

264 HARNESS RD





**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

- 2IE Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

November 12, 2008

Amherst Board of Health

RE:Septic System Installation Inspection
(264 Harkness Road (Yoshimoto)

On this date, the writer inspected the installation of a **Leach Field & Septic Tank**. The writer found the installation to be complete (except for completion of cover material and final fill) and in compliance with our plans and 310 CMR 15.000. The installer representative (**Karls Excavating**). Our inspection noted that the system was built properly, in accordance with the state regulations and our plans. The contractor was requested to have sufficient breakout soil on site and properly cover the system according to our plans and may backfill the system after review by local Health Department representatives.

Sincerely,

Cold Spring Environmental Consultants, Inc.

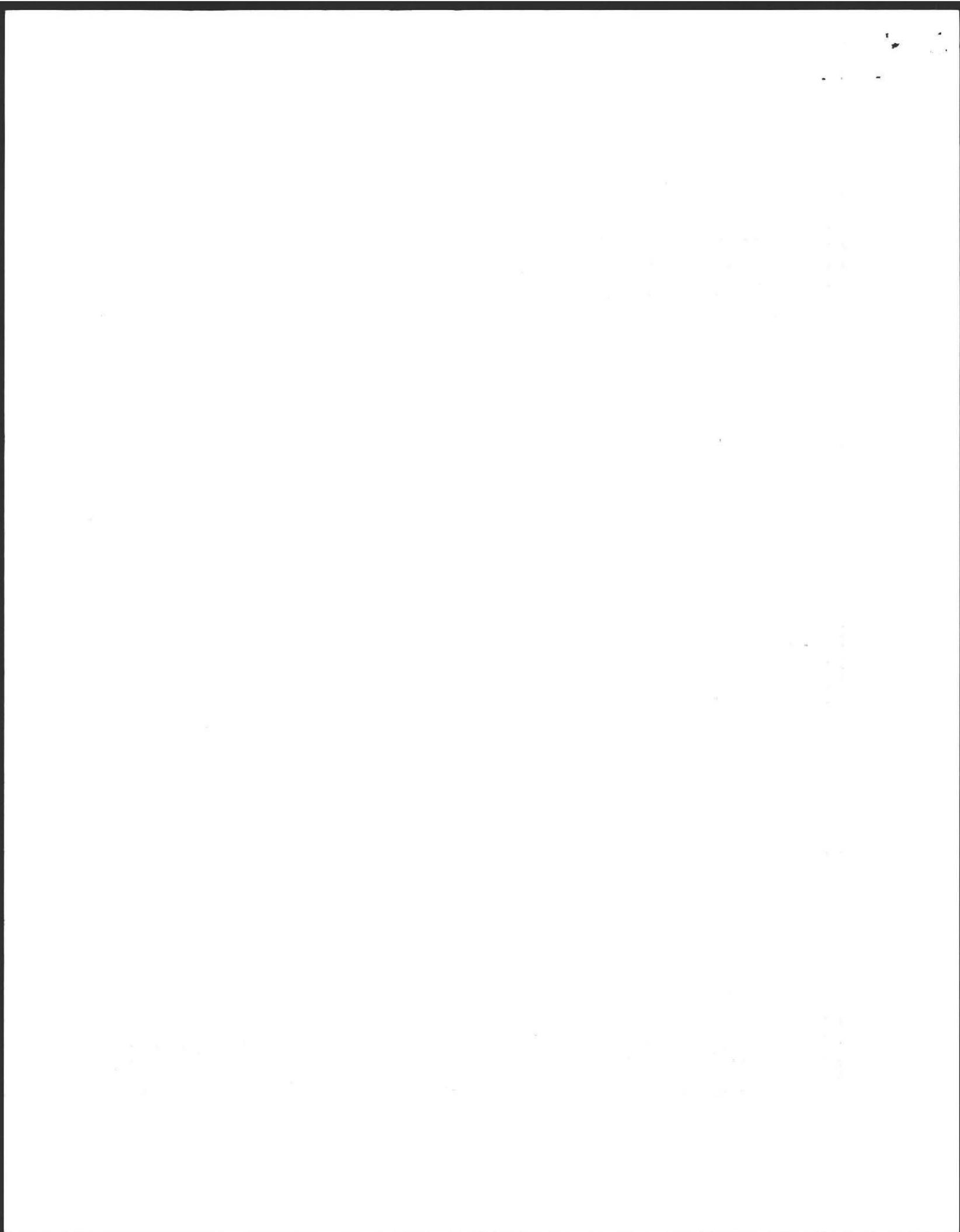
Alan E. Weiss, M.S., L.S.P.
President
Principal Hydrogeologist
Licensed Site Professional #6442
Registered Sanitarian #933

Cold Spring Environmental
350 Old Enfield Road
Belchertown, Ma. 01007

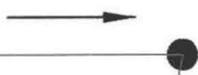
413-323-5957, phone
413-323-4916, fax

**As built Attached,*

RECEIVED



W



AS BUILT
11.12.2008
SCALE: 1"=30'
137,389± Sq. Ft.
3.154± Ac.



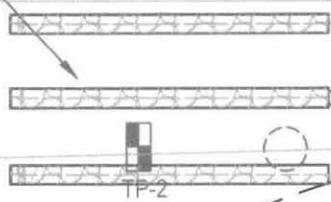
WELL

SURVEY BY:
HAROLD L. EATON AND ASSOCIATES, INC.
REGISTERED PROFESSIONAL LAND SURVEYORS
235 RUSSELL STREET - HADLEY - MASSACHUSETTS

100' WELL OFFSET

EXISTING CONTOURS

NEW 3 TRENCH SYSTEM 8" W X 50'L EACH



D.BOX

TP-1

TP-2

40'

64'

84'

NEW 1500 G. S. TANK

USE 90° SWEEPING B

PUMP, CRUSH, AND BACK-FILL EXISTING S. TANKS

98

58.5

25'

57'

99

BM = SILL = 100'

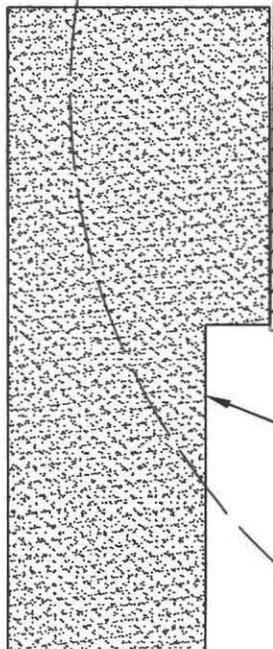
#264

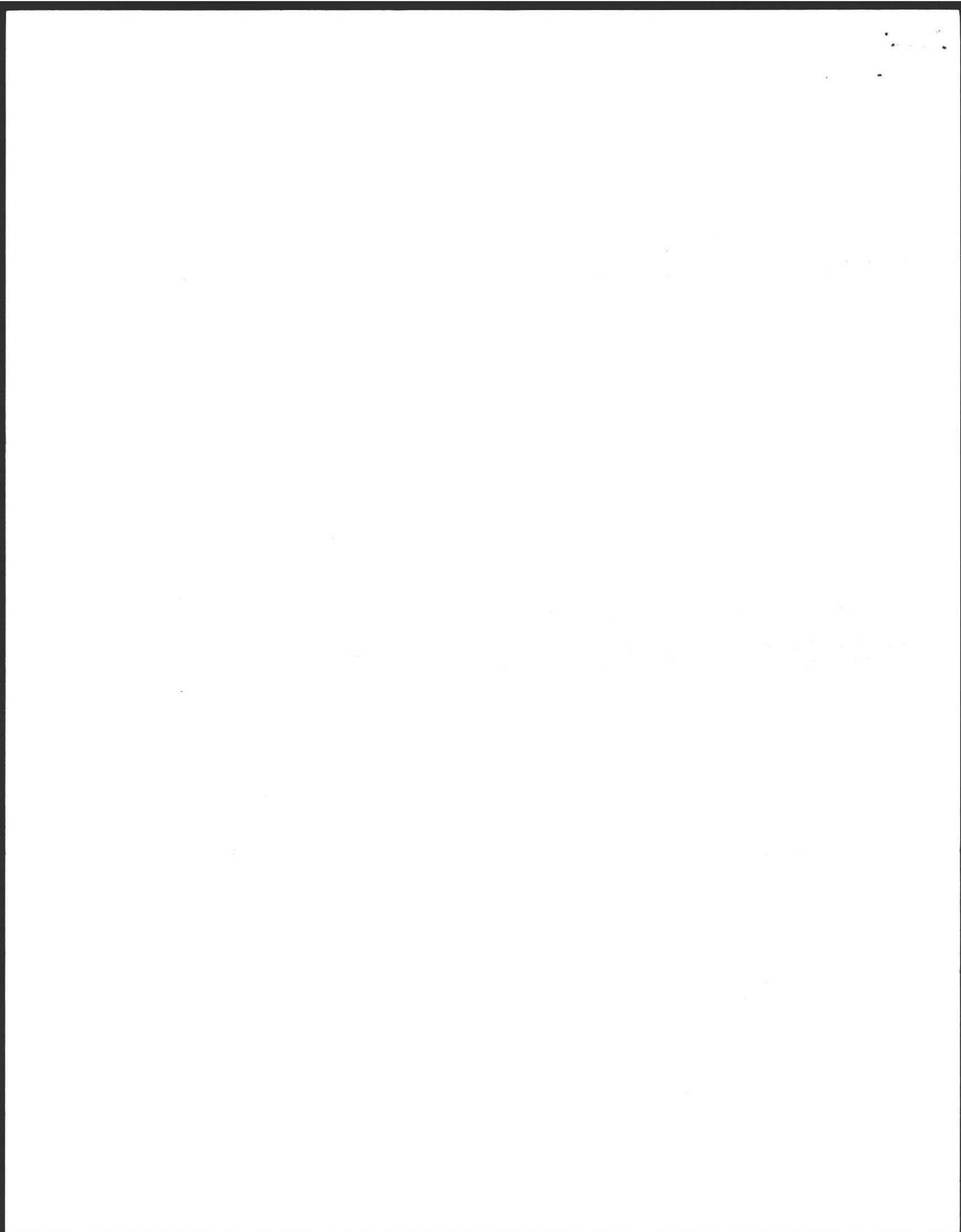
WELL

100' WELL OFFSET

DRIVE

326.71'
51' 07.58" E





SUB-GRADE INSPECTION

Location: 264 Harkness

Property Owner: K. Yoshimoto

I certify that I have inspected the excavation to sub-grade of the proposed septic system leaching area prior placement of any fill or stone, or construction of any portion of the system.

I further certify that

1. All 'A' and 'B' horizon soils (topsoils and subsoils) were removed in the area of the system.
2. There was no evidence of ground water in the excavation.
3. There was no evidence of "mottles" that would be in conflict with the findings of the deep hole soil profile.
4. That the excavation was accomplished to the proper depth and in conformance with the approved plans.

Alan Weiss
Designer's Name

[Signature]
Designers Signature

Street Address

Town, State, Zip Code

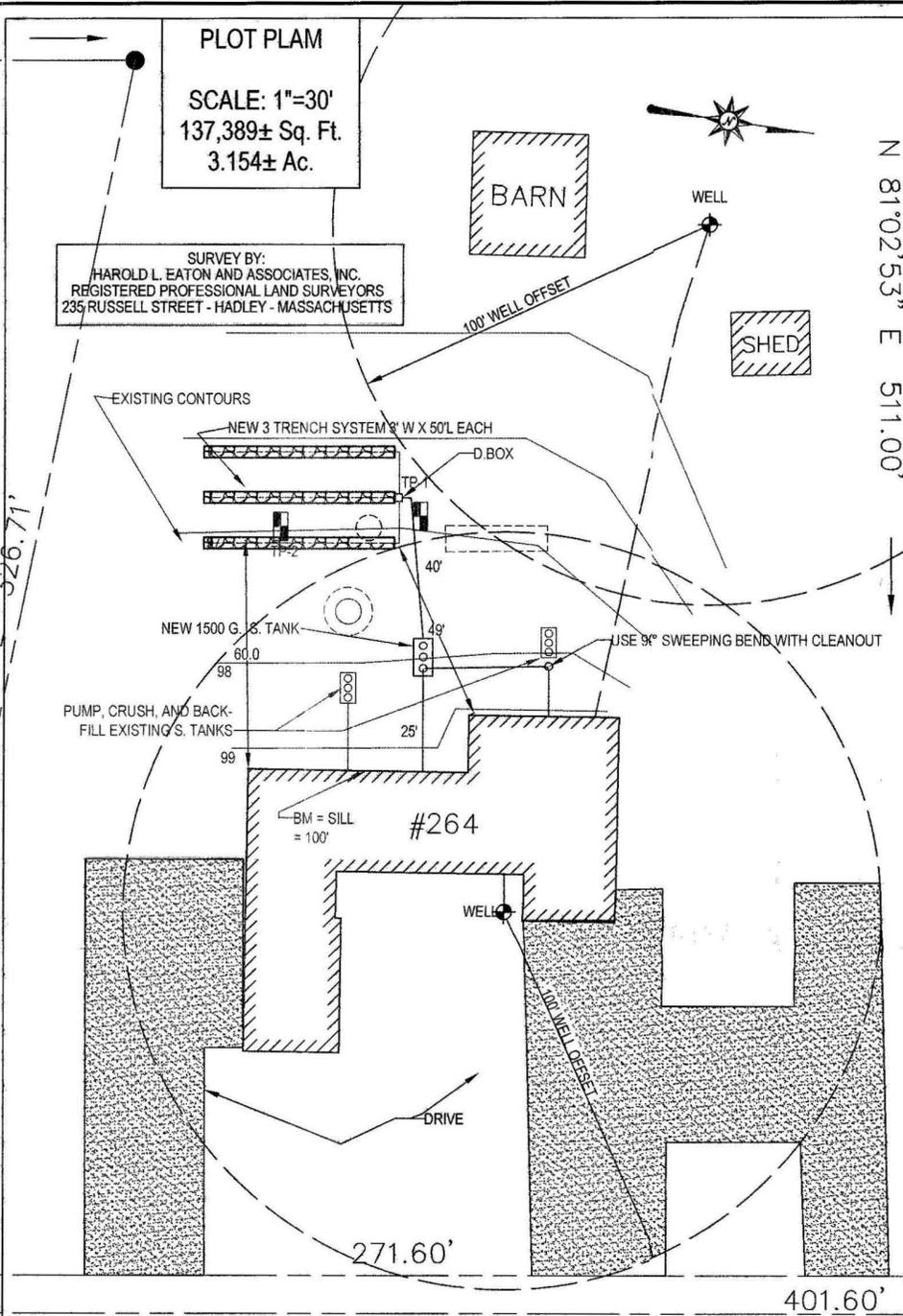
413-323-5957
Telephone Number



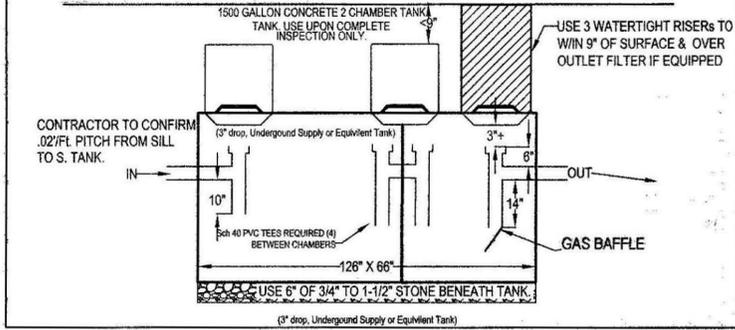
PLOT PLAM

SCALE: 1"=30'
137,389± Sq. Ft.
3.154± Ac.

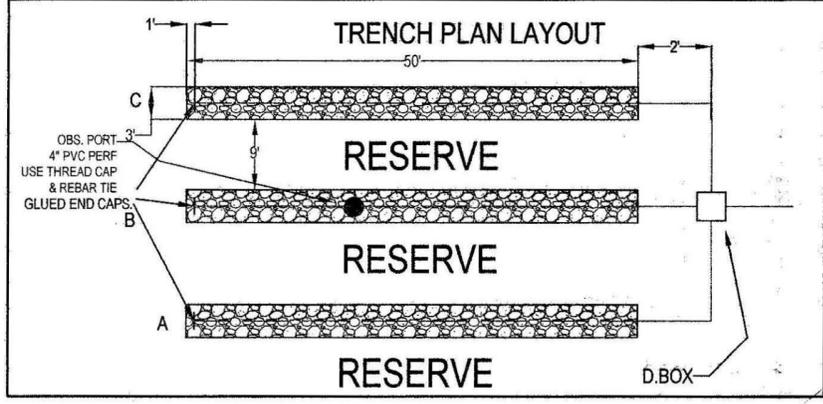
SURVEY BY:
HAROLD L. EATON AND ASSOCIATES, INC.
REGISTERED PROFESSIONAL LAND SURVEYORS
235 RUSSELL STREET - HADLEY - MASSACHUSETTS



TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.



TRENCH PLAN LAYOUT



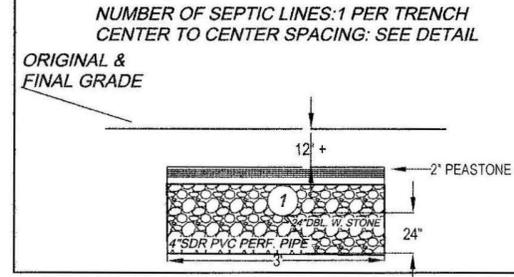
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- 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.
- 5.) CLEAN TANK OUTLET FILTER ANNUALLY IF PRESENT

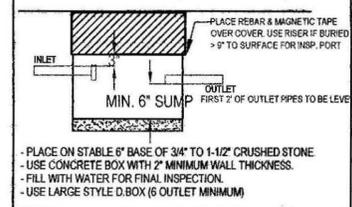
2006 SEPTIC PLAN ADDENDUM

- DUE TO LATE REGULATION CHANGES 4-22-2006**
ALL NEW SYSTEMS MUST:
- 1.) INSTALL PVC RISERS OVER D. BOX'S BURIED DEEPER THAN 9" AND PLACE IRON REBAR ON TOP.
 - 2.) HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH SCREW RISER TO 3" OF SURFACE, MARKED WITH REBAR. ALL OPENINGS & COMPONENTS marked with magnetic tape.
 - 3.) HAVE PERFORATIONS IN BED AT 4 AND 8 O-CLOCK POSITIONS. NOTE: THESE ARE NEW STATE REGULATION REQUIREMENTS (4-22-06), NOT NECESSARILY THE OPINION OF THE DESIGNER.

