18

. . .

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

TIME: 14:01

DATE: 07/23/13 CLERK: smithe DEPT:

PAID BY: PAYMENT METH: CHECK 3889

REFERENCE:

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

SITE ADDRESS:

FEES:

HEA058 200.00

TOTAL PAID: 200.00

RECPT#: 14007312

PERMITS/INSP PAYMENT
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

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

DEPT:

PAID BY: PAYMENT METH: CHECK 3889

REFERENCE:

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

SITE ADDRESS:

FEES:

HEA017 150.00

TOTAL PAID:

150.00

RECPT#: 14007311

PERMITS/INSP PAYMENT
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

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

DEPT:

PAID BY: PAYMENT METH: CHECK 3889

REFERENCE:

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

SITE ADDRESS:

FEES: HEA011

300.00

TOTAL PAID: 300.00



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

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 Dispo	osal System
Construction of a new system Repair or replacement of an existing syster Repair or replacement of an existing syster		
Has been done in accordance with Title 5 and t	he Disposal System Co	onstruction Permit (DSCP):
DSCP Number	DSCP Date	
ANTHONY + AND TSURT	V .	
Facility Owner		9
35 TRICLIAM WAY		
Street Address or Lot #	MA	01002
ANHERST City/Town	State	Zip Code
Designer Information:		
ALAN WEISS	Name of Company	X: 413.323.4916
Turno .	realite of company 76	24. 117. 2-7.7716
Signature	Date	
	Date	
Installer Information:		EP DRIVE
		ER DRIVE Fax 413.584.1814
Installer Information: RUER DRIVE EXCAVATING		ER DRIVE Fax 413.584.1814
Installer Information: RUER DRIVE EXCAVATING Name Signature	Name of Company	
Installer Information: RUER DRIVE EXCAVATION Name	Name of Company	
Installer Information: RUER DRIVE EXCAVATING Name Signature	Name of Company	
Installer Information: RUER DRIVE EXCAVATIVE Name Signature Use of this system is conditioned on compliance	Name of Company of Date e with the provisions se	et forth below:
Installer Information: RUER DRIVE EXCAVATIVE Name Signature Use of this system is conditioned on compliance The issuance of this certificate shall not be considering and the conside	Date e with the provisions se	et forth below:
Installer Information: RUER DELUE EXCADATION Name Signature Use of this system is conditioned on compliance The issuance of this certificate shall not be considering the	Date e with the provisions se	et forth below:
Installer Information: RUER DRIVE EXCAVATIVE Name Signature Use of this system is conditioned on compliance The issuance of this certificate shall not be considering and the conside	Date e with the provisions se	et forth below:

t5form3.doc• 06/03

7/23/2013 - \$650 CK. 3889 BATCH 506

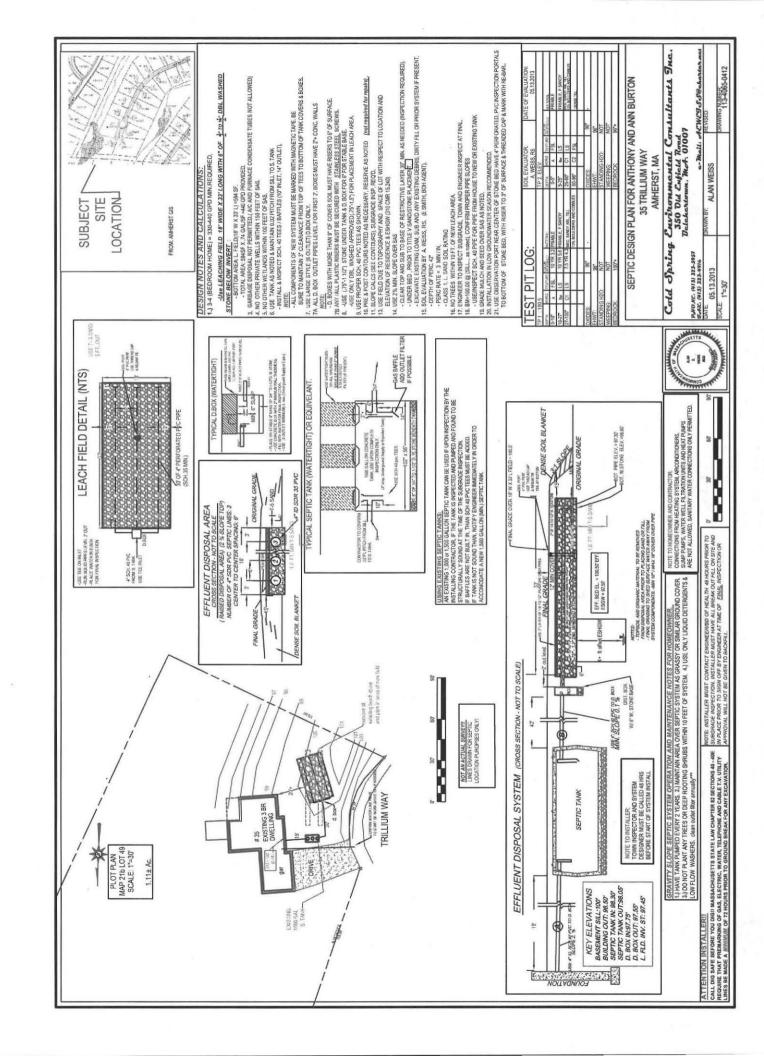
Certificate of Compliance • Page 1 of 1

y.

FAX	Date 0	7/23/2013
	Number of pag	es including cover sheet:
то		
River Drive	FROM	Edmund Smith
Excavating	1	Amherst Health Department
		Bangs Community Center
Phone		70 Boltwood Walk
Fax Phone		Amherst, MA 01002
1(413)5840	Phone	(413) 259-3153
1814	- Fax Phone	(413) 259-2404
	E-Mail	smithe@amherstma.gov
Please sign under Installer Information, ar Thanks!	nd fax it on to Alan We	iss (fax: 413.323.4916)
Edward Costb		
Edmund Smith		
Health Inspector		
Amherst Health Department		
		l _a
	e e	3 .0

Jones Group 35 Trillium way (413-262-0289 \$ 200 TS WITNESS 300 SOIL EVAL PLAN REVIEW \$650

10 DANA STREET
AMHERST MA



FORM 11 - SOIL EVALUATOR FORM Page 1 of 3

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

Date: 4/30/3

350 Old Enfield Rd.

Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

aeweiss@charter.net

Septic Designs
 Title 5 Inspections

Commonwealth of Massachusetts

Awhe37 , Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

^ '	1/2/2
Performed By: A. Welss.	Date: 4/30/13
Witnessed By: Smith	
(AKa LoT #62)	
Least Address or Map. 216 LOT 49	Owner's Name. Ann + Anthorny Burton Address, and Telephone 1 35 Trilliam Way.
35 Trillian Way	35 Trilliam Way.
New Construction L Repair	Ambost m.
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	le
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 Wes	
Wetland Area:	
National Wetland Inventory Map (map unit)	
Wetlands Conservancy Program Map (map unit)	
Current Water Resource Conditions (USGS): Month	,
Range : Above Normal Normal Belciv Norma	
Other References Reviewed:	



Location Address or Lot No. 35 Trillium Weg.
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 inches As Swed Ground water adjustment feet
Index Well Number Reading Date Index well level
Adjustment factor
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?
If not, what is the depth of naturally occurring pervious material?
Certification
I certify that on (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 __

.

Location Address or Lot No. 35 million

COMMONWEALTH OF MASSACHUSETTS

Anhard , Massachusetts

•	Percolation Test*		
Date: .4/	30/3 Time	»;,	
Observation Hole #	Pi		
Depth of Perc	42 "	/	
Start Pre-soak	11:16	Rapair	
End Pre-soak	. 11:33	1	
Time at 12"	1/31		1
Time at 9"	11:37		
Time at 6"	- 11,46		
· Time (9"-6")	9 ANW		-
Rate Min./Inch	3 Metro	(was 10)	
* Minimum of 1 per reserve area. Site Passed Site F	ercolation test must be per	rformed in both the primer	y area AND
Performed By: Alau	Wess RS		
Witnessed By: 2.5mi	h		
Comments:			



Location Address or Lot No. 35. Thillie Wr.	Location	Address or	Lot No.	35. Thillunder.	
---	----------	------------	---------	-----------------	--

On-site Review

					_	
Deep Hole Num Location (identi	ber 1+2 fy on site pla	_ Date:	salc3	Time:	1. Am Wea	ther 4/30/13
Land Use		Slope	(%)	_ Surface	Stones	
Vegetation 48						
Landform	MINTER	acod				
Position on land Distances from: Open W	lscape (sketc	on the back	Drainag	e way	feet	
	Water Well J	Gr.		y Line		
		DEEP OB	SERVAT	ION HO	LE LOG*	
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Cotor (Munseil)	Soil Mording	(Structure, Stones	Other Boulders, Consistency, % Gravell
Dalou	9 .	fsc	1048312		Friable:	

Depth from Surface (Inches) Soil Horizon Soil Texture (USDA) (Munsell) Mortling (Structure, Stones, Boulders, Consistency, & Gravell)

0-10" A, FSC. 1048312 Fright
10-29" Bw C5 104856 Xbt FSancly,
10-29" C, CS 7.5488 (96"4) Mod. Soft
100" C, GSSwed) 100" (Cbbs, 5

5-25 Bw Sancy Ablaha 711.

50-96- C2 Med Sancy Ablaha 711.

Parent Material (geologic) Ablation till DepthoBedrock: 100 14

Depth to Groundwater: Standing Water in the Hole: 100 Weeping from Pit Face: 100+

Estimated Seasonal High Ground Water: 9611



DEP APPROVED FORM - 12/07/95

#,

#2 offile

	- / / /	
OWNER Amhors	Woods DAT	E April 23, 1984
LOCATION Ambe	est Woods OBS	ERVER F.A. Filios
Lot#	62	
<u>Soil</u> ↑ 0-5"	_	
	Topso:	
5-25"	Subsoil	
25-60"	Loose sandy till	
8		
60"-8'	Firm sandy till, with some cobbles	
	and stones,	
\downarrow		
GROUND WATER None	GROU	JND WATER
_	1	
		*

