

459 FEAT HILLS



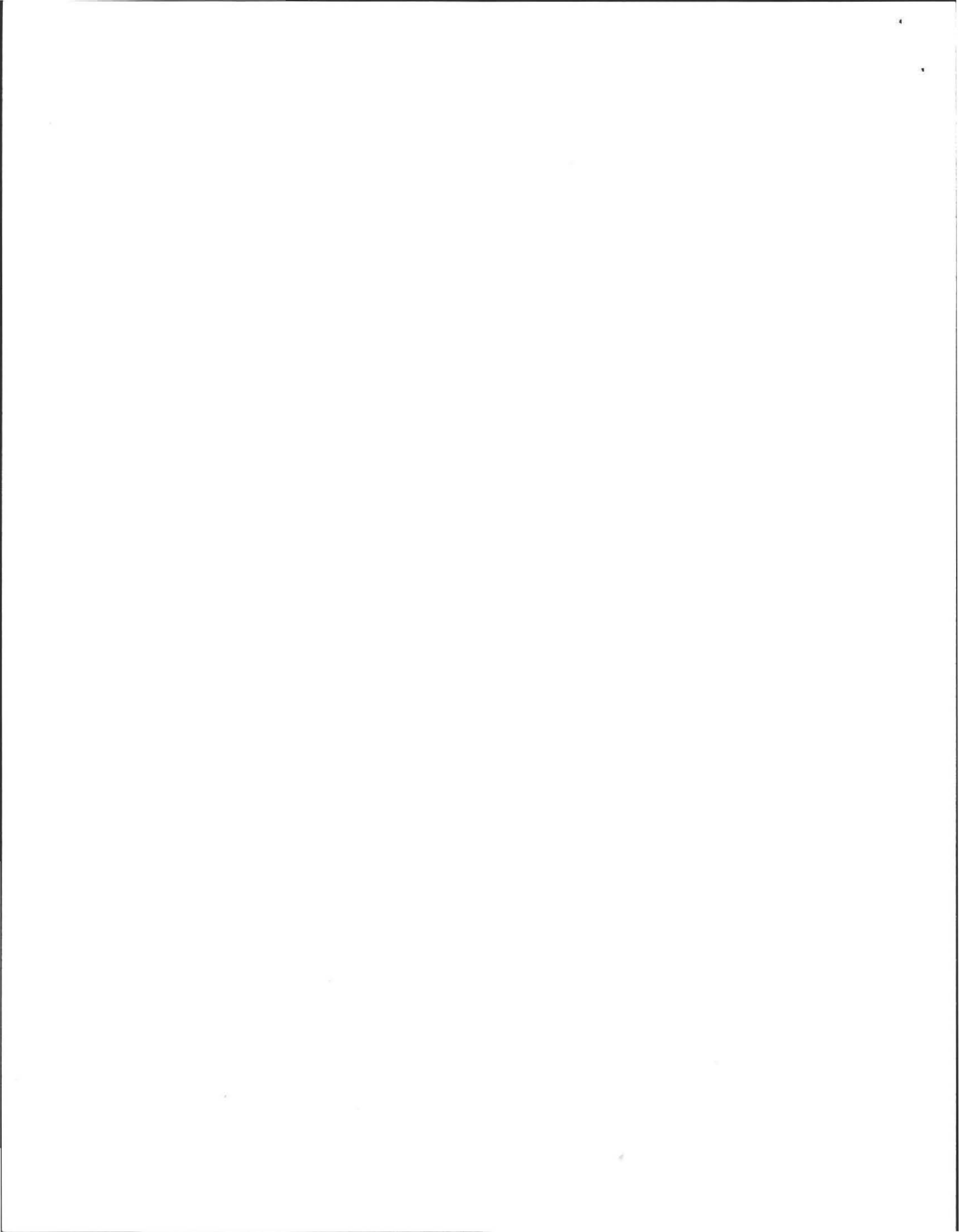


Invoice for
459 Flat Hills Rd
work done by Edmund Smith

TITLE V date 2/8/2012
(failed)

Peric. Date 3/8/2012

Plan date 3/17/2012



CUST NAME
4 BOLTWOOD AVENUE
05/01/12
CITY, ST, ZIP

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

CUST NAME

0
DEPT

DE HEA058

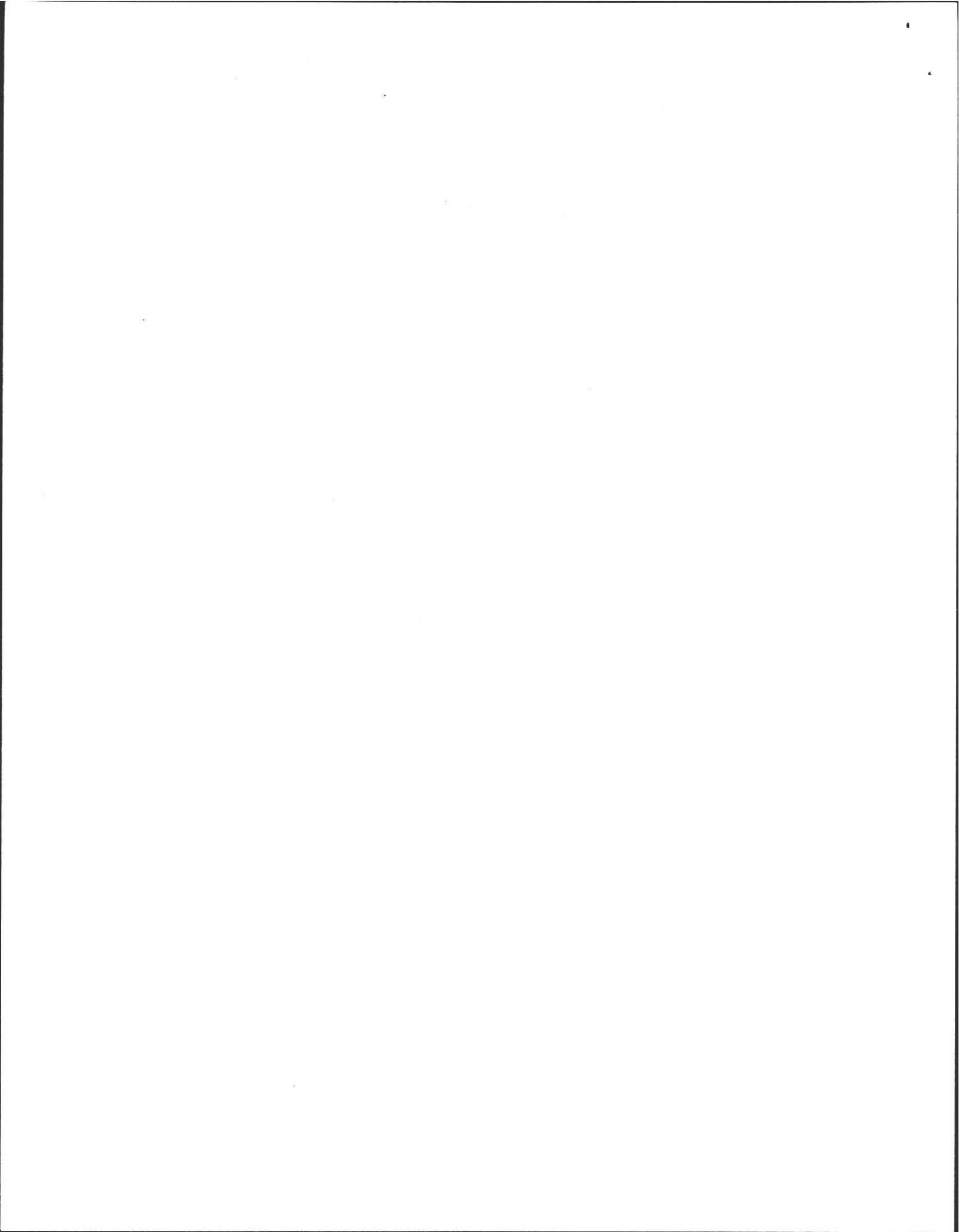
TITLE V WI 200.

RECPT TOTAL

200.00
SARA BERGE QUA CHECK

1027

AMOUNT



CUST NAME
4 BOLTWOOD AVENUE
05/01/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 13:37

CUST NAME

0
DEPT

DE HEA017

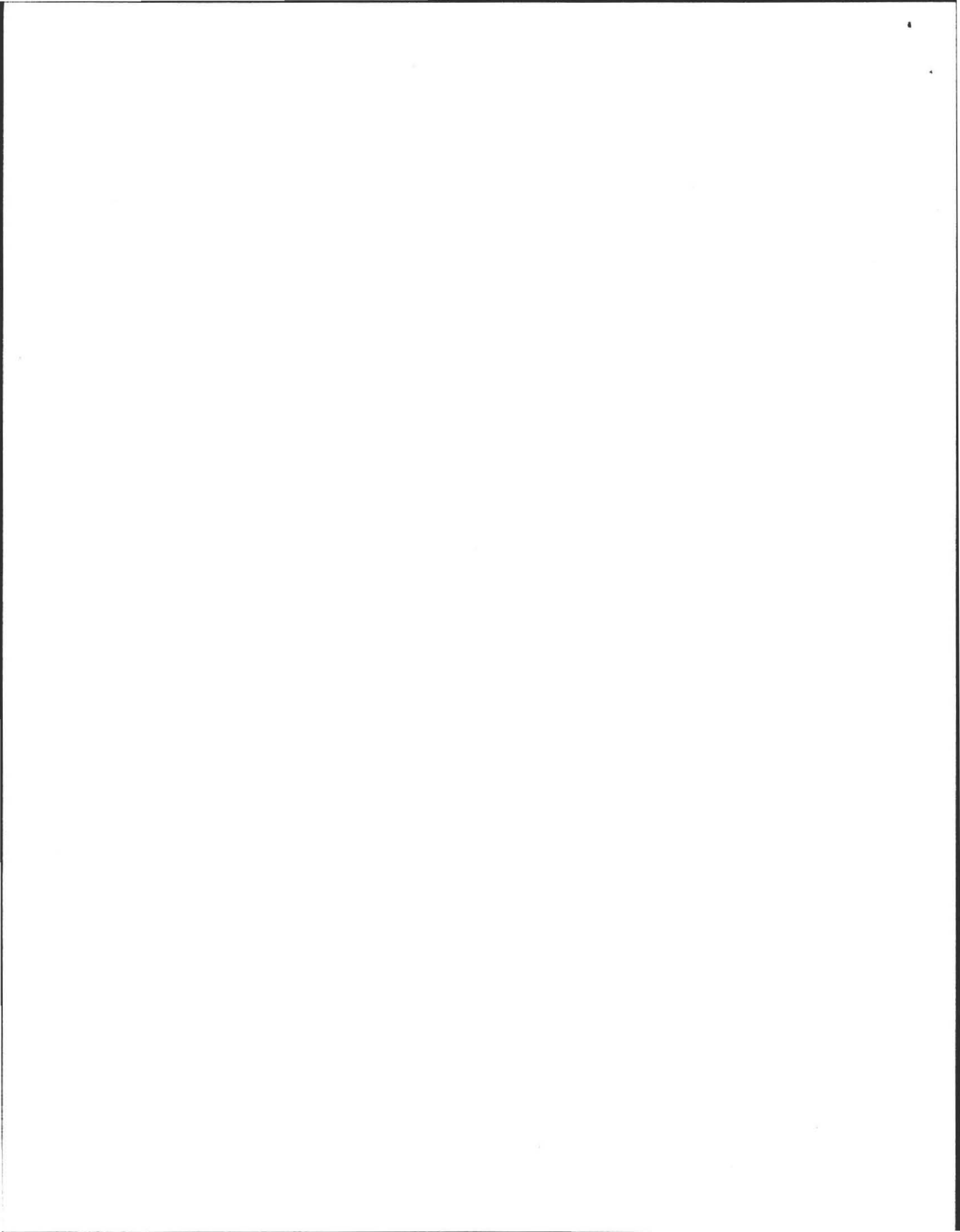
SEPTIC TAN 150.

RECPT TOTAL

150.00
SARA BERGE QUA CHECK

1027

AMOUNT



CUST NAME
4 BOLTWOOD AVENUE
05/01/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 13:39

CUST NAME

0
DEPT

DE HEA011

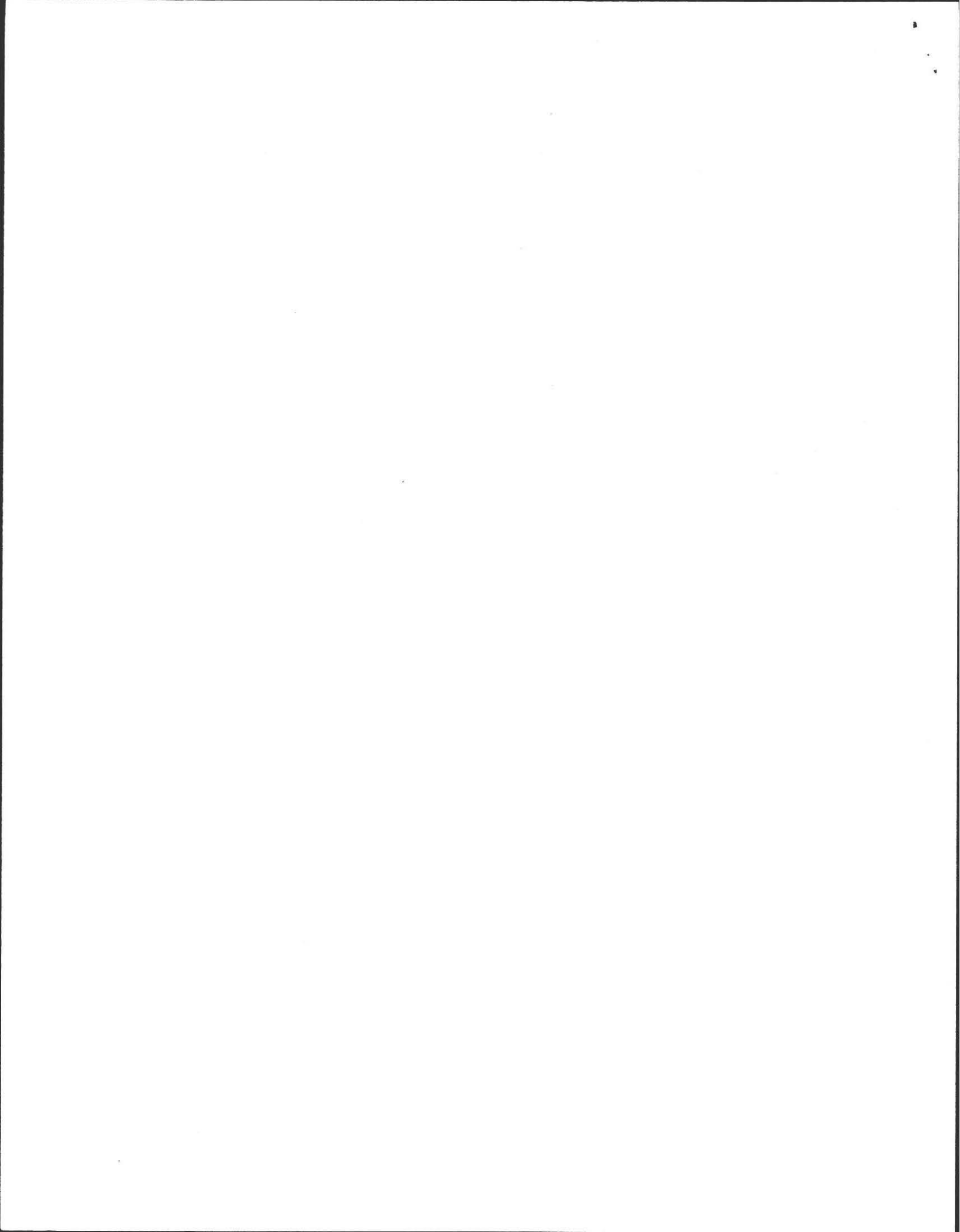
PERCOLATIO 300.

RECPT TOTAL

300.00
SARA BERGE QUA CHECK

1027

AMOUNT







Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address:

Sara Berger (C/O Dee Waterman, Jones Group Realtors)

Name

459 Flat Hills Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Name and Address (if different from above):

Sara Berger

Name

3575 North Moorpark Road

Street Address

Thousand Oaks

City/Town

CA

State

91362

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

[X] Residential [] Institutional [] Commercial [] School

4. Describe Facility:

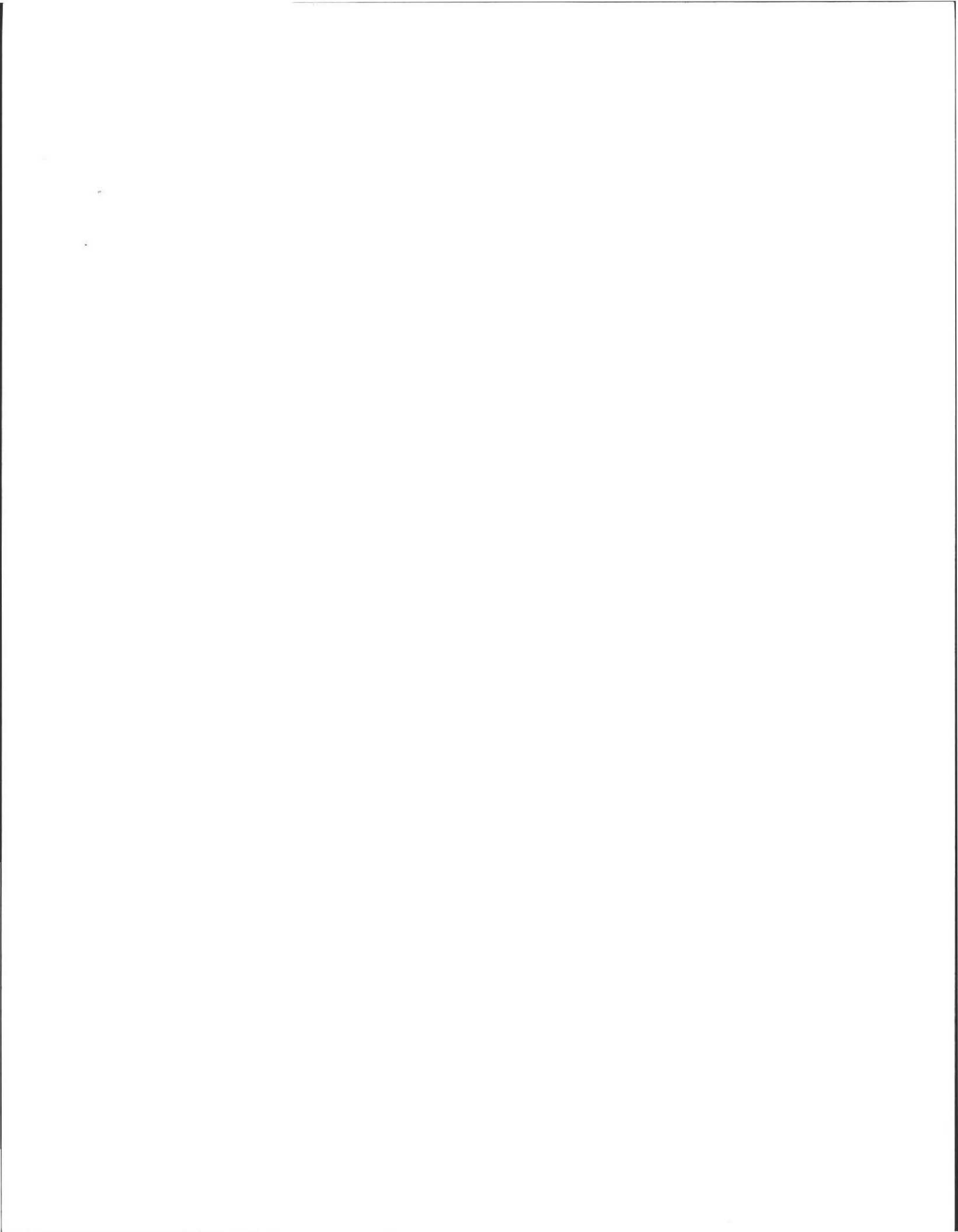
3 BR Single Family Res.

