134 FLAT HILLS

No. 92-9 Revised

FEE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS #933 REGISTERED SANITARIAN

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS No. 6442 REGISTERED LICENSED SITE PROFESSIONAL

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

134 Flat Hills Road Lot 2
Location - Address or Lot No.

GREG Doucette — Owner
78 S. MAIN New Salem, MA. — Address

Installer — Address

Type of Building — Size Lot 5,501 AC ~~Sq. feet~~

Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )

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

Other fixtures ____

Design Flow 55 (110) gallons per person per day. Total daily flow 557 gallons.

Septic Tank — Liquid capacity ____ gallons Length 102" Width 58" Diameter — Depth 64"

Disposal Trench — No. 3 Width 2.5' Total Length 150' Total leaching area 475 sq. ft.

Seepage Pit No. ____ Diameter ____ Depth below inlet ____ Total leaching area ____ sq. ft.

Other Distribution box (Y) Dosing tank (N)

Percolation Test Results Performed by A. WEISS Date ____

Test Pit No. 1 10 minutes per inch Depth of Test Pit 36" Depth to ground water —

Test Pit No. 2 15 minutes per inch Depth of Test Pit 64" Depth to ground water 10'-6"

Description of Soil LT. BROWN MED SAND, SOME GRAVEL + COBBLES

Nature of Repairs or Alterations — Answer when applicable ____

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental 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 Gregory J. Doucette 2/7/95 (Date)

Application Approved By David Bergeron for G.W. Dept 02/28/95 (Date)

Application Disapproved *for the following reasons:* ____

Permit No. 92-9 Revised Issued 02/27/95 (Date)

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

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

at Flat Hills Lot "2 (134?)

has been installed in accordance with the provisions of TITLE 5 of The State Environmental 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 6-13-96 Inspector David Bergeron for

RECEIVED JAN 16 1996

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 92-9 Revised

FEE

Disposal Works Construction Permit

Permission is hereby granted Greg Doucette

to Construct (✓) or Repair ( ) an Individual Sewage Disposal System

at No. Lot #2 (134?) Flat Hills Rd (Street)

as shown on the application for Disposal Works Construction Permit No. 92-9 R Dated 02/28/95

David Bergeron for G.W. Dept (Board of Health)

DATE 02/28/95

CHECK OR FILL IN WHERE APPLICABLE

John Handrigan
134 Flat Hills Rd

Cash

TOWN OF AMHERST
Health Department

____	Bakery	01-0-501-4433-00	____	Offal/Garbage	01-0-501-4472-00
____	Bed & Breakfast	01-0-501-4474-01	____	Perc Test	01-0-501-4344-00
____	Burial Permit	01-0-501-4475-00	____	Retail Permit	01-0-501-4473-00
____	Car Seat Rental	89-0-000-2557-00	____	Sanitary Code Booklet	01-0-501-4380-00
____	Catering	01-0-501-4429-00	____	Septic Installers Permit	01-0-501-4470-01
____	Food Handler	01-0-501-4474-00	✓	Septic Private Applications	01-0-501-4470-00
____	Housing Inspection	01-0-501-4348-00	____	Septic - Reinspection	01-0-501-4345-00
____	Massage	01-0-501-4425-00	____	Sub-Division Rev.	01-0-501-4460-00
____	Motel License	01-0-501-4428-00	____	T.B. Clinic	01-0-501-4379-00
____	Miscellaneous	01-0-501-____	____	Twenty-one D Tickets	01-0-501-4879-00

Plan Re Review

TOTAL FEE 30.00

Norma J. Lynch (TC) 1/12/96 — Treasurer/Collector — Date

J. Lynch 1/12/96 — Health Department — Date

Must have Collector's "PAID STAMP" on receipt to be valid.

JAN 12 1996
TOWN OF AMHERST
TREASURER

White: Applicant Yellow: Collector Pink: Accountant Gold: Health Dept.

Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007
413-323-7134

Name: John Hondrogen
Address: 14 Cadwell Street
Pelham, MA 01002
Sample Location:
134 Flat Hills Road
Amherst, MA 01002

Sample Date: 11-6-95
Report Date: 11-7-95
Collected By: Mt. Springs
Type Supply: Well
Sample No.: # QAL 1943
Mass. Lab. # 02454

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	Neg	Pos or Neg
Nitrite	0	1.0 mg/1
Nitrate	0	10.0 mg/1
pH	8.27	6.5-8.5
Alkalinity	67.0	No Limit
Iron	*1.06	.30 mg/1
Manganese	*.13	.05 mg/1
Copper	.01	1.3 mg/1
Sulfate	32.0	250 mg/1
Chloride	20.0	250 mg/1
Hardness	48.0	No Limit
Conductivity	190.7	No Limit
Total Dissolved Solids	95.5	500 mg/1
Turbidity	4.5	5 NTU
Chlorine	0	No Limit
Sodium	8.0	28.0 mg/1

Results are only for those items listed above and on the above collected date. Except for the following
* See Below, the sample was found to be within acceptable levels for D.E.P. Drinking Water Standards.
If there are any questions on this report, please do not hesitate to call this office.

* Iron & Manganese

David Fredenburgh, Director

TOWN OF AMHERST

PERC TEST DATA SHEET

CK # 4320
Check for 266.00
1) Perc Test - Design
2) Just Perc Test

DATE 4/27/92 LOCATION Flat Hill Road LOT SIZE 5.501 Ac

OWNER Doug Kohl ADDRESS Baker Rd Shutesbury TELE # 259-1314

P.E./RS Alan Weiss FIRM Cold Spring Env. OBSERVED BY David Zarozinski

BACK HOE OPERATOR W.W. Clark TELE _____ BENCH MARK _____

#1 PERC DEPTH 50" PRE SOAK TIME 9:32 #2 PERC DEPTH 64 PRE SOAK TIME 9:04

TEST	#1		#2	
	12" 9:47	8" 10:16	12" 9:20	8" 10:03
	11" 9:51	7" 10:26	11" 9:32	7" 10:18
	10" 10:00	6" 10:36	10" 9:41	6" 10:36
	9" 10:10		9" 9:51	
RATE	10		15	

