

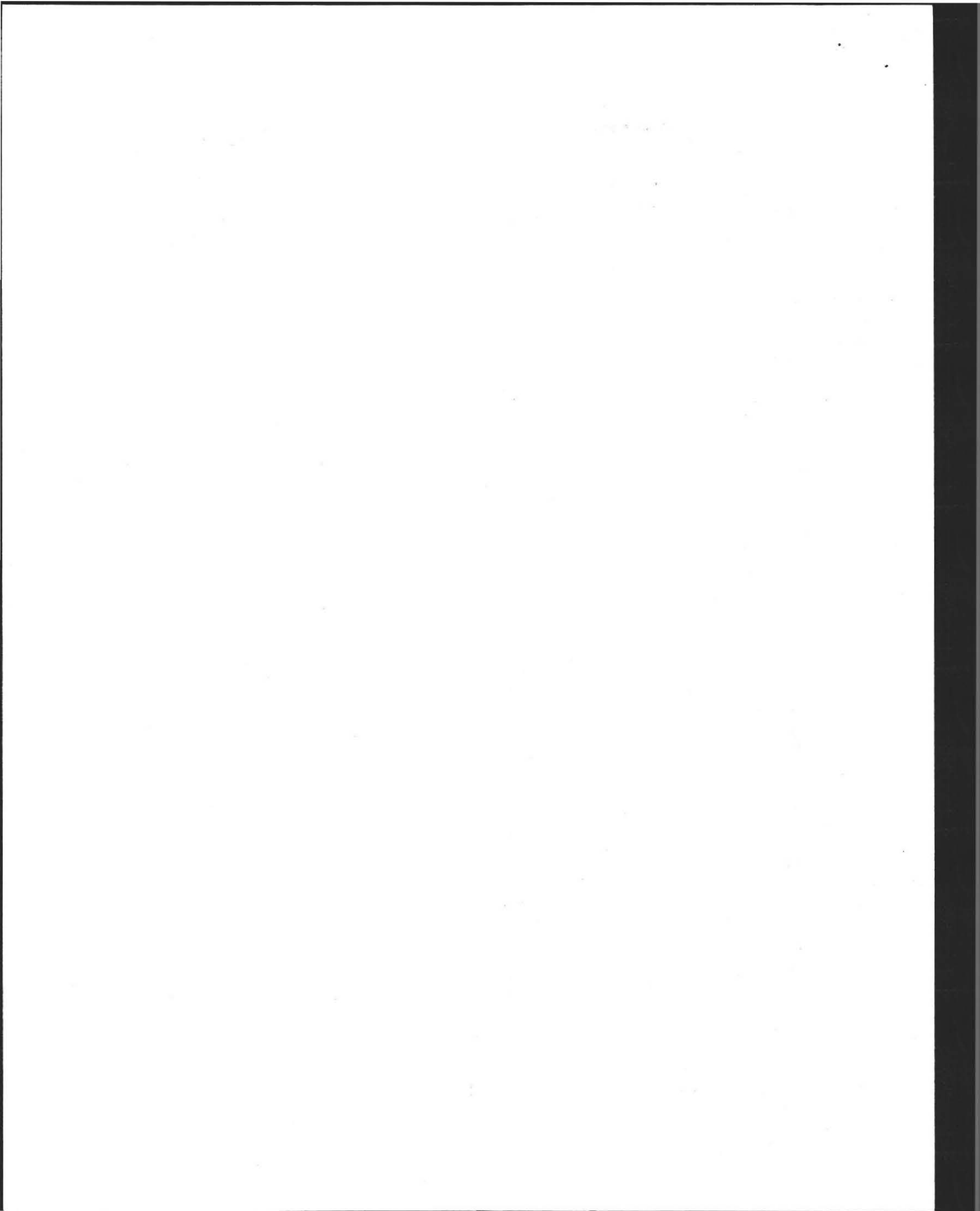
134 WILDFLOWER ROAD,

UNCOLORED A/E APT. 914
~~(UNASS-FAMILY HOUSING)~~

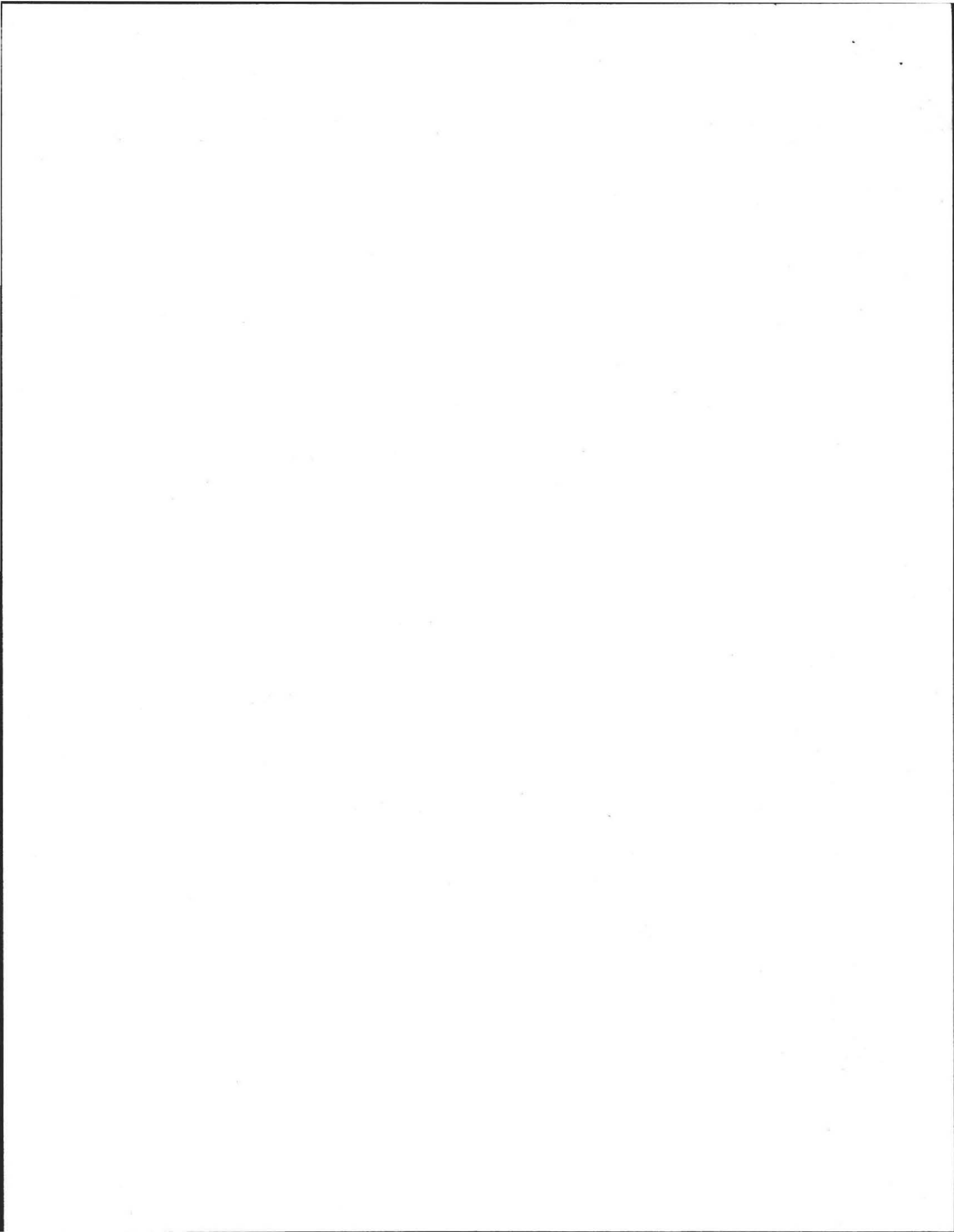
PROJECT NO.: 13-11
 CITY/TOWN: AMHERST
 APPLICANT: CAROLYN BROOK
 ADDRESS: 134 WILDFLOWER 21B / 61
 DESIGN FLOW: 462 gpd
 REVIEWED BY: _____ DATE: _____

APPROVED
 5/31/2013
 Edward R. Jutila

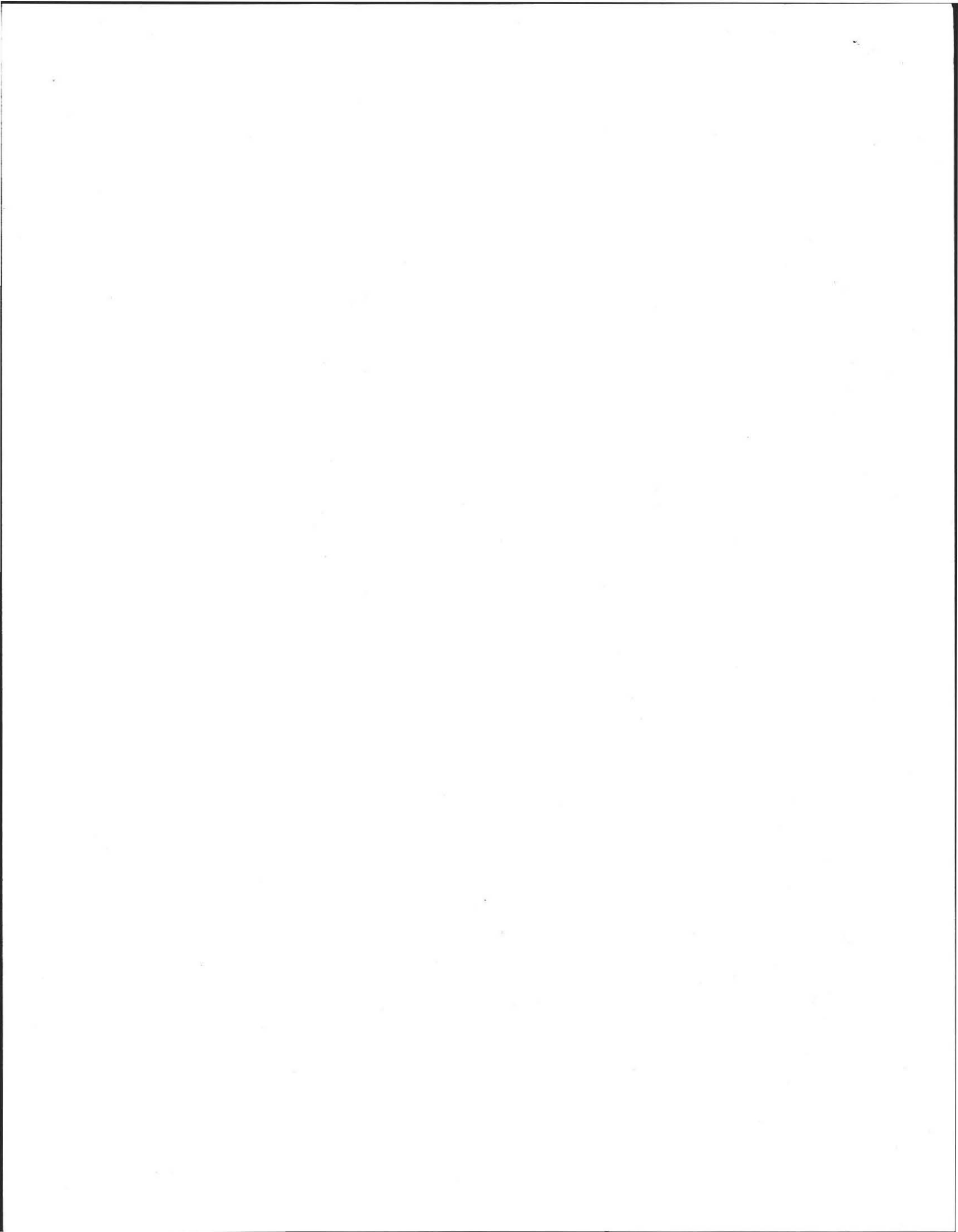
	N/A	OK	NO
GENERAL			
Legal boundaries denoted [310 CMR 15.220(4)(a)]		✓	
Street, Lot, tax parcel number and lot number noted on plan [310 CMR 15.220(4)(u)]		✓	
Locus Provided [310 CMR 15.2204(t)]		✓	
Plan proper scale? (1"=40' for plot plans, 1"= 20' or fewer for components) [310 CMR 15.220(4)]		✓	
Easements shown [310 CMR 15.220(4)(b)]		✓	NONE
System located totally on lot served [310 CMR 15.405(1)(a) for upgrades]- if not, a variance is required [310 CMR 15.412 (4)]		✓	
Location of impervious surfaces (driveways, parking areas etc.) [310 CMR 15.220(4)(d)]		✓	
Location all buildings existing and proposed 310 CMR 15.220 (4)(c)]		✓	
Location and dimensions of system components and reserve areas. [310 CMR 15.220(4)(e)]	✓		REPAIR
System Calculations [310 CMR 15.220(4)(f)]		✓	
daily flow		✓	
septic tank capacity (required and provided)		✓	
soil absorption system (required and provided)		✓	EXISTING 1000 GAL. 3 LEACH TANKS NOT ALLOWED
whether system designed for garbage grinder			✓
North arrow [310 CMR 15.220(4)(g)]		✓	
Existing and proposed contours [310 CMR 15.220(4)(g)]		✓	
Location and log of deep observation holes (existing grade el. on each test) [310 CMR 15.220(4)(h)]		✓	
Names of soil evaluator and BOH representative [310 CMR 15.220(4)(h) and (i)]		✓	
Location and date of percolation tests (performed at proper elevation?) [310 CMR 15.220(4)(i)]		✓	
Percolation test results match loading rate? [310 CMR 15.242]		✓	
Certification statement by Soil Evaluator [310 CMR 15.220(4)(j)]		✓	
Observed and Adjusted groundwater (method for adjustment given or indicated) [310 CMR 15.103(3) and 310 CMR 15.220(4)(n)]		✓	



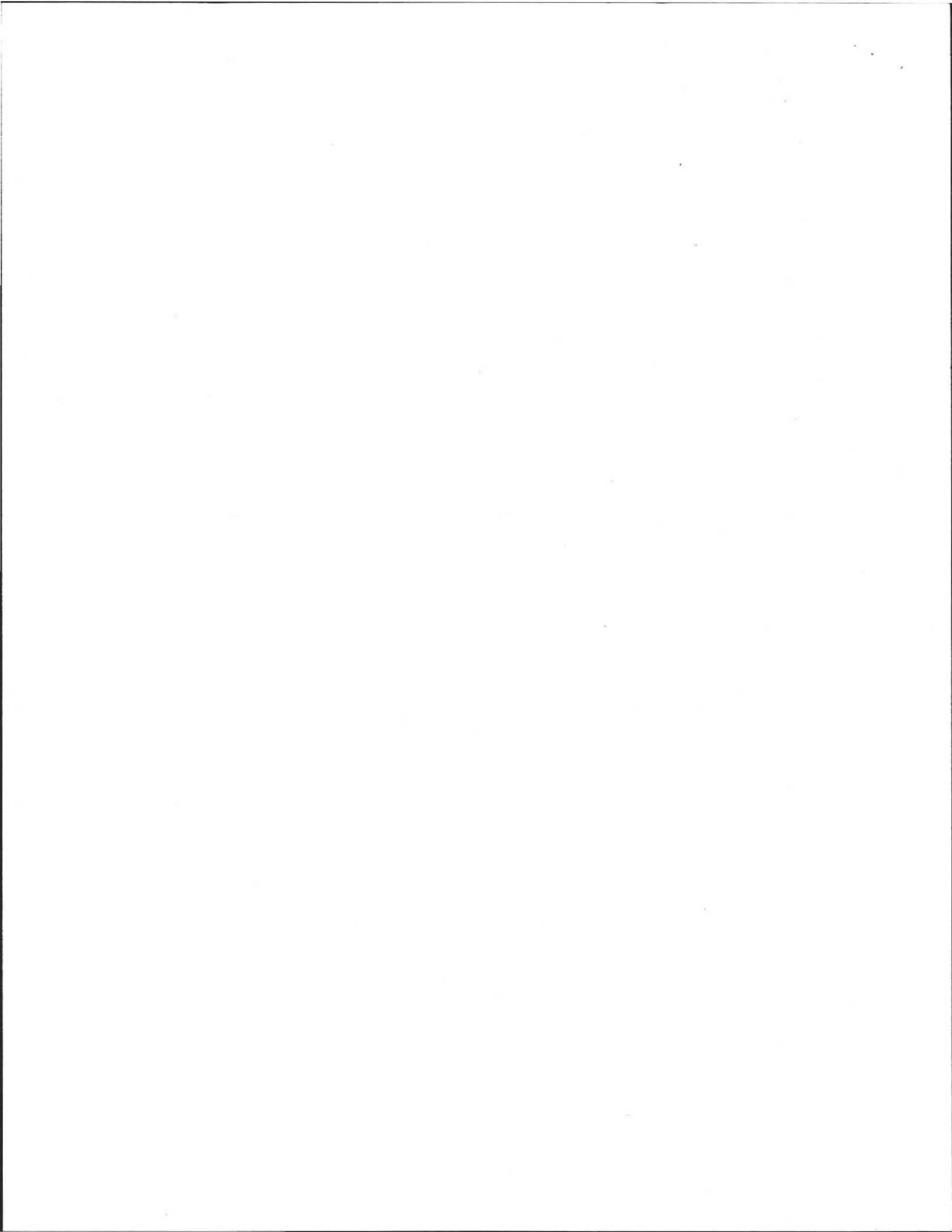
GENERAL cont.	N/A	OK	NO	
Location of every water supply, public and private, [310 CMR 15.220(4)(k)]		✓		WL TO STREET
within 400 feet of the proposed system location in the case of surface water supplies and gravel packed public water supply wells	✓			
within 250 feet of the proposed system location in the case of tubular public water supply wells	✓			
within 150 feet of the proposed system location in the case of private water supply wells	✓			
Location of all surface waters and wetlands located up to 100 ft. beyond setbacks listed in 310 CMR 15.211 and any catch basins located within 50 ft. [310 CMR 15.220(4)(l)]		✓		NONE
Water lines and other subsurface utilities located [310 CMR 15.220(4)(m)] (if water line cross see 310 CMR 15.211(1)[1])		✓		FRONT OF HOUSE
Profile of system showing invert elevations of all system components and the bottom of the SAS [310 CMR 15.220(4)(o)]		✓		
Stamp of designer [310 CMR 15.220(1) and 310 CMR 15.220(2)]		✓		
Stamp of Registered Land Surveyor (required if construction activities within 5 ft. of lot line) [310 CMR 15.220(3)]	✓			
Test Holes adequate (two in each of the primary and reserve unless trenches as permitted in 310 CMR 15.102(2) or as approved for an upgrade under LUA at 310 CMR 15.405(1)(k)]		✓		
Test hole adequate to demonstrate four feet of suitable material? [310 CMR 15.103(4)]		✓		
Test Holes adequate to confirm adequate groundwater separation? [310 CMR 15.103(3)]		✓		
Benchmark within 50-75' of system [310 CMR 15.220(4)(q)]		✓		
Materials specifications noted? [various sections of 310 CMR 15.000]		✓		
System components not > 36" deep (unless Local Upgrade Approval or LUA requested) [310 CMR 15.405(1)(b)]		✓		
All system components marked with magnetic tape 15.221(12)		✓		
SEPTIC TANK				
	N/A	OK	No	
Size OK? [310 CMR 15.223(1)]		✓		IF FOUND / REPAIR
Inlet tee located ten inches below flow line [310 CMR 15.227(6)]		✓		
Outlet tee 14" or 14" + 5" per foot for increase ft depth [310 CMR 15.227(6)]		✓		
Outlet tee with gas baffle or approved filter [310 CMR 15.227(4)]		✓		
Note regarding installation on stable compacted base [310 CMR 15.228(1)]		✓		



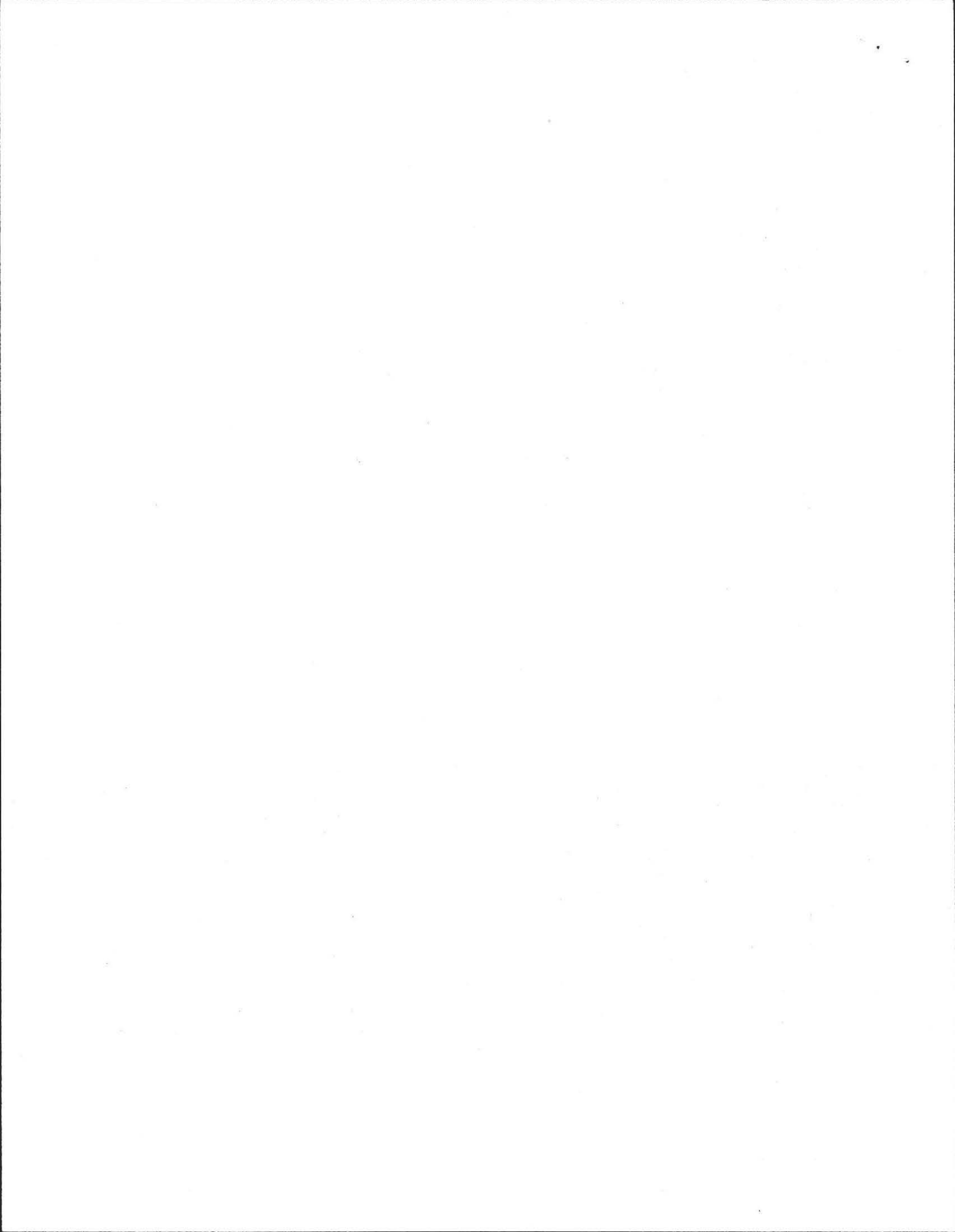
Separation between inlet and outlet tees (no less than liquid depth) [310 CMR 15.227(2)]		✓		
Inlet/Outlet elevations at least 12" above high groundwater (except as described 310 CMR 15.227(5)) or permitted for upgrades under LUA [310 CMR 15.405(1)(k)]		✓		
Minimum cover 9" (Tanks buried more than 9" must have risers on all openings and on the d-box) [310 CMR 15.2228(1) and 310 CMR 15.232(3)(f)]		✓		
Three access covers (inlet and outlet must be 20" or greater) - middle access at least 8" (by 7/07) [310 CMR 15.228(2)]		✓		
Access to within 6 " of grade - one port for systems < 1000 gpd, two for systems > 1000 gpd [310 CMR 15.228(2)]		✓		
All at-grade covers secured to unauthorized access? [310 CMR 15.228(2)]		✓		
> 10 ft from building foundation [310 CMR 15.211(1)]	✓	✓		
Buoyancy calculation Required/Done [310 CMR 15.221(8)]	✓			
H-20 Where appropriate? [310 CMR 15.226(3)]	✓			
Setbacks from resources [310 CMR 15.211]	✓			
Multi-Compartment Tanks				
Required when other than single-family dwelling or flow > 1000 gpd [310 CMR 15.223(1)(b)]	✓			
First compartment 200% daily flow; Second compartment 100% daily flow [310 CMR 15.224(2) and (3)]	✓			
"U" pipe through or over baffle, outlet of each compartment with gas baffle or approved filter [310 CMR 15.224(4)]	✓			
BUILDING SEWER AND OTHER PIPING				
	N/A	OK	No	
Located at least ten feet from any water line? [310 CMR 15.222(2)]		✓		
Disposal piping at least 18" below water line (when water and sewer cross, see 310 CMR 15.211(1)[1])	✓			
Cleanouts required/provided ? [310 CMR 15.222(8)]	✓			
Thrust blocks specified in force mains? 310 CMR 15.221(6)(c)	✓			
Slope of sewer line not less than 0.01 (1/8"/ft) 0.02 preferable [310 CMR 15.222(6)]		✓		
Proper pitch on all runs? (.005 within gravity-distributed trenches and beds) [310 CMR 15.251(9) and 310 CMR 15.252(2)(c)]	✓			
Siphon problem/ (leachfield below pump chamber)	✓			
Endcaps or vent manifold specified?	✓			
Size and orientation of discharge holes specified? (not smaller than 3/8" not larger than 5/8") [310 CMR 15.251(8) and 310 CMR 15.252(2)(h)]		✓		
Materials specified (310 CMR 15.251(5) specifies various pipe types allowed)		✓		
DISTRIBUTION BOX				