	THE OF SERVICE	
	A DE LE	
	A BUIGS R.S.	
	WWO SERS.	
<u> </u>		
GROUND WATER	GROU	IND WATER

Percolation Rate at 36":
10min/inch

Property Location: 35 TRILLIUM WAY MAP ID: 21B/ / 49/ / Bldg Name: State Use: 1010 Account # Bldg #: 1 of 1 Sec #: 1 Card 1 Print Date: 12/18/2012 14:30 Vision ID: 5779 1 of of 1 CONSTRUCTION DETAIL CONSTRUCTION DETAIL (CONTINUED) Element Cd. Ch. Description Element Cd. Ch. Description 07 Style Modern/Contemp UBM[1304] Model 01 Residential FHS[352] Grade 15 Stories Foundation 2 Stories Occupancy MIXED USE Exterior Wall 1 Code Description Clapboard Percentage 1010 Single Family Exterior Wall 2 Roof Structure 03 Gable/Hip USP Roof Cover Asph/F Gls/Cmp Interior Wall 1 Drywall/Sheet COST/MARKET VALUATION Interior Wall 2 12 Adi Base Rate 98.25 FUS 186 15 Interior Flr 1 12 Hardwood Interior Flr 2 10 19 Heat Fuel 03 Gas Replace Cost 317.845 20 Heat Type Forced Air-Duc 22 AYB 1986 AC Type Central Total Bedrooms 4 Bedrooms GD Dep Code FUS Total Bthrms Remodel Rating BAS Year Remodeled Total Half Baths 32 Dep % Total Xtra Fixtrs Functional Obslnc 2020 Total Rooms 8 Rooms 16 External Obslnc Bath Style Average 278 Cost Trend Factor Kitchen Style Modern Condition UGR 24 % Complete Overall % Cond Apprais Val 286,100 Dep % Ovr Dep Ovr Comment Misc Imp Ovr Misc Imp Ovr Comment Cost to Cure Ovr Cost to Cure Ovr Comment OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B) Description Sub Sub Descript L/B Units Unit Price Yr Gde Dp Rt Cnd %Cnd Apr Value 4,000.00 2001 FPL3 Fireplace 2 St No Photo On Record BUILDING SUB-AREA SUMMARY SECTION Code Description Unit Cost Undeprec. Value Living Area Gross Area Eff. Area 136,374 BAS First Floor 1,388 1,388 39.30 FGR Garage, Finished 480 192 18,864 FHS Half Story, Finished 194 352 194 54.15 19,061 Upper Story, Finished FUS 1,236 1,236 1,112 88.39 109,256 UBM Basement, Unfinished 1,304 25,644 19.67 261 Garage, Unfinished UGR 29.68 2,849 Porch, Screen, Unfinished 3,341 168 19.88 USP WDK Deck, Wood 246 9.98 2,456 Ttl. Gross Liv/Lease Area: 2,818 5,270 3,235 317,845

Property Location: 35 TRILLIUM W Vision ID: 5779	Acco	unt#	MAP ID	21B//		Bldg#: 1 of 1	1	Sec #	lg Nan #:	ne: 1 of	1 Card	ı	1 of	1		Use: 10 Date: 1	010 2/18/2012 14:30
CURRENT OWNER	TOPO.	UTILITIES	S STRT.	ROAD)	LOCATION	0.11			- (CURRENT	ASS	SESSMEN	VΤ			
BURTON, J ANTHONY		2 Public Water							Descr		Code		ppraised Va	lue As	sessed Value		701
0 DANA ST		3 Public Sewer							DNTL LAND		1010 1010			,700 ,000	289,70 154,00		601
								KES	DAN 1		1010		154	,000	134,00	,,,	Amherst, MA
AMHERST, MA 01002 Additional Owners:	Orbon ID:		LEMENTAL I				10										
	Other ID: Calc Frontag BIDIN BIDOUT GIS ID: 21B-49	21B000049 84.2	Precinc Vote At Tenant Parent Created								Tota	a)	443	,700	443,70		ISION
RECORD OF OWNERSH		BK-VOL/PAGE	THE RESERVE THE PROPERTY OF THE PARTY OF THE		v/i	SALE PRICE	V.C.				CONTRACTOR OF THE		and the second second	The second second	S (HISTOR		
BURTON, JANTHONY	24	8618/333	02/15/20	06 U	I	1	14	Yr.	Code	Assesse				Assessed		Code	Assessed Value
BURTON, J ANTHONY & ANNE M SUTCLIFF, ANN B & JOHN H FLOWER, JEFFREY W	7.7	4504/ 220 2643/ 238 2619/ 67	06/27/19 11/08/19 09/13/19	85	I	300,000 35,500 0	00	2013 2013	1010 1010		289,700 154,000	2012 2012	2 1010 2 1010		289,700 201 154,000 201		289,700 154,000
									Total:		443,700		Total:		443,700	Total	443,700
EXEMPTIO	NS			0	THE	R ASSESSMEN	TS							vledges a			lector or Assessor
Year Type Description		Amount Co	ode Desc	ription		Number		nount	C	omm. Int.							
2008 NO NOT OWNER OCCUP		0															
		1				1							APPR	RAISED	VALUE SU	MMAR	Y
	Total;		1								Appraised !	Bldg	g. Value (C	Card)			286,10
		SSESSING NEIG	HBORHOOD					Bill.		10 E E E	Appraised !	XF ((B) Value	(Bldg)			3,60
NBHD/SUB NBHI) Name	Street Index N	Vame	Tr	acing			Bai	tch		Appraised	OB	(L) Value	(Bldg)			
AW/A											Appraised	Lan	d Value (B	Ildg)			154,00
		NOTE	S								Special Lan			C,			
LOT 62 INT ALT BASEMENT-WALLS FINISHED FOR POTTERY STUDIO-ADD A/C FY96 ADDES FUS OVER GARAGE		ė.									Total Appr Valuation I Exemption Adjustmen	Metl s		alue	-		443,70
FY00										1	Net Total A	App	raised Par	rcel Valu	ie		443,70
		BUILDING PER	MIT RECOR	D	7 m = 1			NSO.					1	VISIT/ C	HANGE HI	STOR	
Permit ID Issue Date Type	Description	Amou		-	% C	omp. Date Con	пр.	Comn	nents		Dat		Туре	IS	ID (Cd.	Purpose/Result
GAS08-0140 03/11/2008 PL ELE99-828 04/16/1999 EL ELE99-138 08/05/1998 EL BLD98-688 06/25/1998 RE BLD97-290 10/04/1996 RE ELE95-478 01/11/1995 95-0358 01/06/1995	Plumbing Electric Electric Remodel Remodel		0 0 0 35,000 2,000 40 4,500			0		LIGH WIR 2ND	NACE IT/COI E 2ND FLR A AIR DI		10/27/20 02/16/20 07/13/19 08/02/19 05/29/19	00 99 95			DB	40 No	e By Field Review Change On Abatemen ding Permit Review
				LAN	D LII	NE VALUATIO	NSI	ECTI	ON								
B Use Use			Unit	I.			ST.		100	T H			X.		S Adj Fact		
	e D Front Dep	oth Units 30,000 SF		Factor		Disc Factor 1.0000 1.00		Adj. 1.00		Notes	- Adj	-	Specia	al Pricing	1.00		nit Price Land Value 151,8
1 1010 Single Family RO3		18,569 SF	0.12	1.0000	0 0			1.00						1	1.00		2,20
	Fotal Card Land	Units: 1.11	AC Parcel 7	otal L	and A	res: I.11 AC								9	Tre	otal Lan	d Value: 154,0

BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

Important Information regarding four Fillwate Sewage Disposal System
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE
Owner JOHN. SCTLIFFE. Address TRICLIUM WAY
Installer Chuck WALKEE Address BELCHERTOWN MA
Date Installation Inspected and Approved 6/3/86
Description of System: Tank Capacity:
Leach Field (X) Bed () Seepage Pit () Square Feet: Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6
Garbage Grinder les () no (X) no. bedrooms: 8 no. reopte 5
As - BUILT PLAN:
N Die
1000 7 1 32 Jos 30+
Sopr.
Sor.
4

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of the system.
- DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
- Further information can be obtained by contacting your Health Department at 253-7077.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF	HEALTH
Town of Amb	erst FRIDER
Application for Disposal W	orks Construction Permit Files. R.s.
Application is hereby made for a Permit to Construct System at: 7:11:WM Word 35 Am herst Woods	(or Repair () an Individual Seware Disposal
35 Amberst Woods	Lot 62
John Sutliff	220 Aubinwood Drive
Owner Canadisaries	220 Aubinwood Drive
QUARRA - CHUCKWHUCO	
Type of Building	Size Lot 115 So feet
	Expansion Attic () Garbage Grinder (A)
Other - Type of Building	
Other fixtures	
Design Flow	r day. Total daily flow
Septic Tank - Liquid capacity (OCOgallons Length &	Width Diameter Depth
Disposal Total Seepage Pit No. Diameter Dopth be	Length Total leaching area sq. ft.
Seepage Pit No Diameter Depth be	low inlet Total leaching area sq. ft.
Other Distribution box () Dosing tank ()	2.4-1/27/984
Percolation Test Results Performed by F.A. F.	Date I Da
Test Pit No. 2 minutes per inch Depth of To	Date April 23, 1984 est Pit. Depth to ground water Day at 5
16t Fit No. 2	st I it Deput to ground water
Description of Soil Enclosed	
Nature of Repairs or Alterations - Answer when applicable	.
Agreement:	***************************************
	Individual Sewage Disposal System in accordance with
the provisions of TITLE 5 of the State Sanitary Code - T	
operation until a Certificate of Compliance has been issued by	
	I., O(1)
Signed Hann	Date
Application Approved By	11-12-12-
Activities Discount for the fellowing account	Date
Application Disapproved for the following reasons:	
0.0	Date
Permit No. 85-49	Issued 11-12 85
•	Date
	T WAS A CHILLETTS
THE COMMONWEALTH	
BOARD OF	HEALTH
Town of Ami	herst
Certificate of	
THIS IS TO CERTIFY, That the Individual Sewage	: Disposal System constructed () or Repaired ()
byInstalle	r
at	
has been installed in accordance with the provisions of TIT application for Disposal Works Construction Permit No	IE 5 of The State Sanitary Code as described in the
	OT BE CONSTRUED AS A GUARANTEE THAT THE
SYSTEM WILL FUNCTION SATISFACTORY.	T. D. TONOINVER AV A VONENNIER HIM! INE

THE COMMONWEALTH OF MASSACHUSETTS BOARD OF/HEALTH

Inspector.

No 85-49 TOWN OF MHERST	- Free 90
Permission is hereby granted JOHA SUTCIFE	ermit
Permission is hereby granted SONN SUTLIFE	
to Construct (X) or Repair () an Individual Sewage Disposal System at No. 127 462 TRUE is QUA	
at No. hat #62 TRucion WAY	1/ 60 60 =
as shown on the application for Disposal Works Construction Permit No.	9 pated 11-12-85
(16)	d.CA
1-12-6	ard of Health
DATE 11-12-03	

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

DATE

				₉ =	
		*			
				3	

Ce/25/2013
35 TKILLIAN

- D-BOK Cevel, pipes good angle.

- 20' off of foundation

- Observation port /

- Can hear plumbing lead coming into septic tank

4/19 MENRY - Scott Brditone/ 4 people, 5 bedroom, tout gode, d-box-how secum (needs pumping paid \$500

AMHERST PUBLIC HEALTH DEPARTMENT

April 2013 INVOICE

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: April 19, 2013

TO

Ann & Anthony Burton 35 Trillium Way Amhers, MA, 01002

RE: Invoice for

Title 5 Inspection

Services provided by

Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	U	NIT PRICE	LIN	IE 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	MA	01002	04.12.2013	
City/Town	State	Zip Code	Date of Inspection	

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. 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





Λ	Canaral	Informa	Hinn
м.	General	IIIIOIIIIa	LIOI

Inches at any			
. Inspector:			
Alan E Weiss, M.S, Hydrogeologist, RS #	933		
Name of Inspector			
Cold Spring Environmental Consultants II	nc.		
Company Name			
350 Old Enfield Road			
Company Address			
Belchertown	MA	01007	
City/Town	State	Zip Code	
413.323.5957	# 738		
Telephone Number	License Number		

B. Certification

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

Ins	pector's Signature	04.12.2013 Date		
	Needs Further Evaluation by	the Local Approving Authority	971	
Ш	Passes	□ Conditionally Passes	⊠ Fails	

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.



