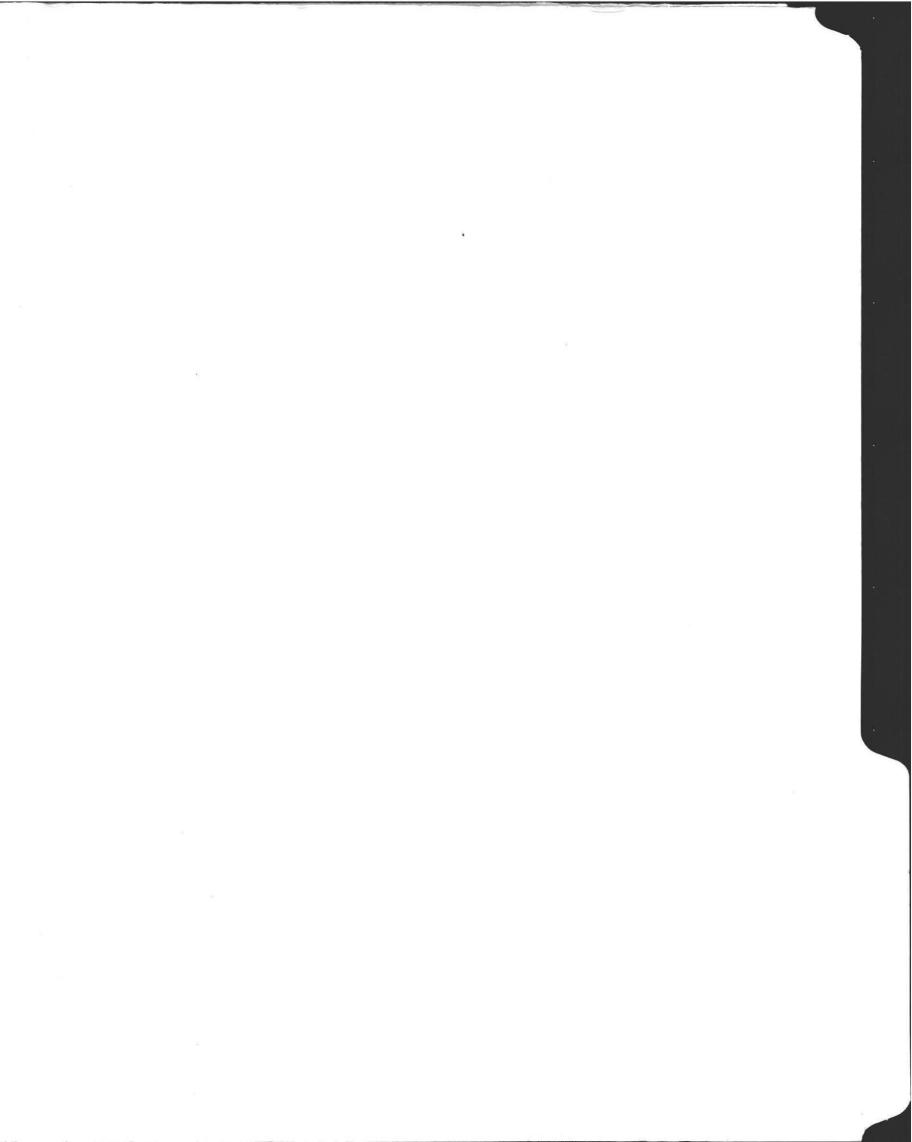
7 DET C LOT 4 FLAT HILLS RID



15RB

April 2013 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: April 30, 2013

TO WD Cowls, Cinda Jones, President POB 9677 N. Amherst, MA 01059

Perc Test & Soil Evaluation RE: Invoice for

Services provided by Edmund Smith

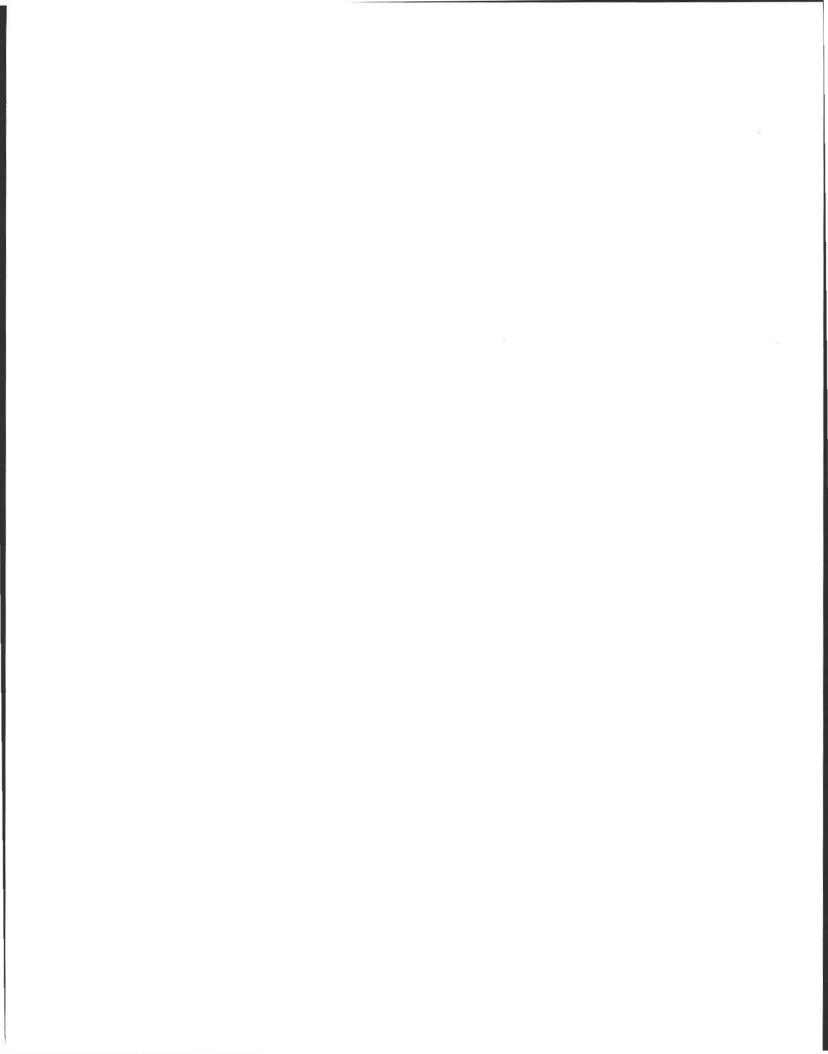
PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL	
	Perc & Soil Evaluation: Lot #4 (Map 3D, Lot 21/portion); Flat Hills	\$ 300.00	\$ 300.00	
	SECOND NOTICE: A REVIEW OF OUR FILES INDICATE THIS BILL HAS NOT BEEN PAID - PLEASE REMIT IMMIEDIATELY/CALL WITH QUESTIONS: EDMUND SMITH, HEALTH INSPECTOR			
	ORIGINAL SERVICES PERFORMED 6/12/2012: SOIL EVALUATION WITH ALAN WEISS (STATE MANDATED BOARD OF HEALTH WITNESS)			
	this invoice is PAST due - please remit to address above			
		SUBTOTAL SALES TAX		
	-629-80B	TOTAL	\$ 300.00	

0629-808

App-18385 Batch-6690

1450



AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: June 12, 2012

June 2012

INVOICE

TO WD Cowls, Cinda Jones, President POB 9677 N. Amherst, MA 01059

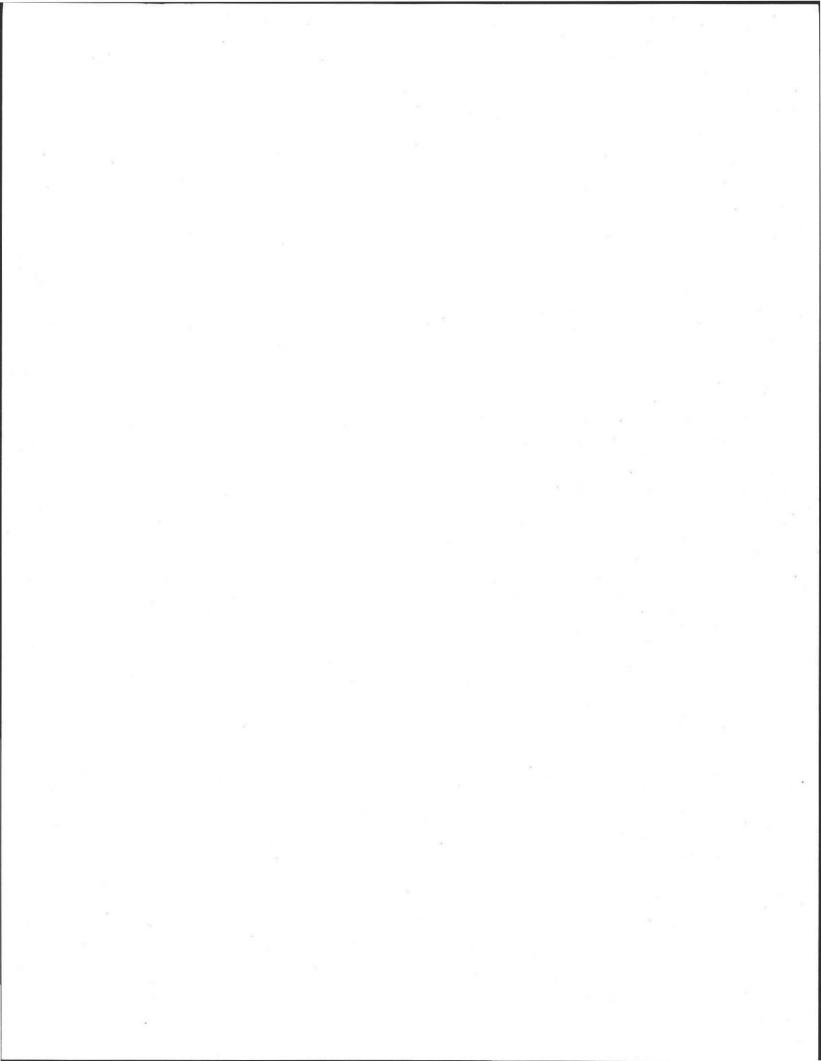
RE: Invoice for Perc Test & Soil Evaluation

Services provided by

Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UN	UNIT PRICE		LINE TOTAL	
1.00	Perc & Soil Evaluation: Lot #4 (Map 3D, Lot 21/portion); Flat Hills	\$	300.00	\$	300.00	
-	this invoice is due - please remit to address above					
			SUBTOTAL	\$	300.00	
			SALES TAX			
			TOTAL	\$	300.00	



131 PE

CUST NAME 4 BOLTWOOD AVENUE 05/31/13 CITY, ST, ZIP

***TOWN OF A TOWN HAL AMHERST M REFERENCE DATE/TIME 13:35

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CUST NAME

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AMOUNT



Town of



BOARD OF HEALTH

David Ahlfeld, Chair Diane Amsterdam, MD Nancy Gilbert Julie Marcus Maureen O'Leary

April 23, 2013

Janet and Sherry Poirrier 290 Flat Hills Road Amherst, MA 01002

Dear Janet and Sherry Poirrier:

Phone: 413-259-3077

health@amherstma.gov

Fax: 413-259-2404

mailed 5-20-13

Bangs Community Center

70 Boltwood Walk

Amherst, MA 01002

Amherst Massachusetts

BOARD OF HEALTH

The Amherst Board of Health received and reviewed your application for a Water Supply Certificate at their recent meeting on April 17, 2013. The Board of Health determined the application was complete and all documents required were submitted. Following the discussion, the Board of Health voted unanimously to approve the Water Supply Certificate as requested for the property at 290 Flat Hills Road.

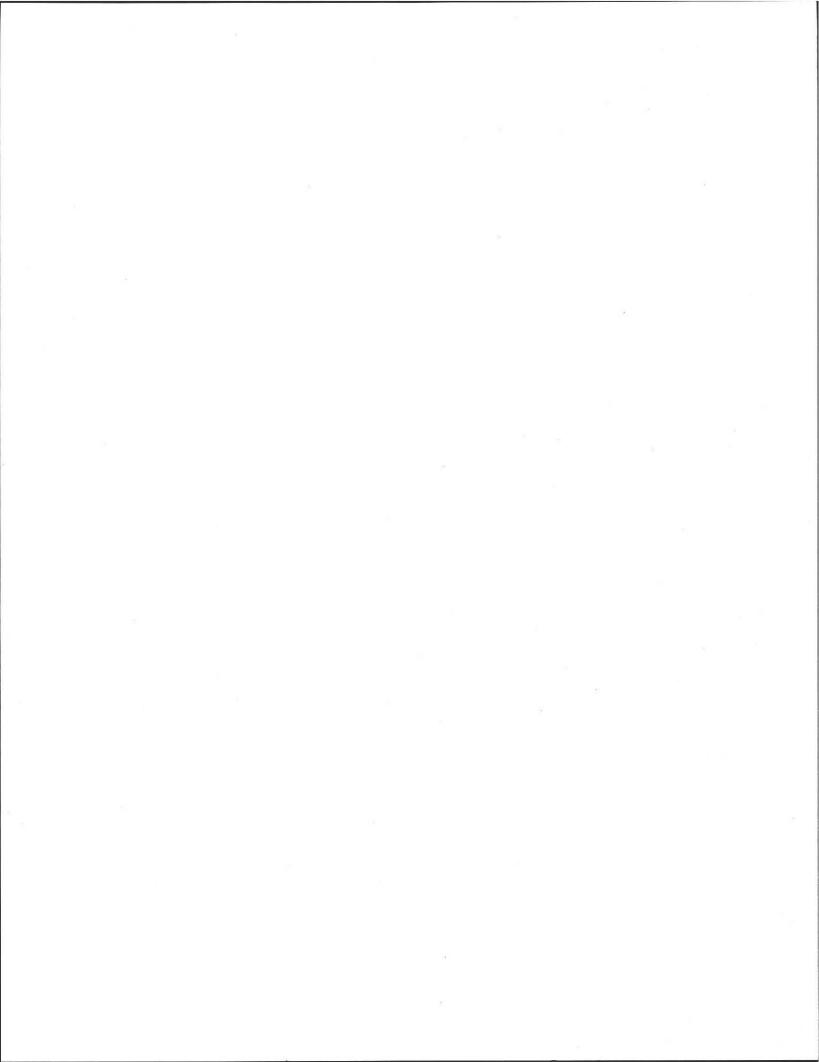
In reviewing the water test report completed by Quabbin Analytical Laboratory, the Board of Health noted that the concentrations of iron and manganese were higher than the secondary maximum contaminant level established by the U.S. Environmental Protection Agency. These levels do not pose a health risk, however, they may affect the taste, appearance and odor of your tap water. These levels may also cause staining of porcelain appliances and laundry. Iron and manganese are natural occurring in water from deep wells and high levels are common. There are technologies for treating well water to reduce the iron and manganese concentrations. The Connecticut Department of Public Health has prepared an excellent fact sheet on iron and manganese in private wells. You can find it here:

http://www.ct.gov/dph/lib/dph/environmental_health/pdf/Iron.pdf A copy is also enclosed for your convenience.

Should you have any questions, please feel free to contact Health Director Julie Federman at 413-259-3077.

Sincerely, Ulfelo David Ahlfeld, Chairman

Board of Health





Publication Date: April 2009

Publication No. 11: Iron and Manganese in Private Drinking Water Wells (Part 1)

The U.S. Environmental Protection Agency (EPA) currently does not regulate private wells. Private well owners are responsible for the quality of their drinking water. Homeowners with private wells are generally not required to test their drinking water. However, they can use the public drinking water standards as guidelines to ensure drinking water quality. Refer to Publication #23 *Private Drinking Water Standards* for more information.

The Secondary Maximum Contaminant Level (SMCL) as established by the EPA for iron is 0.3 milligrams per liter (mg/l) or parts per million (ppm) and for manganese it is 0.05 mg/l.

Introduction



Iron and manganese are naturally occurring elements commonly found in Connecticut groundwater and wells. <u>While not considered a health hazard</u>, their presence often results in staining of laundry and plumbing components, as well as offensive taste and appearance. Treatment methods for these elements depend on the form in which they occur in the untreated water. Therefore, accurate water testing is important before considering your options and selecting treatment equipment. A summary of treatment options is shown in Table 1.

Indications of Iron and Manganese

Forms of Iron and Manganese in Drinking Water

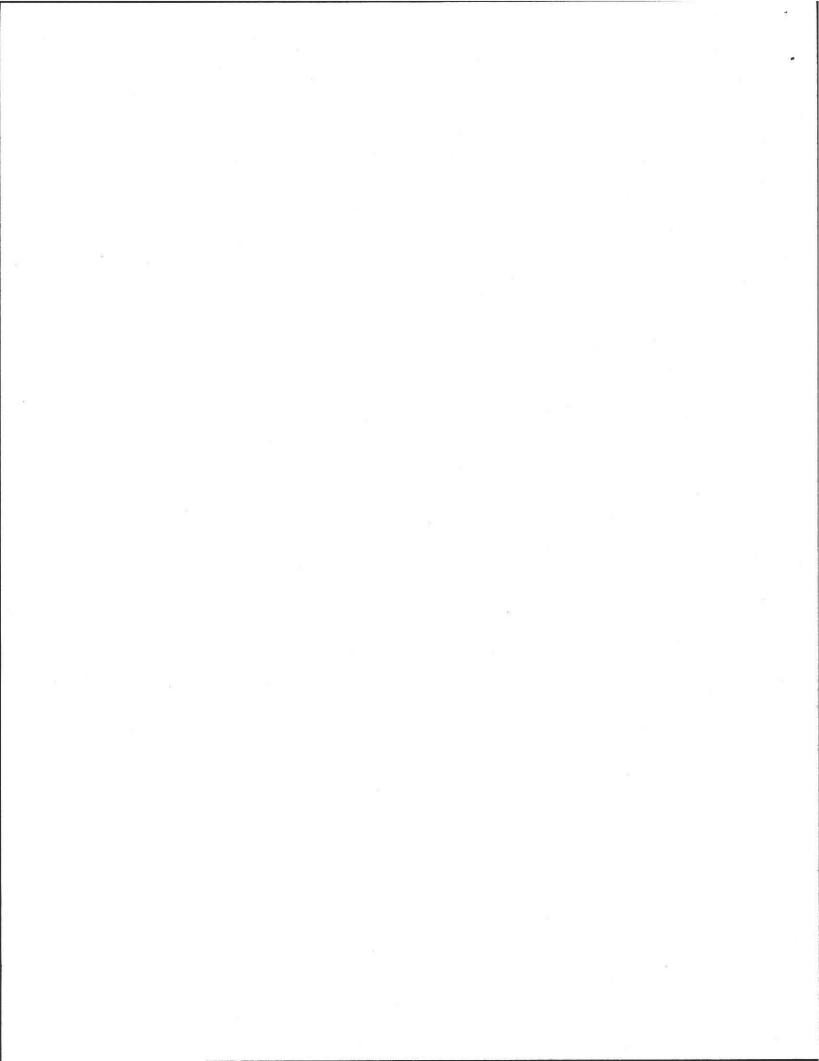
- Iron and manganese come in three different forms, which cause the appearance of the water to range from clear to discolored.
- In deep wells, where oxygen content is low, the iron/manganese-bearing water is clear and colorless because the iron and manganese are dissolved. Water from the tap may appear clear, but once it is exposed to air, iron and manganese are oxidized and change from colorless, dissolved forms to colored, solid forms.
- When oxygen in the air mixes with dissolved iron particles in water, the iron changes to white, then yellow and finally to red-brown solid particles that can settle out of the water. If the water coming from your tap appears "rust" colored, then this process has already begun to take place by the time the water reaches your faucet.
- Iron that does not form large enough particles to settle out remains suspended (colloidal iron) leaving the water with a red or yellow tint. Manganese is usually dissolved in water, although some shallow wells contain colloidal manganese (black tint). These colloidal sediments tend to form when iron and manganese combine with organic matter (tannins) in the water. It is these sediments that produce the staining properties of water and if in high enough concentrations, can lead to clogged water pipes.



Produced by The State of Connecticut Department of Public Health Environmental Health Section, Private Well Program 450 Capitol Avenue, MS#51REC, PO Box 340308, Hartford, CT 06134 Phone: 860-509-7296 Fax: 860-509-7295

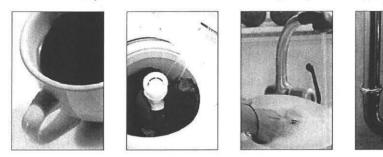


Page 1 of Publication No. 11: Iron and Manganese in Private Drinking Water Wells (Part 1)



Effects of Iron and Manganese in Drinking Water

- Iron and manganese can affect the flavor and color of food and water. They may react with tannins in coffee and tea to produce a black sludge, which affects both taste and appearance. Manganese is objectionable in water when present in smaller concentrations than iron.
- Iron will cause reddish-brown staining of laundry, porcelain, dishes, utensils and glassware. Manganese causes a brownish-black stain. Soaps and detergents do not remove these stains, and use of chlorine bleach and alkaline builders (such as sodium and carbonate) may intensify the stains.



- Iron and manganese deposits can build up in pipes, pressure tanks, water heaters, and ion exchange units. This reduces the available quantity and pressure of the water supply. Iron and manganese accumulations become an economic problem when water supply or treatment equipment needs replacing. There are increases in energy costs from pumping water through constricted pipes or heating water with heating rods coated with iron or manganese mineral deposits.
- A problem that frequently results from iron or manganese in water is iron or manganese bacteria. These bacteria feed on the iron and manganese, but <u>are not considered health threatening</u>. They can occur naturally in soil, shallow groundwater, and surface water. These bacteria form red-brown (iron) or black-brown (manganese) slime or an oily sheen in toilet tanks and can clog pipes. These bacteria can give the water a musty or swampy smell. See Part Two of this Publication re: Iron and Manganese Bacteria.

Sources of Iron and Manganese in Drinking Water

Iron and manganese are naturally occurring elements in the earth. <u>Iron and manganese are not hazardous</u>, but can be a nuisance in a water supply. Iron and manganese are chemically similar, and can cause similar problems. Iron occurs most frequently, while manganese is typically found within iron-bearing water. As water percolates through soil and rock, it can dissolve minerals containing iron and manganese and hold them in solution. Corrosion and deterioration of old iron pipes may also be a source of iron in water.

Testing for Iron and Manganese in Private Drinking Water Wells

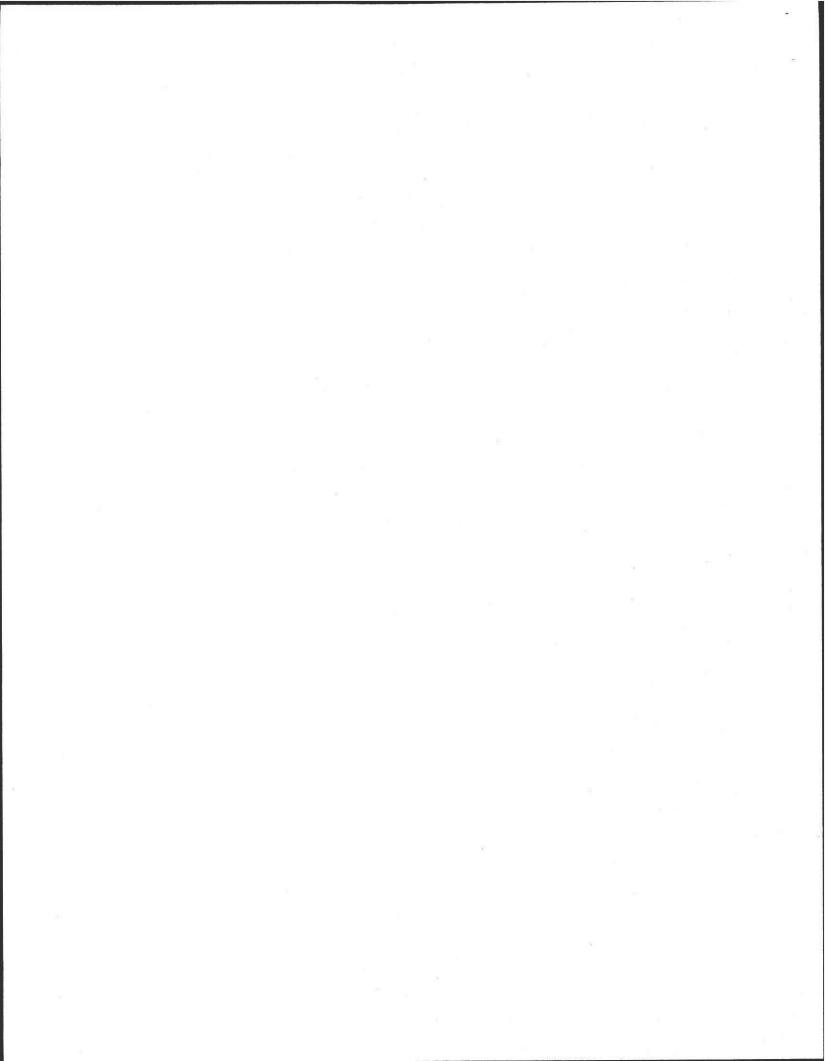
To determine if iron and manganese are present, have your drinking water tested at a state certified laboratory. Follow the laboratory's instructions carefully to avoid contamination and to obtain a good sample. Home test kits may not provide accurate results. The amount of iron and manganese in water is important to help you determine the type of treatment system you need to remedy the problem. It is



also recommended that you have your well water tested for iron/manganese bacteria. This type of bacteria is not a coliform so it will not be detected by the standard coliform test. For more information, see Publication #24 *Residential Well Water Testing*.

Corrective Action

Several methods are available for removing iron and manganese from water. The most appropriate method depends on many factors, including the concentration and form of the iron and/or manganese in the water, the presence of iron or manganese bacteria, and the volume of water you need to treat.



Generally speaking, there are five basic methods for treating water containing these contaminants. They are: (1) phosphate compounds; (2) ion exchange; (3) oxidizing filters; (4) aeration (pressure type) followed by filtration; and (5) chemical oxidation followed by filtration.

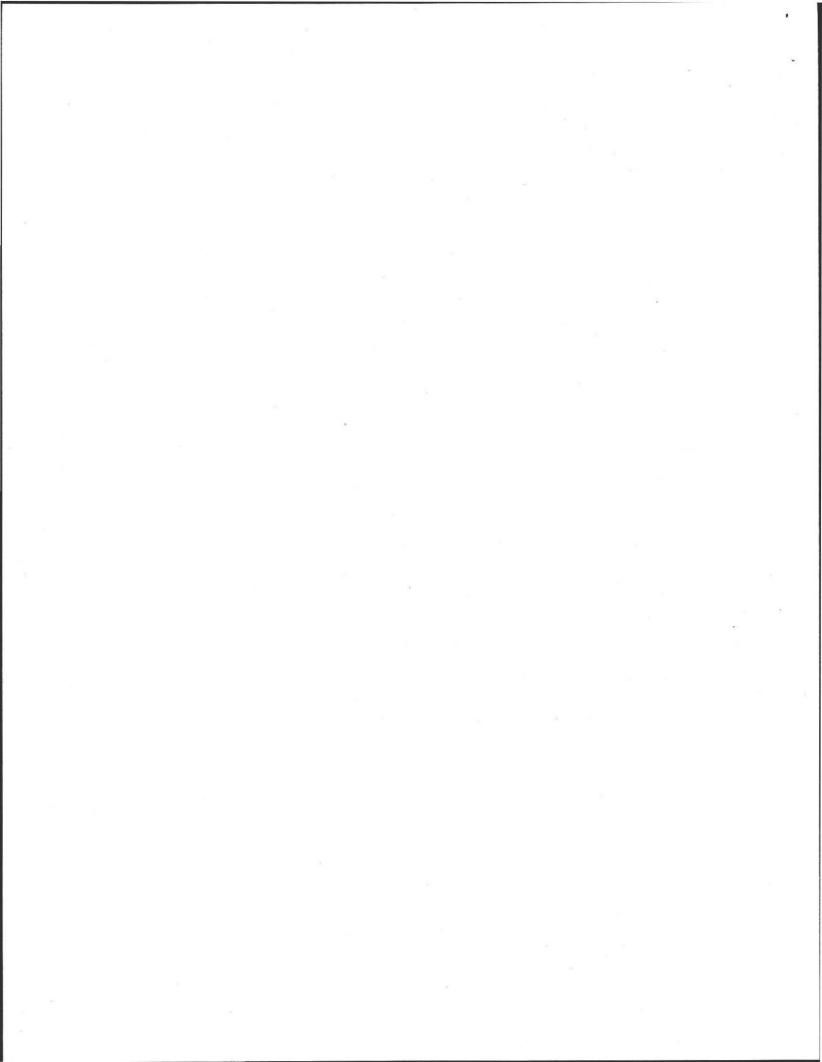
Most treatment techniques are effective in water within a narrow pH range near 7.0. The phosphate compound treatment is effective within a pH range of 5.0 to 8.0. Therefore, it may also be necessary to treat well water for pH in order to effectively treat for iron and manganese. Refer to Publication #18 pH - Acidity of Private Drinking Water Wells for more information.

