

344 FLAT HILLS

No. 99-19

Use Double Wash & Store

#344

FEE

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Table with 2 columns: Location, Map/Parcel#, Lot#, Installer's Name, Address, Telephone# and Owner's Name, Address, Telephone#. Includes handwritten entries for 344 Flat Hills Rd, Todd Resnick, etc.

Type of Building: RES, Lot Size: 10.1 AC, Dwelling - No. of Bedrooms: 4, Design Flow: 440 gpd, Title: SEPTIC REPAIR PLAN FOR TODD RES.

DESCRIPTION OF REPAIRS OR ALTERATIONS: NEW S. TANK, P. CHAMBER + 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: Keith O. Kavata, Date: 9/14/99

Inspections

No. 99-19

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 (x), Upgraded (), Abandoned ()

by: KAAL'S at 344 Flat Hills Road

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 99-19, dated, Approved Design Flow (gpd)

Installer: KAAL'S EXCAVATING, Designer: [Signature], Inspector: David [Signature], Date: 10-27-99

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

No. 99-19

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (x) Upgrade () Abandon () an individual sewage disposal system at 344 Flat Hills Road as described in the application for Disposal System Construction Permit No. 99-19, dated 9-16-99.

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

Date: 9-16-99 Board of Health [Signature]



DECLARATION OF SUPPORT FOR THE CONSTITUTION
OF THE UNITED STATES OF AMERICA

NAME	JOHN J. ...
RESIDENCE	...
DATE	...
SIGNATURE	...

I, the undersigned, do hereby declare that I am a citizen of the United States of America, and that I support the Constitution of the United States of America, and the laws of the United States of America, and that I will defend the same to the best of my ability.

I further declare that I am not a member of any organization which advocates the overthrow of the Government of the United States of America, and that I will not become a member of such an organization.

I further declare that I am not a member of any organization which advocates the use of force or violence to achieve its purposes, and that I will not become a member of such an organization.

I further declare that I am not a member of any organization which advocates the denial of the rights of any person, and that I will not become a member of such an organization.

I further declare that I am not a member of any organization which advocates the denial of the rights of any person, and that I will not become a member of such an organization.



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: 6/18/98
+ 8/26/98

Commonwealth of Massachusetts

AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. WEISS

Date: 6/18/98 + 8/26/98

Witnessed By: D. ZAROZINKI

cto Ellen Stutsman, Kohl Construction.

Location Address or Lot # <u>344 Flat Hills Rd. Amherst, MA</u>	Owner's Name, Address, and Telephone # <u>DON + EDITH ALLISON (BYER) 689 NORTHEAST ST AMHERST, MA. 01002</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/> <u>New Build</u>	<u>John Theroux, Apt 3, 321 BEACON ST Boston</u>

Office Review Repair Per BOTH designations

Published Soil Survey Available: No Yes

Year Published 1981 Publication Scale 15,840 Soil Map Unit MOB

Drainage Class MOD-SLOW Perm. Soil Limitations SEASONAL PERCHED H2O TABLE

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform TERRACE

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)

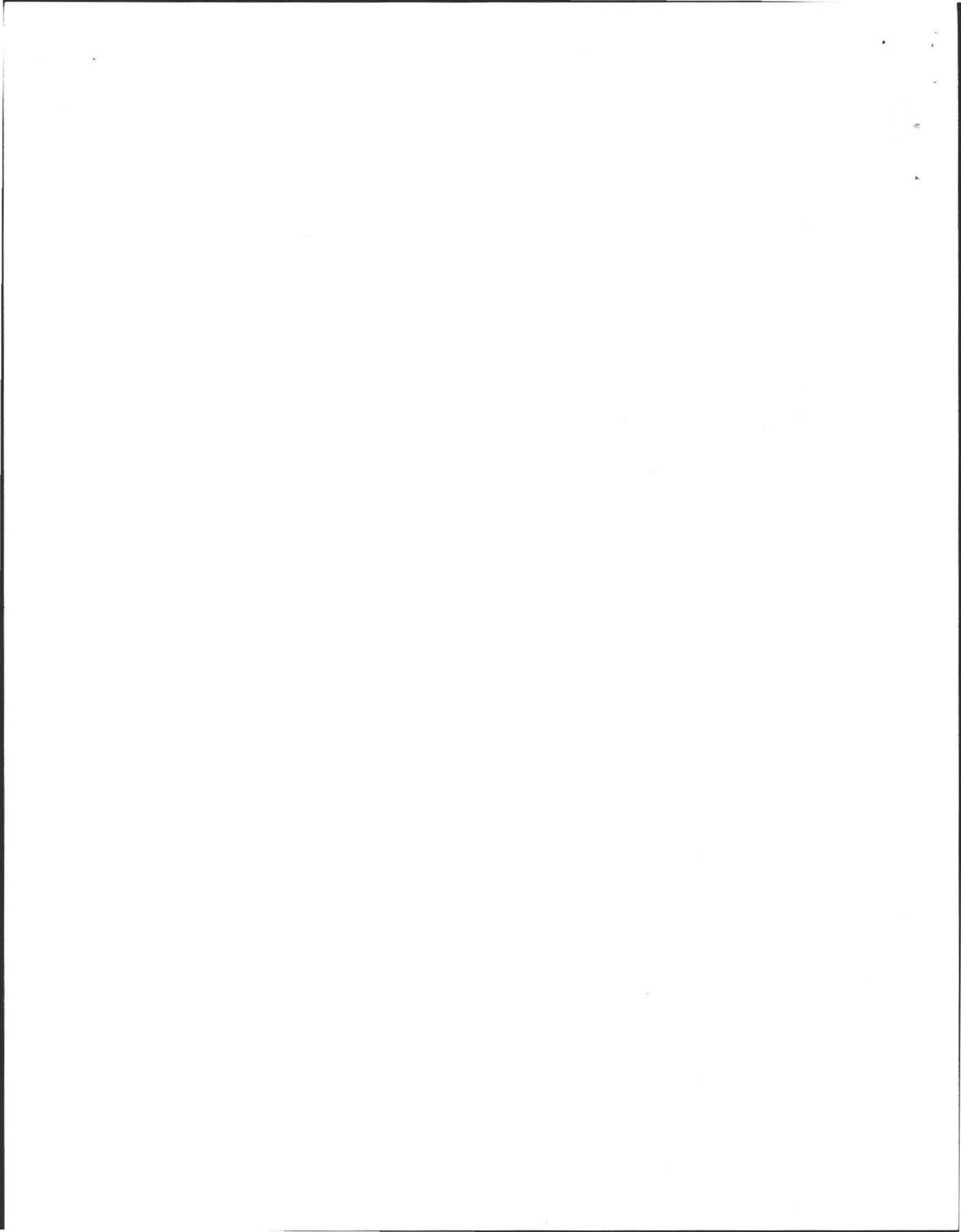
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 344 Flathills rd.

On-site Review

8/26/98

Deep Hole Number TP-2 Date: 6/18/98 Time: 9:00 Weather SUN. 80°F

Location (identify on site plan) SEE SKETCH

Land Use RESID. Slope (%) 5-9 Surface Stones Few - Some

Vegetation GRASS

Landform TERRACE

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100+ feet Drainage way 80+ feet

Possible Wet Area 80+ feet Property Line 40+ feet

Drinking Water Well 100' 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)
<u>TP-2</u> 0-14"	<u>A</u>	<u>FSL</u>	<u>2.5Y 3/3</u>		<u>Friable</u>
14-22"	<u>Bw</u>	<u>FSL</u>	<u>2.5Y 3/4</u>		<u>Friable</u>
22-81"	<u>C₁</u>	<u>SL</u>	<u>2.5Y 5/4</u>	<u>2.5Y 2 1/6 at 35"</u>	<u>Firm, 100% cobbles + stones</u>
<u>P-3</u> <u>26/98</u> 0-10"	<u>A</u>	<u>FSL</u>	<u>2.5Y 3/3</u>		<u>Friable</u>
10"-20"	<u>Bw</u>	<u>FSL</u>	<u>2.5Y 5/4</u>		<u>Friable</u>
20"-102"	<u>C₁</u>	<u>SL</u>	<u>2.5Y 5/3</u>	<u>2.5Y 4/6 @ 36"</u>	<u>Firm, 15% Angular cobbles + stones</u>
<u>USE #4</u> <u>26/98</u> 0-8"	<u>A</u>	<u>FSL</u>	<u>2.5Y 3/3</u>		
8-22"	<u>Bw</u>	<u>FSL</u>	<u>2.5Y 5/4</u>	<u>Hi</u>	<u>Lo</u>
22"-120"	<u>C₁</u>	<u>SL</u>	<u>2.5Y 5/2</u>	<u>10YR 5/6</u> <u>5YR 5/2</u>	<u>Slightly Firm, 6% stones + cobbles</u>

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) GLACIAL TILL Depth to Bedrock: 84"

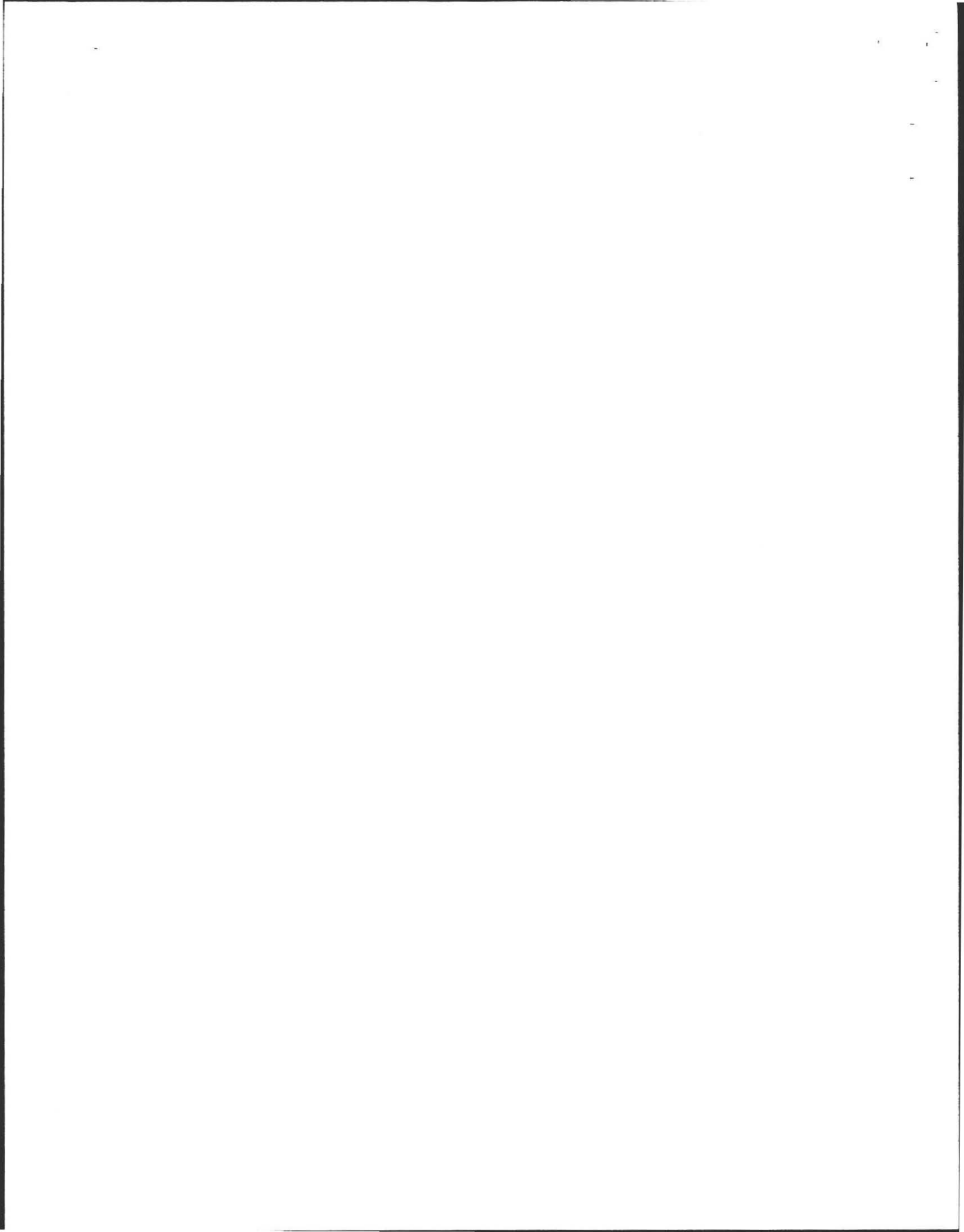
Depth to Groundwater: Standing Water in the Hole: 71-60" TP-2 74" Weeping from Pit Face: 74" (TP-2) (NOT TP-4)

Estimated Seasonal High Ground Water: 36" (TP-2 + TP-3) 52" in hole #4)

- (5" OF RAIN IN LAST WEEK)

- (USE TP-4)





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 344 Flat Hills Rd.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*			
Date: <u>6/18/98 + 8/26/98</u>		Time: <u>8:15 AM</u>	
Observation Hole #	<u>#P2</u>	<u>P3</u>	<u>P4</u>
Depth of Perc	<u>38"</u>	<u>45"</u>	<u>43"</u>
Start Pre-soak	<u>8:45</u>	<u>8:45</u>	<u>9:15</u>
End Pre-soak	<u>9:00</u>	<u>9:00</u>	<u>9:32</u>
Time at 12"	<u>9:00</u>	<u>9:00</u>	<u>9:32</u>
Time at 9"	<u>9:23</u>	<u>9:22</u>	<u>9:40</u>
Time at 6"	<u>9:58</u>	<u>10:05</u>	<u>9:56</u>
Time (9"-6")	<u>35 min</u>	<u>42</u>	<u>16 min</u>
Rate Min./Inch	<u>15 min/IN</u>	<u>14 min/IN</u>	<u>6 min/IN</u>