Commonwealth of Massachusetts

	Trillium Way								
	perty Address								
	n and Anthony Burton								
	ner's Name	140	01000	04.40.0040					
-	herst /Town	MA State	01002 Zip Code	04.12.2013 Date of Inspection					
_		State	Zip Code	Date of Hispection					
В.	Certification (cont.) Inspection Summary: Check A,B,C,E	or E / always (complete all of	Section D					
A)	System Passes:								
	☐ I have not found any information in 310 CMR 15.303 or in 310 CM indicated below.								
	Comments:								
	Property has original 1000 Gal S. tan were heavy with biosolids and 1/2 watest and new engineered system with	y up in to Leach	pipes indication	ng hydraulic failure. Needs perc					
B)	System Conditionally Passes:								
	One or more system components replaced or repaired. The system the Board of Health, will pass.			nal Pass" section need to be cement or repair, as approved by					
	Check the box for "yes", "no" or "not of determined," please explain.	determined" (Y,	N, ND) for the	following statements. If "not					
	The septic tank is metal and over 20 structurally unsound, exhibits substar will pass inspection if the existing tan Board of Health.	ntial infiltration o	r exfiltration or	tank failure is imminent. System					
	* A metal septic tank will pass inspec Compliance indicating that the tank is								
	□ Y □ N □ ND (Explain below):							
	-								



Commonwealth of Massachusetts

		ium Wa	/					
		Address d Antho	ny Burton					
Own	ner's	Name		144	040	200	04.40.0040	
	hers			MA State	010 Zip (Code	04.12.2013 Date of Inspection	
B.	Ce	ertific	ation (cont.)					
	B)	Syster	n Conditionally Passes (cont.):					
		Observation of sewage backup or breato broken or obstructed pipe(s) or due pass inspection if (with approval of Bo		o a brok	en, settl			
			broken pipe(s) are replaced		□ Y	\square N	☐ ND (Explain below	/):
			obstruction is removed		\square Y	\square N	☐ ND (Explain below	/):
			distribution box is leveled or rep	olaced	□ Y	□N	☐ ND (Explain below	/):
			1					4
							744	
			stem required pumping more tha will pass inspection if (with appr					e(s). The
			broken pipe(s) are replaced		□ Y	\square N	☐ ND (Explain below	/):
			obstruction is removed		ΔΑ	\square N	☐ ND (Explain below	/):
	c)	Conditi	r Evaluation is Required by the ons exist which require further extem is failing to protect public he	valuation	by the	Board o		rmine if
		15.303	tem will pass unless Board of (1)(b) that the system is not fu and the environment:					
			Cesspool or privy is within 50 fe	eet of a s	surface v	water		
			Cesspool or privy is within 50 fe	eet of a b	ordering	g vegeta	ted wetland or a salt ma	arsh

	a .		



Commonwealth of Massachusetts

_	Trillium W	-				
	perty Address					
	n and Anth ner's Name	ony Burt	on			
-					04000	04.40.0040
	herst Town			MA State	01002 Zip Code	04.12.2013 Date of Inspection
			ter te	State	Zip Code	Date of Inspection
Ь.	deter safet 100 fe suppl suppl The s more	rstem with mines the state of a s	ill fail unless the Bo hat the system is fun invironment: ystem has a septic ta surface water supply ystem has a septic ta	ank and soil about tributary to ank and SAS ank and SAS as SAS and the Swell**.	sorption syste a surface wate nd the SAS is nd the SAS is	Water Supplier, if any) protects the public health, m (SAS) and the SAS is within er supply. within a Zone 1 of a public water within 50 feet of a private water n 100 feet but 50 feet or
	coliform b	acteria i than 5 p ed to this	ndicates absent and pm, provided that no	the presence	of ammonia nit	P certified laboratory, for fecal rogen and nitrate nitrogen is equal gered. A copy of the analysis must
				5		
						• , ,
D)	System F	ailure C	riteria Applicable to	All Systems	:	
	You mus	<u>t</u> indicat	e "Yes" or "No" to	each of the fo	llowing for <u>al</u>	linspections:
	Yes	No				
			Backup of sewag clogged SAS or c		r system comp	ponent due to overloaded or
		\boxtimes	due to an overloa	ded or clogge	d SAS or cess	
	\boxtimes		Static liquid level or clogged SAS of		tion box above	outlet invert due to an overloaded
		\boxtimes	Liquid depth in ce	esspool is less	than 6" below	invert or available volume is less

. .



Commonwealth of Massachusetts

35 Trillium Way

Pro	perty Address	3						
	n and Anth ner's Name	ony Burt	on					
	herst			MA	01002	04.12.2013		
City	/Town			State	Zip Code	Date of Inspection		
В.	Certific	cation	(cont.)					
	Yes	No						
		\boxtimes	Required pumping obstructed pipe(s).			st year NOT due to clogged or		
		\boxtimes	Any portion of the	SAS, cesspo	ool or privy is b	elow high ground water elevation.		
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water supply or		
		\boxtimes	Any portion of a ce	sspool or pr	ivy is within a Z	one 1 of a public well.		
		\boxtimes	Any portion of a ce	sspool or pr	ivy is within 50	feet of a private water supply well.		
			from a private water system passes if laboratory, for fector of ammonia nitroprovided that no	Any portion of a cesspool or privy is less than 100 feet but greater than 50 from a private water supply well with no acceptable water quality analysis. system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the preserved ammonia nitrogen and nitrate nitrogen is equal to or less than 5 pp provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]				
		\boxtimes	The system is a ce 10,000gpd.	sspool servi	ng a facility wit	h a design flow of 2000gpd-		
			The system fails. criteria exist as des	scribed in 31 uld contact t	0 CMR 15.303 ne Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be		
E)			To be considered a la ,000 gpd to 15,000 gp		the system n	nust serve a facility with a		
For large systems, you must indicate either "yes" or "no" to ea questions in Section D.						the following, in addition to the		
	Yes	No						
			the system is within	n 400 feet of	a surface drin	king water supply		
			the system is within	n 200 feet of	a tributary to a	surface drinking water supply		
			the system is locat Area – IWPA) or a			rea (Interim Wellhead Protection water supply well		
						is considered a significant threat, he owner or operator of any large		



Commonwealth of Massachusetts

35 Trillium Way

Ann and Ant	thony Bur	ton				
Owner's Name Amherst			MA	01002	04.12.2013	
City/Town			State	Zip Code	Date of Inspection	n
C. Chec	klist					
Check if	the follow	ving have been done. Yo	ou must inc	licate "yes" or "	no" as to each of	the following:
Yes	No					
\boxtimes		Pumping information	was provid	ed by the owne	r, occupant, or Bo	ard of Health
	\boxtimes	Were any of the syste	em compon	ents pumped o	ut in the previous	two weeks?
\boxtimes		Has the system recei	ved normal	flows in the pro-	evious two week p	eriod?
	\boxtimes	Have large volumes of this inspection?	of water bee	en introduced to	the system recei	ntly or as part of
\boxtimes		Were as built plans o available note as N/A		n obtained and	examined? (If the	y were not
\boxtimes		Was the facility or dw	elling inspe	cted for signs	of sewage back up	?
\boxtimes		Was the site inspecte	ed for signs	of break out?		
\boxtimes		Were all system com	ponents, ex	cluding the SA	S, located on site	?
		Were the septic tank inspected for the con dimensions, depth of	dition of the	baffles or tees	, material of cons	
		Was the facility owne information on the pro The size and locatio been determined bas	oper mainte	nance of subst	urface sewage dis	posal systems?
\boxtimes		Existing information.	For exampl	e, a plan at the	Board of Health.	
		Determined in the fiel approximation of dista				C is at issue
D. Syste	m Info	rmation				
Residen	ntial Flow	Conditions:				
Number	of bedroo	oms (design):		Number of bed	rooms (actual):	3
DESIGN	I flow bas	ed on 310 CMR 15.203	(for exampl	e: 110 gpd x #	of bedrooms):	330



Commonwealth of Massachusetts

35 Trillium Way							
Property Address Ann and Anthony Burton							
Owner's Name							
Amherst	MA	01002	04.12.201	3			
City/Town	State	Zip Code	Date of Inspe	ection			
D. System Information Description: 1000 gallon S. tank and leachfield (2 pipe)							
Number of current residents:					2		
Does residence have a garbage grinder?			Yes	\boxtimes	No		
Is laundry on a separate sewage system? [if yes separate inspection required]						\boxtimes	No
Laundry system inspected?							No
Seasonal use?						\boxtimes	No
Water meter readings, if available (last 2 years)	ears usage	(gpd)):		n/a			2
Detail:							
Laundry was connected to main system.				1			
Sump pump?					Yes	\boxtimes	No
Last date of occupancy:				Date	е		
Commercial/Industrial Flow Conditions:							
Type of Establishment:							
Design flow (based on 310 CMR 15.203):		Gallons p	er 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

35 Trillium Way Property Address					
Ann and Anthony	Burton				
Owner's Name		io nerte		PO & INCOMPANIES	
Amherst City/Town		MA	01002 Zip Code	04.12.2013 Date of Inspection	
	nformation (cont.)	Oldio	Zip 0000	Date of Inspection	
o,o.o	(oona)		curren	. 84,1	
Last date of o	ccupancy/use:		Date		
Other (describ	pe below):				
,,,,	8				
	Gen	eral Infor	mation		
Pumping Red	cords:				
Source of info	rmation:	<u>4+ yr</u>	S		
Was system p	umped as part of the inspec	tion?		☐ Yes ⊠ No	
If yes, volume pumped:		gallon	S		
How was quar	ntity pumped determined?	-			_
Reason for pu	mping:	Insp.			
Type of Syste	em:				
\boxtimes	Septic tank, distribution bo	ox, soil abs	orption system		
	Single cesspool				
	Overflow cesspool				
	Privy				
	Shared system (yes or no) (if yes, at	tach previous i	nspection records, if any)	
	Innovative/Alternative tech maintenance contract (to I inspection of the I/A syste	be obtaine	d from system	owner) and a copy of latest	
	Tight tank. Attach a copy of	of the DEP	approval.		
	Other (describe):				



Commonwealth of Massachusetts

5 Trillium Way					A STATE OF THE STA	
nn and Anthony Bu	ırton					
wner's Name						
mherst		MA	01002	04.12.20		
ity/Town		State	Zip Code	Date of In	spection	_
_	ormation (cont.)		known) and so	ource of info	rmation:	
Were sewage or	dors detected when ar	rriving at the sit	e?	[☐ Yes ⊠ No	
Building Sewer	(locate on site plan):					
Depth below gra	de:		1.5		- 7.0	
Depth below gra	do.		fee	et		
Material of const	ruction:					
□ cast iron		other (e	explain): —			
Distance from pr	ivate water supply we	ell or suction line	e: fee			
Comments (on c	condition of joints, ven	ting, evidence	of leakage, etc.	.):		
Septic Tank (loc	cate on site plan):					
Depth below gra	de:		.8 fee	et		
Material of const	ruction:					
□ concrete	☐ metal	fibergla	ss pol	yethylene	other (expla	ain)
1000 gallon liquion otherwise good of	d level staining backe condition.	d up into inlet to	ee, minimal co	rrosion at to	p of outlet baffle	
If tank is metal, li	ist age:		yea	ars		_
Is age confirmed	by a Certificate of Co	ompliance? (atta	ach a copy of o	certificate)	☐ Yes ☐ N	No
Dimensions:			8	3' x 4' x 4.2'		
Sludge depth:			1	8"		



