Jason R. Edwards
986 Bay Rd

Pd
25-00
Plan Review
CK # 48737

5-11-09
986 Bay Rd. Dave W.

Barn – no app.
Some wetlands
Town has water pump
station
Notice of Intent ~~form their~~
from Con Com.

New

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

1188

Received of JASON EDWARDS (Name) of P.O. BOX 3158 AMHERST, MA (Address)

For Property Located at: 986 BAY ROAD (Street Address) JASON EDWARDS (Owner)

HEA009	Bakery R6510 443509	
HEA001	Bed & Breakfast R6510 443516	
HEA002	Catering License R6510 443507	
HEA003	Food Handler R6510 443515	
HEA004	Frozen Deserts R6510 443501	
HEA005	Health Dept. Housing Isp. R6510 432302	
HEA006	Massage Therapy License R6510 443504	
HEA008	Motel License R6510 443506	
HEA010	Removal of Offal R6510 443513	
HEA021	Removal of Rubbish R6510 443520	
HEA011	Percolation Test Fees R6510 432300	
HEA013	Recreation Camp License R6510 443503	
HEA014	Retail Store Permit R6510 443514	
HEA015	Sanitary Code Booklets R6510 432305	
HEA016	Septic Tank Permit-Installers R6510 443511	
HEA017	Septic Tank Permit-Private R6510 443510	Revised @ 75-00
HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA019	Sub-Division Review Fee R6510 432306	
HEA012	Swimming Pool Permits R6510 443512	
HEA020	Tanning License R6510 443509	
HEA034	Immunization Clinic R6510 432307	
HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA022	Tobacco License R6510 443505	
HEA042	Body Arts / Tatoo R6510 443521	
HEA043	Food Service Plan Review R6510 432308	
HEA044	Porta Potties R6510 432309	
HEA045	Ice Rinks R6510 443522	
HEA046	Rental Registration R6510 432310	
HEA047	Fines R6510 48200	
HEA		
HEA		

$ 75-00

Security enhanced document. See back for details.

Complete LANDSCAPE Service DESIGNING AND PLANTING

JASON R. EDWARDS D/B/A
CURB TO CURB LAWN CARE
P.O. BOX 3158 PH. 413-253-0876
AMHERST, MA 01004-3158

FLORENCE SAVINGS BANK
85 MAIN STREET, FLORENCE, MA 01062

4873

53-7168/2118

DATE 7/21/04

PAY TO THE ORDER OF Town of Amherst $ 75 00/100

Seventy-five and 00/100 DOLLARS

Security features are included. Details on back.

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNTS

Mary E. Thompson MP

⑈004873⑈ ⑆211871688⑆ 06 28 000298⑈

GUARDIAN ® SAFETY ©Clarke American FK

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

1188

Received of JASON EDWARDS (Name) of P.O. BOX 3158 AMHERST, MA (Address)

For Property Located at: 986 BAY ROAD (Street Address) JASON EDWARDS (Owner)

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HEA044	Porta Potties R6510 432309	
HEA045	Ice Rinks R6510 443522	
HEA046	Rental Registration R6510 432310	
HEA047	Fines R6510 48200	
HEA		
HEA		

TOTAL FEE: $75.00

PAID

Shemar Sten
Amherst Health Department

8/2/04
Date

OFFICE USE ONLY

CHECK #	CASH
4873	

NTSC CASH RECEIPTS
Date / Time : 08/03/04 10:01
Payment : $75.00
Receipt # : 113800
Check/Credit Card #: 4873
Paid by : JASON EDWARDS

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

WHITE – Applicant YELLOW – Collector PINK – Accounting GOLD – Health / Inspections

04-09

No. ~~02-19~~ ~~Revised~~

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

FEE 75.00

CK# 4873

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

986 Bay Rd Location	Jason R. Edwards Owner's Name
30A/4 Map/Parcel #	P.O. Box 3158, Amherst, MA Address
11 Lot #	(413) 237-3732 01004-3158 Telephone #
Jason Edwards Installer's Name	Richard E. Costa Ft Robert Stover Amherst Civil Engineering Designer's Name
Address	P.O. Box 3312, Amherst, MA Address
(413) 237-3732 Telephone #	(413) 256-3400 01004-3312 Telephone #

Type of Building: Single family house Lot Size 28.84 ~~Sq. feet~~ Acres

Dwelling — No. of Bedrooms 4 Garbage Grinder (no)

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

Other fixtures _____

Design Flow (min. required) 440 gpd Calculated design flow 480 gpd Design flow provided _____ gpd

Plan: Date 10/1/02 Number of sheets 1 Revision Date 7/29/04

Title "Plan of Sewage Disposal System"

Description of Soil(s) Attached

Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Stover Date of Evaluation 7/20/04

DESCRIPTION OF REPAIRS OR ALTERATIONS _____

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

Signed Jason R Edwards Date 7-29-04

Inspections _____

FORM 1 - APPLICATION FOR DSCP **DEP APPROVED FORM 5/96**

No. 04-09

THE COMMONWEALTH OF MASSACHUSETTS

Amherst BOARD OF HEALTH

FEE

COMMONWEALTH OF MASSACHUSETTS Richard E. Costa Civil No. 37449 REGISTERED PROFESSIONAL ENGINEER

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** (X) **Complete System**

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

by: Jason R. Edwards

at 986 Bay Rd.

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. 04/09 dated _____. Approved Design Flow 480 (gpd)

Installer Jason Edwards

Designer: Robert Stover 8/30/04 for Amherst Civil Engineering Inspector Thomas Dolan Date 8/30/04

7/30/04

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

FORM 3 - CERTIFICATE OF COMPLIANCE **DEP APPROVED FORM 5/96**

No. 04-09

THE COMMONWEALTH OF MASSACHUSETTS

Amherst BOARD OF HEALTH

FEE 75.00 Pd

CK# 4873

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct (X) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 986 Bay Rd. as described in the application for Disposal System Construction Permit No. 04-09, dated 10/1/02.

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

Date 10/2/0 Board of Health David Bayenda for Amherst Health Dep.

