#59

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 32-63 Date 5/8/63 Fee 3.00 Date Rec'd. 5/10/63 By FAS

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

Location—Address Valley View Circle or Lot No. 29

Owner Keddy Builders Inc. Address 200 N. Main St. E. Long

Contractor Same Address Same

Type of Building Residence Dimensions 27'x40' Size Lot 36,764 sq ft

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

Other ____ No. of persons spec Showers ( )

Other fixtures complete bath, kitchen and laundry

Town Water? yes Type of Well none

Design Flow 50 gallons per person per day. Total daily flow 600 gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L 10' 3" W 4' D 4'

Disposal Trench—No. 3 Width 36" Total Length 175 Total leaching area 525 sq. ft.

Disposal Bed—No. ____ Diameter ____ Depth below inlet ____ Total leaching area ____ sq. ft.

Dry Well—No. ____ Diameter ____ Depth below inlet ____ Dimensions: ____ x ____ x ____

Other: Distribution box (x) No. 1 Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation 12" or less)

Percolation Test Results Performed by Smith and Wallen Enginering Date 4/30/63

Test Pit No. 1 15 minutes per inch Depth of Test Pit 3 feet

Test Pit No. 2 ____ minutes per inch Depth of Test Pit ____

Description of Soil sandy clay Depth to Ground Water see affidavit

Will *disposal area* be filled? ____ Cut down? ____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Owner or builder — 5/8/63 date

Application Approved by F.A. Siino — 5/8/63 date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (x) or repaired ( ) by Keddy Builders Inc (INSTALLER) at Lot No. 29 has been constructed in accordance with the provisions of Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 32-63 dated 5/8/63

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

DATE 7/19/63 Inspector F.A. Siino

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 32-63

Permission is hereby granted Keddy Builders Inc. to construct (x) or repair ( ) an Individual Sewage Disposal System at Lot 29 - Valley View Circle as shown on the application for Disposal Works Construction Permit No. 32-63

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 5/8/63

F.A. Siino
Board of Health

1.

~~66~~
132
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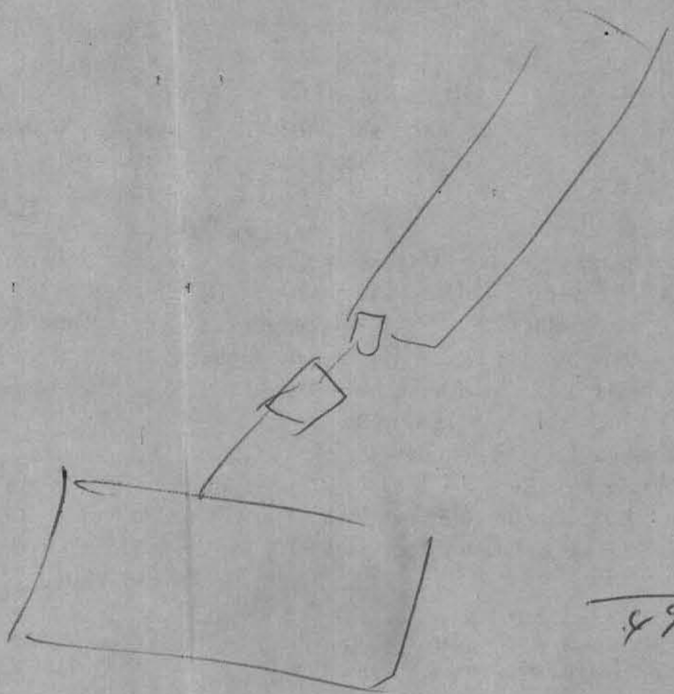

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3
492

Form Approved.
Budget Bureau No. 76–R376.2.

VETERANS ADMINISTRATION

REPORT OF INSPECTION, INDIVIDUAL WATER SUPPLY AND SEWAGE-DISPOSAL SYSTEM

(THIS SECTION FOR VA USE ONLY)

REGIONAL OFFICE	PROPERTY ADDRESS	SUBDIVISION NAME / BLOCK NO. / LOT NO.
Boston, Massachusetts	Lot # 29 Valley View Circle Amherst, Massacusetts	Briar Cliff Manor Section II
NAME OF BUILDER	NAME OF LENDER	CASE NO. / TYPE OF INSTALLATION
Keddy Builders, Inc..	Amherst Savings Bank	XX NEW ☐ EXISTING

TOTAL NUMBER			BASEMENT	CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS?	IF YES, HOW MANY?
LIVING UNITS	BEDROOMS	BATHS			
1	3	1	☐ YES ☒ NO	☐ YES ☒ NO	

WATER SUPPLY AND SEWAGE DISPOSAL (Check)	PUBLIC	COMMUNITY	INDIVIDUAL
WATER SUPPLY BY	XXX		
SEWAGE DISPOSAL BY			XX

PART I—FOR USE OF INSPECTING OFFICIAL *(Fill in below information applicable to subject installation)*

INSTRUCTIONS: If *new installation*, inspect for compliance with approved exhibits and record any observed information not shown on, or which varies from, the approved exhibits. If *existing installation*, furnish as much of the information as may be available. As applicable use inspector's sketch on reverse.

