

Henry St. Lot 1 (429)

PK# 6652  
PK# 1704





Commonwealth of Massachusetts  
 City/Town of Amherst  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

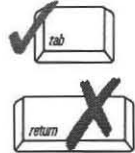
05-10 → Number ER# 1506  
 Fee \$ 125.00 Amherst  
 Rec # 1609

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

**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.

Application is hereby made for a permit to:  Construct a new on-site sewage disposal system  
 Repair or replace an existing on-site sewage disposal system  
 Repair or replace an existing system component



1. Location of Facility:

Lot # 1 - North Entrance - Henry Street. (429)  
 Address or Lot #  
Amherst MA. 01002  
 City/Town State Zip Code

2. Owner Information

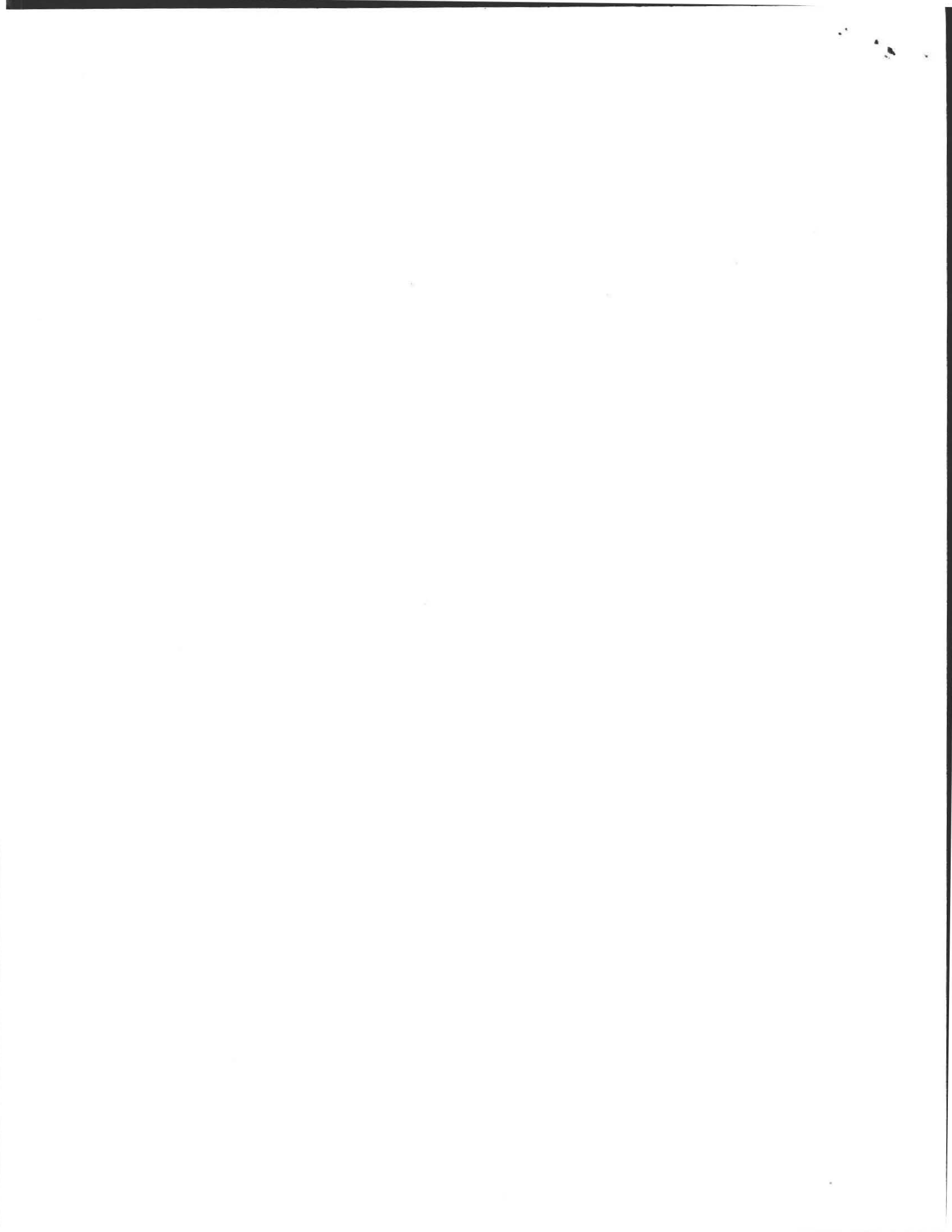
~~Ren Bercume~~ Randy Bercume  
 Name  
~~25 Sylvia Hts.~~ 273 Holland Rd  
 Address (if different from above)  
~~Hadley~~ Fiskdale MA 01035 01518  
 City/Town State Zip Code  
(413) 549-4270 508-347-7568  
 Telephone Number

3. Installer Information

Karl's Excavating Karl's Excavating, Inc.  
 Name Name of Company  
Rt. 47  
 Address  
Hadley MA. 01035  
 City/Town State Zip Code  
(413) 549-5396  
 Telephone Number

4. Designer Information

Timothy E. Magininis R.S. Timothy E. Maginnis & Associates  
 Name Name of Company  
70 Montague Road  
 Address  
Westhampton MA. 01027  
 City/Town State Zip Code  
(413) 527-5291  
 Telephone Number





Commonwealth of Massachusetts  
 City/Town of Amherst  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

05-10 OK # 1506  
 Number  
 \$ 125.00  
 Fee  
 Rec # 1609

**A. Facility Information** (continued)

5. Type of Building:

Dwelling 4 Bedroom design

NO

Garbage Grinder (check if present)

Other: Type of Building \_\_\_\_\_

8  
 Number of Persons Served

Showers 2  
 Number of showers

Cafeteria

Other fixtures

Specify other fixtures: \_\_\_\_\_

6. Design Flow:

586.08 gpd  
 Gallons per Day

Calculated Daily Flow:

440 gpd  
 Gallons

7. Plan:

July 19, 2005  
 Date of Original

2  
 Number of Sheets

N/A  
 Revision Date

Subsurface sewage disposal system design  
 Title of Plan

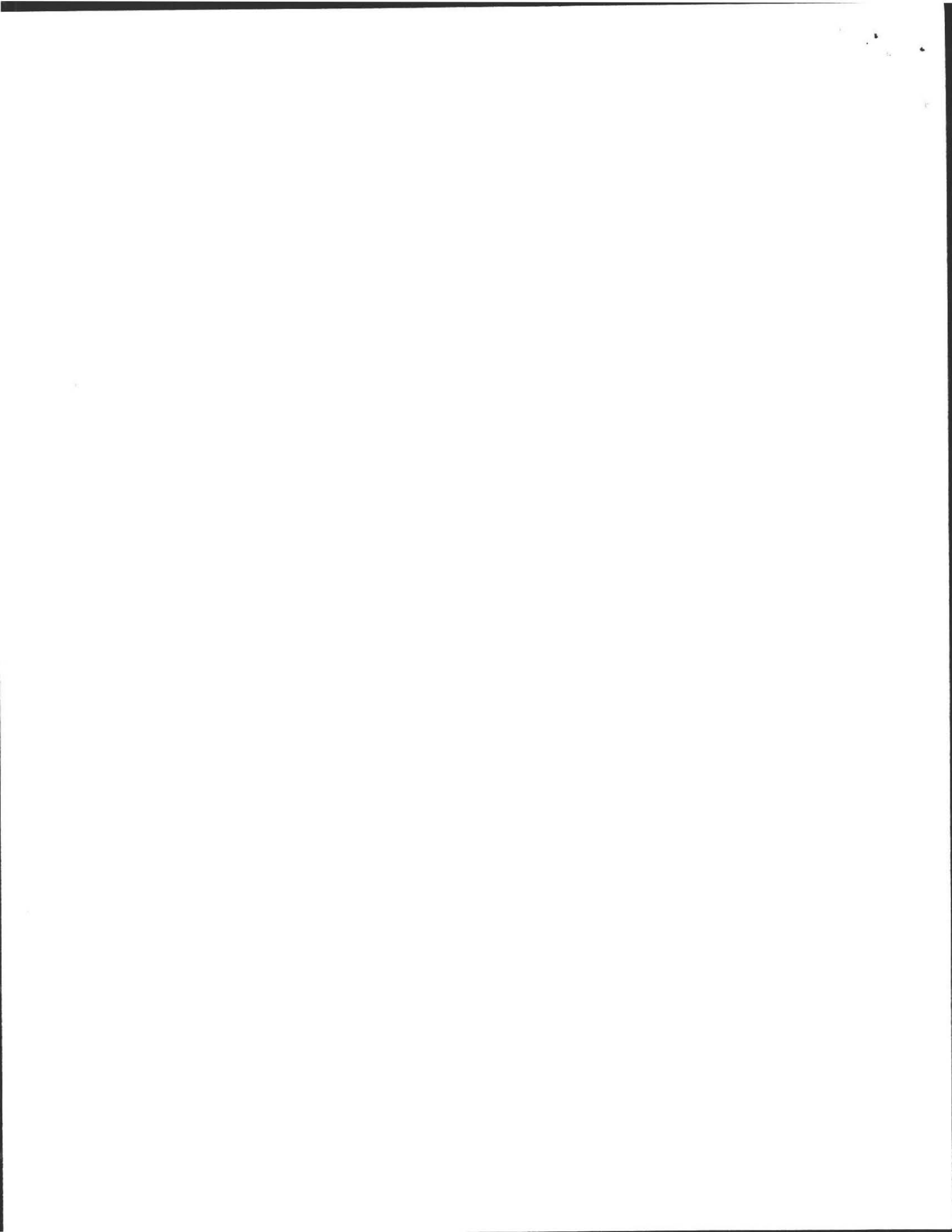
8. Description of Soil:

Sandy loam - sand/grvl.

