

394 Flat Hills

20

No. 89-8

#394

Plan Review
FEE 60⁰⁰

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit



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

394

FLAT HILLS ROAD Location - Address
LEN & CORINNE SEEVE Owner
STONEYS EXCAVATING Installer
LOT 10 or Lot No.
80 MORGAN CIRCLE Address
MONTAGUE CENTER, MA. Address

Type of Building
Dwelling — No. of Bedrooms 4 Expansion Attic (—) Garbage Grinder (✓)
Other — Type of Building _____ No. of persons _____ Showers (—) — Cafeteria (—)
Other fixtures _____

Design Flow 55 gallons per person per day. Total daily flow 440 x 1.25 = 550 gallons.
Septic Tank — Liquid capacity 1500 gallons Length 10'5" Width 5' Diameter _____ Depth 5'3"
Disposal Trench — No. 5 Width 2' Total Length 200' Total leaching area 600 sq. ft. SIDES
Seepage Pit No. _____ Diameter _____ Depth below inlet 1.5' Total leaching area 400 sq. ft. BOTTOM
Other Distribution box (✓) Dosing tank (—)
Percolation Test Results Performed by W.J. SIERVIA P.E. Date 9/21/89
Test Pit No. 1 15 minutes per inch Depth of Test Pit 120" Depth to ground water 9' USED
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil SEE ATTACHED SHEETS

Nature of Repairs or Alterations — Answer when applicable

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed _____ Date _____

Application Approved By _____ Date _____

Application Disapproved for the following reasons: _____ Date _____

Permit No. 89-8 Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

Checked 10/17/89
Reasonable compliance
H. Lios

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired () by STONEYS EXCAVATING Installer at 394 FLAT HILLS ROAD has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 89-8 dated _____

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE 10/17/89 Inspector David Requena

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

TOWN OF AMHERST

Disposal Works Construction Permit

Permission is hereby granted LEN & CORINNE SEEVE to Construct (✓) or Repair () an Individual Sewage Disposal System at No. FLAT HILLS ROAD Street

as shown on the application for Disposal Works Construction Permit No. 89-8 Dated _____

DATE _____ Board of Health

FEE 60⁰⁰
Plan Review

CHECK OR FILL IN WHERE APPLICABLE

2010-11-10

817



OCT 12 1989 WATER WELL COMPLETION REPORT

WELL LOCATION Address <u>FLAT HILLS RD.</u>	GEOGRAPHIC DESCRIPTION <u>400</u> N S E <u>W</u> of (feet) (circle)
City/Town <u>AMHERST</u>	<u>FLAT HILLS RD.</u> (road)
Well owner <u>LEONARD SEEVE</u>	<u>1/10</u> N <u>S</u> E W of (m. in tenths) (circle)
Address <u>394 flat hills rd.</u> <u>AMHERST MA. 01002</u>	intersect. w/ <u>HIGH POINT</u> (road)
Board of Health permit: yes <input type="checkbox"/> no <input type="checkbox"/>	

WELL USE Domestic <input checked="" type="checkbox"/> Public <input type="checkbox"/> Industrial <input type="checkbox"/> Monitoring <input type="checkbox"/> Other _____	WELL DATA Total well depth <u>700</u> ft. Depth to bedrock <u>14</u> ft. Water-bearing rock/unconsolidated material: Description <u>SOFT GRAY ROCK</u> Water-bearing zones: 1) From <u>280</u> To <u>300</u> 2) From _____ To _____ 3) From _____ To _____ Gravel pack well: dia. _____ Screen: dia. _____ Slot # _____ length _____ from _____ to _____
Method drilled <u>AIR HAMMER</u> Date drilled <u>9/7/89</u>	
CASING Type <u>STEEL 17 lb.</u> Length <u>40</u> ft. Dia (I.D.) <u>6</u> in. Length into bedrock <u>24</u> ft. Protective well seal: <u>DRIVE SHOE</u> Grout <input checked="" type="checkbox"/> Other _____	

PUMP TEST
Static water level below land surface 13 ft. Date 9/14/89
Drawdown 700 ft. after pumping 2 hr. _____ min. at 1/2 gpm
How measured BUR LIFT Recovery 41 ft. after 2 hr. 5 min.

LOG of FORMATIONS			COMMENTS
Materials	From	To	
BROWN SAND &			Driller <u>FREDERICK H. MOREY</u> Mass. Registration # <u>499</u> Firm <u>MOREY WELL DRILLING INC.</u> Address <u>BOX 1091</u> City/Town <u>WELLS VT 05774</u> <i>Frederick H. Morey</i> Signature of supervising registered well driller
BOULDERS	<u>0</u>	<u>14</u>	
SALT & PEPPER			
ROCK	<u>14</u>	<u>700</u>	

Office use only

STATE OF TEXAS
COUNTY OF [illegible]
[illegible]
[illegible]

[illegible]
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Lowaine File

SGIL EXAMINATIONS / PERCOLATION TESTS

JOB #

LOCATION OF PROP.: *R. Noss (applicant - L. Seave)*

*Flat Hills Rd.
 Amherst, MA*

LOT NO.:

DATE PERFORMED: *9/21/68*

PERFORMED BY: *Wm. Siemata P.E.*

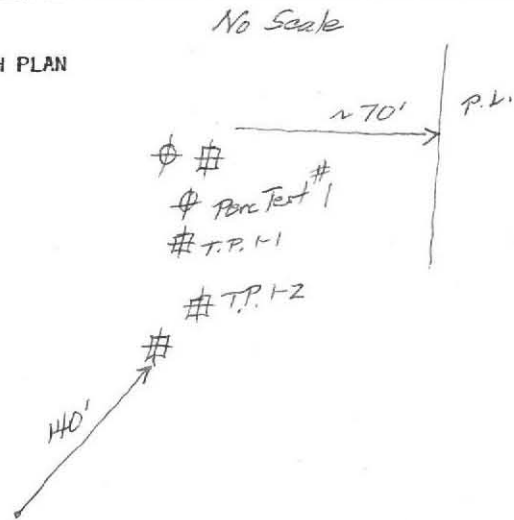
WITNESSED BY: *for Amherst Health Dept.: D. Koski*

PERK TEST RESULTS: (tabulation on back)

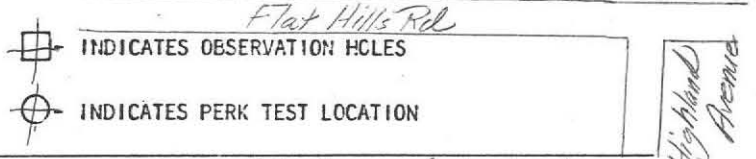
1. *~11 minutes/inch*
- 2.
- 3.
- 4.

COMMENTS: *Additional testing conducted to verify the existence of an area of adequate size for the location of a leaching system and reserve area. Engineer to locate new test pits on plot plan. Area appears to be suitable for the location of a sewage disposal system. Hold for plan.*

SKETCH PLAN



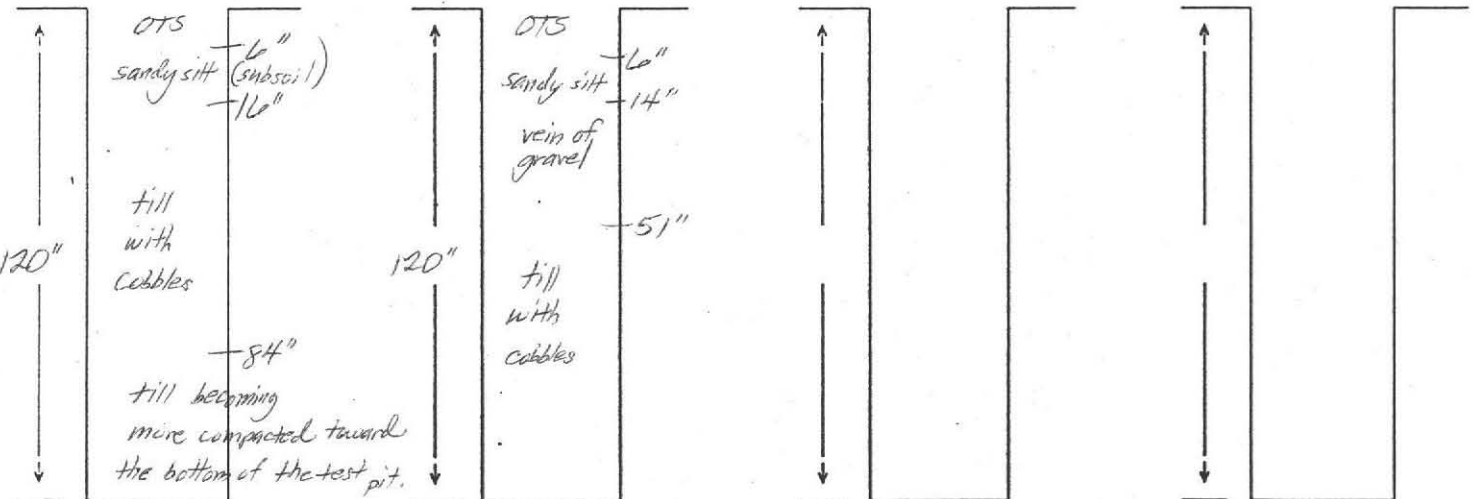
Test pits not id'd are original test pits.

