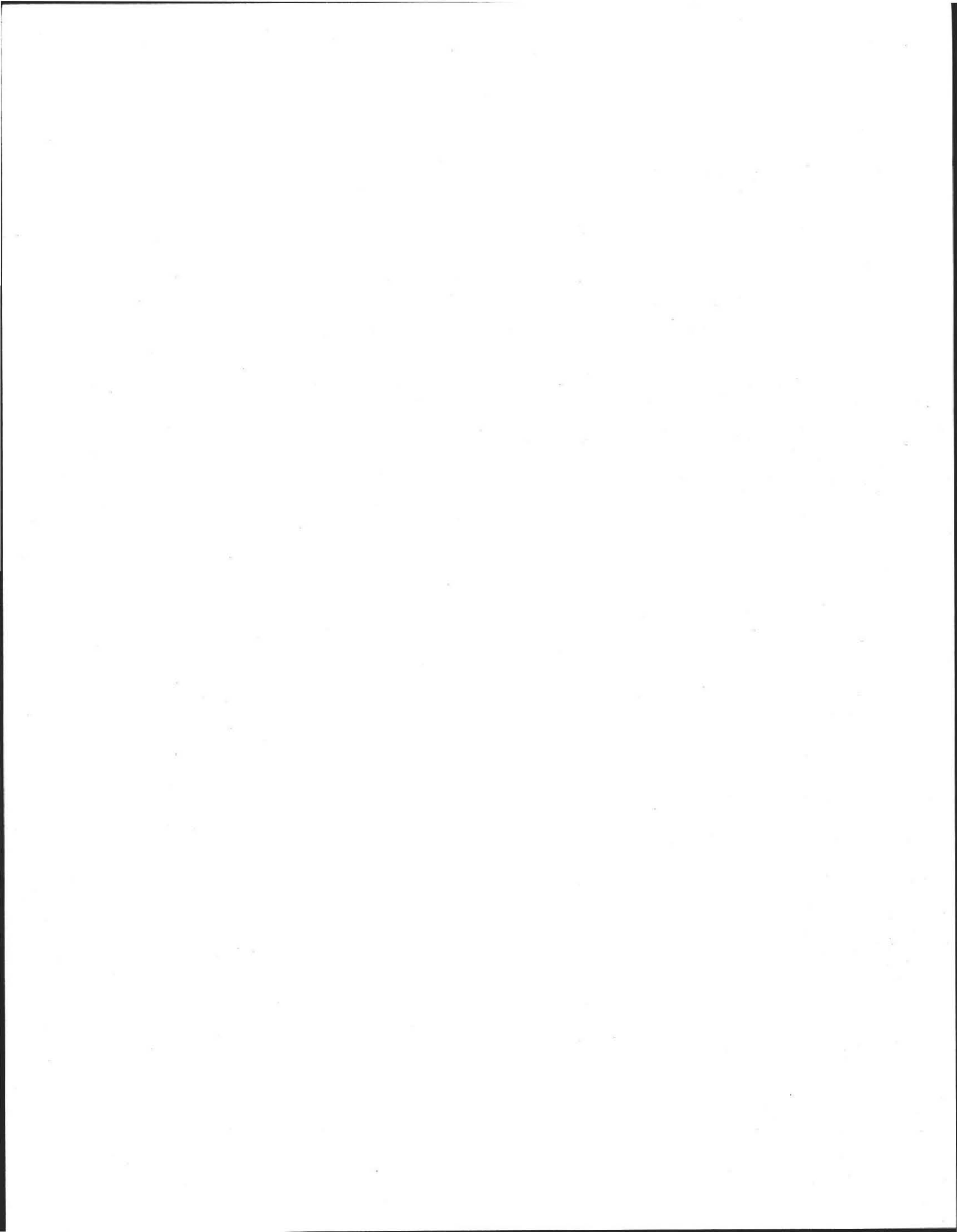


S. Tank Inlet Baffle pipe
35 Trillium Way
Amherst, MA
04.12.2013



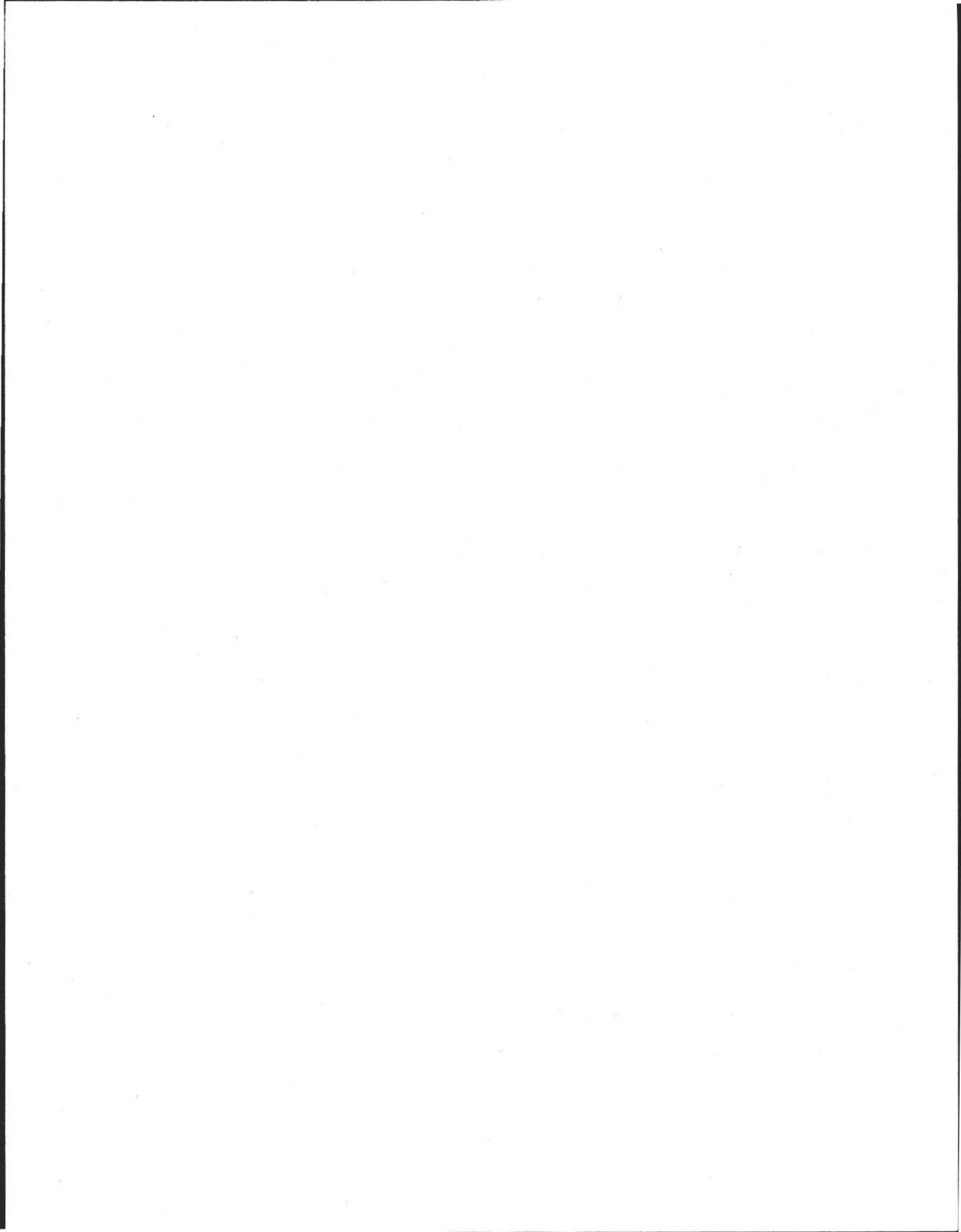


S. Tank Outlet Baffle pipe
35 Trillium Way
Amherst, MA
04.12.2013





D. Box (heavy biosolids, half in pipe)
35 Trillium Way
Amherst, MA
04.12.2013





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.12.2013

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:

Property has original 1000 Gal S. tank and D. Box with L. field of 27+/- yrs, Liquid levels in D box were heavy with biosolids and 1/2 way up in to Leach pipes indicating hydraulic failure. Needs perc test and new engineered system with (Sewer in area still a few years out).