9. Nature of Repairs or Alterations (if applicable):

10. Date last inspected: N/A

\_\_\_\_\_ Date





Commonwealth of Massachusetts  
 City/Town of Amherst  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

05-10 <sup>CK #</sup> 1506  
 Number  
 \$ 125<sup>00</sup> plus  
 Fee  
 Rec # 1609

**B. Agreement**

The undersigned agrees to ensure the construction and maintenance of the afore\_described on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

[Signature] 7-20-05  
 Signature Date

Application Approved By:  
[Signature] 7/25/05  
 Name Date

Application **Disapproved** for the following reasons: Revised 10/7/05  
OK - 10-11-05

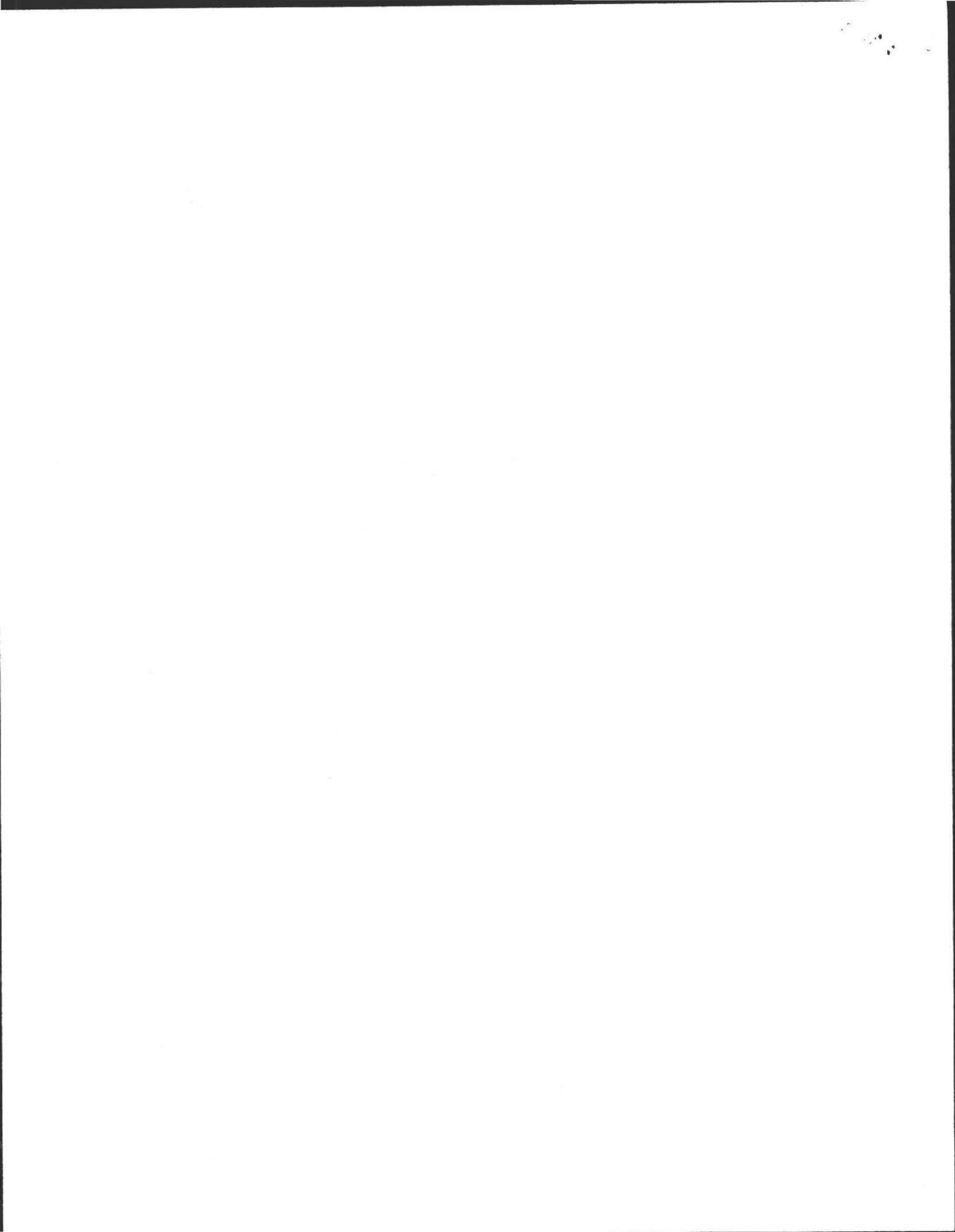
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#05-10



Commonwealth of Massachusetts  
City/Town of AMHERST  
**Certificate of Compliance**  
Form 3

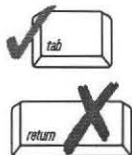
DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**This is to Certify** that the following work on an On-Site Sewage Disposal System

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

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):



DSCP Number \_\_\_\_\_ DSCP Date \_\_\_\_\_  
Ron Bercume  
 Facility Owner  
Lot # 1 - North entrance Henry Street (429)  
 Street Address or Lot #  
Amherst Ma. 01002  
 City/Town State Zip Code

**Designer Information:**

Timothy E. Maginnis R.S. Timothy E. Maginnis & Associates  
 Name Name of Company  
 \_\_\_\_\_  
 Signature Date

**Installer Information:**

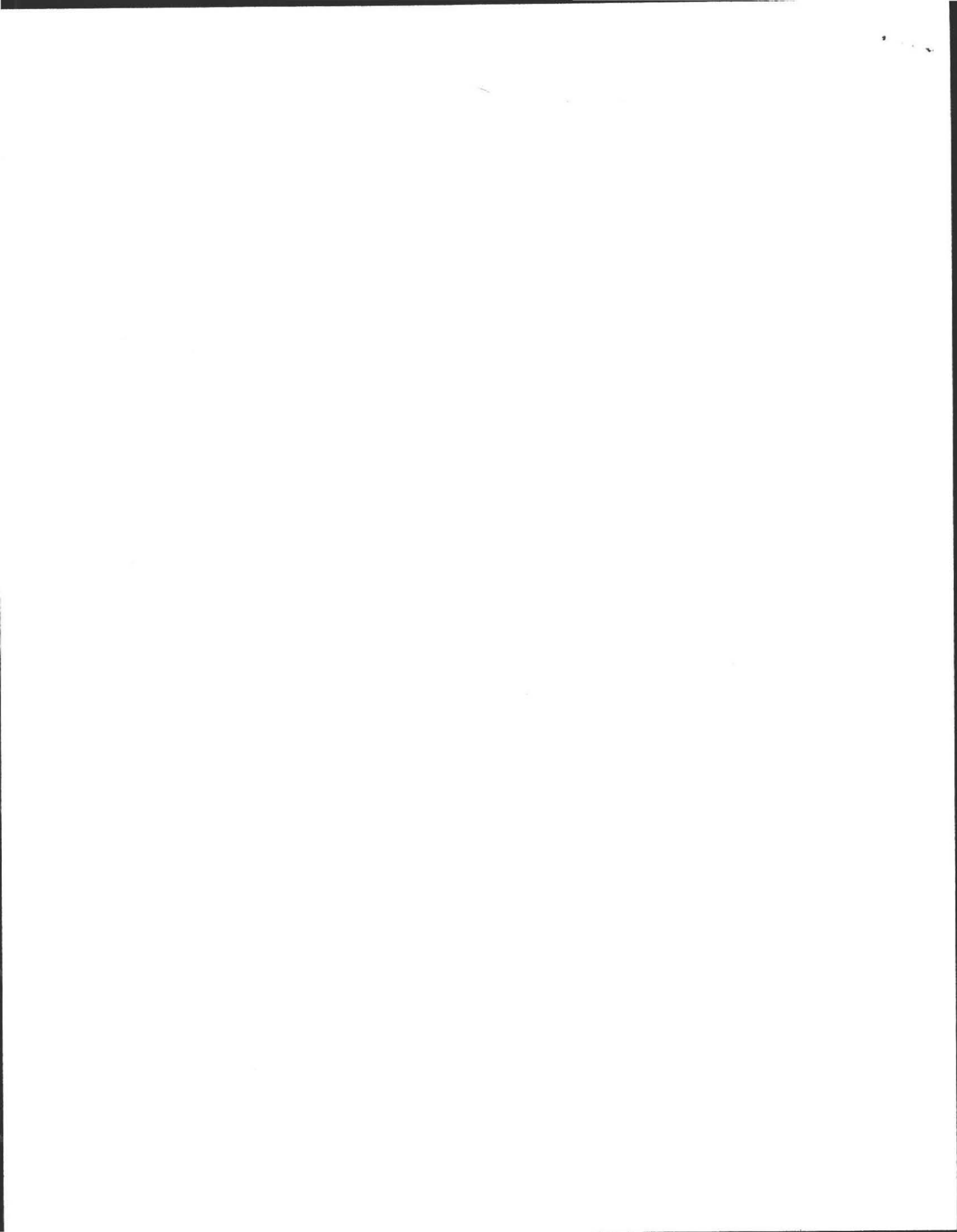
Karl's Excavating Inc. Karl's Excavating - Hadley, MA.  
 Name Name of Company  
 \_\_\_\_\_  
 Signature Date

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
 Approving Authority  
 \_\_\_\_\_  
 Signature Date



