No. 00-01

OFFICE COPY #51

FEE 160.00

pd 1-31-2000 $160.00 CK# 1418

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	37 WILDFLOWER	Owner's Name	HARRIS PASTIDES c/o K. TEAGNO
Map/Parcel#		Address	37 WILDFLOWER JONES T+C
Lot#	#26	Telephone#	413-549-370
* Installer's Name	W. W. Clark	Designer's Name	ALAN WEISS
Address	Pratt Corner Rd. Shutesbury, Mass	Address	BELCHERTOWN
Telephone#	259-1411	Telephone#	413-323-5957

Type of Building RES. Lot Size 30,200 +/- sq. ft.

Dwelling - No. of Bedrooms 3 Garbage grinder (N)

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

Other Fixtures _____

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

Plan: Date 01/11/2000 Number of sheets 4 Revision Date _____

Title SEPTIC SYSTEM REPAIR PLAN FOR HARRIS PASTIDES

Description of Soil(s) CLASS I, SAND

Soil Evaluator Form No. _____ Name of Soil Evaluator A. WEISS Date of Evaluation 12/15/99

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW SEPTIC TANK + L. FIELD

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 Kathleen E. Teagno for Harris Pastides Date 1.12.2000

Inspections _____

No. 00-01

FEE 160.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *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 34 Wildflower Drive

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. 00-01, dated _____. Approved Design Flow _____(gpd)

Installer William W. Clark

Designer: [signature] Inspector: [signature] Date: 4/14/00

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

0-01

OFFICE COPY #37

FEE 160.00
pd 1-31-2000
$160.00
CK# 1418

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	37 WILDFLOWER	Owner's Name	HARRIS PASTIDES c/o K. TEAGNO
Map/Parcel#		Address	37 WILDFLOWER JONES T-C
Lot#	#26	Telephone#	413-549-370
* Installer's Name	W. W. Clark	Designer's Name	ALAN WEISS
Address	Pratt Corner Rd. Shutesbury, Mass	Address	BELCHERTOWN
Telephone#	259-1411	Telephone#	413-323-5957

Type of Building RES. Lot Size 30,200 +/- sq. ft.

Dwelling - No. of Bedrooms 3 Garbage grinder N

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

Other Fixtures _____

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

Plan: Date 01/11/2000 Number of sheets 4 Revision Date _____

Title SEPTIC SYSTEM REPAIR PLAN FOR HARRIS PASTIDES

Description of Soil(s) CLASS I, SAND

Soil Evaluator Form No. _____ Name of Soil Evaluator A. WEISS Date of Evaluation 12/15/99

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW SEPTIC TANK + L. FIELD

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 Kathleen E. Teagno for Harris Pastides Date 1.12.2000

Inspections _____

No. 00-01 FEE 160.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *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 34 Wildflower Drive

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. 00-01, dated _____. Approved Design Flow _____(gpd)

Installer William W. Clark

Designer: Alan Weiss Inspector: [signature] Date: 4/14/00

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

DAVE: 4/14/00

I CHECKED THIS OUT WITH B. CLARK AND A. WEISS.

THE HOMEOWNER WAS NOT THERE.

TOM

No. 00-01

OFFICE COPY #37

FEE 160.00

pd 1-31-2000 $160.00 CK# 1418

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	37 WILDFLOWER	Owner's Name	HARRIS PASTIDES 90 R. TEAGNO
Map/Parcel#		Address	37 WILDFLOWER JONES T-C
Lot#	#26	Telephone#	413-549-370
Installer's Name	W.W. Clark	Designer's Name	ALAN WEISS
Address	Pratt Corner Rd. Shutesbury Mass	Address	BELCHERTOWN
Telephone#	259-1411	Telephone#	413-323-5957

Type of Building RES. Lot Size 30,200 +/- sq. ft.

Dwelling - No. of Bedrooms 3 Garbage grinder (N)

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

Other Fixtures _____

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

Plan: Date 01/11/2000 Number of sheets 4 Revision Date _____

Title SEPTIC SYSTEM REPAIR PLAN FOR HARRIS PASTIDES

Description of Soil(s) CLASS I, SAND

Soil Evaluator Form No. _____ Name of Soil Evaluator A. WEISS Date of Evaluation 12/15/99

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW SEPTIC TANK + L. FIELD

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 Kathleen T. Johnson for Harris Pastides Date 1.12.2000

Inspections _____

No. 00-01

FEE 160.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

PAT Home 1-803-419-4500

Harris-1-803-777-5032

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 34 Wildflower Drive 37 Wildflower

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. 00-01, dated _____. Approved Design Flow _____ (gpd)

Installer William W. Clark

Designer: A. Weiss Inspector: [signature] Date: 4/14/00

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

No. 00-01

FEE 160.00

COMMONWEALTH OF MASSACHUSETTS

37 Wildflower Dr

Board of Health, Amherst, *MA.*

00-01

DISPOSAL SYSTEM CONSTRUCTION PERMIT 00-01

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system

at 37 Wildflower Drive as described in the application for

Disposal System Construction Permit No. 00-01, dated 1/13/00.

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. Boston, MA

Date 1/13/00 Board of Health [signature] for Inspectional Services Dept.