FORM 2 - DSCP **DEP APPROVED FORM 5/96**

FORM 1255 (REV 5/96) H&W HOBBS & WARREN™ PUBLISHERS - BOSTON

No. _____ Date: 7/20/04

Commonwealth of Massachusetts
Amherst, **Massachusetts**

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover **Date:** 7/20/04
Witnessed By: David Zanozinski

Location Address or Lot # 986 Bay Rd Lot 11 Assessor's 30A/4 New Construction ☒ Repair ☐	Owner's Name, Address, and Telephone # Jason R. Edwards Box 3158 Amherst, MA 01004-3158 (413) 237-3732

Office Review

Published Soil Survey Available: No ☐ Yes ☒
Year Published 1981 Publication Scale 1:15840 Soil Map Unit Wa
Drainage Class C 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. 986 Bay Rd

On-site Review

Deep Hole Number 3 **Date:** 7/20/04 **Time:** 2:30 **Weather** ptly cldy 85°
Location (identify on site plan) See plan
Land Use residential **Slope (%)** 7-9 **Surface Stones** none
Vegetation white pine, red maple, Beech
Landform outwash terrace
Position on landscape (sketch on the back)
Distances from:

Open Water Body 200 feet + **Drainage way** none feet
Possible Wet Area 100 feet + **Property Line** 30 feet ±
Drinking Water Well 200 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)
0-6	A	FSL	7.5YR 3/3	none	Loose to friable
6-18	Bw	FSL	10YR5/6	none	friable structureless no gravel or stones
18-66	C_1	FS		@ 36" 7.5YR5/6 7.5YR5/2	Firm. w/ med to fine gravel
66-96	C_2	VFLS	10YR5/3	Between strates 10YR5/6	Firm to very firm

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash **Depth to Bedrock:** > 96"
Depth to Groundwater: **Standing Water in the Hole:** none **Weeping from Pit Face:** none
Estimated Seasonal High Ground Water: 36"

4 Bdrms No GG

Location Address or Lot No. 986 Bay Rd Amherst

On-site Review

Deep Hole Number 4 Date: 7/20/04 Time: 2:45 Weather ptly cldy
Location (identify on site plan) see plan
Land Use residential Slope (%) 7-8 Surface Stones none
Vegetation white pine, red maple, beech
Landform Kame terrace
Position on landscape (sketch on the back)
Distances from:

Open Water Body 200 feet + Drainage way none feet
Possible Wet Area 100 feet + Property Line 25 feet
Drinking Water Well 200 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)
0-5	A	FSL	7.5YR 3/3	none	loose to friable
5-18	Bw	FSL	10YR5/6	none	friable and structureless no gravel or stones
18-66	C_1	FS	10YR6/3	@36" 7.5YR5/6 7.5YR5/3	firm w/ med + fine gravel
66-100	C_2	VFLS	10YR5/3	Between strata 10YR5/6	very firm stratified

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Depth to Bedrock: >100"
Depth to Groundwater: Standing Water in the Hole: none Weeping from Pit Face: none
Estimated Seasonal High Ground Water: 36"

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 986 Bay Road

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*

Date: 7/20/04 Time: 1:27 PM.

Observation Hole #	3	
Depth of Perc	45"	
Start Pre-soak	1:27	
End Pre-soak	2:03	
Time at 12"	2:03	
Time at 9"	2:04	
Time at 6"	2:14	
Time (9"-6")	7	
Rate Min./Inch	2.33	

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

Site Passed ☒ Site Failed ☐

Performed By: Robert Stover

Witnessed By: David Zalozinski

Comments: see also perc results from 1/17/02

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. 986 Bay Rd.

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole ..... inches
- ☐ Depth weeping from side of observation hole ..... inches
- ☒ Depth to soil mottles 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

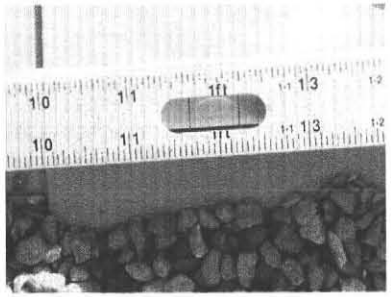
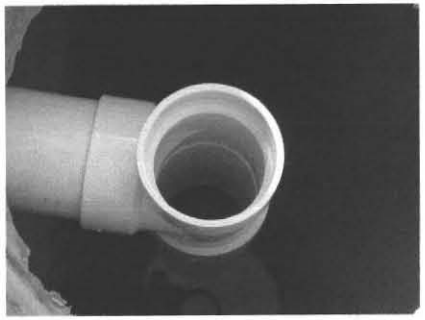
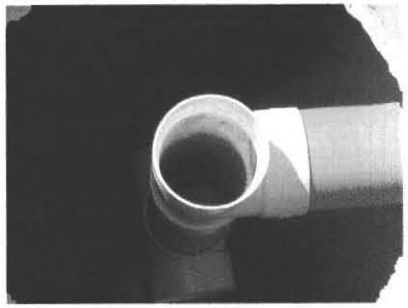
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

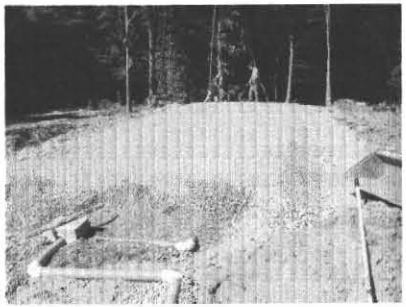
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on 6/1993 (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 Robert Stover Date 7/20/04



8/30/04

I ADVISED OWNER JASON EDWARDS TO INSTALL SPEED LEVELERS IN D-BOX AND TO CUT OUTLET TEE TO BE BELOW 3" FROM BOTTOM OF COVER IN SEPTIC TANK

Jason Stover

986 Bay Road 8/30/04
Installer: Jason Edwards
Engineer: Bob Stover

FORM 11: Soil Evaluation Form NO: _____

Commonwealth of Massachusetts
Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: _____ Date: _____
Witnessed By: _____

Location Address of: Lot #	Owner's Name: Address of: Telephone:
New Construction ☐ Repair ☐	

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:

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 feed 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 _____

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 Ares _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	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 _____

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:

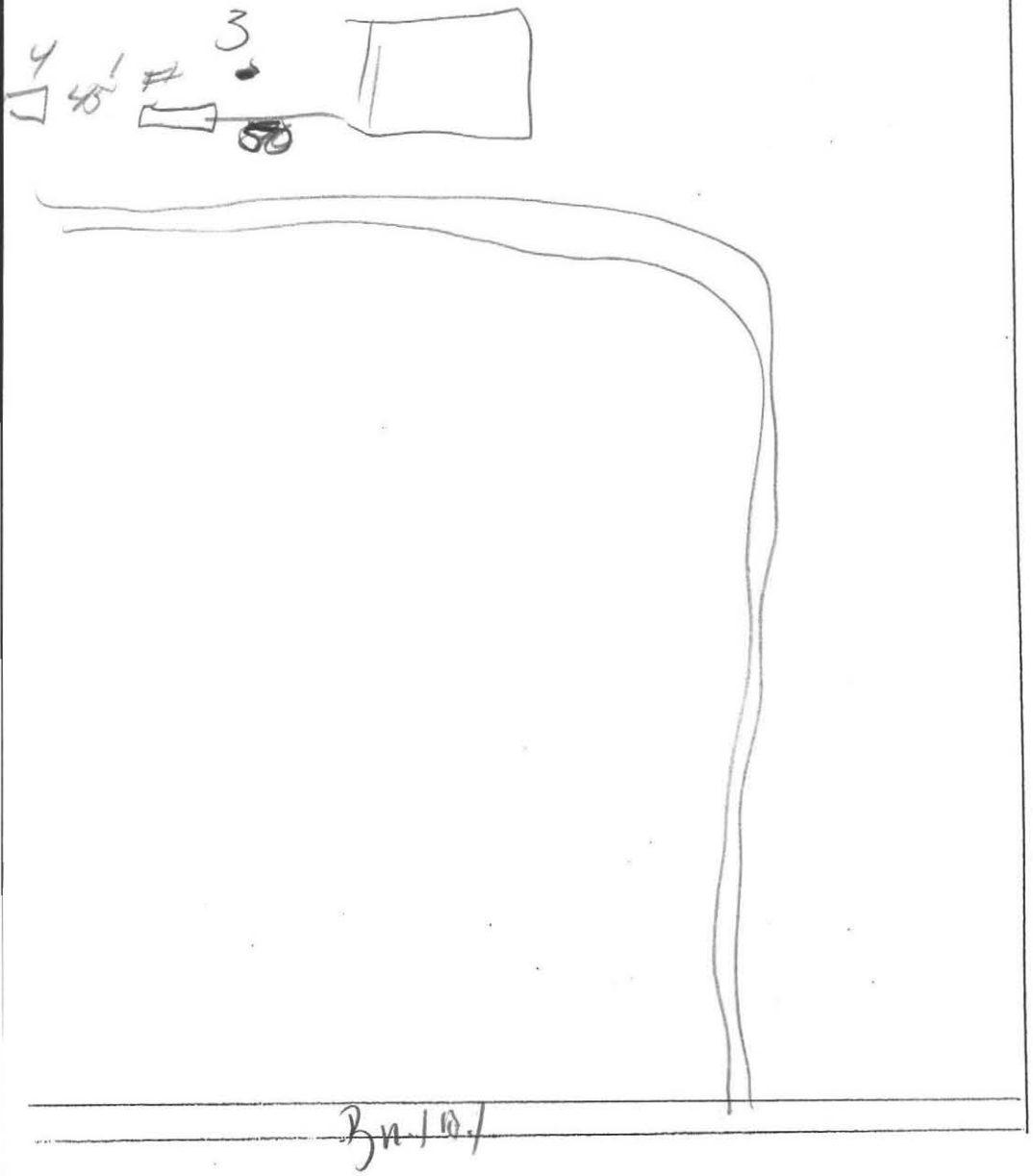
Open Water Body _____ feet Drainageway _____ feet
Possible Wet Ares _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	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 _____



FORM 12: Percolation Test
Location Address or Lot # 986 Bay Rd

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST *		
DATE: 7/20/04		TIME:
Observation Hole #	3	
Depth of Perc	48	
Start Pre-soak	1:27	
End Pre-soak	2:03	
Time at 12"	2:03	
Time at 9"	2:07	
Time at 6"	2:14	
Time (9"-6")	7	
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 Bob Stover

Witnessed by David Tamm

Comments:

ck# 2641

No. 3103

TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

Received of Amherst Civil Engineering (Name) of P.O. Box 3312 (Address)

For Property Located at: Bay Rd (Street Address) Edwards (Owner)

HEA009	Bakery R6510 443508		HEA015	Sanitary Code Booklets R6510 432305	
HEA001	Bed & Breakfast R6510 443516		HEA016	Septic Tank Permit-Installers R6510 443511	
HEA002	Catering License R6510 443507		HEA017	Septic Tank Permit-Private R6510 443510	(1) 25.00
HEA003	Food Handler R6510 443515		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA004	Frozen Deserts R6510 443501		HEA019	Sub-Division Review Fee R6510 432306	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA012	Swimming Pool Permits R6510 443512	
HEA006	Massage Therapy License R6510 443504		HEA020	Tanning License R6510 443509	
HEA007	Milk & Cream License R6510 443500		HEA024	Funeral Director License R6510 443502	
HEA008	Motel License R6510 443506		HEA034	Immunization Clinic R6510 432307	
HEA010	Removal of Offal R6510 443513		HEA030	Car Seats 8407 258004	
HEA021	Removal of Rubbish R6510 443520		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA011	Percolation Test Fees R6510 432300		HEA023	TB Clinic R6510 432303	
HEA013	Recreation Camp License R6510 443503		HEA022	Tobacco License R6510 443505	
HEA014	Retail Store Permit R6510 443514		HEA		
			HEA		

TOTAL FEE: $25.00

Kelli Kydd
~~Inspeciton Services~~/Health Department

10/3/02
Date

AMHERST CIVIL ENGINEERING
P.O. BOX 3312
AMHERST, MA 01004-3312

2641

Date 10/3/02

29-7003/2213
419

Pay to the Order of Town of Amherst $ 25.00

twenty five and no/100 Dollars

Security features are included. Details on back.

CHARTER ONE BANK
charterone.com
Belchertown Branch

For Edwards permit fee Robert W. Stover

MP

⑆221370030⑆ ⑈4190001737⑈ 2641

©Clarke American

GUARDIAN® SAFETY BLUE WBL

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

White - Applicant *Yellow - Collector* *Pink - Accounting* *Gold - Health/Inspections*

AMHERST CIVIL ENGINEERING
P.O. BOX 3312
AMHERST, MA 01004-3312

2641

Date 10/3/02

29-7003/2213
419

Pay to the Order of Town of Amherst $ 25.00

twenty five and no/100 Dollars

Security features are included. Details on back.

