

190 WEST BAY ROAD

Baker Commodities
P.O. Box 132, Billerica
978-454-8811



Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

DEP has provided this form for use by local Boards of Health if they wish to do so.

A. Applicant Information

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



KIELBASA
 Name _____
190 W BAY RD
 Address _____
AMHERST MA 01002
 City State Zip Code

 Disposal System Construction Permit # Map Lot

LFF
 Installer _____
A.E. WEISS
 Designer _____
EDWARD SMITH
 Board of Health Representative _____

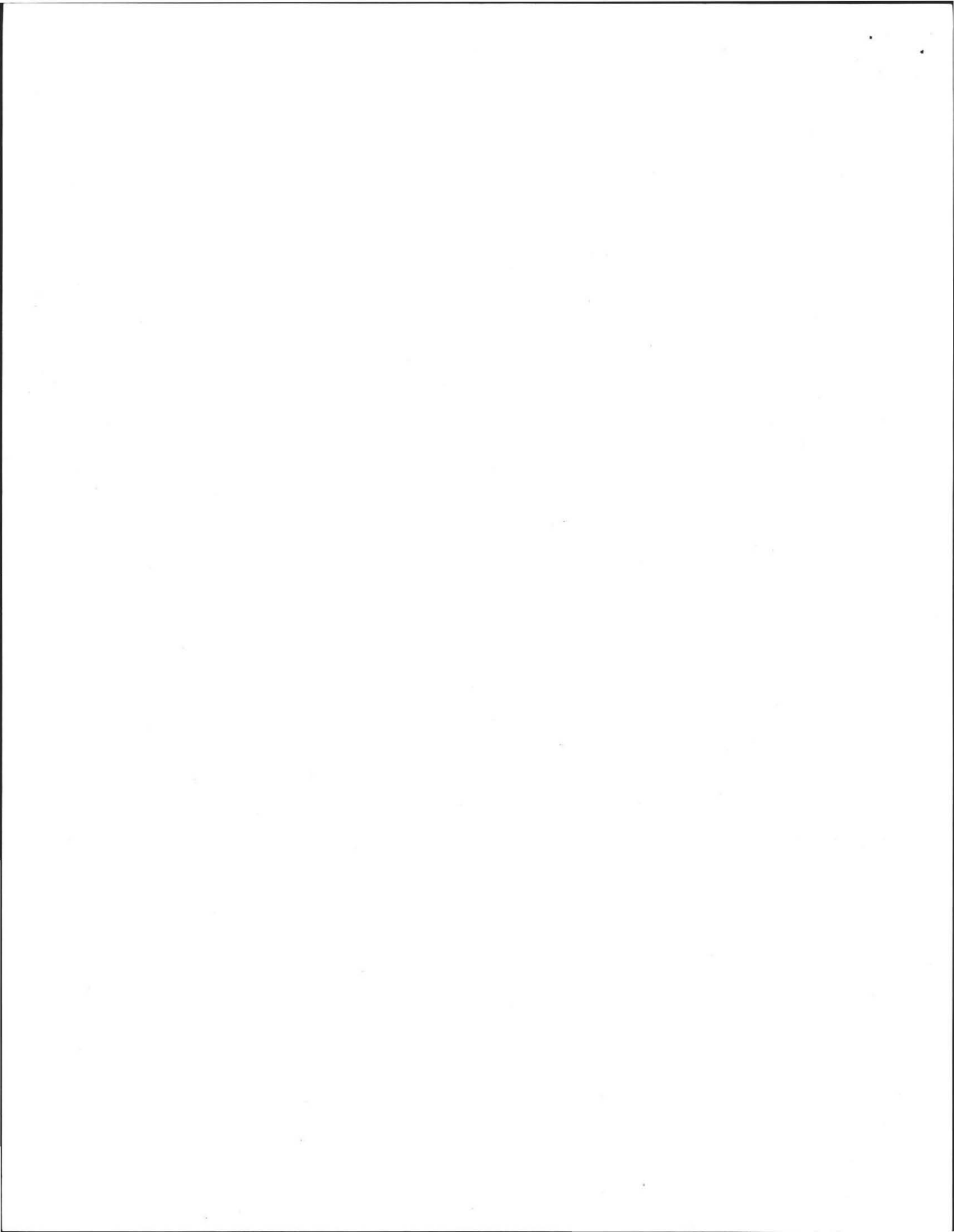
Inspection Dates:

Tank: 10/12/11 Leach Area: 10/12/11
 Date Date
 Final: 10/12/11 Other: _____
 Date Date

B. Application Checklist

1. Pre-Construction Conference	Approved	N/A	Problem
Sieve analysis supplied for sand	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current approved plans (3 copies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System staked prior to construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
On-site check for tank water-tightness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Abandonment of existing system (repairs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan revision(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conditions/Approvals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
O/M Plan on file	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DEP approval on file	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14' x 45'





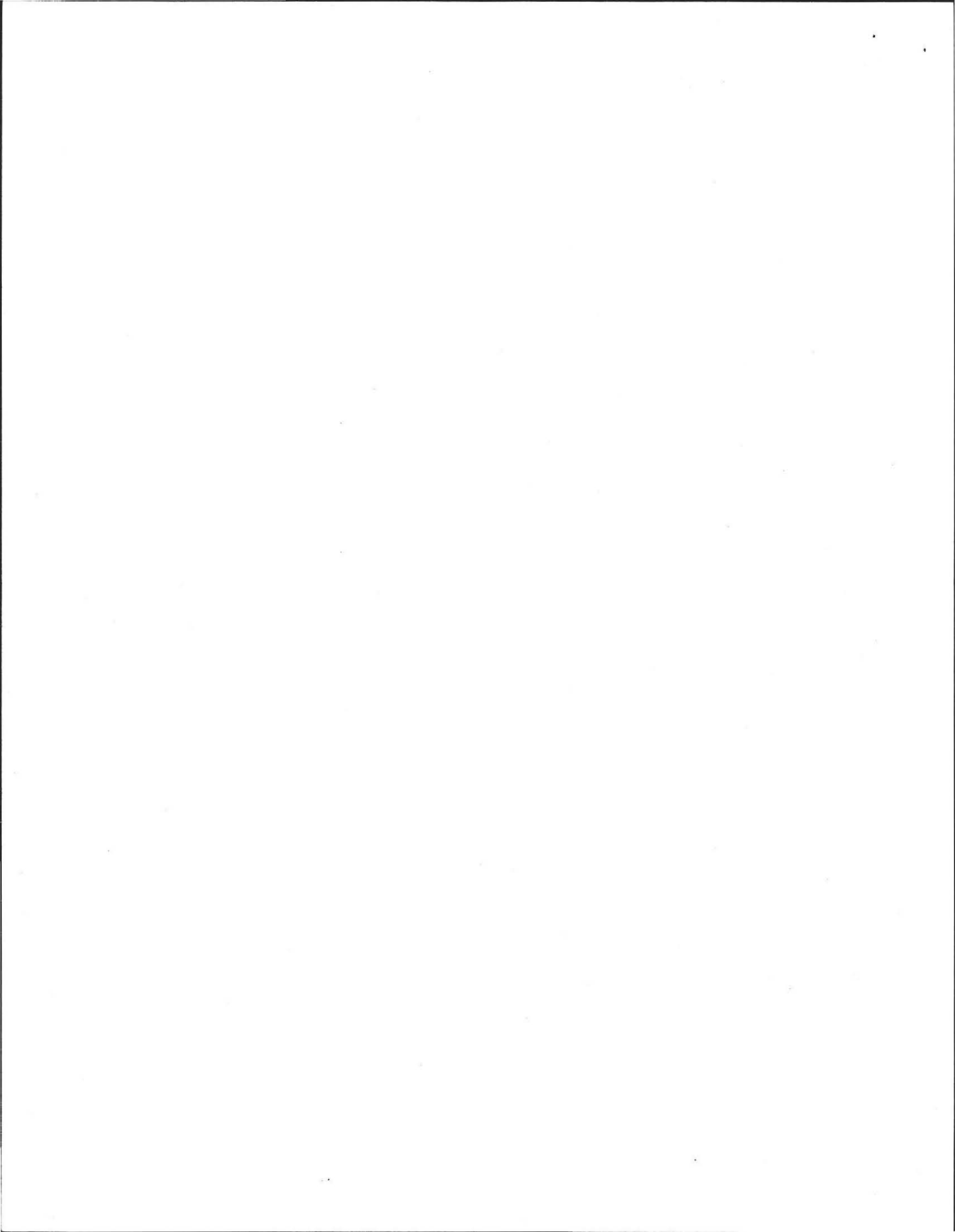
Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

2. Construction Inspection

		Approved	N/A	Problem
a) Building Sewer (310 CMR 15.222)				
All waste pipes tied into building sewer	Basement check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule 40 PVC 4" or cast iron	Verify by reading pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum slope of 0.01-0.02	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe laid in continuous straight line	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe laid on compact, firm base	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanouts precede all changes in alignment/grade	Verify by visual/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanout provided every 100 ft.	Verify by visual/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backfill material clean	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Septic Tank (310 CMR 15.223)				
Tank is set level with 6" stone under (15.228)	Check with level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is required size/loading per plan	Verify with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet and outlet are at proper location (15.227)	Verify with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is water tight (15.226)	Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet tees extend 6" above flow line	Verify by visual/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved filter device placed at outlet	DEP list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas baffle installed at outlet tee	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet and outlet tees on center line	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is backfilled with acceptable material	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:



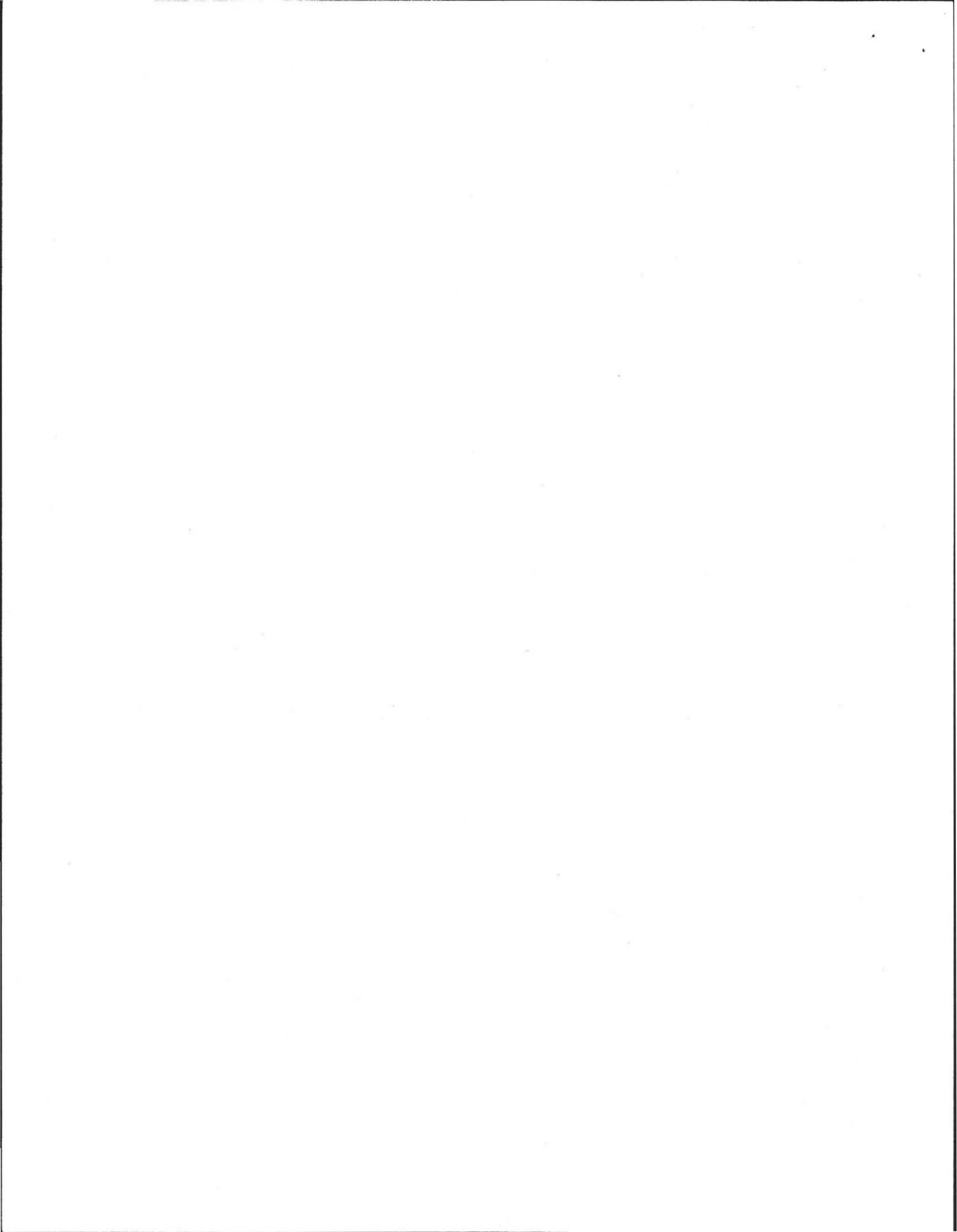


Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

		Approved	N/A	Problem
c) Distribution Box (310 CMR 15.232)				
All outlet pipes at same elevation	Check by adding water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of outlets <u>2</u> per plan	Number of laterals	<u>2</u> per plan		
Inlet tee min. 1" over outlet	Visual and w/tape	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box set on level base	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top of D box 36" max depth	Visual and w/tape	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box is water-tight	Add water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box has a minimum of 2" thick wall and 12" inside dimension		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Pump Chamber (310 CMR 15.231)		Approved	<u>N/A</u>	Problem
Tank is set level	Visual and w/level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper volume is provided	Check plan and tank	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Float elevations set per plan	Measure w/tape	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Min. 2" delivery line to D box	Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Number of pumps: <u>2</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specified pump provided or designers approval for equal pump		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correct pump sequence		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Covers set to grade		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical permit provided		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6" of stone beneath chamber	Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chamber is water-tight	Test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Min. 9" cover provided	Visual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correct loading provided per plan	Visual on tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes:

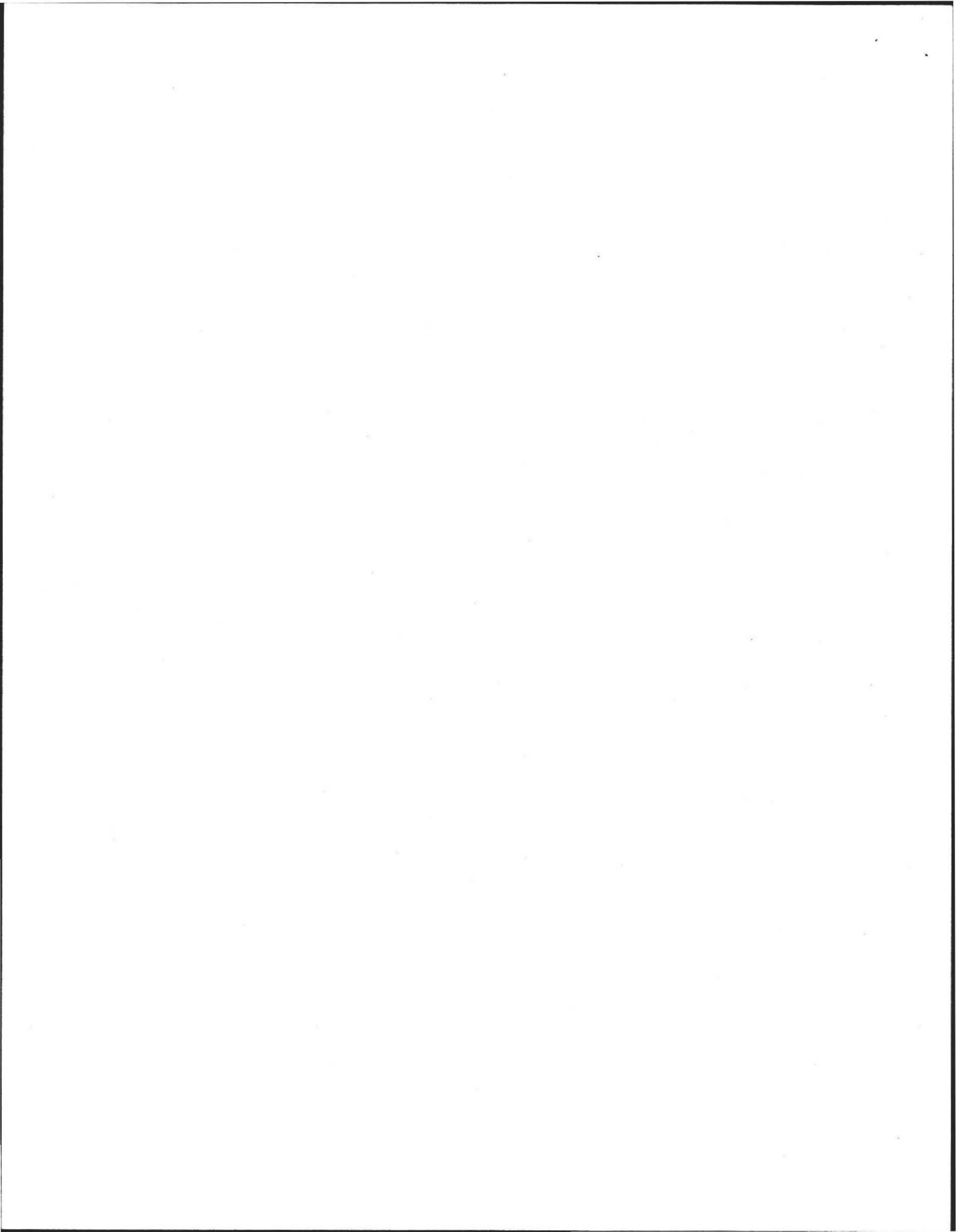




Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

e) Leaching Facility (310 CMR 15.240)		Approved	N/A	Problem
No frozen material used including back fill	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No clay, tailings or stones larger than 6" for cover material		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil at bottom/sides of excavation matches info on deep holes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All impervious layers removed	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No remaining A/B horizons	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater conditions match plan and deep holes	Visual/check plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vented if under impervious cover per plan (15.241)		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vent is protected from precipitation and animal entry		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cover of a minimum of 9" over leach area		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipe slope equal to 0.005	Check w/transit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leach area per design (15.241)	14x45	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation is level and at required depth	Visual/check plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of 5 ft material and replacement (if in fill)	Visual/check plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Back fill material is acceptable	Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final contours correct per plan	Check with plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface/subsurface drainage away from leach area		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final grade and side slopes are stable		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution lines are capped, vented, or connected together		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impermeable barrier (15.255[2])		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retaining wall inspected by PE		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retaining wall is water-proofed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retaining wall/barrier is at correct depth/height		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

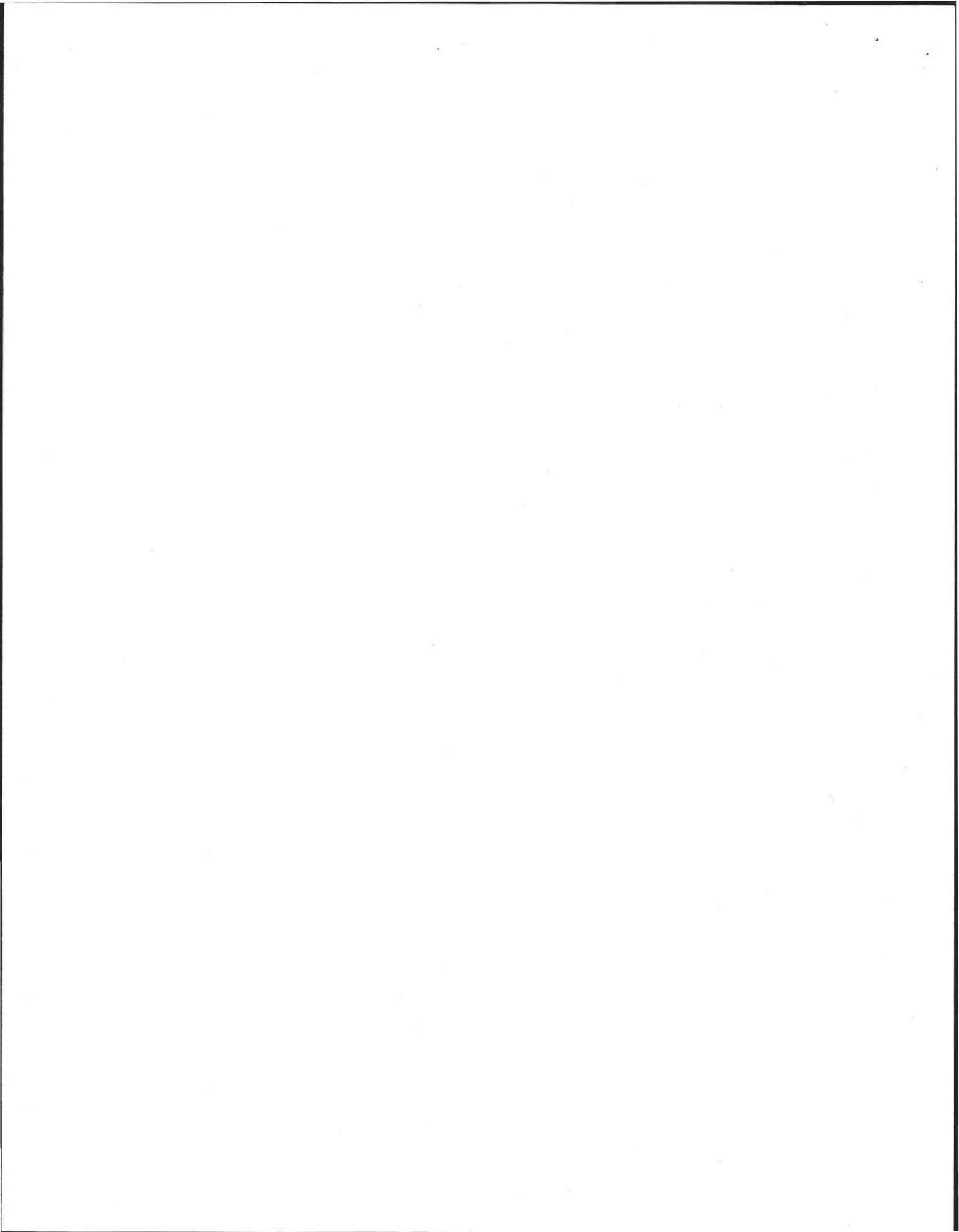




Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

		Approved	N/A	Problem
f) Leaching trenches (310 CMR 15.251)				
Number of trenches:	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of trenches:	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Width of trenches:	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trench spacing per plan		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone is double-washed [3/4" to 1 1/2"] (15.247)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Leaching fields (310 CMR 15.242)				
Length of field:	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Width of field:	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min. of 2 distribution lines		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation distance conforms to plan		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone is double-washed [3/4" to 1 1/2"] (15.247)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Leaching Pits (310 CMR 15.253)				
Number of pits:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of pits:	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stone is double-washed [3/4" to 1 1/2"] (15.247)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each pit has min. 1 20" access cover		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piping network and configuration of pits/chambers per plan		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Tight Tank (310 CMR 15.260)				
Tank is set level with 6" stone under	Visual and with level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is proper size per plan	Visual with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumping contract has been provided		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers to grade	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/V alarm set at 3/5 tank capacity	Check floats by raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A/V alarm test on separate circuit	Set off alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