USE Perc #4

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

Site Passed Site Failed

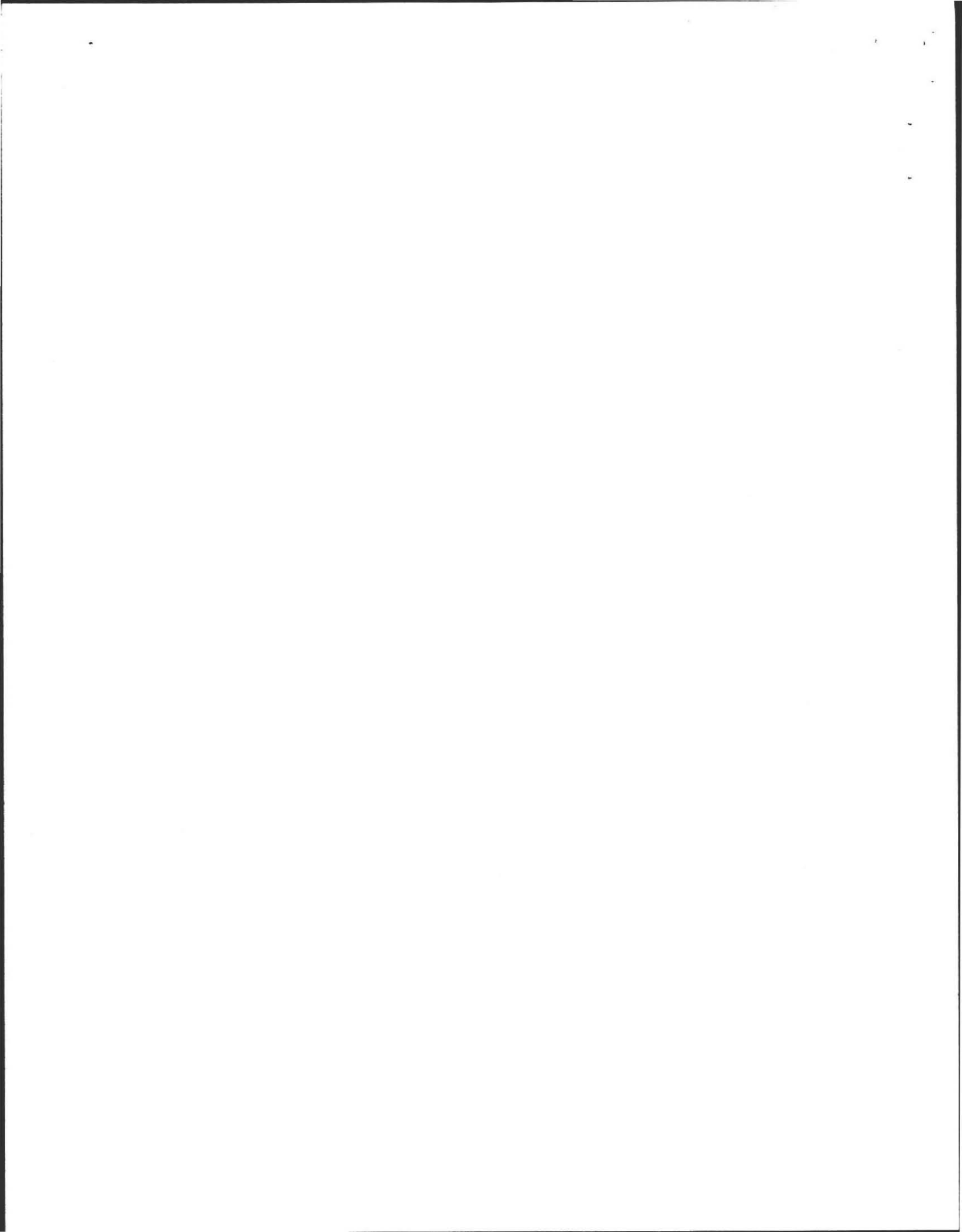
Performed By: A. WEISS

Witnessed By: D. ZAROZINSKI, M. LOMBARDO

Comments: * PERCLED AS REPAIR, RAISED BED OVER TP-2 (Not)
* NEED WETLAND DETERMINATION + SURVEY TO DESIGN. (for front)

8/26/98 - USE TP-4 (Best Location).





Location Address or Lot No. 344 FLAT HILLS RD

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole _____ inches
- Depth weeping from side of observation hole _____ inches
- Depth to soil mottles 36" inches (TP-2 + TP-3), (52" in TP-4)
- 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 *Alan E. Weiss* Date 6/18/98
+ 8/26/98



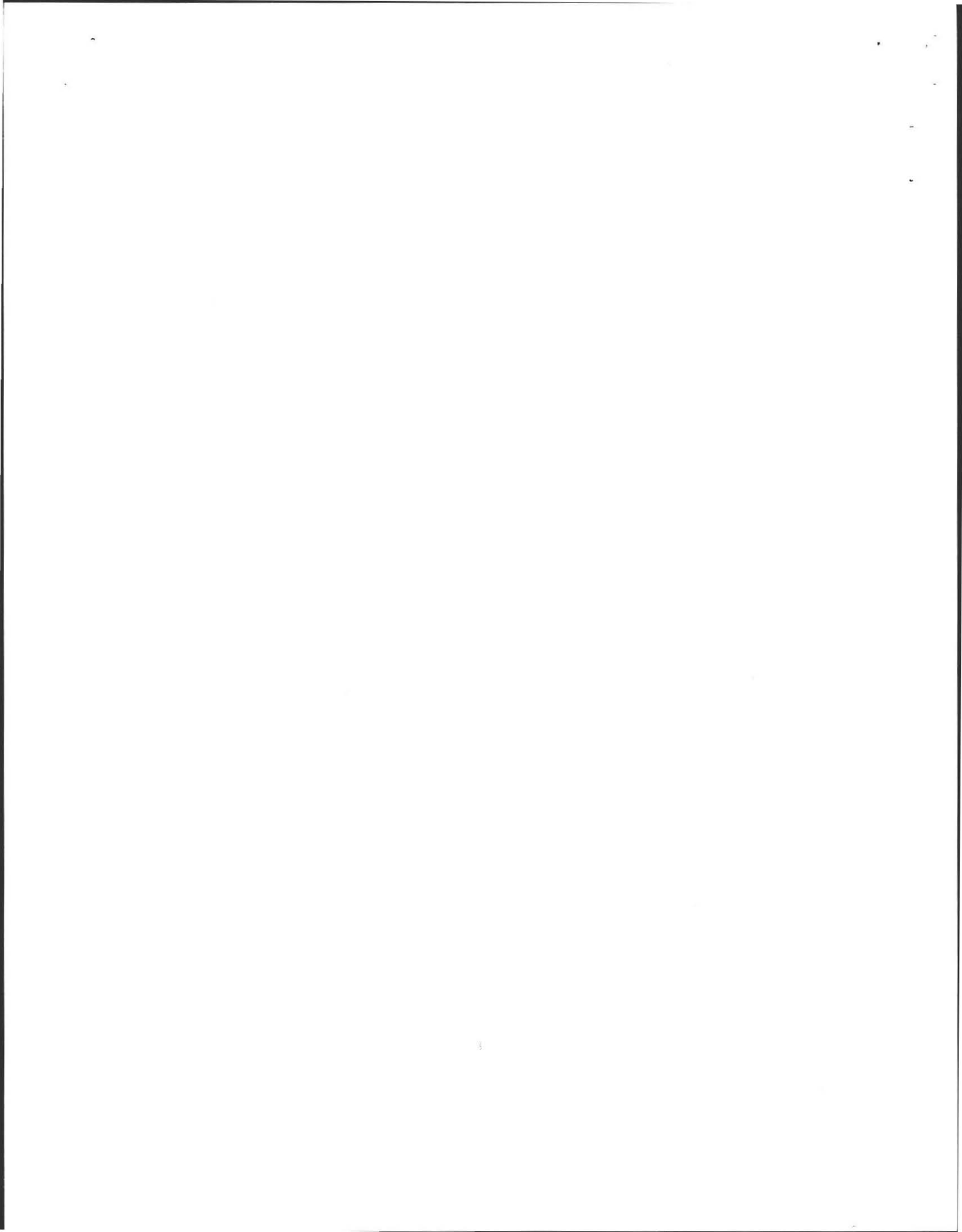
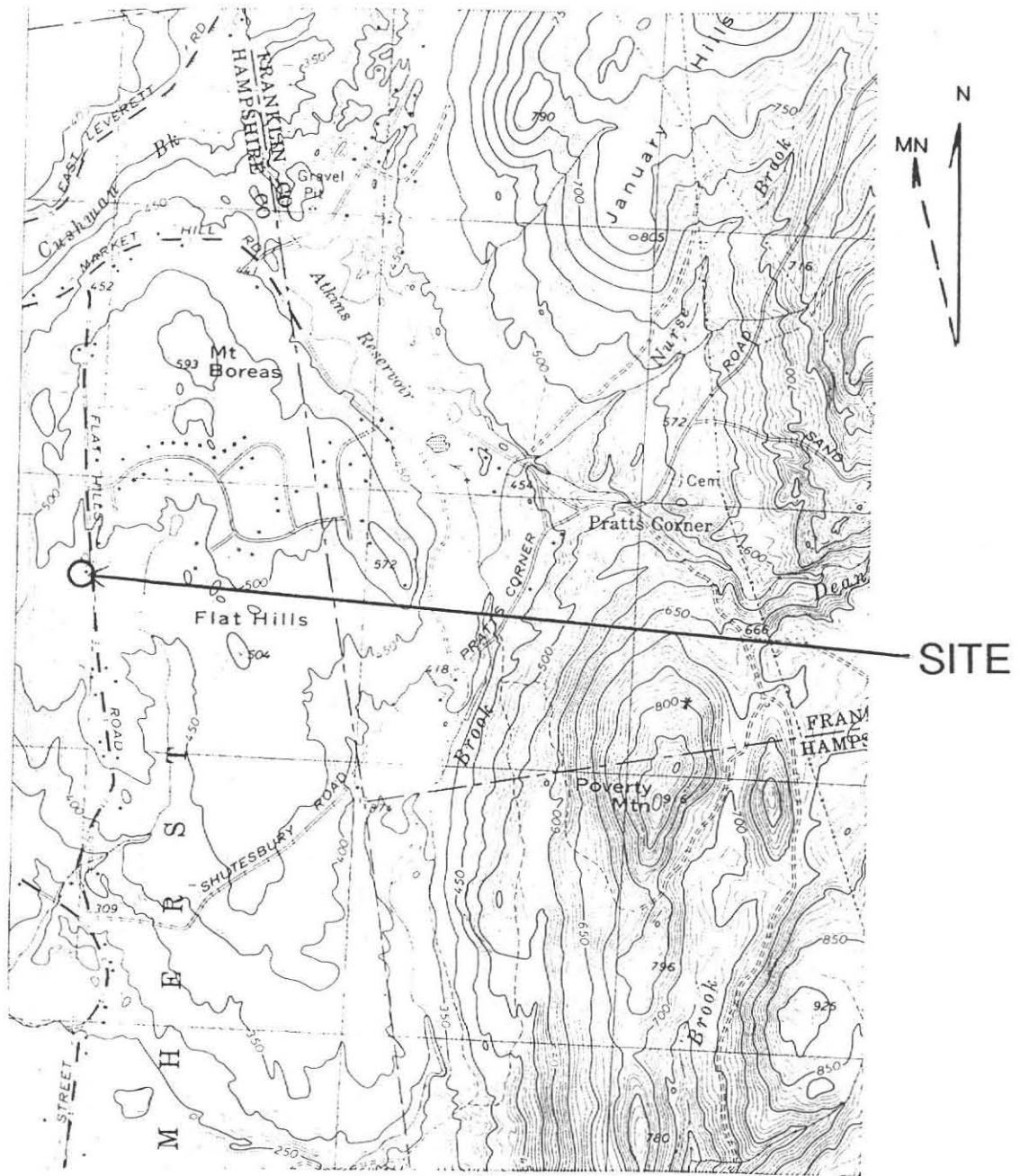