B) System Conditionally Passes:

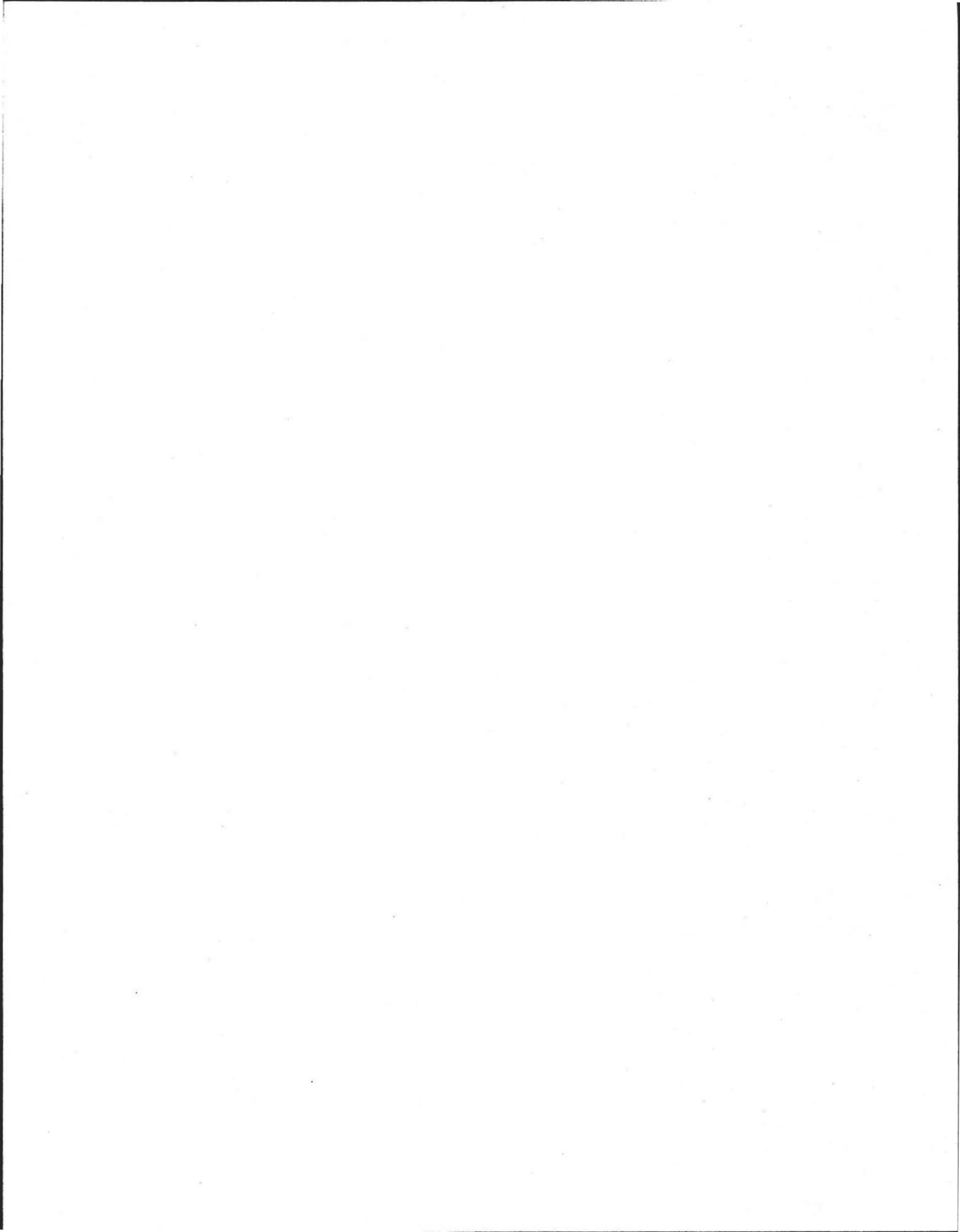
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

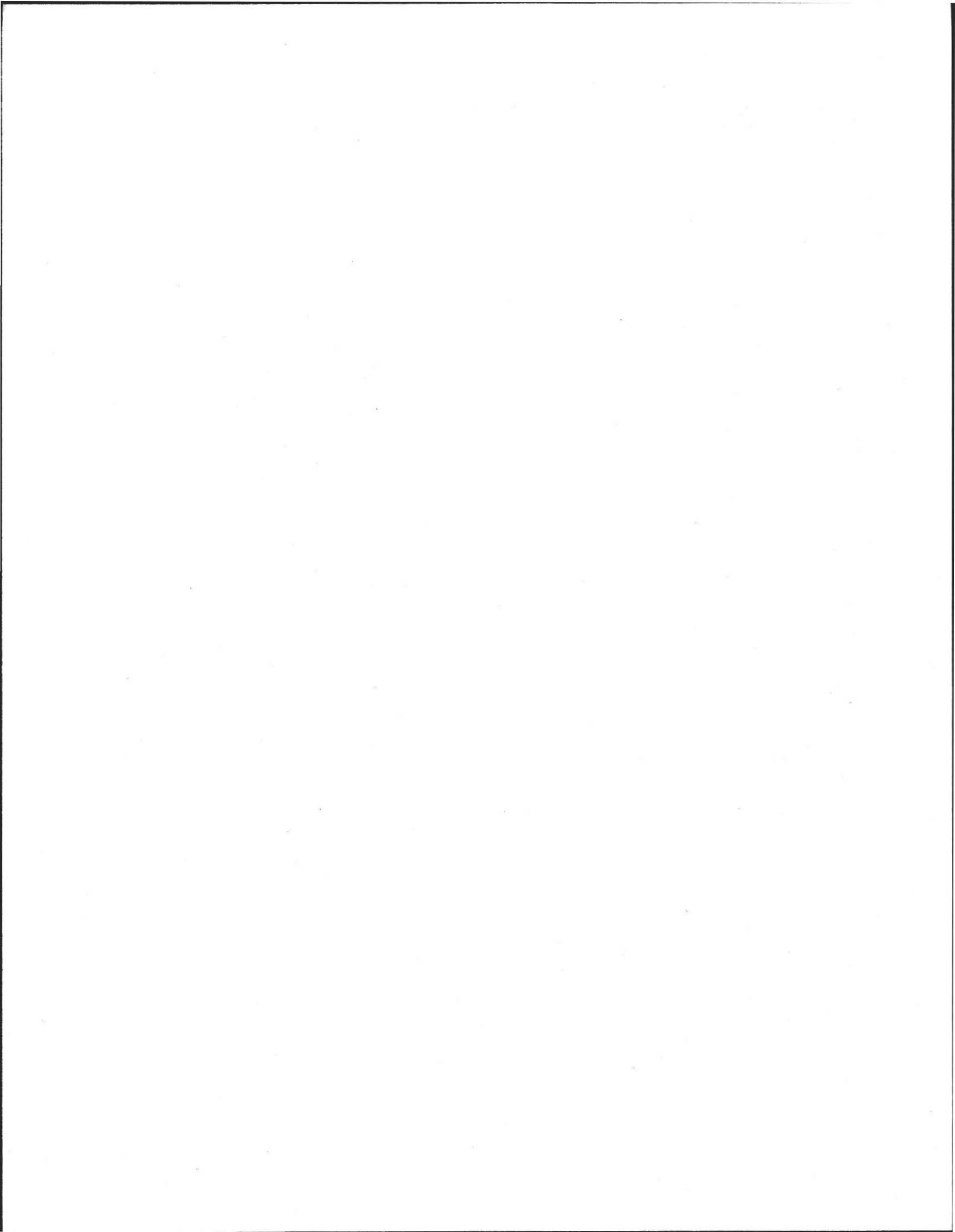
Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

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.