Table 1 summarizes the treatment options of iron and manganese in drinking water.

Indication	Cause	Treatment
Water clear when drawn but red-brown or black particles appear as water stands; red-brown or black stains on	Dissolved iron or manganese	1) Phosphate compounds, < 3mg/l iron
fixtures or laundry		2) Ion Exchange, < 5mg combined
	2	concentration of iron and
	~	manganese
		3) Oxidizing filter (manganese
		greensand or zeolite)
		(< 15mg/l combined concentration
		of iron and manganese)
		4) Aeration (pressure)
		(< 25mg/l combined
		concentrations of iron and
		manganese)
		C) Chaminal and data and d
3		5) Chemical oxidation with
		potassium permanganate or chlorine; followed with filtration
		(> 10mg/l combined concentration
		of iron and manganese)
Water contains red-brown particles	Iron particles from corrosion of iron	Raise pH with neutralizing filter,
when drawn; particles settle out as		then filter for removal
water stands	pipes and equipment	
Water contains red-brown or black	Oxidized iron/manganese due to	Particle filter (if quantity of
particles when drawn; particles settle	exposure of water to air prior to tap	oxidized material is high, use
out as water stands		larger filter than inline e.g. sand
		filter)
Red-brown or black slime appears in	Iron and manganese bacteria	Kill bacteria masses by shock
oilet tanks or from clogs in faucets		treatment with chlorine or
		potassium permanganate, then
<i>v r</i>		filter. Bacteria may originate in
		well, so it may require continuous
		feed or chlorine or potassium
		permanganate, then filter.
Reddish or black color that remains	0	Chemical oxidation with chlorine
onger than 24 hours		or potassium permanganate
	manganese	followed with filtration

Table 1 Iron and Manganese in Drinking Water

Page 3 of Publication No. 11: Iron and Manganese in Private Drinking Water Wells (Part 1)



Note: mg/l = milligrams per liter, < = less than, > = greater than Also refer to Publication #28 *Private Well Standards* Adapted from "Iron and Manganese in Household Water," Water Treatment Notes. Fact Sheet 6, Cornell Cooperative Extension (1989).

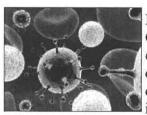
Treatment for Plumbing Corrosion

Corroded iron pipes and equipment may cause reddish-brown particles in the water that, when drawn from the tap, will settle out as the water stands. This can indicate oxidized iron or it may only be iron corrosion particles. Raising the water's pH and using a sediment filter is the simplest solution to this problem. For more information, refer to the Publication #14 *Microfiltration Treatment of Drinking Water Systems* and Publication #18 pH – *Acidity of Private Drinking Water Wells*.



Treatment for Iron and Manganese Bacteria

The most common approach to control iron and manganese bacteria is shock chlorination. Shock chlorination procedures are described in Publication #4 *Bacteria in Private Drinking Water Wells*. It is almost impossible to kill all the iron and manganese bacteria in your system. They will grow back eventually so be prepared to repeat the treatment from time to time. Chlorination rapidly changes dissolved iron into oxidized (colored) iron that will precipitate into a solid form.



If bacteria re-growth is rapid, repeated shock chlorination can be time consuming. Continuous application of low levels of chlorine may be less work and more effective. An automatic liquid chlorine injector pump or dispenser that drops chlorine pellets into the well is a common choice. The iron precipitate will dissipate over time. A filter may be needed to remove oxidized iron if continuous chlorination is used to control iron bacteria.

When choosing a treatment method, consider both the initial and the operating costs. Operating costs include the energy needed to operate the system, additional water that may be needed for flushing the system, consumable supplies and filters, repairs, and general maintenance.

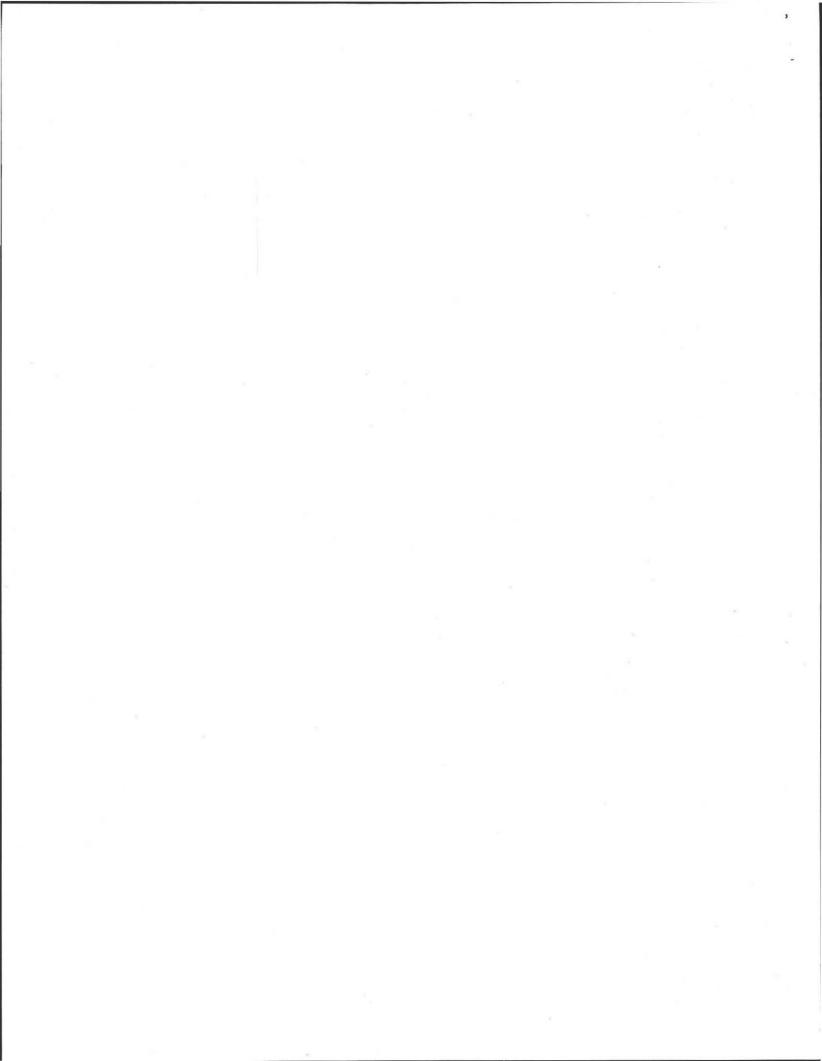
Regardless of the quality of the equipment purchased, it will not operate well unless maintained in accordance the manufacturer's recommendations. Keep a logbook to record equipment maintenance and repairs. Equipment maintenance may include periodic cleaning and replacement of some components. Also consider any special installation requirements that may add to the equipment cost. For more information, refer to Publication #19 *Questions to Ask When Purchasing Water Treatment Equipment.*

Protection of Private Drinking Water Supplies

You can protect your private well by paying careful attention to what you do in and around your home as well as our neighbor's activities near your well. Regular testing of your drinking and adopting practices that prevent contamination can help ensure that your well supplies you and your family with good quality drinking water. For more information on well protection see the Publication #26 *Drinking Water Wells*.

For more information please click on the following links: EPA Office of Groundwater and Drinking Water <u>http://www.epa.gov/ogwdw/</u> EPA New England <u>http://www.epa.gov/region01/</u>

Adapted from Healthy Drinking Waters for Rhode Islanders, University of Rhode Island Cooperative Extension, April 2003.





AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

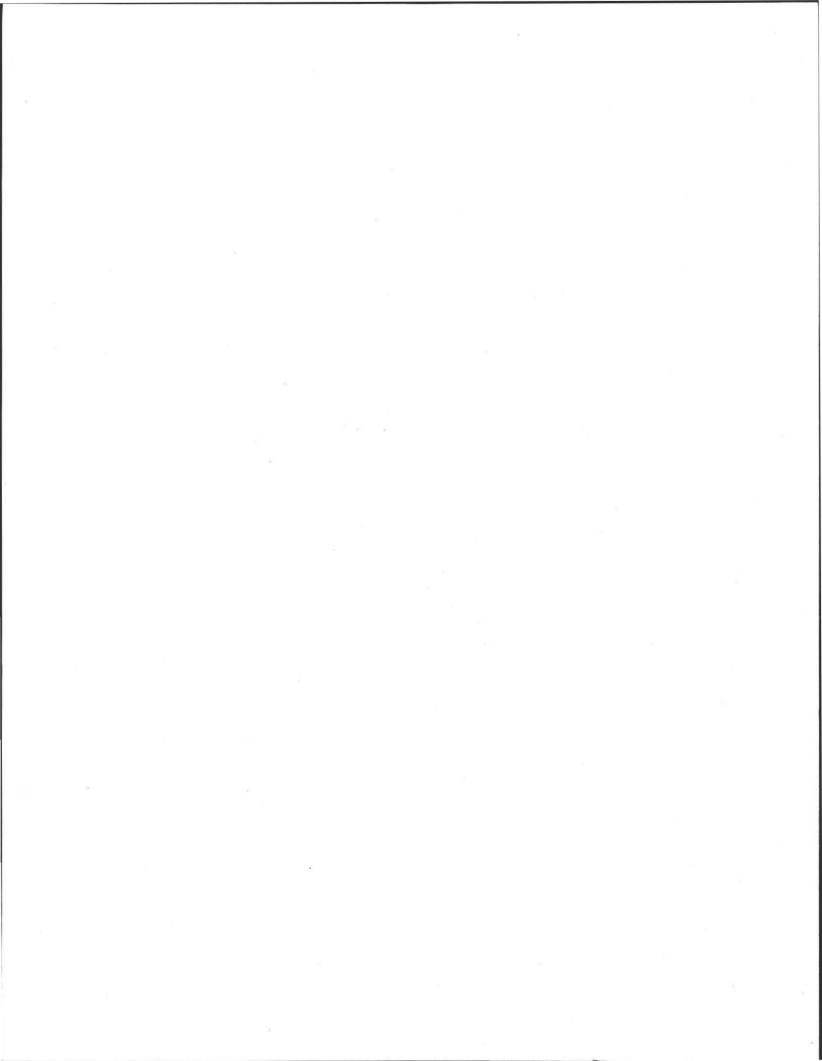
APPLICATION FOR A WATER SUPPLY CERTIFICATE

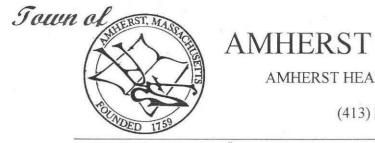
I hereby petition the Board of Health of the Town of Amherst for a Water Supply Certificate for a potable well.

Located at: 290 Flat Hills Rd Assessor's Parcel No: 6B-100
Assessor's Parcel No: 6B-100
Constructed Under Well Construction Permit No: FY 12-3
By Well Driller: LArry G. Cushing & SONS, INC. Registration No: # 558
Owner of Well: JANIT & Shurry Poinvier Mail Address: 290 Flot Hills RA Telephone: 413 629-81 33
VOLUME OF WATER FOR HOUSEHOLD DAILY NEEDS:
Plumber performing connection: <u>Kiek's Plumbing</u> Plumber Permit Number:
Electrical Connections by: Cushing & Sons, INC (Electrical connections must be made by a pump installer or Registered Well Driller.)
REPORT FILED BY: KINNITH C LeBlanc (Please Print Clearly)
SIGNATURE: Kenneth Clebler DATE: 4/8/13
THE FOLLOWING MUST BE SUPPLIED TO THE BOARD OF HEALTH IN ORDER TO OBTAIN A WATER SUPPLY CERTIFICATE:
 Well Construction Permit Application for a Water Supply Certificate Application of the Well Completion Depart
3. A copy of the Well Completion Report

- 4. A copy of the Pumping Test Report (nev #3)
- 5.
- A copy of the Water Quality Report An As-Built of the well location referenced to at least two permanent landmarks. 6.

MAKE SMOKING HISTORY





Massachusetts

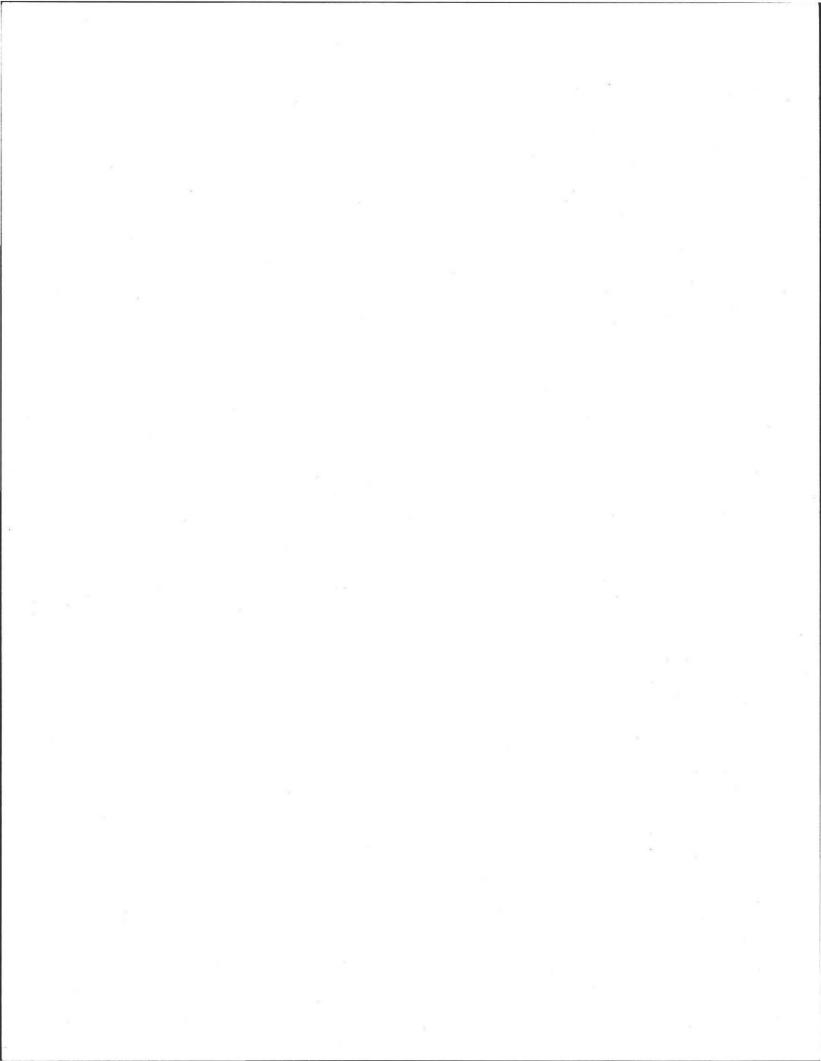
AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX

APPLICATION FOR A WELL CONSTRUCTION PERMIT

I hereby petition the Board of Health of the Town of Amherst for a Well Construction Permit (WCP) to install a private well in the Town of Amherst. ATTACHED IS A PLAN SHOWING THE PROPOSED LOCATION OF THE WELL (<u>WITH ORIGINAL</u> <u>DATE, STAMP AND SIGNATURE</u> OF AN ENGINEER, REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) AND ALL OTHER REQUIREMENTS OF THE AMHERST BOARD OF HEALTH REGULATIONS FOR PRIVATE WELLS.

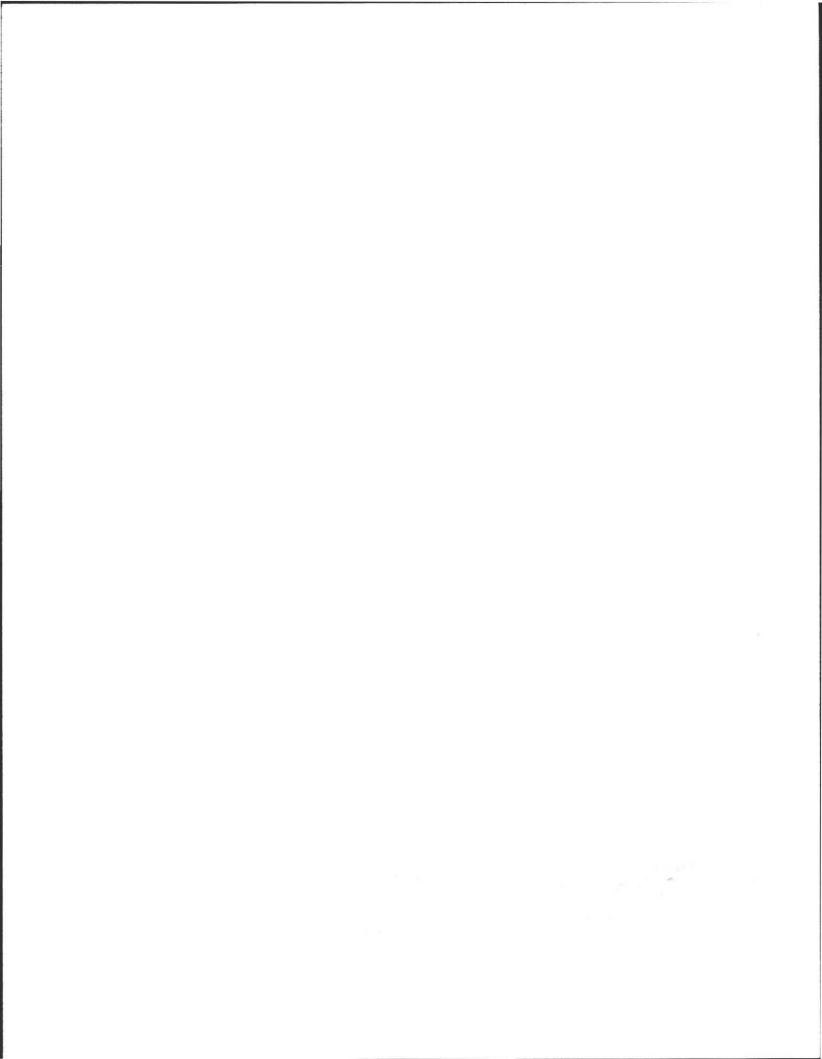
1. Address of Property: LOT Y, Fla	+ Hill's RD-
2. Assessor of Parcel Number: M_{q} 3D,	LOTZI, (Purtion)
3. Name of Owner: Ken Leblauc.	
Address of Owner: PoB- 307,	5. Hedly, MA.
4. Name of Well Driller:	Reg. #
5. Purpose of Well: *Drinking (X) Agricultural Onl \$100.00 \$50.00	y() Ground Source Heat Pump() \$50.00
The undersigned acknowledges that he must, before commencing capplication, secure any and all other permits which may be required Massachusetts, and agree to abide by all regulations of the Town of private wells.	by the laws of the Town of Amherst and the Commonwealth of
The undersigned also understands that if a private well is to be used structure the well is to serves WILL NOT BE ISSUED UNTIL A of Health. Name of Applicant:	Water Supply Certificate has been granted by the Amherst Board
Applicant Signature: Kunnth CURlan	
For Office Use Only	
Permit Issued By: Educe Repuise 12/4/12	Permit Denied By:
PERMIT NUMBER: <u>/3-/</u>	REASON:
DATE ISSUED: 12/4/2012	DATE DENIED:
Inspected By: Speck Can Hea	Fee Paid: Yes No Amount
Inspection Date: 4/2/2073	Cash/Check # Date of Payment

MUNIS App. _____ Batch_____



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4. COM	MENTS						dre Falik			Total We	ell Depth	502 Dep	th to Bedrock	33
5. WEL	. WELL DRILLER'S STATEMENT This well was drilled, altered, and/or abandoned under my supervision, according to applicable rules and regulations, and this report is complete and correct to the best of my knowledge.													
riller: _A	like	San	ders		es and r sing Dri				Bar	ON	and corre			58
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NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.



DEC-21-2012 05:39P FROM: QUABBIN



Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

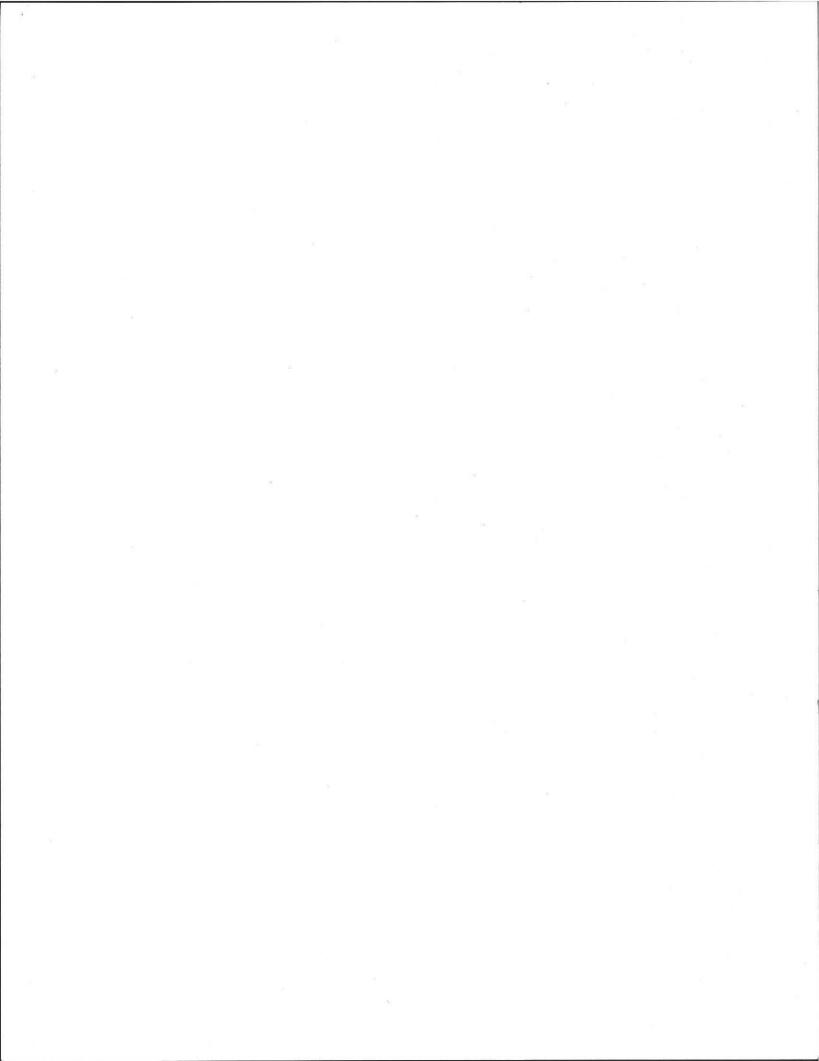
(413)-323-7134

Name:	Cushing & Sons	Sample Date:	12-20-12
Address:	P.O. Box 668	Report Date:	12-21-12
	Walpole, NH 03608-0668	Collected By:	Cushing & Sons
Sample Location:		Type Supply:	Well
	LeBlanc	Sample No.:	QAL 6093
-	Flat Hills Road		and the second se
-	Amherst, MA 01002		

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	Absent	Absent
Fecal Coliform Bacteria	Absent	Absent
Nitrite	0	1.0 mg/l
Nitrate	0.1	10.0 mg/l
pH	7.88	6.5-8.5
Alkalinity	42.0	No Limit
Iron	*1.45	.30 mg/l
Manganese	*.58	.05 mg/l
Copper	0	1.3 mg/l
Sulfate	22.0	250 mg/l
Chloride	12.8	250 mg/l
Hardness	64.0	No Limit
Conductivity	207.0	No Limit
Total Dissolved Solids	136.6	500 mg/l
Turbidity	*52.0	5 NTU
Chlorine	0	0
Sodium	14.9	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Iron, Manganese & Turbidity, 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.

David Fredenburgh, Director

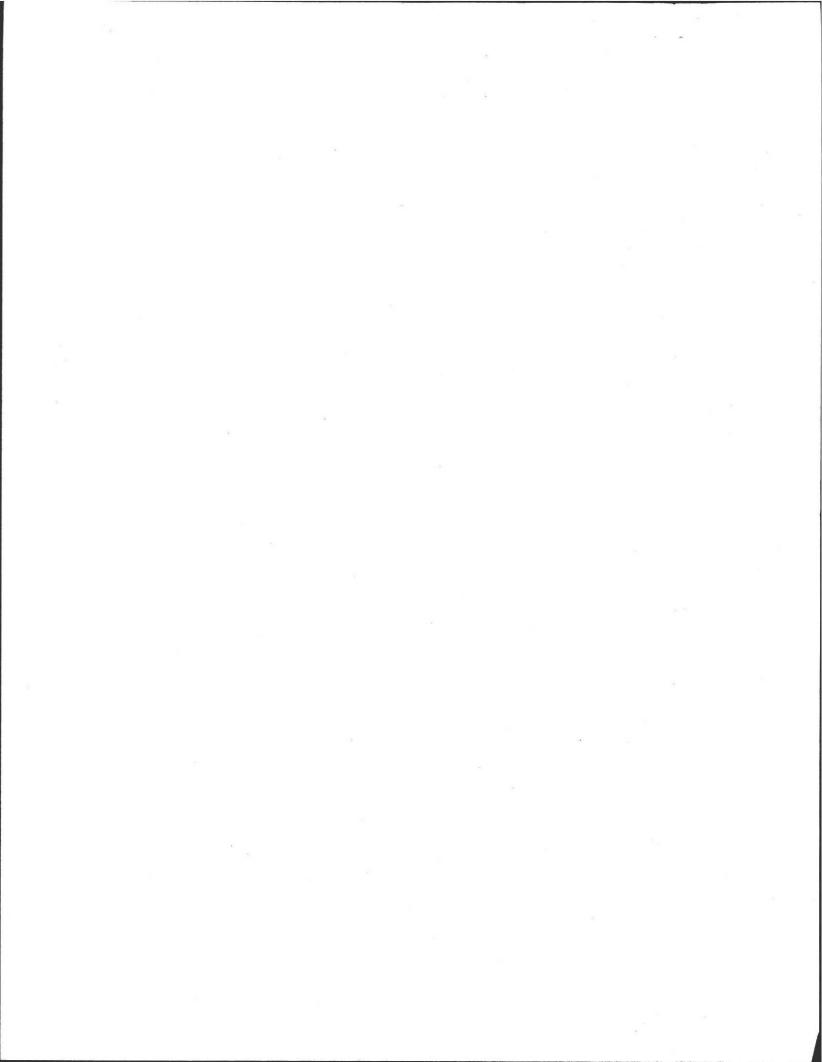


TUUU GAL. BUUND OF IV TIJUU UAL. L. FIELD p. chamb. bm = top = 100.0' S. TANK 99 Ø 53 E ---> N 85 59 222.16 DRIVE 40.00 FT. WIDE 47.5 d. box PROPOSED TOTAL=295.00-80'-165 DRIVE RY MAP FROM: T, PLS, 98 ROAD RO, VT. PROPOSED 100' WELL OFFSET 1 RES. 97 A 1948 HAMPSHIRE COUNTY LAYOUT (PORTION), AKA LOT 2 HILLS 100 97 49 SF (1.02 ACRES 50 E PROPOSED 3-4-BEDROON FLAT QWELLING 23 63 50' offset S 96 -EXISTING v CONTOUR a 10 OTHERS USE 40 ML POLY LINER a12 STAKED a14 PROPOSED CONTOURS SILTATION CONTRO a8 SUL VILL 295.00' 53 W <--- S 85 59 FINA -Install permanent markers at 25' CONTROL NOTES:

offset from flags

75 - 2012

d Virgin Straw Bales OR SEDIMENT SOCK





AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

November 20, 2012

RE: Lot 4, Flat Hills Road, Amherst, MA 01002

Dear Amherst Board of Health:

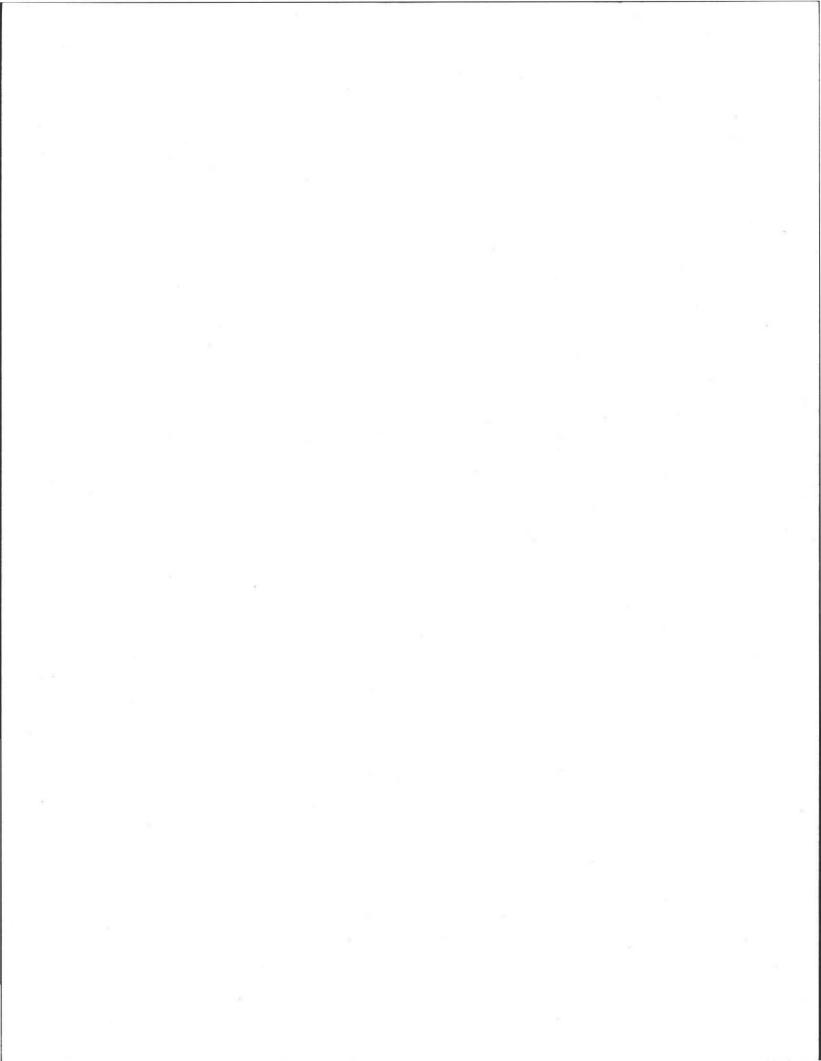
I have reviewed the plan for the installation of the drinking well at Lot 4 Flat Hills Road, Amherst, currently owned by Kenneth LeBlanc. In my opinion the proposed well plan design meets the requirements of the Amherst Board of Health Regulations for Private Wells as adopted on October 30, 2008, with amendments effective on March 15, 2011.