Commonwealth of Massachusetts

35 Trillium Way								
Property Address	on							
Ann and Anthony Burt Owner's Name	OH							
Amherst		MA	01002	04.12.20	13			
City/Town	1000	State	Zip Code	Date of Ins	pection			
D. System Info	rmation (conf	t.)						
Septic Tank (conf	i.)							
Distance from top	of sludge to botton	m of outlet tee or l	paffle	26"				
	3			6"				
Scum thickness		0						
Distance from top	of scum to top of	outlet tee or baffle		6"				
Diotanoo nom top	or court to top or t	outlot too of bullio		12"				
Distance from bott	tom of scum to bot	ttom of outlet tee of	or baffle	12				
How were dimensi	ions determined?			Pumper				
liquid levels as rela					n, structural integrity,			
Good level with go			kage, etc.).					
	,	,						
3.0								
nii.								
Grease Trap (local	ate on site plan):							
Depth below grade	9:			feet				
Material of constru	iction:							
	3-000	_						
☐ concrete	metal metal	☐ fiberglas	ss 🗌	polyethylene	other (explain):			
Dimensions:								
Scum thickness								
Scum inickness								
Distance from top	of scum to top of	outlet tee or baffle		-				
			1 55					
Distance from bott	om of scum to bot	tom of outlet tee o	or battle					
Date of last pumpi	ng:			Data				



Commonwealth of Massachusetts

Trillium Way						
perty Address						
n and Anthony Bur ner's Name	ton					
nherst		MA	01002	04.12.2	013	
//Town		State	Zip Code		nspection	
	rmation (continuous recommendated to outlet inver	dations, inlet and		affle condition	on, structu	ral integri
Tight or Holding	Tank (tank must b	ne pumped at tim	e of inspection	i) (locate on	site plan):	
Depth below grad	e:		-			
Material of constru	uction:					
concrete	☐ metal	fibergla	ss 🗆 p	olyethylene	oth	er (expla
Dimensions:						
Capacity:			gallons			
Design Flow:			gallons per day			
Alarm present:			☐ Yes ☐] No		
Alarm level:			Alarm in workin	g order:	☐ Yes	☐ No
Date of last pump	ing:		Date			7.5
Comments (condi-	tion of alarm and fl	oat switches, etc	s.):			
						Ja Vin
W						11
		30 A 60 U 100	Is copy attach		☐ Yes	□ No



Commonwealth of Massachusetts

Trillium Way perty Address				-
and Anthony Burton				
ner's Name		04000	04.40.004	
herst Town	MA State	01002 Zip Code	04.12.2013 Date of Inspe	
System Information (cont.)		p	Date of mepe	
System information (cont.)				
Distribution Box (if present must be o	pened) (locate	e on site plan):		
		liquid level ne	arly 1/2 way u	n pipina
Depth of liquid level above outlet inver	t		,, .	FFF
Comments (note if box is level and dis evidence of leakage into or out of box, hydraulic failure noted.		lets equal, any	evidence of so	olids carryover, ar
Pump Chamber (locate on site plan):				
Pumps in working order:			☐ Yes	П №
			_	_
Alarms in working order:			☐ Yes	☐ No
Comments (note condition of pump ch	amber, conditi	on of pumps ar	nd appurtenand	ces, etc.):
Soil Absorption System (SAS) (locat	e on site plan,	excavation not	required):	
If SAS not located, explain why:				



Commonwealth of Massachusetts

Property Address					
Ann and Anth					
Owner's Name	ony barton				
Amherst		MA	01002	04.12.201	
City/Town		State	Zip Code	Date of Inspe	ection
D. Systen	n Information (cont.)				
Type:					
	leaching pits		number:		
	leaching chambers		number:		
	leaching galleries		number:		
	leaching trenches		number,	length:	
\boxtimes	leaching fields	*	number,	dimensions:	2 lines in failure
	overflow cesspool		number:		-
	innovative/alternative syst	em			
	Type/name of technology:	-			
	d in failure, heavy biosolids, liqu	ia ana siaas	35 112 III.O Odile	л рірез.	
-					
Cesspool	ls (cesspool must be pumped a	s part of ins	pection) (locate	e on site plan):	1000
Number a	nd configuration				
Depth – to	pp of liquid to inlet invert			-	
Depth of s	solids layer			-	
Depth of s	scum layer			-	7
Dimension	ns of cesspool			-	
Materials	of construction			-	
Indication	of groundwater inflow			☐ Yes	☐ No



Commonwealth of Massachusetts

35 Trillium Way			
Property Address			1
Ann and Anthony Burton			
Owner's Name			
Amherst	MA	01002	04.12.2013
ity/Town	State	Zip Code	Date of Inspection
D. System Information (cont	t.)		
Comments (note condition of soil, signetc.):	gns of hydraulic	failure, level of	ponding, condition of vegetation,
2			
Privy (locate on site plan):			
Materials of construction:	***		
Dimensions			
Depth of solids	_		
Comments (note condition of soil, sigetc.):	gns of hydraulic f	ailure, level of	ponding, condition of vegetation,



Commonwealth of Massachusetts

35 Trillium Way Property Address					
Ann and Anthor	ny Burton				
Owner's Name					
Amherst City/Town		M/ Sta			2013 nspection
	Informatio		ite Zip Coc	Date of i	пареспол
Sketch Of S at least two	Sewage Disposal permanent refer	System: Provide a	benchmarks. L	ocate all wells w	ystem, including ties to vithin 100 feet. Locate
	etch in the area attached separ				



Commonwealth of Massachusetts

35 Trillium Way

Property Addr	ress			
	nthony Burton			
Owner's Nam	e		04000	04.40.0040
Amherst City/Town		MA State	01002 Zip Code	04.12.2013 Date of Inspection
150	em Information (cont.)	Oldio	2.0000	Date of mopeonori
Site Ex				
⊠ Ch	eck Slope			
☐ Sui	rface water			
⊠ Ch	eck cellar			
☐ Sha	allow wells			
Estima	ted depth to high ground water:		To be noted	determined at soil eval (old record 8' .
Please	indicate all methods used to determine	ne the hi	gh ground wate	er elevation:
\boxtimes	Obtained from system design pla	ans on re	ecord	
	If checked, date of design plan r	eviewed	: 1986 Date	
	Observed site (abutting property	/observa	ation hole within	n 150 feet of SAS)
\boxtimes	Checked with local Board of Hea	alth - exp	olain:	
	Work at site & nieghborhood.			1
	Checked with local excavators, i	nstallers	- (attach docu	mentation)
	Accessed USGS database - exp	lain:		
You mu	ust describe how you established the	high gro	ound water elev	vation:
topo an	nd on site excavation.			
7				



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			1/4
Amherst	MA	01002	04.12.2013
City/Town	State	Zip Code	Date of Inspection

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- System Information Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst	File
Application for Disposal Morks Construction Application is hereby made for a Permit to Construct (Yor Repair () and I System at: 7011111111111111111111111111111111111	
Application is hereby made for a Permit to Construct (of r Repair () and System at:	Individual Sewage Dispo
35 Amherst Woods Lot 6	2 deleter *
John Sutliff 220 Aubinwood	L Drive
Installer Add	ress Acn
Dwelling — No. of Bedrooms	Garbage Grinder (vers () — Cafeteria (
Other fixtures Design Flow	
Septic Tank — Liquid capacity OCC gallons Length 25 Width 5 Diame Disposal Total Length Total Length Total le Seepage Pit No	eter Depth 5 /
Seepage Pit No	eaching areasq
Other Distribution box () Dosing tank () Percolation Test Results Performed by FAFILIOS Test Pit No. 1	ground water Dry at
Test Pit No. 2minutes per inch Depth of Test PitDepth to	15
Description of Soil Enclased	
N. (7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Nature of Repairs or Alterations — Answer when applicable	
the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agree operation until a Certificate of Compliance has been issued by the board of health. Signed.	
Application Approved By.	
Application Disapproved for the following reasons:	
application Disapproved for the following reasons.	
Permit No. 85-49 Issued //	Date Date
THE COMMONWEALTH OF MASSACHUSETTS	
BOARD OF HEALTH	
Tonn of Amherst	**********
Certificate of Compliance	
THIS IS TO CERTIFY, That the Individual Sewage Disposal System construction	ted () or Repaired (
Installer	
has been installed in accordance with the provisions of TITIE 5 of The State Sanital application for Disposal Works Construction Permit No	
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A SYSTEM WILL FUNCTION SATISFACTORY.	A GUARANTEE THAT T
DATEInspector	
	The same of the same
THE COMMONWEALTH OF MASSACHUSETTS	
BOARD OF HEALTH	8
No. 19	FEE/
Disposal Works Construction Permi	t ,
Permission is hereby granted	***************************************
to Construct (X) or Repair () an Individual Sewage Disposal System at No.	
as shown on the application for Disposal Works Construction Permit No	ated " = 3 =
DATE Board of I	LULIPER,

FORM 1255 HOBES & WARREN, INC., PUBLISHERS

PROFILE OF SEPTIC SYSTEM.

DATE: October 29, 1785 SCALE: HORIZONTAI 1"=10 Vertical 1"=3'	X SECTION 84 10 84	343, 65" elev. Ground Level	18'x35' Leach Bed 0 0 0 0	SAR 68	TIS SOLUTION OF THE PARTY OF TH
BY: FREDERICK A. F1L10Sw.r. 69 PELHAM ROAD AMHERST, MA 01002	DiBox 18' x35' Leach Bed 18' x35	nay.	Bottom of Dy By		CALCULATIONS: 3 Bdm X 110 = 330 gal, reg. Perc Rate 1, 10min linch, bottom rate 7.55 Leach Bed! 18, \$ 35' = 630 S.F. 630 S.F. X, 555 = 346.5 gal.
Lot as Amberst Woods Amberst. Amberst, MA.	Suzo sung Gound Level Suzo sung Gall Septic Tank NOTE: Reinforced	F 2 3			All materials and construction are to be in accordance with the Comm. of Mass. D.E.Q.E. State Environmental Code Title 5.

OWNER Amherst Woods	DATE April 23, 1984
LOCATION Amberst Woods	OBSERVER F.A. Filios
Lot # 62	
	Э.
_ Soil ↑ O-5" Topsoil	↑
5-25" Subsoil	
25-60" Loose sandy till	
60"-8' Firm sandy till with some cold and stones,	56/25
	<u></u>
GROUND WATER None	GROUND WATER
	1
The Market of Ma	
TEA TOO R.S. R.S. A.	Thuman Thuman
The the the tenth of the tenth	<u></u>
GROUND WATER	GROUND WATER

Percolation Rate at 36":
10 min/inch

BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

		Tank Capa	city: . 10			
h Field						
	(X) Bed	() See	epage Pit ()	. Square F	eet:	•
	,				-	e_6_
		•	1	,		-
- BUILT	PLAN:					
	-					
:	1/1			•	F	
	, mg 1	21	DIE.			
		\ al	- 25+			
			755		1	
/	[*				· / /
¢, '''						
J' .						
			11			
			~			
		age Grinder Yes - BUILT PLAN:	- BUILT PLAN:		- BUILT PLAN:	

- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of . the system.
- DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
- Further information can be obtained by contacting your Health Department at 253-7077.

