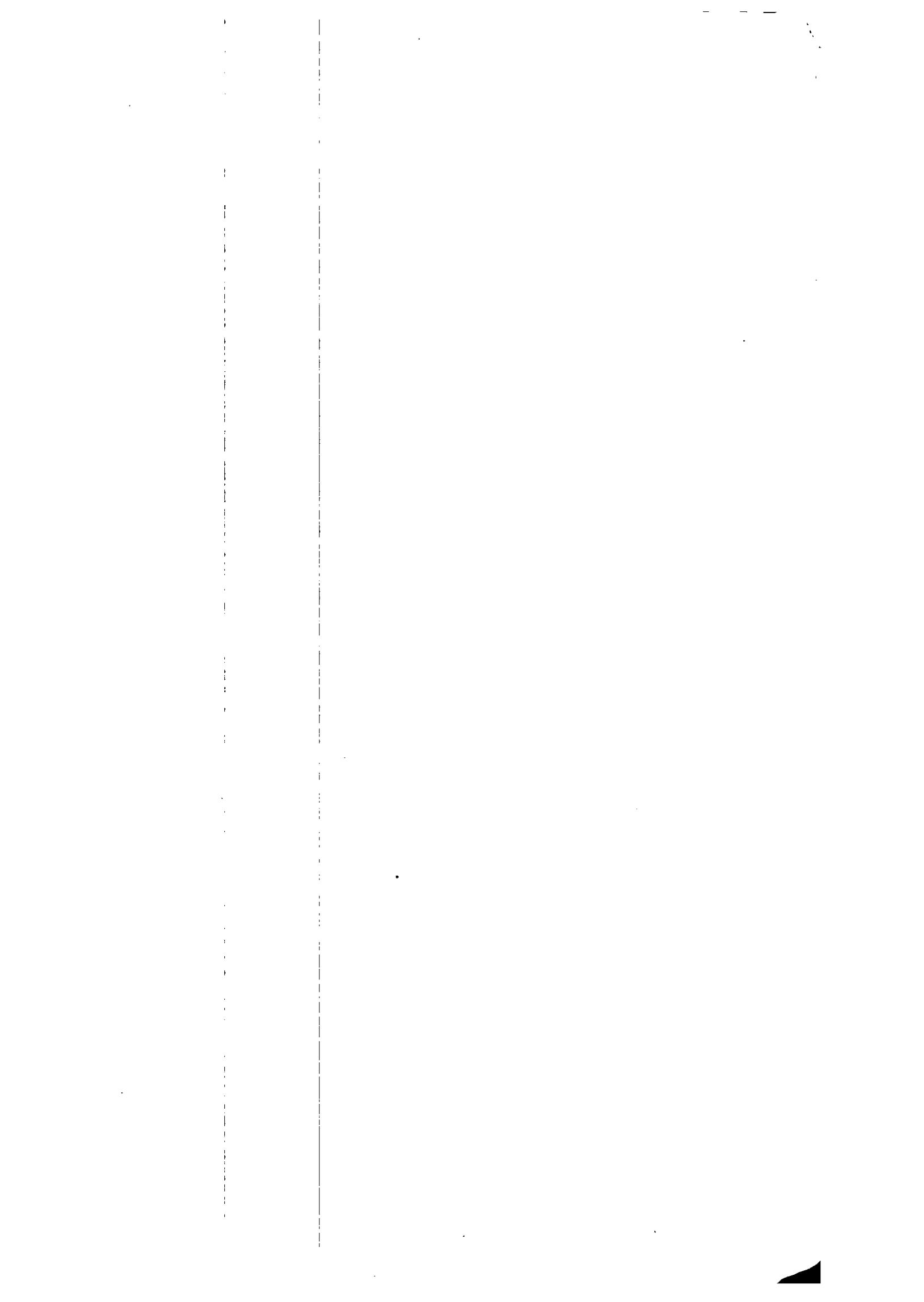


16 Alyssum Drive



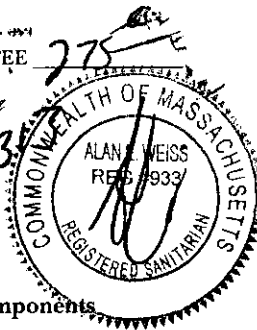
No. 05-15

FEE 275

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location	16 Alyssum Dr.	Owner's Name	Douglas Gagnon
Map/Parcel#		Address	16 Alyssum Dr
Lot#		Telephone#	413.253.5152
Installer's Name		Designer's Name	Alan Weiss R.S.
Address		Address	Belcherbain
Telephone#		Telephone#	413.323.5957