**AMHERST HEALTH DEPT.  
TOWN OF AMHERST  
HEALTH PERMITS**

1704

Received of Timothy Maginnis of 70 Montague Rd, Westhampton, MA  
Name Address

For Property Located at: Henry St. lot 1  
Street Address Owner

- |  |       |  |            |
|--|-------|--|------------|
| HEA009 Bakery<br>R6510 443509                    | _____ | HEA016 Septic Tank Permit-Installers<br>R6510 443511     | _____      |
| HEA001 Bed & Breakfast<br>R6510 443516           | _____ | HEA017 Septic Tank Permit-Private<br>R6510 443510        | _____ #90- |
| HEA002 Catering License<br>R6510 443507          | _____ | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      | _____      |
| HEA003 Food Handler<br>R6510 443515              | _____ | HEA019 Sub-Division Review Fee<br>R6510 432306           | _____      |
| HEA004 Frozen Deserts<br>R6510 443501            | _____ | HEA012 Swimming Pool Permits<br>R6510 443512             | _____      |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | _____ | HEA020 Tanning License<br>R6510 443509                   | _____      |
| HEA006 Massage Therapy License<br>R6510 443504   | _____ | HEA034 Immunization Clinic<br>R6510 432307               | _____      |
| HEA008 Motel License<br>R6510 443506             | _____ | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____      |
| HEA010 Removal of Offal<br>R6510 443513          | _____ | HEA022 Tobacco License<br>R6510 443505                   | _____      |
| HEA021 Removal of Rubbish<br>R6510 443520        | _____ | HEA042 Body Arts / Tatoo<br>R6510 443521                 | _____      |
| HEA011 Percolation Test Fees<br>R6510 432300     | _____ | HEA043 Food Service Plan Review<br>R6510 432308          | _____      |
| HEA013 Recreation Camp License<br>R6510 443503   | _____ | HEA044 Porta Potties<br>R6510 432309                     | _____      |
| HEA014 Retail Store Permit<br>R6510 443514       | _____ | HEA045 Ice Rinks<br>R6510 443522                         | _____      |
| HEA015 Sanitary Code Booklets<br>R6510 432305    | _____ | HEA046 Rental Registration<br>R6510 432310               | _____      |
|  |       | HEA047 Fines<br>R6510 48200                              | _____      |
|  |       | HEA  | _____      |
|  |       | HEA  | _____      |

**TOTAL FEE:** #90-

*[Signature]*

Amherst Health Department

*10/7/05*

Date

Must be Validated by the Collector's Office to be considered paid

WHITE - Applicant

YELLOW - Collector

PINK - Accounting

OFFICE USE ONLY

<b>CHECK #</b>	<b>CASH</b>
TOWN OF AMHERST	T1146
CASH RECEIPTS	

Date / Time : 10/07/05 12:26

Payment : \$90.00

Receipt # : 25122

Check/Credit Card #: 6652

GOLD - Health / Inspections

Paid by : MAGINIS / 1704

DEPARTMENT OF HEALTH  
OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK

1912

LOT # 1-2002-A  
1-2002-B

FORM 11: Soil Evaluation Form

NO: \_\_\_\_\_

Commonwealth of Massachusetts  
Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL WEISS Date: 10-17-02  
Witnessed By: \_\_\_\_\_

Location Address of: Lot #	<u>Henry ST</u> <u>M. ENTRANCE</u> <u>LOT 1-2002</u> <u>A+B</u>	Owner's Name: Address of: Telephone:	<u>Doug Kohl</u> <u>TORINO CAMP</u> <u>Hadley</u>
New Construction <input 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 Reference Reviewed:

Determination: Seasonal High Water Table

Methods Used:

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

Index Well No. \_\_\_\_\_ Reading Date \_\_\_\_\_ Index Well Level \_\_\_\_\_  
Adjustment factor \_\_\_\_\_ Adjusted ground water level \_\_\_\_\_

Depth of Naturally Occurring Previous Material

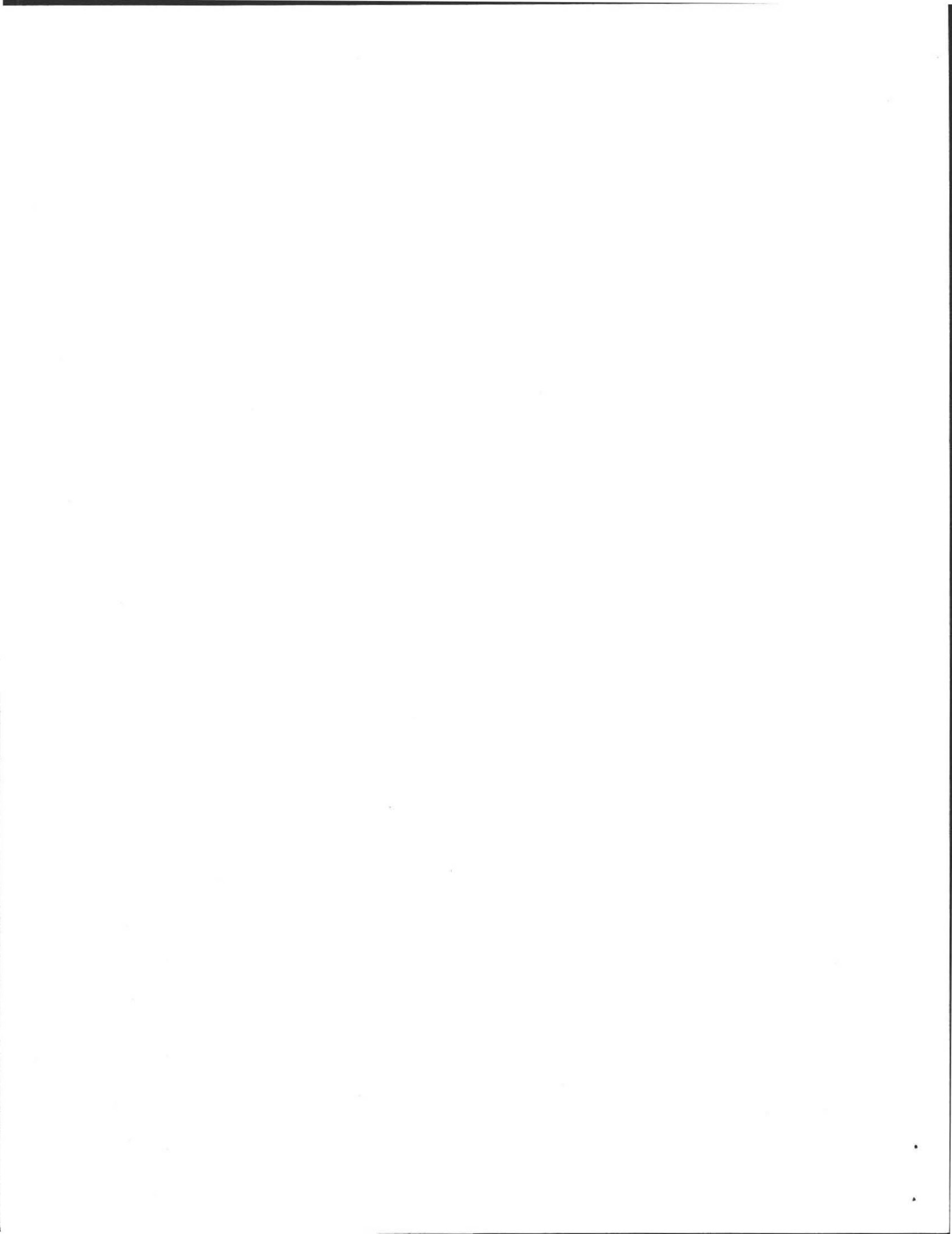
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? \_\_\_\_\_

If not, what is the depth of naturally occurring previous material?  
\_\_\_\_\_

Certification

I certify that on \_\_\_\_\_ (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 \_\_\_\_\_  
Date \_\_\_\_\_



Lot 1 Hole 1  
2002-A

On-Site Review

Deep Hole Number 1 Date: 10-17-02 Time \_\_\_\_\_  
 Weather Sunny 60°  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use Rural Slope (%) 1  
 Surface Stone \_\_\_\_\_  
 Vegetation: deciduous

Landform: \_\_\_\_\_

Position on Landscape (sketch on back) \_\_\_\_\_

Distances from:

Open Water Body \_\_\_\_\_ feet      Drainageway \_\_\_\_\_ feet  
 Possible Wet Ares \_\_\_\_\_ feet      Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet      Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
6	Ap	FSL	10YR 3/2	-	Loose Friable
24	Bw	SL	10YR 3/3 4/6	-	Loose Friable
126"	C1	STG	10YR 4/6	-	INTER Layered C sand + gravel loose

Parent Material (geologic) OUT wash  
 Depth to Bedrock 126" +  
 Depth to Groundwater :  
 Standing Water in the Hole \_\_\_\_\_  
 Weeping from Pit Face \_\_\_\_\_  
 Estimated Seasonal High Water 126"

Lot 1 Hole 1  
2002 B

On-Site Review

Deep Hole Number 2 Date: 10-17-02 Time \_\_\_\_\_  
 Weather Sunny 60°  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_  
 Surface Stone \_\_\_\_\_  
 Vegetation: \_\_\_\_\_