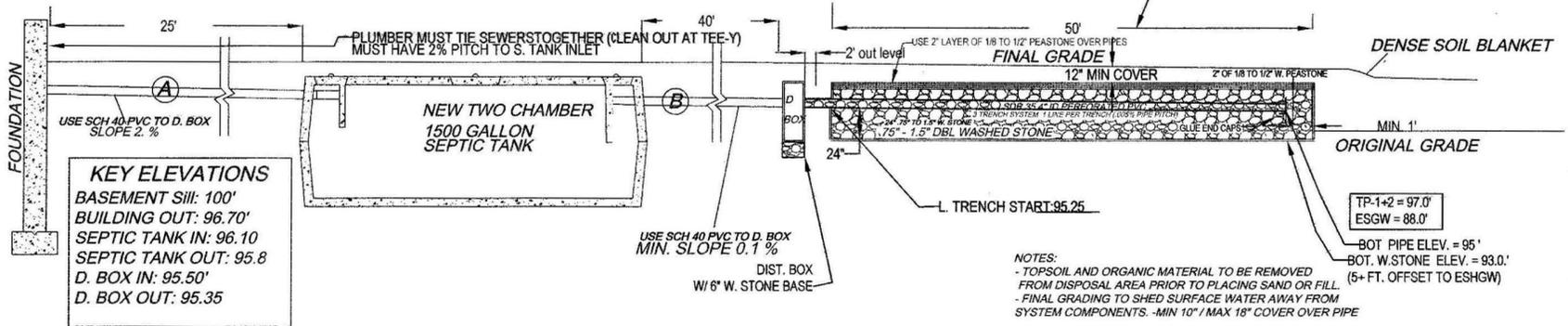
EFFLUENT DISPOSAL AREA CROSS SECTION - NOT TO SCALE (LEVEL DISPOSAL AREA)



TYPICAL D.BOX (WATERTIGHT)



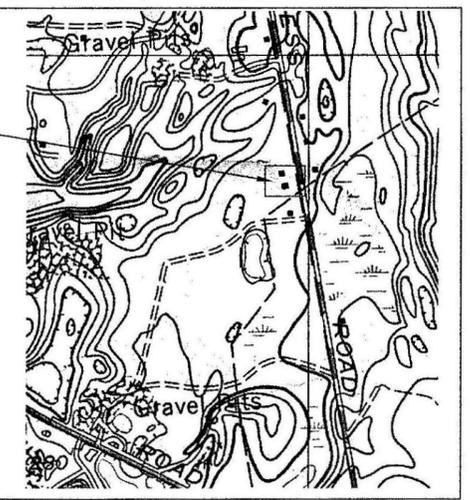
EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



KEY ELEVATIONS
BASEMENT SILL: 100'
BUILDING OUT: 96.70'
SEPTIC TANK IN: 96.10'
SEPTIC TANK OUT: 95.8'
D. BOX IN: 95.50'
D. BOX OUT: 95.35

NOTES:
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.
- FINAL GRADING TO SHED SURFACE WATER AWAY FROM SYSTEM COMPONENTS. MIN 10" / MAX 18" COVER OVER PIPE

SUBJECT SITE LOCATION



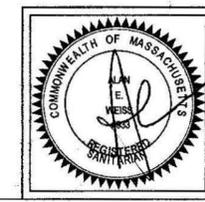
DESIGN NOTES AND CALCULATIONS:

- 1.) 6 BEDROOM design (2 family) = 660 GPD. REQUIRED
- Use Three trenches: 3' WIDE X 45' LONG WITH 24" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT
- BOTTOM AREA: 3' W X 50' L x (3 trenches) = 450 SF.
- SIDE AREA: 1.5' ht. X 50' L X 2 sides X (3 trenches) = 450 SF.
- END AREA: 1.5' HT. X 3' W X 2 ENDS X (3 TRENCHES) = 27 SF.
- TOTAL AREA: 927 SF X .74 GAL/SF = 686 GPD
3. GARBAGE DISPOSAL. NOT ALLOWED, TO BE REMOVED.....
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 150 FEET OF SAS
6. USE NEW DOUBLE CHAMBER 1,500 GAL 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.
8. USE APPROVED (1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
- CONFIRM STONE PROPERLY WASHED (WITH BUCKET / H2O TEST) PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AREA AS NOTED... REQUIRED.
11. SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
13. USE TRENCHES DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
14. USE 2% MIN. SLOPE (OVER SAS)
- CLEAR TOP AND SLUB TO 28" MIN. AS NEEDED (INSPECTION REQUIRED).
- CLEAR PAST BASE OF B (MIN. 28") & SCARIFY UNDER BED PRIOR TO TITL V SAND PLACEMENT.
- EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
15. SOIL EVALUATION BY A. WEISS, RS. 5/23/08 (E. BOKINA, BOH AGENT).
- DEPTH OF PERC. 52"
- PERC RATE = <2 MIN / IN
- CLASS 1 SOIL RATING (SAND)
16. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
17. ENGINEER TO INSPECT SUBGRADE, Town and Engineer to inspect FINAL.
18. BM=100.00 @ (SILL), CONFIRM PROPER PIPE SLOPES
- USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
21. USE OBSERVATION I/P ORT 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

TEST PIT LOG:

SOIL EVALUATOR: A. WEISS, RS				DATE OF EVALUATION: 05.23.2008					
TP-1 EFF. ELEV: 97.0'				TP-2 EFF. ELEV:					
DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):	MATERIAL:	DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):	MATERIAL:
0-12	A	FSL	110 YR 3/3	FRIABLE	0-14	A	FSL	10 YR 3/3	FRIABLE
12-26	Bw	LS	10 YR 5/6	FRIABLE LOOSE	14-40	Bw	LS	10 YR 5/6	FRIABLE
26-108	C1	S	10 YR 4/6	C. SAND AND GRAVEL	40-120	C1	S	10 YR 4/6	C SAND AND GRAVEL
108-120	C2	LS	2.5 Y 4/3	F. SAND					
OXIDES:				obs. at 108" = 88'	OXIDES:				120"+
EHWT:				108"+	EHWT:				120"+
STANDING H2O:				INOT OBSERVED	STANDING H2O:				NOT OBSERVED
WEEPING:				INOT OBSERVED	WEEPING:				NOT OBSERVED
BEDROCK:				120"+	BEDROCK:				120"+

REVISED



SEPTIC SYSTEM UPGRADE PLAN FOR KAZUAKI YOSHIMOTO
264 HARKNESS ROAD (2 FAMILY UPGRADE, 6 BEDROOMS)
AMHERST, MA.

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

PH. NO: (413) 323-5957
FAX: (413) 323-4916
e-Mail: ACEWESS@charter.net

DATE: 6/10/08
SCALE: 1"=30'

DRAWN BY: ALAN WEISS
REVISED: 09.09.2008
DRAWING NUMBER: 108-2977-0522

ATTENTION INSTALLER!
CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 10 - 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.

Handwritten signature and date: 10-07-08



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

COPY

246 Harkness Road, 3 BR house system (older)

Property Address

Kazuaki Yoshimoto

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2008

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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



A. General Information

1. Inspector:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority


Inspector's Signature

05.22.2008

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**





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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / *always* complete all of Section D

A) System Passes:

- I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

Dry well is falling apart (brittle) 50yrs +/- old, septic covers are sealed-corroded to tank.

B) System Conditionally Passes:

- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y, N, ND) in the for the following statements. If "not determined," please explain.

- The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

broken pipe(s) are replaced

obstruction is removed





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- distribution box is leveled or replaced

ND Explain:

- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced

- obstruction is removed

ND Explain:

C) Further Evaluation is Required by the Board of Health:

- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

- Cesspool or privy is within 50 feet of a surface water

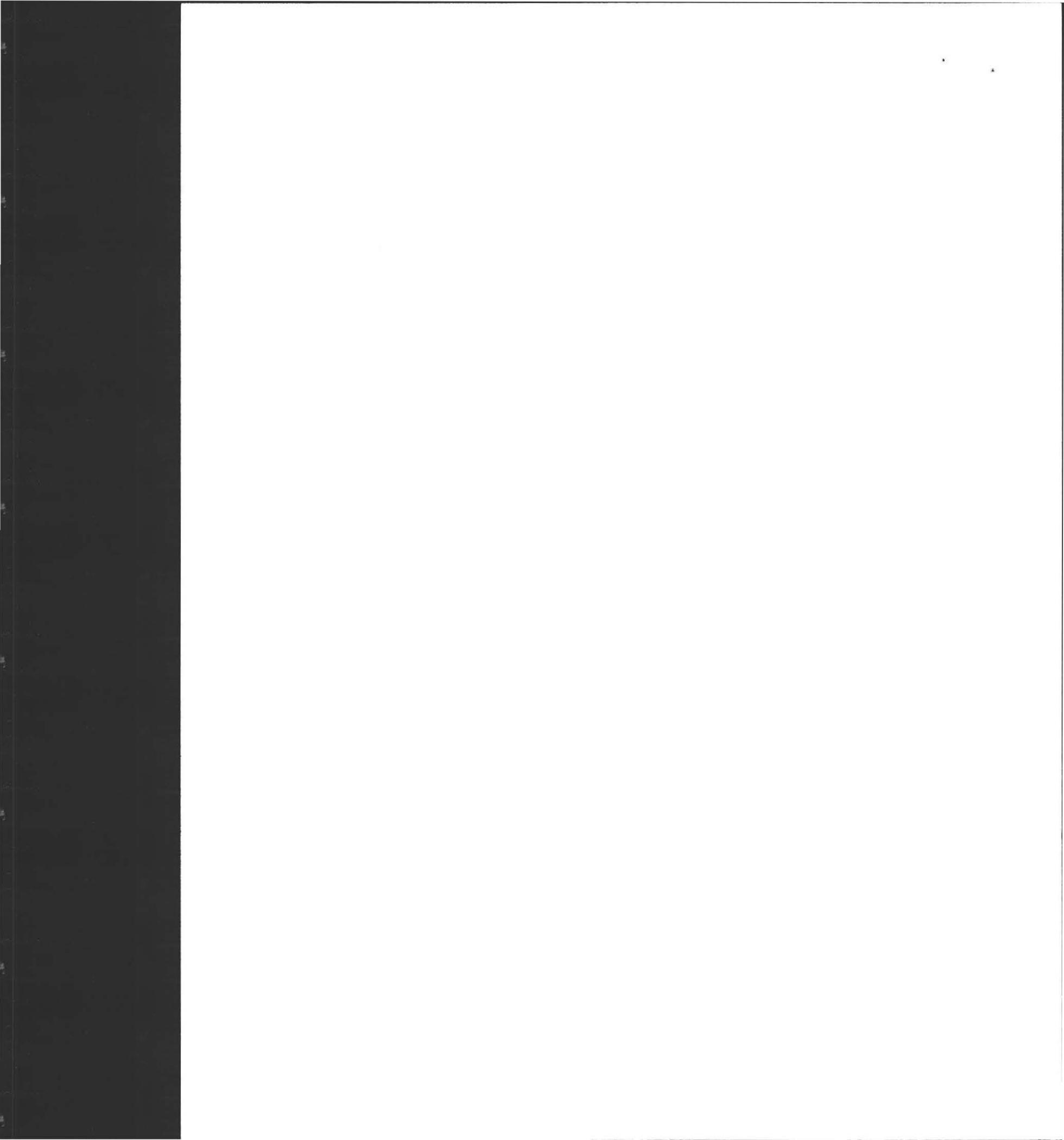
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.





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B. Certification (cont.)

C) Further Evaluation is Required by the Board of Health (cont.):

- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

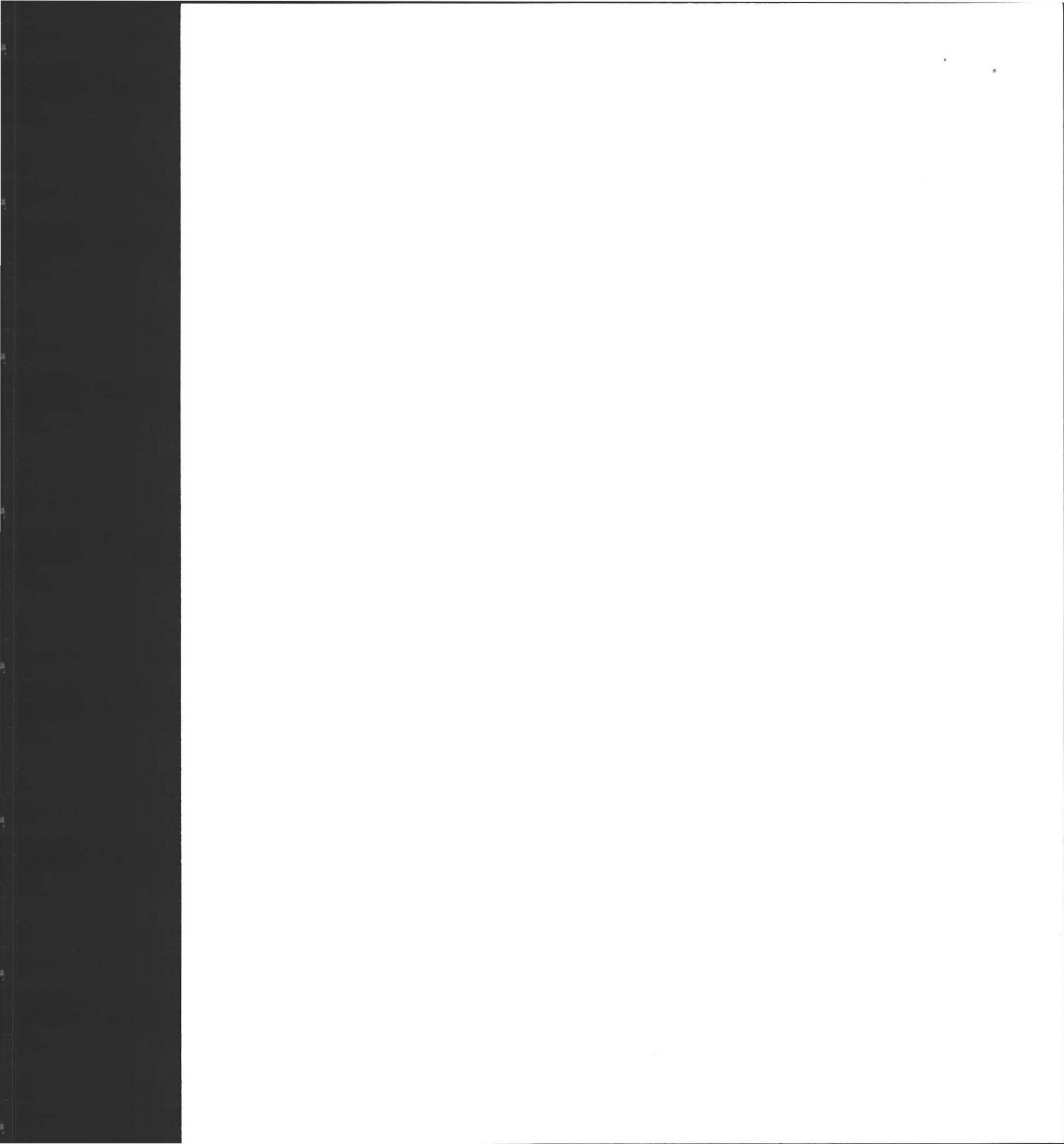
** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |





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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.





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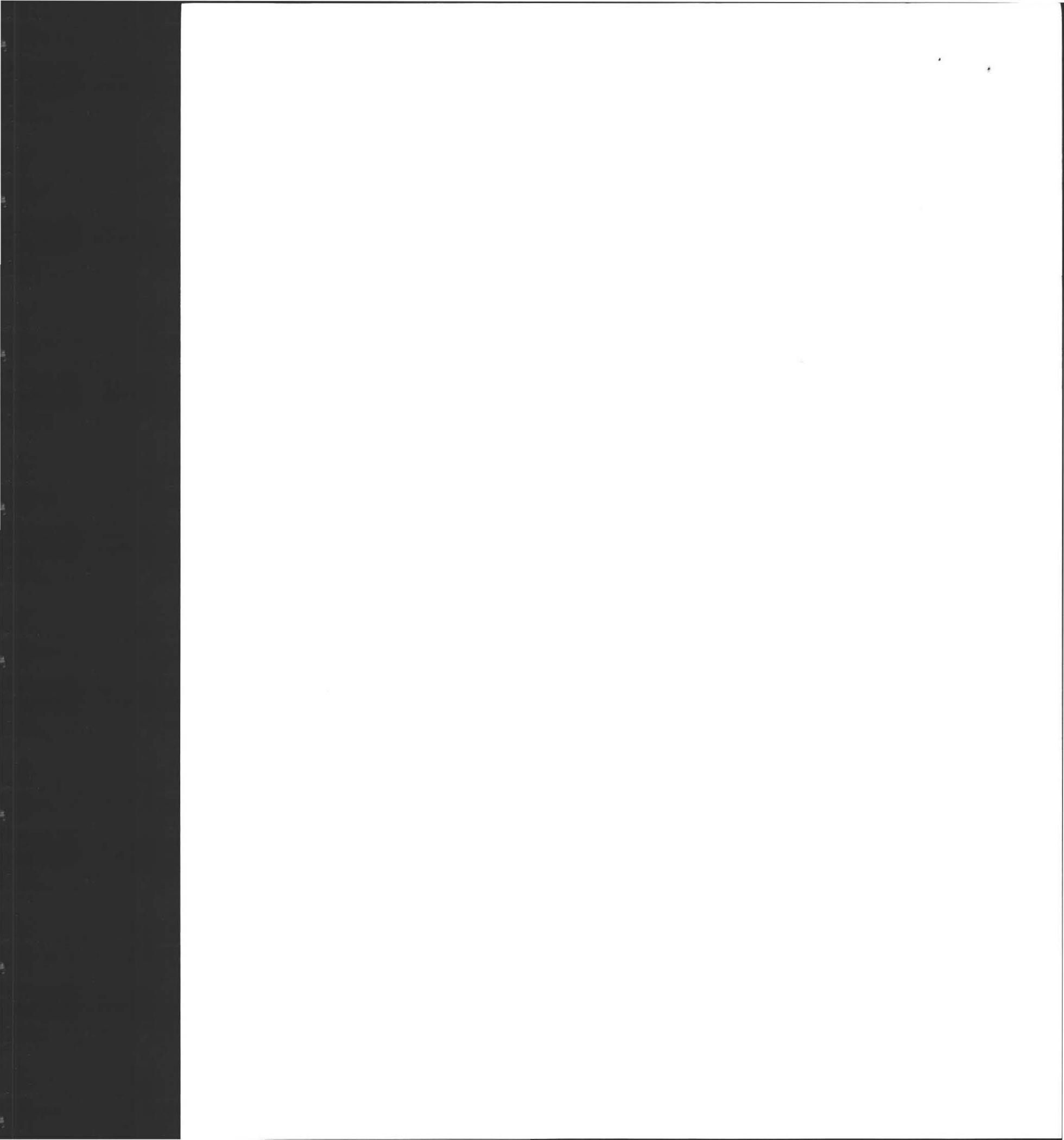
C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? |

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

246 Harkness Road, 3 BR house system (older)

Property Address

Kazuaki Yoshimoto

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2008

Date of Inspection

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____

Number of current residents: 2

Does residence have a garbage grinder? Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump? Yes No

Last date of occupancy: 1 mos.
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A
Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): N/A

Grease trap present? Yes No

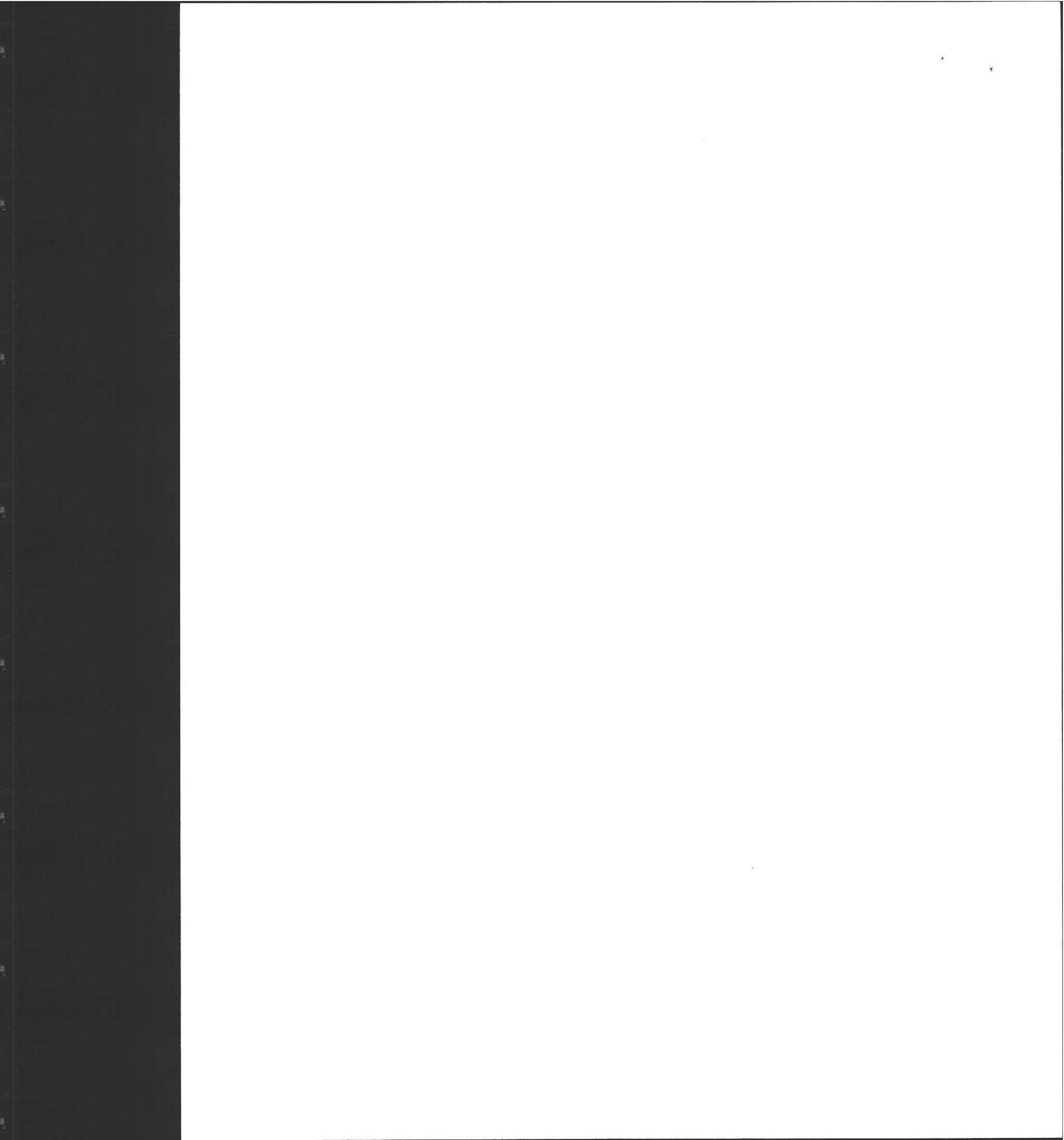
Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: N/A

Last date of occupancy/use: N/A
Date

Other (describe): N/A





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

Property Address

Kazuaki Yoshimoto

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

General Information

Pumping Records:

Source of information:

Owner: (4 yrs since pumped.)