FIGURE 1: SITE LOCUS

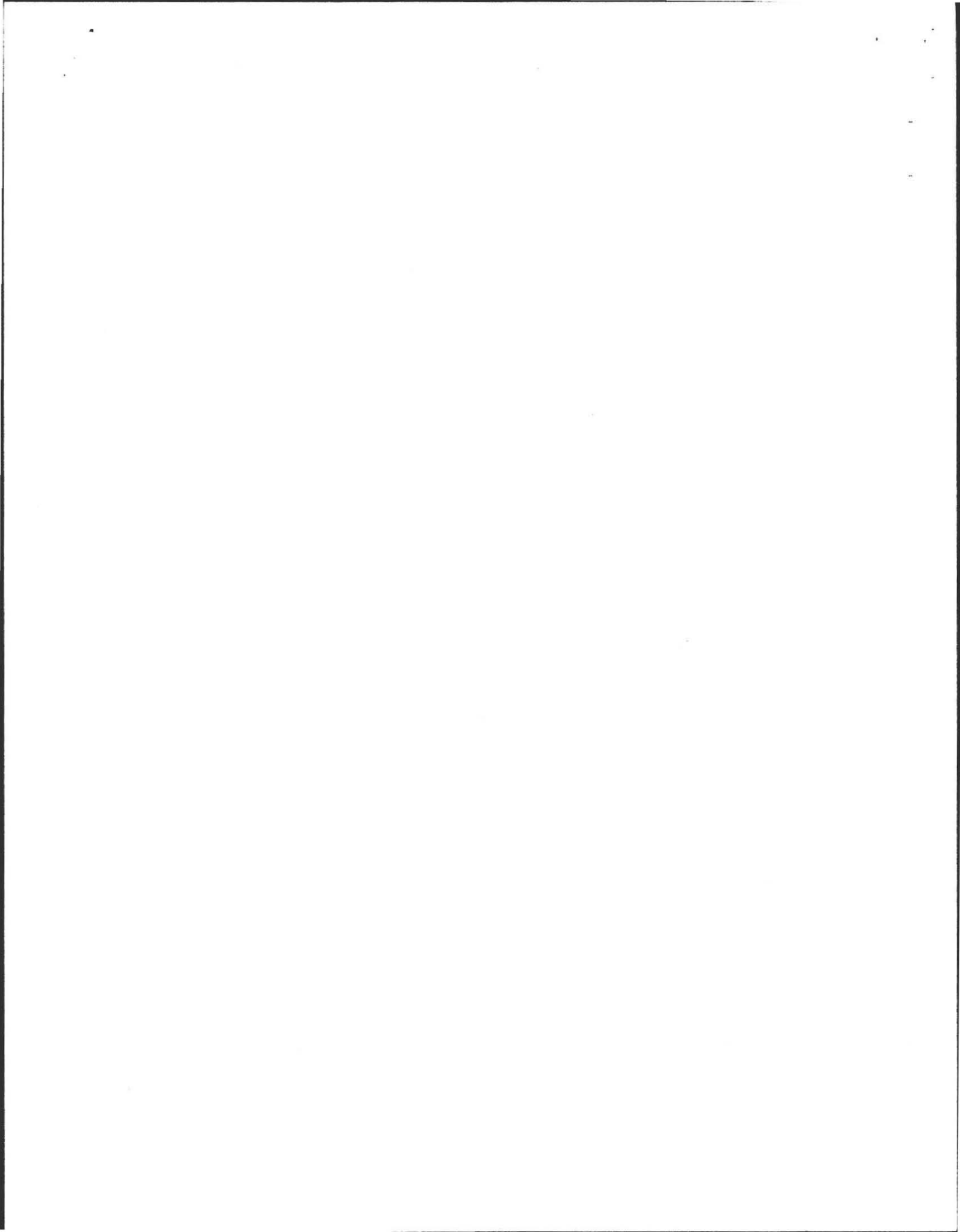


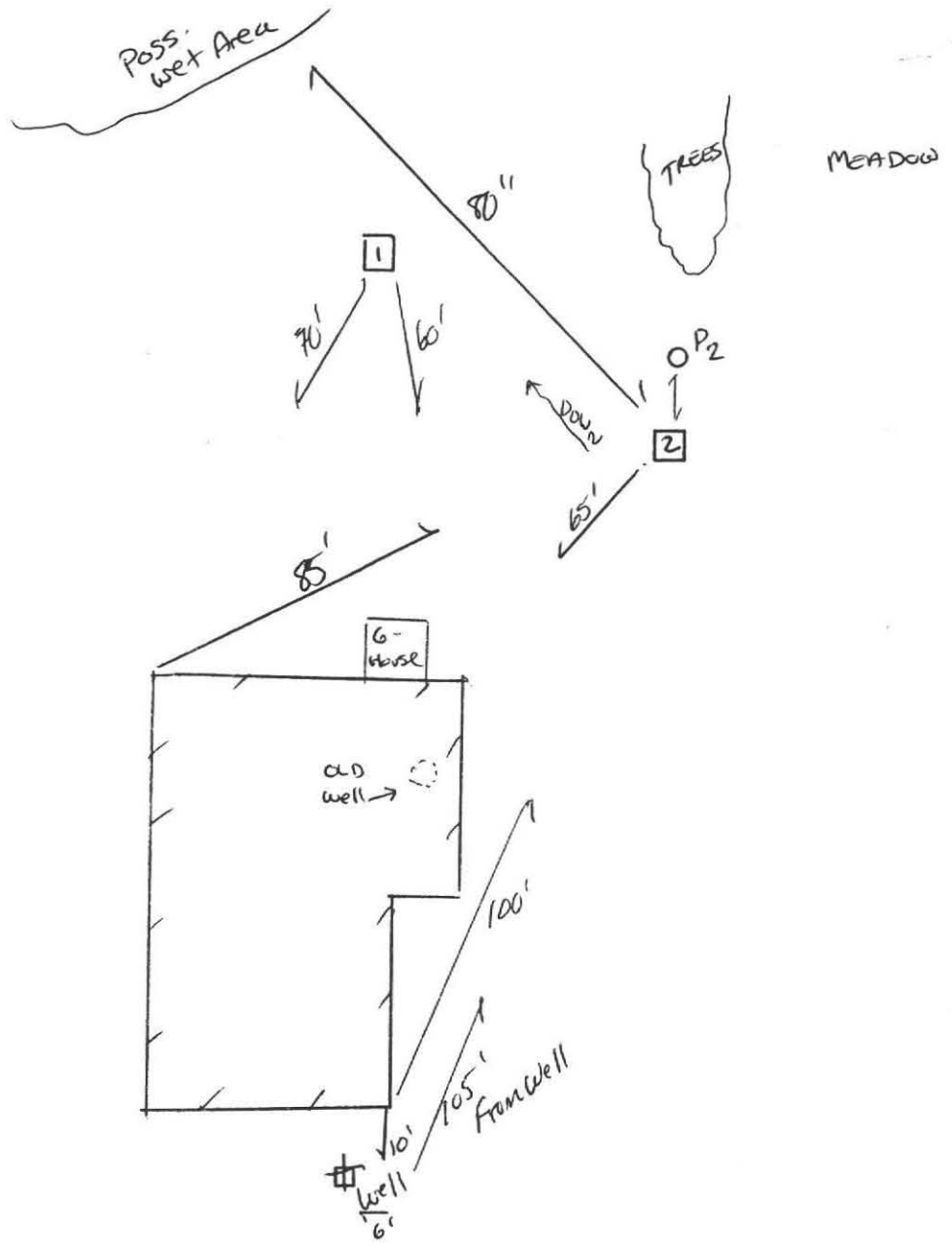
SCALE: 1"=2,083 FT.

USGS 7.5 MIN. QUAD.



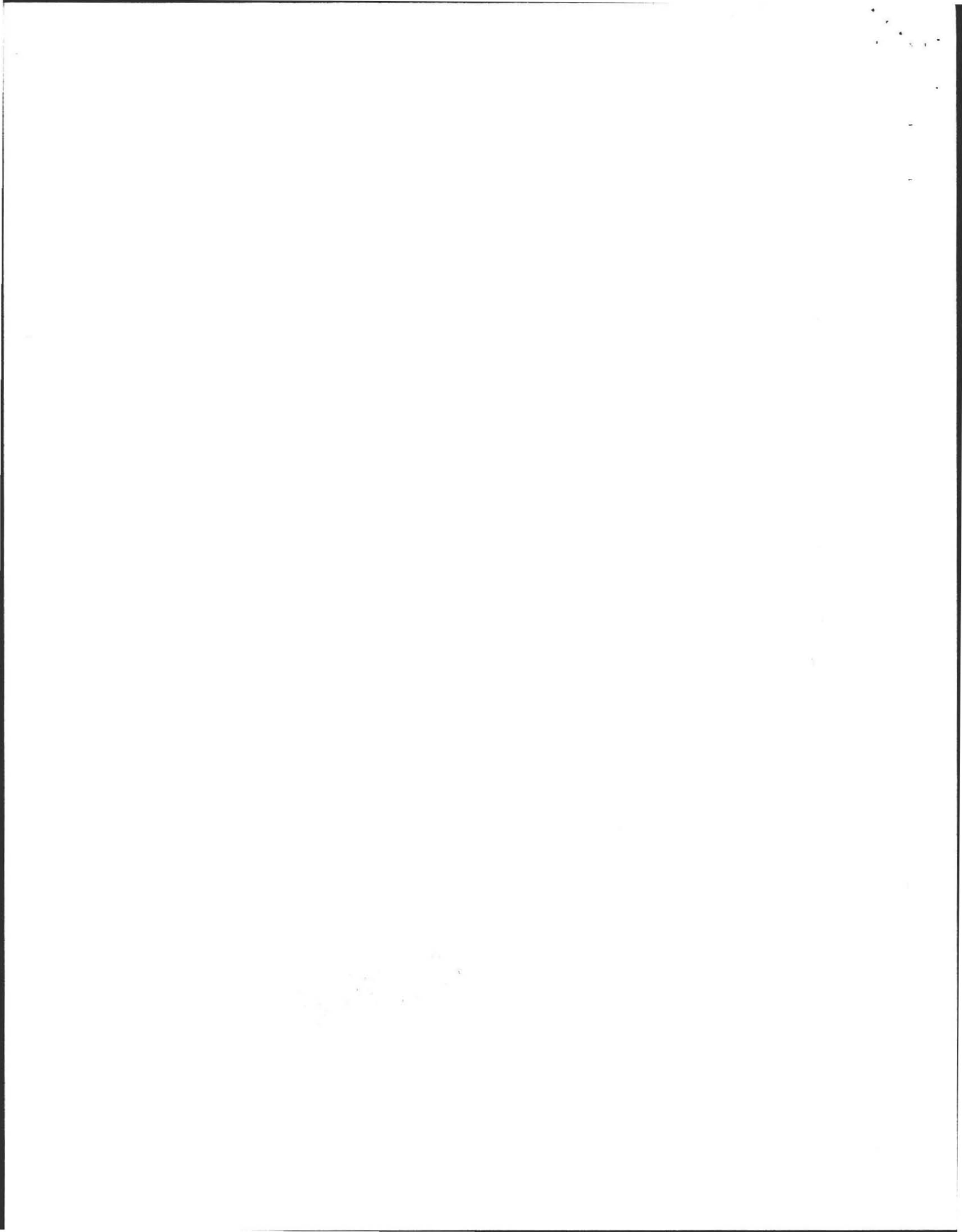
COLD SPRING ENVIRONMENTAL INC.





NOTE:

- ① OWNER TO RAZE HOUSE + DRILL NEW WELL
- ② NEED SURVEY w/ WETLANDS TO DESIGN.



Location Address or Lot No. 344 FLAT HILLS RD

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole _____ inches
- Depth weeping from side of observation hole _____ inches
- Depth to soil mottles 36" 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

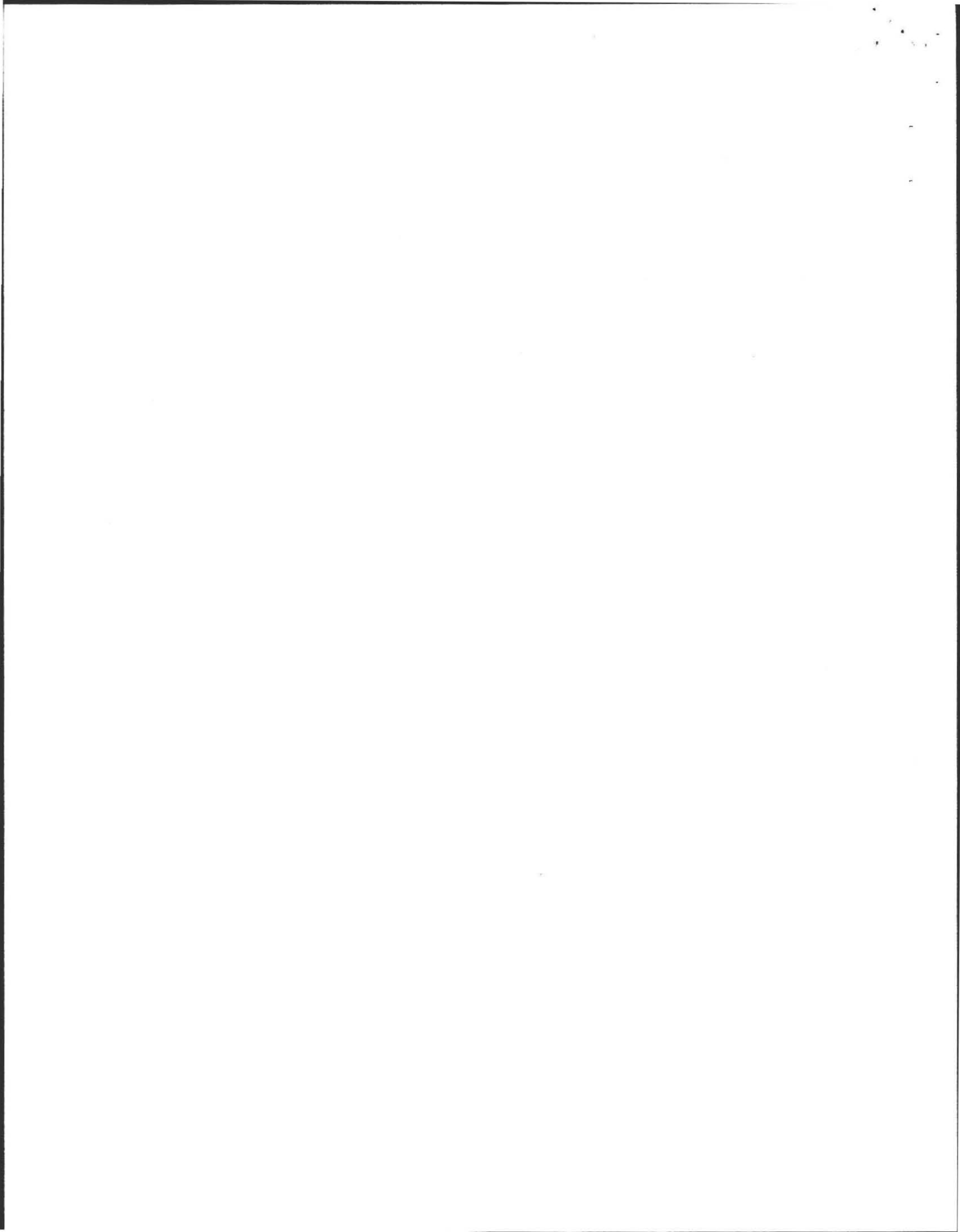
If not, what is the depth of naturally occurring pervious material? _____