CHARTER ONE BANK
charterone.com
Belchertown Branch

For Edwards permit fee

Robert W. Stover

MP

⑆221370030⑆ ⑈4190001737⑈ 2641

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GUARDIAN® SAFETY BLUE WBL

10/3/02

Jason

Edwards

Fee Permit

for Bay Road

Plans #

B.O.B Pd 25.00

(Fee Endorse)

No. _____ Date: _____

Commonwealth of Massachusetts
Amherst, **Massachusetts**

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover **Date:** 1/17/02
Witnessed By: David Zarozinski

Location Address or Lot # Bay Road Lot 11 Map 30A, Parcel 4	Owner's Name, Address, and Telephone # Jason R. Edwards P.O. Box 3158 Amherst, MA 01004-3158 (413) 237-3732
New Construction ☒ Repair ☐	

Office Review

Published Soil Survey Available: No ☐ Yes ☒
Year Published 1981 Publication Scale 1:15840 Soil Map Unit Wa
Drainage Class C 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 ☒ December 2001
Other References Reviewed:

Location Address or Lot No. 1000 ? Bay Rd. Amherst

On-site Review

Deep Hole Number 1 **Date:** 1/17/02 **Time:** 11:15 **Weather** 32°, overcast very light snow
Location (identify on site plan) see sketch
Land Use light woods **Slope (%)** 2 **Surface Stones** none
Vegetation white pine, red maple, beech saplings
Landform outwash terrace
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 50 feet ±
Drinking Water Well 200 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 - 5	A	FSL	7.5YR3/3	none	loose to friable
5 - 18	Bw	FSL	10YR5/6	none	friable massive no gravel - stones
18 - 66	C1	FSL	10YR4/3	@34" 7.5YR5/6 + 7.5YR5/2	Firm med + fine gr.
66 - 135	C2	SL	10YR5/3	between strates 10YR5/6	compact - stratified

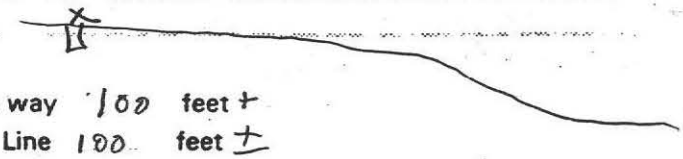
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash **Depth to Bedrock:** >135"
Depth to Groundwater: **Standing Water in the Hole:** 132" **Weeping from Pit Face:** 103"
Estimated Seasonal High Ground Water: 34"

Location Address or Lot No. 1000(?) Bay Rd., Amherst

On-site Review

Deep Hole Number 2 **Date:** 1/17/02 **Time:** 10:15 **Weather** overcast 32° light snow
Location (identify on site plan) see sketch
Land Use light woods **Slope (%)** 2 **Surface Stones** none
Vegetation wh. pine, red maple, beech saplings
Landform outwash plain
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	100 feet ±
Drinking Water Well	town water 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 - 9	A	FSL	7.5YR 3/3	none	loose to Friable
9 - 26	BW	FSL	10YR5/6	none	Friable, massive no coarse frag
26-74	C1	FSL	10YR6/3	@34 7.5YR 5/6	fine to med gravel Firm
74-126	C2	SL	10YR5/3	7.5YR5/2 Between varves 10YR5/6	compact - varves stratified

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash **Depth to Bedrock:** >129

Depth to Groundwater: **Standing Water in the Hole:** none **Weeping from Pit Face:** 122"

Estimated Seasonal High Ground Water: 34"

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 1000? Bay Road

COMMONWEALTH OF MASSACHUSETTS

Amherst , Massachusetts

Percolation Test*

Date: 1/17/02 Time: 10:20 AM

Observation Hole #	1	2
Depth of Perc	38"	40"
Start Pre-soak	10:52	10:21
End Pre-soak	11:07	10:36
Time at 12"	11:07	10:36
Time at 9"	11:09	11:06
Time at 6"	11:16	11:36
Time (9"-6")	7	30
Rate Min./Inch	2.33	10

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

Site Passed ☒ Site Failed ☐

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments:

DEP APPROVED FORM - 12/05/96

Location Address or Lot No. Lot 11, Bay Rd, Amherst

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 34 inches both test pits
- ☐ 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 6/1993 (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 Robert Stover Date 1/17/02

Perc test and Deep Observation Holes at Roberge Property Bay Road
Engineer: Bob Stover

Perc test and Deep Observation Holes at Roberge Property Bay Road
Engineer: Bob Stover

1/17/01
CH# 6095
225

FORM 11: Soil Evaluation Form NO: _____

Commonwealth of Massachusetts
Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: Robert Stowe Date: 01/17/02
Witnessed By: David Jarozewski

Location Address of: Lot #	Owner's Name: Jason Edwards Address of: Telephone:
New Construction ☑ Repair ☐	

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:

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 feed 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 _____

On-Site Review

Deep Hole Number (1) Date: 01/17/02 Time 9:30 AM
Weather Cloudy (Snow) 30°
Location (identify on site plan)
Land Use Forrest Slope (%) -2%
Surface Stone None
Vegetation: White Pine Red Maple Beach

Landform:

Position on Landscape (sketch on back)
Distances from:
Open Water Body 200 feet Drainageway — feet
Possible Wet Ares 100 feet Property Line 120± feet
Drinking Water Well 200 feet Other — Stream 200±

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
9	A	FSL	7.5YR 3/3	—	Loose - Friable
26	Bw	FSL	10YR 5/6	34"	Friable Massive
74	C1	FSL	10YR 6/3		Fine - Med Gravel Firm
126"	C2	FSL Loam	10YR 5/3		Platelet

Parent Material (geologic) OUTWASH
Depth to Bedrock 126"
Depth to Groundwater :
Standing Water in the Hole 126"
Weeping from Pit Face 122
Estimated Seasonal High Water 34"

On-Site Review

Deep Hole Number (2) Date: 01/17/02 Time 9:30 AM
Weather Cloudy Snow 30's
Location (identify on site plan)
Land Use Slope (%)
Surface Stone
Vegetation: Same as #1