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

•Subsurface Investigations
•21E Site Investigations
•Pollution Remediation
•Percolation Tests and Septic Designs

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

Date: 12/15/99

Commonwealth of Massachusetts
AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. WEISS Date: 12/15/99
Witnessed By: D. ZARZINSKI

Location Address or Lot # 37 WILDFLOWER DR. AMHERST LOT # 26 New Construction ☐ Repair ☑	Owner's Name, Address, and Telephone # HARRY PASTIDES c/o KATHLEEN TEAGNO Jones Town + County 200 Triangle St. Amherst MA. 01002 549-3700

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. 37 WILDFLOWER DR.

On-site Review

Deep Hole Number JP-3 Date: 12/15/99 Time: 9:00 AM Weather SUN, 30°F
Location (identify on site plan)
Land Use Rural Resid. Slope (%) 2 Surface Stones
Vegetation Deciduous
Landform
Position on landscape (sketch on the back)
Distances from:

Open Water Body 100'+ feet Drainage way 100'+ feet
Possible Wet Area 100'+ feet Property Line 40' feet
Drinking Water Well 100'+ feet (TOWN H2O) Other

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-12"	A+B	FSL	10YR 3/3		FRIABLE
12"-65"	C.	S	2.5Y 5/5		LOOSE F-C. SAND. OUTWASH.
65-100"	C2	FSL		65" OXIDES 10YR 5/8	

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock: 100"+
Depth to Groundwater: Standing Water in the Hole: Not obs. Weeping from Pit Face: Not obs.
Estimated Seasonal High Ground Water: 65" OXIDES.

Location Address or Lot No. 39 WILDFLOWER DR.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*

Date: 12/13/99 Time: 9:00AM

Observation Hole #	P_3	
Depth of Perc	90"	
Start Pre-soak	9:22	
End Pre-soak	9:24	
Time at 12"	↓	
Time at 9"	↓	
Time at 6"	9:26	
Time (9"-6")	CAN'T HOLD H_2O	
Rate Min./Inch	<2	

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

Site Passed ☑ Site Failed ☐

Performed By: A. WEISS

Witnessed By: D. ZAROZINSKI

Comments: 5' SEPARATION

Location Address or Lot No. 37 WILDFLOWER DR.

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 65" inches
- ☐ 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 June 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 _____ Date 12/15/99

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

NOT PAID

No. _____ Date: 12-15-99

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: AL Weiss Date: 12-15-99
Witnessed By: David Zaretsky

Location Address or Lot #	Owner's Name, Address, and Telephone #
New Construction ☐ Repair ☑	PAT PASTIDES 37 Wildflower

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. 37 W, Wildflower Drive

On-site Review

Deep Hole Number Date: 12-15-99 Time: Weather

Location (identify on site plan)

Land Use Slope (%) Surface Stones

Vegetation

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	

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
12"	A+B Mixed	FSL	10YR 3/2		Friable
65"	C1	S	~~10YR~~ 4/6	65" 2.5Y 6/8	Loose
100"	C2	FSL	2.5Y 6/5		Damp, Sticky
			2.5Y 6/8		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Depth to Bedrock:

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

Estimated Seasonal High Ground Water:

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 37 Wild Flower

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*

Date:	Time:	
Observation Hole #		
Depth of Perc	40"	
Start Pre-soak	9:22	
End Pre-soak	9:24	CAN'T HOLD
Time at 12"		
Time at 9"	9:25	
Time at 6"	9:26	72
Time (9"-6")		
Rate Min./Inch		