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 AL _____ Date 6/18/98







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)

COPY

Date: 6/18/98

Commonwealth of Massachusetts

AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. WEISS
Witnessed By: D. ZAROZINKI

Date: 6/18/98

Location Address or Lot # <u>344 Flat Hills Rd. Amherst</u>	Owner's Name, Address, and Telephone # <u>DON + EDITH ALISON (BUYER) 689 NORTHEAST ST. AMHERST, MA. 01002</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review Repair Per BOTH designation

Published Soil Survey Available: No Yes

Year Published 1981 Publication Scale 15,840 Soil Map Unit MONTAUK FSC Mo B
Drainage Class Med-Slow Perm. Soil Limitations SEASONAL PERCHED H2O TABLE

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform TERRACE

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: _____



1940

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 344 Flat Hills RD.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>6/18/98</u>		Time:.
Observation Hole #	<u># P2</u>	
Depth of Perc	<u>38"</u>	
Start Pre-soak	<u>8:45</u>	
End Pre-soak	<u>9:00</u>	
Time at 12"	<u>9:00</u>	
Time at 9"	<u>9:23</u>	
Time at 6"	<u>9:58</u>	
Time (9"-6")	<u>35 min</u>	
Rate Min./Inch	<u>15 min / IN</u>	

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

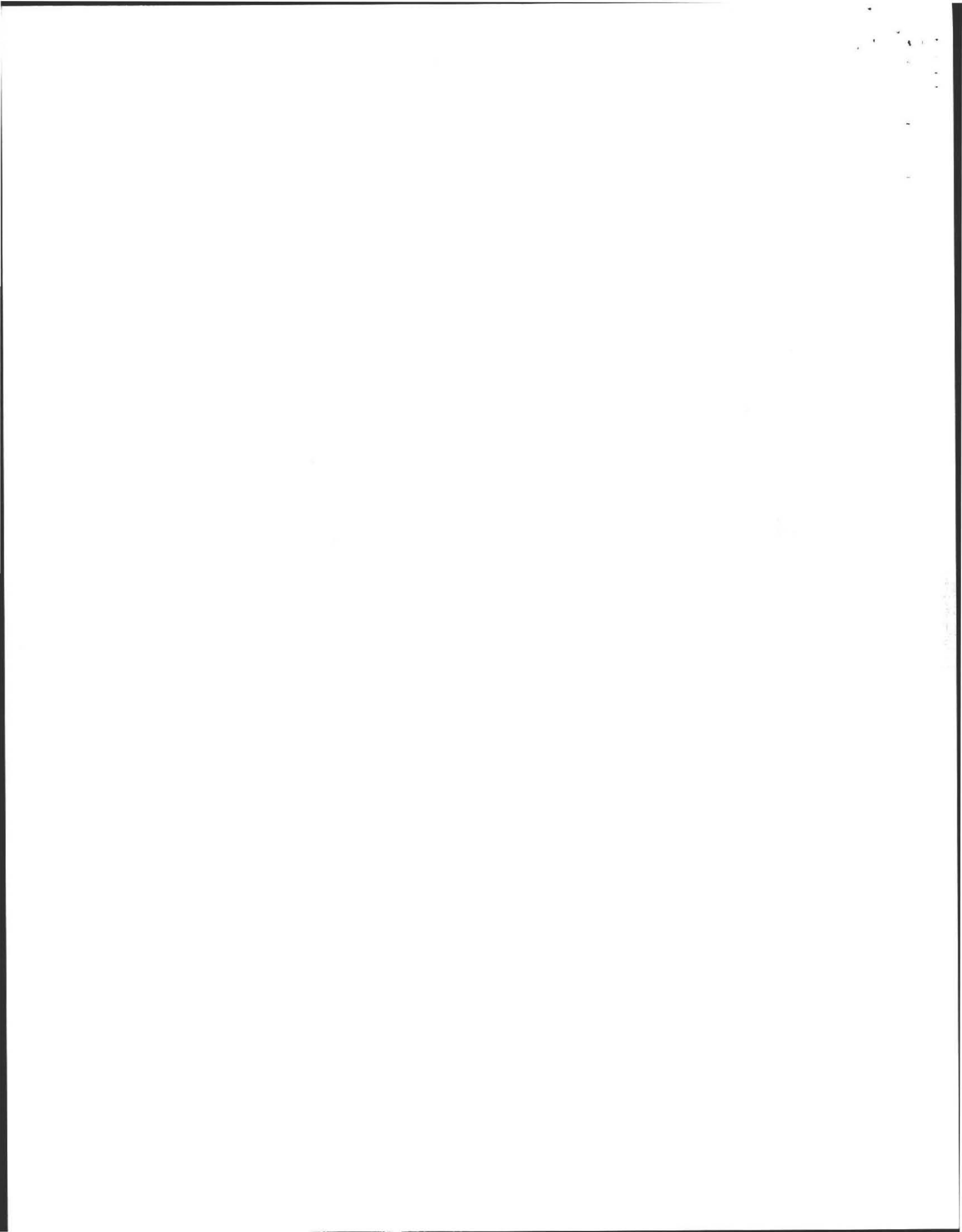
Site Passed Site Failed

Performed By: A. WEISS

Witnessed By: D. ZARZINSKI

Comments: * PERCLED AS REPAIR, RAISED BED OVER TP-2
* NEED WETLAND DETERMINATION + SURVEY TO DESIGN.





Location Address or Lot No. 344 flathills rd.

On-site Review

Deep Hole Number TP-a Date: 6/18/98 Time: 9:00 Weather SUN, 80°F
 Location (identify on site plan) SEE SKETCH
 Land Use RESID. Slope (%) 5-9 Surface Stones few - some
 Vegetation GRASS
 Landform TERRACE

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100+ feet Drainage way 80+ feet
 Possible Wet Area 80+ feet Property Line 40+ feet
 Drinking Water Well 100' feet Other _____

DEEP OBSERVATION HOLE LOG*

TP-2

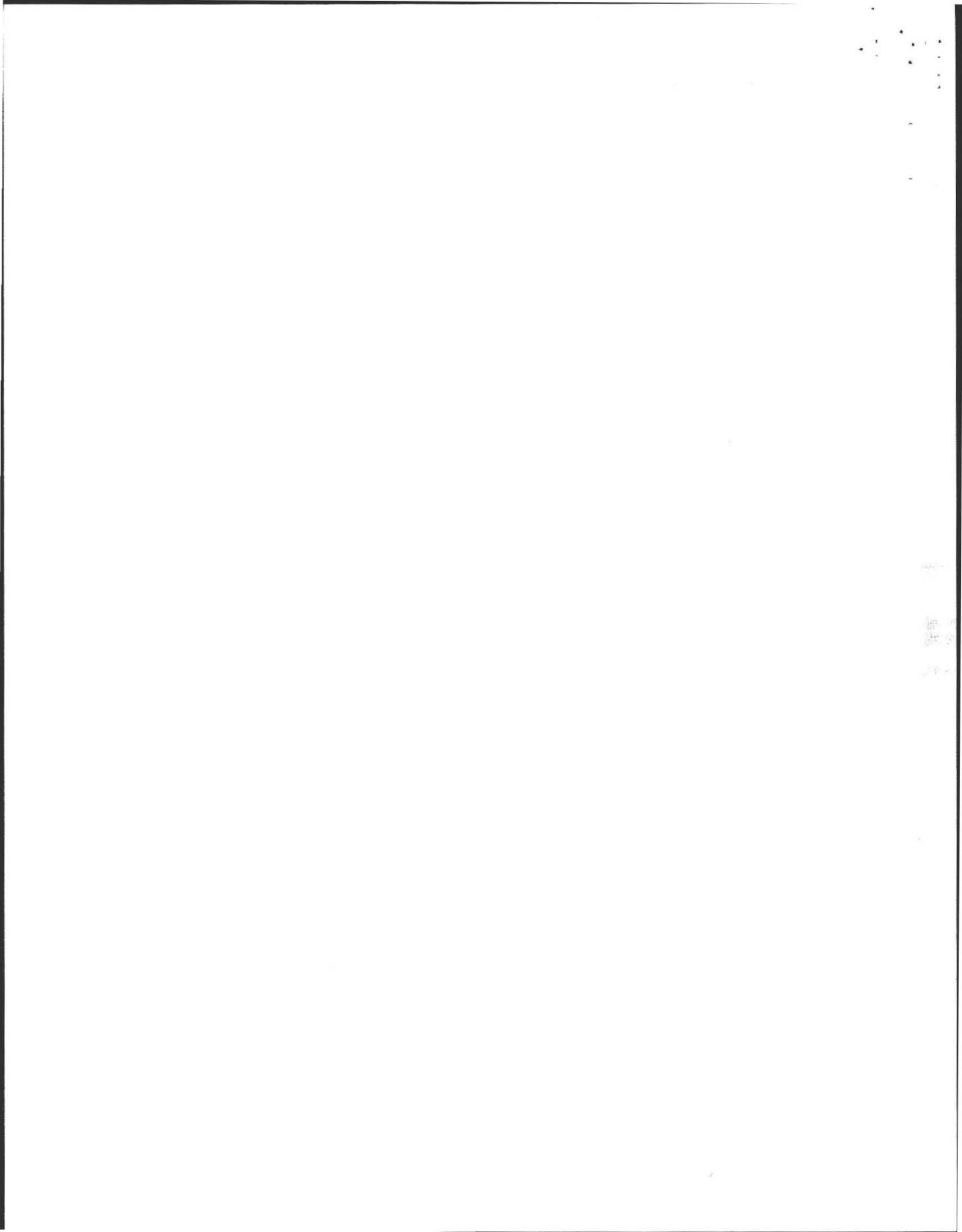
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-14"	A	FSC	2.5Y 3/3		friable
14-22"	B _w	FSL	2.5Y 3/4		friable
22-84"	C ₁	SL	2.5Y 5/4	2.5YR 7/6 at 36"	Firm, 100% cobbles + stones

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) GLACIAL TILL Depth to Bedrock: 84"
 Depth to Groundwater: Standing Water in the Hole: ~~TP-1 60"~~ TP-2 74" Weeping from Pit Face: ~~60"~~ 74"
 Estimated Seasonal High Ground Water: 36"

- (5" OF RAIN IN LAST WEEK)
 - USE TP-2





No. 344 FLATHILLS ROAD

Date: 8/21/98

Commonwealth of Massachusetts
Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Al Weiss Cold Spring Environmental Date: 8/21/98
Witnessed By: MIKE LOMBARDO

Location Address or Lot # <u>344 FLATHILLS ROAD AMHERST MA 01002</u>	Owner's Name, Address, and Telephone # <u>John Thouron apt 3 377 Beacon Street</u>
New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published _____ Publication Scale _____ Soil Map Unit _____

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit) _____

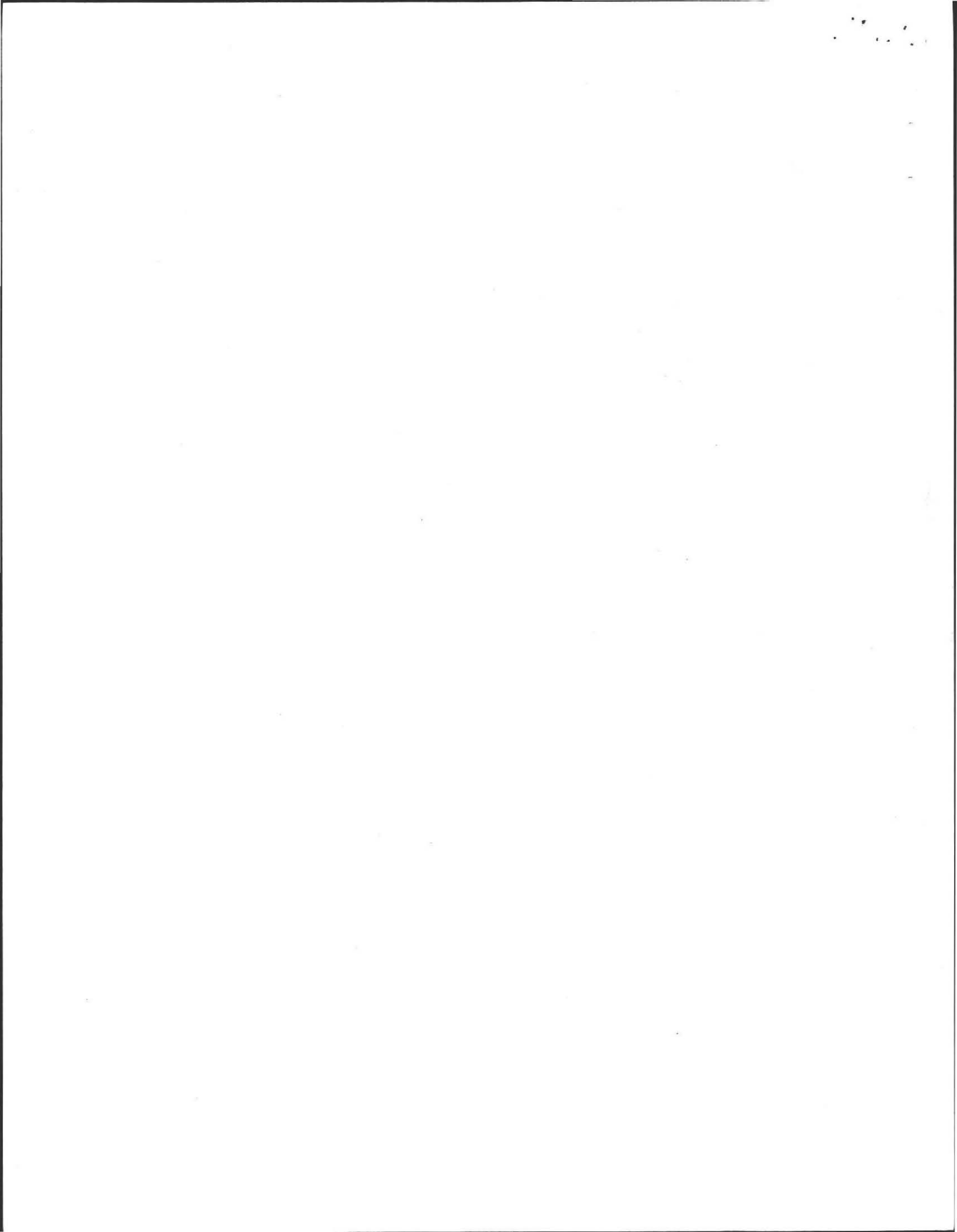
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 344 FLAT HILLS ROAD