I visited the site today November 20, 2012 and observed no violations at this point. Mr. Alan Weiss will be notified to attend the BOH meeting to answer any questions or concerns you may have.

Respectfully submitted by,

su'His

Edmund Smith Assistant Sanitarian



Town of	AMHERST	Massachuset	ts
		PARTMENT, 70 BOLTWOOD WALK, IERST, MA 01002	
FORMDED 1759	(413) 259-307	7 (413) 259-2404 - FAX	•

APPLICATION FOR A WELL CONSTRUCTION PERMIT

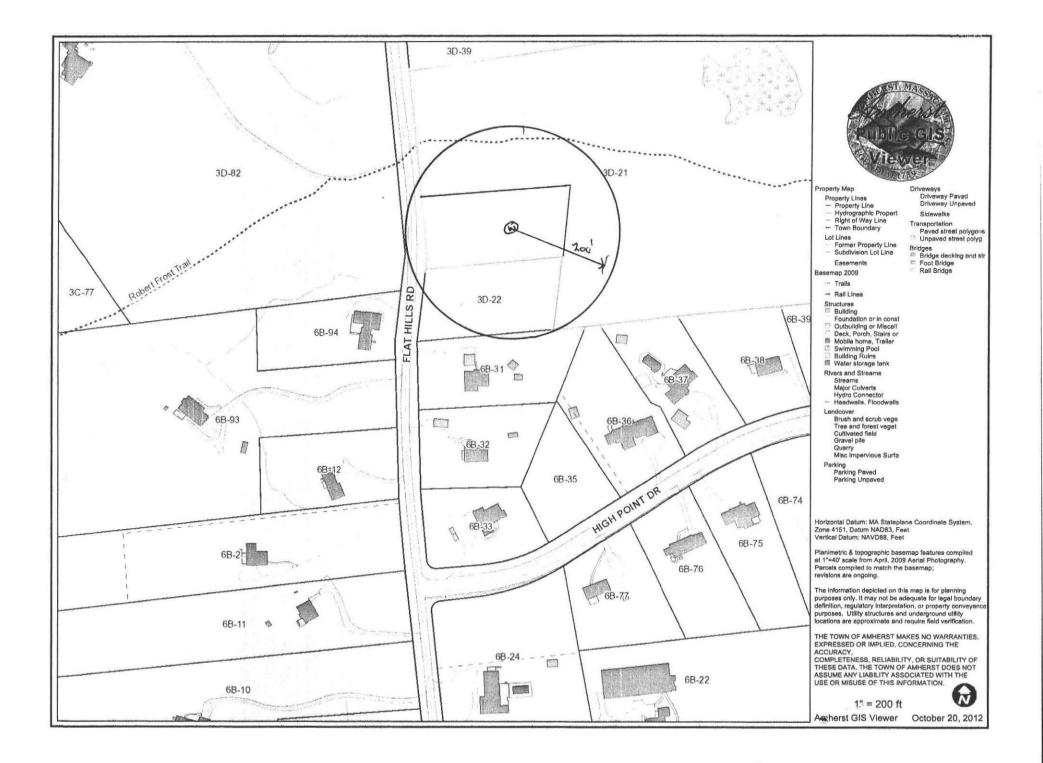
I hereby petition the Board of Health of the Town of Amherst for a Well Construction Permit (WCP) to install a private well in the Town of Amherst. ATTACHED IS A PLAN SHOWING THE PROPOSED LOCATION OF THE WELL (WITH ORIGINAL DATE, STAMP AND SIGNATURE OF AN ENGINEER, REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) AND ALL OTHER REQUIREMENTS OF THE AMHERST BOARD OF HEALTH REGULATIONS FOR PRIVATE WELLS.

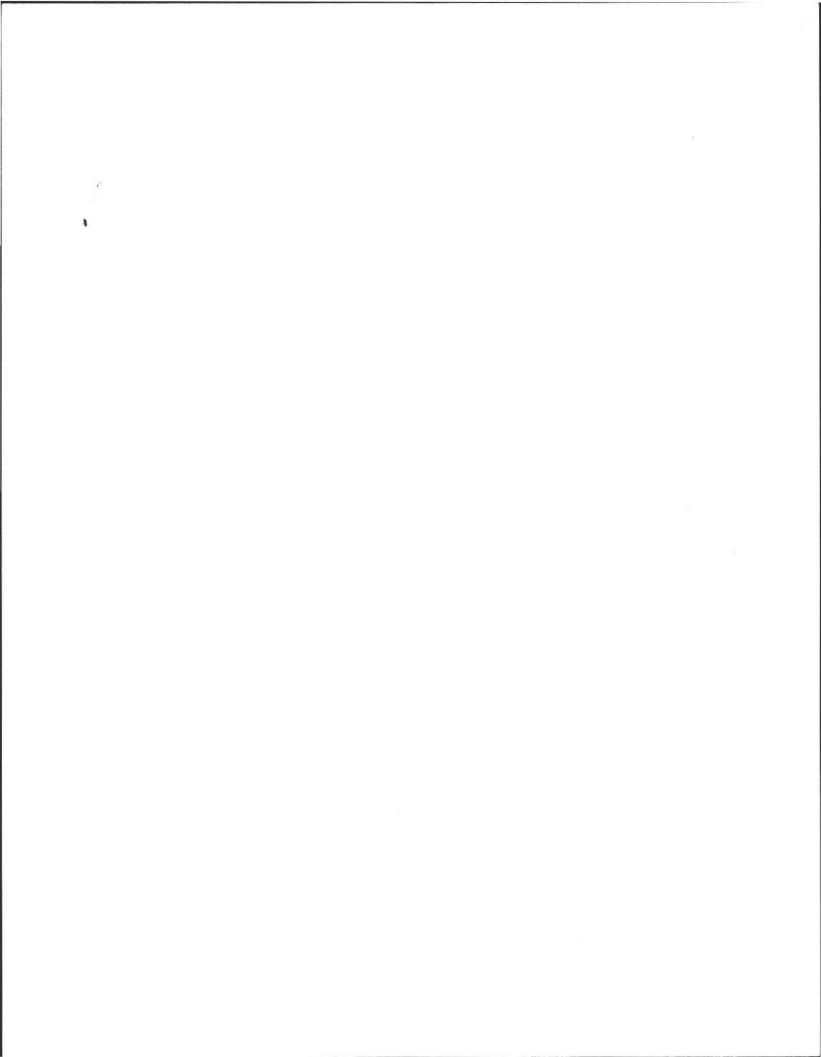
1. Address of Property: LoT 4, Fla	at Hill's RD-					
2. Assessor of Parcel Number: M_{q} 3D,	LOTZI, (Pution)					
3. Name of Owner: Ken Leblauc.	Telephone Number: <u>413 - 534 - 1029</u>					
Address of Owner: PoB- 307,	5. Hedly, MA.					
/ 4. Name of Well Driller: $\frac{CUSUVV6S + S}{(Must be registered with Mass$	4. Name of Well Driller: (Must be registered with Massachusetts Water Resources Commission) Reg. #					
5. Purpose of Well: *Drinking (X) Agricultural Only () Ground Source Heat Pump () \$100.00 \$50.00 \$50.00						
The undersigned acknowledges that he must, before commencing construction or use of the system which is the matter of this application, secure any and all other permits which may be required by the laws of the Town of Amherst and the Commonwealth of Massachusetts, and agree to abide by all regulations of the Town of Amherst and the Commonwealth of Massachusetts concerning private wells.						
The undersigned also understands that if a private well is to be use structure the well is to serves WILL NOT BE ISSUED UNTIL A of Health. Name of Applicant:	A Water Supply Certificate has been granted by the Amherst Board					
Applicant Signature: Kunnith Cli Rlue Date: 10-26-12						
For Office Use Only	19					
Permit Issued By:	Permit Denied By:					
PERMIT NUMBER:	REASON:					
DATE ISSUED:	DATE DENIED:					
Inspected By:	Fee Paid: Yes No Amount					
Inspection Date:	Cash/Check # Date of Payment					

MUNIS App. _____ Batch_____

i

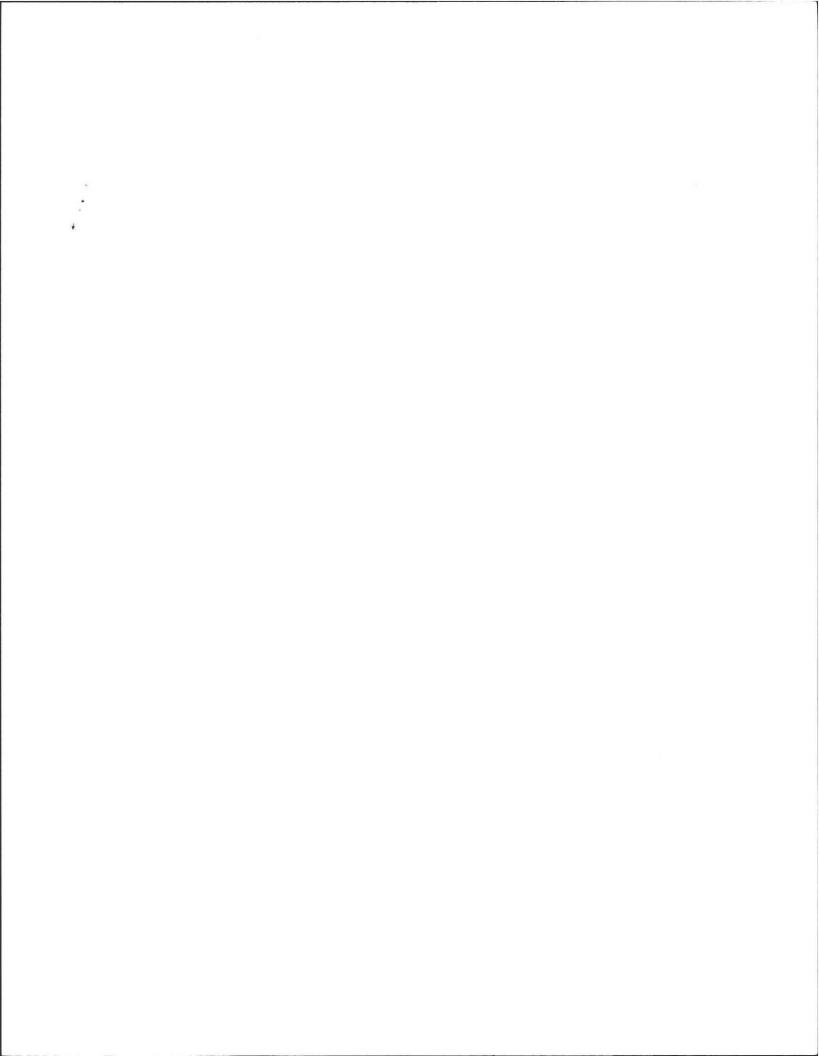
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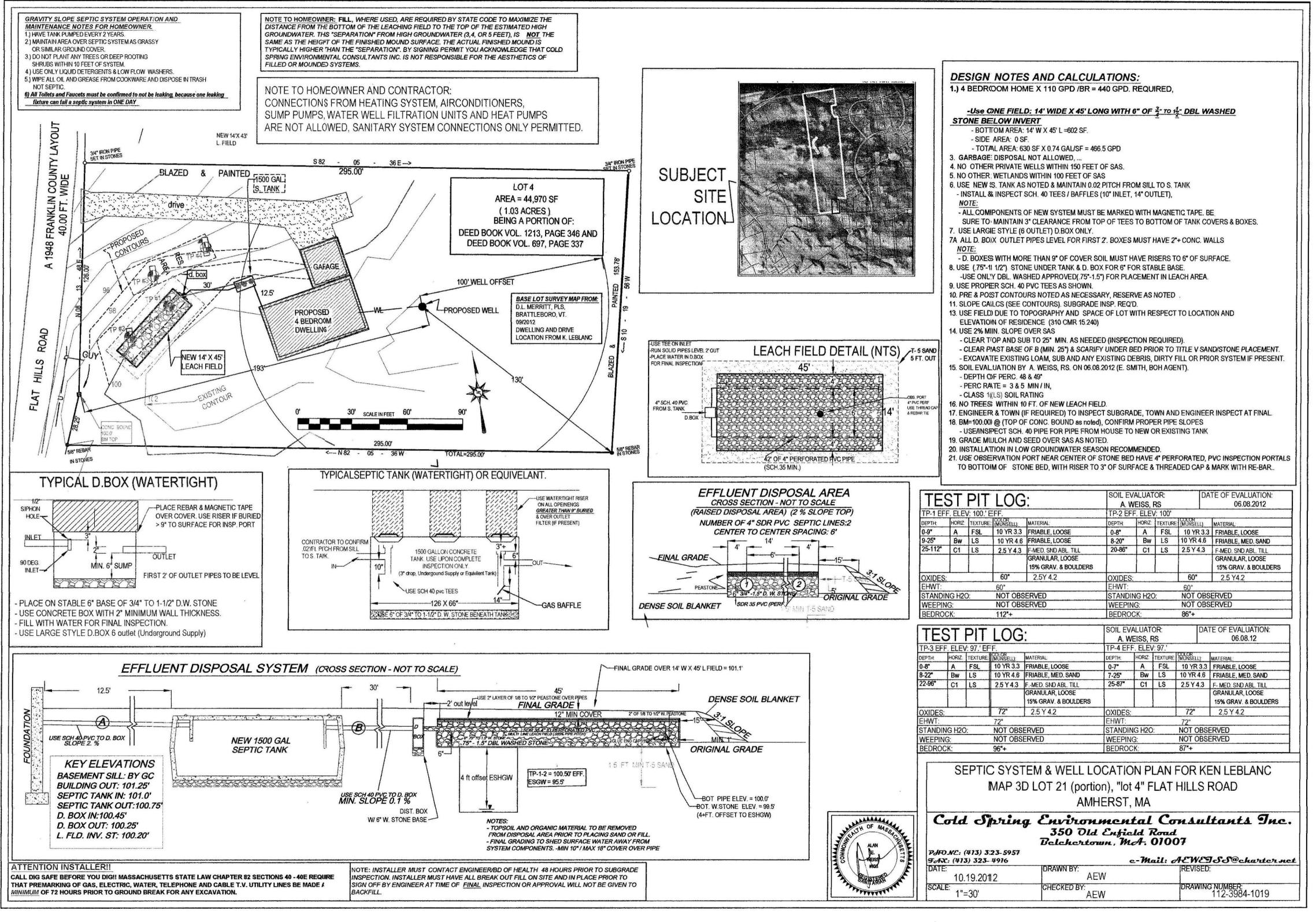


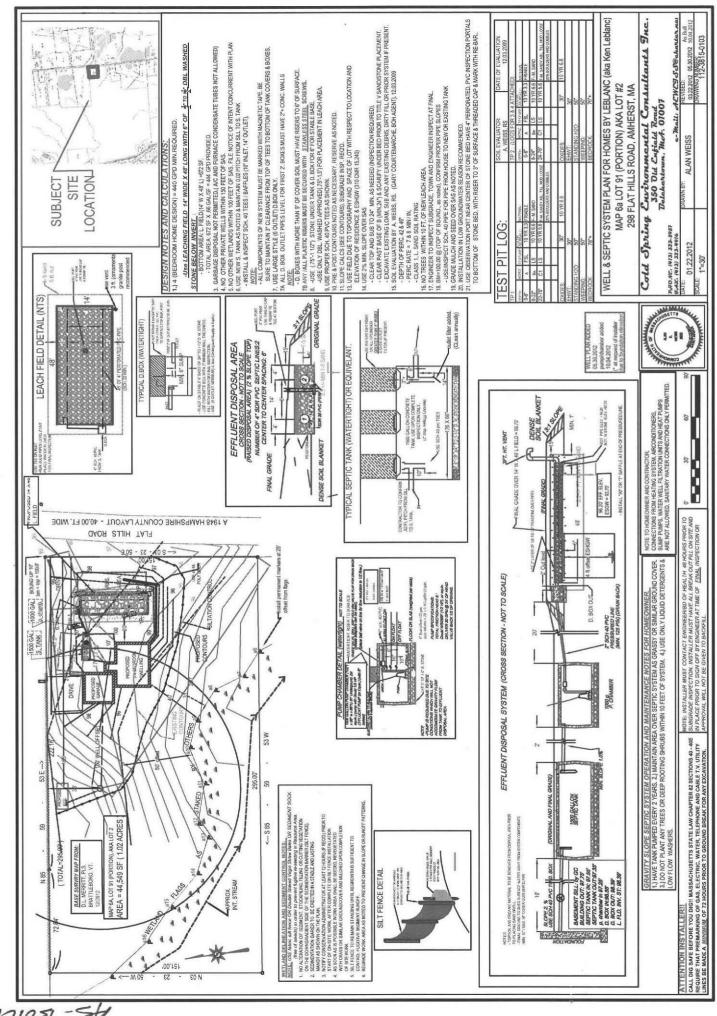


Abuttas:

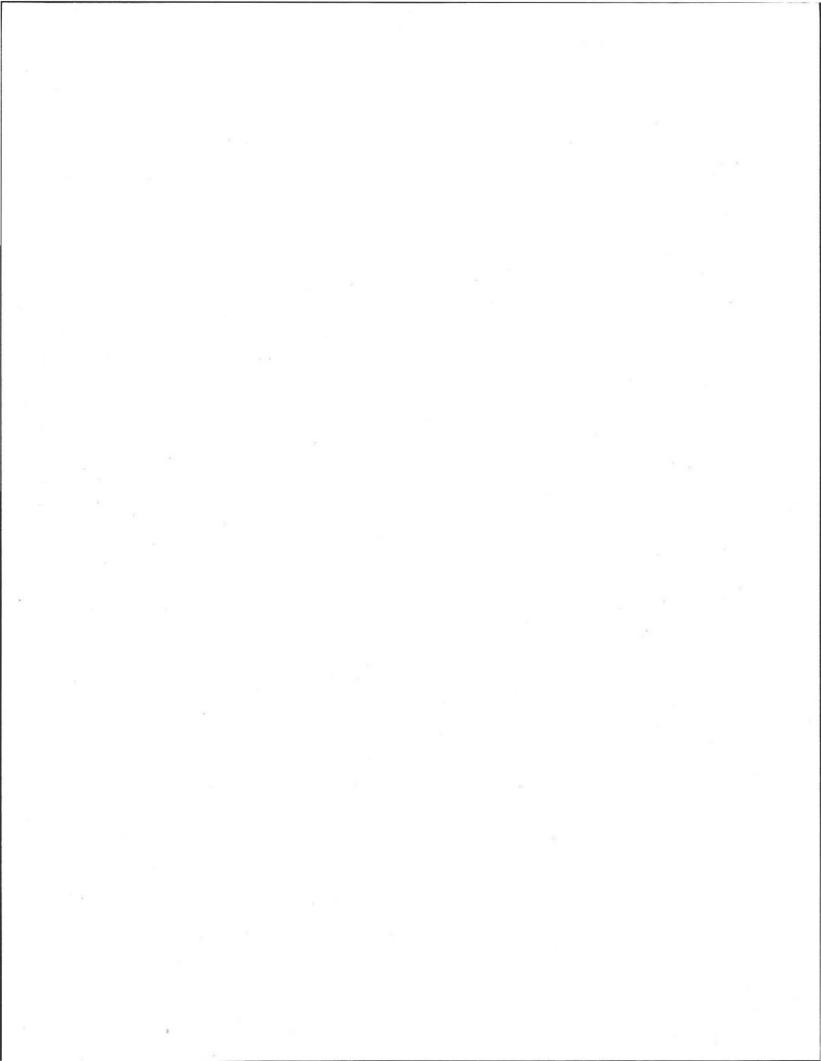
- 30.21 WD couls: Pob 9079; N. Anherst MA 61059
- 30-22 Gaoyow Xie + You Ying: 463 Flat Hills RD. Andrerst. MA. 01002.
- 30-82 Eva Lohrer + Keith McCornick: 192 FLAT HILLS PD. Ancherst, MA 01002
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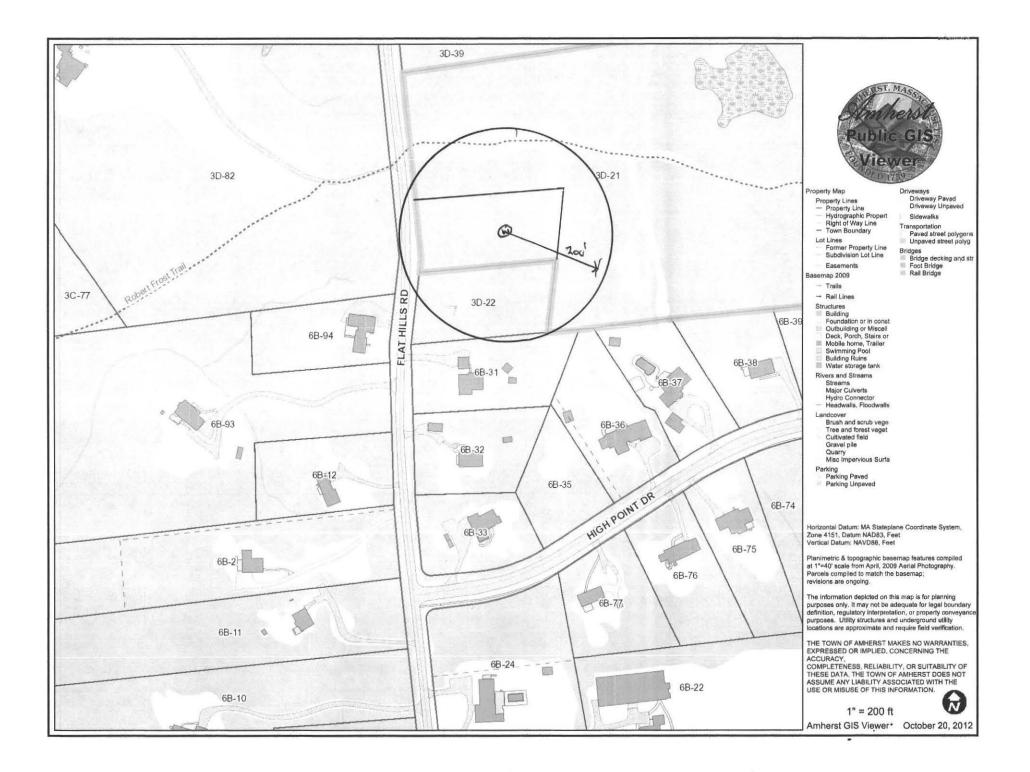


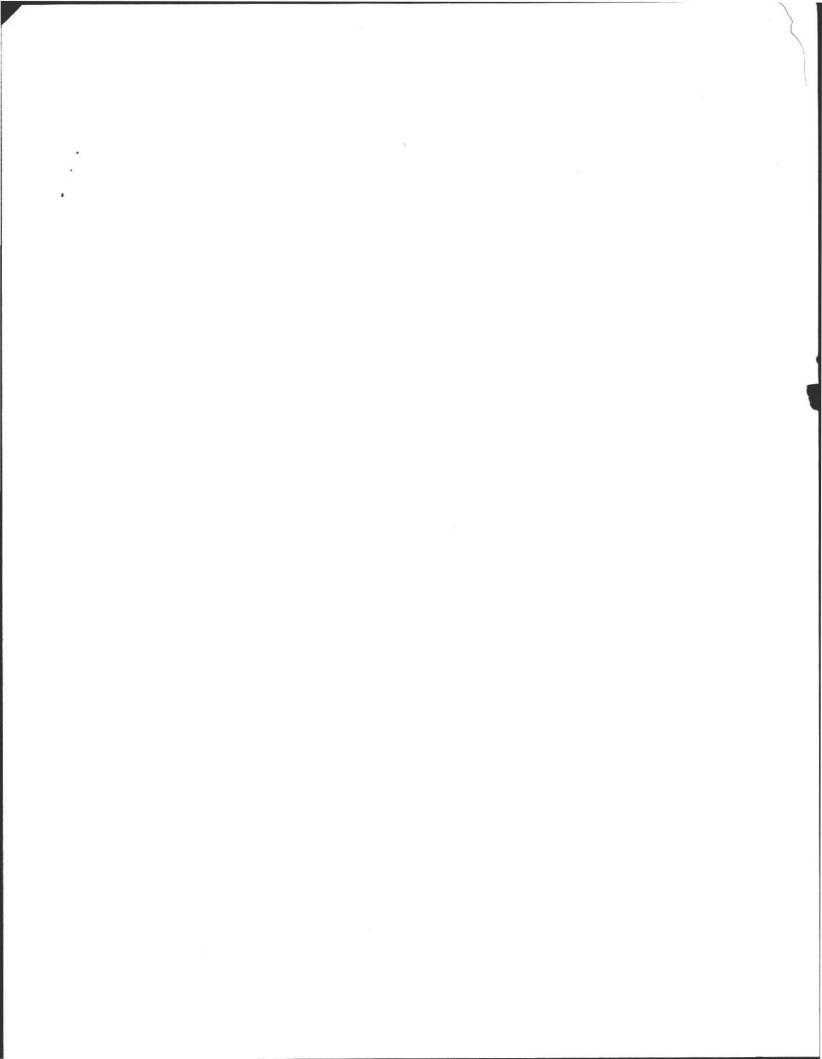




DICE







November 2012 INVOICE

me.