5. Type of Existing System:

[] Privy [] Cesspool(s) [X] Conventional [] Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

L field.





Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	330	_____
	gpd	
Design flow of proposed upgraded system	330	_____
	gpd	
Design flow of facility:	378	_____
	gpd	

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301:

02.08.2012
date of inspection

2. Describe the proposed upgrade to the system:

New system with new I. Field. Tank and pump.

3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions:

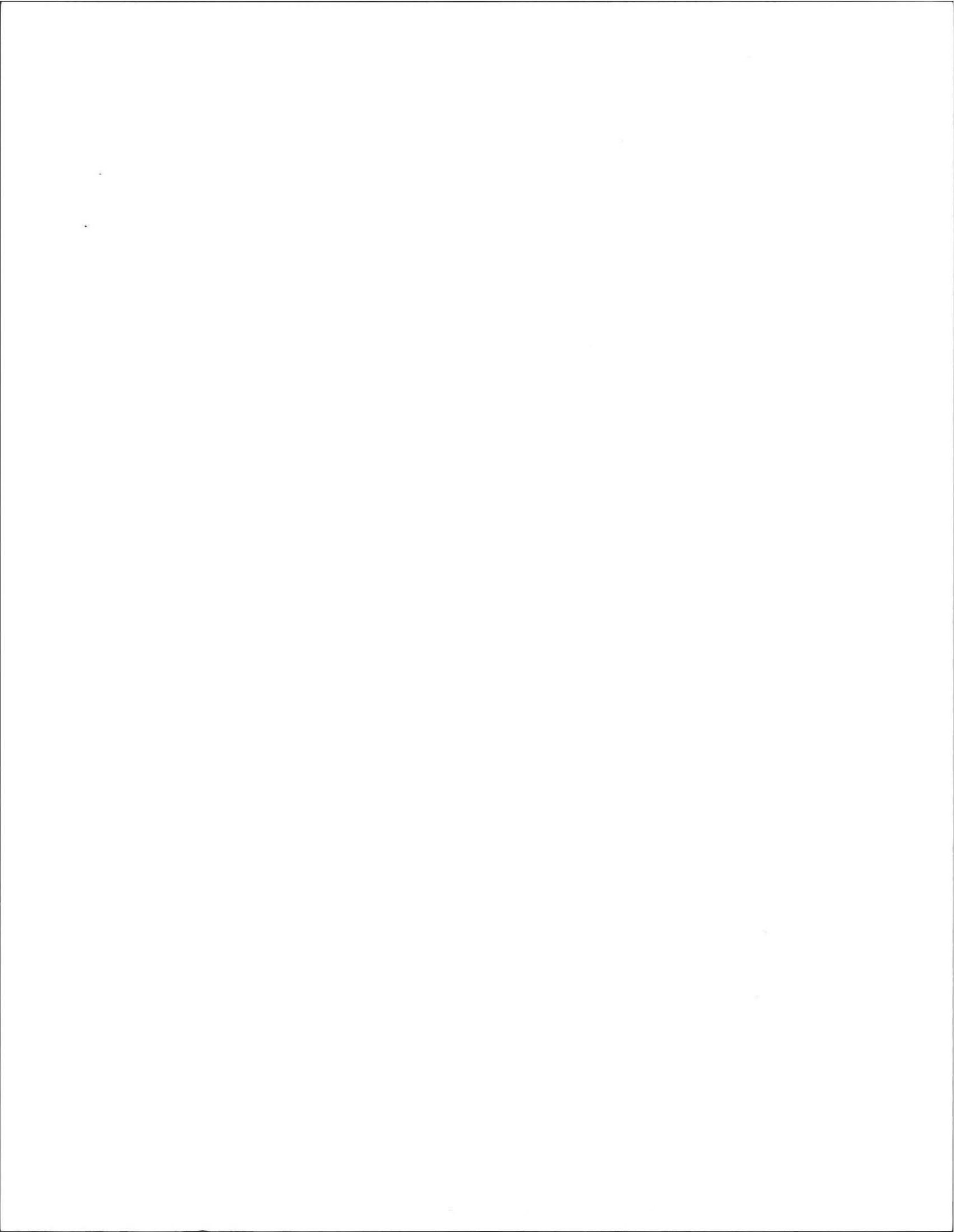
Reduction in SAS area of up to 25%: SAS size, sq. ft. % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction _____
ft.

Percolation rate _____
min./inch

Depth to groundwater _____
ft.





Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

Used Class 1, Loamy Sand Loading factor 0.60 GPD/SF

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). **The soil evaluator must be a member or agent of the local approving authority.**

High groundwater evaluation determined by:

Alan Weiss and Ed Smith
Evaluator's Name (type or print)

Signature

03.08.2012

C. Explanation

Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to recent winter and saturation.

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Would not change request.



Commonwealth of Massachusetts
City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

No applicable

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

Application for Disposal System Construction Permit

Complete plans and specifications

Site evaluation forms

A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Facility Owner's Signature

Sara Berger, C/O Dee Waterman

Print Name

Alan Weiss, RS

Name of Preparer

350 Old enfield Road,

Preparer's address

MA 01007

State/ZIP Code

Date

03.22.2012

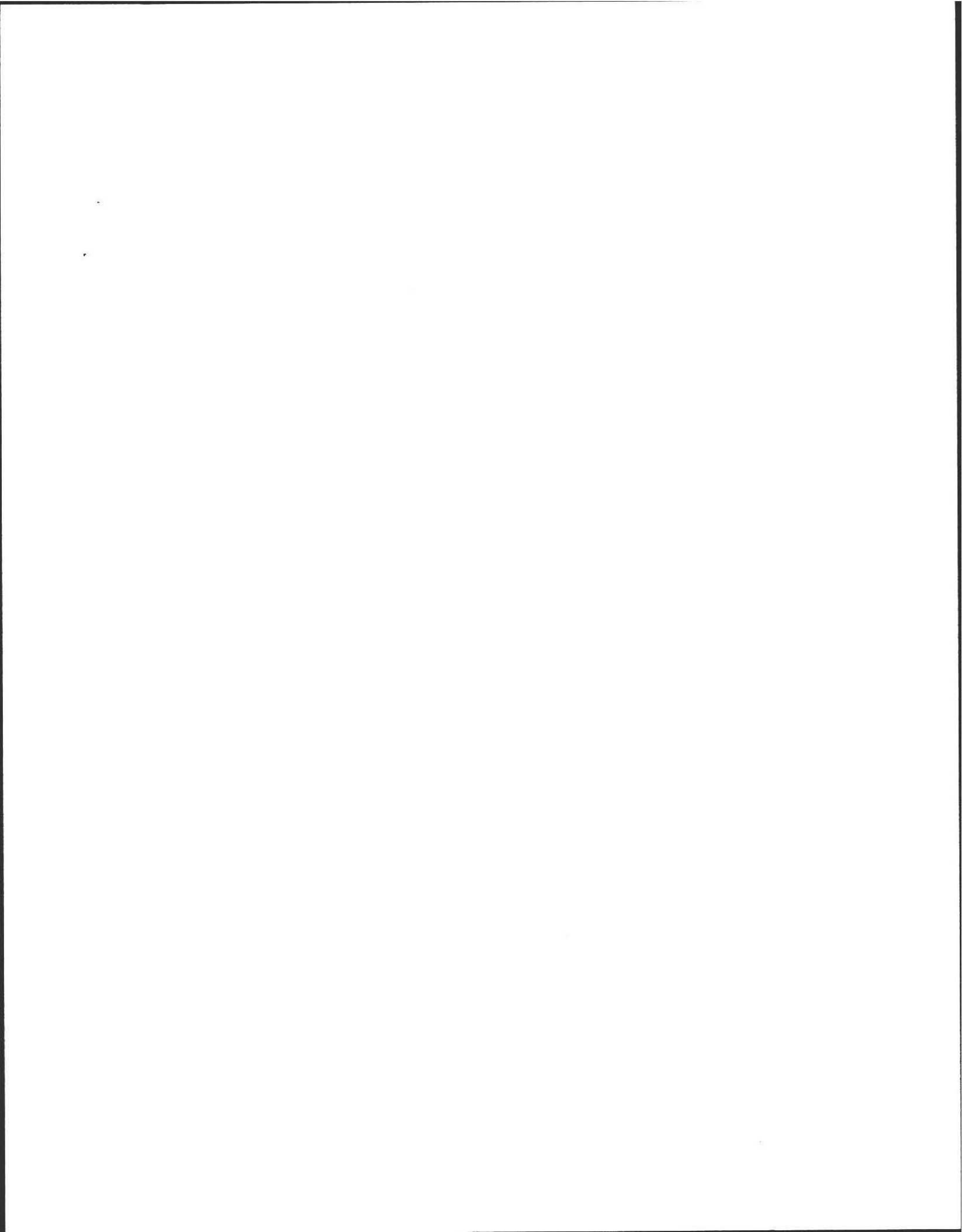
Date

Belchertown

City/Town

413.323.5957

Telephone



UMass Extension

CENTER FOR AGRICULTURE

03/13/12
Agriculture and Landscape Program
Soil and Plant Nutrient Testing Laboratory

West Experiment Station
682 North Pleasant Street
University of Massachusetts
Amherst, MA 01003-9302
Phone: 413.545.2311
Fax: 413.545.1931
www.umass.edu/soiltest/

TEXTURAL ANALYSIS RESULTS

Customer Name: Cold Spring Environmental-Alan Weiss
350 Old Enfield Rd
Belchertown, MA 01007

Sample ID: 106130

Customer Designation: Berger

USDA SIZE FRACTIONS

Main Fractions	Size (mm)	Percent
Sand	0.05-2.0	71.7
Silt	0.002-0.05	26.8
Clay	< 0.002	1.5
Total	< 2.0	100.0

Sand Fractions	Size (mm)	Percent
Very Coarse	1.0-2.0	9.3
Coarse	0.5-1.0	11.5
Medium	0.25-0.5	14.9
Fine	0.10-0.25	21.0
Very Fine	0.05-0.10	14.9
		71.7

Silt Fractions	Size (mm)	Percent
Coarse	0.02-0.05	12.0
Medium	0.005-0.02	12.2
Fine	0.002-0.005	2.6
		26.8

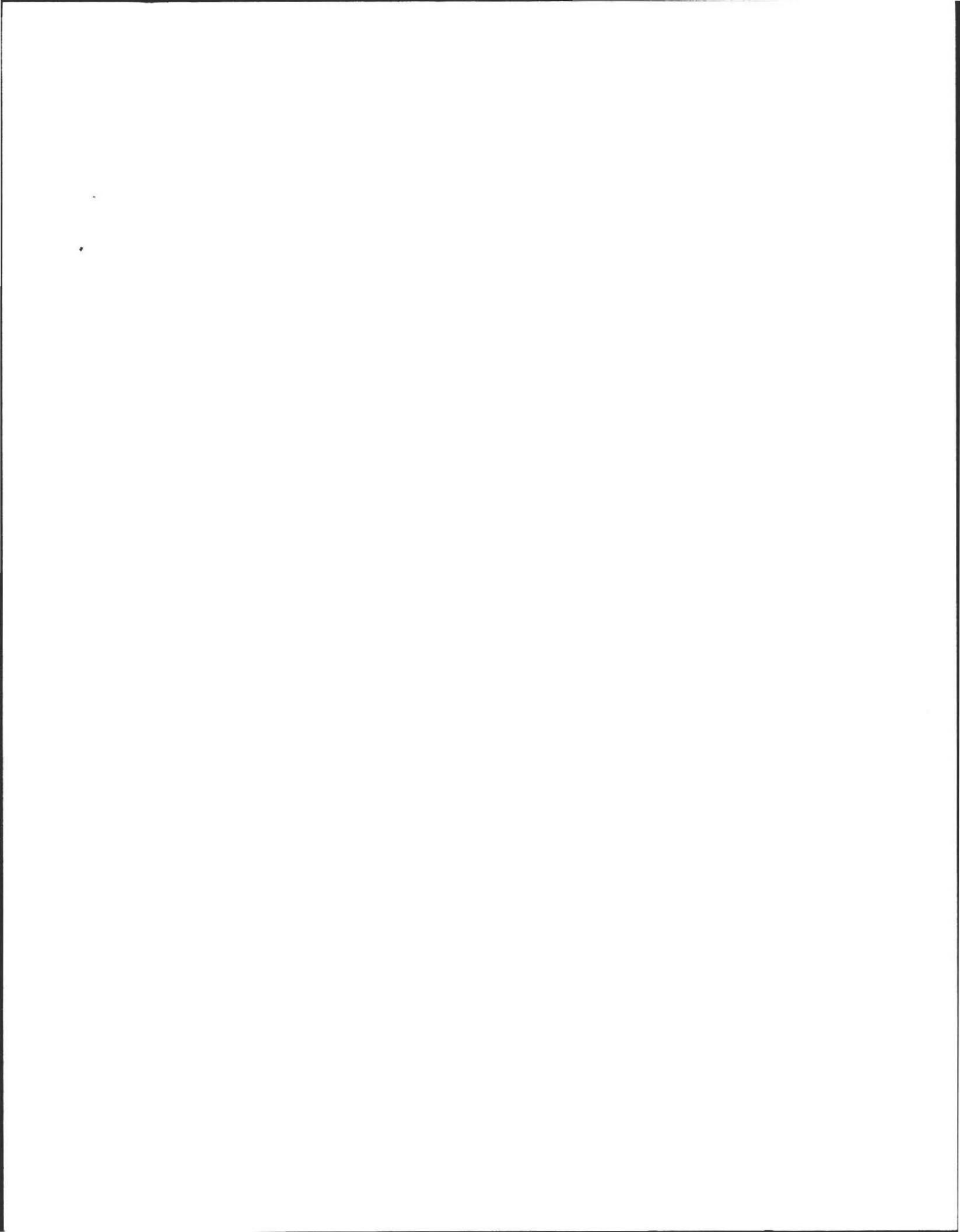
PERCENT OF WHOLE SAMPLE PASSING

Size (mm)	Sieve #	%
2.00	#10	79.1
1.00	#18	71.8
0.50	#35	62.7
0.25	#60	50.9
0.10	#140	34.2
0.05	#270	22.4
0.02	20 um	12.9
0.005	5 um	3.2
0.002	2 um	1.2

USDA Textural Class = loamy sand

Gravel Content = 20.9%

COMMENTS: aweiss@charter.net

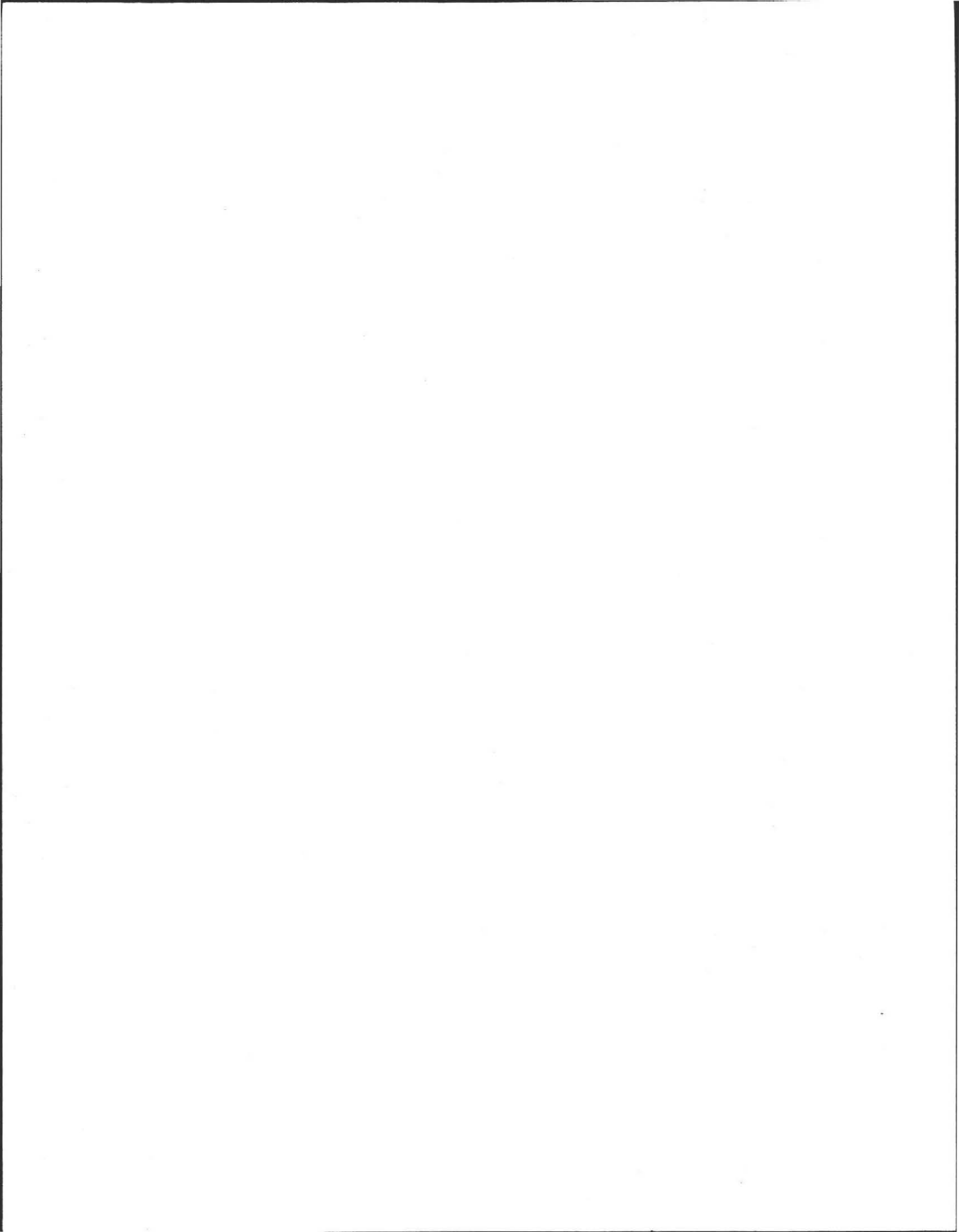


Plan: 12-12 459 FLAT HILLS ROAD Designed by: ALAN WEISS

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp. 15270 (3)
- Legal boundaries noted
- Basements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder ~~X~~ or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(g)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.21E p. 49
- Location of every water supply, public and private. CMR 15.220(k)
 - Within 400 feet of system in case of surface water and gravel packed public water supply
 - Within 250 feet of system in case of tubular public water supply
 - Within 150 feet of private supply wells - 100' septic sys. 5' tank
- Well statement if applicable
 - Location of any surface waters, rivers, vegetated wetlands
 - Location of water lines and other subsurface utilities
 - Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 1527.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

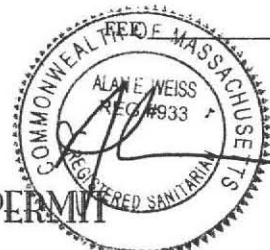
NOTES:



No. _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.



APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct() Repair Upgrade() Abandon() - Complete System Individual Components
c/o Dee Watson, Jones Rec Hous

Location <u>459 flat hills rd.</u>	Owner's Name <u>Sara + Seymour Berger</u>
Map/Parcel# <u>6 B 131</u>	Address <u>459 flat hills rd</u>
Lot# <u>31</u>	Telephone# <u>413-549-3700 (c/o Dee Watson)</u>
Installer's Name <u>Adairs</u>	Designer's Name <u>Alan Weiss</u>
Address <u>Amherst, mt.</u>	Address <u>Belchertown, mt.</u>
Telephone# <u>413-</u>	Telephone# <u>413-323-5752</u>

Jones
R.E.

Type of Building Residence Lot Size 1.173 Ac + 11 sq. ft.
Dwelling - No. of Bedrooms 3 BR. Garbage grinder
Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 378 gpd

Plan: Date 3/19/2012 Number of sheets 1 Revision Date _____

Title Septic system repair Plan

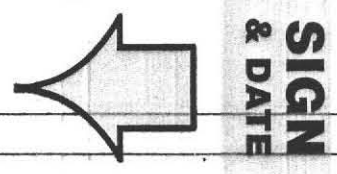
Description of Soil(s) Class 1: LS.

Soil Evaluator Form No. _____ Name of Soil Evaluator A Weiss Date of Evaluation 3/8/12
E. Smith

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new septic system per Plan

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

Signed _____ Date _____



Inspections _____

No. _____

COMMONWEALTH OF MASSACHUSETTS

FEE _____

Board of Health, _____, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

by: _____

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____, Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. _____

FEE _____

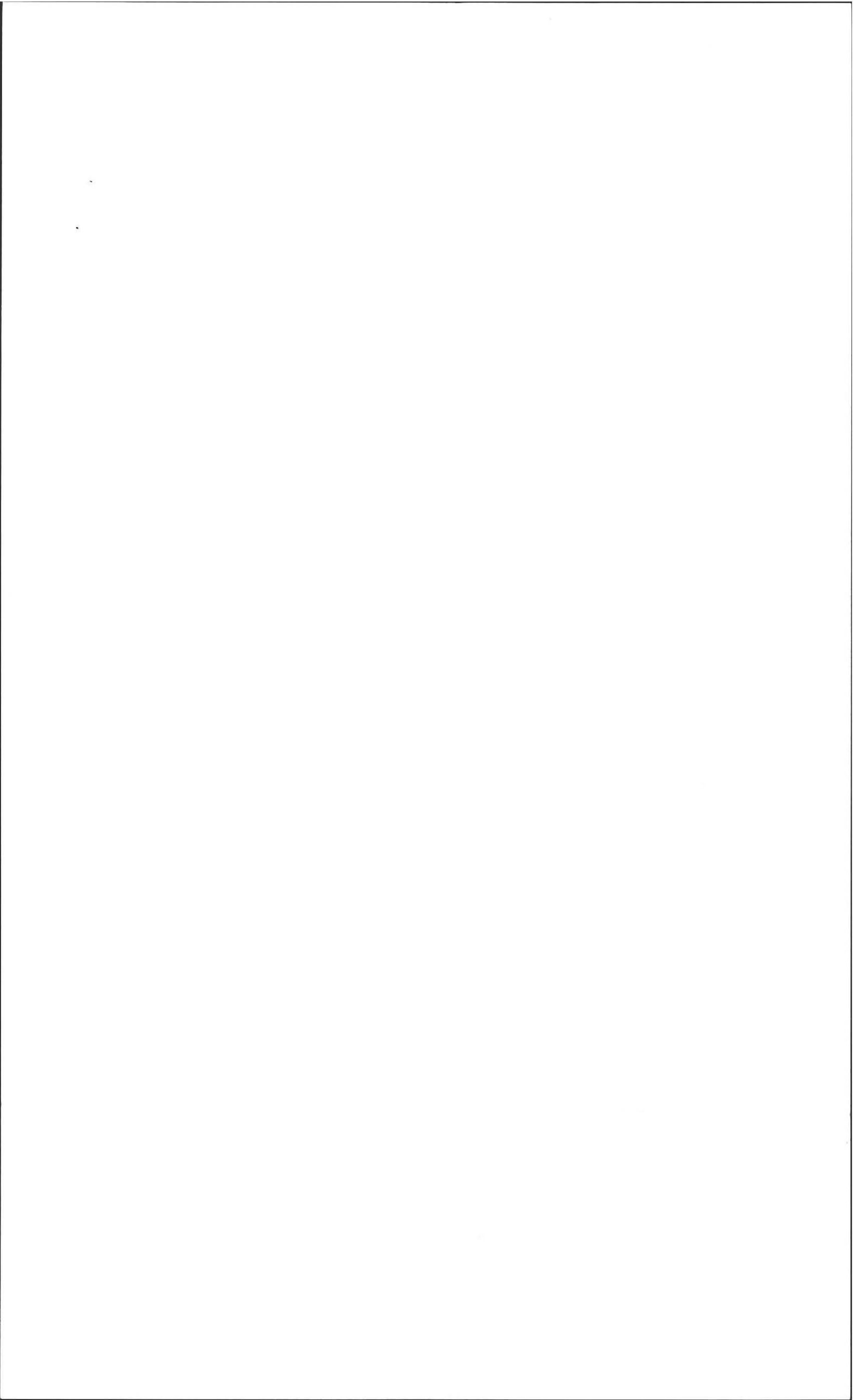
COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at _____ as described in the application for Disposal System Construction Permit No. _____, dated _____.

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





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

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

aweiss@charter.net

Date: 3/8/2012

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Alan Weiss

Date: 3/8/2012

Witnessed By: Ed. Smith

Location Address or Lot # <u>459 Flat Hills Road Amherst, MA</u>	Owner's Name, Address, and Telephone # <u>Berger 3575 North Moorpark Rd Thousand Oaks, CA</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published

Publication Scale

Soil Map Unit

Drainage Class

Soil Limitations

Surficial Geologic Report Available: No Yes

Year Published

Publication Scale

Geologic Material (Map Unit)

Landform

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit)

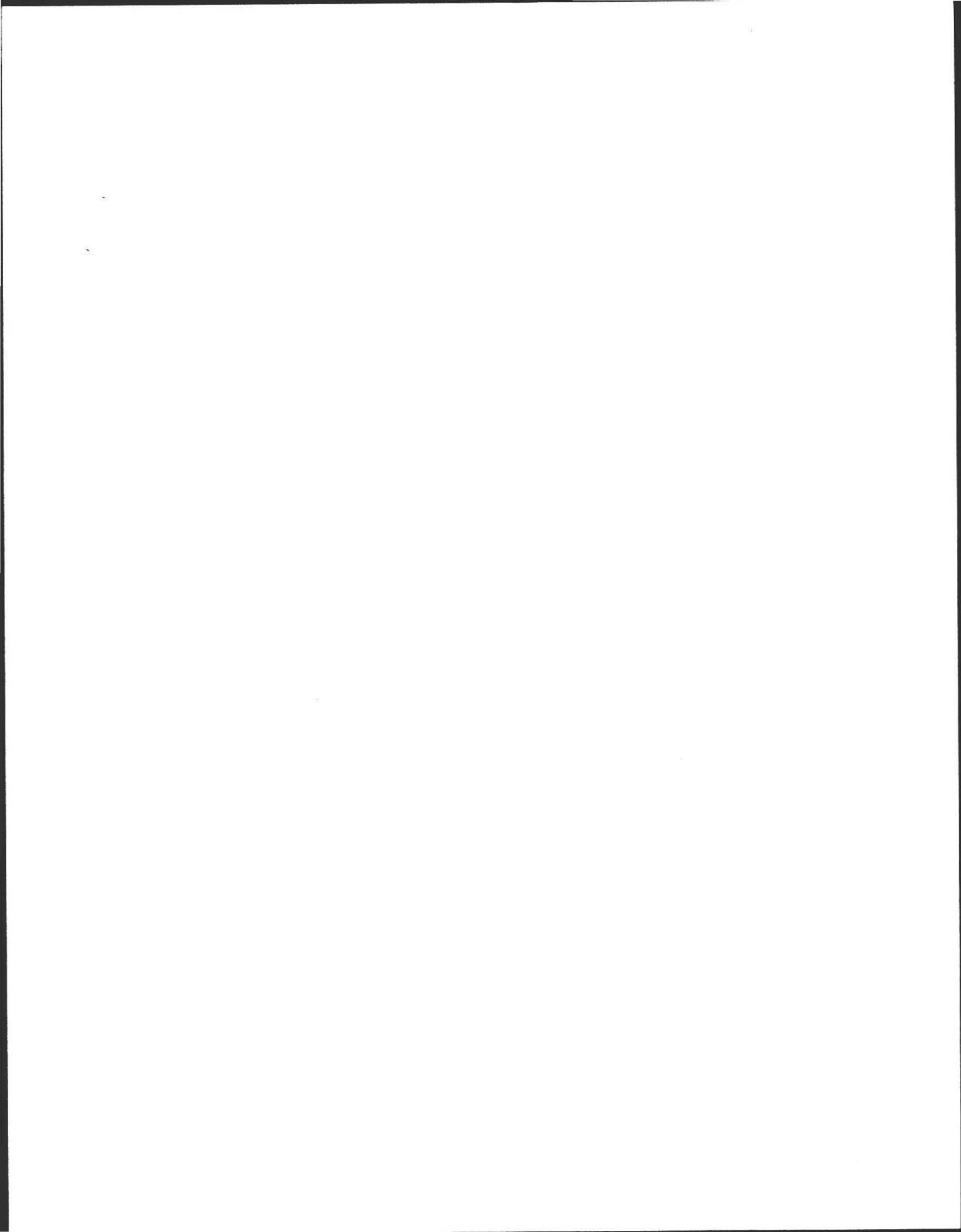
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range: Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 459 Flat Hills Road

On-site Review

Deep Hole Number _____ Date: 2/6/2012 Time: 1:30 PM Weather Sunny 60°

Location (identify on site plan) _____

Land Use Wooded Residential Slope (%) 1% Surface Stones Some

Vegetation deciduous + evergreen woodland

Landform Drumlin

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body >100 feet Drainage way >50 feet
 Possible Wet Area 100 feet Property Line 30' feet
 Drinking Water Well >100 feet Other _____

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0" - 8"	A	FSL	10YR 3/3		- Frable
8" - 24"	B	LS	2.5Y 5/6		- Frable F. Sandy, Loose
24" - 105"	C	LS	10YR 5/4	Mottles 7.5YR 3/2	- F. Sandy Abutment till, 5% stones 24" 2.5Y 4/1 Gray
0" - 8"	A	FSL	10YR 3/3		- Frable
8" - 24"	B	LS	2.5Y 5/6		- Frable F. Sandy, loose.
24" - 90"	C	LS	10YR 5/4	Mottles 7.5YR 3/2	24" Mottles 2.5Y 4/1 Gray F. Sandy Abutment till 5% stones.

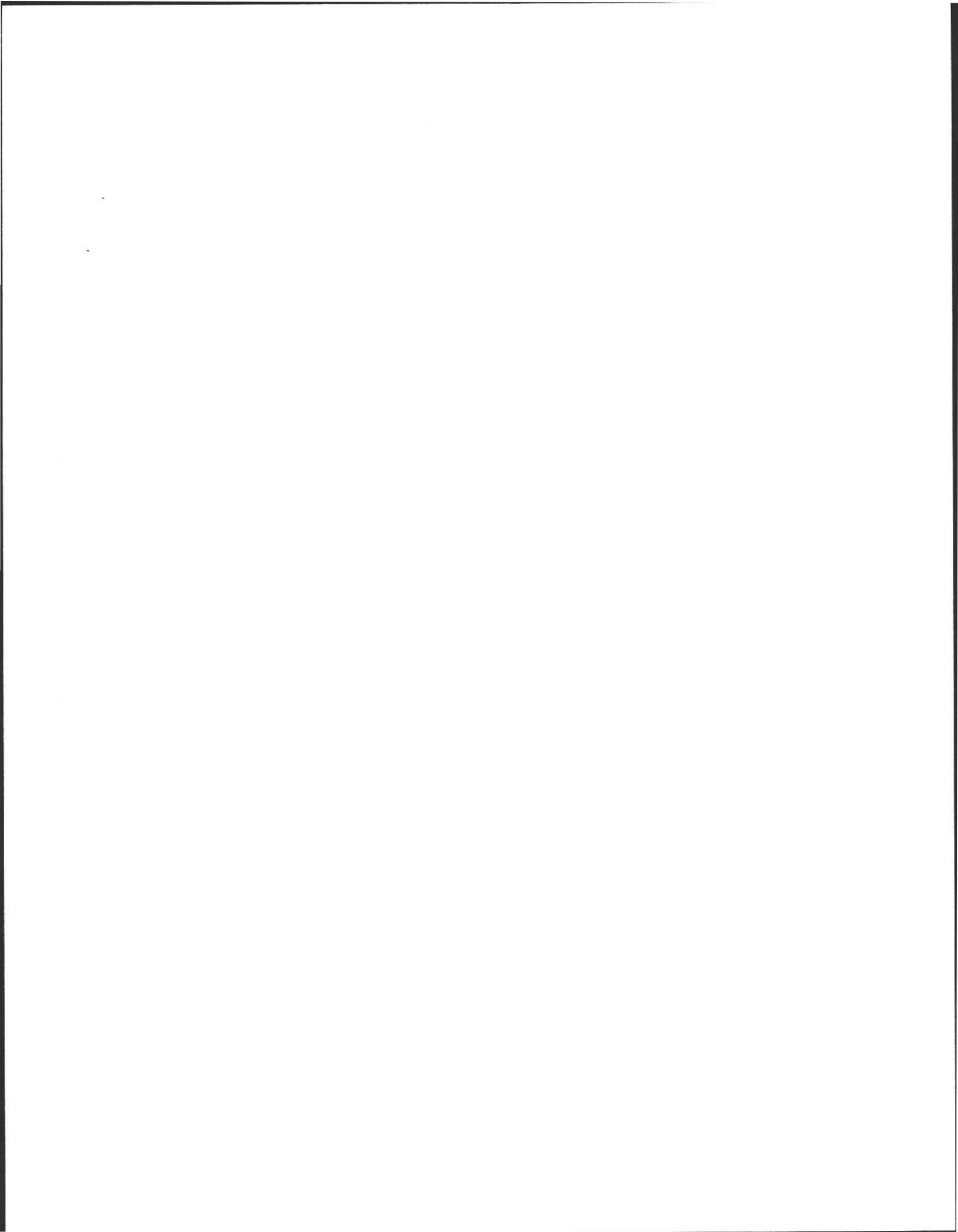
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) glacial till Depth to Bedrock: 105"

Depth to Groundwater: Standing Water in the Hole: yes 90" Weeping from Pit Face: 26"

Estimated Seasonal High Ground Water: 24"





Location Address or Lot No. 459 Flat Hills Road

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole 29" inches
- Depth to soil mottles 24" inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

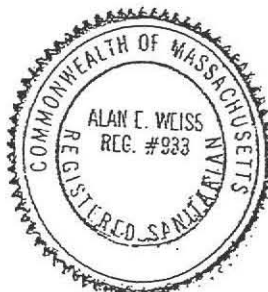
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