On-site Review

Deep Hole Number T13 Date: 8/26/98 Time: 844 Weather cloudy
 Location (identify on site plan) _____
 Land Use Residence Slope (%) _____ Surface Stones _____
 Vegetation grass
 Landform Terrace

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100+ feet Drainage way 80+ feet
 Possible Wet Area 80+ feet Property Line 80+ feet
 Drinking Water Well 100' 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)
0 - 10"	A	FSL			Finely
10" - 20"	Bw	FSL			Finely
20" - 102"	C ₁	SL	2.5Y 5/3		Fin 15% Angular cobbles stones

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: NONE Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: 36"



1. 2. 3.

Location Address or Lot No. 344 Flat Hills Road

On-site Review

Deep Hole Number #4 Date: 8/26/98 Time: 9:15 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)
0-8	A	FSL	2.5Y 3/3		
8-22	BW	FSL	2.5Y 5/4		
22-120	C1	SL	2.5Y 5/3 Lo/	10YR 5/1 5Y 4/3 52"	Slightly Firm 107% return Some cobbles

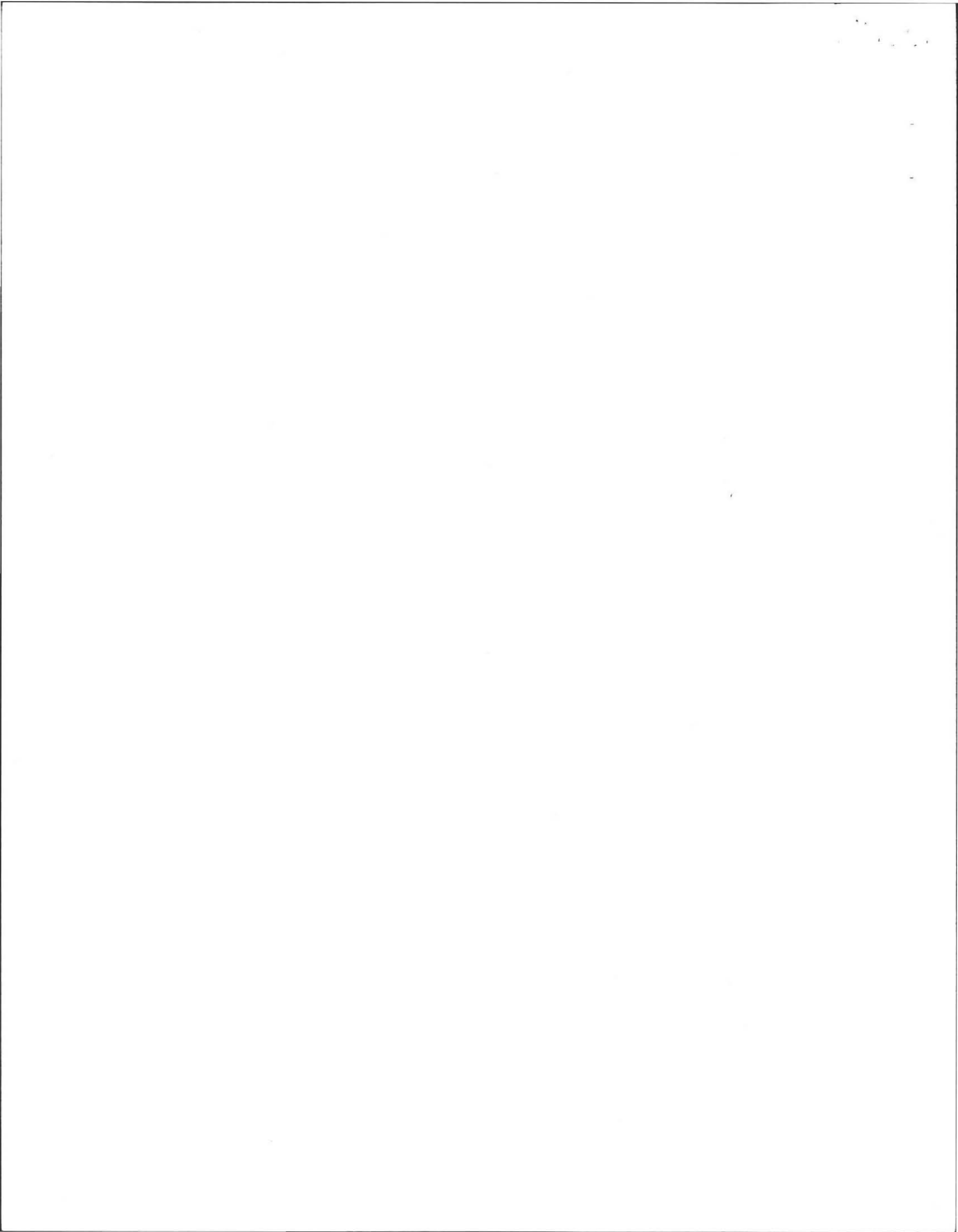
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) GLACIAL TILL Depth to Bedrock: 84"

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

Estimated Seasonal High Ground Water: 52"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 344 Flint Hills Road

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:	<u>8/26/98</u>	Time: <u>844</u>
Observation Hole #	<u>#3</u>	
Depth of Perc	<u>45"</u>	
Start Pre-soak	<u>844</u>	
End Pre-soak	<u>9:00</u>	
Time at 12"	<u>9:00</u>	
Time at 9"	<u>9:22</u>	
Time at 6"	<u>10:05</u>	
Time (9"-6")	<u>43m</u>	
Rate Min./Inch	<u>14 min</u>	

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

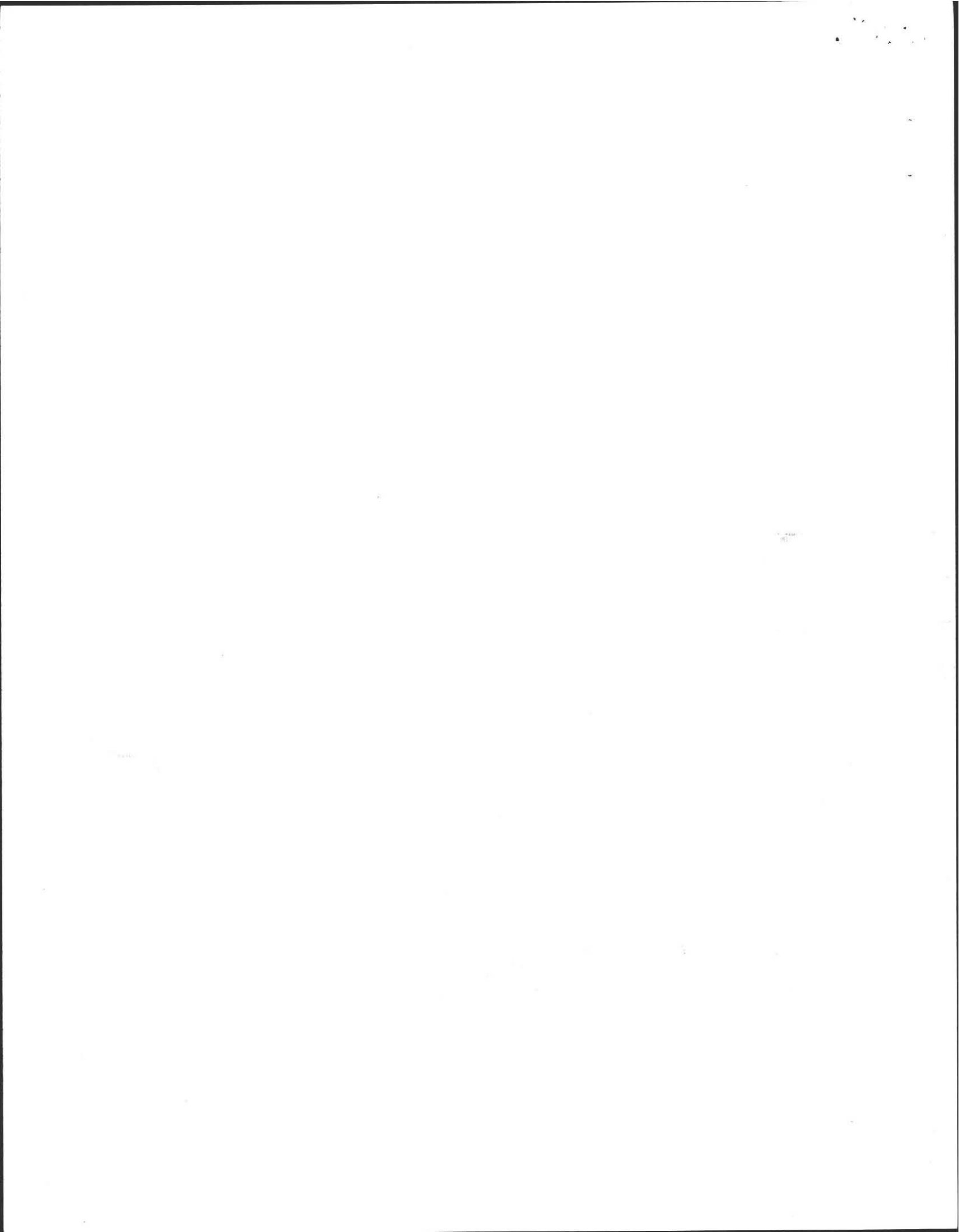
Site Passed Site Failed

Performed By: Al Weiss Cold Spring Environmental

Witnessed By: Mike Lombard Inspection Services

Comments: _____





FORM 12 - PERCOLATION TEST

Location Address or Lot No. Frances TODD
344 Flat Hills Road

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>8/26/98</u>		Time: <u>9:15</u>
Observation Hole #	<u># 4</u>	
Depth of Perc	<u>43"</u>	
Start Pre-soak	<u>9:15</u>	
End Pre-soak	<u>9:32</u>	
Time at 12"	<u>9:32</u>	
Time at 9"	<u>9:40</u>	
Time at 6"	<u>9:56</u>	
Time (9"-6")	<u>15 min</u>	<u>6 min</u>
Rate Min./Inch		

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

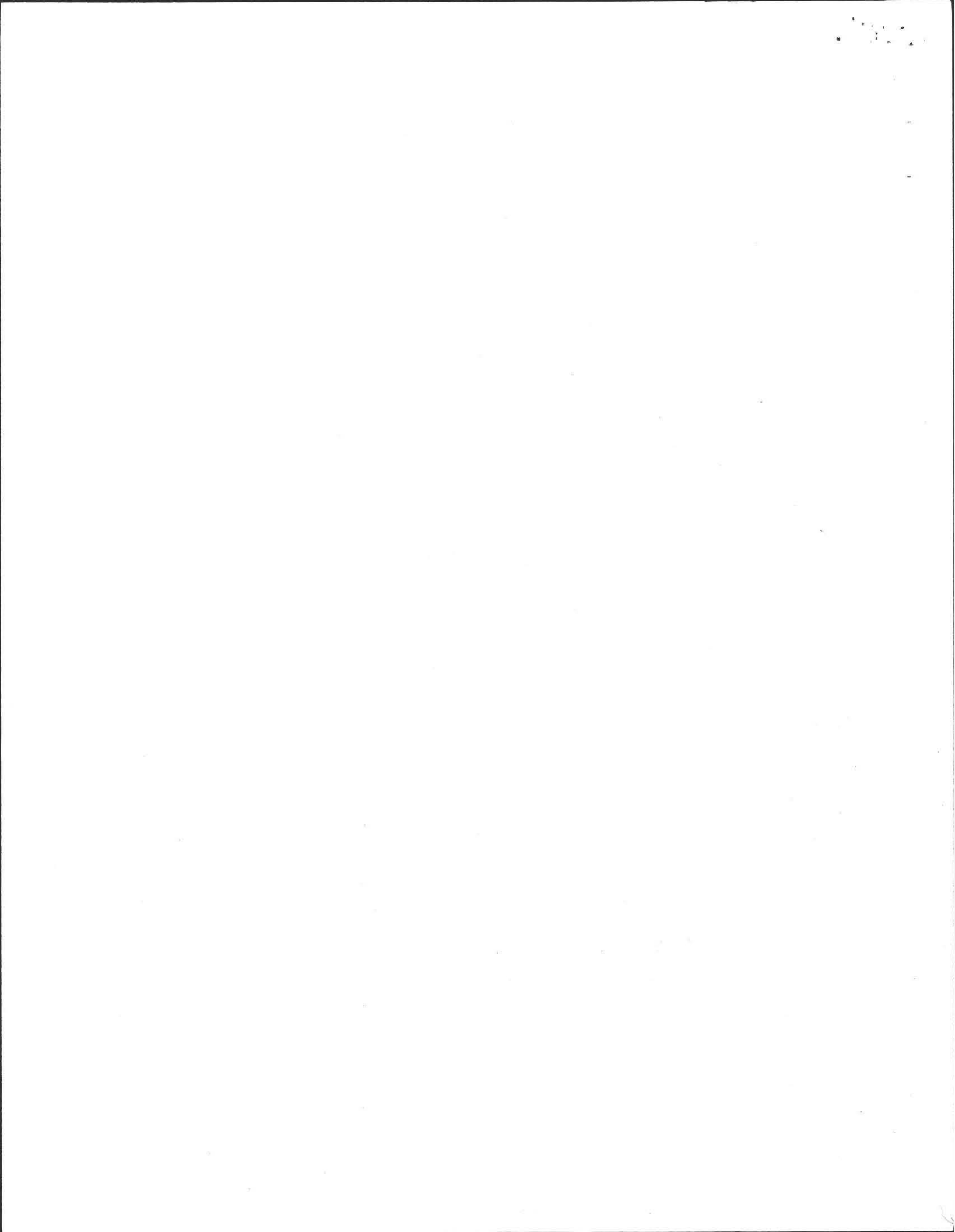
Site Passed Site Failed

Performed By: Al Wain

Witnessed By: Mike Lombard

Comments: 40 Feet to Back Tree Line





CH # 2011

No. 344 FIAT HILLS ROAD

Date: 6-18-98

Commonwealth of Massachusetts
, Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: AL WEISS