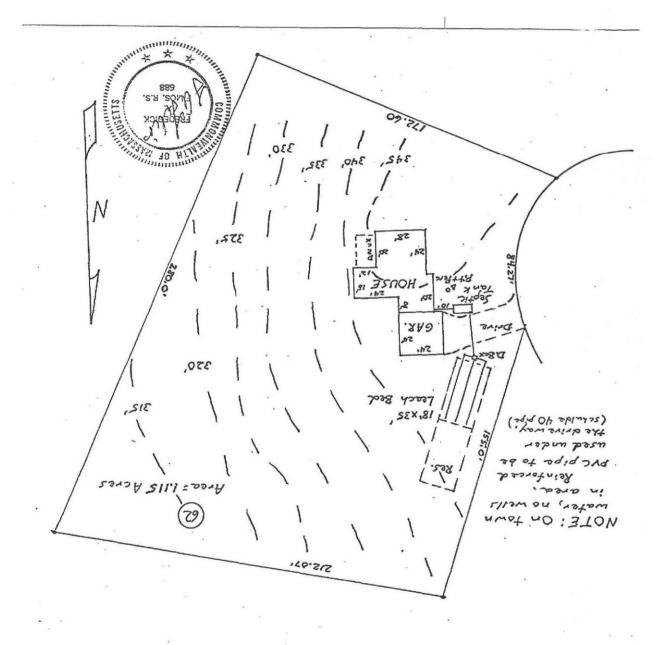
PLAN SHOWING SEWAGE DISPOSAL

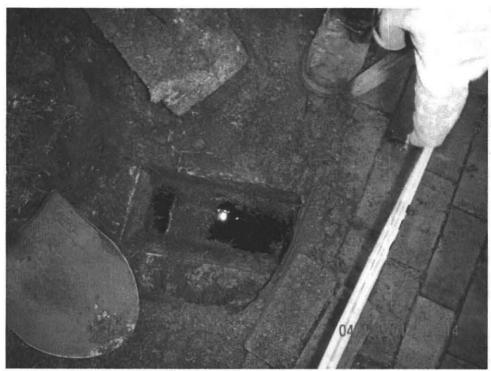
10H="1:37428" 69 Pelham Road BY: F.A. Filios/wT.

Amherst, MA. 220 Aubinwood Drive FOR: John Sutliff

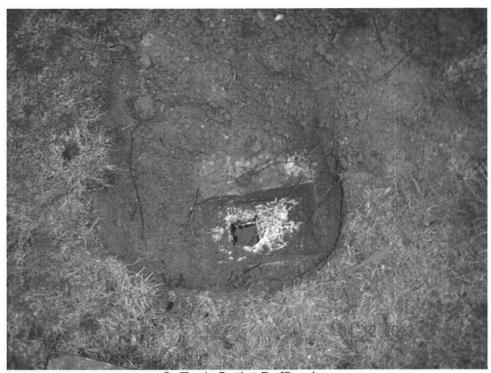
Amberst, MA. Amherst Woods 79+07:14

2891 ,PS 7360+30





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

35 TRICCIUM REPAR SONEVANON W/ MAN WEISS 4/20/13 1 deep hole - existing data on jill (result 4. Wass E. Sm. M consistent 0-100 A FSL 104R 3/2 3 LS 10 ye 5/4 med sander C LS 96" (1500) 7.5 xe 4/3 ablabon till 10-27" 27" - 100" perc. @ 42" 11:18 11:31 11:31 11:37 9/min = 3 11:46 dans

of preserved 121/12 for the more of 12th Warris !	
The state of the s	4 285
The same of the sa	SALK S
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
74 × 84 × 52 × 8 × 52 × 64	14
LA marker 1/2 25 Coming 18/19 30 10 10 10 10 10 10 10 10 10 10 10 10 10	
sac a 42 miles	
78-77	
	TOO STATE OF THE PARTY OF THE P



Commonwealth of Massachusetts

35 Trillium Way

	perty Address						
	n and Antho	ony Burton					
	ner's Name iherst			MA	01002	04 12 2012	
3 1 10 2	/Town			MA State	Zip Code	04.12.2013 Date of Inspection	-
В.	deter	stem will mines tha	fail unless the Bo t the system is fu			Vater Supplier, if any) protects the public healt	th,
	100 fe	et of a sur The syston The syston well. ystem has from a priv	tem has a septic ta face water supply of tem has a septic ta tem has a septic ta	or tributary to a nk and SAS a nk and SAS a SAS and the Sell*.	a surface wate nd the SAS is nd the SAS is	m (SAS) and the SAS is wir supply. within a Zone 1 of a public within 50 feet of a private virtual of the same of	water
	coliform ba	acteria ind than 5 ppn	icates absent and t n, provided that no	he presence of	of ammonia nit	P certified laboratory, for for rogen and nitrate nitrogen ered. A copy of the analys	is equal
D)	System F	ailure Crit	eria Applicable to	All Systems	:		
	You must	indicate '	"Yes" or "No" to e	each of the fo	llowing for <u>al</u>	inspections:	
	Yes	No					
			clogged SAS or c	esspool	00)	oonent due to overloaded o	
		\boxtimes	due to an overloa	ded or clogge	d SAS or cess	e of the ground or surface of pool outlet invert due to an ove	
	\boxtimes		or clogged SAS o	r cesspool			
		\boxtimes	than ½ day flow	sspool is less	ulan o below	invert or available volume	is iess



Commonwealth of Massachusetts

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

	Trillium Wa					
	n and Anth		n			
Owi	ner's Name					
	herst /Town			State	01002 Zip Code	04.12.2013 Date of Inspection
	ac constant	action	(nent)	State	Zip Code	Date of Inspection
О.	Certific	Sation	(cont.)			
	Yes	No				
		\boxtimes	Required pumping obstructed pipe(s).			st year <i>NOT</i> due to clogged or
		\boxtimes	Any portion of the S	SAS, cesspo	ool or privy is be	elow high ground water elevation.
		\boxtimes	Any portion of cess tributary to a surface			feet of a surface water supply or
		\boxtimes	Any portion of a ces	sspool or pr	ivy is within a Z	one 1 of a public well.
		\boxtimes	Any portion of a ces	sspool or pr	ivy is within 50	feet of a private water supply wel
			from a private wate system passes if t	r supply we the well wa	ll with no accep ter analysis, p	100 feet but greater than 50 feet btable water quality analysis. [Thierformed at a DEP certified
			of ammonia nitrog	gen and nit	rate nitrogen i e criteria are tr	ates absent and the presence s equal to or less than 5 ppm, riggered. A copy of the analysis this form.]
		$\dot{\boxtimes}$	The system is a ces 10,000gpd.	sspool servi	ng a facility wit	h a design flow of 2000gpd-
			criteria exist as des	cribed in 31 Ild contact t	0 CMR 15.303 ne Board of He	or more of the above failure , therefore the system fails. The alth to determine what will be
E)			o be considered a la 000 gpd to 15,000 gp		the system n	nust serve a facility with a
	For large s			er "yes" or "	no" to each of	the following, in addition to the
	Yes	No				
			the system is within	400 feet of	a surface drink	king water supply
			the system is within	200 feet of	a tributary to a	surface drinking water supply
			the system is locate Area – IWPA) or a			rea (Interim Wellhead Protection water supply well
	If you have					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

	Trillium V									
	erty Addres	_{ss} hony Bur	ton		3					
	ner's Name	nony but					al a			
Am	herst			MA	01002	04.12.2013				
City	/Town			State	Zip Code	Date of Inspection				
C.	Check	klist								
	Check if	the follow	ving have been done. Y	ou must inc	dicate "yes" or '	'no" as to each of t	he following:			
	Yes	No								
	\boxtimes		Pumping information	n was provid	ed by the owne	er, occupant, or Bo	ard of Health			
		\boxtimes	Were any of the sys	tem compon	ents pumped o	out in the previous	two weeks?			
	\boxtimes		Has the system rece	eived normal	flows in the pr	evious two week p	eriod?			
		\boxtimes	Have large volumes this inspection?	of water bee	en introduced to	o the system recer	ntly or as part of			
	\boxtimes		Were as built plans of available note as N/	Were as built plans of the system obtained and examined? (If they were not						
	\boxtimes		Was the facility or de	welling inspe	ected for signs	of sewage back up	?			
	\boxtimes		Was the site inspected for signs of break out?							
	\boxtimes		Were all system con	Were all system components, excluding the SAS, located on site?						
	\boxtimes		Were the septic tank inspected for the co- dimensions, depth of	ndition of the	baffles or tees	s, material of const				
		Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:								
	\boxtimes	. \square	Existing information.	. For exampl	e, a plan at the	Board of Health.				
	\boxtimes		Determined in the fie approximation of dis				C is at issue			
_							4			
D.	Syste	m Info	rmation							
	Residen	tial Flow	Conditions:							
	Number	of bedroo	oms (design):		Number of bed	drooms (actual):	3			
	DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms):									



Commonwealth of Massachusetts

35 I fillium vvay							
Property Address							
Ann and Anthony Burton							
Owner's Name		MA	01002	04 12 201	2		
Amherst MA 0100 City/Town State Zip Co				04.12.201 Date of Inspe			
D. System Informat	ion	Otate	Zip Code	Date of map	ection		
Description:							
1000 gallon S. tank and I	eachfield (2 pipe)						
							-
Number of current reside	nts:				2		
Does residence have a g	arbage grinder?				∐ Ye	s 🛚	No
Is laundry on a separate	sewage system?	[if yes sep	arate inspection	on required]	☐ Ye	s 🛛	No
Laundry system inspecte	d?				☐ Ye	s 🗌	No
Seasonal use?					ПУ	s 🏻	No
Seasonal use?						s 🖂	INO
Water meter readings, if	available (last 2 ye	ears usage	e (gpd)):		n/a		
Detail:	to main system						
Laundry was connected	o main system.						
Sump pump?					П Уе	s 🏻	No
W							
Last date of occupancy:					Date		
Commercial/Industrial I	low Conditions:	:					
Type of Establishment:			-			-	
Design flow (based on 31	IO CMR 15 203):						
			Gallons	per day (gpd)			
Basis of design flow (sea	ts/persons/sq.ft., e	etc.):	-				
Grease trap present?					☐ Ye	s 🗌	No
Industrial waste holding t	ank present?				☐ Ye	s 🗌	No
Non-sanitary waste disch	AC.	5 evetom?	i .		□ Ye	. П	No
		o system?			⊔ те	° Ц	140
Water meter readings, if	available:						



Commonwealth of Massachusetts

35 Trillium Way				1/4 1
Property Address Ann and Anthony E	Burton			
Owner's Name	TOTAL CONTRACTOR OF THE PARTY O			
Amherst City/Town		MA	01002 Zip Code	04.12.2013
	formation (cont.)	State	Zip Code	Date of Inspection
D. System in	iorination (cont.)			
Last date of oc	cupancy/use:		Date	
Other (describe	Other (describe below):			
	7.			
	Gene	eral Infor	mation	
Pumping Reco	ords:			
Source of infor	mation:	4+ yr	"S	
Was system pu	imped as part of the inspecti	on?	*	☐ Yes ☒ No
If yes, volume p	oumped:	gallon	s	
How was quant	tity pumped determined?	-		
Reason for pun	nping:	Insp.	:9:	
Type of System	m:			
	Septic tank, distribution box	k, soil abs	sorption system	
	Single cesspool			
	Overflow cesspool			
	Privy			
	Shared system (yes or no)	(if yes, at	tach previous insp	pection records, if any)
	Innovative/Alternative techn maintenance contract (to be inspection of the I/A system	e obtaine	d from system ow	ner) and a copy of latest
	Tight tank. Attach a copy of	the DEP	approval.	
	Other (describe):			
	3			