Type of Building Residence Lot Size 42,294 ± sq. ft.
 Dwelling - No. of Bedrooms 3 Bedrooms Garbage grinder
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 466 gpd
 Plan: Date 7/12/05 Number of sheets _____ Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class I
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 6/19/05

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New System

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.
 Signed Douglas Gagnon Date 8/16/05

Inspections _____

No. 05-15

FEE 275

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System
 The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned ()
 by: _____
 at 16 Alyssum Dr.
 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. 05-15 dated _____ Approved Design Flow _____ (gpd)
 Installer Charles A. Brooks Jr.
 Designer: _____ Inspector: Charles Brooks Date: 8/7/06
 The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 05-15

FEE 275

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 _____ as described in the application for
 Disposal System Construction Permit No. 05-15, dated 7/12/05 Rec August 25, 2005

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.
 Date 8/25/05 Board of Health Charles Brooks

11

Commonwealth of Massachusetts
Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL Weiss Date: 6/9/05
Witnessed By: David Zarnacki

Location Address of: Lot #	Owner's Name: <u>Denise Babcock</u> Address of: <u>16 Alissum Drive</u> Telephone: <u>253-5752</u>
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 Reference Reviewed:

CH# 7317
PL 2750
6/9/05 ✓

Determination: Seasonal High Water Table

Methods Used:

- Depth observed standing in observation hole _____ inches
- Depth weeping from side of observation hole _____ inches
- Depth to soil mottles _____ inches
- Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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

Certification

I certify that on _____ (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 _____

FORM 12: Percolation Test

Location Address or Lot #

16 ALYSSUM DRIVE

Commonwealth of Massachusetts

Town of

Amherst

PERCOLATION TEST *

DATE: 6-9-08 TIME:

Observation Hole #	①	
Depth of Perc	50"	
Start Pre-soak	11:30	
End Pre-soak	11:50	
Time at 12"	11:50	
Time at 9"	11:52	
Time at 6"	11:54	
Time (9"-6")	2	
Rate Min./Inch	<2	

*Minimum of one percolation test must be performed in both the primary area and reserve area.