Date: 6/18/98

Witnessed By: Michael Lombard

Location Address or Lot # <u>EDITH ALLISON</u> <u>344 FIAT HILLS ROAD</u> <u>AMHERST, MA</u>	Owner's Name, Address, and Telephone #
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) _____

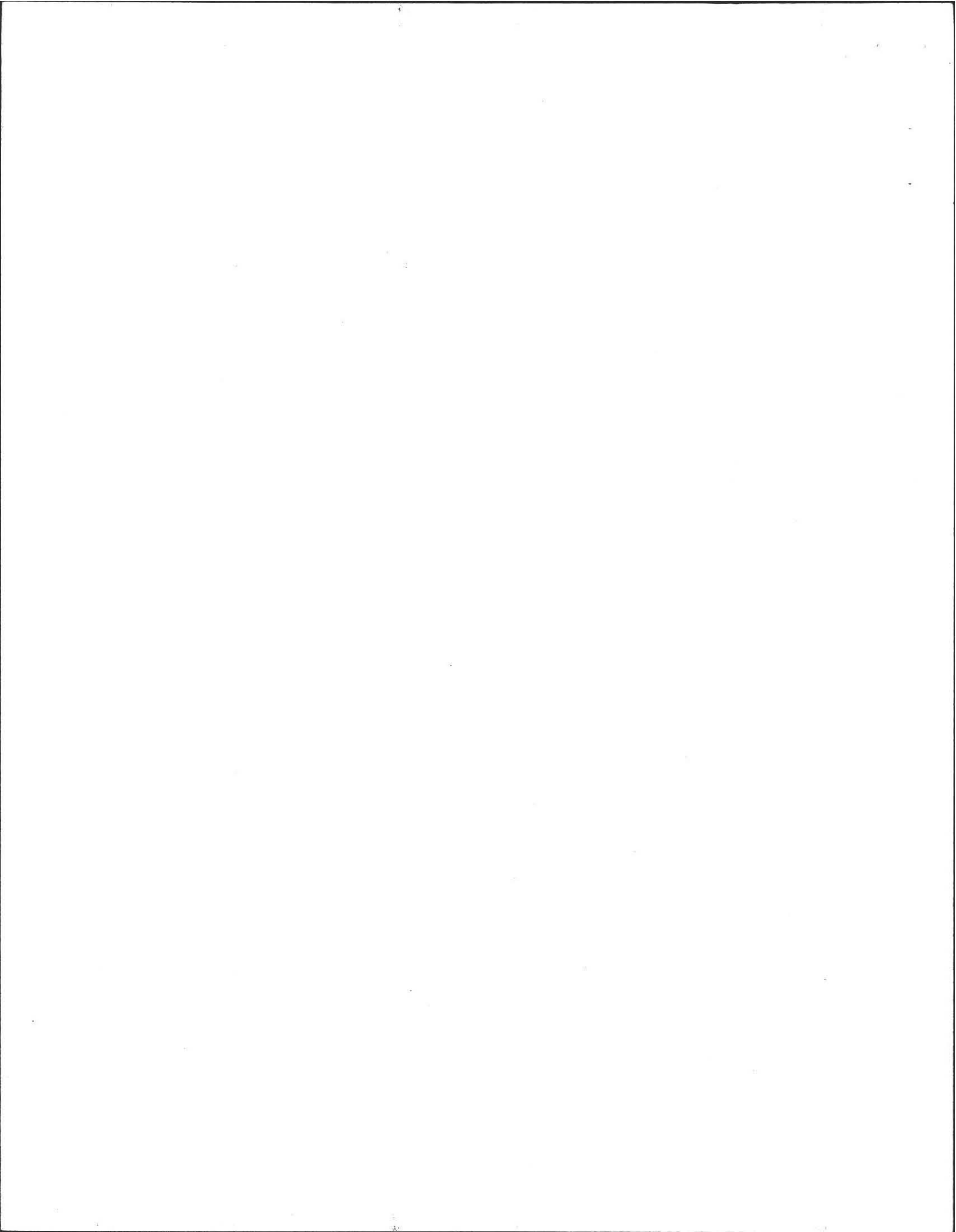
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 344 FLAT HILLS ROAD

On-site Review

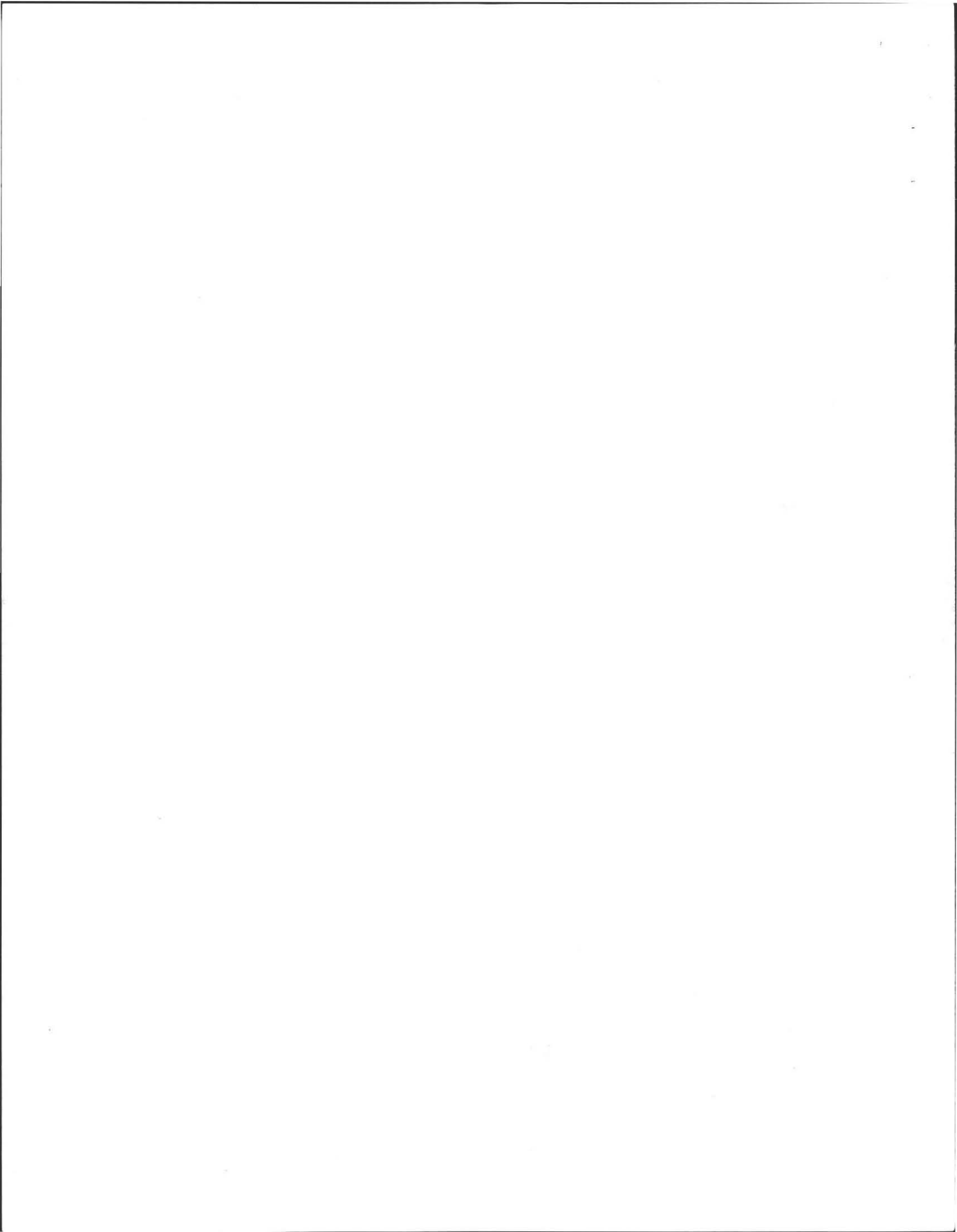
Deep Hole Number 2 Date: 6/18/98 Time: 8:45 Weather Cloudy
 Location (identify on site plan) _____
 Land Use _____ Slope (%) 5% Surface Stones Few
 Vegetation Grass Few Tree Mixed
 Landform _____
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body 200+ feet Drainage way 100+ feet
 Possible Wet Area 100+ feet Property Line 200+ feet
 Drinking Water Well 100+ 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)
<u>0-14</u>	<u>A</u>	<u>FSL</u>	<u>2.5Y 3/3</u>		<u>loose sandy silt</u>
<u>14-22</u>	<u>Bw</u>	<u>FSL</u>	<u>2.5Y 5/4</u>		
<u>22-84</u>	<u>C</u>	<u>SL</u>	<u>2.5Y 5/4</u>	<u>2.5Y 4/6 AT 36"</u>	<u>Fine 10% cobbles few boulders</u>

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Sandy silt Depth to Bedrock: _____
 Depth to Groundwater: Standing Water in the Hole: 84" Weeping from Pit Face: 6.2"
 Estimated Seasonal High Ground Water: 36"





Location Address or Lot No. _____

On-site Review

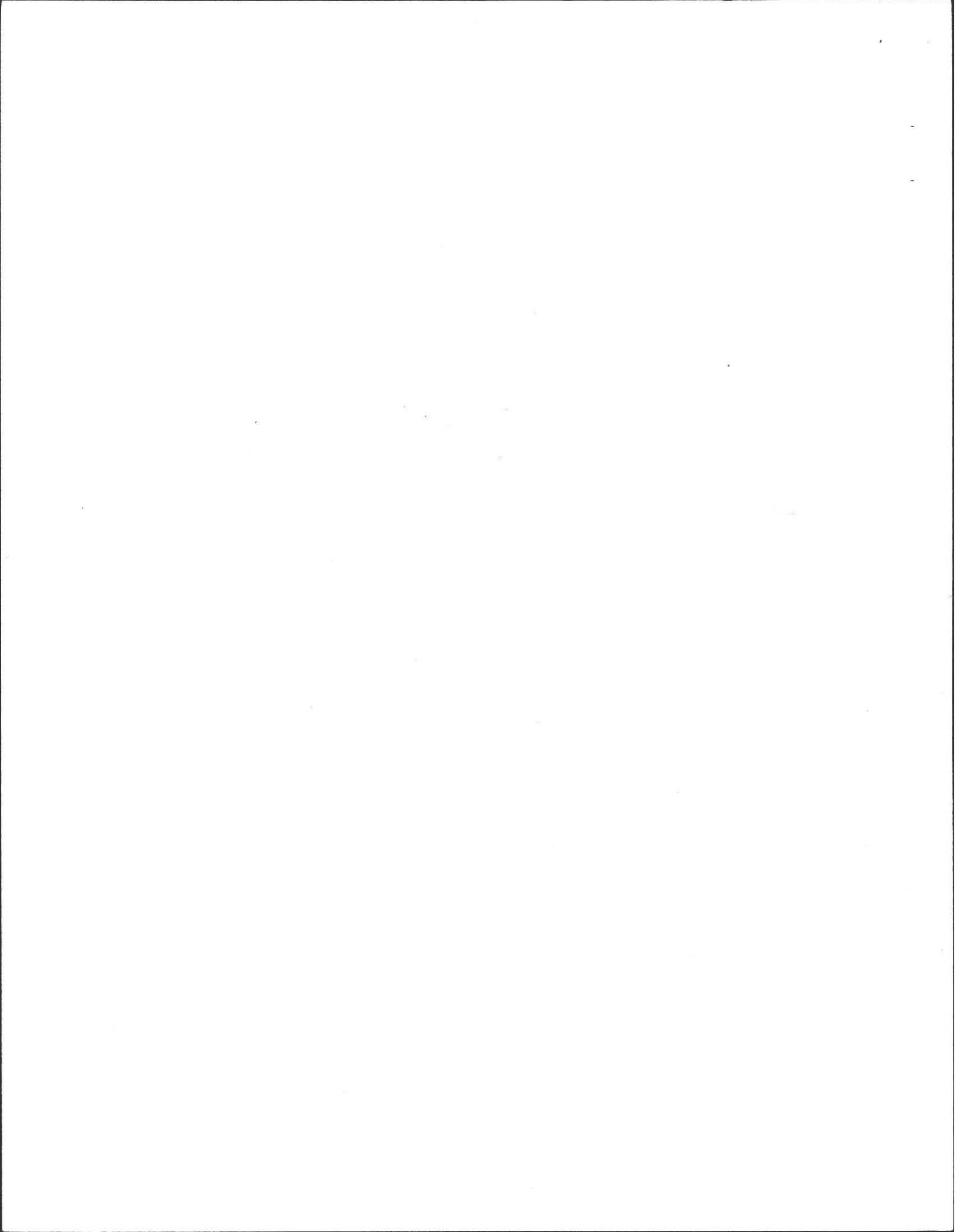
Deep Hole Number 1 Date: 6/18 Time: _____ Weather Cloudy
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____ Surface Stones _____
 Vegetation _____
 Landform _____
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body _____ feet Drainage way _____ feet
 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)

* 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: 22"
 Estimated Seasonal High Ground Water: 20"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 344 Flat Hills Road

COMMONWEALTH OF MASSACHUSETTS
 , Massachusetts

Percolation Test*		
Date: _____		Time: _____
Observation Hole #	2	#1
Depth of Perc	38"	
Start Pre-soak	8:45	
End Pre-soak	9:00	
Time at 12"	9:00	
Time at 9"	9:23	
Time at 6"	9:58	
Time (9"-6")	35	
Rate Min./Inch	11 1/2 min.	