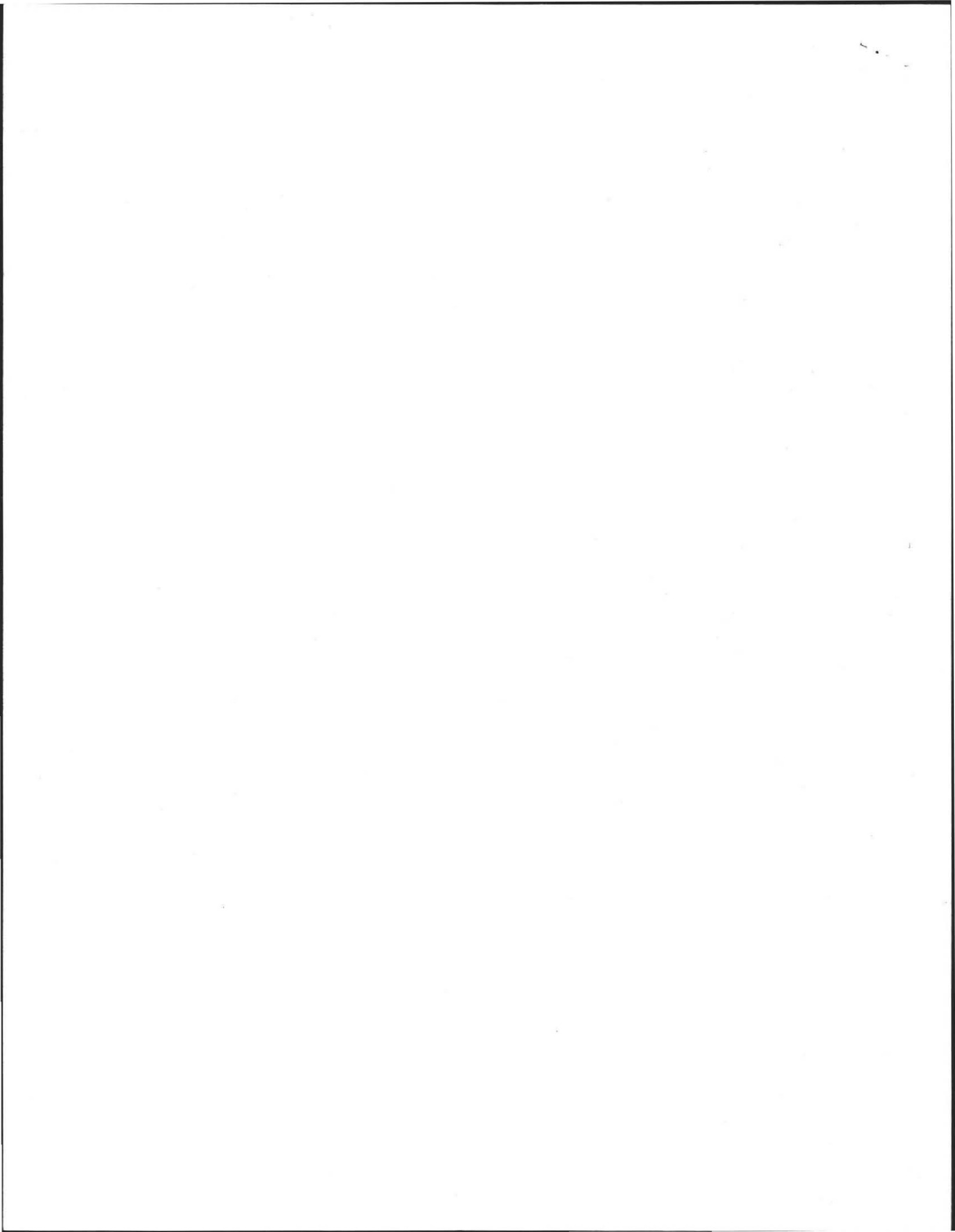
Stable compacted base [310 CMR 15.221(2) and 310 CMR 15.232(2)(a)]		✓	
Splash plate or baffle tee required on inlet/ provided? (when pressure sewer to d-box or steep pitch of gravity sewer) [310 CMR 15.323(3)(a)]	✓		
Riser if deeper than 9" [310 CMR 15.232(3)(f)]		✓	
Inside minimum dimension 12" [310 CMR 15.232(2)(b)]		✓	
Minimum sump 6" [310 CMR 15.232(3)(e)]		✓	
Watertight cover if <2000gpd; waterproof manhole if >2000gpd [310 CMR 15.232(3)(d)]		✓	
PUMP CHAMBERS			
Capacity (emergency storage above working=design flow)? [310 CMR 231(2)]	✓		
Proper setbacks [310 CMR 15.211 (same as septic tanks)]			
Watertight 20-in minium access manhole at least 20" MUST BE TO GRADE [310 CMR 15.231(5)]			
Service components accessible (not too deep with piping, disconnects accessible)			
Alarm floats - alarm on circuit separate from pumps specified?			
Exceeds two units must have two pumps operating in lead-lag mode. [310 CMR 15.231(6) and (8)]			
Stable Compacted Base [310 CMR 15.221(2)]			
Buoyancy calculations needed ? Provided? [310 CMR 15.221 (8)]			
Dosing chamber capacity (required and provided), pump curves and specifications, number of dosing cycles and depth per cycle? [310 CMR 15.220(4)(r)]			
Effluent tee filter provided? [310 CMR 15.231(10)]			
SOIL ABSORPTION SYSTEMS (SAS) GENERAL		N/A	OK
Calculations correct?		✓	No
4 feet of naturally occurring material demonstrated? [310 CMR 15.240(1)]		✓	
Required separation to groundwater? [310 CMR 15.212)]		✓	
Aggregate specified as double washed [310 CMR 15.247(2)]		✓	
System Venting required/provided? (system under driveway or >36" deep) [310 CMR 15.241]	✓		
Inspection ports specified and within 3"final grade? [310 CMR 15.240(13)]	✓		
Breakout requirements met? (No violation of breakout elevation within 15 ft of SAS unless barrier) [310 CMR 15.211(1)[4] and Guidance Document]		✓	
GALLERIES,PITS,CHAMBERS 310 CMR 15.253			
Chambers and Gal. in trench configuration supplied with inlet every 20 ft. [310 CMR 15.253(6)]		✓	
Each structure with one inspection manhole (if >2000 gpd must be to grade) [310 CMR 15.253(2)]		✓	



Aggregate 1' minimum- 4' maximum. [310 CMR 15.253(1)(b)]		✓	
2' sidewall credit maximum [310 CMR 15.253(1)(a)]		✓	
In bed configuration, inlet every 40 sq. ft. [310 CMR 15.253(6)]	✓		
TRENCHES 310 CMR 15.251			
Width 2' minimum 3' maximum [310 CMR 15.251(1)(b)]	✓		
100 feet - maximum length [310 CMR 15.251(1)(a)]			
Minimum separation 2x effective depth or width whichever greater (3x if reserve between trenches) [310 CMR 251(1)(d)]			
Situated along contours [310 CMR 15.251(2)]			
Breakout OK? [310 CMR 15.211(1)[4] and Guidance Document]			
BED SAS (Maximum size of bed or field 5000 gpd)			
minimum 2 distribution lines [310 CMR 15.252(2)(a)]	✓		
Maximum separation between lines 6' [310 CM R15.252(2)(d)]			
Maximum separation between lines and outside of bed 4' [310 CMR 15.252(2)(e)]			
Aggregate depth below discharge pipes 6" minimum, 12" maximum. [310 CMR 15.252(2)(g)]			
Separation between beds 10' minimum. [310 CMR 15.252(2)(f)]			
Bottom area used in calculations only [310 CMR 15.252(2)(i)]			
DID THE PLAN INVOLVE			
	N/A	OK	No
<i>Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)]</i>	✓		✓
<i>Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding.</i>	✓		
Pressure dosing required on all systems >2000gpd or alternative systems under remedial approval [310 CMR 15.254(2) and I/A Remedial Use Approvals]	✓		
If used in gravelless system - make sure jet is directed as not to scour soil interface [Guidance Document]	✓		
Inspections once per year (systems< 2000 gpd) or quarterly (>2000gpd) good to note on plan [310 CMR 15.254(2)(d)]	✓		
Construction in fill - Did the plan specify that the fill shall meet the specification of 310 CMR 15.255(3)?	✓		
Impervious barrier and/or retaining wall ? [Guidance Document]	✓		
Impervious barrier installation must be supervised by designer [310 CMR 15.255(2)(b)]	✓		
Retaining wall must be designed by Registered Professional Engineer [310 CMR 15.255(2)(a)]	✓		
Side slope not exceed 3:1 ? [310 CMR 15.255(2)]		✓	
Breakout requirements met? [310 CMR 15.252(2) and Guidance Document]	✓		
At least 5 ft. from impervious barrier to edge of SAS (10 ft. recommended) [310 CMR 15.255 (2)(e)]		✓	



Gravelless System [I/A Approval Letters]				
Check DEP Approval letters for credits and design conditions	✓			
If used with pressure dosing do not allow pressure discharge to scour soil interface	✓			
Alternative Septic System [I/A Approval Letters]				
Was DEP Approval Letter provided and/or have you reviewed the letter for conditions?	✓			
Is the technology being properly applied and does it meet all DEP Approval Conditions?				
Is there a note on the plan regarding the requirement for perpetual maintenance agreement?				
Any alarms involved on separate circuits				
Did the applicant submit an operation and maintenance manual?				
Has applicant submitted a copy of a maintenance agreement?				
Variances				
Are the variances listed on the plan ? [310 CMR 15.220 (4) (p)]	✓			
RLS Stamp necessary on plan if a component is within five feet of property line [310 CMR 15.412(4)]				
New construction or increased flow proposed - [Refer to 310 CMR 15.414]				
Nitrogen Sensitive Areas		N/A	OK	No
Is the system in a Designated Nitrogen Sensitive Area (Zone II for a public supply well)? [310 CMR 15.214, 310 CMR 15.215 and 310 CMR 15.216 - also refer to Policy regarding upgrades of such existing systems]	✓			
Is the system proposed on the same lot as served by private well ? [310 CMR 15.214(2)]				
Are the nitrogen loads proposed in compliance? [310 CMR 15.216(1)]				
Miscellaneous				
Pumping to septic tank ? [310 CMR 15.229]	✓			
Shared System [310 CMR 15.290]	✓			



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City, State, ZIP+4

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No. 13-11

cb-55555@aol.com

FEE 13-11
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>134 Wildflower Dr.</u>	Owner's Name <u>Carolyn Beck</u>
Map/Parcel# <u>215.1/61</u>	Address <u>134 Wildflower Dr., Amherst.</u>
Lot# <u>61</u>	Telephone# <u>1</u>
Installer's Name <u>Adair Septic</u>	Designer's Name <u>Alan Weiss</u>
Address <u>Amherst, MA</u>	Address <u>Beldeau, MA</u>
Telephone#	Telephone# <u>413-323-5952</u>

Type of Building 4 Bedroom Residence Lot Size 20,623 sq. ft.

Dwelling - No. of Bedrooms 4BR. Garbage grinder No

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

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 462 gpd

Plan: Date 5/10/13 Number of sheets 1 Revision Date _____

Title Septic Design Repair Plan.

Description of Soil(s) Class 1: C sand.

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation A. Weiss

4/23/13

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete Septic System (Leach area) repair, Tank, as needed.

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 [Signature] Date 5-14-13

Inspections _____

No. 13-11

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

FEE 150.00

Description of Work: Individual Component(s) Complete System

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

by: ADAIR SEPTIC

at 134 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. 13-11, dated 5/14/13. Approved Design Flow 462 (gpd)

Installer _____

Designer: _____ Inspector: [Signature] Date: 8/29/13

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

No. 13-11

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

FEE 150.00

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 134 WILDFLOWER DRIVE as described in the application for

Disposal System Construction Permit No. 13-11, dated 5/31/2013

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

11/11/11

The first part of the document
 discusses the importance of
 maintaining accurate records
 and the role of the
 management team in
 ensuring compliance with
 the relevant regulations.

It is noted that the
 current system is
 outdated and requires
 significant investment
 to bring it up to date.

The proposed solution
 involves the implementation
 of a new system which
 will streamline the
 process and reduce the
 risk of error.

This new system will
 be a major step forward
 for the organization.

The implementation
 will be completed by
 the end of the year.

11/11/11

The second part of the
 document outlines the
 key objectives for the
 new system and the
 expected benefits.

It is expected that the
 new system will
 improve efficiency and
 reduce costs.

The implementation
 will be a major step
 forward for the
 organization.

The implementation
 will be completed
 by the end of the
 year.

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

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

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

Date: 4/23/13

Commonwealth of Massachusetts
Adhest, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

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

Date: 4/23/13

Location Address or Lot # 134 Wildflower Dr.	Owner's Name, Address, and Telephone # 134 Wildflower Dr.
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit)

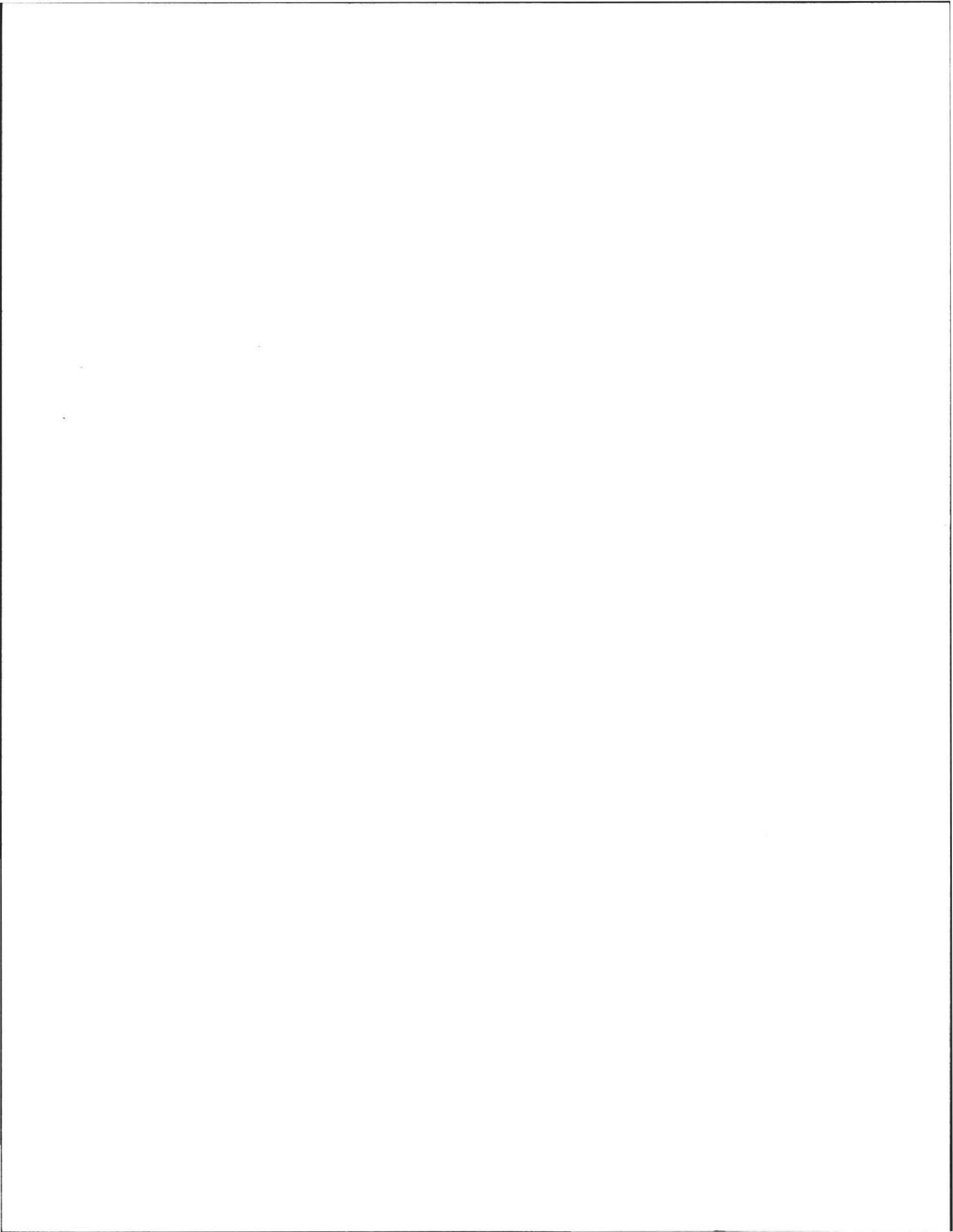
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 134 Wildflower Dr.

On-site Review

Deep Hole Number 142 ^{epu.} Date: 4/23/13 Time: 10:30 Weather CLDS 50%

Location (identify on site plan) _____

Land Use res. Slope (%) 2 Surface Stones _____

Vegetation grass

Landform Terrace

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100+ feet Drainage way 50' feet

Possible Wet Area 100+ feet Property Line 25' feet


Drinking Water Well 100' feet Other _____

(No Water)

DEEP OBSERVATION HOLE LOG*

#1
=

more
seeps
on
pile
=

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-38"	A1B _{mix}	fsl	10YR 3/2		- mixed.
38"-132"	C ₁	CS	10YR 4/3	Not obs.	- C sand, loose, 10% gravel. well sorted.
0-46"	A1B _{mix}	fsl	10YR 3/2		
46"-132"	C ₁	CS	10YR 4/3	Not obs.	