Site Passed

Site failed

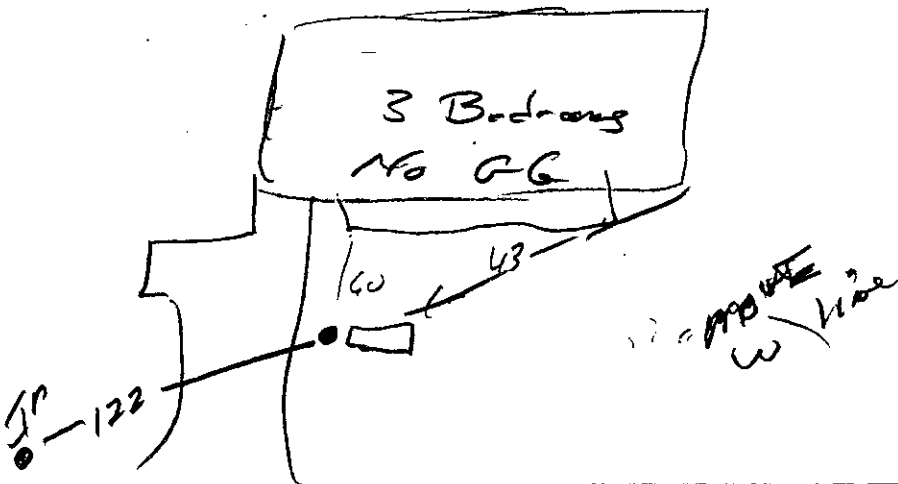
Performed by

AL WEISS

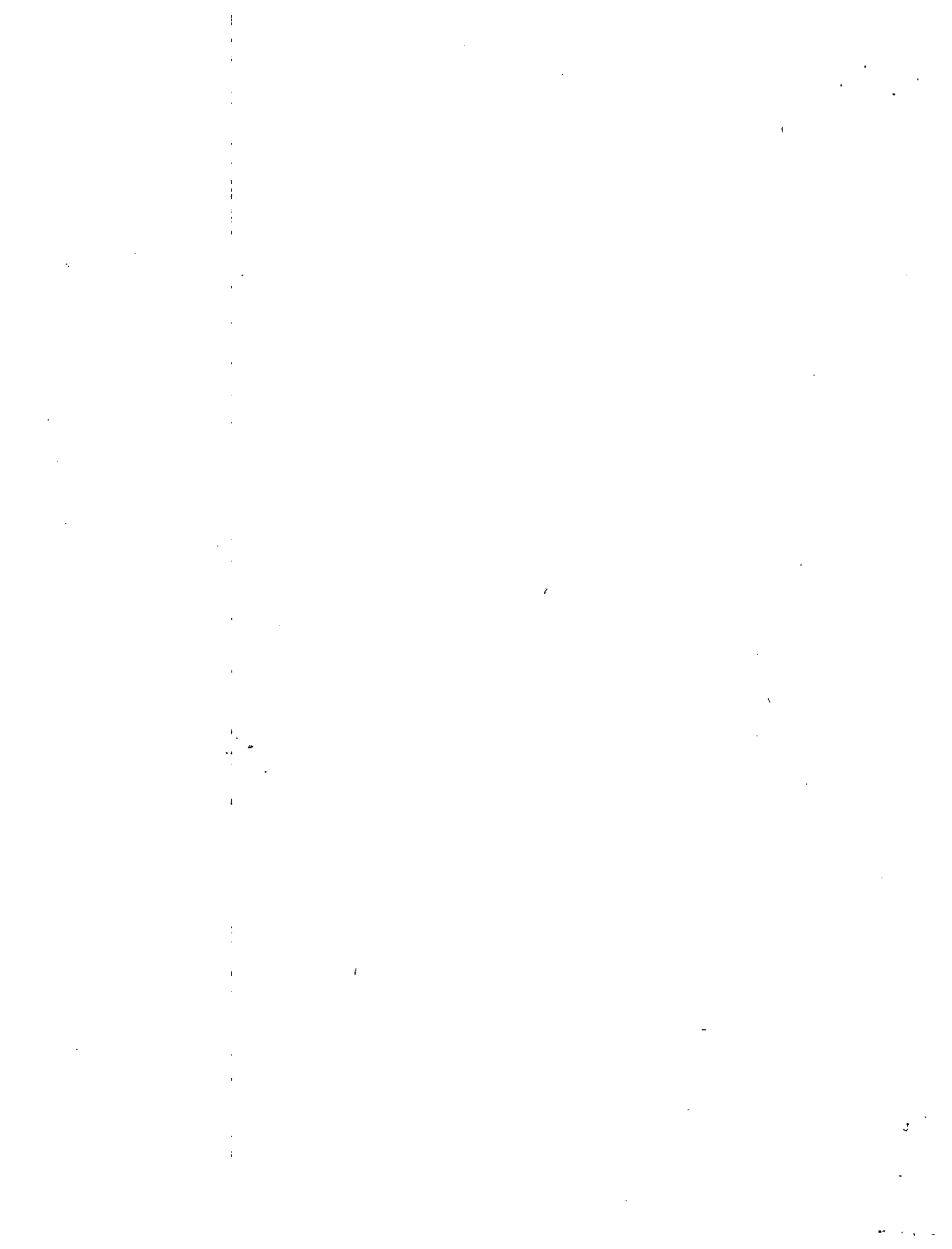
Witnessed by

DAVID ZARUCHI

Comments:



16 ALYSSUM DRIVE



cont 7317
 pt 225^{de}

16 Alyson Drive

On-Site Review

Deep Hole Number ① Date: 6/9/05 Time 11:00
 Weather SUNNY FU
 Location (identify on site plan) _____
 Land Use Residence Slope (%) 2
 Surface Stone _____
 Vegetation: Grass
Leucaena