Y N ND (Explain below):







Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

35 Trillium Way

Property Address

Ann and Anthony Burton

Owner's Name

Amherst MA 01002 04.12.2013

City/Town State Zip Code Date of Inspection

B. Certification (cont.)

B) System Conditionally Passes (cont.):

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
distribution box is leveled or replaced

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):

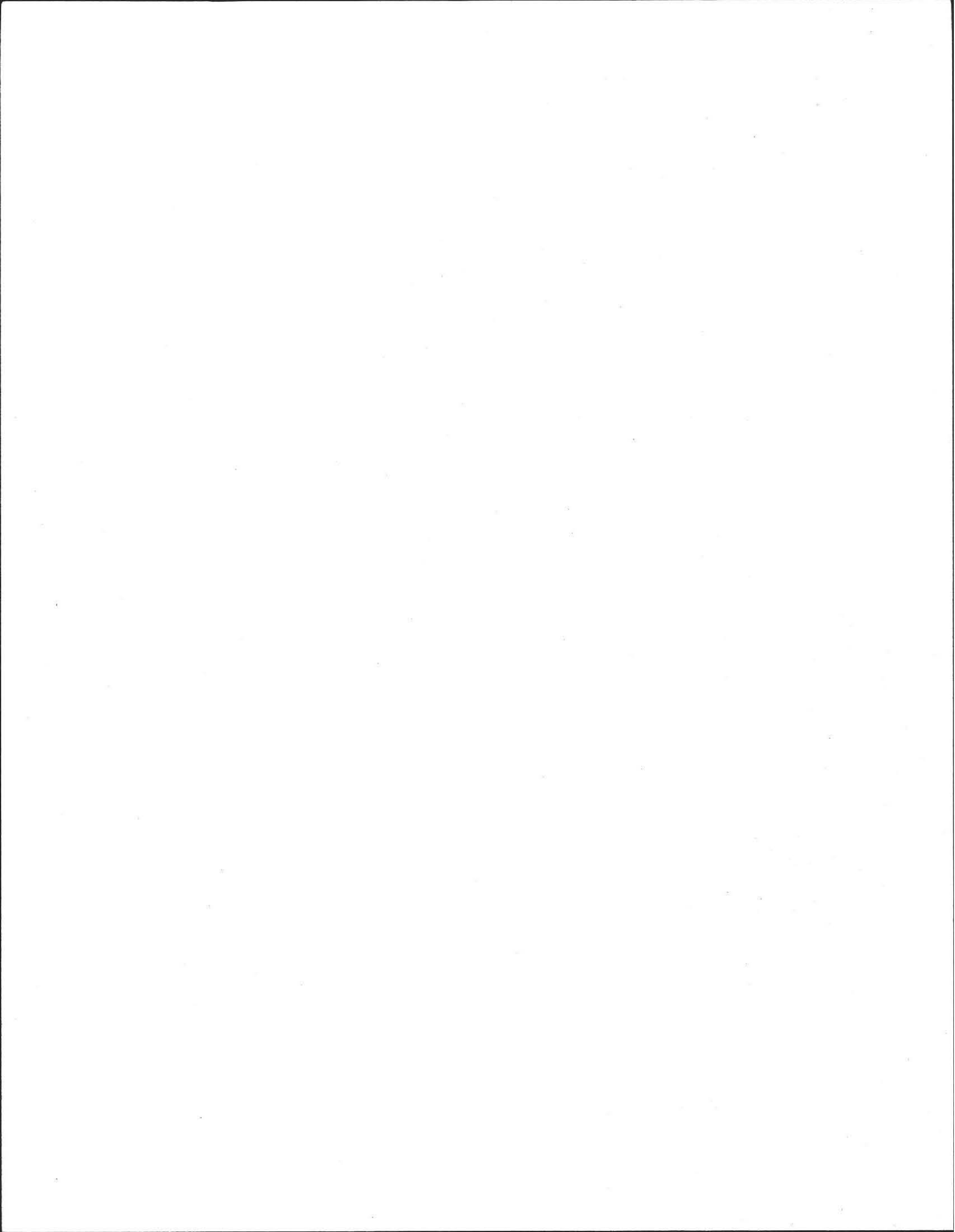
- broken pipe(s) are replaced
obstruction is removed

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

Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

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



TS WITNESS NOTES

4/12/13

35 TRILLIUM WAY

Build 1985, no garbage grinder, 3 BR

Call Ann About dryer vent, in garage

YES → ~~They is sewage vent to exterior just outside~~

→ SAS lines are draining back into D-Box

Tank okay, D-Box - okay

Nikon Croquis

waterproof, has GPS

The number 1000

is a number that

is a number that is a power of 10

is a number that is a power of 10

is a number that is a power of 10

is a number that is a power of 10

is a number that is a power of 10

is a number that is a power of 10

is a number that is a power of 10

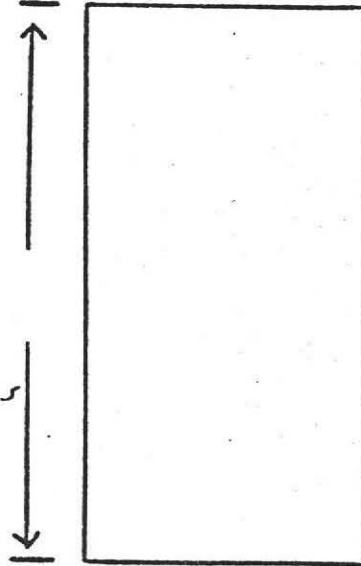
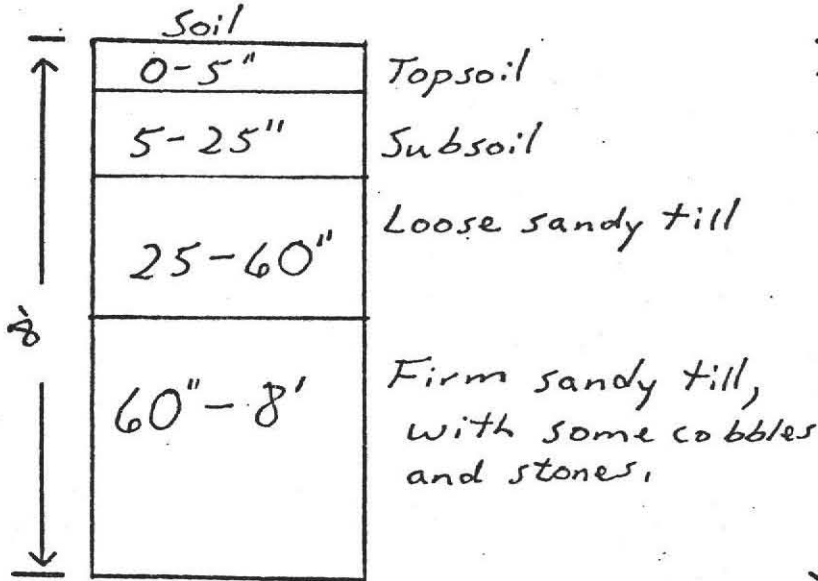
DEEP SOIL LOGS