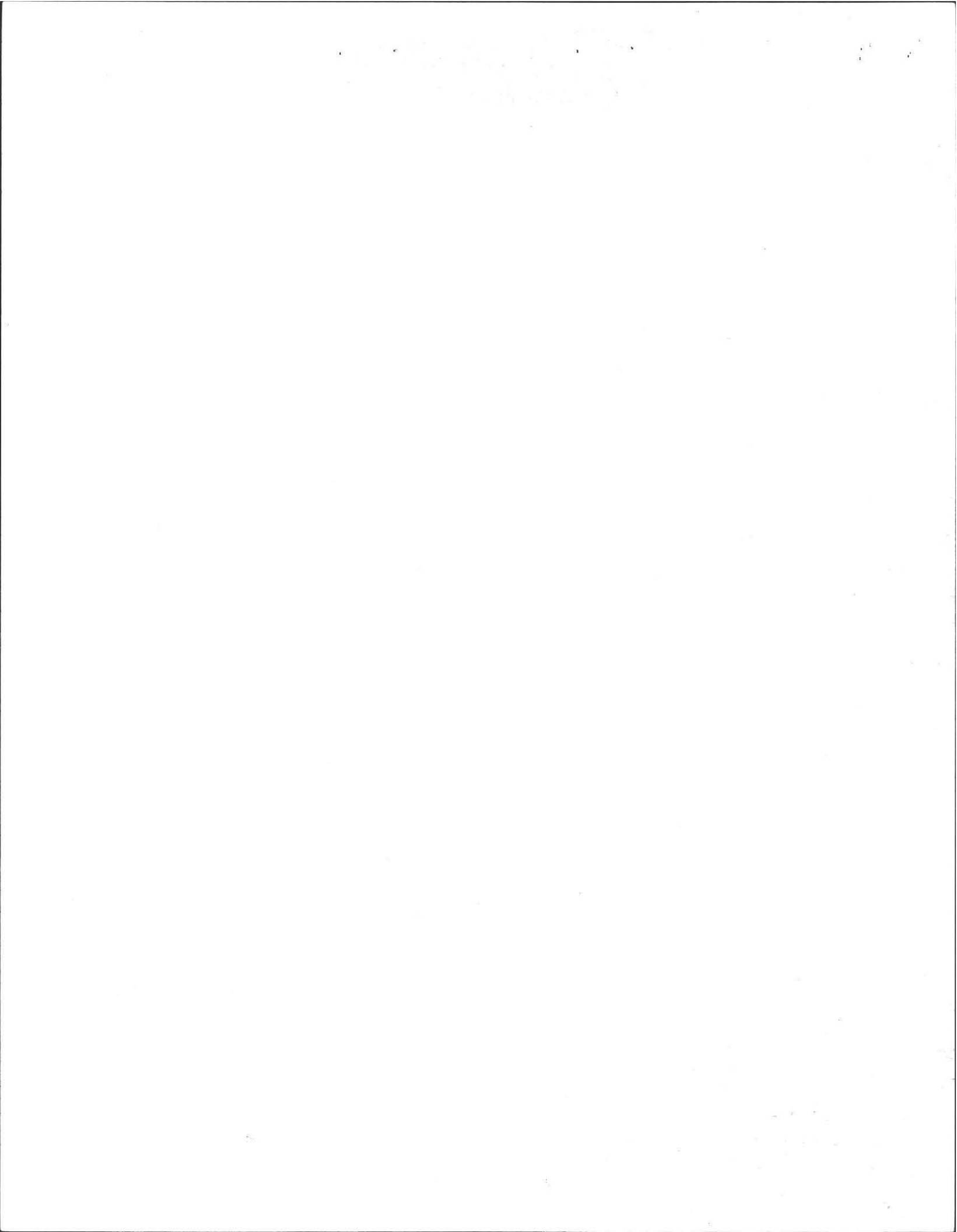


∇ - denotes groundwater NOTE: use previous test data for groundwater level.
 OBSERVATION HOLES

1-1

1-2





Percolation Test

Test No. #1(B)
 Reading _____ Time _____
 Saturation (15 min) 10:15 - 10:30

<u>13 1/2</u>	<u>22</u>	<u>7.33</u>	<u>10:30</u>
<u>10 1/2</u>	<u>3</u>		<u>10:52</u>
<u>7 1/2</u>	<u>34</u>	<u>11.33</u>	<u>11:28</u>
	<u>3</u>		

DESIGN RATE
 Perc Rate 12.0 Min/inch
 Ground Elev. _____
 Depth of Hole 45"

Test No. _____
 Reading _____ Time _____
 Saturation (15 min) _____

<u>13 1/2</u>	<u>10:30</u>
<u>12 1/2</u>	<u>10:37</u>
<u>11 1/2</u>	<u>10:43</u>
<u>10 1/2</u>	<u>10:52</u>
<u>9 1/2</u>	<u>11:02</u>
<u>8 1/2</u>	<u>11:13</u>
<u>7 1/2</u>	<u>11:28</u>

Perc. Rate _____ Min/inch
 Ground Elev. _____
 Depth of Hole _____

Test Pit TP1-1
 Depth _____ Soil Description _____
0-6" O/S FOREST LOAM
6"-16" SILTY SUB SOIL (ORGANIC)
16"-84" SANDY TILL WITH COBBLES
84"-120" TILL 1/2 CLAY INCREASE
 Groundwater Depth UNA Elev. _____
 Bedrock Depth UNA Elev. _____
 Ground Elev. _____

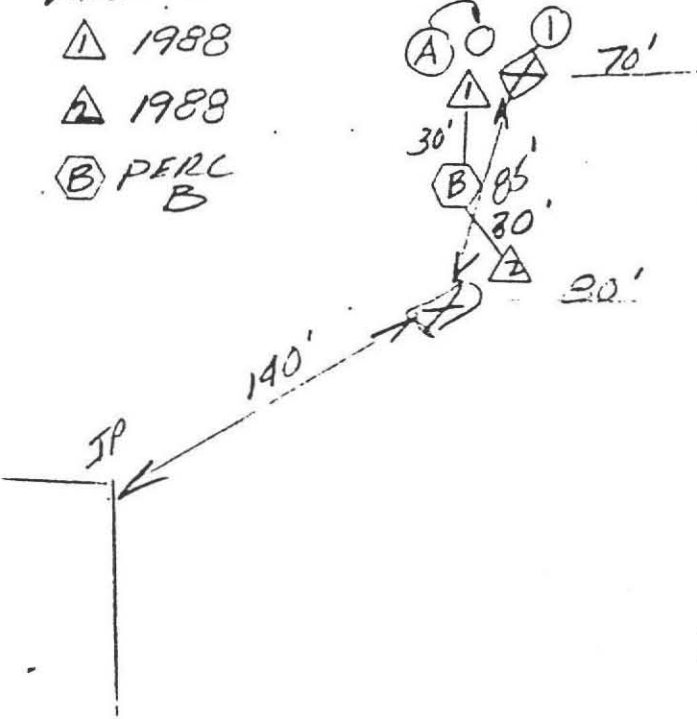
Deep Test Pit/s
 Test Pit _____
 Depth _____ Soil Description _____
0-6" O/S LOAM
6"-14" SANDY SILT
14"-51" GRAVEL WELL GRADE
51"-120" SANDY TILL
 Groundwater Depth UNA Elev. _____
 Bedrock Depth _____ Elev. _____
 Ground Elev. _____