INDIVIDUAL WATER SUPPLY SYSTEM

Distance to nearest public water main,_____feet. Size of main,_____inches.

Individual wells ☐ are ☐ are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water_____

Properties in neighborhood ☐ are ☐ are not being developed with both individual water-supply and sewage-disposal systems.

Lot size:_____feet wide,_____feet deep. Dwelling set back from front property line,_____feet.

Individual water supply from: ☐ Drilled well. ☐ Driven well. ☐ Dug well. ☐ Bored well.

Distance of well from:

Building foundation,_____feet; nearest lot line at ☐ front, ☐ side, ☐ rear,_____feet;

cast iron sewer,_____feet; tile sewer,_____feet; septic tank,_____feet; disposal field,_____feet;

seepage pit,_____feet; cesspool,_____feet; other sources of possible pollution,_____feet.

Well construction:

Diameter,_____inches. Total depth,_____feet. Type of casing,_____Depth of casing,_____feet.

Approximate depth of pumping level of water in well,_____feet. Approximate yield,_____gallons per minute.

Sealed watertight to depth of_____feet.

Exterior space around casing sealed with: ☐ Cement grout. ☐ Puddled clay. ☐ Ordinary backfill.

Well cover: ☐ Concrete. ☐ Wood. ☐ Metal. Openings in well cover watertight: ☐ Yes. ☐ No.

Pump: ☐ Shallow well. ☐ Deep well. Length of drop pipe,_____feet. Pump capacity,_____gallons per minute.

Located in: ☐ Basement. ☐ Pump room off basement. ☐ Pump house above ground. ☐ Pump pit.

Pump room properly drained: ☐ Yes. ☐ No. Pump mounting watertight: ☐ Yes. ☐ No.

Type of storage: ☐ Pressure. ☐ Gravity. Capacity,_____gallons.

Has bacteriological examination of water been made? ☐ Yes. ☐ No. If answer is "yes," give date_____, 19_____.

Quality of water ☐ is ☐ is not satisfactory for human consumption.

Installation ☐ does ☐ does not comply with approved exhibits, if any.

INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of ☒ Septic tank. ☐ Cesspool.

Septic tank:

Distance from well,none feet. Material,concrete Number of compartments 1

Total liquid capacity,900 gallons. Capacity inlet compartment,900 gallons.

Inside length,8 feet. Inside width,4 feet. Liquid depth,4 feet.

Cesspool:

Distance from: Well,_____feet; foundation,_____feet; nearest lot line at ☐ front, ☐ side, ☐ rear,_____feet.

Inside diameter,_____feet. Depth,_____feet. Liquid capacity,_____gallons. Lining material_____

SECONDARY TREATMENT consists of ☒ Distribution box and ☒ Tile disposal field. ☐ Seepage pits. Other_____

Tile disposal field:

Distance from: Well,— feet; foundation,10 feet; nearest lot line at ☐ front, ☐ side, ☐ rear,12 feet.

Total length of tile lines,~~150~~168 feet. Number of lines,4. Distance between lines,12 feet.

Total effective absorption area in bottom of trenches,~~450~~504 square feet. Trench width,36 inches.

Length of each line,66+ feet. Depth, top of tile to finish grade,18-20 inches.

Type of filter material: ☐ Gravel. ☐ Broken stone. ☐ Cinders. Other Washed Gravel

Depth of filter material beneath tile,10-12 inches. Depth of filter material over tile,2-4 inches.

Seepage pits:

Number of pits,_____ Outside diameter,_____feet. Depth,_____feet. Lining material_____

Distance from: Well,_____feet; foundation,_____feet; nearest lot line at ☐ front, ☐ side, ☐ rear,_____feet.

If existing installation, give all the following *additional* information available:

Distance to nearest: Public sewer,_____feet. Community system,_____feet.

Approximate direction of surface drainage of lot,_____. Approximate slope,_____feet per 100 feet.