Seeps at 22"
 OXIDES AT 20"

15

* 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: MIKE LOMBARD

Comments: Wet soils from 5" of Rain last
80 Feet possible wet land Subject to determination
Conservation (Pete Weston's office?)



5-15-15
5-23-4916
LMS PLANT
LMS PLANT

FORM 12 - PERCOLATION TEST

Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: _____		Time: _____
Observation Hole #		
Depth of Perc		
Start Pre-soak		
End Pre-soak		
Time at 12"		
Time at 9"		
Time at 6"		
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: _____

Witnessed By: _____

Comments: _____



DONALD J. ALLISON
EDITH ADAMS ALLISON
689 NORTHEAST ST. PH. 413-256-8118
AMHERST, MA 01002

5-39/110

2011

Date 6/18/98

Pay to the order of Town of Amherst \$ 160.00

One hundred sixty and 00/100 Dollars



 **BankBoston** 4933

For

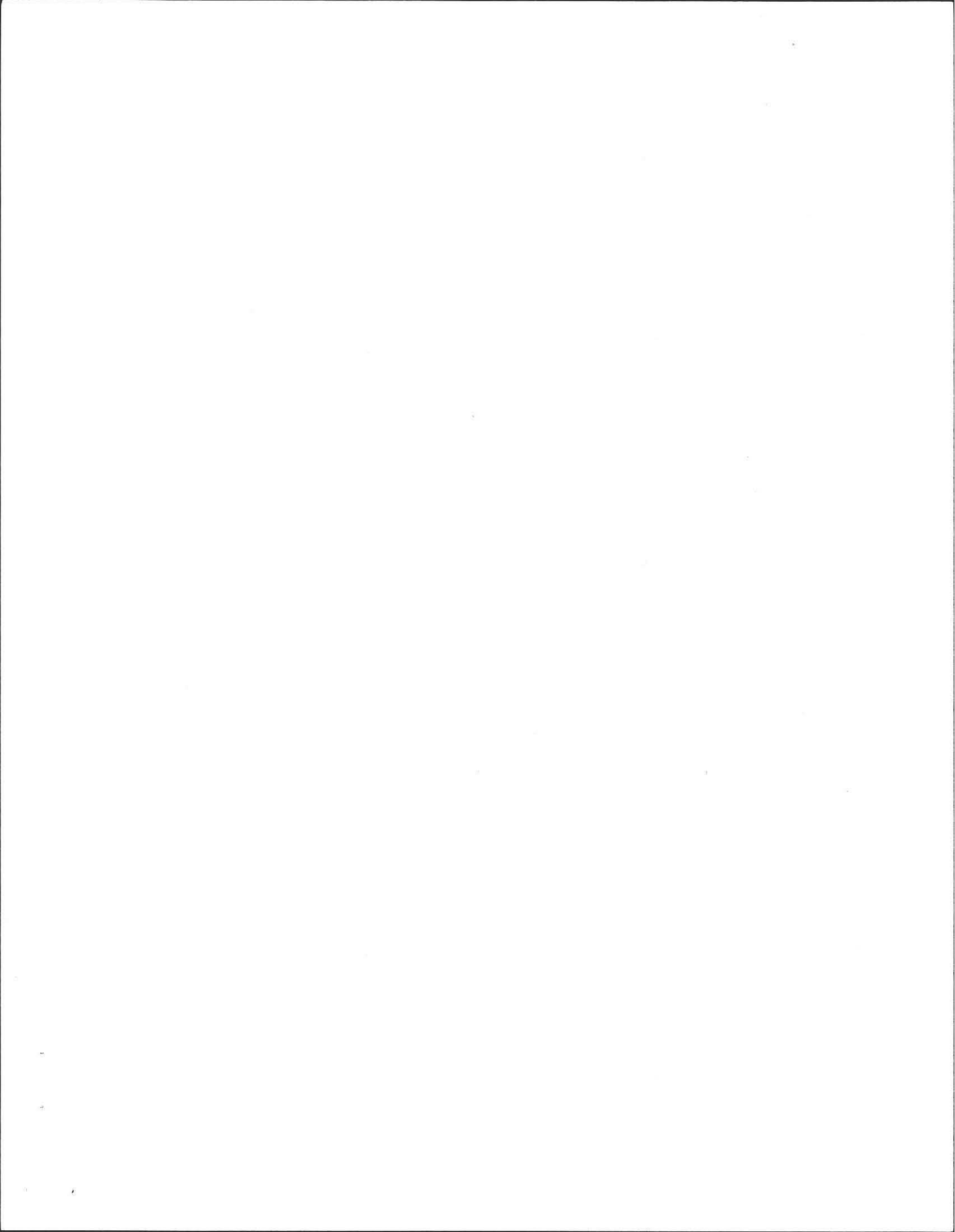
Donald Allison

MP

⑆0⑆⑆000390⑆⑆⑆2⑆⑆9290⑆⑆⑆201⑆⑆

6-18-98
Rec'd
Plans for
344 Flat
Hills Rd

BankBoston, MA



**TOWN OF AMHERST
HEALTH PERMITS/ INSPECTION SERVICES**

NO 0401

Received of Donald J. EDITH Adams Allison of 689 Hawthorn - S
Name Address
 For Property Located at: 344 Flat Hills Road
Street Address Owner

- | | | | |
|--|----------|---|---------|
| HEA009 Bakery
R6510 443508 | _____ | HEA014 Retail Store Permit
R6510 443514 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA015 Sanitary Code Booklets
R6510 432305 | _____ |
| HEA025 Burial Permits
R6510 443517 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA002 Catering License
R6510 443507 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | ① 60.00 |
| HEA003 Food Handler
R6510 443515 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA004 Frozen Desserts
R6510 443501 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA024 Funeral Director License
R6510 443502 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA005 Health Dept. Housing Insp.
R6510 432302 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA023 TB Clinic
R6510 432303 | _____ |
| HEA007 Milk & Cream License
R6510 443500 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | ① 100.00 | HEA | _____ |
| HEA013 Recreation Camp License.
R6510 443503 | _____ | | _____ |

TOTAL FEE: 160.00

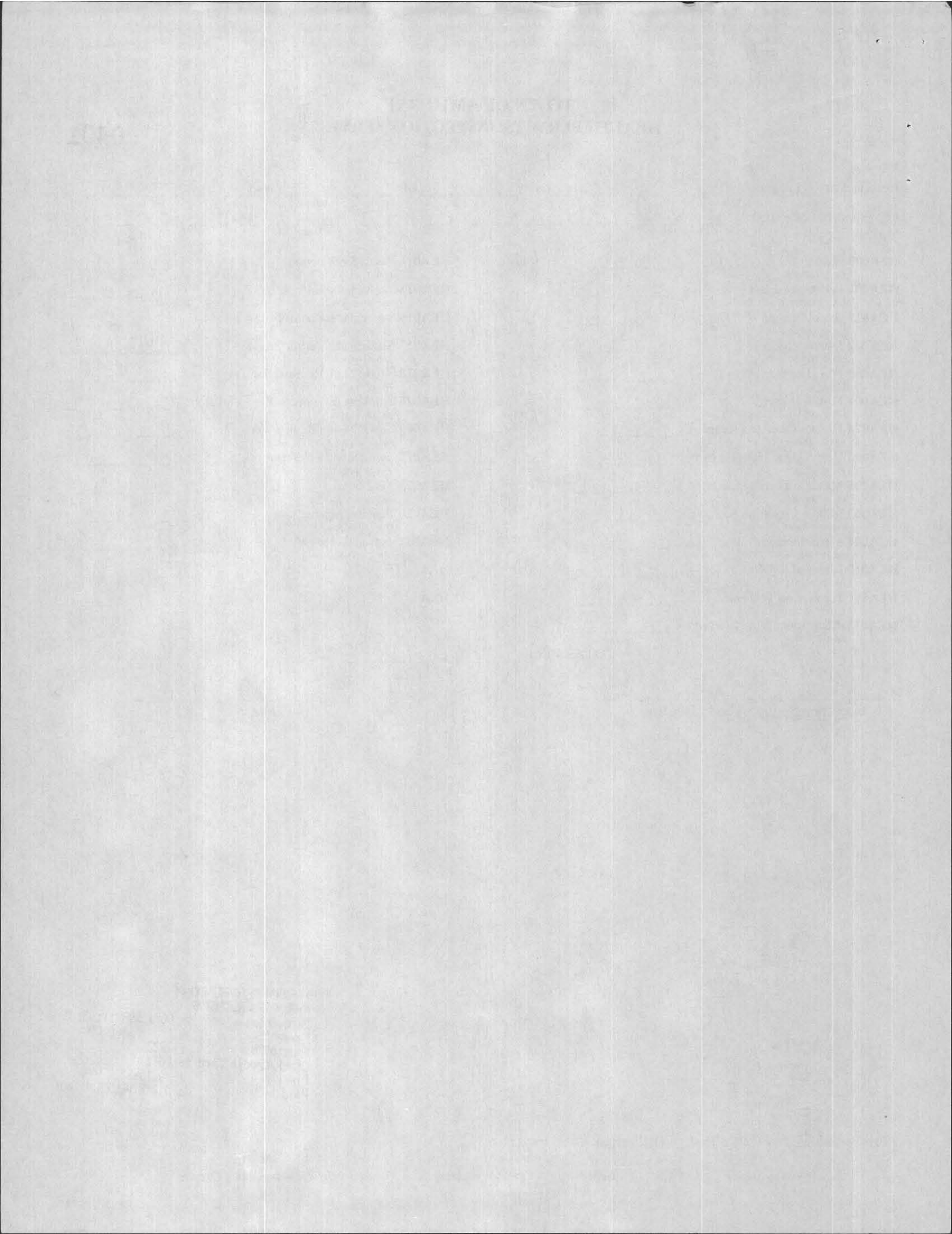
Sarah E. [Signature]
 Inspection Services/Health Department