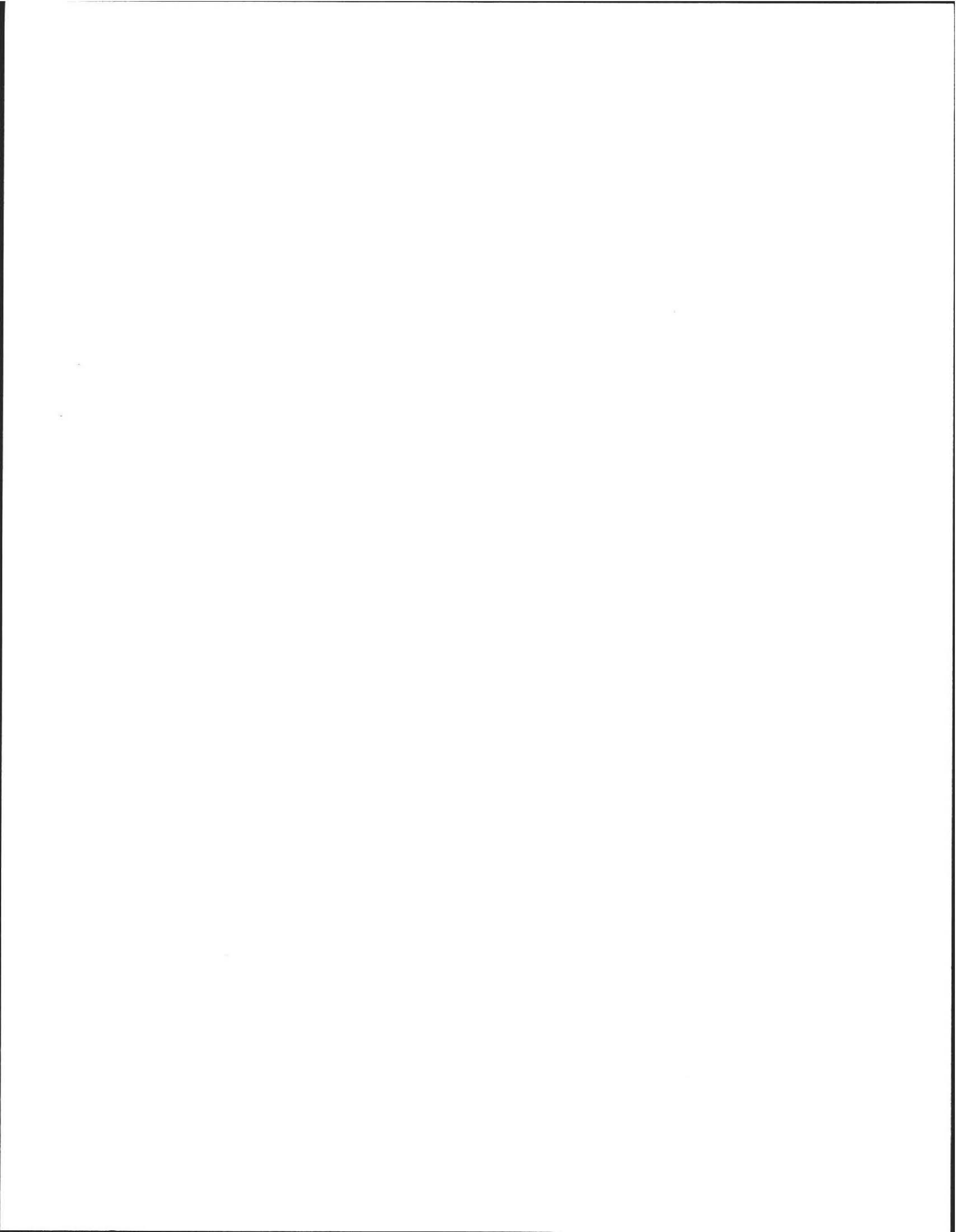
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Depth to Bedrock: 132" +

Depth to Groundwater: Standing Water in the Hole: NOT Weeping from Pit Face: Not

Estimated Seasonal High Ground Water: 132" +





Location Address or Lot No. 134 Wildflower Dr.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*	
Date: ...	<u>4/23/13</u> Time: <u>10:30</u>
Observation Hole #	<u>P1</u>
Depth of Perc	<u>50"</u>
Start Pre-soak	↓ Perc on site CANT hold Soak.
End Pre-soak	
Time at 12"	
Time at 9"	
Time at 6"	
Time (9"-6")	<u>< 2</u>
Rate Min./Inch	<u>< 2</u>

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

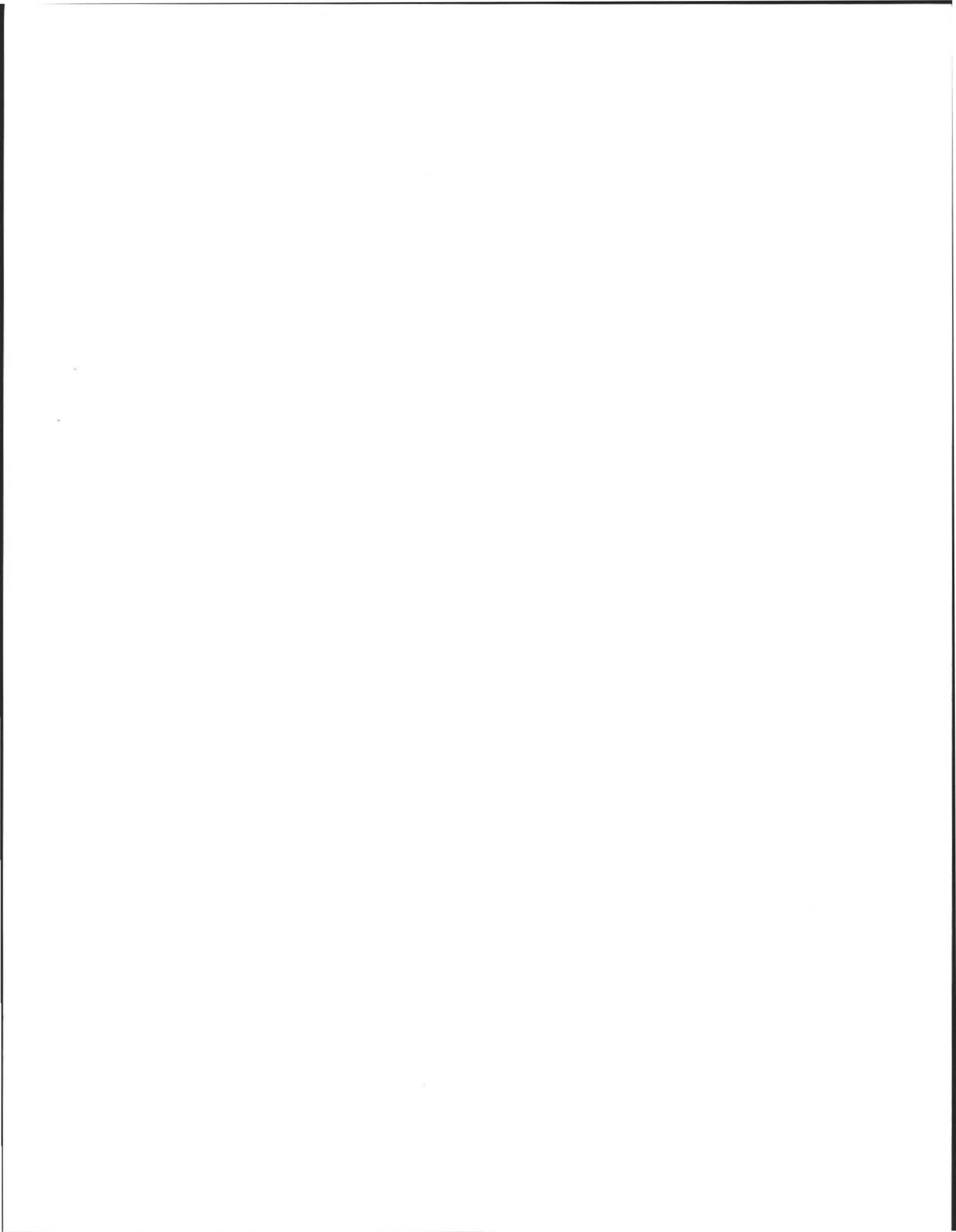
Site Passed Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed Smith

Comments: 5' offset to ESHGW





Location Address or Lot No. 134 Willflower St.

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 132" 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

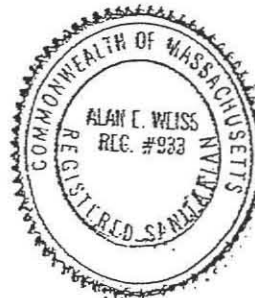
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

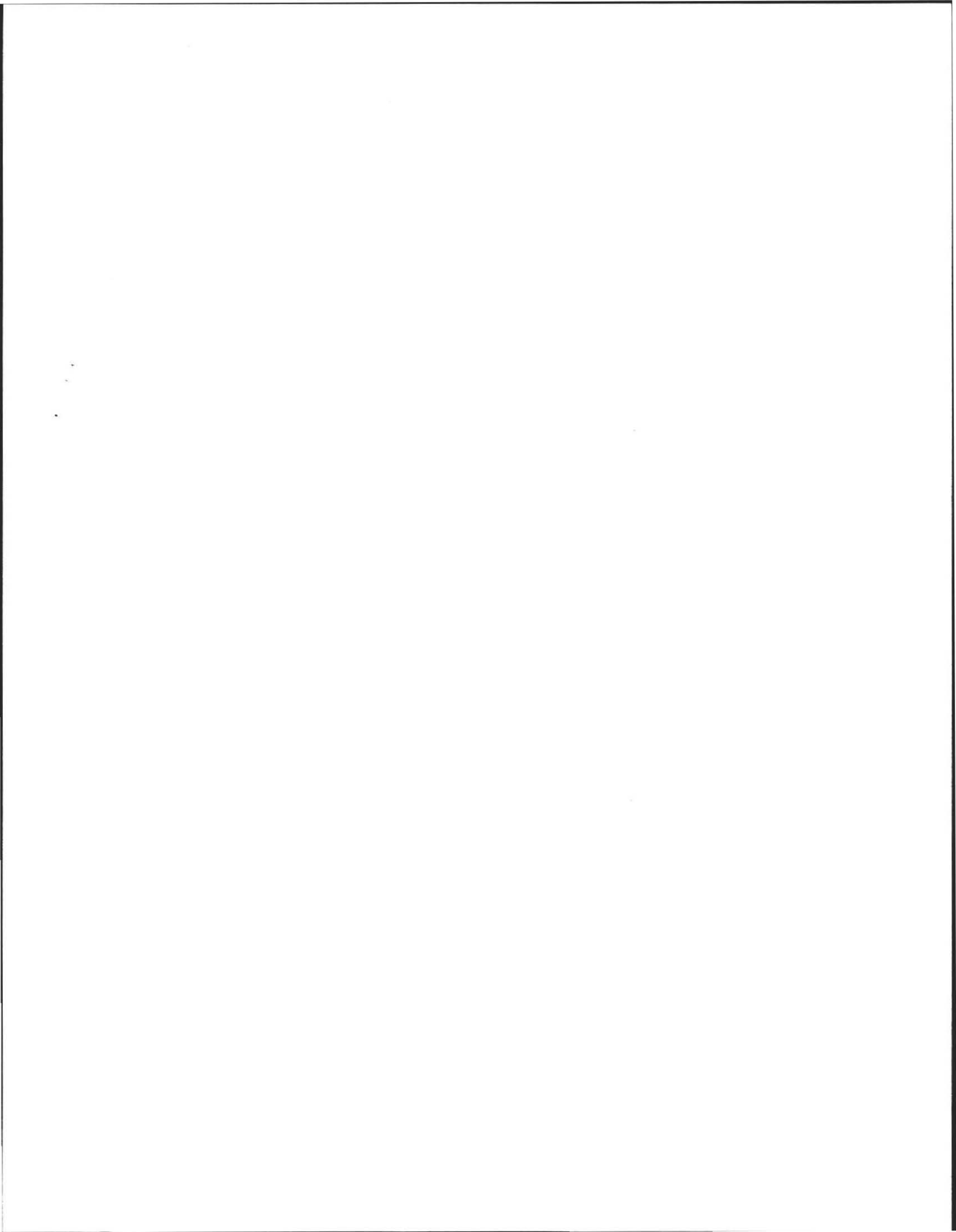
If not, what is the depth of naturally occurring pervious material?

Certification

I certify that on 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  Date 4/13





Town of



AMHERST

Massachusetts

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

April 5, 2013

Carolyn Brooks
134 Wildflower Road
Amherst, MA 01002

RE: System Status/Failure (Pumped 4 Times in 1 year, & Septage backup into ground floor shower)

Dear Ms Brooks:

The Amherst Board of Health, represented by myself, hereby acknowledges that your system has exhibited 2 Title 5 failure criteria (4 x pumping in 1 year, and a septage backup into the facility). Therefore, in accordance with the provisions of 310 CMR 15.000 of the State Environmental Code, Title 5, and under authority of Massachusetts General Laws, Chapter 21A, Section 13, you (or the subsequent owners of the property) are hereby ordered to repair the subsurface sewage disposal system at 396 Middle St., within two (2) years of the date of this letter (April 5, 2013). If further degradation of the sewage disposal system occurs (e.g. sewage flowing to the surface of the ground), you may be required to complete the repairs sooner.

All work to repair/upgrade the subsurface sewage disposal system must be performed by a licensed sewage disposal system installer, in accordance with the requirements of 310 CMR 15.000, and with plans prepared by a Registered Sanitarian or Registered Professional Engineer and approved by the Northampton Board of Health.

Please be advised that you are entitled to a hearing on this order to upgrade your subsurface sewage disposal system, provided that you file a **written petition** requesting such a hearing in the Board of health office within **seven (7) days** of the receipt of this notice.

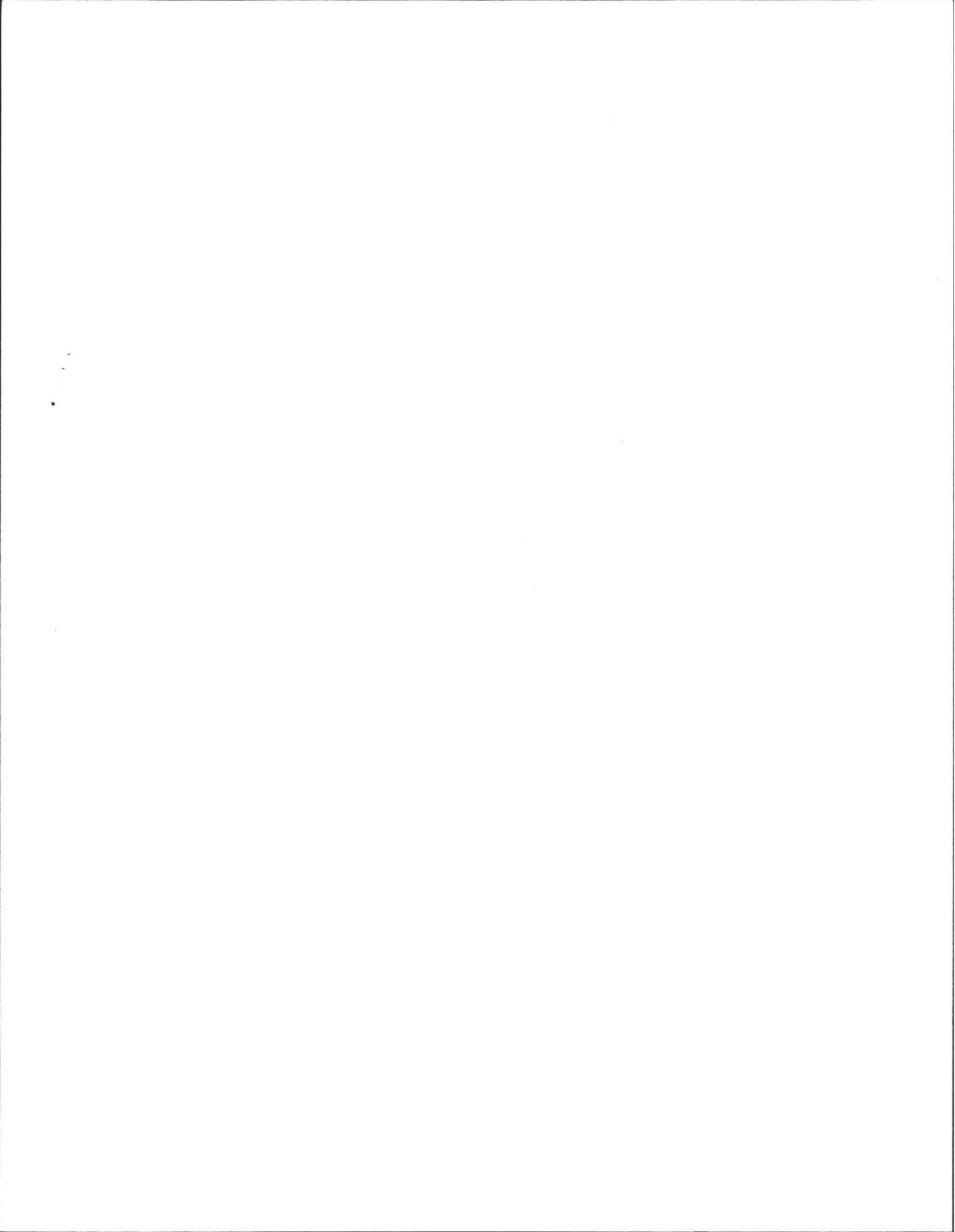
Please feel free to contact the Board of Health office, at 259-3077, if you have any questions concerning this notice.

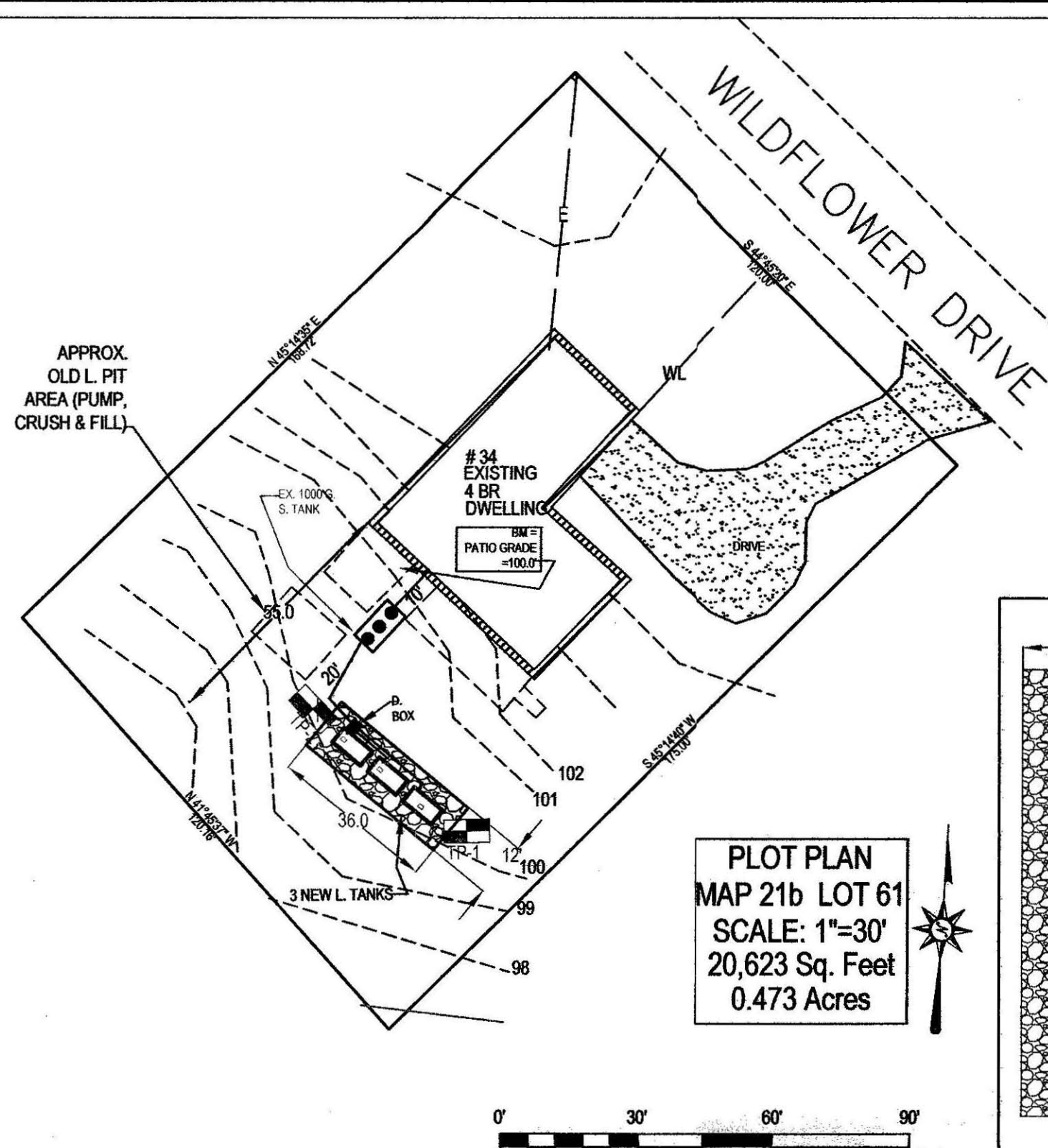
Thank you for your anticipated cooperation in this matter.