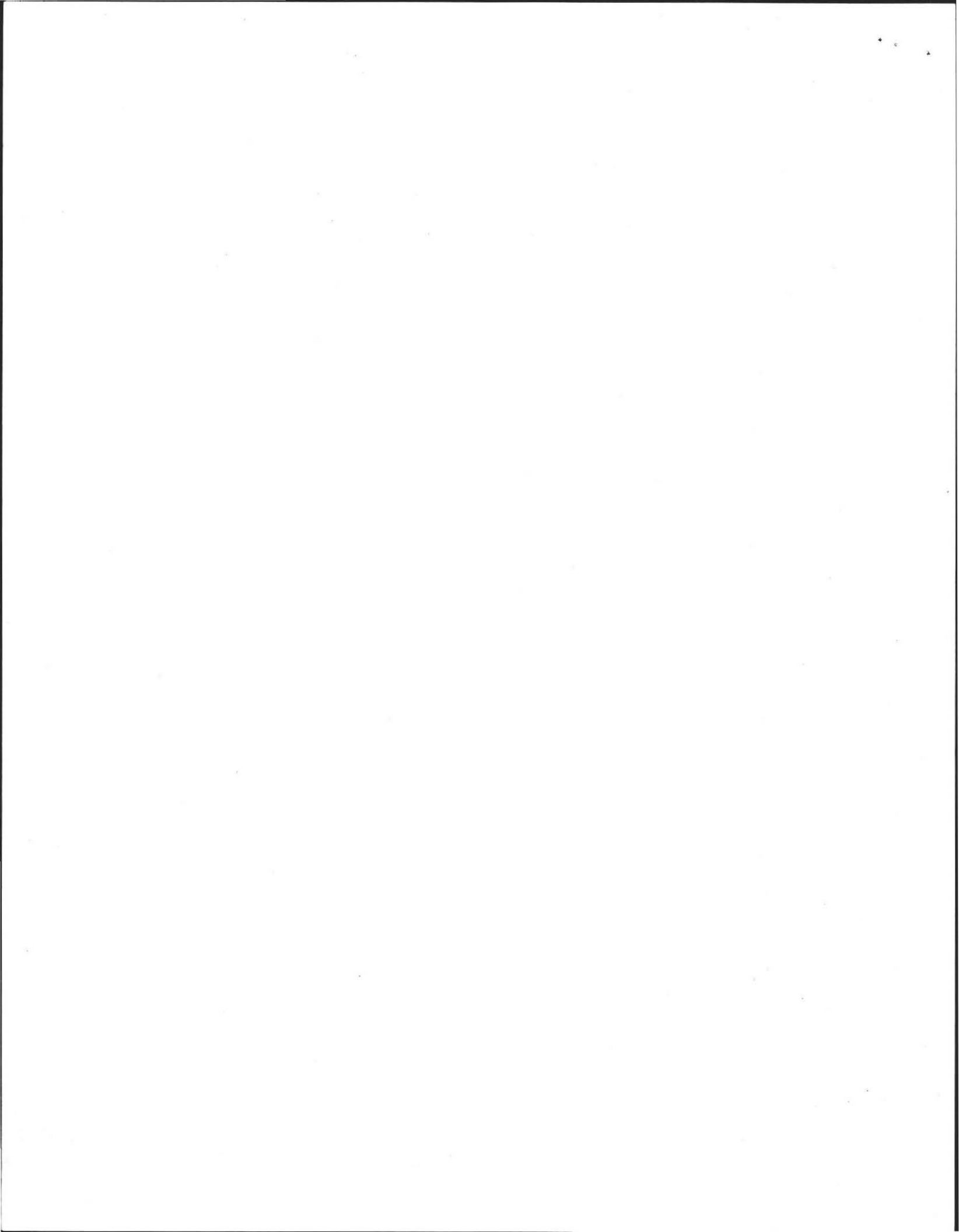
Commonwealth of Massachusetts
City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

j) Certificate of Compliance (310 CMR 15.021)

As Built Plan Submitted	_____
	Date
Signed by Installer	_____
	Date
Signed by Designer	_____
	Date
Certificate of Compliance Issued	_____
	Date

Notes:





COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

October 15, 2011

Amherst Board of Health


**RE: Septic System Repair
Installation Inspection
190 W. Bay Road**

On this date, the writer inspected the installation of a **(New Leach field & S. tank)**. The writer found the installation to be complete (except for completion of cover material) and in compliance with our plans and 310 CMR 15.000. The installer representative **(L & F Const. Excavating)** and our inspection noted that the system was built & installed properly, in accordance with the state/local regulations and our plans. The contractor was requested to have sufficient soil on site and properly cover the system according to our plans and may backfill the system after review by local Health Department representatives.

The owner is reminded that the outlet filter on the septic tank must be cleaned, checked and maintained annually.

Sincerely,

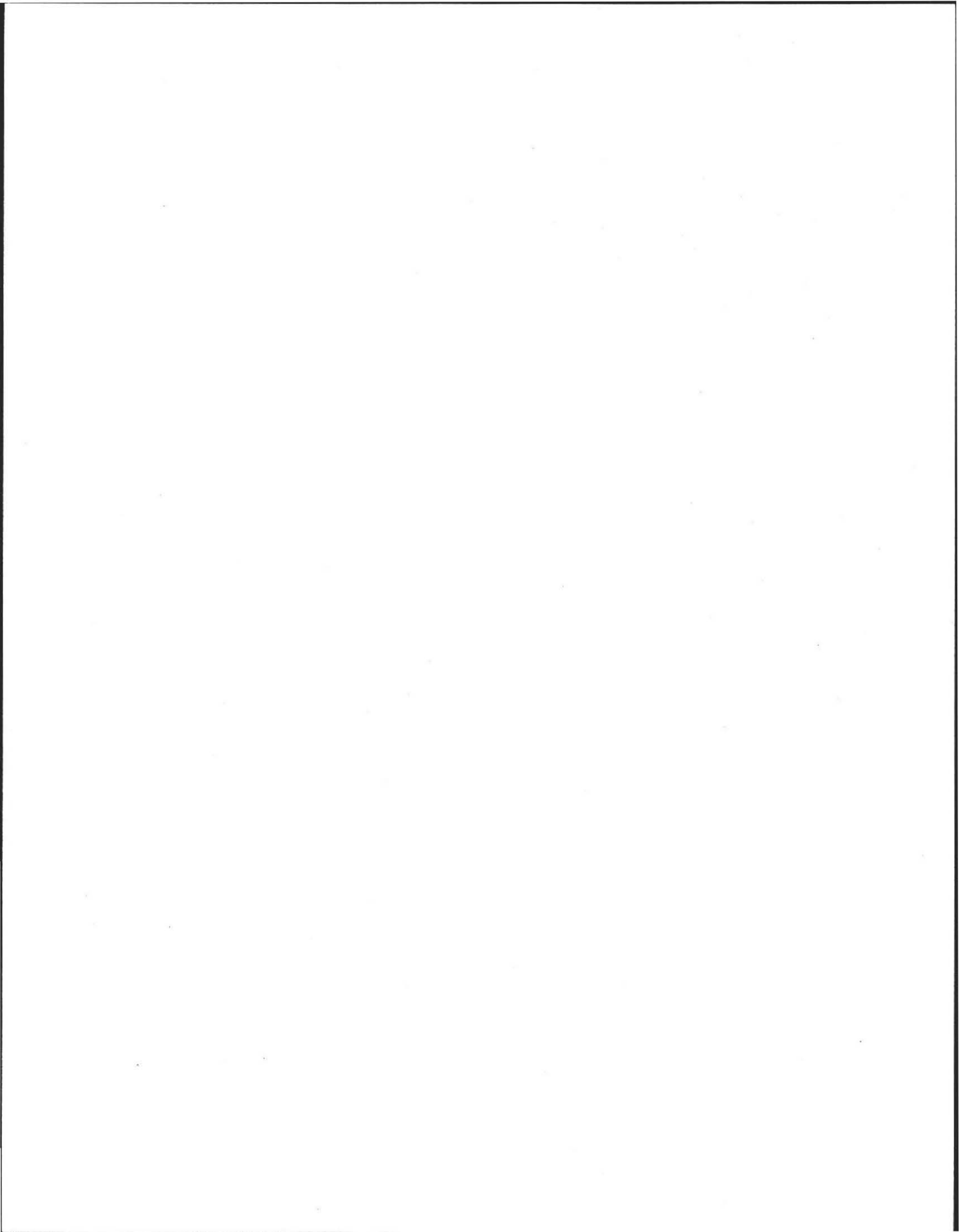
Cold Spring Environmental Consultants, Inc.



Alan E. Weiss, M.S., L.S.P.
President
Principal Hydrogeologist
Licensed Site Professional #6442
Registered Sanitarian #933

Cold Spring Environmental
350 Old Enfield Road
Belchertown, Ma. 01007

413-323-5957, phone
413-323-4916, fax



WEST BAY ROAD

NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC
LOCATION PURPOSES ONLY!

USE POLY
LINER
(40 ML)

NEW LEACH FIELD
(14' X 45')

AS BUILT
10.15.2011
MAP 25A LOT 38
120,000 +/- SF

TBM3= PAIN
MARK
=77.85'

FINAL GRA
DENSE SOIL BL



APPROX. OLD L. AREA

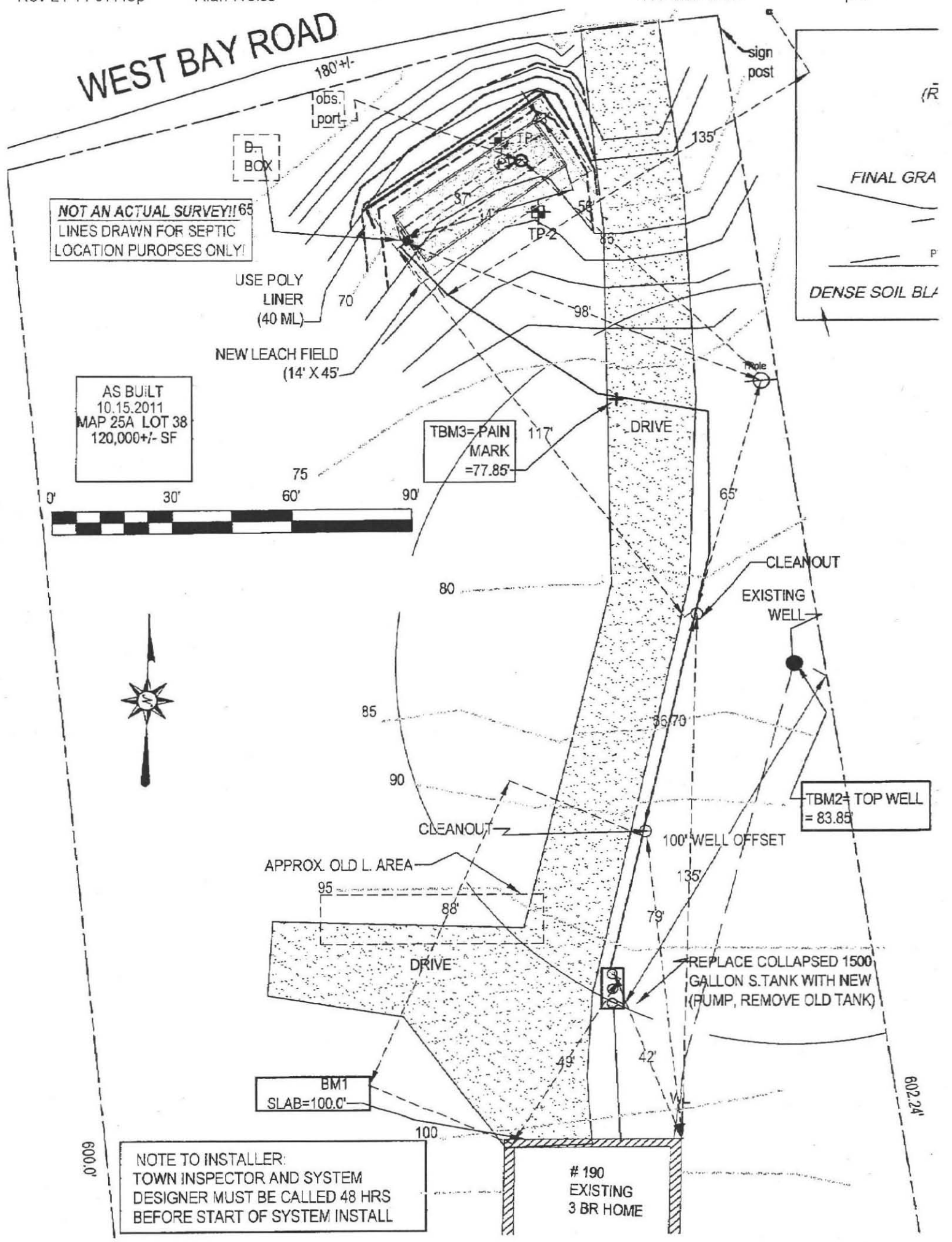
TBM2= TOP WELL
= 83.85'

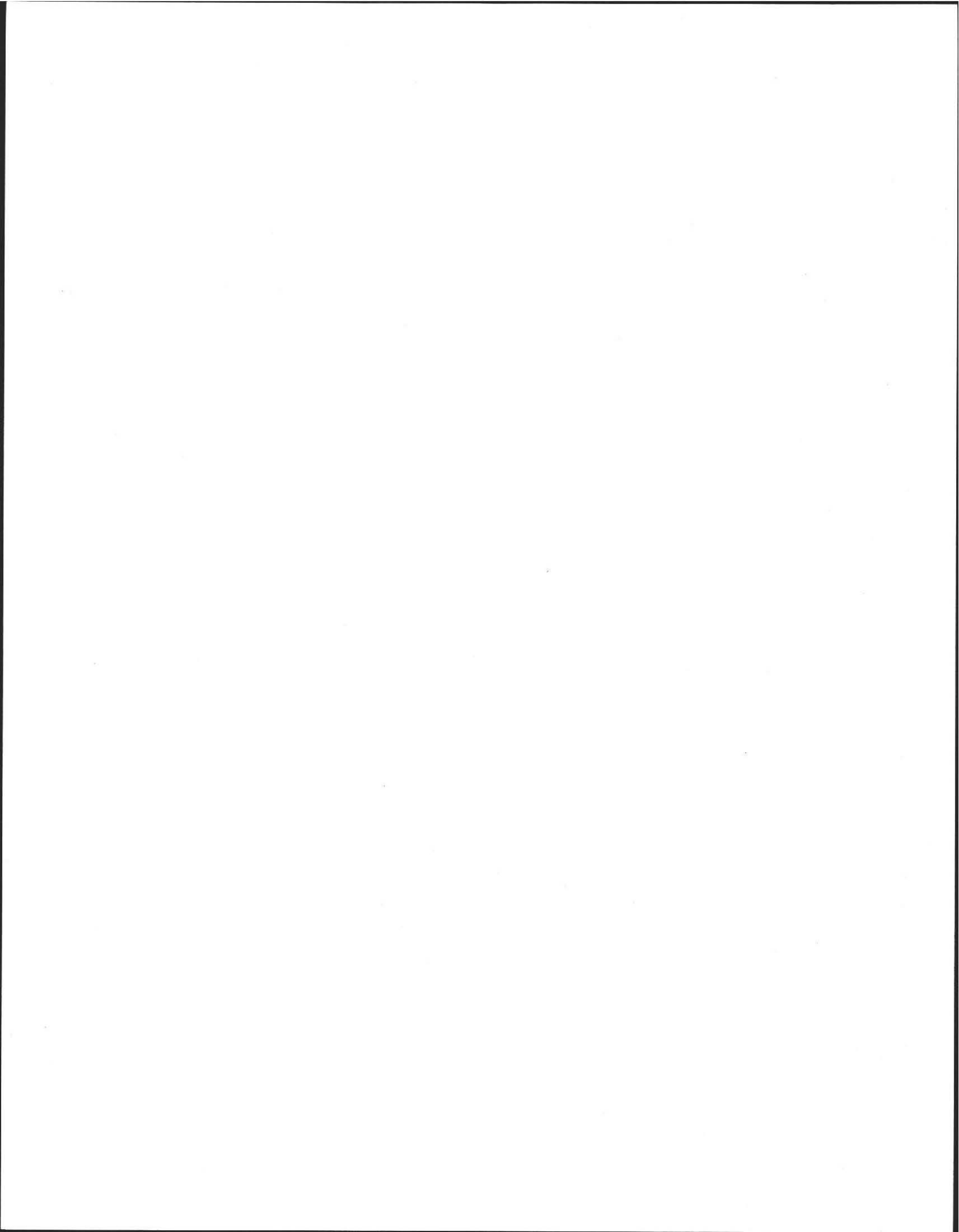
REPLACE COLLAPSED 1500
GALLON S.TANK WITH NEW
(PUMP, REMOVE OLD TANK)

BM1
SLAB=100.0'

190
EXISTING
3 BR HOME

NOTE TO INSTALLER:
TOWN INSPECTOR AND SYSTEM
DESIGNER MUST BE CALLED 48 HRS
BEFORE START OF SYSTEM INSTALL





No. 12-05

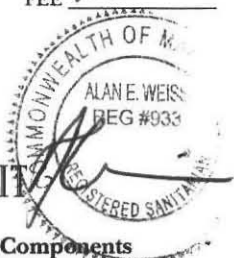
Application # 10760
Serial 1058

FEE 150.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



Application for a Permit to Construct () Repair () Upgrade () Abandon () - Complete System Individual Components

Location <u>190 West Bay RD.</u>	Owner's Name <u>Stanley Kielbasa</u>
Map/Parcel# <u>25A / 38</u>	Address <u>190 W. Bay RD</u>
Lot# <u>38</u>	Telephone# <u>256-6231</u>
Installer's Name <u>Kari's Excavating</u>	Designer's Name <u>Alan Weiss, RS</u>
Address <u>Hadley, MA.</u>	Address <u>Belchertown</u>
Telephone# <u>549-5396</u>	Telephone# <u>413-325-5957</u>

Type of Building Residence Lot Size 0.69 AC (Assests) sq. ft.
 Dwelling - No. of Bedrooms 3 Bedroom. Garbage grinder No
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 466 gpd
 Plan: Date 09/07/2011 Number of sheets _____ Revision Date _____
 Title Septic System Repair Plan.
 Description of Soil(s) Class 1: LS + S
 Soil Evaluator Form No. _____ Name of Soil Evaluator A Weiss Date of Evaluation 8/26/2011
E-Smith.
 DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new Sptic System.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Stanley Kielbasa Date 9/15/2011

Inspections _____

No. 12-05

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

FEE \$300

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (X), Repaired (), Upgraded (), Abandoned ()

by: STANLEY KIELBASA
at 190 WEST BAY ROAD

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 12-05, dated 9/15/2011. Approved Design Flow 466 (gpd)

Installer ALAN E. WEISS
Designer: KARI'S EXCAVATING Inspector: Alan Weiss Date: 10/20/2011

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

No. 12-05

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

FEE 1507

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 190 WEST BAY ROAD as described in the application for Disposal System Construction Permit No. 12-05, dated 9/7/2011.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA Date 9/16/2011 Board of Health Alan Weiss ASST. SANITARIAN



1. The first part of the report
 2. The second part of the report
 3. The third part of the report
 4. The fourth part of the report
 5. The fifth part of the report
 6. The sixth part of the report
 7. The seventh part of the report
 8. The eighth part of the report
 9. The ninth part of the report
 10. The tenth part of the report

The following information was
 obtained from the records of
 the office of the Secretary of
 the State of New York.

The information was obtained
 from the records of the office
 of the Secretary of the State
 of New York.

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

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

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

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

Date: 8/26/2011

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: E. Smith

Date: 8/26/2011

Location Address or Lot # #190 W. Bay Rd.	Owner's Name, Address, and Telephone # Stanley Kurbasa #190 West Bay Rd. Amherst MA 01002
New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published

Publication Scale

Soil Map Unit

Drainage Class

Soil Limitations

Surficial Geologic Report Available: No Yes

Year Published

Publication Scale

Geologic Material (Map Unit)

Landform

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit)

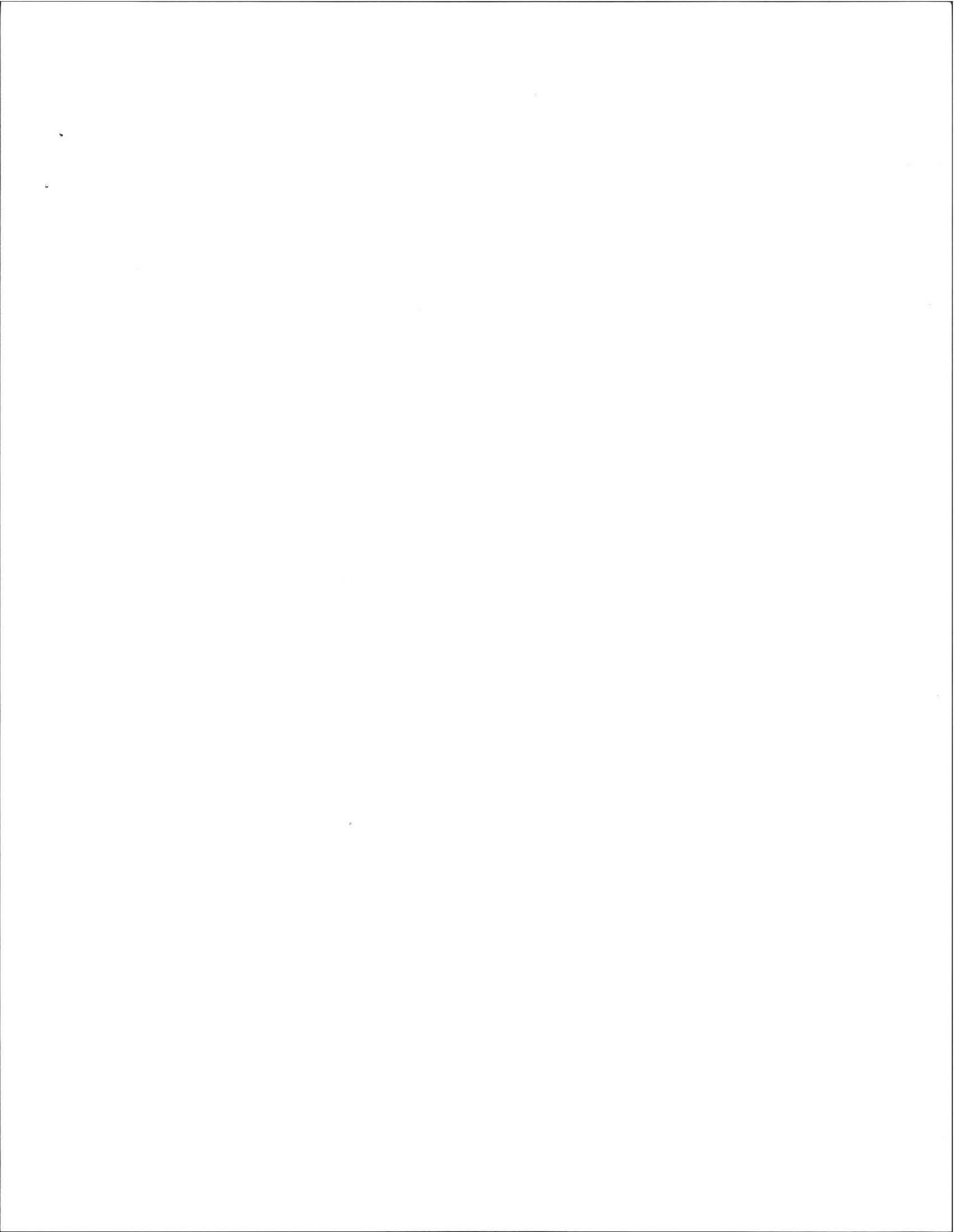
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed:





Location Address or Lot No. W. #190^A Bay RD

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>8/26/2011</u>	Time: <u>9:00</u>
Observation Hole #	<u>(P.) 52"</u>	
Depth of Perc	<u>52"</u>	
Start Pre-soak	<u>9:10</u>	<u>Repair</u>
End Pre-soak	<u>9:25</u>	
Time at 12"	<u>9:25</u>	
Time at 9"	<u>9:35</u>	
Time at 6"	<u>9:40</u>	
Time (9"-6")	<u>9"</u>	
Rate Min./Inch	<u>3 ^M/₃₀</u>	

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

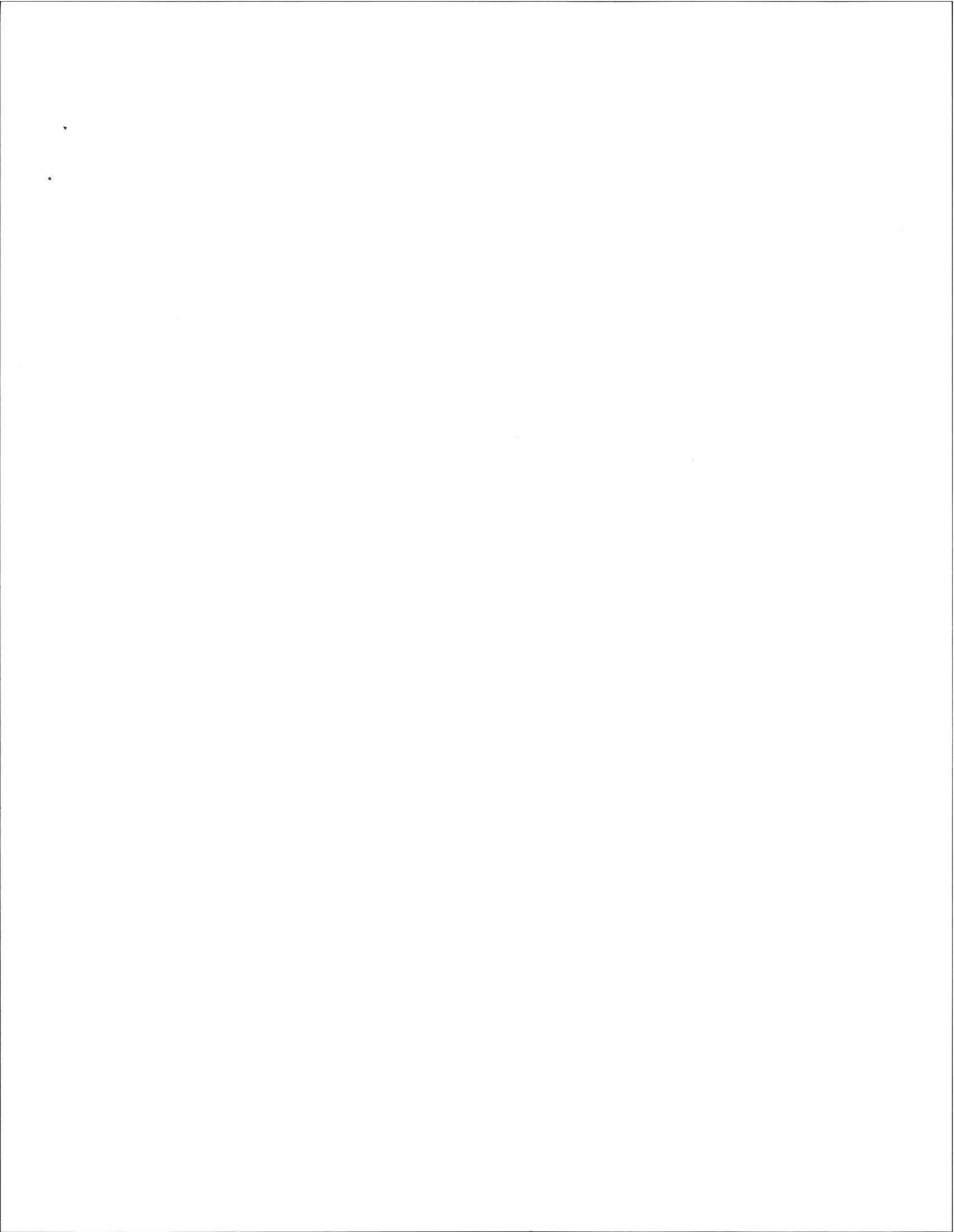
Site Passed Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed Smith

Comments: _____





Location Address or Lot No. 190 W. Bay Rd.