Landform: _____

Position on Landscape (sketch on back) _____
 Distances from:
 Open Water Body 100' feet Drainageway 100' feet
 Possible Wet Area 100' feet Property Line 100' feet
 Drinking Water Well 100' feet Other _____

FOUR WATER

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
14"	A	FS L	10Y 2/3	—	frangible
26"	Bw	SL	10Y 2/3	—	frangible
120	C ₁	S	5Y 5/6	—	course sand + gravel less than 10% cobbles

Parent Material (geologic) OUTWASH
 Depth to Bedrock 120
 Depth to Groundwater: _____
 Standing Water in the Hole _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water 120'

On-Site Review

Deep Hole Number _____ Date: _____ Time _____
 Weather _____
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____
 Surface Stone _____
 Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____
 Distances from:
 Open Water Body _____ feet Drainageway _____ 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

Parent Material (geologic) _____
 Depth to Bedrock _____
 Depth to Groundwater: _____
 Standing Water in the Hole _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water _____



**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1563

Received of Danielle Dubois Gagnon of 16 Mill Street June
Name Address

For Property Located at: 16 Mill Street June June
Street Address Owner

- | | | | |
|--|---------------|--|---------------|
| HEA009 Bakery
R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>100.00</u> |
| HEA002 Catering License
R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA003 Food Handler
R6510 443515 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA004 Frozen Deserts
R6510 443501 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA034 Immunization Clinic
R6510 432307 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | <u>175.00</u> | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| | | HEA047 Fines
R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: 275.00

Amherst Health Department
 TOWN OF AMHERST
 MISC CASH RECEIPTS
 Date / Time : 06/13/05 16:10
 Payment : \$100.00
 Receipt # : 198405
 Check/Credit Card #: 1563//7317
 T1146