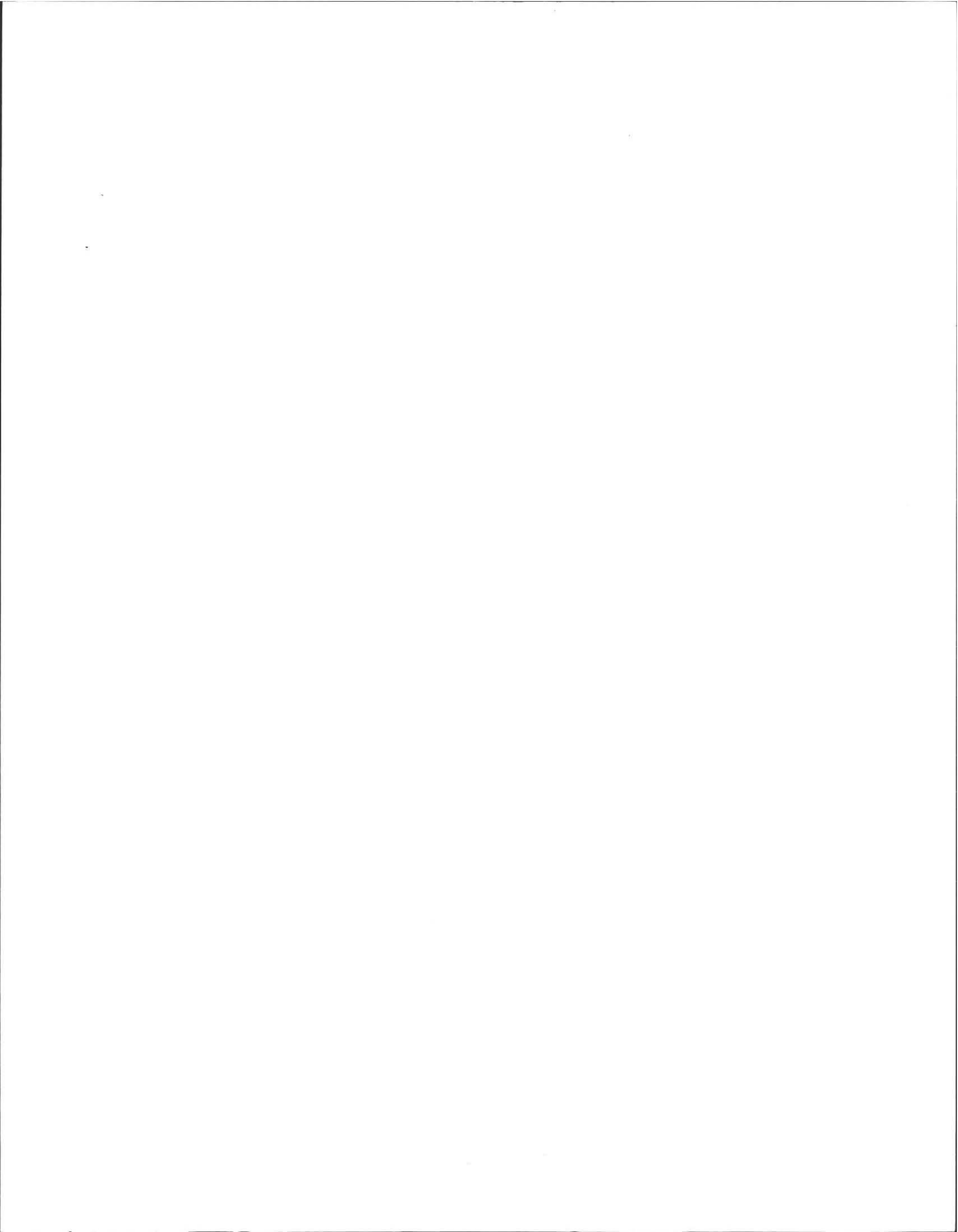
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 3/8/2012





Location Address or Lot No. 454 Flat Hills Rd

COMMONWEALTH OF MASSACHUSETTS

Auburton, Massachusetts

Percolation Test*		
Date:	<u>3/8/2012</u>	Time: <u>1:30 PM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>4 1/2"</u>	
Start Pre-soak		
End Pre-soak		
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch	<u>Too Wet to Perc Sieve Test Taken</u>	

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

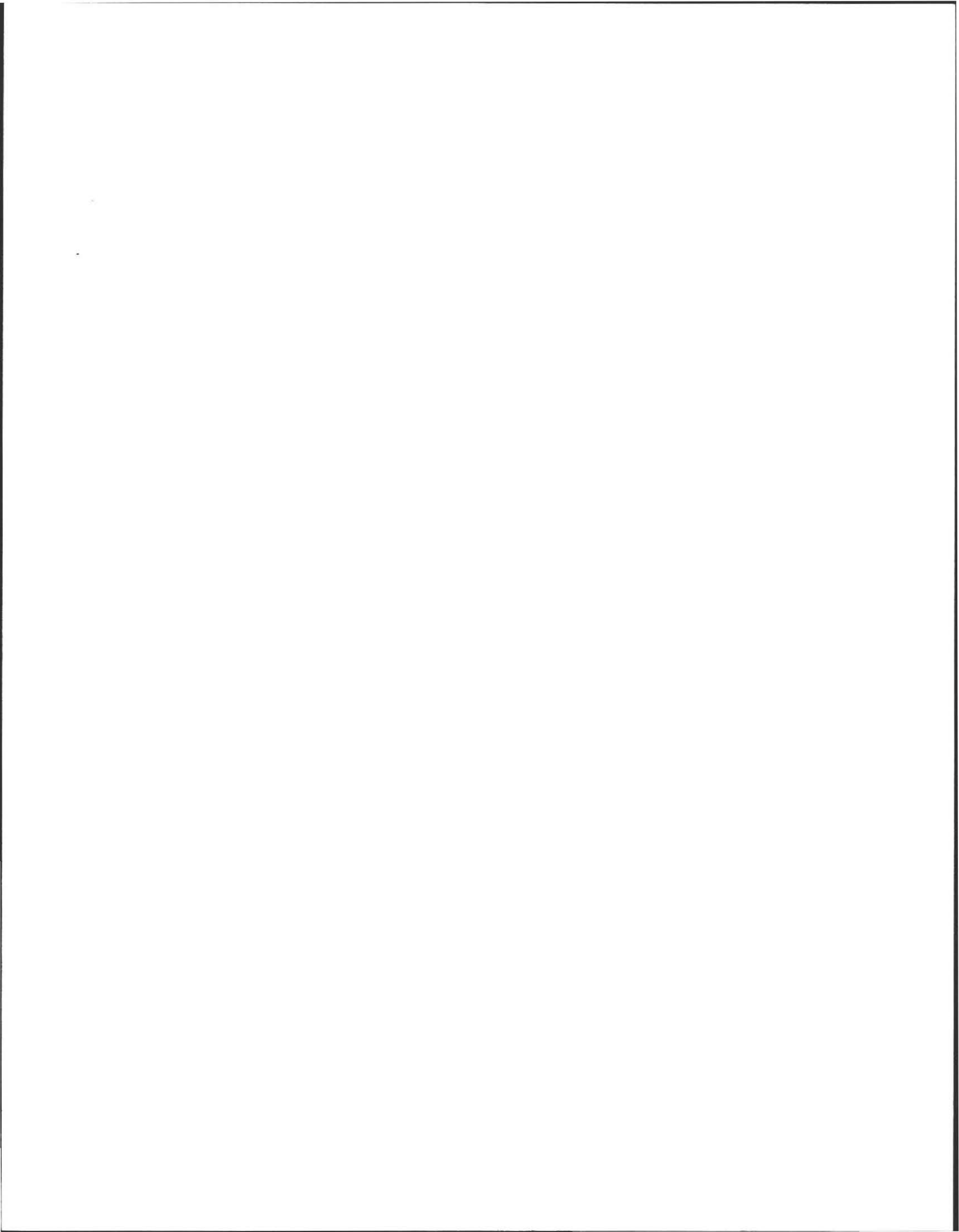
Site Passed Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed Smith, Health Agent

Comments: _____





UMass Extension

CENTER FOR AGRICULTURE

03/13/12
Agriculture and Landscape Program
Soil and Plant Nutrient Testing Laboratory

West Experiment Station
682 North Pleasant Street
University of Massachusetts
Amherst, MA 01003-9302
Phone: 413.545.2311
Fax: 413.545.1931
www.umass.edu/soiltest/

TEXTURAL ANALYSIS RESULTS

Customer Name: Cold Spring Environmental-Alan Weiss
350 Old Enfield Rd
Belchertown, MA 01007

Sample ID: 106130

Customer Designation: Berger

USDA SIZE FRACTIONS

Main Fractions	Size (mm)	Percent
Sand	0.05-2.0	71.7
Silt	0.002-0.05	26.8
Clay	< 0.002	1.5
Total	< 2.0	100.0

Sand Fractions	Size (mm)	Percent
Very Coarse	1.0-2.0	9.3
Coarse	0.5-1.0	11.5
Medium	0.25-0.5	14.9
Fine	0.10-0.25	21.0
Very Fine	0.05-0.10	14.9
		71.7

Silt Fractions	Size (mm)	Percent
Coarse	0.02-0.05	12.0
Medium	0.005-0.02	12.2
Fine	0.002-0.005	2.6
		26.8

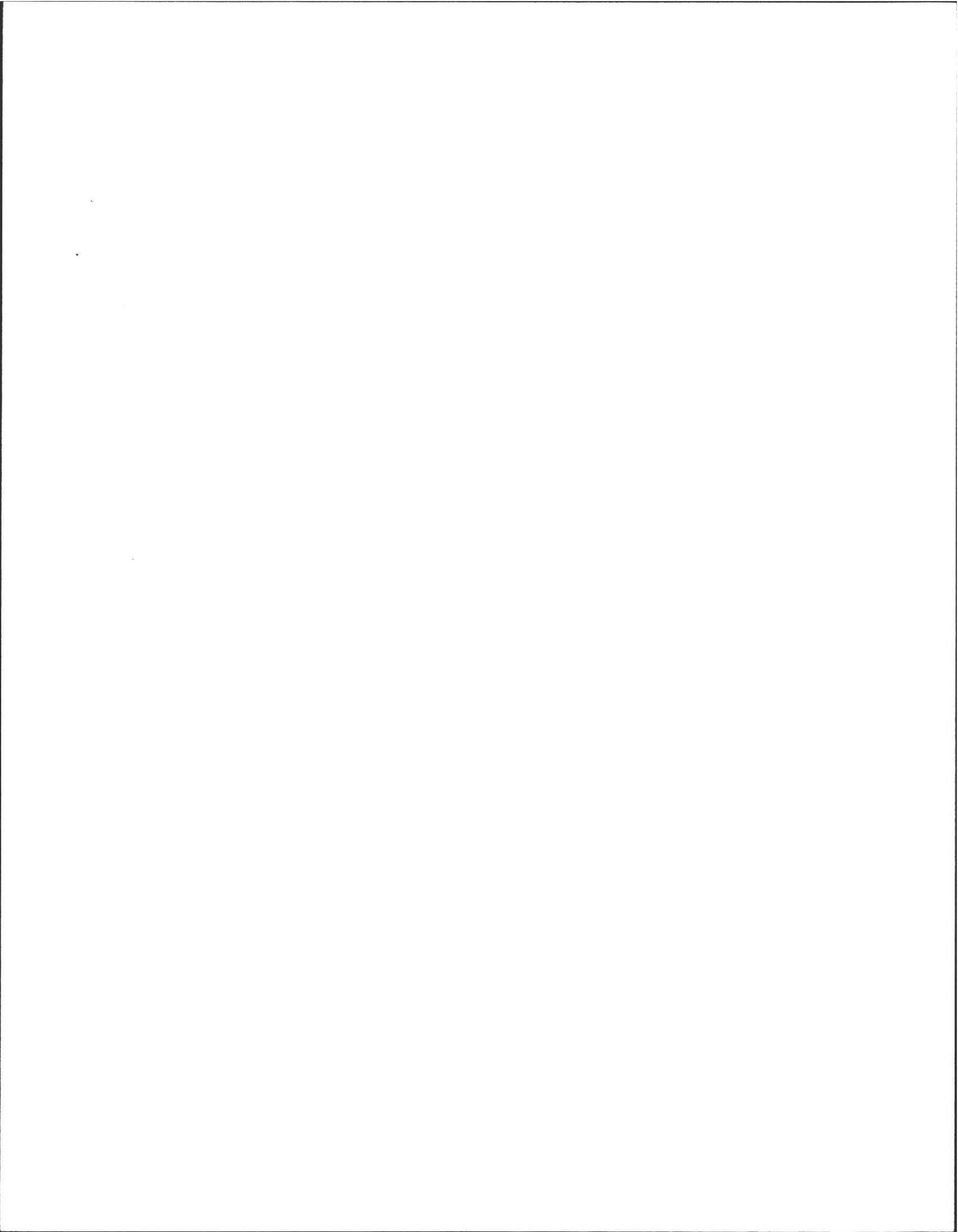
PERCENT OF WHOLE SAMPLE PASSING

Size (mm)	Sieve #	%
2.00	#10	79.1
1.00	#18	71.8
0.50	#35	62.7
0.25	#60	50.9
0.10	#140	34.2
0.05	#270	22.4
0.02	20 um	12.9
0.005	5 um	3.2
0.002	2 um	1.2

USDA Textural Class = loamy sand

Gravel Content = 20.9%

COMMENTS: aweiss@charter.net



Location Address or Lot No. 459 Flat Hills Road

On-site Review

Deep Hole Number _____ Date: 3/6/2012 Time: 1:30 PM Weather Sunny 60°

Location (identify on site plan) _____

Land Use Wooded Residential Slope (%) 1% Surface Stones Some

Vegetation deciduous + evergreen woodland

Landform Drumlin

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body >100 feet Drainage way >50 feet
 Possible Wet Area 100 feet Property Line 30' feet
 Drinking Water Well >100 feet Other _____

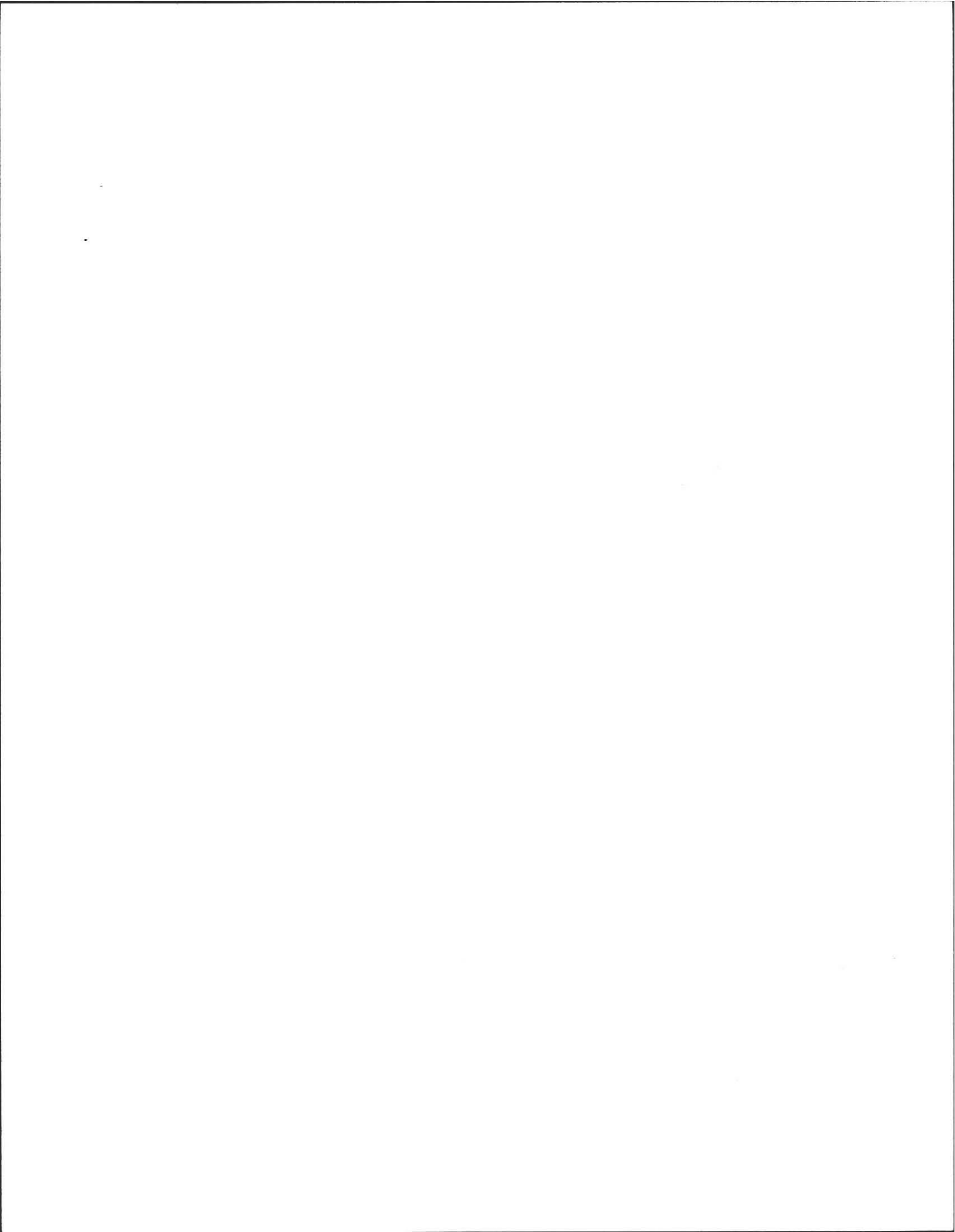
DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0" - 8"	A	FSL	10YR 3/3		- Friable
8" - 24"	B	LS	2.5Y 5/6		- Friable F. Sandy, Loose
24" - 105"	C	LS	10YR 5/4	Mottles 7.5YR 3/2	- F. Sandy Ablation till, 5% stones 24" 2.5Y 4/1 Gray
0" - 8"	A	FSL	10YR 3/3		- Friable
8" - 24"	B	LS	2.5Y 5/6		- Friable F. Sandy, loose.
24" - 90"	C	LS	10YR 5/4	Mottles 7.5YR 3/2	24" Mottles 2.5Y 4/1 Gray F. Sandy Ablation till 5% stones.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) glacial: till Depth to Bedrock: 105"
 Depth to Groundwater: Standing Water in the Hole: yes 90" Weeping from Pit Face: 26"
 Estimated Seasonal High Ground Water: 24"





Location Address or Lot No. 459 Flat Hills Road

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole 24" inches
- Depth to soil mottles 24" inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

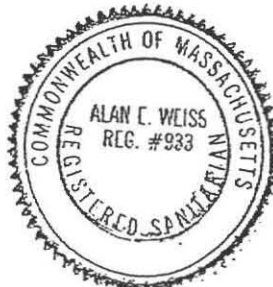
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