Landform: \_\_\_\_\_

Position on Landscape (sketch on back) \_\_\_\_\_

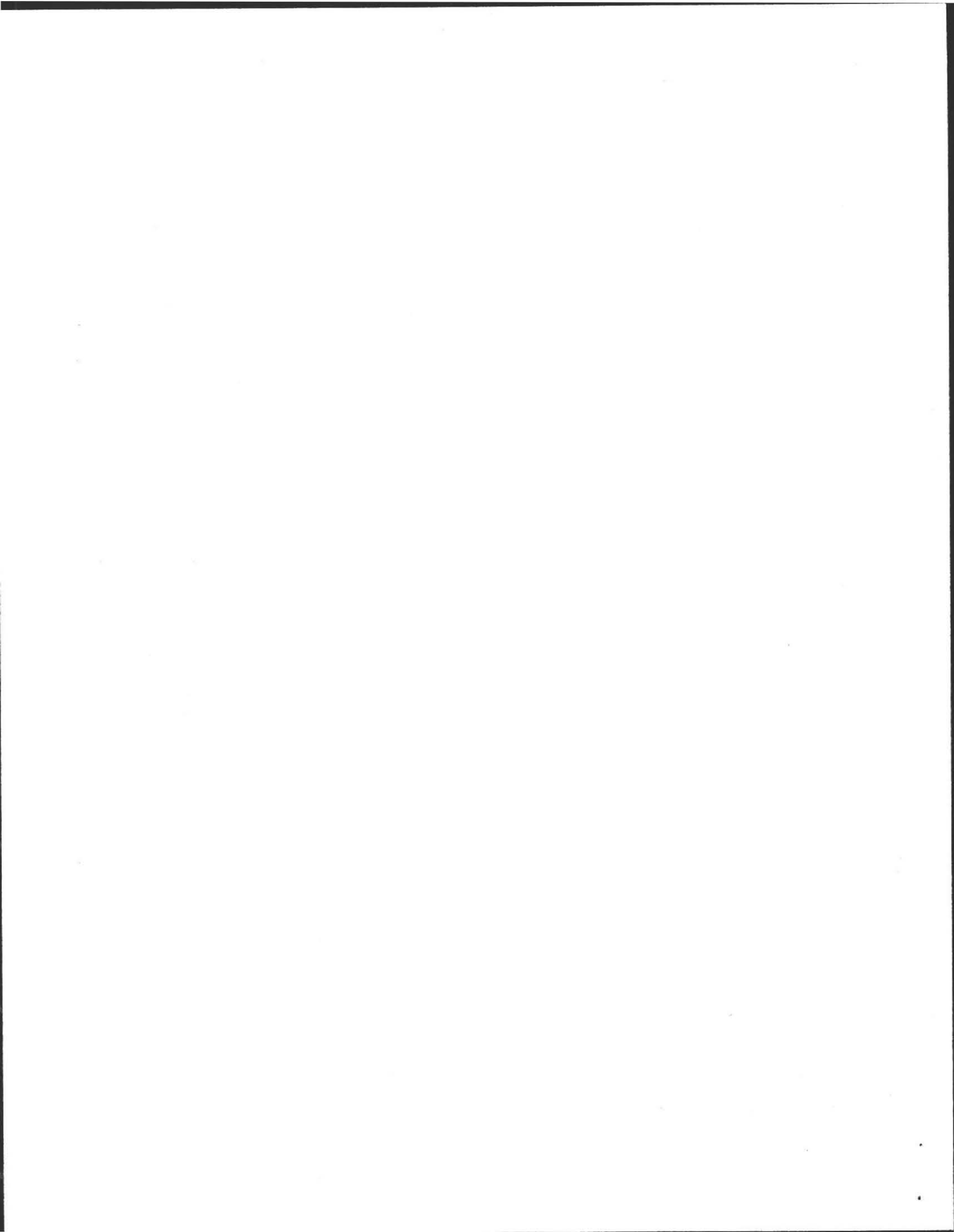
Distances from:

Open Water Body \_\_\_\_\_ feet      Drainageway \_\_\_\_\_ feet  
 Possible Wet Ares \_\_\_\_\_ feet      Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet      Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
124"					SAME

Parent Material (geologic) \_\_\_\_\_  
 Depth to Bedrock \_\_\_\_\_  
 Depth to Groundwater :  
 Standing Water in the Hole \_\_\_\_\_  
 Weeping from Pit Face \_\_\_\_\_  
 Estimated Seasonal High Water 124"





FORM 12: Percolation Test

Location Address or Lot # Henry St

Commonwealth of Massachusetts  
Town of

LOCATION BY  
AL WEISS

PERCOLATION TEST *		
DATE: <u>10-16-02</u>		TIME:
Observation Hole #	<u>2002 A (1)</u>	<u>(2) 2002-B</u>
Depth of Perc	<u>46</u>	<u>45"</u>
Start Pre-soak	<u>8:45</u>	<u>9:02</u>
End Pre-soak	<u>8:49</u>	<u>9:01</u>
Time at 12"		<u>9:06</u>
Time at 9"	<u>CANT 8:50</u>	<u>9:07</u>
Time at 6"	<u>1 fold 8:51</u>	<u>9:08</u>
Time (9"-6")		
Rate Min./Inch	<u>12</u>	<u>12</u>

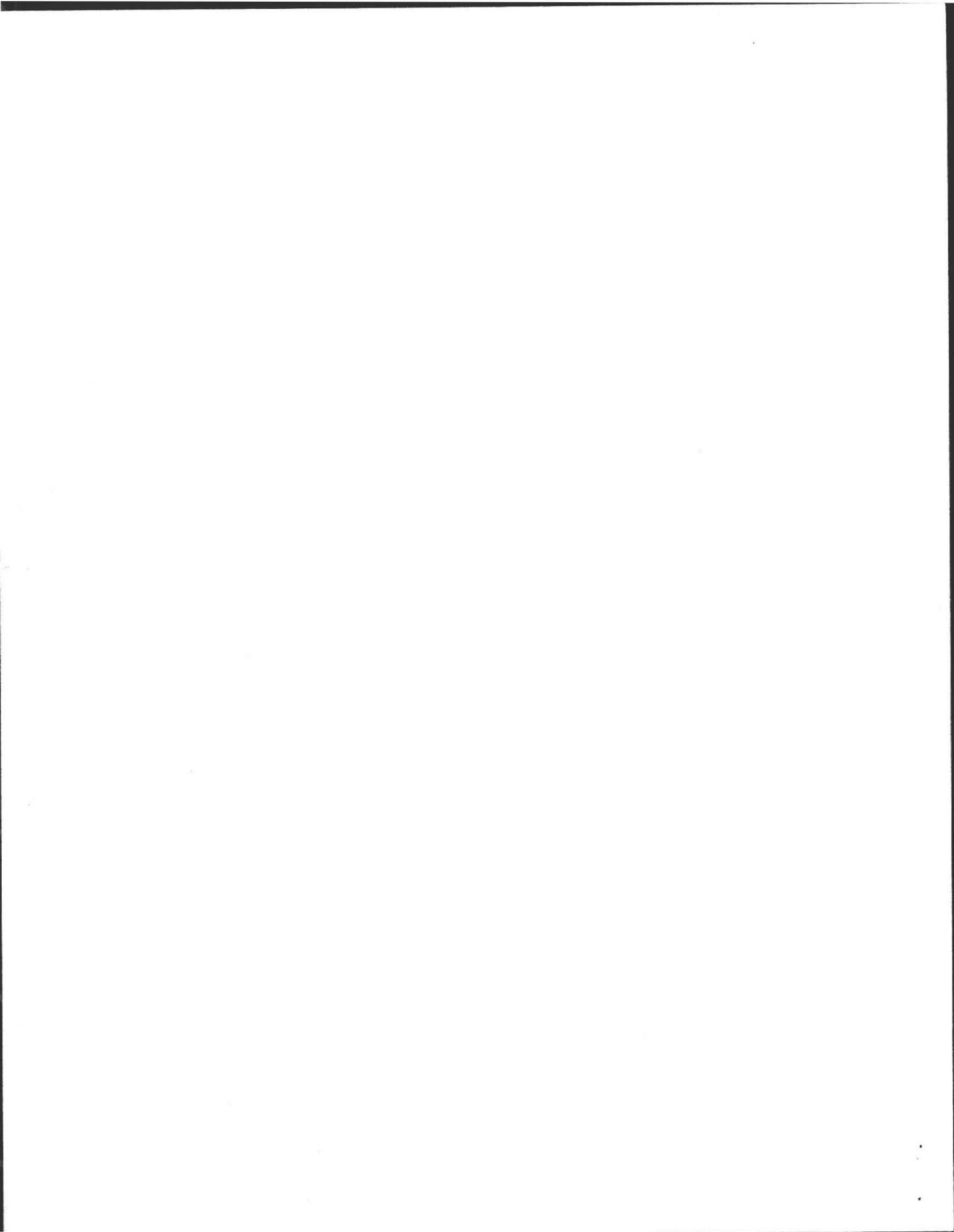
\*Minimum of one percolation test must be performed in both the primary area and reserve area.