S.C.S. Soil Description _____ Seasonal High Water Table? SEE TEST 4/27/86
 Bench Mark: Elev. 200 Description _____
SET AT PERC SITE

COMMENTS:

TEST CONDUCTED

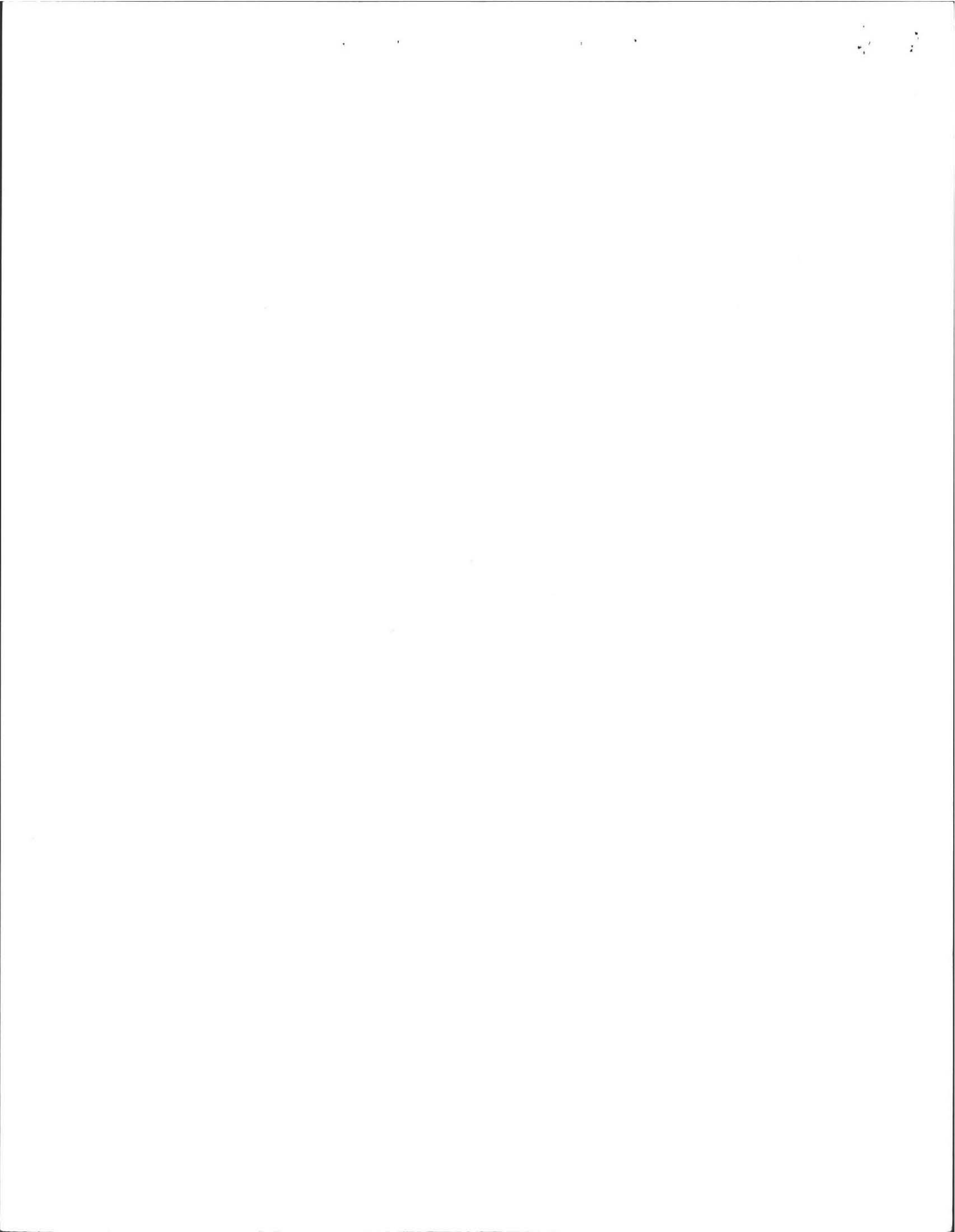
- △ 1988
- △ 1988
- ⊖ PERC B



Date: SEPT 21 1988
 Client: R. NOSS

Engineer: W.J. STERUTA P.E.
 Witness: D. PINSKI BN HEALTH
 Location of Perc: _____
FLINT HILLS ROAD
5 1/2 ACRE LOT
AMHERST MASS

[Handwritten signature]
 9/22/88



JOHN A. FARNSWORTH

CIVIL ENGINEER, SANITARIAN 834

DISPOSAL WORKS DESIGN AND INSTALLATION
 473 HARVARD ROAD, LANCASTER, MASS. 01523
 (617) 365-5577

SOIL AND PERCOLATION TEST RESULTS

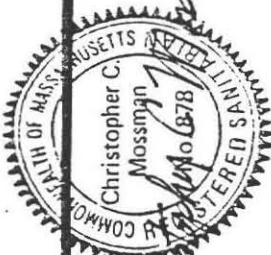
TEST RESULTS DO NOT IMPLY SITE SUITABILITY FOR
 DISPOSAL WORKS UNDER TITLE V

CLIENT RICK NOSS JOB NO. 86-48 DATE 04-24-86

SITE FLAT HILLS ROAD WITNESS C. DRAKE
 (ACROSS FROM N. AMHERST A.P.O.H. AGENT
 HIGH POINT DR.)

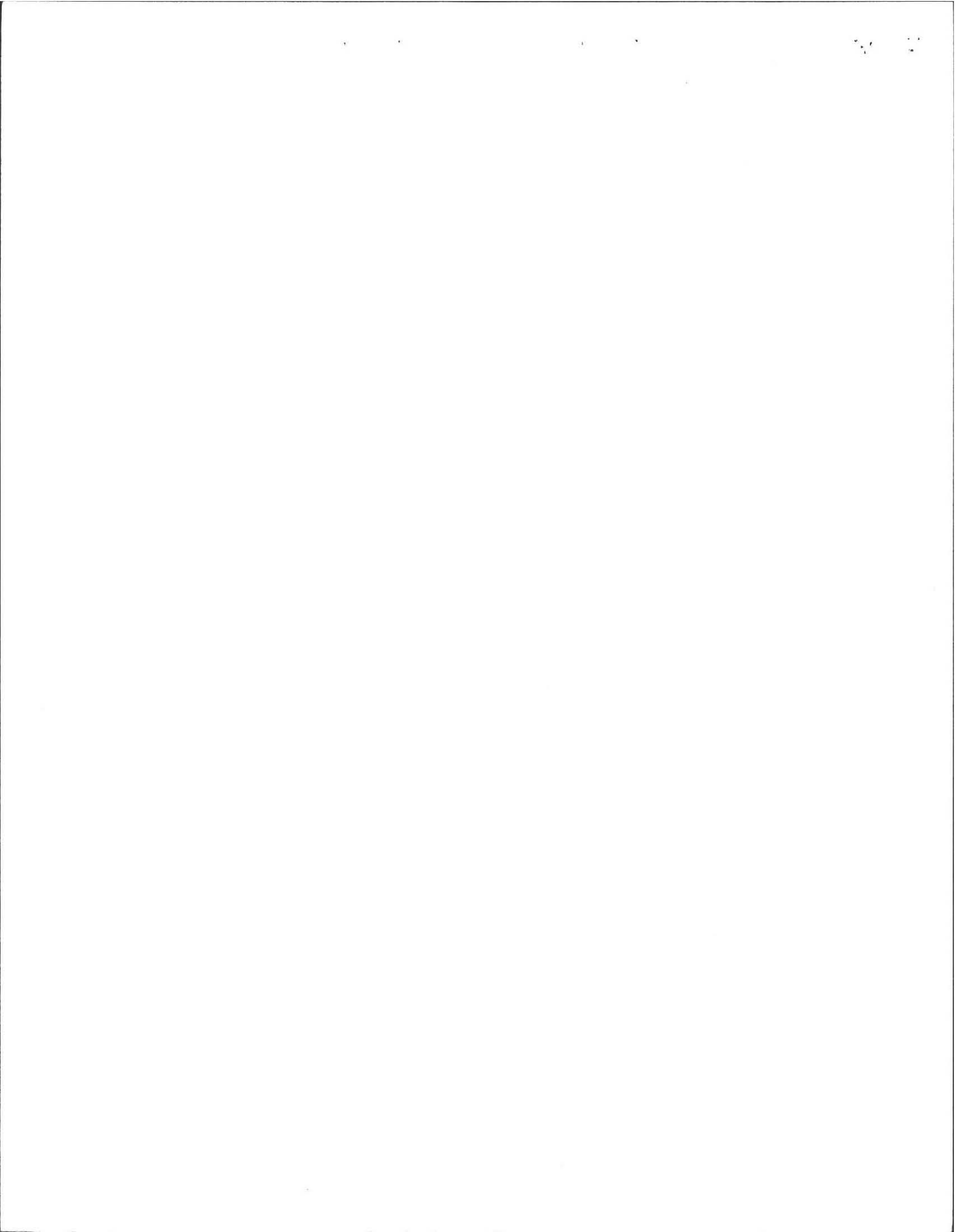
	PERC. NO. <u>A</u>	PERC. NO. _____	PERC. NO. _____
START SOAK (DEPTH) (TIME)	15" 4:05		
END SOAK	12 3/4" 4:20		
	9 3/4" 4:47		
	6 3/4" 5:24		
	12.3 ^{MIN} / _{INCH}		
RATE	MIN/INCH		