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: Nov. 16, 2012

то

Homes by Leblanc, Inc. PO Box 307 South Hadley, MA 01075

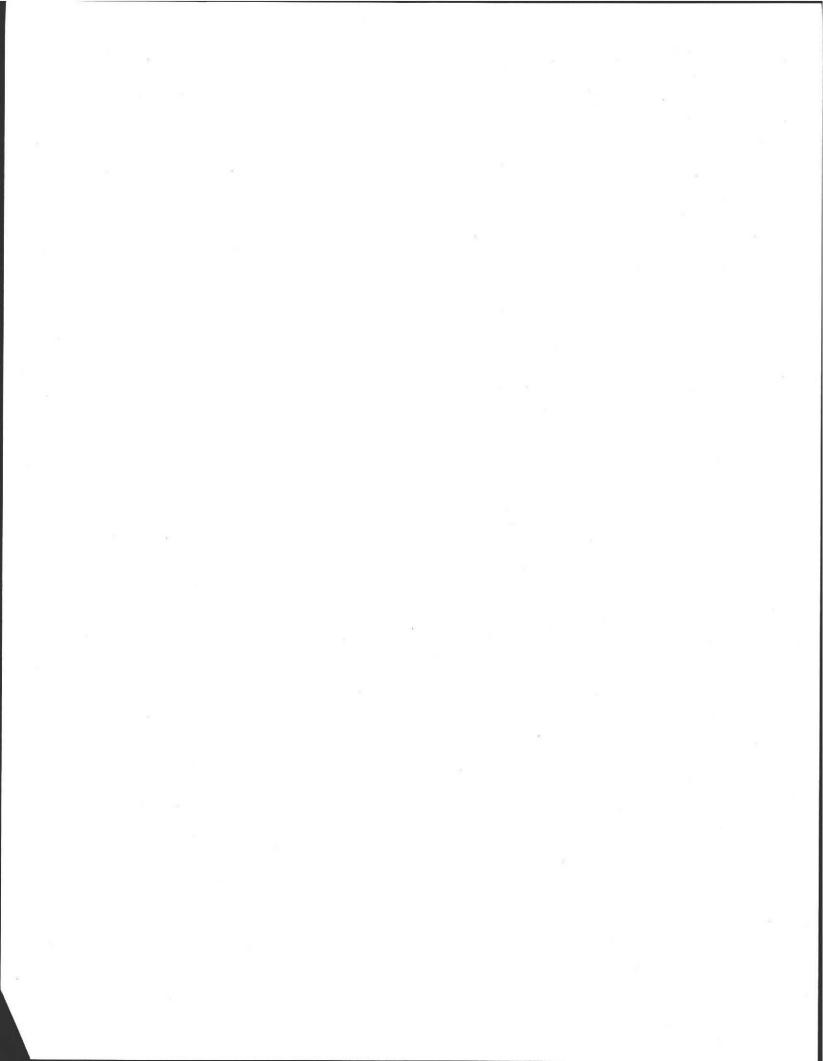
RE: Invoice for Well Permit and Septic Review

Services provided by Edmund Smith
PAYMENT TERMS: I PAID

QUANTITY	DESCRIPTION	UN	NIT PRICE	LINI	TOTAL
1.00	Well Construction Permit	\$	100.00	\$	100.00
1.00	Plan Review	\$	150.00	\$	150.00
	above for Map 3D, Lot 21 Portion (Lot 4 Flat Hills Road)				
	Rec'd today your check #1953 for \$250.00				
	this invoice is paid in full/thank you				
			SUBTOTAL	ş	250.00
			SALES TAX		

TOTAL \$

250.00





AMHERST Massachusetts

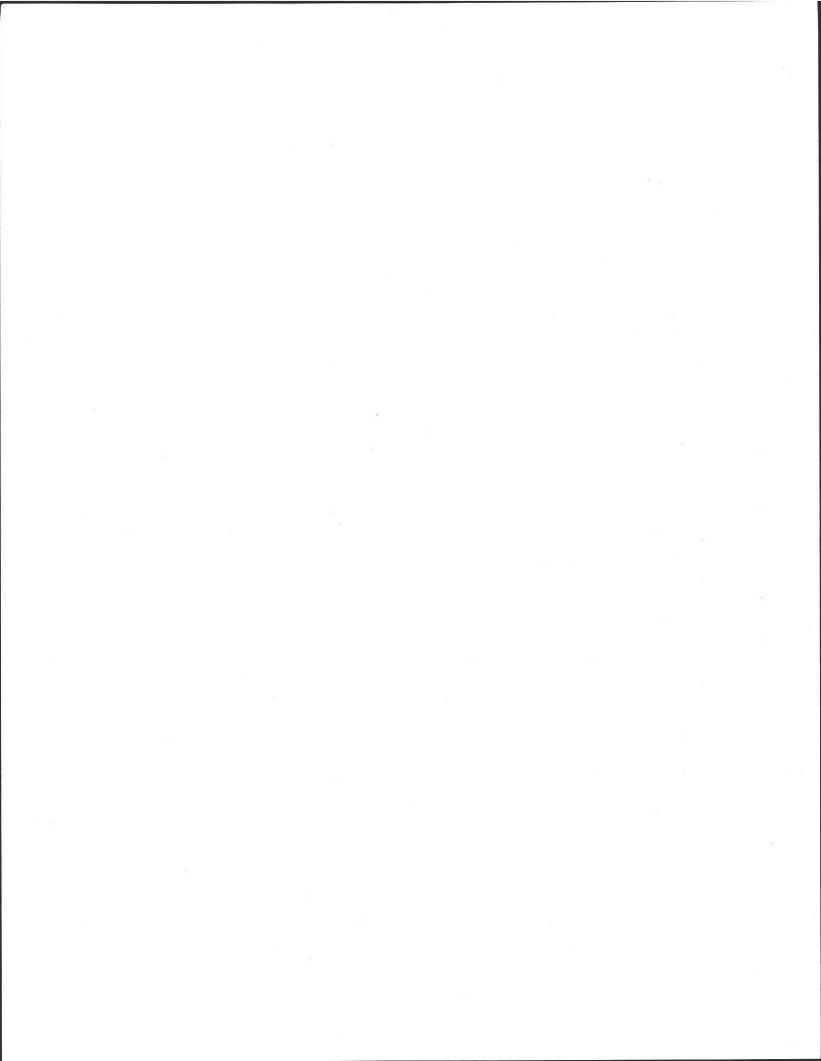
AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

APPLICATION FOR A WATER SUPPLY CERTIFICATE

I hereby petition the Board of Health of the Town of Amherst for a Water Supply Certificate for a potable well.

Located at:	
Assessor's Parcel No:	
Constructed Under Well Construction	Permit No:
By Well Driller:	
Registration No:	
Owner of Well:	
Mail Address:	Telephone:
The volume of water necessary to suppor equation: Number of bedrooms x 200 ga Number of gallons needed dat	
Plumber performing connection:	
Plumber Permit Number:	
	connections must be made by a pump installer or Registered Well Driller.)
(Electrical	connections must be made by a pump installer or Registered Well Driller.)
REPORT FILED BY:	
	(Please Print Clearly)
SIGNATURE:	DATE:
THE FOLLOWING MUST BE SUP OBTAIN A WATER SUPPLY CERT	PLIED TO THE BOARD OF HEALTH IN ORDER TO FIFICATE:
1. / Well Construction Pe	rmit
2. Application for a Wat	
3. A copy of the Well Co	
4. A copy of the Pumpin 5. A copy of the Water (g rest Report
6. An As-Built of the we	Il location referenced to at least two permanent landmarks.

MAKE SMOKING HISTORY



Smith, Edmund

From: HomesByLeBlanc@comcast.net Wednesday, February 06, 2013 6:42 PM Sent: Smith, Edmund To: Subject: Re: Well for 209 Flat Hill Road /well water test Attachments: 471flathillwatertest.pdf Follow Up Flag:

Flag Status:

Follow up Completed

Hi Ed.

Please find attached the well water test from Quabbin Analytical.

Best,

Ken LeBlanc

From: "Edmund Smith" <smithe@amherstma.gov> To: HomesByLeBlanc@comcast.net Sent: Tuesday, February 5, 2013 1:46:49 PM Subject: Well for 209 Flat Hill Road

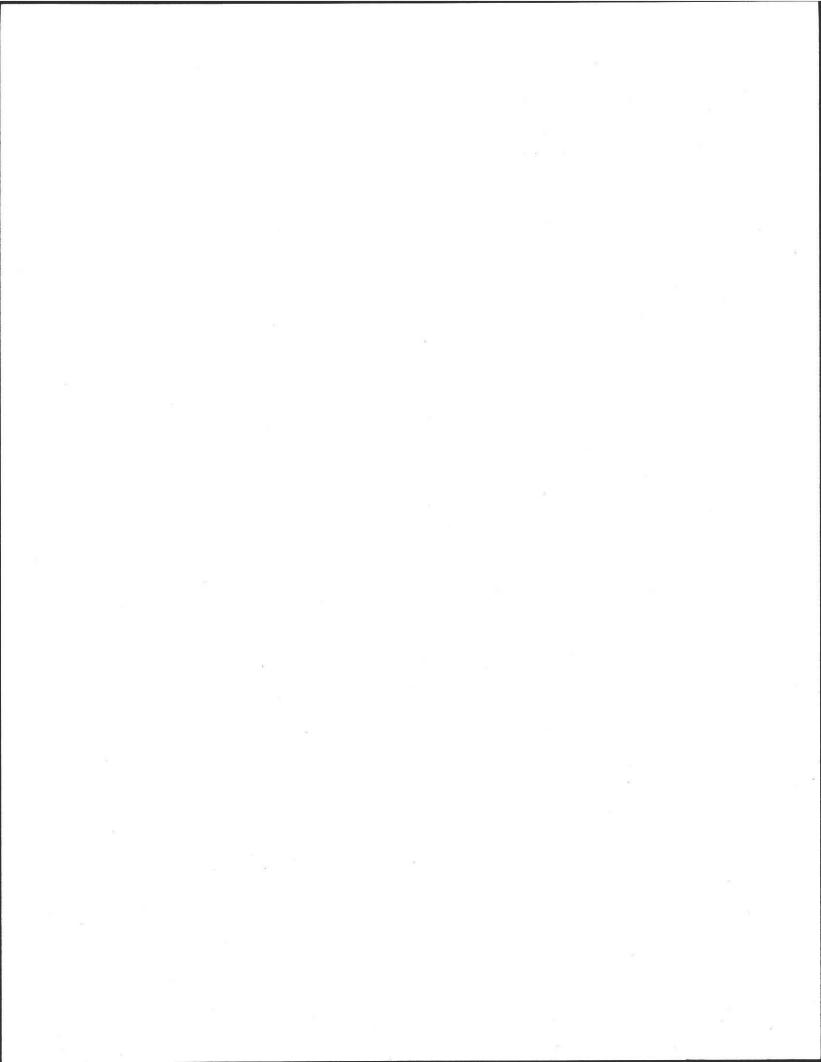
Dear Ken -

We've received a copy of the Well Completion Report, and look forward to getting the results of your water quality test so that the Board may issue a Water Supply Certificate. Sincerely Ed Smith

1

Edmund R. Smith Health Inspector; (413)259-3153

my regular hours: Tuesdays 8-4:30; Thursdays 12:30-4:30; Fridays 8-4:30 Amherst Health Department main phone #: (413)259-3077; fax (413)259-2404 **Bangs Community Center** 70 Boltwood Walk Amherst, MA 01002



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Follow up

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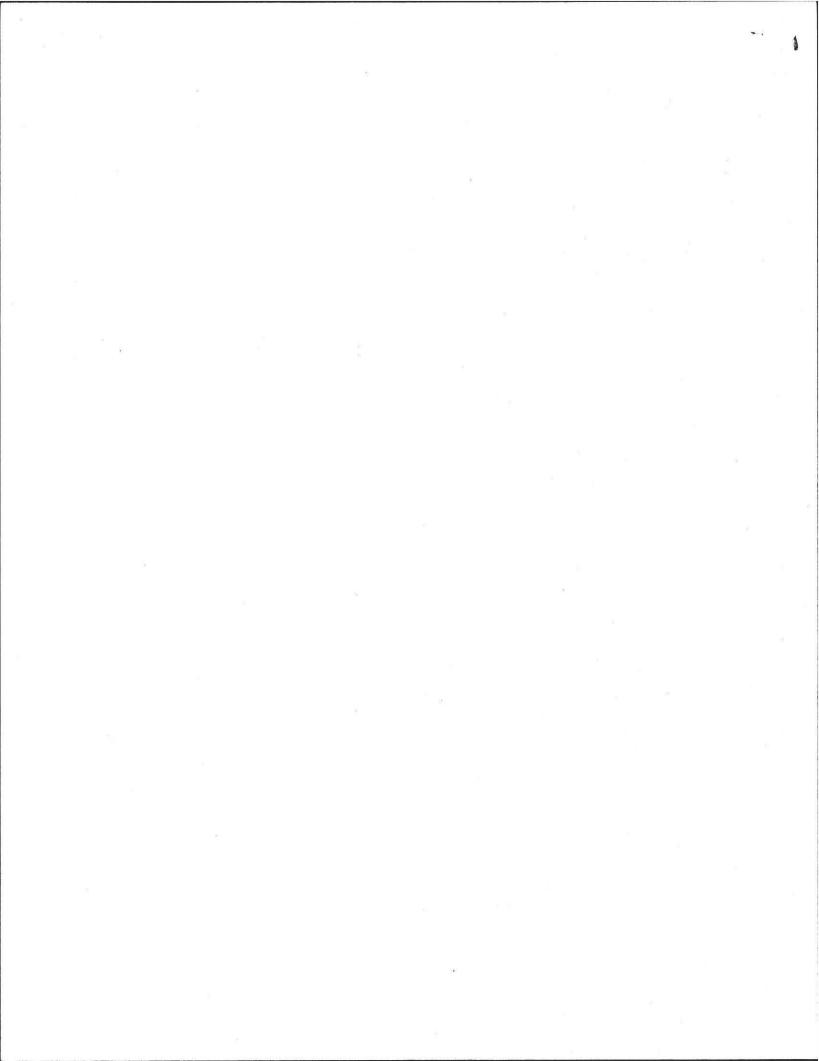
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DEC-21-2012 05:39P FROM: QUABBIN

413-323-5033



Quabbin Analytical Laboratory

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

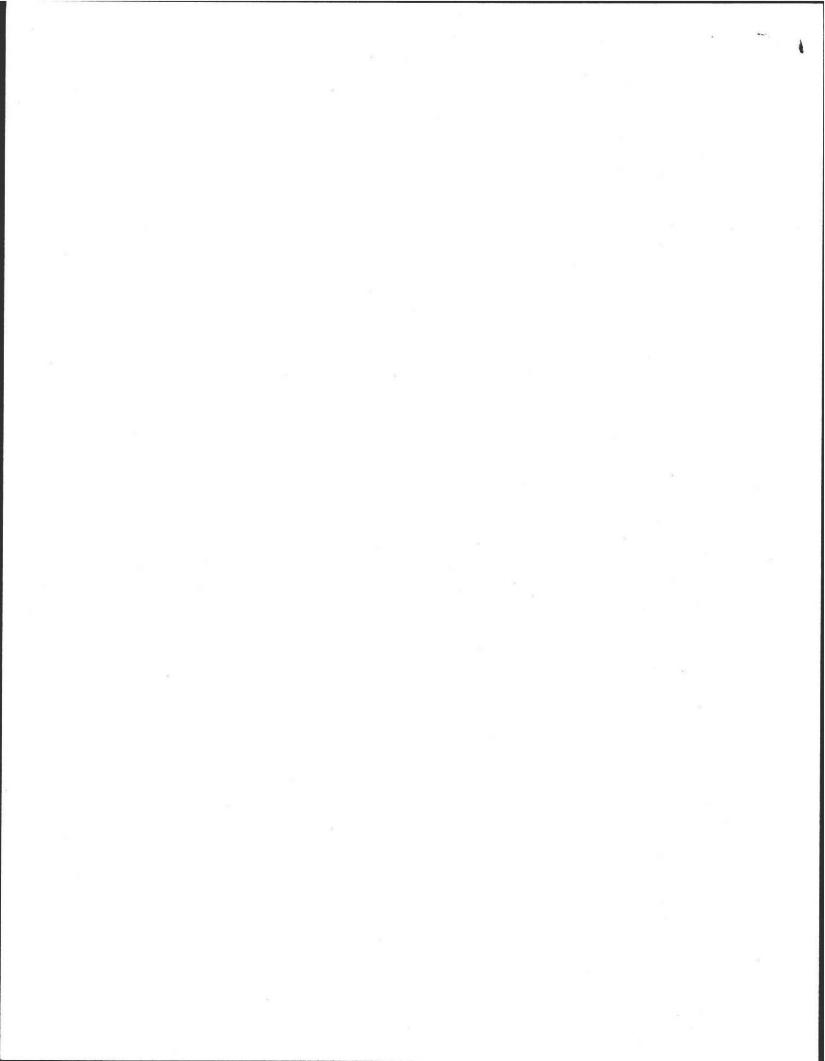
Name:	Cushing & Sons	Sample Date:	12-20-12	
Address:	P.O. Box 668	Report Date:	12-21-12	
	Walpole, NH 03608-0668	Collected By:	Cushing & Sons	
Sample Location:		Type Supply:	Well	
	LeBlanc	Sample No.:	QAL 6093	
	Flat Hills Road			
	Amherst, MA 01002			
-				

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	Absent	Absent
Fecal Coliform Bacteria	Absent	Absent
Nitrite	0	1.0 mg/l
Nitrate	0.1	10.0 mg/l
pH	7.88	6.5-8.5
Alkalinity	42.0	No Limit
Iron	*1.45	.30 mg/l
Manganese	*.58	.05 mg/l
Copper	0	1.3 mg/l
Sulfate	22.0	250 mg/l
Chloride	12.8	250 mg/l
Hardness	64.0	No Limit
Conductivity	207.0	No Limit
Total Dissolved Solids	136.6	500 mg/l
Turbidity	*52.0	5 NTU
Chlorine	0	0
Sodium	14.9	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Iron, Manganese & Turbidity, 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.

David Fredenburgh, Director

P.1

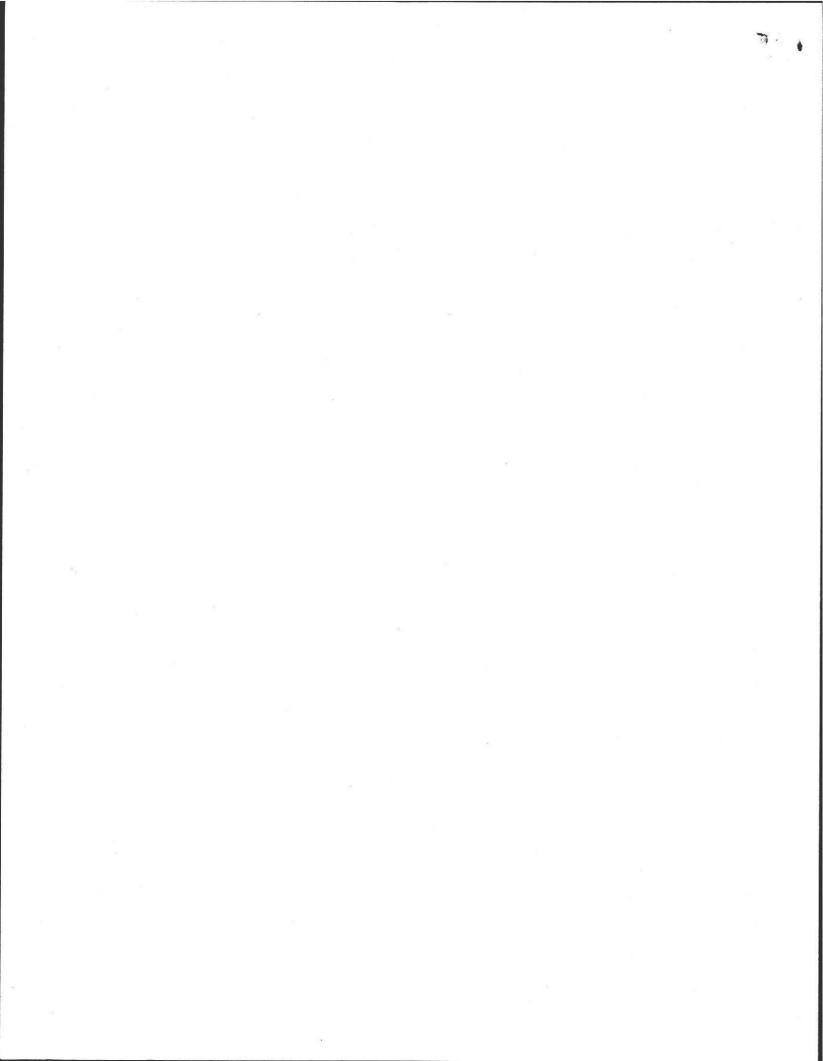


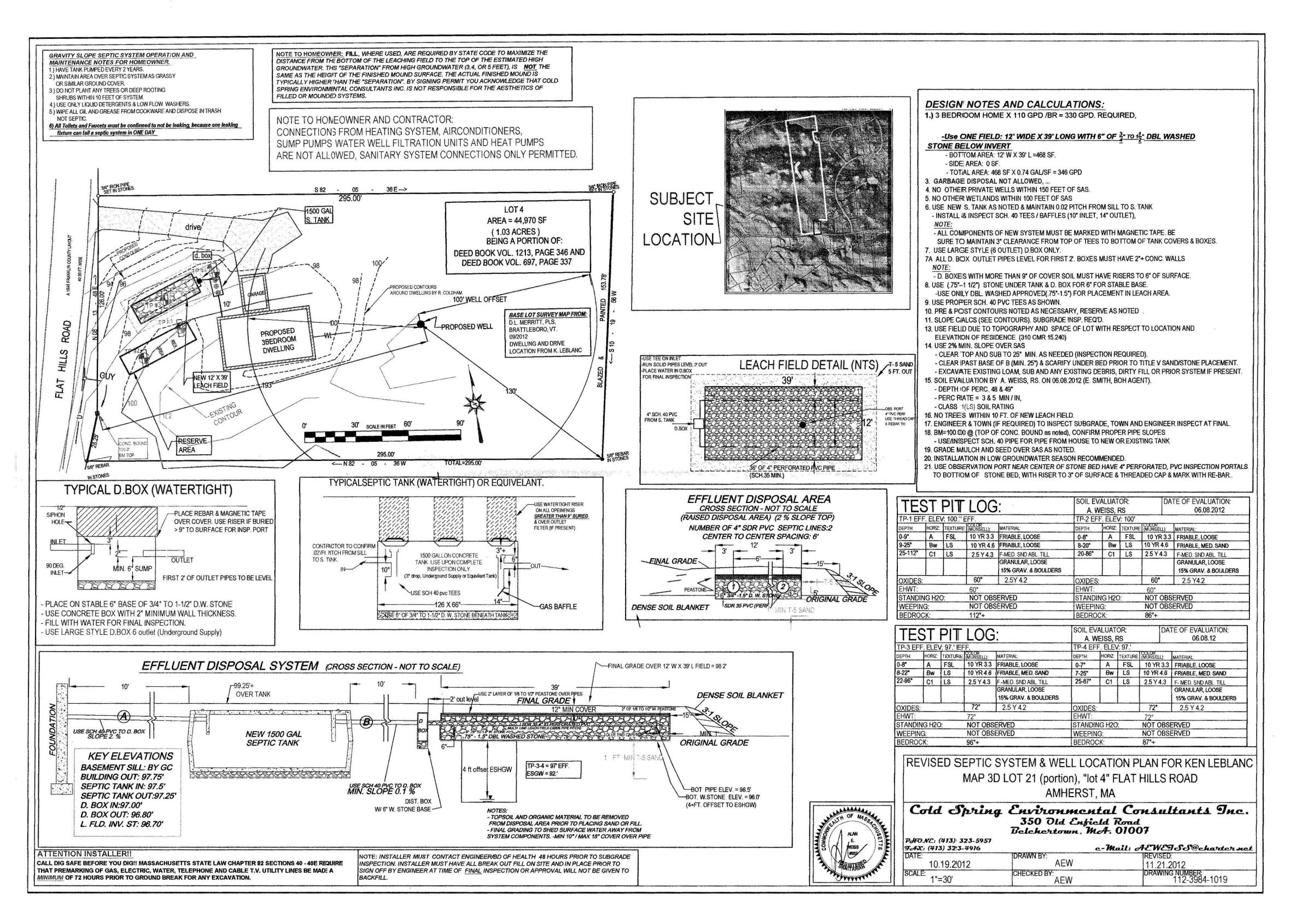
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City/To	wn.		Am	herst			City/1	Town:	arooo	S. HA	Ven	MA	01075	
				Assessors Lot #:										ovoilabl
				d: Yes								1.12	S State State	
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4

NOTE. Well Completion Reports must be filed by the registered well driller within 30 days of well completion.





	<i>Massachusetts</i> TH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 59-3077 (413) 259-2404 - FAX
APPLICATION FOR A WELL I hereby petition the Board of Health of the Town of Amherst for a Town of Amherst. ATTACHED IS A PLAN SHOWING THE PI DATE, STAMP AND SIGNATURE OF AN ENGINEER, REGI SURVEYOR) AND ALL OTHER REQUIREMENTS OF THE PRIVATE WELLS.	Well Construction Permit (WCP) to install a private well in the ROPOSED LOCATION OF THE WELL (<u>WITH ORIGINAL</u> STERED SANITARIAN, OR REGISTERED LAND AMHERST BOARD OF HEALTH REGULATIONS FOR
1. Address of Property: LoT Y, Flat	+ Hill's RD-
2. Assessor of Parcel Number: M_{q} 3D,	LOTZI, (Ruthow)
	Telephone Number: <u>4/3</u>
	Hedly MA.
	Reg. #
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For Office Use Only	
Permit Issued By: Eden R mille 12/4/17	Permit Denied By:
PERMIT NUMBER:	REASON:
DATE ISSUED: 18/4/2012	DATE DENIED:
Inspected By:	Fee Paid: Yes No Amount
Inspection Date:	Cash/Check # Date of Payment

MUNIS App. _____ Batch_____

Abuttos:

- 30-21 WD couls: Pob 9079; N. Anherst MA 61059
- 30-22 Gaoyow Xie + You Ying : 463 Flat Hills RD. Andrerst. MA. 01002
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AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002 (413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

November 20, 2012

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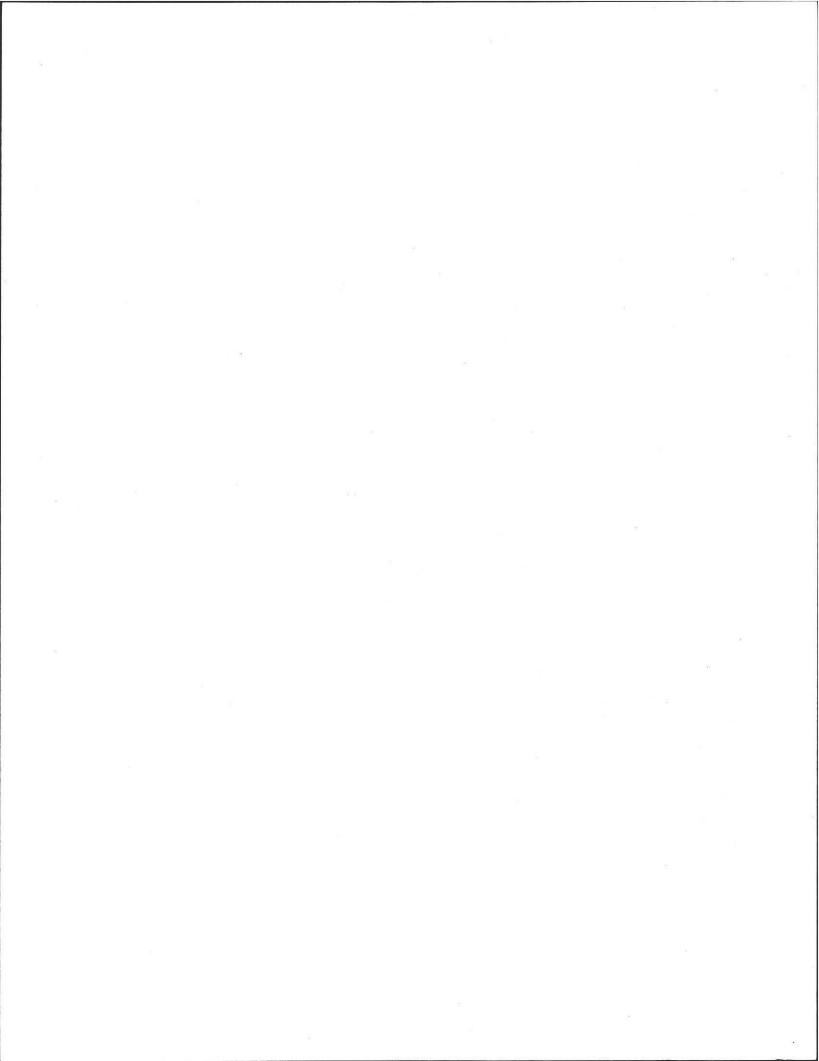
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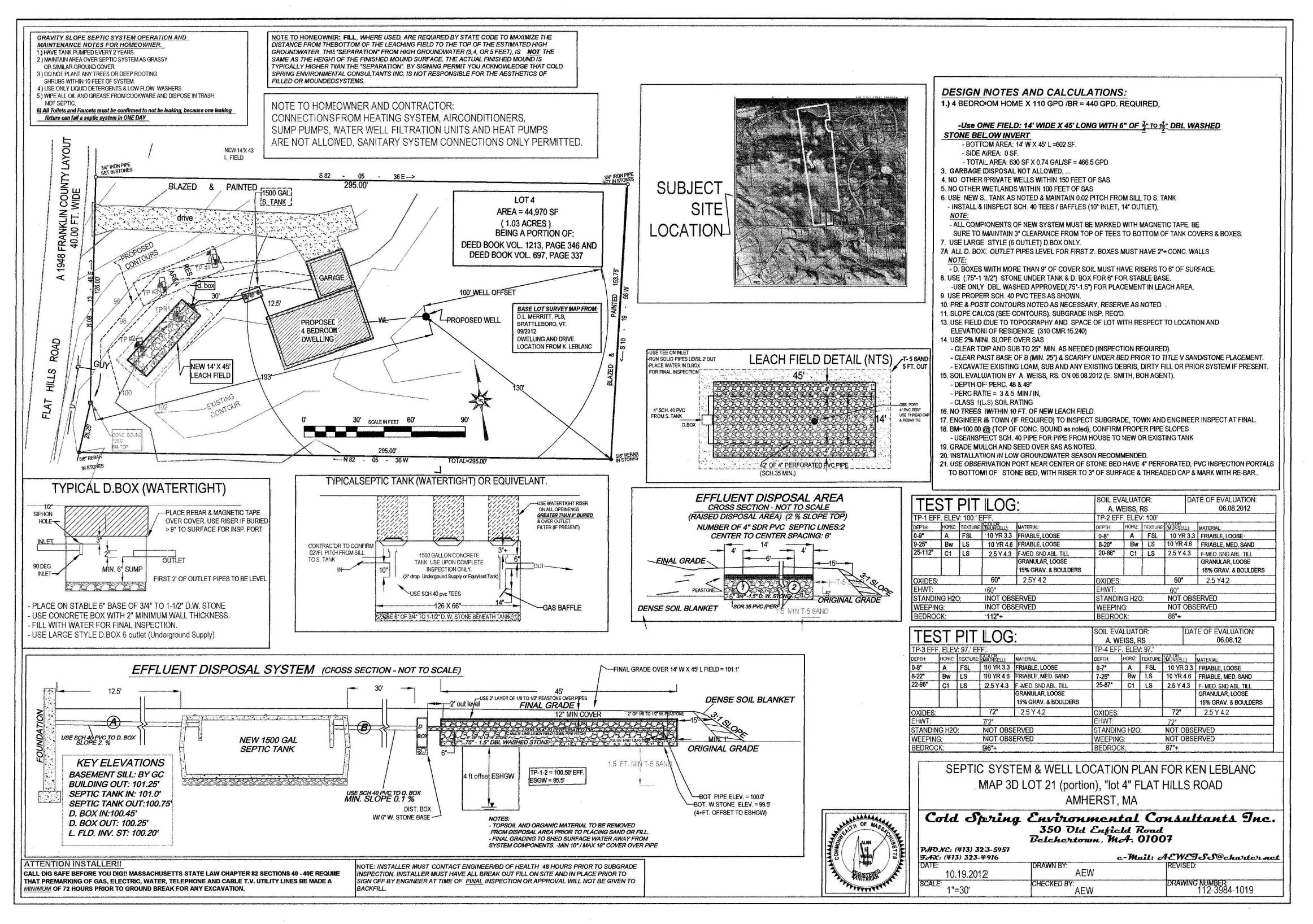
Neiz Edmund Smith