Sincerely,

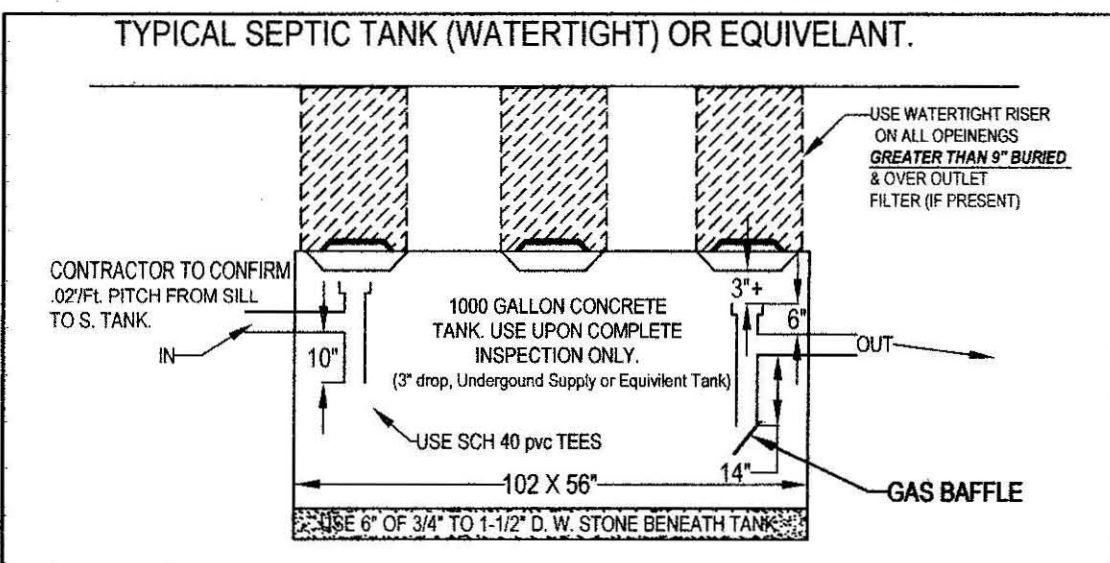

Edmund Smith
Assistant Sanitarian

file copy
7/5/2013 - 1 regular, 1 certified, +
one email to
Carolyn Brooks

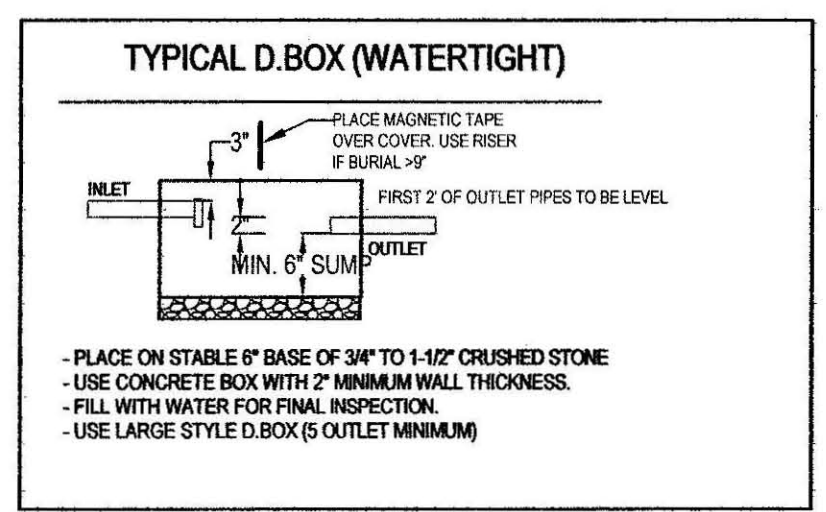
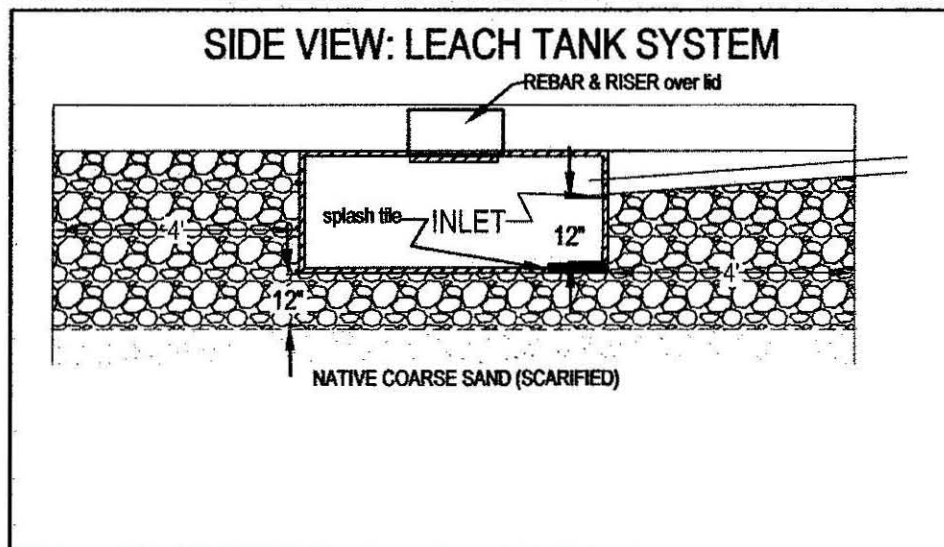
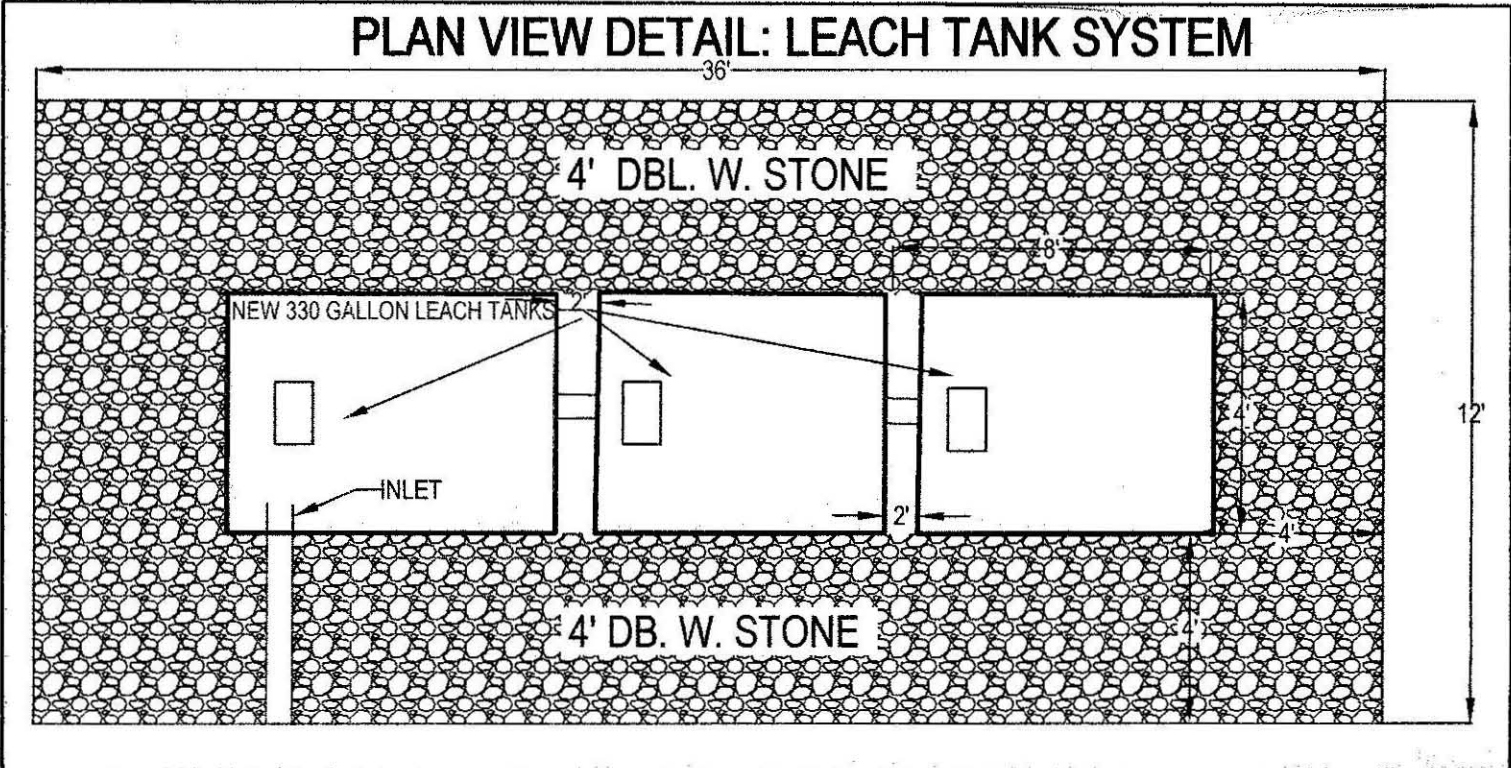




PLOT PLAN
 MAP 21b LOT 61
 SCALE: 1"=30'
 20,623 Sq. Feet
 0.473 Acres



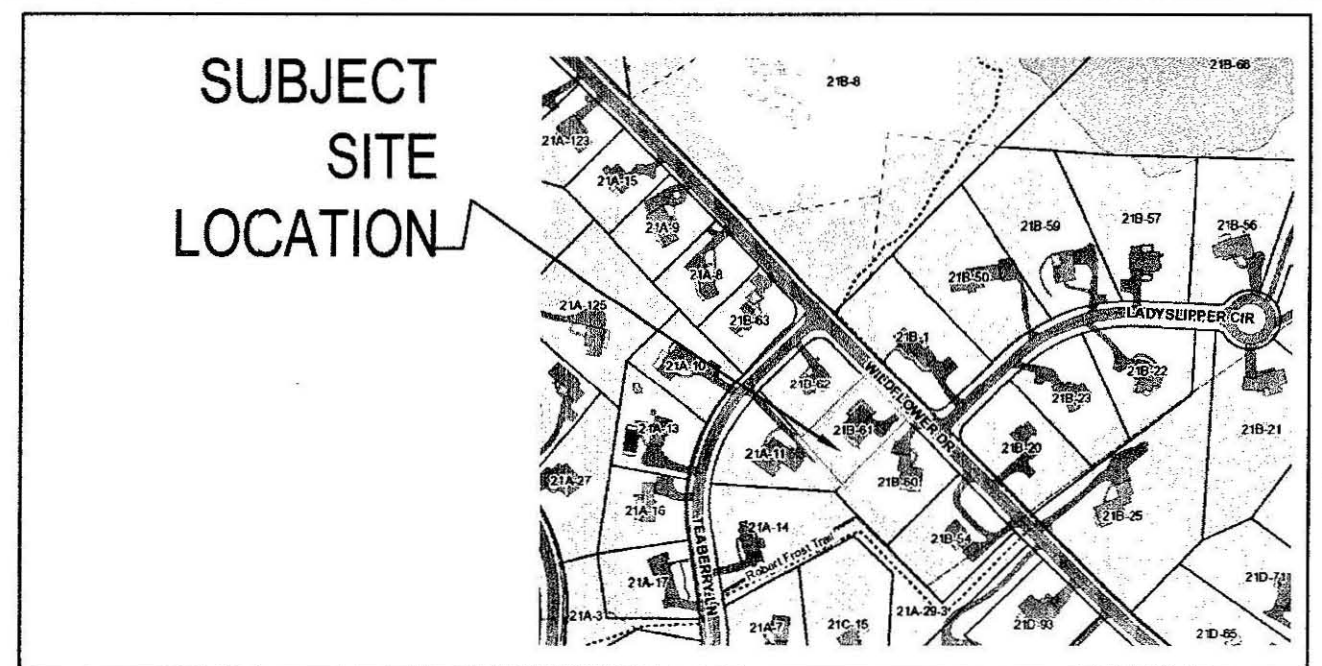
USING EXISTING SEPTIC TANKS:
 AN EXISTING 1,000 or 1,500 GALLON SEPTIC TANK CAN BE USED IF UPON INSPECTION BY THE INSTALLING CONTRACTOR, IF THE TANK IS INSPECTED AND PUMPED AND FOUND TO BE STRUCTURALLY SOUND AT THE TIME OF THE SUBGRADE INSPECTION. IF BAFFLES ARE NOT BUILT IN, THAN SCH 40 PVC TEES MUST BE ADDED. IF TANK IS NOT SOUND THAN, NOTIFY ENGINEER IMMEDIATELY IN ORDER TO ACCOMMODATE A NEW 1,500 GALLON (MIN.) SEPTIC TANK.



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

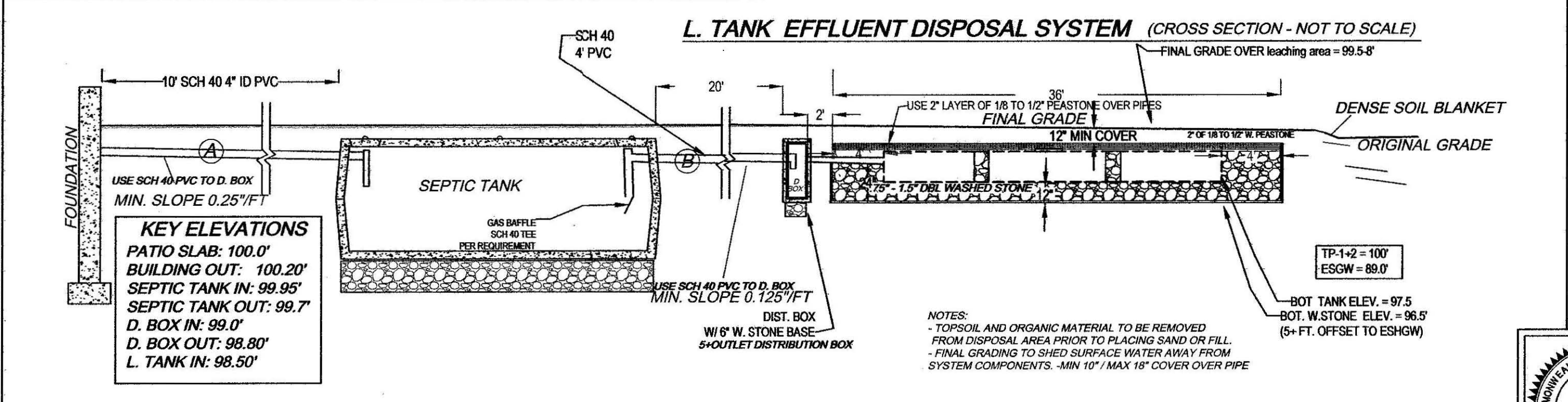
- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.
- WIPE ALL OIL AND GREASE FROM COOKWARE AND DISPOSE IN TRASH NOT SEPTIC.

6) All Toilets and Faucets must be confirmed to not be leaking, because one leaking fixture can fail a septic system in ONE DAY.



DESIGN NOTES AND CALCULATIONS:

- 4 (BEDROOM HOME) = 440 GPD. REQUIRED.
 - Use Three 330 gal. 4' X 8' chamber GALLERY: 12' WIDE X 36' LONG WITH 30" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT
 - BOTTOM AREA: 3 galleys X (12' W X 36' L) = 432 SF.
 - SIDE AREA: 3 (GALLEYS X (2' HT X 36' L) X 2 SIDES = 144 SF
 - END AREA: 2 ENDS X (2.0' HT X 12' W) X 2 ENDS = 48 SF.
 - TOTAL AREA: 624 SF X .74 GAL/SF = 462 GPD
- GARBAGE DISPOSAL NOT ALLOWED.
- NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS. (Town water)
- NO OTHER WETLANDS WITHIN 100 FEET OF SAS.
- USE 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.
 7B ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
- USE APPROVED (75"-1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
 - CONFIRM STONE (PROPERLY DOUBLE WASHED PRIOR TO PLACEMENT).
- USE PROPER SCH. 40 PVC TEES AS SHOWN.
- PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
- SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
- USE GALLEYS DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & PIPING UNDER SLAB (310 CMR 15.240)
- USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO 36" MIN. AS NEEDED (INSPECTION REQUIRED).
 - CLEAR PAST BASE OF B (MIN. 36") & SCARIFY UNDER TRENCH PRIOR TO TITL 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. 50"
 - PERC RATE = < 2" MIN / IN.
 - CLASS 1 C. Sand. SOIL RATING
- NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
- ENGINEER & TOWN TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
- BM=100.00 @ (PATIO SLAB, BOT. SIDING as noted), 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:

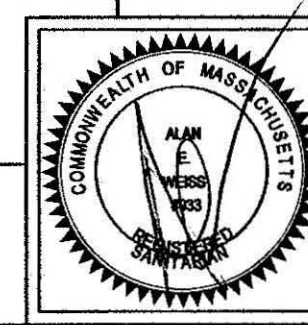
TP-1 EFF. ELEV:				TP-2 EFF. ELEV:			
DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):	DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):
0-38"	Ap	FSL	10 YR 3.3	0-40"	Ap	FSL	10 YR 3.3
0-38"	Bw	FSL	(mixed A & B)	0-40"	FSL	LS	(mixed A & B)
38-132"	C1	CS	10 yr 4.3	30-128"	C1	CS	10 yr 4.3
			C SAND, LOOSE well sorted, granular				C SAND, LOOSE well sorted, granular
			10% Gravel				10% Gravel
OXIDES:	NOT OBSERVED			OXIDES:	NOT OBSERVED		
EHWI:	132"+			EHWI:	132"+		
STANDING H2O:	NOT OBSERVED			STANDING H2O:	NOT OBSERVED		
WEEPING:	NOT OBSERVED			WEEPING:	NOT OBSERVED		
BEDROCK:	132"+			BEDROCK:	132"+		

SEPTIC SYSTEM REPAIR PLAN FOR CAROLYN BROOKS RESIDENCE
 134 WILDFLOWER DRIVE
 AMHERST, MA
Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA 01007

PHO: (413) 323-5957
 FAX: (413) 323-4916
 DATE: 05.11.2013
 DRAWN BY: ALAN WEISS
 SCALE: 1"=30'
 REVISED:
 DRAWING NUMBER: 113-4074-0423

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.



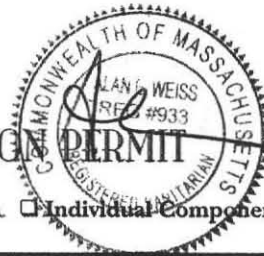
No. _____

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>134 Wildflower Dr.</u>	Owner's Name <u>Cardyn Beck</u>
Map/Parcel# <u>215.1/61</u>	Address <u>134 Wildflower Dr., Amherst.</u>
Lot# <u>61</u>	Telephone# _____
Installer's Name <u>Adair Septic</u>	Designer's Name <u>Alan Weiss</u>
Address <u>Amherst, MA</u>	Address <u>BeldeAwn, MA</u>
Telephone# _____	Telephone# <u>413-323-5952</u>

Type of Building 4 Bedroom Residence. Lot Size 20,623 sq. ft.

Dwelling - No. of Bedrooms 4BR. Garbage grinder No

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

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 462 gpd

Plan: Date 5/10/13 Number of sheets 1 Revision Date _____

Title Septic Design Repair Plan.

Description of Soil(s) Class 1: C sand.

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation A. Weiss 4/23/13

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete Septic System (Leach area) repair, Tank, as needed.

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 [Signature] Date 5-14-13

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

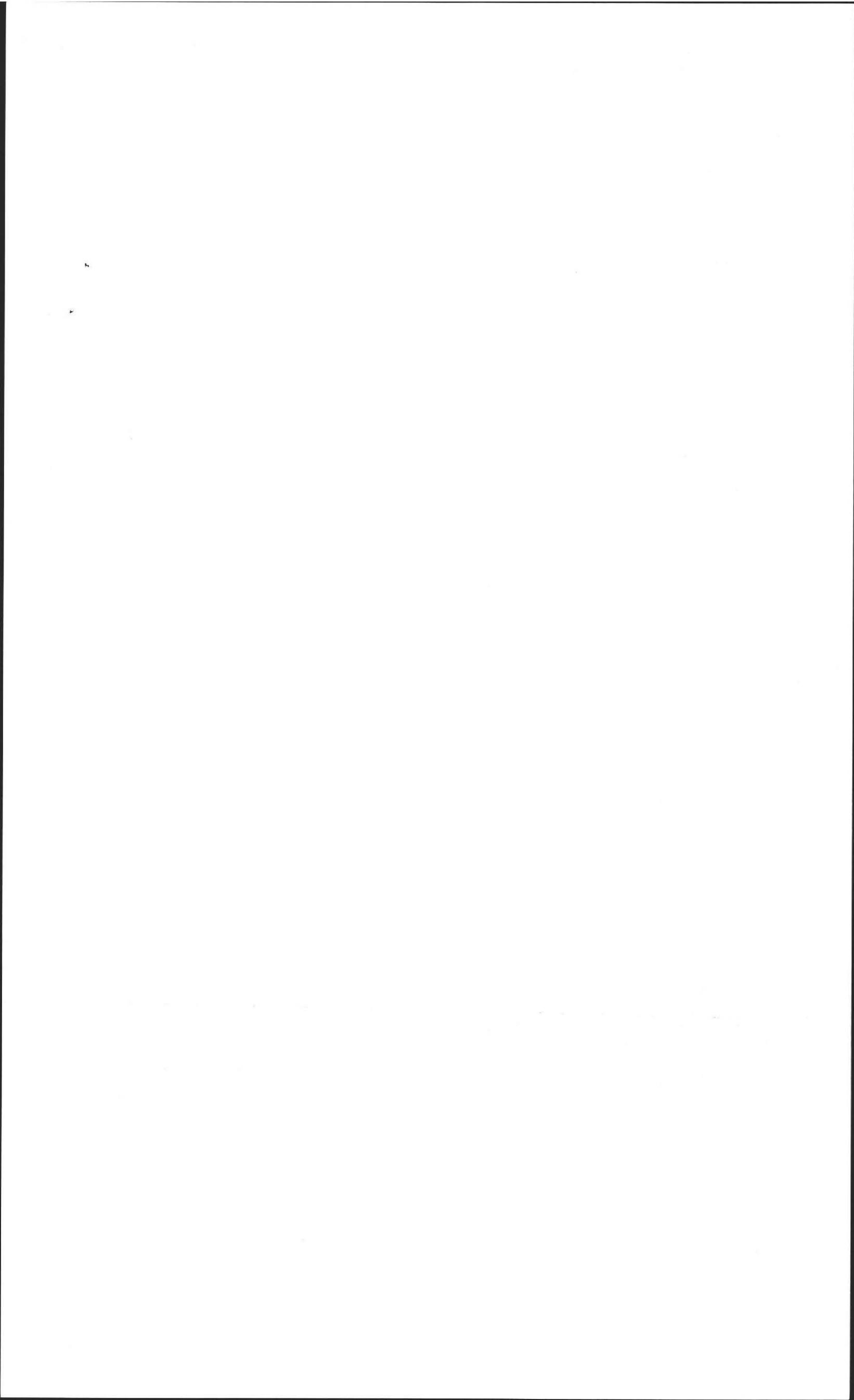
Board of Health, _____, MA.

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.



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION



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

Location <u>134 Wildflower Dr.</u>	Owner's Name <u>Carolyn Beck</u>
Map/Parcel# <u>215./61</u>	Address <u>134 Wildflower Dr., Amherst.</u>
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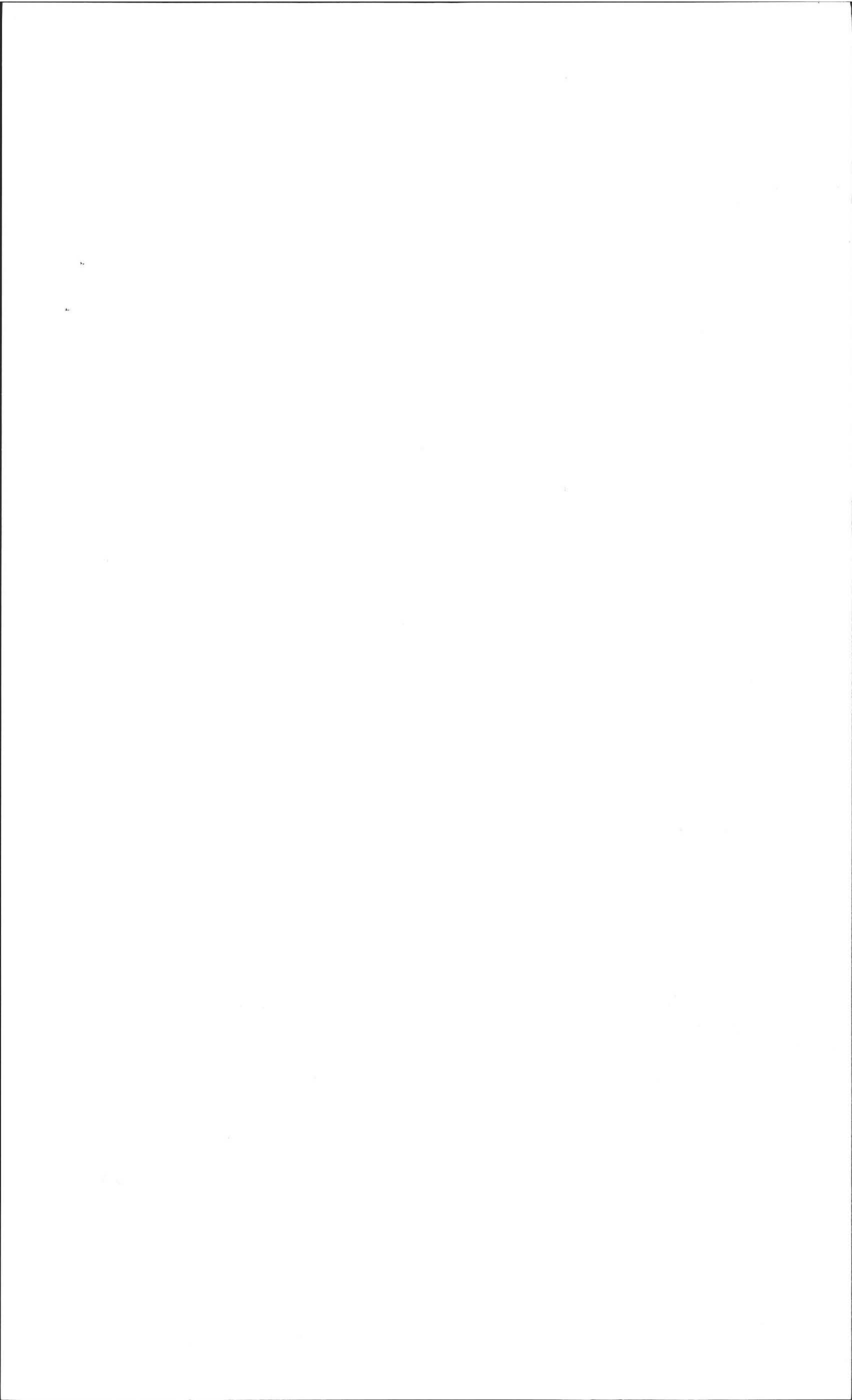
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ALAN E. WEISS, M.S., R.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- 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)
aeweiss@charter.net