Soil is: ☐ Loam. ☐ Sandy loam. ☐ Clay. ☐ Sandy clay. ☐ Coarse sand or gravel. ☐ Hardpan. ☐ Rock. Other_____

Number of bathrooms,_____. Is there a basement? ☐ Yes. ☐ No. Basement drains to_____

Fixtures in basement: ☐ Laundry tray. ☐ Toilet. ☐ Bathtub. ☐ Shower. ☐ None. ☐ Floor drain. ☐ Sump pump.

Laundry waste disposal: Direct to ☐ Seepage pit. Other_____ Through sump pit to: ☐ Septic tank. ☐ Seepage pits.

Is footing drain provided? ☐ Yes. ☐ No. Drains to: ☐ Surface. ☐ Dry well. ☐ Sump in basement. Other_____

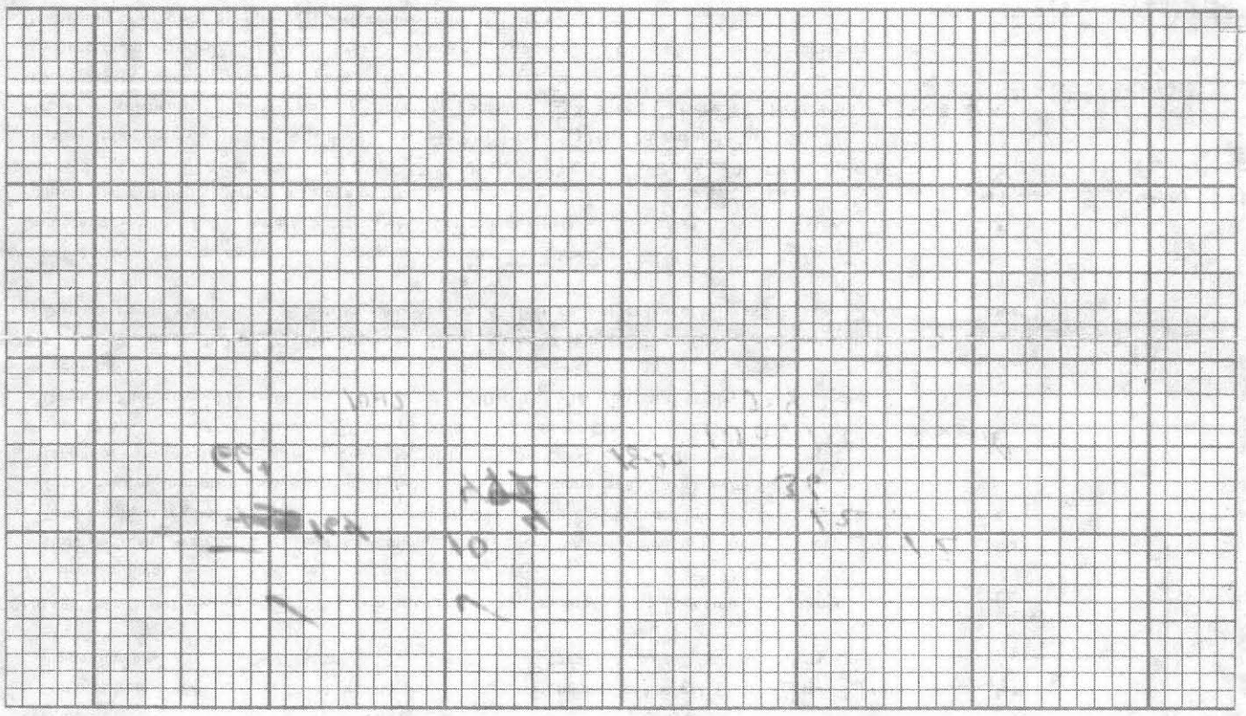
Downspouts or areaway drain to: ☐ Surface discharge. ☐ Dry well. Other_____

Depth of house sewer below finish grade at foundation,_____feet.