Assistant Sanitarian

File Cory n/20/2012 1 submitted to fam for Bott packets

MAKE SMOKING HISTORY



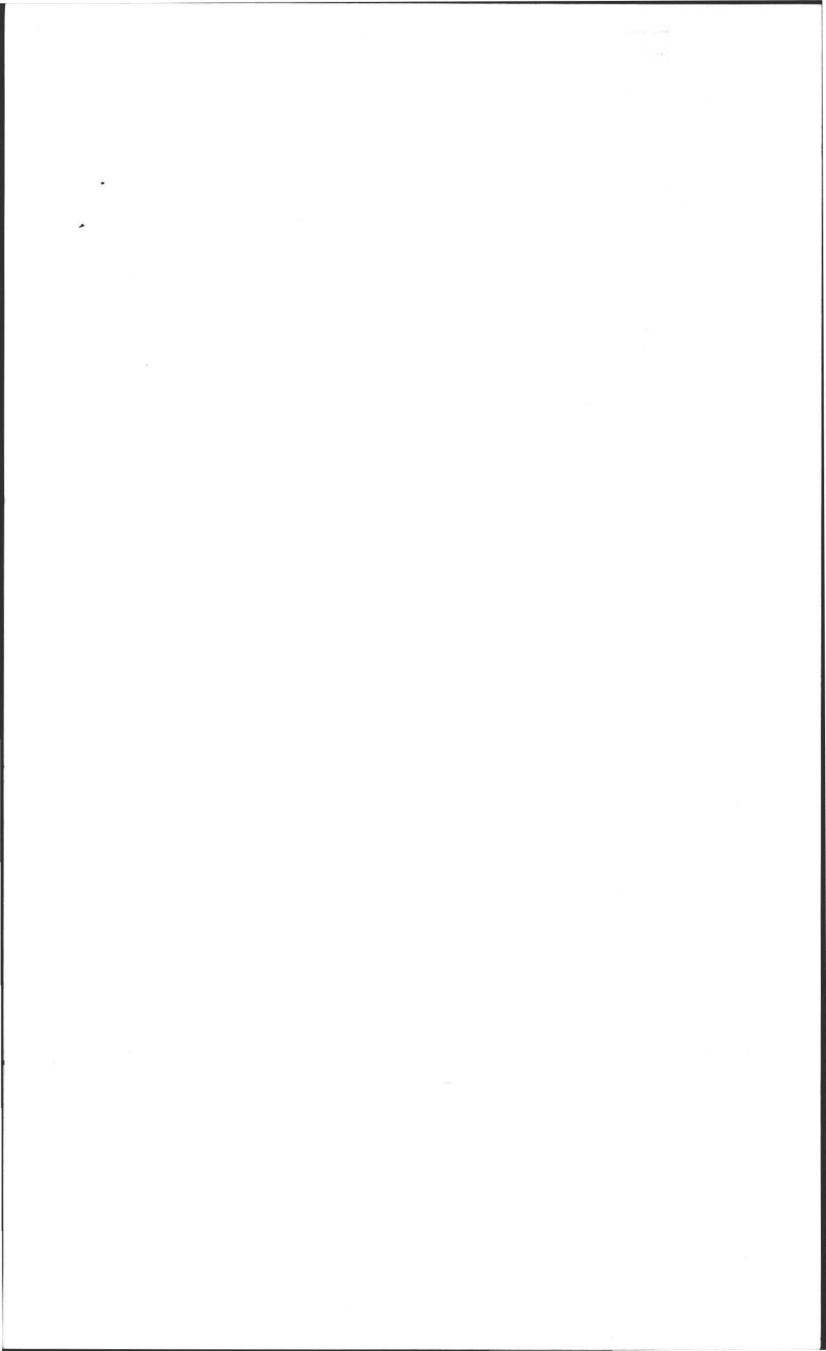


No. 3-5	POL STOR
COMMONWEAL	TH OF MASSACHUSETTS
Board of Health,	Annest, MA.
,	AL SYSTEM CONSTRUCTION PARMIT
	() Abandon() - Complete System Individual Components
Location LOT 4	Owner's Name Ken Leblauc
Map/Parcel# Map 3D, LOT ZI, Purt	
	Telephone#
Installer's Name Power Drive Excounting Address Hadley: MA	Designer's Name Alar Wei 55. RS
Address Hadley, MA.	Address Belchertrun Mt.
Telephone# $584 - 1814$	Telephone# 4(3.323.5757
Type of Building Reposed Dwelling - No. of Bedrooms	<u>YBR</u> , Hone. Lot Size <u>44,970</u> sq. Garbage grinder (1
Other - Type of Building	No. of personsShowers (), Cafeteria (
Other Fixtures	
Design Flow (min. required) <u>440</u> gpd Calcul Plan: Date <u>10 (9)(2)</u> Number of sheets	lated design flow <u>466</u> Design flow provided <u>466</u> g
Title Septic Sustin + (itell)	
Title <u>Septic</u> <u>System + Well Loc</u> Description of Soil(s) <u>LS</u> ((1955))	
Soil Evaluator Form No Name of Soil	Evaluator A. Weiss Deate of Evaluation 6 8 4.
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DESCRIPTION OF REPAIRS OR ALTERATIONS	sel New Const.
	_ Date26-12
Inspections	
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Inspections No. <u>13-5</u> COMMONWEAI	FEE ディンプ
Inspections No. <u>13-5</u> COMMONWEAL Board of Health, <u>1</u>	FEE TS AMMERST, MA.
Inspections No. <u>13-5</u> COMMONWEAL Board of Health, <u>A</u> CERTIFICA	TH OF MASSACHUSETTS <u>Ammerst</u> , MA. TE OF COMPLIANCE
Inspections No. <u>1</u> 3-5 COMMONWEAL Board of Health, <u>A</u> CERTIFICAT Description of Work: D Individual Component(s) D Com	FEE TSO FEE
Inspections No. <u>1</u> 3-5 COMMONWEAL Board of Health, CERTIFICA Description of Work: □ Individual Component(s) □ Com The undersigned hereby certify that the Sewage Disposal Syste by: at	FEE TSO FEE
Inspections	FEE TSO FEE TSO MA. TE OF COMPLIANCE mplete System em; Constructed (), Repaired (), Upgraded (), Abandoned () CMR 15.00 (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd)
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Inspections	FEE FEE FEE JSD FEE JSD AMMERST MA. TE OF COMPLIANCE plete System em; Constructed (), Repaired (), Upgraded (), Abandoned () CMR 15.00 (Title 5) and the approved design plans/as-built plans relating oproved Design Flow (gpd) Date:
Inspections	FEE FEE FEE JSD ITH OF MASSACHUSETTS Ammerson Ammerson MA. TE OF COMPLIANCE Implete System em; Constructed (), Repaired (), Upgraded (), Abandoned () Implete System CMR 15.00 (Title 5) and the approved design plans/as-built plans relating oproved Design Flow (gpd)
Inspections	FEE TIST LTH OF MASSACHUSETTS AMMERST, MA. TE OF COMPLIANCE mplete System em; Constructed (), Repaired (), Upgraded (), Abandoned () CMR 15.00 (Title 5) and the approved design plans/as-built plans relating poproved Design Flow(gpd) Date: there that the system will function as designed. FEE T/SO LTH OF MASSACHUSETTS
Inspections	FEE TISD FEE TISD
Inspections	$FEE \frac{f_{SO}}{f_{SO}}$ LTH OF MASSACHUSETTS $\underline{Ammers}_{J,MA}$ TE OF COMPLIANCE mplete System em; Constructed (), Repaired (), Upgraded (), Abandoned () $CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) \underline{CMR 15.00 \text{ (Title 5) and the approved design plans/as-built plans relating oproved Design Flow(gpd) $
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Inspections	FEE TSO FEE

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COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

Percolation Tests

Septic Designs

Regulatory Compliance

Recycling and Solid Waste

Second Opinions

Percolation Testing Reports

Prepared by:

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

Prepared for:

WD Cowls

Cinda Jones, President POB 9677 N. Amherst, MA 01059

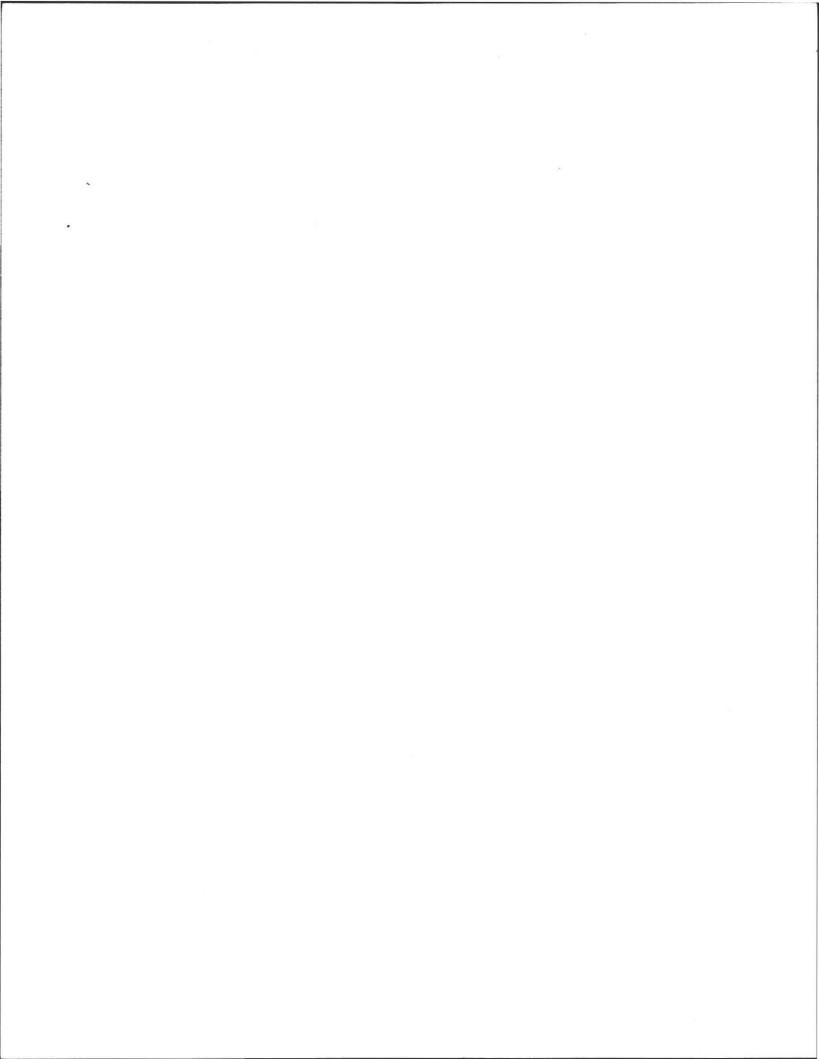
Location:

Lot # 4 (Map 3D, Lot 21 (portion) Flat Hills Road Amherst, MA

Project Number: 109-3285-1203

System Evaluator: Alan Weiss, RS

Date: June 9, 2012

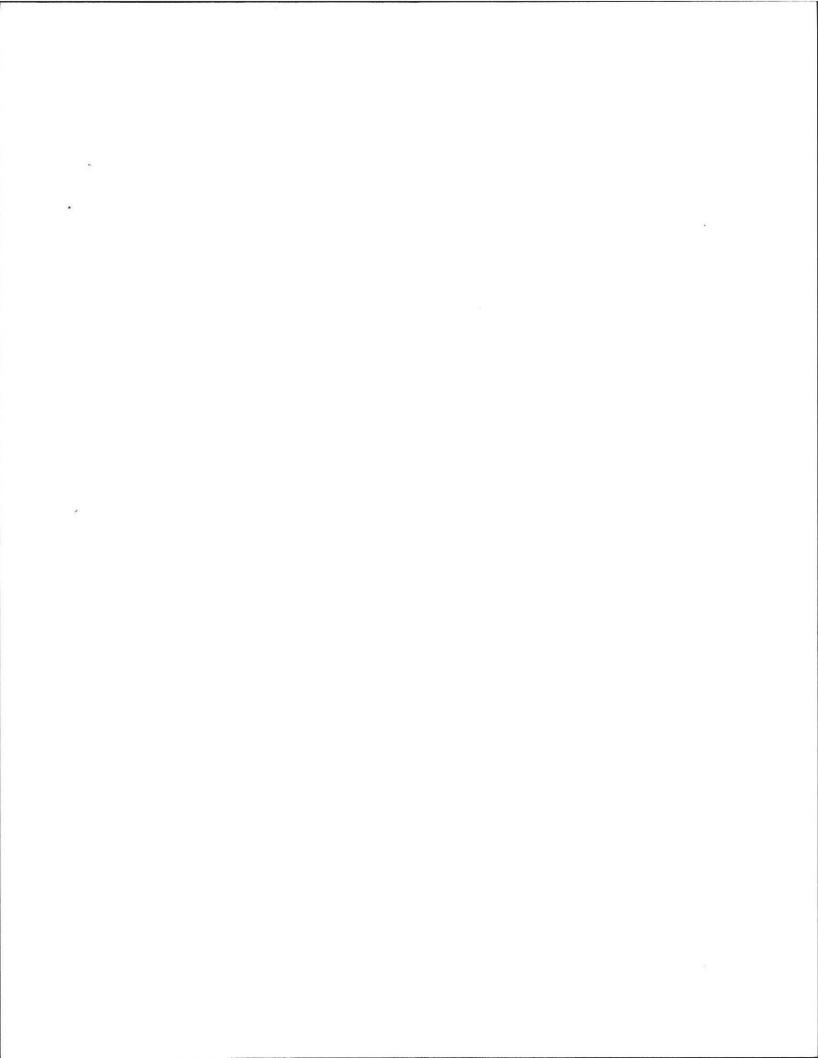


۲ ۵	COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.	FORM 11 - SOIL EVALUATOR	FORM e I of 3
350 Old Enfie Belchertown, (413) 323-595	MA 01007 •Septic Designs 7 & 323-4916 (FAX) •Title 5 Inspections aeweiss@charter.net	Date: <u>6/2</u> Commonwealth of Massachusetts Auberst, Massachusetts <u>Assessment for On-site Sewage Disposal</u> Date: 6/8/12	8/12
	Leation Address or (LOT #4) Ma Lot I New Construction Repair Office Review Published Soil Survey Available: 1	(549 - 1403 × -	ue «0 1059 337)
	Year Published Drainage Class	Publication Scale . Soil Map Unit Soil Limitations	
,÷	Surficial Geologic Report Availabl Year Published Geologic Material (Map Unit) Landform Flood Insurance Rate Map:	Publication Scale	
a.	Above 500 year flood boundary No Within 500 year flood boundary N	No Eyes	
8	Within 100 year flood boundary N Wetland Area: National Wetland Inventory Map (1 Wetlands Conservancy Program M.	(map unit)	
	Current Water Resource Conditions Range : Above Normal Prorma Other References Reviewed:		*



DEP APPROVED FORM - 12/07/95

~ 1



Location Address or Lot No. Lot 4; Flat flills RD

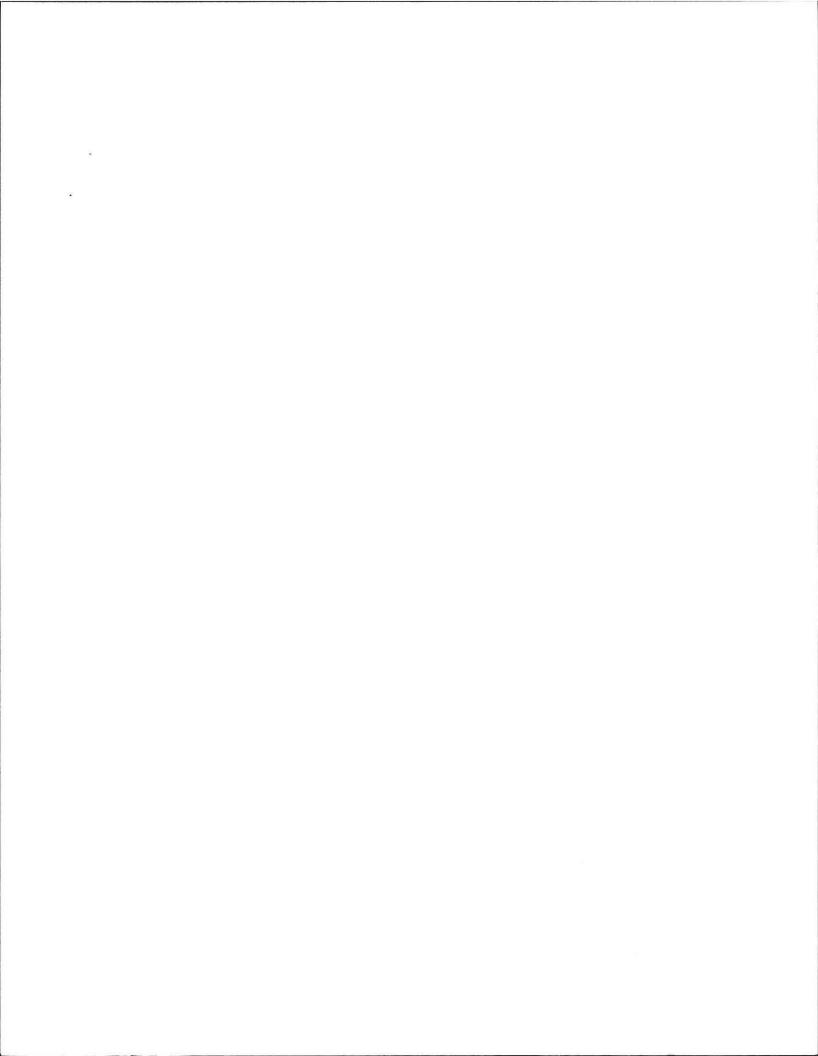
COMMONWEALTH OF MASSACHUSETTS

Anhert, Massachusetts

Percolation Test*								
	Date: 6/8/12 Time: 6/8/12 9:00							
	Observation Hole #	Per #(1)	Perc # (2)					
	Depth of Perc	4.8 "	49.					
	Start Pre-soak	9:35	10:00					
	End Pre-soak	9:52	10'.16					
where entry is	Time at 12"	5.52	10:22					
	Time at 9"	9:59	10:30					
man and a second	Time at 6"	10',14	10:38					
Property and a second second	. Time (9"-6")	15 min	8					
	Rate Min./Inch	5 miles	3 IN.					
	* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.							
	Performed By: <u>Alan Werss</u> RS							
	Witnessed By: Ed. Smith.							
	Comments:		ananananing ana a sansa sa sa	an ann an an an an a				



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Location Address or Lot No. "Lot "4. Hat Hills RD

Determination for Seasonal High Water Table

Method Used:

 Depth observed stan Depth weeping from Depth to soil mottles Ground water adjust 	ding in observation hole side of observation hole . 60-62 inches ment	inches
Index Well Number	Reading Date	Index well level
Adjustment factor	Adjusted ground water le	vel

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?

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

Certification

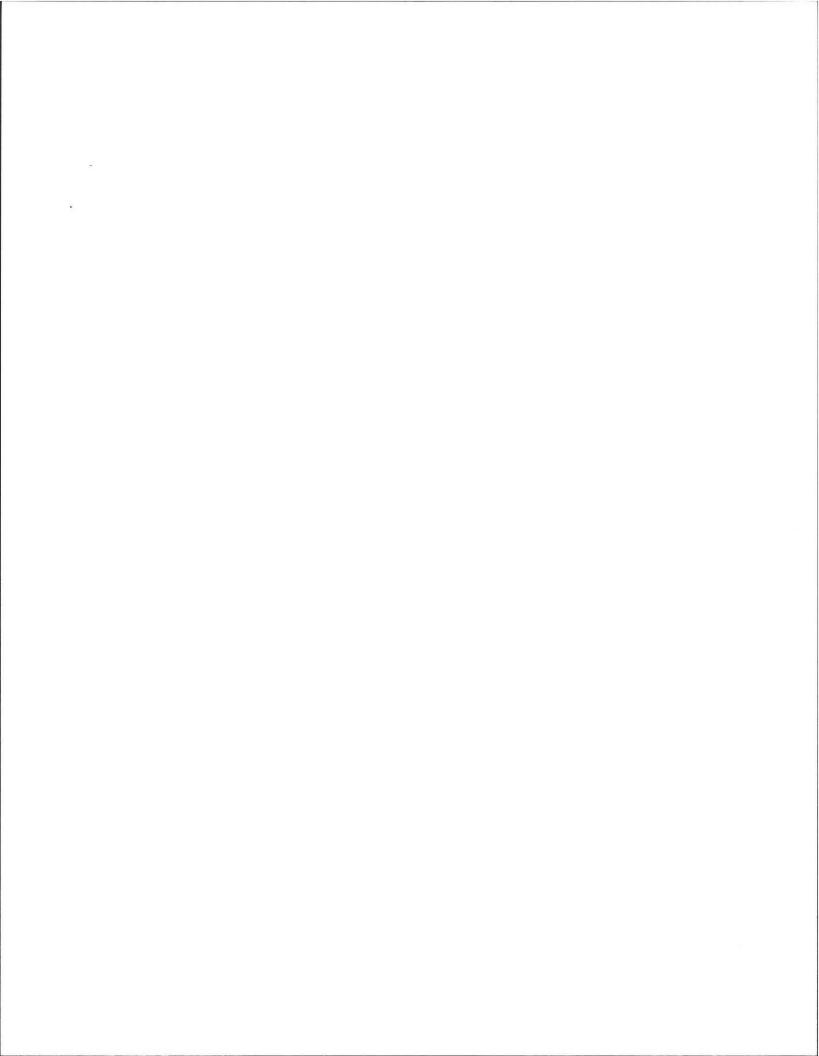
I certify that on -6/4% (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

8/12 Signature Date





DEP APPROVED FORM - 12/07/95



FORM 11 - SOIL EVALUATOR FORM Page 2 of 3

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	Location Address or Lot No. Lot 4 Flat 4/115 RD										
	<u>On-site Review</u>										
	Deep Hole Number 1 D.4 Date: 6/8/2 Time: 9:06 Weather 5. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.										
			DEEP OB	SERVAT	TON HO	LE LOG*	Management and the second s				
	Depth from Surface (Inches)	Soil Horizon	Soli Texture (USDA)	Soil Color (Munseil)	Soil Mottling	CTHER (Structure, Stones, Boulders, Consistency, % Gravel)					
+ 1	6-9" 9".25 25-112	A Bw Ci	FEL LS LS	10483/3 10484/6 2.574/3	2.544/2	Frieble Frieble Loos, Frisardy Abiation till, 15% Star Loose	5				
Z	0-8 8-20' 20-86"	AB 2 C	FSL LS LS	2	60 y 2.5yy12	-Frieble Louse, +111 Fisher House, +111					
*3	0-8" 8-72" 22"-96"	A BU Ci	Fsc LS LS	Ş	72"	Son 45#1					
¥	0-7" 7'-25" 25-87"	A Bw C,	PSL LS LS	S	72 ⁴	Sare 55th J	Lauren				
	Parent Material (geo		tur: 71/1.			ипо Bedrock: 86 4 - 112	-, ,				
	Depth to Groundwat Estimated Seasonal		10 00	Not,		Weeping from Pit Face: Not	_				
						\					