On-site Review

Deep Hole Number 172 Date: 8/26/2011 Time: 9:00 Weather SUN 65°F

Location (identify on site plan) _____

Land Use Wooded/Rural Slope (%) 3 Surface Stones yes

Vegetation deciduous

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body _____ feet Drainage way _____ feet
Possible Wet Area _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

Place bed over hole #1

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-9"	A	FSC	10YR 7/2		- Friable + fibrous
9"-26"	Bw	LS	7.5YR 4/1	Not obs	- Friable Loose, fSa
26"-110"	C ₁	LS+S	2.5Y 7/2		- f. Sand, 10% gravel
0-9"	A	FSC	10YR 8/2		Friable.
9"-22"	Bw	LS	7.5YR 4/1		Friable Loose:
22"-62"	C ₁	S	2.5Y 7/2	72"	F-m. Sady outwash
62"-74"	C ₂	FSL	2.5Y 4/1	2.5Y 4/2	- F, Sady compacted till.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

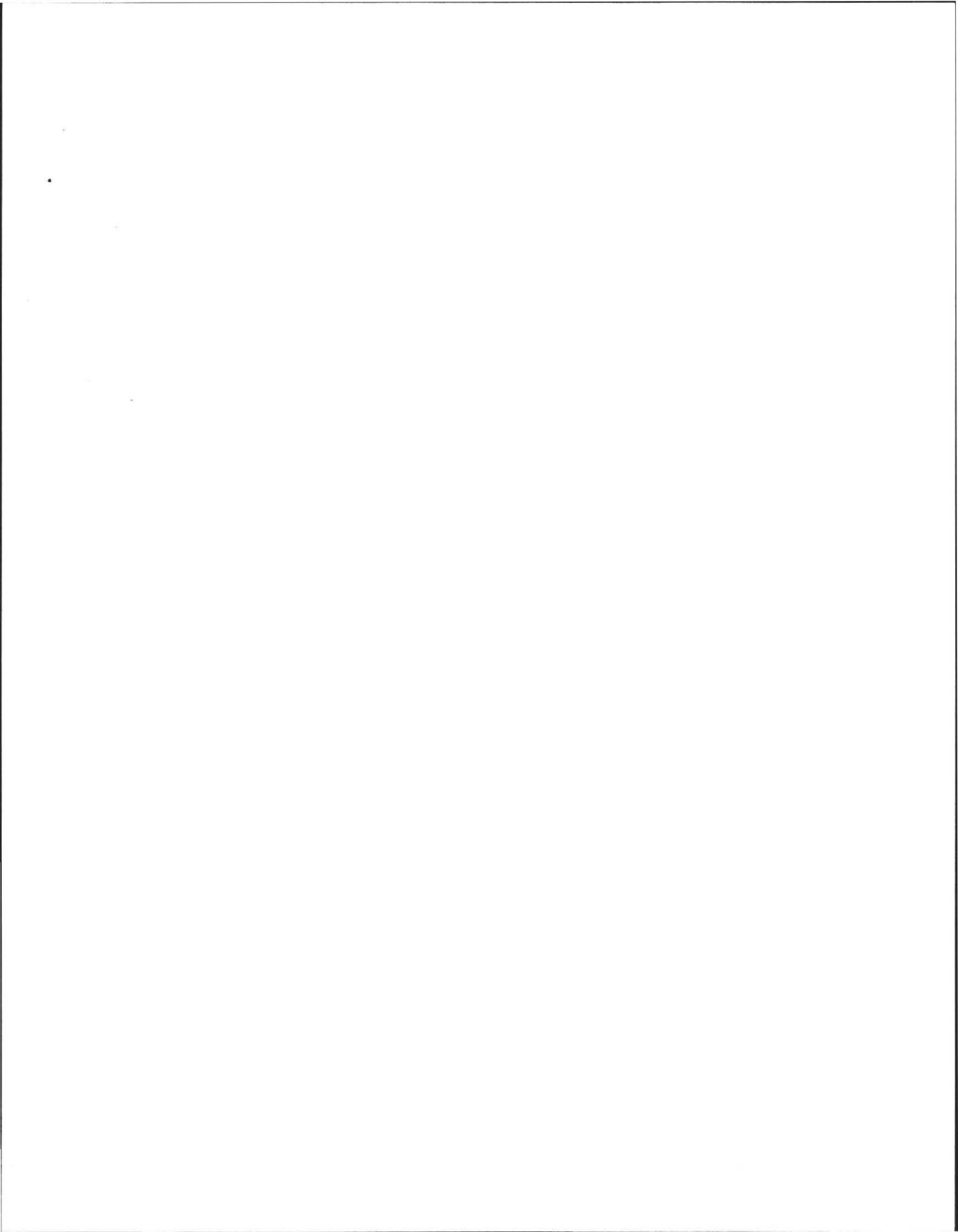
Parent Material (geologic) Outwash over t.11 Depth to Bedrock: (10m terrace). e.c.

Depth to Groundwater: Standing Water in the Hole: No Weeping from Pit Face: No

Estimated Seasonal High Ground Water: 10' assumed at #1

* Disign over hole #1 ⊥ to slope





Location Address or Lot No. West 190 Bay Rd.

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 110" (1) inches (72" e z) * use hole # 1 (lower)
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

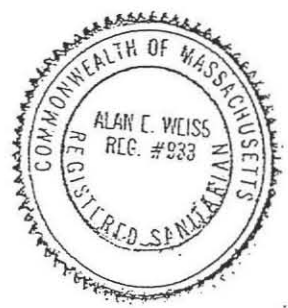
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

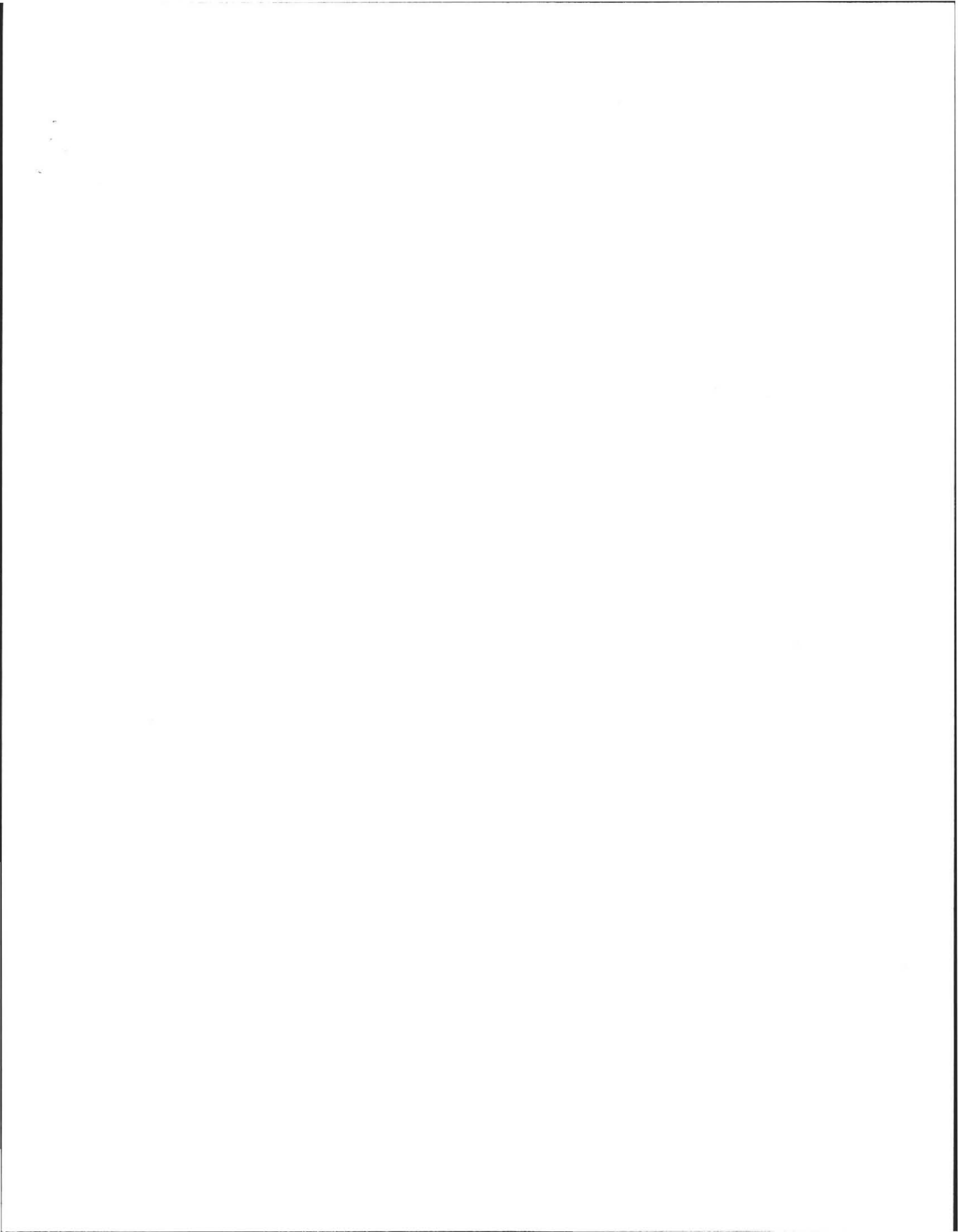
If not, what is the depth of naturally occurring pervious material? —

Certification

I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 8/26/11







- Property Map**
- Property Lines
 - Property Line
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
- Other Property Lines
 - Former Property Line
 - Subdivision Lot Line
- Easements
- Basemap**
 - Trails
 - Rail Lines
- Structures**
 - Building
 - Foundation or in const
 - Outbuilding or Miscell
 - Deck, Porch, Stairs or
 - Mobile home, Trailer
 - Swimming Pool
 - Building Ruins
 - Water storage tank
- Rivers and Streams**
 - Streams
 - Major Culverts
 - Hydro Connector
 - Headwalls, Floodwalls
- Landcover**
 - Brush and scrub vege
 - Tree and forest vege
 - Cultivated field
 - Gravel pile
 - Quarry
 - Misc Impervious Surf
- Parking**
 - Parking Paved
 - Parking Unpaved
- Driveways**
 - Driveway Paved
 - Driveway Unpaved
- Sidewalks**
- Transportation**
 - Paved street polygons
 - Unpaved street polyg
- Bridges**
 - Bridge decking and str
 - Foot Bridge
 - Rail Bridge

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD83, Feet

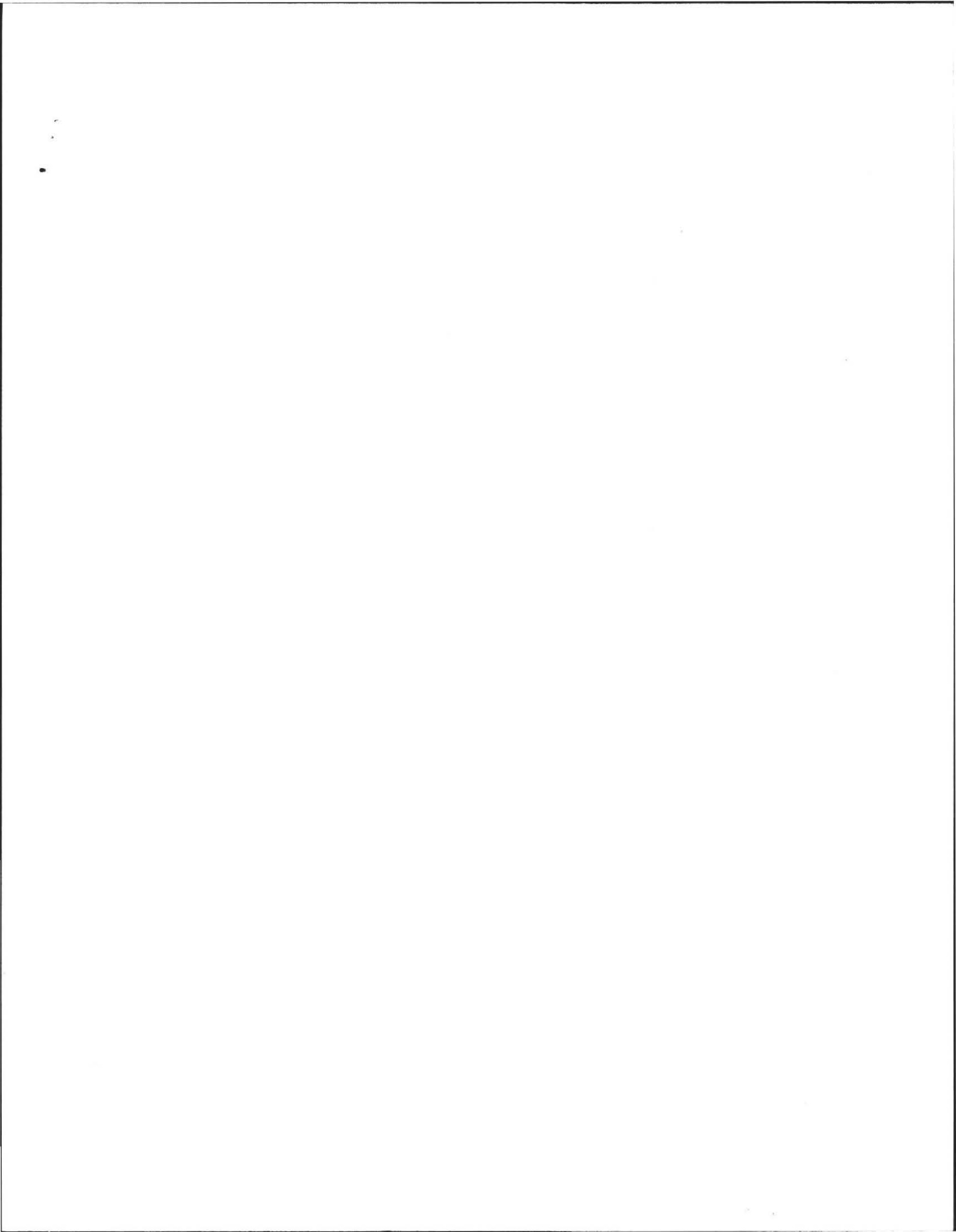
Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 238 ft

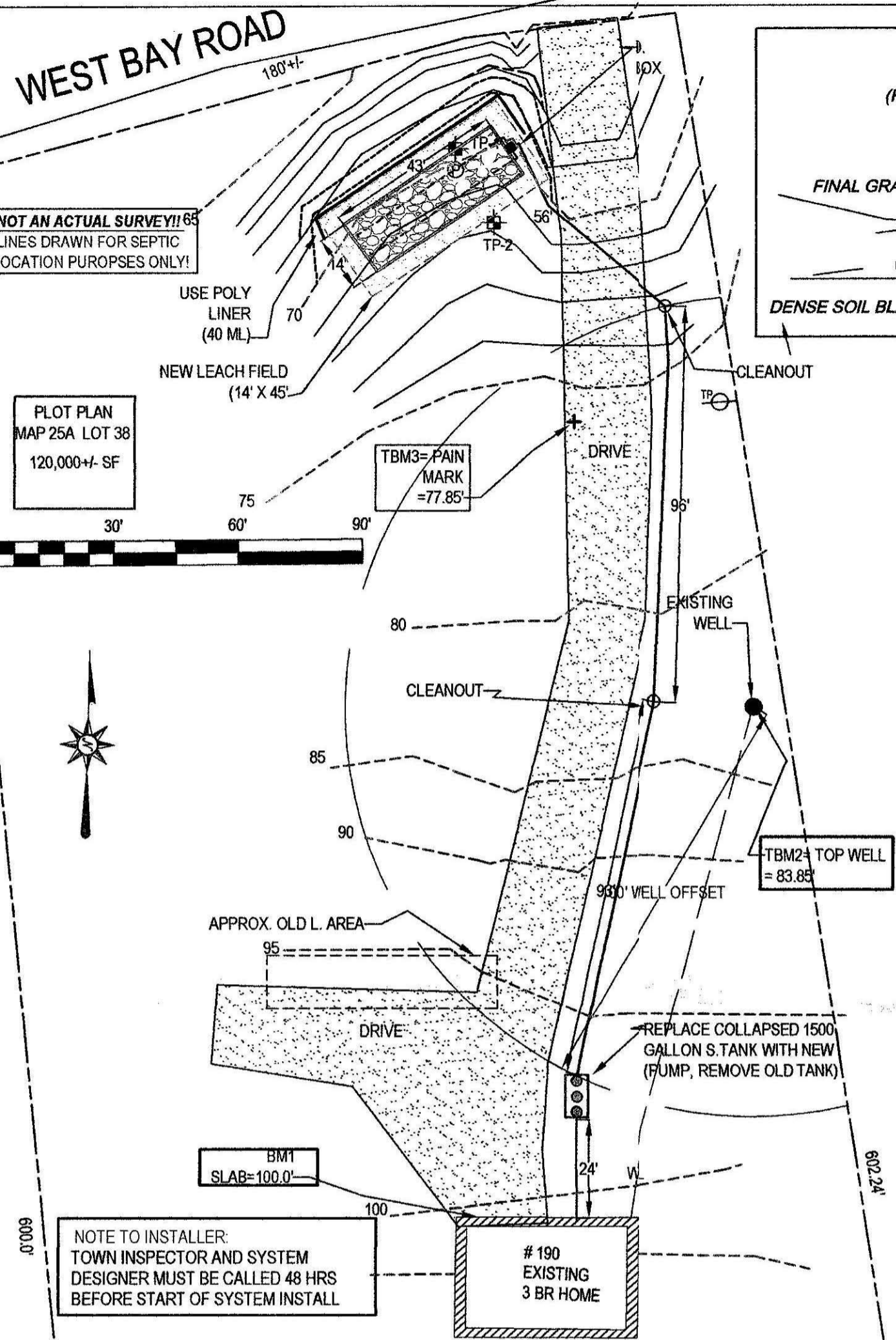




WEST BAY ROAD

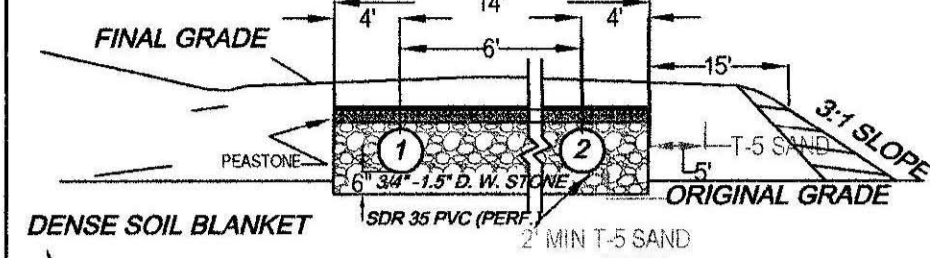
NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC
LOCATION PURPOSES ONLY!