#1

TOP 8
SUB 24
Brown med Sand Gravel compact Till

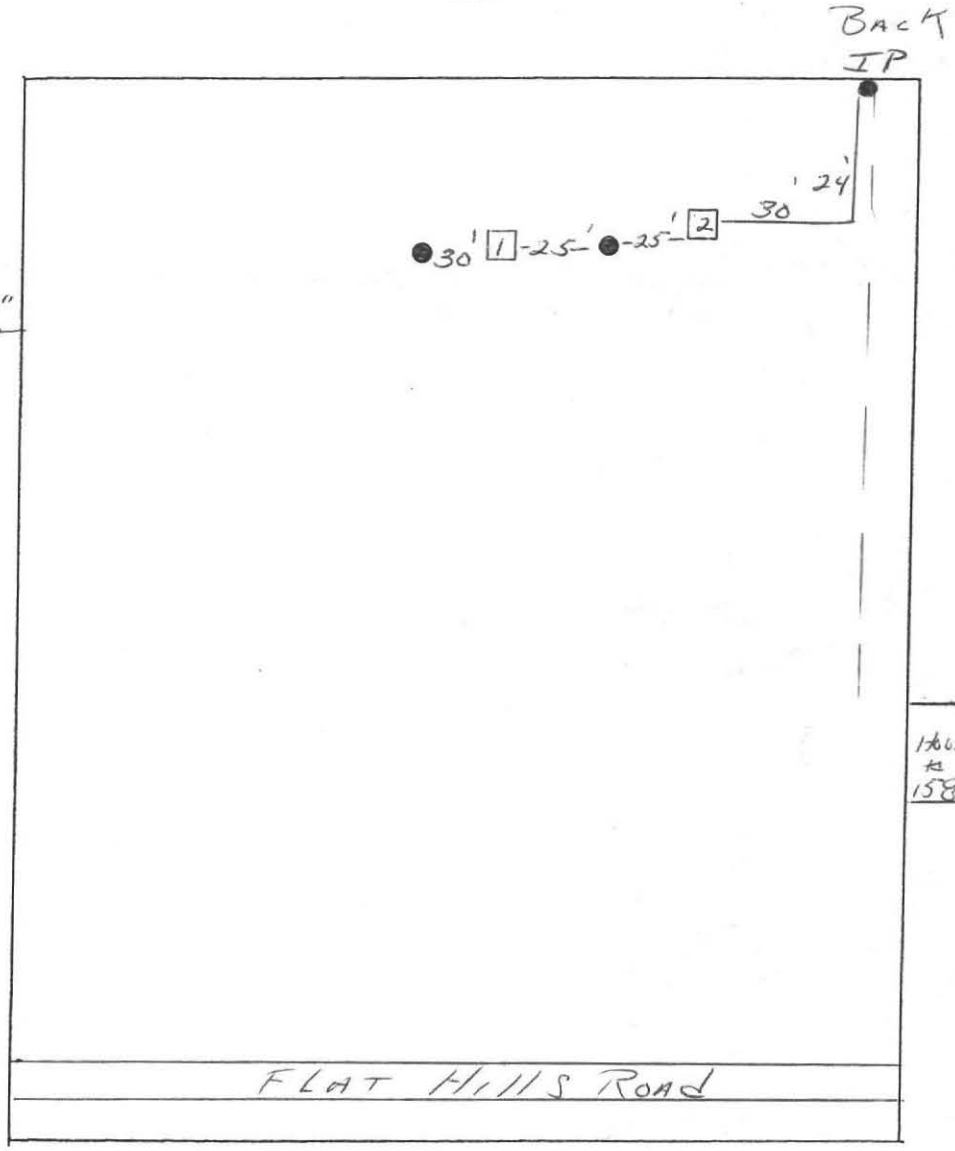
#2

TOP 8
SUB 26
Same Seepage 10'6"

DRY 11'6" WATER 11'8"

TOP	TOP
SUB	SUB

TOP	TOP
SUB	SUB



EH1:PERCFORM

TOWN OF AMHERST

PERC TEST DATA SHEET

1 Kohl Const. C/K 4320
4/27/92 Pd 260 cc
100 - Perc Test
160 - Perc Test and Plans

DATE 4/27/92 LOCATION Flat Hills Road LOT SIZE

OWNER Doug Kohl ADDRESS Barre Rd Shutesbury TELE # 259-1314

P.E./RS Alan Weiss FIRM Cold Spring Eng OBSERVED BY David Zamnell

BACK HOE OPERATOR W. W. Chack TELE BENCH MARK

PERC DEPTH ___ PRE SOAK TIME ___ PERC DEPTH ___ PRE SOAK TIME ___

TEST

RATE RATE

(Log Deep Holes Only)

Book 3784 Pg 285

#1

TOP 8
22 SUB 22
Fine Silty Sand Some gravel 54" OXIDE
Seepage 6'5" Till

WATER 11 1/2

#2

TOP 7"
SUB 24
Same OXIDE 54"

9'9"