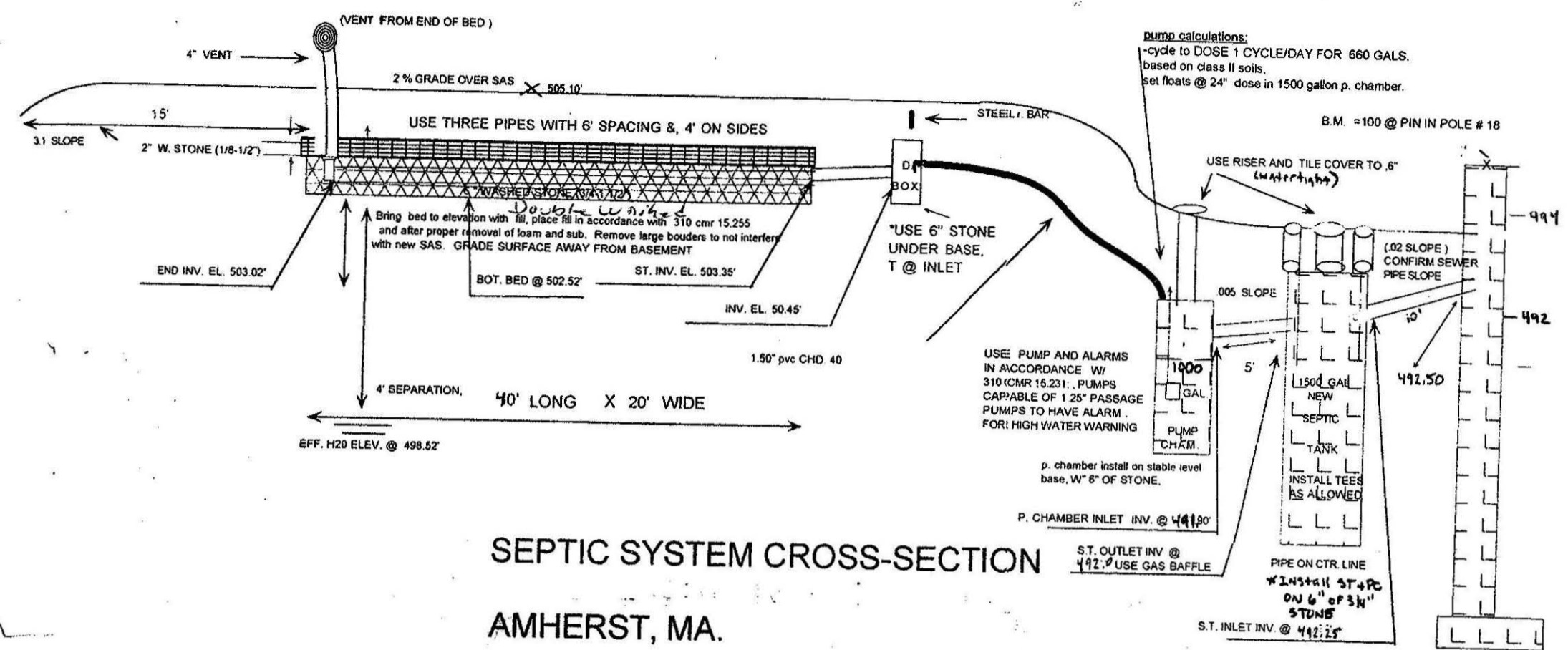
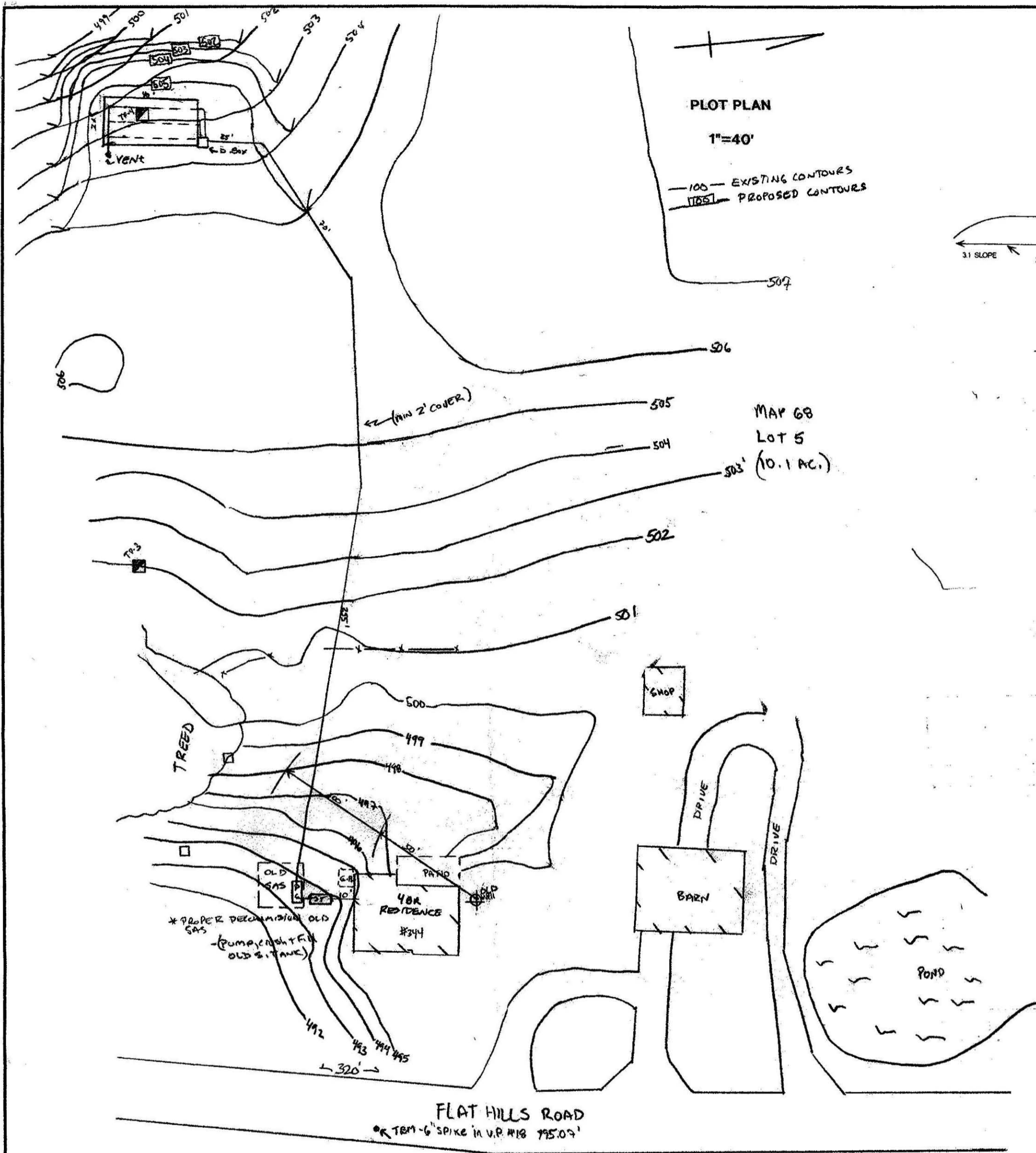
6-18-1998
 Date

TOWN OF AMHERST
 MISC. CASH RECEIPTS
 Date / Time : 06/18/98 11:01:02
 Payment : \$100.00
 Receipt # : 73233
 Check/Credit Card #: 2011
 Clerk : masloski
 Paid by : D & E ALLISON

TOWN OF AMHERST
 MISC CASH RECEIPTS
 Date / Time : 06/18/98 11:43:05
 Payment : \$60.00
 Receipt # : 73231
 Check/Credit Card #: 2011
 Clerk : masloski
 Paid by : D & E ALLISON 401

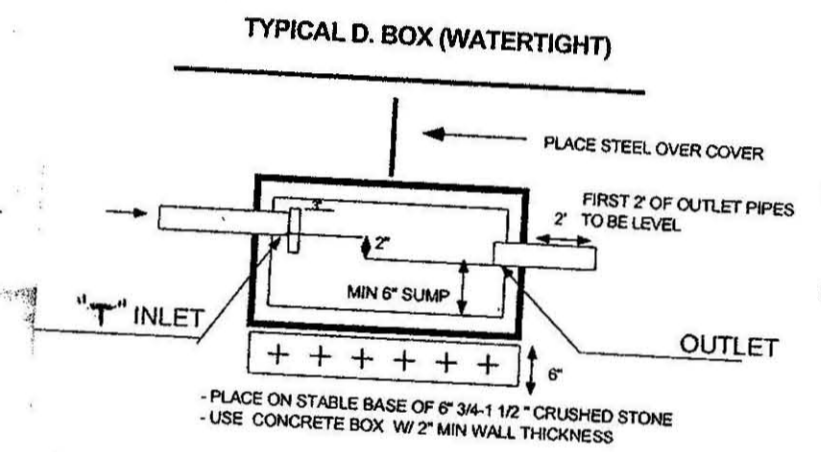
Must be validated by the Collector's Office to be considered paid.





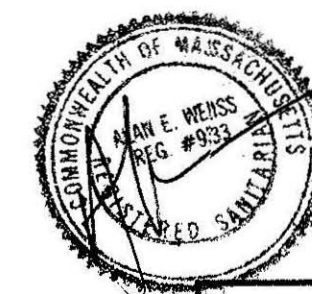
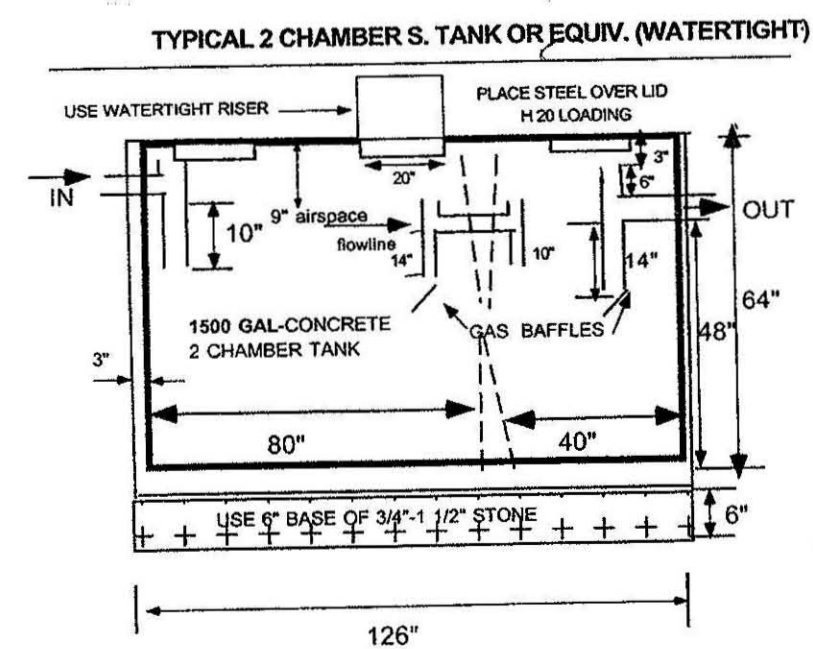
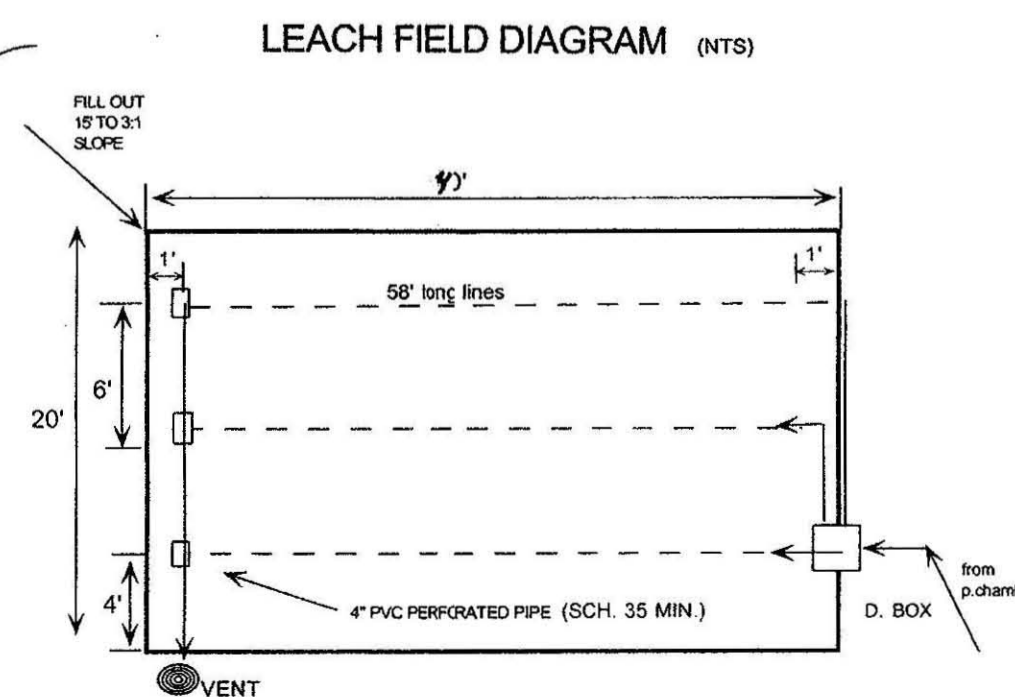
TEST PIT LOGS

TP-4 EL. 502.85'	TP- EL.
0-8" FINE LOAMY SAND, FRIABLE (2.5Y3/3)	A
8-22" FINE LOAMY SAND, FRIABLE (2.5Y 5/4)	BW
32-80" SLIGHTLY FIRM SANDY TILL, 10% STONES AND COBBLES (2.5Y 5/3)	C1
EOP 120" TP-4, ESHWT=52"=498.52' @ TP-4	EOP
NA SEEPS	NA
NA STATIC H2O	NA
120" BEDROCK	NA
52" OXIDES (10 YR 5/6 & 5Y 4/3)	



DESIGN NOTES:

- 1/4" BR. x 110 gal/day = 440 gal./day.
- Use one Leach Field 20' wide x 40' LONG W/6" stone below invert.
Bot. Area: 20' wide x 40' long = 800 sf.
Side Area: NA.
Tot. Area: 800 sf x 0.60 gal.sf. = 480 gal./day.
- NO GARBAGE DISPOSAL ALLOWED
- ALL D. BOX OUTLET PIPES LEVEL FOR 2', ALL PERF./PIPE MIN. SDR .35.
- NO WELLS NOTED WITHIN 100 FEET OF SAS SYSTEM
- NO WETLANDS NOTED WITHIN 100 FEET OF SYSTEM
- PRE & POST CONTOURS NOTED AS NECESSARY.
- RESERVE AREA: NOTED
- SLOPE CALCS NOT APPLIC. (SEE CONTOURS) 3:1 SLOPE MET.
- 2% MIN. SLOPE OVER SAS, SLOPE FINAL GRADE AWAY FROM SILL FOR RUNOFF
- USE new 1500 GAL. S. TANKS AND NEW 1500 + GAL PUMP CHAMBERS W/ PROPER FLOATS AND ALARMS PER 310 CMR 15.231.
- INSTALL TEES IN S. TANK, 1" AT INLET, 1" AT OUTLET
- PERIC TEST BY A.WEISS, ON 8/26/98,
-CLASS II SOILS IDENTIFIED. (SANDY LOAM) FOR LOADING FACTOR
-CLASS II SOIL, @ 0.60 GAL/SF., BM=100 @ PIN IN POLE # 18



SEPTIC REPAIR PLAN FOR TODD RES.
344 FLAT HILLS ROAD AMHERST

SCALE: NOTED	APPROVED BY: I AW	DRAWN BY: AW
DATE: 9/13/99		REVISED:
COLD SPRING ENVIRONMENTAL, INC		DRAWING NUMBER: 98-938-0618A