PLOT PLAN
MAP 25A LOT 38
120,000+- SF

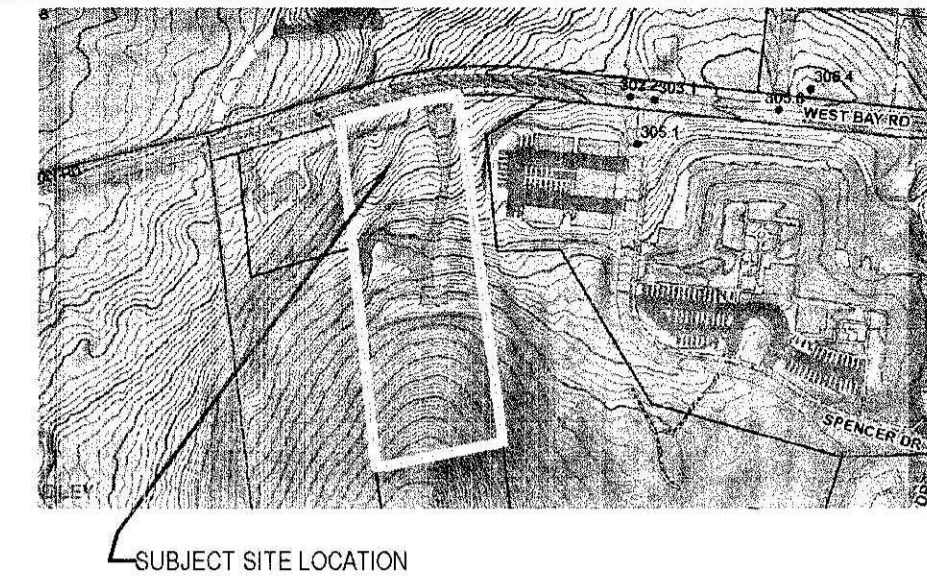
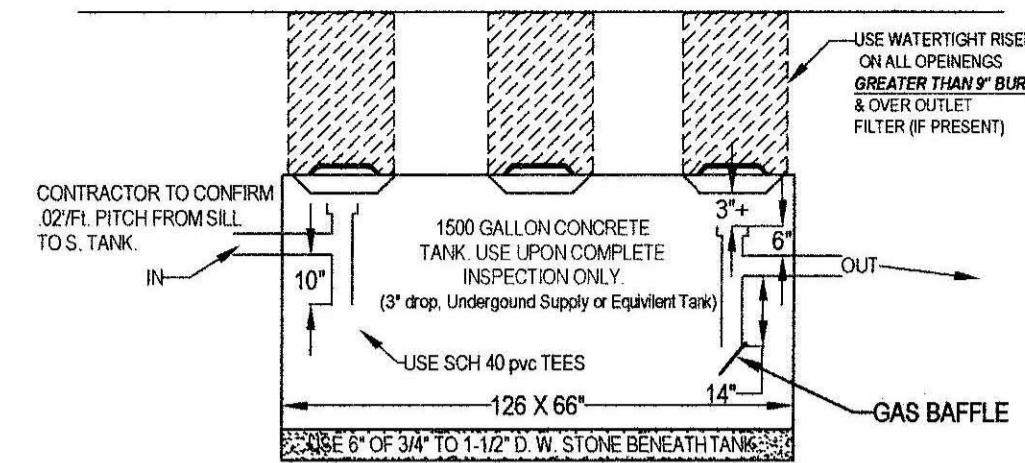


NOTE TO INSTALLER:
TOWN INSPECTOR AND SYSTEM
DESIGNER MUST BE CALLED 48 HRS
BEFORE START OF SYSTEM INSTALL

**EFFLUENT DISPOSAL AREA
CROSS SECTION - NOT TO SCALE
(RAISED DISPOSAL AREA) (2% SLOPE TOP)**
NUMBER OF 4" SDR PVC SEPTIC LINES: 2
CENTER TO CENTER SPACING: 6'

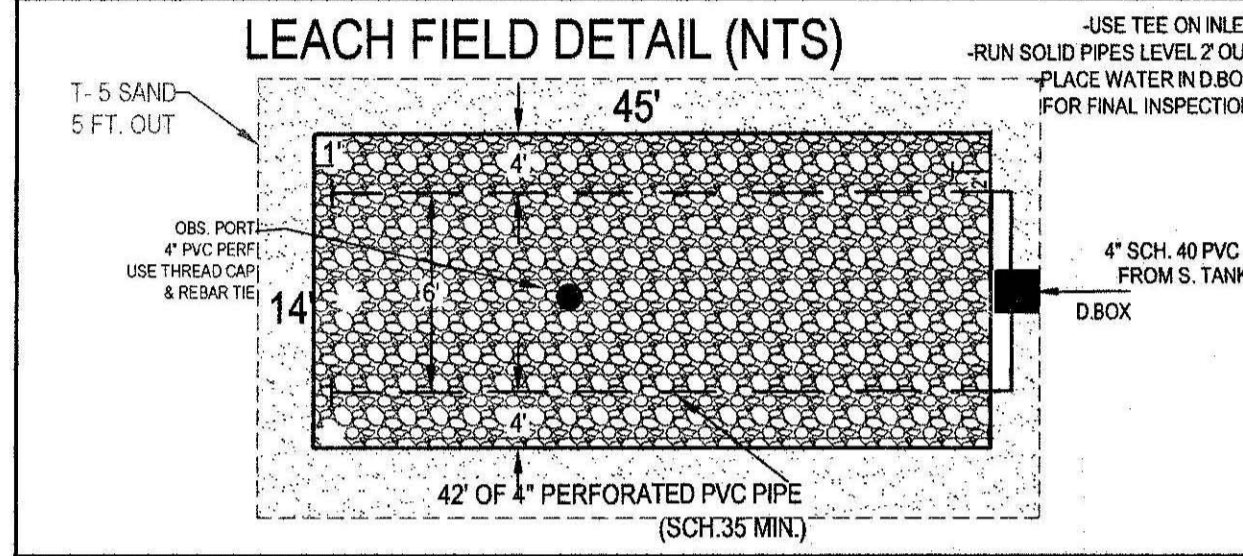


TYPICAL SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.

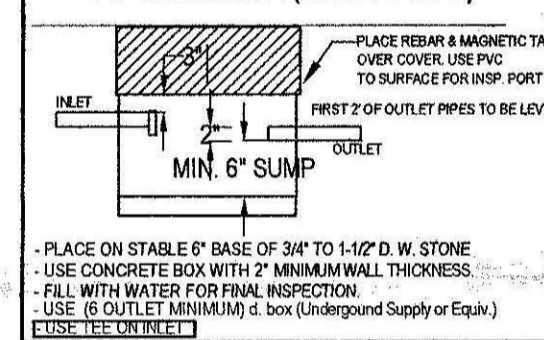


SUBJECT SITE LOCATION

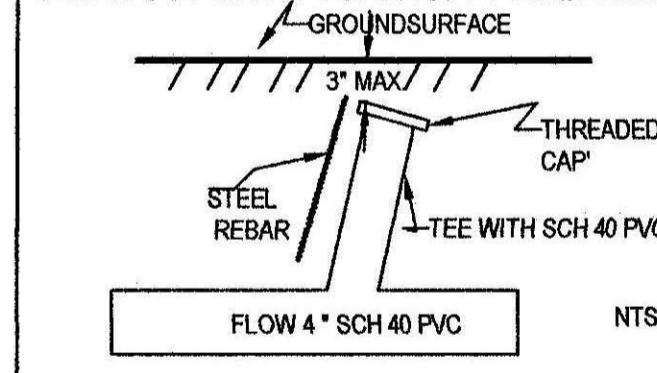
LEACH FIELD DETAIL (NTS)



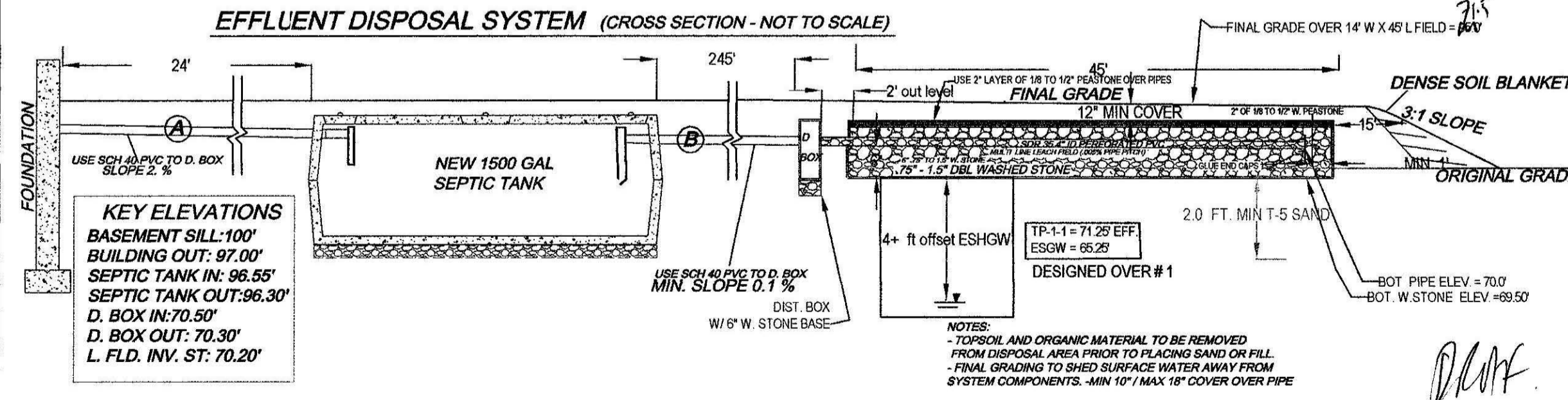
TYPICAL D.BOX (WATERTIGHT)



CLEAN OUT EVERY TURN/100 FT REQUIRED



EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



KEY ELEVATIONS
BASEMENT SILL: 100'
BUILDING OUT: 97.00'
SEPTIC TANK IN: 96.55'
SEPTIC TANK OUT: 96.30'
D. BOX IN: 70.50'
D. BOX OUT: 70.30'
L. FLD. INV. ST: 70.20'

NOTES:
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.
- FINAL GRADING TO SHED SURFACE WATER AWAY FROM SYSTEM COMPONENTS. - MIN 10" MAX 18" COVER OVER PIPE

DESIGN NOTES AND CALCULATIONS:

- 3 (BEDROOM HOME) = 330 GPD MIN. REQUIRED,
- Use LEACHING FIELD 14' WIDE X 45' LONG WITH 6" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT :
- BOTTOM AREA: L. FIELD (14' W X 45' L) = 630 SF.
- TOTAL AREA: 630 SF X .74 GAL/SF = 466 GPD PROVIDED.
- GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
- NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
- NO OTHER WETLANDS WITHIN 100 FEET OF SAS,
- USE NEW S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
- INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
NOTE:
- ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
- USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
- ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS
NOTE:
- D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
- ANY /ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
- USE (.75"-1 1/2") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE
- USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
- USE PROPER SCH. 40 PVC TEES AS SHOWN.
- PRE & POST C/CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
- SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQD.
- USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
- USE 2% MIN. SILOPE OVER SAS
- CLEAR TOP AND SUB TO 26" MIN. AS NEEDED (INSPECTION REQUIRED).
- CLEAR PAST IBASE OF B (MIN. 26") & SCARIFY UNDER BED PRIOR TO TITLE V SAND/STONE PLACEMENT.
- EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
- SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
- DEPTH OF PERC. 52"
- PERC RATE = 3 MIN / IN,
- CLASS 1, L. SAND & SAND SOIL RATING
- NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
- ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
- TBM-AS NOTED @. (SEE PLAN), CONFIRM PROPER PIPE SLOPES
- USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
- GRADE MULCH AND SEED OVER SAS AS NOTED.
- INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
- USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.

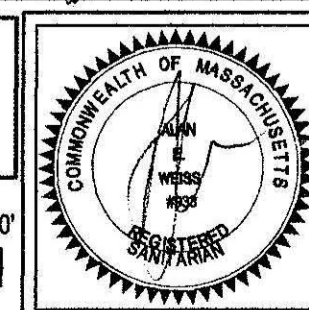
TEST PIT LOG:

TP-1 EFF. ELEV:				SOIL EVALUATOR: A. WEISS, RS				DATE OF EVALUATION: 08.26.2011	
DEPTH	HORIZ.	TEXTURE	COLOR (MUNSELL)	MATERIAL	DEPTH	HORIZ.	TEXTURE	COLOR (MUNSELL)	MATERIAL
0-9"	A	FSL	10 YR 3.2	FRIABLE	0-9"	A	FSL	10 YR 3.2	FRIABLE
9-26"	Bw	LS	7.5 YR 4.4	F. SANDY, LOOSE	9-22"	Bw	LS	7.5 YR 4.4	F. SANDY, LOOSE
26-110"	C1	LS	2.5 Y 7.2	F. SANDY OUTWASH	22-62"	C1	S	2.5 Y 7.2	F. M SANDY OUTWASH
				10% GRAVEL	62-74"	C2	FSL	2.5 Y 4.1	F. SANDY COMPACTED TILL
OXIDES: 72"				2.5 Y 4.2	OXIDES: 62"				2.5 Y 4.2
EHWT: 72"					EHWT: 62"				
STANDING H2O: INOT					STANDING H2O: NOT				
WEEPING: INOT					WEEPING: NOT				
BEDROCK: 110'+					BEDROCK: 74'+				

SEPTIC SYSTEM REPAIR PLAN FOR STANLEY KIELBASA
190 WEST BAY ROAD
AMHERST, MA

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007

P.F.O.N.C.: (413) 323-5957
F.A.X.: (413) 323-4916
DATE: 08.02.2011
SCALE: 1"=30'
DRAWN BY: ALAN WEISS
REVISED:
DRAWING NUMBER: 111-3624-0711



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
CALL DIG SAFE BEFORE YOU DIG! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



PERMITS/INSP PAYMENT RECPT#: 12027855
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 10/04/11 TIME: 13:47
CLERK: smithe DEPT:

PAID BY: KIELBASA, STANLEY W
PAYMENT METH: CHECK 110

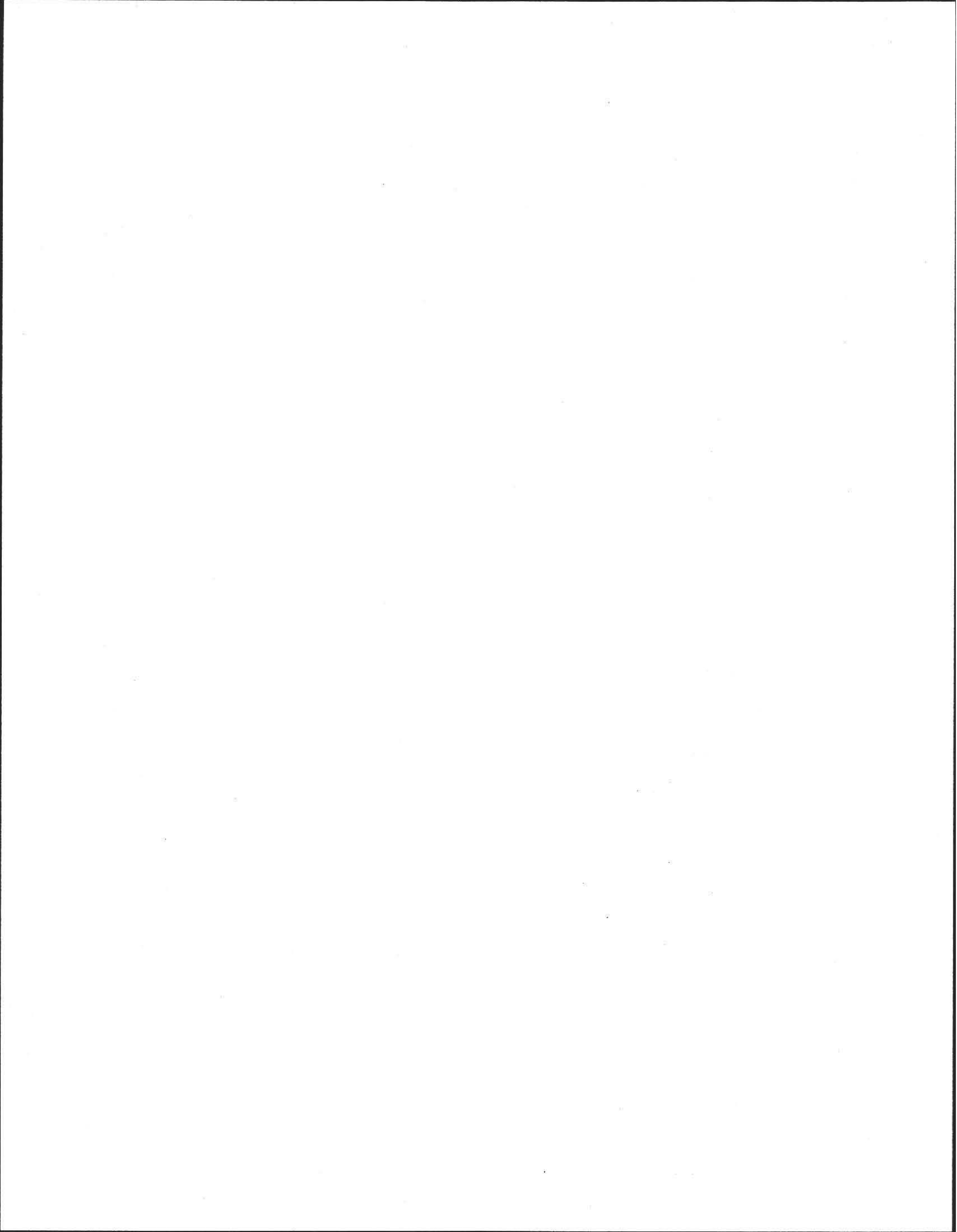
REFERENCE:

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

SITE ADDRESS: 190 WEST BAY ROAD

FEE:
HEA011 300.00

TOTAL PAID: 300.00



PERMITS/INSP PAYMENT RECPT#: 12023819

TOWN OF AMHERST

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 09/16/11 TIME: 13:42
CLERK: smithe DEPT:

PAID BY: KIELBASA, STANLEY W
PAYMENT METH: CHECK 108

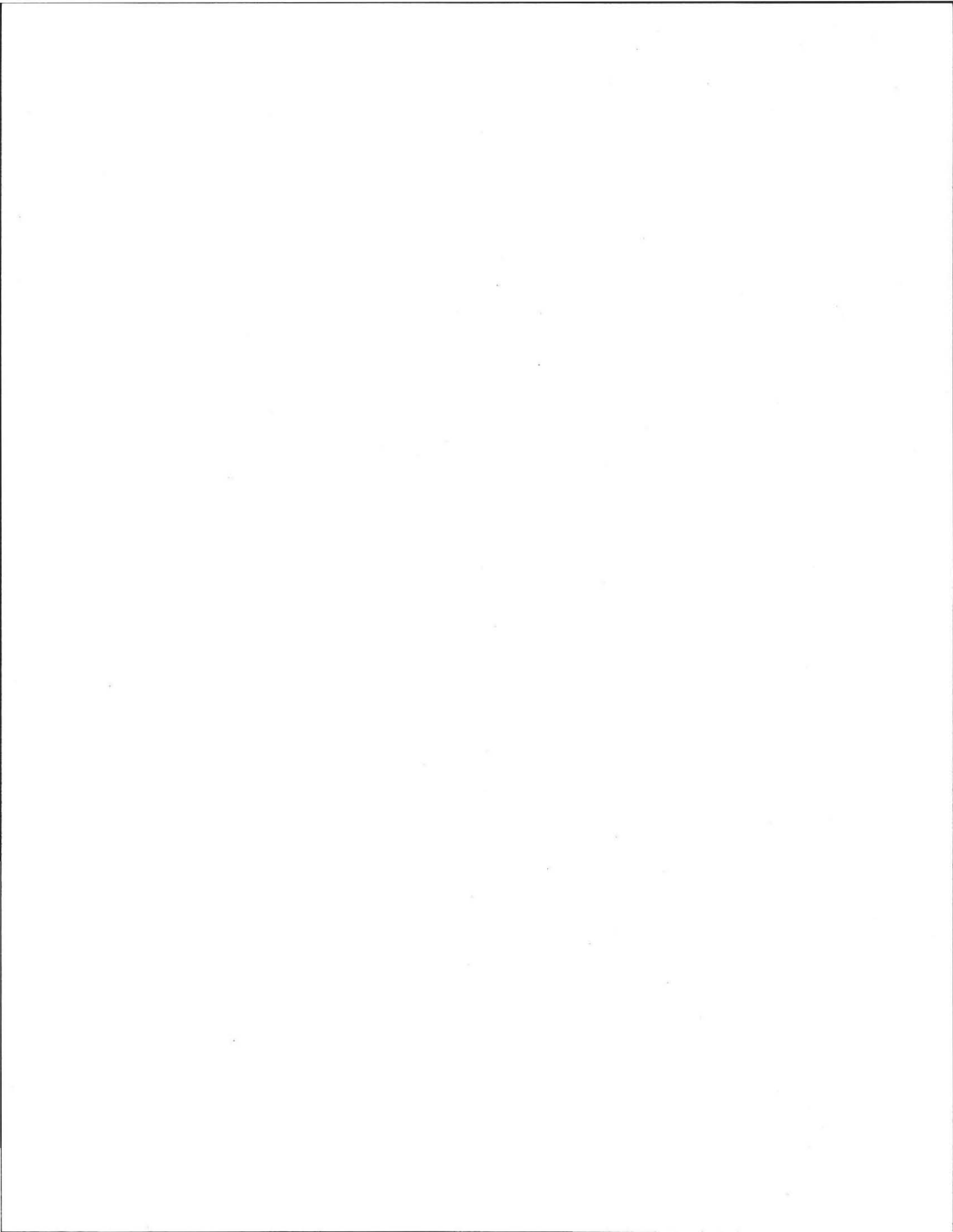
REFERENCE:

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

SITE ADDRESS: 190 WEST BAY RD

FEES:
HEA017 150.00

TOTAL PAID: 150.00



12-

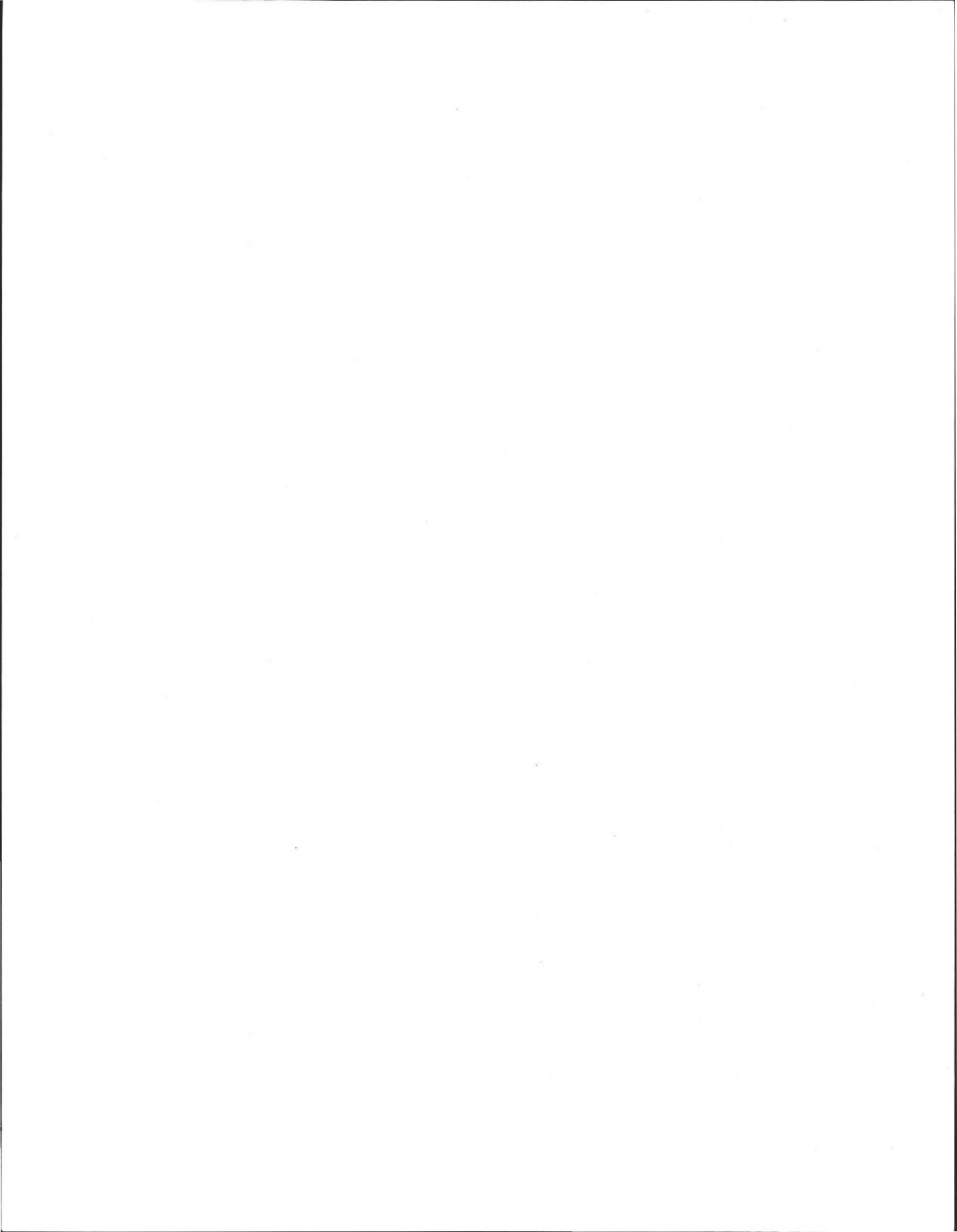
Plan: 190 WEST BAY ROAD

Designed by:

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp. 15220 (3)
- Legal boundaries noted
- Easements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private CMR 15.220(k):
 - Within 400 feet of system in case of surface water and gravel packed public water supply
 - Within 250 feet of system in case of tubular public water supply
 - Within 150 feet of private supply wells 100' septic sys. 5' Tank
- Well statement if applicable
- Location of any surface waters, rivers, vegetated wetlands
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 15.227.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6) BED PREFERRED / TOPOGRAPHY
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

NOTES:



No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



Application for a Permit to Construct() Repair() Upgrade() Abandon() - Complete System Individual Components

Location <u>190 West Bay RD.</u>	Owner's Name <u>Stanley Kielbasa</u>
Map/Parcel# <u>25A / 38</u>	Address <u>190 W. Bay RD</u>
Lot# <u>38</u>	Telephone# <u>256-6231</u>
Installer's Name <u>Kari's Excavating</u>	Designer's Name <u>Alan Weiss, RS</u>
Address <u>Hadley, MA.</u>	Address <u>Belchertown</u>
Telephone# <u>549-5396</u>	Telephone# <u>413-325-5957</u>

Type of Building Residence Lot Size 0.69 AC (Assess) sq. ft.