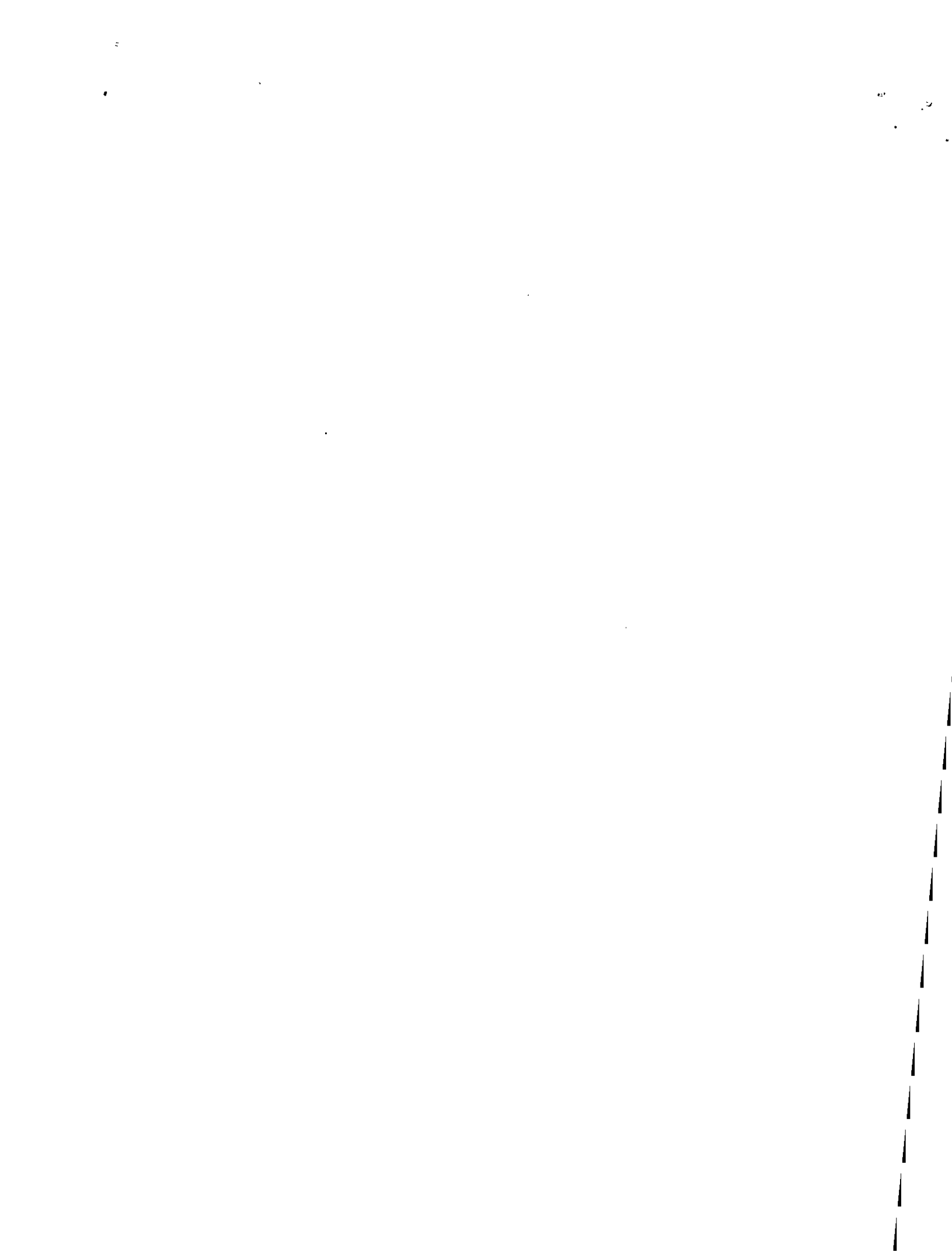
6/19/05
 Date

OFFICE USE ONLY

CHECK #	CASH
TOWN OF AMHERST	T1146
MISC CASH RECEIPTS	
Date / Time	: 06/13/05 16:10
Payment	: \$100.00
Receipt #	: 198404
Check/Credit Card #:	1563//7317
GOLD - Health/Inspections	

paid by
 WHITE - App

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



DENISE MURPHY-GAGNON
 DOUGLAS R. GAGNON
 16 ALYSSUM DR.
 AMHERST, MA 01002

5-13/110
 0033063490


7317

DATE 6-9-05

PAY TO THE ORDER OF Town of Amherst

\$ 275.00

two hundred and seventy-five ⁰⁰/₁₀₀ DOLLARS


 Fleet
 www.fleet.com
 84951 Amherst Office
 Amherst, Massachusetts 01002

MEMO perk and plans

⑆011000138⑆ 00330 63490 7317

POT # 1563
 perc Test.
 Septic Tank
 permit/plans.



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: _____

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

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

Date: 6/9/05

Location Address or Lot # <u>16 Alyssum Dr.</u>	Owner's Name, Address, and Telephone # <u>Douglas & Denise Gagnon 16 Alyssum Dr. Amherst, MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review 3 BR. No Disp.; 22415. (1983)

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: _____



0. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Location Address or Lot No. 16 Ashmun Dr.

On-site Review

Deep Hole Number 1+2 Date: 6-9-05 Time: 11:00 Weather SUN 80°F

Location (identify on site plan) _____

Land Use Forest Res Slope (%) 2 Surface Stones Not

Vegetation grass

Landform 1e me

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 100' feet

Possible Wet Area 100' feet Property Line 50' feet

Drinking Water Well 100' feet Other _____
(Town)

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
TP-1 0-14" 14"-26" 26"-170"	A	FSC	10YR 3/3	Not obs.	Frable Loos
	Bw	SC	10YR 5/6		Frable
	C.	S	10YR 4/4		CPS. Sand + gravel Loose, 10% r. cobbles
C 0-14" 14"-24" 24"-80"	A				
	Bw				
	C.				