Commonwealth of Massachusetts

35	Trillium Way					17			
Pro	perty Address	Z81							
	n and Anthony Bui ner's Name	rton							
Amherst		MA	01002	04.12.20	13				
	City/Town		State	Zip Code	Date of Ins	nspection			
D.	System Info	ormation (cont.)							
	Y	. 11							
	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):							
	D II. I. I.	I.e.		1	.5				
	Depth below grad	ie:		the same of the sa	eet				
	Material of constr	ruction:							
	ast iron	☑ 40 PVC	other (explain):		Tylene ☐ other (explainsion at top of outlet baffle	V.		
Distance from private water s	vate water supply we	II or suction lin	eet						
	Comments (on condition of joints, venting, evidence of leakage, etc.):								
	Septic Tank (loca	ate on site plan):							
	Donath halassa	1		.:	8				
	Depth below grad	ie:		fe	eet				
*	Material of constr	ruction:							
	□ concrete	☐ metal	fibergla	ss 🗆 po	olyethylene	other	(explain)		
			d up into inlet t	ee, minimal c	orrosion at top	of outlet b	affle		
	otherwise good c	ondition.							
	If tank is metal, lis	st age:		у	ears				
	Is age confirmed	by a Certificate of Co	mpliance? (att	ach a copy of	certificate)	☐ Yes	☐ No		
		8' x 4' x 4.2'							
	Dimensions:								
	Sludge depth:				18"				
	15E311 (1.5)								

*



Commonwealth of Massachusetts

35 Trillium Way	9				146			
Property Address								
Ann and Anthony Bu Dwner's Name	irton							
Amherst		MA	01002	04.12.20	13			
City/Town		State	Zip Code	Date of Ins				
D. System Info	ormation (cont	.)						
•	,	- /						
Septic Tank (co	nt.)							
Distance from to	-6-1-1111		I 661 -	26"				
Distance from to	p of sludge to botton							
Scum thickness		6"						
				6"				
Distance from to	p of scum to top of c	0						
Distance from ho	ottom of scum to bot	tom of outlet tee	or haffle	12"	×			
Distance from be	Attorn or scarn to bot	torn or outlet tee	or barrie					
How were dimen	ow were dimensions determined?			Pumper	-1			
liquid levels as re Good level with	n, structural integrity,							
-				-				
-								
					· · · · · · · · · · · · · · · · · · ·			
			Е					
Grease Trap (lo	cate on site plan):							
Donth halass as	d = .							
Depth below gra	de:			feet	4			
Material of const	ruction:							
_	_							
☐ concrete	metal metal	☐ fiberglas	ss	polyethylene	other (explain):			
Dimensions:		· ·						
Scum thickness								
Scum unckness								
Distance from to	p of scum to top of c	outlet tee or baffle)	-				
	istance from bottom of scum to bottom of outlet tee or baffle							
Distance from bo	ottom of scum to bot	tom of outlet tee	or baffle					
Date of last pum	pina:			-				
Date of last pull	Ping.			Date				



Commonwealth of Massachusetts

perty Address									
n and Anthony Bur	rton								
vner's Name		MA	01002	04.11	2 2012				
nherst y/Town		State	Zip Code		2.2013 f Inspection				
	rmation (cont								
System Information (cont.) Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrit liquid levels as related to outlet invert, evidence of leakage, etc.):									
						A-1			
Tight or Holding	Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):								
Depth below grad	de:								
Material of construction:									
concrete	metal metal	fibergl	ass [polyethyler	ne 🗌 oth	er (explai			
Dimensions:									
Capacity:			gallons	10.					
Design Flow:			gallons per d	ay					
Alarm present:			☐ Yes	☐ No					
Alarm level:	-		Alarm in wo	rking order:	☐ Yes	☐ No			
Date of last pump	oing:		Date						
Comments (condi	ition of alarm and flo	at switches, et	c.):						
·									
9									
			20						



Commonwealth of Massachusetts

35 Trillium Way Property Address	v			
Ann and Anthony Burton				
Owner's Name				
Amherst	MA	01002	04.12.2013	3
City/Town	State	Zip Code	Date of Inspe	ection
D. System Information (cont.) Distribution Box (if present must be open	ened) (locati	e on site plan):		
Depth of liquid level above outlet invert	, ,	F) 51	early 1/2 way u	p piping
Comments (note if box is level and distrit evidence of leakage into or out of box, et hydraulic failure noted.		lets equal, any	evidence of so	olids carryover, any
	(V)			
	1			
V	_		No.	
Pump Chamber (locate on site plan):				
Pumps in working order:			☐ Yes	☐ No
Alarms in working order:			☐ Yes	☐ No
Comments (note condition of pump chan	nber, conditi	on of pumps ar	nd appurtenand	ces, etc.):
				4
8				
		.(8)		
Soil Absorption System (SAS) (locate of	on site plan,	excavation no	t required):	
If SAS not located, explain why:				



Commonwealth of Massachusetts

Property Address						
Ann and Anth						
Owner's Name		50000	un sera meser			
Amherst City/Town						
	n Information (cont.)	State	Zip Code	Date of Inspi	ection	
J. Syster	ii iiioiiiiatioii (cont.)					
Type:	365					
	leaching pits		number:		A 14	
ш	leaching pits		number.			
	leaching chambers		number:			
	leaching galleries		number:			
				la a atla i		
Ц	leaching trenches		number,	iengtn:		
\boxtimes	leaching fields		number,	dimensions:	2 lines in failure	
	overflow cesspool		number:			
_			number.			
	innovative/alternative sys	stem				
	Type/name of technology	y:				
vegetation leach field	n, etc.). d in failure, heavy biosolids, liq	uid and sludç	ge 1/2 into outle	et pipes.		
					79.	
				<i>y</i> -		
y					0.8-	
	Is (cesspool must be pumped and configuration	as part of ins	pection) (locat	e on site plan)		
Number	and configuration					
Depth – to	op of liquid to inlet invert			*	1	
Depth of	solids layer			-		
	scum layer			-		
	ns of cesspool			-		
	of construction					
Indication	of groundwater inflow			☐ Yes	☐ No	



Commonwealth of Massachusetts

35 Trillium Way

perty Address			
n and Anthony Burton			
ner's Name			
herst	MA	01002	04.12.2013
r/Town	State	Zip Code	Date of Inspection
System Information (conf	t.)		
Comments (note condition of soil, sietc.):	gns of hydraulic	failure, level of	ponding, condition of vegetation
Privy (locate on site plan):			
Materials of construction:	-		
Dimensions			
Depth of solids	-		
Comments (note condition of soil, sie etc.):	gns of hydraulic	failure, level of	ponding, condition of vegetation



Commonwealth of Massachusetts

35 Trillium Way

vner's Name nherst		MA	01002	04.12.2013
y/Town		State	Zip Code	Date of Inspection
Sketch Of Sewage Disposa at least two permanent refe where public water supply	al System: Ference landr enters the b	Provide a view marks or bend	hmarks. Locate	e disposal system, including tie e all wells within 100 feet. Loca xes below:
drawing attached sepa	rately			



Commonwealth of Massachusetts

35 Trillium Way

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

Prop	erty Address					
	and Antho	ny Burton				
	er's Name			0.1000		
_	herst		MA	01002	04.12.2013	
_	Town	Information (cont.)	State	Zip Code	Date of Inspection	
D.	System	illioniation (cont.)				
	Site Exam	:				
				2		
		Slope				
	☐ Surface	e water				2.8
		cellar				
	☐ Shallov	w wells				
	_ Orialio	w wons		Taba	datamainad at a sil ava	المسممين المام ا
	Estimated	depth to high ground water:		noted	determined at soil eva 8' .	i (ola recora
	Dlesse indi	icate all mathods used to determ	ino the his			
	riease iliui	icate all methods used to determ	ine the m	gri ground wate	er elevation.	
	\boxtimes	Obtained from system design p	olans on re	cord		
		Mahardani dan akalasian atau		1986		
		If checked, date of design plan	reviewed	Date	1 4 4 4	
		Observed site (abutting proper	ty/observa	tion hole withir	150 feet of SAS)	
	N ZI	Observation We have 1 December 111	141-	la tara		
	\boxtimes	Checked with local Board of He	eaitn - exp	iain:		
		Work at site & nieghborhood.				
		Checked with local excavators,	, installers	- (attach docu	mentation)	
		Accessed USGS database - ex	oplain:			
	_		•			
						0 1
	You must	describe how you established the	e hiah aro	und water elev	ation:	
		n site excavation.	o mgm gro			
	topo and o	II Site excavation.				
		0.00				
					9:	

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		1		
Property Address				
Ann and Anthony Burton				
Owner's Name				
Amherst	MA	01002	04.12.2013	
City/Town	State	Zip Code	Date of Inspection	

E. Report Completeness Checklist

- ☑ 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

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town of Amherst
Application for Disposal Works Construction Permit News Cost Application is hereby made for a Permit to Construct (Yor Repair () an Individual Sewage Dispos System at: 35 Amberst Woods Lot 62
System at: \(\(\frac{1}{r} \) \(\frac{1}{r} \)
35 Amherst Woods Lot 62
John South # 220 Aubinwood Drive
CUADRA ONDER CHUCKUALICE Fr. Address
Installer Address Acre
Type of Building Size Lot 11.5 Sq. fe
Dwelling — No. of Bedrooms — 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 gallon
Septic Tank - Liquid capacity Coogallons Length 8 Width 5 Diameter Depth 5
Disposal Teled No. Width Total Length Total leaching area Sq. Seepage Pit No. Diameter Depth below inlet Total leaching area sq.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. Filias Date April 23, 1989
Test Pit No. 1
Test Pit No. 2minutes per inch Depth of Test Pit
Description of Soil Enclased
Y
Nature of Repairs or Alterations — Answer when applicable
operation until a Certificate of Compliance has been isoled by the board of health. Signed Date Date
Date
Application Disapproved for the following reasons:
(20 110 Date
Permit No. 85-44 Issued II-
Auto Control of the C
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
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.
DATE
DATE
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

No	al Works Construction Permit
	SUTLIFE
to Construct (X) or Repair () as at No.	1 Individual Sewage Disposal System
as shown on the application for Dispos	al Works Construction Permit No
DATE	Board of Doubh

2			
	E		
	w		
×			х

PROFILE OF SEPTIC SYSTEM.

DATE: October 29, 1955 SCALE: Horizontal 1"=10 Vertical 1"=3'	X SECTION 84 10 84	343.65" elev. Ground Level	18x35' Leach Bed	339.65 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SELIS SELIS WHOS	Marie X Hills
Amberst, MA. Sep 18. FREDERICK A. FILLOSw.r. Lot 62 Amberst Woods Amberst, MA. Amberst, MA. Amherst, MA.	40 Elek	PVC pipe to be 339.65' Used under drive way, (schuld 40 pipe)	Bottom Of Bry		CALCULATIONS: 3 E	D. E. G. E., State Environmental Code Title 5.

OWN	NER Ambers	t Woods DATE April 23, 1984	′
LOC	CATION Ambe	erst Woods OBSERVER F.A. Filio	<u>s</u>
	Lot#	62	
	501		
1		Topso:	
	5-25"	Subsoil	*
	25-60"	Loose sandy till	e
3	60"-8'	Firm sandy till, with some cobbles	
		and stones	
<u></u>		→	
GROU	IND WATER Non	GROUND WATER	
$\overline{\uparrow}$	<u> </u>		
		OF Mass	
		TOWNS A DUOS RS.	
		S A A A A A A A A A A A A A A A A A A A	
GROU	JND WATER	GROUND WATER	

Percolation Rate at 36":
10min/incl

BOARD OF HEALTH Town of Amherst, Massachusetts

Important Information Regarding Your Private Sewage Disposal System

Dwner	DISPLAY THIS DOCUMENT IN A PROMINENT PLACE
Date Installation Inspected and Approved Description of System: Tank Capacity:	Owner Address
Description of System: Tank Capacity:	Installer C Address
Leach Field (X) Bed () Seepage Pit () Square Feet: Garbage Grinder Yes () - No (X) No. Bedrooms: 3 No. People 6 As - Built Plan:	Date Installation Inspected and Approved
As - Built Plan: As - Built Plan: As - Received: As - Recei	Description of System: Tank Capacity:
As Built Plan:	, , ,
T. Received	Garbage Grinder Yes () - No (X) No. Bedrooms: S No. People 6
T. Recurion	As - Built Plan:
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM	N ME
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM	2 Just Bot
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM	
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM	
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM	4
THOSE INTITIENTAGE OF YOUR PRINTE DESIGNED DISTORTED	PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- 2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of . the system.
- 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.