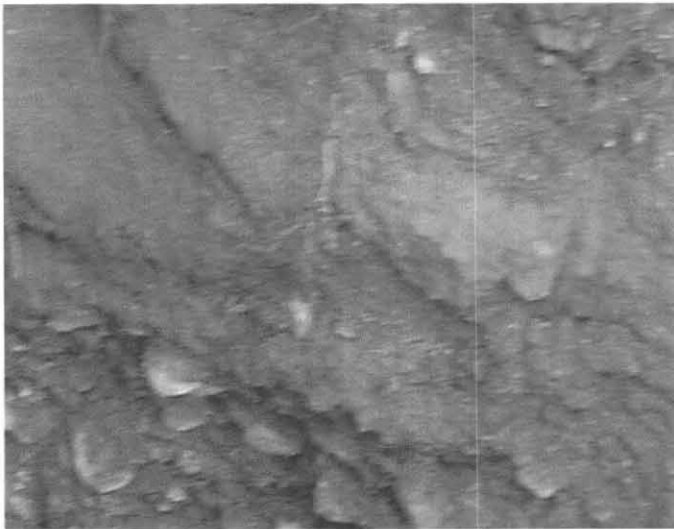
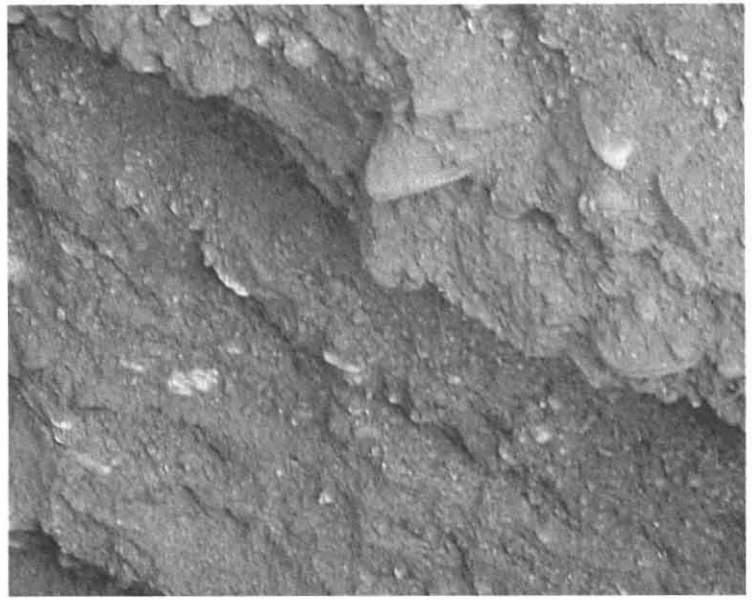
Site Passed  Site failed

Performed by AL WEISS

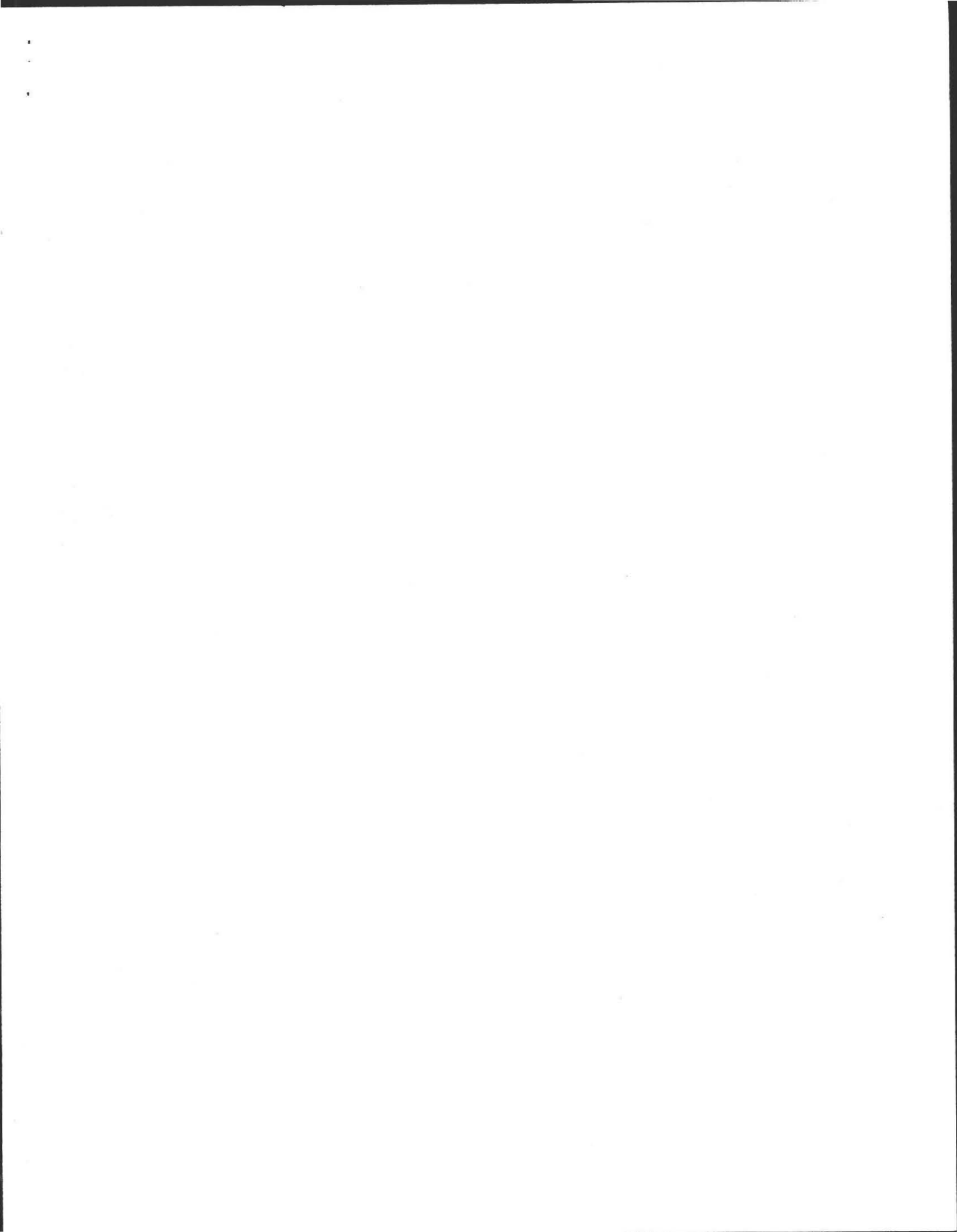
Witnessed by David Zarnoch

Comments:





Lot #1 2002B 10/17/02  
Henry Street  
Tofino Corp.  
Doug Kohl 35 Campus Plaza Hadley





Lot #1 2002 A 10/17/02  
Henry Street  
Tofino Corp.  
Doug Kohl 35 Campus Plaza Hadley



**AMHERST HEALTH DEPT.  
TOWN OF AMHERST  
HEALTH PERMITS**

**1609**

Received of Countryside Homes of 373 Holland Rd, Fiskdale, MA 01522  
Name Address

For Property Located at: Henry St. lot 1 Do Kani Dining Corp.  
Street Address Owner

- HEA009 Bakery \_\_\_\_\_  
R6510 443509
- HEA001 Bed & Breakfast \_\_\_\_\_  
R6510 443516
- HEA002 Catering License \_\_\_\_\_  
R6510 443507
- HEA003 Food Handler \_\_\_\_\_  
R6510 443515
- HEA004 Frozen Deserts \_\_\_\_\_  
R6510 443501
- HEA005 Health Dept. Housing Isp. \_\_\_\_\_  
R6510 432302
- HEA006 Massage Therapy License \_\_\_\_\_  
R6510 443504
- HEA008 Motel License \_\_\_\_\_  
R6510 443506
- HEA010 Removal of Offal \_\_\_\_\_  
R6510 443513
- HEA021 Removal of Rubbish \_\_\_\_\_  
R6510 443520
- HEA011 Percolation Test Fees \_\_\_\_\_  
R6510 432300
- HEA013 Recreation Camp License \_\_\_\_\_  
R6510 443503
- HEA014 Retail Store Permit \_\_\_\_\_  
R6510 443514
- HEA015 Sanitary Code Booklets \_\_\_\_\_  
R6510 432305

- HEA016 Septic Tank Permit-Installers \_\_\_\_\_  
R6510 443511
- HEA017 Septic Tank Permit-Private \_\_\_\_\_ #125-  
R6510 443510
- HEA018 Septic Tank Reinspection Fee \_\_\_\_\_  
R6510 432301
- HEA019 Sub-Division Review Fee \_\_\_\_\_  
R6510 432306
- HEA012 Swimming Pool Permits \_\_\_\_\_  
R6510 443512
- HEA020 Tanning License \_\_\_\_\_  
R6510 443509
- HEA034 Immunization Clinic \_\_\_\_\_  
R6510 432307
- HEA026 Smoking & Tobacco Reg. Violations \_\_\_\_\_  
R6510 443518
- HEA022 Tobacco License \_\_\_\_\_  
R6510 443505
- HEA042 Body Arts / Tatoo \_\_\_\_\_  
R6510 443521
- HEA043 Food Service Plan Review \_\_\_\_\_  
R6510 432308
- HEA044 Porta Potties \_\_\_\_\_  
R6510 432309
- HEA045 Ice Rinks \_\_\_\_\_  
R6510 443522
- HEA046 Rental Registration \_\_\_\_\_  
R6510 432310
- HEA047 Fines \_\_\_\_\_  
R6510 48200
- HEA \_\_\_\_\_
- HEA \_\_\_\_\_

**TOTAL FEE:** #125-

*[Signature]*  
Amherst Health Department

7/21/05  
Date

Must be Validated by the Collector's Office to be considered paid

WHITE - Applicant      YELLOW - Collector      PINK - Accounting      GOLD - Health / Inspections: 1506

**OFFICE USE ONLY**

CHECK #	CASH
***TOWN OF AMHERST*** MISC CASH RECEIPTS	T1146

Date / Time : 07/21/05 15:10  
 Payment : \$125.00  
 Receipt # : 4392  
 GOLD - Health / Inspections: 1506

1913  
JAN 10  
1913





JAN-15-1900 22:17

FORM 11 - SOIL EVALUATOR FORM  
Page 1 of 3

RET#1009  
OK#1506

RECEIVED  
10/17/02

No. \_\_\_\_\_

Date: 10/17/02

Commonwealth of Massachusetts  
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss  
Witnessed By: D. PALCZUSKI

Date: 10/17/02

Location Address or Lot # <u>N. Entrance Harry Street</u> <u>LOT 1-2002 A+B</u>	Owner's Name, Address, and Telephone # <u>Dakota Tofino Corp.</u> <u>35 CAMPUS PLAZA</u> <u>HADLEY MA</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) \_\_\_\_\_