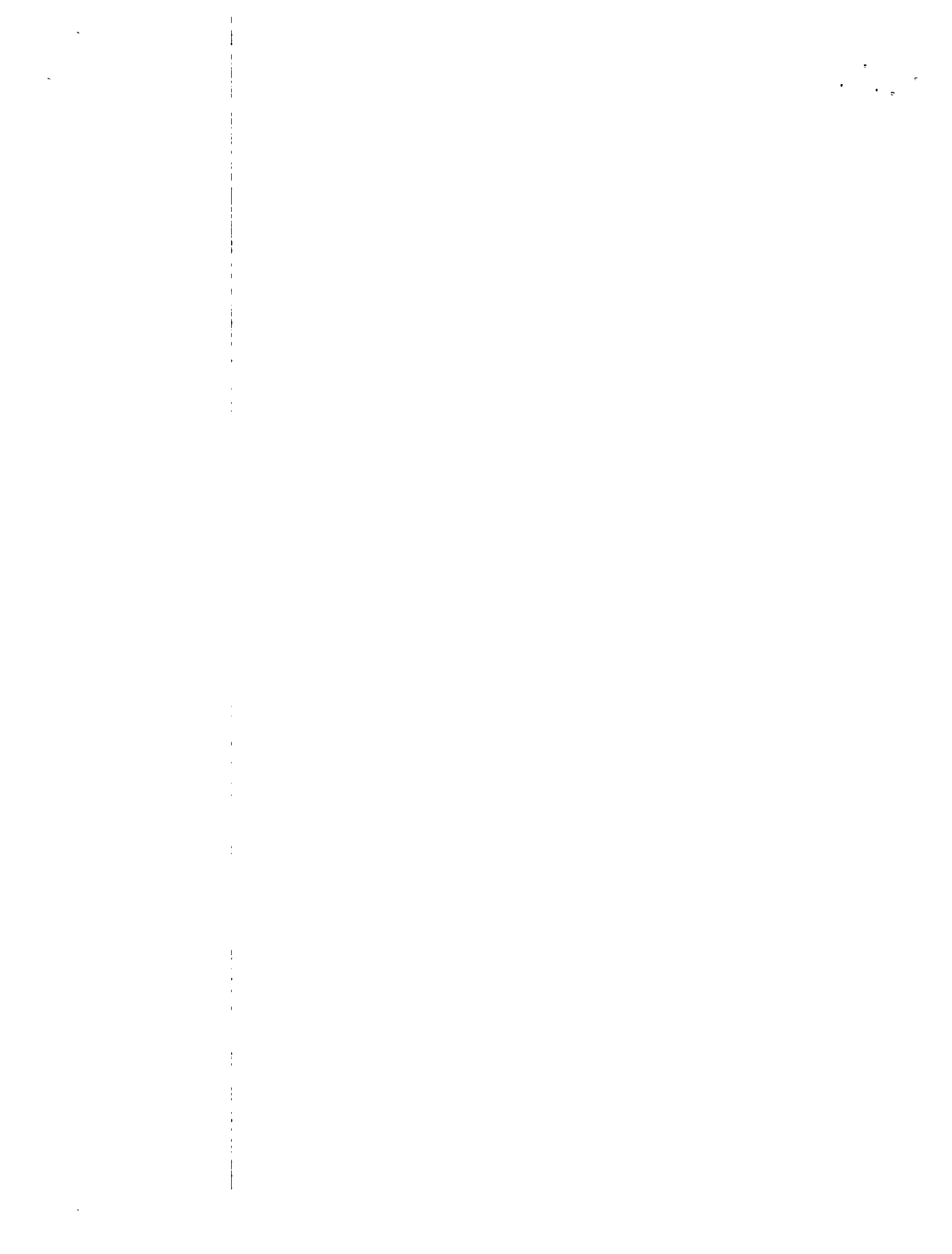
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock: 120"

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

Estimated Seasonal High Ground Water: 170"+





Location Address or Lot No. 16 ALLYSON DR

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

Percolation Test*		
Date: <u>6-9-05</u>		Time: <u>11:00</u>
Observation Hole #	<u>P₁</u>	
Depth of Perc	<u>50"</u>	<u>Repair</u>
Start Pre-soak	<u>11:35</u>	
End Pre-soak	<u>11:50</u>	
Time at 12"	<u>11:50</u>	
Time at 9"	<u>11:52</u>	
Time at 6"	<u>11:54</u>	
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.