Dwelling - No. of Bedrooms 3 Bedroom. Garbage grinder NO

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

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 466 gpd

Plan: Date 09/07/2011 Number of sheets _____ Revision Date _____

Title Septic System Repair Plan.

Description of Soil(s) Class 1: LS + S

Soil Evaluator Form No. _____ Name of Soil Evaluator A Weiss Date of Evaluation 8/26/2011

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new septic system.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Stanley Kielbasa Date 9/15/2011

Inspections _____

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned ()

by: _____

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____, Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

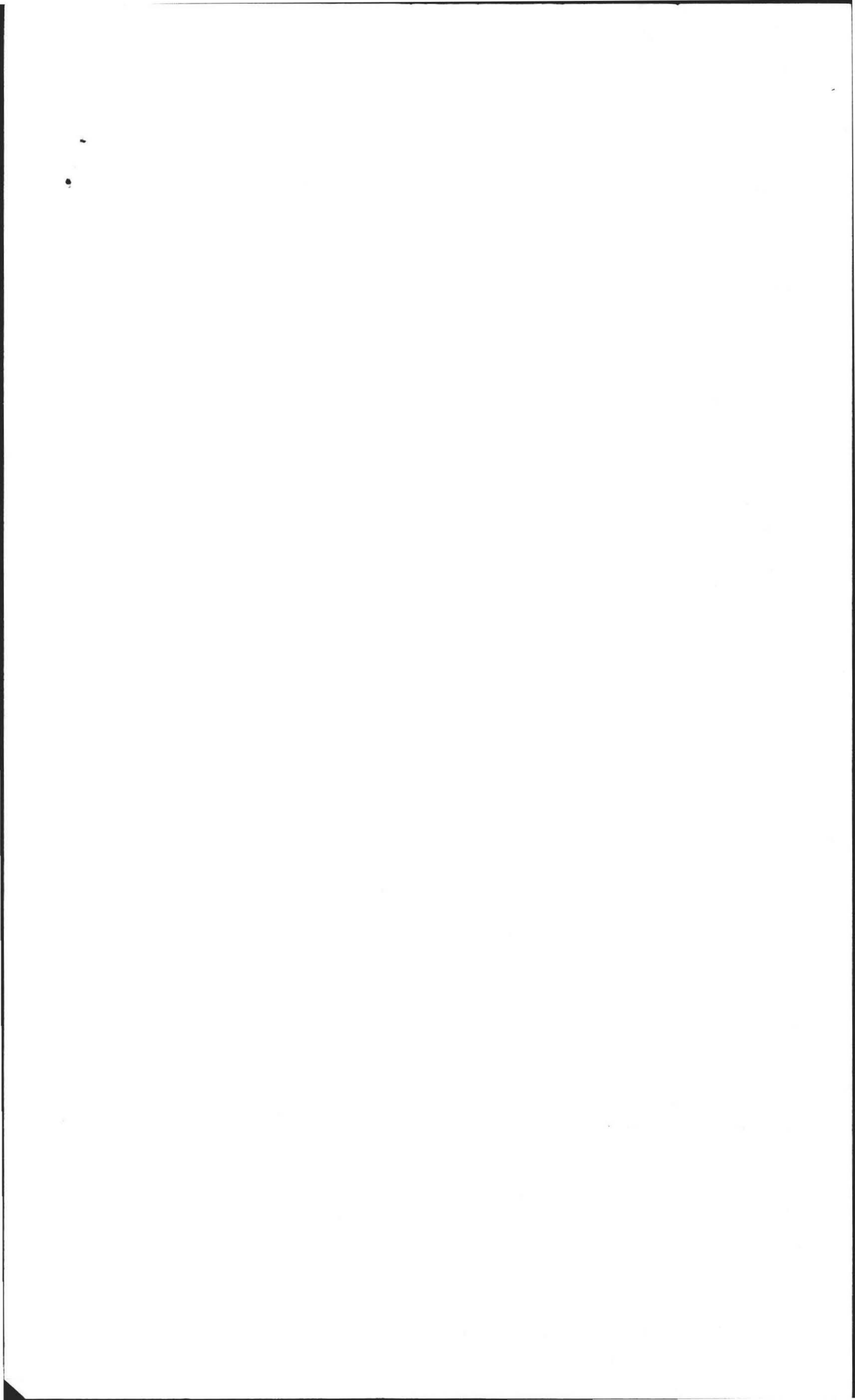
Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at _____ as described in the application for

Disposal System Construction Permit No. _____, dated _____.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.





ALAN E. WEISS, M.S., R.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

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

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

Date: 8/26/2011

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: E. Smith

Date: 8/26/2011

Location Address or Lot # <u>#190 W. Bay Rd.</u>	Owner's Name, Address, and Telephone # <u>Stanley Kurbasa</u> <u>#190 West Bay Rd.</u> <u>Amherst MA 01002</u>
New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____
Geologic Material (Map Unit) _____

Landform: _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit)

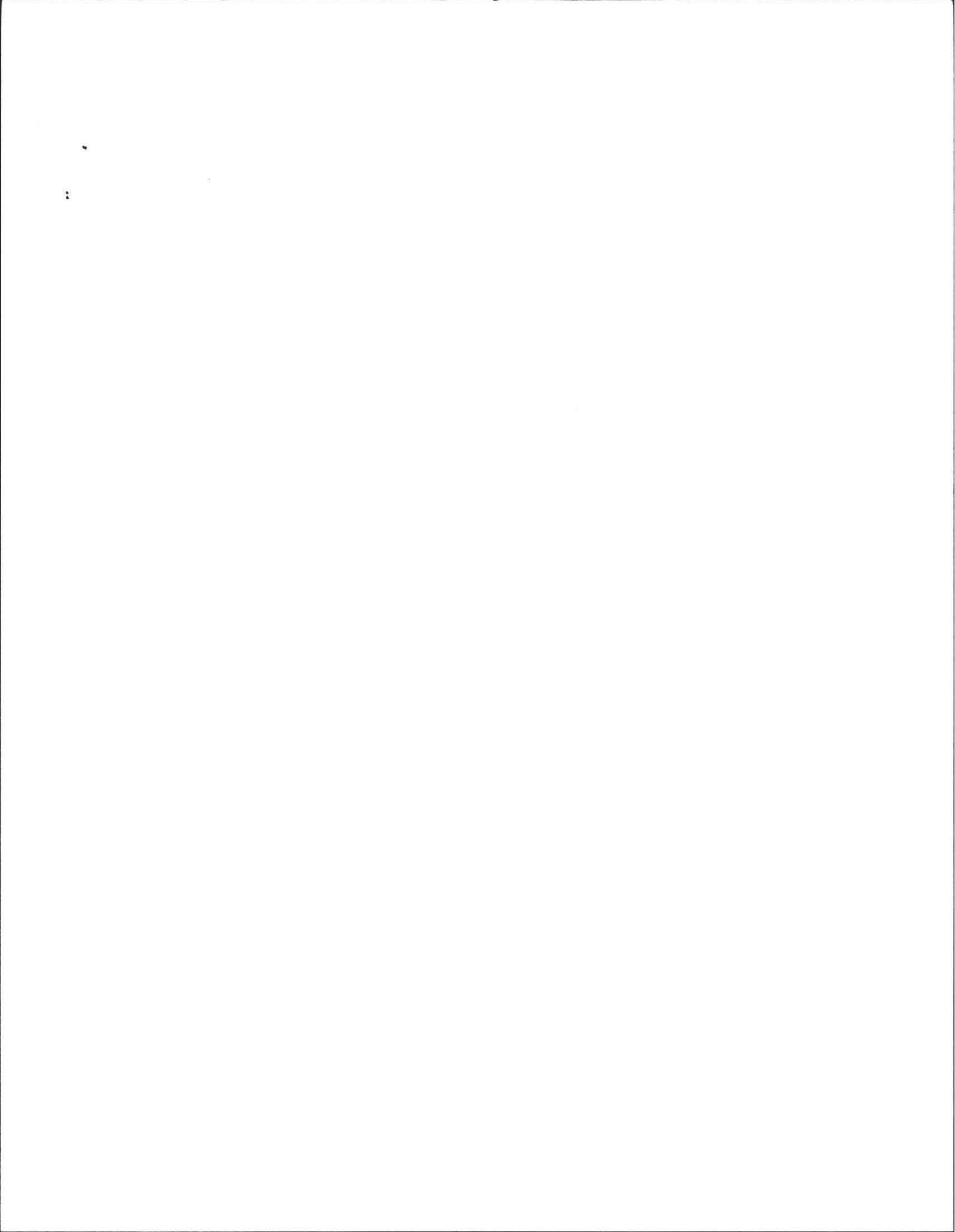
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. W. #190 Bay RD

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

Percolation Test*		
Date:	8/26/2011	Time: 9:00
Observation Hole #	(P.) 52"	
Depth of Perc	52"	
Start Pre-soak	9:10	
End Pre-soak	9:25	<u>Repair</u>
Time at 12"	9:25	
Time at 9"	9:35	
Time at 6"	9:40	
Time (9"-6")	9"	
Rate Min./Inch	3 ^M / ₃₀	

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

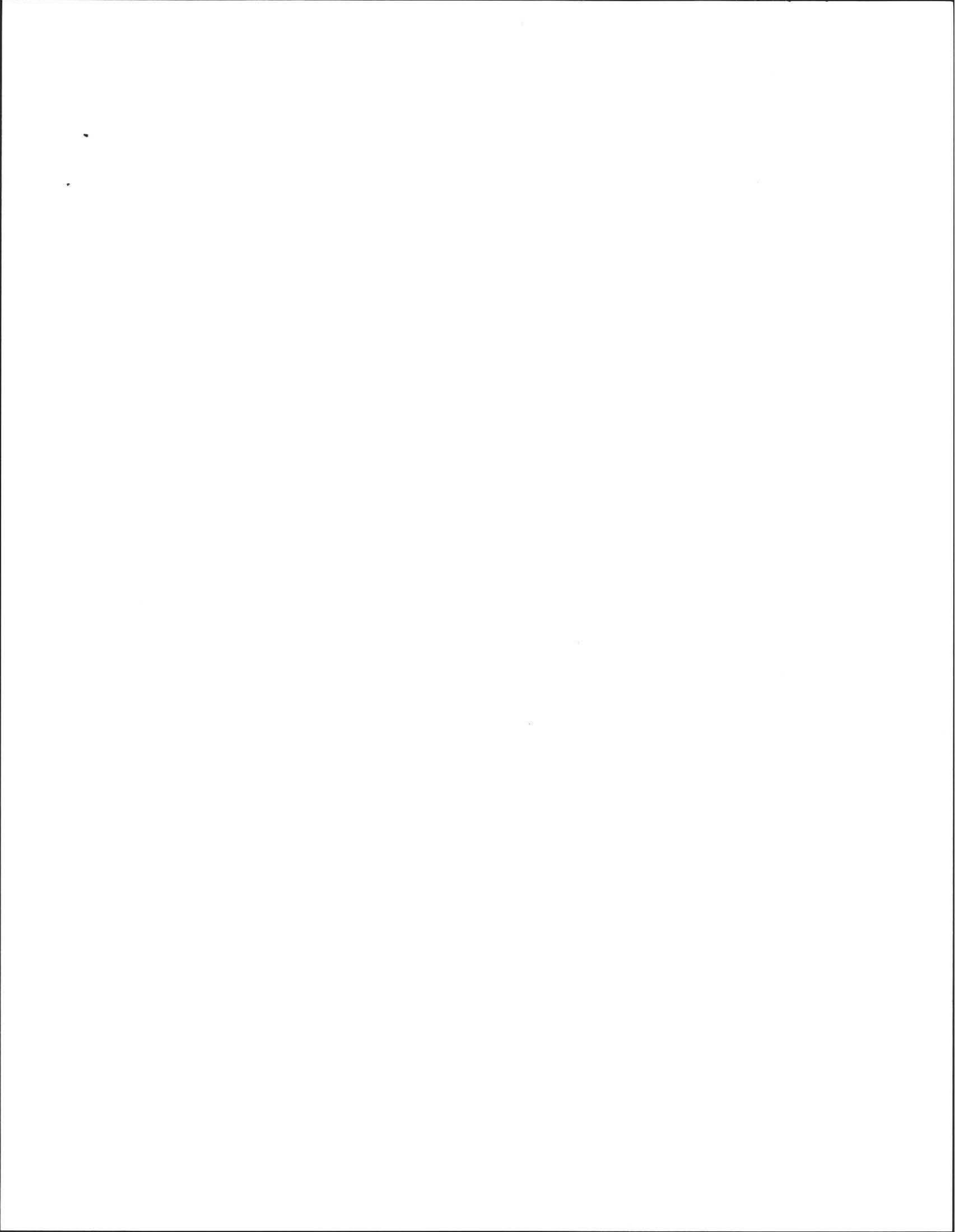
Site Passed Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed Smith

Comments: _____





Location Address or Lot No. 190 W. Bay Rd.

On-site Review

Deep Hole Number 1+2 Date: 8/26/2011 Time: 9:00 Weather SUN 65°F

Location (identify on site plan) _____

Land Use Wooded/Rural Slope (%) 3 Surface Stones yes

Vegetation deciduous

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body _____ feet Drainage way _____ feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____

Place bed over hole #1

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
<i>x</i> #1 0-9"	A	FSC	10YR 7/2		- friable + fibrous
9"-26"	Bw	LS	7.5YR 4/1	Not obs	- friable Loose, f. Sa
26"-110"	C1	LS+S	2.5Y 7/2		- f. Sand, 10% gravel
<i>#2</i> 0-9"	A	FSC	10YR 7/2		friable.
9"-22"	Bw	LS	7.5YR 4/1		Friable Loose.
22"-62"	C1	S	2.5Y 7/2		F-m. Sady outwash
62"-74"	C2	FSL	2.5Y 4/1	72" 2.5Y 4/2	- F, Sady compacted fill.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

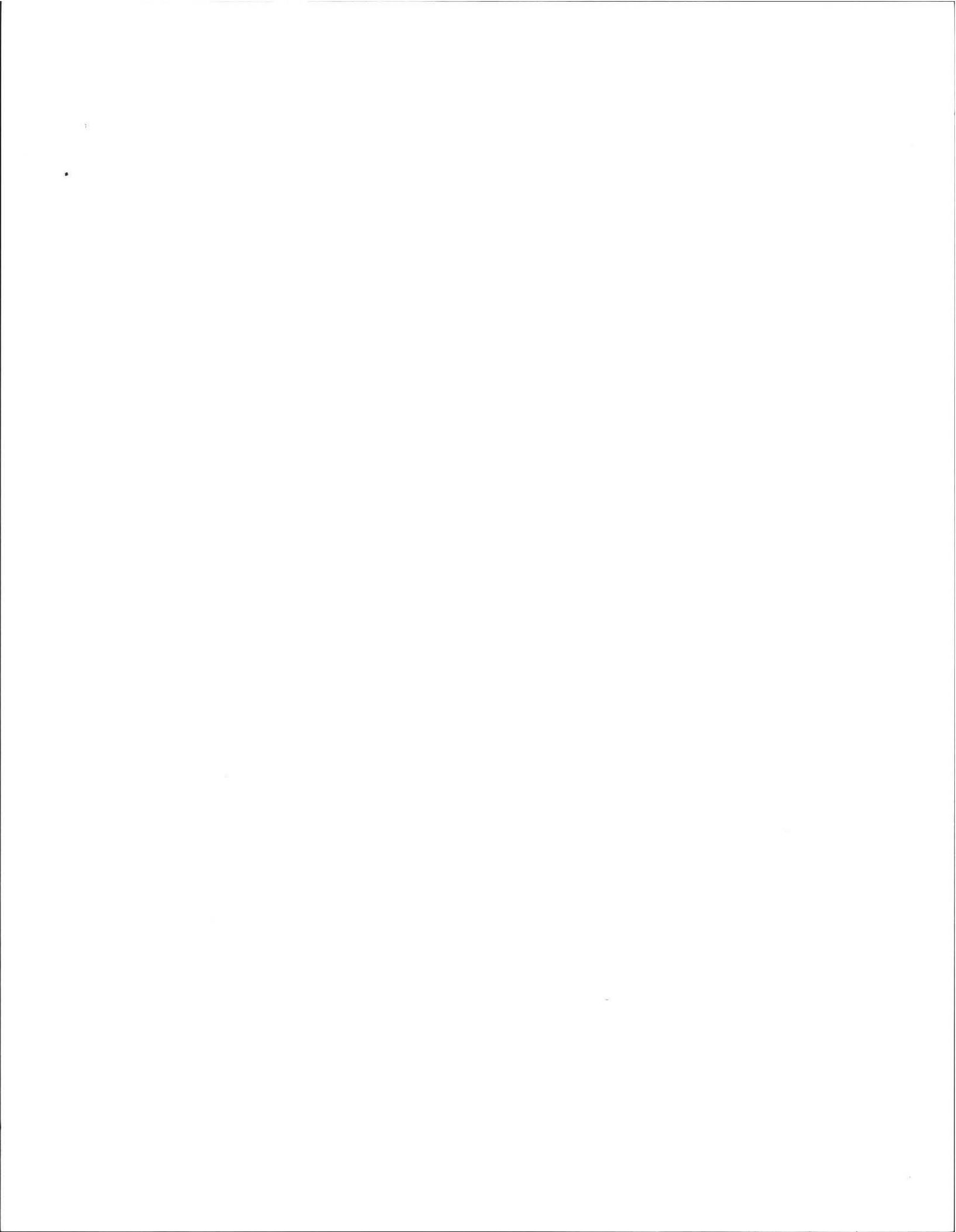
Parent Material (geologic) Outwash over fill Depth to Bedrock: (1 km terrace). e.c.

Depth to Groundwater: Standing Water in the Hole: No Weeping from Pit Face: No

Estimated Seasonal High Ground Water: 10" assumed at #1

x Design over hole #1 ⊥ to slope





Location Address or Lot No. West 190 Bay Rd.

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 110" (1) inches (72" e z) * use hole # 1 (lower).
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

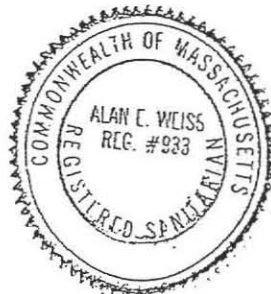
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

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

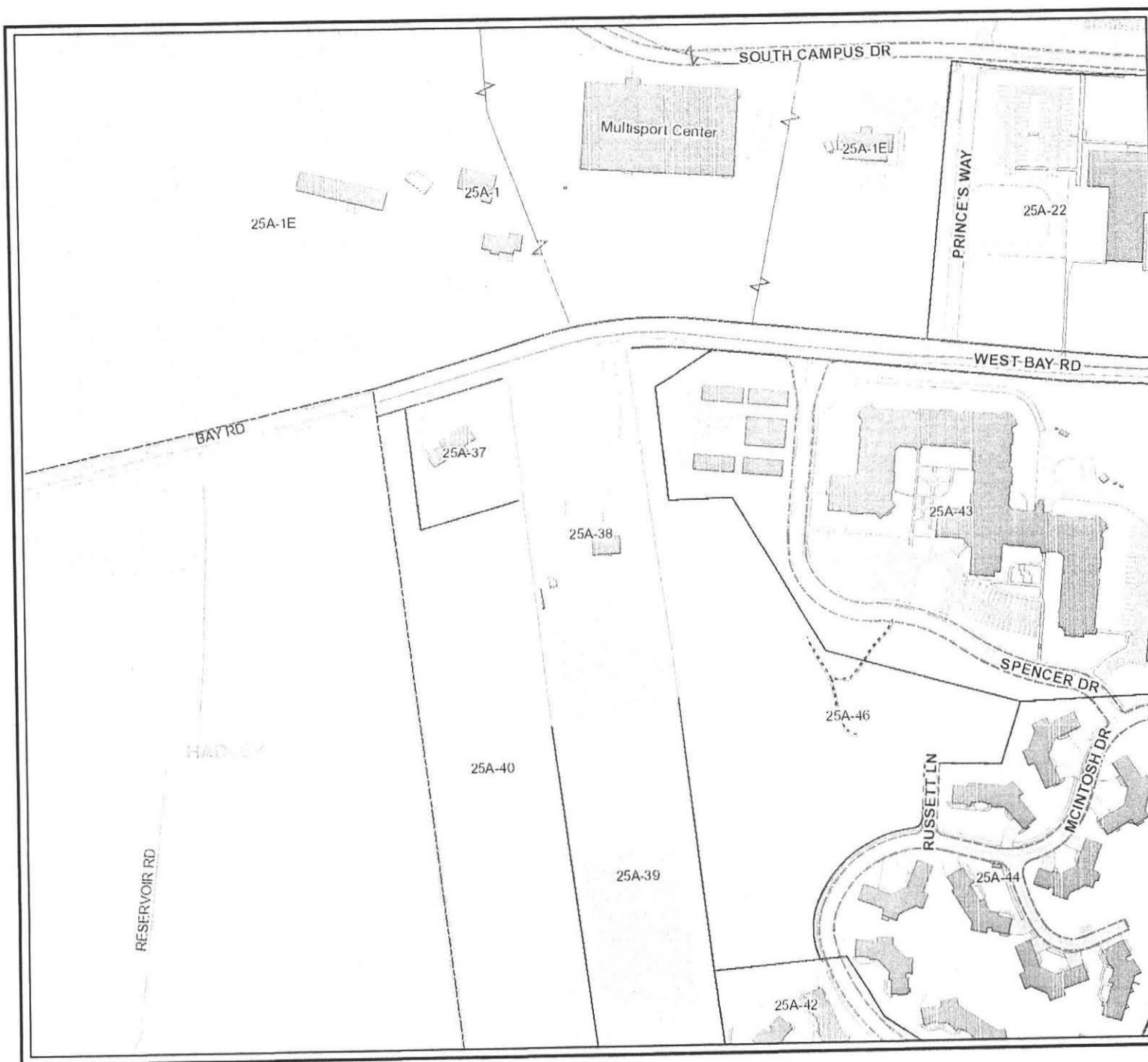
Certification

I certify that on 6/95 (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 AL Date 8/26/11



5
4
3



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 - Cultivated field
 - Gravel pile
 - Quarry
 - Misc Impervious Surfa
- Parking**
- Parking Paved
 - Parking Unpaved
- Driveways**
- Driveway Paved
 - Driveway Unpaved
- Sidewalks**
- Sidewalks
- Transportation**
- Paved street polygons
 - Unpaved street polyg
- Bridges**
- Bridge decking and str
 - Foot Bridge
 - Rail Bridge

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD88, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