Landform:

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

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
5	A	FSL	7.5YR 3/3		
18	Bw	FSL	10YR 5/6	34"	Same
66	C1	FSL	10YR 6/3	10YR 5/6	
135	C2	Silt Loam	10YR 5/3		

Parent Material (geologic) OUTWASH
Depth to Bedrock 135
Depth to Groundwater :
Standing Water in the Hole 132
Weeping from Pit Face 103"
Estimated Seasonal High Water 34

LOCATION

- See Field NOTES -

Bay Road

FORM 12: Percolation Test
Location Adrress or Lot # Bay Road

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST *		
DATE: 01/17/02		TIME:
Observation Hole #	1	2
Depth of Perc	38"	40"
Start Pre-soak	10:52	10:21
End Pre-soak	11:07	10:36
Time at 12"	11:07	10:36
Time at 9"	11:09	11:06
Time at 6"	11:16	11:36
Time (9"-6")	7	30
Rate Min./Inch	2+	10

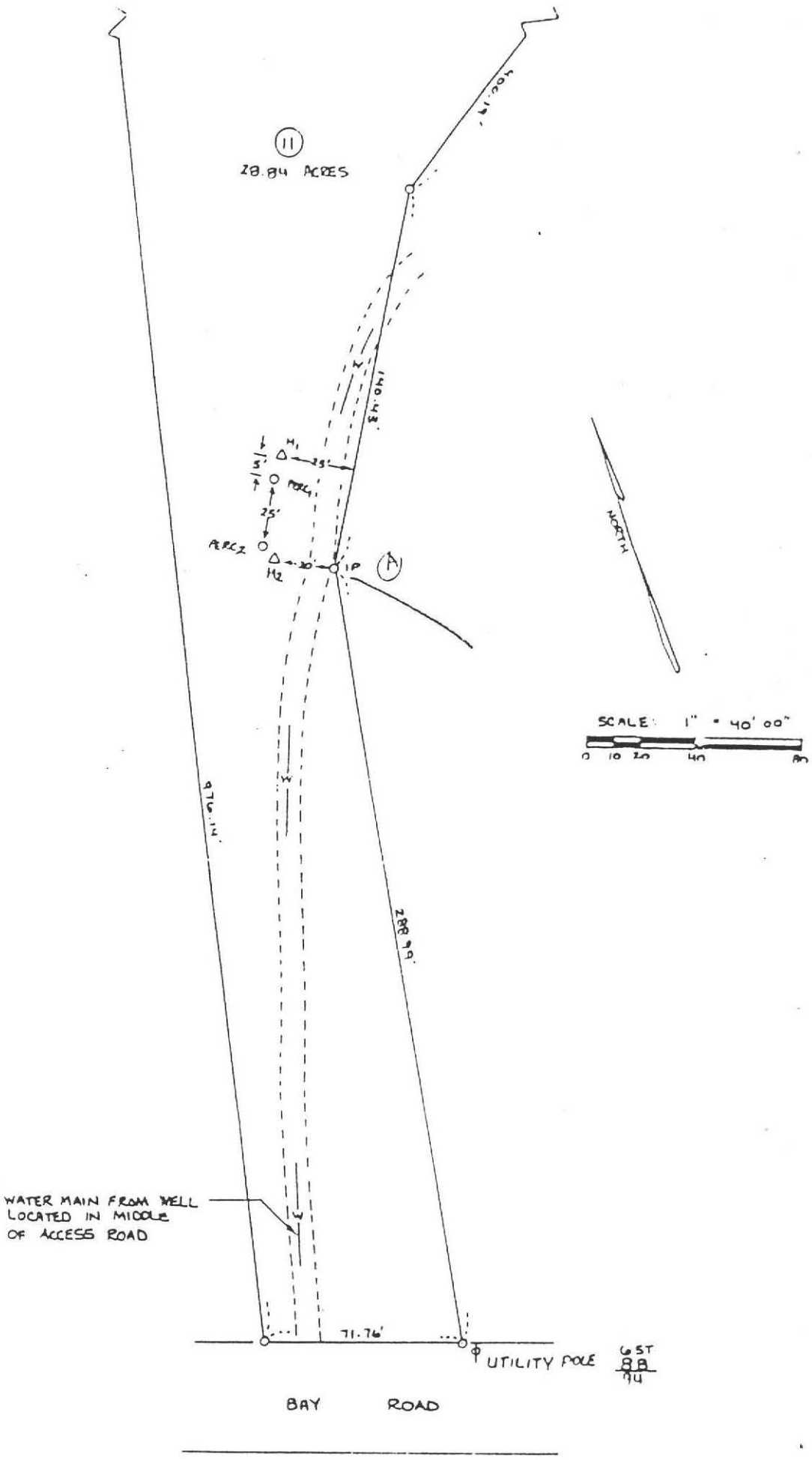
**Minimum of one percolation test must be performed in both the primary area and reserve area.*

Site Passed ☐ Site failed ☐

Performed by Robert Steven Civil Eng.

Witnessed by David Zarzeinski

Comments:



11
28.84 ACRES
400.19'
140.43'
H1
25'
5'
PERC1
25'
PERC2
H2
20'
IP
A
NORTH
SCALE: 1" = 40' 00"
0 10 20 40 80
976.14'
288.99'
WATER MAIN FROM WELL
LOCATED IN MIDDLE
OF ACCESS ROAD
71.76'
UTILITY POLE
6ST
8B
94
BAY ROAD

JASON Edwards
110 MIDDLE ST
HADLEY MA
584-3355

0095
5-7017/2110

Date 01/17/02

Pay to the order of TOWN of Amherst $ 225

Two hundred twenty-five Dollars

Security features are included. Details on back.