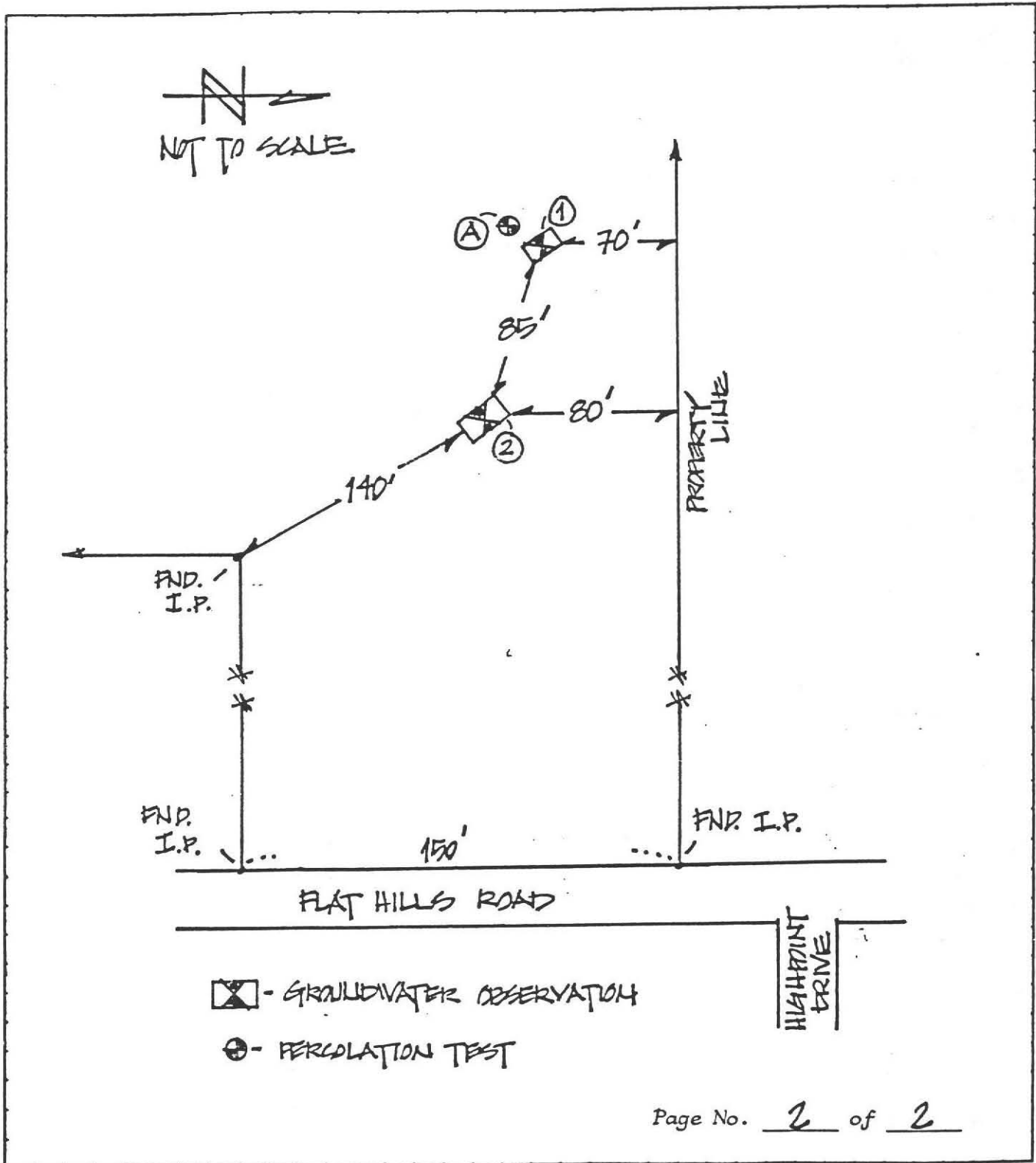
HOLE NO. <u>1</u>	HOLE NO. <u>2</u>	PERC. HOLE NO. <u>A</u>	HOLE NO. _____
0 TOP & SUBSOIL	0 TOP & SUBSOIL	0	
1	SILTY SAND	1	
2	SAND	2	
3 SANDY SILT		3	
4		4	
5	SANDY SILT	5	
6		6	
7		7	
8		8	
9		9	
10 BOTTOM ↗		10	
11		11	
12		12	