#3

TOP 8
SUB 22
Fine Silty Sand cemented Sand Seepage 7' Till

WATER

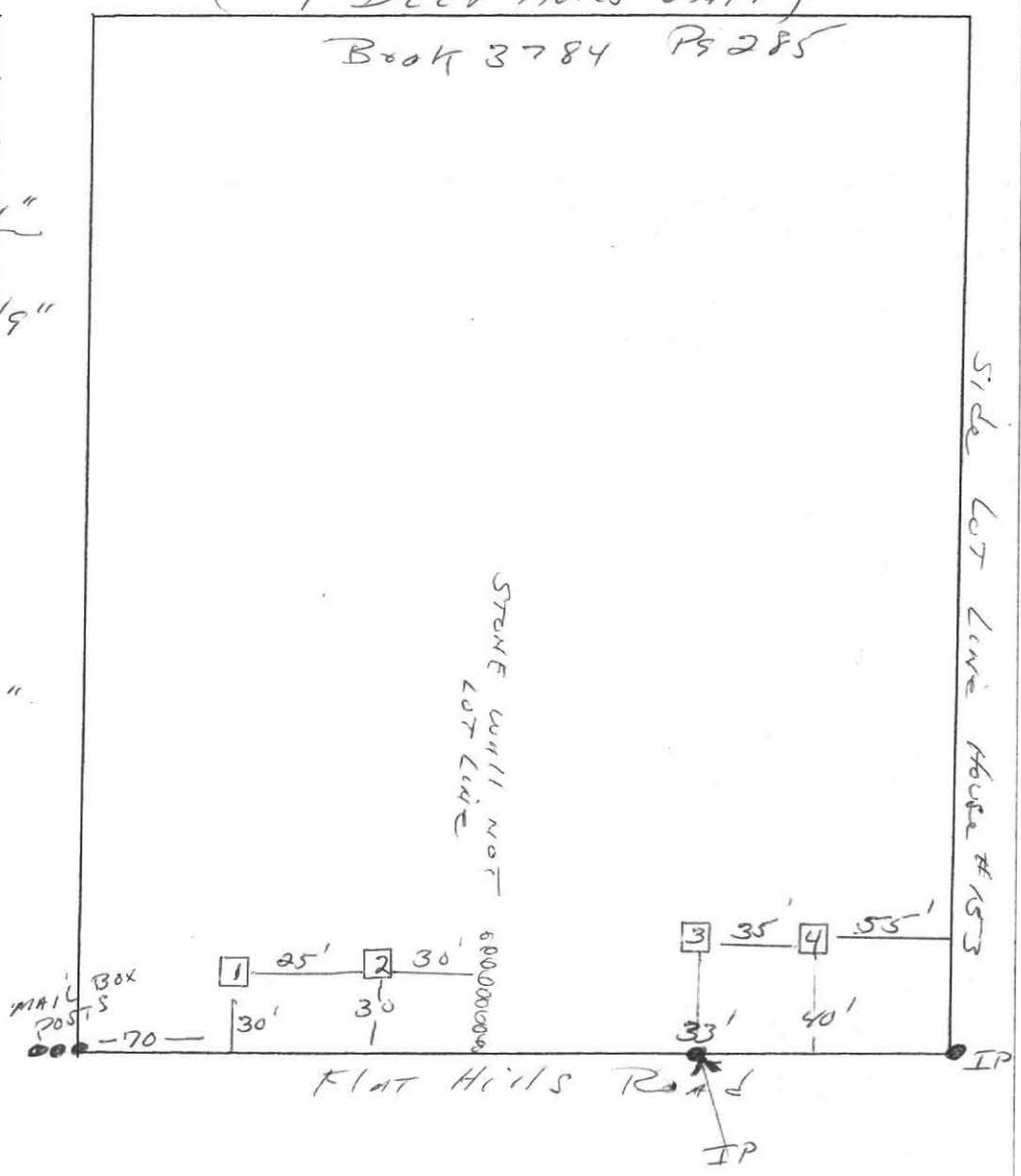
#4

TOP 7
SUB 24
Same Cemented AS #3 BUT Dry

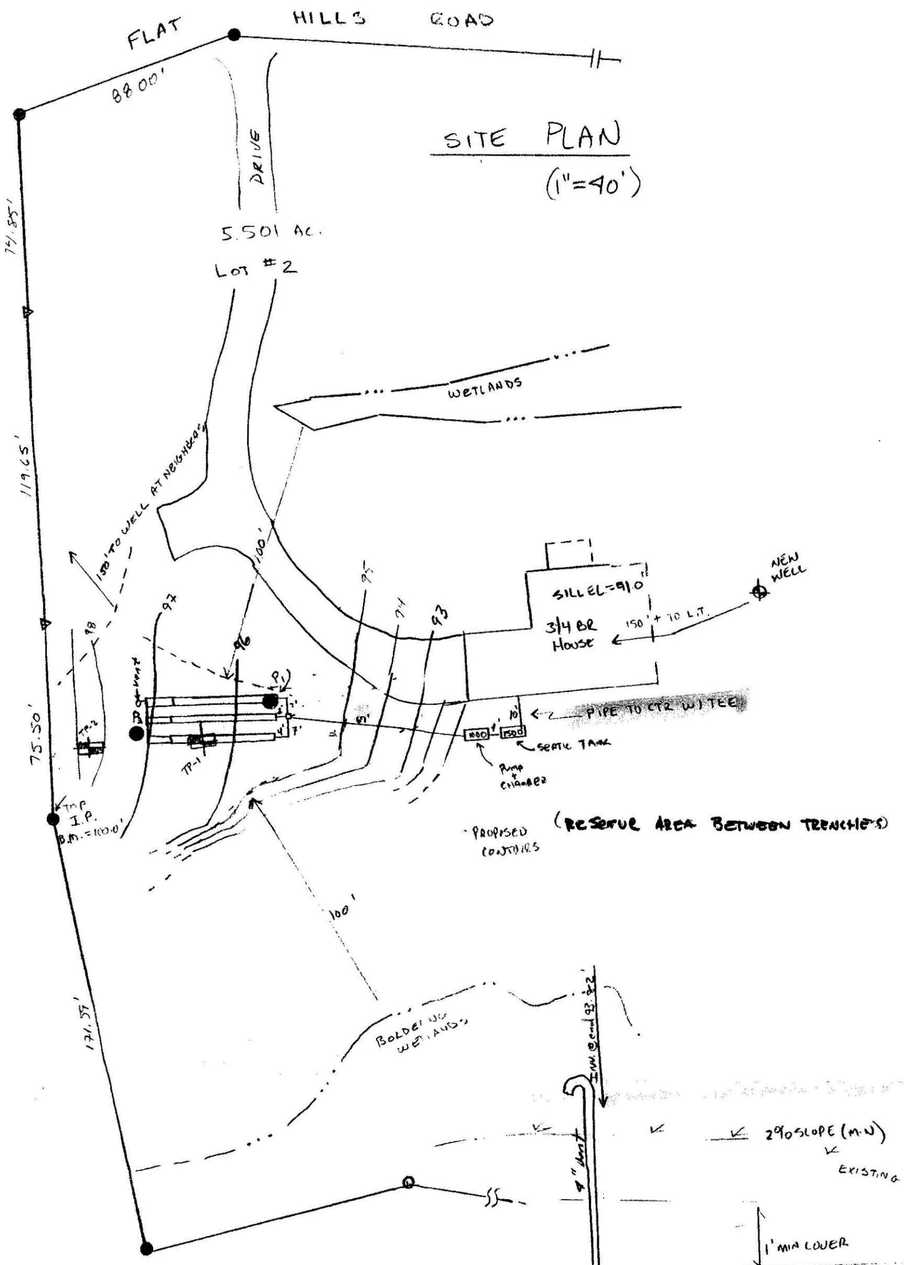
9'9"