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1000 g
gallons

How was quantity pumped determined?

pumper

Reason for pumping:

T-5

Type of System:

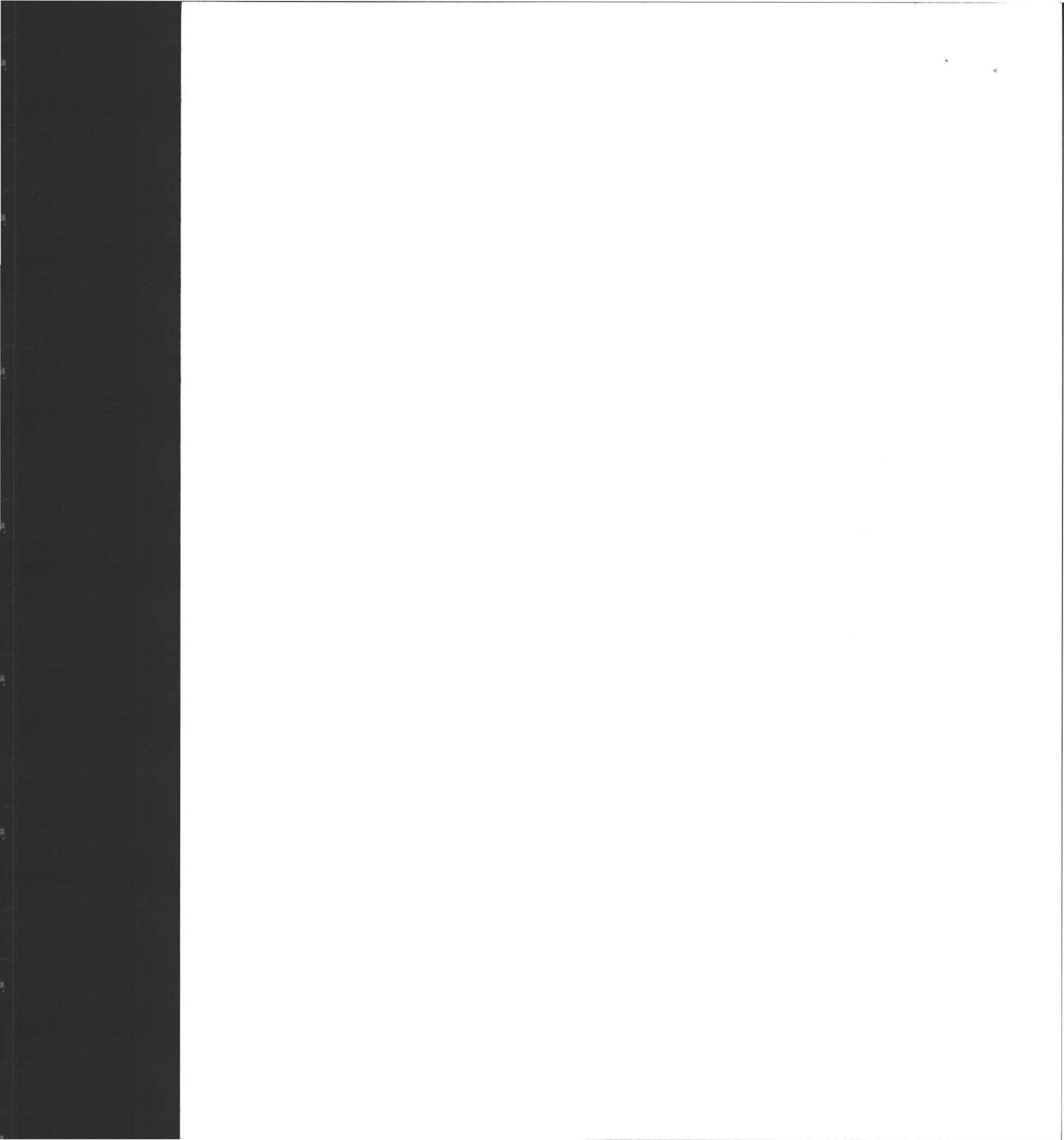
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):

Approximate age of all components, date installed (if known) and source of information:

S. tank 50 + years & crumbling, top caved in on excavation. (unsafe, dry well filled) perc scheduled with Health Dept. 05.24.2008

Were sewage odors detected when arriving at the site?

Yes No





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

Property Address

Kazuaki Yoshimoto

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1'

feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

10'

feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Septic Tank (locate on site plan):

Depth below grade:

1.2'

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes

No

Dimensions:

8.5'X4.5'X4.5'

Sludge depth:

2"

Distance from top of sludge to bottom of outlet tee or baffle

46"

Scum thickness

2"

Distance from top of scum to top of outlet tee or baffle

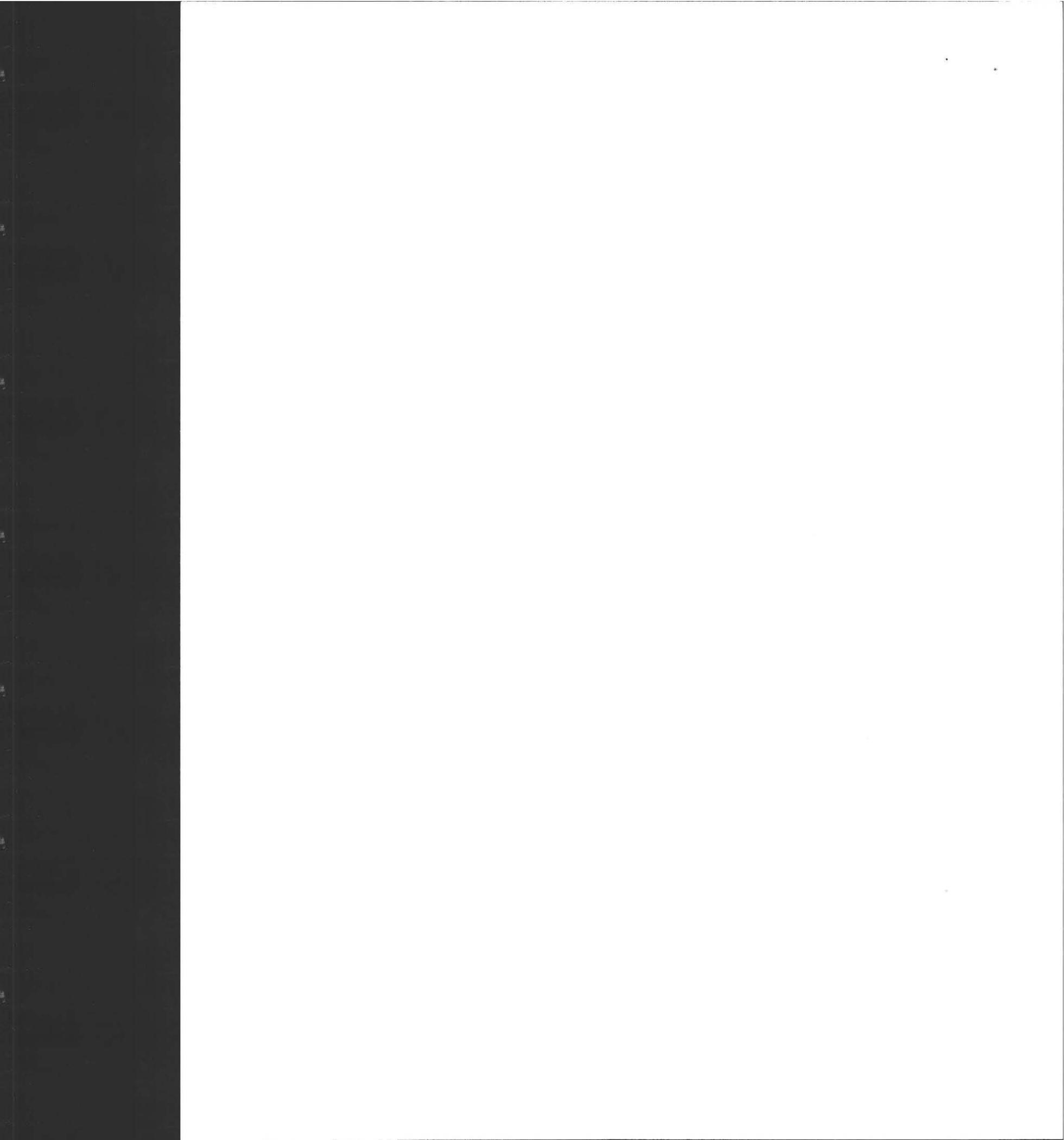
6"

Distance from bottom of scum to bottom of outlet tee or baffle

12"

How were dimensions determined?

Measured





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

Property Address

Kazuaki Yoshimoto

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tank levels ok Structural integrity weak (baffles in place),

Grease Trap (locate on site plan):

Depth below grade:

N/A

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

N/A

Scum thickness

N/A

Distance from top of scum to top of outlet tee or baffle

N/A

Distance from bottom of scum to bottom of outlet tee or baffle

N/A

Date of last pumping:

N/A

Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

N/A

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

N/A

Material of construction:

concrete

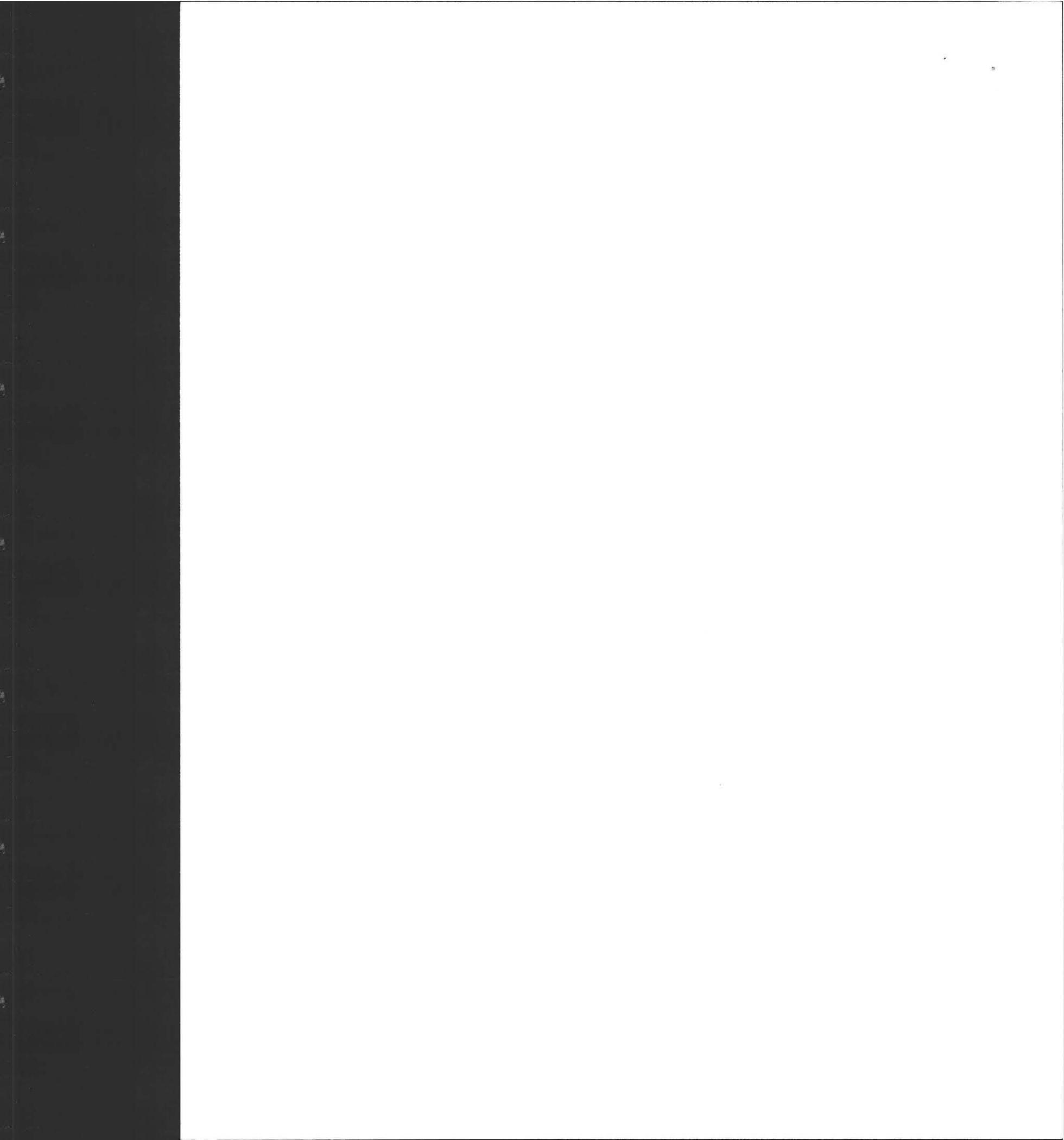
metal

fiberglass

polyethylene

other (explain):

N/A





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

Property Address

Kazuaki Yoshimoto

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions: N/A

Capacity: N/A
gallons

Design Flow: N/A
gallons per day

Alarm present: Yes No

Alarm level: N/A Alarm in working order: Yes No

Date of last pumping: N/A
Date

Comments (condition of alarm and float switches, etc.):
N/A

* Attach copy of current pumping contract (required). Is copy attached? Yes No

Distribution Box (if present must be opened) (locate on site plan):

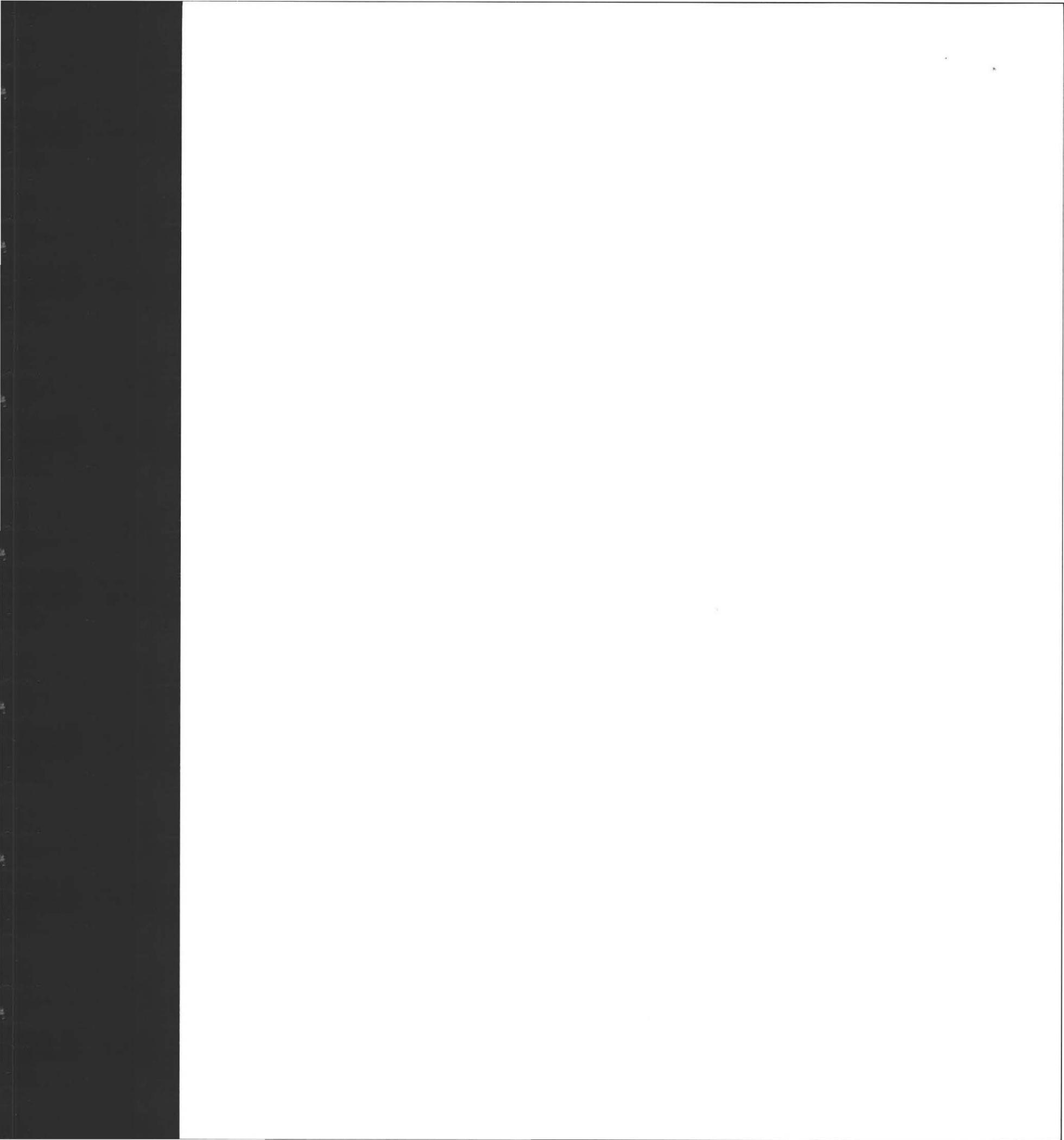
Depth of liquid level above outlet invert _____

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Pump Chamber (locate on site plan):

Pumps in working order: Yes No

Alarms in working order: Yes No





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

Property Address

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Owner's Name

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City/Town

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State

01002

Zip Code

05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Dry well 5' diam caving in , block built dry well from 1962

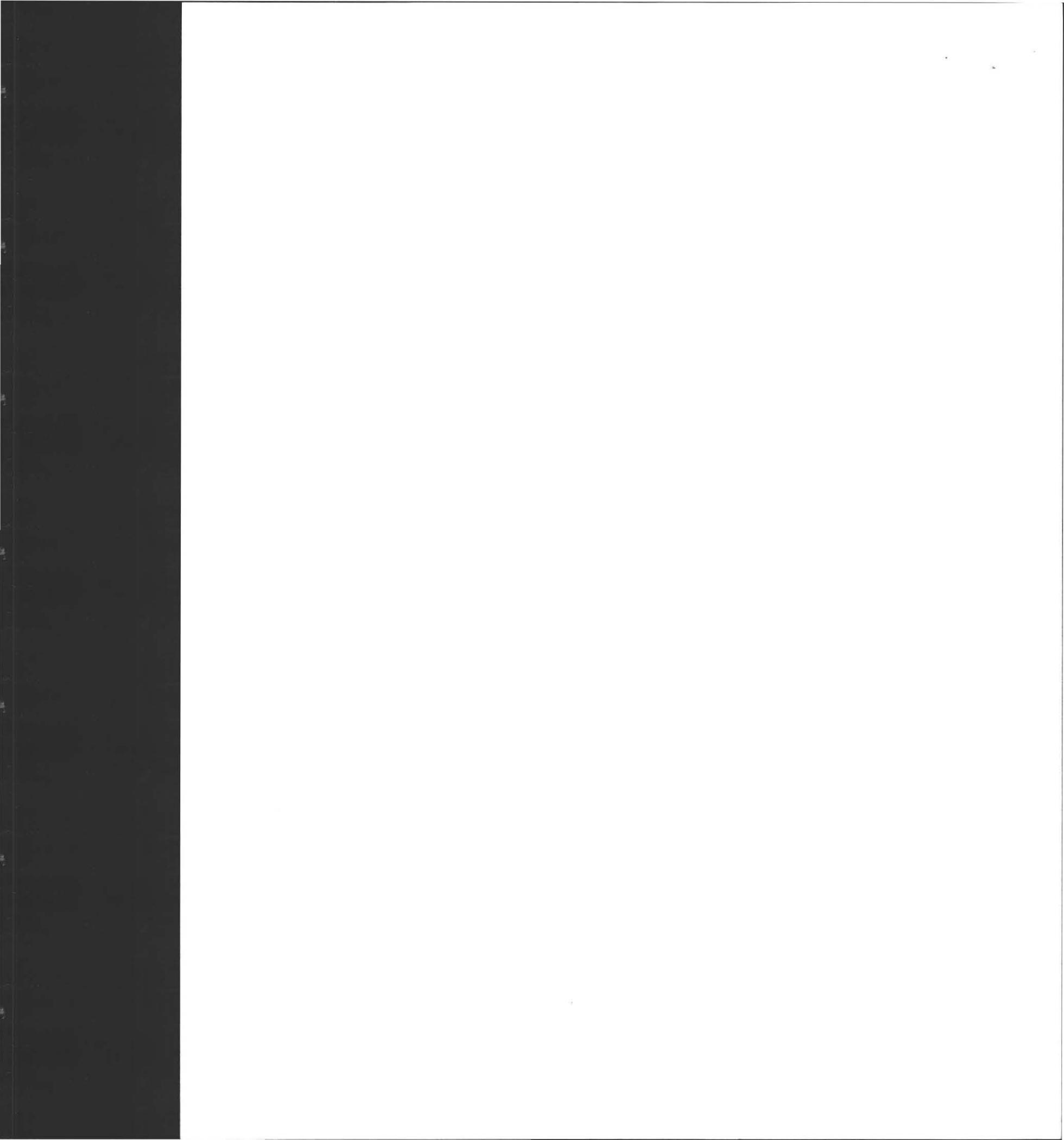
Type:

- leaching pits number: 1 @ 5'
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: _____
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Dry well weak and caving, unsafe, system backfilled.