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

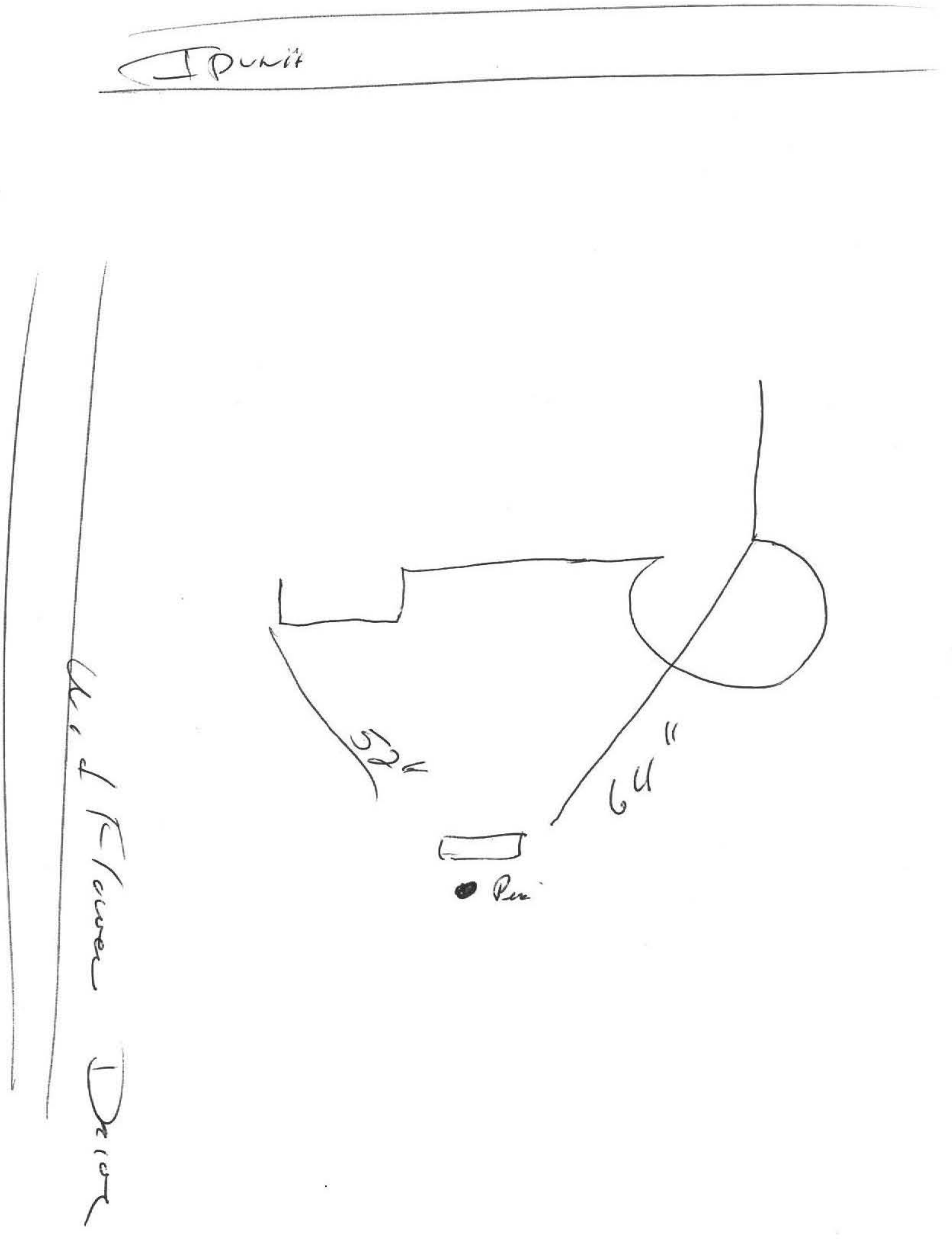
Site Passed ☑ Site Failed ☐

Performed By: AL WEISS

Witnessed By: David Zmizos

Comments:

DEP APPROVED FORM - 12/07/95


I Dunit
Wild Flower Drive
52"
64"
Pen

RECEIVED JAN 3 1 2000

1418

HARRIS PASTIDES
PATRICIA J MOORE-PASTIDES
104 HOLLIDAY ROAD
COLUMBIA, SC 29223

67-22/539

Date 1/23/2000

Pay To The Order Of Town of Amherst, MA. $ 160.00

One Hundred sixty and 00/100 Dollars

Security features included. Details on back.

WACHOVIA
Wachovia Bank, N.A.
Columbia, SC 29226

Private Banking

Memo 37 Wildflower

P.J. Moore-Pastides

⑆053900225⑆3238126931⑈ 1418

HARLAND 1998

R#1100

#37

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

TRUDY COXE
Secretary

ARGEO PAUL CELLUCCI
Governor

DAVID B. STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 37 WILDFLOWER DR., Amherst **Name of Owner** HARRY PASTIDES
Address of Owner: 104 Holiday Rd. Columbia, SC. 29223

Date of Inspection: 7/28/99
Name of Inspector: (Please Print) Alan E. Weiss, R.S.
I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)
Company Name: Cold Spring Environmental, Inc.
Mailing Address: 350 Old Enfield Rd., Belchertown, MA 01007
Telephone Number: 413-323-5957

CERTIFICATION STATEMENT

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

___ Passes
___ Conditionally Passes
___ Needs Further Evaluation By the Local Approving Authority
X Fails

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Inspector's Signature: Al **Date:** 7/28/99

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

NOTES AND COMMENTS

- 1985 Installation.
- Pumped in 1998.
- 50" of liquid in 55" Leach Tank.

PAT- 803-419-4500

revised 9/2/98

7/30/99

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

Property Address: 37 WILDFOWER DR
Owner: PASTIDES
Date of Inspection: 7/28/99

INSPECTION SUMMARY: **Check *A, B, C, or D*:**

A. SYSTEM PASSES:

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

COMMENTS: _____

B. SYSTEM CONDITIONALLY PASSES:

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

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

__ The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a complying septic tank as approved by the Board of Health.

__ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health).

_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is levelled or replaced

__ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed

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

Property Address: 37 WILDFLOWER DR.
Owner: Pestides
Date of Inspection: 7/28/99

C. FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

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

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES IN ACCORDANCE WITH 310 CMR 15.303 (1)(b) THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

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

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF ANY) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

__ The system has a septic tank and soil absorption system (*SAS*) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
__ The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
__ The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
__ The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

3) OTHER

__ _____

revised 9/2/98

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

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/28/99

D. SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

✓ I have determined that one or more of the following failure conditions exist as described in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

Yes	No	
✓		Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
		Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
		Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
✓		Liquid depth in ~~cesspool~~ dywell is less than 6" below invert or available volume is less than 1/2 day flow.
		Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ___.
		Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
		Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
		Any portion of a cesspool or privy is within a Zone I of a public well.
		Any portion of a cesspool or privy is within 50 feet of a private water supply well.
		Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E. LARGE SYSTEM FAILS:

You must indicate either "Yes" or "No" to each of the following:

The following criteria apply to large systems in addition to the criteria above:

___ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

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

The owner or operator of any such system shall upgrade the system in accordance with 310 CMR 15.304(2). Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/28/99