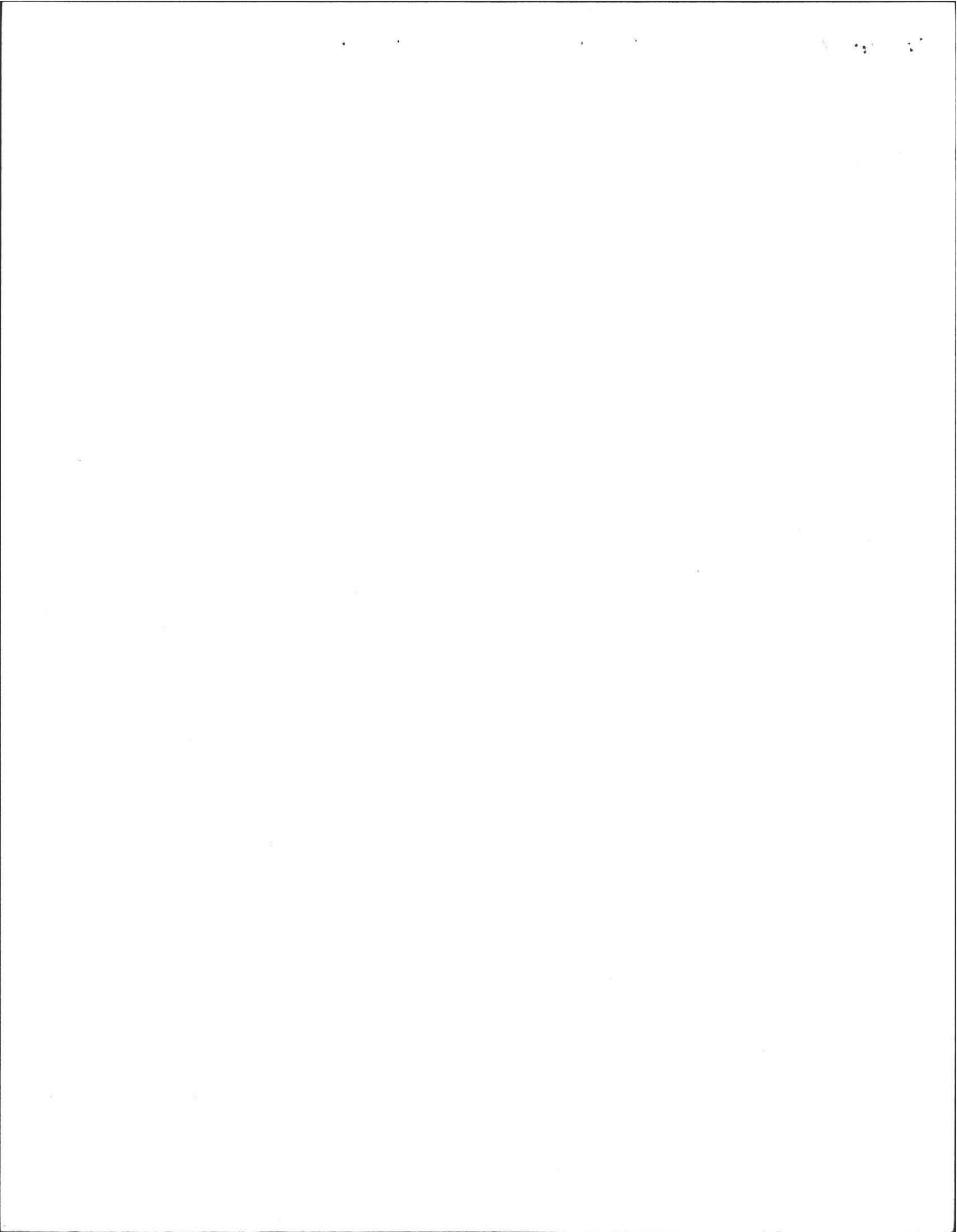


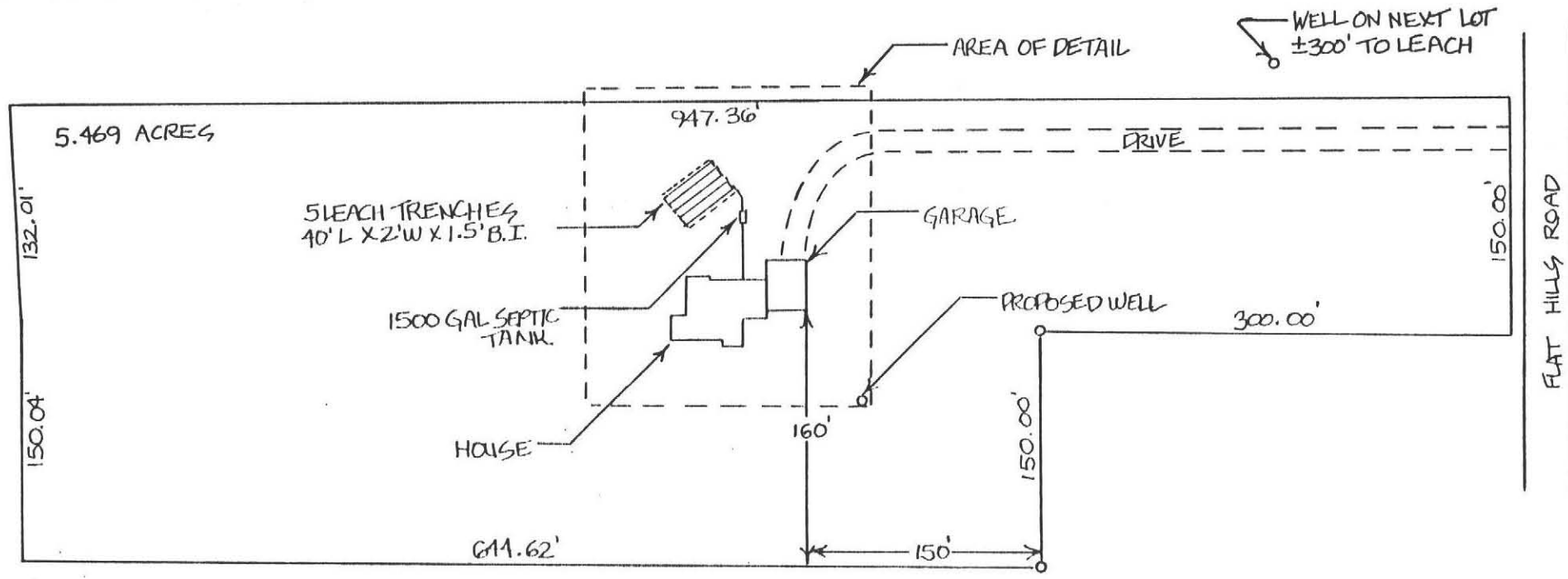
⚠ OBSERVED GROUNDWATER SYMBOL

SHEET 1 OF 2

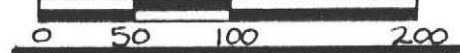








SCALE : 1" = 100' - 00"