Date: 4/23/13

Commonwealth of Massachusetts
Adhest, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

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

Date: 4/23/13

Location Address or Lot # 134 Wildflower Dr. New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	Owner's Name, Address, and Telephone # 134 Wildflower Dr.
---	--

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)

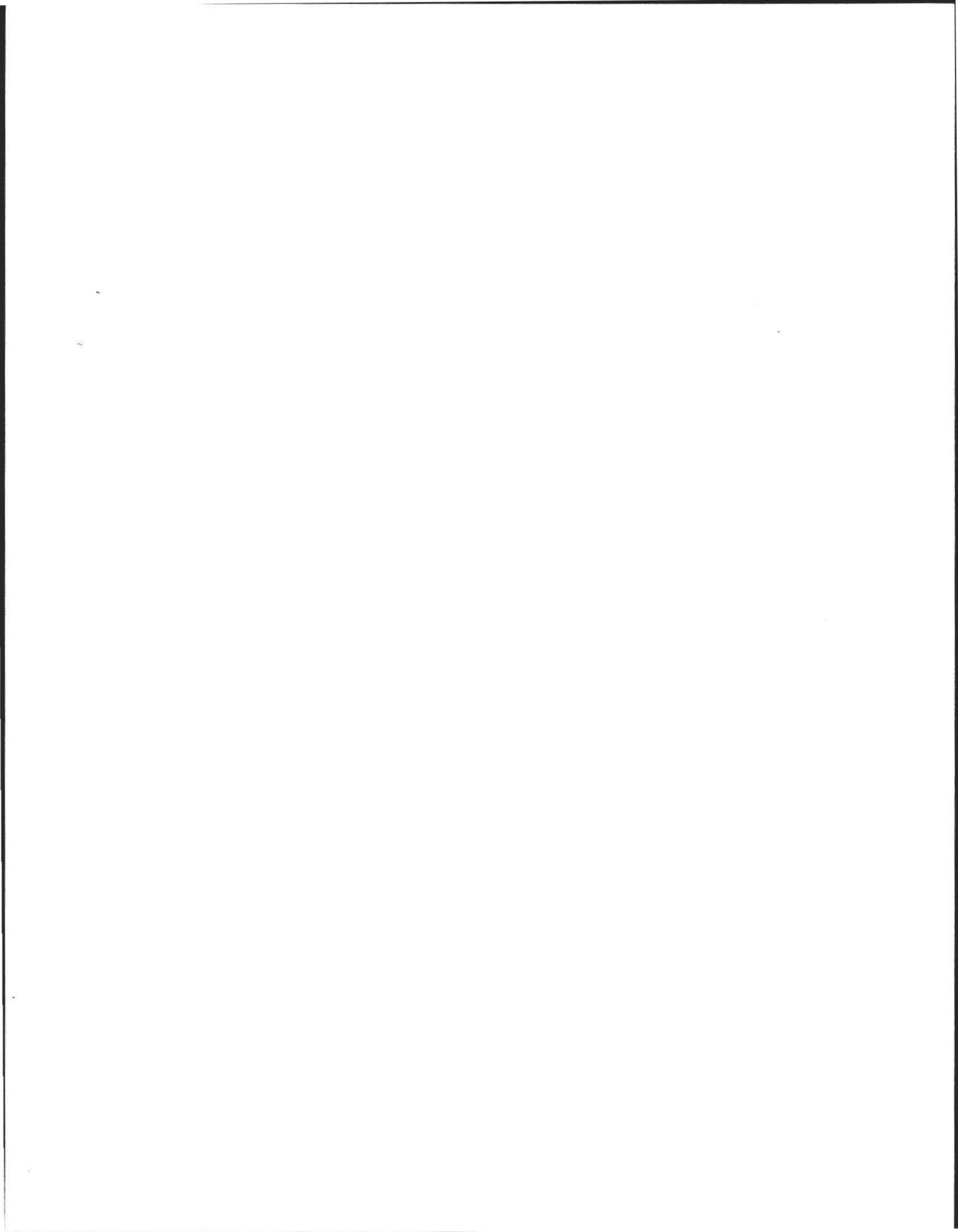
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 134 Wildflower Dr.

On-site Review

Deep Hole Number 142 ^{epu} Date: 4/23/13 Time: 10:30 Weather Clouds 50°F
 Location (identify on site plan) _____
 Land Use res Slope (%) 2 Surface Stones _____
 Vegetation grass
 Landform Terrace

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 50' feet
 Possible Wet Area 100' feet Property Line 25' feet
 Drinking Water Well 100' feet Other _____

(Open Water)

DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-38"	A+B mix	fsl	10YR 3/2		- mixed.
38"-132"	C	CS	10YR 4/3	Not obs.	- C sand, loose, 10% gravel. well sorted.
0-40"	A+B mix	fsl	10YR 3/2		
40"-132"	C	CS	10YR 4/3	Not obs.	

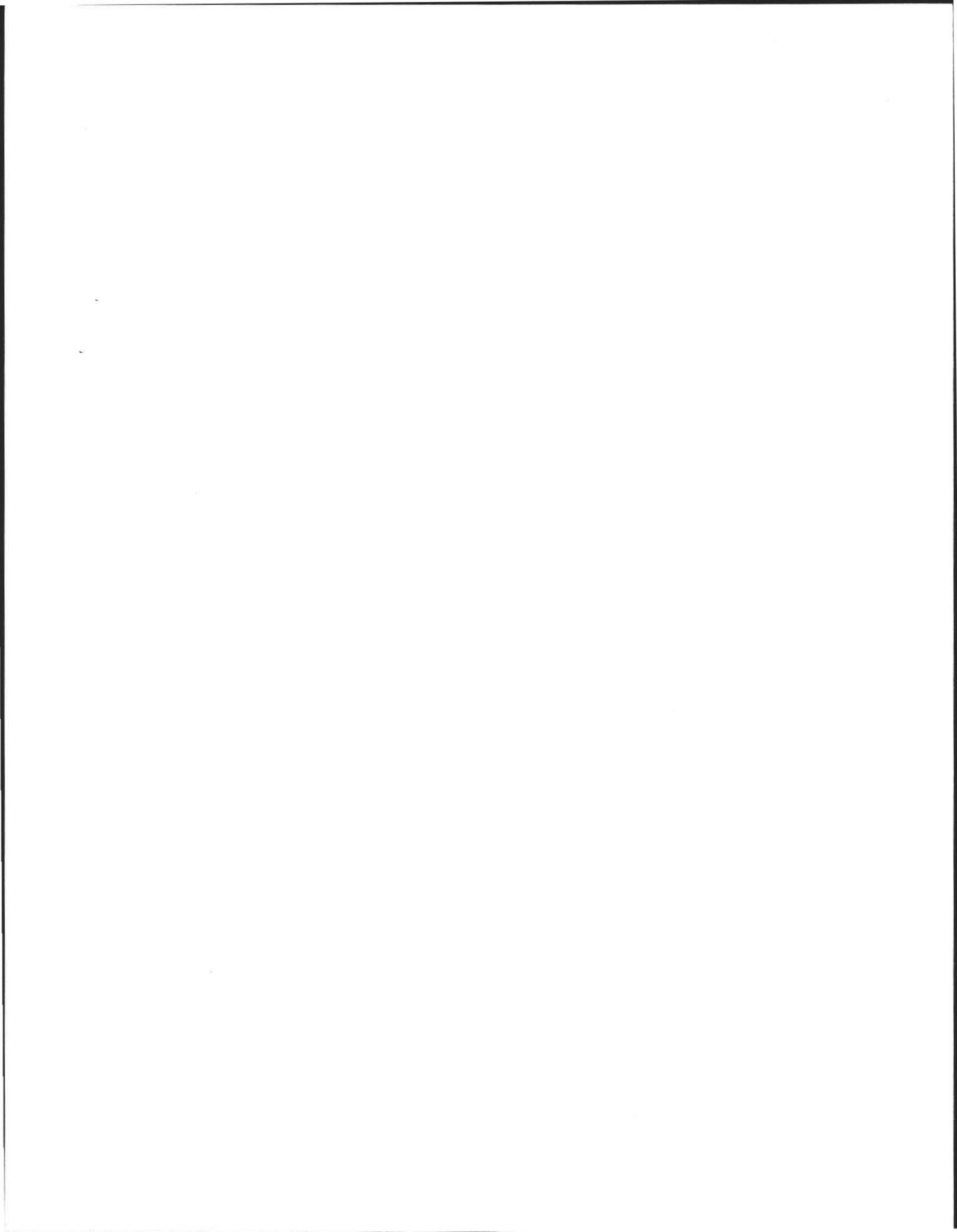
#1 =

note reaps on site

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Depth to Bedrock: 132" +
 Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not
 Estimated Seasonal High Ground Water: 132" +





Location Address or Lot No. 134 Wildflower Dr.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*	
Date: ...	<u>4/23/13</u> Time: <u>10.30</u>
Observation Hole #	<u>P1</u>
Depth of Perc	<u>50"</u>
Start Pre-soak	↓ <u>PERC</u> <u>ON SITE</u>
End Pre-soak	
Time at 12"	↓ <u>CANT</u> <u>HOLD</u> <u>SOAK.</u>
Time at 9"	
Time at 6"	↓ <u><2</u>
Time (9"-6")	
Rate Min./Inch	<u><2</u>

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

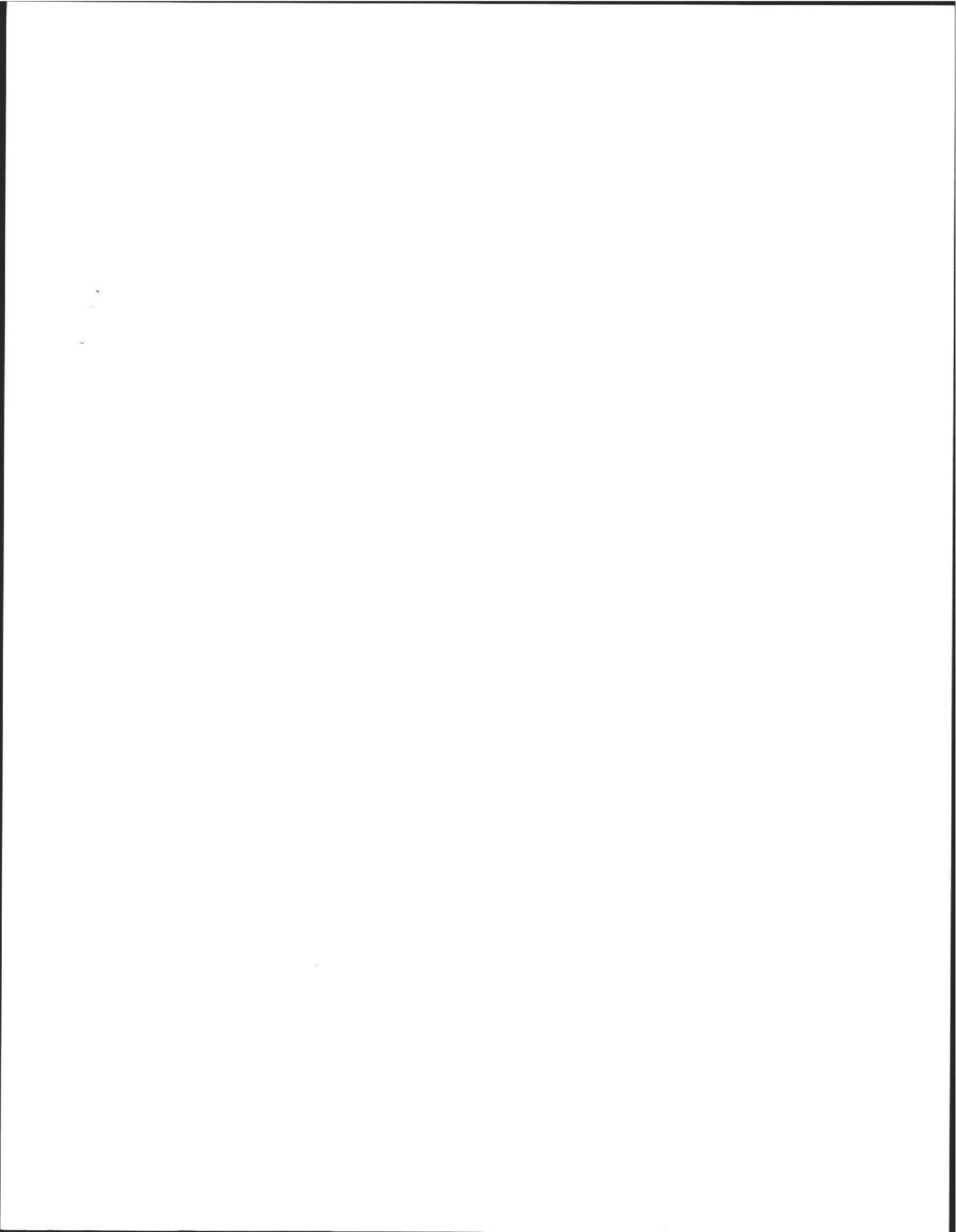
Site Passed Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed Smith

Comments: SOAKED TO ESHLOW





Location Address or Lot No. 134 Wildflower Ct.

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 132" 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

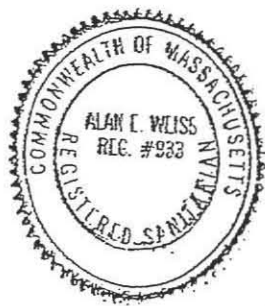
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

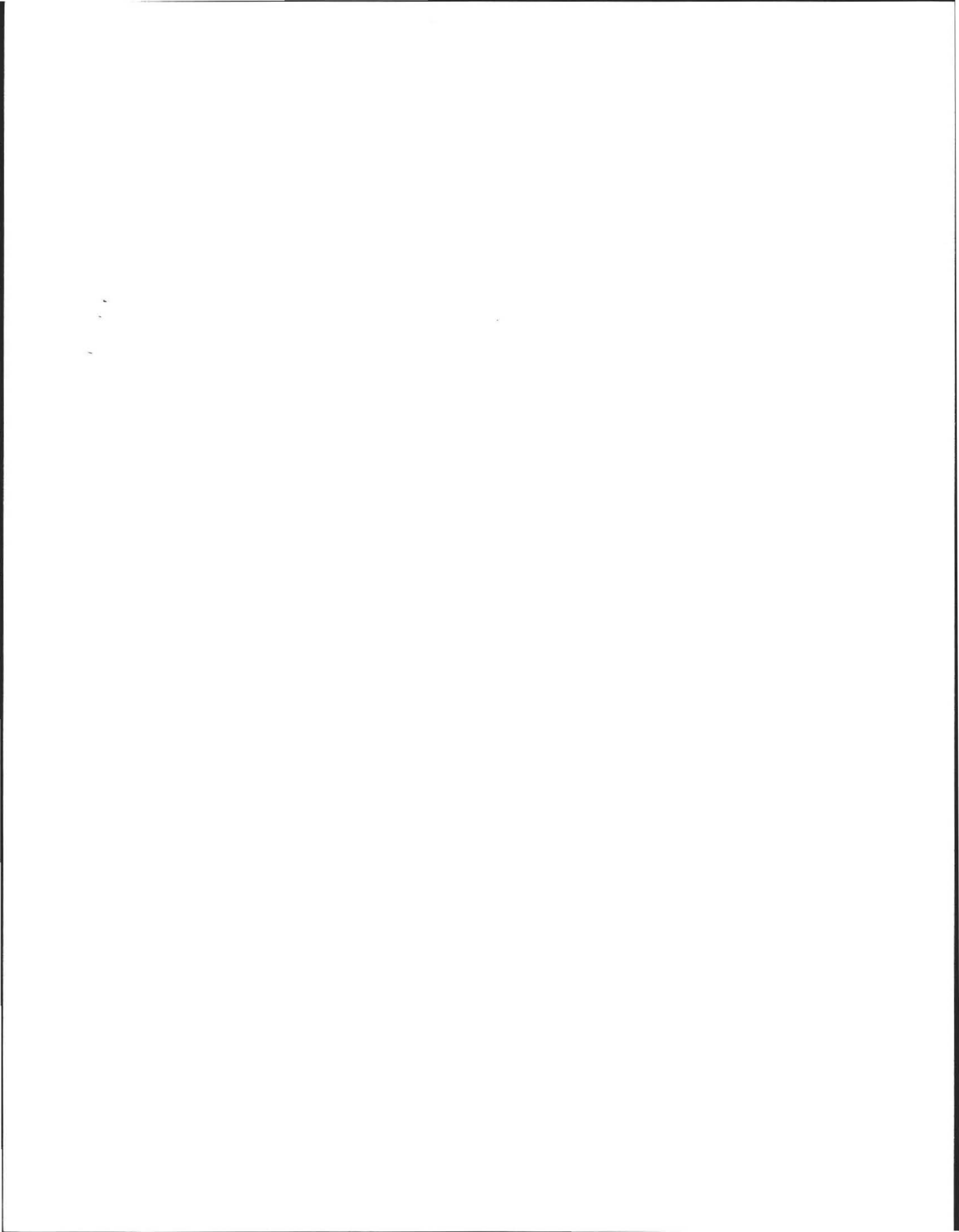
If not, what is the depth of naturally occurring pervious material? —

Certification

I certify that on 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 4/13





Town of



AMHERST

Massachusetts

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

April 5, 2013

Carolyn Brooks
134 Wildflower Road
Amherst, MA 01002

RE: System Status/Failure (Pumped 4 Times in 1 year, & Septage backup into ground floor shower)

Dear Ms Brooks:

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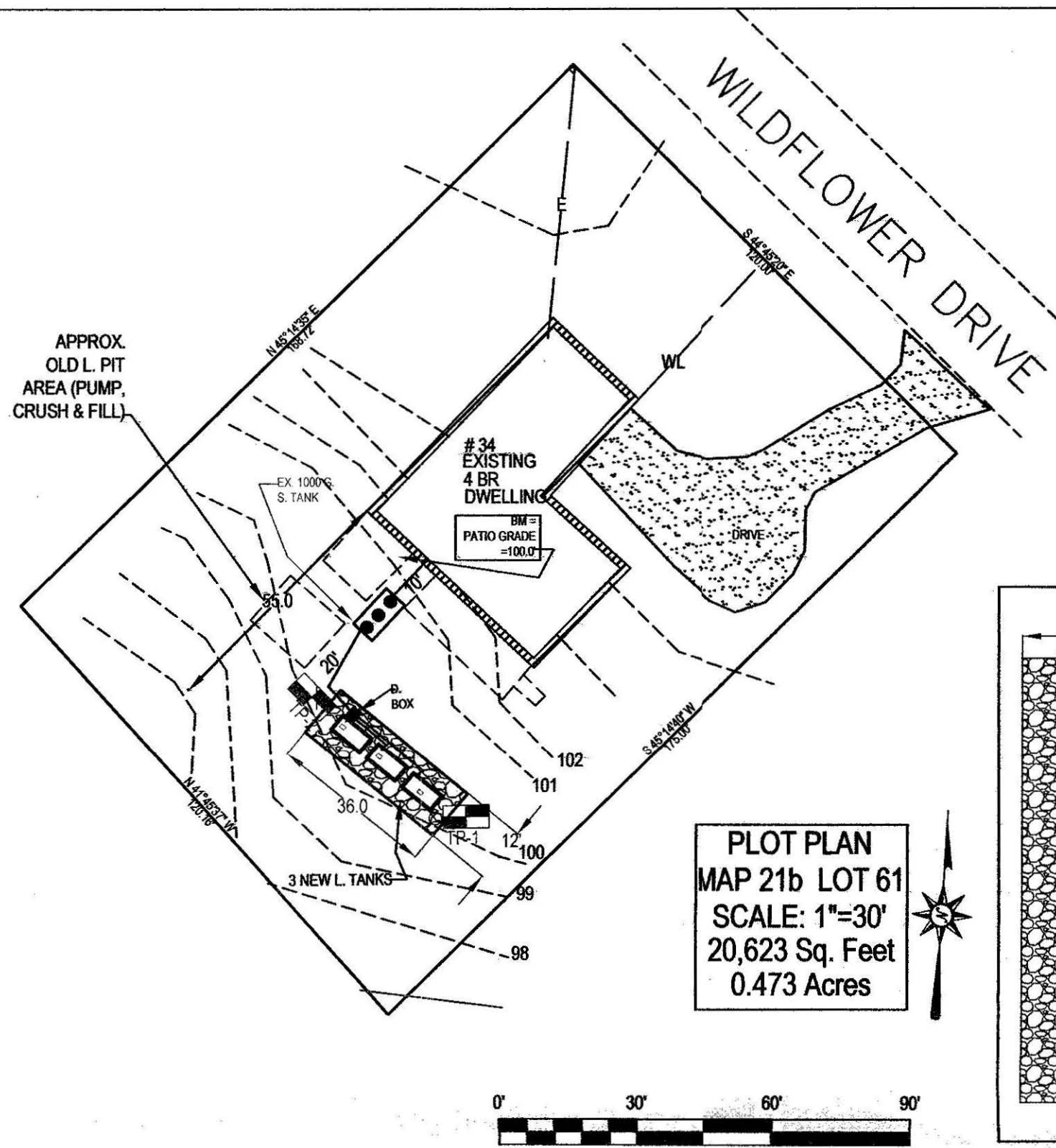
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Sincerely,