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

Yes	No	
✓		Pumping information was provided by the owner, occupant, or Board of Health.
✓		None of the system components ~~have been pumped for at least two weeks and the system has been receiving normal~~ flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
✓		As built plans have been obtained and examined. Note if they are not available with N/A.
✓		The facility or dwelling was inspected for signs of sewage back-up.
✓		The system does not receive non-sanitary or industrial waste flow.
✓		The site was inspected for signs of breakout.
✓		All system components, excluding the Soil Absorption System, have been located on the site.
✓		The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
		The size and location of the Soil Absorption System on the site has been determined based on:
✓		Existing information. For example, Plan at B.O.H.
✓		Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]
✓		The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SubSurface Disposal Systems.

revised 9/2/98

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/27/99

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 330 g.p.d./bedroom.
Number of bedrooms (design): 3 Number of bedrooms (actual): ___
Total DESIGN flow 330?
Number of current residents: 4
Garbage grinder (yes or no): N (Plan 1785 says yes)
Laundry (separate system) (yes or no): N; If yes, separate inspection required
Laundry system inspected (yes or no)
Seasonal use (yes or no): N
Water meter readings, if available (last two year's usage (gpd): N/A
Sump Pump (yes or no): ____
Last date of occupancy: _____

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

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

GENERAL INFORMATION

PUMPING RECORDS and source of information:
1998 (owner asked not to pump).
System pumped as part of inspection: (yes or no) N
If yes, volume pumped: 1500 gallons (per record)
Reason for pumping: _____

TYPE OF SYSTEM
✓ Septic tank/distribution box/soil absorption system
_____ Single cesspool
_____ Overflow cesspool
_____ Privy
_____ Shared system (yes or no) (if yes, attach previous inspection records, if any)
_____ I/A Technology etc. Attach copy of up to date operation and maintenance contract
_____ Tight Tank _____ Copy of DEP Approval

Other _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: (14 yrs)

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

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

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/28/99

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 16"
Material of construction: __ cast iron ✓ 40 PVC __ other (explain)

Distance from private water supply well or suction line 10'+
Diameter 4" Ø
Comments: (condition of joints, venting, evidence of leakage, etc.)

SEPTIC TANK: Y
(locate on site plan)

Depth below grade: 30"
Material of construction: ✓ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)

If tank is metal, list age ____ Is age confirmed by Certificate of Compliance ____ (Yes/No)

Dimensions: 10' x 4.5' x 4.5'
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 39"
Scum thickness: 1-2"
Distance from top of scum to top of outlet tee or baffle: 6"
Distance from bottom of scum to bottom of outlet tee or baffle: 12"
How dimensions were determined: Measured

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) Good condition, Bit. in baffles in place, level good.

GREASE TRAP:____
(locate on site plan)

Depth below grade:____
Material of construction: __ concrete __ metal __ Fiberglass __ Polyethylene __ other(explain)

Dimensions:____
Scum thickness:____
Distance from top of scum to top of outlet tee or baffle:____
Distance from bottom of scum to bottom of outlet tee or baffle:____
Date of last pumping: ____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.)

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

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/28/99

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

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

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

DISTRIBUTION BOX: N
(locate on site plan)

Depth of liquid level above outlet invert:_____

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

PUMP CHAMBER: N
(locate on site plan)

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

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

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/28/99

SOIL ABSORPTION SYSTEM (SAS): ✓
(locate on site plan, if possible; excavation not required, location may be approximated by non-intrusive methods)

If not located, explain:

Type:
leaching pits, number: (1) 1000 gal. (12' x 8') 55 IN. EFF. HT. (50" OF LIQUID).
leaching chambers, number:___
leaching galleries, number:___
leaching trenches, number, length:___
leaching fields, number, dimensions:___
overflow cesspool, number:___
Alternative system: ___
Name of Technology: ___

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.)
LIQUID NEALY TO TOP (90% FULL). L. TANK. MAX'D. OUT.

CESSPOOLS: N
(locate on site plan)

Number and configuration:___
Depth-top of liquid to inlet invert:___
Depth of solids layer:___
Depth of scum layer:___
Dimensions of cesspool:___
Materials of construction:___
Indication of groundwater:___
inflow (cesspool must be pumped as part of inspection)___