PLAN SHOWING SEWAGE DISPOSAL SYSTEM ON
ENTIRE LOT

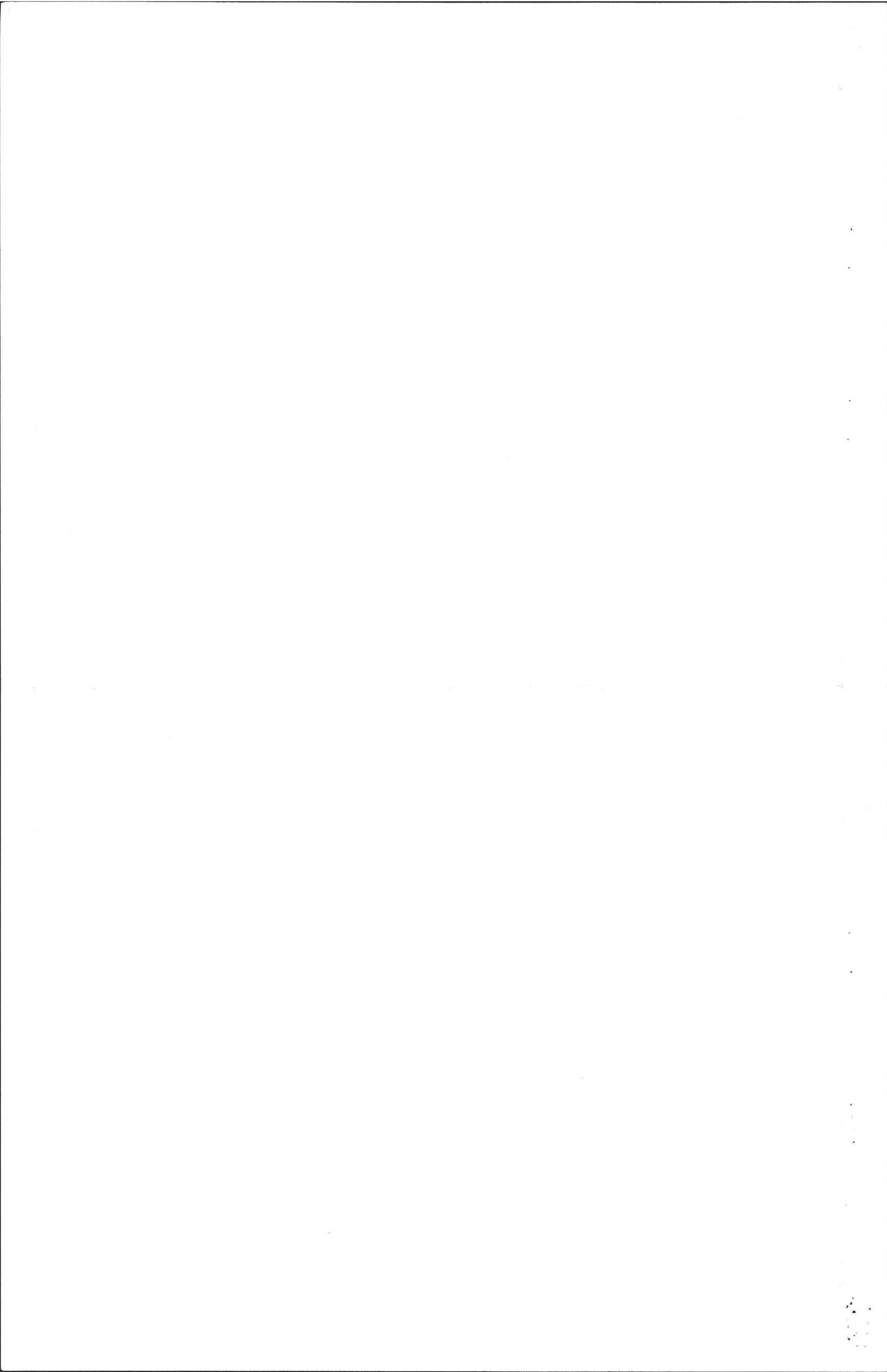
FOR: LEN & CORINNE SEEVE
80 MORGAN CIRCLE
AMHERST, MA 01002

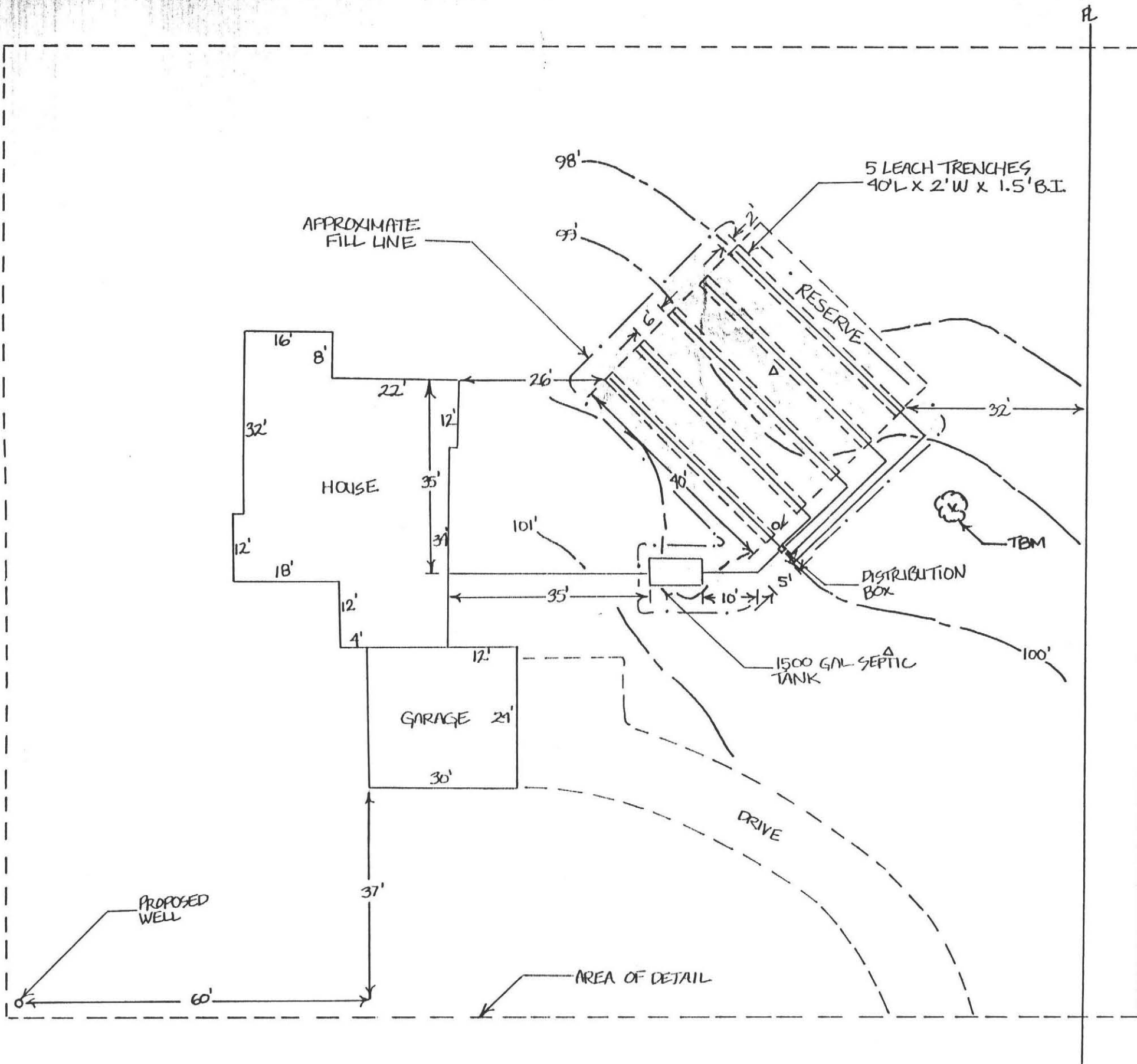
DATE: 4/25/89

BY: FILIOS ENTERPRISES, INC.
69 PELHAM ROAD
AMHERST, MA 01002

D. LA BELLE

SITE: FLAT HILLS ROAD
AMHERST, MA



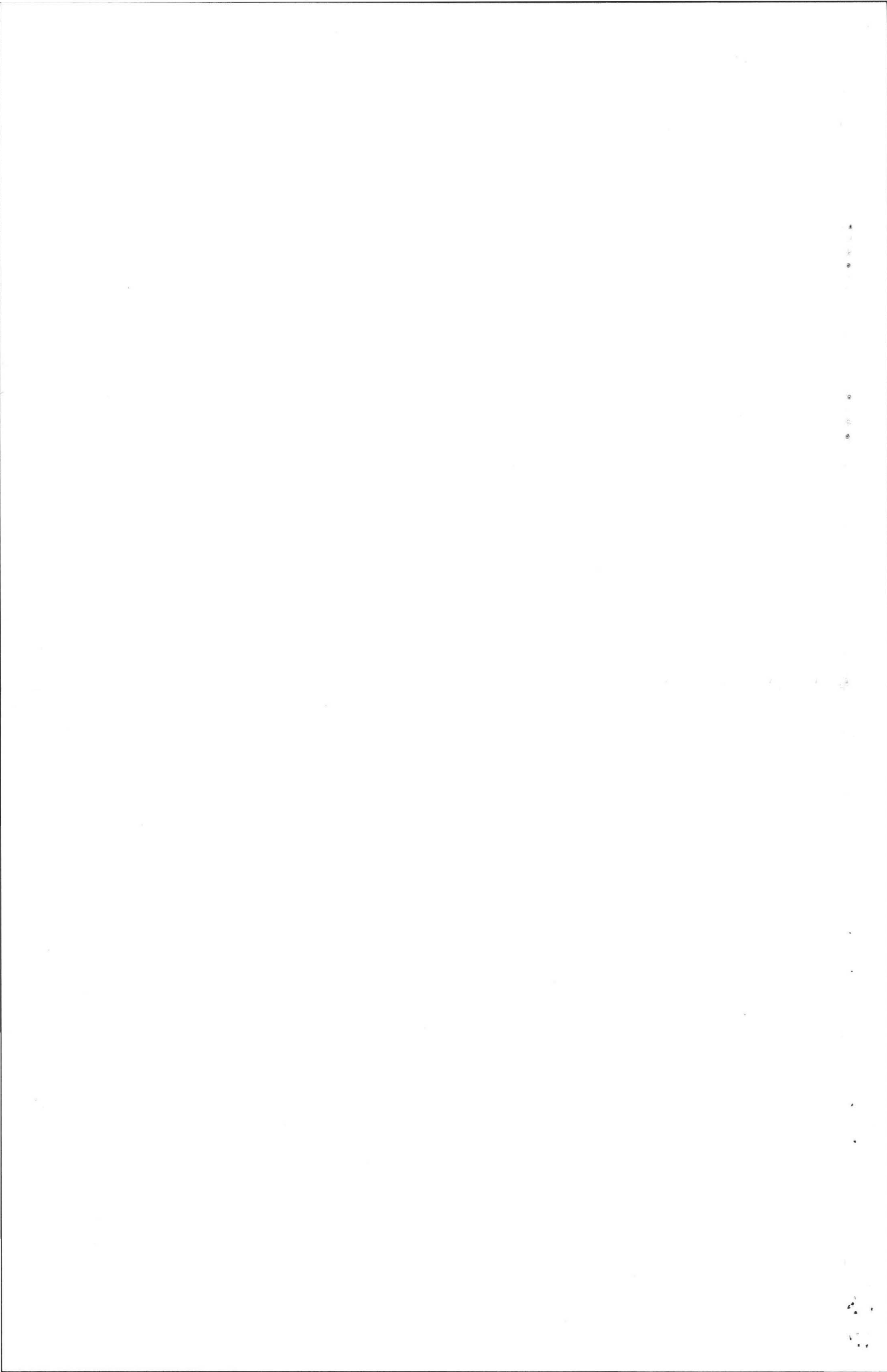


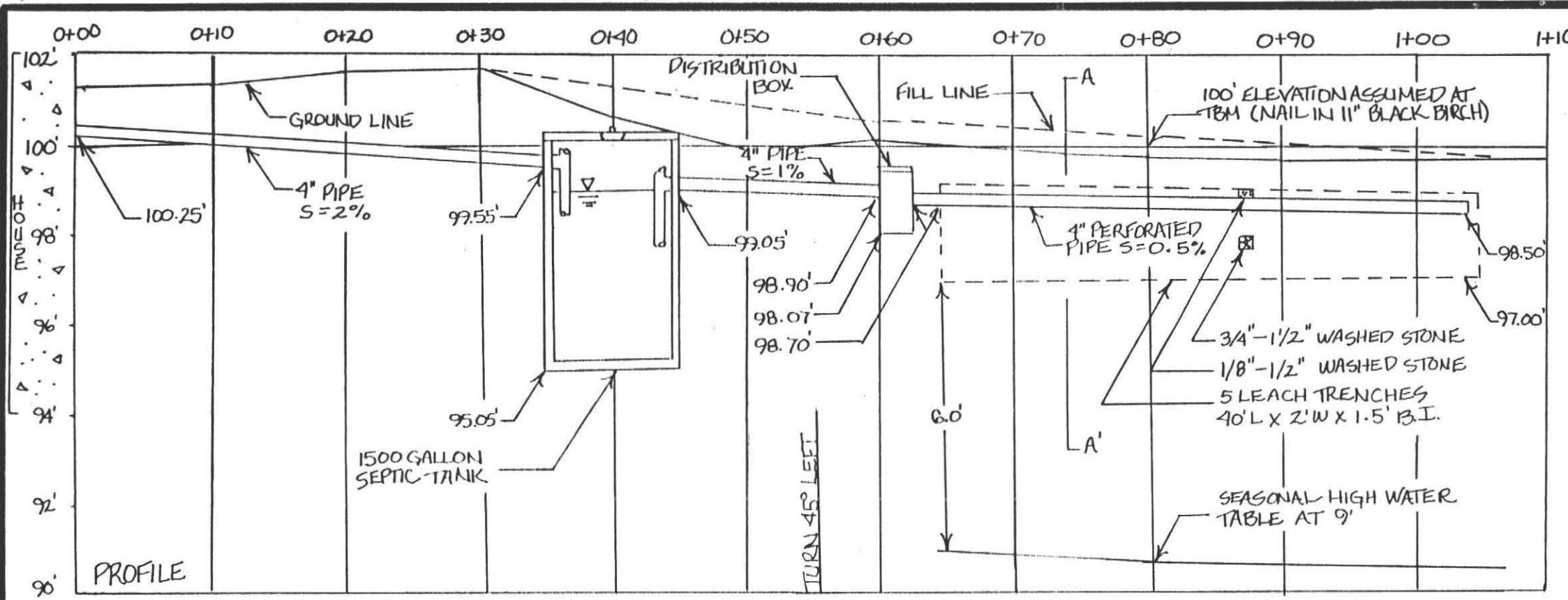
NOTES: NO WELLS WITHIN 200' OF LEACH AREA BESIDES PROPOSED WELL AT 150' FROM LEACH.
 CONTOURS WILL NOT CHANGE SIGNIFICANTLY DUE TO FILL.

SCALE: 1" = 20' - 00"



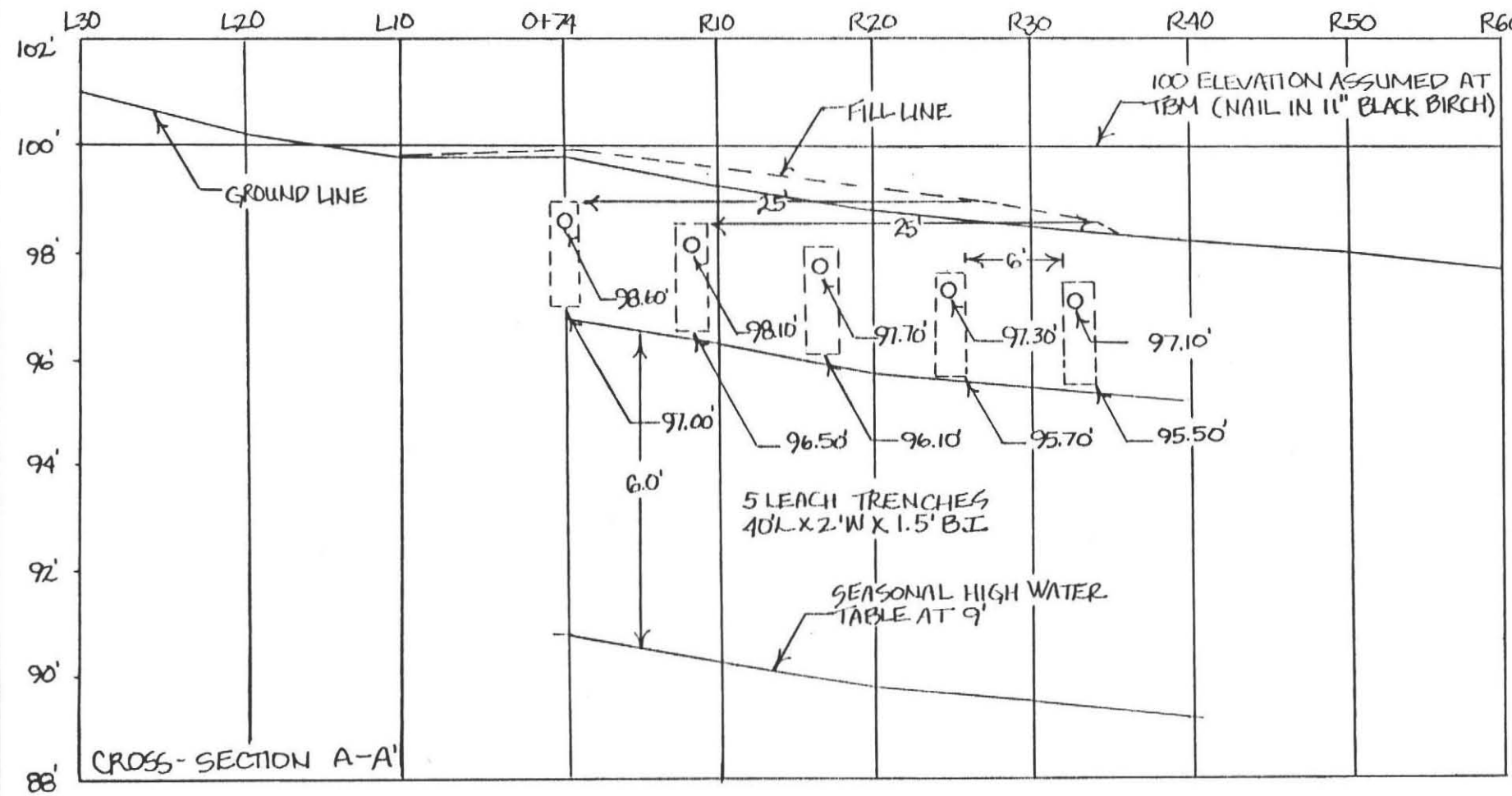
PLAN SHOWING SEWAGE DISPOSAL SYSTEM
 DETAIL
 FOR: LEN & CORINNE SEEVE
 80 MORGAN CIRCLE
 AMHERST, MA. 01002
 DATE: 4/25/89
 BY: FILIOS ENTERPRISES, INC.
 69 PELHAM ROAD
 AMHERST, MA 01002
 D. LA BELLE
 SITE: FLAT HILLS ROAD
 AMHERST, MA





CALCULATIONS:
 $4 \text{ BDRM} \times 110 \text{ GAL.} \times 1.25 = 550 \text{ GAL. REQUIRED}$
 BDRM
 PERC RATE: $\frac{15}{\text{MIN}}$
 INCH
 5 LEACH TRENCHES 40' L X 2' W X 1.5' B.I.
 SIDES: $(40' \text{ L} \times 1.5' \text{ B.I.}) \times 10 \times 0.66 = 396$
 BOTTOM: $(40' \text{ L} \times 2' \text{ W}) \times 5 \times 0.43 = 172$
 GAL. SUPPLIED 568

SPECIFICATIONS:
 ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH MASSACHUSETTS STATE ENVIRONMENTAL CODE TITLE VI.