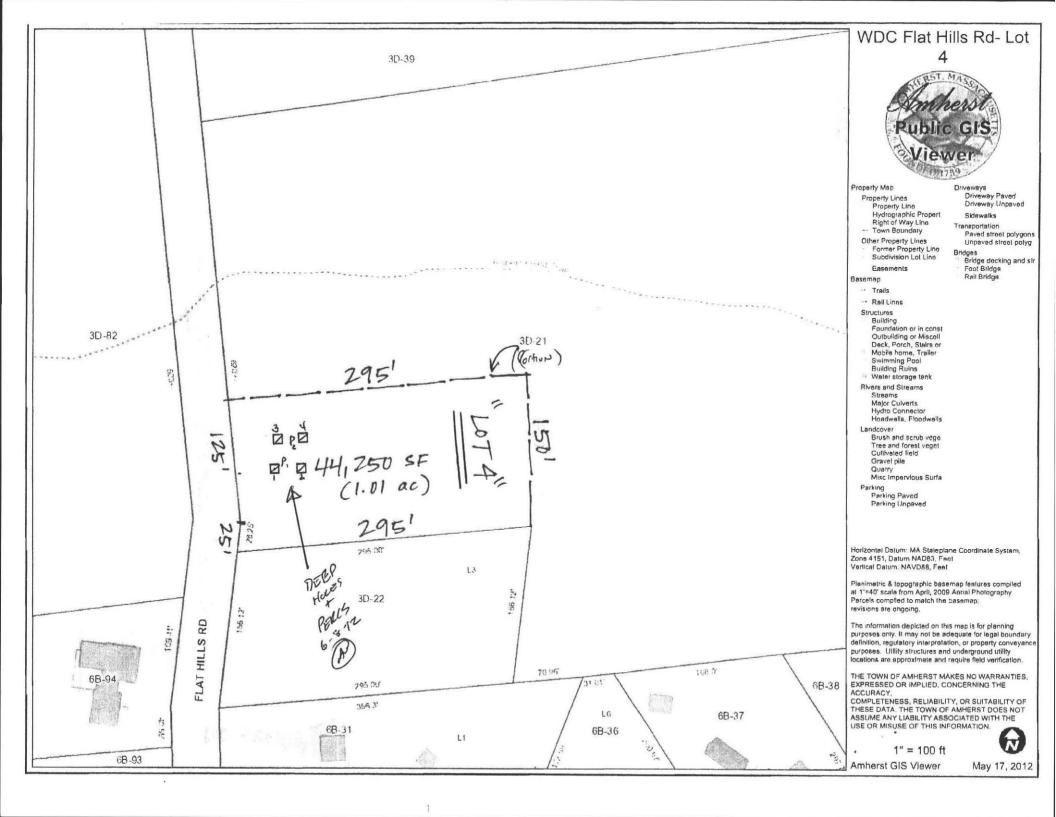
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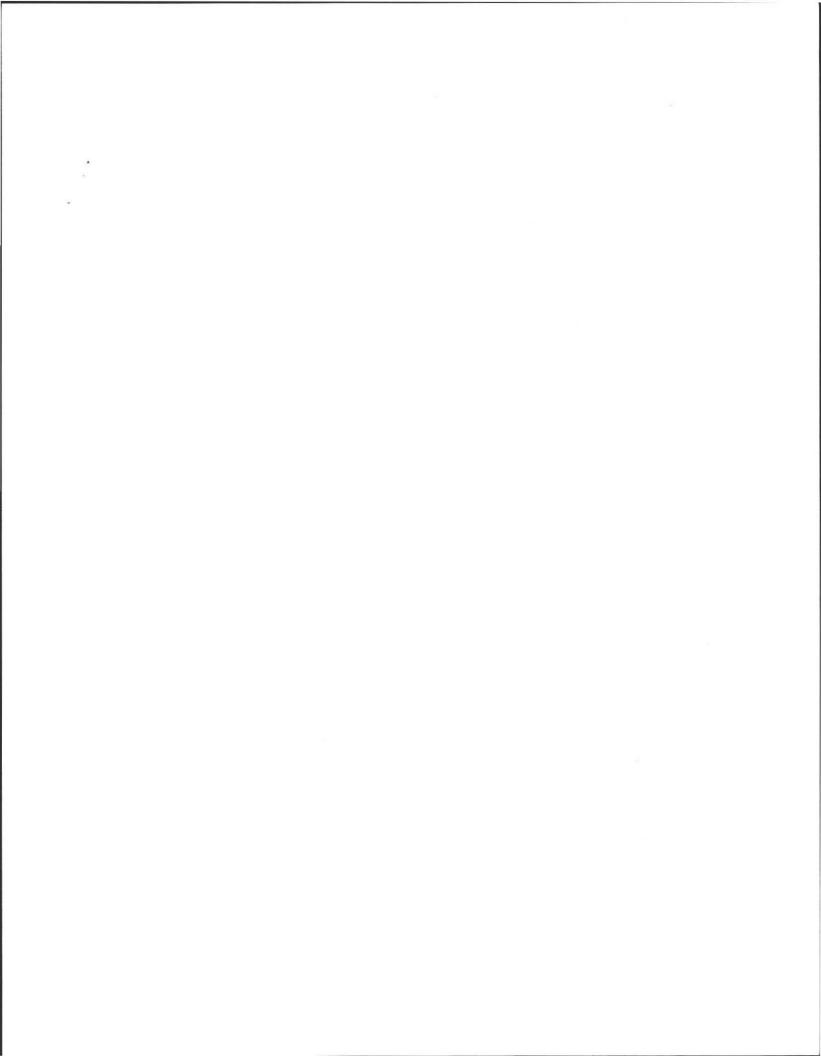
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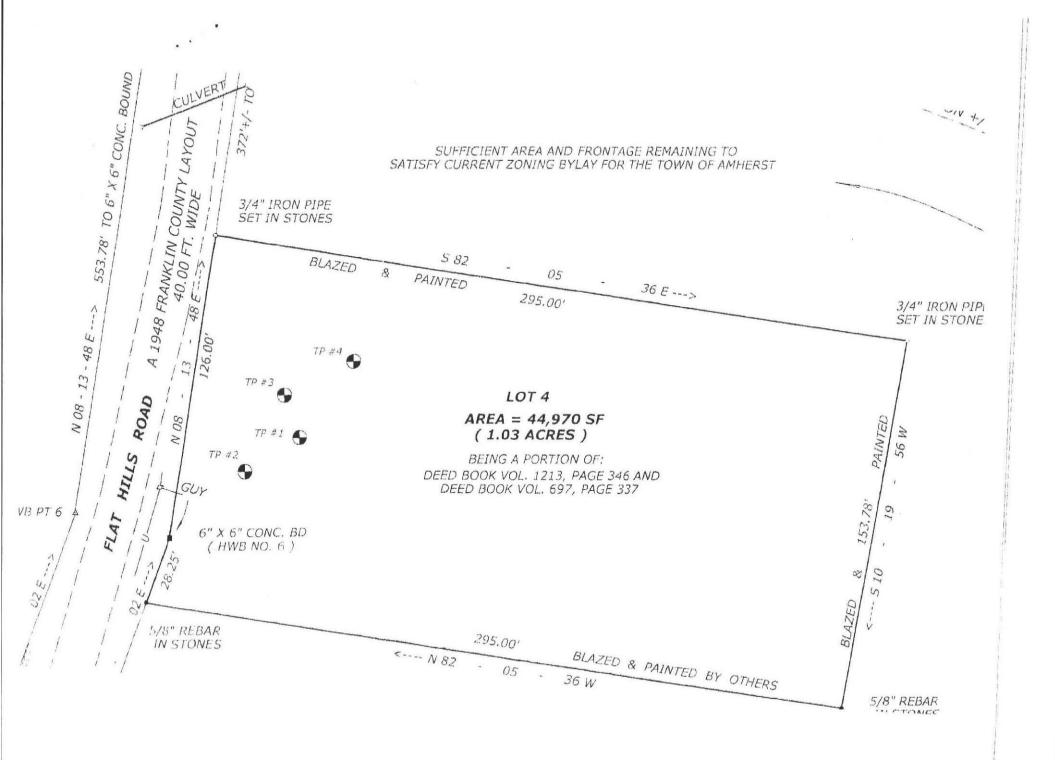
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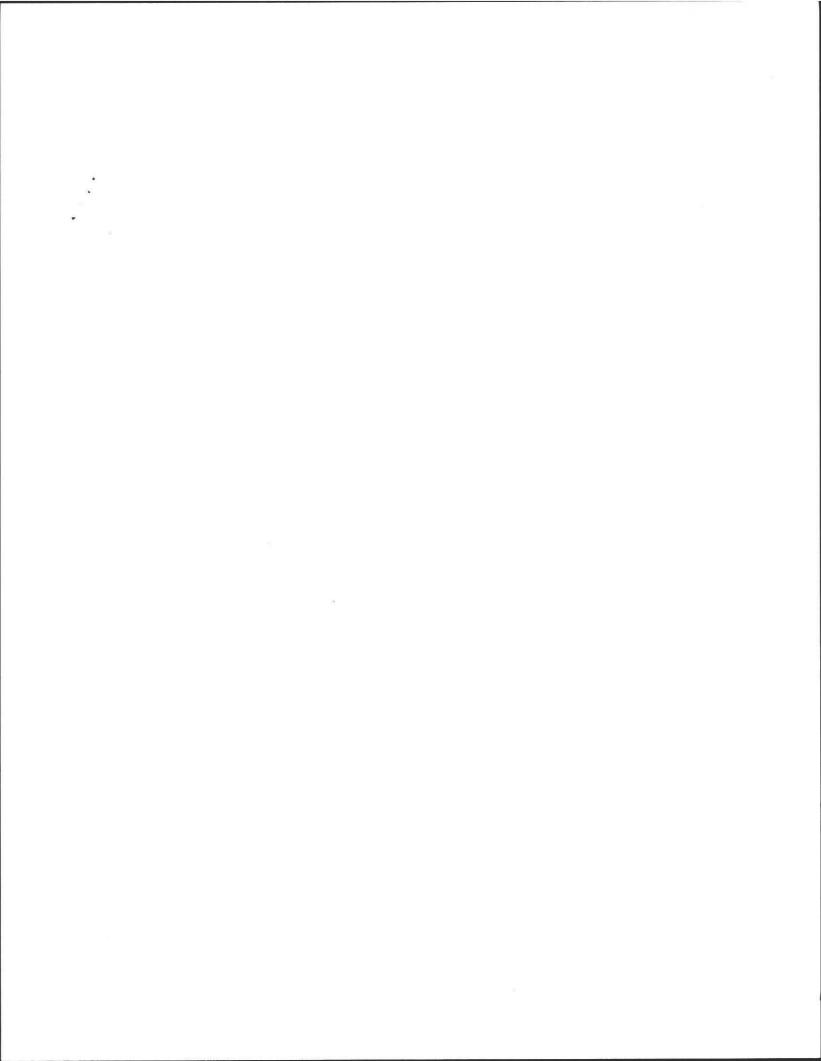
DEP APPROVED FORM - 12/07/95

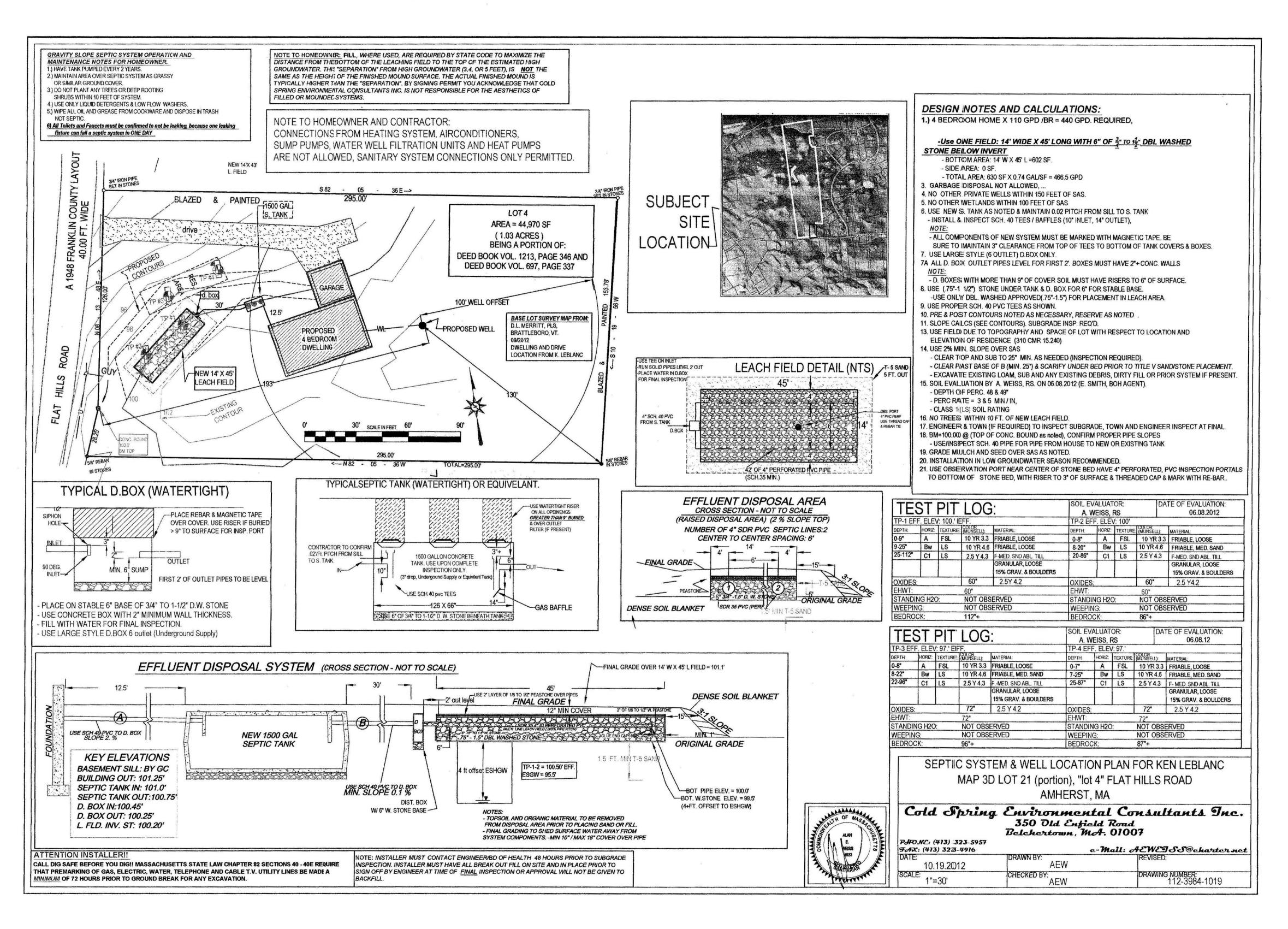
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PROJECT NO.: 13-5				
CITY/TOWN: AMHERS 5	14 N 1			
APPLICANT: HOMES BY LEBLANC			2	
ADDRESS: LOT 4 FLAT MILLS ROAD		-		
DESIGN FLOW: 466 gpd				1
REVIEWED BY: EDMUND SMITH	DATE:			
	-			
	N/A	OK	NO	
GENERAL				
Legal boundaries denoted [310 CMR 15.220(4)(a)]		V		
Street, Lot, tax parcel number and lot number noted on plan [310 CMR 15.220(4)(u)]		1		
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)] $\mu < 30'$		\checkmark		
Easements shown [310 CMR 15.220(4)(b)]		\checkmark	(ā.	
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)]	а. П.	. /		
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		1	-	
septic tank capacity (required and provided)	a.			
soil absorption system (required and provided)		~		
whether system designed for garbage grinder		VNOI		
North arrow [310 CMR 15.220(4)(g)]		1	-	
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)]		1		
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)]		5	19 - 24 4	
Percolation test results match loading rate? [310 CMR 15.242]		\checkmark		
Certification statement by Soil Evaluator [310 CMR 15.220(4) j)]		\checkmark		
Observed and Adjusted groundwater (method for adjustment given or indicated) [310 CMR 15.103(3) and 310 CMR 15.220(4)(n)]	-			
	5 A		1	
	and the second s		and the second sec	

ENERAL cont.	N/A	OK.	NO	1
ocation of every water supply, public and private, [310 CMR 5.220(4)(k)]		~		
ithin 400 feet of the proposed system location in the case of arface water supplies and gravel packed public water supply rells		1		n a an
ithin 250 feet of the proposed system location in the case of abular public water supply wells		1		
ithin 150 feet of the proposed system location in the case of rivate water supply wells	- x			
ocation of all surface waters and wetlands located up to 100 beyond setbacks listed in 310 CMR 15.211 and any catch asins located within 50 ft. [310 CMR 15.220(4)(1)]	6	-		
Vater lines and other subsurface utilities located [310 CMR 5.220(4)(m)] (if water line cross see 310 CMR 15.211(1)[1])		\checkmark		
rofile of system showing invert elevations of all system omponents and the bottom of the SAS [310 CMR15.220(4)				
tamp of designer [310 CMR 15.220(1) and 310 CMR 15.220				1
tamp of Registered Land Surveyor (required if construction trivities within 5 ft. of lot line) [310 CMR 15.220(3)]	\checkmark	۷.	1	
est Holes adequate (two in each of the primary and reserve pless trenches as permitted in 310 CMR 15.102(2) or as pproved for an upgrade under LUA at 310 CMR 15.405(1)				
est hole adequate to demonstrate four feet of suitable aterial? [310 CMR 15.103(4)]			a. 11	
est Holes adequate to confirm adequate groundwater paration? [310 CMR 15.103(3)]	.*	\checkmark		
enchmark within 50-75' of system [310 CMR 15.220(4)(q)]		~		
aterials specifications noted? [various sections of 310 CMR .000]		V		
vstem components not > 36" deep (unless Local Upgrade pproval or LUA requested) [310 CMR 15.405(1(b)]		\checkmark	÷	2
Il system components marked with magnetic tape 15.221 2)	* 	_ /		
EPTIC TANK	N/A	OK	No	
ze OK? [310 CMR 15.223(1)]		1		
et tee located ten inches below flow line [310 CMR 15.227]	24			1.
utlet tee 14" or 14" + 5" per foot for increase ft depth [310 MR 15.227(6)]		~		
utlet tee with gas baffle or approved filter [310 CMR 15.227)]		1		¥.
ote regarding installation on stable compacted base [310 MR 15.228(1)]		\checkmark		

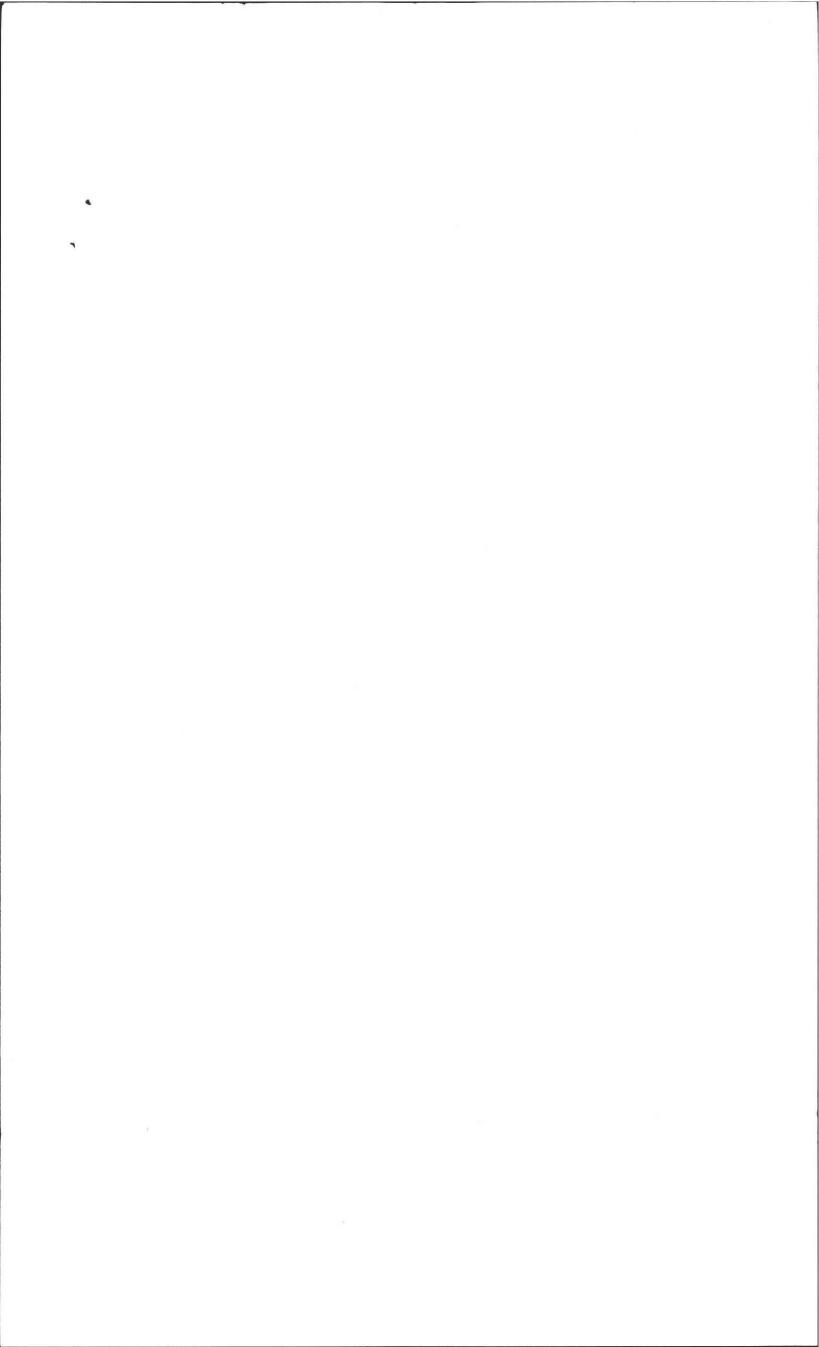
Separation between inlet and outlet tees (no less than liquid depth) [310 CMR 15.227(2)]	Ð	\checkmark		
Inlet/Outlet elevations at least 12" above high groundwater (except as described 310 CMR 15.227(5)) or permitted for upgrades under LUA [310 CMR 15.405(1)(k)]	K			
Minimum cover 9" (Tanks buried more 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)])	1		
Three access covers (inlet and outlet must be 20" or greater) - middle access at least 8" (by 7/07) [310 CMR 15.228(2)]		1		
Access to within 6 " of grade - one port for systems<1000gpd, two for systems >1000 gpd [310 CMR 15.228(2)]		1		
All at-grade covers secured to unauthorized access? [310 CMR 15.228(2)]		/		
> 10 ft from building foundation [310 CMR 15.211(1)]	1			
Buoyancy calculation Required/Done [310 CMR 15.221(8)]				
H-20 Where appropriate? [310 CMR 15.226(3)]	\checkmark	/		
Setbacks from resources [310 CMR 15.211]				
Multi-Compartment Tanks				
Required when other than single-family dwelling or low>1000 gpd [310 CMR 15.223(1)(b)]	- /	5		
First compartment 200% daily flow; Second compartment 00% 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)]	1			
BUILDING SEWER AND OTHER PIPING	N/A	OK	No	
Located at least ten feet from any water line? [310 CMR 5.222(2)]		1		
Disposal piping at least 18" below water line (when water and ewer cross, see 310 CMR 15.211(1)[1])				
1/ · · · · · · · · · · · · · · · · · · ·	- V			
Cleanouts required/provided ? [310 CMR 15.222(8)]				
Thrust blocks specified in force mains? 310 CMR 15.222(8)] c)]		.,		
Thrust blocks specified in force mains? 310 CMR 15.221(6) c)] Glope of sewer line not less than 0.01 (1/8"/ft) 0.02 preferable 310 CMR 15.222(6)]	1	<i>✓</i>		
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	× ×			
Thrust blocks specified in force mains? 310 CMR 15.221(6) c)] Glope 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 renches and beds) [310 CMR 15.251(9) and 310 CMR 15.252				
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 renches and beds) [310 CMR 15.251(9) and 310 CMR 15.252 2)(c)]	· / ·			
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 renches and beds) [310 CMR 15.251(9) and 310 CMR 15.252 2)(c)] Siphon problem/ (leachfield below pump chamber)	· / /			

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)]	31			а. "Э́л	
Inside minimum dimension 12" [310 CMR 15.232(2)(b)]	-	1			
Minimum sump 6" [310 CMR15.232(3)(e)]		\checkmark			
Watertight cover if <2000gpd); waterproof manhole if <2000gpd [310 CMR 15.232(3)(d)]	18	\checkmark			
PUMP CHAMBERS					
Capacity (emergency storage above working=design flow)? [310 CMR 231(2)]	\checkmark		i i i	18	
Proper setbacks [310 CMR 15.211 (same as septic tanks)]	1				
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)) X		
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)]	~	1.			
Stable Compacted Base [310 CMR 15.221(2)]					
Buoyancy calculations needed ? Provided? [310 CMR 15.221 [8]]		15			
Dosing chamber capacity (required and provided), pump curves and specifications, number of dosing cycles and depth per cycle? [310 CMR 15.220(4)(r)]		* 1			
Effluent tee filter provided? [310 CMR 15.231(10)]				5.	
SOIL ABSORPTION SYSTEMS (SAS) GENERAL	N/A	OK	No		
Calculations correct?		1	-		
4 feet of naturally occurring material demonstrated? [310 CMR 15.240(1)]				÷	
Required separation to groundwater? [310 CMR 15.212)]		\checkmark			
Aggregate specified as double washed [310 CMR 15.247(2)]		\checkmark			
System Venting required/provided? (system under driveway pr >36" deep) [310 CMR 15.241]			\checkmark		
nspection ports specified and within 3"final grade? [310 CMR 15.240(13)]		\checkmark			
Breakout requirements met? (No violation of breakout elevation within 15 ft of SAS unless barrier) [310 CMR 5.211(1)[4] and Guidance Document]		<			
JALLERIES, PITS, CHAMBERS 310 CMR 15.253	/1	- 100 (100 (100 (100 (100 (100 (100 (100			-
Chambers and Gal. in trench configuration supplied with inlet every 20 ft. [310 CMR 15.253(6)]	\checkmark	2 ²⁰⁾			-
Each structure with one inspection manhole (if >2000 gpd nust be to grade) [310 CMR 15.253(2)]	- L			÷ .	

Aggregate 1' minimum- 4' maximum. [310 CMR 15.253(1) (b)]	1	:47		
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	DE SUGA			1
Width 2' minimum 3' maximum [310 CMR 15.251(1)(b)]			And the second se	0.000
100 feet - maximum length [310 CMR 15.251(1)(a)]	2			-
Minimum separation 2x effective depth or width whichever greater (3x if reserve between trenches) [310 CMR 251(1)(d)]			5	-
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)		1		×
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)]				
	x.	V .		contra anno 1
				1
Bottom area used in calculations only [310 CMR 15.252(2)(i)]	N/A	OK	Ne	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping	N/A	OK	No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the	N/A	OK	No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. Pressure dosing required on all systems >2000gpd or alternative systems under remedial approval [310 CMR		OK	No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. 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		OK	No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. 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	N/A	OK	No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. 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			No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. 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			No /	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. 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			No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. 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 installation must be supervised by designer [310 CMR 15.255(2)(b)] Retaining wall must be designed by Registered Professional			No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater Separation take into account mounding. 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 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)]			No	
Bottom area used in calculations only [310 CMR 15.252(2)(i)] DID THE PLAN INVOLVE Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)] Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding. 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]			No	

				1	ni seb destas ta sub-sus e atar
Gravelless System [I/A Approval Letters]				+.	
Check DEP Approval letters for credits and design conditions	V				
If used with pressure dosing do not allow pressure discharge	./			5 ° a	
to scour soil interface		In the Westman Control of the Press		-	
Alternative Septic System [T/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				1	
Did the applicant submit an operation and maintenance manual?					• •
Has applicant submitted a copy of a maintenance agreement?					
Variances					1
Are the variances listed on the plan ? [310 CMR 15.220 (4) (p)]		4. 1			
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]	\checkmark				
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]					-

	OF MASSACHUSETTS
APPLICATION FOR DISPOSAL S Application for a Permit to Construct & Repair() Upgrade() A	SYSTEM CONSTRUCTION PLANT
Location LOT 4	Owner's Name Ken Leblauc
Map/Parcel# Map 3D, LOT ZI, Portos Lot# #4	Address POB. 307, S. Huddy, MA Olu Telephone#
Installer's Name Pour Drive Excolation Address Hadly, MA.	Designer's Name Ala Wei 55. RS Address Belche turn Mt.
Telephone# $59.4 - 1814$	Telephone# ((3.323.5757
Type of Building Proposed 4	BR. Home. Lot Size 44,970 sq
Dwelling - No. of Bedrooms	Garbage grinder
Other - Type of Building	
Other Fixtures	
Design Flow (min. required) 440 gpd Calculated	design flow 466 Design flow provided 466
Plan: Date 10 19 12 Number of sheets	
Title Septic Syster + Well Locat.	n Raw
Description of Soil(s) <u> </u>	ator A. L. HEISS A Date of Evaluation 1. 1810.
Son Evaluator Form No Name of Son Eval	The second secon
DESCRIPTION OF REPAIRS OR ALTERATIONS	ESMITH
DESCRIPTION OF REPAIRS OR ALTERATIONS + CV/Josex	New Const.
	OF MASSACHUSETTS
Board of Health,	, <i>MA</i> .
CERTIFICATE (DF COMPLIANCE
Description of Work:	
The undersigned hereby certify that the Sewage Disposal System; C	Constructed (), Repaired (), Upgraded (), Abandoned ()
by:at	
has been installed in accordance with the provisions of 310 CMR 1 application No, dated Approve	
Installer	5.00 (Title 5) and the approved design plans/as-built plans relatin
Designer: Inspector:	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd)
The issuance of this permit shall not be construed as a guarantee th	5.00 (Title 5) and the approved design plans/as-built plans relatired Design Flow(gpd)
	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) (gpd Date:
No	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date: Date:
	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date: Date: FEE
COMMONWEALTH	5.00 (Title 5) and the approved design plans/as-built plans relatinged Design Flow(gpd) Date:
COMMONWEALTH	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date: nat the system will function as designed. FEE OF MASSACHUSETTS , MA.
COMMONWEALTH Board of Health,	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date:
COMMONWEALTH Board of Health, DISPOSAL SYSTEM (Permission is hereby granted to; Construct() Repair()	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date: nat the system will function as designed. FEE OF MASSACHUSETTS , MA. CONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal system
COMMONWEALTH Board of Health, DISPOSAL SYSTEM (Permission is hereby granted to; Construct() Repair() at	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date: nat the system will function as designed. FEE OF MASSACHUSETTS , MA. CONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal system as described in the application
COMMONWEALTH Board of Health, DISPOSAL SYSTEM (Permission is hereby granted to; Construct() Repair()	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date: nat the system will function as designed. OF MASSACHUSETTS , MA. CONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal sys as described in the application
COMMONWEALTH Board of Health, DISPOSAL SYSTEM (Permission is hereby granted to; Construct() Repair() at	5.00 (Title 5) and the approved design plans/as-built plans relatined Design Flow(gpd) Date: that the system will function as designed.
COMMONWEALTH Board of Health, DISPOSAL SYSTEM (Permission is hereby granted to; Construct() Repair() at Disposal System Construction Permit No, dat Provided: Construction shall be completed within three year	5.00 (Title 5) and the approved design plans/as-built plans related Design Flow(gpd) Date: hat the system will function as designed. OF MASSACHUSETTS , MA. CONSTRUCTION PERMIT Upgrade() Abandon() an individual sewage disposal s as described in the application ed





COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

Percolation Tests

• Septic Designs

 Regulatory Compliance · Recycling and Solid Waste

- Second Opinions

Percolation Testing Reports

Prepared by:

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

Prepared for:

WD Cowls

Cinda Jones, President POB 9677 N. Amherst, MA 01059

Location:

Lot # 4 (Map 3D, Lot 21 (portion) Flat Hills Road Amherst, MA

Project Number: 109-3285-1203

System Evaluator: Alan Weiss, RS

Date: June 9, 2012

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Ø	COLD SPRING ENVIRONMENTAL CONSULTANTS, INC. FORM 11 - SOIL EVALUATOR FORM
	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
350 Old Enfie Belchertown, (413) 323-595	Rd. •Percolation Tests and Date: Optic IA 01007 •Septic Designs •Septic Designs & 323-4916 (FAX) •Title 5 Inspections
	aeweiss@charter.net Commonwealth of Massachusetts
	Anherst., Massachusetts
	Soil Suitability Assessment for On-site Sewage Disposal
	Performed By: A. Weiss Date: 6/8/12
	Witnessed By: E, 5m H
	Location Address or (10T #4) Man 30 10721 Owner's Name 90 Sarah La COUT
	Lovi (LOT I rup of (Porther) Address, and LeD. Crest (S
	Flat HINS RD - Telephones POB. 9677, 134 monthague KD
	New Construction Repair A. Anhorse, MA 01057 Office Review (549 - 1403 × - 337)
	Office Review (549 - 1403 × - 337)
	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)
	Flood Insurance Rate Map:
	Above 500 year flood boundary No Yes
*	Within 500 year flood boundary No EYes
	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 Avormal Belevy Normal
	Other References Reviewed:



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DEP APPROVED FORM - 12/07/95

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FORM 12 - PERCOLATION TEST

Location Address or Lot No. Lot 4; Flat flills RD

COMMONWEALTH OF MASSACHUSETTS

Anhost, Massachusetts

•	Percolation Test*		
Date:	6 8 12 Tim	e:, 6/8/12 9'.00 A	
Observation Hole #	Perc #(D)		hid.
Depth of Perc	48"	Perc = (2) UQ4	
Start Pre-soak	9:35		
End Pre-soak	.9'.52	10:00	
Time at 12"	9:52	10.10	ş
Time at 9"	9:59	10:30	
Time at 6"	10',14	10:58	
Time (9"-6")	15 min	8	
Rate Min./Inch	5 1/20	3 12	
	ercolation test must be per	formed in both the primary	area ANI
Sile rassed L Site	Failed		
Performed By: <u>A</u> a	Wass RS		
Witnessed By: Ed.	Smith.		
Comments:		mannin and a constant strong out	
\frown			

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FORM 11 - SOIL EVALUATOR FORM Page 3 of 3

Location Address or Lot No. "Lot "4. 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 60-62 inches Ground water adjustment feet . 					
Index Well Number	Reading Date	Index well level			
Adjustment factor	Adjusted ground water le	evel			

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?