PART I (Continued on reverse)

PART I *(Continued)*

INSPECTOR'S SKETCH *(Show by sketch below any pertinent findings not fully described on other side.)*



COMMENTS *(Note any supplemental pertinent information. If conditions are found which may result in an opinion that the system is unsatisfactory, describe in detail.)*

INSPECTION OF INDIVIDUAL WATER SUPPLY SYSTEM MADE BY: ☐ STATE ☐ COUNTY ☐ LOCAL HEALTH AUTHORITY ☐ VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL	TITLE
INSPECTION OF INDIVIDUAL SEWAGE-DISPOSAL SYSTEM MADE BY: ☐ STATE ☐ COUNTY ☐ LOCAL HEALTH AUTHORITY ☐ VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL	TITLE

PART II—FOR USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING REPORT

BASED ON THE INFORMATION REPORTED HEREON AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE *(Check)*

☐ STATE ☐ COUNTY ☐ LOCAL DEPARTMENT OF HEALTH

THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS:

☐ SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY

☐ NOT SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY

BASED ON THE INFORMATION REPORTED HEREON, AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE *(Check)*

☐ STATE ☐ COUNTY ☒ LOCAL DEPARTMENT OF HEALTH

THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE:

☐ CAN BE EXPECTED TO FUNCTION SATISFACTORILY AND IS NOT LIKELY TO CREATE AN UNSANITARY CONDITION

☐ CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY

REMARKS

DATE	SIGNATURE OF REVIEWING OFFICIAL	TITLE
7/30/63	Frederick G. Sims	Director of Public Health

PART III—FOR USE OF VA OFFICE

I have reviewed the foregoing and the pertinent VA Compliance Inspection Report and recommend that the

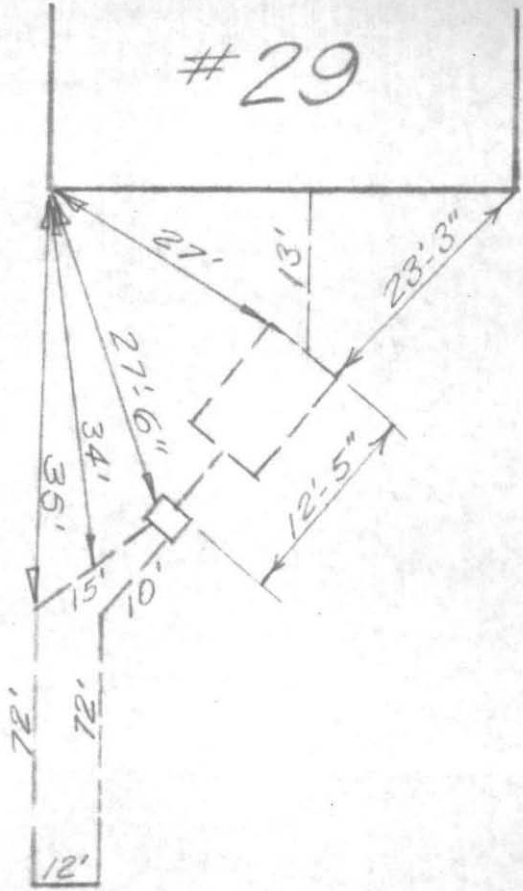
individual water supply system be considered ☐ Acceptable ☐ Not acceptable

individual sewage-disposal system be considered ☐ Acceptable ☐ Not acceptable

REMARKS

DATE	SIGNATURE OF CHIEF, APPRAISAL SECTION

☆ U.S. GOVERNMENT PRINTING OFFICE : 1960 OF—543294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27'
13'
23'-3"
27'-6"
34'
35'
12'-5"
15'
10'
72'
72'
12'

#59

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 59 VALLEY VIEW DRIVE, AMHERST
Owner's name RUSS VERNON-JONES
Date of Inspection JAN. 26 AND APRIL 23, 1995

PART A
CHECKLIST

Check if the following have been done:

✓ Pumping information was requested of the owner, occupant, and Board of Health.

✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.

N/A As built plans have been obtained and examined. Note if they are not available with N/A.

✓ The facility or dwelling was inspected for signs of sewage back-up.

✓ The site was inspected for signs of breakout.

✓ All system components, excluding the SAS, have been located on the site.

✓ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

✓ The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.

✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

3 number of bedrooms
4 number of current residents
YES garbage grinder, yes or no
YES laundry connected to system, yes or no
No seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

_____ Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:
PUMPED LAST SEPT. 1993 AND, AS PART OF THIS INSPECTION, ON JAN. 26, 1995

YES System pumped as part of inspection, yes or no
if yes, volume pumped 1000 GAL.
Reason for pumping:
SOLIDS ACCUMULATION AND NECESSITY TO "SNAKE" TO D-BOX.
ALSO NEED TO INSPECT BAFFLE/TEE DIMENSIONS.