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

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MA

State

01002

Zip Code

05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

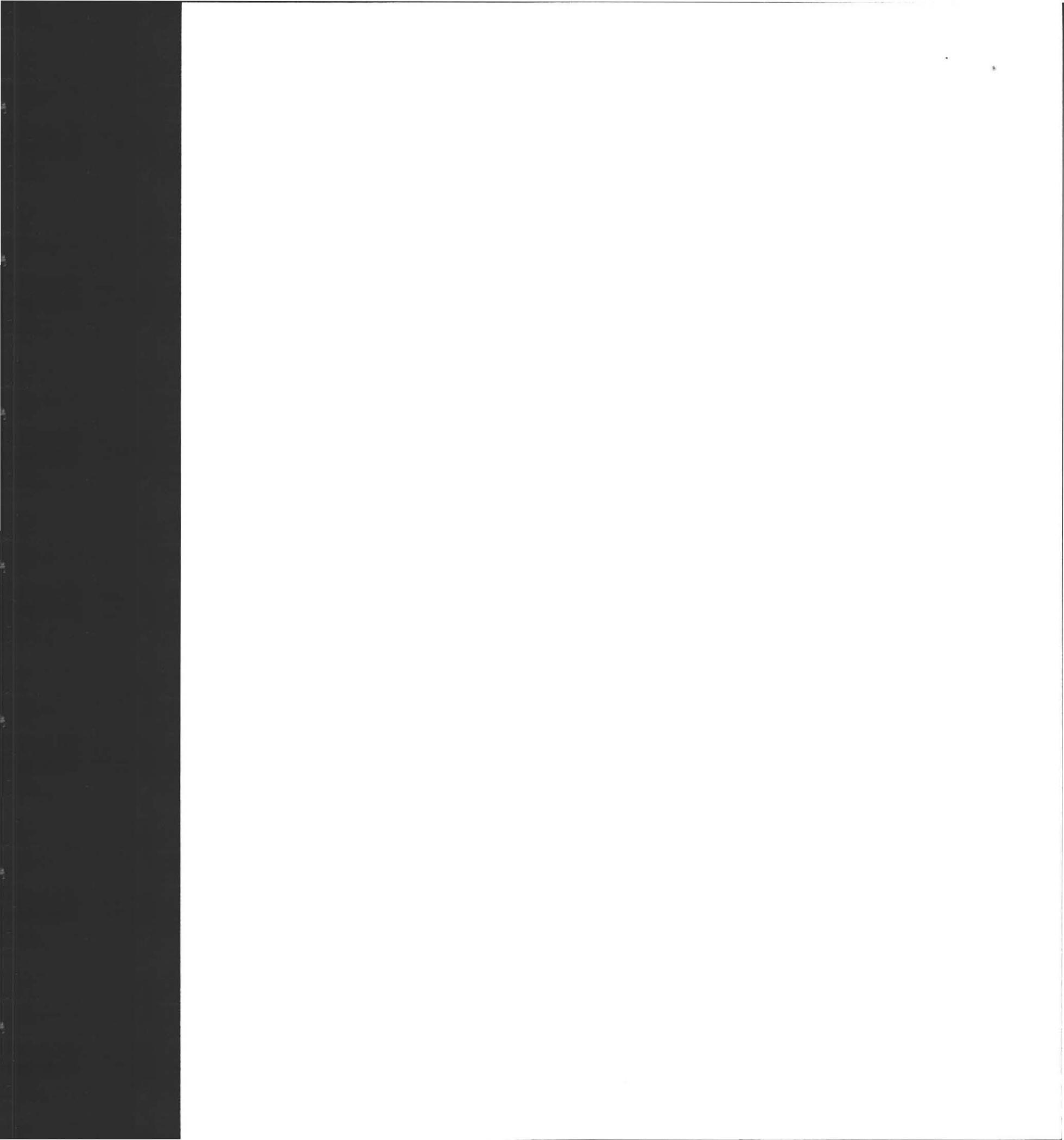
N/A

Depth of solids

N/A

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

N/A





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

Property Address

Kazuaki Yoshimoto

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

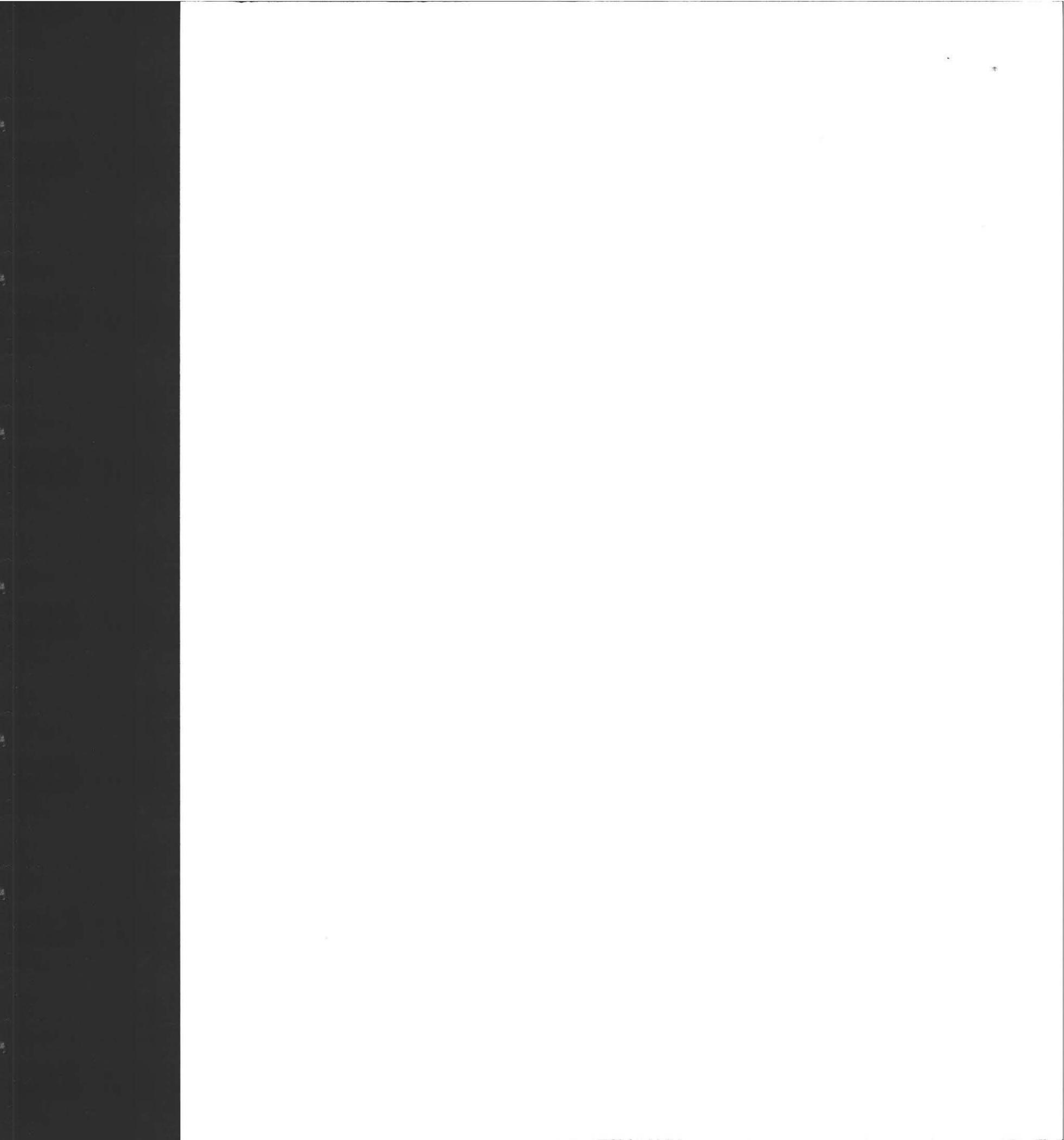
05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.





Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

246 Harkness Road, 3 BR house system (older)

Property Address

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05.22.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

10' (records,)
feet

Please indicate all methods used to determine the high ground water elevation:

Obtained from system design plans on record

If checked, date of design plan reviewed: n/A
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

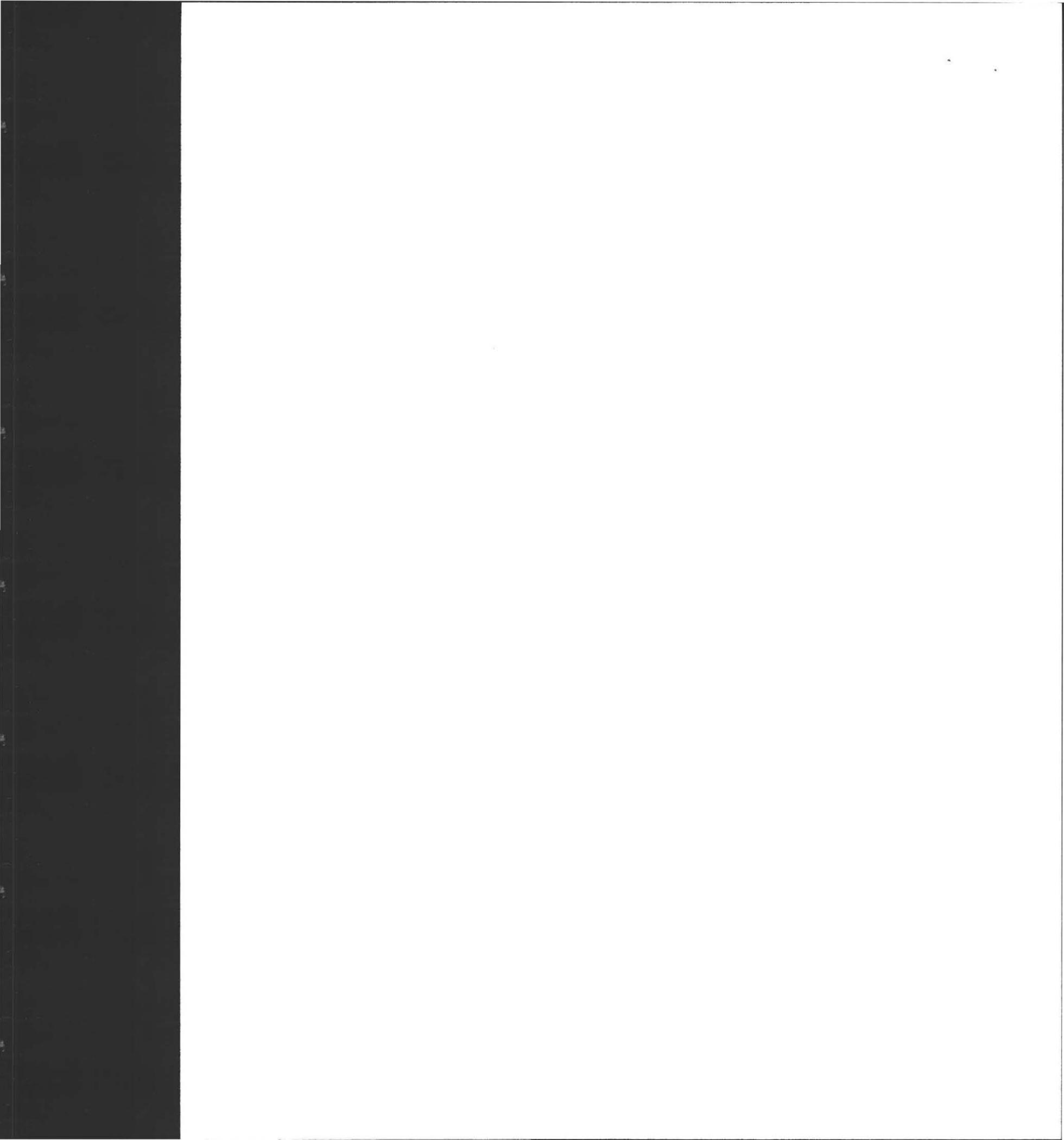
Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

work nearby and records from 1998.



Cold Spring Environmental, Inc

350 Old Enfield Road
Belchertown, MA 01007

Phone #: (413) 323-5957 Fax #: (413) 323-4916
email: Aeweiss@charter.net

Invoice:

Date	Invoice #
5/21/2008	108-2977

Bill To:

Kazuak Yoshimoto
Sunbow 5 Foundation Inc.
264 Harkness Road
Pelham Road

Site Location:

Payment Terms:

Project #:

Due on Receipt

<u>Quantity</u>	<u>Description</u>	<u>Rate</u>	<u>Amount</u>
2	Inspect Septic System, Measure Levels and Locations & File a Report.	295.00	590.00
	Discount	-100.00	-100.00

Phone #

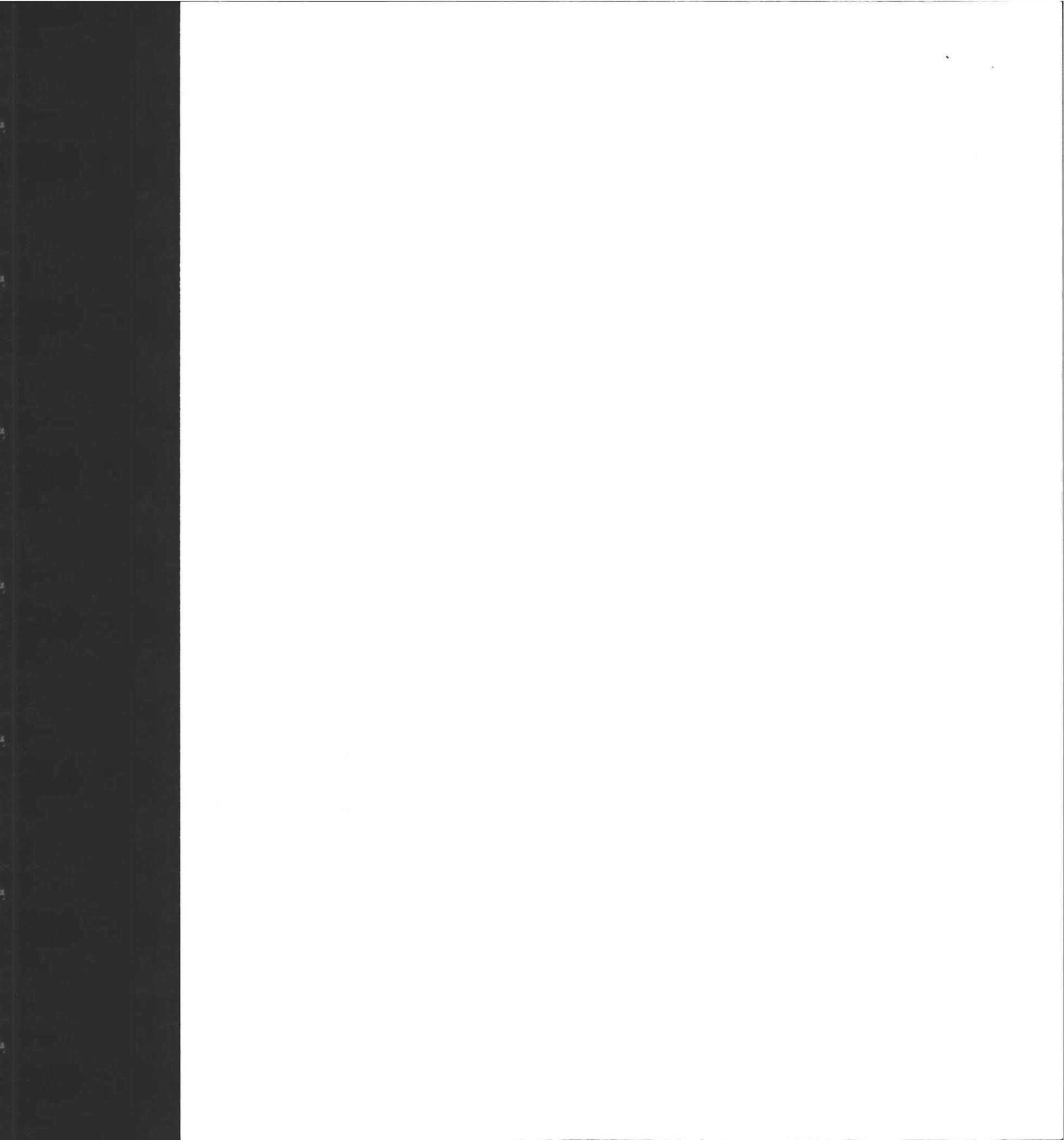
Fax #

413-323-5957

413-323-4916

Total Due:

\$490.00



Cold Spring Environmental, Inc

350 Old Enfield Road
Belchertown, MA 01007

Phone #: (413) 323-5957 Fax #: (413) 323-4916
email: Aeweiss@charter.net

Invoice:

Date	Invoice #
5/21/2008	108-2977

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Kazuak Yoshimoto
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Project #:

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Quantity	Description	Rate	Amount
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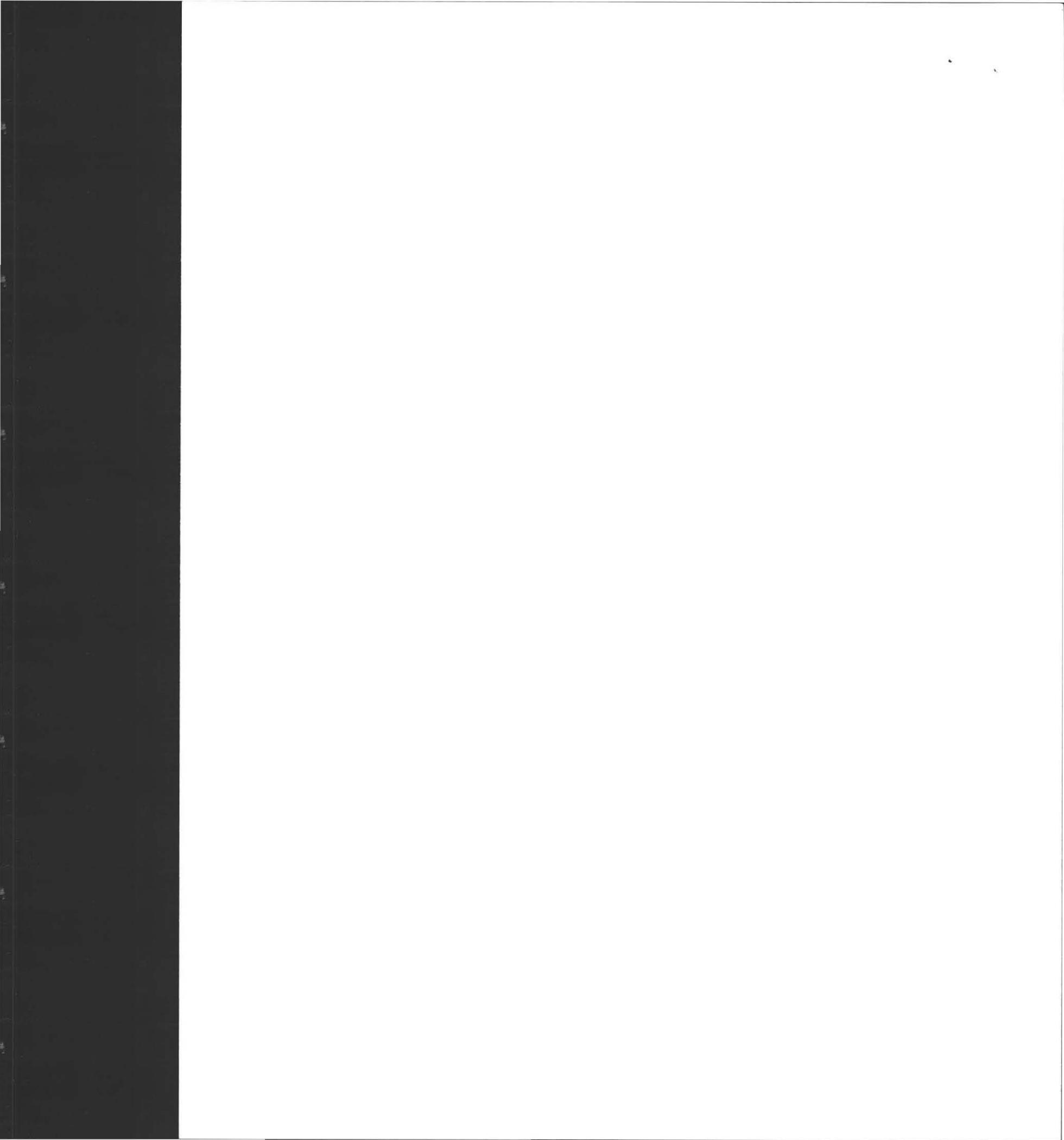
Phone #