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

Certification

I certify that on $\frac{695}{1000}$ (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.

8/12 Signature Date 6





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FORM 11 - SOIL EVALUATOR FORM Page 2 of 3

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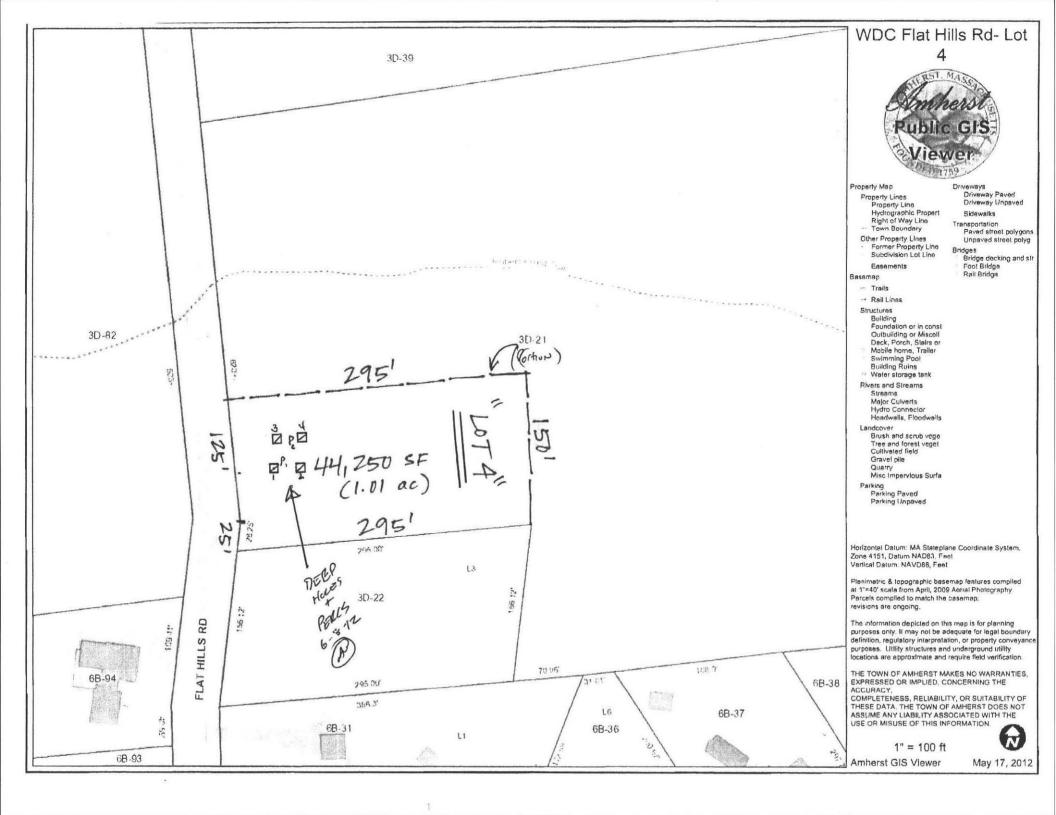
• •

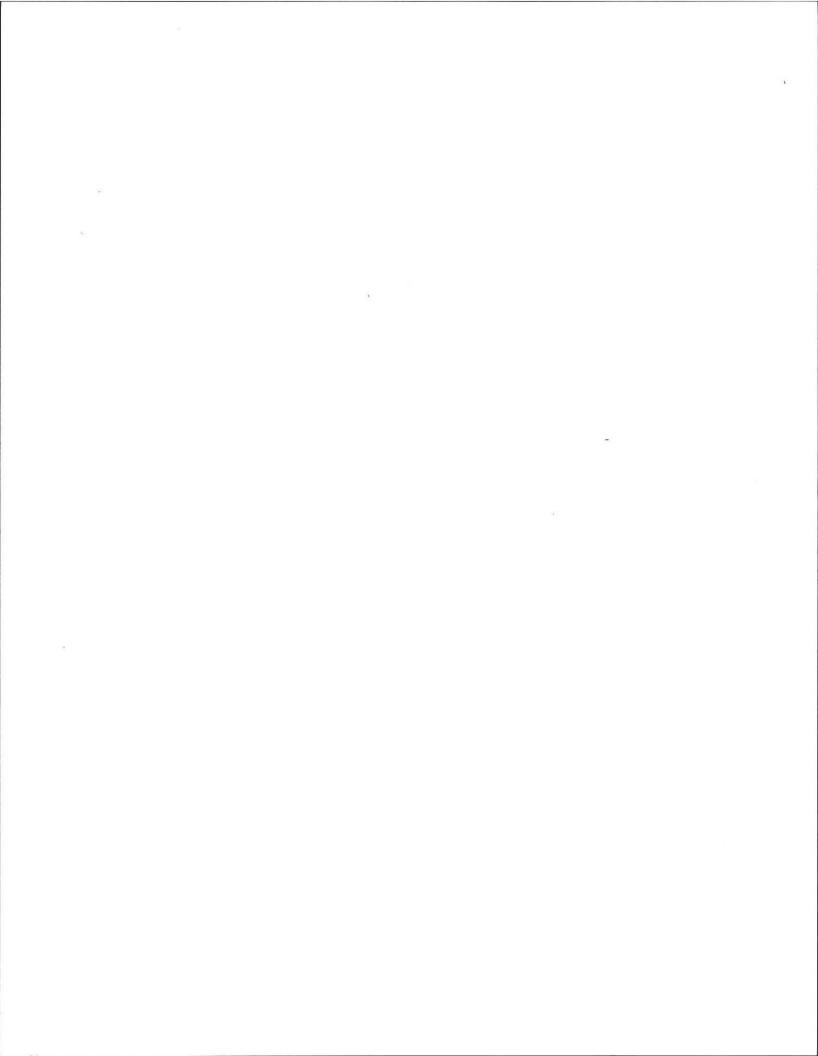
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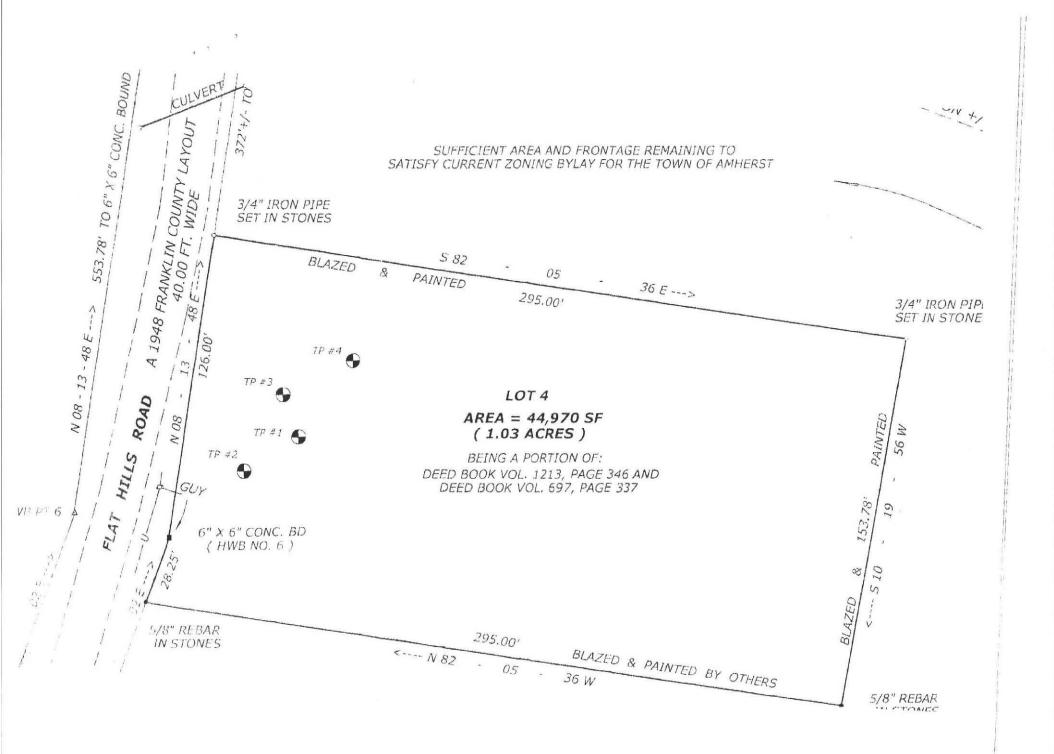
ž	Location Address or Loi No. 107 7 Flat HILLS RD								
	On-site Review								
	Deep Hole Number 1 D.4 Date: 6/8/12 Time: 9:06 Weather 5.J. 707 Location (identify on site plan) Land Use Woodcol. Slope (%) Z Surface Stones 475 Vegetation Mixed decideous								
	Landform Terrayd								
	Position on land Distances from:		h on the back		5 (A)	, maan waa ah a	÷		
	Open Water Body 100 4 feet Drainage way 50 4 feet Possible Wet Area 100 4 feet Property Line 46 4 feet Drinking Water Well 100 4 feet Other 100 4 feet								
			DEEP OB	SERVAT	TION HO	LE LOG	[W		
	Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soii Color (Munseil)	Soil Mottling	Guter (Structure, Stones, Boulders, Consistency, % Gravel)			
+ / ←	0 -9" 9".25 25 - 112	A Bi Ci	F&L LS LS	10483/3 10484/6 2.574/3	2.544/2	Frieble Loos, Frisardy Abiation till, 15% Stores Loose			
2	0-8 8-204 20-86"	A B G C I	FSL LS LS	J	60 4 2.54412	-Frieble, Louse, Frieble, Louse, F. Sady Ablation +111 Louse, 15% Stores			
[‡] 3	0-84 8-72 11 224-96 11	A BU Ci	Fsc LS LS	Ş	72" 2.5446	Sur 45#1 5	į v		
¥	0-7" 7'-25" 25-87"	A Bw C,	PSL LS LS	S	72"	Sare 55tt:1			
	Parent Material (geol	N OF 2 HOLES H		ERY PHOPOSE		habedrock: 86"1 - 111			
	Depth to Groundwate	er: Standing Wa	ater in the Hole:	Not,		Weeping from Pit Face: Not			
	Estimated Seasonal F	high Ground Wat	er:0V-7L						
			e.			. 1			

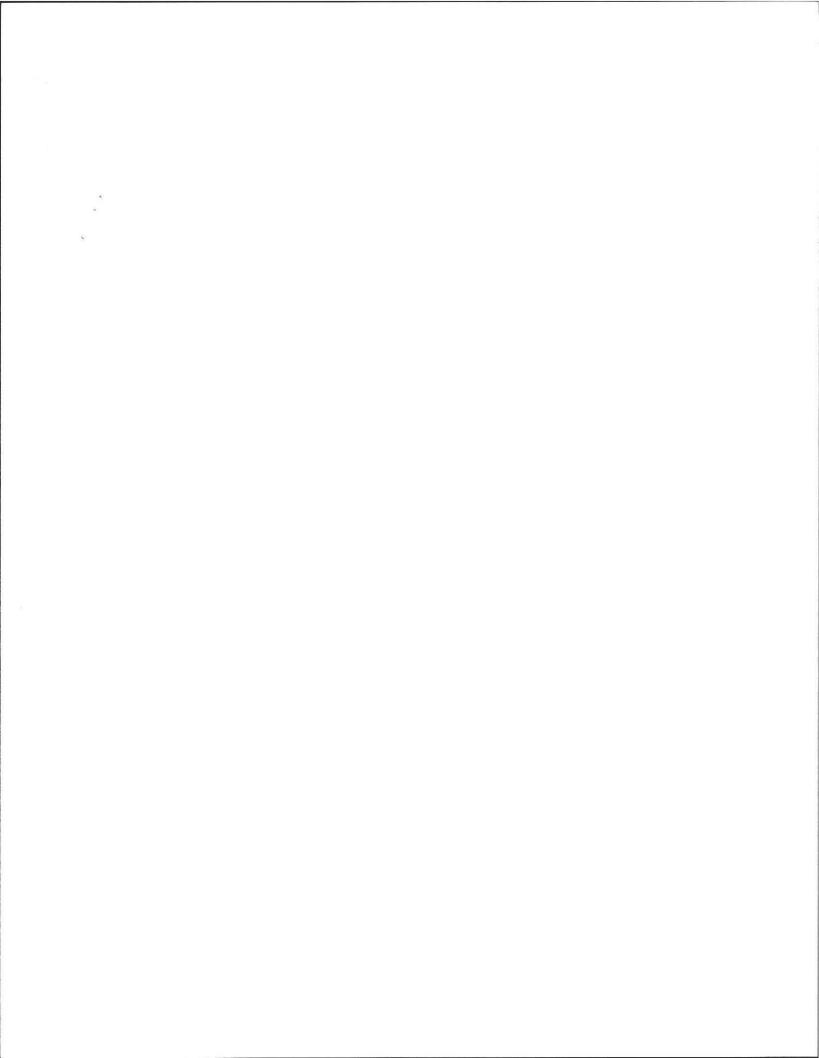


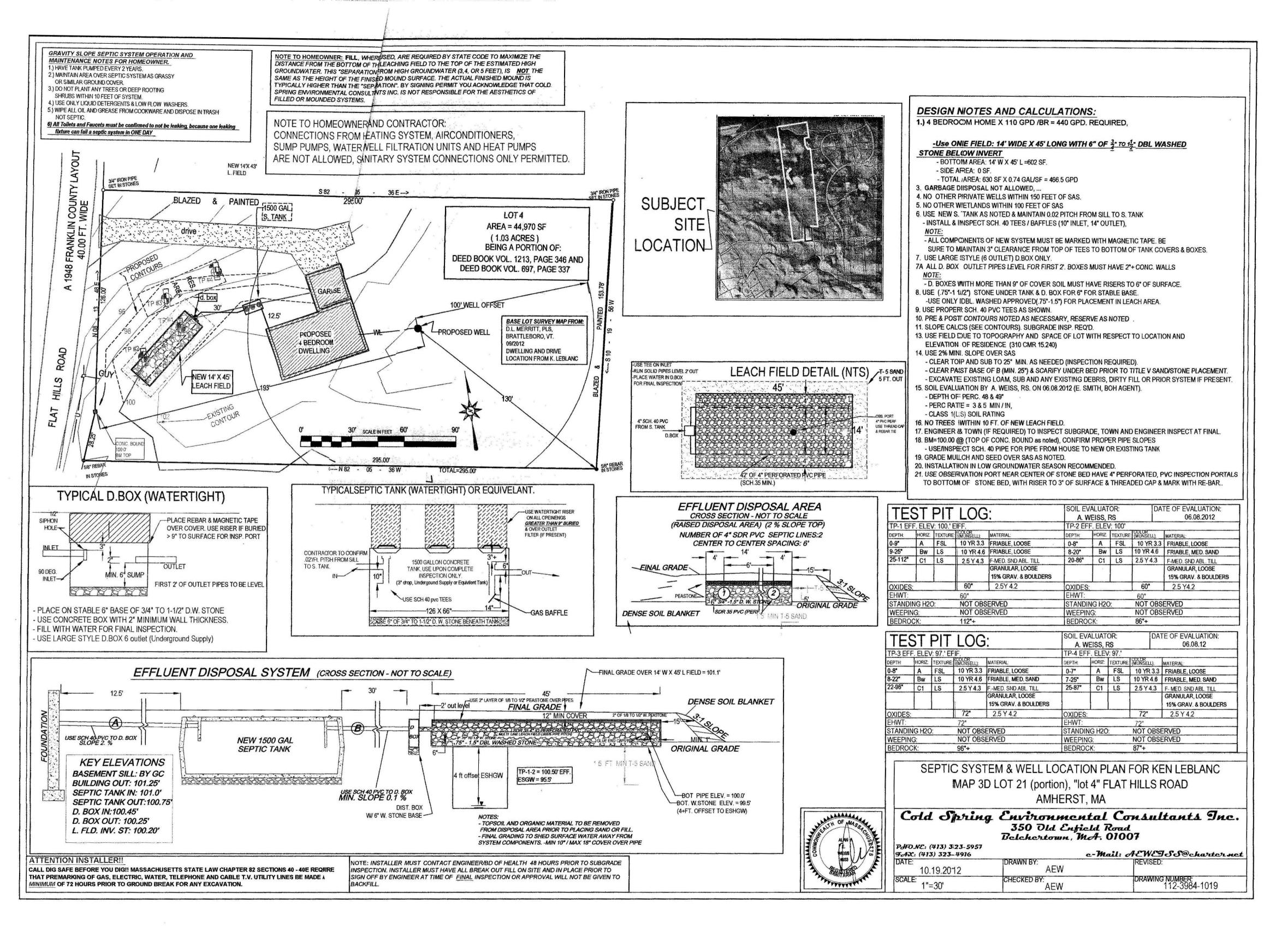
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COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

Percolation Tests

- Septic Designs
- Regulatory Compliance
 Recycling and Solid Waste

Second Opinions

Percolation Testing Reports

Prepared by:

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

Prepared for:

WD Cowls

Cinda Jones, President POB 9677 N. Amherst, MA 01059

Location:

Lot # 4 (Map 3D, Lot 21 (portion) Flat Hills Road Amherst, MA

Project Number: 109-3285-1203

System Evaluator: Alan Weiss, RS

Date: June 9, 2012

350 Old Enfield Road = Belchertown, MA. 01007 = Phone: 413.323.5957 Fax 413.323.4916 email: <u>aeweiss@charter.net</u> www.coldspringenvironmental.com



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

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC. FORM 11 - SOIL EVALUATOR FORM Page 1 of 3

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

Date: 6/8/12

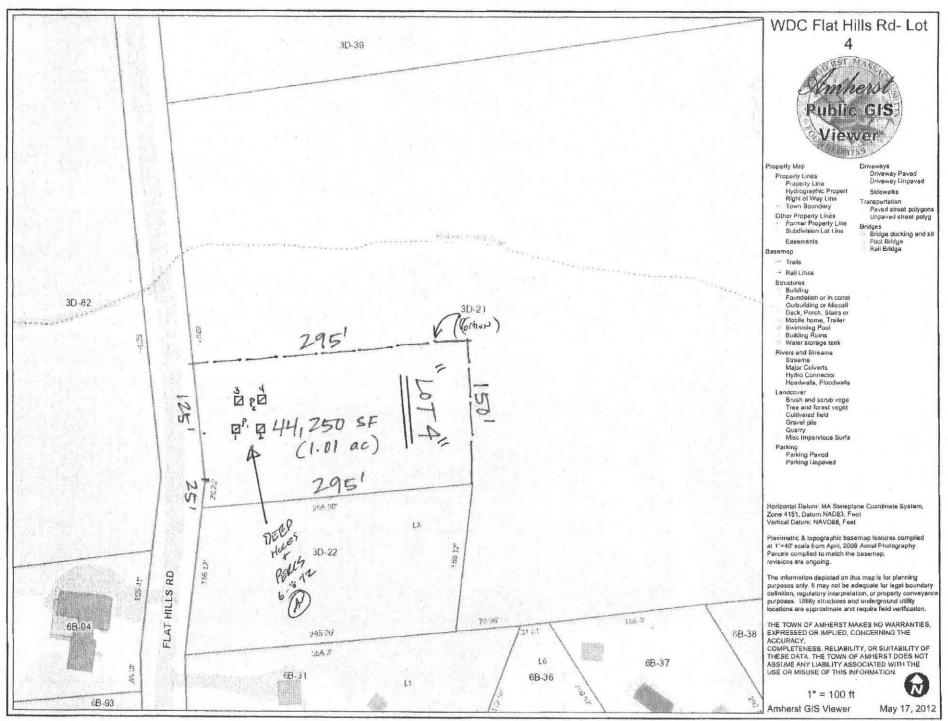
aeweiss@charter.net Commonwealth of Massachusetts Anhest, Massachusetts Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss Witnessed By: E, 5m A.

Date: 6/8/12

Location Address or (LOT #4) Map 3D LoJZI Loi 1 (Porho) Flat HINS RD -	Ourse's Name. Yo Sarah La COUT Adress and WD. Couls
Flat HINS RD-	103. 9677, 134 marting were
New Construction 🗵 Repair 🗌	Notes: and UD. Could'S Telephone & POB. 9677, 134 Mantague KD M. Anhorse, MA 01057 (549 - 1403 X - 337)
Office Review	(549 - 1403 × - 337)
Published Soil Survey Available: No 🗌 🕺 Yes 🖻	
Year Published Publication Scale	. Soil Map Unit
Drainage Class Soil Limitations	
Surficial Geologic Report Available: No Lyes]
Year Published Publication Scale	3
Geologic Material (Map Unit)	
Landform	· · · · · · · · · · · · · · · · · · ·
Flood Insurance Rate Map:	
Above 500 year flood boundary No Yes	
Within 500 year flood boundary No 🛛 🖓 es	
Within 100 year flood boundary No Pres	그 않는 것 같은 방문해야 한 감독
Wetland Area:	
National Wetland Inventory Map (map unit)	
Wetlands Conservancy Program Map (map unit)	
Current Water Resource Conditions (USGS): Month	
Range : Above Normal PNormal Belevy Normal	1
Other References Reviewed:	





Location Address or Lot No. Lot #4; Flat flalls RD

COMMONWEALTH OF MASSACHUSETTS

A, Werst , Massachusetts

	Percolation Test*	
Date: Ç		ie: 6/8/12 9:00 A-
Observation Hole #	Perc #(1)	Perc # (2)
Depth of Perc	¥.8 "	49"
Start Pre-soak	9:35	10:00
End Pre-soak	9:52	(D'. 16
Time at 12"	9.52	10:22
Time at 9"	9:59	10:30
Time at 6*	10',14	10:38
- Time (9"-6")	15 min	8
Rate Min./Inch	5 120	3 Th

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

Site Passed	Site Failed				
Performed By:	Alan Wass	RS			
Witnessed By: _	Ed. Smith.				
Comments:	an ananang manananan manan	contractor of the	. 9 готала тарол	 	NUX - MC17 + 10



FORM 11 - SOIL EVALUATOR FORM Page 2 of 3

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Deep Hole Number $J = 2^{\circ} / Date: 6/8/2 Time: 9:00 Weather S.J. Location (identify on site plan) Land Use Use of an intervention of the plan interventing the plan intervent of the plan interv$				<u>On-sile</u>	Revier	<u> </u>
Location (identify on site plan) Land Use Warded. Slope (%) Z Surface Stones 475 Vegetation 475 Get Cletchoods Landform 7675 Get Position on landscape (sketch on the back) Distances from: Open Water Body 100 4 feet Possible Wet Area 100 4 feet Drinking Water Well 100 4 feet Drinking Water Well 100 4 feet DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG $0 - 7''$ 0 F_{SL} 100 100 4 feet 25 - 112 Ci 25 - 71' 0 100		1-11	-	1elis	0	(h. c.)
Position on landscape (sketch on the back) Distances from: Open Water Body $\underline{/cd} 4$ feet Property Line $\underline{464}$ feet Prossible Wet Area $\underline{/ce'4'}$ feet Drinking Water Well $\underline{/ce'4'}$ feet Distances from: DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG Courrent Stores Boulders, Cone (USDA) (Munsell) Motiling (Structure, Stores, Boulders, Cone Gravell $6 - 7''$ P F_{5L} $2577/5$ $2.577/$						
Position on landscape (sketch on the back) Distances from: Open Water Body $\underline{/cd} 4$ feet Property Line $\underline{464}$ feet Prossible Wet Area $\underline{/ce'4'}$ feet Drinking Water Well $\underline{/ce'4'}$ feet Distances from: DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG Courrent Stores Boulders, Cone (USDA) (Munsell) Motiling (Structure, Stores, Boulders, Cone Gravell $6 - 7''$ P F_{5L} $2577/5$ $2.577/$	Location (identi	fy on site pla	an)			
Position on landscape (sketch on the back) Distances from: Open Water Body $\underline{/cd} 4$ feet Property Line $\underline{464}$ feet Prossible Wet Area $\underline{/ce'4'}$ feet Drinking Water Well $\underline{/ce'4'}$ feet Distances from: DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG DEEP OBSERVATION HOLE LOG Courrent Stores Boulders, Cone (USDA) (Munsell) Motiling (Structure, Stores, Boulders, Cone Gravell $6 - 7''$ P F_{5L} $2577/5$ $2.577/$	Land Use_was	and deci	Siope	e (%)	Surface	Stones 775
Position on landscape (sketch on the back) Distances from: Open Water Body $/ \underline{ ad 4}$ feet Possible Wet Area $\underline{ ad 9'}$ feet Drinking Water Well $\underline{ ad 9'}$ feet Drinking Water Well $\underline{ ad 9'}$ feet DEEP OBSERVATION HOLE LOG [*] DEEP OBSERVATION HOLE LOG [*] DEEP OBSERVATION HOLE LOG [*] $\underline{ Deoth from}$ Soil Horizon Soil Texture $\underline{ Soil Horizon}$ Soil Texture $\underline{ Soil Horizon}$ $\underline{ Soil Horizon}$ $\underline{ Soil Horizon}$ Soil Texture $\underline{ Soil Horizon}$ $\underline{ Soil Horizon}$		Terrid.		·····		
Distances from: $\begin{array}{c ccccccccccccccccccccccccccccccccccc$			h on the back	<u>k</u> l	1	- and an
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		and the second		A1		
Possible Wet Area 100^{4} festProperty Line 100^{4} festDrinking Water Well 100^{4} festOtherDEEP OBSERVATION HOLE LOGDEEP OBSERVATION HOLE LOGOtherDEEP OBSERVATION HOLE LOGOtherDEEP OBSERVATION HOLE LOGOtherDEEP OBSERVATION HOLE LOGOtherOtherSoil HorizonSoil TextureSoil ColorSoil ColorSoil ColorSoil ColorSoil ColorGorerOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherColspan="2">OtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOtherOther<			100 4 feet	Draina	ge way .	o / feet
$\begin{array}{c c c c c c c c c c c c c c c c c c c $				Proper	ty Line 40	34 feet
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	Drinking	Water Well	100 4 feet	Other		
$\begin{array}{c c c c c c c c c c c c c c c c c c c $						
$\begin{array}{c c c c c c c c c c c c c c c c c c c $		and the state of the	DEEP OF	SERVAT	TON HO	LE LOG [*]
Surface (Inches) (USDA) (Munsell) Mottling (Structure, Stones, Boulders, Cons Gravell $G = \frac{1}{7}$ D $F(L)$ $IOYR 3/3$ $F(h) = \frac{1}{7}OYR 3/3}$ $g''.25$ B_{W} L_{S} $IOYR 3/3$ $LOY = \frac{1}{7}OYR 3/3}$ $ZS - 1/2$ C_1 L_{S} $Z.5_7Y/3$ $Z.5_4Y/2$ $Loose$ $ZS - 1/2$ C_1 L_{S} $Z.5_7Y/3$ $Z.5_4Y/2$ $Loose$ $S - 30'$ B_{W} L_{S} Q V $F(h) = \frac{1}{7}OYR 3/4$ $ZO - 56''$ C_1 L_{S} Q $Z.5_7Y/2$ $Loose$ IOY $F(h) = \frac{1}{7}OYR 3/4$ $ZO - 56''$ C_1 L_{S} Q $Z.5_7Y/2$ $Loose$ ISF_0 $Stores$ $S - 72''$ B_{W} L_{S} Q $Z.5_7Y/2$ $Loose$ ISF_0 $Stores$ $ZZ'' - 76''$ C_1 L_{S} Q ZZ'' $Sare 45^{4}$ Q $Q - 7''$ A FSL Q ZZ'' $Sare 45^{4}$ Q $ZS - 57''$ B_{W} LS Q ZZ'' $Sare 45^{4}$ Q						
$\begin{array}{cccccccccccccccccccccccccccccccccccc$		Soil Horizon				Guier
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	SUITACE (INCRAS)		1	1		Gravel
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$\begin{array}{cccccccccccccccccccccccccccccccccccc$			LS	· · · · · · · · · · · · · · · · · · ·	2.564/2	F. Saidy Ablation till. 1
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	0-8 8-204		45			E Sada Ablation fill
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	ъ-8 8-204 20-86"		45			F. Sady Ablatton fill Loose, 1590 Stores
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	ъ-8 8-204 20-86"	Ci A	15 15			F. Sady Ablation fill Loose, 15% Stores
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0-8 8-204 20-86" 0-84 8-7211	Ci A	15 15			Loose, 1596 Stores
25 87 C. LS V	0-8 8-204 20-56" 0-54 8-7211	A BU	15 15	5		Loose, 1596 Stores
25 87 C. US V	0-8 8-204 20-86" 0-84 8-7211	A BU	15 15	5	2.544/2 72"	Loose, 1596 Stores
25 87 C. US V	0-8 8-204 20-86" 0-84 8-7211	A BU	15 15	5	2.544/2 72"	Loose, 1596 Stores
MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA	0-8 8-204 20-86" 0-84 8-7211	A BU	15 15	5	2.544/2 72"	Loose, 1596 Stores
MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA	0-8 8-204 20-86" 0-84 8-7211	A BU	15 15	5	2.544/2 72" 2.544/2	Loose, 1596 Stores
	0-8 8-204 20-86" 0-84 8-7211	A BU	15 15	5	2.544/2 72" 2.544/2	Loose, 1596 Stores
epth to Groundwater: Standing Water in the Hole: NOT Weeping from Pit Face: NOT	20-86" 20-86" 0-8" 8-22" 22"-96" 22"-96" 0-7" 25"87" 25"87"	Ci A Bw C, A OF 2 HOLES F ogici Abla	FSC LS LS LS LS LS LS HELLS LS	ERY PROPOSE	2.544/2 72" 2.544/2 72" 72"	Loose, 1596 Stores



FORM 11 - SOIL EVALUATOR FORM Page 3 of 3

Location	Address	or l	Lot No.	LOT	"4.	Hat HILISAD	
			0				

Determination for Seasonal High Water Table

Method Used:

in .