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

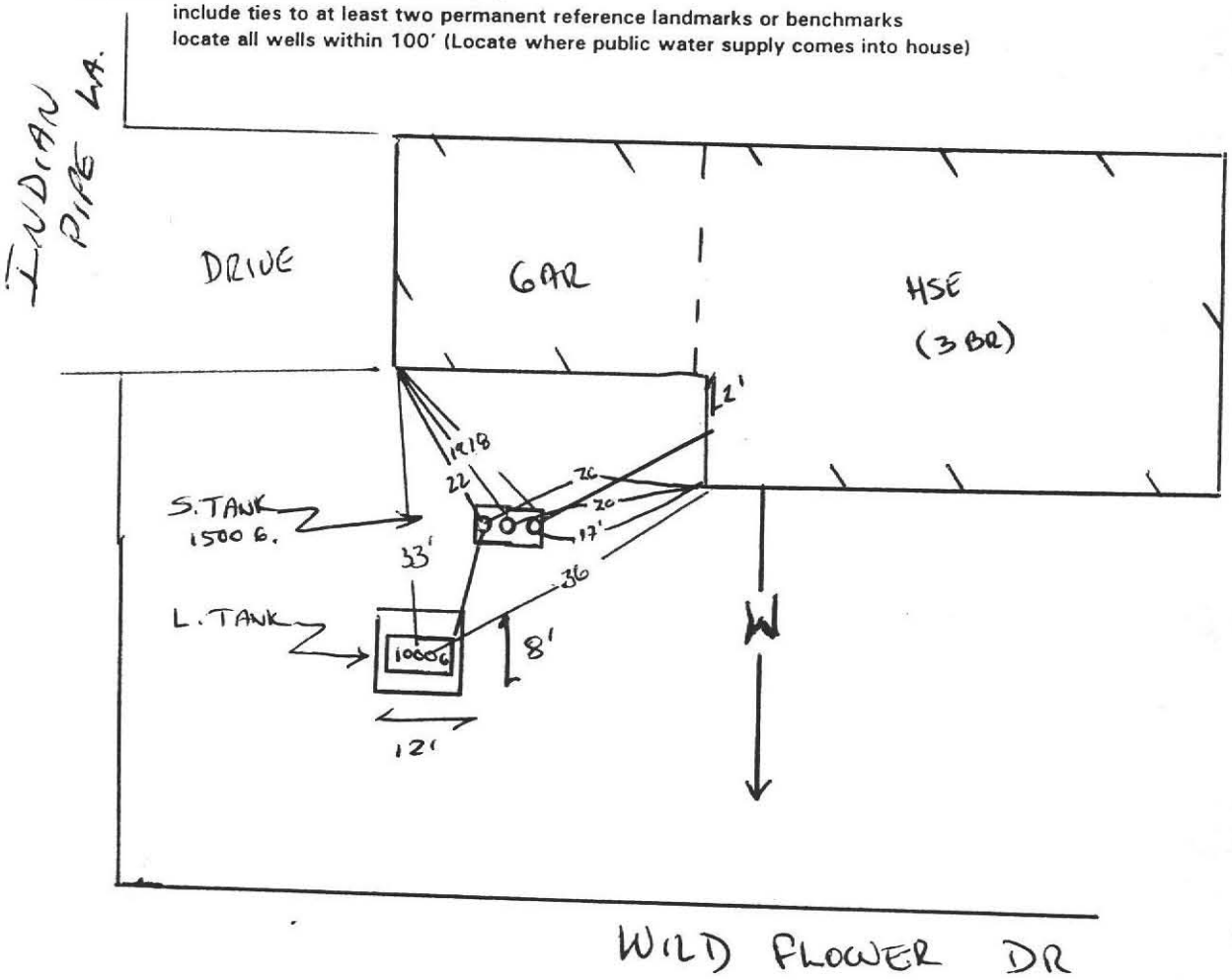
PRIVY: N
(locate on site plan)

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

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

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/28/99

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent reference landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



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

Property Address: 37 WILDFLOWER DR.
Owner: PASTIDES
Date of Inspection: 7/28/99

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

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

SITE EXAM Slope
Surface water
Check Cellar
Shallow wells

Estimated Depth to Groundwater 6' Feet (NEARBY PERC. JUNE, 1999).

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

____ Obtained from Design Plans on record

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

✓ Determined from local conditions

____ Checked with local Board of health

____ Checked FEMA Maps

____ Checked pumping records

____ Checked local excavators, installers

____ Used USGS Data

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

USED DATA FROM NEARBY WORK, TOPO. + VEGETATION.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot 26 · Wildflower Dr.

Important Information ~~Regarding Your~~ Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Bill Lee Address ~~Cave Hill Rd Leverett~~

Installer L+F Const. Address ~~Leverett~~ Sunderland 665-3788

Date Installation Inspected and Approved 4/18/85

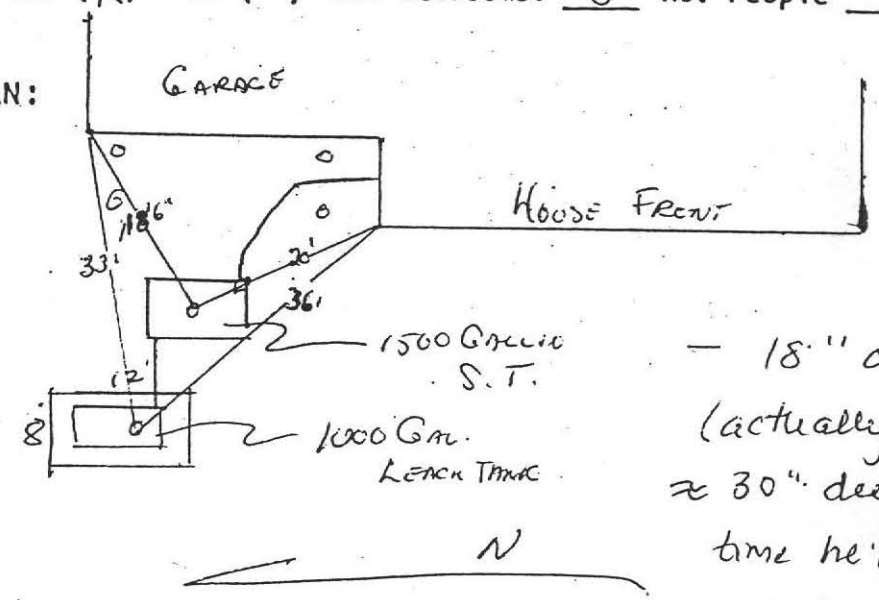
Description of System: Tank Capacity: 1500

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 260 96' Bottom Side Walls

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

We never had one installed. (pgM-P)

As - Built Plan:



— 18" deep (actually it was ≈ 30" deep, next time he'll add extenders) (pg MP)

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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

#37

No. 84-12 FEE $90.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK FILIOS, R.S. 688

Application is hereby made for a Permit to Construct (✓) or Repair ( ) an Individual Sewage Disposal System at: 37 Wild Flower

Amherst Woods Phase II — Location - Address — 26 — or Lot No.