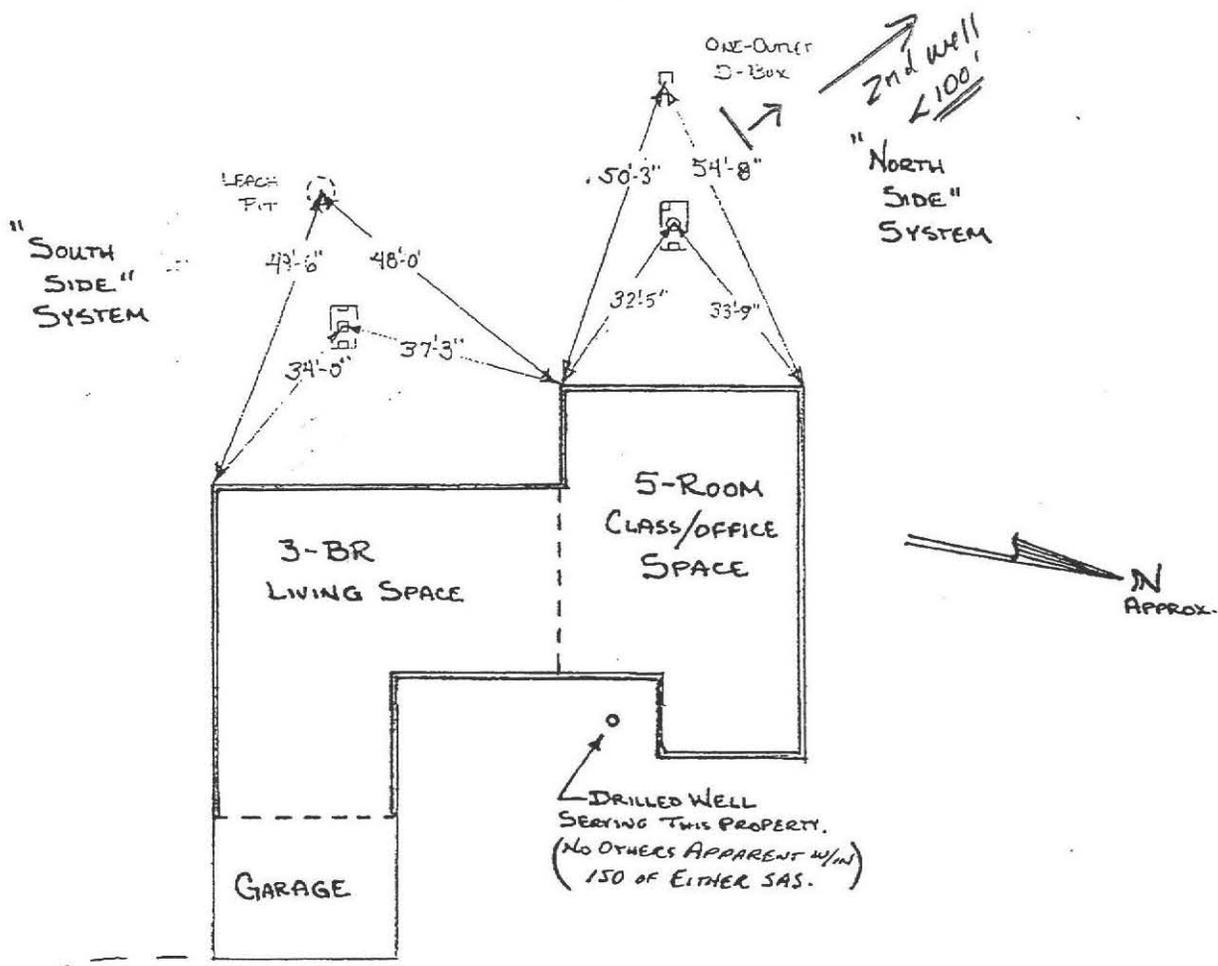
Fax #

413-323-5957

413-323-4916

Total Due: \$490.00





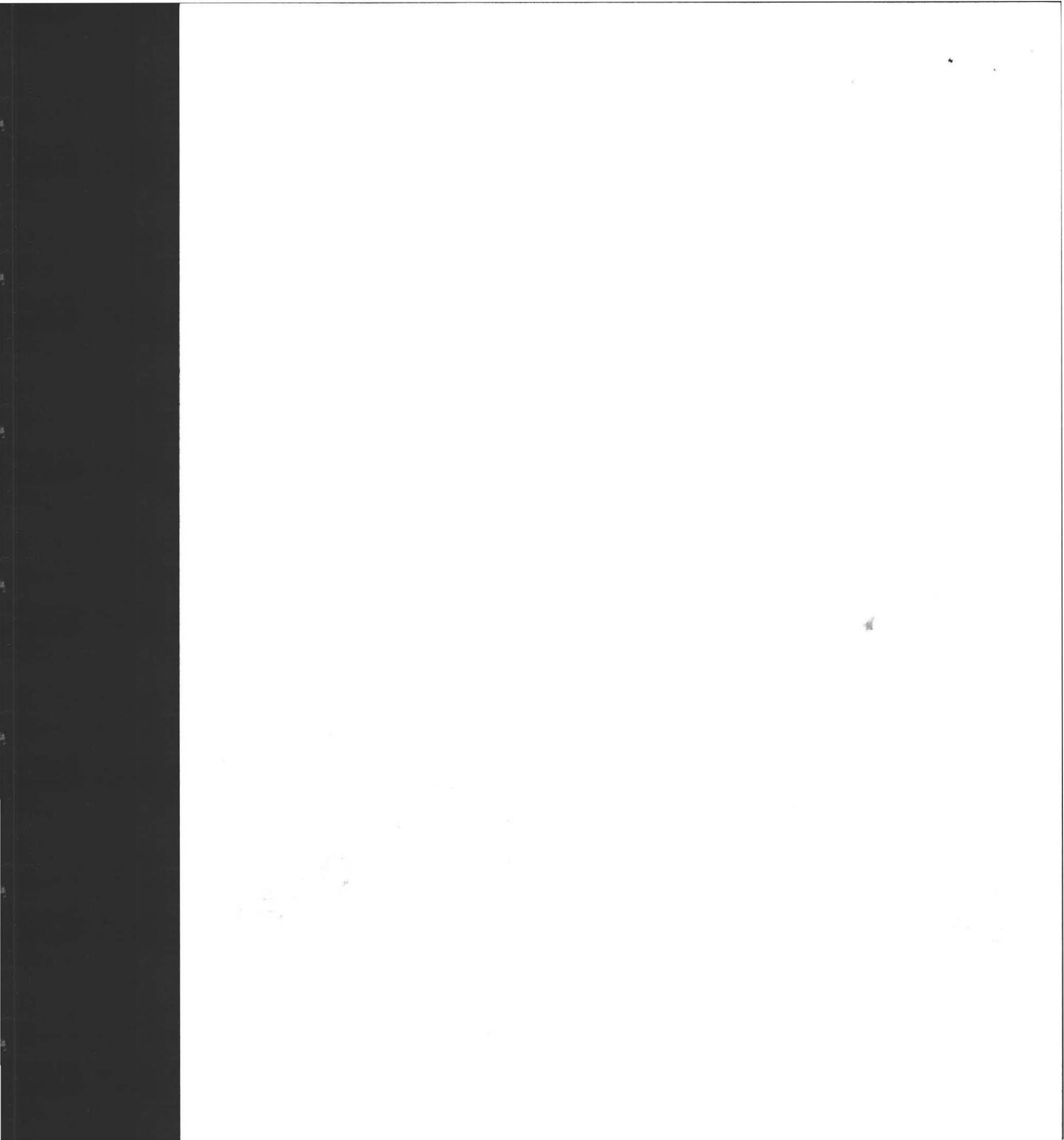
SEPTIC SYSTEM LOCATION SKETCH
 AT 264 HARKNESS RD. AMHERST
 FOR WID LYMAN
 BY RICHARD SCOTT, P.E.
 DATE 9-5-98 SCALE 1" = 30'

HARKNESS ROAD

Fax: 413-323-4916

COLD SPRING ENVIRONMENTAL, INC.
 350 OLD ENFIELD RD.
 BELCHERTOWN, MA 01007
 ALAN E. WEISS, RS #933
 PH: 413-323-5457

aweiss@charter.net



chk # 104

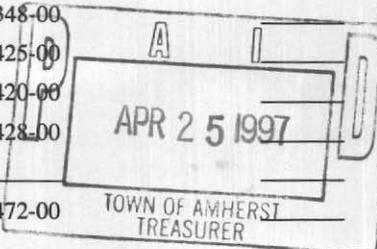
TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

Received of Harkness Road H.S. Vocational of 264 Harkness Road
Name Address

For Property Located at Harkness Road Street Address SAM - ASove Owner

<input type="checkbox"/>	Bakery	01-0-501-4433-00	<input checked="" type="checkbox"/>	Perc Test	100 ⁰⁰	01-0-501-4344-00
<input type="checkbox"/>	Bed & Breakfast	01-0-501-4474-01	<input type="checkbox"/>	Pool		01-0-501-4471-00
<input type="checkbox"/>	Catering	01-0-501-4429-00	<input type="checkbox"/>	Rec. Camp		01-0-501-4424-00
<input type="checkbox"/>	Food Handler	01-0-501-4474-00	<input type="checkbox"/>	Retail Permit		01-0-501-4473-00
<input type="checkbox"/>	Frozen Desserts	01-0-501-4421-00	<input type="checkbox"/>	Sanitary Code Booklet		01-0-501-4380-00
<input type="checkbox"/>	Housing Inspection	01-0-501-4348-00	<input type="checkbox"/>	Septic Installers Permit		01-0-501-4470-01
<input type="checkbox"/>	Massage	01-0-501-4425-00	<input type="checkbox"/>	Septic Private Applications		01-0-501-4470-00
<input type="checkbox"/>	Milk	01-0-501-4420-00	<input type="checkbox"/>	Septic - Reinspection		01-0-501-4345-00
<input type="checkbox"/>	Motel License	01-0-501-4428-00	<input type="checkbox"/>	Sub-Division Rev.		01-0-501-4460-00
<input type="checkbox"/>	Miscellaneous	01-0-501-	<input type="checkbox"/>	Tanning		01-0-501-4434-00
<input type="checkbox"/>	Offal/Garbage	01-0-501-4472-00	<input type="checkbox"/>	Twenty-one D Tickets		01-0-501-4879-00

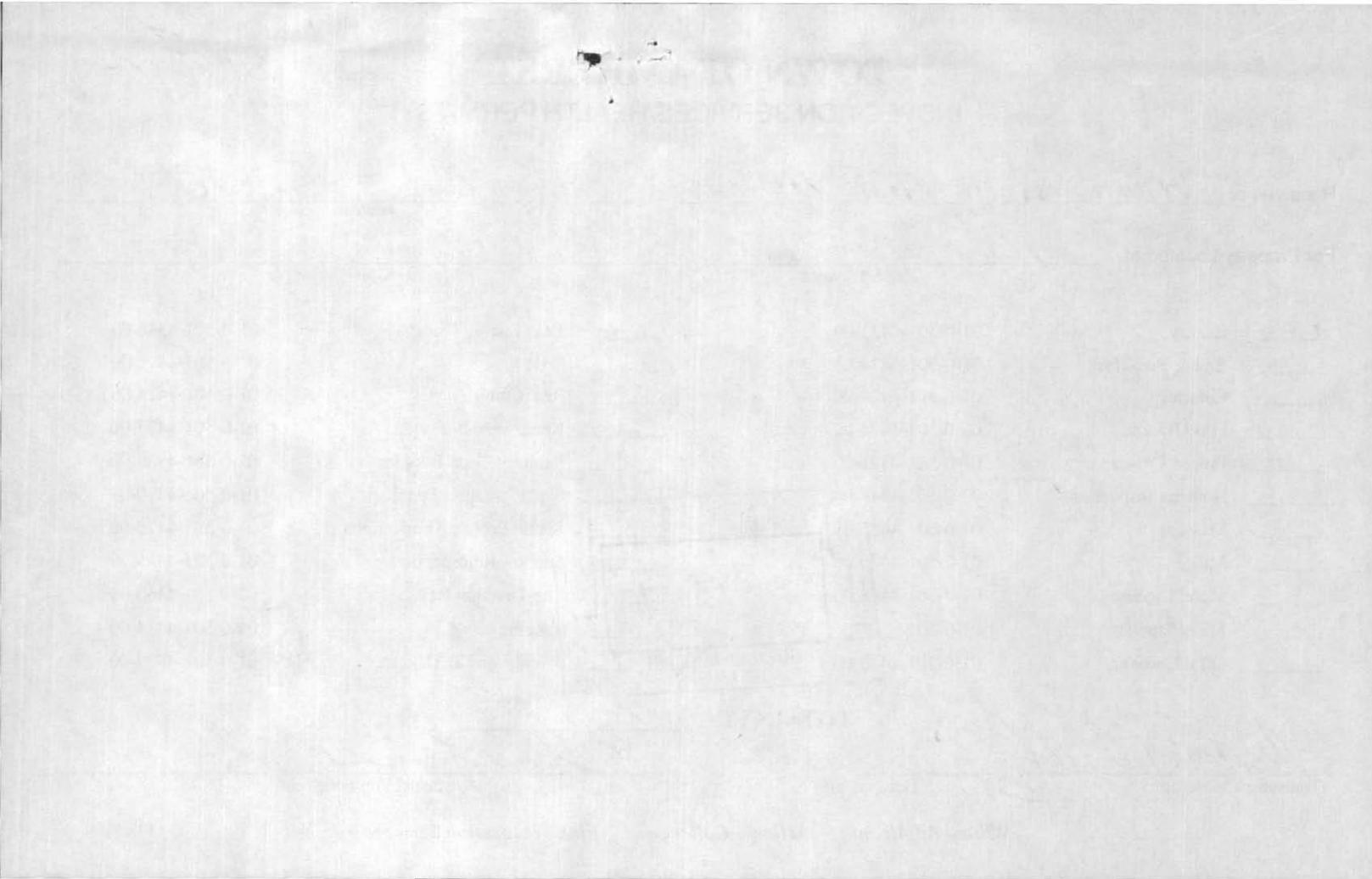


TOTAL FEE: 100⁰⁰

Norma J. Lynch
Treasurer/Collector 3 Date

David Fitzgerald Jr.
Inspection Services

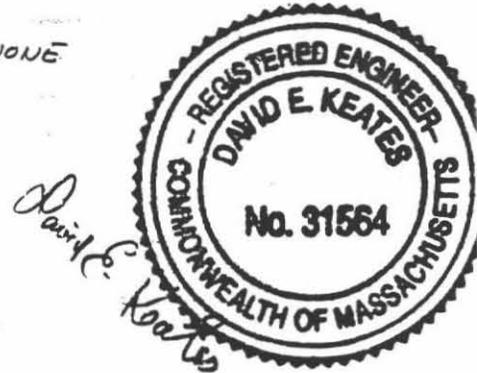
White - Applicant Yellow - Collector Pink - Inspection Services



Location Address or Lot No. WID LYMAN
LOT 31
HARKNESS ROAD
AMHERST, MA

On-site Review

Deep Hole Number 1 Date: 4/28/97 Time: 9:00 Weather OVERCAST / RAIN
 Location (identify on site plan)
 Land Use YARD Slope (%) 2 Surface Stones NONE
 Vegetation GRASS
 Landform TERRACE
 Position on landscape (sketch on the back)
 Distances from:
 Open Water Body N/A feet Drainage way N/A feet
 Possible Wet Area N/A feet Property Line 50 feet
 Drinking Water Well > 150 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)
0-10	Ap	LOAMY SAND	10YR 3/3	NONE	
10-18	Bw	GRAVELLY LOAMY SAND	10YR 5/6	NONE	15% GRAVEL
18-132	C	GRAVELLY SAND	2.5Y 5/4	NONE	50% GRAVEL

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH TERRACE Depth to Bedrock: _____
 Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: 10.5'
 Estimated Seasonal High Ground Water: 10.5'



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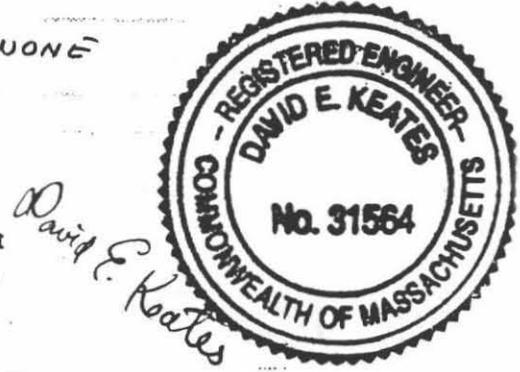
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Location Address or Lot No. WID LYMAN
LOT 31
HARKNESS ROAD
AMHERST, MA

On-site Review

Deep Hole Number 2 Date: 4/28/97 Time: 9:20 Weather CLOUDY / RAIN
 Location (identify on site plan)
 Land Use YARD Slope (%) 2 Surface Stones NONE
 Vegetation GRASS
 Landform TERRACE
 Position on landscape (sketch on the back)
 Distances from:

Open Water Body N/A feet Drainage way N/A feet
 Possible Wet Area N/A feet Property Line 30 feet
 Drinking Water Well >150 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)
<u>0-9</u>	<u>Ap</u>	<u>LOAMY SAND</u>	<u>10YR 3/2</u>	<u>NONE</u>	
<u>9-17</u>	<u>Bw</u>	<u>GRAVELLY LOAMY SAND</u>	<u>10YR 5/6</u>	<u>NONE</u>	<u>20% GRAVEL</u>
<u>17-132</u>	<u>C</u>	<u>GRAVELLY SAND</u>	<u>10YR 5/6</u>	<u>NONE</u>	<u>50% GRAVEL</u>

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH TERRACE Depth to Bedrock: _____
 Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: 9'
 Estimated Seasonal High Ground Water: 9'



WID LYMAN
LOT 31

Location Address or Lot No. HARKNESS ROAD
AMHERST, MA.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole 108 inches
- Depth to soil mottles 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 11/94 (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 David E. Keates Date 4/28/97



David E. Keates

WID LYMAN
LOT 31

Location Address or Lot No. HARKNESS ROAD

COMMONWEALTH OF MASSACHUSETTS

AMHERST, Massachusetts

Percolation Test*		
Date: <u>4/28/97</u>		Time: <u>9:10</u>
Observation Hole #	<u>1</u>	<u>2</u>
Depth of Perc	<u>48"</u>	<u>36"</u>
Start Pre-soak	<u>9:10</u>	<u>9:30</u>
End Pre-soak	<u>9:25</u>	<u>9:45</u>
Time at 12"	<u>24 GALS WATER USED</u>	<u>24 GALS WATER USED</u>
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch	<u>< 2.0</u>	<u>< 2.0</u>

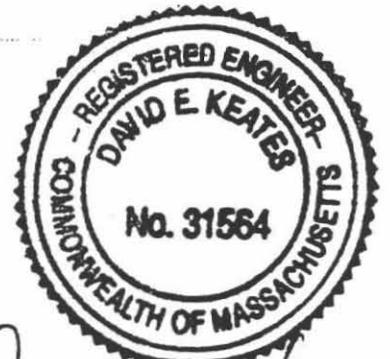
* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed Site Failed

Performed By: DAVID E. KEATES P.E.