Depth observed standing in observation hole _____ inches

Depth weeping from side of observation hole _____ inches

Depth to soil mottles 60-62" 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?

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

Certification

I certify that on <u>6</u>(45) (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.

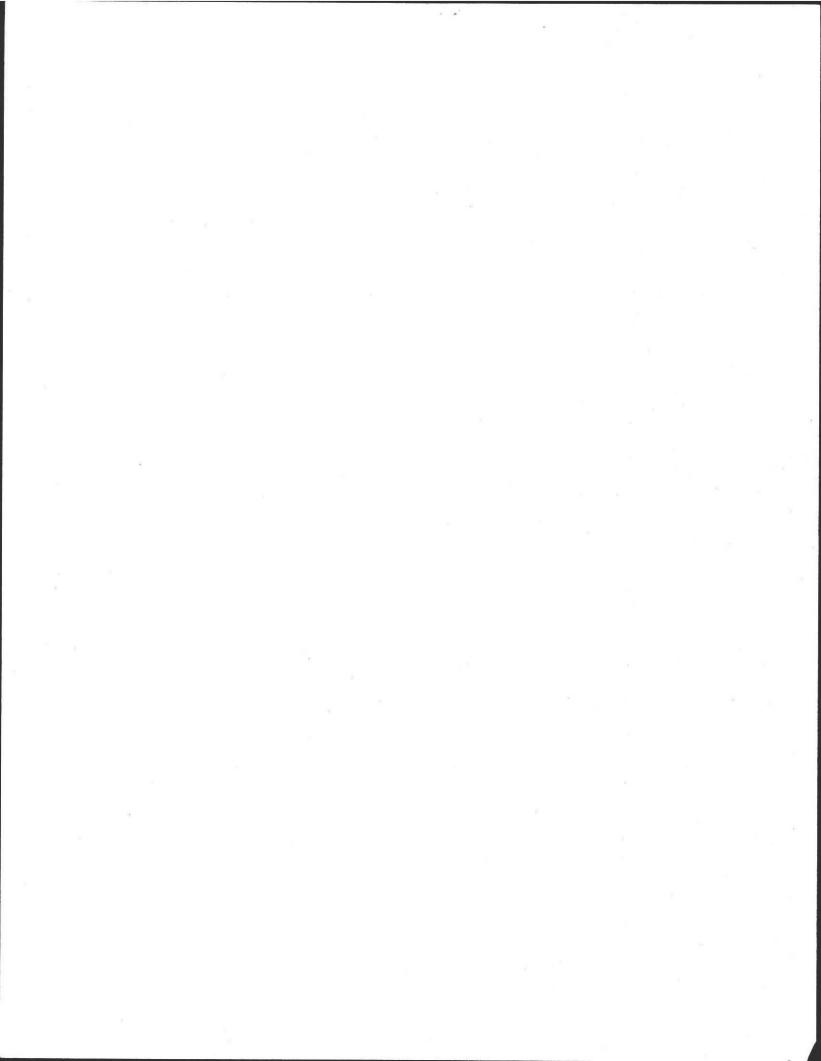
_____ Date __ Signature





Commonwealth of Massachusetts City/Town of Form 11 - Soil Suitability Asses	sment for	Oņ-Site Sewag		AWHE
A. Facility Information	-07)	Sauch Lele	ing - land use	planne
Street Address			Map/Lot #	
City		State	Zip Code	2
B. Site Information				
1. (Check one)	Upgrade	🗌 Repair		
2. Published Soil Survey Available?	🗌 No	If yes: Year Publishe	d Publication Scale	Soil Map Unit
Soil Name		Soil Limitations		
3. Surficial Geological Report Available? 🗌 Yes	🗌 No	If yes: Year Publishe	d Publication Scale	Map Unit
Geologic Material		Landform		
4. Flood Rate Insurance Map				
Above the 500-year flood boundary?	🗌 No	Within the 100-year flo	od boundary? 🗌 Yes	□ No
Within the 500-year flood boundary? Yes	🗌 No	Within a velocity zone?	Yes	□ No
5. Wetland Area: National Wetland Invento	ory Map	Map Unit	Name	
Wetlands Conservancy F	Program Map	Map Unit	Name	
				low Normal

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal • Page 1 of 8

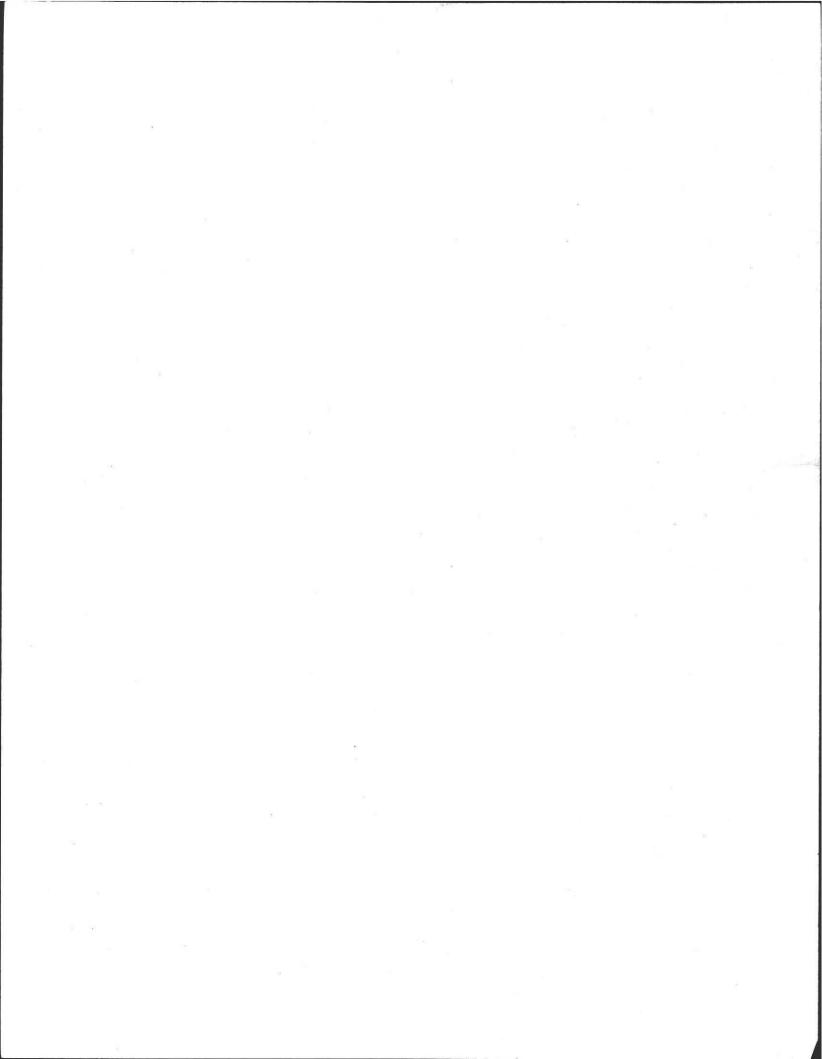




Commonwealth of Massachusetts City/Town of Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (minimum of two holes required at every proposed primary and reserved disposal area)

	Deep Observation Hole Number:	Date Time	Weather
1.	Location		
	Ground Elevation at Surface of Hole:	Location (identify on plan):	
2.	Land Use (e.g., woodland, agricultural field, vacant lot, etc.)	Surface Stone	Slope (%)
	Vegetation	Landform	Position on Landscape (attach sheet)
3.	Distances from: Open Water Body feet	Drainage Way feet	Possible Wet Area
	Property Line feet	Drinking Water Well	Other feet
4.	Parent Material:	Unsuitable Materials F	Present: 🗌 Yes 🗌 No
	If Yes: Disturbed Soil Fill Material	Impervious Layer(s)	eathered/Fractured Rock
5.	Groundwater Observed: 🗌 Yes 🗌 No	If yes: Depth Weep	ing from Pit Depth Standing Water in Hole
	Estimated Depth to High Groundwater:	elevation	*





C. On-Site Review (continued)

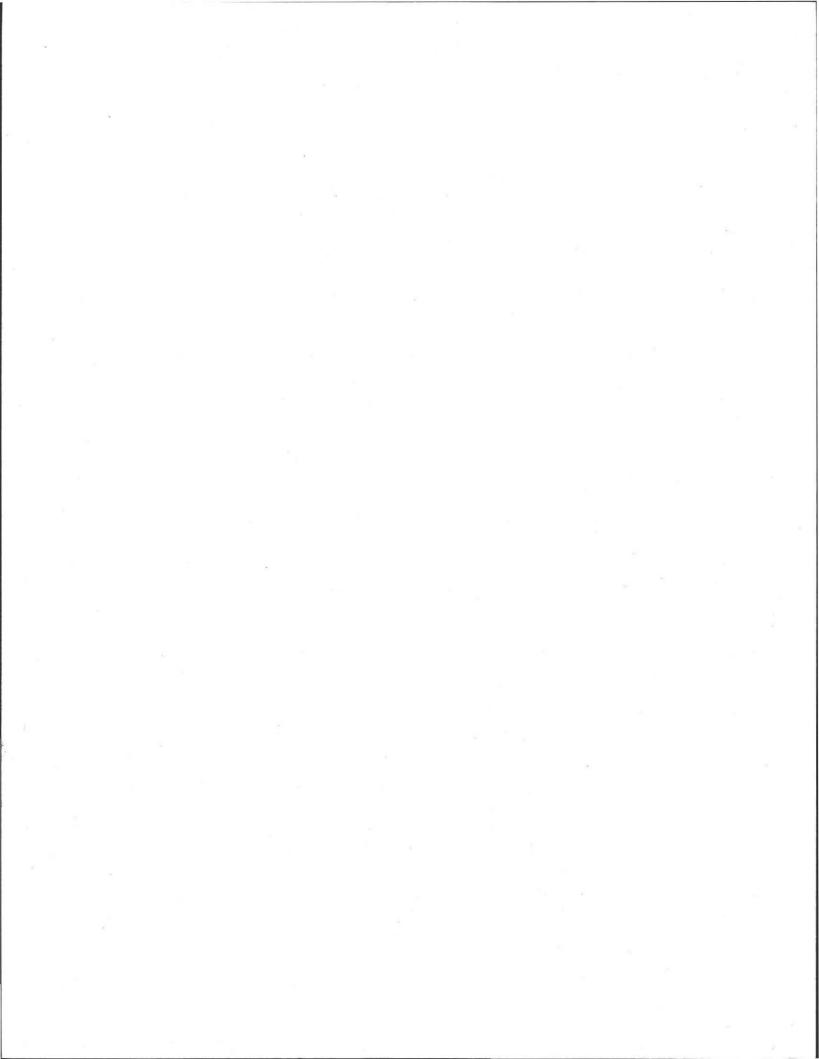
Deep Observation Hole Number:

NE 1 CLOSER TO KURD

Depth (in.)	Soil Horizon/	Soil Matrix: Color-	Redoximorphic Features (mottles)			Soil Texture	Coarse Fragments % by Volume		Soil	Soil	Other
	Layer	Moist (Munsell)	Depth	Color	Percent	(USDA)	Gravel	Cobbles & Stones	Structure	Consistence (Moist)	othe
0.9"	A	10 yr 3/3				FSL					
9.25"	B	10 yr 4/4			-	15	4				
25-	C	2.54 4/3				45					

Additional Notes:

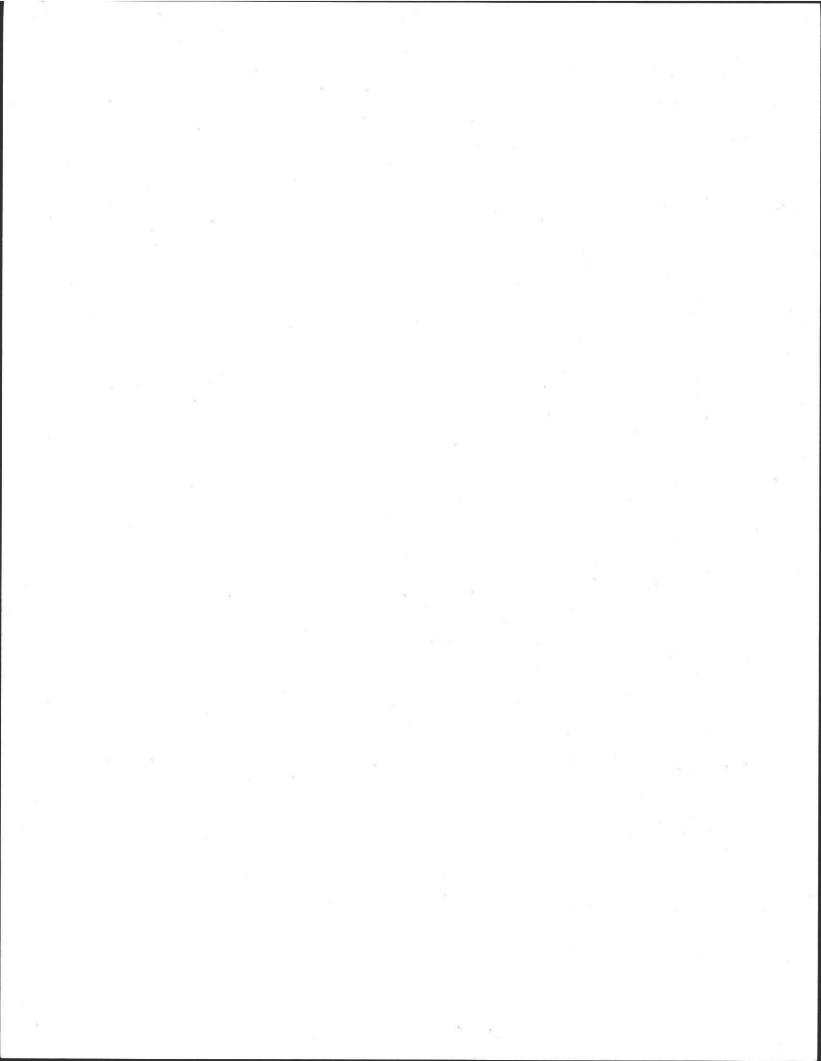
SOAK 9:52 15 MINTS. 9:59 94 9:59 94 0 DONE





C. On-Site Review (continued)

	Deep Observation Hole Number:	Date	Time	Weather	
1.	Location				
	Ground Elevation at Surface of Hole:	Location (identify on	plan): ———		
2.	Land Use (e.g., woodland, agricultural field, vacant lot, etc.)		Surface Stones		Slope (%)
	Vegetation	Landform	1	Position on Landscape	(attach sheet)
3.	Distances from: Open Water Body feet	Drainage Way	feet	Possible Wet Area	a feet
	Property Line feet	 Drinking Water V 	Vell feet	Other	feet
4.	Parent Material:	Unsuitab	le Materials Prese	nt: 🗌 Yes	🗌 No
	If Yes: Disturbed Soil Fill Material	Impervious Layer(s)	U Weather	red/Fractured Rock	Bedrock
5.	Groundwater Observed: Yes No	If yes:	Depth Weeping fro	om Pit Depth St	anding Water in Hole
	Estimated Depth to High Groundwater:	elevation			





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C. On-Site Review (continued)

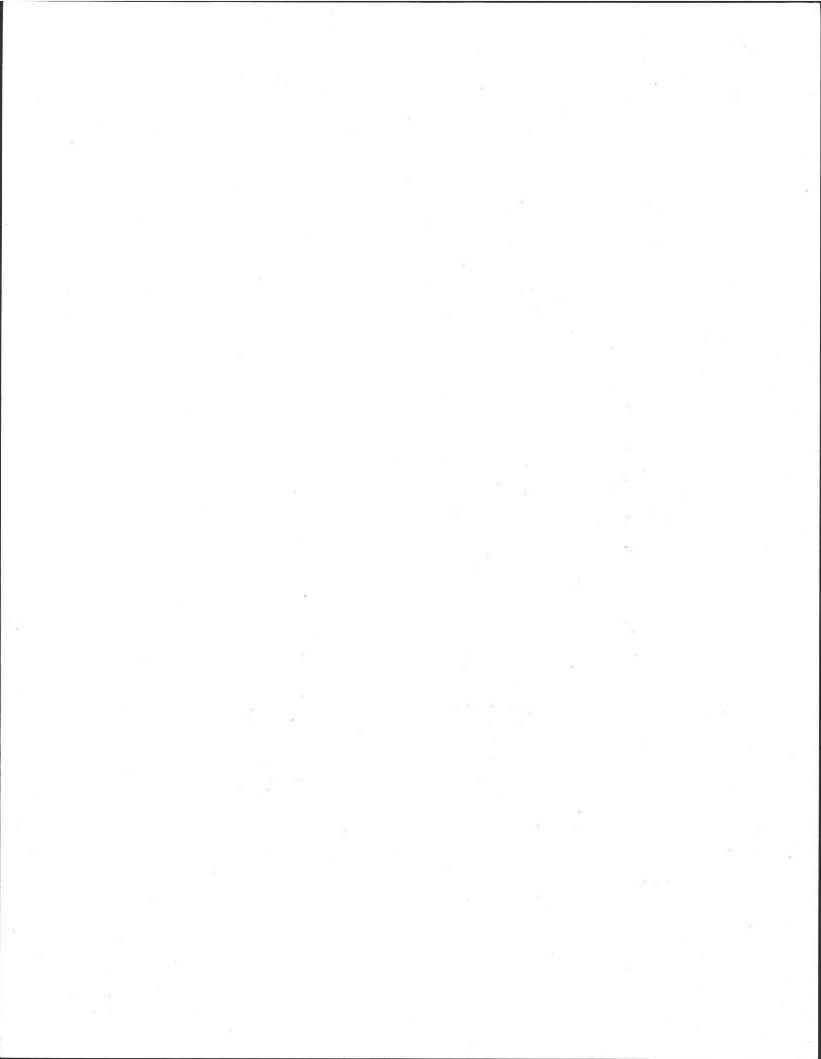
Deep Observation Hole Number:

FARTUGE FRM ROAD

Depth (in.)	Soil Horizon/	Soil Matrix: Color-		ximorphic (mottles	Features	Soil Texture	0/ 1-	e Fragments y Volume	Soil	Soil Consistence	Other
	Layer	Moist (Munsell)	Depth	Color	Percent	(USDA)	Gravel	Cobbles & Stones	Structure	(Moist)	
0-8	A	10 YR 3/3				TSC.					
8 - 20	9	IDYR 4/6				L5					
20-86	C	2.5 7 4/3	60"			LS					
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Additional Notes:

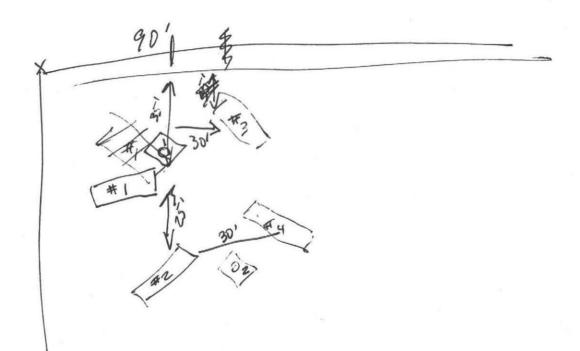
 10:03	SPAN	
10:14	×	
10:22	9-	

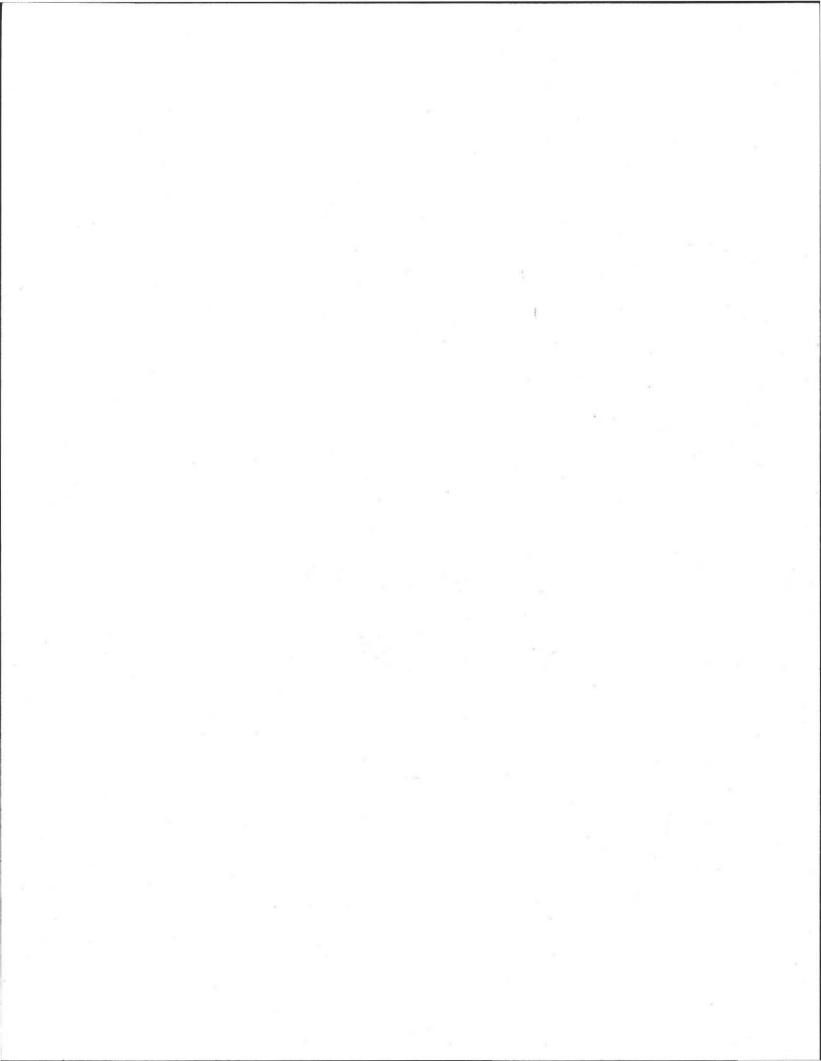




Field Diagrams

Use this sheet for field diagrams:







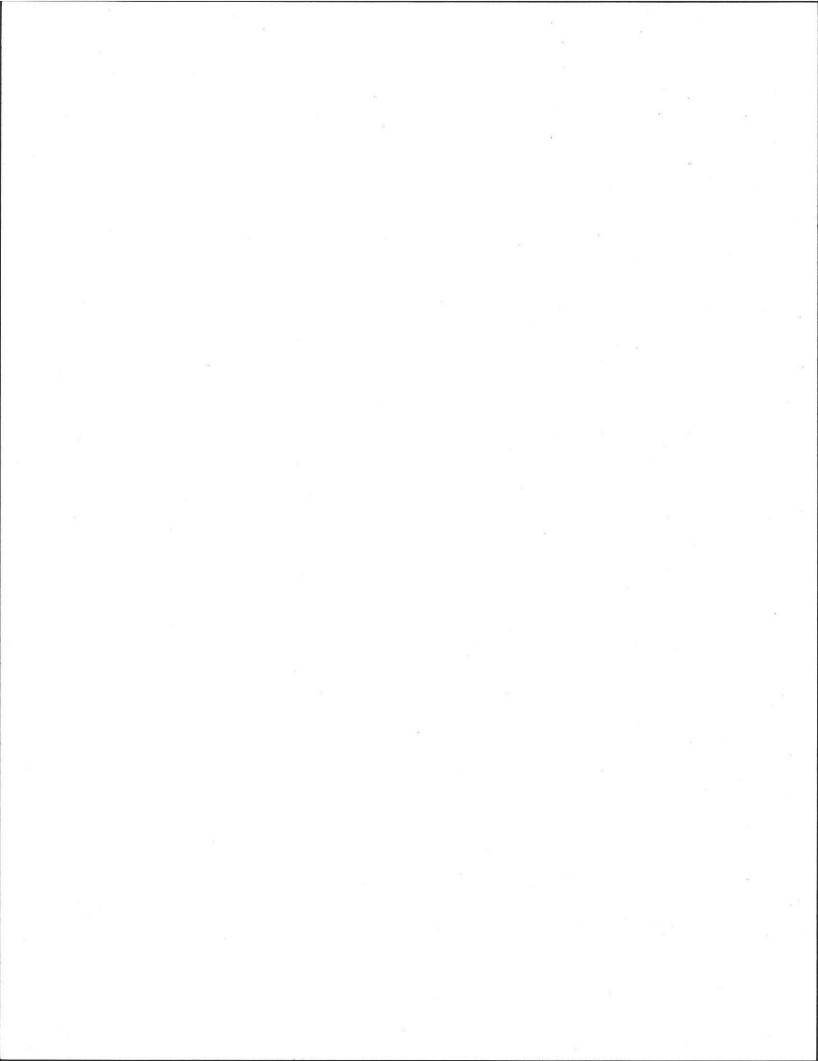
#3

C. On-Site Review (continued)

Deep Observation Hole Number:

Depth (in.)	Soil Horizon/	Soil Matrix: Color-	Redoximorphic Features (mottles)			Soil Texture	Coarse Fragments % by Volume		Soil	Soil	Other
	Layer	Moist (Munsell)	Depth	Color	Percent	(USDA)	Gravel	Cobbles & Stones	Structure	Consistence (Moist)	Other
0-8	A					FSL					0
8-27	13			>		15					
8-27 12-96	С	2.574/2	72~			LS					
									-		

Additional Notes:





C. On-Site Review (continued)

Deep Observation Hole Number:

Depth (in.)	Soil Horizon/	Soil Matrix: Color-	Redoximorphic Features (mottles)			Soil Texture	Coarse Fragments % by Volume		Soil	Soil	0.1
	Layer	Moist (Munsell)	Depth	Color	Percent	(USDA)	Gravel	Cobbles & Stones	Structure	Consistence (Moist)	Other
0-7		i.									
7-25	-										
0-7 17-25 25-87											
	41 12										
					1.20						

Additional Notes:

FINE SANDY ABLAMM TILL

#L