TOP
SUB

TOP
SUB



EH1:PERCFORM



SOIL LOGS

EL TEST PIT #2 98.13'

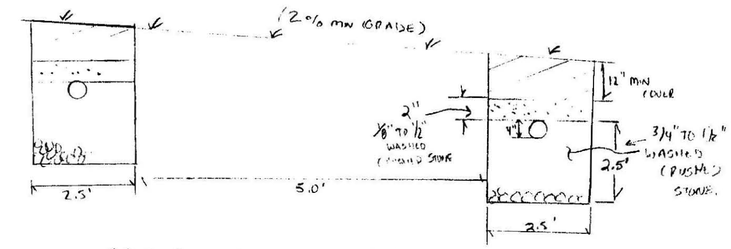
0-8"	TOPSOIL
8"-26"	EOLIAN CAP
26" → 11'-6"	LT. BROWN MED SAND, SOME STONES AND COBBLES
	GROUNDWATER AT 10'-6

EL TEST PIT #1 96.82'

0-8"	TOPSOIL BROWN LOAM
8"-24"	EOLIAN CAP ORANGE-BROWN SAND.
24 - 11'-6"	LT. BROWN MED. SAND, SOME GRAVE AND COBBLES
	NO GROUNDWATER ENCOUNTERED

PERC #2 @ 64' ON 4/27/92 (15 MIN/IN)

PERC #1 @ 36" ON 4/27/92 (10 MIN/IN)