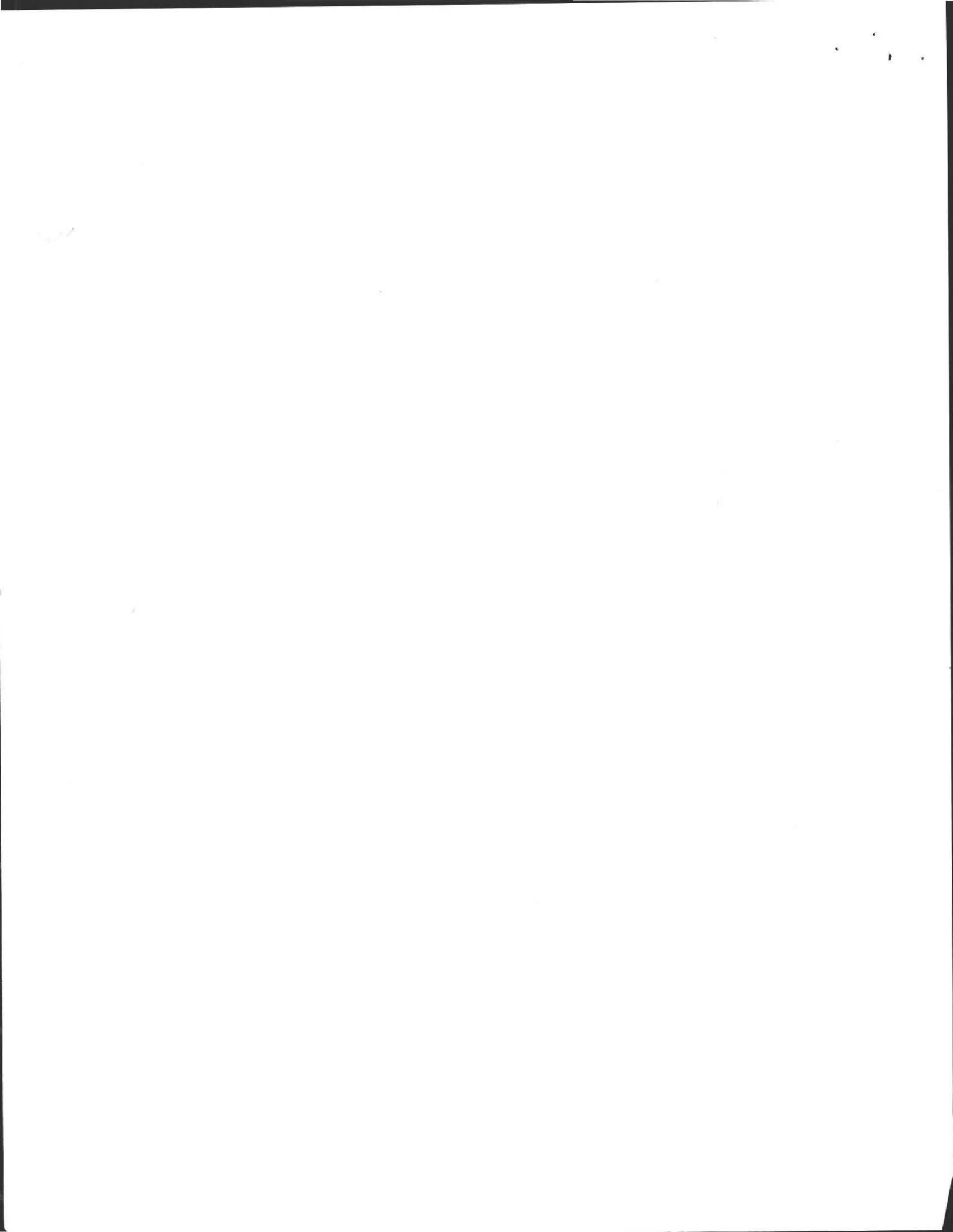
Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range: Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_

Steven's Copy





FORM 11 - SOIL EVALUATOR FORM  
 Page 2 of 3

Location Address or Lot No. Entrance Hwy ST. LOT 1-2002 A+B

On-site Review

Deep Hole Number TP 1A+2A Date: 10/17/02 Time: 8:30 Weather SUN 45°F

Location (identify on site plan)

Land Use rural Slope (%) 1 Surface Stones

Vegetation deciduous

Landform Tecrowd

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100' + feet Drainage way 100' + feet  
 Possible Wet Area 100' + feet Property Line 50' 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)
0-6"	A <sub>p</sub>	FSL	10YR 2.3/2		Loose, friable
6-24"	B <sub>w</sub>	SL	10YR 2.4/6		Loose, friable
24"-126"	C <sub>1</sub>	S+G	10YR 3/3 10YR 4/6	NOT OBS	INTERlayered C. SAND + Gravel, loose
0-6"	A	FSL	10YR 2.3/2		Loose, friable
6-24"	B <sub>w</sub>	SL	10YR 4/6	NOT OBS	Loose, friable
24"-126"	C <sub>1</sub>	S+G	10YR 3/3 10YR 4/6		INTERlayered C. Sand + Gravel, loose.

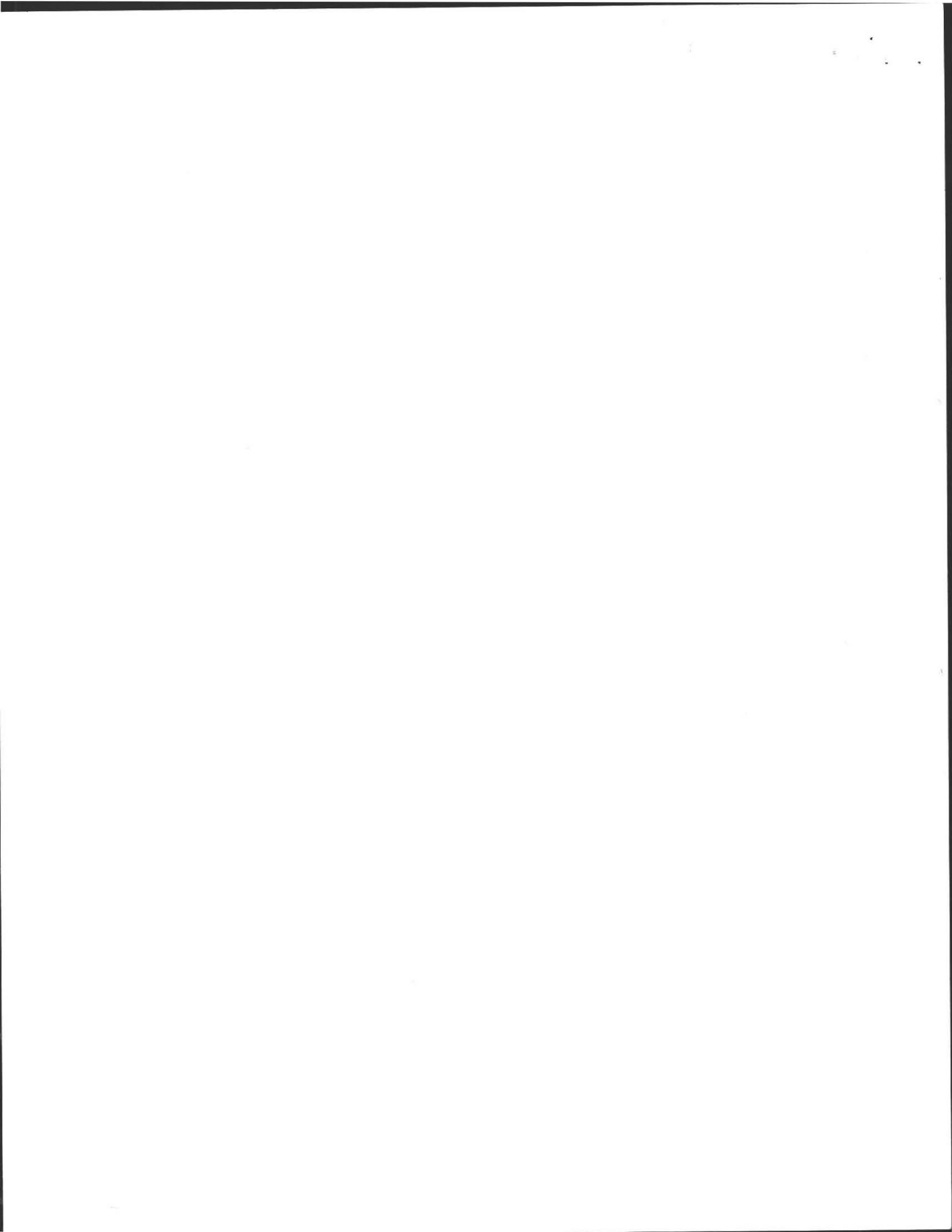
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Duquch Depth to Bedrock: 126" +

Depth to Groundwater: Standing Water in the Hole: NOT Weeping from Pit Face: NOT

Estimated Seasonal High Ground Water: 126" +





JAN-15-1900 22:18

FORM 11 - SOIL EVALUATOR FORM

Page 3 of 3

Location Address or Lot No. N. Entrance Henry ST. LOT 1-2002 A+B

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole ..... inches
- Depth to soil mottles 126" 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? \_\_\_\_\_