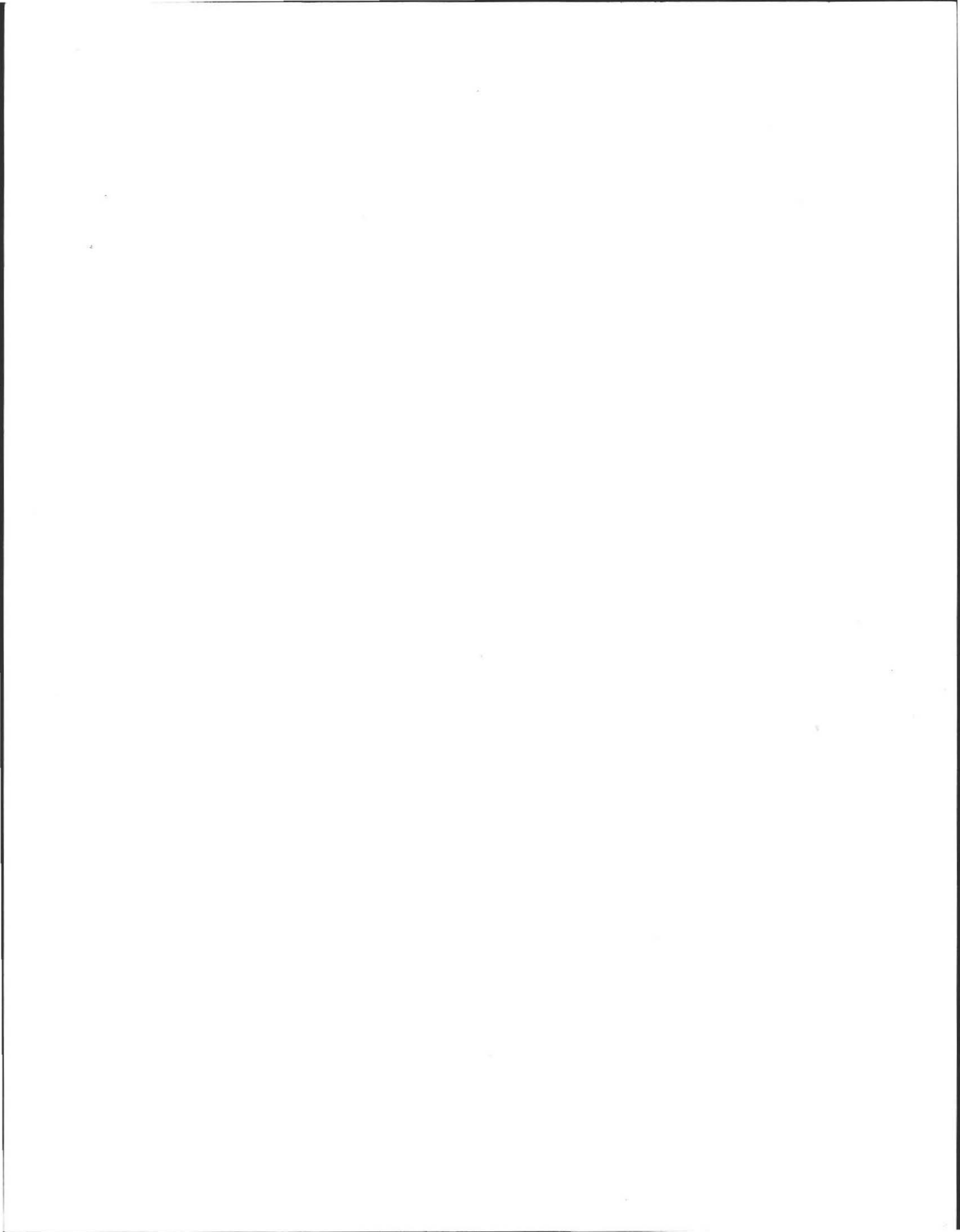
If not, what is the depth of naturally occurring pervious material? _____

Certification

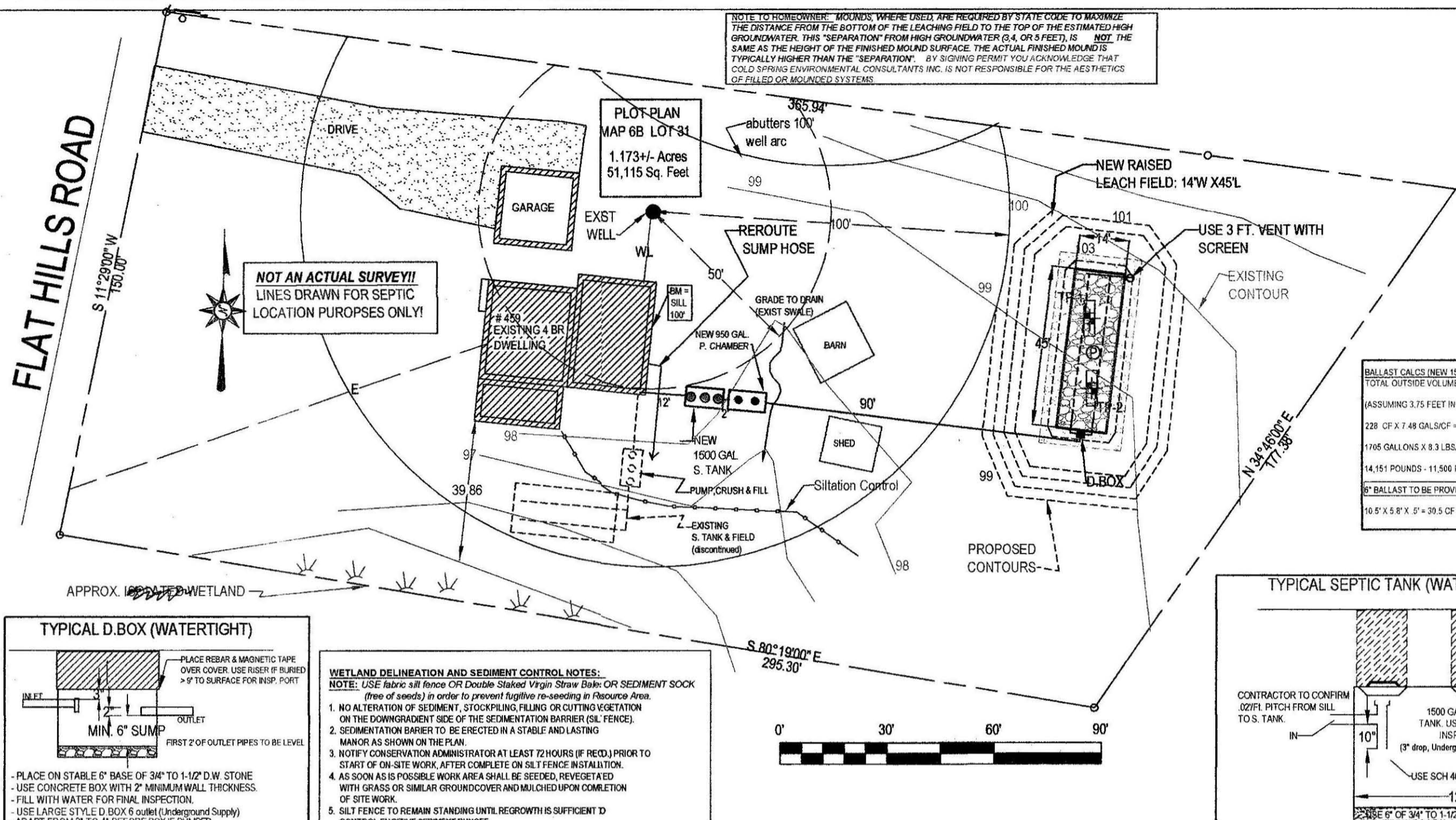
I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 3/8/2012



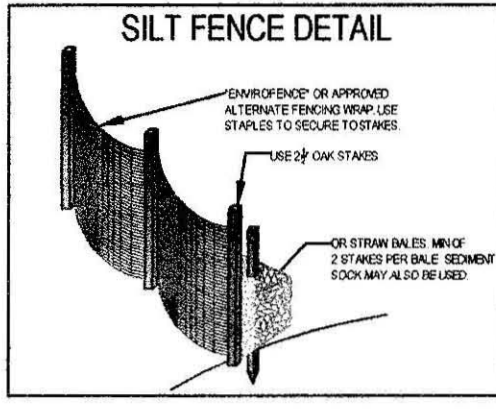


FLAT HILLS ROAD

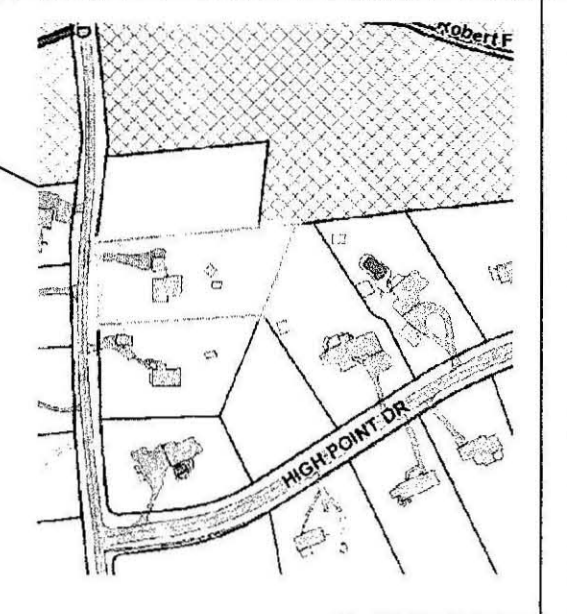


NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (3.4 OR 3 FEET), IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUNDS TYPICALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.

NOT AN ACTUAL SURVEY!! LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!



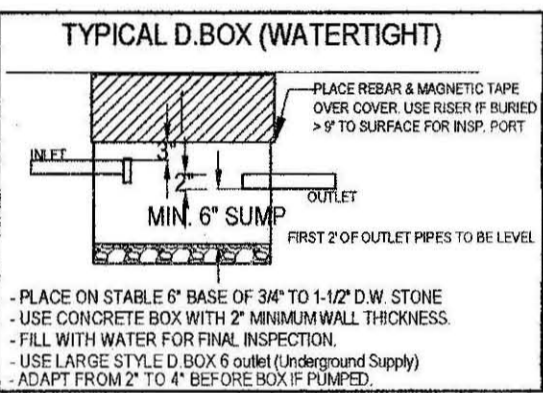
SUBJECT SITE LOCATION



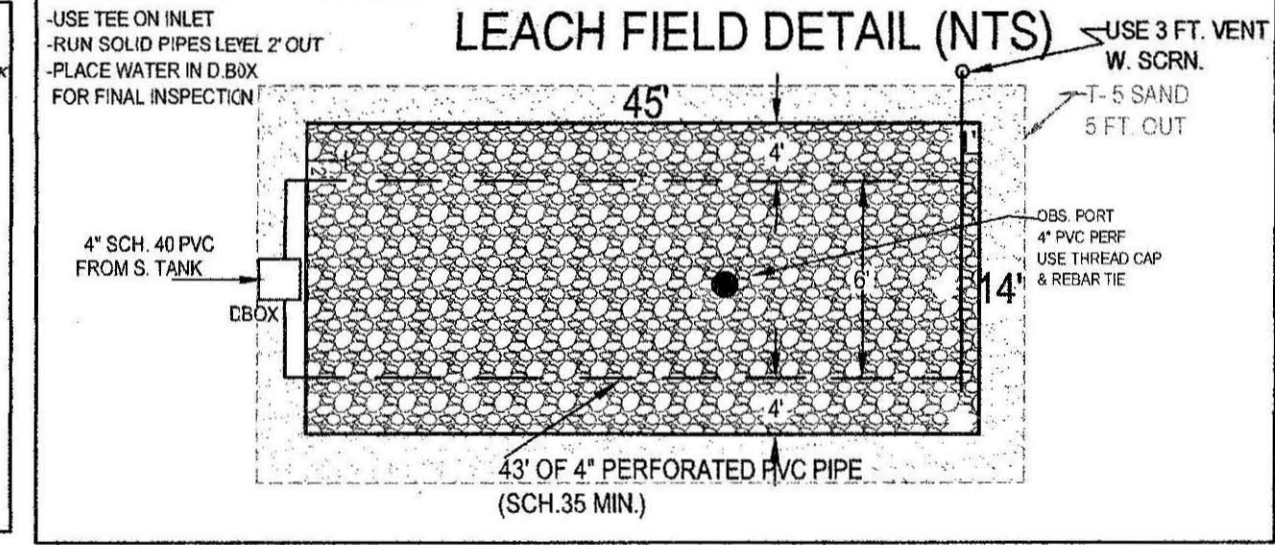
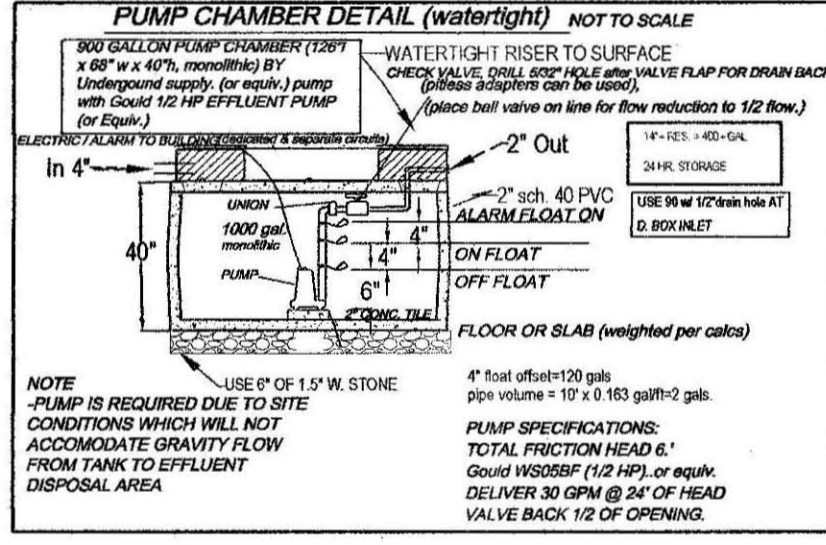
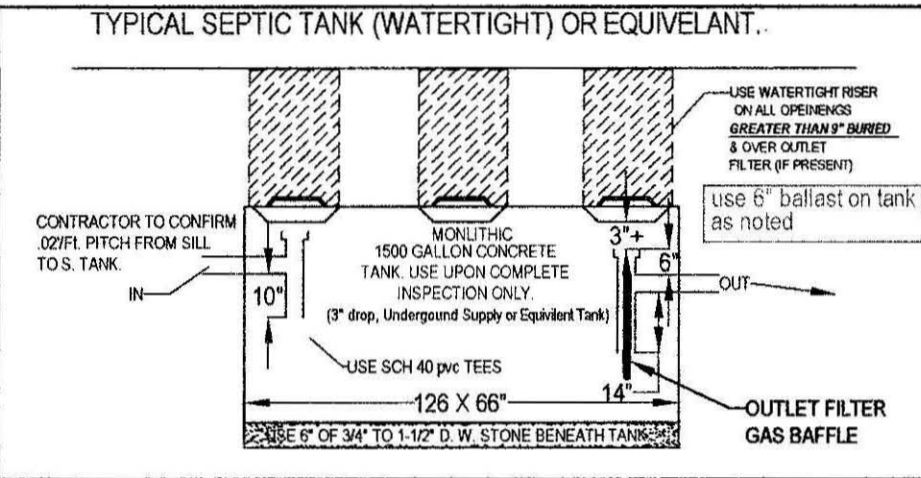
BALLAST CALCS (NEW 1500 GAL S. TANK)
 TOTAL OUTSIDE VOLUME IN G. WATER (10'5" L X 5'8" W X 3'75" IN WATER)
 (ASSUMING 3.75 FEET IN WATER TABLE E)
 228 CF X 7.48 GALS/CF = 1705 GALLONS, DISPLACED
 1705 GALLONS X 8.3 LBS/GAL = 14151 POUNDS
 14,151 POUNDS - 11,500 POUNDS/TANK = 2651 LBS REQUIRED
 6" BALLAST TO BE PROVIDED BY THICKEND BASE OR SLAB OVER TANK
 16'5" X 5'8" X 3" = 30.5 CF X 150 LBS/CF = 4575 LBS. POUNDS PROVIDED BY 6" CONCRETE

DESIGN NOTES AND CALCULATIONS:

- 1.) 3 (BEDROOM HOME) = 330 GPD MIN. REQUIRED,
 - Use LEACHING FIELD 14' WIDE X 45' LONG WITH 6" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT
 - BOTTOM AREA: L. FIELD (14' W X 45' L) = 630 SF.
 - TOTAL AREA: 630 SF X .60 GAL/SF = 378 GPD PROVIDED.
3. GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS,
6. USE NEW S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
- NOTE:
 - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
7. USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
- 7A ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS
- NOTE:
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
 - 7B ANY /ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
8. USE (.75"-1 1/2") STONE UNDER TANK & D. BOX FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
13. USE FIELD DUE: TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
14. USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO 24" MIN. AS NEEDED (INSPECTION REQUIRED).
 - CLEAR PAST BASE OF B (MIN. 24") & SCARIFY UNDER BED PRIOR TO TITLE V SAND/STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
15. SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 44"
 - PERC RATE = -- MIN / IN., CLASS 1 BY SIEVE,
 - CLASS 1, L. SAND SOIL RATING
16. NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
17. ENGINEER TO INSPCT SUBGRADE, TOWN AND ENGINEER INSPCT AT FINAL
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER SAS AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
21. USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.

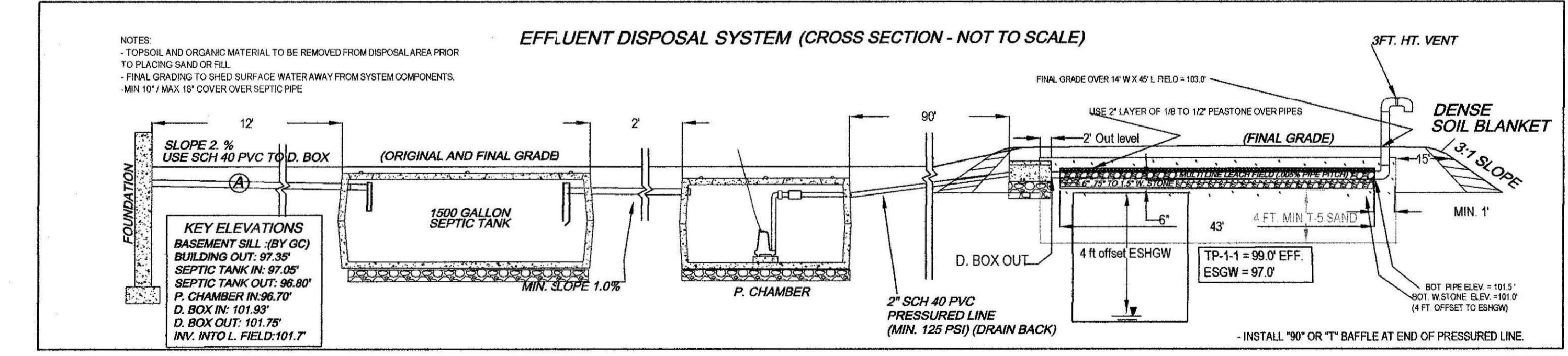


WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:
 NOTE: USE fabric silt fence OR Double Staked Virgin Straw Bales OR SEDIMENT SOCK (free of seeds) in order to prevent fugitive re-seeding in Resource Area.
 1. NO ALTERATION OF SEDIMENT, STOCKPILING, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE).
 2. SEDIMENTATION BARRIER TO BE ERRECTED IN A STABLE AND LASTING MANNER AS SHOWN ON THE PLAN.
 3. NOTIFY CONSERVATION ADMINISTRATOR AT LEAST 72 HOURS (IF REQ'D) PRIOR TO START OF ON-SITE WORK, AFTER COMPLETE ON SILT FENCE INSTALLATION.
 4. AS SOON AS IS POSSIBLE WORK AREA SHALL BE SEEDED, REVEGETATED WITH GRASS OR SIMILAR GROUND COVER AND MULCHED UPON COMPLETION OF SITE WORK.
 5. SILT FENCE TO REMAIN STANDING UNTIL REGROWTH IS SUFFICIENT TO CONTROL FUGITIVE SEDIMENT RUNOFF.
 6. REGRADE WORK AREA AS NOTED TO PREVENT CHANGE IN SLOPE OR RUNOFF PATTERNS.



PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. **HAVE Tank, PUMP AND PUMP CHAMBER & OUTLET FILTER & D BOX INSPECTED ANNUALLY
3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
7. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
8. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- 1.) HAVE TANK PUMPED EVERY 2 YEARS.
- 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- 3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR: CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
 CALL DIG SAFE BEFORE YOU DIG! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40-40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION

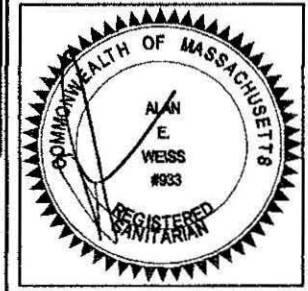
NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.

TEST PIT LOG:				SOIL EVALUATOR:	DATE OF EVALUATION:
TP 1 EFF. ELEV.:				A. WEISS, RS	03.08.2012
DEPTH:	HORIZ:	TEXTURE:	COLOR:	DEPTH:	HORIZ:
0-8"	A	FSL	(MUNSELL) 10 YR 3.3	0-8"	A
			FRIBLE		
8-24"	Bw	LS	2.5 Y 5.6	8-24"	Bw
			FRIBLE		
24-105"	C1	LS	10 YR 5.4	24-90"	C1
			F. SANDY ABL. TILL		
			5% BOULDERS AND COBBLES		
OXIDES:				24"	7.5 YR 3.2
EHWT:				24"	
STANDING H2O:				90"	
WEEPING:				26"	
BEDROCK:				105"+	
OXIDES:				24"	2.5 Y 4.1, 10 YR 5.8
EHWT:				24"	
STANDING H2O:				90"	
WEEPING:				26"	
BEDROCK:				-	

SEPTIC SYSTEM REPAIR PLAN FOR SARA AND SEYMOUR BERGER
 459 FLAT HILLS ROAD
 AMHERST, MA

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

PROJECT: (413) 323-5957
 FAX: (413) 323-4916
 DATE: 03.19.2012
 SCALE: 1"=30'
 DRAWN BY: ALAN WEISS
 REVISED:
 DRAWING NUMBER: 112-3817-0208



459 Flat Hills - septic repair

RECEIVED MAR 26 2012
Amherst



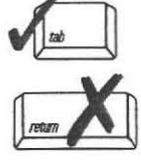
Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 1- Request for Determination of Applicability
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

City/Town

A. General Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant:

Sara Berger C/O Dee Waterman, Realtor, Jones Gr.
 Name E-Mail Address (if applicable)

459 Flat Hills Road
 Mailing Address

Amherst MA 01002
 City/Town State Zip Code

413-549-3700
 Phone Number Fax Number (if applicable)

2. Representative (if any):

Cold Spring Environmental, Inc.
 Firm

Alan E. Weiss, M.S. aweiss@charter.net
 Contact Name E-Mail Address (if applicable)

350 Old Enfield Road
 Mailing Address

Belchertown MA 01007
 City/Town State Zip Code

413-323-5957 413-323-4916
 Phone Number Fax Number (if applicable)

B. Determinations

1. I request the Amherst make the following determination(s). Check any that apply:
 Conservation Commission

a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.

b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.

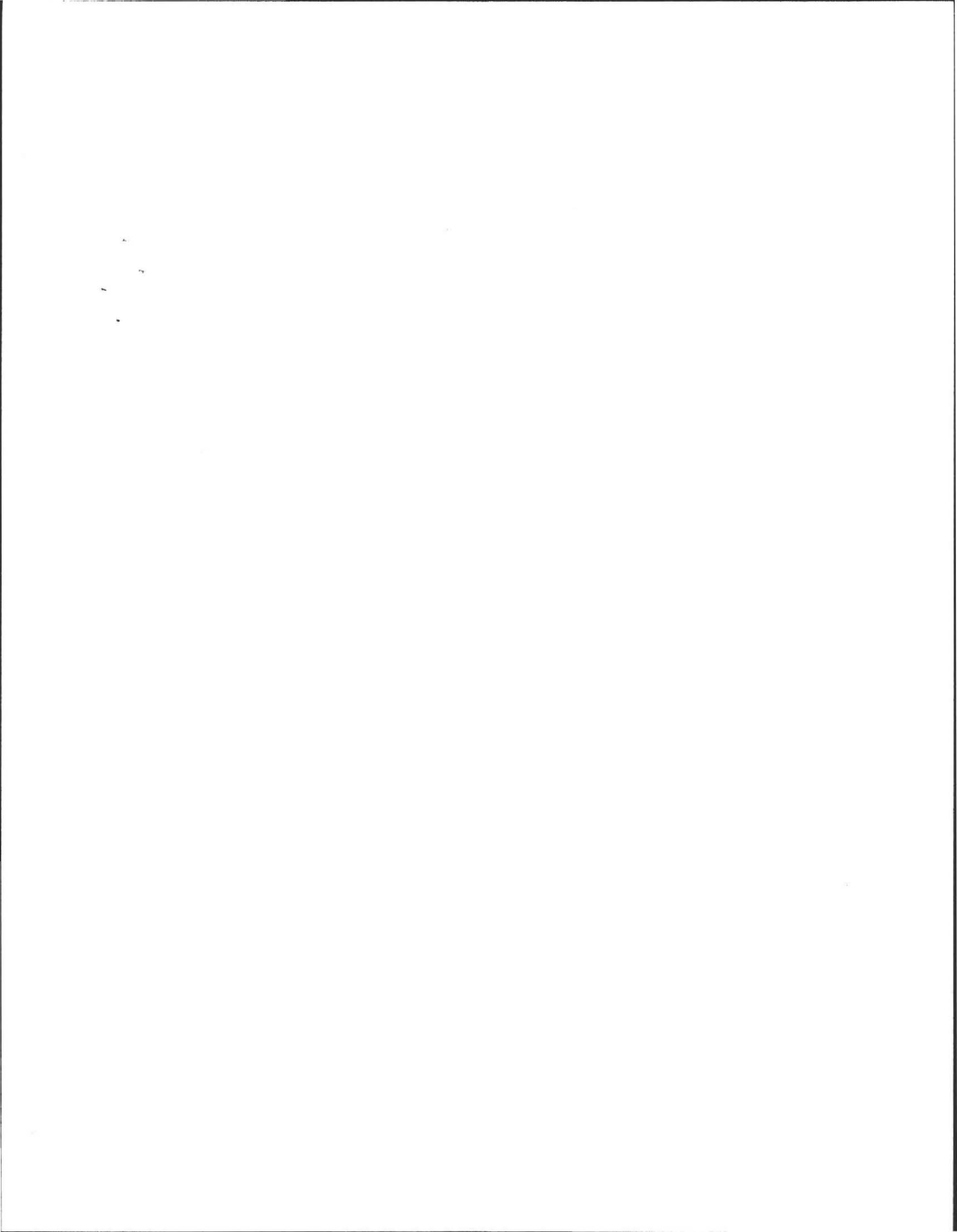
c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.

d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Amherst
 Name of Municipality

e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).

(Residential Septic Repair installation), The system meets Title 5 and is greater than 50 feet, from "bvwn"/ Wetland Work as shown. (decommission old tank, pump crush fill).





WPA Form 1- Request for Determination of Applicability
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

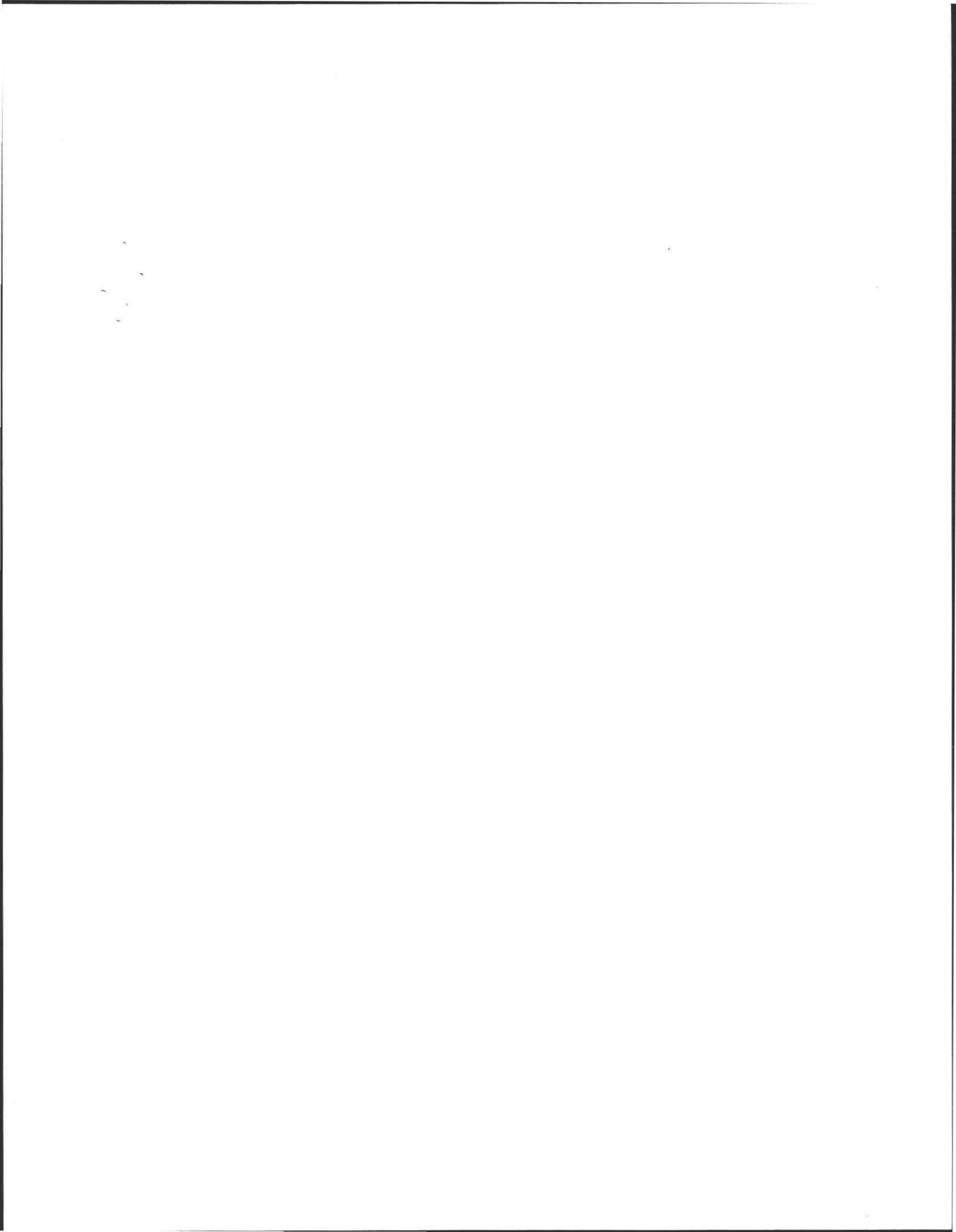
C. Project Description (cont.)

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- Single family house on a lot recorded on or before 8/1/96
- Single family house on a lot recorded after 8/1/96
- Expansion of an existing structure on a lot recorded after 8/1/96
- Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- New agriculture or aquaculture project
- Public project where funds were appropriated prior to 8/7/96
- Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- Residential subdivision; institutional, industrial, or commercial project
- Municipal project
- District, county, state, or federal government project
- Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)

N/A





WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office (see Appendix A) were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Sara Berger (C/O Dee Waterman, Jones Group Real Estate)

Name

200 Triangle St

Mailing Address

Amherst

City/Town

MA

01002

State

Zip Code

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Sara Berger

Signature of Applicant

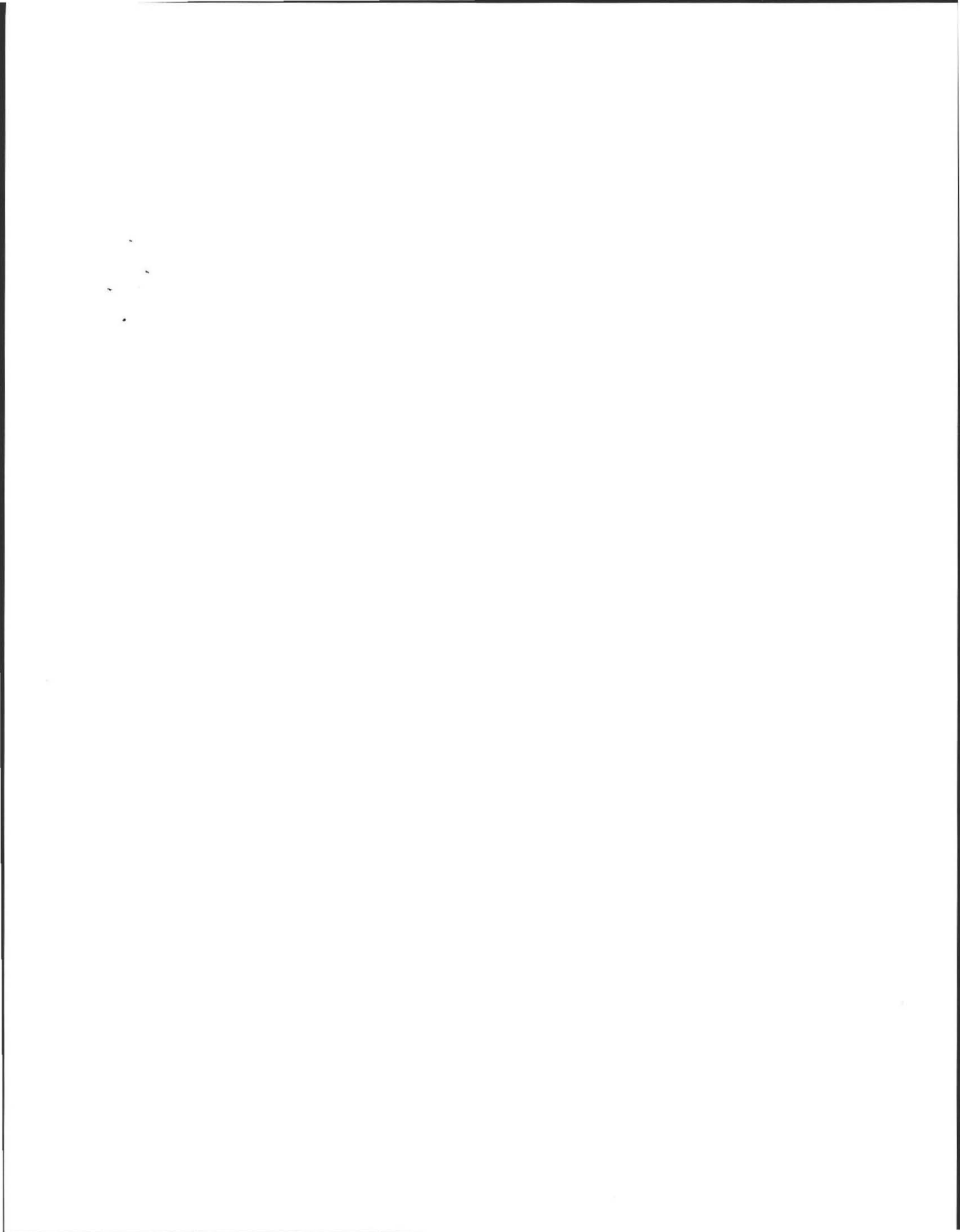
3/22/2012

Date

AL

Signature of Representative (if any)

03.21.2012



(11)

459 Flat Hills Rd Abutters for RDA

6B-31 Subject site # 459 Flat Hills, Sara Berger

3D-22 Godyan xre + YunJiang # 463 Flat Hills Rd

3D-21 WD cowlis, W. Amhurst, POB. 9677, W. Amhurst 01059

6B-37 Jeffrey Couse 28 High Point Dr.

6B-36 Peter Sterlay + Sally Zigmund 24 High Point.

6B-35 Joseph-fabozzi 6 High Point Dr.

6B-32 Matthew Davidson + Kimberly 443 Flat Hills Rd.

6B-12 Dennis + Constance Gildea 444 Flat Hills Rd.

6B-93 Joshua Burbank + Jeanne Burbank 456 Flat Hills Rd

6B-94 Marilyn + Ronald Sturgill 460 Flat Hills Rd.

3D-82 Eva Lorent Keth McKormick. 492 Flat Hills Rd.

10



Cold Spring Environmental Consultants, Inc.