William Lee — Owner — 30 Cave Hill Rd. Leverett Ma. — Address

* L+F Construction — Installer — Rattlesnake Gutter Leverett — Address

Type of Building — Size Lot 32,212 Sq. feet

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

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

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

Seepage Pit No. 1 ~~Diameter~~ 10½ x 7' Depth below inlet 5' Total leaching area 175 / 73.5 sq. ft. Sides Bottom

Other Distribution box ( ) no Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date Mar. 21, 1984

Test Pit No. 1 <2 minutes per inch Depth of Test Pit 10' Depth to ground water none

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil Enclosed 1000 Gallon Seepage Pit

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

* Signed William Lee — Date 4/19/84

Application Approved By [signature] — Date 4/19/84

Application Disapproved *for the following reasons:* .....

Permit No. 84-12 Issued 4/19/84 Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

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

at .....

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

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

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 84-12 Town OF Amherst FEE $90

Disposal Works Construction Permit

Permission is hereby granted W. Lee by L+F Construction to Construct (✓) or Repair ( ) an Individual Sewage Disposal System at No. Lot 26 Amherst Woods Wildflower Dr. — Street

as shown on the application for Disposal Works Construction Permit No. 84-12 Dated 4/9/84

[signature] — Board of Health

DATE 4/9/84

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No.....

FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

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

Amherst Woods Phase II — 26
Location - Address — or Lot No.

William Lee — 30 Cave Hill Rd. Leverett Ma.
Owner — Address

Installer — Address

Type of Building — Size Lot 32,212 Sq. feet

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

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

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1500 gallons Length..... Width..... Diameter..... Depth.....

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

Seepage Pit No. 1 ~~Diameter~~ 10½ x 7' Depth below inlet 5 Total leaching area 175 / 75 sq. ft. Sides Bottom

Other Distribution box ( ) no Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date Mar. 21, 1984

Test Pit No. 1 <2 minutes per inch Depth of Test Pit 10' Depth to ground water none

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil Enclosed

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed..... Date

Application Approved By..... Date

Application Disapproved *for the following reasons:*.....

Date

Permit No..... Issued..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

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

by..... Installer

at.....

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

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

DATE..... Inspector.....