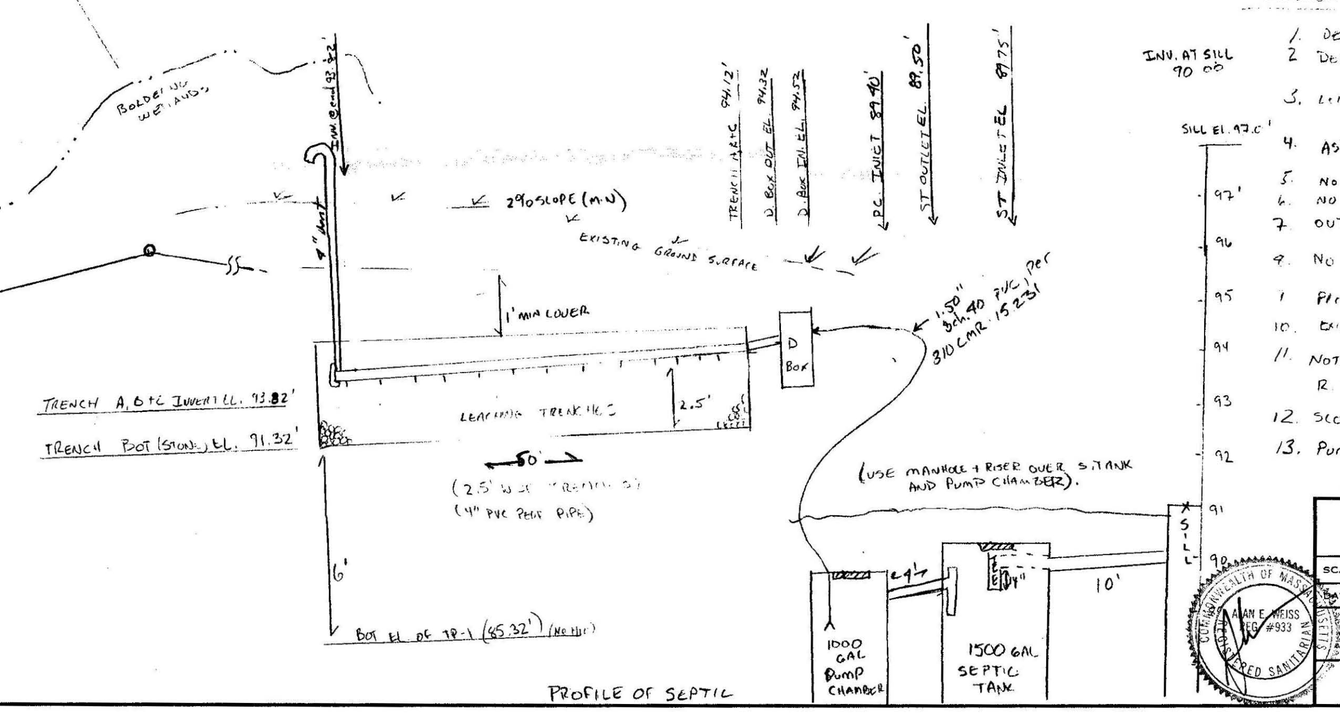


CROSS SECTION OF LEACHING TRENCHES
NTS

ALL TRENCH PIPES SHALL BE 4" DIAM PVC, SCH 35.
THERE SHALL BE 3 TRENCHES AT 50' EACH. THE ENDS OF ALL TRENCH PIPES SHALL BE CAPPED
- PLACE 6" OF 3/4-1 1/2" STONE UNDER S.TANK + D.BOX, + P.CHAMBER

DESIGN NOTES AND CALCULATIONS

1. DESIGN BASED ON PERC OF 15 MIN/IN ON 4/27/92.
2. DESIGN CRITERIA: 4 BR 440 GAL/DAY x 1.25 ⇒ 550 GAL/DAY
3. LEACH AREA: SIDE WALL AREA: 150 L.F. x 2.5 SF x 2 = 750 x .66 GAL/SF = 495
   BOT AREA: 150 L.F. x 2.5 SF = 375 x .43 GAL/SF = + 161.25
   656 GAL/DAY
4. ASSUME 3 TRENCHES AT 50 FT LONG, 2.5 FT. WIDE.
5. NO GARBAGE GRINDERS ALLOWED
6. NO CHANGE IN EXISTING GRADE REQUIRED IN AREA OF TRENCHES.
7. OUTLET PIPES SHALL BE LEVEL FOR 2' OUT FROM D. BOX.
8. NO SURFACE WATER OR WETLANDS WITHIN 100' OF TRENCHES
9. PROPOSED WELL SHALL BE 150'+ FROM TRENCHES.
10. EXISTING NEIGHBOR'S WELL 150'+ FROM TRENCHES.
11. NOTE WETLAND LOCATIONS FROM PLAN OF 9/24/91 BY R. LABARGE, PLS. TRENCHES MIN 100' FROM MAPPED/FLAGGED WETLAND.
12. SCALE CALCS. 4'/60' x 150 = 10.0'
13. PUMP CHAMBER PER TITLE V AND PUMP MAY BE USED IF HOUSE ELEVATION IS LOWER. USE ALARMS W/PUMP CAPABLE OF PASSING 1/2" SOLIDS MIN.



PROFILE OF SEPTIC

PROPOSED SUBSURFACE DISPOSAL SYSTEM
FOR DOUGLAS A. KOHL
LOT #2, FLAT HILLS RD., AMHERST

SCALE: NOTED	APPROVED BY:	DRAWN BY A.W.
DATE: 5/17/92	H.W.	REVISED 1/8/96

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

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

BELCHERTOWN, MA.

DRAWING NUMBER 91-114-0522