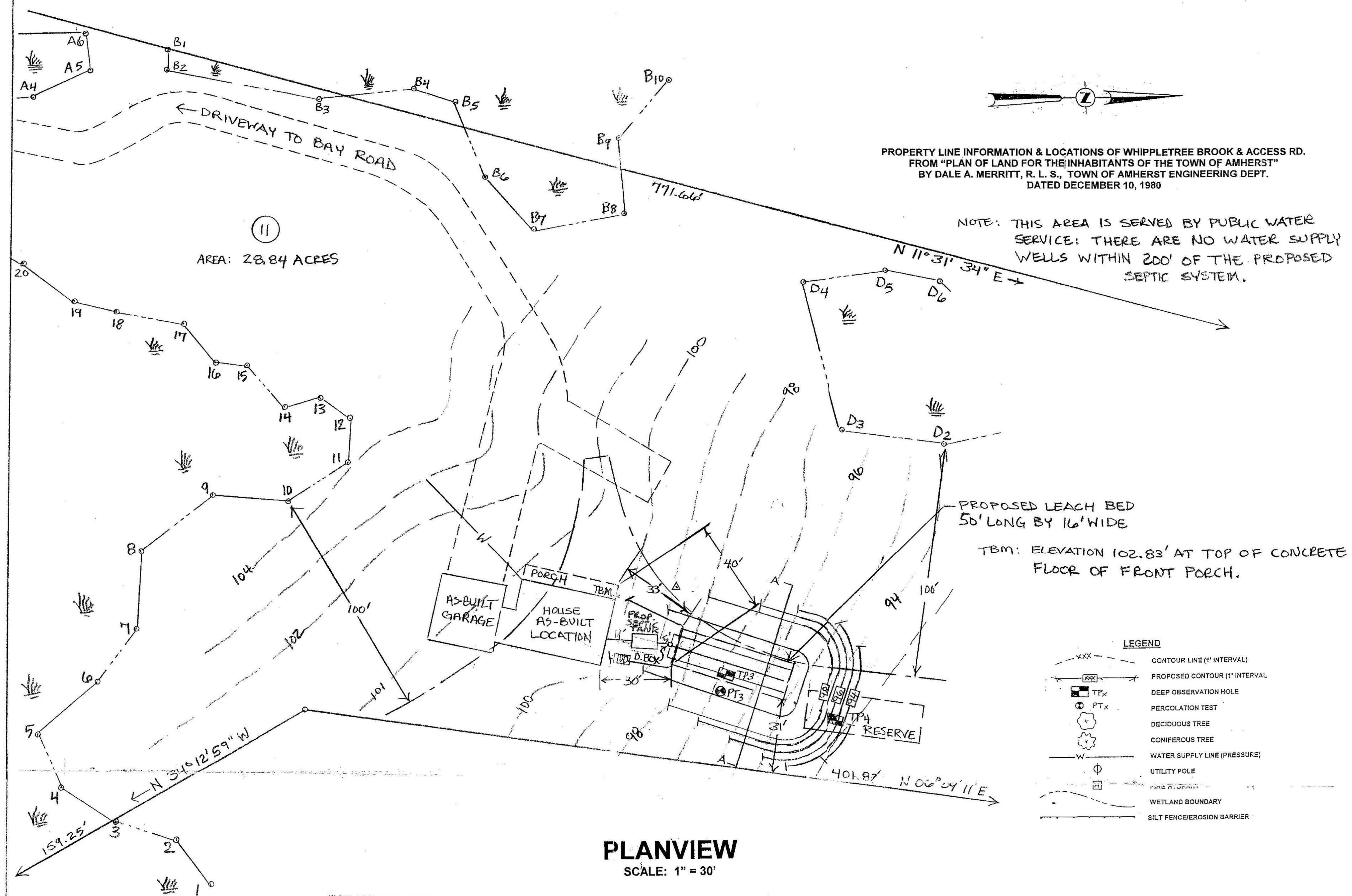
CITIZENS BANK
Massachusetts

For

Jason Edwards

⑆211070175⑆ 1134791779⑈ 0095

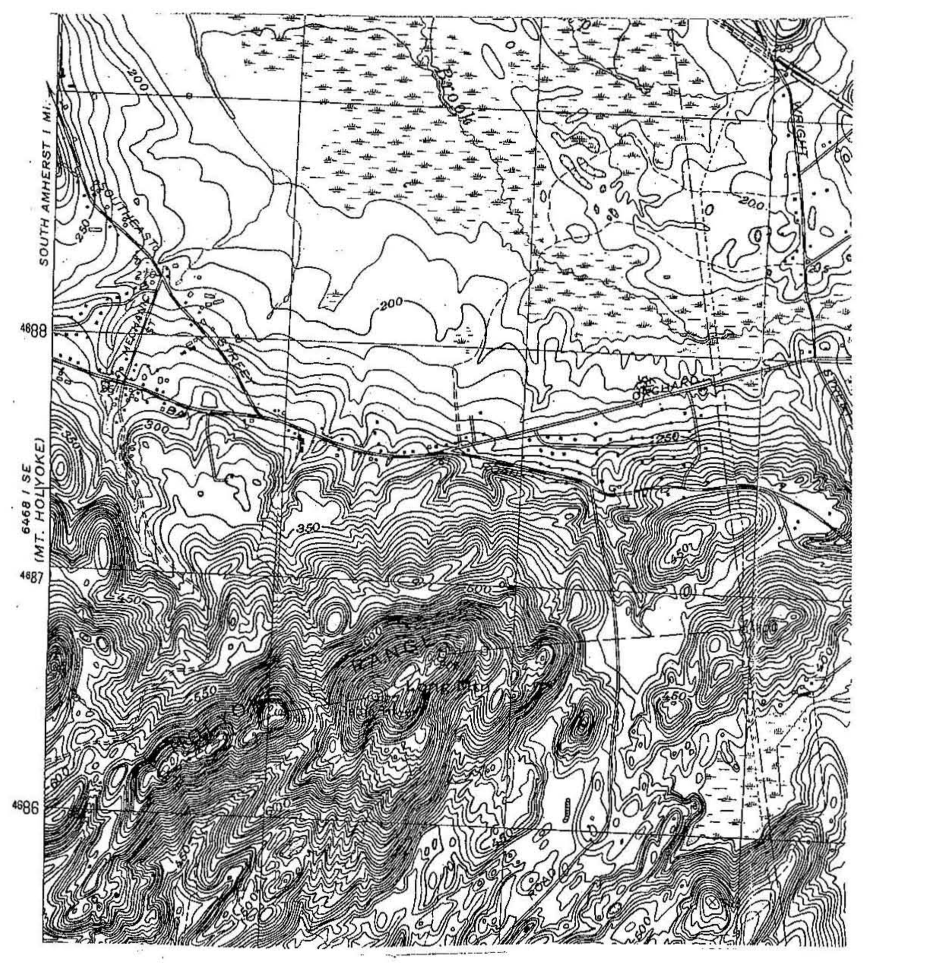
©Clarke American



PROPERTY LINE INFORMATION & LOCATIONS OF WHIPPLETREE BROOK & ACCESS RD. FROM "PLAN OF LAND FOR THE INHABITANTS OF THE TOWN OF AMHERST" BY DALE A. MERRITT, R. L. S., TOWN OF AMHERST ENGINEERING DEPT. DATED DECEMBER 10, 1980