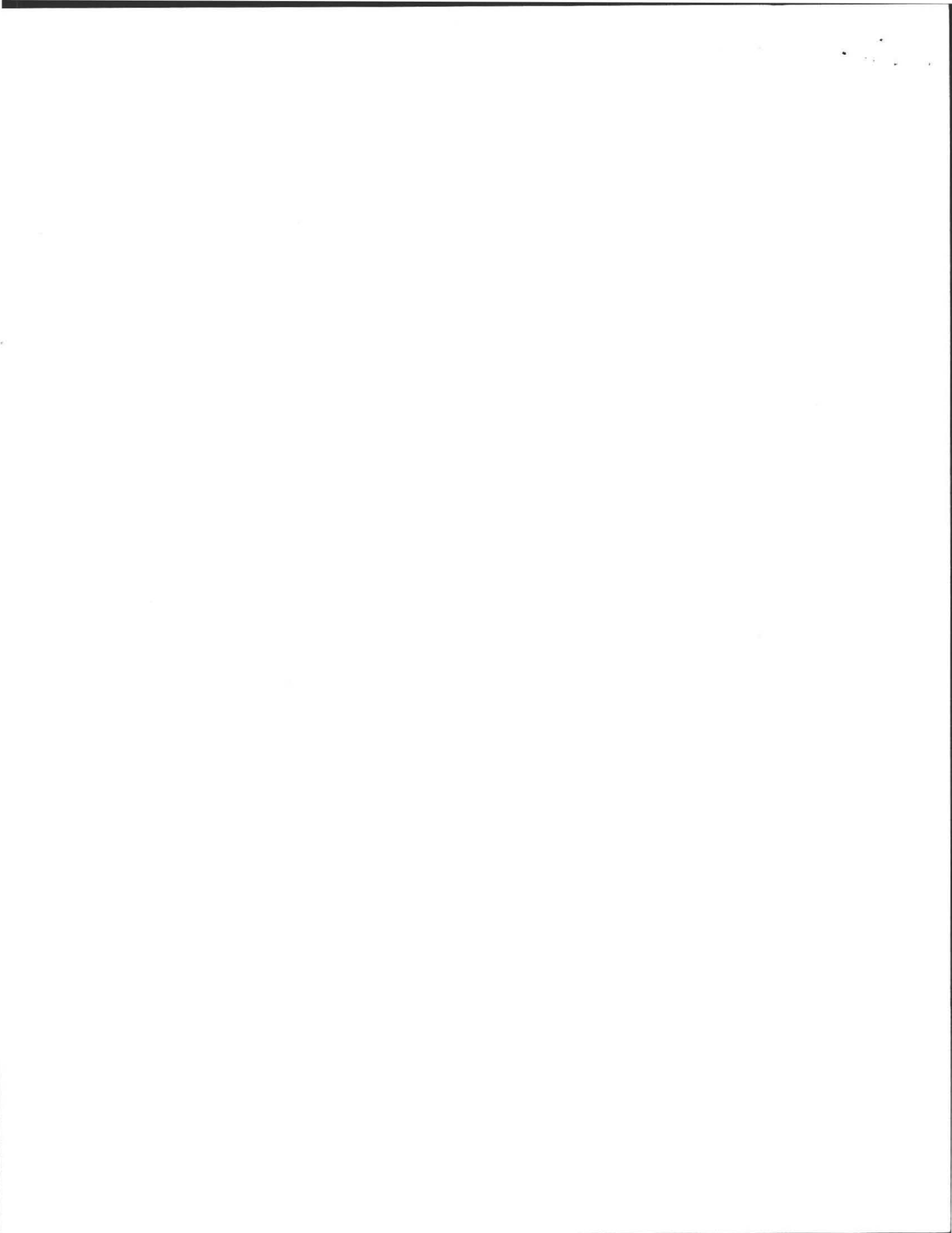
Certification

I certify that on June 15 (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 10/10/02



DEP APPROVED FORM - 12/07/95



FORM 12 - PERCOLATION TEST

Location Address or Lot No. N. Entrance, Henry St.  
LOT 1-2002, A+B

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>10/12/02</u>		Time: <u>9:00</u>
Observation Hole #	<u>LOT - 1 - 2002 - A</u>	<u>LOT - 1 - 2002 B</u>
Depth of Perc	<u>46"</u>	<u>45"</u>
Start Pre-soak	<u>8:45</u>	<u>9:02</u>
End Pre-soak	<u>8:49</u> <u>CANT</u>	<u>9:06</u>
Time at 12"	<u>8:49</u> <u>NOID</u>	<u>9:06</u>
Time at 9"	<u>8:50</u> <u>H2O</u>	<u>9:07</u>
Time at 6"	<u>8:51</u>	<u>9:08</u>
Time (9"-6")	<u>&lt; 2</u>	<u>&lt; 2</u>
Rate Min./Inch	<u>&lt; 2</u>	<u>&lt; 2</u>