Witnessed By: DAVID ZAROZINSKI

Comments: _____



David E. Keates







SCALE
1" = 400'

TOWN OF AMHERST
MAP 18 D

PROJECT PERCOLATION TEST
WID LYMAN
LOT 31
HARKNESS ROAD
AMHERST, MA

Sheet 6 of 9

David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670

SHEET 12

SHEET 16

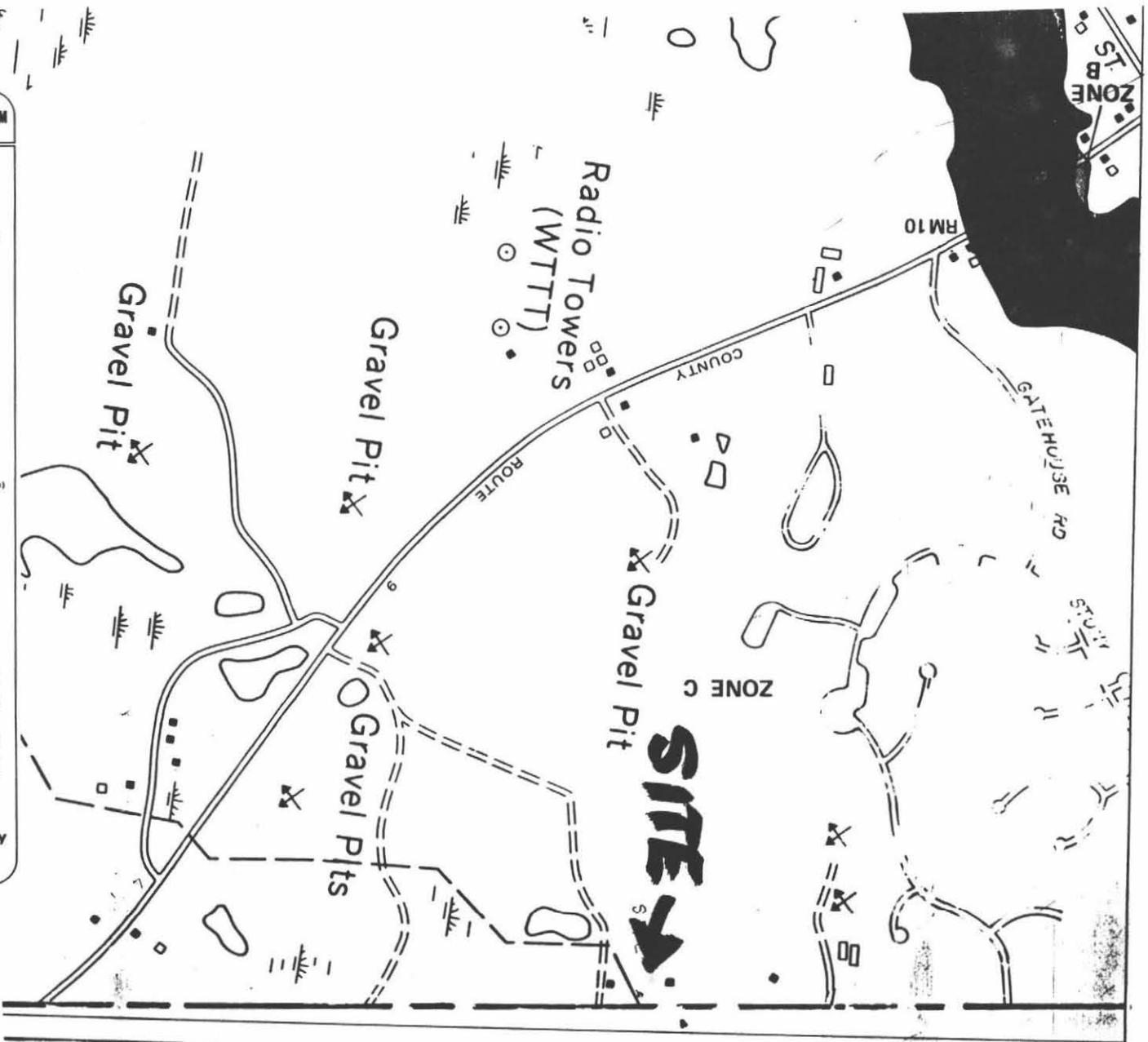


HAMPSHIRE COUNTY SOIL SURVEY
 SHEETS 12 & 16

SITE ON SHEET 12

PROJECT PERCOLATION TEST 4/28/97 Sheet 7 of 9
 WID LYMAN
 LOT 31
 HARKNESS ROAD
 AMHERST, MA.

David E. Keates, P.E.
 Consulting Civil Engineer
 102 Russell Street
 Sunderland, MA 01375
 Tel: 413-665-7670



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

TOWN OF
AMHERST,
MASSACHUSETTS
HAMPSHIRE COUNTY

PANEL 10 OF 10
(SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY-PANEL NUMBER
250156 0010 B

EFFECTIVE DATE:
FEBRUARY 4, 1981

 federal emergency management agency
federal insurance administration

PROJECT REGULATION TEST 4/28/92

Sheet 8 of 9

W/D CYMAN
LOT 3/
HARKNESS ROAD
AMHERST, MA

David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670



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CHK# 103
Pd 100⁰⁰
For Rec

FORM 11 - SOIL EVALUATOR FORM
Page 1 of 3

No. _____

Date: _____

Commonwealth of Massachusetts
, Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: _____ Date: _____
Witnessed By: _____

Location Address or Lot # <i>Amherst RE</i>	Owner's Name, Address, and Telephone # <i>HARNESS ROAD H.S. VOCATIONAL 364 (HARNESS) ROAD 253-9535</i>
New Construction <input checked="" type="checkbox"/> Repair <input 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: _____



Sewage Disposal System

for

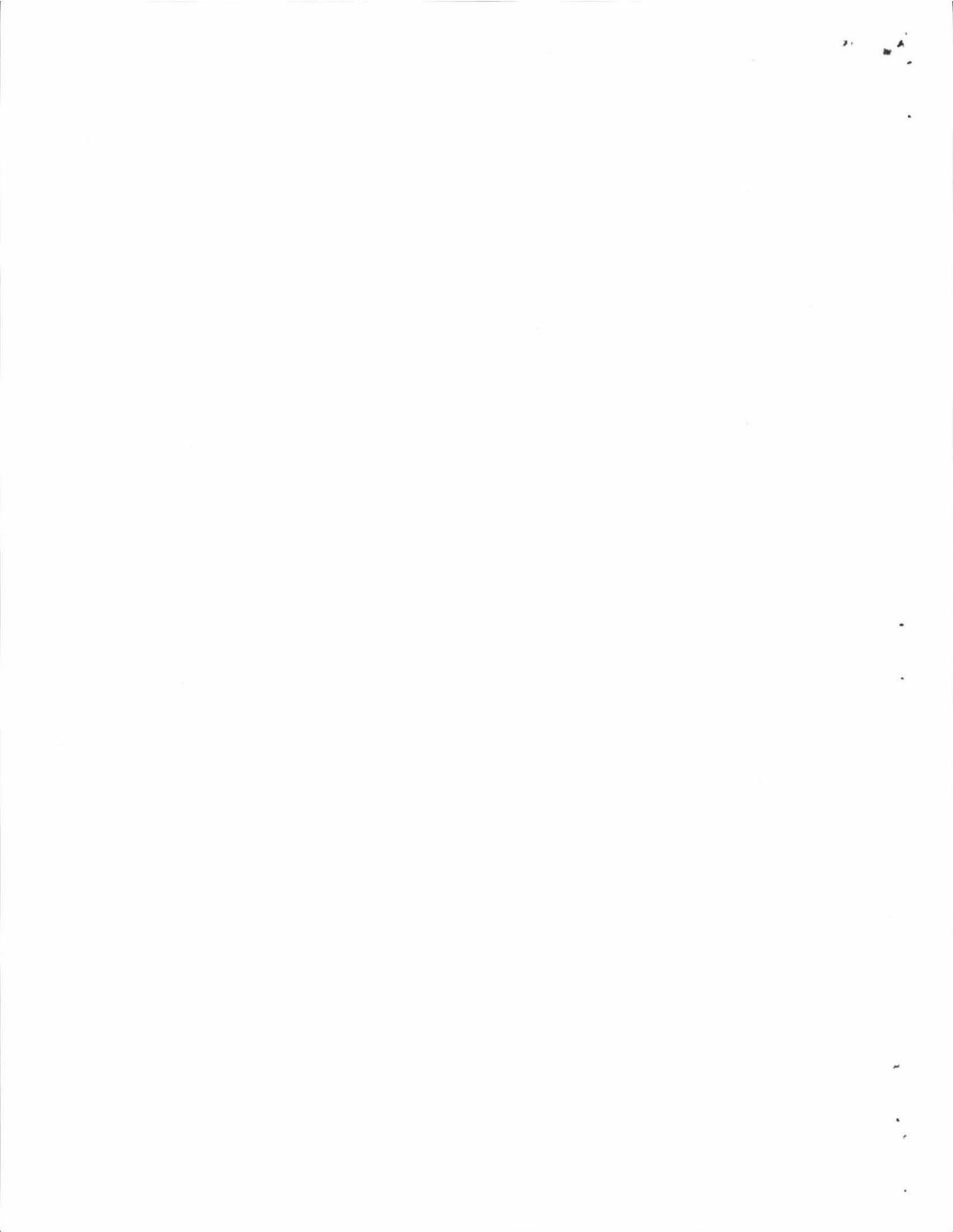
**Wid Lyman
Lot 31
Harkness Road
Amherst, MA**



*David E. Keates
7/1/97*

Note: Board of Health approval of this plan required before a licensed contractor can be retained to install system. Contractor not to start work until approved Disposal Works Permit has been obtained.

**David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670**



No. _____

Date: 4/28/97

Commonwealth of Massachusetts
AMHERST, Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: DAVID E. KEATES, P.E. Date: 4/28/97

Witnessed By: DAVID ZAROZINSKI

Location Address or Lot # <u>HARKNESS 31</u>	Owner's Name, Address, and Telephone # <u>WID LYMAN</u>
New Construction <input checked="" type="checkbox"/> Repair <input type="checkbox"/>	

Office Review HAMPSHIRE COUNTY SHEET NO. 12

Published Soil Survey Available: No Yes HINCKLEY

Year Published 1981 Publication Scale 1:15840 Soil Map Unit Hg A

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 _____

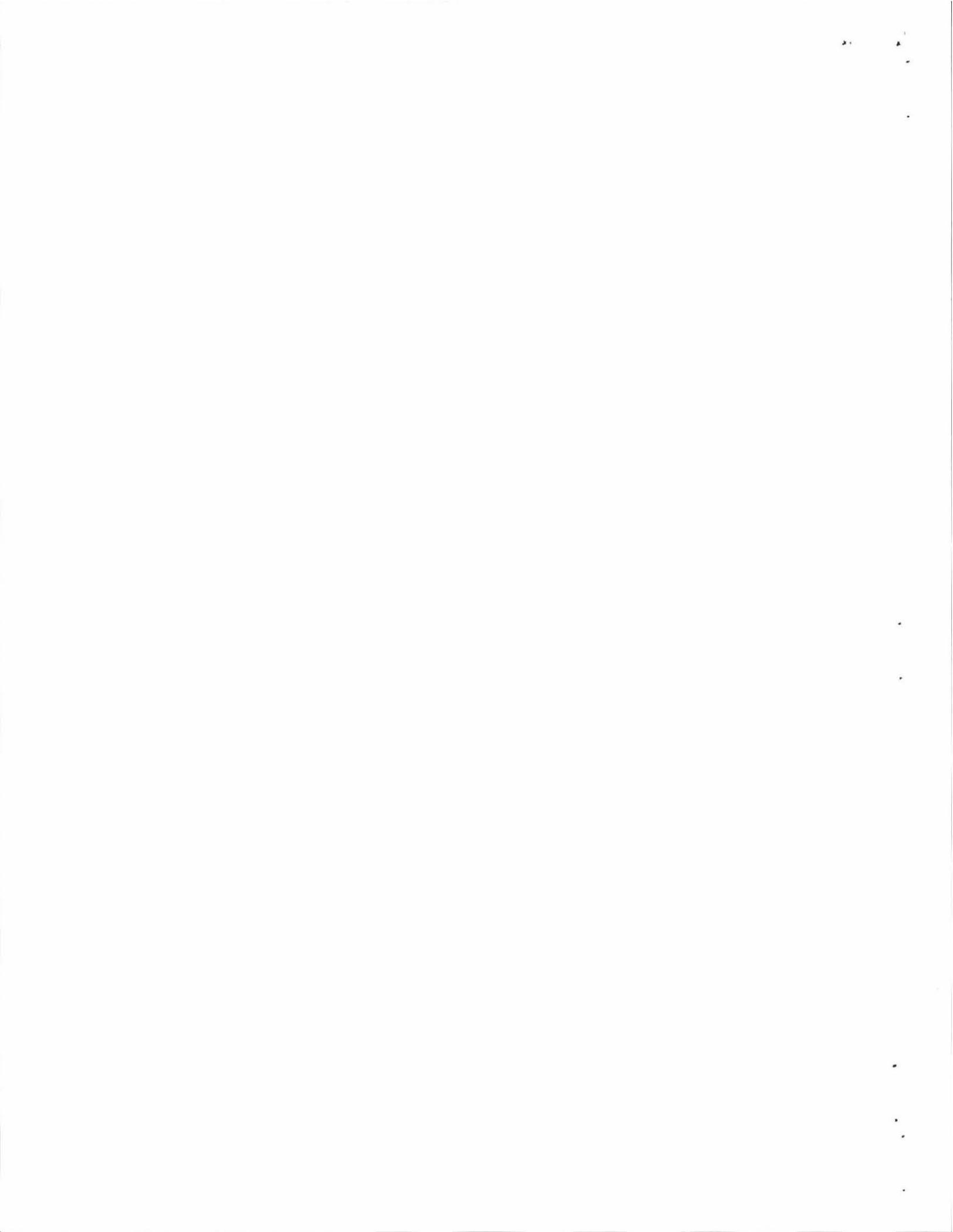
Range : Above Normal Normal Below Normal

Other References Reviewed: _____



David E. Keates

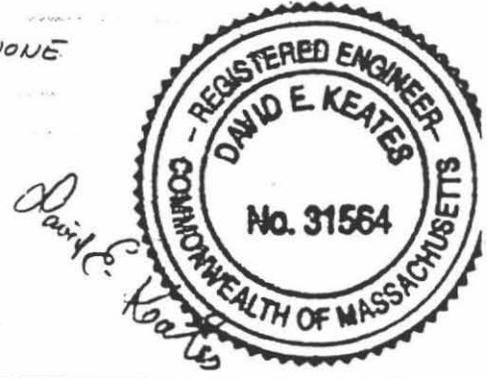




Location Address or Lot No. WID LYMAN
LOT 31
HARKNESS ROAD
AMHERST, MA

On-site Review

Deep Hole Number 1 Date: 4/28/97 Time: 9:00 Weather OVERCAST / RAIN
 Location (identify on site plan) _____
 Land Use YARD Slope (%) 2 Surface Stones NONE
 Vegetation GRASS
 Landform TERRACE
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body N/A feet Drainage way N/A feet
 Possible Wet Area N/A feet Property Line 50 feet
 Drinking Water Well > 150 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)
0-10	A _p	LOAMY SAND	10YR 3/3	NONE	
10-18	B _w	GRAVELLY LOAMY SAND	10YR 5/6	NONE	15% GRAVEL
18-132	C	GRAVELLY SAND	2.5Y 5/4	NONE	50% GRAVEL

96.0

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

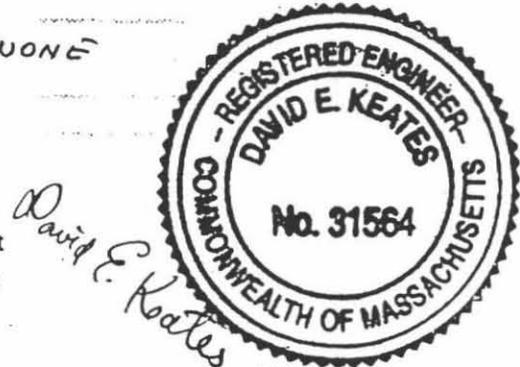
Parent Material (geologic) OUTWASH TERRACE Depth to Bedrock: _____
 Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: 10.5'
 Estimated Seasonal High Ground Water: 10.5' ELEV. 85.5



Location Address or Lot No. WID LYMAN
LOT 31
HARKNESS ROAD
AMHERST, MA

On-site Review

Deep Hole Number 2 Date: 4/28/97 Time: 9:20 Weather CLOUDY / RAIN
 Location (identify on site plan) _____
 Land Use YARD Slope (%) 2 Surface Stones NONE
 Vegetation GRASS
 Landform TERRACE
 Position on landscape (sketch on the back)
 Distances from:
 Open Water Body N/A feet Drainage way N/A feet
 Possible Wet Area N/A feet Property Line 30 feet
 Drinking Water Well >150 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)
<u>0-9</u>	<u>Ap</u>	<u>LOAMY SAND</u>	<u>10YR 3/2</u>	<u>NONE</u>	
<u>9-17</u>	<u>Bw</u>	<u>GRAVELLY LOAMY SAND</u>	<u>10YR 5/6</u>	<u>NONE</u>	<u>20% GRAVEL</u>
<u>17-132</u>	<u>C</u>	<u>GRAVELLY SAND</u>	<u>10YR 5/6</u>	<u>NONE</u>	<u>50% GRAVEL</u>

95.5

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH TERRACE Depth to Bedrock: _____
 Depth to Groundwater: Standing Water in the Hole: _____ Weeping from Pit Face: 9'
 Estimated Seasonal High Ground Water: 9' ELEV. 86.5



WID LYMAN
LOT 31

Location Address or Lot No. HARKNESS ROAD
AMHERST, MA.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole 108 inches
- Depth to soil mottles 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

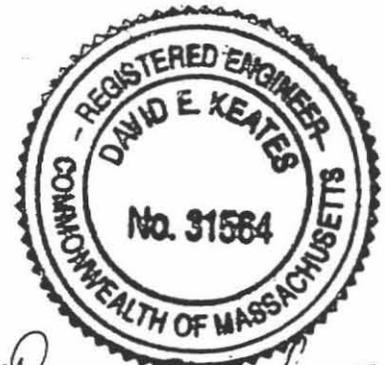
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes.

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

Certification

I certify that on 11/94 (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 David E. Keates Date 4/28/97



David E. Keates

WID LYMAN
LOT 31

Location Address or Lot No. HARKNESS ROAD

COMMONWEALTH OF MASSACHUSETTS

AMHERST, Massachusetts

Percolation Test*		
Date: <u>4/28/97</u>		Time: <u>9:10</u>
Observation Hole #	<u>1</u>	<u>2</u>
Depth of Perc	<u>48"</u>	<u>36"</u>
Start Pre-soak	<u>9:10</u>	<u>9:30</u>
End Pre-soak	<u>9:25</u>	<u>9:45</u>
Time at 12"	<u>24 GALS WATER USED</u>	<u>24 GALS WATER USED</u>
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch	<u>< 2.0</u>	<u>< 2.0</u>

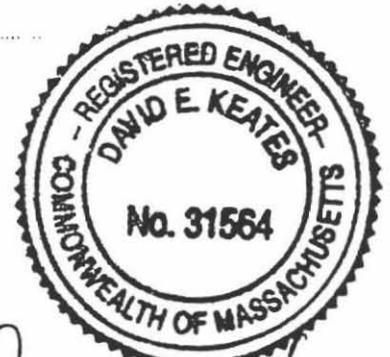
* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed Site Failed

Performed By: DAVID E. KEATES, P.E.