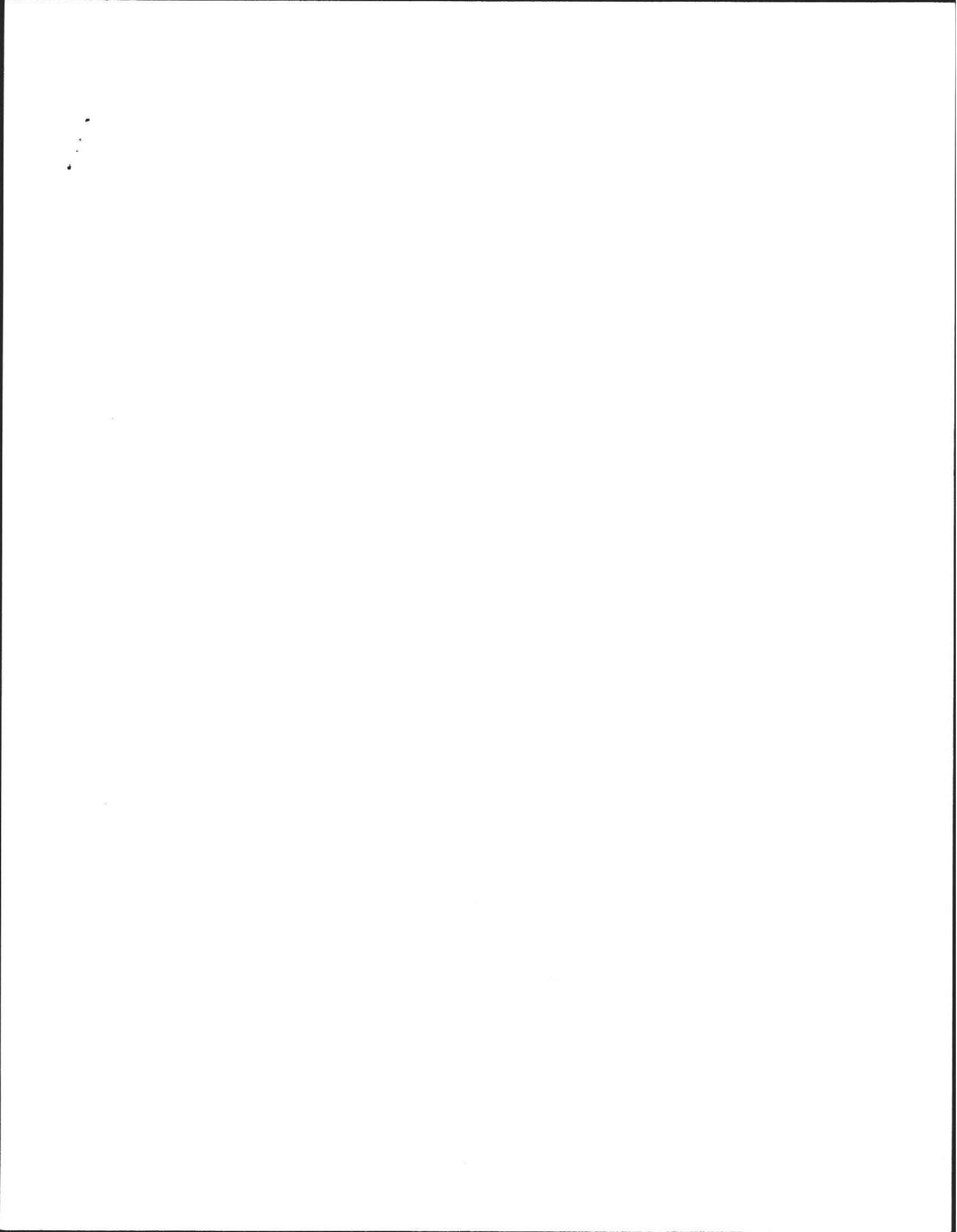
The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 238 ft



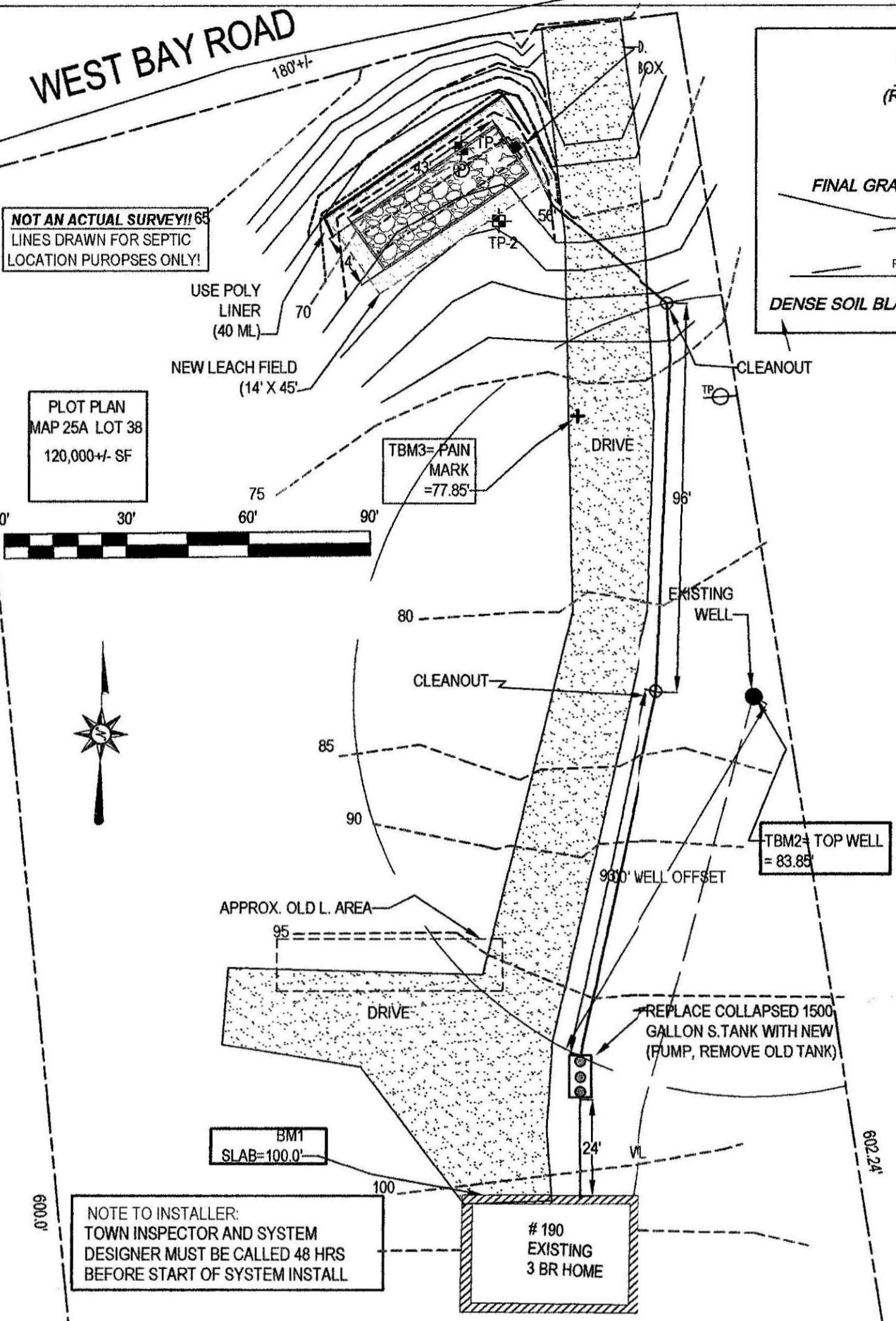
Amherst GIS Viewer August 17, 2011



WEST BAY ROAD

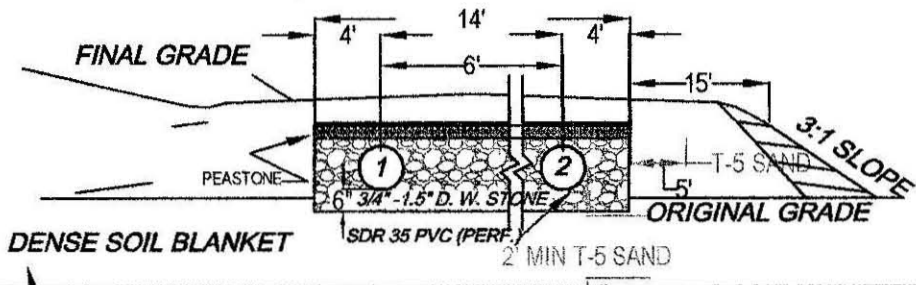
NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC
LOCATION PURPOSES ONLY!

PLOT PLAN
MAP 25A LOT 38
120,000+- SF

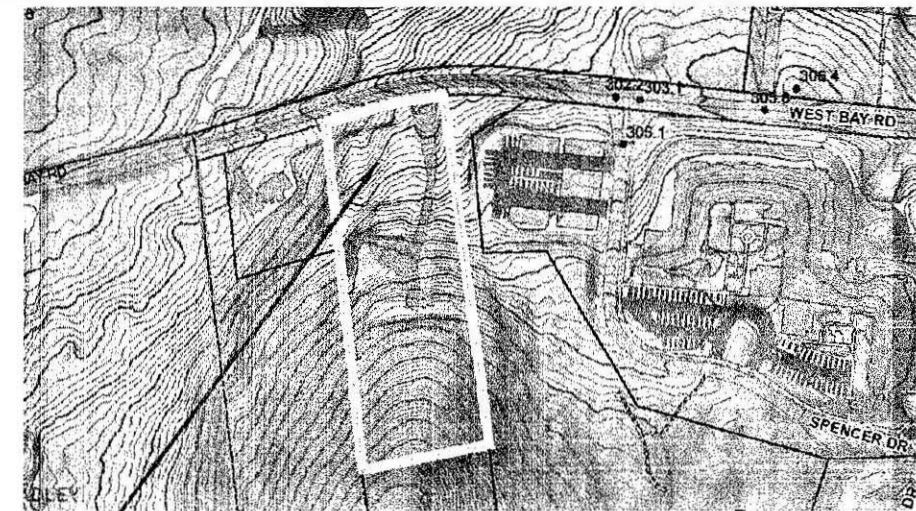
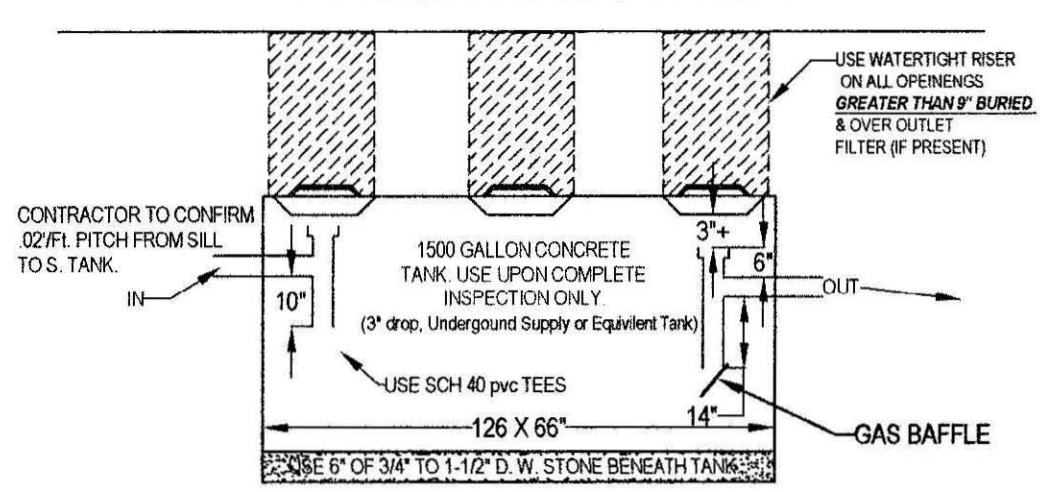


NOTE TO INSTALLER:
TOWN INSPECTOR AND SYSTEM
DESIGNER MUST BE CALLED 48 HRS
BEFORE START OF SYSTEM INSTALL

EFFLUENT DISPOSAL AREA
CROSS SECTION - NOT TO SCALE
(RAISED DISPOSAL AREA) (2% SLOPE TOP)
NUMBER OF 4" SDR PVC SEPTIC LINES: 2
CENTER TO CENTER SPACING: 6"

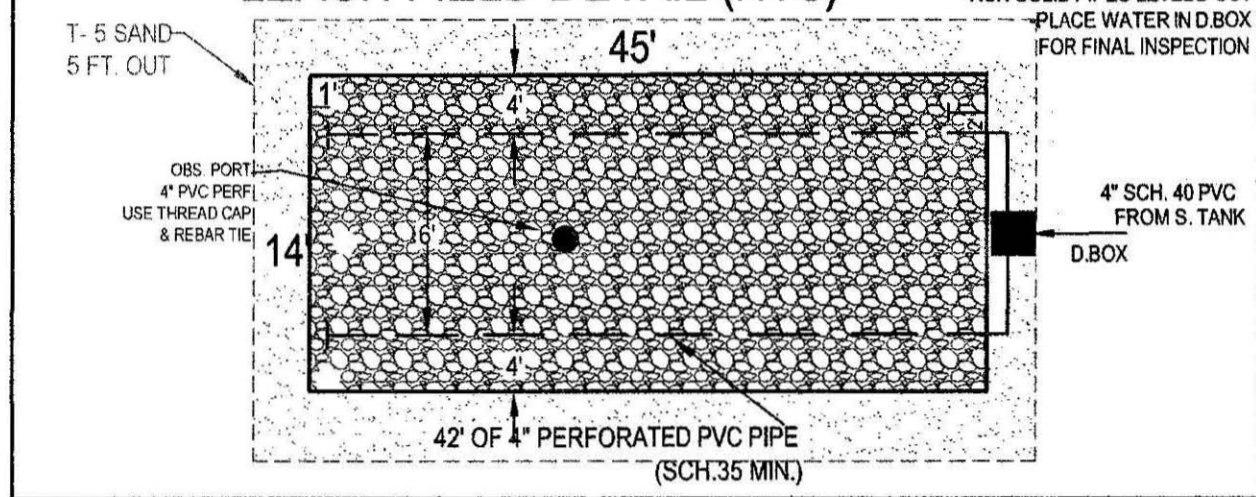


TYPICAL SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.

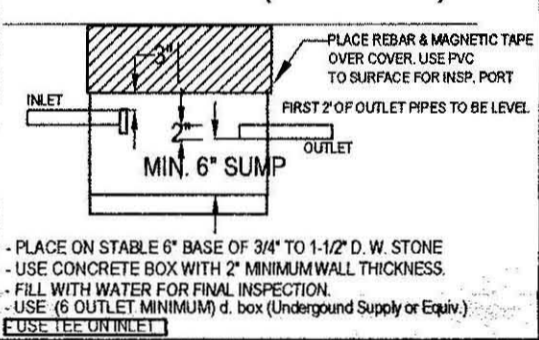


SUBJECT SITE LOCATION

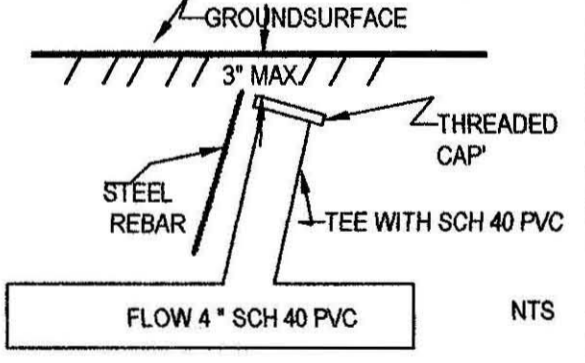
LEACH FIELD DETAIL (NTS)



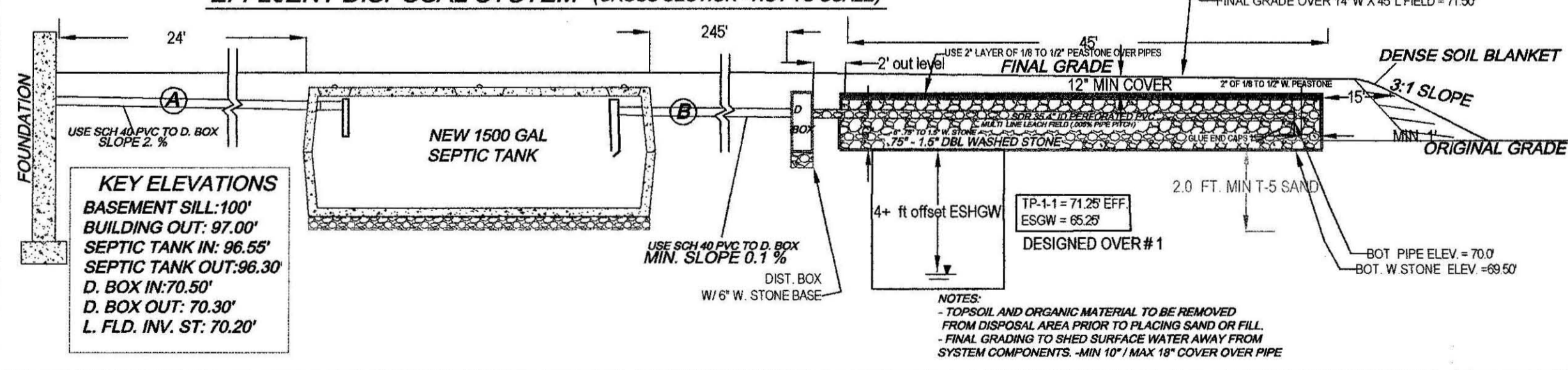
TYPICAL D.BOX (WATERTIGHT)



CLEAN OUT EVERY TURN/100 FT REQUIRED



EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



KEY ELEVATIONS
BASEMENT SILL: 100'
BUILDING OUT: 97.00'
SEPTIC TANK IN: 96.55'
SEPTIC TANK OUT: 96.30'
D. BOX IN: 70.50'
D. BOX OUT: 70.30'
L. FLD. INV. ST: 70.20'

TEST PIT LOG:

TP-1 EFF. ELEV.				SOIL EVALUATOR: A. WEISS, RS				DATE OF EVALUATION: 08.26.2011			
DEPTH:	HORIZ:	TEXTURE (UNSATURATED)	MATERIAL:	DEPTH:	HORIZ:	TEXTURE (UNSATURATED)	MATERIAL:				
0-9"	A	FSL	10 YR 3.2	0-9"	A	FSL	10 YR 3.2				
9-26"	Bw	LS	7.5 YR 4.4	9-22"	Bw	LS	7.5 YR 4.4				
26-110"	C1	LS	2.5 Y 7.2	22-62"	C1	S	2.5 Y 7.2				
			10% GRAVEL	62-74"	C2	FSL	2.5 Y 4.1				
OXIDES: 72" 2.5 Y 4.2				OXIDES: 62" 2.5 Y 4.2							
EHWT: 72"				EHWT: 62"							
STANDING H2O: NOT				STANDING H2O: NOT							
WEEPING: NOT				WEEPING: NOT							
BEDROCK: 110'+				BEDROCK: 74'+							

SEPTIC SYSTEM REPAIR PLAN FOR STANLEY KIELBASA
190 WEST BAY ROAD
AMHERST, MA

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA 01007

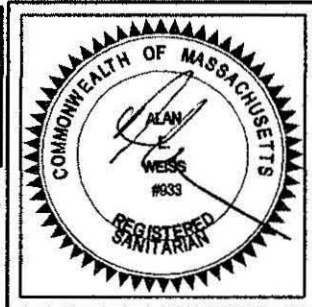
PHONE: (413) 523-5957
FAX: (413) 523-4916
DATE: 09.07.2011
SCALE: 1"=30'
DRAWN BY: ALAN WEISS
REVISED:
DRAWING NUMBER: 111-36550826

GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.
1.) HAVE TANK PUMPED EVERY 2 YEARS. 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM. 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 10 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



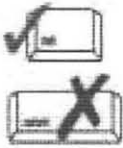


Commonwealth of Massachusetts
City/Town of
Septic System Installation Checklist

DEP has provided this form for use by local Boards of Health if they wish to do so.

A. Applicant Information

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



STANLEY KIELBISA
Name

190 W. BAY ROAD
Address

AMHERST MA 01002
City State Zip Code

12-05
Disposal System Construction Permit #

KARL'S EXCAVATING Map Lot

INSTALLER

ALAN WEISS
Designer

EDMUND SMITH
Board of Health Representative

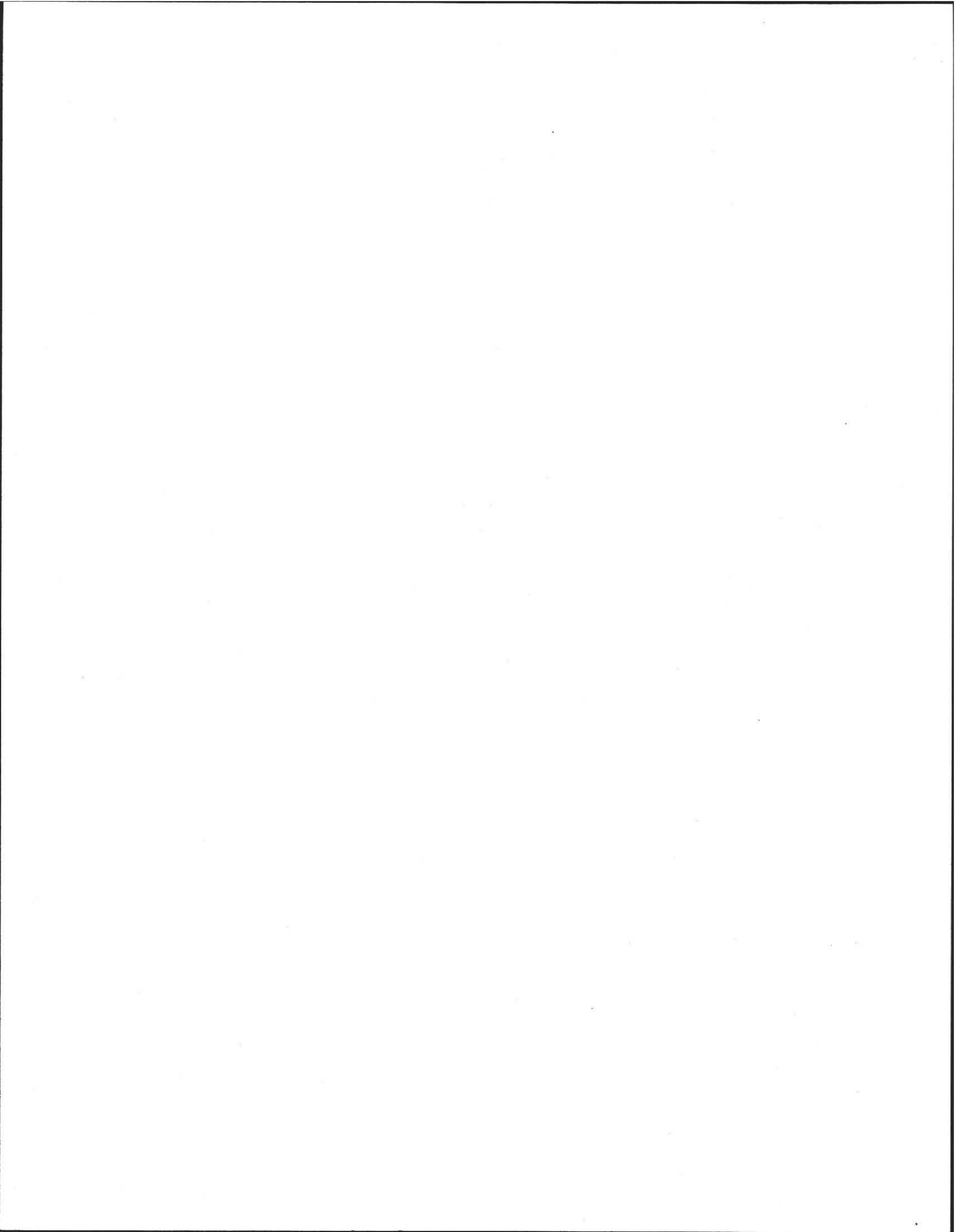
Inspection Dates:

Tank: _____ Leach Area: _____
Date Date

Final: _____ Other: _____
Date Date

B. Application Checklist

1. Pre-Construction Conference	Approved	N/A	Problem
Sieve analysis supplied for sand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current approved plans (3 copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System staked prior to construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site check for tank water-tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abandonment of existing system (repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan revision(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conditions/Approvals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O/M Plan on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEP approval on file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