OWNER Amherst Woods

DATE April 23, 1984

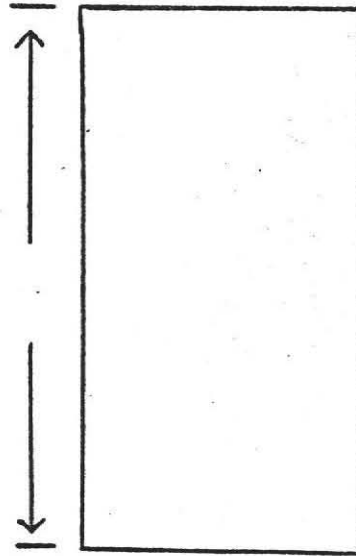
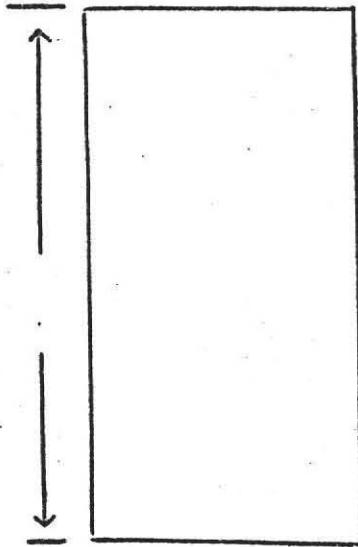
LOCATION Amherst Woods
Lot # 62

OBSERVER F.A. Filios



GROUND WATER None

GROUND WATER _____

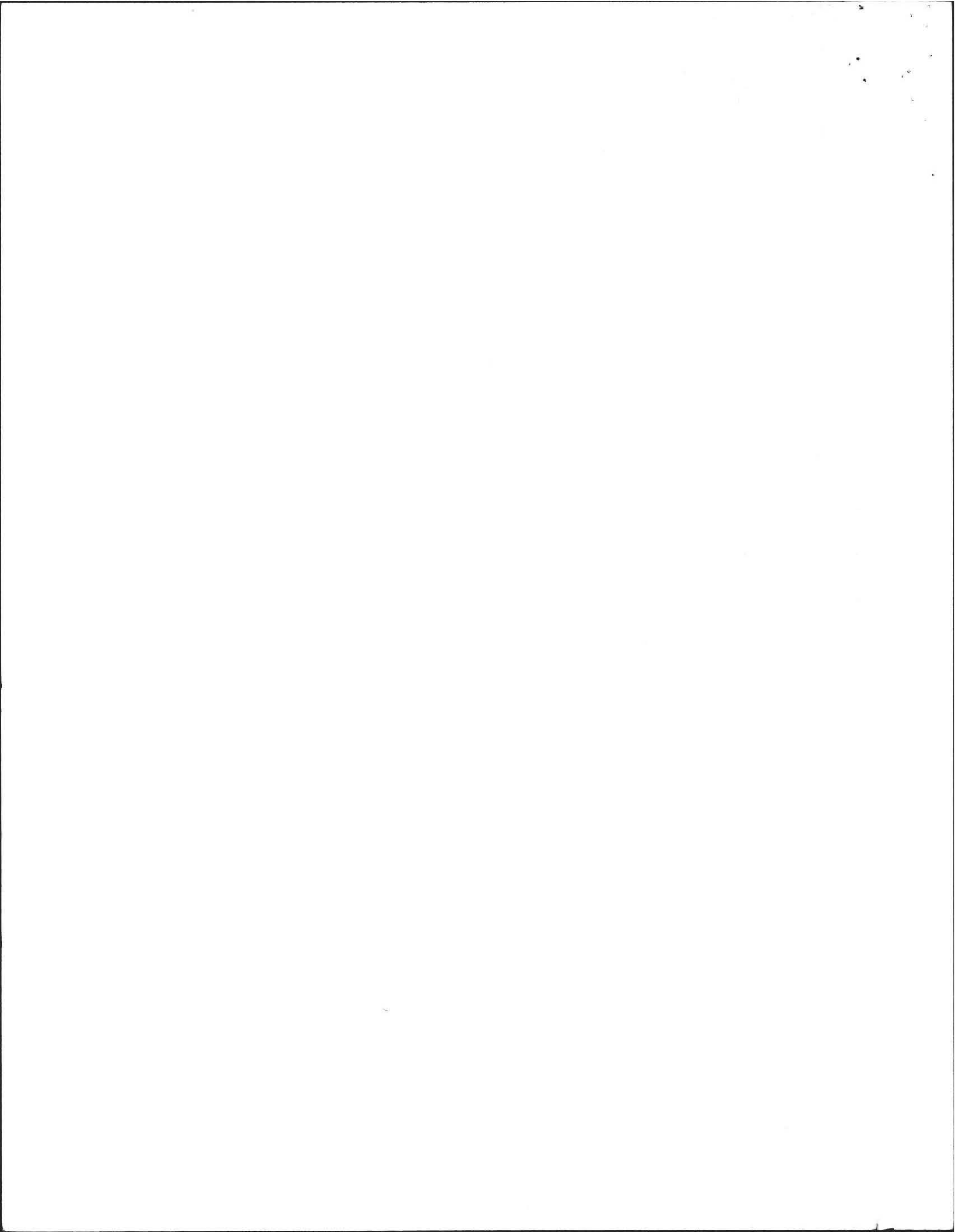


GROUND WATER _____

GROUND WATER _____

Percolation Rate at 36":

10min/inch



No. 8549



THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

Amherst Woods Lot 62
John Sutliff Location - Address or Lot No.
220 Aubinwood Drive Address
Owner Address
Installer Address

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

Design Flow 5.5 gallons per person per day. Total daily flow 330 gallons.
Septic Tank — Liquid capacity 1000 gallons Length 8 1/2' Width 5' Diameter _____ Depth 5'
Disposal Trench — No. 1 Width 18' Total Length 35' Total leaching area 630 sq. ft.
Seepage Pit No. _____ Diameter 20 Depth below inlet 40 Total leaching area 800 sq. ft.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. Filios Date April 23, 1984
Test Pit No. 1 10 minutes per inch Depth of Test Pit 8 Depth to ground water Dry at 8'
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 X O. Filios
Application Approved By [Signature] Date 11-12-85

Application Disapproved for the following reasons: _____

Permit No. 85-49 Issued 11-12-85
Date 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 _____
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

Amherst Woods
35 Trillium } 2nd phase
- way }

ANN SUTLIFF
413-262-0289
ann.sutliff@verizon.net

No. 85-49

FEE \$90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Trillium Way
35 Amherst Woods Lot 62
Location - Address or Lot No.
John Sattliff 220 Aubinwood Drive
Owner Address
Quinn - Chuck Walker Belchertown
Installer Address

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

Design Flow 5.5 gallons per person per day. Total daily flow 330 gallons.
Septic Tank — Liquid capacity 1000 gallons Length 8 1/2' Width 5' Diameter _____ Depth 5'
Disposal Tank — No. 1 Width 20' Total Length 33' Total leaching area 600 sq. ft.
Seepage Pit No. _____ Diameter 20' Depth below inlet 40' Total leaching area 800 sq. ft.