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)
____ Other (explain)_____

Approximate age of all components. Date installed, if known. Source of information:
AGE = APPROX. 25 YEARS. DATE INSTALLED APPROX. 1970 AS REPORTED BY OWNER

No Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): YES.
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)
ESTIMATED SAS IS TWO LEACH TRENCHES. DEPTH & LENGTH NOT KNOWN.
If not determined to be present, explain:

Type
leaching pits and number
leaching chambers and number
leaching galleries and number
✓ leaching trenches, number, length — ESTIMATE = TWO
leaching fields, number, dimensions
overflow cesspool, number

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)
NO APPARENT PROBLEMS WITH SYSTEM LOCATION OR FUNCTION

CESSPOOLS (locate on site plan):

number and configuration
depth-top of liquid to inlet invert
depth of solids layer
depth of scum layer
dimensions of cesspool
materials of construction
indication of groundwater inflow (cesspool must be pumped as part of inspection)

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, 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, recommendations for maintenance or repairs, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: Yes
(locate on site plan)

depth below grade: 24"

material of construction: ✓ concrete ____ metal ____ FRP ____ other(explain)

dimensions: 102" LONG x 58" WIDE x 55" EFF. DEPTH.

6" sludge depth
34" distance from top of sludge to bottom of outlet tee or baffle
3" scum thickness
4" distance from top of scum to top of outlet tee or baffle
17" distance from bottom of scum to bottom of outlet tee or baffle

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, recommendations for repairs, etc.)
INLET & OUTLETS TEES ARE IN GOOD CONDITION.
SEPTIC TANK AND D-BOX " " " "
RECOMMEND NEXT PUMPING IN 1997

DISTRIBUTION BOX: Yes
(locate on site plan)

-0- depth of liquid level above outlet invert

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)
D-BOX IS LEVEL
FLOW TO TWO OUTLETS IS EQUAL
MINOR SOLIDS IN D-BOX, CLEANED OUT CONCURRENT W/ INSPECTION.

PUMP CHAMBER: No
(locate on site plan)

_____ pumps in working order, yes or no

Comments:
(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs,etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

Indicate yes, no, or not determined (**Y**, **N**, or **ND**). Describe basis of determination in all instances. If "not determined", explain why not)

No Backup of sewage into facility?

No Discharge or ponding of effluent to the surface of the ground or surface waters?

No Static liquid level in the distribution box above outlet invert?

No Liquid depth in cesspool <6" below invert or available volume< 1/2 day flow?

No Required pumping 4 times or more in the last year?
number of times pumped _____

No Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?

Is any portion of the SAS, cesspool or privy:
No below the high groundwater elevation?

No within 50 feet of a surface water?

No within 100 feet of a surface water supply or tributary to a surface water supply?

No within a Zone I of a public well?

No within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, <u>not</u> the SAS)?

No within 50 feet of a private water supply well?

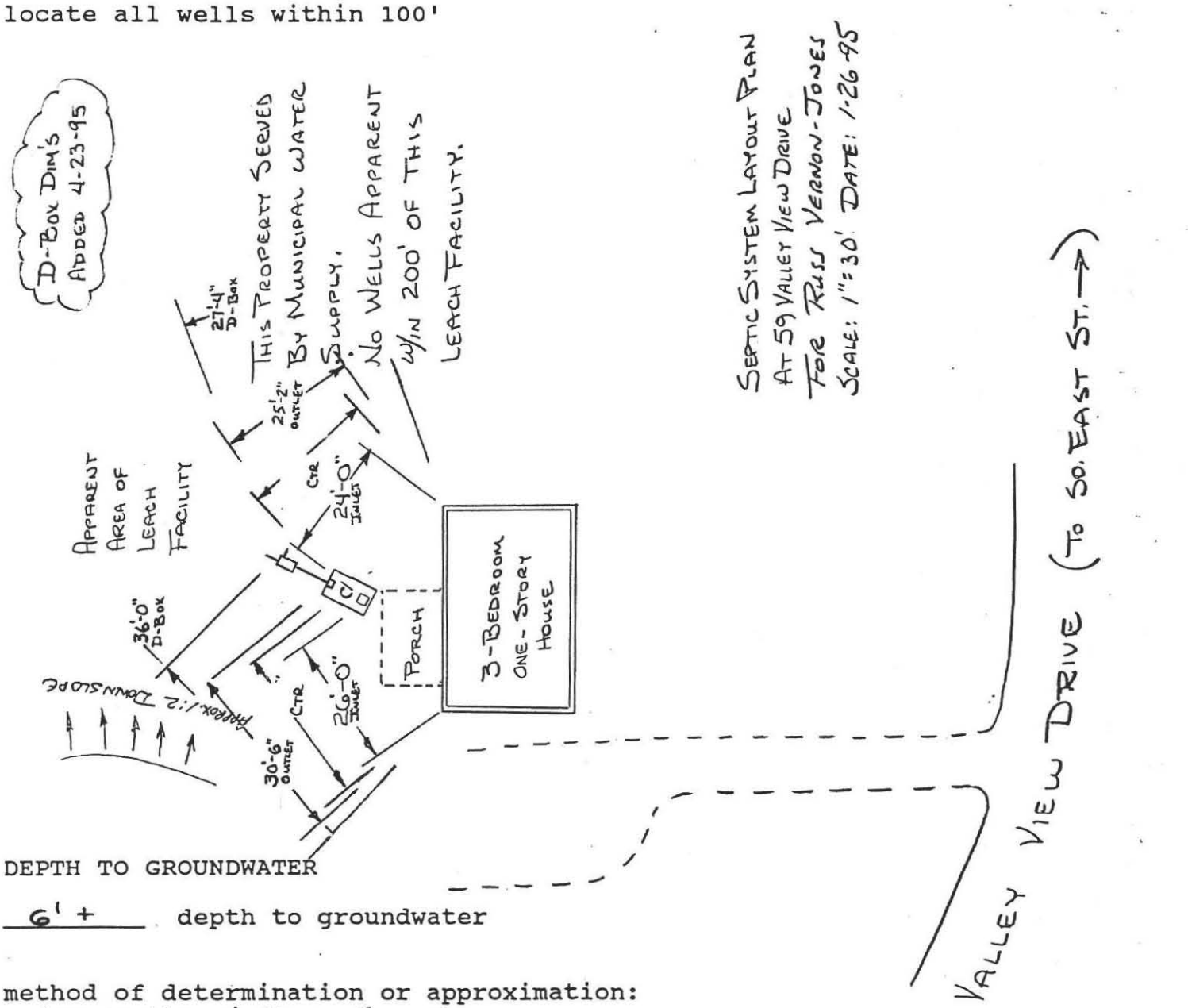
No less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks

locate all wells within 100'



DEPTH TO GROUNDWATER

6' + depth to groundwater

method of determination or approximation:

Lot is High & Gently Sloping
No Report or Evidence of Groundwater in Vicinity of System (checked Cellar, Etc.)
No Evidence of Water Above Outlet of D-Box.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector RICHARD SCOTT

Company Name RICHARD SCOTT, P.E.

Company Address 31 SHUTESBURY RD. PELHAM, MA 01002

Certification Statement
I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and manitenance of on-site sewage disposal systems.

Check one:

✓ I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the **FAILURE CRITERIA** section of this form.

____ I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the **FAILURE CRITERIA** section of this form.

Inspector's Signature Richard Scott

Date April 23, 1995

Original to system owner

Copies to:

Buyer (if applicable) – C/O OWNER
Approving authority – D. ZAROZINSKI, HEALTH DEPT., AMHERST

Richard Scott P.E.
31 Shutesbury Rd.
Pelham, MA 01002

February 11, 1995

Russ Vernon-Jones
59 Valley View Drive
Amherst, MA 01002

Subject: Septic System Inspecton 59 Valley View Dr. Amherst

Dear Russ:

Per your request, I have completed an inspection of the septic system at the subject property. Enclosed are four copies of the inspection report for your use and distribution to others who are involved in the sale. Note that I have classified the system as being in Good Condition. Additional comments are noted in the report.

Current function of the system appears to be fine. There can be no guarantee of future performance of this septic system but my expectation is that loading similar to yours will be accepted for an indefinite period without further modification to the system.

You should also be aware that statewide regulations requiring system inspections at time of sale will take effect sometime in the next few months. If your sale is not completed by March 31, the new regulations may affect you. The details of how inspections must be done after March have not been fully detailed. I have tried to take into account some of the items which I think may be required under the new process but I am not aware of all that may be required nor are the state inspection forms yet available.

If you find that more is required as a result of the new regulations or if you have questions on the inspection or the report, you may reach me at the above address or by phone evenings at (413) 256-0647.

Sincerely,

Richard Scott

Richard Scott, P.E.

II. Description of Sewage Disposal System

A. Date installed: 1970 ±

B. Cesspool _____ Septic tank ✓ Other _____

If "other," describe: _____

If septic tank, capacity: 1000 gallons

C. Leaching facility: Field ____ Trench(es) ____ Pit ____

Size of Leaching facility: SIZE & TYPE OF LEACH FACILITY NOT KNOWN

D. Material of which tank constructed: REINFORCED CONCRETE

E. If septic tank is not found after search, explain evidence for system's apparent success or failure:

III. Inspection

A. Amount of septage pumped from tank: 1000 gallons

B. Describe accumulation of solids found in the tank:

MODERATE ACCUMULATION. 3" FLOATING SCUM; 6" SETTLED SOLIDS.