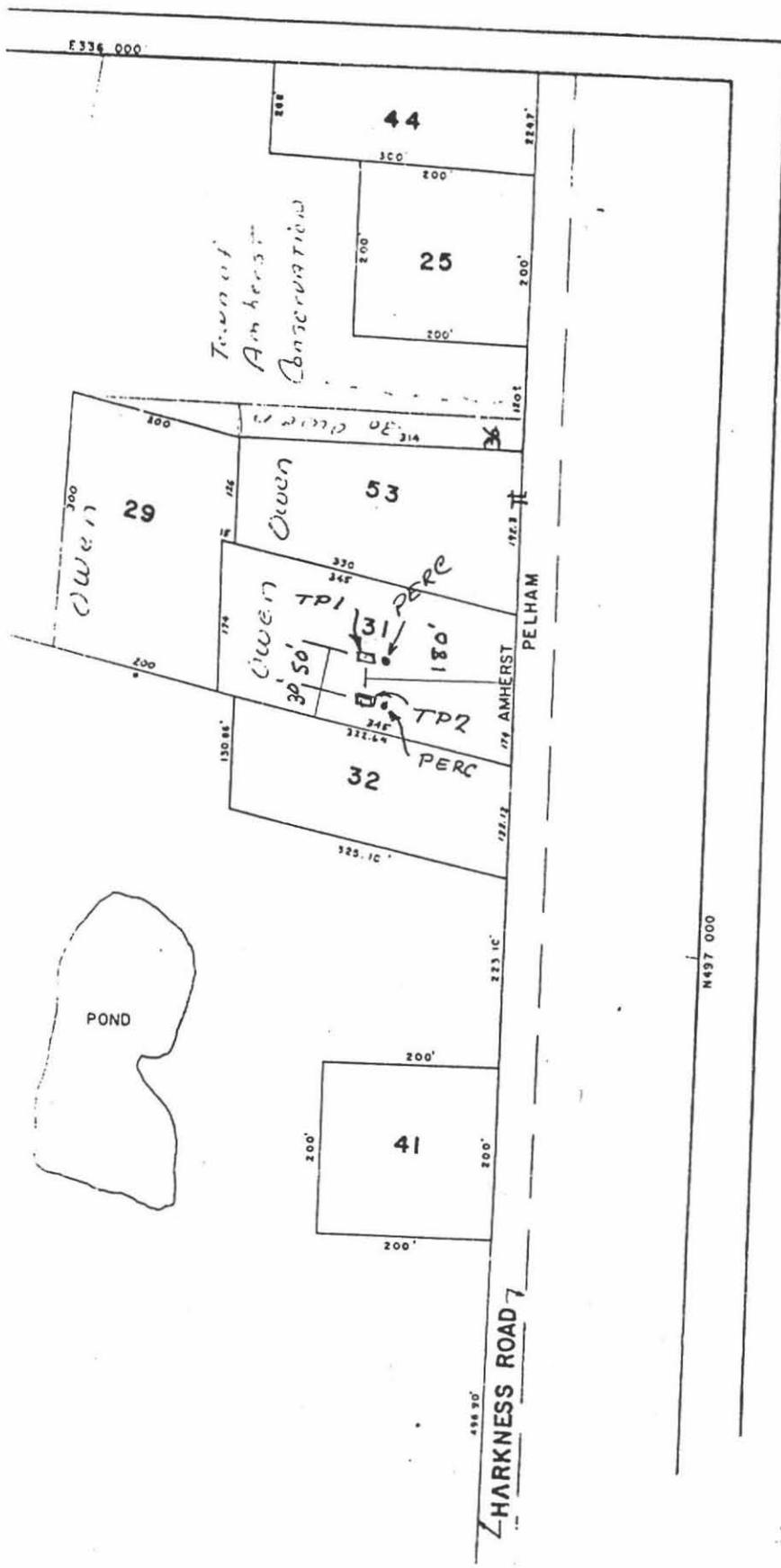
Witnessed By: DAVID ZARZINSKI

Comments: _____



David E. Keates





SCALE
1" = 400'

TOWN OF AMHERST
MAP 18 D

PROJECT PERCOLATION TEST
WID LYMAN
LOT 31
HARKNESS ROAD
AMHERST, MA

Sheet 7 of 16

David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670

SHEET 12

SHEET 16



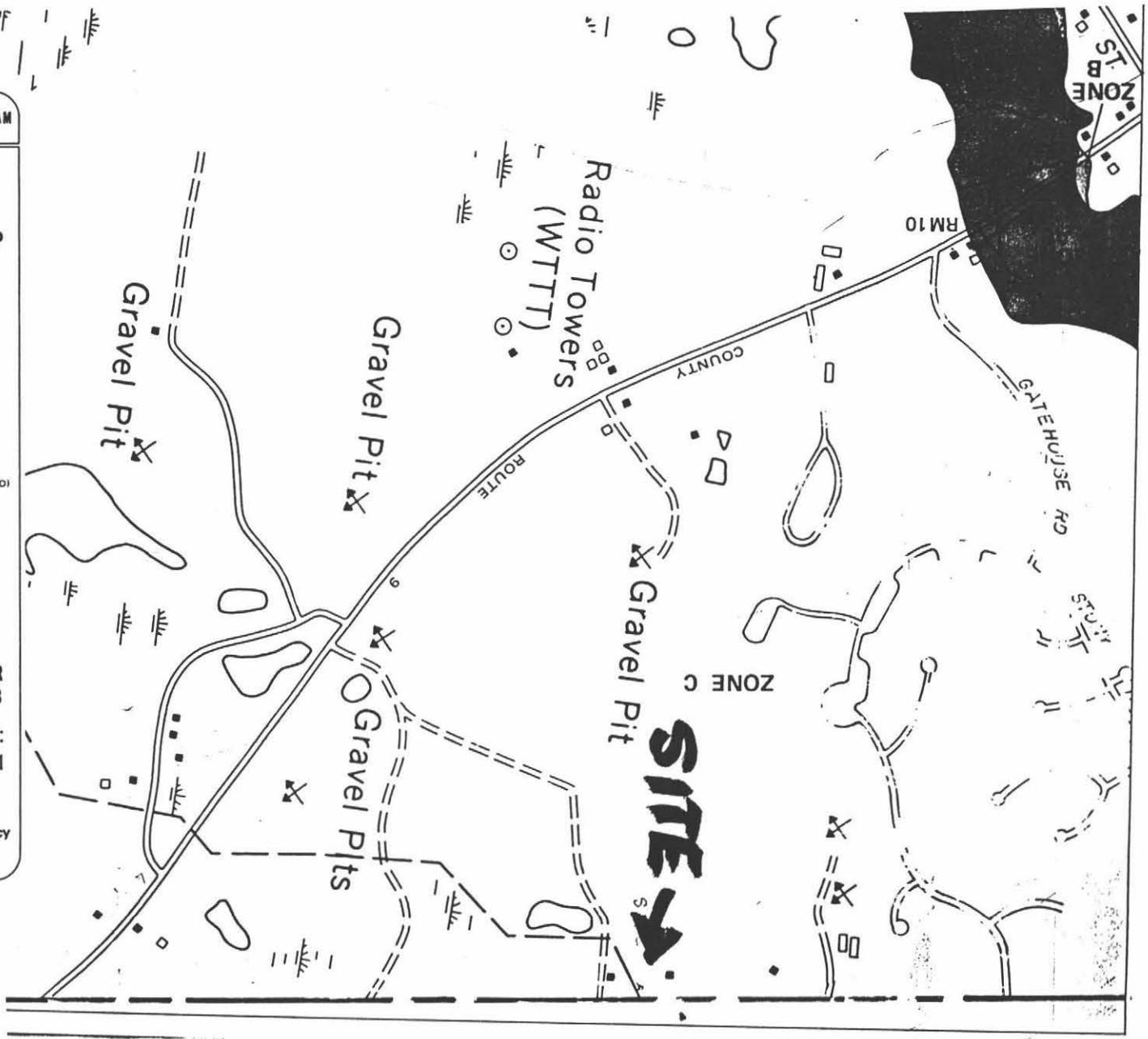
HAMPSHIRE COUNTY SOIL SURVEY

SHEETS 12 & 16

SITE ON SHEET 12

PROJECT PERCOLATION TEST 4/28/97 Sheet 8 of 16
 WID LYMAN
 LOT 31
 HARKNESS ROAD
 AMHERST, MA.

David E. Keates, P.E.
 Consulting Civil Engineer
 102 Russell Street
 Sunderland, MA 01375
 Tel: 413-665-7670



NATIONAL FLOOD INSURANCE PROGRAM

FIRM
FLOOD INSURANCE RATE MAP

TOWN OF
AMHERST,
MASSACHUSETTS
HAMPSHIRE COUNTY

PANEL 10 OF 10
(SEE MAP INDEX FOR PANELS NOT PRINTED)

COMMUNITY-PANEL NUMBER
250156 0010 B

EFFECTIVE DATE:
FEBRUARY 4, 1981

 federal emergency management agency
federal insurance administration

PROJECT PERCOLATION TEST 4/22/79 Sheet 9 of 16

WID CYMAN
LOT 31
HARKNESS ROAD
AMHERST, MA

David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670

Leaching Trench Design



David E. Keates
7/1/97

Structure SINGLE FAMILY HOUSE

Design flow 110 gal/day/bedroom

Number of bedrooms 4

Design flow 440 gal/day

Garbage grinder to be used yes no

If yes, increase design flow by 50 %

Revised design flow _____ * 1.5 = _____ gal/day

Increase design flow by 25 % per local B.O.H. regulations

Revised design flow 440 * 1.25 = 550 gal/day

Percolation rate from percolation test = 52 min./in.

Design percolation rate = 2-5 min./in.

Design Calculations

From Title V, bottom leaching area factor, $F_b = \underline{0.74}$ gal/square foot

2 (Fb) (effective depth)L + (effective width)(Fb)L = gal/day

$$2 \cdot \underline{.74} \cdot \underline{2.0} L + \underline{4.0} \cdot \underline{.74} L = \underline{550} \text{ gal/day}$$

$$\underline{2.96} L + \underline{2.96} L = \underline{550} \text{ gal/day}$$

$$\underline{5.92} L = \underline{550} \text{ gal/day}$$

$$L = \underline{92.9} \text{ linear feet}$$

USE 2 TRENCHES 50' LONG = 100' > 92.9'

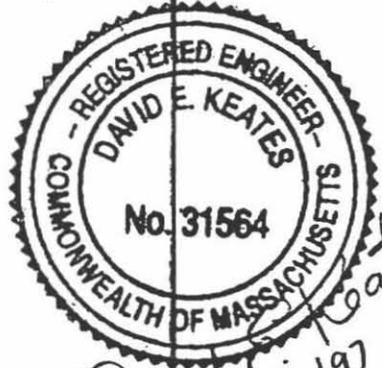
Note: Maximum length of single trench = 100 linear feet.

Trenches over 50 feet long require a vent at end of trench.

PROJECT Sewage Disposal System
Wid Lyman
Lot 31
Harkness Road
Amherst, MA

Sheet 11 of 16

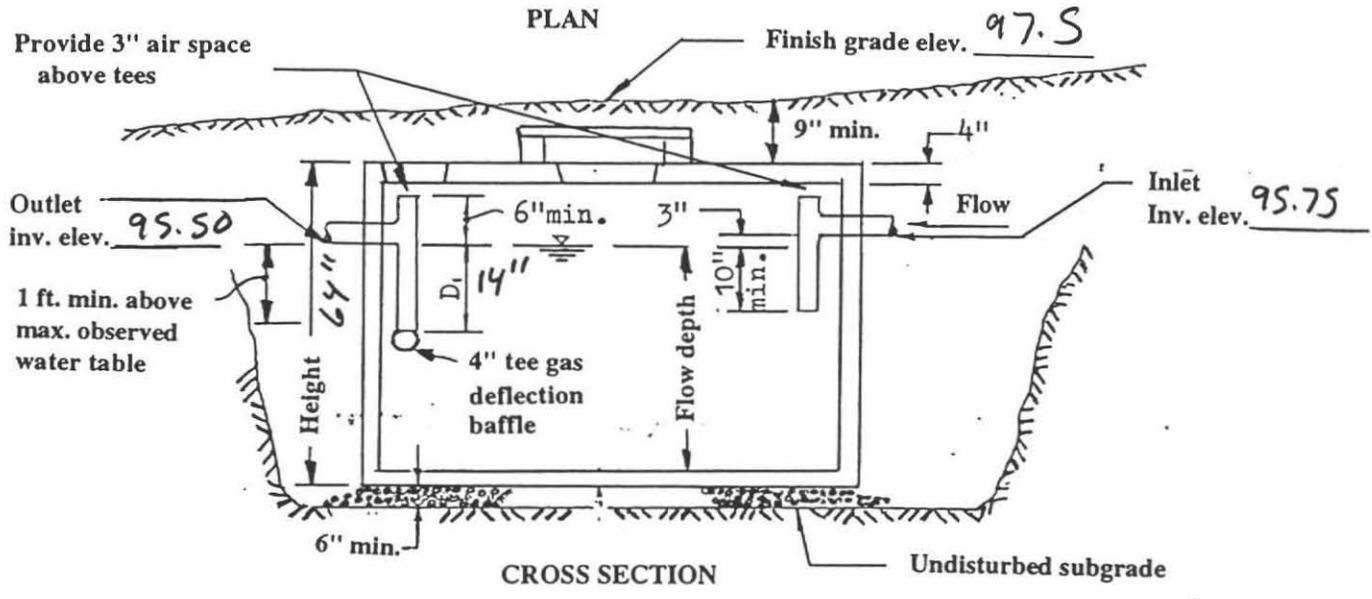
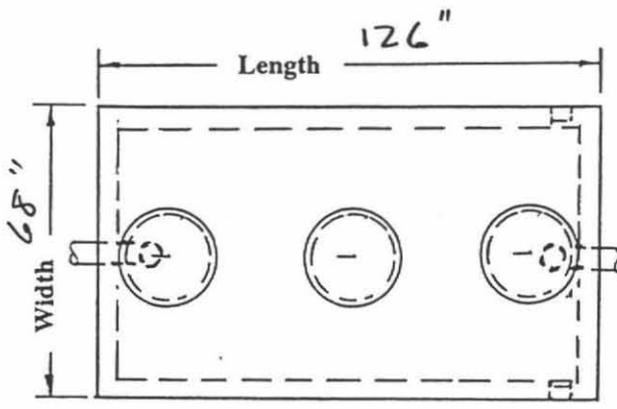
David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670



David E. Keates
7/1/97

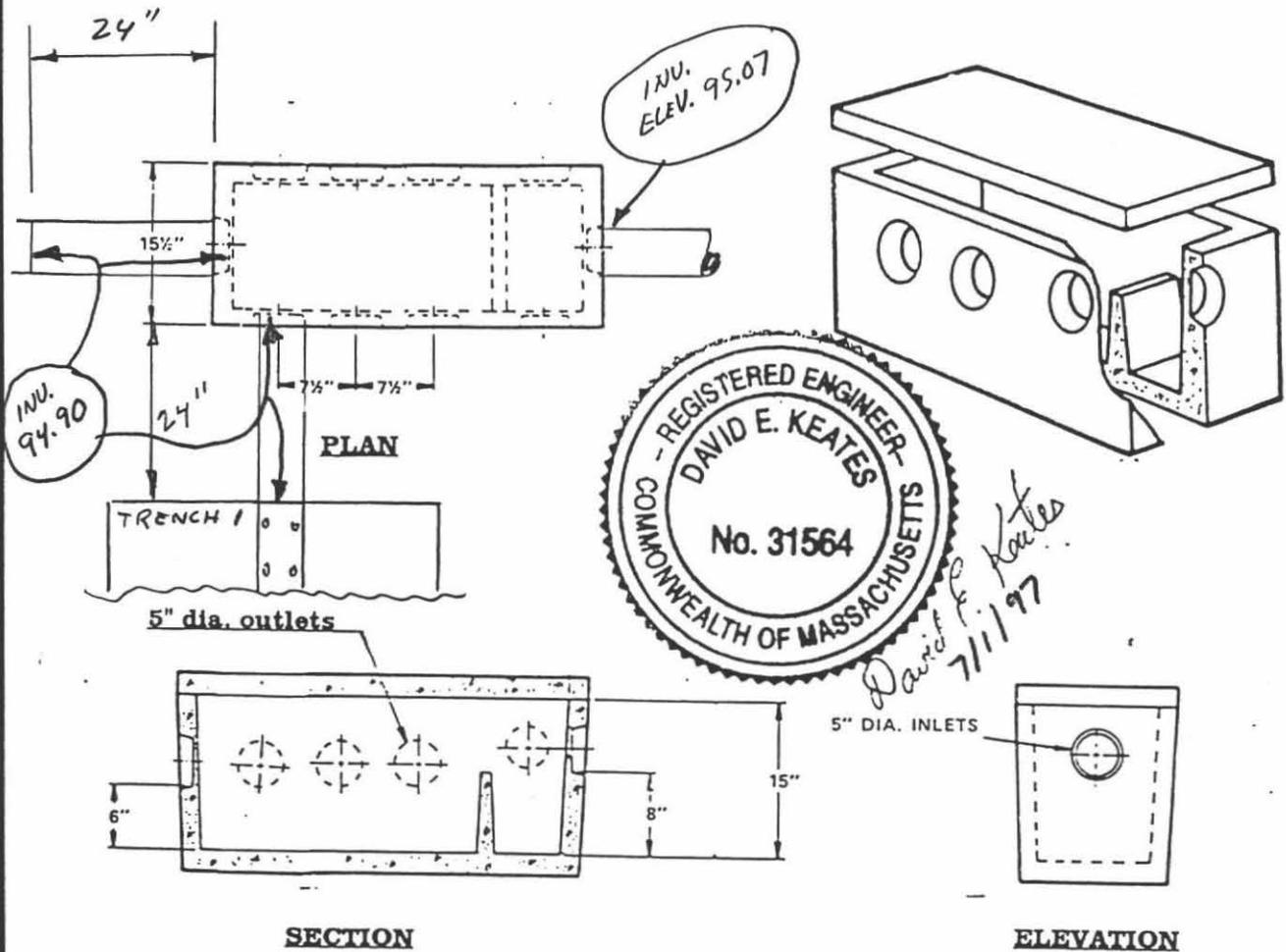
TYPICAL SEPTIC TANK
1500 GAL

Liquid depth in septic tank	Depth of outlet tee below flow line
D	D ₁
4'	14"
5'	19"
6'	24"
7'	29"
8'	34"



- NOTES:
1. Septic tanks should be inspected at least annually and when the total depth of scum and solids exceed 1/3 the depth of the tank, the tank should be pumped.
 2. Backfill around the tank shall be placed in even layers on all sides of the tank and in such a manner as to prevent damage to the tank.
 3. Tanks shall be installed on a 6 in. min. layer of crushed stone leveled to grade and thoroughly compacted to the satisfaction of the Engineer.
 4. Contractor shall provide a written certification that tank conforms to State and Town Board of Health specifications and regulations.
 5. Tank and cover shall be capable of withstanding H20 loading. yes no
If no, tank shall be capable of withstanding H10 loading.
 6. Inlet and outlet tees shall extend to cleanout openings and shall be constructed of cast iron, schedule 40 PVC pipe or cast in place concrete.
 7. Rectangular tanks shall have a min. inside length to width ratio of no less than 1.5 to 1.0.
 8. At least 3 - 20" dia. manholes with readily removable impermeable covers of durable material shall be provided.
 9. Access ports shall be placed at the center and over each inlet and outlet tee.
 10. Center access port shall be accessible within 6 in. of final grade.