PLANVIEW

SCALE: 1" = 30'



PROJECT LOCATION

USGS BELCHERTOWN, MASS. QUADRANGLE

SCALE: 1 : 25 000

SOIL EVALUATION

Soil Evaluator: Robert Stover
BOH Representative: David Zarozinski
Date of Evaluation: 7-20-04 and 1-17-02

Elevation at test pit #3 (7-20-04): 96.50'.
Est. seasonal high ground water elevation: 93.50'.
Bedrock elevation: deeper than 88.50'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0-6"	A	FSL	7.5YR3/3	None	Friable
6-18"	Bw	FSL	10YR5/6	None	Friable, Structureless
18-66"	C1	FLS	10YR6/3	@ 36" 10YR5/6 & 10YR5/2	firm w/ fine to medium gravel
66-96"	C2	VFSL	10YR5/3		very firm / stratified

Parent Material (Geologic): outwash
Standing Water in the Hole: none Weeping from Pit Face: none
Estimated Seasonal High Ground Water: 36"

Elevation at test pit #4 (7-20-04): 93.20'.
Est. seasonal high ground water elevation: 90.20'.
Bedrock elevation: deeper than 85.20'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0-5"	A	FSL	7.5YR3/3	None	Friable
5-20"	Bw	FSL	10YR5/6	None	Friable, Structureless
20-69"	C1	FLS	10YR6/3	@ 36" 10YR5/6 & 10YR5/2 between	firm w/ fine to medium gravel
69-96"	C2	VFSL	10YR5/3		very firm / stratified

Parent Material (Geologic): outwash
Standing Water in the Hole: none Weeping from Pit Face: none
Estimated Seasonal High Ground Water: 36"

DESIGN CRITERIA

Design flow is for a 4-bedroom house without a garbage grinder.

DESIGN CALULATION

Design flow: 4-bedrooms, no garbage grinder = 440 gpd.

Proposed septic tank: 1500 gallons.

Effluent Loading Rate: Percolation Rate = 10 minutes per inch
Class II soils.
Effluent loading rate = 0.6 gpd/sf.

Soil Absorption System: one leach bed: 50' long by 16' wide.

Bottom Area: 50' X 16' = 800 sf.
Sidewall Area: not allowed = 000 sf.
Total proposed leaching area: = 800 sf.

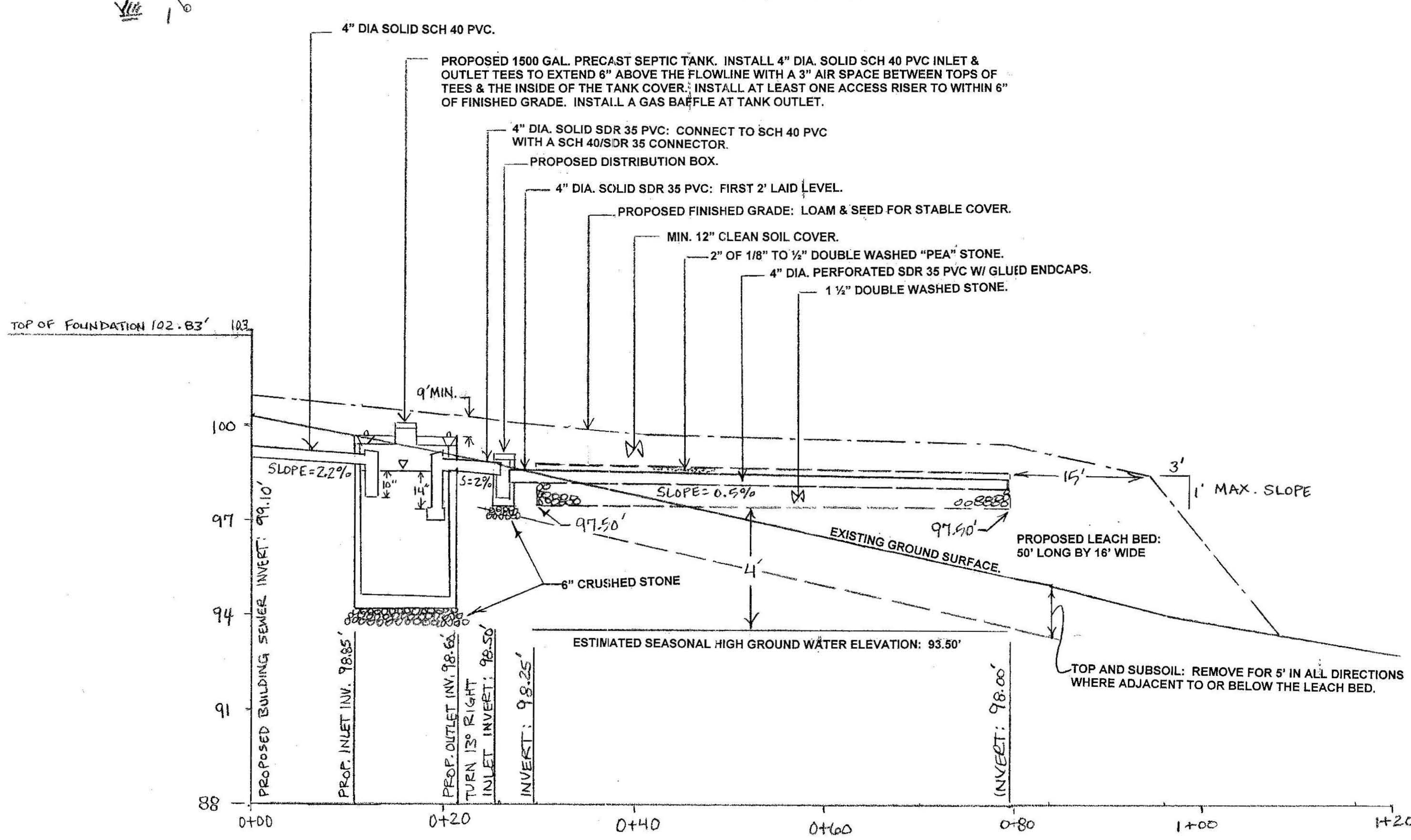
Calculated Design Flow: 800 sf X 0.60 gpd/sf: = 480.0 gpd.
Total Required Design Flow = 440.0 gpd (OK)

GENERAL CONDITIONS

1. This septic system design plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
2. The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
3. All debris in the site area shall be removed and disposed of in accordance with the law.
4. There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
5. The installer shall notify the designer when the system excavation is ready for inspection and the designer and the Board of Health when the system installation is complete and prior to the placement of the cover material for final inspection. Notification shall be 48 hours prior to the time of inspection.
6. The on-site sewage disposal system shall be pumped and inspected as necessary and at least once every three years.