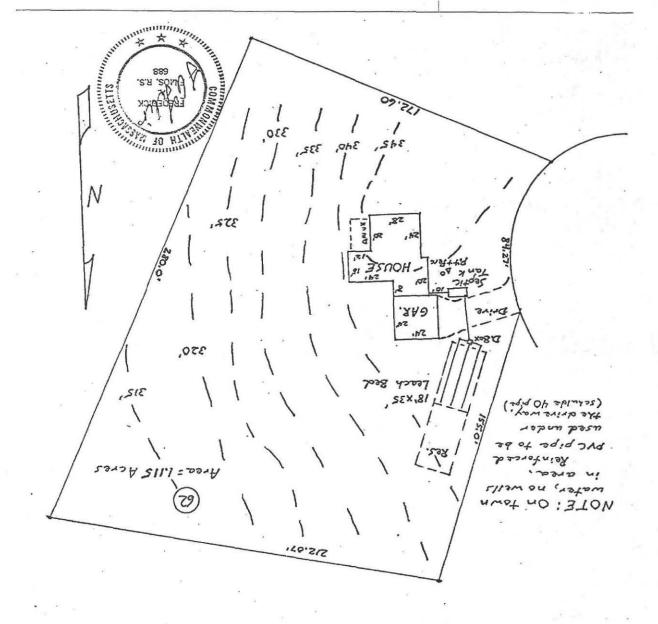
PLAN SHOWING SEWAGE DISPOSAL

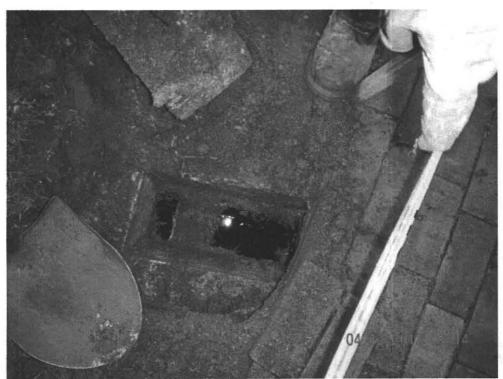
69 Pelham Road Amherst, MA, SCALE: 1"=40' BY: F.A. Filios/wT.

Amherst, MA. FOR: John Sutliff
220 Aubinwood Drive

Amherst, MA. Amherst Woods 29 +07 : IN

0ctober 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

	Trillium Wa						
	perty Address						
	n and Antho	ony Burton		- D			_
	ner's Name			N 4 A	04000	04.40.0040	
Amherst			MA State	01002 Zip Code	04.12.2013 Date of Inspection	_	
_	A CONTRACTOR OF THE PROPERTY O			State	Zip Code	Date of Inspection	_
3.	Certific	cation (d	cont.)				
	Inspection	Summary:	Check A,B,C,D o	or E / always o	complete all of	Section D	
A)	System P	asses:					
	in 310					failure criteria described eria not evaluated are	
	Comment	s:					
	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).						
3)	System C	onditional	ly 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.						
			will pass inspectio g that the tank is le			ot leaking and if a Certificate of lable.	
	□ Y	□N	☐ ND (Ex	plain below):			
9	-						_
						1771-	ī



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	

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





A.	General	Information
/ No.	OCITO GI	minormation

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 MA 01007 City/Town State Zip Code 413.323.5957 #738 Telephone Number License Number

B. Certification

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

Passes	Conditionally Passes				
☐ Needs Further Evaluation	by the Local Approving Authority				
de un	04.12.2013	8			
Inspector's Signature	Date	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.



Commonwealth of Massachusetts

		um Way Address	1						
			ny Burton						
		Name	ny Burton						
Amherst				MÁ	010	-	04.12.2013		
City/Town				State	Zip (Code	Date of Inspection		
B.	Ce	ertific	ation (cont.)						
	B)	Systen	n Conditionally Passes (cont.):						
Observation of sewage backup or break out or high static water level in t to broken or obstructed pipe(s) or due to a broken, settled or uneven dist pass inspection if (with approval of Board of Health):									
			broken pipe(s) are replaced		☐ Y	\square N	☐ ND (Expl	ain below):	
			obstruction is removed		□ Y	\square N	☐ ND (Expl	ain below):	
			distribution box is leveled or rep	olaced	□ Y	□N	☐ ND (Expl	ain below):	
			=					*	
	☐ The system required pumping more than 4 times a year due to broken or obstructed pipe(s system will pass inspection if (with approval of the Board of Health):							ructed pipe(s). The	
			broken pipe(s) are replaced		□ Y	\square N	☐ ND (Expl	ain below):	
			obstruction is removed		□ Y	□N	☐ ND (Expl	ain below):	
								7 7 6	
				-					
	-								
	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 the system is failing to protect public health, safety or the environment.							
		 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 heat safety and the environment: 							
			Cesspool or privy is within 50 fe	eet of a s	urface v	vater			
			Cesspool or privy is within 50 fe	eet of a b	orderin	g vegeta	ted wetland or	a salt marsh	

TS WITHERS NOTES 4/12/13 35 TRILLIUM UM Built 1985, no garboge guile, 33K Call Ann About dryer vent, in garage Yes on shalls bewede her to exclos just grains (xailed) = 5AS lines are dearing book and D-Box Tack okay, D-Box - Okacy Nixon Croquie ovoterproof, har 615

The second section of the 355 Q 40 3 2 380 41-5 Call the the to the week of the The the second of the second of the second of the second TAT HE WAS THE MERCE 43,630 The sugar of was Now He Dick to get to

OWNER A	mhersi	t Woods	DATE	April 23,1	1984
LOCATION	Ambe	est Woods	-	ER F.A.F.	
	Lot#	62	_		
↑ O-	5"	Topsoil	₹ [*	
1 -	25"	Subsoil			
. 1	-60"	Loose sandy	+:11		
8 60'	"- 8'	Firm sandy with some and stones,	cobbles		
<u> </u>			. <u>↓</u> [
GROUND WA	TER <u>None</u>		GROUND	WATER	
$\overline{\uparrow}$					
		TON WESS RS	Chillian Manual		
		THE	ammunda		
GROUND WAT	ER		GROUND	WATER	

Percolation Rate at 36":
10min/inch

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THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

					50
Annlication:	fnr	Disunsal	Morks	Construction	Hermit.

arpriration to an pro-	£ 0 cc3
Application is hereby made for a Permit to Con-	struct (Yor Repair () an Individual Sewage Disposal
System at:	Marin X X
Amherst Woods	Lot 62 "mumil
John Sutliff	220 Aubinwood Drive
Owner	Address
Installer	Address Acres
Type of Building	Size Lot 1115 Sq. fee
Dwelling — No. of Bedrooms	
Other — Type of Building No. Other fixtures	of persons Showers () — Cafeteria (
	son per day. Total daily flow33.0gallons
Septic Tank — Liquid capacity/000 gallons Lengt	h. 85. Width 5. Diameter Depth 5.
Disposal Tariet — No. / Width #8	Total Length. 35. Total leaching area. sq. fi
Seepage Pit No. Diameter 40 De	oth below inlet. 70 Total leaching area. 800 sq. it
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A.	Filias Date April 23, 1984 of Test Pit. 8 Depth to ground water Dry at 8
Test Pit No. 1/Ominutes per inch Depth	of Test Pit Depth to ground water Devat 8
Test Pit No. 2minutes per inch Depth	of Test Pit Depth to ground water
15.1 65.1-52.1	
	olicable
Agreement:	cribed Individual Sewage Disposal System in accordance with
	e — The undersigned further agrees not to place the system in
operation until a Certificate of Compliance has been is	
	71 Jan 19 19 19 19 19 19 19 19 19 19 19 19 19
O Signed. A	FILE 11-12ate 85
Application Approved By	11-12-73
Application Disapproved for the following reasons:	Date
	Date
Permit No. 85-49	Issued 11-12-85
Termit Homes grands	Date
THE COMMONWEA	LTH OF MASSACHUSETTS
BOARD	OF HEALTH
Town of A	Marie
	of Compliance
	Sewage Disposal System constructed () or Repaired ()
by	Installer
t	A DETAIL OF A COLUMN
	f TITLE 5 of The State Sanitary Code as described in the
	Vodated
SYSTEM WILL FUNCTION SATISFACTORY.	ALL NOT BE CONSTRUED AS A GUARANTEE THAT THE
DATE	Inspector

Inspector...

Amherst woods
35 Trillium 2000se
Way 200 phase

ANNO SUTLIFF 413-262-0289 am sutliff@ vericon.net.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal	Works	Construction	Hermit _A	3
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	mures contaminate becaute (238
Application is hereby made for a Permit to Constr	ruct (Y or Repair () an Individual Sewage Disposal
System at: Trillium Way	The second
35 Amherst Woods	Lot 62
John Sut Iff	220 Aubinwood Drive
QUADRA OWNER CHUCKWALL	CA BELCHAPTONIN
Installer	Address
Type of Building	Size Lot. 1.1.5 Sq. feet
	Expansion Attic () Garbage Grinder (NO
Other fixtures	f persons Showers () — Cafeteria ()
	per day. Total daily flow330gallons.
	83 Width Sim Diameter Depth 5
Disposal Tener — No. Width T	otal Length. Total leaching area so, ft.
Seepage Pit No Diameter. Deptl	below inlet
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. F.	f Test Pit. 8 Depth to ground water Dry at 8
Test Pit No. 1/. Dminutes per inch Depth o	f Test Pit Depth to ground water Dry at
	f Test Pit Depth to ground water
Description of Soil Enclosed	
Nature of Repairs or Alterations — Answer when applie	cable
the provisions of TITLE 5 of the State Sanitary Code operation until a Certificate of Compliance has been issued	bed Individual Sewage Disposal System in accordance with — The undersigned further agrees not to place the system in ed by the board of health.
like X h	1/-/2-y-
Application Disapproved for the following reasons:	Date
Permit No. 85-49	Issued 11-12 85
THE COMMONWEALT	TH OF MASSACHUSETTS
BOARD O	OF HEALTH
	nherst
Certificate c	of Compliance
THIS IS TO CERTIFY, That the Individual Sec	wage Disposal System constructed () or Repaired ()
by	
at	nstaller
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