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. Filios Date April 23, 1984
Test Pit No. 1 10 minutes per inch Depth of Test Pit 8' Depth to ground water Dry at 8'
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.

X Signed John Sattliff
Application Approved By [Signature] Date 11-12-85
Date

Application Disapproved for the following reasons: _____

Permit No. 85-49 Issued 11-12-85
Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

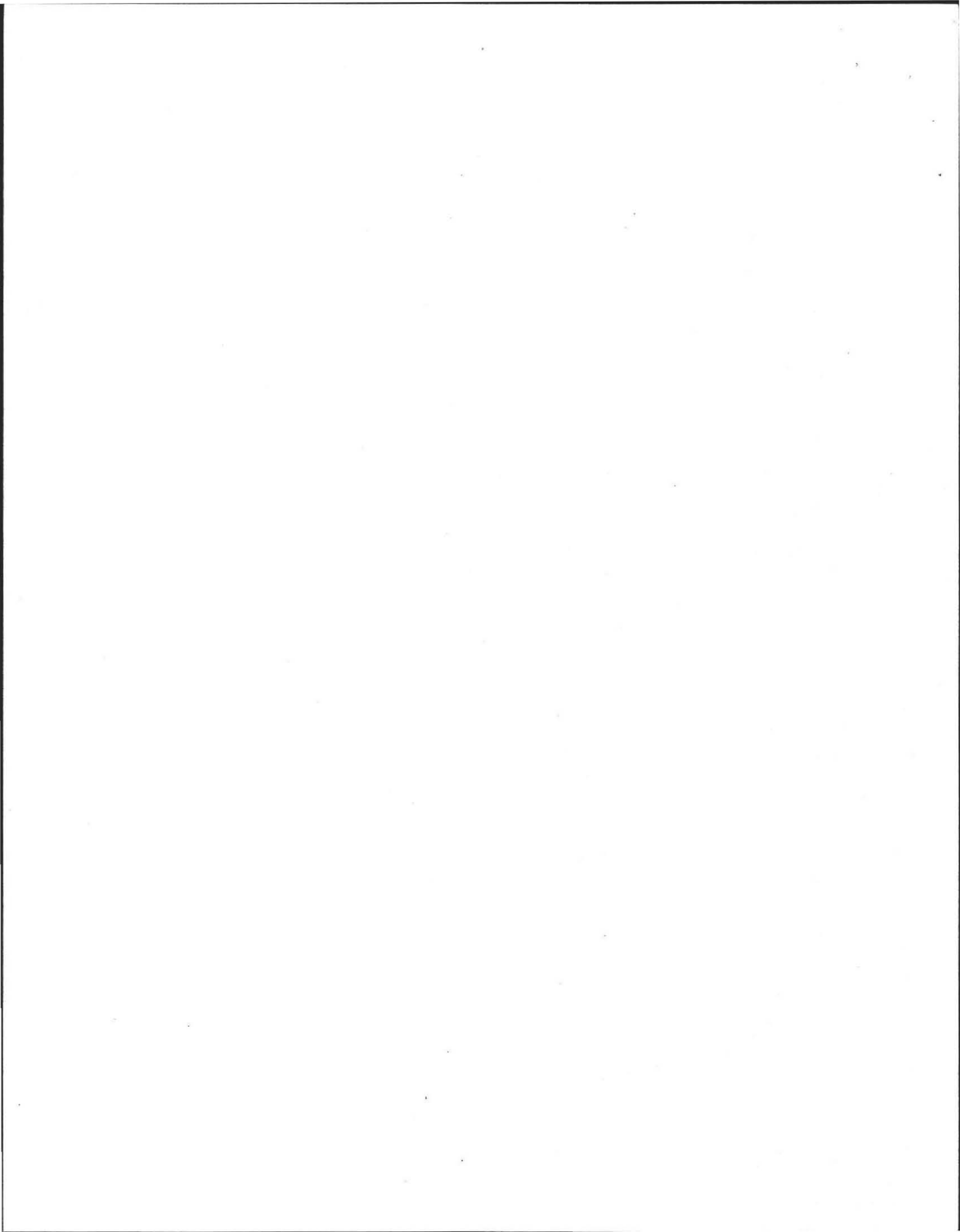
Certificate of Compliance

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

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

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

CHECK OR FILL IN WHERE APPLICABLE



No. 85-49

#35

FEE \$90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Location - Address 35 Amherst Woods Lot No. Lot 62
Owner John Sulliff or Lot No. 220 Aubinwood Drive
Installer Chuck Walker Address Belchertown

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

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank — Liquid capacity 1000 gallons Length 8 1/2' Width 5' Diameter Depth 5'
Disposal Trench — No. 1 Width 18" Total Length 35' Total leaching area 630 sq. ft.
Seepage Pit No. Diameter 20" Depth below inlet Total leaching area 800 sq. ft.

Percolation Test Results Performed by F.A. Elias Date April 23, 1984
Test Pit No. 1 10 minutes per inch Depth of Test Pit 8' Depth to ground water Dry at 8'
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 John Sulliff
Application Approved By [Signature] Date 11-12-85

Application Disapproved for the following reasons:

Permit No. 85-49 Issued 11-12-85 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 _____ 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