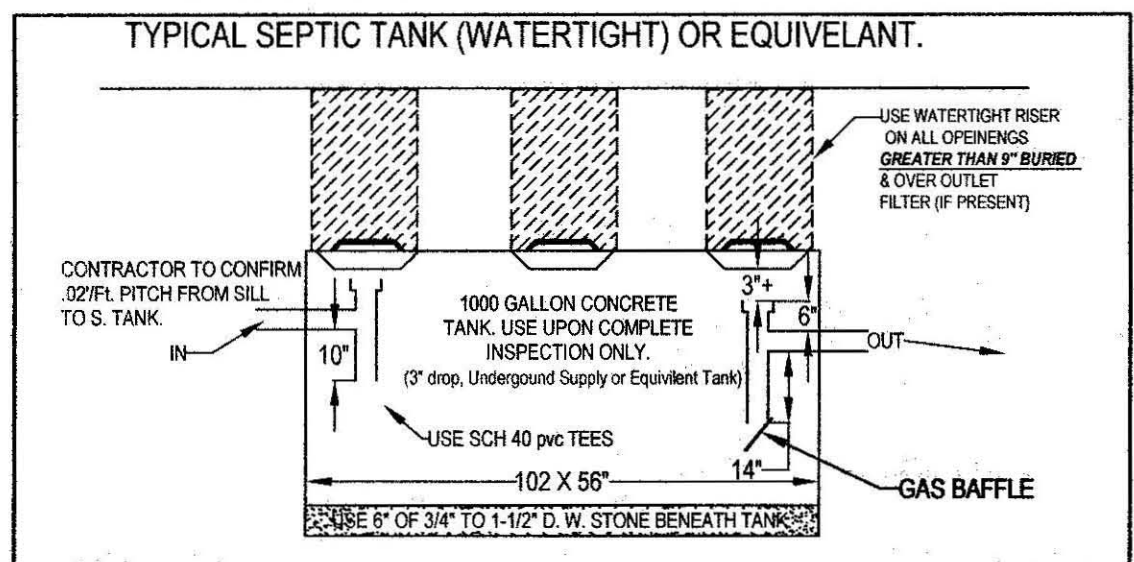

Edmund Smith
Assistant Sanitarian

file copy
4/5/2013 - 1 regular, 1 certified, +
one email to
Carolyn Brooks

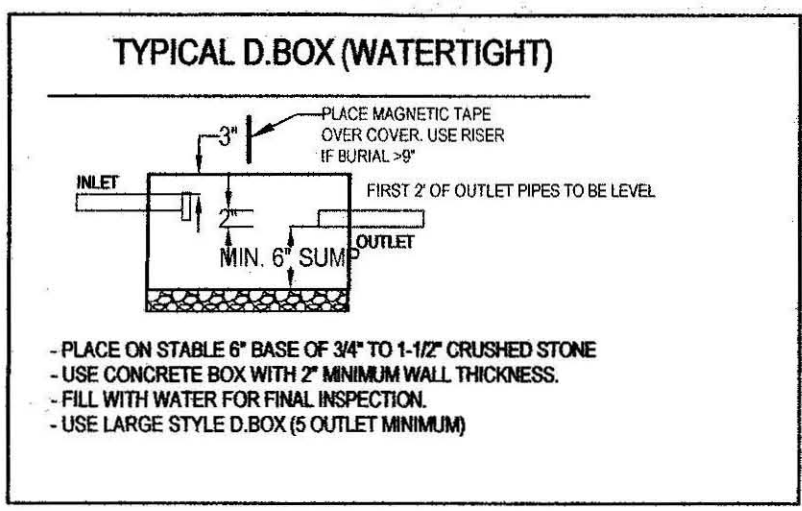
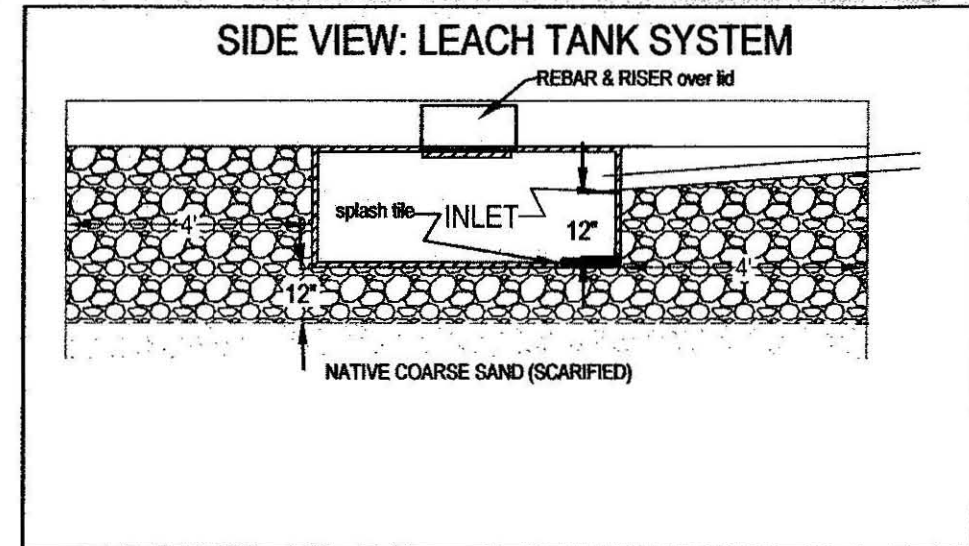
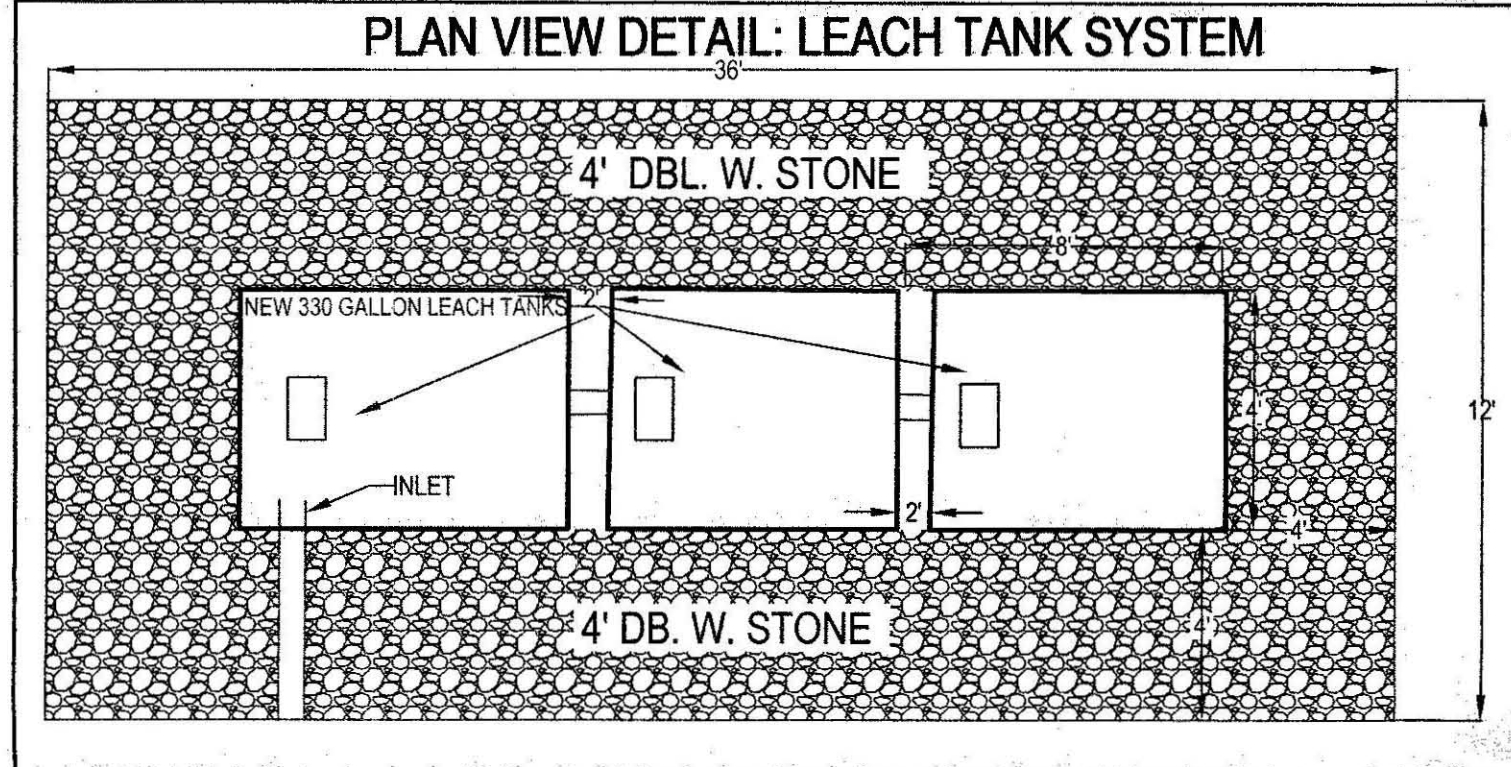
111



PLOT PLAN
 MAP 21b LOT 61
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 20,623 Sq. Feet
 0.473 Acres

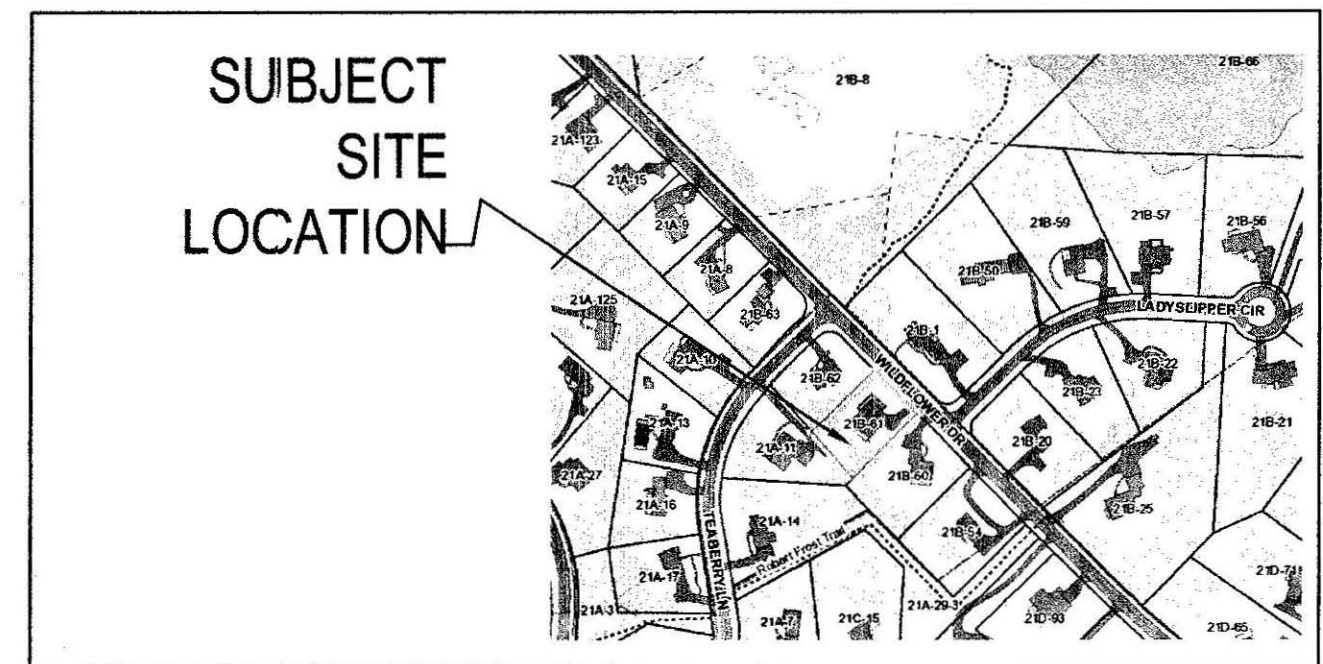


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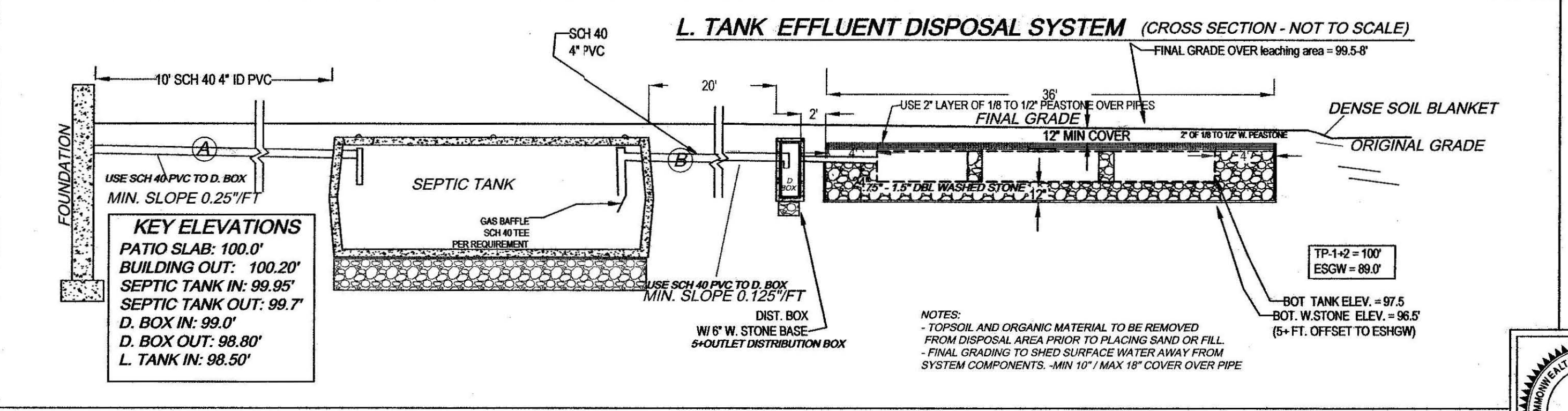
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- 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.
- 5.) WIPE ALL OIL AND GREASE FROM COOKWARE AND DISPOSE IN TRASH NOT SEPTIC.
- 6.) All Toilets and Faucets must be confirmed to not be leaking, because one leaking fixture can fail a septic system in ONE DAY.



DESIGN NOTES AND CALCULATIONS:

- 1.) 4 (BEDROOM HOME) = 440 GPD. REQUIRED,
 - Use Three 330 gal. 4' X 8' chamber GALLERY: 12' WIDE X 36' LONG WITH 30" OF 1/2" TO 1/2" DBL WASHED STONE BELOW INVERT
 - BOTTOM AREA: 3 galleys X (12' W X 36' L) = 432 SF.
 - SIDE AREA: 3 GALLEYS X (2' HT X 36' L) X 2 SIDES = 144 SF
 - END AREA: 2 ENDS X (2.0' HT X 12' W) X 2 ENDS = 48 SF.
 - TOTAL AREA: 624 SF X .74 GAL/SF = 462 GPD
3. GARBAGE DISPOSAL NOT ALLOWED.
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS. (Town water)
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS.
6. USE 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.
7. USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
- 7A 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.
 7B ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
8. USE APPROVED (.75"-1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
 - CONFIRM STONE PROPERLY DOUBLE WASHED PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
11. SLOPE CALCS (SEE I CONTOURS). SUBGRADE INSP. REQ'D.
13. USE GALLEYS DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & PIPING UNDER SLAB (310 CMR 15.240)
14. USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SHUT TO 36" MIN. AS NEEDED (INSPECTION REQUIRED).
 - CLEAR PAST BASE OF B (MIN. 36") & SCARIFY UNDER TRENCH PRIOR TO TITLE V SAND /STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
15. SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 50"
 - PERC RATE = <2 MIN / IN,
 - CLASS 1 C. Sand, SOIL RATING
16. NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
17. ENGINEER & TOWN TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
18. BM=100.00 @ (PATIO) SLAB, BOT. SIDING as noted), CONFIRM PROPER PIPE SLOPES
 - USE INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER SAS AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
21. 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:				SOIL EVALUATOR:	DATE OF EVALUATION:			
				A. WEISS, RS	04.23.2013			
TP-1 EFF. ELEV:				TP-2 EFF. ELEV:				
DEPTH:	HORIZ:	TEXTURE:	COCKLE (MOUSELL):	DEPTH:	HORIZ:	TEXTURE:	COCKLE (MOUSELL):	MATERIAL:
0-38"	Ap	FSL	1/10 YR 3.3	0-40"	Ap	FSL	10 YR 3.3	FRIABLE
0-38"	Bw	FSL		0-40"	FSL	LS		(mixed A & B)
38-132"	C1	CS	10 yr 4.3	30-128"	C1	CS	10 yr 4.3	C SAND, LOOSE
								well sorted, granular
								10% Gravel
OXIDES:				OXIDES:				
EHWT: 132'+				EHWT: 132'+				
STANDING H2O: NOT OBSERVED				STANDING H2O: NOT OBSERVED				
WEEPING: NOT OBSERVED				WEEPING: NOT OBSERVED				
BEDROCK: 132'+				BEDROCK: 132'+				

SEPTIC SYSTEM REPAIR PLAN FOR CAROLYN BROOKS RESIDENCE
 134 WILDFLOWER DRIVE
 AMHERST, MA

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

PHONE: (413) 323-5957
 FAX: (413) 323-4916
 DATE: 05.11.2013
 SCALE: 1"=30'

SEAL: COMMONWEALTH OF MASSACHUSETTS
 ANN WEISS
 REGISTERED PROFESSIONAL ENGINEER
 8651

PROJECT: SEPTIC SYSTEM REPAIR PLAN FOR CAROLYN BROOKS RESIDENCE
 DRAWN BY: ALAN WEISS
 REVISIONS: [None listed]
 DRAWING NUMBER: 113-4074-0423

ATTENTION INSTALLER!!
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 41-40E 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.

CAROLYN E. BROOKS
134 WILDFLOWER DRIVE
AMHERST, MA 01002

7508
53-13/110 MA
620

5-16-13 DATE

PAY TO THE ORDER OF Town of Amherst \$ 450.00
four hundred and fifty dollars and 00/100 DOLLARS Security Features Details on back
not to exceed \$500 (five hundred dollars)

Bank of America

Wealth Management Banking

ACH R/T 011000138

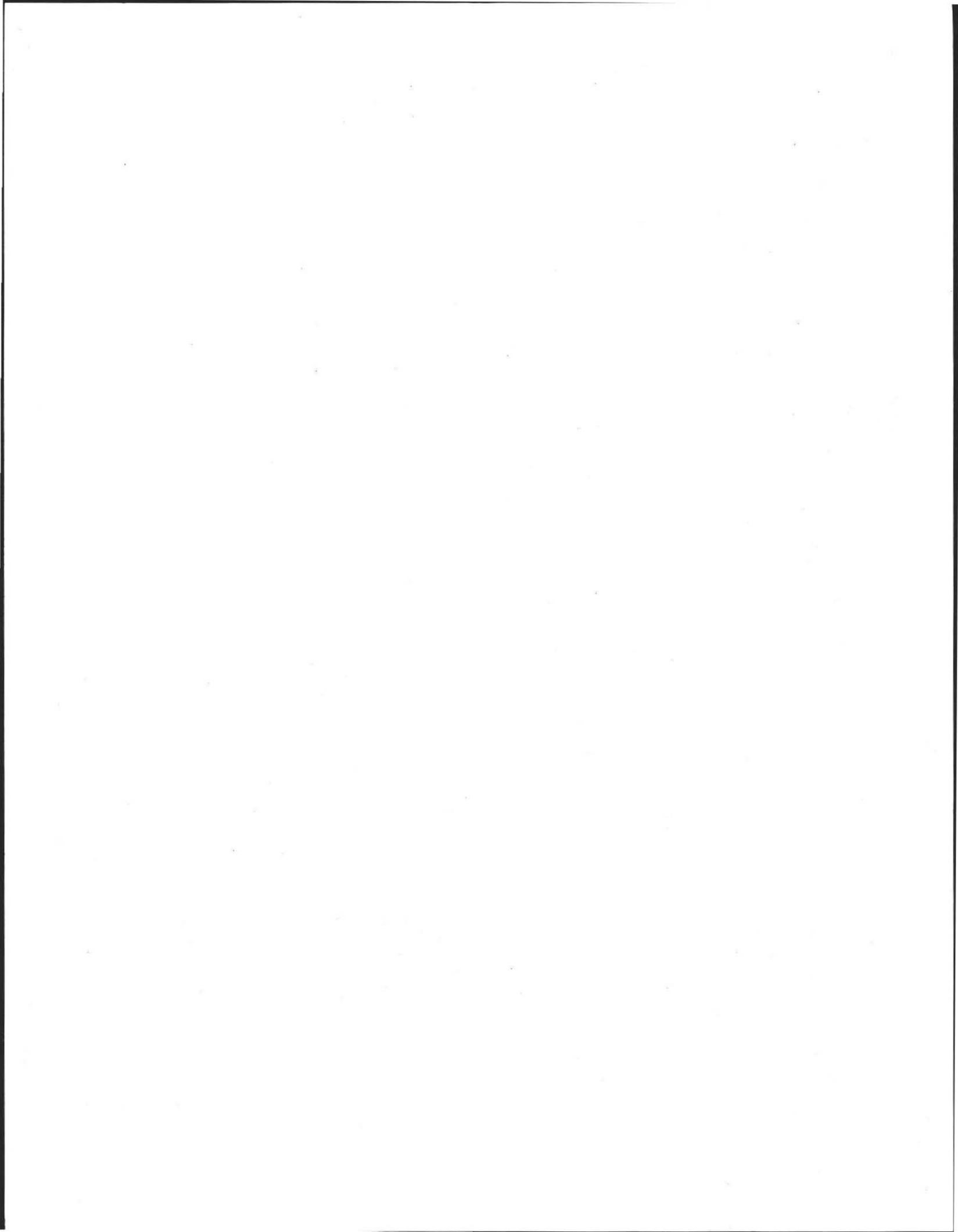
septic permit

Cy E Brooks MP

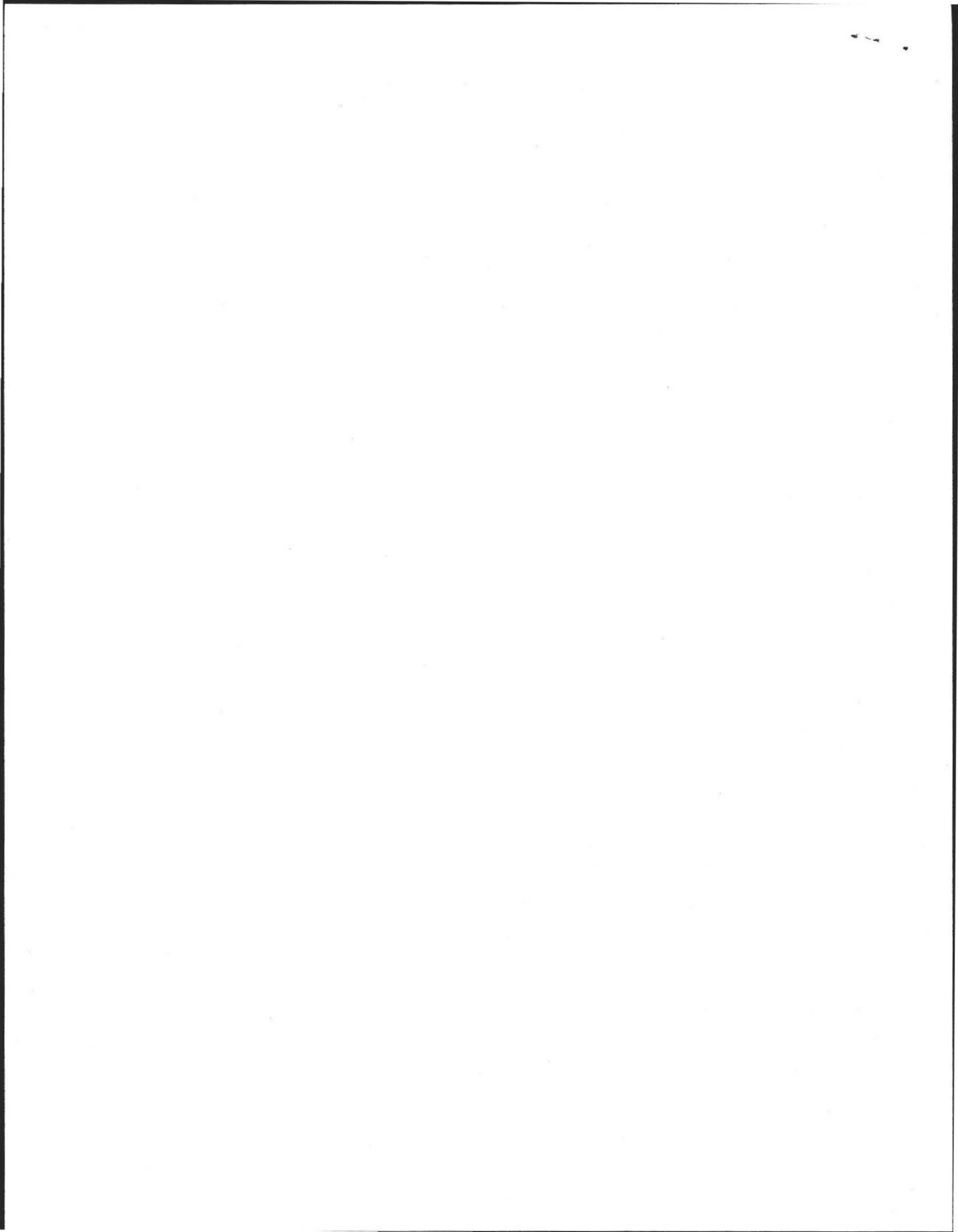
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SOIL EVAL = \$300
PLAN REVIEW = \$150