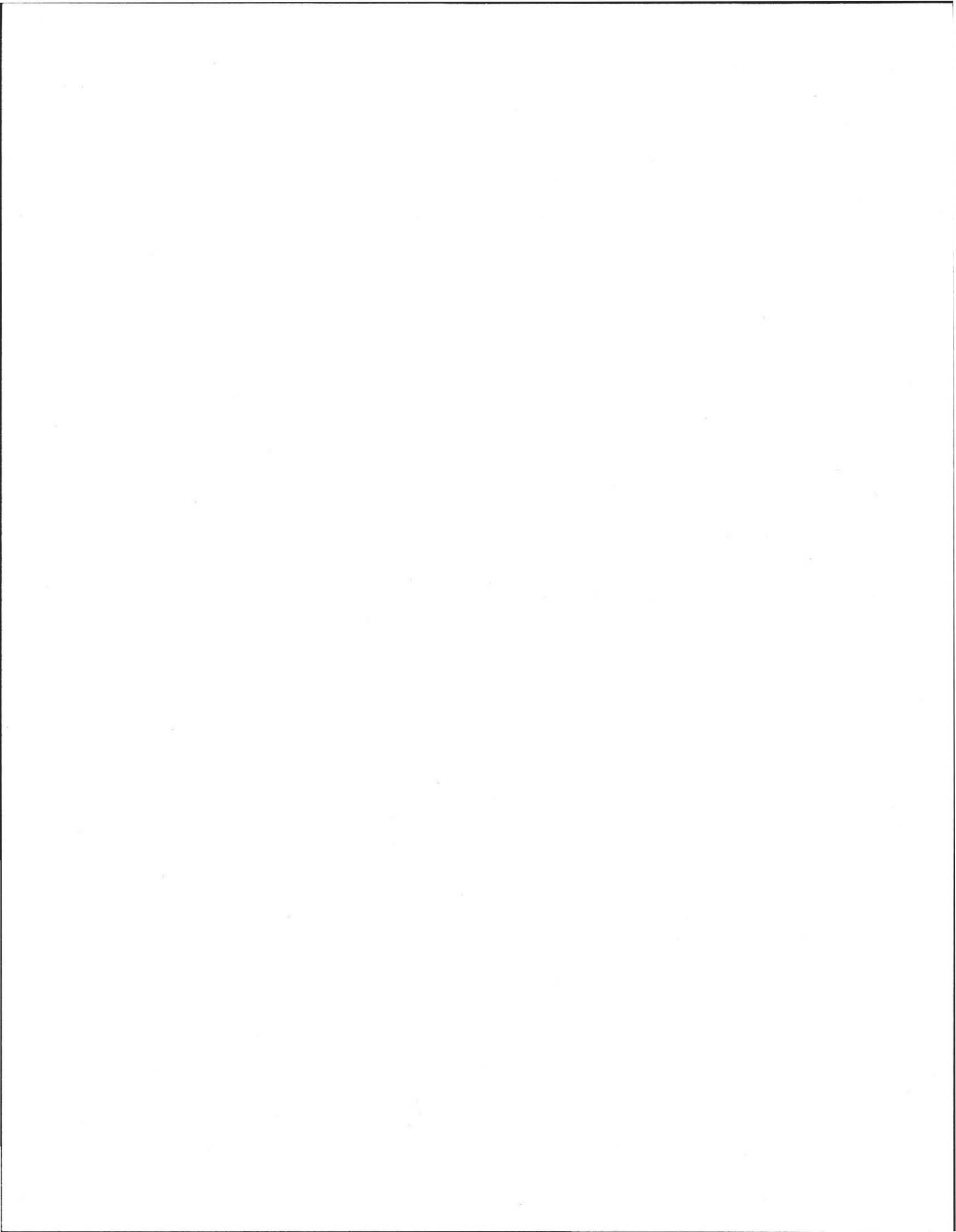
Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

2. Construction Inspection

		Approved	N/A	Problem
a) Building Sewer (310 CMR 15.222)				
All waste pipes tied into building sewer	Basement check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule 40 PVC 4" or cast iron	Verify by reading pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum slope of 0.01-0.02	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe laid in continuous straight line	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe laid on compact, firm base	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanouts precede all changes in alignment/grade	Verify by visual/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanout provided every 100 ft.	Verify by visual/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backfill material clean	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Septic Tank (310 CMR 15.223)				
Tank is set level with 6" stone under (15.228)	Check with level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is required size/loading per plan	Verify with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet and outlet are at proper location (15.227)	Verify with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is water tight (15.226)	Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlet tees extend 6" above flow line	Verify by visual/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved filter device placed at outlet	DEP list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas baffle installed at outlet tee	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inlet and outlet tees on center line	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank is backfilled with acceptable material	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:



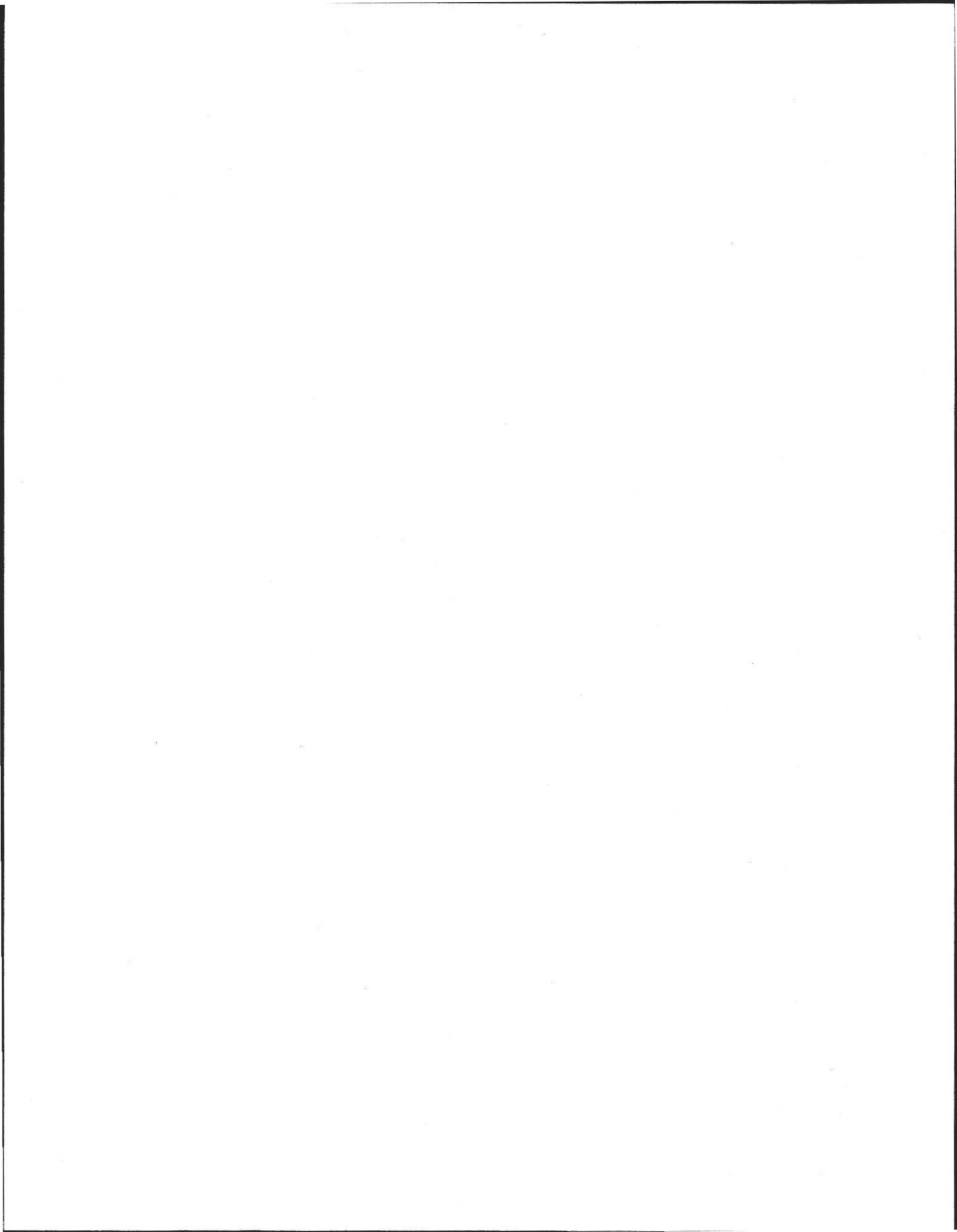


Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

c) Distribution Box (310 CMR 15.232)		Approved	N/A	Problem
All outlet pipes at same elevation	Check by adding water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of outlets _____ per plan	Number of laterals _____ per plan			
Inlet tee min. 1" over outlet	Visual and w/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box set on level base	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top of D box 36" max depth	Visual and w/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box is water-tight	Add water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D box has a minimum of 2" thick wall and 12" inside dimension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Pump Chamber (310 CMR 15.231)		Approved	N/A	Problem
Tank is set level	Visual and w/level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper volume is provided	Check plan and tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Float elevations set per plan	Measure w/tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min. 2" delivery line to D box	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of pumps: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified pump provided or designers approval for equal pump		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct pump sequence		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers set to grade		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical permit provided		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6" of stone beneath chamber	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chamber is water-tight	Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min. 9" cover provided	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct loading provided per plan	Visual on tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

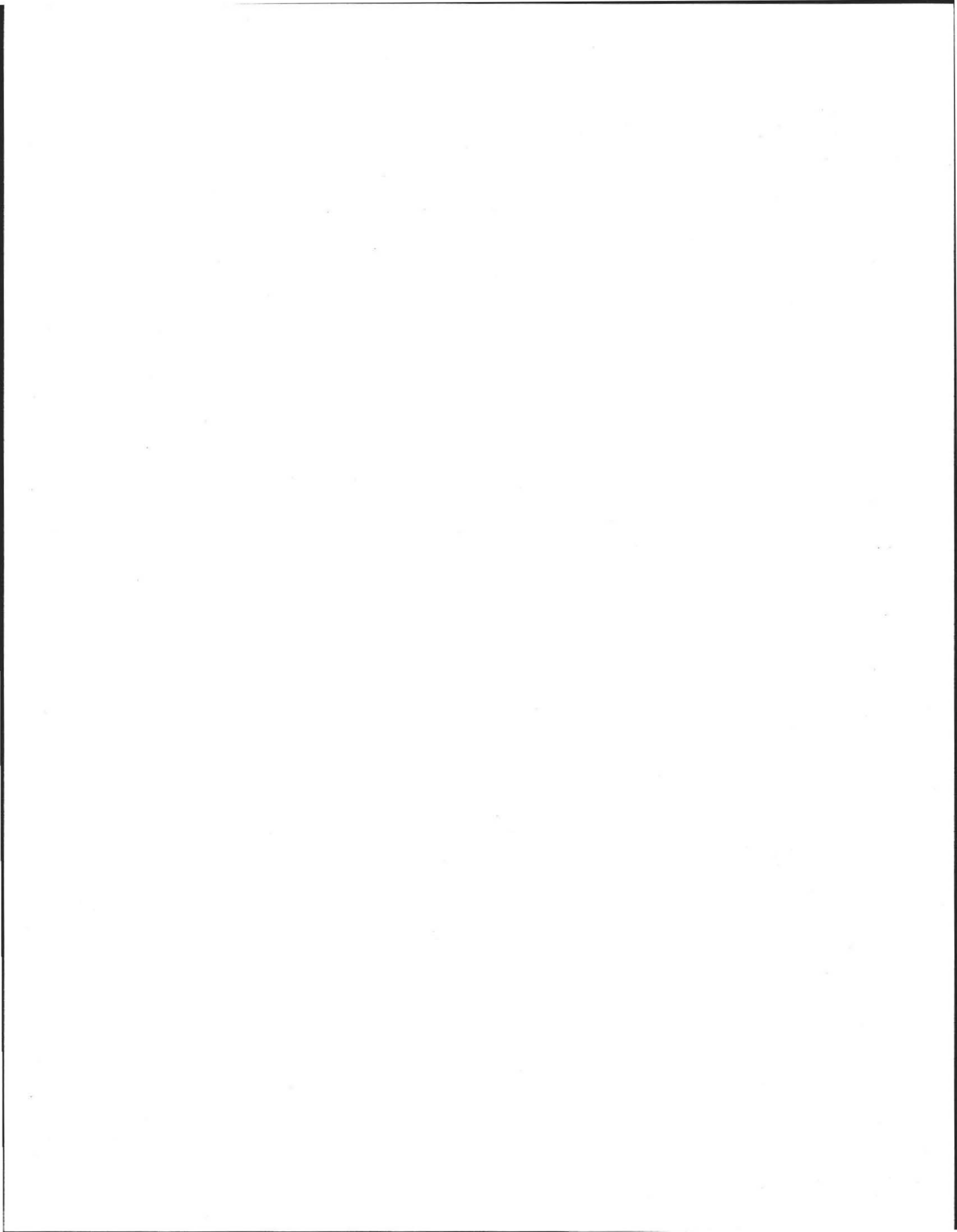




Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

e) Leaching Facility (310 CMR 15.240)		Approved	N/A	Problem
No frozen material used including back fill	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No clay, tailings or stones larger than 6" for cover material		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil at bottom/sides of excavation matches info on deep holes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All impervious layers removed	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No remaining A/B horizons	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater conditions match plan and deep holes	Visual/check plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vented if under impervious cover per plan (15.241)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent is protected from precipitation and animal entry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover of a minimum of 9" over leach area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe slope equal to 0.005	Check w/transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leach area per design (15.241)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation is level and at required depth	Visual/check plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of 5 ft material and replacement (if in fill)	Visual/check plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back fill material is acceptable	Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final contours correct per plan	Check with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surface/subsurface drainage away from leach area		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final grade and side slopes are stable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distribution lines are capped, vented, or connected together		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impermeable barrier (15.255[2])		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining wall inspected by PE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining wall is water-proofed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaining wall/barrier is at correct depth/height		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

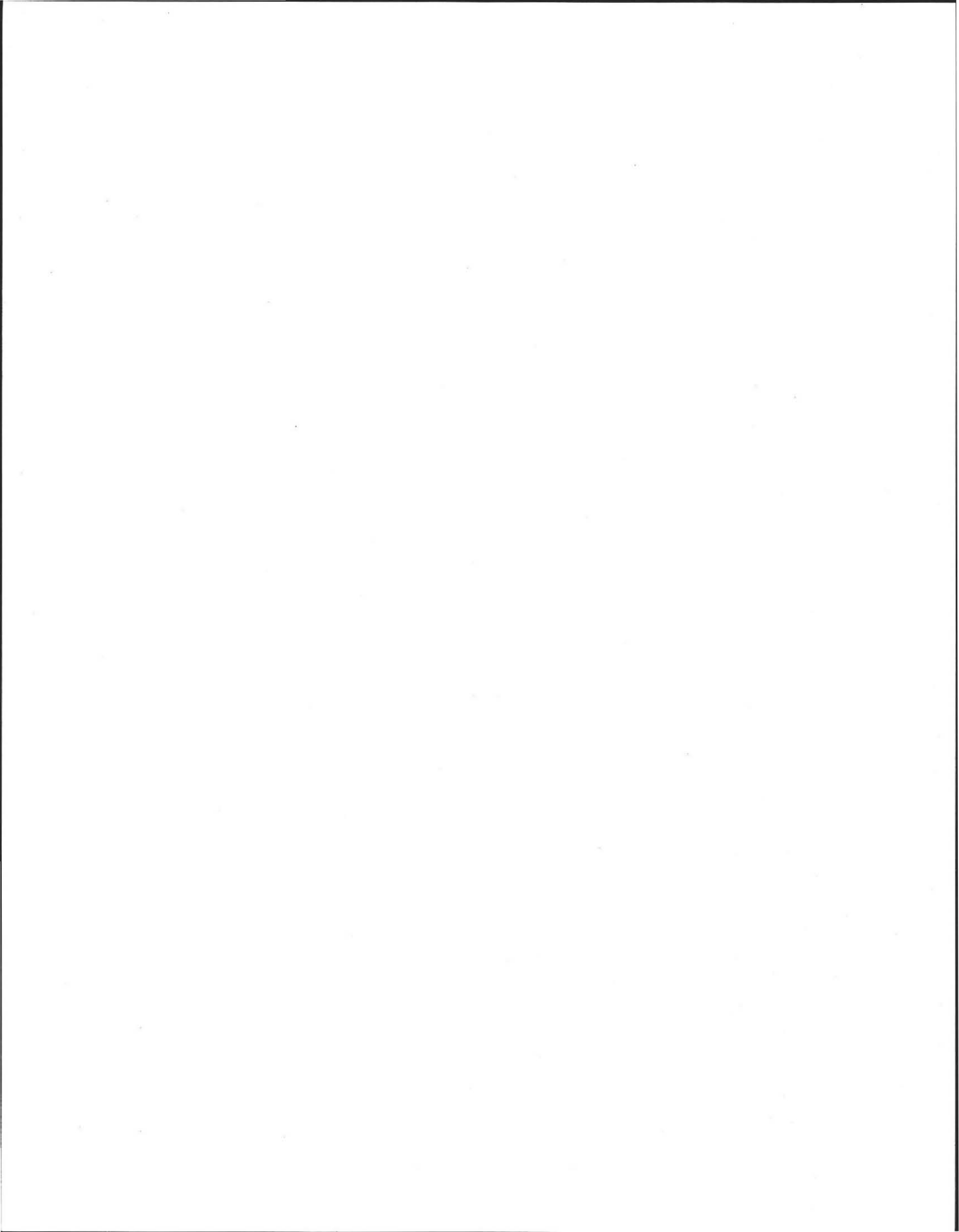




Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

		Approved	N/A	Problem
f)	Leaching trenches (310 CMR 15.251)			
	Number of trenches: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Depth of trenches: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Width of trenches: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trench spacing per plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stone is double-washed [3/4" to 1 1/2"] (15.247)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Leaching fields (310 CMR 15.242)			
	Length of field: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Width of field: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Min. of 2 distribution lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Separation distance conforms to plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stone is double-washed [3/4" to 1 1/2"] (15.247)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h)	Leaching Pits (310 CMR 15.253)			
	Number of pits: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Depth of pits: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stone is double-washed [3/4" to 1 1/2"] (15.247)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Each pit has min. 1 20" access cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Piping network and configuration of pits/chambers per plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i)	Tight Tank (310 CMR 15.260)			
	Tank is set level with 6" stone under Visual and with level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tank is proper size per plan Visual with plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Pumping contract has been provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Covers to grade Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A/V alarm set at 3/5 tank capacity Check floats by raising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	A/V alarm test on separate circuit Set off alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





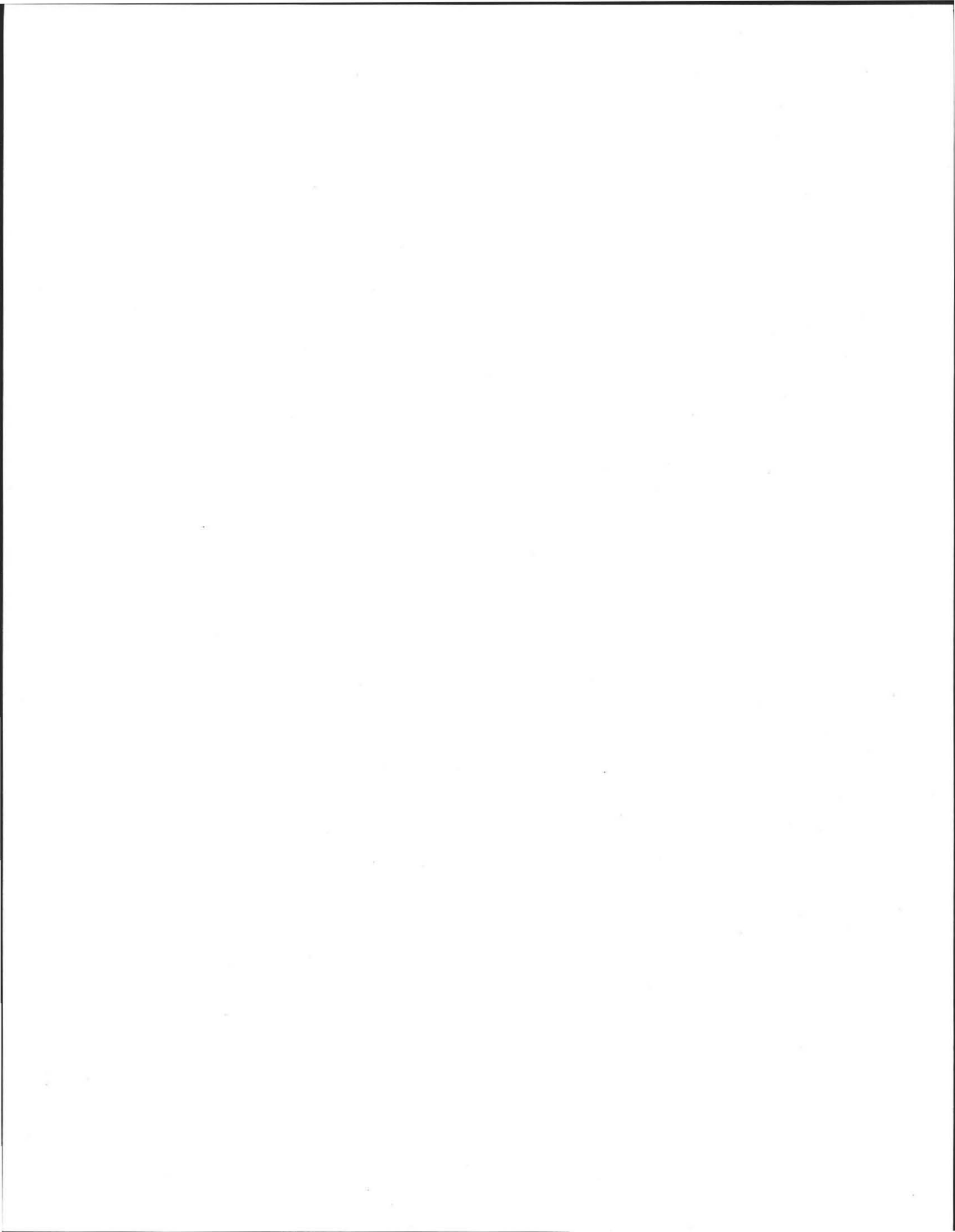
Commonwealth of Massachusetts
 City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

j) Certificate of Compliance (310 CMR 15.021)

As Built Plan Submitted	_____
	Date
Signed by Installer	_____
	Date
Signed by Designer	_____
	Date
Certificate of Compliance Issued	_____
	Date

Notes:



IMPORTANT MESSAGE

For _____

Day _____ Time _____ A.M.
P.M.

M *DAWNA DAWGATEL OF (STAN KIELBASA)*

Of _____

Phone _____ *(413) 478 2507*

FAX Area Code Number Extension

MOBILE Area Code Number Extension

Telephoned		Returned your call	RUSH	
Came to see you		Please call	Special attention	
Wants to see you		Will call again	Caller on hold	

Message _____

Signed _____

NOTES

WILLIAM
K. O.
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Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

September 2, 2011

Stanley & Lucia Kielbasa
190 West Bay Road
Amherst, MA 01002

Dear Stanley and Lucia –

Upon consideration of the age of your septic system (approximately built 1960), the non-code siting of the original leach field [present siting would most likely not be allowed if a soil evaluation (including deep hole test and percolation) was conducted], the admitted periodic clogging of the system with only 2 occupants (in a 3 bedroom house), and the evidenced failure of concrete of the septic tank, calling into question the soundness of the distribution box, and the lack of easy access to that d-box (covered by 5 or more feet of fill), this office deems the entire system to be in failure and to be irreparable starting with the septic tank, and continuing on to include the distribution box and all components of the leach field.

Fortunately, the perc test conducted 8/26/2011 with Alan Weiss showed excellent siting available for a new leach field. I am also copying here some weblinks to programs that may help to offset the costs of bringing your system into current compliance.