Town OF Amherst

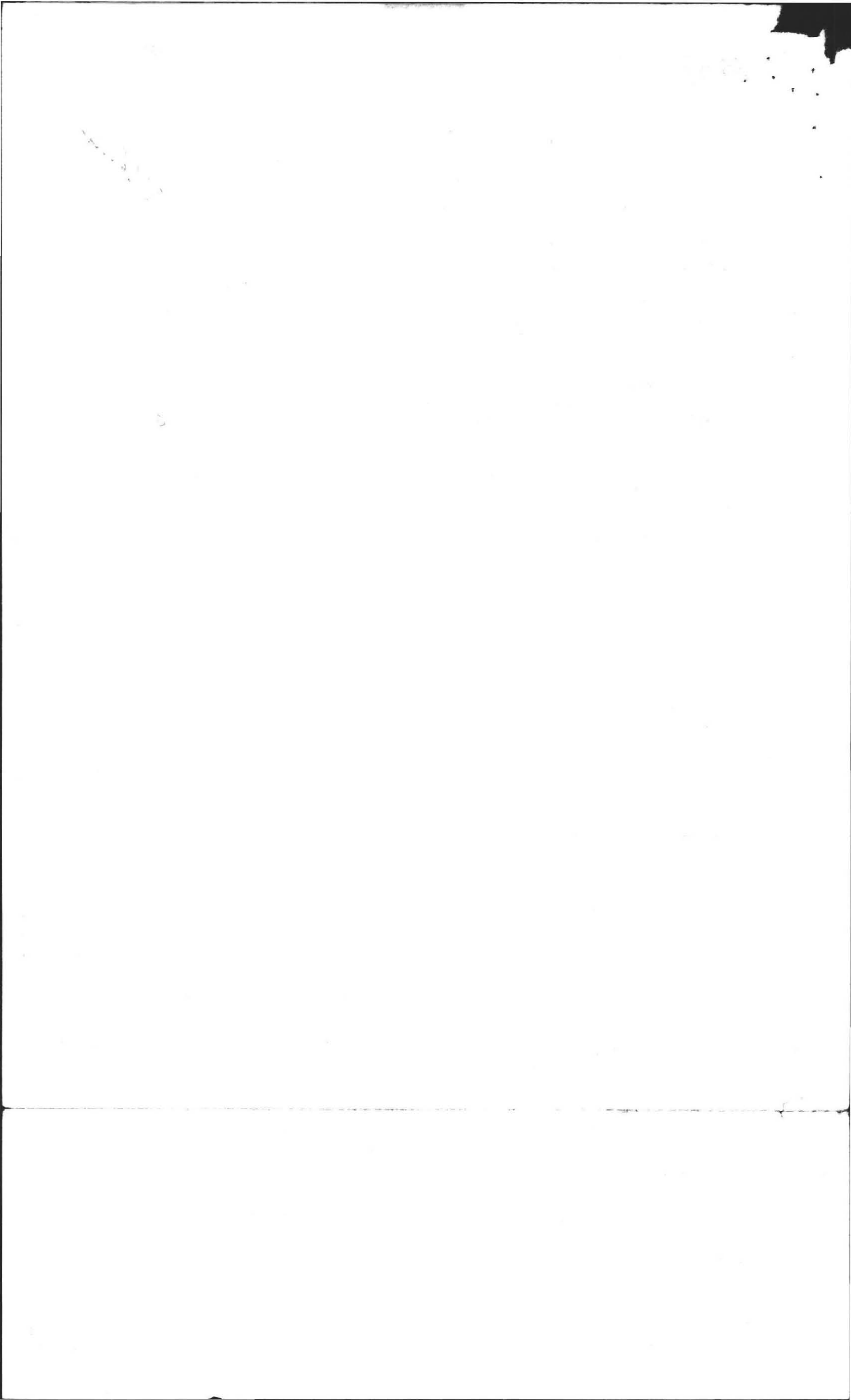
Disposal Works Construction Permit

Permission is hereby granted John Sulliff to Construct () or Repair () an Individual Sewage Disposal System at No. Lot #62 Trillium Way Street

as shown on the application for Disposal Works Construction Permit No. 85-49 Dated 11-12-85

DATE 11-12-85 Board of Health

CHECK OR FILL IN WHERE APPLICABLE

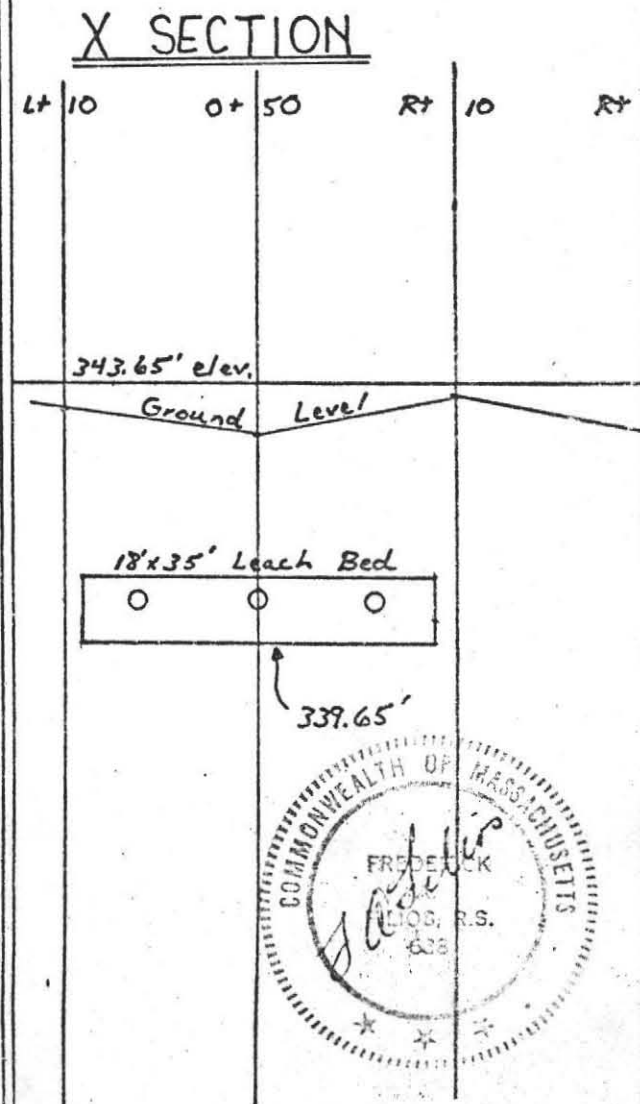
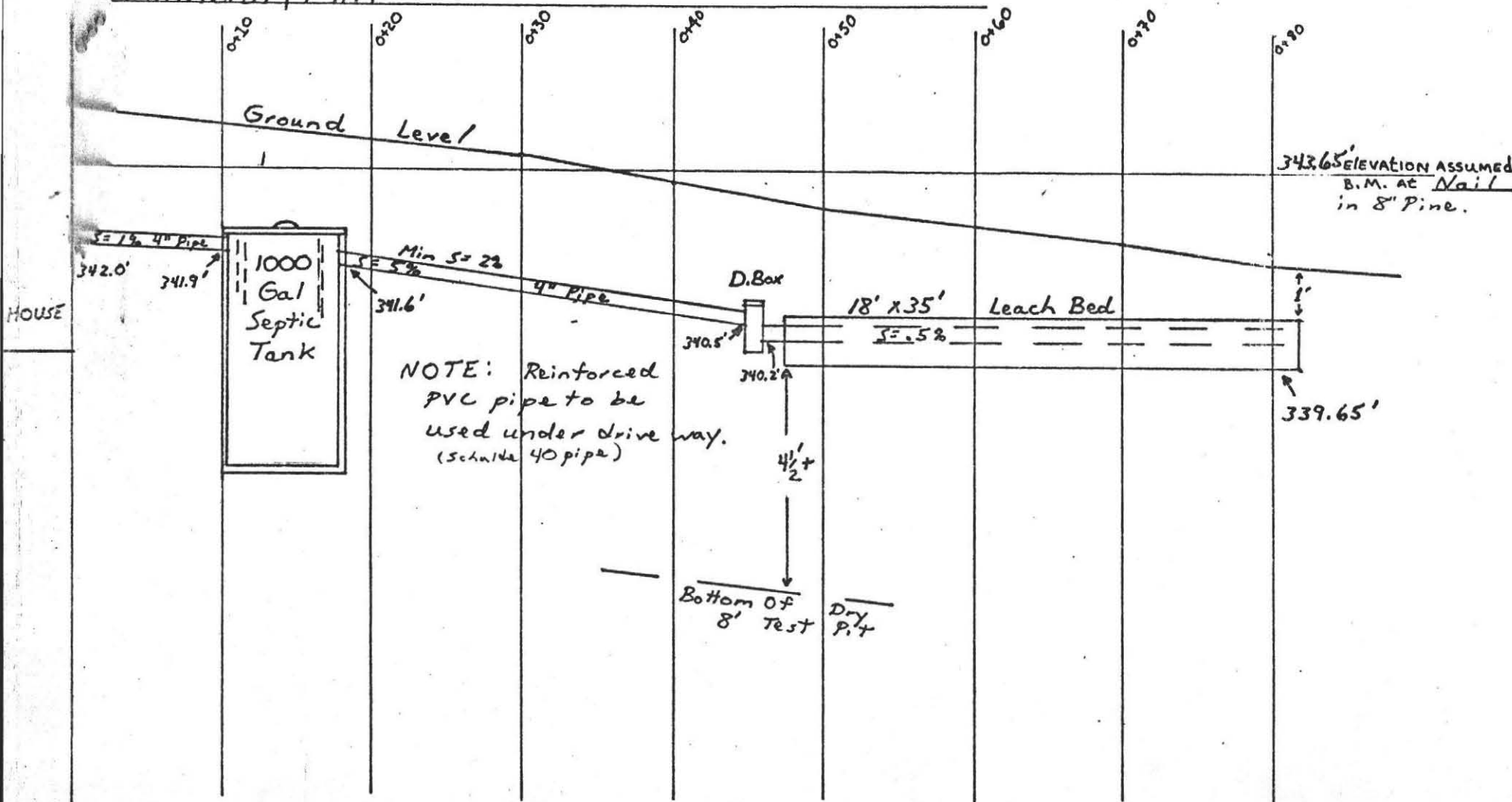


PROFILE OF SEPTIC SYSTEM

FOR: John Sutliff
220 Aubinwood Drive, Amherst, MA.
Lot 62 Amherst Woods
Amherst, MA.