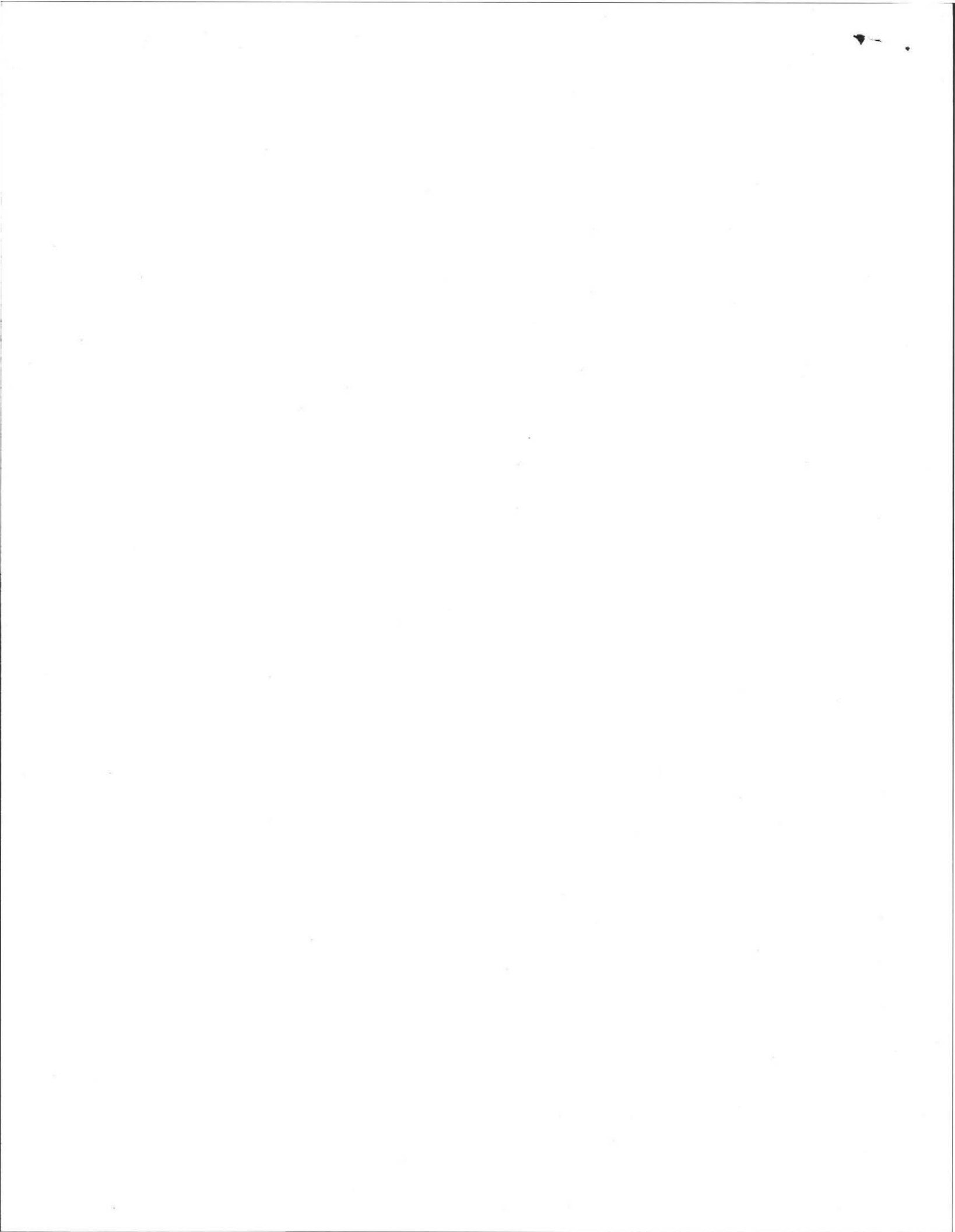
Hi Ed,
Please call me so I
know what permit fee is.
Thanks!
Carolyn Brooks
413-822-9663



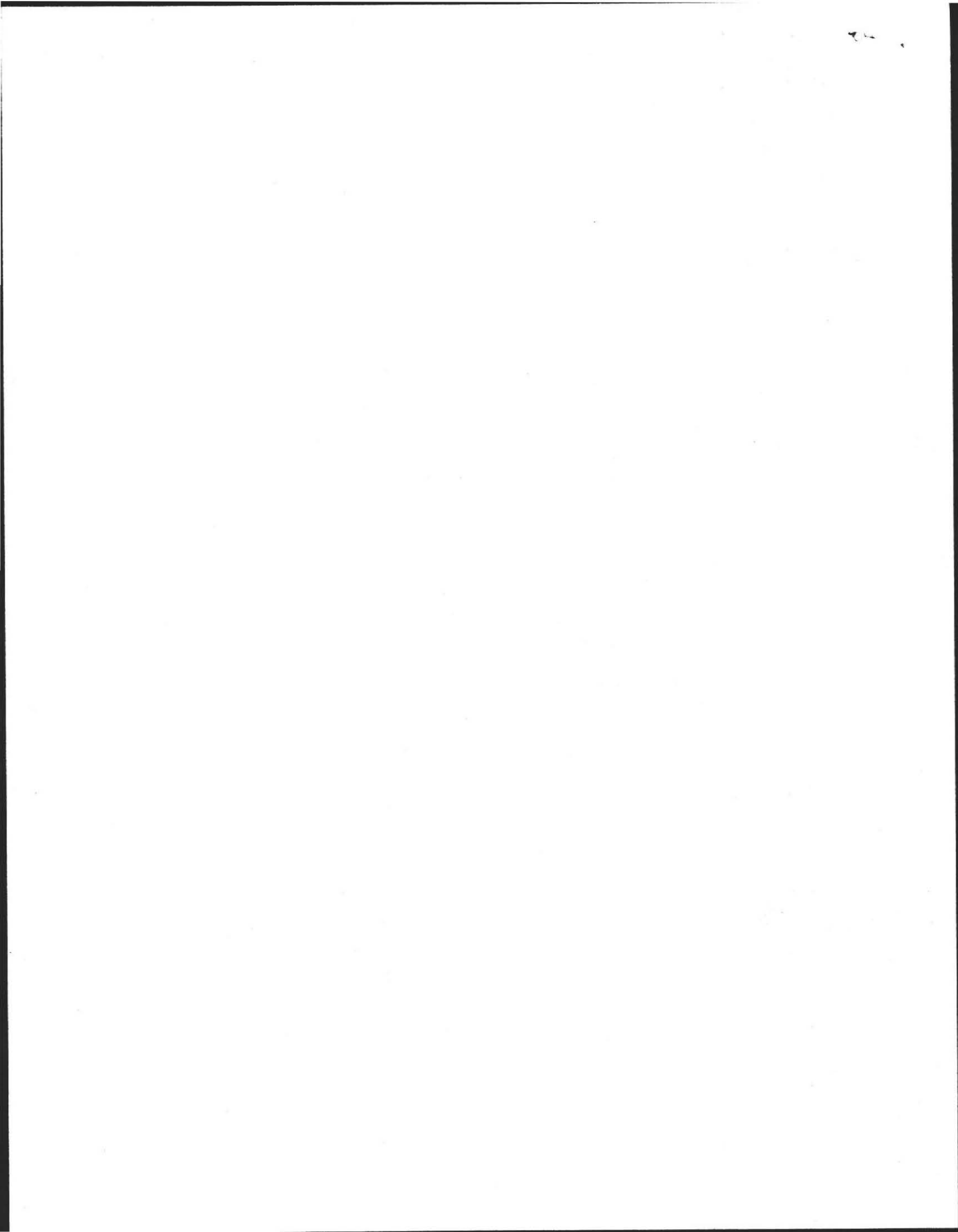
PROJECT NO.:				
CITY/TOWN:				
APPLICANT:				
ADDRESS:				
DESIGN FLOW:				
REVIEWED BY:		DATE:		
	N/A	OK	NO	
GENERAL				
Legal boundaries denoted [310 CMR 15.220(4)(a)]				
Street, Lot, tax parcel number and lot number noted on plan [310 CMR 15.220(4)(u)]				
Locus Provided [310 CMR 15.220(4)(t)]				
Plan proper scale? (1"=40' for plot plans, 1"= 20' or fewer for components) [310 CMR 15.220(4)]				
Easements shown [310 CMR 15.220(4)(b)]				
System located totally on lot served [310 CMR 15.405(1)(a) for upgrades]- if not, a variance is required [310 CMR 15.412 (4)]				
Location of impervious surfaces (driveways, parking areas etc.) [310 CMR 15.220(4)(d)]				
Location all buildings existing and proposed 310 CMR 15.220 (4)(c)]				
Location and dimensions of system components and reserve areas. [310 CMR 15.220(4)(e)]				
System Calculations [310 CMR 15.220(4)(f)]				
daily flow				
septic tank capacity (required and provided)				
soil absorption system (required and provided)				
whether system designed for garbage grinder				
North arrow [310 CMR 15.220(4)(g)]				
Existing and proposed contours [310 CMR 15.220(4)(g)]				
Location and log of deep observation holes (existing grade el. on each test) [310 CMR 15.220(4)(h)]				
Names of soil evaluator and BOH representative [310 CMR 15.220(4)(h) and (i)]				
Location and date of percolation tests (performed at proper elevation?) [310 CMR 15.220(4)(i)]				
Percolation test results match loading rate? [310 CMR 15.242]				
Certification statement by Soil Evaluator [310 CMR 15.220(4)(j)]				
Observed and Adjusted groundwater (method for adjustment given or indicated) [310 CMR 15.103(3) and 310 CMR 15.220(4)(n)]				



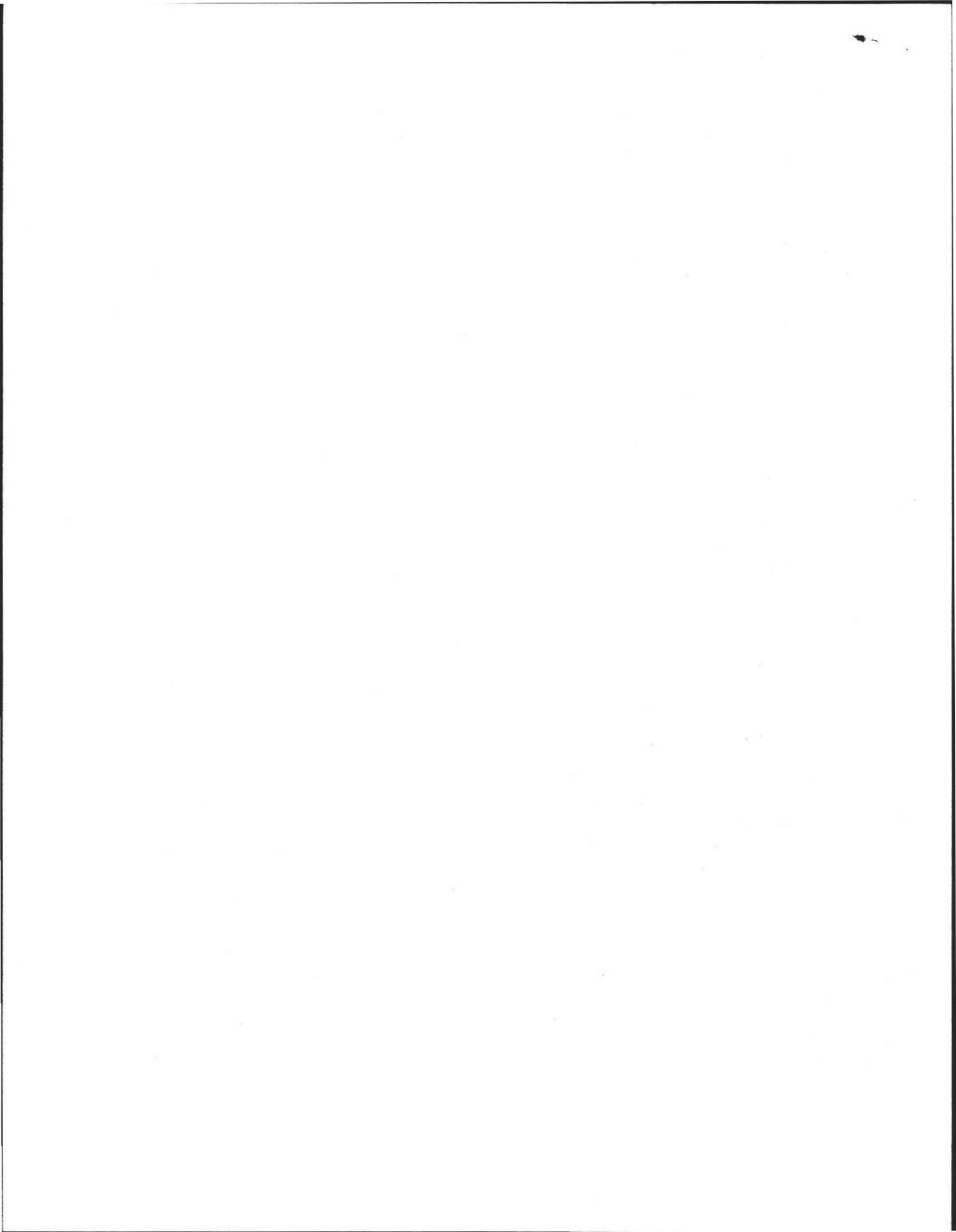
GENERAL cont.	N/A	OK	NO
Location of every water supply, public and private, [310 CMR 15.220(4)(k)]			
within 400 feet of the proposed system location in the case of surface water supplies and gravel packed public water supply wells			
within 250 feet of the proposed system location in the case of tubular public water supply wells			
within 150 feet of the proposed system location in the case of private water supply wells			
Location of all surface waters and wetlands located up to 100 ft. beyond setbacks listed in 310 CMR 15.211 and any catch basins located within 50 ft. [310 CMR 15.220(4)(l)]			
Water lines and other subsurface utilities located [310 CMR 15.220(4)(m)] (if water line cross see 310 CMR 15.211(1)[1])			
Profile of system showing invert elevations of all system components and the bottom of the SAS [310 CMR 15.220(4)(o)]			
Stamp of designer [310 CMR 15.220(1) and 310 CMR 15.220(2)]			
Stamp of Registered Land Surveyor (required if construction activities within 5 ft. of lot line) [310 CMR 15.220(3)]			
Test Holes adequate (two in each of the primary and reserve unless trenches as permitted in 310 CMR 15.102(2) or as approved for an upgrade under LUA at 310 CMR 15.405(1)(k)]			
Test hole adequate to demonstrate four feet of suitable material? [310 CMR 15.103(4)]			
Test Holes adequate to confirm adequate groundwater separation? [310 CMR 15.103(3)]			
Benchmark within 50-75' of system [310 CMR 15.220(4)(q)]			
Materials specifications noted? [various sections of 310 CMR 15.000]			
System components not > 36" deep (unless Local Upgrade Approval or LUA requested) [310 CMR 15.405(1)(b)]			
All system components marked with magnetic tape 15.221(12)			
SEPTIC TANK	N/A	OK	No
Size OK? [310 CMR 15.223(1)]			
Inlet tee located ten inches below flow line [310 CMR 15.227(6)]			
Outlet tee 14" or 14" + 5" per foot for increase ft depth [310 CMR 15.227(6)]			
Outlet tee with gas baffle or approved filter [310 CMR 15.227(4)]			
Note regarding installation on stable compacted base [310 CMR 15.228(1)]			



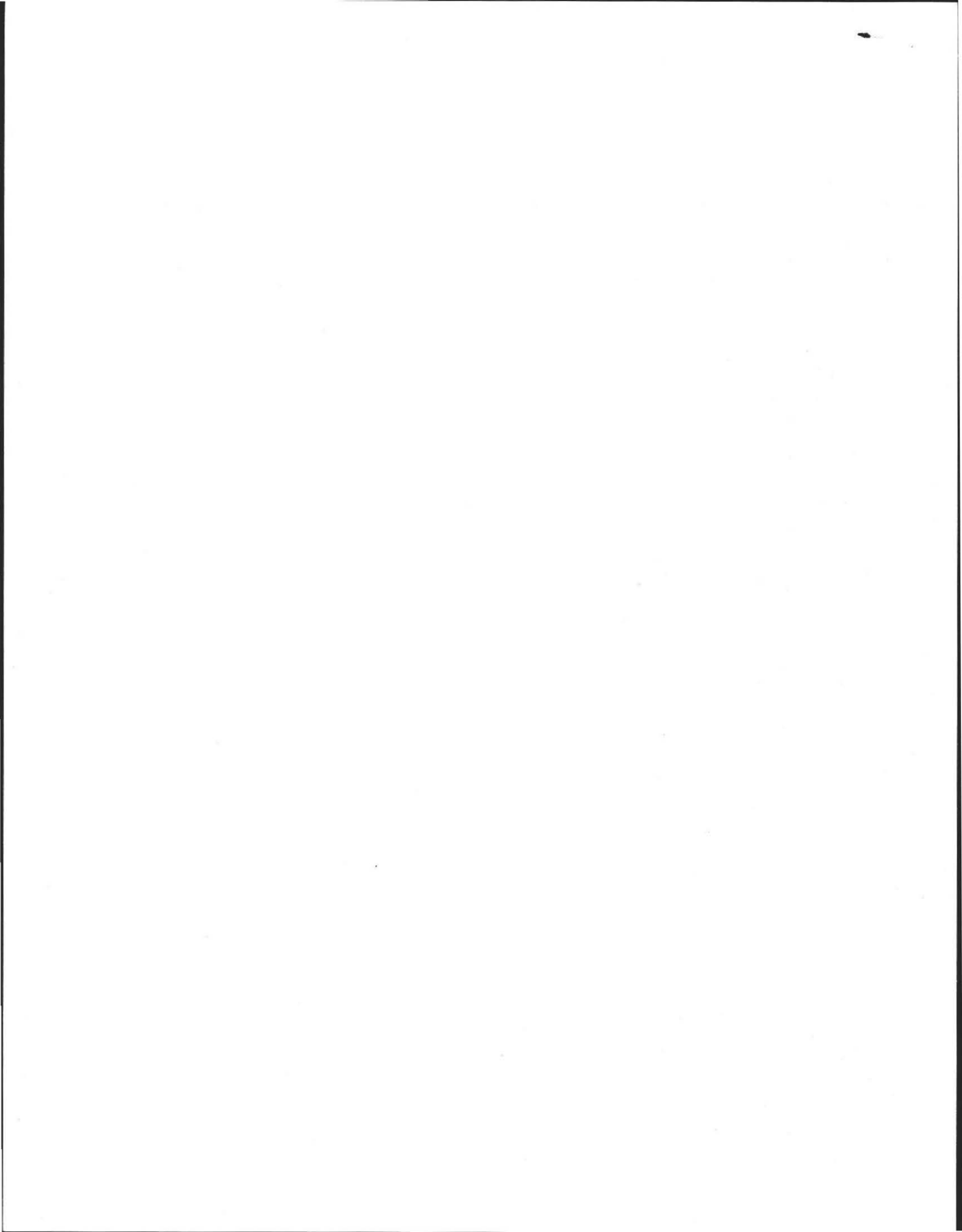
Separation between inlet and outlet tees (no less than liquid depth) [310 CMR 15.227(2)]				
Inlet/Outlet elevations at least 12" above high groundwater (except as described 310 CMR 15.227(5)) or permitted for upgrades under LUA [310 CMR 15.405(1)(k)]				
Minimum cover 9" (Tanks buried more than 9" must have risers on all openings and on the d-box) [310 CMR 15.2228(1) and 310 CMR 15.232(3)(f)]				
Three access covers (inlet and outlet must be 20" or greater) - middle access at least 8" (by 7/07) [310 CMR 15.228(2)]				
Access to within 6 " of grade - one port for systems<1000gpd, two for systems >1000 gpd [310 CMR 15.228(2)]				
All at-grade covers secured to unauthorized access? [310 CMR 15.228(2)]				
> 10 ft from building foundation [310 CMR 15.211(1)]				
Buoyancy calculation Required/Done [310 CMR 15.221(8)]				
H-20 Where appropriate? [310 CMR 15.226(3)]				
Setbacks from resources [310 CMR 15.211]				
Multi-Compartment Tanks				
Required when other than single-family dwelling or flow>1000 gpd [310 CMR 15.223(1)(b)]				
First compartment 200% daily flow; Second compartment 100% daily flow [310 CMR 15.224(2) and (3)]				
"U" pipe through or over baffle, outlet of each compartment with gas baffle or approved filter [310 CMR 15.224(4)]				
BUILDING SEWER AND OTHER PIPING	N/A	OK	No	
Located at least ten feet from any water line? [310 CMR 15.222(2)]				
Disposal piping at least 18" below water line (when water and sewer cross, see 310 CMR 15.211(1)[1])				
Cleanouts required/provided ? [310 CMR 15.222(8)]				
Thrust blocks specified in force mains? 310 CMR 15.221(6) (c)]				
Slope of sewer line not less than 0.01 (1/8"/ft) 0.02 preferable [310 CMR 15.222(6)]				
Proper pitch on all runs? (.005 within gravity-distributed trenches and beds) [310 CMR 15.251(9) and 310 CMR 15.252 (2)(c)]				
Siphon problem/ (leachfield below pump chamber)				
Endcaps or vent manifold specified?				
Size and orientation of discharge holes specified? (not smaller than 3/8" not larger than 5/8") [310 CMR 15.251(8) and 310 CMR 15.252(2)(h)]				
Materials specified (310 CMR 15.251(5) specifies various pipe types allowed)				
DISTRIBUTION BOX				