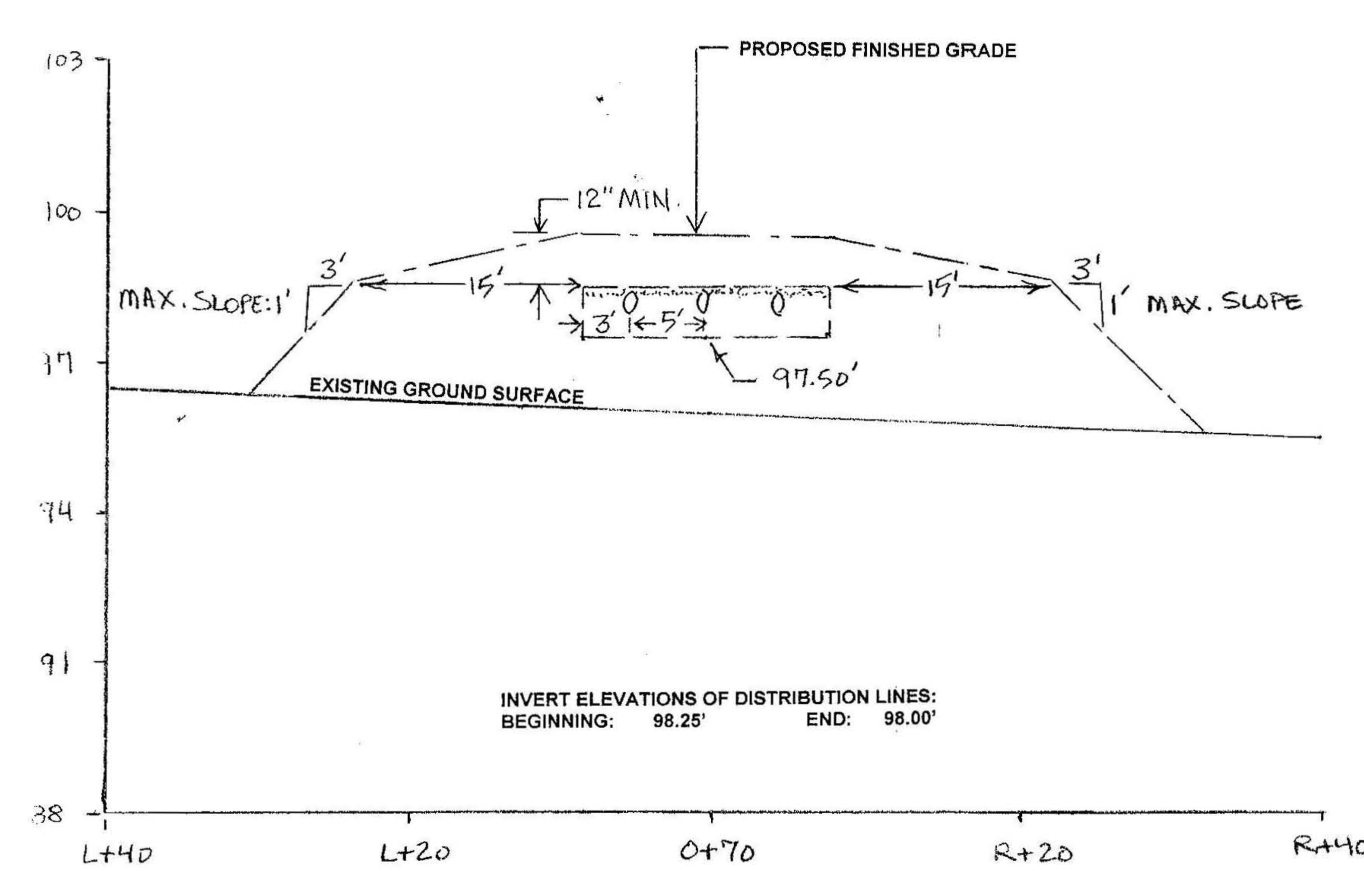
CONSTRUCTION NOTES

1. Any topsoil, subsoil, old fill, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system, from five feet around the soil absorption system and from wherever fill is to be placed. Any fill placed under or adjacent to the soil absorption system shall be a clean, granular sand and conform to the specifications of Title 5, 310 CMR 15.255(3).
2. The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
3. Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.
4. The pipes exiting the distribution box shall have the same invert elevation and shall be level for a minimum of the first two feet.



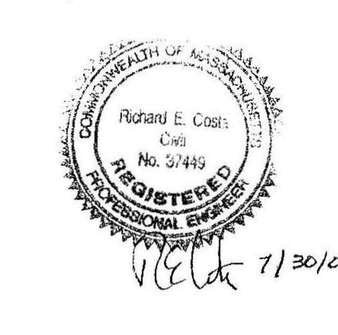
PROFILE OF SYSTEM

SCALE: H: 1" = 10' V: 1" = 3'



SECTION OF LEACH BED

SCALE: H: 1" = 10' V: 1" = 3'



7/30/04

PLAN OF SEWAGE DISPOSAL SYSTEM

986 BAY ROAD (LOT 11), AMHERST, MASSACHUSETTS

JASON EDWARDS

P. O. Box 3158, AMHERST, MA 01004-3158

DATE: 7/29/04	REVISION OF PLAN	DRAWN BY: RWS
SCALE: AS SHOWN	DATED 10/1/02	

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER

P.O. BOX 3312, AMHERST, MA 01004-3312
(413)256-3400