BY: FREDERICK A. FILIOS, W.T.
69 PELHAM ROAD
AMHERST, MA 01002

DATE: October 29, 1985
 SCALE: HORIZONTAL 1" = 10'
 VERTICAL 1" = 3'



SPECIFICATIONS

All materials and construction are to be in accordance with the Comm. of Mass. D.E.Q.E. State Environmental Code Title 5.

CALCULATIONS:

3 Bdm x 110 = 330 gal. req.
Perc Rate is 10 min/inch, bottom rate = .55
Leach Bed:
18' x 35' = 630 S.F.
630 S.F. x .55 = 346.5 gal.

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

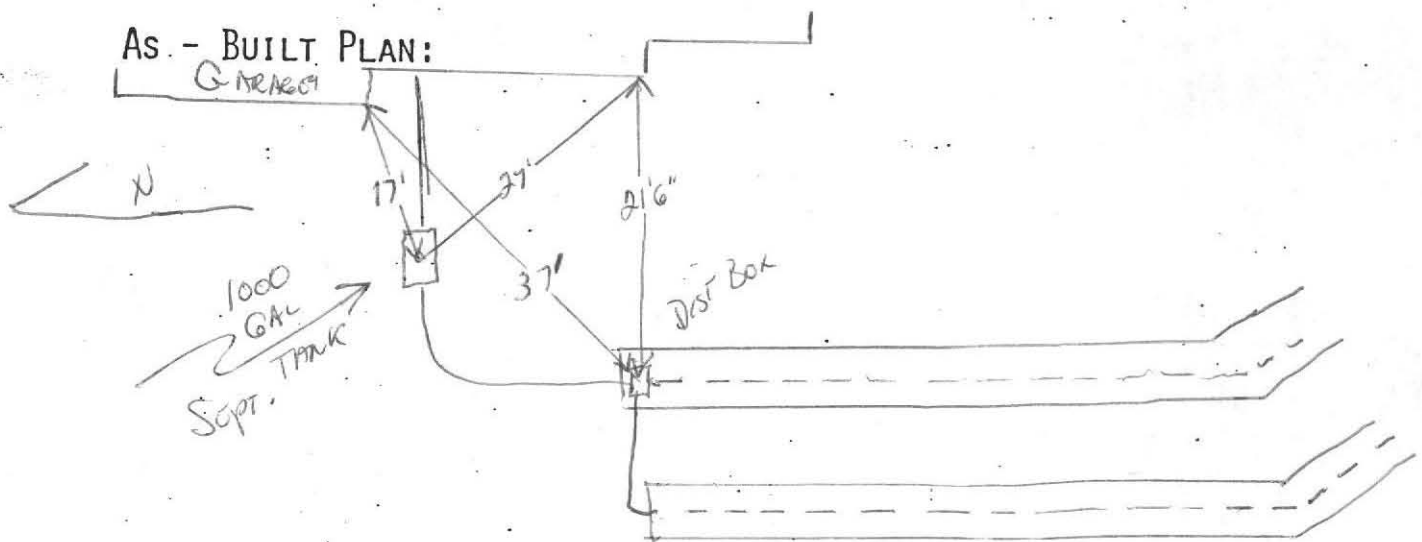
Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JOHN SUTLIFF Address TRILLIUM WAY
Installer CHUCK WALKER Address BELCHERTOWN MA
Date Installation Inspected and Approved 6/13/86
Description of System: Tank Capacity: 1000

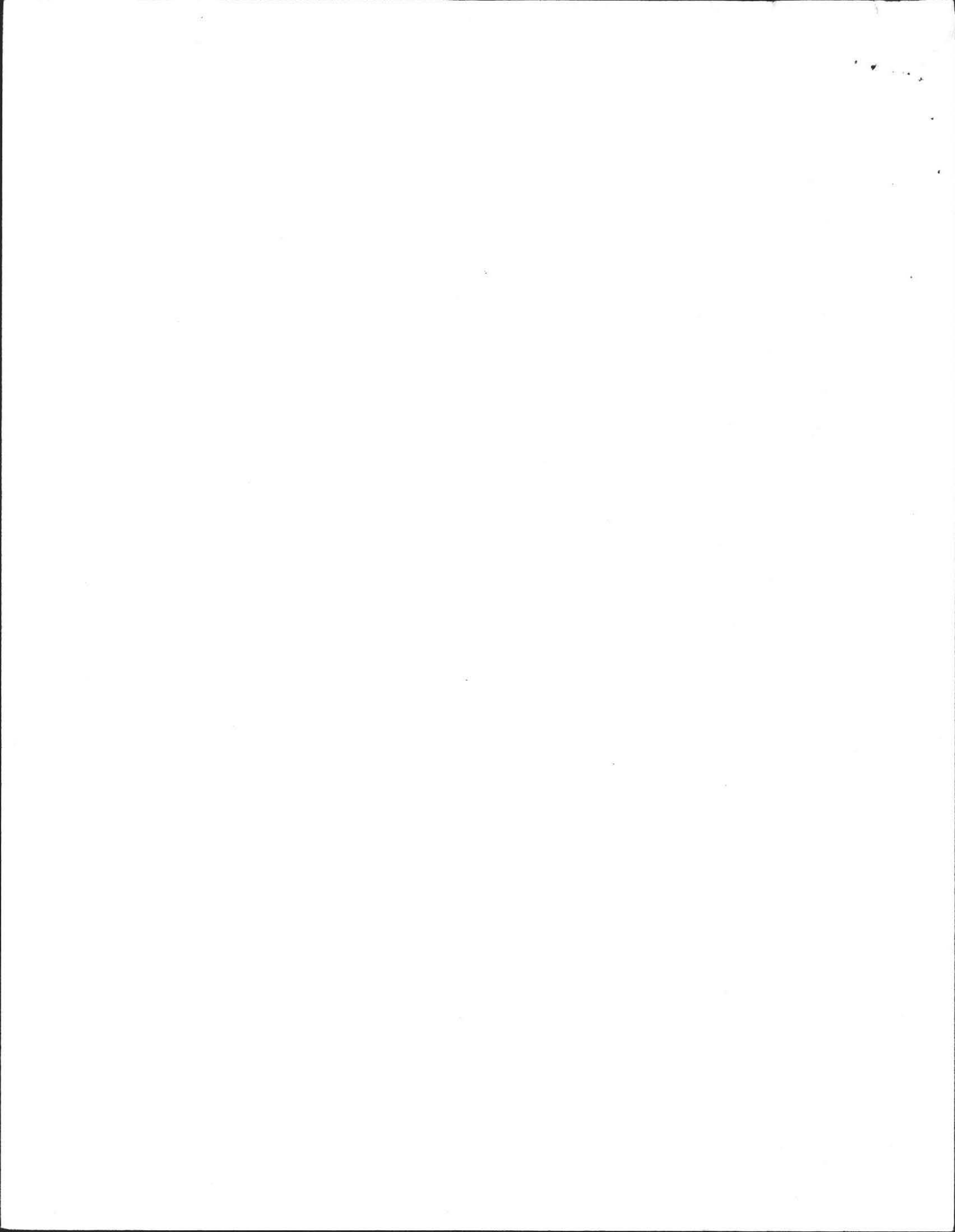
Leach Field (X) Bed () Seepage Pit () Square Feet: _____