CHECK OR FILL IN WHERE APPLICABLE

PLAN SHOWING SEWAGE DISPOSAL

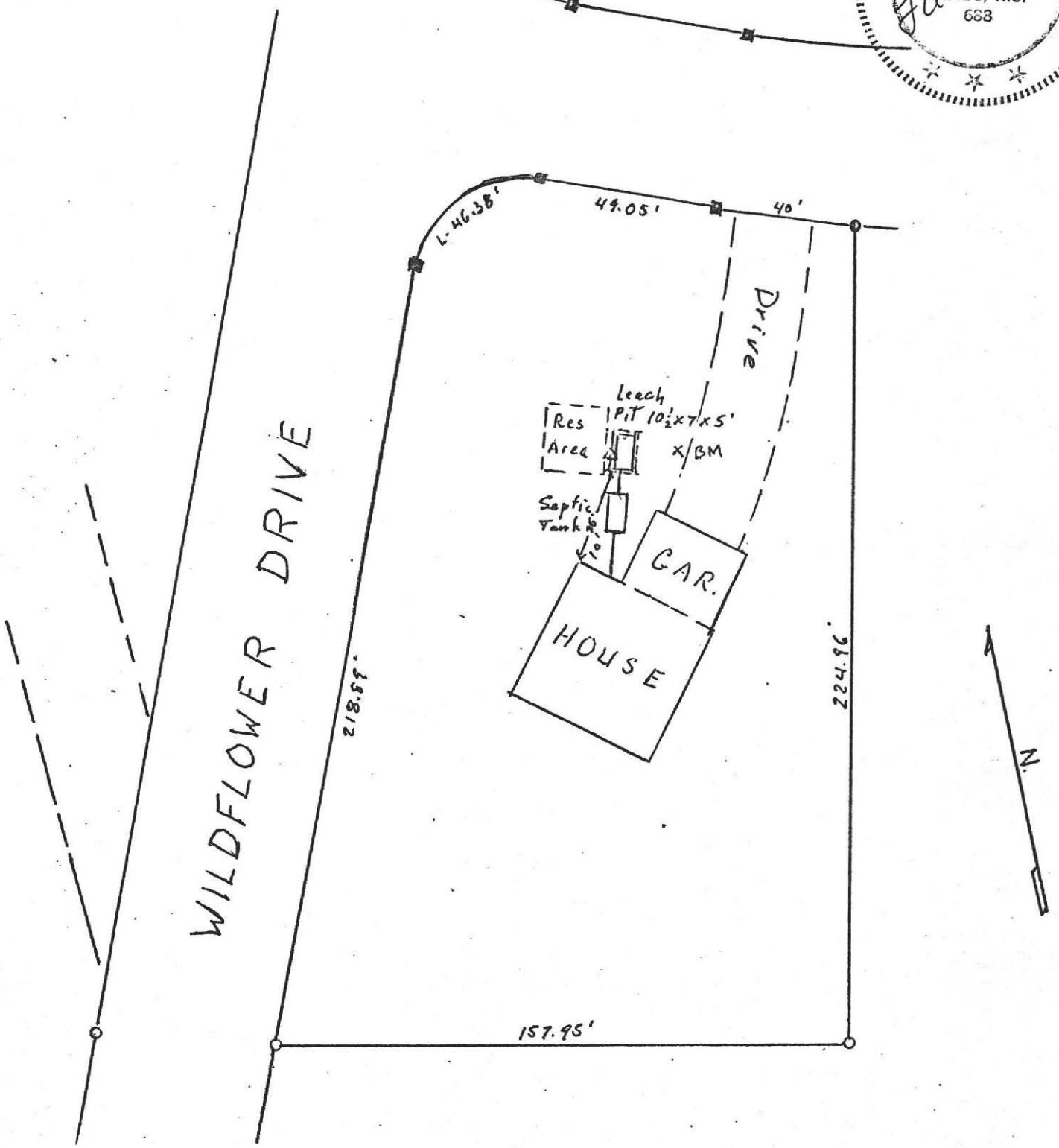
Apr. 1984

For: William Lee
30 Cave Hill. Rd.
Leverett Mass

Scale: 1" = 40'

By: Frederick Filips

COMMONWEALTH OF MASSACHUSETTS
FREDERICK K. FILIPS, R.S.
683



PROFILE OF SEPTIC SYSTEM

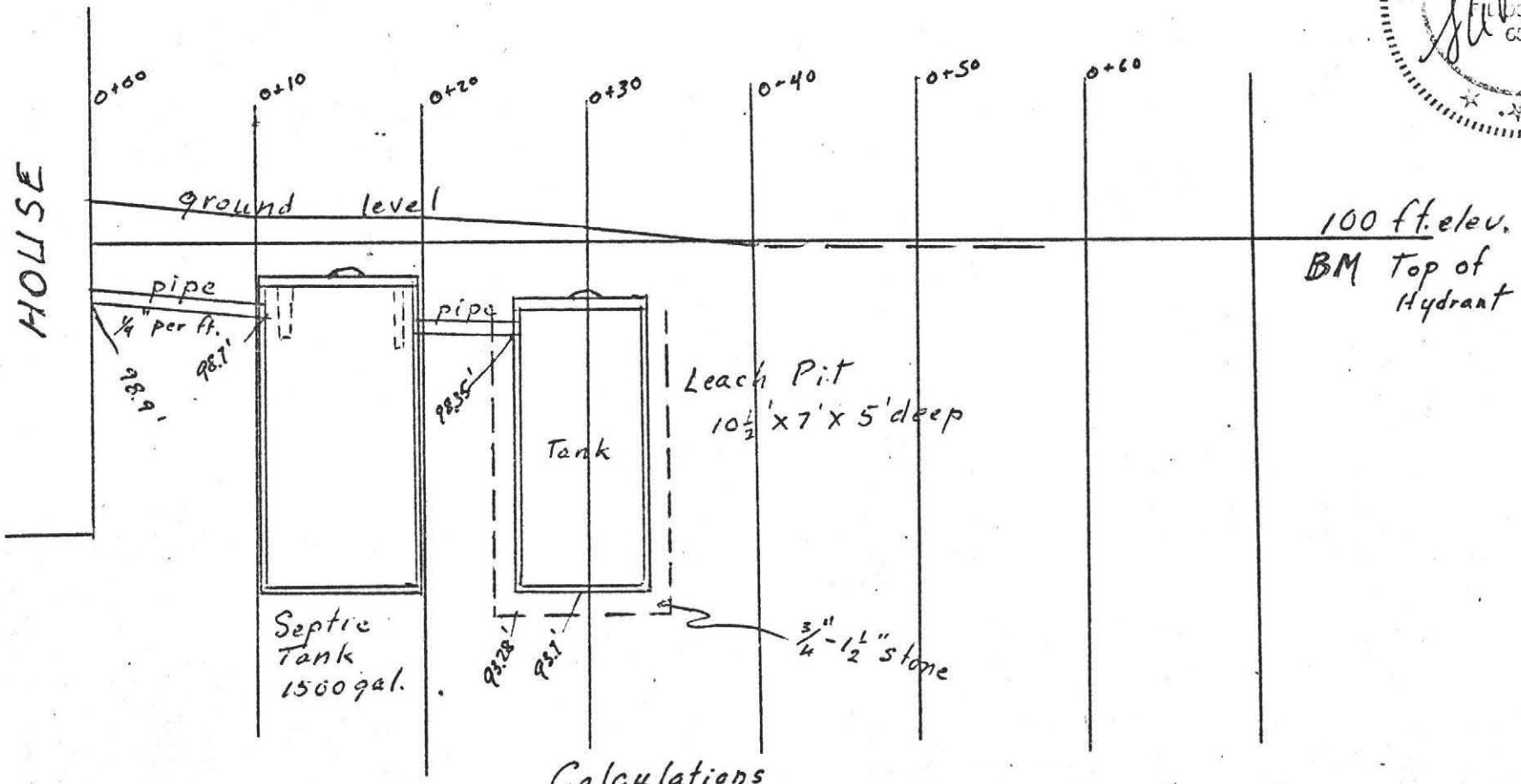
Mar. 1984

For: Thomas + Stephanie Joyce
At: 19 Alyssum Drive
Amherst Mass.

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

By: Frederick Filios

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S. 608



Calculations

3 bdm x 110 = 330 gallons flow
+50% = 495 gallons - required

At 2 min/inch sides - 2.5 gal. per sq. ft
bottom - 1 gal. per sq. ft.