Typical Distribution Box



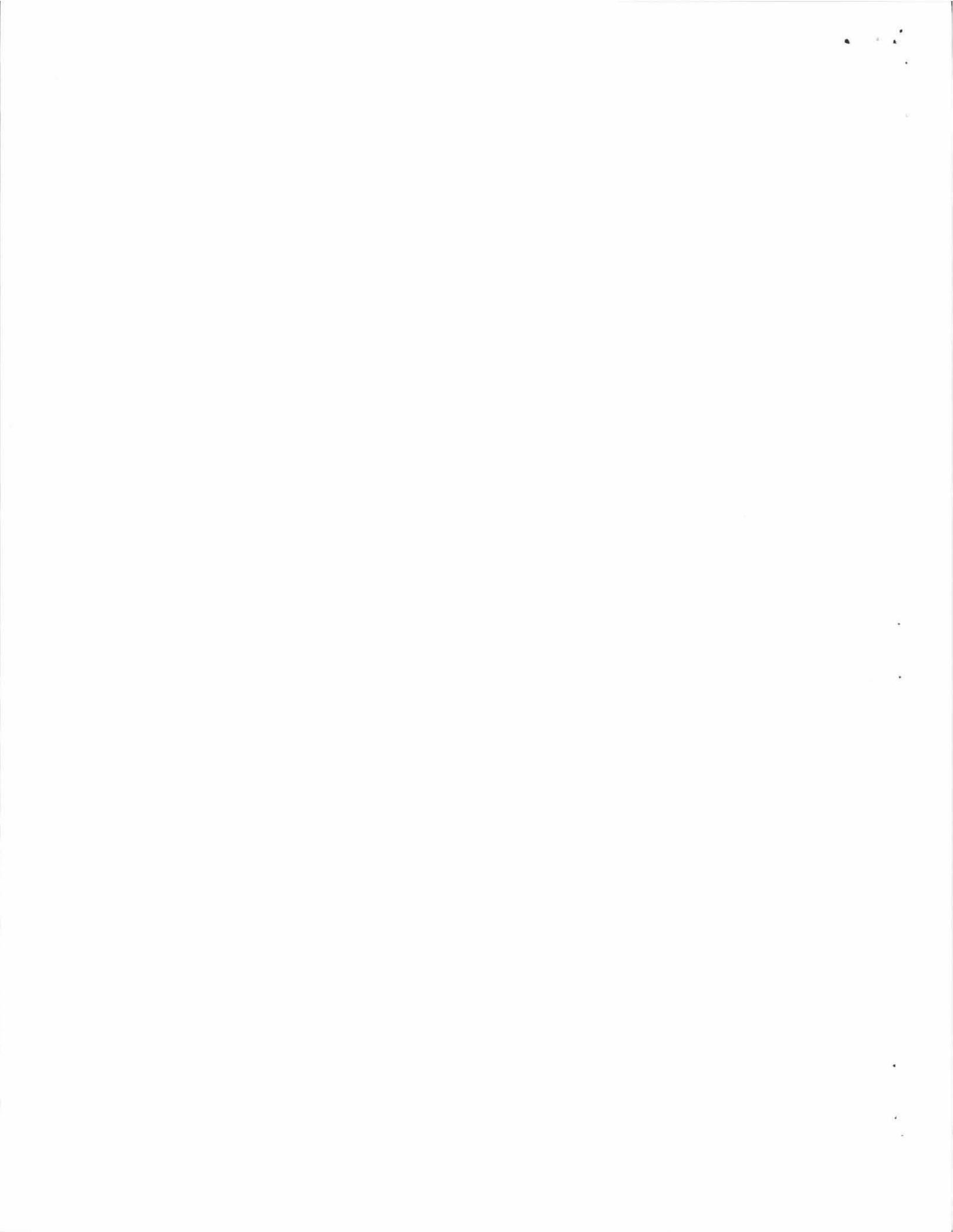
Notes:

1. The minimum wall thickness for reinforced concrete shall be two inches.
2. The invert elevations of all outlets shall be equal to each other and located at least two inches below the invert elevation of the inlet.
3. Cover of distribution box to be watertight.
4. There shall be a minimum sump of six inches as measured below the outlet invert elevation.
5. The minimum inside dimension of the distribution box, regardless of material, shall be 12 inches.
6. When the soil absorption system is to be dosed or when the slope of the inlet pipe exceeds 0.08 feet per foot, an inlet tee, baffle or splash plate extending to one inch above the outlet invert elevation shall be provided to dissipate the velocity of the influent.
7. Distribution box shall be installed on a level stable base that will not settle.
8. Distribution box to be placed on a 6 inch layer of compacted 3/4"-1 1/2" stone.
9. Distribution box outlets to be laid level for a distance of 2 feet, then sloped to leaching system.
10. Distribution box shall be capable of withstanding H-20 loading. yes no
11. To insure proper distribution, all lines must discharge equally. Testing will be done with water, prior to final inspection and/or at the final inspection in presence of the engineer.

PROJECT Sewage Disposal System
 Wid Lyman
 Lot 31
 Harkness Road
 Amherst, MA

Sheet 13 of 16

David E. Keates, P.E.
 Consulting Civil Engineer
 102 Russell Street
 Sunderland, MA 01375
 Tel: 413-665-7670



Typical Leaching Trench Section



David E. Keates
7/11/97

Min. 2" (1/8"-1/2")
Washed Stone

3/4"-1 1/2"
Washed Stone

Excavation
Sidewall

2.0% Min. Finish Grade

15 ft. min.

12" Min.

4" Dia. Perforated Pipe

Effective
depth

48"

Effective Width

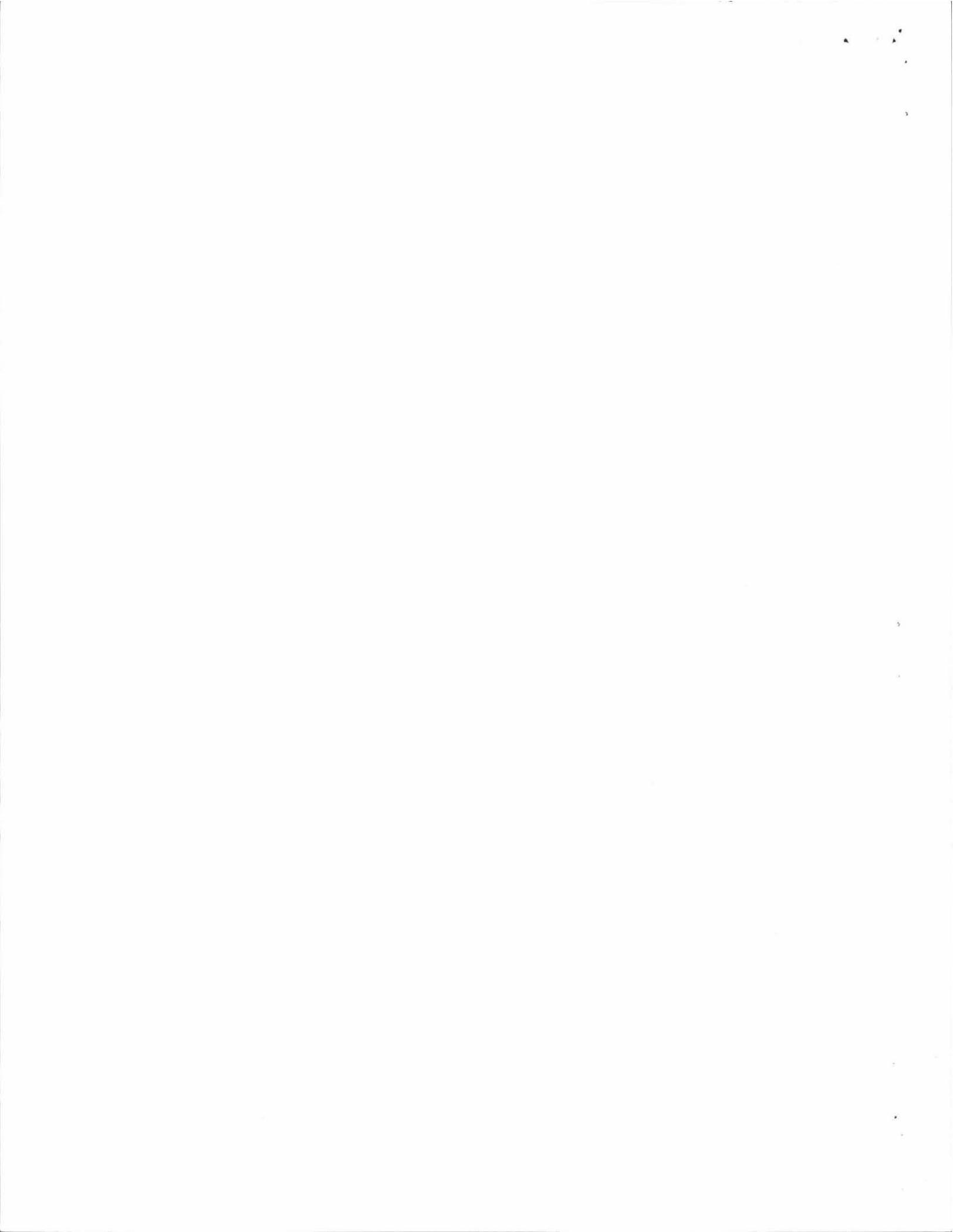
Notes:

1. Distance between excavation sidewalls shall be no less than three times the effective width or depth, whichever is greater. In no case shall the distance between excavation sidewalls be less than 6 ft. if the area between the trenches is to be used for reserve area.
2. All distribution pipe from the D-box to the leaching trench shall be unperforated and shall be laid with tight joints.
3. Trench pipe shall have a minimum slope of 0.005 ft./ft.
4. All stone must have less than 0.2% material finer than a number 200 sieve as determined by AASHTO T-11 and T-27 (latest edition).
5. Pipe shall be capped 12 inches from the end of the trench.
6. Pipe shall be constructed of either polyvinyl chloride (PVC), acrylonitrile-butadiene-styrene (ABS), or high density polyethylene (HDPE). PVC pipe shall be schedule 40 General Purpose Sewer Pipe (ASTM D 1785), schedule 40 Drain, Waste and Vent Pipe (ASTM D 2665) or SDR 35 PVC Gravity Sewer Pipe and Drain Pipe (ASTM D 3034). ABS pipe shall be schedule 40 (ASTM F 628). HDPE pipe shall meet or exceed ASTM F 810 for Smoothwall Polyethylene Pipe for use in Drainage and Waste Disposal Fields.
7. All system components shall be installed in accordance with TITLE V of the state sanitary code and any applicable local rules and regulations.
8. The bottom of all trenches shall be installed level at the design elevation given for each trench.
9. Trench sidewalls shall be scarified to remove any smearing of soil done during excavation.
10. Any change to this plan must be approved by the Board of Health and the design engineer.
11. The system shall not be backfilled prior to inspection and approval by the Board of Health and/or the engineer.
12. No permanent structure shall be constructed over the 100% expansion area.
13. Heavy equipment shall not be permitted to pass over the leaching area.
14. Any conditions encountered during construction differing from those shown on the plans shall be reported to the design engineer before construction continues.
15. Distribution lines exceeding 50 feet in length shall be connected and venting provided in accordance with 310 CMR 15.241
16. Contractor will give engineer and Board of Health representative a minimum of 3 days notice for any inspections.
17. Engineer does not represent nor warrant the operation or proper functioning of this system for any period of time.
18. Elevations refer to assumed datum USGS

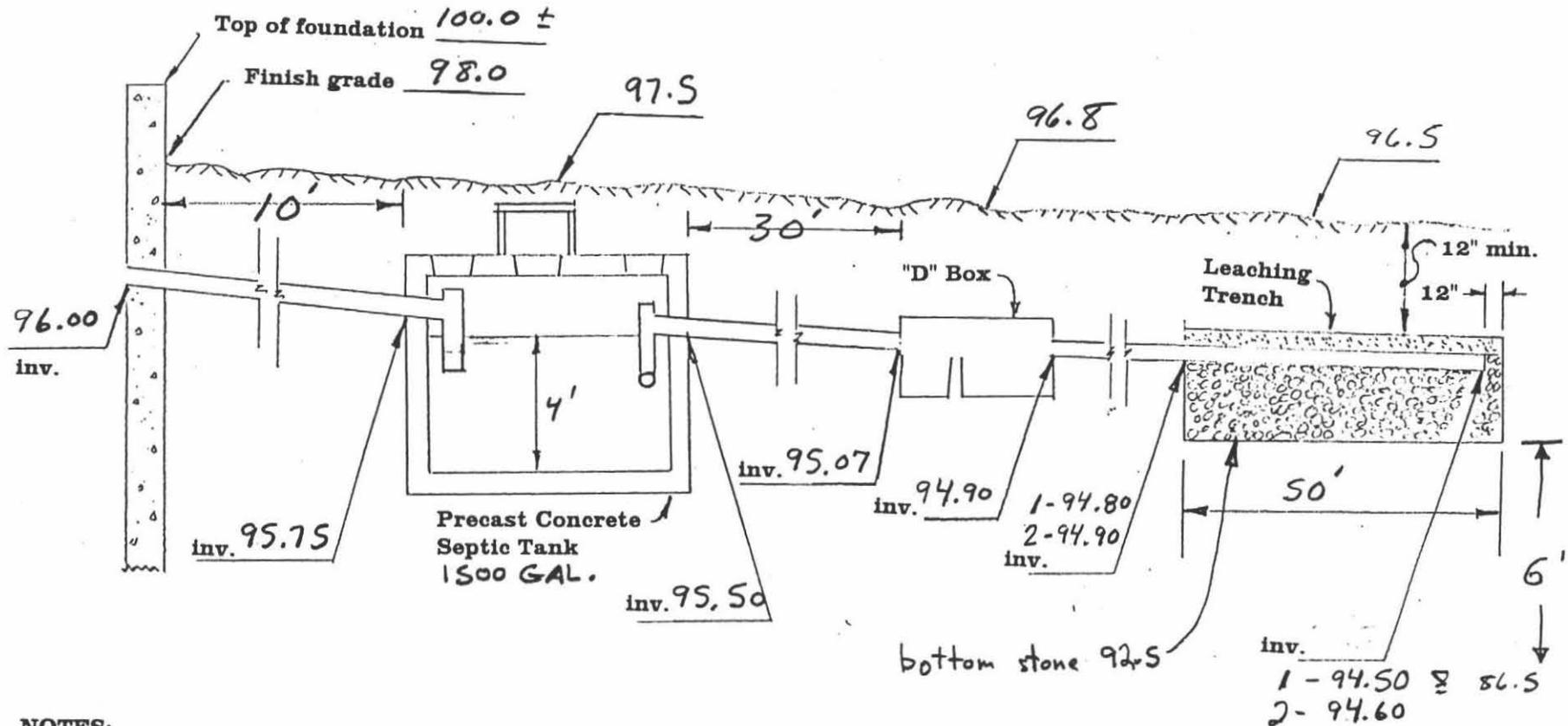
PROJECT Sewage Disposal System
Wid Lyman
Lot 31
Harkness Road
Amherst, MA

Sheet 14 of 16

David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670

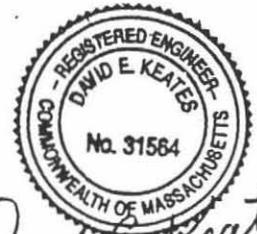


Septic System Profile



NOTES:

1. The grade above and adjacent to leaching trench shall slope at least 2.0% to prevent accumulation of surface water.
2. Leaching trench distribution pipe shall have a min. slope of 0.005 ft./ft.
3. The bottom of each leaching trench shall be level at the elevation specified.
4. Pipe from foundation wall to septic tank shall be schedule 40 PVC or equivalent and have a minimum grade of 1/4" per foot.
5. Pipe from septic tank to "D" box shall be schedule 40 PVC or equivalent and have a minimum grade of 1/8" per foot.
6. All piping shall be 4" diameter.



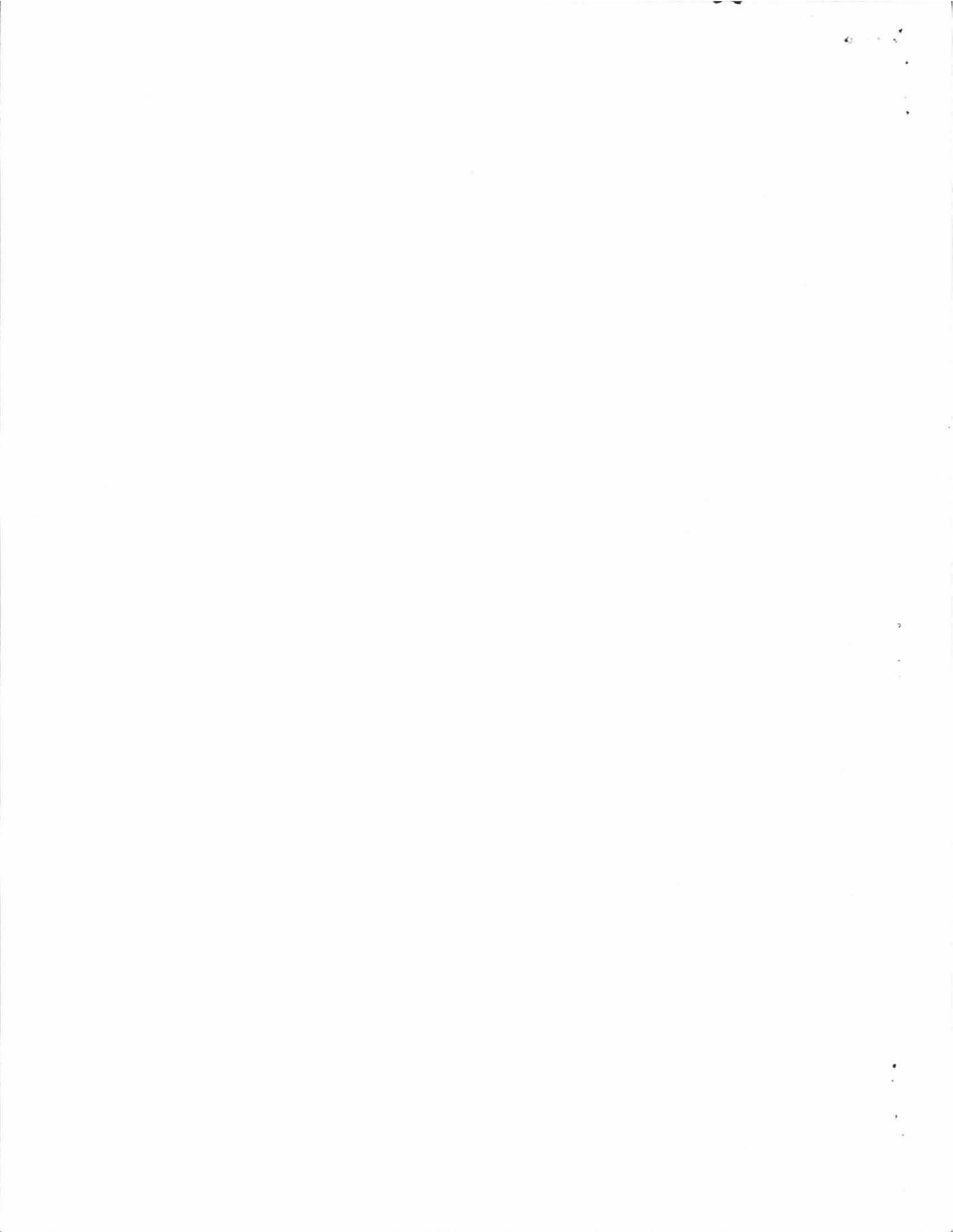
David E. Keates
7/11/97

PROJECT

Sewage Disposal System
Wid Lyman
Lot 31
Harkness Road
Amherst, MA

Sheet 15 of 16

David E. Keates, P.E.
Consulting Civil Engineer
102 Russell Street
Sunderland, MA 01375
Tel: 413-665-7670





THE INHABITANTS OF THE TOWN OF AMHERST
BOOK 2290, PAGE 30

THE INHABITANTS OF THE TOWN OF AMHERST
BOOK 2116, PAGE 270

N 07°44'14" W 298.52'

TRACT III

REMAINING LAND
137,389+/- SQ. FT.
3.1540+/- ACRES

N 08°35'00" W
130.00'

LOT 1
41,627 ± SQ. FT.



512.29' (FOUND I.P. TO FOUND I.P.)
N 81°02'53" E 511.00'

TRACT IV

TRACT I

SCHOOL #264

TBM - ELEV. 100.00
TOP CONCRETE FLOOR AT
OUTSIDE EDGE OF
GARAGE DOOR ADJACENT
TO WOOD
271.60'

WELL
C. JR. AND DOROTHY R. CROCKER
BOOK 1037, PAGE 198



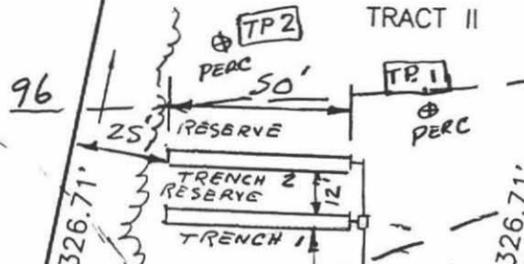
WOODS

GARAGE
4 BEDROOM
HOUSE

PROPOSED WELL

34" PINE

30" PINE



1500 GAL S.T.

WELL

WELL

WELL

WELL

WELL

WELL

WELL

WELL

WELL

HARKNESS ROAD

Drawn By: D. E. Keates	Initial Date 7/1/97	Project Sewage Disposal System Wid Lyman Lot 31 Harkness Road Amherst, MA	David E. Keates, P.E. Consulting Civil Engineer 102 Russell Street Sunderland, MA 01375 Tel: 413-665-7670
Scale 1" = 50'	Revised		
Sheet No. 16 of 16	Project No.		





Commonwealth of Massachusetts

Amherst, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed or repaired/replaced on 5/13/99 by

Chuck Walker. for Steve Prockers at Lot 31 Harbnerz Road.

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. _____ dated _____

Use of this system is conditioned on compliance with the provisions set forth below:

Contractor to install 2' level section out of D-box to lower trench as called for on plans.
Trenches to be covered.

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on _____

Date 5/13/99

Inspector David E. Keates