350 Old Enfield Road
Belchertown, MA. 01007
<http://www.coldspringenvironmental.com>

Ph: 413.323.5957
Fax: 413.323.4916
email: acwci@a charter.net

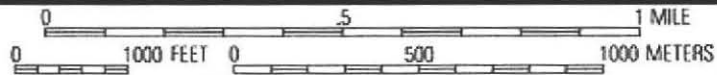
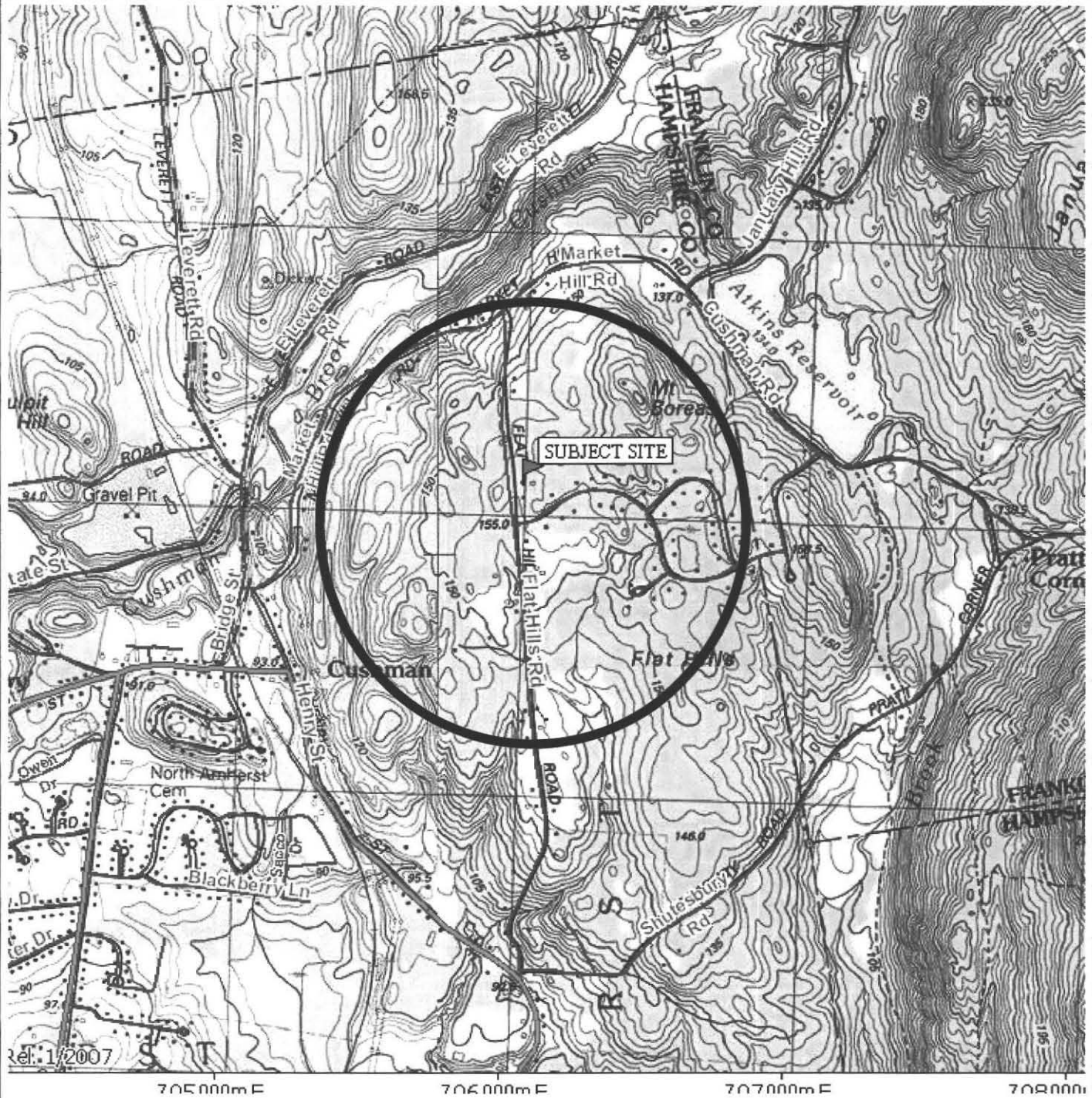
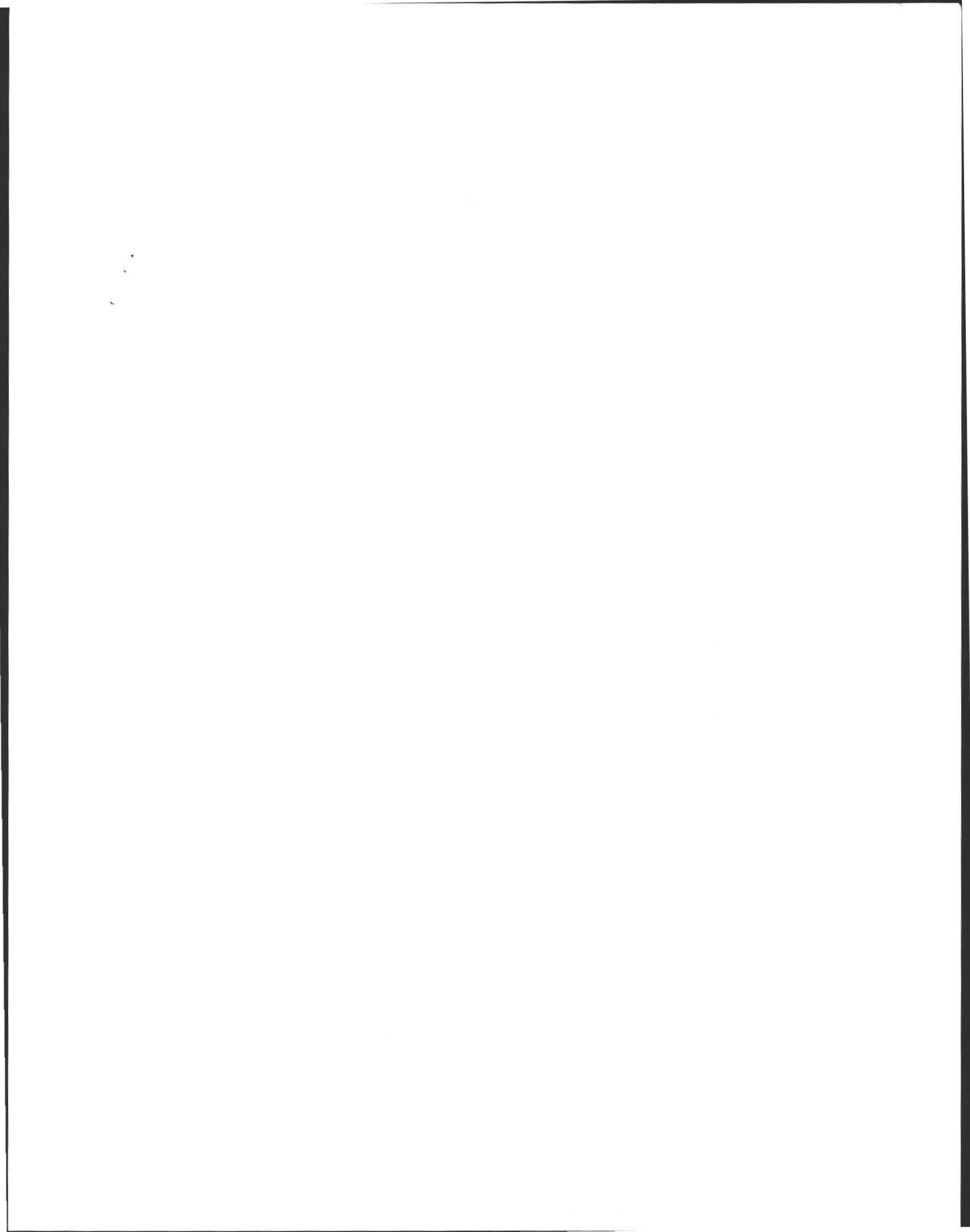
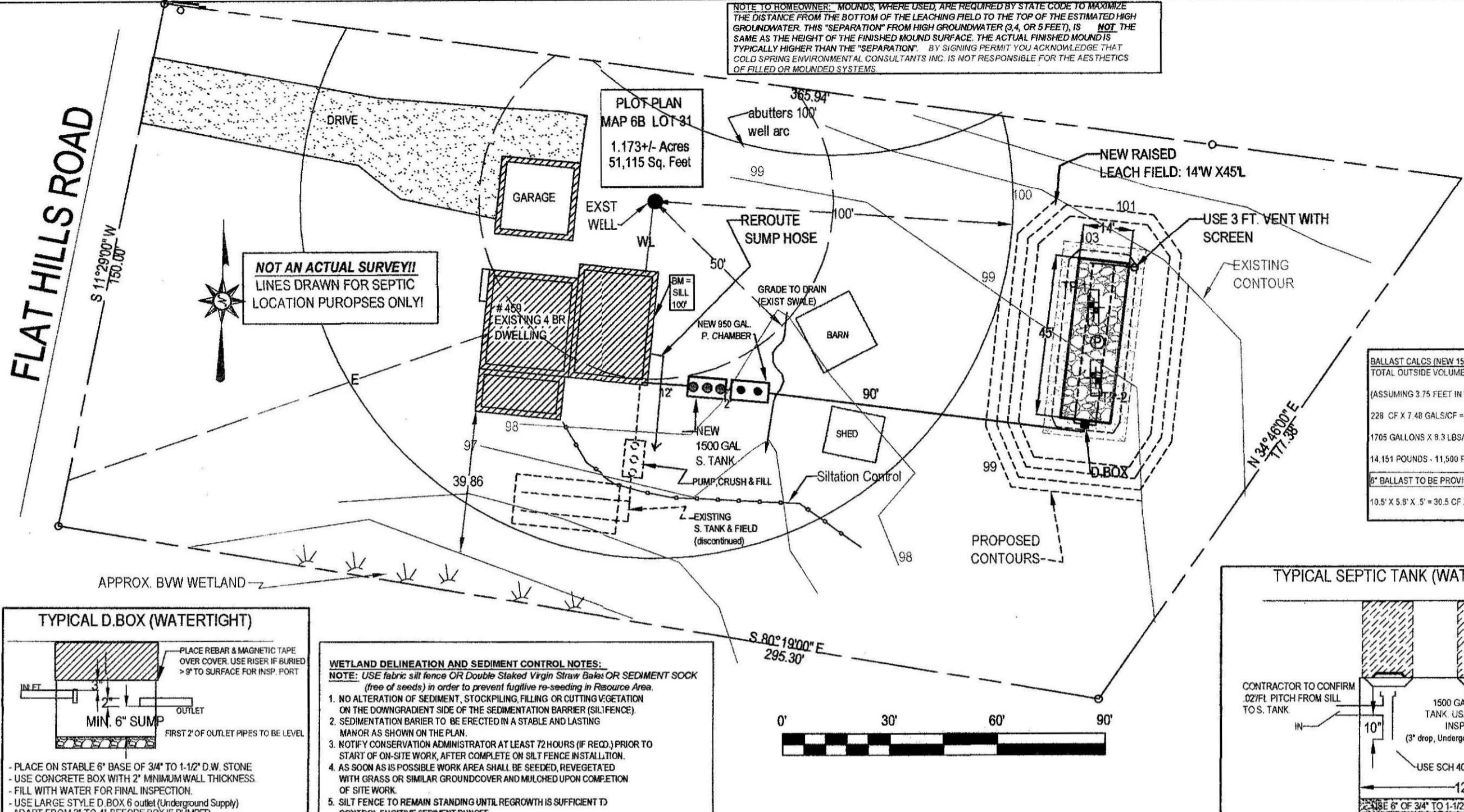


FIGURE 1—SITE LOCUS

459 FLAT HILLS RD
Amherst, Massachusetts
March 2012

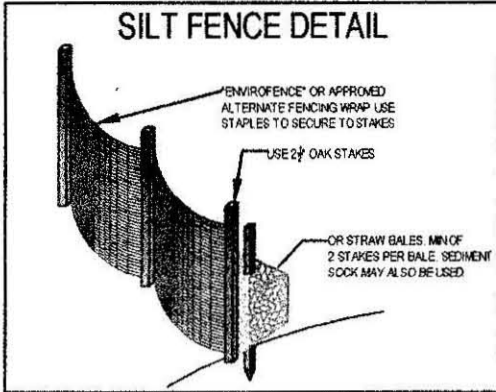


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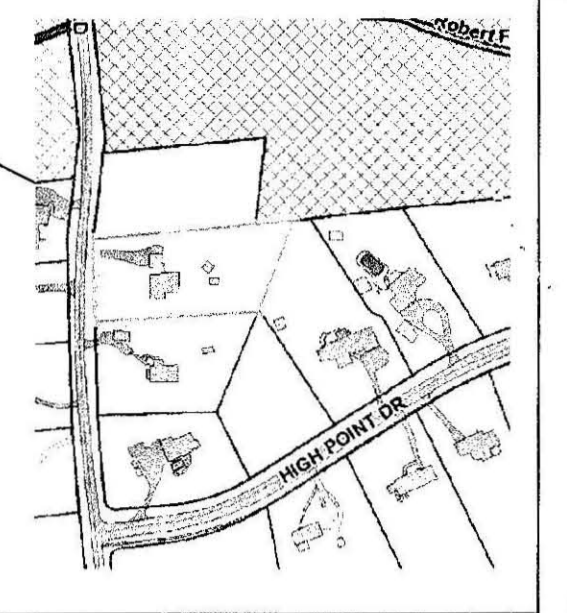


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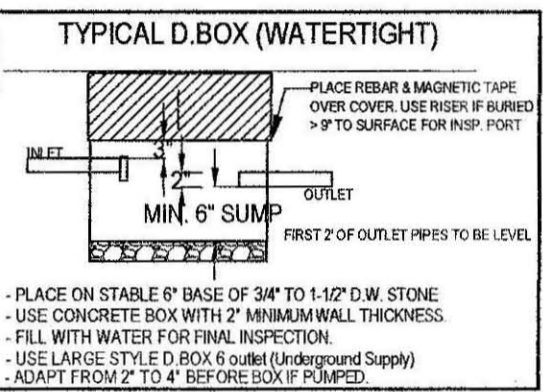


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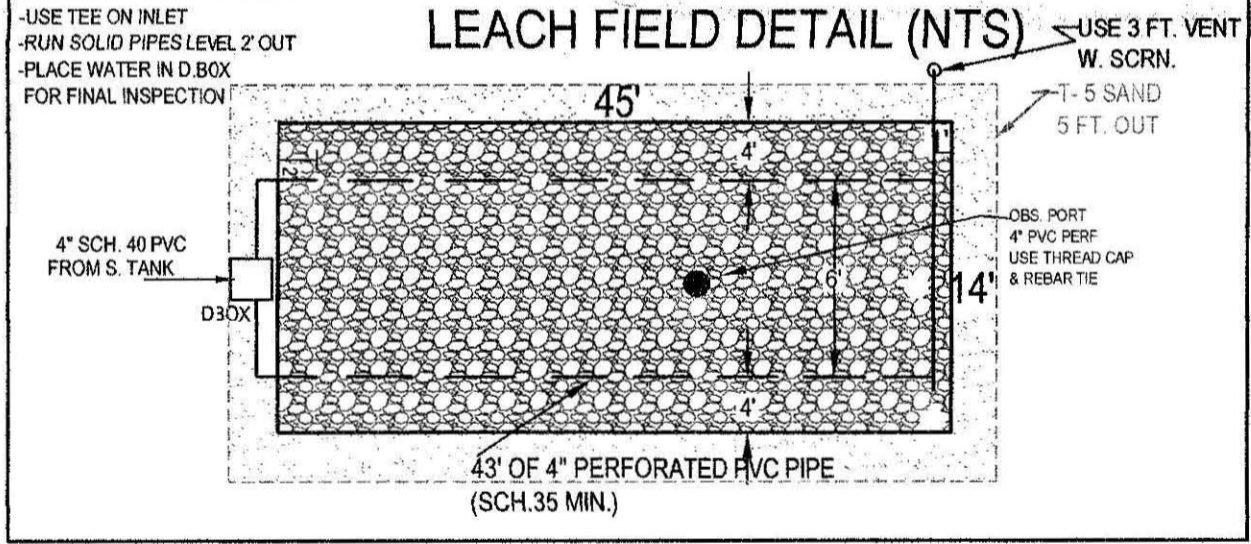
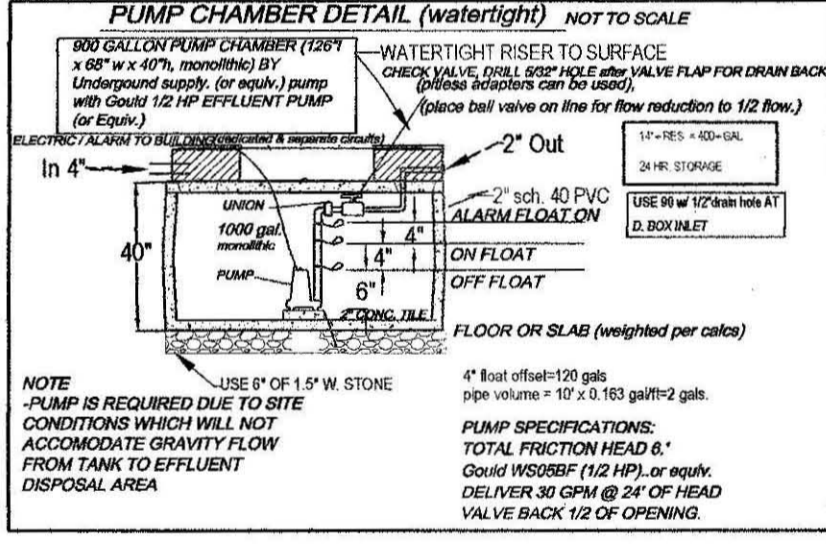
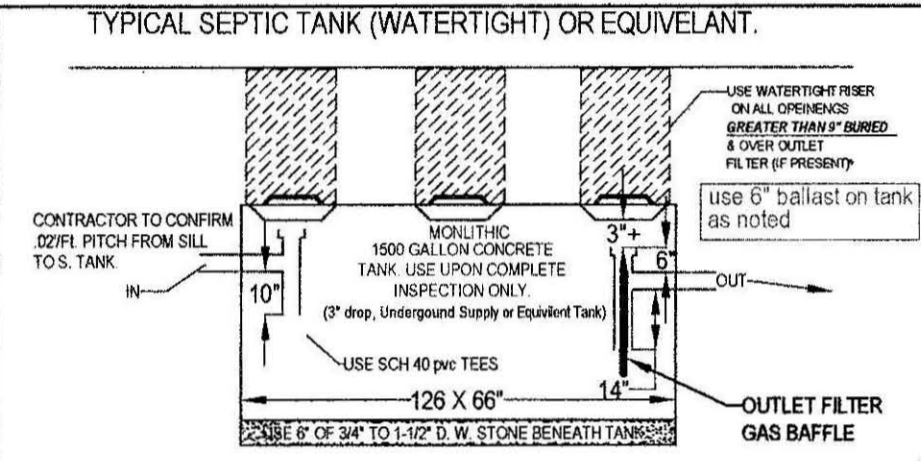
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 - PERC RATE = - MIN / IN. CLASS 1 BY SIEVE.
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 - USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.