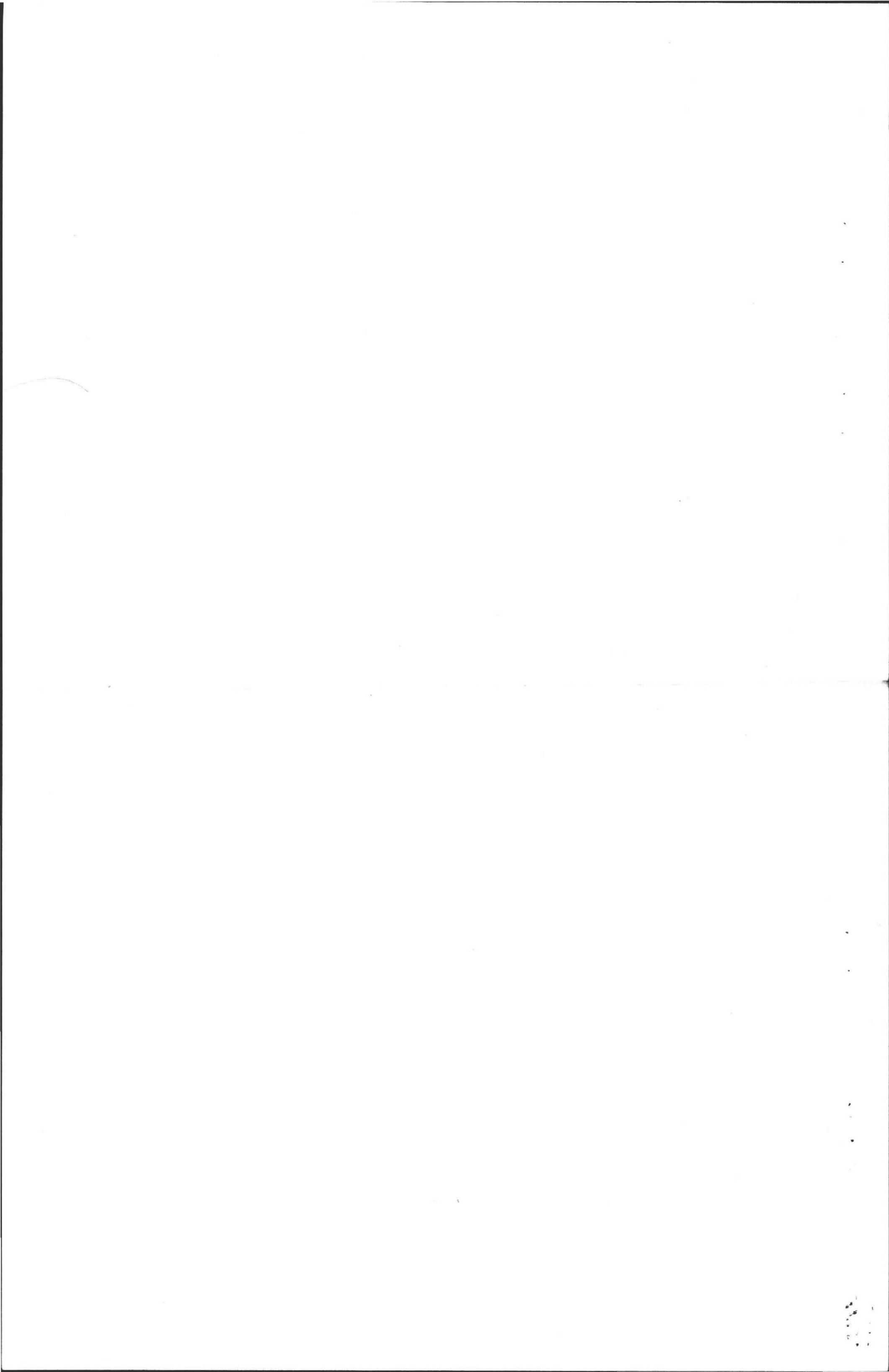


- CONSTRUCTION NOTES:
1. SEPTIC TANK SHOULD BE PUMPED AND INSPECTED ANNUALLY.
 2. THE INLET AND OUTLET TEE SHOULD EXTEND 10" AND 14" BELOW FLOW LINE RESPECTIVELY.
 3. PIPE SHOULD REMAIN LEVEL FOR 2' AFTER EXITING THE DISTRIBUTION BOX.
 4. TOPSOIL SHOULD BE REMOVED TO A DISTANCE OF 10' AROUND SYSTEM WHERE FILL IS TO BE USED.
 5. ALTERNATE BENCHMARK IS NAIL IN 18" PINE WITH DOUBLE STEM AT 97.88'

SCALE:
 HORIZONTAL 1" = 10'-00"
 VERTICAL 1" = 3'-00"



PROFILE AND CROSS-SECTION OF SEWAGE DISPOSAL SYSTEM
 FOR: LEN & CORINNE SEEVE DATE: 4/25/89
 BOMORGAN CIRCLE
 AMHERST, MA 01002
 BY: FILIOS ENTERPRISES, INC.
 69 PELHAM ROAD
 AMHERST, MA 01002 D. LABELLE
 SITE: FLAT HILLS ROAD
 AMHERST, MA



549-0838

No. 89-8

MAY 10 1989

FEE 60.00 pd H

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit



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

394

Location - Address: FLAT HILLS ROAD Lot #10
Owner: LEN & CORINNE SEEVE
Installer: SIEMETS EXCAVATING
Address: 80 MORGAN CIRCLE MONTAGUE CENTER, MA.

Type of Building: Dwelling - No. of Bedrooms: 4 Expansion Attic (-) Garbage Grinder (NO)
Other - Type of Building: - No. of persons: - Showers (-) - Cafeteria (-)
Other fixtures: -

Design Flow: 55 gallons per person per day. Total daily flow: 440 x 1.25 = 550 gallons.
Septic Tank - Liquid capacity: 1500 gallons Length: 105 Width: 5 Diameter: - Depth: 5.3'

Disposal Trench - No. 5 Width: 2' Total Length: 200' Total leaching area: 600 sq. ft. SIDES
Seepage Pit No. - Diameter: - Depth below inlet: 1.5' Total leaching area: 400 sq. ft. BOTTOM

Other Distribution box (✓) Dosing tank (-)
Percolation Test Results Performed by: W.J. SIERVIA P.E. Date: 9/21/88
Test Pit No. 1: 15 minutes per inch Depth of Test Pit: 120" Depth to ground water: 9' USED
Test Pit No. 2: - minutes per inch Depth of Test Pit: - Depth to ground water: -

Description of Soil: SEE ATTACHED SHEETS

Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: Corinne Seve Date: 5/9/89

Application Approved By: _____ Date: _____

Application Disapproved for the following reasons: _____ Date: _____

Permit No. 89-8 Issued: _____ Date: _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

Checked 10/17/89 Reasonable Compliance J.A. Filios

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired () by: MARIS EXCAVATING at 394 FLAT HILLS ROAD has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 89-8 dated: _____

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE: 10/17/89 Inspector: Carol Bourque

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

No. 89-8 Fee: 60 ac Plan Review

Disposal Works Construction Permit

Permission is hereby granted. LEN & CORINNE SEEVE to Construct (✓) or Repair () an Individual Sewage Disposal System at No. FLAT HILLS ROAD

as shown on the application for Disposal Works Construction Permit No. 89-8 Dated: _____

DATE: _____ Board of Health

CHECK OR FILL IN WHERE APPLICABLE

1875

The first part of the report
 is devoted to a description of the
 general conditions of the
 country and the population.
 It is followed by a detailed
 account of the various
 branches of industry and
 commerce, and the progress
 of agriculture. The report
 concludes with a summary of
 the principal results of the
 investigation.

1875

1875

The second part of the report
 is devoted to a description of the
 various branches of industry and
 commerce, and the progress
 of agriculture. The report
 concludes with a summary of
 the principal results of the
 investigation.