Sides $10\frac{1}{2} \times 5 \times 2 = 105 \times 2.5 = 262.5$ gal.
$7 \times 5 \times 2 = 70 \times 2.5 = 175$ gal.
bottom $7 \times 10.5 = 73.5 \times 1 = 73.5$ gal.

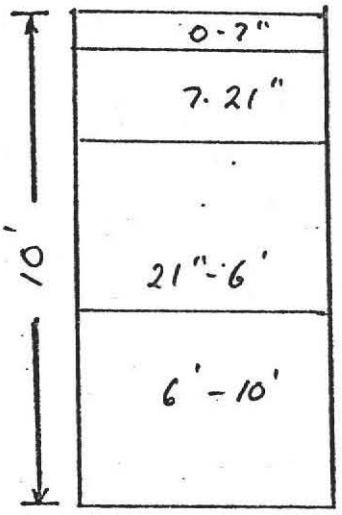
Total = 511.0 gallons proposed

DEEP SOIL LOGS

OWNER Amherst Woods Phas II Date Mar. 21, 1984

LOCATION Amherst Woods Lot 26 OBSERVER F.A. Filios

Soil



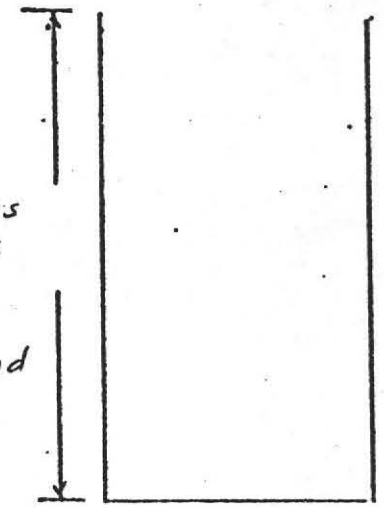
Topsoil

Subsoil

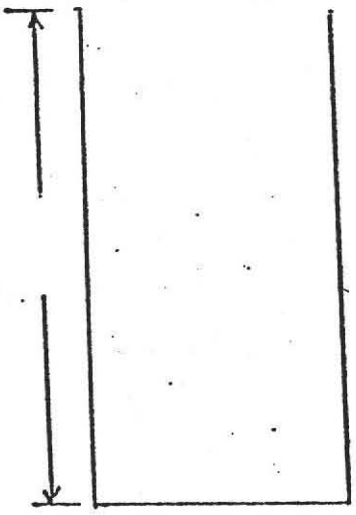
Coarse Sand w/ gravel + cobbles some fines

Clean coarse sand with gravel + cobbles

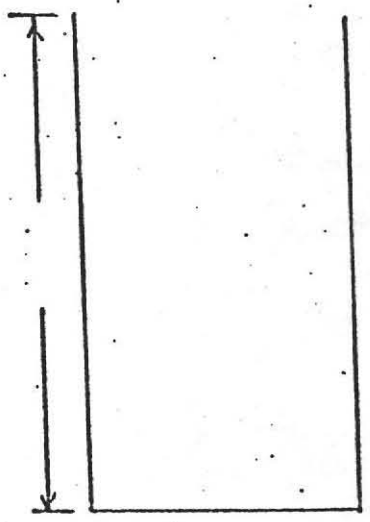
Ground Water none



Ground Water _____



Ground Water _____



Ground Water _____

Percolation Rate at 39"

< 2 minutes/inch

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

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot 26 · Wildflower Dr.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Bill Lee Address Cave Hill Rd Leverett

Installer L+F Const. Address Leverett

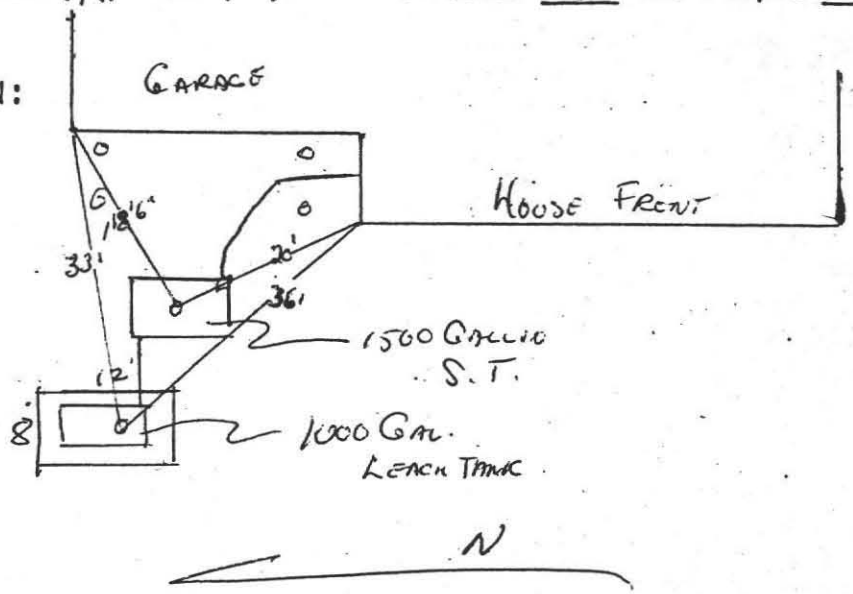
Date Installation Inspected and Approved 4/18/85

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 200 96' Bottom Side Walls

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

As - Built Plan:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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