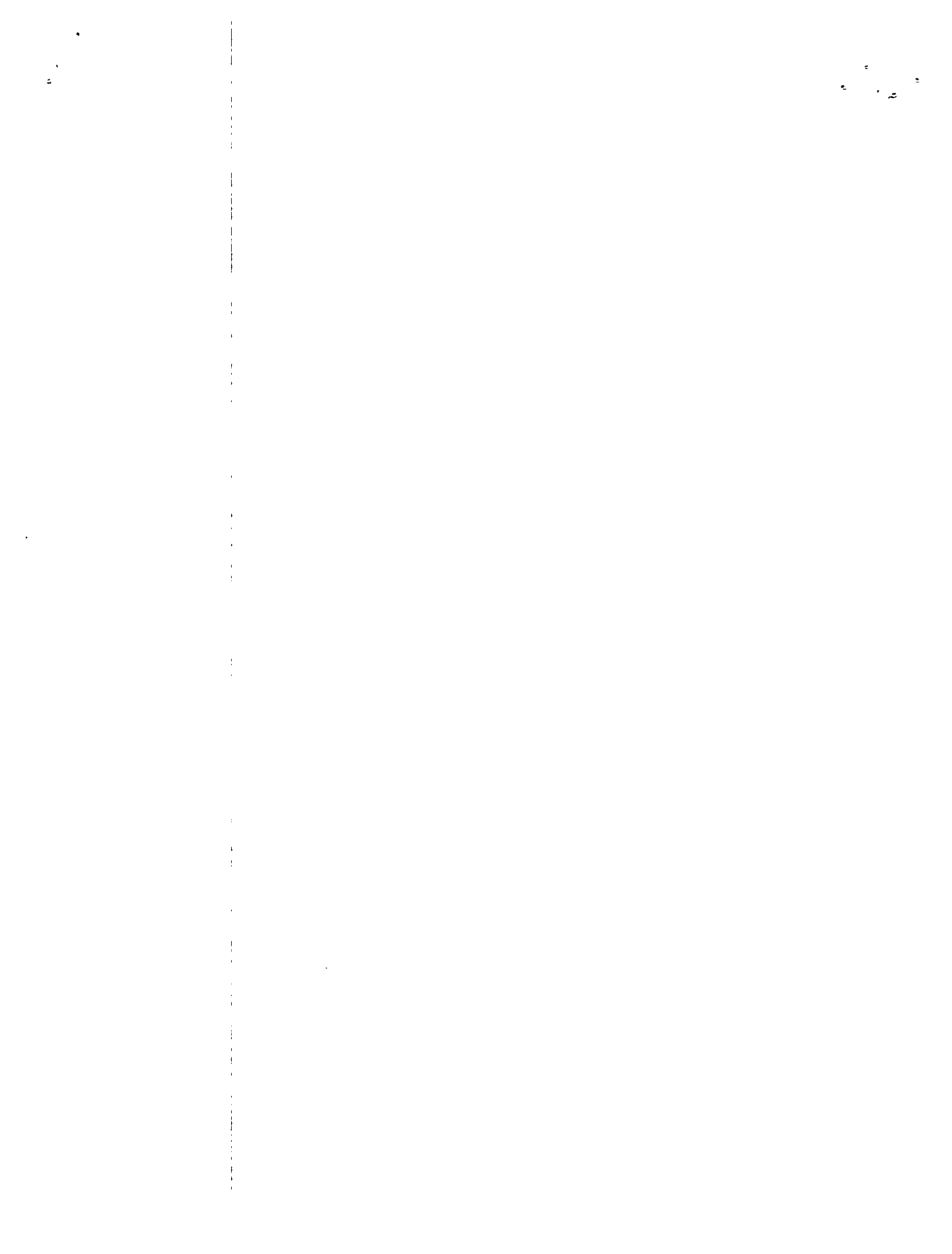
Site Passed Site Failed

Performed By: A. WEISS

Witnessed By: D. ZAROZNSKI

Comments: _____





Location Address or Lot No. 16 Alyssim DR.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles 170 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

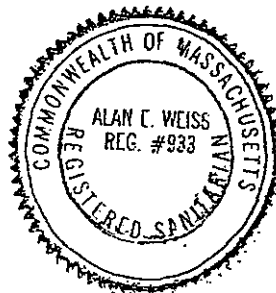
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

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 6-9-05



2011年12月31日