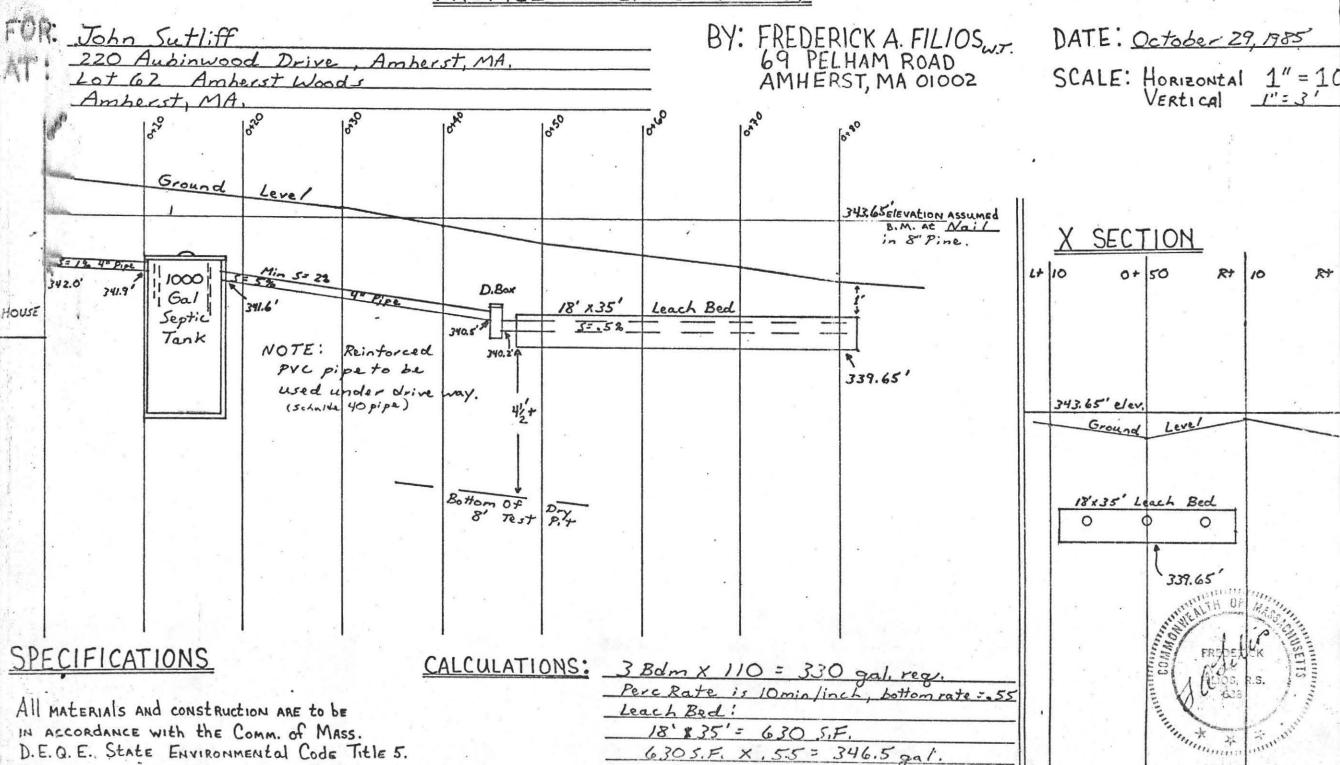
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE

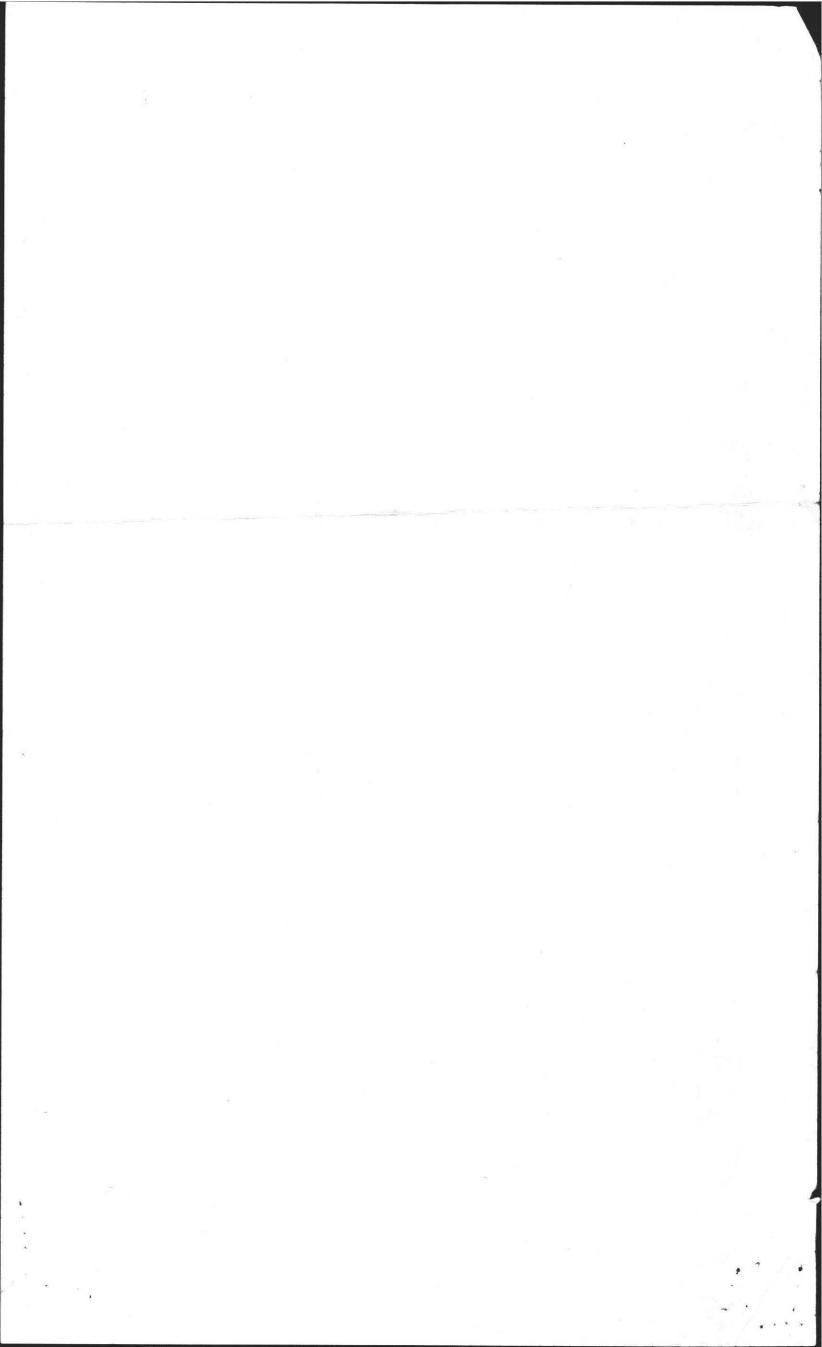
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#25
No. 85-49
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town of Amherst FRIDING
Application for Disposal Works Construction Prints (VIOs. R.S.) 688
Application is hereby made for a Permit to Construct () or Repair () an Individual Sewage Disposal System at:
35 Amherst Woods Lot 62
John Location - Address G 220 Aubin wood Drive
OUMBER OWNER CHUCKWALLER BEICHORJOHN
Type of Building Address Size Lot 115 Sq. feet
Dwelling — No. of Bedrooms
Other — Type of Building
Other fixtures Design Flow
Septic Tank — Liquid capacity 200 gallons Length 85 Width 5 Diameter Depth 5
Disposal Tenen — No
Other Distribution box () Dosing tank () Percolation Test Results Performed by F.A. Filias 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. 2minutes per inch Depth of Test Pit
Description of Soil Enclosed
Description of Source and Source
Nature of Repairs or Alterations — Answer when applicable
Nature of Repairs of Afterations — Answer when applicable
Agreement:
The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Gode — The undersigned further agrees not to place the system in
operation until a Certificate of Compliance has been issued by the board of health.
XSigned John Woulff
Application Approved By Pate
Application Disapproved for the following reasons:
O C Date
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
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
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.
DATE
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
No. 85-49 TOWN OF MHERST FEE 90
NO. d.
Permission is hereby granted
to Construct (X) or Repair () an Individual Sewage Disposal System
at No. Lot #62 Tricing WAY
as shown on the application for Disposal Works Construction Permit No. 12 Dated Dated
1/-/2-8

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

PROFILE OF SEPTIC SYSTEM





BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

	Owner JOHN SCILIFFE Address TRICLION WAY
	Installer CHUCK WALKER Address BELCHERTOWN MA
	Date Installation Inspected and Approved 6/3/86
	Description of System: Tank Capacity:
	Leach Field (X) Bed () Seepage Pit () Square Feet:
٠	Garbage Grinder Yes () No (χ) No. Bedrooms: 3 No. People 6
	As - BUILT PLAN:
>	N 17' 21'6"
	1000 7 37 DOS BOT
	Sep
	T. RILWIN

- 2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of the system.
- 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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BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY	THIS	DOCUMENT	IN	A	PROMINENT	PLACE
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Owner JEAN SUTLIFFE Address TRICLION WAY
Installer CHUCK WALKER Address BELCHERTOWN MA
Date Installation Inspected and Approved \(\frac{13/86}{} \)
Description of System: Tank Capacity: 1000
Leach Field (X) Bed () Seepage Pit () Square Feet:
Garbage Grinder Yes () No (\times) No. Bedrooms: 3 No. People 6
As - BUILT PLAN: O NO NEARCH NO 17' 21' 21' 21' 21' 21' 21' 21' 21' 21' 21

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- 2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of 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 Sutliff

220 Aubinwood Drive

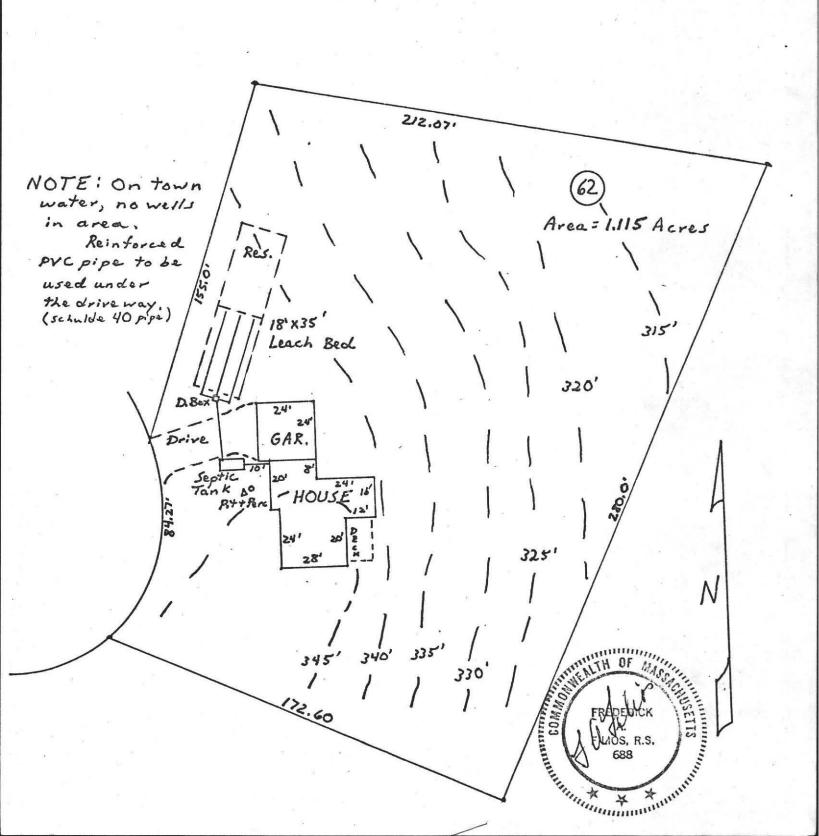
Amherst, MA.

AT: Lot 62

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

SCALE: 1"=40'

October 29, 1985



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