C. Is outlet (tee)/baffle in place in tank? Yes ✓ No ____

Unknown (explain) (OUTLET TEE VIEWED W/ FLASHLIGHT FROM INLET END)

D. Is outlet (tee)/baffle damaged? Yes ____ No ✓

Unknown (explain) NO APPARENT DAMAGE

E. Is inlet (tee)/baffle in place in tank? Yes ✓ No ____

Unknown (explain) CLEANOUT COVER IS OVER INLET. INLET TEE IS CLAY PIPE W/ 8" ABOVE & BELOW PIPE INVERT. 2" AIRSPACE ABOVE TEE.

F. Is inlet (tee)/baffle damaged? Yes ____ No ✓

Unknown (explain) _____

G. Prior to pumping, is liquid level in tank above the tank outlet? Yes ____ No ✓

Unknown (explain) _____

H. Was liquid observed flowing from the outlet back in to the tank during or after pumping? Yes ____ No ✓

I. Algal growth? Yes ____ No ✓ Describe: _____

J. Odor? Yes ✓ No ____ Describe : NORMAL

K. Wastewater discharge slow? Yes ____ No ✓

Describe: TOILETS WERE FLUSHED TO TANK. FLOW WAS GOOD.

RICHARD SCOTT, P.E.
REGISTERED CIVIL ENGINEER

SITE ENGINEERING
PERC TESTS SEPTIC SYSTEM DESIGN

31 SHUTESBURY ROAD
PELHAM, MA 01002 (413) 256-0647

SEPTIC SYSTEM INSPECTION FORM

Date of Inspection: JAN. 26, 1995

REQUESTED BY:

RUSS VERNON-JONES (413) 256-8885
Name Phone Number

59 VALLEY VIEW DRIVE AMHERST, MA 01002
Address (number, street, town, state, ZIP code)

59 VALLEY VIEW DRIVE AMHERST MA -
Location of Property (number, street, city/town, state

I. Description of Property

A. Number of Bedrooms: 3 B. Number of Bathrooms: 2

C. Appliances: Dishwasher Yes Garbage Disposal Yes

Washing Machine Yes Other _____

D. Length of present ownership: 10 years

E. Year round residence: Yes ✓ No ____

F. Seasonal residence: Yes ____ No ✓

G. Pumping of septic tank during past two years:

Date Pumped: SEPT. 1993 By RAY'S EXCAVATING

Date Pumped: _____ By _____

III. Failed

_____ sewage flow to the surface;

_____ overload of the system;

_____ the system is in such a state of disrepair that it cannot function as orignally intended;

_____ lack of a four (4) foot protective zone between the bottom of the system and ground water;

_____ outlet tee or baffle is not in place in the septic tank;

_____ inlet tee or baffle is not in place in the septic tank;

_____ liquid level in tank is above the tank outlet;

_____ after or during tank pumping, liquid is observed flowing from the outlet bank into the tank;

_____ any other actual threat to the public health:

_____

Signed Richard Scott

Title PROFESSIONAL ENGINEER

Date JAN. 26, 1995

CERTIFICATE OF COMPLIANCE

I, the undersigned engineer or sanitarian currently registered in the Commonwealth of Massachusetts, certify that I have inspected the property described above and find it, as of this date, based solely upon my visual inspection and upon the pumping of the septic tank, to be in:

I. Good Working Condition

From the inspection, and from pumping records, this system appears to be in good working order.

Comments: No apparent problems with system location or function.

II. Marginal Condition

A. Type 1 The system could not be judged in good working order because of the following reasons:

_____ System could not be judged because of an extended period of non-use. Approximate number of months: _____.

_____ Problems with the system or its location. Explain:

_____

_____ records show excessive pumping (more than two (2) times within any twelve (12) month period);

_____ presence of visible Ferric Sulfide stains or any other indication of high maximum groundwater levels;

_____ system is inadequate for intended use;

_____ system is located within one hundred feet (100') of any domestic water supply well, including wells on neighboring properties;

_____ system is located within one hundred feet (100') of lake, pond, streams or other watercourse;

_____ Any other potential threat to the public health:

_____

A NOTE FROM
RICK SCOTT

DAVE:
THIS IS THE UPDATE FOR
59 VALLEY VIEW DRIVE.