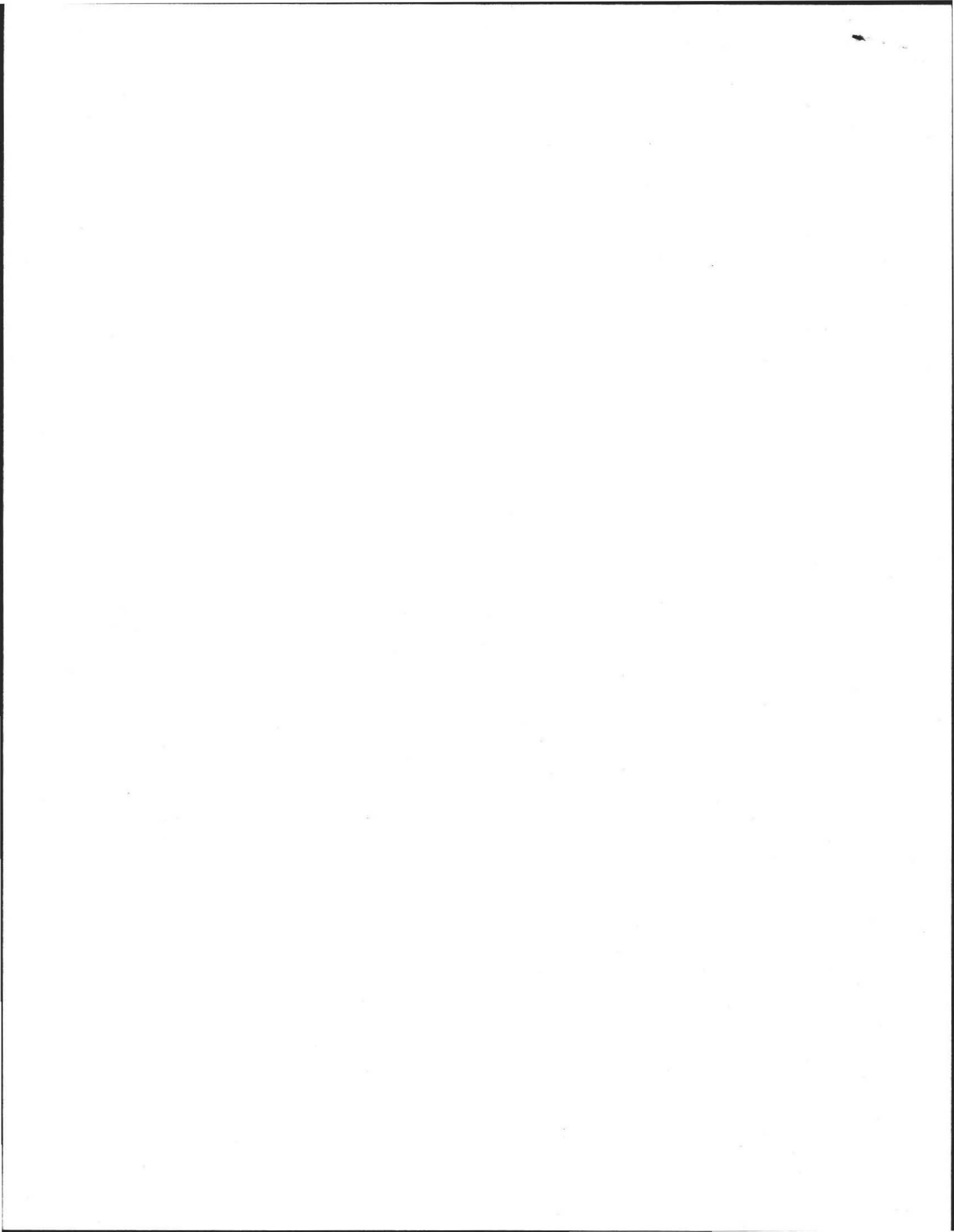
Stable compacted base [310 CMR 15.221(2) and 310 CMR 15.232(2)(a)]			
Splash plate or baffle tee required on inlet/ provided? (when pressure sewer to d-box or steep pitch of gravity sewer) [310 CMR 15.323(3)(a)]			
Riser if deeper than 9" [310 CMR 15.232(3)(f)]			
Inside minimum dimension 12" [310 CMR 15.232(2)(b)]			
Minimum sump 6" [310 CMR 15.232(3)(e)]			
Watertight cover if <2000gpd; waterproof manhole if >2000gpd [310 CMR 15.232(3)(d)]			
PUMP CHAMBERS			
Capacity (emergency storage above working=design flow)? [310 CMR 231(2)]			
Proper setbacks [310 CMR 15.211 (same as septic tanks)]			
Watertight 20-in minium access manhole at least 20" MUST BE TO GRADE [310 CMR 15.231(5)]			
Service components accessible (not too deep with piping, disconnects accessible)			
Alarm floats - alarm on circuit separate from pumps specified?			
Exceeds two units must have two pumps operating in lead-lag mode. [310 CMR 15.231(6) and (8)]			
Stable Compacted Base [310 CMR 15.221(2)]			
Buoyancy calculations needed ? Provided? [310 CMR 15.221 (8)]			
Dosing chamber capacity (required and provided), pump curves and specifications, number of dosing cycles and depth per cycle? [310 CMR 15.220(4)(r)]			
Effluent tee filter provided? [310 CMR 15.231(10)]			
SOIL ABSORPTION SYSTEMS (SAS) GENERAL	N/A	OK	No
Calculations correct?			
4 feet of naturally occurring material demonstrated? [310 CMR 15.240(1)]			
Required separation to groundwater? [310 CMR 15.212]]			
Aggregate specified as double washed [310 CMR 15.247(2)]			
System Venting required/provided? (system under driveway or >36" deep) [310 CMR 15.241]			
Inspection ports specified and within 3"final grade? [310 CMR 15.240(13)]			
Breakout requirements met? (No violation of breakout elevation within 15 ft of SAS unless barrier) [310 CMR 15.211(1)[4] and Guidance Document]			
GALLERIES,PITS,CHAMBERS 310 CMR 15.253			
Chambers and Gal. in trench configuration supplied with inlet every 20 ft. [310 CMR 15.253(6)]			
Each structure with one inspection manhole (if >2000 gpd must be to grade) [310 CMR 15.253(2)]			



Aggregate 1' minimum- 4' maximum. [310 CMR 15.253(1)(b)]			
2' sidewall credit maximum [310 CMR 15.253(1)(a)]			
In bed configuration, inlet every 40 sq. ft. [310 CMR 15.253(6)]			
TRENCHES 310 CMR 15.251			
Width 2' minimum 3' maximum [310 CMR 15.251(1)(b)]			
100 feet - maximum length [310 CMR 15.251(1)(a)]			
Minimum separation 2x effective depth or width whichever greater (3x if reserve between trenches) [310 CMR 251(1)(d)]			
Situated along contours [310 CMR 15.251(2)]			
Breakout OK? [310 CMR 15.211(1)[4] and Guidance Document]			
BED SAS (Maximum size of bed or field 5000 gpd)			
minimum 2 distribution lines [310 CMR 15.252(2)(a)]			
Maximum separation between lines 6' [310 CM R15.252(2)(d)]			
Maximum separation between lines and outside of bed 4' [310 CMR 15.252(2)(e)]			
Aggregate depth below discharge pipes 6" minimum, 12" maximum. [310 CMR 15.252(2)(g)]			
Separation between beds 10' minimum. [310 CMR 15.252(2)(f)]			
Bottom area used in calculations only [310 CMR 15.252(2)(i)]			
DID THE PLAN INVOLVE			
	N/A	OK	No
<i>Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)]</i>			
<i>Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding.</i>			
Pressure dosing required on all systems >2000gpd or alternative systems under remedial approval [310 CMR 15.254(2) and I/A Remedial Use Approvals]			
If used in gravelless system - make sure jet is directed as not to scour soil interface [Guidance Document]			
Inspections once per year (systems< 2000 gpd) or quarterly (>2000gpd) good to note on plan [310 CMR 15.254(2)(d)]			
<i>Construction in fill - Did the plan specify that the fill shall meet the specification of 310 CMR 15.255(3)?</i>			
Impervious barrier and/or retaining wall ? [Guidance Document]			
Impervious barrier installation must be supervised by designer [310 CMR 15.255(2)(b)]			
Retaining wall must be designed by Registered Professional Engineer [310 CMR 15.255(2)(a)]			
Side slope not exceed 3:1 ? [310 CMR 15.255(2)]			
Breakout requirements met? [310 CMR 15.252(2) and Guidance Document]			
At least 5 ft. from impervious barrier to edge of SAS (10 ft. recommended) [310 CMR 15.255 (2)(e)]			



Gravelless System [I/A Approval Letters]			
Check DEP Approval letters for credits and design conditions			
If used with pressure dosing do not allow pressure discharge to scour soil interface			
Alternative Septic System [I/A Approval Letters]			
Was DEP Approval Letter provided and/or have you reviewed the letter for conditions?			
Is the technology being properly applied and does it meet all DEP Approval Conditions?			
Is there a note on the plan regarding the requirement for perpetual maintenance agreement?			
Any alarms involved on separate circuits			
Did the applicant submit an operation and maintenance manual?			
Has applicant submitted a copy of a maintenance agreement?			
Variiances			
Are the variances listed on the plan ? [310 CMR 15.220 (4) (p)]			
RLS Stamp necessary on plan if a component is within five feet of property line [310 CMR 15.412(4)]			
New construction or increased flow proposed - [Refer to 310 CMR 15.414]			
Nitrogen Sensitive Areas			
	N/A	OK	No
Is the system in a Designated Nitrogen Sensitive Area (Zone II for a public supply well)? [310 CMR 15.214, 310 CMR 15.215 and 310 CMR 15.216 - also refer to Policy regarding upgrades of such existing systems]			
Is the system proposed on the same lot as served by private well ? [310 CMR 15.214(2)]			
Are the nitrogen loads proposed in compliance? [310 CMR 15.216(1)]			
Miscellaneous			
Pumping to septic tank ? [310 CMR 15.229]			
Shared System [310 CMR 15.290]			



Smith, Edmund

Subject: Soil Evaluation
Location: 134 Wildflower

Start: Tue 4/23/2013 10:45 AM
End: Tue 4/23/2013 1:15 PM

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Smith, Edmund
Required Attendees: esmith@northamptonma.gov

Homeowner Carolyn Brooks, email Alan w/records



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CAROLYN BROOKS
 134 WILDFLOWER ROAD
 AMHERST MA 01002

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

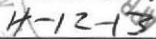


-
- Agent
-
-
- Addressee

B. Received by (Printed Name)



C. Date of Delivery



 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

-
- Certified Mail
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- Express Mail
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- Registered
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- Return Receipt for Merchandise
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- Insured Mail
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- C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

7009 2820 0003 2069 7218

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

AMHERST HEALTH DEPARTMENT
AMHERST COMMUNITY CENTER
70 BOLTWOOD WALK
AMHERST, MA 01002

ES

No. 86 57

#134

FEE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Location - Address: Wildflower Drive, Amherst Woods Lot No. 121
Owner: Ed Stone Address: 80 Elm St. Hatfield, Mass.
Installer: Ed Stone Address: Montague MA

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

Design Flow: 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank — Liquid capacity 1000 gallons Length 8 1/2 Width 5 Diameter _____ Depth 5'3"
Disposal Trench — No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 1 Diameter 14'x10' Depth below inlet 2' Total leaching area 2.36 sq. ft. Btm. + Sides
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F. A. Filios Date March 7, 1986
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10ft Depth to ground water none at 10'
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil: Attached.

Nature of Repairs or Alterations — Answer when applicable _____

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

Signed Charles E. Deady Application Approved By _____ Date 10-7-86

Application Disapproved for the following reasons: _____

Permit No. 86-57 Issued 10-7-86 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 _____

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

OF _____

Disposal Works Construction Permit

Permission is hereby granted Tim Zagen - Ed Stone to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot 121 Wildflower Dr.

as shown on the application for Disposal Works Construction Permit No. 86-57 Dated 10-7-86

DATE 10-7-86 _____ Board of Health

CHECK OR FILL IN WHERE APPLICABLE



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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

April 5, 2013

Carolyn Brooks
134 Wildflower Road
Amherst, MA 01002

RE: System Status/Failure (Pumped 4 Times in 1 year, & Septage backup into ground floor shower)

Dear Ms Brooks:

The Amherst Board of Health, represented by myself, hereby acknowledges that your system has exhibited 2 Title 5 failure criteria (4 x pumping in 1 year, and a septage backup into the facility). Therefore, in accordance with the provisions of 310 CMR 15.000 of the State Environmental Code, Title 5, and under authority of Massachusetts General Laws, Chapter 21A, Section 13, you (or the subsequent owners of the property) are hereby ordered to repair the subsurface sewage disposal system at 396 Middle St., within two (2) years of the date of this letter (April 5, 2013). If further degradation of the sewage disposal system occurs (e.g. sewage flowing to the surface of the ground), you may be required to complete the repairs sooner.

All work to repair/upgrade the subsurface sewage disposal system must be performed by a licensed sewage disposal system installer, in accordance with the requirements of 310 CMR 15.000, and with plans prepared by a Registered Sanitarian or Registered Professional Engineer and approved by the Northampton Board of Health.

Please be advised that you are entitled to a hearing on this order to upgrade your subsurface sewage disposal system, provided that you file a **written petition** requesting such a hearing in the Board of health office within **seven (7) days** of the receipt of this notice.

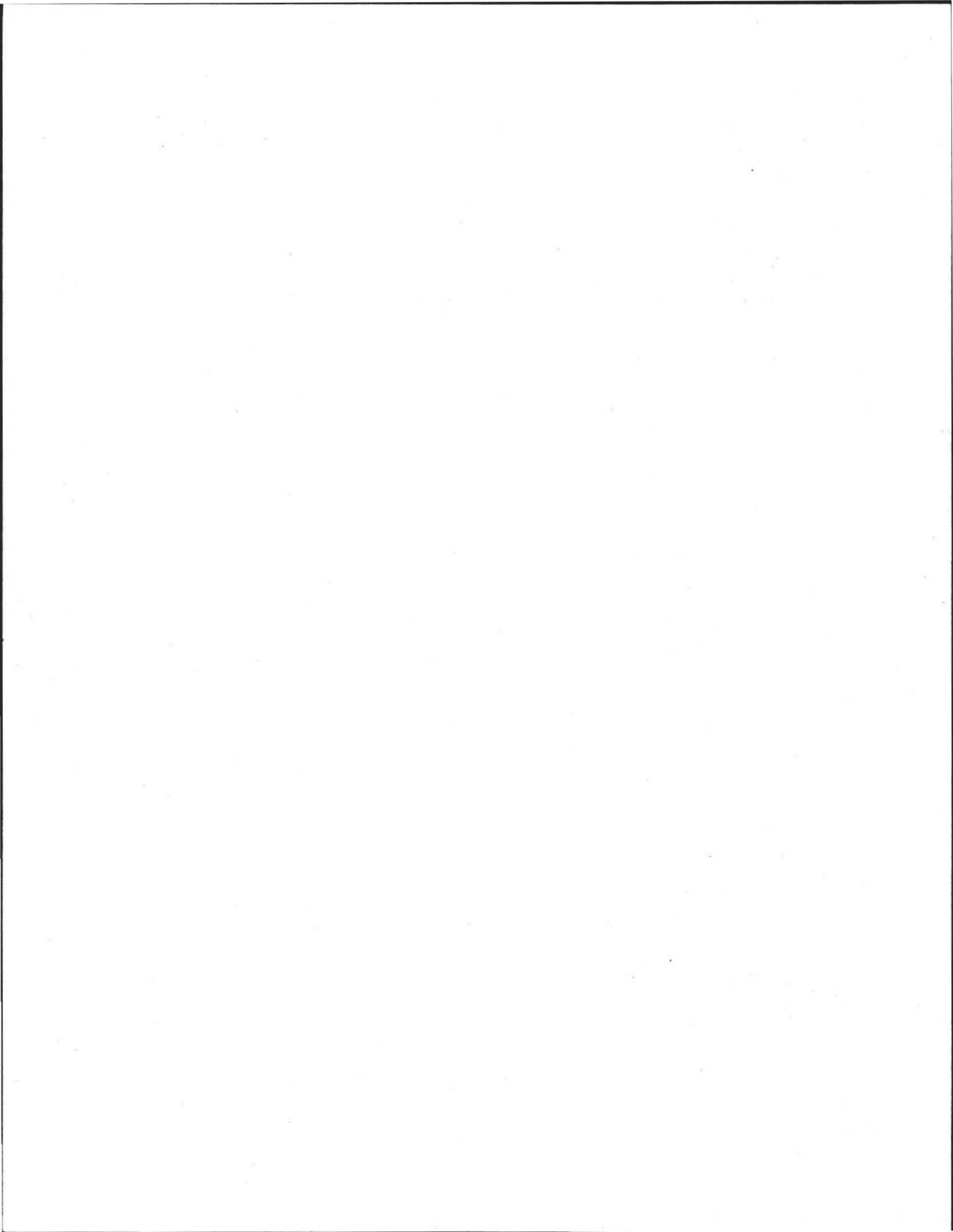
Please feel free to contact the Board of Health office, at 259-3077, if you have any questions concerning this notice.

Thank you for your anticipated cooperation in this matter.

Sincerely,


Edmund Smith
Assistant Sanitarian

file copy
*7/5/2013 - 1 regular, 1 certified, +
one email to
Carolyn Brooks*



2012-136



Commonwealth of Massachusetts
City/Town of Amherst
System Pumping Record
Form 4

DEP has provided this form for use by local Boards of Health information must be substantially the same as that provide local Board of Health to determine the form they use. The the local Board of Health or other approving authority with accordance with 310 CMR 15.351.

3/26/2013

Called

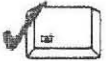
LEFT

MESSAGE

cb55555@aol.com

Important:

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



A. Facility Information

1. System Location:

Address

City/Town

2. System Owner:

BROOKS, Carolyn

Name
134 WILDFLOWER RD,

Address (if different from location)

City/Town

Amherst

State

413-822-9613

Zip Code

Telephone Number

B. Pumping Record

1. Date of Pumping

Nov 26 12
Date

2. Quantity Pumped:

1500
Gallons

3. Type of system:

Cesspool(s)

Septic Tank

Tight Tank

Grease Trap

Other (describe):

4. Effluent Tee Filter present? Yes No

If yes, was it cleaned? Yes No

5. Condition of System:

HIGHWATER

6. System Pumped By:

NRB
Name
KARIS Site work, Inc
Company

Vehicle License Number

7. Location where contents were disposed:

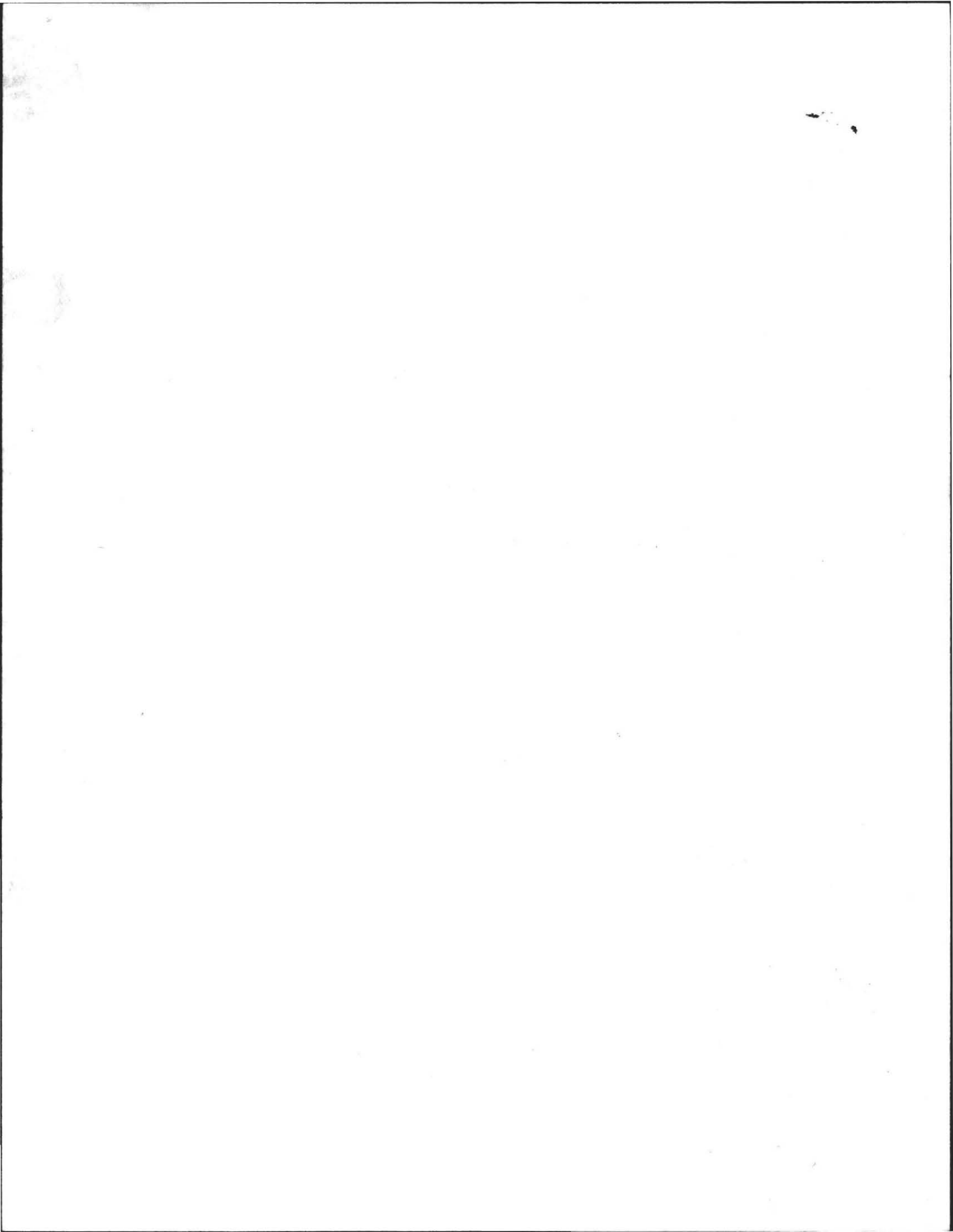
ASP

Signature of Hauler

Date

Signature of Receiving Facility

Date



No. 86 57

#134

FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Wildflower Drive, Amherst Woods Lot #1
Location - Address or Lot No.

Ed Stone Owner
Manitague MA Address

Type of Building _____ Size Lot 20,623 Sq. feet
Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures _____

Design Flow 5.5 gallons per person per day. Total daily flow 350 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 6 1/2 Width 5 Diameter _____ Depth 5' 3"
Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 1 Diameter 14" x 10" Depth below inlet _____ Total leaching area _____ sq. ft.
Other Distribution box () _____ Dosing tank () _____
Percolation Test Results Performed by F. A. Filios Date March 7, 1986
Test Pit No. 1 _____ minutes per inch Depth of Test Pit 10' 7" Depth to ground water _____
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil Attached
Nature of Repairs or Alterations - Answer when applicable _____

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

Signed ON FILE
Application Approved By Charles E. ... Date 10-7-86

Application Disapproved for the following reasons: _____
Permit No. 86-57 Issued 10-7-86 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.

NOTHING ON REVERSE
ES 4/9/13

CHECK OR FILL IN WHERE APPLICABLE