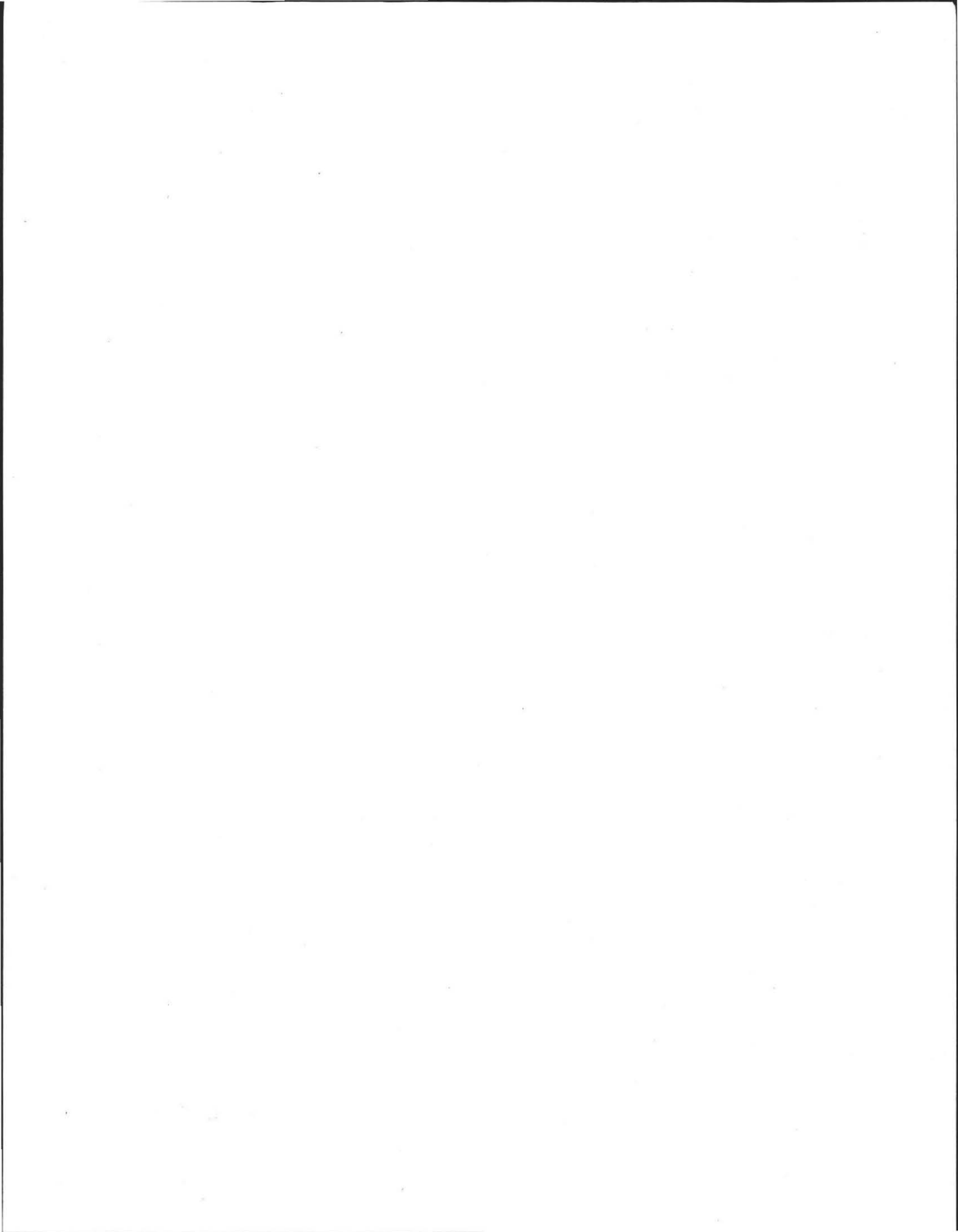
http://www.mass.gov/?pageID=dorterminal&L=6&L0=Home&L1=Individuals+and+Families&L2=Personal+Income+Tax&L3=Current+Year+Tax+Information&L4=Guide+to+Personal+Income+Tax&L5=Credits&sid=Ador&b=terminalcontent&f=dor_help_guides_abate_amend_personal_issues_residentialpropertycredits&cid=Ador

<http://www.rurdev.usda.gov/ny/504brochure.pdf>

Sincerely,
Edmund Smith

Assistant Sanitarian
Amherst Health Department

FILE COPY



Property Location: 190 WEST BAY RD
 Vision ID: 3222

MAP ID: 25A / 38 /

Bldg Name:

State Use: 1010

Account #

Bldg #: 1 of 1

Sec #: 1 of 1

Card 1 of 1

Print Date: 12/13/2010 18:27

CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT				
KIELBASA, STANLEY W & LUCIA M						Description	Code	Appraised Value	Assessed Value	601 AMHERST, MA
190 WEST BAY RD						RESIDNTL	1010	112,900	112,900	
AMHERST, MA 01002						RES LAND	1010	122,700	122,700	
Additional Owners:						RESIDNTL	1010	400	400	
SUPPLEMENTAL DATA										
Other ID: 25A000038		Precinct								
Calc Frontag 208		Vote At								
Owner Occup		Tenant								
GIS ID: 25A-38		ASSOC PID#			PARENT CREATED					
Total:								236,000	236,000	VISION

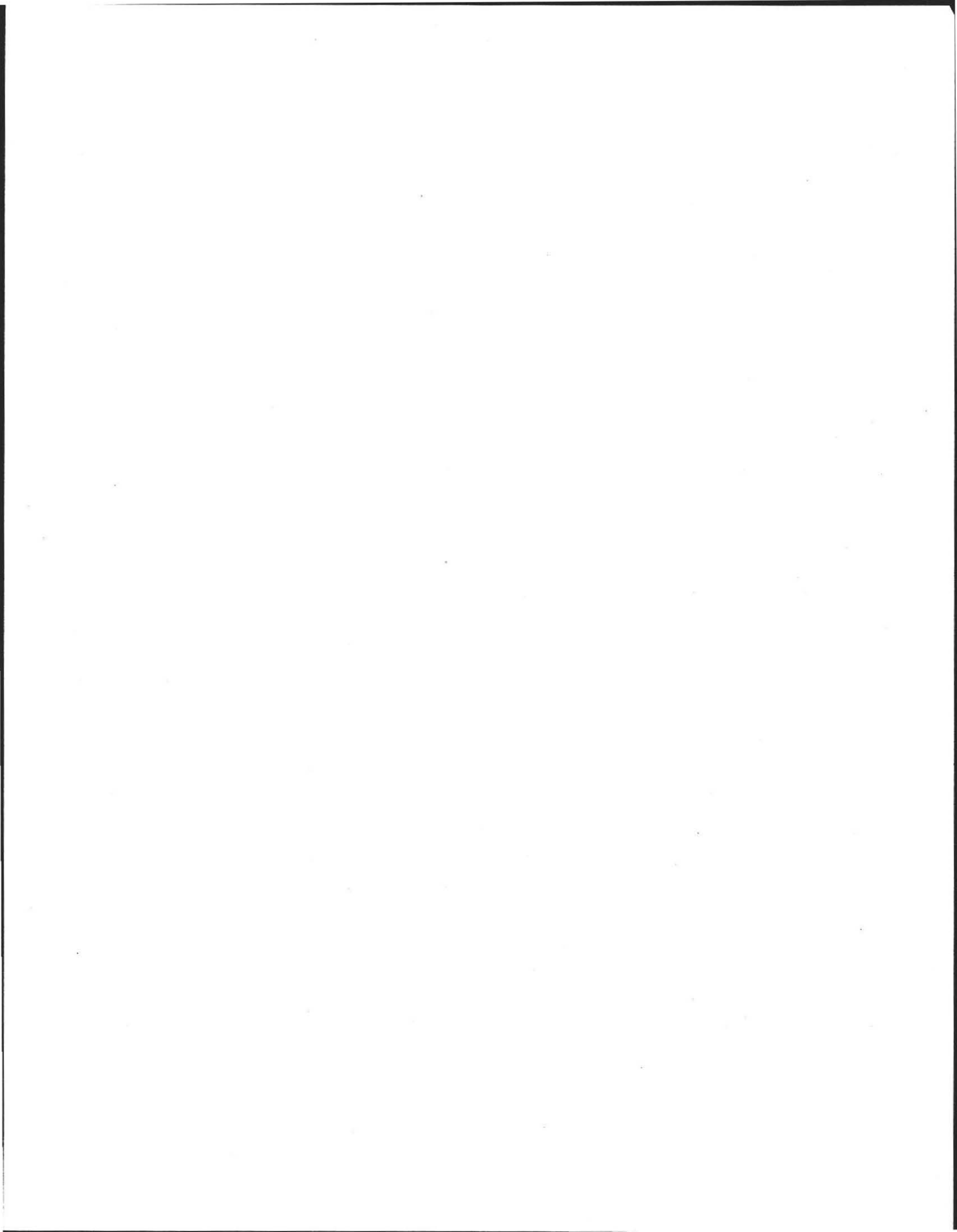
RECORD OF OWNERSHIP					BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)								
KIELBASA, STANLEY W & LUCIA M					1244/ 367	01/01/1957				0	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
											2011	1010	112,900	2010	1010	112,900	2009	1010	118,400
											2011	1010	122,700	2010	1010	122,700	2009	1010	129,600
											2011	1010	400	2010	1010	400	2009	1010	400
											Total:		236,000	Total:		236,000	Total:		248,400

EXEMPTIONS				OTHER ASSESSMENTS				This signature acknowledges a visit by a Data Collector or Assessor			
Year	Type	Description	Amount	Code	Description	Number	Amount				
2008	ER	OWNER OCCUPIED	0								
Total:			0								

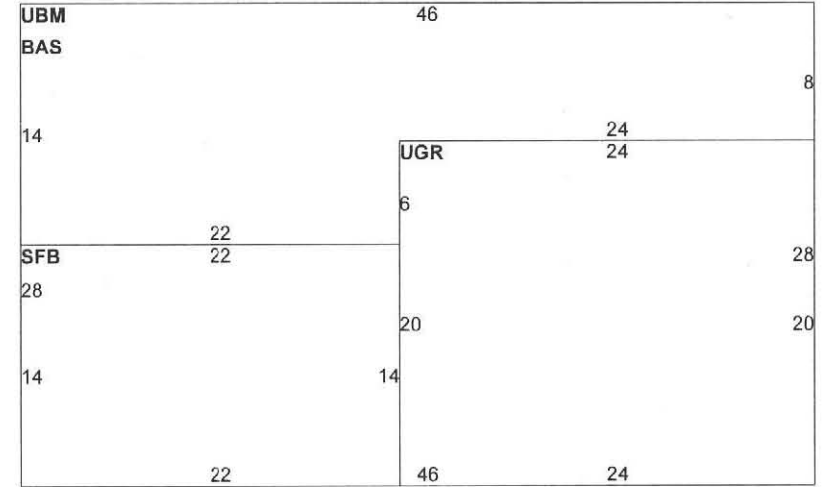
ASSESSING NEIGHBORHOOD					APPRAISED VALUE SUMMARY			
NBHD/ SUB	NBHD NAME	STREET INDEX NAME	TRACING	BATCH				
DS/A					Appraised Bldg. Value (Card)	112,900		
					Appraised XF (B) Value (Bldg)	0		
					Appraised OB (L) Value (Bldg)	400		
					Appraised Land Value (Bldg)	122,700		
					Special Land Value	0		
					Total Appraised Parcel Value	236,000		
					Valuation Method:	C		
					Adjustment:	0		
					Net Total Appraised Parcel Value	236,000		

BUILDING PERMIT RECORD										VISIT/ CHANGE HISTORY					
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd	Purpose/Result	
BLD10-0476	01/21/2010	RE	Remodel	1,126		0		INSTL 2 REPL WINDOW	9/22/2009			LT	15	DRIVE BY FIELD REVIE	
831378	12/31/1983			4,698		0			10/19/2005			DK	15	DRIVE BY FIELD REVIE	
									2/17/1919			EB			

LAND LINE VALUATION SECTION																						
B #	Use Code	Use Description	Zone	D	Frontage	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	Adj. Unit Price	Land Value				
1	1010	SINGLE FAM MDL-01	RO30		220		30,000	SF	4.75	0.86	3	1.0000	1.00	DS	1.00		4.09	122,700				
Total Card Land Units:							0.69	AC	Parcel Total Land Area:							0.69	AC	Total Land Value:				122,700



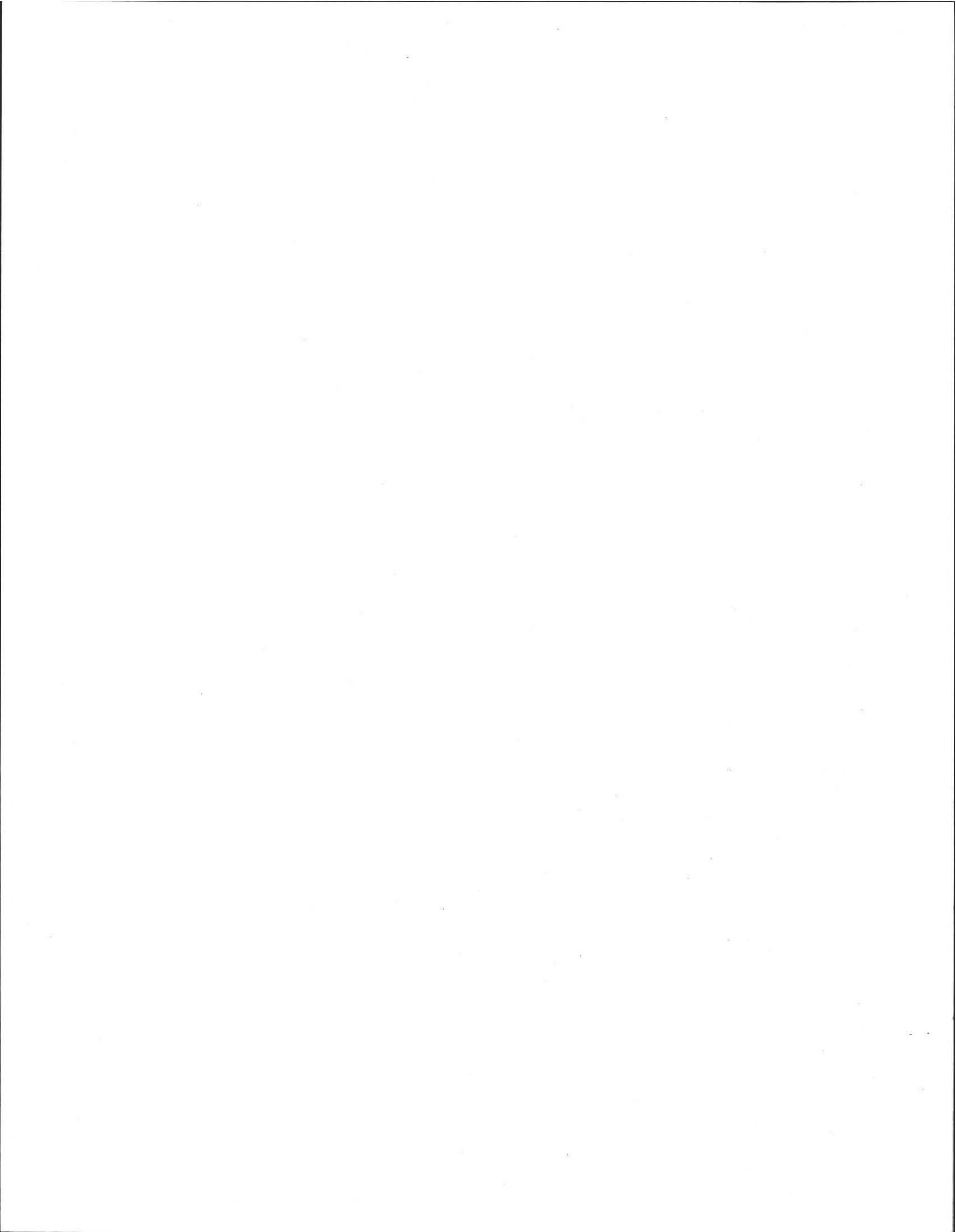
CONSTRUCTION DETAIL			CONSTRUCTION DETAIL (CONTINUED)		
Element	Cd.	Ch. Description	Element	Cd.	Ch. Description
Style	01	Ranch			
Model	01	Residential			
Grade	22	Grade = 110%			
Stories	1	1 Story	Foundation		
Occupancy	1		MIXED USE		
Exterior Wall 1	26	Aluminum Sidng	Code	Description	Percentage
Exterior Wall 2			1010	SINGLE FAM MDL-01	100
Roof Structure	03	Gable/Hip	COST/MARKET VALUATION		
Roof Cover	03	Asph/F Gls/Cmp	Adj. Base Rate:	89.32	
Interior Wall 1	05	Drywall/Sheet	Section. RCN:	150,594	
Interior Wall 2			Net Other Adj:	0.00	
Interior Flr 1	12	Hardwood	Replace Cost	150,594	
Interior Flr 2			AYB	1960	
Heat Fuel	02	Oil	EYB	1985	
Heat Type	05	Hot Water	Dep Code	AV	
AC Type	01	None	Remodel Rating		
Total Bedrooms	03	3 Bedrooms	Year Remodeled		
Total Bthrms	2		Dep %	25	
Total Half Baths	0		Functional ObsInc	0	
Total Xtra Fixtrs			External ObsInc	0	
Total Rooms	6	6 Rooms	Cost Trend Factor		
Bath Style	02	Average	Condition		
Kitchen Style	02	Modern	% Complete		
			Overall % Cond	75	
			Apprais Val	112,900	
			Dep % Ovr	0	
			Dep Ovr Comment		
			Misc Imp Ovr	0	
			Misc Imp Ovr Comment		
			Cost to Cure Ovr	0	
			Cost to Cure Ovr Comment		



OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)												
Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
SHD1	SHED FRAME			L	120	8.00	1961		0		40	400

BUILDING SUB-AREA SUMMARY SECTION						
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,288	1,288	1,288	89.32	115,044
SFB	Base, Semi-Finished	0	308	154	44.66	13,755
UBM	Basement, Unfinished	0	500	100	17.86	8,932
UGR	Garage, Unfinished	0	480	144	26.80	12,862
Ttl. Gross Liv/Lease Area:		1,288	2,576	1,686		150,594





STAIRS/POST BOX - 831
44716

IMPORTANT MESSAGE

For ED

Day 8/18 Time 2:40 A.M.
P.M.

M ALAN

Of _____

Phone _____ 531 4015
FAX Area Code _____ Number _____ Extension _____

MOBILE Area Code _____ Number _____ Extension _____

Telephoned	<input checked="" type="checkbox"/>	Returned your call	<input type="checkbox"/>	RUSH	<input type="checkbox"/>
Came to see you	<input type="checkbox"/>	Please call	<input checked="" type="checkbox"/>	Special attention	<input type="checkbox"/>
Wants to see you	<input type="checkbox"/>	Will call again	<input type="checkbox"/>	Caller on hold	<input type="checkbox"/>

Message 190 WEST BAY

PERC TEST

MR. STANLEY KIELBASA

1 DRIVEWAY PAST APPLEWOOD

ON HILL

put notes in file

Signed _____



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

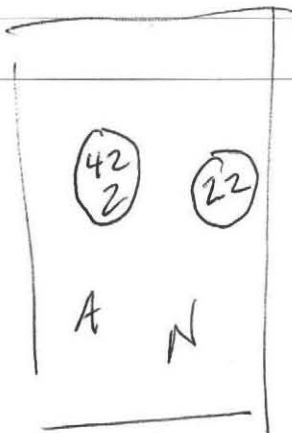
Deep Observation Hole Number: _____

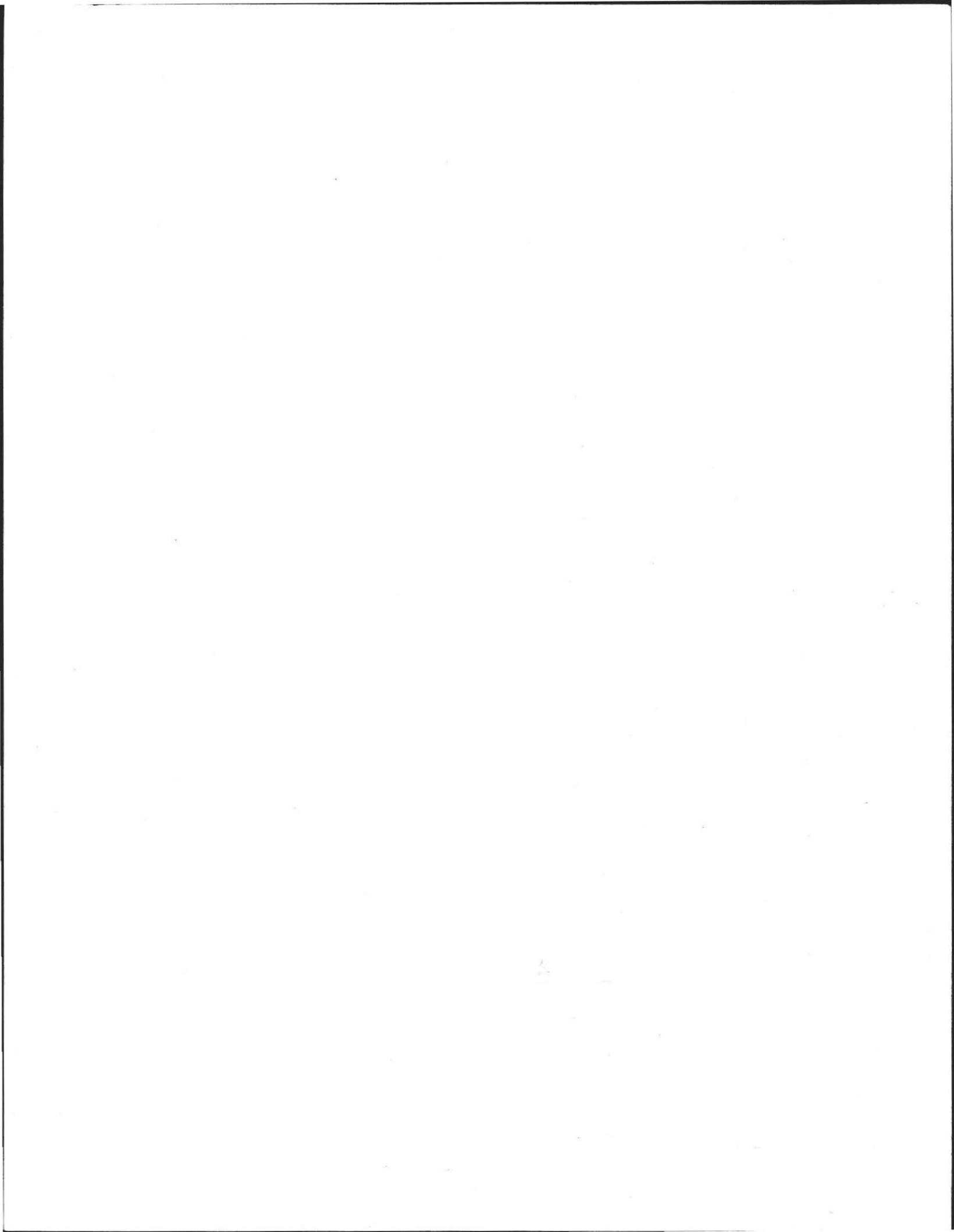
0-9
4-22
22-62
2 1/2 y 1/4
62-45
OXIDES
IN
C2

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-9	A	10 YR 3/2	Ø							frable	
9-22	B	7 1/2 YR 4/4	Ø			FS				frable	
22-62	C	2 1/2 Y 7/2	Ø			FS-MS	10%				
62-45						HOLE COMPACTED (FSL) 2 FINE SANDY TILL					

Additional Notes:

no standing water, no weeping



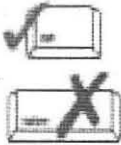




Commonwealth of Massachusetts
 City/Town of
Percolation Test
 Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. 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.

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



A. Site Information

Owner Name KIELBASA OVER 50 YEARS (1960s)

Street Address or Lot # 190 WEST BAY

City/Town AMHERST State _____ Zip Code _____

Contact Person (if different from Owner) ALAN WEISS Telephone Number _____

B. Test Results

	Date	Time	Date	Time
Observation Hole #	<u>8/26/11</u>			
		<u>at deep hole #2</u>		
Depth of Perc		<u>52"</u>		
Start Pre-Soak		<u>9:10</u>		
End Pre-Soak		<u>9:25</u>		
Time at 12"		<u>9:25</u>		
Time at 9"		<u>9:31</u>		
Time at 6"		<u>9:40</u>		
Time (9"-6")		<u>9 mins.</u>		
Rate (Min./Inch)		<u>3^{min}/₁₁"</u>		
	Test Passed:	<input type="checkbox"/>	Test Passed:	<input type="checkbox"/>
	Test Failed:	<input type="checkbox"/>	Test Failed:	<input type="checkbox"/>

Test Performed By: _____

Witnessed By: _____

Comments: 75' from house; 65-70' from road