(1.) D-BOX LOCATED
& INSPECTED

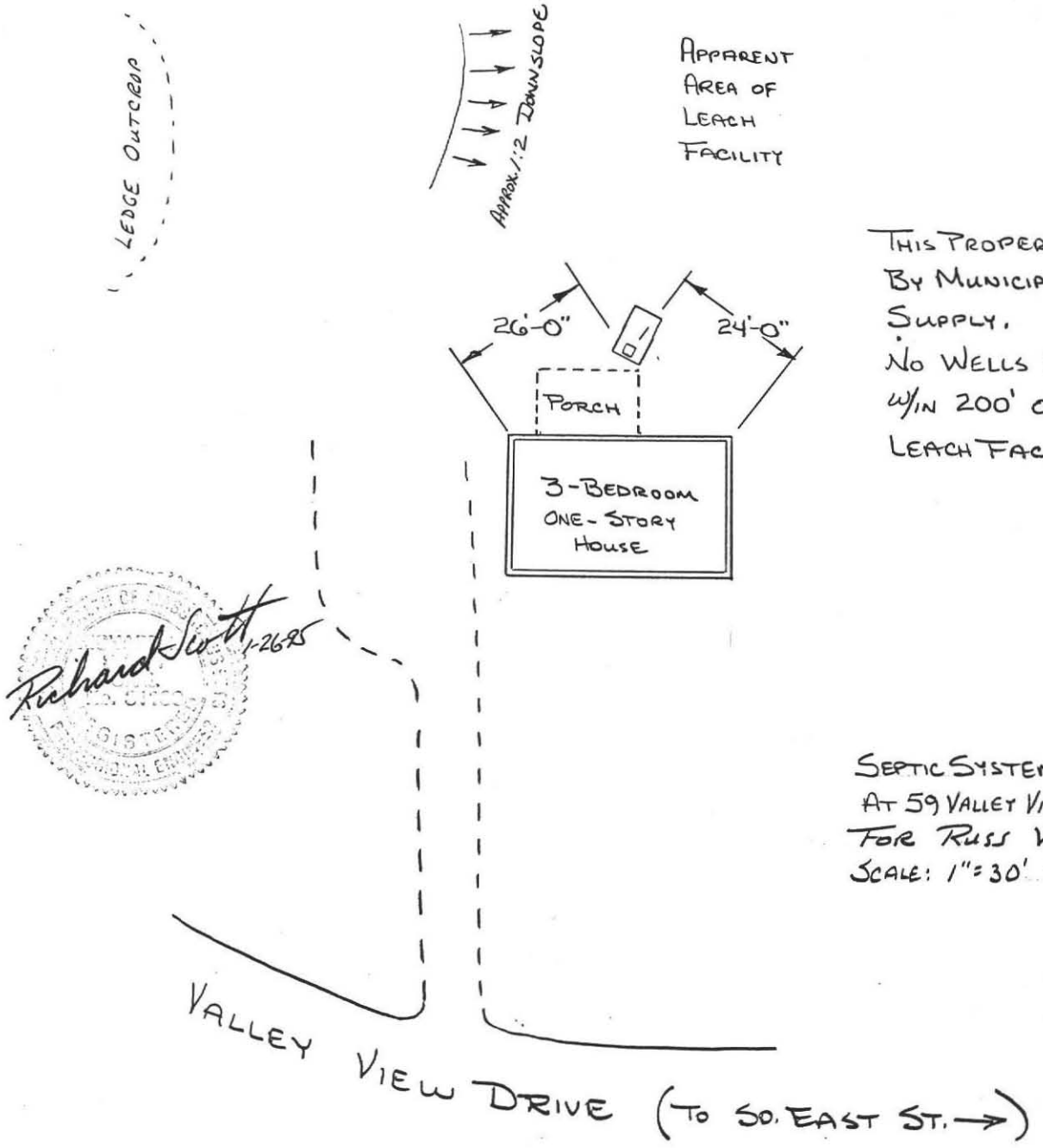
(2.) INFO ENTERED ON
CURRENT FORM.

EVERYTHING LOOKS FINE.

RICK 4-24-95

SKETCH PLAN

Show the tank location with the distance triangulated from any two points on the house which the tank serves.



THIS PROPERTY SERVED BY MUNICIPAL WATER SUPPLY.
NO WELLS APPARENT W/IN 200' OF THIS LEACH FACILITY.

Richard Scott 1-26-95

SEPTIC SYSTEM LAYOUT PLAN
AT 59 VALLEY VIEW DRIVE AMHERST
FOR RUSS VERNON-JONES
SCALE: 1"=30' DATE: 1-26-95