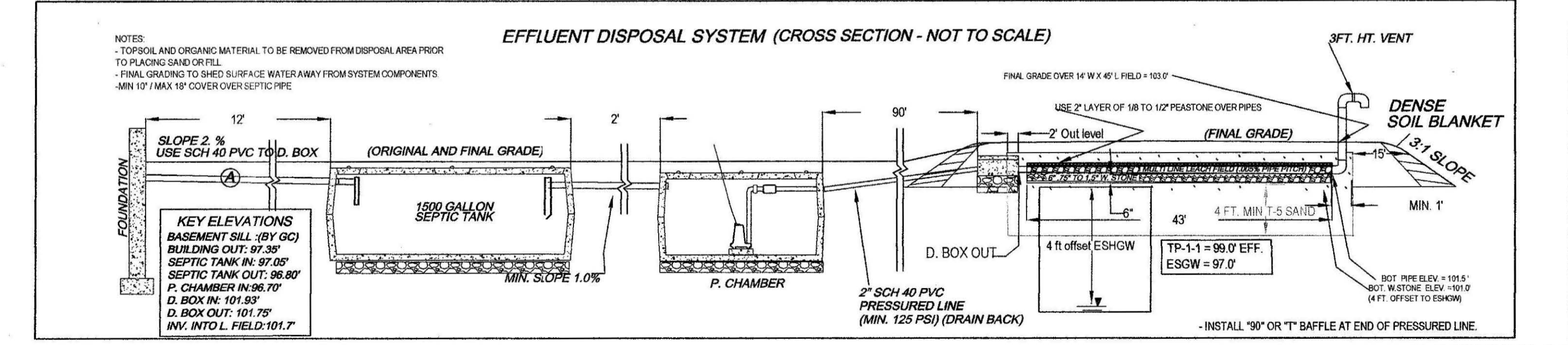
WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:
NOTE: USE fabric silt fence OR Double Slaked Virgin Straw Bales OR SEDIMENT SOCK (free of seeds) in order to prevent fugitive re-seeding in Resource Area.

- NO ALTERATION OF SEDIMENT, STOCKPILING, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE)
- SEDIMENTATION BARRIER TO BE ERECTED IN A STABLE AND LASTING MANNER AS SHOWN ON THE PLAN.
- NOTIFY CONSERVATION ADMINISTRATOR AT LEAST 72 HOURS (IF REQD.) PRIOR TO START OF ON-SITE WORK, AFTER COMPLETE ON SILT FENCE INSTALLATION.
- AS SOON AS IS POSSIBLE WORK AREA SHALL BE SEEDED, REVEGETATED WITH GRASS OR SIMILAR GROUND COVER AND MULCHED UPON COMPLETION OF SITE WORK.
- SILT FENCE TO REMAIN STANDING UNTIL REGROWTH IS SUFFICIENT TO CONTROL FUGITIVE SEDIMENT RUNOFF.
- REGRADE WORK AREA AS NOTED TO PREVENT CHANGE IN SLOPE OR RUNOFF PATTERNS.



PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

- HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
- HAVE TANK, PUMP AND PUMP CHAMBER & OUTLET FILTER & D BOX INSPECTED ANNUALLY
- MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
- MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
- USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
- CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
- KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.



TEST PIT LOG:

TP 1 EFF. ELEV:				TP 2 EFF. ELEV:					
DEPTH	HORIZ.	TEXTURE	COLOUR (MUNSELL)	MATERIAL	DEPTH	HORIZ.	TEXTURE	COLOUR (MUNSELL)	MATERIAL
0-8"	A	FSL	10 YR 3.3	FRIABLE	0-8"	A	FSL	10 YR 3.3	FRIABLE
8-24"	Bw	LS	2.5 Y 5.6	FRIABLE	8-24"	Bw	LS	2.5 Y 5.6	FRIABLE
24-105"	C1	LS	10 YR 5.4	F. SANDY ABL. TILL	24-90"	C1	LS	10 YR 5.4	F. SANDY ABL. TILL
				5% BOULDERS AND COBBLES					5% BOULDERS AND COBBLES
OXIDES: 24"				7.5 YR 3.2	OXIDES: 24"				2.5 Y 4.1, 10 YR 5.8
EHWT: 24"					EHWT: 24"				
STANDING H2O: 90"					STANDING H2O: 90"				
WEEPING: 26"					WEEPING: 26"				
BEDROCK: 105"+					BEDROCK: -				

SEPTIC SYSTEM REPAIR PLAN FOR SARA AND SEYMOUR BERGER
459 FLAT HILLS ROAD
AMHERST, MA

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

PHONE: (413) 323-5957
FAX: (413) 323-4916
DATE: 03.19.2012
SCALE: 1"=30'

SOIL EVALUATOR: A. WEISS, RS
DATE OF EVALUATION: 03.08.2012

DRAWN BY: ALAN WEISS
REVISED: -
DRAWING NUMBER: 112-3817-0208

e-Mail: AWEISS@charter.net

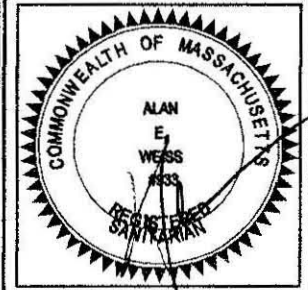
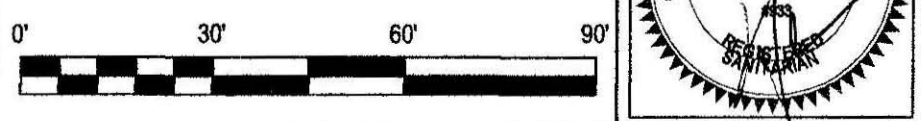
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR: CONNECTIONS FROM HEATING SYSTEM, AIR CONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40-40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



459 FLAT HILLS

3/8/2012



Commonwealth of Massachusetts

City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: _____

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
A	0-8	10YR 3/3				FSL					
B	8-24	2.5Y 5/6		MOTTLES 7.5YR 7/2		LS					
C	24-105	10YR 5/4				LS					
A	0-8"	10YR 3/3									
B	8-24"	2.5Y 5/4									
C	-90"	10YR 5/4									

Additional Notes:

26" DEEP IN 6

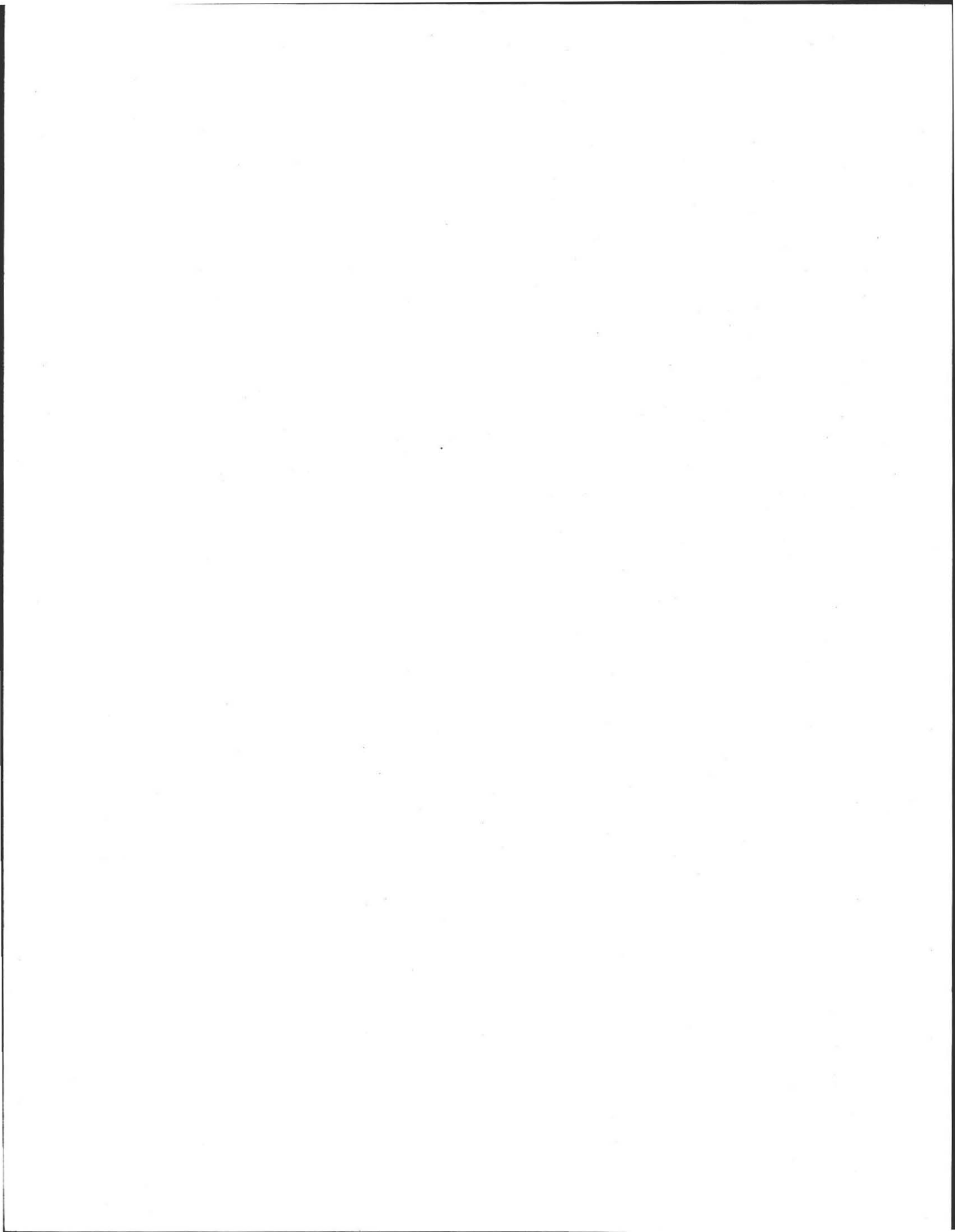
120' TO WELL

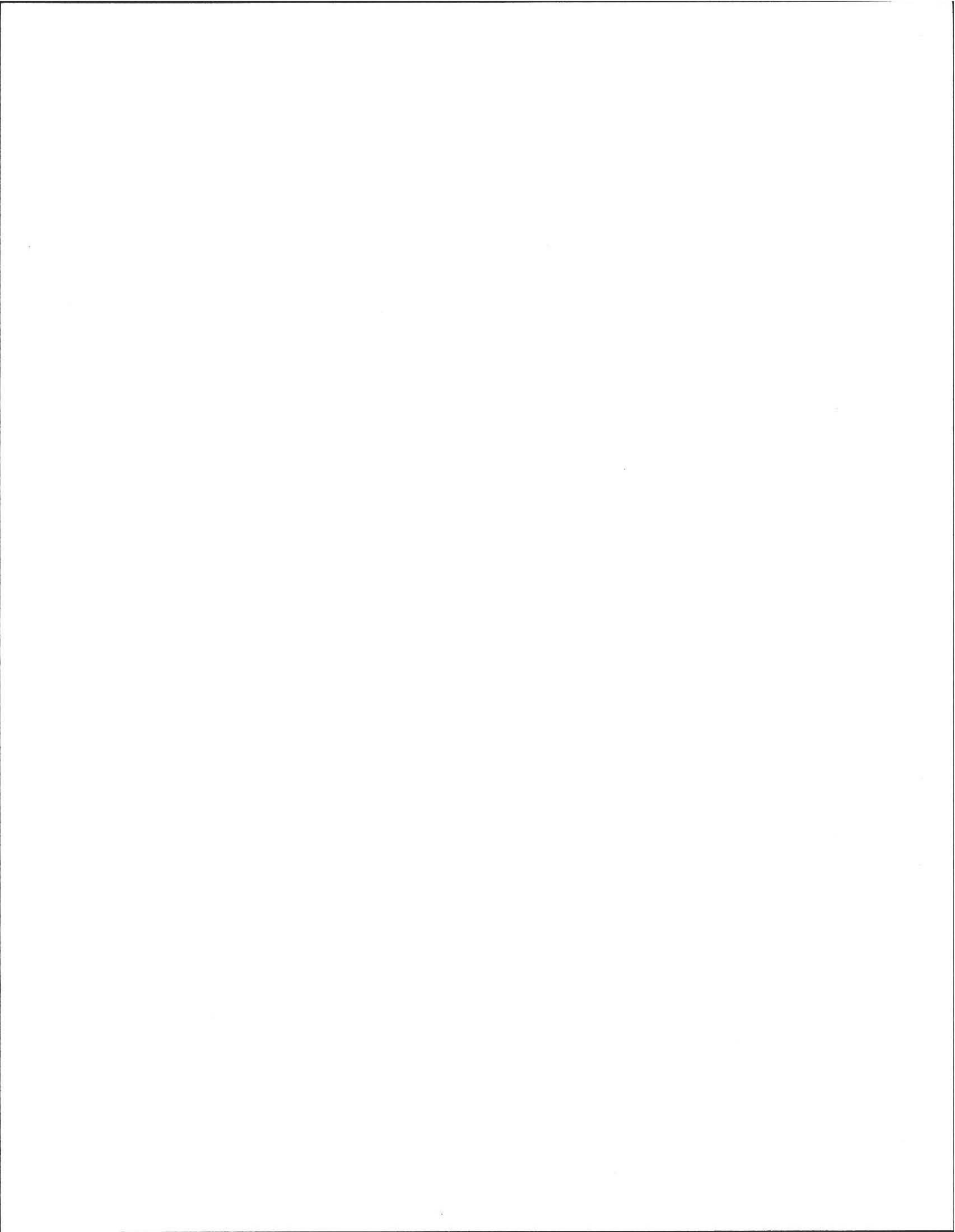
249-A-3117

SIEVE SAMPLE -

owner's new address: 3575 NORTH
MOORPARK RD
THOUSAND OAKS, CA

DEMLIN





3-7702

TUES. MON.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 66-20 Date Oct 24/66 Fee \$3.00 Date Rec'd. 10/25/66 By G.G.

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

Location—Address FLAT HILLS ROAD, AMHERST. or Lot No. 1

Owner ROY INDUSTRIES INC. Address SCUTES BURY MASS. BOX 472 Amherst

Contractor SAME. Address SAME.

Type of Building RANCH. Dimensions 50 X 28 Size Lot 32,100

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()
Other 3 or 4 No. of persons _____ Showers (2)

Other fixtures _____
Town Water? NO Type of Well ARTESIAN.

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 20 X 30 Depth below inlet _____ Total leaching area 600 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()
(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date _____

Test Pit No. 1 12 minutes per inch Depth of Test Pit 36"

Test Pit No. 2 15 minutes per inch Depth of Test Pit 36"

Description of Soil gravelly with clays Depth to Ground Water Not found

Will disposal area be filled? No Cut down? No

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by C. Drake Owner or builder William Z. Maly Date 10/25/66

Application Disapproved for the following reasons: _____ date _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

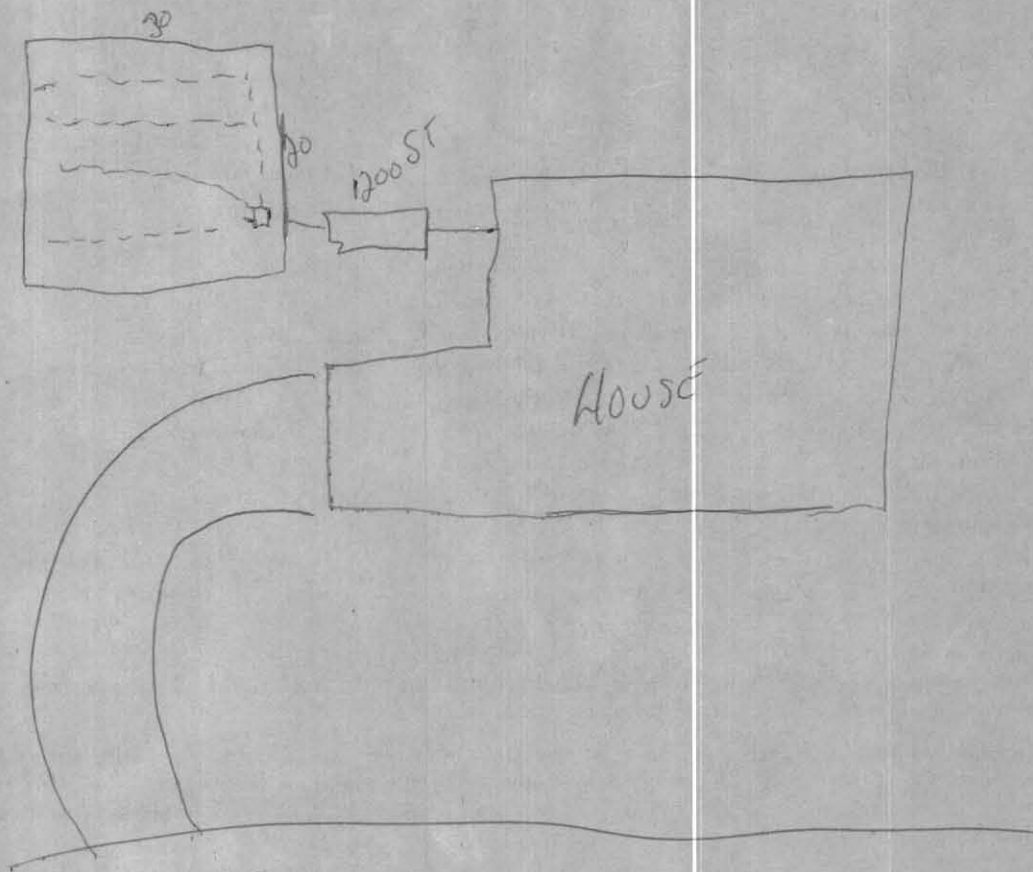
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 66-20 Permission is hereby granted ROY INDUSTRIES to construct () or repair () an Individual Sewage Disposal System at FLAT HILLS RD.

as shown on the application for Disposal Works Construction Permit No. 66-20

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 11-7-66 Board of Health C. Drake



FLAT Hills RD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 67-15 Date Oct. 8, 1968 Fee 9.00 Date Rec'd. Oct 8, 1968 By CE

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

Location—Address LOT #1 FLAT HILLS RD or Lot No. _____

Owner ROY INDUSTRIES Address Box 472 Amherst

Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 Expansion Attic NO Garbage Grinder (YES) _____
 Other _____ No. of persons _____ Showers () _____

Other fixtures _____
 Town Water? NO Type of Well ARTESIAN

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1050 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area 400 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box (X) No. 1 Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by CE Drake Date 10-8-68

Test Pit No. 1 10 minutes per inch Depth of Test Pit 50"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil GRAVEL - CLAY FINES Depth to Ground Water NOT FOUND

Will disposal area be filled? NO Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CE Drake Owner or builder William Maloney date 10-8-68
 date 10-8-68

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 68-15 Permission is hereby granted ROY INDUSTRIES to construct (X) or repair () an Individual Sewage Disposal System at LOT #1 FLAT HILLS RD.

as shown on the application for Disposal Works Construction Permit No. 68-15

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 10-8-68 Board of Health CE Drake