Garbage Grinder Yes () - No (X) No. Bedrooms: 3 No. People 6



T. R. Sullivan
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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



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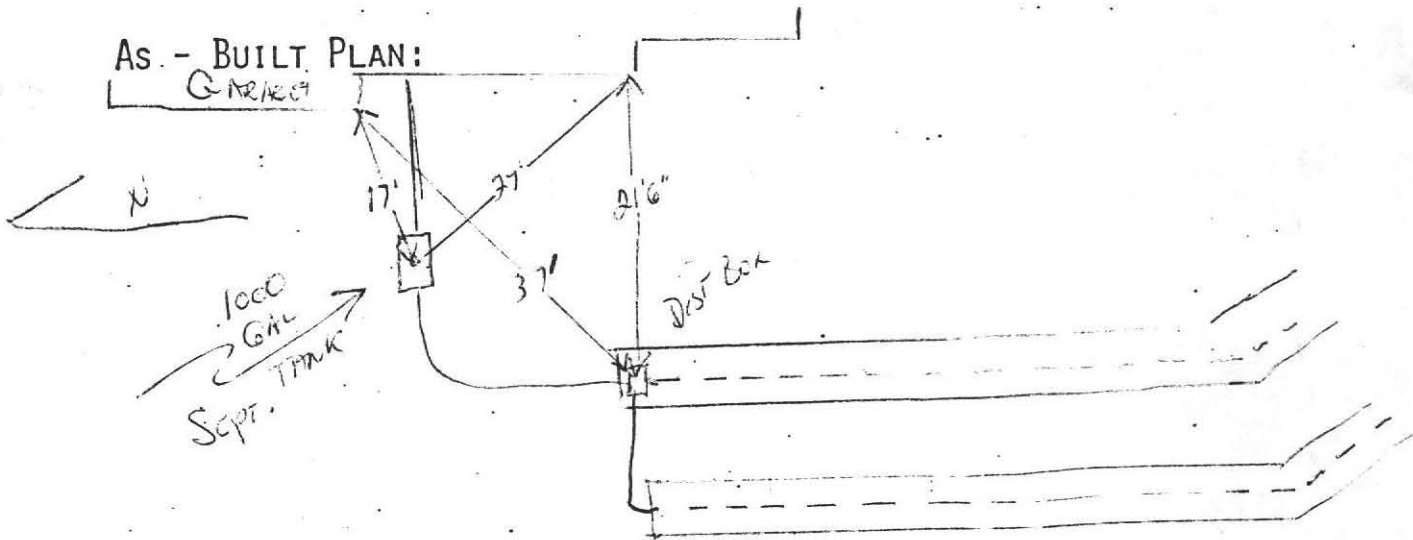
Installer CHUCK WALKER Address BELCHERTOWN MA

Date Installation Inspected and Approved 6/13/96

Description of System: Tank Capacity: 1000

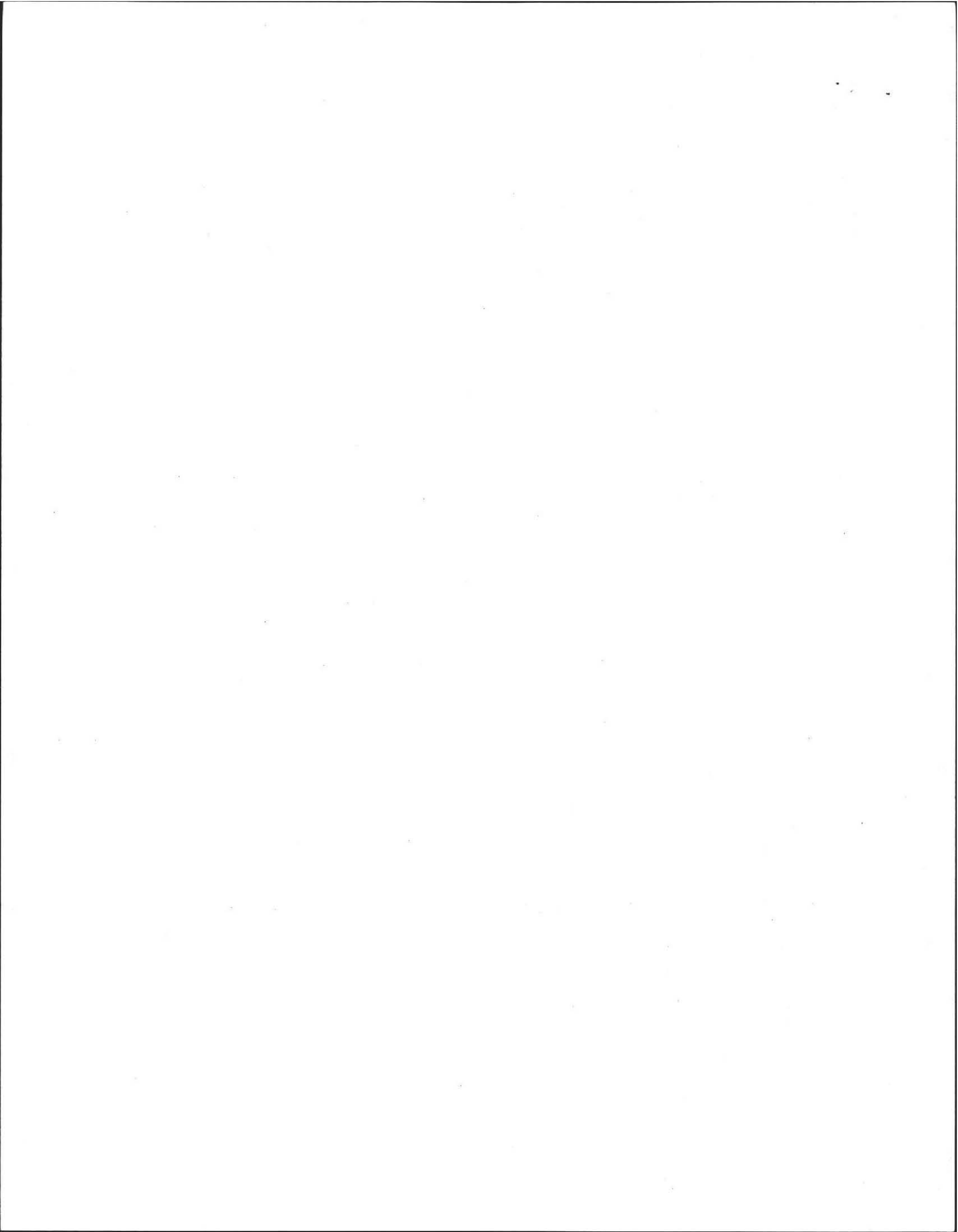
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PLAN SHOWING SEWAGE DISPOSAL

FOR: John Sutliff
220 Aubinwood Drive
Amherst, MA.

BY: F.A. Filios/wr.
69 Pelham Road
Amherst, MA.

AT: Lot 62
Amherst Woods
Amherst, MA.

SCALE: 1"=40'

October 29, 1985

NOTE: On town water, no wells in area.

Reinforced PVC pipe to be used under the driveway, (schedule 40 pipe)