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

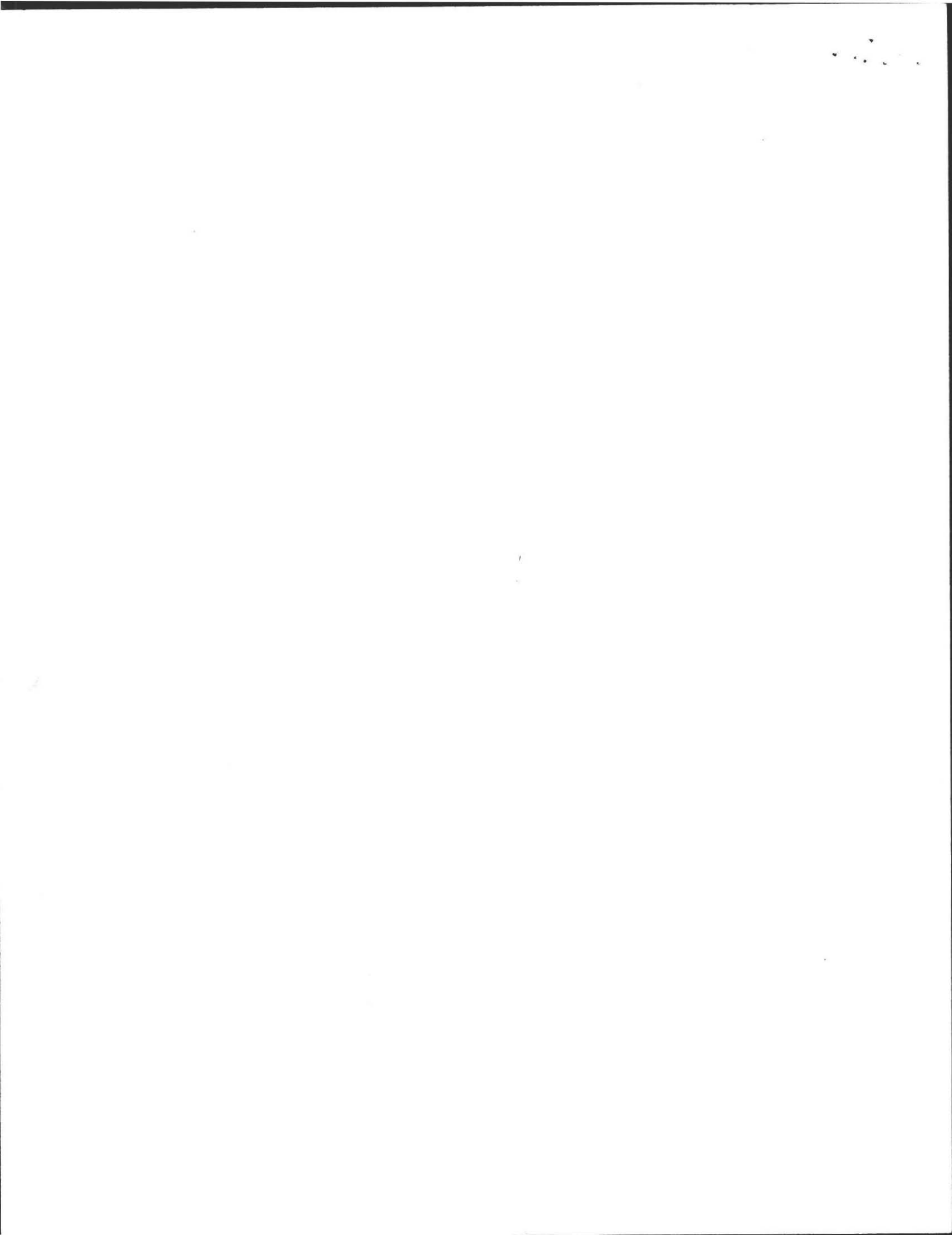
Site Passed  Site Failed

Performed By: A. Weiss

Witnessed By: D. ZABOZINSKI

Comments: 5' Separation



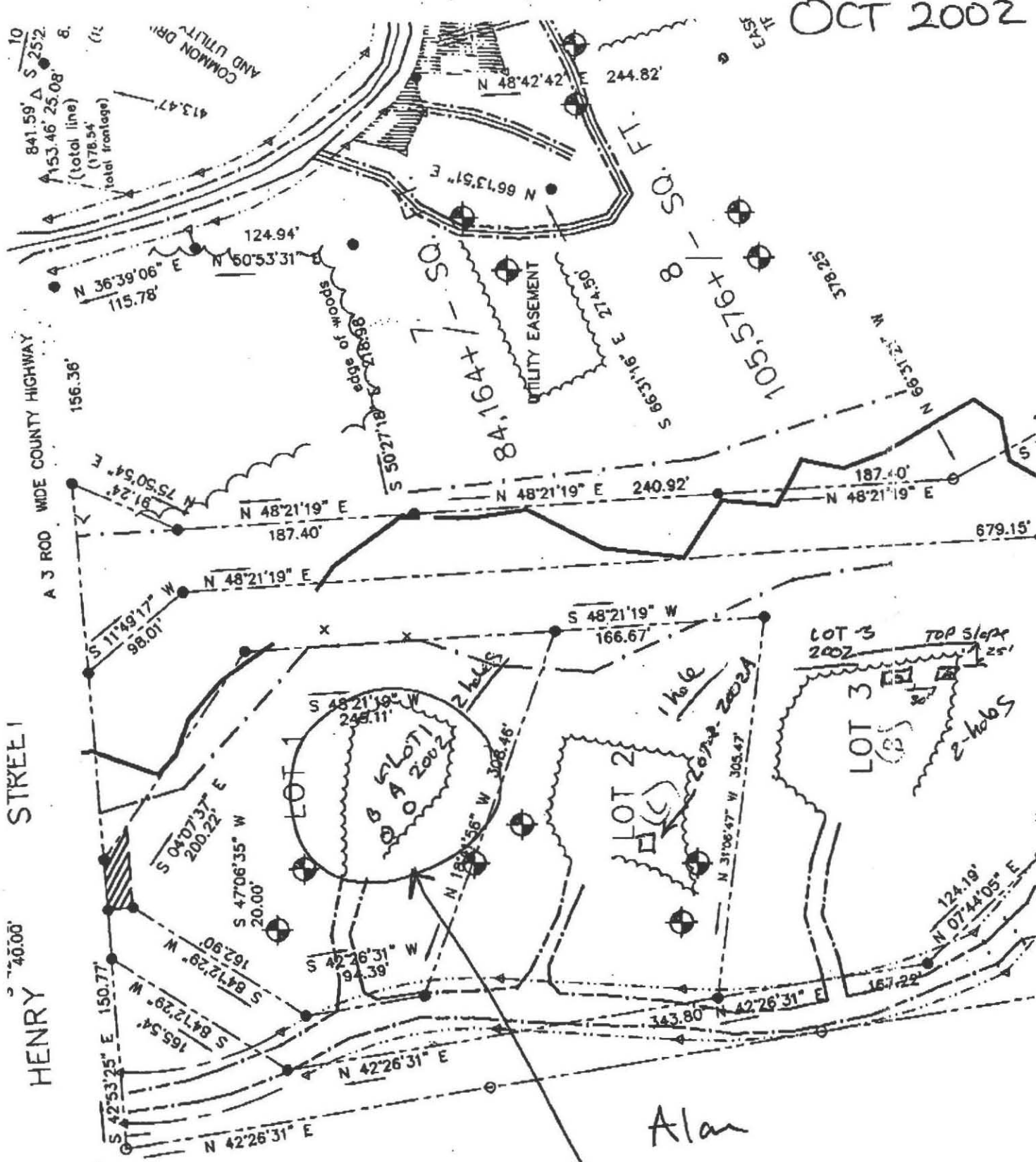








OCT 2002



Alan  
 this is the data  
 we're looking for -  
 thanks! ellm





Amherst - 1 Markers, Length = 0 feet

Lot # 1 - North Entrance - Henry - 042° 24' 03.3" N, 072° 28' 36.6" W

Name: HOLYOKE  
 Date: 9/17/105  
 Scale: 1 inch equals 1.578 miles

Location: 042° 21' 34.3" N 072° 28' 59.0" W  
 Caption: Proposed Septic system  
 Lot # 1 - N. Entrance-Henry St.  
 Amherst, MA











ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional  
Registered Sanitarian  
Hydrogeologist  
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

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

Date: 5/15/00

Commonwealth of Massachusetts  
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 5/15/00

Witnessed By: D. ZAROWSKI

Location Address or Lot # <u>LOT E</u> <u>Henry St.</u> <u>Amherst</u>	Owner's Name, Address, and Telephone # <u>DOUG KAHN</u> <u>TAFINO ASSOC.</u> <u>HADLEY, MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No  Yes

Year Published 1981 Publication Scale 1:15,840 Soil Map Unit MeA

Drainage Class RAPID Soil Limitations N/A

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) \_\_\_\_\_

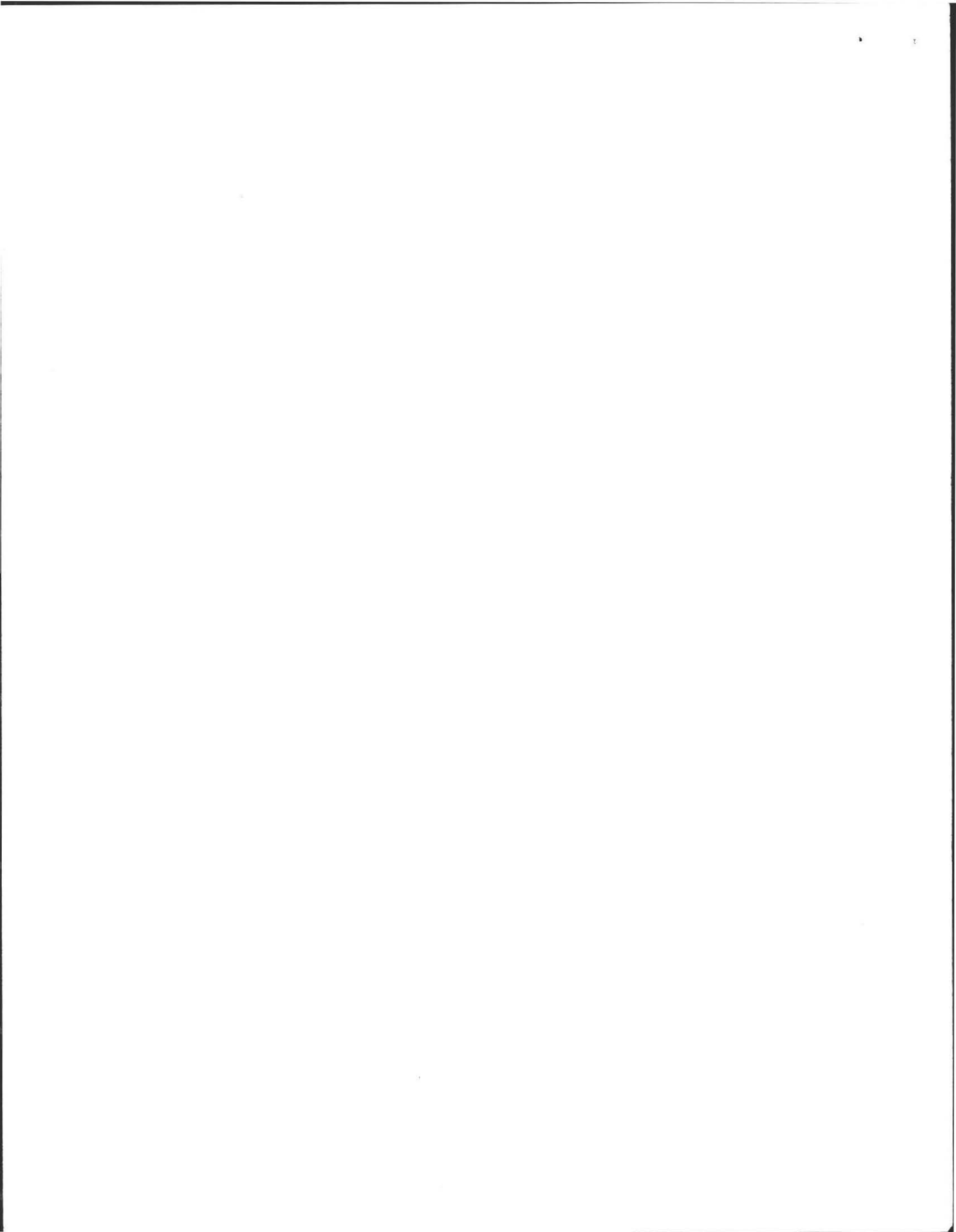
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range: Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





FORM 12 - PERCOLATION TEST

Location Address or Lot No. LOT E, Henry St.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>5/15/00</u>		Time: <u>10:30</u>
Observation Hole #	<u>E<sub>1</sub></u>	<u>E<sub>2</sub></u>
Depth of Perc	<u>50"</u>	<u>49"</u>
Start Pre-soak	<u>10:45</u>	<u>10:30</u>
End Pre-soak	<u>10:45</u>	<u>10:30</u>
Time at 12"	<u>10:45</u>	<u>10:30</u>
Time at 9"	<u>10:46</u>	<u>10:31</u>
Time at 6"	<u>10:47</u>	<u>10:32</u>
Time (9"-6")	<u>2 min</u>	<u>2 min</u>
Rate Min./Inch	<u>42 min</u>	<u>42 <math>\frac{min}{in}</math></u>

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

Site Passed  Site Failed

Performed By: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

Comments: \_\_\_\_\_





Location Address or Lot No. Lot E, Harry St

On-site Review

Deep Hole Number E1Ee Date: 5/15/00 Time: 10:00 Weather EW 60°F

Location (identify on site plan) \_\_\_\_\_

Land Use Rural Slope (%) 1 Surface Stones RW

Vegetation Deciduous / pines

Landform Terrace

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body 100' feet Drainage way 100' feet

Possible Wet Area 100' feet Property Line 50' 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	10YR3/2	No mottles	Friable Friable med-coarse sand to gravel, loose 15% cobbles
8-28"	Bw	SL	10YR5/6		
28-148"	C	S	10YR5/4		
0-9"	A	FSL	10YR3/2	No mottles	Friable Friable Med-coarse sand to gravel, loose 15% cobbles
9-29"	Bw	SL	10YR5/6		
29-144"	C	S	10YR5/4		

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OLCwqsh Depth to Bedrock: 148'

Depth to Groundwater: Standing Water in the Hole: Not obs Weeping from Pit Face: Not obs

Estimated Seasonal High Ground Water: 144'





Location Address or Lot No. LOT E., Hwy St.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole ..... inches
- Depth to soil mottles 144" 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 June, 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 *AL* Date 5/15/00







HENRY STREET I

A 3 ROD WIDE COUNTY HIGHWAY

